



Office of the Assistant Secretary for
Public and Intergovernmental Affairs
Washington DC 20420

FOIA Request: 18-11822-F

June 20, 2019

Mr. Austin Evers
Executive Director
American Oversight
1030 15th Street, NW, Suite B255
Washington, DC 20005

Dear Mr. Evers:

This is the second Partial Initial Agency Decision (IAD) to your Freedom of Information Act (FOIA) request to the Department of Veterans Affairs (VA), Office of Public and Intergovernmental Affairs (OPIA) dated August 23, 2018. Your request was received on August 29, 2018, and assigned FOIA tracking number 18-11822-F. You requested "all records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar invitations/entries, meeting notices, meeting agendas, informational material, talking points, and handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between Casin Spero, Special Advisor and:

- Outside Recipients
 - Dan Caldwell
 - Nathan Anderson
 - Shannon Hough
 - Pete Hegseth
 - Any email address ending in @cv4a.org or @cvafoundation.org
 - Isaac "Ike" Perlmutter
 - Bruce Moskowitz
 - Marc Sherman
- All email communications between any of the individuals listed in Column AS and any external individuals or organization (i.e., emails, with addresses ending in com/.org/.net/.mil.edu) that mention one or more of the following search terms in the subject line, body of the email, or attachment;
 - a. "Concerned Veterans"
 - b. "Concerned Vets"
 - c. CVA
 - d. CV4A

Mr. Austin Evers

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- A total of six thousand four hundred and ninety-seven (6,497) pages of responsive records consisting of emails, briefing papers and memorandums has been bated stamped OPIA 003765 – 010262.

Enclosed please find a total of 6,497 pages released to you in part. After conducting my review of the responsive records, I identified information contained in the records that we are withholding under FOIA Exemptions 5 and 6.

5 U.S.C. § 55(b)(5) exemptions from disclosure “inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency.” Under the attorney-client and work product and work product privileges, the VA redacts portions of the records, emails, and communications between VA employees and attorneys analyzing and discussing legal issues for the VA and its employees. The release of this information would also compromise the legal positions of the VA and its employees.

5 U.S.C. § 552(b)(6) permits VA to withhold a document or information within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy.

FOIA Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Hence, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government.

FOIA Exemption 6 permits the Department of Veterans Affairs to withhold from disclosure personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. The information withheld, such as names, address, social security numbers, and personnel email addresses are of a type that the privacy interest of the individual(s) to whom this information belongs outweighs any public interest in disclosure of this information. Accordingly, we have determined that this information should be withheld pursuant to Exemption 6.

Accordingly, we are withholding the names of employees who are not high-level government officials, the names of private citizens, and our contractor's email address.

Mr. Austin Evers
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This concludes OPIA's first partial IAD to request 18-11822-F. We appreciate your interest in the Department of Veterans Affairs. If you have further questions, please feel free to contact Anita Major, of my staff, at (202) 461-7440.

Sincerely,

A handwritten signature in black ink, appearing to read "Lyndon B. Johnson", followed by a horizontal line.

Lyndon B. Johnson
Chief of Staff

Enclosure – 73 email documents (3,764) pages, in

From:

(b) (6)

To:

Cc:

Bcc:

Subject: Secretary Stand Up Brief - OPIA - December 19, 2018

Date: Wed Dec 19 2018 06:55:01 CST

Attachments: 181219_VA Secretary's Stand-Up Brief.pptx
image001.jpg

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Wednesday, Dec. 19, 2018.

Sincerely,

(b) (6)

Office of Public & Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave., NW, Suite 913J

Washington, DC 20420

(b) (6)

"Pursue, engage and impact a Veteran today!"

Document ID: 0.7.1705.935249-000001

Owner: (b) (6)

Last Modified: Wed Dec 19 05:55:01 CST 2018



VA Secretary's Stand-Up Brief

19 December 2018

Executive Summary

The debut of reporting on unallocated suicide prevention funds yesterday expanded today into national news reporting, with *New York Times* and *Washington Post* taking a slightly negative tone with regard to the realization that suicides continue to increase while these funds were not fully realized.

Storyline	Outlets	Analysis	Trend	Priority
GAO: Suicide Funding Not Exhausted	Stars and Stripes , Newsmax , New York Times , Washington Post , Mother Jones , Daily Beast	<i>Stars and Stripes</i> and <i>Newsmax</i> debuted the storyline yesterday but national newspapers picked up the GAO report's findings today. Both the <i>New York Times</i> and <i>Washington Post</i> used severe language in discussing the suicide prevention funds, noting that the funds went unspent due to a lack of leadership and pointing out that reducing Veteran suicides was the top clinical priority for the department.	Sustained	Suicide
Sec. Wilkie on Opioids	WHP-TV (1,2)	Sec. Wilkie appeared in a town hall-style setting with other members of the Trump Administration to discuss the prevalence of opioids in the community. Sec. Wilkie's role was to discuss the role of opioid addiction within the Veteran community. Reporting noted "Secretary of Veterans Affairs Robert Wilkie is spearheading efforts to reduce the stigma associated with drug abuse among veterans and developing new programs to address veterans physical and psychological pain."	Emerged	Other
Wreaths Across America	KTVO-TV , WTSP-TV	Local reporting focused on Wreaths Across America at various national cemeteries across the country. There was no common theme across events, however.	Sustained	Interests
ProPublica and Politifact Report	Charlotte Observer	An investigative report by <i>ProPublica</i> and <i>PolitiFact</i> resulted in "longer waits for appointments and... higher costs for taxpayers."	Emerged	Interoperability



VA Secretary's Stand-Up Brief

19 December 2018

Social Media Takeaway

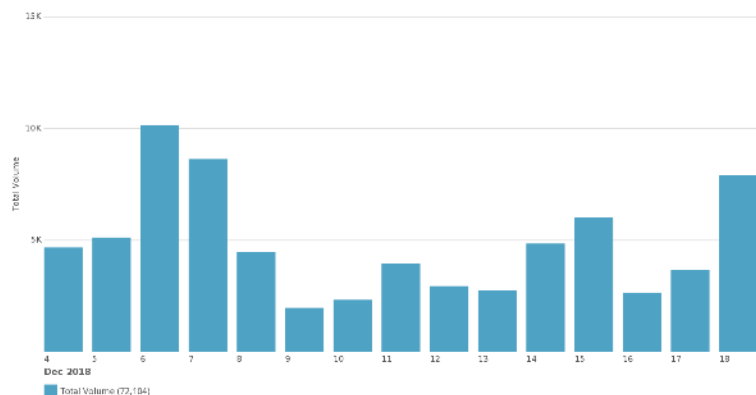
The *ProPublica* and *PolitiFact* joint investigation drove users to use the report far and above other news items from today. Notably, it elicited approximately 580 shares.

Key Points

- [Jake Tapper](#) of *CNN* was the most retweeted user, with his post referencing the *ProPublica* and *PolitiFact* news on the “lack of leadership” at VA and noting it was “directly impacting the VA’s ability to reach suicidal veterans.”
- Additionally, [Jake Tapper](#) also posted about the “derelict” approach to leadership in the executive branch.
- The hashtag #Thereisalwaysacatch focused on the Forever G.I. Bill and persisted for the second day in a row.
- National Cemeteries were often mentioned in relation to the Wreaths Across America. In the last 24 hours, it’s accounted for approximately 4% of total relevant social media.

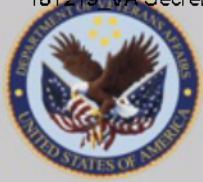
Twitter and Facebook Volume:

4 December – 18 December



Notable Social Media Items

Platform	Item	Relevance
Twitter	Top Retweet: @TheLeadCNN	520 Retweets
Twitter	ProPublica / PolitiFact Report	580+ Mentions



VA Secretary's Stand-Up Brief

19 December 2018

WHP-TV: Opioids: A National Crisis Town Hall (18 December, 72k uvm; Harrisburg, PA)

Video of a National Town Hall, "Opioids: A National Crisis", hosted by Eric Bolling featured key personnel from the Administration, including Sec. Wilkie of Veterans Affairs.

[Hyperlink to Above](#)

WHP-TV: 'One pill can kill': National, community leaders address opioid crisis town hall (18 December, Leandra Bernstein, 72k uvm; Harrisburg, PA)

Sinclair Broadcast Group hosted an hourlong town hall in the nation's capital as part of a series of 12 roundtable discussions to raise awareness of America's opioid addiction crisis. The opioid town hall, "Your Voice, Your Future," was moderated by Eric Bolling and featured community-based advocates and national policymakers. Bolling and his wife Adrienne became outspoken activists in the fight against opioid addiction after losing their 19-year-old son to an accidental overdose last year. Bolling directed a strong message to parents and children: "One pill can kill."

[Hyperlink to Above](#)

La Crosse Tribune: Tomah VA Medical Center 'solving problems' at open house (18 December, Jourdan Vian, 88k uvm; La Crosse, WI)

Representatives of the Tomah Veterans Affairs Medical Center went through concerns brought up at the city's public hearings one-by-one from security and parking to property value impacts and future plans for its proposed facility on La Crosse's South Side. Noreen Holmes, who lives just blocks away from the proposed facility at 3120 Farnam St., said after the presentation that it's obvious the VA is serious about addressing neighbors' concerns. "They're solving the problems. I don't know what else we could ask for. It just seems like it's a thoughtful process," Holmes said.

[Hyperlink to Above](#)

Statesboro Herald: Now it's law: VA Clinic named for Ray Hendrix (18 December, Al Hackle, 10k uvm; Statesboro, GA)

President Donald Trump signed legislation Friday renaming the veterans' outpatient healthcare clinic in Statesboro for Ray Hendrix, who after a lengthy Army National Guard career worked to improve services for veterans and for the clinic's establishment. House Resolution 3946, introduced in October 2017 by Rep. Rick Allen, R-Georgia 12th District, was co-sponsored by all 13 other members, Republicans and Democrats, of Georgia's delegation in the U.S. House, where it was approved on a voice vote May 21. The wording of the resolution was then amended slightly in the Senate, where its sponsor was Sen. Johnny Isakson, R-Georgia, chair of the Senate Veterans Affairs Committee.

[Hyperlink to Above](#)

WMUR-TV: Year after crisis, Manchester VA says services have improved (18 December, Jennifer Crompton, 341k uvm; Manchester, NH)

Improvements have been made at the Manchester VA Medical Center more than a year after officials there dealt with eroding public confidence followed by major flooding in the building. In July 2017, the center was in crisis. Public confidence was derailed after whistleblower doctors came forward with stunning allegations. "Some had to do with quality of care, some with infrastructure, some with leadership response to those types of things," Ryan Lilly, director, VA New England Healthcare System, said.

VA-18-0457-G-000005

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1 (Attachment 2 of 2)

House



From:

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 19 December Veterans Affairs Media Summary and News Clips

Date: Wed Dec 19 2018 05:12:10 CST

Attachments: 181219_Veterans Affairs Media Summary and News Clips.docx
181219_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.935457-000001

Owner: (b) (6)

Filename: 181219_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Wed Dec 19 04:12:10 CST 2018



Veterans Affairs Media Summary and News Clips

19 December 2018

1. [Top Stories](#)

1.1 - WHP-TV: [Opioids: A National Crisis Town Hall](#) (18 December, 72k uvm; Harrisburg, PA)
Video of a National Town Hall, "Opioids: A National Crisis", hosted by Eric Bolling featured key personnel from the Administration, including Sec. Wilkie of Veterans Affairs.

[Hyperlink to Above](#)

1.2 - WHP-TV: ['One pill can kill': National, community leaders address opioid crisis town hall](#) (18 December, Leandra Bernstein, 72k uvm; Harrisburg, PA)

Sinclair Broadcast Group hosted an hourlong town hall in the nation's capital as part of a series of 12 roundtable discussions to raise awareness of America's opioid addiction crisis. The opioid town hall, "Your Voice, Your Future," was moderated by Eric Bolling and featured community-based advocates and national policymakers. Bolling and his wife Adrienne became outspoken activists in the fight against opioid addiction after losing their 19-year-old son to an accidental overdose last year. Bolling directed a strong message to parents and children: "One pill can kill."

[Hyperlink to Above](#)

1.3 - New York Times: [Suicide Among Veterans Is Rising. But Millions for Outreach Went Unspent by V.A.](#) (18 December, Dave Phillips, 49M uvm; New York, NY)

Suicide prevention efforts by the Department of Veterans Affairs fell off sharply in the last two years, even though reducing the high suicide rate among veterans is the agency's top clinical priority, according to a new report. With the department's top management in turmoil, the suicide prevention effort lacked leadership, planning meetings were repeatedly canceled, millions of dollars budgeted for outreach went unspent, and the television and radio ads that had been broadcast thousands of times across the country in previous years went all but silent.

[Hyperlink to Above](#)

1.4 - Washington Post: [Trump's VA vowed to stop veteran suicide. Its leaders failed to spend millions set aside to reach those at risk.](#) (18 December, Lisa Rein, 32M uvm; Washington, DC)

The Trump administration said from its first days that preventing suicide was its top clinical priority for veterans. The performance of its national outreach campaign shows otherwise, though, because of a leadership vacuum at the Department of Veterans Affairs and nonexistent means to measure effectiveness, a new report by the Government Accountability Office found. As the number of veterans taking their own lives climbed, VA's media outreach plunged in fiscal years 2017 and 2018 — with fewer social media posts, public service announcements and paid advertisements compared with the agency's efforts during the Obama administration, auditors said.

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1.5 - Military Times: [VA left millions for suicide prevention unspent, report finds](#) (18 December, Leo Shane III, 947k uvm; Vienna, VA)

Despite public pronouncements on their continued focus on preventing veterans suicide, Veterans Affairs officials failed to spend millions available for outreach campaigns in 2018 and severely curtailed their messaging efforts, according to a new report released Monday. The

Government Accountability Office study found that of \$6.2 million set aside for suicide prevention media outreach in fiscal 2018, only \$57,000 — less than 1 percent — was actually used.

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1.6 - Charlotte Observer (ProPublica/PolitiFact): [Veterans back out of VA program after delays in payments, services](#) (18 December, Isaac Arnsdorf of ProPublica and Jon Greenberg of PolitiFact, 1.1M uvm)

For years, conservatives have assailed the U.S. Department of Veterans Affairs as a dysfunctional bureaucracy. They said private enterprise would mean better, easier-to-access health care for veterans. President Donald Trump embraced that position, enthusiastically moving to expand the private sector's role. Here's what has actually happened in the four years since the government began sending more veterans to private care: longer waits for appointments and, a new analysis of VA claims data by ProPublica and PolitiFact shows, higher costs for taxpayers.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - La Crosse Tribune: [Tomah VA Medical Center 'solving problems' at open house](#) (18 December, Jourdan Vian, 88k uvm; La Crosse, WI)

Representatives of the Tomah Veterans Affairs Medical Center went through concerns brought up at the city's public hearings one-by-one from security and parking to property value impacts and future plans for its proposed facility on La Crosse's South Side. Noreen Holmes, who lives just blocks away from the proposed facility at 3120 Farnam St., said after the presentation that it's obvious the VA is serious about addressing neighbors' concerns. "They're solving the problems. I don't know what else we could ask for. It just seems like it's a thoughtful process," Holmes said.

[Hyperlink to Above](#)

2.2 - Statesboro Herald: [Now it's law: VA Clinic named for Ray Hendrix](#) (18 December, Al Hackle, 10k uvm; Statesboro, GA)

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July 2017, the center was in crisis. Public confidence was derailed after whistleblower doctors came forward with stunning allegations. "Some had to do with quality of care, some with infrastructure, some with leadership response to those types of things," Ryan Lilly, director, VA New England Healthcare System, said.

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2.4 - WGME-TV: [Providence VA honors 3 for work on behalf of veterans](#) (18 December, Jared Pelletier, 57k uvm; Portland, ME)

The Providence VA Regional Office on Tuesday acknowledged the hard work of three individuals who have one common goal. "Everyone here that we're recognizing today is fiercely committed to veteran service," said E.J. McQuade, director of the Providence VA Regional Office. Staff Sgt. John Roias received the Civilian Service Member of the Year Award.

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2.5 - The Texas Tribune: [Recent VA survey shows increase of 2.4 percent in Veterans trust of VAMCs](#) (18 December, Matthew Watkins, 944k uvm; Austin, TX)

Recent results from a U.S. Department of Veterans Affairs customer experience feedback survey indicate an average 2.4 percent increase in Veteran trust of VA hospitals during fiscal year 2018. Beginning in fall 2017 through September 2018, VA surveyed 1,660,563 Veterans regarding their trust of the VA health care outpatient services and found that the "trust scores" of 128 out of 139 VA Medical Centers increased by an average of 2.4 percent by the end of fiscal year 2018.

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3. [Business Transformation](#)

3.1 - NextGov: [VA Overpaid \\$4.5 Million in Benefits Because It Didn't Read Emails, Watchdog Says](#) (18 December, Jack Corrigan, 282k uvm; Washington, DC)

The Veterans Affairs Department paid out an extra \$4.5 million in duplicate benefits last year because officials were late reading email alerts to update payments, an internal watchdog found. The Veterans Benefits Administration last year simultaneously awarded some 1,300 veterans benefits under two different childhood educational assistance provisions, according to the Veterans Affairs Inspector General. The overpayments, which occurred when veterans' dependents were double counted, stemmed from the agency's antiquated system for processing benefit adjustments.

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3.2 - OpsLens (Opinion): [Fixing the VA](#) (18 December, Jon Harris)

The Veterans Administration hospital system has been under fire for as long as I can remember. They certainly have had their share of mishaps and scandals. From false waiting lists to canceled appointments that may have even cost some veterans their lives to just plain dishonesty, the VA has seen rough times. Not to go too far back, and only to mention the major scandals and problems since the Gulf War, the list is troubling. Here is a list of the significant issues for which the VA was called to task:

[Hyperlink to Above](#)

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Mother Jones: More Veterans Are Dying by Suicide While the VA Sits on Millions Allotted for Prevention (18 December, Dan Spinelli, 1.9M uvm; San Francisco, CA)

The Department of Veterans Affairs has been clear: Preventing suicide among the nation's more than 20 million former service members is its top clinical priority. With a burgeoning suicide rate among veterans from the Iraq and Afghanistan wars, the VA has dumped more than \$24 million since 2013 into a national outreach campaign for at-risk veterans centered around a one-stop crisis hotline. But that ambitious outreach initiative has faltered in recent years amid a leadership vacuum within the VA and unclear metrics for success, according to a report released this week by the nonpartisan Government Accountability Office. While the number of suicides among veterans was climbing steadily, the GAO found that the VA's prevention efforts faltered without a permanent leader or clear chain of command in place.

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5.2 - Daily Beast: VA Failed to Spend Millions Allocated for Suicide Prevention: Report (18 December, 9M uvm; New York, NY)

The Trump administration's Department of Veterans Affairs failed to spend millions of dollars that were allocated for suicide prevention, according to a new report released Monday by the Government Accountability Office. Despite public pronouncements touting their continued focus on preventing suicide among returning soldiers, Veterans Affairs officials left millions of dollars available for outreach campaigns in 2018 untouched and severely cut back on their advertising efforts, the report found.

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5.3 - KCTV-TV: Suicide among veterans: Their silent protest over broken VA system (18 December, Angie Ricono, 138k uvm; Fairway, KS)

Mike Douglas shot and killed himself inside his truck at the VA parking lot on June 13. He suffered from PTSD and, most recently, cancer. Douglas served in the Navy during Vietnam. He loved guns, knives and swords. "He said I don't care where you bury me don't bury me at Leavenworth. I don't want to be buried there. And that's why he went there and committed suicide at the VA ... because he was so frustrated over the care," Douglas' sister, Carol Dawkins, said.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: VA administrators, LI congressmen meet on closed homeless shelter (18 December, Martin C. Evans, 1.37M uvm; Melville, NY)

Two members of Long Island's congressional delegation met Tuesday with administrators of the Northport Veterans Affairs Medical Center for an update on a homeless shelter on the hospital's campus. Reps. Lee Zeldin (R-Shirley) and Thomas Suozzi (D-Glen Cove) said they want to expedite reopening the shelter, which has been closed for about a year because of a failed

heating system. The shelter had been slated to reopen in September, but failed to meet building codes. The tougher codes automatically came into effect when the building was renovated, Northport officials said.

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6.2 - KTVO-TV (AP): [30K wreaths laid on graves at Missouri veterans' cemetery](#) (18

December, AP, 15k uvm; Kirksville, MO)

A record-setting 30,000 donated wreaths have been placed on the graves of American service members at the Jefferson Barracks National Cemetery in St. Louis County. The St. Louis Post-Dispatch reports that the effort is part of Wreaths Across America. The nonprofit effort works with groups to coordinate wreath-laying ceremonies at more than 1,400 sites across the country. The ceremonies are conducted in conjunction with a national minute of silence and the laying of wreaths at Arlington National Cemetery.

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6.3 - WTSP-TV: [Wreaths Across America day honors veterans buried at Florida National Cemetery](#) (18 December, Mark Bergin, 316k uvm; Saint Petersburg, FL)

Nearly 10,000 volunteers placed 30,000 wreaths at grave sites over the weekend at the Florida National Cemetery in Sumter County. Hernando County Fire Rescue made a Facebook post about the volunteers' efforts on Saturday, which also marked the Wreaths Across America Day. The post said Steve Terry, who served Hernando County Fire Rescue as a firefighter and paramedic for nearly 25 years, is buried at the site. Terry was an active member of the military for 20-plus years, according to the post.

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6.4 - Bluebonnet News: [Indianettes Lay Wreaths At Houston National Cemetery](#) (18

December; Moss Hill, TX)

This past Saturday the Indianettes went to the Houston National Cemetery to help lay wreaths on all of the fallen soldiers. "It was a great experience and the girls had the opportunity to speak the names of many fallen soldiers and thank them for their service," said Cleveland ISD spokesperson Susan Ard. "It was a great and moving experience and they cannot wait to do it again year after year. Thank you, ladies, for spending your time honoring our soldiers, and representing CHS and CISD!"

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6.5 - St. Louis Post-Dispatch: [Record-setting wreaths: Nearly 30,000 laid at Jefferson Barracks graves](#) (18 December, Nassim Benchaabane, 279k uvm; St. Louis, MO)

Strapped to the motorcycle Dennis Klier rode into Jefferson Barracks National Cemetery on Monday morning were two holiday wreaths. Klier, 72, an Air Force veteran from Florissant, stopped the bike at the graves of his mother and his father, a decorated World War II veteran who died Feb. 27, 2014, at age 91. Klier laid both wreaths down on their headstones, stepped back three paces and raised his right arm in a slow military salute.

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7. [Other](#)

7.1 - WRIC-TV: [Lawmakers call for 'immediate investigation' into continued dog experiments at the VA](#) (18 December, Kerri O'Brien, 97k uvm; Richmond, VA)

Members of Congress are calling for an investigation into deadly dog experiments at the Department of Veterans of Affairs after an ongoing 8News investigation. The letter from lawmakers urges the VA's Inspector General, Michael Missal, to launch an immediate investigation into conflicting reports about who approved the continued studies.

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1. [Top Stories](#)

1.1 - WHP-TV: [Opioids: A National Crisis Town Hall](#) (18 December, 72k uvm; Harrisburg, PA)

Join our National Town Hall, "Opioids: A National Crisis", hosted by Eric Bolling, featuring:

Robert Wilkie, Veterans Affairs Secretary
Jim Pyles, Former Major of the Maryland State Police
Dr. Norman Hooten, Veterans Affairs Pharmacist
Kendel Ehrlich, Former Prosecutor & First Lady of Maryland
Kimberly Lohman Clapp, Addiction Policy Forum
Kellyanne Conway, Counselor to President Donald Trump

[Click here](#) to watch.

[Back to Top](#)

1.2 - WHP-TV: ['One pill can kill': National, community leaders address opioid crisis town hall](#) (18 December, Leandra Bernstein, 72k uvm; Harrisburg, PA)

Sinclair Broadcast Group hosted an hourlong town hall in the nation's capital as part of a series of 12 roundtable discussions to raise awareness of America's opioid addiction crisis.

The opioid town hall, "Your Voice, Your Future," was moderated by Eric Bolling and featured community-based advocates and national policymakers. Bolling and his wife Adrienne became outspoken activists in the fight against opioid addiction after losing their 19-year-old son to an accidental overdose last year. Bolling directed a strong message to parents and children: "One pill can kill."

Speakers on the panel included White House counselor Kellyanne Conway; Secretary of Veterans Affairs Robert Wilkie; deputy director of Maryland's Opioid Operational Command Center Birch Barron; veteran and Black Hawk Down hero Norman Hooten; former first lady of Maryland and drug court prosecutor Kendel Ehrlich; and Kimberly Lohman Clapp, spokesperson for the Addiction Policy Forum.

Even with the magnitude of the crisis, Americans' knowledge of the opioid epidemic is still lacking, Kellyanne Conway emphasized. "For all the information overload we have in this country on so many issues, I would say we still suffer from information underload when it comes to some of the very basic and simply points attending the largest drug crisis in our nation's history," she said.

A leading issue driving the opioid epidemic is the role of fentanyl, a synthetic opioid with between 50 to 100 times the potency of heroin and morphine. A dose of less than two milligrams of fentanyl, about the size of a grain of sand, can be fatal. On Tuesday, the Centers for Disease Control (CDC) published a report announcing that fentanyl replaced heroin as the nation's deadliest drug.

"This is an instant killer," Conway said, noting one of her goals in raising awareness is to make fentanyl a household word.

Fentanyl has been the single largest contributor to drug overdose deaths in the past year, reaching 28,466, more than half of all fatal opioid overdoses. Fentanyl has also been involved in approximately 40 percent of all cocaine overdose deaths as it is incorporated into other drugs.

Nearly one in three Americans know someone who is addicted to opioids or who died from an overdose. This year, over 2 million people in the United States will struggle through an addiction to prescription or illicit opioids. Many do not seek treatment.

"Your Voice, Your Future" is aimed at raising awareness, reducing the stigma of addiction and exploring solutions to the drug crisis, while holding accountable those who bear responsibility.

Secretary of Veterans Affairs Robert Wilkie is spearheading efforts to reduce the stigma associated with drug abuse among veterans and developing new programs to address veterans physical and psychological pain.

"The culture has been, in the past, you don't talk about pain, you just mask it," Wilkie told Bolling.

Veterans are 41 percent more likely to experience chronic pain than their private sector counterparts. For years, VA doctors treated that pain with high-dose opioid painkillers. By 2017, the number of veterans struggling through opioid addictions had skyrocketed to 70,000. The Department of Defense has projected that more than one in ten (11.7 percent) of veterans will misuse prescription drugs.

"We decided we had to change the culture," Wilkie explained. Now, it is becoming more common for VA hospitals to use non-traditional pain relief methods, such as martial arts, yoga and occupational therapy.

Wilkie also acknowledged the connection between opioid abuse and the staggering number of veteran suicides. Every day the United States loses 20 veterans to suicide. There are some studies suggesting as many as one-third of veterans' suicides have a substance abuse component.

Drug abuse, mental health issues, homelessness and suicide are part of a continuum of issues veterans face. "If we can get to the root causes of the pain that afflict our veterans, some of those issues tangential to opioid abuse probably go away," Wilkie said.

Norman Hooten served in the military and has since dedicated his life to saving fellow veterans from addiction. He recently earned his doctorate in pharmacy and works at the Orlando Veterans Affairs Medical Center in Florida. Wooten was a Delta Force operator in Mogadishu, Somalia in 1993 during the infamous battle better known as Black Hawk Down, which left 18 Americans dead and 73 injured.

Hooten was compelled to study medicine after seeing friends, who survived combat, lose their lives to opioids. "I was really looking for a way to contribute and provide solutions to the problem," he told Bolling. Hooten didn't realize his mission would bring him to the VA, but he sees the agency as a critical leader in finding solutions to the drug crisis.

"A large part of the solution to the problem is going to come out of the VA," he insisted. "They're going to set the standard for a lot of others to follow."

Opioid addiction and overdose deaths have reached epidemic levels in recent years, killing about 140 people every day and fueling a decline in U.S. life expectancy. The Centers for Disease Control estimates roughly 50,000 people died from opioid overdoses last year.

Tuesday's roundtable discussion at WJLA's studio outside Washington, D.C. addressed the national and regional challenges of opioid addiction. Last year, D.C. had the third highest rate of drug overdose deaths in the country, led by the deadly synthetic opioid, fentanyl. In the surrounding area, overdose deaths reached an all-time high last year with 2,282 lives lost in Maryland and 1,227 in Virginia.

Sinclair will host additional town halls across the country over the coming months. The discussions will feature national and community leaders with firsthand experience battling addiction, providing life-saving interventions and stopping the supply of opioids at their source.

The next town hall is scheduled for Jan. 10. WOAI will be broadcasting the event live from San Antonio, Texas at the U.S.-Mexico border. Invited guests include Texas Republican Sen. Ted Cruz and his 2018 challenger and potential Democratic presidential candidate, Beto O'Rourke.

Last month, Sinclair hosted a town hall discussion about opioids at Liberty University attended by 12,000 students. First lady Melania Trump headlined the event to address ways to support families and those affected by drug abuse and educate the public on the dangers associated with opioids.

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1.3 - New York Times: [Suicide Among Veterans Is Rising. But Millions for Outreach Went Unspent by V.A.](#) (18 December, Dave Phillips, 49M uvm; New York, NY)

Suicide prevention efforts by the Department of Veterans Affairs fell off sharply in the last two years, even though reducing the high suicide rate among veterans is the agency's top clinical priority, according to a new report.

With the department's top management in turmoil, the suicide prevention effort lacked leadership, planning meetings were repeatedly canceled, millions of dollars budgeted for outreach went unspent, and the television and radio ads that had been broadcast thousands of times across the country in previous years went all but silent.

The striking breakdown in prevention efforts is detailed in a Government Accountability Office report released late Monday. The report says that bureaucratic confusion and vacancies in key posts are largely to blame.

In a response released with the report, the V.A. concurred with the accountability office's assessment and said it was already working on correcting the problems.

The suicide rate among veterans is about twice that of the general population, and has been rising among younger veterans who served during the wars in Iraq and Afghanistan.

“At a time when 20 veterans a day still die by suicide, V.A. should be doing everything in its power to inform the public about the resources available to veterans in crisis,” Representative Tim Walz, the Minnesota Democrat who requested the investigation, said in a statement. “Unfortunately, V.A. failed to do that.”

Mr. Walz attributed the problems to “a deeply troubling level of incompetence” at the agency after a number of experienced senior staff members resigned over differences with President Trump’s political appointees.

Among those who left was Dr. Caitlin Thompson, the director of the agency’s suicide prevention office. In an interview, she said she resigned in July 2017 because of repeated changes in how the office was overseen and because she felt mounting pressure to produce work that would be politically flashy but have little impact on veterans’ lives.

After Dr. Thompson left, the accountability office’s report said, the suicide prevention office went nearly idle. It spent just \$57,000 of its \$6.2 million media budget, and its presence on social media, mostly paid posts, declined by 77 percent from the levels of 2015. Meetings were canceled and decisions were deferred because the acting director who replaced her was frequently absent, the report said.

Since 2012, the office had been regularly airing public service announcements meant to promote gun safety and reduce the stigma around seeking help. But the report found that as of August, none had been broadcast for more than a year.

Dr. Thompson, now with the Cohen Veterans Network, a nonprofit group, said she was dismayed at the falloff.

“This is such an important issue, we need to be throwing everything we can at it,” she said. “It’s so ludicrous that money would be sitting on the table. Outreach is one of the first ways to engage with veterans and families about ways to get help. If we don’t have that, what do we have?”

As the office’s outreach efforts dwindled, nationwide monitoring showed a steady increase in the suicide rate among veterans age 18 to 34, which is now about 45 deaths a year for every 100,000 people, more than three times the overall national average.

The suicide prevention paralysis is one of a number of recent stumbles at an agency that has seen significant turnover of experienced staff and top leadership in the last 18 months. Mistakes in managing the G.I. Bill program led to late or incorrect housing allowance payments for more than 80,000 veterans enrolled in college. A sweeping \$16 billion overhaul of the V.A.’s electronic health care records system has hit a number of obstacles, and the expert who was brought in over the summer to lead the project quit within a month.

Curt Cashour, the department’s spokesman, said the responsibility for the problems in the suicide prevention program lay with Dr. David J. Shulkin, Mr. Trump’s first secretary of veterans affairs, who was fired in March. He said Dr. Shulkin’s successor, Robert L. Wilkie, had taken steps to address the issue.

“Within weeks of his arrival at V.A., then-Acting Secretary Wilkie appointed Dr. Keita Franklin as V.A.’s new suicide prevention director, and she is reviewing the spending for this important program,” Mr. Cashour said in a statement.

Dr. Franklin served as acting director during the time when many of the outreach efforts collapsed. Mr. Cashour did not respond to requests for an interview with Dr. Franklin or comment from her.

When Dr. Shulkin was the department's under secretary for health during the Obama administration, he pushed to make suicide prevention the V.A.'s top clinical priority and to increase spending on the effort. As secretary, he extended mental health benefits to thousands of previously ineligible veterans.

"It was critical to me," he said in a phone interview. "I'm not aware of anything else that is taking the lives of 20 people a day that is a result of service and, in my mind, is totally preventable."

But he said that the departure of many longtime employees in recent years had taken a toll.

"There were a whole wave leaving in 2016 and 2017," he said. "A lot left because of some of the turmoil and internal fighting. You can see it's a real loss."

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1.4 - Washington Post: [Trump's VA vowed to stop veteran suicide. Its leaders failed to spend millions set aside to reach those at risk.](#) (18 December, Lisa Rein, 32M uvm; Washington, DC)

The Trump administration said from its first days that preventing suicide was its top clinical priority for veterans.

The performance of its national outreach campaign shows otherwise, though, because of a leadership vacuum at the Department of Veterans Affairs and nonexistent means to measure effectiveness, a new report by the Government Accountability Office found.

As the number of veterans taking their own lives climbed, VA's media outreach plunged in fiscal years 2017 and 2018 — with fewer social media posts, public service announcements and paid advertisements compared with the agency's efforts during the Obama administration, auditors said.

About 20 veterans die by suicide every day, VA data shows. That's nearly twice the suicide rate among Americans who did not serve in the military.

VA set aside \$6.2 million this year alone to advertise its crisis hotline — the centerpiece of its suicide-prevention efforts — online, on billboards, buses and trains, and via local and national radio commercials. But as of September, the agency had spent \$57,000 — less than 1 percent of that budget, auditors wrote.

By not reaching as many vulnerable veterans as it could have, the Veterans Health Administration, the agency's health-care arm, "may not have exposed as many people in the community, such as veterans at risk for suicide, or their families and friends, to its suicide prevention outreach content," the report concluded.

VA concurred with the GAO's findings. In response to the report, VA Secretary Robert Wilkie told auditors that "every death by suicide is a tragedy. We will not relent in our efforts to connect veterans in need with lifesaving support."

Agency spokesman Curt Cashour blamed the weak outreach on President Trump's first VA secretary, David Shulkin, who served from February 2017 to March 2018, when he was fired.

"During former VA employee David Shulkin's brief tenure as secretary, VA's suicide prevention outreach dropped significantly, and the suicide prevention office had no permanent leader for nearly nine months," Cashour said in an email. Wilkie appointed a new permanent director for suicide prevention shortly after arriving as acting secretary in April, Cashour said, "and she is reviewing the spending for this important program."

Shulkin declined to comment.

The outreach campaign was one component of VA's suicide prevention efforts, which under Shulkin increased the number of prevention coordinators, established same-day mental health visits at VA hospitals and gave mental health benefits to veterans who were not honorably discharged from the military.

Social media postings dropped by more than two-thirds from fiscal 2017 to 2018, and two planned public service announcements were delayed. For more than a year, VA did not air any outreach messages on television or radio.

The GAO blamed the subpar campaign on turmoil within VA's senior ranks and on departures of top officials — instability that has consumed the agency for more than a year — and said vacancies and rudderless leadership left staff working on suicide prevention without clear direction.

"This became particularly evident during a recent period of turnover and reorganization in the office responsible for the suicide prevention outreach campaign," auditors wrote. VHA "did not assign key leadership responsibilities or establish clear lines of reporting, and as a result, its ability to oversee the outreach campaign was hindered."

The agency had no permanent director of suicide prevention for months. So the staff spent its resources updating the website of the crisis hotline. Its employees also began reporting to VA's Office of Mental Health, which pulled them away from suicide prevention, the report says.

The agency also lacked an effective strategy to measure whether its efforts were reaching veterans, such as by comparing the campaign with previous years or capturing the number of people who click on messages, the GAO determined.

Rep. Tim Walz (Minn.), the top Democrat on the House Veterans' Affairs Committee who requested the study, said the report "conveys a deeply troubling level of incompetence on the part of the Trump Administration."

"At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis," Walz said in a statement. "Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority."

VA launched a program in 2010 to reach at-risk veterans and encourage them to call its hotline, hiring a contractor to develop a messaging campaign. The outreach grew steadily before dropping last year.

A spokesman for Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans' Affairs Committee, said suicide prevention is one of his priorities, and "he remains steadfastly committed to working with the VA to ensure it has all the resources needed to provide mental health care to veterans who need it."

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1.5 - Military Times: [VA left millions for suicide prevention unspent, report finds](#) (18 December, Leo Shane III, 947k uvm; Vienna, VA)

Despite public pronouncements on their continued focus on preventing veterans suicide, Veterans Affairs officials failed to spend millions available for outreach campaigns in 2018 and severely curtailed their messaging efforts, according to a new report released Monday.

The Government Accountability Office study found that of \$6.2 million set aside for suicide prevention media outreach in fiscal 2018, only \$57,000 — less than 1 percent — was actually used.

In addition, social media content from VA officials on the subject dropped by more than two-thirds from fiscal 2017 to fiscal 2018. Two planned new public service announcements on the topic were delayed, and no public outreach messages were aired on national television or radio for more than a year.

Veterans advocates called the report shocking and disappointing.

"At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis," said Rep. Tim Walz, D-Minn., ranking member of the House Veterans' Affairs Committee. "Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority."

Both VA Secretary Robert Wilkie and former VA Secretary David Shulkin listed suicide prevention as one of their main focuses for the department and their top clinical priority for the Veterans Health Administration.

The 20-a-day suicide estimate includes about 14 veterans who have had little or no contact with VA in recent months, a statistic that advocates say illustrates the need for more outreach to individuals who don't fully understand or typically use the mental health support available from the department.

In statements to the GAO, Veterans Health Administration officials blamed leadership turnover at the agency for the missteps. The department's top suicide prevention post was vacant from July 2017 to April 2018.

"Within weeks of his arrival at VA, then-acting Secretary Wilkie appointed Dr. Keita Franklin as VA's new suicide prevention director, and she is reviewing the spending for this important program as part of her duties," department spokesman Curt Cashour said in a statement.

Officials also said ongoing campaigns continued to show strong success in helping make veterans more aware of the Veterans Crisis Line as well as other support services. But GAO officials said more needs to be done.

“By not assigning key leadership responsibilities and clear lines of reporting, VHA’s ability to oversee the suicide prevention media outreach activities was hindered and these outreach activities decreased,” the report authors wrote.

“As a result, VHA may not have exposed as many people in the community, such as veterans at risk for suicide, or their families and friends, to its suicide prevention outreach content.”

VA officials said new hires and “organization improvements” within the relevant offices should produce better results and resource management this fiscal year. They also plan to unveil new tracking metrics this spring, to help evaluate what tools are working best in the suicide prevention efforts.

Walz said that’s not enough.

“If VA actually wants to eliminate veteran suicide, then it has to take each of its roles in that mission seriously,” he said. “Our veterans can’t afford to have VA backslide on veteran suicide.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.6 - Charlotte Observer (ProPublica/PolitiFact): [Veterans back out of VA program after delays in payments, services](#) (18 December, Isaac Arnsdorf of ProPublica and Jon Greenberg of PolitiFact, 1.1M uvm)

For years, conservatives have assailed the U.S. Department of Veterans Affairs as a dysfunctional bureaucracy. They said private enterprise would mean better, easier-to-access health care for veterans. President Donald Trump embraced that position, enthusiastically moving to expand the private sector’s role.

Here’s what has actually happened in the four years since the government began sending more veterans to private care: longer waits for appointments and, a new analysis of VA claims data by ProPublica and PolitiFact shows, higher costs for taxpayers.

Since 2014, 1.9 million former service members have received private medical care through a program called Veterans Choice. It was supposed to give veterans a way around long wait times in the VA. But their average waits using the Choice Program were still longer than allowed by law, according to examinations by the VA inspector general and the Government Accountability Office. The watchdogs also found widespread blunders, such as booking a veteran in Idaho with a doctor in New York and telling a Florida veteran to see a specialist in California. Once, the VA referred a veteran to the Choice Program to see a urologist, but instead he got an appointment with a neurologist.

The winners have been two private companies hired to run the program, which began under the Obama administration and is poised to grow significantly under Trump. ProPublica and PolitiFact obtained VA data showing how much the agency has paid in medical claims and administrative fees for the Choice program. Since 2014, the two companies have been paid nearly \$2 billion for overhead, including profit. That's about 24 percent of the companies' total program expenses — a rate that would exceed the federal cap that governs how much most insurance plans can spend on administration in the private sector.

According to the agency's inspector general, the VA was paying the contractors at least \$295 every time it authorized private care for a veteran. The fee was so high because the VA hurriedly launched the Choice Program as a short-term response to a crisis. Four years later, the fee never subsided — it went up to as much as \$318 per referral.

"This is what happens when people try and privatize the VA," Sen. Jon Tester of Montana, the ranking Democrat on the Senate veterans committee, said in a statement responding to these findings. "The VA has an obligation to taxpayers to spend its limited resources on caring for veterans, not paying excessive fees to a government contractor. When VA does need the help of a middleman, it needs to do a better job of holding contractors accountable for missing the mark."

The Affordable Care Act prohibits large group insurance plans from spending more than 15 percent of their revenue on administration, including marketing and profit. The private sector standard is 10 percent to 12 percent, according to Andrew Naugle, who advises health insurers on administrative operations as a consultant at Milliman, one of the world's largest actuarial firms. Overhead is even lower in the Defense Department's Tricare health benefits program: only 8 percent last year.

Even excluding the costs of setting up the new program, the Choice contractors' overhead still amounts to 21 percent of revenue.

HELP LIFT A BURDEN FOR THOSE WHO SERVE

Military families—even those with VA benefits—often face health care bills they can't pay, raising their risk for depression, substance abuse and suicide.

That's why we've launched The War Within Initiative to abolish millions in military medical debt. Every dollar our readers contribute to RIP Medical Debt, a 501(c)(3) nonprofit, forgives \$100 in unpaid medical bills.

"That's just unacceptable," Rick Weidman, the policy director of Vietnam Veterans of America, said in response to the figures. "There are people constantly banging on the VA, but this was the private sector that made a total muck of it."

Trump's promises to veterans were a central message of his campaign. But his plans to shift their health care to the private sector put him on a collision course with veterans groups, whose members generally support the VA's medical system and don't want to see it privatized. The controversy around privatization, and the outsize influence of three Trump associates at Mar-a-Lago, has sown turmoil at the VA, endangering critical services from paying student stipends to preventing suicides and upgrading electronic medical records.

A spokesman for the VA, Curt Cashour, declined to provide an interview with key officials and declined to answer a detailed list of written questions.

One of the contractors, Health Net, stopped working on the program in September. Health Net didn't respond to requests for comment.

The other contractor, TriWest Healthcare Alliance, said it has worked closely with the VA to improve the program and has made major investments of its own. "We believe supporting VA in ensuring the delivery of quality care to our nation's veterans is a moral responsibility, even while others have avoided making these investments or have withdrawn from the market," the company said in a statement.

TriWest did not dispute ProPublica and PolitiFact's estimated overhead rate, which used total costs, but suggested an alternate calculation, using an average cost, that yielded a rate of 13 percent to 15 percent. The company defended the \$295-plus fee by saying it covers "highly manual" services such as scheduling appointments and coordinating medical files. Such functions are not typically part of the contracts for other programs, such as the military's Tricare. But Tricare's contractors perform other duties, such as adjudicating claims and monitoring quality, that Health Net and TriWest do not. In a recent study comparing the programs, researchers from the Rand Corporation concluded that the role of the Choice Program's contractors is "much narrower than in the private sector or in Tricare."

Before the Choice Program, TriWest and Health Net performed essentially the same functions for about a sixth of the price, according to the VA inspector general. TriWest declined to break down how much of the fee goes to each service it provides.

Because of what the GAO called the contractors' "inadequate" performance, the VA increasingly took over doing the Choice Program's referrals and claims itself.

In many cases, the contractors' \$295-plus processing fee for every referral was bigger than the doctor's bill for services rendered, the analysis of agency data showed. In the three months ending Jan. 31, 2018, the Choice Program made 49,144 referrals for primary care totaling \$9.9 million in medical costs, for an average cost per referral of \$201.16. A few other types of care also cost less on average than the handling fee: chiropractic care (\$286.32 per referral) and optometry (\$189.25). There were certainly other instances where the medical services cost much more than the handling fee: TriWest said its average cost per referral was about \$2,100 in the past six months.

Beyond what the contractors were entitled to, audits by the VA inspector general found that they overcharged the government by \$140 million from November 2014 to March 2017. Both companies are now under federal investigation arising from these overpayments. Health Net's parent company, Centene, disclosed a Justice Department civil investigation into "excessive, duplicative or otherwise improper claims." A federal grand jury in Arizona is investigating TriWest for "wire fraud and misused government funds," according to a court decision on a subpoena connected to the case. Both companies said they are cooperating with the inquiries.

Despite the criminal investigation into TriWest's management of the Choice Program, the Trump administration recently expanded the company's contract without competitive bidding. Now, TriWest stands to collect even more fees as the administration prepares to fulfill Trump's campaign promise to send more veterans to private doctors.

Senate veterans committee chairman Johnny Isakson, R-Ga., said he expects VA Secretary Robert Wilkie to discuss the agency's plans for the future of private care when he testifies at a

hearing on Wednesday. A spokeswoman for the outgoing chairman of the House veterans committee, Phil Roe, R-Tenn., didn't respond to requests for comment.

"The last thing we need is to have funding for VA's core mission get wasted," Rep. Mark Takano, a California Democrat who will become the House panel's chairman in January, said in a statement. "I will make sure Congress conducts comprehensive oversight to ensure that our veterans receive the care they deserve while being good stewards of taxpayer dollars."

Covering up long wait times

Many of the Choice Program's defects trace back to its hasty launch.

In 2014, the Republican chairman of the House veterans committee alleged that 40 veterans died waiting for care at the VA hospital in Phoenix. The inspector general eventually concluded that no deaths were attributable to the delays. But it was true that officials at the Phoenix VA were covering up long wait times, and critics seized on this scandal to demand that veterans get access to private medical care.

One of the loudest voices demanding changes was John McCain's. "Make no mistake: This is an emergency," the Arizona senator, who died in August, said at the time. McCain struck a compromise with Democrats to open up private care for veterans who lived at least 40 miles from a VA facility or would have to wait at least 30 days to get an appointment.

In the heat of the scandal, Congress gave the VA only 90 days to launch Choice. The VA reached out to 57 companies about administering the new program, but the companies said they couldn't get the program off the ground in just three months, according to contracting records. So the VA tacked the Choice Program onto existing contracts that Health Net and TriWest had to run a much smaller program for buying private care. "There is simply insufficient time to solicit, evaluate, negotiate and award competitive contracts and then allow for some form of ramp-up time for a new contractor," the VA said in a formal justification for bypassing competitive bidding.

But that was a shaky foundation on which to build a much larger program, since those earlier contracts were themselves flawed. In a 2016 report, the VA inspector general said officials hadn't followed the rules to "to ensure services acquired are based on need and at fair and reasonable prices." The report criticized the VA for awarding higher rates than one of the vendors proposed.

The new contract with the VA was a lifeline for TriWest. Its president and CEO, David J. McIntyre Jr., was a senior aide to McCain in the mid-1990s before starting the company, based in Phoenix, to handle health benefits for the military's Tricare program. In 2013, TriWest lost its Tricare contract and was on the verge of shutting down. Thanks to the VA contract, TriWest went from laying off more than a thousand employees to hiring hundreds.

McIntyre's annual compensation, according to federal contracting disclosures, is \$2.36 million. He declined to be interviewed. In a statement, TriWest noted that the original contract, for the much smaller private care program, had been competitively awarded.

The VA paid TriWest and Health Net \$300 million upfront to set up the new Choice program, according to the inspector general's audit. But that was dwarfed by the fees that the contractors would collect. Previously, the VA paid the companies between \$45 and \$123 for every referral, according to the inspector general. But for the Choice Program, TriWest and Health Net raised

their fee to \$295 to \$300 to do essentially the same work on a larger scale, the inspector general said.

The price hike was a direct result of the time pressure, according to Greg Giddens, a former VA contracting executive who dealt with the Choice Program. "If we had two years to stand up the program, we would have been at a different price structure," he said.

Veterans frustrated with contractors

Even though the whole point of the Choice Program was to avoid 30-day waits in the VA, a convoluted process made it hard for veterans to see private doctors any faster. Getting care through the Choice Program took longer than 30 days 41 percent of the time, according to the inspector general's estimate. The GAO found that in 2016 using the Choice Program could take as long as 70 days, with an average of 50 days.

Sometimes the contractors failed to make appointments at all. Over a three-month period in 2018, Health Net sent back between 9 percent and 13 percent of its referrals, according to agency data. TriWest failed to make appointments on 5 percent to 8 percent of referrals, the data shows.

Many veterans had frustrating experiences with the contractors.

Richard Camacho in Los Angeles said he got a call from TriWest to make an appointment for a sleep test, but he then received a letter from TriWest with different dates. He had to call the doctor to confirm when he was supposed to show up. When he got there, the doctor had received no information about what the appointment was for, Camacho said.

John Moen, a Vietnam veteran in Plano, Texas, tried to use the Choice Program for physical therapy this year rather than travel to Dallas, where the VA had a six-week wait. But it took 10 weeks for him to get an appointment with a private provider.

"The Choice Program for me has completely failed to meet my needs," Moen said.

After Thompson used the Choice Program in 2018 for a sinus surgery that the VA couldn't perform within 30 days, the private provider came after him to collect payment, according to documentation he provided.

Thousands of veterans have had to contend with bill collectors and credit bureaus because the contractors failed to pay providers on time, according to the inspector general. Doctors have been frustrated with the Choice Program, too. The inspector general found that 15 providers in North Carolina stopped accepting patients from the VA because Health Net wasn't paying them on time.

The VA shares the blame, since it fell behind in paying the contractors, the inspector general said. TriWest claimed the VA at one point owed the company \$200 million. According to the inspector general, the VA's pile of unpaid claims peaked at almost 180,000 in 2016 and was virtually eliminated by the end of the year.

The VA tried to tackle the backlog of unpaid doctors, but it had a problem: The agency didn't know who was performing the services arranged by the contractors. That's because Health Net and TriWest controlled the provider networks, and the medical claims they submit to the VA do not include any provider information.

The contractors' role as middlemen created the opportunity for payment errors, according to the inspector general's audit. The inspector general found 77,700 cases where the contractors billed the VA for more than they paid providers and pocketed the difference, totaling about \$2 million. The inspector general also identified \$69.9 million in duplicate payments and \$68.5 million in other errors.

TriWest said it has worked with the VA to correct the payment errors and set aside money to pay back. The company said it's waiting for the VA to provide a way to refund the confirmed overpayments. "We remain ready to complete the necessary reconciliations as soon as that process is formally approved," TriWest said.

The grand jury proceedings involving TriWest are secret, but the investigation became public because prosecutors sought to obtain the identities of anonymous commenters on the jobs website Glassdoor.com who accused TriWest of "mak[ing] money unethically off of veterans/VA." Glassdoor fought the subpoena but lost, in November 2017. The court's opinion doesn't name TriWest, but it describes the subject of the investigation as "a government contractor that administers veterans' healthcare programs" and quotes the Glassdoor reviews about TriWest. The federal prosecutor's office in Arizona declined to comment.

"TriWest has cooperated with many government inquiries regarding VA's community care programs and will continue to do so," the company said in its statement. "TriWest must respect the government's right to keep those inquiries confidential until such time as the government decides to conclude the inquiry or take any actions or adjust VA programs as deemed appropriate."

The VA's plan for efficiency backfires

The VA tried to make the Choice Program run more smoothly and efficiently. Because the contractors were failing to find participating doctors to treat veterans, the VA in mid-2015 launched a full-court press to sign up private providers directly, according to the inspector general. In some states, the VA also took over scheduling from the contractors.

"We were making adjustments on the fly trying to get it to work," said David Shulkin, who led the VA's health division starting in 2015. "There needed to be a more holistic solution."

Officials decided in 2016 to design new contracts that would change the fee structure and reabsorb some of the services that the VA had outsourced to Health Net and TriWest. The department secretary at the time, Bob McDonald, concluded the VA needed to handle its own customer service, since the agency's reputation was suffering from TriWest's and Health Net's mistakes. Reclaiming those functions would have the side effect of reducing overhead.

"Tell me a great customer service company in the world that outsources its customer service," McDonald, who previously ran Procter & Gamble, said in an interview. "I wanted to have the administrative functions within our medical centers so we took control of the care of the veterans. That would have brought that fee down or eliminated it entirely."

The new contracts, called the Community Care Network, also aimed to reduce overhead by paying the contractors based on the number of veterans they served per month, rather than a flat fee for every referral. To prevent payment errors like the ones the inspector general found, the new contracts sought to increase information-sharing between the VA and the contractors. The VA opened bidding for the new Community Care Network contracts in December 2016.

But until those new contracts were in place, the VA was still stuck paying Health Net and TriWest at least \$295 for every referral. So VA officials came up with a workaround: they could cut out the middleman and refer veterans to private providers directly. Claims going through the contractors declined by 47 percent from May to December in 2017.

TriWest's CEO, McIntyre, objected to this workaround and blamed the VA for hurting his bottom line.

In a Feb. 26, 2018, email with the subject line "Heads Up... Likely Massive and Regrettable Train Wreck Coming!" McIntyre warned Shulkin, then the department secretary, that "long unresolved matters with VA and current behavior patterns will result in a projected \$65 million loss next year. This is on top of the losses that we have amassed over the last couple years."

Officials were puzzled that, despite all the VA was paying TriWest, McIntyre was claiming he couldn't make ends meet, according to agency emails provided to ProPublica and PolitiFact. McIntyre explained that he wanted the VA to waive penalties for claims that lacked adequate documentation and to pay TriWest an administrative fee on canceled referrals and no-show appointments, even though the VA read the contract to require a fee only on completed claims. In a March letter to key lawmakers, McIntyre said the VA's practice of bypassing the contractors and referring patients directly to providers "has resulted in a significant drop in the volume of work and is causing the company irreparable financial harm."

McIntyre claimed the VA owed TriWest \$95 million and warned of a "negative impact on VA and veterans that will follow" if the agency didn't pay. Any disruptions at TriWest, he said, would rebound onto the VA, "given how much we are relied on by VA at the moment and the very public nature of this work."

But when the VA asked to see TriWest's financial records to substantiate McIntyre's claims, the numbers didn't add up, according to agency emails.

McIntyre's distress escalated in March, as the Choice Program was running out of money and lawmakers were locked in tense negotiations over its future. McIntyre began sending daily emails to the VA officials in charge of the Choice Program seeking updates and warning of impending disaster. "I don't think the storm could get more difficult or challenging," he wrote in one of the messages. "However, I know that I am not alone nor that the impact will be confined to us."

McIntyre lobbied for a bill to permanently replace Choice with a new program consolidating all of the VA's methods of buying private care. TriWest even offered to pay veterans organizations to run ads supporting the legislation, according to emails discussing the proposal. Congress overwhelmingly passed the law (named after McCain) in May.

"In the campaign, I also promised that we would fight for Veterans Choice," Trump said at the signing ceremony in June. "And before I knew that much about it, it just seemed to be common sense. It seemed like if they're waiting on line for nine days and they can't see a doctor, why aren't they going outside to see a doctor and take care of themselves, and we pay the bill? It's less expensive for us, it works out much better, and it's immediate care."

TriWest: The only contractor left standing

The new permanent program for buying private care will take effect in June 2019. The VA's new and improved Community Care Network contracts were supposed to be in place by then. But the agency repeatedly missed deadlines for these new contracts and has yet to award them.

The VA has said it's aiming to pick the contractors for the new program in January and February. Yet even if the VA meets this latest deadline, the contracts include a one-year ramp-up period, so they won't be ready to start in June.

That means TriWest will by default become the sole contractor for the new program. The VA declined to renew Health Net's contract when it expired in September. The VA was planning to deal directly with private providers in the regions that Health Net had covered. But the VA changed course and announced that TriWest would take over Health Net's half of the country. The agency said TriWest would be the sole contractor for the entire Choice Program until it awards the Community Care Network contracts.

"There's still not a clear timeline moving forward," said Giddens, the former VA contracting executive. "They need to move forward with the next program. The longer they stay with the current one, and now that it's down to TriWest, that's not the best model."

Meanwhile, TriWest will continue receiving a fee for every referral. And the number of referrals is poised to grow as the administration plans to shift more veterans to the private sector.

How we reported this story

Since 2014, Congress has pumped \$19.4 billion into the Veterans Choice Program to buy private medical care for veterans. We wanted to know how the money was spent.

As of Sept. 30, 2018, the program's expenditures totaled about \$12.6 billion, according to a running tally provided to Congress every two weeks. An additional \$2.4 billion has been committed but not yet spent, and there was \$4.3 billion left over, according to the most recent report. (We've posted a simplified version of this report [here](#).)

The VA dipped into the Choice program's funds for \$2.3 billion that it needed for other purposes in 2015. So let's put that aside and focus on the \$10.3 billion that's actually been spent on the Veterans Choice Program.

The VA spent \$311 million to set up the program, according to the biweekly report. That includes about \$303.6 million paid to Health Net and TriWest, the two private companies hired to administer the program, according to contracting records.

So how much went to medical care? The biweekly report says \$9.8 billion. But that's misleading, because it includes administrative fees paid to TriWest and Health Net.

The actual amount that Health Net and TriWest have spent on medical claims through the Choice Program is just under \$6 billion as of Sept. 30, according to the latest VA report on Choice claims processing.

During the same time period, we estimate that Health Net and TriWest received about \$1.6 billion in administrative fees. The VA paid the companies at least \$295 every time it referred a veteran to the contractors to receive private care, according to a report by the VA's inspector general. There were 5.3 million such referrals as of Aug. 28, according to VA data published by the Congressional Research Service. TriWest had another approximately 118,000 referrals in

September, according to company data. Health Net didn't receive additional referrals in September because the VA was preparing to let its contract expire. We arrived at \$1.6 billion by multiplying the total number of referrals by \$295.

This estimate probably overcounts referrals where the VA didn't pay the full fee because the veteran never took the appointment or the contractor didn't submit all the required documentation; the VA and TriWest disputed how much was owed in these instances, according to agency emails.

However, our estimate is conservative because it assumes the contractors' fee was always \$295, when in fact the fee rose as high as \$318, according to current and former officials. So perhaps not all the fees were paid, but some were paid at a higher price than we used.

Between the estimated fees and the implementation costs, TriWest and Health Net received about \$1.9 billion for administration. The overhead rate, known in the industry as the "administrative loss ratio," is the \$1.9 billion in overhead costs divided by the sum of those overhead costs and the \$6 billion in claims. That computes to 24 percent.

We presented our estimate to the VA and the contractors, asking them to check our math or provide a more precise figure. The VA declined to comment.

Instead of looking at the industry-standard "administrative loss ratio" that we used, which considers total administrative costs and total health care costs, TriWest gave us an average cost that it said yields a lower rate of overhead. TriWest said its average referral cost in the past six months was \$2,000 to \$2,200, so the \$295 fee would amount to 13 percent to 15 percent of that. But this calculation excludes the company's other administrative costs outside the \$295 fee. Also, TriWest's average could be skewed by a handful of very expensive hospital stays, or because the VA routed costlier referrals to TriWest and handled cheaper services itself. TriWest declined to provide an average over a longer period of time or a median figure, which could provide a more representative picture.

Under the Affordable Care Act, large-group commercial insurers are not allowed to spend more than 15 percent of their premium income on administration, including marketing and profit. Ten percent to 12 percent is the industry standard, according to Andrew Naugle, who advises health insurers on administrative operations as a consultant at Milliman, one of the world's largest actuarial firms.

For Medicare Advantage plans, company expenses eat up about 13 percent of premiums, according to Doug Sherlock, a researcher who tracks insurance plans that reach over 70 percent of the private market.

For Medicaid managed care, overhead was 8.6 percent in 2017, according to a Milliman survey of 186 companies across 35 states.

In the Defense Department's Tricare health benefits program for military service members, retirees and family members, overhead was 8 percent of private sector health care expenses in 2017.

The comparisons are inexact. Tricare and Medicare Advantage are mature programs, whereas Choice was new in 2014. But even excluding the \$303.6 million in startup costs, the Choice Program contractors' overhead still amounts to 21 percent.

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2. Improving Customer Service

2.1 - La Crosse Tribune: [Tomah VA Medical Center 'solving problems' at open house](#) (18 December, Jourdan Vian, 88k uvm; La Crosse, WI)

Representatives of the Tomah Veterans Affairs Medical Center went through concerns brought up at the city's public hearings one-by-one from security and parking to property value impacts and future plans for its proposed facility on La Crosse's South Side.

Noreen Holmes, who lives just blocks away from the proposed facility at 3120 Farnam St., said after the presentation that it's obvious the VA is serious about addressing neighbors' concerns.

"They're solving the problems. I don't know what else we could ask for. It just seems like it's a thoughtful process," Holmes said.

Tomah VA Medical Center director Victoria Brahm and several staff members were on hand to answer questions at the open house, held at the La Crosse American Legion Post 52. They reiterated that the facility will have a 24/7 security staff member and strict rules barring firearms, alcohol and drugs, enforced by regular room inspections. If there was a behavioral problem, program manager Dan Hannan, who supervises the work therapy programs for the VA Medical Center, and Dave Curry, the care manager for the proposed La Crosse facility, would take care of it.

"We don't anticipate there would be any issues, but any large issues Dave should be able fix real fast, and if he can't, I can. If I can't, we'll go right up the chain," Hannan said.

Curry will be at the facility daily and Hannan is only a phone call away.

"These veterans want to be a part of your community, and they want to prove themselves," Hannan said.

Curry is experienced in addiction therapy and other areas, and will ensure participants continue their treatment, whether it includes meetings, individual therapy or peer counseling. He will also arrange community classes in the huge room in the center of the home, which currently houses a pool table and ping-pong table with plenty of space to spare.

Public affairs officer Matthew Gowan assured the audience that the Tomah VA will not expand the program to include more people or more space.

"It's eight and we are good entirely with eight, so there's no expansions of that. Additionally, we are not purchasing adjacent properties to expand off-street parking. That is totally off the table," Gowan said.

He also gave a detailed parking plan, laying out seven off-street parking spaces and three additional spaces in the staff area of the VA's River Valley Clinic, which is separate from where visitors to the clinic park, for a total of 10. However, he also stressed that historically, only 40 percent of participants in the program have had cars.

The Tomah VA would also be willing to look at landscaping options to improve privacy for neighbors, but, Gowan said, there won't be a perfect solution because of how high the home sits.

Gowan provided a video tour of the home, showing that the two upstairs bedrooms face Farnam Street and the majority of the second floor windows are connected to the large community room in the center of the home to let light in, but are so tall people can't actually see out them.

As far as a payment for municipal services, the VA's general counsel would negotiate the terms with the city, but the federal entity would make some sort of payment in lieu of taxes.

Holmes said the program sounds wonderful, adding, "We should welcome them with open arms."

The conditional-use permit needed for the facility to move forward will be back for city committees at 4 p.m. and 6 p.m. Wednesday, Jan. 2, at La Crosse City Hall.

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2.2 - Statesboro Herald: [Now it's law: VA Clinic named for Ray Hendrix](#) (18 December, Al Hackle, 10k uvm; Statesboro, GA)

President Donald Trump signed legislation Friday renaming the veterans' outpatient healthcare clinic in Statesboro for Ray Hendrix, who after a lengthy Army National Guard career worked to improve services for veterans and for the clinic's establishment.

House Resolution 3946, introduced in October 2017 by Rep. Rick Allen, R-Georgia 12th District, was co-sponsored by all 13 other members, Republicans and Democrats, of Georgia's delegation in the U.S. House, where it was approved on a voice vote May 21. The wording of the resolution was then amended slightly in the Senate, where its sponsor was Sen. Johnny Isakson, R-Georgia, chair of the Senate Veterans Affairs Committee.

The Senate approved the amended version by unanimous consent Nov. 27, and the House accepted this final Senate version by unanimous consent Dec. 10. As signed by the president, the law recognizes both the full name "Ray Hendrix Department of Veterans Affairs Clinic," and the short form "Ray Hendrix VA Clinic."

"Sgt. Maj. Ray Hendrix committed his life to serving our nation and defending the freedoms that we as Americans are so blessed to hold dear, and with what he did for veterans even after his service," Allen said in a phone interview.

Bulloch County native Robert Ray Hendrix served 42 years in the Army and National Guard, with command sergeant major being his highest rank. He also became an official advocate for veterans at the state and national levels, remaining a member of Georgia's Veterans Service Board until his death in September 2015 at age 83.

Beginning during his National Guard service, Hendrix was active in the American Legion for 60 years. He served as commander of the veterans organization's local Dexter Allen Post 90 and rose to be a district and state commander, among other organizational offices. Elected as an American Legion National Executive Committee member, he represented Georgia on the national board for 10 years.

Three consecutive Georgia governors appointed Hendrix to the State Veterans Service Board.

Working with other American Legion volunteers, he helped organize regular van transportation for Statesboro-area veterans to the VA clinics in Augusta and Dublin, which are also home to VA hospitals. At the time, those were the only locations for veterans here to be treated by doctors and nurses in the Department of Veterans Affairs system, whose services are provided free to veterans.

Fought for clinic

So Hendrix also led in the drive to bring a VA community-based clinic to Statesboro.

"He worked to get this clinic in Statesboro tirelessly and, as I've said before, would not take 'no' for an answer," Allen said. "Not only did he have to go around the state to get all of the veterans organizations to agree to it, he had to get the Veterans Administration to agree to it, and then to get it done we had to have an act of Congress."

That earlier congressional action establishing the clinic was carried forward by then-Rep. John Barrow, the Democrat who represented the 12th District before Allen won the seat in 2014.

But Hendrix had led the petition drive. A Dec. 22, 2007, Statesboro Herald story put the number of signatures veterans presented to Barrow at more than 5,800. The clinic, affiliated with the Charlie Norwood VA Medical Center in Augusta, opened in March 2013 in an existing building on Northside Drive East in Statesboro.

It has now been serving area veterans for more than five years, with some expansion in services.

"I think a way to deal with some of these problems we're having in some of these mammoth VA centers may be this satellite (clinic) idea, because I have heard nothing but good reviews from people who use the clinic in Statesboro," Allen said. "I don't know that our office has had any complaints. At least they haven't been voiced to me."

Two-year process

Naming the clinic for Hendrix took a second, literal "act of Congress," as Allen put it. Allen had already contacted Statesboro officials before City Council passed a resolution of support in December 2016.

Allen said he hopes that a ceremony at the clinic can be scheduled in the early part of 2019, but the naming became official immediately with the president's signature. Allen had contacted members of Ray Hendrix's family. His wife, Mary Hendrix, had a birthday Friday.

"We're so excited," their daughter Diane Long told the Herald. "I understand it happened on Friday, and that was my mother's 85th birthday, so what a wonderful birthday present."

Although family members are elated to see Hendrix recognized posthumously in this way, “he was not one to toot his own horn,” she added.

“He worked and did things for veterans and it was obvious in all the things that he did, but he wasn’t out there for this to happen,” Long said. “But I think he’s probably looking down and smiling now.”

The Hendrixes have another daughter, Jennifer Kimbrell, and a son, Mike Long, and a number of grandchildren. All live nearby.

Lined up support

To be able to introduce the bill, Allen had to collect letters of support from local chapters of organizations such as the American Legion, the Veterans of Foreign Wars and Georgia Southern University’s Student Veterans Association, according to information provided by Allen’s deputy press secretary, Carlton Norwood Jr.

Allen also needed to have Georgia’s House delegation sign a letter of support and to receive a similar letter from both of Georgia’s U.S. senators. Georgia’s State Senate also provided a proclamation. After the bill passed in the U.S. House, Allen’s office needed to receive letters from the Georgia statewide chapters of the American Legion, the VFW and the Disabled American Veterans, or DAV, Norwood wrote, explaining how the process took two years.

This was not the kind of legislation that gets a separate signing ceremony, but Trump signed it along with other bills and resolutions.

“Obviously the president is a huge supporter of our veterans initiatives and was delighted to see this get done,” Allen said.

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2.3 - WMUR-TV: [Year after crisis, Manchester VA says services have improved](#) (18 December, Jennifer Crompton, 341k uvm; Manchester, NH)

Improvements have been made at the Manchester VA Medical Center more than a year after officials there dealt with eroding public confidence followed by major flooding in the building.

In July 2017, the center was in crisis. Public confidence was derailed after whistleblower doctors came forward with stunning allegations.

“Some had to do with quality of care, some with infrastructure, some with leadership response to those types of things,” Ryan Lilly, director, VA New England Healthcare System, said.

Al Montoya was at home in Connecticut when he got the call to head to Manchester the next day to deal with the crisis.

“The entire leadership team was essentially detailed to other places and I was called in there to really help steady the ship while they determined what the next course of action was,” Al Montoya, director of Manchester VA Medical Center, said.

Just two days after whistleblowers came forward, a broken pipe sent thousands of gallons of water from the seventh floor down to the second, damaging 61,000 square feet of the facility.

"I truly think the flood was probably the best thing that ever happened to this campus," Montoya said. "We started developing the way-forward plan of how do we rebuild their trust, and rebuild leadership and really improve services."

A new task force then presented 29 recommendations for improvements, from mental health to women's services, drug treatment and workplace culture. Some are already in place.

"New floors, new walls, new check-in desk. (We) doubled the size of the waiting room, really to make it more inviting for our veterans and a better place to work for our employees and our staff," Kevin Forrest, associate director of Manchester VA Medical Center, said.

The center has added about 100 jobs, with most of those on the clinical side. The workforce boost has already made a dramatic difference, according to Montoya.

A year and a half ago, it would take about 77 days for a new veteran to get an initial appointment in the VA system. That wait time is now about 16 days.

"They've done a great job in putting people and processes in place so that care is pretty smooth inside Manchester or sharing across other partners in town or across the VA system," Lilly said.

Vietnam veteran Paul Martin got approval to put a memorial table in the lobby dedicated to the men and women who didn't come back. He said the facility helps veterans cope on a daily basis.

"I think they realize just when they walked out the door, that people care about them," Martin said.

The center has added two new suicide prevention coordinators. Officials have also added new recreation therapists, who this year brought veterans to the annual Wounded Warriors surfing event at Hampton Beach for the first time.

A grant is also helping build a case management system.

"They've made a lot of strides. I think if you talk to the team here, they're still not satisfied. I think they still want to get better and I think there's still a lot of opportunity to improve here," Lilly said.

"For our veterans, I would say, 'Give us a chance.' For our employees or our prospective employees, it's an exciting time to be at the Manchester VA," Montoya said.

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2.4 - WGME-TV: [Providence VA honors 3 for work on behalf of veterans](#) (18 December, Jared Pelletier, 57k uvm; Portland, ME)

The Providence VA Regional Office on Tuesday acknowledged the hard work of three individuals who have one common goal.

"Everyone here that we're recognizing today is fiercely committed to veteran service," said E.J. McQuade, director of the Providence VA Regional Office.

Staff Sgt. John Roias received the Civilian Service Member of the Year Award.

Roias joined the Rhode Island Air National Guard six years ago. When he's not serving in the guard, he's an accountant with CVS.

Three years ago, he helped found a nonprofit called Hungry Friday that feeds the hungry, including homeless veterans.

"It's very heartbreaking. Anyone who serves this country shouldn't be homeless," said Roias.

A Lifetime Achievement Award was presented to Chuck O'Connor, an Army veteran who, after serving his country, focused on serving brothers and sisters in arms.

"For the last 13 years, I've been working with veterans, service members, military retirees, and especially families," O'Connor said.

The Regional VA Office also honored one of its own, Lindsay Amherst. The Marine veteran was named Employee of the Year.

"I work the military sexual trauma claims, which is an extremely important topic right now with the current climate with the #MeToo movement," Amherst said.

"I think they're setting a tremendous example, not only for our workforce, but for those that are considering serving, for those that are currently serving, and for those that have served," McQuade said.

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2.5 - The Texas Tribune: [Recent VA survey shows increase of 2.4 percent in Veterans trust of VAMCs](#) (18 December, Matthew Watkins, 944k uvm; Austin, TX)

Recent results from a U.S. Department of Veterans Affairs customer experience feedback survey indicate an average 2.4 percent increase in Veteran trust of VA hospitals during fiscal year 2018.

Beginning in fall 2017 through September 2018, VA surveyed 1,660,563 Veterans regarding their trust of the VA health care outpatient services and found that the "trust scores" of 128 out of 139 VA Medical Centers increased by an average of 2.4 percent by the end of fiscal year 2018.

"Listening to our Veteran patients plays an important role in providing world class customer service," said VA Secretary Robert Wilkie. "VA is not only listening to our Veterans, but we are taking action on their concerns as well as their recommendations to improve VA health care."

The survey revealed Veterans were concerned with issues such as the accountability of specialty providers and services, while typical recommendations from Veterans incorporated ways to improve parking at facilities and methods of expediting access to medications.

The Veterans Affairs Department began soliciting customer feedback in the fall of 2017, inviting Veterans to respond to a survey after completing a Veterans Health Administration outpatient service appointment. Trust was measured at the nationwide, hospital network and individual VAMC level.

Veterans were asked to rate their trust of the VA on a scale of 1 (strongly disagree) to 5 (strongly agree). The customer experience feedback survey revealed 86 percent of Veterans surveyed "agreed" or "strongly agreed" to the trust question.

Veterans also had the option to leave free text responses in their outpatient-services surveys. They selected whether they were leaving a compliment, concern or recommendation. The 439,730 Veterans who participated in the customer experience feedback offered the following:

68.2 percent were compliments

19 percent were concerns

12.8 percent were recommendations

VA is implementing a customer experience feedback program across the entire department in alignment with the Office of Management and Budget's Circular A-11 guidance on establishing and managing a customer experience program. The program also supports the design of a federal customer-experience framework as prescribed by the President's Management Agenda.

For more information on the VA's customer experience goals and progress, go to www.performance.gov.

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3. Business Transformation

3.1 - NextGov: VA Overpaid \$4.5 Million in Benefits Because It Didn't Read Emails, Watchdog Says (18 December, Jack Corrigan, 282k uvm; Washington, DC)

The Veterans Affairs Department paid out an extra \$4.5 million in duplicate benefits last year because officials were late reading email alerts to update payments, an internal watchdog found.

The Veterans Benefits Administration last year simultaneously awarded some 1,300 veterans benefits under two different childhood educational assistance provisions, according to the Veterans Affairs Inspector General. The overpayments, which occurred when veterans' dependents were double counted, stemmed from the agency's antiquated system for processing benefit adjustments.

And the problem wasn't IT infrastructure, but rather a lack thereof, they said.

Disabled veterans can receive allowances for college-aged children who are enrolled in school, and dependents are also eligible for support under the Survivors' and Dependents' Educational Assistance Program, or DEA. However, those benefits can't overlap. When dependents begin receiving DEA benefits, Veterans Affairs officials are responsible for notifying regional offices via email to stop paying out school child allowances for those individuals.

But auditors found those emails often went ignored.

Offices don't set requirements for how often to check the inbox for DEA benefit adjustments, they found, and in many cases, there was no one person responsible for doing so. As of May 7,

there were some 3,100 unread benefits adjustments emails across 25 regional offices, including one facility that hadn't monitored its inbox for more than three years, the report said.

"These unread emails all potentially required DEA-related compensation benefit adjustments and, therefore, equate to an unidentified amount of benefit duplication and overpayments," inspectors wrote. They called the email notification system "outdated and ineffective," and recommended the agency implement a new system to ensure these updates were received and processed.

They also advised the agency to develop an IT system that automatically flags cases where duplicate payments might occur. If the agency doesn't make these changes, the IG estimated it will overpay roughly \$22.5 million in benefits over the next five years.

Because benefits adjustment emails weren't actively read, it took officials significantly longer to process adjustments than anticipated. The department aims to update benefits packages within 90 days, but auditors found that it took 350 days on average to process changes, resulting in months of duplicate payments.

The overcompensated vets, who each received an extra \$3,500 on average, will be required to repay the extra money.

The Veterans Benefits Administration has recently found itself in hot water after a delayed IT overhaul left tens of thousands of vets waiting months for G.I. Bill benefits. The system upgrade, which was expected to be completed this August, is now scheduled to wrap up by Dec. 1, 2019.

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3.2 - OpsLens (Opinion): [Fixing the VA](#) (18 December, Jon Harris)

The Veterans Administration hospital system has been under fire for as long as I can remember. They certainly have had their share of mishaps and scandals. From false waiting lists to canceled appointments that may have even cost some veterans their lives to just plain dishonesty, the VA has seen rough times.

Not to go too far back, and only to mention the major scandals and problems since the Gulf War, the list is troubling.

Here is a list of the significant issues for which the VA was called to task:

1991 — Doctors at the VA's North Chicago hospital repeatedly ignored test results, failed to timely treat patients and conducted unnecessary surgeries. In light of these revelations, the VA took responsibility for the deaths of eight patients. This led to the suspension of most surgeries at the North Chicago hospital facility.

1993 — VA Deputy Undersecretary of Benefits R.J. Vogel testified before Congress that in 1988, a federal court established to look at and oversee appeals from veterans whose benefits had been denied was creating a growing backlog. Vogel tells the lawmakers the VA is "reeling under this judicial review thing."

1999 — After six years of investigations the hospitals and clinics of the Veterans Affairs of Greater Los Angeles Health Care System which includes one of the largest research hospitals,

the West Los Angeles Veterans Affairs Medical Center, was ordered to halt all of their animal and human experiments. The problems mainly involve experiments carried out on veterans who are mental patients. In some experiments, subjects in the trials were purposely taken off their medicines. This resulted in relapses so that researchers could study the course of their symptoms. In other experiments, the subjects were given drugs that intentionally made the symptoms worse so that doctors could observe them as they occurred.

2000 — In a continuing investigation, the GAO finds “substantial problems” with the VA’s handling of research trials involving human subjects and that the issues noted in the 1999 finding had not been corrected.

2003 — President George W. Bush appointed a commission to address the wait-time issue, and as of January 2003, close to a quarter million veterans had been waiting for six months or more for initial or follow-up visits. The report determined the VA had “a clear indication,” the commission said, “of lack of sufficient capacity or, at a minimum, a lack of adequate resources to provide the required care.”

2005 — Reports of “significant problems with the quality of care” for surgical patients at the VA’s Salisbury, North Carolina hospital resulted in congressional testimony. That testimony revealed that one veteran who sought treatment for a toenail injury died of heart failure after doctors did not consider the veteran’s enlarged heart.

2006 — In a stunning breach of security and protocols, a VA employee took home records containing Social Security numbers and names and birth dates of 26.5 million veterans without authorization. The data was stolen from the employee’s home in a “chance” random burglary.

2007 — Public outrage rises after documents released to CNN show some senior VA officials received bonuses of up to \$33,000. The bonus was awarded despite a backlog of hundreds of thousands of benefits cases all the while an internal review found numerous problems, some of them critical, at VA facilities across the nation. Those same officials were in control of or had significant supervisory duties over the troubled facilities.

2009 — The VA discloses the failure of even the most basic protocols. The VA found more than 11,000 veterans who underwent colonoscopies in Florida, Tennessee, and Georgia potentially exposed to viral infections due to equipment not being disinfected after use. Thirty-seven tested positive for hepatitis and six tested positive for HIV.

Mary Berrocal, head of the Miami Veterans Administration hospital, had been under fire since May 2009, when the national VA revealed that as many as 11,000 U.S. military veterans at VA facilities in Miami, Georgia and Tennessee might have had colonoscopies with equipment that had been only rinsed between uses rather than sterilized by steam and chemicals as required by the manufacturer. Berrocal will “transition” to a VA administrative office in St. Petersburg “until placement details are finalized,” according to a statement announcing Berrocal’s removal from the Miami VA. The move does not end Berrocal’s VA career; she said “She will be reassigned.”

2011 — In Dayton, Ohio, unsanitary conditions continue when nine veterans test positive for hepatitis after routine dental work at a VA clinic. The dentist at the VA medical center there acknowledged not washing his hands or even changing gloves between patients for 18 years.

2011 — In Oakland, Pennsylvania, a Legionnaires' Disease outbreak begins at the VA hospital. Over the next five years, at least five veterans die of the disease.

2013 — William Montague, the former director of Veteran Affairs facilities in Ohio, is indicted on charges he took bribes and kickbacks dealing with contracts to a company that does business with the agency nationwide.

January 2014 — Investigation reveals that unacceptable wait times continue and veterans are still dying at VA hospitals because of delays in diagnosis and treatment.

Eric Shinseki, secretary of Veterans Affairs, became embroiled in the scandal involving the Veterans Health Administration concerning substandard timely care and false records covering up related timelines at some veterans hospitals.

On May 30, 2014, President Obama accepted Shinseki's resignation as VA secretary. "I can't explain the lack of integrity among some of the leaders of our health care facilities. This is something I rarely encountered in 38 years in uniform," Shinseki said. "So, I will not defend it because it is indefensible. But I can take responsibility for it, and I do."

A Change Under a New White House Administration

One of the issues is the difficulty in disciplining VA employees and administration personnel. It was almost impossible to terminate an unqualified or corrupt individual.

On June 23rd President Trump signed a bill giving top-ranking officials at the Department of Veterans Affairs more power to fire incompetent workers and protect whistle-blowers.

The Trump administration started holding employees accountable. This was done through the VA Accountability and Whistleblower Act, which aims to weed out employees who underperform and increase transparency at the agency.

"Now, when a bad person —maybe a federal employee in this case, but somebody bad— mistreats, or neglects, or abuses our great veterans in their time of need, we can turn to them, look at them in the eye and say, 'You're fired. Get out,'" said Trump. "We've gotten rid of a lot of people over the past year — only the bad ones. The good ones we cherish."

Curt Cashour, a spokesman for the VA, said the VA had become more productive because of the changes. "During this administration, the VA has had its most productive year-and-a-half in decades. We have made groundbreaking progress, particularly in the areas of accountability, transparency, and efficiency across the department."

A New VA

From my perspective, I have seen the changes. The VA facilities I have used in Texas include Audie Murphy Hospital in San Antonio. The Kerrville VA Hospital and the VBA Clinic in Lubbock. In fact, a new facility is being built in Lubbock and will be associated with Texas Tech University. Appointments have been quick, within 30 days of the request. Medications and prescriptions procedures have been streamlined, and now I can request everything online. Prescriptions are sent directly to me through the mail. Checkups, X-rays, MRIs and anything else I have required were accommodated politely and efficiently. One piece of advice I always give to anyone who is going to use the VA is to have your paperwork in order and walk it through. It helps.

In my opinion, most of those that work in the VA system are good people wanting to do the best they can to serve those of us that have served. Many are veterans themselves. It is that rotten few, the seat warmers, and the wasters of oxygen that cause the problems. The new powers the Trump administration granted the VA are working to send those poor-performing, uncaring and corrupt employees packing.

Now when the VA identifies a bad apple, they get to say "You're fired!"

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Mother Jones: [More Veterans Are Dying by Suicide While the VA Sits on Millions Allotted for Prevention](#) (18 December, Dan Spinelli, 1.9M uvm; San Francisco, CA)

The Department of Veterans Affairs has been clear: Preventing suicide among the nation's more than 20 million former service members is its top clinical priority. With a burgeoning suicide rate among veterans from the Iraq and Afghanistan wars, the VA has dumped more than \$24 million since 2013 into a national outreach campaign for at-risk veterans centered around a one-stop crisis hotline.

But that ambitious outreach initiative has faltered in recent years amid a leadership vacuum within the VA and unclear metrics for success, according to a report released this week by the nonpartisan Government Accountability Office. While the number of suicides among veterans was climbing steadily, the GAO found that the VA's prevention efforts faltered without a permanent leader or clear chain of command in place.

"At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis," Rep. Tim Walz (D-Minn.), the ranking member of the House Veterans Affairs panel, said in a statement to Stars and Stripes after the report's publication Monday. "Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority."

"At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis. Unfortunately, VA has failed to do that."

Suicide rates have risen nationwide, but a veteran is nearly twice as likely to die by suicide as a non-veteran. Rates among active-duty service members are more comparable to the relevant civilian population, but the military-wide suicide rate still doubled between 2005 and 2012. No single issue leads to suicidal behavior, but recent scholarship that examines the wars in Afghanistan and Iraq has highlighted how the suicide risk for veterans increases as they are exposed to pain and desensitized to violence while deployed. Brain injuries and family history boost the risk as well.

When the suicide rate among veterans reached 27.4 per 100,000 persons in 2010, the VA embarked on a program to attempt to reach them before they were in crisis. The VA began paying a contractor for outreach, primarily as a vehicle to get out the word about its signature crisis hotline. In addition to managing the Veterans Crisis Line's website, the contractor was also responsible for developing social media posts and messaging campaigns through billboards and flyers. The program saw a steady boost in content creation over its first four years before a sharp drop-off of more than 53 percent last year.

VA officials attributed the decline to the lack of a permanent director in the suicide prevention office. During the three-month period when the position of permanent national director for suicide prevention was left vacant, representatives from the contractor never met with the leadership of the Veterans Health Administration, which oversees the department's suicide prevention campaign, as required by their contract. Even after Keita Franklin was detailed as acting director for six months beginning October 2017, VHA staff told the GAO that "suicide prevention leadership was not available for weekly meetings to discuss suicide prevention outreach activities." As a result, the department only created 159 pieces of content for social media posts during all of fiscal year 2017.

Without a permanent leader in place to sign off on outreach efforts, staffers redirected their time to "updating the [Veterans Crisis Line] website," the report found. That same year, staffers working on the outreach campaign began reporting to officials in the Office of Mental Health, a change in direction that led to a greater focus on mental health outreach in lieu of strictly suicide prevention. Outside of simple metrics like tracking the number of people who visited the crisis hotline's website, VHA officials also neglected to set measurable goals for the outreach program or any other "meaningful targets for evaluating the campaign," the GAO reports. (Franklin was named permanent director in April.)

Despite the leadership vacuum and ensuing bureaucratic confusion, a remarkable amount of money was directed to the program. This fiscal year, the VA was allocated \$6.2 million to spend on suicide prevention paid media—promoted social media posts and sponsored keyword searches, for example—but by September only spent \$57,000 of its budget, less than 1 percent of the total. (Officials from the VA said they planned to spend up to \$1.5 million by the close of the fiscal year.)

"This is unacceptable and I will be holding the VA accountable for doing better by veterans," Sen. Jon Tester (D-Mont.), the incoming chair of the Senate Veterans Affairs Committee, said in a statement to Mother Jones. "Veterans in crisis must have confidence when they turn to the VA for help."

Lawmakers in recent months have scrutinized a series of management miscues and controversial policy decisions in the VA. The list includes the underpayment of student veterans under the GI Bill and the Trump administration's efforts to privatize elements of veteran health care. Privatizing veteran health care was only one of several initiatives championed by a trio of Trump's friends, dubbed the "Mar-a-Lago Crowd" after an investigative report in ProPublica revealed their clandestine influence on veterans' policy through private meetings with government officials at Trump's Florida resort. Last week, the New York Times called congressional probes into misconduct at the VA a "rare area of bipartisan oversight in a blistering political environment." Unused suicide prevention funds only create more fodder for the fury on Capitol Hill.

The priority of using social media as a suicide prevention strategy has also occasionally come under fire. Not all prevention experts agree that outreach through paid social media is the best way to reach at-risk veterans. “Why are mass market media campaigns so popular in spite of the fact there is no evidence they work and evidence they don’t?” asked a blog post by DJ Jaffe, executive director of the nonprofit Mental Illness Policy Org, which strongly advocates treatment of mental illness. “Money. It is very easy and profitable for a mental health provider to write a brochure, produce a PSA, rather than try to reduce suicide.”

Since 2016, VHA officials have attempted to shift the focus of the department’s awareness campaign away from simply drawing attention to the crisis line to a more “public health approach,” the GAO noted. But as recently as May 2018, department officials “were just beginning to conceptualize what the suicide prevention outreach campaign should look like moving forward” and never devoted substantial time to rethinking the campaign.

“During former VA employee David Shulkin’s brief tenure as secretary, VA’s suicide prevention outreach dropped significantly, and the suicide prevention office had no permanent leader for nearly nine months until Secretary Wilkie arrived as acting secretary in April,” department press secretary Curt Cashour said in a statement to Mother Jones. “Within weeks of his arrival at VA, then-Acting Secretary Wilkie appointed Dr. Keita Franklin as VA’s new suicide prevention director, and she is reviewing the spending for this important program as part of her duties.” Cashour added that the VA accepted the “GAO’s recommendation to do more to evaluate the effectiveness of the suicide prevention media outreach campaign.”

Franklin has since taken on the role of the VA’s suicide prevention director permanently while her old post—director of the Defense Suicide Prevention Office within the Pentagon—remains without a full-time leader. A Pentagon spokesperson told Mother Jones last month that officials were “in the process of assessing and interviewing the best qualified candidates” to take over the office.

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5.2 - Daily Beast: [VA Failed to Spend Millions Allocated for Suicide Prevention: Report](#) (18 December, 9M uvm; New York, NY)

The Trump administration’s Department of Veterans Affairs failed to spend millions of dollars that were allocated for suicide prevention, according to a new report released Monday by the Government Accountability Office. Despite public pronouncements touting their continued focus on preventing suicide among returning soldiers, Veterans Affairs officials left millions of dollars available for outreach campaigns in 2018 untouched and severely cut back on their advertising efforts, the report found. Of the \$6.2 million set aside for suicide prevention media outreach, only \$57,000—less than one percent—was actually used. The VA’s social-media presence dropped precipitously from 2017 to 2018, and content mentioning suicide fell by more than two-thirds in one year. No public outreach messages were aired on national television or radio for more than a year. “At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis,” said ranking member of the House Veterans’ Affairs Committee Rep. Tim Walz (D-MN).

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5.3 - KCTV-TV: [Suicide among veterans: Their silent protest over broken VA system](#) (18 December, Angie Ricono, 138k uvm; Fairway, KS)

Mike Douglas shot and killed himself inside his truck at the VA parking lot on June 13.

He suffered from PTSD and, most recently, cancer.

Douglas served in the Navy during Vietnam. He loved guns, knives and swords.

"He said I don't care where you bury me don't bury me at Leavenworth. I don't want to be buried there. And that's why he went there and committed suicide at the VA ... because he was so frustrated over the care," Douglas' sister, Carol Dawkins, said.

Before his death, he has sent KCTV5 News emails complaining about his treatment.

"At this point it seems the Leavenworth VA has set me up for a painful death!" wrote Douglas.

His sister says he blamed the VA for a delayed diagnosis of cancer. She says reviewing his medical records made it clear to her that anyone would have trouble navigating the system. Her brother with PTSD and depression didn't stand a chance.

"He was told that he needed a biopsy 2 years previous; but nothing was done on that. Oh good! No news good news! They decided I don't need it. Nobody followed up and nobody called," Carol Dawkins said.

Mike Douglas emailed his sister about his final doctor's appointment.

"The VA radiation clinic shattered whatever thoughts I had of a little radiation getting rid of my cancer. He talked about a permanent feeding tube, pulling my teeth. Taking out part of my jaw. Replacing it with part of my arm, also chemo for weeks. I can say none of that is going to happen! Thanks Leavenworth VA for a mess!" wrote Mike Douglas.

Mike Douglas walked out of that final doctor's appointment and walked straight to his truck and shot and killed himself. VA doctors tried to save him. he was pronounced dead inside the emergency room. The VA called his sister to notify her about her brother's death.

Parking lot deaths

Mike Douglas is not alone.

KCTV5 Investigations has learned that there have been at least 12 other attempts on VA property in the past five years. Six of those attempts took place on Kansas City's campus. The other six took place on the eastern campuses which include Topeka and Leavenworth.

This past spring, a veteran went into the St. Louis VA and shot and killed himself inside a waiting room.

KCTV5 News spent months reviewing Mike Douglas' case and speaking to veterans about care at the VA.

"I understand the frustration Mike went through before this happened, whole heartedly! I deal with the VA on a regular basis," Gene Russell said.

Russell is a veteran KCTV5 has worked with on previous reports regarding health care at the VA. He alerted our investigative unit that what happened with Mike Douglas reflected a deeper problem.

"They are committing suicide at the VA because they are trying to draw attention to the lack of care at the VA ... but it's being ignored," said Russell. "I know guys call crisis hotline and get put on hold. It's poorly, poorly managed!"

Why the VA?

During our investigation, Steve Mark attempted suicide in the parking lot by swallowing pills.

Mark served in the Navy during Vietnam. He's been a pastor, a police officer and even worked undercover.

He says decades have rolled by but Vietnam is still there.

"There is not a night that rolls by that I don't have a nightmare about something," he said.

Mark says many things built up but says he was frustrated with his doctors and over his care and the medicine he gets through the VA for his PTSD and severe depression ran out.

"It's supposed to take seven days and it took four weeks," Mark said.

Mark says he stopped taking medication and things spiraled from there.

"So, my legs were hurting. I felt lost. All my doctors were gone. All the people I trusted were gone. Got in my car and drove back to Leavenworth and sat out in the parking lot and took my pills and just before I passed out I called them," Mark said.

"Why go there?" KCTV5 investigative reporter Angie Ricono asked.

"I didn't want people close to me finding me after I had been dead for a week. And part of it was, you all want to screw me over ... here you go," Mark said.

VA response

The VA says any suicide or attempt triggers an automatic review.

However, Carol Dawkins says the only phone call she received from the VA was a death notification.

Steve Mark told our unit little review was done on his case. He also informed us at the three-week mark he still hadn't been assigned a new psychiatrist.

"I don't know what I'm going to do. I really don't," Mark said.

Our investigative unit contacted the VA concerned about Mark's lack of care. At first, the VA had trouble finding Mark in the system.

Mark said he was eventually assigned a physician's assistant not a psychiatrist. It's not what he was hoping for but he says the VA is all he has.

"I'm not going to give up. I believe there's hope working with the VA. I sure hope so. A lot of men and women depend on it. I'm not going to give up on it," he said.

KCTV5 reached out to the VA and asked to speak to leadership about Steve Mark's and Michael Douglas' case and suicides on property. The VA declined and instead sent a statement.

Suicide prevention is VA's highest clinical priority. One life lost to suicide is one too many.

That's why VA is implementing a wide range of prevention activities to address many different risk factors. We are working alongside dozens of partners, including DoD, to deploy suicide prevention programming that supports all current and former Service members – even those who do not come to VA for care. Examples of joint efforts to prevent Veteran suicide include the Mayor's Challenge and Executive Order 13822.

Our approach is summarized in the National Strategy for Preventing Veteran Suicide, which provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention.

If any Veteran is in crisis, we encourage him or her to visit the closest VA health care facility, where they can receive same-day urgent primary and mental health care services. Additionally, Veterans can call the Veterans crisis line 24-hours a day, 365-days a year at 1-800-273-8255 and Press 1.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: [VA administrators, LI congressmen meet on closed homeless shelter](#) (18 December, Martin C. Evans, 1.37M uvm; Melville, NY)

Two members of Long Island's congressional delegation met Tuesday with administrators of the Northport Veterans Affairs Medical Center for an update on a homeless shelter on the hospital's campus.

Reps. Lee Zeldin (R-Shirley) and Thomas Suozzi (D-Glen Cove) said they want to expedite reopening the shelter, which has been closed for about a year because of a failed heating system. The shelter had been slated to reopen in September, but failed to meet building codes. The tougher codes automatically came into effect when the building was renovated, Northport officials said.

The congressmen said they were assured by acting Associate Director Dave Evangelista that the Northport center is moving as quickly as possible to reopen the shelter. They said repairs to a sprinkler system, which originally were to have been contracted out, would be upgraded by Northport's maintenance crew, saving time.

"It's moving faster than our original impression," Suozzi said. "But from an outside person, it feels like a glacial pace."

After the meeting, the congressmen also spoke about the VA Mission Act, a new federal law that expands private-sector medical care for veterans.

President Donald Trump pushed for the measure, which also had the support of the American Legion and the Veterans of Foreign Wars. Critics of some of the law's provisions, including many Democrats, warned the legislation could weaken VA health care by shifting dollars to the private sector.

Zeldin said the law is particularly helpful to East End veterans, who face hourslong drives to the Northport campus.

"For a veteran out near Montauk, that can be totally unrealistic," Zeldin said before the meeting. The medical center's interim director, Cathy Cruise, was visiting some of the VA's satellite clinics on Long Island, and was not present for the meeting. A Northport spokesman attributed her absence to an error made by a scheduler.

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6.2 - KTVO-TV (AP): [30K wreaths laid on graves at Missouri veterans' cemetery](#) (18 December, AP, 15k uvm; Kirksville, MO)

A record-setting 30,000 donated wreaths have been placed on the graves of American service members at the Jefferson Barracks National Cemetery in St. Louis County.

The St. Louis Post-Dispatch reports that the effort is part of Wreaths Across America. The nonprofit effort works with groups to coordinate wreath-laying ceremonies at more than 1,400 sites across the country. The ceremonies are conducted in conjunction with a national minute of silence and the laying of wreaths at Arlington National Cemetery.

Among those participating was 72-year-old Dennis Klier, an Air Force veteran from Florissant whose father was a decorated World War II pilot. Klier laid wreaths down on his parent's headstones Monday morning. He then stepped back three paces and raised his right arm in a slow military salute.

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6.3 - WTSP-TV: [Wreaths Across America day honors veterans buried at Florida National Cemetery](#) (18 December, Mark Bergin, 316k uvm; Saint Petersburg, FL)

Nearly 10,000 volunteers placed 30,000 wreaths at grave sites over the weekend at the Florida National Cemetery in Sumter County.

Hernando County Fire Rescue made a Facebook post about the volunteers' efforts on Saturday, which also marked the Wreaths Across America Day.

The post said Steve Terry, who served Hernando County Fire Rescue as a firefighter and paramedic for nearly 25 years, is buried at the site. Terry was an active member of the military for 20-plus years, according to the post.

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6.4 - Bluebonnet News: [Indianettes Lay Wreaths At Houston National Cemetery](#) (18 December; Moss Hill, TX)

This past Saturday the Indianettes went to the Houston National Cemetery to help lay wreaths on all of the fallen soldiers.

"It was a great experience and the girls had the opportunity to speak the names of many fallen soldiers and thank them for their service," said Cleveland ISD spokesperson Susan Ard. "It was a great and moving experience and they cannot wait to do it again year after year. Thank you, ladies, for spending your time honoring our soldiers, and representing CHS and CISD!"

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6.5 - St. Louis Post-Dispatch: [Record-setting wreaths: Nearly 30,000 laid at Jefferson Barracks graves](#) (18 December, Nassim Benchaabane, 279k uvm; St. Louis, MO)

Strapped to the motorcycle Dennis Klier rode into Jefferson Barracks National Cemetery on Monday morning were two holiday wreaths.

Klier, 72, an Air Force veteran from Florissant, stopped the bike at the graves of his mother and his father, a decorated World War II veteran who died Feb. 27, 2014, at age 91. Klier laid both wreaths down on their headstones, stepped back three paces and raised his right arm in a slow military salute.

The wreaths Klier laid were among about 30,000 donated wreaths placed on the graves of American service members at Jefferson Barracks since a ceremony at 11 a.m. Saturday. That's a record number in the 13 years the cemetery has taken part in Wreaths Across America.

The nonprofit effort works with local groups to coordinate wreath-laying ceremonies at more than 1,400 sites the country in conjunction with a national minute of silence and the laying of wreaths at Arlington National Cemetery.

Klier, a member of a volunteer motorcycle group called Patriot Guard Riders that accompanies the funerals of veterans, often drives past his parents' graves and salutes them each time.

But honoring them with holiday wreaths as he has done for the past five years is different from other ceremonies honoring military service.

"Certain times and certain things trigger memories," he said. "It's a little more than just honoring their service. Today I'm also honoring my personal memories with them around the holidays."

The wreath-laying ceremony Saturday, which was attended by more than 3,000 people, was the second coordinated by the Gateway Blue Star Mothers, the local chapter of a nonprofit of mothers with sons or daughters in the armed forces.

Last year the group also collected a record number of wreaths donated by friends and family of dead service members as well as local nonprofit groups and businesses, receiving a total of about 13,000 wreaths, up from about 1,400 in 2016.

In the early years of the effort, there were on average about 1,500 wreaths or fewer, said Darryl Ryan, assistant director at Jefferson Barracks. At least 160 wreaths were placed at the cemetery in 2010.

Janelle Eveld, with Gateway Blue Star Mothers, attributed the uptick in donations in part to support from local groups including the Scott Spouses, a group of spouses of active duty members stationed at Scott Air Force Base, and the Gold Star Mothers, an organization of mothers who have lost a son or daughter in military service.

"This is a good way for us to give back," said Eveld, whose late grandfather served in World War II and is buried with her grandmother at Jefferson Barracks. "To remember all of those who served and those who never made it back from war, and their families."

This year, 11,000 wreaths were sponsored by friends and family of veterans for placement at specific graves, Eveld said. About 3,000 wreaths honored unknown soldiers by special request of a cemetery employee. Every unknown soldier received a wreath.

Other cemeteries in the area, including Alton National Cemetery and Eternal Peace Cemetery in Wentzville, also took part in the event.

Wreaths Across America will begin collecting donations for next year on Jan 1.

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7. [Other](#)

7.1 - [WRIC-TV: Lawmakers call for 'immediate investigation' into continued dog experiments at the VA](#) (18 December, Kerri O'Brien, 97k uvm; Richmond, VA)

Members of Congress are calling for an investigation into deadly dog experiments at the Department of Veterans of Affairs after an ongoing 8News investigation.

The letter from lawmakers urges the VA's Inspector General, Michael Missal, to launch an immediate investigation into conflicting reports about who approved the continued studies.

A spokesperson for the U.S. Department of Veteran Affairs, Office of Inspector General responded to 8News request for comment on Tuesday about lawmakers request for an investigation:

"The OIG received the letter from Members of Congress that you attached, which requests that the OIG investigate 'irregularities regarding the Department of Veterans Affairs (VA) use of painful and outdated dog experimentation.' We are reviewing the request and will respond to the request when we reach a decision."

Last month, 8News exposed McGuire VA Medical Center in Richmond was continuing to purchase hounds for the experiments. The Department of Veterans Affairs told 8News the VA's former Secretary David Shulkin gave verbal approval.

Shulkin told 8News, however, that he did not authorize the continued studies.

8News reached out to the VA for comment. The department's spokesperson, Curt Cashour, shared the following statement:

“We welcome oversight from the inspector general, which in the past has documented that in his brief stint as VA secretary, David Shulkin made misleading statements to the media, directed the misuse of a subordinate’s official time and improperly accepted Wimbledon tickets in conjunction with a questionable taxpayer-funded trip to Europe.

Misleading federal investigators is a crime, and considering that Shulkin granted approval for continuation of the nine studies in question during an early afternoon March 28 meeting that was attended by four senior VA executives, we hope, for his sake, that he will tell the truth in any ensuing investigations.”

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Veterans Affairs Media Summary and News Clips

19 December 2018

1. [Top Stories](#)

1.1 - WHP-TV: [Opioids: A National Crisis Town Hall](#) (18 December, 72k uvm; Harrisburg, PA)

Video of a National Town Hall, "Opioids: A National Crisis", hosted by Eric Bolling featured key personnel from the Administration, including Sec. Wilkie of Veterans Affairs.

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1.2 - WHP-TV: ['One pill can kill': National, community leaders address opioid crisis town hall](#) (18 December, Leandra Bernstein, 72k uvm; Harrisburg, PA)

Sinclair Broadcast Group hosted an hourlong town hall in the nation's capital as part of a series of 12 roundtable discussions to raise awareness of America's opioid addiction crisis. The opioid town hall, "Your Voice, Your Future," was moderated by Eric Bolling and featured community-based advocates and national policymakers. Bolling and his wife Adrienne became outspoken activists in the fight against opioid addiction after losing their 19-year-old son to an accidental overdose last year. Bolling directed a strong message to parents and children: "One pill can kill."

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1.3 - New York Times: [Suicide Among Veterans Is Rising. But Millions for Outreach Went Unspent by V.A.](#) (18 December, Dave Phillips, 49M uvm; New York, NY)

Suicide prevention efforts by the Department of Veterans Affairs fell off sharply in the last two years, even though reducing the high suicide rate among veterans is the agency's top clinical priority, according to a new report. With the department's top management in turmoil, the suicide prevention effort lacked leadership, planning meetings were repeatedly canceled, millions of dollars budgeted for outreach went unspent, and the television and radio ads that had been broadcast thousands of times across the country in previous years went all but silent.

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1.4 - Washington Post: [Trump's VA vowed to stop veteran suicide. Its leaders failed to spend millions set aside to reach those at risk.](#) (18 December, Lisa Rein, 32M uvm; Washington, DC)

The Trump administration said from its first days that preventing suicide was its top clinical priority for veterans. The performance of its national outreach campaign shows otherwise, though, because of a leadership vacuum at the Department of Veterans Affairs and nonexistent means to measure effectiveness, a new report by the Government Accountability Office found. As the number of veterans taking their own lives climbed, VA's media outreach plunged in fiscal years 2017 and 2018 — with fewer social media posts, public service announcements and paid advertisements compared with the agency's efforts during the Obama administration, auditors said.

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1.5 - Military Times: [VA left millions for suicide prevention unspent, report finds](#) (18 December, Leo Shane III, 947k uvm; Vienna, VA)

Despite public pronouncements on their continued focus on preventing veterans suicide, Veterans Affairs officials failed to spend millions available for outreach campaigns in 2018 and

severely curtailed their messaging efforts, according to a new report released Monday. The Government Accountability Office study found that of \$6.2 million set aside for suicide prevention media outreach in fiscal 2018, only \$57,000 — less than 1 percent — was actually used.

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1.6 - Charlotte Observer (ProPublica/PolitiFact): [Veterans back out of VA program after delays in payments, services](#) (18 December, Isaac Arnsdorf of ProPublica and Jon Greenberg of PolitiFact, 1.1M uvm)

For years, conservatives have assailed the U.S. Department of Veterans Affairs as a dysfunctional bureaucracy. They said private enterprise would mean better, easier-to-access health care for veterans. President Donald Trump embraced that position, enthusiastically moving to expand the private sector's role. Here's what has actually happened in the four years since the government began sending more veterans to private care: longer waits for appointments and, a new analysis of VA claims data by ProPublica and PolitiFact shows, higher costs for taxpayers.

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2. [Improving Customer Service](#)

2.1 - La Crosse Tribune: [Tomah VA Medical Center 'solving problems' at open house](#) (18 December, Jourdan Vian, 88k uvm; La Crosse, WI)

Representatives of the Tomah Veterans Affairs Medical Center went through concerns brought up at the city's public hearings one-by-one from security and parking to property value impacts and future plans for its proposed facility on La Crosse's South Side. Noreen Holmes, who lives just blocks away from the proposed facility at 3120 Farnam St., said after the presentation that it's obvious the VA is serious about addressing neighbors' concerns. "They're solving the problems. I don't know what else we could ask for. It just seems like it's a thoughtful process," Holmes said.

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2.2 - Statesboro Herald: [Now it's law: VA Clinic named for Ray Hendrix](#) (18 December, Al Hackle, 10k uvm; Statesboro, GA)

President Donald Trump signed legislation Friday renaming the veterans' outpatient healthcare clinic in Statesboro for Ray Hendrix, who after a lengthy Army National Guard career worked to improve services for veterans and for the clinic's establishment. House Resolution 3946, introduced in October 2017 by Rep. Rick Allen, R-Georgia 12th District, was co-sponsored by all 13 other members, Republicans and Democrats, of Georgia's delegation in the U.S. House, where it was approved on a voice vote May 21. The wording of the resolution was then amended slightly in the Senate, where its sponsor was Sen. Johnny Isakson, R-Georgia, chair of the Senate Veterans Affairs Committee.

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2.3 - WMUR-TV: [Year after crisis, Manchester VA says services have improved](#) (18 December, Jennifer Crompton, 341k uvm; Manchester, NH)

Improvements have been made at the Manchester VA Medical Center more than a year after officials there dealt with eroding public confidence followed by major flooding in the building. In July 2017, the center was in crisis. Public confidence was derailed after whistleblower doctors came forward with stunning allegations. "Some had to do with quality of care, some with infrastructure, some with leadership response to those types of things," Ryan Lilly, director, VA New England Healthcare System, said.

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2.4 - WGME-TV: [Providence VA honors 3 for work on behalf of veterans](#) (18 December, Jared Pelletier, 57k uvm; Portland, ME)

The Providence VA Regional Office on Tuesday acknowledged the hard work of three individuals who have one common goal. "Everyone here that we're recognizing today is fiercely committed to veteran service," said E.J. McQuade, director of the Providence VA Regional Office. Staff Sgt. John Roias received the Civilian Service Member of the Year Award.

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2.5 - The Texas Tribune: [Recent VA survey shows increase of 2.4 percent in Veterans trust of VAMCs](#) (18 December, Matthew Watkins, 944k uvm; Austin, TX)

Recent results from a U.S. Department of Veterans Affairs customer experience feedback survey indicate an average 2.4 percent increase in Veteran trust of VA hospitals during fiscal year 2018. Beginning in fall 2017 through September 2018, VA surveyed 1,660,563 Veterans regarding their trust of the VA health care outpatient services and found that the "trust scores" of 128 out of 139 VA Medical Centers increased by an average of 2.4 percent by the end of fiscal year 2018.

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3. [Business Transformation](#)

3.1 - NextGov: [VA Overpaid \\$4.5 Million in Benefits Because It Didn't Read Emails, Watchdog Says](#) (18 December, Jack Corrigan, 282k uvm; Washington, DC)

The Veterans Affairs Department paid out an extra \$4.5 million in duplicate benefits last year because officials were late reading email alerts to update payments, an internal watchdog found. The Veterans Benefits Administration last year simultaneously awarded some 1,300 veterans benefits under two different childhood educational assistance provisions, according to the Veterans Affairs Inspector General. The overpayments, which occurred when veterans' dependents were double counted, stemmed from the agency's antiquated system for processing benefit adjustments.

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3.2 - OpsLens (Opinion): [Fixing the VA](#) (18 December, Jon Harris)

The Veterans Administration hospital system has been under fire for as long as I can remember. They certainly have had their share of mishaps and scandals. From false waiting lists to canceled appointments that may have even cost some veterans their lives to just plain dishonesty, the VA has seen rough times. Not to go too far back, and only to mention the major scandals and problems since the Gulf War, the list is troubling. Here is a list of the significant issues for which the VA was called to task:

[Hyperlink to Above](#)

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Mother Jones: More Veterans Are Dying by Suicide While the VA Sits on Millions Allotted for Prevention (18 December, Dan Spinelli, 1.9M uvm; San Francisco, CA)

The Department of Veterans Affairs has been clear: Preventing suicide among the nation's more than 20 million former service members is its top clinical priority. With a burgeoning suicide rate among veterans from the Iraq and Afghanistan wars, the VA has dumped more than \$24 million since 2013 into a national outreach campaign for at-risk veterans centered around a one-stop crisis hotline. But that ambitious outreach initiative has faltered in recent years amid a leadership vacuum within the VA and unclear metrics for success, according to a report released this week by the nonpartisan Government Accountability Office. While the number of suicides among veterans was climbing steadily, the GAO found that the VA's prevention efforts faltered without a permanent leader or clear chain of command in place.

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5.2 - Daily Beast: VA Failed to Spend Millions Allocated for Suicide Prevention: Report (18 December, 9M uvm; New York, NY)

The Trump administration's Department of Veterans Affairs failed to spend millions of dollars that were allocated for suicide prevention, according to a new report released Monday by the Government Accountability Office. Despite public pronouncements touting their continued focus on preventing suicide among returning soldiers, Veterans Affairs officials left millions of dollars available for outreach campaigns in 2018 untouched and severely cut back on their advertising efforts, the report found.

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5.3 - KCTV-TV: Suicide among veterans: Their silent protest over broken VA system (18 December, Angie Ricono, 138k uvm; Fairway, KS)

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: VA administrators, LI congressmen meet on closed homeless shelter (18 December, Martin C. Evans, 1.37M uvm; Melville, NY)

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[Hyperlink to Above](#)

6.2 - KTVO-TV (AP): [30K wreaths laid on graves at Missouri veterans' cemetery](#) (18 December, AP, 15k uvm; Kirksville, MO)

A record-setting 30,000 donated wreaths have been placed on the graves of American service members at the Jefferson Barracks National Cemetery in St. Louis County. The St. Louis Post-Dispatch reports that the effort is part of Wreaths Across America. The nonprofit effort works with groups to coordinate wreath-laying ceremonies at more than 1,400 sites across the country. The ceremonies are conducted in conjunction with a national minute of silence and the laying of wreaths at Arlington National Cemetery.

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6.3 - WTSP-TV: [Wreaths Across America day honors veterans buried at Florida National Cemetery](#) (18 December, Mark Bergin, 316k uvm; Saint Petersburg, FL)

Nearly 10,000 volunteers placed 30,000 wreaths at grave sites over the weekend at the Florida National Cemetery in Sumter County. Hernando County Fire Rescue made a Facebook post about the volunteers' efforts on Saturday, which also marked the Wreaths Across America Day. The post said Steve Terry, who served Hernando County Fire Rescue as a firefighter and paramedic for nearly 25 years, is buried at the site. Terry was an active member of the military for 20-plus years, according to the post.

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6.4 - Bluebonnet News: [Indianettes Lay Wreaths At Houston National Cemetery](#) (18 December; Moss Hill, TX)

This past Saturday the Indianettes went to the Houston National Cemetery to help lay wreaths on all of the fallen soldiers. "It was a great experience and the girls had the opportunity to speak the names of many fallen soldiers and thank them for their service," said Cleveland ISD spokesperson Susan Ard. "It was a great and moving experience and they cannot wait to do it again year after year. Thank you, ladies, for spending your time honoring our soldiers, and representing CHS and CISD!"

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6.5 - St. Louis Post-Dispatch: [Record-setting wreaths: Nearly 30,000 laid at Jefferson Barracks graves](#) (18 December, Nassim Benchaabane, 279k uvm; St. Louis, MO)

Strapped to the motorcycle Dennis Klier rode into Jefferson Barracks National Cemetery on Monday morning were two holiday wreaths. Klier, 72, an Air Force veteran from Florissant, stopped the bike at the graves of his mother and his father, a decorated World War II veteran who died Feb. 27, 2014, at age 91. Klier laid both wreaths down on their headstones, stepped back three paces and raised his right arm in a slow military salute.

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7. [Other](#)

7.1 - WRIC-TV: [Lawmakers call for 'immediate investigation' into continued dog experiments at the VA](#) (18 December, Kerri O'Brien, 97k uvm; Richmond, VA)

Members of Congress are calling for an investigation into deadly dog experiments at the Department of Veterans of Affairs after an ongoing 8News investigation. The letter from lawmakers urges the VA's Inspector General, Michael Missal, to launch an immediate investigation into conflicting reports about who approved the continued studies.

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1. [Top Stories](#)

1.1 - WHP-TV: [Opioids: A National Crisis Town Hall](#) (18 December, 72k uvm; Harrisburg, PA)

Join our National Town Hall, "Opioids: A National Crisis", hosted by Eric Bolling, featuring:

Robert Wilkie, Veterans Affairs Secretary
Jim Pyles, Former Major of the Maryland State Police
Dr. Norman Hooten, Veterans Affairs Pharmacist
Kendel Ehrlich, Former Prosecutor & First Lady of Maryland
Kimberly Lohman Clapp, Addiction Policy Forum
Kellyanne Conway, Counselor to President Donald Trump

[Click here](#) to watch.

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1.2 - WHP-TV: ['One pill can kill': National, community leaders address opioid crisis town hall](#) (18 December, Leandra Bernstein, 72k uvm; Harrisburg, PA)

Sinclair Broadcast Group hosted an hourlong town hall in the nation's capital as part of a series of 12 roundtable discussions to raise awareness of America's opioid addiction crisis.

The opioid town hall, "Your Voice, Your Future," was moderated by Eric Bolling and featured community-based advocates and national policymakers. Bolling and his wife Adrienne became outspoken activists in the fight against opioid addiction after losing their 19-year-old son to an accidental overdose last year. Bolling directed a strong message to parents and children: "One pill can kill."

Speakers on the panel included White House counselor Kellyanne Conway; Secretary of Veterans Affairs Robert Wilkie; deputy director of Maryland's Opioid Operational Command Center Birch Barron; veteran and Black Hawk Down hero Norman Hooten; former first lady of Maryland and drug court prosecutor Kendel Ehrlich; and Kimberly Lohman Clapp, spokesperson for the Addiction Policy Forum.

Even with the magnitude of the crisis, Americans' knowledge of the opioid epidemic is still lacking, Kellyanne Conway emphasized. "For all the information overload we have in this country on so many issues, I would say we still suffer from information underload when it comes to some of the very basic and simply points attending the largest drug crisis in our nation's history," she said.

A leading issue driving the opioid epidemic is the role of fentanyl, a synthetic opioid with between 50 to 100 times the potency of heroin and morphine. A dose of less than two milligrams of fentanyl, about the size of a grain of sand, can be fatal. On Tuesday, the Centers for Disease Control (CDC) published a report announcing that fentanyl replaced heroin as the nation's deadliest drug.

"This is an instant killer," Conway said, noting one of her goals in raising awareness is to make fentanyl a household word.

Fentanyl has been the single largest contributor to drug overdose deaths in the past year, reaching 28,466, more than half of all fatal opioid overdoses. Fentanyl has also been involved in approximately 40 percent of all cocaine overdose deaths as it is incorporated into other drugs.

Nearly one in three Americans know someone who is addicted to opioids or who died from an overdose. This year, over 2 million people in the United States will struggle through an addiction to prescription or illicit opioids. Many do not seek treatment.

"Your Voice, Your Future" is aimed at raising awareness, reducing the stigma of addiction and exploring solutions to the drug crisis, while holding accountable those who bear responsibility.

Secretary of Veterans Affairs Robert Wilkie is spearheading efforts to reduce the stigma associated with drug abuse among veterans and developing new programs to address veterans physical and psychological pain.

"The culture has been, in the past, you don't talk about pain, you just mask it," Wilkie told Bolling.

Veterans are 41 percent more likely to experience chronic pain than their private sector counterparts. For years, VA doctors treated that pain with high-dose opioid painkillers. By 2017, the number of veterans struggling through opioid addictions had skyrocketed to 70,000. The Department of Defense has projected that more than one in ten (11.7 percent) of veterans will misuse prescription drugs.

"We decided we had to change the culture," Wilkie explained. Now, it is becoming more common for VA hospitals to use non-traditional pain relief methods, such as martial arts, yoga and occupational therapy.

Wilkie also acknowledged the connection between opioid abuse and the staggering number of veteran suicides. Every day the United States loses 20 veterans to suicide. There are some studies suggesting as many as one-third of veterans' suicides have a substance abuse component.

Drug abuse, mental health issues, homelessness and suicide are part of a continuum of issues veterans face. "If we can get to the root causes of the pain that afflict our veterans, some of those issues tangential to opioid abuse probably go away," Wilkie said.

Norman Hooten served in the military and has since dedicated his life to saving fellow veterans from addiction. He recently earned his doctorate in pharmacy and works at the Orlando Veterans Affairs Medical Center in Florida. Wooten was a Delta Force operator in Mogadishu, Somalia in 1993 during the infamous battle better known as Black Hawk Down, which left 18 Americans dead and 73 injured.

Hooten was compelled to study medicine after seeing friends, who survived combat, lose their lives to opioids. "I was really looking for a way to contribute and provide solutions to the problem," he told Bolling. Hooten didn't realize his mission would bring him to the VA, but he sees the agency as a critical leader in finding solutions to the drug crisis.

"A large part of the solution to the problem is going to come out of the VA," he insisted. "They're going to set the standard for a lot of others to follow."

Opioid addiction and overdose deaths have reached epidemic levels in recent years, killing about 140 people every day and fueling a decline in U.S. life expectancy. The Centers for Disease Control estimates roughly 50,000 people died from opioid overdoses last year.

Tuesday's roundtable discussion at WJLA's studio outside Washington, D.C. addressed the national and regional challenges of opioid addiction. Last year, D.C. had the third highest rate of drug overdose deaths in the country, led by the deadly synthetic opioid, fentanyl. In the surrounding area, overdose deaths reached an all-time high last year with 2,282 lives lost in Maryland and 1,227 in Virginia.

Sinclair will host additional town halls across the country over the coming months. The discussions will feature national and community leaders with firsthand experience battling addiction, providing life-saving interventions and stopping the supply of opioids at their source.

The next town hall is scheduled for Jan. 10. WOAI will be broadcasting the event live from San Antonio, Texas at the U.S.-Mexico border. Invited guests include Texas Republican Sen. Ted Cruz and his 2018 challenger and potential Democratic presidential candidate, Beto O'Rourke.

Last month, Sinclair hosted a town hall discussion about opioids at Liberty University attended by 12,000 students. First lady Melania Trump headlined the event to address ways to support families and those affected by drug abuse and educate the public on the dangers associated with opioids.

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1.3 - New York Times: [Suicide Among Veterans Is Rising. But Millions for Outreach Went Unspent by V.A.](#) (18 December, Dave Phillips, 49M uvm; New York, NY)

Suicide prevention efforts by the Department of Veterans Affairs fell off sharply in the last two years, even though reducing the high suicide rate among veterans is the agency's top clinical priority, according to a new report.

With the department's top management in turmoil, the suicide prevention effort lacked leadership, planning meetings were repeatedly canceled, millions of dollars budgeted for outreach went unspent, and the television and radio ads that had been broadcast thousands of times across the country in previous years went all but silent.

The striking breakdown in prevention efforts is detailed in a Government Accountability Office report released late Monday. The report says that bureaucratic confusion and vacancies in key posts are largely to blame.

In a response released with the report, the V.A. concurred with the accountability office's assessment and said it was already working on correcting the problems.

The suicide rate among veterans is about twice that of the general population, and has been rising among younger veterans who served during the wars in Iraq and Afghanistan.

“At a time when 20 veterans a day still die by suicide, V.A. should be doing everything in its power to inform the public about the resources available to veterans in crisis,” Representative Tim Walz, the Minnesota Democrat who requested the investigation, said in a statement. “Unfortunately, V.A. failed to do that.”

Mr. Walz attributed the problems to “a deeply troubling level of incompetence” at the agency after a number of experienced senior staff members resigned over differences with President Trump’s political appointees.

Among those who left was Dr. Caitlin Thompson, the director of the agency’s suicide prevention office. In an interview, she said she resigned in July 2017 because of repeated changes in how the office was overseen and because she felt mounting pressure to produce work that would be politically flashy but have little impact on veterans’ lives.

After Dr. Thompson left, the accountability office’s report said, the suicide prevention office went nearly idle. It spent just \$57,000 of its \$6.2 million media budget, and its presence on social media, mostly paid posts, declined by 77 percent from the levels of 2015. Meetings were canceled and decisions were deferred because the acting director who replaced her was frequently absent, the report said.

Since 2012, the office had been regularly airing public service announcements meant to promote gun safety and reduce the stigma around seeking help. But the report found that as of August, none had been broadcast for more than a year.

Dr. Thompson, now with the Cohen Veterans Network, a nonprofit group, said she was dismayed at the falloff.

“This is such an important issue, we need to be throwing everything we can at it,” she said. “It’s so ludicrous that money would be sitting on the table. Outreach is one of the first ways to engage with veterans and families about ways to get help. If we don’t have that, what do we have?”

As the office’s outreach efforts dwindled, nationwide monitoring showed a steady increase in the suicide rate among veterans age 18 to 34, which is now about 45 deaths a year for every 100,000 people, more than three times the overall national average.

The suicide prevention paralysis is one of a number of recent stumbles at an agency that has seen significant turnover of experienced staff and top leadership in the last 18 months. Mistakes in managing the G.I. Bill program led to late or incorrect housing allowance payments for more than 80,000 veterans enrolled in college. A sweeping \$16 billion overhaul of the V.A.’s electronic health care records system has hit a number of obstacles, and the expert who was brought in over the summer to lead the project quit within a month.

Curt Cashour, the department’s spokesman, said the responsibility for the problems in the suicide prevention program lay with Dr. David J. Shulkin, Mr. Trump’s first secretary of veterans affairs, who was fired in March. He said Dr. Shulkin’s successor, Robert L. Wilkie, had taken steps to address the issue.

“Within weeks of his arrival at V.A., then-Acting Secretary Wilkie appointed Dr. Keita Franklin as V.A.’s new suicide prevention director, and she is reviewing the spending for this important program,” Mr. Cashour said in a statement.

Dr. Franklin served as acting director during the time when many of the outreach efforts collapsed. Mr. Cashour did not respond to requests for an interview with Dr. Franklin or comment from her.

When Dr. Shulkin was the department's under secretary for health during the Obama administration, he pushed to make suicide prevention the V.A.'s top clinical priority and to increase spending on the effort. As secretary, he extended mental health benefits to thousands of previously ineligible veterans.

"It was critical to me," he said in a phone interview. "I'm not aware of anything else that is taking the lives of 20 people a day that is a result of service and, in my mind, is totally preventable."

But he said that the departure of many longtime employees in recent years had taken a toll.

"There were a whole wave leaving in 2016 and 2017," he said. "A lot left because of some of the turmoil and internal fighting. You can see it's a real loss."

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1.4 - Washington Post: [Trump's VA vowed to stop veteran suicide. Its leaders failed to spend millions set aside to reach those at risk.](#) (18 December, Lisa Rein, 32M uvm; Washington, DC)

The Trump administration said from its first days that preventing suicide was its top clinical priority for veterans.

The performance of its national outreach campaign shows otherwise, though, because of a leadership vacuum at the Department of Veterans Affairs and nonexistent means to measure effectiveness, a new report by the Government Accountability Office found.

As the number of veterans taking their own lives climbed, VA's media outreach plunged in fiscal years 2017 and 2018 — with fewer social media posts, public service announcements and paid advertisements compared with the agency's efforts during the Obama administration, auditors said.

About 20 veterans die by suicide every day, VA data shows. That's nearly twice the suicide rate among Americans who did not serve in the military.

VA set aside \$6.2 million this year alone to advertise its crisis hotline — the centerpiece of its suicide-prevention efforts — online, on billboards, buses and trains, and via local and national radio commercials. But as of September, the agency had spent \$57,000 — less than 1 percent of that budget, auditors wrote.

By not reaching as many vulnerable veterans as it could have, the Veterans Health Administration, the agency's health-care arm, "may not have exposed as many people in the community, such as veterans at risk for suicide, or their families and friends, to its suicide prevention outreach content," the report concluded.

VA concurred with the GAO's findings. In response to the report, VA Secretary Robert Wilkie told auditors that "every death by suicide is a tragedy. We will not relent in our efforts to connect veterans in need with lifesaving support."

Agency spokesman Curt Cashour blamed the weak outreach on President Trump's first VA secretary, David Shulkin, who served from February 2017 to March 2018, when he was fired.

"During former VA employee David Shulkin's brief tenure as secretary, VA's suicide prevention outreach dropped significantly, and the suicide prevention office had no permanent leader for nearly nine months," Cashour said in an email. Wilkie appointed a new permanent director for suicide prevention shortly after arriving as acting secretary in April, Cashour said, "and she is reviewing the spending for this important program."

Shulkin declined to comment.

The outreach campaign was one component of VA's suicide prevention efforts, which under Shulkin increased the number of prevention coordinators, established same-day mental health visits at VA hospitals and gave mental health benefits to veterans who were not honorably discharged from the military.

Social media postings dropped by more than two-thirds from fiscal 2017 to 2018, and two planned public service announcements were delayed. For more than a year, VA did not air any outreach messages on television or radio.

The GAO blamed the subpar campaign on turmoil within VA's senior ranks and on departures of top officials — instability that has consumed the agency for more than a year — and said vacancies and rudderless leadership left staff working on suicide prevention without clear direction.

"This became particularly evident during a recent period of turnover and reorganization in the office responsible for the suicide prevention outreach campaign," auditors wrote. VHA "did not assign key leadership responsibilities or establish clear lines of reporting, and as a result, its ability to oversee the outreach campaign was hindered."

The agency had no permanent director of suicide prevention for months. So the staff spent its resources updating the website of the crisis hotline. Its employees also began reporting to VA's Office of Mental Health, which pulled them away from suicide prevention, the report says.

The agency also lacked an effective strategy to measure whether its efforts were reaching veterans, such as by comparing the campaign with previous years or capturing the number of people who click on messages, the GAO determined.

Rep. Tim Walz (Minn.), the top Democrat on the House Veterans' Affairs Committee who requested the study, said the report "conveys a deeply troubling level of incompetence on the part of the Trump Administration."

"At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis," Walz said in a statement. "Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority."

VA launched a program in 2010 to reach at-risk veterans and encourage them to call its hotline, hiring a contractor to develop a messaging campaign. The outreach grew steadily before dropping last year.

A spokesman for Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans' Affairs Committee, said suicide prevention is one of his priorities, and "he remains steadfastly committed to working with the VA to ensure it has all the resources needed to provide mental health care to veterans who need it."

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1.5 - Military Times: [VA left millions for suicide prevention unspent, report finds](#) (18 December, Leo Shane III, 947k uvm; Vienna, VA)

Despite public pronouncements on their continued focus on preventing veterans suicide, Veterans Affairs officials failed to spend millions available for outreach campaigns in 2018 and severely curtailed their messaging efforts, according to a new report released Monday.

The Government Accountability Office study found that of \$6.2 million set aside for suicide prevention media outreach in fiscal 2018, only \$57,000 — less than 1 percent — was actually used.

In addition, social media content from VA officials on the subject dropped by more than two-thirds from fiscal 2017 to fiscal 2018. Two planned new public service announcements on the topic were delayed, and no public outreach messages were aired on national television or radio for more than a year.

Veterans advocates called the report shocking and disappointing.

"At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis," said Rep. Tim Walz, D-Minn., ranking member of the House Veterans' Affairs Committee. "Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority."

Both VA Secretary Robert Wilkie and former VA Secretary David Shulkin listed suicide prevention as one of their main focuses for the department and their top clinical priority for the Veterans Health Administration.

The 20-a-day suicide estimate includes about 14 veterans who have had little or no contact with VA in recent months, a statistic that advocates say illustrates the need for more outreach to individuals who don't fully understand or typically use the mental health support available from the department.

In statements to the GAO, Veterans Health Administration officials blamed leadership turnover at the agency for the missteps. The department's top suicide prevention post was vacant from July 2017 to April 2018.

"Within weeks of his arrival at VA, then-acting Secretary Wilkie appointed Dr. Keita Franklin as VA's new suicide prevention director, and she is reviewing the spending for this important program as part of her duties," department spokesman Curt Cashour said in a statement.

Officials also said ongoing campaigns continued to show strong success in helping make veterans more aware of the Veterans Crisis Line as well as other support services. But GAO officials said more needs to be done.

“By not assigning key leadership responsibilities and clear lines of reporting, VHA’s ability to oversee the suicide prevention media outreach activities was hindered and these outreach activities decreased,” the report authors wrote.

“As a result, VHA may not have exposed as many people in the community, such as veterans at risk for suicide, or their families and friends, to its suicide prevention outreach content.”

VA officials said new hires and “organization improvements” within the relevant offices should produce better results and resource management this fiscal year. They also plan to unveil new tracking metrics this spring, to help evaluate what tools are working best in the suicide prevention efforts.

Walz said that’s not enough.

“If VA actually wants to eliminate veteran suicide, then it has to take each of its roles in that mission seriously,” he said. “Our veterans can’t afford to have VA backslide on veteran suicide.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.6 - Charlotte Observer (ProPublica/PolitiFact): [Veterans back out of VA program after delays in payments, services](#) (18 December, Isaac Arnsdorf of ProPublica and Jon Greenberg of PolitiFact, 1.1M uvm)

For years, conservatives have assailed the U.S. Department of Veterans Affairs as a dysfunctional bureaucracy. They said private enterprise would mean better, easier-to-access health care for veterans. President Donald Trump embraced that position, enthusiastically moving to expand the private sector’s role.

Here’s what has actually happened in the four years since the government began sending more veterans to private care: longer waits for appointments and, a new analysis of VA claims data by ProPublica and PolitiFact shows, higher costs for taxpayers.

Since 2014, 1.9 million former service members have received private medical care through a program called Veterans Choice. It was supposed to give veterans a way around long wait times in the VA. But their average waits using the Choice Program were still longer than allowed by law, according to examinations by the VA inspector general and the Government Accountability Office. The watchdogs also found widespread blunders, such as booking a veteran in Idaho with a doctor in New York and telling a Florida veteran to see a specialist in California. Once, the VA referred a veteran to the Choice Program to see a urologist, but instead he got an appointment with a neurologist.

The winners have been two private companies hired to run the program, which began under the Obama administration and is poised to grow significantly under Trump. ProPublica and PolitiFact obtained VA data showing how much the agency has paid in medical claims and administrative fees for the Choice program. Since 2014, the two companies have been paid nearly \$2 billion for overhead, including profit. That's about 24 percent of the companies' total program expenses — a rate that would exceed the federal cap that governs how much most insurance plans can spend on administration in the private sector.

According to the agency's inspector general, the VA was paying the contractors at least \$295 every time it authorized private care for a veteran. The fee was so high because the VA hurriedly launched the Choice Program as a short-term response to a crisis. Four years later, the fee never subsided — it went up to as much as \$318 per referral.

"This is what happens when people try and privatize the VA," Sen. Jon Tester of Montana, the ranking Democrat on the Senate veterans committee, said in a statement responding to these findings. "The VA has an obligation to taxpayers to spend its limited resources on caring for veterans, not paying excessive fees to a government contractor. When VA does need the help of a middleman, it needs to do a better job of holding contractors accountable for missing the mark."

The Affordable Care Act prohibits large group insurance plans from spending more than 15 percent of their revenue on administration, including marketing and profit. The private sector standard is 10 percent to 12 percent, according to Andrew Naugle, who advises health insurers on administrative operations as a consultant at Milliman, one of the world's largest actuarial firms. Overhead is even lower in the Defense Department's Tricare health benefits program: only 8 percent last year.

Even excluding the costs of setting up the new program, the Choice contractors' overhead still amounts to 21 percent of revenue.

HELP LIFT A BURDEN FOR THOSE WHO SERVE

Military families—even those with VA benefits—often face health care bills they can't pay, raising their risk for depression, substance abuse and suicide.

That's why we've launched The War Within Initiative to abolish millions in military medical debt. Every dollar our readers contribute to RIP Medical Debt, a 501(c)(3) nonprofit, forgives \$100 in unpaid medical bills.

"That's just unacceptable," Rick Weidman, the policy director of Vietnam Veterans of America, said in response to the figures. "There are people constantly banging on the VA, but this was the private sector that made a total muck of it."

Trump's promises to veterans were a central message of his campaign. But his plans to shift their health care to the private sector put him on a collision course with veterans groups, whose members generally support the VA's medical system and don't want to see it privatized. The controversy around privatization, and the outsize influence of three Trump associates at Mar-a-Lago, has sown turmoil at the VA, endangering critical services from paying student stipends to preventing suicides and upgrading electronic medical records.

A spokesman for the VA, Curt Cashour, declined to provide an interview with key officials and declined to answer a detailed list of written questions.

One of the contractors, Health Net, stopped working on the program in September. Health Net didn't respond to requests for comment.

The other contractor, TriWest Healthcare Alliance, said it has worked closely with the VA to improve the program and has made major investments of its own. "We believe supporting VA in ensuring the delivery of quality care to our nation's veterans is a moral responsibility, even while others have avoided making these investments or have withdrawn from the market," the company said in a statement.

TriWest did not dispute ProPublica and PolitiFact's estimated overhead rate, which used total costs, but suggested an alternate calculation, using an average cost, that yielded a rate of 13 percent to 15 percent. The company defended the \$295-plus fee by saying it covers "highly manual" services such as scheduling appointments and coordinating medical files. Such functions are not typically part of the contracts for other programs, such as the military's Tricare. But Tricare's contractors perform other duties, such as adjudicating claims and monitoring quality, that Health Net and TriWest do not. In a recent study comparing the programs, researchers from the Rand Corporation concluded that the role of the Choice Program's contractors is "much narrower than in the private sector or in Tricare."

Before the Choice Program, TriWest and Health Net performed essentially the same functions for about a sixth of the price, according to the VA inspector general. TriWest declined to break down how much of the fee goes to each service it provides.

Because of what the GAO called the contractors' "inadequate" performance, the VA increasingly took over doing the Choice Program's referrals and claims itself.

In many cases, the contractors' \$295-plus processing fee for every referral was bigger than the doctor's bill for services rendered, the analysis of agency data showed. In the three months ending Jan. 31, 2018, the Choice Program made 49,144 referrals for primary care totaling \$9.9 million in medical costs, for an average cost per referral of \$201.16. A few other types of care also cost less on average than the handling fee: chiropractic care (\$286.32 per referral) and optometry (\$189.25). There were certainly other instances where the medical services cost much more than the handling fee: TriWest said its average cost per referral was about \$2,100 in the past six months.

Beyond what the contractors were entitled to, audits by the VA inspector general found that they overcharged the government by \$140 million from November 2014 to March 2017. Both companies are now under federal investigation arising from these overpayments. Health Net's parent company, Centene, disclosed a Justice Department civil investigation into "excessive, duplicative or otherwise improper claims." A federal grand jury in Arizona is investigating TriWest for "wire fraud and misused government funds," according to a court decision on a subpoena connected to the case. Both companies said they are cooperating with the inquiries.

Despite the criminal investigation into TriWest's management of the Choice Program, the Trump administration recently expanded the company's contract without competitive bidding. Now, TriWest stands to collect even more fees as the administration prepares to fulfill Trump's campaign promise to send more veterans to private doctors.

Senate veterans committee chairman Johnny Isakson, R-Ga., said he expects VA Secretary Robert Wilkie to discuss the agency's plans for the future of private care when he testifies at a

hearing on Wednesday. A spokeswoman for the outgoing chairman of the House veterans committee, Phil Roe, R-Tenn., didn't respond to requests for comment.

"The last thing we need is to have funding for VA's core mission get wasted," Rep. Mark Takano, a California Democrat who will become the House panel's chairman in January, said in a statement. "I will make sure Congress conducts comprehensive oversight to ensure that our veterans receive the care they deserve while being good stewards of taxpayer dollars."

Covering up long wait times

Many of the Choice Program's defects trace back to its hasty launch.

In 2014, the Republican chairman of the House veterans committee alleged that 40 veterans died waiting for care at the VA hospital in Phoenix. The inspector general eventually concluded that no deaths were attributable to the delays. But it was true that officials at the Phoenix VA were covering up long wait times, and critics seized on this scandal to demand that veterans get access to private medical care.

One of the loudest voices demanding changes was John McCain's. "Make no mistake: This is an emergency," the Arizona senator, who died in August, said at the time. McCain struck a compromise with Democrats to open up private care for veterans who lived at least 40 miles from a VA facility or would have to wait at least 30 days to get an appointment.

In the heat of the scandal, Congress gave the VA only 90 days to launch Choice. The VA reached out to 57 companies about administering the new program, but the companies said they couldn't get the program off the ground in just three months, according to contracting records. So the VA tacked the Choice Program onto existing contracts that Health Net and TriWest had to run a much smaller program for buying private care. "There is simply insufficient time to solicit, evaluate, negotiate and award competitive contracts and then allow for some form of ramp-up time for a new contractor," the VA said in a formal justification for bypassing competitive bidding.

But that was a shaky foundation on which to build a much larger program, since those earlier contracts were themselves flawed. In a 2016 report, the VA inspector general said officials hadn't followed the rules to "to ensure services acquired are based on need and at fair and reasonable prices." The report criticized the VA for awarding higher rates than one of the vendors proposed.

The new contract with the VA was a lifeline for TriWest. Its president and CEO, David J. McIntyre Jr., was a senior aide to McCain in the mid-1990s before starting the company, based in Phoenix, to handle health benefits for the military's Tricare program. In 2013, TriWest lost its Tricare contract and was on the verge of shutting down. Thanks to the VA contract, TriWest went from laying off more than a thousand employees to hiring hundreds.

McIntyre's annual compensation, according to federal contracting disclosures, is \$2.36 million. He declined to be interviewed. In a statement, TriWest noted that the original contract, for the much smaller private care program, had been competitively awarded.

The VA paid TriWest and Health Net \$300 million upfront to set up the new Choice program, according to the inspector general's audit. But that was dwarfed by the fees that the contractors would collect. Previously, the VA paid the companies between \$45 and \$123 for every referral, according to the inspector general. But for the Choice Program, TriWest and Health Net raised

their fee to \$295 to \$300 to do essentially the same work on a larger scale, the inspector general said.

The price hike was a direct result of the time pressure, according to Greg Giddens, a former VA contracting executive who dealt with the Choice Program. "If we had two years to stand up the program, we would have been at a different price structure," he said.

Veterans frustrated with contractors

Even though the whole point of the Choice Program was to avoid 30-day waits in the VA, a convoluted process made it hard for veterans to see private doctors any faster. Getting care through the Choice Program took longer than 30 days 41 percent of the time, according to the inspector general's estimate. The GAO found that in 2016 using the Choice Program could take as long as 70 days, with an average of 50 days.

Sometimes the contractors failed to make appointments at all. Over a three-month period in 2018, Health Net sent back between 9 percent and 13 percent of its referrals, according to agency data. TriWest failed to make appointments on 5 percent to 8 percent of referrals, the data shows.

Many veterans had frustrating experiences with the contractors.

Richard Camacho in Los Angeles said he got a call from TriWest to make an appointment for a sleep test, but he then received a letter from TriWest with different dates. He had to call the doctor to confirm when he was supposed to show up. When he got there, the doctor had received no information about what the appointment was for, Camacho said.

John Moen, a Vietnam veteran in Plano, Texas, tried to use the Choice Program for physical therapy this year rather than travel to Dallas, where the VA had a six-week wait. But it took 10 weeks for him to get an appointment with a private provider.

"The Choice Program for me has completely failed to meet my needs," Moen said.

After Thompson used the Choice Program in 2018 for a sinus surgery that the VA couldn't perform within 30 days, the private provider came after him to collect payment, according to documentation he provided.

Thousands of veterans have had to contend with bill collectors and credit bureaus because the contractors failed to pay providers on time, according to the inspector general. Doctors have been frustrated with the Choice Program, too. The inspector general found that 15 providers in North Carolina stopped accepting patients from the VA because Health Net wasn't paying them on time.

The VA shares the blame, since it fell behind in paying the contractors, the inspector general said. TriWest claimed the VA at one point owed the company \$200 million. According to the inspector general, the VA's pile of unpaid claims peaked at almost 180,000 in 2016 and was virtually eliminated by the end of the year.

The VA tried to tackle the backlog of unpaid doctors, but it had a problem: The agency didn't know who was performing the services arranged by the contractors. That's because Health Net and TriWest controlled the provider networks, and the medical claims they submit to the VA do not include any provider information.

The contractors' role as middlemen created the opportunity for payment errors, according to the inspector general's audit. The inspector general found 77,700 cases where the contractors billed the VA for more than they paid providers and pocketed the difference, totaling about \$2 million. The inspector general also identified \$69.9 million in duplicate payments and \$68.5 million in other errors.

TriWest said it has worked with the VA to correct the payment errors and set aside money to pay back. The company said it's waiting for the VA to provide a way to refund the confirmed overpayments. "We remain ready to complete the necessary reconciliations as soon as that process is formally approved," TriWest said.

The grand jury proceedings involving TriWest are secret, but the investigation became public because prosecutors sought to obtain the identities of anonymous commenters on the jobs website Glassdoor.com who accused TriWest of "mak[ing] money unethically off of veterans/VA." Glassdoor fought the subpoena but lost, in November 2017. The court's opinion doesn't name TriWest, but it describes the subject of the investigation as "a government contractor that administers veterans' healthcare programs" and quotes the Glassdoor reviews about TriWest. The federal prosecutor's office in Arizona declined to comment.

"TriWest has cooperated with many government inquiries regarding VA's community care programs and will continue to do so," the company said in its statement. "TriWest must respect the government's right to keep those inquiries confidential until such time as the government decides to conclude the inquiry or take any actions or adjust VA programs as deemed appropriate."

The VA's plan for efficiency backfires

The VA tried to make the Choice Program run more smoothly and efficiently. Because the contractors were failing to find participating doctors to treat veterans, the VA in mid-2015 launched a full-court press to sign up private providers directly, according to the inspector general. In some states, the VA also took over scheduling from the contractors.

"We were making adjustments on the fly trying to get it to work," said David Shulkin, who led the VA's health division starting in 2015. "There needed to be a more holistic solution."

Officials decided in 2016 to design new contracts that would change the fee structure and reabsorb some of the services that the VA had outsourced to Health Net and TriWest. The department secretary at the time, Bob McDonald, concluded the VA needed to handle its own customer service, since the agency's reputation was suffering from TriWest's and Health Net's mistakes. Reclaiming those functions would have the side effect of reducing overhead.

"Tell me a great customer service company in the world that outsources its customer service," McDonald, who previously ran Procter & Gamble, said in an interview. "I wanted to have the administrative functions within our medical centers so we took control of the care of the veterans. That would have brought that fee down or eliminated it entirely."

The new contracts, called the Community Care Network, also aimed to reduce overhead by paying the contractors based on the number of veterans they served per month, rather than a flat fee for every referral. To prevent payment errors like the ones the inspector general found, the new contracts sought to increase information-sharing between the VA and the contractors. The VA opened bidding for the new Community Care Network contracts in December 2016.

But until those new contracts were in place, the VA was still stuck paying Health Net and TriWest at least \$295 for every referral. So VA officials came up with a workaround: they could cut out the middleman and refer veterans to private providers directly. Claims going through the contractors declined by 47 percent from May to December in 2017.

TriWest's CEO, McIntyre, objected to this workaround and blamed the VA for hurting his bottom line.

In a Feb. 26, 2018, email with the subject line "Heads Up... Likely Massive and Regrettable Train Wreck Coming!" McIntyre warned Shulkin, then the department secretary, that "long unresolved matters with VA and current behavior patterns will result in a projected \$65 million loss next year. This is on top of the losses that we have amassed over the last couple years."

Officials were puzzled that, despite all the VA was paying TriWest, McIntyre was claiming he couldn't make ends meet, according to agency emails provided to ProPublica and PolitiFact. McIntyre explained that he wanted the VA to waive penalties for claims that lacked adequate documentation and to pay TriWest an administrative fee on canceled referrals and no-show appointments, even though the VA read the contract to require a fee only on completed claims. In a March letter to key lawmakers, McIntyre said the VA's practice of bypassing the contractors and referring patients directly to providers "has resulted in a significant drop in the volume of work and is causing the company irreparable financial harm."

McIntyre claimed the VA owed TriWest \$95 million and warned of a "negative impact on VA and veterans that will follow" if the agency didn't pay. Any disruptions at TriWest, he said, would rebound onto the VA, "given how much we are relied on by VA at the moment and the very public nature of this work."

But when the VA asked to see TriWest's financial records to substantiate McIntyre's claims, the numbers didn't add up, according to agency emails.

McIntyre's distress escalated in March, as the Choice Program was running out of money and lawmakers were locked in tense negotiations over its future. McIntyre began sending daily emails to the VA officials in charge of the Choice Program seeking updates and warning of impending disaster. "I don't think the storm could get more difficult or challenging," he wrote in one of the messages. "However, I know that I am not alone nor that the impact will be confined to us."

McIntyre lobbied for a bill to permanently replace Choice with a new program consolidating all of the VA's methods of buying private care. TriWest even offered to pay veterans organizations to run ads supporting the legislation, according to emails discussing the proposal. Congress overwhelmingly passed the law (named after McCain) in May.

"In the campaign, I also promised that we would fight for Veterans Choice," Trump said at the signing ceremony in June. "And before I knew that much about it, it just seemed to be common sense. It seemed like if they're waiting on line for nine days and they can't see a doctor, why aren't they going outside to see a doctor and take care of themselves, and we pay the bill? It's less expensive for us, it works out much better, and it's immediate care."

TriWest: The only contractor left standing

The new permanent program for buying private care will take effect in June 2019. The VA's new and improved Community Care Network contracts were supposed to be in place by then. But the agency repeatedly missed deadlines for these new contracts and has yet to award them.

The VA has said it's aiming to pick the contractors for the new program in January and February. Yet even if the VA meets this latest deadline, the contracts include a one-year ramp-up period, so they won't be ready to start in June.

That means TriWest will by default become the sole contractor for the new program. The VA declined to renew Health Net's contract when it expired in September. The VA was planning to deal directly with private providers in the regions that Health Net had covered. But the VA changed course and announced that TriWest would take over Health Net's half of the country. The agency said TriWest would be the sole contractor for the entire Choice Program until it awards the Community Care Network contracts.

"There's still not a clear timeline moving forward," said Giddens, the former VA contracting executive. "They need to move forward with the next program. The longer they stay with the current one, and now that it's down to TriWest, that's not the best model."

Meanwhile, TriWest will continue receiving a fee for every referral. And the number of referrals is poised to grow as the administration plans to shift more veterans to the private sector.

How we reported this story

Since 2014, Congress has pumped \$19.4 billion into the Veterans Choice Program to buy private medical care for veterans. We wanted to know how the money was spent.

As of Sept. 30, 2018, the program's expenditures totaled about \$12.6 billion, according to a running tally provided to Congress every two weeks. An additional \$2.4 billion has been committed but not yet spent, and there was \$4.3 billion left over, according to the most recent report. (We've posted a simplified version of this report here.)

The VA dipped into the Choice program's funds for \$2.3 billion that it needed for other purposes in 2015. So let's put that aside and focus on the \$10.3 billion that's actually been spent on the Veterans Choice Program.

The VA spent \$311 million to set up the program, according to the biweekly report. That includes about \$303.6 million paid to Health Net and TriWest, the two private companies hired to administer the program, according to contracting records.

So how much went to medical care? The biweekly report says \$9.8 billion. But that's misleading, because it includes administrative fees paid to TriWest and Health Net.

The actual amount that Health Net and TriWest have spent on medical claims through the Choice Program is just under \$6 billion as of Sept. 30, according to the latest VA report on Choice claims processing.

During the same time period, we estimate that Health Net and TriWest received about \$1.6 billion in administrative fees. The VA paid the companies at least \$295 every time it referred a veteran to the contractors to receive private care, according to a report by the VA's inspector general. There were 5.3 million such referrals as of Aug. 28, according to VA data published by the Congressional Research Service. TriWest had another approximately 118,000 referrals in

September, according to company data. Health Net didn't receive additional referrals in September because the VA was preparing to let its contract expire. We arrived at \$1.6 billion by multiplying the total number of referrals by \$295.

This estimate probably overcounts referrals where the VA didn't pay the full fee because the veteran never took the appointment or the contractor didn't submit all the required documentation; the VA and TriWest disputed how much was owed in these instances, according to agency emails.

However, our estimate is conservative because it assumes the contractors' fee was always \$295, when in fact the fee rose as high as \$318, according to current and former officials. So perhaps not all the fees were paid, but some were paid at a higher price than we used.

Between the estimated fees and the implementation costs, TriWest and Health Net received about \$1.9 billion for administration. The overhead rate, known in the industry as the "administrative loss ratio," is the \$1.9 billion in overhead costs divided by the sum of those overhead costs and the \$6 billion in claims. That computes to 24 percent.

We presented our estimate to the VA and the contractors, asking them to check our math or provide a more precise figure. The VA declined to comment.

Instead of looking at the industry-standard "administrative loss ratio" that we used, which considers total administrative costs and total health care costs, TriWest gave us an average cost that it said yields a lower rate of overhead. TriWest said its average referral cost in the past six months was \$2,000 to \$2,200, so the \$295 fee would amount to 13 percent to 15 percent of that. But this calculation excludes the company's other administrative costs outside the \$295 fee. Also, TriWest's average could be skewed by a handful of very expensive hospital stays, or because the VA routed costlier referrals to TriWest and handled cheaper services itself. TriWest declined to provide an average over a longer period of time or a median figure, which could provide a more representative picture.

Under the Affordable Care Act, large-group commercial insurers are not allowed to spend more than 15 percent of their premium income on administration, including marketing and profit. Ten percent to 12 percent is the industry standard, according to Andrew Naugle, who advises health insurers on administrative operations as a consultant at Milliman, one of the world's largest actuarial firms.

For Medicare Advantage plans, company expenses eat up about 13 percent of premiums, according to Doug Sherlock, a researcher who tracks insurance plans that reach over 70 percent of the private market.

For Medicaid managed care, overhead was 8.6 percent in 2017, according to a Milliman survey of 186 companies across 35 states.

In the Defense Department's Tricare health benefits program for military service members, retirees and family members, overhead was 8 percent of private sector health care expenses in 2017.

The comparisons are inexact. Tricare and Medicare Advantage are mature programs, whereas Choice was new in 2014. But even excluding the \$303.6 million in startup costs, the Choice Program contractors' overhead still amounts to 21 percent.

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2. Improving Customer Service

2.1 - La Crosse Tribune: [Tomah VA Medical Center 'solving problems' at open house](#) (18 December, Jourdan Vian, 88k uvm; La Crosse, WI)

Representatives of the Tomah Veterans Affairs Medical Center went through concerns brought up at the city's public hearings one-by-one from security and parking to property value impacts and future plans for its proposed facility on La Crosse's South Side.

Noreen Holmes, who lives just blocks away from the proposed facility at 3120 Farnam St., said after the presentation that it's obvious the VA is serious about addressing neighbors' concerns.

"They're solving the problems. I don't know what else we could ask for. It just seems like it's a thoughtful process," Holmes said.

Tomah VA Medical Center director Victoria Brahm and several staff members were on hand to answer questions at the open house, held at the La Crosse American Legion Post 52. They reiterated that the facility will have a 24/7 security staff member and strict rules barring firearms, alcohol and drugs, enforced by regular room inspections. If there was a behavioral problem, program manager Dan Hannan, who supervises the work therapy programs for the VA Medical Center, and Dave Curry, the care manager for the proposed La Crosse facility, would take care of it.

"We don't anticipate there would be any issues, but any large issues Dave should be able fix real fast, and if he can't, I can. If I can't, we'll go right up the chain," Hannan said.

Curry will be at the facility daily and Hannan is only a phone call away.

"These veterans want to be a part of your community, and they want to prove themselves," Hannan said.

Curry is experienced in addiction therapy and other areas, and will ensure participants continue their treatment, whether it includes meetings, individual therapy or peer counseling. He will also arrange community classes in the huge room in the center of the home, which currently houses a pool table and ping-pong table with plenty of space to spare.

Public affairs officer Matthew Gowan assured the audience that the Tomah VA will not expand the program to include more people or more space.

"It's eight and we are good entirely with eight, so there's no expansions of that. Additionally, we are not purchasing adjacent properties to expand off-street parking. That is totally off the table," Gowan said.

He also gave a detailed parking plan, laying out seven off-street parking spaces and three additional spaces in the staff area of the VA's River Valley Clinic, which is separate from where visitors to the clinic park, for a total of 10. However, he also stressed that historically, only 40 percent of participants in the program have had cars.

The Tomah VA would also be willing to look at landscaping options to improve privacy for neighbors, but, Gowan said, there won't be a perfect solution because of how high the home sits.

Gowan provided a video tour of the home, showing that the two upstairs bedrooms face Farnam Street and the majority of the second floor windows are connected to the large community room in the center of the home to let light in, but are so tall people can't actually see out them.

As far as a payment for municipal services, the VA's general counsel would negotiate the terms with the city, but the federal entity would make some sort of payment in lieu of taxes.

Holmes said the program sounds wonderful, adding, "We should welcome them with open arms."

The conditional-use permit needed for the facility to move forward will be back for city committees at 4 p.m. and 6 p.m. Wednesday, Jan. 2, at La Crosse City Hall.

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2.2 - Statesboro Herald: [Now it's law: VA Clinic named for Ray Hendrix](#) (18 December, Al Hackle, 10k uvm; Statesboro, GA)

President Donald Trump signed legislation Friday renaming the veterans' outpatient healthcare clinic in Statesboro for Ray Hendrix, who after a lengthy Army National Guard career worked to improve services for veterans and for the clinic's establishment.

House Resolution 3946, introduced in October 2017 by Rep. Rick Allen, R-Georgia 12th District, was co-sponsored by all 13 other members, Republicans and Democrats, of Georgia's delegation in the U.S. House, where it was approved on a voice vote May 21. The wording of the resolution was then amended slightly in the Senate, where its sponsor was Sen. Johnny Isakson, R-Georgia, chair of the Senate Veterans Affairs Committee.

The Senate approved the amended version by unanimous consent Nov. 27, and the House accepted this final Senate version by unanimous consent Dec. 10. As signed by the president, the law recognizes both the full name "Ray Hendrix Department of Veterans Affairs Clinic," and the short form "Ray Hendrix VA Clinic."

"Sgt. Maj. Ray Hendrix committed his life to serving our nation and defending the freedoms that we as Americans are so blessed to hold dear, and with what he did for veterans even after his service," Allen said in a phone interview.

Bulloch County native Robert Ray Hendrix served 42 years in the Army and National Guard, with command sergeant major being his highest rank. He also became an official advocate for veterans at the state and national levels, remaining a member of Georgia's Veterans Service Board until his death in September 2015 at age 83.

Beginning during his National Guard service, Hendrix was active in the American Legion for 60 years. He served as commander of the veterans organization's local Dexter Allen Post 90 and rose to be a district and state commander, among other organizational offices. Elected as an American Legion National Executive Committee member, he represented Georgia on the national board for 10 years.

Three consecutive Georgia governors appointed Hendrix to the State Veterans Service Board.

Working with other American Legion volunteers, he helped organize regular van transportation for Statesboro-area veterans to the VA clinics in Augusta and Dublin, which are also home to VA hospitals. At the time, those were the only locations for veterans here to be treated by doctors and nurses in the Department of Veterans Affairs system, whose services are provided free to veterans.

Fought for clinic

So Hendrix also led in the drive to bring a VA community-based clinic to Statesboro.

"He worked to get this clinic in Statesboro tirelessly and, as I've said before, would not take 'no' for an answer," Allen said. "Not only did he have to go around the state to get all of the veterans organizations to agree to it, he had to get the Veterans Administration to agree to it, and then to get it done we had to have an act of Congress."

That earlier congressional action establishing the clinic was carried forward by then-Rep. John Barrow, the Democrat who represented the 12th District before Allen won the seat in 2014.

But Hendrix had led the petition drive. A Dec. 22, 2007, Statesboro Herald story put the number of signatures veterans presented to Barrow at more than 5,800. The clinic, affiliated with the Charlie Norwood VA Medical Center in Augusta, opened in March 2013 in an existing building on Northside Drive East in Statesboro.

It has now been serving area veterans for more than five years, with some expansion in services.

"I think a way to deal with some of these problems we're having in some of these mammoth VA centers may be this satellite (clinic) idea, because I have heard nothing but good reviews from people who use the clinic in Statesboro," Allen said. "I don't know that our office has had any complaints. At least they haven't been voiced to me."

Two-year process

Naming the clinic for Hendrix took a second, literal "act of Congress," as Allen put it. Allen had already contacted Statesboro officials before City Council passed a resolution of support in December 2016.

Allen said he hopes that a ceremony at the clinic can be scheduled in the early part of 2019, but the naming became official immediately with the president's signature. Allen had contacted members of Ray Hendrix's family. His wife, Mary Hendrix, had a birthday Friday.

"We're so excited," their daughter Diane Long told the Herald. "I understand it happened on Friday, and that was my mother's 85th birthday, so what a wonderful birthday present."

Although family members are elated to see Hendrix recognized posthumously in this way, “he was not one to toot his own horn,” she added.

“He worked and did things for veterans and it was obvious in all the things that he did, but he wasn’t out there for this to happen,” Long said. “But I think he’s probably looking down and smiling now.”

The Hendrixes have another daughter, Jennifer Kimbrell, and a son, Mike Long, and a number of grandchildren. All live nearby.

Lined up support

To be able to introduce the bill, Allen had to collect letters of support from local chapters of organizations such as the American Legion, the Veterans of Foreign Wars and Georgia Southern University’s Student Veterans Association, according to information provided by Allen’s deputy press secretary, Carlton Norwood Jr.

Allen also needed to have Georgia’s House delegation sign a letter of support and to receive a similar letter from both of Georgia’s U.S. senators. Georgia’s State Senate also provided a proclamation. After the bill passed in the U.S. House, Allen’s office needed to receive letters from the Georgia statewide chapters of the American Legion, the VFW and the Disabled American Veterans, or DAV, Norwood wrote, explaining how the process took two years.

This was not the kind of legislation that gets a separate signing ceremony, but Trump signed it along with other bills and resolutions.

“Obviously the president is a huge supporter of our veterans initiatives and was delighted to see this get done,” Allen said.

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2.3 - WMUR-TV: [Year after crisis, Manchester VA says services have improved](#) (18 December, Jennifer Crompton, 341k uvm; Manchester, NH)

Improvements have been made at the Manchester VA Medical Center more than a year after officials there dealt with eroding public confidence followed by major flooding in the building.

In July 2017, the center was in crisis. Public confidence was derailed after whistleblower doctors came forward with stunning allegations.

“Some had to do with quality of care, some with infrastructure, some with leadership response to those types of things,” Ryan Lilly, director, VA New England Healthcare System, said.

Al Montoya was at home in Connecticut when he got the call to head to Manchester the next day to deal with the crisis.

“The entire leadership team was essentially detailed to other places and I was called in there to really help steady the ship while they determined what the next course of action was,” Al Montoya, director of Manchester VA Medical Center, said.

Just two days after whistleblowers came forward, a broken pipe sent thousands of gallons of water from the seventh floor down to the second, damaging 61,000 square feet of the facility.

"I truly think the flood was probably the best thing that ever happened to this campus," Montoya said. "We started developing the way-forward plan of how do we rebuild their trust, and rebuild leadership and really improve services."

A new task force then presented 29 recommendations for improvements, from mental health to women's services, drug treatment and workplace culture. Some are already in place.

"New floors, new walls, new check-in desk. (We) doubled the size of the waiting room, really to make it more inviting for our veterans and a better place to work for our employees and our staff," Kevin Forrest, associate director of Manchester VA Medical Center, said.

The center has added about 100 jobs, with most of those on the clinical side. The workforce boost has already made a dramatic difference, according to Montoya.

A year and a half ago, it would take about 77 days for a new veteran to get an initial appointment in the VA system. That wait time is now about 16 days.

"They've done a great job in putting people and processes in place so that care is pretty smooth inside Manchester or sharing across other partners in town or across the VA system," Lilly said.

Vietnam veteran Paul Martin got approval to put a memorial table in the lobby dedicated to the men and women who didn't come back. He said the facility helps veterans cope on a daily basis.

"I think they realize just when they walked out the door, that people care about them," Martin said.

The center has added two new suicide prevention coordinators. Officials have also added new recreation therapists, who this year brought veterans to the annual Wounded Warriors surfing event at Hampton Beach for the first time.

A grant is also helping build a case management system.

"They've made a lot of strides. I think if you talk to the team here, they're still not satisfied. I think they still want to get better and I think there's still a lot of opportunity to improve here," Lilly said.

"For our veterans, I would say, 'Give us a chance.' For our employees or our prospective employees, it's an exciting time to be at the Manchester VA," Montoya said.

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2.4 - WGME-TV: [Providence VA honors 3 for work on behalf of veterans](#) (18 December, Jared Pelletier, 57k uvm; Portland, ME)

The Providence VA Regional Office on Tuesday acknowledged the hard work of three individuals who have one common goal.

"Everyone here that we're recognizing today is fiercely committed to veteran service," said E.J. McQuade, director of the Providence VA Regional Office.

Staff Sgt. John Roias received the Civilian Service Member of the Year Award.

Roias joined the Rhode Island Air National Guard six years ago. When he's not serving in the guard, he's an accountant with CVS.

Three years ago, he helped found a nonprofit called Hungry Friday that feeds the hungry, including homeless veterans.

"It's very heartbreaking. Anyone who serves this country shouldn't be homeless," said Roias.

A Lifetime Achievement Award was presented to Chuck O'Connor, an Army veteran who, after serving his country, focused on serving brothers and sisters in arms.

"For the last 13 years, I've been working with veterans, service members, military retirees, and especially families," O'Connor said.

The Regional VA Office also honored one of its own, Lindsay Amherst. The Marine veteran was named Employee of the Year.

"I work the military sexual trauma claims, which is an extremely important topic right now with the current climate with the #MeToo movement," Amherst said.

"I think they're setting a tremendous example, not only for our workforce, but for those that are considering serving, for those that are currently serving, and for those that have served," McQuade said.

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2.5 - The Texas Tribune: [Recent VA survey shows increase of 2.4 percent in Veterans trust of VAMCs](#) (18 December, Matthew Watkins, 944k uvm; Austin, TX)

Recent results from a U.S. Department of Veterans Affairs customer experience feedback survey indicate an average 2.4 percent increase in Veteran trust of VA hospitals during fiscal year 2018.

Beginning in fall 2017 through September 2018, VA surveyed 1,660,563 Veterans regarding their trust of the VA health care outpatient services and found that the "trust scores" of 128 out of 139 VA Medical Centers increased by an average of 2.4 percent by the end of fiscal year 2018.

"Listening to our Veteran patients plays an important role in providing world class customer service," said VA Secretary Robert Wilkie. "VA is not only listening to our Veterans, but we are taking action on their concerns as well as their recommendations to improve VA health care."

The survey revealed Veterans were concerned with issues such as the accountability of specialty providers and services, while typical recommendations from Veterans incorporated ways to improve parking at facilities and methods of expediting access to medications.

The Veterans Affairs Department began soliciting customer feedback in the fall of 2017, inviting Veterans to respond to a survey after completing a Veterans Health Administration outpatient

service appointment. Trust was measured at the nationwide, hospital network and individual VAMC level.

Veterans were asked to rate their trust of the VA on a scale of 1 (strongly disagree) to 5 (strongly agree). The customer experience feedback survey revealed 86 percent of Veterans surveyed "agreed" or "strongly agreed" to the trust question.

Veterans also had the option to leave free text responses in their outpatient-services surveys. They selected whether they were leaving a compliment, concern or recommendation. The 439,730 Veterans who participated in the customer experience feedback offered the following:

68.2 percent were compliments

19 percent were concerns

12.8 percent were recommendations

VA is implementing a customer experience feedback program across the entire department in alignment with the Office of Management and Budget's Circular A-11 guidance on establishing and managing a customer experience program. The program also supports the design of a federal customer-experience framework as prescribed by the President's Management Agenda.

For more information on the VA's customer experience goals and progress, go to www.performance.gov.

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3. Business Transformation

3.1 - NextGov: VA Overpaid \$4.5 Million in Benefits Because It Didn't Read Emails, Watchdog Says (18 December, Jack Corrigan, 282k uvm; Washington, DC)

The Veterans Affairs Department paid out an extra \$4.5 million in duplicate benefits last year because officials were late reading email alerts to update payments, an internal watchdog found.

The Veterans Benefits Administration last year simultaneously awarded some 1,300 veterans benefits under two different childhood educational assistance provisions, according to the Veterans Affairs Inspector General. The overpayments, which occurred when veterans' dependents were double counted, stemmed from the agency's antiquated system for processing benefit adjustments.

And the problem wasn't IT infrastructure, but rather a lack thereof, they said.

Disabled veterans can receive allowances for college-aged children who are enrolled in school, and dependents are also eligible for support under the Survivors' and Dependents' Educational Assistance Program, or DEA. However, those benefits can't overlap. When dependents begin receiving DEA benefits, Veterans Affairs officials are responsible for notifying regional offices via email to stop paying out school child allowances for those individuals.

But auditors found those emails often went ignored.

Offices don't set requirements for how often to check the inbox for DEA benefit adjustments, they found, and in many cases, there was no one person responsible for doing so. As of May 7, there were some 3,100 unread benefits adjustments emails across 25 regional offices, including one facility that hadn't monitored its inbox for more than three years, the report said.

"These unread emails all potentially required DEA-related compensation benefit adjustments and, therefore, equate to an unidentified amount of benefit duplication and overpayments," inspectors wrote. They called the email notification system "outdated and ineffective," and recommended the agency implement a new system to ensure these updates were received and processed.

They also advised the agency to develop an IT system that automatically flags cases where duplicate payments might occur. If the agency doesn't make these changes, the IG estimated it will overpay roughly \$22.5 million in benefits over the next five years.

Because benefits adjustment emails weren't actively read, it took officials significantly longer to process adjustments than anticipated. The department aims to update benefits packages within 90 days, but auditors found that it took 350 days on average to process changes, resulting in months of duplicate payments.

The overcompensated vets, who each received an extra \$3,500 on average, will be required to repay the extra money.

The Veterans Benefits Administration has recently found itself in hot water after a delayed IT overhaul left tens of thousands of vets waiting months for G.I. Bill benefits. The system upgrade, which was expected to be completed this August, is now scheduled to wrap up by Dec. 1, 2019.

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3.2 - OpsLens (Opinion): [Fixing the VA](#) (18 December, Jon Harris)

The Veterans Administration hospital system has been under fire for as long as I can remember. They certainly have had their share of mishaps and scandals. From false waiting lists to canceled appointments that may have even cost some veterans their lives to just plain dishonesty, the VA has seen rough times.

Not to go too far back, and only to mention the major scandals and problems since the Gulf War, the list is troubling.

Here is a list of the significant issues for which the VA was called to task:

1991 — Doctors at the VA's North Chicago hospital repeatedly ignored test results, failed to timely treat patients and conducted unnecessary surgeries. In light of these revelations, the VA took responsibility for the deaths of eight patients. This led to the suspension of most surgeries at the North Chicago hospital facility.

1993 — VA Deputy Undersecretary of Benefits R.J. Vogel testified before Congress that in 1988, a federal court established to look at and oversee appeals from veterans whose benefits had been denied was creating a growing backlog. Vogel tells the lawmakers the VA is "reeling under this judicial review thing."

1999 — After six years of investigations the hospitals and clinics of the Veterans Affairs of Greater Los Angeles Health Care System which includes one of the largest research hospitals, the West Los Angeles Veterans Affairs Medical Center, was ordered to halt all of their animal and human experiments. The problems mainly involve experiments carried out on veterans who are mental patients. In some experiments, subjects in the trials were purposely taken off their medicines. This resulted in relapses so that researchers could study the course of their symptoms. In other experiments, the subjects were given drugs that intentionally made the symptoms worse so that doctors could observe them as they occurred.

2000 — In a continuing investigation, the GAO finds “substantial problems” with the VA’s handling of research trials involving human subjects and that the issues noted in the 1999 finding had not been corrected.

2003 — President George W. Bush appointed a commission to address the wait-time issue, and as of January 2003, close to a quarter million veterans had been waiting for six months or more for initial or follow-up visits. The report determined the VA had “a clear indication,” the commission said, “of lack of sufficient capacity or, at a minimum, a lack of adequate resources to provide the required care.”

2005 — Reports of “significant problems with the quality of care” for surgical patients at the VA’s Salisbury, North Carolina hospital resulted in congressional testimony. That testimony revealed that one veteran who sought treatment for a toenail injury died of heart failure after doctors did not consider the veterans enlarged heart.

2006 — In a stunning breach of security and protocols, a VA employee took home records containing Social Security numbers and names and birth dates of 26.5 million veterans without authorization. The data was stolen from the employee’s home in a “chance” random burglary.

2007 — Public outrage rises after documents released to CNN show some senior VA officials received bonuses of up to \$33,000. The bonus was awarded despite a backlog of hundreds of thousands of benefits cases all the while an internal review found numerous problems, some of them critical, at VA facilities across the nation. Those same officials were in control of or had significant supervisory duties over the troubled facilities.

2009 — The VA discloses the failure of even the most basic protocols. The VA found more than 11,000 veterans who underwent colonoscopies in Florida, Tennessee, and Georgia potentially exposed to viral infections due to equipment not being disinfected after use. Thirty-seven tested positive for hepatitis and six tested positive for HIV.

Mary Berrocal, head of the Miami Veterans Administration hospital, had been under fire since May 2009, when the national VA revealed that as many as 11,000 U.S. military veterans at VA facilities in Miami, Georgia and Tennessee might have had colonoscopies with equipment that had been only rinsed between uses rather than sterilized by steam and chemicals as required by the manufacturer. Berrocal will “transition” to a VA administrative office in St. Petersburg “until placement details are finalized,” according to a statement announcing Berrocal’s removal from the Miami VA. The move does not end Berrocal’s VA career; she said “She will be reassigned.”

2011 — In Dayton, Ohio, unsanitary conditions continue when nine veterans test positive for hepatitis after routine dental work at a VA clinic. The dentist at the VA medical center there acknowledged not washing his hands or even changing gloves between patients for 18 years.

2011 — In Oakland, Pennsylvania, a Legionnaires' Disease outbreak begins at the VA hospital. Over the next five years, at least five veterans die of the disease.

2013 — William Montague, the former director of Veteran Affairs facilities in Ohio, is indicted on charges he took bribes and kickbacks dealing with contracts to a company that does business with the agency nationwide.

January 2014 — Investigation reveals that unacceptable wait times continue and veterans are still dying at VA hospitals because of delays in diagnosis and treatment.

Eric Shinseki, secretary of Veterans Affairs, became embroiled in the scandal involving the Veterans Health Administration concerning substandard timely care and false records covering up related timelines at some veterans hospitals.

On May 30, 2014, President Obama accepted Shinseki's resignation as VA secretary. "I can't explain the lack of integrity among some of the leaders of our health care facilities. This is something I rarely encountered in 38 years in uniform," Shinseki said. "So, I will not defend it because it is indefensible. But I can take responsibility for it, and I do."

A Change Under a New White House Administration

One of the issues is the difficulty in disciplining VA employees and administration personnel. It was almost impossible to terminate an unqualified or corrupt individual.

On June 23rd President Trump signed a bill giving top-ranking officials at the Department of Veterans Affairs more power to fire incompetent workers and protect whistle-blowers.

The Trump administration started holding employees accountable. This was done through the VA Accountability and Whistleblower Act, which aims to weed out employees who underperform and increase transparency at the agency.

"Now, when a bad person —maybe a federal employee in this case, but somebody bad— mistreats, or neglects, or abuses our great veterans in their time of need, we can turn to them, look at them in the eye and say, 'You're fired. Get out,'" said Trump. "We've gotten rid of a lot of people over the past year — only the bad ones. The good ones we cherish."

Curt Cashour, a spokesman for the VA, said the VA had become more productive because of the changes. "During this administration, the VA has had its most productive year-and-a-half in decades. We have made groundbreaking progress, particularly in the areas of accountability, transparency, and efficiency across the department."

A New VA

From my perspective, I have seen the changes. The VA facilities I have used in Texas include Audie Murphy Hospital in San Antonio. The Kerrville VA Hospital and the VBA Clinic in Lubbock. In fact, a new facility is being built in Lubbock and will be associated with Texas Tech University. Appointments have been quick, within 30 days of the request. Medications and prescriptions procedures have been streamlined, and now I can request everything online. Prescriptions are sent directly to me through the mail. Checkups, X-rays, MRIs and anything else I have required

were accommodated politely and efficiently. One piece of advice I always give to anyone who is going to use the VA is to have your paperwork in order and walk it through. It helps.

In my opinion, most of those that work in the VA system are good people wanting to do the best they can to serve those of us that have served. Many are veterans themselves. It is that rotten few, the seat warmers, and the wasters of oxygen that cause the problems. The new powers the Trump administration granted the VA are working to send those poor-performing, uncaring and corrupt employees packing.

Now when the VA identifies a bad apple, they get to say “You’re fired!”

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Mother Jones: More Veterans Are Dying by Suicide While the VA Sits on Millions Allotted for Prevention (18 December, Dan Spinelli, 1.9M uvm; San Francisco, CA)

The Department of Veterans Affairs has been clear: Preventing suicide among the nation’s more than 20 million former service members is its top clinical priority. With a burgeoning suicide rate among veterans from the Iraq and Afghanistan wars, the VA has dumped more than \$24 million since 2013 into a national outreach campaign for at-risk veterans centered around a one-stop crisis hotline.

But that ambitious outreach initiative has faltered in recent years amid a leadership vacuum within the VA and unclear metrics for success, according to a report released this week by the nonpartisan Government Accountability Office. While the number of suicides among veterans was climbing steadily, the GAO found that the VA’s prevention efforts faltered without a permanent leader or clear chain of command in place.

“At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis,” Rep. Tim Walz (D-Minn.), the ranking member of the House Veterans Affairs panel, said in a statement to Stars and Stripes after the report’s publication Monday. “Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority.”

“At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis. Unfortunately, VA has failed to do that.”

Suicide rates have risen nationwide, but a veteran is nearly twice as likely to die by suicide as a non-veteran. Rates among active-duty service members are more comparable to the relevant civilian population, but the military-wide suicide rate still doubled between 2005 and 2012. No single issue leads to suicidal behavior, but recent scholarship that examines the wars in Afghanistan and Iraq has highlighted how the suicide risk for veterans increases as they are

exposed to pain and desensitized to violence while deployed. Brain injuries and family history boost the risk as well.

When the suicide rate among veterans reached 27.4 per 100,000 persons in 2010, the VA embarked on a program to attempt to reach them before they were in crisis. The VA began paying a contractor for outreach, primarily as a vehicle to get out the word about its signature crisis hotline. In addition to managing the Veterans Crisis Line's website, the contractor was also responsible for developing social media posts and messaging campaigns through billboards and flyers. The program saw a steady boost in content creation over its first four years before a sharp drop-off of more than 53 percent last year.

VA officials attributed the decline to the lack of a permanent director in the suicide prevention office. During the three-month period when the position of permanent national director for suicide prevention was left vacant, representatives from the contractor never met with the leadership of the Veterans Health Administration, which oversees the department's suicide prevention campaign, as required by their contract. Even after Keita Franklin was detailed as acting director for six months beginning October 2017, VHA staff told the GAO that "suicide prevention leadership was not available for weekly meetings to discuss suicide prevention outreach activities." As a result, the department only created 159 pieces of content for social media posts during all of fiscal year 2017.

Without a permanent leader in place to sign off on outreach efforts, staffers redirected their time to "updating the [Veterans Crisis Line] website," the report found. That same year, staffers working on the outreach campaign began reporting to officials in the Office of Mental Health, a change in direction that led to a greater focus on mental health outreach in lieu of strictly suicide prevention. Outside of simple metrics like tracking the number of people who visited the crisis hotline's website, VHA officials also neglected to set measurable goals for the outreach program or any other "meaningful targets for evaluating the campaign," the GAO reports. (Franklin was named permanent director in April.)

Despite the leadership vacuum and ensuing bureaucratic confusion, a remarkable amount of money was directed to the program. This fiscal year, the VA was allocated \$6.2 million to spend on suicide prevention paid media—promoted social media posts and sponsored keyword searches, for example—but by September only spent \$57,000 of its budget, less than 1 percent of the total. (Officials from the VA said they planned to spend up to \$1.5 million by the close of the fiscal year.)

"This is unacceptable and I will be holding the VA accountable for doing better by veterans," Sen. Jon Tester (D-Mont.), the incoming chair of the Senate Veterans Affairs Committee, said in a statement to Mother Jones. "Veterans in crisis must have confidence when they turn to the VA for help."

Lawmakers in recent months have scrutinized a series of management miscues and controversial policy decisions in the VA. The list includes the underpayment of student veterans under the GI Bill and the Trump administration's efforts to privatize elements of veteran health care. Privatizing veteran health care was only one of several initiatives championed by a trio of Trump's friends, dubbed the "Mar-a-Lago Crowd" after an investigative report in ProPublica revealed their clandestine influence on veterans' policy through private meetings with government officials at Trump's Florida resort. Last week, the New York Times called congressional probes into misconduct at the VA a "rare area of bipartisan oversight in a

blistering political environment.” Unused suicide prevention funds only create more fodder for the fury on Capitol Hill.

The priority of using social media as a suicide prevention strategy has also occasionally come under fire. Not all prevention experts agree that outreach through paid social media is the best way to reach at-risk veterans. “Why are mass market media campaigns so popular in spite of the fact there is no evidence they work and evidence they don’t?” asked a blog post by DJ Jaffe, executive director of the nonprofit Mental Illness Policy Org, which strongly advocates treatment of mental illness. “Money. It is very easy and profitable for a mental health provider to write a brochure, produce a PSA, rather than try to reduce suicide.”

Since 2016, VHA officials have attempted to shift the focus of the department’s awareness campaign away from simply drawing attention to the crisis line to a more “public health approach,” the GAO noted. But as recently as May 2018, department officials “were just beginning to conceptualize what the suicide prevention outreach campaign should look like moving forward” and never devoted substantial time to rethinking the campaign.

“During former VA employee David Shulkin’s brief tenure as secretary, VA’s suicide prevention outreach dropped significantly, and the suicide prevention office had no permanent leader for nearly nine months until Secretary Wilkie arrived as acting secretary in April,” department press secretary Curt Cashour said in a statement to Mother Jones. “Within weeks of his arrival at VA, then-Acting Secretary Wilkie appointed Dr. Keita Franklin as VA’s new suicide prevention director, and she is reviewing the spending for this important program as part of her duties.” Cashour added that the VA accepted the “GAO’s recommendation to do more to evaluate the effectiveness of the suicide prevention media outreach campaign.”

Franklin has since taken on the role of the VA’s suicide prevention director permanently while her old post—director of the Defense Suicide Prevention Office within the Pentagon—remains without a full-time leader. A Pentagon spokesperson told Mother Jones last month that officials were “in the process of assessing and interviewing the best qualified candidates” to take over the office.

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5.2 - Daily Beast: [VA Failed to Spend Millions Allocated for Suicide Prevention: Report](#) (18 December, 9M uvm; New York, NY)

The Trump administration’s Department of Veterans Affairs failed to spend millions of dollars that were allocated for suicide prevention, according to a new report released Monday by the Government Accountability Office. Despite public pronouncements touting their continued focus on preventing suicide among returning soldiers, Veterans Affairs officials left millions of dollars available for outreach campaigns in 2018 untouched and severely cut back on their advertising efforts, the report found. Of the \$6.2 million set aside for suicide prevention media outreach, only \$57,000—less than one percent—was actually used. The VA’s social-media presence dropped precipitously from 2017 to 2018, and content mentioning suicide fell by more than two-thirds in one year. No public outreach messages were aired on national television or radio for more than a year. “At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis,” said ranking member of the House Veterans’ Affairs Committee Rep. Tim Walz (D-MN).

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5.3 - KCTV-TV: [Suicide among veterans: Their silent protest over broken VA system](#) (18 December, Angie Ricono, 138k uvm; Fairway, KS)

Mike Douglas shot and killed himself inside his truck at the VA parking lot on June 13.

He suffered from PTSD and, most recently, cancer.

Douglas served in the Navy during Vietnam. He loved guns, knives and swords.

"He said I don't care where you bury me don't bury me at Leavenworth. I don't want to be buried there. And that's why he went there and committed suicide at the VA ... because he was so frustrated over the care," Douglas' sister, Carol Dawkins, said.

Before his death, he has sent KCTV5 News emails complaining about his treatment.

"At this point it seems the Leavenworth VA has set me up for a painful death!" wrote Douglas.

His sister says he blamed the VA for a delayed diagnosis of cancer. She says reviewing his medical records made it clear to her that anyone would have trouble navigating the system. Her brother with PTSD and depression didn't stand a chance.

"He was told that he needed a biopsy 2 years previous; but nothing was done on that. Oh good! No news good news! They decided I don't need it. Nobody followed up and nobody called," Carol Dawkins said.

Mike Douglas emailed his sister about his final doctor's appointment.

"The VA radiation clinic shattered whatever thoughts I had of a little radiation getting rid of my cancer. He talked about a permanent feeding tube, pulling my teeth. Taking out part of my jaw. Replacing it with part of my arm, also chemo for weeks. I can say none of that is going to happen! Thanks Leavenworth VA for a mess!" wrote Mike Douglas.

Mike Douglas walked out of that final doctor's appointment and walked straight to his truck and shot and killed himself. VA doctors tried to save him. he was pronounced dead inside the emergency room. The VA called his sister to notify her about her brother's death.

Parking lot deaths

Mike Douglas is not alone.

KCTV5 Investigations has learned that there have been at least 12 other attempts on VA property in the past five years. Six of those attempts took place on Kansas City's campus. The other six took place on the eastern campuses which include Topeka and Leavenworth.

This past spring, a veteran went into the St. Louis VA and shot and killed himself inside a waiting room.

KCTV5 News spent months reviewing Mike Douglas' case and speaking to veterans about care at the VA.

"I understand the frustration Mike went through before this happened, whole heartedly! I deal with the VA on a regular basis," Gene Russell said.

Russell is a veteran KCTV5 has worked with on previous reports regarding health care at the VA. He alerted our investigative unit that what happened with Mike Douglas reflected a deeper problem.

"They are committing suicide at the VA because they are trying to draw attention to the lack of care at the VA ... but it's being ignored," said Russell. "I know guys call crisis hotline and get put on hold. It's poorly, poorly managed!"

Why the VA?

During our investigation, Steve Mark attempted suicide in the parking lot by swallowing pills.

Mark served in the Navy during Vietnam. He's been a pastor, a police officer and even worked undercover.

He says decades have rolled by but Vietnam is still there.

"There is not a night that rolls by that I don't have a nightmare about something," he said.

Mark says many things built up but says he was frustrated with his doctors and over his care and the medicine he gets through the VA for his PTSD and severe depression ran out.

"It's supposed to take seven days and it took four weeks," Mark said.

Mark says he stopped taking medication and things spiraled from there.

"So, my legs were hurting. I felt lost. All my doctors were gone. All the people I trusted were gone. Got in my car and drove back to Leavenworth and sat out in the parking lot and took my pills and just before I passed out I called them," Mark said.

"Why go there?" KCTV5 investigative reporter Angie Ricono asked.

"I didn't want people close to me finding me after I had been dead for a week. And part of it was, you all want to screw me over ... here you go," Mark said.

VA response

The VA says any suicide or attempt triggers an automatic review.

However, Carol Dawkins says the only phone call she received from the VA was a death notification.

Steve Mark told our unit little review was done on his case. He also informed us at the three-week mark he still hadn't been assigned a new psychiatrist.

"I don't know what I'm going to do. I really don't," Mark said.

Our investigative unit contacted the VA concerned about Mark's lack of care. At first, the VA had trouble finding Mark in the system.

Mark said he was eventually assigned a physician's assistant not a psychiatrist. It's not what he was hoping for but he says the VA is all he has.

"I'm not going to give up. I believe there's hope working with the VA. I sure hope so. A lot of men and women depend on it. I'm not going to give up on it," he said.

KCTV5 reached out to the VA and asked to speak to leadership about Steve Mark's and Michael Douglas' case and suicides on property. The VA declined and instead sent a statement.

Suicide prevention is VA's highest clinical priority. One life lost to suicide is one too many.

That's why VA is implementing a wide range of prevention activities to address many different risk factors. We are working alongside dozens of partners, including DoD, to deploy suicide prevention programming that supports all current and former Service members – even those who do not come to VA for care. Examples of joint efforts to prevent Veteran suicide include the Mayor's Challenge and Executive Order 13822.

Our approach is summarized in the National Strategy for Preventing Veteran Suicide, which provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention.

If any Veteran is in crisis, we encourage him or her to visit the closest VA health care facility, where they can receive same-day urgent primary and mental health care services. Additionally, Veterans can call the Veterans crisis line 24-hours a day, 365-days a year at 1-800-273-8255 and Press 1.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: [VA administrators, LI congressmen meet on closed homeless shelter](#) (18 December, Martin C. Evans, 1.37M uvm; Melville, NY)

Two members of Long Island's congressional delegation met Tuesday with administrators of the Northport Veterans Affairs Medical Center for an update on a homeless shelter on the hospital's campus.

Reps. Lee Zeldin (R-Shirley) and Thomas Suozzi (D-Glen Cove) said they want to expedite reopening the shelter, which has been closed for about a year because of a failed heating system. The shelter had been slated to reopen in September, but failed to meet building codes. The tougher codes automatically came into effect when the building was renovated, Northport officials said.

The congressmen said they were assured by acting Associate Director Dave Evangelista that the Northport center is moving as quickly as possible to reopen the shelter. They said repairs to a sprinkler system, which originally were to have been contracted out, would be upgraded by Northport's maintenance crew, saving time.

"It's moving faster than our original impression," Suozzi said. "But from an outside person, it feels like a glacial pace."

After the meeting, the congressmen also spoke about the VA Mission Act, a new federal law that expands private-sector medical care for veterans.

President Donald Trump pushed for the measure, which also had the support of the American Legion and the Veterans of Foreign Wars. Critics of some of the law's provisions, including many Democrats, warned the legislation could weaken VA health care by shifting dollars to the private sector.

Zeldin said the law is particularly helpful to East End veterans, who face hourslong drives to the Northport campus.

"For a veteran out near Montauk, that can be totally unrealistic," Zeldin said before the meeting. The medical center's interim director, Cathy Cruise, was visiting some of the VA's satellite clinics on Long Island, and was not present for the meeting. A Northport spokesman attributed her absence to an error made by a scheduler.

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6.2 - KTVO-TV (AP): [30K wreaths laid on graves at Missouri veterans' cemetery](#) (18 December, AP, 15k uvm; Kirksville, MO)

A record-setting 30,000 donated wreaths have been placed on the graves of American service members at the Jefferson Barracks National Cemetery in St. Louis County.

The St. Louis Post-Dispatch reports that the effort is part of Wreaths Across America. The nonprofit effort works with groups to coordinate wreath-laying ceremonies at more than 1,400 sites across the country. The ceremonies are conducted in conjunction with a national minute of silence and the laying of wreaths at Arlington National Cemetery.

Among those participating was 72-year-old Dennis Klier, an Air Force veteran from Florissant whose father was a decorated World War II pilot. Klier laid wreaths down on his parent's headstones Monday morning. He then stepped back three paces and raised his right arm in a slow military salute.

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6.3 - WTSP-TV: [Wreaths Across America day honors veterans buried at Florida National Cemetery](#) (18 December, Mark Bergin, 316k uvm; Saint Petersburg, FL)

Nearly 10,000 volunteers placed 30,000 wreaths at grave sites over the weekend at the Florida National Cemetery in Sumter County.

Hernando County Fire Rescue made a Facebook post about the volunteers' efforts on Saturday, which also marked the Wreaths Across America Day.

The post said Steve Terry, who served Hernando County Fire Rescue as a firefighter and paramedic for nearly 25 years, is buried at the site. Terry was an active member of the military for 20-plus years, according to the post.

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6.4 - Bluebonnet News: [Indianettes Lay Wreaths At Houston National Cemetery](#) (18 December; Moss Hill, TX)

This past Saturday the Indianettes went to the Houston National Cemetery to help lay wreaths on all of the fallen soldiers.

"It was a great experience and the girls had the opportunity to speak the names of many fallen soldiers and thank them for their service," said Cleveland ISD spokesperson Susan Ard. "It was a great and moving experience and they cannot wait to do it again year after year. Thank you, ladies, for spending your time honoring our soldiers, and representing CHS and CISD!"

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6.5 - St. Louis Post-Dispatch: [Record-setting wreaths: Nearly 30,000 laid at Jefferson Barracks graves](#) (18 December, Nassim Benchaabane, 279k uvm; St. Louis, MO)

Strapped to the motorcycle Dennis Klier rode into Jefferson Barracks National Cemetery on Monday morning were two holiday wreaths.

Klier, 72, an Air Force veteran from Florissant, stopped the bike at the graves of his mother and his father, a decorated World War II veteran who died Feb. 27, 2014, at age 91. Klier laid both wreaths down on their headstones, stepped back three paces and raised his right arm in a slow military salute.

The wreaths Klier laid were among about 30,000 donated wreaths placed on the graves of American service members at Jefferson Barracks since a ceremony at 11 a.m. Saturday. That's a record number in the 13 years the cemetery has taken part in Wreaths Across America.

The nonprofit effort works with local groups to coordinate wreath-laying ceremonies at more than 1,400 sites the country in conjunction with a national minute of silence and the laying of wreaths at Arlington National Cemetery.

Klier, a member of a volunteer motorcycle group called Patriot Guard Riders that accompanies the funerals of veterans, often drives past his parents' graves and salutes them each time.

But honoring them with holiday wreaths as he has done for the past five years is different from other ceremonies honoring military service.

"Certain times and certain things trigger memories," he said. "It's a little more than just honoring their service. Today I'm also honoring my personal memories with them around the holidays."

The wreath-laying ceremony Saturday, which was attended by more than 3,000 people, was the second coordinated by the Gateway Blue Star Mothers, the local chapter of a nonprofit of mothers with sons or daughters in the armed forces.

Last year the group also collected a record number of wreaths donated by friends and family of dead service members as well as local nonprofit groups and businesses, receiving a total of about 13,000 wreaths, up from about 1,400 in 2016.

In the early years of the effort, there were on average about 1,500 wreaths or fewer, said Darryl Ryan, assistant director at Jefferson Barracks. At least 160 wreaths were placed at the cemetery in 2010.

Janelle Eveld, with Gateway Blue Star Mothers, attributed the uptick in donations in part to support from local groups including the Scott Spouses, a group of spouses of active duty members stationed at Scott Air Force Base, and the Gold Star Mothers, an organization of mothers who have lost a son or daughter in military service.

"This is a good way for us to give back," said Eveld, whose late grandfather served in World War II and is buried with her grandmother at Jefferson Barracks. "To remember all of those who served and those who never made it back from war, and their families."

This year, 11,000 wreaths were sponsored by friends and family of veterans for placement at specific graves, Eveld said. About 3,000 wreaths honored unknown soldiers by special request of a cemetery employee. Every unknown soldier received a wreath.

Other cemeteries in the area, including Alton National Cemetery and Eternal Peace Cemetery in Wentzville, also took part in the event.

Wreaths Across America will begin collecting donations for next year on Jan 1.

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7. [Other](#)

7.1 - WRIC-TV: [Lawmakers call for 'immediate investigation' into continued dog experiments at the VA](#) (18 December, Kerri O'Brien, 97k uvm; Richmond, VA)

Members of Congress are calling for an investigation into deadly dog experiments at the Department of Veterans of Affairs after an ongoing 8News investigation.

The letter from lawmakers urges the VA's Inspector General, Michael Missal, to launch an immediate investigation into conflicting reports about who approved the continued studies.

A spokesperson for the U.S. Department of Veteran Affairs, Office of Inspector General responded to 8News request for comment on Tuesday about lawmakers request for an investigation:

"The OIG received the letter from Members of Congress that you attached, which requests that the OIG investigate 'irregularities regarding the Department of Veterans Affairs (VA) use of painful and outdated dog experimentation.' We are reviewing the request and will respond to the request when we reach a decision."

Last month, 8News exposed McGuire VA Medical Center in Richmond was continuing to purchase hounds for the experiments. The Department of Veterans Affairs told 8News the VA's former Secretary David Shulkin gave verbal approval.

Shulkin told 8News, however, that he did not authorize the continued studies.

8News reached out to the VA for comment. The department's spokesperson, Curt Cashour, shared the following statement:

"We welcome oversight from the inspector general, which in the past has documented that in his brief stint as VA secretary, David Shulkin made misleading statements to the media, directed the misuse of a subordinate's official time and improperly accepted Wimbledon tickets in conjunction with a questionable taxpayer-funded trip to Europe.

Misleading federal investigators is a crime, and considering that Shulkin granted approval for continuation of the nine studies in question during an early afternoon March 28 meeting that was attended by four senior VA executives, we hope, for his sake, that he will tell the truth in any ensuing investigations."

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From: Syrek, Christopher D. (Chris)
(b) (6)
To: Cashour, Curtis
(b) (6)
Cc: Ulliyot, John
(b) (6)
Hutton, James </o=exchangelabs/ou=exchange
(b) (6)
ason, William J.
(b) (6)
Bcc:
Subject: RE: // for awareness // The VA's private care program gave companies billions and vets longer waits
Date: Tue Dec 18 2018 18:35:59 CST
Attachments:

Thanks Curt

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Tuesday, December 18, 2018 1:38:12 PM
To: (b) (6) Syrek, Christopher D. (Chris)
Cc: Ulliyot, John; (b) (6) Hutton, James; Eason, William J.
Subject: // for awareness // The VA's private care program gave companies billions and vets longer waits

The VA's private care program gave companies billions and vets longer waits

By Isaac Arnsdorf, Jon Greenberg

Politifact

December 18, 2018

<https://www.politifact.com/truth-o-meter/article/2018/dec/18/veterans-choice-private-firms-billions-vets-wait/>

For years, conservatives have assailed the U.S. Department of Veterans Affairs as a dysfunctional bureaucracy. They said private enterprise would mean better, easier-to-access health care for veterans. President Donald Trump embraced that position, enthusiastically moving to expand the private sector's role.

Here's what has actually happened in the four years since the government began sending more veterans to private care: longer waits for appointments and, a new analysis of VA claims data by ProPublica and PolitiFact shows, higher costs for taxpayers.

Since 2014, 1.9 million former service members have received private medical care through a program called Veterans Choice. It was supposed to give veterans a way around long wait times in the VA. But their average waits using the Choice Program were still longer than allowed by law, according to examinations by the VA inspector general and the Government Accountability Office. The watchdogs also found widespread blunders, such as booking a veteran in Idaho with a doctor in New York and telling a Florida veteran to see a specialist in California. Once, the VA referred a veteran to the Choice Program to see a urologist, but instead he got an appointment with a neurologist.

The winners have been two private companies hired to run the program, which began under the Obama administration and is poised to grow significantly under Trump. ProPublica and PolitiFact obtained VA data showing how much the agency has paid in medical claims and administrative fees for the Choice program. Since 2014, the two companies have been paid nearly \$2 billion for overhead, including profit. That's about 24 percent of the companies' total program expenses — a rate that would exceed the federal cap that governs how much most insurance plans can spend on administration in the private sector.

According to the agency's inspector general, the VA was paying the contractors at least \$295 every time it authorized private care for a veteran. The fee was so high because the VA hurriedly launched the Choice Program as a short-term response to a crisis. Four years later, the fee never subsided — it went up to as much as \$318 per referral.

"This is what happens when people try and privatize the VA," Sen. Jon Tester of Montana, the ranking Democrat on the Senate veterans committee, said in a statement responding to these findings. "The VA has an obligation to taxpayers to spend its limited resources on caring for veterans, not paying excessive fees to a government contractor. When VA does need the help of a middleman, it needs to do a better job of holding contractors accountable for missing the mark."

The Affordable Care Act prohibits large group insurance plans from spending more than 15 percent of their revenue on administration, including marketing and profit. The private sector standard is 10 percent to 12 percent, according to Andrew Naugle, who advises health insurers on administrative operations as a consultant at Milliman, one of the world's largest actuarial firms. Overhead is even lower in the Defense Department's Tricare health benefits program: only 8 percent last year.

Even excluding the costs of setting up the new program, the Choice contractors' overhead still amounts to 21 percent of revenue.

"That's just unacceptable," Rick Weidman, the policy director of Vietnam Veterans of America, said in response to the figures. "There are people constantly banging on the VA, but this was the private sector that made a total muck of it."

Trump's promises to veterans were a central message of his campaign. But his plans to shift their health care to the private sector put him on a collision course with veterans groups, whose members

generally support the VA's medical system and don't want to see it privatized. The controversy around privatization, and the outsize influence of three Trump associates at Mar-a-Lago, has sown turmoil at the VA, endangering critical services from paying student stipends to preventing suicides and upgrading electronic medical records.

A spokesman for the VA, Curt Cashour, declined to provide an interview with key officials and declined to answer a detailed list of written questions.

One of the contractors, Health Net, stopped working on the program in September. Health Net didn't respond to requests for comment.

The other contractor, TriWest Healthcare Alliance, said it has worked closely with the VA to improve the program and has made major investments of its own. "We believe supporting VA in ensuring the delivery of quality care to our nation's veterans is a moral responsibility, even while others have avoided making these investments or have withdrawn from the market," the company said in a statement.

TriWest did not dispute ProPublica and PolitiFact's estimated overhead rate, which used total costs, but suggested an alternate calculation, using an average cost, that yielded a rate of 13 percent to 15 percent. The company defended the \$295-plus fee by saying it covers "highly manual" services such as scheduling appointments and coordinating medical files. Such functions are not typically part of the contracts for other programs, such as the military's Tricare. But Tricare's contractors perform other duties, such as adjudicating claims and monitoring quality, that Health Net and TriWest do not. In a recent study comparing the programs, researchers from the Rand Corporation concluded that the role of the Choice Program's contractors is "much narrower than in the private sector or in Tricare."

Before the Choice Program, TriWest and Health Net performed essentially the same functions for about a sixth of the price, according to the VA inspector general. TriWest declined to break down how much of the fee goes to each service it provides.

Because of what the GAO called the contractors' "inadequate" performance, the VA increasingly took over doing the Choice Program's referrals and claims itself.

In many cases, the contractors' \$295-plus processing fee for every referral was bigger than the doctor's bill for services rendered, the analysis of agency data showed. In the three months ending Jan. 31, 2018, the Choice Program made 49,144 referrals for primary care totaling \$9.9 million in medical costs, for an average cost per referral of \$201.16. A few other types of care also cost less on average than the handling fee: chiropractic care (\$286.32 per referral) and optometry (\$189.25). There were certainly other instances where the medical services cost much more than the handling fee: TriWest said its average cost per referral was about \$2,100 in the past six months.

Beyond what the contractors were entitled to, audits by the VA inspector general found that they overcharged the government by \$140 million from November 2014 to March 2017. Both companies are now under federal investigation arising from these overpayments. Health Net's parent company, Centene, disclosed a Justice Department civil investigation into "excessive, duplicative or otherwise improper claims." A federal grand jury in Arizona is investigating TriWest for "wire fraud and misused government funds," according to a court decision on a subpoena connected to the case. Both companies said they are cooperating with the inquiries.

Despite the criminal investigation into TriWest's management of the Choice Program, the Trump administration recently expanded the company's contract without competitive bidding. Now, TriWest stands to collect even more fees as the administration prepares to fulfill Trump's campaign promise to send more veterans to private doctors.

Senate veterans committee chairman Johnny Isakson, R-Ga., said he expects VA Secretary Robert Wilkie to discuss the agency's plans for the future of private care when he testifies at a hearing on Wednesday. A spokeswoman for the outgoing chairman of the House veterans committee, Phil Roe, R-

Tenn., didn't respond to requests for comment.

"The last thing we need is to have funding for VA's core mission get wasted," Rep. Mark Takano, a California Democrat who will become the House panel's chairman in January, said in a statement. "I will make sure Congress conducts comprehensive oversight to ensure that our veterans receive the care they deserve while being good stewards of taxpayer dollars."

Many of the Choice Program's defects trace back to its hasty launch.

In 2014, the Republican chairman of the House veterans committee alleged that 40 veterans died waiting for care at the VA hospital in Phoenix. The inspector general eventually concluded that no deaths were attributable to the delays. But it was true that officials at the Phoenix VA were covering up long wait times, and critics seized on this scandal to demand that veterans get access to private medical care.

One of the loudest voices demanding changes was John McCain's. "Make no mistake: This is an emergency," the Arizona senator, who died in August, said at the time. McCain struck a compromise with Democrats to open up private care for veterans who lived at least 40 miles from a VA facility or would have to wait at least 30 days to get an appointment.

In the heat of the scandal, Congress gave the VA only 90 days to launch Choice. The VA reached out to 57 companies about administering the new program, but the companies said they couldn't get the program off the ground in just three months, according to contracting records. So the VA tacked the Choice Program onto existing contracts with Health Net and TriWest to run a much smaller program for buying private care. "There is simply insufficient time to solicit, evaluate, negotiate and award competitive contracts and then allow for some form of ramp-up time for a new contractor," the VA said in a formal justification for bypassing competitive bidding.

But that was a shaky foundation on which to build a much larger program, since those earlier contracts were themselves flawed. In a 2016 report, the VA inspector general said officials hadn't followed the rules to "ensure services acquired are based on need and at fair and reasonable prices." The report criticized the VA for awarding higher rates than one of the vendors proposed.

The new contract with the VA was a lifeline for TriWest. Its president and CEO, David J. McIntyre Jr., was a senior aide to McCain in the mid-1990s before starting the company, based in Phoenix, to handle health benefits for the military's Tricare program. In 2013, TriWest lost its Tricare contract and was on the verge of shutting down. Thanks to the VA contract, TriWest went from laying off more than a thousand employees to hiring hundreds.

McIntyre's annual compensation, according to federal contracting disclosures, is \$2.36 million. He declined to be interviewed. In a statement, TriWest noted that the original contract, for the much smaller private care program, had been competitively awarded.

The VA paid TriWest and Health Net \$300 million upfront to set up the new Choice program, according to the inspector general's audit. But that was dwarfed by the fees that the contractors would collect. Previously, the VA paid the companies between \$45 and \$123 for every referral, according to the inspector general. But for the Choice Program, TriWest and Health Net raised their fee to between \$295 and \$300 to do essentially the same work on a larger scale, the inspector general said.

The price hike was a direct result of the time pressure, according to Greg Giddens, a former VA contracting executive who dealt with the Choice Program. "If we had two years to stand up the program, we would have been at a different price structure," he said.

Even though the whole point of the Choice Program was to avoid 30-day waits in the VA, a convoluted process made it hard for veterans to see private doctors any faster. Getting care through the Choice Program took longer than 30 days 41 percent of the time, according to the inspector general's estimate. The GAO found that in 2016 using the Choice Program could take as long as 70 days, with an average of 50 days.

Sometimes the contractors failed to make appointments at all. Over a three-month period in 2018, Health Net sent back between 9 percent and 13 percent of its referrals, according to agency data. TriWest failed to make appointments on 5 percent to 8 percent of referrals, the data shows.

Many veterans had frustrating experiences with the contractors.

Richard Camacho in Los Angeles said he got a call from TriWest to make an appointment for a sleep test, but he then received a letter from TriWest with different dates. He had to call the doctor to confirm when he was supposed to show up. When he got there, the doctor had received no information about what the appointment was for, Camacho said.

John Moen, a Vietnam veteran in Plano, Texas, tried to use the Choice Program for physical therapy this year rather than travel to Dallas, where the VA had a six-week wait. But it took 10 weeks for him to get an appointment with a private provider.

"The Choice Program for me has completely failed to meet my needs," Moen said.

Curtis Thompson, of Kirkland, Washington, said he's been told the Choice Program had a 30-day wait just to process referrals, never mind to book an appointment. "Bottom line: Wait for the nearly 60 days to see the rheumatologist at the VA rather than opt for an unknown delay through Veterans Choice," he said.

After Thompson used the Choice Program in 2018 for a sinus surgery that the VA couldn't perform within 30 days, the private provider came after him to collect payment, according to documentation he provided.

Thousands of veterans have had to contend with bill collectors and credit bureaus because the contractors failed to pay providers on time, according to the inspector general. Doctors have been frustrated with the Choice Program, too. The inspector general found that 15 providers in North Carolina stopped accepting patients from the VA because Health Net wasn't paying them on time.

The VA shares the blame, since it fell behind in paying the contractors, the inspector general said. TriWest claimed the VA at one point owed the company \$200 million. According to the inspector general, the VA's pile of unpaid claims peaked at almost 180,000 in 2016 and was virtually eliminated by the end of the year.

The VA tried to tackle the backlog of unpaid doctors, but it had a problem: The agency didn't know who was performing the services arranged by the contractors. That's because Health Net and TriWest controlled the provider networks, and the medical claims they submit to the VA do not include any provider information.

The contractors' role as middlemen created the opportunity for payment errors, according to the inspector general's audit. The inspector general found 77,700 cases where the contractors billed the VA for more than they paid providers and pocketed the difference, totaling about \$2 million. The inspector general also identified \$69.9 million in duplicate payments and \$68.5 million in other errors.

TriWest said it has worked with the VA to correct the payment errors and set aside money to pay back. The company said it's waiting for the VA to provide a way to refund the confirmed overpayments. "We remain ready to complete the necessary reconciliations as soon as that process is formally approved,"

TriWest said.

The grand jury proceedings involving TriWest are secret, but the investigation became public because prosecutors sought to obtain the identities of anonymous commenters on the jobs website Glassdoor.com who accused TriWest of "mak[ing] money unethically off of veterans/VA." Glassdoor fought the subpoena but lost, in November 2017. The court's opinion doesn't name TriWest, but it describes the subject of the investigation as "a government contractor that administers veterans' healthcare programs" and quotes the Glassdoor reviews about TriWest. The federal prosecutor's office in Arizona declined to comment.

"TriWest has cooperated with many government inquiries regarding VA's community care programs and will continue to do so," the company said in its statement. "TriWest must respect the government's right to keep those inquiries confidential until such time as the government decides to conclude the inquiry or take any actions or adjust VA programs as deemed appropriate."

The VA tried to make the Choice Program run more smoothly and efficiently. Because the contractors were failing to find participating doctors to treat veterans, the VA in mid-2015 launched a full-court press to sign up private providers directly, according to the inspector general. In some states, the VA also took over scheduling from the contractors.

"We were making adjustments on the fly trying to get it to work," said David Shulkin, who led the VA's health division starting in 2015. "There needed to be a more holistic solution."

Officials decided in 2016 to design new contracts that would change the fee structure and reabsorb some of the services that the VA had outsourced to Health Net and TriWest. The department secretary at the time, Bob McDonald, concluded the VA needed to handle its own customer service, since the agency's reputation was suffering from TriWest's and Health Net's mistakes. Reclaiming those functions would have the side effect of reducing overhead.

"Tell me a great customer service company in the world that outsources its customer service," McDonald, who previously ran Procter & Gamble, said in an interview. "I wanted to have the administrative functions within our medical centers so we took control of the care of the veterans. That would have brought that fee down or eliminated it entirely."

The new contracts, called the Community Care Network, also aimed to reduce overhead by paying the contractors based on the number of veterans they served per month, rather than a flat fee for every referral. To prevent payment errors like the ones the inspector general found, the new contracts sought to increase information-sharing between the VA and the contractors. The VA opened bidding for the new Community Care Network contracts in December 2016.

But until those new contracts were in place, the VA was still stuck paying Health Net and TriWest at least \$295 for every referral. So VA officials came up with a workaround: they could cut out the middleman and refer veterans to private providers directly. Claims going through the contractors declined by 47 percent from May to December in 2017.

TriWest's CEO, McIntyre, objected to this workaround and blamed the VA for hurting his bottom line.

In a Feb. 26, 2018, email with the subject line "Heads Up... Likely Massive and Regrettable Train Wreck Coming!" McIntyre warned Shulkin, then the department secretary, that "long unresolved matters with VA and current behavior patterns will result in a projected \$65 million loss next year. This is on top of the losses that we have amassed over the last couple years."

Officials were puzzled that, despite all the VA was paying TriWest, McIntyre was claiming he couldn't make ends meet, according to agency emails provided to ProPublica and PolitiFact. McIntyre explained

that he wanted the VA to waive penalties for claims that lacked adequate documentation and to pay TriWest an administrative fee on canceled referrals and no-show appointments, even though the VA read the contract to require a fee only on completed claims. In a March letter to key lawmakers, McIntyre said the VA's practice of bypassing the contractors and referring patients directly to providers "has resulted in a significant drop in the volume of work and is causing the company irreparable financial harm."

McIntyre claimed the VA owed TriWest \$95 million and warned of a "negative impact on VA and veterans that will follow" if the agency didn't pay. Any disruptions at TriWest, he said, would rebound onto the VA, "given how much we are relied on by VA at the moment and the very public nature of this work."

But when the VA asked to see TriWest's financial records to substantiate McIntyre's claims, the numbers didn't add up, according to agency emails.

McIntyre's distress escalated in March, as the Choice Program was running out of money and lawmakers were locked in tense negotiations over its future. McIntyre began sending daily emails to the VA officials in charge of the Choice Program seeking updates and warning of impending disaster. "I don't think the storm could get more difficult or challenging," he wrote in one of the messages. "However, I know that I am not alone nor that the impact will be confined to us."

McIntyre lobbied for a bill to permanently replace Choice with a new program consolidating all of the VA's methods of buying private care. TriWest even offered to pay veterans organizations to run ads supporting the legislation, according to emails discussing the proposal. Congress overwhelmingly passed the law (named after McCain) in May.

"In the campaign, I also promised that we would fight for Veterans Choice," Trump said at the signing ceremony in June. "And before I knew that much about it, it just seemed to be common sense. It seemed like if they're waiting on line for nine days and they can't see a doctor, why aren't they going outside to see a doctor and take care of themselves, and we pay the bill? It's less expensive for us, it works out much better, and it's immediate care."

The new permanent program for buying private care will take effect in June 2019. The VA's new and improved Community Care Network contracts were supposed to be in place by then. But the agency repeatedly missed deadlines for these new contracts and has yet to award them.

The VA has said it's aiming to pick the contractors for the new program in January and February. Yet even if the VA meets this latest deadline, the contracts include a one-year ramp-up period, so they won't be ready to start in June.

That means TriWest will by default become the sole contractor for the new program. The VA declined to renew Health Net's contract when it expired in September. The VA was planning to deal directly with private providers in the regions that Health Net had covered. But the VA changed course and announced that TriWest would take over Health Net's half of the country. The agency said TriWest would be the sole contractor for the entire Choice Program until it awards the Community Care Network contracts.

"There's still not a clear timeline moving forward," said Giddens, the former VA contracting executive. "They need to move forward with the next program. The longer they stay with the current one, and now that it's down to TriWest, that's not the best model."

Meanwhile, TriWest will continue receiving a fee for every referral. And the number of referrals is poised to grow as the administration plans to shift more veterans to the private sector.

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Curt Cashour

Press Secretary

Department of Veterans Affairs

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Curt.Cashour (b) (6)

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From:

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To:

Cc:

Bcc:

Subject: Secretary Stand Up Brief - OPIA - December 18, 2018

Date: Tue Dec 18 2018 06:54:35 CST

Attachments: 181218_VA Secretary's Stand-Up Brief.pptx
image001.jpg

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Tuesday, Dec. 18, 2018.

Sincerely,

(b) (6)

Office of Public & Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave., NW, Suite 913J

Washington, DC 20420

(b) (6)

"Pursue, engage and impact a Veteran today!"

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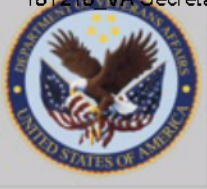
VA Secretary's Stand-Up Brief

18 December 2018

Executive Summary

Wreaths Across America events continued to stand out and drive reporting, particularly at the local level. Events hosted by various VAMCs also drove local reporting, which was mostly supportive in tone. A GAO report on suicide prevention funding also elicited reporting.

Storyline	Outlets	Analysis	Trend	Priority
Sec. Wilkie's Confederate speech timeline	CNN , The Hill	Despite weekend reporting, the Confederate speech timeline continued its decline through Monday, where no reporting was published on the topic.	Declined	Other
Wreaths Across America	InsideNOVA , Winchester Star , Marietta Times	Local reporting focused on Wreaths Across America at various national cemeteries across the country. These articles highlighted the holiday spirit, volunteer work, and general VA support associated with the event.	Sustained	Interests
GAO: Suicide Funding Not Exhausted	Stars and Stripes , Newsmax	A GAO report concluded that VA maintained a \$4.7 million balance in remaining funds of an original \$6 million dedicated funds. News outlets <i>Stars and Stripes</i> and <i>Newsmax</i> picked up the storyline and expanded it to an estimated 800,000 viewers.	Emerged	Suicide



VA Secretary's Stand-Up Brief

18 December 2018

Social Media Takeaway

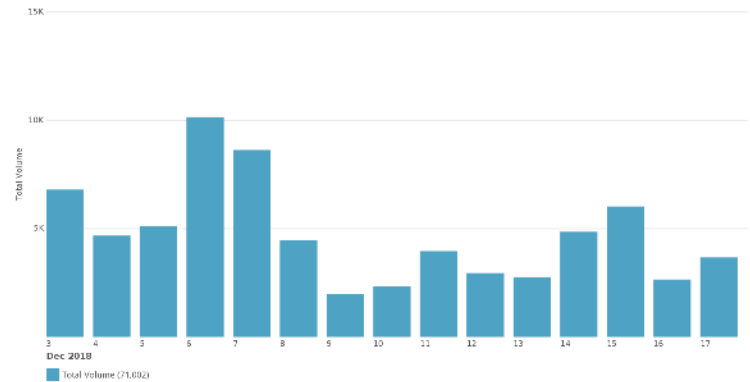
Social media mirrored print and broadcast coverage, where it declined significantly from the weekend. The Confederacy speech topic dissipated, while discussions of Forever G.I. Bill eligibility and Veteran suicides emerged.

Key Points

- Down significantly from weekend numbers, the top retweeted post only registered 430+ retweets and it was a [personal account](#) from a Veteran on questions of Forever G.I. Bill eligibility.
- [@RedtRaccoon](#) posted about the “fifth suicide” at the Bay Pines VA hospital. The author noted it began in 2013 and noted that there have been 19 suicides at VA hospitals across the country.
- [@AlexHortonTX](#) linked to the Nikki Wentling *Stars and Stripes* article on the unused funds for suicide prevention at VA. In addition, Wentling’s handle was referenced more than 170 times in a single day, likely in reference to her article on suicide prevention.
- The only notable hashtag for Dec 17 included #Thereisalwaysacatch from the Forever G.I. Bill tweet.
- National Cemeteries were mentioned often in more than 200 social media posts, or 6%.

Twitter and Facebook Volume:

3 December – 17 December



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: Sec. Wilkie speaking on the Confederacy	<1% of volume
Twitter	@NikkiWentling	170+ Mentions



VA Secretary's Stand-Up Brief

18 December 2018

Federal Computer Week: My HealtheVet turns 15 (17 December, Adam Mazmanian, 80k uvm; McLean, VA)

The online patient portal for the Department of Veterans Affairs celebrated its 15th birthday this Veteran's Day. When My HealtheVet launched in 2003, the site was on the cutting edge compared to other government online offerings and even fairly novel regarding of what large health systems offered patients in terms of access to records. "Our biggest accomplishment, I think, is serving as the voice of the veterans, giving them a stake in their care," said Theresa Hancock, who has served as director of My HealtheVet in the Veterans Health Administration for more than 10 years. The service is a "disruptor" that "responded to [veterans'] needs ... by removing the hospital walls and being able to deliver care where and when they wanted it, which opened the door to mobile and telehealth."

[Hyperlink to Above](#)

San Marcos Corridor News: Study Shows VA Hospitals Outperform Private Hospitals Under New Trump Administration (17 December, San Marcos, TX)

According to an independent Dartmouth study recently published this week in Annals of Internal Medicine, Department of Veterans Affairs (VA) hospitals outperform private hospitals in most health care markets throughout the country. "This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," said VA Secretary Robert Wilkie. "It validates the strong work we're doing for Veterans under President Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

[Hyperlink to Above](#)

Revcycle Intelligence: VA Hospitals Outperform Private Hospitals in Most Areas (17 December, Jacqueline LaPointe, 34k uvm; Danvers, MA)

A new study by the Dartmouth Institute for Health Policy and Clinical Practice shows that Department of Veterans Affairs (VA) hospitals are providing care as good as or better than their peers in the private sector. "This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," VA Secretary Robert Wilkie stated in an official press release. "It validates the strong work we're doing for Veterans under President Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

[Hyperlink to Above](#)

WSIL-TV: Habitat for Humanity builds home for veteran (17 December, Joe Ragusa, 24k uvm; Carterville, IL)

Habitat For Humanity has completed a home for a local veteran. Chris Adams served tours in Iraq and Afghanistan. Now he works for the Marion VA as a housekeeper, but he's also homeless. Several groups helped get the home built for Chris and despite a few delays, he's glad he'll have a home for the holidays.

[Hyperlink to Above](#)

WSIL-TV: Thompsonville students give veterans Christmas cards (17 December, Brooke Schlyer, 24k uvm; Carterville, IL)

A group of Thompsonville 8th graders spread some holiday cheer by hand delivering Christmas cards to more than 100 veterans at the Marion VA Monday. One of those veterans is Marion native, Bobby Hodge, who traveled across the globe during his time in the Navy. "I was assigned to the first guided missile ship that the county had made, and all we did was go and show off our missiles," he laughs.

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Subject: [EXTERNAL] 18 December Veterans Affairs Media Summary and News Clips
Date: Tue Dec 18 2018 05:15:21 CST
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Veterans Affairs Media Summary and News Clips

18 December 2018

1. [Top Stories](#)

1.1 - Stars and Stripes: [VA leaves nearly \\$5 million unused in 2018 campaign to battle suicide, watchdog finds](#) (17 December, Nikki Wentling, 300k uvm; Washington, DC)

A federal investigation found the money and effort expended by the Department of Veterans Affairs on suicide prevention outreach dropped significantly in 2017 and 2018, despite it being touted by the past two VA secretaries as their top clinical priority. Following a yearlong investigation, the Government Accountability Office reported Monday that the VA has cut back since 2016 on suicide prevention outreach. Of the \$6.2 million budget obligated for suicide prevention outreach in fiscal year 2018, the agency had spent only \$57,000, or less than 1 percent, by September. Agency officials told investigators they would end up spending a total \$1.5 million by Oct. 1, the end of the fiscal year. The remainder, \$4.7 million, went unused.

[Hyperlink to Above](#)

1.2 - Newsmax: [GAO Report: VA Underspends on Vets' Suicide Prevention](#) (17 December, Cathy Burke, 500k; West Palm Beach, FL)

The Department of Veterans Affairs dramatically cut back on suicide prevention outreach in the past two years even as veterans' suicide rates continued to soar, Stars and Stripes reported. Citing findings of a Government Accountability Office investigation, of the \$6.2 million budget mandated for suicide prevention outreach in fiscal year 2018, the agency spent \$57,000 — less than 1 percent — by September. Agency officials told investigators they would spend a total \$1.5 million by Oct. 1, the end of the fiscal year, with the remaining \$4.7 million going unused, the news outlet reported.

[Hyperlink to Above](#)

1.3 - Federal Computer Week: [My HealtheVet turns 15](#) (17 December, Adam Mazmanian, 80k uvm; McLean, VA)

The online patient portal for the Department of Veterans Affairs celebrated its 15th birthday this Veteran's Day. When My HealtheVet launched in 2003, the site was on the cutting edge compared to other government online offerings and even fairly novel regarding of what large health systems offered patients in terms of access to records. "Our biggest accomplishment, I think, is serving as the voice of the veterans, giving them a stake in their care," said Theresa Hancock, who has served as director of My HealtheVet in the Veterans Health Administration for more than 10 years. The service is a "disruptor" that "responded to [veterans'] needs ... by removing the hospital walls and being able to deliver care where and when they wanted it, which opened the door to mobile and telehealth."

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1.4 - San Marcos Corridor News: [Study Shows VA Hospitals Outperform Private Hospitals Under New Trump Administration](#) (17 December, San Marcos, CA)

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Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Revcycle Intelligence: [VA Hospitals Outperform Private Hospitals in Most Areas](#) (17 December, Jacqueline LaPointe, 34k uvm; Danvers, MA)

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2.2 - Tomah Journal: [Tomah VA holding La Crosse open house to talk Farnam Street program](#) (17 December, Jourdan Vian, 88k uvm; Tomah, WI)

Tomah Veterans Affairs Medical Center will hold an open house from 6 to 8 p.m. Tuesday at the American Legion Post 52, 711 S. Sixth St. Staff members from the Tomah VA Medical Center will talk about the VA's compensated work therapy transitional residence program and veterans will be there to share their experiences. The organization hopes to answer more questions as it works to expand the program into the home of Dave and Barb Erickson on Farnam Street on La Crosse's South Side.

[Hyperlink to Above](#)

2.3 - WSIL-TV: [Habitat for Humanity builds home for veteran](#) (17 December, Joe Ragusa, 24k uvm; Carterville, IL)

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2.5 - DVIDS: [Taylor sees mission-focused, mission-driven mindset at Dorn VA Medical Center](#) (17 December, Jennifer Scales)

Deputy Director for Veterans Affairs Voluntary Service, Prince Taylor, recently made a special visit to the Wm. Jennings Bryan Dorn Veterans Affairs Medical Center. Taylor, in his new position, supports the goals of the director of VA Voluntary Service, Sabrina Clark. "I also oversee special programs in the VA, such as the Technical Career Field (TCF) program for Voluntary Service; caregiver programs; and the Intimate Partner Violence program."

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

5.1 - Tampa Bay Times: [News at Noon: A veteran's suicide note blasts the VA; 'Salvage Santa' helps Panama City; and more](#) (17 December, Gabrielle Calise, 370k uvm; Tampa Bay, FL)

Jim Turner, a retired Marine colonel, took his life at the Bay Pines VA campus. He was the 5th veteran to do so since 2013. On Dec. 10, retired Marine Col. Jim Turner put on his dress uniform and medals and drove to the Bay Pines Department of Veterans Affairs complex. He got out of his truck, sat down on top of his military records and took his own life with a rifle. Aside from leaving behind grieving family and friends, Turner, 55, of Belleair Bluffs, left behind a suicide note that blasted the VA for what he said was its failure to help him.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - KWTB-TV: [Holiday Meals for Homeless Veterans \(VIDEO\)](#) (17 December, 154k uvm; Oklahoma City, OK)

The broadcast outlet featured a 2:24 minute video of Homeless Veterans receiving holiday meals.

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6.2 - InsideNoVa.com: [Thousands place wreaths at Arlington National Cemetery](#) (17 December, Marty Van Duyne, 79k uvm; Leesburg, VA)

President Donald J. Trump made an unscheduled visit to Arlington National Cemetery on Saturday during National Wreaths Across America Day. The president's motorcade stopped at Section 60 where Trump walked among the headstones speaking with a guide and two uniformed service personnel. Trump was overheard saying, "They're doing a great job," and later he briefly commented on the planned expansion of the cemetery.

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6.3 - KAMR-TV: [Point-In-Time Count Show Significant Decrease in Veteran Homelessness](#) (17 December, Kaley Green, 42k uvm; Amarillo, TX)

A release from the Office of Public and Intergovernmental Affairs in Washington, D.C. said nationwide, Veteran homelessness has decreased by nearly 50% since 2010. That is according to U.S. Housing and Urban Development (HUD) Secretary, Ben Carson. In Amarillo, estimates from a Point-In-Time (PIT) count show Veteran homelessness is down 26% from last year. The Thomas E. Creek VA Medical Center in Amarillo is working closely with the City of Amarillo and other community organizations to end veteran homelessness by hitting the streets and meeting people where they are.

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6.4 - KSNT-TV: [Salvation Army program housing homeless veterans](#) (17 December, Willis Scott, 37k uvm; Topeka, KS)

On any given night in America roughly 40-thousand veterans are homeless. One man at the Topeka Salvation Army has made it his mission to reduce that number in Kansas. Jason Clark spends a lot of time on the road for his job. "I just drive around eastern Kansas trying to get ahold of homeless veterans and trying to get them housed," Clark said. As a part of the Salvation Army's Supportive Services for Veteran Families Program, he searches out homeless veterans to offer them support. Many of the vets have stories similar to his own.

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6.5 - Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year. As the rain continued, visitors at the cemetery trudged through standing water and mud, their feet sinking into the soil, their shoes and socks getting soaked and dirty.

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6.6 - Marietta Times: [Wreaths remember soldiers lost](#) (17 December, 11k uvm; Marietta, OH)

Several local organizations participated Saturday in a yearly nationwide program to honor and remember fallen servicemembers with a decorative wreath marking the holiday season. Wreaths Across America began in 1992 with a trailer load of wreaths, decorated by volunteers and laid at the graves of fallen soldiers at Arlington National Cemetery. It has now become a national organization with more than 900 participating locations focused on the mission to remember, honor and teach.

[Hyperlink to Above](#)

6.7 - The Journal Tribune: [Remember, honor, teach: Wreaths laid at veterans cemetery](#) (17 December, Tammy Wells, 11k uvm; Biddeford, ME)

Mary Waterhouse, her daughter Mariette and two granddaughters, Leah and Olivia Roberge came to Southern Maine Veterans Cemetery lay a wreath on their loved one's headstone on Saturday, as did scores of others. Mary's husband James, who served in the U.S. Army, passed away in 2014. "This year, we decided we wanted to honor him and all the veterans, and be part of this ceremony," said Waterhouse, of Acton.

[Hyperlink to Above](#)

6.8 - Gettysburg Times: [Wreaths Across America event at East Berlin cemetery](#) (17

December, John Armstrong, 9k uvm; Gettysburg, PA)

Volunteers braved the inclement weather Saturday to place wreaths on graves of veterans of conflicts from the American Revolution to the Vietnam War in East Berlin's Union Cemetery as part of the "Wreaths Across America" ceremony. "Wreaths Across America" is a program honoring veterans through wreath-laying ceremonies at Arlington National Cemetery, as well as at more than 1,400 additional locations in all 50 U.S. states, at sea and abroad.

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6.9 - The Gazette-Virginian: [Rain doesn't dampen Virgilina wreath laying ceremony](#) (17

December; South Boston, VA)

A tribute that began in the Virgilina community years ago continued at noon Saturday when citizens participated in a wreath laying ceremony to honor veterans as part of Wreaths Across America. Although the ceremony was moved from Virgilina Cemetery to a nearby church due to the falling rain, that did not diminish the meaning of the wreath laying event as a youth group from Florence Avenue Baptist and Union Christian Church joined members of the Virgilina Women's Club to prepare the wreaths to be laid at the cemetery.

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6.10 - Ripon Advance: [Barr wants to ensure U.S. student veterans receive proper educational housing benefits](#) (17 December, 2k uvm; Washington, DC)

U.S. Rep. Andy Barr (R-KY) last week unveiled bipartisan legislation that would rectify how the U.S. Department of Veterans Affairs (VA) reimburses America's student veterans for housing benefits under the GI Bill. The Forever GI Bill Housing Payment Fulfillment Act of 2018, H.R. 7273, which Rep. Barr sponsored on Dec. 12, would authorize the U.S. VA Secretary to establish a team to address the difficulties the VA has had in making federally required educational housing benefit payments to military veterans attending institutions of higher education, according to the text of the bill.

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7. [Other](#)

7.1 - Military.com (Military Update): [VA Offers New Mental Health Claims Tool](#) (17

December, 1.6M uvm; San Francisco, CA)

Department of Veterans Affairs (VA) mental health claims can now be verified faster and easier thanks to the Official Military Activities Report (OMAR) , which is a new tool that allows VA employees quick access to significant activity (SIGACT) data used to verify combat and other military participation in what could be considered stressful events. The database currently includes approximately 250,000 significant events in Iraq and around 500,000 events in Afghanistan. Thanks to OMAR, the claims development process time is reduced by an average of 60 days. For more information, read the VA Vantage Point Blog.

[Hyperlink to Above](#)

7.2 - The Times-Picayune: [An Army vet in crisis. A family calls for help. What happened next, shouldn't have.](#) (17 December, Jonathan Bullington, 97k uvm;New Orleans, LA)

Crouched in a ball in her family's living room, her hands covering her ears, Natalie Wilson was certain she was about to die. Each gunshot sounded more like an explosion, seemingly dozens of them, filling the room with the smell of burnt gunpowder. Through the chaos she heard her son Preston, a 29-year-old U.S. Army veteran, shout his surrender as he retreated, gun in hand, into the guest bedroom. Out of the corner of her eye, she could see one of the sheriff's deputies crawling toward the side door while another deputy screamed in his radio for help.

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1. [Top Stories](#)

1.1 - Stars and Stripes: [VA leaves nearly \\$5 million unused in 2018 campaign to battle suicide, watchdog finds](#) (17 December, Nikki Wentling, 300k uvm; Washington, DC)

A federal investigation found the money and effort expended by the Department of Veterans Affairs on suicide prevention outreach dropped significantly in 2017 and 2018, despite it being touted by the past two VA secretaries as their top clinical priority.

Following a yearlong investigation, the Government Accountability Office reported Monday that the VA has cut back since 2016 on suicide prevention outreach. Of the \$6.2 million budget obligated for suicide prevention outreach in fiscal year 2018, the agency had spent only \$57,000, or less than 1 percent, by September. Agency officials told investigators they would end up spending a total \$1.5 million by Oct. 1, the end of the fiscal year. The remainder, \$4.7 million, went unused.

The number of social media posts, public service announcements, billboards, and radio, bus, Facebook and print advertisements declined in 2017 and 2018, as did the effort on suicide prevention month.

“VA has stated that preventing veteran suicide is its top clinical priority, yet [the Veterans Health Administration’s] lack of leadership attention to its suicide prevention media outreach campaign in recent years has resulted in less outreach to veterans,” the GAO report states.

Suicide among veterans is disproportionately higher than the rest of the U.S. population, with an estimated 20 veterans dying by suicide each day, according to VA data. Among veterans younger than 35, the number of suicides has increased substantially in recent years.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans’ Affairs, requested the GAO investigation. He said Monday that the findings conveyed “a deeply troubling level of incompetence” by President Donald Trump’s administration.

“At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis,” he said in a statement. “Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority.”

The VA had increased its suicide prevention outreach efforts from 2013 to 2016.

Its social media posts about suicide prevention had grown to 339 in 2016. In 2017, it dropped to 157 posts. During the first 10 months of 2018, the VA posted about suicide prevention just 47 times.

Starting in June 2012, the VA consistently aired suicide prevention PSAs every month, either on the television or radio. When GAO investigators looked into the issue in August 2018, the VA hadn’t aired a PSA in over a year.

The agency also stopped using its budget for suicide prevention ads.

In fiscal year 2015, the VA had a suicide prevention media budget of \$4 million. With that, the agency ran 58 online advertisements and bought 30 billboards, 180 bus ads, 19,000 radio ads, 252 print ads and 39 PSAs.

Comparatively, the VA used only a small portion of its budget in fiscal year 2018 to purchase 25 online ads, 20 billboards and eight radio advertisements.

In 2017, the VA had a budget of \$1.7 million for suicide prevention and other mental health outreach. The VA spent about \$136,000, or less than 10 percent, on suicide prevention. Also in 2017, the VA had a “limited effort” for suicide prevention month in September because they didn’t prepare, the GAO found.

The VA blamed leadership vacancies for the downturn.

The position of national director for suicide prevention was vacant for nine months following the resignation of the former director, Caitlin Thompson, in July 2017. The VA hired a new director, Keita Franklin, in April.

“Officials reported not having leadership available for a period of time to make decisions about the suicide prevention media outreach campaign,” the report states. “GAO found that [VA] did not assign key leadership responsibilities or establish clear lines of reporting, and as a result, its ability to oversee the outreach campaign was hindered. Consequently, [the VA] may not be maximizing its reach with suicide prevention media content to veterans, especially those who are at-risk.”

In a letter responding to the report, VA Secretary Robert Wilkie reasserted his commitment to suicide prevention outreach.

“Every death by suicide is a tragedy, and we will not relent in our efforts to connect veterans in need with lifesaving support,” the response reads.

VA officials acknowledged “organizational transitions and realignments” created confusion from mid-2017 to mid-2018, but they claimed there has since been significant improvements.

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1.2 - Newsmax: [GAO Report: VA Underspends on Vets' Suicide Prevention](#) (17 December, Cathy Burke, 500k; West Palm Beach, FL)

The Department of Veterans Affairs dramatically cut back on suicide prevention outreach in the past two years even as veterans' suicide rates continued to soar, Stars and Stripes reported.

Citing findings of a Government Accountability Office investigation, of the \$6.2 million budget mandated for suicide prevention outreach in fiscal year 2018, the agency spent \$57,000 — less than 1 percent — by September. Agency officials told investigators they would spend a total \$1.5 million by Oct. 1, the end of the fiscal year, with the remaining \$4.7 million going unused, the news outlet reported.

In 2017, the VA had a budget of \$1.7 million for suicide prevention and other mental health outreach, but spent about \$136,000, or less than 10 percent, on suicide prevention. Also in 2017, the VA had a "limited effort" for suicide prevention month in September because they did not prepare, the GAO found.

The number of social media posts, public service announcements, billboards, and radio, bus, Facebook and print ads also dropped in 2017 and 2018.

"VA has stated that preventing veteran suicide is its top clinical priority, yet [the Veterans Health Administration's] lack of leadership attention to its suicide prevention media outreach campaign in recent years has resulted in less outreach to veterans," the GAO report stated, Stars and Stripes reported.

An estimated 20 veterans die by suicide each day, according to VA data — disproportionately higher than the rest of the U.S. population — Stars and Stripes reported. Among veterans younger than 35, the number has increased substantially.

"VA should be doing everything in its power to inform the public about the resources available to veterans in crisis," Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs who requested the GAO probe, said in a statement. "Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority."

The VA blamed leadership vacancies for the downturn, saying "organizational transitions and realignments" created confusion from mid-2017 to mid-2018, but claimed there has been significant improvements, the news outlet reported.

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1.3 - Federal Computer Week: [My HealtheVet turns 15](#) (17 December, Adam Mazmanian, 80k uvm; McLean, VA)

The online patient portal for the Department of Veterans Affairs celebrated its 15th birthday this Veteran's Day. When My HealtheVet launched in 2003, the site was on the cutting edge compared to other government online offerings and even fairly novel regarding of what large health systems offered patients in terms of access to records.

Now, My HealtheVet is embedded in the architecture of the VA. The service is linked from the newly redesigned VA homepage and essentially serves as the front door to patient care. VA patients can use the tool to schedule appointments, refill prescriptions, send secure emails to health care providers and download and share health records and even medical imaging files and associated reports. The My HealtheVet is one of three credentials -- along with the Defense Department's DS Logon and ID.me -- that veterans can use to sign into online VA services.

My HealtheVet has attracted 4.5 million users since its launch, and more than half of VA patients have registered. The site is responsible for more than 40 percent of VA's total web traffic and generated more than 60 million sessions in fiscal year 2018.

"Our biggest accomplishment, I think, is serving as the voice of the veterans, giving them a stake in their care," said Theresa Hancock, who has served as director of My HealtheVet in the Veterans Health Administration for more than 10 years. The service is a "disruptor" that

"responded to [veterans'] needs ... by removing the hospital walls and being able to deliver care where and when they wanted it, which opened the door to mobile and telehealth."

Hancock said the future will include more personalization, the ability to delegate access to relatives and health care proxies and improve connections between the data in My HealtheVet and community providers.

"Community care is different," Hancock said. "We're not there yet, system-to-system, but that is something that is in the pipeline to be worked."

The My HealtheVet team recently conducted a pilot with the U.S. Postal Service in a testing environment to conduct exchanges of health records for veterans who work in the USPS.

The MyHealtheVet service will continue even as VA transitions from its homegrown Vista medical record to a commercial system acquired from Cerner -- a 10-year national system migration that is expected to cost \$16 billion.

An effort to see how My HealtheVet meshes with Cerner is in the early stages.

"It's in several phases. The first is to modernize through VA.gov and digital modernization. Then we're working hand-in-hand with Cerner to do a gap analysis of what we have, what they have,"

Hancock said. "We've been working with them and will continue to do so, along with VA.gov, so that it will be seamless to the veterans, with minimal disruption."

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1.4 - San Marcos Corridor News: [Study Shows VA Hospitals Outperform Private Hospitals Under New Trump Administration](#) (17 December, San Marcos, CA)

According to an independent Dartmouth study recently published this week in Annals of Internal Medicine, Department of Veterans Affairs (VA) hospitals outperform private hospitals in most health care markets throughout the country.

"This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," said VA Secretary Robert Wilkie. "It validates the strong work we're doing for Veterans under President Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

Dartmouth researchers assessed 121 regional health care markets with at least one VA facility and one non-VA hospital in conjunction with Hospital Compare data, a public database that ranks hospitals on quality measures like mortality rates and patient safety indicators.

According to the findings, VA hospitals provided the best care in most referral regions and rarely provided inadequate care. VHA hospitals provided the best care in most referral regions and rarely provided the worst care. VHA hospitals provided the best care in most referral regions and rarely provided the worst care.

One of the most notable findings in the study showed VA hospitals were the best or above average for treating heart attacks, heart failure and pneumonia. Additionally, VA ranked best in local markets at least half the time for measures including death rates among patients with serious complications after surgery; collapsed lung due to medical treatment; broken hip from a fall after surgery; and bloodstream infections after surgery.

While VA supports most of the study's findings, the agency does not agree with the authors' stance on community care, which ignores the fact that for decades it has served as a vital tool for ensuring VA has the ability to provide Veterans the best, most timely health care possible, and that it enjoys strong bipartisan support, as evidenced by passage of the MISSION Act.

VA has been offering community care since the World War II era, starting with the then-Veterans Administration's Hometown Program that began in 1945. Former Secretary David Shulkin was a staunch advocate for community care and sought to increase its role at VA, arguing that competition with private providers is necessary for VA facilities to improve continuously. Former Secretary Bob McDonald also underscored the importance of this option for Veterans.

To learn more about the study visit <http://annals.org/aim/fullarticle/2718687/veterans-health-administration-hospitals-outperform-non-veterans-health-administration-hospitals>.

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2. Improving Customer Service

2.1 - Revcycle Intelligence: [VA Hospitals Outperform Private Hospitals in Most Areas](#) (17 December, Jacqueline LaPointe, 34k uvm; Danvers, MA)

A new study by the Dartmouth Institute for Health Policy and Clinical Practice shows that Department of Veterans Affairs (VA) hospitals are providing care as good as or better than their peers in the private sector.

"This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," VA Secretary Robert Wilkie stated in an official press release. "It validates the strong work we're doing for Veterans under President Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

The Veterans Health Administration within the VA is the largest integrated health system in the country, providing care at over 1,200 healthcare facilities. The system includes 172 medical centers and 1,062 outpatient sites of care.

Altogether, VA hospitals and facilities serve 9 million veterans each year.

But being the largest does not necessarily mean it is the best. Patients, policymakers, and other healthcare stakeholders have questioned the quality of care delivered by providers at VA healthcare facilities.

For example, veterans had to wait up to 81 days for treatment under a VA healthcare program designed to reduce wait times to under 30 days, a 2017 Government Accountability Office (GAO) report showed. That same year, the VA's Office of Inspector General (OIG) also revealed that appointment wait times were longer than the agency was reporting because of inaccurate data.

More recently, the VA has faced issues with the physical environments of its healthcare facilities. A November 2018 report from the GAO showed that the Veterans Health Administration did not have adequate measures to assess if a healthcare facility was in good working order.

Researchers at Dartmouth and the White River Junction VA Medical Center in Vermont aimed to determine if the largest integrated health system in the country delivered care as well as private hospitals.

"We wanted to take a closer look at local healthcare markets and specific health conditions because if you're a veteran deciding where to seek treatment what you're really concerned with are the outcomes at your local VA," Dartmouth Institute Professor William Weeks, MD, PhD, MBA, said in a press release.

Weeks and his colleagues analyzed 121 regional healthcare markets with at least one VA facility and one non-VA hospital. They compared data from Medicare's Hospital Compare website, a public database that ranks hospitals based on their performance on quality metrics, like mortality rates and patient safety indicators.

The study recently published in the *Annals of Internal Medicine* revealed that VA hospitals provided the best care in most referral regions and rarely provided the worst care. Notably, VA hospitals ranked as the best or above average for treating heart attacks, heart failure, and pneumonia.

VA hospitals also outperformed their private sector counterparts at least half of the time on certain measures, including death rates among patients with serious complications after surgery, collapsed lung due to medical treatment, broken hip from a fall after surgery, and bloodstream infections after surgery.

"Our findings suggest that, despite some recent negative reports, the VA generally provides truly excellent care," Weeks stated. "If that is the case, outsourcing VA care to non-VA settings solely for patient convenience should be reconsidered."

The VA has been pushing for additional outsourcing of care for veterans through programs like the Veterans Choice Program, which the agency designed to ensure veterans could access timely care when VA hospitals have long wait times or the nearest VA facility was too far away.

"No healthcare provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors," said former VA Secretary David Shulkin in 2017.

In response to the Dartmouth study, the VA reaffirmed its stance on outsourcing care to the community.

"While VA supports most of the study's findings, the agency does not agree with the authors' stance on community care, which ignores the fact that for decades it has served as a vital tool for ensuring VA has the ability to provide Veterans the best, most timely health care possible, and that it enjoys strong bipartisan support, as evidenced by passage of the MISSION Act," the federal department explained in the press release.

"VA has been offering community care since the World War II era, starting with the then-Veterans Administration's Hometown Program that began in 1945. Former Secretary David Shulkin was a staunch advocate for community care and sought to increase its role at VA, arguing that competition with private providers is necessary for VA facilities to improve continuously."

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2.2 - Tomah Journal: [Tomah VA holding La Crosse open house to talk Farnam Street program](#) (17 December, Jourdan Vian, 88k uvm; Tomah, WI)

Tomah Veterans Affairs Medical Center will hold an open house from 6 to 8 p.m. Tuesday at the American Legion Post 52, 711 S. Sixth St.

Staff members from the Tomah VA Medical Center will talk about the VA's compensated work therapy transitional residence program and veterans will be there to share their experiences. The organization hopes to answer more questions as it works to expand the program into the home of Dave and Barb Erickson on Farnam Street on La Crosse's South Side.

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2.3 - WSIL-TV: [Habitat for Humanity builds home for veteran](#) (17 December, Joe Ragusa, 24k uvm; Carterville, IL)

Habitat For Humanity has completed a home for a local veteran.

Chris Adams served tours in Iraq and Afghanistan. Now he works for the Marion VA as a housekeeper, but he's also homeless. Several groups helped get the home built for Chris and despite a few delays, he's glad he'll have a home for the holidays.

"I don't even know how to express my gratitude," Adams said. "This is weird. I've never been in a new place like this. It's going to take a while for it to sink in and kind of be like, 'This is mine.'"

Adams, his partner and his two daughters, ages 2 and 4, plan to move in Monday night.

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2.4 - WSIL-TV: [Thompsonville students give veterans Christmas cards](#) (17 December, Brooke Schlyer, 24k uvm; Carterville, IL)

A group of Thompsonville 8th graders spread some holiday cheer by hand delivering Christmas cards to more than 100 veterans at the Marion VA Monday.

One of those veterans is Marion native, Bobby Hodge, who traveled across the globe during his time in the Navy.

"I was assigned to the first guided missile ship that the county had made, and all we did was go and show off our missiles," he laughs.

This Christmas, Hodge will be at the Marion VA's Community Living Center (CLC) recovering from his second knee replacement in just nine months. "I'm very fortunate that I'm not that ill, I'm just having some body reconstruction," he explains.

Student Karley Jones helped deliver the cards to veterans like Hodge.

The 13 year old says she's participated in the event for two years in a row, "It's just really heart touching because you would try so hard not to cry but sometimes you just couldn't stop it."

Her favorite part was meeting the youngest patient at the CLC, an Air Force veteran who was diagnosed with Multiple Sclerosis. He was the first veteran to meet the students and was able to thank them for their time.

With each Christmas card, students also handed out socks to veterans or handkerchiefs to amputees. Benton VFW's Commander Gary Fravel, who was a teacher at Thompsonville, started the tradition more than 10 years ago. He says gifting socks is something only a veteran can truly understand.

"Whether you served in the jungles and your feet were wet all the time, or you were in Europe and your feet were cold all the time," Fravel explains. "Or in the desert and full of sand all the time. A pair of warm, dry, clean socks just mean a lot."

However, the smiles and appreciation could be understood and seen by all.

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2.5 - DVIDS: [Taylor sees mission-focused, mission-driven mindset at Dorn VA Medical Center](#) (17 December, Jennifer Scales)

Deputy Director for Veterans Affairs Voluntary Service, Prince Taylor, recently made a special visit to the Wm. Jennings Bryan Dorn Veterans Affairs Medical Center. Taylor, in his new position, supports the goals of the director of VA Voluntary Service, Sabrina Clark.

"I also oversee special programs in the VA, such as the Technical Career Field (TCF) program for Voluntary Service; caregiver programs; and the Intimate Partner Violence program."

Taylor had great things to say about the Voluntary Service program in the Columbia VA Health Care System and all its supporting facets during his visit.

"I originally came to see the charity ride and even though it was cancelled, I was able to witness firsthand the remarkable work and partnerships done between the VA and the community," Taylor said.

With the charity ride falling under the purview of Voluntary Service, Taylor saw much more beyond that. "This is more like a community event," he said. "I have seen active duty military, retirees, active federal civilians and others who enjoy sharing and caring about the Veterans. This event was sold to me in a different way, so I wasn't expecting what I witnessed and heard first hand. This is so much bigger. The passion here that I have seen is incredible."

Taylor stated that an event such as this should be portable throughout the VA.

Anyone not here would have to witness it for themselves, he added.

"There were no strangers here as they came together for this event," Taylor began. "Even though they may work in different offices, or areas of the city, or from different military branches, they all wanted to be called by their first name. To me, that says a lot. Their focus and reason for being here was not about the position they hold where they come from...it was more about what they could do for each other and the Veterans."

Taylor also extended his gratitude to Veterans. "Thank you for your service, as we exist here in the VA to serve you now. We want to be the place where you want to come, your first choice to be exact," Taylor said.

Not leaving out the employees, Taylor's message was also one of thanks. "Thanks to all the employees for everything you do to help accomplish the mission of the VA."

He continued by saying, "It's easy to think of this as job instead of a mission. But for the vast majority of persons working here in the Columbia VA Health Care System, I have seen that their work is mission-focused, mission-driven."

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Tampa Bay Times: [News at Noon: A veteran's suicide note blasts the VA; 'Salvage Santa' helps Panama City; and more](#) (17 December, Gabrielle Calise, 370k uvm; Tampa Bay, FL)

Here's the top five stories at noon.

Jim Turner, a retired Marine colonel, took his life at the Bay Pines VA campus. He was the 5th veteran to do so since 2013

On Dec. 10, retired Marine Col. Jim Turner put on his dress uniform and medals and drove to the Bay Pines Department of Veterans Affairs complex. He got out of his truck, sat down on top

of his military records and took his own life with a rifle. Aside from leaving behind grieving family and friends, Turner, 55, of Belleair Bluffs, left behind a suicide note that blasted the VA for what he said was its failure to help him.

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[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - KWTW-TV: [Holiday Meals for Homeless Veterans \(VIDEO\)](#) (17 December, 154k uvm; Oklahoma City, OK)

The broadcast outlet featured a 2:24 minute video of Homeless Veterans receiving holiday meals.

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6.2 - InsideNoVa.com: [Thousands place wreaths at Arlington National Cemetery](#) (17 December, Marty Van Duyne, 79k uvm; Leesburg, VA)

President Donald J. Trump made an unscheduled visit to Arlington National Cemetery on Saturday during National Wreaths Across America Day.

The president's motorcade stopped at Section 60 where Trump walked among the headstones speaking with a guide and two uniformed service personnel.

Trump was overheard saying, "They're doing a great job," and later he briefly commented on the planned expansion of the cemetery.

About 58,000 people entered the gates of the cemetery at 8 a.m. to participate in the 2018 event to honor the fallen and most had left the cemetery by early afternoon before Trump's 2:15 p.m. arrival.

Wreaths Across America founder and executive director, respectively, Morrill and Karen Worcester, joined chairman of the board Wayne Hanson for an early morning opening ceremony at the McClellan Gate.

Organizers reminded the wreath layers that some of those interred at Arlington may not have had their name spoken since last year's Christmas wreath laying.

Volunteers were instructed to "say the name" of the person as they lay the wreath at the headstone and were reminded that although a person dies, they are remembered as long as someone says their name.

Gold Star mother Janice Chance — whose son, Marine Capt. Jesse Melton III, was killed just before his 30th birthday in 2008 during Enduring Freedom combat operations in Afghanistan — addressed other Gold Star families recognized at the ceremony.

Her husband, the Rev. Charlton Chance, gave the invocation and Robert McCurdy with the Friendly Sons of Saint Patrick played "Amazing Grace" on his bagpipes.

Volunteers traversed the 624-acre final resting grounds leaving a Christmas wreath adorned with a red bow on each of the gravesites in the revered garden of stones.

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6.3 - KAMR-TV: [Point-In-Time Count Show Significant Decrease in Veteran Homelessness](#)
(17 December, Kaley Green, 42k uvm; Amarillo, TX)

A release from the Office of Public and Intergovernmental Affairs in Washington, D.C. said nationwide, Veteran homelessness has decreased by nearly 50% since 2010.

That is according to U.S. Housing and Urban Development (HUD) Secretary, Ben Carson.

In Amarillo, estimates from a Point-In-Time (PIT) count show Veteran homelessness is down 26% from last year.

The Thomas E. Creek VA Medical Center in Amarillo is working closely with the City of Amarillo and other community organizations to end veteran homelessness by hitting the streets and meeting people where they are.

"Help the veteran get housed first and then come in with intensive, supportive case management," said Teena Hall, VA Housing First Coordinator. "We partner, of course, with the mental health department, substance use disorders, all the different departments in the VA to provide wraparound services for our Veterans."

HUD has no offices in Amarillo, but the VA, the CoC, and Panhandle Community Services are public housing authorities, meaning they are able to help funnel HUD-Veterans Affairs Supportive Housing Vouchers (HUD-VASH) and rental assistance to those in need of long-term stability.

"We work very closely with the VA," said Juliana Kitten, City of Amarillo Director of Community Development. "They're the ones bringing in the referrals, and another key component of this is that these vouchers, we understand that sometimes the first unit's not going to work out. So they don't get discharged out of HUD. What happens is we try to work with them to try to find a better place for them, a better fit, because we're committed to the person. We're not committed to the voucher."

However, not all Veterans are eligible for care through the VA or HUD-VASH. That is where organizations like Vetstar come in. It is a non-profit based in Lubbock and has been in Amarillo since Nov. 2016.

Since then, they have housed 200 Veterans and their families. They said rapid housing is the key to success.

"We provide the foundation, which is application fees, deposits, rent, then we ramp them into other services, hopefully where they can become self-sufficient," said Chris Israel, Vetstar Veteran Case Manager.

It is important to note the PIT count showing the 26% decrease in Veteran homelessness is taken on just one night of the year, meaning the number might not necessarily be representative of the homeless Veteran population overall in Amarillo.

Hall said another count will be taken in January.

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6.4 - KSNT-TV: [Salvation Army program housing homeless veterans](#) (17 December, Willis Scott, 37k uvm; Topeka, KS)

On any given night in America roughly 40-thousand veterans are homeless. One man at the Topeka Salvation Army has made it his mission to reduce that number in Kansas.

Jason Clark spends a lot of time on the road for his job.

"I just drive around eastern Kansas trying to get ahold of homeless veterans and trying to get them housed," Clark said.

As a part of the Salvation Army's Supportive Services for Veteran Families Program, he searches out homeless veterans to offer them support. Many of the vets have stories similar to his own.

"I was in the army, loved it, was going to make a career out of it," Clark said. "And then I was in multiple IEDs."

He was homeless for a year and a half as he struggled with the effects of a traumatic brain injury.

"I ended up doing what a lot do is I found my answers in the bottom of a bottle and fighting people," Clark said.

Older veterans from a VFW helped him get back on his feet. Now he's paying it forward by helping others get off the streets too.

Tim Moore is a case manager with Supportive Services for Veteran Families. He said housing is the first step to a new life for many veterans.

"Our whole goal is housing first, which means we try to get them into a house and off the street as quickly as possible," Moore said.

Clark said they focus on giving to those who have given for us.

"It's important for us to help these people, because they've served and a lot of times they need that extra step to get back and transition into life," Clark said.

Supportive Services for Veteran Families pays for veteran's rent with a grant from the VA. Moore said they are always looking for landlords who want to participate in their program.

To find out more about the program click [here](#). The number for the Topeka Salvation Army is 785-233-9648.

For immediate mental health support, you can call the Veterans Crisis Line at 1-800-273-8255.

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6.5 - Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year.

As the rain continued, visitors at the cemetery trudged through standing water and mud, their feet sinking into the soil, their shoes and socks getting soaked and dirty.

But the wet conditions didn't deter volunteers from placing Christmas wreaths on the graves of veterans as part of the annual Wreaths Across America, a nationwide event held each December at Arlington National Cemetery and more than 1,400 other locations across the country and around the world. The local event is sponsored by the Winchester Squadron of the Civil Air Patrol (CAP)

"All gave some. Some gave their all," squadron 1st Lt. Don Garrett said during a ceremony for the local wreath-laying. "The freedoms we enjoy today have not come ... without a price."

Americans should be forever grateful for their sacrifices, he said.

"We are honored to have known you," he continued, directing his words toward the deceased. "We shall not forget you."

A lengthy moment of silence was held in remembrance of them.

Garrett urged people to thank current and former armed forces members for their service and sacrifices on behalf of the nation.

Operated by the U.S. Department of Veterans Affairs, Winchester National Cemetery at 401 National Ave. contains the graves of 5,561 service members. It is full and not accepting new burials.

This year, the CAP was only able to place wreaths on 1,908 graves in the cemetery, Garrett said, because of a lack of donated funds. He said each wreath costs \$15.

At least 100 people braved the elements to attend Saturday's event. Many carried umbrellas. Others just got wet.

"We're all proud to be Americans," Garrett told the attendees.

Among those participating in the event were other Civil Air Patrol members and young people in the United States Naval Sea Cadet Corps based in Loudoun County.

An honor guard presented the colors. The event concluded with the playing of taps by 1st Lt. Wayne Schneider.

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6.6 - Marietta Times: [Wreaths remember soldiers lost](#) (17 December, 11k uvm; Marietta, OH)

Several local organizations participated Saturday in a yearly nationwide program to honor and remember fallen servicemembers with a decorative wreath marking the holiday season.

Wreaths Across America began in 1992 with a trailer load of wreaths, decorated by volunteers and laid at the graves of fallen soldiers at Arlington National Cemetery. It has now become a national organization with more than 900 participating locations focused on the mission to remember, honor and teach.

In Belpre, members of American Legion Post 495 conducted a ceremony at 11 a.m. Saturday at the historic Cedarville Cemetery.

Don Ery, organizer of Saturday's ceremony for Post 495, said it was the eighth year the post has conducted the Wreaths Across America at Cedarville and was the last thing it was doing as an American Legion post.

In November, Post 495 announced it was closing after over 80 years in the Belpre community.

"This is Post 495's last day, actually," he said Saturday morning. "When we finish here, we are going down to the post and strike the colors down there."

Ery said most of Post 495's members have chosen to join other Legion posts in the area, but the group will still be active in Belpre.

"We're also starting a Belpre area veterans association that the members will join. It's going to be much less formal than the American Legion but we are going to continue to do these ceremonies and we have the Honor Walk at Howes Grove Park that we're going to continue to take care of," hesaid.

At noon, a wreath was placed at the Gold Star Memorial at Spencer's Landing in Vienna with Mayor Randy Rapp in attendance. Also attending was Rick Raab of Parkersburg, one of the local veterans featured on the Gold Star Memorial.

In Parkersburg at City Park, members of the Parkersburg Squadron Civil Air Patrol gathered at noon Saturday to join with others across the country as part of the Wreaths Across America project. They place wreaths at the various veterans memorials located next to the pond in City Park.

"It is a little nerve-wracking to lay the wreaths at the memorials," said Camden Westfall, 15, a member of the Parkersburg Squadron Civil Air Patrol.

"Remembering and honoring our veterans is a big deal, especially to me, and I am glad to have participated in this ceremony," he said.

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6.7 - The Journal Tribune: [Remember, honor, teach: Wreaths laid at veterans cemetery](#)
(17 December, Tammy Wells, 11k uvm; Biddeford, ME)

Mary Waterhouse, her daughter Mariette and two granddaughters, Leah and Olivia Roberge came to Southern Maine Veterans Cemetery lay a wreath on their loved one's headstone on Saturday, as did scores of others.

Mary's husband James, who served in the U.S. Army, passed away in 2014.

"This year, we decided we wanted to honor him and all the veterans, and be part of this ceremony," said Waterhouse, of Acton. She said when she and her husband had to make decisions toward the end of his life, they were glad that the veterans cemetery in Springvale –so close to home – had been built. The closest other is in the middle of the state – a long way from home.

Her family and many others with loved ones buried in the cemetery or those who just wanted to help were on hand for the brief, heartfelt ceremony, and then quietly placed wreaths on the white marble headstones.

Saturday was Wreaths Across America Day. Hosted by Rolling Thunder, the ceremony drew participants from veterans organizations, scouting troops, ROTC, and many others.

Ringling the committal shelter where the ceremony was held were members of service organization, families, Cub and Boy scouts, members of the Massabesic Naval Junior ROTC program and others, solemnly holding America flags.

Rolling Thunder President Paul LeBlanc told those gathered that more than 1,100 similar ceremonies were taking place in veterans cemeteries all over the country and at Arlington National Cemetery in Virginia.

Wreaths Across America's motto is "remember, honor, teach."

"We are here today not to remember their deaths, but to remember their lives," said LeBlanc.

Those representing each branch of the military service – U.S. Army, Air Force, Navy, Marines, Coast Guard and Merchant Marine, placed a ceremonial wreath.

Accompanying Sanford World War II veteran and former prisoner of War Leon Tanguay as they placed a wreath was Vicki Uzzle of Eliot, whose father, Woodrow Wilson "Corky" White fought in World War II. She is searching for his remains. What is known now – but wasn't known in 1944 because a letter to the family home somehow got lost – is that White's remains washed up on the beach at Anzio, according to the letter, found unopened in the house ears later when someone was undertaking renovations. She said the letter was from the chaplain, asking his family whether they wanted his remains to be shipped home to America or buried locally.

Uzzle was a baby at the time.

"I've been trying to find his remains for the past couple of years," she said following the ceremonies.

As the ceremonial wreaths were laid, David Foster sounded 'Amazing Grace, on the bagpipes.

Speakers included Ron Rivard of the Southern Maine Veterans Cemetery Memorial Committee and Sanford Deputy Mayor Luke Lanigan.

"We are here to say 'thank you' and we are honored to serve you," said Rivard.

"Freedom has a cost, and we take time today to show our respect and honor our fallen," said Lanigan, who told those assembled that one of his sons has made the commitment to join the military.

Jessica Johnson and her son Julian Truitt played 'Taps.'

Then, quietly and respectfully, the wreath laying began.

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6.8 - Gettysburg Times: [Wreaths Across America event at East Berlin cemetery](#) (17 December, John Armstrong, 9k uvm; Gettysburg, PA)

Volunteers braved the inclement weather Saturday to place wreaths on graves of veterans of conflicts from the American Revolution to the Vietnam War in East Berlin's Union Cemetery as part of the "Wreaths Across America" ceremony. "Wreaths Across America" is a program honoring veterans through wreath-laying ceremonies at Arlington National Cemetery, as well as at more than 1,400 additional locations in all 50 U.S. states, at sea and abroad.

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6.9 - The Gazette-Virginian: [Rain doesn't dampen Virgilina wreath laying ceremony](#) (17 December; South Boston, VA)

A tribute that began in the Virgilina community years ago continued at noon Saturday when citizens participated in a wreath laying ceremony to honor veterans as part of Wreaths Across America.

Although the ceremony was moved from Virgilina Cemetery to a nearby church due to the falling rain, that did not diminish the meaning of the wreath laying event as a youth group from Florence Avenue Baptist and Union Christian Church joined members of the Virgilina Women's Club to prepare the wreaths to be laid at the cemetery.

In addition to the youth and members of the Virgilina Women's Club, others who helped make the wreath laying possible were Fannie Mae Tuck and Mr. and Mrs. Mark Nunn, who supplied the wreaths.

Wreaths Across America now has expanded to all 50 states as an event to remember veterans, both alive and deceased who have made sacrifices for their nation.

Wreaths Across America traditionally lays wreaths on the third Saturday in December.

As part of Wreaths Across America, the wreath laying ceremony is organized to bring a sense of pride and gratitude to area veterans, organizers say.

Wreaths Across America is a worldwide organization that organizes events such as the one held in Virgilina Saturday. The organization is best known for its work at Arlington National Cemetery.

Eagle Scout Payne Atkins Nunn spearheaded the local wreath laying ceremony in December seven years ago to complete his Eagle Scout requirements.

At that time, Nunn said he organized the ceremony in hopes of bringing a sense of pride and gratitude to area veterans.

The ceremony is held each year at noon on a Saturday in December at the same time the ceremony starts at National Cemetery in Arlington when a wreath is placed on every one of the veterans' graves.

In addition to laying wreaths, a history of the ceremony is shared each year with the names of each veteran being read.

Since the community began holding the wreath laying ceremony seven years ago, a sense of pride has been instilled in Virgilina residents for the veterans' service to the country.

Virgilina Cemetery is an official location for the wreath laying event each year.

The Virgilina Cemetery also holds a Memorial Day service each year, and now the wreath laying ceremony has become the community's December tradition.

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6.10 - Ripon Advance: [Barr wants to ensure U.S. student veterans receive proper educational housing benefits](#) (17 December, 2k uvm; Washington, DC)

U.S. Rep. Andy Barr (R-KY) last week unveiled bipartisan legislation that would rectify how the U.S. Department of Veterans Affairs (VA) reimburses America's student veterans for housing benefits under the GI Bill.

The Forever GI Bill Housing Payment Fulfillment Act of 2018, H.R. 7273, which Rep. Barr sponsored on Dec. 12, would authorize the U.S. VA Secretary to establish a team to address the difficulties the VA has had in making federally required educational housing benefit payments to military veterans attending institutions of higher education, according to the text of the bill.

H.R. 7273 also would ensure the VA properly and retroactively pays student veterans their educational housing benefits, the congressman said in a statement.

"The Forever GI Bill provides housing benefits to thousands of Kentucky's active military, reservists and veterans as they pursue higher education," said Rep. Barr. "The VA must be held accountable for properly implementing the law and administering the Forever GI Bill in accordance with congressional intent. Our nation's veterans deserve better than to be faced with inaccurate, late payments."

Rep. Barr said the introduction of H.R. 7273 is in response to the VA's failure to comply with the reimbursement rates set by the Forever GI Bill, officially known as the Harry W. Colmery Veterans Educational Assistance Act of 2017.

The law made certain improvements to the Post-9/11 Educational Assistance program for veterans, including those related to how the VA Secretary calculates the amount of payments for monthly housing stipends under that program, according to the text of H.R. 7273 in the congressional record.

Specifically, Section 107 of the law requires the VA Secretary to calculate payment amounts for monthly housing stipends based on the location of the campus of the institution of higher learning where the individual attends classes, a change from the previous direction to make the calculation based on the location of the institution of higher learning, according to H.R. 7273.

However, the VA's difficulties to fulfill the law's requirements, reportedly the result of an information technology problem, have hindered the department's ability to correctly disburse educational benefits to the student veterans, according to Rep. Barr's statement.

In fact, VA officials have said that the department won't be able to determine the correct payment amounts until Dec. 1, 2019, adding that "outdated information technology systems have stymied efforts to update necessary information that enable proper housing payments as required by the provisions of law," according to the bill.

"This legislation will remedy an undue hardship placed on veteran students and provide oversight and accountability to ensure these payments are made in a timely manner," said Rep. Barr. "I look forward to the swift passage of this legislation to provide relief and certainty to our veterans."

If enacted, H.R. 7273 would establish a team that would have 90 days from enactment of the measure to come up with a plan on correcting the VA's problems in this instance. The team, according to the text of the bill, would present its plan to Congress within that time frame.

H.R. 7273, which is cosponsored by U.S. Rep. Tulsi Gabbard (D-HI), has been referred for consideration to the U.S. House Veterans' Affairs Committee.

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7. [Other](#)

7.1 - Military.com (Military Update): [VA Offers New Mental Health Claims Tool](#) (17 December, 1.6M uvm; San Francisco, CA)

Department of Veterans Affairs (VA) mental health claims can now be verified faster and easier thanks to the Official Military Activities Report (OMAR) , which is a new tool that allows VA employees quick access to significant activity (SIGACT) data used to verify combat and other military participation in what could be considered stressful events. The database currently includes approximately 250,000 significant events in Iraq and around 500,000 events in Afghanistan. Thanks to OMAR, the claims development process time is reduced by an average of 60 days. For more information, read the VA Vantage Point Blog.

For more on veteran healthcare, visit the Military.com Benefits section.

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7.2 - The Times-Picayune: [An Army vet in crisis. A family calls for help. What happened next, shouldn't have.](#) (17 December, Jonathan Bullington, 97k uvm; New Orleans, LA)

Crouched in a ball in her family's living room, her hands covering her ears, Natalie Wilson was certain she was about to die.

Each gunshot sounded more like an explosion, seemingly dozens of them, filling the room with the smell of burnt gunpowder. Through the chaos she heard her son Preston, a 29-year-old U.S. Army veteran, shout his surrender as he retreated, gun in hand, into the guest bedroom. Out of the corner of her eye, she could see one of the sheriff's deputies crawling toward the side door while another deputy screamed in his radio for help.

She had been asleep at the home on Banks Street earlier that morning when Preston burst through the door, panicked and going on about someone in the backseat of his car. Natalie rubbed her eyes, clutched her nightgown and went with Preston to check the car. It was maybe 4 in the morning and the August air outside was already thick with humidity.

"Preston, there's nobody back there," she told him – in vain. Her son was suffering another paranoid delusion. Such episodes had grown more frequent, and intense, in the years since his return from tours in Iraq and Afghanistan.

As Preston paced about the house, Natalie called her daughter, Sydneye Thornton, 30 miles away in Natchitoches. It was usually Sydneye who could talk her older brother back to reality.

"Settle down Preston," Sydneye told him on the phone. "It's gonna be alright. Go to sleep."

"They're out there, Bam!" he replied, using the nickname he gave her. "I've seen them!"

Realizing she couldn't calm her brother, Sydneye made a decision she has come to regret in the 16 months since that day: She called the U.S. Department of Veterans Affairs crisis line.

The family thought paramedics would come take Preston to the VA hospital in Shreveport. Instead, two Red River Parish sheriff's deputies were dispatched to 1218 Banks St. that morning.

Seven minutes after the first deputy knocked on the side door, Preston was dead, cut down in a brief but ferocious exchange of gunfire that wounded one of the deputies.

What happened in that Coushatta living room Aug. 2, 2017, exposes one of the most damaging consequences of Louisiana's broken mental healthcare system: Years of budget cuts have pushed thousands of families affected by mental illness into a crisis. With limited or nonexistent options for care, responding to their calls for help often falls to police officers and sheriff's deputies.

"They're the first responders, and in a sense, the social workers to try to ease that situation and get the person some help," said Victor Dennis Jr., treasurer with the Central Louisiana branch of the National Alliance on Mental Illness.

Some law enforcement agencies have embraced the need for policies and expanded training on how to respond to a growing number of these "103M" calls – the police code commonly used to denote a person with a mental illness. But many police chiefs and sheriffs across the state have

failed to adopt policies to guide their officers on how to handle these delicate and potentially deadly situations.

The Times-Picayune sought records from all 378 law enforcement agencies in Louisiana to see if they have adopted policies and training to guide officers responding to calls involving someone with a mental illness. Out of 146 agencies that responded as of early December, 84 – or 58 percent – did not have such a policy.

Many agencies still do not take advantage of that additional training, putting officers and the community in danger, advocates say.

“We are creating a system where we are putting people who are fragile in the hands of people who do not know how to handle them,” said the Rev. Alexis Anderson, a mental-health advocate in Baton Rouge.

Preston’s family remembered him as a goofy and, at times, mischievous child who was quick with a joke. In the town of Coushatta, he was known as “Tucker Boy” after maternal grandparents Freeman and Varion Tucker, natives of the small community on the banks of the Red River, about an hour southeast of Shreveport.

Preston’s father, Sidney Thornton, had been a star running back at nearby Northwestern State University and a second-round draft pick for the Pittsburgh Steelers in 1977. He won two Super Bowls with the Steelers in six NFL seasons before retiring to coach high school football.

Preston also excelled on the football field, a quick and powerful running back who people thought could play in college. But he felt the shadow his father cast, and saw the game’s punishing toll on his dad’s health. Preston wanted something different, beyond football and beyond Coushatta. After his 2006 graduation from Red River High School, he enlisted in the U.S. Army.

“The Army was him getting away from everything,” his sister said.

Preston began his advanced Army training in the fall of 2006 at Fort Lee, Va., where he became fast friends with fellow enlistee Blaine Campbell.

“That was my brother,” Campbell said. “Everything was tolerable just because of his presence.”

Campbell and Preston were bunkmates in Virginia and lived together on a base in Germany, where they spent their down time playing Madden football and shooting pool at nearby bars.

It was during this time that Preston met his future wife and the mother of his first child, a daughter born not even six months after Preston and Campbell were deployed to Qayyarah Airfield West – known in military circles as “Q-West” – outside Mosul in northern Iraq.

A few months into their deployment, a roadside bomb destroyed a vehicle carrying both men. Campbell was physically injured in the explosion. He is reluctant to discuss the details.

“For me and a lot of other vets, there might be a singular incident: a bomb blows up a vehicle or the dining hall explodes,” he said. “It’s not that one incident. It’s the totality. If you compound tragic event after tragic event, it erodes your soul over time.”

Like his friend Preston, Campbell struggled to adjust to life back in the States. In June 2010, less than a year after he left Iraq, Campbell blacked out while cooking at his townhome near the base in Fort Rucker, Ala. He regained consciousness and looked down to see his dog bleeding from a knife wound to the stomach.

Panicked, he put pressure on the wound and called the VA crisis line. He walked outside, still holding his dog, when four police cars pulled up and officers with guns drawn approached, screaming at Campbell to put his hands in the air.

An acting first sergeant who lived nearby saw the police response and rushed over, yelling for officers to hold their fire. They handcuffed Campbell and took him to the emergency room. He eventually was diagnosed with post-traumatic stress disorder – among other conditions – and received treatment at Walter Reed National Military Medical Center in Bethesda, Md.

“Luckily I had an intervening person to de-escalate,” Campbell said of his encounter with police that day eight years ago. “I was scared as hell. I was assuming the crisis line was sending people to help me, and then they came with their guns drawn.”

“Fifty years of failed mental health policy” is how the nonprofit Treatment Advocacy Center describes the nationwide deinstitutionalization of public psychiatric hospitals and the lack of investment in community-based treatment options for the country’s estimated 7.9 million adults living with a severe mental illness.

The results, according to the advocacy center, “have placed law enforcement on the front lines of mental illness crisis response and turned jails and prisons into the new asylums.”

One in 10 calls for police service across the country are generated by people with a severe mental illness, according to a 2015 advocacy center report.

In Louisiana, years of budget cuts and the push to privatize health care dismantled the state’s network of indigent-care hospitals and shuttered public mental health hospitals in New Orleans, Greenwell Springs and Mandeville. Two remaining state-run psychiatric hospitals in Pineville and Jackson have lost funding and capacity over the years.

Law enforcement officials across Louisiana say those decisions have put a strain on their agencies. It’s difficult, though, to quantify how often police officers and sheriff’s deputies across the state field mental health-related service calls.

Some agencies use the 103M designation for someone with a possible mental illness. The New Orleans Police Department is one of those agencies, and in 2014, its officers responded to more than 3,800 calls classified as 103M, department records show. Three years later, that number rose to nearly 5,000.

The department is on pace to see a further increase in 103M calls in 2018, averaging 15 every day through the end of November.

Other law enforcement agencies do not specifically track encounters with people who have a mental illness. But even the ones that do note the 103M designation does not capture all interactions between police and people with a mental illness. Service calls for a variety of other incidents, from domestic violence to shoplifting, could include a mental-health component that would not show up in a search of 103M calls.

One window into the frequency of law enforcement responses to mental health crisis calls is through a coroner's office. Louisiana's 64 coroners by law have the authority to involuntarily commit people with mental illnesses who are believed to be a danger to themselves or others. Commitment orders can be done either through a coroner's emergency certificate or through an order of protective custody. Not all require police involvement, though the latter usually do.

According to records obtained by NOLA.com | The Times-Picayune, coroner's offices in 43 of Louisiana's 64 parishes signed nearly 7,000 orders of protective custody last year, and issued more than 43,000 emergency certificates – an average of 118 statewide every day.

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Veterans Affairs Media Summary and News Clips

18 December 2018

1. [Top Stories](#)

1.1 - Stars and Stripes: [VA leaves nearly \\$5 million unused in 2018 campaign to battle suicide, watchdog finds](#) (17 December, Nikki Wentling, 300k uvm; Washington, DC)

A federal investigation found the money and effort expended by the Department of Veterans Affairs on suicide prevention outreach dropped significantly in 2017 and 2018, despite it being touted by the past two VA secretaries as their top clinical priority. Following a yearlong investigation, the Government Accountability Office reported Monday that the VA has cut back since 2016 on suicide prevention outreach. Of the \$6.2 million budget obligated for suicide prevention outreach in fiscal year 2018, the agency had spent only \$57,000, or less than 1 percent, by September. Agency officials told investigators they would end up spending a total \$1.5 million by Oct. 1, the end of the fiscal year. The remainder, \$4.7 million, went unused.

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1.2 - Newsmax: [GAO Report: VA Underspends on Vets' Suicide Prevention](#) (17 December, Cathy Burke, 500k; West Palm Beach, FL)

The Department of Veterans Affairs dramatically cut back on suicide prevention outreach in the past two years even as veterans' suicide rates continued to soar, Stars and Stripes reported. Citing findings of a Government Accountability Office investigation, of the \$6.2 million budget mandated for suicide prevention outreach in fiscal year 2018, the agency spent \$57,000 — less than 1 percent — by September. Agency officials told investigators they would spend a total \$1.5 million by Oct. 1, the end of the fiscal year, with the remaining \$4.7 million going unused, the news outlet reported.

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1.3 - Federal Computer Week: [My HealtheVet turns 15](#) (17 December, Adam Mazmanian, 80k uvm; McLean, VA)

The online patient portal for the Department of Veterans Affairs celebrated its 15th birthday this Veteran's Day. When My HealtheVet launched in 2003, the site was on the cutting edge compared to other government online offerings and even fairly novel regarding of what large health systems offered patients in terms of access to records. "Our biggest accomplishment, I think, is serving as the voice of the veterans, giving them a stake in their care," said Theresa Hancock, who has served as director of My HealtheVet in the Veterans Health Administration for more than 10 years. The service is a "disruptor" that "responded to [veterans'] needs ... by removing the hospital walls and being able to deliver care where and when they wanted it, which opened the door to mobile and telehealth."

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1.4 - San Marcos Corridor News: [Study Shows VA Hospitals Outperform Private Hospitals Under New Trump Administration](#) (17 December, San Marcos, CA)

According to an independent Dartmouth study recently published this week in Annals of Internal Medicine, Department of Veterans Affairs (VA) hospitals outperform private hospitals in most health care markets throughout the country. "This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," said VA Secretary Robert Wilkie. "It validates the strong work we're doing for Veterans under President

Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

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2. Improving Customer Service

2.1 - Revcycle Intelligence: [VA Hospitals Outperform Private Hospitals in Most Areas](#) (17 December, Jacqueline LaPointe, 34k uvm; Danvers, MA)

A new study by the Dartmouth Institute for Health Policy and Clinical Practice shows that Department of Veterans Affairs (VA) hospitals are providing care as good as or better than their peers in the private sector. "This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," VA Secretary Robert Wilkie stated in an official press release. "It validates the strong work we're doing for Veterans under President Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

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2.2 - Tomah Journal: [Tomah VA holding La Crosse open house to talk Farnam Street program](#) (17 December, Jourdan Vian, 88k uvm; Tomah, WI)

Tomah Veterans Affairs Medical Center will hold an open house from 6 to 8 p.m. Tuesday at the American Legion Post 52, 711 S. Sixth St. Staff members from the Tomah VA Medical Center will talk about the VA's compensated work therapy transitional residence program and veterans will be there to share their experiences. The organization hopes to answer more questions as it works to expand the program into the home of Dave and Barb Erickson on Farnam Street on La Crosse's South Side.

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2.3 - WSIL-TV: [Habitat for Humanity builds home for veteran](#) (17 December, Joe Ragusa, 24k uvm; Carterville, IL)

Habitat For Humanity has completed a home for a local veteran. Chris Adams served tours in Iraq and Afghanistan. Now he works for the Marion VA as a housekeeper, but he's also homeless. Several groups helped get the home built for Chris and despite a few delays, he's glad he'll have a home for the holidays.

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2.4 - WSIL-TV: [Thompsonville students give veterans Christmas cards](#) (17 December, Brooke Schlyer, 24k uvm; Carterville, IL)

A group of Thompsonville 8th graders spread some holiday cheer by hand delivering Christmas cards to more than 100 veterans at the Marion VA Monday. One of those veterans is Marion native, Bobby Hodge, who traveled across the globe during his time in the Navy. "I was assigned to the first guided missile ship that the county had made, and all we did was go and show off our missiles," he laughs.

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2.5 - DVIDS: [Taylor sees mission-focused, mission-driven mindset at Dorn VA Medical Center](#) (17 December, Jennifer Scales)

Deputy Director for Veterans Affairs Voluntary Service, Prince Taylor, recently made a special visit to the Wm. Jennings Bryan Dorn Veterans Affairs Medical Center. Taylor, in his new position, supports the goals of the director of VA Voluntary Service, Sabrina Clark. "I also oversee special programs in the VA, such as the Technical Career Field (TCF) program for Voluntary Service; caregiver programs; and the Intimate Partner Violence program."

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

5.1 - Tampa Bay Times: [News at Noon: A veteran's suicide note blasts the VA; 'Salvage Santa' helps Panama City; and more](#) (17 December, Gabrielle Calise, 370k uvm; Tampa Bay, FL)

Jim Turner, a retired Marine colonel, took his life at the Bay Pines VA campus. He was the 5th veteran to do so since 2013. On Dec. 10, retired Marine Col. Jim Turner put on his dress uniform and medals and drove to the Bay Pines Department of Veterans Affairs complex. He got out of his truck, sat down on top of his military records and took his own life with a rifle. Aside from leaving behind grieving family and friends, Turner, 55, of Belleair Bluffs, left behind a suicide note that blasted the VA for what he said was its failure to help him.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - KWTB-TV: [Holiday Meals for Homeless Veterans \(VIDEO\)](#) (17 December, 154k uvm; Oklahoma City, OK)

The broadcast outlet featured a 2:24 minute video of Homeless Veterans receiving holiday meals.

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6.2 - InsideNoVa.com: [Thousands place wreaths at Arlington National Cemetery](#) (17 December, Marty Van Duyne, 79k uvm; Leesburg, VA)

President Donald J. Trump made an unscheduled visit to Arlington National Cemetery on Saturday during National Wreaths Across America Day. The president's motorcade stopped at Section 60 where Trump walked among the headstones speaking with a guide and two uniformed service personnel. Trump was overheard saying, "They're doing a great job," and later he briefly commented on the planned expansion of the cemetery.

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6.3 - KAMR-TV: [Point-In-Time Count Show Significant Decrease in Veteran Homelessness](#) (17 December, Kaley Green, 42k uvm; Amarillo, TX)

A release from the Office of Public and Intergovernmental Affairs in Washington, D.C. said nationwide, Veteran homelessness has decreased by nearly 50% since 2010. That is according to U.S. Housing and Urban Development (HUD) Secretary, Ben Carson. In Amarillo, estimates from a Point-In-Time (PIT) count show Veteran homelessness is down 26% from last year. The Thomas E. Creek VA Medical Center in Amarillo is working closely with the City of Amarillo and other community organizations to end veteran homelessness by hitting the streets and meeting people where they are.

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6.4 - KSNT-TV: [Salvation Army program housing homeless veterans](#) (17 December, Willis Scott, 37k uvm; Topeka, KS)

On any given night in America roughly 40-thousand veterans are homeless. One man at the Topeka Salvation Army has made it his mission to reduce that number in Kansas. Jason Clark spends a lot of time on the road for his job. "I just drive around eastern Kansas trying to get ahold of homeless veterans and trying to get them housed," Clark said. As a part of the Salvation Army's Supportive Services for Veteran Families Program, he searches out homeless veterans to offer them support. Many of the vets have stories similar to his own.

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6.5 - Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year. As the rain continued, visitors at the cemetery trudged through standing water and mud, their feet sinking into the soil, their shoes and socks getting soaked and dirty.

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6.6 - Marietta Times: [Wreaths remember soldiers lost](#) (17 December, 11k uvm; Marietta, OH)

Several local organizations participated Saturday in a yearly nationwide program to honor and remember fallen servicemembers with a decorative wreath marking the holiday season. Wreaths Across America began in 1992 with a trailer load of wreaths, decorated by volunteers and laid at the graves of fallen soldiers at Arlington National Cemetery. It has now become a national organization with more than 900 participating locations focused on the mission to remember, honor and teach.

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6.7 - The Journal Tribune: [Remember, honor, teach: Wreaths laid at veterans cemetery](#) (17 December, Tammy Wells, 11k uvm; Biddeford, ME)

Mary Waterhouse, her daughter Mariette and two granddaughters, Leah and Olivia Roberge came to Southern Maine Veterans Cemetery lay a wreath on their loved one's headstone on Saturday, as did scores of others. Mary's husband James, who served in the U.S. Army, passed away in 2014. "This year, we decided we wanted to honor him and all the veterans, and be part of this ceremony," said Waterhouse, of Acton.

[Hyperlink to Above](#)

6.8 - Gettysburg Times: [Wreaths Across America event at East Berlin cemetery](#) (17

December, John Armstrong, 9k uvm; Gettysburg, PA)

Volunteers braved the inclement weather Saturday to place wreaths on graves of veterans of conflicts from the American Revolution to the Vietnam War in East Berlin's Union Cemetery as part of the "Wreaths Across America" ceremony. "Wreaths Across America" is a program honoring veterans through wreath-laying ceremonies at Arlington National Cemetery, as well as at more than 1,400 additional locations in all 50 U.S. states, at sea and abroad.

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6.9 - The Gazette-Virginian: [Rain doesn't dampen Virgilina wreath laying ceremony](#) (17

December; South Boston, VA)

A tribute that began in the Virgilina community years ago continued at noon Saturday when citizens participated in a wreath laying ceremony to honor veterans as part of Wreaths Across America. Although the ceremony was moved from Virgilina Cemetery to a nearby church due to the falling rain, that did not diminish the meaning of the wreath laying event as a youth group from Florence Avenue Baptist and Union Christian Church joined members of the Virgilina Women's Club to prepare the wreaths to be laid at the cemetery.

[Hyperlink to Above](#)

6.10 - Ripon Advance: [Barr wants to ensure U.S. student veterans receive proper educational housing benefits](#) (17 December, 2k uvm; Washington, DC)

U.S. Rep. Andy Barr (R-KY) last week unveiled bipartisan legislation that would rectify how the U.S. Department of Veterans Affairs (VA) reimburses America's student veterans for housing benefits under the GI Bill. The Forever GI Bill Housing Payment Fulfillment Act of 2018, H.R. 7273, which Rep. Barr sponsored on Dec. 12, would authorize the U.S. VA Secretary to establish a team to address the difficulties the VA has had in making federally required educational housing benefit payments to military veterans attending institutions of higher education, according to the text of the bill.

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7. [Other](#)

7.1 - Military.com (Military Update): [VA Offers New Mental Health Claims Tool](#) (17

December, 1.6M uvm; San Francisco, CA)

Department of Veterans Affairs (VA) mental health claims can now be verified faster and easier thanks to the Official Military Activities Report (OMAR), which is a new tool that allows VA employees quick access to significant activity (SIGACT) data used to verify combat and other military participation in what could be considered stressful events. The database currently includes approximately 250,000 significant events in Iraq and around 500,000 events in Afghanistan. Thanks to OMAR, the claims development process time is reduced by an average of 60 days. For more information, read the VA Vantage Point Blog.

[Hyperlink to Above](#)

7.2 - The Times-Picayune: [An Army vet in crisis. A family calls for help. What happened next, shouldn't have.](#) (17 December, Jonathan Bullington, 97k uvm;New Orleans, LA)

Crouched in a ball in her family's living room, her hands covering her ears, Natalie Wilson was certain she was about to die. Each gunshot sounded more like an explosion, seemingly dozens of them, filling the room with the smell of burnt gunpowder. Through the chaos she heard her son Preston, a 29-year-old U.S. Army veteran, shout his surrender as he retreated, gun in hand, into the guest bedroom. Out of the corner of her eye, she could see one of the sheriff's deputies crawling toward the side door while another deputy screamed in his radio for help.

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1. [Top Stories](#)

1.1 - Stars and Stripes: [VA leaves nearly \\$5 million unused in 2018 campaign to battle suicide, watchdog finds](#) (17 December, Nikki Wentling, 300k uvm; Washington, DC)

A federal investigation found the money and effort expended by the Department of Veterans Affairs on suicide prevention outreach dropped significantly in 2017 and 2018, despite it being touted by the past two VA secretaries as their top clinical priority.

Following a yearlong investigation, the Government Accountability Office reported Monday that the VA has cut back since 2016 on suicide prevention outreach. Of the \$6.2 million budget obligated for suicide prevention outreach in fiscal year 2018, the agency had spent only \$57,000, or less than 1 percent, by September. Agency officials told investigators they would end up spending a total \$1.5 million by Oct. 1, the end of the fiscal year. The remainder, \$4.7 million, went unused.

The number of social media posts, public service announcements, billboards, and radio, bus, Facebook and print advertisements declined in 2017 and 2018, as did the effort on suicide prevention month.

“VA has stated that preventing veteran suicide is its top clinical priority, yet [the Veterans Health Administration’s] lack of leadership attention to its suicide prevention media outreach campaign in recent years has resulted in less outreach to veterans,” the GAO report states.

Suicide among veterans is disproportionately higher than the rest of the U.S. population, with an estimated 20 veterans dying by suicide each day, according to VA data. Among veterans younger than 35, the number of suicides has increased substantially in recent years.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans’ Affairs, requested the GAO investigation. He said Monday that the findings conveyed “a deeply troubling level of incompetence” by President Donald Trump’s administration.

“At a time when 20 veterans a day still die by suicide, VA should be doing everything in its power to inform the public about the resources available to veterans in crisis,” he said in a statement. “Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority.”

The VA had increased its suicide prevention outreach efforts from 2013 to 2016.

Its social media posts about suicide prevention had grown to 339 in 2016. In 2017, it dropped to 157 posts. During the first 10 months of 2018, the VA posted about suicide prevention just 47 times.

Starting in June 2012, the VA consistently aired suicide prevention PSAs every month, either on the television or radio. When GAO investigators looked into the issue in August 2018, the VA hadn’t aired a PSA in over a year.

The agency also stopped using its budget for suicide prevention ads.

In fiscal year 2015, the VA had a suicide prevention media budget of \$4 million. With that, the agency ran 58 online advertisements and bought 30 billboards, 180 bus ads, 19,000 radio ads, 252 print ads and 39 PSAs.

Comparatively, the VA used only a small portion of its budget in fiscal year 2018 to purchase 25 online ads, 20 billboards and eight radio advertisements.

In 2017, the VA had a budget of \$1.7 million for suicide prevention and other mental health outreach. The VA spent about \$136,000, or less than 10 percent, on suicide prevention. Also in 2017, the VA had a “limited effort” for suicide prevention month in September because they didn’t prepare, the GAO found.

The VA blamed leadership vacancies for the downturn.

The position of national director for suicide prevention was vacant for nine months following the resignation of the former director, Caitlin Thompson, in July 2017. The VA hired a new director, Keita Franklin, in April.

“Officials reported not having leadership available for a period of time to make decisions about the suicide prevention media outreach campaign,” the report states. “GAO found that [VA] did not assign key leadership responsibilities or establish clear lines of reporting, and as a result, its ability to oversee the outreach campaign was hindered. Consequently, [the VA] may not be maximizing its reach with suicide prevention media content to veterans, especially those who are at-risk.”

In a letter responding to the report, VA Secretary Robert Wilkie reasserted his commitment to suicide prevention outreach.

“Every death by suicide is a tragedy, and we will not relent in our efforts to connect veterans in need with lifesaving support,” the response reads.

VA officials acknowledged “organizational transitions and realignments” created confusion from mid-2017 to mid-2018, but they claimed there has since been significant improvements.

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1.2 - Newsmax: [GAO Report: VA Underspends on Vets' Suicide Prevention](#) (17 December, Cathy Burke, 500k; West Palm Beach, FL)

The Department of Veterans Affairs dramatically cut back on suicide prevention outreach in the past two years even as veterans' suicide rates continued to soar, Stars and Stripes reported.

Citing findings of a Government Accountability Office investigation, of the \$6.2 million budget mandated for suicide prevention outreach in fiscal year 2018, the agency spent \$57,000 — less than 1 percent — by September. Agency officials told investigators they would spend a total \$1.5 million by Oct. 1, the end of the fiscal year, with the remaining \$4.7 million going unused, the news outlet reported.

In 2017, the VA had a budget of \$1.7 million for suicide prevention and other mental health outreach, but spent about \$136,000, or less than 10 percent, on suicide prevention. Also in 2017, the VA had a "limited effort" for suicide prevention month in September because they did not prepare, the GAO found.

The number of social media posts, public service announcements, billboards, and radio, bus, Facebook and print ads also dropped in 2017 and 2018.

"VA has stated that preventing veteran suicide is its top clinical priority, yet [the Veterans Health Administration's] lack of leadership attention to its suicide prevention media outreach campaign in recent years has resulted in less outreach to veterans," the GAO report stated, Stars and Stripes reported.

An estimated 20 veterans die by suicide each day, according to VA data — disproportionately higher than the rest of the U.S. population — Stars and Stripes reported. Among veterans younger than 35, the number has increased substantially.

"VA should be doing everything in its power to inform the public about the resources available to veterans in crisis," Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs who requested the GAO probe, said in a statement. "Unfortunately, VA has failed to do that, despite claiming the elimination of veteran suicide as its highest clinical priority."

The VA blamed leadership vacancies for the downturn, saying "organizational transitions and realignments" created confusion from mid-2017 to mid-2018, but claimed there has been significant improvements, the news outlet reported.

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1.3 - Federal Computer Week: [My HealtheVet turns 15](#) (17 December, Adam Mazmanian, 80k uvm; McLean, VA)

The online patient portal for the Department of Veterans Affairs celebrated its 15th birthday this Veteran's Day. When My HealtheVet launched in 2003, the site was on the cutting edge compared to other government online offerings and even fairly novel regarding of what large health systems offered patients in terms of access to records.

Now, My HealtheVet is embedded in the architecture of the VA. The service is linked from the newly redesigned VA homepage and essentially serves as the front door to patient care. VA patients can use the tool to schedule appointments, refill prescriptions, send secure emails to health care providers and download and share health records and even medical imaging files and associated reports. The My HealtheVet is one of three credentials -- along with the Defense Department's DS Logon and ID.me -- that veterans can use to sign into online VA services.

My HealtheVet has attracted 4.5 million users since its launch, and more than half of VA patients have registered. The site is responsible for more than 40 percent of VA's total web traffic and generated more than 60 million sessions in fiscal year 2018.

"Our biggest accomplishment, I think, is serving as the voice of the veterans, giving them a stake in their care," said Theresa Hancock, who has served as director of My HealtheVet in the Veterans Health Administration for more than 10 years. The service is a "disruptor" that

"responded to [veterans'] needs ... by removing the hospital walls and being able to deliver care where and when they wanted it, which opened the door to mobile and telehealth."

Hancock said the future will include more personalization, the ability to delegate access to relatives and health care proxies and improve connections between the data in My HealtheVet and community providers.

"Community care is different," Hancock said. "We're not there yet, system-to-system, but that is something that is in the pipeline to be worked."

The My HealtheVet team recently conducted a pilot with the U.S. Postal Service in a testing environment to conduct exchanges of health records for veterans who work in the USPS.

The MyHealtheVet service will continue even as VA transitions from its homegrown Vista medical record to a commercial system acquired from Cerner -- a 10-year national system migration that is expected to cost \$16 billion.

An effort to see how My HealtheVet meshes with Cerner is in the early stages.

"It's in several phases. The first is to modernize through VA.gov and digital modernization. Then we're working hand-in-hand with Cerner to do a gap analysis of what we have, what they have," Hancock said. "We've been working with them and will continue to do so, along with VA.gov, so that it will be seamless to the veterans, with minimal disruption."

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1.4 - San Marcos Corridor News: [Study Shows VA Hospitals Outperform Private Hospitals Under New Trump Administration](#) (17 December, San Marcos, CA)

According to an independent Dartmouth study recently published this week in Annals of Internal Medicine, Department of Veterans Affairs (VA) hospitals outperform private hospitals in most health care markets throughout the country.

"This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," said VA Secretary Robert Wilkie. "It validates the strong work we're doing for Veterans under President Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

Dartmouth researchers assessed 121 regional health care markets with at least one VA facility and one non-VA hospital in conjunction with Hospital Compare data, a public database that ranks hospitals on quality measures like mortality rates and patient safety indicators.

According to the findings, VA hospitals provided the best care in most referral regions and rarely provided inadequate care. VHA hospitals provided the best care in most referral regions and rarely provided the worst care. VHA hospitals provided the best care in most referral regions and rarely provided the worst care.

One the most notable findings in study showed VA hospitals were the best or above average for treating heart attacks, heart failure and pneumonia. Additionally, VA ranked best in local markets at least half the time for measures including death rates among patients with serious

complications after surgery; collapsed lung due to medical treatment; broken hip from a fall after surgery; and bloodstream infections after surgery.

While VA supports most of the study's findings, the agency does not agree with the authors' stance on community care, which ignores the fact that for decades it has served as a vital tool for ensuring VA has the ability to provide Veterans the best, most timely health care possible, and that it enjoys strong bipartisan support, as evidenced by passage of the MISSION Act.

VA has been offering community care since the World War II era, starting with the then-Veterans Administration's Hometown Program that began in 1945. Former Secretary David Shulkin was a staunch advocate for community care and sought to increase its role at VA, arguing that competition with private providers is necessary for VA facilities to improve continuously. Former Secretary Bob McDonald also underscored the importance of this option for Veterans.

To learn more about the study visit <http://annals.org/aim/fullarticle/2718687/veterans-health-administration-hospitals-outperform-non-veterans-health-administration-hospitals>.

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2. Improving Customer Service

2.1 - Revcycle Intelligence: [VA Hospitals Outperform Private Hospitals in Most Areas](#) (17 December, Jacqueline LaPointe, 34k uvm; Danvers, MA)

A new study by the Dartmouth Institute for Health Policy and Clinical Practice shows that Department of Veterans Affairs (VA) hospitals are providing care as good as or better than their peers in the private sector.

"This is proof that the hard work and dedication of our VA employees is making a real difference in the lives of our nation's Veterans," VA Secretary Robert Wilkie stated in an official press release. "It validates the strong work we're doing for Veterans under President Trump's leadership in giving our heroes the very best quality of care that they have earned through their faithful service to our country."

The Veterans Health Administration within the VA is the largest integrated health system in the country, providing care at over 1,200 healthcare facilities. The system includes 172 medical centers and 1,062 outpatient sites of care.

Altogether, VA hospitals and facilities serve 9 million veterans each year.

But being the largest does not necessarily mean it is the best. Patients, policymakers, and other healthcare stakeholders have questioned the quality of care delivered by providers at VA healthcare facilities.

For example, veterans had to wait up to 81 days for treatment under a VA healthcare program designed to reduce wait times to under 30 days, a 2017 Government Accountability Office (GAO) report showed. That same year, the VA's Office of Inspector General (OIG) also revealed that appointment wait times were longer than the agency was reporting because of inaccurate data.

More recently, the VA has faced issues with the physical environments of its healthcare facilities. A November 2018 report from the GAO showed that the Veterans Health Administration did not have adequate measures to assess if a healthcare facility was in good working order.

Researchers at Dartmouth and the White River Junction VA Medical Center in Vermont aimed to determine if the largest integrated health system in the country delivered care as well as private hospitals.

“We wanted to take a closer look at local healthcare markets and specific health conditions because if you’re a veteran deciding where to seek treatment what you’re really concerned with are the outcomes at your local VA,” Dartmouth Institute Professor William Weeks, MD, PhD, MBA, said in a press release.

Weeks and his colleagues analyzed 121 regional healthcare markets with at least one VA facility and one non-VA hospital. They compared data from Medicare’s Hospital Compare website, a public database that ranks hospitals based on their performance on quality metrics, like mortality rates and patient safety indicators.

The study recently published in the *Annals of Internal Medicine* revealed that VA hospitals provided the best care in most referral regions and rarely provided the worst care. Notably, VA hospitals ranked as the best or above average for treating heart attacks, heart failure, and pneumonia.

VA hospitals also outperformed their private sector counterparts at least half of the time on certain measures, including death rates among patients with serious complications after surgery, collapsed lung due to medical treatment, broken hip from a fall after surgery, and bloodstream infections after surgery.

“Our findings suggest that, despite some recent negative reports, the VA generally provides truly excellent care,” Weeks stated. “If that is the case, outsourcing VA care to non-VA settings solely for patient convenience should be reconsidered.”

The VA has been pushing for additional outsourcing of care for veterans through programs like the Veterans Choice Program, which the agency designed to ensure veterans could access timely care when VA hospitals have long wait times or the nearest VA facility was too far away.

“No healthcare provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors,” said former VA Secretary David Shulkin in 2017.

In response to the Dartmouth study, the VA reaffirmed its stance on outsourcing care to the community.

“While VA supports most of the study’s findings, the agency does not agree with the authors’ stance on community care, which ignores the fact that for decades it has served as a vital tool for ensuring VA has the ability to provide Veterans the best, most timely health care possible, and that it enjoys strong bipartisan support, as evidenced by passage of the MISSION Act,” the federal department explained in the press release.

"VA has been offering community care since the World War II era, starting with the then-Veterans Administration's Hometown Program that began in 1945. Former Secretary David Shulkin was a staunch advocate for community care and sought to increase its role at VA, arguing that competition with private providers is necessary for VA facilities to improve continuously."

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2.2 - Tomah Journal: [Tomah VA holding La Crosse open house to talk Farnam Street program](#) (17 December, Jourdan Vian, 88k uvm; Tomah, WI)

Tomah Veterans Affairs Medical Center will hold an open house from 6 to 8 p.m. Tuesday at the American Legion Post 52, 711 S. Sixth St.

Staff members from the Tomah VA Medical Center will talk about the VA's compensated work therapy transitional residence program and veterans will be there to share their experiences. The organization hopes to answer more questions as it works to expand the program into the home of Dave and Barb Erickson on Farnam Street on La Crosse's South Side.

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2.3 - WSIL-TV: [Habitat for Humanity builds home for veteran](#) (17 December, Joe Ragusa, 24k uvm; Carterville, IL)

Habitat For Humanity has completed a home for a local veteran.

Chris Adams served tours in Iraq and Afghanistan. Now he works for the Marion VA as a housekeeper, but he's also homeless. Several groups helped get the home built for Chris and despite a few delays, he's glad he'll have a home for the holidays.

"I don't even know how to express my gratitude," Adams said. "This is weird. I've never been in a new place like this. It's going to take a while for it to sink in and kind of be like, 'This is mine.'"

Adams, his partner and his two daughters, ages 2 and 4, plan to move in Monday night.

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2.4 - WSIL-TV: [Thompsonville students give veterans Christmas cards](#) (17 December, Brooke Schlyer, 24k uvm; Carterville, IL)

A group of Thompsonville 8th graders spread some holiday cheer by hand delivering Christmas cards to more than 100 veterans at the Marion VA Monday.

One of those veterans is Marion native, Bobby Hodge, who traveled across the globe during his time in the Navy.

"I was assigned to the first guided missile ship that the county had made, and all we did was go and show off our missiles," he laughs.

This Christmas, Hodge will be at the Marion VA's Community Living Center (CLC) recovering from his second knee replacement in just nine months. "I'm very fortunate that I'm not that ill, I'm just having some body reconstruction," he explains.

Student Karley Jones helped deliver the cards to veterans like Hodge.

The 13 year old says she's participated in the event for two years in a row, "It's just really heart touching because you would try so hard not to cry but sometimes you just couldn't stop it."

Her favorite part was meeting the youngest patient at the CLC, an Air Force veteran who was diagnosed with Multiple Sclerosis. He was the first veteran to meet the students and was able to thank them for their time.

With each Christmas card, students also handed out socks to veterans or handkerchiefs to amputees. Benton VFW's Commander Gary Fravel, who was a teacher at Thompsonville, started the tradition more than 10 years ago. He says gifting socks is something only a veteran can truly understand.

"Whether you served in the jungles and your feet were wet all the time, or you were in Europe and your feet were cold all the time," Fravel explains. "Or in the desert and full of sand all the time. A pair of warm, dry, clean socks just mean a lot."

However, the smiles and appreciation could be understood and seen by all.

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2.5 - DVIDS: [Taylor sees mission-focused, mission-driven mindset at Dorn VA Medical Center](#) (17 December, Jennifer Scales)

Deputy Director for Veterans Affairs Voluntary Service, Prince Taylor, recently made a special visit to the Wm. Jennings Bryan Dorn Veterans Affairs Medical Center. Taylor, in his new position, supports the goals of the director of VA Voluntary Service, Sabrina Clark.

"I also oversee special programs in the VA, such as the Technical Career Field (TCF) program for Voluntary Service; caregiver programs; and the Intimate Partner Violence program."

Taylor had great things to say about the Voluntary Service program in the Columbia VA Health Care System and all its supporting facets during his visit.

"I originally came to see the charity ride and even though it was cancelled, I was able to witness firsthand the remarkable work and partnerships done between the VA and the community," Taylor said.

With the charity ride falling under the purview of Voluntary Service, Taylor saw much more beyond that. "This is more like a community event," he said. "I have seen active duty military, retirees, active federal civilians and others who enjoy sharing and caring about the Veterans. This event was sold to me in a different way, so I wasn't expecting what I witnessed and heard first hand. This is so much bigger. The passion here that I have seen is incredible."

Taylor stated that an event such as this should be portable throughout the VA.

Anyone not here would have to witness it for themselves, he added.

“There were no strangers here as they came together for this event,” Taylor began. “Even though they may work in different offices, or areas of the city, or from different military branches, they all wanted to be called by their first name. To me, that says a lot. Their focus and reason for being here was not about the position they hold where they come from...it was more about what they could do for each other and the Veterans.”

Taylor also extended his gratitude to Veterans. “Thank you for your service, as we exist here in the VA to serve you now. We want to be the place where you want to come, your first choice to be exact,” Taylor said.

Not leaving out the employees, Taylor’s message was also one of thanks. “Thanks to all the employees for everything you do to help accomplish the mission of the VA.”

He continued by saying, “It’s easy to think of this as job instead of a mission. But for the vast majority of persons working here in the Columbia VA Health Care System, I have seen that their work is mission-focused, mission-driven.”

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

5.1 - Tampa Bay Times: [News at Noon: A veteran's suicide note blasts the VA; 'Salvage Santa' helps Panama City; and more](#) (17 December, Gabrielle Calise, 370k uvm; Tampa Bay, FL)

Here's the top five stories at noon.

Jim Turner, a retired Marine colonel, took his life at the Bay Pines VA campus. He was the 5th veteran to do so since 2013

On Dec. 10, retired Marine Col. Jim Turner put on his dress uniform and medals and drove to the Bay Pines Department of Veterans Affairs complex. He got out of his truck, sat down on top of his military records and took his own life with a rifle. Aside from leaving behind grieving family and friends, Turner, 55, of Belleair Bluffs, left behind a suicide note that blasted the VA for what he said was its failure to help him.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - KWTW-TV: Holiday Meals for Homeless Veterans (VIDEO) (17 December, 154k uvm; Oklahoma City, OK)

The broadcast outlet featured a 2:24 minute video of Homeless Veterans receiving holiday meals.

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6.2 - InsideNoVa.com: Thousands place wreaths at Arlington National Cemetery (17 December, Marty Van Duyne, 79k uvm; Leesburg, VA)

President Donald J. Trump made an unscheduled visit to Arlington National Cemetery on Saturday during National Wreaths Across America Day.

The president's motorcade stopped at Section 60 where Trump walked among the headstones speaking with a guide and two uniformed service personnel.

Trump was overheard saying, "They're doing a great job," and later he briefly commented on the planned expansion of the cemetery.

About 58,000 people entered the gates of the cemetery at 8 a.m. to participate in the 2018 event to honor the fallen and most had left the cemetery by early afternoon before Trump's 2:15 p.m. arrival.

Wreaths Across America founder and executive director, respectively, Morrill and Karen Worcester, joined chairman of the board Wayne Hanson for an early morning opening ceremony at the McClellan Gate.

Organizers reminded the wreath layers that some of those interred at Arlington may not have had their name spoken since last year's Christmas wreath laying.

Volunteers were instructed to "say the name" of the person as they lay the wreath at the headstone and were reminded that although a person dies, they are remembered as long as someone says their name.

Gold Star mother Janice Chance — whose son, Marine Capt. Jesse Melton III, was killed just before his 30th birthday in 2008 during Enduring Freedom combat operations in Afghanistan — addressed other Gold Star families recognized at the ceremony.

Her husband, the Rev. Charlton Chance, gave the invocation and Robert McCurdy with the Friendly Sons of Saint Patrick played "Amazing Grace" on his bagpipes.

Volunteers traversed the 624-acre final resting grounds leaving a Christmas wreath adorned with a red bow on each of the gravesites in the revered garden of stones.

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6.3 - KAMR-TV: Point-In-Time Count Show Significant Decrease in Veteran Homelessness (17 December, Kaley Green, 42k uvm; Amarillo, TX)

A release from the Office of Public and Intergovernmental Affairs in Washington, D.C. said nationwide, Veteran homelessness has decreased by nearly 50% since 2010.

That is according to U.S. Housing and Urban Development (HUD) Secretary, Ben Carson.

In Amarillo, estimates from a Point-In-Time (PIT) count show Veteran homelessness is down 26% from last year.

The Thomas E. Creek VA Medical Center in Amarillo is working closely with the City of Amarillo and other community organizations to end veteran homelessness by hitting the streets and meeting people where they are.

"Help the veteran get housed first and then come in with intensive, supportive case management," said Teena Hall, VA Housing First Coordinator. "We partner, of course, with the mental health department, substance use disorders, all the different departments in the VA to provide wraparound services for our Veterans."

HUD has no offices in Amarillo, but the VA, the CoC, and Panhandle Community Services are public housing authorities, meaning they are able to help funnel HUD-Veterans Affairs Supportive Housing Vouchers (HUD-VASH) and rental assistance to those in need of long-term stability.

"We work very closely with the VA," said Juliana Kitten, City of Amarillo Director of Community Development. "They're the ones bringing in the referrals, and another key component of this is that these vouchers, we understand that sometimes the first unit's not going to work out. So they don't get discharged out of HUD. What happens is we try to work with them to try to find a better place for them, a better fit, because we're committed to the person. We're not committed to the voucher."

However, not all Veterans are eligible for care through the VA or HUD-VASH. That is where organizations like Vetstar come in. It is a non-profit based in Lubbock and has been in Amarillo since Nov. 2016.

Since then, they have housed 200 Veterans and their families. They said rapid housing is the key to success.

"We provide the foundation, which is application fees, deposits, rent, then we ramp them into other services, hopefully where they can become self-sufficient," said Chris Israel, Vetstar Veteran Case Manager.

It is important to note the PIT count showing the 26% decrease in Veteran homelessness is taken on just one night of the year, meaning the number might not necessarily be representative of the homeless Veteran population overall in Amarillo.

Hall said another count will be taken in January.

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6.4 - KSNT-TV: [Salvation Army program housing homeless veterans](#) (17 December, Willis Scott, 37k uvm; Topeka, KS)

On any given night in America roughly 40-thousand veterans are homeless. One man at the Topeka Salvation Army has made it his mission to reduce that number in Kansas.

Jason Clark spends a lot of time on the road for his job.

"I just drive around eastern Kansas trying to get ahold of homeless veterans and trying to get them housed," Clark said.

As a part of the Salvation Army's Supportive Services for Veteran Families Program, he searches out homeless veterans to offer them support. Many of the vets have stories similar to his own.

"I was in the army, loved it, was going to make a career out of it," Clark said. "And then I was in multiple IEDs."

He was homeless for a year and a half as he struggled with the effects of a traumatic brain injury.

"I ended up doing what a lot do is I found my answers in the bottom of a bottle and fighting people," Clark said.

Older veterans from a VFW helped him get back on his feet. Now he's paying it forward by helping others get off the streets too.

Tim Moore is a case manager with Supportive Services for Veteran Families. He said housing is the first step to a new life for many veterans.

"Our whole goal is housing first, which means we try to get them into a house and off the street as quickly as possible," Moore said.

Clark said they focus on giving to those who have given for us.

"It's important for us to help these people, because they've served and a lot of times they need that extra step to get back and transition into life," Clark said.

Supportive Services for Veteran Families pays for veteran's rent with a grant from the VA. Moore said they are always looking for landlords who want to participate in their program.

To find out more about the program click [here](#). The number for the Topeka Salvation Army is 785-233-9648.

For immediate mental health support, you can call the Veterans Crisis Line at 1-800-273-8255.

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6.5 - Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year.

As the rain continued, visitors at the cemetery trudged through standing water and mud, their feet sinking into the soil, their shoes and socks getting soaked and dirty.

But the wet conditions didn't deter volunteers from placing Christmas wreaths on the graves of veterans as part of the annual Wreaths Across America, a nationwide event held each December at Arlington National Cemetery and more than 1,400 other locations across the country and around the world. The local event is sponsored by the Winchester Squadron of the Civil Air Patrol (CAP)

"All gave some. Some gave their all," squadron 1st Lt. Don Garrett said during a ceremony for the local wreath-laying. "The freedoms we enjoy today have not come ... without a price."

Americans should be forever grateful for their sacrifices, he said.

"We are honored to have known you," he continued, directing his words toward the deceased. "We shall not forget you."

A lengthy moment of silence was held in remembrance of them.

Garrett urged people to thank current and former armed forces members for their service and sacrifices on behalf of the nation.

Operated by the U.S. Department of Veterans Affairs, Winchester National Cemetery at 401 National Ave. contains the graves of 5,561 service members. It is full and not accepting new burials.

This year, the CAP was only able to place wreaths on 1,908 graves in the cemetery, Garrett said, because of a lack of donated funds. He said each wreath costs \$15.

At least 100 people braved the elements to attend Saturday's event. Many carried umbrellas. Others just got wet.

"We're all proud to be Americans," Garrett told the attendees.

Among those participating in the event were other Civil Air Patrol members and young people in the United States Naval Sea Cadet Corps based in Loudoun County.

An honor guard presented the colors. The event concluded with the playing of taps by 1st Lt. Wayne Schneider.

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6.6 - Marietta Times: [Wreaths remember soldiers lost](#) (17 December, 11k uvm; Marietta, OH)

Several local organizations participated Saturday in a yearly nationwide program to honor and remember fallen servicemembers with a decorative wreath marking the holiday season.

Wreaths Across America began in 1992 with a trailer load of wreaths, decorated by volunteers and laid at the graves of fallen soldiers at Arlington National Cemetery. It has now become a

national organization with more than 900 participating locations focused on the mission to remember, honor and teach.

In Belpre, members of American Legion Post 495 conducted a ceremony at 11 a.m. Saturday at the historic Cedarville Cemetery.

Don Ery, organizer of Saturday's ceremony for Post 495, said it was the eighth year the post has conducted the Wreaths Across America at Cedarville and was the last thing it was doing as an American Legion post.

In November, Post 495 announced it was closing after over 80 years in the Belpre community.

"This is Post 495's last day, actually," he said Saturday morning. "When we finish here, we are going down to the post and strike the colors down there."

Ery said most of Post 495's members have chosen to join other Legion posts in the area, but the group will still be active in Belpre.

"We're also starting a Belpre area veterans association that the members will join. It's going to be much less formal than the American Legion but we are going to continue to do these ceremonies and we have the Honor Walk at Howes Grove Park that we're going to continue to take care of," he said.

At noon, a wreath was placed at the Gold Star Memorial at Spencer's Landing in Vienna with Mayor Randy Rapp in attendance. Also attending was Rick Raab of Parkersburg, one of the local veterans featured on the Gold Star Memorial.

In Parkersburg at City Park, members of the Parkersburg Squadron Civil Air Patrol gathered at noon Saturday to join with others across the country as part of the Wreaths Across America project. They place wreaths at the various veterans memorials located next to the pond in City Park.

"It is a little nerve-wracking to lay the wreaths at the memorials," said Camden Westfall, 15, a member of the Parkersburg Squadron Civil Air Patrol.

"Remembering and honoring our veterans is a big deal, especially to me, and I am glad to have participated in this ceremony," he said.

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6.7 - The Journal Tribune: [Remember, honor, teach: Wreaths laid at veterans cemetery](#)
(17 December, Tammy Wells, 11k uvm; Biddeford, ME)

Mary Waterhouse, her daughter Mariette and two granddaughters, Leah and Olivia Roberge came to Southern Maine Veterans Cemetery lay a wreath on their loved one's headstone on Saturday, as did scores of others.

Mary's husband James, who served in the U.S. Army, passed away in 2014.

"This year, we decided we wanted to honor him and all the veterans, and be part of this ceremony," said Waterhouse, of Acton. She said when she and her husband had to make

decisions toward the end of his life, they were glad that the veterans cemetery in Springvale –so close to home – had been built. The closest other is in the middle of the state – a long way from home.

Her family and many others with loved ones buried in the cemetery or those who just wanted to help were on hand for the brief, heartfelt ceremony, and then quietly placed wreaths on the white marble headstones.

Saturday was Wreaths Across America Day. Hosted by Rolling Thunder, the ceremony drew participants from veterans organizations, scouting troops, ROTC, and many others.

Ringling the committal shelter where the ceremony was held were members of service organization, families, Cub and Boy scouts, members of the Massabesic Naval Junior ROTC program and others, solemnly holding America flags.

Rolling Thunder President Paul LeBlanc told those gathered that more than 1,100 similar ceremonies were taking place in veterans cemeteries all over the country and at Arlington National Cemetery in Virginia.

Wreaths Across America's motto is "remember, honor, teach."

"We are here today not to remember their deaths, but to remember their lives," said LeBlanc.

Those representing each branch of the military service – U.S. Army, Air Force, Navy, Marines, Coast Guard and Merchant Marine, placed a ceremonial wreath.

Accompanying Sanford World War II veteran and former prisoner of War Leon Tanguay as they placed a wreath was Vicki Uzzle of Eliot, whose father, Woodrow Wilson "Corky" White fought in World War II. She is searching for his remains. What is known now – but wasn't known in 1944 because a letter to the family home somehow got lost – is that White's remains washed up on the beach at Anzio, according to the letter, found unopened in the house years later when someone was undertaking renovations. She said the letter was from the chaplain, asking his family whether they wanted his remains to be shipped home to America or buried locally.

Uzzle was a baby at the time.

"I've been trying to find his remains for the past couple of years," she said following the ceremonies.

As the ceremonial wreaths were laid, David Foster sounded 'Amazing Grace, on the bagpipes.

Speakers included Ron Rivard of the Southern Maine Veterans Cemetery Memorial Committee and Sanford Deputy Mayor Luke Lanigan.

"We are here to say 'thank you' and we are honored to serve you," said Rivard.

"Freedom has a cost, and we take time today to show our respect and honor our fallen," said Lanigan, who told those assembled that one of his sons has made the commitment to join the military.

Jessica Johnson and her son Julian Truitt played 'Taps.'

Then, quietly and respectfully, the wreath laying began.

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6.8 - Gettysburg Times: [Wreaths Across America event at East Berlin cemetery](#) (17 December, John Armstrong, 9k uvm; Gettysburg, PA)

Volunteers braved the inclement weather Saturday to place wreaths on graves of veterans of conflicts from the American Revolution to the Vietnam War in East Berlin's Union Cemetery as part of the "Wreaths Across America" ceremony. "Wreaths Across America" is a program honoring veterans through wreath-laying ceremonies at Arlington National Cemetery, as well as at more than 1,400 additional locations in all 50 U.S. states, at sea and abroad.

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6.9 - The Gazette-Virginian: [Rain doesn't dampen Virgilina wreath laying ceremony](#) (17 December; South Boston, VA)

A tribute that began in the Virgilina community years ago continued at noon Saturday when citizens participated in a wreath laying ceremony to honor veterans as part of Wreaths Across America.

Although the ceremony was moved from Virgilina Cemetery to a nearby church due to the falling rain, that did not diminish the meaning of the wreath laying event as a youth group from Florence Avenue Baptist and Union Christian Church joined members of the Virgilina Women's Club to prepare the wreaths to be laid at the cemetery.

In addition to the youth and members of the Virgilina Women's Club, others who helped make the wreath laying possible were Fannie Mae Tuck and Mr. and Mrs. Mark Nunn, who supplied the wreaths.

Wreaths Across America now has expanded to all 50 states as an event to remember veterans, both alive and deceased who have made sacrifices for their nation.

Wreaths Across America traditionally lays wreaths on the third Saturday in December.

As part of Wreaths Across America, the wreath laying ceremony is organized to bring a sense of pride and gratitude to area veterans, organizers say.

Wreaths Across America is a worldwide organization that organizes events such as the one held in Virgilina Saturday. The organization is best known for its work at Arlington National Cemetery.

Eagle Scout Payne Atkins Nunn spearheaded the local wreath laying ceremony in December seven years ago to complete his Eagle Scout requirements.

At that time, Nunn said he organized the ceremony in hopes of bringing a sense of pride and gratitude to area veterans.

The ceremony is held each year at noon on a Saturday in December at the same time the ceremony starts at National Cemetery in Arlington when a wreath is placed on every one of the veterans' graves.

In addition to laying wreaths, a history of the ceremony is shared each year with the names of each veteran being read.

Since the community began holding the wreath laying ceremony seven years ago, a sense of pride has been instilled in Virgilina residents for the veterans' service to the country.

Virgilina Cemetery is an official location for the wreath laying event each year.

The Virgilina Cemetery also holds a Memorial Day service each year, and now the wreath laying ceremony has become the community's December tradition.

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6.10 - Ripon Advance: [Barr wants to ensure U.S. student veterans receive proper educational housing benefits](#) (17 December, 2k uvm; Washington, DC)

U.S. Rep. Andy Barr (R-KY) last week unveiled bipartisan legislation that would rectify how the U.S. Department of Veterans Affairs (VA) reimburses America's student veterans for housing benefits under the GI Bill.

The Forever GI Bill Housing Payment Fulfillment Act of 2018, H.R. 7273, which Rep. Barr sponsored on Dec. 12, would authorize the U.S. VA Secretary to establish a team to address the difficulties the VA has had in making federally required educational housing benefit payments to military veterans attending institutions of higher education, according to the text of the bill.

H.R. 7273 also would ensure the VA properly and retroactively pays student veterans their educational housing benefits, the congressman said in a statement.

"The Forever GI Bill provides housing benefits to thousands of Kentucky's active military, reservists and veterans as they pursue higher education," said Rep. Barr. "The VA must be held accountable for properly implementing the law and administering the Forever GI Bill in accordance with congressional intent. Our nation's veterans deserve better than to be faced with inaccurate, late payments."

Rep. Barr said the introduction of H.R. 7273 is in response to the VA's failure to comply with the reimbursement rates set by the Forever GI Bill, officially known as the Harry W. Colmery Veterans Educational Assistance Act of 2017.

The law made certain improvements to the Post-9/11 Educational Assistance program for veterans, including those related to how the VA Secretary calculates the amount of payments for monthly housing stipends under that program, according to the text of H.R. 7273 in the congressional record.

Specifically, Section 107 of the law requires the VA Secretary to calculate payment amounts for monthly housing stipends based on the location of the campus of the institution of higher learning where the individual attends classes, a change from the previous direction to make the calculation based on the location of the institution of higher learning, according to H.R. 7273.

However, the VA's difficulties to fulfill the law's requirements, reportedly the result of an information technology problem, have hindered the department's ability to correctly disburse educational benefits to the student veterans, according to Rep. Barr's statement.

In fact, VA officials have said that the department won't be able to determine the correct payment amounts until Dec. 1, 2019, adding that "outdated information technology systems have stymied efforts to update necessary information that enable proper housing payments as required by the provisions of law," according to the bill.

"This legislation will remedy an undue hardship placed on veteran students and provide oversight and accountability to ensure these payments are made in a timely manner," said Rep. Barr. "I look forward to the swift passage of this legislation to provide relief and certainty to our veterans."

If enacted, H.R. 7273 would establish a team that would have 90 days from enactment of the measure to come up with a plan on correcting the VA's problems in this instance. The team, according to the text of the bill, would present its plan to Congress within that time frame.

H.R. 7273, which is cosponsored by U.S. Rep. Tulsi Gabbard (D-HI), has been referred for consideration to the U.S. House Veterans' Affairs Committee.

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7. [Other](#)

7.1 - Military.com (Military Update): [VA Offers New Mental Health Claims Tool](#) (17 December, 1.6M uvm; San Francisco, CA)

Department of Veterans Affairs (VA) mental health claims can now be verified faster and easier thanks to the Official Military Activities Report (OMAR) , which is a new tool that allows VA employees quick access to significant activity (SIGACT) data used to verify combat and other military participation in what could be considered stressful events. The database currently includes approximately 250,000 significant events in Iraq and around 500,000 events in Afghanistan. Thanks to OMAR, the claims development process time is reduced by an average of 60 days. For more information, read the VA Vantage Point Blog.

For more on veteran healthcare, visit the Military.com Benefits section.

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7.2 - The Times-Picayune: [An Army vet in crisis. A family calls for help. What happened next, shouldn't have.](#) (17 December, Jonathan Bullington, 97k uvm; New Orleans, LA)

Crouched in a ball in her family's living room, her hands covering her ears, Natalie Wilson was certain she was about to die.

Each gunshot sounded more like an explosion, seemingly dozens of them, filling the room with the smell of burnt gunpowder. Through the chaos she heard her son Preston, a 29-year-old U.S. Army veteran, shout his surrender as he retreated, gun in hand, into the guest bedroom. Out of

the corner of her eye, she could see one of the sheriff's deputies crawling toward the side door while another deputy screamed in his radio for help.

She had been asleep at the home on Banks Street earlier that morning when Preston burst through the door, panicked and going on about someone in the backseat of his car. Natalie rubbed her eyes, clutched her nightgown and went with Preston to check the car. It was maybe 4 in the morning and the August air outside was already thick with humidity.

"Preston, there's nobody back there," she told him – in vain. Her son was suffering another paranoid delusion. Such episodes had grown more frequent, and intense, in the years since his return from tours in Iraq and Afghanistan.

As Preston paced about the house, Natalie called her daughter, Sydneye Thornton, 30 miles away in Natchitoches. It was usually Sydneye who could talk her older brother back to reality.

"Settle down Preston," Sydneye told him on the phone. "It's gonna be alright. Go to sleep."

"They're out there, Bam!" he replied, using the nickname he gave her. "I've seen them!"

Realizing she couldn't calm her brother, Sydneye made a decision she has come to regret in the 16 months since that day: She called the U.S. Department of Veterans Affairs crisis line.

The family thought paramedics would come take Preston to the VA hospital in Shreveport. Instead, two Red River Parish sheriff's deputies were dispatched to 1218 Banks St. that morning.

Seven minutes after the first deputy knocked on the side door, Preston was dead, cut down in a brief but ferocious exchange of gunfire that wounded one of the deputies.

What happened in that Coushatta living room Aug. 2, 2017, exposes one of the most damaging consequences of Louisiana's broken mental healthcare system: Years of budget cuts have pushed thousands of families affected by mental illness into a crisis. With limited or nonexistent options for care, responding to their calls for help often falls to police officers and sheriff's deputies.

"They're the first responders, and in a sense, the social workers to try to ease that situation and get the person some help," said Victor Dennis Jr., treasurer with the Central Louisiana branch of the National Alliance on Mental Illness.

Some law enforcement agencies have embraced the need for policies and expanded training on how to respond to a growing number of these "103M" calls – the police code commonly used to denote a person with a mental illness. But many police chiefs and sheriffs across the state have failed to adopt policies to guide their officers on how to handle these delicate and potentially deadly situations.

The Times-Picayune sought records from all 378 law enforcement agencies in Louisiana to see if they have adopted policies and training to guide officers responding to calls involving someone with a mental illness. Out of 146 agencies that responded as of early December, 84 – or 58 percent – did not have such a policy.

Many agencies still do not take advantage of that additional training, putting officers and the community in danger, advocates say.

“We are creating a system where we are putting people who are fragile in the hands of people who do not know how to handle them,” said the Rev. Alexis Anderson, a mental-health advocate in Baton Rouge.

Preston’s family remembered him as a goofy and, at times, mischievous child who was quick with a joke. In the town of Coushatta, he was known as “Tucker Boy” after maternal grandparents Freeman and Varion Tucker, natives of the small community on the banks of the Red River, about an hour southeast of Shreveport.

Preston’s father, Sidney Thornton, had been a star running back at nearby Northwestern State University and a second-round draft pick for the Pittsburgh Steelers in 1977. He won two Super Bowls with the Steelers in six NFL seasons before retiring to coach high school football.

Preston also excelled on the football field, a quick and powerful running back who people thought could play in college. But he felt the shadow his father cast, and saw the game’s punishing toll on his dad’s health. Preston wanted something different, beyond football and beyond Coushatta. After his 2006 graduation from Red River High School, he enlisted in the U.S. Army.

“The Army was him getting away from everything,” his sister said.

Preston began his advanced Army training in the fall of 2006 at Fort Lee, Va., where he became fast friends with fellow enlistee Blaine Campbell.

“That was my brother,” Campbell said. “Everything was tolerable just because of his presence.”

Campbell and Preston were bunkmates in Virginia and lived together on a base in Germany, where they spent their down time playing Madden football and shooting pool at nearby bars.

It was during this time that Preston met his future wife and the mother of his first child, a daughter born not even six months after Preston and Campbell were deployed to Qayyarah Airfield West – known in military circles as “Q-West” – outside Mosul in northern Iraq.

A few months into their deployment, a roadside bomb destroyed a vehicle carrying both men. Campbell was physically injured in the explosion. He is reluctant to discuss the details.

“For me and a lot of other vets, there might be a singular incident: a bomb blows up a vehicle or the dining hall explodes,” he said. “It’s not that one incident. It’s the totality. If you compound tragic event after tragic event, it erodes your soul over time.”

Like his friend Preston, Campbell struggled to adjust to life back in the States. In June 2010, less than a year after he left Iraq, Campbell blacked out while cooking at his townhome near the base in Fort Rucker, Ala. He regained consciousness and looked down to see his dog bleeding from a knife wound to the stomach.

Panicked, he put pressure on the wound and called the VA crisis line. He walked outside, still holding his dog, when four police cars pulled up and officers with guns drawn approached, screaming at Campbell to put his hands in the air.

An acting first sergeant who lived nearby saw the police response and rushed over, yelling for officers to hold their fire. They handcuffed Campbell and took him to the emergency room. He eventually was diagnosed with post-traumatic stress disorder – among other conditions – and received treatment at Walter Reed National Military Medical Center in Bethesda, Md.

“Luckily I had an intervening person to de-escalate,” Campbell said of his encounter with police that day eight years ago. “I was scared as hell. I was assuming the crisis line was sending people to help me, and then they came with their guns drawn.”

“Fifty years of failed mental health policy” is how the nonprofit Treatment Advocacy Center describes the nationwide deinstitutionalization of public psychiatric hospitals and the lack of investment in community-based treatment options for the country’s estimated 7.9 million adults living with a severe mental illness.

The results, according to the advocacy center, “have placed law enforcement on the front lines of mental illness crisis response and turned jails and prisons into the new asylums.”

One in 10 calls for police service across the country are generated by people with a severe mental illness, according to a 2015 advocacy center report.

In Louisiana, years of budget cuts and the push to privatize health care dismantled the state’s network of indigent-care hospitals and shuttered public mental health hospitals in New Orleans, Greenwell Springs and Mandeville. Two remaining state-run psychiatric hospitals in Pineville and Jackson have lost funding and capacity over the years.

Law enforcement officials across Louisiana say those decisions have put a strain on their agencies. It’s difficult, though, to quantify how often police officers and sheriff’s deputies across the state field mental health-related service calls.

Some agencies use the 103M designation for someone with a possible mental illness. The New Orleans Police Department is one of those agencies, and in 2014, its officers responded to more than 3,800 calls classified as 103M, department records show. Three years later, that number rose to nearly 5,000.

The department is on pace to see a further increase in 103M calls in 2018, averaging 15 every day through the end of November.

Other law enforcement agencies do not specifically track encounters with people who have a mental illness. But even the ones that do note the 103M designation does not capture all interactions between police and people with a mental illness. Service calls for a variety of other incidents, from domestic violence to shoplifting, could include a mental-health component that would not show up in a search of 103M calls.

One window into the frequency of law enforcement responses to mental health crisis calls is through a coroner’s office. Louisiana’s 64 coroners by law have the authority to involuntarily commit people with mental illnesses who are believed to be a danger to themselves or others. Commitment orders can be done either through a coroner’s emergency certificate or through an order of protective custody. Not all require police involvement, though the latter usually do.

According to records obtained by NOLA.com | The Times-Picayune, coroner's offices in 43 of Louisiana's 64 parishes signed nearly 7,000 orders of protective custody last year, and issued more than 43,000 emergency certificates – an average of 118 statewide every day.

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From:

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Subject: [EXTERNAL] 17 December Veterans Affairs Media Summary and News Clips

Date: Mon Dec 17 2018 05:15:10 CST

Attachments: 181217_Veterans Affairs Media Summary and News Clips.docx
181217_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

17 December 2018

1. [Top Stories](#)

1.1 - The Post and Courier: [Federal data shows nearly 3,000 rodents, cats and dogs are being used for research in SC](#) (16 December, Jerrel Floyd, 314k uvm; Charleston, SC)

In a small research room near the Ralph H. Johnson VA Medical Center in Charleston, a tiny black mouse scurries across a glowing green miniature walkway as it tries to return to a nest of other mice. With each step, a bright green footprint follows.

[Hyperlink to Above](#)

1.2 - WRGB (CBS-6): [Town Hall: Your Voice Your Future - The Opioid Crisis with Eric Bolling](#) (17 December, 79k uvm; Schenectady, NY)

The Opioid Epidemic crosses all social lines, economic, racial, religious, political, urban, suburban. It destroys lives, families, communities. We continue our commitment to discuss this national epidemic. Date: Tuesday, December 18, 2018 Time: 7:00-8:00 pm (ET) Panel: Kellyanne Conway, Counselor to President Donald Trump (not confirmed); Sec Veterans Affairs Rob[er]t Wilkie...

[Hyperlink to Above](#)

1.3 - Times-Standard: [VA uses ketamine to treat PTSD effectively. Treatment could be available at local VA clinic next year](#) (15 December, Philip Santos, 29k uvm; Eureka, CA)

The San Francisco Veterans Affairs Medical Center is administering ketamine to veterans with post-traumatic stress disorder and depression. Tobias Marton, the director of the ketamine infusion program at the center, said that since the program first launched two years ago, they have treated about 40 patients who had virtually exhausted all other options.

[Hyperlink to Above](#)

1.4 - Muskogee Phoenix: [Three Forks History: National Cemetery Created for Union Dead](#) (16 December, Jonita Mullins, 14k uvm; Muskogee, OK)

After the start of the Civil War, Congress authorized the Lincoln administration to purchase burial grounds to be designated as National Cemeteries. At the end of the conflict in 1865, forty such National Cemeteries were scattered across the country containing the graves of more than 100,000 Union dead.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Watertown Daily Times: [‘Leave No Veteran Behind’: Volunteer drivers sought for DAV program](#) (16 December, Chris Brock, 86k uvm; Watertown, NY)

When Edward J. Rogers left the U.S. Marines in 1991 after four years of service that included deployment to Operation Desert Storm, the lance corporal, left with back issues, had a hard time getting to his medical appointments.

[Hyperlink to Above](#)

2.2 - The Daily Courier: [VA's Project Hero puts wheels of rehabilitation in motion](#) (16 December, Nanci Hutson, 6k uvd; Prescott, AZ)

The local VA has initiated a new program to benefit veteran heroes, aptly named Project Hero. All it takes is the ability to ride a bicycle — and if you don't have one, they will supply one. Project Hero is a decade-old national organization with a mission of hosting bicycling events for veterans, as well as first responders, to provide physical activity that offers social and exercise connections able to reduce symptoms of isolation, depression and post-traumatic disorder.

[Hyperlink to Above](#)

3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Providence Journal: [Veterans Journal: New VA secretary touts VA Choice care option](#) (16 December, George W. Reilly, 245k uvm; Providence, RI)

Robert Wilkie, the new secretary of the Department of Veterans Affairs, spoke last Veterans Day weekend with National Public Radio's Steve Inskeep about his goals and the department's recent history of controversy. The Department of Veterans Affairs slipped into chaos earlier this year and VA Secretary David Shulkin was fired.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Newsday: [Holiday wreaths placed at Long Island National Cemetery](#) (15 December, 1.4M uvm; Melville, NY)

Members from the Long Island Senior Squadron of the Civil Air Patrol, as part of the national Wreaths Across America program, laid 40,000 holiday wreaths on the graves of fallen service members at Long Island National Cemetery in Melville on Saturday. Victoria Vitullo, 6, of Valley Stream, places wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

[Hyperlink to Above](#)

6.2 - The Columbus Dispatch: [Hundreds of veterans and their families celebrate the holidays at annual Christmas party](#) (16 December, Patrick Cooley, 811k uvm; Columbus, OH)

Hundreds of veterans and their families packed the Franklin Park Adventure Center on Saturday, where their children, grandchildren and other young relatives got a chance to make gingerbread houses, get their faces painted, watch magic shows and tell Santa Claus what they want for Christmas.

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6.3 - KXAS (NBC-5, Video): [Thousands Lay Christmas Wreaths at Dallas-Fort Worth National Cemetery to Honor Fallen Soldiers](#) (15 December, Laura Harris, 480k uvm; Fort Worth, TX)

More than 6,000 people showed up to pay their respects, lay wreaths and volunteer Saturday at the Dallas-Fort Worth National Cemetery. Saturday was Wreaths Across America Day, held annually on the second or third Saturday of December. Ceremonies were held across the country, including in Dallas-Fort Worth, to honor and remember fallen soldiers and their families before Christmas.

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6.4 - The News Tribune (Video): [Tahoma National Cemetery hosts annual Wreaths Across America](#) (15 December, Joshua Bessex, 394k uvm; Tacoma, WA)

Two-minute video: Tahoma National Cemetery hosted the annual Wreaths Across America in which hundreds gathered to place more than 5,400 wreaths on the gravesites of veterans.

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6.5 - WTVT (FOX-13, Video): [Wreaths Across America ceremony held at Bay Pines](#) (16 December, 374k uvm; Tampa, FL)

A solemn Christmas celebration took place at one very well-known cemetery in Pinellas County. Hundreds of volunteers and families laid military wreaths on the graves of 4,000 soldiers at Bay Pines National Cemetery. Betty Hess is from a family of military veterans. She's older and admits, it's hard for her to get around these days, though she says nothing, will stop her from giving the most important gift this season -respect.

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6.6 - Albuquerque Journal: [Groups help veterans with range of needs](#) (16 December, Donna Olmstead, 308k uvm; Albuquerque, NM)

For military veterans adapting to civilian life after their service, the holidays can be a bump in the road. Between 159,000 and 170,000 of New Mexico's residents are veterans, some successful professionals, some pursuing advanced degrees, while others are homeless looking for a place to live. (The numbers vary depending on which agency estimates the population.)

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6.7 - Pioneer Press: [Photos: Truckers lay wreaths on veterans' Fort Snelling headstones](#) (16 December, 158k uvm; Saint Paul, MN)

Dozens of volunteers on Saturday placed wreaths on the the headstones of veterans at Fort Snelling National Cemetery. The event, part of a nationwide remembrance called Wreaths Across America, was sponsored by the Minnesota Trucking Association to honor deceased veterans.

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6.8 - San Antonio Express-News (AP): [San Antonio-based Soldiers' Angels helps vets home, afar](#) (16 December, 148k uvm; San Antonio, TX)

The war in Iraq was still in its first year when Patti Patton-Bader's son, a soldier there, told her that he was one of the few service members he knew who was getting care packages. The San

Antonio Express-News reports Patton knew what to do. She got some of her friends and neighbors to send packages to Staff Sgt. Brandon Varn's platoon. That was just the start.

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6.9 - WIS (NBC-10, Video): [Midlands Gold Star wife remembers husband each year at Ft. Jackson for Wreaths Across America](#) (16 December, Jenna Cisneros, 141k uvm; Columbia, SC)

The tenth annual Wreaths Across America Ceremony at Fort Jackson National Cemetery took place Saturday afternoon, where roughly 6,500 wreaths were laid on the graves of Midlands veterans. Mary Mosley, one of many in the Midlands, honors her husband every year at this ceremony.

[Hyperlink to Above](#)

6.10 - WLEX (NBC-18, Video): [Wreaths Across America Event Held At Camp Nelson National Cemetery](#) (15 December, Kylen Mills, 115k uvm; Lexington, KY)

An emotional day at Camp Nelson National Cemetery in Nicholasville as people gathered to place wreaths at the graves of veterans. Families, friends and even strangers gathered for the Wreaths Across America event to honor those who made sacrifices for our country. Tina Lay was one of the attendees; it's been nearly a year since she lost her husband, an army, veteran to cancer.

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6.11 - Erie Times-News: [Taxpayers should not have to pay for city's mistakes: Letters to the editor](#) (16 December, Brian Woodward, 67k uvm; Erie, PA)

These girls participate in many of our outreach activities in the community including the pizza, wing and bingo parties for the residents of the Erie Veterans Affairs Medical Center, the military share food distributions with the Second Harvest Food Bank each month and the annual Christmas party for the residents of the Erie VA.

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6.12 - KFVS (CBS-12): [Veterans remembered at Mound City National Cemetery's Wreaths Across America event](#) (15 December, Mike Mohundro, 67k uvm; Cape Girardeau, MO)

Veterans were remembered at the Wreaths Across America event at the national cemetery in Mound City. More than a hundred came out to the event at the Mound City National Cemetery on Saturday, Dec. 15. Before the event even began, truckloads of wreaths were dropped off and staged along the rows of the graves for those to place at every third headstone.

[Hyperlink to Above](#)

6.13 - The Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year.

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7. Other

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1. [Top Stories](#)

1.1 - The Post and Courier: [Federal data shows nearly 3,000 rodents, cats and dogs are being used for research in SC](#) (16 December, Jerrel Floyd, 314k uvm; Charleston, SC)

In a small research room near the Ralph H. Johnson VA Medical Center in Charleston, a tiny black mouse scurries across a glowing green miniature walkway as it tries to return to a nest of other mice. With each step, a bright green footprint follows.

The walkway, formally called the “CatWalk,” projects data onto a nearby computer screen where the mouse can be seen while its footprints are measured. The purpose of the experiment is to watch how the mouse applies pressure to each of its legs. Scientists hope to use this information to further fuel research into unique fractures commonly diagnosed among veterans.

Though non-invasive and seemingly simple, this research still requires extensive oversight from veterinary and scientific experts to be conducted. Everything must be approved — from the type of equipment used to the number of mice enlisted.

This level of oversight isn’t unique to animal research at the Charleston VA. Animal research across the country has long been a source of controversy and tension, from both outside activists and scientists who want to limit the use of animals in these settings as much as possible. With at least seven entities across the state, including the VA hospital in Charleston and the Medical University of South Carolina, certified to conduct animal research and nearly 3,000 animals currently in use, the Palmetto State finds itself very much a part of this national conversation.

“It’s very much limited, very restricted,” said Dr. R. Amanda LaRue, head of research at the VA hospital.

Nationally, Americans are almost evenly divided when it comes to their opinions of animal use in scientific research. According to the Pew Research Center, at least 52 percent of Americans are opposed to the practice while 47 percent are in favor. Arguments against the practice range from the possible existence of alternative research methods in which animal behaviors can be replicated with technology, to the lack of effectiveness and oversight.

But advocates for the use of animals in labs argue they play an invaluable role in scientific research.

Cindy Buckmaster, a biomedical researcher and chairwoman of Americans for Medical Progress based in Houston, said there are currently no good substitutes for animal research in lab settings. Researchers still need to learn a lot about the complexities of living organisms, she said. Technology can’t replicate animal behavior yet, she said, and many experts believe a truly effective and respected alternative probably won’t be developed until 2035.

“What we know is a fraction of what we need to,” she said. “The way we learn about it is through animals.”

Part of the problem, she acknowledged, is that researchers haven't done the best job of explaining animal research to the public. For one, she said that research topics requiring the use of animals in labs are a result of public outcry for biomedical progress.

"The researchers don't drive animal-based research," she said. "That's driven by the public."

Earlier this year, California banned the selling of cosmetics that were tested on animals, an update that many animal rights organization saw as a victory toward abolishing the use of research animals in labs. But experts say animal testing for cosmetic use is a practice that has little connection to the research that's done to advance medicine at places like the VA.

"Our goal is to address issues and real problems that our veteran population faces," LaRue said.

Black, white and grey

Since the dawn of medicine, animals have been used for medical research. But unlike today, there wasn't much opposition to the practice in ancient Greece.

A study on the history of animal experiments in biomedical research found it wasn't until the 1970s and '80s when much of the existing opposition got its footing, including a group called PETA, short for People against the Ethical Treatment of Animals, arguably the most vocal among all animal rights organizations.

"The reality is that the majority of animal experiments do not contribute to improving human health," the group writes on its website, "and the value of the role that animal experimentation plays in most medical advances is questionable."

Current opponents to the use of animals in research highlight the lack of funding and staffing at federal agencies, including the U.S. Department of Agriculture, responsible for overseeing animal use in labs. And the Animal Legal Defense Fund has argued that the chief federal animal protection law, the Animal Welfare Act, excludes animals like mice that make up majority of the animal testing.

Meanwhile, proponents of the practice tend to focus on medical advancements for humans, including chemotherapy, insulin and the rabies vaccine, that have been made possible because of the use of animal in labs. Most of the Nobel Prizes awarded in physiology or medicine, for example, were given to work that included the use of animal research.

"There's great value in the animal research," said LaRue, of the Charleston VA.

Other groups, including the Charleston Animal Society, believe that the issue isn't so black and white.

Though they see the value in the research, they highly recommend that animals only be used when there aren't any alternatives and never to benefit research related to cosmetics or household items. They also believe that research organizations should be investing in technological studies that could feed alternative methods and that organizations conducting this type of research need to be more transparent with the public.

"We realize that animal testing is a reality," said Joe Elmore, CEO of the Charleston Animal Society. "This is the gray area and you just try to navigate the gray area as humanely as you possibly can."

Layers of approval

Most of the nearly 3,000 animals currently being used in South Carolina for active research are mice and rats, according the federal government. More than 400 are dogs and cats.

That research is being conducted across the state — at Clemson University, the University of South Carolina, both VA hospitals, and others.

At Clemson, for example, researchers are regenerating brain tissue in traumatic brain injuries by using adult lab rats. At MUSC, scientists are studying cocaine addiction by testing possible cures on cocaine-addicted rats.

“At this point, there is no way to model all of the complex interactions that occur in living organisms,” MUSC spokesman Tony Ciuffo said in a statement. “Therefore, it continues to be necessary to depend on both human and animal experimentation to prevent and treat diseases.”

Nearby at the VA hospital in Charleston, researchers are currently looking at adult stem cells and how those cells could heal bone fractures in the lower extremities. This led them to the use of the mouse on the catwalk. Other animal research at the VA in Charleston is seeking to address issues associated with sand inhalation as veterans stationed overseas often make contact with sand during deployment.

“With animals models we can get a full picture of what’s happening to the organism in a specific disease or around a specific gene that’s being affected,” LaRue said. “And obviously we can’t do that in a human very easily.”

According to LaRue, getting approval to use animals in research for the VA is extensive. The first layer of approval is conducted at the VA’s central office in Washington D.C., where a veterinarian reviews the proposal and makes sure it is scientifically justified. They also check the number of animals needed to conduct the study “so that we’re using the fewest numbers of animals that we can possibly use,” LaRue said.

Then, the veterinarian takes note of the species proposed for use in the research to ensure that the least sentient species — or the species least likely to feel or perceive things — is used. If the work can be conducted with a mouse, for example, that’s considered preferable to a dog.

If approval is granted in Washington, a local Institutional Animal Care and Use Committee must also sign off on the proposal and provide ongoing inspections of the work.

“And that makes sure that they have the community’s interest in mind as well,” LaRue said. “We justify not only to the scientists and to the researchers, but also to the community.”

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1.2 - WRGB (CBS-6): [Town Hall: Your Voice Your Future - The Opioid Crisis with Eric Bolling](#) (17 December, 79k uvm; Schenectady, NY)

The Opioid Epidemic crosses all social lines, economic, racial, religious, political, urban, suburban. It destroys lives, families, communities. We continue our commitment to discuss this national epidemic.

Date: Tuesday, December 18, 2018

Time: 7:00-8:00 pm (ET)

Panel:

Kellyanne Conway, Counselor to President Donald Trump (not confirmed)

Miracle of medicine

"We know ketamine has rapid and powerful anti-suicide properties," he said. "To have another tool, a potentially powerful tool to have an impact on suicide rates is really exciting."

While Marton is proceeding with "cautious optimism," Boris Nikolov, the CEO of Neurosciences Medical Clinic in Miami, Florida, which has a ketamine clinic, believes the application might be a medical breakthrough.

"It's one of the greatest discoveries in the field of depression," he said. "This is one of the miracles in medicine."

Nikolov's clinic has treated 120 patients with ketamine, including his wife who has PTSD as a result of severe child abuse.

"Ketamine really helped her," he said. "That was a really big part of her recovery."

Nikolov said most medicines that treat depression take from two to four weeks to start working. Ketamine begins working within hours after it is administered, a process which usually involves an IV infusion over the course of about an hour.

"What's most important is the strong and fast effect of ketamine in patients who are very seriously depressed, or want to hurt themselves," he said. "When they finish treatment, they're totally different people. There is no other medication that does that."

Brad Burge, the director of strategic communication at the Multidisciplinary Association for Psychedelic Studies, or MAPS, said there has been "an explosion of treatment that's outpaced research."

"It means that people are going to have another option, an alternative to conventional medications," he said.

According to Burge, MAPS believes the best form of ketamine infusion involves pairing with other forms of psychotherapy such as group or individual counseling.

Ketamine availability

While ketamine is an FDA-approved drug which has been used as an anesthetic as well as a pain reliever, it isn't officially sanctioned by the FDA to be used for treating mental health disorders. However, Marton said that ketamine has been administered in this fashion for over 18 years now.

A company is currently in the process of trying to get an intranasal product approved by the FDA which would administer ketamine through the nasal passage, according to Marton. He expects the FDA's decision to be announced sometime around March 2019.

If the product is approved, he said, VA clinics in rural communities like the one in Eureka would likely be able to start offering ketamine treatments as well.

For now, only the location in San Francisco is able to offer the treatment, but Marton said anyone within their service realm, which includes Humboldt County, is invited to consult with the VA about seeking treatment.

“We want to be as thoughtful as we can,” he said. “As we understand more about it ... (we) might be able to start helping people who we haven’t been able to help despite throwing everything we have at them.”

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1.4 - Muskogee Phoenix: [Three Forks History: National Cemetery Created for Union Dead](#) (16 December, Jonita Mullins, 14k uvm; Muskogee, OK)

After the start of the Civil War, Congress authorized the Lincoln administration to purchase burial grounds to be designated as National Cemeteries. At the end of the conflict in 1865, forty such National Cemeteries were scattered across the country containing the graves of more than 100,000 Union dead.

However, the remains of many more soldiers had been hastily buried on battlefields. One of the first priorities of the military following the war was to identify these graves and make the necessary arrangements to have the remains of Union soldiers re-interred at National Cemeteries. Additional land was chosen including a plot of ground near Fort Gibson in Indian Territory.

It was estimated that nearly 2,000 Union soldiers were buried in the vicinity of Fort Gibson. In 1868, the Post Quartermaster began the work of locating these graves and moving the soldiers' remains to the Fort Gibson National Cemetery. Battlefield sites at Cabin Creek, Flat Rock, Fort Wayne, Fourteen Mile Creek, Hilderbrands Mill, Honey Springs, Mackey's Saline, Park Hill, Tahlequah, Twelve Mile Creek, and Wolf Creek gave up their dead to the new cemetery.

For Confederate soldiers, the removal of bodies from battlefields to cemeteries fell to members of their families. Organizations such as the United Daughters of the Confederacy were formed to raise the needed funds to pay to transfer soldiers' remains to family, church or municipal cemeteries.

By June 1869, over 2,000 fallen Union soldiers were re-interred at Fort Gibson. Most of these soldiers were “unknown.” In fact, throughout the country nearly half of all Civil War graves, whether Union or Confederate, are marked “unknown.”

Later, the Secretary of War ordered that the graves at the abandoned posts of Fort Washita, Fort Arbuckle and Fort Towson in Indian Territory be moved to the Fort Gibson National Cemetery. Because these forts had been abandoned for some time, grave markers were missing or deteriorated on most of the graves so these soldiers were also unidentified.

All original stones that were found with the graves were moved to the new cemetery. The government furnished a gravestone for all other graves. For the unknown soldiers, the stone was marked simply with a grave number.

In 1890, Fort Gibson was closed and the post land reverted back to the Cherokees, all except for the National Cemetery. By 1900, the town of Fort Gibson was holding a regular Decoration Day in May at the National Cemetery. A small American flag was placed at each soldier's grave.

Following the post closing, there were few burials at the cemetery, but this changed with the Spanish American War in 1898. Since then, Fort Gibson has received fallen heroes from every war America has fought.

Today over 21,000 graves are marked with wreaths during the Christmas season. As the Fort Gibson Post newspaper reminded its readers in 1900, there is one flag and one country, but all mourn these honored dead.

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2. Improving Customer Service

2.1 - Watertown Daily Times: 'Leave No Veteran Behind': Volunteer drivers sought for DAV program (16 December, Chris Brock, 86k uvm; Watertown, NY)

When Edward J. Rogers left the U.S. Marines in 1991 after four years of service that included deployment to Operation Desert Storm, the lance corporal, left with back issues, had a hard time getting to his medical appointments.

"In my first few years after I got out of the service, I didn't have a vehicle, so I missed a lot of appointments because I had no transportation," he said.

Until he read a small blurb in a local penny saver, the Syracuse resident wasn't aware of the existence of the Disabled American Veterans organization, which was founded in 1920 in Cincinnati as the Disabled American Veterans of the World War.

One of the programs the DAV offers is its transportation network. It operates a fleet of vehicles around the country to provide free transportation to VA medical facilities for injured and ill veterans. According to its website, DAV stepped in to help veterans get the care they need in 1986 when the federal government terminated its Veterans Affairs Beneficiary Travel Program that helped many of them pay for transportation to and from medical facilities.

The vans in the DAV program are driven by volunteers and the rides coordinated by service coordinators, also volunteers, around the country. Its motto: "Leave No Veteran Behind." The program is administered by hospital service coordinators at the VA's 197 medical facilities. Locally, its base is Syracuse.

The service is different from the Veterans Transportation Service, operated by the U.S. Department of Veterans Affairs, which has paid drivers to transport veterans who have difficulty traveling to appointments due to disease or disability.

Mr. Rogers started driving for the DAV in 2012. It brought him several rewards.

"As I started driving and talking to the vets, hearing their stories and sharing their stories, I thought it was very therapeutic to sit and talk to these guys," he said.

Now, Mr. Rogers is a DAV driver recruitment specialist, seeking to sign up volunteer drivers. That need is dire.

"I want to raise the awareness that we exist and that volunteering is an option for people," Mr. Rogers said during a visit to the Times' offices. "I think many people have forgotten about volunteering."

Mr. Rogers helps with recruitment in the 16 counties covered by the DAV transportation program based at the Syracuse Veterans Administration Medical Center. That coverage area ranges from Franklin County in the north to Broome County in the south. It has a fleet of 36 donated vans.

He shared statistics reflecting that fewer veterans are being transported to appointments because of fewer volunteer drivers. In its coverage area, overall, the number of drivers is down 21 percent since 2016 and the number of veterans transported is down 23 percent.

For example, in 2016, Watertown, with three vans in operation, had 21 drivers signed up to volunteer and 15 this year. Potsdam, with two vans, had 10 drivers in 2016 and six now.

"Our numbers are declining at a much faster rate than veterans are leaving the area," Mr. Rogers said.

In Jefferson, Lewis and St. Lawrence counties, veterans, in addition to being transported to the Syracuse VA Medical Center, are mainly transported to the following:

- To a clinic on Fort Drum for physical therapy.
- The VA Massena clinic
- The Community-based Outpatient Clinic in Watertown
- The CANI Spine Center and Sport Physical Therapy in Watertown

'a privilege'

Veterans who need rides should note that the DAV volunteer driver service is not a medical transport. All riders must be ambulatory. They're allowed to bring an escort.

Volunteer community coordinators, who coordinate the trips of volunteer drivers, are dotted throughout Northern New York. In Ogdensburg, Linda ("Chickie") George has been coordinating trips for about three years and also volunteers to drive.

"I love to drive," Mrs. George said in a phone interview while she was waiting for a veteran at the Massena VA Outpatient Clinic. "I take people back and forth who are more needy than I am. I have a driver's license, which is a privilege. A lot of these other people don't have a driver's license."

Mrs. George said that veterans may not have a license for various reasons such as medical issues, or a family may just have one vehicle, which the spouse or partner of a veteran uses to travel to work.

Mrs. George, a former certified nurses's aide who is on disability, manages three DAV vans in Ogdensburg which are matched with drivers, which number around four on average.

"I'm the only driver who is full time right now," Mrs. George said. "If the guys can't do it, they can say no. But I can't say no as a coordinator. I'll never do that."

Those trips have included trips to the Syracuse VA Medical Center, with some several times a week.

"I wait down there to see if they're admitted or not," Mrs. George said. "As soon as they're admitted, that's fine. If they're still working on them, I wait there. I don't leave them."

She has also risen at 3 a.m. to get a veteran to an 8 a.m. appointment in Albany.

U.S. Army veteran Donald A. Bell, Madrid, praised Mrs. Jones's dedication.

"She's one of the finest people I've ever met, and not just as a DAV driver," Mr. Bell said. "Her dedication toward veterans is absolute. I can't say enough. I've needed rides, I'd just call her and she'd be there, no questions asked."

According to the DAV Transportation Network and figures provided by Mr. Rogers, as of Nov. 15, Mrs. Jones logged 505 volunteer driving hours this year, covering 16,219 miles with 109 veterans transported and 61 total trips.

"There's not that many dependable drivers," Mr. Bell said. "Chickie does a lot of work up here."

Mrs. George said the program for a driver in the DAV Transportation Network involves more than driving. There's paperwork and record keeping, mainly to make sure people aren't falsifying information "in order to get rides."

driver qualifications

Drivers for the volunteer program don't have to be veterans, although Mr. Rogers said about 60 percent are. Drivers must have a valid driver's license and no alcohol-related driving infractions. The application process includes a security check, a simple physical, a one-hour orientation at the Syracuse VA office and on-the-job training.

The amount of volunteer drivers is constantly in flux, Mr. Rogers said. His 16-county area has approximately 190 drivers on board. The ideal number would be 300.

"Our volunteers are typically retired gentlemen," Mr. Rogers said. "They'd do it for three or four years and then they want to enjoy their retirement. And even though it can be one day a week or one or two days a month, in the winter, we lose a lot of snow birds."

Because drivers operate the program's vans, they are not reimbursed for mileage. In Watertown, the program's three vans are parked at the Veteran of Foreign Wars on Bellew Avenue. Assigned drivers have keys to the vans, which are purchased through donations from the public. Mr. Rogers said it would be idea to be able to reimburse drivers for mileage.

"Some of these guys in the north country, they drive 45 minutes to pick up the van," he said. "Nothing's very close out here. I'd love to do more for them and I'm working on that with other agencies."

The volunteer driver program used to routinely operate Monday through Friday.

“We’re so short on drivers that a lot of the days have been cut down,” Mr. Rogers said.

In the meantime, requests for trips are likely to increase as passengers take advantage of the “Choice” program.

Through the Veterans Choice Program, a veteran can receive care from a community provider, paid for by the VA. For example, if a veteran needs an appointment for a specific type of care, and VA cannot provide the care in a timely manner or the nearest VA medical facility is too far away or too difficult to get to, then a veteran may be eligible for care through the Choice program.

Veterans must receive prior authorization from the VA to receive care from a provider that is part of the Choice network of community providers.

“To use the Choice program, if you can’t get in to be seen for a specific thing within three months, or if it’s not available near you, within 40 or 50 miles, you can go to a private doctor,” Mr. Rogers said. “For example, in Syracuse, we don’t have an allergist at the VA hospital. I see a private allergist.”

Mr. Rogers added, “We’re branching out into things like holistic health, massage, acupuncture and things like that. We take veterans to those appointments.”

The details

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2.2 - The Daily Courier: [VA’s Project Hero puts wheels of rehabilitation in motion](#) (16 December, Nanci Hutson, 6k uvd; Prescott, AZ)

The local VA has initiated a new program to benefit veteran heroes, aptly named Project Hero.

All it takes is the ability to ride a bicycle — and if you don’t have one, they will supply one.

Project Hero is a decade-old national organization with a mission of hosting bicycling events for veterans, as well as first responders, to provide physical activity that offers social and exercise connections able to reduce symptoms of isolation, depression and post-traumatic disorder.

The rehabilitative nature of the project is touted as a suicide prevention effort, according to officials.

Since its inception, Project Hero has built more than 200 adaptive bikes for injured veterans and donated more than 2,500 bikes to enable veterans to become cyclists.

The organization, with hubs in all 50 states, has logged more than 30,000 bicycling miles in 30 states and six countries to “bring hope, recovery and resilience in support of America’s healing heroes,” according to its national website.

The local Project Hero Hub leader is Sean Hankison, a U.S. Marine who works as a VA peer support specialist and is an avid bike rider.

The first Prescott Project Hero ride with 15 veterans was on Nov. 6. It was a 10-mile ride that was followed up with weekly Monday rides of varying lengths throughout the area.

Come spring, Hankison said, he hopes to be able to go “full blast” with the program by offering various levels of riders the chance to do anywhere from a couple miles to more competitive rides up to 100 miles. He noted he has high hopes for participation in the coming year’s Whiskey Off-Road.

Project Hero has veteran riders in races around the globe.

“We just want to reach out to veterans, and first responders, who need physical activity and camaraderie,” Hankison said.

Hankison admits that after he left the military in 2014, he missed the brotherhood, the chance to be around like-minded individuals doing something that was healthy and enjoyable. So when he was offered the chance to kick-off this new group, he said he “was full blast dedicated to getting it going.”

As with anything, Hankison said it has started small with a few dedicated riders who range from a 20-something United States Air Force veteran to an 89-year-old “who will ride laps arounds us.”

“I’m excited that it’s going to help a lot of populations,” said Hankison of the group that is open to men and women alike, and they do not have to be now patients or even enrolled with the VA.

VA patients are given preference when it comes to use of Project Hero bikes and equipment — at this time there are seven road bikes and two adaptive bikes able to be borrowed on a first-come, first-served basis. Any and all veterans, or first responders, can come and be part of the weekly cycling group that hopes to grow in numbers and miles accomplished, Hankison said.

Beyond community veterans, Hankison said some of the VA’s veteran staff members have joined the group, helping forge new friendships between the two groups that enriches VA relationships.

One of the things Hankison likes to emphasize that this cycling group is open to both those who have never tried the sport to those who want to participate in competitive cycling events.

“We have tri-athletes and recreational athletes,” Hankison said. “We can accommodate those veterans who want to try it out as beginners, but we also have the capability to do very long rides.”

What Hankison likes to stress is that cycling has multi-dimensional benefits.

In a decade, Project Hero has statistics from over 10,000 veterans who have seen health improvements such that they have reduced their reliance on prescription medications, be those medications for pain, high blood pressure, mental health or recovery from injury.

“That’s huge,” Hankison said.

The Project Hero hub is operated out of the VA's mental health program with most of the rides now starting at the VA. As the program grows, though, Hankison said they may select new locations.

"This really supports the VA's vision of whole health," Hankison said.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Providence Journal: [Veterans Journal: New VA secretary touts VA Choice care option](#) (16 December, George W. Reilly, 245k uvm; Providence, RI)

Robert Wilkie, the new secretary of the Department of Veterans Affairs, spoke last Veterans Day weekend with National Public Radio's Steve Inskeep about his goals and the department's recent history of controversy. The Department of Veterans Affairs slipped into chaos earlier this year and VA Secretary David Shulkin was fired. He faced questions about his travel, but he said he was targeted because he resisted Trump administration efforts to privatize care.

The VA runs a network of hospitals and clinics for millions of veterans across the country, so how the agency is run is a very big deal.

Among other topics, Wilkie discussed the prospect of privatization of the VA and its services. He stated flatly, "No, [the administration is] not going to privatize this institution. ... I certainly have never talked about that with anyone in this administration."

He did, however, talk about VA Choice, the program he is backing that allows veterans to "seek health care on their own terms," meaning they can choose where they get treatment, even at a private institution. "If VA cannot provide the care that a veteran needs, and in a timely manner, that veteran will have the opportunity to seek care in the private sector."

That is not just limited to the type of care or the wait time for an appointment, but also the distance the veteran must travel. If there is a private facility more accessible to a veteran that can provide him or her the care they need, the VA Choice program would allow them to go to that facility.

"When you have families having to travel round-trip distances of 400, 500, 700 miles to get to VA facilities, we have to offer those veterans the opportunity to be served closer to home," Wilkie said.

Obviously, the distance factor should not affect veterans in the Ocean State as much as it would in larger states.

You can listen to the full NPR interview at <https://n.pr/2Eo4352>.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: [Holiday wreaths placed at Long Island National Cemetery](#) (15 December, 1.4M uvm; Melville, NY)

Members from the Long Island Senior Squadron of the Civil Air Patrol, as part of the national Wreaths Across America program, laid 40,000 holiday wreaths on the graves of fallen service members at Long Island National Cemetery in Melville on Saturday.

Victoria Vitullo, 6, of Valley Stream, places wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Alexcia Cruz, 11, of Baldwin places wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Anthony Vitullo, 10, of Valley Stream salutes the graves of fallen service members at Long Island National Cemetery in Melville after placing wreaths on the graves as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

A girl says a prayer as she lays a wreath on the grave of a fallen service member at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Gold Star families embrace prior to laying wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

People lay wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Kenneth Chase, 90, of Bay Shore, a WWII Navy veteran, says a prayer at his wife's grave, Saturday, Dec. 15, 2018 at Long Island National Cemetery in Melville. People placed thousands of wreaths on the graves of fallen service members at the cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

People lay wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

People embrace as wreaths are laid on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

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6.2 - The Columbus Dispatch: [Hundreds of veterans and their families celebrate the holidays at annual Christmas party](#) (16 December, Patrick Cooley, 811k uvm; Columbus, OH)

Hundreds of veterans and their families packed the Franklin Park Adventure Center on Saturday, where their children, grandchildren and other young relatives got a chance to make gingerbread houses, get their faces painted, watch magic shows and tell Santa Claus what they want for Christmas.

The annual holiday party of the Veterans Affairs Ambulatory Care Center in Columbus is a free gathering for former service members and their families. Most veterans brought their young children, grandchildren or nieces and nephews.

Derek Carter's 5-year-old son, Mason, made his way across a row of festively decorated tables Saturday morning, partaking in a different craft at each one.

After finishing a gingerbread house, Mason took a pair of scissors to a piece of construction paper and made legs for a cutout of the Grinch, the fictional Dr. Seuss character. Once he cut the paper into its final shape, he proudly showed it off to his father and his uncle, Fred Taylor.

"When he has paper and scissors, he's happy," Derek Carter said of his son.

Carter was an Army Reservist for eight years in the 2000s, but said this was his first time at the annual holiday party.

"It's great, especially for the children," he said. "There's a lot to do, so it keeps them active and puts a big smile on their faces, and it creates an opportunity for some who might not be able to do this otherwise."

Carter was glad there were so many activities.

"(Mason) didn't want to see Santa; he's seen Santa five times already this year," he said.

The party is a way to ensure that central Ohio's veterans have the chance to celebrate Christmas with their families, said Traci Washington, acting public affairs officer for the ambulatory care center.

Nearly 2,500 people were expected to attend the event, Washington said.

"I think it's great that they're bringing families together," said Channie Mayfield, 15, marveling at the camaraderie she saw.

Angela Mateen agreed. The Navy veteran was there with her daughter, Deborah Rippey, and her two granddaughters, Roshanara Trinity, 4, and Robreaynna Trinity, 2. She said she loved the chance to give families the chance to come together for a holiday gathering.

"It gives (my granddaughters) some excitement, they're really happy," Mateen said. "I really like that the VA opened its arms to embrace families."

Rippey said she's thankful for everyone who served, and was grateful for the chance to show them love for the holidays.

"Their grandmother worked hard, she sacrificed, let's give her a celebration," Rippey said. "That's what Christmas is about, not the presents, but the celebration."

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6.3 - KXAS (NBC-5, Video): [Thousands Lay Christmas Wreaths at Dallas-Fort Worth National Cemetery to Honor Fallen Soldiers](#) (15 December, Laura Harris, 480k uvm; Fort Worth, TX)

More than 6,000 people showed up to pay their respects, lay wreaths and volunteer Saturday at the Dallas-Fort Worth National Cemetery.

Saturday was Wreaths Across America Day, held annually on the second or third Saturday of December. Ceremonies were held across the country, including in Dallas-Fort Worth, to honor and remember fallen soldiers and their families before Christmas.

Many people, like Letroy Glover and his family, placed wreaths on the grave sites of those who made the ultimate sacrifice.

"We came out to lay wreaths," Glover said. "Some have paid the ultimate price and some have served ultimately for our freedom."

Mary Bush and her Gold Star family from Frisco have been leading the charge since 2009, when their son was killed in Afghanistan. They have raised money each year to help purchase the wreaths. The government, nor the cemetery, helps with those costs.

"Each year it gets bigger and bigger and more people are getting involved," Bush said. "It is the American military that preserves our freedom and while they do that they give up some of theirs. It's just an honor to recognize that and to thank them for that. It's an overwhelming feeling of joy to be able to share this with all of our citizens of Dallas-Fort Worth."

In addition to the work the Bush family has done, Omnitracs, a fleet management solutions to transportation and logistics company, donated \$25,000 that helped to purchase 2,500 wreaths.

The Bush family has already started to raise money for next year's wreaths that will stay right here in DFW. [Donate here.](#)

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6.4 - The News Tribune (Video): [Tahoma National Cemetery hosts annual Wreaths Across America](#) (15 December, Joshua Bessex, 394k uvm; Tacoma, WA)

Two-minute video: Tahoma National Cemetery hosted the annual Wreaths Across America in which hundreds gathered to place more than 5,400 wreaths on the gravesites of veterans.

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6.5 - WTVT (FOX-13, Video): [Wreaths Across America ceremony held at Bay Pines](#) (16 December, 374k uvm; Tampa, FL)

PINELLAS, Fla. (FOX 13) - A solemn Christmas celebration took place at one very well-known cemetery in Pinellas County.

Hundreds of volunteers and families laid military wreaths on the graves of 4,000 soldiers at Bay Pines National Cemetery.

Betty Hess is from a family of military veterans. She's older and admits, it's hard for her to get around these days, though she says nothing, will stop her from giving the most important gift this season -respect. "My father, my uncles, my brother, my nephew all military," Hess said as she laid a wreath on the headstone of a soldier from the Korean War.

She along with other families and volunteers are laying military wreaths on four thousand graves at Bay Pines National Cemetery.

In 1,400 other national cemeteries across the country, Saturday is being called Wreaths Across America day. Susan Crone says the moment you forget, is the moment their loved ones are truly gone. "Sometimes I wonder where our world is headed but then I see all these people today and we remember!

We remember our roots and we are not going to let that go away," Crone said. Sadly Bay Pines wasn't able to afford a wreath for all 35,000 graves but volunteers made an impact for hundreds of families.

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6.6 - Albuquerque Journal: [Groups help veterans with range of needs](#) (16 December, Donna Olmstead, 308k uvm; Albuquerque, NM)

Today, the Journal concludes its annual Help for the Holidays series, spotlighting areas in which community members can reach out to neighbors in need.

For military veterans adapting to civilian life after their service, the holidays can be a bump in the road.

Between 159,000 and 170,000 of New Mexico's residents are veterans, some successful professionals, some pursuing advanced degrees, while others are homeless looking for a place to live. (The numbers vary depending on which agency estimates the population.)

But across the state, resources are available from government agencies and nonprofit organizations to help each veteran adjust to civilian life, according to the state's Department of Veterans Services.

"It's an unmooring," says Amanda Somerville, the department's women veterans' program manager.

Somerville, 39, who was an Air Force officer and pilot for 13 years and ended her service six years ago, found "it was such an adjustment to the civilian world. It's a little strange to be doing your holidays away from your brothers and sisters in arms. People feel a little down or overlooked during the holidays."

Somerville says she built structure for herself, especially during the holidays, with volunteering. She worked at the library and for Animal Humane.

"I always recommend to find somewhere to volunteer your time," she says. "When you give to someone else, you feel personally buoyed."

In her role as women veterans' program manager she consults with female veterans and helps them understand and access their benefits.

And while most soldiers think they know about their benefits, things change, she says. For example, she says she didn't know she was entitled to health services through the Veterans Administration for five years after the end of her duty, even without filing a claim.

Somerville says she's available to the state's more than 16,000 women veterans.

"They don't have to be ready to file a claim (to meet with her)," she says. She can help them find resources, retreats and therapies from community nonprofits, if they don't want to work through a government program.

"You can feel alone. Your story is unique and not unique," she says of women veterans. "We understand your story here."

Alonzo Maestas, director, and Brandon Lorenzo, student success specialist and VA certifying official, at the Veterans Resource Center at the University of New Mexico, say the holidays can be challenging for student veterans. Both are veterans themselves.

About 1,200 veterans worked through the center to obtain benefits in the fall semester, Maestas says. "We help our student veterans and their families. We advocate for them."

Lorenzo explains that they access both government and community resources to "help our veterans in the transition from military life to student life. They are not traditional students. They have a life of their own they are trying to deal with."

Green Zone Training is a program available to UNM faculty and staff to help them understand how much of an adjustment their veteran students are attempting to make.

The goal is to prevent misunderstandings that can undermine a veteran's education. Maestas says the administration is highly supportive of the program and the center.

One young veteran spoke up in a class to explain her combat experience in Afghanistan, but as she spoke another student shouted that she was a "baby-killer," Maestas says. The veteran came to the center and they advocated for a solution with the professor.

“It can be quite frustrating,” says Maestas, also an attorney who served in the JAG Corps. “Really we’re still going through this? Let’s don’t treat our veterans as if they are second-class citizens because they don’t agree with your politics.”

Maestas and Lorenzo agreed that the best thing others can do to smooth the transition for veterans all year long, but especially during the holidays, is to offer respect and gratitude.

“Thank them for their service,” Maestas says. “It can change someone’s day. Suicide is a veterans’ issue and this time of year can be rough.”

The center is funded through several sources, including the university and also receives donations, they said.

Retired veteran Bobby Ehrig, CEO of the Veterans Integration Center, says providing emergency, transitional and supportive housing for homeless veterans is the nonprofit’s main mission. “But we are here to meet the needs of all vets in New Mexico,” he says. “We’ve been around for the last 16 years nonstop. Ninety percent of our staff are veterans or family members, so we get it. It makes a significant difference in how we provide services.”

The VIC helps about 700 veterans and their families each year. They receive some government funding, but rely on donations from corporations, businesses and individuals, he says. The VIC’s overhead is about 10 percent. Estimates of the homeless veteran population are about 15 percent to 18 percent of total veterans, Ehrig says.

Wendy Webber, also a veteran and wife of a veteran, is the VIC’s development director, and says it’s hard to imagine a donation that wouldn’t be welcome.

“We take a house and turn it into a home. We don’t just take a homeless person and stick them in a box. We provide every single thing down to a TV, if we have one.”

The VIC has an arrangement with a motel across the street for emergency housing, Ehrig says. They also have other housing, designed for longer-term.

They have a food bank distribution for veterans and their families every Friday morning at their pantry and thrift store on Dorado and Central SE.

“In the VIC we are a family and our family members are in trouble,” Webber says. “In the military you hear the expression – leave no man, or woman, in my case, behind. We want to make sure we aren’t leaving anyone out there struggling.”

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6.7 - Pioneer Press: [Photos: Truckers lay wreaths on veterans’ Fort Snelling headstones](#) (16 December, 158k uvm; Saint Paul, MN)

Dozens of volunteers on Saturday placed wreaths on the the headstones of veterans at Fort Snelling National Cemetery.

The event, part of a nationwide remembrance called Wreaths Across America, was sponsored by the Minnesota Trucking Association to honor deceased veterans.

Each year, at 11 a.m. Central on the third Saturday in December, Wreaths Across America conducts wreath-laying ceremonies at over 1,000 national cemeteries throughout the United States.

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6.8 - San Antonio Express-News (AP): [San Antonio-based Soldiers' Angels helps vets home, afar](#) (16 December, 148k uvm; San Antonio, TX)

SAN ANTONIO (AP) — The war in Iraq was still in its first year when Patti Patton-Bader's son, a soldier there, told her that he was one of the few service members he knew who was getting care packages.

The San Antonio Express-News reports Patton knew what to do. She got some of her friends and neighbors to send packages to Staff Sgt. Brandon Varn's platoon.

That was just the start.

More requests came in from soldiers, combat support hospitals and families of troops who were in the theater of war.

What happened from there explains how Soldiers' Angels evolved into a volunteer network of people in 50 states and 31 countries, all toiling to support troops, their families and veterans of all eras. Patton created a system that matched the needs of troops overseas with people back home wanting to help. A few months later, she was one of thousands of "Angels," as they're now called, supporting troops overseas.

San Antonio-based Soldiers' Angels has sent a total of 851,000 care packages to deployed troops in the years since.

As the holidays near, the nonprofit group, whose slogan is "May No Soldier Go Unloved," is operating on a \$22 million annual budget that utilizes only \$2 million or so in cash. Everything else consists of in-kind contributions fueled by a volunteer base that tops 20,000 people.

"We just have an amazing group of volunteers, thousands and thousands of volunteers . and so we're able to do so much with such a large footprint," said Amy Palmer, Soldiers' Angels president and CEO. "And that alone is important to me because we're able to do a lot with a little bit of money."

Soldiers' Angels does more these days than put together care packages for soldiers, veterans and their families. Volunteers gathered 17,000 pounds of candy before Halloween for the group's Treats for Troops campaign. As Thanksgiving approached, volunteers at the group's San Antonio offices off Northeast Loop 410 were among the roughly 1,000 nationwide who were stuffing holiday stockings, planning to send out around 14,000 of them, many to veterans hospitals around the country.

As the U.S. military footprint has shrunk overseas, the group has seen a rising need among veterans here in the United States, particularly the homeless and those on the margins.

Soldiers' Angels is also doing an Adopt-A-Family program for the holidays that is open to relatives of deployed service members and low-income chronically homeless people. The program reaches out to families nationwide, some in San Antonio, by giving them toys and a gift card for a holiday meal.

In 2017, the group provided veterans and families with 120,200 items ranging from blankets and box lunches to hygiene supplies at VA medical facilities. It helped more than 22,100 veterans get food assistance in cities across the nation last year, and is one of the military's largest volunteer networks.

Soldiers' Angels says it is so efficient that 98 cents of every \$1 goes to programs. The group maintains a GuideStar Platinum Seal of Transparency and has been named a Top-Rated Nonprofit by GreatNonprofits and a four-star charity from Charity Navigator. It also meets all 20 standards for accountability from the Better Business Bureau.

Care packages for deployed service members have been a Soldiers' Angels trademark from the start, and include snacks, hygiene products, games, and such comfort items as socks and hats. Hygiene kits containing shampoo, conditioner, deodorant, lotion and toothpaste help make veterans' stays at VA hospitals more comfortable.

Those stays can be long and involve multiple appointments. Some veterans may not be able to spend money on cafeteria food while at the VA, which is why Soldiers' Angels provides box lunches consisting of chicken salad and tuna, granola bars, fruit cups and snacks.

"We packed 5,000 of those at the 15th anniversary and they're almost gone," Palmer said. "Those are specifically used for low-income veterans that can't afford to eat in the cafeteria of the hospitals or veterans that are homeless. And so we go through thousands of those a year."

This year, 15,000 box lunches were served. Next year, they'll start offering vouchers to some patients so they can eat in hospital cafeterias, allowing the group to focus more on feeding homeless veterans.

The group will put together kits of basic home essentials — bed covers, pots and pans, dishes, sheets and pillow cases, and shower curtains — for families moving into homes under HUD's Veterans Affairs Subsidized Housing program. They also will provide bus passes and vouchers for veterans who don't have a way to get to their appointments.

Soldiers' Angels boils down its mission to its trademarked motto.

"May no soldier go unloved,

"May no soldier walk alone,

"May no soldier be forgotten,

"Until they all come home."

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6.9 - WIS (NBC-10, Video): [Midlands Gold Star wife remembers husband each year at Ft. Jackson for Wreaths Across America](#) (16 December, Jenna Cisneros, 141k uvm; Columbia, SC)

The tenth annual Wreaths Across America Ceremony at Fort Jackson National Cemetery took place Saturday afternoon, where roughly 6,500 wreaths were laid on the graves of Midlands veterans.

Mary Mosley, one of many in the Midlands, honors her husband every year at this ceremony.

Mosley is a Gold Star wife, who lost her husband Alphonso Mosley Sr. due to medical injuries from the Vietnam War.

Mosley Sr. served in the U.S Army for 25 years and died in 2011.

I miss him, I really miss him,” Mosley said. “I just wish he was here.”

Fort Jackson holds a special place in Mosely’s heart.

“I met him here, and we married and we raised our children here and it just means a whole lot to me. Every time I come on Ft. Jackson I really think about him.” Mosley said.

The Wreaths Across America Ceremony is a way to honor and remember the veterans who served and keep their memory alive.

“A veteran dies twice. Once when they draw their last breath, and then the last time their name is ever said,” Carol Davis, Coordinator for Wreaths Across America Ft. Jackson National Ceremony said. “So our way of keeping them alive is to place a wreath in their memory and say their name.”

Roughly 6,500 gravesites at the Ft. Jackson National Cemetery has an evergreen wreath placed on their headstones.

Similar ceremonies were held Saturday across the country.

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6.10 - WLEX (NBC-18, Video): [Wreaths Across America Event Held At Camp Nelson National Cemetery](#) (15 December, Kylen Mills, 115k uvm; Lexington, KY)

JESSAMINE COUNTY, Ky. (LEX 18) – An emotional day at Camp Nelson National Cemetery in Nicholasville as people gathered to place wreaths at the graves of veterans.

Families, friends and even strangers gathered for the Wreaths Across America event to honor those who made sacrifices for our country.

Tina Lay was one of the attendees; it's been nearly a year since she lost her husband, an army, veteran to cancer.

"I just want to tell him that I love him and I miss him and. It's endless words can't describe how much i miss him," said Lay.

Corporal Matthew Bradford was a speaker. He lost his legs and his sight when he took a wrong step while serving in Iraq. Now he's dedicated his life to supporting fellow veterans and their families.

"I'm going to wake up each and every day, I'm going to be positive and optimistic and I'm going to go out and attack each and every day," said Bradford.

Camp Nelson was one of more than a thousand cemeteries across the country that took part.

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6.11 - Erie Times-News: [Taxpayers should not have to pay for city's mistakes: Letters to the editor](#) (16 December, Brian Woodward, 67k uvm; Erie, PA)

[...]

Local sisters earn praise for helping Erie vets

I wanted to take a moment to share with you a terrific story about two sisters, Addison and Alexis Pangborn. Addison attends Westlake Middle School and Alexis attends Tracy Elementary. Addison and Alexis volunteer with Veterans of Foreign Wars Post 740 Edinboro-McKean and the Post 740 Motorcycle Riders Group, along with their grandparents, Dale and Donna Snyder.

These girls participate in many of our outreach activities in the community including the pizza, wing and bingo parties for the residents of the Erie Veterans Affairs Medical Center, the military share food distributions with the Second Harvest Food Bank each month and the annual Christmas party for the residents of the Erie VA.

This year, Addison also planned and coordinated to have a table of baked goods at the VFW Post 740 craft fair and to donate the proceeds to the Erie VA recreation fund. Addison was able to raise \$357 selling baked goods at the VFW Post 740 craft fair. Kathy Cummings and the American Legion Post 742 in Fairview heard of Addison's idea and donated \$1,139.25 from their fall craft fair to the Erie VA recreation fund as well. The total amount raised for the Erie VA recreation fund was \$1,496.25.

What a great example of community involvement to help those to whom we all owe so much — our veterans!

— Brian Woodward, service officer, VFW Post 740 Edinboro-McKean

[...]

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6.12 - KFVS (CBS-12): [Veterans remembered at Mound City National Cemetery's Wreaths Across America event](#) (15 December, Mike Mohundro, 67k uvm; Cape Girardeau, MO)

MOUND CITY, IL (KFVS) - Veterans were remembered at the Wreaths Across America event at the national cemetery in Mound City.

More than a hundred came out to the event at the Mound City National Cemetery on Saturday, Dec. 15.

Before the event even began, truckloads of wreaths were dropped off and staged along the rows of the graves for those to place at every third headstone.

The event was hosted by the Mound City National Cemetery Preservation Commission. They opened the event with a moment of silence and the Posting of the Colors.

Opening remarks were by Becky Mueller with the MCNCPC. Following her remarks was the Remembrance Wreath Laying Ceremony conducted by MCNCPC's Buddy Walls.

Remembrance wreaths were placed for veterans of The United States Army, Marine Corp, Navy, Air Force, Coast Guard, Merchant Marines and all POW's and MIA's.

The ceremony was concluded with taps and the retiring of the colors.

After the ceremony, those who were in attendance placed the wreaths on the graves throughout the entire cemetery.

Of the many people that come to the event, Justin Snell from Jonesboro said he wanted to support all the veterans, especially his father that was in the Honor Guard.

Justin also brought his children to the ceremony and said it's important they understand the sacrifices made and to honor the veterans.

"I think it's important for all the children to learn to respect and understand the meaning of what we are here for," Justin said. "These men and women, they gave the ultimate sacrifice and we're here to honor them. We hope this tradition will carry on when our kids have children."

Justin's father, John Snell said it's important for him to see all the people come out to this event and show their respect.

"I've lost family members. I've also lost very close friends with me during the wars," John stated. "I've had family that has served the military for years that are now retired from there. It's important to me because I am a Veteran."

Not only did John said it's good to see the support but he also said he wanted to be here to give support to those himself.

"I was a veteran and served for my country," He said. "I want to be here for all the veterans that are already deceased and that maybe got killed in action because they will never be back home to see their families again."

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6.13 - The Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year.

As the rain continued, visitors at the cemetery trudged through standing water and mud, their feet sinking into the soil, their shoes and socks getting soaked and dirty.

But the wet conditions didn't deter volunteers from placing Christmas wreaths on the graves of veterans as part of the annual Wreaths Across America, a nationwide event held each December at Arlington National Cemetery and more than 1,400 other locations across the country and around the world. The local event is sponsored by the Winchester Squadron of the Civil Air Patrol (CAP)

"All gave some. Some gave their all," squadron 1st Lt. Don Garrett said during a ceremony for the local wreath-laying. "The freedoms we enjoy today have not come ... without a price."

Americans should be forever grateful for their sacrifices, he said.

"We are honored to have known you," he continued, directing his words toward the deceased. "We shall not forget you."

A lengthy moment of silence was held in remembrance of them.

Garrett urged people to thank current and former armed forces members for their service and sacrifices on behalf of the nation.

Operated by the U.S. Department of Veterans Affairs, Winchester National Cemetery at 401 National Ave. contains the graves of 5,561 service members. It is full and not accepting new burials.

This year, the CAP was only able to place wreaths on 1,908 graves in the cemetery, Garrett said, because of a lack of donated funds. He said each wreath costs \$15.

At least 100 people braved the elements to attend Saturday's event. Many carried umbrellas. Others just got wet.

"We're all proud to be Americans," Garrett told the attendees.

Among those participating in the event were other Civil Air Patrol members and young people in the United States Naval Sea Cadet Corps based in Loudoun County.

An honor guard presented the colors. The event concluded with the playing of taps by 1st Lt. Wayne Schneider.

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7. Other

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Veterans Affairs Media Summary and News Clips

17 December 2018

1. [Top Stories](#)

1.1 - The Post and Courier: [Federal data shows nearly 3,000 rodents, cats and dogs are being used for research in SC](#) (16 December, Jerrel Floyd, 314k uvm; Charleston, SC)

In a small research room near the Ralph H. Johnson VA Medical Center in Charleston, a tiny black mouse scurries across a glowing green miniature walkway as it tries to return to a nest of other mice. With each step, a bright green footprint follows.

[Hyperlink to Above](#)

1.2 - WRGB (CBS-6): [Town Hall: Your Voice Your Future - The Opioid Crisis with Eric Bolling](#) (17 December, 79k uvm; Schenectady, NY)

The Opioid Epidemic crosses all social lines, economic, racial, religious, political, urban, suburban. It destroys lives, families, communities. We continue our commitment to discuss this national epidemic. Date: Tuesday, December 18, 2018 Time: 7:00-8:00 pm (ET) Panel: Kellyanne Conway, Counselor to President Donald Trump (not confirmed); Sec Veterans Affairs Rob[ert] Wilkie...

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1.3 - Times-Standard: [VA uses ketamine to treat PTSD effectively. Treatment could be available at local VA clinic next year](#) (15 December, Philip Santos, 29k uvm; Eureka, CA)

The San Francisco Veterans Affairs Medical Center is administering ketamine to veterans with post-traumatic stress disorder and depression. Tobias Marton, the director of the ketamine infusion program at the center, said that since the program first launched two years ago, they have treated about 40 patients who had virtually exhausted all other options.

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1.4 - Muskogee Phoenix: [Three Forks History: National Cemetery Created for Union Dead](#) (16 December, Jonita Mullins, 14k uvm; Muskogee, OK)

After the start of the Civil War, Congress authorized the Lincoln administration to purchase burial grounds to be designated as National Cemeteries. At the end of the conflict in 1865, forty such National Cemeteries were scattered across the country containing the graves of more than 100,000 Union dead.

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2. [Improving Customer Service](#)

2.1 - Watertown Daily Times: [‘Leave No Veteran Behind’: Volunteer drivers sought for DAV program](#) (16 December, Chris Brock, 86k uvm; Watertown, NY)

When Edward J. Rogers left the U.S. Marines in 1991 after four years of service that included deployment to Operation Desert Storm, the lance corporal, left with back issues, had a hard time getting to his medical appointments.

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2.2 - The Daily Courier: [VA's Project Hero puts wheels of rehabilitation in motion](#) (16 December, Nanci Hutson, 6k uvd; Prescott, AZ)

The local VA has initiated a new program to benefit veteran heroes, aptly named Project Hero. All it takes is the ability to ride a bicycle — and if you don't have one, they will supply one. Project Hero is a decade-old national organization with a mission of hosting bicycling events for veterans, as well as first responders, to provide physical activity that offers social and exercise connections able to reduce symptoms of isolation, depression and post-traumatic disorder.

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Providence Journal: [Veterans Journal: New VA secretary touts VA Choice care option](#) (16 December, George W. Reilly, 245k uvm; Providence, RI)

Robert Wilkie, the new secretary of the Department of Veterans Affairs, spoke last Veterans Day weekend with National Public Radio's Steve Inskeep about his goals and the department's recent history of controversy. The Department of Veterans Affairs slipped into chaos earlier this year and VA Secretary David Shulkin was fired.

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

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[Hyperlink to Above](#)

6.2 - The Columbus Dispatch: [Hundreds of veterans and their families celebrate the holidays at annual Christmas party](#) (16 December, Patrick Cooley, 811k uvm; Columbus, OH)

Hundreds of veterans and their families packed the Franklin Park Adventure Center on Saturday, where their children, grandchildren and other young relatives got a chance to make gingerbread houses, get their faces painted, watch magic shows and tell Santa Claus what they want for Christmas.

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6.3 - KXAS (NBC-5, Video): [Thousands Lay Christmas Wreaths at Dallas-Fort Worth National Cemetery to Honor Fallen Soldiers](#) (15 December, Laura Harris, 480k uvm; Fort Worth, TX)

More than 6,000 people showed up to pay their respects, lay wreaths and volunteer Saturday at the Dallas-Fort Worth National Cemetery. Saturday was Wreaths Across America Day, held annually on the second or third Saturday of December. Ceremonies were held across the country, including in Dallas-Fort Worth, to honor and remember fallen soldiers and their families before Christmas.

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6.4 - The News Tribune (Video): [Tahoma National Cemetery hosts annual Wreaths Across America](#) (15 December, Joshua Bessex, 394k uvm; Tacoma, WA)

Two-minute video: Tahoma National Cemetery hosted the annual Wreaths Across America in which hundreds gathered to place more than 5,400 wreaths on the gravesites of veterans.

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6.5 - WTVT (FOX-13, Video): [Wreaths Across America ceremony held at Bay Pines](#) (16 December, 374k uvm; Tampa, FL)

A solemn Christmas celebration took place at one very well-known cemetery in Pinellas County. Hundreds of volunteers and families laid military wreaths on the graves of 4,000 soldiers at Bay Pines National Cemetery. Betty Hess is from a family of military veterans. She's older and admits, it's hard for her to get around these days, though she says nothing, will stop her from giving the most important gift this season -respect.

[Hyperlink to Above](#)

6.6 - Albuquerque Journal: [Groups help veterans with range of needs](#) (16 December, Donna Olmstead, 308k uvm; Albuquerque, NM)

For military veterans adapting to civilian life after their service, the holidays can be a bump in the road. Between 159,000 and 170,000 of New Mexico's residents are veterans, some successful professionals, some pursuing advanced degrees, while others are homeless looking for a place to live. (The numbers vary depending on which agency estimates the population.)

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6.7 - Pioneer Press: [Photos: Truckers lay wreaths on veterans' Fort Snelling headstones](#) (16 December, 158k uvm; Saint Paul, MN)

Dozens of volunteers on Saturday placed wreaths on the the headstones of veterans at Fort Snelling National Cemetery. The event, part of a nationwide remembrance called Wreaths Across America, was sponsored by the Minnesota Trucking Association to honor deceased veterans.

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6.8 - San Antonio Express-News (AP): [San Antonio-based Soldiers' Angels helps vets home, afar](#) (16 December, 148k uvm; San Antonio, TX)

The war in Iraq was still in its first year when Patti Patton-Bader's son, a soldier there, told her that he was one of the few service members he knew who was getting care packages. The San

Antonio Express-News reports Patton knew what to do. She got some of her friends and neighbors to send packages to Staff Sgt. Brandon Varn's platoon. That was just the start.

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6.9 - WIS (NBC-10, Video): [Midlands Gold Star wife remembers husband each year at Ft. Jackson for Wreaths Across America](#) (16 December, Jenna Cisneros, 141k uvm; Columbia, SC)

The tenth annual Wreaths Across America Ceremony at Fort Jackson National Cemetery took place Saturday afternoon, where roughly 6,500 wreaths were laid on the graves of Midlands veterans. Mary Mosley, one of many in the Midlands, honors her husband every year at this ceremony.

[Hyperlink to Above](#)

6.10 - WLEX (NBC-18, Video): [Wreaths Across America Event Held At Camp Nelson National Cemetery](#) (15 December, Kylene Mills, 115k uvm; Lexington, KY)

An emotional day at Camp Nelson National Cemetery in Nicholasville as people gathered to place wreaths at the graves of veterans. Families, friends and even strangers gathered for the Wreaths Across America event to honor those who made sacrifices for our country. Tina Lay was one of the attendees; it's been nearly a year since she lost her husband, an army, veteran to cancer.

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6.11 - Erie Times-News: [Taxpayers should not have to pay for city's mistakes: Letters to the editor](#) (16 December, Brian Woodward, 67k uvm; Erie, PA)

These girls participate in many of our outreach activities in the community including the pizza, wing and bingo parties for the residents of the Erie Veterans Affairs Medical Center, the military share food distributions with the Second Harvest Food Bank each month and the annual Christmas party for the residents of the Erie VA.

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6.12 - KFVS (CBS-12): [Veterans remembered at Mound City National Cemetery's Wreaths Across America event](#) (15 December, Mike Mohundro, 67k uvm; Cape Girardeau, MO)

Veterans were remembered at the Wreaths Across America event at the national cemetery in Mound City. More than a hundred came out to the event at the Mound City National Cemetery on Saturday, Dec. 15. Before the event even began, truckloads of wreaths were dropped off and staged along the rows of the graves for those to place at every third headstone.

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6.13 - The Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year.

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7. Other

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1. [Top Stories](#)

1.1 - The Post and Courier: [Federal data shows nearly 3,000 rodents, cats and dogs are being used for research in SC](#) (16 December, Jerrel Floyd, 314k uvm; Charleston, SC)

In a small research room near the Ralph H. Johnson VA Medical Center in Charleston, a tiny black mouse scurries across a glowing green miniature walkway as it tries to return to a nest of other mice. With each step, a bright green footprint follows.

The walkway, formally called the “CatWalk,” projects data onto a nearby computer screen where the mouse can be seen while its footprints are measured. The purpose of the experiment is to watch how the mouse applies pressure to each of its legs. Scientists hope to use this information to further fuel research into unique fractures commonly diagnosed among veterans.

Though non-invasive and seemingly simple, this research still requires extensive oversight from veterinary and scientific experts to be conducted. Everything must be approved — from the type of equipment used to the number of mice enlisted.

This level of oversight isn’t unique to animal research at the Charleston VA. Animal research across the country has long been a source of controversy and tension, from both outside activists and scientists who want to limit the use of animals in these settings as much as possible. With at least seven entities across the state, including the VA hospital in Charleston and the Medical University of South Carolina, certified to conduct animal research and nearly 3,000 animals currently in use, the Palmetto State finds itself very much a part of this national conversation.

“It’s very much limited, very restricted,” said Dr. R. Amanda LaRue, head of research at the VA hospital.

Nationally, Americans are almost evenly divided when it comes to their opinions of animal use in scientific research. According to the Pew Research Center, at least 52 percent of Americans are opposed to the practice while 47 percent are in favor. Arguments against the practice range from the possible existence of alternative research methods in which animal behaviors can be replicated with technology, to the lack of effectiveness and oversight.

But advocates for the use of animals in labs argue they play an invaluable role in scientific research.

Cindy Buckmaster, a biomedical researcher and chairwoman of Americans for Medical Progress based in Houston, said there are currently no good substitutes for animal research in lab settings. Researchers still need to learn a lot about the complexities of living organisms, she said. Technology can’t replicate animal behavior yet, she said, and many experts believe a truly effective and respected alternative probably won’t be developed until 2035.

“What we know is a fraction of what we need to,” she said. “The way we learn about it is through animals.”

Part of the problem, she acknowledged, is that researchers haven't done the best job of explaining animal research to the public. For one, she said that research topics requiring the use of animals in labs are a result of public outcry for biomedical progress.

"The researchers don't drive animal-based research," she said. "That's driven by the public."

Earlier this year, California banned the selling of cosmetics that were tested on animals, an update that many animal rights organization saw as a victory toward abolishing the use of research animals in labs. But experts say animal testing for cosmetic use is a practice that has little connection to the research that's done to advance medicine at places like the VA.

"Our goal is to address issues and real problems that our veteran population faces," LaRue said.

Black, white and grey

Since the dawn of medicine, animals have been used for medical research. But unlike today, there wasn't much opposition to the practice in ancient Greece.

A study on the history of animal experiments in biomedical research found it wasn't until the 1970s and '80s when much of the existing opposition got its footing, including a group called PETA, short for People against the Ethical Treatment of Animals, arguably the most vocal among all animal rights organizations.

"The reality is that the majority of animal experiments do not contribute to improving human health," the group writes on its website, "and the value of the role that animal experimentation plays in most medical advances is questionable."

Current opponents to the use of animals in research highlight the lack of funding and staffing at federal agencies, including the U.S. Department of Agriculture, responsible for overseeing animal use in labs. And the Animal Legal Defense Fund has argued that the chief federal animal protection law, the Animal Welfare Act, excludes animals like mice that make up majority of the animal testing.

Meanwhile, proponents of the practice tend to focus on medical advancements for humans, including chemotherapy, insulin and the rabies vaccine, that have been made possible because of the use of animal in labs. Most of the Nobel Prizes awarded in physiology or medicine, for example, were given to work that included the use of animal research.

"There's great value in the animal research," said LaRue, of the Charleston VA.

Other groups, including the Charleston Animal Society, believe that the issue isn't so black and white.

Though they see the value in the research, they highly recommend that animals only be used when there aren't any alternatives and never to benefit research related to cosmetics or household items. They also believe that research organizations should be investing in technological studies that could feed alternative methods and that organizations conducting this type of research need to be more transparent with the public.

“We realize that animal testing is a reality,” said Joe Elmore, CEO of the Charleston Animal Society. “This is the gray area and you just try to navigate the gray area as humanely as you possibly can.”

Layers of approval

Most of the nearly 3,000 animals currently being used in South Carolina for active research are mice and rats, according the federal government. More than 400 are dogs and cats.

That research is being conducted across the state — at Clemson University, the University of South Carolina, both VA hospitals, and others.

At Clemson, for example, researchers are regenerating brain tissue in traumatic brain injuries by using adult lab rats. At MUSC, scientists are studying cocaine addiction by testing possible cures on cocaine-addicted rats.

“At this point, there is no way to model all of the complex interactions that occur in living organisms,” MUSC spokesman Tony Ciuffo said in a statement. “Therefore, it continues to be necessary to depend on both human and animal experimentation to prevent and treat diseases.”

Nearby at the VA hospital in Charleston, researchers are currently looking at adult stem cells and how those cells could heal bone fractures in the lower extremities. This led them to the use of the mouse on the catwalk. Other animal research at the VA in Charleston is seeking to address issues associated with sand inhalation as veterans stationed overseas often make contact with sand during deployment.

“With animals models we can get a full picture of what’s happening to the organism in a specific disease or around a specific gene that’s being affected,” LaRue said. “And obviously we can’t do that in a human very easily.”

According to LaRue, getting approval to use animals in research for the VA is extensive. The first layer of approval is conducted at the VA’s central office in Washington D.C., where a veterinarian reviews the proposal and makes sure it is scientifically justified. They also check the number of animals needed to conduct the study “so that we’re using the fewest numbers of animals that we can possibly use,” LaRue said.

Then, the veterinarian takes note of the species proposed for use in the research to ensure that the least sentient species — or the species least likely to feel or perceive things — is used. If the work can be conducted with a mouse, for example, that’s considered preferable to a dog.

If approval is granted in Washington, a local Institutional Animal Care and Use Committee must also sign off on the proposal and provide ongoing inspections of the work.

“And that makes sure that they have the community’s interest in mind as well,” LaRue said. “We justify not only to the scientists and to the researchers, but also to the community.”

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1.2 - WRGB (CBS-6): [Town Hall: Your Voice Your Future - The Opioid Crisis with Eric Bolling](#) (17 December, 79k uvm; Schenectady, NY)

The Opioid Epidemic crosses all social lines, economic, racial, religious, political, urban, suburban. It destroys lives, families, communities. We continue our commitment to discuss this national epidemic.

Date: Tuesday, December 18, 2018

Time: 7:00-8:00 pm (ET)

Panel:

- Kellyanne Conway, Counselor to President Donald Trump (not confirmed)
- Sec Veterans Affairs Robt Wilkie
- LT. Governor of Maryland Boyd Rutherford
- Former Major of the Maryland State Police – Jim Pyles
- Former Veteran Norman Hooten
- Former Prosecutor Kendel Ehrlich
- Addiction Policy Forum – Kimberley Lowman-Clapp

Moderator:

Eric Bolling

Hashtag

#YourVoiceYourFuture

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1.3 - Times-Standard: [VA uses ketamine to treat PTSD effectively. Treatment could be available at local VA clinic next year](#) (15 December, Philip Santos, 29k uvm; Eureka, CA)

The San Francisco Veterans Affairs Medical Center is administering ketamine to veterans with post-traumatic stress disorder and depression.

Tobias Marton, the director of the ketamine infusion program at the center, said that since the program first launched two years ago, they have treated about 40 patients who had virtually exhausted all other options.

“They’ve done everything we’ve asked them to do and they remain with very severe symptoms and with a poor or impaired quality of life,” he said. “Despite (past treatments), there remains a high risk of suicide (with some veterans).”

While it was not clear where the 40 patients are from, the option is something that is available to Humboldt County veterans who are suffering from PTSD or depression.

Marton said that in general, about a third of people diagnosed with depression don’t respond to first, second and third lines of treatment.

In contrast, ketamine infusion has yielded “impressive outcomes.”

Many people know of ketamine as a party drug, often referred to as Special K, but it is mainly used medically for anesthesia or pain treatment.

Miracle of medicine

“We know ketamine has rapid and powerful anti-suicide properties,” he said. “To have another tool, a potentially powerful tool to have an impact on suicide rates is really exciting.”

While Marton is proceeding with “cautious optimism,” Boris Nikolov, the CEO of Neurosciences Medical Clinic in Miami, Florida, which has a ketamine clinic, believes the application might be a medical breakthrough.

“It’s one of the greatest discoveries in the field of depression,” he said. “This is one of the miracles in medicine.”

Nikolov’s clinic has treated 120 patients with ketamine, including his wife who has PTSD as a result of severe child abuse.

“Ketamine really helped her,” he said. “That was a really big part of her recovery.”

Nikolov said most medicines that treat depression take from two to four weeks to start working. Ketamine begins working within hours after it is administered, a process which usually involves an IV infusion over the course of about an hour.

“What’s most important is the strong and fast effect of ketamine in patients who are very seriously depressed, or want to hurt themselves,” he said. “When they finish treatment, they’re totally different people. There is no other medication that does that.”

Brad Burge, the director of strategic communication at the Multidisciplinary Association for Psychedelic Studies, or MAPS, said there has been “an explosion of treatment that’s outpaced research.”

“It means that people are going to have another option, an alternative to conventional medications,” he said.

According to Burge, MAPS believes the best form of ketamine infusion involves pairing with other forms of psychotherapy such as group or individual counseling.

Ketamine availability

While ketamine is an FDA-approved drug which has been used as an anesthetic as well as a pain reliever, it isn’t officially sanctioned by the FDA to be used for treating mental health disorders. However, Marton said that ketamine has been administered in this fashion for over 18 years now.

A company is currently in the process of trying to get an intranasal product approved by the FDA which would administer ketamine through the nasal passage, according to Marton. He expects the FDA’s decision to be announced sometime around March 2019.

If the product is approved, he said, VA clinics in rural communities like the one in Eureka would likely be able to start offering ketamine treatments as well.

For now, only the location in San Francisco is able to offer the treatment, but Marton said anyone within their service realm, which includes Humboldt County, is invited to consult with the VA about seeking treatment.

“We want to be as thoughtful as we can,” he said. “As we understand more about it ... (we) might be able to start helping people who we haven’t been able to help despite throwing everything we have at them.”

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1.4 - Muskogee Phoenix: [Three Forks History: National Cemetery Created for Union Dead](#) (16 December, Jonita Mullins, 14k uvm; Muskogee, OK)

After the start of the Civil War, Congress authorized the Lincoln administration to purchase burial grounds to be designated as National Cemeteries. At the end of the conflict in 1865, forty such National Cemeteries were scattered across the country containing the graves of more than 100,000 Union dead.

However, the remains of many more soldiers had been hastily buried on battlefields. One of the first priorities of the military following the war was to identify these graves and make the necessary arrangements to have the remains of Union soldiers re-interred at National Cemeteries. Additional land was chosen including a plot of ground near Fort Gibson in Indian Territory.

It was estimated that nearly 2,000 Union soldiers were buried in the vicinity of Fort Gibson. In 1868, the Post Quartermaster began the work of locating these graves and moving the soldiers’ remains to the Fort Gibson National Cemetery. Battlefield sites at Cabin Creek, Flat Rock, Fort Wayne, Fourteen Mile Creek, Hilderbrands Mill, Honey Springs, Mackey’s Saline, Park Hill, Tahlequah, Twelve Mile Creek, and Wolf Creek gave up their dead to the new cemetery.

For Confederate soldiers, the removal of bodies from battlefields to cemeteries fell to members of their families. Organizations such as the United Daughters of the Confederacy were formed to raise the needed funds to pay to transfer soldiers’ remains to family, church or municipal cemeteries.

By June 1869, over 2,000 fallen Union soldiers were re-interred at Fort Gibson. Most of these soldiers were “unknown.” In fact, throughout the country nearly half of all Civil War graves, whether Union or Confederate, are marked “unknown.”

Later, the Secretary of War ordered that the graves at the abandoned posts of Fort Washita, Fort Arbuckle and Fort Towson in Indian Territory be moved to the Fort Gibson National Cemetery. Because these forts had been abandoned for some time, grave markers were missing or deteriorated on most of the graves so these soldiers were also unidentified.

All original stones that were found with the graves were moved to the new cemetery. The government furnished a gravestone for all other graves. For the unknown soldiers, the stone was marked simply with a grave number.

In 1890, Fort Gibson was closed and the post land reverted back to the Cherokees, all except for the National Cemetery. By 1900, the town of Fort Gibson was holding a regular Decoration Day in May at the National Cemetery. A small American flag was placed at each soldier's grave.

Following the post closing, there were few burials at the cemetery, but this changed with the Spanish American War in 1898. Since then, Fort Gibson has received fallen heroes from every war America has fought.

Today over 21,000 graves are marked with wreaths during the Christmas season. As the Fort Gibson Post newspaper reminded its readers in 1900, there is one flag and one country, but all mourn these honored dead.

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2. [Improving Customer Service](#)

2.1 - Watertown Daily Times: [‘Leave No Veteran Behind’: Volunteer drivers sought for DAV program](#) (16 December, Chris Brock, 86k uvm; Watertown, NY)

When Edward J. Rogers left the U.S. Marines in 1991 after four years of service that included deployment to Operation Desert Storm, the lance corporal, left with back issues, had a hard time getting to his medical appointments.

“In my first few years after I got out of the service, I didn’t have a vehicle, so I missed a lot of appointments because I had no transportation,” he said.

Until he read a small blurb in a local penny saver, the Syracuse resident wasn’t aware of the existence of the Disabled American Veterans organization, which was founded in 1920 in Cincinnati as the Disabled American Veterans of the World War.

One of the programs the DAV offers is its transportation network. It operates a fleet of vehicles around the country to provide free transportation to VA medical facilities for injured and ill veterans. According to its website, DAV stepped in to help veterans get the care they need in 1986 when the federal government terminated its Veterans Affairs Beneficiary Travel Program that helped many of them pay for transportation to and from medical facilities.

The vans in the DAV program are driven by volunteers and the rides coordinated by service coordinators, also volunteers, around the country. Its motto: “Leave No Veteran Behind.” The program is administered by hospital service coordinators at the VA’s 197 medical facilities. Locally, its base is Syracuse.

The service is different from the Veterans Transportation Service, operated by the U.S. Department of Veterans Affairs, which has paid drivers to transport veterans who have difficulty traveling to appointments due to disease or disability.

Mr. Rogers started driving for the DAV in 2012. It brought him several rewards.

“As I started driving and talking to the vets, hearing their stories and sharing their stories, I thought it was very therapeutic to sit and talk to these guys,” he said.

Now, Mr. Rogers is a DAV driver recruitment specialist, seeking to sign up volunteer drivers. That need is dire.

"I want to raise the awareness that we exist and that volunteering is an option for people," Mr. Rogers said during a visit to the Times' offices. "I think many people have forgotten about volunteering."

Mr. Rogers helps with recruitment in the 16 counties covered by the DAV transportation program based at the Syracuse Veterans Administration Medical Center. That coverage area ranges from Franklin County in the north to Broome County in the south. It has a fleet of 36 donated vans.

He shared statistics reflecting that fewer veterans are being transported to appointments because of fewer volunteer drivers. In its coverage area, overall, the number of drivers is down 21 percent since 2016 and the number of veterans transported is down 23 percent.

For example, in 2016, Watertown, with three vans in operation, had 21 drivers signed up to volunteer and 15 this year. Potsdam, with two vans, had 10 drivers in 2016 and six now.

"Our numbers are declining at a much faster rate than veterans are leaving the area," Mr. Rogers said.

In Jefferson, Lewis and St. Lawrence counties, veterans, in addition to being transported to the Syracuse VA Medical Center, are mainly transported to the following:

- To a clinic on Fort Drum for physical therapy.
- The VA Massena clinic
- The Community-based Outpatient Clinic in Watertown
- The CANI Spine Center and Sport Physical Therapy in Watertown

'a privilege'

Veterans who need rides should note that the DAV volunteer driver service is not a medical transport. All riders must be ambulatory. They're allowed to bring an escort.

Volunteer community coordinators, who coordinate the trips of volunteer drivers, are dotted throughout Northern New York. In Ogdensburg, Linda ("Chickie") George has been coordinating trips for about three years and also volunteers to drive.

"I love to drive," Mrs. George said in a phone interview while she was waiting for a veteran at the Massena VA Outpatient Clinic. "I take people back and forth who are more needy than I am. I have a driver's license, which is a privilege. A lot of these other people don't have a driver's license."

Mrs. George said that veterans may not have a license for various reasons such as medical issues, or a family may just have one vehicle, which the spouse or partner of a veteran uses to travel to work.

Mrs. George, a former certified nurses's aide who is on disability, manages three DAV vans in Ogdensburg which are matched with drivers, which number around four on average.

"I'm the only driver who is full time right now," Mrs. George said. "If the guys can't do it, they can say no. But I can't say no as a coordinator. I'll never do that."

Those trips have included trips to the Syracuse VA Medical Center, with some several times a week.

"I wait down there to see if they're admitted or not," Mrs. George said. "As soon as they're admitted, that's fine. If they're still working on them, I wait there. I don't leave them."

She has also risen at 3 a.m. to get a veteran to an 8 a.m. appointment in Albany.

U.S. Army veteran Donald A. Bell, Madrid, praised Mrs. Jones's dedication.

"She's one of the finest people I've ever met, and not just as a DAV driver," Mr. Bell said. "Her dedication toward veterans is absolute. I can't say enough. I've needed rides, I'd just call her and she'd be there, no questions asked."

According to the DAV Transportation Network and figures provided by Mr. Rogers, as of Nov. 15, Mrs. Jones logged 505 volunteer driving hours this year, covering 16,219 miles with 109 veterans transported and 61 total trips.

"There's not that many dependable drivers," Mr. Bell said. "Chickie does a lot of work up here."

Mrs. George said the program for a driver in the DAV Transportation Network involves more than driving. There's paperwork and record keeping, mainly to make sure people aren't falsifying information "in order to get rides."

driver qualifications

Drivers for the volunteer program don't have to be veterans, although Mr. Rogers said about 60 percent are. Drivers must have a valid driver's license and no alcohol-related driving infractions. The application process includes a security check, a simple physical, a one-hour orientation at the Syracuse VA office and on-the-job training.

The amount of volunteer drivers is constantly in flux, Mr. Rogers said. His 16-county area has approximately 190 drivers on board. The ideal number would be 300.

"Our volunteers are typically retired gentlemen," Mr. Rogers said. "They'd do it for three or four years and then they want to enjoy their retirement. And even though it can be one day a week or one or two days a month, in the winter, we lose a lot of snow birds."

Because drivers operate the program's vans, they are not reimbursed for mileage. In Watertown, the program's three vans are parked at the Veteran of Foreign Wars on Bellew Avenue. Assigned drivers have keys to the vans, which are purchased through donations from the public. Mr. Rogers said it would be idea to be able to reimburse drivers for mileage.

"Some of these guys in the north country, they drive 45 minutes to pick up the van," he said. "Nothing's very close out here. I'd love to do more for them and I'm working on that with other agencies."

The volunteer driver program used to routinely operate Monday through Friday.

“We’re so short on drivers that a lot of the days have been cut down,” Mr. Rogers said.

In the meantime, requests for trips are likely to increase as passengers take advantage of the “Choice” program.

Through the Veterans Choice Program, a veteran can receive care from a community provider, paid for by the VA. For example, if a veteran needs an appointment for a specific type of care, and VA cannot provide the care in a timely manner or the nearest VA medical facility is too far away or too difficult to get to, then a veteran may be eligible for care through the Choice program.

Veterans must receive prior authorization from the VA to receive care from a provider that is part of the Choice network of community providers.

“To use the Choice program, if you can’t get in to be seen for a specific thing within three months, or if it’s not available near you, within 40 or 50 miles, you can go to a private doctor,” Mr. Rogers said. “For example, in Syracuse, we don’t have an allergist at the VA hospital. I see a private allergist.”

Mr. Rogers added, “We’re branching out into things like holistic health, massage, acupuncture and things like that. We take veterans to those appointments.”

The details

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2.2 - The Daily Courier: [VA’s Project Hero puts wheels of rehabilitation in motion](#) (16 December, Nanci Hutson, 6k uvd; Prescott, AZ)

The local VA has initiated a new program to benefit veteran heroes, aptly named Project Hero.

All it takes is the ability to ride a bicycle — and if you don’t have one, they will supply one.

Project Hero is a decade-old national organization with a mission of hosting bicycling events for veterans, as well as first responders, to provide physical activity that offers social and exercise connections able to reduce symptoms of isolation, depression and post-traumatic disorder.

The rehabilitative nature of the project is touted as a suicide prevention effort, according to officials.

Since its inception, Project Hero has built more than 200 adaptive bikes for injured veterans and donated more than 2,500 bikes to enable veterans to become cyclists.

The organization, with hubs in all 50 states, has logged more than 30,000 bicycling miles in 30 states and six countries to “bring hope, recovery and resilience in support of America’s healing heroes,” according to its national website.

The local Project Hero Hub leader is Sean Hankison, a U.S. Marine who works as a VA peer support specialist and is an avid bike rider.

The first Prescott Project Hero ride with 15 veterans was on Nov. 6. It was a 10-mile ride that was followed up with weekly Monday rides of varying lengths throughout the area.

Come spring, Hankison said, he hopes to be able to go “full blast” with the program by offering various levels of riders the chance to do anywhere from a couple miles to more competitive rides up to 100 miles. He noted he has high hopes for participation in the coming year’s Whiskey Off-Road.

Project Hero has veteran riders in races around the globe.

“We just want to reach out to veterans, and first responders, who need physical activity and camaraderie,” Hankison said.

Hankison admits that after he left the military in 2014, he missed the brotherhood, the chance to be around like-minded individuals doing something that was healthy and enjoyable. So when he was offered the chance to kick-off this new group, he said he “was full blast dedicated to getting it going.”

As with anything, Hankison said it has started small with a few dedicated riders who range from a 20-something United States Air Force veteran to an 89-year-old “who will ride laps arounds us.”

“I’m excited that it’s going to help a lot of populations,” said Hankison of the group that is open to men and women alike, and they do not have to be now patients or even enrolled with the VA.

VA patients are given preference when it comes to use of Project Hero bikes and equipment — at this time there are seven road bikes and two adaptive bikes able to be borrowed on a first-come, first-served basis. Any and all veterans, or first responders, can come and be part of the weekly cycling group that hopes to grow in numbers and miles accomplished, Hankison said.

Beyond community veterans, Hankison said some of the VA’s veteran staff members have joined the group, helping forge new friendships between the two groups that enriches VA relationships.

One of the things Hankison likes to emphasize that this cycling group is open to both those who have never tried the sport to those who want to participate in competitive cycling events.

“We have tri-athletes and recreational athletes,” Hankison said. “We can accommodate those veterans who want to try it out as beginners, but we also have the capability to do very long rides.”

What Hankison likes to stress is that cycling has multi-dimensional benefits.

In a decade, Project Hero has statistics from over 10,000 veterans who have seen health improvements such that they have reduced their reliance on prescription medications, be those medications for pain, high blood pressure, mental health or recovery from injury.

“That’s huge,” Hankison said.

The Project Hero hub is operated out of the VA’s mental health program with most of the rides now starting at the VA. As the program grows, though, Hankison said they may select new locations.

“This really supports the VA’s vision of whole health,” Hankison said.

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Providence Journal: [Veterans Journal: New VA secretary touts VA Choice care option](#) (16 December, George W. Reilly, 245k uvm; Providence, RI)

Robert Wilkie, the new secretary of the Department of Veterans Affairs, spoke last Veterans Day weekend with National Public Radio’s Steve Inskeep about his goals and the department’s recent history of controversy. The Department of Veterans Affairs slipped into chaos earlier this year and VA Secretary David Shulkin was fired. He faced questions about his travel, but he said he was targeted because he resisted Trump administration efforts to privatize care.

The VA runs a network of hospitals and clinics for millions of veterans across the country, so how the agency is run is a very big deal.

Among other topics, Wilkie discussed the prospect of privatization of the VA and its services. He stated flatly, “No, [the administration is] not going to privatize this institution. ... I certainly have never talked about that with anyone in this administration.”

He did, however, talk about VA Choice, the program he is backing that allows veterans to “seek health care on their own terms,” meaning they can choose where they get treatment, even at a private institution. “If VA cannot provide the care that a veteran needs, and in a timely manner, that veteran will have the opportunity to seek care in the private sector.”

That is not just limited to the type of care or the wait time for an appointment, but also the distance the veteran must travel. If there is a private facility more accessible to a veteran that can provide him or her the care they need, the VA Choice program would allow them to go to that facility.

“When you have families having to travel round-trip distances of 400, 500, 700 miles to get to VA facilities, we have to offer those veterans the opportunity to be served closer to home,” Wilkie said.

Obviously, the distance factor should not affect veterans in the Ocean State as much as it would in larger states.

You can listen to the full NPR interview at <https://n.pr/2Eo4352>.

[...]

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Newsday: [Holiday wreaths placed at Long Island National Cemetery](#) (15 December, 1.4M uvm; Melville, NY)

Members from the Long Island Senior Squadron of the Civil Air Patrol, as part of the national Wreaths Across America program, laid 40,000 holiday wreaths on the graves of fallen service members at Long Island National Cemetery in Melville on Saturday.

Victoria Vitullo, 6, of Valley Stream, places wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Alexcia Cruz, 11, of Baldwin places wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Anthony Vitullo, 10, of Valley Stream salutes the graves of fallen service members at Long Island National Cemetery in Melville after placing wreaths on the graves as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

A girl says a prayer as she lays a wreath on the grave of a fallen service member at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Gold Star families embrace prior to laying wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

People lay wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

Kenneth Chase, 90, of Bay Shore, a WWII Navy veteran, says a prayer at his wife's grave, Saturday, Dec. 15, 2018 at Long Island National Cemetery in Melville. People placed thousands

of wreaths on the graves of fallen service members at the cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

People lay wreaths on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

People embrace as wreaths are laid on the graves of fallen service members at Long Island National Cemetery in Melville as part of the national Wreaths Across America program, Saturday, Dec. 15, 2018.

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6.2 - The Columbus Dispatch: [Hundreds of veterans and their families celebrate the holidays at annual Christmas party](#) (16 December, Patrick Cooley, 811k uvm; Columbus, OH)

Hundreds of veterans and their families packed the Franklin Park Adventure Center on Saturday, where their children, grandchildren and other young relatives got a chance to make gingerbread houses, get their faces painted, watch magic shows and tell Santa Claus what they want for Christmas.

The annual holiday party of the Veterans Affairs Ambulatory Care Center in Columbus is a free gathering for former service members and their families. Most veterans brought their young children, grandchildren or nieces and nephews.

Derek Carter's 5-year-old son, Mason, made his way across a row of festively decorated tables Saturday morning, partaking in a different craft at each one.

After finishing a gingerbread house, Mason took a pair of scissors to a piece of construction paper and made legs for a cutout of the Grinch, the fictional Dr. Seuss character. Once he cut the paper into its final shape, he proudly showed it off to his father and his uncle, Fred Taylor.

"When he has paper and scissors, he's happy," Derek Carter said of his son.

Carter was an Army Reservist for eight years in the 2000s, but said this was his first time at the annual holiday party.

"It's great, especially for the children," he said. "There's a lot to do, so it keeps them active and puts a big smile on their faces, and it creates an opportunity for some who might not be able to do this otherwise."

Carter was glad there were so many activities.

"(Mason) didn't want to see Santa; he's seen Santa five times already this year," he said.

The party is a way to ensure that central Ohio's veterans have the chance to celebrate Christmas with their families, said Traci Washington, acting public affairs officer for the ambulatory care center.

Nearly 2,500 people were expected to attend the event, Washington said.

"I think it's great that they're bringing families together," said Channie Mayfield, 15, marveling at the camaraderie she saw.

Angela Mateen agreed. The Navy veteran was there with her daughter, Deborah Rippey, and her two granddaughters, Roshanara Trinity, 4, and Robreaynna Trinity, 2. She said she loved the chance to give families the chance to come together for a holiday gathering.

"It gives (my granddaughters) some excitement, they're really happy," Mateen said. "I really like that the VA opened its arms to embrace families."

Rippey said she's thankful for everyone who served, and was grateful for the chance to show them love for the holidays.

"Their grandmother worked hard, she sacrificed, let's give her a celebration," Rippey said. "That's what Christmas is about, not the presents, but the celebration."

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6.3 - KXAS (NBC-5, Video): [Thousands Lay Christmas Wreaths at Dallas-Fort Worth National Cemetery to Honor Fallen Soldiers](#) (15 December, Laura Harris, 480k uvm; Fort Worth, TX)

More than 6,000 people showed up to pay their respects, lay wreaths and volunteer Saturday at the Dallas-Fort Worth National Cemetery.

Saturday was Wreaths Across America Day, held annually on the second or third Saturday of December. Ceremonies were held across the country, including in Dallas-Fort Worth, to honor and remember fallen soldiers and their families before Christmas.

Many people, like Letroy Glover and his family, placed wreaths on the grave sites of those who made the ultimate sacrifice.

"We came out to lay wreaths," Glover said. "Some have paid the ultimate price and some have served ultimately for our freedom."

Mary Bush and her Gold Star family from Frisco have been leading the charge since 2009, when their son was killed in Afghanistan. They have raised money each year to help purchase the wreaths. The government, nor the cemetery, helps with those costs.

"Each year it gets bigger and bigger and more people are getting involved," Bush said. "It is the American military that preserves our freedom and while they do that they give up some of theirs. It's just an honor to recognize that and to thank them for that. It's an overwhelming feeling of joy to be able to share this with all of our citizens of Dallas-Fort Worth."

In addition to the work the Bush family has done, Omnitracs, a fleet management solutions to transportation and logistics company, donated \$25,000 that helped to purchase 2,500 wreaths.

The Bush family has already started to raise money for next year's wreaths that will stay right here in DFW. [Donate here.](#)

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6.4 - The News Tribune (Video): [Tahoma National Cemetery hosts annual Wreaths Across America](#) (15 December, Joshua Bessex, 394k uvm; Tacoma, WA)

Two-minute video: Tahoma National Cemetery hosted the annual Wreaths Across America in which hundreds gathered to place more than 5,400 wreaths on the gravesites of veterans.

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6.5 - WTVT (FOX-13, Video): [Wreaths Across America ceremony held at Bay Pines](#) (16 December, 374k uvm; Tampa, FL)

PINELLAS, Fla. (FOX 13) - A solemn Christmas celebration took place at one very well-known cemetery in Pinellas County.

Hundreds of volunteers and families laid military wreaths on the graves of 4,000 soldiers at Bay Pines National Cemetery.

Betty Hess is from a family of military veterans. She's older and admits, it's hard for her to get around these days, though she says nothing, will stop her from giving the most important gift this season -respect. "My father, my uncles, my brother, my nephew all military," Hess said as she laid a wreath on the headstone of a soldier from the Korean War.

She along with other families and volunteers are laying military wreaths on four thousand graves at Bay Pines National Cemetery.

In 1,400 other national cemeteries across the country, Saturday is being called Wreaths Across America day. Susan Crone says the moment you forget, is the moment their loved ones are truly gone. "Sometimes I wonder where our world is headed but then I see all these people today and we remember!

We remember our roots and we are not going to let that go away," Crone said. Sadly Bay Pines wasn't able to afford a wreath for all 35,000 graves but volunteers made an impact for hundreds of families.

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6.6 - Albuquerque Journal: [Groups help veterans with range of needs](#) (16 December, Donna Olmstead, 308k uvm; Albuquerque, NM)

Today, the Journal concludes its annual Help for the Holidays series, spotlighting areas in which community members can reach out to neighbors in need.

For military veterans adapting to civilian life after their service, the holidays can be a bump in the road.

Between 159,000 and 170,000 of New Mexico's residents are veterans, some successful professionals, some pursuing advanced degrees, while others are homeless looking for a place to live. (The numbers vary depending on which agency estimates the population.)

But across the state, resources are available from government agencies and nonprofit organizations to help each veteran adjust to civilian life, according to the state's Department of Veterans Services.

"It's an unmooring," says Amanda Somerville, the department's women veterans' program manager.

Somerville, 39, who was an Air Force officer and pilot for 13 years and ended her service six years ago, found "it was such an adjustment to the civilian world. It's a little strange to be doing your holidays away from your brothers and sisters in arms. People feel a little down or overlooked during the holidays."

Somerville says she built structure for herself, especially during the holidays, with volunteering. She worked at the library and for Animal Humane.

"I always recommend to find somewhere to volunteer your time," she says. "When you give to someone else, you feel personally buoyed."

In her role as women veterans' program manager she consults with female veterans and helps them understand and access their benefits.

And while most soldiers think they know about their benefits, things change, she says. For example, she says she didn't know she was entitled to health services through the Veterans Administration for five years after the end of her duty, even without filing a claim.

Somerville says she's available to the state's more than 16,000 women veterans.

"They don't have to be ready to file a claim (to meet with her)," she says. She can help them find resources, retreats and therapies from community nonprofits, if they don't want to work through a government program.

"You can feel alone. Your story is unique and not unique," she says of women veterans. "We understand your story here."

Alonzo Maestas, director, and Brandon Lorenzo, student success specialist and VA certifying official, at the Veterans Resource Center at the University of New Mexico, say the holidays can be challenging for student veterans. Both are veterans themselves.

About 1,200 veterans worked through the center to obtain benefits in the fall semester, Maestas says. "We help our student veterans and their families. We advocate for them."

Lorenzo explains that they access both government and community resources to "help our veterans in the transition from military life to student life. They are not traditional students. They have a life of their own they are trying to deal with."

Green Zone Training is a program available to UNM faculty and staff to help them understand how much of an adjustment their veteran students are attempting to make.

The goal is to prevent misunderstandings that can undermine a veteran's education. Maestas says the administration is highly supportive of the program and the center.

One young veteran spoke up in a class to explain her combat experience in Afghanistan, but as she spoke another student shouted that she was a "baby-killer," Maestas says. The veteran came to the center and they advocated for a solution with the professor.

"It can be quite frustrating," says Maestas, also an attorney who served in the JAG Corps. "Really we're still going through this? Let's don't treat our veterans as if they are second-class citizens because they don't agree with your politics."

Maestas and Lorenzo agreed that the best thing others can do to smooth the transition for veterans all year long, but especially during the holidays, is to offer respect and gratitude.

"Thank them for their service," Maestas says. "It can change someone's day. Suicide is a veterans' issue and this time of year can be rough."

The center is funded through several sources, including the university and also receives donations, they said.

Retired veteran Bobby Ehrig, CEO of the Veterans Integration Center, says providing emergency, transitional and supportive housing for homeless veterans is the nonprofit's main mission. "But we are here to meet the needs of all vets in New Mexico," he says. "We've been around for the last 16 years nonstop. Ninety percent of our staff are veterans or family members, so we get it. It makes a significant difference in how we provide services."

The VIC helps about 700 veterans and their families each year. They receive some government funding, but rely on donations from corporations, businesses and individuals, he says. The VIC's overhead is about 10 percent. Estimates of the homeless veteran population are about 15 percent to 18 percent of total veterans, Ehrig says.

Wendy Webber, also a veteran and wife of a veteran, is the VIC's development director, and says it's hard to imagine a donation that wouldn't be welcome.

"We take a house and turn it into a home. We don't just take a homeless person and stick them in a box. We provide every single thing down to a TV, if we have one."

The VIC has an arrangement with a motel across the street for emergency housing, Ehrig says. They also have other housing, designed for longer-term.

They have a food bank distribution for veterans and their families every Friday morning at their pantry and thrift store on Dorado and Central SE.

"In the VIC we are a family and our family members are in trouble," Webber says. "In the military you hear the expression – leave no man, or woman, in my case, behind. We want to make sure we aren't leaving anyone out there struggling."

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6.7 - Pioneer Press: [Photos: Truckers lay wreaths on veterans' Fort Snelling headstones](#)
(16 December, 158k uvm; Saint Paul, MN)

Dozens of volunteers on Saturday placed wreaths on the the headstones of veterans at Fort Snelling National Cemetery.

The event, part of a nationwide remembrance called Wreaths Across America, was sponsored by the Minnesota Trucking Association to honor deceased veterans.

Each year, at 11 a.m. Central on the third Saturday in December, Wreaths Across America conducts wreath-laying ceremonies at over 1,000 national cemeteries throughout the United States.

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6.8 - San Antonio Express-News (AP): [San Antonio-based Soldiers' Angels helps vets home, afar](#)
(16 December, 148k uvm; San Antonio, TX)

SAN ANTONIO (AP) — The war in Iraq was still in its first year when Patti Patton-Bader's son, a soldier there, told her that he was one of the few service members he knew who was getting care packages.

The San Antonio Express-News reports Patton knew what to do. She got some of her friends and neighbors to send packages to Staff Sgt. Brandon Varn's platoon.

That was just the start.

More requests came in from soldiers, combat support hospitals and families of troops who were in the theater of war.

What happened from there explains how Soldiers' Angels evolved into a volunteer network of people in 50 states and 31 countries, all toiling to support troops, their families and veterans of all eras. Patton created a system that matched the needs of troops overseas with people back home wanting to help. A few months later, she was one of thousands of "Angels," as they're now called, supporting troops overseas.

San Antonio-based Soldiers' Angels has sent a total of 851,000 care packages to deployed troops in the years since.

As the holidays near, the nonprofit group, whose slogan is "May No Soldier Go Unloved," is operating on a \$22 million annual budget that utilizes only \$2 million or so in cash. Everything else consists of in-kind contributions fueled by a volunteer base that tops 20,000 people.

"We just have an amazing group of volunteers, thousands and thousands of volunteers . and so we're able to do so much with such a large footprint," said Amy Palmer, Soldiers' Angels president and CEO. "And that alone is important to me because we're able to do a lot with a little bit of money."

Soldiers' Angels does more these days than put together care packages for soldiers, veterans and their families. Volunteers gathered 17,000 pounds of candy before Halloween for the

group's Treats for Troops campaign. As Thanksgiving approached, volunteers at the group's San Antonio offices off Northeast Loop 410 were among the roughly 1,000 nationwide who were stuffing holiday stockings, planning to send out around 14,000 of them, many to veterans hospitals around the country.

As the U.S. military footprint has shrunk overseas, the group has seen a rising need among veterans here in the United States, particularly the homeless and those on the margins.

Soldiers' Angels is also doing an Adopt-A-Family program for the holidays that is open to relatives of deployed service members and low-income chronically homeless people. The program reaches out to families nationwide, some in San Antonio, by giving them toys and a gift card for a holiday meal.

In 2017, the group provided veterans and families with 120,200 items ranging from blankets and box lunches to hygiene supplies at VA medical facilities. It helped more than 22,100 veterans get food assistance in cities across the nation last year, and is one of the military's largest volunteer networks.

Soldiers' Angels says it is so efficient that 98 cents of every \$1 goes to programs. The group maintains a GuideStar Platinum Seal of Transparency and has been named a Top-Rated Nonprofit by GreatNonprofits and a four-star charity from Charity Navigator. It also meets all 20 standards for accountability from the Better Business Bureau.

Care packages for deployed service members have been a Soldiers' Angels trademark from the start, and include snacks, hygiene products, games, and such comfort items as socks and hats. Hygiene kits containing shampoo, conditioner, deodorant, lotion and toothpaste help make veterans' stays at VA hospitals more comfortable.

Those stays can be long and involve multiple appointments. Some veterans may not be able to spend money on cafeteria food while at the VA, which is why Soldiers' Angels provides box lunches consisting of chicken salad and tuna, granola bars, fruit cups and snacks.

"We packed 5,000 of those at the 15th anniversary and they're almost gone," Palmer said. "Those are specifically used for low-income veterans that can't afford to eat in the cafeteria of the hospitals or veterans that are homeless. And so we go through thousands of those a year."

This year, 15,000 box lunches were served. Next year, they'll start offering vouchers to some patients so they can eat in hospital cafeterias, allowing the group to focus more on feeding homeless veterans.

The group will put together kits of basic home essentials — bed covers, pots and pans, dishes, sheets and pillow cases, and shower curtains — for families moving into homes under HUD's Veterans Affairs Subsidized Housing program. They also will provide bus passes and vouchers for veterans who don't have a way to get to their appointments.

Soldiers' Angels boils down its mission to its trademarked motto.

"May no soldier go unloved,

"May no soldier walk alone,

"May no soldier be forgotten,

"Until they all come home."

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6.9 - WIS (NBC-10, Video): [Midlands Gold Star wife remembers husband each year at Ft. Jackson for Wreaths Across America](#) (16 December, Jenna Cisneros, 141k uvm; Columbia, SC)

The tenth annual Wreaths Across America Ceremony at Fort Jackson National Cemetery took place Saturday afternoon, where roughly 6,500 wreaths were laid on the graves of Midlands veterans.

Mary Mosley, one of many in the Midlands, honors her husband every year at this ceremony.

Mosley is a Gold Star wife, who lost her husband Alphonso Mosley Sr. due to medical injuries from the Vietnam War.

Mosley Sr. served in the U.S Army for 25 years and died in 2011.

I miss him, I really miss him," Mosley said. "I just wish he was here."

Fort Jackson holds a special place in Mosely's heart.

"I met him here, and we married and we raised our children here and it just means a whole lot to me. Every time I come on Ft. Jackson I really think about him." Mosley said.

The Wreaths Across America Ceremony is a way to honor and remember the veterans who served and keep their memory alive.

"A veteran dies twice. Once when they draw their last breath, and then the last time their name is ever said," Carol Davis, Coordinator for Wreaths Across America Ft. Jackson National Ceremony said. "So our way of keeping them alive is to place a wreath in their memory and say their name."

Roughly 6,500 gravesites at the Ft. Jackson National Cemetery has an evergreen wreath placed on their headstones.

Similar ceremonies were held Saturday across the country.

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6.10 - WLEX (NBC-18, Video): [Wreaths Across America Event Held At Camp Nelson National Cemetery](#) (15 December, Kylen Mills, 115k uvm; Lexington, KY)

JESSAMINE COUNTY, Ky. (LEX 18) – An emotional day at Camp Nelson National Cemetery in Nicholasville as people gathered to place wreaths at the graves of veterans.

Families, friends and even strangers gathered for the Wreaths Across America event to honor those who made sacrifices for our country.

Tina Lay was one of the attendees; it's been nearly a year since she lost her husband, an army, veteran to cancer.

"I just want to tell him that I love him and I miss him and. It's endless words can't describe how much i miss him," said Lay.

Corporal Matthew Bradford was a speaker. He lost his legs and his sight when he took a wrong step while serving in Iraq. Now he's dedicated his life to supporting fellow veterans and their families.

"I'm going to wake up each and every day, I'm going to be positive and optimistic and I'm going to go out and attack each and every day," said Bradford.

Camp Nelson was one of more than a thousand cemeteries across the country that took part.

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6.11 - Erie Times-News: [Taxpayers should not have to pay for city's mistakes: Letters to the editor](#) (16 December, Brian Woodward, 67k uvm; Erie, PA)

[...]

Local sisters earn praise for helping Erie vets

I wanted to take a moment to share with you a terrific story about two sisters, Addison and Alexis Pangborn. Addison attends Westlake Middle School and Alexis attends Tracy Elementary. Addison and Alexis volunteer with Veterans of Foreign Wars Post 740 Edinboro-McKean and the Post 740 Motorcycle Riders Group, along with their grandparents, Dale and Donna Snyder.

These girls participate in many of our outreach activities in the community including the pizza, wing and bingo parties for the residents of the Erie Veterans Affairs Medical Center, the military share food distributions with the Second Harvest Food Bank each month and the annual Christmas party for the residents of the Erie VA.

This year, Addison also planned and coordinated to have a table of baked goods at the VFW Post 740 craft fair and to donate the proceeds to the Erie VA recreation fund. Addison was able to raise \$357 selling baked goods at the VFW Post 740 craft fair. Kathy Cummings and the American Legion Post 742 in Fairview heard of Addison's idea and donated \$1,139.25 from their fall craft fair to the Erie VA recreation fund as well. The total amount raised for the Erie VA recreation fund was \$1,496.25.

What a great example of community involvement to help those to whom we all owe so much — our veterans!

— Brian Woodward, service officer, VFW Post 740 Edinboro-McKean

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6.12 - KFVS (CBS-12): [Veterans remembered at Mound City National Cemetery's Wreaths Across America event](#) (15 December, Mike Mohundro, 67k uvm; Cape Girardeau, MO)

MOUND CITY, IL (KFVS) - Veterans were remembered at the Wreaths Across America event at the national cemetery in Mound City.

More than a hundred came out to the event at the Mound City National Cemetery on Saturday, Dec. 15.

Before the event even began, truckloads of wreaths were dropped off and staged along the rows of the graves for those to place at every third headstone.

The event was hosted by the Mound City National Cemetery Preservation Commission. They opened the event with a moment of silence and the Posting of the Colors.

Opening remarks were by Becky Mueller with the MCNCPC. Following her remarks was the Remembrance Wreath Laying Ceremony conducted by MCNCPC's Buddy Walls.

Remembrance wreaths were placed for veterans of The United States Army, Marine Corp, Navy, Air Force, Coast Guard, Merchant Marines and all POW's and MIA's.

The ceremony was concluded with taps and the retiring of the colors.

After the ceremony, those who were in attendance placed the wreaths on the graves throughout the entire cemetery.

Of the many people that come to the event, Justin Snell from Jonesboro said he wanted to support all the veterans, especially his father that was in the Honor Guard.

Justin also brought his children to the ceremony and said it's important they understand the sacrifices made and to honor the veterans.

"I think it's important for all the children to learn to respect and understand the meaning of what we are here for," Justin said. "These men and women, they gave the ultimate sacrifice and we're here to honor them. We hope this tradition will carry on when our kids have children."

Justin's father, John Snell said it's important for him to see all the people come out to this event and show their respect.

"I've lost family members. I've also lost very close friends with me during the wars," John stated. "I've had family that has served the military for years that are now retired from there. It's important to me because I am a Veteran."

Not only did John said it's good to see the support but he also said he wanted to be here to give support to those himself.

"I was a veteran and served for my country," He said. "I want to be here for all the veterans that are already deceased and that maybe got killed in action because they will never be back home to see their families again."

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6.13 - The Winchester Star: [Wreaths placed on graves of fallen service members](#) (17 December, Mickey Powell, 28k uvm; Winchester, VA)

Simply walking through Winchester National Cemetery on Saturday was nearly impossible. Up to two inches of rain had fallen in the previous 24 hours, according to National Weather Service estimates, and the ground was already saturated from excessive rainfall this year.

As the rain continued, visitors at the cemetery trudged through standing water and mud, their feet sinking into the soil, their shoes and socks getting soaked and dirty.

But the wet conditions didn't deter volunteers from placing Christmas wreaths on the graves of veterans as part of the annual Wreaths Across America, a nationwide event held each December at Arlington National Cemetery and more than 1,400 other locations across the country and around the world. The local event is sponsored by the Winchester Squadron of the Civil Air Patrol (CAP)

"All gave some. Some gave their all," squadron 1st Lt. Don Garrett said during a ceremony for the local wreath-laying. "The freedoms we enjoy today have not come ... without a price."

Americans should be forever grateful for their sacrifices, he said.

"We are honored to have known you," he continued, directing his words toward the deceased. "We shall not forget you."

A lengthy moment of silence was held in remembrance of them.

Garrett urged people to thank current and former armed forces members for their service and sacrifices on behalf of the nation.

Operated by the U.S. Department of Veterans Affairs, Winchester National Cemetery at 401 National Ave. contains the graves of 5,561 service members. It is full and not accepting new burials.

This year, the CAP was only able to place wreaths on 1,908 graves in the cemetery, Garrett said, because of a lack of donated funds. He said each wreath costs \$15.

At least 100 people braved the elements to attend Saturday's event. Many carried umbrellas. Others just got wet.

"We're all proud to be Americans," Garrett told the attendees.

Among those participating in the event were other Civil Air Patrol members and young people in the United States Naval Sea Cadet Corps based in Loudoun County.

An honor guard presented the colors. The event concluded with the playing of taps by 1st Lt. Wayne Schneider.

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7. [Other](#)

From:

(b) (6)

Cc:

Bcc:

Subject: FW: VoteVets v. VA (DDC)

Date: Sat Dec 15 2018 12:38:04 CST

Attachments: 10 - am. complaint.pdf

FYI.

Sent with Good (www.good.com)

From: (b) (6)

Sent: Saturday, December 15, 2018 8:24:26 AM

To: (b) (6)

Cc: (b) (6)

Subject: FW: VoteVets v. VA (DDC)

Hi Pam

FYI – I had a nice talk with Serena from DOJ, who is the lawyer defending VA. Happy to discuss if you have any questions.

Best

(b) (6)

(b) (6)

Executive Consultant

Office of the Secretary

(b) (6)

From: [REDACTED]@usdoj.gov]
Sent: Friday, December 14, 2018 4:22 PM
To: (b) (6)
Cc: (b) (6)
Subject: [EXTERNAL] VoteVets v. VA (DDC)

Mr. Selnick,

Thank you very much for taking the time to speak with me about the VA's discussions with Apple and the medical centers around developing a mobile app for veterans. I am attaching a copy of the plaintiff's amended complaint so that you can see the allegations, solely if you are interested – otherwise, no reason you should read it. The allegations around the mobile app project are at pages 23-30. I am also copying LuCinda Patton, who is the assigned attorney from the VA's Office of General Counsel. We will follow up soon if we decide it would be helpful to have a declaration. In terms of scheduling, our brief is due next Thursday, but there is a possibility we will seek an extension or that we will decide to hold off on filing a declaration now and instead file a declaration with our reply brief, which would be filed in January. I will keep you posted on what we decide. If you think of anything further that might be relevant or have any questions, let us know.

Many thanks,

(b) (6)

Trial Attorney

U.S. Department of Justice, Civil Division

Federal Programs Branch

20 Massachusetts Ave NW

Washington, DC 20530

(b) (6)

[REDACTED]

[REDACTED]

Document ID: 0.7.1705.1368386-000001

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(fydibohf23spdlt)/cn=recipients/cn=f6021d9c02594b52bc57194848ca7ef6-(b) (6)

Filename: 10 - am. complaint.pdf

Last Modified: Sat Dec 15 11:38:04 CST 2018

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

VOTEVETS ACTION FUND
2201 Wisconsin Ave. NW, #320
Washington, DC 20007,

Plaintiff,

v.

No. 18-cv-1925

UNITED STATES DEPARTMENT OF
VETERANS AFFAIRS
810 Vermont Ave. NW
Washington, DC 20420; and

ROBERT WILKIE, in his official capacity as
Secretary of the United States
Department of Veterans Affairs,
810 Vermont Ave. NW
Washington, DC 20420,

Defendants.

FIRST AMENDED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

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INTRODUCTION

Plaintiff VoteVets Action Fund (“VoteVets”) hereby files this First Amended Complaint against Defendants the United States Department of Veterans Affairs (the “Department” or the “VA”) and Robert Wilkie, in his official capacity as the Secretary of the VA, and alleges as follows:

1. President Trump and his Administration have made a practice of outsourcing decisionmaking on key issues of policy and government administration to private individuals, especially those who have business or social relationships with the President. These individuals have influenced, shaped, and dictated personnel and policy decisions made by the Administration. They have done so without being subjected to transparency requirements, conflict-of-interest screens, and other accountability rules required of public servants.

2. In this case, the influential individuals are members of President Trump’s social club, Mar-a-Lago; the usurped authority belongs to the United States Department of Veterans Affairs; and the victims are America’s veterans. Since January 2017, the Department has repeatedly sought the advice of, and acted on the basis of collective recommendations from, Ike Perlmutter, Bruce Moskowitz, and Marc Sherman. These members of the “Mar-a-Lago Council” (or the “Council”) are part of this prominent and powerful advisory committee not because of any particular expertise or relevant experience. They have none—no government experience, no U.S. military experience. Rather, each simply shares a financial relationship with President Trump as a dues-paying member of the Mar-a-Lago Club, a private golf and social club in Palm Beach, Florida, owned by the Trump Organization.

3. Since its inception, the Mar-a-Lago Council has operated in secret. The Trump Administration made no public announcement upon the Council’s creation, and despite the Council’s extensive activities—including more than 25 meetings—the Administration has failed

to inform the public about the activities of a group empowered to make recommendations affecting the lives of millions of veterans.

4. While the full extent of the Mar-a-Lago Council's work remains hidden, the scope of its influence is now coming into view. Through frequent phone calls and meetings with top officials at the Department, including private meetings held inside the Mar-a-Lago Club, the Council's views are solicited, its advice considered, and its recommendations followed on a broad range of policy and personnel matters concerning veterans. This is particularly true with respect to the makeup of the VA's senior leadership. Upon the recommendation of the Mar-a-Lago Council, the VA has already made substantial changes to senior leadership posts, including the Secretary.

5. In addition to affecting personnel changes at prominent positions within the Department's leadership, the Mar-a-Lago Council has also advised the Department on, among other matters, building a national medical device registry at the VA, initiatives to prevent veteran suicide, the process for evaluating VA surgery programs, transforming the VA's digital records system, the development of a mobile application, and privatizing the healthcare services currently provided by the VA.

6. The Mar-a-Lago Council has admitted that it serves as an advisory committee for the VA. The Council has boasted about its role, even. In a statement that they issued jointly, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman said that they, together, "saw an opportunity to assist the Department of Veterans Affairs's leadership," and that they, together, "offered [their] counsel . . . to assist the President, Secretary, and VA leadership in . . . making the essential decisions . . . that affect our nation's veterans." "At all times," they said, they "offered [their] help and advice on a voluntary basis." They "were on emails and conference calls with senior

staff, and [then-]Secretary Shulkin referred on numerous occasions to his discussions with outside experts,” including, presumably, them. They “discuss[ed] healthcare delivery and healthcare quality challenges facing the agency” and “were always willing to share [their] thoughts.” Indeed, they “provided [their] advice and suggestions so that members of the Administration could consider [their suggestions] . . . to make [the Administration’s] own decisions on actions to be taken.”¹

7. According to their joint statement, the Mar-a-Lago Council is “proud of any contribution [it has] been able to make to improve the healthcare provided to the fine men and women who are served by the VA.”² The VA, on the other hand, has thus far failed entirely to square the Council’s power and influence with federal law.

8. VoteVets, an advocate for veterans, sues to redress this unlawful and dangerous departure from required procedures. Plaintiff brings this action to enforce the Federal Advisory Committee Act, 5 U.S.C. app. 2 (the “FACA” or the “Act”). The FACA was enacted in 1972 to curb the executive branch’s reliance on superfluous and secretive “advisory committees”: ad hoc, non-federal bodies that nonetheless counseled governmental decisionmakers on significant swaths of national policy. Prior to the FACA, special interests had used these committees—and the associated veneer of governmental legitimacy—to drive federal decisionmaking outside the light of public scrutiny, participation, and debate.

9. Since Plaintiff filed its initial complaint, the VA has released additional documents pertaining to the Mar-a-Lago Council in response to Freedom of Information Act

¹ *Statement by Ike Perlmutter, Bruce Moskowitz and Marc Sherman to ProPublica* (July 18-20, 2018), <https://www.documentcloud.org/documents/4704885-Full-Statement-by-Perlmutter-Moskowitz-and-Sherman.html> [hereinafter Mar-a-Lago Council Statement].

² *Id.*

(“FOIA”) requests. These documents reveal new information concerning the Council’s activities and influence, including new details about how the VA relied on the Council to drive the development of a mobile application, and organized the Council’s collective review of the VA’s \$10 billion contract with the Cerner Corporation to replace the VA’s electronic health record system. Plaintiff thus files this amended complaint.

10. Yet because Defendants continue to flout the FACA’s important transparency requirements, the full extent of the Mar-a-Lago Council’s influence, activities, and motives remains unknown. Consequently, veterans, their families, and other affected members of the public, like Plaintiff, have almost no insight into whether or how the Council has given consideration to issues critical to veterans, including the privatization of VA healthcare services. Moreover, the lack of transparency leaves the affected public with no view at all into what, if any, precautions have been taken to ensure that members of the Mar-a-Lago Council provide advice and recommendations out of concern for the public good and not their personal profit. For example, as detailed below, one of the Council’s projects for the VA concerned a mobile application, and one of its priorities for that project seemed to lay the foundation for the VA adopting a propriety application of Mr. Moskowitz’s. The public deserves a window onto such transactions, and the FACA requires it. In addition, when the government fails to adhere to the FACA’s requirements, public confidence in the government as a whole is diminished. Where, as here, that failure relates to the provision of critical benefits to America’s veterans, the consequences are particularly stark.

PARTIES

11. Plaintiff VoteVets, also known as VoteVets.org, is a not-for-profit organization incorporated under the laws of the District of Columbia. VoteVets has nearly 500,000 supporters with whom it regularly communicates about issues concerning veterans, including VA health

care, veterans' employment, and veterans' education benefits. VoteVets' mission is to coordinate and execute public issue campaigns on topics such as these to ensure that the voices of America's veterans are heard regarding matters of public policy.

12. Defendant the United States Department of Veterans Affairs is a federal agency within the meaning of the FACA, 5 U.S.C. app. 2 § 3(3), and of the Administrative Procedure Act (the "APA"), 5 U.S.C. § 551(1), that is headquartered in Washington, D.C.

13. Defendant Robert Wilkie is sued in his official capacity as Secretary of the United States Department of Veterans Affairs.

JURISDICTION AND VENUE

14. This Court has jurisdiction over this action pursuant to 28 U.S.C. § 1331 because this action arises under federal law, specifically the FACA, 5 U.S.C. app. 2, and the APA, 5 U.S.C. §§ 702, 706.

15. Venue is proper in this judicial district under 28 U.S.C. § 1391(e)(1)(A) because Defendants are an agency and an officer of the United States and because Defendant the VA resides in Washington, D.C.

STATUTORY FRAMEWORK

I. The Federal Advisory Committee Act

16. A sunshine law, the Federal Advisory Committee Act requires transparency and permits public participation when the executive branch establishes or uses non-federal bodies for the purpose of seeking advice and generating policy. When passing the FACA, Congress explained that "[o]ne of the great dangers in the unregulated use of advisory committees is that special interest groups may use their membership on such bodies to promote their private concerns," citing as an example an Industrial Waste Committee where "only representatives of industry were present[,]" and "[n]o representatives of conservation, environment, clean water,

consumer, or other public interest groups were present.” H.R. Rep. No. 92-1017, at 6 (1972), *as reprinted in* 1972 U.S.C.C.A.N. 3491, 3496.

17. The FACA defines an “advisory committee” as

any committee, board, commission, council, conference, panel, task force, or other similar group, or any subcommittee or other subgroup . . . which is

- (A) established by statute or reorganization plan, or
- (B) established or utilized by the President, or
- (C) established or utilized by one or more agencies,

in the interest of obtaining advice or recommendations for the President or one or more agencies or officers of the Federal Government, except that such term excludes (i) any committee that is composed wholly of full-time, or permanent part-time, officers or employees of the Federal Government, and (ii) any committee that is created by the National Academy of Sciences or the National Academy of Public Administration.

5 U.S.C. app. 2 § 3(2). Advisory committees are subject to the FACA’s requirements unless specifically exempted by statute, *see id.* § 4(a); unless established by the Central Intelligence Agency, the Federal Reserve, or the Office of the Director of National Intelligence, *id.* § 4(b); or unless they are purely “local civic group[s]” or “[s]tate or local committee[s],” *id.* § 4(c). None of these exceptions applies here.

18. Among other things, the FACA requires: (1) before acting or meeting, an advisory committee must file a charter with the Administrator of the General Services Administration (“GSA”) or the head of the agency that created the committee; (2) the make-up of the committee must “be fairly balanced in terms of the points of view represented and the functions to be performed”; (3) the charter must contain appropriate provisions to “assure that the advice and recommendations of the advisory committee will not be inappropriately influenced by the appointing authority or by any special interest, but will instead be the result of the advisory committee’s independent judgment”; (4) all meetings must be open to the public; (5) notice of each meeting must be published in the Federal Register; (6) all interested persons must be

allowed to attend, appear before, or file statements with the advisory committee; (7) all records, reports, transcripts, minutes, appendices, working papers, drafts, studies, agendas, and other documents made available to or prepared for or by the advisory committee must be available to the public, and (8) detailed minutes of each meeting must be kept. *Id.* §§ 5(b)(2)-(3), 5(c), 9(c), 10(a)(1)-(3), 10(b)-(c).

19. As specifically relevant here, the FACA requires that, before an advisory committee “meet[s] or take[s] any action,” a charter for the committee, containing specified information, must be filed with the GSA Administrator, “in the case of Presidential advisory committees, or . . . with the head of the agency to whom any advisory committee reports and with the standing committees of the Senate and of the House of Representatives having legislative jurisdiction of such agency.” *Id.* § 9(c).

20. The FACA also requires advisory committees to facilitate public comment and participation. Thus, an advisory committee must provide “timely notice” of its meetings to the public, *id.* § 10(a)(2), and must allow interested persons to “attend, appear before, or file statements with [the] committee, subject to such reasonable rules or regulations as the Administrator [of the GSA] may prescribe,” *id.* § 10(a)(3). The Administrator of the GSA has implemented these statutory obligations by requiring advisory committees to publish notice of their meetings “at least 15 calendar days prior” to the meetings, unless documented and “exceptional circumstances” require otherwise. 41 C.F.R. § 102-3.150. All meetings must be held “in a manner or place reasonably accessible to the public” and allow “[a]ny member of the public [to] speak to or otherwise address the advisory committee if the agency’s guidelines so permit.” *Id.* § 102-3.140(a), (d).

21. In addition, the FACA requires publication of “the records, reports, transcripts, minutes, appendixes, working papers, drafts, studies, agenda, [and] other documents . . . made available to or prepared for” the committee. 5 U.S.C. app. 2 § 10(b). These materials must be released well before the relevant advisory committee meeting, so that the public can “follow the substance of the [committee’s] discussions.” *Food Chem. News v. Dep’t of Health & Human Servs.*, 980 F.2d 1468, 1472 (D.C. Cir. 1992).

22. Finally, the FACA provides that “[d]etailed minutes,” containing specified information, “of each meeting of each advisory committee shall be kept.” 5 U.S.C. app. 2 § 10(c).

II. The VA’s FACA Guide

23. The VA publishes a VA Advisory Committee Management Guide that expands on agency expectations “to ensure that VA Federal Advisory Committees carry out their responsibilities under FACA.”³

24. In its Guide, the VA reiterates that when the FACA was enacted, Congress determined that “[n]ew committees should be established only when determined to be essential,” that “[t]here should be standard and uniform procedures governing the operation of committees,” that “Congress and the public should be kept informed of the number, purpose, membership activities, and costs of advisory committees,” and that “[t]he function of advisory committees should be advisory only.”⁴

³ Department of Veterans Affairs, *Advisory Committee Management Guide* 1 (Aug. 2017), <https://www.va.gov/ADVISORY/docs/ACMO-2017ACMOGuidesignedbyCoSVA.pdf>.

⁴ *Id.* at 3.

25. The Guide emphasizes that “[n]o advisory committee may meet or take any action until a charter has been filed by VA’s [Committee Management Officer] in accordance with FACA.”⁵

26. The Guide notes that

One of VA’s principal objectives in managing its advisory committees is to ensure that committee members appropriately reflect the diversity of American society and the Veteran population. In the selection of members for discretionary committees, VA is required to consider a cross-section of those directly affected, interested, and qualified, as appropriate to the nature of the advisory committee. Committees requiring technical expertise should include persons with demonstrated professional or personal qualifications and experience relevant to the functions and tasks to be performed.⁶

III. The Administrative Procedure Act

27. The APA permits judicial review by persons “suffering legal wrong because of agency action, or adversely aggrieved by agency action.” 5 U.S.C. § 702; *see id.* §§ 702-704. Under the APA, a “reviewing court . . . shall compel agency action unlawfully withheld or unreasonably delayed,” *id.* § 706(1), and “hold unlawful and set aside agency action, findings, and conclusions found to be . . . arbitrary, capricious, an abuse of discretion, or not otherwise in accordance with law,” *id.* § 706(2)(A).

FACTS

I. The Mar-a-Lago Council Is Established and Holds Meetings Without Observance of Procedures Required by Law

28. In January 2017, the Mar-a-Lago Council was created to advise the VA on policy issues affecting veterans and the administration of the Department or, in the words of then

⁵ *Id.* at 10.

⁶ *Id.* at 18.

President-elect Trump, “to help” the Secretary of Veterans Affairs “straighten out the VA.”⁷

Indeed, as a senior VA official later said in response to Council recommendations, “The VA staff has limited knowledge and experience, which is why you . . . are so important to help move the VA forward.”⁸

29. President Trump named Isaac “Ike” Perlmutter to lead the Council, and Bruce Moskowitz and Marc Sherman to serve on the Council.⁹

30. Mr. Perlmutter is the Chief Executive Officer for the entertainment and production company Marvel Entertainment. Mr. Moskowitz is a doctor practicing in West Palm Beach, Florida, and the founder of the Biomedical Research and Education Foundation. Mr. Sherman is a managing director who specializes in financial fraud and white-collar investigations with the consulting firm Alvarez & Marsal.¹⁰

31. While none of these men have notable experience with issues affecting veterans, all three do maintain personal relationships with President Trump that were formed or cemented through their affiliation with the President’s golf and social club, the Mar-a-Lago Club, where they are all members.

⁷ Natalia Wojcik et al., *Read the Transcript From Trump’s News Conference*, CNBC, Jan. 11, 2017, <https://www.cnbc.com/2017/01/11/transcript-of-president-elect-donald-j-trumps-news-conference.html>.

⁸ Department of Veterans Affairs, FOIA Service, VA Senior Leadership Emails, https://www.oprm.va.gov/foia/foia_library.aspx (under heading “Senior Leadership Emails/Travel”), DSTBCSto62218Redacted at 111 [hereinafter VA Senior Leadership Emails].

⁹ See Isaac Arnsdorf, *The Shadow Rulers of the VA*, ProPublica, Aug. 7, 2018, <https://www.propublica.org/article/ike-perlmutter-bruce-moskowitz-marc-sherman-shadow-rulers-of-the-va>.

¹⁰ *Id.*

32. In the words of all three Council members: “When we saw an opportunity to assist the Department of Veterans Affairs’s leadership in addressing some of the most intractable problems of the VA, we considered it an honor and a privilege to do so.”¹¹

33. On information and belief, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman have not been hired or appointed to formal government positions by the President, the Department, or any other agency within the federal government.¹²

34. On information and belief, no charter for the Council has been made or filed.

35. On the VA’s website, the VA discloses 28 advisory committees.¹³ The Mar-a-Lago Council is not listed among them.

36. Given that the Council has operated in secret, the full scope of its activities are unknown, except to Defendants. However, publicly available information reveals that, as of the date of this filing, the Council has held more than 25 meetings, and has maintained a close working relationship with Defendants. Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman all participated in at least ten of these meetings.

- a. On December 28, 2016, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman convened a council of healthcare executives to meet with President-elect Trump. According to Sean Spicer, Mr. Trump’s spokesman at the time, the

¹¹ Mar-a-Lago Council Statement, *supra* note 1.

¹² Arnsdorf, *supra* note 9.

¹³ Department of Veterans Affairs, Advisory Committee Management Office, https://www.va.gov/ADVISORY/Advisory_Committees.asp.

meeting included “lots of brainstorming on how to improve and reform [the Department of Veterans Affairs].”¹⁴

- b. On January 12, 2017, during a press conference, President-elect Trump said Mr. Perlmutter was “very, very involved” in advising his team on veterans affairs issues.¹⁵ Following the press conference, a “source with knowledge of the matter confirmed” that Mr. Perlmutter would “take on an informal, though ‘significant,’ advisory role in Trump’s administration with respect to veterans affairs.”¹⁶
- c. On or around February 7, 2017, the Mar-a-Lago Council met in person for the first time since President Trump took office.¹⁷ Then-Secretary of Veterans Affairs David Shulkin flew to Mar-a-Lago for the meeting with the Council, marking the VA’s establishment of the Council. On information and belief, Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- d. Writing to then-Secretary Shulkin by email on February 7, 2017, under the subject line “Group meeting,” the Council outlined the pace at which they would update Mr. Shulkin on the Council’s recommendations and progress,

¹⁴ Priyanka Dayal McCluskey, *Partners HealthCare’s CEO Talks Obamacare, VA with Trump*, Bos. Globe, Dec. 28, 2016, <https://www.bostonglobe.com/business/2016/12/28/trump-meets-with-partners-chief-executive-fla/gwjDtaS4xrGLIU0HKUK4uK/story.html>.

¹⁵ Wojcik et al., *supra* note 7.

¹⁶ Tim Huddleston Jr., *Why Donald Trump Gave Marvel’s CEO a Shout-Out in His Press Conference*, Fortune, Jan. 11, 2017, <http://fortune.com/2017/01/11/donald-trump-marvel-ceo-ike-perlmutter/>.

¹⁷ *The Mar-a-Lago Crowd Documents*, ProPublica, at DS-Moskowitz 1 Att 1-2_Redacted 2, <https://www.propublica.org/datastore/dataset/the-mar-a-lago-crowd-documents> [hereinafter ProPublica Documents]; see Arnisdorf, *supra* note 9.

saying they would “not need to meet in person monthly, but meet face to face only when necessary” along with “conference calls at a convenient time.”¹⁸

The Council also expressed its excitement that their role would afford them the opportunity to “transition from vision to reality” with respect to federal veterans policy.¹⁹

- e. On February 15, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin.²⁰
- f. On February 23, 2017, the Mar-a-Lago Council held a 45-minute call with then-Secretary Shulkin and the President and CEO of CVS Health. Mr. Sherman was unable to participate on this call, but Mr. Moskowitz assured the group that he would update him following the call.²¹
- g. On February 28, 2017, the Mar-a-Lago Council held a one-hour call to discuss VA Technology Transfer with then-Secretary Shulkin and a medical technology transfer authority.²² Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- h. On March 3, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin and senior officials from Apple, the United States Digital

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.* at DS Sherman 1-1_Redacted.

²¹ *Id.* at DS Sherman 2-3_Redacted.

²² *Id.* at DS Perlmutter 1-1_Redacted.

Service, and the Mayo Clinic.²³ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.

- i. On March 4, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin to review the agenda for an upcoming meeting with President Trump.²⁴
- j. On April 11, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin to discuss issues relating to fraud and abuse within the VA system.²⁵
- k. On April 12, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin and the Chairman and CEO of Kaiser Foundation Health Plan.²⁶ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- l. On April 17, 2017, the Mar-a-Lago Council held a 30-minute call with Johnson & Johnson's executive staff as a follow-up to the February 28, 2017 VA Technology Transfer call.²⁷ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- m. On April 17, 2017, the Mar-a-Lago Council attended a one-hour dinner with then-Secretary Shulkin.²⁸ Mr. Sherman attended for the Council.

²³ *Id.* at DS Perlmutter 2 att 1-1_Redacted.

²⁴ *Id.* at DS Perlmutter 3-2_Redacted.

²⁵ *Id.* at DS Sherman 4-1_Redacted.

²⁶ *Id.* at DS Sherman 5-2_Redacted.

²⁷ *Id.* at DS Sherman 6-2_Redacted.

²⁸ *Id.* at DS Sherman 7-1_Redacted.

- n. On April 27, 2017, the Mar-a-Lago Council attended an hour-and-a-half breakfast with then-Secretary Shulkin.²⁹
- o. On April 27, 2017, the Mar-a-Lago Council attended a two-hour tour of the Walter Reed Army Medical Center.³⁰ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- p. Also on April 27, 2017, the Mar-a-Lago Council met with Darin Selnick, senior advisor to then-Secretary Shulkin.³¹
- q. On May 18, 2017, the Mar-a-Lago Council participated in a 30-minute conference call with Mr. Selnick. Council participants included Mr. Moskowitz and Mr. Sherman. As described below, the group discussed an effort by the VA to work with Apple and prominent healthcare centers to develop a mobile application (or “mobile app”) for veterans.³²
- r. The Mar-a-Lago Council held another call with Mr. Selnick on May 23, 2017. Mr. Moskowitz and Mr. Sherman participated for the Council, and individuals from Apple also joined to receive further guidance in preparation for “the upcoming VA/Centers/Apple call.”³³

²⁹ *Id.* at DS Perlmutter 4-1_Redacted.

³⁰ *Id.* at DS Perlmutter 5-5a-2_Redacted.

³¹ VA Senior Leadership Emails, *supra* note 8, DSTBCSto62218Redacted at 1.

³² *Id.* at 56, 63.

³³ *Id.* at 130, 155-157.

- s. Also on May 23, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin and then-acting Under Secretary for Health, Dr. Poonam Alaigh.³⁴
- t. On May 30, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin and, on information and belief, Dr. Alaigh.³⁵
- u. Also on May 30, 2017, the Mar-a-Lago Council attended an hour-and-a-half dinner with then-Secretary Shulkin.³⁶ Mr. Sherman attended for the Council.
- v. On June 14, 2017, the Mar-a-Lago Council held an hour-and-a-half call with then-Secretary Shulkin and staff at the VA, Apple, the Mayo Clinic, Johns Hopkins University, Brigham Health, Connected Health and Partners Health Care, Biomedical Research & Education Foundation, Kaiser Permanente, the Cleveland Clinic, and Mount Sinai Health System. Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz. The meeting covered numerous discrete topics but broadly focused on the VA's electronic health and medical records modernization effort, including the VA's plan to build a mobile app, described as a "Digital Veteran Platform," with the assistance of Apple and the experts from national healthcare centers.³⁷

³⁴ VA Senior Leadership Emails, *supra* note 8, CalendarsDJSwBMIPMSRedacted at 18.

³⁵ *Id.* at 18-22.

³⁶ *Id.* at 61.

³⁷ *Id.* at 39-47.

- w. On September 1, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin.³⁸ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- x. On October 4, 2017, the Mar-a-Lago Council held a 45-minute meeting at the White House with then-Secretary Shulkin and various officials from the White House and VA.³⁹ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- y. On or about December 6, 2017, the Mar-a-Lago Council held a lunch meeting with then-Secretary Shulkin and discussed plans for evaluating VA surgery programs, and “CIO and HR candidates.”⁴⁰ Mr. Sherman attended for the Council.
- z. On December 18, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin, the CEO of the Miami Cancer Institute, and two executives from the American College of Surgeons.⁴¹ Mr. Sherman participated in the call; Mr. Perlmutter and Mr. Moskowitz were included in the correspondence scheduling the call.
- aa. On December 31, 2017, the Mar-a-Lago Council met by telephone with then-Secretary Shulkin to discuss matters related to the VA’s contract with Cerner Corp. to modernize the VA’s electronic health records, discussed further below, and specifically to the Council’s recommendation that VA rely on

³⁸ ProPublica Documents, *supra* note 17, at DS Sherman 9-2_Redacted.

³⁹ VA Senior Leadership Emails, *supra* note 8, CalendarsDJSwBMIPMSRedacted at 26-29.

⁴⁰ *Id.* at 71.

⁴¹ ProPublica Documents, *supra* note 17, at DS Sherman 10-7_Redacted.

outside interoperability experts.⁴² Mr. Moskowitz represented the Council on that call.

bb. On information and belief, the Mar-a-Lago Council met by telephone with then-Secretary Shulkin on January 2, 2018, to relay problems the Council had identified with a VA plan to use contracts formed pursuant to the Intergovernmental Personnel Act to recruit experts from academic centers to consult on electronic medical record interoperability, including in connection with the Cerner contract.⁴³ The Council was represented on that call by Mr. Moskowitz.

cc. On January 29, 2018, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin.⁴⁴

dd. On February 27, 2018, the Mar-a-Lago Council held a three-hour meeting with then-Secretary Shulkin at the Mar-a-Lago Club.⁴⁵ On information and belief, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman were all present. On information and belief, Peter O'Rourke—who had recently been named Chief of Staff at the VA, and who would go on to serve as Acting Secretary—was also present at this meeting.⁴⁶ In an email exchange the following day, on February 28, 2018, Mr. O'Rourke confirmed that the terms of the Mar-a-Lago Council's influence would not change on his watch. He promised Mr.

⁴² VA Senior Leadership Emails, *supra* note 8, DJSEmailsRedacted at 84-85.

⁴³ *Id.*

⁴⁴ ProPublica Documents, *supra* note 17, at DS Moskowitz 6-1_Redacted.

⁴⁵ VA Senior Leadership Emails, *supra* note 8, CalendarsDJSwBMIPMSRedacted at 48-49.

⁴⁶ VA Senior Leadership Emails, *supra* note 8, PORemailsto5318Redacted at 32.

Perlmutter, Mr. Moskowitz, and Mr. Sherman that he would “protect our conversations from yesterday and as instructed by the Secretary last night, not discuss the content with any of the individuals what were mentioned.”⁴⁷

ee. On March 9, 2018, the Mar-a-Lago Council met with Mr. O’Rourke to further discuss Apple’s involvement in the creation of the mobile app.⁴⁸ Mr.

Moskowitz represented the Council on the call.

ff. Robert Wilkie was named the Acting Secretary of the VA by President Trump on March 28, 2018.⁴⁹ On his first day in that role, Acting Secretary Wilkie arrived to his office to find Mr. Sherman waiting for him there.⁵⁰

gg. On April 2, 2018, the Mar-a-Lago Council held a 30-minute meeting with then-acting Secretary Wilkie.⁵¹

hh. On April 20, 2018, then-acting Secretary Wilkie met with the Council at the Mar-a-Lago Club.⁵²

ii. From November 2017 to at least April 2018, the Council participated “on two or three monthly calls” with the VA contracting team responsible for implementing a ten-year project to reform the VA’s digital records system.⁵³

⁴⁷ *Id.*

⁴⁸ *Id.* at 52.

⁴⁹ See Donald J. Trump (@realDonaldTrump), Twitter (2:31 PM, Mar. 28, 2018), <https://twitter.com/realDonaldTrump/status/979108846408003584>.

⁵⁰ Arnsdorf, *supra* note 9.

⁵¹ ProPublica Documents, *supra* note 17, at RW Sherman 1 (Acting Sec)-1_Redacted.

⁵² ProPublica Documents, *supra* note 17, at RW Itinerary-Fayetteville, NC-WPB, FL 04-17-20-2018-8_Redacted.

⁵³ Arthur Allen, ‘Who the Hell Is This Person?’ Trump’s Mar-a-Lago Pal Stymies VA Project, Politico, Apr. 30, 2018, <https://www.politico.com/story/2018/04/30/trump-doctor-health-technology-508297>.

37. Defendants and the Council failed to publish notices of these meetings in the Federal Register. Nor have Defendants or the Council made available any material that the Council has generated or received in connection with these meetings or with its work more generally. Finally, there is no record that Defendants and the Council have kept or published minutes of the Council's many meetings.

38. As further described below, had notices of the above meetings been published and had the meetings been open to the public, as required by the FACA, VoteVets would have mobilized efforts to ensure that its views on privatization and other issues affecting veterans were well-represented at the meetings.

II. The Mar-a-Lago Council Advises the Department on Policy and Personnel Matters

39. The Council has broad license to provide advice and recommendations to the VA—and through the VA, President Trump—on all manner of issues affecting veterans and the administration of the Department, and Defendants have utilized such advice and recommendations.⁵⁴ Indeed, it seems the Council “is exerting sweeping influence on the VA from Mar-a-Lago.”⁵⁵

40. According to public reports, the Council “[s]poke with VA officials daily,” “review[ed] all manner of policy and personnel decisions,” “bombarded VA officials with demands,” and “prodded the VA to start new programs,” and “officials travelled to Mar-a-Lago at taxpayer expense to hear [the Council's] views.”⁵⁶ Indeed, in a statement by Mr. Perlmutter,

⁵⁴ See Arnsdorf, *supra* note 9.

⁵⁵ *Id.*

⁵⁶ *Id.*

Mr. Sherman, and Mr. Moskowitz, the Council admitted that “[s]ince late 2016, we have shared our views and perspectives on a number of occasions with VA leadership.”⁵⁷

41. Officials within the Department have confirmed the extent of the Mar-a-Lago Council’s influence. Discussing a ten-year project to reform the VA’s digital records system, one Department official said, “We just had to make the Mar-a-Lago [Council] comfortable with the deal. . . . They have someone’s ear. Power and influence are power and influence.”⁵⁸ A former Department official went further, saying “[e]verything needs to be run by [the Mar-a-Lago Council]” because “[t]hey view themselves as making the decisions.”⁵⁹

42. Given that the Council has operated outside of public view, the full scope of its influence on policy matters is unknown, except to Defendants. However, publicly available information reveals that the Council is working to provide advice and recommendations with regard to, at a minimum, the following:

A. Nomination of David Shulkin and other high-ranking VA officials

43. On January 11, 2017, President Trump nominated David Shulkin to serve as Secretary of the VA. The nomination was made, in part, on the recommendation of the Mar-a-Lago Council.⁶⁰

44. On July 16, 2018, the Mar-a-Lago Council sought to influence the VA’s hiring process for an Under Secretary post. Mr. Moskowitz emailed Peter O’Rourke, then the acting

⁵⁷ Mar-a-Lago Council Statement, *supra* note 1.

⁵⁸ Allen, *supra* note 51.

⁵⁹ Arnsdorf, *supra* note 9 (quoting a former VA official).

⁶⁰ *Id.*

Secretary, to introduce him to a candidate over email and to “make sure his application is received.”⁶¹

B. Veteran suicide

45. Beginning in February 2017, the Council convened a series of conference calls with executives at Johnson & Johnson, leading to the development of a public awareness campaign about veteran suicide.⁶² The Council and the Department planned to promote the campaign by ringing the closing bell at the New York Stock Exchange. According to public reports, “[t]he event also turned into a promotional opportunity for Perlmutter’s company.” Marvel, its parent company, Disney, and Johnson & Johnson sponsored the event, where “Shulkin rang the closing bell standing near a preening and flexing Captain America, with Spider-Man waving from the trading pit, and Marvel swag was distributed to some of the attendees.”⁶³

⁶¹ VA Senior Leadership Emails, *supra* note 8, PORemailsto9618Redacted at 2.

⁶² Arnsdorf, *supra* note 9.

⁶³ *Id.*

C. Mobile app development

46. The Council recommended that Apple and the VA, in consultation with executives at prominent healthcare centers, develop a mobile accessible, digital platform that would allow veterans to, among other things, find nearby medical services and easily access health records. The mobile app was to be partially built from an existing application built by Mr. Moskowitz. In pursuit of this goal, the Council facilitated a series of calls with senior executives from the VA and Apple to implement the Council's recommendations.

47. On April 27, 2017, as noted above, the Mar-a-Lago Council met with Mr. Selnick, senior advisor to then-Secretary Shulkin.⁶⁴ Mr. Selnick served as the Mar-a-Lago Council's primary point of contact with the VA for the mobile application project. Having established a point of contact, the Mar-a-Lago Council began laying the ground work for the mobile app project and providing advice and recommendations regarding its development. Writing to Mr. Selnick on May 2, 2017, Mr. Moskowitz expressed the Council's view that making "portable health records available to Veterans" should be the "number one priority with Apple" for the development of the mobile app, and even more so if the VA implements a "choice" program that would result in increased privatization of veterans' health services.⁶⁵ Aside from that overarching view, Mr. Moskowitz also began articulating some of the Council's specific goals for the mobile app, which were later adopted by the VA.⁶⁶

48. Mr. Selnick wrote back on May 3, 2017, alerting the Council to the fact that VA officials "have just completed and signed the [non-disclosure agreement] with Apple." Mr. Selnick recommended "that we set up a conference call with Apple to discuss the path forward

⁶⁴ VA Senior Leadership Emails, *supra* note 8, DSTBCSto62218Redacted at 1.

⁶⁵ *Id.* at 2.

⁶⁶ *Id.* at 2-3.

and partnership of VA, Apple and the 5 [healthcare] Centers,” and further recommended a call with Mar-a-Lago Council members Mr. Moskowitz and Mr. Sherman to bring them up to speed on the VA’s engagement thus far with Apple.⁶⁷

49. On May 8, 2017, Mr. Moskowitz emailed individuals from the five academic health centers involved with developing the mobile app to preview the goals, as the Council saw them, for the project.⁶⁸ Around that time, Mr. Moskowitz and Mr. Sherman, representing the Council, exchanged emails and had a phone call with Mr. Selnick.⁶⁹ Mr. Selnick conveyed to Mr. Moskowitz and Mr. Sherman that “the three broad areas they were looking to focus on” included “Credentialling/authenticating”; “Patient mediated data exchange and analytics”; and “Development of a research type app related to suicide prevention.”⁷⁰ Mr. Moskowitz responded that “[t]hese are good areas but not the emergency ones which my group of experts have identified,” and referred Mr. Selnick back to his earlier email outlining priorities as the Council saw them.⁷¹ Mr. Selnick deferred to the Council’s recommendations, responding, “[g]ot it, looking forward to discussing.”⁷²

50. On May 9, 2017, Mr. Moskowitz presented several of the Council’s recommendations for the mobile app’s features. These recommendations came in the form of a four part “agenda” for the project, with each agenda item representing a distinct feature the Council recommended the mobile app include. In particular, the Council recommended that the app provide a user the ability to: (i) locate the closest facilities for certain critical medical

⁶⁷ *Id.* at 3.

⁶⁸ *Id.* at 18-19.

⁶⁹ *Id.* at 9-12.

⁷⁰ *Id.* at 21.

⁷¹ *Id.* at 24; *see also id.* at 26-27.

⁷² VA Senior Leadership Emails, *supra* note 8, DSTBCSto62218Redacted at 28.

services; (ii) download medical records from both VA healthcare facilities and private healthcare facilities and also guard against the ordering of duplicative services; (iii) track “medication compliance” particularly for opioids; and (iv) track patient behavior with respect to taking prescription medication at home and scheduling follow-up visits.⁷³ Significantly, the Council’s recommendations laid a foundation for the VA to substantially adapt from a proprietary application Mr. Moskowitz developed called the Emergency Medical Center Locator.⁷⁴

51. The Council continued to refine these recommendations in the lead up to a call with Apple. As Mr. Moskowitz confirmed in a May 11, 2017 email to then-Secretary Shulkin and Mr. Selnick: “We can set up the call in 10 days[.] [M]y group is working on parts of [the] agenda.”⁷⁵ During this period, the Council continued to engage in a back-and-forth about the agenda for the upcoming Apple call, and the goals for the mobile application project expressed therein.⁷⁶ The Council’s role was clear: Mr. Selnick referred to Council members as “top principles,” along with then-Secretary Shulkin,⁷⁷ and acknowledged the extent to which the VA intended to rely on the Council’s recommendations, stating that “[t]he VA staff has limited knowledge and experience, which is why you and the Centers are so important to help the VA move forward.”⁷⁸ The priorities identified by the Mar-a-Lago Council were ultimately adopted

⁷³ *Id.* at 32.

⁷⁴ *Id.* at 190.

⁷⁵ *Id.* at 50.

⁷⁶ *Id.* at 61-62, 73-74, 111-112.

⁷⁷ *Id.* at 203.

⁷⁸ *Id.* at 111.

and finalized as the four initiatives that the VA and Apple would work to achieve for the mobile app.⁷⁹

52. As discussed above, moving toward the large June 14, 2017 meeting, the Mar-a-Lago Council continued to meet periodically with Mr. Selnick. On May 12, 2017, Mr. Moskowitz contacted Mr. Selnick by email, copying Mr. Sherman and Mr. Perlmutter, to recommend that four experts be added to the upcoming call with Apple. Mr. Selnick responded that the Council's recommendation "[s]ounds great."⁸⁰ On May 18, 2017, the Mar-a-Lago Council, represented by Mr. Moskowitz and Mr. Sherman, held a 30-minute conference call with Mr. Selnick to discuss the Apple engagement and the mobile app project.⁸¹ The Mar-a-Lago Council held another call with Mr. Selnick on May 23, 2017. The Council was represented by Mr. Moskowitz and Mr. Sherman, and individuals from Apple also joined to receive further guidance in preparation for "the upcoming VA/Centers/Apple call."⁸²

53. On May 22, 2017, in response to the Council's recommendations, Mr. Selnick sent the Mar-a-Lago Council written comments from the VA Office of Information and Technology ("VA OIT"). VA OIT reacted favorably to recommendations the Council had earlier provided regarding what kinds of features should be included in a mobile application.⁸³ Indeed, VA OIT noted that it was "impressed" with the app that Mr. Moskowitz had brought to the VA's attention through the Mar-a-Lago Council's work, and expressed "interest[] in speaking with the

⁷⁹ *See id.* at 234 (final Digital Veteran Platform background document, attached to agenda for the June 14, 2017 meeting).

⁸⁰ *Id.* at 55.

⁸¹ *Id.* at 56, 63.

⁸² *Id.* at 130, 155-157.

⁸³ *Compare id.* at 111-112 with *id.* at 130-135.

developers involved with the application” in order “[t]o move forward rapidly.”⁸⁴ Specifically with regard to a Council recommendation that a mobile app should include “a technology solution for tracking medication compliance, prevention of over utilization of controlled substances and prevention of medication errors” the VA OIT noted that “VA understands this is doable now and is interested in supporting the team that Dr. Moskowitz has identified to develop this solution We are looking forward to working with the Centers to rapidly employ this solution.”⁸⁵

54. VA OIT noted at this point that it was also reviewing “2-3 other commercial applications with features required for this effort” and that this review would take “a couple of weeks” to complete.⁸⁶ But by May 23, 2017—well before OIT’s review period was supposed to conclude—the VA had decided to “utilize[e] the native iOS mobile app, Emergency Medical Center Tracker, that Dr. Moskowitz developed” even though VA OIT had determined that “some of the code needs to be refactored and even rebuilt” and that the Moskowitz “app will need to be scaled very quickly.”⁸⁷ The process by which Mr. Moskowitz’s proprietary application was selected has been obscured from public view, though it is clear that Mr. Moskowitz was in direct contact with then-Secretary Shulkin during the time when the VA decided to move forward on the portion of the project that would adapt from the application developed by Mr. Moskowitz.⁸⁸

⁸⁴ *Id.* at 133.

⁸⁵ *Id.* at 134.

⁸⁶ *Id.* at 133.

⁸⁷ *Id.* at 158-159.

⁸⁸ *See id.*

Mr. Selnick concludes from this process that Mr. Moskowitz is “the implementer for VA” on the mobile application development.⁸⁹

55. To expedite things in advance of the June 14, 2017 meeting with Apple and the five academic centers working on developing the mobile app, Mr. Selnick reached out to Mr. Moskowitz on May 25, 2017 to solicit the Council’s views on what tasks VA OIT could begin working with Apple on.⁹⁰ Mr. Selnick subsequently connected the Mar-a-Lago Council with the Veterans Health Administration officials who would be responsible for implementing the mobile app concept recommended by the Council.⁹¹

56. The Mar-a-Lago Council was given a significant role in the development of the mobile app, including organizing the various stakeholder meetings necessary to move the project forward and sitting, together, on the project’s “executive committee,” along with then-Secretary Shulkin.⁹² Yet the VA also made clear that the Mar-a-Lago Council served at the direction of the Department. Notably, on June 26, 2017, Mr. Selnick emailed Mr. Moskowitz to ensure the Council understood that “the VA responsibility to provide the overall responsibility to manage and provide oversight for the VA/Apple/Cener partnership” belonged to Mr. Selnick so the Council’s work on the mobile application would necessarily need to flow through the VA’s designated project leads.⁹³

57. As discussed above, much of this work culminated in an hour-and-a-half call led by the Mar-a-Lago Council on June 14, 2017. Council participants included Mr. Perlmutter, Mr.

⁸⁹ *Id.*

⁹⁰ *Id.* at 158.

⁹¹ *Id.* at 173.

⁹² *Id.* at 253.

⁹³ *See id.* at 252.

Sherman, and Mr. Moskowitz. Also on the call were then-Secretary Shulkin and senior officials at the VA, including the Secretary of Veterans Affairs, the Acting Under Secretary for Health, a Senior Advisor to the Secretary, the Acting Assistant Secretary & Chief Information Officer, a Senior Advisor to the Acting Under Secretary for Health; executives from Apple, including its CEO and COO, among others; and experts from five academic healthcare centers, including the Mayo Clinic, Johns Hopkins University, Brigham Health, Connected Health and Partners Health Care, Biomedical Research & Education Foundation, Kaiser Permanente, the Cleveland Clinic, and Mount Sinai Health System. The meeting covered numerous discrete topics but broadly focused on the VA's electronic health and medical records modernization effort, including its plan to build a mobile app with the assistance of Apple.⁹⁴

58. After the call, VA officials reported back to the Council to update it on the VA's progress. In one email, Camilo Sandoval, now the acting Chief Information Officer for the Department, told the Council, "I will update the tracker, and please do let me know if this helps answers [sic] questions around Apple's efforts or if additional clarification is required."⁹⁵ Mr. Sandoval's consultation with the Council came at the direction of John Windom, then the Director of the Electronic Health Records Modernization Program Executive Office.⁹⁶

59. Council member Bruce Moskowitz also brought his son Aaron Moskowitz on to advise the VA on the mobile app effort.⁹⁷ On information and belief, the Council described Aaron Moskowitz as a "mid-level . . . manager" of the project.⁹⁸

⁹⁴ VA Senior Leadership Emails, *supra* note 8, CalendarsDJSwBMIPMSRedacted at 39-47; ProPublica Documents, *supra* note 17, at DS Perlmutter-6-Att-6_Redacted.

⁹⁵ VA Senior Leadership Emails, *supra* note 8, POREmailsto5318Redacted at 28.

⁹⁶ *Id.*

⁹⁷ Arnsdorf, *supra* note 9.

60. Ultimately, the Mar-a-Lago Council came to feel like their work on the mobile app had yielded a plan “that would have solved many of the problems faced by the choice system, Telemedicine and of equal importance a platform for mental health.”⁹⁹ But they expressed frustration at the VA’s slow progress in implementing the Mar-a-Lago Council’s recommendations. Eager to incorporate the Council’s advice and recommendations, then-Chief of Staff O’Rourke responded to the Council’s frustrations by asking “What can I do to salvage that group’s work and expertise and apply what we can to the developing product?” The Mar-a-Lago Council decided that a conference call meeting would be required “to rescue this very important initiative.”¹⁰⁰

D. Medical device registry

61. On June 4, 2018, at the recommendation of Council members, the VA organized a summit of experts on medical device registries with the goal of building a national registry that notified patients of medical device product recalls.¹⁰¹ Council members joined Department officials on more than a dozen weekly conference calls to discuss organizing the “Medical Device Registry Summit” and making a public commitment to build a registry at the VA.¹⁰² During his remarks at the summit, then-acting Secretary O’Rourke thanked Council member Mr. Moskowitz for being one of the “driving forces” behind the initiative.¹⁰³

⁹⁸ Isaac Arnsdorf, *VA Shadow Rulers Had Sway Over Contracting and Budgeting*, ProPublica, Dec. 3, 2018, <https://www.propublica.org/article/va-shadow-rulers-had-sway-over-contracting-and-budgeting/amp>.

⁹⁹ VA Senior Leadership Emails, *supra* note 8, PORemailsto5318Redacted at 27-28.

¹⁰⁰ *Id.* at 27.

¹⁰¹ *See generally* VA Senior Leadership Emails, *supra* note 8, Emails JHB to 6-22-18.1 Redacted.

¹⁰² *Id.*; *see, e.g., id.* at 3 (describing a “weekly call” to discuss “developing a Medical Device Registry, in collaboration with Bruce Moskowitz and his colleagues”).

¹⁰³ VA Senior Leadership Emails, *supra* note 8, EmailsJHBto622181Redacted at 242.

62. Leading up to the summit, SreyRam Kuy, a Senior Advisor to the VA Secretary charged with organizing the summit, requested a meeting with then-Secretary Shulkin to provide an “update on the Medical Device Registry Summit/Bruce Moskowitz efforts.”¹⁰⁴ As part of this effort, the Mar-a-Lago Council also took steps to initiate a device registry pilot project. On March 28, 2018, Mr. Moskowitz wrote to then-Chief of Staff O’Rourke to confirm that “all of the essentials are done and ready to go including the barcoding, scanners and [electronic medical record] configuration. The extraction of data from having a registry has been vetted also. Starting a pilot project will allow us to get the ‘kinks out’. We firmly believe there will be no cost to the VA but huge savings on inventory management.”¹⁰⁵

63. The Mar-a-Lago Council has a personal interest in the medical device registry project. Mr. Moskowitz started a foundation called the Biomedical Research and Education Foundation, which has lobbied medical institutions to start device registries.¹⁰⁶ Mr. Perlmutter’s wife served on the organization’s Board of Directors.¹⁰⁷

E. Cerner contract

64. According to four former and current senior VA officials, Council members played a significant role in advising the VA’s transformation of its digital records system, the biggest health information technology project in history.¹⁰⁸ In June 2017, then-Secretary Shulkin awarded a major contract for work related to the overhaul to Cerner Corp. However, due to the Council’s concerns with the company, the agreement was delayed for months.¹⁰⁹ During that

¹⁰⁴ ProPublica Documents, *supra* note 17, at DS-Moskowitz-7-1-Redacted.

¹⁰⁵ VA Senior Leadership Emails, *supra* note 8, PORemailsto5318Redacted at 19.

¹⁰⁶ Arnsdorf, *supra* note 9.

¹⁰⁷ *Id.*

¹⁰⁸ Allen, *supra* note 51.

¹⁰⁹ *Id.*

time, a team of investigators from the VA OIT were tasked with evaluating Council member concerns and were even directed to look into the Cerner system Mr. Moskowitz used in his personal business.¹¹⁰

65. On January 5, 2018, then-Secretary Shulkin met with officials from the United States Department of Health and Human Services and private sector interoperability experts to discuss interoperability as it relates to the Cerner contract. The meeting was held at the MITRE Corporation's headquarters in McLean, Virginia. The expert list included individuals from the Mayo Clinic, HMMS, Leavitt Partners, LLC, the University of Washington, American College of Surgeons, Boston Children's Hospital, and Massachusetts General Hospital. The Mar-a-Lago Council did not attend this meeting, but at least two of the experts were included at their recommendation.¹¹¹

66. The Council's involvement in the Cerner project was so pervasive that on February 27, 2018, then-Secretary Shulkin flew to Mar-a-Lago for the purpose of meeting with Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman to "close the deal on the Cerner contract."¹¹² Prior to the meeting, then-Secretary Shulkin specifically invited the Council to weigh in on technical concepts concerning the mobile app and how that project related to the Cerner contract.¹¹³ On information and belief, at their February 27, 2018 meeting, then-Secretary Shulkin and the Council discussed recommendations that came from the January 5, 2018 meeting at MITRE described above.

¹¹⁰ *Id.*

¹¹¹ VA Senior Leadership Emails, *supra* note 8, CalendarsDJSwBMIPMSRedacted at 72-73.

¹¹² Arnsdorf, *supra* note 9.

¹¹³ See VA Senior Leadership Emails, *supra* note 8, DJSEmailsRedacted at 56-58.

67. On March 13, 2018, the Mar-a-Lago Council members were asked by then-acting Chief Information Officer Scott Blackburn to sign non-disclosure agreements so that they could “lend an extra set of outside eyes on the [Cerner] contract.”¹¹⁴ Addressing the Council members collectively, Mr. Blackburn further proposed a call to “orient you to the contract and help focus you on the parts where your expertise will be most valuable.”¹¹⁵ The Council had earlier provided advice to then-Secretary Shulkin on which outside interoperability experts the VA should recruit and the means by which those individuals could be brought on board.¹¹⁶ That sort of advice was thought to be critical to senior VA officials working on the Cerner contract. As described by Mr. Sandoval, “it was a team of top medical CIOs and practitioners—put together by Ike Perlmutter and Bruce Moskowitz—who identified the flaws in the [Cerner] contract and made the recommendations, not MITRE.”¹¹⁷ That is, the process run by the Mar-a-Lago Council produced a view on the Cerner contract that was ultimately utilized by the VA.

F. VA privatization

68. The Council has advised the VA to privatize essential healthcare services the VA provides to veterans. For example, in an email to then-Secretary Shulkin and other VA officials on September 18, 2017, the Council said,

We have been talking to Dr. Shulkin for many months about identifying the existence of healthcare delivery issues at VA medical centers As an example, we think that some of the VA hospitals are delivering some specialty healthcare when they shouldn’t and when referrals to private facilities or other VA centers would be a better option. Not every VA hospital has both the breadth and depth of specialized medical expertise in every specialty, which then creates risk to the patients and the system. One idea discussed was to institute a self-rating program, but self-ratings are rarely of any practical use. Our

¹¹⁴ VA Senior Leadership Emails, *supra* note 8, EmailsPORTo62218Redacted at 26; *see id.* at 26-40.

¹¹⁵ *Id.* at 26.

¹¹⁶ VA Senior Leadership Emails, *supra* note 8, DJSemailsRedacted at 84-85

¹¹⁷ VA Senior Leadership Emails, *supra* note 8, EmailsPORTo62218Redacted at 24.

solution is to make use of the academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help in this effort. The purpose of this email is to see if you know of any impediments to taking them up on this offer and to get your thoughts in general about this approach.¹¹⁸

69. On September 24, 2017, then-Secretary Shulkin responded to the Council recommendation, saying,

I agree with Ike and the team that measuring VA against private hospitals is critical—so while [the Centers for Medicare and Medicaid Services] is not able to deliver this for months we have now developed our own tool to do this—we are fine tuning the model this week and can share it by [F]riday. If it does not get us where we need to be then working quickly with an independent group would make a great deal of sense.¹¹⁹

G. Evaluation of VA surgery programs

70. At the Council's recommendation, the VA developed a plan for the American College of Surgeons to evaluate the surgery programs at several VA hospitals. In December 2017, after discussing the idea with then-Secretary Shulkin, Mr. Sherman reported back to Michael Zinner, a member of the American College of Surgeons' board of regents. In an email sent by Mr. Sherman to Mr. Zinner on December 6, 2017, Mr. Sherman said, "[The VA Secretary] is ready to kick it off and is standing by for me to set up a call with you, David Hoyt, me and him to do so."¹²⁰ After Mr. Zimmer assured Mr. Sherman that he would "get working on this call," Mr. Sherman added several individuals to the email chain, including Mr. Perlmutter and Mr. Moskowitz. When adding the Council members, Mr. Sherman explained that he was "including my gang as a cc."¹²¹ On February 14, 2018, then-Secretary Shulkin emailed a progress update on the project to at least two Council members, telling the Council, "We're

¹¹⁸ ProPublica Documents, *supra* note 17, at DS-Moskowitz-5-4_Redacted.

¹¹⁹ *Id.*

¹²⁰ *Id.* at DS-Sherman-10-7_Redacted.

¹²¹ *Id.*

getting close.”¹²² A conference call between the American College of Surgeons and Mr. Moskowitz, organized by then-Secretary Shulkin, was scheduled for the following day, February 15, 2017.¹²³ Several months later, on March 7, 2018, then-Secretary Shulkin advised his staff to set up a conference call with the American College of Surgeons to develop a contract for the work, telling him he wanted the project “to start asap.”¹²⁴ By March 27, 2018, a plan was in place to have the American College of Surgeons conduct site visits. Then-Secretary Shulkin requested the Mar-a-Lago Council’s “feedback or suggestions” on the plan.¹²⁵

H. Tracking human tissue devices

71. On January 19, 2018, then-Secretary Shulkin and at least five other senior VA officials attended a meeting with the American Association of Tissue Banks (“AATB”) and the AATB Tissue Policy Group. Following the meeting, the organizations sent then-Secretary Shulkin a proposal to “partner with the VA” in developing “the development of appropriate systems for tracking and tracing all devices, including human tissue devices.”¹²⁶ On February 2, 2018, then-Secretary Shulkin forwarded the proposal to Council member Mr. Moskowitz for the Council’s recommendation, saying “Bruce - what do you think of this?” Mr. Moskowitz responded with a recommendation, to which then-Secretary Shulkin stated, “Ok.”¹²⁷

I. Mental health

72. The Council provided input on the development of a mental health initiative at the VA. Specifically, the Council directed that the VA should make veterans mental health the first

¹²² *Id.* at DocumentsReport2018-07-09-11.

¹²³ VA Senior Leadership Emails, *supra* note 8, CalendarsDJSwBMIPMSRedacted at 1.

¹²⁴ ProPublica Documents, *supra* note 17, DocumentsReport2018-07-09-11.

¹²⁵ VA Senior Leadership Emails, *supra* note 8, DJSEmailsRedacted at 1.

¹²⁶ ProPublica Documents, *supra* note 17, DocumentsReport2018-07-09-11.

¹²⁷ *Id.*

priority, and that the Department should work with certain academic partners selected by the Mar-a-Lago Council in doing so. The Mar-a-Lago Council further instructed that this group should have a “direct working relationship” with key component programs within the VA, and also that they be permitted “the authority to seep away any beuqacratic [sic] process that slows the initiative.”¹²⁸ On February 28, 2018, then Chief of Staff O’Rourke responded to the Council’s recommendations related to the new initiative, saying, “Received. I will begin a project plan and develop a timeline for action.”¹²⁹

J. Firing of David Shulkin

73. Just as Mr. Shulkin’s tenure at the helm of the VA began, in part, on the recommendation of the Mar-a-Lago Council, it likewise came to an end once Mr. Shulkin fell out of favor with the Council. According to three former Trump Administration officials, while several factors contributed to Mr. Shulkin’s firing, it was his friction with the Mar-a-Lago Council over the Cerner contract that ultimately led to President Trump’s decision to remove the VA Secretary. On December 4, 2017, Jake Leinenkugel, the White House Senior Advisor on veterans affairs, sent a memo to a political appointee within the Department outlining “key items that need to be addressed within the VA Leadership structure.”¹³⁰ Among the items Mr. Leinenkugel highlighted were to “[p]ut [Shulkin] on notice to exit” and “[u]tilize outside team (*Ike*)” when considering options for replacing him.¹³¹

¹²⁸ VA Senior Leadership Emails, *supra* note 8, PORemailsto5318Redacted at 36-37.

¹²⁹ ProPublica Documents, *supra* note 17, at Responsive-Docs_Redacted..

¹³⁰ Email from Jake Leinenkugel to Camilo J. Sandoval (Dec. 4, 2017), <https://assets.documentcloud.org/documents/4614204/Leinenkugel-Sandoval-Memo.pdf>.

¹³¹ Arnsdorf, *supra* note 9 (emphasis added) (second alteration in the original).

III. The Mar-a-Lago Council Operates Collectively, as a Committee

74. In addition to its actions, the Council’s own words, and the words of Trump Administration officials, show that in holding the meetings and making the recommendations detailed above, the Council operated collectively, as a group.

- a. When Mr. Sherman was unable to participate in a Council meeting on February 23, 2017, Mr. Moskowitz assured Council members that he would “update [Mr. Sherman] after the call.”¹³²
- b. In a May 11, 2017 email, Mr. Moskowitz referred to the Council as his “group,” noting that the Council was working together on agenda items for an upcoming meeting.¹³³
- c. On September 7, 2017, Mr. Perlmutter sent an email to then-Secretary Shulkin regarding a story he had been told about a veteran having trouble accessing military records. With other Council members copied on the email, Mr. Perlmutter stated, “we are making very good progress, but this is an excellent reminder that we are still very far away from achieving our goals.”¹³⁴
- d. On September 24, 2017, then-Secretary Shulkin responded to a Council recommendation saying, “I agree with Ike and the team that measuring VA against private hospitals is critical.”¹³⁵ “Ike” refers to Mr. Perlmutter; “the team” refers to the Council.

¹³² ProPublica Documents, *supra* note 17, at DS Sherman 2-3.

¹³³ VA Senior Leadership Emails, *supra* note 8, DSTBCSto62218Redacted at 50.

¹³⁴ ProPublica Documents, *supra* note 17, at DocumentsReport2018-07-09-11-53-56_Redacted[2].

¹³⁵ *Id.* at DS-Moskowitz-5-4_Redacted.

- e. On October 22, 2017, Mr. Perlmutter sent an email congratulating then-Secretary Shulkin for his interview on Fox News. With other Council members copied on the email, Mr. Perlmutter stated, “That interview really did a great service to what you (and we) are doing to improve the quality of care for our veterans for the long term.”¹³⁶
- f. On February 14, 2018, then-Secretary Shulkin emailed the Council to update members on progress regarding the implementation of a Council recommendation. Mr. Shulkin said, “We’re getting close.”¹³⁷
- g. On February 24, 2018, then-Secretary Shulkin emailed Mr. Moskowitz to forward a data-sharing proposal the Department received from several major hospitals. Mr. Moskowitz replied to Mr. Shulkin, promising to “discuss with everyone.”¹³⁸
- h. On February 28, 2018, shortly after Mr. O’Rourke became Chief of Staff, he emailed the Council—Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz—saying, “Thank you for your support of the President, the VA, and me as we work to make the VA great.” Mr. O’Rourke also agreed to the terms of the Mar-a-Lago Council’s secret involvement, promising to “protect our conversations from yesterday and as instructed by the Secretary last night, not discuss the content with any individuals what were mentioned.”¹³⁹ The Council replied to the email and shared contact information for Council

¹³⁶ *Id.* at DocumentsReport2018-07-09_11-53-56_Redacted[2].

¹³⁷ *Id.*

¹³⁸ *Id.*

¹³⁹ VA Senior Leadership Emails, *supra* note 8, POR emails to 5-3-18 Redacted at 32.

members with Mr. O'Rourke, saying "please feel free to contact any of us at anytime . . . look forward to achieving the goals discussed."¹⁴⁰

- i. On February 28, 2018, Mr. Sherman responded to Mr. O'Rourke's e-mail, stating, "We are always excited to provide each of our thoughts to you and the Secretary as you both move forward in making decisions on how to best run and improve the veterans healthcare delivery system."¹⁴¹
- j. On March 13, 2018, in negotiating the non-disclosure agreement that would permit the Council to weigh in on the Cerner contract, Mr. Sherman edited the agreement specifically to permit Council members to discuss the contract with each other.¹⁴²
- k. On April 21, 2018, in an email to then-acting Secretary Wilkie following the April 20 in-person meeting between the Mar-a-Lago Council and Mr. Wilkie, Mr. Moskowitz stated, "I am sure that I speak for the group, that both you and Peter [O'Rourke] astounded all of us on how quickly and accurately you assessed the key problems and more importantly the solutions that will be needed to finally move the VA in the right direction."¹⁴³
- l. In response, Mr. Wilkie indicated that he intended the relationship with the Mar-a-Lago Council to be an ongoing one: "Sir it was my honor. Thank you for taking time and I look forward to seeing you soon."¹⁴⁴

¹⁴⁰ *Id.*

¹⁴¹ ProPublica Documents, *supra* note 17, at Responsive-Docs_Redacted.

¹⁴² VA Senior Leadership Emails, *supra* note 8, EmailsPORto62218Redacted at 35.

¹⁴³ ProPublica Documents, *supra* note 17, RE_[EXTERNAL] Meeting follow up_Redacted.

¹⁴⁴ VA Senior Leadership Emails, *supra* note 8, RLW Emails up to 6-5-18 Redacted at 2.

- m. Also on April 21, Mr. Perlmutter wrote “for all of” the Mar-a-Lago Council members to “say our meeting was extremely productive. For the first time in 1 1/2 years we feel everyone is on the same page. Everyone ‘gets it.’ . . . Again, please know we are available and want to help any possible way 24/7.”¹⁴⁵
- n. The reply email from Mr. Wilkie to the Mar-a-Lago Council expressed how he “was honored to visit with” the Council, and indicated his intention to utilize their input in forthcoming efforts to modernize the VA: “No matter how long I am here, *there is a template in place based on your efforts to move this institution out of the Industrial Age.*”¹⁴⁶
- o. Finally, in a statement issued jointly over July 18-20, 2018, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman detailed the Mar-a-Lago Council’s influence and activities. The joint statement is worth quoting at length (below). The statement’s use of collective pronouns (*e.g.*, “we,” “our”), without exception, and its descriptions of how the Council set about its business, underscore what the above lists of actions and statements make clear: that the Council operated as an advisory committee.

Statement by Ike Perlmutter, Bruce Moskowitz and Marc Sherman

The three of us come from very different backgrounds, but we have long shared a deep concern for the health of our veterans. When we saw an opportunity to assist the Department of Veterans Affairs’s leadership in addressing some of the most intractable problems of the VA, we considered it an honor and a privilege to do so. After the President’s election, we saw an opportunity to share our expertise in organizational management and our personal relationships with healthcare experts around the country to assist the VA as it undertook an aggressive reform of its healthcare delivery and systems. We offered our counsel, and the advice of these

¹⁴⁵ *Id.*

¹⁴⁶ *Id.* at 1 (emphasis added).

healthcare experts, to assist the President, Secretary and VA leadership in their making the essential decisions—sometimes life or death—that affect our nation's veterans. At all times, we offered our help and advice on a voluntary basis, seeking nothing at all in return.

It was Mr. Perlmutter's personal relationship with the President that allowed us the opportunity to be of service. Since late 2016, we have shared our views and perspectives on a number of occasions with VA leadership. For the most part, those interactions were either to facilitate introductions to subject matter healthcare and technology experts with whom we had relationships, or to discuss healthcare delivery and healthcare quality challenges facing the agency and therefore affecting our veterans. While we were always willing to share our thoughts, we did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions. That was not our role, and we were at all times very well aware of that. We provided our advice and suggestions so that members of the Administration could consider them as they wished to make their own decisions on actions to be taken. To the extent anyone thought our role was anything other than that, we don't believe it was the result of anything we said or did.

At no time was our volunteer assistance a secret. We were on emails and conference calls with senior staff, and Secretary Shulkin referred on numerous occasions to his discussions with outside experts. He specifically mentioned one or more of us at public events covered by the media. We were also present at a post-meeting White House press gaggle on VA-related issues. We are proud of any contribution we have been able to make to improve the healthcare provided to the fine men and women who are served by the VA. None of us has gained any financial benefit from this volunteer effort, nor was that ever a consideration for us. The only benefit we gained was the satisfaction of helping America's veterans get the very best healthcare possible, in the most efficient and effective manner.

Since late 2016, we have shared our views and perspectives on various issues on a number of occasions with VA leadership. For the most part, those interactions were either to facilitate introductions to subject matter healthcare and technology experts with whom we had relationships, or to discuss healthcare delivery and healthcare quality challenges facing the agency that affected America's veterans.

¹⁴⁷
...

DEFENDANTS ARE VIOLATING THE FACA AND HARMING PLAINTIFF

75. As detailed above, the Mar-a-Lago Council is an advisory committee under the FACA. The Council has an organized structure, a fixed membership, and a specific purpose. The

¹⁴⁷ Mar-a-Lago Council Statement, *supra* note 1.

Council is comprised of at least three members—Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman—who, under Mr. Perlmutter’s leadership, make recommendations and provide advice to the Department and other federal officials. The Council’s aim is to influence how the Department carries out its mission with respect to an ever-growing number of discrete goals and projects.

76. Nonetheless, Defendants and the Council have not complied with the FACA’s requirements. The Council lacks a charter. Defendants have not published notice of the Council’s meetings, and thereby have thwarted any attempts by Plaintiff and others to participate in those meetings. Defendants have not made public the materials provided to or generated by the Council. And Defendants and the Council have not kept minutes of the Council’s meetings, all in violation of the FACA, and with harmful effects on Plaintiff and others.

77. Plaintiff VoteVets has a distinct interest in the Administration’s policies towards veterans, and in its efforts to privatize healthcare services for veterans in particular. VoteVets believes the VA healthcare system should not, and must not, be privatized. On April 4, 2018, VoteVets issued a statement criticizing the Administration’s attempts to transfer the healthcare “system relied on by millions of American veterans into the hands of for-profit health groups.” On March 5, 2018, in an effort to access information related to the Administration’s privatization efforts, VoteVets submitted a Freedom of Information Act request to the VA. As relevant here, Plaintiff’s FOIA request sought records related to the role private individuals and pro-privatization advocacy groups have played in influencing the Administration’s VA healthcare policy. In particular, the request sought communications from the Department related to President Trump’s firing of then-Secretary Shulkin and whether Mr. Shulkin’s opposition to VA privatization efforts contributed to his termination. The Department failed to adequately respond

to Plaintiff's FOIA request. As a result, VoteVets was forced to file suit on April 4, 2018, to obtain the requested information. In addition, VoteVets has specifically requested that, as required by the FACA, the VA disclose materials that have been made available to or prepared for or by the Mar-a-Lago Council. The VA has not responded to VoteVets's request.

78. VoteVets works to counter VA privatization efforts in a number of other ways as well. VoteVets educates its supporters via email and social media about the issue and the Administration's privatization plans. VoteVets advocates at the federal level for laws and policies that support and strengthen the continuation of a public VA healthcare system. VoteVets also expends significant resources educating the broader public about the dangers of VA privatization. For example, on September 14, 2017, VoteVets announced a \$400,000 advertising campaign across thirteen states to mobilize Americans to oppose the Administration's privatization efforts.

79. Given VoteVets' dedication to improving veterans policy and advocacy against the privatization of VA services—and therefore, its keen interest in understanding and uncovering the Mar-a-Lago Council's activities, and desire to take part in the Council's business—Defendants' violation of the FACA has harmed and will harm VoteVets in at least two ways. First, by violating the public records requirements of the FACA, Defendants have denied VoteVets its statutory right to review the Mar-a-Lago Council's documents and meeting minutes. Second, by violating the requirements of FACA, Defendants have deprived VoteVets of its statutory right to participate in the Mar-a-Lago Council's meetings and represent its views to the Council regarding, among other issues, the privatization of VA services. Accordingly, VoteVets has informational standing to challenge Defendants' violation of the FACA.

CLAIM FOR RELIEF**Count One
(Violation of the FACA and the APA)**

80. Plaintiff repeats and incorporates by reference each of the foregoing allegations as if fully set forth herein.

81. The Mar-a-Lago Council is an advisory committee within the meaning of the FACA because it is a “council . . . which is established or utilized by” Defendant the VA “in the interest of obtaining advice or recommendations for the President or one or more agencies or officers of the Federal Government.” 5 U.S.C. app. 2 § 3(2).

82. By failing to file a charter for the Council, Defendants and the Council failed to comply with the FACA’s non-discretionary requirement under 5 U.S.C. app. 2 § 9(c). Therefore, under the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

83. By failing to publish notice of Council meetings in the Federal Register and by failing to allow interested parties to attend those meetings, Defendants and the Council are failing to comply with the FACA’s non-discretionary requirements under 5 U.S.C. app. 2 § 10(a)(1)-(3). Therefore, under the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

84. By failing to make available “the records reports, transcripts, minutes, appendixes, working papers, drafts, studies, agenda, or other documents which were made available to or prepared for or by” the Council, Defendants and the Council are failing to comply with the FACA’s non-discretionary requirements under 5 U.S.C. app. 2 § 10(b). Therefore, under the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

85. By failing to “ke[ep]” “[d]etailed minutes” of all Council meetings, Defendants and the Council are failing to comply with the FACA’s non-discretionary requirements under 5 U.S.C. app. 2 § 10(c). Therefore, under the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

86. Defendants’ failure to comply with the FACA in relation to the Mar-a-Lago Council is “final agency action for which there is no other adequate remedy in a court,” and therefore is “subject to judicial review.” *Id.* § 704; *see id.* § 702.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays that this Court:

1. declare that Defendants’ creation and administration of the Mar-a-Lago Council violates the FACA and the APA, and that the Council is therefore unlawful;
2. enjoin Defendants from utilizing the Mar-a-Lago Council as an advisory committee unless and until Defendants and the Council comply with the FACA;
3. through the named Defendants, enjoin the Mar-a-Lago Council from meeting, advising Defendants, and otherwise conducting Council business unless and until Defendants and the Council comply with the FACA;
4. order Defendants to file a charter for the Council;
5. order Defendants to publish notice of the Council’s meetings in the Federal Register;
6. order Defendants to permit public participation at the Council’s meetings;
7. order Defendants to ensure that detailed minutes of the Council’s meetings are kept;

8. order Defendants to provide to Plaintiff a full and complete copy of all records, reports, transcripts, minutes, appendices, working papers, drafts, studies, agendas, and other documents that have been made available to, or prepared for or by, the Council;

9. award Plaintiff its costs, attorneys' fees, and other disbursements for this action;
and

10. grant any other relief this Court deems appropriate.

Dated: December 6, 2018

Respectfully submitted,

/s/ Adam Grogg

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Counsel for Plaintiff

From:

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 10 December Veterans Affairs Media Summary and News Clips

Date: Mon Dec 10 2018 05:15:09 CST

Attachments: 181210_Veterans Affairs Media Summary and News Clips.docx
181210_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.893247-000001

Owner: (b) (6)

Filename: 181210_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Mon Dec 10 04:15:09 CST 2018



Veterans Affairs Media Summary and News Clips

10 December 2018

1. [Top Stories](#)

1.1 - VOA: [Female Veterans Quietly Struggle With Sexual Harassment, Suicide](#) (9

December, Max Jungreis, 2.4M uvm; Washington, DC)

Pfc. Nichole Bowen-Crawford said she was walking to lunch on her Army base near Nasiriyah, Iraq, in 2003 when she received her daily proposition from a passing fellow soldier. "Hey, Bowen," the officer tossed out, "let's go f--- in the bunker." Bowen-Crawford told VOA that while this was the most shocking example of the day-to-day regimen of verbal sexual harassment she experienced while in the Army between 2001-2004, it was not her worst experience — she had been assaulted by a higher-ranking sergeant earlier that year.

[Hyperlink to Above](#)

1.2 - Military.com: [More Than Half of Wounded, Sick, Injured Post-9/11 Veterans Rated Obese](#) (9 December, Richard Sisk, 2M uvm; San Francisco, CA)

A new survey by the Wounded Warrior Project finds that more post-9/11 veterans are using the GI Bill, receiving disability benefits, are homeowners and have jobs. But the same poll noted another rising trend that may affect these veterans' overall future well-being: more than half are rated as obese.

[Hyperlink to Above](#)

1.3 - The Columbian: [GI Bill delays affect Clark College veterans. New policy causes IT glitch and hampers payments to thousands](#) (9 December, Calley Hair, 213k uvm; Vancouver, WA)

The Federal Department of Veterans Affairs is backtracking on a new policy that caused a technology glitch and delayed payments to thousands of veterans enrolled under the GI Bill. Postponing the new policy until December 2019 should alleviate the issue in the short term, including at Clark College, where a large number of students are veterans receiving GI Bill benefits.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Albuquerque Journal: [Sterile equipment vexes Albuquerque VA hospital](#) (10 December, Maddy Hayden, 308k uvm; Albuquerque, NM)

The Albuquerque Veterans Affairs hospital is working to improve its processes after an October report found that nearly 170 surgeries were delayed or canceled there during a two-and-a-half year period due to unavailable sterile instruments and equipment.

[Hyperlink to Above](#)

2.2 - Union Leader: [Another VA probe](#) (10 December, Stewart I. Levenson MD, 199k uvm; Manchester, NH)

It is almost not even newsworthy. Another VA internal investigation finds that there was no wrongdoing at the Manchester VA. Last time, it was the Office of Medical Inspector. This time, it is the report of the Office of Accountability and Whistleblower Protection, OAWP, that states the whistleblowers' concerns were unfounded.

[Hyperlink to Above](#)

2.3 - WKXW (101.5): [Improving Veterans Mental Health In New Jersey](#) (9 December, Joe Cutter, 156k uvm; Ewing, NJ)

A New Jersey health care group has received a three-year \$375,000 federal grant to address veterans' mental health care. Mary Ditri, director of professional practice for The Health Research and Educational Trust of New Jersey, says "the veteran community has a unique cultural set of needs and issues that when dealing with mental health care, providers should be aware of."

[Hyperlink to Above](#)

2.4 - Citizens' Voice: [VA could use parkade](#) (9 December, Nicholas Klem, 121k uvm; Wilkes-Barre, PA)

The American Legion touted our Department of Veterans Affairs Medical Center as the best VA in the country. I, being a patient, can attest to that, as the best care a person can receive. When going for a checkup, I picked up a July 2018 Veterans of Foreign Wars magazine. It stated President Trump would appropriate over \$2 billion for VA renovation.

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2.5 - KOAA (NBC-5, Video): [Special report: Law enforcement officers partner with licensed clinicians to respond to mental health crisis calls](#) (9 December, Eric Ross, 93k uvm; Colorado Springs, CO)

Law enforcement agencies in southern Colorado are now pairing officers with licensed mental health clinicians. The goal is to avoid taking someone to jail for minor crimes and instead, get people the help and resources they need. Putting a clinician in a patrol cruiser is a relatively new experiment. Already, statistics obtained by News 5 Investigates reveal surprisingly low arrest rates.

[Hyperlink to Above](#)

3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

5.1 - FOX News (Video): [Want to help a veteran suffering from PTSD? Here's how](#) (9 December, Damon Friedman, 27.6M uvm; New York, NY)

With the headlines of U.S. Navy Fleet Commander Scott A. Stearney's untimely death earlier this month, it is just another tragic reminder of the toll combat takes on these brave men and women even after they come home. The numbers are mind-blowing. The Department of Veterans Affairs recently reported that more than 20 veterans and active duty service members, guardsmen and reservists commit suicide every day in this country.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Arkansas Democrat-Gazette (The Mercury News): Californian finds living's easier in Colorado (9 December, Louis Hansen, 366k uvm; Little Rock, AR)

The first snow dusted Colorado Springs in late October. Tony Hicks -- San Jose, Calif., resident for 37 years, Colorado Springs landlord for four months -- didn't take it as a sign he made the wrong move. "It's so much better here. It is nicer, cleaner," said Hicks, a 58-year-old retired engineer and landlord. He sold his three San Jose rental homes this year, bought a half-dozen houses in Colorado Springs, and moved his family, along with several willing and eager tenants, to the Rockies.

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6.2 - KWTX (CBS-10): VA to host job fair for those impacted by local hospital, clinic closures (9 December, Chris Shadrock, 75k uvm; Waco, TX)

The Central Texas Veterans Health Care System will host a job fair Monday at its Temple location for healthcare professional impacted by the sudden closure of King's Daughters-Little River Healthcare System. The job fair is targeted for those with health care backgrounds.

[Hyperlink to Above](#)

6.3 - WCJB (ABC-20, Video): Lake City VA Medical Center receives gifts and visitors from south Georgia (8 December, 59k uvm; Gainesville, FL)

The Lake City VA Medical Center received a special visit from visitors out of south Georgia Friday. Residents from Hehira, Valdosta, and King's Bay Naval Base arrived in a caravan of over 30 vehicles. They brought donations and visited with patients. The annual visit provides personal care items and other gifts. It also gives the veterans and patients someone to talk to.

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6.4 - TheNewsCenter (Video): Red Cross to give holiday cards to veterans in West Virginia (9 December, Brandon Lewis, 28k uvm; Parkersburg, WV)

The American Red Cross is making sure members of the military and veterans are thought of this holiday season. The organization's West Virginia chapters are collecting Christmas cards, as part of its Holidays for Heroes program. They'll be distributed to the four Veterans Affairs hospitals in the state and veterans homes in Clarksburg and Barboursville.

[Hyperlink to Above](#)

6.5 - OpsLens: Torpedoing the Navy Veterans Agent Orange Bill (9 December, Rob Maness, 5k uvd; Veda Beach, FL)

Is the seven-year effort to care for Blue Water Navy veterans exposed to Agent Orange being torpedoed by Senate Republicans and President Trump? Where We Were December 3, 2018: H.R 299, the Blue Water Navy Vietnam Veterans Act of 2018, was passed by the U.S. House unanimously, 382 to 0, and went to the Senate on June 25.

[Hyperlink to Above](#)

6.6 - The Owensboro Times: VA Clinic celebrates WWII veteran's 100th birthday (9 December, Melody Wallace, 1k uvd; Owensboro, KY)

The Owensboro Veterans Affairs (VA) Outpatient Clinic on New Hartford Road had a much fuller waiting area than usual on Friday afternoon, as over 30 people throughout the tri-state area gathered to honor one special man.

[Hyperlink to Above](#)

7. [Other](#)

7.1 - The National Memo (Alternet): [Trump's VA Secretary Once Praised Confederate President](#) (9 December, Matthew Chapman, 30k uvm; New York, NY)

On Friday, CNN's KFile reported that President Donald Trump's Veterans Affairs Secretary Robert Wilkie gave a speech in 1995 heaping praise on the Confederacy, and particularly Confederate President Jefferson Davis:

[Hyperlink to Above](#)

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1. [Top Stories](#)

1.1 - VOA: [Female Veterans Quietly Struggle With Sexual Harassment, Suicide](#) (9 December, Max Jungreis, 2.4M uvm; Washington, DC)

Pfc. Nichole Bowen-Crawford said she was walking to lunch on her Army base near Nasiriyah, Iraq, in 2003 when she received her daily proposition from a passing fellow soldier.

“Hey, Bowen,” the officer tossed out, “let’s go f--- in the bunker.”

Bowen-Crawford told VOA that while this was the most shocking example of the day-to-day regimen of verbal sexual harassment she experienced while in the Army between 2001-2004, it was not her worst experience — she had been assaulted by a higher-ranking sergeant earlier that year.

When she reported the incident to a male supervisor, she was advised to stay quiet for the sake of her career.

Bowen-Crawford’s experience is not universal, but far from rare.

Suicide rate

A work environment tolerant of sexual assault and harassment is believed to be one of the causes of high suicide rates among female veterans, which soared more than 45 percent between 2001 and 2015, according to data from the U.S. Department of Veteran Affairs (VA).

The rate among female veterans is lower than that of male veterans, but not compared to their civilian counterparts. Female veterans are almost twice as likely to kill themselves as civilian women.

“Certainly a mental health diagnosis like PTSD is a risk factor for suicide,” said Megan McCarthy, VA deputy director of suicide prevention. “Certainly, there’s some evidence that experiencing MST (Military Sexual Trauma) is associated with suicidal thoughts and behaviors, so those that have experienced MST are more likely to think about suicide and possibly more likely to attempt suicide.”

McCarthy told VOA that the relationship between suicide and trauma is complex. The VA’s own research has shown that veterans who experience MST tend to be at higher risk for suicide. A 2016 VA survey of 60,000 veterans found that more than 41 percent of female veterans had experienced sexual harassment.

Many believe that the military’s flawed reporting mechanisms have aggravated the epidemic.

Sexual misconduct complaints are often handled by the alleged victim’s supervisor, who may have close ties to the accused. As the Convening Authority (CA), they have the power to act as judge in the case and appoint a jury, as well as decide if the charges should be referred to a court-martial.

Critics say this puts pressure on commanding officers to suppress allegations for the sake of their own reputations. Victims tend to face pressure to stay quiet, as well.

“Traditionally, if you talked about being sexually assaulted or being sexually harassed, you were seen as a troublemaker,” said Toni Rico, a former Army media relations worker who accompanied combat missions and now works as director of communications and policy for Service Women’s Action Network. “You were kind of harassed and faced retaliation. ... So there’s this culture within the military of silence, and if you want it to negatively affect your career.”

Defense Department data

Protect Our Defenders, a nonprofit combating sexual assault in the military, has reported that 60 percent of men and 58 percent of women who reported sexual assault faced retaliation, based on an analysis of Department of Defense data. Veterans say retaliation can take the form of insults, social isolation and even physical threats.

But the greatest challenge to female veterans’ mental health may come after they leave service. Many report feeling there is no place for them in the Department of Veterans Affairs’ reintegration and health services, especially for sexual assault survivors.

“This is supposed to be where you get care when you’re dealing with whatever you’re dealing with, from your combat or from your service,” Bowen-Crawford said. “Getting hit on, it can be a trauma trigger.”

Bowen-Crawford said she sought treatment for PTSD elsewhere after being propositioned multiple times.

Outside the government, support groups exclusively for female veterans are rare, as well.

“I walked into an American Legion, and every gentleman I met there commented on the fact I was there and I was a woman Marine,” Dr. Kate Hendricks Thomas, a former Marine teaching public health at Charleston Southern University, told VOA. “They were in the kindest and well-intentioned possible way othering me and saying, ‘Wow, it’s really weird. I’ve never met a woman Marine. It’s weird to meet you.’”

Suicide rates steady for female vets

The lack of community and resources may help explain a 2015 study showing that while suicide rates steadily declined among male veterans of the Iraq War for seven years after leaving service, they remained elevated for women.

For veterans who attempt to kill themselves, the means are deadlier. Women who have served in the military use firearms to attempt suicide 41.2 percent of the time, compared to 32.4 of civilian women. The VA has said this may partly explain why the suicide rates are higher.

Suicide rates in the military and the civilian world have climbed in the last few years, but little public attention has been given to the dramatic rates among female veterans. Some say this may be because while women’s roles in the military are expanding, service is still seen as a traditionally male occupation.

"If you ask somebody what a veteran looks like, they're not going to tell you that it's a young woman from Kansas, you know?" Thomas said. "That's just not the picture of a veteran."

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1.2 - Military.com: [More Than Half of Wounded, Sick, Injured Post-9/11 Veterans Rated Obese](#) (9 December, Richard Sisk, 2M uvm; San Francisco, CA)

A new survey by the Wounded Warrior Project finds that more post-9/11 veterans are using the GI Bill, receiving disability benefits, are homeowners and have jobs. But the same poll noted another rising trend that may affect these veterans' overall future well-being: more than half are rated as obese.

"Warriors are not as healthy as we would like," said Dr. Melanie Mousseau, Wounded Warrior Project (WWP) director of metrics, of the finding that 51.7 percent of the more than 33,000 survey respondents were obese, according to their body mass index, or BMI, and of that total, 6.2 percent were rated as "morbidly obese."

Previous WWP surveys showed that 50.9 percent were rated obese in 2017 and 48.6 percent in 2016.

The 2018 survey showed that 43.8 percent of female veterans had BMIs in the obesity range compared with 53.2 percent of males.

In addition, just 12.8 percent of the respondents in 2018 had BMI measures in the healthy weight or underweight range, according to the survey.

"Unfortunately, weight issues continue to be a major challenge for warriors and the trend is not improving," the survey noted.

The survey of more than 33,000 veterans registered with WWP helps guide the organization in "our internal decisions on where we put our money," said retired Army Lt. Gen. Michael Linnington, chief executive officer of WWP.

It also is intended to "inform and prepare our troops and their families for future conflict while improving the support we provide when they return home," he added.

Throughout the survey and in the comments of veterans who participated, the importance of focusing on the transition from military to civilian life was stressed as the key factor in rehabilitation.

But the standout statistics were the ones on weight.

According to the National Center for Health Statistics at the Centers for Disease Control and Prevention, the prevalence of obesity among U.S. adults overall was 39.8 percent from 2015 to 2016. The prevalence among adults aged 40 to 59, 42.8 percent, was higher than among adults aged 20 to 39, 35.7 percent.

In a panel discussion Tuesday on the survey sponsored by the Brookings Institution, Mousseau and others noted that the survey respondents included wounded and injured veterans -- and

those suffering from post-traumatic stress disorder (PTSD) and sleep disorders -- that can limit their ability to exercise or adopt healthy eating habits.

About two-thirds of the respondents reported they are limited in even moderate activities, such as moving a table, pushing a vacuum cleaner or going bowling, the survey said. More than seven in 10 reported that pain limited them to some degree in their work inside and outside the home.

Mousseau added that lingering effects of stress from combat experiences and the transition to civilian life could also affect the ability and willingness of veterans to engage in physical activity.

"I think with any type of uncertainty and/or change, there is a heightened sense of stress," Mousseau said. "With stress comes a myriad of other challenges."

Wounds That Won't Go Away

One of the key findings of the survey was on the long-term psychological effects of combat, the so-called "invisible wounds" of war that can be as disabling as physical wounds.

According to the survey, "two thirds to three-quarters of warriors have had a military experience that was so frightening, horrible, or upsetting that in the past month they have not been able to escape from the memories or effects of it."

More than 77 percent of participants reported feeling the need to be constantly on guard or watchful, and they were easily startled. Roughly 75 percent said they felt "numb or detached from others, activities, or surroundings," the survey said. Nearly 66 percent reported having nightmares about their experiences..

The comments veterans attached to their survey responses reflected their inner struggles: "I feel like no one really understands anything about me anymore. I want to be involved but it feels like people are afraid of me," said one.

"Learning how to adapt is the most challenging -- how to be social, just so friends and family don't jump to conclusions that something is wrong, learning how to keep your mind so busy that there is no opportunity for intrusive things. There is no alleviating this challenge," another wrote.

The comments also reflected the "stigma," real or imagined, that many veterans feel is attached to military-related mental health conditions -- even among veterans.

"It seems people assume that having PTSD makes you a psychopath that wants to harm people. In reality, I just want to be left alone," one veteran said.

Another spoke to his discomfort at being in a group with combat veterans, when his experiences were not related to actual combat.

"It's hard for a member of the Coast Guard to sit in at a PTSD group of combat veterans when your experiences were non-combat related but involved such events as decapitated children, boating accident deaths, suicides of fellow service members and the stress of being overworked for years," the veteran said. "Most just can't understand where you've been."

The survey showed a slight decrease in the percentage of respondents who said they had difficulty getting mental health care, put off getting such care, or did not get the care they needed (33 percent in 2018, compared with 35 percent in 2014).

About 19 percent did not seek treatment because they would be considered weak, compared with 25 percent in 2014, the survey said, and 18 percent felt they would be stigmatized by peers or family for seeking mental health treatment, compared with 23 percent in 2014.

About 78 percent of respondents said they experienced PTSD during their military service and were still dealing with the effects, compared to 75 percent in WWP's 2014 survey.

Nine Years of Surveys Provide a Huge Database

WWP began doing the surveys in 2010, and the 2018 version, done with Westat, an employee-owned research services firm, provided the "nation's largest and most comprehensive survey of wounded, injured and ill veterans who have served post 9/11," Mousseau said.

The demographics showed that 83.5 percent of respondents were male, with a mean age of about 40. About two-thirds were married (66.5 percent), and more than half were from the South (53.1 percent).

The vast majority were enlisted (91.7 percent) and nearly half (45.3 percent) had deployed three or times during their military service. Almost all (93.4 percent) had deployed at least once to a combat zone.

The four most common injuries or health problems reported by the respondents were: PTSD, 78.2 percent; sleep problems, 75.4 percent; back, neck and shoulder problems, 73.7 percent; and depression, 70.3 percent.

For post-9/11 veterans, classified as "Gulf War-era II veterans" by the federal Bureau of Labor Statistics (BLS), the unemployment rate was 3.1 percent in October, compared with 3.9 percent September, according to BLS. But the WWP survey showed that respondents had an unemployment rate of 11 percent, lower than the 14 percent determined by the 2014 survey but still higher than the federal statistics.

The survey indicated that home ownership rates among the respondents was on the rise. The survey showed that 59.6 percent of respondents owned homes in 2018, compared with 56.4 percent in 2017 and 52.9 percent in 2016.

The main reasons given by the respondents for not being in the labor force were: mental health problems (37.4 percent); physical injury (24.3 percent); retirement (15.6 percent); and enrollment in school or a training program (13.8 percent).

The survey also showed that more veterans were using the VA for primary and mental health care, and more were taking advantage of the GI Bill for education. About 36 percent had attained a bachelor's degree or higher in 2018, compared with 25 percent in 2014, the survey showed.

The survey showed about 75 percent of WWP veterans had VA health insurance in 2018, compared with 59 percent in 2014. More also were using the VA for their mental health concerns -- 71 percent in 2018, compared with 63 percent in 2014.

About 90 percent of the respondents reported receiving VA disability benefits in 2018, compared with 72 percent in 2014, and 62 percent had disability ratings of 80 percent or higher.

The main reasons given for not using the VA as the primary health care provider were difficulty of accessing (45.2 percent), problems with the bureaucracy (43.0 percent), and bad prior experiences (44.5 percent).

The survey concluded that there were more similarities than differences in the surveys conducted in the past three years, but all reflected "continued challenges with physical and mental health problems" and "modest economic improvements" in an aging veterans population.

"The transition to civilian life continues to remain challenging for many," the survey said, and those challenges "extend to their family members and other caregivers."

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1.3 - The Columbian: [GI Bill delays affect Clark College veterans. New policy causes IT glitch and hampers payments to thousands](#) (9 December, Calley Hair, 213k uvm; Vancouver, WA)

The Federal Department of Veterans Affairs is backtracking on a new policy that caused a technology glitch and delayed payments to thousands of veterans enrolled under the GI Bill.

Postponing the new policy until December 2019 should alleviate the issue in the short term, including at Clark College, where a large number of students are veterans receiving GI Bill benefits.

Clark College currently enrolls around 380 veteran students, according to Cary Bare and Mike Gibson, the GI Bill school certifying official for the school. Many students, especially new ones who enrolled for the fall term, were affected by the switch and faced delays in their monthly checks. A handful have still yet to be paid.

"Even with a couple of weeks late, let alone a month or two late, that really makes it difficult for these students," Gibson said, sitting with Bare in his office in late November. "We didn't expect being two months late on pay."

A national problem

Student veterans dependent on GI Bill benefits have borne the brunt of the IT glitch at the federal VA office. A November report from NBC News indicated that around 82,000 veterans across the country hadn't seen a benefits check since the VA attempted to adjust its database over the summer.

The VA disputes these figures, claiming last week that fewer than 10,000 education claims had been pending approval for more than a month and just 666 had been pending for more than two months. In the same statement, the VA categorically claimed that no veteran in the country had been made homeless by the issue.

This doesn't match what Gibson and Bare have seen over the last few months. They were unsure exactly how many new enrollees still hadn't been paid, but they estimated that around two-thirds of those veteran students had been waiting on checks as late as October.

"Considering the number of calls and emails I was getting, it was like nobody had gotten paid," Bare said. "Do you want to eat, or do you want a roof over your head?"

In 2017, Congress passed the Forever GI Bill, the most comprehensive overhaul to the veterans housing and education assistance program since 9/11.

"As part of the Harry W. Colmery Veterans Educational Assistance Act of 2017, also known as the "Forever GI Bill (FGIB)," Section 107 of the law requires VA to calculate monthly housing payments based on the location of the campus where a student attends the majority of their classes," an April press release on the federal VA website stated. "Students can expect to see changes in their monthly housing allowance after Aug. 1, 2018."

The change was an effort to more closely align monthly allowances with expenses, Bare said. By using the ZIP code of the campus to determine the size of the student's check, the VA was less likely to overpay — the cost of living in Longview, she pointed out, is much lower than the cost of living in Portland, even if they're not too far apart.

"So that's what this change is about, is making sure people are getting paid what it cost to live in their city and not getting overpaid," Bare said.

Stepping back

It was reasonable in theory but disastrous in practice, according to Bare and Gibson.

The glitch started affecting GI Bill recipients over the summer, when many were enrolling for fall classes. At Clark, the stipend for a full-time student is \$2,193, though a scheduled cost of living increase will soon set that figure at \$2,294. Gibson said there are approximately 65 veterans' dependents also enrolled at Clark — they receive around half of that.

To accommodate students dealing with a delay in benefits, the college put an extended hold on tuition payments for veterans.

"This is way past the time that the business office is comfortable with it, but they've been good about not dropping our students," Bare said.

Last week, the Veterans Benefits Administration announced that it would be postponing the changes in the GI Bill until December 2019, in preparation for the spring 2020 enrollment term. The new timeline should coincide with a quieter college enrollment period.

"Redesigning the way VBA calculates post 9/11 GI Bill housing rates during a busy academic season was like flying a plane while building it," VA Secretary Robert Wilkie said in the announcement.

Gibson said the VA should be back to its normal routine of processing and paying GI Bill benefits. Temporarily reverting back to the old enrollment should help alleviate the delays.

But as Bare put it, "the wheels will turn at their pace." And that pace is slower than rent payments, or grocery bills, or the time it takes to empty a tank of gas.

“We get to know these students. We care about them. We want to know if they’re going to lose their apartment, or if they’re going to be living in their car, or under a piece of cardboard,” Bare said. “They’re not just names, not just statistics. These are people trying to live and work and have families and go to school. . . . You start taking that financial stability away from them, and they’re not going to have a good quarter.”

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2. Improving Customer Service

2.1 - Albuquerque Journal: [Sterile equipment vexes Albuquerque VA hospital](#) (10 December, Maddy Hayden, 308k uvm; Albuquerque, NM)

The Albuquerque Veterans Affairs hospital is working to improve its processes after an October report found that nearly 170 surgeries were delayed or canceled there during a two-and-a-half year period due to unavailable sterile instruments and equipment.

An investigation by the VA Office of Inspector General found that from March 1, 2015, to Sept. 30, 2017, 169 surgeries were delayed or canceled for that reason.

Those include an instance in which an elderly patient receiving a hearing aid implant was pulled out of general anesthesia because the required surgical instruments were not available. Four hours later, the patient was again placed under anesthesia, and the surgery was completed.

The report found that, while no patients suffered adverse outcomes as a result of those delays and cancellations, three patients, including the patient mentioned above, were “exposed to increased risks for adverse clinical outcomes” due to the lack of prepared surgical equipment.

Every instrument that is used at the hospital, from tools used in podiatric procedures to scalpels used in heart surgery, must be sterilized by employees with the Sterile Processing Services department – made up of both VA and contracted employees – before they can be reused, said Albuquerque VA Medical Center Director Andrew Welch.

Each tool has a highly specific method for sterilization that can take up to 48 hours in some cases.

The investigation also found a lack of record-keeping concerning the training of SPS employees and low staffing levels.

Welch said he believes the hospital has already taken steps to correct many of the issues raised by the Office of Inspector General.

The SPS department has seen a 22 percent increase in personnel, as well as higher wages.

SPS pay was increased across the board at VAs nationally, Welch said.

“A lot of those have been added as support staff for quality and to assure that there’s a good underpinning for the daily workings,” said Pam Alexander, the chief nurse for Perioperative Services and SPS Operations. “I feel like that strengthened our department significantly.”

Alexander’s position was one of many created to address some of the issues raised in the report.

Also added were a reusable medical equipment educator, two quality assurance technicians and a quality assurance supervisor, among others.

Welch said that, while investigators were unable to locate some training records, he believes the training was completed by SPS employees.

The investigation stemmed from allegations made in May and June 2017, resulting in an unannounced site visit by an Inspector General team in September 2017.

VA Office of Inspector General spokesman Michael Nacincik said the OIG will begin tracking the status of its various recommendations three months after the release of the report.

Welch said that the complex logistics of SPS are a challenge for every health care institution and that the Albuquerque VA will continue to work toward improving its processes.

“The improvements in SPS never stop. You can never say we’re done, because the technology is evolving, the equipment is evolving, because sterile techniques are evolving, because how we do training is evolving. It is an ongoing quality improvement effort,” Welch said.

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2.2 - Union Leader: [Another VA probe](#) (10 December, Stewart I. Levenson MD, 199k uvm; Manchester, NH)

IT IS ALMOST not even newsworthy. Another VA internal investigation finds that there was no wrongdoing at the Manchester VA.

Last time, it was the Office of Medical Inspector. This time, it is the report of the Office of Accountability and Whistleblower Protection, OAWP, that states the whistleblowers’ concerns were unfounded.

This newly created agency was envisioned to protect whistleblowers from retaliation and hold leadership accountable. Judging from its work thus far it has failed miserably. Dr. Ed Kois and myself, the leaders of the whistleblowers at the Manchester VA, did not decide to become whistleblowers lightly or for thoughts of personal gain. My good friend Ed paid with his health due to the ensuing stress. I paid with my career.

As doctors, neither of us, however, felt we had a choice. Veterans were being endangered and in some cases, perhaps, killed through negligence.

At another VA within the same New England Network, another doctor, Sarah Kemble, felt so strongly about lapses in patient care she felt the need to become a whistleblower on her deathbed.

With this flawed report in hand Dr. Michael Mayo-Smith, the disgraced former New England Network director, is claiming vindication.

Instead of debating the half-truths and outright misstatements in the OAWP report, let us restate the issues that led the whistleblowers to go public. These facts are well documented.

We have all heard about the flies in the operating rooms at the Manchester VA. No amount of explaining that it is an old building or that there have been no documented infections absolves management of its responsibility to keep disease-carrying vectors away from our veterans.

The report excuses scale on surgical instruments as the residue from hard water and not dried blood as has been suggested previously. What has not been described is that any foreign body on surgical instruments, be it heat-flashed blood or water scale, is a sanctuary for pathogens to hide from sterilization. Therefore, in either case it is completely unacceptable.

What wasn't described in the report was that in at least six proven cases UNSTERILIZED instruments were used in surgical cases. Due to poor processing technique, instruments that were packaged to go into the sterilizer were thought to be coming out of the sterilizer and sent to the OR for use. At least there were no scales, be it blood or hard water on these instruments.

A central complaint that was dismissed by the OAWP was that leadership was felt by the whistleblowers to be unresponsive to the concerns of the staff. It was stated only a few staff members felt leadership was unresponsive to stakeholder concerns.

The cold hard facts are that every single clinical department had undergone a change in leadership during a very short period of time. Some departments changed leadership multiple times. Primary Care, Specialty Care, Mental Health, Rehab Services, Urgent Care, Surgery and others all had their department heads either step down, retire or leave VA service.

This degree of turnover among upper management is unprecedented, yet the OAWP completely refuses to acknowledge the turnover was related to poor management in the front office. The chief of staff, (the highest doctor in a medical center), actually changed six times during the period in question. Granted, some of these individuals were "acting," but three were presumed to be long-term appointments.

Tragically, it is widely believed one of the doctors holding that position died by suicide during his term in office. Requests for the death certificate by local media have been refused.

The one problem area that the OAWP validated was with the Veterans Choice program. Yet the report blamed the problem on the outside contractor and not on VA leadership. Under the Choice program, patients at the Manchester VA waited for months for care that the VA couldn't provide.

The problem may have been created by the outside contractor but VA leadership did nothing at the time to find care for those veterans. Leadership merely told the veterans to keep calling the contractor, knowing that those phone calls would go unanswered. By the time leadership made any attempt to address the problem, it was discovered that 3,500 veteran consults were languishing.

While some of these consults may have been for routine services, many veterans were found to be waiting for treatment for serious diseases such as heart disease and cancer.

The list of problems goes on. In one case a veteran died because a life-saving prescription sent from Dana Farber to be filled at the VA was arguably misplaced.

Problems at the VA are nothing new. In close to two decades working at the VA, I have seen great strides made toward improving the care our veterans receive. Under the current leadership in Manchester, more improvements are being made.

The purpose of investigations is to highlight areas that need to be fixed as much as it is to assign accountability. Unless those investigations are performed by an independent outside source, there is little chance that will happen.

The VA needs independent outside investigations not insider coverups. There is an increasing call for veterans to be allowed to be cared for anywhere they want.

When the VA does its job properly, veterans preferentially choose the VA for their care.

Stewart I. Levenson MD FACR was the former Medicine Service Director for VA New England. He became one of the highest ranking whistleblowers in VA history. He lives in Hopkinton, where he recently ran for Congress in the Republican primary. He is now practicing rheumatology and remaining active in public policy.

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2.3 - WKXW (101.5): [Improving Veterans Mental Health In New Jersey](#) (9 December, Joe Cutter, 156k uvm; Ewing, NJ)

A New Jersey health care group has received a three-year \$375,000 federal grant to address veterans' mental health care.

Mary Ditri, director of professional practice for The Health Research and Educational Trust of New Jersey, says "the veteran community has a unique cultural set of needs and issues that when dealing with mental health care, providers should be aware of."

Mental Health First Aid partners veterans with mental health experts and instructs the community and other health care providers on the signs and symptoms of mental health crisis and how to respond.

The organization is part of the New Jersey Hospital Association.

Ditri says the funding will support a model to expand knowledge and access to veteran mental health services that will go well beyond the three-year grant.

"It is not just about classroom time. It is about building a system of care for these folks," she said. "We are also building a team of trainers, because our goal is to really build sustainability in this initiative, so that when the funding ends, we still have a cadre of trainers out there who will continue this work."

"We know that close to 50 percent of war veterans in the VA health care system receive a mental health disorder diagnosis, such as post-traumatic stress disorder or depression," she said. "This training is aimed specifically at the cultural nuances of the veteran community, and helps those working with veterans to respond appropriately."

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2.4 - Citizens' Voice: [VA could use parkade](#) (9 December, Nicholas Klem, 121k uvm; Wilkes-Barre, PA)

Editor: The American Legion touted our Department of Veterans Affairs Medical Center as the best VA in the country.

I, being a patient, can attest to that, as the best care a person can receive. When going for a checkup, I picked up a July 2018 Veterans of Foreign Wars magazine. It stated President Trump would appropriate over \$2 billion for VA renovation.

In 2017, a parkade was to be built for our VA, somehow it did not happen and is badly needed as you must drive around 20 minutes or so to get a parking place.

I wrote a letter to Congressman Barletta's office explaining this problem and that he might have influence in getting part of this \$2 billion to build this parkade.

Our VA is wonderful and surely is in need of this parkade. Hopefully Congressman Barletta can help with this problem that would benefit all veterans and employees.

Nicholas Klem

LARKSVILLE

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2.5 - KOAA (NBC-5, Video): [Special report: Law enforcement officers partner with licensed clinicians to respond to mental health crisis calls](#) (9 December, Eric Ross, 93k uvm; Colorado Springs, CO)

Law enforcement agencies in southern Colorado are now pairing officers with licensed mental health clinicians.

The goal is to avoid taking someone to jail for minor crimes and instead, get people the help and resources they need.

Putting a clinician in a patrol cruiser is a relatively new experiment. Already, statistics obtained by News 5 Investigates reveal surprisingly low arrest rates.

We often hear about jail overcrowding, both at the El Paso County and Pueblo County jails.

It's no secret that some people serving time for minor crimes have some type of mental illness. Rather than lock these people up, the Pueblo Police Department and El Paso County Sheriff's Office are taking a new, different approach and the benefits are not going unnoticed.

"Having a clinician ride with our officers gives us the ability to help de-escalate situations more effectively," Capt. James Martin with the Pueblo Police Department said.

The Pueblo Police Department is one of the first departments in the state to put a health clinician in the passenger seat of a patrol vehicle.

"I will say that the majority of calls involving mental illness are civil issues," Martin said. "It's people that are having a hard time."

Two clinicians went through the police academy and hit the streets with Pueblo officers last year. A third clinician is currently going through the academy and will be on-board in a few months.

"Most of the clients they work with are going into services like outpatient counseling, being hospitalized for psychiatric needs or just receiving referral services," Jessica Russell, director of Crestone Recovery Health Solutions said.

Earlier this year, the El Paso County Sheriff's Office partnered with UCHHealth Memorial to launch its very first mental health unit.

"We're getting people the services they need, when they need them," Carey Boelter, a program manager for the El Paso County Sheriff's Office Co-responder team said. "If they haven't committed a felony, they aren't going to go to jail to wait for mental health services."

El Paso County Deputy John Hammond says the program has several goals, including:

- (1) Responding to as many mental health crisis calls as possible and provide medical and mental health resources to those in need
- (2) Avoid taking someone to jail who may be suffering from a mental episode
- (3) Allow other deputies to return to patrol duties while they handle civil mental health crisis calls

"A good example (of a call we would respond to) would be a 16-year-old girl who has a fit with mom and dad and has been diagnosed with a mental illness," Hammond said. "During that fit she destroys property in the home. Can we charge that juvenile? Yes, we can and it's a misdemeanor charge and we can look at placement at Spring Creek (the local juvenile detention center), but why not take it further and look at the underlying cause of that outburst and try to get resources in place so that we can minimize these outbursts?"

Hammond says his unit is tasked with not just responding to calls, but finding solutions and better understanding the situation.

During our ride-along with Deputy Hammond, he and the clinician went to check on a disabled Veteran who is feeling down on his luck.

"It's a Veteran who is fighting the VA's Office in getting benefits and getting back into civilization from the military world," Hammond explained after making a house visit.

Hammond and the Boelter introduced the Veteran to the TBI program at Mt. Carmel which may be able to further assist him.

The El Paso County Sheriff's Office says its mental health unit will respond to all types of calls ranging from attempted suicides to bipolar individuals having a mental breakdown.

"When we go to crisis type calls, people do things when they are upset," Hammond explained. "They can push people, assault people and become belligerent and those are absolutely crimes and I can take them to jail, but if the underlying problem is they are schizophrenic or bipolar and they need help regulating their medication or they just need to talk to someone because they just watched their wife die in a car accident, I'd rather do that than put them through the judicial system."

News 5 Investigates crunched the numbers and found since Pueblo PD launched its mental health unit officially in 2017, clinicians made over 1,100 "contacts" with people. Of those calls, only 2-percent ended with an arrest.

The mental health unit at the El Paso County Sheriff's Office didn't launch until July of 2018 but so far, statistics show the same low arrest rate.

"I think it's an excellent program and it has done great things for both the police department and community," Martin said.

Deputy Hammond says he hopes to expand his unit in the near future as Pueblo PD gears up to bring a third clinician on board.

"Addressing mental health issues is a priority for the El Paso County Sheriff's Office," Sheriff Bill Elder said in a news release. "Mental health issues affect every aspect of law enforcement from encounters on the street through to incarceration. I am committed to making sure our workforce is well prepared to respond and deal with this segment of our population."

5.1 - FOX News (Video): [Want to help a veteran suffering from PTSD? Here's how](#) (9 December, Damon Friedman, 27.6M uvm; New York, NY)

With the headlines of U.S. Navy Fleet Commander Scott A. Stearney's untimely death earlier this month, it is just another tragic reminder of the toll combat takes on these brave men and women even after they come home.

The numbers are mind-blowing. The Department of Veterans Affairs recently reported that more than 20 veterans and active duty service members, guardsmen and reservists commit suicide every day in this country. That's nearly one suicide every hour, and more than 80 percent of them are veterans.

There aren't enough people and systems to help veterans, and they keep falling through the cracks. I consider these people a vastly underserved and unreached community.

The effects of combat-related trauma run deep, down to the warrior's very heart and soul. I know this from personal experience, having served four tours in Iraq and Afghanistan.

War keeps you running at full speed, always on guard, ready to fight at a moment's notice. After enduring such extreme conditions for long periods of time, returning to the normality of civilian life is not easy.

When I came home, nothing felt real to me. Watching TV with my wife didn't feel real. Walking through the aisles of the grocery store didn't seem real. My feelings were not easy to identify at first. I just felt "off," but I didn't always know why. I didn't know what was happening to me.

This is common among veterans who struggle after returning home. We can't always draw a straight line from how we feel back to the experience of combat. We don't want to believe that the fighting affected us.

I was in denial. I didn't want to acknowledge the strange sensations for what they were. But eventually, I couldn't ignore what was happening. I was struggling with the after-effects of combat.

Everyone experiences this differently. There are, however, a few classic signs — anger, insomnia, obsessive-compulsive behavior and flashbacks. At one point or another, I have suffered from all of them.

Eventually, I got help, and there are some wonderful organizations that help veterans, but many veterans aren't as fortunate as I was. Typical interventions such as clinical treatments and group therapies are inadequate and usually ignore the spiritual dimension to trauma. The spiritual dimension to trauma includes topics such as grief, guilt, and shame. It can manifest through things that the warrior has experienced or done on the battlefield.

Many veterans dealing with these challenges isolate themselves from friends and family. They don't think that people understand what they've been through. It's hard for veterans to communicate to non-veterans about combat experiences and post-combat struggles. A common complaint from family and friends is, "I can't reach him or her" or "They won't talk to me."

Veterans do want help. But sometimes they just don't know how to communicate it. And once they're able to speak out, they don't always know how to connect or who to connect with. That's why it's very important that when veterans reach out, especially to a church or nonprofit, the organization is ready to receive them.

These organizations should have a program to get the veterans connected with a small group of people who understand and appreciate the veteran and his or her family. Belonging to a community with a sense of camaraderie is key. It's something veterans had while in the service and something they are looking for when they get out.

It is crucial that when our veterans return home that they have available to them a support group that will help them walk through everything they have experienced on the battlefield. Even more so, these groups are imperative to helping these brave men and women begin the healing process, pointing them in the right direction to restore broken relationships and begin to knit together the wounds of the heart. Ultimately, that is what will assure a successful transition back into mainstream society.

Air Force Special Operations Lt. Col. Damon Friedman is the founder of SOF Missions, a non-profit organization aimed at helping veterans. He is the executive producer of the award winning film, "Surrender Only To One," which is now available on Amazon and iTunes.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Arkansas Democrat-Gazette (The Mercury News): [Californian finds living's easier in Colorado](#) (9 December, Louis Hansen, 366k uvm; Little Rock, AR)

The first snow dusted Colorado Springs in late October.

Tony Hicks -- San Jose, Calif., resident for 37 years, Colorado Springs landlord for four months -- didn't take it as a sign he made the wrong move.

"It's so much better here. It is nicer, cleaner," said Hicks, a 58-year-old retired engineer and landlord. He sold his three San Jose rental homes this year, bought a half-dozen houses in Colorado Springs, and moved his family, along with several willing and eager tenants, to the Rockies.

"I've moved out of Hades and moved into heaven," said Mike Leyva, a retired Santa Clara County employee who rented from Hicks and moved with him.

About 70,000 residents have left Santa Clara County, Calif., over the past five years -- making it one of the more popular spots in the country to flee. The relentless job growth of the region's tech sector has driven a net population gain. But the longing to leave is pushing young professionals seeking to buy homes, start families, shorten their commutes and drink cheaper coffee to other parts of California and western states like Colorado.

And for those on fixed incomes or in low-paid jobs, moving can be a financial necessity. The median rent in November for a two-bedroom apartment in San Jose was \$2,630, according to Apartment List.

Hicks and his tenants took the unusual step of moving together. The Mercury News profiled the group members in February as they prepared for the big departure. One reader, Jeff Heuser, was inspired to meet Hicks and join the exodus.

Hicks had had enough of the Bay Area -- growing traffic, the homeless population, liberal politics and high prices -- and looked for an out. He broke the news to his tenants, expecting them to be upset. Instead, about 10 men and women asked to go along.

"Tony asked me and I said, 'Let's go,'" said Dan Harvey, 60, a longtime tenant who was tired of the Bay Area's high prices and frustrated with the traffic.

They left Santa Clara County -- median home price \$1.2 million -- for Colorado Springs -- median home price \$284,000. The cost of living is roughly half of what the tenants, many of whom are on fixed incomes, faced in the Bay Area.

Hicks sold his three homes at the top of the market this spring. He immediately reinvested the proceeds into new properties to avoid capital-gains taxes.

The first wave of the caravan started east in March. Some had rented from Hicks for more than a decade, and had family and friends in the Bay Area. But they were eager to pack their worldly items into moving boxes for a 1,300-mile trip to a new, cheaper and more conservative life.

Harvey and three of his roommates spent five days on the road to Colorado Springs. They got lost in California, ending up near Las Vegas, before getting back on track.

"We took our time," Harvey said. "We didn't want to rush."

Hicks bought four homes and has plans to buy another rental in the same ZIP code, within a few minutes drive of one another. The new properties, built less than 15 years ago, are three- and four-bedrooms, and sold for between \$300,000 and \$340,000, Hicks said.

Leyva, 65, a renter for the past two decades, with an ex-wife and two sons in the Bay Area, expected to have roommates in Colorado.

But after reaching Colorado Springs, he scraped up enough savings for a down payment. With the help of a Veterans Affairs loan, Leyva bought a four-bedroom, three-bathroom house near Hicks. He filled the space with \$7,400 worth of new furniture and appliances, including a pair of HD TVs and three Thomas Kinkade prints.

The new neighborhood has all of the simple pleasures Leyva desired -- two blocks from Costco and Safeway, and a 15-minute drive to his doctor's office and the VA.

Leyva got a fishing license and a permit to carry a concealed handgun. He found a man-made lake nearby for casting his line, and, a few weeks ago, he drove up to Pikes Peak. "It's just beautiful scenery up there. Man, you can see forever," he said.

Heuser, 64, a semiretired nurse in San Jose, was also tired of California politics, traffic and the high price of staying in the Bay Area.

He scouted out Colorado Springs twice and decided to leave the area he had called home for 40 years. He sold his San Jose condo and bought a new house near Hicks and his tenants.

He feels like he's home, he said. "I miss the weather. That was what was keeping me in the Bay Area."

Hicks said another one of his tenants reconciled with his estranged wife, and the couple now rents a room from him.

Hicks spent \$300,000 on closing and moving costs to relocate his longtime tenants to new homes. He's building a custom home, a sixth property, for his wife and young daughter -- with six bedrooms, a four-car garage, home theater, and a great room on 5 acres in a new subdivision.

It will cost less than the least expensive home he sold in California.

Hicks has returned to San Jose twice to tie up loose ends.

"I kept thinking, I used to live here," he said. "Do I miss it? No. I'm done."

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6.2 - KWTX (CBS-10): [VA to host job fair for those impacted by local hospital, clinic closures](#) (9 December, Chris Shadrock, 75k uvm; Waco, TX)

TEMPLE, Texas (KWTX) - The Central Texas Veterans Health Care System will host a job fair Monday at its Temple location for healthcare professional impacted by the sudden closure of King's Daughters-Little River Healthcare System.

The job fair is targeted for those with health care backgrounds.

The fair is scheduled to take place from 9 a.m. to 1 p.m. at the Olin E. Teague Veterans' Medical Center located at 1901 Veterans Memorial Drive. It will be located in Building 171, Conference Room A25.

According to a press release, applicants should bring their resumes and references.

CTVHCS is also looking to hire employees with healthcare experience, including administrative and direct patient care positions.

For more information about the job fair, call 254-743-0192.

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6.3 - WCJB (ABC-20, Video): [Lake City VA Medical Center receives gifts and visitors from south Georgia](#) (8 December, 59k uvm; Gainesville, FL)

LAKE CITY, Fla. (WCJB) - The Lake City VA Medical Center received a special visit from visitors out of south Georgia Friday.

Residents from Hehira, Valdosta, and King's Bay Naval Base arrived in a caravan of over 30 vehicles. They brought donations and visited with patients.

The annual visit provides personal care items and other gifts. It also gives the veterans and patients someone to talk to.

Maureen Wilks, Lake City VA Medical Center associate director, said about the event, "Everyone looks forward to this visit. The veterans... You can see them smile... it's very special. In addition, it supplies us with almost the entire years worth of donations to help us get through the year with toiletries and things like that. It's a very very special event."

Last year, the hospital received more than \$10,000 dollars worth of donations.

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6.4 - TheNewsCenter (Video): [Red Cross to give holiday cards to veterans in West Virginia](#) (9 December, Brandon Lewis, 28k uvm; Parkersburg, WV)

PARKERSBURG, W.VA. (WTAP) - The American Red Cross is making sure members of the military and veterans are thought of this holiday season.

The organization's West Virginia chapters are collecting Christmas cards, as part of its Holidays for Heroes program.

They'll be distributed to the four Veterans Affairs hospitals in the state and veterans homes in Clarksburg and Barboursville.

Officials say they've received cards from corporate sponsors and schools. But they encourage anyone to help make the season bright for those who have fought for our country.

"The purpose is just to give somebody holiday cheer," said Nadir Mirza, manager of the West Virginia Region of the Service to the Armed Forces.

"It's a wonderful way to give someone a smile, seeing someone receive cards it's a good feeling."

If you're interested in providing a card, you can deliver it to the Red Cross Parkersburg office on 8th Street. You have until Friday to do so.

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6.5 - OpsLens: [Torpedoing the Navy Veterans Agent Orange Bill](#) (9 December, Rob Maness, 5k uvd; Veda Beach, FL)

Is the seven-year effort to care for Blue Water Navy veterans exposed to Agent Orange being torpedoed by Senate Republicans and President Trump?

Where We Were December 3, 2018:

H.R 299, the Blue Water Navy Vietnam Veterans Act of 2018, was passed by the U.S. House unanimously, 382 to 0, and went to the Senate on June 25. But a week ago, in an article from Tom Philpott in Stars and Stripes, we learned that as many as four senators had placed a hold on the bill that President Trump has already agreed to sign, and that the bill was in jeopardy of failure, after seven years of legislative work by the non-profit, Military Veterans Advocacy, Inc. (MVA). Senators Paul Rand (R-KY), Mike Lee (R-UT), Mike Enzi (R-WY) and Bill Cassidy (R-LA) either had concerns about the veracity of the science or costs associated with the bill after years of research, gathering of eye-witness affidavits, Capitol Hill political wrangling, and several years of attempted passage of the bill, not to mention an estimated 20,000 deaths of the approximately 90,000 U.S. Navy Vietnam veterans exposed to Agent Orange.

This Stunning Turn of Events Left Blue Water Navy Advocates Wondering What's Next?

Philpott wrote in his November 29 report:

“The high-water mark for veteran advocates might have been reached in June when the House passed a Blue Water Navy bill unanimously. By August, a new VA secretary, Robert Wilkie, reversed that momentum, directing deputies to strongly oppose extension of Agent Orange-related benefits to sailors and Marines who patrolled territorial waters off Vietnam but didn't come ashore or operate in 'brown water' nearer to sprayed foliage or runoff from dioxin-laced herbicides.

“Wilkie wrote to Isakson in early September that the science doesn't support extending benefits to Blue Water Navy veterans, given that exposure levels are undetermined, and the potency of dioxins sprayed over land likely was diluted so as not to affect personnel at sea. He also complained that passage of HR 299 would slow efforts to end a backlog of VA compensation claim appeals, and that the House bill would cover the cost of new benefits in part by raising VA home loan fees, including, for the first time, imposing fees on disabled veterans, those who seek to buy higher priced homes using VA-backed jumbo mortgages.”

However, the new VA secretary wasn't the only problem. Once the bill got to the Senate, the big veteran service organizations such as the VFW and American Legion essentially revoked their support for the bill that led to the unanimous House vote and objected to the financial offset they had previously agreed to. Under what's known as Pay-Go Act —the bi-partisan law authored by Rep. Nancy Pelosi (D-CA) that requires new spending to be “offset” by spending reductions or revenue increases does NOT EXEMPT VETERANS programs— the offset everyone had to agree to would slightly raise VA home loan origination fees for jumbo loans (higher priced homes) for all veterans in the category, including disabled vets. Note: The disabled veteran issue here may sound contentious but those of us in that category have enough income to make this increase fairly insignificant and, yes, I am a disabled veteran that would be subjected to the increase.

The other part of the puzzle was the senators. Their objections were over concerns of overuse of presumptive conditions lists for disability claims approval by the VA for toxic exposure and a new Congressional Budget Office cost analysis that used questionable information. That information is refuted, as is a question raised about exposed veteran numbers affected by the

bill and the impact on the VA claims backlog, in a memo from Military Veterans Advocacy, Inc. Fortunately, Senator's Cassidy and Paul removed their holds on the bill after MVA agreed to include presumptive condition discussion in a new Toxic Exposure Research Center (TERC) bill to be developed and filed in 2019. Senator Lee's staff said he wants to give science a chance to inform presumptive condition decisions and is waiting on a new study due out in 2019. However, the new language to go into the 2019 TERC is not going to impact the lists already developed under the Agent Orange Act of 1991, in which Blue Water Navy veterans will be included once H.R. 299 is passed.

I spoke with retired Navy Commander John Wells, Director of MVA and retired Marine Sergeant Major Jim Kuiken on BlazeTV's The Rob Maness Show about the Toxic Exposure issues of Vietnam veterans and what today's veterans face from their toxic exposures such as burn pits.

Where We Are on December 7, 2018:

I accompanied the director of Military Veteran's Advocacy, Inc. to a meeting with Department of Veterans Affairs Secretary Wilkie on the morning of December 3rd. After we heard about his testimony ending VA support of H.R. 299, the secretary agreed to meet with us so we could present the scientific, geographic, manpower study, and cost information Commander Wells has spent years collecting, developing, and was used in H.R. 299 that passed the House of Representatives unanimously.

First, I want to say, Mr. Wilkie is on the side of veterans, as anyone should be in his position. It was obvious he had not only been briefed on but also read and studied our preparation materials, enabling a good conversation with Mr. Wells and I about the specifics of the issues with the bill. Unfortunately, while he agrees with the plight of the Blue Water Vietnam Veterans, his organization is truly in opposition to the effort. We've already heard the new "study" Senator Lee wants to wait on is going to show that ALL previous science has been incorrect and that these Navy veterans shouldn't really get Agent Orange presumptive benefits. Sadly, that's why the VA shouldn't be in charge of its own studies; bureaucracies like to prove their previous bad decisions were right. Even the secretary admitted he didn't have knowledge of what was going into the study in our meeting.

Second, we learned in the meeting that the president is also opposed to using the selected offset to fund H.R. 299. I'll let you in on a secret, Mr. President: we don't like it one damn bit either. Our suggestion is and has always been, exempt veterans programs from the Pay-Go Act! Use your power to influence the incoming Speaker of the House, Ms. Pelosi, to drop her opposition to amending the law that she wrote, we'll be right there to help. MVA has already floated the trial balloon to her staff, receiving no positive response.

Third, Secretary Wilkie's department also needs a deputy secretary to help him care for veterans and their families. I recommend you seriously look at appointing retired Commander John Wells to that position, Mr. President. He's proven to be a very effective advocate for all of us veterans, and Wilkie needs the help.

Where We Need to Be on December 10, 2018:

Senator's Lee and Enzi need to remove their holds on H.R. 299. Call their offices and let them know right now: Lee – (202) 224-5444; Enzi – (202) 224-3424. Call President Trump's office at (202)-456-1111, and ask him to do two things: first, to publicly state he does not like the offset and will work to exempt VA programs from Pay-Go next year; second, to sign H.R. 299 as soon

as it gets to his desk this year. If these things don't happen quickly, there will be another one-year delay, at a minimum.

As Tom Philpott note's in his latest article: "Blue Water Navy advocates, however, want no more delays. And Sen. Johnny Isakson (R-Ga.), chairman of the Senate committee, and Sen. Jon Tester (Montana), its ranking Democrat, have promised to push through a bill this year, taking advantage of momentum behind the House vote."

Philpott notes that even the top veteran services organizations have withdrawn their opposition to the funding offset, so now H.R. 299 can be passed out of committee without Amendment at this point IF Senators Lee and Enzi, along with President Trump, drop their opposition.

So veterans and advocates need to call, call, call, without delay, and respectfully ask them to act today. After all, 20,000 of the initial 90,000 Blue Water Navy Vietnam Veterans have already passed away in the seven years MVA has been working diligently to get this bill passed. How many more have to die before America keeps its commitment to "care for those who have borne the battle," Mr. President?

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6.6 - The Owensboro Times: [VA Clinic celebrates WWII veteran's 100th birthday](#) (9 December, Melody Wallace, 1k uvd; Owensboro, KY)

The Owensboro Veterans Affairs (VA) Outpatient Clinic on New Hartford Road had a much fuller waiting area than usual on Friday afternoon, as over 30 people throughout the tri-state area gathered to honor one special man.

WWII veteran James Bernard Rhodes was scheduled for his routine VA appointment on Friday, but when his granddaughter called to say that he would be celebrating his 100th birthday the day of his appointment, Clinical Nurse Manager Phyllis Hearn knew she had to do something more.

Hearn contacted her public relations manager in Marion, Ill. and then began to reach out to the community.

The Marion VA Medical Clinic selected Mr. Rhodes as their "Veteran of the Day" Friday, making the following post on their Facebook page:

"Today is Pearl Harbor Remembrance Day, and today we recognize the 100th birthday of James Bernard Rhodes. Mr. Rhodes, a World War II Veteran, was 23 years old when Japanese forces attacked Pearl Harbor on December 7, 1941. Two years later, he entered the U. S. Army. We are delighted that Mr. Rhodes chooses Marion VA for his healthcare needs, and we are thankful for his service to our great Nation. We salute you Sir!"

Hearn said the outpouring of local support was overwhelming as well, especially considering Rhodes' age and veteran status, as well as the date of the event.

"We don't have too many WWII vets," Hearn said. "And with today being Pearl Harbor, it was just amazing."

The Color Guard from VFW Post 696 created a receiving line as Mr. Rhodes entered the waiting area to a chorus of those in attendance singing, "Happy Birthday."

Rhodes was presented with challenge coins and commendations from various individuals and organizations including State Representative DJ Johnson, Daviess County Judge-Executive Al Mattingly, as well as a lifetime membership to VFW Post 696 from the senior vice commander.

As he sat in a centrally placed chair of honor, Rhodes continued to be showered with gifts of appreciation in the form of a rose bouquet from the Daughters of the American Revolution and a red, white and blue handmade quilt from the Owensboro Area Quilters Guild.

"I don't deserve all this," Rhodes said, as the gift-giving came to an end and each member of the uniformed Color Guard walked up and saluted him one-by-one.

Rhodes seemed to enjoy every moment of the day, including sharing stories with patients and others passing time in the waiting room.

"He was able to drive up until a few months ago. He's pretty miraculous," Rhodes granddaughter Julie said. "He's got just great memories of his childhood and of the war. He's just super sharp — he tells a lot of great stories."

One story that brought humor to those in the waiting area was of a time Rhodes was in the Army working under General Patton.

"I worked under Patton and his food was a lot better than the other general's," Rhodes said, eliciting laughter from those nearby.

Rhodes also recalled celebrating his 23rd birthday in Owensboro, prior to serving, and riding downtown to get a copy of the paper the day that Pearl Harbor was attacked. He would not join the fight for another two years.

"My brother was drafted right out of high school," Rhodes said. "I had three kids when they drafted me. My daughter was just a year old when I left — I was gone just a little over two years."

Although Rhodes recently buried the brother he served with, he credits his family's good genes and hard work for his longevity. He was even able to recall a family member on his grandmother's side living to be 105 and his own father living until the age of 98.

As for all the attention he received for commemorating his 100th birthday, he found himself a bit overwhelmed.

"I can't get used to all this publicity I'm gettin,'" Rhodes said. "I'm not used to that. I'm an old country boy."

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7. [Other](#)

7.1 - The National Memo (Alternet): [Trump's VA Secretary Once Praised Confederate President](#) (9 December, Matthew Chapman, 30k uvm; New York, NY)

On Friday, CNN's KFile reported that President Donald Trump's Veterans Affairs Secretary Robert Wilkie gave a speech in 1995 heaping praise on the Confederacy, and particularly Confederate President Jefferson Davis:

Wilkie, who delivered the speech in front of a statue of Davis at the US Capitol during an event sponsored by the United Daughters of Confederacy, also said that while he was "no apologist for the South," viewing Confederate "history and the ferocity of the Confederate soldier solely through the lens of slavery and by the slovenly standards of the present is dishonest and a disservice to our ancestors."

Wilkie's speech, a transcript of which ran in the United Daughters of the Confederacy Magazine, reveals his belief in the "Lost Cause" theory of the Civil War, which portrays the Southern states who seceded as heroic and denies the central role slavery played as a cause for the conflict.

A KFile review also found Wilkie attended a pro-Confederate event as recently as 2009, giving a speech on Robert E. Lee to a Maryland division of the Sons of Confederate Veterans.

CNN's KFile found references to Wilkie while researching the neo-Confederate movement, which seeks to promote a more sympathetic view of the Confederate states during the Civil War, and obtained copies of the speeches from Edward Sebesta, a scholar on the neo-Confederate movement.

During the 1995 speech, Wilkie characterized Davis as a "martyr to 'The Lost Cause'" and an "exceptional man in an exceptional age."

Curt Cashour, the Veterans Affairs press secretary, insisted that the events Wilkie attended were "strictly historical in nature" and that he "stopped participating in them once the issue became divisive." But his praise of Davis seems to be substantially more than just a neutral reading of history, and moreover there has never been a time period in which the Civil War — a mass rebellion in which American troops killed each other by the hundreds of thousands over the right to own black people as property — was not divisive.

There seems to be a strange culture at the Department of Veterans Affairs of papering over the horrors of the Civil War. Earlier this year, longtime veterans' small business official David J. Thomas, Sr. faced controversy over a print in his office of Nathan Bedford Forrest, a Confederate General who served as the first grand wizard of the Ku Klux Klan. Thomas denied knowing anything about Forrest and insisted that he only put up the print because he "thought it was very nice."

Matthew Chapman is a video game designer, science fiction author, and political reporter from Austin, TX.

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Veterans Affairs Media Summary and News Clips

10 December 2018

1. [Top Stories](#)

1.1 - VOA: [Female Veterans Quietly Struggle With Sexual Harassment, Suicide](#) (9

December, Max Jungreis, 2.4M uvm; Washington, DC)

Pfc. Nichole Bowen-Crawford said she was walking to lunch on her Army base near Nasiriyah, Iraq, in 2003 when she received her daily proposition from a passing fellow soldier. "Hey, Bowen," the officer tossed out, "let's go f--- in the bunker." Bowen-Crawford told VOA that while this was the most shocking example of the day-to-day regimen of verbal sexual harassment she experienced while in the Army between 2001-2004, it was not her worst experience — she had been assaulted by a higher-ranking sergeant earlier that year.

[Hyperlink to Above](#)

1.2 - Military.com: [More Than Half of Wounded, Sick, Injured Post-9/11 Veterans Rated Obese](#) (9 December, Richard Sisk, 2M uvm; San Francisco, CA)

A new survey by the Wounded Warrior Project finds that more post-9/11 veterans are using the GI Bill, receiving disability benefits, are homeowners and have jobs. But the same poll noted another rising trend that may affect these veterans' overall future well-being: more than half are rated as obese.

[Hyperlink to Above](#)

1.3 - The Columbian: [GI Bill delays affect Clark College veterans. New policy causes IT glitch and hampers payments to thousands](#) (9 December, Calley Hair, 213k uvm;

Vancouver, WA)

The Federal Department of Veterans Affairs is backtracking on a new policy that caused a technology glitch and delayed payments to thousands of veterans enrolled under the GI Bill. Postponing the new policy until December 2019 should alleviate the issue in the short term, including at Clark College, where a large number of students are veterans receiving GI Bill benefits.

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2. [Improving Customer Service](#)

2.1 - Albuquerque Journal: [Sterile equipment vexes Albuquerque VA hospital](#) (10

December, Maddy Hayden, 308k uvm; Albuquerque, NM)

The Albuquerque Veterans Affairs hospital is working to improve its processes after an October report found that nearly 170 surgeries were delayed or canceled there during a two-and-a-half year period due to unavailable sterile instruments and equipment.

[Hyperlink to Above](#)

2.2 - Union Leader: [Another VA probe](#) (10 December, Stewart I. Levenson MD, 199k uvm; Manchester, NH)

It is almost not even newsworthy. Another VA internal investigation finds that there was no wrongdoing at the Manchester VA. Last time, it was the Office of Medical Inspector. This time, it

is the report of the Office of Accountability and Whistleblower Protection, OAWP, that states the whistleblowers' concerns were unfounded.

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2.3 - WKXW (101.5): [Improving Veterans Mental Health In New Jersey](#) (9 December, Joe Cutter, 156k uvm; Ewing, NJ)

A New Jersey health care group has received a three-year \$375,000 federal grant to address veterans' mental health care. Mary Ditri, director of professional practice for The Health Research and Educational Trust of New Jersey, says "the veteran community has a unique cultural set of needs and issues that when dealing with mental health care, providers should be aware of."

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2.4 - Citizens' Voice: [VA could use parkade](#) (9 December, Nicholas Klem, 121k uvm; Wilkes-Barre, PA)

The American Legion touted our Department of Veterans Affairs Medical Center as the best VA in the country. I, being a patient, can attest to that, as the best care a person can receive. When going for a checkup, I picked up a July 2018 Veterans of Foreign Wars magazine. It stated President Trump would appropriate over \$2 billion for VA renovation.

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2.5 - KOAA (NBC-5, Video): [Special report: Law enforcement officers partner with licensed clinicians to respond to mental health crisis calls](#) (9 December, Eric Ross, 93k uvm; Colorado Springs, CO)

Law enforcement agencies in southern Colorado are now pairing officers with licensed mental health clinicians. The goal is to avoid taking someone to jail for minor crimes and instead, get people the help and resources they need. Putting a clinician in a patrol cruiser is a relatively new experiment. Already, statistics obtained by News 5 Investigates reveal surprisingly low arrest rates.

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

5.1 - FOX News (Video): [Want to help a veteran suffering from PTSD? Here's how](#) (9 December, Damon Friedman, 27.6M uvm; New York, NY)

With the headlines of U.S. Navy Fleet Commander Scott A. Stearney's untimely death earlier this month, it is just another tragic reminder of the toll combat takes on these brave men and women even after they come home. The numbers are mind-blowing. The Department of Veterans Affairs recently reported that more than 20 veterans and active duty service members, guardsmen and reservists commit suicide every day in this country.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Arkansas Democrat-Gazette (The Mercury News): Californian finds living's easier in Colorado (9 December, Louis Hansen, 366k uvm; Little Rock, AR)

The first snow dusted Colorado Springs in late October. Tony Hicks -- San Jose, Calif., resident for 37 years, Colorado Springs landlord for four months -- didn't take it as a sign he made the wrong move. "It's so much better here. It is nicer, cleaner," said Hicks, a 58-year-old retired engineer and landlord. He sold his three San Jose rental homes this year, bought a half-dozen houses in Colorado Springs, and moved his family, along with several willing and eager tenants, to the Rockies.

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1.1 - VOA: [Female Veterans Quietly Struggle With Sexual Harassment, Suicide](#) (9 December, Max Jungreis, 2.4M uvm; Washington, DC)

Pfc. Nichole Bowen-Crawford said she was walking to lunch on her Army base near Nasiriyah, Iraq, in 2003 when she received her daily proposition from a passing fellow soldier.

“Hey, Bowen,” the officer tossed out, “let’s go f--- in the bunker.”

Bowen-Crawford told VOA that while this was the most shocking example of the day-to-day regimen of verbal sexual harassment she experienced while in the Army between 2001-2004, it was not her worst experience — she had been assaulted by a higher-ranking sergeant earlier that year.

When she reported the incident to a male supervisor, she was advised to stay quiet for the sake of her career.

Bowen-Crawford’s experience is not universal, but far from rare.

Suicide rate

A work environment tolerant of sexual assault and harassment is believed to be one of the causes of high suicide rates among female veterans, which soared more than 45 percent between 2001 and 2015, according to data from the U.S. Department of Veteran Affairs (VA).

The rate among female veterans is lower than that of male veterans, but not compared to their civilian counterparts. Female veterans are almost twice as likely to kill themselves as civilian women.

“Certainly a mental health diagnosis like PTSD is a risk factor for suicide,” said Megan McCarthy, VA deputy director of suicide prevention. “Certainly, there’s some evidence that experiencing MST (Military Sexual Trauma) is associated with suicidal thoughts and behaviors, so those that have experienced MST are more likely to think about suicide and possibly more likely to attempt suicide.”

McCarthy told VOA that the relationship between suicide and trauma is complex. The VA’s own research has shown that veterans who experience MST tend to be at higher risk for suicide. A 2016 VA survey of 60,000 veterans found that more than 41 percent of female veterans had experienced sexual harassment.

Many believe that the military’s flawed reporting mechanisms have aggravated the epidemic.

Sexual misconduct complaints are often handled by the alleged victim’s supervisor, who may have close ties to the accused. As the Convening Authority (CA), they have the power to act as judge in the case and appoint a jury, as well as decide if the charges should be referred to a court-martial.

Critics say this puts pressure on commanding officers to suppress allegations for the sake of their own reputations. Victims tend to face pressure to stay quiet, as well.

“Traditionally, if you talked about being sexually assaulted or being sexually harassed, you were seen as a troublemaker,” said Toni Rico, a former Army media relations worker who accompanied combat missions and now works as director of communications and policy for Service Women’s Action Network. “You were kind of harassed and faced retaliation. ... So there’s this culture within the military of silence, and if you want it to negatively affect your career.”

Defense Department data

Protect Our Defenders, a nonprofit combating sexual assault in the military, has reported that 60 percent of men and 58 percent of women who reported sexual assault faced retaliation, based on an analysis of Department of Defense data. Veterans say retaliation can take the form of insults, social isolation and even physical threats.

But the greatest challenge to female veterans’ mental health may come after they leave service. Many report feeling there is no place for them in the Department of Veterans Affairs’ reintegration and health services, especially for sexual assault survivors.

“This is supposed to be where you get care when you’re dealing with whatever you’re dealing with, from your combat or from your service,” Bowen-Crawford said. “Getting hit on, it can be a trauma trigger.”

Bowen-Crawford said she sought treatment for PTSD elsewhere after being propositioned multiple times.

Outside the government, support groups exclusively for female veterans are rare, as well.

“I walked into an American Legion, and every gentleman I met there commented on the fact I was there and I was a woman Marine,” Dr. Kate Hendricks Thomas, a former Marine teaching public health at Charleston Southern University, told VOA. “They were in the kindest and well-intentioned possible way othering me and saying, ‘Wow, it’s really weird. I’ve never met a woman Marine. It’s weird to meet you.’”

Suicide rates steady for female vets

The lack of community and resources may help explain a 2015 study showing that while suicide rates steadily declined among male veterans of the Iraq War for seven years after leaving service, they remained elevated for women.

For veterans who attempt to kill themselves, the means are deadlier. Women who have served in the military use firearms to attempt suicide 41.2 percent of the time, compared to 32.4 of civilian women. The VA has said this may partly explain why the suicide rates are higher.

Suicide rates in the military and the civilian world have climbed in the last few years, but little public attention has been given to the dramatic rates among female veterans. Some say this may be because while women’s roles in the military are expanding, service is still seen as a traditionally male occupation.

"If you ask somebody what a veteran looks like, they're not going to tell you that it's a young woman from Kansas, you know?" Thomas said. "That's just not the picture of a veteran."

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1.2 - Military.com: [More Than Half of Wounded, Sick, Injured Post-9/11 Veterans Rated Obese](#) (9 December, Richard Sisk, 2M uvm; San Francisco, CA)

A new survey by the Wounded Warrior Project finds that more post-9/11 veterans are using the GI Bill, receiving disability benefits, are homeowners and have jobs. But the same poll noted another rising trend that may affect these veterans' overall future well-being: more than half are rated as obese.

"Warriors are not as healthy as we would like," said Dr. Melanie Mousseau, Wounded Warrior Project (WWP) director of metrics, of the finding that 51.7 percent of the more than 33,000 survey respondents were obese, according to their body mass index, or BMI, and of that total, 6.2 percent were rated as "morbidly obese."

Previous WWP surveys showed that 50.9 percent were rated obese in 2017 and 48.6 percent in 2016.

The 2018 survey showed that 43.8 percent of female veterans had BMIs in the obesity range compared with 53.2 percent of males.

In addition, just 12.8 percent of the respondents in 2018 had BMI measures in the healthy weight or underweight range, according to the survey.

"Unfortunately, weight issues continue to be a major challenge for warriors and the trend is not improving," the survey noted.

The survey of more than 33,000 veterans registered with WWP helps guide the organization in "our internal decisions on where we put our money," said retired Army Lt. Gen. Michael Linnington, chief executive officer of WWP.

It also is intended to "inform and prepare our troops and their families for future conflict while improving the support we provide when they return home," he added.

Throughout the survey and in the comments of veterans who participated, the importance of focusing on the transition from military to civilian life was stressed as the key factor in rehabilitation.

But the standout statistics were the ones on weight.

According to the National Center for Health Statistics at the Centers for Disease Control and Prevention, the prevalence of obesity among U.S. adults overall was 39.8 percent from 2015 to 2016. The prevalence among adults aged 40 to 59, 42.8 percent, was higher than among adults aged 20 to 39, 35.7 percent.

In a panel discussion Tuesday on the survey sponsored by the Brookings Institution, Mousseau and others noted that the survey respondents included wounded and injured veterans -- and

those suffering from post-traumatic stress disorder (PTSD) and sleep disorders -- that can limit their ability to exercise or adopt healthy eating habits.

About two-thirds of the respondents reported they are limited in even moderate activities, such as moving a table, pushing a vacuum cleaner or going bowling, the survey said. More than seven in 10 reported that pain limited them to some degree in their work inside and outside the home.

Mousseau added that lingering effects of stress from combat experiences and the transition to civilian life could also affect the ability and willingness of veterans to engage in physical activity.

"I think with any type of uncertainty and/or change, there is a heightened sense of stress," Mousseau said. "With stress comes a myriad of other challenges."

Wounds That Won't Go Away

One of the key findings of the survey was on the long-term psychological effects of combat, the so-called "invisible wounds" of war that can be as disabling as physical wounds.

According to the survey, "two thirds to three-quarters of warriors have had a military experience that was so frightening, horrible, or upsetting that in the past month they have not been able to escape from the memories or effects of it."

More than 77 percent of participants reported feeling the need to be constantly on guard or watchful, and they were easily startled. Roughly 75 percent said they felt "numb or detached from others, activities, or surroundings," the survey said. Nearly 66 percent reported having nightmares about their experiences..

The comments veterans attached to their survey responses reflected their inner struggles: "I feel like no one really understands anything about me anymore. I want to be involved but it feels like people are afraid of me," said one.

"Learning how to adapt is the most challenging -- how to be social, just so friends and family don't jump to conclusions that something is wrong, learning how to keep your mind so busy that there is no opportunity for intrusive things. There is no alleviating this challenge," another wrote.

The comments also reflected the "stigma," real or imagined, that many veterans feel is attached to military-related mental health conditions -- even among veterans.

"It seems people assume that having PTSD makes you a psychopath that wants to harm people. In reality, I just want to be left alone," one veteran said.

Another spoke to his discomfort at being in a group with combat veterans, when his experiences were not related to actual combat.

"It's hard for a member of the Coast Guard to sit in at a PTSD group of combat veterans when your experiences were non-combat related but involved such events as decapitated children, boating accident deaths, suicides of fellow service members and the stress of being overworked for years," the veteran said. "Most just can't understand where you've been."

The survey showed a slight decrease in the percentage of respondents who said they had difficulty getting mental health care, put off getting such care, or did not get the care they needed (33 percent in 2018, compared with 35 percent in 2014).

About 19 percent did not seek treatment because they would be considered weak, compared with 25 percent in 2014, the survey said, and 18 percent felt they would be stigmatized by peers or family for seeking mental health treatment, compared with 23 percent in 2014.

About 78 percent of respondents said they experienced PTSD during their military service and were still dealing with the effects, compared to 75 percent in WWP's 2014 survey.

Nine Years of Surveys Provide a Huge Database

WWP began doing the surveys in 2010, and the 2018 version, done with Westat, an employee-owned research services firm, provided the "nation's largest and most comprehensive survey of wounded, injured and ill veterans who have served post 9/11," Mousseau said.

The demographics showed that 83.5 percent of respondents were male, with a mean age of about 40. About two-thirds were married (66.5 percent), and more than half were from the South (53.1 percent).

The vast majority were enlisted (91.7 percent) and nearly half (45.3 percent) had deployed three or times during their military service. Almost all (93.4 percent) had deployed at least once to a combat zone.

The four most common injuries or health problems reported by the respondents were: PTSD, 78.2 percent; sleep problems, 75.4 percent; back, neck and shoulder problems, 73.7 percent; and depression, 70.3 percent.

For post-9/11 veterans, classified as "Gulf War-era II veterans" by the federal Bureau of Labor Statistics (BLS), the unemployment rate was 3.1 percent in October, compared with 3.9 percent September, according to BLS. But the WWP survey showed that respondents had an unemployment rate of 11 percent, lower than the 14 percent determined by the 2014 survey but still higher than the federal statistics.

The survey indicated that home ownership rates among the respondents was on the rise. The survey showed that 59.6 percent of respondents owned homes in 2018, compared with 56.4 percent in 2017 and 52.9 percent in 2016.

The main reasons given by the respondents for not being in the labor force were: mental health problems (37.4 percent); physical injury (24.3 percent); retirement (15.6 percent); and enrollment in school or a training program (13.8 percent).

The survey also showed that more veterans were using the VA for primary and mental health care, and more were taking advantage of the GI Bill for education. About 36 percent had attained a bachelor's degree or higher in 2018, compared with 25 percent in 2014, the survey showed.

The survey showed about 75 percent of WWP veterans had VA health insurance in 2018, compared with 59 percent in 2014. More also were using the VA for their mental health concerns -- 71 percent in 2018, compared with 63 percent in 2014.

About 90 percent of the respondents reported receiving VA disability benefits in 2018, compared with 72 percent in 2014, and 62 percent had disability ratings of 80 percent or higher.

The main reasons given for not using the VA as the primary health care provider were difficulty of accessing (45.2 percent), problems with the bureaucracy (43.0 percent), and bad prior experiences (44.5 percent).

The survey concluded that there were more similarities than differences in the surveys conducted in the past three years, but all reflected "continued challenges with physical and mental health problems" and "modest economic improvements" in an aging veterans population.

"The transition to civilian life continues to remain challenging for many," the survey said, and those challenges "extend to their family members and other caregivers."

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1.3 - The Columbian: [GI Bill delays affect Clark College veterans. New policy causes IT glitch and hampers payments to thousands](#) (9 December, Calley Hair, 213k uvm; Vancouver, WA)

The Federal Department of Veterans Affairs is backtracking on a new policy that caused a technology glitch and delayed payments to thousands of veterans enrolled under the GI Bill.

Postponing the new policy until December 2019 should alleviate the issue in the short term, including at Clark College, where a large number of students are veterans receiving GI Bill benefits.

Clark College currently enrolls around 380 veteran students, according to Cary Bare and Mike Gibson, the GI Bill school certifying official for the school. Many students, especially new ones who enrolled for the fall term, were affected by the switch and faced delays in their monthly checks. A handful have still yet to be paid.

"Even with a couple of weeks late, let alone a month or two late, that really makes it difficult for these students," Gibson said, sitting with Bare in his office in late November. "We didn't expect being two months late on pay."

A national problem

Student veterans dependent on GI Bill benefits have borne the brunt of the IT glitch at the federal VA office. A November report from NBC News indicated that around 82,000 veterans across the country hadn't seen a benefits check since the VA attempted to adjust its database over the summer.

The VA disputes these figures, claiming last week that fewer than 10,000 education claims had been pending approval for more than a month and just 666 had been pending for more than two months. In the same statement, the VA categorically claimed that no veteran in the country had been made homeless by the issue.

This doesn't match what Gibson and Bare have seen over the last few months. They were unsure exactly how many new enrollees still hadn't been paid, but they estimated that around two-thirds of those veteran students had been waiting on checks as late as October.

"Considering the number of calls and emails I was getting, it was like nobody had gotten paid," Bare said. "Do you want to eat, or do you want a roof over your head?"

In 2017, Congress passed the Forever GI Bill, the most comprehensive overhaul to the veterans housing and education assistance program since 9/11.

"As part of the Harry W. Colmery Veterans Educational Assistance Act of 2017, also known as the "Forever GI Bill (FGIB)," Section 107 of the law requires VA to calculate monthly housing payments based on the location of the campus where a student attends the majority of their classes," an April press release on the federal VA website stated. "Students can expect to see changes in their monthly housing allowance after Aug. 1, 2018."

The change was an effort to more closely align monthly allowances with expenses, Bare said. By using the ZIP code of the campus to determine the size of the student's check, the VA was less likely to overpay — the cost of living in Longview, she pointed out, is much lower than the cost of living in Portland, even if they're not too far apart.

"So that's what this change is about, is making sure people are getting paid what it cost to live in their city and not getting overpaid," Bare said.

Stepping back

It was reasonable in theory but disastrous in practice, according to Bare and Gibson.

The glitch started affecting GI Bill recipients over the summer, when many were enrolling for fall classes. At Clark, the stipend for a full-time student is \$2,193, though a scheduled cost of living increase will soon set that figure at \$2,294. Gibson said there are approximately 65 veterans' dependents also enrolled at Clark — they receive around half of that.

To accommodate students dealing with a delay in benefits, the college put an extended hold on tuition payments for veterans.

"This is way past the time that the business office is comfortable with it, but they've been good about not dropping our students," Bare said.

Last week, the Veterans Benefits Administration announced that it would be postponing the changes in the GI Bill until December 2019, in preparation for the spring 2020 enrollment term. The new timeline should coincide with a quieter college enrollment period.

"Redesigning the way VBA calculates post 9/11 GI Bill housing rates during a busy academic season was like flying a plane while building it," VA Secretary Robert Wilkie said in the announcement.

Gibson said the VA should be back to its normal routine of processing and paying GI Bill benefits. Temporarily reverting back to the old enrollment should help alleviate the delays.

But as Bare put it, "the wheels will turn at their pace." And that pace is slower than rent payments, or grocery bills, or the time it takes to empty a tank of gas.

“We get to know these students. We care about them. We want to know if they’re going to lose their apartment, or if they’re going to be living in their car, or under a piece of cardboard,” Bare said. “They’re not just names, not just statistics. These are people trying to live and work and have families and go to school. ... You start taking that financial stability away from them, and they’re not going to have a good quarter.”

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2. Improving Customer Service

2.1 - Albuquerque Journal: [Sterile equipment vexes Albuquerque VA hospital](#) (10 December, Maddy Hayden, 308k uvm; Albuquerque, NM)

The Albuquerque Veterans Affairs hospital is working to improve its processes after an October report found that nearly 170 surgeries were delayed or canceled there during a two-and-a-half year period due to unavailable sterile instruments and equipment.

An investigation by the VA Office of Inspector General found that from March 1, 2015, to Sept. 30, 2017, 169 surgeries were delayed or canceled for that reason.

Those include an instance in which an elderly patient receiving a hearing aid implant was pulled out of general anesthesia because the required surgical instruments were not available. Four hours later, the patient was again placed under anesthesia, and the surgery was completed.

The report found that, while no patients suffered adverse outcomes as a result of those delays and cancellations, three patients, including the patient mentioned above, were “exposed to increased risks for adverse clinical outcomes” due to the lack of prepared surgical equipment.

Every instrument that is used at the hospital, from tools used in podiatric procedures to scalpels used in heart surgery, must be sterilized by employees with the Sterile Processing Services department – made up of both VA and contracted employees – before they can be reused, said Albuquerque VA Medical Center Director Andrew Welch.

Each tool has a highly specific method for sterilization that can take up to 48 hours in some cases.

The investigation also found a lack of record-keeping concerning the training of SPS employees and low staffing levels.

Welch said he believes the hospital has already taken steps to correct many of the issues raised by the Office of Inspector General.

The SPS department has seen a 22 percent increase in personnel, as well as higher wages.

SPS pay was increased across the board at VAs nationally, Welch said.

“A lot of those have been added as support staff for quality and to assure that there’s a good underpinning for the daily workings,” said Pam Alexander, the chief nurse for Perioperative Services and SPS Operations. “I feel like that strengthened our department significantly.”

Alexander’s position was one of many created to address some of the issues raised in the report.

Also added were a reusable medical equipment educator, two quality assurance technicians and a quality assurance supervisor, among others.

Welch said that, while investigators were unable to locate some training records, he believes the training was completed by SPS employees.

The investigation stemmed from allegations made in May and June 2017, resulting in an unannounced site visit by an Inspector General team in September 2017.

VA Office of Inspector General spokesman Michael Nacincik said the OIG will begin tracking the status of its various recommendations three months after the release of the report.

Welch said that the complex logistics of SPS are a challenge for every health care institution and that the Albuquerque VA will continue to work toward improving its processes.

“The improvements in SPS never stop. You can never say we’re done, because the technology is evolving, the equipment is evolving, because sterile techniques are evolving, because how we do training is evolving. It is an ongoing quality improvement effort,” Welch said.

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2.2 - Union Leader: [Another VA probe](#) (10 December, Stewart I. Levenson MD, 199k uvm; Manchester, NH)

IT IS ALMOST not even newsworthy. Another VA internal investigation finds that there was no wrongdoing at the Manchester VA.

Last time, it was the Office of Medical Inspector. This time, it is the report of the Office of Accountability and Whistleblower Protection, OAWP, that states the whistleblowers’ concerns were unfounded.

This newly created agency was envisioned to protect whistleblowers from retaliation and hold leadership accountable. Judging from its work thus far it has failed miserably. Dr. Ed Kois and myself, the leaders of the whistleblowers at the Manchester VA, did not decide to become whistleblowers lightly or for thoughts of personal gain. My good friend Ed paid with his health due to the ensuing stress. I paid with my career.

As doctors, neither of us, however, felt we had a choice. Veterans were being endangered and in some cases, perhaps, killed through negligence.

At another VA within the same New England Network, another doctor, Sarah Kemble, felt so strongly about lapses in patient care she felt the need to become a whistleblower on her deathbed.

With this flawed report in hand Dr. Michael Mayo-Smith, the disgraced former New England Network director, is claiming vindication.

Instead of debating the half-truths and outright misstatements in the OAWP report, let us restate the issues that led the whistleblowers to go public. These facts are well documented.

We have all heard about the flies in the operating rooms at the Manchester VA. No amount of explaining that it is an old building or that there have been no documented infections absolves management of its responsibility to keep disease-carrying vectors away from our veterans.

The report excuses scale on surgical instruments as the residue from hard water and not dried blood as has been suggested previously. What has not been described is that any foreign body on surgical instruments, be it heat-flashed blood or water scale, is a sanctuary for pathogens to hide from sterilization. Therefore, in either case it is completely unacceptable.

What wasn't described in the report was that in at least six proven cases UNSTERILIZED instruments were used in surgical cases. Due to poor processing technique, instruments that were packaged to go into the sterilizer were thought to be coming out of the sterilizer and sent to the OR for use. At least there were no scales, be it blood or hard water on these instruments.

A central complaint that was dismissed by the OAWP was that leadership was felt by the whistleblowers to be unresponsive to the concerns of the staff. It was stated only a few staff members felt leadership was unresponsive to stakeholder concerns.

The cold hard facts are that every single clinical department had undergone a change in leadership during a very short period of time. Some departments changed leadership multiple times. Primary Care, Specialty Care, Mental Health, Rehab Services, Urgent Care, Surgery and others all had their department heads either step down, retire or leave VA service.

This degree of turnover among upper management is unprecedented, yet the OAWP completely refuses to acknowledge the turnover was related to poor management in the front office. The chief of staff, (the highest doctor in a medical center), actually changed six times during the period in question. Granted, some of these individuals were "acting," but three were presumed to be long-term appointments.

Tragically, it is widely believed one of the doctors holding that position died by suicide during his term in office. Requests for the death certificate by local media have been refused.

The one problem area that the OAWP validated was with the Veterans Choice program. Yet the report blamed the problem on the outside contractor and not on VA leadership. Under the Choice program, patients at the Manchester VA waited for months for care that the VA couldn't provide.

The problem may have been created by the outside contractor but VA leadership did nothing at the time to find care for those veterans. Leadership merely told the veterans to keep calling the contractor, knowing that those phone calls would go unanswered. By the time leadership made any attempt to address the problem, it was discovered that 3,500 veteran consults were languishing.

While some of these consults may have been for routine services, many veterans were found to be waiting for treatment for serious diseases such as heart disease and cancer.

The list of problems goes on. In one case a veteran died because a life-saving prescription sent from Dana Farber to be filled at the VA was arguably misplaced.

Problems at the VA are nothing new. In close to two decades working at the VA, I have seen great strides made toward improving the care our veterans receive. Under the current leadership in Manchester, more improvements are being made.

The purpose of investigations is to highlight areas that need to be fixed as much as it is to assign accountability. Unless those investigations are performed by an independent outside source, there is little chance that will happen.

The VA needs independent outside investigations not insider coverups. There is an increasing call for veterans to be allowed to be cared for anywhere they want.

When the VA does its job properly, veterans preferentially choose the VA for their care.

Stewart I. Levenson MD FACR was the former Medicine Service Director for VA New England. He became one of the highest ranking whistleblowers in VA history. He lives in Hopkinton, where he recently ran for Congress in the Republican primary. He is now practicing rheumatology and remaining active in public policy.

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2.3 - WKXW (101.5): [Improving Veterans Mental Health In New Jersey](#) (9 December, Joe Cutter, 156k uvm; Ewing, NJ)

A New Jersey health care group has received a three-year \$375,000 federal grant to address veterans' mental health care.

Mary Ditri, director of professional practice for The Health Research and Educational Trust of New Jersey, says "the veteran community has a unique cultural set of needs and issues that when dealing with mental health care, providers should be aware of."

Mental Health First Aid partners veterans with mental health experts and instructs the community and other health care providers on the signs and symptoms of mental health crisis and how to respond.

The organization is part of the New Jersey Hospital Association.

Ditri says the funding will support a model to expand knowledge and access to veteran mental health services that will go well beyond the three-year grant.

"It is not just about classroom time. It is about building a system of care for these folks," she said. "We are also building a team of trainers, because our goal is to really build sustainability in this initiative, so that when the funding ends, we still have a cadre of trainers out there who will continue this work."

"We know that close to 50 percent of war veterans in the VA health care system receive a mental health disorder diagnosis, such as post-traumatic stress disorder or depression," she said. "This training is aimed specifically at the cultural nuances of the veteran community, and helps those working with veterans to respond appropriately."

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2.4 - Citizens' Voice: [VA could use parkade](#) (9 December, Nicholas Klem, 121k uvm; Wilkes-Barre, PA)

Editor: The American Legion touted our Department of Veterans Affairs Medical Center as the best VA in the country.

I, being a patient, can attest to that, as the best care a person can receive. When going for a checkup, I picked up a July 2018 Veterans of Foreign Wars magazine. It stated President Trump would appropriate over \$2 billion for VA renovation.

In 2017, a parkade was to be built for our VA, somehow it did not happen and is badly needed as you must drive around 20 minutes or so to get a parking place.

I wrote a letter to Congressman Barletta's office explaining this problem and that he might have influence in getting part of this \$2 billion to build this parkade.

Our VA is wonderful and surely is in need of this parkade. Hopefully Congressman Barletta can help with this problem that would benefit all veterans and employees.

Nicholas Klem

LARKSVILLE

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2.5 - KOAA (NBC-5, Video): [Special report: Law enforcement officers partner with licensed clinicians to respond to mental health crisis calls](#) (9 December, Eric Ross, 93k uvm; Colorado Springs, CO)

Law enforcement agencies in southern Colorado are now pairing officers with licensed mental health clinicians.

The goal is to avoid taking someone to jail for minor crimes and instead, get people the help and resources they need.

Putting a clinician in a patrol cruiser is a relatively new experiment. Already, statistics obtained by News 5 Investigates reveal surprisingly low arrest rates.

We often hear about jail overcrowding, both at the El Paso County and Pueblo County jails.

It's no secret that some people serving time for minor crimes have some type of mental illness. Rather than lock these people up, the Pueblo Police Department and El Paso County Sheriff's Office are taking a new, different approach and the benefits are not going unnoticed.

"Having a clinician ride with our officers gives us the ability to help de-escalate situations more effectively," Capt. James Martin with the Pueblo Police Department said.

The Pueblo Police Department is one of the first departments in the state to put a health clinician in the passenger seat of a patrol vehicle.

"I will say that the majority of calls involving mental illness are civil issues," Martin said. "It's people that are having a hard time."

Two clinicians went through the police academy and hit the streets with Pueblo officers last year. A third clinician is currently going through the academy and will be on-board in a few months.

"Most of the clients they work with are going into services like outpatient counseling, being hospitalized for psychiatric needs or just receiving referral services," Jessica Russell, director of Crestone Recovery Health Solutions said.

Earlier this year, the El Paso County Sheriff's Office partnered with UCHHealth Memorial to launch its very first mental health unit.

"We're getting people the services they need, when they need them," Carey Boelter, a program manager for the El Paso County Sheriff's Office Co-responder team said. "If they haven't committed a felony, they aren't going to go to jail to wait for mental health services."

El Paso County Deputy John Hammond says the program has several goals, including:

- (1) Responding to as many mental health crisis calls as possible and provide medical and mental health resources to those in need
- (2) Avoid taking someone to jail who may be suffering from a mental episode
- (3) Allow other deputies to return to patrol duties while they handle civil mental health crisis calls

"A good example (of a call we would respond to) would be a 16-year-old girl who has a fit with mom and dad and has been diagnosed with a mental illness," Hammond said. "During that fit she destroys property in the home. Can we charge that juvenile? Yes, we can and it's a misdemeanor charge and we can look at placement at Spring Creek (the local juvenile detention center), but why not take it further and look at the underlying cause of that outburst and try to get resources in place so that we can minimize these outbursts?"

Hammond says his unit is tasked with not just responding to calls, but finding solutions and better understanding the situation.

During our ride-along with Deputy Hammond, he and the clinician went to check on a disabled Veteran who is feeling down on his luck.

"It's a Veteran who is fighting the VA's Office in getting benefits and getting back into civilization from the military world," Hammond explained after making a house visit.

Hammond and the Boelter introduced the Veteran to the TBI program at Mt. Carmel which may be able to further assist him.

The El Paso County Sheriff's Office says its mental health unit will respond to all types of calls ranging from attempted suicides to bipolar individuals having a mental breakdown.

"When we go to crisis type calls, people do things when they are upset," Hammond explained. "They can push people, assault people and become belligerent and those are absolutely crimes and I can take them to jail, but if the underlying problem is they are schizophrenic or bipolar and they need help regulating their medication or they just need to talk to someone because they just watched their wife die in a car accident, I'd rather do that than put them through the judicial system."

News 5 Investigates crunched the numbers and found since Pueblo PD launched its mental health unit officially in 2017, clinicians made over 1,100 "contacts" with people. Of those calls, only 2-percent ended with an arrest.

The mental health unit at the El Paso County Sheriff's Office didn't launch until July of 2018 but so far, statistics show the same low arrest rate.

"I think it's an excellent program and it has done great things for both the police department and community," Martin said.

Deputy Hammond says he hopes to expand his unit in the near future as Pueblo PD gears up to bring a third clinician on board.

"Addressing mental health issues is a priority for the El Paso County Sheriff's Office," Sheriff Bill Elder said in a news release. "Mental health issues affect every aspect of law enforcement from encounters on the street through to incarceration. I am committed to making sure our workforce is well prepared to respond and deal with this segment of our population."

News 5 also reached out to Colorado Springs police to find out whether they have any similar program in place.

A spokesperson for the department did not respond.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - FOX News (Video): [Want to help a veteran suffering from PTSD? Here's how](#) (9 December, Damon Friedman, 27.6M uvm; New York, NY)

With the headlines of U.S. Navy Fleet Commander Scott A. Stearney's untimely death earlier this month, it is just another tragic reminder of the toll combat takes on these brave men and women even after they come home.

The numbers are mind-blowing. The Department of Veterans Affairs recently reported that more than 20 veterans and active duty service members, guardsmen and reservists commit suicide every day in this country. That's nearly one suicide every hour, and more than 80 percent of them are veterans.

There aren't enough people and systems to help veterans, and they keep falling through the cracks. I consider these people a vastly underserved and unreached community.

The effects of combat-related trauma run deep, down to the warrior's very heart and soul. I know this from personal experience, having served four tours in Iraq and Afghanistan.

War keeps you running at full speed, always on guard, ready to fight at a moment's notice. After enduring such extreme conditions for long periods of time, returning to the normality of civilian life is not easy.

When I came home, nothing felt real to me. Watching TV with my wife didn't feel real. Walking through the aisles of the grocery store didn't seem real. My feelings were not easy to identify at first. I just felt "off," but I didn't always know why. I didn't know what was happening to me.

This is common among veterans who struggle after returning home. We can't always draw a straight line from how we feel back to the experience of combat. We don't want to believe that the fighting affected us.

I was in denial. I didn't want to acknowledge the strange sensations for what they were. But eventually, I couldn't ignore what was happening. I was struggling with the after-effects of combat.

Everyone experiences this differently. There are, however, a few classic signs — anger, insomnia, obsessive-compulsive behavior and flashbacks. At one point or another, I have suffered from all of them.

Eventually, I got help, and there are some wonderful organizations that help veterans, but many veterans aren't as fortunate as I was. Typical interventions such as clinical treatments and group therapies are inadequate and usually ignore the spiritual dimension to trauma. The spiritual dimension to trauma includes topics such as grief, guilt, and shame. It can manifest through things that the warrior has experienced or done on the battlefield.

Many veterans dealing with these challenges isolate themselves from friends and family. They don't think that people understand what they've been through. It's hard for veterans to communicate to non-veterans about combat experiences and post-combat struggles. A common complaint from family and friends is, "I can't reach him or her" or "They won't talk to me."

Veterans do want help. But sometimes they just don't know how to communicate it. And once they're able to speak out, they don't always know how to connect or who to connect with. That's why it's very important that when veterans reach out, especially to a church or nonprofit, the organization is ready to receive them.

These organizations should have a program to get the veterans connected with a small group of people who understand and appreciate the veteran and his or her family. Belonging to a community with a sense of camaraderie is key. It's something veterans had while in the service and something they are looking for when they get out.

It is crucial that when our veterans return home that they have available to them a support group that will help them walk through everything they have experienced on the battlefield. Even more so, these groups are imperative to helping these brave men and women begin the healing process, pointing them in the right direction to restore broken relationships and begin to knit together the wounds of the heart. Ultimately, that is what will assure a successful transition back into mainstream society.

Air Force Special Operations Lt. Col. Damon Friedman is the founder of SOF Missions, a non-profit organization aimed at helping veterans. He is the executive producer of the award winning film, "Surrender Only To One," which is now available on Amazon and iTunes.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Arkansas Democrat-Gazette (The Mercury News): [Californian finds living's easier in Colorado](#) (9 December, Louis Hansen, 366k uvm; Little Rock, AR)

The first snow dusted Colorado Springs in late October.

Tony Hicks -- San Jose, Calif., resident for 37 years, Colorado Springs landlord for four months -- didn't take it as a sign he made the wrong move.

"It's so much better here. It is nicer, cleaner," said Hicks, a 58-year-old retired engineer and landlord. He sold his three San Jose rental homes this year, bought a half-dozen houses in Colorado Springs, and moved his family, along with several willing and eager tenants, to the Rockies.

"I've moved out of Hades and moved into heaven," said Mike Leyva, a retired Santa Clara County employee who rented from Hicks and moved with him.

About 70,000 residents have left Santa Clara County, Calif., over the past five years -- making it one of the more popular spots in the country to flee. The relentless job growth of the region's tech sector has driven a net population gain. But the longing to leave is pushing young professionals seeking to buy homes, start families, shorten their commutes and drink cheaper coffee to other parts of California and western states like Colorado.

And for those on fixed incomes or in low-paid jobs, moving can be a financial necessity. The median rent in November for a two-bedroom apartment in San Jose was \$2,630, according to Apartment List.

Hicks and his tenants took the unusual step of moving together. The Mercury News profiled the group members in February as they prepared for the big departure. One reader, Jeff Heuser, was inspired to meet Hicks and join the exodus.

Hicks had had enough of the Bay Area -- growing traffic, the homeless population, liberal politics and high prices -- and looked for an out. He broke the news to his tenants, expecting them to be upset. Instead, about 10 men and women asked to go along.

"Tony asked me and I said, 'Let's go,'" said Dan Harvey, 60, a longtime tenant who was tired of the Bay Area's high prices and frustrated with the traffic.

They left Santa Clara County -- median home price \$1.2 million -- for Colorado Springs -- median home price \$284,000. The cost of living is roughly half of what the tenants, many of whom are on fixed incomes, faced in the Bay Area.

Hicks sold his three homes at the top of the market this spring. He immediately reinvested the proceeds into new properties to avoid capital-gains taxes.

The first wave of the caravan started east in March. Some had rented from Hicks for more than a decade, and had family and friends in the Bay Area. But they were eager to pack their worldly items into moving boxes for a 1,300-mile trip to a new, cheaper and more conservative life.

Harvey and three of his roommates spent five days on the road to Colorado Springs. They got lost in California, ending up near Las Vegas, before getting back on track.

"We took our time," Harvey said. "We didn't want to rush."

Hicks bought four homes and has plans to buy another rental in the same ZIP code, within a few minutes drive of one another. The new properties, built less than 15 years ago, are three- and four-bedrooms, and sold for between \$300,000 and \$340,000, Hicks said.

Leyva, 65, a renter for the past two decades, with an ex-wife and two sons in the Bay Area, expected to have roommates in Colorado.

But after reaching Colorado Springs, he scraped up enough savings for a down payment. With the help of a Veterans Affairs loan, Leyva bought a four-bedroom, three-bathroom house near Hicks. He filled the space with \$7,400 worth of new furniture and appliances, including a pair of HD TVs and three Thomas Kinkade prints.

The new neighborhood has all of the simple pleasures Leyva desired -- two blocks from Costco and Safeway, and a 15-minute drive to his doctor's office and the VA.

Leyva got a fishing license and a permit to carry a concealed handgun. He found a man-made lake nearby for casting his line, and, a few weeks ago, he drove up to Pikes Peak. "It's just beautiful scenery up there. Man, you can see forever," he said.

Heuser, 64, a semiretired nurse in San Jose, was also tired of California politics, traffic and the high price of staying in the Bay Area.

He scouted out Colorado Springs twice and decided to leave the area he had called home for 40 years. He sold his San Jose condo and bought a new house near Hicks and his tenants.

He feels like he's home, he said. "I miss the weather. That was what was keeping me in the Bay Area."

Hicks said another one of his tenants reconciled with his estranged wife, and the couple now rents a room from him.

Hicks spent \$300,000 on closing and moving costs to relocate his longtime tenants to new homes. He's building a custom home, a sixth property, for his wife and young daughter -- with six bedrooms, a four-car garage, home theater, and a great room on 5 acres in a new subdivision.

It will cost less than the least expensive home he sold in California.

Hicks has returned to San Jose twice to tie up loose ends.

"I kept thinking, I used to live here," he said. "Do I miss it? No. I'm done."

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6.2 - KWTX (CBS-10): [VA to host job fair for those impacted by local hospital, clinic closures](#) (9 December, Chris Shadrock, 75k uvm; Waco, TX)

TEMPLE, Texas (KWTX) - The Central Texas Veterans Health Care System will host a job fair Monday at its Temple location for healthcare professional impacted by the sudden closure of King's Daughters-Little River Healthcare System.

The job fair is targeted for those with health care backgrounds.

The fair is scheduled to take place from 9 a.m. to 1 p.m. at the Olin E. Teague Veterans' Medical Center located at 1901 Veterans Memorial Drive. It will be located in Building 171, Conference Room A25.

According to a press release, applicants should bring their resumes and references.

CTVHCS is also looking to hire employees with healthcare experience, including administrative and direct patient care positions.

For more information about the job fair, call 254-743-0192.

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6.3 - WCJB (ABC-20, Video): [Lake City VA Medical Center receives gifts and visitors from south Georgia](#) (8 December, 59k uvm; Gainesville, FL)

LAKE CITY, Fla. (WCJB) - The Lake City VA Medical Center received a special visit from visitors out of south Georgia Friday.

Residents from Hehira, Valdosta, and King's Bay Naval Base arrived in a caravan of over 30 vehicles. They brought donations and visited with patients.

The annual visit provides personal care items and other gifts. It also gives the veterans and patients someone to talk to.

Maureen Wilks, Lake City VA Medical Center associate director, said about the event, "Everyone looks forward to this visit. The veterans... You can see them smile... it's very special. In addition, it supplies us with almost the entire years worth of donations to help us get through the year with toiletries and things like that. It's a very very special event."

Last year, the hospital received more than \$10,000 dollars worth of donations.

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6.4 - TheNewsCenter (Video): [Red Cross to give holiday cards to veterans in West Virginia](#) (9 December, Brandon Lewis, 28k uvm; Parkersburg, WV)

PARKERSBURG, W.VA. (WTAP) - The American Red Cross is making sure members of the military and veterans are thought of this holiday season.

The organization's West Virginia chapters are collecting Christmas cards, as part of its Holidays for Heroes program.

They'll be distributed to the four Veterans Affairs hospitals in the state and veterans homes in Clarksburg and Barboursville.

Officials say they've received cards from corporate sponsors and schools. But they encourage anyone to help make the season bright for those who have fought for our country.

"The purpose is just to give somebody holiday cheer," said Nadir Mirza, manager of the West Virginia Region of the Service to the Armed Forces.

"It's a wonderful way to give someone a smile, seeing someone receive cards it's a good feeling."

If you're interested in providing a card, you can deliver it to the Red Cross Parkersburg office on 8th Street. You have until Friday to do so.

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6.5 - OpsLens: [Torpedoing the Navy Veterans Agent Orange Bill](#) (9 December, Rob Maness, 5k uvd; Veda Beach, FL)

Is the seven-year effort to care for Blue Water Navy veterans exposed to Agent Orange being torpedoed by Senate Republicans and President Trump?

Where We Were December 3, 2018:

H.R 299, the Blue Water Navy Vietnam Veterans Act of 2018, was passed by the U.S. House unanimously, 382 to 0, and went to the Senate on June 25. But a week ago, in an article from Tom Philpott in Stars and Stripes, we learned that as many as four senators had placed a hold on the bill that President Trump has already agreed to sign, and that the bill was in jeopardy of failure, after seven years of legislative work by the non-profit, Military Veterans Advocacy, Inc. (MVA). Senators Paul Rand (R-KY), Mike Lee (R-UT), Mike Enzi (R-WY) and Bill Cassidy (R-LA) either had concerns about the veracity of the science or costs associated with the bill after years of research, gathering of eye-witness affidavits, Capitol Hill political wrangling, and several years of attempted passage of the bill, not to mention an estimated 20,000 deaths of the approximately 90,000 U.S. Navy Vietnam veterans exposed to Agent Orange.

This Stunning Turn of Events Left Blue Water Navy Advocates Wondering What's Next?

Philpott wrote in his November 29 report:

“The high-water mark for veteran advocates might have been reached in June when the House passed a Blue Water Navy bill unanimously. By August, a new VA secretary, Robert Wilkie, reversed that momentum, directing deputies to strongly oppose extension of Agent Orange-related benefits to sailors and Marines who patrolled territorial waters off Vietnam but didn't come ashore or operate in 'brown water' nearer to sprayed foliage or runoff from dioxin-laced herbicides.

“Wilkie wrote to Isakson in early September that the science doesn't support extending benefits to Blue Water Navy veterans, given that exposure levels are undetermined, and the potency of dioxins sprayed over land likely was diluted so as not to affect personnel at sea. He also complained that passage of HR 299 would slow efforts to end a backlog of VA compensation claim appeals, and that the House bill would cover the cost of new benefits in part by raising VA home loan fees, including, for the first time, imposing fees on disabled veterans, those who seek to buy higher priced homes using VA-backed jumbo mortgages.”

However, the new VA secretary wasn't the only problem. Once the bill got to the Senate, the big veteran service organizations such as the VFW and American Legion essentially revoked their support for the bill that led to the unanimous House vote and objected to the financial offset they had previously agreed to. Under what's known as Pay-Go Act —the bi-partisan law authored by Rep. Nancy Pelosi (D-CA) that requires new spending to be “offset” by spending reductions or revenue increases does NOT EXEMPT VETERANS programs— the offset everyone had to agree to would slightly raise VA home loan origination fees for jumbo loans (higher priced homes) for all veterans in the category, including disabled vets. Note: The disabled veteran issue here may sound contentious but those of us in that category have enough income to make this increase fairly insignificant and, yes, I am a disabled veteran that would be subjected to the increase.

The other part of the puzzle was the senators. Their objections were over concerns of overuse of presumptive conditions lists for disability claims approval by the VA for toxic exposure and a new Congressional Budget Office cost analysis that used questionable information. That information is refuted, as is a question raised about exposed veteran numbers affected by the

bill and the impact on the VA claims backlog, in a memo from Military Veterans Advocacy, Inc. Fortunately, Senator's Cassidy and Paul removed their holds on the bill after MVA agreed to include presumptive condition discussion in a new Toxic Exposure Research Center (TERC) bill to be developed and filed in 2019. Senator Lee's staff said he wants to give science a chance to inform presumptive condition decisions and is waiting on a new study due out in 2019. However, the new language to go into the 2019 TERC is not going to impact the lists already developed under the Agent Orange Act of 1991, in which Blue Water Navy veterans will be included once H.R. 299 is passed.

I spoke with retired Navy Commander John Wells, Director of MVA and retired Marine Sergeant Major Jim Kuiken on BlazeTV's The Rob Maness Show about the Toxic Exposure issues of Vietnam veterans and what today's veterans face from their toxic exposures such as burn pits.

Where We Are on December 7, 2018:

I accompanied the director of Military Veteran's Advocacy, Inc. to a meeting with Department of Veterans Affairs Secretary Wilkie on the morning of December 3rd. After we heard about his testimony ending VA support of H.R. 299, the secretary agreed to meet with us so we could present the scientific, geographic, manpower study, and cost information Commander Wells has spent years collecting, developing, and was used in H.R. 299 that passed the House of Representatives unanimously.

First, I want to say, Mr. Wilkie is on the side of veterans, as anyone should be in his position. It was obvious he had not only been briefed on but also read and studied our preparation materials, enabling a good conversation with Mr. Wells and I about the specifics of the issues with the bill. Unfortunately, while he agrees with the plight of the Blue Water Vietnam Veterans, his organization is truly in opposition to the effort. We've already heard the new "study" Senator Lee wants to wait on is going to show that ALL previous science has been incorrect and that these Navy veterans shouldn't really get Agent Orange presumptive benefits. Sadly, that's why the VA shouldn't be in charge of its own studies; bureaucracies like to prove their previous bad decisions were right. Even the secretary admitted he didn't have knowledge of what was going into the study in our meeting.

Second, we learned in the meeting that the president is also opposed to using the selected offset to fund H.R. 299. I'll let you in on a secret, Mr. President: we don't like it one damn bit either. Our suggestion is and has always been, exempt veterans programs from the Pay-Go Act! Use your power to influence the incoming Speaker of the House, Ms. Pelosi, to drop her opposition to amending the law that she wrote, we'll be right there to help. MVA has already floated the trial balloon to her staff, receiving no positive response.

Third, Secretary Wilkie's department also needs a deputy secretary to help him care for veterans and their families. I recommend you seriously look at appointing retired Commander John Wells to that position, Mr. President. He's proven to be a very effective advocate for all of us veterans, and Wilkie needs the help.

Where We Need to Be on December 10, 2018:

Senator's Lee and Enzi need to remove their holds on H.R. 299. Call their offices and let them know right now: Lee – (202) 224-5444; Enzi – (202) 224-3424. Call President Trump's office at (202)-456-1111, and ask him to do two things: first, to publicly state he does not like the offset and will work to exempt VA programs from Pay-Go next year; second, to sign H.R. 299 as soon

as it gets to his desk this year. If these things don't happen quickly, there will be another one-year delay, at a minimum.

As Tom Philpott notes in his latest article: "Blue Water Navy advocates, however, want no more delays. And Sen. Johnny Isakson (R-Ga.), chairman of the Senate committee, and Sen. Jon Tester (Montana), its ranking Democrat, have promised to push through a bill this year, taking advantage of momentum behind the House vote."

Philpott notes that even the top veteran services organizations have withdrawn their opposition to the funding offset, so now H.R. 299 can be passed out of committee without Amendment at this point IF Senators Lee and Enzi, along with President Trump, drop their opposition.

So veterans and advocates need to call, call, call, without delay, and respectfully ask them to act today. After all, 20,000 of the initial 90,000 Blue Water Navy Vietnam Veterans have already passed away in the seven years MVA has been working diligently to get this bill passed. How many more have to die before America keeps its commitment to "care for those who have borne the battle," Mr. President?

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6.6 - The Owensboro Times: [VA Clinic celebrates WWII veteran's 100th birthday](#) (9 December, Melody Wallace, 1k uvd; Owensboro, KY)

The Owensboro Veterans Affairs (VA) Outpatient Clinic on New Hartford Road had a much fuller waiting area than usual on Friday afternoon, as over 30 people throughout the tri-state area gathered to honor one special man.

WWII veteran James Bernard Rhodes was scheduled for his routine VA appointment on Friday, but when his granddaughter called to say that he would be celebrating his 100th birthday the day of his appointment, Clinical Nurse Manager Phyllis Hearn knew she had to do something more.

Hearn contacted her public relations manager in Marion, Ill. and then began to reach out to the community.

The Marion VA Medical Clinic selected Mr. Rhodes as their "Veteran of the Day" Friday, making the following post on their Facebook page:

"Today is Pearl Harbor Remembrance Day, and today we recognize the 100th birthday of James Bernard Rhodes. Mr. Rhodes, a World War II Veteran, was 23 years old when Japanese forces attacked Pearl Harbor on December 7, 1941. Two years later, he entered the U. S. Army. We are delighted that Mr. Rhodes chooses Marion VA for his healthcare needs, and we are thankful for his service to our great Nation. We salute you Sir!"

Hearn said the outpouring of local support was overwhelming as well, especially considering Rhodes' age and veteran status, as well as the date of the event.

"We don't have too many WWII vets," Hearn said. "And with today being Pearl Harbor, it was just amazing."

The Color Guard from VFW Post 696 created a receiving line as Mr. Rhodes entered the waiting area to a chorus of those in attendance singing, "Happy Birthday."

Rhodes was presented with challenge coins and commendations from various individuals and organizations including State Representative DJ Johnson, Daviess County Judge-Executive Al Mattingly, as well as a lifetime membership to VFW Post 696 from the senior vice commander.

As he sat in a centrally placed chair of honor, Rhodes continued to be showered with gifts of appreciation in the form of a rose bouquet from the Daughters of the American Revolution and a red, white and blue handmade quilt from the Owensboro Area Quilters Guild.

"I don't deserve all this," Rhodes said, as the gift-giving came to an end and each member of the uniformed Color Guard walked up and saluted him one-by-one.

Rhodes seemed to enjoy every moment of the day, including sharing stories with patients and others passing time in the waiting room.

"He was able to drive up until a few months ago. He's pretty miraculous," Rhodes granddaughter Julie said. "He's got just great memories of his childhood and of the war. He's just super sharp — he tells a lot of great stories."

One story that brought humor to those in the waiting area was of a time Rhodes was in the Army working under General Patton.

"I worked under Patton and his food was a lot better than the other general's," Rhodes said, eliciting laughter from those nearby.

Rhodes also recalled celebrating his 23rd birthday in Owensboro, prior to serving, and riding downtown to get a copy of the paper the day that Pearl Harbor was attacked. He would not join the fight for another two years.

"My brother was drafted right out of high school," Rhodes said. "I had three kids when they drafted me. My daughter was just a year old when I left — I was gone just a little over two years."

Although Rhodes recently buried the brother he served with, he credits his family's good genes and hard work for his longevity. He was even able to recall a family member on his grandmother's side living to be 105 and his own father living until the age of 98.

As for all the attention he received for commemorating his 100th birthday, he found himself a bit overwhelmed.

"I can't get used to all this publicity I'm gettin,'" Rhodes said. "I'm not used to that. I'm an old country boy."

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7. [Other](#)

7.1 - The National Memo (Alternet): [Trump's VA Secretary Once Praised Confederate President](#) (9 December, Matthew Chapman, 30k uvm; New York, NY)

On Friday, CNN's KFile reported that President Donald Trump's Veterans Affairs Secretary Robert Wilkie gave a speech in 1995 heaping praise on the Confederacy, and particularly Confederate President Jefferson Davis:

Wilkie, who delivered the speech in front of a statue of Davis at the US Capitol during an event sponsored by the United Daughters of Confederacy, also said that while he was "no apologist for the South," viewing Confederate "history and the ferocity of the Confederate soldier solely through the lens of slavery and by the slovenly standards of the present is dishonest and a disservice to our ancestors."

Wilkie's speech, a transcript of which ran in the United Daughters of the Confederacy Magazine, reveals his belief in the "Lost Cause" theory of the Civil War, which portrays the Southern states who seceded as heroic and denies the central role slavery played as a cause for the conflict.

A KFile review also found Wilkie attended a pro-Confederate event as recently as 2009, giving a speech on Robert E. Lee to a Maryland division of the Sons of Confederate Veterans.

CNN's KFile found references to Wilkie while researching the neo-Confederate movement, which seeks to promote a more sympathetic view of the Confederate states during the Civil War, and obtained copies of the speeches from Edward Sebesta, a scholar on the neo-Confederate movement.

During the 1995 speech, Wilkie characterized Davis as a "martyr to 'The Lost Cause'" and an "exceptional man in an exceptional age."

Curt Cashour, the Veterans Affairs press secretary, insisted that the events Wilkie attended were "strictly historical in nature" and that he "stopped participating in them once the issue became divisive." But his praise of Davis seems to be substantially more than just a neutral reading of history, and moreover there has never been a time period in which the Civil War — a mass rebellion in which American troops killed each other by the hundreds of thousands over the right to own black people as property — was not divisive.

There seems to be a strange culture at the Department of Veterans Affairs of papering over the horrors of the Civil War. Earlier this year, longtime veterans' small business official David J. Thomas, Sr. faced controversy over a print in his office of Nathan Bedford Forrest, a Confederate General who served as the first grand wizard of the Ku Klux Klan. Thomas denied knowing anything about Forrest and insisted that he only put up the print because he "thought it was very nice."

Matthew Chapman is a video game designer, science fiction author, and political reporter from Austin, TX.

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From:

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Cc:

Bcc:

Subject: [EXTERNAL] 7 December Veterans Affairs Media Summary and News Clips

Date: Fri Dec 07 2018 05:20:21 CST

Attachments: 181207_Veterans Affairs Media Summary and News Clips.docx
181207_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

7 December 2018

1. [Top Stories](#)

1.1 - CNN (Video): [Ex-VA diversity chief told to remove condemnation of white supremacists from Charlottesville response, emails show](#) (6 December, Veronica Stracqualursi, 14.8M uvm; Atlanta, GA)

For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement," Cashour told CNN. "This is more sour grapes from a dismissed doctor.

[Hyperlink to Above](#)

1.2 - Military Times: [VA head defends staff in controversy over response to race riots](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

Veterans Affairs Secretary Robert Wilkie said he still has confidence in his top staffers' commitment to diversity and anti-discrimination efforts after a Washington Post report Wednesday that showed opposition to department employees speaking out in the wake of racial violence in Charlottesville, Va., last year. Wilkie called the issue "one that falls on the previous management" and said that in the five months since he has taken over the department, he has focused on moving past the tumult of the department's leadership shakeup earlier this year.

[Hyperlink to Above](#)

1.3 - Military.com: [Scientists Recommend Health Monitoring for Gulf War, Post-9/11 Vets, Offspring](#) (6 December, Patricia Kime, 2M uvm; San Francisco, CA)

Researchers with the influential National Academy of Medicine have recommended that the Defense and Veterans Affairs departments track troops' exposure to environmental toxins and monitor their – and their offspring's -- health to better understand the risks and consequences of military deployment.

[Hyperlink to Above](#)

1.4 - Stars and Stripes (Military Update): [Pressure, compromise keep hope alive for 'Blue Water Navy' bill](#) (6 December, Tom Philpott, 532k uvm; Washington, DC)

Four veteran groups and a prominent military association have joined forces to pressure Sen. Mike Lee, R-Utah, to drop his opposition to a "Blue Water Navy" bill that would make tens of thousands of ailing veterans who served on ships that patrolled territorial waters off Vietnam during the war eligible for disability compensation and health care from the Department of Veterans Affairs.

[Hyperlink to Above](#)

1.5 - Stars and Stripes: [Senator calls on VA, credit bureaus to prevent lasting consequences from GI Bill delays](#) (6 December, Nikki Wentling, 532k uvm; Washington, DC)

Sen. Tammy Duckworth, D-Ill., on Thursday urged the Department of Veterans Affairs and major credit reporting agencies to intervene on behalf of student veterans who could experience long-term financial repercussions from not receiving their monthly housing stipends on time this semester. Citing information technology failures, the VA missed a deadline in August to implement part of the new "Forever" GI Bill, which Congress approved last year.

[Hyperlink to Above](#)

1.6 - Federal News Network: [VA's telehealth program is already the largest in the nation. It's about to get bigger](#) (6 December, Nicole Ogrysko, 100k uvm; Washington, DC)

The Department of Veterans Affairs documented the first instance of “telehealth” in the early 1960s — when VA doctors communicated with their patients via TV screens. Today, VA has the largest telehealth program in the United States, and it's about to get bigger.

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2. [Improving Customer Service](#)

2.1 - Las Vegas Review-Journal (Video): [Las Vegas vet, 93, says he was 'roughed up' at VA medical center](#) (6 December, Briana Erickson, 1.1M uvm; Las Vegas, NV)

A 93-year-old World War II Army veteran says he was “roughed up” and arrested by police at the VA Medical Center in North Las Vegas after a dispute over a tardy shuttle. Dr. S. Jay Hazan said he was detained in a room at the hospital for several hours and issued two citations after the encounter on Friday.

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2.2 - WBOY (NBC-12, Video): [Veterans have their voices heard at VA Medical Center Town Hall](#) (6 December, Justin McLennan, 131 uvm; Clarksburg, WV)

The V.A. hospital in Clarksburg held an open forum Thursday to give veterans a chance to have their voices heard. The town hall meeting held at the Louis A. Johnson V.A. Medical Center is a quarterly event, designed to give veterans the floor, to bring up any questions, concerns or compliments they may have regarding patient care.

[Hyperlink to Above](#)

2.3 - Medical Xpress (Emory University): [PTSD study of combat veterans finds similar outcomes among common therapies](#) (6 December, Jennifer Johnson Mcewen, 34k uvd; New York, NY)

In a study among United States combat veterans, researchers found no significant difference between two of the most common treatments for post-traumatic stress disorder (PTSD) and no benefit for combination treatment. The study results are published in the Dec. 5 online issue of JAMA.

[Hyperlink to Above](#)

2.4 - Springfield News-Sun: [The VA stayed open during the Bush funeral. Here's why.](#) (6 December, Jessica Wehrman, 33k uvm; Springfield, OH)

If you were wondering why the Dayton VA stayed open during Wednesday's National Day of Mourning for the funeral of former President H.W. Bush — after previously closing during funerals for Presidents Ronald Reagan and Gerald Ford — here's the explanation from Dayton VA Spokesman Ted Froats.

[Hyperlink to Above](#)

2.5 - ConnectingVets.com (CBS Radio): [Former Marine's VA malpractice bill picks up steam with AMVETS' support](#) (6 December, Matt Saintsing, New York, NY)

AMVETS is throwing its weight behind a former Marine's mission to allow veterans who received shoddy VA care from independent contractors to sue the department. H.R. 7105, the Brian Tally VA Medical Care and Liability Improvement Act, dubbed the "Tally Bill," would place VA healthcare independent contractors on the same legal footing that applies to Department healthcare personnel, giving impacted veterans a chance at justice.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - KIFI (ABC-8, Video): [New Veterans Affairs Clinic opens in Idaho Falls](#) (6 December, Andre Phillips, 54k uvm; Idaho Falls, ID)

Local Veterans will now have access to healthcare services with the new state of the art Veterans Affairs Outreach Clinic in Idaho Falls located on the east side of Idaho Falls. Officials from around the Southeastern Idaho region and the Veterans Assistance Center in Idaho falls held a ribbon cutting Thursday morning to commemorate the celebration.

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3.2 - East Idaho News: [New VA clinic opens in Idaho Falls](#) (6 December, Mike Price, 50k uvm; Idaho Falls, ID)

Nearly 3,000 veterans can find health care closer to home with the new Veterans Affairs Outreach Clinic in Idaho Falls. The outreach clinic on South Woodruff Avenue is three times the size of its predecessor in nearby Ammon. Air Force veteran and Idaho Falls resident LeRoy Duenes said he could only get into the old clinic some of the time and needed to travel to Pocatello when he couldn't get in.

[Hyperlink to Above](#)

3.3 - FEDweek: [Many VA Facilities Out of Date, Report Says](#) (6 December, 32k uvm; Glen Allen, VA)

A House report on a committee-passed bill (HR-4243) to conduct a review of VA facilities argues that many of them are out of date and don't match the way the department currently delivers health care to veterans.

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3.4 - KPVI (NBC-6, Video): [New VA Clinic opens in Idaho Falls](#) (6 December, Paul Beam, 26k uvd; Pocatello, ID)

The ribbon has been cut on a new VA clinic in Idaho Falls, increasing the patient count from 900 to almost three thousand. Until now most veterans had to go to non-VA hospitals for medical care, but most veterans prefer the VA care. Leroy Duenes, one of the clinics patients, said "I'm alive today because of VA care and people like Dr. Mark Butler right here that took a minute to care about me not just as a VA person coming through the door but as an individual... I'm alive because of dr. Mark butler..."

[Hyperlink to Above](#)

3.5 - ConnectingVets.com (CBS Radio): [Tele-counseling now available for VA rehab programs](#) (6 December, Lauren Warner, New York, NY)

Tele-counseling is now available through the VA's Vocational Rehabilitation and Employment (VR&E) program. According to the VA's most recent announcement veterans now have the ability to meet with more than 1,000 counselors via virtual communication.

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3.6 - WSKG (NPR-89.3, Audio): [As Rumors Swirl Around Bainbridge Veterans Clinic, Vets Wonder What's Going On](#) (6 December, Gabe Altieri, Vestal, NY)

The VA wants to move its Community Based Outpatient Clinic in Bainbridge, a rural community in right off Interstate-88 in Chenango County, to Oneonta. These are designed to offer veterans care without the hassle of going to a larger medical center. Rumors of that move have intensified over the last year, but veterans, stakeholders and residents don't know why a move would be made. Even more, they wonder if it would be better.

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3.7 - YaleNews: [Veterans prefer telehealth consults for plastic surgery, study shows](#) (6 December, Ziba Kashef, New Haven, CT)

If a veteran in Maine, Vermont, or Massachusetts needs to have a common skin condition treated, they might have to travel to the VA in West Haven, Connecticut three times — once for a consultation, the second time for treatment, and the third time for post-operative care. But a new pilot study led by Yale plastic surgeons shows those three visits could be reduced to one by using telemedicine.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Government Matters (Video): [Issues with the VA's electronic health records program](#) (4 December, Andrew Wagner, Washington, DC)

The Department of Veterans Affairs is in some hot water with Congress. During a hearing of the House Veterans Affairs Committee, lawmakers were shocked to find that the electronic health record program was already \$350 million over budget. Ed Meagher, former VA chief technology officer and president of Vetegic, LLC., says that in addition to these budgetary issues, VA's plan to implement a Cerner-based EHR system is unworkable.

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Military Times (AP): [Another for-profit college chain, popular with GI Bill users, closes suddenly](#) (6 December, Jeff Amy and Collin Binkley, 471k uvm; Springfield, VA)

One of the nation's largest for-profit college chains announced Wednesday that it was abruptly closing in dozens of locations nationwide, after its accrediting agency suspended approval. Birmingham, Alabama-based Education Corp. of America said it was closing schools operating

as Virginia College, Brightwood College, Brightwood Career Institute, Ecotech Institute and Golf Academy of America in more than 70 locations in 21 states.

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6.2 - The Morning Call: [Why an effective program for Lehigh Valley homeless veterans has had to close](#) (6 December, Paul Muschick, 442k uvm; Allentown, PA)

When Tim Smith retired after 26 years in the Army, things didn't go as planned. Before long, the Bethlehem native was homeless. He stayed in his car for a night or two and then spent about nine days at Bethlehem's homeless shelter. What got him back on his feet, Smith told me, was a hand from Hope for Veterans.

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6.3 - WTVW (FOX-7, Video): [In-depth with Brad Byrd Veterans Court: Keeping charged veterans out of jail](#) (5 December, Britney Taylor, 43k uvm; Henderson, KY)

Eight-minute video: A 2011-2012 study showed the US Department of Justice stats showed an estimated 181,500 veterans, eight percent of all inmates in state and federal prison and local jails, were serving time behind bars. We are talking about the Vanderburgh County Court System and the Veterans Administration combining resources to help troubled veterans receive the help they need to stay out of prison.

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6.4 - WBFO (NPR-88.7, Audio): [VA host latest Veterans Stand Down in Niagara Falls](#) (6 December, Michael Mroziak, 22k uvm; Buffalo, NY)

It happens once a year in Buffalo, when the US Department of Veteran Affairs hosts what is called a Veterans Stand Down. It's a gathering where representatives of various agencies set up and provide information to veterans about their wide range of services. On Thursday, the VA brought the Stand Down to Niagara County for the first time in a decade.

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6.5 - The Daily Free Press: [Veterans struggle to pay college tuition due to VA delays](#) (6 December, Natalie Patrick, 5k uvm; Boston, MA)

The Department of Veterans Affairs has experienced delays processing checks for the housing allowances and tuitions of some veterans going to universities, including a student at Northeastern University.

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6.6 - Fulton Sun: [Lodging planned at VA for veteran families](#) (6 December, Helen Wilbers, 4k uvm; Fulton, MO)

Families of veterans visiting the Harry S. Truman Memorial Veterans Hospital in Columbia will soon have a home away from home. Charity Fisher House is building a 16-suite complex to house the families of military members and veterans staying at the hospital. Stephen Gaither, board president of Friends of Mid-Missouri Fisher House, visited the Fulton Rotary Club on Wednesday to encourage locals to support the project.

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7. [Other](#)

7.1 - Business Insider: [White House appointee reportedly told VA's diversity chief not to condemn white supremacy after the deadly Charlottesville riots](#) (6 December, Caitlin Foster, 34M uvm; New York, NY)

In the aftermath of deadly protests in Charlottesville in August 2017, the chief diversity officer at the Department of Veterans Affairs pushed to issue a statement condemning white supremacy — only to be silenced by a White House appointee at the agency, The Washington Post reported. Emails provided to the Post by watchdog organization American Oversight reportedly show a tense exchange between the two officials.

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7.2 - The Huffington Post: [Veterans Affairs Official Vetoed Statement Against White Supremacy After Charlottesville](#) (6 December, Hayley Miller, 28.5M uvm; New York, NY)

A top official at the Department of Veterans Affairs denied a request from the agency's chief diversity and inclusion officer to issue a strong condemnation of white supremacy in response to the deadly Charlottesville riot in August 2017, as first reported by The Washington Post.

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7.3 - Newsweek: [Trump Appointee Told Veterans Affairs Leader Not To Condemn White Nationalists Following Deadly Charlottesville Riots](#) (6 December, Alexandra Hutzler, 9.2M uvm; New York, NY)

President Donald Trump's refusal to condemn the white nationalists and neo-Nazis involved in the deadly Charlottesville, Virginia, riots in 2017 sparked an internal struggle within his administration, especially within the Department of Veterans Affairs.

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7.4 - VICE: [The VA's diversity chief wanted to condemn white supremacists. Her Trump-appointed boss blocked it](#) (6 December, Tess Owen, 4.2M uvm; Brooklyn, NY)

When hundreds of white supremacists and neo-Nazis terrorized the city of Charlottesville in August 2017, the VA's chief diversity officer wanted to put out a strong statement of condemnation on VA news outlets, but her Trump-appointed boss blocked her.

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7.5 - Washington Examiner: [Emails show Veterans Affairs rejected a strong statement on the Charlottesville riot](#) (6 December, Maria Biery, 3.1M uvm; Washington, DC)

Email exchanges between top officials at the Department of Veterans Affairs show that the agency sought to water down their statement condemning the white nationalist riot in Charlottesville, Va., in August of last year, according to a Wednesday report from the Washington Post.

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7.6 - Military Times: [President George H.W. Bush was secretly a pro wrestling fan, VA secretary says](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

As funeral services for former President George H.W. Bush concluded in Texas on Thursday, Veterans Affairs Secretary Robert Wilkie offered his own reflection at a department event on

Thursday that showed a different side of the war hero-turned-politician. Below is a transcript of Wilkie's remarks about his role in helping to broker an unusual friendship for the president and former first lady Barbara Bush:

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7.7 - Independent Journal Review: [VA Diversity Officer Told Not to Condemn White Supremacists After Charlottesville](#) (6 December, Lizzie Helmer, 447k uvm; Alexandria, VA)
The Chief Diversity Officer at the Department of Veterans Affairs wanted to make a stark statement after the violent rally in Charlottesville, Virginia last year. But emails obtained by the Washington Post show a White House appointee ordered against it.

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7.8 - Atlanta Black Star: [Trump Appointee Tells Veterans Affairs Diversity Officer to Not Condemn White Supremacists of Charlottesville Rally](#) (6 December, Tia Berger, 291k uvm; Atlanta, GA)

A series of newly disclosed emails showed a top White House appointee in the Department of Veterans Affairs reportedly pressing the agency's chief diversity officer to not condemn white nationalists after 2017's violent rally in Charlottesville, Va.

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7.9 - WDRB (FOX-41, Video): [Louisville nurse practitioner pleads guilty to prescription forging charges](#) (6 December, Jessica Bard, 106k uvm; Louisville, KY)

A nurse practitioner at the Louisville VA Medical Center has admitted to forging prescriptions. The guilty plea came Thursday afternoon at the Oldham County Courthouse. 41-year-old Jennifer Hutchens pleaded guilty to 14 counts of forging a description during a pretrial arraignment Thursday. Court documents show she forged a physician's signature to prescribe herself tramadol, hydrocodone, oxycodone and amphetamine 14 times in 2014.

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7.10 - New Civil Rights Movement: [Trump Appointee Told Veterans Affairs Diversity Chief Not to Condemn White Supremacists](#) (6 December, 69k uvm; New York, NY)

In the immediate aftermath of the 2017 Charlottesville "alt-right" rally and violence that led to the killing of a young protestor, Heather Heyer, President Donald Trump blamed "many sides" for the violence. The Dept. of Veterans Affairs' Chief Diversity Officer penned a statement condemning the extremist groups, including "white supremacists, neo-Nazis, and the Ku Klux Klan."

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1. Top Stories

1.1 - CNN (Video): [Ex-VA diversity chief told to remove condemnation of white supremacists from Charlottesville response, emails show](#) (6 December, Veronica Stracqualursi, 14.8M uvm; Atlanta, GA)

Washington (CNN) - In the wake of the deadly August 2017 rally in Charlottesville, Virginia, the former chief diversity officer of the Department of Veteran Affairs was discouraged from posting a more forceful condemnation of the white supremacists and neo-Nazis who participated, according to internal emails obtained by a watchdog group.

Former VA official Georgia Coffey reached out to the department's public affairs office for approval to issuing a statement in response to the "Unite the Right" rally that left one woman dead and over a dozen injured.

The Washington Post first reported on the emails, which were made public via a Freedom of Information Act request filed by American Oversight, a government watchdog group.

President Donald Trump drew criticism from Democrats and Republicans for blaming "many sides" for the violence that broke out between white supremacists and neo-Nazis, who were protesting the removal of a Confederate statue, and counterprotesters.

Then-Secretary of Veteran's Affairs David Shulkin told reporters that week that he was "outraged" by the violence in Charlottesville and argued that while he does not speak for the President, "we all have to speak up about this as Americans," according to the Post.

According to the newly released emails, that same week, Coffey sought permission to release a statement that included: "The repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan do not represent America, but serve as a tragic reminder that our work in civil rights and inclusion is not finished." She also said she encouraged Shulkin to issue a similar message, according to the emails.

A VA press staffer emailed Coffey, telling her that John Ulyot, the assistant secretary for public and intergovernmental affairs, did not want to post the message given Shulkin's earlier remarks on the topic.

"This is very unfortunate," Coffey replied, arguing that the message is "consistent" with her responsibility as the agency's chief diversity officer. She pushed for her proposed statement to be issued, according to the emails.

Ulyot wrote back, saying he had consulted with Shulkin who said "we should all feel free to share our own personal views on the recent events on social media and other outlets, as he did (to a national audience) on Wednesday where he emphasized that he was giving his own personal views, rather than an official view of the Department."

He suggested a shorter version of Coffey's statement -- removing the mentions of white supremacists, KKK and neo-Nazis -- but keeping in the part that would "remind employees of our strong commitment" to equal opportunity employment and diversity, the emails show.

Ulyot ended his email, "It's always a good idea to emphasize our commitment in this area."

Coffey took issue with Ulliot's edits, saying that she feared the revised statement "dilutes my message and fails to convey the sense of condemnation that I hope we all feel."

"It is very important that I reference the hate groups specifically so there is no confusion or equivocation in my message," she argued in an email.

She offered to remove a reference to Shulkin from her statement, but Ulliot told her that his edited statement, which had the approval of Shulkin, is the one she could use.

"SecVA specifically approved that statement in my previous mail for the reasons indicated so that is the one we will go with," Ulliot wrote.

CNN's attempts to reach Coffey were not immediately successful.

The current Secretary of Veteran's Affairs Robert Wilkie defended Ulliot in a statement, confirming he is "on the VA team because he is committed to Veterans and has spent a lifetime of exceptional service as a Marine and public servant."

"Then-Secretary Shulkin dictated explicitly to John Ulliot how he wanted this particular issue handled," Curt Cashour, press secretary for the department, said in a statement provided to CNN Thursday, pointing to Ulliot's email.

"As the email states, Shulkin was adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications, as Shulkin had done himself in public comments two days beforehand. Ulliot was simply ensuring that Coffey understood and followed Shulkin's guidance," Cashour said.

Shulkin told the Post that he did not recall his conversations with Ulliot regarding a VA response to Charlottesville.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulliot to share his directive is belied by the paper trail contradicting his statement," Cashour told CNN. "This is more sour grapes from a dismissed doctor."

According to the Post, Coffey, who held the role since 2008, left the agency shortly after her exchange with Ulliot, frustrated with what she felt was a lack of support from the Trump administration. Cashour told CNN Coffey left voluntarily.

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1.2 - Military Times: [VA head defends staff in controversy over response to race riots](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Veterans Affairs Secretary Robert Wilkie said he still has confidence in his top staffers' commitment to diversity and anti-discrimination efforts after a Washington Post report Wednesday that showed opposition to department employees speaking out in the wake of racial violence in Charlottesville, Va., last year.

Wilkie called the issue “one that falls on the previous management” and said that in the five months since he has taken over the department, he has focused on moving past the tumult of the department’s leadership shakeup earlier this year.

“When I started, one of the first directives I took was on inclusion and equal opportunity, same thing as when I worked at the Pentagon,” he said at a telehealth event on Thursday morning. “I wouldn’t have anyone on the team who wasn’t dedicated to that.”

The Post report included email exchanges between Georgia Coffey, then a senior executive at VA overseeing diversity issues, and John Ulyot, VA’s top communications official, in the wake of the August 2017 riots in Charlottesville.

In the days that followed, President Donald Trump said there was “blame on both sides” for the violence, prompting questions about his attitude towards white nationalism. The VA secretary at the time, David Shulkin, condemned the incident and added that “we know that staying silent on these issues is simply not acceptable.”

Coffey at the time pushed for a forceful condemnation from senior VA leadership to the violence. Ulyot advised for a more muted statement and said employees were to “keep their personal views on the Charlottesville issue out of official VA communications.” Officials say that directive came from Shulkin, and was not designed to prevent employees from speaking out against racist activities.

In the email exchange, Ulyot backed Coffey’s plans to remind VA employees of the importance of diversity and inclusion but offered other edits to minimize what he saw as personal views encroaching on an official department statement. She rejected that approach.

Coffey eventually posted her statement on a VA site, only to have it removed by leadership shortly thereafter. She resigned from the department a few weeks later.

VA officials told the Washington Post the issue was not one of diversity but one of department messaging and insubordination. Wilkie offered support for Ulyot on Thursday, calling him “a dedicated public servant” and adding “I don’t know the full story of what Dr. Shulkin ordered or didn’t order.”

The incident is the latest in a series of racially tinged controversies for the department and the Trump administration. In October, federal union officials demanded an investigation after a separate Washington Post report uncovered a senior VA official who prominently displayed a picture of a Ku Klux Klan leader in his office.

VA’s Office on Diversity and Inclusion has been without a permanent head since early this year, when the former head, John Fuller, retired amid concerns with the administration’s approach to the topic.

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1.3 - Military.com: [Scientists Recommend Health Monitoring for Gulf War, Post-9/11 Vets, Offspring](#) (6 December, Patricia Kime, 2M uvm; San Francisco, CA)

Researchers with the influential National Academy of Medicine have recommended that the Defense and Veterans Affairs departments track troops' exposure to environmental toxins and monitor their -- and their offspring's -- health to better understand the risks and consequences of military deployment.

In a report released Nov. 28 by the National Academies of Sciences, Engineering and Medicine, a panel of 16 scientists said they could not definitively link health issues in some 1990-1991 Gulf War and post-9/11 veterans and their families to environmental exposures, but they recommended the government and other institutions establish a health monitoring and research program to determine what health effects, if any, military deployments have on the veterans and future generations.

Nearly 700,000 service members deployed to the Persian Gulf region during Operations Desert Shield and Desert Storm, and 2.7 million have been stationed in or fought in Iraq, Afghanistan and elsewhere since Sept. 11, 2001. Many of these veterans may have been exposed to "potentially hazardous agents and situations," the report noted, such as pesticides, solvents, chemicals and biological agents, vaccines, burn pit and oil well fire smoke, dust and depleted uranium.

To determine whether exposure to any of these substances is responsible for illnesses found in some of these veterans and their family members, the panel looked at more than 80,000 publications on reproductive and genetic effects of environmental exposures, mostly research on civilian populations exposed to the same substances, or animal studies, because research specific to military exposures is scant.

The committee largely concluded that there is insufficient evidence in the existing literature to link reproductive conditions or health problems in veterans' offspring with the most common contaminants seen on the battlefield.

Members did note, however, that there is limited or suggestive evidence that sulfur mustard may have a negative effect on men's reproduction, that the bacterial infection leishmaniasis may negatively affect pregnancy outcomes, and that chromium -- a chemical used in paint and as an anti-corrosive -- can negatively impact men's reproduction, pregnancy outcomes and child development.

Also, the committee found sufficient evidence of an association between prenatal exposure to some pesticides and neurodevelopmental effects; prenatal exposure to particulate matter and adverse pregnancy outcomes, such as low birth weight and preterm birth; and prenatal exposure to benzene and childhood leukemia.

A health monitoring and research program would help broaden the understanding of deployment-related exposures and the long-term effects on generations, according to the report.

Establishing such a program would require "substantial resources, long-term commitment by the Defense and Veterans Affairs departments and other governmental organizations and considerable engagement by past, current, and future veterans and their families," but the contribution to science would be significant, said Dr. Kenneth Ramos, panel chair and executive director of the Center for Applied Genetics and Genomic Medicine at the University of Arizona.

"The results that arise from studying generational effects will ultimately be rewarded with new knowledge of veterans' exposures, their reproductive health, and the health of their children and

grandchildren. Importantly, the new understanding derived from these investments will be relevant to the health of all Americans now and for future generations."

By direction of Congress in 1998, the VA contracted with NASEM to conduct systematic reviews of research on associations between illnesses and serving in the Persian Gulf. The National Academies have created 11 reports on the subject, including Gulf War and Health, Generational Health Effects of Serving in the Gulf War.

In November, the National Academies also recommended that the VA study the generational exposure to dioxin in children of Vietnam veterans exposed to Agent Orange.

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1.4 - Stars and Stripes (Military Update): [Pressure, compromise keep hope alive for 'Blue Water Navy' bill](#) (6 December, Tom Philpott, 532k uvm; Washington, DC)

Four veteran groups and a prominent military association have joined forces to pressure Sen. Mike Lee, R-Utah, to drop his opposition to a "Blue Water Navy" bill that would make tens of thousands of ailing veterans who served on ships that patrolled territorial waters off Vietnam during the war eligible for disability compensation and health care from the Department of Veterans Affairs.

These veterans contracted illnesses over the years that the VA lists as ailments presumed to be associated with exposure to Agent Orange and other herbicides sprayed ashore during the war to expose enemy ground forces.

The intensifying pressure on Lee, plus some last-minute compromises between veteran groups and the Senate Veterans' Affairs Committee, have resuscitated the Blue Water Navy Vietnam Veterans Act (HR 299), which last week seemed set to expire by mid-December with the lame-duck Congress.

Suddenly, odds have risen that the Senate will pass a bill identical to the one approved unanimously by the House in June, despite stiffening opposition from the Trump administration and VA Secretary Robert Wilkie.

Conn Carroll, Lee's communications director, said Wednesday afternoon that the senator remains "committed to giving science the time it needs to properly inform policy" on Blue Water veterans and the health effects of patrolling within 12 nautical miles of Vietnam during the war.

In the Senate, an individual lawmaker can put a hold on most any bill. Lee and another still-unnamed senator put a hold on Blue Water Navy legislation. Lee's office, when queried last week, confirmed his opposition, explaining that the senator wants action on the bill delayed until the VA delivers a promised new health study on Vietnam veterans.

Wilkie had urged a delay when he told the Senate Veterans' Affairs Committee in September to expect a study comparing ailments and morbidity of Vietnam vets, including a sample of shipboard personnel, with Americans of similar age. The study is to be completed sometime in 2019.

Blue Water Navy advocates, however, want no more delays. And Sen. Johnny Isakson, R-Ga., chairman of the Senate committee, and Sen. Jon Tester, of Montana, its ranking Democrat, have promised to push through a bill this year, taking advantage of momentum behind the House vote.

On Wednesday evening five groups — The American Legion, Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America and Military Officers Association of America — sent a joint letter to Lee, requesting a meeting “no later than the end of next week” to “hear your concerns” on HR 299 and “present our views on the merits of this legislation.”

The letter notes that the groups combined have five million members, “including 19,000 who live in Utah,” and that HR 299 passed the House unanimously and “has been awaiting Senate approval for almost six months.”

Meanwhile, negotiations in recent days between Isakson, Tester and veteran service organizations reached key compromises and a consensus to back a Senate bill identical to the one passed by the House. This will avoid the need to send an amended bill back to the House for a final vote before the 115th Congress adjourns in mid-December.

This represents a concession by the largest veteran service organizations who joined in recent months to oppose the House bill’s method of funding Blue Water Navy benefits by increasing VA home loan funding fees including, for the first time, imposing fees on certain disabled veterans — those who opt to use a new jumbo loan feature the bill approves for veterans to be able to buy homes in pricey areas of the country or buy larger-than-average homes anywhere.

To continue to shield disabled veterans from any new fees, Isakson had drafted an amendment to HR 299 that would extend for two years the period when higher fees are imposed on non-disabled veterans using the VA loan benefit. But veteran groups told Isakson they would endorse Senate passage of HR 299 without his amendment if he understood the need to remove the jumbo loan fees from disabled veterans at the first opportunity in the 116th Congress and find a more acceptable way to fund much of the Blue Water Navy bill.

Isakson, in turn, agreed to drop support for another proposal to amend HR 299, this one from Sen. Bill Cassidy, R-La., that would soften resistance of some Republicans who want Congress to make it harder for VA to expand the number of ailments presumed associated with battlefield toxins in wartime.

The Agent Orange Act of 1991 allows VA secretaries to add ailments to VA’s list of illnesses presumed caused by herbicide exposure if studies from the National Academy of Medicine confirm either a “sufficient” association or a “limited or suggestive” association between herbicide exposure and the disease.

Cassidy, who supports the Blue Water Navy bill, proposed eliminating the law’s “limited or suggestive” language for adding ailments to VA lists of medical conditions presumed caused by Agent Orange or other toxins used in past or future wars. Ailments could still be added only if medical research found a “sufficient” association between a disease and veterans’ exposure to contaminants.

Cassidy’s call to stiffen standards would not have affected veterans currently receiving VA compensation and health care for a presumptive ailment, nor would it have narrowed current lists of presumptive ailments for Agent Orange or other toxins, for veterans filing new claims. An

early version of last week's column had described his proposal incorrectly. He only sought to raise the threshold for the addition of new ailments to VA presumptive disease lists.

Veterans groups opposed the Cassidy proposal and, for now, it is shelved. The challenge now is to pass HR 299 with few days remaining in the 115th Congress. The quickest route is for Isakson to bring the House bill to the Senate floor and seek unanimous consent of colleagues to pass it expeditiously.

If no senator objects, the Senate permits the action. In this case, if Lee or the unnamed senator also with a hold on HR 299 walks to the floor and objects, the bill dies and Blue Water Navy veterans start their fight anew in the 116th Congress.

Lee's spokesman, Carroll, acknowledged that the senator received a request to meet with veteran groups. He said, "We are committed to making sure they know our concerns and we know theirs."

Does Lee plan to block a unanimous consent vote on the bill?

"Undetermined," said Carroll.

What about his commitment to give science the time it needs?

"There all multiple considerations made whenever a senator chooses to object to a unanimous consent request," Carroll said.

A veteran group representative said Lee has been "carrying water" for the Trump White House in opposing the bill. Carroll objected to that characterization.

"Senator Lee carries water for no one," he responded in an email. "I think he's deservedly earned his reputation as a principled thinker."

For the next week and perhaps beyond, Lee's principles regarding Blue Water Navy veterans and their survivors will be under a lot of pressure.

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1.5 - Stars and Stripes: [Senator calls on VA, credit bureaus to prevent lasting consequences from GI Bill delays](#) (6 December, Nikki Wentling, 532k uvm; Washington, DC)

Sen. Tammy Duckworth, D-Ill., on Thursday urged the Department of Veterans Affairs and major credit reporting agencies to intervene on behalf of student veterans who could experience long-term financial repercussions from not receiving their monthly housing stipends on time this semester.

Citing information technology failures, the VA missed a deadline in August to implement part of the new "Forever" GI Bill, which Congress approved last year. The issue resulted in thousands of veterans not receiving their housing stipends or facing delays. Housing stipends are used by GI Bill recipients to pay for their rent, bills, food and other living expenses.

Duckworth, an Iraq War veteran, asked Equifax, Experian and TransUnion — national credit bureaus — to prevent the situation from damaging veterans' credit scores. If they didn't, she warned it could cause those veterans a "lifetime of hardship."

"I think it's going to hurt veterans for a long time," Duckworth said. "If they've been kicked out of housing or made late payments, then this will affect their ability to get credit and perhaps buy a house or a car or start a business well into the future."

The exact number of veterans affected by the delays is still unknown. The VA reported a backlog of 183,000 pending education claims in early October, and the most recent publicly available data showed the workload was 80,500 claims as of Nov. 30 – 22 percent more than the same week last year.

The VA received calls from about 1,000 veterans who experienced hardships because of the delays and had a few credible complaints from veterans facing eviction, said Robert Worley, the VA official who, until recently, led the implementation of the new GI Bill.

Navy veteran Robert Epps was one of those 1,000 hardship cases.

Epps, his wife and their two children live in Washington state, where he's working toward an electrical engineering degree. The couple has a third child on the way.

Epps was relying on the monthly housing stipends to make ends meet, but by early October, he hadn't received any money. To avoid eviction, he used up his savings and was forced to borrow money from family members.

After contacting his senator, Patty Murray, D-Wash., as well as the House Committee on Veterans' Affairs and the VA, Epps eventually got paid. Now, he's worried the aftermath of the delays will carry into next semester.

"I still have a bunch of...late fees to deal with," Epps wrote in an email. "Between this stress and the birth of my son, I'm all but certain on a path to have to repeat these classes."

Duckworth is calling on the VA to pay any penalties veterans incurred because of the delayed payments, such as Epps' late fees. In a letter to VA Secretary Robert Wilkie on Thursday, she also asked that he work with the three credit reporting agencies to fix any negative credit ratings for those veterans.

Moreover, she wants the veterans to receive what they're still due – with interest.

"Any monies they owe veterans, they should pay with interest," Duckworth said.

VA officials said last week that they plan to distribute retroactive payments in January to veterans harmed by the delays.

Some veterans will have to wait until after December 2019 to get all they're legally owed. Part of the new GI Bill changed how veterans' housing allowances are calculated — they're now supposed to be based on where veterans take classes, rather than defaulting to their school's main campus. The change was supposed to be made by Aug. 1, 2018, but IT problems set back implementation to Dec. 1, 2019.

After mass confusion last week about whether those students would be retroactively paid, Wilkie said the agency would pay them after December 2019.

Some Democrats, including Duckworth, still seek more clarity on the issue.

“The continued ambiguity surrounding veterans’ retroactive payments undermines veterans’ faith and confidence in the VA,” Duckworth wrote to Wilkie.

On Thursday, she described the problems as a “failure of the VA, and a failure of government.”

If the VA fails to fully pay veterans what they’re due, the VA risks losing their trust, Duckworth said.

In Epps’ case, he’s already going into next semester lacking trust in the agency.

“I’m now left with no confidence in the system,” Epps said. “Will this happen again with the next semester?”

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1.6 - Federal News Network: [VA’s telehealth program is already the largest in the nation. It’s about to get bigger](#) (6 December, Nicole Ogrysko, 100k uvm; Washington, DC)

The Department of Veterans Affairs documented the first instance of “telehealth” in the early 1960s — when VA doctors communicated with their patients via TV screens.

Today, VA has the largest telehealth program in the United States, and it’s about to get bigger.

The department announced Thursday it will partner with three private sector companies and two veterans service organizations to address VA’s access challenges and create more convenient opportunities for veterans to see doctors and health care professionals.

The announcement came at VA’s first-ever “Anywhere to Anywhere Together” summit in Washington. The department gathered its new partners, members of industry, medical professionals and others to solicit their feedback and ideas on how VA could forge a path for telehealth in the future.

The department is partnering with T-Mobile, which will host the VA Video Connect app on all service devices for free. Veterans who already have T-Mobile don’t need to take action to start or continue using the free service, said Mike Katz, executive president of T-Mobile for business.

Video Connect lets VA providers use their mobile devices to see and speak with veterans on their own devices or home computers.

VA also inked new partnerships with Walmart and Philips. The department will work with Philips, the American Legion and the Veterans of Foreign Wars to set up 10 remote examination services at VSO posts across the country. Philips will provide video screens and other remote medical devices, so veterans can go visit their closest VSO post to see a VA medical professional, who, in some cases, may be based hundreds or even thousands miles away.

Walmart has also agreed to set up remote examination services at some of their stores across the country, so veterans can access the same telehealth services.

“[It] totally changes the VA’s footprint for delivering care,” Deborah Scher, executive adviser to the Secretary’s Center for Strategic Partnerships at the department, said. “We mapped out where our veterans are in greatest concentration against VA facilities, and then we put the Walmart map on top of that. Ninety percent of Americans live within 10 miles of a Walmart. Ninety percent of veterans don’t live within 10 miles of a VA medical center. This totally changes their ability to access care in a way that works for their lives.”

The public and members of Congress have become more aware in recent years about the challenges many veterans experience simply getting to and from their closest VA medical facility.

From the White House, former VA Secretary David Shulkin announced plans to expand the department’s “anywhere to anywhere” telehealth services back in 2017. Those initiatives at the time were geared more toward clearing the administrative barriers that prevented doctors and other health professionals from seeing veteran patients in states other than the state where they were licensed to practice.

Today, VA sees its telehealth program as an opportunity to reach the rural veteran population, where affordable broadband isn’t always widespread or consistent.

“A lot of them don’t have broadband access in their home yet,” Scher said. “We think that will change. But either they can’t afford it or it’s not available where they live. One-third of our veterans are in rural areas, and it’s spotty.”

Scher said VA has broached the topic of offering free VA Video Connect services and expanding telehealth with other companies, including all major phone providers. More partnerships are in the works, she said.

Mike Katz, executive vice president for T-Mobile Business, said the company doesn’t know exactly how many veteran customers it has. Offering free VA Video Connect services should extend past the veteran population to their families and caregivers, he said.

“We know we have a significant number of them,” Katz said. “Since all veterans don’t self-report, we don’t know how large the population is. We hope it makes a huge impact. I hope this encourages all wireless companies to do this, because you shouldn’t just be limited to these services if you’re a T-Mobile customer.”

The department also sees telehealth as an opportunity to reach veterans who aren’t currently active participants in the VA system, and expanding its reach may help more veterans access mental health services.

“Mental health is still the last, great uncharted frontier in medicine,” VA Secretary Robert Wilkie said. “Telehealth, to me, is the first step in finally breaking those last barriers. It allows our veterans who may have those issues to talk to our professionals [and] talk to our doctors without the pressure that they would encounter in a public setting, without the pressures that they would encounter in traditional medical service facilities.”

For Marine Corps and Army Reserve veteran Evelyn Thomas, telehealth lifted a huge burden for her. Thomas suffers from post-traumatic stress disorder, and the process of driving to, parking and entering the VA facility created anxiety.

“It’s a tremendous relief,” she said. “Not only does it help me, but it helps my family. There were times in the old practice when I would have my appointments, I couldn’t remember leaving the VA, driving down the freeway and getting home. By the time I got home, I was still angry and still upset just from that experience. Now when I use telehealth ... I just sit for an hour. My mind rests. I’m peaceful.”

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2. [Improving Customer Service](#)

2.1 - Las Vegas Review-Journal (Video): [Las Vegas vet, 93, says he was ‘roughed up’ at VA medical center](#) (6 December, Briana Erickson, 1.1M uvm; Las Vegas, NV)

A 93-year-old World War II Army veteran says he was “roughed up” and arrested by police at the VA Medical Center in North Las Vegas after a dispute over a tardy shuttle.

Dr. S. Jay Hazan said he was detained in a room at the hospital for several hours and issued two citations after the encounter on Friday.

“They were stronger than I was. Stronger than a 93-year-old man with a blood cancer. What a joke,” he said Wednesday, shaking his finger in indignation.

Hazan said he had been waiting more than two hours at the hospital entrance for a Medic Coach Services van to pick him up after the last of three doctor’s appointments.

At 4:30, nobody came. By about 5 p.m., everybody was gone, he said. Hazan said he didn’t know the name of the company, or the telephone number.

“Did they forget me?” he thought to himself.

When the driver arrived, he told Hazan that he had other people to pick up.

“I said, ‘No. I’ve been here since 3 o’clock. I have to go home. I’m a diabetic, I’ve only had breakfast, I haven’t had anything to eat, I have to get home,’” Hazan said.

When the driver refused to take him directly home, Hazan said he felt like he had no choice but to grab the van’s keys out of the ignition.

“I was a true soldier,” the retired doctor said. “... It was like I was in the Battle of the Bulge; I saw the answer to stop everything when I took that key.”

Hazan refused to give the keys back, despite the driver’s demands.

Within minutes, the VA hospital police arrived.

One officer, he said, grabbed him by his right wrist, leaving a purple bruise roughly the size of a watch band. Another officer emptied the veteran's pockets. The keys were pried from his fingers.

The Las Vegas man was issued two citations, one for disturbing the peace, which carries a \$280 fine, and the other for taking the keys "with intent to steal or purloin any personal property." The latter citation calls for either a fine or imprisonment for up to a year, or both.

The VA police declined to comment Wednesday, saying all requests for information must be made through the federal Freedom of Information Act.

A spokeswoman for the transportation company also declined comment, but then briefly disputed Hazan's version of events by saying the police report and cameras at the VA tell a different story.

"He was actually asleep when the driver got there," she said Wednesday. "We love all of our vets," she added before hanging up on a reporter.

David Martinez, a spokesman for the VA Southern Nevada Healthcare System, said he was unaware of the event. "I wouldn't encourage anybody to break the law, of course, but I admire his gumption, anyway," Martinez said Wednesday.

Hazan said he hopes this doesn't happen to "another old man, let alone a vet."

"I didn't fight with anybody, I didn't struggle," he said. "And I'm not going to court unless they take me there."

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2.2 - WBOY (NBC-12, Video): [Veterans have their voices heard at VA Medical Center Town Hall](#) (6 December, Justin McLennan, 131 uvm; Clarksburg, WV)

The V.A. hospital in Clarksburg held an open forum Thursday to give veterans a chance to have their voices heard.

The town hall meeting held at the Louis A. Johnson V.A. Medical Center is a quarterly event, designed to give veterans the floor, to bring up any questions, concerns or compliments they may have regarding patient care.

V.A. Medical Director Dr. Glenn Snider explains how these town hall meetings help the hospital meet the needs of its patients.

"That's one of the goals, is to increase transparency, so they can feel free to ask even a difficult question in an open forum like this," Snider said. "The ultimate goal is to improve the service, but transparency is part of that as well. So their comments help us to do our jobs better."

The next scheduled town hall will take place at the Louis A. Johnson V.A. Medical Center on March 28th, at 11:00 a.m.

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2.3 - Medical Xpress (Emory University): [PTSD study of combat veterans finds similar outcomes among common therapies](#) (6 December, Jennifer Johnson McEwen, 34k uvd; New York, NY)

In a study among United States combat veterans, researchers found no significant difference between two of the most common treatments for post-traumatic stress disorder (PTSD) and no benefit for combination treatment. The study results are published in the Dec. 5 online issue of JAMA.

The head-to-head randomized clinical trial was conducted between 2012 and 2016 by researchers at four sites: Ralph H. Johnson Veterans Affairs (VA) Medical Center, VA Ann Arbor Healthcare System, Massachusetts General Hospital and VA San Diego Healthcare System. It was led by principal investigator Sheila Rauch, Ph.D., associate professor in the Department of Psychiatry and Behavioral Sciences at the Emory University School of Medicine.

The study included 223 service members or veterans of the Iraq and/or Afghanistan wars with combat-related PTSD and significant impairment (Clinician-Administered PTSD Scale score ≥ 50) of at least three months duration.

Current clinical practice guidelines recommend both trauma-focused psychotherapies, such as exposure therapy, and antidepressants, known as selective serotonin reuptake inhibitors (SSRIs), as effective treatments for PTSD.

Investigators looked at how sertraline hydrochloride (commonly prescribed SSRI) plus enhanced medication management compared to prolonged exposure therapy plus placebo and the combination of prolonged exposure therapy plus sertraline and to help reduce the severity of PTSD symptoms over 24 weeks of treatment.

"Our study is the first to compare psychotherapy and medications in veterans with PTSD. The findings provide guidance for clinicians that both prolonged exposure therapy and sertraline are effective treatments for PTSD in veterans, both resulting in large reductions in symptoms," says Rauch, who also serves as clinical director of the Emory Healthcare Veterans Program and director of Mental Health Research and Program Evaluation at the Atlanta VA Medical Center.

Rauch noted the efficacy of sertraline in this study is larger than previous studies and may suggest that standardization of psychoeducation and support may enhance response to this medication. Combination sertraline and prolonged exposure did not show additional benefit.

During the double-blinded study, participants completed assessments at the start and routinely throughout the 24 weeks, as well as a one-year follow-up assessment.

Participants completed up to 13 90-minute sessions of prolonged exposure therapy throughout the 24-week study period. Sertraline dosage was adjusted as needed during a 10-week period and continued until the end of the study. Medication management was manualized.

Rauch says the study also examined mechanisms and predictors of change. Additional publications will be forthcoming to address questions of who responds better to medication versus prolonged exposure therapy as well as what mechanisms may be involved.

According to the American Psychological Association, prolonged exposure therapy is a psychological treatment that helps people confront their fears—approach fear instead of avoiding it. Clinicians create a safe environment in which to "expose" individuals to the things they fear and avoid.

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2.4 - Springfield News-Sun: [The VA stayed open during the Bush funeral. Here's why.](#) (6 December, Jessica Wehrman, 33k uvm; Springfield, OH)

If you were wondering why the Dayton VA stayed open during Wednesday's National Day of Mourning for the funeral of former President H.W. Bush — after previously closing during funerals for Presidents Ronald Reagan and Gerald Ford — here's the explanation from Dayton VA Spokesman Ted Froats.

"While we join the rest of our nation in remembering and honoring the legacy of President George H.W. Bush, we were open on Wednesday because veterans were counting on us for the health care they have earned, and we want to make clear they can always do so," Froats said.

"It is true that during the National Days of Mourning for Presidents Reagan and Ford that the Dayton VA Medical Center closed for outpatient care and was only open for inpatients.

"However, this year, Secretary Wilkie directed VA Medical Centers across the nation to remain open for all outpatient care as well. We agree with and fully support the Secretary's decision, as it is the right one for our nation's heroes."

Most federal offices, including the Post Office, were closed on Wednesday.

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2.5 - ConnectingVets.com (CBS Radio): [Former Marine's VA malpractice bill picks up steam with AMVETS' support](#) (6 December, Matt Saintsing, New York, NY)

AMVETS is throwing its weight behind a former Marine's mission to allow veterans who received shoddy VA care from independent contractors to sue the department.

H.R. 7105, the Brian Tally VA Medical Care and Liability Improvement Act, dubbed the "Tally Bill," would place VA healthcare independent contractors on the same legal footing that applies to Department healthcare personnel, giving impacted veterans a chance at justice.

"We believe passage of this law will address the longstanding problem of breached due process for veterans who suffer disability, as well as survivors who lose loved ones, due to medical malpractice or negligence on the part of the Department of Veterans Affairs independent contractors," Joe Chenelly, National Executive Director of AMVETS, writes in a letter expressing support for the bill.

Tally was permanently injured when a VA doctor—who turned out to be a contractor—bungled the diagnosis of a staph infection that ate away at his spine. But a legal loophole protects that doctor and others, leaving Tally with no legal recourse.

“Suing the federal government, or one of its agencies, for a wrongful action is an inherently complex and overwhelming process,” Chenelly continues. “But it becomes a shell game when victims of medical malpractice are led to believe they are dealing with a federal employee, only to find out later an independent contractor committed the offense.”

Not wanting his situation to impact future veterans who may find themselves in similar cases, Tally met with lawmakers on Capitol Hill in the hopes one would sponsor the legislation that carries his namesake. Rep. Dave Brat (R-Va.) introduced the bill in October.

GOP Reps. Barbara Comstock (Va.), Amata Coleman Radewagen (AS-At Large) and Jennifer Gonzalez-Colon (P.R. At-Large) are co-sponsors, but the bill remains a far cry from a vote either in committee or on the House floor.

Tally hopes the recent support from AMVETS will usher that along.

“I was hoping that (AMVETS) would see the importance of this bill and how it essentially affects all veterans, we received just that,” Tally tells Connecting Vets. “I’m absolutely honored that AMVETS saw the need for legislative correction and is now a partner in playing a monumental role in changing a 72-year legal loophole that has destroyed so many lives.”

He says his permanent injuries stem from VA’s misdiagnosis and botched treatment in 2016, only finding out about his spinal inflection after receiving a surgery outside of the VA thanks to the Veterans Choice program.

But by the time the VA blamed the physician, an independent contractor, it was too late. If the doctor were a VA employee, however, Tally would have had additional legal options to bring his case to federal court.

Tally hopes to see the bill signed into law, so veterans who receive poor VA care will not be left on their own, even if they’re an independent contractor.

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3. Business Transformation

3.1 - KIFI (ABC-8, Video): [New Veterans Affairs Clinic opens in Idaho Falls](#) (6 December, Andre Phillips, 54k uvm; Idaho Falls, ID)

Local Veterans will now have access to healthcare services with the new state of the art Veterans Affairs Outreach Clinic in Idaho Falls located on the east side of Idaho Falls.

Officials from around the Southeastern Idaho region and the Veterans Assistance Center in Idaho falls held a ribbon cutting Thursday morning to commemorate the celebration.

"This unique approach to caring for veterans focuses on greater access", said Salt Lake City Veterans Affairs Director Sehlla Stovall. "It takes seamless coordination to ensure the whole health of our veterans."

The 5,679 square foot facility is of 1,400 community-based outpatient clinics around the country. Idaho Falls is the second city behind Pocatello to get an un-updated clinic.

Assistant Chief of Primary Care Dr. Jeremy Timm says the center will fill a void that was needed for 1200 veterans.

"It's very exciting to be able to take care of this many more veterans than we were before.

Aside from primary care, the biggest step forward in Idaho Falls is going to be the integration of primary care with mental health services.

"This is a new service for Idaho Falls that will allow our Veterans to get timely mental health care right here in this clinic rather than having to either travel down to Salt Lake City or wait and do it telemedicine," said Dr. Timm.

Veterans can receive help assistance with combat-related conditions, such as post-traumatic stress disorder.

Patients were already reporting for appointments during the open house ceremony.

"You also took an oath and said you would take care of yourself and be prepared to serve, right?, Air Force Veteran Leroy Duenes said during Thursday's ribbon cutting.

"It's an honor that they would care that much about me. They spent all this money and they built this fantastic clinic and got the best people they can to come and care about me."

The clinic is located at 640 S. Woodruff Avenue in Idaho Falls.

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3.2 - East Idaho News: [New VA clinic opens in Idaho Falls](#) (6 December, Mike Price, 50k uvm; Idaho Falls, ID)

Nearly 3,000 veterans can find health care closer to home with the new Veterans Affairs Outreach Clinic in Idaho Falls.

The outreach clinic on South Woodruff Avenue is three times the size of its predecessor in nearby Ammon. Air Force veteran and Idaho Falls resident LeRoy Duenes said he could only get into the old clinic some of the time and needed to travel to Pocatello when he couldn't get in.

"Now I just come out my backyard, and the clinic is right here," Duenes said.

Assistant Chief of Primary Care Jeremy Timm said the old clinic only had enough space for one primary care team.

"Now our capacity to care for veterans goes from about 900 to almost 3,000," he said.

Timm said the Teladoc system in each exam room will greatly benefit veterans. Teladoc, a telemedicine service, allows patients at a clinic to video chat with a specialist in a different location. This allows patients to receive specialized care without having to travel.

“If we can provide telemedicine or tele-specialty care up here in the Idaho Falls clinic, (veterans) will be able to come right here, see a VA specialist for whatever care they need ... rather than either having to travel to Salt Lake or see someone they don't know out in the community,” Timm said.

Mark Butler, a doctor at the clinic, said the facility can provide for all primary care needs.

Butler has been working with veterans for 31 years. He said he chose to treat veterans and work in VA facilities because that is where he feels at home.

“They need love and care like everyone else,” Butler said. “Sometimes they need a little more as far as treatment for post-traumatic stress disorder or depression or things like that. They do have special needs, and we really try to accommodate that.”

Duenes said veterans need someone to care about them.

“They love this nation,” Duenes said. “What can we do to pay them back? I don't know that we can do enough. To build a clinic is an amazing thing, and thank you. Thank you to the American people for doing that.”

The clinic officially opened in November and held its grand opening Thursday. The clinic is at 640 S. Woodruff Avenue in Idaho Falls. It can be reached at (208) 522-2922.

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3.3 - FEDweek: [Many VA Facilities Out of Date, Report Says](#) (6 December, 32k uvm; Glen Allen, VA)

A House report on a committee-passed bill (HR-4243) to conduct a review of VA facilities argues that many of them are out of date and don't match the way the department currently delivers health care to veterans.

The report cites testimony from VA officials that “most of VA's infrastructure portfolio is dated, in need of repair/replacement, and requires considerable investment” and that the majority “have out-lived their useful life-cycle, raising serious questions about VA's continued ability to meet the needs of veteran patients and beneficiaries.”

The average Veterans Health Administration building is approaching 60 years old, more than five times older than the average building age of a not-for-profit hospital system, it says “These buildings were designed to meet an older, primarily inpatient, model of care. Thus, they are not well suited to provide care in accordance with modern, primarily outpatient, care models or to meet the contemporary ambulatory care needs of veteran patients.”

VA meanwhile has “acquired an ancillary mission” of taking care of mothballed buildings, diverting millions of dollars annually that could be better used, it added, while the VA has

identified more than \$50 billion in upcoming needs to modernize and maintain its facilities in operation.

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3.4 - KPVI (NBC-6, Video): [New VA Clinic opens in Idaho Falls](#) (6 December, Paul Beam, 26k uvd; Pocatello, ID)

Local veterans no longer have limited healthcare options, after a second veteran's affairs clinic opened up in Idaho Falls.

Officials say it will triple the number of patients they can see.

The ribbon has been cut on a new VA clinic in Idaho Falls, increasing the patient count from 900 to almost three thousand. Until now most veterans had to go to non-VA hospitals for medical care, but most veterans prefer the VA care.

Leroy Duenes, one of the clinics patients, said "I'm alive today because of VA care and people like Dr. Mark Butler right here that took a minute to care about me not just as a VA person coming through the door but as an individual... I'm alive because of dr. Mark butler..."

This facility not only marks a culmination of effort to increase veteran care, but also another step in a constant expansion... The VA clinics not only in Idaho Falls, but all over the region are continually expanding to cover as many veterans as they can.

Dr. Jeremy Timm, Assistant Chief of Primary Care, said "A little bit of both... It's a culmination of a lot of work and a lot of effort from the VA... But also a first step in providing more care for our veterans up in Idaho Falls... There is going to be a lot of growth and a lot of more opportunities for our patients here to get not only primary care but also specialty care..."

On top of the new facility and doctors, they are also using teleconferencing equipment to bring specialists from salt lake closer to Idaho Falls.

A 7 hour trip to salt lake is now cut down to an in town trip to the clinic.

Dr. Mark Butler, one of the VA doctors, said "I think it's a wonderful opportunity to have this clinic for our veterans and like I said provide care for those that have born the battle..."

The VA clinic doctors tell us it's important to have an emotional connection with their patients... And the new clinic helps with that.

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3.5 - ConnectingVets.com (CBS Radio): [Tele-counseling now available for VA rehab programs](#) (6 December, Lauren Warner, New York, NY)

Tele-counseling is now available through the VA's Vocational Rehabilitation and Employment (VR&E) program.

According to the VA's most recent announcement veterans now have the ability to meet with more than 1,000 counselors via virtual communication.

To access the counselors, veterans must already be enrolled in the VR&E programs. Tele-counseling can be done on any device with a microphone and webcam-- this is all you need to virtually meet with a counselor on VA Video Connect. Additionally, there is no need to download specialized software or obtain unique usernames and passwords. Access to a scheduled counseling session is obtained through a unique link sent directly to you and is valid for that counseling session only.

The upgrade to the Voc Rehab program comes in response to the accessibility issues and needs of veterans nationwide. With over 122,000 veterans currently enrolled in the VR&E programs, creating a more accessible program will allow for successful completion of the rehabilitation plans.

"We strive to provide Veterans with access to personalized, interactive face-to-face care and services regardless of where they live," said VA Secretary Robert Wilkie. "VR&E's Tele-counseling service is another example of how VA continually modernizes in support of Veterans' needs."

For more information about the Vocational Rehabilitation & Employment, [click here](#). To learn more about VA Video Connect, [click here](#).

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3.6 - WSKG (NPR-89.3, Audio): [As Rumors Swirl Around Bainbridge Veterans Clinic, Vets Wonder What's Going On](#) (6 December, Gabe Altieri, Vestal, NY)

BAINBRIDGE, NY (WSKG) — The VA wants to move its Community Based Outpatient Clinic in Bainbridge, a rural community in right off Interstate-88 in Chenango County, to Oneonta.

These are designed to offer veterans care without the hassle of going to a larger medical center.

Rumors of that move have intensified over the last year, but veterans, stakeholders and residents don't know why a move would be made. Even more, they wonder if it would be better.

Veterans Left Out

I met Jim Omahen at the American Legion in Sidney this past June. He's the legion commander here.

Omahen, who served in the Army before getting out in 1974, sits in a conference room with tile floors and fluorescent lights. He likes the Bainbridge Veterans Clinic. The care is good.

But he and other veterans feel out of the loop on why the clinic would move to Oneonta.

"We know as much as you do," Omahen said when I asked him what was going on with the clinic. "We read something in the Daily Star and hear rumors."

An article in the Oneonta Daily Star early this year reported the Delaware County Board of Supervisors came out against moving the Bainbridge Clinic to Oneonta.

Sitting next to Omahen at the Sidney American Legion is Jacqueline Gascon. She was an army sergeant for 12 years and was pretty ticked when she first heard the clinic might move.

"We're veterans. We're the people they're serving," she said. "Why wouldn't you say 'you know, we're thinking about this, what do you guys think?'"

"How Does The Owner Of The Building Not Know That They're Going To Move"

Gascon's remarks were like a lot of others when they first heard about a potential move.

Not only did the Delaware board come out against it, but the Chenango County board, 22nd District Congresswoman Claudia Tenney, and State Senator Fred Akshar all said they wanted the clinic to stay in Bainbridge.

And then there's Charlie Piper.

He's with Delaware County Veteran Services and has struggled to get a straight answer about what's going on with the clinic for a while. Over the years, he'd hear the clinic would leave Bainbridge and then a little later he'd hear it would stay.

Early this year, he heard the contract for the Bainbridge clinic would not be renewed at the end of 2018. Those details have since changed.

Piper said the veterans he works with like Bainbridge because it's easy to get to and easy to use.

"It's about being in an area where they can access you," he said. "Because right now, with this clinic, they can access the clinic."

"If it goes to Oneonta and they go 'I have to go there to Oneonta. I don't have a car. I'm going to have to do this – ah I'm not going to bother'."

That conversation with Piper was in May. He spoke to me at the Bainbridge clinic, a low-lying building with tan siding. It's a short drive off I-88. It has a parking lot that feeds into a ground floor entryway.

"Look at this place. Look at the front. The parking lot is immaculate. It's like, what more does he have to do," Piper said.

That "he" Piper mentioned is sitting next to him. Matt Germond owns the building the clinic is in. He's a chiropractor and runs his practice out of the other side.

"I didn't know what to expect at the end of this term until I started asking questions," Germond said. "Until Charlie [Piper] came up and started talking to me and asking questions about it."

"When I came and talked to Matt, the first time I talked to Matt, and he said 'no, I don't know anything about this'," Piper said. "How does the owner of the building not know that they're going to move?"

That's the crux of the whole issue. Major players don't know what's going to happen. Several times when I spoke to Piper, Germond or veterans I was the one giving them information.

A New Deal Until A Better Deal?

Over the summer, Germond didn't hear anything as he got closer and closer to that December deadline when the contract was set to expire.

Finally in September, Germond received a new contract. That would keep the clinic in Bainbridge until 2020, but there was a caveat. The VA could bail on the contract with 90 days notice.

"It allows us to continue operation until that time," said Peter Potter, the Director of Public Affairs for the Albany Stratton VA Medical Center which has jurisdiction over Bainbridge.

The VA frequently looks to move facilities if it'll be more effective for veterans. There are also often new mandates from federal government the building needs to meet. For example, they might need more space.

But here's the thing, Germond said he's willing to move out of the half of the building where his business is to expand the clinic for any new requirements.

"If he's insinuating that he can provide more care at greater accessibility he's incorrect," said Potter. "Because two-thirds, I mean the facts show, that two-thirds of the veterans we serve, the one's currently getting care at Bainbridge, live closer to Oneonta."

The facts don't necessarily show that.

Potter is making two distinctions here: the first distance. He says the VA measures distance from a veterans house to the clinic as the crow flies. But when judging by driving distance, most veterans currently enrolled at the clinic live closer to Bainbridge or the distance is marginal.

The second distinction is which veterans count when making the decision where to put a clinic. Potter said eligible veterans matter, which includes anybody who could use the clinic – 20-somethings and other veterans who are pretty healthy and maybe don't need the clinic right now.

When it comes to total eligible veterans, Potter said Oneonta is more of a population center than rural Bainbridge.

Serving The Underserved

However, to some locals, being in a population center shouldn't matter.

"Rural areas are not getting services and I think this is what this is all about," said Canice Paliotta, area resident who has been pushing to keep the clinic in Bainbridge. "We may not have the numbers, but we have people that are in need."

Access is important for veterans, and so is information. We've heard from veterans, like Omahen and Gascon, who feel out of the loop.

They want to know why they haven't been asked. Why hasn't there been a town hall? Potter at the VA said they can't hold these meetings until everyone who wants to bid on the government contract for the clinic has that chance.

He also doesn't know if it makes sense to hold a town hall-like event before that.

"Because we don't know where we're going to be moving," Piper said. "It's possible that every single bid that was within the Oneonta area does not meet what we need or what veterans need and it just happens to be that there was a bid from Bainbridge that meets everything that we need and now it's in Bainbridge.

"Now we would've had a town hall for a move that turns out isn't going to happen," Potter added.

Now it's the end of the year, when the contract at the Bainbridge Clinic was set to expire.

It's been months since the clinic was initially rumored to close and move about 30 miles north. Now, that won't happen for a little while, at least. The VA has just created new guidelines for these clinics, so the bidding process has started all over.

Those waiting to hear about the future of the clinic, will have to wait a little longer.

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3.7 - YaleNews: [Veterans prefer telehealth consults for plastic surgery, study shows](#) (6 December, Ziba Kashef, New Haven, CT)

If a veteran in Maine, Vermont, or Massachusetts needs to have a common skin condition treated, they might have to travel to the VA in West Haven, Connecticut three times — once for a consultation, the second time for treatment, and the third time for post-operative care. But a new pilot study led by Yale plastic surgeons shows those three visits could be reduced to one by using telemedicine.

An all-Yale team lead by Drs. Henry Hsia and Deepak Narayan recruited 41 patients in the Connecticut VA system to participate in the pilot program. The veterans all had non-urgent conditions ranging from minor skin cancers to cysts to carpal tunnel syndrome. At local outpatient clinics, the patients received consultations using video conferencing equipment that connected them to a plastic surgeon in the West Haven VA. After the consultations, the veterans completed questionnaires evaluating their satisfaction and the quality of care.

The research team found that the vast majority of veterans treated preferred the telemedicine consultation to a traditional face-to-face visit. This alternative eliminated both the time and expense of making multiple trips to West Haven with no added cost, the research team noted.

"We're not trying to replace traditional exams," Hsia noted. "But this is an adjunct that will benefit patients by providing a screening tool." As the number of veterans choosing telemedicine consultations grows, the researchers will investigate other aspects such as cost effectiveness and outcomes, the researchers said.

Read the full paper in Plastic and Reconstructive Surgery Global Open.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Government Matters (Video): Issues with the VA's electronic health records program (4 December, Andrew Wagner, Washington, DC)

The Department of Veterans Affairs is in some hot water with Congress. During a hearing of the House Veterans Affairs Committee, lawmakers were shocked to find that the electronic health record program was already \$350 million over budget. Ed Meagher, former VA chief technology officer and president of Vetegic, LLC., says that in addition to these budgetary issues, VA's plan to implement a Cerner-based EHR system is unworkable.

"It's doomed from the beginning for many reasons. I list eight separate reasons, four of which I call violations of the laws of gravity and four are more cultural and management. This system that they are proposing to deliver for both DoD and VA has never, ever been shown to be able to operate at the scale and scope that it will have to operate to replace what VISTA does today," Meagher said. "And to my knowledge, there's no key performance indicators to know where they are along the path to success. In fact, success is in the mind of the beholder. It doesn't clearly say what constitutes success. Getting away from the technology of it, they are going to change lives of about a half million people. They have not really consulted with them. I would liken this to an old FedEx commercial where they are rebuilding the plane while it's in flight. They are going to have to rebuild two planes while in flight... Everyone wants this to succeed, it just can't."

Mr. Meagher's current role was incorrectly identified as Executive Vice President of Healthcare Strategy at Information Innovators Inc. It has been corrected above.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Military Times (AP): Another for-profit college chain, popular with GI Bill users, closes suddenly (6 December, Jeff Amy and Collin Binkley, 471k uvm; Springfield, VA)

JACKSON, Miss. (AP) — One of the nation's largest for-profit college chains announced Wednesday that it was abruptly closing in dozens of locations nationwide, after its accrediting agency suspended approval.

Birmingham, Alabama-based Education Corp. of America said it was closing schools operating as Virginia College, Brightwood College, Brightwood Career Institute, Ecotech Institute and Golf Academy of America in more than 70 locations in 21 states. The company said in October that it

had more than 20,000 students, although more recent documents indicate the number may be closer to 15,000.

ECA schools enrolled about 4,000 students using the Post-9/11 GI Bill in fiscal 2017, the latest year for which federal data is available. A Military Times analysis of Department of Veterans Affairs data shows more than \$41 million went to pay for the education of veterans at these schools.

The company, backed by investors including private equity firm Willis Stein & Partners of Chicago, is the latest in a series of for-profit colleges to close after allegations that they were loading students up with debt while not providing them with marketable skills.

In some cases, students told local news outlets Wednesday that operations ceased immediately, while in other cases students said they were told to return for meetings later.

ECA spokeswoman Diane Worthington said that at most locations, Friday would be the last day of classes, and students would get academic credit for this term. One ECA institution, New England College of Business, is not closing. The company mostly offers professional certificates in subjects like cosmetology, culinary arts and medical and dental assisting.

In a letter to students, ECA CEO Stuart Reed said the company's impending loss of accreditation, along with added requirements from the U.S. Department of Education, made the company unable to raise more money to operate the schools while it sought to reorganize.

"It is with extreme regret that this series of recent circumstances has forced us to discontinue the operation of our schools," Reed wrote.

In October, the company sued the U.S. Education Department seeking to maintain its federal funding, which was in jeopardy over its dire financial situation. A judge later dismissed the suit.

Court documents filed by the company said its lagging revenue left it unable to make payments on its debt or rental fees, and that it faced eviction at several campuses. ECA estimated it owed \$66 million at the time. Even before then, ECA was planning to shutter 26 campuses to cut costs. Another federal judge in Georgia later granted a bankruptcy-like receivership meant to protect the company from creditors.

ECA largely blamed falling enrollment on an upswing in the economy, which left fewer adults heading to school for job skills, and on increased federal regulation of the for-profit college industry.

The sudden closure drew criticism from the U.S. Education Department, which said it had been working with the company to arrange a shut-down that gave students time to transfer.

"Instead of taking the next few months to close in an orderly fashion, ECA took the easy way out and left 19,000 students scrambling to find a way to finish the education program they started," Liz Hill, an Education Department spokeswoman, said in a statement.

Like the recently shuttered Corinthian Colleges and ITT Technical Institute chains, Education Corporation of America was overseen by the Accrediting Council for Independent Colleges and Schools, one of the watchdog groups the federal government appoints to ensure colleges offer a quality education.

The council, known as ACICS, wrote a Tuesday letter to Reed saying it was suspending accreditation immediately at all the institutions, citing “rapidly deteriorating financial conditions,” a failure to make required payments to the council and a wide variety of academic concerns.

ACICS was shut down by the Obama administration over allegations of lax oversight, but was later reinstated on Nov. 21 by Education Secretary Betsy DeVos, who found it was “substantially in compliance” with federal standards.

Virginia Rep. Bobby Scott, the top Democrat on the House Education and the Workforce Committee, urged DeVos to rethink her decision on ACICS after the Wednesday closure.

“We have repeatedly warned about the risks low-quality, for-profit education companies and irresponsible accreditors pose to students and taxpayers across the country,” Scott said in a statement. “Today’s announcement is another painful reminder of those risks.”

Corinthian and ITT Tech educated thousands of student veterans when they closed in 2015 and 2016, respectively, and became the impetus for a provision in the Forever GI Bill law passed last year that restores GI Bill benefits to victims of abrupt school closures.

In many cases, students and teachers were in class when they got the news about the ECA closures Wednesday. Melissa Zavala, who was studying to be a medical assistant at a San Antonio, Texas, campus of Brightwood, told KSAT-TV students were taken to an auditorium.

“The director was there and she was like, ‘I have bad news. The school is closing down,’” Zavala said. “Everyone was like, ‘What about our student loans? We’re almost done.’”

Zavala said campus officials couldn’t provide additional information and told them to look online for other colleges they could attend.

“They took our money, they shut the school down and that’s it for us,” Zavala said.

Toby Merrill, who directs the Project on Predatory Student Lending at Harvard Law School, said students can ask the U.S. Department of Education to cancel loans if a school closes. However, that opportunity doesn’t apply if a student transfers credits or if a school hires a successor to offer students classes to complete their programs.

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6.2 - The Morning Call: [Why an effective program for Lehigh Valley homeless veterans has had to close](#) (6 December, Paul Muschick, 442k uvm; Allentown, PA)

When Tim Smith retired after 26 years in the Army, things didn’t go as planned. Before long, the Bethlehem native was homeless.

He stayed in his car for a night or two and then spent about nine days at Bethlehem’s homeless shelter.

What got him back on his feet, Smith told me, was a hand from Hope for Veterans.

The free service assists veterans who have no place to live, and those on the brink of homelessness. Not only did the agency find him an apartment, but it made sure Smith had furniture and dishes. It offered leads on where to look for work, gave him a bus pass and routinely checked in to see how he was doing.

Smith, 52, who retired from the Army in 2014 after service in several countries and two deployments in Iraq as a quartermaster, fears other veterans will have trouble getting that hand in the future.

Hope for Veterans closed its center on Hamilton Boulevard in Allentown at the end of October after the U.S. Department of Veterans Affairs didn't renew its funding.

The center, in an office building near the veteran's medical clinic, was a place where veterans could line up housing, get help filling out benefits paperwork or get connected with mental health or medical resources. They could use a computer, get job leads or just talk to someone. In fiscal year 2018, Hope for Veterans assisted 229 people in Lehigh and Northampton counties, and also served 11 surrounding counties.

So when its grant — about \$1.2 million of which was spent in the Lehigh Valley — wasn't renewed for fiscal year 2019, which started Oct. 1, the region's homeless advocates were blindsided.

"The tough part to see is that they pulled all of the funding," said Bob Rapp, a former Hope for Veterans outreach specialist who now helps the homeless as part of the street medicine team at Lehigh Valley Health Network. "To see it all go away at once — when you look at the previous year and you see how many hundreds of people that you served ..."

It seems that Hope for Veterans was a victim of its own success.

Along with other area efforts, it reduced the number of homeless veterans to the point that, last year, the U.S. Department of Housing and Urban Development declared that Lehigh and Northampton counties had "effectively ended" veteran homelessness. Nationwide, 64 communities and three states have achieved that benchmark.

So rather than continue to fund Hope for Veterans' operation in Allentown and make sure veteran homelessness remained at a manageable level in the Lehigh Valley, the feds decided to spend their money elsewhere.

Some advocates for veterans think that's shortsighted.

Being designated as "effectively ending" veteran homelessness doesn't mean there aren't homeless veterans, said Tom Applebach, director of the Lehigh County Veterans Affairs Office and chairman of the Lehigh Valley Homeless Veteran Task Force. It means there is a system in place to handle their needs quickly. He fears the loss of the Hope for Veterans grant will make it harder to keep doing that.

"This is pretty much devastating to us," Applebach said.

There are other VA and HUD programs that assist homeless veterans, who also can tap into services for the broader homeless population. But Hope for Veterans played a role that can't be

replicated because it specialized in working with veterans, and veterans trusted it, Smith and others told me.

“Any homeless veteran that I know of who has got themselves situated, they got their help through Hope for Veterans,” Smith said.

Nationwide, the number of homeless veterans has been cut almost in half since 2010, according to HUD data released last month. In Lehigh and Northampton counties, the number has fluctuated over the last five years, from a low of 28 in 2017 to a high of 42 in 2014.

The Lehigh Valley Homeless Veteran Task Force also counts homeless veterans. Its figures are higher: 64 this year through August, 70 in 2017, 77 in 2016 and 63 in 2015.

It’s difficult to get an accurate count.

The official tally is taken by HUD every January. Veterans in states such as Pennsylvania may not be on the streets then because it’s too cold. They may not be found in shelters, either, because shelters fill up.

Those who are elsewhere — with friends or in the hospital — don’t get counted, Rapp said. “If you’re couch surfing, you’re not homeless,” he said.

If bureaucrats are relying on that data alone when deciding where to allocate money, that could lead to inadequate funding if the data don’t accurately measure the need.

Hope for Veterans is operated by nonprofit Community Hope of Parsippany, N.J.

It still is assisting homeless veterans in New Jersey, because the VA renewed the organization’s grant to work there. It is providing services in 13 counties, including Warren and Hunterdon.

CEO Michael Armstrong told me he was surprised when his agency’s grant to work in Pennsylvania wasn’t renewed, too.

“We don’t know why,” he said. “We thought we were doing very well.”

So did Josh Freeman.

The 28-year-old is a native of Oklahoma who served two years of active duty with the Army National Guard. He said he got sick while serving, developing asthma and cardiovascular problems. He received an honorable medical discharge and moved to the Lehigh Valley to stay with a friend. That relationship fell apart and he found himself at the Bethlehem emergency homeless shelter.

Smith, the 26-year Army veteran, was volunteering there and told him to seek help from Hope for Veterans. Freeman said that within about three weeks, he had an apartment, with furnishings and clothing. He said a caseworker followed up, inquiring about his mental health, connecting him with programs to get subsidized utilities and making sure he was looking for a job.

Freeman said the organization paid four months rent, its maximum amount. He hadn’t found a job yet so he had to move out. He moved into an apartment with Smith and others in Bethlehem that Smith set up as transitional housing through a nonprofit he founded, City of David Ministries

(Faith Works) Inc. Its mission is to provide housing, employment search assistance and education referrals to those in need, particularly veterans.

Freeman has found work as a cook at Sands Bethlehem Casino Resort. He said he wouldn't be where he was without help from Hope for Veterans. "They did the best and most they could do," he said.

Without that organization, local advocates wonder if there will be enough services to meet the need.

Nationwide, the VA has been spending more money on homeless veterans services in recent years. Its budget is \$1.8 billion this fiscal year. In 2014, it was \$1.5 billion. In 2009, it was only \$376 million.

But spending on the program that funded Hope for Veterans' work in the Lehigh Valley, the Supportive Services for Veteran Families program, is being reduced. A VA spokesman told me this year's award process for those grants was "extremely competitive." He said the decisions reflect the VA's "obligation to ensure available resources are allocated where they best align with veterans' needs."

The agency told U.S. Sen. Bob Casey's office that Pennsylvania received 3.13 percent of the program's grant funds for next year and had 2.4 percent of the nation's homeless veterans as of the last count.

The VA said in a news release that it will spend about \$326 million through 252 nonprofits in fiscal year 2019. In 2016, the funding was about \$379 million to 378 nonprofits, according to an annual report.

Locally, the cuts have been big, from about \$1.6 million in fiscal year 2017 to \$169,000 now.

In addition to ending Hope for Veterans grant this year, the VA ended a similar grant last year to the Lehigh Valley Center for Independent Living.

The lone grant to serve the region in fiscal year 2019 went to Catholic Charities of the Diocese of Allentown, which got \$169,000 to cover services in five counties — Lehigh, Northampton, Berks, Schuylkill and Carbon. That grant will be supplemented by a one-time \$100,000 state grant, but the state money is not guaranteed to continue in the future.

The greatest need is in Lehigh and Northampton counties. Catholic Charities hopes to spend most of its VA funding there, said Rob Nicolella, Catholic Charities' county administrator. It obtained non-VA grants to provide services in Berks and Schuylkill counties.

Catholic Charities will coordinate with other agencies to cover the need as best it can, Nicolella said. "We will do whatever it takes in order to try to help."

It has support. Other efforts are coordinated by the VA's medical centers.

Officials at the Wilkes-Barre medical center, which serves the Lehigh Valley, said veterans shouldn't worry about funding and should ask for help if they need it. The medical center has a lot of resources and partnerships and will figure out how to help, public affairs officer William Klaips said.

“The veterans aren’t going to know that there’s a loss in dollars because they will never be treated differently than if we had billions of dollars,” said Nicole Garza, the medical center’s chief of social work service. “The veterans won’t know. Maybe it won’t go as fast but it will be continuous, there will be many resources that are afforded to veterans that qualify. That won’t change, despite funding being cut and a grant being lost.”

I hope that’s the case. Local homeless advocates have their concerns.

The problem of homelessness, and of homeless veterans, never will be solved for good. There always will be people who suddenly become homeless due to a job loss, break-up, addiction or other problem.

It’s important to have a safety net to catch those people immediately, or even better, before they end up on the street. The Lehigh Valley has been doing OK when it comes to catching veterans.

It would be a shame if the drastic reduction in grant funding to the region changes that. If the homeless veteran numbers grow, that presumably would prompt more funding. That shouldn’t be how bureaucracy works.

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6.3 - WTVW (FOX-7, Video): [In-depth with Brad Byrd Veterans Court: Keeping charged veterans out of jail](#) (5 December, Britney Taylor, 43k uvm; Henderson, KY)

Eight-minute video: A 2011-2012 study showed the US Department of Justice stats showed an estimated 181,500 veterans, eight percent of all inmates in state and federal prison and local jails, were serving time behind bars.

We are talking about the Vanderburgh County Court System and the Veterans Administration combining resources to help troubled veterans receive the help they need to stay out of prison.

Judge Kiely helped create the very first Veteran’s Court in Indiana.

Here’s the contact information for Gene Thweatt:

[...]

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6.4 - WBFO (NPR-88.7, Audio): [VA host latest Veterans Stand Down in Niagara Falls](#) (6 December, Michael Mroziak, 22k uvm; Buffalo, NY)

It happens once a year in Buffalo, when the US Department of Veteran Affairs hosts what is called a Veterans Stand Down. It’s a gathering where representatives of various agencies set up and provide information to veterans about their wide range of services. On Thursday, the VA brought the Stand Down to Niagara County for the first time in a decade.

An estimated 50 agencies representing health care, legal services, financial, education and other fields assembled inside the Frederick F. Cadille American Legion Post 1664 on Market Street, in the heart of the city's Pine Avenue Business District. Among those offering information on educational options was Willie Pullman of Bryant and Stratton College.

He explained his institution offers packages for veterans to turn their military experience into a career path.

"A career path that can focus on something of their interest," he said. "Something with longevity, something with stability since they're returning back from service. These are services such as information technology, business courses and criminal justice."

Stand Downs were first created to work exclusively with homeless veterans but they have since been expanded to welcome and serve all local veterans.

"We have done a great job working with our community providers to drastically reduce the number of homeless veterans in our community," said Kristen Weese, VA Health Care for Homeless Veterans program manager. "One homeless veteran is too many, but we are very proud of the work we've done."

A hot, free meal was also provided during the Stand Down and local barbers were offering complimentary haircuts. There were even personnel standing by to offer services for pets of veterans. Banfield Pet Hospital operates several clinics at PetSmart retail outlets throughout the nation, including several in Western New York. Ashley Miller, chief of staff, traveled from Connecticut to assist local vets at the Niagara Falls Stand Down. She previously came to Western New York earlier this year, to assist with the Stand Down held at KeyBank Center in Buffalo.

"We like to participate in as many events as we can," Miller said. "If we can't see the pets here, we're happy to send stuff home as much as we can, to keep them healthy with their owners."

About 1,000 veterans were served at the Buffalo Stand Down in June. Officials estimated only a fraction of that turnout would attend the Niagara Falls event. But they wanted to finally come north and they hope they'll be able to offer another Stand Down in Niagara County in the not-too-distant future.

"We anticipate a smaller crowd than the thousand that we see in Buffalo, but we wanted to bring the services right here in the second-largest county in our coverage area," Weese said.

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6.5 - The Daily Free Press: [Veterans struggle to pay college tuition due to VA delays](#) (6 December, Natalie Patrick, 5k uvm; Boston, MA)

The Department of Veterans Affairs has experienced delays processing checks for the housing allowances and tuitions of some veterans going to universities, including a student at Northeastern University.

Student veterans across the country are struggling to submit tuition and housing payments to their universities on time because of the back up. The Boston Globe reported that the VA

announced Nov. 29 that it would reimburse the student veterans for their full payments after receiving backlash when the agency originally said it would not do so.

VA Secretary Robert Wilkie said in a statement that the organization will work to ensure that the veterans who depend on the Forever GI Bill, which provides veterans with such education benefits as priority enrollment and a work study expansion, are able to pay for their education.

“Although VA has encountered issues with implementing the Forever GI Bill on Congress’ timeline,” Wilkie wrote, “we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law.”

The Veterans Benefits Administration announced in a press release on Nov. 28 that it is beginning to reset the way it processes sections 107 and 501 of the Forever GI Bill, which will change how monthly allowances are calculated.

To ensure communication between the multiple parties involved with getting payments to veterans, the VBA said in the press release that it will maintain contact with everyone involved.

The VBA also asked schools to begin their paperwork for the spring semester so that work can be completed on time.

Mark Bryson, a veterans employment representative from MassHire’s Department of Career Services, said there are other federal programs available that can provide educational and career aid for veterans besides just the VA, such as the Workforce Innovation and Opportunity Act.

“That’s a federal program which, basically, it gives every career center a block grant in order to help them to facilitate trainings for people that need it,” Bryson said. “Usually, it is no cost to the individuals, and they can get training anywhere from getting certifications, that sort of thing, or even up to getting like an associate’s degree.”

Another option, Bryson said, is for veterans to get vocational rehabilitation to help them return to the workforce.

“If they are a veteran, then they should be eligible to go do vocational rehabilitation,” Bryson said. “That’s one of the ways that veterans can get funding for training, or they have post 9-11, or they have the GI Bill.

Mirna Rodriguez, 62, of Jamaica Plain, said she thinks funds should be available for veterans who want to obtain a college degree. She said the VA and universities should unite because education can provide a better life for veterans.

“They should make funds available because it’s very important for veterans,” Rodriguez said. “They deserve support. I believe they deserve to go to college.”

Lisa Bennett, 43, of Brookline, said she thinks the VA should compensate veterans for keeping the country safe.

“They serve our country, they help us be safe and everything like that,” Bennett said. “They should go all the way for them.”

Laconia Strothers, 33, of Downtown Boston, said she thinks the government has “dropped the ball” with regard to supporting veterans. She said she has worked with homeless veterans in the past and believes no veteran should be homeless or unemployed.

“As far as them going back to school, it’s very unfortunate,” Strothers said. “They shouldn’t have to come back from service after defending our country for whatever reason our government feels like they throw them out there for at this point. They should be given everything that they need.”

Strothers said she thinks the VA has enough money to support veterans until the federal government figures out the delays in processing checks. She said she doesn’t think the VA supports veterans as much as they should, especially considering her recent experience losing a family member who was in the Marines during World War II.

“He went to the VA for help, and they sent him to a hospital, and that was it,” Strothers said. “He was in there for a week, and they called us and told us he didn’t make it.”

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6.6 - Fulton Sun: [Lodging planned at VA for veteran families](#) (6 December, Helen Wilbers, 4k uvm; Fulton, MO)

Families of veterans visiting the Harry S. Truman Memorial Veterans Hospital in Columbia will soon have a home away from home.

Charity Fisher House is building a 16-suite complex to house the families of military members and veterans staying at the hospital. Stephen Gaither, board president of Friends of Mid-Missouri Fisher House, visited the Fulton Rotary Club on Wednesday to encourage locals to support the project.

"Callaway County veterans absolutely end up at Truman," he pointed out.

Suites at a Fisher House are first-come, first-serve. Families may stay for a single night or, depending on circumstances, much longer. When rooms aren't available, Fisher House may pay for a hotel room for the family.

Fisher House has built 78 similar facilities at military hospitals and installations both at home and abroad. Currently, only one exists in Missouri (St. Louis). They've provided temporary housing for more than 35,000 families, saving them some \$405 million in lodging costs, Gaither said. The Fisher House Foundation has a perfect rating on Charity Navigator.

The foundation hopes to break ground on the new facility in early 2021, with a projected completion date in late 2021. The total cost, including furnishing, is estimated at \$6 million.

"Fisher House Foundation doesn't dedicate to building a new house unless it has the resources in place to do so," Gaither said. "However, our local group wants to try to offset the cost."

After completing the facility, the Fisher House Foundation will donate it to the Truman VA hospital. Gaither worked at the hospital in public relations for decades before his recent retirement.

"Strictly speaking, VA health care benefits are for veterans only," he said. "Sometimes, we'd try to get creative in accommodating a family that came from a long way away. Fisher House lets us do that in a way that's not legally shady."

During the next couple years, Gaither's organization will be working hard to raise funds for the project. Many volunteer opportunities will be available as well. To learn more or get involved, visit facebook.com/midmofisherhouse.

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7. [Other](#)

7.1 - Business Insider: [White House appointee reportedly told VA's diversity chief not to condemn white supremacy after the deadly Charlottesville riots](#) (6 December, Caitlin Foster, 34M uvm; New York, NY)

In the aftermath of deadly protests in Charlottesville in August 2017, the chief diversity officer at the Department of Veterans Affairs pushed to issue a statement condemning white supremacy — only to be silenced by a White House appointee at the agency, The Washington Post reported.

Emails provided to the Post by watchdog organization American Oversight reportedly show a tense exchange between the two officials.

Georgia Coffey, the diversity chief, believed a strong statement was appropriate because "the agency's workforce was unsettled by the uproar," the Post reported. The VA secretary at the time, David Shulkin, told reporters he was "outraged" by the violence.

According to the Post, in her emails Coffey wanted to send a clear message that the VA stood against the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan."

John Ulyot, a top communications official at the VA, told Coffey to stand down, the Post reported. Ulyot reportedly told Coffey that, at the direction of Secretary Shulkin, such a statement was unnecessary because Shulkin had already addressed the violence with the press. An anonymous source told Post reporter Lisa Rein that the direction to silence Coffey's statement came from the White House amid efforts to calm the uproar caused by President Donald Trump's controversial response to the protests.

VA spokesman Curt Cashour told the Post the White House did not issue the direction.

Shulkin reportedly encouraged VA employees to share their personal views, as he had done. But Ulyot asked Coffey to remove incendiary language before releasing her personal statement, which she felt would dilute her intended message, the Post reported.

Coffey released her full statement, and was summarily reprimanded before her retirement from the agency, according to the Post.

Coffey and Ulliyot declined to comment on the story. Shulkin told the Post he did not recall discussing the VA's response with Ulliyot, and while Shulkin was copied on numerous emails between Ulliyot and Coffey, the email exchange obtained by Business Insider does not contain direction from Shulkin about how he wanted Coffey's message handled.

In an emailed statement to Business Insider, Cashour said Shulkin had explicitly directed Ulliyot on how he wanted the issue handled, and that the email chain, on which the secretary was copied, serves as proof.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulliyot to share his directive is belied by the paper trail contradicting his statement," Cashour said in an email. "This is more sour grapes from a dismissed doctor."

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7.2 - The Huffington Post: [Veterans Affairs Official Vetoed Statement Against White Supremacy After Charlottesville](#) (6 December, Hayley Miller, 28.5M uvm; New York, NY)

A top official at the Department of Veterans Affairs denied a request from the agency's chief diversity and inclusion officer to issue a strong condemnation of white supremacy in response to the deadly Charlottesville riot in August 2017, as first reported by The Washington Post.

An email exchange between John Ulliyot, named the VA's top communications official by President Donald Trump in March 2017, and workplace race relations expert Georgia Coffey shows conflicting opinions about how the agency should address the racially charged violence.

Coffey told Ulliyot that the VA's top officials needed to release a statement against the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan" demonstrated at the Aug. 17, 2017, white nationalist rally in Charlottesville, Virginia.

But Ulliyot rejected her request, according to emails provided to the Post by watchdog group American Oversight, which obtained them via the Freedom of Information Act. The Veterans Affairs Department also provided HuffPost with a copy of the email exchange.

The email exchange followed Trump's controversial statement falsely blaming "many sides" for violence at the rally, which turned deadly after a neo-Nazi rammed his car into a crowd, killing a woman who had been protesting racism.

Lawmakers on both sides of the aisle had urged the president to take a stronger stance against white nationalism.

VA Press Secretary Curt Cashour told HuffPost in a statement Thursday that then-VA Secretary David Shulkin had felt "adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications" and had simply tasked Ulliyot with relaying this message to Coffey.

In his emails to Coffey, Ulyot was respectful and noted he was acting at the direction of Shulkin, as noted by the Post. He told Coffey she could instead issue a more general statement acknowledging the VA's "strong commitment" to diversity.

Despite being copied on Ulyot's email exchange with Coffey, Shulkin told the Post he didn't recall his conversations with Ulyot about how to handle Coffey's request. Cashour dismissed Shulkin's denial.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement," Cashour said in his statement to HuffPost. "This is more sour grapes from a dismissed doctor."

Despite Ulyot's veto, Coffey reportedly posted the full statement under her name in a monthly newsletter from the diversity office, which agency officials later removed. She retired soon after.

Ulyot, who previously served as the communications director for the Senate Veterans' Affairs Committee, was a staffer on Trump's 2016 campaign. He was reportedly part of an effort to oust Shulkin from the Veterans Affairs Department. Trump ultimately fired Shulkin in March.

The White House did not immediately respond to HuffPost's requests for comment for this story.

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7.3 - Newsweek: [Trump Appointee Told Veterans Affairs Leader Not To Condemn White Nationalists Following Deadly Charlottesville Riots](#) (6 December, Alexandra Hutzler, 9.2M uvm; New York, NY)

President Donald Trump's refusal to condemn the white nationalists and neo-Nazis involved in the deadly Charlottesville, Virginia, riots in 2017 sparked an internal struggle within his administration, especially within the Department of Veterans Affairs.

New emails obtained by The Washington Post show a top White House appointee in the VA tried to silence the agency's chief diversity officer, Georgia Coffey, after she rebuked Trump's response to the racially charged clash. The emails were initially discovered and given to the Post by American Oversight, a nonprofit watchdog group in Washington, D.C.

Days after the Charlottesville riots, which resulted in the death of 32-year-old Heather Heyer, Coffey urged the agency to release a statement denouncing the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan," according to the emails.

In another email, Coffey wrote to VA communications chief John Ulyot that a statement was necessary, as minorities make up more than 40 percent of the agency's 380,000 employees.

But Ulyot, who was appointed by the White House in the spring of 2017, refused Coffey's request and told her to stand down. A source familiar with the matter told the Post that Ulyot was operating under orders from the White House, which was attempting to contain the fallout from Trump's comments.

In his first remarks after the Charlottesville tragedy, Trump sparked outrage when he said that there was blame “on both sides” and that the group of white supremacists and neo-Nazis involved in the Unite the Right rally had included some “very fine people.”

Emails also show that Coffey had drafted a statement to be released by the agency, which said the Charlottesville violence served “as a tragic reminder that our work in civil rights and inclusion is not finished.”

Coffey’s email was met with a response from an employee in the public affairs office, who told her that “John Ulyot does not want to post the message, as the Secretary previously made statements in the news media on the topic earlier this week.” The staffer was referring to brief comments made by then-VA Secretary David Shulkin, who said that events of Charlottesville “outraged” him.

Coffey published the statement anyway, in the agency’s monthly newsletter, but officials immediately removed it. She left the department soon after the incident. The senior official of the agency’s Office on Diversity and Inclusion also retired last year, due to a lack of support from Trump’s White House,

On the one-year anniversary of the riots, Trump appeared to have slightly changed his tune, writing in a tweet: “The riots in Charlottesville a year ago resulted in senseless death and division. We must come together as a nation. I condemn all types of racism and acts of violence. Peace to ALL Americans!”

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7.4 - VICE: [The VA’s diversity chief wanted to condemn white supremacists. Her Trump-appointed boss blocked it](#) (6 December, Tess Owen, 4.2M uvm; Brooklyn, NY)

When hundreds of white supremacists and neo-Nazis terrorized the city of Charlottesville in August 2017, the VA’s chief diversity officer wanted to put out a strong statement of condemnation on VA news outlets, but her Trump-appointed boss blocked her.

John Ulyot, the Veterans Affairs chief communications officer, tried to block Georgia Coffey from issuing a statement condemning the “repugnant display of hate and bigotry by white supremacists, neo-Nazis and the Ku Klux Klan” at the Unite the Right rally, according to internal emails shared with VICE News and first reported by the Washington Post.

The heated back-and-forth between Ulyot and Coffey, who resigned soon after, came as President Trump infamously blamed “both sides” for the violence, which led to the death of Heather Heyer, a counterprotester, and dozens of injuries.

That same week, former VA Secretary David Shulkin, who is Jewish, made headlines when he appeared to break with the White House’s messaging in response to the Charlottesville violence. (Shulkin, a physician, was fired in March amid allegations of ethical lapses and internal conflicts over planned privatization for parts of the VA healthcare system.)

“I’m giving my personal opinions as an American and as a Jewish American,” Shulkin told reporters. “And for me in particular, I think in learning history, that we know that staying silent on these issues is simply not acceptable.”

According to the emails, Ulyot was confident that Shulkin's comments were sufficient.

But Coffey, who now works as the senior manager for global diversity and inclusion at Lockheed Martin, pushed back, stressing that it was important the agency present a united front against white supremacy for its some 380,000 employees. Coffey also noted that her counterparts at other agencies, including the department of education, had shared similar messages with their workforces.

In response, Ulyot said he'd spoken to Shulkin on the matter, who had told him that VA officials should feel free to share their personal views on social media and other outlets, and offered an alternative, watered-down statement that removed all references to white supremacy, instead simply affirming commitment to "equal opportunity, diversity, and full inclusion for all in VA and beyond."

Coffey again pushed back, saying she believed it was important she reference hate groups "specifically, so there is no confusion or equivocation in my message," again noting that other agencies were making specific references. "I would want VA to be in the vanguard of this activity," said Coffey. "While I appreciate your suggested edits, I fear it dilutes my message and fails to convey the sense of condemnation that I hope we all feel."

A forceful condemnation of white supremacy may have been especially important for the VA given that studies have suggested that political extremism is a growing problem in the military. According to a survey published by the Military Times in October 2017, one in four troops say they've encountered white nationalists in the ranks. Nearly a decade ago, the FBI launched a national operation looking at the overlap between white supremacists or anti-government extremist groups, and veterans from Iraq and Afghanistan.

"Then-Secretary Shulkin dictated explicitly to John Ulyot how he wanted this particular issue handled," VA Press Secretary Curt Cashour told VICE News in a statement. "Shulkin was adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications, as Shulkin had done himself in public comments two days beforehand."

Shulkin, who is copied on the email thread, told the Post he doesn't recall speaking with Ulyot about how the VA ought to handle the incident.

"I do feel strongly that all Americans have a right and duty to speak up with their personal views on important issues, as I did following Charlottesville," Shulkin also wrote in a message to VICE News.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement," Cashour said. "This is more sour grapes from a dismissed doctor."

VA Secretary Robert Wilkie, whom Trump nominated to replace Shulkin, praised Ulyot in a statement. "John Ulyot is on the VA team because he is committed to veterans and has spent a lifetime of exceptional service as a Marine and public servant," Wilkie wrote.

Cover image: On Saturday, August 12, 2017, a veritable who's who of white supremacist groups clashed with hundreds of counterprotesters during the "Unite the Right" rally in Charlottesville, Va.

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7.5 - Washington Examiner: [Emails show Veterans Affairs rejected a strong statement on the Charlottesville riot](#) (6 December, Maria Biery, 3.1M uvm; Washington, DC)

Email exchanges between top officials at the Department of Veterans Affairs show that the agency sought to water down their statement condemning the white nationalist riot in Charlottesville, Va., in August of last year, according to a Wednesday report from the Washington Post.

Workplace race relations expert Georgia Coffey told John Ulyot, who served as the VA's top communications official, via email that she wanted the department to make a stronger statement against the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan." The request came after President Trump controversially said that there were "many sides" at blame in the Charlottesville riot.

Ulyot relayed directions from then-Secretary David Shulkin, who felt "adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications," according to VA Press Secretary Curt Cashour.

Ulyot told Coffey that the department could release a statement reiterating the VA's "strong commitment" to diversity, but he could not authorize a stronger response than the one Shulkin delivered.

Coffey posted her full statement, however, condemning the riots in the VA's monthly newsletter from the diversity office. The department removed the statement shortly thereafter, and Coffey left the VA a few weeks later.

Shulkin was looped in on all the emails exchanged between Ulyot and Coffey, but he told the Post he did not remember the conversation.

Cashour remarked on this saying, "For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement. This is more sour grapes from a dismissed doctor."

Trump fired Shulkin in March.

Current VA Secretary Robert Wilkie, when asked about the Post report at a telehealth event on Thursday, said that he had confidence in the VA's commitment to diversity.

"When I started, one of the first directives I took was on inclusion and equal opportunity, same thing as when I worked at the Pentagon. I wouldn't have anyone on the team who wasn't dedicated to that," he said.

The VA has been without a permanent head for the Office on Diversity and Inclusion since earlier this year and was at the center of another racial incident in October when a top VA official was found displaying a photo of a prominent Ku Klux Klan member in his office.

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7.6 - Military Times: [President George H.W. Bush was secretly a pro wrestling fan, VA secretary says](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — As funeral services for former President George H.W. Bush concluded in Texas on Thursday, Veterans Affairs Secretary Robert Wilkie offered his own reflection at a department event on Thursday that showed a different side of the war hero-turned-politician.

Below is a transcript of Wilkie's remarks about his role in helping to broker an unusual friendship for the president and former first lady Barbara Bush:

"President Bush has a very special place, not only in my heart but in the heart of veterans across the country. ... But I'm not going to be somber on that. I'm going to tell you something that he would be proud of.

I got a chance to know him and Mrs. Bush a little bit. They were remarkable people. Coming from the background they had, you would not expect them to be as comfortable on main street as they were on Wall Street.

I had just started as a young staffer on the (Senate) Foreign Relations Committee. I was working for the ranking member at the time, Sen. Jesse Helms (of North Carolina), and I received a call from the White House. For a 20-something-year-old, that was quite an event.

The operator got on, told me to please hold for the first lady's office. Mrs. Bush's secretary got on, and she was whispering. She said, 'Mr. Wilkie, we have something to request.' I listened.

She said, 'Does Sen. Helms know a great American personality by the name of Ric Flair?'

I told her yes ma'am, Sen. Helms actually started televised wrestling in North Carolina in the 1950s. I asked why.

She said, 'We don't talk about this very much, but the President and Mrs. Bush watch Mr. Flair every Saturday night. They're going to Charlotte, and they'd like to know if Mr. Flair could accompany them on Air Force One.'

I said I'd get back to her.

I called the Charlotte office of the National Wrestling Alliance and got his promoter, appropriately named Davy Crockett. I said I have a special request. ... They said, 'He'll be there.'

So, there he was, at Andrews Air Force Base, platinum hair, three-piece suit, gold watch, and the first hug Ric gets is from Barbara Bush when she gets out of the limousine.

We fly down to Charlotte, we get in the reception line (at the airport), and Barry Goldwater is there, too. Goldwater gets up and asks the president, 'Where is Barbara?'

And the president tells him, 'Barry, after 48 years of marriage, I just lost her to someone called Nature Boy.'

That was George and Barbara Bush to me. Their presence will be greatly missed."

Bush was laid to rest in College Station, Texas, after a church service on Thursday. World Wrestling Entertainment, Flair's current employer, held a special 10-bell salute to the former commander in chief at their event in Houston this week.

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7.7 - Independent Journal Review: [VA Diversity Officer Told Not to Condemn White Supremacists After Charlottesville](#) (6 December, Lizzie Helmer, 447k uvm; Alexandria, VA)

The Chief Diversity Officer at the Department of Veterans Affairs wanted to make a stark statement after the violent rally in Charlottesville, Virginia last year. But emails obtained by the Washington Post show a White House appointee ordered against it.

President Donald Trump blamed "both sides" for the violence at Charlottesville, where a white nationalist group rallied and one of their members killed a counter-protester. Georgia Coffey, the VA's chief diversity officer at the time, wanted to put out a harsher statement that placed blame on the white nationalists and their "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan," according to emails.

But John Ulliot, the VA's chief communications official, didn't want to release a statement that clashed with the president's words.

In emails, Coffey argued that a VA statement was necessary given that it's the second largest federal agency and 40 percent of the VA's employees are minorities.

But Ulliot held his ground, reportedly enforcing a directive from the White House that wanted to make sure no more attention was brought to the controversy surrounding Trump's response to the rally. A VA spokesperson denies there was a directive.

Representatives from the VA already lashed out against Trump publically. VA Secretary David Shulkin said he was "outraged" by the events in Charlottesville. After, Ulliot agreed to send an email to employees but that the condemnation should be toned down. Coffey refused, saying that doing so would "dilute my message and fail to convey the sense of condemnation that I hope we all feel."

Coffey posted her full statement in the VA's diversity office monthly newsletter. But officials removed her remarks and reprimanded her. Coffey soon retired and is now working senior manager for diversity and inclusion at Lockheed Martin.

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7.8 - Atlanta Black Star: [Trump Appointee Tells Veterans Affairs Diversity Officer to Not Condemn White Supremacists of Charlottesville Rally](#) (6 December, Tia Berger, 291k uvm; Atlanta, GA)

A series of newly disclosed emails showed a top White House appointee in the Department of Veterans Affairs reportedly pressing the agency's chief diversity officer to not condemn white nationalists after 2017's violent rally in Charlottesville, Va.

Georgia Coffey, a VA senior executive of diversity and race relations, was at cross-purposes with VA chief communications official John Ulyot after the diversity official pressured the agency to release a statement to denounce the “repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan,” according to emails acquired by the Washington Post on Wednesday.

The racially charged “Unite the Right” rally and counter-protests in Charlottesville in August 2017 left 32-year-old Heather Heyer dead after James Alex Fields Jr. drove his vehicle into a crowd of protesters. President Trump blamed “both” white nationalists and counter-protesters for the deadly encounter, without singling out far-rightists.

Coffey, a diversity expert, called the deadly rally “a tragic reminder that our work in civil rights and inclusion is not finished” in her drafted statement shared with the public affairs office following the alt-right rally. She felt her remarks should also be sent to concerned employees who make up more than 40 percent of VA’s 380,000 employees.

David Shulkin, who was VA’s secretary at the time, said he too was “outraged” by the violence in Charlottesville. Earlier that week, Shulkin also broke away from Trump by issuing a far more strongly worded condemnation of the far-right demonstrators.

Ulyot requested that Coffey stand easy on her additional comments about the incident according to the emails. He told the diversity official that he did not want any other comments to come from the agency.

A back-and-forth email exchange between Ulyot and Coffey ensued, with the Trump appointee telling Coffey he wanted the statement pared down.

Coffey later published her drafted statement under her name in a newsletter shared by the VA’s diversity office. However, it was withdrawn from the paper and she was reportedly disciplined. She soon retired from VA following the disagreement with Ulyot and was frustrated by the lack of support from Trump.

It was reported by an unidentified source that Ulyot was operating under a White House directive and taking orders from Shulkin.

Shulkin, who not only broke away from Trump and was stripped of his position in March, told the Post that he doesn’t remember having a conversation with Ulyot about the agency’s response.

“I’ve been pretty public about my opinions on the Charlottesville events ... and of course I think all Americans should express their views,” said Shulkin.

The emails were reportedly sent to the news outlet by the American Oversight, a watchdog group which acquired them via the Freedom of Information Act.

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7.9 - WDRB (FOX-41, Video): [Louisville nurse practitioner pleads guilty to prescription forging charges](#) (6 December, Jessica Bard, 106k uvm; Louisville, KY)

A nurse practitioner at the Louisville VA Medical Center has admitted to forging prescriptions.

The guilty plea came Thursday afternoon at the Oldham County Courthouse.

41-year-old Jennifer Hutchens pleaded guilty to 14 counts of forging a description during a pretrial arraignment Thursday. Court documents show she forged a physician's signature to prescribe herself tramadol, hydrocodone, oxycodone and amphetamine 14 times in 2014.

A family member said she was working as a nurse practitioner at Sts. Mary & Elizabeth Hospital on Bluegrass Avenue in Louisville during that time and was let go from that position.

She's currently employed at the Louisville VA Medical Center, according to a VA spokesperson. The family member said she has a research role and practices once a week as a nurse practitioner at the VA.

As a result of Hutchens' plea, she was sentenced to three years of probation.

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7.10 - New Civil Rights Movement: [Trump Appointee Told Veterans Affairs Diversity Chief Not to Condemn White Supremacists](#) (6 December, 69k uvm; New York, NY)

In the immediate aftermath of the 2017 Charlottesville "alt-right" rally and violence that led to the killing of a young protestor, Heather Heyer, President Donald Trump blamed "many sides" for the violence. The Dept. of Veterans Affairs' Chief Diversity Officer penned a statement condemning the extremist groups, including "white supremacists, neo-Nazis, and the Ku Klux Klan."

A Trump appointee told her she couldn't publish it.

The Washington Post reports John Ulliot, the VA's assistant secretary for public and intergovernmental affairs, "sought to silence" Georgia Coffey, "a nationally recognized expert in workplace diversity and race relations."

Coffey had wanted to send out the statement because many – 40 percent – of the VA's 380,000 employees are minorities, and some had already reached out to her looking for support and guidance.

She sent Ulliot this two paragraph statement, which American Oversight, a nonprofit watchdog group, obtained. NCRM has taken a screenshot of the email from the group's website:

[image]

Ulliot told her she was free to share her personal opinions, but sent the message she was not to condemn the extremist hate groups if speaking for the VA. He cut that section out and suggested a replacement:

[image]

The Washington Post adds that Coffey decided to post her statement to an internal Veterans' Affairs monthly communications online newsletter.

Her statement was scrubbed from the document, and she was reportedly reprimanded.

Coffey soon "retired," and is now the senior manager for diversity and inclusion at a top defense contractor, Lockheed Martin.

Read the full Washington Post report here.

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Veterans Affairs Media Summary and News Clips

7 December 2018

1. [Top Stories](#)

1.1 - CNN (Video): [Ex-VA diversity chief told to remove condemnation of white supremacists from Charlottesville response, emails show](#) (6 December, Veronica Stracqualursi, 14.8M uvm; Atlanta, GA)

For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement," Cashour told CNN. "This is more sour grapes from a dismissed doctor.

[Hyperlink to Above](#)

1.2 - Military Times: [VA head defends staff in controversy over response to race riots](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

Veterans Affairs Secretary Robert Wilkie said he still has confidence in his top staffers' commitment to diversity and anti-discrimination efforts after a Washington Post report Wednesday that showed opposition to department employees speaking out in the wake of racial violence in Charlottesville, Va., last year. Wilkie called the issue "one that falls on the previous management" and said that in the five months since he has taken over the department, he has focused on moving past the tumult of the department's leadership shakeup earlier this year.

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1.3 - Military.com: [Scientists Recommend Health Monitoring for Gulf War, Post-9/11 Vets, Offspring](#) (6 December, Patricia Kime, 2M uvm; San Francisco, CA)

Researchers with the influential National Academy of Medicine have recommended that the Defense and Veterans Affairs departments track troops' exposure to environmental toxins and monitor their -- and their offspring's -- health to better understand the risks and consequences of military deployment.

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1.4 - Stars and Stripes (Military Update): [Pressure, compromise keep hope alive for 'Blue Water Navy' bill](#) (6 December, Tom Philpott, 532k uvm; Washington, DC)

Four veteran groups and a prominent military association have joined forces to pressure Sen. Mike Lee, R-Utah, to drop his opposition to a "Blue Water Navy" bill that would make tens of thousands of ailing veterans who served on ships that patrolled territorial waters off Vietnam during the war eligible for disability compensation and health care from the Department of Veterans Affairs.

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1.5 - Stars and Stripes: [Senator calls on VA, credit bureaus to prevent lasting consequences from GI Bill delays](#) (6 December, Nikki Wentling, 532k uvm; Washington, DC)

Sen. Tammy Duckworth, D-Ill., on Thursday urged the Department of Veterans Affairs and major credit reporting agencies to intervene on behalf of student veterans who could experience long-term financial repercussions from not receiving their monthly housing stipends on time this semester. Citing information technology failures, the VA missed a deadline in August to implement part of the new "Forever" GI Bill, which Congress approved last year.

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1.6 - Federal News Network: [VA's telehealth program is already the largest in the nation. It's about to get bigger](#) (6 December, Nicole Ogrysko, 100k uvm; Washington, DC)

The Department of Veterans Affairs documented the first instance of “telehealth” in the early 1960s — when VA doctors communicated with their patients via TV screens. Today, VA has the largest telehealth program in the United States, and it’s about to get bigger.

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2. [Improving Customer Service](#)

2.1 - Las Vegas Review-Journal (Video): [Las Vegas vet, 93, says he was ‘roughed up’ at VA medical center](#) (6 December, Briana Erickson, 1.1M uvm; Las Vegas, NV)

A 93-year-old World War II Army veteran says he was “roughed up” and arrested by police at the VA Medical Center in North Las Vegas after a dispute over a tardy shuttle. Dr. S. Jay Hazan said he was detained in a room at the hospital for several hours and issued two citations after the encounter on Friday.

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2.2 - WBOY (NBC-12, Video): [Veterans have their voices heard at VA Medical Center Town Hall](#) (6 December, Justin McLennan, 131 uvm; Clarksburg, WV)

The V.A. hospital in Clarksburg held an open forum Thursday to give veterans a chance to have their voices heard. The town hall meeting held at the Louis A. Johnson V.A. Medical Center is a quarterly event, designed to give veterans the floor, to bring up any questions, concerns or compliments they may have regarding patient care.

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2.3 - Medical Xpress (Emory University): [PTSD study of combat veterans finds similar outcomes among common therapies](#) (6 December, Jennifer Johnson Mcewen, 34k uvd; New York, NY)

In a study among United States combat veterans, researchers found no significant difference between two of the most common treatments for post-traumatic stress disorder (PTSD) and no benefit for combination treatment. The study results are published in the Dec. 5 online issue of JAMA.

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2.4 - Springfield News-Sun: [The VA stayed open during the Bush funeral. Here's why.](#) (6 December, Jessica Wehrman, 33k uvm; Springfield, OH)

If you were wondering why the Dayton VA stayed open during Wednesday’s National Day of Mourning for the funeral of former President H.W. Bush — after previously closing during funerals for Presidents Ronald Reagan and Gerald Ford — here’s the explanation from Dayton VA Spokesman Ted Froats.

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2.5 - ConnectingVets.com (CBS Radio): [Former Marine's VA malpractice bill picks up steam with AMVETS' support](#) (6 December, Matt Saintsing, New York, NY)

AMVETS is throwing its weight behind a former Marine's mission to allow veterans who received shoddy VA care from independent contractors to sue the department. H.R. 7105, the Brian Tally VA Medical Care and Liability Improvement Act, dubbed the "Tally Bill," would place VA healthcare independent contractors on the same legal footing that applies to Department healthcare personnel, giving impacted veterans a chance at justice.

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3. [Business Transformation](#)

3.1 - KIFI (ABC-8, Video): [New Veterans Affairs Clinic opens in Idaho Falls](#) (6 December, Andre Phillips, 54k uvm; Idaho Falls, ID)

Local Veterans will now have access to healthcare services with the new state of the art Veterans Affairs Outreach Clinic in Idaho Falls located on the east side of Idaho Falls. Officials from around the Southeastern Idaho region and the Veterans Assistance Center in Idaho falls held a ribbon cutting Thursday morning to commemorate the celebration.

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3.2 - East Idaho News: [New VA clinic opens in Idaho Falls](#) (6 December, Mike Price, 50k uvm; Idaho Falls, ID)

Nearly 3,000 veterans can find health care closer to home with the new Veterans Affairs Outreach Clinic in Idaho Falls. The outreach clinic on South Woodruff Avenue is three times the size of its predecessor in nearby Ammon. Air Force veteran and Idaho Falls resident LeRoy Duenes said he could only get into the old clinic some of the time and needed to travel to Pocatello when he couldn't get in.

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3.3 - FEDweek: [Many VA Facilities Out of Date, Report Says](#) (6 December, 32k uvm; Glen Allen, VA)

A House report on a committee-passed bill (HR-4243) to conduct a review of VA facilities argues that many of them are out of date and don't match the way the department currently delivers health care to veterans.

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3.4 - KPVI (NBC-6, Video): [New VA Clinic opens in Idaho Falls](#) (6 December, Paul Beam, 26k uvd; Pocatello, ID)

The ribbon has been cut on a new VA clinic in Idaho Falls, increasing the patient count from 900 to almost three thousand. Until now most veterans had to go to non-VA hospitals for medical care, but most veterans prefer the VA care. Leroy Duenes, one of the clinics patients, said "I'm alive today because of VA care and people like Dr. Mark Butler right here that took a minute to care about me not just as a VA person coming through the door but as an individual... I'm alive because of dr. Mark butler..."

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3.5 - ConnectingVets.com (CBS Radio): [Tele-counseling now available for VA rehab programs](#) (6 December, Lauren Warner, New York, NY)

Tele-counseling is now available through the VA's Vocational Rehabilitation and Employment (VR&E) program. According to the VA's most recent announcement veterans now have the ability to meet with more than 1,000 counselors via virtual communication.

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3.6 - WSKG (NPR-89.3, Audio): [As Rumors Swirl Around Bainbridge Veterans Clinic, Vets Wonder What's Going On](#) (6 December, Gabe Altieri, Vestal, NY)

The VA wants to move its Community Based Outpatient Clinic in Bainbridge, a rural community in right off Interstate-88 in Chenango County, to Oneonta. These are designed to offer veterans care without the hassle of going to a larger medical center. Rumors of that move have intensified over the last year, but veterans, stakeholders and residents don't know why a move would be made. Even more, they wonder if it would be better.

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3.7 - YaleNews: [Veterans prefer telehealth consults for plastic surgery, study shows](#) (6 December, Ziba Kashef, New Haven, CT)

If a veteran in Maine, Vermont, or Massachusetts needs to have a common skin condition treated, they might have to travel to the VA in West Haven, Connecticut three times — once for a consultation, the second time for treatment, and the third time for post-operative care. But a new pilot study led by Yale plastic surgeons shows those three visits could be reduced to one by using telemedicine.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Government Matters (Video): [Issues with the VA's electronic health records program](#) (4 December, Andrew Wagner, Washington, DC)

The Department of Veterans Affairs is in some hot water with Congress. During a hearing of the House Veterans Affairs Committee, lawmakers were shocked to find that the electronic health record program was already \$350 million over budget. Ed Meagher, former VA chief technology officer and president of Vetegic, LLC., says that in addition to these budgetary issues, VA's plan to implement a Cerner-based EHR system is unworkable.

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[5. Suicide Prevention](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Military Times (AP): [Another for-profit college chain, popular with GI Bill users, closes suddenly](#) (6 December, Jeff Amy and Collin Binkley, 471k uvm; Springfield, VA)

One of the nation's largest for-profit college chains announced Wednesday that it was abruptly closing in dozens of locations nationwide, after its accrediting agency suspended approval. Birmingham, Alabama-based Education Corp. of America said it was closing schools operating

as Virginia College, Brightwood College, Brightwood Career Institute, Ecotech Institute and Golf Academy of America in more than 70 locations in 21 states.

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6.2 - The Morning Call: [Why an effective program for Lehigh Valley homeless veterans has had to close](#) (6 December, Paul Muschick, 442k uvm; Allentown, PA)

When Tim Smith retired after 26 years in the Army, things didn't go as planned. Before long, the Bethlehem native was homeless. He stayed in his car for a night or two and then spent about nine days at Bethlehem's homeless shelter. What got him back on his feet, Smith told me, was a hand from Hope for Veterans.

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6.3 - WTVW (FOX-7, Video): [In-depth with Brad Byrd Veterans Court: Keeping charged veterans out of jail](#) (5 December, Britney Taylor, 43k uvm; Henderson, KY)

Eight-minute video: A 2011-2012 study showed the US Department of Justice stats showed an estimated 181,500 veterans, eight percent of all inmates in state and federal prison and local jails, were serving time behind bars. We are talking about the Vanderburgh County Court System and the Veterans Administration combining resources to help troubled veterans receive the help they need to stay out of prison.

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6.4 - WBFO (NPR-88.7, Audio): [VA host latest Veterans Stand Down in Niagara Falls](#) (6 December, Michael Mroziak, 22k uvm; Buffalo, NY)

It happens once a year in Buffalo, when the US Department of Veteran Affairs hosts what is called a Veterans Stand Down. It's a gathering where representatives of various agencies set up and provide information to veterans about their wide range of services. On Thursday, the VA brought the Stand Down to Niagara County for the first time in a decade.

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6.5 - The Daily Free Press: [Veterans struggle to pay college tuition due to VA delays](#) (6 December, Natalie Patrick, 5k uvm; Boston, MA)

The Department of Veterans Affairs has experienced delays processing checks for the housing allowances and tuitions of some veterans going to universities, including a student at Northeastern University.

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6.6 - Fulton Sun: [Lodging planned at VA for veteran families](#) (6 December, Helen Wilbers, 4k uvm; Fulton, MO)

Families of veterans visiting the Harry S. Truman Memorial Veterans Hospital in Columbia will soon have a home away from home. Charity Fisher House is building a 16-suite complex to house the families of military members and veterans staying at the hospital. Stephen Gaither, board president of Friends of Mid-Missouri Fisher House, visited the Fulton Rotary Club on Wednesday to encourage locals to support the project.

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7. [Other](#)

7.1 - Business Insider: [White House appointee reportedly told VA's diversity chief not to condemn white supremacy after the deadly Charlottesville riots](#) (6 December, Caitlin

Foster, 34M uvm; New York, NY)

In the aftermath of deadly protests in Charlottesville in August 2017, the chief diversity officer at the Department of Veterans Affairs pushed to issue a statement condemning white supremacy — only to be silenced by a White House appointee at the agency, The Washington Post reported. Emails provided to the Post by watchdog organization American Oversight reportedly show a tense exchange between the two officials.

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7.2 - The Huffington Post: [Veterans Affairs Official Vetoed Statement Against White Supremacy After Charlottesville](#) (6 December, Hayley Miller, 28.5M uvm; New York, NY)

A top official at the Department of Veterans Affairs denied a request from the agency's chief diversity and inclusion officer to issue a strong condemnation of white supremacy in response to the deadly Charlottesville riot in August 2017, as first reported by The Washington Post.

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7.3 - Newsweek: [Trump Appointee Told Veterans Affairs Leader Not To Condemn White Nationalists Following Deadly Charlottesville Riots](#) (6 December, Alexandra Hutzler, 9.2M

uvm; New York, NY)

President Donald Trump's refusal to condemn the white nationalists and neo-Nazis involved in the deadly Charlottesville, Virginia, riots in 2017 sparked an internal struggle within his administration, especially within the Department of Veterans Affairs.

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7.4 - VICE: [The VA's diversity chief wanted to condemn white supremacists. Her Trump-appointed boss blocked it](#) (6 December, Tess Owen, 4.2M uvm; Brooklyn, NY)

When hundreds of white supremacists and neo-Nazis terrorized the city of Charlottesville in August 2017, the VA's chief diversity officer wanted to put out a strong statement of condemnation on VA news outlets, but her Trump-appointed boss blocked her.

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7.5 - Washington Examiner: [Emails show Veterans Affairs rejected a strong statement on the Charlottesville riot](#) (6 December, Maria Biery, 3.1M uvm; Washington, DC)

Email exchanges between top officials at the Department of Veterans Affairs show that the agency sought to water down their statement condemning the white nationalist riot in Charlottesville, Va., in August of last year, according to a Wednesday report from the Washington Post.

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7.6 - Military Times: [President George H.W. Bush was secretly a pro wrestling fan, VA secretary says](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

As funeral services for former President George H.W. Bush concluded in Texas on Thursday, Veterans Affairs Secretary Robert Wilkie offered his own reflection at a department event on

Thursday that showed a different side of the war hero-turned-politician. Below is a transcript of Wilkie's remarks about his role in helping to broker an unusual friendship for the president and former first lady Barbara Bush:

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7.7 - Independent Journal Review: [VA Diversity Officer Told Not to Condemn White Supremacists After Charlottesville](#) (6 December, Lizzie Helmer, 447k uvm; Alexandria, VA)
The Chief Diversity Officer at the Department of Veterans Affairs wanted to make a stark statement after the violent rally in Charlottesville, Virginia last year. But emails obtained by the Washington Post show a White House appointee ordered against it.

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7.8 - Atlanta Black Star: [Trump Appointee Tells Veterans Affairs Diversity Officer to Not Condemn White Supremacists of Charlottesville Rally](#) (6 December, Tia Berger, 291k uvm; Atlanta, GA)
A series of newly disclosed emails showed a top White House appointee in the Department of Veterans Affairs reportedly pressing the agency's chief diversity officer to not condemn white nationalists after 2017's violent rally in Charlottesville, Va.

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7.9 - WDRB (FOX-41, Video): [Louisville nurse practitioner pleads guilty to prescription forging charges](#) (6 December, Jessica Bard, 106k uvm; Louisville, KY)
A nurse practitioner at the Louisville VA Medical Center has admitted to forging prescriptions. The guilty plea came Thursday afternoon at the Oldham County Courthouse. 41-year-old Jennifer Hutchens pleaded guilty to 14 counts of forging a description during a pretrial arraignment Thursday. Court documents show she forged a physician's signature to prescribe herself tramadol, hydrocodone, oxycodone and amphetamine 14 times in 2014.

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7.10 - New Civil Rights Movement: [Trump Appointee Told Veterans Affairs Diversity Chief Not to Condemn White Supremacists](#) (6 December, 69k uvm; New York, NY)
In the immediate aftermath of the 2017 Charlottesville "alt-right" rally and violence that led to the killing of a young protestor, Heather Heyer, President Donald Trump blamed "many sides" for the violence. The Dept. of Veterans Affairs' Chief Diversity Officer penned a statement condemning the extremist groups, including "white supremacists, neo-Nazis, and the Ku Klux Klan."

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1. [Top Stories](#)

1.1 - CNN (Video): [Ex-VA diversity chief told to remove condemnation of white supremacists from Charlottesville response, emails show](#) (6 December, Veronica Stracqualursi, 14.8M uvm; Atlanta, GA)

Washington (CNN) - In the wake of the deadly August 2017 rally in Charlottesville, Virginia, the former chief diversity officer of the Department of Veteran Affairs was discouraged from posting a more forceful condemnation of the white supremacists and neo-Nazis who participated, according to internal emails obtained by a watchdog group.

Former VA official Georgia Coffey reached out to the department's public affairs office for approval to issuing a statement in response to the "Unite the Right" rally that left one woman dead and over a dozen injured.

The Washington Post first reported on the emails, which were made public via a Freedom of Information Act request filed by American Oversight, a government watchdog group.

President Donald Trump drew criticism from Democrats and Republicans for blaming "many sides" for the violence that broke out between white supremacists and neo-Nazis, who were protesting the removal of a Confederate statue, and counterprotesters.

Then-Secretary of Veteran's Affairs David Shulkin told reporters that week that he was "outraged" by the violence in Charlottesville and argued that while he does not speak for the President, "we all have to speak up about this as Americans," according to the Post.

According to the newly released emails, that same week, Coffey sought permission to release a statement that included: "The repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan do not represent America, but serve as a tragic reminder that our work in civil rights and inclusion is not finished." She also said she encouraged Shulkin to issue a similar message, according to the emails.

A VA press staffer emailed Coffey, telling her that John Ulyot, the assistant secretary for public and intergovernmental affairs, did not want to post the message given Shulkin's earlier remarks on the topic.

"This is very unfortunate," Coffey replied, arguing that the message is "consistent" with her responsibility as the agency's chief diversity officer. She pushed for her proposed statement to be issued, according to the emails.

Ulyot wrote back, saying he had consulted with Shulkin who said "we should all feel free to share our own personal views on the recent events on social media and other outlets, as he did (to a national audience) on Wednesday where he emphasized that he was giving his own personal views, rather than an official view of the Department."

He suggested a shorter version of Coffey's statement -- removing the mentions of white supremacists, KKK and neo-Nazis -- but keeping in the part that would "remind employees of our strong commitment" to equal opportunity employment and diversity, the emails show.

Ulyot ended his email, "It's always a good idea to emphasize our commitment in this area."

Coffey took issue with Ulliot's edits, saying that she feared the revised statement "dilutes my message and fails to convey the sense of condemnation that I hope we all feel."

"It is very important that I reference the hate groups specifically so there is no confusion or equivocation in my message," she argued in an email.

She offered to remove a reference to Shulkin from her statement, but Ulliot told her that his edited statement, which had the approval of Shulkin, is the one she could use.

"SecVA specifically approved that statement in my previous mail for the reasons indicated so that is the one we will go with," Ulliot wrote.

CNN's attempts to reach Coffey were not immediately successful.

The current Secretary of Veteran's Affairs Robert Wilkie defended Ulliot in a statement, confirming he is "on the VA team because he is committed to Veterans and has spent a lifetime of exceptional service as a Marine and public servant."

"Then-Secretary Shulkin dictated explicitly to John Ulliot how he wanted this particular issue handled," Curt Cashour, press secretary for the department, said in a statement provided to CNN Thursday, pointing to Ulliot's email.

"As the email states, Shulkin was adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications, as Shulkin had done himself in public comments two days beforehand. Ulliot was simply ensuring that Coffey understood and followed Shulkin's guidance," Cashour said.

Shulkin told the Post that he did not recall his conversations with Ulliot regarding a VA response to Charlottesville.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulliot to share his directive is belied by the paper trail contradicting his statement," Cashour told CNN. "This is more sour grapes from a dismissed doctor."

According to the Post, Coffey, who held the role since 2008, left the agency shortly after her exchange with Ulliot, frustrated with what she felt was a lack of support from the Trump administration. Cashour told CNN Coffey left voluntarily.

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1.2 - Military Times: [VA head defends staff in controversy over response to race riots](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Veterans Affairs Secretary Robert Wilkie said he still has confidence in his top staffers' commitment to diversity and anti-discrimination efforts after a Washington Post report Wednesday that showed opposition to department employees speaking out in the wake of racial violence in Charlottesville, Va., last year.

Wilkie called the issue “one that falls on the previous management” and said that in the five months since he has taken over the department, he has focused on moving past the tumult of the department’s leadership shakeup earlier this year.

“When I started, one of the first directives I took was on inclusion and equal opportunity, same thing as when I worked at the Pentagon,” he said at a telehealth event on Thursday morning. “I wouldn’t have anyone on the team who wasn’t dedicated to that.”

The Post report included email exchanges between Georgia Coffey, then a senior executive at VA overseeing diversity issues, and John Ulyot, VA’s top communications official, in the wake of the August 2017 riots in Charlottesville.

In the days that followed, President Donald Trump said there was “blame on both sides” for the violence, prompting questions about his attitude towards white nationalism. The VA secretary at the time, David Shulkin, condemned the incident and added that “we know that staying silent on these issues is simply not acceptable.”

Coffey at the time pushed for a forceful condemnation from senior VA leadership to the violence. Ulyot advised for a more muted statement and said employees were to “keep their personal views on the Charlottesville issue out of official VA communications.” Officials say that directive came from Shulkin, and was not designed to prevent employees from speaking out against racist activities.

In the email exchange, Ulyot backed Coffey’s plans to remind VA employees of the importance of diversity and inclusion but offered other edits to minimize what he saw as personal views encroaching on an official department statement. She rejected that approach.

Coffey eventually posted her statement on a VA site, only to have it removed by leadership shortly thereafter. She resigned from the department a few weeks later.

VA officials told the Washington Post the issue was not one of diversity but one of department messaging and insubordination. Wilkie offered support for Ulyot on Thursday, calling him “a dedicated public servant” and adding “I don’t know the full story of what Dr. Shulkin ordered or didn’t order.”

The incident is the latest in a series of racially tinged controversies for the department and the Trump administration. In October, federal union officials demanded an investigation after a separate Washington Post report uncovered a senior VA official who prominently displayed a picture of a Ku Klux Klan leader in his office.

VA’s Office on Diversity and Inclusion has been without a permanent head since early this year, when the former head, John Fuller, retired amid concerns with the administration’s approach to the topic.

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1.3 - Military.com: [Scientists Recommend Health Monitoring for Gulf War, Post-9/11 Vets, Offspring](#) (6 December, Patricia Kime, 2M uvm; San Francisco, CA)

Researchers with the influential National Academy of Medicine have recommended that the Defense and Veterans Affairs departments track troops' exposure to environmental toxins and monitor their -- and their offspring's -- health to better understand the risks and consequences of military deployment.

In a report released Nov. 28 by the National Academies of Sciences, Engineering and Medicine, a panel of 16 scientists said they could not definitively link health issues in some 1990-1991 Gulf War and post-9/11 veterans and their families to environmental exposures, but they recommended the government and other institutions establish a health monitoring and research program to determine what health effects, if any, military deployments have on the veterans and future generations.

Nearly 700,000 service members deployed to the Persian Gulf region during Operations Desert Shield and Desert Storm, and 2.7 million have been stationed in or fought in Iraq, Afghanistan and elsewhere since Sept. 11, 2001. Many of these veterans may have been exposed to "potentially hazardous agents and situations," the report noted, such as pesticides, solvents, chemicals and biological agents, vaccines, burn pit and oil well fire smoke, dust and depleted uranium.

To determine whether exposure to any of these substances is responsible for illnesses found in some of these veterans and their family members, the panel looked at more than 80,000 publications on reproductive and genetic effects of environmental exposures, mostly research on civilian populations exposed to the same substances, or animal studies, because research specific to military exposures is scant.

The committee largely concluded that there is insufficient evidence in the existing literature to link reproductive conditions or health problems in veterans' offspring with the most common contaminants seen on the battlefield.

Members did note, however, that there is limited or suggestive evidence that sulfur mustard may have a negative effect on men's reproduction, that the bacterial infection leishmaniasis may negatively affect pregnancy outcomes, and that chromium -- a chemical used in paint and as an anti-corrosive -- can negatively impact men's reproduction, pregnancy outcomes and child development.

Also, the committee found sufficient evidence of an association between prenatal exposure to some pesticides and neurodevelopmental effects; prenatal exposure to particulate matter and adverse pregnancy outcomes, such as low birth weight and preterm birth; and prenatal exposure to benzene and childhood leukemia.

A health monitoring and research program would help broaden the understanding of deployment-related exposures and the long-term effects on generations, according to the report.

Establishing such a program would require "substantial resources, long-term commitment by the Defense and Veterans Affairs departments and other governmental organizations and considerable engagement by past, current, and future veterans and their families," but the contribution to science would be significant, said Dr. Kenneth Ramos, panel chair and executive director of the Center for Applied Genetics and Genomic Medicine at the University of Arizona.

"The results that arise from studying generational effects will ultimately be rewarded with new knowledge of veterans' exposures, their reproductive health, and the health of their children and

grandchildren. Importantly, the new understanding derived from these investments will be relevant to the health of all Americans now and for future generations."

By direction of Congress in 1998, the VA contracted with NASEM to conduct systematic reviews of research on associations between illnesses and serving in the Persian Gulf. The National Academies have created 11 reports on the subject, including Gulf War and Health, Generational Health Effects of Serving in the Gulf War.

In November, the National Academies also recommended that the VA study the generational exposure to dioxin in children of Vietnam veterans exposed to Agent Orange.

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1.4 - Stars and Stripes (Military Update): [Pressure, compromise keep hope alive for 'Blue Water Navy' bill](#) (6 December, Tom Philpott, 532k uvm; Washington, DC)

Four veteran groups and a prominent military association have joined forces to pressure Sen. Mike Lee, R-Utah, to drop his opposition to a "Blue Water Navy" bill that would make tens of thousands of ailing veterans who served on ships that patrolled territorial waters off Vietnam during the war eligible for disability compensation and health care from the Department of Veterans Affairs.

These veterans contracted illnesses over the years that the VA lists as ailments presumed to be associated with exposure to Agent Orange and other herbicides sprayed ashore during the war to expose enemy ground forces.

The intensifying pressure on Lee, plus some last-minute compromises between veteran groups and the Senate Veterans' Affairs Committee, have resuscitated the Blue Water Navy Vietnam Veterans Act (HR 299), which last week seemed set to expire by mid-December with the lame-duck Congress.

Suddenly, odds have risen that the Senate will pass a bill identical to the one approved unanimously by the House in June, despite stiffening opposition from the Trump administration and VA Secretary Robert Wilkie.

Conn Carroll, Lee's communications director, said Wednesday afternoon that the senator remains "committed to giving science the time it needs to properly inform policy" on Blue Water veterans and the health effects of patrolling within 12 nautical miles of Vietnam during the war.

In the Senate, an individual lawmaker can put a hold on most any bill. Lee and another still-unnamed senator put a hold on Blue Water Navy legislation. Lee's office, when queried last week, confirmed his opposition, explaining that the senator wants action on the bill delayed until the VA delivers a promised new health study on Vietnam veterans.

Wilkie had urged a delay when he told the Senate Veterans' Affairs Committee in September to expect a study comparing ailments and morbidity of Vietnam vets, including a sample of shipboard personnel, with Americans of similar age. The study is to be completed sometime in 2019.

Blue Water Navy advocates, however, want no more delays. And Sen. Johnny Isakson, R-Ga., chairman of the Senate committee, and Sen. Jon Tester, of Montana, its ranking Democrat, have promised to push through a bill this year, taking advantage of momentum behind the House vote.

On Wednesday evening five groups — The American Legion, Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America and Military Officers Association of America — sent a joint letter to Lee, requesting a meeting “no later than the end of next week” to “hear your concerns” on HR 299 and “present our views on the merits of this legislation.”

The letter notes that the groups combined have five million members, “including 19,000 who live in Utah,” and that HR 299 passed the House unanimously and “has been awaiting Senate approval for almost six months.”

Meanwhile, negotiations in recent days between Isakson, Tester and veteran service organizations reached key compromises and a consensus to back a Senate bill identical to the one passed by the House. This will avoid the need to send an amended bill back to the House for a final vote before the 115th Congress adjourns in mid-December.

This represents a concession by the largest veteran service organizations who joined in recent months to oppose the House bill’s method of funding Blue Water Navy benefits by increasing VA home loan funding fees including, for the first time, imposing fees on certain disabled veterans — those who opt to use a new jumbo loan feature the bill approves for veterans to be able to buy homes in pricey areas of the country or buy larger-than-average homes anywhere.

To continue to shield disabled veterans from any new fees, Isakson had drafted an amendment to HR 299 that would extend for two years the period when higher fees are imposed on non-disabled veterans using the VA loan benefit. But veteran groups told Isakson they would endorse Senate passage of HR 299 without his amendment if he understood the need to remove the jumbo loan fees from disabled veterans at the first opportunity in the 116th Congress and find a more acceptable way to fund much of the Blue Water Navy bill.

Isakson, in turn, agreed to drop support for another proposal to amend HR 299, this one from Sen. Bill Cassidy, R-La., that would soften resistance of some Republicans who want Congress to make it harder for VA to expand the number of ailments presumed associated with battlefield toxins in wartime.

The Agent Orange Act of 1991 allows VA secretaries to add ailments to VA’s list of illnesses presumed caused by herbicide exposure if studies from the National Academy of Medicine confirm either a “sufficient” association or a “limited or suggestive” association between herbicide exposure and the disease.

Cassidy, who supports the Blue Water Navy bill, proposed eliminating the law’s “limited or suggestive” language for adding ailments to VA lists of medical conditions presumed caused by Agent Orange or other toxins used in past or future wars. Ailments could still be added only if medical research found a “sufficient” association between a disease and veterans’ exposure to contaminants.

Cassidy’s call to stiffen standards would not have affected veterans currently receiving VA compensation and health care for a presumptive ailment, nor would it have narrowed current lists of presumptive ailments for Agent Orange or other toxins, for veterans filing new claims. An

early version of last week's column had described his proposal incorrectly. He only sought to raise the threshold for the addition of new ailments to VA presumptive disease lists.

Veterans groups opposed the Cassidy proposal and, for now, it is shelved. The challenge now is to pass HR 299 with few days remaining in the 115th Congress. The quickest route is for Isakson to bring the House bill to the Senate floor and seek unanimous consent of colleagues to pass it expeditiously.

If no senator objects, the Senate permits the action. In this case, if Lee or the unnamed senator also with a hold on HR 299 walks to the floor and objects, the bill dies and Blue Water Navy veterans start their fight anew in the 116th Congress.

Lee's spokesman, Carroll, acknowledged that the senator received a request to meet with veteran groups. He said, "We are committed to making sure they know our concerns and we know theirs."

Does Lee plan to block a unanimous consent vote on the bill?

"Undetermined," said Carroll.

What about his commitment to give science the time it needs?

"There all multiple considerations made whenever a senator chooses to object to a unanimous consent request," Carroll said.

A veteran group representative said Lee has been "carrying water" for the Trump White House in opposing the bill. Carroll objected to that characterization.

"Senator Lee carries water for no one," he responded in an email. "I think he's deservedly earned his reputation as a principled thinker."

For the next week and perhaps beyond, Lee's principles regarding Blue Water Navy veterans and their survivors will be under a lot of pressure.

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1.5 - Stars and Stripes: [Senator calls on VA, credit bureaus to prevent lasting consequences from GI Bill delays](#) (6 December, Nikki Wentling, 532k uvm; Washington, DC)

Sen. Tammy Duckworth, D-Ill., on Thursday urged the Department of Veterans Affairs and major credit reporting agencies to intervene on behalf of student veterans who could experience long-term financial repercussions from not receiving their monthly housing stipends on time this semester.

Citing information technology failures, the VA missed a deadline in August to implement part of the new "Forever" GI Bill, which Congress approved last year. The issue resulted in thousands of veterans not receiving their housing stipends or facing delays. Housing stipends are used by GI Bill recipients to pay for their rent, bills, food and other living expenses.

Duckworth, an Iraq War veteran, asked Equifax, Experian and TransUnion — national credit bureaus — to prevent the situation from damaging veterans' credit scores. If they didn't, she warned it could cause those veterans a "lifetime of hardship."

"I think it's going to hurt veterans for a long time," Duckworth said. "If they've been kicked out of housing or made late payments, then this will affect their ability to get credit and perhaps buy a house or a car or start a business well into the future."

The exact number of veterans affected by the delays is still unknown. The VA reported a backlog of 183,000 pending education claims in early October, and the most recent publicly available data showed the workload was 80,500 claims as of Nov. 30 — 22 percent more than the same week last year.

The VA received calls from about 1,000 veterans who experienced hardships because of the delays and had a few credible complaints from veterans facing eviction, said Robert Worley, the VA official who, until recently, led the implementation of the new GI Bill.

Navy veteran Robert Epps was one of those 1,000 hardship cases.

Epps, his wife and their two children live in Washington state, where he's working toward an electrical engineering degree. The couple has a third child on the way.

Epps was relying on the monthly housing stipends to make ends meet, but by early October, he hadn't received any money. To avoid eviction, he used up his savings and was forced to borrow money from family members.

After contacting his senator, Patty Murray, D-Wash., as well as the House Committee on Veterans' Affairs and the VA, Epps eventually got paid. Now, he's worried the aftermath of the delays will carry into next semester.

"I still have a bunch of...late fees to deal with," Epps wrote in an email. "Between this stress and the birth of my son, I'm all but certain on a path to have to repeat these classes."

Duckworth is calling on the VA to pay any penalties veterans incurred because of the delayed payments, such as Epps' late fees. In a letter to VA Secretary Robert Wilkie on Thursday, she also asked that he work with the three credit reporting agencies to fix any negative credit ratings for those veterans.

Moreover, she wants the veterans to receive what they're still due — with interest.

"Any monies they owe veterans, they should pay with interest," Duckworth said.

VA officials said last week that they plan to distribute retroactive payments in January to veterans harmed by the delays.

Some veterans will have to wait until after December 2019 to get all they're legally owed. Part of the new GI Bill changed how veterans' housing allowances are calculated — they're now supposed to be based on where veterans take classes, rather than defaulting to their school's main campus. The change was supposed to be made by Aug. 1, 2018, but IT problems set back implementation to Dec. 1, 2019.

After mass confusion last week about whether those students would be retroactively paid, Wilkie said the agency would pay them after December 2019.

Some Democrats, including Duckworth, still seek more clarity on the issue.

“The continued ambiguity surrounding veterans’ retroactive payments undermines veterans’ faith and confidence in the VA,” Duckworth wrote to Wilkie.

On Thursday, she described the problems as a “failure of the VA, and a failure of government.”

If the VA fails to fully pay veterans what they’re due, the VA risks losing their trust, Duckworth said.

In Epps’ case, he’s already going into next semester lacking trust in the agency.

“I’m now left with no confidence in the system,” Epps said. “Will this happen again with the next semester?”

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1.6 - Federal News Network: [VA’s telehealth program is already the largest in the nation. It’s about to get bigger](#) (6 December, Nicole Ogrysko, 100k uvm; Washington, DC)

The Department of Veterans Affairs documented the first instance of “telehealth” in the early 1960s — when VA doctors communicated with their patients via TV screens.

Today, VA has the largest telehealth program in the United States, and it’s about to get bigger.

The department announced Thursday it will partner with three private sector companies and two veterans service organizations to address VA’s access challenges and create more convenient opportunities for veterans to see doctors and health care professionals.

The announcement came at VA’s first-ever “Anywhere to Anywhere Together” summit in Washington. The department gathered its new partners, members of industry, medical professionals and others to solicit their feedback and ideas on how VA could forge a path for telehealth in the future.

The department is partnering with T-Mobile, which will host the VA Video Connect app on all service devices for free. Veterans who already have T-Mobile don’t need to take action to start or continue using the free service, said Mike Katz, executive president of T-Mobile for business.

Video Connect lets VA providers use their mobile devices to see and speak with veterans on their own devices or home computers.

VA also inked new partnerships with Walmart and Philips. The department will work with Philips, the American Legion and the Veterans of Foreign Wars to set up 10 remote examination services at VSO posts across the country. Philips will provide video screens and other remote medical devices, so veterans can go visit their closest VSO post to see a VA medical professional, who, in some cases, may be based hundreds or even thousands miles away.

Walmart has also agreed to set up remote examination services at some of their stores across the country, so veterans can access the same telehealth services.

“[It] totally changes the VA’s footprint for delivering care,” Deborah Scher, executive adviser to the Secretary’s Center for Strategic Partnerships at the department, said. “We mapped out where our veterans are in greatest concentration against VA facilities, and then we put the Walmart map on top of that. Ninety percent of Americans live within 10 miles of a Walmart. Ninety percent of veterans don’t live within 10 miles of a VA medical center. This totally changes their ability to access care in a way that works for their lives.”

The public and members of Congress have become more aware in recent years about the challenges many veterans experience simply getting to and from their closest VA medical facility.

From the White House, former VA Secretary David Shulkin announced plans to expand the department’s “anywhere to anywhere” telehealth services back in 2017. Those initiatives at the time were geared more toward clearing the administrative barriers that prevented doctors and other health professionals from seeing veteran patients in states other than the state where they were licensed to practice.

Today, VA sees its telehealth program as an opportunity to reach the rural veteran population, where affordable broadband isn’t always widespread or consistent.

“A lot of them don’t have broadband access in their home yet,” Scher said. “We think that will change. But either they can’t afford it or it’s not available where they live. One-third of our veterans are in rural areas, and it’s spotty.”

Scher said VA has broached the topic of offering free VA Video Connect services and expanding telehealth with other companies, including all major phone providers. More partnerships are in the works, she said.

Mike Katz, executive vice president for T-Mobile Business, said the company doesn’t know exactly how many veteran customers it has. Offering free VA Video Connect services should extend past the veteran population to their families and caregivers, he said.

“We know we have a significant number of them,” Katz said. “Since all veterans don’t self-report, we don’t know how large the population is. We hope it makes a huge impact. I hope this encourages all wireless companies to do this, because you shouldn’t just be limited to these services if you’re a T-Mobile customer.”

The department also sees telehealth as an opportunity to reach veterans who aren’t currently active participants in the VA system, and expanding its reach may help more veterans access mental health services.

“Mental health is still the last, great uncharted frontier in medicine,” VA Secretary Robert Wilkie said. “Telehealth, to me, is the first step in finally breaking those last barriers. It allows our veterans who may have those issues to talk to our professionals [and] talk to our doctors without the pressure that they would encounter in a public setting, without the pressures that they would encounter in traditional medical service facilities.”

For Marine Corps and Army Reserve veteran Evelyn Thomas, telehealth lifted a huge burden for her. Thomas suffers from post-traumatic stress disorder, and the process of driving to, parking and entering the VA facility created anxiety.

"It's a tremendous relief," she said. "Not only does it help me, but it helps my family. There were times in the old practice when I would have my appointments, I couldn't remember leaving the VA, driving down the freeway and getting home. By the time I got home, I was still angry and still upset just from that experience. Now when I use telehealth ... I just sit for an hour. My mind rests. I'm peaceful."

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2. [Improving Customer Service](#)

2.1 - Las Vegas Review-Journal (Video): [Las Vegas vet, 93, says he was 'roughed up' at VA medical center](#) (6 December, Briana Erickson, 1.1M uvm; Las Vegas, NV)

A 93-year-old World War II Army veteran says he was "roughed up" and arrested by police at the VA Medical Center in North Las Vegas after a dispute over a tardy shuttle.

Dr. S. Jay Hazan said he was detained in a room at the hospital for several hours and issued two citations after the encounter on Friday.

"They were stronger than I was. Stronger than a 93-year-old man with a blood cancer. What a joke," he said Wednesday, shaking his finger in indignation.

Hazan said he had been waiting more than two hours at the hospital entrance for a Medic Coach Services van to pick him up after the last of three doctor's appointments.

At 4:30, nobody came. By about 5 p.m., everybody was gone, he said. Hazan said he didn't know the name of the company, or the telephone number.

"Did they forget me?" he thought to himself.

When the driver arrived, he told Hazan that he had other people to pick up.

"I said, 'No. I've been here since 3 o'clock. I have to go home. I'm a diabetic, I've only had breakfast, I haven't had anything to eat, I have to get home,'" Hazan said.

When the driver refused to take him directly home, Hazan said he felt like he had no choice but to grab the van's keys out of the ignition.

"I was a true soldier," the retired doctor said. "... It was like I was in the Battle of the Bulge; I saw the answer to stop everything when I took that key."

Hazan refused to give the keys back, despite the driver's demands.

Within minutes, the VA hospital police arrived.

One officer, he said, grabbed him by his right wrist, leaving a purple bruise roughly the size of a watch band. Another officer emptied the veteran's pockets. The keys were pried from his fingers.

The Las Vegas man was issued two citations, one for disturbing the peace, which carries a \$280 fine, and the other for taking the keys "with intent to steal or purloin any personal property." The latter citation calls for either a fine or imprisonment for up to a year, or both.

The VA police declined to comment Wednesday, saying all requests for information must be made through the federal Freedom of Information Act.

A spokeswoman for the transportation company also declined comment, but then briefly disputed Hazan's version of events by saying the police report and cameras at the VA tell a different story.

"He was actually asleep when the driver got there," she said Wednesday. "We love all of our vets," she added before hanging up on a reporter.

David Martinez, a spokesman for the VA Southern Nevada Healthcare System, said he was unaware of the event. "I wouldn't encourage anybody to break the law, of course, but I admire his gumption, anyway," Martinez said Wednesday.

Hazan said he hopes this doesn't happen to "another old man, let alone a vet."

"I didn't fight with anybody, I didn't struggle," he said. "And I'm not going to court unless they take me there."

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2.2 - WBOY (NBC-12, Video): [Veterans have their voices heard at VA Medical Center Town Hall](#) (6 December, Justin McLennan, 131 uvm; Clarksburg, WV)

The V.A. hospital in Clarksburg held an open forum Thursday to give veterans a chance to have their voices heard.

The town hall meeting held at the Louis A. Johnson V.A. Medical Center is a quarterly event, designed to give veterans the floor, to bring up any questions, concerns or compliments they may have regarding patient care.

V.A. Medical Director Dr. Glenn Snider explains how these town hall meetings help the hospital meet the needs of its patients.

"That's one of the goals, is to increase transparency, so they can feel free to ask even a difficult question in an open forum like this," Snider said. "The ultimate goal is to improve the service, but transparency is part of that as well. So their comments help us to do our jobs better."

The next scheduled town hall will take place at the Louis A. Johnson V.A. Medical Center on March 28th, at 11:00 a.m.

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2.3 - Medical Xpress (Emory University): [PTSD study of combat veterans finds similar outcomes among common therapies](#) (6 December, Jennifer Johnson Mcewen, 34k uvd; New York, NY)

In a study among United States combat veterans, researchers found no significant difference between two of the most common treatments for post-traumatic stress disorder (PTSD) and no benefit for combination treatment. The study results are published in the Dec. 5 online issue of JAMA.

The head-to-head randomized clinical trial was conducted between 2012 and 2016 by researchers at four sites: Ralph H. Johnson Veterans Affairs (VA) Medical Center, VA Ann Arbor Healthcare System, Massachusetts General Hospital and VA San Diego Healthcare System. It was led by principal investigator Sheila Rauch, Ph.D., associate professor in the Department of Psychiatry and Behavioral Sciences at the Emory University School of Medicine.

The study included 223 service members or veterans of the Iraq and/or Afghanistan wars with combat-related PTSD and significant impairment (Clinician-Administered PTSD Scale score ≥ 50) of at least three months duration.

Current clinical practice guidelines recommend both trauma-focused psychotherapies, such as exposure therapy, and antidepressants, known as selective serotonin reuptake inhibitors (SSRIs), as effective treatments for PTSD.

Investigators looked at how sertraline hydrochloride (commonly prescribed SSRI) plus enhanced medication management compared to prolonged exposure therapy plus placebo and the combination of prolonged exposure therapy plus sertraline and to help reduce the severity of PTSD symptoms over 24 weeks of treatment.

"Our study is the first to compare psychotherapy and medications in veterans with PTSD. The findings provide guidance for clinicians that both prolonged exposure therapy and sertraline are effective treatments for PTSD in veterans, both resulting in large reductions in symptoms," says Rauch, who also serves as clinical director of the Emory Healthcare Veterans Program and director of Mental Health Research and Program Evaluation at the Atlanta VA Medical Center.

Rauch noted the efficacy of sertraline in this study is larger than previous studies and may suggest that standardization of psychoeducation and support may enhance response to this medication. Combination sertraline and prolonged exposure did not show additional benefit.

During the double-blinded study, participants completed assessments at the start and routinely throughout the 24 weeks, as well as a one-year follow-up assessment.

Participants completed up to 13 90-minute sessions of prolonged exposure therapy throughout the 24-week study period. Sertraline dosage was adjusted as needed during a 10-week period and continued until the end of the study. Medication management was manualized.

Rauch says the study also examined mechanisms and predictors of change. Additional publications will be forthcoming to address questions of who responds better to medication versus prolonged exposure therapy as well as what mechanisms may be involved.

According to the American Psychological Association, prolonged exposure therapy is a psychological treatment that helps people confront their fears—approach fear instead of avoiding it. Clinicians create a safe environment in which to "expose" individuals to the things they fear and avoid.

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2.4 - Springfield News-Sun: [The VA stayed open during the Bush funeral. Here's why.](#) (6 December, Jessica Wehrman, 33k uvm; Springfield, OH)

If you were wondering why the Dayton VA stayed open during Wednesday's National Day of Mourning for the funeral of former President H.W. Bush — after previously closing during funerals for Presidents Ronald Reagan and Gerald Ford — here's the explanation from Dayton VA Spokesman Ted Froats.

"While we join the rest of our nation in remembering and honoring the legacy of President George H.W. Bush, we were open on Wednesday because veterans were counting on us for the health care they have earned, and we want to make clear they can always do so," Froats said.

"It is true that during the National Days of Mourning for Presidents Reagan and Ford that the Dayton VA Medical Center closed for outpatient care and was only open for inpatients.

"However, this year, Secretary Wilkie directed VA Medical Centers across the nation to remain open for all outpatient care as well. We agree with and fully support the Secretary's decision, as it is the right one for our nation's heroes."

Most federal offices, including the Post Office, were closed on Wednesday.

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2.5 - ConnectingVets.com (CBS Radio): [Former Marine's VA malpractice bill picks up steam with AMVETS' support](#) (6 December, Matt Saintsing, New York, NY)

AMVETS is throwing its weight behind a former Marine's mission to allow veterans who received shoddy VA care from independent contractors to sue the department.

H.R. 7105, the Brian Tally VA Medical Care and Liability Improvement Act, dubbed the "Tally Bill," would place VA healthcare independent contractors on the same legal footing that applies to Department healthcare personnel, giving impacted veterans a chance at justice.

"We believe passage of this law will address the longstanding problem of breached due process for veterans who suffer disability, as well as survivors who lose loved ones, due to medical malpractice or negligence on the part of the Department of Veterans Affairs independent contractors," Joe Chenelly, National Executive Director of AMVETS, writes in a letter expressing support for the bill.

Tally was permanently injured when a VA doctor—who turned out to be a contractor—bungled the diagnosis of a staph infection that ate away at his spine. But a legal loophole protects that doctor and others, leaving Tally with no legal recourse.

“Suing the federal government, or one of its agencies, for a wrongful action is an inherently complex and overwhelming process,” Chenelly continues. “But it becomes a shell game when victims of medical malpractice are led to believe they are dealing with a federal employee, only to find out later an independent contractor committed the offense.”

Not wanting his situation to impact future veterans who may find themselves in similar cases, Tally met with lawmakers on Capitol Hill in the hopes one would sponsor the legislation that carries his namesake. Rep. Dave Brat (R-Va.) introduced the bill in October.

GOP Reps. Barbara Comstock (Va.), Amata Coleman Radewagen (AS-At Large) and Jennifer Gonzalez-Colon (P.R. At-Large) are co-sponsors, but the bill remains a far cry from a vote either in committee or on the House floor.

Tally hopes the recent support from AMVETS will usher that along.

“I was hoping that (AMVETS) would see the importance of this bill and how it essentially affects all veterans, we received just that,” Tally tells Connecting Vets. “I’m absolutely honored that AMVETS saw the need for legislative correction and is now a partner in playing a monumental role in changing a 72-year legal loophole that has destroyed so many lives.”

He says his permanent injuries stem from VA’s misdiagnosis and botched treatment in 2016, only finding out about his spinal inflection after receiving a surgery outside of the VA thanks to the Veterans Choice program.

But by the time the VA blamed the physician, an independent contractor, it was too late. If the doctor were a VA employee, however, Tally would have had additional legal options to bring his case to federal court.

Tally hopes to see the bill signed into law, so veterans who receive poor VA care will not be left on their own, even if they’re an independent contractor.

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3. Business Transformation

3.1 - KIFI (ABC-8, Video): [New Veterans Affairs Clinic opens in Idaho Falls](#) (6 December, Andre Phillips, 54k uvm; Idaho Falls, ID)

Local Veterans will now have access to healthcare services with the new state of the art Veterans Affairs Outreach Clinic in Idaho Falls located on the east side of Idaho Falls.

Officials from around the Southeastern Idaho region and the Veterans Assistance Center in Idaho falls held a ribbon cutting Thursday morning to commemorate the celebration.

"This unique approach to caring for veterans focuses on greater access", said Salt Lake City Veterans Affairs Director Sehlla Stovall. "It takes seamless coordination to ensure the whole health of our veterans."

The 5,679 square foot facility is of 1,400 community-based outpatient clinics around the country. Idaho Falls is the second city behind Pocatello to get an un-updated clinic.

Assistant Chief of Primary Care Dr. Jeremy Timm says the center will fill a void that was needed for 1200 veterans.

"It's very exciting to be able to take care of this many more veterans than we were before.

Aside from primary care, the biggest step forward in Idaho Falls is going to be the integration of primary care with mental health services.

"This is a new service for Idaho Falls that will allow our Veterans to get timely mental health care right here in this clinic rather than having to either travel down to Salt Lake City or wait and do it telemedicine," said Dr. Timm.

Veterans can receive help assistance with combat-related conditions, such as post-traumatic stress disorder.

Patients were already reporting for appointments during the open house ceremony.

"You also took an oath and said you would take care of yourself and be prepared to serve, right?, Air Force Veteran Leroy Duenes said during Thursday's ribbon cutting.

"It's an honor that they would care that much about me. They spent all this money and they built this fantastic clinic and got the best people they can to come and care about me."

The clinic is located at 640 S. Woodruff Avenue in Idaho Falls.

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3.2 - East Idaho News: [New VA clinic opens in Idaho Falls](#) (6 December, Mike Price, 50k uvm; Idaho Falls, ID)

Nearly 3,000 veterans can find health care closer to home with the new Veterans Affairs Outreach Clinic in Idaho Falls.

The outreach clinic on South Woodruff Avenue is three times the size of its predecessor in nearby Ammon. Air Force veteran and Idaho Falls resident LeRoy Duenes said he could only get into the old clinic some of the time and needed to travel to Pocatello when he couldn't get in.

"Now I just come out my backyard, and the clinic is right here," Duenes said.

Assistant Chief of Primary Care Jeremy Timm said the old clinic only had enough space for one primary care team.

"Now our capacity to care for veterans goes from about 900 to almost 3,000," he said.

Timm said the Teladoc system in each exam room will greatly benefit veterans. Teladoc, a telemedicine service, allows patients at a clinic to video chat with a specialist in a different location. This allows patients to receive specialized care without having to travel.

“If we can provide telemedicine or tele-specialty care up here in the Idaho Falls clinic, (veterans) will be able to come right here, see a VA specialist for whatever care they need ... rather than either having to travel to Salt Lake or see someone they don’t know out in the community,” Timm said.

Mark Butler, a doctor at the clinic, said the facility can provide for all primary care needs.

Butler has been working with veterans for 31 years. He said he chose to treat veterans and work in VA facilities because that is where he feels at home.

“They need love and care like everyone else,” Butler said. “Sometimes they need a little more as far as treatment for post-traumatic stress disorder or depression or things like that. They do have special needs, and we really try to accommodate that.”

Duenes said veterans need someone to care about them.

“They love this nation,” Duenes said. “What can we do to pay them back? I don’t know that we can do enough. To build a clinic is an amazing thing, and thank you. Thank you to the American people for doing that.”

The clinic officially opened in November and held its grand opening Thursday. The clinic is at 640 S. Woodruff Avenue in Idaho Falls. It can be reached at (208) 522-2922.

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3.3 - FEDweek: [Many VA Facilities Out of Date, Report Says](#) (6 December, 32k uvm; Glen Allen, VA)

A House report on a committee-passed bill (HR-4243) to conduct a review of VA facilities argues that many of them are out of date and don’t match the way the department currently delivers health care to veterans.

The report cites testimony from VA officials that “most of VA’s infrastructure portfolio is dated, in need of repair/replacement, and requires considerable investment” and that the majority “have out-lived their useful life-cycle, raising serious questions about VA’s continued ability to meet the needs of veteran patients and beneficiaries.”

The average Veterans Health Administration building is approaching 60 years old, more than five times older than the average building age of a not-for-profit hospital system, it says “These buildings were designed to meet an older, primarily inpatient, model of care. Thus, they are not well suited to provide care in accordance with modern, primarily outpatient, care models or to meet the contemporary ambulatory care needs of veteran patients.”

VA meanwhile has “acquired an ancillary mission” of taking care of mothballed buildings, diverting millions of dollars annually that could be better used, it added, while the VA has

identified more than \$50 billion in upcoming needs to modernize and maintain its facilities in operation.

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3.4 - KPVI (NBC-6, Video): [New VA Clinic opens in Idaho Falls](#) (6 December, Paul Beam, 26k uvd; Pocatello, ID)

Local veterans no longer have limited healthcare options, after a second veteran's affairs clinic opened up in Idaho Falls.

Officials say it will triple the number of patients they can see.

The ribbon has been cut on a new VA clinic in Idaho Falls, increasing the patient count from 900 to almost three thousand. Until now most veterans had to go to non-VA hospitals for medical care, but most veterans prefer the VA care.

Leroy Duenes, one of the clinics patients, said "I'm alive today because of VA care and people like Dr. Mark Butler right here that took a minute to care about me not just as a VA person coming through the door but as an individual... I'm alive because of dr. Mark butler..."

This facility not only marks a culmination of effort to increase veteran care, but also another step in a constant expansion... The VA clinics not only in Idaho Falls, but all over the region are continually expanding to cover as many veterans as they can.

Dr. Jeremy Timm, Assistant Chief of Primary Care, said "A little bit of both... It's a culmination of a lot of work and a lot of effort from the VA... But also a first step in providing more care for our veterans up in Idaho Falls... There is going to be a lot of growth and a lot of more opportunities for our patients here to get not only primary care but also specialty care..."

On top of the new facility and doctors, they are also using teleconferencing equipment to bring specialists from salt lake closer to Idaho Falls.

A 7 hour trip to salt lake is now cut down to an in town trip to the clinic.

Dr. Mark Butler, one of the VA doctors, said "I think it's a wonderful opportunity to have this clinic for our veterans and like I said provide care for those that have born the battle..."

The VA clinic doctors tell us it's important to have an emotional connection with their patients... And the new clinic helps with that.

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3.5 - ConnectingVets.com (CBS Radio): [Tele-counseling now available for VA rehab programs](#) (6 December, Lauren Warner, New York, NY)

Tele-counseling is now available through the VA's Vocational Rehabilitation and Employment (VR&E) program.

According to the VA's most recent announcement veterans now have the ability to meet with more than 1,000 counselors via virtual communication.

To access the counselors, veterans must already be enrolled in the VR&E programs. Tele-counseling can be done on any device with a microphone and webcam-- this is all you need to virtually meet with a counselor on VA Video Connect. Additionally, there is no need to download specialized software or obtain unique usernames and passwords. Access to a scheduled counseling session is obtained through a unique link sent directly to you and is valid for that counseling session only.

The upgrade to the Voc Rehab program comes in response to the accessibility issues and needs of veterans nationwide. With over 122,000 veterans currently enrolled in the VR&E programs, creating a more accessible program will allow for successful completion of the rehabilitation plans.

"We strive to provide Veterans with access to personalized, interactive face-to-face care and services regardless of where they live," said VA Secretary Robert Wilkie. "VR&E's Tele-counseling service is another example of how VA continually modernizes in support of Veterans' needs."

For more information about the Vocational Rehabilitation & Employment, [click here](#). To learn more about VA Video Connect, [click here](#).

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3.6 - WSKG (NPR-89.3, Audio): [As Rumors Swirl Around Bainbridge Veterans Clinic, Vets Wonder What's Going On](#) (6 December, Gabe Altieri, Vestal, NY)

BAINBRIDGE, NY (WSKG) — The VA wants to move its Community Based Outpatient Clinic in Bainbridge, a rural community in right off Interstate-88 in Chenango County, to Oneonta.

These are designed to offer veterans care without the hassle of going to a larger medical center.

Rumors of that move have intensified over the last year, but veterans, stakeholders and residents don't know why a move would be made. Even more, they wonder if it would be better.

Veterans Left Out

I met Jim Omahen at the American Legion in Sidney this past June. He's the legion commander here.

Omahen, who served in the Army before getting out in 1974, sits in a conference room with tile floors and fluorescent lights. He likes the Bainbridge Veterans Clinic. The care is good.

But he and other veterans feel out of the loop on why the clinic would move to Oneonta.

"We know as much as you do," Omahen said when I asked him what was going on with the clinic. "We read something in the Daily Star and hear rumors."

An article in the Oneonta Daily Star early this year reported the Delaware County Board of Supervisors came out against moving the Bainbridge Clinic to Oneonta.

Sitting next to Omahen at the Sidney American Legion is Jacqueline Gascon. She was an army sergeant for 12 years and was pretty ticked when she first heard the clinic might move.

"We're veterans. We're the people they're serving," she said. "Why wouldn't you say 'you know, we're thinking about this, what do you guys think?'"

"How Does The Owner Of The Building Not Know That They're Going To Move"

Gascon's remarks were like a lot of others when they first heard about a potential move.

Not only did the Delaware board come out against it, but the Chenango County board, 22nd District Congresswoman Claudia Tenney, and State Senator Fred Akshar all said they wanted the clinic to stay in Bainbridge.

And then there's Charlie Piper.

He's with Delaware County Veteran Services and has struggled to get a straight answer about what's going on with the clinic for a while. Over the years, he'd hear the clinic would leave Bainbridge and then a little later he'd hear it would stay.

Early this year, he heard the contract for the Bainbridge clinic would not be renewed at the end of 2018. Those details have since changed.

Piper said the veterans he works with like Bainbridge because it's easy to get to and easy to use.

"It's about being in an area where they can access you," he said. "Because right now, with this clinic, they can access the clinic."

"If it goes to Oneonta and they go 'I have to go there to Oneonta. I don't have a car. I'm going to have to do this – ah I'm not going to bother'."

That conversation with Piper was in May. He spoke to me at the Bainbridge clinic, a low-lying building with tan siding. It's a short drive off I-88. It has a parking lot that feeds into a ground floor entryway.

"Look at this place. Look at the front. The parking lot is immaculate. It's like, what more does he have to do," Piper said.

That "he" Piper mentioned is sitting next to him. Matt Germond owns the building the clinic is in. He's a chiropractor and runs his practice out of the other side.

"I didn't know what to expect at the end of this term until I started asking questions," Germond said. "Until Charlie [Piper] came up and started talking to me and asking questions about it."

"When I came and talked to Matt, the first time I talked to Matt, and he said 'no, I don't know anything about this'," Piper said. "How does the owner of the building not know that they're going to move?"

That's the crux of the whole issue. Major players don't know what's going to happen. Several times when I spoke to Piper, Germond or veterans I was the one giving them information.

A New Deal Until A Better Deal?

Over the summer, Germond didn't hear anything as he got closer and closer to that December deadline when the contract was set to expire.

Finally in September, Germond received a new contract. That would keep the clinic in Bainbridge until 2020, but there was a caveat. The VA could bail on the contract with 90 days notice.

"It allows us to continue operation until that time," said Peter Potter, the Director of Public Affairs for the Albany Stratton VA Medical Center which has jurisdiction over Bainbridge.

The VA frequently looks to move facilities if it'll be more effective for veterans. There are also often new mandates from federal government the building needs to meet. For example, they might need more space.

But here's the thing, Germond said he's willing to move out of the half of the building where his business is to expand the clinic for any new requirements.

"If he's insinuating that he can provide more care at greater accessibility he's incorrect," said Potter. "Because two-thirds, I mean the facts show, that two-thirds of the veterans we serve, the one's currently getting care at Bainbridge, live closer to Oneonta."

The facts don't necessarily show that.

Potter is making two distinctions here: the first distance. He says the VA measures distance from a veterans house to the clinic as the crow flies. But when judging by driving distance, most veterans currently enrolled at the clinic live closer to Bainbridge or the distance is marginal.

The second distinction is which veterans count when making the decision where to put a clinic. Potter said eligible veterans matter, which includes anybody who could use the clinic – 20-somethings and other veterans who are pretty healthy and maybe don't need the clinic right now.

When it comes to total eligible veterans, Potter said Oneonta is more of a population center than rural Bainbridge.

Serving The Underserved

However, to some locals, being in a population center shouldn't matter.

"Rural areas are not getting services and I think this is what this is all about," said Canice Paliotta, area resident who has been pushing to keep the clinic in Bainbridge. "We may not have the numbers, but we have people that are in need."

Access is important for veterans, and so is information. We've heard from veterans, like Omahen and Gascon, who feel out of the loop.

They want to know why they haven't been asked. Why hasn't there been a town hall? Potter at the VA said they can't hold these meetings until everyone who wants to bid on the government contract for the clinic has that chance.

He also doesn't know if it makes sense to hold a town hall-like event before that.

"Because we don't know where we're going to be moving," Piper said. "It's possible that every single bid that was within the Oneonta area does not meet what we need or what veterans need and it just happens to be that there was a bid from Bainbridge that meets everything that we need and now it's in Bainbridge.

"Now we would've had a town hall for a move that turns out isn't going to happen," Potter added.

Now it's the end of the year, when the contract at the Bainbridge Clinic was set to expire.

It's been months since the clinic was initially rumored to close and move about 30 miles north. Now, that won't happen for a little while, at least. The VA has just created new guidelines for these clinics, so the bidding process has started all over.

Those waiting to hear about the future of the clinic, will have to wait a little longer.

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3.7 - YaleNews: [Veterans prefer telehealth consults for plastic surgery, study shows](#) (6 December, Ziba Kashef, New Haven, CT)

If a veteran in Maine, Vermont, or Massachusetts needs to have a common skin condition treated, they might have to travel to the VA in West Haven, Connecticut three times — once for a consultation, the second time for treatment, and the third time for post-operative care. But a new pilot study led by Yale plastic surgeons shows those three visits could be reduced to one by using telemedicine.

An all-Yale team lead by Drs. Henry Hsia and Deepak Narayan recruited 41 patients in the Connecticut VA system to participate in the pilot program. The veterans all had non-urgent conditions ranging from minor skin cancers to cysts to carpal tunnel syndrome. At local outpatient clinics, the patients received consultations using video conferencing equipment that connected them to a plastic surgeon in the West Haven VA. After the consultations, the veterans completed questionnaires evaluating their satisfaction and the quality of care.

The research team found that the vast majority of veterans treated preferred the telemedicine consultation to a traditional face-to-face visit. This alternative eliminated both the time and expense of making multiple trips to West Haven with no added cost, the research team noted.

"We're not trying to replace traditional exams," Hsia noted. "But this is an adjunct that will benefit patients by providing a screening tool." As the number of veterans choosing telemedicine consultations grows, the researchers will investigate other aspects such as cost effectiveness and outcomes, the researchers said.

Read the full paper in Plastic and Reconstructive Surgery Global Open.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Government Matters (Video): [Issues with the VA's electronic health records program](#)
(4 December, Andrew Wagner, Washington, DC)

The Department of Veterans Affairs is in some hot water with Congress. During a hearing of the House Veterans Affairs Committee, lawmakers were shocked to find that the electronic health record program was already \$350 million over budget. Ed Meagher, former VA chief technology officer and president of Vetegic, LLC., says that in addition to these budgetary issues, VA's plan to implement a Cerner-based EHR system is unworkable.

"It's doomed from the beginning for many reasons. I list eight separate reasons, four of which I call violations of the laws of gravity and four are more cultural and management. This system that they are proposing to deliver for both DoD and VA has never, ever been shown to be able to operate at the scale and scope that it will have to operate to replace what VISTA does today," Meagher said. "And to my knowledge, there's no key performance indicators to know where they are along the path to success. In fact, success is in the mind of the beholder. It doesn't clearly say what constitutes success. Getting away from the technology of it, they are going to change lives of about a half million people. They have not really consulted with them. I would liken this to an old FedEx commercial where they are rebuilding the plane while it's in flight. They are going to have to rebuild two planes while in flight... Everyone wants this to succeed, it just can't."

Mr. Meagher's current role was incorrectly identified as Executive Vice President of Healthcare Strategy at Information Innovators Inc. It has been corrected above.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Military Times (AP): [Another for-profit college chain, popular with GI Bill users, closes suddenly](#) (6 December, Jeff Amy and Collin Binkley, 471k uvm; Springfield, VA)

JACKSON, Miss. (AP) — One of the nation's largest for-profit college chains announced Wednesday that it was abruptly closing in dozens of locations nationwide, after its accrediting agency suspended approval.

Birmingham, Alabama-based Education Corp. of America said it was closing schools operating as Virginia College, Brightwood College, Brightwood Career Institute, Ecotech Institute and Golf Academy of America in more than 70 locations in 21 states. The company said in October that it

had more than 20,000 students, although more recent documents indicate the number may be closer to 15,000.

ECA schools enrolled about 4,000 students using the Post-9/11 GI Bill in fiscal 2017, the latest year for which federal data is available. A Military Times analysis of Department of Veterans Affairs data shows more than \$41 million went to pay for the education of veterans at these schools.

The company, backed by investors including private equity firm Willis Stein & Partners of Chicago, is the latest in a series of for-profit colleges to close after allegations that they were loading students up with debt while not providing them with marketable skills.

In some cases, students told local news outlets Wednesday that operations ceased immediately, while in other cases students said they were told to return for meetings later.

ECA spokeswoman Diane Worthington said that at most locations, Friday would be the last day of classes, and students would get academic credit for this term. One ECA institution, New England College of Business, is not closing. The company mostly offers professional certificates in subjects like cosmetology, culinary arts and medical and dental assisting.

In a letter to students, ECA CEO Stuart Reed said the company's impending loss of accreditation, along with added requirements from the U.S. Department of Education, made the company unable to raise more money to operate the schools while it sought to reorganize.

"It is with extreme regret that this series of recent circumstances has forced us to discontinue the operation of our schools," Reed wrote.

In October, the company sued the U.S. Education Department seeking to maintain its federal funding, which was in jeopardy over its dire financial situation. A judge later dismissed the suit.

Court documents filed by the company said its lagging revenue left it unable to make payments on its debt or rental fees, and that it faced eviction at several campuses. ECA estimated it owed \$66 million at the time. Even before then, ECA was planning to shutter 26 campuses to cut costs. Another federal judge in Georgia later granted a bankruptcy-like receivership meant to protect the company from creditors.

ECA largely blamed falling enrollment on an upswing in the economy, which left fewer adults heading to school for job skills, and on increased federal regulation of the for-profit college industry.

The sudden closure drew criticism from the U.S. Education Department, which said it had been working with the company to arrange a shut-down that gave students time to transfer.

"Instead of taking the next few months to close in an orderly fashion, ECA took the easy way out and left 19,000 students scrambling to find a way to finish the education program they started," Liz Hill, an Education Department spokeswoman, said in a statement.

Like the recently shuttered Corinthian Colleges and ITT Technical Institute chains, Education Corporation of America was overseen by the Accrediting Council for Independent Colleges and Schools, one of the watchdog groups the federal government appoints to ensure colleges offer a quality education.

The council, known as ACICS, wrote a Tuesday letter to Reed saying it was suspending accreditation immediately at all the institutions, citing “rapidly deteriorating financial conditions,” a failure to make required payments to the council and a wide variety of academic concerns.

ACICS was shut down by the Obama administration over allegations of lax oversight, but was later reinstated on Nov. 21 by Education Secretary Betsy DeVos, who found it was “substantially in compliance” with federal standards.

Virginia Rep. Bobby Scott, the top Democrat on the House Education and the Workforce Committee, urged DeVos to rethink her decision on ACICS after the Wednesday closure.

“We have repeatedly warned about the risks low-quality, for-profit education companies and irresponsible accreditors pose to students and taxpayers across the country,” Scott said in a statement. “Today’s announcement is another painful reminder of those risks.”

Corinthian and ITT Tech educated thousands of student veterans when they closed in 2015 and 2016, respectively, and became the impetus for a provision in the Forever GI Bill law passed last year that restores GI Bill benefits to victims of abrupt school closures.

In many cases, students and teachers were in class when they got the news about the ECA closures Wednesday. Melissa Zavala, who was studying to be a medical assistant at a San Antonio, Texas, campus of Brightwood, told KSAT-TV students were taken to an auditorium.

“The director was there and she was like, ‘I have bad news. The school is closing down,’” Zavala said. “Everyone was like, ‘What about our student loans? We’re almost done.’”

Zavala said campus officials couldn’t provide additional information and told them to look online for other colleges they could attend.

“They took our money, they shut the school down and that’s it for us,” Zavala said.

Toby Merrill, who directs the Project on Predatory Student Lending at Harvard Law School, said students can ask the U.S. Department of Education to cancel loans if a school closes. However, that opportunity doesn’t apply if a student transfers credits or if a school hires a successor to offer students classes to complete their programs.

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6.2 - The Morning Call: [Why an effective program for Lehigh Valley homeless veterans has had to close](#) (6 December, Paul Muschick, 442k uvm; Allentown, PA)

When Tim Smith retired after 26 years in the Army, things didn’t go as planned. Before long, the Bethlehem native was homeless.

He stayed in his car for a night or two and then spent about nine days at Bethlehem’s homeless shelter.

What got him back on his feet, Smith told me, was a hand from Hope for Veterans.

The free service assists veterans who have no place to live, and those on the brink of homelessness. Not only did the agency find him an apartment, but it made sure Smith had furniture and dishes. It offered leads on where to look for work, gave him a bus pass and routinely checked in to see how he was doing.

Smith, 52, who retired from the Army in 2014 after service in several countries and two deployments in Iraq as a quartermaster, fears other veterans will have trouble getting that hand in the future.

Hope for Veterans closed its center on Hamilton Boulevard in Allentown at the end of October after the U.S. Department of Veterans Affairs didn't renew its funding.

The center, in an office building near the veteran's medical clinic, was a place where veterans could line up housing, get help filling out benefits paperwork or get connected with mental health or medical resources. They could use a computer, get job leads or just talk to someone. In fiscal year 2018, Hope for Veterans assisted 229 people in Lehigh and Northampton counties, and also served 11 surrounding counties.

So when its grant — about \$1.2 million of which was spent in the Lehigh Valley — wasn't renewed for fiscal year 2019, which started Oct. 1, the region's homeless advocates were blindsided.

"The tough part to see is that they pulled all of the funding," said Bob Rapp, a former Hope for Veterans outreach specialist who now helps the homeless as part of the street medicine team at Lehigh Valley Health Network. "To see it all go away at once — when you look at the previous year and you see how many hundreds of people that you served ..."

It seems that Hope for Veterans was a victim of its own success.

Along with other area efforts, it reduced the number of homeless veterans to the point that, last year, the U.S. Department of Housing and Urban Development declared that Lehigh and Northampton counties had "effectively ended" veteran homelessness. Nationwide, 64 communities and three states have achieved that benchmark.

So rather than continue to fund Hope for Veterans' operation in Allentown and make sure veteran homelessness remained at a manageable level in the Lehigh Valley, the feds decided to spend their money elsewhere.

Some advocates for veterans think that's shortsighted.

Being designated as "effectively ending" veteran homelessness doesn't mean there aren't homeless veterans, said Tom Applebach, director of the Lehigh County Veterans Affairs Office and chairman of the Lehigh Valley Homeless Veteran Task Force. It means there is a system in place to handle their needs quickly. He fears the loss of the Hope for Veterans grant will make it harder to keep doing that.

"This is pretty much devastating to us," Applebach said.

There are other VA and HUD programs that assist homeless veterans, who also can tap into services for the broader homeless population. But Hope for Veterans played a role that can't be

replicated because it specialized in working with veterans, and veterans trusted it, Smith and others told me.

“Any homeless veteran that I know of who has got themselves situated, they got their help through Hope for Veterans,” Smith said.

Nationwide, the number of homeless veterans has been cut almost in half since 2010, according to HUD data released last month. In Lehigh and Northampton counties, the number has fluctuated over the last five years, from a low of 28 in 2017 to a high of 42 in 2014.

The Lehigh Valley Homeless Veteran Task Force also counts homeless veterans. Its figures are higher: 64 this year through August, 70 in 2017, 77 in 2016 and 63 in 2015.

It’s difficult to get an accurate count.

The official tally is taken by HUD every January. Veterans in states such as Pennsylvania may not be on the streets then because it’s too cold. They may not be found in shelters, either, because shelters fill up.

Those who are elsewhere — with friends or in the hospital — don’t get counted, Rapp said. “If you’re couch surfing, you’re not homeless,” he said.

If bureaucrats are relying on that data alone when deciding where to allocate money, that could lead to inadequate funding if the data don’t accurately measure the need.

Hope for Veterans is operated by nonprofit Community Hope of Parsippany, N.J.

It still is assisting homeless veterans in New Jersey, because the VA renewed the organization’s grant to work there. It is providing services in 13 counties, including Warren and Hunterdon.

CEO Michael Armstrong told me he was surprised when his agency’s grant to work in Pennsylvania wasn’t renewed, too.

“We don’t know why,” he said. “We thought we were doing very well.”

So did Josh Freeman.

The 28-year-old is a native of Oklahoma who served two years of active duty with the Army National Guard. He said he got sick while serving, developing asthma and cardiovascular problems. He received an honorable medical discharge and moved to the Lehigh Valley to stay with a friend. That relationship fell apart and he found himself at the Bethlehem emergency homeless shelter.

Smith, the 26-year Army veteran, was volunteering there and told him to seek help from Hope for Veterans. Freeman said that within about three weeks, he had an apartment, with furnishings and clothing. He said a caseworker followed up, inquiring about his mental health, connecting him with programs to get subsidized utilities and making sure he was looking for a job.

Freeman said the organization paid four months rent, its maximum amount. He hadn’t found a job yet so he had to move out. He moved into an apartment with Smith and others in Bethlehem

that Smith set up as transitional housing through a nonprofit he founded, City of David Ministries (Faith Works) Inc. Its mission is to provide housing, employment search assistance and education referrals to those in need, particularly veterans.

Freeman has found work as a cook at Sands Bethlehem Casino Resort. He said he wouldn't be where he was without help from Hope for Veterans. "They did the best and most they could do," he said.

Without that organization, local advocates wonder if there will be enough services to meet the need.

Nationwide, the VA has been spending more money on homeless veterans services in recent years. Its budget is \$1.8 billion this fiscal year. In 2014, it was \$1.5 billion. In 2009, it was only \$376 million.

But spending on the program that funded Hope for Veterans' work in the Lehigh Valley, the Supportive Services for Veteran Families program, is being reduced. A VA spokesman told me this year's award process for those grants was "extremely competitive." He said the decisions reflect the VA's "obligation to ensure available resources are allocated where they best align with veterans' needs."

The agency told U.S. Sen. Bob Casey's office that Pennsylvania received 3.13 percent of the program's grant funds for next year and had 2.4 percent of the nation's homeless veterans as of the last count.

The VA said in a news release that it will spend about \$326 million through 252 nonprofits in fiscal year 2019. In 2016, the funding was about \$379 million to 378 nonprofits, according to an annual report.

Locally, the cuts have been big, from about \$1.6 million in fiscal year 2017 to \$169,000 now.

In addition to ending Hope for Veterans grant this year, the VA ended a similar grant last year to the Lehigh Valley Center for Independent Living.

The lone grant to serve the region in fiscal year 2019 went to Catholic Charities of the Diocese of Allentown, which got \$169,000 to cover services in five counties — Lehigh, Northampton, Berks, Schuylkill and Carbon. That grant will be supplemented by a one-time \$100,000 state grant, but the state money is not guaranteed to continue in the future.

The greatest need is in Lehigh and Northampton counties. Catholic Charities hopes to spend most of its VA funding there, said Rob Nicolella, Catholic Charities' county administrator. It obtained non-VA grants to provide services in Berks and Schuylkill counties.

Catholic Charities will coordinate with other agencies to cover the need as best it can, Nicolella said. "We will do whatever it takes in order to try to help."

It has support. Other efforts are coordinated by the VA's medical centers.

Officials at the Wilkes-Barre medical center, which serves the Lehigh Valley, said veterans shouldn't worry about funding and should ask for help if they need it. The medical center has a

lot of resources and partnerships and will figure out how to help, public affairs officer William Klaips said.

“The veterans aren’t going to know that there’s a loss in dollars because they will never be treated differently than if we had billions of dollars,” said Nicole Garza, the medical center’s chief of social work service. “The veterans won’t know. Maybe it won’t go as fast but it will be continuous, there will be many resources that are afforded to veterans that qualify. That won’t change, despite funding being cut and a grant being lost.”

I hope that’s the case. Local homeless advocates have their concerns.

The problem of homelessness, and of homeless veterans, never will be solved for good. There always will be people who suddenly become homeless due to a job loss, break-up, addiction or other problem.

It’s important to have a safety net to catch those people immediately, or even better, before they end up on the street. The Lehigh Valley has been doing OK when it comes to catching veterans.

It would be a shame if the drastic reduction in grant funding to the region changes that. If the homeless veteran numbers grow, that presumably would prompt more funding. That shouldn’t be how bureaucracy works.

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6.3 - WTVW (FOX-7, Video): [In-depth with Brad Byrd Veterans Court: Keeping charged veterans out of jail](#) (5 December, Britney Taylor, 43k uvm; Henderson, KY)

Eight-minute video: A 2011-2012 study showed the US Department of Justice stats showed an estimated 181,500 veterans, eight percent of all inmates in state and federal prison and local jails, were serving time behind bars.

We are talking about the Vanderburgh County Court System and the Veterans Administration combining resources to help troubled veterans receive the help they need to stay out of prison.

Judge Kiely helped create the very first Veteran’s Court in Indiana.

Here’s the contact information for Gene Thweatt:

[...]

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6.4 - WBFO (NPR-88.7, Audio): [VA host latest Veterans Stand Down in Niagara Falls](#) (6 December, Michael Mroziak, 22k uvm; Buffalo, NY)

It happens once a year in Buffalo, when the US Department of Veteran Affairs hosts what is called a Veterans Stand Down. It’s a gathering where representatives of various agencies set up and provide information to veterans about their wide range of services. On Thursday, the VA brought the Stand Down to Niagara County for the first time in a decade.

An estimated 50 agencies representing health care, legal services, financial, education and other fields assembled inside the Frederick F. Cadille American Legion Post 1664 on Market Street, in the heart of the city's Pine Avenue Business District. Among those offering information on educational options was Willie Pullman of Bryant and Stratton College.

He explained his institution offers packages for veterans to turn their military experience into a career path.

"A career path that can focus on something of their interest," he said. "Something with longevity, something with stability since they're returning back from service. These are services such as information technology, business courses and criminal justice."

Stand Downs were first created to work exclusively with homeless veterans but they have since been expanded to welcome and serve all local veterans.

"We have done a great job working with our community providers to drastically reduce the number of homeless veterans in our community," said Kristen Weese, VA Health Care for Homeless Veterans program manager. "One homeless veteran is too many, but we are very proud of the work we've done."

A hot, free meal was also provided during the Stand Down and local barbers were offering complimentary haircuts. There were even personnel standing by to offer services for pets of veterans. Banfield Pet Hospital operates several clinics at PetSmart retail outlets throughout the nation, including several in Western New York. Ashley Miller, chief of staff, traveled from Connecticut to assist local vets at the Niagara Falls Stand Down. She previously came to Western New York earlier this year, to assist with the Stand Down held at KeyBank Center in Buffalo.

"We like to participate in as many events as we can," Miller said. "If we can't see the pets here, we're happy to send stuff home as much as we can, to keep them healthy with their owners."

About 1,000 veterans were served at the Buffalo Stand Down in June. Officials estimated only a fraction of that turnout would attend the Niagara Falls event. But they wanted to finally come north and they hope they'll be able to offer another Stand Down in Niagara County in the not-too-distant future.

"We anticipate a smaller crowd than the thousand that we see in Buffalo, but we wanted to bring the services right here in the second-largest county in our coverage area," Weese said.

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6.5 - The Daily Free Press: [Veterans struggle to pay college tuition due to VA delays](#) (6 December, Natalie Patrick, 5k uvm; Boston, MA)

The Department of Veterans Affairs has experienced delays processing checks for the housing allowances and tuitions of some veterans going to universities, including a student at Northeastern University.

Student veterans across the country are struggling to submit tuition and housing payments to their universities on time because of the back up. The Boston Globe reported that the VA announced Nov. 29 that it would reimburse the student veterans for their full payments after receiving backlash when the agency originally said it would not do so.

VA Secretary Robert Wilkie said in a statement that the organization will work to ensure that the veterans who depend on the Forever GI Bill, which provides veterans with such education benefits as priority enrollment and a work study expansion, are able to pay for their education.

“Although VA has encountered issues with implementing the Forever GI Bill on Congress’ timeline,” Wilkie wrote, “we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law.”

The Veterans Benefits Administration announced in a press release on Nov. 28 that it is beginning to reset the way it processes sections 107 and 501 of the Forever GI Bill, which will change how monthly allowances are calculated.

To ensure communication between the multiple parties involved with getting payments to veterans, the VBA said in the press release that it will maintain contact with everyone involved.

The VBA also asked schools to begin their paperwork for the spring semester so that work can be completed on time.

Mark Bryson, a veterans employment representative from MassHire’s Department of Career Services, said there are other federal programs available that can provide educational and career aid for veterans besides just the VA, such as the Workforce Innovation and Opportunity Act.

“That’s a federal program which, basically, it gives every career center a block grant in order to help them to facilitate trainings for people that need it,” Bryson said. “Usually, it is no cost to the individuals, and they can get training anywhere from getting certifications, that sort of thing, or even up to getting like an associate’s degree.”

Another option, Bryson said, is for veterans to get vocational rehabilitation to help them return to the workforce.

“If they are a veteran, then they should be eligible to go do vocational rehabilitation,” Bryson said. “That’s one of the ways that veterans can get funding for training, or they have post 9-11, or they have the GI Bill.

Mirna Rodriguez, 62, of Jamaica Plain, said she thinks funds should be available for veterans who want to obtain a college degree. She said the VA and universities should unite because education can provide a better life for veterans.

“They should make funds available because it’s very important for veterans,” Rodriguez said. “They deserve support. I believe they deserve to go to college.”

Lisa Bennett, 43, of Brookline, said she thinks the VA should compensate veterans for keeping the country safe.

"They serve our country, they help us be safe and everything like that," Bennett said. "They should go all the way for them."

Laconia Strothers, 33, of Downtown Boston, said she thinks the government has "dropped the ball" with regard to supporting veterans. She said she has worked with homeless veterans in the past and believes no veteran should be homeless or unemployed.

"As far as them going back to school, it's very unfortunate," Strothers said. "They shouldn't have to come back from service after defending our country for whatever reason our government feels like they throw them out there for at this point. They should be given everything that they need."

Strothers said she thinks the VA has enough money to support veterans until the federal government figures out the delays in processing checks. She said she doesn't think the VA supports veterans as much as they should, especially considering her recent experience losing a family member who was in the Marines during World War II.

"He went to the VA for help, and they sent him to a hospital, and that was it," Strothers said. "He was in there for a week, and they called us and told us he didn't make it."

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6.6 - Fulton Sun: [Lodging planned at VA for veteran families](#) (6 December, Helen Wilbers, 4k uvm; Fulton, MO)

Families of veterans visiting the Harry S. Truman Memorial Veterans Hospital in Columbia will soon have a home away from home.

Charity Fisher House is building a 16-suite complex to house the families of military members and veterans staying at the hospital. Stephen Gaither, board president of Friends of Mid-Missouri Fisher House, visited the Fulton Rotary Club on Wednesday to encourage locals to support the project.

"Callaway County veterans absolutely end up at Truman," he pointed out.

Suites at a Fisher House are first-come, first-serve. Families may stay for a single night or, depending on circumstances, much longer. When rooms aren't available, Fisher House may pay for a hotel room for the family.

Fisher House has built 78 similar facilities at military hospitals and installations both at home and abroad. Currently, only one exists in Missouri (St. Louis). They've provided temporary housing for more than 35,000 families, saving them some \$405 million in lodging costs, Gaither said. The Fisher House Foundation has a perfect rating on Charity Navigator.

The foundation hopes to break ground on the new facility in early 2021, with a projected completion date in late 2021. The total cost, including furnishing, is estimated at \$6 million.

"Fisher House Foundation doesn't dedicate to building a new house unless it has the resources in place to do so," Gaither said. "However, our local group wants to try to offset the cost."

After completing the facility, the Fisher House Foundation will donate it to the Truman VA hospital. Gaither worked at the hospital in public relations for decades before his recent retirement.

"Strictly speaking, VA health care benefits are for veterans only," he said. "Sometimes, we'd try to get creative in accommodating a family that came from a long way away. Fisher House lets us do that in a way that's not legally shady."

During the next couple years, Gaither's organization will be working hard to raise funds for the project. Many volunteer opportunities will be available as well. To learn more or get involved, visit facebook.com/midmofisherhouse.

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7. [Other](#)

7.1 - Business Insider: [White House appointee reportedly told VA's diversity chief not to condemn white supremacy after the deadly Charlottesville riots](#) (6 December, Caitlin Foster, 34M uvm; New York, NY)

In the aftermath of deadly protests in Charlottesville in August 2017, the chief diversity officer at the Department of Veterans Affairs pushed to issue a statement condemning white supremacy — only to be silenced by a White House appointee at the agency, The Washington Post reported.

Emails provided to the Post by watchdog organization American Oversight reportedly show a tense exchange between the two officials.

Georgia Coffey, the diversity chief, believed a strong statement was appropriate because "the agency's workforce was unsettled by the uproar," the Post reported. The VA secretary at the time, David Shulkin, told reporters he was "outraged" by the violence.

According to the Post, in her emails Coffey wanted to send a clear message that the VA stood against the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan."

John Ulyot, a top communications official at the VA, told Coffey to stand down, the Post reported. Ulyot reportedly told Coffey that, at the direction of Secretary Shulkin, such a statement was unnecessary because Shulkin had already addressed the violence with the press. An anonymous source told Post reporter Lisa Rein that the direction to silence Coffey's statement came from the White House amid efforts to calm the uproar caused by President Donald Trump's controversial response to the protests.

VA spokesman Curt Cashour told the Post the White House did not issue the direction.

Shulkin reportedly encouraged VA employees to share their personal views, as he had done. But Ulyot asked Coffey to remove incendiary language before releasing her personal statement, which she felt would dilute her intended message, the Post reported.

Coffey released her full statement, and was summarily reprimanded before her retirement from the agency, according to the Post.

Coffey and Ulliyot declined to comment on the story. Shulkin told the Post he did not recall discussing the VA's response with Ulliyot, and while Shulkin was copied on numerous emails between Ulliyot and Coffey, the email exchange obtained by Business Insider does not contain direction from Shulkin about how he wanted Coffey's message handled.

In an emailed statement to Business Insider, Cashour said Shulkin had explicitly directed Ulliyot on how he wanted the issue handled, and that the email chain, on which the secretary was copied, serves as proof.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulliyot to share his directive is belied by the paper trail contradicting his statement," Cashour said in an email. "This is more sour grapes from a dismissed doctor."

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7.2 - The Huffington Post: [Veterans Affairs Official Vetoed Statement Against White Supremacy After Charlottesville](#) (6 December, Hayley Miller, 28.5M uvm; New York, NY)

A top official at the Department of Veterans Affairs denied a request from the agency's chief diversity and inclusion officer to issue a strong condemnation of white supremacy in response to the deadly Charlottesville riot in August 2017, as first reported by The Washington Post.

An email exchange between John Ulliyot, named the VA's top communications official by President Donald Trump in March 2017, and workplace race relations expert Georgia Coffey shows conflicting opinions about how the agency should address the racially charged violence.

Coffey told Ulliyot that the VA's top officials needed to release a statement against the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan" demonstrated at the Aug. 17, 2017, white nationalist rally in Charlottesville, Virginia.

But Ulliyot rejected her request, according to emails provided to the Post by watchdog group American Oversight, which obtained them via the Freedom of Information Act. The Veterans Affairs Department also provided HuffPost with a copy of the email exchange.

The email exchange followed Trump's controversial statement falsely blaming "many sides" for violence at the rally, which turned deadly after a neo-Nazi rammed his car into a crowd, killing a woman who had been protesting racism.

Lawmakers on both sides of the aisle had urged the president to take a stronger stance against white nationalism.

VA Press Secretary Curt Cashour told HuffPost in a statement Thursday that then-VA Secretary David Shulkin had felt "adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications" and had simply tasked Ulliyot with relaying this message to Coffey.

In his emails to Coffey, Ulyot was respectful and noted he was acting at the direction of Shulkin, as noted by the Post. He told Coffey she could instead issue a more general statement acknowledging the VA's "strong commitment" to diversity.

Despite being copied on Ulyot's email exchange with Coffey, Shulkin told the Post he didn't recall his conversations with Ulyot about how to handle Coffey's request. Cashour dismissed Shulkin's denial.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement," Cashour said in his statement to HuffPost. "This is more sour grapes from a dismissed doctor."

Despite Ulyot's veto, Coffey reportedly posted the full statement under her name in a monthly newsletter from the diversity office, which agency officials later removed. She retired soon after.

Ulyot, who previously served as the communications director for the Senate Veterans' Affairs Committee, was a staffer on Trump's 2016 campaign. He was reportedly part of an effort to oust Shulkin from the Veterans Affairs Department. Trump ultimately fired Shulkin in March.

The White House did not immediately respond to HuffPost's requests for comment for this story.

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7.3 - Newsweek: [Trump Appointee Told Veterans Affairs Leader Not To Condemn White Nationalists Following Deadly Charlottesville Riots](#) (6 December, Alexandra Hutzler, 9.2M uvm; New York, NY)

President Donald Trump's refusal to condemn the white nationalists and neo-Nazis involved in the deadly Charlottesville, Virginia, riots in 2017 sparked an internal struggle within his administration, especially within the Department of Veterans Affairs.

New emails obtained by The Washington Post show a top White House appointee in the VA tried to silence the agency's chief diversity officer, Georgia Coffey, after she rebuked Trump's response to the racially charged clash. The emails were initially discovered and given to the Post by American Oversight, a nonprofit watchdog group in Washington, D.C.

Days after the Charlottesville riots, which resulted in the death of 32-year-old Heather Heyer, Coffey urged the agency to release a statement denouncing the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan," according to the emails.

In another email, Coffey wrote to VA communications chief John Ulyot that a statement was necessary, as minorities make up more than 40 percent of the agency's 380,000 employees.

But Ulyot, who was appointed by the White House in the spring of 2017, refused Coffey's request and told her to stand down. A source familiar with the matter told the Post that Ulyot was operating under orders from the White House, which was attempting to contain the fallout from Trump's comments.

In his first remarks after the Charlottesville tragedy, Trump sparked outrage when he said that there was blame “on both sides” and that the group of white supremacists and neo-Nazis involved in the Unite the Right rally had included some “very fine people.”

Emails also show that Coffey had drafted a statement to be released by the agency, which said the Charlottesville violence served “as a tragic reminder that our work in civil rights and inclusion is not finished.”

Coffey’s email was met with a response from an employee in the public affairs office, who told her that “John Ulliot does not want to post the message, as the Secretary previously made statements in the news media on the topic earlier this week.” The staffer was referring to brief comments made by then-VA Secretary David Shulkin, who said that events of Charlottesville “outraged” him.

Coffey published the statement anyway, in the agency’s monthly newsletter, but officials immediately removed it. She left the department soon after the incident. The senior official of the agency’s Office on Diversity and Inclusion also retired last year, due to a lack of support from Trump’s White House,

On the one-year anniversary of the riots, Trump appeared to have slightly changed his tune, writing in a tweet: “The riots in Charlottesville a year ago resulted in senseless death and division. We must come together as a nation. I condemn all types of racism and acts of violence. Peace to ALL Americans!”

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7.4 - VICE: [The VA’s diversity chief wanted to condemn white supremacists. Her Trump-appointed boss blocked it](#) (6 December, Tess Owen, 4.2M uvm; Brooklyn, NY)

When hundreds of white supremacists and neo-Nazis terrorized the city of Charlottesville in August 2017, the VA’s chief diversity officer wanted to put out a strong statement of condemnation on VA news outlets, but her Trump-appointed boss blocked her.

John Ulliot, the Veterans Affairs chief communications officer, tried to block Georgia Coffey from issuing a statement condemning the “repugnant display of hate and bigotry by white supremacists, neo-Nazis and the Ku Klux Klan” at the Unite the Right rally, according to internal emails shared with VICE News and first reported by the Washington Post.

The heated back-and-forth between Ulliot and Coffey, who resigned soon after, came as President Trump infamously blamed “both sides” for the violence, which led to the death of Heather Heyer, a counterprotester, and dozens of injuries.

That same week, former VA Secretary David Shulkin, who is Jewish, made headlines when he appeared to break with the White House’s messaging in response to the Charlottesville violence. (Shulkin, a physician, was fired in March amid allegations of ethical lapses and internal conflicts over planned privatization for parts of the VA healthcare system.)

“I’m giving my personal opinions as an American and as a Jewish American,” Shulkin told reporters. “And for me in particular, I think in learning history, that we know that staying silent on these issues is simply not acceptable.”

According to the emails, Ulyot was confident that Shulkin's comments were sufficient.

But Coffey, who now works as the senior manager for global diversity and inclusion at Lockheed Martin, pushed back, stressing that it was important the agency present a united front against white supremacy for its some 380,000 employees. Coffey also noted that her counterparts at other agencies, including the department of education, had shared similar messages with their workforces.

In response, Ulyot said he'd spoken to Shulkin on the matter, who had told him that VA officials should feel free to share their personal views on social media and other outlets, and offered an alternative, watered-down statement that removed all references to white supremacy, instead simply affirming commitment to "equal opportunity, diversity, and full inclusion for all in VA and beyond."

Coffey again pushed back, saying she believed it was important she reference hate groups "specifically, so there is no confusion or equivocation in my message," again noting that other agencies were making specific references. "I would want VA to be in the vanguard of this activity," said Coffey. "While I appreciate your suggested edits, I fear it dilutes my message and fails to convey the sense of condemnation that I hope we all feel."

A forceful condemnation of white supremacy may have been especially important for the VA given that studies have suggested that political extremism is a growing problem in the military. According to a survey published by the Military Times in October 2017, one in four troops say they've encountered white nationalists in the ranks. Nearly a decade ago, the FBI launched a national operation looking at the overlap between white supremacists or anti-government extremist groups, and veterans from Iraq and Afghanistan.

"Then-Secretary Shulkin dictated explicitly to John Ulyot how he wanted this particular issue handled," VA Press Secretary Curt Cashour told VICE News in a statement. "Shulkin was adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications, as Shulkin had done himself in public comments two days beforehand."

Shulkin, who is copied on the email thread, told the Post he doesn't recall speaking with Ulyot about how the VA ought to handle the incident.

"I do feel strongly that all Americans have a right and duty to speak up with their personal views on important issues, as I did following Charlottesville," Shulkin also wrote in a message to VICE News.

"For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement," Cashour said. "This is more sour grapes from a dismissed doctor."

VA Secretary Robert Wilkie, whom Trump nominated to replace Shulkin, praised Ulyot in a statement. "John Ulyot is on the VA team because he is committed to veterans and has spent a lifetime of exceptional service as a Marine and public servant," Wilkie wrote.

Cover image: On Saturday, August 12, 2017, a veritable who's who of white supremacist groups clashed with hundreds of counterprotesters during the "Unite the Right" rally in Charlottesville, Va.

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7.5 - Washington Examiner: [Emails show Veterans Affairs rejected a strong statement on the Charlottesville riot](#) (6 December, Maria Biery, 3.1M uvm; Washington, DC)

Email exchanges between top officials at the Department of Veterans Affairs show that the agency sought to water down their statement condemning the white nationalist riot in Charlottesville, Va., in August of last year, according to a Wednesday report from the Washington Post.

Workplace race relations expert Georgia Coffey told John Ulyot, who served as the VA's top communications official, via email that she wanted the department to make a stronger statement against the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan." The request came after President Trump controversially said that there were "many sides" at blame in the Charlottesville riot.

Ulyot relayed directions from then-Secretary David Shulkin, who felt "adamant that VA employees keep their personal views on the Charlottesville issue out of official VA communications," according to VA Press Secretary Curt Cashour.

Ulyot told Coffey that the department could release a statement reiterating the VA's "strong commitment" to diversity, but he could not authorize a stronger response than the one Shulkin delivered.

Coffey posted her full statement, however, condemning the riots in the VA's monthly newsletter from the diversity office. The department removed the statement shortly thereafter, and Coffey left the VA a few weeks later.

Shulkin was looped in on all the emails exchanged between Ulyot and Coffey, but he told the Post he did not remember the conversation.

Cashour remarked on this saying, "For former Sec. Shulkin to say that he doesn't recall that he directed Ulyot to share his directive is belied by the paper trail contradicting his statement. This is more sour grapes from a dismissed doctor."

Trump fired Shulkin in March.

Current VA Secretary Robert Wilkie, when asked about the Post report at a telehealth event on Thursday, said that he had confidence in the VA's commitment to diversity.

"When I started, one of the first directives I took was on inclusion and equal opportunity, same thing as when I worked at the Pentagon. I wouldn't have anyone on the team who wasn't dedicated to that," he said.

The VA has been without a permanent head for the Office on Diversity and Inclusion since earlier this year and was at the center of another racial incident in October when a top VA official was found displaying a photo of a prominent Ku Klux Klan member in his office.

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7.6 - Military Times: [President George H.W. Bush was secretly a pro wrestling fan, VA secretary says](#) (6 December, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — As funeral services for former President George H.W. Bush concluded in Texas on Thursday, Veterans Affairs Secretary Robert Wilkie offered his own reflection at a department event on Thursday that showed a different side of the war hero-turned-politician.

Below is a transcript of Wilkie's remarks about his role in helping to broker an unusual friendship for the president and former first lady Barbara Bush:

"President Bush has a very special place, not only in my heart but in the heart of veterans across the country. ... But I'm not going to be somber on that. I'm going to tell you something that he would be proud of.

I got a chance to know him and Mrs. Bush a little bit. They were remarkable people. Coming from the background they had, you would not expect them to be as comfortable on main street as they were on Wall Street.

I had just started as a young staffer on the (Senate) Foreign Relations Committee. I was working for the ranking member at the time, Sen. Jesse Helms (of North Carolina), and I received a call from the White House. For a 20-something-year-old, that was quite an event.

The operator got on, told me to please hold for the first lady's office. Mrs. Bush's secretary got on, and she was whispering. She said, 'Mr. Wilkie, we have something to request.' I listened.

She said, 'Does Sen. Helms know a great American personality by the name of Ric Flair?'

I told her yes ma'am, Sen. Helms actually started televised wrestling in North Carolina in the 1950s. I asked why.

She said, 'We don't talk about this very much, but the President and Mrs. Bush watch Mr. Flair every Saturday night. They're going to Charlotte, and they'd like to know if Mr. Flair could accompany them on Air Force One.'

I said I'd get back to her.

I called the Charlotte office of the National Wrestling Alliance and got his promoter, appropriately named Davy Crockett. I said I have a special request. ... They said, 'He'll be there.'

So, there he was, at Andrews Air Force Base, platinum hair, three-piece suit, gold watch, and the first hug Ric gets is from Barbara Bush when she gets out of the limousine.

We fly down to Charlotte, we get in the reception line (at the airport), and Barry Goldwater is there, too. Goldwater gets up and asks the president, 'Where is Barbara?'

And the president tells him, 'Barry, after 48 years of marriage, I just lost her to someone called Nature Boy.'

That was George and Barbara Bush to me. Their presence will be greatly missed.”

Bush was laid to rest in College Station, Texas, after a church service on Thursday. World Wrestling Entertainment, Flair’s current employer, held a special 10-bell salute to the former commander in chief at their event in Houston this week.

[Back to Top](#)

7.7 - Independent Journal Review: [VA Diversity Officer Told Not to Condemn White Supremacists After Charlottesville](#) (6 December, Lizzie Helmer, 447k uvm; Alexandria, VA)

The Chief Diversity Officer at the Department of Veterans Affairs wanted to make a stark statement after the violent rally in Charlottesville, Virginia last year. But emails obtained by the Washington Post show a White House appointee ordered against it.

President Donald Trump blamed “both sides” for the violence at Charlottesville, where a white nationalist group rallied and one of their members killed a counter-protester. Georgia Coffey, the VA’s chief diversity officer at the time, wanted to put out a harsher statement that placed blame on the white nationalists and their “repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan,” according to emails.

But John Ulliot, the VA’s chief communications official, didn’t want to release a statement that clashed with the president’s words.

In emails, Coffey argued that a VA statement was necessary given that it’s the second largest federal agency and 40 percent of the VA’s employees are minorities.

But Ulliot held his ground, reportedly enforcing a directive from the White House that wanted to make sure no more attention was brought to the controversy surrounding Trump’s response to the rally. A VA spokesperson denies there was a directive.

Representatives from the VA already lashed out against Trump publically. VA Secretary David Shulkin said he was “outraged” by the events in Charlottesville. After, Ulliot agreed to send an email to employees but that the condemnation should be toned down. Coffey refused, saying that doing so would “dilute my message and fail to convey the sense of condemnation that I hope we all feel.”

Coffey posted her full statement in the VA’s diversity office monthly newsletter. But officials removed her remarks and reprimanded her. Coffey soon retired and is now working senior manager for diversity and inclusion at Lockheed Martin.

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7.8 - Atlanta Black Star: [Trump Appointee Tells Veterans Affairs Diversity Officer to Not Condemn White Supremacists of Charlottesville Rally](#) (6 December, Tia Berger, 291k uvm; Atlanta, GA)

A series of newly disclosed emails showed a top White House appointee in the Department of Veterans Affairs reportedly pressing the agency's chief diversity officer to not condemn white nationalists after 2017's violent rally in Charlottesville, Va.

Georgia Coffey, a VA senior executive of diversity and race relations, was at cross-purposes with VA chief communications official John Ulyot after the diversity official pressured the agency to release a statement to denounce the "repugnant display of hate and bigotry by white supremacists, neo-Nazis, and the Ku Klux Klan," according to emails acquired by the Washington Post on Wednesday.

The racially charged "Unite the Right" rally and counter-protests in Charlottesville in August 2017 left 32-year-old Heather Heyer dead after James Alex Fields Jr. drove his vehicle into a crowd of protesters. President Trump blamed "both" white nationalists and counter-protesters for the deadly encounter, without singling out far-rightists.

Coffey, a diversity expert, called the deadly rally "a tragic reminder that our work in civil rights and inclusion is not finished" in her drafted statement shared with the public affairs office following the alt-right rally. She felt her remarks should also be sent to concerned employees who make up more than 40 percent of VA's 380,000 employees.

David Shulkin, who was VA's secretary at the time, said he too was "outraged" by the violence in Charlottesville. Earlier that week, Shulkin also broke away from Trump by issuing a far more strongly worded condemnation of the far-right demonstrators.

Ulyot requested that Coffey stand easy on her additional comments about the incident according to the emails. He told the diversity official that he did not want any other comments to come from the agency.

A back-and-forth email exchange between Ulyot and Coffey ensued, with the Trump appointee telling Coffey he wanted the statement pared down.

Coffey later published her drafted statement under her name in a newsletter shared by the VA's diversity office. However, it was withdrawn from the paper and she was reportedly disciplined. She soon retired from VA following the disagreement with Ulyot and was frustrated by the lack of support from Trump.

It was reported by an unidentified source that Ulyot was operating under a White House directive and taking orders from Shulkin.

Shulkin, who not only broke away from Trump and was stripped of his position in March, told the Post that he doesn't remember having a conversation with Ulyot about the agency's response.

"I've been pretty public about my opinions on the Charlottesville events ... and of course I think all Americans should express their views," said Shulkin.

The emails were reportedly sent to the news outlet by the American Oversight, a watchdog group which acquired them via the Freedom of Information Act.

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7.9 - WDRB (FOX-41, Video): [Louisville nurse practitioner pleads guilty to prescription forging charges](#) (6 December, Jessica Bard, 106k uvm; Louisville, KY)

A nurse practitioner at the Louisville VA Medical Center has admitted to forging prescriptions.

The guilty plea came Thursday afternoon at the Oldham County Courthouse.

41-year-old Jennifer Hutchens pleaded guilty to 14 counts of forging a description during a pretrial arraignment Thursday. Court documents show she forged a physician's signature to prescribe herself tramadol, hydrocodone, oxycodone and amphetamine 14 times in 2014.

A family member said she was working as a nurse practitioner at Sts. Mary & Elizabeth Hospital on Bluegrass Avenue in Louisville during that time and was let go from that position.

She's currently employed at the Louisville VA Medical Center, according to a VA spokesperson. The family member said she has a research role and practices once a week as a nurse practitioner at the VA.

As a result of Hutchens' plea, she was sentenced to three years of probation.

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7.10 - New Civil Rights Movement: [Trump Appointee Told Veterans Affairs Diversity Chief Not to Condemn White Supremacists](#) (6 December, 69k uvm; New York, NY)

In the immediate aftermath of the 2017 Charlottesville "alt-right" rally and violence that led to the killing of a young protestor, Heather Heyer, President Donald Trump blamed "many sides" for the violence. The Dept. of Veterans Affairs' Chief Diversity Officer penned a statement condemning the extremist groups, including "white supremacists, neo-Nazis, and the Ku Klux Klan."

A Trump appointee told her she couldn't publish it.

The Washington Post reports John Ulyot, the VA's assistant secretary for public and intergovernmental affairs, "sought to silence" Georgia Coffey, "a nationally recognized expert in workplace diversity and race relations."

Coffey had wanted to send out the statement because many – 40 percent – of the VA's 380,000 employees are minorities, and some had already reached out to her looking for support and guidance.

She sent Ulyot this two paragraph statement, which American Oversight, a nonprofit watchdog group, obtained. NCRM has taken a screenshot of the email from the group's website:

[image]

Ulyot told her she was free to share her personal opinions, but sent the message she was not to condemn the extremist hate groups if speaking for the VA. He cut that section out and suggested a replacement:

[image]

The Washington Post adds that Coffey decided to post her statement to an internal Veterans' Affairs monthly communications online newsletter.

Her statement was scrubbed from the document, and she was reportedly reprimanded.

Coffey soon "retired," and is now the senior manager for diversity and inclusion at a top defense contractor, Lockheed Martin.

Read the full Washington Post report here.

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From:

(b) (6)

To:

Cc:

Bcc:

Subject: Secretary Stand Up Brief - OPIA - December 4, 2018

Date: Tue Dec 04 2018 06:54:55 CST

Attachments: 181204_VA Secretary's Stand-Up Brief.pptx
image001.jpg

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Tuesday, Dec. 4, 2018.

Sincerely,

(b) (6)

Office of Public & Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave., NW, Suite 913J

Washington, DC 20420

(b) (6)

"Pursue, engage and impact a Veteran today!"

Document ID: 0.7.1705.853075-000001

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Filename: 181204_VA Secretary's Stand-Up Brief.pptx

Last Modified: Tue Dec 04 05:54:55 CST 2018



VA Secretary's Stand-Up Brief

4 December 2018

Executive Summary

Outlets began reprinting *ProPublica's* new report on Mar-a-Lago, however GI Bill delays remained the most visible storyline nationwide.

Storyline	Outlets	Analysis	Trend	Priority
Newly released documents on Mar-a-Lago	<i>ProPublica</i> , <i>The Hill</i>	<i>ProPublica</i> reported on "hundreds of newly released documents" on Mar-a-Lago, which purportedly show the trio had influence over EHR decisions. The article stated that for a \$10B EHR (Cerner) contract, VA consulted with over 40 outside experts, including the trio, who, according to Isaac Arnsdorf, did not have relevant experience to contribute to the project. Among other claims, the piece argued that Bruce Moskowitz had undue influence concerning the development of a VA app with Apple. <i>The Hill</i> summarized the story.	Emerged	Inter-operability / Other
VA "reverses course" on GI Bill	<i>Politico</i> , <i>Stars and Stripes</i>	<i>Politico</i> briefed the main Congressional actions from the end of last week taken on the GI Bill. <i>Stars and Stripes</i> gave a relatively clear explanation of where last week's confusion came from and how VA intends to make a full retroactive reimbursement to all concerned Veterans. The piece also stated there are questions about VA fully implementing Section 107 of the Forever GI Bill.	Declined	Interests
Tomah VAMC housing program delayed	<i>La Crosse Tribune</i> 1, 2	<i>La Crosse Tribune</i> published two articles on neighbors' concerns leading to delays for the transitional housing project at the Tomah VAMC. Dir. Victoria Brahm provided much of the messaging. Coverage mentioned that VA has revised parts of the program, with a proposal for increased staffing, and a reduced number of residents.	Emerged	Interests



VA Secretary's Stand-Up Brief

4 December 2018

Social Media Takeaway

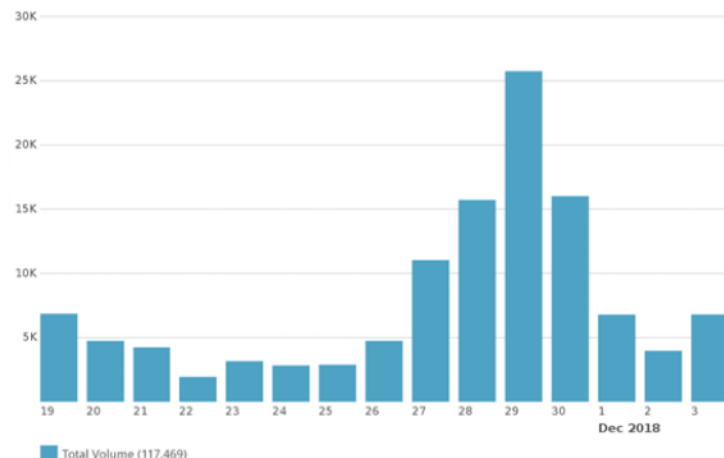
Mar-a-Lago trended heavily on social media while activity related to GI Bill delays all but disappeared.

Key Points

- Nine of the top 10 tweets pertained to Mar-a-Lago.
- @ProPublica posted the top three tweets, as well as the seventh tweet, embedding its 3 Dec. [article](#) in each. The [top tweet](#) (920+ retweets) and the [second](#) top tweet (900+ retweets) said the "3 Trump associated secretly steered the VA," and listed decisions in which they purportedly participated. In the [third](#) and [seventh](#) most-retweeted posts, @ProPublica claimed emails show the three members were involved in some of the Department's most "consequential matters," including EHR modernization (810+ retweets and 490+ retweets, respectively). A similar tweet by [@iarnsdorf](#) garnered 380+ retweets.
- [@votevets](#) (800+ retweets), [@ellievan65](#) (470+ retweets), [@elizabethforma](#) (Sen. Elizabeth Warren, 460+ retweets), and [@CREWcrew](#) (Citizens for Ethics, 280+ retweets) also wrote on Mar-a-Lago with some emphasis on the trio's involvement in EHR decisions. Sen. Warren again included #EndCorruptionNow, which was the top hashtag of the period.
- [@JasonKander](#), who withdrew from the Kansas City mayoral race to seek PTSD treatment, wrote the only top ten tweet that was not on Mar-a-Lago. It said his appointments at the VA PTSD clinic in Kansas City are "going well" and he's "making good progress" (600+ retweets, 15.6k+ likes).
- On YouTube, the 1 Dec. [Daily Show](#) video on the GI Bill garnered an additional 83k+ views (654k+ total views).

Twitter and Facebook Volume:

19 November – 3 December



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: Mar-a-Lago	52% of Volume
Twitter	Topic: GI Bill delays	4% of Volume
Twitter	#EndCorruptionNow	460+ Mentions
Facebook	Veteran of the Day: Joseph L. Annello (USA) VA-18-0457-G-000448 USA004212	400+ Reactions, 80+ Shares



VA Secretary's Stand-Up Brief

4 December 2018

Berkeley News (Video): Hang in there. As couples age, humor replaces bickering (3 December, Yasmin Anwar, 758k uvm; Berkeley, CA)

Honeymoon long over? Hang in there. A new UC Berkeley study shows those prickly disagreements that can mark the early and middle years of marriage mellow with age as conflicts give way to humor and acceptance. Researchers analyzed videotaped conversations between 87 middle-aged and older husbands and wives who had been married for 15 to 35 years, and tracked their emotional interactions over the course of 13 years.

[Hyperlink to Above](#)

Foster's Daily Democrat: New VA clinic to expand services in Somersworth (3 December, John Doyle, 47k uvm; Dover, NH)

More community-based clinical-care options, as well as mental-health and women's health services for veterans are needed in New Hampshire, according to U.S. Sen. Maggie Hassan, D-NH. Hassan made her remarks Monday morning at a groundbreaking ceremony for the U.S. Department of Veterans Affairs' Somersworth Community Based Outpatient Clinic.

[Hyperlink to Above](#)

KCO (NBC-11): VA benefits coordinator helps vets with health care (3 December, Jason Burger, 29k uvm; Grand Junction, CO)

The Grand Junction VA Medical Center is trying to get more veterans enrolled for health care and benefits. They have a full-time VA Benefits Coordinator to help make that happen. Scott Johnston says he was a by the book soldier, and says he was never told how to get VA benefits after his time in the Army.

[Hyperlink to Above](#)

KREX (CBS-5, Video): VA Assists Veterans To Get Healthcare And Benefits (3 December, Star Harvey, 12k uvm; Grand Junction, CO)

Thousands of Western Slope veterans are not getting the healthcare and benefits they are entitled to, but something is now being done to correct that problem, and help veterans navigate the process to obtain benefits. U.S. Army Veteran Scott Johnston filled many roles to protect and honor his country.

[Hyperlink to Above](#)

Hawaii Public Radio (Audio): Veterans Leading the Charge on Genetic Medicine (3 December, Ryan Finnerty, 5k uvm; Honolulu, HI)

Since 2011 more than 700,000 veterans nationwide have donated their genetic information to help the Department of Veterans Affairs research the origins of disease and find new treatments. It's called the Million Veteran Program. In 2015 MVP became the largest human genomic database in the world.

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(Attachment 2 of 2)

From:

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 4 December Veterans Affairs Media Summary and News Clips

Date: Tue Dec 04 2018 05:15:15 CST

Attachments: 181204_Veterans Affairs Media Summary and News Clips.docx
181204_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.853012-000001

Owner: (b) (6)

Filename: 181204_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Tue Dec 04 04:15:15 CST 2018



Veterans Affairs Media Summary and News Clips

4 December 2018

1. [Top Stories](#)

1.1 - Politico: [Alexander calls President George H.W. Bush an 'education pioneer'](#) (3

December, Kimberly Hefling, 8.7M uvm; Arlington, VA)

Bipartisan anger continues over the Veterans Affairs Department's handling of reimbursements for GI recipients whose housing stipends are being underpaid. The Trump administration has struggled because of computer problems to implement a provision in a new law that was supposed to go into effect Aug. 1 that changed how the rate was calculated, but which the VA said in recent days won't happen now until spring 2020.

[Hyperlink to Above](#)

1.2 - ProPublica: [VA Shadow Rulers Had Sway Over Contracting and Budgeting](#) (3

December, Isaac Amsdorf, 1.1M uvm; New York, NY)

Newly released emails about the three Trump associates who secretly steered the Department of Veterans Affairs show how deeply the trio was involved in some of the agency's most consequential matters, most notably a multibillion-dollar effort to overhaul electronic health records for millions of veterans. Marvel Entertainment chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman — part of the president's circle at his Mar-a-Lago resort in Florida — reviewed a confidential draft of a \$10 billion government contract for the electronic-records project, even though they lack any relevant expertise.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [VA says it reversed course on underpaid GI Bill recipients, though lawmakers remain skeptical](#) (3 December, Nikki Wentling, 532k uvm; Washington, DC)

After Department of Veterans Affairs officials admitted the agency had no plans to retroactively pay some student veterans who are likely to receive incorrect housing stipends during the next year, VA Secretary Robert Wilkie reversed course, saying every underpaid GI Bill recipient will get what they are due.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - FOX News: [President Trump – and our veterans – are winning against an entrenched VA bureaucracy](#) (3 December, Gen. Anthony J. Tata, 27.6M uvm; New York, NY)

The Trump administration is winning against an entrenched Department of Veterans Affairs bureaucracy that has habitually failed to properly serve its customers – our veterans. Recent tussling between Congress and VA bureaucrats squeezed out some positive news for an agency that has been slow to respond to its constituents and stakeholders. Aloof and unresponsive, the VA headquarters finally found a way to make good on legislation that promises to pay post 9/11 veterans increased rates for their education and housing costs.

[Hyperlink to Above](#)

2.2 - U.S. News & World Report (HealthDay News): [Mental Health Help Becoming Less of a Stigma in Military](#) (3 December, Robert Preidt, 14M uvm; Washington, DC)

Active-duty members of the U.S. military are much more open to the idea of mental health counseling than veterans, a new survey finds. "There has been a fundamental shift in the military regarding attitudes on mental health, and we have seen real progress in reducing the stigmas associated with professional counseling," said survey author Samantha Dutton. She is program director in the College of Humanities and Sciences at the University of Phoenix.

[Hyperlink to Above](#)

2.3 - Berkeley News (Video): [Hang in there. As couples age, humor replaces bickering](#) (3 December, Yasmin Anwar, 758k uvm; Berkeley, CA)

Honeymoon long over? Hang in there. A new UC Berkeley study shows those prickly disagreements that can mark the early and middle years of marriage mellow with age as conflicts give way to humor and acceptance. Researchers analyzed videotaped conversations between 87 middle-aged and older husbands and wives who had been married for 15 to 35 years, and tracked their emotional interactions over the course of 13 years.

[Hyperlink to Above](#)

2.4 - KKCO (NBC-11): [VA benefits coordinator helps vets with health care](#) (3 December, Jason Burger, 29k uvm; Grand Junction, CO)

The Grand Junction VA Medical Center is trying to get more veterans enrolled for health care and benefits. They have a full-time VA Benefits Coordinator to help make that happen. Scott Johnston says he was a by the book soldier, and says he was never told how to get VA benefits after his time in the Army.

[Hyperlink to Above](#)

2.5 - KREX (CBS-5, Video): [VA Assists Veterans To Get Healthcare And Benefits](#) (3 December, Star Harvey, 12k uvm; Grand Junction, CO)

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[Hyperlink to Above](#)

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Since 2011 more than 700,000 veterans nationwide have donated their genetic information to help the Department of Veterans Affairs research the origins of disease and find new treatments. It's called the Million Veteran Program. In 2015 MVP became the largest human genomic database in the world.

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2.7 - PT in Motion: [A Deepening Footprint: Across the country, PTs are stepping into primary care roles. The journey to wider integration is under way, but obstacles remain](#) (December, Eric Ries; Alexandria, VA)

Bare practices across the gamut of physical therapy—pediatrics to geriatrics, orthopedics to neurology. He fashions orthotics in his garage. He performs cranial therapy in a side gig as part of the concussion protocol team for the University of Wyoming's football team. He also

volunteers twice a month at Laramie's Downtown Clinic, which offers comprehensive primary health care to low-income, uninsured residents. There, Bare works as part of a collective unit with physicians, pharmacists, nurses, social workers, and other providers.

[Hyperlink to Above](#)

3. Business Transformation

3.1 - Foster's Daily Democrat: [New VA clinic to expand services in Somersworth](#) (3 December, John Doyle, 47k uvm; Dover, NH)

More community-based clinical-care options, as well as mental-health and women's health services for veterans are needed in New Hampshire, according to U.S. Sen. Maggie Hassan, D-NH. Hassan made her remarks Monday morning at a groundbreaking ceremony for the U.S. Department of Veterans Affairs' Somersworth Community Based Outpatient Clinic.

[Hyperlink to Above](#)

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Hill: [Mar-a-Lago trio reviewed confidential \\$10 billion VA contract before its release: report](#) (3 December, Owen Daugherty, 11.4M uvm; Washington, DC)

Three Mar-a-Lago club members friendly with President Trump were reportedly given access to review a \$10 billion government contract to overhaul electronic health records for veterans even though they had no prior experience in the field. The three men, Marvel Entertainment Chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman, were given unprecedented access to confidential documents...

[Hyperlink to Above](#)

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: [Letters: Unhappy with New York's help for Amazon](#) (3 December, Hutch Dubosque and Bob Hall, 1.4M uvm; Melville, NY)

It has been apparent since the spring that the Veterans Affairs Medical Center in Northport has had no plan to reopen the homeless domiciliary formally run by the United Beacon House, and before that, the Salvation Army ["Shut shelter leaves void," News, Nov. 24]. As reported, \$250,000 from private sources has been poured into this building by people who believed the VA's claim that it would be open by October. The hospital has spent its own money as well.

[Hyperlink to Above](#)

6.2 - KHNL (NBC-8): [GI Bill error leaves student in the lurch — with no timeline for a fix](#) (3 December, Mahealani Richardson, 624k uvm; Honolulu, HI)

An error by the Department of Veterans of Affairs left a Chaminade student in the lurch and fearful about how she would pay for her expenses. Maria Fratinardo, the daughter of a disabled veteran, was shocked when she got an unusual letter from the U.S. Department of Veterans

Affairs. The letter said her monthly \$1,224 educational benefit that normally goes into her Hawaii Credit Union account would be going to someone else's bank account without her permission.

[Hyperlink to Above](#)

6.3 - The Press-Enterprise: [Status Update: VA mortgages up 57 percent across Inland Empire](#) (3 December, Jack Katzanek, 217k uvm; Riverside, CA)

Home mortgage loans backed by the U.S. Veterans Administration have increased 42 percent in the last five years in California, with loan traffic in the Inland Empire outpacing the state's growth, according to a statement from a financial company that provides these deals.

[Hyperlink to Above](#)

6.4 - WFSB (CBS-3, Video): [Veterans struggle to get benefits from VA due to computer issue](#) (3 December, Matt McFarland and Kaitlyn Naples, 188k uvm; Hartford, CT)

They served the country, but now veterans on college campuses across the country, say the Department of Veterans Affairs is not reimbursing them on the benefits they've earned. While the VA said the delay is a result of an issue with its computer system, it's frustrating for students who depend on the GI Bill to help with tuition, housing, and other expenses.

[Hyperlink to Above](#)

6.5 - La Crosse Tribune: [Tomah VA project delayed after tense La Crosse meeting](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

Tensions ran high Monday during a three-hour meeting to discuss a proposed Tomah Veterans Affairs Medical Center transitional housing program on the city's South Side. The La Crosse Plan Commission voted to delay action on the VA Medical Center's request for a conditional-use permit at 3120 Farnam St. for another month after testimony from supporters and opponents who raised additional questions. The recommendation will go to the Judiciary and Administrative Committee on Tuesday and the La Crosse Common Council next week.

[Hyperlink to Above](#)

6.6 - La Crosse Tribune: [Public can weigh in this week on plan to turn La Crosse house into residence for veterans](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week. The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit to allow a community living arrangement...

[Hyperlink to Above](#)

6.7 - KRQE (CBS-13, Video): [Nonprofit stitches quilts of valor for New Mexico veterans](#) (3 December, Sara Yingling, 119k uvm; Albuquerque, NM)

Dozens of women are likely getting back to work on quilts. Each quilt is personally handmade for our nation's veterans who are living in northern New Mexico. With a new partnership, they're now touching the hearts of even more veterans. "It's the way we have to say thank you. We're not in their shoes. We don't serve them. But it's our way to say thank you and we appreciate what you've done for our country," said Linda Robinson.

[Hyperlink to Above](#)

6.8 - Federal News Network: [Reoccurring management challenges at the heart of VA's recent GI bill confusion, agency admits](#) (3 December, Nicole Ogrysko, 100k uvm;

Washington, DC)

It's taken the Department of Veterans Affairs several tries now to explain how exactly it will process education and housing benefits under the Forever GI Act, and some lawmakers are still confused by the agency's plans to right the missteps.

[Hyperlink to Above](#)

6.9 - Merced Sun-Star: [Letters to the Editor | Tuesday, Dec. 4, 2018](#) (3 December, Kyle Hamilton, 64k uvm; Merced, CA)

This semester, veterans enrolled in colleges across the country have brought up issues about receiving payments from the Veterans Administration. For months the VA has either delayed or given the wrong amounts under the GI Bill. Now after months of waiting the VA has told Congress they're not planning to make retroactive payments to veterans – meaning they've shortchanged them on benefits. The VA is blaming a computer error for underpayments. This is unacceptable. If there's one thing Congress should be able to fix it's this.

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6.10 - Rockford Register Star: [Two graduate from Winnebago County Veterans Court](#) (3 December, Chris Green, 43k uvm; Rockford, IL)

Returning from war and turning to drugs and alcohol to cope with war experiences and civilian life. The stories of Thomas Gilbert and Aaron Hayford are familiar, but thanks to a 6-year-old program that has operated with little fanfare, their stories did not end abruptly in incarceration or death.

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6.11 - WKBT (CBS-8, Video): [La Crosse home donation to Tomah V.A. delayed for 30 days](#) (3 December, Troy Neumann, 32k uvm; La Crosse, WI)

The donation of a La Crosse home intended to help veterans transitioning into independent lives is delayed for a second time. La Crosse's City Planning Commission voted to push back the decision to allow the Tomah V.A. to use the Farnam Street home by 30 days. The Erickson family chose to donate their house earlier this year as a transition home for veterans struggling with PTSD.

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6.12 - KRGV (ABC-5, Video): [VA Making Upgrades in Program Used for Job Placement](#) (3 December, Frank McCaffrey, 29k uvm; Weslaco, TX)

Help is on the way for Rio Grande Valley veterans who are looking for work. KRGV's Frank McCaffrey spoke with an Air Force veteran who has struggled to search for a job after serving in the military. Veteran Jay Borrego says he spent 10 years in retail up until a couple years ago when he decided to try something new. "I gave the refinery lifestyle a go but it just wasn't working out for me. So, I'm back here settled down," he says. He turned to the U.S. Department of Veterans Affairs for help in finding a job.

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6.13 - WJTV (CBS-12): [Local bikers bring Christmas to hospitalized veterans](#) (2 December, Tara Thomas, 23k uvm; Jackson, MS)

Determined to make sure no veterans receiving medical treatment at the Mississippi VA medical center are forgotten this holiday season, biker chapters around the Jackson area teamed up to treat them to an early Christmas party.

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6.14 - WIS (NBC-10, Video): [Dorn VA receives Christmas meal donations to help veterans](#) (3 December, Paul Rivera, 141k uvm; Columbia, SC)

As WIS continues to highlight our Year of the Veteran, today donations from AllSouth Federal Credit Union made their way to Voluntary Service at the DORN VA. Ten food gift baskets will go out to veterans and their families so they can have a Christmas time meal. Voluntary Service officials say the baskets will fill the need and help supplement the donations they give out to veterans during the holidays.

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7. [Other](#)

7.1 - Orlando Sentinel (Video): [More than 100 arrested in sex trafficking, prostitution operation in Polk County, including Orlando VA doctor](#) (3 December, Kate Santich, 1.7M uvm; Orlando, FL)

Undercover detectives have arrested 103 people in an alleged prostitution and human trafficking operation in Polk County that may involve minors, the sheriff's office announced Monday. The arrests took place during a six-day investigation, the sheriff's office said. Among those arrested was Dr. Sarat Sabharwal, 54, identified by the sheriff's office as a urologist for the Orlando VA Medical Center and an on-call trauma surgeon.

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7.2 - Government Executive: [George H.W. Bush's Bureaucratic Legacy](#) (3 December, Charles S. Clark, 102k uvm; Washington, DC)

Another significant organization issue fell to the Bush administration—reestablishing the old Veterans Administration as the Cabinet-level Veterans Affairs Department. Bush installed Edward Derwinski as its first secretary. “Not much has changed for the agency’s employees since the [Veterans Administration] became [Department of Veterans Affairs] on March 15,” Government Executive commented. “We’ll confess we really haven’t settled on what we’ll use as an acronym for the new Department of Veterans Affairs. VA was so clean and simple.”

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7.3 - KOTA (ABC-3): [Local Chaplain's first hand memories of President Bush](#) (4 December, Steve Long, 21k uvm; Rapid City, SD)

There's a man here in the Black Hills with a bunch of first hand memories of the 41st President and First Lady Barbara Bush. Herb Cleveland is a former Chief of Chaplains for the U.S. Department of Veterans Affairs, in Washington, D.C. From time to time he would be called on to

pray with Presidents. We spoke with Cleveland back in June for a different story, about Cleveland's career as a Chaplain.

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1. [Top Stories](#)

1.1 - Politico: [Alexander calls President George H.W. Bush an 'education pioneer'](#) (3 December, Kimberly Hefling, 8.7M uvm; Arlington, VA)

[...]

LAWMAKERS FUME OVER VA'S HANDLING OF GI BILL: Bipartisan anger continues over the Veterans Affairs Department's handling of reimbursements for GI recipients whose housing stipends are being underpaid. The Trump administration has struggled because of computer problems to implement a provision in a new law that was supposed to go into effect Aug. 1 that changed how the rate was calculated, but which the VA said in recent days won't happen now until spring 2020.

— Rep. Mark Takano (D-Calif.), who is expected to take over as chairman of the House Veterans' Affairs Committee in January, in an interview with Morning Education accused a top VA official, Paul Lawrence, of "parsing words" when he told a House Veterans' Affairs subcommittee the funds would be repaid — even though the VA told congressional aides behind the scenes it wouldn't.

— Veterans Affairs Secretary Robert Wilkie said in a statement on Thursday that any GI Bill recipients whose housing benefit was underpaid will "receive retroactively the exact benefits to which they are entitled." But that hasn't satisfied Takano or many other lawmakers.

— Takano said that the law is "very clear" about what is required, and he's concerned that the VA is forcing veterans "to undergo the burden of suing the government to get what they are owed." Takano added: "We understand that to pay attention to these underpaid students it would require a great amount of work ... but they have the responsibility of following the law."

— On Friday, John Boozman (R-Ark.), chairman of the Senate Military Construction-VA appropriations subcommittee, and Sen. Brian Schatz (D-Hawaii), the top Democrat on the subcommittee, asked the VA's inspector general for an investigation. Ten other senators joined the letter, including Sen. Patty Murray (D-Wash.), the ranking Democrat on the Senate HELP Committee, who also sits on the Senate Veterans' Affairs Committee.

— "The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," the letter said.

— Meanwhile, the Army Times reports that under a new program, soldiers can earn free journeyman certificates for the work they are already doing in the military.

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1.2 - ProPublica: [VA Shadow Rulers Had Sway Over Contracting and Budgeting](#) (3 December, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Newly released emails about the three Trump associates who secretly steered the Department of Veterans Affairs show how deeply the trio was involved in some of the agency's most consequential matters, most notably a multibillion-dollar effort to overhaul electronic health records for millions of veterans.

Marvel Entertainment chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman — part of the president's circle at his Mar-a-Lago resort in Florida — reviewed a confidential draft of a \$10 billion government contract for the electronic-records project, even though they lack any relevant expertise.

In preparing the contract, the agency consulted more than 40 outside experts, such as hospital executives, according to the records, which were released under the Freedom of Information Act. The Mar-a-Lago trio were listed among those experts. Perlmutter, a comic book tycoon, appears on the list between representatives from the University of Washington Medical Center, Intermountain Healthcare and Johns Hopkins University.

But none of the three men has served in the U.S. military or elsewhere in government, and none of them has expertise in health information technology or federal contracting.

The list is one of hundreds of newly released documents about the so-called Mar-a-Lago Crowd's sway over VA policy and personnel decisions. The records show them editing the budget for a government program, weighing in on job candidates and being treated as having decision-making authority on policy initiatives.

In a June 2017 email, a VA official identified Perlmutter alongside then-VA Secretary David Shulkin as "top principles [sic]." In another message, Moskowitz named himself, Perlmutter and Sherman to an "executive committee."

Since the role of the troika was exposed by ProPublica in August, lawmakers have called their influence "wildly inappropriate" and "textbook corruption and cronyism." A liberal veterans group sued to block them under a Watergate-era sunshine law on advisory committees. House Democrats and the nonpartisan Government Accountability Office said they would investigate.

VA Secretary Robert Wilkie has repeatedly distanced himself from the trio. His spokesman, Curt Cashour, blamed previous leaders. "Although his predecessors may have done things differently, Sec. Wilkie has been clear about how he does business," Cashour said in a statement. "No one from outside the administration dictates VA policies or decisions — that's up to Sec. Wilkie and President Trump. Period."

But that posture carries risk for Wilkie; his predecessor was fired after losing favor with the Mar-a-Lago Crowd.

A representative of Perlmutter, Moskowitz and Sherman declined to comment, as did Shulkin and the White House.

Before they could review the government contract in March 2018, Perlmutter, Sherman and Moskowitz had to sign non-disclosure agreements, according to the newly released records.

Sherman edited the agreement to allow him, Perlmutter and Moskowitz to discuss the details with one another and with the president or other administration officials, according to the emails.

The newly released emails also detail Moskowitz's effort to get the VA and Apple to adapt his app. As a VA IT official described it in a May 2017 email, "We are utilizing the native iOS mobile app, Emergency Medical Center Tracker, that Dr. Moskowitz developed."

VA health officials offered their own ideas for how a collaboration with Apple could benefit veterans, such as working on credentialing, data exchange and analytics, and suicide prevention research. But Moskowitz rejected the VA doctors' ideas in favor of his own. "These are good areas but not the emergency ones which my group of experts have identified," he said in a May 2017 email. "I sent an email to outline the recommendations."

Darin Selnick, a VA official who previously signed onto a 2016 proposal to dismantle the agency's government-run health service, agreed with Moskowitz's low estimation of the VA doctors' input. "The VA staff has limited knowledge and experience, which is why you and the" academic medical centers "are so important to help the VA move forward," Selnick wrote.

Selnick, who is now a special adviser to Wilkie, was the point person working with Moskowitz on the app, the emails show. "I like you are the implementer for VA," he told Moskowitz in March 2017.

When Selnick said the VA's information technology division could start working on the app, Moskowitz replied, "We need our specialist." He then connected Selnick with his son Aaron, and Selnick introduced Aaron Moskowitz to Apple. (Aaron Moskowitz's name is redacted from the emails, but his involvement was confirmed by four people familiar with the matter. He didn't respond to a request for comment.)

VA officials identified major problems with the app's usability and functionality. "Some of the code needs to be refactored and even rebuilt," the IT official said in the May email.

Nevertheless, Moskowitz's son Aaron joined a June 2017 conference call with executives from top medical systems and from Apple, including CEO Tim Cook. Moskowitz wanted the app discussed for five to seven minutes, according to the emails. After the call, Moskowitz named his son as one of the project's "mid-level project managers."

In preparation for the conference call, Apple employees and medical experts circulated a memo that assessed Moskowitz's proposals, which were identified as coming from "the VA and the White House." In the memo, Apple's experts pushed back on Moskowitz's app, saying that the VA's website already offered a similar tool and that the national databases needed to make the app accurate didn't exist. Instead, the memo encouraged pursuing a different idea (giving veterans a way to store their health data on their cellphones), which it said would "achieve the greatest benefit for our veterans in the shortest amount of time."

Apple spokesman Josh Rosenstock didn't answer requests for comment.

Months later, Moskowitz fumed that the Apple partnership didn't go his way. "We had an excellent group assembled on the call with Tim Cook," he said in a March 2018 email. "The VA dropped all contact and proceeded on its own. So now we have a product of limited value."

Moskowitz also used his influence at the VA to get the agency to convene a meeting on registries for medical devices. Moskowitz started a foundation (whose board included Perlmutter's wife) that lobbied medical institutions to start such registries so patients could be notified of recalls. Aaron Moskowitz drew a \$60,000 salary as the foundation's director, according to tax filings.

The VA already had a system to notify patients within 10 days of a recall, with a 99 percent success rate, according to internal emails. And the Food and Drug Administration already has a nationwide program to track medical devices. Nevertheless, Moskowitz spurred the VA to organize a conference on the subject, with extensive input from him and his son, according to notes from weekly 7:30 a.m. planning calls. Planning documents named Moskowitz's foundation as a "participating partner" and a "private interest."

Moskowitz even had say over the conference's budget: In an April 2018 email, the VA official running the effort said, "I owe Dr. Moskowitz a budget — Bruce and I are editing it." Cashour, the VA spokesman, declined to say how much the program cost.

The Mar-a-Lago Crowd's interventions sometimes bumped into each other. Once, in May 2017, when Selnick tried to schedule a call about the Apple partnership, Moskowitz replied that the time conflicted with another call he had with the acting head of the VA's health division.

When Wilkie first met the Mar-a-Lago Crowd, they seemed to get along.

"For the first time in 1½ years we feel everyone is on the same page," Perlmutter said in an email after the meeting at Mar-a-Lago in April. "Everybody 'gets it.'"

Wilkie returned the enthusiasm, thanking the men for providing a foundation to build on.

"I was honored to visit with you," Wilkie, who at the time was the acting secretary, wrote. "No matter how long I am here, there is a template in place based on your efforts to move this institution out of the Industrial Age."

(That last sentence was redacted when the VA originally disclosed the email to ProPublica under the Freedom of Information Act; the agency cited an exemption for internal deliberations. After ProPublica challenged that redaction, the VA released the full message.)

But since that initial meeting in April, Wilkie's relationship with the Mar-a-Lago Crowd has frayed. Under pressure from lawmakers after ProPublica's investigation, Wilkie said in September that his team cut off contact with the trio.

The loss of access has stung Perlmutter, according to a person close to the administration. But Perlmutter remains close to Trump: he spent election night with him and saw him over the Thanksgiving holiday weekend at Mar-a-Lago.

The person, who spoke on the condition of anonymity to describe confidential discussions, said Perlmutter has begun criticizing Wilkie — as he had Wilkie's predecessor, Shulkin, before the president fired him.

Perlmutter faults Wilkie, the person said, for snubbing Perlmutter's calls and for sidelining one of his top allies, former acting secretary Peter O'Rourke. Additionally, the person said, Perlmutter

is displeased with the agency's releasing emails about him and with the course of its electronic health records overhaul.

"It's very clear that Ike is going to war against Wilkie in a similar way to the way he did against Shulkin," the person familiar with the matter said. "It's gotten that bad."

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1.3 - Stars and Stripes: [VA says it reversed course on underpaid GI Bill recipients, though lawmakers remain skeptical](#) (3 December, Nikki Wentling, 532k uvm; Washington, DC)

After Department of Veterans Affairs officials admitted the agency had no plans to retroactively pay some student veterans who are likely to receive incorrect housing stipends during the next year, VA Secretary Robert Wilkie reversed course, saying every underpaid GI Bill recipient will get what they are due.

The statement from Wilkie on Thursday night was met with skepticism from lawmakers, but as of Monday, some Republican lawmakers and veterans groups had spoken to the VA and believed all veterans would get paid. Some Democrats remained doubtful.

The incorrect payments that could be made during the next year are a result of setbacks in implementing a new "Forever" GI Bill — a major expansion of veterans' education benefits that Congress passed last year.

Part of the new GI Bill changed how veterans' housing allowances are calculated — they're now supposed to be based on where veterans take classes, rather than defaulting to their school's main campus. The change was supposed to be made by Aug. 1, 2018, but information technology problems have set back implementation to Dec. 1, 2019.

The affected veterans should be getting paid larger housing stipends because their locations have higher costs of living than where their schools are based. For example, a student attending a University of Pennsylvania campus in San Francisco will receive a Philadelphia rate for their housing allowances during the next year rather than the San Francisco rate, which would be much higher.

"We did talk to the VA, and they're doing what we've asked," said Tanya Ang, director of policy and outreach for Veterans Education Success, a nonprofit that advocates for education programs for veterans. "That is, to make sure students who made decisions to go to a certain campus based on the housing allowance they thought they were going to get would indeed get that money."

That wasn't the VA's position Thursday at a House Committee on Veterans' Affairs subcommittee hearing, where Undersecretary of Benefits Paul Lawrence reluctantly acknowledged the VA didn't have plans to pay that group of veterans.

The reasoning, Lawrence said, was the burden to schools and the amount of claims it could add to the VA workload. It remains unknown how many veterans could be affected and how much money they might be owed.

"We also have to think about the broad veteran population and determine whether it yields any benefits, or just work," Lawrence said.

Later Thursday, Wilkie issued a statement overriding Lawrence's comments.

"We will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," he said.

A spokeswoman for the House Committee on Veterans' Affairs described the statement as "unambiguous." Rep Phil Roe, R-Tenn., the committee chairman who pressed Lawrence on the issue Thursday, said Wilkie was "doing right by veterans."

"I am encouraged to know that our student veterans will receive what they earned, despite the burden it may place on VA to do so," Roe said.

Student Veterans of America, which has been monitoring problems with the GI Bill this semester, believes Wilkie's statement clears up the confusion.

SVA and Veterans Education Success now have questions, though, about how the VA will handle the workload next December. This semester, thousands of veterans experienced delays in receiving their monthly housing stipends while the VA worked to fix IT errors.

"There are still a couple of outstanding questions on the specifics of the new path forward, which should be answered as VA provides more details on how they will proceed," Lauren Augustine, SVA vice president of government affairs, said in a statement. "The most important being what resources, either money or manpower, does VA need to process these retroactive payments effectively?"

Confusion last week about the retroactive payments prompted a barrage of letters from angry lawmakers, insisting the VA reimburse all underpaid veterans. Even with Wilkie's statement Thursday, some of those lawmakers, particularly Democrats, still want answers.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House VA committee, wasn't satisfied with the statement, said Griffin Anderson, his communications director. Anderson noted the VA hadn't been clear previously about who would get paid and Lawrence only acknowledged having no plans to reimburse some veterans after the question had been asked repeatedly by multiple lawmakers.

"The constant obfuscation calls the legitimacy of Wilkie's statement into question," Anderson said. "House Democrats want Secretary Wilkie to say loud and clear that VA will make GI Bill beneficiaries under Section 107 of the Forever GI Bill whole."

Section 107 is the portion of the new GI Bill that changes calculations for veterans' housing allowances.

House Democrats, led by Walz and Rep. Mark Takano, D-Calif., sent a letter to Wilkie on Friday seeking straightforward answers. They asked for a response by Dec. 14.

The VA has been more clear that veterans underpaid for other reasons this semester would receive retroactive payments. Because of the IT problems this semester, the VA reverted to

paying students their housing allowances based on 2017 rates that didn't account for cost-of-living increases in 2018. Those veterans can expect a retroactive payment in January for the amount they're owed, the VA said.

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2. Improving Customer Service

2.1 - FOX News: President Trump – and our veterans – are winning against an entrenched VA bureaucracy (3 December, Gen. Anthony J. Tata, 27.6M uvm; New York, NY)

The Trump administration is winning against an entrenched Department of Veterans Affairs bureaucracy that has habitually failed to properly serve its customers – our veterans.

Recent tussling between Congress and VA bureaucrats squeezed out some positive news for an agency that has been slow to respond to its constituents and stakeholders. Aloof and unresponsive, the VA headquarters finally found a way to make good on legislation that promises to pay post 9/11 veterans increased rates for their education and housing costs.

In short, the VA previously denied payments or underpaid recipients of the Forever GI Bill. VA Undersecretary for Benefits Paul Lawrence last week said, “Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on the current uncapped (Department of Defense) rates, and beginning in spring 2020, we will be in a position to provide veterans with the new rates where applicable to meet the law known as the Forever GI Bill.”

What should not have been an issue became one, but now through the joint pressure of the White House and Republican Congress, veterans may catch a break from the organization entrusted with their care. The VA's sleight of hand is expert, though, and we should not count these chickens until they've hatched, survived, and lived full and productive lives.

Point in hand, Secretary Lawrence later told Congress in the same hearing that he couldn't confirm that all veterans would be appropriately reimbursed. Say what? The VA double speak will make your head spin, because they are experts at it, honed by years of practice and technique refinement. Lawrence should know better, having served in the army as a captain and later going on to be a successful businessman. Perhaps we should dock Lawrence's pay (not that it would matter to him) until he can follow the law and serve our veterans.

Unfortunately, our veterans are all too familiar with VA incompetence. There is no greater symbol of the VA's ineptitude than the massive failure in 2014 during President Obama's indifferent reign as Commander in Chief. Unfamiliar with the scale and scope of large operations, Obama returned over 100,000 veterans from combat in Iraq in 2011, yet failed to properly prepare or scale the VA to handle the surge of physically and mentally wounded veterans.

As a result, the indifference reached a crescendo in 2014 when a reported 40 service members died waiting for care at one facility in Phoenix, Arizona. The VA was unable to meet its own service level agreement of an appointment within 14 days. Veterans often had to wait months

for an appointment. Many gave up. Several died. And the FBI opened an investigation of the malfeasance.

Fixing the VA is one of President Trump's campaign promises. We still have work to do, because the resistance is manifest in the VA – where veterans have little recourse when it comes to a historically unresponsive agency. The president already fired one VA Secretary, Obama holdover David Shulkin, for sitting on his hands.

Current Secretary Robert Wilkie shows promise. When the under-secretary Lawrence waffled before Congress, Wilkie was quick to shore up the double talk with some straight talk.

He said, "Each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law."

That sounds okay, but we need to get to a point where nothing is retroactive. Most veterans don't have the means to float from month to month, awaiting some distant retroactive payment that they earned through their service.

We need constant energy and focus in the VA to fix an institution entrenched against reform and innovation. It will take public servants willing to work 24/7 to beat down the barricades and fix the system.

It is time to make that assault.

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2.2 - U.S. News & World Report (HealthDay News): [Mental Health Help Becoming Less of a Stigma in Military](#) (3 December, Robert Preidt, 14M uvm; Washington, DC)

Active-duty members of the U.S. military are much more open to the idea of mental health counseling than veterans, a new survey finds.

"There has been a fundamental shift in the military regarding attitudes on mental health, and we have seen real progress in reducing the stigmas associated with professional counseling," said survey author Samantha Dutton. She is program director in the College of Humanities and Sciences at the University of Phoenix.

"However, for veterans, that has not translated into a shift in the perception of mental health. Many of our veterans served in a culture where talking about your feelings or seeking help was not widely accepted," she added in a university news release.

The recently released survey results bear that out: More than 90 percent of all veterans and active-duty service members said mental health is as important as physical health. But only 30 percent of veterans have sought or considered mental health counseling, compared with 72 percent of active-duty service members.

This difference may be because veterans retain old stereotypes and stigmas associated with mental health counseling, the researchers noted.

The survey also found that 89 percent of active-duty military members believe people who receive professional counseling generally get somewhat or a lot better, compared with 66 percent of veterans.

In addition, 91 percent of active-duty service members say their leaders openly discuss the importance of dealing with mental health concerns, while only 23 percent of veterans say that their leaders did so.

When veterans were asked what resources they would use to manage mental health, free counseling was the most common response (39 percent).

Fifty-eight percent of veterans said they would be encouraged to seek mental health counseling if a close colleague, friend or family member discussed their experiences receiving counseling.

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2.3 - Berkeley News (Video): [Hang in there. As couples age, humor replaces bickering](#) (3 December, Yasmin Anwar, 758k uvm; Berkeley, CA)

Honeymoon long over? Hang in there. A new UC Berkeley study shows those prickly disagreements that can mark the early and middle years of marriage mellow with age as conflicts give way to humor and acceptance.

Researchers analyzed videotaped conversations between 87 middle-aged and older husbands and wives who had been married for 15 to 35 years, and tracked their emotional interactions over the course of 13 years. They found that as couples aged, they showed more humor and tenderness towards one another.

Overall, the findings, just published in the journal *Emotion*, showed an increase in such positive behaviors as humor and affection and a decrease in negative behaviors such as defensiveness and criticism. The results challenge long-held theories that emotions flatten or deteriorate in old age and point instead to an emotionally positive trajectory for long-term married couples.

“Our findings shed light on one of the great paradoxes of late life,” said study senior author Robert Levenson, a UC Berkeley psychology professor. “Despite experiencing the loss of friends and family, older people in stable marriages are relatively happy and experience low rates of depression and anxiety. Marriage has been good for their mental health.”

Consistent with previous findings from Levenson’s Berkeley Psychophysiology Laboratory, the longitudinal study found that wives were more emotionally expressive than their husbands, and as they grew older they tended toward more domineering behavior and less affection. But generally, across all the study’s age and gender cohorts, negative behaviors decreased with age.

“Given the links between positive emotion and health, these findings underscore the importance of intimate relationships as people age, and the potential health benefits associated with marriage,” said co-lead author Alice Verstaen, who conducted the study as a Ph.D. student at UC Berkeley and is currently a postdoctoral fellow at the VA Puget Sound Health Care System.

The results are the latest to emerge from a 25-year UC Berkeley study headed by Levenson of more than 150 long-term marriages. The participants, now mostly in their 70s, 80s and 90s, are heterosexual couples from the San Francisco Bay Area whose relationships Levenson and fellow researchers began tracking in 1989.

In their investigation of marital relationships, researchers viewed 15-minute interactions between spouses in a laboratory setting as they discussed shared experiences and areas of conflict. They tracked the emotional changes every few years.

The spouses' listening and speaking behaviors were coded and rated according to their facial expressions, body language, verbal content and tone of voice. Emotions were coded into the categories of anger, contempt, disgust, domineering behavior, defensiveness, fear, tension, sadness, whining, interest, affection, humor, enthusiasm and validation.

Researchers found that both middle-aged and older couples, regardless of their satisfaction with their relationship, experienced increases in overall positive emotional behaviors with age, while experiencing a decrease in overall negative emotional behaviors.

"These results provide behavioral evidence that is consistent with research suggesting that, as we age, we become more focused on the positives in our lives," Verstaen said.

In addition to Levenson and Verstaen, co-lead authors of the study are Sandy Lwi, a researcher at the San Francisco Veterans Affairs Medical Center, and Claudia Haase, an assistant professor of psychology at Northwestern University.

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2.4 - KKCO (NBC-11): [VA benefits coordinator helps vets with health care](#) (3 December, Jason Burger, 29k uvm; Grand Junction, CO)

GRAND JUNCTION, Colo. (KKCO/KJCT) -- The Grand Junction VA Medical Center is trying to get more veterans enrolled for health care and benefits. They have a full-time VA Benefits Coordinator to help make that happen.

Scott Johnston says he was a by the book soldier, and says he was never told how to get VA benefits after his time in the Army.

"I went in shortly after Grenada, and then got out before the first Desert Storm. I was honorably discharged," Johnston said.

He says he suffers from hearing loss.

"I was totally unaware that's what hearing loss could cause, it can cause dementia," Johnston said.

Scott recently talked to another vet that was in a similar situation.

"With a Korea War veteran not being aware, there's got to be thousands in this area," Johnston said.

That's where VA Benefits Coordinator, Charles Bruen comes in.

"My focus is to educate veterans, let them know about their benefits, and make sure they are taken care of," Bruen said.

His main job is to make enrolling for benefits easier for vets.

"If they are having problems getting something done, then I get involved, and see what I can do to break up the backlog, why things aren't moving," Bruen said.

As a Vietnam vet himself, he understands the issue.

"A lot of them just don't have the knowledge base because they were never told. We didn't have briefings way back then," Bruen said.

The VA wants to get more vets in the door.

"We lose on average 20 veterans a day nation-wide to suicide," said Director of VA Western Colorado Healthcare System, Michael Kilmer.

Even more reason to get them enrolled.

"Of those 20, 14 of them have never come into the VA," Kilmer said.

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2.5 - KREX (CBS-5, Video): [VA Assists Veterans To Get Healthcare And Benefits](#) (3 December, Star Harvey, 12k uvm; Grand Junction, CO)

Thousands of Western Slope veterans are not getting the healthcare and benefits they are entitled to, but something is now being done to correct that problem, and help veterans navigate the process to obtain benefits.

U.S. Army Veteran Scott Johnston filled many roles to protect and honor his country.

"I obtained the rank as Sergeant, I was a sniper , I was an Armour, and did a lot of different things, I served in Germany for two years in Fort Benning, and I was honorably discharged," said Johnston.

After serving, like many veterans of the post-Vietnam-era, Johnston had been denied VA care and benefits due to misinformation and lack of experience in dealing with the VA's complicated system.

"It became harder and harder for someone like me, who went in between conflicts, who did not have combat to get military benefits and healthcare unless I had been injured," said Johnston.

After a long frustrating road of denial, Johnston says it wasn't until he attended a VA outreach event in Montrose, where he met an expert in the field, who later helped him to get approved for VA healthcare and benefits.

"I was really surprised, the process took about 10 weeks to get it done and to me with a government agency, that was fast," said Johnston.

To change these type of experiences, VA Western Colorado Health Care System has dedicated a VA Benefits Coordinator to walk these men and women through the process of obtaining their healthcare and benefits in a more timely matter.

"Not having a fulltime representative had been a long standing pain point, so really by working closely with our partners in Denver from the VA Regional Benefits Office, they were able to identify someone who had an interest in being over here fulltime," said VA Western Colorado Health Care System Director Micheal Kilmer.

Veterans Benefits Administration Representative Chuck Bruen had been traveling up to the area for almost 10 years. It was through many efforts that they were able to bring him into the Grand Junction area.

"I'd come up here once a month and make stops, I'd stop in Glenwood Springs at our telehealth location, I'd come here and end up in Montrose, then go back to Denver, and through the director efforts here they decided to bring me on full tme and I love it," said Bruen.

Bruen says the VA noticed a problem within the VA community.

"They have no idea what's available to them, but now they do and its becoming a big thing, we're talking 25-30 years of time to make up where we didn't get that information out to veterans," said Bruen.

He says his position in the VA is a step towards changing those realities for veterans.

"Where I met Scott at, we actually did a fair up in Montrose and we were there, we had different agencies there to let them know, we're here, asked them if they're getting benefits, or if they were enrolled in VA healthcare," said Bruen.

Bruen breaks down how the VA is working to make the process an easier one for veterans that have been denied for reasons that have since been cleared up.

"How that process is going to go, what's going to happen, who's going to contact you, once that's all put together we get active duty medical records, verification of service, and we put that all together in a decision and let you know what your service connected for, what your percentages are that you're going to get, and when you're going to get paid," said Bruen.

Johnston agrees he is one of the success stories and says his story is also one that will relate to many other vets and their families.

"There's got to be thousands in this area that just don't want to pursue it or aren't aware that they can or have any benefits available to them," said Johnston.

The VA says there are over 38,000 veterans potentially eligible to receive VA benefits and care in Western Colorado, and of that number only 16,000 veterans are currently enrolled.

The VA hopes to increase that number to 20,000 by the year 2020.

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2.6 - Hawaii Public Radio (Audio): [Veterans Leading the Charge on Genetic Medicine](#) (3 December, Ryan Finnerty, 5k uvm; Honolulu, HI)

Since 2011 more than 700,000 veterans nationwide have donated their genetic information to help the Department of Veterans Affairs research the origins of disease and find new treatments. It's called the Million Veteran Program. In 2015 MVP became the largest human genomic database in the world.

Genetic medicine is often heralded as the future of healthcare. It promises the ability to tailor medical treatment options based on an individual's genetic traits and environmental risk factors. But determining how specific genes impact health requires data. A lot of data.

The Department of Veterans Affairs is in a unique position to tackle that problem. The VA provides healthcare to more than 9 million veterans around the nation. In 2011, the department began asking for veteran volunteers to donate one tube of blood to build a genetic database. To date more than 700,000 have participated, almost 3/4 of the "million veteran" goal. The information in that database will help the VA determine the origins of disease and find new treatments.

Gwen Anderson, the local site investigator for Million Veteran Program in Hawaii, said that the data will shed light on both inherited genetics and environmental risk factors. As a population, veterans are often exposed to a wider range of environmental conditions than the general public.

Hawaii was a relatively late participant in the program. The Pacific Islands VA Health Center only stood up its MVP office last year. But early results are encouraging. According to Anderson, roughly 10% of local veterans have enrolled in MVP already.

Although the goal of the program is to better treat veterans, it is very likely that the benefits of the program will trickle down to the broader population. Much as discoveries from the early space program eventually became common consumer technologies, advancements in healthcare coming out of the VA will likewise benefit non-veterans.

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2.7 - PT in Motion: [A Deepening Footprint: Across the country, PTs are stepping into primary care roles. The journey to wider integration is under way, but obstacles remain](#) (December, Eric Ries; Alexandria, VA)

Tony Bare, PT, DPT, ATC, describes Bare Physical Therapy, his cash-pay private practice in Laramie, Wyoming, as "totally a primary care environment."

(In 1994, the National Academies of Sciences, Engineering, and Medicine's Health and Medicine Division, then known as the Institute of Medicine, defined primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing within the context of family and community."¹)

Bare practices across the gamut of physical therapy—pediatrics to geriatrics, orthopedics to neurology. He fashions orthotics in his garage. He performs cranial therapy in a side gig as part of the concussion protocol team for the University of Wyoming's football team. He also volunteers twice a month at Laramie's Downtown Clinic, which offers comprehensive primary health care to low-income, uninsured residents. There, Bare works as part of a collective unit with physicians, pharmacists, nurses, social workers, and other providers.

That last role reminds the retired US Army colonel of his experience in the military—in which physical therapists (PTs) are empowered to work at their full level of training and licensure, share responsibilities with other health care providers in an environment of respectful collaboration, and help get each patient to the right provider without delay.

"It's a different mindset," Bare says. "No one is 'turfy' about any individual patient."

Business at Bare Physical Therapy is thriving, based primarily on word-of-mouth testimonials, its owner says. That's not likely to happen in a thriving college town that offers a variety of provider options "unless you're doing something right," he says. "When you expand your physical therapy toolbox and treat patients effectively and efficiently, the PT naturally is going to become that individual's go-to provider," he asserts.

Similar to Bare, Rebecca Byerley, PT, DPT, could describe from experience a compelling primary care model for physical therapist practice long before she opened her own private clinic—Elite Rehabilitation, in Soldotna, Alaska—in 2007. For 2 years in the mid-1990s, Byerley was the sole PT working in private practice in the Middle Eastern nation of Oman. There, she practiced within a model she later would replicate on the other side of the world.

"My private practice in Oman was consistent with what I'm doing now, in terms of having strong support from local physicians and medical facilities, and in terms of educating the community—I worked largely in an expat environment—about my availability. I was operating consistently in a primary care setting," she continues—"examining and treating individuals, triaging them, and recognizing when care was needed that was outside the scope of physical therapy."

In Alaska, which has unrestricted direct access to physical therapist services, "people walk in my door with a variety of issues, and I may be their first point of contact with the health care system," Byerley notes. "So, I have to be able to recognize when something that's presented as a musculoskeletal issue might, in fact, have another cause. I would describe a physical therapist in primary care as having a broad set of skills—clinical, professional, and administrative—and using those skills to evaluate and identify patient and client needs across a spectrum of presentations, while at the same time understanding and cultivating collaborative relationships with other medical entities," she says.

Byerley is well-known in rural Soldotna, the town of fewer than 4,000 people where she's lived for 22 years. Outside her practice, she volunteers at a variety of sports events. She scores diving competitions and provides swimmers with injury-prevention and triage services. In keeping with the National Academies' definition of primary care, Byerley very much operates "within the context of family and community."

Ivan Matsui, PT, brings a different perspective to PTs practicing in primary care environments. He's the assistant chief of rehabilitation services at Kaiser Permanente Northern California and is on the faculty of both fellowship and residency programs at Northern California Kaiser

Graduate Education. He's also a fellow of the American Academy of Orthopaedic Manual Physical Therapists.

PTs have been practicing in primary care at Kaiser Permanente Northern California since the mid-1990s. As of this summer, the health care consortium encompassed nearly 4.3 million members, 21 hospitals, and 242 medical offices and other outpatient facilities. For many years PTs were embedded in family medicine departments, with their own dedicated treatment rooms. Patients were seen upon referral as well as without a prior visit with a physician. Because of growing membership and resulting space demands, Kaiser Permanente moved in 2016 to a "roving PT" model in which PTs no longer are embedded, but they field physicians' calls by telephone while the patient still is in the examination room.

The process is described in "A Perspective: Exploring the Roles of Physical Therapists on Primary Care Teams," a 2017 APTA document (see "APTA Resources" on page 30) that was sought by the APTA House of Delegates to investigate and identify the roles of PTs on primary care teams, the services of PTs that may qualify as primary care components, and current and future opportunities for PTs to integrate those roles into practice, education, and research:

The physician presents the case to the roving PT over the phone and, among other things, articulates the problem, question, or other circumstance that warrants a request for a PT's 10-15-minute consult during the same office visit with the physician in the exam room. The PT helps the physician answer many different questions during these visits. The physician may call and request the consult to find out whether a presenting arm issue is arising from a shoulder impingement or a cervical radiculopathy—or on occasion, to specifically add to the physician's decision-making with regard to further workup for cardiac, neoplastic, or other non-musculoskeletal disease. More common questions are whether or not imaging, physical therapy, or other specialty referral is indicated.

The results of such collaboration can be powerful, the APTA document continues:

Often these clinical questions are explored and answered in the presence of both the physician and the patient. This is uncommon in most outpatient settings, and, inevitably, learning in these teams takes place by both clinicians. Immediately and over time the understanding of each other's recommendations and practice are more clear and efficient. Besides the improved quality of care for the patient, collaboration between the physician and the PT has been cited as critical in program implementation.

Matsui, who helped write the APTA paper, attests to all that.

"As a result of our history, physician teams at Kaiser Permanente Northern California are knowledgeable about what PTs bring to the table and are comfortable not only with sending us patients to treat, but also with asking us questions such as whether the patient has a back problem or a hip problem, or a shoulder impingement or a cervical radiculopathy," Matsui notes. "Or, the physician might ask the PT whether the patient should take time off work, have X-rays, or be sent to physical therapy specialty care," he adds. "We can come over to that exam room and provide tier 1 treatment or share our input, as the situation demands."

Under the Kaiser Permanente Northern California model, "patients see PTs more quickly, which reduces the number of follow-up visits and closes care episodes faster—with positive implications for the patients themselves and for health care costs," Matsui says. "Our insights also help physicians make fully informed decisions on matters that benefit from our expertise."

The US Department of Veterans Affairs (VA), meanwhile, began a pilot in October 2017 that is embedding PTs in primary care teams at 7 medical centers and an outpatient clinic administered by the VA Midwest Health Care Network 23, which covers Minnesota, North and South Dakota, Iowa, and Nebraska.

"This initiative is extremely important," says Mark Havran, PT, DPT, service chief of extended care and rehabilitation at VA Central Iowa Health Care System. "It mimics what the Department of Defense has long done at military treatment facilities. The goals are the same as in the military model—to improve timeliness to care and to reduce downstream costs."

The results, says Havran—who is president of APTA's Federal Physical Therapy Section—thus far are encouraging. "We're seeing improvements in functional outcomes as reported by patients, reduced waiting time for physical therapy, less utilization of imaging, and fewer consults to specialty care."

That bodes well for potential future expansion of the pilot to all 170 VA medical centers, Havran says. He hopes such expansion might, in turn, further nudge other health care systems to follow Kaiser Permanente of Northern California's lead and better integrate PTs into primary care provision.

Such prospects energize Bill Boissonnault, PT, DPT, DHSc, FAPTA, executive vice president of professional affairs at APTA. As part of the VA pilot, he traveled to Minnesota in July to teach a course to an audience of PTs, physicians, physician assistants, nurses, and administrators on the PT's role in triaging of patients. "What the VA is doing is very exciting," he says. "Besides the benefits to the health care system, the potential for this program to become a nationwide model has huge implications for the profession of physical therapy. It could have a domino effect in the public sector."

Boissonnault, who has written a textbook on PTs in primary care,² is encouraged by the profession's trajectory over the past several years, while mindful of the challenges that lie ahead in deepening physical therapy's footprint.

"More and more PTs are working in primary care settings," he says, "which benefits not only patients, but also the health care system in terms of appropriate utilization of resources and decreased health care costs. We are experts when it comes to treating people's musculoskeletal issues—back pain, neck pain, knee pain—and we're well trained to triage patients with nonneuromusculoskeletal issues. That's what I see growing in the future."

He acknowledges, though, that "the challenge, at times, is getting our foot in the door. Having a seat at the table when primary care clinics and models are being developed. Ensuring that other providers know that patients can see us without a referral. Making certain that providers and the public are aware of PTs' depth of training and breadth of knowledge. Some of these things we have direct control over. For others," he notes, "it's going to take some time and work."

Hurdles and Hope

The APTA perspective paper on PTs in primary care—compiled by a work group of association members that included Matsui and APTA staff that included Boissonnault—states that "PTs are well-positioned to provide a larger portion of ongoing primary care services, versus solely episodic care or entry-point encounter."

Among the existing programs the document highlights to illustrate that point are the military and Kaiser Permanente Northern California models, as well as international models in Canada, the United Kingdom (UK), Ireland, New Zealand, and Sweden. Physiotherapists in the UK, for example, "have the jurisdictional scope of practice to make medicine recommendations, prescribe medications with a physician's counter- signature, and perform injection therapy," the paper notes.

But the APTA document concedes challenges to the advancement of PTs in primary care in the United States. They include:

Terminology. Outside of the National Academies definition, primary care- related terminology is inconsistent from state to state.

Education. Formal entry-level or postprofessional educational opportunities specific to practice in primary care don't currently exist, and there's no dedicated curricula on it in doctor of physical therapy programs.

Regulation. To date, the document notes, no state practice act designates or lists PTs as primary care providers. Furthermore, "direct access" typically comes with strings attached—"not only coordination with other patient providers, but oversight by a primary care physician or nurse practitioner following the initial evaluation or 30 days of treatment. Work in this area," the perspective paper states, "needs to include adding regulatory language about the physical therapist's ability to order and interpret specific imaging and lab tests, and to prescribe medications. If we are going to adopt the military system or that of another country," the authors observe, "we have a lot of work to do in this arena."

Payment. Medicare does not name PTs among practitioners who can be referred to as primary care providers. In hospital settings in the US health care system, physical therapy is billed as part of a group of services, as opposed to as an independent provider consultation. In outpatient settings, it is deemed a specialty that requires a patient copay. Many insurance companies won't pay for physical therapy beyond the initial evaluation or beyond 30 days of treatment without a referral from a physician or other primary care provider.

Public perception and population health. Few members of the public view PTs as their primary care provider. To that end, APTA encourages annual visits to a PT for a checkup³ and offers resources, but the service isn't much provided. Also, while the association supports PTs' roles in health and wellness (see "Primary Care and APTA" on page 27), that area still is evolving in terms of expanding beyond individual health to community or population health. (Many PTs are active in community health, however, as highlighted earlier this year in PT in Motion.⁴)

Professional expectations. APTA, the perspective document notes, "has not taken a stance or clearly defined the roles of physical therapists in primary care, the services they would provide, or a discrete plan to advance the profession under the primary care umbrella."

To get a better handle on that last area, the association this fall surveyed association members who practice in primary care environments. The goals (survey results were pending at this writing) were to determine the key competencies of primary care delivery by PTs and the qualities that board certification as a clinical specialist might require (should such a designation be pursued). More than 8,000 individuals were asked questions related to knowledge areas, professional roles and responsibilities, and practice expectations in patient and client management.

The survey described prospective candidates as follows: "This specialist has advanced expertise to practice across the lifespan to both evaluate and treat clients across a wide spectrum of health conditions. This specialist may be working in a variety of settings, including a rural setting in which patient choices for health care services are limited, acute/urgent care, hospital-based outpatient, or private practice."

One thing Boissonnault wants to make clear is that regardless of whether a new specialist certification in primary care is developed, "PTs won't stop practicing in these settings." To the contrary, he says, "I see more and more PTs becoming involved in primary care."

While all of the challenges cited in the perspective paper are real, "those obstacles have been there for a long time," Boissonnault observes. "We've already overcome a lot as a profession in just the past few decades. There's now some form of direct access to the services of physical therapists in all 50 states, the District of Columbia, and the US Virgin Islands, and unrestricted direct access in 18 of them."

Also encouraging, Boissonnault says, is that "more and more PTs are assuming administrative leadership positions in their workplaces—which is a really good thing, because it helps educate the decision-makers about the important roles PTs are playing and can play in primary care."

He adds, however, that the profession "must do a better job in terms of outreach. We need to communicate more, and more effectively, with physicians, nurses, pharmacists, and other members of primary care teams. And we need to push more strongly for interprofessional education," Boissonnault says. "Students and faculty from different health disciplines working together is a powerful way to raise awareness and understanding of PTs' knowledge, level of training, and expertise—and of the difference they can make as their role in primary care expands."

That's one reason he's so enthusiastic about the VA's fledgling primary care model.

"So many PT students have clinical experiences within the VA system," Boissonnault notes. "It's important that PT students get exposed to innovative care models in which physical therapists can work at the top of their license. The more exposure students get to those types of opportunities, the better."

Boissonnault encourages PTs to seek out interdisciplinary activities in their communities—such as the clinic at which Tony Bare provides services to low-income residents. "Typically, multiple disciplines are present in those settings," he notes—"physicians, med students, pharmacists, nurses, occupational therapists. Physical therapists are working side-by-side with those providers to help people in the most efficient and effective way possible."

Bare describes one such interaction at the Downtown Clinic. "I said to the physician, 'I have a patient with cervical radiculopathy. What do you think about giving him Prednisone?' She responded, 'That sounds good. What dose?' We have those kinds of conversations, in real time."

Boissonnault urges PTs employed by health care systems that have a primary care model to lobby for inclusion of PTs on interdisciplinary teams if such inclusion doesn't already exist. "There are models out there that PTs can use as templates to present their case," he

advises—citing the military and Kaiser models and the success of private practitioners such as Bare and Rebecca Byerley.

Data is another key to a wider role for PTs in primary care, Boissonnault says.

"The promise presented by the Physical Therapy Outcomes Registry is enormous," he says. "That data is going to show the effectiveness of PTs who are providing this type of care—which in turn will fuel programmatic development."

Patient Stories

PTs practicing in primary care modes can offer countless examples of its efficacy for patients.

Byerley cites the case of a young adult who self-referred with lightheadedness and prolonged numbness in his arms and legs, but whose symptoms "didn't add up." He didn't have nausea and hadn't sustained an injury. The neurologic and physical tests she performed yielded "unremarkable" results. Byerley then elicited that her patient, an oil field laborer, had been cleaning equipment without wearing his protective body suit and face mask. She sent him back to his physician, who diagnosed chemical exposure for which the young man was successfully treated.

Expertise in differential diagnosis—determining a condition's likely root cause by analyzing and synthesizing reported symptoms, medical history, and test results—is central to the skill set of PTs in primary care. Byerley also recalls the case of a patient in her 50s with thoracic pain who ended up being diagnosed with pancreatic cancer after Byerley sent her back to her family physician for additional medical review. Another patient came to Byerley for a "frozen shoulder"—pain and stiffness in her shoulder joint—but the underlying cause was determined to be breast cancer.

"Strong critical thinking skills are key," Byerley says. "Is what the patient is reporting consistent with your clinical findings? If not, what might really be going on?"

Ivan Matsui recalls a recent Kaiser patient in her 80s whose pain and movement issues, a "roving" PT determined, stemmed from 5-day-old hip bursitis rather than the aftereffects of total hip replacement 2 years before. As a result, possible follow-up steps such as X-rays and additional referrals were avoided. Rather, the patient's issues were resolved within 2 weeks through exercise and education. Not only that, the woman didn't have to cancel a long-planned trip.

"She'll be a happy camper when she goes to Lake Tahoe," Matsui comments.

To instill patient confidence and thrive as a primary care provider in private practice, it's imperative, Bare says, that PTs employ "all the tools in their toolbox" to fully explore the array of health issues that individual might be experiencing.

"Almost no musculoskeletal presentation is a simple 1-joint or 1-segment pathology," he observes. "So, when a patient comes in to see me with shoulder pain, it might be mostly shoulder-related, or it might be mostly cervical spine, or it might be mostly gallbladder. But let's say that based on the patient history and physical exam, I determine that the shoulder is the biggest pain contributor. So, I treat that."

"The next visit," he continues, the patient doesn't need the same shoulder treatment, so I treat the cervical spine—the next-biggest pain contributor. I continue in that manner through a few more visits, and the patient feels better on multiple levels. Now, chances are, I've got a patient for the long haul—someone who trusts me to help resolve whatever issue he or she is experiencing."

Bare says he has tapped his knowledge of lower extremity biomechanics to resolve the heel pain of a patient who'd been misdiagnosed and ineffectively treated by various providers for 18 years. He's resolved abdominal pain and constipation following hysterectomy by using manual and myofascial therapy for patients' surgical scars and manual visceral therapy to address colon-related issues.

Bare says he got another patient off medication for acid reflux that the man had been taking for more than a decade—even though, he notes, that condition had nothing to do with reason the patient had come to see him in the first place.

"No one's ever going to get referred to a physical therapist because he or she has heartburn," Bare observes. "But that doesn't mean that a PT can't—by asking the right questions, calling on his or her clinical tools, and taking appropriate action—address and successfully treat that condition."

Hence, he says, the word-of-mouth success of Bare Physical Therapy. "My patients refer me to their friends and family because they see me as a problem-solver. Some individuals come from Denver to see me in Laramie. That's a 4- or 5-hour drive," Bare observes.

Building a Culture

In a blog post⁵ that appeared on APTA's website in September, career Army officer Jason Silvernail, PT, DPT, DSc, noted that a critical shortage of physicians in the US military during the wind-down of the Vietnam War gave rise to a "capabilities" care model that affords PTs primary care advantages over their civilian counterparts.

The model, as Silvernail described it, "determines what functions, or capabilities, need to be present for success, then identifies the resources to provide those functions." In other words, PTs either see patients directly and pass them along to other team members as appropriate, or are in position to quickly treat individuals who are sent their way by another care provider.

Silvernail acknowledged barriers to widespread translation of the military model to civilian health care, citing "high copays and Medicare not recognizing PTs as primary care practitioners." He noted, however, that those barriers are "based on health policy, not medical necessity or appropriateness." He closed his post by urging his peers and the profession as a whole to "be willing to confront the policy obstacles that stand between Americans and the quality care delivered by doctors of physical therapy as part of primary health care teams."

That's the long game. In the meantime, there are 2 key messages from the military model that Brian Young, PT, DSc, believes need trumpeting in the civilian world: PTs in primary care roles pose no added risk to patient safety, and there is value in "cultivating a culture of PTs being frontlines providers."

"A takeaway from the musculoskeletal realm in the military is that having PTs in primary care is safe—that's been published in a large study,"⁶ Young tells PT in Motion. He's the director of

curriculum for the DPT program at Baylor University, having retired last year after more than 21 years in clinical, educational, and leadership positions in the US Air Force.

In the military, Young notes, "PTs are out there on the front lines in places like Iraq and Afghanistan, keeping soldiers healthy and able to continue their mission. We're comfortable and confident in that role. It's part of our culture in the military, and it's important that civilian PTs adopt that mindset, recognizing what they can bring to primary care."

Boissonnault agrees, noting that today's new graduates already are getting a good introduction.

"That 'primary care culture' starts in DPT programs, where students are being trained to provide that necessary broad level of service," he says. "Students get academic grounding in differential diagnosis and medical screening necessary for patient triaging responsibilities." Boissonnault adds, however, that "the more exposure students can get to primary care models during their clinical rotations—as in the VA model—the better, so they can see this type of care delivery in action and be fully appreciative of the possibilities and opportunities that exist for PTs in primary care."

The bottom line, Boissonnault says, is that primary care presents "a huge opportunity for physical therapists, the profession, and the health system in terms of producing better care outcomes, ensuring optimal utilization of resources, and decreasing costs. There's a gap in the provision of primary care that PTs are the best-trained providers to fill."

Johanna Gabbard, PT, DPT, offers the last word on the subject. She recently retired after working for more than 2 decades as a clinical specialist for Kaiser Permanente in both northern and southern California. She was an eyewitness to the benefits that Kaiser's PTs afford patients as part of the primary care team.

"Physical therapy to me is an art as much as it is a science," says Gabbard, who is a board-certified clinical specialist in orthopaedic physical therapy and a fellow of the American Academy of Orthopaedic Manual Physical Therapists. "The art comes in recognizing and integrating the intellectual, emotional, and physical needs of the patient, then using the best evidence and latest scientific knowledge to treat and/or triage that individual. PTs are empowering patients in primary care to achieve optimal results and to be the best they can be."

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3. Business Transformation

3.1 - Foster's Daily Democrat: [New VA clinic to expand services in Somersworth](#) (3 December, John Doyle, 47k uvm; Dover, NH)

SOMERSWORTH — More community-based clinical-care options, as well as mental-health and women's health services for veterans are needed in New Hampshire, according to U.S. Sen. Maggie Hassan, D-NH.

Hassan made her remarks Monday morning at a groundbreaking ceremony for the U.S. Department of Veterans Affairs' Somersworth Community Based Outpatient Clinic.

“This new center is going to allow us to move toward that vision,” Hassan said, “so that veterans can get the right care at the right place at the right time. (Any) veteran who needs help, especially veterans who need mental-health services, or help with PTSD, need it when they need it.”

Hassan noted that the new clinic was one of the recommendations in a report from the VA New Hampshire Vision 2025 Task Force, made up of experts from the local medical community and VA officials to learn how to best address the needs of New Hampshire veterans.

“We need to implement a lot more of those recommendations a lot more quickly,” Hassan said, “but that we’re taking a step (like) this one so quickly is terrific.”

The new clinic will feature two-and-a-half times the space of a current one at 200 Route 108. It will double the number of examination rooms and add space for mental health, women’s health and other services. The new clinic will be located across Route 108 from the current facility.

According to information provided by the VA, the Somersworth clinic has 2,940 patients enrolled for care who came in for 7,891 appointments in the latest fiscal year.

Jim Alty, a 84-year-old Korean War-era veteran from Dover who is now an advocate for his fellow veterans, said the new clinic is a good first step to help veterans, but more needs to be done to address veterans’ mental health.

“We can’t wait on these guys,” Alty said. “That’s why I want two more buildings — one for drug and alcohol (abuse) and one for post-traumatic stress disorder. I hope we’re going to get it.”

Alfred Montoya, director of the Manchester VA Medical Center, said Alty’s advocacy helped move the clinic project forward.

“I haven’t met a stronger advocate in Mr. Alty,” Montoya said. “I really appreciate a fellow airman being up here.”

Also in attendance was U.S. Rep.-elect Chris Pappas, D-NH, who said health outcomes for veterans will improve with more specialty care, which the new clinic will provide.

“(Veterans) stood up and served us,” Pappas said. “So we need to do everything we can to continue to improve services and make sure they have the best access to care in the state.”

Outgoing U.S. Rep. Carol Shea-Porter, D-NH, said the need for veterans health care is going to increase as Vietnam War-era veterans age.

“My husband’s a Vietnam-era vet,” Shea-Porter said. “He did not serve in Vietnam, but he is just one of so many who is going to be knocking at the doors.”

Somersworth Mayor Dana Hilliard said the city was proud to be home to the current and new clinics.

“Our proud past, like this gentleman (Alty), who has defended our liberties and brought us here today,” Hilliard said. “This is a true reflection of success.”

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - The Hill: [Mar-a-Lago trio reviewed confidential \\$10 billion VA contract before its release: report](#) (3 December, Owen Daugherty, 11.4M uvm; Washington, DC)

Three Mar-a-Lago club members friendly with President Trump were reportedly given access to review a \$10 billion government contract to overhaul electronic health records for veterans even though they had no prior experience in the field.

The three men, Marvel Entertainment Chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman, were given unprecedented access to confidential documents and shaped policy at the Department of Veterans Affairs (VA), according to emails obtained by ProPublica through a Freedom of Information Act request.

The trio had no health information technology or federal contracting experience but were listed among more than 40 experts reviewing the government contract, including hospital executives and university health system administrators.

Records obtained by ProPublica show the men editing the budget and being placed on an “executive committee.”

Emails also show Moskowitz negotiating to get the VA and Apple to use a cellphone application he developed.

The findings from ProPublica come months after the publication discovered the Mar-a-Lago trio were shaping policy at the VA. The men reportedly spoke with VA officials daily and inquired about new programs, including the deal with Apple.

A liberal veterans group filed a lawsuit in federal court in August attempting to block the men from shaping policy at the VA.

All three men declined to comment to ProPublica, as did the White House.

The VA has been fraught with turnover over the past year following Trump's firing of former Secretary David Shulkin in March. New VA Secretary Robert Wilkie was confirmed by the Senate in July.

Wilkie has distanced himself from the Mar-a-Lago trio, according to ProPublica. His spokesman appeared to blame Wilkie's predecessors for the access given to the three businessmen.

“Although his predecessors may have done things differently, Sec. Wilkie has been clear about how he does business,” Cashour said in a statement to ProPublica. “No one from outside the administration dictates VA policies or decisions — that’s up to Sec. Wilkie and President Trump. Period.”

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: Letters: Unhappy with New York's help for Amazon (3 December, Hutch Dubosque and Bob Hall, 1.4M uvm; Melville, NY)

[...]

Homeless veterans need shelter quick

It has been apparent since the spring that the Veterans Affairs Medical Center in Northport has had no plan to reopen the homeless domiciliary formally run by the United Beacon House, and before that, the Salvation Army ["Shut shelter leaves void," News, Nov. 24].

As reported, \$250,000 from private sources has been poured into this building by people who believed the VA's claim that it would be open by October. The hospital has spent its own money as well.

Now, we are being told that there has been no serious attempt to remedy the core problems, and an opening date is undetermined. The administration at this facility has had the better part of a year to come up with a plan, seek contractor bids and start work on the collapsing infrastructure. New paint, kitchens and computer rooms are very nice and greatly appreciated. All those amenities do no good if the core mechanical and environmental aspects of the building are not dealt with.

Homeless veterans who need medical and mental health care at this location are being pushed to the back of the line. Veterans abhor the thought of neglecting their brothers or sisters, especially when logical, reasonable solutions exist. It is high time that the Long Island veterans community raise a collective voice and demand that veterans in need of a hand be treated with dignity and respect.

Hutch Dubosque, Huntington

Editor's note: The writer is president of the PTSD Veterans Association of Northport Inc.

As a Vietnam-era Air Force veteran, I found this article very disturbing. Many of these fellow veterans suffer from post-traumatic stress disorder. How is it possible that the federal government could let this Northport facility fall into such bad shape?

Many don't realize that Long Island supports the second-largest veterans population in the United States behind the San Diego area. With Lee Zeldin as my congressman and fellow veteran, I would think that this type of situation would not occur. I certainly hope this situation takes top priority and will be resolved so these people will not be left without lodging in the cold winter.

Bob Hall, Middle Island

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6.2 - KHNL (NBC-8): [GI Bill error leaves student in the lurch — with no timeline for a fix](#) (3 December, Mahealani Richardson, 624k uvm; Honolulu, HI)

An error by the Department of Veterans of Affairs left a Chaminade student in the lurch and fearful about how she would pay for her expenses.

Maria Fratinardo, the daughter of a disabled veteran, was shocked when she got an unusual letter from the U.S. Department of Veterans Affairs.

The letter said her monthly \$1,224 educational benefit that normally goes into her Hawaii Credit Union account would be going to someone else's bank account without her permission.

When her GI Bill payment didn't come in, she thought her identity had been stolen.

"This became very alarming to me and it's scary knowing that this information is out," Fratinardo said.

The money was sent to an unknown account at Navy Federal Credit Union.

A VA spokeswoman told Fratinardo the agency made a mistake with her personal information after she called the VA on a separate matter.

"The agent I spoke to did not close out my file when he ended the call with me," Fratinardo said. "They basically got the information, my file was up and he was on the phone with someone else and he switched over account information."

The VA issued this statement on the incident:

"This issue was the result of an administrative error that has been fixed. At no time was any veteran's personal information improperly disclosed in connection with this administrative error. No fraud was involved, and we have been in touch with the veteran directly to explain the situation fully." Department of Veterans Affairs

Fratinardo says her case is unrelated to the nationwide education payment delays in October, which the VA blamed on an information technology problem.

However, Fratinardo and her two sisters didn't get their money right away during that incident and it's these recurring issues that frustrate her family.

Fratinardo's father, Tom, served with the Marines and was deployed during Desert Storm.

He calls the ongoing issues with the GI Bill payments "unacceptable" and says his symptoms from post-traumatic stress disorder have gotten worse because of the stress over his daughter.

"My issue was not with the money. My issue is that other veterans' dependents are not being treated in this manner. I don't understand it," he said.

U.S. Sen. Brian Schatz (D-Hawaii) and others have called for an investigation into missed or underpaid benefits.

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6.3 - The Press-Enterprise: [Status Update: VA mortgages up 57 percent across Inland Empire](#) (3 December, Jack Katzanek, 217k uvm; Riverside, CA)

Home mortgage loans backed by the U.S. Veterans Administration have increased 42 percent in the last five years in California, with loan traffic in the Inland Empire outpacing the state's growth, according to a statement from a financial company that provides these deals.

Veterans United, which financed more than \$10.2 billion in loans for veterans last year, reports that in the 2018 fiscal year, VA-backed loans have increased 42 percent in California in a five-year span.

The increase was heavier in the Inland Empire, where the number of loans is up 57 percent over the period. Only the Modesto area, at 109 percent, and Sacramento, at 55 percent, were higher.

The VA does not break down its volume of home loans by region. That statistical analysis was done by Veterans United, according to the company statement.

[...]

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6.4 - WFSB (CBS-3): [Veterans struggle to get benefits from VA due to computer issue](#) (3 December, Matt McFarland and Kaitlyn Naples, 188k uvm; Hartford, CT)

They served the country, but now veterans on college campuses across the country, say the Department of Veterans Affairs is not reimbursing them on the benefits they've earned.

While the VA said the delay is a result of an issue with its computer system, it's frustrating for students who depend on the GI Bill to help with tuition, housing, and other expenses.

After five years in the Navy, and two tours on ships out in the Pacific Ocean, Justin Gonzales found a home at Quinnipiac University.

"I was a U.S. Navy corpsman, attached to 111, an artillery battalion with the Marines on the west coast," Gonzales said.

He relies on the GI Bill for things he needs, like rent, education, tuition, books, and supplies.

This fall, the Texas native, and thousands of veterans across the U.S., found themselves in a bind when it comes to their GI Bill benefits.

"I was supposed to get federal aid, FAFSA, that was supposed to come from the school, after the GI was to pay the school in full, and it was to come in the form of a refund check. I was planning on using that money to pay off some things, maybe save away, just in case something like this happened," Gonzales said.

The Department of Veterans Affairs said the backlog is the result of computer issues while trying to implement and process GI benefits under the forever GI Bill at the start of the school year.

“The VA was using last year’s payment rate while they worked to implement the forever GI Bill, so there is a gap in tuition payment and while they were doing that it also slowed down the book stipend and the housing allowance,” said Jason Burke, a former Navy pilot and director of Military and Veterans Affairs at Quinnipiac, which has more than 200 veterans on the GI Bill. “All our veterans here are commuters, our demographic is about 27 years old, live in the community and if they’re a full-time student, they’re living off that housing allowance.”

After getting plenty of push back, last week the VA announced it would reset the implementation for spring 2020, giving plenty of time to get the technology in place.

Meanwhile, its promising to pay monthly housing rates at the current academic year, along with correcting any retroactive payments.

Gonzalez said he’s thankful Quinnipiac worked with him, to make sure he’ll get his money.

“It is a little bit frustrating, but what can you do. I understand we’re entitled to the benefits, but at the same time, there’s a lot of people using the benefits and it’s going to take a while to restructure everything and get it fixed for every single person,” he said.

The VA said any veteran experiencing financial hardship or a delay in the payment, could contact its educational call center at 888-442-4551.

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6.5 - La Crosse Tribune: [Tomah VA project delayed after tense La Crosse meeting](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

Tensions ran high Monday during a three-hour meeting to discuss a proposed Tomah Veterans Affairs Medical Center transitional housing program on the city’s South Side.

The La Crosse Plan Commission voted to delay action on the VA Medical Center’s request for a conditional-use permit at 3120 Farnam St. for another month after testimony from supporters and opponents who raised additional questions. The recommendation will go to the Judiciary and Administrative Committee on Tuesday and the La Crosse Common Council next week.

Samuel Hipp, who is in the VA’s campus program and would transfer to La Crosse if the permit is approved, said he understood the neighbors’ concerns. He has two young daughters himself, but he said his fellow participants are the last ones who would want anything to do with violence, drugs or alcohol.

“This isn’t a typical group home. ... It’s really an unusual, unique experience,” Hipp said.

Hipp, who is nine months sober and works as a peer ambassador at the Tomah VA, said participants come to the program because they know they need help, and the VA gave him the tools to dig himself out of a hole after a drunken driving citation — not a single violent offense — left him homeless.

"I hit the ground running with this system. And it's great, and that's also why I believe in this La Crosse location. There are more resources, there are more local businesses," Hipp said.

The La Crosse facility would give him a place to build a community while saving up money to move into his own home.

"I'm homeless. I want a home so that I can have my daughters overnight," Hipp said.

Vietnam veteran David Barlow, who lives down the street from the proposed facility, questioned whether the parking would be sufficient, saying the plan to have excess parking at the River Valley VAMC Clinic isn't ideal because there isn't abundant parking space there either.

He also questioned whether there would be enough room for eight people all eating and getting ready for work at the same time.

"Everybody thinks we're all against the veterans. We're not against the veterans. We're just against this being the place for it," Barlow said.

Barb Erickson also took the opportunity to clarify some of the facts about her house and whether there would be enough space, explaining that the kitchen island seats 13 people, there is a three-car garage and four additional spaces in the driveway and an uncovered parking area. The upstairs also only has two bedrooms, both of which face Farnam Street.

Steve Gunn was at the meeting to talk on behalf of his 91-year-old mother, who has lived next door since the 1950s and is worried about her privacy with the house being built up above hers.

The initial notice was short on details, he said, adding that it could have been handled differently.

The VA has since released guidelines forbidding people with a criminal history including violence and sex offenses from living in the La Crosse facility. It also committed to hiring 24/7 security, limiting parking for residents to four cars and reduced the number of residents from 10 to 8 after neighbors' objections.

"Wars are ugly. They scar you for life. Some of the scars are physical and others — you carry the spirit of that war forever. ... Some (veterans) need help, and we should be here to help them back." Don Weber, La Crosse developer and Vietnam veteran

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6.6 - La Crosse Tribune: [Public can weigh in this week on plan to turn La Crosse house into residence for veterans](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week.

The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit to allow a community living arrangement at 3120 Farnam St., donated by

the Ericksons to the VA with the idea that the seven-bedroom, handicap-accessible home would serve local veterans.

The facility, which requires the permit to move forward because it is within 2,500 feet of a similar facility, faced some backlash in October from neighbors concerned about security and was delayed two months to give people a chance to address those concerns.

La Crosse Plan Commission, 4 p.m. Monday in the third-floor conference room at City Hall, 401 N. La Crosse St.

Judiciary and Administration Committee, 6 p.m. Tuesday in the council chambers of City Hall.

"It can be hard to understand if you haven't worked with veterans and heard their stories as people. Veterans are people, too, and people have issues, veterans or non-veterans," Brahm said. "These are not scary, scary individuals."

The people in the work therapy residence will be screened thoroughly to ensure they're ready for the final step toward independent living, and anyone with a violent history or a history of sexual violence will remain in treatment on the Tomah VAMC campus. Only stable veterans will be admitted to the La Crosse facility.

"These are treated individuals who have participated in the program willingly and with a mission to succeed. These are the ones who are screened by professionals here at the VA, and they will make it," Brahm said, adding that the average stay nationwide at the VA's 41 similar facilities is six to 12 months.

The facility's leaders are trying to address neighbors' concerns, including staffing, screening and parking.

"We're trying to give and take, but only to the point where it doesn't affect the integrity of the program," Brahm said.

Acklin received the VAMC's revisions late Thursday and didn't have time to review them before posting the agenda for Monday's meeting.

The VA revised parts of the program, limiting the residents to eight from the previously proposed 10, and increasing staffing. In addition to the full-time care manager who oversees the program, Brahm is proposing adding security of some kind, ensuring there is 24/7 on-site supervision, in addition to the two resident managers.

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6.7 - KRQE (CBS-13, Video): [Nonprofit stitches quilts of valor for New Mexico veterans](#) (3 December, Sara Yingling, 119k uvm; Albuquerque, NM)

SANTA FE, N.M. (KRQE) - Dozens of women are likely getting back to work on quilts.

Each quilt is personally handmade for our nation's veterans who are living in northern New Mexico.

With a new partnership, they're now touching the hearts of even more veterans.

"It's the way we have to say thank you. We're not in their shoes. We don't serve them. But it's our way to say thank you and we appreciate what you've done for our country," said Linda Robinson.

In this little room at Santa Fe Quilting, a dozen women are cutting, stitching and sowing pieces of fabric to make quilts that will cover service members and veterans with comfort and healing.

"They are made with love and compassion. Our idea is to give them some comfort," said Robinson.

They meet twice a month, donating their time and money to make sure these veterans feel appreciated.

"When we've presented them they said, I finally feel like I've been welcomed home, and it's very touching," said Robinson.

In existence since 2006, the Santa Fe chapter of Quilts of Valor has made 475 quilts to date.

That number is about to increase exponentially thanks to a new partnership with the VA Clinic in Santa Fe.

"They have already requested two quilts from us and are anticipating they'll have at least 200 requests for us," said Fran Holden.

On average, each quilt takes 60 to 100 hours to complete.

Members say getting a request this large is a bit daunting, but they're needed.

"For many of the veterans who are using the VA services, we're talking about people who are certainly our peers or older. We really feel an urgency to respond to their requests," said Holden.

That makes the hours of work well worth it in the end.

"It's very touching. It gives us a sense of satisfaction. Their appreciation is much more than we will ever know," said Robinson.

To respond to the VA's request, they're going to need help from the community. If you'd like to help, you can donate your time or money.

They expect to present the quilts to the veterans at the VA Clinic after the first of the year.

For more information, [click here](#).

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6.8 - Federal News Network: [Reoccurring management challenges at the heart of VA's recent GI bill confusion, agency admits](#) (3 December, Nicole Ogrysko, 100k uvm; Washington, DC)

It's taken the Department of Veterans Affairs several tries now to explain how exactly it will process education and housing benefits under the Forever GI Act, and some lawmakers are still confused by the agency's plans to right the missteps.

The department is resetting its implementation of portions of the Forever GI bill, VA Secretary Robert Wilkie announced last week. Much to the frustration of some lawmakers and veterans service organizations, VA's legacy systems couldn't handle the changes the department needed to make in disseminating certain housing benefits under the new law.

Moving forward, VA will disregard any overpayments that it made to GI beneficiaries so far, Paul Lawrence, VA's undersecretary for benefits, told the House Veterans Affairs Committee on Nov. 29. Within a year, VA will be ready to provide benefits using the rates described in the Forever GI bill.

All post 9/11 GI Bill beneficiaries will be made whole, retroactively if necessary, for their housing benefits during this academic year based on the current law's rates.

"Each and every, and I mean every single veteran, will be made whole for their housing benefits this year," Lawrence said. "The rates we are providing for the current year [are] uncapped DoD basic rates for housing allowance based on the location of the school's main campus, rather than the physical location of the student. For many students, the DoD-VA rate will be equal to or higher than their current payment."

VBA still doesn't know exactly how many veterans would be overpaid using this approach for the current academic year, because the agency's IT systems aren't yet ready to make that determination. Regardless, VA will disregard any overpayments, Lawrence said.

Still, the department's approach prompted confusion among committee members and called into question whether the new approach VA announced it will take over the next year actually complies with the specifics in the Forever GI bill.

"We stood up a system that didn't work and paid people what we had paid them in the past, and we don't know what we should have paid them," Rep. Phil Roe (R-Tenn.), the committee's chairman, said. "Am I correct? That's pretty much what we did, because our IT system didn't work."

"Notionally correct, that's correct," Lawrence said.

VBA will spend the next year — until December 2019 — developing an IT system, contracting support and other resources that will allow the department to process GI housing benefits for spring 2020 enrollments.

"We had real challenges with accountability, so I stepped forward and said I would be accountable for implementing the GI bill," Lawrence said. "We had difficulties with the program management structure, so we will engage our federal funded research and development center, the special relationship with the Mitre Corporation, to provide conflict-free advice on the program integration, the schedule and [to] help us manage it."

VBA will also look for an outside software developer and systems integrator to help the department prepare its IT systems for full implementation in December 2019, Lawrence added.

VBA made decisions too quickly, sacrificed speed for accuracy
The House Veterans Affairs Committee spent much of its time on the Forever GI bill at a hearing last week that was initially devoted to VA policy implementation.

But VA Inspector General Michael Missal said the department's challenges in implementing the Forever GI bill stem from several overarching themes and root causes that were prevalent in other recent missteps, including the VBA's handling of military sexual trauma claims and inaccuracies in processing certain disability benefits.

VBA leadership often sacrificed accuracy for timeliness, rolled out national initiatives after short pilot programs and implemented new programs without fully developed IT systems, Missal said.

"The reoccurring deficiencies we identified are often the result of VBA leadership making management and operational decisions without fully considering and planning for potential unintentional consequences resulting from their actions," Missal told the veteran affairs disability and memorial affairs subcommittee.

Rep. Mike Bost (R-Ill.), the subcommittee's chairman, acknowledged Lawrence had inherited many challenges and longstanding problems before he joined VBA in May.

"You didn't create the problem," Bost said. "You have it to fix it though. Whatever you do, don't make it worse, okay?"

Since Lawrence joined VBA, he said he's drawing on his private sector experience to make a dent in the agency's long-held cultural challenges.

"Decisions were made very quickly and probably without the right amount of expertise in the room to really appreciate it," Lawrence said. "Slow things down so decisions are made more deliberately. I call it 'go slow to go fast.' We focus on fewer things, and we spend more time thinking about what the risks are and the potential unintended consequences. More importantly, or equally importantly, we have more people in the room to make sure we have voices."

The agency is also reviewing how it can train more claims representatives to specialize in a particular topic area, like military sexual trauma. VBA wants more representatives to become an expert in a specialized field, with the goal of reducing errors and the possibility for confusion.

In addition, all 56 VBA regional offices have "coordinators" on military sexual trauma, who serve as guideposts for other representatives who work on these claims. The agency is also updating and finding new methods to train its employees, said Willie Clark, deputy undersecretary for field operations at VBA.

But for Rep. Mike Coffman (R-Colo.), overcoming bureaucratic challenges starts with removing the career leadership that has been at the agency the longest: the senior executives.

"In my discussions with Secretary [Robert Wilkie], he's unwilling to make that commitment to do that, to look through these 400 positions where there's objective failure and the inability to correct that failure by inspector general reports [and] by GAO reports," Coffman said. "You will

never change the culture of bureaucratic incompetence in the VA unless you're willing to look through those 400 positions, where there's a lack of competence, where problems are unresolved, you're unwilling to make those hard decisions.

According to the most recent publicly available from the Office of Personnel Management, VA has 361 career members of the Senior Executive Service. VBA itself has 59.

"This is the same VA of the prior administration, just papered over with saying how great things are when they are not great," Coffman added.

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6.9 - Merced Sun-Star: [Letters to the Editor | Tuesday, Dec. 4, 2018](#) (3 December, Kyle Hamilton, 64k uvm; Merced, CA)

VA must correct egregious error

This semester, veterans enrolled in colleges across the country have brought up issues about receiving payments from the Veterans Administration. For months the VA has either delayed or given the wrong amounts under the GI Bill. Now after months of waiting the VA has told Congress they're not planning to make retroactive payments to veterans – meaning they've shortchanged them on benefits. The VA is blaming a computer error for underpayments. This is unacceptable. If there's one thing Congress should be able to fix it's this.

KYLE HAMILTON, MERCED

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6.10 - Rockford Register Star: [Two graduate from Winnebago County Veterans Court](#) (3 December, Chris Green, 43k uvm; Rockford, IL)

Returning from war and turning to drugs and alcohol to cope with war experiences and civilian life.

The stories of Thomas Gilbert and Aaron Hayford are familiar, but thanks to a 6-year-old program that has operated with little fanfare, their stories did not end abruptly in incarceration or death.

The latest chapter in the lives of these two veterans featured a graduation Monday from Winnebago County Veterans Court.

The court is a specialized problem-solving court designed to address and eliminate the challenges of providing services to veterans caught in the criminal justice system who are wrestling with substance abuse and mental health issues related to their military service.

Although participation in the two-year program is optional, Hayford said, "It was either Veterans Court or prison. I did normal probation at first, but then I got a DUI."

Hayford, an Army veteran and South Beloit resident, did two tours of duty in Afghanistan in 2008-2009 and 2010-2011. Upon returning to Winnebago County he suffered from symptoms of post-traumatic stress disorder and failed to seek help. "I covered up all my anger and sorrow with alcohol," he said.

Hayford said he was not a willing participant in Veterans Court.

"At first I was pushing back," he said, "but then I gave in.

"This program is great. They make you get sober, which is the hardest part for a lot of people, but once you got even a month of sobriety under your belt it gets to be a hundred times easier. I mean that was my hardest part."

He said he was drinking excessively, but is now 22 months sober.

The program is unique in that veterans are able to participate in the court with pending and post-plea charges. The veterans receive case management provided by an outreach specialist who works through the Department of Veterans Affairs in Madison, Wisconsin.

The program connects veterans with a variety of treatment services available through VA offices in Rockford and in Madison, including drug and alcohol treatment and mental health treatment. Veterans also receive services from the Resource Intervention Center and community-based services.

Gilbert, a Marine, said substance abuse led him into the court system, but he embraced the program and finished in 18 months.

"It's very involved," he said. "We attend groups and classes at the VA outpatient clinic here in Rockford. Every day we get up and have to call the drop line daily. You have to drop numerous times each month. Also, we come to court, initially, every two weeks, and see our probation officer every two weeks. Then we stretch it out to once a month as time goes on."

Hayford and Gilbert shared their stories in hopes of helping other vets.

"It takes a much stronger person to ask for help than to play John Wayne," said Presiding Veterans Court Judge Stephen Balogh.

He added: "The thing about Veterans Court is that it works. Not only does it help the people in the program to recover, to regain their lives, it offers an alternative to incarceration by reducing recidivism and improving public safety. And it costs less than it costs to house people in jails and prisons. That's why we do this."

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6.11 - WKBT (CBS-8, Video): [La Crosse home donation to Tomah V.A. delayed for 30 days](#)
(3 December, Troy Neumann, 32k uvm; La Crosse, WI)

The donation of a La Crosse home intended to help veterans transitioning into independent lives is delayed for a second time.

La Crosse's City Planning Commission voted to push back the decision to allow the Tomah V.A. to use the Farnam Street home by 30 days.

The Erickson family chose to donate their house earlier this year as a transition home for veterans struggling with PTSD. It was built around the needs of their late son, Chad, who suffered brain damage after an open heart surgery that went wrong.

The delays come after some neighbors voiced concerns about having a transition home so close to their families. But the V.A. does not believe admitted veterans would pose any threat.

"We are guaranteeing that we will have a mechanism set up so that the more intense veterans that aren't quite ready will remain on the Tomah campus. This would be for 6 to 8 veterans ready and willing to go, that have no history of sexual predator or violent criminal history," said Tomah V.A. Medical Center Director Victoria Brahm.

"I'd ask that the V.A. would put that in writing," said a neighbor. "Just as an extra measure of respect to the neighborhood and security."

The city's Judiciary and Administration Committee also referred the decision for 60 days in September.

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6.12 - KRGV (ABC-5, Video): [VA Making Upgrades in Program Used for Job Placement](#) (3 December, Frank McCaffrey, 29k uvm; Weslaco, TX)

MCALLEN – Help is on the way for Rio Grande Valley veterans who are looking for work.

KRGV's Frank McCaffrey spoke with an Air Force veteran who has struggled to search for a job after serving in the military.

Veteran Jay Borrego says he spent 10 years in retail up until a couple years ago when he decided to try something new.

"I gave the refinery lifestyle a go but it just wasn't working out for me. So, I'm back here settled down," he says.

He turned to the U.S. Department of Veterans Affairs for help in finding a job. He took advantage of the Vocational Rehabilitation Program designed to help veterans with job training, resume development and job skills coaching.

"I will say job placement for veterans, that could use some help, a stronger department," he explains.

We reached out to Josue Silguero with the Cameron County Veterans Service Office.

He says the program is making upgrades to help with job placement; new counselors will be hired to take part in the in-program via teleconference to make it easier for veterans.

Watch the video above for the full story.

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6.13 - WJTV (CBS-12): [Local bikers bring Christmas to hospitalized veterans](#) (2 December, Tara Thomas, 23k uvm; Jackson, MS)

Determined to make sure no veterans receiving medical treatment at the Mississippi VA medical center are forgotten this holiday season, biker chapters around the Jackson area teamed up to treat them to an early Christmas party.

The party an annual event, led by the American Legion riders of Post 112, who have made the ride Christmas tradition, in order to serve those who served our nation.

Bikers escorted Santa Claus to the party and once inside, veterans were treated to gifts, conversation, cake, punch, and music.

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6.14 - WIS (NBC-10, Video): [Dorn VA receives Christmas meal donations to help veterans](#) (3 December, Paul Rivera, 141k uvm; Columbia, SC)

As WIS continues to highlight our Year of the Veteran, today donations from AllSouth Federal Credit Union made their way to Voluntary Service at the DORN VA.

Ten food gift baskets will go out to veterans and their families so they can have a Christmas time meal.

Voluntary Service officials say the baskets will fill the need and help supplement the donations they give out to veterans during the holidays.

"The thing about this is we think about, this time of year we think about those people that are not getting anything and hopefully this will remind us all year long to check on those people," said Ivette Starkey with AllSouth Federal Credit Union.

AllSouth says they plan on continuing the donations next year.

Click here if you'd like to donate to voluntary service by clicking here.

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7. [Other](#)

7.1 - Orlando Sentinel (Video): [More than 100 arrested in sex trafficking, prostitution operation in Polk County, including Orlando VA doctor](#) (3 December, Kate Santich, 1.7M uvm; Orlando, FL)

Undercover detectives have arrested 103 people in an alleged prostitution and human trafficking operation in Polk County that may involve minors, the sheriff's office announced Monday.

The arrests took place during a six-day investigation, the sheriff's office said. Among those arrested was Dr. Sarat Sabharwal, 54, identified by the sheriff's office as a urologist for the Orlando VA Medical Center and an on-call trauma surgeon.

He was charged with soliciting a prostitute. An Orlando VA spokeswoman said the doctor would not see patients while officials there propose "appropriate administrative action."

The undercover operation began Nov. 27 and focused on online advertisements — both by alleged prostitutes and men allegedly seeking prostitutes. Charges include human trafficking, soliciting another for prostitution, offering to commit prostitution, deriving support from proceeds of prostitution, transporting to a building for prostitution and using a communication device to commit a felony.

Three of the people arrested for prostitution are possible victims of human trafficking, and one of them is believed to be a minor, a sheriff's public information officer said.

In all, 56 people were arrested on charges of advertising prostitution online, and 30 people were arrested for allegedly soliciting undercover detectives who posted ads posing as prostitutes, the sheriff's office said. Eleven others were charged with deriving proceeds from prostitution, and six were taken into custody for drug charges and other offenses.

Authorities are still searching for 49-year-old William Welch, who allegedly drove to Polk County believing he was going to have sex with a 14-year-old girl. Welch is facing several charges, including traveling to meet a minor, using a computer to solicit a child and attempted lewd battery.

"We conduct these kinds of investigations because of the link between prostitution, human trafficking, drug crimes, economic crimes — such as burglary and fraud — and violent crime," said Polk County Sheriff Grady Judd. "Prostitution is not a victimless crime. From the spread of disease, destruction of families, and to the scourge of human trafficking, prostitution is bad for our community."

Detectives worked closely with One More Child and the Florida Department of Children and Families during the operation, the sheriff's office said.

During the operation, undercover detectives posted fictitious ads or profiles on various social media platforms, websites and mobile-phone applications, posing as prostitutes or those soliciting prostitutes.

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7.2 - Government Executive: [George H.W. Bush's Bureaucratic Legacy](#) (3 December, Charles S. Clark, 102k uvm; Washington, DC)

On the hustings, the late President George H. W. Bush presented himself as a Texan with an outsider's skepticism toward the target-rich Washington bureaucracy.

But the 41st president—who died on Saturday at age 94, was a Navy hero, a member of Congress, a U.N. ambassador, a CIA director and vice president before he was elected to the top job in November 1988.

Bush's single term was notable for his foreign policy adeptness at handling a range of crises that emerged in the waning days of the Cold War and its aftermath. He proved a steady leader with the fall of the Berlin Wall and subsequent collapse of the Soviet Union. He put together a stunning coalition of nations to repel Iraq's 1990 invasion of Kuwait and ordered U.S. troops to overthrow Manuel Antonio Noriega after he seized power in Panama, threatening U.S. interests.

His domestic record is remembered for a recession and the dramatic 1990 budget deal hammered out between parties at Andrews Air Force Base at which Bush's team betrayed—with his reluctant permission—his 1988 campaign pledge of “no new taxes.”

But he also worked with Congress to pass bipartisan, transformative laws, including the 1990 Americans with Disabilities Act, which reshaped public spaces for the disabled and prohibited discrimination, and the 1990 Clean Air Act revisions, which curbed pollution resulting in enormous positive health consequences for all Americans.

As President Ronald Reagan's vice president, Bush came to the Oval Office in 1989 already predisposed to cutting government, asserting executive authority and resisting the ambitions of the Democratic-controlled Congress. A lookback through highlights from Government Executive magazine's coverage of his four years in office reveals some familiar themes.

[...]

Another significant organization issue fell to the Bush administration—reestablishing the old Veterans Administration as the Cabinet-level Veterans Affairs Department. Bush installed Edward Derwinski as its first secretary. “Not much has changed for the agency's employees since the [Veterans Administration] became [Department of Veterans Affairs] on March 15,” Government Executive commented. “We'll confess we really haven't settled on what we'll use as an acronym for the new Department of Veterans Affairs. VA was so clean and simple.”

[...]

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7.3 - KOTA (ABC-3): [Local Chaplain's first hand memories of President Bush](#) (4 December, Steve Long, 21k uvm; Rapid City, SD)

There's a man here in the Black Hills with a bunch of first hand memories of the 41st President and First Lady Barbara Bush.

Herb Cleveland is a former Chief of Chaplains for the U.S. Department of Veterans Affairs, in Washington, D.C.

From time to time he would be called on to pray with Presidents.

We spoke with Cleveland back in June for a different story, about Cleveland's career as a Chaplain.

During that story he shared some of his memories of late President George H.W. Bush.

One of those memories was being called on to pray with President Bush before a historic event.

"The prayer for the day of the invasion under President Bush for the Middle East, and praying for the safety of our troops, and the advisors and those who were doing this tremendous effort," Cleveland recalled.

Cleveland says that he and President Bush were at events together on quite a few different occasions in Washington.

"He was very, very light, very gregarious I call it, and big heavy hand shake, ya know. And like to pat you on the back," Chaplain Cleveland remembers.

"Barbara was very much, 'Oh it's so good to see you' and 'Thank you for being here' and 'Let's go into the Roosevelt room' and 'Lets go into this room and we'll talk about something here'," Cleveland said of First Lady Barbara Bush.

Cleveland served under 3 Presidents. The late Ronald Reagan, late President H.W. Bush, and President Bill Clinton.

Monday evening we spoke to Cleveland again, via telephone, and he said the late President Bush always had a great sense of humor, and that Bush combined his humility with his greatness.

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Veterans Affairs Media Summary and News Clips

4 December 2018

1. [Top Stories](#)

1.1 - Politico: [Alexander calls President George H.W. Bush an 'education pioneer'](#) (3

December, Kimberly Hefling, 8.7M uvm; Arlington, VA)

Bipartisan anger continues over the Veterans Affairs Department's handling of reimbursements for GI recipients whose housing stipends are being underpaid. The Trump administration has struggled because of computer problems to implement a provision in a new law that was supposed to go into effect Aug. 1 that changed how the rate was calculated, but which the VA said in recent days won't happen now until spring 2020.

[Hyperlink to Above](#)

1.2 - ProPublica: [VA Shadow Rulers Had Sway Over Contracting and Budgeting](#) (3

December, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Newly released emails about the three Trump associates who secretly steered the Department of Veterans Affairs show how deeply the trio was involved in some of the agency's most consequential matters, most notably a multibillion-dollar effort to overhaul electronic health records for millions of veterans. Marvel Entertainment chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman — part of the president's circle at his Mar-a-Lago resort in Florida — reviewed a confidential draft of a \$10 billion government contract for the electronic-records project, even though they lack any relevant expertise.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [VA says it reversed course on underpaid GI Bill recipients, though lawmakers remain skeptical](#) (3 December, Nikki Wentling, 532k uvm; Washington, DC)

After Department of Veterans Affairs officials admitted the agency had no plans to retroactively pay some student veterans who are likely to receive incorrect housing stipends during the next year, VA Secretary Robert Wilkie reversed course, saying every underpaid GI Bill recipient will get what they are due.

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2. [Improving Customer Service](#)

2.1 - FOX News: [President Trump – and our veterans – are winning against an entrenched VA bureaucracy](#) (3 December, Gen. Anthony J. Tata, 27.6M uvm; New York, NY)

The Trump administration is winning against an entrenched Department of Veterans Affairs bureaucracy that has habitually failed to properly serve its customers – our veterans. Recent tussling between Congress and VA bureaucrats squeezed out some positive news for an agency that has been slow to respond to its constituents and stakeholders. Aloof and unresponsive, the VA headquarters finally found a way to make good on legislation that promises to pay post 9/11 veterans increased rates for their education and housing costs.

[Hyperlink to Above](#)

2.2 - U.S. News & World Report (HealthDay News): [Mental Health Help Becoming Less of a Stigma in Military](#) (3 December, Robert Preidt, 14M uvm; Washington, DC)

Active-duty members of the U.S. military are much more open to the idea of mental health counseling than veterans, a new survey finds. "There has been a fundamental shift in the military regarding attitudes on mental health, and we have seen real progress in reducing the stigmas associated with professional counseling," said survey author Samantha Dutton. She is program director in the College of Humanities and Sciences at the University of Phoenix.

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2.3 - Berkeley News (Video): [Hang in there. As couples age, humor replaces bickering](#) (3 December, Yasmin Anwar, 758k uvm; Berkeley, CA)

Honeymoon long over? Hang in there. A new UC Berkeley study shows those prickly disagreements that can mark the early and middle years of marriage mellow with age as conflicts give way to humor and acceptance. Researchers analyzed videotaped conversations between 87 middle-aged and older husbands and wives who had been married for 15 to 35 years, and tracked their emotional interactions over the course of 13 years.

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2.4 - KKCO (NBC-11): [VA benefits coordinator helps vets with health care](#) (3 December, Jason Burger, 29k uvm; Grand Junction, CO)

The Grand Junction VA Medical Center is trying to get more veterans enrolled for health care and benefits. They have a full-time VA Benefits Coordinator to help make that happen. Scott Johnston says he was a by the book soldier, and says he was never told how to get VA benefits after his time in the Army.

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2.5 - KREX (CBS-5, Video): [VA Assists Veterans To Get Healthcare And Benefits](#) (3 December, Star Harvey, 12k uvm; Grand Junction, CO)

Thousands of Western Slope veterans are not getting the healthcare and benefits they are entitled to, but something is now being done to correct that problem, and help veterans navigate the process to obtain benefits. U.S. Army Veteran Scott Johnston filled many roles to protect and honor his country.

[Hyperlink to Above](#)

2.6 - Hawaii Public Radio (Audio): [Veterans Leading the Charge on Genetic Medicine](#) (3 December, Ryan Finnerty, 5k uvm; Honolulu, HI)

Since 2011 more than 700,000 veterans nationwide have donated their genetic information to help the Department of Veterans Affairs research the origins of disease and find new treatments. It's called the Million Veteran Program. In 2015 MVP became the largest human genomic database in the world.

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2.7 - PT in Motion: [A Deepening Footprint: Across the country, PTs are stepping into primary care roles. The journey to wider integration is under way, but obstacles remain](#) (December, Eric Ries; Alexandria, VA)

Bare practices across the gamut of physical therapy—pediatrics to geriatrics, orthopedics to neurology. He fashions orthotics in his garage. He performs cranial therapy in a side gig as part of the concussion protocol team for the University of Wyoming's football team. He also volunteers twice a month at Laramie's Downtown Clinic, which offers comprehensive primary health care to low-income, uninsured residents. There, Bare works as part of a collective unit with physicians, pharmacists, nurses, social workers, and other providers.

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3. Business Transformation

3.1 - Foster's Daily Democrat: [New VA clinic to expand services in Somersworth](#) (3 December, John Doyle, 47k uvm; Dover, NH)

More community-based clinical-care options, as well as mental-health and women's health services for veterans are needed in New Hampshire, according to U.S. Sen. Maggie Hassan, D-NH. Hassan made her remarks Monday morning at a groundbreaking ceremony for the U.S. Department of Veterans Affairs' Somersworth Community Based Outpatient Clinic.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Hill: [Mar-a-Lago trio reviewed confidential \\$10 billion VA contract before its release: report](#) (3 December, Owen Daugherty, 11.4M uvm; Washington, DC)

Three Mar-a-Lago club members friendly with President Trump were reportedly given access to review a \$10 billion government contract to overhaul electronic health records for veterans even though they had no prior experience in the field. The three men, Marvel Entertainment Chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman, were given unprecedented access to confidential documents...

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: [Letters: Unhappy with New York's help for Amazon](#) (3 December, Hutch Dubosque and Bob Hall, 1.4M uvm; Melville, NY)

It has been apparent since the spring that the Veterans Affairs Medical Center in Northport has had no plan to reopen the homeless domiciliary formally run by the United Beacon House, and before that, the Salvation Army ["Shut shelter leaves void," News, Nov. 24]. As reported, \$250,000 from private sources has been poured into this building by people who believed the VA's claim that it would be open by October. The hospital has spent its own money as well.

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6.2 - KHNL (NBC-8): [GI Bill error leaves student in the lurch — with no timeline for a fix](#) (3 December, Mahealani Richardson, 624k uvm; Honolulu, HI)

An error by the Department of Veterans of Affairs left a Chaminade student in the lurch and fearful about how she would pay for her expenses. Maria Fratinardo, the daughter of a disabled veteran, was shocked when she got an unusual letter from the U.S. Department of Veterans Affairs. The letter said her monthly \$1,224 educational benefit that normally goes into her Hawaii Credit Union account would be going to someone else's bank account without her permission.

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6.3 - The Press-Enterprise: [Status Update: VA mortgages up 57 percent across Inland Empire](#) (3 December, Jack Katzanek, 217k uvm; Riverside, CA)

Home mortgage loans backed by the U.S. Veterans Administration have increased 42 percent in the last five years in California, with loan traffic in the Inland Empire outpacing the state's growth, according to a statement from a financial company that provides these deals.

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6.4 - WFSB (CBS-3, Video): [Veterans struggle to get benefits from VA due to computer issue](#) (3 December, Matt McFarland and Kaitlyn Naples, 188k uvm; Hartford, CT)

They served the country, but now veterans on college campuses across the country, say the Department of Veterans Affairs is not reimbursing them on the benefits they've earned. While the VA said the delay is a result of an issue with its computer system, it's frustrating for students who depend on the GI Bill to help with tuition, housing, and other expenses.

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6.5 - La Crosse Tribune: [Tomah VA project delayed after tense La Crosse meeting](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

Tensions ran high Monday during a three-hour meeting to discuss a proposed Tomah Veterans Affairs Medical Center transitional housing program on the city's South Side. The La Crosse Plan Commission voted to delay action on the VA Medical Center's request for a conditional-use permit at 3120 Farnam St. for another month after testimony from supporters and opponents who raised additional questions. The recommendation will go to the Judiciary and Administrative Committee on Tuesday and the La Crosse Common Council next week.

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6.6 - La Crosse Tribune: [Public can weigh in this week on plan to turn La Crosse house into residence for veterans](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week. The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit to allow a community living arrangement...

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6.7 - KRQE (CBS-13, Video): [Nonprofit stitches quilts of valor for New Mexico veterans](#) (3 December, Sara Yingling, 119k uvm; Albuquerque, NM)

Dozens of women are likely getting back to work on quilts. Each quilt is personally handmade for our nation's veterans who are living in northern New Mexico. With a new partnership, they're now touching the hearts of even more veterans. "It's the way we have to say thank you. We're not in their shoes. We don't serve them. But it's our way to say thank you and we appreciate what you've done for our country," said Linda Robinson.

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6.8 - Federal News Network: [Reoccurring management challenges at the heart of VA's recent GI bill confusion, agency admits](#) (3 December, Nicole Ogrysko, 100k uvm;

Washington, DC)

It's taken the Department of Veterans Affairs several tries now to explain how exactly it will process education and housing benefits under the Forever GI Act, and some lawmakers are still confused by the agency's plans to right the missteps.

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6.9 - Merced Sun-Star: [Letters to the Editor | Tuesday, Dec. 4, 2018](#) (3 December, Kyle Hamilton, 64k uvm; Merced, CA)

This semester, veterans enrolled in colleges across the country have brought up issues about receiving payments from the Veterans Administration. For months the VA has either delayed or given the wrong amounts under the GI Bill. Now after months of waiting the VA has told Congress they're not planning to make retroactive payments to veterans – meaning they've shortchanged them on benefits. The VA is blaming a computer error for underpayments. This is unacceptable. If there's one thing Congress should be able to fix it's this.

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6.10 - Rockford Register Star: [Two graduate from Winnebago County Veterans Court](#) (3 December, Chris Green, 43k uvm; Rockford, IL)

Returning from war and turning to drugs and alcohol to cope with war experiences and civilian life. The stories of Thomas Gilbert and Aaron Hayford are familiar, but thanks to a 6-year-old program that has operated with little fanfare, their stories did not end abruptly in incarceration or death.

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6.11 - WKBT (CBS-8, Video): [La Crosse home donation to Tomah V.A. delayed for 30 days](#) (3 December, Troy Neumann, 32k uvm; La Crosse, WI)

The donation of a La Crosse home intended to help veterans transitioning into independent lives is delayed for a second time. La Crosse's City Planning Commission voted to push back the decision to allow the Tomah V.A. to use the Farnam Street home by 30 days. The Erickson family chose to donate their house earlier this year as a transition home for veterans struggling with PTSD.

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6.12 - KRGV (ABC-5, Video): [VA Making Upgrades in Program Used for Job Placement](#) (3 December, Frank McCaffrey, 29k uvm; Weslaco, TX)

Help is on the way for Rio Grande Valley veterans who are looking for work. KRGV's Frank McCaffrey spoke with an Air Force veteran who has struggled to search for a job after serving in

the military. Veteran Jay Borrego says he spent 10 years in retail up until a couple years ago when he decided to try something new. "I gave the refinery lifestyle a go but it just wasn't working out for me. So, I'm back here settled down," he says. He turned to the U.S. Department of Veterans Affairs for help in finding a job.

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6.13 - WJTV (CBS-12): [Local bikers bring Christmas to hospitalized veterans](#) (2 December, Tara Thomas, 23k uvm; Jackson, MS)

Determined to make sure no veterans receiving medical treatment at the Mississippi VA medical center are forgotten this holiday season, biker chapters around the Jackson area teamed up to treat them to an early Christmas party.

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6.14 - WIS (NBC-10, Video): [Dorn VA receives Christmas meal donations to help veterans](#) (3 December, Paul Rivera, 141k uvm; Columbia, SC)

As WIS continues to highlight our Year of the Veteran, today donations from AllSouth Federal Credit Union made their way to Voluntary Service at the DORN VA. Ten food gift baskets will go out to veterans and their families so they can have a Christmas time meal. Voluntary Service officials say the baskets will fill the need and help supplement the donations they give out to veterans during the holidays.

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7. [Other](#)

7.1 - Orlando Sentinel (Video): [More than 100 arrested in sex trafficking, prostitution operation in Polk County, including Orlando VA doctor](#) (3 December, Kate Santich, 1.7M uvm; Orlando, FL)

Undercover detectives have arrested 103 people in an alleged prostitution and human trafficking operation in Polk County that may involve minors, the sheriff's office announced Monday. The arrests took place during a six-day investigation, the sheriff's office said. Among those arrested was Dr. Sarat Sabharwal, 54, identified by the sheriff's office as a urologist for the Orlando VA Medical Center and an on-call trauma surgeon.

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7.2 - Government Executive: [George H.W. Bush's Bureaucratic Legacy](#) (3 December, Charles S. Clark, 102k uvm; Washington, DC)

Another significant organization issue fell to the Bush administration—reestablishing the old Veterans Administration as the Cabinet-level Veterans Affairs Department. Bush installed Edward Derwinski as its first secretary. "Not much has changed for the agency's employees since the [Veterans Administration] became [Department of Veterans Affairs] on March 15," Government Executive commented. "We'll confess we really haven't settled on what we'll use as an acronym for the new Department of Veterans Affairs. VA was so clean and simple."

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December, Steve Long, 21k uvm; Rapid City, SD)

There's a man here in the Black Hills with a bunch of first hand memories of the 41st President and First Lady Barbara Bush. Herb Cleveland is a former Chief of Chaplains for the U.S. Department of Veterans Affairs, in Washington, D.C. From time to time he would be called on to pray with Presidents. We spoke with Cleveland back in June for a different story, about Cleveland's career as a Chaplain.

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1. [Top Stories](#)

1.1 - Politico: [Alexander calls President George H.W. Bush an 'education pioneer'](#) (3 December, Kimberly Hefling, 8.7M uvm; Arlington, VA)

[...]

LAWMAKERS FUME OVER VA'S HANDLING OF GI BILL: Bipartisan anger continues over the Veterans Affairs Department's handling of reimbursements for GI recipients whose housing stipends are being underpaid. The Trump administration has struggled because of computer problems to implement a provision in a new law that was supposed to go into effect Aug. 1 that changed how the rate was calculated, but which the VA said in recent days won't happen now until spring 2020.

— Rep. Mark Takano (D-Calif.), who is expected to take over as chairman of the House Veterans' Affairs Committee in January, in an interview with Morning Education accused a top VA official, Paul Lawrence, of "parsing words" when he told a House Veterans' Affairs subcommittee the funds would be repaid — even though the VA told congressional aides behind the scenes it wouldn't.

— Veterans Affairs Secretary Robert Wilkie said in a statement on Thursday that any GI Bill recipients whose housing benefit was underpaid will "receive retroactively the exact benefits to which they are entitled." But that hasn't satisfied Takano or many other lawmakers.

— Takano said that the law is "very clear" about what is required, and he's concerned that the VA is forcing veterans "to undergo the burden of suing the government to get what they are owed." Takano added: "We understand that to pay attention to these underpaid students it would require a great amount of work ... but they have the responsibility of following the law."

— On Friday, John Boozman (R-Ark.), chairman of the Senate Military Construction-VA appropriations subcommittee, and Sen. Brian Schatz (D-Hawaii), the top Democrat on the subcommittee, asked the VA's inspector general for an investigation. Ten other senators joined the letter, including Sen. Patty Murray (D-Wash.), the ranking Democrat on the Senate HELP Committee, who also sits on the Senate Veterans' Affairs Committee.

— "The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," the letter said.

— Meanwhile, the Army Times reports that under a new program, soldiers can earn free journeyman certificates for the work they are already doing in the military.

[...]

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1.2 - ProPublica: [VA Shadow Rulers Had Sway Over Contracting and Budgeting](#) (3 December, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Newly released emails about the three Trump associates who secretly steered the Department of Veterans Affairs show how deeply the trio was involved in some of the agency's most consequential matters, most notably a multibillion-dollar effort to overhaul electronic health records for millions of veterans.

Marvel Entertainment chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman — part of the president's circle at his Mar-a-Lago resort in Florida — reviewed a confidential draft of a \$10 billion government contract for the electronic-records project, even though they lack any relevant expertise.

In preparing the contract, the agency consulted more than 40 outside experts, such as hospital executives, according to the records, which were released under the Freedom of Information Act. The Mar-a-Lago trio were listed among those experts. Perlmutter, a comic book tycoon, appears on the list between representatives from the University of Washington Medical Center, Intermountain Healthcare and Johns Hopkins University.

But none of the three men has served in the U.S. military or elsewhere in government, and none of them has expertise in health information technology or federal contracting.

The list is one of hundreds of newly released documents about the so-called Mar-a-Lago Crowd's sway over VA policy and personnel decisions. The records show them editing the budget for a government program, weighing in on job candidates and being treated as having decision-making authority on policy initiatives.

In a June 2017 email, a VA official identified Perlmutter alongside then-VA Secretary David Shulkin as "top principles [sic]." In another message, Moskowitz named himself, Perlmutter and Sherman to an "executive committee."

Since the role of the troika was exposed by ProPublica in August, lawmakers have called their influence "wildly inappropriate" and "textbook corruption and cronyism." A liberal veterans group sued to block them under a Watergate-era sunshine law on advisory committees. House Democrats and the nonpartisan Government Accountability Office said they would investigate.

VA Secretary Robert Wilkie has repeatedly distanced himself from the trio. His spokesman, Curt Cashour, blamed previous leaders. "Although his predecessors may have done things differently, Sec. Wilkie has been clear about how he does business," Cashour said in a statement. "No one from outside the administration dictates VA policies or decisions — that's up to Sec. Wilkie and President Trump. Period."

But that posture carries risk for Wilkie; his predecessor was fired after losing favor with the Mar-a-Lago Crowd.

A representative of Perlmutter, Moskowitz and Sherman declined to comment, as did Shulkin and the White House.

Before they could review the government contract in March 2018, Perlmutter, Sherman and Moskowitz had to sign non-disclosure agreements, according to the newly released records.

Sherman edited the agreement to allow him, Perlmutter and Moskowitz to discuss the details with one another and with the president or other administration officials, according to the emails.

The newly released emails also detail Moskowitz's effort to get the VA and Apple to adapt his app. As a VA IT official described it in a May 2017 email, "We are utilizing the native iOS mobile app, Emergency Medical Center Tracker, that Dr. Moskowitz developed."

VA health officials offered their own ideas for how a collaboration with Apple could benefit veterans, such as working on credentialing, data exchange and analytics, and suicide prevention research. But Moskowitz rejected the VA doctors' ideas in favor of his own. "These are good areas but not the emergency ones which my group of experts have identified," he said in a May 2017 email. "I sent an email to outline the recommendations."

Darin Selnick, a VA official who previously signed onto a 2016 proposal to dismantle the agency's government-run health service, agreed with Moskowitz's low estimation of the VA doctors' input. "The VA staff has limited knowledge and experience, which is why you and the" academic medical centers "are so important to help the VA move forward," Selnick wrote.

Selnick, who is now a special adviser to Wilkie, was the point person working with Moskowitz on the app, the emails show. "I like you are the implementer for VA," he told Moskowitz in March 2017.

When Selnick said the VA's information technology division could start working on the app, Moskowitz replied, "We need our specialist." He then connected Selnick with his son Aaron, and Selnick introduced Aaron Moskowitz to Apple. (Aaron Moskowitz's name is redacted from the emails, but his involvement was confirmed by four people familiar with the matter. He didn't respond to a request for comment.)

VA officials identified major problems with the app's usability and functionality. "Some of the code needs to be refactored and even rebuilt," the IT official said in the May email.

Nevertheless, Moskowitz's son Aaron joined a June 2017 conference call with executives from top medical systems and from Apple, including CEO Tim Cook. Moskowitz wanted the app discussed for five to seven minutes, according to the emails. After the call, Moskowitz named his son as one of the project's "mid-level project managers."

In preparation for the conference call, Apple employees and medical experts circulated a memo that assessed Moskowitz's proposals, which were identified as coming from "the VA and the White House." In the memo, Apple's experts pushed back on Moskowitz's app, saying that the VA's website already offered a similar tool and that the national databases needed to make the app accurate didn't exist. Instead, the memo encouraged pursuing a different idea (giving veterans a way to store their health data on their cellphones), which it said would "achieve the greatest benefit for our veterans in the shortest amount of time."

Apple spokesman Josh Rosenstock didn't answer requests for comment.

Months later, Moskowitz fumed that the Apple partnership didn't go his way. "We had an excellent group assembled on the call with Tim Cook," he said in a March 2018 email. "The VA dropped all contact and proceeded on its own. So now we have a product of limited value."

Moskowitz also used his influence at the VA to get the agency to convene a meeting on registries for medical devices. Moskowitz started a foundation (whose board included Perlmutter's wife) that lobbied medical institutions to start such registries so patients could be notified of recalls. Aaron Moskowitz drew a \$60,000 salary as the foundation's director, according to tax filings.

The VA already had a system to notify patients within 10 days of a recall, with a 99 percent success rate, according to internal emails. And the Food and Drug Administration already has a nationwide program to track medical devices. Nevertheless, Moskowitz spurred the VA to organize a conference on the subject, with extensive input from him and his son, according to notes from weekly 7:30 a.m. planning calls. Planning documents named Moskowitz's foundation as a "participating partner" and a "private interest."

Moskowitz even had say over the conference's budget: In an April 2018 email, the VA official running the effort said, "I owe Dr. Moskowitz a budget — Bruce and I are editing it." Cashour, the VA spokesman, declined to say how much the program cost.

The Mar-a-Lago Crowd's interventions sometimes bumped into each other. Once, in May 2017, when Selnick tried to schedule a call about the Apple partnership, Moskowitz replied that the time conflicted with another call he had with the acting head of the VA's health division.

When Wilkie first met the Mar-a-Lago Crowd, they seemed to get along.

"For the first time in 1½ years we feel everyone is on the same page," Perlmutter said in an email after the meeting at Mar-a-Lago in April. "Everybody 'gets it.'"

Wilkie returned the enthusiasm, thanking the men for providing a foundation to build on.

"I was honored to visit with you," Wilkie, who at the time was the acting secretary, wrote. "No matter how long I am here, there is a template in place based on your efforts to move this institution out of the Industrial Age."

(That last sentence was redacted when the VA originally disclosed the email to ProPublica under the Freedom of Information Act; the agency cited an exemption for internal deliberations. After ProPublica challenged that redaction, the VA released the full message.)

But since that initial meeting in April, Wilkie's relationship with the Mar-a-Lago Crowd has frayed. Under pressure from lawmakers after ProPublica's investigation, Wilkie said in September that his team cut off contact with the trio.

The loss of access has stung Perlmutter, according to a person close to the administration. But Perlmutter remains close to Trump: he spent election night with him and saw him over the Thanksgiving holiday weekend at Mar-a-Lago.

The person, who spoke on the condition of anonymity to describe confidential discussions, said Perlmutter has begun criticizing Wilkie — as he had Wilkie's predecessor, Shulkin, before the president fired him.

Perlmutter faults Wilkie, the person said, for snubbing Perlmutter's calls and for sidelining one of his top allies, former acting secretary Peter O'Rourke. Additionally, the person said, Perlmutter

is displeased with the agency's releasing emails about him and with the course of its electronic health records overhaul.

"It's very clear that Ike is going to war against Wilkie in a similar way to the way he did against Shulkin," the person familiar with the matter said. "It's gotten that bad."

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1.3 - Stars and Stripes: [VA says it reversed course on underpaid GI Bill recipients, though lawmakers remain skeptical](#) (3 December, Nikki Wentling, 532k uvm; Washington, DC)

After Department of Veterans Affairs officials admitted the agency had no plans to retroactively pay some student veterans who are likely to receive incorrect housing stipends during the next year, VA Secretary Robert Wilkie reversed course, saying every underpaid GI Bill recipient will get what they are due.

The statement from Wilkie on Thursday night was met with skepticism from lawmakers, but as of Monday, some Republican lawmakers and veterans groups had spoken to the VA and believed all veterans would get paid. Some Democrats remained doubtful.

The incorrect payments that could be made during the next year are a result of setbacks in implementing a new "Forever" GI Bill — a major expansion of veterans' education benefits that Congress passed last year.

Part of the new GI Bill changed how veterans' housing allowances are calculated — they're now supposed to be based on where veterans take classes, rather than defaulting to their school's main campus. The change was supposed to be made by Aug. 1, 2018, but information technology problems have set back implementation to Dec. 1, 2019.

The affected veterans should be getting paid larger housing stipends because their locations have higher costs of living than where their schools are based. For example, a student attending a University of Pennsylvania campus in San Francisco will receive a Philadelphia rate for their housing allowances during the next year rather than the San Francisco rate, which would be much higher.

"We did talk to the VA, and they're doing what we've asked," said Tanya Ang, director of policy and outreach for Veterans Education Success, a nonprofit that advocates for education programs for veterans. "That is, to make sure students who made decisions to go to a certain campus based on the housing allowance they thought they were going to get would indeed get that money."

That wasn't the VA's position Thursday at a House Committee on Veterans' Affairs subcommittee hearing, where Undersecretary of Benefits Paul Lawrence reluctantly acknowledged the VA didn't have plans to pay that group of veterans.

The reasoning, Lawrence said, was the burden to schools and the amount of claims it could add to the VA workload. It remains unknown how many veterans could be affected and how much money they might be owed.

"We also have to think about the broad veteran population and determine whether it yields any benefits, or just work," Lawrence said.

Later Thursday, Wilkie issued a statement overriding Lawrence's comments.

"We will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," he said.

A spokeswoman for the House Committee on Veterans' Affairs described the statement as "unambiguous." Rep Phil Roe, R-Tenn., the committee chairman who pressed Lawrence on the issue Thursday, said Wilkie was "doing right by veterans."

"I am encouraged to know that our student veterans will receive what they earned, despite the burden it may place on VA to do so," Roe said.

Student Veterans of America, which has been monitoring problems with the GI Bill this semester, believes Wilkie's statement clears up the confusion.

SVA and Veterans Education Success now have questions, though, about how the VA will handle the workload next December. This semester, thousands of veterans experienced delays in receiving their monthly housing stipends while the VA worked to fix IT errors.

"There are still a couple of outstanding questions on the specifics of the new path forward, which should be answered as VA provides more details on how they will proceed," Lauren Augustine, SVA vice president of government affairs, said in a statement. "The most important being what resources, either money or manpower, does VA need to process these retroactive payments effectively?"

Confusion last week about the retroactive payments prompted a barrage of letters from angry lawmakers, insisting the VA reimburse all underpaid veterans. Even with Wilkie's statement Thursday, some of those lawmakers, particularly Democrats, still want answers.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House VA committee, wasn't satisfied with the statement, said Griffin Anderson, his communications director. Anderson noted the VA hadn't been clear previously about who would get paid and Lawrence only acknowledged having no plans to reimburse some veterans after the question had been asked repeatedly by multiple lawmakers.

"The constant obfuscation calls the legitimacy of Wilkie's statement into question," Anderson said. "House Democrats want Secretary Wilkie to say loud and clear that VA will make GI Bill beneficiaries under Section 107 of the Forever GI Bill whole."

Section 107 is the portion of the new GI Bill that changes calculations for veterans' housing allowances.

House Democrats, led by Walz and Rep. Mark Takano, D-Calif., sent a letter to Wilkie on Friday seeking straightforward answers. They asked for a response by Dec. 14.

The VA has been more clear that veterans underpaid for other reasons this semester would receive retroactive payments. Because of the IT problems this semester, the VA reverted to

paying students their housing allowances based on 2017 rates that didn't account for cost-of-living increases in 2018. Those veterans can expect a retroactive payment in January for the amount they're owed, the VA said.

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2. Improving Customer Service

2.1 - FOX News: [President Trump – and our veterans – are winning against an entrenched VA bureaucracy](#) (3 December, Gen. Anthony J. Tata, 27.6M uvm; New York, NY)

The Trump administration is winning against an entrenched Department of Veterans Affairs bureaucracy that has habitually failed to properly serve its customers – our veterans.

Recent tussling between Congress and VA bureaucrats squeezed out some positive news for an agency that has been slow to respond to its constituents and stakeholders. Aloof and unresponsive, the VA headquarters finally found a way to make good on legislation that promises to pay post 9/11 veterans increased rates for their education and housing costs.

In short, the VA previously denied payments or underpaid recipients of the Forever GI Bill. VA Undersecretary for Benefits Paul Lawrence last week said, "Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on the current uncapped (Department of Defense) rates, and beginning in spring 2020, we will be in a position to provide veterans with the new rates where applicable to meet the law known as the Forever GI Bill."

What should not have been an issue became one, but now through the joint pressure of the White House and Republican Congress, veterans may catch a break from the organization entrusted with their care. The VA's sleight of hand is expert, though, and we should not count these chickens until they've hatched, survived, and lived full and productive lives.

Point in hand, Secretary Lawrence later told Congress in the same hearing that he couldn't confirm that all veterans would be appropriately reimbursed. Say what? The VA double speak will make your head spin, because they are experts at it, honed by years of practice and technique refinement. Lawrence should know better, having served in the army as a captain and later going on to be a successful businessman. Perhaps we should dock Lawrence's pay (not that it would matter to him) until he can follow the law and serve our veterans.

Unfortunately, our veterans are all too familiar with VA incompetence. There is no greater symbol of the VA's ineptitude than the massive failure in 2014 during President Obama's indifferent reign as Commander in Chief. Unfamiliar with the scale and scope of large operations, Obama returned over 100,000 veterans from combat in Iraq in 2011, yet failed to properly prepare or scale the VA to handle the surge of physically and mentally wounded veterans.

As a result, the indifference reached a crescendo in 2014 when a reported 40 service members died waiting for care at one facility in Phoenix, Arizona. The VA was unable to meet its own service level agreement of an appointment within 14 days. Veterans often had to wait months

for an appointment. Many gave up. Several died. And the FBI opened an investigation of the malfeasance.

Fixing the VA is one of President Trump's campaign promises. We still have work to do, because the resistance is manifest in the VA – where veterans have little recourse when it comes to a historically unresponsive agency. The president already fired one VA Secretary, Obama holdover David Shulkin, for sitting on his hands.

Current Secretary Robert Wilkie shows promise. When the under-secretary Lawrence waffled before Congress, Wilkie was quick to shore up the double talk with some straight talk.

He said, "Each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law."

That sounds okay, but we need to get to a point where nothing is retroactive. Most veterans don't have the means to float from month to month, awaiting some distant retroactive payment that they earned through their service.

We need constant energy and focus in the VA to fix an institution entrenched against reform and innovation. It will take public servants willing to work 24/7 to beat down the barricades and fix the system.

It is time to make that assault.

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2.2 - U.S. News & World Report (HealthDay News): [Mental Health Help Becoming Less of a Stigma in Military](#) (3 December, Robert Preidt, 14M uvm; Washington, DC)

Active-duty members of the U.S. military are much more open to the idea of mental health counseling than veterans, a new survey finds.

"There has been a fundamental shift in the military regarding attitudes on mental health, and we have seen real progress in reducing the stigmas associated with professional counseling," said survey author Samantha Dutton. She is program director in the College of Humanities and Sciences at the University of Phoenix.

"However, for veterans, that has not translated into a shift in the perception of mental health. Many of our veterans served in a culture where talking about your feelings or seeking help was not widely accepted," she added in a university news release.

The recently released survey results bear that out: More than 90 percent of all veterans and active-duty service members said mental health is as important as physical health. But only 30 percent of veterans have sought or considered mental health counseling, compared with 72 percent of active-duty service members.

This difference may be because veterans retain old stereotypes and stigmas associated with mental health counseling, the researchers noted.

The survey also found that 89 percent of active-duty military members believe people who receive professional counseling generally get somewhat or a lot better, compared with 66 percent of veterans.

In addition, 91 percent of active-duty service members say their leaders openly discuss the importance of dealing with mental health concerns, while only 23 percent of veterans say that their leaders did so.

When veterans were asked what resources they would use to manage mental health, free counseling was the most common response (39 percent).

Fifty-eight percent of veterans said they would be encouraged to seek mental health counseling if a close colleague, friend or family member discussed their experiences receiving counseling.

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2.3 - Berkeley News (Video): [Hang in there. As couples age, humor replaces bickering](#) (3 December, Yasmin Anwar, 758k uvm; Berkeley, CA)

Honeymoon long over? Hang in there. A new UC Berkeley study shows those prickly disagreements that can mark the early and middle years of marriage mellow with age as conflicts give way to humor and acceptance.

Researchers analyzed videotaped conversations between 87 middle-aged and older husbands and wives who had been married for 15 to 35 years, and tracked their emotional interactions over the course of 13 years. They found that as couples aged, they showed more humor and tenderness towards one another.

Overall, the findings, just published in the journal *Emotion*, showed an increase in such positive behaviors as humor and affection and a decrease in negative behaviors such as defensiveness and criticism. The results challenge long-held theories that emotions flatten or deteriorate in old age and point instead to an emotionally positive trajectory for long-term married couples.

“Our findings shed light on one of the great paradoxes of late life,” said study senior author Robert Levenson, a UC Berkeley psychology professor. “Despite experiencing the loss of friends and family, older people in stable marriages are relatively happy and experience low rates of depression and anxiety. Marriage has been good for their mental health.”

Consistent with previous findings from Levenson’s Berkeley Psychophysiology Laboratory, the longitudinal study found that wives were more emotionally expressive than their husbands, and as they grew older they tended toward more domineering behavior and less affection. But generally, across all the study’s age and gender cohorts, negative behaviors decreased with age.

“Given the links between positive emotion and health, these findings underscore the importance of intimate relationships as people age, and the potential health benefits associated with marriage,” said co-lead author Alice Verstaen, who conducted the study as a Ph.D. student at UC Berkeley and is currently a postdoctoral fellow at the VA Puget Sound Health Care System.

The results are the latest to emerge from a 25-year UC Berkeley study headed by Levenson of more than 150 long-term marriages. The participants, now mostly in their 70s, 80s and 90s, are heterosexual couples from the San Francisco Bay Area whose relationships Levenson and fellow researchers began tracking in 1989.

In their investigation of marital relationships, researchers viewed 15-minute interactions between spouses in a laboratory setting as they discussed shared experiences and areas of conflict. They tracked the emotional changes every few years.

The spouses' listening and speaking behaviors were coded and rated according to their facial expressions, body language, verbal content and tone of voice. Emotions were coded into the categories of anger, contempt, disgust, domineering behavior, defensiveness, fear, tension, sadness, whining, interest, affection, humor, enthusiasm and validation.

Researchers found that both middle-aged and older couples, regardless of their satisfaction with their relationship, experienced increases in overall positive emotional behaviors with age, while experiencing a decrease in overall negative emotional behaviors.

"These results provide behavioral evidence that is consistent with research suggesting that, as we age, we become more focused on the positives in our lives," Verstaen said.

In addition to Levenson and Verstaen, co-lead authors of the study are Sandy Lwi, a researcher at the San Francisco Veterans Affairs Medical Center, and Claudia Haase, an assistant professor of psychology at Northwestern University.

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2.4 - KKCO (NBC-11): [VA benefits coordinator helps vets with health care](#) (3 December, Jason Burger, 29k uvm; Grand Junction, CO)

GRAND JUNCTION, Colo. (KKCO/KJCT) -- The Grand Junction VA Medical Center is trying to get more veterans enrolled for health care and benefits. They have a full-time VA Benefits Coordinator to help make that happen.

Scott Johnston says he was a by the book soldier, and says he was never told how to get VA benefits after his time in the Army.

"I went in shortly after Grenada, and then got out before the first Desert Storm. I was honorably discharged," Johnston said.

He says he suffers from hearing loss.

"I was totally unaware that's what hearing loss could cause, it can cause dementia," Johnston said.

Scott recently talked to another vet that was in a similar situation.

"With a Korea War veteran not being aware, there's got to be thousands in this area," Johnston said.

That's where VA Benefits Coordinator, Charles Bruen comes in.

"My focus is to educate veterans, let them know about their benefits, and make sure they are taken care of," Bruen said.

His main job is to make enrolling for benefits easier for vets.

"If they are having problems getting something done, then I get involved, and see what I can do to break up the backlog, why things aren't moving," Bruen said.

As a Vietnam vet himself, he understands the issue.

"A lot of them just don't have the knowledge base because they were never told. We didn't have briefings way back then," Bruen said.

The VA wants to get more vets in the door.

"We lose on average 20 veterans a day nation-wide to suicide," said Director of VA Western Colorado Healthcare System, Michael Kilmer.

Even more reason to get them enrolled.

"Of those 20, 14 of them have never come into the VA," Kilmer said.

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2.5 - KREX (CBS-5, Video): [VA Assists Veterans To Get Healthcare And Benefits](#) (3 December, Star Harvey, 12k uvm; Grand Junction, CO)

Thousands of Western Slope veterans are not getting the healthcare and benefits they are entitled to, but something is now being done to correct that problem, and help veterans navigate the process to obtain benefits.

U.S. Army Veteran Scott Johnston filled many roles to protect and honor his country.

"I obtained the rank as Sergeant, I was a sniper , I was an Armour, and did a lot of different things, I served in Germany for two years in Fort Benning, and I was honorably discharged," said Johnston.

After serving, like many veterans of the post-Vietnam-era, Johnston had been denied VA care and benefits due to misinformation and lack of experience in dealing with the VA's complicated system.

"It became harder and harder for someone like me, who went in between conflicts, who did not have combat to get military benefits and healthcare unless I had been injured," said Johnston.

After a long frustrating road of denial, Johnston says it wasn't until he attended a VA outreach event in Montrose, where he met an expert in the field, who later helped him to get approved for VA healthcare and benefits.

"I was really surprised, the process took about 10 weeks to get it done and to me with a government agency, that was fast," said Johnston.

To change these type of experiences, VA Western Colorado Health Care System has dedicated a VA Benefits Coordinator to walk these men and women through the process of obtaining their healthcare and benefits in a more timely matter.

"Not having a fulltime representative had been a long standing pain point, so really by working closely with our partners in Denver from the VA Regional Benefits Office, they were able to identify someone who had an interest in being over here fulltime," said VA Western Colorado Health Care System Director Micheal Kilmer.

Veterans Benefits Administration Representative Chuck Bruen had been traveling up to the area for almost 10 years. It was through many efforts that they were able to bring him into the Grand Junction area.

"I'd come up here once a month and make stops, I'd stop in Glenwood Springs at our telehealth location, I'd come here and end up in Montrose, then go back to Denver, and through the director efforts here they decided to bring me on full tme and I love it," said Bruen.

Bruen says the VA noticed a problem within the VA community.

"They have no idea what's available to them, but now they do and its becoming a big thing, we're talking 25-30 years of time to make up where we didn't get that information out to veterans," said Bruen.

He says his position in the VA is a step towards changing those realities for veterans.

"Where I met Scott at, we actually did a fair up in Montrose and we were there, we had different agencies there to let them know, we're here, asked them if they're getting benefits, or if they were enrolled in VA healthcare," said Bruen.

Bruen breaks down how the VA is working to make the process an easier one for veterans that have been denied for reasons that have since been cleared up.

"How that process is going to go, what's going to happen, who's going to contact you, once that's all put together we get active duty medical records, verification of service, and we put that all together in a decision and let you know what your service connected for, what your percentages are that you're going to get, and when you're going to get paid," said Bruen.

Johnston agrees he is one of the success stories and says his story is also one that will relate to many other vets and their families.

"There's got to be thousands in this area that just don't want to pursue it or aren't aware that they can or have any benefits available to them," said Johnston.

The VA says there are over 38,000 veterans potentially eligible to receive VA benefits and care in Western Colorado, and of that number only 16,000 veterans are currently enrolled.

The VA hopes to increase that number to 20,000 by the year 2020.

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2.6 - Hawaii Public Radio (Audio): [Veterans Leading the Charge on Genetic Medicine](#) (3 December, Ryan Finnerty, 5k uvm; Honolulu, HI)

Since 2011 more than 700,000 veterans nationwide have donated their genetic information to help the Department of Veterans Affairs research the origins of disease and find new treatments. It's called the Million Veteran Program. In 2015 MVP became the largest human genomic database in the world.

Genetic medicine is often heralded as the future of healthcare. It promises the ability to tailor medical treatment options based on an individual's genetic traits and environmental risk factors. But determining how specific genes impact health requires data. A lot of data.

The Department of Veterans Affairs is in a unique position to tackle that problem. The VA provides healthcare to more than 9 million veterans around the nation. In 2011, the department began asking for veteran volunteers to donate one tube of blood to build a genetic database. To date more than 700,000 have participated, almost 3/4 of the "million veteran" goal. The information in that database will help the VA determine the origins of disease and find new treatments.

Gwen Anderson, the local site investigator for Million Veteran Program in Hawaii, said that the data will shed light on both inherited genetics and environmental risk factors. As a population, veterans are often exposed to a wider range of environmental conditions than the general public.

Hawaii was a relatively late participant in the program. The Pacific Islands VA Health Center only stood up its MVP office last year. But early results are encouraging. According to Anderson, roughly 10% of local veterans have enrolled in MVP already.

Although the goal of the program is to better treat veterans, it is very likely that the benefits of the program will trickle down to the broader population. Much as discoveries from the early space program eventually became common consumer technologies, advancements in healthcare coming out of the VA will likewise benefit non-veterans.

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2.7 - PT in Motion: [A Deepening Footprint: Across the country, PTs are stepping into primary care roles. The journey to wider integration is under way, but obstacles remain](#) (December, Eric Ries; Alexandria, VA)

Tony Bare, PT, DPT, ATC, describes Bare Physical Therapy, his cash-pay private practice in Laramie, Wyoming, as "totally a primary care environment."

(In 1994, the National Academies of Sciences, Engineering, and Medicine's Health and Medicine Division, then known as the Institute of Medicine, defined primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing within the context of family and community."¹)

Bare practices across the gamut of physical therapy—pediatrics to geriatrics, orthopedics to neurology. He fashions orthotics in his garage. He performs cranial therapy in a side gig as part of the concussion protocol team for the University of Wyoming's football team. He also volunteers twice a month at Laramie's Downtown Clinic, which offers comprehensive primary health care to low-income, uninsured residents. There, Bare works as part of a collective unit with physicians, pharmacists, nurses, social workers, and other providers.

That last role reminds the retired US Army colonel of his experience in the military—in which physical therapists (PTs) are empowered to work at their full level of training and licensure, share responsibilities with other health care providers in an environment of respectful collaboration, and help get each patient to the right provider without delay.

"It's a different mindset," Bare says. "No one is 'turfy' about any individual patient."

Business at Bare Physical Therapy is thriving, based primarily on word-of-mouth testimonials, its owner says. That's not likely to happen in a thriving college town that offers a variety of provider options "unless you're doing something right," he says. "When you expand your physical therapy toolbox and treat patients effectively and efficiently, the PT naturally is going to become that individual's go-to provider," he asserts.

Similar to Bare, Rebecca Byerley, PT, DPT, could describe from experience a compelling primary care model for physical therapist practice long before she opened her own private clinic—Elite Rehabilitation, in Soldotna, Alaska—in 2007. For 2 years in the mid-1990s, Byerley was the sole PT working in private practice in the Middle Eastern nation of Oman. There, she practiced within a model she later would replicate on the other side of the world.

"My private practice in Oman was consistent with what I'm doing now, in terms of having strong support from local physicians and medical facilities, and in terms of educating the community—I worked largely in an expat environment—about my availability. I was operating consistently in a primary care setting," she continues—"examining and treating individuals, triaging them, and recognizing when care was needed that was outside the scope of physical therapy."

In Alaska, which has unrestricted direct access to physical therapist services, "people walk in my door with a variety of issues, and I may be their first point of contact with the health care system," Byerley notes. "So, I have to be able to recognize when something that's presented as a musculoskeletal issue might, in fact, have another cause. I would describe a physical therapist in primary care as having a broad set of skills—clinical, professional, and administrative—and using those skills to evaluate and identify patient and client needs across a spectrum of presentations, while at the same time understanding and cultivating collaborative relationships with other medical entities," she says.

Byerley is well-known in rural Soldotna, the town of fewer than 4,000 people where she's lived for 22 years. Outside her practice, she volunteers at a variety of sports events. She scores diving competitions and provides swimmers with injury-prevention and triage services. In keeping with the National Academies' definition of primary care, Byerley very much operates "within the context of family and community."

Ivan Matsui, PT, brings a different perspective to PTs practicing in primary care environments. He's the assistant chief of rehabilitation services at Kaiser Permanente Northern California and is on the faculty of both fellowship and residency programs at Northern California Kaiser

Graduate Education. He's also a fellow of the American Academy of Orthopaedic Manual Physical Therapists.

PTs have been practicing in primary care at Kaiser Permanente Northern California since the mid-1990s. As of this summer, the health care consortium encompassed nearly 4.3 million members, 21 hospitals, and 242 medical offices and other outpatient facilities. For many years PTs were embedded in family medicine departments, with their own dedicated treatment rooms. Patients were seen upon referral as well as without a prior visit with a physician. Because of growing membership and resulting space demands, Kaiser Permanente moved in 2016 to a "roving PT" model in which PTs no longer are embedded, but they field physicians' calls by telephone while the patient still is in the examination room.

The process is described in "A Perspective: Exploring the Roles of Physical Therapists on Primary Care Teams," a 2017 APTA document (see "APTA Resources" on page 30) that was sought by the APTA House of Delegates to investigate and identify the roles of PTs on primary care teams, the services of PTs that may qualify as primary care components, and current and future opportunities for PTs to integrate those roles into practice, education, and research:

The physician presents the case to the roving PT over the phone and, among other things, articulates the problem, question, or other circumstance that warrants a request for a PT's 10-15- minute consult during the same office visit with the physician in the exam room. The PT helps the physician answer many different questions during these visits. The physician may call and request the consult to find out whether a presenting arm issue is arising from a shoulder impingement or a cervical radiculopathy—or on occasion, to specifically add to the physician's decision-making with regard to further workup for cardiac, neoplastic, or other non-musculoskeletal disease. More common questions are whether or not imaging, physical therapy, or other specialty referral is indicated.

The results of such collaboration can be powerful, the APTA document continues:

Often these clinical questions are explored and answered in the presence of both the physician and the patient. This is uncommon in most outpatient settings, and, inevitably, learning in these teams takes place by both clinicians. Immediately and over time the understanding of each other's recommendations and practice are more clear and efficient. Besides the improved quality of care for the patient, collaboration between the physician and the PT has been cited as critical in program implementation.

Matsui, who helped write the APTA paper, attests to all that.

"As a result of our history, physician teams at Kaiser Permanente Northern California are knowledgeable about what PTs bring to the table and are comfortable not only with sending us patients to treat, but also with asking us questions such as whether the patient has a back problem or a hip problem, or a shoulder impingement or a cervical radiculopathy," Matsui notes. "Or, the physician might ask the PT whether the patient should take time off work, have X-rays, or be sent to physical therapy specialty care," he adds. "We can come over to that exam room and provide tier 1 treatment or share our input, as the situation demands."

Under the Kaiser Permanente Northern California model, "patients see PTs more quickly, which reduces the number of follow-up visits and closes care episodes faster—with positive implications for the patients themselves and for health care costs," Matsui says. "Our insights also help physicians make fully informed decisions on matters that benefit from our expertise."

The US Department of Veterans Affairs (VA), meanwhile, began a pilot in October 2017 that is embedding PTs in primary care teams at 7 medical centers and an outpatient clinic administered by the VA Midwest Health Care Network 23, which covers Minnesota, North and South Dakota, Iowa, and Nebraska.

"This initiative is extremely important," says Mark Havran, PT, DPT, service chief of extended care and rehabilitation at VA Central Iowa Health Care System. "It mimics what the Department of Defense has long done at military treatment facilities. The goals are the same as in the military model—to improve timeliness to care and to reduce downstream costs."

The results, says Havran—who is president of APTA's Federal Physical Therapy Section—thus far are encouraging. "We're seeing improvements in functional outcomes as reported by patients, reduced waiting time for physical therapy, less utilization of imaging, and fewer consults to specialty care."

That bodes well for potential future expansion of the pilot to all 170 VA medical centers, Havran says. He hopes such expansion might, in turn, further nudge other health care systems to follow Kaiser Permanente of Northern California's lead and better integrate PTs into primary care provision.

Such prospects energize Bill Boissonnault, PT, DPT, DHSc, FAPTA, executive vice president of professional affairs at APTA. As part of the VA pilot, he traveled to Minnesota in July to teach a course to an audience of PTs, physicians, physician assistants, nurses, and administrators on the PT's role in triaging of patients. "What the VA is doing is very exciting," he says. "Besides the benefits to the health care system, the potential for this program to become a nationwide model has huge implications for the profession of physical therapy. It could have a domino effect in the public sector."

Boissonnault, who has written a textbook on PTs in primary care,² is encouraged by the profession's trajectory over the past several years, while mindful of the challenges that lie ahead in deepening physical therapy's footprint.

"More and more PTs are working in primary care settings," he says, "which benefits not only patients, but also the health care system in terms of appropriate utilization of resources and decreased health care costs. We are experts when it comes to treating people's musculoskeletal issues—back pain, neck pain, knee pain—and we're well trained to triage patients with nonneuromusculoskeletal issues. That's what I see growing in the future."

He acknowledges, though, that "the challenge, at times, is getting our foot in the door. Having a seat at the table when primary care clinics and models are being developed. Ensuring that other providers know that patients can see us without a referral. Making certain that providers and the public are aware of PTs' depth of training and breadth of knowledge. Some of these things we have direct control over. For others," he notes, "it's going to take some time and work."

Hurdles and Hope

The APTA perspective paper on PTs in primary care—compiled by a work group of association members that included Matsui and APTA staff that included Boissonnault—states that "PTs are well-positioned to provide a larger portion of ongoing primary care services, versus solely episodic care or entry-point encounter."

Among the existing programs the document highlights to illustrate that point are the military and Kaiser Permanente Northern California models, as well as international models in Canada, the United Kingdom (UK), Ireland, New Zealand, and Sweden. Physiotherapists in the UK, for example, "have the jurisdictional scope of practice to make medicine recommendations, prescribe medications with a physician's counter- signature, and perform injection therapy," the paper notes.

But the APTA document concedes challenges to the advancement of PTs in primary care in the United States. They include:

Terminology. Outside of the National Academies definition, primary care- related terminology is inconsistent from state to state.

Education. Formal entry-level or postprofessional educational opportunities specific to practice in primary care don't currently exist, and there's no dedicated curricula on it in doctor of physical therapy programs.

Regulation. To date, the document notes, no state practice act designates or lists PTs as primary care providers. Furthermore, "direct access" typically comes with strings attached—"not only coordination with other patient providers, but oversight by a primary care physician or nurse practitioner following the initial evaluation or 30 days of treatment. Work in this area," the perspective paper states, "needs to include adding regulatory language about the physical therapist's ability to order and interpret specific imaging and lab tests, and to prescribe medications. If we are going to adopt the military system or that of another country," the authors observe, "we have a lot of work to do in this arena."

Payment. Medicare does not name PTs among practitioners who can be referred to as primary care providers. In hospital settings in the US health care system, physical therapy is billed as part of a group of services, as opposed to as an independent provider consultation. In outpatient settings, it is deemed a specialty that requires a patient copay. Many insurance companies won't pay for physical therapy beyond the initial evaluation or beyond 30 days of treatment without a referral from a physician or other primary care provider.

Public perception and population health. Few members of the public view PTs as their primary care provider. To that end, APTA encourages annual visits to a PT for a checkup³ and offers resources, but the service isn't much provided. Also, while the association supports PTs' roles in health and wellness (see "Primary Care and APTA" on page 27), that area still is evolving in terms of expanding beyond individual health to community or population health. (Many PTs are active in community health, however, as highlighted earlier this year in PT in Motion.⁴)

Professional expectations. APTA, the perspective document notes, "has not taken a stance or clearly defined the roles of physical therapists in primary care, the services they would provide, or a discrete plan to advance the profession under the primary care umbrella."

To get a better handle on that last area, the association this fall surveyed association members who practice in primary care environments. The goals (survey results were pending at this writing) were to determine the key competencies of primary care delivery by PTs and the qualities that board certification as a clinical specialist might require (should such a designation be pursued). More than 8,000 individuals were asked questions related to knowledge areas, professional roles and responsibilities, and practice expectations in patient and client management.

The survey described prospective candidates as follows: "This specialist has advanced expertise to practice across the lifespan to both evaluate and treat clients across a wide spectrum of health conditions. This specialist may be working in a variety of settings, including a rural setting in which patient choices for health care services are limited, acute/urgent care, hospital-based outpatient, or private practice."

One thing Boissonnault wants to make clear is that regardless of whether a new specialist certification in primary care is developed, "PTs won't stop practicing in these settings." To the contrary, he says, "I see more and more PTs becoming involved in primary care."

While all of the challenges cited in the perspective paper are real, "those obstacles have been there for a long time," Boissonnault observes. "We've already overcome a lot as a profession in just the past few decades. There's now some form of direct access to the services of physical therapists in all 50 states, the District of Columbia, and the US Virgin Islands, and unrestricted direct access in 18 of them."

Also encouraging, Boissonnault says, is that "more and more PTs are assuming administrative leadership positions in their workplaces—which is a really good thing, because it helps educate the decision-makers about the important roles PTs are playing and can play in primary care."

He adds, however, that the profession "must do a better job in terms of outreach. We need to communicate more, and more effectively, with physicians, nurses, pharmacists, and other members of primary care teams. And we need to push more strongly for interprofessional education," Boissonnault says. "Students and faculty from different health disciplines working together is a powerful way to raise awareness and understanding of PTs' knowledge, level of training, and expertise—and of the difference they can make as their role in primary care expands."

That's one reason he's so enthusiastic about the VA's fledgling primary care model.

"So many PT students have clinical experiences within the VA system," Boissonnault notes. "It's important that PT students get exposed to innovative care models in which physical therapists can work at the top of their license. The more exposure students get to those types of opportunities, the better."

Boissonnault encourages PTs to seek out interdisciplinary activities in their communities—such as the clinic at which Tony Bare provides services to low-income residents. "Typically, multiple disciplines are present in those settings," he notes—"physicians, med students, pharmacists, nurses, occupational therapists. Physical therapists are working side-by-side with those providers to help people in the most efficient and effective way possible."

Bare describes one such interaction at the Downtown Clinic. "I said to the physician, 'I have a patient with cervical radiculopathy. What do you think about giving him Prednisone?' She responded, 'That sounds good. What dose?' We have those kinds of conversations, in real time."

Boissonnault urges PTs employed by health care systems that have a primary care model to lobby for inclusion of PTs on interdisciplinary teams if such inclusion doesn't already exist. "There are models out there that PTs can use as templates to present their case," he advises—

citing the military and Kaiser models and the success of private practitioners such as Bare and Rebecca Byerley.

Data is another key to a wider role for PTs in primary care, Boissonnault says.

"The promise presented by the Physical Therapy Outcomes Registry is enormous," he says. "That data is going to show the effectiveness of PTs who are providing this type of care—which in turn will fuel programmatic development."

Patient Stories

PTs practicing in primary care modes can offer countless examples of its efficacy for patients.

Byerley cites the case of a young adult who self-referred with lightheadedness and prolonged numbness in his arms and legs, but whose symptoms "didn't add up." He didn't have nausea and hadn't sustained an injury. The neurologic and physical tests she performed yielded "unremarkable" results. Byerley then elicited that her patient, an oil field laborer, had been cleaning equipment without wearing his protective body suit and face mask. She sent him back to his physician, who diagnosed chemical exposure for which the young man was successfully treated.

Expertise in differential diagnosis—determining a condition's likely root cause by analyzing and synthesizing reported symptoms, medical history, and test results—is central to the skill set of PTs in primary care. Byerley also recalls the case of a patient in her 50s with thoracic pain who ended up being diagnosed with pancreatic cancer after Byerley sent her back to her family physician for additional medical review. Another patient came to Byerley for a "frozen shoulder"—pain and stiffness in her shoulder joint—but the underlying cause was determined to be breast cancer.

"Strong critical thinking skills are key," Byerley says. "Is what the patient is reporting consistent with your clinical findings? If not, what might really be going on?"

Ivan Matsui recalls a recent Kaiser patient in her 80s whose pain and movement issues, a "roving" PT determined, stemmed from 5-day-old hip bursitis rather than the aftereffects of total hip replacement 2 years before. As a result, possible follow-up steps such as X-rays and additional referrals were avoided. Rather, the patient's issues were resolved within 2 weeks through exercise and education. Not only that, the woman didn't have to cancel a long-planned trip.

"She'll be a happy camper when she goes to Lake Tahoe," Matsui comments.

To instill patient confidence and thrive as a primary care provider in private practice, it's imperative, Bare says, that PTs employ "all the tools in their toolbox" to fully explore the array of health issues that individual might be experiencing.

"Almost no musculoskeletal presentation is a simple 1-joint or 1-segment pathology," he observes. "So, when a patient comes in to see me with shoulder pain, it might be mostly shoulder-related, or it might be mostly cervical spine, or it might be mostly gallbladder. But let's say that based on the patient history and physical exam, I determine that the shoulder is the biggest pain contributor. So, I treat that."

"The next visit," he continues, the patient doesn't need the same shoulder treatment, so I treat the cervical spine—the next-biggest pain contributor. I continue in that manner through a few more visits, and the patient feels better on multiple levels. Now, chances are, I've got a patient for the long haul—someone who trusts me to help resolve whatever issue he or she is experiencing."

Bare says he has tapped his knowledge of lower extremity biomechanics to resolve the heel pain of a patient who'd been misdiagnosed and ineffectively treated by various providers for 18 years. He's resolved abdominal pain and constipation following hysterectomy by using manual and myofascial therapy for patients' surgical scars and manual visceral therapy to address colon-related issues.

Bare says he got another patient off medication for acid reflux that the man had been taking for more than a decade—even though, he notes, that condition had nothing to do with reason the patient had come to see him in the first place.

"No one's ever going to get referred to a physical therapist because he or she has heartburn," Bare observes. "But that doesn't mean that a PT can't—by asking the right questions, calling on his or her clinical tools, and taking appropriate action—address and successfully treat that condition."

Hence, he says, the word-of-mouth success of Bare Physical Therapy. "My patients refer me to their friends and family because they see me as a problem-solver. Some individuals come from Denver to see me in Laramie. That's a 4- or 5-hour drive," Bare observes.

Building a Culture

In a blog post⁵ that appeared on APTA's website in September, career Army officer Jason Silvernail, PT, DPT, DSc, noted that a critical shortage of physicians in the US military during the wind-down of the Vietnam War gave rise to a "capabilities" care model that affords PTs primary care advantages over their civilian counterparts.

The model, as Silvernail described it, "determines what functions, or capabilities, need to be present for success, then identifies the resources to provide those functions." In other words, PTs either see patients directly and pass them along to other team members as appropriate, or are in position to quickly treat individuals who are sent their way by another care provider.

Silvernail acknowledged barriers to widespread translation of the military model to civilian health care, citing "high copays and Medicare not recognizing PTs as primary care practitioners." He noted, however, that those barriers are "based on health policy, not medical necessity or appropriateness." He closed his post by urging his peers and the profession as a whole to "be willing to confront the policy obstacles that stand between Americans and the quality care delivered by doctors of physical therapy as part of primary health care teams."

That's the long game. In the meantime, there are 2 key messages from the military model that Brian Young, PT, DSc, believes need trumpeting in the civilian world: PTs in primary care roles pose no added risk to patient safety, and there is value in "cultivating a culture of PTs being frontlines providers."

"A takeaway from the musculoskeletal realm in the military is that having PTs in primary care is safe—that's been published in a large study,"⁶ Young tells PT in Motion. He's the director of

curriculum for the DPT program at Baylor University, having retired last year after more than 21 years in clinical, educational, and leadership positions in the US Air Force.

In the military, Young notes, "PTs are out there on the front lines in places like Iraq and Afghanistan, keeping soldiers healthy and able to continue their mission. We're comfortable and confident in that role. It's part of our culture in the military, and it's important that civilian PTs adopt that mindset, recognizing what they can bring to primary care."

Boissonnault agrees, noting that today's new graduates already are getting a good introduction.

"That 'primary care culture' starts in DPT programs, where students are being trained to provide that necessary broad level of service," he says. "Students get academic grounding in differential diagnosis and medical screening necessary for patient triaging responsibilities." Boissonnault adds, however, that "the more exposure students can get to primary care models during their clinical rotations—as in the VA model—the better, so they can see this type of care delivery in action and be fully appreciative of the possibilities and opportunities that exist for PTs in primary care."

The bottom line, Boissonnault says, is that primary care presents "a huge opportunity for physical therapists, the profession, and the health system in terms of producing better care outcomes, ensuring optimal utilization of resources, and decreasing costs. There's a gap in the provision of primary care that PTs are the best-trained providers to fill."

Johanna Gabbard, PT, DPT, offers the last word on the subject. She recently retired after working for more than 2 decades as a clinical specialist for Kaiser Permanente in both northern and southern California. She was an eyewitness to the benefits that Kaiser's PTs afford patients as part of the primary care team.

"Physical therapy to me is an art as much as it is a science," says Gabbard, who is a board-certified clinical specialist in orthopaedic physical therapy and a fellow of the American Academy of Orthopaedic Manual Physical Therapists. "The art comes in recognizing and integrating the intellectual, emotional, and physical needs of the patient, then using the best evidence and latest scientific knowledge to treat and/or triage that individual. PTs are empowering patients in primary care to achieve optimal results and to be the best they can be."

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3. Business Transformation

3.1 - Foster's Daily Democrat: [New VA clinic to expand services in Somersworth](#) (3 December, John Doyle, 47k uvm; Dover, NH)

SOMERSWORTH — More community-based clinical-care options, as well as mental-health and women's health services for veterans are needed in New Hampshire, according to U.S. Sen. Maggie Hassan, D-NH.

Hassan made her remarks Monday morning at a groundbreaking ceremony for the U.S. Department of Veterans Affairs' Somersworth Community Based Outpatient Clinic.

“This new center is going to allow us to move toward that vision,” Hassan said, “so that veterans can get the right care at the right place at the right time. (Any) veteran who needs help, especially veterans who need mental-health services, or help with PTSD, need it when they need it.”

Hassan noted that the new clinic was one of the recommendations in a report from the VA New Hampshire Vision 2025 Task Force, made up of experts from the local medical community and VA officials to learn how to best address the needs of New Hampshire veterans.

“We need to implement a lot more of those recommendations a lot more quickly,” Hassan said, “but that we’re taking a step (like) this one so quickly is terrific.”

The new clinic will feature two-and-a-half times the space of a current one at 200 Route 108. It will double the number of examination rooms and add space for mental health, women’s health and other services. The new clinic will be located across Route 108 from the current facility.

According to information provided by the VA, the Somersworth clinic has 2,940 patients enrolled for care who came in for 7,891 appointments in the latest fiscal year.

Jim Alty, a 84-year-old Korean War-era veteran from Dover who is now an advocate for his fellow veterans, said the new clinic is a good first step to help veterans, but more needs to be done to address veterans’ mental health.

“We can’t wait on these guys,” Alty said. “That’s why I want two more buildings — one for drug and alcohol (abuse) and one for post-traumatic stress disorder. I hope we’re going to get it.”

Alfred Montoya, director of the Manchester VA Medical Center, said Alty’s advocacy helped move the clinic project forward.

“I haven’t met a stronger advocate in Mr. Alty,” Montoya said. “I really appreciate a fellow airman being up here.”

Also in attendance was U.S. Rep.-elect Chris Pappas, D-NH, who said health outcomes for veterans will improve with more specialty care, which the new clinic will provide.

“(Veterans) stood up and served us,” Pappas said. “So we need to do everything we can to continue to improve services and make sure they have the best access to care in the state.”

Outgoing U.S. Rep. Carol Shea-Porter, D-NH, said the need for veterans health care is going to increase as Vietnam War-era veterans age.

“My husband’s a Vietnam-era vet,” Shea-Porter said. “He did not serve in Vietnam, but he is just one of so many who is going to be knocking at the doors.”

Somersworth Mayor Dana Hilliard said the city was proud to be home to the current and new clinics.

“Our proud past, like this gentleman (Alty), who has defended our liberties and brought us here today,” Hilliard said. “This is a true reflection of success.”

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Hill: Mar-a-Lago trio reviewed confidential \$10 billion VA contract before its release: report (3 December, Owen Daugherty, 11.4M uvm; Washington, DC)

Three Mar-a-Lago club members friendly with President Trump were reportedly given access to review a \$10 billion government contract to overhaul electronic health records for veterans even though they had no prior experience in the field.

The three men, Marvel Entertainment Chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz and lawyer Marc Sherman, were given unprecedented access to confidential documents and shaped policy at the Department of Veterans Affairs (VA), according to emails obtained by ProPublica through a Freedom of Information Act request.

The trio had no health information technology or federal contracting experience but were listed among more than 40 experts reviewing the government contract, including hospital executives and university health system administrators.

Records obtained by ProPublica show the men editing the budget and being placed on an “executive committee.”

Emails also show Moskowitz negotiating to get the VA and Apple to use a cellphone application he developed.

The findings from ProPublica come months after the publication discovered the Mar-a-Lago trio were shaping policy at the VA. The men reportedly spoke with VA officials daily and inquired about new programs, including the deal with Apple.

A liberal veterans group filed a lawsuit in federal court in August attempting to block the men from shaping policy at the VA.

All three men declined to comment to ProPublica, as did the White House.

The VA has been fraught with turnover over the past year following Trump’s firing of former Secretary David Shulkin in March. New VA Secretary Robert Wilkie was confirmed by the Senate in July.

Wilkie has distanced himself from the Mar-a-Lago trio, according to ProPublica. His spokesman appeared to blame Wilkie’s predecessors for the access given to the three businessmen.

“Although his predecessors may have done things differently, Sec. Wilkie has been clear about how he does business,” Cashour said in a statement to ProPublica. “No one from outside the administration dictates VA policies or decisions — that’s up to Sec. Wilkie and President Trump. Period.”

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Newsday: Letters: Unhappy with New York's help for Amazon (3 December, Hutch Dubosque and Bob Hall, 1.4M uvm; Melville, NY)

[...]

Homeless veterans need shelter quick

It has been apparent since the spring that the Veterans Affairs Medical Center in Northport has had no plan to reopen the homeless domiciliary formally run by the United Beacon House, and before that, the Salvation Army ["Shut shelter leaves void," News, Nov. 24].

As reported, \$250,000 from private sources has been poured into this building by people who believed the VA's claim that it would be open by October. The hospital has spent its own money as well.

Now, we are being told that there has been no serious attempt to remedy the core problems, and an opening date is undetermined. The administration at this facility has had the better part of a year to come up with a plan, seek contractor bids and start work on the collapsing infrastructure. New paint, kitchens and computer rooms are very nice and greatly appreciated. All those amenities do no good if the core mechanical and environmental aspects of the building are not dealt with.

Homeless veterans who need medical and mental health care at this location are being pushed to the back of the line. Veterans abhor the thought of neglecting their brothers or sisters, especially when logical, reasonable solutions exist. It is high time that the Long Island veterans community raise a collective voice and demand that veterans in need of a hand be treated with dignity and respect.

Hutch Dubosque, Huntington

Editor's note: The writer is president of the PTSD Veterans Association of Northport Inc.

As a Vietnam-era Air Force veteran, I found this article very disturbing. Many of these fellow veterans suffer from post-traumatic stress disorder. How is it possible that the federal government could let this Northport facility fall into such bad shape?

Many don't realize that Long Island supports the second-largest veterans population in the United States behind the San Diego area. With Lee Zeldin as my congressman and fellow veteran, I would think that this type of situation would not occur. I certainly hope this situation takes top priority and will be resolved so these people will not be left without lodging in the cold winter.

Bob Hall, Middle Island

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6.2 - KHNL (NBC-8): [GI Bill error leaves student in the lurch — with no timeline for a fix](#) (3 December, Mahealani Richardson, 624k uvm; Honolulu, HI)

An error by the Department of Veterans of Affairs left a Chaminade student in the lurch and fearful about how she would pay for her expenses.

Maria Fratinardo, the daughter of a disabled veteran, was shocked when she got an unusual letter from the U.S. Department of Veterans Affairs.

The letter said her monthly \$1,224 educational benefit that normally goes into her Hawaii Credit Union account would be going to someone else's bank account without her permission.

When her GI Bill payment didn't come in, she thought her identity had been stolen.

"This became very alarming to me and it's scary knowing that this information is out," Fratinardo said.

The money was sent to an unknown account at Navy Federal Credit Union.

A VA spokeswoman told Fratinardo the agency made a mistake with her personal information after she called the VA on a separate matter.

"The agent I spoke to did not close out my file when he ended the call with me," Fratinardo said. "They basically got the information, my file was up and he was on the phone with someone else and he switched over account information."

The VA issued this statement on the incident:

"This issue was the result of an administrative error that has been fixed. At no time was any veteran's personal information improperly disclosed in connection with this administrative error. No fraud was involved, and we have been in touch with the veteran directly to explain the situation fully." Department of Veterans Affairs

Fratinardo says her case is unrelated to the nationwide education payment delays in October, which the VA blamed on an information technology problem.

However, Fratinardo and her two sisters didn't get their money right away during that incident and it's these recurring issues that frustrate her family.

Fratinardo's father, Tom, served with the Marines and was deployed during Desert Storm.

He calls the ongoing issues with the GI Bill payments "unacceptable" and says his symptoms from post-traumatic stress disorder have gotten worse because of the stress over his daughter.

"My issue was not with the money. My issue is that other veterans' dependents are not being treated in this manner. I don't understand it," he said.

U.S. Sen. Brian Schatz (D-Hawaii) and others have called for an investigation into missed or underpaid benefits.

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6.3 - The Press-Enterprise: [Status Update: VA mortgages up 57 percent across Inland Empire](#) (3 December, Jack Katzanek, 217k uvm; Riverside, CA)

Home mortgage loans backed by the U.S. Veterans Administration have increased 42 percent in the last five years in California, with loan traffic in the Inland Empire outpacing the state's growth, according to a statement from a financial company that provides these deals.

Veterans United, which financed more than \$10.2 billion in loans for veterans last year, reports that in the 2018 fiscal year, VA-backed loans have increased 42 percent in California in a five-year span.

The increase was heavier in the Inland Empire, where the number of loans is up 57 percent over the period. Only the Modesto area, at 109 percent, and Sacramento, at 55 percent, were higher.

The VA does not break down its volume of home loans by region. That statistical analysis was done by Veterans United, according to the company statement.

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6.4 - WFSB (CBS-3): [Veterans struggle to get benefits from VA due to computer issue](#) (3 December, Matt McFarland and Kaitlyn Naples, 188k uvm; Hartford, CT)

They served the country, but now veterans on college campuses across the country, say the Department of Veterans Affairs is not reimbursing them on the benefits they've earned.

While the VA said the delay is a result of an issue with its computer system, it's frustrating for students who depend on the GI Bill to help with tuition, housing, and other expenses.

After five years in the Navy, and two tours on ships out in the Pacific Ocean, Justin Gonzales found a home at Quinnipiac University.

"I was a U.S. Navy corpsman, attached to 111, an artillery battalion with the Marines on the west coast," Gonzales said.

He relies on the GI Bill for things he needs, like rent, education, tuition, books, and supplies.

This fall, the Texas native, and thousands of veterans across the U.S., found themselves in a bind when it comes to their GI Bill benefits.

"I was supposed to get federal aid, FAFSA, that was supposed to come from the school, after the GI was to pay the school in full, and it was to come in the form of a refund check. I was planning on using that money to pay off some things, maybe save away, just in case something like this happened," Gonzales said.

The Department of Veterans Affairs said the backlog is the result of computer issues while trying to implement and process GI benefits under the forever GI Bill at the start of the school year.

“The VA was using last year’s payment rate while they worked to implement the forever GI Bill, so there is a gap in tuition payment and while they were doing that it also slowed down the book stipend and the housing allowance,” said Jason Burke, a former Navy pilot and director of Military and Veterans Affairs at Quinncipiac, which has more than 200 veterans on the GI Bill. “All our veterans here are commuters, our demographic is about 27 years old, live in the community and if they’re a full-time student, they’re living off that housing allowance.”

After getting plenty of push back, last week the VA announced it would reset the implementation for spring 2020, giving plenty of time to get the technology in place.

Meanwhile, its promising to pay monthly housing rates at the current academic year, along with correcting any retroactive payments.

Gonzalez said he’s thankful Quinncipiac worked with him, to make sure he’ll get his money.

“It is a little bit frustrating, but what can you do. I understand we’re entitled to the benefits, but at the same time, there’s a lot of people using the benefits and it’s going to take a while to restructure everything and get it fixed for every single person,” he said.

The VA said any veteran experiencing financial hardship or a delay in the payment, could contact its educational call center at 888-442-4551.

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6.5 - La Crosse Tribune: [Tomah VA project delayed after tense La Crosse meeting](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

Tensions ran high Monday during a three-hour meeting to discuss a proposed Tomah Veterans Affairs Medical Center transitional housing program on the city’s South Side.

The La Crosse Plan Commission voted to delay action on the VA Medical Center’s request for a conditional-use permit at 3120 Farnam St. for another month after testimony from supporters and opponents who raised additional questions. The recommendation will go to the Judiciary and Administrative Committee on Tuesday and the La Crosse Common Council next week.

Samuel Hipp, who is in the VA’s campus program and would transfer to La Crosse if the permit is approved, said he understood the neighbors’ concerns. He has two young daughters himself, but he said his fellow participants are the last ones who would want anything to do with violence, drugs or alcohol.

“This isn’t a typical group home. ... It’s really an unusual, unique experience,” Hipp said.

Hipp, who is nine months sober and works as a peer ambassador at the Tomah VA, said participants come to the program because they know they need help, and the VA gave him the

tools to dig himself out of a hole after a drunken driving citation — not a single violent offense — left him homeless.

“I hit the ground running with this system. And it’s great, and that’s also why I believe in this La Crosse location. There are more resources, there are more local businesses,” Hipp said.

The La Crosse facility would give him a place to build a community while saving up money to move into his own home.

“I’m homeless. I want a home so that I can have my daughters overnight,” Hipp said.

Vietnam veteran David Barlow, who lives down the street from the proposed facility, questioned whether the parking would be sufficient, saying the plan to have excess parking at the River Valley VAMC Clinic isn’t ideal because there isn’t abundant parking space there either.

He also questioned whether there would be enough room for eight people all eating and getting ready for work at the same time.

“Everybody thinks we’re all against the veterans. We’re not against the veterans. We’re just against this being the place for it,” Barlow said.

Barb Erickson also took the opportunity to clarify some of the facts about her house and whether there would be enough space, explaining that the kitchen island seats 13 people, there is a three-car garage and four additional spaces in the driveway and an uncovered parking area. The upstairs also only has two bedrooms, both of which face Farnam Street.

Steve Gunn was at the meeting to talk on behalf of his 91-year-old mother, who has lived next door since the 1950s and is worried about her privacy with the house being built up above hers.

The initial notice was short on details, he said, adding that it could have been handled differently.

The VA has since released guidelines forbidding people with a criminal history including violence and sex offenses from living in the La Crosse facility. It also committed to hiring 24/7 security, limiting parking for residents to four cars and reduced the number of residents from 10 to 8 after neighbors’ objections.

“Wars are ugly. They scar you for life. Some of the scars are physical and others — you carry the spirit of that war forever. ... Some (veterans) need help, and we should be here to help them back.” Don Weber, La Crosse developer and Vietnam veteran

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6.6 - La Crosse Tribune: [Public can weigh in this week on plan to turn La Crosse house into residence for veterans](#) (3 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week.

The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit to allow a community living arrangement at 3120 Farnam St., donated by the Ericksons to the VA with the idea that the seven-bedroom, handicap-accessible home would serve local veterans.

The facility, which requires the permit to move forward because it is within 2,500 feet of a similar facility, faced some backlash in October from neighbors concerned about security and was delayed two months to give people a chance to address those concerns.

La Crosse Plan Commission, 4 p.m. Monday in the third-floor conference room at City Hall, 401 N. La Crosse St.

Judiciary and Administration Committee, 6 p.m. Tuesday in the council chambers of City Hall.

"It can be hard to understand if you haven't worked with veterans and heard their stories as people. Veterans are people, too, and people have issues, veterans or non-veterans," Brahm said. "These are not scary, scary individuals."

The people in the work therapy residence will be screened thoroughly to ensure they're ready for the final step toward independent living, and anyone with a violent history or a history of sexual violence will remain in treatment on the Tomah VAMC campus. Only stable veterans will be admitted to the La Crosse facility.

"These are treated individuals who have participated in the program willingly and with a mission to succeed. These are the ones who are screened by professionals here at the VA, and they will make it," Brahm said, adding that the average stay nationwide at the VA's 41 similar facilities is six to 12 months.

The facility's leaders are trying to address neighbors' concerns, including staffing, screening and parking.

"We're trying to give and take, but only to the point where it doesn't affect the integrity of the program," Brahm said.

Acklin received the VAMC's revisions late Thursday and didn't have time to review them before posting the agenda for Monday's meeting.

The VA revised parts of the program, limiting the residents to eight from the previously proposed 10, and increasing staffing. In addition to the full-time care manager who oversees the program, Brahm is proposing adding security of some kind, ensuring there is 24/7 on-site supervision, in addition to the two resident managers.

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6.7 - KRQE (CBS-13, Video): [Nonprofit stitches quilts of valor for New Mexico veterans](#) (3 December, Sara Yingling, 119k uvm; Albuquerque, NM)

SANTA FE, N.M. (KRQE) - Dozens of women are likely getting back to work on quilts.

Each quilt is personally handmade for our nation's veterans who are living in northern New Mexico.

With a new partnership, they're now touching the hearts of even more veterans.

"It's the way we have to say thank you. We're not in their shoes. We don't serve them. But it's our way to say thank you and we appreciate what you've done for our country," said Linda Robinson.

In this little room at Santa Fe Quilting, a dozen women are cutting, stitching and sowing pieces of fabric to make quilts that will cover service members and veterans with comfort and healing.

"They are made with love and compassion. Our idea is to give them some comfort," said Robinson.

They meet twice a month, donating their time and money to make sure these veterans feel appreciated.

"When we've presented them they said, I finally feel like I've been welcomed home, and it's very touching," said Robinson.

In existence since 2006, the Santa Fe chapter of Quilts of Valor has made 475 quilts to date.

That number is about to increase exponentially thanks to a new partnership with the VA Clinic in Santa Fe.

"They have already requested two quilts from us and are anticipating they'll have at least 200 requests for us," said Fran Holden.

On average, each quilt takes 60 to 100 hours to complete.

Members say getting a request this large is a bit daunting, but they're needed.

"For many of the veterans who are using the VA services, we're talking about people who are certainly our peers or older. We really feel an urgency to respond to their requests," said Holden.

That makes the hours of work well worth it in the end.

"It's very touching. It gives us a sense of satisfaction. Their appreciation is much more than we will ever know," said Robinson.

To respond to the VA's request, they're going to need help from the community. If you'd like to help, you can donate your time or money.

They expect to present the quilts to the veterans at the VA Clinic after the first of the year.

For more information, click [here](#).

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6.8 - Federal News Network: [Reoccurring management challenges at the heart of VA's recent GI bill confusion, agency admits](#) (3 December, Nicole Ogrysko, 100k uvm; Washington, DC)

It's taken the Department of Veterans Affairs several tries now to explain how exactly it will process education and housing benefits under the Forever GI Act, and some lawmakers are still confused by the agency's plans to right the missteps.

The department is resetting its implementation of portions of the Forever GI bill, VA Secretary Robert Wilkie announced last week. Much to the frustration of some lawmakers and veterans service organizations, VA's legacy systems couldn't handle the changes the department needed to make in disseminating certain housing benefits under the new law.

Moving forward, VA will disregard any overpayments that it made to GI beneficiaries so far, Paul Lawrence, VA's undersecretary for benefits, told the House Veterans Affairs Committee on Nov. 29. Within a year, VA will be ready to provide benefits using the rates described in the Forever GI bill.

All post 9/11 GI Bill beneficiaries will be made whole, retroactively if necessary, for their housing benefits during this academic year based on the current law's rates.

"Each and every, and I mean every single veteran, will be made whole for their housing benefits this year," Lawrence said. "The rates we are providing for the current year [are] uncapped DoD basic rates for housing allowance based on the location of the school's main campus, rather than the physical location of the student. For many students, the DoD-VA rate will be equal to or higher than their current payment."

VBA still doesn't know exactly how many veterans would be overpaid using this approach for the current academic year, because the agency's IT systems aren't yet ready to make that determination. Regardless, VA will disregard any overpayments, Lawrence said.

Still, the department's approach prompted confusion among committee members and called into question whether the new approach VA announced it will take over the next year actually complies with the specifics in the Forever GI bill.

"We stood up a system that didn't work and paid people what we had paid them in the past, and we don't know what we should have paid them," Rep. Phil Roe (R-Tenn.), the committee's chairman, said. "Am I correct? That's pretty much what we did, because our IT system didn't work."

"Notionally correct, that's correct," Lawrence said.

VBA will spend the next year — until December 2019 — developing an IT system, contracting support and other resources that will allow the department to process GI housing benefits for spring 2020 enrollments.

"We had real challenges with accountability, so I stepped forward and said I would be accountable for implementing the GI bill," Lawrence said. "We had difficulties with the program management structure, so we will engage our federal funded research and development center,

the special relationship with the Mitre Corporation, to provide conflict-free advice on the program integration, the schedule and [to] help us manage it.”

VBA will also look for an outside software developer and systems integrator to help the department prepare its IT systems for full implementation in December 2019, Lawrence added.

VBA made decisions too quickly, sacrificed speed for accuracy

The House Veterans Affairs Committee spent much of its time on the Forever GI bill at a hearing last week that was initially devoted to VA policy implementation.

But VA Inspector General Michael Missal said the department’s challenges in implementing the Forever GI bill stem from several overarching themes and root causes that were prevalent in other recent missteps, including the VBA’s handling of military sexual trauma claims and inaccuracies in processing certain disability benefits.

VBA leadership often sacrificed accuracy for timeliness, rolled out national initiatives after short pilot programs and implemented new programs without fully developed IT systems, Missal said.

“The reoccurring deficiencies we identified are often the result of VBA leadership making management and operational decisions without fully considering and planning for potential unintentional consequences resulting from their actions,” Missal told the veteran affairs disability and memorial affairs subcommittee.

Rep. Mike Bost (R-Ill.), the subcommittee’s chairman, acknowledged Lawrence had inherited many challenges and longstanding problems before he joined VBA in May.

“You didn’t create the problem,” Bost said. “You have it to fix it though. Whatever you do, don’t make it worse, okay?”

Since Lawrence joined VBA, he said he’s drawing on his private sector experience to make a dent in the agency’s long-held cultural challenges.

“Decisions were made very quickly and probably without the right amount of expertise in the room to really appreciate it,” Lawrence said. “Slow things down so decisions are made more deliberately. I call it ‘go slow to go fast.’ We focus on fewer things, and we spend more time thinking about what the risks are and the potential unintended consequences. More importantly, or equally importantly, we have more people in the room to make sure we have voices.”

The agency is also reviewing how it can train more claims representatives to specialize in a particular topic area, like military sexual trauma. VBA wants more representatives to become an expert in a specialized field, with the goal of reducing errors and the possibility for confusion.

In addition, all 56 VBA regional offices have “coordinators” on military sexual trauma, who serve as guideposts for other representatives who work on these claims. The agency is also updating and finding new methods to train its employees, said Willie Clark, deputy undersecretary for field operations at VBA.

But for Rep. Mike Coffman (R-Colo.), overcoming bureaucratic challenges starts with removing the career leadership that has been at the agency the longest: the senior executives.

“In my discussions with Secretary [Robert Wilkie], he’s unwilling to make that commitment to do that, to look through these 400 positions where there’s objective failure and the inability to correct that failure by inspector general reports [and] by GAO reports,” Coffman said. “You will never change the culture of bureaucratic incompetence in the VA unless you’re willing to look through those 400 positions, where there’s a lack of competence, where problems are unresolved, you’re unwilling to make those hard decisions.

According to the most recent publicly available from the Office of Personnel Management, VA has 361 career members of the Senior Executive Service. VBA itself has 59.

“This is the same VA of the prior administration, just papered over with saying how great things are when they are not great,” Coffman added.

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6.9 - Merced Sun-Star: [Letters to the Editor | Tuesday, Dec. 4, 2018](#) (3 December, Kyle Hamilton, 64k uvm; Merced, CA)

VA must correct egregious error

This semester, veterans enrolled in colleges across the country have brought up issues about receiving payments from the Veterans Administration. For months the VA has either delayed or given the wrong amounts under the GI Bill. Now after months of waiting the VA has told Congress they’re not planning to make retroactive payments to veterans – meaning they’ve shortchanged them on benefits. The VA is blaming a computer error for underpayments. This is unacceptable. If there’s one thing Congress should be able to fix it’s this.

KYLE HAMILTON, MERCED

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6.10 - Rockford Register Star: [Two graduate from Winnebago County Veterans Court](#) (3 December, Chris Green, 43k uvm; Rockford, IL)

Returning from war and turning to drugs and alcohol to cope with war experiences and civilian life.

The stories of Thomas Gilbert and Aaron Hayford are familiar, but thanks to a 6-year-old program that has operated with little fanfare, their stories did not end abruptly in incarceration or death.

The latest chapter in the lives of these two veterans featured a graduation Monday from Winnebago County Veterans Court.

The court is a specialized problem-solving court designed to address and eliminate the challenges of providing services to veterans caught in the criminal justice system who are wrestling with substance abuse and mental health issues related to their military service.

Although participation in the two-year program is optional, Hayford said, "It was either Veterans Court or prison. I did normal probation at first, but then I got a DUI."

Hayford, an Army veteran and South Beloit resident, did two tours of duty in Afghanistan in 2008-2009 and 2010-2011. Upon returning to Winnebago County he suffered from symptoms of post-traumatic stress disorder and failed to seek help. "I covered up all my anger and sorrow with alcohol," he said.

Hayford said he was not a willing participant in Veterans Court.

"At first I was pushing back," he said, "but then I gave in.

"This program is great. They make you get sober, which is the hardest part for a lot of people, but once you got even a month of sobriety under your belt it gets to be a hundred times easier. I mean that was my hardest part."

He said he was drinking excessively, but is now 22 months sober.

The program is unique in that veterans are able to participate in the court with pending and post-plea charges. The veterans receive case management provided by an outreach specialist who works through the Department of Veterans Affairs in Madison, Wisconsin.

The program connects veterans with a variety of treatment services available through VA offices in Rockford and in Madison, including drug and alcohol treatment and mental health treatment. Veterans also receive services from the Resource Intervention Center and community-based services.

Gilbert, a Marine, said substance abuse led him into the court system, but he embraced the program and finished in 18 months.

"It's very involved," he said. "We attend groups and classes at the VA outpatient clinic here in Rockford. Every day we get up and have to call the drop line daily. You have to drop numerous times each month. Also, we come to court, initially, every two weeks, and see our probation officer every two weeks. Then we stretch it out to once a month as time goes on."

Hayford and Gilbert shared their stories in hopes of helping other vets.

"It takes a much stronger person to ask for help than to play John Wayne," said Presiding Veterans Court Judge Stephen Balogh.

He added: "The thing about Veterans Court is that it works. Not only does it help the people in the program to recover, to regain their lives, it offers an alternative to incarceration by reducing recidivism and improving public safety. And it costs less than it costs to house people in jails and prisons. That's why we do this."

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6.11 - WKBT (CBS-8, Video): [La Crosse home donation to Tomah V.A. delayed for 30 days](#)
(3 December, Troy Neumann, 32k uvm; La Crosse, WI)

The donation of a La Crosse home intended to help veterans transitioning into independent lives is delayed for a second time.

La Crosse's City Planning Commission voted to push back the decision to allow the Tomah V.A. to use the Farnam Street home by 30 days.

The Erickson family chose to donate their house earlier this year as a transition home for veterans struggling with PTSD. It was built around the needs of their late son, Chad, who suffered brain damage after an open heart surgery that went wrong.

The delays come after some neighbors voiced concerns about having a transition home so close to their families. But the V.A. does not believe admitted veterans would pose any threat.

"We are guaranteeing that we will have a mechanism set up so that the more intense veterans that aren't quite ready will remain on the Tomah campus. This would be for 6 to 8 veterans ready and willing to go, that have no history of sexual predator or violent criminal history," said Tomah V.A. Medical Center Director Victoria Brahm.

"I'd ask that the V.A. would put that in writing," said a neighbor. "Just as an extra measure of respect to the neighborhood and security."

The city's Judiciary and Administration Committee also referred the decision for 60 days in September.

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6.12 - KRGV (ABC-5, Video): [VA Making Upgrades in Program Used for Job Placement](#) (3 December, Frank McCaffrey, 29k uvm; Weslaco, TX)

MCALLEN – Help is on the way for Rio Grande Valley veterans who are looking for work.

KRGV's Frank McCaffrey spoke with an Air Force veteran who has struggled to search for a job after serving in the military.

Veteran Jay Borrego says he spent 10 years in retail up until a couple years ago when he decided to try something new.

"I gave the refinery lifestyle a go but it just wasn't working out for me. So, I'm back here settled down," he says.

He turned to the U.S. Department of Veterans Affairs for help in finding a job. He took advantage of the Vocational Rehabilitation Program designed to help veterans with job training, resume development and job skills coaching.

"I will say job placement for veterans, that could use some help, a stronger department," he explains.

We reached out to Josue Silguero with the Cameron County Veterans Service Office.

He says the program is making upgrades to help with job placement; new counselors will be hired to take part in the in-program via teleconference to make it easier for veterans.

Watch the video above for the full story.

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6.13 - WJTV (CBS-12): [Local bikers bring Christmas to hospitalized veterans](#) (2 December, Tara Thomas, 23k uvm; Jackson, MS)

Determined to make sure no veterans receiving medical treatment at the Mississippi VA medical center are forgotten this holiday season, biker chapters around the Jackson area teamed up to treat them to an early Christmas party.

The party an annual event, led by the American Legion riders of Post 112, who have made the ride Christmas tradition, in order to serve those who served our nation.

Bikers escorted Santa Claus to the party and once inside, veterans were treated to gifts, conversation, cake, punch, and music.

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6.14 - WIS (NBC-10, Video): [Dorn VA receives Christmas meal donations to help veterans](#) (3 December, Paul Rivera, 141k uvm; Columbia, SC)

As WIS continues to highlight our Year of the Veteran, today donations from AllSouth Federal Credit Union made their way to Voluntary Service at the DORN VA.

Ten food gift baskets will go out to veterans and their families so they can have a Christmas time meal.

Voluntary Service officials say the baskets will fill the need and help supplement the donations they give out to veterans during the holidays.

"The thing about this is we think about, this time of year we think about those people that are not getting anything and hopefully this will remind us all year long to check on those people," said Ivette Starkey with AllSouth Federal Credit Union.

AllSouth says they plan on continuing the donations next year.

Click here if you'd like to donate to voluntary service by clicking here.

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7. [Other](#)

7.1 - Orlando Sentinel (Video): [More than 100 arrested in sex trafficking, prostitution operation in Polk County, including Orlando VA doctor](#) (3 December, Kate Santich, 1.7M uvm; Orlando, FL)

Undercover detectives have arrested 103 people in an alleged prostitution and human trafficking operation in Polk County that may involve minors, the sheriff's office announced Monday.

The arrests took place during a six-day investigation, the sheriff's office said. Among those arrested was Dr. Sarat Sabharwal, 54, identified by the sheriff's office as a urologist for the Orlando VA Medical Center and an on-call trauma surgeon.

He was charged with soliciting a prostitute. An Orlando VA spokeswoman said the doctor would not see patients while officials there propose "appropriate administrative action."

The undercover operation began Nov. 27 and focused on online advertisements — both by alleged prostitutes and men allegedly seeking prostitutes. Charges include human trafficking, soliciting another for prostitution, offering to commit prostitution, deriving support from proceeds of prostitution, transporting to a building for prostitution and using a communication device to commit a felony.

Three of the people arrested for prostitution are possible victims of human trafficking, and one of them is believed to be a minor, a sheriff's public information officer said.

In all, 56 people were arrested on charges of advertising prostitution online, and 30 people were arrested for allegedly soliciting undercover detectives who posted ads posing as prostitutes, the sheriff's office said. Eleven others were charged with deriving proceeds from prostitution, and six were taken into custody for drug charges and other offenses.

Authorities are still searching for 49-year-old William Welch, who allegedly drove to Polk County believing he was going to have sex with a 14-year-old girl. Welch is facing several charges, including traveling to meet a minor, using a computer to solicit a child and attempted lewd battery.

"We conduct these kinds of investigations because of the link between prostitution, human trafficking, drug crimes, economic crimes — such as burglary and fraud — and violent crime," said Polk County Sheriff Grady Judd. "Prostitution is not a victimless crime. From the spread of disease, destruction of families, and to the scourge of human trafficking, prostitution is bad for our community."

Detectives worked closely with One More Child and the Florida Department of Children and Families during the operation, the sheriff's office said.

During the operation, undercover detectives posted fictitious ads or profiles on various social media platforms, websites and mobile-phone applications, posing as prostitutes or those soliciting prostitutes.

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7.2 - Government Executive: [George H.W. Bush's Bureaucratic Legacy](#) (3 December, Charles S. Clark, 102k uvm; Washington, DC)

On the hustings, the late President George H. W. Bush presented himself as a Texan with an outsider's skepticism toward the target-rich Washington bureaucracy.

But the 41st president—who died on Saturday at age 94, was a Navy hero, a member of Congress, a U.N. ambassador, a CIA director and vice president before he was elected to the top job in November 1988.

Bush's single term was notable for his foreign policy adeptness at handling a range of crises that emerged in the waning days of the Cold War and its aftermath. He proved a steady leader with the fall of the Berlin Wall and subsequent collapse of the Soviet Union. He put together a stunning coalition of nations to repel Iraq's 1990 invasion of Kuwait and ordered U.S. troops to overthrow Manuel Antonio Noriega after he seized power in Panama, threatening U.S. interests.

His domestic record is remembered for a recession and the dramatic 1990 budget deal hammered out between parties at Andrews Air Force Base at which Bush's team betrayed—with his reluctant permission—his 1988 campaign pledge of “no new taxes.”

But he also worked with Congress to pass bipartisan, transformative laws, including the 1990 Americans with Disabilities Act, which reshaped public spaces for the disabled and prohibited discrimination, and the 1990 Clean Air Act revisions, which curbed pollution resulting in enormous positive health consequences for all Americans.

As President Ronald Reagan's vice president, Bush came to the Oval Office in 1989 already predisposed to cutting government, asserting executive authority and resisting the ambitions of the Democratic-controlled Congress. A lookback through highlights from Government Executive magazine's coverage of his four years in office reveals some familiar themes.

[...]

Another significant organization issue fell to the Bush administration—reestablishing the old Veterans Administration as the Cabinet-level Veterans Affairs Department. Bush installed Edward Derwinski as its first secretary. “Not much has changed for the agency's employees since the [Veterans Administration] became [Department of Veterans Affairs] on March 15,” Government Executive commented. “We'll confess we really haven't settled on what we'll use as an acronym for the new Department of Veterans Affairs. VA was so clean and simple.”

[...]

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7.3 - KOTA (ABC-3): [Local Chaplain's first hand memories of President Bush](#) (4 December, Steve Long, 21k uvm; Rapid City, SD)

There's a man here in the Black Hills with a bunch of first hand memories of the 41st President and First Lady Barbara Bush.

Herb Cleveland is a former Chief of Chaplains for the U.S. Department of Veterans Affairs, in Washington, D.C.

From time to time he would be called on to pray with Presidents.

We spoke with Cleveland back in June for a different story, about Cleveland's career as a Chaplain.

During that story he shared some of his memories of late President George H.W. Bush.

One of those memories was being called on to pray with President Bush before a historic event.

"The prayer for the day of the invasion under President Bush for the Middle East, and praying for the safety of our troops, and the advisors and those who were doing this tremendous effort," Cleveland recalled.

Cleveland says that he and President Bush were at events together on quite a few different occasions in Washington.

"He was very, very light, very gregarious I call it, and big heavy hand shake, ya know. And like to pat you on the back," Chaplain Cleveland remembers.

"Barbara was very much, 'Oh it's so good to see you' and 'Thank you for being here' and 'Let's go into the Roosevelt room' and 'Lets go into this room and we'll talk about something here'," Cleveland said of First Lady Barbara Bush.

Cleveland served under 3 Presidents. The late Ronald Reagan, late President H.W. Bush, and President Bill Clinton.

Monday evening we spoke to Cleveland again, via telephone, and he said the late President Bush always had a great sense of humor, and that Bush combined his humility with his greatness.

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Bcc:
Subject: SECVA Weekend Summary Report for December 2, 2018
Date: Sun Dec 02 2018 10:04:07 CST
Attachments: image001.jpg

Good Morning,

The current SECVA Weekend-Summary Report is below.

National Terror Advisory System

COGCON

Baseline Force Protection Condition

NORTHCOM

EUCOM

PACOM

No Specific Threat

B

B+

A+

1.Executive Summary:

*On 1 Dec, POTUS ordered all flags to be flown at half-staff in honor of the memory of the 41st President George H. W. Bush. 5 Dec is appointed National Day of mourning.

*A. 7.0 magnitude earth quake occurred 10 miles north Anchorage, AK. Damage assessments to VA facilities will continue Monday, 3 Dec.

2.Flags flown at Half - Staff in honor of the 41st President George H. W. Bush, Source: Whitehouse

***** POTUS orders all flags to be flown at half-staff in honor and tribute to the memory of the 41st President George H. W. Bush. The flag will be flown at half-staff for 30 days from the day of death.

***** The casket bearing the 41st President will arrive at the U.S. Capital Monday evening and will be on public display as the 41st President lies in state in the Rotunda until Wednesday morning.

***** President Trump has appointed 5 December 2018 a National Day of Mourning.

3.Significant Weather:

*Major winter storms are forecast to impact portions of the Great Plains and Midwest.

Heavy rain and severe thunderstorms are expected across portions of the middle Mississippi Valley to the central and eastern Gulf Coast.

4.7.0 Earthquake, Anchorage AK, Source: OSLE, VBA, VHA, DHS

*On 30 Nov 18, a 7.0 magnitude earthquake occurred 10 miles north of Anchorage, AK, followed by multiple aftershocks, including a 5.6 in the center of Anchorage.

*There is extensive infrastructure damage to gas lines, major highways and three main bridges that connect Anchorage to nearby cities.

*Alaska Regional Hospital was damaged; the emergency room remains open.

*The Dena'ina Civic and Convention Center has been opened as a shelter for people seeking refuge.

*VA Response Operations

- o There are five facilities in Anchorage: 1 Cemetery, 1 RO, 1 VAMC, 1 Vet Center and 1 VetSuccess. All facilities in Anchorage are closed today. VISN 20 Incident Command Center has been activated.

- o The Anchorage VAMC and RO facility is damaged. The Muldoon Clinic are cleaning common areas to prepare for Monday operations.

** D Wing; will provide Primary Care and Mental Health services on Monday, 3 Dec.

- o Rehab, Dental and Audiology clinics will not open on Monday, 3 Dec.

- o Compensation and Pension exams are suspended.

- o Structural Engineering Team to continue damage assessments Monday, 3 Dec.

- o Fairbanks, Kenai, Juneau and Homer CBOCs are operational and will open for patient care on Monday, 3 Dec.
- o All employees accounted for; one employee reported home is uninhabitable; VAMC Director reported several employees have extensive damages to their homes.

5. Long Term Facility Disruptions

Tyndall AFB Intake Site, FL Source: VBA

*Tyndall AFB sustained severe damage from Hurricane Michael; base remains closed.

*The site's Military Service Coordinator is processing Veteran Service Center inquiries and correspondence from home.

Bay County Vet Center, Panama City, FL Source: VHA

*Sustained damage from Hurricane Michael; services provided via Mobile Vet Center.

Wilmington HCC, NC Source: VHA

*Full restoration of procedure clinic spaces not expected until December.

*Primary Care Clinic, Mental Health, Radiology, Lab, Pharmacy and Specialty Outpatient clinics are open.

Arecibo CBOC, PR Source: VHA

*Operating out of modular offices on the premises of the Manuel Petaca Iguina Coliseum.

Vieques Rural OPC, PR Source: VHA

*Operating out of a PR Department of Health temporary clinical dispensary at Las Maria.

6. Ten Day Outlook

None

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VA Integrated Operations Center

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From:

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Cc:

Bcc:

Subject: [EXTERNAL] 2 December Veterans Affairs Media Summary and News Clips

Date: Sun Dec 02 2018 05:15:35 CST

Attachments: 181202_Veterans Affairs Media Summary and News Clips.docx
181202_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Last Modified: Sun Dec 02 04:15:35 CST 2018



Veterans Affairs Media Summary and News Clips

2 December 2018

1. [Top Stories](#)

1.1 - The Ada News: [Veterans Affairs secretary visits Ada](#) (1 December, Eric Swanson, 7k uvm; Ada, OK)

With the help of President Donald Trump and Congress, the federal Department of Veterans Affairs is about to undergo the greatest change in the agency's history, Secretary of Veterans Affairs Robert Wilkie said Wednesday.

[Hyperlink to Above](#)

1.2 - The Hill: [Bipartisan lawmakers call for investigation into VA amid issues with GI Bill benefit payments](#) (1 December, Tal Axelrod, 11.4M uvm; Washington, DC)

A bipartisan group of senators and a member of the House called for the Department of Veterans Affairs's (VA) inspector general to investigate allegations that the department would not reimburse veterans for missed or underpaid benefits under the Forever GI Bill.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Fort Worth Star-Telegram: [Cheers for generous restaurant patrons, jeers for Panther Island](#) (30 November, Douglas Melton, 931k uvm; Fort Worth, TX)

Cheers: To the VA Medical Center and especially to Dr. David Peach, my audiologist, and Elita Faircroft, the medical support person. I've been in the VA system for 17 years, and I've received superb care. I have severe hearing loss, and Dr. Peach has worked to give me back my hearing. Thank you.

[Hyperlink to Above](#)

2.2 - Fort Myers Beach Observer: [Center for Natural Healing in Cape approved as primary choice for veteran acupuncture therapy](#) (30 November, 835 uvd; Fort Myers Beach, FL)

The Center for Natural Healing has been approved as a primary choice for veterans to receive acupuncture therapy, showcasing impressive results for those being treated. Noneen O'Rafferty, owner of the Center for Natural Healing on Vincennes Boulevard in Cape Coral, said they have wanted to help veterans for awhile and to be approved to offer the therapy is just "amazing" because it was the Neurology Services of Veterans Affairs which decided that what it could offer veterans was not enough.

[Hyperlink to Above](#)

2.3 - Finger Lakes Times: [Organization donates van to Canandaigua VA](#) (30 November, 115k uvm; Geneva, NY)

Disabled American Veterans (DAV) chapters 4 and 15 each donated a van to help provide local veterans transportation to and from their VA appointments. The vans are valued at \$35,400 each. One van will be given to the Canandaigua VA Medical Center, giving them a total of five vans that help about 250 veterans each month get to their VA medical appointments.

[Hyperlink to Above](#)

2.4 - Curry Coastal Pilot: [Letters to the editor](#) (30 November, Mike Berns, 9k uvm; Brookings, OR)

The above headline is from a March 2018 VA article about lung cancer screening the VA is performing at the Bay Pines VA Healthcare System in Florida. Cardio-Thoracic Radiologist Dr. Maria Harvey is quoted saying that “low dose computed tomography (LDCT) is already saving lives at Bay Pines.”

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - Quad-City Times: [Hed: Thumbs Up, Thumbs Down](#) (1 December, 125k uvm; Davenport, IA)

Thumbs Up.....to the U.S. Department of Veterans Affairs, which has set next spring as the expected opening of its new clinic at the site of a former grocery store on West Locust Street in Davenport. This is welcome news. The VA's existing clinic is in Bettendorf, and it is at capacity, serving about 9,000 people annually.

[Hyperlink to Above](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WGCL (CBS-46, Video): [Veterans and advocates offer advice on working with the VA following benefit delays and confusion](#) (1 December, Hayley Mason, 169k uvm; Atlanta, GA)

Imagine expecting a paycheck that never comes. That is what is happening to student veterans and service members who rely on the Forever GI Bill for funding and housing allowances. Thursday, veterans were told they won't be paid the benefits they are owed. On Friday, they were told they will receive the payments starting in December 2019.

[Hyperlink to Above](#)

6.2 - La Crosse Tribune: [Public can weigh in next week on plan to turn La Crosse house into residence for veterans](#) (1 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week. The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit...

[Hyperlink to Above](#)

6.3 - Kitsap Sun: [Lawmakers call for investigation into delayed GI Bill payments](#) (30 November, Julianne Stanford, 111k uvm; Bremerton, WA)

Following months of delayed and incorrect payments to GI Bill beneficiaries, federal lawmakers are calling for an investigation into the Department of Veterans Affairs amid confusion over whether the department intends to reconcile payment discrepancies for student veterans.

[Hyperlink to Above](#)

6.4 - KFSM (CBS-5, Video): [Christmas Honors Prepares for 10th Annual Wreath Laying](#) (1 December, 91k uvm; Fort Smith, AR)

5News anchor Laura Simon sits down with Phillip Merry to talk about the upcoming Christmas Honors program. On Wednesday, December 5th, Christmas Honors would like to invite the public to participate in the assembly of wreaths to be put on headstones at the Fort Smith National Cemetery. This event will begin at 8AM and goes until 2PM.

[Hyperlink to Above](#)

6.5 - KABB (FOX-29, Video): [Family raising reward money for information in stabbing of husband and wife](#) (1 December, Ariana Lubelli, 71k uvm; San Antonio, TX)

Desiree Carney is determined to figure out what happened to her brother and sister-in-law who were found dead inside of their home. "Knowing that I will never see my brother again and I don't know what happened to him and I may never know. That is difficult to digest," said Carney.

[Hyperlink to Above](#)

6.6 - Santa Maria Times: [Veterans Treatment Court graduates three from latest class](#) (1 December, Mathew Burciaga, 39k uvm; Santa Maria, CA)

Three Santa Maria veterans pledged to live a drug- and substance-free future Friday afternoon, marking the latest group to successfully complete the Santa Maria Veterans Treatment Court. Established November 2011 in Santa Maria by retired Superior Court Judge Rogelio Flores, the 12-month program helps veterans who were struggling with substance abuse, addiction, mental health issues or post-traumatic stress disorder by promoting sobriety, recovery and stability.

[Hyperlink to Above](#)

6.7 - WAAY (ABC-31, Video): [Senator Doug Jones Calls For Action Regarding Missed V.A. Benefits](#) (1 December, Sierra Phillips, 33k uvm; Huntsville, AL)

Two-minute video: This week Senator Doug Jones addressed the Department of Veterans Affairs asking the v-a to pay an estimated 360,000 veterans benefits overlooked due to technical errors. Senator Jones says he signed a letter with other lawmakers calling for an investigation into how these errors happened in the first place and into allegations the V.A. refused to pay the benefits even when it discovered the problem.

[Hyperlink to Above](#)

6.8 - Texarkana Gazette: [Unacceptable: VA woes continue to affect American heroes](#) (1 December, 18k uvm; Texarkana, TX)

A couple of weeks ago in this space, we discussed an ongoing situation affecting many American veterans. Last year's Harry W. Colmery Veterans Educational Assistance Act—commonly called the "Forever GI Bill"—expanded education benefits to more service members, including those in the National Guard and Reserves. It also called for a change in how housing benefits are calculated.

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6.9 - Standard-Journal: [How much do you know about PTSD?](#) (1 December, Chris Brady, 2k uvm; Milton, PA)

The Department of Veterans Affairs has a special section on its website www.ptsd.va.gov dedicated to families and friends of those with PTSD. Put simply, PTSD can make life difficult not only for the person diagnosed, but for those around them — family, friends, colleagues. The VA lays much of this out on its website and does a good job providing information on the matter.

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7. [Other](#)

7.1 - The Press Democrat: [Combat veteran researched murder-suicide before Yountville shooting](#) (1 December, Mary Callahan, 407k uvm; Santa Rosa, CA)

The gunman who killed three clinicians at a Napa Valley veterans facility this year visited the site a day before the attack and propped open the ground-floor door that would give him access when he returned the next day, heavily armed and bent on violence, according to a newly released summary of a CHP investigation.

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1. [Top Stories](#)

1.1 - The Ada News: [Veterans Affairs secretary visits Ada](#) (1 December, Eric Swanson, 7k uvm; Ada, OK)

With the help of President Donald Trump and Congress, the federal Department of Veterans Affairs is about to undergo the greatest change in the agency's history, Secretary of Veterans Affairs Robert Wilkie said Wednesday.

"I do think that we are on the cusp for a great transformative period," he said. "I will add to that answer by saying my philosophy is that government is best when it's closest to those whom it's supposed to serve, which means the days of massive directives coming out of the 10th floor of the Veterans headquarters in Washington are over.

"There is no way anyone sitting up there can offer a one size fits all for veterans' needs across the country."

Wilkie spoke about the VA's efforts to reach more veterans and the future of the agency during a tribal nations town hall meeting Wednesday morning at the Chickasaw Nation Community Center in Ada. Chickasaw Nation Gov. Bill Anoatubby, Lt. Gov. Jefferson Keel and leaders from Oklahoma's 39 tribal nations also attended the event.

Native American veterans from across the region flocked to the Community Center, where they listened as Wilkie thanked them for serving their country and vowed to improve the VA's services.

The Mission Act

Wilkie told the audience about the VA Mission Act of 2018, a measure designed to improve veterans' access to the VA health care system. The bill also revamps the VA's Comprehensive Assistance for Family Caregivers program, which provides monthly stipends to caregivers of eligible veterans, to expand eligibility for veterans with medical problems related to their military service.

"The Mission Act finally does what we have not done in my lifetime," Wilkie said. "It recognizes family caregivers — something that is vital to the foundational legacy of all the Indian nations of this country, but we recognize it for the entire country. Those caregivers who take care of our warriors will be supported and honored."

He said the Mission Act will also ensure that America's veterans are not treated as badly as veterans were during the Vietnam War.

Wilkie also said President Trump will soon announce the creation of a task force that will study ways to reduce the suicide rate among veterans. Wilkie will serve as chairman of the task force, which he described as the VA's version of the federal war on poverty.

"I expect that the experiences that you have on the Plains will be a central part of our effort, as we try to finally eliminate that great scourge," he said.

After delivering his prepared remarks, Wilkie fielded questions from the audience on a variety of issues facing veterans.

Following the meeting, Stonewall resident Edward Allen said he was glad that Wilkie had decided to visit Ada.

"I believe that Secretary Wilkie is really dedicated to his job," said Allen, a member of the Chickasaw Nation who served in Vietnam. "He sees the needs of what we're facing."

Another veteran, Liberty resident Clinton Little, had a different take on Wilkie's remarks.

Little said he has spent several years trying to get the help he needs from the VA and other government agencies, but with little success. He said he was extremely skeptical that Wilkie would deliver on his promises to veterans.

"He seems very enthusiastic and determined about it," Little said. "But I've had years of no results, so it's hard for me to get that excited when nobody's helping me."

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1.2 - The Hill: [Bipartisan lawmakers call for investigation into VA amid issues with GI Bill benefit payments](#) (1 December, Tal Axelrod, 11.4M uvm; Washington, DC)

A bipartisan group of senators and a member of the House called for the Department of Veterans Affairs's (VA) inspector general to investigate allegations that the department would not reimburse veterans for missed or underpaid benefits under the Forever GI Bill.

Sens. John Boozman (R-Ark.) and Brian Schatz (D-Hawaii), chairman and ranking member of the Senate Appropriations Military Construction and Veterans Affairs Subcommittee, signed the letter along with five Democratic and three Republican senators, as well as one Democratic congressman.

"When I brought the issue of GI Bill underpayments up to [VA] Secretary [Robert] Wilkie during a hearing in September, he acknowledged the VA's error and promised that all affected recipients would be compensated," Boozman wrote.

"When recent news reports suggested the VA was not acting to help veterans who have been shortchanged, the department outlined its plans to remedy the situation. Those plans fall short," he continued. "These veterans must be fully repaid for errors they did not cause and that is what I expect the VA to do."

"Secretary Wilkie may be saying the right things, but until the VA invests money to address the ongoing staffing and IT challenges facing the claims backlog, our veterans will remain robbed of the benefits they were promised," Schatz added. "I expect the Secretary to come up with a plan so that the VA can audit and process retroactive payments for underpaid or missed claims. And I look forward to the Inspector General helping us hold him accountable to that plan."

The letter comes after reports earlier this week that committee aides told congressional staffers the VA would not repay veterans without auditing past education claims, which, they said, would

hold up future claims. Hundreds of thousands of veterans had reportedly received smaller GI Bill benefit payments than they were owed after computer problems delayed GI Bill payments.

The issue first arose after GI Bill payments were delayed due to a change in calculating housing allowances under the Forever GI Bill, which President Trump signed into law last year. The VA computers were reportedly unable to process the change, quickly leading to an immense backlog of veterans' claims.

Because of the backlog, the department announced earlier Wednesday that it would delay the bill's housing allowance changes until next year, while also pledging that veterans who received incorrect GI Bill benefit payments would eventually be paid the correct amount.

Committee aides, however, said VA officials told Capitol Hill staffers on Wednesday that the department will not retroactively reimburse underpaid veterans due to the housing miscalculations once the system is fixed next year.

The VA then released a statement Thursday saying it would rectify the issue and pushing back on reports that the agency did not plan to reimburse those who were underpaid.

"Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole — retroactively if need be — for their housing benefits for this academic year based on the current uncapped DoD rates," VA spokesman Curtis Cashour said in a statement to The Hill on Thursday morning.

"[A]nd, beginning in spring 2020, we [will] be in a position to provide Veterans the new rates where applicable to meet the law known as the Forever GI Bill," he added.

In their letter, lawmakers claimed that the VA's "continued ambiguity" over the payments threatened "to erode" veterans' confidence in the institution.

"The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," they wrote. "It is important that VA fix the technical and staffing shortages that contributed to its inability to implement the Forever GI bill so that it can continue to provide housing stipends to veterans."

The letter calls for an investigation into whether the VA intends to apply the Aug. 1, 2018, housing stipend rates for retroactive payments to eligible beneficiaries, under what legal authority the VA would withhold retroactive payments based on the rates required in the Forever GI Bill, and how and when the VA will process retroactive repayments to eligible veterans.

Rep. Mark Takano (D-Calif.) also sent the VA a letter Friday, along with 24 Democratic members of the House Veterans' Affairs Committee, seeking answers on how the Department seeks to resolve the issue.

2. Improving Customer Service

2.1 - Fort Worth Star-Telegram: [Cheers for generous restaurant patrons, jeers for Panther Island](#) (30 November, Douglas Melton, 931k uvm; Fort Worth, TX)

Cheers: To the VA Medical Center and especially to Dr. David Peach, my audiologist, and Elita Faircroft, the medical support person. I've been in the VA system for 17 years, and I've received superb care. I have severe hearing loss, and Dr. Peach has worked to give me back my hearing. Thank you.

Douglas Melton,

North Richland Hills

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2.2 - Fort Myers Beach Observer: [Center for Natural Healing in Cape approved as primary choice for veteran acupuncture therapy](#) (30 November, 835 uvd; Fort Myers Beach, FL)

The Center for Natural Healing has been approved as a primary choice for veterans to receive acupuncture therapy, showcasing impressive results for those being treated.

Noneen O'Rafferty, owner of the Center for Natural Healing on Vincennes Boulevard in Cape Coral, said they have wanted to help veterans for awhile and to be approved to offer the therapy is just "amazing" because it was the Neurology Services of Veterans Affairs which decided that what it could offer veterans was not enough.

"The opioid abuse epidemic was really affecting the vets. They said last year over 68,000 were addicted to opioid painkillers and that leads to homelessness, suicide and addiction," she explained.

O'Rafferty said acupuncture will not cure everything, but it is an adjunct to therapy that veterans can receive.

"It's getting them off their pain meds," she said.

Veterans have to go through their VA primary healthcare doctor who then prescribes the acupuncture therapy.

If their pain level is under a five out of a scale of 10, O'Rafferty will see them once a week. If the pain exceeds five, she will see them twice a week to get the pain levels down.

In addition to pain, she also works with veterans suffering from Post Traumatic Stress Disorder. She will see the patient once a week to help with PTSD.

"There is a point I do in their ear for relaxation," O'Rafferty explained.

One of her patients shared that they were able to cope with life more, as well as get along better with others after the acupuncture therapy.

"It's not just with physical pain, it's emotional coping day-to-day as well. That is the big thing that impresses me," she said.

The reason why acupuncture works is it starts relaxing the energy and helps blood flow, which then helps with nerves.

O'Rafferty said if someone seems very pale, she works on their kidney energy and if someone is worrying all the time, she works on their stomach and spleen energy. If someone is very angry and flies off the handle, then she works on their liver and gallbladder energy.

There is nothing wrong with the organ, just the energy that runs through the organ system, which is affected by strong emotions.

"Fear, worry and anger are the three big ones that I work with," O'Rafferty said.

She said with acupuncture she has to understand what is taking place in the body. If they are experiencing back pain, O'Rafferty then has to say, "how is it affecting this person" and see if the organ system has been damaged in the process.

"Sometimes they are in less pain and they can think clearer. They don't fly off the handle. Just a general mood improvement," O'Rafferty said.

The treatment typically includes 12 needles. She will spend about an hour with her patient, which begins with a conversation and discussion of what they are experiencing. From there the patient will lay down and relax for about 40 minutes while listening to soft music.

"Once the needles come out, the treatment keeps on working over the next few days," she explained. "Patients fall asleep on the table and say 'I haven't been that relaxed in ages.'"

In addition, she also provides scar release therapy through some mild electric stimulation, which is done through some exercises that starts breaking up and releasing old scar tissue.

"Scars hold emotions and scars create adhesions. Sometimes they can get a pain in their hip and it is coming from a scar on their other hip," she said.

O'Rafferty said she loves working with veterans, especially when she sees the smiles when they start feeling better.

"I'm so grateful to be able to help in some small way. They offered up their lives for the country for us, so it is a bit humbling," she said. "They have been around and around for years seeking any form of pain relief and they don't want to be hooked on the drugs."

The Center for Natural Healing is located at 4632 Vincennes Blvd., Suite 104. For more information, call 239-542-5600.

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2.3 - Finger Lakes Times: [Organization donates van to Canandaigua VA](#) (30 November, 115k uvm; Geneva, NY)

CANANDAIGUA — Disabled American Veterans (DAV) chapters 4 and 15 each donated a van to help provide local veterans transportation to and from their VA appointments.

The vans are valued at \$35,400 each.

One van will be given to the Canandaigua VA Medical Center, giving them a total of five vans that help about 250 veterans each month get to their VA medical appointments. The other van will be given to the Rochester VA Outpatient Clinic, giving them a total of three vans that help transport about 300 veterans each month to their appointments.

For details or to volunteer for the Volunteer Transportation Program, call (585) 393-7761 or visit

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2.4 - Curry Coastal Pilot: [Letters to the editor](#) (30 November, Mike Berns, 9k uvm; Brookings, OR)

[...]

Screening needed

“Lung cancer screening saves Veterans lives”

The above headline is from a March 2018 VA article about lung cancer screening the VA is performing at the Bay Pines VA Healthcare System in Florida. Cardio-Thoracic Radiologist Dr. Maria Harvey is quoted saying that “low dose computed tomography (LDCT) is already saving lives at Bay Pines.”

I brought this article to Roseburg VA’s Director Dave Whitmer’s attention at his first Brookings Townhall Meeting last May.

Whitmer informed that he would look into making this screening available through community providers.

The Bay Pines article states that: “The Veterans Health Administration recommends annual screening for lung cancer with LDCT for adults aged 55 to 80 years old, who have a history of smoking 30 or more packs of cigarettes per year, who currently smoke or have quit within the past 15 years, and have a life expectancy of more than 5 years.”

The Department of Veterans Affairs website does provide information about lung/respiratory cancers as related to veterans who served in Vietnam, the Korean Demilitarized zone or other areas where Agent Orange or other herbicides were sprayed.

Whitmer informed that I could go to Bay Pines for this screening when I went to visit my daughter in Fort Meyers, and that the snowbirds come down from Chicago and take advantage of this screening opportunity.

In an email to the director, I stated that “Oregon veterans lives matter.” I did some investigation, Assante in Medford has a LDCT scanner and they accept Veterans Choice payment.

Dec. 4 will be Whitmer’s last Brookings townhall meeting. It is my hope that Whitmer will announce the Roseburg VA’s initiative to launch an informational campaign to veterans and physicians and offer LDCT lung cancer screening to veterans here.

Mike Berns

Brookings

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3. Business Transformation

3.1 - Quad-City Times: [Hed: Thumbs Up, Thumbs Down](#) (1 December, 125k uvm; Davenport, IA)

Thumbs Up.....to the U.S. Department of Veterans Affairs, which has set next spring as the expected opening of its new clinic at the site of a former grocery store on West Locust Street in Davenport.

This is welcome news. The VA's existing clinic is in Bettendorf, and it is at capacity, serving about 9,000 people annually.

"The new Davenport center will serve an additional 2,400 veterans and offer services that currently aren't available," Times reporter Sarah Ritter writes in today's edition.

The new services at the \$4.1 million facility will include physical therapy, audiology, optometry, podiatry, chiropractic and acupuncture care. Mental health and pharmacy services also will be offered, along with tele-health programs.

Officials also say radiology will be added later.

This particular space in west Davenport has undergone a lot of changes over the years.

It's housed grocery stores, as well as a child care program.

It's been pretty clear for a while that additional capacity for veterans health care was needed in the Quad-Cities, and this clinic will help to fill this need. It will be welcome news to the thousands of veterans in the Quad-Cities, especially those who live in this part of Davenport and Scott County.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WGCL (CBS-46, Video): [Veterans and advocates offer advice on working with the VA following benefit delays and confusion](#) (1 December, Hayley Mason, 169k uvm; Atlanta, GA)

Imagine expecting a paycheck that never comes. That is what is happening to student veterans and service members who rely on the Forever GI Bill for funding and housing allowances.

Thursday, veterans were told they won't be paid the benefits they are owed. On Friday, they were told they will receive the payments starting in December 2019.

The delays and confusion stem from IT problems and backlogs at the Department of Veterans Affairs.

"This is a housing allowance," said Jarrad Turner, an Army veteran and the director of warrior engagement at the Warrior Alliance. "People are concerned. Can I make my mortgage? Can I make my rent?," Turner said.

Turner and the team at The Warrior Alliance in Sandy Springs have been working to find money for student veterans. He says local colleges like Gwinnett Technical College, Kennesaw State University and Georgia State University have been able to use other funds to help with housing and academic needs.

"People are in school or they are working and going to school. They're not expecting that they are going to have to worry about am I going to lose my house," Turner said. "This was definitely causing a lot of stress to a lot of different people. When you serve in the military, you don't want to be thinking hey I am not going to be able to take care of my family," he continued.

The Department of Veterans Affairs is working to enhance the Forever GI Bill, but has struggled to make the technical changes.

Turner says the changes will help veterans access more opportunities and programs in academics funded by the VA. He says he wants the VA to follow through on its promises.

Turner says while veterans wait on their benefits, they should document everything, keep mortgage and rent statements, keep a written tally of benefits you're receiving from the VA and keep address and residency changes in writing.

"We are hoping that these computer glitches are going to be worked out, but the reality is we don't know, so you've got to start budgeting now," Turner said.

The Warrior Alliance is a community integration program that connects veterans in the metro area with veteran resources.

You can check you GI Bill benefits status on the VA website.

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6.2 - La Crosse Tribune: [Public can weigh in next week on plan to turn La Crosse house into residence for veterans](#) (1 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week.

The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit to allow a community living arrangement at 3120 Farnam St., donated by the Ericksons to the VA with the idea that the seven-bedroom, handicap-accessible home would serve local veterans.

The facility, which requires the permit to move forward because it is within 2,500 feet of a similar facility, faced some backlash in October from neighbors concerned about security and was delayed two months to give people a chance to address those concerns.

La Crosse Plan Commission, 4 p.m. Monday in the third-floor conference room at City Hall, 401 N. La Crosse St.

Judiciary and Administration Committee, 6 p.m. Tuesday in the council chambers of City Hall.

“It can be hard to understand if you haven’t worked with veterans and heard their stories as people. Veterans are people, too, and people have issues, veterans or non-veterans,” Brahm said. “These are not scary, scary individuals.”

The people in the work therapy residence will be screened thoroughly to ensure they’re ready for the final step toward independent living, and anyone with a violent history or a history of sexual violence will remain in treatment on the Tomah VAMC campus. Only stable veterans will be admitted to the La Crosse facility.

“These are treated individuals who have participated in the program willingly and with a mission to succeed. These are the ones who are screened by professionals here at the VA, and they will make it,” Brahm said, adding that the average stay nationwide at the VA’s 41 similar facilities is six to 12 months.

The facility’s leaders are trying to address neighbors’ concerns, including staffing, screening and parking.

“We’re trying to give and take, but only to the point where it doesn’t affect the integrity of the program,” Brahm said.

Acklin received the VAMC’s revisions late Thursday and didn’t have time to review them before posting the agenda for Monday’s meeting.

The VA revised parts of the program, limiting the residents to eight from the previously proposed 10, and increasing staffing. In addition to the full-time care manager who oversees the program, Brahm is proposing adding security of some kind, ensuring there is 24/7 on-site supervision, in addition to the two resident managers.

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6.3 - Kitsap Sun: [Lawmakers call for investigation into delayed GI Bill payments](#) (30 November, Julianne Stanford, 111k uvm; Bremerton, WA)

Following months of delayed and incorrect payments to GI Bill beneficiaries, federal lawmakers are calling for an investigation into the Department of Veterans Affairs amid confusion over whether the department intends to reconcile payment discrepancies for student veterans.

U.S. Rep. Derek Kilmer, D-Gig Harbor, and U.S. Sen. Patty Murray, D-Washington, joined a contingent of senators who sent a letter Friday to VA Inspector General Michael Missal. They requested an investigation after reports emerged that the department was not planning to make up the difference to student veterans who received checks for less than what they were legally owed under changes made to the GI Bill in 2017.

"The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," the lawmakers wrote.

Under the new law, known as the Forever GI Bill, students were supposed to be paid the Basic Allowance for Housing rates for the area where they physically attend classes, such as at a satellite campus in a different town, rather than the location of their school's main campus.

Although that change was supposed to go into effect for the start of the fall semester, students were paid out at their old housing stipend rates due to what the VA attributed to problems with updating its computer systems. The stipends did not factor in a cost-of-living adjustment for 2018.

Many students were also left waiting weeks for their checks as the department worked through the backlog of claims that piled up.

The VA announced Wednesday it would be pushing back the implementation date of the housing stipend changes to December 2019 as a result of "continued information technology difficulties." The department estimated those issues would be resolved in time for the start of the spring 2020 semester.

Until then, students will be paid housing allowances based on the location of their school's main campuses rather than their physical location as the new law directs. Those who might have been paid amounts higher than what they would have received if the changes had been implemented won't be responsible for paying the difference back to the VA.

"Redesigning the way (Veterans Benefits Administration) calculates Post 9/11 GI Bill housing rates during a busy academic season was like flying a plane while building it, and that was unfair and frustrating to veterans and taxpayers," VA Secretary Robert Wilkie said in a statement Wednesday. "That's why we are resetting our implementation of the law for the next year to ensure we get the technology and formula right to put veterans first."

VA: Department will retroactively correct underpayments

Although the VA intends to repay veterans who did not receive a cost-of-living adjustment for 2018, it remains unclear if the department will reimburse students who should have received a larger payment because of their location.

The VA issued a statement Thursday that said the department would retroactively correct any underpayments, however, lawmakers are skeptical.

"It remains unclear if VA intends to provide retroactive payments to veterans for housing stipends based on rates that they were legally entitled to beginning August 1, 2018, or if the VA only intends to make veterans whole based on the rates as they existed before the law took effect — and remain in violation of existing law," the letter states.

Wilkie issued a statement Thursday evening to reassure student veterans.

"To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates," Wilkie said.

In the letter sent to the VA's inspector general, lawmakers sought answers to a laundry list of questions, including how the VA intends to address the issues that caused the payment problems in the first place and clarification on how and when the department will repay students veterans.

Such information will help assist lawmakers while they construct the VA's fiscal year 2020's budget "so that we can evaluate whether the VA has requested the appropriate resources that it needs to make timely beneficiary payments and deliver other promised care to our veterans."

Kilmer, whose district includes an estimated 37,000 veterans in Kitsap County, pushed for the VA to honor full repayment to students.

"Veterans have already fought for our country, they should never have to fight the VA to get the benefits they earned and deserve," Kilmer said. "The VA had a year to plan the rollout of the Forever GI Bill's housing stipend changes, and the fact that it has been bungled so badly is unworthy of the service veterans have provided the nation. The VA needs to repay veterans every cent they're owed immediately."

'There needs to be serious oversight'

Many students feel left in the lurch as Congress tries to sort out what's going on behind the scenes.

"The whole thing seems like a betrayal of trust," said Sean Delaire, a Marine Corps veteran and student at Olympic College. Delaire is also one of the co-founders of Left Right Straight, a Bremerton-based nonprofit and advocacy organization that seeks to foster a sense of community for veterans through outdoor activities.

Just like Delaire, a number of student veterans at Olympic College had to wait weeks after the start of the semester before they received their GI Bill benefits.

"It's a huge ethical problem when these servicemembers sign their contract, serving their country with honor, and then come home and are expecting to be taken care of and have the government fulfill their end of the contract," Delaire said. "For a lot of people, the GI Bill is one of the reasons they joined, so they can go to school afterwards and become contributing members of society with higher education, and so for the VA to say, we're not going to uphold our end of the bargain, it's disheartening."

If there are student veterans who are still waiting to receive their benefits, Delaire encouraged them to contact the VA through a hotline to assist veterans at 1-888-442-4551, or to contact their congressman's office or a service organization for further assistance.

"There needs to be serious oversight, or nothing is going to change," Delaire said. "Very bluntly, there are some people who need to get fired, not just relocated. They need to get leadership who is actually going to change things. it's just unacceptable."

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6.4 - KFSM (CBS-5, Video): [Christmas Honors Prepares for 10th Annual Wreath Laying](#) (1 December, 91k uvm; Fort Smith, AR)

5News anchor Laura Simon sits down with Phillip Merry to talk about the upcoming Christmas Honors program.

On Wednesday, December 5th, Christmas Honors would like to invite the public to participate in the assembly of wreaths to be put on headstones at the Fort Smith National Cemetery. This event will begin at 8AM and goes until 2PM.

On Saturday, December 8th, from 8-11AM they invite families of those buried in the National Cemetery to come and lay wreaths on their loved ones graves. After 11, there will be a short ceremony and then the rest of the wreaths will be placed.

Christmas Honors asks that if you are bringing a large group, such as a school group, that you call ahead of time and let them know. You can reach them at (479) 650-5081 or (479) 926-0939.

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6.5 - KABB (FOX-29, Video): [Family raising reward money for information in stabbing of husband and wife](#) (1 December, Ariana Lubelli, 71k uvm; San Antonio, TX)

Desiree Carney is determined to figure out what happened to her brother and sister-in-law who were found dead inside of their home.

"Knowing that I will never see my brother again and I don't know what happened to him and I may never know. That is difficult to digest," said Carney.

Jessica Jimenez Ybarbo, 35, was stabbed multiple times. Ernest Gil Ybarbo or Trey, 40, was stabbed once. Their special needs son made the gruesome discovery on the morning of March 23, 2017 at the 1800 block of Budding Boulevard.

"All the noise around me, everything, just went blank and I could hear the sound of my heart," said Carney.

Jessica's death was ruled a homicide. Trey's death is still undetermined.

"Right now it's undetermined so with undetermined, it could go either way and unless they find anymore evidence, they are keeping it open," said Carney.

It has put the family's grieving process in a hold and they want answers for coverage.

"I still don't have any answers and I want to know what happened," said CaRNEY.

The San Antonio Police Department says it's still an active investigation.

According to Carney, a military investigation was also conducted to determine if her brother, an army veteran, would be eligible to be buried at Fort Sam Houston National Cemetery. Their investigation and autopsy ruling granted Trey a burial at the honorable site.

"Had he, in fact, done this, we knew he couldn't be buried there and I had so many different emotions. When they told us he was eligible to be buried there with full honors that for me just gave me so much peace," said Carney.

Carney says his burial was put on hold for two months after his death while the investigation was being completed.

"That was a very difficult process but he is buried at Fort Sam and had he done it, had they suspected that he had done this, he would not be eligible to be buried there," said Carney.

But until investigators have more information, his death remains "undetermined" in the SAPD investigation.

"He was murdered. They both were murdered so we need more information and somebody out there has to have information," said Carney.

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6.6 - Santa Maria Times: [Veterans Treatment Court graduates three from latest class](#) (1 December, Mathew Burciaga, 39k uvm; Santa Maria, CA)

Three Santa Maria veterans pledged to live a drug- and substance-free future Friday afternoon, marking the latest group to successfully complete the Santa Maria Veterans Treatment Court.

Established November 2011 in Santa Maria by retired Superior Court Judge Rogelio Flores, the 12-month program helps veterans who were struggling with substance abuse, addiction, mental health issues or post-traumatic stress disorder by promoting sobriety, recovery and stability. The initiative offers former servicemen an opportunity for treatment through intervention rather than incarceration.

"Today is to honor what you all have done," Marine Corps veteran Steve Baird told crowd and graduates, seated in the recently renovated backyard at Casa de Flores (Camp Flores). "As an alumni through this program, I know what it took to get here today."

Veteran-offenders are diverted to a specialized court docket that offers specific, targeted resources from the U.S. Department of Veterans Affairs health-care networks, the Veterans Benefits Administration, and volunteer veteran mentors and veterans family support organizations, as well as traditional drug and mental health services.

Graduates emerge from the program with a newfound sobriety, reducing criminality and the occurrence of psychiatric episodes while simultaneously improving their quality of life.

"It feels wonderful to give back what was given to me," Baird said. "It's like exactly what I should be doing."

Garret Bakke, who completed the program five years ago, said the treatment court represented "opportunity and a new life." Describing himself as formerly unemployable and "spiritually bankrupt," Bakke said surrendering to recovery was the best decision he's ever made.

"Although I graduated five years ago, I haven't graduated from recovery," he told the group. "I still do those things that I did very early on in recovery. Those simple things keep me in recovery."

Army veteran Bobby Ramos, another graduate of the program, said the tough transition back to civilian life led him down a path of drugs. Referred to the Veterans Treatment Court after renting property he didn't own, Ramos said his addiction cost him his business, property and family, as well as his sense of self.

"Battling a drug addiction and losing everything you care for is like a nightmare you never get to wake up from," he said. "It's a gut-wrenching experience."

Mark Gorin, one of the graduates, said the Treatment Court gave him the opportunity to turn his life around. "Before this I was stuck in limbo status," he said. "I was procrastinating but finally did what I needed to do to turn my life around."

The ceremony included a grand unveiling of the house's new second-floor addition, an improvement that allows them to take in up to four additional veterans. At the end of the ceremony, representatives from CoastHills Credit Union presented Casa de Flores with a \$1,000 donation.

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6.7 - WAAY (ABC-31, Video): [Senator Doug Jones Calls For Action Regarding Missed V.A. Benefits](#) (1 December, Sierra Phillips, 33k uvm; Huntsville, AL)

Two-minute video: This week Senator Doug Jones addressed the Department of Veterans Affairs asking the v-a to pay an estimated 360,000 veterans benefits overlooked due to technical errors. Senator Jones says he signed a letter with other lawmakers calling for an investigation into how these errors happened in the first place and into allegations the V.A. refused to pay the benefits even when it discovered the problem.

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6.8 - Texarkana Gazette: [Unacceptable: VA woes continue to affect American heroes](#) (1 December, 18k uvm; Texarkana, TX)

A couple of weeks ago in this space, we discussed an ongoing situation affecting many American veterans.

Last year's Harry W. Colmery Veterans Educational Assistance Act—commonly called the "Forever GI Bill"—expanded education benefits to more service members, including those in the National Guard and Reserves. It also called for a change in how housing benefits are calculated.

But the Department of Veterans Affairs didn't get the proper information technology infrastructure in place by the August deadline to make sure the benefits reach the veterans. That means 82,000 veterans in college are still waiting for housing payments, according to VA estimates. Some have had to go deeply into debt to cover those expenses, and others are facing eviction and homelessness.

And more than 300,000 others have been issued late payments or incorrect amounts that do not reflect promised increases for 2018. The agency originally said vets would be reimbursed for the full amount due under the bill. Now the VA is saying that extra money won't be coming at all.

On Wednesday, the VA told the House Veterans Affairs Committee that processing past claims could hold up work on claims for the new semester beginning after the new year. That means it likely wouldn't be worth the work and expensive technology upgrades to make sure our veterans are compensated properly under new, higher rates authorized by the bill. Worth it to whom? In our view it would surely be worth it to the veterans waiting for their money and to the public that pays the taxes and supports them.

The VA insist veterans will be made whole—using the older, lower rates. To make things worse, the VA says a system for calculating new housing benefits won't be functional for at least a year. That means more hardship for our veterans.

This is completely unacceptable. Our government made a promise to service members. We expect President Trump and Congress to take a firm stand on this and make sure that promise is kept.

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6.9 - Standard-Journal: [How much do you know about PTSD?](#) (1 December, Chris Brady, 2k uvm; Milton, PA)

The Department of Veterans Affairs has a special section on its website www.ptsd.va.gov dedicated to families and friends of those with PTSD.

Put simply, PTSD can make life difficult not only for the person diagnosed, but for those around them — family, friends, colleagues. The VA lays much of this out on its website and does a good job providing information on the matter.

Having interviewed hundreds and hundreds of combat veterans, I've seen the effects of PTSD and can assure you each and every case is different. Sadly, it's estimated that roughly half of those with PTSD never seek treatment.

Ed Ramon — a two-tour combat assault helicopter pilot from Vietnam — spent years studying the issue. He never had a desire to do so, but was more or less forced into it because when he returned from war, the doctor's advice to him was simply to "get over the war."

That's where we were with treatment of combat veterans all the way up to and beyond what was to that point the longest war our nation had been involved in.

Times have changed and there are more resources available to veterans. Still, the effects of PTSD are largely misunderstood among the civilian population. Thankfully, science and research continues to evolve as we learn more each day about PTSD.

Unique as Ramon's story is, there is much of it that can be found in other veterans' stories.

Ramon's father, a World War II veteran, and his brother, who served as an infantryman in Vietnam between his two tours, both committed suicide. Ramon himself admitted to several incidents in which he attempted to end his own life — suicide by cop, high-speed treks on a motorcycle in the rain...

This is a man who earned multiple Distinguished Flying Crosses, Purple Hearts and is in line to receive the Medal of Honor.

The most decorated soldier to come from the Vietnam War — and second only to Audie Murphy as the nation's most decorated soldier ever — came home a scarred man, violent and largely incapable of adjusting to civilian life. Joe Ronnie Hooper is a war hero, but few who dedicate more than a passing interest in military history have ever heard his name.

Ramon, I've found, is the best at explaining PTSD and he still spends time counseling veterans to this day.

"It's not just the soldier who has PTSD," he said. "It's the soldier's mother, his father, his wife, children, aunts, uncles, cousins, friends. It's everyone around that soldier."

When it's explained like that, it's easy to see how far-reaching the effects of PTSD can be. The only professional athlete to die in Vietnam was Bob Kalsu, who was an All-American lineman at Oklahoma University before being drafted and earning the Buffalo Bills Rookie of the Year award in 1968. Enrolled in ROTC while at OU, Kalsu went to Vietnam, though he could have easily gotten out of combat duty. It was not in his character to do so, though.

He was killed in July 1970, hours prior to the birth of his son back in Oklahoma.

Decades after his death, I listened as his widow, Jan, cried while recounting the memories she had with her husband. The two had a daughter prior to his departure for Vietnam and met briefly in Hawaii for R&R (rest and recuperation) during his tour of duty as an artillery officer atop a firebase not far from the DMZ. During that visit in Hawaii, which happened to coincide with the July 4 holiday, Jan remembered her husband — a mountain of a man — diving off the bed and onto the floor when fireworks erupted in the hotel courtyard.

Thousands of veterans have taken their lives over the years, and it's not uncommon to see more veterans die by their own hand in a calendar year than those killed in combat.

We ask these warriors to defend us, and our freedoms, in some of the most God-awful places on the globe — places where democracy rarely flourishes and the American flag is a target. We owe it to them, and all who served and suffered, to consider what it is we can do to ease their transition back into civilian life.

Chris Brady is managing editor at The Standard-Journal and author of three Vietnam-based books, “Remembering Firebase Ripcord,” “A War We Can’t Forget” and the novel, “We Answered the Call.” He can be reached at chris@standard-journal.com.

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7. [Other](#)

7.1 - The Press Democrat: [Combat veteran researched murder-suicide before Yountville shooting](#) (1 December, Mary Callahan, 407k uvm; Santa Rosa, CA)

The gunman who killed three clinicians at a Napa Valley veterans facility this year visited the site a day before the attack and propped open the ground-floor door that would give him access when he returned the next day, heavily armed and bent on violence, according to a newly released summary of a CHP investigation.

Albert Cheung Wong, a troubled combat veteran, had been working up to the bloodshed for at least several weeks, investigators found, purchasing one firearm after another, readying ammunition and laying groundwork for a siege at the Veterans Home of California in Yountville where he had previously been in treatment.

The investigation summary does not alter major components already assembled by authorities into the suspected motive and timeline of the March 9 siege. Much of that narrative was formally laid out last month in a report from the Napa County District Attorney’s Office, which reaffirmed that Wong acted alone.

But the CHP document includes chilling new details that further illustrate the premeditated nature of Wong’s attack and the grip that plans for deadly revenge had on his mind.

His act to prop open a basement door March 8 ensured he would be able to get into The Pathway Home treatment center where he was once a patient without an electronic keycard or contact with anyone in the building.

After he returned to his home in Sacramento, Wong stayed up all or most of the night surfing the most macabre corners of the web, according to search histories of digital equipment seized from his Sacramento home.

He clicked on pages with entries entitled “Overcoming the Fear of Lethal Injury” and “Murder-Suicide: When Killing Yourself is Not Enough.”

Finally, in the hour before he climbed into a rental car for his return to Yountville, he watched several videos — live footage of suicides marked “GRAPHIC” and “WARNING,” investigators say.

The heavily redacted report, 94 pages in all, relies as well on dispatch logs from March 9, and physical evidence and witness statements from the shooting scene that day.

Wong's victims — executive director Christine Loeber, 48; Dr. Jennifer Golick, 42, a therapist; and Dr. Jennifer Gonzales Shushereba, 32, a psychologist with the San Francisco Department of Veterans Affairs Healthcare System — formed the clinical core of the now shuttered Pathway Home program. Gonzales Shushereba was seven months pregnant, and her unborn child died, as well.

Wong, 36, a former Army infantryman whose service included a year in Afghanistan, had been a patient at the 10-year-old program for nearly a year.

But he had run into conflict with the staff, bristling under its restrictions and policies. His brother said Wong was told to leave after he had been found with knives.

Officials have confirmed that Wong was asked to leave but say he left the program before his Feb. 20 discharge date — before arrangements for a handoff could be made that would allow for a supportive transition to some other treatment.

Instead, on Feb. 14, Wong went to Sweeney's Sports in Napa and bought a Stoeger Industries double-barrel shotgun, according to the CHP report. He took possession of that gun Feb. 25, after the state-mandated 10-day waiting period.

But two days before, on Feb. 23, he bought a JP Enterprises .308-caliber assault rifle from Coyote Point Armory in Burlingame, taking possession of it on March 5.

The Napa County District Attorney's Office said in a statement last month that Wong had threatened his intended targets multiple times, specifically saying he would kill them "by coming onto the premises and shooting them with a gun."

When Wong arrived about 10:18 a.m. March 9 at the Pathway Home building he wielded gear familiar to him as a combat veteran: eye and ear protection, a "tactical-style rifle" in a "low ready" position, and the shotgun slung over his shoulder, with extra ammunition.

In less than two minutes he was in the second-floor room where staff members and a few clients were gathered to say goodbye to a staff member.

He dismissed three veterans and then four staff members, several of whom began calling authorities, the CHP reported. Internal security cameras captured footage of the survivors leaving the room, some of them running and several on cellphones.

One of the cameras was aimed through the open door and caught the moment Wong kicked it shut, closing him in with the three victims.

Gonzales Shushereba was captured on camera several times holding her stomach with both hands.

Napa County Sheriff's Deputy Steven Lombardi was the first to arrive among the scores of responding law enforcement officers who would surround the complex for hours that day.

He was informed of Wong's military experience, of reports he had an assault rifle and "lots of ammo," and that he might have taken hostages in a building he knew well as a former patient.

Lombardi, a 26-year sheriff's office veteran, "felt he was going into the situation at a disadvantage and did not think he was going to come out alive, but he knew he had to stop the threat based on his training," the CHP report states.

A fleeing staff member let him in and Lombardi climbed the stairway alone, clearing several rooms before finding the one where Wong was holed up with the three women.

Pushing open the door, he saw a figure with a rifle pointed toward the ceiling. He took cover, thinking the situation might be static for the moment, the report says.

But that impression changed quickly, the sound of Wong readying his rifle to fire and a woman's scream, prompting him to believe she was about to be shot, the report said.

He began firing through the door, and Wong returned fire at him, filling the air with white dust from the wallboard, according to the report.

Lombardi thought Wong was preparing to attack, and he fired additional rounds as he retreated toward the elevator to take cover. But he was met with silence that lasted for more than six minutes — until three deputies and four Napa police officers arrived to support him. By then, authorities believed the encounter had become a hostage situation, the report states.

It wasn't until 5:45 p.m. that afternoon that an FBI SWAT robot was deployed to the second-floor room and was able to determine that all four people inside were dead.

Investigators say they believe after reviewing the security footage and the audio from Lombardi's body camera, which had been knocked off, that Wong turned his gun on the three women moments after firing at Lombardi. Golick and Gonzalez Shushereba had been shot once each with the assault rifle. Loeber had been struck multiple times.

Wong shot himself in the head with the 12-gauge shotgun.

The CHP's investigation was prompted by its jurisdiction over the 600-acre veterans' campus, which is patrolled by the Sheriff's Office under a contract with the city.

The Pathway Home was a residential treatment program that had been lauded over its 10-year existence for its work to help more than 450 veterans reintegrate into society.

It was suspended after the shooting and closed indefinitely this summer

A program spokesman, Larry Kamer, has said he did not know if and to whom Wong's threats might have been reported. There were a variety of reasons they would not have been reported to the nonprofit board, including issues of patient confidentiality and others that surface when treating former servicemen and women dealing with serious trauma and brain injury.

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Veterans Affairs Media Summary and News Clips

2 December 2018

1. [Top Stories](#)

1.1 - The Ada News: [Veterans Affairs secretary visits Ada](#) (1 December, Eric Swanson, 7k uvm; Ada, OK)

With the help of President Donald Trump and Congress, the federal Department of Veterans Affairs is about to undergo the greatest change in the agency's history, Secretary of Veterans Affairs Robert Wilkie said Wednesday.

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1.2 - The Hill: [Bipartisan lawmakers call for investigation into VA amid issues with GI Bill benefit payments](#) (1 December, Tal Axelrod, 11.4M uvm; Washington, DC)

A bipartisan group of senators and a member of the House called for the Department of Veterans Affairs's (VA) inspector general to investigate allegations that the department would not reimburse veterans for missed or underpaid benefits under the Forever GI Bill.

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2. [Improving Customer Service](#)

2.1 - Fort Worth Star-Telegram: [Cheers for generous restaurant patrons, jeers for Panther Island](#) (30 November, Douglas Melton, 931k uvm; Fort Worth, TX)

Cheers: To the VA Medical Center and especially to Dr. David Peach, my audiologist, and Elita Faircroft, the medical support person. I've been in the VA system for 17 years, and I've received superb care. I have severe hearing loss, and Dr. Peach has worked to give me back my hearing. Thank you.

[Hyperlink to Above](#)

2.2 - Fort Myers Beach Observer: [Center for Natural Healing in Cape approved as primary choice for veteran acupuncture therapy](#) (30 November, 835 uvd; Fort Myers Beach, FL)

The Center for Natural Healing has been approved as a primary choice for veterans to receive acupuncture therapy, showcasing impressive results for those being treated. Noneen O'Rafferty, owner of the Center for Natural Healing on Vincennes Boulevard in Cape Coral, said they have wanted to help veterans for awhile and to be approved to offer the therapy is just "amazing" because it was the Neurology Services of Veterans Affairs which decided that what it could offer veterans was not enough.

[Hyperlink to Above](#)

2.3 - Finger Lakes Times: [Organization donates van to Canandaigua VA](#) (30 November, 115k uvm; Geneva, NY)

Disabled American Veterans (DAV) chapters 4 and 15 each donated a van to help provide local veterans transportation to and from their VA appointments. The vans are valued at \$35,400 each. One van will be given to the Canandaigua VA Medical Center, giving them a total of five vans that help about 250 veterans each month get to their VA medical appointments.

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2.4 - Curry Coastal Pilot: [Letters to the editor](#) (30 November, Mike Berns, 9k uvm; Brookings, OR)

The above headline is from a March 2018 VA article about lung cancer screening the VA is performing at the Bay Pines VA Healthcare System in Florida. Cardio-Thoracic Radiologist Dr. Maria Harvey is quoted saying that "low dose computed tomography (LDCT) is already saving lives at Bay Pines."

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3. [Business Transformation](#)

3.1 - Quad-City Times: [Hed: Thumbs Up, Thumbs Down](#) (1 December, 125k uvm; Davenport, IA)

Thumbs Up.....to the U.S. Department of Veterans Affairs, which has set next spring as the expected opening of its new clinic at the site of a former grocery store on West Locust Street in Davenport. This is welcome news. The VA's existing clinic is in Bettendorf, and it is at capacity, serving about 9,000 people annually.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WGCL (CBS-46, Video): [Veterans and advocates offer advice on working with the VA following benefit delays and confusion](#) (1 December, Hayley Mason, 169k uvm; Atlanta, GA)

Imagine expecting a paycheck that never comes. That is what is happening to student veterans and service members who rely on the Forever GI Bill for funding and housing allowances. Thursday, veterans were told they won't be paid the benefits they are owed. On Friday, they were told they will receive the payments starting in December 2019.

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6.2 - La Crosse Tribune: [Public can weigh in next week on plan to turn La Crosse house into residence for veterans](#) (1 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week. The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit...

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6.3 - Kitsap Sun: [Lawmakers call for investigation into delayed GI Bill payments](#) (30 November, Julianne Stanford, 111k uvm; Bremerton, WA)

Following months of delayed and incorrect payments to GI Bill beneficiaries, federal lawmakers are calling for an investigation into the Department of Veterans Affairs amid confusion over whether the department intends to reconcile payment discrepancies for student veterans.

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6.4 - KFSM (CBS-5, Video): [Christmas Honors Prepares for 10th Annual Wreath Laying](#) (1 December, 91k uvm; Fort Smith, AR)

5News anchor Laura Simon sits down with Phillip Merry to talk about the upcoming Christmas Honors program. On Wednesday, December 5th, Christmas Honors would like to invite the public to participate in the assembly of wreaths to be put on headstones at the Fort Smith National Cemetery. This event will begin at 8AM and goes until 2PM.

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6.5 - KABB (FOX-29, Video): [Family raising reward money for information in stabbing of husband and wife](#) (1 December, Ariana Lubelli, 71k uvm; San Antonio, TX)

Desiree Carney is determined to figure out what happened to her brother and sister-in-law who were found dead inside of their home. "Knowing that I will never see my brother again and I don't know what happened to him and I may never know. That is difficult to digest," said Carney.

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6.6 - Santa Maria Times: [Veterans Treatment Court graduates three from latest class](#) (1 December, Mathew Burciaga, 39k uvm; Santa Maria, CA)

Three Santa Maria veterans pledged to live a drug- and substance-free future Friday afternoon, marking the latest group to successfully complete the Santa Maria Veterans Treatment Court. Established November 2011 in Santa Maria by retired Superior Court Judge Rogelio Flores, the 12-month program helps veterans who were struggling with substance abuse, addiction, mental health issues or post-traumatic stress disorder by promoting sobriety, recovery and stability.

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6.7 - WAAY (ABC-31, Video): [Senator Doug Jones Calls For Action Regarding Missed V.A. Benefits](#) (1 December, Sierra Phillips, 33k uvm; Huntsville, AL)

Two-minute video: This week Senator Doug Jones addressed the Department of Veterans Affairs asking the v-a to pay an estimated 360,000 veterans benefits overlooked due to technical errors. Senator Jones says he signed a letter with other lawmakers calling for an investigation into how these errors happened in the first place and into allegations the V.A. refused to pay the benefits even when it discovered the problem.

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7. [Other](#)

7.1 - The Press Democrat: [Combat veteran researched murder-suicide before Yountville shooting](#) (1 December, Mary Callahan, 407k uvm; Santa Rosa, CA)

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1. [Top Stories](#)

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With the help of President Donald Trump and Congress, the federal Department of Veterans Affairs is about to undergo the greatest change in the agency's history, Secretary of Veterans Affairs Robert Wilkie said Wednesday.

"I do think that we are on the cusp for a great transformative period," he said. "I will add to that answer by saying my philosophy is that government is best when it's closest to those whom it's supposed to serve, which means the days of massive directives coming out of the 10th floor of the Veterans headquarters in Washington are over.

"There is no way anyone sitting up there can offer a one size fits all for veterans' needs across the country."

Wilkie spoke about the VA's efforts to reach more veterans and the future of the agency during a tribal nations town hall meeting Wednesday morning at the Chickasaw Nation Community Center in Ada. Chickasaw Nation Gov. Bill Anoatubby, Lt. Gov. Jefferson Keel and leaders from Oklahoma's 39 tribal nations also attended the event.

Native American veterans from across the region flocked to the Community Center, where they listened as Wilkie thanked them for serving their country and vowed to improve the VA's services.

The Mission Act

Wilkie told the audience about the VA Mission Act of 2018, a measure designed to improve veterans' access to the VA health care system. The bill also revamps the VA's Comprehensive Assistance for Family Caregivers program, which provides monthly stipends to caregivers of eligible veterans, to expand eligibility for veterans with medical problems related to their military service.

"The Mission Act finally does what we have not done in my lifetime," Wilkie said. "It recognizes family caregivers — something that is vital to the foundational legacy of all the Indian nations of this country, but we recognize it for the entire country, Those caregivers who take care of our warriors will be supported and honored."

He said the Mission Act will also ensure that America's veterans are not treated as badly as veterans were during the Vietnam War.

Wilkie also said President Trump will soon announce the creation of a task force that will study ways to reduce the suicide rate among veterans. Wilkie will serve as chairman of the task force, which he described as the VA's version of the federal war on poverty.

"I expect that the experiences that you have on the Plains will be a central part of our effort, as we try to finally eliminate that great scourge," he said.

After delivering his prepared remarks, Wilkie fielded questions from the audience on a variety of issues facing veterans.

Following the meeting, Stonewall resident Edward Allen said he was glad that Wilkie had decided to visit Ada.

"I believe that Secretary Wilkie is really dedicated to his job," said Allen, a member of the Chickasaw Nation who served in Vietnam. "He sees the needs of what we're facing."

Another veteran, Liberty resident Clinton Little, had a different take on Wilkie's remarks.

Little said he has spent several years trying to get the help he needs from the VA and other government agencies, but with little success. He said he was extremely skeptical that Wilkie would deliver on his promises to veterans.

"He seems very enthusiastic and determined about it," Little said. "But I've had years of no results, so it's hard for me to get that excited when nobody's helping me."

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1.2 - The Hill: [Bipartisan lawmakers call for investigation into VA amid issues with GI Bill benefit payments](#) (1 December, Tal Axelrod, 11.4M uvm; Washington, DC)

A bipartisan group of senators and a member of the House called for the Department of Veterans Affairs's (VA) inspector general to investigate allegations that the department would not reimburse veterans for missed or underpaid benefits under the Forever GI Bill.

Sens. John Boozman (R-Ark.) and Brian Schatz (D-Hawaii), chairman and ranking member of the Senate Appropriations Military Construction and Veterans Affairs Subcommittee, signed the letter along with five Democratic and three Republican senators, as well as one Democratic congressman.

"When I brought the issue of GI Bill underpayments up to [VA] Secretary [Robert] Wilkie during a hearing in September, he acknowledged the VA's error and promised that all affected recipients would be compensated," Boozman wrote.

"When recent news reports suggested the VA was not acting to help veterans who have been shortchanged, the department outlined its plans to remedy the situation. Those plans fall short," he continued. "These veterans must be fully repaid for errors they did not cause and that is what I expect the VA to do."

"Secretary Wilkie may be saying the right things, but until the VA invests money to address the ongoing staffing and IT challenges facing the claims backlog, our veterans will remain robbed of the benefits they were promised," Schatz added. "I expect the Secretary to come up with a plan so that the VA can audit and process retroactive payments for underpaid or missed claims. And I look forward to the Inspector General helping us hold him accountable to that plan."

The letter comes after reports earlier this week that committee aides told congressional staffers the VA would not repay veterans without auditing past education claims, which, they said, would

hold up future claims. Hundreds of thousands of veterans had reportedly received smaller GI Bill benefit payments than they were owed after computer problems delayed GI Bill payments.

The issue first arose after GI Bill payments were delayed due to a change in calculating housing allowances under the Forever GI Bill, which President Trump signed into law last year. The VA computers were reportedly unable to process the change, quickly leading to an immense backlog of veterans' claims.

Because of the backlog, the department announced earlier Wednesday that it would delay the bill's housing allowance changes until next year, while also pledging that veterans who received incorrect GI Bill benefit payments would eventually be paid the correct amount.

Committee aides, however, said VA officials told Capitol Hill staffers on Wednesday that the department will not retroactively reimburse underpaid veterans due to the housing miscalculations once the system is fixed next year.

The VA then released a statement Thursday saying it would rectify the issue and pushing back on reports that the agency did not plan to reimburse those who were underpaid.

"Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole — retroactively if need be — for their housing benefits for this academic year based on the current uncapped DoD rates," VA spokesman Curtis Cashour said in a statement to The Hill on Thursday morning.

"[A]nd, beginning in spring 2020, we [will] be in a position to provide Veterans the new rates where applicable to meet the law known as the Forever GI Bill," he added.

In their letter, lawmakers claimed that the VA's "continued ambiguity" over the payments threatened "to erode" veterans' confidence in the institution.

"The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," they wrote. "It is important that VA fix the technical and staffing shortages that contributed to its inability to implement the Forever GI bill so that it can continue to provide housing stipends to veterans."

The letter calls for an investigation into whether the VA intends to apply the Aug. 1, 2018, housing stipend rates for retroactive payments to eligible beneficiaries, under what legal authority the VA would withhold retroactive payments based on the rates required in the Forever GI Bill, and how and when the VA will process retroactive repayments to eligible veterans.

Rep. Mark Takano (D-Calif.) also sent the VA a letter Friday, along with 24 Democratic members of the House Veterans' Affairs Committee, seeking answers on how the Department seeks to resolve the issue.

2. Improving Customer Service

2.1 - Fort Worth Star-Telegram: [Cheers for generous restaurant patrons, jeers for Panther Island](#) (30 November, Douglas Melton, 931k uvm; Fort Worth, TX)

Cheers: To the VA Medical Center and especially to Dr. David Peach, my audiologist, and Elita Faircroft, the medical support person. I've been in the VA system for 17 years, and I've received superb care. I have severe hearing loss, and Dr. Peach has worked to give me back my hearing. Thank you.

Douglas Melton,

North Richland Hills

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2.2 - Fort Myers Beach Observer: [Center for Natural Healing in Cape approved as primary choice for veteran acupuncture therapy](#) (30 November, 835 uvd; Fort Myers Beach, FL)

The Center for Natural Healing has been approved as a primary choice for veterans to receive acupuncture therapy, showcasing impressive results for those being treated.

Noneen O'Rafferty, owner of the Center for Natural Healing on Vincennes Boulevard in Cape Coral, said they have wanted to help veterans for awhile and to be approved to offer the therapy is just "amazing" because it was the Neurology Services of Veterans Affairs which decided that what it could offer veterans was not enough.

"The opioid abuse epidemic was really affecting the vets. They said last year over 68,000 were addicted to opioid painkillers and that leads to homelessness, suicide and addiction," she explained.

O'Rafferty said acupuncture will not cure everything, but it is an adjunct to therapy that veterans can receive.

"It's getting them off their pain meds," she said.

Veterans have to go through their VA primary healthcare doctor who then prescribes the acupuncture therapy.

If their pain level is under a five out of a scale of 10, O'Rafferty will see them once a week. If the pain exceeds five, she will see them twice a week to get the pain levels down.

In addition to pain, she also works with veterans suffering from Post Traumatic Stress Disorder. She will see the patient once a week to help with PTSD.

"There is a point I do in their ear for relaxation," O'Rafferty explained.

One of her patients shared that they were able to cope with life more, as well as get along better with others after the acupuncture therapy.

"It's not just with physical pain, it's emotional coping day-to-day as well. That is the big thing that impresses me," she said.

The reason why acupuncture works is it starts relaxing the energy and helps blood flow, which then helps with nerves.

O'Rafferty said if someone seems very pale, she works on their kidney energy and if someone is worrying all the time, she works on their stomach and spleen energy. If someone is very angry and flies off the handle, then she works on their liver and gallbladder energy.

There is nothing wrong with the organ, just the energy that runs through the organ system, which is affected by strong emotions.

"Fear, worry and anger are the three big ones that I work with," O'Rafferty said.

She said with acupuncture she has to understand what is taking place in the body. If they are experiencing back pain, O'Rafferty then has to say, "how is it affecting this person" and see if the organ system has been damaged in the process.

"Sometimes they are in less pain and they can think clearer. They don't fly off the handle. Just a general mood improvement," O'Rafferty said.

The treatment typically includes 12 needles. She will spend about an hour with her patient, which begins with a conversation and discussion of what they are experiencing. From there the patient will lay down and relax for about 40 minutes while listening to soft music.

"Once the needles come out, the treatment keeps on working over the next few days," she explained. "Patients fall asleep on the table and say 'I haven't been that relaxed in ages.'"

In addition, she also provides scar release therapy through some mild electric stimulation, which is done through some exercises that starts breaking up and releasing old scar tissue.

"Scars hold emotions and scars create adhesions. Sometimes they can get a pain in their hip and it is coming from a scar on their other hip," she said.

O'Rafferty said she loves working with veterans, especially when she sees the smiles when they start feeling better.

"I'm so grateful to be able to help in some small way. They offered up their lives for the country for us, so it is a bit humbling," she said. "They have been around and around for years seeking any form of pain relief and they don't want to be hooked on the drugs."

The Center for Natural Healing is located at 4632 Vincennes Blvd., Suite 104. For more information, call 239-542-5600.

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2.3 - Finger Lakes Times: [Organization donates van to Canandaigua VA](#) (30 November, 115k uvm; Geneva, NY)

CANANDAIGUA — Disabled American Veterans (DAV) chapters 4 and 15 each donated a van to help provide local veterans transportation to and from their VA appointments.

The vans are valued at \$35,400 each.

One van will be given to the Canandaigua VA Medical Center, giving them a total of five vans that help about 250 veterans each month get to their VA medical appointments. The other van will be given to the Rochester VA Outpatient Clinic, giving them a total of three vans that help transport about 300 veterans each month to their appointments.

For details or to volunteer for the Volunteer Transportation Program, call (585) 393-7761 or visit

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2.4 - Curry Coastal Pilot: [Letters to the editor](#) (30 November, Mike Berns, 9k uvm; Brookings, OR)

[...]

Screening needed

“Lung cancer screening saves Veterans lives”

The above headline is from a March 2018 VA article about lung cancer screening the VA is performing at the Bay Pines VA Healthcare System in Florida. Cardio-Thoracic Radiologist Dr. Maria Harvey is quoted saying that “low dose computed tomography (LDCT) is already saving lives at Bay Pines.”

I brought this article to Roseburg VA’s Director Dave Whitmer’s attention at his first Brookings Townhall Meeting last May.

Whitmer informed that he would look into making this screening available through community providers.

The Bay Pines article states that: “The Veterans Health Administration recommends annual screening for lung cancer with LDCT for adults aged 55 to 80 years old, who have a history of smoking 30 or more packs of cigarettes per year, who currently smoke or have quit within the past 15 years, and have a life expectancy of more than 5 years.”

The Department of Veterans Affairs website does provide information about lung/respiratory cancers as related to veterans who served in Vietnam, the Korean Demilitarized zone or other areas where Agent Orange or other herbicides were sprayed.

Whitmer informed that I could go to Bay Pines for this screening when I went to visit my daughter in Fort Meyers, and that the snowbirds come down from Chicago and take advantage of this screening opportunity.

In an email to the director, I stated that “Oregon veterans lives matter.” I did some investigation, Assante in Medford has a LDCT scanner and they accept Veterans Choice payment.

Dec. 4 will be Whitmer’s last Brookings townhall meeting. It is my hope that Whitmer will announce the Roseburg VA’s initiative to launch an informational campaign to veterans and physicians and offer LDCT lung cancer screening to veterans here.

Mike Berns

Brookings

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3. Business Transformation

3.1 - Quad-City Times: [Hed: Thumbs Up, Thumbs Down](#) (1 December, 125k uvm; Davenport, IA)

Thumbs Up.....to the U.S. Department of Veterans Affairs, which has set next spring as the expected opening of its new clinic at the site of a former grocery store on West Locust Street in Davenport.

This is welcome news. The VA's existing clinic is in Bettendorf, and it is at capacity, serving about 9,000 people annually.

"The new Davenport center will serve an additional 2,400 veterans and offer services that currently aren't available," Times reporter Sarah Ritter writes in today's edition.

The new services at the \$4.1 million facility will include physical therapy, audiology, optometry, podiatry, chiropractic and acupuncture care. Mental health and pharmacy services also will be offered, along with tele-health programs.

Officials also say radiology will be added later.

This particular space in west Davenport has undergone a lot of changes over the years.

It's housed grocery stores, as well as a child care program.

It's been pretty clear for a while that additional capacity for veterans health care was needed in the Quad-Cities, and this clinic will help to fill this need. It will be welcome news to the thousands of veterans in the Quad-Cities, especially those who live in this part of Davenport and Scott County.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WGCL (CBS-46, Video): [Veterans and advocates offer advice on working with the VA following benefit delays and confusion](#) (1 December, Hayley Mason, 169k uvm; Atlanta, GA)

Imagine expecting a paycheck that never comes. That is what is happening to student veterans and service members who rely on the Forever GI Bill for funding and housing allowances.

Thursday, veterans were told they won't be paid the benefits they are owed. On Friday, they were told they will receive the payments starting in December 2019.

The delays and confusion stem from IT problems and backlogs at the Department of Veterans Affairs.

"This is a housing allowance," said Jarrad Turner, an Army veteran and the director of warrior engagement at the Warrior Alliance. "People are concerned. Can I make my mortgage? Can I make my rent?," Turner said.

Turner and the team at The Warrior Alliance in Sandy Springs have been working to find money for student veterans. He says local colleges like Gwinnett Technical College, Kennesaw State University and Georgia State University have been able to use other funds to help with housing and academic needs.

"People are in school or they are working and going to school. They're not expecting that they are going to have to worry about am I going to lose my house," Turner said. "This was definitely causing a lot of stress to a lot of different people. When you serve in the military, you don't want to be thinking hey I am not going to be able to take care of my family," he continued.

The Department of Veterans Affairs is working to enhance the Forever GI Bill, but has struggled to make the technical changes.

Turner says the changes will help veterans access more opportunities and programs in academics funded by the VA. He says he wants the VA to follow through on its promises.

Turner says while veterans wait on their benefits, they should document everything, keep mortgage and rent statements, keep a written tally of benefits you're receiving from the VA and keep address and residency changes in writing.

"We are hoping that these computer glitches are going to be worked out, but the reality is we don't know, so you've got to start budgeting now," Turner said.

The Warrior Alliance is a community integration program that connects veterans in the metro area with veteran resources.

You can check you GI Bill benefits status on the VA website.

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6.2 - La Crosse Tribune: [Public can weigh in next week on plan to turn La Crosse house into residence for veterans](#) (1 December, Jourdan Vian, 123k uvm; La Crosse, WI)

The Tomah Veterans Affairs Medical Center has made some tweaks to its proposal to put in a transitional residency program in the former home of Dave and Barb Erickson in advance of two city committees discussing the request next week.

The La Crosse Plan Commission and the Judiciary and Administration Committee will meet Monday and Tuesday, respectively, to discuss whether to grant the Tomah VA Medical Center a conditional-use permit to allow a community living arrangement at 3120 Farnam St., donated by the Ericksons to the VA with the idea that the seven-bedroom, handicap-accessible home would serve local veterans.

The facility, which requires the permit to move forward because it is within 2,500 feet of a similar facility, faced some backlash in October from neighbors concerned about security and was delayed two months to give people a chance to address those concerns.

La Crosse Plan Commission, 4 p.m. Monday in the third-floor conference room at City Hall, 401 N. La Crosse St.

Judiciary and Administration Committee, 6 p.m. Tuesday in the council chambers of City Hall.

“It can be hard to understand if you haven’t worked with veterans and heard their stories as people. Veterans are people, too, and people have issues, veterans or non-veterans,” Brahm said. “These are not scary, scary individuals.”

The people in the work therapy residence will be screened thoroughly to ensure they’re ready for the final step toward independent living, and anyone with a violent history or a history of sexual violence will remain in treatment on the Tomah VAMC campus. Only stable veterans will be admitted to the La Crosse facility.

“These are treated individuals who have participated in the program willingly and with a mission to succeed. These are the ones who are screened by professionals here at the VA, and they will make it,” Brahm said, adding that the average stay nationwide at the VA’s 41 similar facilities is six to 12 months.

The facility’s leaders are trying to address neighbors’ concerns, including staffing, screening and parking.

“We’re trying to give and take, but only to the point where it doesn’t affect the integrity of the program,” Brahm said.

Acklin received the VAMC’s revisions late Thursday and didn’t have time to review them before posting the agenda for Monday’s meeting.

The VA revised parts of the program, limiting the residents to eight from the previously proposed 10, and increasing staffing. In addition to the full-time care manager who oversees the program, Brahm is proposing adding security of some kind, ensuring there is 24/7 on-site supervision, in addition to the two resident managers.

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6.3 - Kitsap Sun: [Lawmakers call for investigation into delayed GI Bill payments](#) (30 November, Julianne Stanford, 111k uvm; Bremerton, WA)

Following months of delayed and incorrect payments to GI Bill beneficiaries, federal lawmakers are calling for an investigation into the Department of Veterans Affairs amid confusion over whether the department intends to reconcile payment discrepancies for student veterans.

U.S. Rep. Derek Kilmer, D-Gig Harbor, and U.S. Sen. Patty Murray, D-Washington, joined a contingent of senators who sent a letter Friday to VA Inspector General Michael Missal. They requested an investigation after reports emerged that the department was not planning to make up the difference to student veterans who received checks for less than what they were legally owed under changes made to the GI Bill in 2017.

"The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," the lawmakers wrote.

Under the new law, known as the Forever GI Bill, students were supposed to be paid the Basic Allowance for Housing rates for the area where they physically attend classes, such as at a satellite campus in a different town, rather than the location of their school's main campus.

Although that change was supposed to go into effect for the start of the fall semester, students were paid out at their old housing stipend rates due to what the VA attributed to problems with updating its computer systems. The stipends did not factor in a cost-of-living adjustment for 2018.

Many students were also left waiting weeks for their checks as the department worked through the backlog of claims that piled up.

The VA announced Wednesday it would be pushing back the implementation date of the housing stipend changes to December 2019 as a result of "continued information technology difficulties." The department estimated those issues would be resolved in time for the start of the spring 2020 semester.

Until then, students will be paid housing allowances based on the location of their school's main campuses rather than their physical location as the new law directs. Those who might have been paid amounts higher than what they would have received if the changes had been implemented won't be responsible for paying the difference back to the VA.

"Redesigning the way (Veterans Benefits Administration) calculates Post 9/11 GI Bill housing rates during a busy academic season was like flying a plane while building it, and that was unfair and frustrating to veterans and taxpayers," VA Secretary Robert Wilkie said in a statement Wednesday. "That's why we are resetting our implementation of the law for the next year to ensure we get the technology and formula right to put veterans first."

VA: Department will retroactively correct underpayments

Although the VA intends to repay veterans who did not receive a cost-of-living adjustment for 2018, it remains unclear if the department will reimburse students who should have received a larger payment because of their location.

The VA issued a statement Thursday that said the department would retroactively correct any underpayments, however, lawmakers are skeptical.

"It remains unclear if VA intends to provide retroactive payments to veterans for housing stipends based on rates that they were legally entitled to beginning August 1, 2018, or if the VA only intends to make veterans whole based on the rates as they existed before the law took effect — and remain in violation of existing law," the letter states.

Wilkie issued a statement Thursday evening to reassure student veterans.

"To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates," Wilkie said.

In the letter sent to the VA's inspector general, lawmakers sought answers to a laundry list of questions, including how the VA intends to address the issues that caused the payment problems in the first place and clarification on how and when the department will repay students veterans.

Such information will help assist lawmakers while they construct the VA's fiscal year 2020's budget "so that we can evaluate whether the VA has requested the appropriate resources that it needs to make timely beneficiary payments and deliver other promised care to our veterans."

Kilmer, whose district includes an estimated 37,000 veterans in Kitsap County, pushed for the VA to honor full repayment to students.

"Veterans have already fought for our country, they should never have to fight the VA to get the benefits they earned and deserve," Kilmer said. "The VA had a year to plan the rollout of the Forever GI Bill's housing stipend changes, and the fact that it has been bungled so badly is unworthy of the service veterans have provided the nation. The VA needs to repay veterans every cent they're owed immediately."

'There needs to be serious oversight'

Many students feel left in the lurch as Congress tries to sort out what's going on behind the scenes.

"The whole thing seems like a betrayal of trust," said Sean Delaire, a Marine Corps veteran and student at Olympic College. Delaire is also one of the co-founders of Left Right Straight, a Bremerton-based nonprofit and advocacy organization that seeks to foster a sense of community for veterans through outdoor activities.

Just like Delaire, a number of student veterans at Olympic College had to wait weeks after the start of the semester before they received their GI Bill benefits.

"It's a huge ethical problem when these servicemembers sign their contract, serving their country with honor, and then come home and are expecting to be taken care of and have the government fulfill their end of the contract," Delaire said. "For a lot of people, the GI Bill is one of the reasons they joined, so they can go to school afterwards and become contributing members of society with higher education, and so for the VA to say, we're not going to uphold our end of the bargain, it's disheartening."

If there are student veterans who are still waiting to receive their benefits, Delaire encouraged them to contact the VA through a hotline to assist veterans at 1-888-442-4551, or to contact their congressman's office or a service organization for further assistance.

"There needs to be serious oversight, or nothing is going to change," Delaire said. "Very bluntly, there are some people who need to get fired, not just relocated. They need to get leadership who is actually going to change things. it's just unacceptable."

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6.4 - KFSM (CBS-5, Video): [Christmas Honors Prepares for 10th Annual Wreath Laying](#) (1 December, 91k uvm; Fort Smith, AR)

5News anchor Laura Simon sits down with Phillip Merry to talk about the upcoming Christmas Honors program.

On Wednesday, December 5th, Christmas Honors would like to invite the public to participate in the assembly of wreaths to be put on headstones at the Fort Smith National Cemetery. This event will begin at 8AM and goes until 2PM.

On Saturday, December 8th, from 8-11AM they invite families of those buried in the National Cemetery to come and lay wreaths on their loved ones graves. After 11, there will be a short ceremony and then the rest of the wreaths will be placed.

Christmas Honors asks that if you are bringing a large group, such as a school group, that you call ahead of time and let them know. You can reach them at (479) 650-5081 or (479) 926-0939.

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6.5 - KABB (FOX-29, Video): [Family raising reward money for information in stabbing of husband and wife](#) (1 December, Ariana Lubelli, 71k uvm; San Antonio, TX)

Desiree Carney is determined to figure out what happened to her brother and sister-in-law who were found dead inside of their home.

"Knowing that I will never see my brother again and I don't know what happened to him and I may never know. That is difficult to digest," said Carney.

Jessica Jimenez Ybarbo, 35, was stabbed multiple times. Ernest Gil Ybarbo or Trey, 40, was stabbed once. Their special needs son made the gruesome discovery on the morning of March 23, 2017 at the 1800 block of Budding Boulevard.

"All the noise around me, everything, just went blank and I could hear the sound of my heart," said Carney.

Jessica's death was ruled a homicide. Trey's death is still undetermined.

"Right now it's undetermined so with undetermined, it could go either way and unless they find anymore evidence, they are keeping it open," said Carney.

It has put the family's grieving process in a hold and they want answers for coverage.

"I still don't have any answers and I want to know what happened," said CaRNEY.

The San Antonio Police Department says it's still an active investigation.

According to Carney, a military investigation was also conducted to determine if her brother, an army veteran, would be eligible to be buried at Fort Sam Houston National Cemetery. Their investigation and autopsy ruling granted Trey a burial at the honorable site.

"Had he, in fact, done this, we knew he couldn't be buried there and I had so many different emotions. When they told us he was eligible to be buried there with full honors that for me just gave me so much peace," said Carney.

Carney says his burial was put on hold for two months after his death while the investigation was being completed.

"That was a very difficult process but he is buried at Fort Sam and had he done it, had they suspected that he had done this, he would not be eligible to be buried there," said Carney.

But until investigators have more information, his death remains "undetermined" in the SAPD investigation.

"He was murdered. They both were murdered so we need more information and somebody out there has to have information," said Carney.

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6.6 - Santa Maria Times: [Veterans Treatment Court graduates three from latest class](#) (1 December, Mathew Burciaga, 39k uvm; Santa Maria, CA)

Three Santa Maria veterans pledged to live a drug- and substance-free future Friday afternoon, marking the latest group to successfully complete the Santa Maria Veterans Treatment Court.

Established November 2011 in Santa Maria by retired Superior Court Judge Rogelio Flores, the 12-month program helps veterans who were struggling with substance abuse, addiction, mental health issues or post-traumatic stress disorder by promoting sobriety, recovery and stability. The initiative offers former servicemen an opportunity for treatment through intervention rather than incarceration.

"Today is to honor what you all have done," Marine Corps veteran Steve Baird told crowd and graduates, seated in the recently renovated backyard at Casa de Flores (Camp Flores). "As an alumni through this program, I know what it took to get here today."

Veteran-offenders are diverted to a specialized court docket that offers specific, targeted resources from the U.S. Department of Veterans Affairs health-care networks, the Veterans Benefits Administration, and volunteer veteran mentors and veterans family support organizations, as well as traditional drug and mental health services.

Graduates emerge from the program with a newfound sobriety, reducing criminality and the occurrence of psychiatric episodes while simultaneously improving their quality of life.

"It feels wonderful to give back what was given to me," Baird said. "It's like exactly what I should be doing."

Garret Bakke, who completed the program five years ago, said the treatment court represented "opportunity and a new life." Describing himself as formerly unemployable and "spiritually bankrupt," Bakke said surrendering to recovery was the best decision he's ever made.

"Although I graduated five years ago, I haven't graduated from recovery," he told the group. "I still do those things that I did very early on in recovery. Those simple things keep me in recovery."

Army veteran Bobby Ramos, another graduate of the program, said the tough transition back to civilian life led him down a path of drugs. Referred to the Veterans Treatment Court after renting property he didn't own, Ramos said his addiction cost him his business, property and family, as well as his sense of self.

"Battling a drug addiction and losing everything you care for is like a nightmare you never get to wake up from," he said. "It's a gut-wrenching experience."

Mark Gorin, one of the graduates, said the Treatment Court gave him the opportunity to turn his life around. "Before this I was stuck in limbo status," he said. "I was procrastinating but finally did what I needed to do to turn my life around."

The ceremony included a grand unveiling of the house's new second-floor addition, an improvement that allows them to take in up to four additional veterans. At the end of the ceremony, representatives from CoastHills Credit Union presented Casa de Flores with a \$1,000 donation.

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6.7 - WAAY (ABC-31, Video): [Senator Doug Jones Calls For Action Regarding Missed V.A. Benefits](#) (1 December, Sierra Phillips, 33k uvm; Huntsville, AL)

Two-minute video: This week Senator Doug Jones addressed the Department of Veterans Affairs asking the v-a to pay an estimated 360,000 veterans benefits overlooked due to technical errors. Senator Jones says he signed a letter with other lawmakers calling for an investigation into how these errors happened in the first place and into allegations the V.A. refused to pay the benefits even when it discovered the problem.

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6.8 - Texarkana Gazette: [Unacceptable: VA woes continue to affect American heroes](#) (1 December, 18k uvm; Texarkana, TX)

A couple of weeks ago in this space, we discussed an ongoing situation affecting many American veterans.

Last year's Harry W. Colmery Veterans Educational Assistance Act—commonly called the "Forever GI Bill"—expanded education benefits to more service members, including those in the National Guard and Reserves. It also called for a change in how housing benefits are calculated.

But the Department of Veterans Affairs didn't get the proper information technology infrastructure in place by the August deadline to make sure the benefits reach the veterans. That means 82,000 veterans in college are still waiting for housing payments, according to VA estimates. Some have had to go deeply into debt to cover those expenses, and others are facing eviction and homelessness.

And more than 300,000 others have been issued late payments or incorrect amounts that do not reflect promised increases for 2018. The agency originally said vets would be reimbursed for the full amount due under the bill. Now the VA is saying that extra money won't be coming at all.

On Wednesday, the VA told the House Veterans Affairs Committee that processing past claims could hold up work on claims for the new semester beginning after the new year. That means it likely wouldn't be worth the work and expensive technology upgrades to make sure our veterans are compensated properly under new, higher rates authorized by the bill. Worth it to whom? In our view it would surely be worth it to the veterans waiting for their money and to the public that pays the taxes and supports them.

The VA insist veterans will be made whole—using the older, lower rates. To make things worse, the VA says a system for calculating new housing benefits won't be functional for at least a year. That means more hardship for our veterans.

This is completely unacceptable. Our government made a promise to service members. We expect President Trump and Congress to take a firm stand on this and make sure that promise is kept.

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6.9 - Standard-Journal: [How much do you know about PTSD?](#) (1 December, Chris Brady, 2k uvm; Milton, PA)

The Department of Veterans Affairs has a special section on its website www.ptsd.va.gov dedicated to families and friends of those with PTSD.

Put simply, PTSD can make life difficult not only for the person diagnosed, but for those around them — family, friends, colleagues. The VA lays much of this out on its website and does a good job providing information on the matter.

Having interviewed hundreds and hundreds of combat veterans, I've seen the effects of PTSD and can assure you each and every case is different. Sadly, it's estimated that roughly half of those with PTSD never seek treatment.

Ed Ramon — a two-tour combat assault helicopter pilot from Vietnam — spent years studying the issue. He never had a desire to do so, but was more or less forced into it because when he returned from war, the doctor's advice to him was simply to "get over the war."

That's where we were with treatment of combat veterans all the way up to and beyond what was to that point the longest war our nation had been involved in.

Times have changed and there are more resources available to veterans. Still, the effects of PTSD are largely misunderstood among the civilian population. Thankfully, science and research continues to evolve as we learn more each day about PTSD.

Unique as Ramon's story is, there is much of it that can be found in other veterans' stories.

Ramon's father, a World War II veteran, and his brother, who served as an infantryman in Vietnam between his two tours, both committed suicide. Ramon himself admitted to several incidents in which he attempted to end his own life — suicide by cop, high-speed treks on a motorcycle in the rain...

This is a man who earned multiple Distinguished Flying Crosses, Purple Hearts and is in line to receive the Medal of Honor.

The most decorated soldier to come from the Vietnam War — and second only to Audie Murphy as the nation's most decorated soldier ever — came home a scarred man, violent and largely incapable of adjusting to civilian life. Joe Ronnie Hooper is a war hero, but few who dedicate more than a passing interest in military history have ever heard his name.

Ramon, I've found, is the best at explaining PTSD and he still spends time counseling veterans to this day.

"It's not just the soldier who has PTSD," he said. "It's the soldier's mother, his father, his wife, children, aunts, uncles, cousins, friends. It's everyone around that soldier."

When it's explained like that, it's easy to see how far-reaching the effects of PTSD can be. The only professional athlete to die in Vietnam was Bob Kalsu, who was an All-American lineman at Oklahoma University before being drafted and earning the Buffalo Bills Rookie of the Year award in 1968. Enrolled in ROTC while at OU, Kalsu went to Vietnam, though he could have easily gotten out of combat duty. It was not in his character to do so, though.

He was killed in July 1970, hours prior to the birth of his son back in Oklahoma.

Decades after his death, I listened as his widow, Jan, cried while recounting the memories she had with her husband. The two had a daughter prior to his departure for Vietnam and met briefly in Hawaii for R&R (rest and recuperation) during his tour of duty as an artillery officer atop a firebase not far from the DMZ. During that visit in Hawaii, which happened to coincide with the July 4 holiday, Jan remembered her husband — a mountain of a man — diving off the bed and onto the floor when fireworks erupted in the hotel courtyard.

Thousands of veterans have taken their lives over the years, and it's not uncommon to see more veterans die by their own hand in a calendar year than those killed in combat.

We ask these warriors to defend us, and our freedoms, in some of the most God-awful places on the globe — places where democracy rarely flourishes and the American flag is a target. We owe it to them, and all who served and suffered, to consider what it is we can do to ease their transition back into civilian life.

Chris Brady is managing editor at The Standard-Journal and author of three Vietnam-based books, “Remembering Firebase Ripcord,” “A War We Can’t Forget” and the novel, “We Answered the Call.” He can be reached at chris@standard-journal.com.

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7. [Other](#)

7.1 - The Press Democrat: [Combat veteran researched murder-suicide before Yountville shooting](#) (1 December, Mary Callahan, 407k uvm; Santa Rosa, CA)

The gunman who killed three clinicians at a Napa Valley veterans facility this year visited the site a day before the attack and propped open the ground-floor door that would give him access when he returned the next day, heavily armed and bent on violence, according to a newly released summary of a CHP investigation.

Albert Cheung Wong, a troubled combat veteran, had been working up to the bloodshed for at least several weeks, investigators found, purchasing one firearm after another, readying ammunition and laying groundwork for a siege at the Veterans Home of California in Yountville where he had previously been in treatment.

The investigation summary does not alter major components already assembled by authorities into the suspected motive and timeline of the March 9 siege. Much of that narrative was formally laid out last month in a report from the Napa County District Attorney’s Office, which reaffirmed that Wong acted alone.

But the CHP document includes chilling new details that further illustrate the premeditated nature of Wong’s attack and the grip that plans for deadly revenge had on his mind.

His act to prop open a basement door March 8 ensured he would be able to get into The Pathway Home treatment center where he was once a patient without an electronic keycard or contact with anyone in the building.

After he returned to his home in Sacramento, Wong stayed up all or most of the night surfing the most macabre corners of the web, according to search histories of digital equipment seized from his Sacramento home.

He clicked on pages with entries entitled “Overcoming the Fear of Lethal Injury” and “Murder-Suicide: When Killing Yourself is Not Enough.”

Finally, in the hour before he climbed into a rental car for his return to Yountville, he watched several videos — live footage of suicides marked “GRAPHIC” and “WARNING,” investigators say.

The heavily redacted report, 94 pages in all, relies as well on dispatch logs from March 9, and physical evidence and witness statements from the shooting scene that day.

Wong's victims — executive director Christine Loeber, 48; Dr. Jennifer Golick, 42, a therapist; and Dr. Jennifer Gonzales Shushereba, 32, a psychologist with the San Francisco Department of Veterans Affairs Healthcare System — formed the clinical core of the now shuttered Pathway Home program. Gonzales Shushereba was seven months pregnant, and her unborn child died, as well.

Wong, 36, a former Army infantryman whose service included a year in Afghanistan, had been a patient at the 10-year-old program for nearly a year.

But he had run into conflict with the staff, bristling under its restrictions and policies. His brother said Wong was told to leave after he had been found with knives.

Officials have confirmed that Wong was asked to leave but say he left the program before his Feb. 20 discharge date — before arrangements for a handoff could be made that would allow for a supportive transition to some other treatment.

Instead, on Feb. 14, Wong went to Sweeney's Sports in Napa and bought a Stoeger Industries double-barrel shotgun, according to the CHP report. He took possession of that gun Feb. 25, after the state-mandated 10-day waiting period.

But two days before, on Feb. 23, he bought a JP Enterprises .308-caliber assault rifle from Coyote Point Armory in Burlingame, taking possession of it on March 5.

The Napa County District Attorney's Office said in a statement last month that Wong had threatened his intended targets multiple times, specifically saying he would kill them "by coming onto the premises and shooting them with a gun."

When Wong arrived about 10:18 a.m. March 9 at the Pathway Home building he wielded gear familiar to him as a combat veteran: eye and ear protection, a "tactical-style rifle" in a "low ready" position, and the shotgun slung over his shoulder, with extra ammunition.

In less than two minutes he was in the second-floor room where staff members and a few clients were gathered to say goodbye to a staff member.

He dismissed three veterans and then four staff members, several of whom began calling authorities, the CHP reported. Internal security cameras captured footage of the survivors leaving the room, some of them running and several on cellphones.

One of the cameras was aimed through the open door and caught the moment Wong kicked it shut, closing him in with the three victims.

Gonzales Shushereba was captured on camera several times holding her stomach with both hands.

Napa County Sheriff's Deputy Steven Lombardi was the first to arrive among the scores of responding law enforcement officers who would surround the complex for hours that day.

He was informed of Wong's military experience, of reports he had an assault rifle and "lots of ammo," and that he might have taken hostages in a building he knew well as a former patient.

Lombardi, a 26-year sheriff's office veteran, "felt he was going into the situation at a disadvantage and did not think he was going to come out alive, but he knew he had to stop the threat based on his training," the CHP report states.

A fleeing staff member let him in and Lombardi climbed the stairway alone, clearing several rooms before finding the one where Wong was holed up with the three women.

Pushing open the door, he saw a figure with a rifle pointed toward the ceiling. He took cover, thinking the situation might be static for the moment, the report says.

But that impression changed quickly, the sound of Wong readying his rifle to fire and a woman's scream, prompting him to believe she was about to be shot, the report said.

He began firing through the door, and Wong returned fire at him, filling the air with white dust from the wallboard, according to the report.

Lombardi thought Wong was preparing to attack, and he fired additional rounds as he retreated toward the elevator to take cover. But he was met with silence that lasted for more than six minutes — until three deputies and four Napa police officers arrived to support him. By then, authorities believed the encounter had become a hostage situation, the report states.

It wasn't until 5:45 p.m. that afternoon that an FBI SWAT robot was deployed to the second-floor room and was able to determine that all four people inside were dead.

Investigators say they believe after reviewing the security footage and the audio from Lombardi's body camera, which had been knocked off, that Wong turned his gun on the three women moments after firing at Lombardi. Golick and Gonzalez Shushereba had been shot once each with the assault rifle. Loeber had been struck multiple times.

Wong shot himself in the head with the 12-gauge shotgun.

The CHP's investigation was prompted by its jurisdiction over the 600-acre veterans' campus, which is patrolled by the Sheriff's Office under a contract with the city.

The Pathway Home was a residential treatment program that had been lauded over its 10-year existence for its work to help more than 450 veterans reintegrate into society.

It was suspended after the shooting and closed indefinitely this summer

A program spokesman, Larry Kamer, has said he did not know if and to whom Wong's threats might have been reported. There were a variety of reasons they would not have been reported to the nonprofit board, including issues of patient confidentiality and others that surface when treating former servicemen and women dealing with serious trauma and brain injury.

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From:

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Cc:

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Subject: [EXTERNAL] 1 December Veterans Affairs Media Summary and News Clips

Date: Sat Dec 01 2018 05:16:23 CST

Attachments: 181201_Veterans Affairs Media Summary and News Clips.docx
181201_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.841450-000001

Owner:

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Filename: 181201_Veterans Affairs Media Summary and News Clips.docx

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Veterans Affairs Media Summary and News Clips

1 December 2018

1. [Top Stories](#)

1.1 - FOX News (Video): [VA vows to fix GI benefits after 50-year-old computer system caused payment glitch](#) (30 November, Robert Gearty, 27.6M uvm; New York, NY)

Vets who are getting smaller GI Bill benefit payments than they are due because of the Department of Veterans Affairs' 50-year-old computer system will be made whole, VA officials said. The announcement represents a sudden reversal by the government agency. At a hearing Thursday on Capitol Hill, VA undersecretary Paul Lawrence said the agency has no plans to retroactively pay shortchanged GI Bill recipients, according to Stars & Stripes.

[Hyperlink to Above](#)

1.2 - NBC News (Video): [Lawmakers demand investigation into VA after ongoing GI Bill issues](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

A bipartisan group of senators and one member of the House have sent a letter demanding the Department of Veterans Affairs' inspector general investigate continuing issues in paying student veterans the benefits they are owed under the Forever GI Bill.

[Hyperlink to Above](#)

1.3 - MSNBC (Video): [Congress pushes VA to reverse course on benefits](#) (30 November, 3.8M uvm; New York, NY)

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1.4 - Comedy Central (The Daily Show with Trevor Noah, Video): [The V.A. Is Screwing Over Veterans](#) (29 November, 3.3M uvm; New York, NY)

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1.6 - U.S. News & World Report (AP): [Veterans Benefits Administration to Close Office's Help Desk](#) (30 November, 14M uvm; Washington, DC)

The Veterans Benefits Administration is shutting down a help desk inside its Bremerton office that's staffed with employees who assist veterans with benefit-related queries. The Kitsap Sun reports the office, as of Friday, will no longer be a place where veterans can receive in-person

assistance with navigating through the Department of Veterans Affairs' pension and compensation system.

[Hyperlink to Above](#)

1.7 - GeekWire: [‘Imagine holding your own heart’: GE teams with U.S. Veterans Affairs in Seattle to accelerate 3D printing in health care](#) (30 November, James Thorne, 789k uvm; Seattle, WA)

Dr. Beth Ripley would like you to know that the U.S. Department of Veterans Affairs is way more innovative than you probably think. But she's biased — both as a pioneer in 3D printing and a radiologist at the VA's Puget Sound Health Care System in the Seattle region.

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2. [Improving Customer Service](#)

2.1 - Stars and Stripes: [Pelosi vows Democratic oversight ahead of new veteran caregiver law](#) (30 November, Nikki Wentling, 532k uvm; Washington, DC)

When Democrats take control of the House in January, a top priority will be to ensure the White House correctly implements a new law extending benefits to more veteran caregivers, said House Minority Leader Nancy Pelosi.

[Hyperlink to Above](#)

2.2 - KOSA (CBS-7, Video): [West Texas VA reports big improvement, even with 1-star rating](#) (30 November, Gianni Windahl, 25k uvm; Odessa, TX)

The West Texas VA Health Care System in Big Spring recently received a one-star rating out of five in a VA assessment, but overall improvements in specific areas have VA staff excited and are setting records. The VA's Strategic Analytics for Improvement and Learning assessment (SAIL), was released on Oct. 3rd, and marks the third consecutive year that it remains at a one-star rating.

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3. [Business Transformation](#)

3.1 - KCNC (CBS-4, Video): [New Veterans Community Resource Center Opens In RiNo](#) (30 November, 496k uvm; Denver, CO)

Veterans in the Denver metro area have a new resource center. Veterans Affairs Eastern Colorado Health Care System cut the ribbon on its new Community Resource and Referral Center (CRRC) on Friday.

[Hyperlink to Above](#)

3.2 - Tulsa World: [Tulsa World editorial: Inhofe earns shout out for planned improvements to Tulsa VA center](#) (30 November, Editorial World, 320k uvm; Tulsa, OK)

For Tulsa veterans, help is on the way. The U.S. Department of Veterans Affairs is touting a planned 140,000-square-foot building at 91st Street and South Mingo Road as an opportunity to bring together services currently scattered throughout south and east Tulsa.

[Hyperlink to Above](#)

3.3 - Montgomery Advertiser: [Dothan VA clinic closing, merging](#) (30 November, Andrew J. Yawn and Melissa Brown, 72k uvm; Montgomery, AL)

Health care for veterans in southeast Alabama is in transition after the Dothan Veterans Affairs Clinic closure was made official Friday. The primary care services previously provided by the clinic will now be offered at the Dothan VA Mental Health Clinic, although it appears the Wiregrass VA Clinic in Ft. Rucker — more than a 30-minute drive away — will also be heavily relied on to handle the influx of patients from the now-closed clinic.

[Hyperlink to Above](#)

3.4 - New Hampshire Public Radio: [VA Plans to Break Ground on New Somersworth Veterans Clinic](#) (30 November, Peter Biello, 55k uvm; Concord, NH)

The Manchester VA is planning a groundbreaking ceremony next week for a new veterans clinic in Somersworth. The new clinic will be right across the parking lot from the current clinic on Route 108. Senator Maggie Hassan, Congressman-Elect Chris Pappas and Somersworth Mayor Dana Hilliard are among those scheduled to attend.

[Hyperlink to Above](#)

[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

[5. Suicide Prevention](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Washington Post: [Readers critique The Post: Elvis's legacy, the origins of turkey and a possible 'super Earth'](#) (30 November, Glenn Kerr, 30.6M uvm; Washington, DC)

The Nov. 16 Politics & the Nation article "Veterans aren't getting their GI Bill payments — because new formulas broke VA's decades-old computers" stated that 16,800 wasted man-hours is nearly two years. Assuming three weeks off for vacation and holidays, a person works 49 weeks. Times 40 hours per week, that is 1,960 man-hours per year. By my algorithm, 16,800 man-hours divided by 1,960 equals 8.5 years, not nearly two.

[Hyperlink to Above](#)

6.2 - FOX News (Video): [Veterans Affairs says it won't reimburse underpaid vets](#) (30 November, 27.6M uvm; New York, NY)

Three-minute video: Retired Marine Kieran Lalor reacts to the underpayment of G.I. Bill benefits.

[Hyperlink to Above](#)

6.3 - Politico: [Advocates hope to flood DeVos' Title IX proposal with comments](#) (30 November, 8.7M uvm; Arlington, VA)

GI Bill drama continues: Veterans Affairs Secretary Robert Wilkie said in a statement Thursday that any GI Bill recipients whose housing benefit was underpaid as the VA works to roll out provisions in a new law will "receive retroactively the exact benefits to which they are entitled."

[Hyperlink to Above](#)

6.4 - Task & Purpose (Video): [Lawmakers And Veterans To The VA: Shut Up And Pay Up'](#) (30 November, Jared Keller, 580k uvm; New York, NY)

The VA has a message for veterans: We will absolutely make you whole again. "Each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates," Veterans Affairs Secretary Robert Wilkie said in a statement on Thursday, following sharp questions from lawmakers regarding late payments to veterans on everything from college tuition to housing payments.

[Hyperlink to Above](#)

6.5 - Stars and Stripes (Video): [The Daily Show blasts VA over GI Bill payment fiasco](#) (30 November, Nikki Wentling, 532k uvm; Washington, DC)

Trevor Noah, host of The Daily Show on Comedy Central, blasted the Department of Veterans Affairs in a five-minute segment Thursday night over widespread payment delays to student veterans. Thousands of student veterans experienced delays this semester receiving their monthly housing stipends, which they use for rent, food and other living expenses.

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6.6 - UCLA News: [UCLA student veterans bring VA garden back to life](#) (30 November, Alison Hewitt, 342k uvd; Los Angeles, CA)

The first time UCLA student Nick Gunnett visited the Veterans Garden on the VA campus near the university, his friends had convinced him to tag along for a monthly get-together and garden cleanup. After a couple of hours gardening with veterans from both campuses, Gunnet was hooked. That was in spring. Now, the Navy veteran is one of the organizers.

[Hyperlink to Above](#)

6.7 - Tapinto.net: [Bring a little joy to veterans in the hospital for Christmas](#) (30 November, Sandy Mitchell, 164k uvm; New Providence, NJ)

For most people the holidays are a time for family and friends but for our war heroes in VA hospitals it can be sad and lonely. It's heartbreaking to realize that many of these brave service men and women don't have family in the area and some have no family at all.

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6.8 - KSLA (CBS-12, Video): [OBVAMC Homeless Programs helps veterans 'gear up' for winter](#) (30 November, Marie Waxel, 56k uvm; Shreveport, LA)

It was a full house Thursday at Overton Brooks VA Medical Center as more than 100 veterans were treated to new boots and warm clothes. The gear just in time for these veterans to battle the winter cold. It's all part of a bigger initiative to end veteran homelessness known nationally as Stand Down.

[Hyperlink to Above](#)

6.9 - People's World: [Another broken promise: Trump VA's housing money for vets](#) (30 November, Mark Gruenberg, 51k uvm; Chicago, IL)

Promises made, promises kept,” GOP President Donald Trump likes to brag. Oh, really? Try feeding that line last week to more than 14,000 GM workers – half of them unionists – who will lose their jobs as their plants close in Ohio, Michigan, Maryland and Ontario.

[Hyperlink to Above](#)

6.10 - The St. Augustine Record: [Digital technology brings centuries-old gravestones to life at St. Augustine National Cemetery](#) (30 November, Colleen Jones, 36k uvm; Saint Augustine, FL)

“I love these words: ‘By strangers honored, by strangers mourned,’ ” said Scot French as he stood in the St. Augustine National Cemetery Thursday reading the gravestone inscription for a Dr. Charles Noyes, a 27-year-old Army surgeon interred at the site.

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6.11 - WXXV (FOX-25, Video): [Wreaths For Veterans At Biloxi National Cemetery](#) (30 November, Kristen Anzuini, 8k uvm; Gulfport, MS)

For the past six years, members of the community have been placing wreaths on the headstones at the Biloxi National Cemetery. This year is going to be bigger and better than ever. For many a wreath is a symbol of the holidays, but today it was so much more than that. Veteran Service Officer Julia Encalade said, “We’re prepping the Christmas wreaths to be able to lay on our heroes here at the National Cemetery tomorrow.”

[Hyperlink to Above](#)

6.12 - ConnectingVets.com (CBS Radio): [When it comes to college, veterans are better off than non-vets](#) (30 November, Matt Saintsing, New York, NY)

Despite all the challenges that veterans face when they enroll in college, a study released Friday reveals, by most measures, student vets are doing better in college compared to non-veterans. Conducted by Veterans Education Success— a nonprofit group that advocates for the GI Bill and other educational programs for veterans and service members—the study analyzes data from the Department of Education to offer a picture of how student vets navigate the waters of learning after the military.

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7. [Other](#)

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1. [Top Stories](#)

1.1 - FOX News (Video): [VA vows to fix GI benefits after 50-year-old computer system caused payment glitch](#) (30 November, Robert Gearty, 27.6M uvm; New York, NY)

Vets who are getting smaller GI Bill benefit payments than they are due because of the Department of Veterans Affairs' 50-year-old computer system will be made whole, VA officials said.

The announcement represents a sudden reversal by the government agency.

At a hearing Thursday on Capitol Hill, VA undersecretary Paul Lawrence said the agency has no plans to retroactively pay shortchanged GI Bill recipients, according to Stars & Stripes.

He acknowledged that only after the question had been asked repeatedly by multiple House lawmakers, the paper reported.

Later in the afternoon however, VA Secretary Robert Wilkie issued a statement reversing course.

"To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates, Wilkie said.

A House Veterans Affairs Committee spokeswoman said the lawmakers were pleased with Wilkie's announced, NBC News reported.

"The Secretary's new statement is unambiguous and we believe that VA has every intention to ensure that all student veterans are paid in full what they deserve in accordance with the law," she said.

Fox News reported two weeks ago that the VA's antiquated computer system had resulted in 895 GI Bill recipients waiting longer than two months for their payments and that 60,000 claims remaining to be processed.

VA officials said it hasn't upgraded its computer system due to funds, but a House VA committee spokeswoman said the VA had been allocated \$30 million to improve the systemr, The Washington Post reported Nov. 15.

Last year, President Trump signed off on the biggest boost in GI benefits in a decade, but the legislation did not fully take into account the additional time needed to upgrade VA's aging IT systems in order to process claims, according to the Associated Press. The expanded benefits took effect this fall.

Among the GI Bill changes was a provision that offered monthly housing stipends to veterans based on the ZIP codes of the campus where they attend the most classes, rather than defaulting to the main campuses. That meant a change to the IT systems for hundreds of thousands of GI Bill recipients.

Student vets at Wichita State University just want to know what's going on, KAKE-TV reported.

"Saying that those that....may have been overpaid were not getting any reduction, I can kind of understand," said one student vet Michael Bearth, who served in the Marines. "But to not afford the same respect to those who are underpaid is kind of off-putting to me."

Retired Army Lt. Col. Larry Burks, Sr, head of Wichita State's Military and Veterans Services Office, told the station that the GI Bill payments are something that is owed to veterans by the government for their service.

"And it is not our student veterans' fault that the system is not working, it is the government's fault that the system is not working," he said.

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1.2 - NBC News (Video): [Lawmakers demand investigation into VA after ongoing GI Bill issues](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

A bipartisan group of senators and one member of the House have sent a letter demanding the Department of Veterans Affairs' inspector general investigate continuing issues in paying student veterans the benefits they are owed under the Forever GI Bill.

Sens. Brian Schatz, D-Hawaii, and John Boozman, R-Ark., along with five Democratic and three Republican senators and one Democratic congressman, signed the letter requesting the inspector general look into allegations that VA did not intend to reimburse veterans "for missed or underpaid benefits" related to the Forever GI Bill. Schatz is the top Democrat and Boozman is the chairman of the Senate appropriations subcommittee on veterans affairs.

The Forever GI Bill went into effect Aug. 1, 2018, but VA announced Wednesday it would delay implementing the way the new law calculated housing allowances until Dec. 1, 2019. In some cases, that could mean that some student veterans are receiving fewer dollars than they are owed under the Forever GI Bill because the federal agency decided it would use a different rate for calculating GI Bill recipients' housing benefits.

NBC News previously reported that the VA privately told congressional staffers on Wednesday that they did not plan to repay some students who were paid less than they were due under the Forever GI Bill.

That would mean that VA was not planning to comply with the law.

"The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," the lawmakers wrote Friday. "It is important that VA fix the technical and staffing shortages that contributed to its inability to implement the Forever GI bill so that it can continue to provide housing stipends to veterans."

The federal agency has missed a series of deadlines since the Forever GI Bill was passed with bipartisan support and signed in to law by President Donald Trump in July 2017. Computer

problems have caused, in some cases, delayed or miscalculated payments to veterans. For some students, that has put them in difficult financial circumstances.

The lawmakers asked the inspector general to investigate the following:

Will VA apply the Forever GI Bill housing stipend rates to make retroactive payments to

In the letter released Friday, Democratic members said they wanted to ensure that students would receive all the money they are owed in all cases.

Confirming NBC News' previous reporting, the letter from House Democrats said that "VA held a call with Congressional staff during which VA stated that it will be overly burdensome" to recalculate Forever GI Bill housing payments. The letter added that for this reason, VA said on the call that it "does not plan on retroactively correcting any underpayments" that were caused by the delayed implementation of the Forever GI Bill.

The letter requested that Wilkie provide "clear answers" to their questions, many of which were similar to those asked in Schatz and Boozman's letter.

Both letters were sent despite a statement released by Wilkie, Lawrence's boss, hours after the congressional hearing Thursday. Wilkie appeared to override Lawrence and commit to paying veterans the full benefits they are owed under the Forever GI Bill.

"Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," Wilkie said in a statement.

Schatz said that this promise alone was not enough.

"Secretary Wilkie may be saying the right things, but until the VA invests money to address the ongoing staffing and IT challenges facing the claims backlog, our veterans will remain robbed of the benefits they were promised," Schatz said a statement. "I expect the Secretary to come up with a plan so that the VA can audit and process retroactive payments for underpaid or missed claims. And I look forward to the Inspector General helping us hold him accountable to that plan."

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1.3 - MSNBC (Video): [Congress pushes VA to reverse course on benefits](#) (30 November, 3.8M uvm; New York, NY)

After a day of pressure from members of Congress, the Department of Veterans Affairs reversed course on Thursday and announced that it would pay veterans the full amount of benefits they are due under the Forever GI Bill.

[Back to Top](#)

1.4 - Comedy Central (The Daily Show with Trevor Noah, Video): [The V.A. Is Screwing Over Veterans](#) (29 November, 3.3M uvm; New York, NY)

Five-minute video: Thanks to its reliance on a 50-year-old computer, the U.S. Department of Veterans Affairs falls far behind on its payments to veterans for housing and education.

[Back to Top](#)

1.5 - The Boston Globe: [VA isn't cutting checks quick enough for veterans-turned-students](#) (1 December, Brian MacQuarrie, 4M uvm; Dorchester, MA)

Rashaad Ingram helped bury 1,300 veterans as a member of the Army's famed Old Guard, the presidential escort regiment that carries caskets at Arlington National Cemetery outside Washington.

Ingram, 33, says he became 70 percent disabled from the physical demands of the job, a solemn ritual that helps grieving families take solace in a country's final respects. But now, after four years of honorable service, Ingram has yet to receive a promised \$7,000 tuition payment from the Department of Veterans Affairs for his nearly completed fall semester at Northeastern University.

Northeastern has agreed to wait for the money, but many student veterans around the country are not as fortunate. Tens of thousands of housing allowances and tuition payments, required by law under the GI Bill, have not been paid on time as the VA struggles to update its massive, outdated computer system and chip away at a huge backlog of student claims.

For veterans committed to full-time studies, every dollar counts, and the late funds have created a hardship for some who have scrambled to find other ways to pay bills.

"I don't give them a pass," said Ingram, a graduate student who lives in Somerville. "With how much money we spend on defense, there's enough money around to make sure this is working."

The VA pays tuition directly to colleges and universities, so Ingram did not learn of the unpaid debt until classes began in September. With an outstanding bill, he could not log into his account on the university website, and he could not access his student records.

Ingram said that the veterans office at Northeastern, where approximately 700 former service members are enrolled, quickly helped remove the hold on his account. University officials said they do not know how many veterans are waiting for tuition to be paid, but that about 100 student veterans have reported delays in housing allowances from the VA.

"It's not usual to see a large number like that," said Andrew McCarty, director of the university's Center for the Advancement of Veterans and Service Members.

"We only know of it when the students come to us and ask questions."

The computer problem — pending VA claims from students peaked at 207,000 in September, about three times the normal number — can be traced in part to changes to the new Forever GI Bill that Congress passed in August 2017.

That law eliminated a 15-year limit on education benefits for veterans discharged or released from active duty after Jan. 1, 2013. It also required that housing allowances be based on where a veteran takes classes, sometimes at rural and suburban satellite campuses, rather than the university's headquarters in often costlier locations.

That adjustment proved too much for the VA's antiquated computer system to handle, veterans groups said.

“There were multiple layers of problem after problem in the system,” said Patrick Murray, deputy director for national legislation for the Veterans of Foreign Wars.

In July, VA officials told Congress that the glitches would be fixed in time to process housing allowances for the fall semester. But those reassurances did not turn into reality, and delays began to mount as the school year approached.

Anger and confusion followed. And this week, within the space of about 25 hours, VA officials changed course three times on whether veterans would be reimbursed if their housing allowances were reduced while the new system is implemented.

“The VA just can’t get it right. They take one step forward and two steps back,” Murray said. “I don’t know if disorganized even begins to describe it.”

On Thursday, a day after saying they would not pay the reimbursements, VA leaders reversed themselves in the face of a ferocious backlash and said any shortchanged veterans would receive full payments. Changes to the housing allowance are scheduled to take effect in December 2019.

Representative Seth Moulton, a Democrat from Salem and Marine Corps veteran of Iraq, assailed the VA on Friday as guilty of “gross negligence.”

“The fact that the VA is indecisive in doing the right thing for veterans because it is hard is simply disgraceful,” Moulton and other combat veterans in the House wrote to VA Secretary Robert Wilkie.

On Thursday, Wilkie said that recalculating the housing rates “during a busy academic season was like flying a plane while building it, and that was unfair and frustrating to veterans and taxpayers.”

Although the VA added that pending claims for student veterans had returned to normal levels, the VFW pledged to keep a close eye on the situation.

“The VFW will continue to push for the proper implementation of the Forever GI Bill so that all student veterans receive the prompt and full benefits they earned and deserve,” National Commander B.J. Lawrence said in a statement.

Ingram said he is fortunate because his wife’s salary supplements the income he earns as a fund-raiser for City Year, the Boston student support group. Many veterans in college do not have such reserves, he said, and depend almost exclusively on what the VA provides them.

Ingram, an Ohio native who grew up in inner-city Columbus, received an accounting degree from Arizona State University through the GI Bill. Enough benefits remained after graduation to pursue a master’s degree in nonprofit management at Northeastern, he said.

“I don’t know what my life would have looked like” without an education after the Army, Ingram said. “I don’t know if I would have been able to go to school.”

At Northeastern, officials in the veterans center said the VA has been responsive when contacted about late payments.

“The VA, if they’ve done anything right in this whole fiasco, have been pretty open,” said Max Spahn, a Marine veteran and the office’s assistant director. “The VA eventually will get caught up with the university. We’re not holding any students accountable.”

Ingram said he’s grateful to the Army but is reminded of a potential problem every time he receives an automated e-mail message that his tuition bill is overdue.

“We’re so much more willing to invest in defense,” he said, “but so much less willing to invest . . . in the hardware and software to make this run smoothly.”

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1.6 - U.S. News & World Report (AP): [Veterans Benefits Administration to Close Office's Help Desk](#) (30 November, 14M uvm; Washington, DC)

BREMERTON, WASH. (AP) — The Veterans Benefits Administration is shutting down a help desk inside its Bremerton office that's staffed with employees who assist veterans with benefit-related queries.

The Kitsap Sun reports the office, as of Friday, will no longer be a place where veterans can receive in-person assistance with navigating through the Department of Veterans Affairs' pension and compensation system.

A statement from the Veterans Benefits Administration says its decision to downsize operations at the office "was made in line with the Agency's goal to be strong fiscal stewards of the taxpayer funds entrusted to us."

The statement says other functions, like vocational rehabilitation and employment services, will remain open at that location by appointment.

The administration estimates the help desk assisted an average of 180 veterans each month with benefit-related queries.

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1.7 - GeekWire: [‘Imagine holding your own heart’: GE teams with U.S. Veterans Affairs in Seattle to accelerate 3D printing in health care](#) (30 November, James Thorne, 789k uvm; Seattle, WA)

Dr. Beth Ripley would like you to know that the U.S. Department of Veterans Affairs is way more innovative than you probably think. But she’s biased — both as a pioneer in 3D printing and a radiologist at the VA’s Puget Sound Health Care System in the Seattle region.

Ripley is a driving force behind the VA’s rollout of 3D modeling software from GE Healthcare, under a new partnership announced this week. The technology takes arcane radiological scans and translates them into printable files to become plastic organs, bones and tumors that physicians can use in planning patient care and treatment.

For years, Ripley and others in the medical field have been using 3D printing, but the new software should save time and make the technology more accessible.

“One of the most time-critical steps is translating medical imaging data into the 3D printing file,” she said. “I’ve spent 10 hours or more painstakingly going through data sets and translating them over.” Using the 3D modeling software, that process should be reduced to minutes.

There are two big reasons why 3D printing for planning surgeries has been slow to take off.

It’s maddeningly difficult to read a CT scan or MRI. That’s, in part, why radiologists often spend six years following medical school to become interpreters of these anatomical portraits. Most radiologists have never encountered a CAD or STL file, the standard formats for 3D modeling and printing. “None of this is anything they taught us in med school,” said Dr. Ripley. People have been predicting that 3D printing will revolutionize health care for over a decade. Others have dismissed it as a fad. Because of the time and difficulty involved, the technology was initially seen as a way to help physicians plan for rare surgeries. Mayo Clinic, one of the early adopters of 3D printing in hospitals, first used it to plan the separation of conjoined twins in 2006.

But as 3D modeling and printing have become easier, hospitals increasingly see it as a tool for any tricky operation, such as surgery on the heart, a complex organ that moves constantly. Outside of surgical planning, physicians are using the technology to create custom surgical tools, prosthetics and stints, among other applications.

For veterans, Ripley sees 3D printing as a way to improve outcomes for military-specific surgeries, including repetitive stress injuries from jumping out of helicopters and blast traumas from explosions. Physicians can use the 3D model to prepare for surgery and as a prop to show a patient their plan of action.

“Imagine holding your own heart,” Ripley said. “It really gives a sense of security and ownership of the process back to the patient.”

Unlike traditional 3D printing software, which emerged from the engineering world, GE’s tool was designed with doctors in mind. That could help spread the adoption of 3D printing, which is currently used by an estimated 3 percent of large hospitals and research institutions, according to research firm Gartner. The VA has 20 hospitals that can 3D print, Ripley said.

Right now, a few GE Healthcare advanced workstations with 3D printing software are on a loading dock, ready to be deployed at Dr. Ripley’s own VA network in the Seattle area. The technology is also headed to VA centers in San Francisco, Minneapolis, Cleveland and Salt Lake City. Under the research agreement, the VA will provide feedback to GE Healthcare on the technology.

As for Ripley’s claim about the VA’s innovative spirit, she has a point. The nation’s largest health care provider also gave us the cardiac pacemaker, the barcode system for medications and the nicotine patch.

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2. Improving Customer Service

2.1 - Stars and Stripes: Pelosi vows Democratic oversight ahead of new veteran caregiver law (30 November, Nikki Wentling, 532k uvm; Washington, DC)

When Democrats take control of the House in January, a top priority will be to ensure the White House correctly implements a new law extending benefits to more veteran caregivers, said House Minority Leader Nancy Pelosi.

Pelosi, likely to be the next speaker of the House, spoke Thursday night at a convening of veteran caregivers hosted by former senator Elizabeth Dole. The Elizabeth Dole Foundation aids veteran caregivers and helped push through legislation during the summer that extends Department of Veterans Affairs benefits to caregivers of veterans injured before the 9/11 terrorist attacks.

“Earlier this year, Congress finally expanded eligibility to [caregiver] programs to every war era, but our work is not done,” Pelosi said Thursday night. “Democrats will ensure VA has the resources they need to expand this critical lifeline.”

Through a VA caregiver program implemented in 2010, benefits such as monthly stipends, health insurance, medical training and access to home health aides are available to family caregivers for veterans – but only ones injured after 9/11.

The VA Mission Act, signed by President Donald Trump in June, brings major reform to the VA, including a gradual expansion of caregiver benefits to older veterans.

The VA is in the process of implementing the new law. This week, the agency announced it began taking public comment about creating new regulations for the caregiver program.

The existing caregiver program has faced scrutiny in the past two years, after families enrolled in the benefit complained in 2017 that they were inexplicably being dropped. On Friday, 14 veterans groups – led by The Independence Fund – signed a letter to VA Secretary Robert Wilkie with concerns that VA employees were still downgrading caregivers’ benefits without explanation.

As the VA implements the Mission Act, it’s an “opportunity to rectify these problems,” the groups wrote.

The VA will take public input on the caregiver portion of the Mission Act until Dec. 12.

Sen. Susan Collins, R-Maine, also said Thursday that she would be focused on the issue in the new Congress.

“There are issues that transcend politics even in this terribly polarized world, and certainly one is military caregivers,” she said at the Dole event. “The VA Mission Act will start eliminating the disparities between pre-9/11 veterans and post-9/11 veterans.”

Pelosi and Collins received awards at the event for their work for caregivers in Congress. Tom Hanks also received an award. He is the chairman of Hidden Heroes, a campaign for the foundation that brings resources to veteran caregivers.

Hanks has been part of the Hidden Heroes campaign since it started in 2016.

"I'm in for the duration," he said Thursday.

When Hanks spoke to reporters about the campaign, he said: "I think the key word here is 'hidden.' These people are operating in the shadows, and they think there is no place to turn to, no phone calls they can make."

A 2014 study from the research organization RAND Corp. found there are 5.5 million veteran caregivers in the United States, 20 percent of whom care for veterans injured after 9/11. RAND found caregivers face more health problems, strained relationships and workplace issues than the general public.

As more injured servicemembers transition out of the military, more caregivers will need help, Hanks said.

"This marks the start of work that is going to be going on for a generation," he said.

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2.2 - KOSA (CBS-7, Video): [West Texas VA reports big improvement, even with 1-star rating](#) (30 November, Gianni Windahl, 25k uvm; Odessa, TX)

BIG SPRING -- The West Texas VA Health Care System in Big Spring recently received a one-star rating out of five in a VA assessment, but overall improvements in specific areas have VA staff excited and are setting records.

The VA's Strategic Analytics for Improvement and Learning assessment (SAIL), was released on Oct. 3rd, and marks the third consecutive year that it remains at a one-star rating.

Since 2017, the facility has made changes, and administrators and veterans have seen impact.

Dozens of West Texas veterans gathered at a townhall hosted by the West Texas VA to discuss issues and learn about programs.

One veteran at Thursday night's townhall, Kerry Cale, said he's experienced changes.

"But they're keeping the people energized. And the people are, pardon the term, are excited about what they're doing. Because they're making such big changes in the VA, which benefits the veterans and I'm really happy to see that," he said.

Cale served in the Navy, and said he's received great care. One change he has experienced, is working with one doctor for all of his visits, instead of multiple ones.

But the changes the local VA is seeing in SAIL are in ambulatory care, according to VA doctor and Acting Chief of Staff, Dr. Larry Thompson.

"Those conditions for example, would be diabetes, CLPT, hypertension, any one of those conditions left untreated or not treated well can land you in the hospital," he said.

The doctor said the rating system isn't indicative of the quality of care, but predominantly highlighted the veterans' awareness of available information.

"We have been more aggressive with our treatments. And in the coordination of the follow-up that we monitor you with through some of the technology that the VA can leverage, which are telehealth monitoring equipment at home, the nurse system that will track a patient to see how they're doing on a daily basis. And so we identify in our systems which of our patients are highest risk, and then check on them, some even daily," Dr. Thompson said.

And throughout the year, West Texas VA administrators said they have noticed a difference.

"We've gone from roughly 108 in the country, to 35th. And we did that with a bunch of different efforts. Basically, a lot of it had to do with just improving the overall coordination of care with the veteran. So right now we're performing right at the top of the country, and are the most-improved," he said.

Those at the VA said the number jump is just the beginning. They will continue to work toward a five-star rating.

Dr. Thompson said the care system focuses on many things at once, but will pay special attention to mental health next.

The West Texas VA will also continue to hold townhalls to hear veterans' concerns and work toward solutions.

West Texas VA Public Affairs Officer, Sheila Austin, noted several ways the VA has taken veterans' feedback and improved their programs and systems.

The Army veteran said those who sacrificed for our country deserve the best care possible.

"Our priority here is to provide the best quality care for our veterans that we can," Austin said.

The 146 VA medical centers' SAIL ratings are based on dozens of different factors, including wait time, and death and infection rates.

The West Texas VA, along with four others, remain at the bottom of the rankings for the third consecutive year.

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3. Business Transformation

3.1 - KCNC (CBS-4, Video): [New Veterans Community Resource Center Opens In RiNo](#) (30 November, 496k uvm; Denver, CO)

Veterans in the Denver metro area have a new resource center. Veterans Affairs Eastern Colorado Health Care System cut the ribbon on its new Community Resource and Referral Center (CRRC) on Friday.

The resource center is located at 3836 York Street in Denver. The center will work with the homeless veterans to help with permanent housing, health and mental health care, career development and access to VA and non-VA benefits.

The center also offers showers and storage space for veterans. They can also access minor medical issues or routine medical care.

“If you’re really going to help veterans and you’re really going to end homelessness, it’s a whole community coming together and working together. So, we’re not the end-all of homeless services for veterans, but we’re really proud to be part of the community that provides such great resources,” said Michelle Lapidow, Deputy Chief of VA Homeless Programs.

The new CRRC will be open from 6:30 a.m. to 3 p.m. on Mondays, Tuesdays, Thursdays and Fridays and on Wednesdays from 6:30 a.m. to 2 p.m. Housing walk-in clinic hours are Monday through Thursday 7:15 a.m. to 11 a.m. The center officially opens for business on Monday, Dec. 3.

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3.2 - Tulsa World: [Tulsa World editorial: Inhofe earns shout out for planned improvements to Tulsa VA center](#) (30 November, Editorial World, 320k uvm; Tulsa, OK)

For Tulsa veterans, help is on the way.

The U.S. Department of Veterans Affairs is touting a planned 140,000-square-foot building at 91st Street and South Mingo Road as an opportunity to bring together services currently scattered throughout south and east Tulsa.

The Tulsa VA Health Care Center will replace the VA’s outpatient clinic at 41st Street and South Mingo Road, its Behavioral Medicine Clinic at 11th Street and U.S. 169 and its Dental Clinic at 51st Street and South Yale Avenue. The current outpatient clinic faced potential closure in 2020 because it does not meet building requirements.

Instead of being forced to drive or be driven around the city to connect with covered services, Tulsa veterans will have a modern, one-stop location. That isn’t simply a matter of convenience for disabled veterans with mobility issues. If veterans cannot access health care earned through service to the nation, our nation has essentially reneged on its promise to its warriors.

Construction on the leased facility is expected in the spring of 2019 and it should be open for business no later than June 2021, the VA says. The Eastern Oklahoma VA Health Care System serves more than 39,000 veterans, more than 20,000 in the Tulsa market. The new facility is designed with the capacity to accommodate clientele growth projections over the next two decades, VA officials say.

Sen. Jim Inhofe, a veteran, has pushed for better VA services in Tulsa for years. Language he made sure was included in the fiscal year 2016 National Defense Authorization Act made the Tulsa facility possible. Inhofe recently became chairman of the Senate Armed Services Committee, enhancing his ability to do good for his hometown and Oklahoma. There’s little doubt that his clout made him an essential element in this deal, and he deserves the thanks of Tulsa’s veterans and their families.

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3.3 - Montgomery Advertiser: [Dothan VA clinic closing, merging](#) (30 November, Andrew J. Yawn and Melissa Brown, 72k uvm; Montgomery, AL)

Health care for veterans in southeast Alabama is in transition after the Dothan Veterans Affairs Clinic closure was made official Friday.

The primary care services previously provided by the clinic will now be offered at the Dothan VA Mental Health Clinic, although it appears the Wiregrass VA Clinic in Ft. Rucker — more than a 30-minute drive away — will also be heavily relied on to handle the influx of patients from the now-closed clinic.

Despite the more than 4,300 VA patients who are assigned to the Dothan division, according to data provided by the Central Alabama Veterans Healthcare System (CAVHCS), the merged Dothan VA location is currently capable of accommodating 2,000 patients. There are plans to expand for at least 1,000 additional patients, CAVHCS spokesperson Kim Betton said via email.

"Capacity at Ft. Rucker has also increased to care for other of the (sic) Veterans," Betton said. "Additionally, care in the local community will be used to ensure care for the Veteran population currently using the clinic."

More than 3,100 VA patients are currently assigned to the Ft. Rucker Wiregrass clinic.

A request by the Montgomery Advertiser for the number of doctors at each facility went unanswered, and a request for an interview regarding the closure was not fulfilled.

A staff member at the newly merged mental health clinic — now named the Dothan VA Clinic — said Thursday the two clinics were consolidated earlier in the week and that there is only one doctor on staff.

In a release, CAVHCS said the closure is the result of an expiring contract and a push by the VA to consolidate primary care and mental health care services.

CAVHCS Director Linda Boyle touted the merger of the two Dothan clinics as a positive.

"The VA has an extensive history of improved opportunities when primary care and mental health are integrated," Boyle said in a statement. "Veterans find it beneficial to access coordinated care in the location, so VA implemented this comprehensive model across its health care system and now this opportunity is available in Dothan."

Veterans previously scheduled for appointments at the Dothan clinic now have to be rescheduled.

CAVHCS said that seven patient aligned care teams (PACTs) are in place to "absorb" the influx of patients. Five of the teams are based at the Wiregrass clinic, although a third is planned for the consolidated Dothan clinic, according to CAVHCS.

It's unclear how many staff members comprise one PACT or how many patients a PACT can handle.

It's also unknown if travel expenses will be covered for those who now have to travel more than 30 minutes from Dothan to the Wiregrass clinic. According to the release, "travel can only be authorized to the nearest facility that can provide the needed care. Therefore, should a veteran choose to go to another facility other than the closest to his home, they are responsible for any costs beyond that for transportation to the nearest facility."

The Dothan and Wiregrass clinics are part of the CAVHCS health care system which also includes clinics in Columbus, Georgia, and Monroeville as well as hospital campuses in Montgomery and Tuskegee.

The CAVHCS system has been under scrutiny since 2015, when then-Director James Talton became the first VA official to be fired under a new accountability law. An investigation revealed a pattern of negligence and malfeasance within CAVHCS, including long wait times, falsified records and more than 2,000 X-rays and patient exams that were either lost or had gone unread.

A 2014 Montgomery Advertiser investigation found that VA patients' schedules were changed to make the wait times look shorter than they were and that Talton took eight months to take action.

From 2016-2017, CAVHCS seemingly made improvements under new leadership and its VA rating jumped from one-star to three-star out of a possible five. The VA regularly scores 146 of its medical centers based on a variety of factors including wait times, infection rates and complications, according to a USA Today analysis.

This year, however, the hospital again dropped to a one-star rating, according to a VA report. Montgomery is one of only nine VA hospitals in the nation to receive a one-star rating, according to USA Today. The facility serves nearly 13,000 patients, according to CAVHCS data.

In June, a National Public Radio report outlined allegations of mismanagement, corruption and retaliation against internal whistleblowers at CAVHCS concerned about patient care and other issues.

Gale Reid, a Gulf War veteran and Montgomery resident, said she's twice been forced to directly appeal to the national Veterans Experience Office at the White House after lapses and delays in her care. She said U.S. Rep. Martha Roby, R-Alabama, who has supported VA reforms, directly intervened the first time to reinstate funding for her home health aide.

Reid, who lives alone and whose close family lives in Alaska, receives four hours of in-home health aid five days a week to help with quality of life tasks. But within the past two years, paperwork and red tape at the Montgomery VA has caused her home health care to lapse, leaving her without in-home care for several weeks. Reid said her monthly pain medication is frequently delayed as well, a disruptive and painful occurrence.

"A lot of vets are afraid to call, because they might have a claim pending and they don't want to upset the doctor, for fear of losing their benefits or having something derogatory put in their records," Reid said.

The Desert Storm veteran, who has private insurance, sought medical care outside the VA last year after she became concerned about delays with an endometrial cancer diagnosis.

Reid has been in the VA system for 20 years, she said, and previously worked at a VA hospital in Alaska. She's received great care in the past and is lucky to have the option to use outside insurance, she said. But VA doctors appear overwhelmed by their patient loads, and she worries for fellow veterans who aren't as educated about the system to advocate for their own care.

"I could get a different doctor if I wanted to, but that would just be passing along the problem to another veteran," Reid said. "I used to work in the VA — I know how the system works and who is responsible for what. ... We're trying to help the others who don't know who to go to."

"So many vets don't even know how to navigate the system. They don't know what's needed."

The now-closed Dothan clinic suffered similar complaints of long wait times and lack of attentiveness to patients' needs in the past.

Lisa Clements, a 41-year-old Dothan resident, said her father, a Vietnam War veteran, was diagnosed with cellulitis in 2015, after which they began seeking help from the local VA clinic.

Clements said calls to the VA would go unanswered and only after driving her father to the clinic would an appointment be scheduled.

"We had a lot of issues with the VA here," Clements said. "He kept going to the VA trying to get help with his legs. We'd go up there and they wouldn't even unwrap his leg. My brother would unwrap, and they'd stand across the room. Wouldn't even look at this leg and my brother would have to rewrap it to take him home."

Clements said they "fought and fought" to go to another doctor or VA clinic. Eventually, they received an appointment in April 2016, but by then, "it was already too late."

"The month my father passed away we got a phone call saying that they had set up an appointment to have his leg debrided," Clements said. "I know he didn't receive the proper treatment. ... It was like he was a burden to them. That's just how we felt. It was horrible. And then you ask questions they have no answers."

"I just hope things can be changed and other people don't have to go through what my father went through."

Do you have questions, thoughts or concerns about your experiences with VA health care in Alabama? Email reporters Melissa Brown at mabrown@gannett.com and Andrew Yawn at ayawn@gannett.com. [...]

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3.4 - New Hampshire Public Radio: [VA Plans to Break Ground on New Somersworth Veterans Clinic](#) (30 November, Peter Biello, 55k uvm; Concord, NH)

The Manchester VA is planning a groundbreaking ceremony next week for a new veterans clinic in Somersworth.

The new clinic will be right across the parking lot from the current clinic on Route 108. Senator Maggie Hassan, Congressman-Elect Chris Pappas and Somersworth Mayor Dana Hilliard are among those scheduled to attend.

The new clinic will be more than twice the size of the current space and will offer more primary care, mental health, and telehealth services.

Manchester VA Medical Center Director Al Montoya says the new clinic will be ready by the end of next summer.

A task force looking at the future of the Manchester VA had recommended that the Somersworth and Portsmouth VA clinics be combined.

A spokesperson for the VA says they have no plans to close the Portsmouth clinic.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

[5. Suicide Prevention](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Washington Post: [Readers critique The Post: Elvis's legacy, the origins of turkey and a possible 'super Earth'](#) (30 November, Glenn Kerr, 30.6M uvm; Washington, DC)

[...]

Years and man-years

The Nov. 16 Politics & the Nation article "Veterans aren't getting their GI Bill payments — because new formulas broke VA's decades-old computers" stated that 16,800 wasted man-hours is nearly two years. Assuming three weeks off for vacation and holidays, a person works 49 weeks. Times 40 hours per week, that is 1,960 man-hours per year. By my algorithm, 16,800 man-hours divided by 1,960 equals 8.5 years, not nearly two.

Also, as an IT practitioner and a veteran, I would like to know what kind of hardware and software the Department of Veterans Affairs is using for GI Bill processing. Is finding people with antiquated skills the problem, or is it mainly bad management? The article described the impact but did little to research the root causes of this failure.

Glenn Kerr, Davidsonville

[...]

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6.2 - FOX News (Video): [Veterans Affairs says it won't reimburse underpaid vets](#) (30 November, 27.6M uvm; New York, NY)

Three-minute video: Retired Marine Kieran Lalor reacts to the underpayment of G.I. Bill benefits.

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6.3 - Politico: [Advocates hope to flood DeVos' Title IX proposal with comments](#) (30 November, 8.7M uvm; Arlington, VA)

GI BILL DRAMA CONTINUES: Veterans Affairs Secretary Robert Wilkie said in a statement Thursday that any GI Bill recipients whose housing benefit was underpaid as the VA works to roll out provisions in a new law will “receive retroactively the exact benefits to which they are entitled.”

— Wilkie released the statement late in the afternoon. Earlier in the day, Rep. Phil Roe (R-Tenn.), the chairman of the House Veterans’ Affairs Committee, said during a hearing that congressional aides were told by the VA that it would not go back to fix the underpayments — despite what the department had said publicly.

— During the same hearing, Paul Lawrence, the undersecretary for benefits for the Veterans Benefits Administration, said underpayments would be adjusted, but then seemed to leave lawmakers confused when describing the VA’s next steps.

— The VA was supposed to change how it calculates the housing benefit on Aug. 1, according to a law passed in 2017 dubbed the “Forever GI Bill,” H.R. 3218 (115). A host of IT-related problems led to a backlog in claims processing throughout the fall semester. The VA announced on Wednesday it would not be able to make the housing calculation change until the 2020 spring semester.

— “To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole — retroactively if need be — for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates,” Wilkie said.

— Meanwhile, the group Veterans Education Success issued a new analysis today based on government data that found student veterans demonstrate stronger rates of persistence and completion of higher education goals compared with their non-veteran peers. Read it here.

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6.4 - Task & Purpose (Video): [Lawmakers And Veterans To The VA: Shut Up And Pay Up](#) (30 November, Jared Keller, 580k uvm; New York, NY)

The VA has a message for veterans: We will absolutely make you whole again.

“Each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates,” Veterans Affairs Secretary Robert Wilkie said in a statement on Thursday, following sharp questions from lawmakers regarding late payments to veterans on everything from college tuition to housing payments.

On Wednesday, NBC News reported, citing two House Veterans Affairs Committee aides, that “it would not reimburse those veterans who were paid less than they were owed” due to delayed or inaccurate GI Bill disbursements that arose from the VA’s new computer system — a statement that appeared to renege on the VA’s promise to furnish thousands of vets with the money they deserve.

“Although VA has encountered issues with implementing the Forever GI Bill on Congress’ timeline, we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law,” Wilkie said.

Indeed, the VA had announced an interim solution to the faulty processing of GI Bill benefits on Wednesday morning, hours before the NBC News report sent a ripple of anger through the veterans community, stipulating that it would delay the implementation of the Forever GI Bill and “correct retroactively any underpayments” in housing allowances for veterans while it worked to fix the technology implementation issues that have plagued the system for months.

So far, however, lawmakers and veterans organizations are less than confident that the VA’s stopgap won’t actually require its own stopgap down the line.

“For the past 11 months, VA has continually failed to deliver a functioning IT system that can process housing payments as dictated by the law,” said Rep. Tim Walz, Democrat from Minnesota and ranking member on HVAC, in a statement. “The changes VA announced today, however, raise more concerns than confidence that student veterans will be taken care of anytime soon.”

California Democrat Rep. Mark Takano, the vice ranking member of HVAC, characterized the VA’s announcement as “extremely disconcerting.”

“If this process and the reoccurring technical failures at the VA have taught us anything, it’s that the underlying issues causing these delays – IT failures – must be addressed and fixed for any contractor to successfully implement these provisions,” Takano said in a statement. “If this is not done, I am skeptical that the VA will be able to meet the new deadline they put in place.”

“Shifting the implementation deadline a year isn’t a free pass for the VA to arbitrarily pay student veterans less than they are due simply because it was unable to correct internal problems in time,” VFW National Commander B.J. Lawrence said in a statement.

This lack of faith isn’t unwarranted. The last time Wilkie signed his name to call for confidence in the VA, it was in a galling Nov. 16 op-ed in USA Today claiming that the Trump administration has kept its promises when it comes to America’s veterans.

“Until Trump, no candidate in history had made serving our veterans the centerpiece of a presidential campaign,” he wrote. “In office, Trump has kept his promise, improving the lives of

America's veterans through a number of key initiatives that enact more reform across the organization than at any other time in decades."

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6.5 - Stars and Stripes (Video): [The Daily Show blasts VA over GI Bill payment fiasco](#) (30 November, Nikki Wentling, 532k uvm; Washington, DC)

Trevor Noah, host of The Daily Show on Comedy Central, blasted the Department of Veterans Affairs in a five-minute segment Thursday night over widespread payment delays to student veterans.

Thousands of student veterans experienced delays this semester receiving their monthly housing stipends, which they use for rent, food and other living expenses. The problem was caused by an information technology failure when the VA went to implement part of the "Forever" GI Bill – a major expansion of veterans' education benefits Congress approved last year.

"There's a promise America makes to its troops: If you serve your country, when you come home, your country will serve you," Noah said. "These days, collecting those benefits have become its own battle."

VA officials testified earlier this month that the problems arose when attempting to add new commands into the VA's 50-year-old computer system, which the agency has been making patchwork fixes to for decades.

"Seriously? America can't pay its veterans because it's using a 50-year-old computer? That is some old-ass shit," Noah said. "When it comes to going to war, America always finds the money... But when the soldiers get home, America is all of the sudden like, 'Yeah, we can't pay you. Our computers are running Windows B.C., so sorry.'"

At the end of the segment, Noah joked, "America should be grateful the VA isn't in charge of the rest of the military." He then cut to a skit of servicemembers trying to launch a missile but having to wait 12 hours because they were using a 50-year-old computer.

The Daily Show also delved into the controversies that arose this week about whether GI Bill recipients who were underpaid this semester would receive retroactive payments.

Because of the IT problems, the VA reverted to paying students their housing allowances this semester based on 2017 rates that didn't account for cost-of-living increases in 2018. Veterans and lawmakers didn't know whether students who received less money because of it would get paid retroactively.

VA officials said they will make retroactive payments and the agency plans to send those out to students sometime in January.

There were still outstanding questions Friday about whether veterans who will be shortchanged for other reasons during the next year will eventually get the money they're due.

“This issue with the vets might be solved eventually, but this is just the latest example of the VA screwing over those who have served their country,” Noah said.

Thursday wasn’t the first time The Daily Show has criticized the VA.

Jon Stewart, the television show’s previous host, blasted former President Barack Obama’s administration in 2013 over the high number of veterans waiting for answers on their claims for benefits. The VA was also the subject of multiple segments in 2014 and 2015 during the VA wait-time scandal.

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6.6 - UCLA News: [UCLA student veterans bring VA garden back to life](#) (30 November, Alison Hewitt, 342k uvd; Los Angeles, CA)

The first time UCLA student Nick Gunnett visited the Veterans Garden on the VA campus near the university, his friends had convinced him to tag along for a monthly get-together and garden cleanup.

After a couple of hours gardening with veterans from both campuses, Gunnet was hooked. That was in spring. Now, the Navy veteran is one of the organizers.

Gunnett knew that UCLA’s student veterans hosted a monthly volunteer project to revive the abandoned garden, but he had no idea how much the project would speak to him. Between weeding, constructing planter beds, and harvesting vegetables, he described it as a great opportunity to build things, relax, and socialize with veterans from different backgrounds.

“For a couple of hours each week, I’m forced away from my phone and my computer and my textbooks, and I’m just there, out in the open,” Gunnett said. “Some of the VA vets are transitioning from homelessness, or treatment for serious illness, but they don’t seem like a bunch of sick people or homeless people. The garden, it’s an equalizer, it’s a link, it’s a place we can meet. It gives people a break from their problems, but not a break to do nothing. We’re creating.”

The project started in January 2017 when the Student Veterans of America had their national conference in Southern California. They partnered with UCLA and the west L.A. branch of the Veterans Affairs of Greater Los Angeles Healthcare System for a one-day volunteer project to spruce up the overgrown garden, said Emily Ives, director of UCLA’s Veteran Resource Center.

“Our students said, ‘This can’t be a one-time deal, we have to continue,’” Ives said. “They wanted to make this a place where veterans can have a community, and where they can come for picnics, reflection, gardening and other wellness activities.”

For almost two years, UCLA’s student veterans have volunteered at the 15-acre Veterans Garden once a month, with organizers going nearly every week, beating back the weeds and coordinating with the VA on long-term ideas. The volunteers began with frequent support from the VA and UCLA groups like the Veteran Resource Center, the campus’s chapter of Student Veterans of America, and UCLA Campus Life.

With the garden overlooking the Jackie Robinson Stadium, which is used by the UCLA baseball team and veterans, the monthly projects often end with lunch and a free game.

“With these monthly work parties, our student vets are coming together with veterans at the VA,” said Mick Deluca, assistant vice chancellor of campus life. “There have been some tear-jerking connections between them, and they’re figuratively and literally bringing back to life a garden that had completely died.”

Today, UCLA’s student veterans went to the garden again for their monthly volunteer project and lunch. This time, they’re also partnering with UCLA’s transfer students, who organized a donation drive and made hundreds of hygiene kits to provide to veterans living in transitional housing at the VA and to homeless veterans, Ives said.

The hygiene kit donations were managed by Jessica Kim, the transfer student representative in UCLA’s Undergraduate Students Association Council, which is helping fund Friday’s work. Kim is also a transfer student and, as the daughter of a veteran, a member of the Veteran Resource Center where Gunnett and Ives work.

“I’d say a majority of veterans are transfers, too, so I’m really excited to increase the connection between the two groups of students,” Kim said. The donation drive to help homeless veterans is a good fit for transfers, she added. “We had our own careers and life stories that maybe didn’t emphasize education, and that leads to a better awareness of the different paths life can take.”

This morning, volunteers harvested leafy greens like kale, spinach and chard for a demonstration kitchen at the VA, spread mulch, and sanded down boards from piles of abandoned pallets left by the garden’s previous tenants, said Jesse Flores, who is getting his master’s in urban planning at UCLA and, like Gunnett, works as a program assistant for the garden.

“I’ve seen the potential that urban agriculture has, and here at the VA, I’m seeing how it can tie in with addressing homelessness, substance abuse and mental health,” Flores said. “This garden can be used not just to unite people but to really organize people to address these issues.”

Gunnett said he hopes that someday the project will expand to create a farmers market with employment opportunities for the VA vets, and meanwhile, he’s finding ways to turn broken-down planter beds and abandoned pallets into new planters.

“I feel like a kid with a Lego kit — we can build whatever we want at the garden,” Gunnett said.

And sometimes, he added, talking to people who aren’t students is as much a change of pace as being out in nature.

“I was pulling weeds with this one guy, a Desert Storm veteran, and it turns out we’re both heavily into music, so we ended up in this in-depth conversation about rock music,” Gunnett said. “Not exams. Not the military. These vets, they’re doing the same thing as me. In 20 or 30 years, I’ll be the old vet telling stories to UCLA students.”

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6.7 - Tapinto.net: [Bring a little joy to veterans in the hospital for Christmas](#) (30 November, Sandy Mitchell, 164k uvm; New Providence, NJ)

For most people the holidays are a time for family and friends but for our war heroes in VA hospitals it can be sad and lonely.

It's heartbreaking to realize that many of these brave service men and women don't have family in the area and some have no family at all.

Project Help is ever so aware of this heartbreaking situation. Periodically they visit the Lyons hospital and bring cards from youngsters and treats for the PTSD ward. "The patients love it...they are so happy to see us. We spend a couple of hours talking, laughing and enjoying each other's company. It does my heart good to touch the hearts of many and bring a smile to their faces", said Sandy Mitchell of Project Help.

As Christmas approaches, the need for personal contact is urgent. Project Help is doing a "Sign a Card" drive for veterans at Lyons hospital. For a donation of your choice, you get to choose a sentiment and have your name signed to the card. All of the cards will be personally delivered to the VA hospital on December 18th, and given out to the men and women who won't be home for Christmas.

Please use this <https://donate.keela.co/project-help/christmas-cards-for-veterans> to choose your donation and sentiment. Your name will come from the donation form you complete and will be affixed to the card.

Any excess revenue will go into the Project Help Hardship Fund to assist veterans and their families in times of need. The fund is designated to help pay bills or provide food and gas cards for New Jersey veterans who qualify.

Project Help is a local, all volunteer 501c3 nonprofit charity, serving the needs of veterans in financial distress and assisting in career placement with fortune 500 companies and unions.

"We are currently accepting applications to serve on the board of directors as well as onboarding volunteers for committee work in 2019", said Sandy Mitchell, Executive Director of Project Help. For more information please call 973-875-2068. Financial support to the Hardship Fund is greatly appreciated as well.

We look forward to providing some joy and support to the veterans who have given so much.

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6.8 - KSLA (CBS-12, Video): [OBVAMC Homeless Programs helps veterans 'gear up' for winter](#) (30 November, Marie Waxel, 56k uvm; Shreveport, LA)

It was a full house Thursday at Overton Brooks VA Medical Center as more than 100 veterans were treated to new boots and warm clothes.

The gear just in time for these veterans to battle the winter cold.

It's all part of a bigger initiative to end veteran homelessness known nationally as Stand Down.

In addition to the gear and a warm meal, veterans were also connected to other service groups to help guide them on their journey.

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6.9 - People's World: [Another broken promise: Trump VA's housing money for vets](#) (30 November, Mark Gruenberg, 51k uvm; Chicago, IL)

WASHINGTON — “Promises made, promises kept,” GOP President Donald Trump likes to brag.

Oh, really? Try feeding that line last week to more than 14,000 GM workers – half of them unionists – who will lose their jobs as their plants close in Ohio, Michigan, Maryland and Ontario.

And now try feeding it to the nation's veterans, who lost part of their congressionally mandated housing and education aid – for the last several months and for at least another year – and may not get it back any time before many actually lose their homes.

On the campaign trail in 2016, Trump made a big deal about restoring U.S. factory jobs. He even promised Ohio plants would not close. GM put the lie to that on Nov. 26 saying it's going to shut the Lordstown plant by March 1, and four others in the U.S., plus Oshawa, Ont., after that.

Trump also tooted his own horn about supporting veterans. In the most celebrated case, his foundation held a fundraiser for veterans' causes days before the key Iowa caucuses in 2016. It raised \$5.6 million.

Donors gave half the money directly to veterans' groups. The foundation gave the rest to the campaign. That's an illegally excessive corporate contribution under campaign finance laws, but it let Trump travel the state doling out \$100,000 checks to vets groups, and currying favor and votes, too.

Now Trump's Veterans Affairs Department says its antiquated computer technology and a bungled shift to a new processing system, including new addresses for vets who use college benefits, shortchanged housing and education aid for thousands of veterans. One estimate, by Sen. Brian Schatz, D-Hawaii, puts the number at 360,000. The VA's also not going to have the mess fixed until December 2019.

Veterans groups and lawmakers of both parties are not happy. Most of the traditional vets groups complained in private to Congress. The biggest one, the American Legion, did not post any comments on its website. The exception: VoteVets. It went public. Left unsaid: Veterans, in heavy numbers, vote.

“For several weeks now, veterans all across the country have sounded the alarm about missing or inaccurate GI Bill benefits,” Jon Soltz, chairman of VoteVets, a pro-labor progressive group of Afghanistan and Iraqi War veterans, emailed.

“Last night, news broke that Donald Trump's Department of Veterans Affairs would NOT be repaying veterans who received less than the benefits they earned for their service.

“It is an absolutely stunning display of incompetence from an inept administration. But more to the point, it’s a moral abomination,” Soltz declared.

“There are veterans out there who will miss car payments, mortgage payments, who will struggle to feed their families because of these missed payments. The GI Bill, including the Forever GI Bill housing allowance, is a lifeline for veterans. And now it’s gone.”

“And Trump’s response? Thoughts and prayers...Well that is not good enough,” Soltz declared. VoteVets posted an online petition demanding Trump’s VA pay the lost benefits. And VoteVets said it would take the same message to Capitol Hill, appealing for personal stories to illustrate the harm.

Paul Lawrence, the VA’s Under Secretary for Benefits, testified in early November that the new Forever GI Bill ordered the VA to change locations assigned to vets for their benefits, particularly housing and education benefits. Then the problems started.

“Development and deployment of the new software” to make that shift “has not gone as planned,” Lawrence, a Trump political appointee, admitted. He said VA might not have the new software ready for the spring 2019 college semester. Congress allots \$4 billion yearly to VA to update and improve the agency’s benefits software.

Lawrence also promised the shortfalls would eventually be made up – though he gave no date for that – and that if vets were overpaid, they wouldn’t have to give the money back. VoteVets was skeptical.

But things got even worse.

VA announced that “because of continued information technology difficulties in implementing new monthly housing allowance calculations,” VA’s benefits administration “will reset its implementation efforts to give the department the time, contracting support and resources necessary to develop the capability to process Spring 2020 enrollments in accordance with the law by Dec. 1, 2019.”

In plain English, Trump VA Secretary Robert Wilkie said, that means the agency is scrapping the information technology for doling out education and housing benefits and starting over from square one. Wilkie compared the situation to “flying a plane while trying to build it.”

Lawmakers were upset, too.

“This administration, the Trump administration, promised to clean up the culture of bureaucratic incompetence inside the VA,” said Rep. Mike Coffman, R-Colo., before he lost his re-election bid when the party abandoned his race. “And, based on this testimony today and other hearings we’ve had, I don’t think they’ve made a lick of difference.”

Rep. Mark Takano, D-Calif., is “skeptical the VA will be able to meet the new deadline they put in place.” He may have some say in the matter as incoming chair, when Democrats take over the House, of the House Veterans Affairs Committee.

“We are demanding the Inspector General investigate underpayments and missed payments to 360,000 veterans. This is a full-fledged scandal that harms people who put their lives on the line for our country, and it’s against the law as well,” Schatz tweeted.

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6.10 - The St. Augustine Record: [Digital technology brings centuries-old gravestones to life at St. Augustine National Cemetery](#) (30 November, Colleen Jones, 36k uvm; Saint Augustine, FL)

"I love these words: 'By strangers honored, by strangers mourned,' " said Scot French as he stood in the St. Augustine National Cemetery Thursday reading the gravestone inscription for a Dr. Charles Noyes, a 27-year-old Army surgeon interred at the site.

"In a way, we are those strangers," said French, an associate professor of history at the University of Central Florida in Orlando. "We are using data to create interactive visualizations that, at a glance, tell a story."

The effort is part of a major archiving project by UCF which just launched a website cataloguing nearly all the 1,227 grave sites at the St. Augustine National Cemetery.

Launched in 2016, the Veterans Legacy Program is funded by the U.S. Department of Veterans Affairs as a way to memorialize the lives of veterans and share their stories with the general public.

Faculty and students at the UCF researched and wrote biographies of the soldiers buried or memorialized at the cemetery. They used primary sources including government records, census data and newspaper accounts to discover information about veterans' lives, including their occupations, where and when they enlisted, how they were killed and other details.

There is also an "augmented reality" mobile application which allows smartphone users to hold their device up to a headstone and pull up matching background information on that specific veteran to create an interactive walking tour of cemetery. Graduate and undergraduate students also helped with the technical aspects of building the website and the app, which also include links to multimedia elements.

"It's taken dozens and dozens of students over so many months to create this," said Amelia Lyons, a UCF associate professor who is heading up the Veterans Legacy Project.

Lyons said UCF as an institution is known for being on "the leading edge" of this type of digital mapping and making that information available for public use.

"We're really making it accessible; it's not just information in dusty books," said Lyons.

St. Augustine National Cemetery was chosen as one of the subjects of their research because the veterans buried here span so many chapters of American military history, from the Seminole Wars to the Vietnam War.

In addition to St. Augustine, UCF's history department is conducting similar studies at the Florida National Cemetery in Bushnell, the Aisne-Marne American Cemetery in Lucy-le-Bocage, France, and the Meuse-Argonne American Cemetery in Romagne-sous-Montfaucon, also in France.

The larger body of data will also allow researchers to broaden their observations.

“That’s what we’re doing in digital mapping, looking for patterns ... and you can’t do that unless you lift it from the printed page,” said French. “A whole new frontier of research is coming to us.”

For example, Lyons pulled up a heat map that was formed from the data points showing how infectious diseases like malaria killed soldiers more often than warfare in the 19th century.

The project is also creating an interactive K-12 curriculum that can be used by teachers nationwide at a grade-appropriate level.

Among the many stories that have been uncovered at the St. Augustine National Cemetery, one mystery still remains. In the southwest corner of the graveyard, two marble headstones stand next to one another, each bearing the inscription: “Six Unknown Indians.”

According to UCF professor Amy Giroux, at least nine of the interred are thought to have died at Fort Marion during the internment of Native Americans at what is now known as the Castillo de San Marcos in St. Augustine. Beyond that, details are scant.

Giroux still believes there may be more out there that might be gleaned by scouring digitized records.

“That,” she said, “is the hope.”

To access the Veterans Legacy Program and to learn more about the stories behind the veterans buried at the St. Augustine National Cemetery go online to www.vlp.cah.ucf.edu.

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6.11 - WXXV (FOX-25, Video): [Wreaths For Veterans At Biloxi National Cemetery](#) (30 November, Kristen Anzuini, 8k uvm; Gulfport, MS)

For the past six years, members of the community have been placing wreaths on the headstones at the Biloxi National Cemetery. This year is going to be bigger and better than ever.

For many a wreath is a symbol of the holidays, but today it was so much more than that. Veteran Service Officer Julia Encalade said, “We’re prepping the Christmas wreaths to be able to lay on our heroes here at the National Cemetery tomorrow.”

For the past six years, people of all ages have been going to the Biloxi National Cemetery to place wreaths on the headstones of veterans. Crusaders for Veterans President Kevin Cuttill said, “As you look around, we have several families out here that brought their younger ones. Everyone gets to see the generation coming up and seeing the price of the freedom and the sacrifices made.”

Today, hundreds of volunteers spent hours prepping 20,000 wreaths to honor our nation’s veterans and their families. “They’ve done so much for us and this is the least we could do for them. They not only serve, but their family has served,” said Encalade.

It isn't all about those who have passed, for many this event is therapeutic. "It's closure for the living because the more you come out here and you respect those out here you recognize the true price of freedom, two you get closure because you keep your loved ones alive with you as you do this. I got a son buried so when I do this I know he is smiling as well. It is basically for the living to have closure."

Anyone interested in laying a wreath tomorrow can show up to the Biloxi National Cemetery at 11 a.m. The event will take place rain or shine. "They don't put defending our freedoms on hold so we don't put honoring them on hold either," said Cuttill.

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6.12 - ConnectingVets.com (CBS Radio): [When it comes to college, veterans are better off than non-vets](#) (30 November, Matt Saintsing, New York, NY)

Despite all the challenges that veterans face when they enroll in college, a study released Friday reveals, by most measures, student vets are doing better in college compared to non-veterans.

Conducted by Veterans Education Success—a nonprofit group that advocates for the GI Bill and other educational programs for veterans and service members—the study analyzes data from the Department of Education to offer a picture of how student vets navigate the waters of learning after the military.

Here are some key findings:

Just one in five veterans who enrolled in a postsecondary program—broadly defined as

“But while student veterans’ resiliency exceeds that of non-veterans, additional support, be it institutional or federal, would help alleviate some of their risk factors and bolster completion rates even further.”

Specifically, the study’s authors recommend the following:

Campus-based daycare for single parents.

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Filename: 181201_Veterans Affairs Media Summary and News Clips.pdf

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Veterans Affairs Media Summary and News Clips

1 December 2018

1. [Top Stories](#)

1.1 - FOX News (Video): [VA vows to fix GI benefits after 50-year-old computer system caused payment glitch](#) (30 November, Robert Gearty, 27.6M uvm; New York, NY)

Vets who are getting smaller GI Bill benefit payments than they are due because of the Department of Veterans Affairs' 50-year-old computer system will be made whole, VA officials said. The announcement represents a sudden reversal by the government agency. At a hearing Thursday on Capitol Hill, VA undersecretary Paul Lawrence said the agency has no plans to retroactively pay shortchanged GI Bill recipients, according to Stars & Stripes.

[Hyperlink to Above](#)

1.2 - NBC News (Video): [Lawmakers demand investigation into VA after ongoing GI Bill issues](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

A bipartisan group of senators and one member of the House have sent a letter demanding the Department of Veterans Affairs' inspector general investigate continuing issues in paying student veterans the benefits they are owed under the Forever GI Bill.

[Hyperlink to Above](#)

1.3 - MSNBC (Video): [Congress pushes VA to reverse course on benefits](#) (30 November, 3.8M uvm; New York, NY)

After a day of pressure from members of Congress, the Department of Veterans Affairs reversed course on Thursday and announced that it would pay veterans the full amount of benefits they are due under the Forever GI Bill.

[Hyperlink to Above](#)

1.4 - Comedy Central (The Daily Show with Trevor Noah, Video): [The V.A. Is Screwing Over Veterans](#) (29 November, 3.3M uvm; New York, NY)

Five-minute video: Thanks to its reliance on a 50-year-old computer, the U.S. Department of Veterans Affairs falls far behind on its payments to veterans for housing and education.

[Hyperlink to Above](#)

1.5 - The Boston Globe: [VA isn't cutting checks quick enough for veterans-turned-students](#) (1 December, Brian MacQuarrie, 4M uvm; Dorchester, MA)

Rashaad Ingram helped bury 1,300 veterans as a member of the Army's famed Old Guard, the presidential escort regiment that carries caskets at Arlington National Cemetery outside Washington.

[Hyperlink to Above](#)

1.6 - U.S. News & World Report (AP): [Veterans Benefits Administration to Close Office's Help Desk](#) (30 November, 14M uvm; Washington, DC)

The Veterans Benefits Administration is shutting down a help desk inside its Bremerton office that's staffed with employees who assist veterans with benefit-related queries. The Kitsap Sun reports the office, as of Friday, will no longer be a place where veterans can receive in-person

assistance with navigating through the Department of Veterans Affairs' pension and compensation system.

[Hyperlink to Above](#)

1.7 - GeekWire: [‘Imagine holding your own heart’: GE teams with U.S. Veterans Affairs in Seattle to accelerate 3D printing in health care](#) (30 November, James Thorne, 789k uvm; Seattle, WA)

Dr. Beth Ripley would like you to know that the U.S. Department of Veterans Affairs is way more innovative than you probably think. But she's biased — both as a pioneer in 3D printing and a radiologist at the VA's Puget Sound Health Care System in the Seattle region.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Stars and Stripes: [Pelosi vows Democratic oversight ahead of new veteran caregiver law](#) (30 November, Nikki Wentling, 532k uvm; Washington, DC)

When Democrats take control of the House in January, a top priority will be to ensure the White House correctly implements a new law extending benefits to more veteran caregivers, said House Minority Leader Nancy Pelosi.

[Hyperlink to Above](#)

2.2 - KOSA (CBS-7, Video): [West Texas VA reports big improvement, even with 1-star rating](#) (30 November, Gianni Windahl, 25k uvm; Odessa, TX)

The West Texas VA Health Care System in Big Spring recently received a one-star rating out of five in a VA assessment, but overall improvements in specific areas have VA staff excited and are setting records. The VA's Strategic Analytics for Improvement and Learning assessment (SAIL), was released on Oct. 3rd, and marks the third consecutive year that it remains at a one-star rating.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - KCNC (CBS-4, Video): [New Veterans Community Resource Center Opens In RiNo](#) (30 November, 496k uvm; Denver, CO)

Veterans in the Denver metro area have a new resource center. Veterans Affairs Eastern Colorado Health Care System cut the ribbon on its new Community Resource and Referral Center (CRRC) on Friday.

[Hyperlink to Above](#)

3.2 - Tulsa World: [Tulsa World editorial: Inhofe earns shout out for planned improvements to Tulsa VA center](#) (30 November, Editorial World, 320k uvm; Tulsa, OK)

For Tulsa veterans, help is on the way. The U.S. Department of Veterans Affairs is touting a planned 140,000-square-foot building at 91st Street and South Mingo Road as an opportunity to bring together services currently scattered throughout south and east Tulsa.

[Hyperlink to Above](#)

3.3 - Montgomery Advertiser: [Dothan VA clinic closing, merging](#) (30 November, Andrew J. Yawn and Melissa Brown, 72k uvm; Montgomery, AL)

Health care for veterans in southeast Alabama is in transition after the Dothan Veterans Affairs Clinic closure was made official Friday. The primary care services previously provided by the clinic will now be offered at the Dothan VA Mental Health Clinic, although it appears the Wiregrass VA Clinic in Ft. Rucker — more than a 30-minute drive away — will also be heavily relied on to handle the influx of patients from the now-closed clinic.

[Hyperlink to Above](#)

3.4 - New Hampshire Public Radio: [VA Plans to Break Ground on New Somersworth Veterans Clinic](#) (30 November, Peter Biello, 55k uvm; Concord, NH)

The Manchester VA is planning a groundbreaking ceremony next week for a new veterans clinic in Somersworth. The new clinic will be right across the parking lot from the current clinic on Route 108. Senator Maggie Hassan, Congressman-Elect Chris Pappas and Somersworth Mayor Dana Hilliard are among those scheduled to attend.

[Hyperlink to Above](#)

[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

[5. Suicide Prevention](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Washington Post: [Readers critique The Post: Elvis's legacy, the origins of turkey and a possible 'super Earth'](#) (30 November, Glenn Kerr, 30.6M uvm; Washington, DC)

The Nov. 16 Politics & the Nation article "Veterans aren't getting their GI Bill payments — because new formulas broke VA's decades-old computers" stated that 16,800 wasted man-hours is nearly two years. Assuming three weeks off for vacation and holidays, a person works 49 weeks. Times 40 hours per week, that is 1,960 man-hours per year. By my algorithm, 16,800 man-hours divided by 1,960 equals 8.5 years, not nearly two.

[Hyperlink to Above](#)

6.2 - FOX News (Video): [Veterans Affairs says it won't reimburse underpaid vets](#) (30 November, 27.6M uvm; New York, NY)

Three-minute video: Retired Marine Kieran Lalor reacts to the underpayment of G.I. Bill benefits.

[Hyperlink to Above](#)

6.3 - Politico: [Advocates hope to flood DeVos' Title IX proposal with comments](#) (30 November, 8.7M uvm; Arlington, VA)

GI Bill drama continues: Veterans Affairs Secretary Robert Wilkie said in a statement Thursday that any GI Bill recipients whose housing benefit was underpaid as the VA works to roll out provisions in a new law will "receive retroactively the exact benefits to which they are entitled."

[Hyperlink to Above](#)

6.4 - Task & Purpose (Video): [Lawmakers And Veterans To The VA: Shut Up And Pay Up'](#) (30 November, Jared Keller, 580k uvm; New York, NY)

The VA has a message for veterans: We will absolutely make you whole again. "Each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates," Veterans Affairs Secretary Robert Wilkie said in a statement on Thursday, following sharp questions from lawmakers regarding late payments to veterans on everything from college tuition to housing payments.

[Hyperlink to Above](#)

6.5 - Stars and Stripes (Video): [The Daily Show blasts VA over GI Bill payment fiasco](#) (30 November, Nikki Wentling, 532k uvm; Washington, DC)

Trevor Noah, host of The Daily Show on Comedy Central, blasted the Department of Veterans Affairs in a five-minute segment Thursday night over widespread payment delays to student veterans. Thousands of student veterans experienced delays this semester receiving their monthly housing stipends, which they use for rent, food and other living expenses.

[Hyperlink to Above](#)

6.6 - UCLA News: [UCLA student veterans bring VA garden back to life](#) (30 November, Alison Hewitt, 342k uvd; Los Angeles, CA)

The first time UCLA student Nick Gunnett visited the Veterans Garden on the VA campus near the university, his friends had convinced him to tag along for a monthly get-together and garden cleanup. After a couple of hours gardening with veterans from both campuses, Gunnett was hooked. That was in spring. Now, the Navy veteran is one of the organizers.

[Hyperlink to Above](#)

6.7 - Tapinto.net: [Bring a little joy to veterans in the hospital for Christmas](#) (30 November, Sandy Mitchell, 164k uvm; New Providence, NJ)

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6.12 - ConnectingVets.com (CBS Radio): [When it comes to college, veterans are better off than non-vets](#) (30 November, Matt Saintsing, New York, NY)

Despite all the challenges that veterans face when they enroll in college, a study released Friday reveals, by most measures, student vets are doing better in college compared to non-veterans. Conducted by Veterans Education Success— a nonprofit group that advocates for the GI Bill and other educational programs for veterans and service members—the study analyzes data from the Department of Education to offer a picture of how student vets navigate the waters of learning after the military.

[Hyperlink to Above](#)

7. [Other](#)

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1. [Top Stories](#)

1.1 - FOX News (Video): [VA vows to fix GI benefits after 50-year-old computer system caused payment glitch](#) (30 November, Robert Gearty, 27.6M uvm; New York, NY)

Vets who are getting smaller GI Bill benefit payments than they are due because of the Department of Veterans Affairs' 50-year-old computer system will be made whole, VA officials said.

The announcement represents a sudden reversal by the government agency.

At a hearing Thursday on Capitol Hill, VA undersecretary Paul Lawrence said the agency has no plans to retroactively pay shortchanged GI Bill recipients, according to Stars & Stripes.

He acknowledged that only after the question had been asked repeatedly by multiple House lawmakers, the paper reported.

Later in the afternoon however, VA Secretary Robert Wilkie issued a statement reversing course.

"To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates, Wilkie said.

A House Veterans Affairs Committee spokeswoman said the lawmakers were pleased with Wilkie's announced, NBC News reported.

"The Secretary's new statement is unambiguous and we believe that VA has every intention to ensure that all student veterans are paid in full what they deserve in accordance with the law," she said.

Fox News reported two weeks ago that the VA's antiquated computer system had resulted in 895 GI Bill recipients waiting longer than two months for their payments and that 60,000 claims remaining to be processed.

VA officials said it hasn't upgraded its computer system due to funds, but a House VA committee spokeswoman said the VA had been allocated \$30 million to improve the systemr, The Washington Post reported Nov. 15.

Last year, President Trump signed off on the biggest boost in GI benefits in a decade, but the legislation did not fully take into account the additional time needed to upgrade VA's aging IT systems in order to process claims, according to the Associated Press. The expanded benefits took effect this fall.

Among the GI Bill changes was a provision that offered monthly housing stipends to veterans based on the ZIP codes of the campus where they attend the most classes, rather than defaulting to the main campuses. That meant a change to the IT systems for hundreds of thousands of GI Bill recipients.

Student vets at Wichita State University just want to know what's going on, KAKE-TV reported.

"Saying that those that....may have been overpaid were not getting any reduction, I can kind of understand," said one student vet Michael Bearth, who served in the Marines. "But to not afford the same respect to those who are underpaid is kind of off-putting to me."

Retired Army Lt. Col. Larry Burks, Sr, head of Wichita State's Military and Veterans Services Office, told the station that the GI Bill payments are something that is owed to veterans by the government for their service.

"And it is not our student veterans' fault that the system is not working, it is the government's fault that the system is not working," he said.

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1.2 - NBC News (Video): [Lawmakers demand investigation into VA after ongoing GI Bill issues](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

A bipartisan group of senators and one member of the House have sent a letter demanding the Department of Veterans Affairs' inspector general investigate continuing issues in paying student veterans the benefits they are owed under the Forever GI Bill.

Sens. Brian Schatz, D-Hawaii, and John Boozman, R-Ark., along with five Democratic and three Republican senators and one Democratic congressman, signed the letter requesting the inspector general look into allegations that VA did not intend to reimburse veterans "for missed or underpaid benefits" related to the Forever GI Bill. Schatz is the top Democrat and Boozman is the chairman of the Senate appropriations subcommittee on veterans affairs.

The Forever GI Bill went into effect Aug. 1, 2018, but VA announced Wednesday it would delay implementing the way the new law calculated housing allowances until Dec. 1, 2019. In some cases, that could mean that some student veterans are receiving fewer dollars than they are owed under the Forever GI Bill because the federal agency decided it would use a different rate for calculating GI Bill recipients' housing benefits.

NBC News previously reported that the VA privately told congressional staffers on Wednesday that they did not plan to repay some students who were paid less than they were due under the Forever GI Bill.

That would mean that VA was not planning to comply with the law.

"The VA's continued ambiguity about whether it will fulfill this legal requirement threatens to erode our veterans' confidence in the VA's ability to deliver promised care and benefits and demands close oversight and accountability," the lawmakers wrote Friday. "It is important that VA fix the technical and staffing shortages that contributed to its inability to implement the Forever GI bill so that it can continue to provide housing stipends to veterans."

The federal agency has missed a series of deadlines since the Forever GI Bill was passed with bipartisan support and signed in to law by President Donald Trump in July 2017. Computer

problems have caused, in some cases, delayed or miscalculated payments to veterans. For some students, that has put them in difficult financial circumstances.

The lawmakers asked the inspector general to investigate the following:

- Will VA apply the Forever GI Bill housing stipend rates to make retroactive payments to GI Bill beneficiaries?
- If not, what legal authority did the VA have to ignore the law?
- Who is responsible for determining which veterans can receive retroactive payments?
- How and when will VA process those payments?
- How have VA's investment in its computer infrastructure at its regional processing centers affected delays in implementing the law?
- How have staffing shortages at regional processing centers contributed to delays?
- How is VA leadership organized to address computer infrastructure challenges at those processing centers?
- How is VA leadership organized to address staffing shortages throughout the organization?

Boozman said that he asked VA Secretary Robert Wilkie at a hearing in September about GI Bill underpayments, and Wilkie promised to resolve the issue. But the senator said he required further assurances.

"When recent news reports suggested the VA was not acting to help veterans who have been shortchanged, the department outlined its plans to remedy the situation," Boozman said. "Those plans fall short. These veterans must be fully repaid for errors they did not cause and that is what I expect the VA to do."

But that's not the only fiery letter lawmakers sent on Friday in an attempt to address potential VA issues.

Rep. Mark Takano, D-Calif., led 24 Democratic members of the House Committee on Veterans' Affairs in sending a letter on Friday to Wilkie demanding that he be very clear whether the federal agency plans to make up the difference to those student veterans who may have been underpaid their housing allowances. Takano is expected to chair the committee when the Democrats take control of the chamber next year.

The letter notes numerous times when VA statements have been inconsistent and led to confusion over whether students who were shortchanged would be repaid under the Forever GI Bill once the law came into full effect on Dec. 1, 2019.

"This level of obfuscation from VA is unacceptable," the lawmakers wrote. "Student veterans were made a promise when we passed the Forever GI Bill and VA is legally obligated to follow through on that promise."

Members of the House Committee on Veterans' Affairs have been very dissatisfied with the statements that came from Veterans Benefits Administration head Paul Lawrence, who said Thursday at a congressional hearing that auditing all the education claims that were made prior to December 2019 could be "a tremendous amount of activity for no gain."

In the letter released Friday, Democratic members said they wanted to ensure that students would receive all the money they are owed in all cases.

Confirming NBC News' previous reporting, the letter from House Democrats said that "VA held a call with Congressional staff during which VA stated that it will be overly burdensome" to recalculate Forever GI Bill housing payments. The letter added that for this reason, VA said on the call that it "does not plan on retroactively correcting any underpayments" that were caused by the delayed implementation of the Forever GI Bill.

The letter requested that Wilkie provide "clear answers" to their questions, many of which were similar to those asked in Schatz and Boozman's letter.

Both letters were sent despite a statement released by Wilkie, Lawrence's boss, hours after the congressional hearing Thursday. Wilkie appeared to override Lawrence and commit to paying veterans the full benefits they are owed under the Forever GI Bill.

"Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," Wilkie said in a statement.

Schatz said that this promise alone was not enough.

"Secretary Wilkie may be saying the right things, but until the VA invests money to address the ongoing staffing and IT challenges facing the claims backlog, our veterans will remain robbed of the benefits they were promised," Schatz said a statement. "I expect the Secretary to come up with a plan so that the VA can audit and process retroactive payments for underpaid or missed claims. And I look forward to the Inspector General helping us hold him accountable to that plan."

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1.3 - MSNBC (Video): [Congress pushes VA to reverse course on benefits](#) (30 November, 3.8M uvm; New York, NY)

After a day of pressure from members of Congress, the Department of Veterans Affairs reversed course on Thursday and announced that it would pay veterans the full amount of benefits they are due under the Forever GI Bill.

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1.4 - Comedy Central (The Daily Show with Trevor Noah, Video): [The V.A. Is Screwing Over Veterans](#) (29 November, 3.3M uvm; New York, NY)

Five-minute video: Thanks to its reliance on a 50-year-old computer, the U.S. Department of Veterans Affairs falls far behind on its payments to veterans for housing and education.

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1.5 - The Boston Globe: [VA isn't cutting checks quick enough for veterans-turned-students](#) (1 December, Brian MacQuarrie, 4M uvm; Dorchester, MA)

Rashaad Ingram helped bury 1,300 veterans as a member of the Army's famed Old Guard, the presidential escort regiment that carries caskets at Arlington National Cemetery outside Washington.

Ingram, 33, says he became 70 percent disabled from the physical demands of the job, a solemn ritual that helps grieving families take solace in a country's final respects. But now, after four years of honorable service, Ingram has yet to receive a promised \$7,000 tuition payment from the Department of Veterans Affairs for his nearly completed fall semester at Northeastern University.

Northeastern has agreed to wait for the money, but many student veterans around the country are not as fortunate. Tens of thousands of housing allowances and tuition payments, required by law under the GI Bill, have not been paid on time as the VA struggles to update its massive, outdated computer system and chip away at a huge backlog of student claims.

For veterans committed to full-time studies, every dollar counts, and the late funds have created a hardship for some who have scrambled to find other ways to pay bills.

"I don't give them a pass," said Ingram, a graduate student who lives in Somerville. "With how much money we spend on defense, there's enough money around to make sure this is working."

The VA pays tuition directly to colleges and universities, so Ingram did not learn of the unpaid debt until classes began in September. With an outstanding bill, he could not log into his account on the university website, and he could not access his student records.

Ingram said that the veterans office at Northeastern, where approximately 700 former service members are enrolled, quickly helped remove the hold on his account. University officials said they do not know how many veterans are waiting for tuition to be paid, but that about 100 student veterans have reported delays in housing allowances from the VA.

"It's not usual to see a large number like that," said Andrew McCarty, director of the university's Center for the Advancement of Veterans and Service Members.

"We only know of it when the students come to us and ask questions."

The computer problem — pending VA claims from students peaked at 207,000 in September, about three times the normal number — can be traced in part to changes to the new Forever GI Bill that Congress passed in August 2017.

That law eliminated a 15-year limit on education benefits for veterans discharged or released from active duty after Jan. 1, 2013. It also required that housing allowances be based on where a veteran takes classes, sometimes at rural and suburban satellite campuses, rather than the university's headquarters in often costlier locations.

That adjustment proved too much for the VA's antiquated computer system to handle, veterans groups said.

"There were multiple layers of problem after problem in the system," said Patrick Murray, deputy director for national legislation for the Veterans of Foreign Wars.

In July, VA officials told Congress that the glitches would be fixed in time to process housing allowances for the fall semester. But those reassurances did not turn into reality, and delays began to mount as the school year approached.

Anger and confusion followed. And this week, within the space of about 25 hours, VA officials changed course three times on whether veterans would be reimbursed if their housing allowances were reduced while the new system is implemented.

"The VA just can't get it right. They take one step forward and two steps back," Murray said. "I don't know if disorganized even begins to describe it."

On Thursday, a day after saying they would not pay the reimbursements, VA leaders reversed themselves in the face of a ferocious backlash and said any shortchanged veterans would receive full payments. Changes to the housing allowance are scheduled to take effect in December 2019.

Representative Seth Moulton, a Democrat from Salem and Marine Corps veteran of Iraq, assailed the VA on Friday as guilty of "gross negligence."

"The fact that the VA is indecisive in doing the right thing for veterans because it is hard is simply disgraceful," Moulton and other combat veterans in the House wrote to VA Secretary Robert Wilkie.

On Thursday, Wilkie said that recalculating the housing rates "during a busy academic season was like flying a plane while building it, and that was unfair and frustrating to veterans and taxpayers."

Although the VA added that pending claims for student veterans had returned to normal levels, the VFW pledged to keep a close eye on the situation.

"The VFW will continue to push for the proper implementation of the Forever GI Bill so that all student veterans receive the prompt and full benefits they earned and deserve," National Commander B.J. Lawrence said in a statement.

Ingram said he is fortunate because his wife's salary supplements the income he earns as a fund-raiser for City Year, the Boston student support group. Many veterans in college do not have such reserves, he said, and depend almost exclusively on what the VA provides them.

Ingram, an Ohio native who grew up in inner-city Columbus, received an accounting degree from Arizona State University through the GI Bill. Enough benefits remained after graduation to pursue a master's degree in nonprofit management at Northeastern, he said.

"I don't know what my life would have looked like" without an education after the Army, Ingram said. "I don't know if I would have been able to go to school."

At Northeastern, officials in the veterans center said the VA has been responsive when contacted about late payments.

“The VA, if they’ve done anything right in this whole fiasco, have been pretty open,” said Max Spahn, a Marine veteran and the office’s assistant director. “The VA eventually will get caught up with the university. We’re not holding any students accountable.”

Ingram said he’s grateful to the Army but is reminded of a potential problem every time he receives an automated e-mail message that his tuition bill is overdue.

“We’re so much more willing to invest in defense,” he said, “but so much less willing to invest . . . in the hardware and software to make this run smoothly.”

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1.6 - U.S. News & World Report (AP): [Veterans Benefits Administration to Close Office’s Help Desk](#) (30 November, 14M uvm; Washington, DC)

BREMERTON, WASH. (AP) — The Veterans Benefits Administration is shutting down a help desk inside its Bremerton office that's staffed with employees who assist veterans with benefit-related queries.

The Kitsap Sun reports the office, as of Friday, will no longer be a place where veterans can receive in-person assistance with navigating through the Department of Veterans Affairs' pension and compensation system.

A statement from the Veterans Benefits Administration says its decision to downsize operations at the office "was made in line with the Agency's goal to be strong fiscal stewards of the taxpayer funds entrusted to us."

The statement says other functions, like vocational rehabilitation and employment services, will remain open at that location by appointment.

The administration estimates the help desk assisted an average of 180 veterans each month with benefit-related queries.

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1.7 - GeekWire: [‘Imagine holding your own heart’: GE teams with U.S. Veterans Affairs in Seattle to accelerate 3D printing in health care](#) (30 November, James Thorne, 789k uvm; Seattle, WA)

Dr. Beth Ripley would like you to know that the U.S. Department of Veterans Affairs is way more innovative than you probably think. But she’s biased — both as a pioneer in 3D printing and a radiologist at the VA’s Puget Sound Health Care System in the Seattle region.

Ripley is a driving force behind the VA’s rollout of 3D modeling software from GE Healthcare, under a new partnership announced this week. The technology takes arcane radiological scans

and translates them into printable files to become plastic organs, bones and tumors that physicians can use in planning patient care and treatment.

For years, Ripley and others in the medical field have been using 3D printing, but the new software should save time and make the technology more accessible.

“One of the most time-critical steps is translating medical imaging data into the 3D printing file,” she said. “I’ve spent 10 hours or more painstakingly going through data sets and translating them over.” Using the 3D modeling software, that process should be reduced to minutes.

There are two big reasons why 3D printing for planning surgeries has been slow to take off.

It’s maddeningly difficult to read a CT scan or MRI. That’s, in part, why radiologists often spend six years following medical school to become interpreters of these anatomical portraits. Most radiologists have never encountered a CAD or STL file, the standard formats for 3D modeling and printing. “None of this is anything they taught us in med school,” said Dr. Ripley. People have been predicting that 3D printing will revolutionize health care for over a decade. Others have dismissed it as a fad. Because of the time and difficulty involved, the technology was initially seen as a way to help physicians plan for rare surgeries. Mayo Clinic, one of the early adopters of 3D printing in hospitals, first used it to plan the separation of conjoined twins in 2006.

But as 3D modeling and printing have become easier, hospitals increasingly see it as a tool for any tricky operation, such as surgery on the heart, a complex organ that moves constantly. Outside of surgical planning, physicians are using the technology to create custom surgical tools, prosthetics and stints, among other applications.

For veterans, Ripley sees 3D printing as a way to improve outcomes for military-specific surgeries, including repetitive stress injuries from jumping out of helicopters and blast traumas from explosions. Physicians can use the 3D model to prepare for surgery and as a prop to show a patient their plan of action.

“Imagine holding your own heart,” Ripley said. “It really gives a sense of security and ownership of the process back to the patient.”

Unlike traditional 3D printing software, which emerged from the engineering world, GE’s tool was designed with doctors in mind. That could help spread the adoption of 3D printing, which is currently used by an estimated 3 percent of large hospitals and research institutions, according to research firm Gartner. The VA has 20 hospitals that can 3D print, Ripley said.

Right now, a few GE Healthcare advanced workstations with 3D printing software are on a loading dock, ready to be deployed at Dr. Ripley’s own VA network in the Seattle area. The technology is also headed to VA centers in San Francisco, Minneapolis, Cleveland and Salt Lake City. Under the research agreement, the VA will provide feedback to GE Healthcare on the technology.

As for Ripley’s claim about the VA’s innovative spirit, she has a point. The nation’s largest health care provider also gave us the cardiac pacemaker, the barcode system for medications and the nicotine patch.

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2. Improving Customer Service

2.1 - Stars and Stripes: Pelosi vows Democratic oversight ahead of new veteran caregiver law (30 November, Nikki Wentling, 532k uvm; Washington, DC)

When Democrats take control of the House in January, a top priority will be to ensure the White House correctly implements a new law extending benefits to more veteran caregivers, said House Minority Leader Nancy Pelosi.

Pelosi, likely to be the next speaker of the House, spoke Thursday night at a convening of veteran caregivers hosted by former senator Elizabeth Dole. The Elizabeth Dole Foundation aids veteran caregivers and helped push through legislation during the summer that extends Department of Veterans Affairs benefits to caregivers of veterans injured before the 9/11 terrorist attacks.

“Earlier this year, Congress finally expanded eligibility to [caregiver] programs to every war era, but our work is not done,” Pelosi said Thursday night. “Democrats will ensure VA has the resources they need to expand this critical lifeline.”

Through a VA caregiver program implemented in 2010, benefits such as monthly stipends, health insurance, medical training and access to home health aides are available to family caregivers for veterans – but only ones injured after 9/11.

The VA Mission Act, signed by President Donald Trump in June, brings major reform to the VA, including a gradual expansion of caregiver benefits to older veterans.

The VA is in the process of implementing the new law. This week, the agency announced it began taking public comment about creating new regulations for the caregiver program.

The existing caregiver program has faced scrutiny in the past two years, after families enrolled in the benefit complained in 2017 that they were inexplicably being dropped. On Friday, 14 veterans groups – led by The Independence Fund – signed a letter to VA Secretary Robert Wilkie with concerns that VA employees were still downgrading caregivers’ benefits without explanation.

As the VA implements the Mission Act, it’s an “opportunity to rectify these problems,” the groups wrote.

The VA will take public input on the caregiver portion of the Mission Act until Dec. 12.

Sen. Susan Collins, R-Maine, also said Thursday that she would be focused on the issue in the new Congress.

“There are issues that transcend politics even in this terribly polarized world, and certainly one is military caregivers,” she said at the Dole event. “The VA Mission Act will start eliminating the disparities between pre-9/11 veterans and post-9/11 veterans.”

Pelosi and Collins received awards at the event for their work for caregivers in Congress. Tom Hanks also received an award. He is the chairman of Hidden Heroes, a campaign for the foundation that brings resources to veteran caregivers.

Hanks has been part of the Hidden Heroes campaign since it started in 2016.

"I'm in for the duration," he said Thursday.

When Hanks spoke to reporters about the campaign, he said: "I think the key word here is 'hidden.' These people are operating in the shadows, and they think there is no place to turn to, no phone calls they can make."

A 2014 study from the research organization RAND Corp. found there are 5.5 million veteran caregivers in the United States, 20 percent of whom care for veterans injured after 9/11. RAND found caregivers face more health problems, strained relationships and workplace issues than the general public.

As more injured servicemembers transition out of the military, more caregivers will need help, Hanks said.

"This marks the start of work that is going to be going on for a generation," he said.

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2.2 - KOSA (CBS-7, Video): [West Texas VA reports big improvement, even with 1-star rating](#) (30 November, Gianni Windahl, 25k uvm; Odessa, TX)

BIG SPRING -- The West Texas VA Health Care System in Big Spring recently received a one-star rating out of five in a VA assessment, but overall improvements in specific areas have VA staff excited and are setting records.

The VA's Strategic Analytics for Improvement and Learning assessment (SAIL), was released on Oct. 3rd, and marks the third consecutive year that it remains at a one-star rating.

Since 2017, the facility has made changes, and administrators and veterans have seen impact.

Dozens of West Texas veterans gathered at a townhall hosted by the West Texas VA to discuss issues and learn about programs.

One veteran at Thursday night's townhall, Kerry Cale, said he's experienced changes.

"But they're keeping the people energized. And the people are, pardon the term, are excited about what they're doing. Because they're making such big changes in the VA, which benefits the veterans and I'm really happy to see that," he said.

Cale served in the Navy, and said he's received great care. One change he has experienced, is working with one doctor for all of his visits, instead of multiple ones.

But the changes the local VA is seeing in SAIL are in ambulatory care, according to VA doctor and Acting Chief of Staff, Dr. Larry Thompson.

“Those conditions for example, would be diabetes, CLPT, hypertension, any one of those conditions left untreated or not treated well can land you in the hospital,” he said.

The doctor said the rating system isn’t indicative of the quality of care, but predominantly highlighted the veterans’ awareness of available information.

“We have been more aggressive with our treatments. And in the coordination of the follow-up that we monitor you with through some of the technology that the VA can leverage, which are telehealth monitoring equipment at home, the nurse system that will track a patient to see how they’re doing on a daily basis. And so we identify in our systems which of our patients are highest risk, and then check on them, some even daily,” Dr. Thompson said.

And throughout the year, West Texas VA administrators said they have noticed a difference.

“We’ve gone from roughly 108 in the country, to 35th. And we did that with a bunch of different efforts. Basically, a lot of it had to do with just improving the overall coordination of care with the veteran. So right now we’re performing right at the top of the country, and are the most-improved,” he said.

Those at the VA said the number jump is just the beginning. They will continue to work toward a five-star rating.

Dr. Thompson said the care system focuses on many things at once, but will pay special attention to mental health next.

The West Texas VA will also continue to hold townhalls to hear veterans’ concerns and work toward solutions.

West Texas VA Public Affairs Officer, Sheila Austin, noted several ways the VA has taken veterans’ feedback and improved their programs and systems.

The Army veteran said those who sacrificed for our country deserve the best care possible.

“Our priority here is to provide the best quality care for our veterans that we can,” Austin said.

The 146 VA medical centers’ SAIL ratings are based on dozens of different factors, including wait time, and death and infection rates.

The West Texas VA, along with four others, remain at the bottom of the rankings for the third consecutive year.

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3. Business Transformation

3.1 - KCNC (CBS-4, Video): [New Veterans Community Resource Center Opens In RiNo](#) (30 November, 496k uvm; Denver, CO)

Veterans in the Denver metro area have a new resource center. Veterans Affairs Eastern Colorado Health Care System cut the ribbon on its new Community Resource and Referral Center (CRRC) on Friday.

The resource center is located at 3836 York Street in Denver. The center will work with the homeless veterans to help with permanent housing, health and mental health care, career development and access to VA and non-VA benefits.

The center also offers showers and storage space for veterans. They can also access minor medical issues or routine medical care.

“If you’re really going to help veterans and you’re really going to end homelessness, it’s a whole community coming together and working together. So, we’re not the end-all of homeless services for veterans, but we’re really proud to be part of the community that provides such great resources,” said Michelle Lapidow, Deputy Chief of VA Homeless Programs.

The new CRRC will be open from 6:30 a.m. to 3 p.m. on Mondays, Tuesdays, Thursdays and Fridays and on Wednesdays from 6:30 a.m. to 2 p.m. Housing walk-in clinic hours are Monday through Thursday 7:15 a.m. to 11 a.m. The center officially opens for business on Monday, Dec. 3.

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3.2 - Tulsa World: [Tulsa World editorial: Inhofe earns shout out for planned improvements to Tulsa VA center](#) (30 November, Editorial World, 320k uvm; Tulsa, OK)

For Tulsa veterans, help is on the way.

The U.S. Department of Veterans Affairs is touting a planned 140,000-square-foot building at 91st Street and South Mingo Road as an opportunity to bring together services currently scattered throughout south and east Tulsa.

The Tulsa VA Health Care Center will replace the VA’s outpatient clinic at 41st Street and South Mingo Road, its Behavioral Medicine Clinic at 11th Street and U.S. 169 and its Dental Clinic at 51st Street and South Yale Avenue. The current outpatient clinic faced potential closure in 2020 because it does not meet building requirements.

Instead of being forced to drive or be driven around the city to connect with covered services, Tulsa veterans will have a modern, one-stop location. That isn’t simply a matter of convenience for disabled veterans with mobility issues. If veterans cannot access health care earned through service to the nation, our nation has essentially reneged on its promise to its warriors.

Construction on the leased facility is expected in the spring of 2019 and it should be open for business no later than June 2021, the VA says. The Eastern Oklahoma VA Health Care System serves more than 39,000 veterans, more than 20,000 in the Tulsa market. The new facility is designed with the capacity to accommodate clientele growth projections over the next two decades, VA officials say.

Sen. Jim Inhofe, a veteran, has pushed for better VA services in Tulsa for years. Language he made sure was included in the fiscal year 2016 National Defense Authorization Act made the

Tulsa facility possible. Inhofe recently became chairman of the Senate Armed Services Committee, enhancing his ability to do good for his hometown and Oklahoma. There's little doubt that his clout made him an essential element in this deal, and he deserves the thanks of Tulsa's veterans and their families.

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3.3 - Montgomery Advertiser: [Dothan VA clinic closing, merging](#) (30 November, Andrew J. Yawn and Melissa Brown, 72k uvm; Montgomery, AL)

Health care for veterans in southeast Alabama is in transition after the Dothan Veterans Affairs Clinic closure was made official Friday.

The primary care services previously provided by the clinic will now be offered at the Dothan VA Mental Health Clinic, although it appears the Wiregrass VA Clinic in Ft. Rucker — more than a 30-minute drive away — will also be heavily relied on to handle the influx of patients from the now-closed clinic.

Despite the more than 4,300 VA patients who are assigned to the Dothan division, according to data provided by the Central Alabama Veterans Healthcare System (CAVHCS), the merged Dothan VA location is currently capable of accommodating 2,000 patients. There are plans to expand for at least 1,000 additional patients, CAVHCS spokesperson Kim Betton said via email.

"Capacity at Ft. Rucker has also increased to care for other of the (sic) Veterans," Betton said. "Additionally, care in the local community will be used to ensure care for the Veteran population currently using the clinic."

More than 3,100 VA patients are currently assigned to the Ft. Rucker Wiregrass clinic.

A request by the Montgomery Advertiser for the number of doctors at each facility went unanswered, and a request for an interview regarding the closure was not fulfilled.

A staff member at the newly merged mental health clinic — now named the Dothan VA Clinic — said Thursday the two clinics were consolidated earlier in the week and that there is only one doctor on staff.

In a release, CAVHCS said the closure is the result of an expiring contract and a push by the VA to consolidate primary care and mental health care services.

CAVHCS Director Linda Boyle touted the merger of the two Dothan clinics as a positive.

"The VA has an extensive history of improved opportunities when primary care and mental health are integrated," Boyle said in a statement. "Veterans find it beneficial to access coordinated care in the location, so VA implemented this comprehensive model across its health care system and now this opportunity is available in Dothan."

Veterans previously scheduled for appointments at the Dothan clinic now have to be rescheduled.

CAVHCS said that seven patient aligned care teams (PACTs) are in place to "absorb" the influx of patients. Five of the teams are based at the Wiregrass clinic, although a third is planned for the consolidated Dothan clinic, according to CAVHCS.

It's unclear how many staff members comprise one PACT or how many patients a PACT can handle.

It's also unknown if travel expenses will be covered for those who now have to travel more than 30 minutes from Dothan to the Wiregrass clinic. According to the release, "travel can only be authorized to the nearest facility that can provide the needed care. Therefore, should a veteran choose to go to another facility other than the closest to his home, they are responsible for any costs beyond that for transportation to the nearest facility."

The Dothan and Wiregrass clinics are part of the CAVHCS health care system which also includes clinics in Columbus, Georgia, and Monroeville as well as hospital campuses in Montgomery and Tuskegee.

The CAVHCS system has been under scrutiny since 2015, when then-Director James Talton became the first VA official to be fired under a new accountability law. An investigation revealed a pattern of negligence and malfeasance within CAVHCS, including long wait times, falsified records and more than 2,000 X-rays and patient exams that were either lost or had gone unread.

A 2014 Montgomery Advertiser investigation found that VA patients' schedules were changed to make the wait times look shorter than they were and that Talton took eight months to take action.

From 2016-2017, CAVHCS seemingly made improvements under new leadership and its VA rating jumped from one-star to three-star out of a possible five. The VA regularly scores 146 of its medical centers based on a variety of factors including wait times, infection rates and complications, according to a USA Today analysis.

This year, however, the hospital again dropped to a one-star rating, according to a VA report. Montgomery is one of only nine VA hospitals in the nation to receive a one-star rating, according to USA Today. The facility serves nearly 13,000 patients, according to CAVHCS data.

In June, a National Public Radio report outlined allegations of mismanagement, corruption and retaliation against internal whistleblowers at CAVHCS concerned about patient care and other issues.

Gale Reid, a Gulf War veteran and Montgomery resident, said she's twice been forced to directly appeal to the national Veterans Experience Office at the White House after lapses and delays in her care. She said U.S. Rep. Martha Roby, R-Alabama, who has supported VA reforms, directly intervened the first time to reinstate funding for her home health aide.

Reid, who lives alone and whose close family lives in Alaska, receives four hours of in-home health aid five days a week to help with quality of life tasks. But within the past two years, paperwork and red tape at the Montgomery VA has caused her home health care to lapse, leaving her without in-home care for several weeks. Reid said her monthly pain medication is frequently delayed as well, a disruptive and painful occurrence.

"A lot of vets are afraid to call, because they might have a claim pending and they don't want to upset the doctor, for fear of losing their benefits or having something derogatory put in their records," Reid said.

The Desert Storm veteran, who has private insurance, sought medical care outside the VA last year after she became concerned about delays with an endometrial cancer diagnosis.

Reid has been in the VA system for 20 years, she said, and previously worked at a VA hospital in Alaska. She's received great care in the past and is lucky to have the option to use outside insurance, she said. But VA doctors appear overwhelmed by their patient loads, and she worries for fellow veterans who aren't as educated about the system to advocate for their own care.

"I could get a different doctor if I wanted to, but that would just be passing along the problem to another veteran," Reid said. "I used to work in the VA — I know how the system works and who is responsible for what. ... We're trying to help the others who don't know who to go to."

"So many vets don't even know how to navigate the system. They don't know what's needed."

The now-closed Dothan clinic suffered similar complaints of long wait times and lack of attentiveness to patients' needs in the past.

Lisa Clements, a 41-year-old Dothan resident, said her father, a Vietnam War veteran, was diagnosed with cellulitis in 2015, after which they began seeking help from the local VA clinic.

Clements said calls to the VA would go unanswered and only after driving her father to the clinic would an appointment be scheduled.

"We had a lot of issues with the VA here," Clements said. "He kept going to the VA trying to get help with his legs. We'd go up there and they wouldn't even unwrap his leg. My brother would unwrap, and they'd stand across the room. Wouldn't even look at this leg and my brother would have to rewrap it to take him home."

Clements said they "fought and fought" to go to another doctor or VA clinic. Eventually, they received an appointment in April 2016, but by then, "it was already too late."

"The month my father passed away we got a phone call saying that they had set up an appointment to have his leg debrided," Clements said. "I know he didn't receive the proper treatment. ... It was like he was a burden to them. That's just how we felt. It was horrible. And then you ask questions they have no answers."

"I just hope things can be changed and other people don't have to go through what my father went through."

Do you have questions, thoughts or concerns about your experiences with VA health care in Alabama? Email reporters Melissa Brown at mabrown@gannett.com and Andrew Yawn at ayawn@gannett.com. [...]

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3.4 - New Hampshire Public Radio: [VA Plans to Break Ground on New Somersworth Veterans Clinic](#) (30 November, Peter Biello, 55k uvm; Concord, NH)

The Manchester VA is planning a groundbreaking ceremony next week for a new veterans clinic in Somersworth.

The new clinic will be right across the parking lot from the current clinic on Route 108. Senator Maggie Hassan, Congressman-Elect Chris Pappas and Somersworth Mayor Dana Hilliard are among those scheduled to attend.

The new clinic will be more than twice the size of the current space and will offer more primary care, mental health, and telehealth services.

Manchester VA Medical Center Director Al Montoya says the new clinic will be ready by the end of next summer.

A task force looking at the future of the Manchester VA had recommended that the Somersworth and Portsmouth VA clinics be combined.

A spokesperson for the VA says they have no plans to close the Portsmouth clinic.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Washington Post: [Readers critique The Post: Elvis's legacy, the origins of turkey and a possible 'super Earth'](#) (30 November, Glenn Kerr, 30.6M uvm; Washington, DC)

[...]

Years and man-years

The Nov. 16 Politics & the Nation article "Veterans aren't getting their GI Bill payments — because new formulas broke VA's decades-old computers" stated that 16,800 wasted man-hours is nearly two years. Assuming three weeks off for vacation and holidays, a person works 49 weeks. Times 40 hours per week, that is 1,960 man-hours per year. By my algorithm, 16,800 man-hours divided by 1,960 equals 8.5 years, not nearly two.

Also, as an IT practitioner and a veteran, I would like to know what kind of hardware and software the Department of Veterans Affairs is using for GI Bill processing. Is finding people with antiquated skills the problem, or is it mainly bad management? The article described the impact but did little to research the root causes of this failure.

Glenn Kerr, Davidsonville

[...]

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6.2 - FOX News (Video): [Veterans Affairs says it won't reimburse underpaid vets](#) (30 November, 27.6M uvm; New York, NY)

Three-minute video: Retired Marine Kieran Lalor reacts to the underpayment of G.I. Bill benefits.

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6.3 - Politico: [Advocates hope to flood DeVos' Title IX proposal with comments](#) (30 November, 8.7M uvm; Arlington, VA)

GI BILL DRAMA CONTINUES: Veterans Affairs Secretary Robert Wilkie said in a statement Thursday that any GI Bill recipients whose housing benefit was underpaid as the VA works to roll out provisions in a new law will “receive retroactively the exact benefits to which they are entitled.”

— Wilkie released the statement late in the afternoon. Earlier in the day, Rep. Phil Roe (R-Tenn.), the chairman of the House Veterans' Affairs Committee, said during a hearing that congressional aides were told by the VA that it would not go back to fix the underpayments — despite what the department had said publicly.

— During the same hearing, Paul Lawrence, the undersecretary for benefits for the Veterans Benefits Administration, said underpayments would be adjusted, but then seemed to leave lawmakers confused when describing the VA's next steps.

— The VA was supposed to change how it calculates the housing benefit on Aug. 1, according to a law passed in 2017 dubbed the "Forever GI Bill," H.R. 3218 (115). A host of IT-related problems led to a backlog in claims processing throughout the fall semester. The VA announced on Wednesday it would not be able to make the housing calculation change until the 2020 spring semester.

— “To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole — retroactively if need be — for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates,” Wilkie said.

— Meanwhile, the group Veterans Education Success issued a new analysis today based on government data that found student veterans demonstrate stronger rates of persistence and completion of higher education goals compared with their non-veteran peers. [Read it here.](#)

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6.4 - Task & Purpose (Video): [Lawmakers And Veterans To The VA: Shut Up And Pay Up](#)
(30 November, Jared Keller, 580k uvm; New York, NY)

The VA has a message for veterans: We will absolutely make you whole again.

“Each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates,” Veterans Affairs Secretary Robert Wilkie said in a statement on Thursday, following sharp questions from lawmakers regarding late payments to veterans on everything from college tuition to housing payments.

On Wednesday, NBC News reported, citing two House Veterans Affairs Committee aides, that “it would not reimburse those veterans who were paid less than they were owed” due to delayed or inaccurate GI Bill disbursements that arose from the VA’s new computer system — a statement that appeared to renege on the VA’s promise to furnish thousands of vets with the money they deserve.

“Although VA has encountered issues with implementing the Forever GI Bill on Congress’ timeline, we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law,” Wilkie said.

Indeed, the VA had announced an interim solution to the faulty processing of GI Bill benefits on Wednesday morning, hours before the NBC News report sent a ripple of anger through the veterans community, stipulating that it would delay the implementation of the Forever GI Bill and “correct retroactively any underpayments” in housing allowances for veterans while it worked to fix the technology implementation issues that have plagued the system for months.

So far, however, lawmakers and veterans organizations are less than confident that the VA’s stopgap won’t actually require its own stopgap down the line.

“For the past 11 months, VA has continually failed to deliver a functioning IT system that can process housing payments as dictated by the law,” said Rep. Tim Walz, Democrat from Minnesota and ranking member on HVAC, in a statement. “The changes VA announced today, however, raise more concerns than confidence that student veterans will be taken care of anytime soon.”

California Democrat Rep. Mark Takano, the vice ranking member of HVAC, characterized the VA’s announcement as “extremely disconcerting.”

“If this process and the reoccurring technical failures at the VA have taught us anything, it’s that the underlying issues causing these delays – IT failures – must be addressed and fixed for any contractor to successfully implement these provisions,” Takano said in a statement. “If this is not done, I am skeptical that the VA will be able to meet the new deadline they put in place.”

“Shifting the implementation deadline a year isn’t a free pass for the VA to arbitrarily pay student veterans less than they are due simply because it was unable to correct internal problems in time,” VFW National Commander B.J. Lawrence said in a statement.

This lack of faith isn't unwarranted. The last time Wilkie signed his name to call for confidence in the VA, it was in a galling Nov. 16 op-ed in USA Today claiming that the Trump administration has kept its promises when it comes to America's veterans.

"Until Trump, no candidate in history had made serving our veterans the centerpiece of a presidential campaign," he wrote. "In office, Trump has kept his promise, improving the lives of America's veterans through a number of key initiatives that enact more reform across the organization than at any other time in decades."

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6.5 - Stars and Stripes (Video): [The Daily Show blasts VA over GI Bill payment fiasco](#) (30 November, Nikki Wentling, 532k uvm; Washington, DC)

Trevor Noah, host of The Daily Show on Comedy Central, blasted the Department of Veterans Affairs in a five-minute segment Thursday night over widespread payment delays to student veterans.

Thousands of student veterans experienced delays this semester receiving their monthly housing stipends, which they use for rent, food and other living expenses. The problem was caused by an information technology failure when the VA went to implement part of the "Forever" GI Bill – a major expansion of veterans' education benefits Congress approved last year.

"There's a promise America makes to its troops: If you serve your country, when you come home, your country will serve you," Noah said. "These days, collecting those benefits have become its own battle."

VA officials testified earlier this month that the problems arose when attempting to add new commands into the VA's 50-year-old computer system, which the agency has been making patchwork fixes to for decades.

"Seriously? America can't pay its veterans because it's using a 50-year-old computer? That is some old-ass shit," Noah said. "When it comes to going to war, America always finds the money... But when the soldiers get home, America is all of the sudden like, 'Yeah, we can't pay you. Our computers are running Windows B.C., so sorry.'"

At the end of the segment, Noah joked, "America should be grateful the VA isn't in charge of the rest of the military." He then cut to a skit of servicemembers trying to launch a missile but having to wait 12 hours because they were using a 50-year-old computer.

The Daily Show also delved into the controversies that arose this week about whether GI Bill recipients who were underpaid this semester would receive retroactive payments.

Because of the IT problems, the VA reverted to paying students their housing allowances this semester based on 2017 rates that didn't account for cost-of-living increases in 2018. Veterans and lawmakers didn't know whether students who received less money because of it would get paid retroactively.

VA officials said they will make retroactive payments and the agency plans to send those out to students sometime in January.

There were still outstanding questions Friday about whether veterans who will be shortchanged for other reasons during the next year will eventually get the money they're due.

"This issue with the vets might be solved eventually, but this is just the latest example of the VA screwing over those who have served their country," Noah said.

Thursday wasn't the first time The Daily Show has criticized the VA.

Jon Stewart, the television show's previous host, blasted former President Barack Obama's administration in 2013 over the high number of veterans waiting for answers on their claims for benefits. The VA was also the subject of multiple segments in 2014 and 2015 during the VA wait-time scandal.

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6.6 - UCLA News: [UCLA student veterans bring VA garden back to life](#) (30 November, Alison Hewitt, 342k uvd; Los Angeles, CA)

The first time UCLA student Nick Gunnett visited the Veterans Garden on the VA campus near the university, his friends had convinced him to tag along for a monthly get-together and garden cleanup.

After a couple of hours gardening with veterans from both campuses, Gunnet was hooked. That was in spring. Now, the Navy veteran is one of the organizers.

Gunnett knew that UCLA's student veterans hosted a monthly volunteer project to revive the abandoned garden, but he had no idea how much the project would speak to him. Between weeding, constructing planter beds, and harvesting vegetables, he described it as a great opportunity to build things, relax, and socialize with veterans from different backgrounds.

"For a couple of hours each week, I'm forced away from my phone and my computer and my textbooks, and I'm just there, out in the open," Gunnett said. "Some of the VA vets are transitioning from homelessness, or treatment for serious illness, but they don't seem like a bunch of sick people or homeless people. The garden, it's an equalizer, it's a link, it's a place we can meet. It gives people a break from their problems, but not a break to do nothing. We're creating."

The project started in January 2017 when the Student Veterans of America had their national conference in Southern California. They partnered with UCLA and the west L.A. branch of the Veterans Affairs of Greater Los Angeles Healthcare System for a one-day volunteer project to spruce up the overgrown garden, said Emily Ives, director of UCLA's Veteran Resource Center.

"Our students said, 'This can't be a one-time deal, we have to continue,'" Ives said. "They wanted to make this a place where veterans can have a community, and where they can come for picnics, reflection, gardening and other wellness activities."

For almost two years, UCLA's student veterans have volunteered at the 15-acre Veterans Garden once a month, with organizers going nearly every week, beating back the weeds and coordinating with the VA on long-term ideas. The volunteers began with frequent support from the VA and UCLA groups like the Veteran Resource Center, the campus's chapter of Student Veterans of America, and UCLA Campus Life.

With the garden overlooking the Jackie Robinson Stadium, which is used by the UCLA baseball team and veterans, the monthly projects often end with lunch and a free game.

"With these monthly work parties, our student vets are coming together with veterans at the VA," said Mick Deluca, assistant vice chancellor of campus life. "There have been some tear-jerking connections between them, and they're figuratively and literally bringing back to life a garden that had completely died."

Today, UCLA's student veterans went to the garden again for their monthly volunteer project and lunch. This time, they're also partnering with UCLA's transfer students, who organized a donation drive and made hundreds of hygiene kits to provide to veterans living in transitional housing at the VA and to homeless veterans, Ives said.

The hygiene kit donations were managed by Jessica Kim, the transfer student representative in UCLA's Undergraduate Students Association Council, which is helping fund Friday's work. Kim is also a transfer student and, as the daughter of a veteran, a member of the Veteran Resource Center where Gunnett and Ives work.

"I'd say a majority of veterans are transfers, too, so I'm really excited to increase the connection between the two groups of students," Kim said. The donation drive to help homeless veterans is a good fit for transfers, she added. "We had our own careers and life stories that maybe didn't emphasize education, and that leads to a better awareness of the different paths life can take."

This morning, volunteers harvested leafy greens like kale, spinach and chard for a demonstration kitchen at the VA, spread mulch, and sanded down boards from piles of abandoned pallets left by the garden's previous tenants, said Jesse Flores, who is getting his master's in urban planning at UCLA and, like Gunnett, works as a program assistant for the garden.

"I've seen the potential that urban agriculture has, and here at the VA, I'm seeing how it can tie in with addressing homelessness, substance abuse and mental health," Flores said. "This garden can be used not just to unite people but to really organize people to address these issues."

Gunnett said he hopes that someday the project will expand to create a farmers market with employment opportunities for the VA vets, and meanwhile, he's finding ways to turn broken-down planter beds and abandoned pallets into new planters.

"I feel like a kid with a Lego kit — we can build whatever we want at the garden," Gunnett said.

And sometimes, he added, talking to people who aren't students is as much a change of pace as being out in nature.

"I was pulling weeds with this one guy, a Desert Storm veteran, and it turns out we're both heavily into music, so we ended up in this in-depth conversation about rock music," Gunnett

said. “Not exams. Not the military. These vets, they’re doing the same thing as me. In 20 or 30 years, I’ll be the old vet telling stories to UCLA students.”

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6.7 - Tapinto.net: [Bring a little joy to veterans in the hospital for Christmas](#) (30 November, Sandy Mitchell, 164k uvm; New Providence, NJ)

For most people the holidays are a time for family and friends but for our war heroes in VA hospitals it can be sad and lonely.

It’s heartbreaking to realize that many of these brave service men and women don’t have family in the area and some have no family at all.

Project Help is ever so aware of this heartbreaking situation. Periodically they visit the Lyons hospital and bring cards from youngsters and treats for the PTSD ward. “The patients love it...they are so happy to see us. We spend a couple of hours talking, laughing and enjoying each other’s company. It does my heart good to touch the hearts of many and bring a smile to their faces”, said Sandy Mitchell of Project Help.

As Christmas approaches, the need for personal contact is urgent. Project Help is doing a “Sign a Card” drive for veterans at Lyons hospital. For a donation of your choice, you get to choose a sentiment and have your name signed to the card. All of the cards will be personally delivered to the VA hospital on December 18th, and given out to the men and women who won’t be home for Christmas.

Please use this <https://donate.keela.co/project-help/christmas-cards-for-veterans> to choose your donation and sentiment. Your name will come from the donation form you complete and will be affixed to the card.

Any excess revenue will go into the Project Help Hardship Fund to assist veterans and their families in times of need. The fund is designated to help pay bills or provide food and gas cards for New Jersey veterans who qualify.

Project Help is a local, all volunteer 501c3 nonprofit charity, serving the needs of veterans in financial distress and assisting in career placement with fortune 500 companies and unions.

“We are currently accepting applications to serve on the board of directors as well as onboarding volunteers for committee work in 2019”, said Sandy Mitchell, Executive Director of Project Help. For more information please call 973-875-2068. Financial support to the Hardship Fund is greatly appreciated as well.

We look forward to providing some joy and support to the veterans who have given so much.

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6.8 - KSLA (CBS-12, Video): [OBVAMC Homeless Programs helps veterans ‘gear up’ for winter](#) (30 November, Marie Waxel, 56k uvm; Shreveport, LA)

It was a full house Thursday at Overton Brooks VA Medical Center as more than 100 veterans were treated to new boots and warm clothes.

The gear just in time for these veterans to battle the winter cold.

It's all part of a bigger initiative to end veteran homelessness known nationally as Stand Down.

In addition to the gear and a warm meal, veterans were also connected to other service groups to help guide them on their journey.

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6.9 - People's World: [Another broken promise: Trump VA's housing money for vets](#) (30 November, Mark Gruenberg, 51k uvm; Chicago, IL)

WASHINGTON — “Promises made, promises kept,” GOP President Donald Trump likes to brag.

Oh, really? Try feeding that line last week to more than 14,000 GM workers – half of them unionists – who will lose their jobs as their plants close in Ohio, Michigan, Maryland and Ontario.

And now try feeding it to the nation's veterans, who lost part of their congressionally mandated housing and education aid – for the last several months and for at least another year – and may not get it back any time before many actually lose their homes.

On the campaign trail in 2016, Trump made a big deal about restoring U.S. factory jobs. He even promised Ohio plants would not close. GM put the lie to that on Nov. 26 saying it's going to shut the Lordstown plant by March 1, and four others in the U.S., plus Oshawa, Ont., after that.

Trump also tooted his own horn about supporting veterans. In the most celebrated case, his foundation held a fundraiser for veterans' causes days before the key Iowa caucuses in 2016. It raised \$5.6 million.

Donors gave half the money directly to veterans' groups. The foundation gave the rest to the campaign. That's an illegally excessive corporate contribution under campaign finance laws, but it let Trump travel the state doling out \$100,000 checks to vets groups, and currying favor and votes, too.

Now Trump's Veterans Affairs Department says its antiquated computer technology and a bungled shift to a new processing system, including new addresses for vets who use college benefits, shortchanged housing and education aid for thousands of veterans. One estimate, by Sen. Brian Schatz, D-Hawaii, puts the number at 360,000. The VA's also not going to have the mess fixed until December 2019.

Veterans groups and lawmakers of both parties are not happy. Most of the traditional vets groups complained in private to Congress. The biggest one, the American Legion, did not post any comments on its website. The exception: VoteVets. It went public. Left unsaid: Veterans, in heavy numbers, vote.

“For several weeks now, veterans all across the country have sounded the alarm about missing or inaccurate GI Bill benefits,” Jon Soltz, chairman of VoteVets, a pro-labor progressive group of Afghanistan and Iraqi War veterans, emailed.

“Last night, news broke that Donald Trump’s Department of Veterans Affairs would NOT be repaying veterans who received less than the benefits they earned for their service.

“It is an absolutely stunning display of incompetence from an inept administration. But more to the point, it’s a moral abomination,” Soltz declared.

“There are veterans out there who will miss car payments, mortgage payments, who will struggle to feed their families because of these missed payments. The GI Bill, including the Forever GI Bill housing allowance, is a lifeline for veterans. And now it’s gone.”

“And Trump’s response? Thoughts and prayers...Well that is not good enough,” Soltz declared. VoteVets posted an online petition demanding Trump’s VA pay the lost benefits. And VoteVets said it would take the same message to Capitol Hill, appealing for personal stories to illustrate the harm.

Paul Lawrence, the VA’s Under Secretary for Benefits, testified in early November that the new Forever GI Bill ordered the VA to change locations assigned to vets for their benefits, particularly housing and education benefits. Then the problems started.

“Development and deployment of the new software” to make that shift “has not gone as planned,” Lawrence, a Trump political appointee, admitted. He said VA might not have the new software ready for the spring 2019 college semester. Congress allots \$4 billion yearly to VA to update and improve the agency’s benefits software.

Lawrence also promised the shortfalls would eventually be made up – though he gave no date for that – and that if vets were overpaid, they wouldn’t have to give the money back. VoteVets was skeptical.

But things got even worse.

VA announced that “because of continued information technology difficulties in implementing new monthly housing allowance calculations,” VA’s benefits administration “will reset its implementation efforts to give the department the time, contracting support and resources necessary to develop the capability to process Spring 2020 enrollments in accordance with the law by Dec. 1, 2019.”

In plain English, Trump VA Secretary Robert Wilkie said, that means the agency is scrapping the information technology for doling out education and housing benefits and starting over from square one. Wilkie compared the situation to “flying a plane while trying to build it.”

Lawmakers were upset, too.

“This administration, the Trump administration, promised to clean up the culture of bureaucratic incompetence inside the VA,” said Rep. Mike Coffman, R-Colo., before he lost his re-election bid when the party abandoned his race. “And, based on this testimony today and other hearings we’ve had, I don’t think they’ve made a lick of difference.”

Rep. Mark Takano, D-Calif., is “skeptical the VA will be able to meet the new deadline they put in place.” He may have some say in the matter as incoming chair, when Democrats take over the House, of the House Veterans Affairs Committee.

“We are demanding the Inspector General investigate underpayments and missed payments to 360,000 veterans. This is a full-fledged scandal that harms people who put their lives on the line for our country, and it’s against the law as well,” Schatz tweeted.

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6.10 - The St. Augustine Record: [Digital technology brings centuries-old gravestones to life at St. Augustine National Cemetery](#) (30 November, Colleen Jones, 36k uvm; Saint Augustine, FL)

“I love these words: ‘By strangers honored, by strangers mourned,’ ” said Scot French as he stood in the St. Augustine National Cemetery Thursday reading the gravestone inscription for a Dr. Charles Noyes, a 27-year-old Army surgeon interred at the site.

“In a way, we are those strangers,” said French, an associate professor of history at the University of Central Florida in Orlando. “We are using data to create interactive visualizations that, at a glance, tell a story.”

The effort is part of a major archiving project by UCF which just launched a website cataloguing nearly all the 1,227 grave sites at the St. Augustine National Cemetery.

Launched in 2016, the Veterans Legacy Program is funded by the U.S. Department of Veterans Affairs as a way to memorialize the lives of veterans and share their stories with the general public.

Faculty and students at the UCF researched and wrote biographies of the soldiers buried or memorialized at the cemetery. They used primary sources including government records, census data and newspaper accounts to discover information about veterans’ lives, including their occupations, where and when they enlisted, how they were killed and other details.

There is also an “augmented reality” mobile application which allows smartphone users to hold their device up to a headstone and pull up matching background information on that specific veteran to create an interactive walking tour of cemetery. Graduate and undergraduate students also helped with the technical aspects of building the website and the app, which also include links to multimedia elements.

“It’s taken dozens and dozens of students over so many months to create this,” said Amelia Lyons, a UCF associate professor who is heading up the Veterans Legacy Project.

Lyons said UCF as an institution is known for being on “the leading edge” of this type of digital mapping and making that information available for public use.

“We’re really making it accessible; it’s not just information in dusty books,” said Lyons.

St. Augustine National Cemetery was chosen as one of the subjects of their research because the veterans buried here span so many chapters of American military history, from the Seminole Wars to the Vietnam War.

In addition to St. Augustine, UCF's history department is conducting similar studies at the Florida National Cemetery in Bushnell, the Aisne-Marne American Cemetery in Lucy-le-Bocage, France, and the Meuse-Argonne American Cemetery in Romagne-sous-Montfaucon, also in France.

The larger body of data will also allow researchers to broaden their observations.

"That's what we're doing in digital mapping, looking for patterns ... and you can't do that unless you lift it from the printed page," said French. "A whole new frontier of research is coming to us."

For example, Lyons pulled up a heat map that was formed from the data points showing how infectious diseases like malaria killed soldiers more often than warfare in the 19th century.

The project is also creating an interactive K-12 curriculum that can be used by teachers nationwide at a grade-appropriate level.

Among the many stories that have been uncovered at the St. Augustine National Cemetery, one mystery still remains. In the southwest corner of the graveyard, two marble headstones stand next to one another, each bearing the inscription: "Six Unknown Indians."

According to UCF professor Amy Giroux, at least nine of the interred are thought to have died at Fort Marion during the internment of Native Americans at what is now known as the Castillo de San Marcos in St. Augustine. Beyond that, details are scant.

Giroux still believes there may be more out there that might be gleaned by scouring digitized records.

"That," she said, "is the hope."

To access the Veterans Legacy Program and to learn more about the stories behind the veterans buried at the St. Augustine National Cemetery go online to www.vlp.cah.ucf.edu.

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6.11 - WXXV (FOX-25, Video): [Wreaths For Veterans At Biloxi National Cemetery](#) (30 November, Kristen Anzuini, 8k uvm; Gulfport, MS)

For the past six years, members of the community have been placing wreaths on the headstones at the Biloxi National Cemetery. This year is going to be bigger and better than ever.

For many a wreath is a symbol of the holidays, but today it was so much more than that. Veteran Service Officer Julia Encalade said, "We're prepping the Christmas wreaths to be able to lay on our heroes here at the National Cemetery tomorrow."

For the past six years, people of all ages have been going to the Biloxi National Cemetery to place wreaths on the headstones of veterans. Crusaders for Veterans President Kevin Cuttill said, “As you look around, we have several families out here that brought their younger ones. Everyone gets to see the generation coming up and seeing the price of the freedom and the sacrifices made.”

Today, hundreds of volunteers spent hours prepping 20,000 wreaths to honor our nation’s veterans and their families. “They’ve done so much for us and this is the least we could do for them. They not only serve, but their family has served,” said Encalade.

It isn’t all about those who have passed, for many this event is therapeutic. “It’s closure for the living because the more you come out here and you respect those out here you recognize the true price of freedom, two you get closure because you keep your loved ones alive with you as you do this. I got a son buried so when I do this I know he is smiling as well. It is basically for the living to have closure.”

Anyone interested in laying a wreath tomorrow can show up to the Biloxi National Cemetery at 11 a.m. The event will take place rain or shine. “They don’t put defending our freedoms on hold so we don’t put honoring them on hold either,” said Cuttill.

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6.12 - ConnectingVets.com (CBS Radio): [When it comes to college, veterans are better off than non-vets](#) (30 November, Matt Saintsing, New York, NY)

Despite all the challenges that veterans face when they enroll in college, a study released Friday reveals, by most measures, student vets are doing better in college compared to non-veterans.

Conducted by Veterans Education Success— a nonprofit group that advocates for the GI Bill and other educational programs for veterans and service members—the study analyzes data from the Department of Education to offer a picture of how student vets navigate the waters of learning after the military.

Here are some key findings:

- Just one in five veterans who enrolled in a postsecondary program—broadly defined as any education after high school—had left without earning a degree compared to 40 percent of non-veterans.
- Additionally, 28 percent of veterans had earned either a certificate or associate’s degree, while only 23 percent of their civilian counterparts did the same.

The authors note that data from the Department of Education may overstate veteran non-completion in a degree. That’s because veterans are more likely to take breaks from school and then re-enroll. “A circumstance that makes it difficult to say with certainty that they will not at some point return to earn a degree,” the authors write.

For veterans who did not complete their programs, their demographics line up with risk factors that non-vets face.

Of the veterans who left higher education without earning a degree they:

- Were more likely to be the first in their family to enroll in college
- Did not have a traditional high-school diploma
- Are disabled
- Have dependents
- And work full-time

"The multiple risk factors offer clues about the underlying causes of non-completion," says Walter Ochinko, research director for the study.

"But while student veterans' resiliency exceeds that of non-veterans, additional support, be it institutional or federal, would help alleviate some of their risk factors and bolster completion rates even further."

Specifically, the study's authors recommend the following:

- Campus-based daycare for single parents.
- Funds to augment GI Bill users who go to school part-time such as institutional grants or Department of Education work-study programs.

The study stresses that "programs fostering persistence and attainment must be broad in scope."

"Addressing only one of the risk factors may be insufficient, institutional support must be more comprehensive," the report reads.

How veterans choose to go to school may also be a factor contributing to their success or challenges.

"Although not a recognized risk factor, research suggests that online courses are the most difficult for those who are the least prepared leading to worse outcomes than brick and mortar classes," according to the study.

"Because most veteran undergraduates use their GI Bill benefits after discharge from active duty, they may not have been in a classroom setting since leaving high school and may require remedial coursework."

But the authors note online classes can be especially attractive to older students, many of whom are "juggling family and work responsibilities."

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7. [Other](#)

From:

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Subject: [EXTERNAL] 30 November Veterans Affairs Media Summary and News Clips

Date: Fri Nov 30 2018 05:21:07 CST

Attachments: 181130_Veterans Affairs Media Summary and News Clips.docx
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Veterans Affairs Media Summary and News Clips

30 November 2018

1. [Top Stories](#)

1.1 - Military Officers Association of America (Video): [MOAA Interview: Secretary Wilkie on VA Changes, Health Records, Blue Water Navy Benefits, and More](#) (27 November, Amanda Dolasinski, Alexandria, VA)

As he walked to his high school in Fayetteville, N.C., Robert Wilkie would often pause as he passed the Veterans Affairs hospital down the street. The brick building towered over the school and the nearby houses. An inscription on the front of the building read, "The Price of Freedom is Visible Here." "That means a lot to me," Wilkie said, thinking of his father, an artilleryman stationed at Fort Bragg who was severely injured during combat in the Vietnam War.

[Hyperlink to Above](#)

1.2 - ConnectingVets.com (CBS Radio): [VA Secretary Robert Wilkie holds town hall with Native American veterans](#) (29 November, Kaylah Jackson, New York, NY)

VA Secretary Robert Wilkie visited Native veterans and tribal leaders in Ada, Oklahoma Wednesday, to discuss ways the VA can better serve their communities. A native of Lawton, Oklahoma, Wilkie told KTEN news, "They [Native American veterans] serve in the military in numbers disproportionate to their size of the population. I want that service to be recognized."

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1.3 - PJ Media (Audio): [Carson Wants 'Flexibility' from Congress on Forthcoming Proposals to End Veteran Homelessness](#) (28 November, Nicholas Ballasy, 1.5M uvm; Los Angeles, CA)

Veterans Affairs Secretary Robert Wilkie told PJM he's been "amazed" by the attention President Donald Trump has given to him regarding solutions to opioid addiction, mental health and homelessness among veterans. Wilkie, who has led the VA since July, joined Housing and Urban Development Secretary Ben Carson recently to announce a drop in the number of homeless veterans in the United States.

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1.4 - NBC News: [After pressure from Congress, VA reverses course and promises full benefits to veterans](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

After a day of pressure from members of Congress, the Department of Veterans Affairs reversed course on Thursday and announced that it would pay veterans the full amount of benefits they are due under the Forever GI Bill.

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1.5 - NBC News (Video): [Top VA official sharply criticized for not committing to paying veterans full benefits](#) (29 November, Phil McCausland, 12.7M uvm; New York, NY)

Paul Lawrence, who oversees the Veterans Benefits Administration, came under fire by members of Congress on Thursday over student veterans who will not be paid the correct amount under the Forever GI Bill. Rep. Nancy Pelosi, D-Calif., who is likely to be the next speaker of the House, accused the VA of "gross negligence" and "a shameful lack of accountability" after NBC News reported Wednesday that the VA would not repay some student veterans who were paid less than they were due under the Forever GI Bill.

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1.6 - ABC News: ['Nothing could be further than the truth': VA officials contest report that underpaid veterans would not be reimbursed after August backlog](#) (29 November, Sonnet Swire, 12.6M uvm; New York, NY)

Since a massive backlog of claims in August, thousands of student veterans across the nation have criticized and demanded answers for incorrect or delayed GI Bill benefit payments, which the Department of Veterans Affairs has blamed on inadequate training and technology issues.

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1.7 - The Tennessean (Video): [VA reverses course after VA official testifies ID'ing vets underpaid in Forever GI Bill benefits might burden](#) (29 November, Yihyun Jeong, 1M uvm; Nashville, TN)

After days of back-and-forth, the Department of Veterans Affairs has decided to fully reimburse veterans who may have been underpaid in delayed Forever GI Bill benefits. VA Secretary Robert Wilkie released a statement Thursday afternoon to "clear up any confusion." Every post-9/11 GI Bill beneficiary will be fully paid for their housing benefits this year based on Forever GI Bill rates, he said.

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1.8 - Stars and Stripes: [Confusion reigns over retroactive payments for underpaid GI Bill recipients](#) (29 November, Nikki Wentling, 532k uvm; Washington, DC)

The Department of Veterans Affairs has no plans to retroactively pay student veterans who might get lower monthly housing stipends than they are legally entitled to receive during the next year. The incorrect payments that will be made during the next year are a result of setbacks in implementing a new "Forever" GI Bill – a major expansion of veterans' education benefits that Congress passed last year.

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1.9 - Military Times: [Congress blasts VA on GI Bill: 'You can't simply change the law'](#) (29 November, Natalie Gross, 471k uvm; Springfield, VA)

Lawmakers at a Capitol Hill hearing Thursday questioned whether the Veterans Affairs Department has the authority to change a major deadline for implementing a portion of the Forever GI Bill — and seemingly act as if the original one, mandated by law, never existed.

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1.10 - Stars and Stripes (Military Update): ['Blue Water Navy' bill sinking in Senate despite late-hour talks](#) (29 November, Tom Philpott, 532k uvm; Washington, DC)

As many as 90,000 ailing "Blue Water Navy" veterans are likely to have to wait for a new Congress to see legislation passed that would make them eligible for Agent Orange-related disability compensation and VA-paid health care. Sens. Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee, and Jon Tester, of Montana, its ranking Democrat, negotiated this week with veteran service...

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2. Improving Customer Service

2.1 - U.S. News & World Report (AP): Ex-VA Patient's Positive TB Test Prompts NC Center Testing (29 November, 14M uvm; Washington, DC)

Patients and staff at a Veterans Affairs center in North Carolina are being tested for tuberculosis after a former patient tested positive. The Fayetteville Observer reports that the Fayetteville VA Medical Center's interim director, Carl Bazemore, sent a memo to staff members earlier this month saying the patient who tested positive was in the center's care from May 8 through Oct. 5.

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2.2 - U.S. News & World Report (AP): Spokane VA Hospital Delays 24-Hour Urgent Care (29 November, 14M uvm; Washington, DC)

The head of Spokane's VA hospital says the promise of 24-hour urgent care will be pushed back a year. Dr. Robert Fischer says he wants to use all of 2019 to review the hospital's operations in order to recruit doctors, better manage and place resources where they are needed to support the planned 24-hour operations at the urgent care.

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2.3 - AARP: Volunteers Can Make a Big Difference for Veterans (28 November, David Frank, 4.1M uvm; Washington, DC)

David Edwards recalls how volunteering with veterans changed his late father's life at a challenging time. His dad — James Edwards, who died in 2009 — seemed happy enough during the first year following his retirement, the son recalls. His father played golf in the summer and did woodworking in the winter. But soon, it became clear that something was missing from his dad's life. So Edwards, who is chief of public and community relations for the U.S. Department of Veterans Affairs (VA) Maryland Health Care System, suggested that his father...

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2.4 - ABC News: Study toxic exposure, vaccines in 9/11 and Gulf War Veterans, Scientists say (29 November, Beatrice Peterson, 3.7M uvm; New York, NY)

In a newly released report, scientists have called on Congress and the Department of Veterans Affairs to fund a new program aimed at studying the generational health effects among veterans of the Gulf and post-9/11 wars. The report from the National Academies of Sciences, Engineering, and Medicine comes less than two weeks after the same group called on the VA to look at generational exposure to dioxin -- a component of Agent Orange.

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2.5 - Military.com: Pass Blue Water Navy Legislation This Year (29 November, Garry Augustine, 2M uvm; San Francisco, CA)

Garry Augustine, a disabled Vietnam veteran, is executive director of the Disabled American Veterans' Washington headquarters. Before members of Congress pack up and head home for the holidays, there is one critical piece of stalled legislation they could pass now to right an overdue wrong for tens of thousands of veterans made ill due to their shipboard service during Vietnam.

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2.6 - WMAQ (NBC-5): [Work Orders Reveal Rodents in White House, Chilly Temps at VA Headquarters](#) (29 November, Scott MacFarlane, 483k uvm; Chicago, IL)

Reports of rodents in the West Wing, frigid temperatures at the Department of Veterans Affairs and a bathroom mishap by a Cabinet secretary have prompted repair requests in Washington, D.C. federal buildings in the past two years. The News4 I-Team obtained internal emails and logs of repair needs and maintenance orders at the White House, U.S. Department of Veterans Affairs headquarters and Environmental Protection Agency headquarters.

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2.7 - MedPage Today: [NASEM Outlines Research Needs in Tracking Wars' Effects on Veterans' Offspring](#) (29 November, Shannon Firth, 307k uvm; New York, NY)

From oil-well fire smoke to infectious diseases and toxic chemicals, veterans of the Gulf War and the post-9/11 conflicts in Iraq and Afghanistan were exposed to a range of hazardous elements and situations during deployment. Scientists believe that such exposures may affect not only the veterans themselves, but potentially their children and grandchildren.

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2.8- WLOS (ABC-13, Video): [Charles George VA Medical Center](#) (29 November, 106k uvm; Asheville, NC)

The Department of Veterans Affairs (VA) leads the country in hepatitis screening, testing, treatment, research and prevention. Get more information both for health care providers and for Veterans and the public at <http://www.hepatitis.va.gov/>

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2.9 - WPSD (NBC-6, Video): [VA town hall held in Mayfield](#) (29 November, 51k uvm; Paducah, KY)

Veterans Affairs officials made a visit to west Kentucky Wednesday night, listening to and addressing the concerns of local veterans. A town hall meeting was held in Mayfield. A little more than 20 people showed up to ask questions about their benefits and some came out to enroll in the VA healthcare system.

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2.10 - Altoona Mirror: [VA](#)

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2.12 - KTOK (AM-1000): [New VA Secretary In Oklahoma](#) (28 November, Beth Myers, Oklahoma City, OK)

Confirmed just four months ago, Veterans Affairs Secretary Robert Wilkie made two site visits in Oklahoma this week. He visited the VA Medical Center in Muskogee and the VA Medical Center in Oklahoma City. He told KTOK News that customer service will be his prime directive. He says it's an issue of leadership and that new leaders have been hired at many places in Oklahoma.

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3. [Business Transformation](#)

3.1 - KYTV (NBC-3): [Springfield's new VA Clinic likely to open first week of December](#) (29 November, 349k uvm; Springfield, MO)

The Veterans Affairs Commission believes its new clinic in Springfield will be ready to open the first week of December. The clinic is located on West Republic Road near Kansas Expressway. VA Clinic spokesperson Wanda Shull says crews are finished last-minute details, including furniture, IT systems, phones and files. She says work should finish to see patients as early as next week, possibly Monday.

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3.2 - Quad-City Times: ['This has been a need for a long time:' Davenport VA clinic readies for early spring opening](#) (29 November, Sarah Ritter, 125k uvm; Davenport, IA)

Clinton veteran Roland Bechtel regularly travels between the Veterans Affairs clinics in Bettendorf and Iowa City to receive the care he needs. "I had a heart attack when I was 68 and have been in the VA system ever since," said Bechtel, 79, who served in the Navy in the 1950s. "And my God, it's working for me. I've always gone to Bettendorf for my provider, and they're great with me. But for a lot of things I need, I have to go out to Iowa City."

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3.3 - Kitsap Sun: [Veterans Benefits Administration to close benefits help desk in Bremerton](#) (29 November, Julianne Stanford, 111k uvm; Bremerton, WA)

The Veterans Benefits Administration has decided to downsize operations inside its Bremerton office by shutting down a help desk that's staffed with employees who assist veterans with benefit-related queries. As of Friday, the office at 500 Pacific Ave. will no longer be a place where veterans can receive in-person assistance with navigating through the Department of Veterans Affairs' complex pension and compensation system.

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3.4 - KJRH (NBC-2, Video): [New V.A. facilities coming to Tulsa, Sallisaw](#) (29 November, 61k uvm; Tulsa, OK)

A brand new, large-scale health care center is in the works for Tulsa-area veterans. The VA will break ground on the new facility in April near 91st and Mingo, combining all three existing centers in the area. The 140,000 square foot building will offer new women's services, GI, and mental health services.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Spokesman-Review: Citing medical records project, Mann-Grandstaff VA delays 24-hour urgent care to 2020 (29 November, Thomas Clouse, 408k uvm; Spokane, WA)

The promise of 24-hour urgent care at Mann-Grandstaff VA Medical Center has been delayed after the hospital signed on as a pilot project for the U.S. Department of Veterans Affairs' \$10 billion effort to update its electronic medical records.

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4.2 - Federal News Network: 10 ingredients making VA's e-health record program sick (29 November, Ed Meagher, 100k uvm; Washington, DC)

The House Veterans Affairs Subcommittee on IT Modernization recently held a hearing on the Department of Veterans Affairs electronic health record modernization (EHRM) program to assess progress to date. The hearing was remarkable on several levels but perhaps the most remarkable was the bipartisan and positive support for this program from both sides of the aisle. Congress clearly wants this program to succeed and wants to be as helpful as possible.

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4.3 - Healthcare Informatics: HHS Studying Modernization of Indian Health Services' IT Platform (29 November, David Rath, 29k uvm; New York, NY)

With so much focus on the modernization of health IT systems at the Veteran's Administration and Department of Defense, there has been less attention paid to decisions that have to be made about IT systems in the Indian Health Service. But now the HHS Office of the Chief Technology Officer has funded a one-year project to study IHS' options.

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4.4 - MeriTalk: VA's EHR Project Hits Early Cost Overrun (29 November, 11k uvm; Alexandria, VA)

The Department of Veterans Affairs admitted this month that its 10-year, \$10 billion-plus project to create an interoperable electronic health record system incurred a \$350 million cost overrun right out of the gate—a potential red flag in the latest effort to develop an integrated records system that also works with the Department of Defense's system.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - USA Today: VA reverses course on GI Bill payments, will repay possibly short-changed veterans (29 November, Donovan Slack, 26.5M uvm; McLean, VA)

Department of Veterans Affairs Secretary Robert Wilkie overruled a top benefits official Thursday and said the VA won't ignore federal law and will now reimburse veterans who may have been underpaid GI Bill benefits.

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6.2 - CBS News (Video): [Amid confusion, VA says vets will receive full GI Bill payments delayed by IT failure](#) (29 November, Stefan Becket and Anna Gunther, 17.6M uvm; New York, NY)

The secretary of veterans affairs assured veterans they will be paid in full for delayed payments under the GI Bill, clarifying comments by VA officials Thursday indicating veterans might not receive all the money they were owed. The confusion began Wednesday when the VA announced it was delaying implementing a change in the way reimbursements are calculated.

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6.3 - The Hill: [VA vows to make veterans '100 percent whole' over underpaid housing benefits](#) (29 November, Aris Folley, 11.4M uvm; Washington, DC)

The Veterans Affairs Department says veterans will not lose any housing benefits, pushing back on a report that the agency does not plan to reimburse those who were underpaid after a computer glitch. "Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole -- retroactively if need be -- for their housing benefits for this academic year based on the current uncapped DoD rates," VA spokesman Curtis Cashour said in a statement to The Hill on Thursday morning.

[Hyperlink to Above](#)

6.4 - Politico: [Colleges and universities keep a wary eye on VA struggles with GI Bill](#) (29 November, Kimberly Hefling, 8.7M uvm; Arlington, VA)

VA says it needs more time to make GI Bill change: Heading into the spring semester, veterans and higher education institutions appear at least in the short term to get something they've wanted when it comes to Post-9/11 GI Bill claims: certainty.

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6.5 - MSNBC (Morning Joe, Video): ['Pathetic, embarrassing': VA won't reimburse some vets](#) (29 November, 3.8M uvm; New York, NY)

Four-minute video: The Veterans Affairs Dept. tells congressional staffers it won't repay underpaid GI Bill recipients, sources say. The news conflicts with a promise VA officials made to a House committee earlier this month that it would reimburse those veterans who received less than the full amount they were due.

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6.6 - MSNBC (Morning Joe, Video): [Congressman says VA issue won't be tolerated](#) (29 November, 3.8M uvm; New York, NY)

Six-minute video: Rep. Mike Turner, R-Ohio, discusses GM layoffs, Wednesday's Senate briefing on Saudi Arabia and controversy surrounding the VA and its inability to pay some veterans.

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6.7 - National Review: [1,500 People Attend Funeral of Vietnam Vet Thought to Have No Living Relatives](#) (29 November, Jack Crowe, 2.4M uvm; New York, NY)

More than 1,500 people showed up at an Omaha, Neb. cemetery on Tuesday to pay their respects to a Vietnam War veteran they never met. Stanley Stoltz, who passed away November 18 at 73, was laid to rest at the Omaha National Cemetery surrounded by well-wishers who learned of the funeral from an ad in the Omaha World Herald posted by the funeral home that coordinated the service.

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6.8 - Military.com: [VA Waffles on Pledge to Reimburse Student Veterans for Housing Pay Shortfalls](#) (29 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs' chief benefits official gave assurances Thursday that the department would strive to make whole student veterans who were underpaid for housing stipends under the new Forever GI Bill but left open the possibility that some may never be fully reimbursed.

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6.9 - Townhall: [VA Breaks Promise to GI Bill Recipients](#) (29 November, Cortney O'Brien, 1.7M uvm; Arlington, VA)

UPDATE: VA Secretary Robert Wilkie has responded to the GI Bill controversy. He is assuring veterans that "each and every post-9/11 GI Bill beneficiary will be made 100 percent whole." To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates.

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6.10 - The New Orleans Advocate: [Guest column: A call to increase access to supportive housing developments for veterans](#) (29 November, Dylan Tete, 743k uvm; Baton Rouge, LA)

U.S. Secretary of Veterans Affairs Robert Wilkie recently toured Bastion. As we demonstrated during his visit, Bastion's early success is the best indicator that we are fulfilling a need for veterans to live in intentional, mutually supportive communities. These communities can help cities meet the VA's goal of a functional zero status of homeless veterans, as Bastion has done in New Orleans.

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6.11 - Stars and Stripes: [Take care to help veterans who care for others too](#) (29 November, Ruth Stein, 532k uvm; Washington, DC)

The Department of Veterans Affairs' noble motto, "To care for him who shall have borne the battle and for his widow, and his orphan," calls on all of us to care for the men and women who have served our country. Too often, we think about veterans for only one day a year, Veterans Day. But we should contemplate our veterans' sacrifices and recommit to our duty to care for them in return — long after Nov. 11.

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6.12 - KAKE (ABC-10, Video): [Will the VA pay what it owes student veterans?](#) (30

November, Pilar Pedraza, 79k uvm; Wichita, KS)

"If you say you're going to do something, do it," said Michael Bearth, a U.S. Marine veteran and student at Wichita State University. Like many Kansas veterans, he's bracing for more problems with GI Bill benefit payments.

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6.13 - Federal Computer Week: [VA to rebid failing GI Bill benefits contract](#) (29 November, Adam Mazmanian, 39k uvm; Vienna, VA)

After taking a beating in Congress and the media over failed efforts to roll out updates to its GI Bill payment systems, the Department of Veterans Affairs announced plans for a reset on the project, including a rebid of software and integration contracts. At issue are changes to calculations for housing allowance payments required under the Harry W. Colmery Veterans Educational Assistance Act of 2017, known as the Forever GI Bill.

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6.14 - WBND (ABC-57, Video): [More local veterans using VA loans to buy homes](#) (29 November, Marisa Oberle, 37k uvm; South Bend, IN)

The number of veterans taking advantage of VA purchase loans to buy a home is soaring according to new data. New statistics from the Veterans Administration show the number of those loans jumped 59 percent across the country over the past five years, but in Indiana the number of new home and refinance loans surged by 72 percent in Indiana.

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6.15 - Beloit Daily News: [Officer Goes Above And Beyond Job Duties To Help Out 81-Year-Old Homeless Veteran](#) (29 November, Austin Montgomery, 9k uvm; Beloit, WI)

Over the course of his 11 years with the Beloit Police Department, patrol officer Eric Rohrer has always looked to help others. Last week his commitment to service was on full display after Rohrer, who works the department's second shift, was dispatched to the Beloit Clinic on Huebbe Parkway to help a homeless veteran find shelter as temperatures dropped on Monday night.

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6.16 - ConnectingVets.com (CBS Radio): [Student debt forgiven in settlement with for-profit school](#) (29 November, New York, NY)

Students saddled with debt for tuition they couldn't use at the now-bankrupt ITT Technical Institute will now have their debts cancelled, thanks to a settlement announced by a federal judge Wednesday. Now the students will seek to have their billions of dollars in federal student loans forgiven by the US Department of Education.

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6.17 - WPDE (ABC-15, Video): [Horry County VA tries to keep lines moving for claims](#) (29 November, Madeline Montgomery, Conway, SC)

With one month left in the year, workers with the Horry County Veterans Affairs office say they have already served almost a thousand more people than last year. "We have the second largest veteran population in the state compared to other counties," said Ronald Elvis, the director of the Veterans Affairs office in Horry County.

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7. [Other](#)

7.1 - Runner's World: [4 Signs You're Not Getting Enough Iron—and What to Do About It](#)

(29 November, Danielle Zickl, 1.6M uvm; New York, NY)

As a runner, there are a lot of vitamins and minerals your body needs to function and perform at your best. One of the most important—and often overlooked—ones? Iron. That's because this mineral makes it possible for red blood cells to carry oxygen to your muscles to power them, which is "especially critical during exercise," according to Nathan Myers, M.S., R.D., C.D.N., clinical dietitian at James J. Peters VA Medical Center in New York.

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1. Top Stories

1.1 - Military Officers Association of America (Video): [MOAA Interview: Secretary Wilkie on VA Changes, Health Records, Blue Water Navy Benefits, and More](#) (27 November, Amanda Dolasinski, Alexandria, VA)

As he walked to his high school in Fayetteville, N.C., Robert Wilkie would often pause as he passed the Veterans Affairs hospital down the street. The brick building towered over the school and the nearby houses. An inscription on the front of the building read, "The Price of Freedom is Visible Here."

"That means a lot to me," Wilkie said, thinking of his father, an artilleryman stationed at Fort Bragg who was severely injured during combat in the Vietnam War.

After graduating from Reid Ross High School, Wilkie stayed in North Carolina to attend college at Wake Forest University. He went on to serve as an officer in the Air Force and Navy, and currently serves as a lieutenant colonel in the Air Force Reserve. Wilkie worked as the assistant secretary of defense for legislative affairs and undersecretary for personnel and readiness.

He caught the attention of President Donald Trump, who nominated him to serve as Secretary of the Department of Veterans Affairs.

In November, Wilkie sat down with Military Officer magazine to reflect on his first 150 days leading the massive VA health care system, which includes 9 million people across 1,700 centers. The exchange has been edited for clarity and brevity.

Q. One of the things you've made a point of doing is visiting VA centers across the country. As you've engaged with VA patients and patients at the centers, what's been their feedback?

A. I made a point to visit as many sites and states as possible, from Anchorage to Orlando to Nevada to Massachusetts, and I wanted to get a feel for two things. One, those who use VA centers. The other, the people who work at the VA.

So two things were pretty clear. One, we do have [an] incredibly dedicated workforce. They understand they have a special mission. The second part is what I have conveyed to Congress, that once a veteran gets into the system, [the veteran is] pretty happy with the service and the medical attention that [the veteran] gets, which runs counter to what you read in a lot of publications.

So, if that's the case, then what is the real obstacle to VA becoming the 21st century health care administration? It's probably administrative. It's getting people into the system, cutting down the number of hoops that an individual has to jump through to reach the VA. We've done a lot of things.

We just launched our new VA.gov, which consolidates hundreds of websites down to just a handful.... Our community caregiver program - we've gone from multiple programs to one to make it easier for those using our services to navigate. It is a question of bureaucracy, and that also entails modernizing our IT system ...

Q. Are there other administrative efforts still in the works?

A. Oh, sure. The most important, in terms of IT, are the electronic health records. That is something that I had responsibility for first as the undersecretary of defense [for] readiness.

I use my father as an example. Multiple decorated combat soldier. Three Purple Hearts. ... At the end of his career, he came out of service needing two knees, two hips and [had] lead in his body from Cambodia in 1970. As a result of that, [he] carried around an 800-page record, and there was one copy. We can no longer do that to our veterans.

So, if a veteran has to go to a local pharmacy or a local doctor, that local pharmacy or local doctor will now have the ability to put that medical information into that record so that big VA has a complete record, complete picture of that veteran's health care and where that veteran stands on the spectrum.

Q. Will it make filing claims a smooth process?

A. Well, that's already being done with our rapid claims process that has been put in place. We've reduced the number of outstanding claims by the tens of thousands just in the last year. That's been on track for a while, and we're very proud of our ability to answer those claims and questions rapidly. ... The electronic health record, because it involves the Department of Defense, it's going to take a little longer to implement.

Q. The GI Bill - people were having trouble with stipends. What is the status of that? How is the VA working to resolve it so that it doesn't happen again?(Editor's note: Read the latest on the GI Bill [here](#).)

A. Let's take a step back and describe what actually happened.

There was an increase in terms of - let's just use the word "COLA" - an increase in the housing allowance of less than half of 1 percent, so we're talking about \$69 in most cases. The system could not handle that. ...

We were directed by the Congress to recalculate that housing allowance based on the student who's already in the system and registered in South Carolina suddenly going to Boston for an internship or clerkship, and that brought an old system to a halt.

We have asked anyone who has a hardship to tell us. We have about 800 cases that have been identified across the country that we've put to the top of the list. No one has been evicted from schools. All of our universities and colleges are working with us with this delay. We know about them.

We just happen to be right now in spring registration, so there's a whole new influx of claims coming in for students who are coming into spring semester to start in June. But we've got a good handle on it. I received numerous complaints that veterans in New York City were being evicted coming from some elements of government up there and we asked them for details - couldn't give us any.

So, one of the things we have to fight here at the VA, we've had a tradition - and it's not a good tradition - of having the department run by anecdote. When, for a department this size, we need facts and figures because we are so big: 307,000 employees, \$200 million budget, 173 hospitals, 1,200 clinics, not to mention the benefits that we handle.

We are doing these corrections deliberately and carefully, and we're doing everything we can to make sure that there's no hardships.

Q. One of your top priorities is improving customer service. Tell me where you're at with that, what are the things you've identified to improve it, how are you going to measure how it's being improved?

A. I mentioned that our problems are primarily administrative and bureaucratic. But if a veteran has a bad experience when the veteran calls for an appointment, then walks into a medical center or clinic and is not greeted properly, that could lose that veteran to the VA for a lifetime. So we are looking at how to better train, how to better compensate, how we make [the veteran's experience] more robust.

We have outstanding leadership in our veterans experience office that's run by Dr. Linda Davis, a retired colonel, someone that's seen the Army from every aspect, speaks the language, understand the culture and she is out there not only bringing more volunteers in the system, but making sure that the people we have on the payroll know how to communicate with the people we serve. I'm happy to say that in the last few months, the satisfaction rate for both patients and those who work in VA is on the upswing. We haven't seen that in decades. I think that is part of a cultural change, a change in terms of the temper of the organization, where the waters have been calmed and the problems of this department, certainly in the first six months of this department are behind us.

And I'm very proud to be part of an organization that I really believe has the most noble mission in the federal government.

Q. You've committed to Congress your willingness to and resolve some of the issues related to Blue Water Navy benefits. Where are you with that, how do you move forward, and what do you see as the next step?

A. Well, the way I move forward, I've been in constant contact with the leadership of Congress. I have said publicly and under oath that I rely on science.

We have to rely on science for everything that we do here because we are also custodians of the taxpayer dollar. I welcome all opinions.

But my position has been, not only rely on the science, you look at the history, but we also [look at] the funding mechanism. And if you go back to my testimony, my objection on the funding was that for the first time, we were going to charge veterans to pay for their own services by increasing the amount of money that our veterans had to pay on home loans, and that to me is not fair to those who have borne the battle. But again, I'm in constant contact with the leadership in Congress and we're working toward a solution.

[Back to Top](#)

1.2 - ConnectingVets.com (CBS Radio): [VA Secretary Robert Wilkie holds town hall with Native American veterans](#) (29 November, Kaylah Jackson, New York, NY)

VA Secretary Robert Wilkie visited Native veterans and tribal leaders in Ada, Oklahoma Wednesday, to discuss ways the VA can better serve their communities.

A native of Lawton, Oklahoma, Wilkie told KTEN news, “They [Native American veterans] serve in the military in numbers disproportionate to their size of the population. I want that service to be recognized.”

The secretary discussed with the 39 tribal leaders present at the Chickasaw Nation Community Center how he wants to improve relationships between VA at the national level, and state and local leaders.

According to the VA, American Indian and Alaska Native Veterans serve at a higher rate with than other service members but tend to have lower incomes, educational background and experience higher unemployment when compared to other veteran groups.

Wilkie also noted during the town hall that the VA’s commitment to supporting military caregivers as well as making the suicide task force a national effort.

“Those family caregivers from Vietnam, from Korea, will finally get financial support so that they can take care of those veterans from those two wars,” said Wilkie.

This won’t be the last stop in the Midwest for the VA secretary as he noted his focus will be “rural America.”

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1.3 - PJ Media (Audio): [Carson Wants 'Flexibility' from Congress on Forthcoming Proposals to End Veteran Homelessness](#) (28 November, Nicholas Ballasy, 1.5M uvm; Los Angeles, CA)

WASHINGTON – Veterans Affairs Secretary Robert Wilkie told PJM he’s been “amazed” by the attention President Donald Trump has given to him regarding solutions to opioid addiction, mental health and homelessness among veterans.

Wilkie, who has led the VA since July, joined Housing and Urban Development Secretary Ben Carson recently to announce a drop in the number of homeless veterans in the United States. According to HUD’s latest Annual Homeless Assessment Report, “the total number of reported veterans experiencing homelessness in 2018 decreased 5.4 percent since last year, falling to nearly half of the number of homeless veterans reported in 2010.” In total, “37,878 veterans experienced homelessness in January 2018, compared to 40,020 reported in January 2017.”

The Obama administration had set a goal to end veteran homelessness by the end of 2015. PJM asked both Carson and Wilkie if the Trump administration has set a similar goal.

“The goal, obviously, is to get homelessness under control in this country for veterans and for non-veterans, for everybody. It’s a major focus; the Interagency Council has therefore been reinvigorated,” Carson said on the conference call with Wilkie and U.S. Interagency Council on Homelessness Executive Director Matthew Doherty. “The date would be as soon as possible.”

When asked what HUD and the VA need from Congress and the White House to combat veteran homelessness, Carson said, “What we need from Congress, obviously, is their cooperation. We’re going to be coming up with various programs and various proposals – we are going to need flexibility in order to be able to carry those things out, so we just need a cooperative spirit from both sides of the aisle.”

Wilkie agreed with Carson’s statements and expressed confidence in the White House following through on its “commitment” to veterans.

“In my brief tenure, I’ve been amazed at the attention the president has given to me as the secretary of the VA, and he’s focused really on three specific issues regarding veterans: homelessness, opioids and mental health. And, again, I go back to my first answer, they are all part of the continuum, and homelessness in many cases being a byproduct of problems with those other issues I just raised,” he said.

“I have absolute confidence in the commitment from the White House in addressing the issue and it’s an amazing study in America... it’s not a one-size-fits-all homelessness crisis. The issues in Alaska are very different from the issues in West Los Angeles, which are different from the issues here in New Orleans. As long as we understand those nuances, I think we can get a better handle on addressing the issues nationwide,” Wilkie added.

Carson said the Trump administration’s timeline to end veteran homelessness is “as soon as possible.”

“I don’t think I can be more specific than that, but we’re obviously very much concentrating on this. I have to say it’s been wonderful working with Secretary Wilkie and with some of the other agencies as we focus on this particular problem,” he said.

Despite the recent drop in the number of homeless veterans overall, Doherty said the population of homeless veterans is rising in larger cities like Los Angeles.

“It’s something we are certainly working on and paying a lot of attention to and providing assistance to those communities,” Dougherty said on the conference call. “But in the majority of communities, we’re seeing a decline in veteran homelessness.”

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1.4 - NBC News: [After pressure from Congress, VA reverses course and promises full benefits to veterans](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

After a day of pressure from members of Congress, the Department of Veterans Affairs reversed course on Thursday and announced that it would pay veterans the full amount of benefits they are due under the Forever GI Bill.

On Wednesday, NBC News reported that VA officials privately told congressional staffers that they would not retroactively pay veterans whose checks were less than they were owed because of VA’s ongoing computer problems.

Members of Congress from both parties sharply criticized VA for this potential policy during a hearing on Thursday, and late in the afternoon, VA Secretary Robert Wilkie issued a statement

saying that the student veterans would get their full monthly housing stipends in accordance with the Forever GI Bill.

“Although VA has encountered issues with implementing the Forever GI Bill on Congress’ timeline, we will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law,” Wilkie said in his statement.

In the hearing before the House Veterans Affairs Committee, Paul Lawrence, who oversees the Veterans Benefits Administration, was questioned by lawmakers on whether VA would retroactively pay veterans rates determined by the Forever GI Bill once the law is fully implemented in spring 2020.

Lawrence had said that going back to inspect potentially hundreds of thousands of education claims could be a “tremendous amount of activity for no gain.”

But Wilkie, his boss, later made it clear that position was changing.

VA has in some cases sent delayed or miscalculated GI Bill benefit payments over the past semester because of computer issues that came up when it tried to implement two sections of the Forever GI Bill involving housing calculations. The law, passed in July 2017, was supposed to take effect Aug. 1, 2018, but the VA announced Wednesday that it would delay the housing allowance changes until December 2019.

The agency said on Wednesday that it will not implement the Forever GI Bill’s housing allowance calculation until it has updated its computer systems, setting a deadline of Dec. 1, 2019. That is more than a year after the law came into effect.

Wilkie’s statement Thursday means VA will go back through its education claims prior to December 2019 to ensure that all veterans are paid correctly. The secretary also clarified that all GI Bill recipients who had been impacted by delayed or incorrect payments in the past academic year would have their housing benefits “based on Forever GI Bill rates.”

“To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole — retroactively if need be — for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates,” Wilkie said in his statement.

A House Committee of Veterans’ Affairs spokeswoman said in an emailed statement that the committee was pleased with Wilkie’s announcement.

“The Secretary’s new statement is unambiguous and we believe that VA has every intention to ensure that all student veterans are paid in full what they deserve in accordance with the law,” she said.

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1.5 - NBC News (Video): [Top VA official sharply criticized for not committing to paying veterans full benefits](#) (29 November, Phil McCausland, 12.7M uvm; New York, NY)

Paul Lawrence, who oversees the Veterans Benefits Administration, came under fire by members of Congress on Thursday over student veterans who will not be paid the correct amount under the Forever GI Bill.

Rep. Nancy Pelosi, D-Calif., who is likely to be the next speaker of the House, accused the VA of "gross negligence" and "a shameful lack of accountability" after NBC News reported Wednesday that the VA would not repay some student veterans who were paid less than they were due under the Forever GI Bill.

Lawrence defended his agency before Congress on Thursday and called the NBC report "misleading," saying that all veterans would be "made whole." However, he later confirmed in a hearing before the House Committee on Veterans Affairs that the agency did not intend to pay veterans based on the Forever GI Bill rates until spring 2020 — and expressed uncertainty whether it would be worthwhile to go back and pay students according to the law's rates.

The VA has in some cases sent delayed or miscalculated GI Bill benefit payments over the past semester because of computer issues that came up when it tried to implement two sections of the Forever GI Bill involving housing calculations. The law, passed in July 2017, was supposed to take effect Aug. 1, 2018, but the VA announced Wednesday that it would delay the housing allowance changes until December 2019.

Two congressional aides told NBC News that VA officials told them on a call with congressional staffers Wednesday that the agency had decided it would not retroactively repay veterans based on the Forever GI Bill's rates. A third committee aide confirmed on Thursday morning that VA officials said on the same call that some student veterans would not be repaid "in cases where a veteran should have gotten a higher housing payment due to the location of where they attended classes."

Lawrence referred to NBC News' previous reporting during his opening testimony and said "nothing could be further from the truth." He emphasized that student veterans from the past semester would be paid the correct amount by January.

"Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole retroactively if need be for their housing benefits for this academic year based on the current uncapped DoD rates," Lawrence said, referring to rates that are calculated differently than those under the Forever GI Bill, "and beginning in spring 2020 we will be in a position to provide veterans with new rates where applicable to meet the law known as the Forever GI Bill."

His testimony made clear that the agency would use rates for housing benefits that are calculated by the Department of Defense, rather than by the Forever GI Bill. Here's the difference: The Forever GI Bill requires that veterans get housing benefits based on the location of the campus they attend. VA is using the Defense Department's rates, which are based on the location of the college's main campus. In many cases, a school's main campus may be in a college town that has a lower cost of living than a school's satellite campus in a major city.

So a veteran attending that satellite campus in the major city would still be paid under "the current uncapped DoD rates" based on the main campus' location, which would likely be less than what the Forever GI Bill stipulates.

Members of the committee pressed Lawrence for additional details on whether students would receive retroactive payments in accordance with the Forever GI Bill's housing calculation between now and December 2019, when the VA expects to implement the new housing allowance.

Lawrence said the VA did not know what the difference in payments could be or how many student veterans would be affected.

"It's not clear what the differences will be, and that's what we have to figure out and work with your team to figure out," he told committee members. "Is all the processing going to end up with one person getting a check for a dollar? We don't know that yet. It's not our intention to harm veterans, but it's also our intention to process the GI Bill effectively and accurately going forward."

Multiple committee members expressed frustration at not gaining clarity on the retroactive payments that students would "be made whole" as calculated by the Forever GI Bill.

"It sounds to me like you're leaving yourself some flexibility as to whether to do that or not," said Rep. Scott Peters, D-Calif., more than an hour into the hearing. "Maybe you're assessing if it's worth the trouble to go back and follow the laws as is written, but we'd like to know if these people are going to be made whole by that formula, and I'm having trouble getting that answer out of you, it sounds like."

Lawrence said it was not his intention to be evasive, but that he did not want to "give you a blanket statement that requires a tremendous amount of activity for no gain."

As Lawrence reiterated multiple times during the hearing, it is unclear whether going back and "making students whole" under the Forever GI Bill would be worth the effort because they did not know how large or small the payment variations could be and how many veterans would be affected.

"There could be wide-scale variation and we have to go back for exactly the way you described," he said. "There could be no variation and going back would be energy that is better spent processing claims going forward. That's the unknown we have to figure out."

Rep. Phil Roe, R-Tenn., the chairman of the committee, asked Lawrence if the ongoing issues meant that Congress would need to amend the law as it stands, so that VA's decision to wait to implement the Forever GI Bill housing calculations in December 2019 would be legal.

"The law states what we must do on 1 August," Roe said, referring to when the Forever GI Bill was implemented. "Like you said, it's fairly clear what the law states. The question is are we going to follow the law? That's the question. And if we're not, then we have to change the law. It's got to be changed to a different time. Otherwise you're required by statute to go back and implement [the applicable sections] as stated in the law."

Lawrence said he was amenable to that, but emphasized that it could be "for potentially not much gain."

Before the hearing ended, Roe attempted to summarize the confusion about the current law.

"Basically what we did was, just for clarity, we stood up a system that didn't work and paid people what we had paid them in the past, and we don't know what we should have paid them," he said. "Am I correct? That's pretty much what we did because our IT system didn't work."

"Essentially correct," Lawrence said. "That's correct."

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1.6 - ABC News: ['Nothing could be further than the truth': VA officials contest report that underpaid veterans would not be reimbursed after August backlog](#) (29 November, Sonnet Swire, 12.6M uvm; New York, NY)

Since a massive backlog of claims in August, thousands of student veterans across the nation have criticized and demanded answers for incorrect or delayed GI Bill benefit payments, which the Department of Veterans Affairs has blamed on inadequate training and technology issues.

On Thursday, officials from the Department of Veteran Affairs sought to correct conflicting reports that said the government agency would not issue retroactive payments to veterans who were found to have been underpaid.

Paul Lawrence, VA Undersecretary of Benefits, said at the top of a Capitol Hill hearing that overpayments can be "disregarded," and underpayments would be adjusted. Those who were underpaid will "receive their checks in January," Lawrence told House lawmakers.

This announcement conflicts with an NBC report published Wednesday saying VA officials reportedly told congressional staffers in a conference call that, to avoid an audit, it would not reimburse those veterans who were paid less than what they were owed.

"They are essentially going to ignore the law and say that that change only goes forward from December 2019," an aide told NBC News.

Lawrence opened his statements addressing the report by saying, "nothing could be further from the truth."

"Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole -- retroactively if need be -- for their housing benefits for this academic year based on the current uncapped DoD rates, and, beginning in spring 2020, we will be in a position to provide veterans with the new rates where applicable to meet the law known as the Forever GI Bill.," Lawrence told lawmakers.

VA Secretary Robert Wilkie has since released a statement echoing Lawrence's sentiment.

An inspector general report came weeks after computer problems delayed GI Bill payments to thousands of veterans due to a change in calculating housing allowances under the Forever GI Bill, which President Trump signed into law last year. The department's computers were unable to process the change, leading to an enormous backlog of veterans' claims, according to NBC News.

The Forever GI Bill changed student housing allowances to reflect the ZIP codes where students attend the majority of their classes. This change was required to go into effect on Aug.

1, 2018, but the VA admits that its antiquated computer system was unable to simultaneously handle individual ZIP code changes and the influx of students registering for the fall semester.

Effective this Saturday, the Veterans Benefits Administration (VBA) will reset its system "to give the department the time, contracting support and resources necessary to develop the capability to process Spring 2020 enrollments in accordance with the law by December 1, 2019," the department said in a statement.

Officials said during the House Veterans' Affairs Subcommittee hearing on Thursday that the system reset will allow for a change in training practices that focuses on computer competency. This is in an effort to avoid future claims from being incorrectly processed or delayed again.

Chairman Rep. Michael Bost (IL-12) made a point in saying that the watchdog reports estimated approximately 23,000 veterans received a delayed benefit effective date due to this backlog. The IG report also estimated the VA owes approximately 70 million dollars in underpayments to veterans for this academic year.

According to VA spokesman Curt Cashour, the VBA's pending education claims inventory is back to normal after being three times higher than normal in early September.

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1.7 - The Tennessean (Video): [VA reverses course after VA official testifies ID'ing vets underpaid in Forever GI Bill benefits might burden](#) (29 November, Yihyun Jeong, 1M uvm; Nashville, TN)

After days of back-and-forth, the Department of Veterans Affairs has decided to fully reimburse veterans who may have been underpaid in delayed Forever GI Bill benefits

VA Secretary Robert Wilkie released a statement Thursday afternoon to "clear up any confusion." Every post-9/11 GI Bill beneficiary will be fully paid for their housing benefits this year based on Forever GI Bill rates, he said.

Wilkie said he made that clear to the chairmen of the Senate and House veterans committees — Sen. Jimmy Isakson, R-Georgia, and Tennessee's U.S. Rep. Phil Roe, R-Johnson City, respectively — and wanted to "reassure veterans and taxpayers that is indeed the case."

"Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," Wilkie said in his statement.

His decision comes after Paul Lawrence's testimony during a House Committee on Veterans' Affairs hearing and amid a day of back-and-forth from the VA over whether veterans would get fully reimbursed for the benefits.

Lawrence, the VA's undersecretary for benefits, tried to dispute an NBC News report which said congressional staff members were told short-changed veterans might not be fully repaid.

"Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole —retroactively if need be — for their housing benefits for this academic year based on the current uncapped (Department of Defense) rates, and beginning in spring 2020, we will be in a position to provide veterans with the new rates where applicable to meet the law known as the Forever GI Bill," Lawrence told lawmakers.

But Lawrence later admitted that the agency does not plan to follow the current law to pay back veterans who were possibly short-changed, after he was pressed by Roe, who heads the committee.

The VA announced Wednesday that students are currently being paid housing allowances in accordance with the Department of Defense's previous Basic Housing Allowance. The rates to comply with the new GI Bill won't be in effect until December 2019 for the following spring semester.

Roe pointed out that the law was set to take effect in August 2018. There could be discrepancies in what students are getting paid under Defense Department rates compared to what they would've been paid under the Forever GI Bill, he said.

Lawrence said it is "not clear" what the difference will be after the law's implementation.

The work to review those cases and iron out those discrepancies could cause undue burden on schools and the VA, according to Lawrence.

"What should we spend an extra hour on: processing things that yield veterans nothing, putting at risk the spring 2020 semester, or saying this doesn't yield much and we're going to move forward?" he told lawmakers.

"But if we follow the law as is, then you've got to go back and look," Roe said. "It creates a lot of work, I realize that. We got to make sure that those students that started classes in the fall semester are going to be made whole ... as stated in the law in 2018."

"We will seek to work with you and your staff to better understand whether that is in the interest of veterans given all the work (Roe) described and the potential low benefits of doing that quite frankly," Lawrence said.

He said the VA will come back to the committee to possibly ask for a legislative change to the law's effective date to December 2019.

"We want to make sure that those veterans get what they earned and what the law states," Roe said, adding that he wants to work with the VA to see how many veterans were underpaid.

Forever GI Bill problems bring changes at VA

The hearing comes weeks after technology glitches delayed GI Bill payments to hundreds of thousands of veterans across the country, after a change in calculating housing allowances under the Forever GI Bill signed by President Donald Trump last year.

In Tennessee, officials estimated that nearly 9,000 veteran and military-affiliated students were impacted. Many reported they were forced into desperate financial situations.

The issues resulted in the reassignment this month of Robert Worley, the executive director of the VA's educational services. It also led to the VA's announcement on Wednesday that it would delay the housing changes until December 2019, while promising that retroactive payments would be made to those who didn't receive the full amount they were owed.

VA spokesman Curt Cashour said in many cases, veterans currently being paid housing allowances in accordance with the DoD, are being paid a rate "equal or higher" than their current payment. But, if a student was overpaid due to the changes, the student will not be held liable for the debt.

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1.8 - Stars and Stripes: [Confusion reigns over retroactive payments for underpaid GI Bill recipients](#) (29 November, Nikki Wentling, 532k uvm; Washington, DC)

The Department of Veterans Affairs has no plans to retroactively pay student veterans who might get lower monthly housing stipends than they are legally entitled to receive during the next year.

The incorrect payments that will be made during the next year are a result of setbacks in implementing a new "Forever" GI Bill – a major expansion of veterans' education benefits that Congress passed last year.

Part of the new GI Bill changed how veterans' housing allowances are calculated – they're now supposed to be based on where veterans take classes, rather than defaulting to their school's main campus. The change was supposed to be made by Aug. 1, 2018, but information technology problems have now set back implementation to Dec. 1, 2019.

The affected veterans should be getting paid larger housing stipends because their location has a higher cost of living than where their school is based. For example, a student attending a University of Pennsylvania campus in San Francisco will receive a Philadelphia rate for their housing allowances during the next year rather than the San Francisco rate, which would be much higher.

It's unknown how many veterans are in that situation and how much money they would be owed. A VA official said Thursday that the agency would determine those numbers and see whether it's worth processing retroactive payments for them.

"We will have to assess the burden on schools," said VA Undersecretary of Benefits Paul Lawrence. "We will have to assess the burden on [the Veterans Benefits Administration] and figure out the benefit for the folks we're describing. It's not clear what the difference will be."

The VA announced the new Dec. 1, 2019 deadline Wednesday, igniting confusion among veterans groups and lawmakers about whether students would eventually receive retroactive payments back to Aug. 1, 2018. The VA issued contradictory statements to news media, veterans groups and staff members of the House Committee on Veterans' Affairs.

Lawrence conceded Thursday at a subcommittee hearing of the House Committee on Veterans' Affairs that the agency had no plans to retroactively pay that group of veterans. He acknowledged it only after the question had been asked repeatedly by multiple lawmakers.

At the same time Lawrence was testifying, the VA distributed a news release with the misleading title, “Every Single Veteran Will Be Made Whole.”

When Lawrence was initially asked at the hearing about whether the VA plans to pay students who were underpaid, he evaded discussing veterans who, under the new GI Bill, should be getting larger stipends based on their location. Instead, he focused on veterans who the VA does plan to pay retroactively.

Because of the IT problems this semester, the VA reverted to paying students their housing allowances based on 2017 rates that didn’t account for cost-of-living increases in 2018. Veterans who received less money than they should have been paid because of it will get a retroactive payment for the amount they are owed, Lawrence said. The agency plans to send those payments out to students sometime in January.

When Lawrence said, “Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole,” he meant those students who received lower housing allowances in fall 2018 because the VA used the 2017 rate.

His lack of response about veterans affected by the setback on the new housing calculation prompted frustration from lawmakers and staff on the House VA committee.

“I’m having trouble getting that answer out of you,” said Rep. Scott Peters, D-Calif.

Lawrence responded: “It’s not my intention to be evasive.”

He finally described the VA’s plans for those students while under questioning from Rep. Phil Roe, R-Tenn., the chairman of the House VA committee, who pressed him for details.

“Are we going to look back and follow the law and pay them?” Roe asked. “I know it’s a lot of work and it’s complicated, but I want to make sure we get it straight here today.”

After Lawrence admitted the VA had no plans in place to do so, he pledged to work with the committee to see whether making the retroactive payments is “in the best interest of student veterans.” He told lawmakers it would add to the VA’s workload.

“It’s not our intent to harm veterans,” Lawrence said. “We also have to think about the broad veteran population and determine whether it yields any benefits, or just work.”

Lawrence and Roe discussed the possibility of the VA presenting a legislative proposal to Congress that would move the enactment date to Dec. 1, 2019, for the housing calculation change – meaning the agency wouldn’t be indebted to students affected by the delay.

Some lawmakers criticized the VA for deciding not to retroactively pay some students without gaining approval from Congress.

“If you’re unable to meet the statutory requirements, you need to come before the Congress of the United States to have those altered,” said Rep. Mike Coffman, R-Colo. “You can’t simply change the law yourself if you’re unable to meet your obligations.”

As the House VA committee and its staff struggled to understand the VA's position Thursday morning, a committee aide said it likely also created confusion among the student veteran population who didn't understand what they would – and would not – be paid retroactively.

"My fear is student vets out there will read about these things on Facebook or somewhere and not know what's right," the aide said, speaking on the condition of anonymity. "That's not fair to them."

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1.9 - Military Times: [Congress blasts VA on GI Bill: 'You can't simply change the law'](#) (29 November, Natalie Gross, 471k uvm; Springfield, VA)

Editor's Note: This story has been updated.

Lawmakers at a Capitol Hill hearing Thursday questioned whether the Veterans Affairs Department has the authority to change a major deadline for implementing a portion of the Forever GI Bill — and seemingly act as if the original one, mandated by law, never existed.

The questions from House lawmakers came one day after VA Sec. Robert Wilkie announced the department will hold off on implementing changes to housing stipend payments until Dec. 1, 2019. These changes to how the stipends are calculated were supposed to go into effect Aug. 1 of this year, a deadline the VA was unable to meet because of IT challenges.

And while VA leaders plan to correct students' payments from this fall by paying a retroactive cost-of-living increase come January, VA spokesman Curt Cashour confirmed to Military Times that the agency is not planning go back and pay students for another required change, related to a student's physical location, once the IT systems are finally up and running.

But in an apparent contradiction, the VA posted a statement from Wilkie to its website at 4:16 p.m. Thursday, after this story was originally published, stating that it does plan to make "each and every post-9/11 GI Bill beneficiary ... 100 percent whole — retroactively if need be — for their housing benefits for this academic year."

Should the VA fail to do so, it would be going back on a promise VA officials had previously made to Congress. The agency's own website states that "VA will correct any discrepancy between what a student was paid and what he or she should be paid once the technology fixes are in place."

In an exchange with VA Undersecretary for Benefits Paul Lawrence, Rep. Mike Coffman, R-Colo., said, "You can't simply change the law yourself if you're unable to meet the obligations that your department agreed to and the Congress of the United States mandated by law and the president of the United States signed."

An aide for the House Committee on Veterans' Affairs told Military Times Wednesday the committee is seeking legal justification from the VA and is awaiting the agency's response.

The provision of the law in question has to do with the location on which housing stipends are based. The Forever GI Bill law requires that — as of Aug. 1, 2018 — students taking in-person classes be paid based on the campus where they attend the majority of their classes. Currently,

housing stipends are based on a school's main campus, which is sometimes far from — and may have a very different cost of living than — where the student is living and taking classes.

This change required significant technology updates for the VA, which is resetting “implementation of the law for the next year to ensure we get the technology and formula right to put veterans first,” according to a news release. The push should also free up resources to ensure upcoming spring payments to GI Bill users are more timely after reports of mass delays this fall.

Lawmakers and others have been sympathetic to the VA's IT woes. Yet questions remain as to whether the VA can decide not to retroactively honor the difference for students who primarily attend branch campuses or other locations.

Lawrence said it's unclear how many of the roughly 450,000 students using the GI Bill would be affected by this change in the law and what the difference in payments would be, should the VA calculate them retroactively next year. And while he mentioned a significant burden for schools that would have to recertify students' enrollments dating back to August, he did express a willingness to work with lawmakers, schools and others to come up with a final solution.

Veterans education advocates who commented on the deadline change said they understand the need for the 12-month delay but still believe the VA should pay students under the law's current rules when they can.

“Shifting the implementation deadline a year isn't a free pass for the VA to arbitrarily pay student veterans less than they are due simply because it was unable to correct internal problems in time,” said VFW National Commander B.J. Lawrence. “I appreciated hearing the VBA undersecretary in testimony this morning address the need to make student veterans whole, and I pledge that the VFW will continue to push for the proper implementation of the Forever GI Bill so that all student veterans receive the prompt and full benefits they earned and deserve.”

Going forward, until the Forever GI Bill rules are implemented, students will receive what they would have been paid for housing all along, had the August deadline not been a factor. This means students will receive payments approximately equivalent to 1 percent higher than what the Defense Department pays E-5s with dependents. Any students who have been overpaid will not be held liable, the VA has said.

The VA's Paul Lawrence said it's unlikely students who don't attend classes on a main campus will feel ripped off because not even the VA knows what they would've been getting had the IT updates worked as they should. They will be paid under the same process as previous years.

Yet members of Congress maintained the law must be followed.

“The law states what we must do on 1 August,” said Rep. Phil Roe, R-Tenn., who heads the House Committee on Veterans' Affairs. “The question is are we going to follow the law? That's the question. If we're not, then we've got to change the law.”

Roe said he would seek more clarity from the VA off-mike.

“We will seek to work with you and your staff to understand whether that's in the best interest of veterans,” Lawrence told the committee. “It's not our intention to harm veterans.”

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1.10 - Stars and Stripes (Military Update): ['Blue Water Navy' bill sinking in Senate despite late-hour talks](#) (29 November, Tom Philpott, 532k uvm; Washington, DC)

As many as 90,000 ailing “Blue Water Navy” veterans are likely to have to wait for a new Congress to see legislation passed that would make them eligible for Agent Orange-related disability compensation and VA-paid health care.

Sens. Johnny Isakson, R-Ga., chairman of the Senate Veterans’ Affairs Committee, and Jon Tester, of Montana, its ranking Democrat, negotiated this week with veteran service organizations, seeking to amend the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in ways that would satisfy both veteran groups and Republican senators threatening to block a vote on the bill.

The negotiations exposed a deepening desire among Senate Republicans to impose tighter controls on creating presumptions of service connection between certain exposures, including herbicides sprayed in the Vietnam War, and diseases of veterans involved in past or future wars. Battle lines are forming over whether Congress and past Department of Veterans Affairs secretaries have gone too far in building lists of conditions that VA presumes are linked to toxins, burn pits and battlefield environments.

The high-water mark for veteran advocates might have been reached in June when the House passed a Blue Water Navy bill unanimously. By August, a new VA secretary, Robert Wilkie, reversed that momentum, directing deputies to strongly oppose extension of Agent Orange-related benefits to sailors and Marines who patrolled territorial waters off Vietnam but didn’t come ashore or operate in “brown water” nearer to sprayed foliage or runoff from dioxin-laced herbicides.

Wilkie wrote to Isakson in early September that the science doesn’t support extending benefits to Blue Water Navy veterans, given that exposure levels are undetermined and the potency of dioxins sprayed over land likely was diluted so as not to affect personnel at sea. He also complained that passage of HR 299 would slow efforts to end a backlog of VA compensation claim appeals, and that the House bill would cover the cost of new benefits in part by raising VA home loan fees, including, for the first time, imposing fees on disabled veterans, those who seek to buy higher priced homes using VA-backed jumbo mortgages.

At a late September hearing with Wilkie, Isakson insisted to colleagues that Wilkie had agreed to work with his committee on a compromise Blue Water bill. Wilkie, however, didn’t affirm such cooperation that day or since.

With a lame-duck Congress set to adjourn by mid-December, Isakson advised veteran groups he doesn’t have time to build a routine business case for a revised bill with a committee hearing and floor debate. Instead he hoped for a quick deal on a few amendments so the Senate could approve the bill by unanimous consent.

Rep. Phil Roe, R-Tenn., chairman of the House Veterans’ Affairs Committee, told me Tuesday he was standing by to get a revised bill back from the Senate that veteran groups endorsed and the House could pass again for Blue Water veterans. But an eight-day window to get all of that done was closing fast, Roe warned.

Meanwhile at least three Republican senators — Mike Enzi, of Wyoming; Rand Paul, of Kentucky; and Mike Lee, of Utah — were said to have put holds the Blue Water bill that would block a swift year-end Senate vote. We learned their names hours before deadline and asked the senators' offices to confirm their opposition.

Only Lee's office responded immediately, saying he "did object to passing the bill by unanimous consent. Other senators also have concerns. Senator Lee wants to wait for a forthcoming study on the extent of Agent Orange exposure," which Wilkie promised to deliver in 2019, "before this bill is voted on."

Isakson continued his fight for a late-hour compromise. He did so by embracing an informal but controversial proposal from first-term senator and physician Bill Cassidy, R-La. Cassidy supports the Blue Water legislation but to attract support from more colleagues, he proposes the bill change current law to require a stronger scientific association between toxins and lists of medical conditions that VA presumes are caused by exposure.

Cassidy and Isakson asked executive directors of the four largest veteran service organizations — The American Legion, Veterans of Foreign Wars, Disabled American Veterans and Paralyzed Veterans of America — to back an amendment that would require that the science show a "sufficient" association between a toxin and a disease before a VA secretary can add it to a presumptive ailment list.

Under current law, a VA secretary can add an ailment to VA's presumptive list if the National Academy of Medicine confirms either a "limited or suggestive" association between exposure and disease or a "sufficient" association.

The Cassidy proposal would discard the limited or suggestive category but protect veterans who gained benefits due to past VA secretaries using the lower association to build presumptive lists. The change would make it more difficult to add diseases to current presumptive lists. Also, veterans who file disability claims after the proposal becomes law could see their claims denied for conditions that VA previously granted a service-connection almost automatically.

Indeed, a majority of conditions on the current Agent Orange presumptive list were based on limited or suggestive association to herbicide exposure. These include: type-2 diabetes; laryngeal cancer; cancer of the lung, bronchus or trachea; prostate cancer; multiple myeloma; AL amyloidosis; early-onset peripheral neuropathy; Parkinson's disease; porphyria cutanea tarda; ischemic heart disease; and stroke. VA continues to study whether to add Parkinson-like syndromes, hypothyroidism and bladder cancer using limited or suggestive evidence.

If the Cassidy proposal were to become law, Vietnam veterans newly diagnosed with these ailments after enactment would not qualify automatically for disability compensation and health care. A more thorough review process would be needed to establish service connection.

Veteran groups this week rejected that proposal. Cassidy and Isakson countered by adding a "sunrise" feature. That is, Congress would pass the Blue Water bill and adopt the stiffer presumptive standard but delay its enforcement for two years. This would allow Congress and veteran groups time to negotiate a more acceptable path for strengthening the science behind presumptive conditions.

Vet groups made a counter proposal: Pass the Blue Water Navy bill and veteran groups would promise to engage in a presumptive decision-making debate with concerned lawmakers in 2019. The bill also would amend the plan to pay for Blue Water benefits, accepting Isakson's idea to continue to protect all disabled veterans from VA home loans fees but extend the period when higher fees are imposed on other VA home loan users by two years. That's where negotiations stood by Thursday, and with at least one senator still prepared to block a vote.

In a related development, the National Academy of Medicine released a new Agent Orange report in November that upgrades to "sufficient" the strength of association between hypertension (high blood pressure) and herbicide exposure. This upgrade from limited or suggestive association seems to strengthen the possibility that hypertension will be added to the Agent Orange presumptive list — even if something like the Cassidy proposal were to become law and remove many more ailments from the presumptive list for future claimants.

However, even a revised Agent Orange law would not mandate that a VA secretary adopt every National Academy recommendation. Hypertension is so prevalent among older Americans that every VA secretary since 2010 has declined to add it the Agent Orange presumptive list even though the strength of association to herbicide exposure matched that of less common ailments on the list.

If, as expected, the Blue Water Navy bill sinks in the Senate this week, Republicans are likely to keep its fate in the next Congress tied to their desire to strengthen the science behind presumptions of service-connected exposures.

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2. Improving Customer Service

2.1 - U.S. News & World Report (AP): Ex-VA Patient's Positive TB Test Prompts NC Center Testing (29 November, 14M uvm; Washington, DC)

FAYETTEVILLE, N.C. (AP) — Patients and staff at a Veterans Affairs center in North Carolina are being tested for tuberculosis after a former patient tested positive.

The Fayetteville Observer reports that the Fayetteville VA Medical Center's interim director, Carl Bazemore, sent a memo to staff members earlier this month saying the patient who tested positive was in the center's care from May 8 through Oct. 5.

Fayetteville VA spokesman Jeffrey Melvin says it's hard to tell when the patient contracted tuberculosis. Melvin says it's unknown whether anyone tested positive as of Wednesday.

Individual notices have been issued to 172 potentially exposed employees and 238 veterans.

Bazemore says the patient's initial TB test was negative and the bacteria count was low, meaning the potential for spreading the disease is minimal.

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2.2 - U.S. News & World Report (AP): [Spokane VA Hospital Delays 24-Hour Urgent Care](#) (29 November, 14M uvm; Washington, DC)

SPOKANE, WASH. (AP) — The head of Spokane's VA hospital says the promise of 24-hour urgent care will be pushed back a year.

Dr. Robert Fischer says he wants to use all of 2019 to review the hospital's operations in order to recruit doctors, better manage and place resources where they are needed to support the planned 24-hour operations at the urgent care.

The Spokesman-Review says the urgent care currently operates 12 hours a day.

Spokane's VA hospital ended its 24-hour emergency room in 2014, and elected officials have been pushing since then to replace that service. The hospital serves about 32,000 veterans a year with a budget of \$250 million for fiscal year 2019.

U.S. Rep. Cathy McMorris Rodgers, R-Spokane, says she is disappointed by the delay.

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2.3 - AARP: [Volunteers Can Make a Big Difference for Veterans](#) (28 November, David Frank, 4.1M uvm; Washington, DC)

David Edwards recalls how volunteering with veterans changed his late father's life at a challenging time.

His dad — James Edwards, who died in 2009 — seemed happy enough during the first year following his retirement, the son recalls. His father played golf in the summer and did woodworking in the winter. But soon, it became clear that something was missing from his dad's life. So Edwards, who is chief of public and community relations for the U.S. Department of Veterans Affairs (VA) Maryland Health Care System, suggested that his father — a World War II Navy vet who helped land troops on D-Day — consider volunteering at the same VA medical facility in Maryland where he had once been a patient. His father was apprehensive about returning to a place that held painful memories for him, but Edwards urged him to give it a try.

"I told him, 'You benefited, why not be on the other side helping?' " Edwards says. "Once he got in there, he loved it. He flourished. It changed his whole demeanor. It uplifted him."

His dad, who was in his early 60s when he started volunteering, enjoyed spending time with older veterans at the Perry Point VA Medical Center so much that going there became part of his routine, and he did it for more than a decade, Edwards says.

Such powerful emotional connections are common among people who volunteer to work with veterans. Volunteers and the organizations that recruit them say there is something particularly moving about helping in tangible ways, however small, to make life easier for people who have sacrificed so much serving their nation. Because struggling veterans across the country have so many different types of needs, there are numerous opportunities for Americans in virtually every community to give back, experts say.

In VA facilities across the country, "every day is Veterans Day," Edwards says.

VA Health Care Facilities

The first place most people turn when they decide to volunteer with veterans is the VA Voluntary Service (VAVS), which connects volunteers with opportunities at VA health facilities across the country. In the past year, more than 63,000 people worked in specific roles as VA volunteers at hospitals, community-based clinics, nursing homes and hospices. VA volunteers also work at cemeteries and help by telecommuting for assignments such as assisting with graphics and writing for VA publications, says Sabrina Clark, director of VAVS.

One of the VA's priorities is to match volunteers with meaningful opportunities that suit both the skills they have to offer and the needs of the veterans they hope to serve.

"The most important thing to VA is that volunteers put their interests, skills, time and talents to use in ways that benefit veterans," says Clark.

The work that volunteers do at and through VA facilities can range widely, from answering phones and working on hospital computers to more unusual assignments such as playing guitar and teaching rock climbing. One of the most pressing needs VA facilities have is for drivers to take veterans to and from medical appointments. Other common roles are working at the information desk, scheduling appointments for veterans, escorting patients to blood tests or other appointments, visiting patients in hospice care, and greeting new patients and showing them around the facility.

Even activities that might sound routine like delivering care packages or holiday cards to veterans at a VA hospital can be moving, says Wendy Griffin, who volunteers one day a week at the Salt Lake City VA Medical Center. In addition to recruiting and assigning volunteers and working on the facility's database, Griffin — who suffered a spinal injury in an accident while serving with the Air Force in Honduras — also helps out delivering packages and cards. The care packages include items such as snacks, calendars and handmade crocheted or quilted blankets.

"I handed one to a veteran and said, 'Happy holidays, these are a gift for you,' and he cried. He didn't have any family there," she said. "It makes you feel really good inside to know that you've touched another life."

Griffin says one of the most valuable things volunteers offer to some veterans is human contact.

"Sometimes it's nice just to say hello to them because that's what they're searching for. You are the only person that's come in to say 'Hi' to them," she says.

In fact, some volunteers even offer to fill that need for a connection during the most pivotal moments. The program No Veteran Dies Alone, for example, sends volunteers to be with patients in their final days if they don't have friends or relatives who can be present.

Among the other more specialized programs that welcome volunteers at VA facilities are recreation therapy programs. At the Salt Lake City VA Medical Center, Griffin says, volunteers have been involved in recreation therapy programs where they take vets rock climbing, kayaking, canoeing and biking. Such programs can be particularly helpful to wounded vets, including amputees, she said. For example, amputees who don't have legs can hand-cycle with their arms.

In one case, she said, volunteers helped teach a Vietnam-era vet who couldn't use one arm and one leg how to do archery using his teeth.

Other volunteers with expertise in diving, she says, have taken younger vets on trips to the beach in California or a lake in Utah to teach them how to dive.

"A lot of people with PTSD find it [diving] relaxing," she says. "What I like about the VA Voluntary Service is that it takes whatever your abilities are and helps you use your abilities to help other people's abilities."

The same philosophy applies at the Maryland VA, Edwards says. If a volunteer mentions that she plays guitar, she'll probably be directed to work with a music therapy group, he says. Or an artist can do art therapy for inpatients or outpatients.

Volunteers also can provide relief for caregivers. "Since we serve an aging population, we serve vets receiving care through home-based primary care programs. We recruit volunteers to give caregivers a break — for lunch, shopping, a movie." This can be very rewarding, he says, for both the veteran and the volunteer.

Most volunteering roles require no special expertise. Charles Althoff, 77, drives more than 20 miles every Tuesday to the Baltimore VA Medical Center, where he spends five or six hours transporting patients within the hospital via wheelchair or stretcher between their rooms and wherever they need to go for radiology exams, physical therapy or other appointments.

Althoff says patients often ask where he is taking them, and if they seem nervous he tries to calm them. The best part, he says, is the camaraderie and friendship he experiences working with veterans and other volunteers.

"It gives me a feeling of being needed," he says. "I get thank-yous from patients, staff and doctors. That's all I need."

If you are interested in volunteering with the VAVS, you can contact them online at www.volunteer.va.gov. Click on "Volunteer or Donate Now" in the drop-down menu, and that will take you to a state and facility where you can volunteer. You provide contact information, indicate any specific interests and your availability, and someone from the facility gets in touch with you.

Another way to find volunteer opportunities is to call the local VA Medical Center and ask for the voluntary service office. If you don't know where your local facility is, you can call 202-461-7300 and the VA will assist you.

Nonprofit Organizations

You can also find volunteer opportunities by contacting nonprofit groups that help veterans. About half of the volunteers who work at VA facilities are directed there by veterans service organizations and other community and faith-based groups that collaborate with the VAVS, the VA says. In addition to helping at VA facilities, these organizations often organize their own activities and events to help veterans, and they welcome volunteers.

The Disabled American Veterans (DAV) organization, for example, launched an online tool in February 2018 that allows volunteers to enter their zip code and see what sort of tasks nearby

vets need help with, such as mowing grass, grocery shopping, cleaning gutters and even changing light bulbs.

“It just requires someone with a healthy back and a willingness to give,” says John Kleindienst, national voluntary services director at DAV.

The DAV also operates a transportation network that connects volunteer drivers with veterans who need transportation to and from medical appointments. The organization provides 615,000 rides a year, says Kleindienst, but that is a significant drop from the past because they don’t have enough drivers. “A lot of vets don’t get access to care because they can’t get a ride,” he says.

Driving vets can make a big difference for volunteers as well as for vets, he says, especially when a volunteer regularly takes the same patient back and forth.

“It establishes a wonderful friendship — an ongoing and lasting relationship,” he says.

The American Legion, which has nearly 13,000 posts across the country, is another organization that welcomes help from volunteers for numerous activities on behalf of service members and veterans. Its Family Support Network helps families with tasks such as grocery shopping, lawn mowing and home repairs when service members are away or in need. To take part, contact your local American Legion post or email familysupport@legion.org.

John Raughter, deputy director of media relations for the American Legion, says another way that volunteers can help is by welcoming home troops when they return from deployments. Those events happen at airports, National Guard armories, American Legion posts, parks and schools, he says.

Sunny Farrand, a 74-year-old volunteer in San Diego, has worked with the American Legion for more than a dozen years. He has been involved in many different activities to help vets, from setting up barbecues for wounded warriors at Balboa Naval Hospital to raising money for all-terrain wheelchairs for vets.

Farrand, who was homeless for about six months in the mid-1990s, says he finds particular satisfaction helping come up with solutions to problems for veterans who might otherwise fall through the cracks.

In one case, he says, he helped arrange assistance for a vet wounded by an explosive device in Iraq who returned home after spending 18 months being treated at Walter Reed Hospital in Bethesda, Md., only to discover that his basement was flooded and the damage was so severe that the house was at risk of being condemned.

Farrand was able to get a donation of about \$8,000 from the Semper Fi Fund to pay to pump out the veteran’s basement and install new drains. The vet, who was confined to a wheelchair, had suffered a traumatic brain injury and lost his left leg and part of his right hand. When the people fixing his basement noticed he had a Purple Heart on his license plate, they also decided to help out by redoing the vet’s landscaping, Farrand says.

Being able to find help to solve such problems feels great, he says.

"It's about being able to give them a life after they fought for our country and go through hell," he says. "When you make a young man cry because you helped him and his family and [you] get that hug, that's better than any award."

Another national veterans service organization deeply engaged with volunteers is the Veterans of Foreign Wars (VFW). Through the VFW, more than 6,000 individuals volunteer on a regular basis at over 150 VA health care facilities.

One way to connect with other organizations such as these that serve veterans is to contact them directly. A list of more of these groups can be found on the website of the VAVS National Advisory Committee.

You can also find opportunities to help veterans through Create the Good, AARP's network for connecting people with volunteer opportunities.

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2.4 - ABC News: [Study toxic exposure, vaccines in 9/11 and Gulf War Veterans, Scientists say](#) (29 November, Beatrice Peterson, 3.7M uvm; New York, NY)

In a newly released report, scientists have called on Congress and the Department of Veterans Affairs to fund a new program aimed at studying the generational health effects among veterans of the Gulf and post-9/11 wars.

The report from the National Academies of Sciences, Engineering, and Medicine comes less than two weeks after the same group called on the VA to look at generational exposure to dioxin -- a component of Agent Orange.

In 1998, Congress directed the Department of Veterans affairs to work along with the National Academies to look into any associations of health effects caused by toxic exposure, preventive medicines and mandatory vaccines, burn pits, oil-well fires, dust, and several other environmental and war hazards.

This new report called on the VA and Congress to create a new "health monitoring and research program" (HMRP) to specifically monitor the health of veterans, their partners, and their children and grandchildren. The HMRP also would examine veterans and their children and grandchildren over an extended period of time to look into possible "health outcomes of concern" and reproductive outcomes.

In an statement to ABC News, the VA said they are "in the process of evaluating the study [and] appreciates the work of the National Academies of Sciences, Engineering and Medicine."

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2.5 - Military.com: [Pass Blue Water Navy Legislation This Year](#) (29 November, Garry Augustine, 2M uvm; San Francisco, CA)

Garry Augustine, a disabled Vietnam veteran, is executive director of the Disabled American Veterans' Washington headquarters.

Before members of Congress pack up and head home for the holidays, there is one critical piece of stalled legislation they could pass now to right an overdue wrong for tens of thousands of veterans made ill due to their shipboard service during Vietnam.

Blue Water Navy veterans (those who served off the shores of Vietnam) continue to suffer and die from illnesses that have already been legally and scientifically linked to Agent Orange exposure, but the Department of Veterans Affairs has consistently denied them service-connection -- and therefore the applicable benefits and health care -- for those conditions.

For years, these veterans were considered eligible for the same benefits provided to those who had boots on the ground, but the VA made an incorrect decision and began to exclude these individuals as early as 1997. The Blue Water Navy Vietnam Veterans Act of 2017 would correct this injustice for the nearly 90,000 veterans impacted. But while the bill passed unanimously in the House in June, it has since languished in the Senate and the fate of the legislation hangs in the balance.

These veterans are keenly aware of the ticking clock. Now, they face the possibility of yet another year being denied access to the care and benefits they need to address their service-connected disabilities. Time is not on their side, but Congress can be if lawmakers choose to act now by supporting this legislation and holding a Senate vote before year's end.

With just days remaining, Congress is closer than it has been in a decade to closing the deal on this legislation, and it would be a major win for Blue Water Navy veterans, many of whom have spent years battling the debilitating diseases associated with exposure to Agent Orange.

Passing this bill and granting presumption of service-connection will help protect the lives and livelihood of these individuals who stood in harm's way so many decades ago. But it's also validation that their service -- and moreover, their sacrifice -- is recognized, valued and respected by the nation's leaders in Washington, something particularly important to a generation of veterans who did not receive a hero's welcome returning home from service in Vietnam.

We ask Congress to give Blue Water Navy veterans something monumental to celebrate this holiday season -- hard-fought, long-overdue acknowledgment of the ailments suffered due to service to our nation. This legislation represents hope for veterans and their families at a time when time is running short. It's the right thing to do, and the time to do it is now.

-- The opinions expressed in this op-ed are those of the author and do not necessarily reflect the views of Military.com. If you would like to submit your own commentary, please send your article to opinions@military.com for consideration.

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2.6 - WMAQ (NBC-5): [Work Orders Reveal Rodents in White House, Chilly Temps at VA Headquarters](#) (29 November, Scott MacFarlane, 483k uvm; Chicago, IL)

Reports of rodents in the West Wing, frigid temperatures at the Department of Veterans Affairs and a bathroom mishap by a Cabinet secretary have prompted repair requests in Washington, D.C. federal buildings in the past two years.

The News4 I-Team obtained internal emails and logs of repair needs and maintenance orders at the White House, U.S. Department of Veterans Affairs headquarters and Environmental Protection Agency headquarters.

The logs received under the Freedom of Information Act show some of the problems and mishaps inside the aging federal buildings where tens of thousands of federal employees work. They also show the enormity of tasks assigned to federal work crews overseen by the U.S. General Services Administration (GSA), which manages federal buildings.

Emails shared between GSA workers and administrators assigned to the White House detail ongoing efforts to combat rodents and mice from spreading inside the West Wing. The emails show work orders for roach removal in ground level room 74. While trying to determine the scope of the problem, one agency employee wrote to another, "In past the West Wing has had a sewer smell" (sic).

A GSA spokeswoman defended the agency's work at the VA and EPA headquarters.

"GSA manages nearly 100 million rentable square feet in the National Capital Region. As with any property manager, each of these buildings have day-to-day needs that require addressing. These reports appear to be individual instances of building maintenance issues," the spokeswoman said.

A 2017 report by the News4 I-Team revealed prior pest infestations in the West Wing. The I-Team report also showed dozens of White House employee requests for new furniture and items after the inauguration of President Donald Trump, including a new Oval Office bathroom toilet seat and DirecTV equipment for Vice President Mike Pence.

New work orders logged by the GSA for the Department of Veterans Affairs headquarters show more than 3,300 projects in 2017. The aging VA office complex on Vermont Avenue, blocks from the White House, is cold in the fall and winter, the logs say. Some of the work orders cite "extremely cold" temperatures on the first floor and basement levels. The work orders also show worker complaints about temperatures, power outages and water leaks at the VA's in-house Starbucks location.

In a separate order, work crews were called to help retrieve a lapel pin dropped into the drain of a private bathroom by the VA secretary.

Work orders submitted by employees and administrators at the Environmental Protection Agency's headquarters show crews were called to check reports of mold in air conditioning units and to repair restroom doors and toilet seats.

In one order, workers were warned that pushpins were being used to hold up baseboards. The EPA complex has east and west buildings, where thousands of people work.

The work orders highlight the size of the GSA's portfolio of responsibilities.

"It's an enormous job. GSA is assigned to manage that job," said former GSA Inspector General Brian Miller, whose office formally monitored the agency's performance. "GSA hires contractors and subcontractors for the [maintenance] work. Then the agency must watch over the contractors."

Miller and another former GSA official said White House work orders are tricky to handle because the complex is a historic site. Even the paint and the wallpaper in the White House must be handled with special care.

Due to the high volume of maintenance requests placed in the White House, the GSA has staff members on site next door at the Eisenhower Executive Office Building.

"They are old buildings," Miller said. "Any of us who have old houses know old houses need a lot of work."

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2.7 - MedPage Today: [NASEM Outlines Research Needs in Tracking Wars' Effects on Veterans' Offspring](#) (29 November, Shannon Firth, 307k uvm; New York, NY)

WASHINGTON -- From oil-well fire smoke to infectious diseases and toxic chemicals, veterans of the Gulf War and the post-9/11 conflicts in Iraq and Afghanistan were exposed to a range of hazardous elements and situations during deployment. Scientists believe that such exposures may affect not only the veterans themselves, but potentially their children and grandchildren.

A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) released on Wednesday examined the potential reproductive, developmental, and teratogenic effects of such exposures among veterans deployed during these conflicts.

Perhaps even more importantly, authors of the report established a blueprint for stakeholders interested in assessing and monitoring the wars' health effects on veterans, their spouses, their children, and their grandchildren in the future

"A big part of the problem that we have with veterans and health is that we always look at the problem retrospectively," Kenneth Ramos, MD, PhD, PharmB, of the University of Arizona Health Sciences in Tucson, and chair of the committee that authored the report, told MedPage Today in a phone interview.

"If I'm only going to look at a problem in the grandchild of a veteran that was deployed 50 years before, what kind of intervention am I going to put in place that's going to make a difference?" he asked.

To address this challenge, the NASEM committee designed the Health Monitoring and Research Program (HMRP), which offers guidance to the departments of Veterans Affairs and Defense and other key stakeholders to develop a framework for collecting, evaluating, and assessing data from veterans, their spouses, their children, and for conducting epidemiological studies.

The HMRP would gather data from veterans, their partners, and descendants, including biological samples and information regarding any important environmental factors, and personal data regarding occupation, lifestyle habits, and socioeconomic factors. Data collection would begin on "day one" -- the day a soldier enlists.

Ultimately, the project will provide guidance on long-term risks to military personnel and their families, in turn, informing policies to prevent adverse health effects down the line.

"If you understand what the risks are and what the negative consequences of any particular exposure or series of exposures are, then you know if you are going to put a veteran in harm's way. You would either provide protection, or you would monitor exposure better so you know you don't exceed certain levels... or you would manipulate the length of time between repeated exposures," Ramos explained.

The report also identified 13 areas where there is "sufficient," "limited", or "suggestive" evidence of an association between toxic elements to which troops are exposed and potential health harms affecting veterans, or their offspring.

To determine these possible associations, the committee conducted a deep dive of the scientific literature as well as existing reviews from different authorities, such as the Environmental Protection Agency, and the Agency for Toxic Substances and Disease Registry (ATDSR), as well as NASEM itself.

After canvassing more than 4,000 papers, the committee found insufficient evidence to establish causal relationships between various toxins and reproductive, generational, and developmental effects. However, researchers did find "sufficient evidence of an association" or "limited/suggestive evidence of an association" for 13 different types of exposures.

For example, the committee noted an association between both hexavalent chromium and carbamate pesticides and reproductive effects in men; adverse pregnancy outcomes among women who had leishmaniasis infections during their pregnancies; and low birth weight or preterm birth for babies who were exposed in utero to particulate matter. The committee also noted a possible relationship among those with prenatal exposure to organophosphate pesticides and neurodevelopmental effects.

For some toxins, researchers identified "robust" animal data, but a lack of human data prevented the committee from determining a stronger level of association.

Ramos noted one major limitation of the committee's research was that many of the epidemiological studies were not carried out in veterans, although they were conducted in populations for which exposures seemed comparable to what veterans may have experienced.

He also said it's important to take account of the "healthy worker effect."

"These are young people at the peak of their health doing really well other than perhaps the huge stress associated with deployment," Ramos explained.

"If the population that I'm using to study leishmaniasis infections and pregnancy is a population in India that only eats twice a week and lives under stressful conditions... you can immediately see that there's no real parallel" with otherwise healthy military women, he said.

Authors of the report highlighted three important "knowledge gaps" in the research on health effects involving offspring:

Effects of preconception exposures on germ cells, fetuses, and neonates

Adverse effects in grandchildren and future generations

For the second time in six weeks, the Van Zandt VA Medical Center has extended the weekday hours of its Urgent Care Clinic.

Six weeks ago, the hospital added two hours in the morning, so that the clinic opened at 6 a.m.

This week, the hospital added two hours in the evening, so that the clinic now closes at 10 p.m., although weekend and holiday hours remain 8 a.m. to 8 p.m.

Extending the hours of the Urgent Care Clinic was among changes most requested by patients when she took over a year ago, said Van Zandt Director Sigrid Andrew.

While half of Van Zandt's patient population is over 65, a large percentage of the rest still works. The clinic extensions will make it easier for them, Andrew said.

"(They are) a population that's not as flexible with their time," she said.

Additional extensions could be coming, according to Andrew.

"(But) I need the veterans to know it's open," she said.

Hospital leadership plans to track clinic usage and make additional extensions "incrementally," she said.

The hospital staffed the new morning hours by staggering shifts but had to hire additional staff for the evening extension, she said.

Veterans come to the clinic for "a whole slew of reasons," including flu-like symptoms and broken bones, said Van Zandt spokesman Shaun Shenk.

One of the other most-requested changes was the addition of guest Wi-Fi, Andrew said.

The hospital plans to install that in February.

It will be especially helpful to patients who come from far away in the hospital's 14-county territory and who often book as many appointments on one day as possible to minimize travel — but who also often need to wait between those appointments, Andrew said.

The guest Wi-Fi will eliminate the need for them to use their data plans while at Van Zandt, she said.

In addition to music, podcasts or videos, with Wi-Fi access, patients will be able to access the VA website My Healthevet, which enables them to refill prescriptions, track delivery of medications, view their medication lists, track appointments, receive appointment reminders, schedule some kinds of appointments, send and receive messages from providers, access their medical records and add information to those records, according to Andrew and the website.

The extension of Urgent Care Clinic hours and the addition of guest Wi-Fi reflect Andrew's background as a registered nurse and her embrace of the VA's directive to be "veteran-centric," according to Shenk and Andrew.

Other changes made so far during Andrew's tenure include the addition or expansion of 17 services, according to Shenk and Andrew.

The hospital has reinstituted chemotherapy, colonoscopies, esophagogastroduodenoscopies (EGDs) and bronchoscopies; has expanded podiatry, optometry, ambulatory surgery and chiropractic and acupuncture services; and has extended some services that had been available only at Van Zandt in Altoona to one or more of the five outlying outpatient clinics, Andrew said.

For more information, call Van Zandt's public affairs office at 943-8164, ext. 7404.

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2.11 - The Daily Mining Gazette: [VA town hall focused on HCMCF deferment](#) (29 November, Garrett Neese, 10k uvm; Houghton, MI)

CALUMET — At a Wednesday town hall at the National Guard Readiness Center in Calumet, representatives from the Oscar G. Johnson Veterans Affairs Medical Center in Iron Mountain addressed the issue of deferring VA admissions from the Houghton County Medical Care Facility (HCMCF).

Brad Nelson, Oscar Johnson's public affairs officer, said the center's director of home and community based care would be meeting with Medical Care Facility director Kim Salmi to discuss restoring VA coverage for the home.

"We do want to work with them, because we do want to have a facility here for our veterans," Johnson said.

The VA center began deferments in January in response to repeated deficiencies seen in the Centers for Medicare and Medicaid Services (CMS) reports, Nelson said.

As far as he knew, veterans were not subjected to the deficiencies, he said.

A CMS survey released in September showed the same deficiencies "but not as frequent," Nelson said.

One of the primary issues behind the January action was a failure to report bruises of unknown origin on a resident.

Salmi said the major difference between the Medical Care Facility and VA centers such as Iron Mountain or the Jacobetti Home for Veterans in Marquette is the Hancock facility's requirement to report to CMS.

"We did the right thing as an organization," she said. "We reported it. We took action."

Nelson said based on actions Salmi took in being proactive with other issues since, "it sounds like the facility is on the right track."

Aside from a one-month period after the September survey, the facility has been in compliance with CMS, Salmi said.

The HCMCF is still admitting other residents who pay through Medicare or Medicaid, Salmi said. Seventeen veterans are at the facility, most paying through Medicare or Medicaid.

Iron Mountain staff also explained initiatives and updated the hospital's performance.

Suicide prevention is one focus. The VA's campaign #BeThere focuses on encouraging people to interact with veterans or service members they think show signs of suicidal behavior.

"The worst thing to do is not ask," said Barbara Robinson, women veterans program manager.

A confidential crisis chat is available at veteranscrisisline.net, via text at 838255.

At the national crisis hotline (1-800-273-8255), veterans can press 1 to talk with a health specialist.

Earlier this month, the VA also revamped its website, va.gov. The page focuses on the top 20 tasks used by 80 percent of VA site visitors and allows them to update contact information across all VA sites from one place.

A dashboard also gives them the latest on services they receive through VA.

The most rural VA medical center in the country, the Johnson center has served 20,528 veterans in 2018, including 214,768 outpatient visits. The center has seven outpatient clinics, including one in Hancock.

The medical center also received a five-star ranking in the third quarter from the VA's Strategic Analytics for Improvement and Learning (SAIL). It was ranked 14th in quality out of 130 VA centers.

Paul Remali, a Veterans of Foreign Wars member from Calumet, said the VA's health care system has taken good care of him. He likes to come to the town halls to keep himself apprised of changes.

"It's been over a year, so I'm just coming to see what's going on," he said. "They're working really, really hard to take care of the veterans."

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2.12 - KTOK (AM-1000): [New VA Secretary In Oklahoma](#) (28 November, Beth Myers, Oklahoma City, OK)

Confirmed just four months ago, Veterans Affairs Secretary Robert Wilkie made two site visits in Oklahoma this week. He visited the VA Medical Center in Muskogee and the VA Medical Center in Oklahoma City. He told KTOK News that customer service will be his prime directive. He says it's an issue of leadership and that new leaders have been hired at many places in Oklahoma.

Wilkie grew up at Fort Sill. He says his father being wounded in Vietnam informs every decision he makes.

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3. Business Transformation

3.1 - KYTV (NBC-3): Springfield's new VA Clinic likely to open first week of December (29 November, 349k uvm; Springfield, MO)

The Veterans Affairs Commission believes its new clinic in Springfield will be ready to open the first week of December.

The clinic is located on West Republic Road near Kansas Expressway.

VA Clinic spokesperson Wanda Shull says crews are finished last-minute details, including furniture, IT systems, phones and files. She says work should finish to see patients as early as next week, possibly Monday.

The VA Clinic will save area veterans a trip from traveling to hospitals in Columbia, Mo. and Fayetteville, Ark. for primary care. The facility will also include dental and endoscopy not previously available to area veterans.

The clinic will likely hold a grand opening event in January or February.

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3.2 - Quad-City Times: 'This has been a need for a long time:' Davenport VA clinic readies for early spring opening (29 November, Sarah Ritter, 125k uvm; Davenport, IA)

Clinton veteran Roland Bechtel regularly travels between the Veterans Affairs clinics in Bettendorf and Iowa City to receive the care he needs.

"I had a heart attack when I was 68 and have been in the VA system ever since," said Bechtel, 79, who served in the Navy in the 1950s. "And my God, it's working for me. I've always gone to Bettendorf for my provider, and they're great with me. But for a lot of things I need, I have to go out to Iowa City."

The Bettendorf clinic serves around 9,000 patients, he said, and is at capacity. The new Davenport center will serve an additional 2,400 veterans and offer services that currently aren't available.

"This market area in the Davenport and Bettendorf region is probably one of our higher veteran populations, so this has been a need for a long time in this area," said Judy Johnson-Mekota, director of the Iowa City VA Health Care System. "So it's important for us to meet the needs of veterans, and this is an opportunity for us to increase primary care services, mental health services and add more specialty services."

New offerings include physical therapy, audiology, optometry, podiatry, chiropractic and acupuncture care. The space also will increase mental health and pharmacy services. Tele-health programs will be expanded to improve access to care, Clark said, plus radiology will be added at a later date.

"For example, with physical therapy, when we built the Bettendorf clinic, we didn't have physical therapy in mind," he said. "Now, patients travel to Iowa City or we refer them out to others in the community. But we realize that service is growing in demand a lot. With this expansion, we'll provide a faster and more consistent continuum of care."

Building the roughly \$4.1 million clinic also includes adding more staff, he said. Currently, 62 employees work at the Bettendorf clinic, and so far, seven new staff members have been added for the new space. Clark said more positions will be added in the future, including nurses, providers and administrative personnel.

"It's a very good thing that we're putting in more resources for veterans. That's what's necessary so we can take care of these folks," said U.S. Rep. Dave Loebsack, D-Iowa. "We've been lacking resources to reduce wait times and make sure we process claims properly. We need to make sure when folks try to enter the system, they get it done efficiently and quickly to get the health care they need."

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3.3 - Kitsap Sun: [Veterans Benefits Administration to close benefits help desk in Bremerton](#) (29 November, Julianne Stanford, 111k uvm; Bremerton, WA)

The Veterans Benefits Administration has decided to downsize operations inside its Bremerton office by shutting down a help desk that's staffed with employees who assist veterans with benefit-related queries.

As of Friday, the office at 500 Pacific Ave. will no longer be a place where veterans can receive in-person assistance with navigating through the Department of Veterans Affairs' complex pension and compensation system. There has been little notice to those who use the service.

Other functions, like vocational rehabilitation and employment services, will remain open at that location by appointment, according to a statement from the VBA.

Those in need of assistance still have other options available if they need help with a benefits-related issue.

They can contact the VBA's toll-free number at 1-800-827-1000 or utilize the department's online portal to file a claim electronically at www.ebenefits.va.gov.

Veterans can visit the VBA's office on the first floor of the Jackson Federal Building in downtown Seattle, at 915 Second Ave., for in-person assistance.

For a local option, veterans can also consult with a service organization for help, such as the Disabled American Veterans, which will continue to have a presence inside the VBA's Bremerton office.

The VBA's decision to downsize operations at the office "was made in line with the Agency's goal to be strong fiscal stewards of the taxpayer funds entrusted to us," according to a statement from the Veterans Benefits Administration.

"The Seattle Regional Office will continue to explore options in both Kitsap County and other areas to meet the needs of the over 500,000 Veterans throughout the state of Washington," the statement said.

Help desk assisted an average of 180 veterans each month
For veterans like Carol Wade, a four-year Bremerton resident who served in the Army, the help desk was an invaluable resource in resolving benefits-related issues.

"While I'm there, there's always two or three vets there, and they're asking for help that's way more than what I'm asking for," Wade said. "The person at that desk is a person who knows how to negotiate the federal forms for the VA, and knows all of the complexities of the VA, and can help get done what they need done."

Wade was surprised to learn the help desk was going away when she visited the office earlier this week and an employee told her the news. Employees have been notifying walk-in visitors over the past week.

"There were no notices given out to veterans in the county," Wade said.

There is now a sign posted just inside the entryway to the office that alerts visitors to the fact that those services will be no longer be provided in December.

The help desk assisted an average of 180 veterans each month with benefit-related queries, according to VBA estimates.

The Department of Veterans Affairs estimates there are more the 37,000 veterans in Kitsap County.

Although there are alternative options for assistance, Wade said they don't compare with being able to interact with someone face to face to resolve issues.

"The VA is trying to push people towards using an 1-800 number, which is totally not the same thing," Wade said. "You can get two answers using that number, which is enough to get you tangled up in the system."

Wade estimates she visits the office about five times a year. She's more worried about other veterans who go there for help on more serious issues, like negotiating problems with the monthly disability check on which they might be living.

"That person is not a receptionist. That person has full knowledge to negotiate the system," she said. "A person can be harmed by not having the right information, and that person at that desk has a lot of knowledge about disability pensions."

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3.4 - KJRH (NBC-2, Video): [New V.A. facilities coming to Tulsa, Sallisaw](#) (29 November, 61k uvm; Tulsa, OK)

A brand new, large-scale health care center is in the works for Tulsa-area veterans

The VA will break ground on the new facility in April near 91st and Mingo, combining all three existing centers in the area.

The 140,000 square foot building will offer new women's services, GI, and mental health services.

"I think the wait time is going to go down, parking is going to be 100 percent better, and it's just going to be a lot better all the way around," Tulsa VA patient Dennis Hoch said.

They hope to finish construction by the summer of 2021.

There will also be a new veterans center in Sallisaw this morning.

The city will be the new home of a 175-bed center after the one in Tahlequah closes.

It will be built about a half mile south of the city's airport.

2 Works for You have learned that they are waiting to get a grant approval for construction, and then it will be another two to three years before it's complete.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Spokesman-Review: [Citing medical records project, Mann-Grandstaff VA delays 24-hour urgent care to 2020](#) (29 November, Thomas Clouse, 408k uvm; Spokane, WA)

The promise of 24-hour urgent care at Mann-Grandstaff VA Medical Center has been delayed after the hospital signed on as a pilot project for the U.S. Department of Veterans Affairs' \$10 billion effort to update its electronic medical records.

Dr. Robert Fischer, who took over as Mann-Grandstaff's director a year ago, said he wants to use all of 2019 to review the hospital's operations in order to recruit doctors, better manage and push resources where they are needed to support the planned 24-hour operations at the urgent care, which currently operates 12 hours a day.

"What we want to make sure is that when we flip the switch, it's not a two-way valve," Fischer said last week. "Because that would be devastating for me, the medical center and for the veterans. If we go to 24-7, it's got to be a permanent status. I can't allow this back and forth."

The VA hospital ended its 24-hour emergency room in 2014, and elected officials have been pushing since then to replace that service. Mann-Grandstaff serves about 32,000 veterans a year with a budget of \$250 million for fiscal year 2019.

In October, U.S. Rep. Cathy McMorris Rodgers, R-Spokane, announced during a visit from VA Secretary Robert Wilkie that 24-hour urgent care at Mann-Grandstaff had a projected starting date of early 2019.

But last week, Fischer said he expects that opening to be pushed back until some time in 2020, largely because of the needs both to recruit doctors and upgrade the records system, designed by Kansas City, Missouri-based Cerner Corp.

"This is a fluid environment. They just signed the Cerner contract this past spring," Fischer said. "You have to be flexible when you are leading a medical center to make sure your priorities also reflect those changes in circumstances.

"This Cerner transformation is huge," he continued. "We are a pilot, meaning it has never been done in the VA. If there are going to be problems, we are going to experience them. I have to make sure our goal of providing timely and expedient care is supported at all costs."

Reached Wednesday, McMorris Rodgers said she met with VA officials in Spokane in January 2018 and was told by Fischer that he expected the 24-hour urgent care to be open by early 2019.

"We just approved the highest funding level ever for the VA, and it's time for the Spokane VA to stop with the excuses and open the 24/7 Urgent Care so our veterans receive the high-quality care they've earned," McMorris Rodgers said in a statement to The Spokesman-Review. "It's unfair to Eastern Washington veterans that the Spokane VA is moving so slowly, and I look forward to speaking with the director of the Spokane VA to better understand the cause of the delay."

Fischer, 62, who retired from the U.S. Air Force and had served several years at the U.S. Army's Landstuhl Regional Medical Center in Germany, said "there may have been a communication a year or six months ago" about going to 24-hour urgent care, but that was "before the signing of this contract" with Cerner.

"When I make a decision, I ask myself, 'Can I get on a rostrum and explain what I've done and why I've done it?' And if in my mind I can do that, then I'm comfortable making that decision. I would be irresponsible if I didn't," he said. "So can I understand how (McMorris Rodgers) may have misunderstood the current state? It's not a lack from our communication, but communication can be difficult."

Sen. Patty Murray, D-Wash., also has pushed VA officials to get the urgent care open.

"Getting the Spokane emergency room back to 24-hour coverage is incredibly important, and I have no doubt local VA leaders want to do it in a manner that works best for the veterans they serve," Murray said in a statement to The Spokesman-Review. "I have pressed VA to achieve this and I stand ready to do whatever I can to help ensure the (Mann-Grandstaff) has the resources it needs, and that our country is fulfilling its commitment to care for those who served."

While the current plan is not to return the hospital's emergency room, Fischer said veterans would be hard pressed to tell the difference. He said he also plans to hire physicians who are prepared to handle almost anything.

"Frankly, while we are an urgent care center," he said. "A veteran can't distinguish between urgent care and an emergency room no matter what sign we put. So if somebody gets to us and they are critically ill, and that service could be better provided at Providence or Deaconess, that's really the best thing for our veteran."

But Fischer said he understands veterans' worries about billing headaches if they must be seen by a non-VA hospital.

"If you ask the veteran, I think they'd say we want to be able to come" to Mann-Grandstaff, he said.

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4.2 - Federal News Network: [10 ingredients making VA's e-health record program sick](#) (29 November, Ed Meagher, 100k uvm; Washington, DC)

The House Veterans Affairs Subcommittee on IT Modernization recently held a hearing on the Department of Veterans Affairs electronic health record modernization (EHRM) program to assess progress to date. The hearing was remarkable on several levels but perhaps the most remarkable was the bipartisan and positive support for this program from both sides of the aisle. Congress clearly wants this program to succeed and wants to be as helpful as possible.

Despite this positivity, every member of the committee raised serious concerns about this 10-year, \$16 billion program which is now in its 18 month. The chairman of the subcommittee, Rep. Jim Banks (R-Ind.), questioned how a program that has not yet reached a single major milestone could now be \$350 million over its approved budget. He raised an alarm about Cerner's current inability to deliver community care interoperability and the lack of a VA plan to achieve it.

Rep. Phil Roe, (R-Tenn.), a physician, warned repeatedly about the significant impact a project of this scale and scope would have on patient care under the best of circumstances. Rep. Conor Lamb (D-Pa.) gently probed how workflow issues were going to be dealt with by the VA, and whether or not the concerns expressed by the VA workflow councils made up of Defense Department and VA clinicians would be resolved, and by whom.

The very candid answer he received from the Cerner representative on the panel was telling in that he advised Lamb that this issue would have to be resolved between DoD and the VA.

All of these issues and several more are what Banks called the "middle of the beginning" of this program are very troubling. I would liken this hearing to the several people on the Titanic who warned the captain that there were an unusually high number of large icebergs along their route, and the captain telling them that this ship is unsinkable and that in any event no ship has ever sunk while under his command.

Recipe for disaster

One of the benefits of getting old is that you have a large store of first-hand experience. So, I have seen this debacle play out several times before in my career.

This is VA's infamous COREFLS debacle on steroids. COREFLS was a \$250 million failed attempt to force massive business process change from the top down without regard to the needs and concerns of the end user.

All of the ingredients for a repeat are here. This whole program is premised on a lie. The lie is that VistA is broken. It is not. It needs modernization. Times are changing, requirements are changing, medicine is changing and technology is changing. When that happens, the

responsible thing to do is to evaluate the modernization of VistA versus the buying of a commercial product.

That has never honestly occurred. Instead an ill-informed and or uninformed decision was made that said buy commercial-off-the-shelf (COTS).

That is ingredient 1: Bad decision(s).

Ingredient 2: Either through ignorance or a desire to protect a bad decision repeat the underlying lie until it becomes "common knowledge" that the lie is true.

Ingredient 3: Spend big and double down on the bad decision. Make the bad decision so big that it can't possibly be allowed to fail.

Ingredient 4: Get uninformed and/or misinformed leadership to buy in by having them repeat the lie and the bad decision, hopefully under oath, so that even if they become informed, they own the bad decision and must defend it.

Ingredient 5: Throw good money after bad in a futile attempt to drag the bad decision across the finish line, continually extend the finish line and gradually lower expectations on results.

Ingredient 6: Everyone responsible for the lie and the bad decisions declare success and leave, blaming any problems on the bureaucracy.

Ingredient 7: Bring in outside experts to analyze the debacle and make recommendations on how to prevent it from ever happening again.

Ingredient 8: Reward the guilty and blame the innocent.

Ingredient 9: Make sure that no one either pays any attention to the analysis or that they take away the wrong message from the analysis and report.

And of course, ingredient 10: Repeat over and over again.

Despite powerful and surely sincere promises from VA's EHRM program leadership, nothing said at this hearing should give anyone any degree of confidence in the outcome of this program.

All of the ingredients for failure are present. The VA and Cerner technology will not support the transactional workload that will be needed to support a very large and complex enterprise system. Cerner cannot demonstrate a single instance where their system currently supports anything like the scale, scope and complexity of either the DoD or VA environments. The fatal flaws of this program are all there to be seen. VA's Office of the Inspector General and the Government Accountability Office will at some point recommend pausing this program for reevaluation and then shutting it down. Congress will convene more hearings and eventually they will shut this program down. The only question is how many billions of dollars will have been wasted and how much damage will have been done to veterans, the VA and DoD healthcare in the meantime.

Edward Meagher recently retired after 24 years in government, 26 years in the private sector and four years in the U.S Air Force. He served for seven years as the deputy assistant secretary

and deputy CIO at the Department of Veterans Affairs. Ed divides his time between his own executive consultancy, VETEGIC, LLC and extensive involvement with several veteran focused organizations including his own Service Member Support (SMS) Foundation.

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4.3 - Healthcare Informatics: [HHS Studying Modernization of Indian Health Services' IT Platform](#) (29 November, David Rath, 29k uvm; New York, NY)

With so much focus on the modernization of health IT systems at the Veteran's Administration and Department of Defense, there has been less attention paid to decisions that have to be made about IT systems in the Indian Health Service. But now the HHS Office of the Chief Technology Officer has funded a one-year project to study IHS' options.

The study will explore options for modernizing IHS' solutions, either by updating the Resource and Patient Management System (RPMS) technology stack, acquiring commercial off-the-shelf (COTS) solutions, or a combination of the two. One of the people involved in the analysis is Theresa Cullen, M.D., M.S., associate director of global health informatics at the Regenstrief Institute. Perhaps no one has more experience or a better perspective on RPMS than Dr. Cullen, who served as the CIO for Indian Health Service and as the Chief Medical Information Officer for the Veterans Health Administration

During a webinar put on by the Open Source Electronic Health Record Alliance (OSEHERA), Dr. Cullen described the scope of the project. "The goal is to look at the current state of RPMS EHR and other components with an eye to modernization. Can it be modernized to meet the near term and future needs of communities served by IHS? We are engaged with tribally operated and urban sites. Whatever decisions or recommendations are made will include their voice."

The size and complexity of the IHS highlights the importance of the technology decision. It provides direct and purchased care to American Indian and Alaska Native people (2.2 million lives) from 573 federally recognized tribes in 37 states. Its budget was \$5.5 billion for fiscal 2018 appropriations, plus third-party collections of \$1.02 billion at IHS sites in fiscal 2017. The IHS also faces considerable cost constraints, Dr. Cullen noted, adding that by comparison that the VA's population is four times greater but its budget is 15 times greater.

RPMS, created in 1984, is in use at all of IHS' federally operated facilities, as well as most tribally operated and urban Indian health programs. It has more than 100 components, including clinical, practice management and administrative applications.

About 20 to 30 percent of RPMS code originates in the VA's VistA. Many VA applications (Laboratory, Pharmacy) have been extensively modified to meet IHS requirements. But Dr. Cullen mentioned that IHS has developed numerous applications independently of VA to address IHS-specific mission and business needs (child health, public/population health, revenue cycle).

Because the VA announced in 2017 it would sundown VistA and transition to Cerner, the assessment team is working under the assumption that the IHS has only about 10 years to figure out what it will do about the parts of RPMS that still derive from VistA. And RPMS, like VistA, resides in an architecture that is growing outdated.

The committee is setting up a community of practice to allow stakeholders to share technology needs, best practices and ways forward. One question is how to define modernization and how IHS can get there. The idea is to assess the potential for the existing capabilities developed for the needs of Indian country over the past few decades to be brought into a modern technology architecture. The technology assessment limited to RPMS, Dr. Cullen noted. “We are not looking at COTS [commercial off the shelf] products or open source. We are assessing the potential for existing capabilities to be brought into “a modern technology architecture.”

Part of the webinar involved asking attendees for their ideas for what a modernized technology stack for RPMS would look like, what development and transitional challenges could be expected, and any comparable efforts that could inform the work of the technical assessment team.

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4.4 - MeriTalk: [VA’s EHR Project Hits Early Cost Overrun](#) (29 November, 11k uvm; Alexandria, VA)

The Department of Veterans Affairs admitted this month that its 10-year, \$10 billion-plus project to create an interoperable electronic health record system incurred a \$350 million cost overrun right out of the gate—a potential red flag in the latest effort to develop an integrated records system that also works with the Department of Defense’s system.

At a hearing of the House Veterans Affairs Subcommittee on Technology Modernization, John Windom, who’s leading the VA project, said original estimates did not include 10 years’ worth of salaries for government employees working on the project, resulting in the \$350 million overrun.

But Windom, executive director of the VA’s Office of Electronic Health Record Modernization, said that Congress had been told that those salaries would not be accounted for in the EHR contract. He also contended that as the project progresses it will likely produce efficiencies that could save on projected costs. “There are going to be efficiencies gained we can’t forecast at this point,” he said.

But committee members expressed concern about the overrun, particularly considering the long and less-than-illustrious history of VA’s attempts at creating an interoperable EHR. Noting that the cost overrun cropped up essentially before work on the project had started, subcommittee Chairman Rep. Jim Banks, R-Ind., said, “I find it hard to believe that such a basic part of the program—government salaries—could be overlooked.”

Banks, who in August warned that unfilled leadership positions at VA threatened the project, said he wasn’t “ready to sound the alarm yet,” but that the overrun at this early stage increased concerns over what he called a “daunting” project.

VA in May awarded a 10-year, \$10 billion contract to Cerner to modernize its healthcare information technology systems and develop an integrated EHR system. Related costs of the project have since raised estimates of its total to \$16 billion. In July, VA formally agreed to align its system with that of DoD, which is implementing Cerner’s Military Health System Genesis system under a 10-year contract signed with Leidos in 2015. The original amount of that deal was \$4.3 billion, although DoD in July increased its budget for the project by another \$1.2 billion.

DoD implemented MHS Genesis last year at four bases in the Pacific Northwest. After system glitches and negative user feedback put the project on hold early this year, the pilot sites were eventually up and running over the summer. Defense and Leidos spokespersons countered criticism by saying that early difficulties were expected in a project of this size, but that they expected the rollout to go as planned. The VA last month announced it was testing the system at four more sites (three in California and one in Idaho). The VA plans to deploy the system at every medical facility over the next five years.

Despite assurances from the project's directors, Congress' concern over the project could be fueled by past failures. DoD and VA have been trying since 1998 to create interoperable, cradle-to-grave EHR that could stay with service members and their families from enlistment through retirement and post-military life. Several projects over the years have gone up in smoke, at costs of billions of dollars. Most recently in 2013 the two departments abandoned an integration project after four years and \$1 billion spent, and opted to upgrade their current systems. The Coast Guard, which has joined DoD's Genesis project, has had a similar experience, abandoning its own EHR project in 2016 after seven years and about \$60 million, and retreating to a paper-based system.

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - USA Today: [VA reverses course on GI Bill payments, will repay possibly short-changed veterans](#) (29 November, Donovan Slack, 26.5M uvm; McLean, VA)

WASHINGTON – Department of Veterans Affairs Secretary Robert Wilkie overruled a top benefits official Thursday and said the VA won't ignore federal law and will now reimburse veterans who may have been underpaid GI Bill benefits.

The move came just hours after Paul Lawrence, the VA's undersecretary for benefits, testified on Capitol Hill that the amount of work it would take to figure out how many were shortchanged and by how much wouldn't be worth it.

The VA was supposed to begin granting expanded benefits in August under a law passed last year known as the Forever GI Bill. The law required the VA to change the way it calculated housing stipends, among other changes.

But the agency blew through that deadline because it couldn't get software in place to make the calculations and said this week it wouldn't be up and running for another year.

In the meantime, Lawrence told lawmakers that veterans are being paid the old way while the VA focuses on getting it right by next December, when veterans will be planning for the following school semester.

"If you ask me, what should we spend an extra hour on – processing things that yield veterans nothing, putting at risk the spring 2020 semester, or saying, this doesn't yield much and we're going to move forward?" he said at a House VA Committee hearing.

Committee Chairman Rep. Phil Roe, R-Tenn., questioned Lawrence repeatedly on the issue after Lawrence at first kept repeating agency talking points that veterans will be "made whole" without acknowledging that it won't be at the new rates under the law.

"Just for clarity, we stood up a system that didn't work, and paid people what we had paid them in the past," Roe said. "And we don't know what we should have paid them. Am I correct? That's pretty much what we did, because our IT system didn't work, that's what happened?"

"That's correct," Lawrence said.

The VA secretary later said in a statement that the agency now would do the extra work to make sure veterans are reimbursed the right amounts.

"Once the VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," Wilkie said.

The reversal came amid criticism from lawmakers and veterans' groups and a confusing messaging strategy from the agency. Even as Lawrence testified, the VA issued a statement saying veterans would be "made whole" only at the current rates.

And VA spokesman Curt Cashour earlier Thursday had tried to dispute reports that veterans who were underpaid would not be fully reimbursed. NBC News had reported that VA officials told congressional staff the VA would not be able to repay underpaid veterans without an audit of some 2 million past claims, which could hold up processing of future claims.

Cashour asserted the report was misleading and "gives the false impression" that some veterans will not be paid back in full.

"Nothing could be further from the truth," he said in a statement. "Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year."

But, he noted at the time, that it would be based on current rates.

At Thursday's hearing, Lawrence said the agency didn't know if that would have resulted in underpaying veterans.

"Nobody has yet been paid under this system that doesn't exist," he said. "There isn't a feeling of 'I'm owed something,' unless they're able to calculate something we've been quite frankly unable to calculate."

The technology glitches have not been limited to the housing stipend calculations. GI Bill payments to thousands of veterans across the country were delayed this fall because of the computer problems. Many reported they were forced into desperate financial situations.

The issues resulted in the reassignment this month of Robert Worley, the executive director of the VA's educational services. It also led to the VA's announcement on Wednesday of the one-year delay in the housing payment calculations.

Lawrence said he didn't know how much the agency has spent on the failed software project. He said he would have to get back to lawmakers.

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6.2 - CBS News (Video): [Amid confusion, VA says vets will receive full GI Bill payments delayed by IT failure](#) (29 November, Stefan Becket and Anna Gunther, 17.6M uvm; New York, NY)

The secretary of veterans affairs assured veterans they will be paid in full for delayed payments under the GI Bill, clarifying comments by VA officials Thursday indicating veterans might not receive all the money they were owed.

The confusion began Wednesday when the VA announced it was delaying implementing a change in the way reimbursements are calculated.

Under last year's Forever GI Bill, the department was supposed to make changes to the rate calculation by Aug. 1 of this year, but implementing the change led to a backlog of claims that crippled the department's creaky IT system. Thousands of veterans saw their benefits payments delayed, some for months at a time.

The department said Wednesday the change would be put off until Dec. 2019, but officials said vets would be reimbursed using the old rates instead of those mandated by the Forever GI Bill.

In a call with staffers from the House Committee on Veterans Affairs on Wednesday, VA officials said making retroactive payments under the new rates would require an audit of millions of prior claims, a process that could cause future delays. A committee staffer confirmed to CBS News the details of the call, which were first reported by NBC News.

Then, in testimony before the committee Thursday morning, VA Under Secretary for Benefits Paul Lawrence told lawmakers the VA was unlikely to adjust back payments using the new rates when they take effect in December 2019. Lawrence said it was unclear whether the massive amount of work needed to retroactively adjust claims would be worth the effort, but admitted some veterans would be entitled to higher benefits under the new rates.

"I think we need to figure out whether we need to come back to you, and ask for a legislative change to push the date to December first or not," Lawrence said in response to questioning by Republican Rep. Phil Roe of Tennessee, the committee's chairman. "It's not our intention to harm veterans, but we also have to think about the broad veteran population and whether what you're describing yields any benefits, just work."

Just hours later, however, VA Secretary Robert Wilkie backtracked, saying veterans would receive back payments under the new rates as required by law.

"To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits

for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates," Wilkie said in a statement. He said he told the chairmen of the House and Senate veterans committees that was the case on Wednesday.

Wilkie added: "Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law."

Roe, the House chairman, expressed frustration with the "many missteps" taken in implementing the new rates, but thanked Wilkie for clarifying that all veterans would receive full back pay.

"Under the law, underpaid student veterans must receive their retroactive payments. The burden of correcting and making those retroactive payments is timely and costly, but that isn't a reason to dismiss a law or leave student veterans high and dry," Roe said in a statement Thursday. "My main goal is simply to provide student veterans with what President Trump and the Congress promised them in this law. The Secretary and I are on the same page on this."

The delay in GI Bill payments left thousands of veterans struggling to pay for housing and tuition just as the new school year got underway. Former staff sergeant Shaye Washington told CBS News earlier this month the VA had not distributed \$7,000 she was expecting, including \$3,000 she needs for tuition.

"The GI Bill is something we worked for. I've been deployed and been to wars, so I feel like I shouldn't have to stress over something that I worked for and risked my life for," Washington said.

A week later, Washington told CBS News she had received a payment, but not all of the money she was owed.

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6.3 - The Hill: [VA vows to make veterans '100 percent whole' over underpaid housing benefits](#) (29 November, Aris Folley, 11.4M uvm; Washington, DC)

The Veterans Affairs Department says veterans will not lose any housing benefits, pushing back on a report that the agency does not plan to reimburse those who were underpaid after a computer glitch.

"Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole -- retroactively if need be -- for their housing benefits for this academic year based on the current uncapped DoD rates," VA spokesman Curtis Cashour said in a statement to The Hill on Thursday morning.

"[A]nd, beginning in spring 2020, we [will] be in a position to provide Veterans the new rates where applicable to meet the law known as the Forever GI Bill," he added.

His comments follow a story published by NBC News on Wednesday night reporting that the agency told congressional staffers that it will not reimburse veterans who received smaller GI Bill benefit payments than they were owed due to computer issues from implementing the law's changes.

Committee aides told the outlet that the VA said it could not reimburse those veterans without auditing past education claims, which, they said, would hold up future claims.

The report came weeks after computer problems delayed GI Bill payments to hundreds of thousands of veterans due to a change in calculating housing allowances under the Forever GI Bill, which President Trump signed into law last year. According to NBC News, the department's computers were unable to process the change, quickly leading to an immense backlog of veterans' claims.

Because of the backlog, the department announced earlier Wednesday that it would delay the bill's housing allowance changes until next year, while also pledging that veterans who received incorrect GI Bill benefit payments would eventually be paid the correct amount.

Committee aides said VA officials told Capitol Hill staffers on Wednesday that the department will not retroactively reimburse underpaid veterans due to the housing miscalculations once the system is fixed next year.

"They are essentially going to ignore the law and say that that change only goes forward from Dec. 2019," one aide told the outlet.

However, Cashour told The Hill "the NBC report is misleading and gives the false impression that some Veterans on the GI Bill will not be made whole with respect to their housing payments."

Cashour further clarified to The Hill that "every single Veteran will be made whole for their housing benefits this year" and that the rates they are "providing are the current academic year uncapped DoD Basic Allowance for Housing [BAH] rates based on the location of a school's main campus, rather than the physical location of the student."

"For many students, this DoD BAH rate will be equal to or higher than their current payment," Cashour continued. "If a student was overpaid due to the change in law or because of VBA's [Veterans Benefit Administration] challenges in implementing the law, the student will not be held liable for the debt."

Cashour added to The Hill that starting in the Spring term of 2020, the VA "will have solved its current information technology difficulties" so that it can comply with the Forever GI Bill going forward.

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6.4 - Politico: [Colleges and universities keep a wary eye on VA struggles with GI Bill](#) (29 November, Kimberly Hefling, 8.7M uvm; Arlington, VA)

VA SAYS IT NEEDS MORE TIME TO MAKE GI BILL CHANGE: Heading into the spring semester, veterans and higher education institutions appear at least in the short term to get something they've wanted when it comes to Post-9/11 GI Bill claims: certainty.

— Long term, however, House Democrats questioned whether the VA would even meet its new self-imposed deadline to roll out a provision in a law change passed last year that dictated a

shift in how the monthly housing allowance for recipients is calculated. The change was one of many to the GI Bill that were part of the “Forever GI Bill” — a law popular with veterans that also lifted the 15-year time limit on when recipients must use their GI Bill benefits.

— The VA said on Wednesday it would push back until the 2020 spring semester the rollout. The decision comes after complaints throughout the fall semester of housing payment delays and improper payments. The agency was supposed to have made the change on Aug. 1.

— VA Secretary Robert Wilkie acknowledged when making the announcement that imposing the change during the academic year was “like flying a plane while building it, and that was unfair and frustrating to veterans and taxpayers.” The VA said it would be soliciting new contract bids for the work. Read more on the change from your host.

— Anne Meehan, director of government relations with the American Council on Education, tells Morning Education that the announcement is helpful for colleges and universities worried about another whirlwind semester. The VA said until the rollout it would calculate the housing allowance based on uncapped Defense Department basic housing allowance rates. “They have some certainty to know what the rules are going to be until the new IT system can be put in place,” Meehan said.

— But Rep. Mark Takano (D-Calif.), who is expected to take over as chairman of the House Veterans’ Affairs Committee in January, said in a statement that the next contractor will likely have the same struggles unless the VA addresses its underlying IT failures. “If this is not done, I am skeptical that the VA will be able to meet the new deadline they put in place,” Takano said.

— “Extremely optimistic,” was how Rep. Tim Walz, the ranking Democrat on the House Veterans’ Affairs Committee who was recently elected governor of Minnesota, described the VA’s new timeline.

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6.5 - MSNBC (Morning Joe, Video): ['Pathetic, embarrassing': VA won't reimburse some vets](#) (29 November, 3.8M uvm; New York, NY)

Four-minute video: The Veterans Affairs Dept. tells congressional staffers it won't repay underpaid GI Bill recipients, sources say. The news conflicts with a promise VA officials made to a House committee earlier this month that it would reimburse those veterans who received less than the full amount they were due.

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6.6 - MSNBC (Morning Joe, Video): [Congressman says VA issue won't be tolerated](#) (29 November, 3.8M uvm; New York, NY)

Six-minute video: Rep. Mike Turner, R-Ohio, discusses GM layoffs, Wednesday's Senate briefing on Saudi Arabia and controversy surrounding the VA and its inability to pay some veterans.

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6.7 - National Review: [1,500 People Attend Funeral of Vietnam Vet Thought to Have No Living Relatives](#) (29 November, Jack Crowe, 2.4M uvm; New York, NY)

More than 1,500 people showed up at an Omaha, Neb. cemetery on Tuesday to pay their respects to a Vietnam War veteran they never met.

Stanley Stoltz, who passed away November 18 at 73, was laid to rest at the Omaha National Cemetery surrounded by well-wishers who learned of the funeral from an ad in the Omaha World Herald posted by the funeral home that coordinated the service.

"The Public is invited to the Cemetery to honor a Vietnam Veteran with no known family. Interment will be in Omaha National Cemetery on Tuesday, November 27, at 2 p.m.," the message read.

While the ad indicated Stoltz had "no known family," the funeral home subsequently tracked down his brother, who also attended the funeral.

"It's just been a tremendous outpouring of support for this man and even non-veteran-affiliated groups," Good Shepherd Funeral Home director Michael Hoy told CNN affiliate KEVT. Hoyt was first asked to provide the funeral services by the nursing home where Stoltz spent his final years.

Stoltz served as a private in the Army during the Vietnam War. Much of the crowd was comprised of veterans who saw the ad and felt compelled to respond.

"No vet deserves to die alone. Thank God," Dick Harrington, an attendee, told a local CNN affiliate. "We looked around and said, 'Here's his family.' It's true. Veterans. We're all family. That's just the way we roll."

The crowd was so large that traffic backed up along the highway leading to the cemetery, causing the service to be delayed.

"Sorry for the delay. We weren't expecting this outpouring of love and affection for one of our veterans," a cemetery employee said during the service.

The Omaha Police Department thanked the community for the show of support in a Facebook post.

"We are humbled to see our community respond. We say it often, but this is an example of the community we speak so highly of. Thank you for supporting Stanley, our military and all of our first responders," the post read.

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6.8 - Military.com: [VA Waffles on Pledge to Reimburse Student Veterans for Housing Pay Shortfalls](#) (29 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs' chief benefits official gave assurances Thursday that the department would strive to make whole student veterans who were underpaid for housing stipends under the new Forever GI Bill but left open the possibility that some may never be fully reimbursed.

"There could be some we underpay out there" under the complicated formula for calculating the housing allowances, and the equally complicated fix the VA announced Wednesday, Rep. Phil Roe, R-Tennessee, told VA Undersecretary Paul Lawrence, head of the Veterans Benefits Administration.

At a hearing of the House Veterans Affairs Committee, Lawrence initially responded that all students veterans would get what they were owed -- "retroactively, if need be" -- and he blasted an NBC News report that suggested otherwise.

"Nothing could be further from the truth," Lawrence said, but he appeared to backtrack in additional rounds of questioning from Roe, the committee's chairman, and other members of the panel.

New rates for the housing stipends were supposed to go into effect Aug. 1 under the Forever GI Bill signed into law by President Donald Trump, but the VA botched the installation of IT systems that could handle the changes, resulting in backlogs for thousands of claims.

VA Secretary Robert Wilkie announced Wednesday that the new rates will now go into effect Dec. 1, 2019, when new systems are expected to be in place and operational.

Lawrence told the committee that it is the VA's intention to correct any underpayments, but he was unsure whether it is worth the VA's time and effort to repay all of them, which would involve validating millions of documents and hundreds of thousands of claims.

The result of such an effort could be retroactive payments that would be minimal, he said.

"Is all the processing going to end up with one person getting a check for a dollar? We don't know that yet," Lawrence said. "It's not our intention to harm veterans, but it's also our intention to process the GI Bill effectively and accurately going forward."

He added, "There could be no variation [in the payments], and going back would be energy that is better spent processing claims going forward. That's the unknown we have to figure out."

Late Thursday, Wilkie posted a statement on the VA's website that appeared to contradict Lawrence and re-affirmed the department's commitment to repay student veterans who were shorted.

Wilkie said the VA plans to make whole "each and every post-9/11 GI Bill beneficiary -- retroactively, if need be -- for their housing benefits for this academic year."

At the House hearing, Roe and others on the panel pointed out that what the VA is proposing, as outlined by Lawrence, would be against the law on the new rates that were supposed to go into effect Aug. 1.

"The law states what we must do on 1 August," Roe said. "Like you said, it's fairly clear what the law states. The question is, are we going to follow the law? And if we're not, then we have to change the law."

Rep. Scott Peters, D-California, told Lawrence, "It sounds to me like you're leaving yourself some flexibility as to whether to do that or not."

"Maybe you're assessing if it's worth the trouble to go back" and implement the law retroactively, he added, "but we'd like to know if these people are going to be made whole by that formula, and I'm having trouble getting that answer out of you, it sounds like."

Roe sought to sum up the problem. "Basically what we did was, just for clarity, we stood up a system that didn't work and paid people what we had paid them in the past, and we don't know what we should have paid them. Am I correct? That's pretty much what we did because our IT system didn't work."

"Essentially correct," Lawrence replied. "That's correct."

Veterans service organizations reflected the committee's frustration with the implementation of the law and the VA's vague commitment to making all student veterans whole on the new rates.

For many student veterans, the VA's message was that putting the new rates in place was "too hard" and "we're not going to pay you what we owe you," said Pat Murray, deputy director of national legislative services at the Veterans of Foreign Wars.

The new rates were written into law, and "you can't just dismiss that," Murray said.

"We don't even know how many students are affected by this," said Tanya Ang, vice president of Veterans Education Success. "There is a chance students may not get the housing allowance owed them."

She added, "We've been working with the VA on this issue," but "it is the law and they can't make a decision" to change the way it is implemented on their own.

Under new rules announced by the VA on Wednesday, student veterans will receive what they would have been paid in the way of housing stipends under the rules that were in effect in 2017 before the new law was passed.

According to the VA, that would roughly translate into about one percent more than the DoD's Basic Allowance for Housing for E-5s with dependents.

Those students who have been overpaid during the switchover to the new rules will be allowed to keep the money, according to the VA.

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6.9 - Townhall: [VA Breaks Promise to GI Bill Recipients](#) (29 November, Cortney O'Brien, 1.7M uvm; Arlington, VA)

UPDATE: VA Secretary Robert Wilkie has responded to the GI Bill controversy. He is assuring veterans that "each and every post-9/11 GI Bill beneficiary will be made 100 percent whole."

To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates.

I made this clear to Chairmen Isakson and Roe on calls yesterday and want to reassure Veterans and taxpayers that is indeed the case.

Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law.

ORIGINAL POST

Veterans Affairs revealed that it will not be making retroactive payments to student veterans who were underpaid under the Forever GI Bill due to computer problems. The VA will not be reimbursing those students, officials explained, because doing so means they would have to audit all previous education claims before December 2019, perhaps as many as 2 million.

The missed payments have reportedly left some student veterans in poverty and homelessness.

The VA's controversial decision comes after agency officials promised the House Veterans Affairs Committee earlier this month that they would pay what was owed to the student veterans who got gipped over technical glitches. Veteran Benefits Administration Head Dr. Paul Lawrence, and Gen. Robert Worley, director of education service, testified as much, but could not provide any specific dates.

Gen. Worley, who will depart his current position to head the VBA's regional office in Houston, shared that 1,000 veterans had gone more than 60 days without their checks, 10,000 had been waiting between 30 and 60 days and about 73,000 total were still delayed. He could not provide the number of veterans who had gone more than 90 days.

However, Worley did say that veterans who had been overpaid can keep the money - they won't go looking for it.

At that same hearing, Richard Crowe, the senior vice president of software company Booz Allen, sounded off on the VA's aging computer systems. The VBA had contracted out software updates to Booz Allen.

"Many of the underlying IT systems required to implement the changes were past, at, or very near their intended dates for retirement," Crowe said.

Veterans groups are rightfully outraged.

"Some of those guys in there, they were so in cover-your-ass mode," Patrick Murray, deputy director of Veterans of Foreign Wars, said of the VA officials at the committee hearing.

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6.10 - The New Orleans Advocate: [Guest column: A call to increase access to supportive housing developments for veterans](#) (29 November, Dylan Tete, 743k uvm; Baton Rouge, LA)

For generations, the American public has heard a constant chorus from our fellow citizens about the need to address the short and long-term needs of veterans of all wars. Originally, the focus was on the highly visible plight of many Vietnam-era veterans who suffered the effects of post-traumatic stress. Through the years, scientific and medical research has revealed that stress can manifest itself in many forms. However, it took our country's many commitments in the Middle East, particularly from multiple overseas tours of many servicemen and women in Iraq and Afghanistan, to illustrate the depth of challenges faced by these returning warriors.

Fortunately in 2015, a group of like-minded veterans and civilians developed a transformative community for warriors of all services that would assist them and their families through the transition from military service to civilian life. The most unique feature of the Bastion Community of Resilience is that it provides a healing environment within an intentionally designed neighborhood. Ill or injured veterans and their families live alongside retired military and civilian volunteers. Bastion residents commit to helping their neighbors, and this, in turn, promotes well-being and reduces social isolation, which is a frequent challenge for this population.

During November, as we express our appreciation for the sacrifices of our military veterans and recognize their advancement within specialized communities, we must do more. For this reason, we advocated with the Louisiana Housing Corporation to create a special preference that incentivizes housing developers to build supportive housing for veterans. This is an ongoing effort that must have the enthusiastic support of business, political and opinion leaders to be successful.

U.S. Secretary of Veterans Affairs Robert Wilkie recently toured Bastion. As we demonstrated during his visit, Bastion's early success is the best indicator that we are fulfilling a need for veterans to live in intentional, mutually supportive communities. These communities can help cities meet the VA's goal of a functional zero status of homeless veterans, as Bastion has done in New Orleans. There are many warriors, however, with injuries so severe they require assistance in the activities of daily living, and until the promise of Bastion, options remain limited for their caregivers and families.

As a modest beginning to fill a critical gap in the continuum of care, we are working with our Louisiana delegation and others in Washington, D.C. to pass legislation that would increase access to supportive housing developments for veterans who have catastrophic injuries and need lifelong rehabilitative care, but who earn too much in disability compensation to qualify.

For the most affected households, these warriors demand a higher level of community-based support in a stable living environment. And because of their significant rehabilitative needs, they consume a disproportionately large share of VA care. Congressional action thus far has been hit-or-miss, which delays the urgently needed care required of our most challenged veterans.

Our community can do something positive for our warriors. This year, helpful report language was included in an appropriations bill encouraging the Departments of Treasury and Housing and Urban Development to collaborate on a comprehensive solution on the income eligibility issue. Many of us are now working toward a permanent fix through legislation that would increase housing support for qualified veterans.

When someone asks how they can help veterans in a tangible way, tell them to support communities like Bastion and to contact their congressional representatives to increase support for our returning warriors. You can also contact Bastion Community directly at www.joinbastion.org.

Dylan Tete is founder and executive director of Bastion Community of Resilience in New Orleans.

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6.11 - Stars and Stripes: [Take care to help veterans who care for others too](#) (29 November, Ruth Stein, 532k uvm; Washington, DC)

The Department of Veterans Affairs' noble motto, "To care for him who shall have borne the battle and for his widow, and his orphan," calls on all of us to care for the men and women who have served our country. Too often, we think about veterans for only one day a year, Veterans Day. But we should contemplate our veterans' sacrifices and recommit to our duty to care for them in return — long after Nov. 11. While the programs that can support that commitment change from year to year, the challenges vets too often face remain the same and we must do better to give them the respect they deserve.

This year, the VA begins its yearslong expansion of the program that provides monetary assistance to family caregivers of post-9/11 veterans seriously injured in the line of duty to those caring for eligible veterans of all eras, including the elderly. This is a welcome change for those who work with elderly vets and know their struggles in obtaining long-term care with limited financial means. Yet as an attorney with LegalHealth, who staffs an on-site free legal clinic for older veterans at the Manhattan and Bronx VA hospitals in New York, I find far too many veteran clients who are seeking services not only for themselves, but care for others.

One such client came to LegalHealth seeking to prepare a will to protect his wife, children and grandchildren after his passing. Though separated from his wife at the time, he wanted to ensure she would inherit his belongings and any savings at the time of his passing, and to see that his adult child who had the least support caring for her children would inherit his car. In preparing his will, he reflected on a lifetime of trauma — beginning in childhood upon separation from his family in Puerto Rico, and culminating in combat in Vietnam where he suffered post-traumatic stress disorder now recognized through his disability compensation from the VA — and wondered whether he had always been a good family man in light of the psychological damage he suffered. He also expressed the love he has found in serving as a caregiver for his young grandchild and the healing he has experienced in this role.

My client's concern for his loved ones is no surprise to those familiar with veterans' culture and veterans' challenges. In looking at the difficulties servicemembers face transitioning from the military, veterans and their advocates tend to note a loss of camaraderie, brotherhood and sisterhood, and unconditional devotion: the sense among their battle buddies and friends that they are ready to sacrifice for one another at any time. Indeed, I have found working with older veterans that I am not simply serving those who served but carrying out my clients' wishes to care for others — their desire to see their friends and family are protected, secure and not overburdened. Each day, veterans come to LegalHealth to ask how spouses, children,

grandchildren, friends, family and significant others can be cared for throughout their old age and after their death, through wills, survivors' benefits, home care, housing rights and more.

The time is upon us to do more than simply honor our veterans. We must now focus our efforts on enacting real policy changes that will benefit our veterans and their families. The expanded caregiver program is one positive step by Congress toward the VA's mission of caring for veterans, and it is something in which we can be proud. Much more will be needed, such as addressing the VA Office of Inspector General's concerns about the caregiver program's operations, and continuing to support our VA medical centers, which, based on Rand Corp.'s 2018 study sponsored by the New York State Health Foundation, are uniquely positioned among health care providers to meet veterans' particular needs.

Yet I encourage us to also remember what my legal work has shown me — that in helping our older veterans, we are not simply caring for those who have borne the battle on our behalf; we are finally joining their brotherhood and sisterhood in a mission to protect, serve and care for their friends, family and loved ones.

Ruth Stein is an attorney with the Older Veterans Legal Clinics at the Bronx and Manhattan VA and the New York Legal Assistance Group.

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6.12 - KAKE (ABC-10, Video): [Will the VA pay what it owes student veterans?](#) (30 November, Pilar Pedraza, 79k uvm; Wichita, KS)

"If you say you're going to do something, do it," said Michael Bearth, a U.S. Marine veteran and student at Wichita State University. Like many Kansas veterans, he's bracing for more problems with GI Bill benefit payments.

Just as the Department of Veterans Affairs is getting a backlog of benefits applications under control, new headlines hit shouting that the VA may not fix shortfalls on housing benefit checks this year. The VA swears every veteran will get their due.

Student veterans just want to know what's going on.

"Saying that those that....may have been overpaid were not getting any reduction, I can kind of understand," said Bearth. "But to not afford the same respect to those who are underpaid is kind of off-putting to me."

The Veteran Student Senator in Wichita State's student government, Bearth has spent the last few months helping student veterans deal with problems getting their benefits applications certified caused by a change in the VA's IT system. Now, he's concerned about a possible new problem. This one due to changes Congress made to the Forever GI Bill, designed to make GI benefits lifelong, not limited by how long it's been since someone served. In this case, the change made the housing benefits dependent on where a student veteran is attending school.

"We said we should give you a per diem amount based upon where you're actually going to school," said Rep. Roger Marshall, (R) Kansas 1st District. "And we asked the VA to have it up and running by August the first of this year and it's still not up and running."

Due to errors and misunderstandings some students got more money than allotted, others didn't get enough. Now, word the VA may not true up what's owed on the shortfalls.

At WSU's military and veterans services office, they're worried and upset.

"This is something that is owed to them by the government for their service. And it is not our student veterans' fault that the system is not working. It is the government's fault that the system is not working," said retired Army Lt. Col. Larry Burks, Sr, head of Wichita State's Military and Veterans Services Office.

The university has been offering emergency loans to veteran student still waiting for GI Bill payments, but says it can't do much more.

"The measure of what they need is going to be a very large amount of money and something that only the government can truly make right," Burks said. "But Wichita State University is going to certainly do everything that we can here to support them during these times."

Many students aren't quite sure what to believe.

"It's pretty far out there for me," said Ciaban Peterson, president of the Student Veterans Organization at WSU. "I believe that there needs to be a follow up with it, if it's true or not, but explicitly coming from leadership versus others who are unnamed sources."

In Washington D.C. the Undersecretary of Veterans Benefits swore the national story was false saying in a written statement, "Once again - each and every, and I mean every single veteran, will be made whole for their housing benefits this year."

But then, Dr. Paul Lawrence told a congressional committee that a retroactive audit of payments needed to determine who the VA still owes is not a given.

"It is not clear there are going to be any changes. We've got to figure out what the implications of that are. then go back, or not, as appropriate," Dr. Lawrence said.

Kansas Congressional delegation is promising to hold the VA accountable.

"So we may have overpaid some people. We may have underpaid some people. But what we got the VA to commit to today is, number one, they weren't going to call back any of the dollars and, number two, by golly, they are going to reimburse those folks what they actually should have been paid," Rep. Marshall said via Skype Thursday afternoon. "So there may have been a little bit of hesitancy on the part of the VA, but I don't think there's any of that going on now and we're going to hold them accountable."

In a written statement, Rep. Lynn Jenkins, (R) Kansas 2nd District, said, "In previous communications from the VA they seemed to indicate they would comply with the law and have even gone so far as to acknowledge that is the law. Why the VA is now sending mixed messages on this commitment is puzzling and unacceptable. In the weeks ahead, I will work with my colleagues to make sure the VA sticks to the law passed by Congress."

Rep. Ron Estes, (R) Kansas 4th District, said via a written statement, "'I am disappointed in NBC running a misleading story about the VA but glad the agency clarified that veterans on the post-9/11 GI Bill will receive 100% of their housing benefits for the academic year. Our veterans

and their families make incredible sacrifices for our country and deserve our full support. I am pleased that by 2020, the VA will have transitioned to a new technology system to avoid backlogs which have previously occurred."

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6.13 - Federal Computer Week: [VA to rebid failing GI Bill benefits contract](#) (29 November, Adam Mazmanian, 39k uvm; Vienna, VA)

After taking a beating in Congress and the media over failed efforts to roll out updates to its GI Bill payment systems, the Department of Veterans Affairs announced plans for a reset on the project, including a rebid of software and integration contracts.

At issue are changes to calculations for housing allowance payments required under the Harry W. Colmery Veterans Educational Assistance Act of 2017, known as the Forever GI Bill. The new variables, having to do with the location of schools and veterans and how those figure in to housing allowances, combined with VA's web of antiquated systems, proved to be a recipe for disaster.

While the system was supposed to be up and running by Aug. 1, in time for veteran students enrolling in the fall semester, that projection proved too optimistic. The VA turned to manual processing of the benefits, which in turn has led to a backlog and complaints about incorrect or missing payments.

At a Nov. 29 hearing of the House Veterans Affairs Committee, Under Secretary for Benefits Paul Lawrence rebutted what he called a "misleading" NBC News story on the issue, which stated that some veterans will never receive the full housing benefit because of the tech problems. Lawrence said that the Veterans Benefits Administration is going to recompute payments using 2018 rates, "and we will make those people whole." He added that the VA is not going to pursue debt claims for any veterans who were overcompensated by the system and that underpaid veterans "will get a check in January."

Lawrence also pledged that VA would be ready in December of 2019 to roll out a system that will cover the Forever GI Bill benefits by the spring of 2020.

Lawmakers have already been scratching their heads over why this functionality -- calculating housing allowances based on a few geographic variables such ZIP code -- is taking so long.

"While I'm certainly not an IT expert, I cannot understand why 15 months after this law was passed, we're sitting here asking these questions," Rep. Jodey Arrington (R-Texas) said at a Nov. 15 hearing on the benefits problems.

Now that VA has pledged to conduct a new procurement to find a contractor to design software for benefits delivery and integrate it with existing systems, the question arises whether the veterans agency can meet its new Dec. 2019 deadline.

While 13 months seems a long way off, that is not much time for a new procurement and software development and testing, according to one former VA technology executive who spoke on background to FCW.

"Next year is aggressive," the former official told FCW. "The legacy infrastructure of the VBA systems is so old and antiquated, and it's now showing its face."

That assessment isn't far off from what Bill James, a deputy CIO at VA, offered at the Nov. 15 House hearing.

Prior to the passage of the GI Forever Bill, James said, there was a "broad modernization effort in place," to upgrade and rationalize the cluster of interdependent legacy systems involved in paying veterans benefits.

"We shifted from that broad modernization to focus on [the Forever GI Bill] because we had a deadline to achieve," James said.

The former official said any redeveloped system will likely run into the same problems VA is facing now.

"It still has to work with everything else. It's not just an education system. There are a great deal of dependencies within the system," the former official said. "That's why it's so complex."

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6.14 - WBND (ABC-57, Video): [More local veterans using VA loans to buy homes](#) (29 November, Marisa Oberle, 37k uvm; South Bend, IN)

The number of veterans taking advantage of VA purchase loans to buy a home is soaring according to new data.

New statistics from the Veterans Administration show the number of those loans jumped 59 percent across the country over the past five years, but in Indiana the number of new home and refinance loans surged by 72 percent in Indiana.

In South Bend, that number is even higher: loans rose 96 percent from FY 2013 to FY2018.

James Cross is a South Bend father and veteran.

While most people dread shoveling snow this time of year, he doesn't mind. That's because this is the first time in his 57 years he's actually had a place that required housework like shoveling the snow.

"I had been renting for a long time," said Cross.

In October, Cross bought his first home, a cozy, two bedroom on the west side of South Bend.

"I was looking for something small, easy to maintain, and a nice yard," said Cross. "I was able to find this house and I loved it. I thought it was perfect for me."

A VA purchase loan helped James secure the place. He served in the Army from 1979 to 1982. These loans allow qualified veterans to buy with no money down, no private mortgage insurance, and more flexible credit guidelines.

"It's great because it gives you something," said Cross. "It's yours and it gives the veteran a sense of self worth"

Veterans must meet service length requirements, have a good credit score, sufficient income, and a certificate of eligibility to qualify for a VA home loan.

"There's been a growth in awareness of this program," said Veterans United Director of Education Chris Birk. "They're seeing how it plays out in the marketplace. It's also becoming increasingly appealing as veterans look at all of their home financing options."

Birk add military service can make it hard on a servicemembers' finances and their ability to build credit.

"This is helping veterans get a foothold in places across the country and places like South Bend where they're really looking to put down roots," said Birk.

"Take advantage of it," said Cross. "You served your country, you have that, you have that privilege."

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6.15 - Beloit Daily News: [Officer Goes Above And Beyond Job Duties To Help Out 81-Year-Old Homeless Veteran](#) (29 November, Austin Montgomery, 9k uvm; Beloit, WI)

Over the course of his 11 years with the Beloit Police Department, patrol officer Eric Rohrer has always looked to help others.

Last week his commitment to service was on full display after Rohrer, who works the department's second shift, was dispatched to the Beloit Clinic on Huebbe Parkway to help a homeless veteran find shelter as temperatures dropped on Monday night.

After speaking with the 81-year-old named Peter and trying to find temporary housing to no avail, Rohrer took it upon himself to buy the man two night's accommodation at the Rodeway Inn in Beloit.

"It's not something I want recognition for, but it's something that I honestly believe any of my brothers and sisters that I serve with would have done the same thing in that circumstance," Rohrer said.

In talking with staff at the Beloit Clinic and learning the man's background, he found out that Peter had served in the Korean War and had been living out of his car for the last two years.

"He was well-spoken, and at the age of 81 he should not have been living out of his car," Rohrer said. "I don't make all the money in the world, but I am blessed enough to pass my fortunes along to others."

Rohrer said he wanted to help to make sure the man had a place to stay before his meeting later that week with Veterans Affairs in Madison, where he is set to receive subsidized housing through the VA, Rohrer said.

Going forward, Rohrer said he would continue to look for ways to help others.

"I felt so compelled that he should not be living out of his car as a veteran any longer," Rohrer said.

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6.16 - ConnectingVets.com (CBS Radio): [Student debt forgiven in settlement with for-profit school](#) (29 November, New York, NY)

Students saddled with debt for tuition they couldn't use at the now-bankrupt ITT Technical Institute will now have their debts cancelled, thanks to a settlement announced by a federal judge Wednesday. Now the students will seek to have their billions of dollars in federal student loans forgiven by the US Department of Education.

The settlement confirms that over 750,000 students - many of them veterans - were cheated by the for-profit college, which closed its doors and filed for bankruptcy in 2016. The settlement acknowledges that students were the subject of predatory practices by the university.

"ITT routinely lied to hundreds of thousands of students. They targeted people who were eligible for federal loans and grants –including low-income people and veterans like me – and took advantage of our dreams and ambitions," said Lorenzo Boyland, a former student of the for-profit ITT Technical Institute campus in Cordova, Tennessee. "While this settlement is a victory, we are still paying federal student loans that funded a school that no longer exists. All I'm asking for – all any of us are asking for – is a fair shot and a fresh start. I just hope the Department of Education is listening."

Boyland is among a group of students who filed suit against ITT alleging the publicly-traded company deceived and misled students about financial aid, costs of attendance, job placement and salaries, the quality of equipment and experience of instructors, the desirability of ITT graduates by employers, ITT's programmatic accreditation, the transferability of its credits, and career placement assistance.

The settlement includes these key details:

All of the more than \$500 million in student debts owed directly to ITT are cancelled.

All of the almost \$3 million students paid directly to ITT since ITT declared bankruptcy in September 2016 has been returned to students.

The student class holds a \$1.5 billion allowed claim, making students the largest creditor of the estate. If there is money in the estate to pay unsecured claims, the student class will receive a proportional share based on the size of the allowed claim.

ITT students keep their rights to seek further relief from the Department of Education and private lenders.

Military veterans are an easy target for for-profit colleges, and several schools have been sued over their predatory practices. Veterans' educations are funded through GI Bill benefits, and because of the wording of the "90/10" rule, for-profit schools are permitted to raised 90 percent of their revenue from federal student aid programs. And that has caused a feeding frenzy.

A 2017 congressional report stated that 8 of the top 10 higher-education schools profiting from the GI Bill were for-profit colleges, and of those 8, 7 were under investigation.

Former students of ITT can get more information here.

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6.17 - WPDE (ABC-15, Video): [Horry County VA tries to keep lines moving for claims](#) (29 November, Madeline Montgomery, Conway, SC)

Horry County, S.C. (WPDE) — With one month left in the year, workers with the Horry County Veterans Affairs office say they have already served almost a thousand more people than last year.

"We have the second largest veteran population in the state compared to other counties." said Ronald Elvis, the director of the Veterans Affairs office in Horry County.

Elvis says the population is exploding. We wanted to know how they're able to serve every veteran who needs assistance.

"We implemented an appointment system, so it's easier to try to track what the veteran needs, how long they're going to need to be here, so that we can schedule an appointment so that they don't sit for hours waiting in the hallway," said Elvis.

As of last week, they can file claims electronically.

"We have the ability to where when a veteran comes in their original documentation, we scan it and from that point on we're paperless, and we've seen a reduction in time from processing normal transactions. Something that used to take weeks to process now takes minutes," said Elvis.

Elvis says Horry County taxpayers pay for the time VA employees work. They just hired a new employee, making Horry County's office the most staffed VA office in the state.

"As a veteran of Horry County, that's what makes me so proud of my county, for them to get out in front of a situation that could potentially cause long waits and long lines and what not for our veterans," said Elvis.

Right now, the average wait time at the VA is 10 days.

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7. [Other](#)

7.1 - Runner's World: [4 Signs You're Not Getting Enough Iron—and What to Do About It](#) (29 November, Danielle Zickl, 1.6M uvm; New York, NY)

As a runner, there are a lot of vitamins and minerals your body needs to function and perform at your best. One of the most important—and often overlooked—ones? Iron.

That's because this mineral makes it possible for red blood cells to carry oxygen to your muscles to power them, which is "especially critical during exercise," according to Nathan Myers, M.S., R.D., C.D.N., clinical dietitian at James J. Peters VA Medical Center in New York.

Iron also plays a role in helping you metabolize carbs, which are your muscles' primary source of fuel during high-intensity activity, like a track workout. "Without adequate iron, a runner will become fatigued much more easily and recover slower as well," Myers says.

And according to Guillem Gonzalez-Lomas, M.D., an orthopedic surgeon at NYU Langone's Sports Medicine Center, training when you're low on iron can lead to inflammation, which can trigger the release of a molecule called hepcidin from the liver. "Hepcidin sequesters the iron and prevents it from being used by the body, lowering the functional deficit even further," he says.

Not sure if you're getting enough iron? Here are four signs to look out for that might be pointing to a deficiency, plus what you can do to boost your intake.

1. You're always tired

If you know you're getting enough sleep but you feel insanely tired all the time, you might be low on iron. It all circles back to iron's role in helping your blood carry oxygen efficiently, Myers explains.

"There won't be enough iron for your red blood cells to transport oxygen or carry away carbon dioxide," he says. "Thus, fresh oxygen is delivered and waste is removed more slowly, resulting in a feeling of fatigue."

This can hamper exercise performance, warns Gonzalez-Lomas—and not just because you feel zonked before your workout even starts. "An iron deficiency increases muscle fatigue and worsens your endurance and aerobic capacity," he says, which are two things that are essential for runners.

2. Your skin is paler than normal

If you've noticed that your skin is looking more pale than usual, this is another possible signal that you aren't getting enough iron in your diet. The more iron you get, the more color you'll have in your complexion.

"Iron gives hemoglobin [a protein in red blood cells that carries oxygen] its red color, which in turn gives color to the skin. As the red color decreases due to lack of iron, the skin appears more pale," says Myers.

And it's not just about your skin, either. If you're lacking iron, you might also notice paleness in your gums or your nails, too.

3. Your extremities are cold

Fingers and toes constantly freezing? If you don't get enough iron, your body experiences reduced oxygenation of your blood. As a result, it pulls blood away from your extremities and instead sends it to more essential organs, such as your brain, heart, kidneys, liver, and lungs, Myers says. Less blood flow to your fingers and toes means they'll feel colder.

4. Your heart rate is unusually high

The average person has a resting heart rate that's between 60 and 100 beats per minute (bpm). However, athletes like runners tend to have a lower resting heart rate—usually somewhere between 40 and 60 bpm. (This is because the hearts of people who are more fit don't have to work as hard—and beat as fast—to pump blood.)

Knowing what your resting heart rate is can come in handy for a few reasons: It can clue you in on if you're getting sick, overtraining, or stressed out. It can also tell you if you have an iron deficiency.

Because your body senses that less oxygenated blood is available and waste is building up, your heart rate speeds up to be able to pump the available oxygenated blood more rapidly to meet your body's needs, according to Myers. The more oxygenated blood that's available, the less waste buildup there is, and your heart doesn't have to do any extra work.

Find out if you're iron deficient

If you have any of the above signs, you may want to check with a doctor. He or she may recommend a blood test to check if you're actually iron-deficient and have iron deficiency anemia, a condition in which your body doesn't have enough iron to make a part of your red blood cells called hemoglobin, according to the Mayo Clinic.

If you are, your doctor may recommend things like eating iron-rich foods or undergoing further testing like a colonoscopy to check for other possible causes of iron deficiency, like blood loss caused by gastrointestinal bleeding.

How to get more iron in your diet

Foods like clams, red meat, oysters, eggs, salmon, tofu, raisins, whole grains, spinach, and legumes are all good sources of iron, according to Myers, so making them a regular part of your diet is definitely the way to go. He advises against taking iron supplements—especially without a doctor's recommendation—since they can sometimes cause GI distress, including stomach cramps and constipation.

The average person needs about 8 milligrams (mg) of iron per day, Myers says. But women who are menstruating need 18 mg per day to make up for loss of blood.

Just be aware that iron can be tough for your body to absorb, according to Myers. Iron absorption can be inhibited by compounds called phytates, commonly found in legumes, rice, and grains, says Gonzalez-Lomas. Both Myers and Gonzalez-Lomas agree that the trick to improve your body's ability to absorb iron is to combine any iron-rich food you eat with vitamin C, which helps your body break it down. Cooking acidic foods in cast iron cookware can also help.

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Veterans Affairs Media Summary and News Clips

30 November 2018

1. [Top Stories](#)

1.1 - Military Officers Association of America (Video): [MOAA Interview: Secretary Wilkie on VA Changes, Health Records, Blue Water Navy Benefits, and More](#) (27 November, Amanda Dolasinski, Alexandria, VA)

As he walked to his high school in Fayetteville, N.C., Robert Wilkie would often pause as he passed the Veterans Affairs hospital down the street. The brick building towered over the school and the nearby houses. An inscription on the front of the building read, "The Price of Freedom is Visible Here." "That means a lot to me," Wilkie said, thinking of his father, an artilleryman stationed at Fort Bragg who was severely injured during combat in the Vietnam War.

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1.2 - ConnectingVets.com (CBS Radio): [VA Secretary Robert Wilkie holds town hall with Native American veterans](#) (29 November, Kaylah Jackson, New York, NY)

VA Secretary Robert Wilkie visited Native veterans and tribal leaders in Ada, Oklahoma Wednesday, to discuss ways the VA can better serve their communities. A native of Lawton, Oklahoma, Wilkie told KTEN news, "They [Native American veterans] serve in the military in numbers disproportionate to their size of the population. I want that service to be recognized."

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1.3 - PJ Media (Audio): [Carson Wants 'Flexibility' from Congress on Forthcoming Proposals to End Veteran Homelessness](#) (28 November, Nicholas Ballasy, 1.5M uvm; Los Angeles, CA)

Veterans Affairs Secretary Robert Wilkie told PJM he's been "amazed" by the attention President Donald Trump has given to him regarding solutions to opioid addiction, mental health and homelessness among veterans. Wilkie, who has led the VA since July, joined Housing and Urban Development Secretary Ben Carson recently to announce a drop in the number of homeless veterans in the United States.

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1.4 - NBC News: [After pressure from Congress, VA reverses course and promises full benefits to veterans](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

After a day of pressure from members of Congress, the Department of Veterans Affairs reversed course on Thursday and announced that it would pay veterans the full amount of benefits they are due under the Forever GI Bill.

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1.5 - NBC News (Video): [Top VA official sharply criticized for not committing to paying veterans full benefits](#) (29 November, Phil McCausland, 12.7M uvm; New York, NY)

Paul Lawrence, who oversees the Veterans Benefits Administration, came under fire by members of Congress on Thursday over student veterans who will not be paid the correct amount under the Forever GI Bill. Rep. Nancy Pelosi, D-Calif., who is likely to be the next speaker of the House, accused the VA of "gross negligence" and "a shameful lack of accountability" after NBC News reported Wednesday that the VA would not repay some student veterans who were paid less than they were due under the Forever GI Bill.

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1.6 - ABC News: ['Nothing could be further than the truth': VA officials contest report that underpaid veterans would not be reimbursed after August backlog](#) (29 November, Sonnet Swire, 12.6M uvm; New York, NY)

Since a massive backlog of claims in August, thousands of student veterans across the nation have criticized and demanded answers for incorrect or delayed GI Bill benefit payments, which the Department of Veterans Affairs has blamed on inadequate training and technology issues.

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1.7 - The Tennessean (Video): [VA reverses course after VA official testifies ID'ing vets underpaid in Forever GI Bill benefits might burden](#) (29 November, Yihyun Jeong, 1M uvm; Nashville, TN)

After days of back-and-forth, the Department of Veterans Affairs has decided to fully reimburse veterans who may have been underpaid in delayed Forever GI Bill benefits. VA Secretary Robert Wilkie released a statement Thursday afternoon to "clear up any confusion." Every post-9/11 GI Bill beneficiary will be fully paid for their housing benefits this year based on Forever GI Bill rates, he said.

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1.8 - Stars and Stripes: [Confusion reigns over retroactive payments for underpaid GI Bill recipients](#) (29 November, Nikki Wentling, 532k uvm; Washington, DC)

The Department of Veterans Affairs has no plans to retroactively pay student veterans who might get lower monthly housing stipends than they are legally entitled to receive during the next year. The incorrect payments that will be made during the next year are a result of setbacks in implementing a new "Forever" GI Bill – a major expansion of veterans' education benefits that Congress passed last year.

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1.9 - Military Times: [Congress blasts VA on GI Bill: 'You can't simply change the law'](#) (29 November, Natalie Gross, 471k uvm; Springfield, VA)

Lawmakers at a Capitol Hill hearing Thursday questioned whether the Veterans Affairs Department has the authority to change a major deadline for implementing a portion of the Forever GI Bill — and seemingly act as if the original one, mandated by law, never existed.

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1.10 - Stars and Stripes (Military Update): ['Blue Water Navy' bill sinking in Senate despite late-hour talks](#) (29 November, Tom Philpott, 532k uvm; Washington, DC)

As many as 90,000 ailing "Blue Water Navy" veterans are likely to have to wait for a new Congress to see legislation passed that would make them eligible for Agent Orange-related disability compensation and VA-paid health care. Sens. Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee, and Jon Tester, of Montana, its ranking Democrat, negotiated this week with veteran service...

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2. Improving Customer Service

2.1 - U.S. News & World Report (AP): Ex-VA Patient's Positive TB Test Prompts NC Center Testing (29 November, 14M uvm; Washington, DC)

Patients and staff at a Veterans Affairs center in North Carolina are being tested for tuberculosis after a former patient tested positive. The Fayetteville Observer reports that the Fayetteville VA Medical Center's interim director, Carl Bazemore, sent a memo to staff members earlier this month saying the patient who tested positive was in the center's care from May 8 through Oct. 5.

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2.2 - U.S. News & World Report (AP): Spokane VA Hospital Delays 24-Hour Urgent Care (29 November, 14M uvm; Washington, DC)

The head of Spokane's VA hospital says the promise of 24-hour urgent care will be pushed back a year. Dr. Robert Fischer says he wants to use all of 2019 to review the hospital's operations in order to recruit doctors, better manage and place resources where they are needed to support the planned 24-hour operations at the urgent care.

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2.3 - AARP: Volunteers Can Make a Big Difference for Veterans (28 November, David Frank, 4.1M uvm; Washington, DC)

David Edwards recalls how volunteering with veterans changed his late father's life at a challenging time. His dad — James Edwards, who died in 2009 — seemed happy enough during the first year following his retirement, the son recalls. His father played golf in the summer and did woodworking in the winter. But soon, it became clear that something was missing from his dad's life. So Edwards, who is chief of public and community relations for the U.S. Department of Veterans Affairs (VA) Maryland Health Care System, suggested that his father...

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2.4 - ABC News: Study toxic exposure, vaccines in 9/11 and Gulf War Veterans, Scientists say (29 November, Beatrice Peterson, 3.7M uvm; New York, NY)

In a newly released report, scientists have called on Congress and the Department of Veterans Affairs to fund a new program aimed at studying the generational health effects among veterans of the Gulf and post-9/11 wars. The report from the National Academies of Sciences, Engineering, and Medicine comes less than two weeks after the same group called on the VA to look at generational exposure to dioxin -- a component of Agent Orange.

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2.5 - Military.com: Pass Blue Water Navy Legislation This Year (29 November, Garry Augustine, 2M uvm; San Francisco, CA)

Garry Augustine, a disabled Vietnam veteran, is executive director of the Disabled American Veterans' Washington headquarters. Before members of Congress pack up and head home for the holidays, there is one critical piece of stalled legislation they could pass now to right an overdue wrong for tens of thousands of veterans made ill due to their shipboard service during Vietnam.

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2.6 - WMAQ (NBC-5): [Work Orders Reveal Rodents in White House, Chilly Temps at VA Headquarters](#) (29 November, Scott MacFarlane, 483k uvm; Chicago, IL)

Reports of rodents in the West Wing, frigid temperatures at the Department of Veterans Affairs and a bathroom mishap by a Cabinet secretary have prompted repair requests in Washington, D.C. federal buildings in the past two years. The News4 I-Team obtained internal emails and logs of repair needs and maintenance orders at the White House, U.S. Department of Veterans Affairs headquarters and Environmental Protection Agency headquarters.

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2.7 - MedPage Today: [NASEM Outlines Research Needs in Tracking Wars' Effects on Veterans' Offspring](#) (29 November, Shannon Firth, 307k uvm; New York, NY)

From oil-well fire smoke to infectious diseases and toxic chemicals, veterans of the Gulf War and the post-9/11 conflicts in Iraq and Afghanistan were exposed to a range of hazardous elements and situations during deployment. Scientists believe that such exposures may affect not only the veterans themselves, but potentially their children and grandchildren.

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2.8- WLOS (ABC-13, Video): [Charles George VA Medical Center](#) (29 November, 106k uvm; Asheville, NC)

The Department of Veterans Affairs (VA) leads the country in hepatitis screening, testing, treatment, research and prevention. Get more information both for health care providers and for Veterans and the public at <http://www.hepatitis.va.gov/>

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2.9 - WPSD (NBC-6, Video): [VA town hall held in Mayfield](#) (29 November, 51k uvm; Paducah, KY)

Veterans Affairs officials made a visit to west Kentucky Wednesday night, listening to and addressing the concerns of local veterans. A town hall meeting was held in Mayfield. A little more than 20 people showed up to ask questions about their benefits and some came out to enroll in the VA healthcare system.

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2.10 - Altoona Mirror: [VA urgent care hours extended](#) (29 November, William Kibler, 24k uvm; Altoona, PA)

For the second time in six weeks, the Van Zandt VA Medical Center has extended the weekday hours of its Urgent Care Clinic. Six weeks ago, the hospital added two hours in the morning, so that the clinic opened at 6 a.m. This week, the hospital added two hours in the evening, so that the clinic now closes at 10 p.m., although weekend and holiday hours remain 8 a.m. to 8 p.m.

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2.11- The Daily Mining Gazette: [VA town hall focused on HCMCF deferment](#) (29 November, Garrett Neese, 10k uvm; Houghton, MI)

At a Wednesday town hall at the National Guard Readiness Center in Calumet, representatives from the Oscar G. Johnson Veterans Affairs Medical Center in Iron Mountain addressed the issue of deferring VA admissions from the Houghton County Medical Care Facility (HCMCF).

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2.12 - KTOK (AM-1000): [New VA Secretary In Oklahoma](#) (28 November, Beth Myers, Oklahoma City, OK)

Confirmed just four months ago, Veterans Affairs Secretary Robert Wilkie made two site visits in Oklahoma this week. He visited the VA Medical Center in Muskogee and the VA Medical Center in Oklahoma City. He told KTOK News that customer service will be his prime directive. He says it's an issue of leadership and that new leaders have been hired at many places in Oklahoma.

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3. [Business Transformation](#)

3.1 - KYTV (NBC-3): [Springfield's new VA Clinic likely to open first week of December](#) (29 November, 349k uvm; Springfield, MO)

The Veterans Affairs Commission believes its new clinic in Springfield will be ready to open the first week of December. The clinic is located on West Republic Road near Kansas Expressway. VA Clinic spokesperson Wanda Shull says crews are finished last-minute details, including furniture, IT systems, phones and files. She says work should finish to see patients as early as next week, possibly Monday.

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3.2 - Quad-City Times: ['This has been a need for a long time:' Davenport VA clinic readies for early spring opening](#) (29 November, Sarah Ritter, 125k uvm; Davenport, IA)

Clinton veteran Roland Bechtel regularly travels between the Veterans Affairs clinics in Bettendorf and Iowa City to receive the care he needs. "I had a heart attack when I was 68 and have been in the VA system ever since," said Bechtel, 79, who served in the Navy in the 1950s. "And my God, it's working for me. I've always gone to Bettendorf for my provider, and they're great with me. But for a lot of things I need, I have to go out to Iowa City."

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3.3 - Kitsap Sun: [Veterans Benefits Administration to close benefits help desk in Bremerton](#) (29 November, Julianne Stanford, 111k uvm; Bremerton, WA)

The Veterans Benefits Administration has decided to downsize operations inside its Bremerton office by shutting down a help desk that's staffed with employees who assist veterans with benefit-related queries. As of Friday, the office at 500 Pacific Ave. will no longer be a place where veterans can receive in-person assistance with navigating through the Department of Veterans Affairs' complex pension and compensation system.

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3.4 - KJRH (NBC-2, Video): [New V.A. facilities coming to Tulsa, Sallisaw](#) (29 November, 61k uvm; Tulsa, OK)

A brand new, large-scale health care center is in the works for Tulsa-area veterans. The VA will break ground on the new facility in April near 91st and Mingo, combining all three existing centers in the area. The 140,000 square foot building will offer new women's services, GI, and mental health services.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Spokesman-Review: Citing medical records project, Mann-Grandstaff VA delays 24-hour urgent care to 2020 (29 November, Thomas Clouse, 408k uvm; Spokane, WA)

The promise of 24-hour urgent care at Mann-Grandstaff VA Medical Center has been delayed after the hospital signed on as a pilot project for the U.S. Department of Veterans Affairs' \$10 billion effort to update its electronic medical records.

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4.2 - Federal News Network: 10 ingredients making VA's e-health record program sick (29 November, Ed Meagher, 100k uvm; Washington, DC)

The House Veterans Affairs Subcommittee on IT Modernization recently held a hearing on the Department of Veterans Affairs electronic health record modernization (EHRM) program to assess progress to date. The hearing was remarkable on several levels but perhaps the most remarkable was the bipartisan and positive support for this program from both sides of the aisle. Congress clearly wants this program to succeed and wants to be as helpful as possible.

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4.3 - Healthcare Informatics: HHS Studying Modernization of Indian Health Services' IT Platform (29 November, David Rath, 29k uvm; New York, NY)

With so much focus on the modernization of health IT systems at the Veteran's Administration and Department of Defense, there has been less attention paid to decisions that have to be made about IT systems in the Indian Health Service. But now the HHS Office of the Chief Technology Officer has funded a one-year project to study IHS' options.

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4.4 - MeriTalk: VA's EHR Project Hits Early Cost Overrun (29 November, 11k uvm; Alexandria, VA)

The Department of Veterans Affairs admitted this month that its 10-year, \$10 billion-plus project to create an interoperable electronic health record system incurred a \$350 million cost overrun right out of the gate—a potential red flag in the latest effort to develop an integrated records system that also works with the Department of Defense's system.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - USA Today: [VA reverses course on GI Bill payments, will repay possibly short-changed veterans](#) (29 November, Donovan Slack, 26.5M uvm; McLean, VA)

Department of Veterans Affairs Secretary Robert Wilkie overruled a top benefits official Thursday and said the VA won't ignore federal law and will now reimburse veterans who may have been underpaid GI Bill benefits.

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6.2 - CBS News (Video): [Amid confusion, VA says vets will receive full GI Bill payments delayed by IT failure](#) (29 November, Stefan Becket and Anna Gunther, 17.6M uvm; New York, NY)

The secretary of veterans affairs assured veterans they will be paid in full for delayed payments under the GI Bill, clarifying comments by VA officials Thursday indicating veterans might not receive all the money they were owed. The confusion began Wednesday when the VA announced it was delaying implementing a change in the way reimbursements are calculated.

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6.3 - The Hill: [VA vows to make veterans '100 percent whole' over underpaid housing benefits](#) (29 November, Aris Folley, 11.4M uvm; Washington, DC)

The Veterans Affairs Department says veterans will not lose any housing benefits, pushing back on a report that the agency does not plan to reimburse those who were underpaid after a computer glitch. "Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole -- retroactively if need be -- for their housing benefits for this academic year based on the current uncapped DoD rates," VA spokesman Curtis Cashour said in a statement to The Hill on Thursday morning.

[Hyperlink to Above](#)

6.4 - Politico: [Colleges and universities keep a wary eye on VA struggles with GI Bill](#) (29 November, Kimberly Hefling, 8.7M uvm; Arlington, VA)

VA says it needs more time to make GI Bill change: Heading into the spring semester, veterans and higher education institutions appear at least in the short term to get something they've wanted when it comes to Post-9/11 GI Bill claims: certainty.

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6.5 - MSNBC (Morning Joe, Video): ['Pathetic, embarrassing': VA won't reimburse some vets](#) (29 November, 3.8M uvm; New York, NY)

Four-minute video: The Veterans Affairs Dept. tells congressional staffers it won't repay underpaid GI Bill recipients, sources say. The news conflicts with a promise VA officials made to a House committee earlier this month that it would reimburse those veterans who received less than the full amount they were due.

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6.6 - MSNBC (Morning Joe, Video): [Congressman says VA issue won't be tolerated](#) (29 November, 3.8M uvm; New York, NY)

Six-minute video: Rep. Mike Turner, R-Ohio, discusses GM layoffs, Wednesday's Senate briefing on Saudi Arabia and controversy surrounding the VA and its inability to pay some veterans.

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6.7 - National Review: [1,500 People Attend Funeral of Vietnam Vet Thought to Have No Living Relatives](#) (29 November, Jack Crowe, 2.4M uvm; New York, NY)

More than 1,500 people showed up at an Omaha, Neb. cemetery on Tuesday to pay their respects to a Vietnam War veteran they never met. Stanley Stoltz, who passed away November 18 at 73, was laid to rest at the Omaha National Cemetery surrounded by well-wishers who learned of the funeral from an ad in the Omaha World Herald posted by the funeral home that coordinated the service.

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6.8 - Military.com: [VA Waffles on Pledge to Reimburse Student Veterans for Housing Pay Shortfalls](#) (29 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs' chief benefits official gave assurances Thursday that the department would strive to make whole student veterans who were underpaid for housing stipends under the new Forever GI Bill but left open the possibility that some may never be fully reimbursed.

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6.9 - Townhall: [VA Breaks Promise to GI Bill Recipients](#) (29 November, Cortney O'Brien, 1.7M uvm; Arlington, VA)

UPDATE: VA Secretary Robert Wilkie has responded to the GI Bill controversy. He is assuring veterans that "each and every post-9/11 GI Bill beneficiary will be made 100 percent whole." To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates.

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6.10 - The New Orleans Advocate: [Guest column: A call to increase access to supportive housing developments for veterans](#) (29 November, Dylan Tete, 743k uvm; Baton Rouge, LA)

U.S. Secretary of Veterans Affairs Robert Wilkie recently toured Bastion. As we demonstrated during his visit, Bastion's early success is the best indicator that we are fulfilling a need for veterans to live in intentional, mutually supportive communities. These communities can help cities meet the VA's goal of a functional zero status of homeless veterans, as Bastion has done in New Orleans.

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6.11 - Stars and Stripes: [Take care to help veterans who care for others too](#) (29 November, Ruth Stein, 532k uvm; Washington, DC)

The Department of Veterans Affairs' noble motto, "To care for him who shall have borne the battle and for his widow, and his orphan," calls on all of us to care for the men and women who have served our country. Too often, we think about veterans for only one day a year, Veterans Day. But we should contemplate our veterans' sacrifices and recommit to our duty to care for them in return — long after Nov. 11.

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6.12 - KAKE (ABC-10, Video): [Will the VA pay what it owes student veterans?](#) (30

November, Pilar Pedraza, 79k uvm; Wichita, KS)

"If you say you're going to do something, do it," said Michael Bearth, a U.S. Marine veteran and student at Wichita State University. Like many Kansas veterans, he's bracing for more problems with GI Bill benefit payments.

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6.13 - Federal Computer Week: [VA to rebid failing GI Bill benefits contract](#) (29 November, Adam Mazmanian, 39k uvm; Vienna, VA)

After taking a beating in Congress and the media over failed efforts to roll out updates to its GI Bill payment systems, the Department of Veterans Affairs announced plans for a reset on the project, including a rebid of software and integration contracts. At issue are changes to calculations for housing allowance payments required under the Harry W. Colmery Veterans Educational Assistance Act of 2017, known as the Forever GI Bill.

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6.14 - WBND (ABC-57, Video): [More local veterans using VA loans to buy homes](#) (29 November, Marisa Oberle, 37k uvm; South Bend, IN)

The number of veterans taking advantage of VA purchase loans to buy a home is soaring according to new data. New statistics from the Veterans Administration show the number of those loans jumped 59 percent across the country over the past five years, but in Indiana the number of new home and refinance loans surged by 72 percent in Indiana.

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6.15 - Beloit Daily News: [Officer Goes Above And Beyond Job Duties To Help Out 81-Year-Old Homeless Veteran](#) (29 November, Austin Montgomery, 9k uvm; Beloit, WI)

Over the course of his 11 years with the Beloit Police Department, patrol officer Eric Rohrer has always looked to help others. Last week his commitment to service was on full display after Rohrer, who works the department's second shift, was dispatched to the Beloit Clinic on Huebbe Parkway to help a homeless veteran find shelter as temperatures dropped on Monday night.

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6.16 - ConnectingVets.com (CBS Radio): [Student debt forgiven in settlement with for-profit school](#) (29 November, New York, NY)

Students saddled with debt for tuition they couldn't use at the now-bankrupt ITT Technical Institute will now have their debts cancelled, thanks to a settlement announced by a federal judge Wednesday. Now the students will seek to have their billions of dollars in federal student loans forgiven by the US Department of Education.

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6.17 - WPDE (ABC-15, Video): [Horry County VA tries to keep lines moving for claims](#) (29 November, Madeline Montgomery, Conway, SC)

With one month left in the year, workers with the Horry County Veterans Affairs office say they have already served almost a thousand more people than last year. "We have the second

largest veteran population in the state compared to other counties." said Ronald Elvis, the director of the Veterans Affairs office in Horry County.

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7. [Other](#)

7.1 - Runner's World: [4 Signs You're Not Getting Enough Iron—and What to Do About It](#)
(29 November, Danielle Zickl, 1.6M uvm; New York, NY)

As a runner, there are a lot of vitamins and minerals your body needs to function and perform at your best. One of the most important—and often overlooked—ones? Iron. That's because this mineral makes it possible for red blood cells to carry oxygen to your muscles to power them, which is "especially critical during exercise," according to Nathan Myers, M.S., R.D., C.D.N., clinical dietitian at James J. Peters VA Medical Center in New York.

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1. [Top Stories](#)

1.1 - Military Officers Association of America (Video): [MOAA Interview: Secretary Wilkie on VA Changes, Health Records, Blue Water Navy Benefits, and More](#) (27 November, Amanda Dolasinski, Alexandria, VA)

As he walked to his high school in Fayetteville, N.C., Robert Wilkie would often pause as he passed the Veterans Affairs hospital down the street. The brick building towered over the school and the nearby houses. An inscription on the front of the building read, "The Price of Freedom is Visible Here."

"That means a lot to me," Wilkie said, thinking of his father, an artilleryman stationed at Fort Bragg who was severely injured during combat in the Vietnam War.

After graduating from Reid Ross High School, Wilkie stayed in North Carolina to attend college at Wake Forest University. He went on to serve as an officer in the Air Force and Navy, and currently serves as a lieutenant colonel in the Air Force Reserve. Wilkie worked as the assistant secretary of defense for legislative affairs and undersecretary for personnel and readiness.

He caught the attention of President Donald Trump, who nominated him to serve as Secretary of the Department of Veterans Affairs.

In November, Wilkie sat down with Military Officer magazine to reflect on his first 150 days leading the massive VA health care system, which includes 9 million people across 1,700 centers. The exchange has been edited for clarity and brevity.

Q. One of the things you've made a point of doing is visiting VA centers across the country. As you've engaged with VA patients and patients at the centers, what's been their feedback?

A. I made a point to visit as many sites and states as possible, from Anchorage to Orlando to Nevada to Massachusetts, and I wanted to get a feel for two things. One, those who use VA centers. The other, the people who work at the VA.

So two things were pretty clear. One, we do have [an] incredibly dedicated workforce. They understand they have a special mission. The second part is what I have conveyed to Congress, that once a veteran gets into the system, [the veteran is] pretty happy with the service and the medical attention that [the veteran] gets, which runs counter to what you read in a lot of publications.

So, if that's the case, then what is the real obstacle to VA becoming the 21st century health care administration? It's probably administrative. It's getting people into the system, cutting down the number of hoops that an individual has to jump through to reach the VA. We've done a lot of things.

We just launched our new VA.gov, which consolidates hundreds of websites down to just a handful.... Our community caregiver program - we've gone from multiple programs to one to make it easier for those using our services to navigate. It is a question of bureaucracy, and that also entails modernizing our IT system ...

Q. Are there other administrative efforts still in the works?

A. Oh, sure. The most important, in terms of IT, are the electronic health records. That is something that I had responsibility for first as the undersecretary of defense [for] readiness.

I use my father as an example. Multiple decorated combat soldier. Three Purple Hearts. ... At the end of his career, he came out of service needing two knees, two hips and [had] lead in his body from Cambodia in 1970. As a result of that, [he] carried around an 800-page record, and there was one copy. We can no longer do that to our veterans.

So, if a veteran has to go to a local pharmacy or a local doctor, that local pharmacy or local doctor will now have the ability to put that medical information into that record so that big VA has a complete record, complete picture of that veteran's health care and where that veteran stands on the spectrum.

Q. Will it make filing claims a smooth process?

A. Well, that's already being done with our rapid claims process that has been put in place. We've reduced the number of outstanding claims by the tens of thousands just in the last year. That's been on track for a while, and we're very proud of our ability to answer those claims and questions rapidly. ... The electronic health record, because it involves the Department of Defense, it's going to take a little longer to implement.

Q. The GI Bill - people were having trouble with stipends. What is the status of that? How is the VA working to resolve it so that it doesn't happen again?(Editor's note: Read the latest on the GI Bill here.)

A. Let's take a step back and describe what actually happened.

There was an increase in terms of - let's just use the word "COLA" - an increase in the housing allowance of less than half of 1 percent, so we're talking about \$69 in most cases. The system could not handle that. ...

We were directed by the Congress to recalculate that housing allowance based on the student who's already in the system and registered in South Carolina suddenly going to Boston for an internship or clerkship, and that brought an old system to a halt.

We have asked anyone who has a hardship to tell us. We have about 800 cases that have been identified across the country that we've put to the top of the list. No one has been evicted from schools. All of our universities and colleges are working with us with this delay. We know about them.

We just happen to be right now in spring registration, so there's a whole new influx of claims coming in for students who are coming into spring semester to start in June. But we've got a good handle on it. I received numerous complaints that veterans in New York City were being evicted coming from some elements of government up there and we asked them for details - couldn't give us any.

So, one of the things we have to fight here at the VA, we've had a tradition - and it's not a good tradition - of having the department run by anecdote. When, for a department this size, we need facts and figures because we are so big: 307,000 employees, \$200 million budget, 173 hospitals, 1,200 clinics, not to mention the benefits that we handle.

We are doing these corrections deliberately and carefully, and we're doing everything we can to make sure that there's no hardships.

Q. One of your top priorities is improving customer service. Tell me where you're at with that, what are the things you've identified to improve it, how are you going to measure how it's being improved?

A. I mentioned that our problems are primarily administrative and bureaucratic. But if a veteran has a bad experience when the veteran calls for an appointment, then walks into a medical center or clinic and is not greeted properly, that could lose that veteran to the VA for a lifetime. So we are looking at how to better train, how to better compensate, how we make [the veteran's experience] more robust.

We have outstanding leadership in our veterans experience office that's run by Dr. Linda Davis, a retired colonel, someone that's seen the Army from every aspect, speaks the language, understand the culture and she is out there not only bringing more volunteers in the system, but making sure that the people we have on the payroll know how to communicate with the people we serve. I'm happy to say that in the last few months, the satisfaction rate for both patients and those who work in VA is on the upswing. We haven't seen that in decades. I think that is part of a cultural change, a change in terms of the temper of the organization, where the waters have been calmed and the problems of this department, certainly in the first six months of this department are behind us.

And I'm very proud to be part of an organization that I really believe has the most noble mission in the federal government.

Q. You've committed to Congress your willingness to and resolve some of the issues related to Blue Water Navy benefits. Where are you with that, how do you move forward, and what do you see as the next step?

A. Well, the way I move forward, I've been in constant contact with the leadership of Congress. I have said publicly and under oath that I rely on science.

We have to rely on science for everything that we do here because we are also custodians of the taxpayer dollar. I welcome all opinions.

But my position has been, not only rely on the science, you look at the history, but we also [look at] the funding mechanism. And if you go back to my testimony, my objection on the funding was that for the first time, we were going to charge veterans to pay for their own services by increasing the amount of money that our veterans had to pay on home loans, and that to me is not fair to those who have borne the battle. But again, I'm in constant contact with the leadership in Congress and we're working toward a solution.

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1.2 - ConnectingVets.com (CBS Radio): [VA Secretary Robert Wilkie holds town hall with Native American veterans](#) (29 November, Kaylah Jackson, New York, NY)

VA Secretary Robert Wilkie visited Native veterans and tribal leaders in Ada, Oklahoma Wednesday, to discuss ways the VA can better serve their communities.

A native of Lawton, Oklahoma, Wilkie told KTEN news, “They [Native American veterans] serve in the military in numbers disproportionate to their size of the population. I want that service to be recognized.”

The secretary discussed with the 39 tribal leaders present at the Chickasaw Nation Community Center how he wants to improve relationships between VA at the national level, and state and local leaders.

According to the VA, American Indian and Alaska Native Veterans serve at a higher rate with than other service members but tend to have lower incomes, educational background and experience higher unemployment when compared to other veteran groups.

Wilkie also noted during the town hall that the VA’s commitment to supporting military caregivers as well as making the suicide task force a national effort.

“Those family caregivers from Vietnam, from Korea, will finally get financial support so that they can take care of those veterans from those two wars,” said Wilkie.

This won’t be the last stop in the Midwest for the VA secretary as he noted his focus will be “rural America.”

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1.3 - PJ Media (Audio): [Carson Wants 'Flexibility' from Congress on Forthcoming Proposals to End Veteran Homelessness](#) (28 November, Nicholas Ballasy, 1.5M uvm; Los Angeles, CA)

WASHINGTON – Veterans Affairs Secretary Robert Wilkie told PJM he’s been “amazed” by the attention President Donald Trump has given to him regarding solutions to opioid addiction, mental health and homelessness among veterans.

Wilkie, who has led the VA since July, joined Housing and Urban Development Secretary Ben Carson recently to announce a drop in the number of homeless veterans in the United States. According to HUD’s latest Annual Homeless Assessment Report, “the total number of reported veterans experiencing homelessness in 2018 decreased 5.4 percent since last year, falling to nearly half of the number of homeless veterans reported in 2010.” In total, “37,878 veterans experienced homelessness in January 2018, compared to 40,020 reported in January 2017.”

The Obama administration had set a goal to end veteran homelessness by the end of 2015. PJM asked both Carson and Wilkie if the Trump administration has set a similar goal.

“The goal, obviously, is to get homelessness under control in this country for veterans and for non-veterans, for everybody. It’s a major focus; the Interagency Council has therefore been reinvigorated,” Carson said on the conference call with Wilkie and U.S. Interagency Council on Homelessness Executive Director Matthew Doherty. “The date would be as soon as possible.”

When asked what HUD and the VA need from Congress and the White House to combat veteran homelessness, Carson said, “What we need from Congress, obviously, is their cooperation. We’re going to be coming up with various programs and various proposals – we

are going to need flexibility in order to be able to carry those things out, so we just need a cooperative spirit from both sides of the aisle.”

Wilkie agreed with Carson’s statements and expressed confidence in the White House following through on its “commitment” to veterans.

“In my brief tenure, I’ve been amazed at the attention the president has given to me as the secretary of the VA, and he’s focused really on three specific issues regarding veterans: homelessness, opioids and mental health. And, again, I go back to my first answer, they are all part of the continuum, and homelessness in many cases being a byproduct of problems with those other issues I just raised,” he said.

“I have absolute confidence in the commitment from the White House in addressing the issue and it’s an amazing study in America... it’s not a one-size-fits-all homelessness crisis. The issues in Alaska are very different from the issues in West Los Angeles, which are different from the issues here in New Orleans. As long as we understand those nuances, I think we can get a better handle on addressing the issues nationwide,” Wilkie added.

Carson said the Trump administration’s timeline to end veteran homelessness is “as soon as possible.”

“I don’t think I can be more specific than that, but we’re obviously very much concentrating on this. I have to say it’s been wonderful working with Secretary Wilkie and with some of the other agencies as we focus on this particular problem,” he said.

Despite the recent drop in the number of homeless veterans overall, Doherty said the population of homeless veterans is rising in larger cities like Los Angeles.

“It’s something we are certainly working on and paying a lot of attention to and providing assistance to those communities,” Dougherty said on the conference call. “But in the majority of communities, we’re seeing a decline in veteran homelessness.”

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1.4 - NBC News: [After pressure from Congress, VA reverses course and promises full benefits to veterans](#) (30 November, Phil McCausland, 12.7M uvm; New York, NY)

After a day of pressure from members of Congress, the Department of Veterans Affairs reversed course on Thursday and announced that it would pay veterans the full amount of benefits they are due under the Forever GI Bill.

On Wednesday, NBC News reported that VA officials privately told congressional staffers that they would not retroactively pay veterans whose checks were less than they were owed because of VA’s ongoing computer problems.

Members of Congress from both parties sharply criticized VA for this potential policy during a hearing on Thursday, and late in the afternoon, VA Secretary Robert Wilkie issued a statement saying that the student veterans would get their full monthly housing stipends in accordance with the Forever GI Bill.

“Although VA has encountered issues with implementing the Forever GI Bill on Congress’ timeline, we will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law,” Wilkie said in his statement.

In the hearing before the House Veterans Affairs Committee, Paul Lawrence, who oversees the Veterans Benefits Administration, was questioned by lawmakers on whether VA would retroactively pay veterans rates determined by the Forever GI Bill once the law is fully implemented in spring 2020.

Lawrence had said that going back to inspect potentially hundreds of thousands of education claims could be a “tremendous amount of activity for no gain.”

But Wilkie, his boss, later made it clear that position was changing.

VA has in some cases sent delayed or miscalculated GI Bill benefit payments over the past semester because of computer issues that came up when it tried to implement two sections of the Forever GI Bill involving housing calculations. The law, passed in July 2017, was supposed to take effect Aug. 1, 2018, but the VA announced Wednesday that it would delay the housing allowance changes until December 2019.

The agency said on Wednesday that it will not implement the Forever GI Bill’s housing allowance calculation until it has updated its computer systems, setting a deadline of Dec. 1, 2019. That is more than a year after the law came into effect.

Wilkie’s statement Thursday means VA will go back through its education claims prior to December 2019 to ensure that all veterans are paid correctly. The secretary also clarified that all GI Bill recipients who had been impacted by delayed or incorrect payments in the past academic year would have their housing benefits “based on Forever GI Bill rates.”

"To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole — retroactively if need be — for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates," Wilkie said in his statement.

A House Committee of Veterans' Affairs spokeswoman said in an emailed statement that the committee was pleased with Wilkie's announcement.

“The Secretary’s new statement is unambiguous and we believe that VA has every intention to ensure that all student veterans are paid in full what they deserve in accordance with the law,” she said.

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1.5 - NBC News (Video): [Top VA official sharply criticized for not committing to paying veterans full benefits](#) (29 November, Phil McCausland, 12.7M uvm; New York, NY)

Paul Lawrence, who oversees the Veterans Benefits Administration, came under fire by members of Congress on Thursday over student veterans who will not be paid the correct amount under the Forever GI Bill.

Rep. Nancy Pelosi, D-Calif., who is likely to be the next speaker of the House, accused the VA of "gross negligence" and "a shameful lack of accountability" after NBC News reported Wednesday that the VA would not repay some student veterans who were paid less than they were due under the Forever GI Bill.

Lawrence defended his agency before Congress on Thursday and called the NBC report "misleading," saying that all veterans would be "made whole." However, he later confirmed in a hearing before the House Committee on Veterans Affairs that the agency did not intend to pay veterans based on the Forever GI Bill rates until spring 2020 — and expressed uncertainty whether it would be worthwhile to go back and pay students according to the law's rates.

The VA has in some cases sent delayed or miscalculated GI Bill benefit payments over the past semester because of computer issues that came up when it tried to implement two sections of the Forever GI Bill involving housing calculations. The law, passed in July 2017, was supposed to take effect Aug. 1, 2018, but the VA announced Wednesday that it would delay the housing allowance changes until December 2019.

Two congressional aides told NBC News that VA officials told them on a call with congressional staffers Wednesday that the agency had decided it would not retroactively repay veterans based on the Forever GI Bill's rates. A third committee aide confirmed on Thursday morning that VA officials said on the same call that some student veterans would not be repaid "in cases where a veteran should have gotten a higher housing payment due to the location of where they attended classes."

Lawrence referred to NBC News' previous reporting during his opening testimony and said "nothing could be further from the truth." He emphasized that student veterans from the past semester would be paid the correct amount by January.

"Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole retroactively if need be for their housing benefits for this academic year based on the current uncapped DoD rates," Lawrence said, referring to rates that are calculated differently than those under the Forever GI Bill, "and beginning in spring 2020 we will be in a position to provide veterans with new rates where applicable to meet the law known as the Forever GI Bill."

His testimony made clear that the agency would use rates for housing benefits that are calculated by the Department of Defense, rather than by the Forever GI Bill. Here's the difference: The Forever GI Bill requires that veterans get housing benefits based on the location of the campus they attend. VA is using the Defense Department's rates, which are based on the location of the college's main campus. In many cases, a school's main campus may be in a college town that has a lower cost of living than a school's satellite campus in a major city.

So a veteran attending that satellite campus in the major city would still be paid under "the current uncapped DoD rates" based on the main campus' location, which would likely be less than what the Forever GI Bill stipulates.

Members of the committee pressed Lawrence for additional details on whether students would receive retroactive payments in accordance with the Forever GI Bill's housing calculation

between now and December 2019, when the VA expects to implement the new housing allowance.

Lawrence said the VA did not know what the difference in payments could be or how many student veterans would be affected.

"It's not clear what the differences will be, and that's what we have to figure out and work with your team to figure out," he told committee members. "Is all the processing going to end up with one person getting a check for a dollar? We don't know that yet. It's not our intention to harm veterans, but it's also our intention to process the GI Bill effectively and accurately going forward."

Multiple committee members expressed frustration at not gaining clarity on the retroactive payments that students would "be made whole" as calculated by the Forever GI Bill.

"It sounds to me like you're leaving yourself some flexibility as to whether to do that or not," said Rep. Scott Peters, D-Calif., more than an hour into the hearing. "Maybe you're assessing if it's worth the trouble to go back and follow the laws as is written, but we'd like to know if these people are going to be made whole by that formula, and I'm having trouble getting that answer out of you, it sounds like."

Lawrence said it was not his intention to be evasive, but that he did not want to "give you a blanket statement that requires a tremendous amount of activity for no gain."

As Lawrence reiterated multiple times during the hearing, it is unclear whether going back and "making students whole" under the Forever GI Bill would be worth the effort because they did not know how large or small the payment variations could be and how many veterans would be affected.

"There could be wide-scale variation and we have to go back for exactly the way you described," he said. "There could be no variation and going back would be energy that is better spent processing claims going forward. That's the unknown we have to figure out."

Rep. Phil Roe, R-Tenn., the chairman of the committee, asked Lawrence if the ongoing issues meant that Congress would need to amend the law as it stands, so that VA's decision to wait to implement the Forever GI Bill housing calculations in December 2019 would be legal.

"The law states what we must do on 1 August," Roe said, referring to when the Forever GI Bill was implemented. "Like you said, it's fairly clear what the law states. The question is are we going to follow the law? That's the question. And if we're not, then we have to change the law. It's got to be changed to a different time. Otherwise you're required by statute to go back and implement [the applicable sections] as stated in the law."

Lawrence said he was amenable to that, but emphasized that it could be "for potentially not much gain."

Before the hearing ended, Roe attempted to summarize the confusion about the current law.

"Basically what we did was, just for clarity, we stood up a system that didn't work and paid people what we had paid them in the past, and we don't know what we should have paid them," he said. "Am I correct? That's pretty much what we did because our IT system didn't work."

"Essentially correct," Lawrence said. "That's correct."

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1.6 - ABC News: ['Nothing could be further than the truth': VA officials contest report that underpaid veterans would not be reimbursed after August backlog](#) (29 November, Sonnet Swire, 12.6M uvm; New York, NY)

Since a massive backlog of claims in August, thousands of student veterans across the nation have criticized and demanded answers for incorrect or delayed GI Bill benefit payments, which the Department of Veterans Affairs has blamed on inadequate training and technology issues.

On Thursday, officials from the Department of Veteran Affairs sought to correct conflicting reports that said the government agency would not issue retroactive payments to veterans who were found to have been underpaid.

Paul Lawrence, VA Undersecretary of Benefits, said at the top of a Capitol Hill hearing that over-payments can be "disregarded," and underpayments would be adjusted. Those who were underpaid will "receive their checks in January," Lawrence told House lawmakers.

This announcement conflicts with an NBC report published Wednesday saying VA officials reportedly told congressional staffers in a conference call that, to avoid an audit, it would not reimburse those veterans who were paid less than what they were owed.

"They are essentially going to ignore the law and say that that change only goes forward from December 2019," an aide told NBC News.

Lawrence opened his statements addressing the report by saying, "nothing could be further from the truth."

"Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole -- retroactively if need be -- for their housing benefits for this academic year based on the current uncapped DoD rates, and, beginning in spring 2020, we will be in a position to provide veterans with the new rates where applicable to meet the law known as the Forever GI Bill," Lawrence told lawmakers.

VA Secretary Robert Wilkie has since released a statement echoing Lawrence's sentiment.

An inspector general report came weeks after computer problems delayed GI Bill payments to thousands of veterans due to a change in calculating housing allowances under the Forever GI Bill, which President Trump signed into law last year. The department's computers were unable to process the change, leading to an enormous backlog of veterans' claims, according to NBC News.

The Forever GI Bill changed student housing allowances to reflect the ZIP codes where students attend the majority of their classes. This change was required to go into effect on Aug. 1, 2018, but the VA admits that its antiquated computer system was unable to simultaneously handle individual ZIP code changes and the influx of students registering for the fall semester.

Effective this Saturday, the Veterans Benefits Administration (VBA) will reset its system "to give the department the time, contracting support and resources necessary to develop the capability to process Spring 2020 enrollments in accordance with the law by December 1, 2019," the department said in a statement.

Officials said during the House Veterans' Affairs Subcommittee hearing on Thursday that the system reset will allow for a change in training practices that focuses on computer competency. This is in an effort to avoid future claims from being incorrectly processed or delayed again.

Chairman Rep. Michael Bost (IL-12) made a point in saying that the watchdog reports estimated approximately 23,000 veterans received a delayed benefit effective date due to this backlog. The IG report also estimated the VA owes approximately 70 million dollars in underpayments to veterans for this academic year.

According to VA spokesman Curt Cashour, the VBA's pending education claims inventory is back to normal after being three times higher than normal in early September.

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1.7 - The Tennessean (Video): [VA reverses course after VA official testifies ID'ing vets underpaid in Forever GI Bill benefits might burden](#) (29 November, Yihyun Jeong, 1M uvm; Nashville, TN)

After days of back-and-forth, the Department of Veterans Affairs has decided to fully reimburse veterans who may have been underpaid in delayed Forever GI Bill benefits

VA Secretary Robert Wilkie released a statement Thursday afternoon to "clear up any confusion." Every post-9/11 GI Bill beneficiary will be fully paid for their housing benefits this year based on Forever GI Bill rates, he said.

Wilkie said he made that clear to the chairmen of the Senate and House veterans committees — Sen. Jimmy Isakson, R-Georgia, and Tennessee's U.S. Rep. Phil Roe, R-Johnson City, respectively — and wanted to "reassure veterans and taxpayers that is indeed the case."

"Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that — once VA is in a position to process education claims in accordance with the new law — each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," Wilkie said in his statement.

His decision comes after Paul Lawrence's testimony during a House Committee on Veterans' Affairs hearing and amid a day of back-and-forth from the VA over whether veterans would get fully reimbursed for the benefits.

Lawrence, the VA's undersecretary for benefits, tried to dispute an NBC News report which said congressional staff members were told short-changed veterans might not be fully repaid.

"Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole —retroactively if need be — for their housing benefits for this academic year based on the current uncapped (Department of Defense) rates, and beginning in spring 2020, we will be in a position to provide

veterans with the new rates where applicable to meet the law known as the Forever GI Bill," Lawrence told lawmakers.

But Lawrence later admitted that the agency does not plan to follow the current law to pay back veterans who were possibly short-changed, after he was pressed by Roe, who heads the committee.

The VA announced Wednesday that students are currently being paid housing allowances in accordance with the Department of Defense's previous Basic Housing Allowance. The rates to comply with the new GI Bill won't be in effect until December 2019 for the following spring semester.

Roe pointed out that the law was set to take effect in August 2018. There could be discrepancies in what students are getting paid under Defense Department rates compared to what they would've been paid under the Forever GI Bill, he said.

Lawrence said it is "not clear" what the difference will be after the law's implementation.

The work to review those cases and iron out those discrepancies could cause undue burden on schools and the VA, according to Lawrence.

"What should we spend an extra hour on: processing things that yield veterans nothing, putting at risk the spring 2020 semester, or saying this doesn't yield much and we're going to move forward?" he told lawmakers.

"But if we follow the law as is, then you've got to go back and look," Roe said. "It creates a lot of work, I realize that. We got to make sure that those students that started classes in the fall semester are going to be made whole ... as stated in the law in 2018."

"We will seek to work with you and your staff to better understand whether that is in the interest of veterans given all the work (Roe) described and the potential low benefits of doing that quite frankly," Lawrence said.

He said the VA will come back to the committee to possibly ask for a legislative change to the law's effective date to December 2019.

"We want to make sure that those veterans get what they earned and what the law states," Roe said, adding that he wants to work with the VA to see how many veterans were underpaid.

Forever GI Bill problems bring changes at VA

The hearing comes weeks after technology glitches delayed GI Bill payments to hundreds of thousands of veterans across the country, after a change in calculating housing allowances under the Forever GI Bill signed by President Donald Trump last year.

In Tennessee, officials estimated that nearly 9,000 veteran and military-affiliated students were impacted. Many reported they were forced into desperate financial situations.

The issues resulted in the reassignment this month of Robert Worley, the executive director of the VA's educational services. It also led to the VA's announcement on Wednesday that it would delay the housing changes until December 2019, while promising that retroactive payments would be made to those who didn't receive the full amount they were owed.

VA spokesman Curt Cashour said in many cases, veterans currently being paid housing allowances in accordance with the DoD, are being paid a rate "equal or higher" than their current payment. But, if a student was overpaid due to the changes, the student will not be held liable for the debt.

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1.8 - Stars and Stripes: [Confusion reigns over retroactive payments for underpaid GI Bill recipients](#) (29 November, Nikki Wentling, 532k uvm; Washington, DC)

The Department of Veterans Affairs has no plans to retroactively pay student veterans who might get lower monthly housing stipends than they are legally entitled to receive during the next year.

The incorrect payments that will be made during the next year are a result of setbacks in implementing a new "Forever" GI Bill – a major expansion of veterans' education benefits that Congress passed last year.

Part of the new GI Bill changed how veterans' housing allowances are calculated – they're now supposed to be based on where veterans take classes, rather than defaulting to their school's main campus. The change was supposed to be made by Aug. 1, 2018, but information technology problems have now set back implementation to Dec. 1, 2019.

The affected veterans should be getting paid larger housing stipends because their location has a higher cost of living than where their school is based. For example, a student attending a University of Pennsylvania campus in San Francisco will receive a Philadelphia rate for their housing allowances during the next year rather than the San Francisco rate, which would be much higher.

It's unknown how many veterans are in that situation and how much money they would be owed. A VA official said Thursday that the agency would determine those numbers and see whether it's worth processing retroactive payments for them.

"We will have to assess the burden on schools," said VA Undersecretary of Benefits Paul Lawrence. "We will have to assess the burden on [the Veterans Benefits Administration] and figure out the benefit for the folks we're describing. It's not clear what the difference will be."

The VA announced the new Dec. 1, 2019 deadline Wednesday, igniting confusion among veterans groups and lawmakers about whether students would eventually receive retroactive payments back to Aug. 1, 2018. The VA issued contradictory statements to news media, veterans groups and staff members of the House Committee on Veterans' Affairs.

Lawrence conceded Thursday at a subcommittee hearing of the House Committee on Veterans' Affairs that the agency had no plans to retroactively pay that group of veterans. He acknowledged it only after the question had been asked repeatedly by multiple lawmakers.

At the same time Lawrence was testifying, the VA distributed a news release with the misleading title, "Every Single Veteran Will Be Made Whole."

When Lawrence was initially asked at the hearing about whether the VA plans to pay students who were underpaid, he evaded discussing veterans who, under the new GI Bill, should be getting larger stipends based on their location. Instead, he focused on veterans who the VA does plan to pay retroactively.

Because of the IT problems this semester, the VA reverted to paying students their housing allowances based on 2017 rates that didn't account for cost-of-living increases in 2018. Veterans who received less money than they should have been paid because of it will get a retroactive payment for the amount they are owed, Lawrence said. The agency plans to send those payments out to students sometime in January.

When Lawrence said, "Each and every veteran on the post-9/11 GI Bill will be made 100 percent whole," he meant those students who received lower housing allowances in fall 2018 because the VA used the 2017 rate.

His lack of response about veterans affected by the setback on the new housing calculation prompted frustration from lawmakers and staff on the House VA committee.

"I'm having trouble getting that answer out of you," said Rep. Scott Peters, D-Calif.

Lawrence responded: "It's not my intention to be evasive."

He finally described the VA's plans for those students while under questioning from Rep. Phil Roe, R-Tenn., the chairman of the House VA committee, who pressed him for details.

"Are we going to look back and follow the law and pay them?" Roe asked. "I know it's a lot of work and it's complicated, but I want to make sure we get it straight here today."

After Lawrence admitted the VA had no plans in place to do so, he pledged to work with the committee to see whether making the retroactive payments is "in the best interest of student veterans." He told lawmakers it would add to the VA's workload.

"It's not our intent to harm veterans," Lawrence said. "We also have to think about the broad veteran population and determine whether it yields any benefits, or just work."

Lawrence and Roe discussed the possibility of the VA presenting a legislative proposal to Congress that would move the enactment date to Dec. 1, 2019, for the housing calculation change – meaning the agency wouldn't be indebted to students affected by the delay.

Some lawmakers criticized the VA for deciding not to retroactively pay some students without gaining approval from Congress.

"If you're unable to meet the statutory requirements, you need to come before the Congress of the United States to have those altered," said Rep. Mike Coffman, R-Colo. "You can't simply change the law yourself if you're unable to meet your obligations."

As the House VA committee and its staff struggled to understand the VA's position Thursday morning, a committee aide said it likely also created confusion among the student veteran population who didn't understand what they would – and would not – be paid retroactively.

“My fear is student vets out there will read about these things on Facebook or somewhere and not know what’s right,” the aide said, speaking on the condition of anonymity. “That’s not fair to them.”

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1.9 - Military Times: [Congress blasts VA on GI Bill: ‘You can’t simply change the law’](#) (29 November, Natalie Gross, 471k uvm; Springfield, VA)

Editor’s Note: This story has been updated.

Lawmakers at a Capitol Hill hearing Thursday questioned whether the Veterans Affairs Department has the authority to change a major deadline for implementing a portion of the Forever GI Bill — and seemingly act as if the original one, mandated by law, never existed.

The questions from House lawmakers came one day after VA Sec. Robert Wilkie announced the department will hold off on implementing changes to housing stipend payments until Dec. 1, 2019. These changes to how the stipends are calculated were supposed to go into effect Aug. 1 of this year, a deadline the VA was unable to meet because of IT challenges.

And while VA leaders plan to correct students’ payments from this fall by paying a retroactive cost-of-living increase come January, VA spokesman Curt Cashour confirmed to Military Times that the agency is not planning go back and pay students for another required change, related to a student’s physical location, once the IT systems are finally up and running.

But in an apparent contradiction, the VA posted a statement from Wilkie to its website at 4:16 p.m. Thursday, after this story was originally published, stating that it does plan to make “each and every post-9/11 GI Bill beneficiary ... 100 percent whole — retroactively if need be — for their housing benefits for this academic year.”

Should the VA fail to do so, it would be going back on a promise VA officials had previously made to Congress. The agency’s own website states that “VA will correct any discrepancy between what a student was paid and what he or she should be paid once the technology fixes are in place.”

In an exchange with VA Undersecretary for Benefits Paul Lawrence, Rep. Mike Coffman, R-Colo., said, “You can’t simply change the law yourself if you’re unable to meet the obligations that your department agreed to and the Congress of the United States mandated by law and the president of the United States signed.”

An aide for the House Committee on Veterans’ Affairs told Military Times Wednesday the committee is seeking legal justification from the VA and is awaiting the agency’s response.

The provision of the law in question has to do with the location on which housing stipends are based. The Forever GI Bill law requires that — as of Aug. 1, 2018 — students taking in-person classes be paid based on the campus where they attend the majority of their classes. Currently, housing stipends are based on a school’s main campus, which is sometimes far from — and may have a very different cost of living than — where the student is living and taking classes.

This change required significant technology updates for the VA, which is resetting “implementation of the law for the next year to ensure we get the technology and formula right to put veterans first,” according to a news release. The push should also free up resources to ensure upcoming spring payments to GI Bill users are more timely after reports of mass delays this fall.

Lawmakers and others have been sympathetic to the VA’s IT woes. Yet questions remain as to whether the VA can decide not to retroactively honor the difference for students who primarily attend branch campuses or other locations.

Lawrence said it’s unclear how many of the roughly 450,000 students using the GI Bill would be affected by this change in the law and what the difference in payments would be, should the VA calculate them retroactively next year. And while he mentioned a significant burden for schools that would have to recertify students’ enrollments dating back to August, he did express a willingness to work with lawmakers, schools and others to come up with a final solution.

Veterans education advocates who commented on the deadline change said they understand the need for the 12-month delay but still believe the VA should pay students under the law’s current rules when they can.

“Shifting the implementation deadline a year isn’t a free pass for the VA to arbitrarily pay student veterans less than they are due simply because it was unable to correct internal problems in time,” said VFW National Commander B.J. Lawrence. “I appreciated hearing the VBA undersecretary in testimony this morning address the need to make student veterans whole, and I pledge that the VFW will continue to push for the proper implementation of the Forever GI Bill so that all student veterans receive the prompt and full benefits they earned and deserve.”

Going forward, until the Forever GI Bill rules are implemented, students will receive what they would have been paid for housing all along, had the August deadline not been a factor. This means students will receive payments approximately equivalent to 1 percent higher than what the Defense Department pays E-5s with dependents. Any students who have been overpaid will not be held liable, the VA has said.

The VA’s Paul Lawrence said it’s unlikely students who don’t attend classes on a main campus will feel ripped off because not even the VA knows what they would’ve been getting had the IT updates worked as they should. They will be paid under the same process as previous years.

Yet members of Congress maintained the law must be followed.

“The law states what we must do on 1 August,” said Rep. Phil Roe, R-Tenn., who heads the House Committee on Veterans’ Affairs. “The question is are we going to follow the law? That’s the question. If we’re not, then we’ve got to change the law.”

Roe said he would seek more clarity from the VA off-mike.

“We will seek to work with you and your staff to understand whether that’s in the best interest of veterans,” Lawrence told the committee. “It’s not our intention to harm veterans.”

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1.10 - Stars and Stripes (Military Update): ['Blue Water Navy' bill sinking in Senate despite late-hour talks](#) (29 November, Tom Philpott, 532k uvm; Washington, DC)

As many as 90,000 ailing “Blue Water Navy” veterans are likely to have to wait for a new Congress to see legislation passed that would make them eligible for Agent Orange-related disability compensation and VA-paid health care.

Sens. Johnny Isakson, R-Ga., chairman of the Senate Veterans’ Affairs Committee, and Jon Tester, of Montana, its ranking Democrat, negotiated this week with veteran service organizations, seeking to amend the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in ways that would satisfy both veteran groups and Republican senators threatening to block a vote on the bill.

The negotiations exposed a deepening desire among Senate Republicans to impose tighter controls on creating presumptions of service connection between certain exposures, including herbicides sprayed in the Vietnam War, and diseases of veterans involved in past or future wars. Battle lines are forming over whether Congress and past Department of Veterans Affairs secretaries have gone too far in building lists of conditions that VA presumes are linked to toxins, burn pits and battlefield environments.

The high-water mark for veteran advocates might have been reached in June when the House passed a Blue Water Navy bill unanimously. By August, a new VA secretary, Robert Wilkie, reversed that momentum, directing deputies to strongly oppose extension of Agent Orange-related benefits to sailors and Marines who patrolled territorial waters off Vietnam but didn’t come ashore or operate in “brown water” nearer to sprayed foliage or runoff from dioxin-laced herbicides.

Wilkie wrote to Isakson in early September that the science doesn’t support extending benefits to Blue Water Navy veterans, given that exposure levels are undetermined and the potency of dioxins sprayed over land likely was diluted so as not to affect personnel at sea. He also complained that passage of HR 299 would slow efforts to end a backlog of VA compensation claim appeals, and that the House bill would cover the cost of new benefits in part by raising VA home loan fees, including, for the first time, imposing fees on disabled veterans, those who seek to buy higher priced homes using VA-backed jumbo mortgages.

At a late September hearing with Wilkie, Isakson insisted to colleagues that Wilkie had agreed to work with his committee on a compromise Blue Water bill. Wilkie, however, didn’t affirm such cooperation that day or since.

With a lame-duck Congress set to adjourn by mid-December, Isakson advised veteran groups he doesn’t have time to build a routine business case for a revised bill with a committee hearing and floor debate. Instead he hoped for a quick deal on a few amendments so the Senate could approve the bill by unanimous consent.

Rep. Phil Roe, R-Tenn., chairman of the House Veterans’ Affairs Committee, told me Tuesday he was standing by to get a revised bill back from the Senate that veteran groups endorsed and the House could pass again for Blue Water veterans. But an eight-day window to get all of that done was closing fast, Roe warned.

Meanwhile at least three Republican senators — Mike Enzi, of Wyoming; Rand Paul, of Kentucky; and Mike Lee, of Utah — were said to have put holds the Blue Water bill that would

block a swift year-end Senate vote. We learned their names hours before deadline and asked the senators' offices to confirm their opposition.

Only Lee's office responded immediately, saying he "did object to passing the bill by unanimous consent. Other senators also have concerns. Senator Lee wants to wait for a forthcoming study on the extent of Agent Orange exposure," which Wilkie promised to deliver in 2019, "before this bill is voted on."

Isakson continued his fight for a late-hour compromise. He did so by embracing an informal but controversial proposal from first-term senator and physician Bill Cassidy, R-La. Cassidy supports the Blue Water legislation but to attract support from more colleagues, he proposes the bill change current law to require a stronger scientific association between toxins and lists of medical conditions that VA presumes are caused by exposure.

Cassidy and Isakson asked executive directors of the four largest veteran service organizations — The American Legion, Veterans of Foreign Wars, Disabled American Veterans and Paralyzed Veterans of America — to back an amendment that would require that the science show a "sufficient" association between a toxin and a disease before a VA secretary can add it to a presumptive ailment list.

Under current law, a VA secretary can add an ailment to VA's presumptive list if the National Academy of Medicine confirms either a "limited or suggestive" association between exposure and disease or a "sufficient" association.

The Cassidy proposal would discard the limited or suggestive category but protect veterans who gained benefits due to past VA secretaries using the lower association to build presumptive lists. The change would make it more difficult to add diseases to current presumptive lists. Also, veterans who file disability claims after the proposal becomes law could see their claims denied for conditions that VA previously granted a service-connection almost automatically.

Indeed, a majority of conditions on the current Agent Orange presumptive list were based on limited or suggestive association to herbicide exposure. These include: type-2 diabetes; laryngeal cancer; cancer of the lung, bronchus or trachea; prostate cancer; multiple myeloma; AL amyloidosis; early-onset peripheral neuropathy; Parkinson's disease; porphyria cutanea tarda; ischemic heart disease; and stroke. VA continues to study whether to add Parkinson-like syndromes, hypothyroidism and bladder cancer using limited or suggestive evidence.

If the Cassidy proposal were to become law, Vietnam veterans newly diagnosed with these ailments after enactment would not qualify automatically for disability compensation and health care. A more thorough review process would be needed to establish service connection.

Veteran groups this week rejected that proposal. Cassidy and Isakson countered by adding a "sunrise" feature. That is, Congress would pass the Blue Water bill and adopt the stiffer presumptive standard but delay its enforcement for two years. This would allow Congress and veteran groups time to negotiate a more acceptable path for strengthening the science behind presumptive conditions.

Vet groups made a counter proposal: Pass the Blue Water Navy bill and veteran groups would promise to engage in a presumptive decision-making debate with concerned lawmakers in 2019. The bill also would amend the plan to pay for Blue Water benefits, accepting Isakson's idea to continue to protect all disabled veterans from VA home loans fees but extend the period

when higher fees are imposed on other VA home loan users by two years. That's where negotiations stood by Thursday, and with at least one senator still prepared to block a vote.

In a related development, the National Academy of Medicine released a new Agent Orange report in November that upgrades to "sufficient" the strength of association between hypertension (high blood pressure) and herbicide exposure. This upgrade from limited or suggestive association seems to strengthen the possibility that hypertension will be added to the Agent Orange presumptive list — even if something like the Cassidy proposal were to become law and remove many more ailments from the presumptive list for future claimants.

However, even a revised Agent Orange law would not mandate that a VA secretary adopt every National Academy recommendation. Hypertension is so prevalent among older Americans that every VA secretary since 2010 has declined to add it the Agent Orange presumptive list even though the strength of association to herbicide exposure matched that of less common ailments on the list.

If, as expected, the Blue Water Navy bill sinks in the Senate this week, Republicans are likely to keep its fate in the next Congress tied to their desire to strengthen the science behind presumptions of service-connected exposures.

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2. Improving Customer Service

2.1 - U.S. News & World Report (AP): Ex-VA Patient's Positive TB Test Prompts NC Center Testing (29 November, 14M uvm; Washington, DC)

FAYETTEVILLE, N.C. (AP) — Patients and staff at a Veterans Affairs center in North Carolina are being tested for tuberculosis after a former patient tested positive.

The Fayetteville Observer reports that the Fayetteville VA Medical Center's interim director, Carl Bazemore, sent a memo to staff members earlier this month saying the patient who tested positive was in the center's care from May 8 through Oct. 5.

Fayetteville VA spokesman Jeffrey Melvin says it's hard to tell when the patient contracted tuberculosis. Melvin says it's unknown whether anyone tested positive as of Wednesday.

Individual notices have been issued to 172 potentially exposed employees and 238 veterans.

Bazemore says the patient's initial TB test was negative and the bacteria count was low, meaning the potential for spreading the disease is minimal.

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2.2 - U.S. News & World Report (AP): Spokane VA Hospital Delays 24-Hour Urgent Care (29 November, 14M uvm; Washington, DC)

SPOKANE, WASH. (AP) — The head of Spokane's VA hospital says the promise of 24-hour urgent care will be pushed back a year.

Dr. Robert Fischer says he wants to use all of 2019 to review the hospital's operations in order to recruit doctors, better manage and place resources where they are needed to support the planned 24-hour operations at the urgent care.

The Spokesman-Review says the urgent care currently operates 12 hours a day.

Spokane's VA hospital ended its 24-hour emergency room in 2014, and elected officials have been pushing since then to replace that service. The hospital serves about 32,000 veterans a year with a budget of \$250 million for fiscal year 2019.

U.S. Rep. Cathy McMorris Rodgers, R-Spokane, says she is disappointed by the delay.

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2.3 - AARP: [Volunteers Can Make a Big Difference for Veterans](#) (28 November, David Frank, 4.1M uvm; Washington, DC)

David Edwards recalls how volunteering with veterans changed his late father's life at a challenging time.

His dad — James Edwards, who died in 2009 — seemed happy enough during the first year following his retirement, the son recalls. His father played golf in the summer and did woodworking in the winter. But soon, it became clear that something was missing from his dad's life. So Edwards, who is chief of public and community relations for the U.S. Department of Veterans Affairs (VA) Maryland Health Care System, suggested that his father — a World War II Navy vet who helped land troops on D-Day — consider volunteering at the same VA medical facility in Maryland where he had once been a patient. His father was apprehensive about returning to a place that held painful memories for him, but Edwards urged him to give it a try.

"I told him, 'You benefited, why not be on the other side helping?' " Edwards says. "Once he got in there, he loved it. He flourished. It changed his whole demeanor. It uplifted him."

His dad, who was in his early 60s when he started volunteering, enjoyed spending time with older veterans at the Perry Point VA Medical Center so much that going there became part of his routine, and he did it for more than a decade, Edwards says.

Such powerful emotional connections are common among people who volunteer to work with veterans. Volunteers and the organizations that recruit them say there is something particularly moving about helping in tangible ways, however small, to make life easier for people who have sacrificed so much serving their nation. Because struggling veterans across the country have so many different types of needs, there are numerous opportunities for Americans in virtually every community to give back, experts say.

In VA facilities across the country, "every day is Veterans Day," Edwards says.

VA Health Care Facilities

The first place most people turn when they decide to volunteer with veterans is the VA Voluntary Service (VAVS), which connects volunteers with opportunities at VA health facilities across the

country. In the past year, more than 63,000 people worked in specific roles as VA volunteers at hospitals, community-based clinics, nursing homes and hospices. VA volunteers also work at cemeteries and help by telecommuting for assignments such as assisting with graphics and writing for VA publications, says Sabrina Clark, director of VAVS.

One of the VA's priorities is to match volunteers with meaningful opportunities that suit both the skills they have to offer and the needs of the veterans they hope to serve.

"The most important thing to VA is that volunteers put their interests, skills, time and talents to use in ways that benefit veterans," says Clark.

The work that volunteers do at and through VA facilities can range widely, from answering phones and working on hospital computers to more unusual assignments such as playing guitar and teaching rock climbing. One of the most pressing needs VA facilities have is for drivers to take veterans to and from medical appointments. Other common roles are working at the information desk, scheduling appointments for veterans, escorting patients to blood tests or other appointments, visiting patients in hospice care, and greeting new patients and showing them around the facility.

Even activities that might sound routine like delivering care packages or holiday cards to veterans at a VA hospital can be moving, says Wendy Griffin, who volunteers one day a week at the Salt Lake City VA Medical Center. In addition to recruiting and assigning volunteers and working on the facility's database, Griffin — who suffered a spinal injury in an accident while serving with the Air Force in Honduras — also helps out delivering packages and cards. The care packages include items such as snacks, calendars and handmade crocheted or quilted blankets.

"I handed one to a veteran and said, 'Happy holidays, these are a gift for you,' and he cried. He didn't have any family there," she said. "It makes you feel really good inside to know that you've touched another life."

Griffin says one of the most valuable things volunteers offer to some veterans is human contact.

"Sometimes it's nice just to say hello to them because that's what they're searching for. You are the only person that's come in to say 'Hi' to them," she says.

In fact, some volunteers even offer to fill that need for a connection during the most pivotal moments. The program No Veteran Dies Alone, for example, sends volunteers to be with patients in their final days if they don't have friends or relatives who can be present.

Among the other more specialized programs that welcome volunteers at VA facilities are recreation therapy programs. At the Salt Lake City VA Medical Center, Griffin says, volunteers have been involved in recreation therapy programs where they take vets rock climbing, kayaking, canoeing and biking. Such programs can be particularly helpful to wounded vets, including amputees, she said. For example, amputees who don't have legs can hand-cycle with their arms.

In one case, she said, volunteers helped teach a Vietnam-era vet who couldn't use one arm and one leg how to do archery using his teeth.

Other volunteers with expertise in diving, she says, have taken younger vets on trips to the beach in California or a lake in Utah to teach them how to dive.

“A lot of people with PTSD find it [diving] relaxing,” she says. “What I like about the VA Voluntary Service is that it takes whatever your abilities are and helps you use your abilities to help other people’s abilities.”

The same philosophy applies at the Maryland VA, Edwards says. If a volunteer mentions that she plays guitar, she’ll probably be directed to work with a music therapy group, he says. Or an artist can do art therapy for inpatients or outpatients.

Volunteers also can provide relief for caregivers. “Since we serve an aging population, we serve vets receiving care through home-based primary care programs. We recruit volunteers to give caregivers a break — for lunch, shopping, a movie.” This can be very rewarding, he says, for both the veteran and the volunteer.

Most volunteering roles require no special expertise. Charles Althoff, 77, drives more than 20 miles every Tuesday to the Baltimore VA Medical Center, where he spends five or six hours transporting patients within the hospital via wheelchair or stretcher between their rooms and wherever they need to go for radiology exams, physical therapy or other appointments.

Althoff says patients often ask where he is taking them, and if they seem nervous he tries to calm them. The best part, he says, is the camaraderie and friendship he experiences working with veterans and other volunteers.

“It gives me a feeling of being needed,” he says. “I get thank-yous from patients, staff and doctors. That’s all I need.”

If you are interested in volunteering with the VAVS, you can contact them online at www.volunteer.va.gov. Click on “Volunteer or Donate Now” in the drop-down menu, and that will take you to a state and facility where you can volunteer. You provide contact information, indicate any specific interests and your availability, and someone from the facility gets in touch with you.

Another way to find volunteer opportunities is to call the local VA Medical Center and ask for the voluntary service office. If you don’t know where your local facility is, you can call 202-461-7300 and the VA will assist you.

Nonprofit Organizations

You can also find volunteer opportunities by contacting nonprofit groups that help veterans. About half of the volunteers who work at VA facilities are directed there by veterans service organizations and other community and faith-based groups that collaborate with the VAVS, the VA says. In addition to helping at VA facilities, these organizations often organize their own activities and events to help veterans, and they welcome volunteers.

The Disabled American Veterans (DAV) organization, for example, launched an online tool in February 2018 that allows volunteers to enter their zip code and see what sort of tasks nearby vets need help with, such as mowing grass, grocery shopping, cleaning gutters and even changing light bulbs.

"It just requires someone with a healthy back and a willingness to give," says John Kleindienst, national voluntary services director at DAV.

The DAV also operates a transportation network that connects volunteer drivers with veterans who need transportation to and from medical appointments. The organization provides 615,000 rides a year, says Kleindienst, but that is a significant drop from the past because they don't have enough drivers. "A lot of vets don't get access to care because they can't get a ride," he says.

Driving vets can make a big difference for volunteers as well as for vets, he says, especially when a volunteer regularly takes the same patient back and forth.

"It establishes a wonderful friendship — an ongoing and lasting relationship," he says.

The American Legion, which has nearly 13,000 posts across the country, is another organization that welcomes help from volunteers for numerous activities on behalf of service members and veterans. Its Family Support Network helps families with tasks such as grocery shopping, lawn mowing and home repairs when service members are away or in need. To take part, contact your local American Legion post or email familysupport@legion.org.

John Raughter, deputy director of media relations for the American Legion, says another way that volunteers can help is by welcoming home troops when they return from deployments. Those events happen at airports, National Guard armories, American Legion posts, parks and schools, he says.

Sunny Farrand, a 74-year-old volunteer in San Diego, has worked with the American Legion for more than a dozen years. He has been involved in many different activities to help vets, from setting up barbecues for wounded warriors at Balboa Naval Hospital to raising money for all-terrain wheelchairs for vets.

Farrand, who was homeless for about six months in the mid-1990s, says he finds particular satisfaction helping come up with solutions to problems for veterans who might otherwise fall through the cracks.

In one case, he says, he helped arrange assistance for a vet wounded by an explosive device in Iraq who returned home after spending 18 months being treated at Walter Reed Hospital in Bethesda, Md., only to discover that his basement was flooded and the damage was so severe that the house was at risk of being condemned.

Farrand was able to get a donation of about \$8,000 from the Semper Fi Fund to pay to pump out the veteran's basement and install new drains. The vet, who was confined to a wheelchair, had suffered a traumatic brain injury and lost his left leg and part of his right hand. When the people fixing his basement noticed he had a Purple Heart on his license plate, they also decided to help out by redoing the vet's landscaping, Farrand says.

Being able to find help to solve such problems feels great, he says.

"It's about being able to give them a life after they fought for our country and go through hell," he says. "When you make a young man cry because you helped him and his family and [you] get that hug, that's better than any award."

Another national veterans service organization deeply engaged with volunteers is the Veterans of Foreign Wars (VFW). Through the VFW, more than 6,000 individuals volunteer on a regular basis at over 150 VA health care facilities.

One way to connect with other organizations such as these that serve veterans is to contact them directly. A list of more of these groups can be found on the website of the VAVS National Advisory Committee.

You can also find opportunities to help veterans through Create the Good, AARP's network for connecting people with volunteer opportunities.

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2.4 - ABC News: [Study toxic exposure, vaccines in 9/11 and Gulf War Veterans, Scientists say](#) (29 November, Beatrice Peterson, 3.7M uvm; New York, NY)

In a newly released report, scientists have called on Congress and the Department of Veterans Affairs to fund a new program aimed at studying the generational health effects among veterans of the Gulf and post-9/11 wars.

The report from the National Academies of Sciences, Engineering, and Medicine comes less than two weeks after the same group called on the VA to look at generational exposure to dioxin -- a component of Agent Orange.

In 1998, Congress directed the Department of Veterans affairs to work along with the National Academies to look into any associations of health effects caused by toxic exposure, preventive medicines and mandatory vaccines, burn pits, oil-well fires, dust, and several other environmental and war hazards.

This new report called on the VA and Congress to create a new "health monitoring and research program" (HMRP) to specifically monitor the health of veterans, their partners, and their children and grandchildren. The HMRP also would examine veterans and their children and grandchildren over an extended period of time to look into possible "health outcomes of concern" and reproductive outcomes.

In an statement to ABC News, the VA said they are "in the process of evaluating the study [and] appreciates the work of the National Academies of Sciences, Engineering and Medicine."

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2.5 - Military.com: [Pass Blue Water Navy Legislation This Year](#) (29 November, Garry Augustine, 2M uvm; San Francisco, CA)

Garry Augustine, a disabled Vietnam veteran, is executive director of the Disabled American Veterans' Washington headquarters.

Before members of Congress pack up and head home for the holidays, there is one critical piece of stalled legislation they could pass now to right an overdue wrong for tens of thousands of veterans made ill due to their shipboard service during Vietnam.

Blue Water Navy veterans (those who served off the shores of Vietnam) continue to suffer and die from illnesses that have already been legally and scientifically linked to Agent Orange exposure, but the Department of Veterans Affairs has consistently denied them service-connection -- and therefore the applicable benefits and health care -- for those conditions.

For years, these veterans were considered eligible for the same benefits provided to those who had boots on the ground, but the VA made an incorrect decision and began to exclude these individuals as early as 1997. The Blue Water Navy Vietnam Veterans Act of 2017 would correct this injustice for the nearly 90,000 veterans impacted. But while the bill passed unanimously in the House in June, it has since languished in the Senate and the fate of the legislation hangs in the balance.

These veterans are keenly aware of the ticking clock. Now, they face the possibility of yet another year being denied access to the care and benefits they need to address their service-connected disabilities. Time is not on their side, but Congress can be if lawmakers choose to act now by supporting this legislation and holding a Senate vote before year's end.

With just days remaining, Congress is closer than it has been in a decade to closing the deal on this legislation, and it would be a major win for Blue Water Navy veterans, many of whom have spent years battling the debilitating diseases associated with exposure to Agent Orange.

Passing this bill and granting presumption of service-connection will help protect the lives and livelihood of these individuals who stood in harm's way so many decades ago. But it's also validation that their service -- and moreover, their sacrifice -- is recognized, valued and respected by the nation's leaders in Washington, something particularly important to a generation of veterans who did not receive a hero's welcome returning home from service in Vietnam.

We ask Congress to give Blue Water Navy veterans something monumental to celebrate this holiday season -- hard-fought, long-overdue acknowledgment of the ailments suffered due to service to our nation. This legislation represents hope for veterans and their families at a time when time is running short. It's the right thing to do, and the time to do it is now.

-- The opinions expressed in this op-ed are those of the author and do not necessarily reflect the views of Military.com. If you would like to submit your own commentary, please send your article to opinions@military.com for consideration.

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2.6 - WMAQ (NBC-5): [Work Orders Reveal Rodents in White House, Chilly Temps at VA Headquarters](#) (29 November, Scott MacFarlane, 483k uvm; Chicago, IL)

Reports of rodents in the West Wing, frigid temperatures at the Department of Veterans Affairs and a bathroom mishap by a Cabinet secretary have prompted repair requests in Washington, D.C. federal buildings in the past two years.

The News4 I-Team obtained internal emails and logs of repair needs and maintenance orders at the White House, U.S. Department of Veterans Affairs headquarters and Environmental Protection Agency headquarters.

The logs received under the Freedom of Information Act show some of the problems and mishaps inside the aging federal buildings where tens of thousands of federal employees work. They also show the enormity of tasks assigned to federal work crews overseen by the U.S. General Services Administration (GSA), which manages federal buildings.

Emails shared between GSA workers and administrators assigned to the White House detail ongoing efforts to combat rodents and mice from spreading inside the West Wing. The emails show work orders for roach removal in ground level room 74. While trying to determine the scope of the problem, one agency employee wrote to another, "In past the West Wing has had a sewer smell" (sic).

A GSA spokeswoman defended the agency's work at the VA and EPA headquarters.

"GSA manages nearly 100 million rentable square feet in the National Capital Region. As with any property manager, each of these buildings have day-to-day needs that require addressing. These reports appear to be individual instances of building maintenance issues," the spokeswoman said.

A 2017 report by the News4 I-Team revealed prior pest infestations in the West Wing. The I-Team report also showed dozens of White House employee requests for new furniture and items after the inauguration of President Donald Trump, including a new Oval Office bathroom toilet seat and DirecTV equipment for Vice President Mike Pence.

New work orders logged by the GSA for the Department of Veterans Affairs headquarters show more than 3,300 projects in 2017. The aging VA office complex on Vermont Avenue, blocks from the White House, is cold in the fall and winter, the logs say. Some of the work orders cite "extremely cold" temperatures on the first floor and basement levels. The work orders also show worker complaints about temperatures, power outages and water leaks at the VA's in-house Starbucks location.

In a separate order, work crews were called to help retrieve a lapel pin dropped into the drain of a private bathroom by the VA secretary.

Work orders submitted by employees and administrators at the Environmental Protection Agency's headquarters show crews were called to check reports of mold in air conditioning units and to repair restroom doors and toilet seats.

In one order, workers were warned that pushpins were being used to hold up baseboards. The EPA complex has east and west buildings, where thousands of people work.

The work orders highlight the size of the GSA's portfolio of responsibilities.

"It's an enormous job. GSA is assigned to manage that job," said former GSA Inspector General Brian Miller, whose office formally monitored the agency's performance. "GSA hires contractors and subcontractors for the [maintenance] work. Then the agency must watch over the contractors."

Miller and another former GSA official said White House work orders are tricky to handle because the complex is a historic site. Even the paint and the wallpaper in the White House must be handled with special care.

Due to the high volume of maintenance requests placed in the White House, the GSA has staff members on site next door at the Eisenhower Executive Office Building.

"They are old buildings," Miller said. "Any of us who have old houses know old houses need a lot of work."

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2.7 - MedPage Today: [NASEM Outlines Research Needs in Tracking Wars' Effects on Veterans' Offspring](#) (29 November, Shannon Firth, 307k uvm; New York, NY)

WASHINGTON -- From oil-well fire smoke to infectious diseases and toxic chemicals, veterans of the Gulf War and the post-9/11 conflicts in Iraq and Afghanistan were exposed to a range of hazardous elements and situations during deployment. Scientists believe that such exposures may affect not only the veterans themselves, but potentially their children and grandchildren.

A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) released on Wednesday examined the potential reproductive, developmental, and teratogenic effects of such exposures among veterans deployed during these conflicts.

Perhaps even more importantly, authors of the report established a blueprint for stakeholders interested in assessing and monitoring the wars' health effects on veterans, their spouses, their children, and their grandchildren in the future

"A big part of the problem that we have with veterans and health is that we always look at the problem retrospectively," Kenneth Ramos, MD, PhD, PharmB, of the University of Arizona Health Sciences in Tucson, and chair of the committee that authored the report, told MedPage Today in a phone interview.

"If I'm only going to look at a problem in the grandchild of a veteran that was deployed 50 years before, what kind of intervention am I going to put in place that's going to make a difference?" he asked.

To address this challenge, the NASEM committee designed the Health Monitoring and Research Program (HMRP), which offers guidance to the departments of Veterans Affairs and Defense and other key stakeholders to develop a framework for collecting, evaluating, and assessing data from veterans, their spouses, their children, and for conducting epidemiological studies.

The HMRP would gather data from veterans, their partners, and descendants, including biological samples and information regarding any important environmental factors, and personal data regarding occupation, lifestyle habits, and socioeconomic factors. Data collection would begin on "day one" -- the day a soldier enlists.

Ultimately, the project will provide guidance on long-term risks to military personnel and their families, in turn, informing policies to prevent adverse health effects down the line.

"If you understand what the risks are and what the negative consequences of any particular exposure or series of exposures are, then you know if you are going to put a veteran in harm's

way. You would either provide protection, or you would monitor exposure better so you know you don't exceed certain levels... or you would manipulate the length of time between repeated exposures," Ramos explained.

The report also identified 13 areas where there is "sufficient," "limited", or "suggestive" evidence of an association between toxic elements to which troops are exposed and potential health harms affecting veterans, or their offspring.

To determine these possible associations, the committee conducted a deep dive of the scientific literature as well as existing reviews from different authorities, such as the Environmental Protection Agency, and the Agency for Toxic Substances and Disease Registry (ATDSR), as well as NASEM itself.

After canvassing more than 4,000 papers, the committee found insufficient evidence to establish causal relationships between various toxins and reproductive, generational, and developmental effects. However, researchers did find "sufficient evidence of an association" or "limited/suggestive evidence of an association" for 13 different types of exposures.

For example, the committee noted an association between both hexavalent chromium and carbamate pesticides and reproductive effects in men; adverse pregnancy outcomes among women who had leishmaniasis infections during their pregnancies; and low birth weight or preterm birth for babies who were exposed in utero to particulate matter. The committee also noted a possible relationship among those with prenatal exposure to organophosphate pesticides and neurodevelopmental effects.

For some toxins, researchers identified "robust" animal data, but a lack of human data prevented the committee from determining a stronger level of association.

Ramos noted one major limitation of the committee's research was that many of the epidemiological studies were not carried out in veterans, although they were conducted in populations for which exposures seemed comparable to what veterans may have experienced.

He also said it's important to take account of the "healthy worker effect."

"These are young people at the peak of their health doing really well other than perhaps the huge stress associated with deployment," Ramos explained.

"If the population that I'm using to study leishmaniasis infections and pregnancy is a population in India that only eats twice a week and lives under stressful conditions... you can immediately see that there's no real parallel" with otherwise healthy military women, he said.

Authors of the report highlighted three important "knowledge gaps" in the research on health effects involving offspring:

- Effects of preconception exposures on germ cells, fetuses, and neonates
- Long-term health outcomes of children exposed in utero
- Adverse effects in grandchildren and future generations

In 1998, Congress tasked the Department of Veterans Affairs (VA) with commissioning National Academies of Sciences, Engineering, and Medicine to study associations between illness and exposure to non-combat wartime hazards, as well as preventive medicines and vaccines in the

scientific and medical literature. Ten previous reports have been issued before this most recent brief.

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2.8 - WLOS (ABC-13, Video): [Charles George VA Medical Center](#) (29 November, 106k uvm; Asheville, NC)

The Department of Veterans Affairs (VA) leads the country in hepatitis screening, testing, treatment, research and prevention.

Get more information both for health care providers and for Veterans and the public at <http://www.hepatitis.va.gov/>

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2.9 - WPSD (NBC-6, Video): [VA town hall held in Mayfield](#) (29 November, 51k uvm; Paducah, KY)

MAYFIELD, KY — Veterans Affairs officials made a visit to west Kentucky Wednesday night, listening to and addressing the concerns of local veterans.

A town hall meeting was held in Mayfield. A little more than 20 people showed up to ask questions about their benefits and some came out to enroll in the VA healthcare system.

Marion Medical Center Director Jo-Ann Ginsburg says she believes these town halls play an important role in ensuring our veterans get the care they earned and deserve.

“It’s important to come into their communities because having them travel up to Marion or to the Evansville campus can be an obstacle to them letting us know how they feel about the healthcare they’re receiving and how we can improve,” said Ginsburg.

President Donald Trump signed what is referred to as the VA Mission Act of 2018 back in June.

A spokesperson with the VA says it will expand private sector options for veterans that can’t get with the VA within a certain time frame.

That piece of law goes into effect in June of 2019.

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2.10 - Altoona Mirror: [VA urgent care hours extended](#) (29 November, William Kibler, 24k uvm; Altoona, PA)

For the second time in six weeks, the Van Zandt VA Medical Center has extended the weekday hours of its Urgent Care Clinic.

Six weeks ago, the hospital added two hours in the morning, so that the clinic opened at 6 a.m.

This week, the hospital added two hours in the evening, so that the clinic now closes at 10 p.m., although weekend and holiday hours remain 8 a.m. to 8 p.m.

Extending the hours of the Urgent Care Clinic was among changes most requested by patients when she took over a year ago, said Van Zandt Director Sigrid Andrew.

While half of Van Zandt's patient population is over 65, a large percentage of the rest still works. The clinic extensions will make it easier for them, Andrew said.

"(They are) a population that's not as flexible with their time," she said.

Additional extensions could be coming, according to Andrew.

"(But) I need the veterans to know it's open," she said.

Hospital leadership plans to track clinic usage and make additional extensions "incrementally," she said.

The hospital staffed the new morning hours by staggering shifts but had to hire additional staff for the evening extension, she said.

Veterans come to the clinic for "a whole slew of reasons," including flu-like symptoms and broken bones, said Van Zandt spokesman Shaun Shenk.

One of the other most-requested changes was the addition of guest Wi-Fi, Andrew said.

The hospital plans to install that in February.

It will be especially helpful to patients who come from far away in the hospital's 14-county territory and who often book as many appointments on one day as possible to minimize travel — but who also often need to wait between those appointments, Andrew said.

The guest Wi-Fi will eliminate the need for them to use their data plans while at Van Zandt, she said.

In addition to music, podcasts or videos, with Wi-Fi access, patients will be able to access the VA website My HealtheVet, which enables them to refill prescriptions, track delivery of medications, view their medication lists, track appointments, receive appointment reminders, schedule some kinds of appointments, send and receive messages from providers, access their medical records and add information to those records, according to Andrew and the website.

The extension of Urgent Care Clinic hours and the addition of guest Wi-Fi reflect Andrew's background as a registered nurse and her embrace of the VA's directive to be "veteran-centric," according to Shenk and Andrew.

Other changes made so far during Andrew's tenure include the addition or expansion of 17 services, according to Shenk and Andrew.

The hospital has reinstituted chemotherapy, colonoscopies, esophagogastroduodenoscopies (EGDs) and bronchoscopies; has expanded podiatry, optometry, ambulatory surgery and

chiropractic and acupuncture services; and has extended some services that had been available only at Van Zandt in Altoona to one or more of the five outlying outpatient clinics, Andrew said.

For more information, call Van Zandt's public affairs office at 943-8164, ext. 7404.

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2.11 - The Daily Mining Gazette: [VA town hall focused on HCMCF deferment](#) (29 November, Garrett Neese, 10k uvm; Houghton, MI)

CALUMET — At a Wednesday town hall at the National Guard Readiness Center in Calumet, representatives from the Oscar G. Johnson Veterans Affairs Medical Center in Iron Mountain addressed the issue of deferring VA admissions from the Houghton County Medical Care Facility (HCMCF).

Brad Nelson, Oscar Johnson's public affairs officer, said the center's director of home and community based care would be meeting with Medical Care Facility director Kim Salmi to discuss restoring VA coverage for the home.

"We do want to work with them, because we do want to have a facility here for our veterans," Johnson said.

The VA center began deferments in January in response to repeated deficiencies seen in the Centers for Medicare and Medicaid Services (CMS) reports, Nelson said.

As far as he knew, veterans were not subjected to the deficiencies, he said.

A CMS survey released in September showed the same deficiencies "but not as frequent," Nelson said.

One of the primary issues behind the January action was a failure to report bruises of unknown origin on a resident.

Salmi said the major difference between the Medical Care Facility and VA centers such as Iron Mountain or the Jacobetti Home for Veterans in Marquette is the Hancock facility's requirement to report to CMS.

"We did the right thing as an organization," she said. "We reported it. We took action."

Nelson said based on actions Salmi took in being proactive with other issues since, "it sounds like the facility is on the right track."

Aside from a one-month period after the September survey, the facility has been in compliance with CMS, Salmi said.

The HCMCF is still admitting other residents who pay through Medicare or Medicaid, Salmi said. Seventeen veterans are at the facility, most paying through Medicare or Medicaid.

Iron Mountain staff also explained initiatives and updated the hospital's performance.

Suicide prevention is one focus. The VA's campaign #BeThere focuses on encouraging people to interact with veterans or service members they think show signs of suicidal behavior.

"The worst thing to do is not ask," said Barbara Robinson, women veterans program manager.

A confidential crisis chat is available at veteranscrisisline.net, via text at 838255.

At the national crisis hotline (1-800-273-8255), veterans can press 1 to talk with a health specialist.

Earlier this month, the VA also revamped its website, va.gov. The page focuses on the top 20 tasks used by 80 percent of VA site visitors and allows them to update contact information across all VA sites from one place.

A dashboard also gives them the latest on services they receive through VA.

The most rural VA medical center in the country, the Johnson center has served 20,528 veterans in 2018, including 214,768 outpatient visits. The center has seven outpatient clinics, including one in Hancock.

The medical center also received a five-star ranking in the third quarter from the VA's Strategic Analytics for Improvement and Learning (SAIL). It was ranked 14th in quality out of 130 VA centers.

Paul Remali, a Veterans of Foreign Wars member from Calumet, said the VA's health care system has taken good care of him. He likes to come to the town halls to keep himself apprised of changes.

"It's been over a year, so I'm just coming to see what's going on," he said. "They're working really, really hard to take care of the veterans."

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2.12 - KTOK (AM-1000): [New VA Secretary In Oklahoma](#) (28 November, Beth Myers, Oklahoma City, OK)

Confirmed just four months ago, Veterans Affairs Secretary Robert Wilkie made two site visits in Oklahoma this week. He visited the VA Medical Center in Muskogee and the VA Medical Center in Oklahoma City. He told KTOK News that customer service will be his prime directive. He says it's an issue of leadership and that new leaders have been hired at many places in Oklahoma.

Wilkie grew up at Fort Sill. He says his father being wounded in Vietnam informs every decision he makes.

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3. [Business Transformation](#)

3.1 - KYTV (NBC-3): [Springfield's new VA Clinic likely to open first week of December](#) (29 November, 349k uvm; Springfield, MO)

The Veterans Affairs Commission believes its new clinic in Springfield will be ready to open the first week of December.

The clinic is located on West Republic Road near Kansas Expressway.

VA Clinic spokesperson Wanda Shull says crews are finished last-minute details, including furniture, IT systems, phones and files. She says work should finish to see patients as early as next week, possibly Monday.

The VA Clinic will save area veterans a trip from traveling to hospitals in Columbia, Mo. and Fayetteville, Ark. for primary care. The facility will also include dental and endoscopy not previously available to area veterans.

The clinic will likely hold a grand opening event in January or February.

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3.2 - Quad-City Times: ['This has been a need for a long time:' Davenport VA clinic readies for early spring opening](#) (29 November, Sarah Ritter, 125k uvm; Davenport, IA)

Clinton veteran Roland Bechtel regularly travels between the Veterans Affairs clinics in Bettendorf and Iowa City to receive the care he needs.

"I had a heart attack when I was 68 and have been in the VA system ever since," said Bechtel, 79, who served in the Navy in the 1950s. "And my God, it's working for me. I've always gone to Bettendorf for my provider, and they're great with me. But for a lot of things I need, I have to go out to Iowa City."

The Bettendorf clinic serves around 9,000 patients, he said, and is at capacity. The new Davenport center will serve an additional 2,400 veterans and offer services that currently aren't available.

"This market area in the Davenport and Bettendorf region is probably one of our higher veteran populations, so this has been a need for a long time in this area," said Judy Johnson-Mekota, director of the Iowa City VA Health Care System. "So it's important for us to meet the needs of veterans, and this is an opportunity for us to increase primary care services, mental health services and add more specialty services."

New offerings include physical therapy, audiology, optometry, podiatry, chiropractic and acupuncture care. The space also will increase mental health and pharmacy services. Tele-health programs will be expanded to improve access to care, Clark said, plus radiology will be added at a later date.

"For example, with physical therapy, when we built the Bettendorf clinic, we didn't have physical therapy in mind," he said. "Now, patients travel to Iowa City or we refer them out to others in the

community. But we realize that service is growing in demand a lot. With this expansion, we'll provide a faster and more consistent continuum of care."

Building the roughly \$4.1 million clinic also includes adding more staff, he said. Currently, 62 employees work at the Bettendorf clinic, and so far, seven new staff members have been added for the new space. Clark said more positions will be added in the future, including nurses, providers and administrative personnel.

"It's a very good thing that we're putting in more resources for veterans. That's what's necessary so we can take care of these folks," said U.S. Rep. Dave Loebsack, D-Iowa. "We've been lacking resources to reduce wait times and make sure we process claims properly. We need to make sure when folks try to enter the system, they get it done efficiently and quickly to get the health care they need."

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3.3 - Kitsap Sun: [Veterans Benefits Administration to close benefits help desk in Bremerton](#) (29 November, Julianne Stanford, 111k uvm; Bremerton, WA)

The Veterans Benefits Administration has decided to downsize operations inside its Bremerton office by shutting down a help desk that's staffed with employees who assist veterans with benefit-related queries.

As of Friday, the office at 500 Pacific Ave. will no longer be a place where veterans can receive in-person assistance with navigating through the Department of Veterans Affairs' complex pension and compensation system. There has been little notice to those who use the service.

Other functions, like vocational rehabilitation and employment services, will remain open at that location by appointment, according to a statement from the VBA.

Those in need of assistance still have other options available if they need help with a benefits-related issue.

They can contact the VBA's toll-free number at 1-800-827-1000 or utilize the department's online portal to file a claim electronically at www.ebenefits.va.gov.

Veterans can visit the VBA's office on the first floor of the Jackson Federal Building in downtown Seattle, at 915 Second Ave., for in-person assistance.

For a local option, veterans can also consult with a service organization for help, such as the Disabled American Veterans, which will continue to have a presence inside the VBA's Bremerton office.

The VBA's decision to downsize operations at the office "was made in line with the Agency's goal to be strong fiscal stewards of the taxpayer funds entrusted to us," according to a statement from the Veterans Benefits Administration.

"The Seattle Regional Office will continue to explore options in both Kitsap County and other areas to meet the needs of the over 500,000 Veterans throughout the state of Washington," the statement said.

Help desk assisted an average of 180 veterans each month
For veterans like Carol Wade, a four-year Bremerton resident who served in the Army, the help desk was an invaluable resource in resolving benefits-related issues.

"While I'm there, there's always two or three vets there, and they're asking for help that's way more than what I'm asking for," Wade said. "The person at that desk is a person who knows how to negotiate the federal forms for the VA, and knows all of the complexities of the VA, and can help get done what they need done."

Wade was surprised to learn the help desk was going away when she visited the office earlier this week and an employee told her the news. Employees have been notifying walk-in visitors over the past week.

"There were no notices given out to veterans in the county," Wade said.

There is now a sign posted just inside the entryway to the office that alerts visitors to the fact that those services will be no longer be provided in December.

The help desk assisted an average of 180 veterans each month with benefit-related queries, according to VBA estimates.

The Department of Veterans Affairs estimates there are more the 37,000 veterans in Kitsap County.

Although there are alternative options for assistance, Wade said they don't compare with being able to interact with someone face to face to resolve issues.

"The VA is trying to push people towards using an 1-800 number, which is totally not the same thing," Wade said. "You can get two answers using that number, which is enough to get you tangled up in the system."

Wade estimates she visits the office about five times a year. She's more worried about other veterans who go there for help on more serious issues, like negotiating problems with the monthly disability check on which they might be living.

"That person is not a receptionist. That person has full knowledge to negotiate the system," she said. "A person can be harmed by not having the right information, and that person at that desk has a lot of knowledge about disability pensions."

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3.4 - KJRH (NBC-2, Video): [New V.A. facilities coming to Tulsa, Sallisaw](#) (29 November, 61k uvm; Tulsa, OK)

A brand new, large-scale health care center is in the works for Tulsa-area veterans

The VA will break ground on the new facility in April near 91st and Mingo, combining all three existing centers in the area.

The 140,000 square foot building will offer new women's services, GI, and mental health services.

"I think the wait time is going to go down, parking is going to be 100 percent better, and it's just going to be a lot better all the way around," Tulsa VA patient Dennis Hoch said.

They hope to finish construction by the summer of 2021.

There will also be a new veterans center in Sallisaw this morning.

The city will be the new home of a 175-bed center after the one in Tahlequah closes.

It will be built about a half mile south of the city's airport.

2 Works for You have learned that they are waiting to get a grant approval for construction, and then it will be another two to three years before it's complete.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Spokesman-Review: Citing medical records project, Mann-Grandstaff VA delays 24-hour urgent care to 2020 (29 November, Thomas Clouse, 408k uvm; Spokane, WA)

The promise of 24-hour urgent care at Mann-Grandstaff VA Medical Center has been delayed after the hospital signed on as a pilot project for the U.S. Department of Veterans Affairs' \$10 billion effort to update its electronic medical records.

Dr. Robert Fischer, who took over as Mann-Grandstaff's director a year ago, said he wants to use all of 2019 to review the hospital's operations in order to recruit doctors, better manage and push resources where they are needed to support the planned 24-hour operations at the urgent care, which currently operates 12 hours a day.

"What we want to make sure is that when we flip the switch, it's not a two-way valve," Fischer said last week. "Because that would be devastating for me, the medical center and for the veterans. If we go to 24-7, it's got to be a permanent status. I can't allow this back and forth."

The VA hospital ended its 24-hour emergency room in 2014, and elected officials have been pushing since then to replace that service. Mann-Grandstaff serves about 32,000 veterans a year with a budget of \$250 million for fiscal year 2019.

In October, U.S. Rep. Cathy McMorris Rodgers, R-Spokane, announced during a visit from VA Secretary Robert Wilkie that 24-hour urgent care at Mann-Grandstaff had a projected starting date of early 2019.

But last week, Fischer said he expects that opening to be pushed back until some time in 2020, largely because of the needs both to recruit doctors and upgrade the records system, designed by Kansas City, Missouri-based Cerner Corp.

"This is a fluid environment. They just signed the Cerner contract this past spring," Fischer said. "You have to be flexible when you are leading a medical center to make sure your priorities also reflect those changes in circumstances."

"This Cerner transformation is huge," he continued. "We are a pilot, meaning it has never been done in the VA. If there are going to be problems, we are going to experience them. I have to make sure our goal of providing timely and expedient care is supported at all costs."

Reached Wednesday, McMorris Rodgers said she met with VA officials in Spokane in January 2018 and was told by Fischer that he expected the 24-hour urgent care to be open by early 2019.

"We just approved the highest funding level ever for the VA, and it's time for the Spokane VA to stop with the excuses and open the 24/7 Urgent Care so our veterans receive the high-quality care they've earned," McMorris Rodgers said in a statement to The Spokesman-Review. "It's unfair to Eastern Washington veterans that the Spokane VA is moving so slowly, and I look forward to speaking with the director of the Spokane VA to better understand the cause of the delay."

Fischer, 62, who retired from the U.S. Air Force and had served several years at the U.S. Army's Landstuhl Regional Medical Center in Germany, said "there may have been a communication a year or six months ago" about going to 24-hour urgent care, but that was "before the signing of this contract" with Cerner.

"When I make a decision, I ask myself, 'Can I get on a rostrum and explain what I've done and why I've done it?' And if in my mind I can do that, then I'm comfortable making that decision. I would be irresponsible if I didn't," he said. "So can I understand how (McMorris Rodgers) may have misunderstood the current state? It's not a lack from our communication, but communication can be difficult."

Sen. Patty Murray, D-Wash., also has pushed VA officials to get the urgent care open.

"Getting the Spokane emergency room back to 24-hour coverage is incredibly important, and I have no doubt local VA leaders want to do it in a manner that works best for the veterans they serve," Murray said in a statement to The Spokesman-Review. "I have pressed VA to achieve this and I stand ready to do whatever I can to help ensure the (Mann-Grandstaff) has the resources it needs, and that our country is fulfilling its commitment to care for those who served."

While the current plan is not to return the hospital's emergency room, Fischer said veterans would be hard pressed to tell the difference. He said he also plans to hire physicians who are prepared to handle almost anything.

"Frankly, while we are an urgent care center," he said. "A veteran can't distinguish between urgent care and an emergency room no matter what sign we put. So if somebody gets to us and they are critically ill, and that service could be better provided at Providence or Deaconess, that's really the best thing for our veteran."

But Fischer said he understands veterans' worries about billing headaches if they must be seen by a non-VA hospital.

“If you ask the veteran, I think they’d say we want to be able to come” to Mann-Grandstaff, he said.

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4.2 - Federal News Network: [10 ingredients making VA’s e-health record program sick](#) (29 November, Ed Meagher, 100k uvm; Washington, DC)

The House Veterans Affairs Subcommittee on IT Modernization recently held a hearing on the Department of Veterans Affairs electronic health record modernization (EHRM) program to assess progress to date. The hearing was remarkable on several levels but perhaps the most remarkable was the bipartisan and positive support for this program from both sides of the aisle. Congress clearly wants this program to succeed and wants to be as helpful as possible.

Despite this positivity, every member of the committee raised serious concerns about this 10-year, \$16 billion program which is now in its 18 month. The chairman of the subcommittee, Rep. Jim Banks (R-Ind.), questioned how a program that has not yet reached a single major milestone could now be \$350 million over its approved budget. He raised an alarm about Cerner’s current inability to deliver community care interoperability and the lack of a VA plan to achieve it.

Rep. Phil Roe, (R-Tenn.), a physician, warned repeatedly about the significant impact a project of this scale and scope would have on patient care under the best of circumstances. Rep. Conor Lamb (D-Pa.) gently probed how workflow issues were going to be dealt with by the VA, and whether or not the concerns expressed by the VA workflow councils made up of Defense Department and VA clinicians would be resolved, and by whom. The very candid answer he received from the Cerner representative on the panel was telling in that he advised Lamb that this issue would have to be resolved between DoD and the VA.

All of these issues and several more are what Banks called the “middle of the beginning” of this program are very troubling. I would liken this hearing to the several people on the Titanic who warned the captain that there were an unusually high number of large icebergs along their route, and the captain telling them that this ship is unsinkable and that in any event no ship has ever sunk while under his command.

Recipe for disaster

One of the benefits of getting old is that you have a large store of first-hand experience. So, I have seen this debacle play out several times before in my career.

This is VA’s infamous COREFLS debacle on steroids. COREFLS was a \$250 million failed attempt to force massive business process change from the top down without regard to the needs and concerns of the end user.

All of the ingredients for a repeat are here. This whole program is premised on a lie. The lie is that VistA is broken. It is not. It needs modernization. Times are changing, requirements are changing, medicine is changing and technology is changing. When that happens, the responsible thing to do is to evaluate the modernization of VistA versus the buying of a commercial product.

That has never honestly occurred. Instead an ill-informed and or uninformed decision was made that said buy commercial-off-the-shelf (COTS).

That is ingredient 1: Bad decision(s).

Ingredient 2: Either through ignorance or a desire to protect a bad decision repeat the underlying lie until it becomes “common knowledge” that the lie is true.

Ingredient 3: Spend big and double down on the bad decision. Make the bad decision so big that it can't possibly be allowed to fail.

Ingredient 4: Get uninformed and/or misinformed leadership to buy in by having them repeat the lie and the bad decision, hopefully under oath, so that even if they become informed, they own the bad decision and must defend it.

Ingredient 5: Throw good money after bad in a futile attempt to drag the bad decision across the finish line, continually extend the finish line and gradually lower expectations on results.

Ingredient 6: Everyone responsible for the lie and the bad decisions declare success and leave, blaming any problems on the bureaucracy.

Ingredient 7: Bring in outside experts to analyze the debacle and make recommendations on how to prevent it from ever happening again.

Ingredient 8: Reward the guilty and blame the innocent.

Ingredient 9: Make sure that no one either pays any attention to the analysis or that they take away the wrong message from the analysis and report.

And of course, ingredient 10: Repeat over and over again.

Despite powerful and surely sincere promises from VA's EHRM program leadership, nothing said at this hearing should give anyone any degree of confidence in the outcome of this program.

All of the ingredients for failure are present. The VA and Cerner technology will not support the transactional workload that will be needed to support a very large and complex enterprise system. Cerner cannot demonstrate a single instance where their system currently supports anything like the scale, scope and complexity of either the DoD or VA environments. The fatal flaws of this program are all there to be seen. VA's Office of the Inspector General and the Government Accountability Office will at some point recommend pausing this program for reevaluation and then shutting it down. Congress will convene more hearings and eventually they will shut this program down. The only question is how many billions of dollars will have been wasted and how much damage will have been done to veterans, the VA and DoD healthcare in the meantime.

Edward Meagher recently retired after 24 years in government, 26 years in the private sector and four years in the U.S Air Force. He served for seven years as the deputy assistant secretary and deputy CIO at the Department of Veterans Affairs. Ed divides his time between his own executive consultancy, VETEGIC, LLC and extensive involvement with several veteran focused organizations including his own Service Member Support (SMS) Foundation.

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4.3 - Healthcare Informatics: [HHS Studying Modernization of Indian Health Services' IT Platform](#) (29 November, David Rath, 29k uvm; New York, NY)

With so much focus on the modernization of health IT systems at the Veteran's Administration and Department of Defense, there has been less attention paid to decisions that have to be made about IT systems in the Indian Health Service. But now the HHS Office of the Chief Technology Officer has funded a one-year project to study IHS' options.

The study will explore options for modernizing IHS' solutions, either by updating the Resource and Patient Management System (RPMS) technology stack, acquiring commercial off-the-shelf (COTS) solutions, or a combination of the two. One of the people involved in the analysis is Theresa Cullen, M.D., M.S., associate director of global health informatics at the Regenstrief Institute. Perhaps no one has more experience or a better perspective on RPMS than Dr. Cullen, who served as the CIO for Indian Health Service and as the Chief Medical Information Officer for the Veterans Health Administration.

During a webinar put on by the Open Source Electronic Health Record Alliance (OSEHERA), Dr. Cullen described the scope of the project. "The goal is to look at the current state of RPMS EHR and other components with an eye to modernization. Can it be modernized to meet the near term and future needs of communities served by IHS? We are engaged with tribally operated and urban sites. Whatever decisions or recommendations are made will include their voice."

The size and complexity of the IHS highlights the importance of the technology decision. It provides direct and purchased care to American Indian and Alaska Native people (2.2 million lives) from 573 federally recognized tribes in 37 states. Its budget was \$5.5 billion for fiscal 2018 appropriations, plus third-party collections of \$1.02 billion at IHS sites in fiscal 2017. The IHS also faces considerable cost constraints, Dr. Cullen noted, adding that by comparison that the VA's population is four times greater but its budget is 15 times greater.

RPMS, created in 1984, is in use at all of IHS' federally operated facilities, as well as most tribally operated and urban Indian health programs. It has more than 100 components, including clinical, practice management and administrative applications.

About 20 to 30 percent of RPMS code originates in the VA's VistA. Many VA applications (Laboratory, Pharmacy) have been extensively modified to meet IHS requirements. But Dr. Cullen mentioned that IHS has developed numerous applications independently of VA to address IHS-specific mission and business needs (child health, public/population health, revenue cycle).

Because the VA announced in 2017 it would sundown VistA and transition to Cerner, the assessment team is working under the assumption that the IHS has only about 10 years to figure out what it will do about the parts of RPMS that still derive from VistA. And RPMS, like VistA, resides in an architecture that is growing outdated.

The committee is setting up a community of practice to allow stakeholders to share technology needs, best practices and ways forward. One question is how to define modernization and how

IHS can get there. The idea is to assess the potential for the existing capabilities developed for the needs of Indian country over the past few decades to be brought into a modern technology architecture. The technology assessment limited to RPMS, Dr. Cullen noted. “We are not looking at COTS [commercial off the shelf] products or open source. We are assessing the potential for existing capabilities to be brought into “a modern technology architecture.”

Part of the webinar involved asking attendees for their ideas for what a modernized technology stack for RPMS would look like, what development and transitional challenges could be expected, and any comparable efforts that could inform the work of the technical assessment team.

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4.4 - MeriTalk: [VA's EHR Project Hits Early Cost Overrun](#) (29 November, 11k uvm; Alexandria, VA)

The Department of Veterans Affairs admitted this month that its 10-year, \$10 billion-plus project to create an interoperable electronic health record system incurred a \$350 million cost overrun right out of the gate—a potential red flag in the latest effort to develop an integrated records system that also works with the Department of Defense’s system.

At a hearing of the House Veterans Affairs Subcommittee on Technology Modernization, John Windom, who’s leading the VA project, said original estimates did not include 10 years’ worth of salaries for government employees working on the project, resulting in the \$350 million overrun.

But Windom, executive director of the VA’s Office of Electronic Health Record Modernization, said that Congress had been told that those salaries would not be accounted for in the EHR contract. He also contended that as the project progresses it will likely produce efficiencies that could save on projected costs. “There are going to be efficiencies gained we can’t forecast at this point,” he said.

But committee members expressed concern about the overrun, particularly considering the long and less-than-illustrious history of VA’s attempts at creating an interoperable EHR. Noting that the cost overrun cropped up essentially before work on the project had started, subcommittee Chairman Rep. Jim Banks, R-Ind., said, “I find it hard to believe that such a basic part of the program—government salaries—could be overlooked.”

Banks, who in August warned that unfilled leadership positions at VA threatened the project, said he wasn’t “ready to sound the alarm yet,” but that the overrun at this early stage increased concerns over what he called a “daunting” project.

VA in May awarded a 10-year, \$10 billion contract to Cerner to modernize its healthcare information technology systems and develop an integrated EHR system. Related costs of the project have since raised estimates of its total to \$16 billion. In July, VA formally agreed to align its system with that of DoD, which is implementing Cerner’s Military Health System Genesis system under a 10-year contract signed with Leidos in 2015. The original amount of that deal was \$4.3 billion, although DoD in July increased its budget for the project by another \$1.2 billion.

DoD implemented MHS Genesis last year at four bases in the Pacific Northwest. After system glitches and negative user feedback put the project on hold early this year, the pilot sites were eventually up and running over the summer. Defense and Leidos spokespersons countered criticism by saying that early difficulties were expected in a project of this size, but that they expected the rollout to go as planned. The VA last month announced it was testing the system at four more sites (three in California and one in Idaho). The VA plans to deploy the system at every medical facility over the next five years.

Despite assurances from the project's directors, Congress' concern over the project could be fueled by past failures. DoD and VA have been trying since 1998 to create interoperable, cradle-to-grave EHR that could stay with service members and their families from enlistment through retirement and post-military life. Several projects over the years have gone up in smoke, at costs of billions of dollars. Most recently in 2013 the two departments abandoned an integration project after four years and \$1 billion spent, and opted to upgrade their current systems. The Coast Guard, which has joined DoD's Genesis project, has had a similar experience, abandoning its own EHR project in 2016 after seven years and about \$60 million, and retreating to a paper-based system.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - USA Today: [VA reverses course on GI Bill payments, will repay possibly short-changed veterans](#) (29 November, Donovan Slack, 26.5M uvm; McLean, VA)

WASHINGTON – Department of Veterans Affairs Secretary Robert Wilkie overruled a top benefits official Thursday and said the VA won't ignore federal law and will now reimburse veterans who may have been underpaid GI Bill benefits.

The move came just hours after Paul Lawrence, the VA's undersecretary for benefits, testified on Capitol Hill that the amount of work it would take to figure out how many were shortchanged and by how much wouldn't be worth it.

The VA was supposed to begin granting expanded benefits in August under a law passed last year known as the Forever GI Bill. The law required the VA to change the way it calculated housing stipends, among other changes.

But the agency blew through that deadline because it couldn't get software in place to make the calculations and said this week it wouldn't be up and running for another year.

In the meantime, Lawrence told lawmakers that veterans are being paid the old way while the VA focuses on getting it right by next December, when veterans will be planning for the following school semester.

"If you ask me, what should we spend an extra hour on – processing things that yield veterans nothing, putting at risk the spring 2020 semester, or saying, this doesn't yield much and we're going to move forward?" he said at a House VA Committee hearing.

Committee Chairman Rep. Phil Roe, R-Tenn., questioned Lawrence repeatedly on the issue after Lawrence at first kept repeating agency talking points that veterans will be "made whole" without acknowledging that it won't be at the new rates under the law.

"Just for clarity, we stood up a system that didn't work, and paid people what we had paid them in the past," Roe said. "And we don't know what we should have paid them. Am I correct? That's pretty much what we did, because our IT system didn't work, that's what happened?"

"That's correct," Lawrence said.

The VA secretary later said in a statement that the agency now would do the extra work to make sure veterans are reimbursed the right amounts.

"Once the VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law," Wilkie said.

The reversal came amid criticism from lawmakers and veterans' groups and a confusing messaging strategy from the agency. Even as Lawrence testified, the VA issued a statement saying veterans would be "made whole" only at the current rates.

And VA spokesman Curt Cashour earlier Thursday had tried to dispute reports that veterans who were underpaid would not be fully reimbursed. NBC News had reported that VA officials told congressional staff the VA would not be able to repay underpaid veterans without an audit of some 2 million past claims, which could hold up processing of future claims.

Cashour asserted the report was misleading and "gives the false impression" that some veterans will not be paid back in full.

"Nothing could be further from the truth," he said in a statement. "Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year."

But, he noted at the time, that it would be based on current rates.

At Thursday's hearing, Lawrence said the agency didn't know if that would have resulted in underpaying veterans.

"Nobody has yet been paid under this system that doesn't exist," he said. "There isn't a feeling of 'I'm owed something,' unless they're able to calculate something we've been quite frankly unable to calculate."

The technology glitches have not been limited to the housing stipend calculations. GI Bill payments to thousands of veterans across the country were delayed this fall because of the computer problems. Many reported they were forced into desperate financial situations.

The issues resulted in the reassignment this month of Robert Worley, the executive director of the VA's educational services. It also led to the VA's announcement on Wednesday of the one-year delay in the housing payment calculations.

Lawrence said he didn't know how much the agency has spent on the failed software project. He said he would have to get back to lawmakers.

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6.2 - CBS News (Video): [Amid confusion, VA says vets will receive full GI Bill payments delayed by IT failure](#) (29 November, Stefan Becket and Anna Gunther, 17.6M uvm; New York, NY)

The secretary of veterans affairs assured veterans they will be paid in full for delayed payments under the GI Bill, clarifying comments by VA officials Thursday indicating veterans might not receive all the money they were owed.

The confusion began Wednesday when the VA announced it was delaying implementing a change in the way reimbursements are calculated.

Under last year's Forever GI Bill, the department was supposed to make changes to the rate calculation by Aug. 1 of this year, but implementing the change led to a backlog of claims that crippled the department's creaky IT system. Thousands of veterans saw their benefits payments delayed, some for months at a time.

The department said Wednesday the change would be put off until Dec. 2019, but officials said vets would be reimbursed using the old rates instead of those mandated by the Forever GI Bill.

In a call with staffers from the House Committee on Veterans Affairs on Wednesday, VA officials said making retroactive payments under the new rates would require an audit of millions of prior claims, a process that could cause future delays. A committee staffer confirmed to CBS News the details of the call, which were first reported by NBC News.

Then, in testimony before the committee Thursday morning, VA Under Secretary for Benefits Paul Lawrence told lawmakers the VA was unlikely to adjust back payments using the new rates when they take effect in December 2019. Lawrence said it was unclear whether the massive amount of work needed to retroactively adjust claims would be worth the effort, but admitted some veterans would be entitled to higher benefits under the new rates.

"I think we need to figure out whether we need to come back to you, and ask for a legislative change to push the date to December first or not," Lawrence said in response to questioning by Republican Rep. Phil Roe of Tennessee, the committee's chairman. "It's not our intention to harm veterans, but we also have to think about the broad veteran population and whether what you're describing yields any benefits, just work."

Just hours later, however, VA Secretary Robert Wilkie backtracked, saying veterans would receive back payments under the new rates as required by law.

"To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits

for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates," Wilkie said in a statement. He said he told the chairmen of the House and Senate veterans committees that was the case on Wednesday.

Wilkie added: "Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law."

Roe, the House chairman, expressed frustration with the "many missteps" taken in implementing the new rates, but thanked Wilkie for clarifying that all veterans would receive full back pay.

"Under the law, underpaid student veterans must receive their retroactive payments. The burden of correcting and making those retroactive payments is timely and costly, but that isn't a reason to dismiss a law or leave student veterans high and dry," Roe said in a statement Thursday. "My main goal is simply to provide student veterans with what President Trump and the Congress promised them in this law. The Secretary and I are on the same page on this."

The delay in GI Bill payments left thousands of veterans struggling to pay for housing and tuition just as the new school year got underway. Former staff sergeant Shaye Washington told CBS News earlier this month the VA had not distributed \$7,000 she was expecting, including \$3,000 she needs for tuition.

"The GI Bill is something we worked for. I've been deployed and been to wars, so I feel like I shouldn't have to stress over something that I worked for and risked my life for," Washington said.

A week later, Washington told CBS News she had received a payment, but not all of the money she was owed.

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6.3 - The Hill: [VA vows to make veterans '100 percent whole' over underpaid housing benefits](#) (29 November, Aris Folley, 11.4M uvm; Washington, DC)

The Veterans Affairs Department says veterans will not lose any housing benefits, pushing back on a report that the agency does not plan to reimburse those who were underpaid after a computer glitch.

"Each and every Veteran on the post-9/11 GI Bill will be made 100 percent whole -- retroactively if need be -- for their housing benefits for this academic year based on the current uncapped DoD rates," VA spokesman Curtis Cashour said in a statement to The Hill on Thursday morning.

"[A]nd, beginning in spring 2020, we [will] be in a position to provide Veterans the new rates where applicable to meet the law known as the Forever GI Bill," he added.

His comments follow a story published by NBC News on Wednesday night reporting that the agency told congressional staffers that it will not reimburse veterans who received smaller GI

Bill benefit payments than they were owed due to computer issues from implementing the law's changes.

Committee aides told the outlet that the VA said it could not reimburse those veterans without auditing past education claims, which, they said, would hold up future claims.

The report came weeks after computer problems delayed GI Bill payments to hundreds of thousands of veterans due to a change in calculating housing allowances under the Forever GI Bill, which President Trump signed into law last year. According to NBC News, the department's computers were unable to process the change, quickly leading to an immense backlog of veterans' claims.

Because of the backlog, the department announced earlier Wednesday that it would delay the bill's housing allowance changes until next year, while also pledging that veterans who received incorrect GI Bill benefit payments would eventually be paid the correct amount.

Committee aides said VA officials told Capitol Hill staffers on Wednesday that the department will not retroactively reimburse underpaid veterans due to the housing miscalculations once the system is fixed next year.

"They are essentially going to ignore the law and say that that change only goes forward from Dec. 2019," one aide told the outlet.

However, Cashour told The Hill "the NBC report is misleading and gives the false impression that some Veterans on the GI Bill will not be made whole with respect to their housing payments."

Cashour further clarified to The Hill that "every single Veteran will be made whole for their housing benefits this year" and that the rates they are "providing are the current academic year uncapped DoD Basic Allowance for Housing [BAH] rates based on the location of a school's main campus, rather than the physical location of the student."

"For many students, this DoD BAH rate will be equal to or higher than their current payment," Cashour continued. "If a student was overpaid due to the change in law or because of VBA's [Veterans Benefit Administration] challenges in implementing the law, the student will not be held liable for the debt."

Cashour added to The Hill that starting in the Spring term of 2020, the VA "will have solved its current information technology difficulties" so that it can comply with the Forever GI Bill going forward.

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6.4 - Politico: [Colleges and universities keep a wary eye on VA struggles with GI Bill](#) (29 November, Kimberly Hefling, 8.7M uvm; Arlington, VA)

VA SAYS IT NEEDS MORE TIME TO MAKE GI BILL CHANGE: Heading into the spring semester, veterans and higher education institutions appear at least in the short term to get something they've wanted when it comes to Post-9/11 GI Bill claims: certainty.

— Long term, however, House Democrats questioned whether the VA would even meet its new self-imposed deadline to roll out a provision in a law change passed last year that dictated a shift in how the monthly housing allowance for recipients is calculated. The change was one of many to the GI Bill that were part of the “Forever GI Bill” — a law popular with veterans that also lifted the 15-year time limit on when recipients must use their GI Bill benefits.

— The VA said on Wednesday it would push back until the 2020 spring semester the rollout. The decision comes after complaints throughout the fall semester of housing payment delays and improper payments. The agency was supposed to have made the change on Aug. 1.

— VA Secretary Robert Wilkie acknowledged when making the announcement that imposing the change during the academic year was “like flying a plane while building it, and that was unfair and frustrating to veterans and taxpayers.” The VA said it would be soliciting new contract bids for the work. Read more on the change from your host.

— Anne Meehan, director of government relations with the American Council on Education, tells Morning Education that the announcement is helpful for colleges and universities worried about another whirlwind semester. The VA said until the rollout it would calculate the housing allowance based on uncapped Defense Department basic housing allowance rates. “They have some certainty to know what the rules are going to be until the new IT system can be put in place,” Meehan said.

— But Rep. Mark Takano (D-Calif.), who is expected to take over as chairman of the House Veterans’ Affairs Committee in January, said in a statement that the next contractor will likely have the same struggles unless the VA addresses its underlying IT failures. “If this is not done, I am skeptical that the VA will be able to meet the new deadline they put in place,” Takano said.

— “Extremely optimistic,” was how Rep. Tim Walz, the ranking Democrat on the House Veterans’ Affairs Committee who was recently elected governor of Minnesota, described the VA’s new timeline.

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6.5 - MSNBC (Morning Joe, Video): ['Pathetic, embarrassing': VA won't reimburse some vets](#) (29 November, 3.8M uvm; New York, NY)

Four-minute video: The Veterans Affairs Dept. tells congressional staffers it won't repay underpaid GI Bill recipients, sources say. The news conflicts with a promise VA officials made to a House committee earlier this month that it would reimburse those veterans who received less than the full amount they were due.

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6.6 - MSNBC (Morning Joe, Video): [Congressman says VA issue won't be tolerated](#) (29 November, 3.8M uvm; New York, NY)

Six-minute video: Rep. Mike Turner, R-Ohio, discusses GM layoffs, Wednesday's Senate briefing on Saudi Arabia and controversy surrounding the VA and its inability to pay some veterans.

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6.7 - National Review: [1,500 People Attend Funeral of Vietnam Vet Thought to Have No Living Relatives](#) (29 November, Jack Crowe, 2.4M uvm; New York, NY)

More than 1,500 people showed up at an Omaha, Neb. cemetery on Tuesday to pay their respects to a Vietnam War veteran they never met.

Stanley Stoltz, who passed away November 18 at 73, was laid to rest at the Omaha National Cemetery surrounded by well-wishers who learned of the funeral from an ad in the Omaha World Herald posted by the funeral home that coordinated the service.

"The Public is invited to the Cemetery to honor a Vietnam Veteran with no known family. Interment will be in Omaha National Cemetery on Tuesday, November 27, at 2 p.m.," the message read.

While the ad indicated Stoltz had "no known family," the funeral home subsequently tracked down his brother, who also attended the funeral.

"It's just been a tremendous outpouring of support for this man and even non-veteran-affiliated groups," Good Shepherd Funeral Home director Michael Hoy told CNN affiliate KEVT. Hoyt was first asked to provide the funeral services by the nursing home where Stoltz spent his final years.

Stoltz served as a private in the Army during the Vietnam War. Much of the crowd was comprised of veterans who saw the ad and felt compelled to respond.

"No vet deserves to die alone. Thank God," Dick Harrington, an attendee, told a local CNN affiliate. "We looked around and said, 'Here's his family.' It's true. Veterans. We're all family. That's just the way we roll."

The crowd was so large that traffic backed up along the highway leading to the cemetery, causing the service to be delayed.

"Sorry for the delay. We weren't expecting this outpouring of love and affection for one of our veterans," a cemetery employee said during the service.

The Omaha Police Department thanked the community for the show of support in a Facebook post.

"We are humbled to see our community respond. We say it often, but this is an example of the community we speak so highly of. Thank you for supporting Stanley, our military and all of our first responders," the post read.

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6.8 - Military.com: [VA Waffles on Pledge to Reimburse Student Veterans for Housing Pay Shortfalls](#) (29 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs' chief benefits official gave assurances Thursday that the department would strive to make whole student veterans who were underpaid for housing stipends under the new Forever GI Bill but left open the possibility that some may never be fully reimbursed.

"There could be some we underpay out there" under the complicated formula for calculating the housing allowances, and the equally complicated fix the VA announced Wednesday, Rep. Phil Roe, R-Tennessee, told VA Undersecretary Paul Lawrence, head of the Veterans Benefits Administration.

At a hearing of the House Veterans Affairs Committee, Lawrence initially responded that all students veterans would get what they were owed -- "retroactively, if need be" -- and he blasted an NBC News report that suggested otherwise.

"Nothing could be further from the truth," Lawrence said, but he appeared to backtrack in additional rounds of questioning from Roe, the committee's chairman, and other members of the panel.

New rates for the housing stipends were supposed to go into effect Aug. 1 under the Forever GI Bill signed into law by President Donald Trump, but the VA botched the installation of IT systems that could handle the changes, resulting in backlogs for thousands of claims.

VA Secretary Robert Wilkie announced Wednesday that the new rates will now go into effect Dec. 1, 2019, when new systems are expected to be in place and operational.

Lawrence told the committee that it is the VA's intention to correct any underpayments, but he was unsure whether it is worth the VA's time and effort to repay all of them, which would involve validating millions of documents and hundreds of thousands of claims.

The result of such an effort could be retroactive payments that would be minimal, he said.

"Is all the processing going to end up with one person getting a check for a dollar? We don't know that yet," Lawrence said. "It's not our intention to harm veterans, but it's also our intention to process the GI Bill effectively and accurately going forward."

He added, "There could be no variation [in the payments], and going back would be energy that is better spent processing claims going forward. That's the unknown we have to figure out."

Late Thursday, Wilkie posted a statement on the VA's website that appeared to contradict Lawrence and re-affirmed the department's commitment to repay student veterans who were shorted.

Wilkie said the VA plans to make whole "each and every post-9/11 GI Bill beneficiary -- retroactively, if need be -- for their housing benefits for this academic year."

At the House hearing, Roe and others on the panel pointed out that what the VA is proposing, as outlined by Lawrence, would be against the law on the new rates that were supposed to go into effect Aug. 1.

"The law states what we must do on 1 August," Roe said. "Like you said, it's fairly clear what the law states. The question is, are we going to follow the law? And if we're not, then we have to change the law."

Rep. Scott Peters, D-California, told Lawrence, "It sounds to me like you're leaving yourself some flexibility as to whether to do that or not."

"Maybe you're assessing if it's worth the trouble to go back" and implement the law retroactively, he added, "but we'd like to know if these people are going to be made whole by that formula, and I'm having trouble getting that answer out of you, it sounds like."

Roe sought to sum up the problem. "Basically what we did was, just for clarity, we stood up a system that didn't work and paid people what we had paid them in the past, and we don't know what we should have paid them. Am I correct? That's pretty much what we did because our IT system didn't work."

"Essentially correct," Lawrence replied. "That's correct."

Veterans service organizations reflected the committee's frustration with the implementation of the law and the VA's vague commitment to making all student veterans whole on the new rates.

For many student veterans, the VA's message was that putting the new rates in place was "too hard" and "we're not going to pay you what we owe you," said Pat Murray, deputy director of national legislative services at the Veterans of Foreign Wars.

The new rates were written into law, and "you can't just dismiss that," Murray said.

"We don't even know how many students are affected by this," said Tanya Ang, vice president of Veterans Education Success. "There is a chance students may not get the housing allowance owed them."

She added, "We've been working with the VA on this issue," but "it is the law and they can't make a decision" to change the way it is implemented on their own.

Under new rules announced by the VA on Wednesday, student veterans will receive what they would have been paid in the way of housing stipends under the rules that were in effect in 2017 before the new law was passed.

According to the VA, that would roughly translate into about one percent more than the DoD's Basic Allowance for Housing for E-5s with dependents.

Those students who have been overpaid during the switchover to the new rules will be allowed to keep the money, according to the VA.

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6.9 - Townhall: [VA Breaks Promise to GI Bill Recipients](#) (29 November, Cortney O'Brien, 1.7M uvm; Arlington, VA)

UPDATE: VA Secretary Robert Wilkie has responded to the GI Bill controversy. He is assuring veterans that "each and every post-9/11 GI Bill beneficiary will be made 100 percent whole."

To clear up any confusion, I want to make clear that each and every post-9/11 GI Bill beneficiary will be made 100 percent whole – retroactively if need be – for their housing benefits for this academic year based on Forever GI Bill rates, not on post-9/11 GI Bill rates.

I made this clear to Chairmen Isakson and Roe on calls yesterday and want to reassure Veterans and taxpayers that is indeed the case.

Although VA has encountered issues with implementing the Forever GI Bill on Congress' timeline, we will work with lawmakers to ensure that – once VA is in a position to process education claims in accordance with the new law – each and every beneficiary will receive retroactively the exact benefits to which they are entitled under that law.

ORIGINAL POST

Veterans Affairs revealed that it will not be making retroactive payments to student veterans who were underpaid under the Forever GI Bill due to computer problems. The VA will not be reimbursing those students, officials explained, because doing so means they would have to audit all previous education claims before December 2019, perhaps as many as 2 million.

The missed payments have reportedly left some student veterans in poverty and homelessness.

The VA's controversial decision comes after agency officials promised the House Veterans Affairs Committee earlier this month that they would pay what was owed to the student veterans who got gipped over technical glitches. Veteran Benefits Administration Head Dr. Paul Lawrence, and Gen. Robert Worley, director of education service, testified as much, but could not provide any specific dates.

Gen. Worley, who will depart his current position to head the VBA's regional office in Houston, shared that 1,000 veterans had gone more than 60 days without their checks, 10,000 had been waiting between 30 and 60 days and about 73,000 total were still delayed. He could not provide the number of veterans who had gone more than 90 days.

However, Worley did say that veterans who had been overpaid can keep the money - they won't go looking for it.

At that same hearing, Richard Crowe, the senior vice president of software company Booz Allen, sounded off on the VA's aging computer systems. The VBA had contracted out software updates to Booz Allen.

"Many of the underlying IT systems required to implement the changes were past, at, or very near their intended dates for retirement," Crowe said.

Veterans groups are rightfully outraged.

"Some of those guys in there, they were so in cover-your-ass mode," Patrick Murray, deputy director of Veterans of Foreign Wars, said of the VA officials at the committee hearing.

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6.10 - The New Orleans Advocate: [Guest column: A call to increase access to supportive housing developments for veterans](#) (29 November, Dylan Tete, 743k uvm; Baton Rouge, LA)

For generations, the American public has heard a constant chorus from our fellow citizens about the need to address the short and long-term needs of veterans of all wars. Originally, the focus was on the highly visible plight of many Vietnam-era veterans who suffered the effects of post-traumatic stress. Through the years, scientific and medical research has revealed that stress can manifest itself in many forms. However, it took our country's many commitments in the Middle East, particularly from multiple overseas tours of many servicemen and women in Iraq and Afghanistan, to illustrate the depth of challenges faced by these returning warriors.

Fortunately in 2015, a group of like-minded veterans and civilians developed a transformative community for warriors of all services that would assist them and their families through the transition from military service to civilian life. The most unique feature of the Bastion Community of Resilience is that it provides a healing environment within an intentionally designed neighborhood. Ill or injured veterans and their families live alongside retired military and civilian volunteers. Bastion residents commit to helping their neighbors, and this, in turn, promotes well-being and reduces social isolation, which is a frequent challenge for this population.

During November, as we express our appreciation for the sacrifices of our military veterans and recognize their advancement within specialized communities, we must do more. For this reason, we advocated with the Louisiana Housing Corporation to create a special preference that incentivizes housing developers to build supportive housing for veterans. This is an ongoing effort that must have the enthusiastic support of business, political and opinion leaders to be successful.

U.S. Secretary of Veterans Affairs Robert Wilkie recently toured Bastion. As we demonstrated during his visit, Bastion's early success is the best indicator that we are fulfilling a need for veterans to live in intentional, mutually supportive communities. These communities can help cities meet the VA's goal of a functional zero status of homeless veterans, as Bastion has done in New Orleans. There are many warriors, however, with injuries so severe they require assistance in the activities of daily living, and until the promise of Bastion, options remain limited for their caregivers and families.

As a modest beginning to fill a critical gap in the continuum of care, we are working with our Louisiana delegation and others in Washington, D.C. to pass legislation that would increase access to supportive housing developments for veterans who have catastrophic injuries and need lifelong rehabilitative care, but who earn too much in disability compensation to qualify.

For the most affected households, these warriors demand a higher level of community-based support in a stable living environment. And because of their significant rehabilitative needs, they consume a disproportionately large share of VA care. Congressional action thus far has been hit-or-miss, which delays the urgently needed care required of our most challenged veterans.

Our community can do something positive for our warriors. This year, helpful report language was included in an appropriations bill encouraging the Departments of Treasury and Housing and Urban Development to collaborate on a comprehensive solution on the income eligibility issue. Many of us are now working toward a permanent fix through legislation that would increase housing support for qualified veterans.

When someone asks how they can help veterans in a tangible way, tell them to support communities like Bastion and to contact their congressional representatives to increase support for our returning warriors. You can also contact Bastion Community directly at www.joinbastion.org.

Dylan Tete is founder and executive director of Bastion Community of Resilience in New Orleans.

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6.11 - Stars and Stripes: [Take care to help veterans who care for others too](#) (29 November, Ruth Stein, 532k uvm; Washington, DC)

The Department of Veterans Affairs' noble motto, "To care for him who shall have borne the battle and for his widow, and his orphan," calls on all of us to care for the men and women who have served our country. Too often, we think about veterans for only one day a year, Veterans Day. But we should contemplate our veterans' sacrifices and recommit to our duty to care for them in return — long after Nov. 11. While the programs that can support that commitment change from year to year, the challenges vets too often face remain the same and we must do better to give them the respect they deserve.

This year, the VA begins its yearslong expansion of the program that provides monetary assistance to family caregivers of post-9/11 veterans seriously injured in the line of duty to those caring for eligible veterans of all eras, including the elderly. This is a welcome change for those who work with elderly vets and know their struggles in obtaining long-term care with limited financial means. Yet as an attorney with LegalHealth, who staffs an on-site free legal clinic for older veterans at the Manhattan and Bronx VA hospitals in New York, I find far too many veteran clients who are seeking services not only for themselves, but care for others.

One such client came to LegalHealth seeking to prepare a will to protect his wife, children and grandchildren after his passing. Though separated from his wife at the time, he wanted to ensure she would inherit his belongings and any savings at the time of his passing, and to see that his adult child who had the least support caring for her children would inherit his car. In preparing his will, he reflected on a lifetime of trauma — beginning in childhood upon separation from his family in Puerto Rico, and culminating in combat in Vietnam where he suffered post-traumatic stress disorder now recognized through his disability compensation from the VA — and wondered whether he had always been a good family man in light of the psychological damage he suffered. He also expressed the love he has found in serving as a caregiver for his young grandchild and the healing he has experienced in this role.

My client's concern for his loved ones is no surprise to those familiar with veterans' culture and veterans' challenges. In looking at the difficulties servicemembers face transitioning from the military, veterans and their advocates tend to note a loss of camaraderie, brotherhood and sisterhood, and unconditional devotion: the sense among their battle buddies and friends that

they are ready to sacrifice for one another at any time. Indeed, I have found working with older veterans that I am not simply serving those who served but carrying out my clients' wishes to care for others — their desire to see their friends and family are protected, secure and not overburdened. Each day, veterans come to LegalHealth to ask how spouses, children, grandchildren, friends, family and significant others can be cared for throughout their old age and after their death, through wills, survivors' benefits, home care, housing rights and more.

The time is upon us to do more than simply honor our veterans. We must now focus our efforts on enacting real policy changes that will benefit our veterans and their families. The expanded caregiver program is one positive step by Congress toward the VA's mission of caring for veterans, and it is something in which we can be proud. Much more will be needed, such as addressing the VA Office of Inspector General's concerns about the caregiver program's operations, and continuing to support our VA medical centers, which, based on Rand Corp.'s 2018 study sponsored by the New York State Health Foundation, are uniquely positioned among health care providers to meet veterans' particular needs.

Yet I encourage us to also remember what my legal work has shown me — that in helping our older veterans, we are not simply caring for those who have borne the battle on our behalf; we are finally joining their brotherhood and sisterhood in a mission to protect, serve and care for their friends, family and loved ones.

Ruth Stein is an attorney with the Older Veterans Legal Clinics at the Bronx and Manhattan VA and the New York Legal Assistance Group.

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6.12 - KAKE (ABC-10, Video): [Will the VA pay what it owes student veterans?](#) (30 November, Pilar Pedraza, 79k uvm; Wichita, KS)

"If you say you're going to do something, do it," said Michael Bearth, a U.S. Marine veteran and student at Wichita State University. Like many Kansas veterans, he's bracing for more problems with GI Bill benefit payments.

Just as the Department of Veterans Affairs is getting a backlog of benefits applications under control, new headlines hit shouting that the VA may not fix shortfalls on housing benefit checks this year. The VA swears every veteran will get their due.

Student veterans just want to know what's going on.

"Saying that those that....may have been overpaid were not getting any reduction, I can kind of understand," said Bearth. "But to not afford the same respect to those who are underpaid is kind of off-putting to me."

The Veteran Student Senator in Wichita State's student government, Bearth has spent the last few months helping student veterans deal with problems getting their benefits applications certified caused by a change in the VA's IT system. Now, he's concerned about a possible new problem. This one due to changes Congress made to the Forever GI Bill, designed to make GI benefits lifelong, not limited by how long it's been since someone served. In this case, the change made the housing benefits dependent on where a student veteran is attending school.

"We said we should give you a per diem amount based upon where you're actually going to school," said Rep. Roger Marshall, (R) Kansas 1st District. "And we asked the VA to have it up and running by August the first of this year and it's still not up and running."

Due to errors and misunderstandings some students got more money than allotted, others didn't get enough. Now, word the VA may not true up what's owed on the shortfalls.

At WSU's military and veterans services office, they're worried and upset.

"This is something that is owed to them by the government for their service. And it is not our student veterans' fault that the system is not working. It is the government's fault that the system is not working," said retired Army Lt. Col. Larry Burks, Sr, head of Wichita State's Military and Veterans Services Office.

The university has been offering emergency loans to veteran student still waiting for GI Bill payments, but says it can't do much more.

"The measure of what they need is going to be a very large amount of money and something that only the government can truly make right," Burks said. "But Wichita State University is going to certainly do everything that we can here to support them during these times."

Many students aren't quite sure what to believe.

"It's pretty far out there for me," said Ciaban Peterson, president of the Student Veterans Organization at WSU. "I believe that there needs to be a follow up with it, if it's true or not, but explicitly coming from leadership versus others who are unnamed sources."

In Washington D.C. the Undersecretary of Veterans Benefits swore the national story was false saying in a written statement, "Once again - each and every, and I mean every single veteran, will be made whole for their housing benefits this year."

But then, Dr. Paul Lawrence told a congressional committee that a retroactive audit of payments needed to determine who the VA still owes is not a given.

"It is not clear there are going to be any changes. We've got to figure out what the implications of that are. then go back, or not, as appropriate," Dr. Lawrence said.

Kansas Congressional delegation is promising to hold the VA accountable.

"So we may have overpaid some people. We may have underpaid some people. But what we got the VA to commit to today is, number one, they weren't going to call back any of the dollars and, number two, by golly, they are going to reimburse those folks what they actually should have been paid," Rep. Marshall said via Skype Thursday afternoon. "So there may have been a little bit of hesitancy on the part of the VA, but I don't think there's any of that going on now and we're going to hold them accountable."

In a written statement, Rep. Lynn Jenkins, (R) Kansas 2nd District, said, "In previous communications from the VA they seemed to indicate they would comply with the law and have even gone so far as to acknowledge that is the law. Why the VA is now sending mixed messages on this commitment is puzzling and unacceptable. In the weeks ahead, I will work with my colleagues to make sure the VA sticks to the law passed by Congress."

Rep. Ron Estes, (R) Kansas 4th District, said via a written statement, ""I am disappointed in NBC running a misleading story about the VA but glad the agency clarified that veterans on the post-9/11 GI Bill will receive 100% of their housing benefits for the academic year. Our veterans and their families make incredible sacrifices for our country and deserve our full support. I am pleased that by 2020, the VA will have transitioned to a new technology system to avoid backlogs which have previously occurred."

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6.13 - Federal Computer Week: [VA to rebid failing GI Bill benefits contract](#) (29 November, Adam Mazmanian, 39k uvm; Vienna, VA)

After taking a beating in Congress and the media over failed efforts to roll out updates to its GI Bill payment systems, the Department of Veterans Affairs announced plans for a reset on the project, including a rebid of software and integration contracts.

At issue are changes to calculations for housing allowance payments required under the Harry W. Colmery Veterans Educational Assistance Act of 2017, known as the Forever GI Bill. The new variables, having to do with the location of schools and veterans and how those figure in to housing allowances, combined with VA's web of antiquated systems, proved to be a recipe for disaster.

While the system was supposed to be up and running by Aug. 1, in time for veteran students enrolling in the fall semester, that projection proved too optimistic. The VA turned to manual processing of the benefits, which in turn has led to a backlog and complaints about incorrect or missing payments.

At a Nov. 29 hearing of the House Veterans Affairs Committee, Under Secretary for Benefits Paul Lawrence rebutted what he called a "misleading" NBC News story on the issue, which stated that some veterans will never receive the full housing benefit because of the tech problems. Lawrence said that the Veterans Benefits Administration is going to recompute payments using 2018 rates, "and we will make those people whole." He added that the VA is not going to pursue debt claims for any veterans who were overcompensated by the system and that underpaid veterans "will get a check in January."

Lawrence also pledged that VA would be ready in December of 2019 to roll out a system that will cover the Forever GI Bill benefits by the spring of 2020.

Lawmakers have already been scratching their heads over why this functionality -- calculating housing allowances based on a few geographic variables such ZIP code -- is taking so long.

"While I'm certainly not an IT expert, I cannot understand why 15 months after this law was passed, we're sitting here asking these questions," Rep. Jodey Arrington (R-Texas) said at a Nov. 15 hearing on the benefits problems.

Now that VA has pledged to conduct a new procurement to find a contractor to design software for benefits delivery and integrate it with existing systems, the question arises whether the veterans agency can meet its new Dec. 2019 deadline.

While 13 months seems a long way off, that is not much time for a new procurement and software development and testing, according to one former VA technology executive who spoke on background to FCW.

"Next year is aggressive," the former official told FCW. "The legacy infrastructure of the VBA systems is so old and antiquated, and it's now showing its face."

That assessment isn't far off from what Bill James, a deputy CIO at VA, offered at the Nov. 15 House hearing.

Prior to the passage of the GI Forever Bill, James said, there was a "broad modernization effort in place," to upgrade and rationalize the cluster of interdependent legacy systems involved in paying veterans benefits.

"We shifted from that broad modernization to focus on [the Forever GI Bill] because we had a deadline to achieve," James said.

The former official said any redeveloped system will likely run into the same problems VA is facing now.

"It still has to work with everything else. It's not just an education system. There are a great deal of dependencies within the system," the former official said. "That's why it's so complex."

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6.14 - WBND (ABC-57, Video): [More local veterans using VA loans to buy homes](#) (29 November, Marisa Oberle, 37k uvm; South Bend, IN)

The number of veterans taking advantage of VA purchase loans to buy a home is soaring according to new data.

New statistics from the Veterans Administration show the number of those loans jumped 59 percent across the country over the past five years, but in Indiana the number of new home and refinance loans surged by 72 percent in Indiana.

In South Bend, that number is even higher: loans rose 96 percent from FY 2013 to FY2018.

James Cross is a South Bend father and veteran.

While most people dread shoveling snow this time of year, he doesn't mind. That's because this is the first time in his 57 years he's actually had a place that required housework like shoveling the snow.

"I had been renting for a long time," said Cross.

In October, Cross bought his first home, a cozy, two bedroom on the west side of South Bend.

"I was looking for something small, easy to maintain, and a nice yard," said Cross. "I was able to find this house and I loved it. I thought it was perfect for me."

A VA purchase loan helped James secure the place. He served in the Army from 1979 to 1982. These loans allow qualified veterans to buy with no money down, no private mortgage insurance, and more flexible credit guidelines.

"It's great because it gives you something," said Cross. "It's yours and it gives the veteran a sense of self worth"

Veterans must meet service length requirements, have a good credit score, sufficient income, and a certificate of eligibility to qualify for a VA home loan.

"There's been a growth in awareness of this program," said Veterans United Director of Education Chris Birk. "They're seeing how it plays out in the marketplace. It's also becoming increasingly appealing as veterans look at all of their home financing options."

Birk add military service can make it hard on a servicemembers' finances and their ability to build credit.

"This is helping veterans get a foothold in places across the country and places like South Bend where they're really looking to put down roots," said Birk.

"Take advantage of it," said Cross. "You served your country, you have that, you have that privilege."

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6.15 - Beloit Daily News: [Officer Goes Above And Beyond Job Duties To Help Out 81-Year-Old Homeless Veteran](#) (29 November, Austin Montgomery, 9k uvm; Beloit, WI)

Over the course of his 11 years with the Beloit Police Department, patrol officer Eric Rohrer has always looked to help others.

Last week his commitment to service was on full display after Rohrer, who works the department's second shift, was dispatched to the Beloit Clinic on Huebbe Parkway to help a homeless veteran find shelter as temperatures dropped on Monday night.

After speaking with the 81-year-old named Peter and trying to find temporary housing to no avail, Rohrer took it upon himself to buy the man two night's accommodation at the Rodeway Inn in Beloit.

"It's not something I want recognition for, but it's something that I honestly believe any of my brothers and sisters that I serve with would have done the same thing in that circumstance," Rohrer said.

In talking with staff at the Beloit Clinic and learning the man's background, he found out that Peter had served in the Korean War and had been living out of his car for the last two years.

"He was well-spoken, and at the age of 81 he should not have been living out of his car," Rohrer said. "I don't make all the money in the world, but I am blessed enough to pass my fortunes along to others."

Rohrer said he wanted to help to make sure the man had a place to stay before his meeting later that week with Veterans Affairs in Madison, where he is set to receive subsidized housing through the VA, Rohrer said.

Going forward, Rohrer said he would continue to look for ways to help others.

"I felt so compelled that he should not be living out of his car as a veteran any longer," Rohrer said.

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6.16 - ConnectingVets.com (CBS Radio): [Student debt forgiven in settlement with for-profit school](#) (29 November, New York, NY)

Students saddled with debt for tuition they couldn't use at the now-bankrupt ITT Technical Institute will now have their debts cancelled, thanks to a settlement announced by a federal judge Wednesday. Now the students will seek to have their billions of dollars in federal student loans forgiven by the US Department of Education.

The settlement confirms that over 750,000 students - many of them veterans - were cheated by the for-profit college, which closed its doors and filed for bankruptcy in 2016. The settlement acknowledges that students were the subject of predatory practices by the university.

"ITT routinely lied to hundreds of thousands of students. They targeted people who were eligible for federal loans and grants —including low-income people and veterans like me — and took advantage of our dreams and ambitions," said Lorenzo Boyland, a former student of the for-profit ITT Technical Institute campus in Cordova, Tennessee. "While this settlement is a victory, we are still paying federal student loans that funded a school that no longer exists. All I'm asking for — all any of us are asking for — is a fair shot and a fresh start. I just hope the Department of Education is listening."

Boyland is among a group of students who filed suit against ITT alledging the publicly-traded company deceived and misled students about financial aid, costs of attendance, job placement and salaries, the quality of equipment and experience of instructors, the desirability of ITT graduates by employers, ITT's programmatic accreditation, the transferability of its credits, and career placement assistance.

The settlement includes these key details:

All of the more than \$500 million in student debts owed directly to ITT are cancelled. All of the almost \$3 million students paid directly to ITT since ITT declared bankruptcy in September 2016 has been returned to students. The student class holds a \$1.5 billion allowed claim, making students the largest creditor of the estate. If there is money in the estate to pay unsecured claims, the student class will receive a proportional share based on the size of the allowed claim. ITT students keep their rights to seek further relief from the Department of Education and private lenders. Military veterans are an easy target for for-profit colleges, and several schools have been sued over their predatory practices. Veterans' educations are funded through GI Bill benefits, and

because of the wording of the "90/10" rule, for-profit schools are permitted to raised 90 percent of their revenue from federal student aid programs. And that has caused a feeding frenzy.

A 2017 congressional report stated that 8 of the top 10 higher-education schools profiting from the GI Bill were for-profit colleges, and of those 8, 7 were under investigation.

Former students of ITT can get more information here.

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6.17 - WPDE (ABC-15, Video): [Horry County VA tries to keep lines moving for claims](#) (29 November, Madeline Montgomery, Conway, SC)

Horry County, S.C. (WPDE) — With one month left in the year, workers with the Horry County Veterans Affairs office say they have already served almost a thousand more people than last year.

"We have the second largest veteran population in the state compared to other counties." said Ronald Elvis, the director of the Veterans Affairs office in Horry County.

Elvis says the population is exploding. We wanted to know how they're able to serve every veteran who needs assistance.

"We implemented an appointment system, so it's easier to try to track what the veteran needs, how long they're going to need to be here, so that we can schedule an appointment so that they don't sit for hours waiting in the hallway," said Elvis.

As of last week, they can file claims electronically.

"We have the ability to where when a veteran comes in their original documentation, we scan it and from that point on we're paperless, and we've seen a reduction in time from processing normal transactions. Something that used too take weeks to process now takes minutes," said Elvis.

Elvis says Horry County taxpayers pay for the time VA employees work. They just hired a new employee, making Horry County's office the most staffed VA office in the state.

"As a veteran of Horry County, that's what makes me so proud of my county, for them to get out in front of a situation that could potentially cause long waits and long lines and what not for our veterans," said Elvis.

Right now, the average wait time at the VA is 10 days.

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7. [Other](#)

7.1 - Runner's World: [4 Signs You're Not Getting Enough Iron—and What to Do About It](#) (29 November, Danielle Zickl, 1.6M uvm; New York, NY)

As a runner, there are a lot of vitamins and minerals your body needs to function and perform at your best. One of the most important—and often overlooked—ones? Iron.

That's because this mineral makes it possible for red blood cells to carry oxygen to your muscles to power them, which is "especially critical during exercise," according to Nathan Myers, M.S., R.D., C.D.N., clinical dietitian at James J. Peters VA Medical Center in New York.

Iron also plays a role in helping you metabolize carbs, which are your muscles' primary source of fuel during high-intensity activity, like a track workout. "Without adequate iron, a runner will become fatigued much more easily and recover slower as well," Myers says.

And according to Guillem Gonzalez-Lomas, M.D., an orthopedic surgeon at NYU Langone's Sports Medicine Center, training when you're low on iron can lead to inflammation, which can trigger the release of a molecule called hepcidin from the liver. "Hepcidin sequesters the iron and prevents it from being used by the body, lowering the functional deficit even further," he says.

Not sure if you're getting enough iron? Here are four signs to look out for that might be pointing to a deficiency, plus what you can do to boost your intake.

1. You're always tired

If you know you're getting enough sleep but you feel insanely tired all the time, you might be low on iron. It all circles back to iron's role in helping your blood carry oxygen efficiently, Myers explains.

"There won't be enough iron for your red blood cells to transport oxygen or carry away carbon dioxide," he says. "Thus, fresh oxygen is delivered and waste is removed more slowly, resulting in a feeling of fatigue."

This can hamper exercise performance, warns Gonzalez-Lomas—and not just because you feel zonked before your workout even starts. "An iron deficiency increases muscle fatigue and worsens your endurance and aerobic capacity," he says, which are two things that are essential for runners.

2. Your skin is paler than normal

If you've noticed that your skin is looking more pale than usual, this is another possible signal that you aren't getting enough iron in your diet. The more iron you get, the more color you'll have in your complexion.

"Iron gives hemoglobin [a protein in red blood cells that carries oxygen] its red color, which in turn gives color to the skin. As the red color decreases due to lack of iron, the skin appears more pale," says Myers.

And it's not just about your skin, either. If you're lacking iron, you might also notice paleness in your gums or your nails, too.

3. Your extremities are cold

Fingers and toes constantly freezing? If you don't get enough iron, your body experiences reduced oxygenation of your blood. As a result, it pulls blood away from your extremities and instead sends it to more essential organs, such as your brain, heart, kidneys, liver, and lungs, Myers says. Less blood flow to your fingers and toes means they'll feel colder.

4. Your heart rate is unusually high

The average person has a resting heart rate that's between 60 and 100 beats per minute (bpm). However, athletes like runners tend to have a lower resting heart rate—usually somewhere between 40 and 60 bpm. (This is because the hearts of people who are more fit don't have to work as hard—and beat as fast—to pump blood.)

Knowing what your resting heart rate is can come in handy for a few reasons: It can clue you in on if you're getting sick, overtraining, or stressed out. It can also tell you if you have an iron deficiency.

Because your body senses that less oxygenated blood is available and waste is building up, your heart rate speeds up to be able to pump the available oxygenated blood more rapidly to meet your body's needs, according to Myers. The more oxygenated blood that's available, the less waste buildup there is, and your heart doesn't have to do any extra work.

Find out if you're iron deficient

If you have any of the above signs, you may want to check with a doctor. He or she may recommend a blood test to check if you're actually iron-deficient and have iron deficiency anemia, a condition in which your body doesn't have enough iron to make a part of your red blood cells called hemoglobin, according to the Mayo Clinic.

If you are, your doctor may recommend things like eating iron-rich foods or undergoing further testing like a colonoscopy to check for other possible causes of iron deficiency, like blood loss caused by gastrointestinal bleeding.

How to get more iron in your diet

Foods like clams, red meat, oysters, eggs, salmon, tofu, raisins, whole grains, spinach, and legumes are all good sources of iron, according to Myers, so making them a regular part of your diet is definitely the way to go. He advises against taking iron supplements—especially without a doctor's recommendation—since they can sometimes cause GI distress, including stomach cramps and constipation.

The average person needs about 8 milligrams (mg) of iron per day, Myers says. But women who are menstruating need 18 mg per day to make up for loss of blood.

Just be aware that iron can be tough for your body to absorb, according to Myers. Iron absorption can be inhibited by compounds called phytates, commonly found in legumes, rice, and grains, says Gonzalez-Lomas. Both Myers and Gonzalez-Lomas agree that the trick to improve your body's ability to absorb iron is to combine any iron-rich food you eat with vitamin C, which helps your body break it down. Cooking acidic foods in cast iron cookware can also help.

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From: (b) (6)
To: Cashour, Curtis
Cc:
Bcc:
Subject: RE: // approval needed ASAP today // Perlmutter, Moskowitz and Sherman
Date: Mon Nov 26 2018 14:46:28 CST
Attachments:

Hi Curt

I am fine with the answers. Shulkin was the one who asked me to be point person for the effort. I briefed him frequently and everything I did was at his request and approved. He was fully aware of everything and approved everything, until he left.

Darin

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Monday, November 26, 2018 10:27:51 AM
To: (b) (6)
Cc: Ulyot, John
Subject: // approval needed ASAP today // Perlmutter, Moskowitz and Sherman

Folks – please see below from ProPublica. Are you OK with the following response?

Although his predecessors may have done things differently, Sec. Wilkie has been clear about how he does business. No one from outside the administration dictates VA policies or decisions – that's up to Sec. Wilkie and President Trump. Period.

Q: Why was [REDACTED] the point person on the Apple collaboration?

A: We refer you to former VA employee David Shulkin for comment since this happened on his watch. We know you are in contact with him.

Q: What ethics official approved of OIT beginning work on Dr. Moskowitz's app, and what was the justification? What ethics official approved of OIT beginning work on Dr. Moskowitz's app, and what was the justification?

A: The premise of your question is false. VA did not begin work on the app.

Q: Why did Selnick introduce Dr. Moskowitz's son to his contacts at Apple?

A: We refer you to former VA employee David Shulkin for comment since this happened on his watch. We know you are in contact with him.

Q: What became of Peter O'Rourke's effort to "salvage" the Apple collaboration, as conveyed in a March 8, 2018, email?

A: We refer you to former VA employee David Shulkin for comment since this happened on his watch. We know you are in contact with him.

Q: What is the current status of the collaboration with Apple on the data exchange?

A: VA is in frequent contact with the private sector on how companies can work together on improving services to our nation's Veterans, but we have no announcements at this time with respect to any particular company or group of companies.

Q: Why did the VA organize a medical device registry summit, even though the VA already had a 99 percent effective system for product recalls, and the FDA already has NEST?

A: VA organized the Medical Device Registry Summit to bring together industry and academic leaders, as well as sister-agency experts to map out a strategy for launching the largest medical device-implant tracking program in the nation. The department is now looking to expand that collaboration to include the Food & Drug Administration and the Centers for Medicare and Medicaid Services, as well as VA's community care partners.

Medical devices are a \$170 billion business, accounting for 6 percent of U.S. health spending in 2013, and implantable device sales are projected to reach \$74 billion this year.

Given the large and expanding role of medical devices in modern health care, it's important to know what works best for patients.

The next steps for implementing a registry are working to ensure it would incorporate key features that enable quality measurement and outcome comparisons, patient safety monitoring, faulty-device recalls and patient notifications, and overall tracking and clinical follow-up.

Q: In Peter O'Rourke's Feb. 28, 2018, email saying, "I will protect our conversations from yesterday and as instructed by the Secretary last night, not discuss the content with any of the individuals what were mentioned," who and what is he referring to?

A: We refer you to former VA employee David Shulkin for comment since this happened on his watch. We know you are in contact with him.

Q: On Feb. 28, 2018, Dr. Moskowitz wrote, "The emergency 'committee' is mental health and that should be the first one to get right and move ASAP. I need to know all existing committees and initiatives on a chart. I have to pull in a significant number of assets to get boots on the ground to actually give timely care. I will need you to contact besides our academic partners, the following, U of PENN, U. OfChicago,UCLA, U of SanFrancisco, Stanford, Columbia, the Mack Center of technological innovation, the Bloomberg school of public health and Ondrea Gleason MD head of American Association of Chairs of Psychiatry. This committee will need a direct working relationship with Telemedicine, the Choice Program to get the job done. They will need the authority to seep away any beuqacratic process that slows the initiative." Peter O'Rourke replied, "I will begin a project plan and develop a timeline for action." What initiative were they discussing and what became of it?

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Q: What was the purpose of the "Requested Names" that Dr. Moskowitz sent to Peter O'Rourke on March 9, 2018?

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Q: On the tracker circulated by Camilo Sandoval on March 6, 2018, why is CIO listed as one of the topics? Why was Bruce Moskowitz involved in screening applicants for CIO?

A: We refer you to former VA employee David Shulkin for comment since this happened on his watch. We know you are in contact with him.

Curt Cashour

Press Secretary

Department of Veterans Affairs

(b) (6)

Curt.Cashour (b) (6)

(b) (6)

From: Isaac Arnsdorf [mailto:Isaac.Arnsdorf@propublica.org]
Sent: Monday, November 26, 2018 10:13 AM
To: Cashour, Curtis <Curt.Cashour(b) (6)>
Cc: (b) (6)
Subject: [EXTERNAL] Perlmutter, Moskowitz and Sherman

Hi Curt,

Hope you had a nice holiday.

I'm writing a follow-up article about the influence of Ike Perlmutter, Bruce Moskowitz and Marc Sherman based on the additional documents that the agency released last week. My questions are:

1. After meeting Perlmutter, Moskowitz and Sherman for the first time in April, why did Secretary Wilkie email them to say, "No matter how long I am here, there is a template in place based on your efforts to move this institution out of the Industrial Age"? What did he mean by that?
2. How is saying they provided a "template" consistent with the Secretary's repeated assertions of independence from Perlmutter, Moskowitz and Sherman?
3. Why was this sentence redacted under FOIA exemption b5 when the email was originally released to me?
4. Why was Marty Steele at the April meeting at Mar-a-Lago?
5. Why did Perlmutter, Moskowitz and Sherman review the Cerner contract before it was signed? What relevant expertise did they have to offer?
6. What ethics official approved their reviewing the contract, and what was the justification?
7. Why was Darin Selnick the point person on the Apple collaboration?
8. On May 18, 2017, why did Selnick say, "The VA staff has limited knowledge and experience, which is why you and the centers are so important to help the VA move forward"?
9. What ethics official approved of OIT beginning work on Dr. Moskowitz's app, and what was the justification?
10. Why did Selnick introduce Dr. Moskowitz's son to his contacts at Apple?
11. Why did the VA start working on Moskowitz's app even though OIT identified significant problems with its usability, functionality and scalability?
12. What became of Peter O'Rourke's effort to "salvage" the Apple collaboration, as conveyed in a March 8, 2018, email?
13. What is the current status of the collaboration with Apple on the data exchange?
14. Why did the VA organize a medical device registry summit, even though the VA already had a 99 percent effective system for product recalls, and the FDA already has NEST?
15. What was the total cost of the summit?
16. Why did Dr. Moskowitz and Aaron participate in weekly planning calls? What were their roles and tasks?
17. On April 10, 2018, why did SreyRam Kuy say she "owed" Dr. Moskowitz a budget for the medical device registry summit? Why was it appropriate for him to "edit" a government budget?
18. What ethics official approved Dr. Moskowitz's role in the summit and what was the justification?
19. What did it mean that Dr. Moskowitz's foundation was identified as a "private interest" in May 10, 2018, briefing materials for the secretary?

20. In Peter O'Rourke's Feb. 28, 2018, email saying, "I will protect our conversations from yesterday and as instructed by the Secretary last night, not discuss the content with any of the individuals what were mentioned," who and what is he referring to?

21. On Feb. 28, 2018, Dr. Moskowitz wrote, "The emergency 'committee' is mental health and that should be the first one to get right and move ASAP. I need to know all existing committees and initiatives on a chart. I have to pull in a significant number of assets to get boots on the ground to actually give timely care. I will need you to contact besides our academic partners, the following, U of PENN, U. Of Chicago, UCLA, U of San Francisco, Stanford, Columbia, the Mack Center of technological innovation, the Bloomberg school of public health and Ondrea Gleason MD head of American Association of Chairs of Psychiatry. This committee will need a direct working relationship with Telemedicine, the Choice Program to get the job done. They will need the authority to seep away any beuqacratic process that slows the initiative." Peter O'Rourke replied, "I will begin a project plan and develop a timeline for action." What initiative were they discussing and what became of it?

22. What was the purpose of the "Requested Names" that Dr. Moskowitz sent to Peter O'Rourke on March 9, 2018?

23. Who is the Under Secretary candidate from Mayo who Dr. Moskowitz recommended to O'Rourke on July 16, 2018?

24. Why is O'Rourke back at VA?

25. On the tracker circulated by Camilo Sandoval on March 6, 2018, why is CIO listed as one of the topics? Why was Bruce Moskowitz involved in screening applicants for CIO?

We're planning to publish as soon as tomorrow.

Thanks,

Isaac

Isaac Arnsdorf

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From:

(b) (6)



Cc:

Bcc:

Subject: [EXTERNAL] 26 November Veterans Affairs Media Summary and News Clips

Date: Mon Nov 26 2018 05:15:28 CST

Attachments: 181126_Veterans Affairs Media Summary and News Clips.docx
181126_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.805838-000001

Owner: (b) (6)

Filename: 181126_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Mon Nov 26 04:15:28 CST 2018



Veterans Affairs Media Summary and News Clips

26 November 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (Muskogee Phoenix, AP): [Oklahoma 'Doughboy' Statue Restored, Rededicated](#) (26 November, 14M uvm; Washington, DC)

District 6 State Representative Chuck Hoskins said he sees his uncle when he walks past the "Spirit of the American Doughboy" statue at Jack C. Montgomery VA Medical Center. "It not only stands for my uncles, but for all of your relatives who took part in that war," Hoskins said to a gathered crowd at the recent rededication ceremony for the statue. "We have to make sure our children and their children understand what this statue means."

[Hyperlink to Above](#)

1.2 - The Kansas City Star: [Kansas City VA patients died of hep C complications. Lawyers say deaths were avoidable](#) (25 November, Andy Marso, 1.3M uvm; Kansas City, MO)

Hepatitis C eroded Mike Jones' liver for years, even as he made repeated trips to the Kansas City VA Medical Center to be treated for a variety of other ailments. VA staff members knew that Jones had hepatitis C. They'd known since at least 2006. But according to a lawsuit, from 2012 to 2015, Jones didn't get any of the regular scans or ultrasounds that patients with the condition should get. He also didn't get drugs approved in 2014 that are highly effective at curing it.

[Hyperlink to Above](#)

1.3 - Hechinger Report: [At top colleges that train America's elite, veterans are an almost invisible minority](#) (25 November, Brian Mockenhaupt, 75k uvm; New York, NY)

The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder. Fendler figures he might be the only student at Princeton University with a full sleeve tattoo. He's also among the school's very few veterans.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Telegraph Herald: [Volunteer drivers sought to transport local vets to Iowa City appointments](#) (25 November, Erik Hogstrom, 104k uvm; Dubuque, IA)

Steve Klein said the van service that transports local veterans to medical appointments in Iowa City has saved him money and lessened his stress. "It's huge — it's convenient," said Klein, 42, of Zwingle, Iowa, a veteran who spent 11 years in the U.S. Army. "When I don't have a vehicle down there, the van allows me to get back from Iowa City."

[Hyperlink to Above](#)

2.2 - The Fayetteville Observer: [Bazemore is new interim head of Fayetteville VA](#) (25 November, Drew Brooks, 73k uvm; Fayetteville, NC)

The Fayetteville VA has a new director for the third time in less than a year. Dr. W. Carl Bazemore now leads care for one of the nation's fastest-growing veteran populations. As interim

director of the Fayetteville Veterans Affairs Medical Center, he will lead a network that provides care in 19 counties in North Carolina for the foreseeable future.

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2.3 - Independent Record: [Tester sets sights on health care access, affordability for third Senate term](#) (25 November, Holly K. Michels, 72k uvm; Helena, MT)

As he starts his third term in the U.S. Senate next year, Sen. Jon Tester said problems with health care access and affordability lead his to-do list, along with working on veterans' issues, infrastructure and education, all with an eye toward the needs of a rural state.

[Hyperlink to Above](#)

2.4 - Martinsville Bulletin: [A glimpse into the struggles of military veterans](#) (25 November, Paul Collins, 16k uvm; Martinsville, VA)

The lives of military veterans just might illustrate the adage of never truly knowing a person until following in their footsteps. "I don't think people really understand what veterans face when they come home," Vincent Earl, of Martinsville, said.

[Hyperlink to Above](#)

2.5 - NEWSREP: [Procopio: Agent Orange and the blue water Navy](#) (25 November, Travis James West, NV)

On December 7, 2018, the US Court of Appeals for the Federal Circuit is scheduled to hear oral arguments in a case called Procopio v. Wilke. Although this case has quietly made its way through the courts, it has the potential to dramatically change the manner in which the US Department of Veterans Affairs addresses service-connected disability benefits claims associated with exposure to Agent Orange.

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3. [Business Transformation](#)

3.1 - The Virginian-Pilot: [Editorial: Veterans care center gets a boost](#) (26 November, Editorial Board, 547k uvm; Norfolk, VA)

The new long-term, residential Veterans Care Center planned for Virginia Beach promises to be a tremendous asset for Southside Hampton Roads and the region's many veterans — when it opens its doors. It has been needed and anticipated for years, and recent delays — although apparently for some good reasons — are disappointing.

[Hyperlink to Above](#)

3.2 - Tulsa World: [Tulsa's VA clinics to be consolidated under one roof in south Tulsa with more offerings](#) (26 November, Corey Jones, 320k uvm; Tulsa, OK)

By way of the future consolidation of its Tulsa services within a single new facility, the Eastern Oklahoma Veterans Affairs Health Care System also will broaden its offerings. Local VA officials tout the streamlined expansion as a one-stop shop, world-class facility that is designed with the capacity to accommodate clientele growth projections over the next two decades.

[Hyperlink to Above](#)

3.3 - Harrison Daily Times: [VA Clinic open to veterans](#) (25 November, Donna Braymer, 7k uvm; Harrison, AR)

The Harrison VA Clinic opened with a soft opening on Oct. 1, and is still finishing up some details, but the spacious clinic is a strong addition to Ozark Crossing for the veterans of the area. The contracting officer representative, Keisha Reed, was a medic in the US Army between 2006-2009 and provided a tour of the new facility.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

[5. Suicide Prevention](#)

5.1 - Crain's Detroit Business: [How the Detroit VA is tackling suicide among veterans](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Michigan's veteran suicide rate has been dropping the past several years to 26 per 100,000 in 2016 from 36 per 100,000 in 2014. Nationally, the veteran suicide rate is down to 30 per 100,000 in 2016 from 38 in 2014. Nicole Stromberg, mental health chief at the John D. Dingell VA Medical Center in Detroit, said she believes those numbers at the Detroit VA have dropped further in 2018.

[Hyperlink to Above](#)

5.2 - Crain's Detroit Business: [Special Report: Fighting a rise in suicides. Many professional fields see suicide rates above the national average](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Each day a physician dies by suicide in the U.S. — a number widely acknowledged as the highest rate of suicide of any profession — and 1.4 times that of the general male population for men physicians and 2.3 times that of the general female population for women physicians.

[Hyperlink to Above](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Washington Post (Hechinger Report): [They served their country. Why aren't elite colleges serving them better?](#) (25 November, Brian Mockenhaupt, 30.6M uvm; Washington, DC)

The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder. Fendler is among Princeton University's very few veterans.

[Hyperlink to Above](#)

6.2 - Newsday: [Veterans desperate for gov't follow-through](#) (25 November, Editorial Board, 1.4M uvm; Melville, NY)

Last year, President Donald Trump and Congress massively expanded education benefits for military veterans, known as the Forever GI Bill. The bill, an update of the original GI Bill that gave more than 8 million World War II veterans an education and living expenses while they studied, was badly needed.

[Hyperlink to Above](#)

6.3 - Providence Journal: [Vt. Guard general's death draws attention to burn pit dangers](#) (25 November, Donita Naylor, 245k uvm; Providence, RI)

Flags in Vermont are flying at half-staff in honor of a former Rhode Islander, Vermont National Guard Brig. Gen. Michael T. Heston, 58, who died Nov. 14 from an aggressive cancer linked to his three tours of duty in Afghanistan, one with the Rhode Island National Guard.

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6.4 - WWSB (ABC-7): [Wreaths Across America still needs help for wreaths for Sarasota National Cemetery](#) (25 November, Rick Adams, 85k uvm; Sarasota, FL)

The local branch of Wreaths Across America is asking for help as they get closer to reaching their goal of laying wreaths on all the grave sites at the Sarasota National Cemetery. Currently, the organization needs to collect enough money for 1500 more wreaths. They will be placed at the grave sites as well at the section where cremated remains are located.

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6.5 - The Sentinel: [Without a home: Program gives hope to veterans](#) (25 November, Tammie Gitt, 52k uvm; Carlisle, PA)

Jon Locke was frustrated. He said he wasn't getting the help he needed and was critical of the way some nonprofits used their funds. So, he left his job and started an organization to help veterans like himself. Initially, he focused on substance abuse. Along the way, he tried to help a homeless man find a place to live, thinking it would be easy. It wasn't.

[Hyperlink to Above](#)

6.6 - Nevada Appeal: [VA-backed home loans grow dramatically in Nevada](#) (24 November, 27k uvm; Carson City, NV)

With the number of veterans in Nevada growing and the tight housing market, the number of VA-backed home loans has skyrocketed in the state. While the number of those loans is up 59 percent nationwide over the past five years, statistics from the Veterans Administration say the number of new home and refinance loans has jumped 90 percent in Nevada.

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7. [Other](#)

7.1 - Miami Herald: [Trump uses the military as his personal political tool. That's the opposite of respect he claims to have](#) (25 November, Editorial Board, 4.8M uvm; Miami, FL)

To hear President Trump tell it, a greater friend to the military and veterans has never sat in the Oval Office. In a recent interview with the Associated Press, he said, "Nobody has been better at the military. Hey, I just got them a pay raise. ... I just got them new equipment. They have stuff that was so old that the grandfathers used to fly it."

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1. [Top Stories](#)

1.1 - U.S. News & World Report (Muskogee Phoenix, AP): [Oklahoma 'Doughboy' Statue Restored, Rededicated](#) (26 November, 14M uvm; Washington, DC)

MUSKOGEE, Okla. (AP) — District 6 State Representative Chuck Hoskins said he sees his uncle when he walks past the "Spirit of the American Doughboy" statue at Jack C. Montgomery VA Medical Center.

"It not only stands for my uncles, but for all of your relatives who took part in that war," Hoskins said to a gathered crowd at the recent rededication ceremony for the statue. "We have to make sure our children and their children understand what this statue means."

The ceremony comes on the heels of a \$25,000 restoration project to clean and restore the statue, one of 143 existing "Doughboy" statues nationwide, according to a release from the event, and one of two memorializing Native American wartime service. The statue is a "hollow" version made of copper infused bronze sheets pressed over a frame.

"Doughboy" is an informal term for a member of the U.S. Army or Marine Corps.

The statue was originally brought to memorialize the service of the Five Civilized Tribes during World War I. Part of the restoration process was adding a small monument extending that memorialization to all veterans who have served in all wars, Graham said.

"Tulsa Monuments sandblasted it using finely ground pecan shells, and then cleaned it. After that, they resealed it and they cleaned all the granite, and attached a plaque to mark it for the National Register of Historic Places," Vandelia Graham, Green Country director for the Oklahoma State Daughters of the American Revolution, told the Muskogee Phoenix .

The ceremony saw a large crowd pack into the medical center's chapel to hear from a variety of speakers like Hoskin. Members of the DAR spoke about relatives who had fought in World War I, sharing stories of grandfathers and uncles. Dr. Ferlin Clark, president of Bacone College, shared a Navajo honor song to commemorate code talkers who had assisted in both World Wars.

Graham said the turnout was "wonderful."

"I didn't nearly expect so many people to attend," she said.

One of those people was Ruth Summers, a Muskogee native whose relative served in World War I.

"This is just incredible to me," Summers said. "To see all this community support — it really tells you what Muskogee thinks of her veterans, I think. They mean a lot to this place."

[Back to Top](#)

1.2 - The Kansas City Star: [Kansas City VA patients died of hep C complications. Lawyers say deaths were avoidable](#) (25 November, Andy Marso, 1.3M uvm; Kansas City, MO)

Hepatitis C eroded Mike Jones' liver for years, even as he made repeated trips to the Kansas City VA Medical Center to be treated for a variety of other ailments.

VA staff members knew that Jones had hepatitis C. They'd known since at least 2006. But according to a lawsuit, from 2012 to 2015, Jones didn't get any of the regular scans or ultrasounds that patients with the condition should get. He also didn't get drugs approved in 2014 that are highly effective at curing it.

By the time the VA staff realized Jones had fallen out of the regular treatment protocol, his condition had deteriorated into fatal liver cancer, according to the suit filed on behalf of Jones' daughter.

"There was a failure of protocol, both within the hospital (standards) and national standards for monitoring these patients," said her attorney, Edward Stump. "They're supposed to deal with these guys with their conditions, usually it's twice a year — CT scans and ultrasounds of the abdomen, full physicals, full bloodwork, and those weren't being done."

Stump said Jones isn't the only Kansas City VA patient to die due to complications from hepatitis C.

In March Stump settled a similar case for a Navy veteran, Jerry McGinnis, who has since passed away. And he thinks there are more out there.

"I don't expect this to be the last one we see," Stump said.

Seth LaBean, a spokesman for the Kansas City VA Medical Center, said via email that it doesn't typically comment on pending litigation, but said the center "offers a robust hepatitis C treatment program" and follows national VA guidelines that call for all hep C patients to be evaluated for treatment with the life-saving medications, to have regular blood tests reviewed by physicians and for those with certain symptoms to be seen by hep C specialists.

With a pharmaceutical cure now available, the national VA system has set a goal of eliminating hepatitis C within its patient population in the near future.

But the Jones and McGinnis lawsuits suggest that the hurdles that effort faces could be more bureaucratic than biological.

Hepatitis C is common in military veterans, especially those of the Vietnam War era like Jones, because it's blood-borne and can be spread through battlefield transfusions, tattoos or potentially the air-gun injectors the military used to use to dispense vaccines to lines of new recruits, one after another.

Almost 150,000 veterans were affected with hep C when the first drugs to cure it, Sovaldi and Harvoni, hit the market in 2014.

At first, the VA reserved the drug only for its sickest patients, because at \$84,000-\$94,500 for an entire course of treatment, it would have crippled the agency's budget to make them widely available.

In March 2016, then-VA Secretary David Shulkin announced that by negotiating a much lower price and getting more funding from Congress, the VA would be able to make the drugs available to every patient with hepatitis C, regardless of its stage.

The VA has made significant progress toward eliminating the illness since then.

But getting the meds to everyone who needed them comes with logistical challenges. One is just identifying those in need.

The VA has been screening at-risk veterans since 1998, but by 2012 only about half of the 5.5 million veterans in the system had been tested, according to HCV Advocate, a nonprofit that supports hepatitis C patients.

The group estimated that if all of the veterans from the baby boomer generation were tested, an additional 51,000 cases would be found.

Stump said Jones was screened and properly diagnosed. But over the years the VA's gastroenterology clinic in charge of his hep C treatment seemed to just lose track of him, even though he was at the medical center regularly for other things.

By the time they recognized the problem, Stump said, Jones had Stage IV cancer and there was nothing that drugs could do for him.

"For three years they did nothing and he was going back in constantly for shoulder stuff, for back stuff," Stump said. "They just weren't doing it. They weren't surveilling. Their surveillance of guys with these liver problems is awful. That's why we're doing these lawsuits."

Stump said it's incumbent upon patients to take charge of their own medical care, ask if they're getting all the necessary followup tests and treatments and demand to get them if they're not.

He said seeing military veterans slowly and painfully waste away because of preventable liver cancer has been one of the toughest things he's ever witnessed in his professional life.

"We've seen two guys dying," Stump said. "We hope these suits are making them aware of what certainly was a problem."

[Back to Top](#)

1.3 - Hechinger Report: [At top colleges that train America's elite, veterans are an almost invisible minority](#) (25 November, Brian Mockenhaupt, 75k uvm; New York, NY)

PRINCETON, N.J. — The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder.

Fendler figures he might be the only student at Princeton University with a full sleeve tattoo. He's also among the school's very few veterans.

In his two years at Penn State before transferring to Princeton this fall, he rarely mentioned his military service. But he's been more open about it at Princeton, which has 12 veterans, up from just one three years ago. In his sociology class, the Western Way of War, he felt it might add to the conversation.

"I don't like to lead with this about myself," he said during a discussion group on Thucydides' history of the Peloponnesian War, "but I'm a veteran and I've been to war."

Many state universities and community colleges have large veteran populations and robust programs to recruit veterans and help them adjust to college life. But at the nation's most selective schools, where most students follow the traditional pipeline from high school to a degree within four years — and from which many go on to leadership roles in government and industry — veterans like Fendler are an anomaly.

Though America's top institutions are trying to increase this population, who bring with them not only a unique perspective on the world but also, collectively, millions of dollars in taxpayer-funded GI Bill benefits, veterans still make up well under 1 percent of the undergraduates on most of these campuses. That's out of about a million veterans and their family members enrolled in higher education under the GI Bill, according to the Department of Veterans Affairs.

For years the military didn't promote these most selective schools as an option and veterans didn't think they could get in. Many of the colleges, meanwhile, didn't know how to handle their applications and hadn't thought about why they should even want veterans.

Veterans advocates argue that those who volunteered to serve in the military should have the chance to attend the nation's best schools if they qualify, and that their presence boosts diversity and adds to the richness of campus life.

Community college writing professor Wick Sloane sees a more fundamental reason that people should care whether veterans attend schools that educate the nation's elite.

"A disproportionate number of the public leaders who send other people's children to war went to [elite] schools," said Sloane, who authors an annual survey of veteran enrollment at top schools. "Maybe, just maybe, if [those] students were sitting in English and history class with men and women whom the U.S. had sent to war, those students, as government leaders later in life, would think harder before sending other people's children off to war."

This year Sloane tallied 844 veterans across 36 of the nation's most select colleges and universities. Columbia University, which first welcomed veterans in large numbers after World War II, accounts for more than half of that total, with 443 veterans enrolled in 2018, though most are in its School of General Studies set up for older-than-traditional-age students and separate from the general enrollment.

Many elite institutions educate plenty of future veterans — students in officer-training programs who will receive military commission when they graduate. And veterans are well-represented in the graduate programs at many elite schools, advocates said, but many served as officers and attended service academies or already had four-year degrees before joining the military.

Most enlisted veterans, on the other hand, have been out of an academic setting for years and many didn't have the grades, test scores or desire to apply to a top university when they were in high school.

"I was an awful student," said Aimee Chartier, now a sophomore political science major at Brown University. "I didn't think I'd go to college at all, let alone the Ivy League."

Growing up in Providence, Rhode Island, she knew Brown as the college up on the hill, forever away and out of reach. She dropped out of high school for a while, and joined the Marines at 19. She served five years as an intelligence analyst, then started classes at the Community College of Rhode Island. She carried a 4.0 grade-point average, but laughed when her German professor suggested she apply to Brown.

In 2017, however, Brown began to waive application fees for veterans and guarantee phone interviews, so she and her husband, who also served in the Marines, applied. Both were accepted, and started as freshmen in the fall of 2017, with all four years covered by scholarships. The school now has 17 undergraduate veterans; three are women, according to Chartier.

"A lot of people have never met a veteran," said Jessica Nelson, one of two veterans at all-woman Smith College, where she is a senior. As a black woman who grew up in the South, she initially felt like an outsider in Northampton, Massachusetts. Her military service made her even more of an anomaly, and her classmates were curious to know more. "They want to know how it is to deal with a hyper-conservative, hyper-masculine environment."

Nelson, who is 30, started college at Texas A&M in the Reserve Officers' Training Corps, but left after a few semesters and enlisted in the Marine Corps. She served five years as a topographical analyst attached to an infantry battalion, which had 10 women among the hundreds of Marines. Until this year she was still in the Marine Reserves, which required a weekend of service each month with an infantry unit near Smith. She bounced back and forth between the two worlds, sometimes feeling out of place in both. "It can be a little bit alienating," she said.

Chartier and Nelson were on Princeton's campus this September for the biannual meeting of the Ivy League Veterans Council. A social gathering and an exchange of ideas, the meetings also have another purpose: to push the host schools to more deeply consider their veteran policies, Adam Behrendt, a Stanford senior and the council's president, said.

At the council's spring meeting last year, Cornell Provost Michael Kotlikoff announced an ambitious goal of enrolling 100 undergraduate veterans at Cornell within three years. The school has 41 now, according to school administrators — up from none three years ago.

This recent push for more veterans at some of America's elite schools can be traced to James Wright, a former Marine who served as president of Dartmouth from 1998 to 2009. The son of a bartender who fought in World War II, Wright joined the Marines after high school, later earned a Ph.D. in history at the University of Wisconsin-Madison and started teaching at Dartmouth in 1969.

As president, Wright said, he thought a lot about enriching and diversifying the student body, but he didn't factor veterans into those calculations until 2005, when he visited Bethesda Naval Hospital and met with troops who had been wounded in Iraq. It was the first of 30 trips he made

to military hospitals. Some of these veterans weren't sure what to do with their lives now that their military careers had ended. He encouraged them to continue their educations, and started a counseling program to help them navigate the process of getting to and through college.

Wright's peers at other elite schools commended his efforts to help veterans, but "I didn't get a lot of people lining up and saying, 'What can we do to join in and help out?'" he said. Wright answered the question for them. He helped craft the Yellow Ribbon Program, a component of the 2008 Post-9/11 GI Bill that expanded veterans' access to expensive private colleges. The colleges agreed to help cover shortfalls between the maximum amount covered by the GI Bill and the total cost, with the VA matching the schools' contributions.

This put funding in place, but that wasn't enough. For several years the numbers of veterans barely climbed above a handful at many of the most selective colleges and universities.

Sloane discovered this by accident. He teaches writing at Bunker Hill Community College in Boston and in the mid-2000s started seeing more students there who had served in Iraq and Afghanistan. "Veterans were writing these searing stories about what they had been through," Sloane said. He wasn't sure how to work with students processing such exceptional experiences. He couldn't find much in academic literature about teaching writing to veterans, so he called the two elite schools he had attended, Williams and Yale, for advice. He wasn't expecting their response: "Why are you asking us? We don't have any veterans."

Sloane figured Williams and Yale must be the exception, so he called more top colleges.

"Year after year, almost none have the number [of veterans enrolled] before I call. That means to me that no one, starting with the college president, wants the number," said Sloane, who uses his survey as a public reminder to elite institutions that they don't have enough veterans. "In leadership and life, symbolism counts. Intentional or not, the low numbers of veterans signals to all of higher ed that these students do not matter."

Now more schools appear to be trying to show that veterans do matter to them, but boosting their numbers hasn't been easy. With application criteria often based on test scores, grade-point averages and extracurricular activities, admissions officers often don't know how to account for military experience. They have had to familiarize themselves with military culture, whether in reading a recommendation letter from a commanding officer or deciphering the DD 214 — the military discharge papers that document a veteran's training, deployments and awards.

Several programs started over the last half-dozen years help bridge the gap between qualified veterans and top-tier colleges.

Service to School works with admissions officers to help them better understand veterans and how their military experiences might translate to academic success. "Someone who served on a submarine went to a very intense, high-attrition, academically serious school and has proven their chops at being able to do advanced math and science in the military," Andrea Goldstein, the chief executive officer, said. "But saying someone was just a submariner isn't going to tell that story."

The group works with about 1,700 veterans a year, 60 percent of them the first in their families to go to college. Each is paired with a volunteer who helps him or her select schools, hone applications and identify weak spots that can be strengthened with coursework before applying.

“They’ve never had a network of people mentoring them, saying ‘You can go to a highly selective school,’ ” Goldstein said.

At the Warrior-Scholar Project, enlisted veterans attend one- and two-week academic boot camps on several top-tier campuses across the country that prepare them for rigorous college coursework.

The Posse Veterans Program, which now has veterans at Wesleyan University, Vassar College, the University of Virginia and Dartmouth, uses a cohort model. Veterans enter the schools in groups of 10, and meet weekly with each other and individually with faculty advisors. While many have already taken college courses, Posse students agree to forego any previous college credits and start as freshmen so as to get the full undergraduate experience.

This can be a disincentive for veterans who already have a year or two of credits. Veterans not in the Posse program can face similar dilemmas, depending on a school’s transfer policies and willingness to accept prior credits. The extra time can also create a financial pinch if the veteran has already tapped into GI Bill benefits, which cover only up to four years.

Colleges vary widely in how they fund veterans. Some require that veterans use their GI Bill money first, with grants and scholarships put toward the remainder. Others don’t factor those benefits into their calculations. Fendler, for instance, goes to Princeton for free, with the school paying for tuition, room and board; he plans to put his GI Bill benefits toward law school.

But until recently, the school’s generous aid package didn’t matter. Princeton stopped its transfer program in 1990, and didn’t allow students to apply who had taken any college courses after high school. Many other top schools have similarly restrictive or limited transfer programs. “That was a huge penalty to military veterans,” said Elizabeth Colagiuri, the deputy dean at Princeton and a Navy veteran.

Princeton rescinded the prior-college restriction last year and admitted five veterans as freshmen, and this year reinstated its transfer program.

Kenneth Oku arrived this fall as a sophomore, one of six veteran transfers. At 33, he is far older than his classmates, but with a boyish face, blue plaid shirt, khakis and backpack slung over his shoulder, he blended in with his peers as he hustled across campus for a computer science class.

“I always knew I could do it if I got the chance,” he said. “I just didn’t think I’d ever get the chance.”

Many of Oku’s high school classmates in Superior, Wisconsin, did not graduate, and few went to college. He joined the Army, trained as an infantryman and deployed twice to Iraq. He also attended the Army’s Ranger School, a physically and mentally grueling program designed to weed out the weak. “Their job is to make sure only certain people make it through,” he said. As for his Ivy League education, Oku said, “I’m ready for this, whatever they bring on. I’m trained for this.”

Oku, who was also accepted at Stanford and MIT, knew he’d be getting a good education at Princeton. But spending time with other new students at a several-day orientation had an unexpected effect — unpacking wartime experiences that he had tucked away years ago.

“Everybody else opened up, so I opened up,” he said. “I probably told them more than I’ve told a lot of other people, things I’ve never said before.”

And this gave his fellow students a perspective they may have never heard before.

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2. [Improving Customer Service](#)

2.1 - Telegraph Herald: [Volunteer drivers sought to transport local vets to Iowa City appointments](#) (25 November, Erik Hogstrom, 104k uvm; Dubuque, IA)

Steve Klein said the van service that transports local veterans to medical appointments in Iowa City has saved him money and lessened his stress.

“It’s huge — it’s convenient,” said Klein, 42, of Zwingle, Iowa, a veteran who spent 11 years in the U.S. Army. “When I don’t have a vehicle down there, the van allows me to get back from Iowa City.”

Local organizers of the service say they need more volunteers willing to make the round trips from the Dubuque area to Iowa City’s Veterans Administration Medical Center.

“It is always difficult to find volunteers, so we’re trying to get people who are willing to take the trip,” said Chris Salladay, adjutant for Dubuque-based Chapter 6 of Disabled American Veterans.

The vans make the daily round trips five days per week from the Dubuque area.

“The drivers go down there and then they sit until all of the patients are done,” Salladay said. “That can be anywhere from an hour to eight hours, so the van drivers are really dedicated.”

Klein said the program is valuable, transporting him to the Iowa City facility for back surgeries and other medical appointments.

“They come to your house and drop you off at your house,” he said. “It has saved my parents or friends from having to come get me. My dad doesn’t have to take time off work.”

Klein said he requires special accommodations during dental appointments, and the van ride provides safe passage home “if they give me some sort of medication.”

Salladay said service organizers would like to create a larger pool of available drivers, with drivers responsible for one Iowa City round trip every other week.

“We need 10 drivers, plus any extras in case drivers are sick,” he said. “And we do have some drivers who are snowbirds.”

Salladay also holds an adjutant position with the state Disabled American Veterans group. He said finding enough volunteer drivers challenges many communities.

“It’s not just in Dubuque,” he said. “It’s in Iowa and all around the country.”

Salladay said volunteers must have a valid driver’s license and must pass a free physical examination provided by the Veterans Administration.

The only other requirement is dedication.

“There’s no special qualification except for a willingness to help out,” Salladay said.

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2.2 - The Fayetteville Observer: [Bazemore is new interim head of Fayetteville VA](#) (25 November, Drew Brooks, 73k uvm; Fayetteville, NC)

The Fayetteville VA has a new director for the third time in less than a year.

Dr. W. Carl Bazemore now leads care for one of the nation’s fastest-growing veteran populations.

As interim director of the Fayetteville Veterans Affairs Medical Center, he will lead a network that provides care in 19 counties in North Carolina for the foreseeable future.

The Fayetteville VA oversees health care for more than 75,000 veterans and a network that includes an annual budget of \$332.8 million. It spans communities around Fort Bragg, Camp Lejeune, Marine Corps Air Station Cherry Point and Wilmington.

Bazemore replaced the previous director, James Laterza, on Nov. 13. Laterza unexpectedly announced his resignation in October, seven months after taking the job following a 32-year, active-duty Army career.

Bazemore said his goal was to sustain achievements made under Laterza and other prior leaders.

He praised Laterza for his efforts to reduce wait times for veterans — from 30-plus days to less than eight days for primary care appointments — and increase employee satisfaction.

“I want to maintain and sustain improvements Laterza made,” Bazemore said.

At the same time, he said, the goal was to prepare the Fayetteville VA for its next leader.

“We don’t want to be just passing time,” he said.

Bazemore most recently served with the VA’s Mid-Atlantic Health Care Network as the tertiary care service line manager, a role he held since July. He also has experience leading a VA enterprise in North Carolina, having previously served as interim director in Asheville.

Based on that experience, Bazemore said he expects to be at the helm of the Fayetteville VA for at least four to six months as officials seek a permanent replacement.

In addition to Bazemore, Dan Fields also has joined the Fayetteville VA as interim associate director, replacing Donna Fagan.

Still in his first days in Fayetteville, Bazemore said he is learning as much as he can about the local medical center and its employees.

“Change is always difficult,” he said, but VA employees are unified in their mission to provide care to veterans.

Bazemore said that was especially true for a VA that recently weathered a hurricane.

“We really are blessed with some great personnel here,” he said. “They believe in what they’re doing.”

But he also understands that some employees will be uneasy with another leadership change in Fayetteville.

Last year, longtime Fayetteville VA Director Elizabeth Goolsby announced her retirement following a 42-year career with the VA.

She had led the local VA for seven years — a rare stint of stability for the Fayetteville VA. Of the four directors who preceded Goolsby, dating to 1994, none lasted longer than four years and each left amid controversy.

Following Goolsby’s retirement, Mark Shellhorse, the VA Mid-Atlantic Health Care Network chief medical officer, filled in as interim director until Laterza joined the VA in April.

In October, Laterza did not give a specific reason for his decision to leave the VA, but stressed it was not predicated on controversy.

Bazemore said he would expect employees to be uneasy after welcoming their fourth director in less than a year.

“It’s a given there’s going to be some anxiety,” he said.

But he said he is committed to providing the best care possible to local veterans and was open to hearing from employees about how care can be improved.

“That’s what we’re here for,” he said.

Bazemore said he spoke with Shellhorse and Laterza for advice before taking the interim director job. He also met with Laterza and other Fayetteville VA leaders during a two-day strategic planning retreat.

Bazemore is a pulmonary critical care physician who served on active duty with the Navy from 1981 to 1989 and retired from the Navy Reserve as a captain in 2007.

He moved to Asheville in 1989 and worked in private practice for nearly two decades before joining the Asheville VA in 2008. He served as chief of staff of the Asheville VA from 2014 to 2018 and was the facility’s acting director from July 2017 to February of this year.

Now at the helm of the Fayetteville VA, Bazemore said he was committed to sustaining improvements in access to care and employee satisfaction and that his other goals involved maintaining relationships with community partners such as Fort Bragg's Womack Army Medical Center, expanding telehealth and increasing the quantity and quality of care veterans receive outside of the VA system.

Other issues that will likely mark Bazemore's tenure will include the continued updating of VA facilities.

Renovations on operating rooms at the Fayetteville VA Medical Center are expected to be complete in February, as will a new Community Living Center on the medical center campus.

The operating rooms are a necessary first step to the possible return of the Fayetteville VA's emergency department, Bazemore said.

The VA also continues to recover from Hurricane Florence, which damaged several facilities and led to the cancellation of thousands of appointments.

Bazemore said repairs to the Wilmington Health Care Center should be completed in the coming weeks and that a Jacksonville clinic has relocated and reopened following storm damage.

Of the 17,000 appointments that had to be rescheduled due to the storm, he said 78 percent had been completed.

"I think they've done a remarkable job," Bazemore said of efforts to recover from the storm. "Staff here did yeoman's work."

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2.3 - Independent Record: [Tester sets sights on health care access, affordability for third Senate term](#) (25 November, Holly K. Michels, 72k uvm; Helena, MT)

As he starts his third term in the U.S. Senate next year, Sen. Jon Tester said problems with health care access and affordability lead his to-do list, along with working on veterans' issues, infrastructure and education, all with an eye toward the needs of a rural state.

Tester is Montana's senior senator and the only Democrat in the state's congressional delegation. He said that in the short term — with a divided Congress as a result of Democrats taking control of the House in this year's midterm elections — he sees a list of wins for both sides of the aisle on health care.

Over and over through the campaign, Tester said he heard from Montanans concerned about the high cost of health care and what would happen if protection was lost for coverage of pre-existing conditions.

Montana voters ranked health care as the most important issue facing the country, according to polling done by the Associated Press. And while voters thought more warmly about how President Donald Trump has handled the economy, immigration, trade and Supreme Court nominations, the poll showed an apparent disapproval of how he deals with health care.

Tester said he plans to put together a list of half a dozen things to champion for rural America, issues he thinks will find some sort of bipartisan traction in an increasingly hyper-partisan environment.

Over the course of Trump's presidency, though Republicans had control of both the White House and Congress, the party failed to deliver its long-promised repeal of the Affordable Care Act.

But a multitude of events and Trump executive orders have altered the country's health care system in a way critics say have led to uncertainty for patients, insurers and hospitals.

They include everything from a lapse in funding for health centers that serve 17 communities around the state, the end of payments that helped offset the costs of health insurance for low-income Montanans who buy coverage on the federal marketplace, as well as the end of the individual mandate.

Tester, who voted for the ACA in 2010, has long said it needs to be improved. But he's also said while the current system isn't perfect, it's kept the state's rural hospitals and clinics afloat, and those facilities need some form of reliability from the federal government.

"There's a lot of things wrong with our health care system right now," Tester said in an interview earlier this month. "First of all, we've got to get certainty to hospitals."

Rural hospitals are vital to the communities in Montana they serve, said Aaron Wernham, chief executive officer of the Montana Healthcare Foundation. But the facilities face hard economic realities in serving small, sometimes remote communities. They received a boost from Medicaid expansion, a provision of the ACA, after it passed in Montana in 2015. In the last three years, uncompensated care at hospitals has dropped \$100 million.

"This isn't a fluke. We know from national data that hospitals in expansion states are six times less likely to close than hospitals in states that did not expand Medicaid," Wernham said. "Making sure the people that come in your door have coverage and a way to pay for services is essential."

In Montana, about 22 percent of the population is covered by Medicaid and 18 percent by Medicare, just shy of the total who get coverage through their employer. Medicaid expansion covers more than 96,600 adults.

Concern over the continued existence of the massive programs was used as a campaign tactic across the country this midterm. Tester said he wants to see reassurances that coverage and benefits won't be rolled back.

Tester called it "unthinkable that we're going to tell these people they no longer have health coverage."

At a more granular level, Tester wants to see measures to bring transparency to prescription drug prices ("Who the hell'd vote against that?" he asked), specifically making prescription drug companies turn over their formulas to generic manufacturers so they can produce less-expensive versions of drugs. Tester also wants Medicare to be able to negotiate drug costs, and to pass legislation for physician residency programs that better serve states like Montana.

Wernham said residency programs are a critical part of the challenge bringing doctors to rural communities, where recruiting can be difficult.

"It's tough getting doctors," Wernham said. "Doctors have a very high propensity for staying where they train."

Tester advocated for a legislative approach that picks away at health care issues, not a big omnibus package of reforms. He thinks that even in a highly polarized political environment, there would be wins for both parties.

"There's three or four things that are really good bipartisan wins that would help people and help lower costs for health care," Tester said. "So do them and see if it's done the kind of good we anticipate it's going to do, and if it does, take the next step. ... These are easy things, by the way."

Veterans issues

The care for veterans in Montana, a state that has the highest percentage in the nation of those who have served, played a big role in Tester's campaign. Tester campaigned in part on the bills he's brought to fix the beleaguered U.S. Department of Veterans Affairs. But for now he's in a holding pattern to see how one in particular, the MISSION Act, will reshape the troubled agency.

The set of reforms is not fully implemented until July, but Tester said he's holding the VA's "feet to the fire" to make sure it's rolled out properly.

Tester said earlier this month he had concerns the agency was "behind the eight ball a little bit" on implementing the act, which is meant to improve access to health care for veterans. Tester also said the jury is still out on Secretary Robert Wilkie, who took over the massive department a little more than 100 days ago.

"I think he's a no-BS kind of guy. I have had a number of conversations with him. If he thinks I'm being unfair, he'll push back. I like that. He's been in 100 days. I'm a big believer in him. ... He's got to be successful, he has no choice here. We cannot continue to bounce out secretaries in the VA's case," Tester said.

Tester added he will "help (Wilkie) in any way I can possibly help him, but I'm also going to make sure he's doing the job right."

One of the the things Tester is watching is the push to connect veterans with care at private providers in their communities instead of at VA centers. That was among the provisions of the CHOICE Act meant to let veterans see doctors when they couldn't get appointments at the VA.

Tester said Wilkie supports the community care program, but it will be important to monitor so that it doesn't hollow out the VA.

"It's an interesting line to walk," Tester said, adding he doesn't want to see community care turn into an effort to privatize the VA through not hiring enough doctors and letting the agency wither.

Tester also said he's "incredibly concerned" about the lack of urgency filling empty doctor positions in Montana.

"If we can't get people who can hire doctors and nurses in the VA in Montana, then we need to hire different people," Tester said.

Jim Porter, the chaplain with the Veterans of Foreign Wars in Montana, said Wednesday that like many veterans in the state, he gets good care at the VA. But he wants to make sure he can keep seeing his doctor at Fort Harrison and not someone he doesn't know as well at a clinic closer to his home in Belt.

"I have absolutely no complaints about the care and attention and everything else that I get from the VA. They have been very good to me, they really have," Porter said.

But then he talked about an issue that illustrates when it come to the VA, it can be a bit like plugging a leak in a boat only to have another spring open.

Porter drives to Fort Harrison in Helena from Belt for appointments several times a year. He tries to schedule several on the same day to save the VA time and money on his transportation. Porter said the VA used to cover the cost of a motel room when he had an appointment scheduled before 9 a.m., but the agency recently told him he lived too close for that.

"I myself am struggling to rent a hotel room because I'm not going to leave Belt at 5 o'clock in the morning with the wild game crossing the road and in winter time, it's not going to happen," Porter said. "I guess the only thing I'm asking is if he could push the VA to kind of retract that," Porter said.

Holding power accountable

In a speech to supporters after the race was called in his favor, Tester said Congress needs "to hold people accountable for their actions, and that will be done."

As Democrats take power of the House in January after historic wins in the midterm and promise to bring investigations into the Trump administration, Tester said his post-election statement wasn't just about the president.

"Quite frankly it is not Congress' role to be a part of the executive branch. Congress' role is to hold the executive branch accountable. And I'm not just talking about the president when I say this. If the VA secretary isn't doing his job, we have to bring them in and we have to ask them why," Tester said.

Unlike the House, the Senate did not flip party control, instead seeing Republicans pick up seats. Tester said he's been frustrated by the inability to get hearings in a GOP-dominated Senate, using as an example a problem that greatly affects a state like Montana: the number of missing and murdered indigenous women.

"I want to have a hearing. I can't get a hearing in (the Committee on) Indian Affairs. (They say) we'll do a roundtable discussion. Screw that. We need to have a hearing. I want the FBI and BIA, get them in front of that committee and hold them accountable. There's a tendency by some of the committees not to do that," Tester said.

While Tester is just coming off his Senate win, Democrats nationally are already looking to 2020. The list of presidential possibles who might challenge Trump keeps growing, and includes Montana's own Gov. Steve Bullock.

As Democrats look to craft a message for 2020, discussion of what type of candidate should lead the party and where that candidate should fall on the scale from progressive to more moderate, Tester thinks the conversation should shift away from spectrum within the party or partisanship at all.

"We should be looking for things we can do that are wins for the people," Tester said. "The truth is those are wins. Democrats should be for that, Republicans should be for that. The most progressive of the progressives should be for that and the folks who are the most regressive of the regressive should be for that."

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2.4 - Martinsville Bulletin: [A glimpse into the struggles of military veterans](#) (25 November, Paul Collins, 16k uvm; Martinsville, VA)

The lives of military veterans just might illustrate the adage of never truly knowing a person until following in their footsteps.

"I don't think people really understand what veterans face when they come home," Vincent Earl, of Martinsville, said.

For him, the diagnosis of post-traumatic stress disorder didn't come until after retiring from the U.S. Army in March. He mentioned other issues readjusting and having relationship problems that led to his divorce. He also said the public has misconceptions about PTSD.

Earl was one of the veterans who attended a recent Veterans Resource Fair initiated by the Salem Veteran Affairs Medical Center and held at the Frith Center at Patrick Henry Community College. Some other veterans interviewed cited service-related health conditions, and, depending on the veteran, trouble getting benefits or being helped by Veterans Affairs. One VA official cited the importance of knowing what benefits are available and how to get them.

Vincent Earl

Earl, 46, served more than 20 years in the Army, from 1994 to 2018.

"The main places I was stationed were ... Korea, Germany," Earl said. "As far as deployments, I've been to Bosnia, Afghanistan. Stateside, I've been at (Fort) Bragg and Fort Hood."

When asked what challenges he has faced since coming home, Earl said, among other things, "Since I've been home, I didn't think that I had some of the issues that I have. For instance, when I went to see my vet rep for one issue, for my sleep apnea, she talked to me about some other issues that I might be having and suggested that I go and see a representative or a psychologist about some stuff. Ended up, come to find out, I had PTSD also."

"I don't think people really understand PTSD a lot of times. When I say that to a lot of people they go, 'You're kind of, ooh-ooh.' I go, 'That's not what that's all about.' I don't think they understand what PTSD means. They know the acronym. It doesn't mean you're going to flip out on everybody. It doesn't mean you're going to walk into the post office and shoot up everybody. It just means sometimes you might have problems sleeping; you might get agitated a little

quicker than others do. There might be a few wires that just don't connect sometimes (in terms of thinking process)," Earl said.

He said huge crowds now bother him.

"I'm a really social person. Huge crowds never used to bother me. When I now walk into an airport, it's kind of like my heart starts fluttering. I get a shaky feeling about it, like something's going to happen. It's just because of so many incidences I've been in, in Afghanistan, I guess, kind of keyed that up," he said.

Earl said he doesn't have flashbacks of incidents from his military service, but pictures of certain things bother him.

"For instance, I don't like watching combat movies anymore, even something like 'Saving Private Ryan' and ... sniper (movies)," he said. "Seeing the scenes, it kind of stirs something up in me."

"One of the big things that really bothered me, I didn't realize that it bothered me until my friend brought it up, because he was a civilian over there, is the fact that when you go over there, they have unexploded ordnances over there everywhere," Earl said. "Sometimes engineers, when they come across something that hasn't been detonated yet, they have to detonate it. And then sometimes you get fired upon in the middle of the night. You hear mortar rounds flying everywhere. There might be explosions hundreds of feet or even a mile away from you, but it sounds like it's right next door, right outside your tent or something."

He added: "When you first get there, that really it bothers you, like I was awake all the time. I was scared that it might be my turn to get hit, but after about a couple of weeks it doesn't bother you."

Earl said a buddy of his who was a contractor overseas noted having trouble sleeping when he first got back home, because it was too quiet.

"I went through the same thing when I got back," Earl said. "It was too quiet. There weren't any explosions or anything going on."

"He (the buddy) said, 'Yeah, that's not normal.' I said, 'I never really thought about it like that, but it's not normal. People (who haven't served in the military) don't have to go through getting their mind used to sleeping through explosions and detonations and stuff.'"

Earl added: "To this day, if I know if a sound is coming, if a loud sound is coming, it doesn't bother me. If it catches me off guard, even if I don't jump a little, it makes my heart jump. Nobody will know but me, but it makes my heart jump on the inside. Little things like that. I didn't realize it, but that was PTSD also. They don't affect anybody else, but it bothers me."

Earl considers his PTSD under control.

As for other challenges he has faced, Earl said, "Since I've come back from deployment, I have an ex-wife now. I have a current wife, but I have an ex-wife now. Me and my ex-wife didn't work out. Looking back on it, I think a lot of our challenges were due to me just being irritable all the time, not so patient with some of the things she said or some of the things she does. They never used to bother me before but little things just got on my nerves."

"I know a lot of people that come back, their relationships, they don't work out. The people (the returning vet) going through (it), they don't understand. They think the other person has changed, but sometimes it's actually you. It doesn't feel like it's you, and it doesn't seem like it's you, but it's actually you. Something has switched in your head," Earl said.

His advice for other veterans?

"Go see somebody (a mental health professional), even if you don't think something is going on, especially when you get back from a deployment. Just go talk to some people about what went on while you were deployed. Actually I don't necessarily recommend that you have to be deployed, some of the things that go on in the military, your mind gets used to it, but normal people living everyday lives, they don't have to go through that," Earl said.

He also urges veterans to use the veterans benefits, including medical and other services, that they have earned.

The process of getting veterans benefits was pretty smooth for him, he said.

"I had a lot of people helping me out, and all of the service representatives, they've always been really helpful," Earl said.

Leon Reed

Leon Reed, 74, who lives near Martinsville, served in the Army for three years, from 1962 to 1965. He served in Germany during the Vietnam War.

Reed attended the Veterans Resource Fair with his wife Linda.

"Trying to get in the system" to get veterans benefits has been a challenge for him.

"I've been to (Salem V.A. Medical Center) twice. I was turned down the first time, and the second time I never heard anything from them. The wife found out they were having this (Veterans Resource Fair) today, so we came over here to see what we could accomplish over here. So far this has been good results over here," Leon Reed said.

He said he is trying to get help with his medicine and his hearing. He said he has a bad heart too. He believes his hearing problem might be service-related, but "I don't know about the rest of it."

"I was in the artillery and the noise sometimes was horrendous," Leon Reed said. "I worked with missiles. (I was) a crew member. We had to get it ready to fire," he said, adding that the missiles were fired from a launcher.

The first time he went to the Salem VA Medical Center a number of years ago, "the lady told me I made too much money. And everybody else tells me the money has no factor to it; it makes no difference how much money you make, how much money you have, if you're a veteran you can get in the system," he said.

"We went back over there ... four years ago and filled out the papers and handed them to the (representative) and she looked at them and said, 'We'll call you.' The call ain't come in yet," Leon Reed said.

He added he has been checking back since then,

"I've called several times, but just nothing to it. Down here today (at the Veterans Resource Fair), we've done had one lady. She got information, she said she's going to check tomorrow (Friday) and see. She said if they put the paperwork in the system over there, it should still be there, whether I got in or not. So she's going to call and see if it was put in the system. If it was, she's going to get the information. If not, she's going to go to Danville, and we're going to talk to her again."

"So far this (Veterans Resource Fair) has been a positive effect on us because these people here act like they want to help you. The ones at Salem didn't," Leon Reed said.

Linda Reed added: "We would just like to get him in the system.... If he served, we feel like he should be able to get the benefits. At times, we have problems with insurances and stuff I like that, you know, the coverage or whatever. We were hoping to find out something today."

The Salem VA Medical Center, Virginia Department of Veterans Services, VA Roanoke Regional Office and Virginia Employment Commission had representatives at the fair.

Richard Esget

Richard Esget, of Ridgeway, served in the Marine Corps four years, from 2004 to 2008.

"As far as I'm concerned, I don't really have too many problems. Me and my wife are fairly blessed," he said.

"I never applied for disability or anything, but I'm starting to have problems in my knees and my back, all that now. I was infantry. I came in today to get some information on (disability exams) and that kind of stuff," Esget said.

"As a 33-year-old guy, I shouldn't be having creaky knees and pain getting up," Esget said.

He said his wife is a disabled veteran.

"She is 100-percent total impairment. She got hit by a drunk driver while she was in the Coast Guard as a pedestrian," Esget said.

"She had traumatic brain injury. She's got real, real memory problems. It's caused all kinds of stuff as far as her knee. She just had knee surgery a few months ago. From whenever she got hit, the inside of it, it messed up pretty bad. They're talking about that she might have to have a complete knee replacement as a 30-year-old. She's doing all right. She's come a long way from not being able to speak, not being able to write, not being to do all those things, to where she's at now," Esget said.

He added: "The VA played a huge part in that – everything from medical, to rehabilitation, to vouchers for having to drive all the way from Ridgeway up there – they pay for gas for that (to Salem and back), her mileage."

Theodore Warren

Theodore Warren, of Bassett, served in the Army more than 20 years, from 1982 to 2015, and retired as a master sergeant. He served in Iraq from 2009 to 2010 and in Afghanistan from 2011 to 2012.

"I currently go to the VA for health care issues, ongoing. I have arthritis in my neck and lower back. That's pretty common for anybody that's been in combat arms -- so, old age," he said, ending with a laugh.

"It makes life a little more difficult, the daily aches and pains," he added.

He said he couldn't think of any other challenges he faces, that other people don't face.

"I don't have PTSD. I have a job. I have a family. I have a house. I'm trying to improve my state in life. I used my G.I. bill to get a bachelor's degree and a master's degree. I'm faced with a student loan. Everything that faces everybody else faces me. Obviously, I haven't lost any limbs. I'm whole and sound mind and body. I can't say I'm struggling with those issues. I'm just like everybody else. I came here to see what was offered and maybe I can improve my situation a little bit," Warren said.

His advice for other veterans?

"Use the VA. It's there. The VA, that's our resource for medical, for mental, for financial. I use it religiously. In fact, I have a medical appointment coming up next week where they'll give me some injections in the back of my neck to help with the arthritis. I can't say enough. It's great that they are there for us," Warren said.

He said he has a friend who came back from several deployments. "He said he was suffering from PTSD and he had bad knees. The VA, they took care of him. He gets like a stipend every month and he seeks counseling at the VA. He's taken care of as well."

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2.5 - NEWSREP: [Procopio: Agent Orange and the blue water Navy](#) (25 November, Travis James West, NV)

On December 7, 2018, the US Court of Appeals for the Federal Circuit is scheduled to hear oral arguments in a case called Procopio v. Wilke. Although this case has quietly made its way through the courts, it has the potential to dramatically change the manner in which the US Department of Veterans Affairs addresses service-connected disability benefits claims associated with exposure to Agent Orange.

The Background: Presumptive Exposure to Agent Orange

The use of Agent Orange in southeast Asia during the Vietnam War was prolific. The herbicide contained dioxin, which is a toxin that is known to have had devastating health effects on the men and women who served in Vietnam. However, when filing disability claims veterans often had difficulty providing the scientific and medical evidence necessary to prove that their particular illness or condition was caused by exposure to Agent Orange.

Following litigation regarding the issue, Congress passed the Agent Orange Act of 1991. Among other things, this Act created 38 U.S.C. § 1116. Under Section 1116, a veteran that served in the Republic of Vietnam who develops certain health issues is presumed to have been exposed to Agent Orange, and the herbicide is presumed to have caused the illness. These presumptions became a powerful tool that enabled veterans to more easily obtain service-connected disability benefits.

The Problem: The Boots on the Ground Policy

When addressing claims for benefits arising from Agent Orange exposure, VA created what has become known as the “Boot on the Ground” policy. Simply put, under this policy, only veterans that physically set foot on the dry soil or inland rivers of Vietnam are entitled to the presumptions arising under Section 1116. However, veterans that served off shore in the Blue Water Navy are not entitled to the presumptions.

Compounding the Problem: Haas v. Peake

The Boots on the Ground policy was challenged in a case called Haas v. Peake in 2008. The appellant who filed that case, Jonathan Haas, served in the Navy in the coastal waters of Southeast Asia during the Vietnam War. In 2001, Mr. Haas filed a claim for type 2 diabetes, peripheral neuropathy, and loss of eyesight arising from exposure to Agent Orange. Applying the Boots on the Ground policy, VA denied his claim for benefits.

After a series of appeals, the case was heard by the U.S. Court of Appeals for the Federal Circuit. The court concluded that the question of whether a veteran served in the Republic of Vietnam, as required by the statute, was ambiguous. Because of this ambiguity, the court reasoned that under the rules related to agency policies and regulations, VA's interpretation would be controlling unless plainly erroneous. The court did not find the Boots on the Ground policy to be plainly erroneous; therefore, the policy was permitted to stand. It has remained the applicable policy for determining Agent Orange disability benefits claims for the past decade.

The New Court Challenge: The Procopio Case

Shortly before the Federal Circuit decided the Haas case, a veteran named Alfred Procopio, Jr., filed a claim seeking service-connected disability benefits for prostate cancer and diabetes mellitus type II with edema arising from herbicide exposure during the Vietnam War. Like Mr. Haas, Mr. Procopio served in the Blue Water Navy in the coastal waters of Vietnam, and it is undisputed that he never set foot on Vietnamese soil.

Mr. Procopio focused much of his argument on technical and historical evidence in an attempt to convince VA that, notwithstanding the presumption, he had — in fact — been exposed to Agent Orange by drinking water on the ship while in coastal waters. He also argued that the Federal Circuit's decision in Haas failed to account for rules that require courts to interpret statutes in a manner that is most favorable to veterans, which is sometimes called the Pro-Veteran Cannon. In particular, Mr. Procopio argued that when deciding whether the phrase “service in the Republic of Vietnam” was ambiguous, the analysis must be conducted in a manner that is favorable toward the veteran. VA was not convinced by either argument, and denied the claim.

Déjà Vu: Back at the Federal Circuit

After a series of appeals, Mr. Procopio's case is now pending in front of the Federal Circuit, which is the same court that issued the decision in Mr. Haas's case. After VA and Mr. Procopio filed their written arguments, a three judge panel heard the parties' oral arguments on May 4, 2018. The panel took great interest in both arguments raised by Mr. Procopio, and on the

suggestion of the VA's attorney, the court asked the parties to submit additional written arguments focused on the applicability of the Pro-Veteran Cannon.

After receiving the supplemental written arguments, the court decided to refer the case to an en banc panel — meaning that all of the Federal Circuit's judges will decide the case, not just a three-judge panel. Since then, additional written arguments in favor of Mr. Procopio's position have been submitted by almost a dozen veterans advocacy organizations, including the Big Six — Disabled American Veterans (DAV), Vietnam Veterans of America (VVA), Veterans of Foreign Wars (VFW), Paralyzed Veterans of America (PVA), American Legion (AL), and American Veterans (AMVETS), the National Organization of Veterans Advocates (NOVA), National Veterans Legal Services Program (NVLSP), and the Military Officers Association of America (MOAA). The full panel will hear oral arguments in just a few weeks.

Potential Outcomes:

The Federal Circuit's order for supplemental written arguments, as well as referral of the case to the full court, indicate an interest by at least some of the judges to revisit the court's decision in the Haas case. If Mr. Procopio prevails, it could mean that Blue Water Navy veterans will may become entitled to the same presumptions that benefit other veterans of the Vietnam War. It may also cause veterans and advocates to examine and challenge other policies and regulations that VA has implemented when it determined statutory language to be ambiguous. On the other hand, if VA prevails it may not only adversely affect Blue Water Navy veterans, but could also strengthen the agency's argument that courts must show it deference when interpreting statutes and implementing policy and regulations.

The only thing that is certain is that the stakes are high for both sides.

This article is authored through the collaborative efforts of Travis James West and other legal professionals at West & Dunn, a law firm dedicated to providing high quality legal services to individuals and businesses, with a particular focus on assisting veterans of the United States Armed Forces.

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3. [Business Transformation](#)

3.1 - The Virginian-Pilot: [Editorial: Veterans care center gets a boost](#) (26 November, Editorial Board, 547k uvm; Norfolk, VA)

THE NEW long-term, residential Veterans Care Center planned for Virginia Beach promises to be a tremendous asset for Southside Hampton Roads and the region's many veterans — when it opens its doors.

It has been needed and anticipated for years, and recent delays — although apparently for some good reasons — are disappointing.

When ground was broken for the Jones & Cabacoy Veterans Care Center in in the fall of 2017, expectations were that the center would open early in 2020. By then, veterans already had been waiting a long time for a sorely needed facility.

The project had languished on a grant-funding list through the U.S. Department of Veterans Affairs for more than 10 years before the Virginia General Assembly decided to pay for it with state money. The city of Virginia Beach donated about 25 acres at Nimmo Parkway and West Neck Road.

A long-term care facility is a tremendous need for Hampton Roads, which is home to more than 200,000 veterans.

Unfortunately, the project is now about two years behind schedule because of changes in its design and in how it will be paid for.

Before the state started building the center, the federal government complicated things in a couple of ways. The Veterans Affairs Department relaxed its design standards, meaning the plans could be changed to accommodate more veterans and include more spaces for programs such as religious services and recreation. And a one-time increase for such projects in the federal government's budget meant Virginia could get federal funds — about \$33 million — to help pay for the center.

So it was back to the drawing board — but with the prospect of the finished center serving more veterans and offering a better life for its residents.

The need has been obvious for a long time. Those who have served honorably in the military have lived their commitment to our country, its freedom and values, making significant sacrifices when necessary.

The country should have the same commitment to these veterans, when they have medical problems and as they grow older and need care.

Unfortunately, the Hampton Roads area, despite its large veteran population, has been lacking in facilities that fulfill that sort of commitment.

The Hampton VA Medical Center has been plagued by cramped space and heavy demand.

As recently as 2014, it had the unwelcome distinction of requiring the longest wait times in the nation for primary care patients.

A year ago, the hospital was ranked as “high-risk” with only one star out of a possible five in the VA's ratings. By September of this year, the hospital said it had improved to a two-star rating, but that is still considered sub-par. One improvement is that an intermediate care clinic opened in May, easing wait times in the emergency room. More improvements are in the works, but progress takes time.

The Care Center planned for Virginia Beach is designed to fill a different need. It will be the first facility in the region to offer long-term care for veterans with Alzheimer's disease and other memory problems, as well as for those who need long-term skilled nursing. Some rooms will be available for those needing shorter-term rehabilitation.

While the delays are frustrating, it's good news that the finished facility — assuming there are no further changes — will accommodate 128 patients, eight more than in the original plans. The revisions that allow for more amenities in the communal living areas also sound promising.

The latest word is that construction should start on the center in July. Officials hope that the center will be ready to start taking patients by late summer 2021 and will be at full capacity by the spring of 2023.

For veterans with very real problems now, that's a long time to wait. Let's hope there are no further delays. The opening of this much-needed Care Center can't come fast enough.

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3.2 - Tulsa World: [Tulsa's VA clinics to be consolidated under one roof in south Tulsa with more offerings](#) (26 November, Corey Jones, 320k uvm; Tulsa, OK)

By way of the future consolidation of its Tulsa services within a single new facility, the Eastern Oklahoma Veterans Affairs Health Care System also will broaden its offerings.

Local VA officials tout the streamlined expansion as a one-stop shop, world-class facility that is designed with the capacity to accommodate clientele growth projections over the next two decades.

Groundbreaking is expected in March or April 2019 on a 140,000-square-foot building at 91st Street and South Mingo Road, with an initial commitment of \$20 million from the U.S. Department of Veterans Affairs. The 20-year lease totals nearly \$100 million.

The expected latest date for completion is June 2021.

"I'm most excited for the veterans we're currently serving and the future veterans," said Mark Morgan, director of the Eastern Oklahoma VA Health Care System. "I'm really excited for them to get treatment in a world-class facility. ... We've got a lot of high-quality staff, and this allows them to practice at the top of their game."

The new Tulsa VA Health Care Center will replace the outpatient clinic at 41st Street and South Mingo Road, the Behavioral Medicine Clinic at East 11th Street and U.S. 169, and Dental Clinic at 51st Street and South Yale Avenue.

Eastern Oklahoma VA Health Care System serves more than 39,000 veterans, 20,000-plus of them in the Tulsa market.

Morgan noted that the new location is easily accessible by driving and on the city bus routes. Transportation services currently provided will continue at the new facility, Morgan said.

The campus also is among a growing medical community, with two large hospitals nearby should there be a medical emergency.

"It really works well in that respect," Morgan said.

Veterans can anticipate more complex services and specialty care, including an emphasis on women.

Trisha Barrett, executive assistant to the associate director, said primary-care and outpatient surgical operations will be expanded, along with podiatry services. There also will be a complete section for women's health, including mammography — a service not previously offered.

She also pointed to the ability to provide a better flow and team approach to health care.

Each veteran is assigned a team — a physician or nurse practitioner as the provider, a licensed practical nurse and a health care technician. That team also will be able to call in a pharmacist, behavioral health counselor, dietitian and social worker as needed.

"That becomes their medical home," Barrett said.

There also will be physical therapy and rehabilitation space, along with pain management services.

The 91st and Mingo location will sit on 30 acres, with about 945 on-site parking spots.

Morgan said the building's design takes better advantage of natural light, with broad windows and skylights. The color scheme also will add positively to the ambience.

The future of each of the current Tulsa VA spaces is unclear, with facilities that are leased under varying terms and conditions.

Morgan said Eastern Oklahoma VA Health Care System will be a good tenant and meet obligations.

"We will be good stewards of tax dollars and work with the property owners," he said.

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3.3 - Harrison Daily Times: [VA Clinic open to veterans](#) (25 November, Donna Braymer, 7k uvm; Harrison, AR)

The Harrison VA Clinic opened with a soft opening on Oct. 1, and is still finishing up some details, but the spacious clinic is a strong addition to Ozark Crossing for the veterans of the area.

The contracting officer representative, Keisha Reed, was a medic in the US Army between 2006-2009 and provided a tour of the new facility.

"Veterans will feel very comfortable and well cared for at this clinic," she said.

To a civilian it seems they have continued the military "lingo" and initials for everything.

Valor Healthcare operates the clinic for the VA and uses the "Bronze Star Standard."

Reed explained, "The Bronze Star Standard is how they train their staff in dealing with veterans' care. It's excellent, Valor has 32 CBOCs and Harrison makes number 33. (CBOC-Civilian Based Outpatient Clinic).

Only veterans are seen at the clinic and it is easy to see if a veteran is eligible and transfer records to the Harrison clinic.

The COD (center operation director) Laura Keeter, RN, said, “We are seeing a lot of veterans come out of the woodwork and transferring their records to this clinic. We are very grateful this clinic helps them get the care they need closer to their home. Valor Healthcare over built for growth at this location and we hope to hire additional medical staff soon as that happens.”

A veteran can schedule an appointment or just stop in. Automatic sliding doors make access easy as an American flag on display proudly welcomes them to the facility. The spacious waiting room has a coffee bar and self-service HealthyVet kiosk as well as a place to update their own information into the system.

The artwork of military scenes throughout the facility is phenomenal. Veterans will be proud to search for their own branch of service and find it represented on the walls of the clinic.

Currently the clinic is set up to handle primary care and labs for veterans. At the time of this interview, radiation equipment was being set up for future X-ray needs. Behavioral Health and retina care will be accessed through telemedicine.

The clinic is set up under a new concept called “on stage” and “off stage.” Veterans have a private place for lab work and vitals which can be done with the wheelchair included.

Veterans will enter the exam room from one hallway and the staff from another. The bull-pin area has a bank of computers and desks that can be raised or lowered to accommodate sitting or standing. Then everyone who needs to see the veteran comes to that exam room so the veteran isn’t constantly shuffled around from place to place.

Currently 8,200 square feet, it is set up for primary care with an additional 1,500 unfinished space ready for growth.

Veterans can go to the clinic for anything they would see their primary care physician for — even flu vaccines.

There is also a VSO (veteran service officer) space designated so veterans can meet with a representative to discover benefits and services available.

“We hope area veterans will come and get the care they need and deserve,” Wanda Shull, VA director of public affairs, said, “The Harrison Clinic is constructed to support the Patient Aligned Care Team Model. This model allows for the veteran to receive his or her care through a team of providers: physician, registered nurse, licensed practical nurse, and advanced medical support assistant. If someone has served in the military, they may be eligible to receive care through the VA. Many people are not aware they are eligible.

“We want veterans to call or come by if they aren’t sure they qualify and we will be glad to help them out.”

Reed said the feedback from veterans has been very positive. “We’ve had a lot request for transfer of records. We are also getting about 20 walk-ins each day. Veterans can schedule appointments or walk-in.”

The Harrison VA Clinic is located on the west side of Ozark Crossing off of Highway 62/65 North. Call (479) 304-8837 or (479) 249-7064.

An open house will be scheduled for the future so the community can enjoy a tour of the modern, spacious, facility.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Crain's Detroit Business: [How the Detroit VA is tackling suicide among veterans](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Michigan's veteran suicide rate has been dropping the past several years to 26 per 100,000 in 2016 from 36 per 100,000 in 2014. Nationally, the veteran suicide rate is down to 30 per 100,000 in 2016 from 38 in 2014.

Nicole Stromberg, mental health chief at the John D. Dingell VA Medical Center in Detroit, said she believes those numbers at the Detroit VA have dropped further in 2018.

"We are embarking on the largest public health initiative in the history of health care," said Stromberg, a psychiatrist and neurologist who explained that national protocols and policies have been developed in the U.S. and abroad to use the same screening tools and evidenced-based treatments to reduce suicide rates.

Stromberg said veterans are now assessed for suicide risk by all primary care providers, not just psychiatrists and mental health professionals. "There is a stigma around people asking (about suicide). It doesn't put the idea into people's minds. Quite the reverse, people feel relieved" they are asked about it, she said.

Expanding the risk evaluations, Stromberg said veterans will be screened more closely if they access emergency services regularly, don't sleep well, have chronic pain or are in end-of-life care, geriatrics and rehabilitation services.

Stromberg said another reason for success in Detroit has been the increase in those employed in mental health services. Detroit VA has hired more than 30 professionals the past 16 months to more than 178 non-nursing mental health employees, she said.

In 2018, Detroit VA provided mental health services to 13,000 veterans, a 3 percent increase from the same period in 2017, she said. "This increase is even with people moving away and outside of our care," she said, adding that VA ensures they are followed up wherever they move.

Stromberg said Detroit VA is partnering with many community organizations, governmental bodies and universities, including Team Wellness Center, Wayne County, Henry Ford, Wayne

State University and the city of Detroit through a VA partnership program called the "Mayor's Challenge."

Twenty-five cities, including Detroit, are participating in the challenge, which is designed to create regional teams of community partners to eliminate suicide by using a comprehensive public health approach to prevention.

Of the 20 veteran suicides a day, an average of 14 were not under VA care.

"We are trying to figure out where the gaps are, how to reach veterans that none of the partners are reaching and to develop" programs for them to access mental health services, said Detroit VA spokesman Alysse Mengasen.

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5.2 - Crain's Detroit Business: [Special Report: Fighting a rise in suicides. Many professional fields see suicide rates above the national average](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Each day a physician dies by suicide in the U.S. — a number widely acknowledged as the highest rate of suicide of any profession — and 1.4 times that of the general male population for men physicians and 2.3 times that of the general female population for women physicians.

It is possible, say some experts, that overall physician suicide rates are getting close to the national suicide rate of military veterans at 30 per 100,000, which have been treated as an epidemic.

The best data on suicide by business professionals, lawyers and doctors comes from a 17-state study the Centers for Disease Control and Prevention conducted in 2016 on suicides by occupations based on 2012 data. So far, it is the only multi-state study of its kind.

Experts told Crain's the published CDC data reflects widely held opinions of people in many of the professional fields.

The CDC found the highest rates of suicide for people who are manual laborers, construction workers, miners and mechanics, factory and production workers, ranging from 45 to 85 per 100,000, the highest of any occupational category.

But professionals come in next, above the average suicide rate for the general population: executives, doctors, nurses, medical support workers, business professionals and lawyers.

For example, the suicide rates range from corporate executives and managers at 20 per 100,000, lawyers and health care professionals at 19 per 100,000 to nursing and medical assistants at 15 per 100,000, all of which are over the national rate of 13 per 100,000 in 2016.

Some experts said they believe suicide rates of physicians, residents, medical students, lawyers, business executives and other college-educated professionals are increasing faster than the general population.

"There is a (mental health) crisis here that is being exacerbated by how professions conduct themselves and how lawyers, doctors and business executives adapt to professional life," said Richard Landau, a trial lawyer and clinical psychologist with RJ Landau Partners PLLC in Ann Arbor.

Rising incidence

Michigan's suicide rate has increased by 33 percent since 1999, faster than the 24 percent national increase during that time. Suicide is now the 10th-leading cause of death in Michigan and the nation.

With a string of recent celebrity suicides, including Kate Spade, Anthony Bourdain, Robin Williams, Hunter S. Thompson and Chris Cornell, the rock musician who took his own life in Detroit last year, the public takes more notice.

Several notable cases in Michigan also have been widely reported the past several years. They include the 2001 suicide of automotive company CEO Heinz Prechter, who founded American Sunroof in 1965; the 2010 death of David Widlak, a banker who was highly suspected of taking his own life by a gunshot to the head; and the 2012 death of Fox 2 Executive Jeff Murri.

In 2017, there also was the suicide death of physician Barrett Zink of Charlotte, and Henry Ford Hospital urology resident Ramesh Kumar.

Landau said he believes suicide rates in the professions will continue to increase until more law firms, hospitals, accounting firms and corporations acknowledge their business models have deadly side effects to their employees and take serious steps to address the problem.

Trained and licensed also as a clinical psychologist, Landau has studied suicides in professions that have demanding workloads and high expectations for positive results and success.

"When you look at suicide, it is culmination of a process," he said. "People don't just jump to the conclusion they want to kill themselves. It often is a mental illness, compromised by depression, hopelessness, with substance abuse or alcohol use making it worse. It also begins much earlier in life."

Landau said for every person who completes suicide, another two dozen or so attempt it. Besides increasing suicide rates in the professions, there has been a corresponding increase in untreated depression, burnout and addiction, he said.

"Institutions have become highly depersonalized. They are now highly profit-seeking entities that amalgamate people in large numbers," Landau said. "Medicine and the law, accounting and financial services, they all have adopted the model of large corporations in America that are profit-oriented to their shareholders."

Landau said companies want workers to be "productive, efficient and don't complain."

He said doctors, lawyers and businesspeople have stressful work lives and employers have high expectations. "The added stress takes its toll on people, especially those who don't have outlets and have underlying mental health problems," said Landau.

Doctors are a prime example.

The Michigan State Medical Society in a statement to Crain's cited a long list of stressors for physicians, including "insurance and payer restrictions, unsupportive leadership, changing technology such as electronic health records and the regulatory burden of government, payer and medical oversight bodies." High patient workloads and hours, employer's financial incentives, medicine's culture of competition and philosophy of work-despite-exhaustion put additional pressure on doctors.

Lisa MacLean, M.D., a psychiatrist hired by Henry Ford Health System two months before the death of resident Kumar, said suicide in the medical profession has reached epidemic proportions.

"I started in March 2017 and we lost Dr. Kumar in May," said MacLean, who also is director of the system's newly implemented physician wellness program. "The concern about physician wellness is a national concern."

In cases where physicians died by suicide, depression is found to be a significant risk factor leading to their deaths. But those physicians were less likely to be receiving mental health treatment compared with nonphysicians who took their lives, said MSMS.

Taking action

Last year, the Accreditation Council for Graduate Medical Education, which accredits Henry Ford's residency program and thousands of others in the U.S. and Michigan, mandated that programs develop a resident and physician wellness program and policies. "The ACGME recognizes that when a resident comes into a program something happens. They are more depressed and more anxious when they leave."

MacLean said ACGME and Henry Ford decided to expand the program for all physicians. In 2001, Henry Ford also began a larger program on burnout and job stress that has led to a national movement.

"We have moved to invest in a physician employee assistance program (executive), not just in response to Dr. Kumar, which is a tragic event, but we don't want any more tragic events," MacLean said.

Some companies like DuPont and Caterpillar also have recognized that middle-aged male suicide is increasing, possibly faster than national rates, and have adopted employee and executive wellness programs to address burnout and suicide rates, said Jodi Jacobson Frey, an associate professor in the school of social work at the University of Maryland in Baltimore.

"Fortune 100 companies are embracing the idea that a well-adjusted workforce contributes to productivity, compared with just thinking about performance," said Frey, adding more companies are taking a longer-term look at their workforces, including measuring the costs of hiring replacement workers and training costs versus adding wellness programs that include mental health services.

"Employers who see the link between depression causing problems, affecting performance (and) lost workdays and implement programs can begin to see employee improvements, and return-on-investment in just four to six weeks," Frey said.

Upward trend

Nationally, suicide rates have been increasing the past 19 years in almost every state, including Michigan, and across demographic and age lines, the CDC said. Michigan's suicide rate, at 13.3 per 100,000 in 2016, ranks 34th-highest in the nation.

But because of combined suicide deaths, which include deaths from misuse of drugs like opioids or alcohol, Michigan's numbers are projected to continue to increase to as many as 65 per 100,000 by 2025, according to the "Pain in the Nation" report by Trust for America's Health. The report said Michigan's combined death rate was 45 per 100,000 in 2015.

"When you look at overdose and opioid deaths, you can't say for sure it was suicide, intentional or accident," said Melissa Tolstyka, director of programs with Livonia-based Hegira Health.

Hegira, a behavioral health provider, is one of a number of organizations in Michigan in the early stages of implementing a "zero suicide" program in its intervention and treatment approach with patients. "Our data used to show alcohol (addicts) as our primary population (8,000 total clients), but that has changed to opioids. We look at suicide risks differently now."

Tolstyka said the seven-step model to reduce suicides in Hegira's patient population will be rolled out over the next two years. She said the agency decided to change its approach using the zero suicide model because of the increasing rates of suicide.

"We operate comprehensive crisis services for adults in Wayne County and the majority of people coming in with emergency psychiatric services have multiple factors impacting the risk for suicide," Tolstyka said.

Tolstyka said Hegira has started to make changes now including using the Columbia-Suicide Rating Scale in its screening and risk assessment process to help determine who may be at a moderate to high risk. They then follow a care pathway with treatment. "Thanks to (Detroit-based) Flinn Foundation, we will be able to train staff on evidence-based practice for suicide prevention, and that will be included in treatment," she said.

"We all need to take a proactive approach to reduce the numbers of individuals completing suicide," Tolstyka said.

Several other organizations in Southeast Michigan also have adopted the "zero suicide" approach within their own organizations, including Oakland Community Health Network and Henry Ford, one of the national leaders in the movement.

Physician suicides

Increasingly, suicide is being viewed not only as a mental health problem but a public health one. Nearly 45,000 suicides occurred in the United States in 2016 — more than twice the number of homicides.

The most common method used across all groups was firearms at 51 percent. But the other two leading methods include suffocation or hanging (25 percent) and poisoning or overdose (17 percent).

Because guns are used in nearly half of all suicides, the states with the lowest suicide rates have stricter gun laws. Those states include New Jersey, New York, Massachusetts, Maryland and Connecticut, all between 7 and 10 per 100,000 suicides. Michigan and Florida, which have more relaxed gun laws, have higher rates, at 13 and 14 per 100,000, respectively.

Nicole Stromberg, mental health chief at the John D. Dingell VA Medical Center in Detroit, said the VA doesn't track veteran suicides or attempts by occupation because the vast majority of those at risk are unemployed. All seven veterans under care by the Detroit VA who committed suicide last year were unemployed, she said.

"They were struggling with more chronic adjustment and psychiatric issues," she said. "They didn't have a lot of balance (and had feelings of) isolation and depression. They also had easy access to easy means, which are firearms."

Stromberg said a key goal of mental health counseling is setting personal goals about their futures.

"It is important for them to reconnect with family, resolving criminal justice issues, finding a job, earning money, saving for something important," said Stromberg, adding that the VA has vocational specialists to help veterans when they are ready.

Business professionals

It can be challenging to study suicide among people in high-profile positions.

When business executives die, especially C-level executives, or celebrities and other highly educated professionals, there is little data to understand differences in those populations and others, said Brian Ahmedani, director of research for Henry Ford's behavioral health services department.

"The challenge on doing suicide prevention research is you need huge populations to understand the risk factors," said Ahmedani, who has been a primary investigator for several local and national suicide research projects. "What are the reasons corporate executives die from suicide? There are only so many corporate executives. ... There is not enough research on the field to get answers."

Ahmedani said business professionals develop stress over time with financial decisions that may determine whether a company succeeds or fails. When they fail and a company goes under, people lose their jobs and "there is always somebody who has to take it for the team. You can't fire the entire company workforce."

Melissa Bowman, suicide presentation coordinator at Common Ground in Pontiac, said she has spoken with a number of professionals, including doctors, medical students, residents, lawyers and business executives, who have called the agency's crisis line.

"It all falls under the category of stress ..." Bowman said. "They have a sense of helplessness or hopelessness, an inability to do self-care. They have a higher stigma for receiving mental health services that is blocking them from getting help."

In addition, as usually the major income earners for their families, stress builds up more severely for some professionals, Bowman said. "They aren't always the most resilient to stressors."

Rosa Thomas, Common Ground's vice president for programs and services, said the faster pace of business, health care and even the mental health field creates internal stresses on people who work in those systems.

"My own experience, one of the things I have seen is we have gone from bedside manners, where we listen to people for the time we felt we needed to with just pencil and paper and just talked," Thomas said. "You really work with them. We can't do that in 15 minutes" that professionals are expected to do today.

Carmen Serpa, a psychiatrist and medical director at Common Ground, said physicians have become "prescription machines" instead of hands-on healers because of the corporatization of medicine and the increasing patient load.

"Suicide has gone up (among physicians and) for residents as well," Serpa said. "Lawyers come in with levels of stress they didn't have before. We live in a high-pressure environment where we are expected to perform. You either get meds, get help, or get out."

Bowman said in the past year she has spoken with more medical students on the crisis line who call during their rotations.

"Doctors who have patients in their offices call us because their patient has suicide" thoughts, she said. "They call us for help because they have not been taught or trained" to deal with a mental health crisis.

Another problem for top managers or CEOs is they say they cannot get counseling through their own employee assistance program because of their status in the company, Bowman said. "It might show up in insurance or their EAP program, and the stigma" is too much for them to risk, she said.

In a CDC-funded study on Michigan, Frey is in the second year of a study focused on reducing suicide ideation and behavior among working-age men, including those in a variety of professions.

"There is a myth that when you have a job, you should be able to handle a life crisis. There have been increases in suicides of middle-aged adults without any comparable attention on prevention," Frey said. "This includes men in health care professions, doctors and those who work in mental health fields."

Frey said isolation is a major factor in stress, burnout, depression and suicide. She said high-level business executives have fewer social circles at the workplace to form trusting relationships.

"This is a major risk factor for suicide," she said. "There is a lot of stress people face and they might go home, but they really can't talk about it, which increases social isolation."

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - The Washington Post (Hechinger Report): [They served their country. Why aren't elite colleges serving them better?](#) (25 November, Brian Mockenhaupt, 30.6M uvm; Washington, DC)

PRINCETON, N.J. — The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder.

Fendler is among Princeton University's very few veterans.

In his two years at Penn State before transferring to Princeton this fall, he rarely mentioned his military service. But he has been more open about it at Princeton, which has 12 veterans, up from just one three years ago. In his sociology class, the Western Way of War, he felt it might add to the conversation.

"I don't like to lead with this about myself," he said during a discussion group on Thucydides' history of the Peloponnesian War, "but I'm a veteran and I've been to war."

Many state universities and community colleges have large veteran populations and robust programs to recruit veterans and help them adjust to college life. But at the nation's most selective schools, where most students follow the traditional pipeline from high school to a degree within four years — and from which many go on to leadership roles in government and industry — veterans like Fendler are an anomaly.

Though America's top institutions are trying to increase this population — which brings not only a distinctive perspective on the world but also, collectively, millions of dollars in taxpayer-funded GI Bill benefits — veterans still make up well under 1 percent of undergraduates on most of these campuses. That's out of about 1 million veterans and their family members enrolled in higher education under the GI Bill, according to the Department of Veterans Affairs.

For years, the military didn't promote these most selective schools as an option, and veterans didn't think they could get in. Many of the colleges, meanwhile, didn't know how to handle their applications and hadn't thought about why they should even want veterans.

Veterans' advocates argue that those who volunteered to serve in the military should have the chance to attend the nation's best schools if they qualify and that their presence boosts diversity and adds to the richness of campus life.

Wick Sloane, a community college writing professor, sees a more fundamental reason people should care whether veterans attend schools that educate the nation's elite.

"A disproportionate number of the public leaders who send other people's children to war went to [elite] schools," said Sloane, who publishes an annual survey of veteran enrollment at top schools. "Maybe, just maybe, if [those] students were sitting in English and history class with men and women whom the U.S. had sent to war, those students, as government leaders later in life, would think harder before sending other people's children off to war."

This year, Sloane tallied 844 veterans across 36 of the nation's most select colleges and universities. Columbia University, which first welcomed veterans in large numbers after World War II, accounts for more than half of that total, with 443 veterans enrolled in 2018. But most are in its School of General Studies, set up for older-than-traditional-age students and separate from the general enrollment.

Many elite institutions educate plenty of future veterans — students in officer-training programs who will receive a military commission when they graduate. And veterans are well represented in the graduate programs at many elite schools, advocates said, but many served as officers and attended service academies or already had four-year degrees before joining the military.

Most enlisted-rank veterans, on the other hand, have been out of an academic setting for years, and many didn't have the grades, test scores or desire to apply to a top university when they were in high school.

"I was an awful student," said Aimee Chartier, a sophomore political science major at Brown University. "I didn't think I'd go to college at all, let alone the Ivy League."

Growing up in Providence, R.I., she knew Brown as the college up on the hill, forever away and out of reach. She dropped out of high school for a while and joined the Marines at 19. She served five years as an intelligence analyst and then started classes at the Community College of Rhode Island. Although she carried a 4.0 grade-point average, she laughed when her German professor suggested she apply to Brown.

In 2017, however, Brown began to waive application fees for veterans and guarantee phone interviews, so she and her husband, who also served in the Marines, applied. Both were accepted, and they started as freshmen in 2017, with all four years covered by scholarships. The school now has 17 undergraduate veterans; three are women, according to Chartier.

"A lot of people have never met a veteran," said Jessica Nelson, one of two veterans at the all-woman Smith College, where she is a senior. As a black woman who grew up in the South, she initially felt like an outsider in Northampton, Mass. Her military service made her even more of an anomaly, and her classmates were curious to know more: "They want to know how it is to deal with a hyper-conservative, hypermasculine environment."

Nelson, who is 30, started college at Texas A&M in the Reserve Officers' Training Corps, but left after a few semesters and enlisted in the Marines. She served five years as a topographical analyst attached to an infantry battalion, which had 10 women among the hundreds of Marines. Until this year, she was in the Marine Reserves, which required a weekend of service each month with an infantry unit near Smith. She bounced back and forth between the two worlds, sometimes feeling out of place in both. "It can be a little bit alienating," she said.

This recent push for more veterans at some of America's elite schools can be traced to James Wright, a former Marine who served as president of Dartmouth from 1998 to 2009. The son of a bartender who fought in World War II, Wright joined the Marines after high school, later earned a PhD in history at the University of Wisconsin at Madison, and started teaching at Dartmouth in 1969.

As the school's president, Wright said, he thought a lot about enriching and diversifying the student body but didn't factor veterans into those calculations until 2005, when he visited Bethesda Naval Hospital and met with troops wounded in Iraq. It was the first of 30 trips he made to military hospitals. Some of these veterans weren't sure what to do with their lives now that their military careers had ended. He encouraged them to continue their educations, and started a counseling program to help them navigate the process of getting to and through college.

Wright's peers at other elite schools commended his efforts to help veterans, but "I didn't get a lot of people lining up and saying, 'What can we do to join in and help out?'"

6.2 - Newsday: [Veterans desperate for gov't follow-through](#) (25 November, Editorial Board, 1.4M uvm; Melville, NY)

Last year, President Donald Trump and Congress massively expanded education benefits for military veterans, known as the Forever GI Bill. The bill, an update of the original GI Bill that gave more than 8 million World War II veterans an education and living expenses while they studied, was badly needed.

But it wasn't properly handled by the Department of Veterans Affairs, whose 50-year-old computer systems could not process the new claims and rules. One roadblock was a change in how housing allowances are figured, now based on locations of campuses where veterans are studying rather than the main campus of their educational institutions.

But many stipends haven't been paid, and news accounts are full of tales of veterans unable to pay for housing, child care and food. At least 10,000 payouts have been delayed more than 30 days, at least 82,000 were pending earlier this month.

The VA says it has hired more than 200 workers and put employees on mandatory overtime to address the problem, and the number of veterans waiting for checks is down. But as a nation we have made promises to service members that we have not lived up to. We have to do better.

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6.3 - Providence Journal: [Vt. Guard general's death draws attention to burn pit dangers](#) (25 November, Donita Naylor, 245k uvm; Providence, RI)

Flags in Vermont are flying at half-staff in honor of a former Rhode Islander, Vermont National Guard Brig. Gen. Michael T. Heston, 58, who died Nov. 14 from an aggressive cancer linked to his three tours of duty in Afghanistan, one with the Rhode Island National Guard.

Heston was buried with full military honors at the Veterans Cemetery in Randolph, Vermont, on Saturday. An order from Vermont Gov. Philip B. Scott said flags would be flown at half-staff until sunset Monday.

Heston, the oldest son of Thomas and Dorothea Heston, grew up in Cumberland, graduating from Cumberland High School in 1978 and from Roger Williams College in 1982.

During his 34-year military career, he rose to the second-highest rank in the Vermont National Guard. He was also a trooper in the Vermont State Police for 26 years, retiring as a sergeant in 2010.

June Heston, his wife of 30 years, told Fox News that in 2016, four years after returning from his last deployment in Afghanistan, he began having back pain. He was diagnosed 10 months later with stage IV pancreatic cancer. No one had thought of testing for cancer.

She said Sunday night that Mike's oncologist "did all the genetic and genomic testing" and found that his cancer "was not hereditary in any way." The doctor wrote to the Veterans Administration with his conclusion that the cancer had an environmental cause.

The Hestons applied for a service-related disability from the Department of Defense (denied) and the VA (approved). He worked for a year after he was diagnosed, June Heston said. As his illness advanced, he retired in August from the Vermont Army National Guard.

On the day before he died, after the family announced that doctors could do nothing more and that he was home in hospice care, Vermont's Sen. Patrick Leahy told Fox News that Heston was "the very definition of a true leader as long as I have known him. True to form, he has transformed his own difficult personal struggle with cancer into a fight for the men and women of the Vermont National Guard and throughout the nation who may be suffering from exposure to airborne hazards from burn pits."

U.S. military personnel in Iraq and Afghanistan lived and worked near open burn pits. Open burning was the disposal method for military bases, and trash was just part of what was burned. Solvents, jet propellant, medical waste, human remains, electronic equipment, batteries, tires, medications, unspent ammunition, and even toxic waste was burned in the pits.

Clouds of choking black smoke caused respiratory and other problems on the bases. Years later, veterans would be diagnosed with rare forms of cancer and diseases at a higher rate than in the general population.

"There needs to be awareness that this is an issue," June Heston said Sunday evening, the day after her husband was buried. A bipartisan bill in Congress would require personnel files to indicate whether service members were stationed near a burn pit, would automatically enroll departing military personnel in the Airborne Hazards and Open Burn Pit Registry and would require the government to share information about exposure to burn pits and toxic airborne chemicals.

She doesn't want to see a repeat of what happened to Vietnam veterans. Many of them suffered and died before the military acknowledged that exposure to Agent Orange caused their illnesses, she said.

She hopes that her husband's suffering will help bring attention to the problems that result years after exposure to burn pits "so veterans get the benefits they need before they die."

She remembered talking about it with him. He had said: "We're not going to know why, but maybe that's why."

He leaves a daughter, Dr. Kelsey Heston; a son, Keegan Heston; his parents; sisters Mary Chisholm and Meg Shideler; brothers John, Tim, and Terry Heston.

His obituary may be viewed at <http://www.readyfuneral.com/obituary/Michael-T-Heston/Richmond-Vermont/1823226>

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6.4 - WWSB (ABC-7): [Wreaths Across America still needs help for wreaths for Sarasota National Cemetery](#) (25 November, Rick Adams, 85k uvm; Sarasota, FL)

The local branch of Wreaths Across America is asking for help as they get closer to reaching their goal of laying wreaths on all the grave sites at the Sarasota National Cemetery.

Currently, the organization needs to collect enough money for 1500 more wreaths. They will be placed at the grave sites as well at the section where cremated remains are located.

Meshia Richardson got involved with Wreaths Across America after her husband, who is a Navy Veteran, passed away nearly four years ago. He is buried at Sarasota National Cemetery.

There are more than 1500 cemeteries nationally that participate in this program.

“We need to recognize them, not just Memorial Day, Veterans Day but during the holidays,” said Richardson. “It’s also important for those family members that have that empty chair during the holidays, that hurt never goes away.”

The Wreaths Across America ceremony will take place on Saturday, December 15th at 10am at Sarasota National Cemetery. For more information on how you can help log onto www.sarasotawreaths.com.

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6.5 - The Sentinel: [Without a home: Program gives hope to veterans](#) (25 November, Tammie Gitt, 52k uvm; Carlisle, PA)

Jon Locke was frustrated.

He said he wasn’t getting the help he needed and was critical of the way some nonprofits used their funds. So, he left his job and started an organization to help veterans like himself.

Initially, he focused on substance abuse. Along the way, he tried to help a homeless man find a place to live, thinking it would be easy.

It wasn’t.

“It really opened my eyes of how complicated it is,” Locke said.

Last November, he started working with homeless veterans by creating a work-to-stay program called Operation Veteran Hope that is funded primarily by a thrift store on Baltimore Street in Mount Holly Springs.

So far, 11 veterans have entered the program and four of them got back on their feet, Locke said.

According to the Veterans Administration, 37,878 veterans experienced homelessness across the nation in January 2018, a decrease from the 40,020 reported in January 2017.

Those numbers come from estimates based on the point in time count of sheltered and unsheltered people conducted by the U.S. Department of Housing and Urban Development on a single night in January.

As of Nov. 19, five veterans seeking homes had entered the community queue via the coordinated entry system that serves as an intake for programs that assist the homeless.

Locke said homelessness among veterans is not a huge problem in Cumberland County. The veterans who want help are going out and finding it, while there are others who choose not to seek assistance.

“Some of them choose. That’s the way they want to be and they don’t want the help,” he said.

Like many of those dealing with homelessness, veterans face health issues as well as addictions, whether they’ve been using drugs and alcohol to self-medicate or have simply given in to the temptation, Locke said.

For example, Locke said veterans have expected to rely 100 percent on the Veterans Administration for the help they need. When that doesn’t come through, they feel that they have been left stranded.

Others thought they would be in the military for an entire career, but ended up as a civilian. Some lacked discipline and ended up with a dishonorable discharge. Others got too comfortable and “got chaptered out” with an other than honorable discharge for being too heavy, he said.

For some, it’s multiple deployments. Locke did five tours to Bosnia, Afghanistan and Iraq before his wife said it was the family or the military. Each deployment was worse than the last, and Locke was certain he would not have come back if he had been deployed again.

“Being thrust back into the civilian world, they just get so lost because it might be missing whatever they depended on, if it was the discipline or whatever. They just can’t handle being out of the military,” Locke said.

The role of post-traumatic stress disorder can’t be underestimated. It’s something Locke understands first hand.

His condition resulted in anger, rage and being on edge all the time. No one will want to be around someone who gives into that, he said. Locke also can’t be in a large crowd of people, especially if they are walking too closely to him.

When he left the military, he wanted help, but didn’t get it from the VA, so he went to a private doctor. Now, the program also helps him deal with PTSD.

“This program is not just for the veterans I’m helping. It’s for me as well,” he said.

The veterans in the program stay in “dorm-style” accommodations while working at the thrift store. Unemployed veterans work 40 hours a week in the store. Those who work part-time have their hours in the store adjusted accordingly, and those who work full-time outside of the store are asked to put in eight hours a week.

Working at the store gives the veterans a chance to update their resume with customer service experience. With a background in computers, Locke can offer assistance in that arena.

He also works with Volunteers of America and other organizations to help the veterans apply for any benefits for which they may be eligible.

"It really takes a burden off of me, as well, from trying to do everything. As we grow, I would love to be able to do everything in-house. Right now, it's nice to have those other organizations willing to help," he said.

But, one of the more important aspects of Locke's program is that he understands the camaraderie of the military and knows that it can't be matched in the civilian world. He speaks the language of the veterans, and they know they can talk to him about topics they can't discuss with anyone else because they wouldn't understand.

"I get a lot of respect from the guys, and I give them respect as well," he said.

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6.6 - Nevada Appeal: [VA-backed home loans grow dramatically in Nevada](#) (24 November, 27k uvm; Carson City, NV)

With the number of veterans in Nevada growing and the tight housing market, the number of VA-backed home loans has skyrocketed in the state.

While the number of those loans is up 59 percent nationwide over the past five years, statistics from the Veterans Administration say the number of new home and refinance loans has jumped 90 percent in Nevada.

In fiscal year 2018, a report from Veterans United, one of the private lenders specializing in VA loans, says there were 12,035 loans issued in the Silver State.

And new home purchases accounted for more than half that total, 6,778 compared to 5,257 refinance loans.

At an average of \$289,252, the total value of those loans is nearly \$3.5 billion.

VA loans offer significant benefits for veterans seeking to buy their own home. First, they can do so with no down payment. Second, they don't have to buy mortgage insurance since the U.S. Department of Veterans Affairs guarantees the loans even though they're issued by private lenders.

Chris Birk of Veterans United said because they're backed by the government, VA loans offer more flexible and forgiving credit guidelines, making it easier for vets to qualify.

He said VA loans have grown dramatically over the past decade and now make up 10 percent of the mortgage market.

The program was created in 1944 to help returning vets, active duty members and their families buy or refinance homes.

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7. [Other](#)

7.1 - Miami Herald: [Trump uses the military as his personal political tool. That's the opposite of respect he claims to have](#) (25 November, Editorial Board, 4.8M uvm; Miami, FL)

To hear President Trump tell it, a greater friend to the military and veterans has never sat in the Oval Office. In a recent interview with the Associated Press, he said, "Nobody has been better at the military. Hey, I just got them a pay raise. ... I just got them new equipment. They have stuff that was so old that the grandfathers used to fly it."

But despite his words, Trump doesn't seem to respect or honor those who serve — unless, of course, they outspokenly support him. Nor does he appear to respect, or even understand, the role of the military.

A commander-in-chief who understood that role, after all, wouldn't send thousands of troops to the southern border at a cost of hundreds of millions in a transparently political pre-election stunt as part of his effort to whip up fear and hysteria about a migrant caravan. He called it a threat to national security before the election, but the caravan mysteriously disappeared from his radar once votes were cast.

Confirmation that this was nothing more than a political stunt came with the announcement that troops sent to the border are starting to come home — even as some parts of the caravan are just beginning to approach the border.

Then there is the way Trump responds to critics who used to serve in the military, from his infamous mocking of Sen. John McCain's POW status to his recent slam against retired Adm. William McRaven for not getting Osama bin Laden more quickly — which was an abominable insult that only highlighted Trump's ignorance of the interaction between the military and intelligence agencies.

On a more fundamental level, there is the question of how Trump's administration is actually treating the military and veterans. Last year, Trump signed the Forever GI Bill, which greatly expanded educational benefits for vets. His Department of Veterans Affairs, however, has badly botched the implementation of the bill, and many veterans have gone months without receiving the housing checks they were promised and have been counting on. Some vets say they may become homeless as a result.

Trump doesn't even manage the easy shows of respect. He didn't visit Arlington Cemetery on Veterans Day, a rainy Monday, just days after missing a ceremony in France to honor the sacrifice of soldiers in World War I because of the rain. And, two years into his first term, his failure to visit troops on active duty is becoming increasingly noticeable.

Worse, as David French put it in a recent National Review article, Trump has repeatedly demonstrated that his support of the troops is conditional: "He loves the troops who love him. He turns on the troops who turn on him. Cross him, and all bets are off."

Respect for the military is ingrained. Either you have it, or you don't. It is certainly not conditional.

Trump wants the support and respect of the troops. But over and over again, he demonstrates that he cannot unequivocally return that support and respect. He will not hesitate to attack the military or those who have served in order to score political points.

For a commander-in-chief, that is utterly shameful.

Help veterans in debt

“The War Within” is a documentary video series produced by McClatchy journalists and running on Facebook Watch. The series chronicles the lives of three Afghanistan war veterans helping their brothers and sisters in arms cope with the myriad effects of war, while grappling with the struggles of reintegration themselves.

McClatchy has launched a campaign to help military families by removing one specific burden: medical debt.

In 2016, more than half a million veterans were uninsured, according to the Census Bureau. Even those with VA or other benefits too often face bills they can't pay. Working in partnership with RIP Medical Debt, a 501(c)(3) nonprofit that buys and forgives such debt, McClatchy is aiming to abolish millions in military medical debt. The organization buys large portfolios of debt at a discount, so your donation goes a long way: A \$100 contribution eliminates \$10,000 in such debt.

As The War Within Initiative honors their determination, courage and sacrifice, please consider supporting military families. Watch the series here and donate at mcclatchy.com/warwithin

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Veterans Affairs Media Summary and News Clips

26 November 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (Muskogee Phoenix, AP): [Oklahoma 'Doughboy' Statue Restored, Rededicated](#) (26 November, 14M uvm; Washington, DC)

District 6 State Representative Chuck Hoskins said he sees his uncle when he walks past the "Spirit of the American Doughboy" statue at Jack C. Montgomery VA Medical Center. "It not only stands for my uncles, but for all of your relatives who took part in that war," Hoskins said to a gathered crowd at the recent rededication ceremony for the statue. "We have to make sure our children and their children understand what this statue means."

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1.2 - The Kansas City Star: [Kansas City VA patients died of hep C complications. Lawyers say deaths were avoidable](#) (25 November, Andy Marso, 1.3M uvm; Kansas City, MO)

Hepatitis C eroded Mike Jones' liver for years, even as he made repeated trips to the Kansas City VA Medical Center to be treated for a variety of other ailments. VA staff members knew that Jones had hepatitis C. They'd known since at least 2006. But according to a lawsuit, from 2012 to 2015, Jones didn't get any of the regular scans or ultrasounds that patients with the condition should get. He also didn't get drugs approved in 2014 that are highly effective at curing it.

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1.3 - Hechinger Report: [At top colleges that train America's elite, veterans are an almost invisible minority](#) (25 November, Brian Mockenhaupt, 75k uvm; New York, NY)

The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder. Fendler figures he might be the only student at Princeton University with a full sleeve tattoo. He's also among the school's very few veterans.

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2. [Improving Customer Service](#)

2.1 - Telegraph Herald: [Volunteer drivers sought to transport local vets to Iowa City appointments](#) (25 November, Erik Hogstrom, 104k uvm; Dubuque, IA)

Steve Klein said the van service that transports local veterans to medical appointments in Iowa City has saved him money and lessened his stress. "It's huge — it's convenient," said Klein, 42, of Zwingle, Iowa, a veteran who spent 11 years in the U.S. Army. "When I don't have a vehicle down there, the van allows me to get back from Iowa City."

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2.2 - The Fayetteville Observer: [Bazemore is new interim head of Fayetteville VA](#) (25 November, Drew Brooks, 73k uvm; Fayetteville, NC)

The Fayetteville VA has a new director for the third time in less than a year. Dr. W. Carl Bazemore now leads care for one of the nation's fastest-growing veteran populations. As interim director of the Fayetteville Veterans Affairs Medical Center, he will lead a network that provides care in 19 counties in North Carolina for the foreseeable future.

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2.3 - Independent Record: [Tester sets sights on health care access, affordability for third Senate term](#) (25 November, Holly K. Michels, 72k uvm; Helena, MT)

As he starts his third term in the U.S. Senate next year, Sen. Jon Tester said problems with health care access and affordability lead his to-do list, along with working on veterans' issues, infrastructure and education, all with an eye toward the needs of a rural state.

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2.4 - Martinsville Bulletin: [A glimpse into the struggles of military veterans](#) (25 November, Paul Collins, 16k uvm; Martinsville, VA)

The lives of military veterans just might illustrate the adage of never truly knowing a person until following in their footsteps. "I don't think people really understand what veterans face when they come home," Vincent Earl, of Martinsville, said.

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2.5 - NEWSREP: [Procopio: Agent Orange and the blue water Navy](#) (25 November, Travis James West, NV)

On December 7, 2018, the US Court of Appeals for the Federal Circuit is scheduled to hear oral arguments in a case called Procopio v. Wilke. Although this case has quietly made its way through the courts, it has the potential to dramatically change the manner in which the US Department of Veterans Affairs addresses service-connected disability benefits claims associated with exposure to Agent Orange.

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3. [Business Transformation](#)

3.1 - The Virginian-Pilot: [Editorial: Veterans care center gets a boost](#) (26 November, Editorial Board, 547k uvm; Norfolk, VA)

The new long-term, residential Veterans Care Center planned for Virginia Beach promises to be a tremendous asset for Southside Hampton Roads and the region's many veterans — when it opens its doors. It has been needed and anticipated for years, and recent delays — although apparently for some good reasons — are disappointing.

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3.2 - Tulsa World: [Tulsa's VA clinics to be consolidated under one roof in south Tulsa with more offerings](#) (26 November, Corey Jones, 320k uvm; Tulsa, OK)

By way of the future consolidation of its Tulsa services within a single new facility, the Eastern Oklahoma Veterans Affairs Health Care System also will broaden its offerings. Local VA officials tout the streamlined expansion as a one-stop shop, world-class facility that is designed with the capacity to accommodate clientele growth projections over the next two decades.

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3.3 - Harrison Daily Times: [VA Clinic open to veterans](#) (25 November, Donna Braymer, 7k uvm; Harrison, AR)

The Harrison VA Clinic opened with a soft opening on Oct. 1, and is still finishing up some details, but the spacious clinic is a strong addition to Ozark Crossing for the veterans of the area. The contracting officer representative, Keisha Reed, was a medic in the US Army between 2006-2009 and provided a tour of the new facility.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

[5. Suicide Prevention](#)

5.1 - Crain's Detroit Business: [How the Detroit VA is tackling suicide among veterans](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Michigan's veteran suicide rate has been dropping the past several years to 26 per 100,000 in 2016 from 36 per 100,000 in 2014. Nationally, the veteran suicide rate is down to 30 per 100,000 in 2016 from 38 in 2014. Nicole Stromberg, mental health chief at the John D. Dingell VA Medical Center in Detroit, said she believes those numbers at the Detroit VA have dropped further in 2018.

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5.2 - Crain's Detroit Business: [Special Report: Fighting a rise in suicides. Many professional fields see suicide rates above the national average](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Each day a physician dies by suicide in the U.S. — a number widely acknowledged as the highest rate of suicide of any profession — and 1.4 times that of the general male population for men physicians and 2.3 times that of the general female population for women physicians.

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[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Washington Post (Hechinger Report): [They served their country. Why aren't elite colleges serving them better?](#) (25 November, Brian Mockenhaupt, 30.6M uvm; Washington, DC)

The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder. Fendler is among Princeton University's very few veterans.

[Hyperlink to Above](#)

6.2 - Newsday: [Veterans desperate for gov't follow-through](#) (25 November, Editorial Board, 1.4M uvm; Melville, NY)

Last year, President Donald Trump and Congress massively expanded education benefits for military veterans, known as the Forever GI Bill. The bill, an update of the original GI Bill that gave more than 8 million World War II veterans an education and living expenses while they studied, was badly needed.

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6.3 - Providence Journal: [Vt. Guard general's death draws attention to burn pit dangers](#) (25 November, Donita Naylor, 245k uvm; Providence, RI)

Flags in Vermont are flying at half-staff in honor of a former Rhode Islander, Vermont National Guard Brig. Gen. Michael T. Heston, 58, who died Nov. 14 from an aggressive cancer linked to his three tours of duty in Afghanistan, one with the Rhode Island National Guard.

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6.4 - WWSB (ABC-7): [Wreaths Across America still needs help for wreaths for Sarasota National Cemetery](#) (25 November, Rick Adams, 85k uvm; Sarasota, FL)

The local branch of Wreaths Across America is asking for help as they get closer to reaching their goal of laying wreaths on all the grave sites at the Sarasota National Cemetery. Currently, the organization needs to collect enough money for 1500 more wreaths. They will be placed at the grave sites as well at the section where cremated remains are located.

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6.5 - The Sentinel: [Without a home: Program gives hope to veterans](#) (25 November, Tammie Gitt, 52k uvm; Carlisle, PA)

Jon Locke was frustrated. He said he wasn't getting the help he needed and was critical of the way some nonprofits used their funds. So, he left his job and started an organization to help veterans like himself. Initially, he focused on substance abuse. Along the way, he tried to help a homeless man find a place to live, thinking it would be easy. It wasn't.

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6.6 - Nevada Appeal: [VA-backed home loans grow dramatically in Nevada](#) (24 November, 27k uvm; Carson City, NV)

With the number of veterans in Nevada growing and the tight housing market, the number of VA-backed home loans has skyrocketed in the state. While the number of those loans is up 59 percent nationwide over the past five years, statistics from the Veterans Administration say the number of new home and refinance loans has jumped 90 percent in Nevada.

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7. [Other](#)

7.1 - Miami Herald: [Trump uses the military as his personal political tool. That's the opposite of respect he claims to have](#) (25 November, Editorial Board, 4.8M uvm; Miami, FL)

To hear President Trump tell it, a greater friend to the military and veterans has never sat in the Oval Office. In a recent interview with the Associated Press, he said, "Nobody has been better

at the military. Hey, I just got them a pay raise. ... I just got them new equipment. They have stuff that was so old that the grandfathers used to fly it.”

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1. [Top Stories](#)

1.1 - U.S. News & World Report (Muskogee Phoenix, AP): [Oklahoma 'Doughboy' Statue Restored, Rededicated](#) (26 November, 14M uvm; Washington, DC)

MUSKOGEE, Okla. (AP) — District 6 State Representative Chuck Hoskins said he sees his uncle when he walks past the "Spirit of the American Doughboy" statue at Jack C. Montgomery VA Medical Center.

"It not only stands for my uncles, but for all of your relatives who took part in that war," Hoskins said to a gathered crowd at the recent rededication ceremony for the statue. "We have to make sure our children and their children understand what this statue means."

The ceremony comes on the heels of a \$25,000 restoration project to clean and restore the statue, one of 143 existing "Doughboy" statues nationwide, according to a release from the event, and one of two memorializing Native American wartime service. The statue is a "hollow" version made of copper infused bronze sheets pressed over a frame.

"Doughboy" is an informal term for a member of the U.S. Army or Marine Corps.

The statue was originally brought to memorialize the service of the Five Civilized Tribes during World War I. Part of the restoration process was adding a small monument extending that memorialization to all veterans who have served in all wars, Graham said.

"Tulsa Monuments sandblasted it using finely ground pecan shells, and then cleaned it. After that, they resealed it and they cleaned all the granite, and attached a plaque to mark it for the National Register of Historic Places," Vandelia Graham, Green Country director for the Oklahoma State Daughters of the American Revolution, told the Muskogee Phoenix .

The ceremony saw a large crowd pack into the medical center's chapel to hear from a variety of speakers like Hoskin. Members of the DAR spoke about relatives who had fought in World War I, sharing stories of grandfathers and uncles. Dr. Ferlin Clark, president of Bacone College, shared a Navajo honor song to commemorate code talkers who had assisted in both World Wars.

Graham said the turnout was "wonderful."

"I didn't nearly expect so many people to attend," she said.

One of those people was Ruth Summers, a Muskogee native whose relative served in World War I.

"This is just incredible to me," Summers said. "To see all this community support — it really tells you what Muskogee thinks of her veterans, I think. They mean a lot to this place."

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1.2 - The Kansas City Star: [Kansas City VA patients died of hep C complications. Lawyers say deaths were avoidable](#) (25 November, Andy Marso, 1.3M uvm; Kansas City, MO)

Hepatitis C eroded Mike Jones' liver for years, even as he made repeated trips to the Kansas City VA Medical Center to be treated for a variety of other ailments.

VA staff members knew that Jones had hepatitis C. They'd known since at least 2006. But according to a lawsuit, from 2012 to 2015, Jones didn't get any of the regular scans or ultrasounds that patients with the condition should get. He also didn't get drugs approved in 2014 that are highly effective at curing it.

By the time the VA staff realized Jones had fallen out of the regular treatment protocol, his condition had deteriorated into fatal liver cancer, according to the suit filed on behalf of Jones' daughter.

"There was a failure of protocol, both within the hospital (standards) and national standards for monitoring these patients," said her attorney, Edward Stump. "They're supposed to deal with these guys with their conditions, usually it's twice a year — CT scans and ultrasounds of the abdomen, full physicals, full bloodwork, and those weren't being done."

Stump said Jones isn't the only Kansas City VA patient to die due to complications from hepatitis C.

In March Stump settled a similar case for a Navy veteran, Jerry McGinnis, who has since passed away. And he thinks there are more out there.

"I don't expect this to be the last one we see," Stump said.

Seth LaBean, a spokesman for the Kansas City VA Medical Center, said via email that it doesn't typically comment on pending litigation, but said the center "offers a robust hepatitis C treatment program" and follows national VA guidelines that call for all hep C patients to be evaluated for treatment with the life-saving medications, to have regular blood tests reviewed by physicians and for those with certain symptoms to be seen by hep C specialists.

With a pharmaceutical cure now available, the national VA system has set a goal of eliminating hepatitis C within its patient population in the near future.

But the Jones and McGinnis lawsuits suggest that the hurdles that effort faces could be more bureaucratic than biological.

Hepatitis C is common in military veterans, especially those of the Vietnam War era like Jones, because it's blood-borne and can be spread through battlefield transfusions, tattoos or potentially the air-gun injectors the military used to use to dispense vaccines to lines of new recruits, one after another.

Almost 150,000 veterans were affected with hep C when the first drugs to cure it, Sovaldi and Harvoni, hit the market in 2014.

At first, the VA reserved the drug only for its sickest patients, because at \$84,000-\$94,500 for an entire course of treatment, it would have crippled the agency's budget to make them widely available.

In March 2016, then-VA Secretary David Shulkin announced that by negotiating a much lower price and getting more funding from Congress, the VA would be able to make the drugs available to every patient with hepatitis C, regardless of its stage.

The VA has made significant progress toward eliminating the illness since then.

But getting the meds to everyone who needed them comes with logistical challenges. One is just identifying those in need.

The VA has been screening at-risk veterans since 1998, but by 2012 only about half of the 5.5 million veterans in the system had been tested, according to HCV Advocate, a nonprofit that supports hepatitis C patients.

The group estimated that if all of the veterans from the baby boomer generation were tested, an additional 51,000 cases would be found.

Stump said Jones was screened and properly diagnosed. But over the years the VA's gastroenterology clinic in charge of his hep C treatment seemed to just lose track of him, even though he was at the medical center regularly for other things.

By the time they recognized the problem, Stump said, Jones had Stage IV cancer and there was nothing that drugs could do for him.

"For three years they did nothing and he was going back in constantly for shoulder stuff, for back stuff," Stump said. "They just weren't doing it. They weren't surveilling. Their surveillance of guys with these liver problems is awful. That's why we're doing these lawsuits."

Stump said it's incumbent upon patients to take charge of their own medical care, ask if they're getting all the necessary followup tests and treatments and demand to get them if they're not.

He said seeing military veterans slowly and painfully waste away because of preventable liver cancer has been one of the toughest things he's ever witnessed in his professional life.

"We've seen two guys dying," Stump said. "We hope these suits are making them aware of what certainly was a problem."

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1.3 - Hechinger Report: [At top colleges that train America's elite, veterans are an almost invisible minority](#) (25 November, Brian Mockenhaupt, 75k uvm; New York, NY)

PRINCETON, N.J. — The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder.

Fendler figures he might be the only student at Princeton University with a full sleeve tattoo. He's also among the school's very few veterans.

In his two years at Penn State before transferring to Princeton this fall, he rarely mentioned his military service. But he's been more open about it at Princeton, which has 12 veterans, up from just one three years ago. In his sociology class, the Western Way of War, he felt it might add to the conversation.

"I don't like to lead with this about myself," he said during a discussion group on Thucydides' history of the Peloponnesian War, "but I'm a veteran and I've been to war."

Many state universities and community colleges have large veteran populations and robust programs to recruit veterans and help them adjust to college life. But at the nation's most selective schools, where most students follow the traditional pipeline from high school to a degree within four years — and from which many go on to leadership roles in government and industry — veterans like Fendler are an anomaly.

Though America's top institutions are trying to increase this population, who bring with them not only a unique perspective on the world but also, collectively, millions of dollars in taxpayer-funded GI Bill benefits, veterans still make up well under 1 percent of the undergraduates on most of these campuses. That's out of about a million veterans and their family members enrolled in higher education under the GI Bill, according to the Department of Veterans Affairs.

For years the military didn't promote these most selective schools as an option and veterans didn't think they could get in. Many of the colleges, meanwhile, didn't know how to handle their applications and hadn't thought about why they should even want veterans.

Veterans advocates argue that those who volunteered to serve in the military should have the chance to attend the nation's best schools if they qualify, and that their presence boosts diversity and adds to the richness of campus life.

Community college writing professor Wick Sloane sees a more fundamental reason that people should care whether veterans attend schools that educate the nation's elite.

"A disproportionate number of the public leaders who send other people's children to war went to [elite] schools," said Sloane, who authors an annual survey of veteran enrollment at top schools. "Maybe, just maybe, if [those] students were sitting in English and history class with men and women whom the U.S. had sent to war, those students, as government leaders later in life, would think harder before sending other people's children off to war."

This year Sloane tallied 844 veterans across 36 of the nation's most select colleges and universities. Columbia University, which first welcomed veterans in large numbers after World War II, accounts for more than half of that total, with 443 veterans enrolled in 2018, though most are in its School of General Studies set up for older-than-traditional-age students and separate from the general enrollment.

Many elite institutions educate plenty of future veterans — students in officer-training programs who will receive military commission when they graduate. And veterans are well-represented in the graduate programs at many elite schools, advocates said, but many served as officers and attended service academies or already had four-year degrees before joining the military.

Most enlisted veterans, on the other hand, have been out of an academic setting for years and many didn't have the grades, test scores or desire to apply to a top university when they were in high school.

"I was an awful student," said Aimee Chartier, now a sophomore political science major at Brown University. "I didn't think I'd go to college at all, let alone the Ivy League."

Growing up in Providence, Rhode Island, she knew Brown as the college up on the hill, forever away and out of reach. She dropped out of high school for a while, and joined the Marines at 19. She served five years as an intelligence analyst, then started classes at the Community College of Rhode Island. She carried a 4.0 grade-point average, but laughed when her German professor suggested she apply to Brown.

In 2017, however, Brown began to waive application fees for veterans and guarantee phone interviews, so she and her husband, who also served in the Marines, applied. Both were accepted, and started as freshmen in the fall of 2017, with all four years covered by scholarships. The school now has 17 undergraduate veterans; three are women, according to Chartier.

"A lot of people have never met a veteran," said Jessica Nelson, one of two veterans at all-woman Smith College, where she is a senior. As a black woman who grew up in the South, she initially felt like an outsider in Northampton, Massachusetts. Her military service made her even more of an anomaly, and her classmates were curious to know more. "They want to know how it is to deal with a hyper-conservative, hyper-masculine environment."

Nelson, who is 30, started college at Texas A&M in the Reserve Officers' Training Corps, but left after a few semesters and enlisted in the Marine Corps. She served five years as a topographical analyst attached to an infantry battalion, which had 10 women among the hundreds of Marines. Until this year she was still in the Marine Reserves, which required a weekend of service each month with an infantry unit near Smith. She bounced back and forth between the two worlds, sometimes feeling out of place in both. "It can be a little bit alienating," she said.

Chartier and Nelson were on Princeton's campus this September for the biannual meeting of the Ivy League Veterans Council. A social gathering and an exchange of ideas, the meetings also have another purpose: to push the host schools to more deeply consider their veteran policies, Adam Behrendt, a Stanford senior and the council's president, said.

At the council's spring meeting last year, Cornell Provost Michael Kotlikoff announced an ambitious goal of enrolling 100 undergraduate veterans at Cornell within three years. The school has 41 now, according to school administrators — up from none three years ago.

This recent push for more veterans at some of America's elite schools can be traced to James Wright, a former Marine who served as president of Dartmouth from 1998 to 2009. The son of a bartender who fought in World War II, Wright joined the Marines after high school, later earned a Ph.D. in history at the University of Wisconsin-Madison and started teaching at Dartmouth in 1969.

As president, Wright said, he thought a lot about enriching and diversifying the student body, but he didn't factor veterans into those calculations until 2005, when he visited Bethesda Naval

Hospital and met with troops who had been wounded in Iraq. It was the first of 30 trips he made to military hospitals. Some of these veterans weren't sure what to do with their lives now that their military careers had ended. He encouraged them to continue their educations, and started a counseling program to help them navigate the process of getting to and through college.

Wright's peers at other elite schools commended his efforts to help veterans, but "I didn't get a lot of people lining up and saying, 'What can we do to join in and help out?'" he said. Wright answered the question for them. He helped craft the Yellow Ribbon Program, a component of the 2008 Post-9/11 GI Bill that expanded veterans' access to expensive private colleges. The colleges agreed to help cover shortfalls between the maximum amount covered by the GI Bill and the total cost, with the VA matching the schools' contributions.

This put funding in place, but that wasn't enough. For several years the numbers of veterans barely climbed above a handful at many of the most selective colleges and universities.

Sloane discovered this by accident. He teaches writing at Bunker Hill Community College in Boston and in the mid-2000s started seeing more students there who had served in Iraq and Afghanistan. "Veterans were writing these searing stories about what they had been through," Sloane said. He wasn't sure how to work with students processing such exceptional experiences. He couldn't find much in academic literature about teaching writing to veterans, so he called the two elite schools he had attended, Williams and Yale, for advice. He wasn't expecting their response: "Why are you asking us? We don't have any veterans."

Sloane figured Williams and Yale must be the exception, so he called more top colleges.

"Year after year, almost none have the number [of veterans enrolled] before I call. That means to me that no one, starting with the college president, wants the number," said Sloane, who uses his survey as a public reminder to elite institutions that they don't have enough veterans. "In leadership and life, symbolism counts. Intentional or not, the low numbers of veterans signals to all of higher ed that these students do not matter."

Now more schools appear to be trying to show that veterans do matter to them, but boosting their numbers hasn't been easy. With application criteria often based on test scores, grade-point averages and extracurricular activities, admissions officers often don't know how to account for military experience. They have had to familiarize themselves with military culture, whether in reading a recommendation letter from a commanding officer or deciphering the DD 214 — the military discharge papers that document a veteran's training, deployments and awards.

Several programs started over the last half-dozen years help bridge the gap between qualified veterans and top-tier colleges.

Service to School works with admissions officers to help them better understand veterans and how their military experiences might translate to academic success. "Someone who served on a submarine went to a very intense, high-attrition, academically serious school and has proven their chops at being able to do advanced math and science in the military," Andrea Goldstein, the chief executive officer, said. "But saying someone was just a submariner isn't going to tell that story."

The group works with about 1,700 veterans a year, 60 percent of them the first in their families to go to college. Each is paired with a volunteer who helps him or her select schools, hone applications and identify weak spots that can be strengthened with coursework before applying.

“They’ve never had a network of people mentoring them, saying ‘You can go to a highly selective school,’ ” Goldstein said.

At the Warrior-Scholar Project, enlisted veterans attend one- and two-week academic boot camps on several top-tier campuses across the country that prepare them for rigorous college coursework.

The Posse Veterans Program, which now has veterans at Wesleyan University, Vassar College, the University of Virginia and Dartmouth, uses a cohort model. Veterans enter the schools in groups of 10, and meet weekly with each other and individually with faculty advisors. While many have already taken college courses, Posse students agree to forego any previous college credits and start as freshmen so as to get the full undergraduate experience.

This can be a disincentive for veterans who already have a year or two of credits. Veterans not in the Posse program can face similar dilemmas, depending on a school’s transfer policies and willingness to accept prior credits. The extra time can also create a financial pinch if the veteran has already tapped into GI Bill benefits, which cover only up to four years.

Colleges vary widely in how they fund veterans. Some require that veterans use their GI Bill money first, with grants and scholarships put toward the remainder. Others don’t factor those benefits into their calculations. Fendler, for instance, goes to Princeton for free, with the school paying for tuition, room and board; he plans to put his GI Bill benefits toward law school.

But until recently, the school’s generous aid package didn’t matter. Princeton stopped its transfer program in 1990, and didn’t allow students to apply who had taken any college courses after high school. Many other top schools have similarly restrictive or limited transfer programs. “That was a huge penalty to military veterans,” said Elizabeth Colagiuri, the deputy dean at Princeton and a Navy veteran.

Princeton rescinded the prior-college restriction last year and admitted five veterans as freshmen, and this year reinstated its transfer program.

Kenneth Oku arrived this fall as a sophomore, one of six veteran transfers. At 33, he is far older than his classmates, but with a boyish face, blue plaid shirt, khakis and backpack slung over his shoulder, he blended in with his peers as he hustled across campus for a computer science class.

“I always knew I could do it if I got the chance,” he said. “I just didn’t think I’d ever get the chance.”

Many of Oku’s high school classmates in Superior, Wisconsin, did not graduate, and few went to college. He joined the Army, trained as an infantryman and deployed twice to Iraq. He also attended the Army’s Ranger School, a physically and mentally grueling program designed to weed out the weak. “Their job is to make sure only certain people make it through,” he said. As for his Ivy League education, Oku said, “I’m ready for this, whatever they bring on. I’m trained for this.”

Oku, who was also accepted at Stanford and MIT, knew he’d be getting a good education at Princeton. But spending time with other new students at a several-day orientation had an unexpected effect — unpacking wartime experiences that he had tucked away years ago.

“Everybody else opened up, so I opened up,” he said. “I probably told them more than I’ve told a lot of other people, things I’ve never said before.”

And this gave his fellow students a perspective they may have never heard before.

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2. Improving Customer Service

2.1 - Telegraph Herald: [Volunteer drivers sought to transport local vets to Iowa City appointments](#) (25 November, Erik Hogstrom, 104k uvm; Dubuque, IA)

Steve Klein said the van service that transports local veterans to medical appointments in Iowa City has saved him money and lessened his stress.

“It’s huge — it’s convenient,” said Klein, 42, of Zwingle, Iowa, a veteran who spent 11 years in the U.S. Army. “When I don’t have a vehicle down there, the van allows me to get back from Iowa City.”

Local organizers of the service say they need more volunteers willing to make the round trips from the Dubuque area to Iowa City’s Veterans Administration Medical Center.

“It is always difficult to find volunteers, so we’re trying to get people who are willing to take the trip,” said Chris Salladay, adjutant for Dubuque-based Chapter 6 of Disabled American Veterans.

The vans make the daily round trips five days per week from the Dubuque area.

“The drivers go down there and then they sit until all of the patients are done,” Salladay said. “That can be anywhere from an hour to eight hours, so the van drivers are really dedicated.”

Klein said the program is valuable, transporting him to the Iowa City facility for back surgeries and other medical appointments.

“They come to your house and drop you off at your house,” he said. “It has saved my parents or friends from having to come get me. My dad doesn’t have to take time off work.”

Klein said he requires special accommodations during dental appointments, and the van ride provides safe passage home “if they give me some sort of medication.”

Salladay said service organizers would like to create a larger pool of available drivers, with drivers responsible for one Iowa City round trip every other week.

“We need 10 drivers, plus any extras in case drivers are sick,” he said. “And we do have some drivers who are snowbirds.”

Salladay also holds an adjutant position with the state Disabled American Veterans group. He said finding enough volunteer drivers challenges many communities.

“It’s not just in Dubuque,” he said. “It’s in Iowa and all around the country.”

Salladay said volunteers must have a valid driver’s license and must pass a free physical examination provided by the Veterans Administration.

The only other requirement is dedication.

“There’s no special qualification except for a willingness to help out,” Salladay said.

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2.2 - The Fayetteville Observer: [Bazemore is new interim head of Fayetteville VA](#) (25 November, Drew Brooks, 73k uvm; Fayetteville, NC)

The Fayetteville VA has a new director for the third time in less than a year.

Dr. W. Carl Bazemore now leads care for one of the nation’s fastest-growing veteran populations.

As interim director of the Fayetteville Veterans Affairs Medical Center, he will lead a network that provides care in 19 counties in North Carolina for the foreseeable future.

The Fayetteville VA oversees health care for more than 75,000 veterans and a network that includes an annual budget of \$332.8 million. It spans communities around Fort Bragg, Camp Lejeune, Marine Corps Air Station Cherry Point and Wilmington.

Bazemore replaced the previous director, James Laterza, on Nov. 13. Laterza unexpectedly announced his resignation in October, seven months after taking the job following a 32-year, active-duty Army career.

Bazemore said his goal was to sustain achievements made under Laterza and other prior leaders.

He praised Laterza for his efforts to reduce wait times for veterans — from 30-plus days to less than eight days for primary care appointments — and increase employee satisfaction.

“I want to maintain and sustain improvements Laterza made,” Bazemore said.

At the same time, he said, the goal was to prepare the Fayetteville VA for its next leader.

“We don’t want to be just passing time,” he said.

Bazemore most recently served with the VA’s Mid-Atlantic Health Care Network as the tertiary care service line manager, a role he held since July. He also has experience leading a VA enterprise in North Carolina, having previously served as interim director in Asheville.

Based on that experience, Bazemore said he expects to be at the helm of the Fayetteville VA for at least four to six months as officials seek a permanent replacement.

In addition to Bazemore, Dan Fields also has joined the Fayetteville VA as interim associate director, replacing Donna Fagan.

Still in his first days in Fayetteville, Bazemore said he is learning as much as he can about the local medical center and its employees.

“Change is always difficult,” he said, but VA employees are unified in their mission to provide care to veterans.

Bazemore said that was especially true for a VA that recently weathered a hurricane.

“We really are blessed with some great personnel here,” he said. “They believe in what they’re doing.”

But he also understands that some employees will be uneasy with another leadership change in Fayetteville.

Last year, longtime Fayetteville VA Director Elizabeth Goolsby announced her retirement following a 42-year career with the VA.

She had led the local VA for seven years — a rare stint of stability for the Fayetteville VA. Of the four directors who preceded Goolsby, dating to 1994, none lasted longer than four years and each left amid controversy.

Following Goolsby’s retirement, Mark Shellhorse, the VA Mid-Atlantic Health Care Network chief medical officer, filled in as interim director until Laterza joined the VA in April.

In October, Laterza did not give a specific reason for his decision to leave the VA, but stressed it was not predicated on controversy.

Bazemore said he would expect employees to be uneasy after welcoming their fourth director in less than a year.

“It’s a given there’s going to be some anxiety,” he said.

But he said he is committed to providing the best care possible to local veterans and was open to hearing from employees about how care can be improved.

“That’s what we’re here for,” he said.

Bazemore said he spoke with Shellhorse and Laterza for advice before taking the interim director job. He also met with Laterza and other Fayetteville VA leaders during a two-day strategic planning retreat.

Bazemore is a pulmonary critical care physician who served on active duty with the Navy from 1981 to 1989 and retired from the Navy Reserve as a captain in 2007.

He moved to Asheville in 1989 and worked in private practice for nearly two decades before joining the Asheville VA in 2008. He served as chief of staff of the Asheville VA from 2014 to 2018 and was the facility’s acting director from July 2017 to February of this year.

Now at the helm of the Fayetteville VA, Bazemore said he was committed to sustaining improvements in access to care and employee satisfaction and that his other goals involved maintaining relationships with community partners such as Fort Bragg's Womack Army Medical Center, expanding telehealth and increasing the quantity and quality of care veterans receive outside of the VA system.

Other issues that will likely mark Bazemore's tenure will include the continued updating of VA facilities.

Renovations on operating rooms at the Fayetteville VA Medical Center are expected to be complete in February, as will a new Community Living Center on the medical center campus.

The operating rooms are a necessary first step to the possible return of the Fayetteville VA's emergency department, Bazemore said.

The VA also continues to recover from Hurricane Florence, which damaged several facilities and led to the cancellation of thousands of appointments.

Bazemore said repairs to the Wilmington Health Care Center should be completed in the coming weeks and that a Jacksonville clinic has relocated and reopened following storm damage.

Of the 17,000 appointments that had to be rescheduled due to the storm, he said 78 percent had been completed.

"I think they've done a remarkable job," Bazemore said of efforts to recover from the storm. "Staff here did yeoman's work."

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2.3 - Independent Record: [Tester sets sights on health care access, affordability for third Senate term](#) (25 November, Holly K. Michels, 72k uvm; Helena, MT)

As he starts his third term in the U.S. Senate next year, Sen. Jon Tester said problems with health care access and affordability lead his to-do list, along with working on veterans' issues, infrastructure and education, all with an eye toward the needs of a rural state.

Tester is Montana's senior senator and the only Democrat in the state's congressional delegation. He said that in the short term — with a divided Congress as a result of Democrats taking control of the House in this year's midterm elections — he sees a list of wins for both sides of the aisle on health care.

Over and over through the campaign, Tester said he heard from Montanans concerned about the high cost of health care and what would happen if protection was lost for coverage of pre-existing conditions.

Montana voters ranked health care as the most important issue facing the country, according to polling done by the Associated Press. And while voters thought more warmly about how President Donald Trump has handled the economy, immigration, trade and Supreme Court nominations, the poll showed an apparent disapproval of how he deals with health care.

Tester said he plans to put together a list of half a dozen things to champion for rural America, issues he thinks will find some sort of bipartisan traction in an increasingly hyper-partisan environment.

Over the course of Trump's presidency, though Republicans had control of both the White House and Congress, the party failed to deliver its long-promised repeal of the Affordable Care Act.

But a multitude of events and Trump executive orders have altered the country's health care system in a way critics say have led to uncertainty for patients, insurers and hospitals.

They include everything from a lapse in funding for health centers that serve 17 communities around the state, the end of payments that helped offset the costs of health insurance for low-income Montanans who buy coverage on the federal marketplace, as well as the end of the individual mandate.

Tester, who voted for the ACA in 2010, has long said it needs to be improved. But he's also said while the current system isn't perfect, it's kept the state's rural hospitals and clinics afloat, and those facilities need some form of reliability from the federal government.

"There's a lot of things wrong with our health care system right now," Tester said in an interview earlier this month. "First of all, we've got to get certainty to hospitals."

Rural hospitals are vital to the communities in Montana they serve, said Aaron Wernham, chief executive officer of the Montana Healthcare Foundation. But the facilities face hard economic realities in serving small, sometimes remote communities. They received a boost from Medicaid expansion, a provision of the ACA, after it passed in Montana in 2015. In the last three years, uncompensated care at hospitals has dropped \$100 million.

"This isn't a fluke. We know from national data that hospitals in expansion states are six times less likely to close than hospitals in states that did not expand Medicaid," Wernham said. "Making sure the people that come in your door have coverage and a way to pay for services is essential."

In Montana, about 22 percent of the population is covered by Medicaid and 18 percent by Medicare, just shy of the total who get coverage through their employer. Medicaid expansion covers more than 96,600 adults.

Concern over the continued existence of the massive programs was used as a campaign tactic across the country this midterm. Tester said he wants to see reassurances that coverage and benefits won't be rolled back.

Tester called it "unthinkable that we're going to tell these people they no longer have health coverage."

At a more granular level, Tester wants to see measures to bring transparency to prescription drug prices ("Who the hell'd vote against that?" he asked), specifically making prescription drug companies turn over their formulas to generic manufacturers so they can produce less-expensive versions of drugs. Tester also wants Medicare to be able to negotiate drug costs, and to pass legislation for physician residency programs that better serve states like Montana.

Wernham said residency programs are a critical part of the challenge bringing doctors to rural communities, where recruiting can be difficult.

"It's tough getting doctors," Wernham said. "Doctors have a very high propensity for staying where they train."

Tester advocated for a legislative approach that picks away at health care issues, not a big omnibus package of reforms. He thinks that even in a highly polarized political environment, there would be wins for both parties.

"There's three or four things that are really good bipartisan wins that would help people and help lower costs for health care," Tester said. "So do them and see if it's done the kind of good we anticipate it's going to do, and if it does, take the next step. ... These are easy things, by the way."

Veterans issues

The care for veterans in Montana, a state that has the highest percentage in the nation of those who have served, played a big role in Tester's campaign. Tester campaigned in part on the bills he's brought to fix the beleaguered U.S. Department of Veterans Affairs. But for now he's in a holding pattern to see how one in particular, the MISSION Act, will reshape the troubled agency.

The set of reforms is not fully implemented until July, but Tester said he's holding the VA's "feet to the fire" to make sure it's rolled out properly.

Tester said earlier this month he had concerns the agency was "behind the eight ball a little bit" on implementing the act, which is meant to improve access to health care for veterans. Tester also said the jury is still out on Secretary Robert Wilkie, who took over the massive department a little more than 100 days ago.

"I think he's a no-BS kind of guy. I have had a number of conversations with him. If he thinks I'm being unfair, he'll push back. I like that. He's been in 100 days. I'm a big believer in him. ... He's got to be successful, he has no choice here. We cannot continue to bounce out secretaries in the VA's case," Tester said.

Tester added he will "help (Wilkie) in any way I can possibly help him, but I'm also going to make sure he's doing the job right."

One of the the things Tester is watching is the push to connect veterans with care at private providers in their communities instead of at VA centers. That was among the provisions of the CHOICE Act meant to let veterans see doctors when they couldn't get appointments at the VA.

Tester said Wilkie supports the community care program, but it will be important to monitor so that it doesn't hollow out the VA.

"It's an interesting line to walk," Tester said, adding he doesn't want to see community care turn into an effort to privatize the VA through not hiring enough doctors and letting the agency wither.

Tester also said he's "incredibly concerned" about the lack of urgency filling empty doctor positions in Montana.

"If we can't get people who can hire doctors and nurses in the VA in Montana, then we need to hire different people," Tester said.

Jim Porter, the chaplain with the Veterans of Foreign Wars in Montana, said Wednesday that like many veterans in the state, he gets good care at the VA. But he wants to make sure he can keep seeing his doctor at Fort Harrison and not someone he doesn't know as well at a clinic closer to his home in Belt.

"I have absolutely no complaints about the care and attention and everything else that I get from the VA. They have been very good to me, they really have," Porter said.

But then he talked about an issue that illustrates when it come to the VA, it can be a bit like plugging a leak in a boat only to have another spring open.

Porter drives to Fort Harrison in Helena from Belt for appointments several times a year. He tries to schedule several on the same day to save the VA time and money on his transportation. Porter said the VA used to cover the cost of a motel room when he had an appointment scheduled before 9 a.m., but the agency recently told him he lived too close for that.

"I myself am struggling to rent a hotel room because I'm not going to leave Belt at 5 o'clock in the morning with the wild game crossing the road and in winter time, it's not going to happen," Porter said. "I guess the only thing I'm asking is if he could push the VA to kind of retract that," Porter said.

Holding power accountable

In a speech to supporters after the race was called in his favor, Tester said Congress needs "to hold people accountable for their actions, and that will be done."

As Democrats take power of the House in January after historic wins in the midterm and promise to bring investigations into the Trump administration, Tester said his post-election statement wasn't just about the president.

"Quite frankly it is not Congress' role to be a part of the executive branch. Congress' role is to hold the executive branch accountable. And I'm not just talking about the president when I say this. If the VA secretary isn't doing his job, we have to bring them in and we have to ask them why," Tester said.

Unlike the House, the Senate did not flip party control, instead seeing Republicans pick up seats. Tester said he's been frustrated by the inability to get hearings in a GOP-dominated Senate, using as an example a problem that greatly affects a state like Montana: the number of missing and murdered indigenous women.

"I want to have a hearing. I can't get a hearing in (the Committee on) Indian Affairs. (They say) we'll do a roundtable discussion. Screw that. We need to have a hearing. I want the FBI and BIA, get them in front of that committee and hold them accountable. There's a tendency by some of the committees not to do that," Tester said.

While Tester is just coming off his Senate win, Democrats nationally are already looking to 2020. The list of presidential possibles who might challenge Trump keeps growing, and includes Montana's own Gov. Steve Bullock.

As Democrats look to craft a message for 2020, discussion of what type of candidate should lead the party and where that candidate should fall on the scale from progressive to more moderate, Tester thinks the conversation should shift away from spectrum within the party or partisanship at all.

"We should be looking for things we can do that are wins for the people," Tester said. "The truth is those are wins. Democrats should be for that, Republicans should be for that. The most progressive of the progressives should be for that and the folks who are the most regressive of the regressive should be for that."

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2.4 - Martinsville Bulletin: [A glimpse into the struggles of military veterans](#) (25 November, Paul Collins, 16k uvm; Martinsville, VA)

The lives of military veterans just might illustrate the adage of never truly knowing a person until following in their footsteps.

"I don't think people really understand what veterans face when they come home," Vincent Earl, of Martinsville, said.

For him, the diagnosis of post-traumatic stress disorder didn't come until after retiring from the U.S. Army in March. He mentioned other issues readjusting and having relationship problems that led to his divorce. He also said the public has misconceptions about PTSD.

Earl was one of the veterans who attended a recent Veterans Resource Fair initiated by the Salem Veteran Affairs Medical Center and held at the Frith Center at Patrick Henry Community College. Some other veterans interviewed cited service-related health conditions, and, depending on the veteran, trouble getting benefits or being helped by Veterans Affairs. One VA official cited the importance of knowing what benefits are available and how to get them.

Vincent Earl

Earl, 46, served more than 20 years in the Army, from 1994 to 2018.

"The main places I was stationed were ... Korea, Germany," Earl said. "As far as deployments, I've been to Bosnia, Afghanistan. Stateside, I've been at (Fort) Bragg and Fort Hood."

When asked what challenges he has faced since coming home, Earl said, among other things, "Since I've been home, I didn't think that I had some of the issues that I have. For instance, when I went to see my vet rep for one issue, for my sleep apnea, she talked to me about some other issues that I might be having and suggested that I go and see a representative or a psychologist about some stuff. Ended up, come to find out, I had PTSD also."

"I don't think people really understand PTSD a lot of times. When I say that to a lot of people they go, 'You're kind of, ooh-ooh.' I go, 'That's not what that's all about.' I don't think they understand what PTSD means. They know the acronym. It doesn't mean you're going to flip out on everybody. It doesn't mean you're going to walk into the post office and shoot up everybody. It just means sometimes you might have problems sleeping; you might get agitated a little

quicker than others do. There might be a few wires that just don't connect sometimes (in terms of thinking process)," Earl said.

He said huge crowds now bother him.

"I'm a really social person. Huge crowds never used to bother me. When I now walk into an airport, it's kind of like my heart starts fluttering. I get a shaky feeling about it, like something's going to happen. It's just because of so many incidences I've been in, in Afghanistan, I guess, kind of keyed that up," he said.

Earl said he doesn't have flashbacks of incidents from his military service, but pictures of certain things bother him.

"For instance, I don't like watching combat movies anymore, even something like 'Saving Private Ryan' and ... sniper (movies)," he said. "Seeing the scenes, it kind of stirs something up in me."

"One of the big things that really bothered me, I didn't realize that it bothered me until my friend brought it up, because he was a civilian over there, is the fact that when you go over there, they have unexploded ordnances over there everywhere," Earl said. "Sometimes engineers, when they come across something that hasn't been detonated yet, they have to detonate it. And then sometimes you get fired upon in the middle of the night. You hear mortar rounds flying everywhere. There might be explosions hundreds of feet or even a mile away from you, but it sounds like it's right next door, right outside your tent or something."

He added: "When you first get there, that really it bothers you, like I was awake all the time. I was scared that it might be my turn to get hit, but after about a couple of weeks it doesn't bother you."

Earl said a buddy of his who was a contractor overseas noted having trouble sleeping when he first got back home, because it was too quiet.

"I went through the same thing when I got back," Earl said. "It was too quiet. There weren't any explosions or anything going on."

"He (the buddy) said, 'Yeah, that's not normal.' I said, 'I never really thought about it like that, but it's not normal. People (who haven't served in the military) don't have to go through getting their mind used to sleeping through explosions and detonations and stuff.'"

Earl added: "To this day, if I know if a sound is coming, if a loud sound is coming, it doesn't bother me. If it catches me off guard, even if I don't jump a little, it makes my heart jump. Nobody will know but me, but it makes my heart jump on the inside. Little things like that. I didn't realize it, but that was PTSD also. They don't affect anybody else, but it bothers me."

Earl considers his PTSD under control.

As for other challenges he has faced, Earl said, "Since I've come back from deployment, I have an ex-wife now. I have a current wife, but I have an ex-wife now. Me and my ex-wife didn't work out. Looking back on it, I think a lot of our challenges were due to me just being irritable all the time, not so patient with some of the things she said or some of the things she does. They never used to bother me before but little things just got on my nerves."

"I know a lot of people that come back, their relationships, they don't work out. The people (the returning vet) going through (it), they don't understand. They think the other person has changed, but sometimes it's actually you. It doesn't feel like it's you, and it doesn't seem like it's you, but it's actually you. Something has switched in your head," Earl said.

His advice for other veterans?

"Go see somebody (a mental health professional), even if you don't think something is going on, especially when you get back from a deployment. Just go talk to some people about what went on while you were deployed. Actually I don't necessarily recommend that you have to be deployed, some of the things that go on in the military, your mind gets used to it, but normal people living everyday lives, they don't have to go through that," Earl said.

He also urges veterans to use the veterans benefits, including medical and other services, that they have earned.

The process of getting veterans benefits was pretty smooth for him, he said.

"I had a lot of people helping me out, and all of the service representatives, they've always been really helpful," Earl said.

Leon Reed

Leon Reed, 74, who lives near Martinsville, served in the Army for three years, from 1962 to 1965. He served in Germany during the Vietnam War.

Reed attended the Veterans Resource Fair with his wife Linda.

"Trying to get in the system" to get veterans benefits has been a challenge for him.

"I've been to (Salem V.A. Medical Center) twice. I was turned down the first time, and the second time I never heard anything from them. The wife found out they were having this (Veterans Resource Fair) today, so we came over here to see what we could accomplish over here. So far this has been good results over here," Leon Reed said.

He said he is trying to get help with his medicine and his hearing. He said he has a bad heart too. He believes his hearing problem might be service-related, but "I don't know about the rest of it."

"I was in the artillery and the noise sometimes was horrendous," Leon Reed said. "I worked with missiles. (I was) a crew member. We had to get it ready to fire," he said, adding that the missiles were fired from a launcher.

The first time he went to the Salem VA Medical Center a number of years ago, "the lady told me I made too much money. And everybody else tells me the money has no factor to it; it makes no difference how much money you make, how much money you have, if you're a veteran you can get in the system," he said.

"We went back over there ... four years ago and filled out the papers and handed them to the (representative) and she looked at them and said, 'We'll call you.' The call ain't come in yet," Leon Reed said.

He added he has been checking back since then,

"I've called several times, but just nothing to it. Down here today (at the Veterans Resource Fair), we've done had one lady. She got information, she said she's going to check tomorrow (Friday) and see. She said if they put the paperwork in the system over there, it should still be there, whether I got in or not. So she's going to call and see if it was put in the system. If it was, she's going to get the information. If not, she's going to go to Danville, and we're going to talk to her again."

"So far this (Veterans Resource Fair) has been a positive effect on us because these people here act like they want to help you. The ones at Salem didn't," Leon Reed said.

Linda Reed added: "We would just like to get him in the system.... If he served, we feel like he should be able to get the benefits. At times, we have problems with insurances and stuff I like that, you know, the coverage or whatever. We were hoping to find out something today."

The Salem VA Medical Center, Virginia Department of Veterans Services, VA Roanoke Regional Office and Virginia Employment Commission had representatives at the fair.

Richard Esget

Richard Esget, of Ridgeway, served in the Marine Corps four years, from 2004 to 2008.

"As far as I'm concerned, I don't really have too many problems. Me and my wife are fairly blessed," he said.

"I never applied for disability or anything, but I'm starting to have problems in my knees and my back, all that now. I was infantry. I came in today to get some information on (disability exams) and that kind of stuff," Esget said.

"As a 33-year-old guy, I shouldn't be having creaky knees and pain getting up," Esget said.

He said his wife is a disabled veteran.

"She is 100-percent total impairment. She got hit by a drunk driver while she was in the Coast Guard as a pedestrian," Esget said.

"She had traumatic brain injury. She's got real, real memory problems. It's caused all kinds of stuff as far as her knee. She just had knee surgery a few months ago. From whenever she got hit, the inside of it, it messed up pretty bad. They're talking about that she might have to have a complete knee replacement as a 30-year-old. She's doing all right. She's come a long way from not being able to speak, not being able to write, not being to do all those things, to where she's at now," Esget said.

He added: "The VA played a huge part in that – everything from medical, to rehabilitation, to vouchers for having to drive all the way from Ridgeway up there – they pay for gas for that (to Salem and back), her mileage."

Theodore Warren

Theodore Warren, of Bassett, served in the Army more than 20 years, from 1982 to 2015, and retired as a master sergeant. He served in Iraq from 2009 to 2010 and in Afghanistan from 2011 to 2012.

"I currently go to the VA for health care issues, ongoing. I have arthritis in my neck and lower back. That's pretty common for anybody that's been in combat arms -- so, old age," he said, ending with a laugh.

"It makes life a little more difficult, the daily aches and pains," he added.

He said he couldn't think of any other challenges he faces, that other people don't face.

"I don't have PTSD. I have a job. I have a family. I have a house. I'm trying to improve my state in life. I used my G.I. bill to get a bachelor's degree and a master's degree. I'm faced with a student loan. Everything that faces everybody else faces me. Obviously, I haven't lost any limbs. I'm whole and sound mind and body. I can't say I'm struggling with those issues. I'm just like everybody else. I came here to see what was offered and maybe I can improve my situation a little bit," Warren said.

His advice for other veterans?

"Use the VA. It's there. The VA, that's our resource for medical, for mental, for financial. I use it religiously. In fact, I have a medical appointment coming up next week where they'll give me some injections in the back of my neck to help with the arthritis. I can't say enough. It's great that they are there for us," Warren said.

He said he has a friend who came back from several deployments. "He said he was suffering from PTSD and he had bad knees. The VA, they took care of him. He gets like a stipend every month and he seeks counseling at the VA. He's taken care of as well."

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2.5 - NEWSREP: [Procopio: Agent Orange and the blue water Navy](#) (25 November, Travis James West, NV)

On December 7, 2018, the US Court of Appeals for the Federal Circuit is scheduled to hear oral arguments in a case called Procopio v. Wilke. Although this case has quietly made its way through the courts, it has the potential to dramatically change the manner in which the US Department of Veterans Affairs addresses service-connected disability benefits claims associated with exposure to Agent Orange.

The Background: Presumptive Exposure to Agent Orange

The use of Agent Orange in southeast Asia during the Vietnam War was prolific. The herbicide contained dioxin, which is a toxin that is known to have had devastating health effects on the men and women who served in Vietnam. However, when filing disability claims veterans often had difficulty providing the scientific and medical evidence necessary to prove that their particular illness or condition was caused by exposure to Agent Orange.

Following litigation regarding the issue, Congress passed the Agent Orange Act of 1991. Among other things, this Act created 38 U.S.C. § 1116. Under Section 1116, a veteran that served in the Republic of Vietnam who develops certain health issues is presumed to have been exposed to Agent Orange, and the herbicide is presumed to have caused the illness. These presumptions became a powerful tool that enabled veterans to more easily obtain service-connected disability benefits.

The Problem: The Boots on the Ground Policy

When addressing claims for benefits arising from Agent Orange exposure, VA created what has become known as the “Boot on the Ground” policy. Simply put, under this policy, only veterans that physically set foot on the dry soil or inland rivers of Vietnam are entitled to the presumptions arising under Section 1116. However, veterans that served off shore in the Blue Water Navy are not entitled to the presumptions.

Compounding the Problem: Haas v. Peake

The Boots on the Ground policy was challenged in a case called Haas v. Peake in 2008. The appellant who filed that case, Jonathan Haas, served in the Navy in the coastal waters of Southeast Asia during the Vietnam War. In 2001, Mr. Haas filed a claim for type 2 diabetes, peripheral neuropathy, and loss of eyesight arising from exposure to Agent Orange. Applying the Boots on the Ground policy, VA denied his claim for benefits.

After a series of appeals, the case was heard by the U.S. Court of Appeals for the Federal Circuit. The court concluded that the question of whether a veteran served in the Republic of Vietnam, as required by the statute, was ambiguous. Because of this ambiguity, the court reasoned that under the rules related to agency policies and regulations, VA's interpretation would be controlling unless plainly erroneous. The court did not find the Boots on the Ground policy to be plainly erroneous; therefore, the policy was permitted to stand. It has remained the applicable policy for determining Agent Orange disability benefits claims for the past decade.

The New Court Challenge: The Procopio Case

Shortly before the Federal Circuit decided the Haas case, a veteran named Alfred Procopio, Jr., filed a claim seeking service-connected disability benefits for prostate cancer and diabetes mellitus type II with edema arising from herbicide exposure during the Vietnam War. Like Mr. Haas, Mr. Procopio served in the Blue Water Navy in the coastal waters of Vietnam, and it is undisputed that he never set foot on Vietnamese soil.

Mr. Procopio focused much of his argument on technical and historical evidence in an attempt to convince VA that, notwithstanding the presumption, he had — in fact — been exposed to Agent Orange by drinking water on the ship while in coastal waters. He also argued that the Federal Circuit's decision in Haas failed to account for rules that require courts to interpret statutes in a manner that is most favorable to veterans, which is sometimes called the Pro-Veteran Cannon. In particular, Mr. Procopio argued that when deciding whether the phrase “service in the Republic of Vietnam” was ambiguous, the analysis must be conducted in a manner that is favorable toward the veteran. VA was not convinced by either argument, and denied the claim.

Déjà Vu: Back at the Federal Circuit

After a series of appeals, Mr. Procopio's case is now pending in front of the Federal Circuit, which is the same court that issued the decision in Mr. Haas's case. After VA and Mr. Procopio filed their written arguments, a three judge panel heard the parties' oral arguments on May 4,

2018. The panel took great interest in both arguments raised by Mr. Procopio, and on the suggestion of the VA's attorney, the court asked the parties to submit additional written arguments focused on the applicability of the Pro-Veteran Cannon.

After receiving the supplemental written arguments, the court decided to refer the case to an en banc panel — meaning that all of the Federal Circuit's judges will decide the case, not just a three-judge panel. Since then, additional written arguments in favor of Mr. Procopio's position have been submitted by almost a dozen veterans advocacy organizations, including the Big Six — Disabled American Veterans (DAV), Vietnam Veterans of America (VVA), Veterans of Foreign Wars (VFW), Paralyzed Veterans of America (PVA), American Legion (AL), and American Veterans (AMVETS), the National Organization of Veterans Advocates (NOVA), National Veterans Legal Services Program (NVLSP), and the Military Officers Association of America (MOAA). The full panel will hear oral arguments in just a few weeks.

Potential Outcomes:

The Federal Circuit's order for supplemental written arguments, as well as referral of the case to the full court, indicate an interest by at least some of the judges to revisit the court's decision in the Haas case. If Mr. Procopio prevails, it could mean that Blue Water Navy veterans will may become entitled to the same presumptions that benefit other veterans of the Vietnam War. It may also cause veterans and advocates to examine and challenge other policies and regulations that VA has implemented when it determined statutory language to be ambiguous. On the other hand, if VA prevails it may not only adversely affect Blue Water Navy veterans, but could also strengthen the agency's argument that courts must show it deference when interpreting statutes and implementing policy and regulations.

The only thing that is certain is that the stakes are high for both sides.

This article is authored through the collaborative efforts of Travis James West and other legal professionals at West & Dunn, a law firm dedicated to providing high quality legal services to individuals and businesses, with a particular focus on assisting veterans of the United States Armed Forces.

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3. [Business Transformation](#)

3.1 - The Virginian-Pilot: [Editorial: Veterans care center gets a boost](#) (26 November, Editorial Board, 547k uvm; Norfolk, VA)

THE NEW long-term, residential Veterans Care Center planned for Virginia Beach promises to be a tremendous asset for Southside Hampton Roads and the region's many veterans — when it opens its doors.

It has been needed and anticipated for years, and recent delays — although apparently for some good reasons — are disappointing.

When ground was broken for the Jones & Cabacoy Veterans Care Center in in the fall of 2017, expectations were that the center would open early in 2020. By then, veterans already had been waiting a long time for a sorely needed facility.

The project had languished on a grant-funding list through the U.S. Department of Veterans Affairs for more than 10 years before the Virginia General Assembly decided to pay for it with state money. The city of Virginia Beach donated about 25 acres at Nimmo Parkway and West Neck Road.

A long-term care facility is a tremendous need for Hampton Roads, which is home to more than 200,000 veterans.

Unfortunately, the project is now about two years behind schedule because of changes in its design and in how it will be paid for.

Before the state started building the center, the federal government complicated things in a couple of ways. The Veterans Affairs Department relaxed its design standards, meaning the plans could be changed to accommodate more veterans and include more spaces for programs such as religious services and recreation. And a one-time increase for such projects in the federal government's budget meant Virginia could get federal funds — about \$33 million — to help pay for the center.

So it was back to the drawing board — but with the prospect of the finished center serving more veterans and offering a better life for its residents.

The need has been obvious for a long time. Those who have served honorably in the military have lived their commitment to our country, its freedom and values, making significant sacrifices when necessary.

The country should have the same commitment to these veterans, when they have medical problems and as they grow older and need care.

Unfortunately, the Hampton Roads area, despite its large veteran population, has been lacking in facilities that fulfill that sort of commitment.

The Hampton VA Medical Center has been plagued by cramped space and heavy demand.

As recently as 2014, it had the unwelcome distinction of requiring the longest wait times in the nation for primary care patients.

A year ago, the hospital was ranked as “high-risk” with only one star out of a possible five in the VA's ratings. By September of this year, the hospital said it had improved to a two-star rating, but that is still considered sub-par. One improvement is that an intermediate care clinic opened in May, easing wait times in the emergency room. More improvements are in the works, but progress takes time.

The Care Center planned for Virginia Beach is designed to fill a different need. It will be the first facility in the region to offer long-term care for veterans with Alzheimer's disease and other memory problems, as well as for those who need long-term skilled nursing. Some rooms will be available for those needing shorter-term rehabilitation.

While the delays are frustrating, it's good news that the finished facility — assuming there are no further changes — will accommodate 128 patients, eight more than in the original plans. The revisions that allow for more amenities in the communal living areas also sound promising.

The latest word is that construction should start on the center in July. Officials hope that the center will be ready to start taking patients by late summer 2021 and will be at full capacity by the spring of 2023.

For veterans with very real problems now, that's a long time to wait. Let's hope there are no further delays. The opening of this much-needed Care Center can't come fast enough.

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3.2 - Tulsa World: [Tulsa's VA clinics to be consolidated under one roof in south Tulsa with more offerings](#) (26 November, Corey Jones, 320k uvm; Tulsa, OK)

By way of the future consolidation of its Tulsa services within a single new facility, the Eastern Oklahoma Veterans Affairs Health Care System also will broaden its offerings.

Local VA officials tout the streamlined expansion as a one-stop shop, world-class facility that is designed with the capacity to accommodate clientele growth projections over the next two decades.

Groundbreaking is expected in March or April 2019 on a 140,000-square-foot building at 91st Street and South Mingo Road, with an initial commitment of \$20 million from the U.S. Department of Veterans Affairs. The 20-year lease totals nearly \$100 million.

The expected latest date for completion is June 2021.

"I'm most excited for the veterans we're currently serving and the future veterans," said Mark Morgan, director of the Eastern Oklahoma VA Health Care System. "I'm really excited for them to get treatment in a world-class facility. ... We've got a lot of high-quality staff, and this allows them to practice at the top of their game."

The new Tulsa VA Health Care Center will replace the outpatient clinic at 41st Street and South Mingo Road, the Behavioral Medicine Clinic at East 11th Street and U.S. 169, and Dental Clinic at 51st Street and South Yale Avenue.

Eastern Oklahoma VA Health Care System serves more than 39,000 veterans, 20,000-plus of them in the Tulsa market.

Morgan noted that the new location is easily accessible by driving and on the city bus routes. Transportation services currently provided will continue at the new facility, Morgan said.

The campus also is among a growing medical community, with two large hospitals nearby should there be a medical emergency.

"It really works well in that respect," Morgan said.

Veterans can anticipate more complex services and specialty care, including an emphasis on women.

Trisha Barrett, executive assistant to the associate director, said primary-care and outpatient surgical operations will be expanded, along with podiatry services. There also will be a complete section for women's health, including mammography — a service not previously offered.

She also pointed to the ability to provide a better flow and team approach to health care.

Each veteran is assigned a team — a physician or nurse practitioner as the provider, a licensed practical nurse and a health care technician. That team also will be able to call in a pharmacist, behavioral health counselor, dietitian and social worker as needed.

"That becomes their medical home," Barrett said.

There also will be physical therapy and rehabilitation space, along with pain management services.

The 91st and Mingo location will sit on 30 acres, with about 945 on-site parking spots.

Morgan said the building's design takes better advantage of natural light, with broad windows and skylights. The color scheme also will add positively to the ambience.

The future of each of the current Tulsa VA spaces is unclear, with facilities that are leased under varying terms and conditions.

Morgan said Eastern Oklahoma VA Health Care System will be a good tenant and meet obligations.

"We will be good stewards of tax dollars and work with the property owners," he said.

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3.3 - Harrison Daily Times: [VA Clinic open to veterans](#) (25 November, Donna Braymer, 7k uvm; Harrison, AR)

The Harrison VA Clinic opened with a soft opening on Oct. 1, and is still finishing up some details, but the spacious clinic is a strong addition to Ozark Crossing for the veterans of the area.

The contracting officer representative, Keisha Reed, was a medic in the US Army between 2006-2009 and provided a tour of the new facility.

"Veterans will feel very comfortable and well cared for at this clinic," she said.

To a civilian it seems they have continued the military "lingo" and initials for everything.

Valor Healthcare operates the clinic for the VA and uses the "Bronze Star Standard."

Reed explained, "The Bronze Star Standard is how they train their staff in dealing with veterans' care. It's excellent, Valor has 32 CBOCs and Harrison makes number 33. (CBOC-Civilian Based Outpatient Clinic).

Only veterans are seen at the clinic and it is easy to see if a veteran is eligible and transfer records to the Harrison clinic.

The COD (center operation director) Laura Keeter, RN, said, “We are seeing a lot of veterans come out of the woodwork and transferring their records to this clinic. We are very grateful this clinic helps them get the care they need closer to their home. Valor Healthcare over built for growth at this location and we hope to hire additional medical staff soon as that happens.”

A veteran can schedule an appointment or just stop in. Automatic sliding doors make access easy as an American flag on display proudly welcomes them to the facility. The spacious waiting room has a coffee bar and self-service HealthyVet kiosk as well as a place to update their own information into the system.

The artwork of military scenes throughout the facility is phenomenal. Veterans will be proud to search for their own branch of service and find it represented on the walls of the clinic.

Currently the clinic is set up to handle primary care and labs for veterans. At the time of this interview, radiation equipment was being set up for future X-ray needs. Behavioral Health and retina care will be accessed through telemedicine.

The clinic is set up under a new concept called “on stage” and “off stage.” Veterans have a private place for lab work and vitals which can be done with the wheelchair included.

Veterans will enter the exam room from one hallway and the staff from another. The bull-pin area has a bank of computers and desks that can be raised or lowered to accommodate sitting or standing. Then everyone who needs to see the veteran comes to that exam room so the veteran isn’t constantly shuffled around from place to place.

Currently 8,200 square feet, it is set up for primary care with an additional 1,500 unfinished space ready for growth.

Veterans can go to the clinic for anything they would see their primary care physician for — even flu vaccines.

There is also a VSO (veteran service officer) space designated so veterans can meet with a representative to discover benefits and services available.

“We hope area veterans will come and get the care they need and deserve,” Wanda Shull, VA director of public affairs, said, “The Harrison Clinic is constructed to support the Patient Aligned Care Team Model. This model allows for the veteran to receive his or her care through a team of providers: physician, registered nurse, licensed practical nurse, and advanced medical support assistant. If someone has served in the military, they may be eligible to receive care through the VA. Many people are not aware they are eligible.

“We want veterans to call or come by if they aren’t sure they qualify and we will be glad to help them out.”

Reed said the feedback from veterans has been very positive. “We’ve had a lot request for transfer of records. We are also getting about 20 walk-ins each day. Veterans can schedule appointments or walk-in.”

The Harrison VA Clinic is located on the west side of Ozark Crossing off of Highway 62/65 North. Call (479) 304-8837 or (479) 249-7064.

An open house will be scheduled for the future so the community can enjoy a tour of the modern, spacious, facility.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - Crain's Detroit Business: [How the Detroit VA is tackling suicide among veterans](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Michigan's veteran suicide rate has been dropping the past several years to 26 per 100,000 in 2016 from 36 per 100,000 in 2014. Nationally, the veteran suicide rate is down to 30 per 100,000 in 2016 from 38 in 2014.

Nicole Stromberg, mental health chief at the John D. Dingell VA Medical Center in Detroit, said she believes those numbers at the Detroit VA have dropped further in 2018.

"We are embarking on the largest public health initiative in the history of health care," said Stromberg, a psychiatrist and neurologist who explained that national protocols and policies have been developed in the U.S. and abroad to use the same screening tools and evidenced-based treatments to reduce suicide rates.

Stromberg said veterans are now assessed for suicide risk by all primary care providers, not just psychiatrists and mental health professionals. "There is a stigma around people asking (about suicide). It doesn't put the idea into people's minds. Quite the reverse, people feel relieved" they are asked about it, she said.

Expanding the risk evaluations, Stromberg said veterans will be screened more closely if they access emergency services regularly, don't sleep well, have chronic pain or are in end-of-life care, geriatrics and rehabilitation services.

Stromberg said another reason for success in Detroit has been the increase in those employed in mental health services. Detroit VA has hired more than 30 professionals the past 16 months to more than 178 non-nursing mental health employees, she said.

In 2018, Detroit VA provided mental health services to 13,000 veterans, a 3 percent increase from the same period in 2017, she said. "This increase is even with people moving away and outside of our care," she said, adding that VA ensures they are followed up wherever they move.

Stromberg said Detroit VA is partnering with many community organizations, governmental bodies and universities, including Team Wellness Center, Wayne County, Henry Ford, Wayne

State University and the city of Detroit through a VA partnership program called the "Mayor's Challenge."

Twenty-five cities, including Detroit, are participating in the challenge, which is designed to create regional teams of community partners to eliminate suicide by using a comprehensive public health approach to prevention.

Of the 20 veteran suicides a day, an average of 14 were not under VA care.

"We are trying to figure out where the gaps are, how to reach veterans that none of the partners are reaching and to develop" programs for them to access mental health services, said Detroit VA spokesman Alysse Mengasen.

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5.2 - Crain's Detroit Business: [Special Report: Fighting a rise in suicides. Many professional fields see suicide rates above the national average](#) (25 November, Jay Greene, 127k uvm; Detroit, MI)

Each day a physician dies by suicide in the U.S. — a number widely acknowledged as the highest rate of suicide of any profession — and 1.4 times that of the general male population for men physicians and 2.3 times that of the general female population for women physicians.

It is possible, say some experts, that overall physician suicide rates are getting close to the national suicide rate of military veterans at 30 per 100,000, which have been treated as an epidemic.

The best data on suicide by business professionals, lawyers and doctors comes from a 17-state study the Centers for Disease Control and Prevention conducted in 2016 on suicides by occupations based on 2012 data. So far, it is the only multi-state study of its kind.

Experts told Crain's the published CDC data reflects widely held opinions of people in many of the professional fields.

The CDC found the highest rates of suicide for people who are manual laborers, construction workers, miners and mechanics, factory and production workers, ranging from 45 to 85 per 100,000, the highest of any occupational category.

But professionals come in next, above the average suicide rate for the general population: executives, doctors, nurses, medical support workers, business professionals and lawyers.

For example, the suicide rates range from corporate executives and managers at 20 per 100,000, lawyers and health care professionals at 19 per 100,000 to nursing and medical assistants at 15 per 100,000, all of which are over the national rate of 13 per 100,000 in 2016.

Some experts said they believe suicide rates of physicians, residents, medical students, lawyers, business executives and other college-educated professionals are increasing faster than the general population.

"There is a (mental health) crisis here that is being exacerbated by how professions conduct themselves and how lawyers, doctors and business executives adapt to professional life," said Richard Landau, a trial lawyer and clinical psychologist with RJ Landau Partners PLLC in Ann Arbor.

Rising incidence

Michigan's suicide rate has increased by 33 percent since 1999, faster than the 24 percent national increase during that time. Suicide is now the 10th-leading cause of death in Michigan and the nation.

With a string of recent celebrity suicides, including Kate Spade, Anthony Bourdain, Robin Williams, Hunter S. Thompson and Chris Cornell, the rock musician who took his own life in Detroit last year, the public takes more notice.

Several notable cases in Michigan also have been widely reported the past several years. They include the 2001 suicide of automotive company CEO Heinz Prechter, who founded American Sunroof in 1965; the 2010 death of David Widlak, a banker who was highly suspected of taking his own life by a gunshot to the head; and the 2012 death of Fox 2 Executive Jeff Murri.

In 2017, there also was the suicide death of physician Barrett Zink of Charlotte, and Henry Ford Hospital urology resident Ramesh Kumar.

Landau said he believes suicide rates in the professions will continue to increase until more law firms, hospitals, accounting firms and corporations acknowledge their business models have deadly side effects to their employees and take serious steps to address the problem.

Trained and licensed also as a clinical psychologist, Landau has studied suicides in professions that have demanding workloads and high expectations for positive results and success.

"When you look at suicide, it is culmination of a process," he said. "People don't just jump to the conclusion they want to kill themselves. It often is a mental illness, compromised by depression, hopelessness, with substance abuse or alcohol use making it worse. It also begins much earlier in life."

Landau said for every person who completes suicide, another two dozen or so attempt it. Besides increasing suicide rates in the professions, there has been a corresponding increase in untreated depression, burnout and addiction, he said.

"Institutions have become highly depersonalized. They are now highly profit-seeking entities that amalgamate people in large numbers," Landau said. "Medicine and the law, accounting and financial services, they all have adopted the model of large corporations in America that are profit-oriented to their shareholders."

Landau said companies want workers to be "productive, efficient and don't complain."

He said doctors, lawyers and businesspeople have stressful work lives and employers have high expectations. "The added stress takes its toll on people, especially those who don't have outlets and have underlying mental health problems," said Landau.

Doctors are a prime example.

The Michigan State Medical Society in a statement to Crain's cited a long list of stressors for physicians, including "insurance and payer restrictions, unsupportive leadership, changing technology such as electronic health records and the regulatory burden of government, payer and medical oversight bodies." High patient workloads and hours, employer's financial incentives, medicine's culture of competition and philosophy of work-despite-exhaustion put additional pressure on doctors.

Lisa MacLean, M.D., a psychiatrist hired by Henry Ford Health System two months before the death of resident Kumar, said suicide in the medical profession has reached epidemic proportions.

"I started in March 2017 and we lost Dr. Kumar in May," said MacLean, who also is director of the system's newly implemented physician wellness program. "The concern about physician wellness is a national concern."

In cases where physicians died by suicide, depression is found to be a significant risk factor leading to their deaths. But those physicians were less likely to be receiving mental health treatment compared with nonphysicians who took their lives, said MSMS.

Taking action

Last year, the Accreditation Council for Graduate Medical Education, which accredits Henry Ford's residency program and thousands of others in the U.S. and Michigan, mandated that programs develop a resident and physician wellness program and policies. "The ACGME recognizes that when a resident comes into a program something happens. They are more depressed and more anxious when they leave."

MacLean said ACGME and Henry Ford decided to expand the program for all physicians. In 2001, Henry Ford also began a larger program on burnout and job stress that has led to a national movement.

"We have moved to invest in a physician employee assistance program (executive), not just in response to Dr. Kumar, which is a tragic event, but we don't want any more tragic events," MacLean said.

Some companies like DuPont and Caterpillar also have recognized that middle-aged male suicide is increasing, possibly faster than national rates, and have adopted employee and executive wellness programs to address burnout and suicide rates, said Jodi Jacobson Frey, an associate professor in the school of social work at the University of Maryland in Baltimore.

"Fortune 100 companies are embracing the idea that a well-adjusted workforce contributes to productivity, compared with just thinking about performance," said Frey, adding more companies are taking a longer-term look at their workforces, including measuring the costs of hiring replacement workers and training costs versus adding wellness programs that include mental health services.

"Employers who see the link between depression causing problems, affecting performance (and) lost workdays and implement programs can begin to see employee improvements, and return-on-investment in just four to six weeks," Frey said.

Upward trend

Nationally, suicide rates have been increasing the past 19 years in almost every state, including Michigan, and across demographic and age lines, the CDC said. Michigan's suicide rate, at 13.3 per 100,000 in 2016, ranks 34th-highest in the nation.

But because of combined suicide deaths, which include deaths from misuse of drugs like opioids or alcohol, Michigan's numbers are projected to continue to increase to as many as 65 per 100,000 by 2025, according to the "Pain in the Nation" report by Trust for America's Health. The report said Michigan's combined death rate was 45 per 100,000 in 2015.

"When you look at overdose and opioid deaths, you can't say for sure it was suicide, intentional or accident," said Melissa Tolstyka, director of programs with Livonia-based Hegira Health.

Hegira, a behavioral health provider, is one of a number of organizations in Michigan in the early stages of implementing a "zero suicide" program in its intervention and treatment approach with patients. "Our data used to show alcohol (addicts) as our primary population (8,000 total clients), but that has changed to opioids. We look at suicide risks differently now."

Tolstyka said the seven-step model to reduce suicides in Hegira's patient population will be rolled out over the next two years. She said the agency decided to change its approach using the zero suicide model because of the increasing rates of suicide.

"We operate comprehensive crisis services for adults in Wayne County and the majority of people coming in with emergency psychiatric services have multiple factors impacting the risk for suicide," Tolstyka said.

Tolstyka said Hegira has started to make changes now including using the Columbia-Suicide Rating Scale in its screening and risk assessment process to help determine who may be at a moderate to high risk. They then follow a care pathway with treatment. "Thanks to (Detroit-based) Flinn Foundation, we will be able to train staff on evidence-based practice for suicide prevention, and that will be included in treatment," she said.

"We all need to take a proactive approach to reduce the numbers of individuals completing suicide," Tolstyka said.

Several other organizations in Southeast Michigan also have adopted the "zero suicide" approach within their own organizations, including Oakland Community Health Network and Henry Ford, one of the national leaders in the movement.

Physician suicides

Increasingly, suicide is being viewed not only as a mental health problem but a public health one. Nearly 45,000 suicides occurred in the United States in 2016 — more than twice the number of homicides.

The most common method used across all groups was firearms at 51 percent. But the other two leading methods include suffocation or hanging (25 percent) and poisoning or overdose (17 percent).

Because guns are used in nearly half of all suicides, the states with the lowest suicide rates have stricter gun laws. Those states include New Jersey, New York, Massachusetts, Maryland and Connecticut, all between 7 and 10 per 100,000 suicides. Michigan and Florida, which have more relaxed gun laws, have higher rates, at 13 and 14 per 100,000, respectively.

Nicole Stromberg, mental health chief at the John D. Dingell VA Medical Center in Detroit, said the VA doesn't track veteran suicides or attempts by occupation because the vast majority of those at risk are unemployed. All seven veterans under care by the Detroit VA who committed suicide last year were unemployed, she said.

"They were struggling with more chronic adjustment and psychiatric issues," she said. "They didn't have a lot of balance (and had feelings of) isolation and depression. They also had easy access to easy means, which are firearms."

Stromberg said a key goal of mental health counseling is setting personal goals about their futures.

"It is important for them to reconnect with family, resolving criminal justice issues, finding a job, earning money, saving for something important," said Stromberg, adding that the VA has vocational specialists to help veterans when they are ready.

Business professionals

It can be challenging to study suicide among people in high-profile positions.

When business executives die, especially C-level executives, or celebrities and other highly educated professionals, there is little data to understand differences in those populations and others, said Brian Ahmedani, director of research for Henry Ford's behavioral health services department.

"The challenge on doing suicide prevention research is you need huge populations to understand the risk factors," said Ahmedani, who has been a primary investigator for several local and national suicide research projects. "What are the reasons corporate executives die from suicide? There are only so many corporate executives. ... There is not enough research on the field to get answers."

Ahmedani said business professionals develop stress over time with financial decisions that may determine whether a company succeeds or fails. When they fail and a company goes under, people lose their jobs and "there is always somebody who has to take it for the team. You can't fire the entire company workforce."

Melissa Bowman, suicide presentation coordinator at Common Ground in Pontiac, said she has spoken with a number of professionals, including doctors, medical students, residents, lawyers and business executives, who have called the agency's crisis line.

"It all falls under the category of stress ..." Bowman said. "They have a sense of helplessness or hopelessness, an inability to do self-care. They have a higher stigma for receiving mental health services that is blocking them from getting help."

In addition, as usually the major income earners for their families, stress builds up more severely for some professionals, Bowman said. "They aren't always the most resilient to stressors."

Rosa Thomas, Common Ground's vice president for programs and services, said the faster pace of business, health care and even the mental health field creates internal stresses on people who work in those systems.

"My own experience, one of the things I have seen is we have gone from bedside manners, where we listen to people for the time we felt we needed to with just pencil and paper and just talked," Thomas said. "You really work with them. We can't do that in 15 minutes" that professionals are expected to do today.

Carmen Serpa, a psychiatrist and medical director at Common Ground, said physicians have become "prescription machines" instead of hands-on healers because of the corporatization of medicine and the increasing patient load.

"Suicide has gone up (among physicians and) for residents as well," Serpa said. "Lawyers come in with levels of stress they didn't have before. We live in a high-pressure environment where we are expected to perform. You either get meds, get help, or get out."

Bowman said in the past year she has spoken with more medical students on the crisis line who call during their rotations.

"Doctors who have patients in their offices call us because their patient has suicide" thoughts, she said. "They call us for help because they have not been taught or trained" to deal with a mental health crisis.

Another problem for top managers or CEOs is they say they cannot get counseling through their own employee assistance program because of their status in the company, Bowman said. "It might show up in insurance or their EAP program, and the stigma" is too much for them to risk, she said.

In a CDC-funded study on Michigan, Frey is in the second year of a study focused on reducing suicide ideation and behavior among working-age men, including those in a variety of professions.

"There is a myth that when you have a job, you should be able to handle a life crisis. There have been increases in suicides of middle-aged adults without any comparable attention on prevention," Frey said. "This includes men in health care professions, doctors and those who work in mental health fields."

Frey said isolation is a major factor in stress, burnout, depression and suicide. She said high-level business executives have fewer social circles at the workplace to form trusting relationships.

"This is a major risk factor for suicide," she said. "There is a lot of stress people face and they might go home, but they really can't talk about it, which increases social isolation."

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - The Washington Post (Hechinger Report): [They served their country. Why aren't elite colleges serving them better?](#) (25 November, Brian Mockenhaupt, 30.6M uvm; Washington, DC)

PRINCETON, N.J. — The ink starts at Sam Fendler's left wrist and winds up his arm, a tableau of his life before college that begins with a block of text: "People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf." At the top of the tattoo, above a version of the Marine Corps emblem, an American flag wraps around his shoulder.

Fendler is among Princeton University's very few veterans.

In his two years at Penn State before transferring to Princeton this fall, he rarely mentioned his military service. But he has been more open about it at Princeton, which has 12 veterans, up from just one three years ago. In his sociology class, the Western Way of War, he felt it might add to the conversation.

"I don't like to lead with this about myself," he said during a discussion group on Thucydides' history of the Peloponnesian War, "but I'm a veteran and I've been to war."

Many state universities and community colleges have large veteran populations and robust programs to recruit veterans and help them adjust to college life. But at the nation's most selective schools, where most students follow the traditional pipeline from high school to a degree within four years — and from which many go on to leadership roles in government and industry — veterans like Fendler are an anomaly.

Though America's top institutions are trying to increase this population — which brings not only a distinctive perspective on the world but also, collectively, millions of dollars in taxpayer-funded GI Bill benefits — veterans still make up well under 1 percent of undergraduates on most of these campuses. That's out of about 1 million veterans and their family members enrolled in higher education under the GI Bill, according to the Department of Veterans Affairs.

For years, the military didn't promote these most selective schools as an option, and veterans didn't think they could get in. Many of the colleges, meanwhile, didn't know how to handle their applications and hadn't thought about why they should even want veterans.

Veterans' advocates argue that those who volunteered to serve in the military should have the chance to attend the nation's best schools if they qualify and that their presence boosts diversity and adds to the richness of campus life.

Wick Sloane, a community college writing professor, sees a more fundamental reason people should care whether veterans attend schools that educate the nation's elite.

"A disproportionate number of the public leaders who send other people's children to war went to [elite] schools," said Sloane, who publishes an annual survey of veteran enrollment at top schools. "Maybe, just maybe, if [those] students were sitting in English and history class with men and women whom the U.S. had sent to war, those students, as government leaders later in life, would think harder before sending other people's children off to war."

This year, Sloane tallied 844 veterans across 36 of the nation's most select colleges and universities. Columbia University, which first welcomed veterans in large numbers after World War II, accounts for more than half of that total, with 443 veterans enrolled in 2018. But most are in its School of General Studies, set up for older-than-traditional-age students and separate from the general enrollment.

Many elite institutions educate plenty of future veterans — students in officer-training programs who will receive a military commission when they graduate. And veterans are well represented in the graduate programs at many elite schools, advocates said, but many served as officers and attended service academies or already had four-year degrees before joining the military.

Most enlisted-rank veterans, on the other hand, have been out of an academic setting for years, and many didn't have the grades, test scores or desire to apply to a top university when they were in high school.

"I was an awful student," said Aimee Chartier, a sophomore political science major at Brown University. "I didn't think I'd go to college at all, let alone the Ivy League."

Growing up in Providence, R.I., she knew Brown as the college up on the hill, forever away and out of reach. She dropped out of high school for a while and joined the Marines at 19. She served five years as an intelligence analyst and then started classes at the Community College of Rhode Island. Although she carried a 4.0 grade-point average, she laughed when her German professor suggested she apply to Brown.

In 2017, however, Brown began to waive application fees for veterans and guarantee phone interviews, so she and her husband, who also served in the Marines, applied. Both were accepted, and they started as freshmen in 2017, with all four years covered by scholarships. The school now has 17 undergraduate veterans; three are women, according to Chartier.

"A lot of people have never met a veteran," said Jessica Nelson, one of two veterans at the all-woman Smith College, where she is a senior. As a black woman who grew up in the South, she initially felt like an outsider in Northampton, Mass. Her military service made her even more of an anomaly, and her classmates were curious to know more: "They want to know how it is to deal with a hyper-conservative, hypermasculine environment."

Nelson, who is 30, started college at Texas A&M in the Reserve Officers' Training Corps, but left after a few semesters and enlisted in the Marines. She served five years as a topographical analyst attached to an infantry battalion, which had 10 women among the hundreds of Marines. Until this year, she was in the Marine Reserves, which required a weekend of service each month with an infantry unit near Smith. She bounced back and forth between the two worlds, sometimes feeling out of place in both. "It can be a little bit alienating," she said.

This recent push for more veterans at some of America's elite schools can be traced to James Wright, a former Marine who served as president of Dartmouth from 1998 to 2009. The son of a bartender who fought in World War II, Wright joined the Marines after high school, later earned a PhD in history at the University of Wisconsin at Madison, and started teaching at Dartmouth in 1969.

As the school's president, Wright said, he thought a lot about enriching and diversifying the student body but didn't factor veterans into those calculations until 2005, when he visited Bethesda Naval Hospital and met with troops wounded in Iraq. It was the first of 30 trips he made to military hospitals. Some of these veterans weren't sure what to do with their lives now that their military careers had ended. He encouraged them to continue their educations, and started a counseling program to help them navigate the process of getting to and through college.

Wright's peers at other elite schools commended his efforts to help veterans, but "I didn't get a lot of people lining up and saying, 'What can we do to join in and help out?'" he said. Wright answered the question for them. He helped craft the Yellow Ribbon Program, a component of the 2008 Post-9/11 GI Bill that expanded veterans' access to expensive private colleges. The colleges agreed to help cover shortfalls between the maximum amount covered by the GI Bill and the total cost, with VA matching the schools' contributions.

This put funding in place, but that wasn't enough. For several years, the numbers of veterans barely climbed above a handful at many of the most selective colleges and universities.

Sloane discovered this by accident. He teaches writing at Bunker Hill Community College in Boston and in the mid-2000s started seeing more students there who had served in Iraq and Afghanistan. "Veterans were writing these searing stories about what they had been through," Sloane said. He wasn't sure how to work with students processing such exceptional experiences. He couldn't find much in academic literature about teaching writing to veterans, so he called the two elite schools he had attended, Williams and Yale, for advice. He wasn't expecting their response: "Why are you asking us? We don't have any veterans."

Sloane figured Williams and Yale must be the exception, so he called more top colleges.

"Year after year, almost none have the number [of veterans enrolled] before I call. That means to me that no one, starting with the college president, wants the number," said Sloane, who uses his survey as a public reminder to elite institutions that they don't have enough veterans.

Now, more schools appear to be trying to show that veterans do matter to them, but boosting the number of enrollees hasn't been easy. With application criteria often based on test scores, grade-point averages and extracurricular activities, admissions officers often don't know how to account for military experience. They have had to familiarize themselves with military culture.

Several programs started over the past half-dozen years help bridge the gap between qualified veterans and top-tier colleges.

The Posse Veterans Program, which has veterans at Wesleyan University, Vassar College, the University of Virginia and Dartmouth, uses a cohort model. Veterans enter the schools in groups of 10 and meet weekly with one another and individually with faculty advisers. While many have already taken college courses, Posse students agree to forgo previous college credits and start as freshmen to get the full undergraduate experience.

This can be a disincentive for veterans who already have a year or two of credits. Veterans not in the Posse program can face similar dilemmas. The extra time can also create a financial pinch if the veteran has already tapped into GI Bill benefits, which cover only up to four years.

Colleges vary widely in how they fund veterans. Some require that veterans use their GI Bill money first, with grants and scholarships put toward the remainder. Others don't factor those benefits into their calculations. Fendler, for instance, goes to Princeton free, with the school paying for tuition, room and board; he plans to put his GI Bill benefits toward law school.

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6.2 - Newsday: [Veterans desperate for gov't follow-through](#) (25 November, Editorial Board, 1.4M uvm; Melville, NY)

Last year, President Donald Trump and Congress massively expanded education benefits for military veterans, known as the Forever GI Bill. The bill, an update of the original GI Bill that gave more than 8 million World War II veterans an education and living expenses while they studied, was badly needed.

But it wasn't properly handled by the Department of Veterans Affairs, whose 50-year-old computer systems could not process the new claims and rules. One roadblock was a change in how housing allowances are figured, now based on locations of campuses where veterans are studying rather than the main campus of their educational institutions.

But many stipends haven't been paid, and news accounts are full of tales of veterans unable to pay for housing, child care and food. At least 10,000 payouts have been delayed more than 30 days, at least 82,000 were pending earlier this month.

The VA says it has hired more than 200 workers and put employees on mandatory overtime to address the problem, and the number of veterans waiting for checks is down. But as a nation we have made promises to service members that we have not lived up to. We have to do better.

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6.3 - Providence Journal: [Vt. Guard general's death draws attention to burn pit dangers](#) (25 November, Donita Naylor, 245k uvm; Providence, RI)

Flags in Vermont are flying at half-staff in honor of a former Rhode Islander, Vermont National Guard Brig. Gen. Michael T. Heston, 58, who died Nov. 14 from an aggressive cancer linked to his three tours of duty in Afghanistan, one with the Rhode Island National Guard.

Heston was buried with full military honors at the Veterans Cemetery in Randolph, Vermont, on Saturday. An order from Vermont Gov. Philip B. Scott said flags would be flown at half-staff until sunset Monday.

Heston, the oldest son of Thomas and Dorothea Heston, grew up in Cumberland, graduating from Cumberland High School in 1978 and from Roger Williams College in 1982.

During his 34-year military career, he rose to the second-highest rank in the Vermont National Guard. He was also a trooper in the Vermont State Police for 26 years, retiring as a sergeant in 2010.

June Heston, his wife of 30 years, told Fox News that in 2016, four years after returning from his last deployment in Afghanistan, he began having back pain. He was diagnosed 10 months later with stage IV pancreatic cancer. No one had thought of testing for cancer.

She said Sunday night that Mike's oncologist "did all the genetic and genomic testing" and found that his cancer "was not hereditary in any way." The doctor wrote to the Veterans Administration with his conclusion that the cancer had an environmental cause.

The Hestons applied for a service-related disability from the Department of Defense (denied) and the VA (approved). He worked for a year after he was diagnosed, June Heston said. As his illness advanced, he retired in August from the Vermont Army National Guard.

On the day before he died, after the family announced that doctors could do nothing more and that he was home in hospice care, Vermont's Sen. Patrick Leahy told Fox News that Heston was "the very definition of a true leader as long as I have known him. True to form, he has transformed his own difficult personal struggle with cancer into a fight for the men and women of the Vermont National Guard and throughout the nation who may be suffering from exposure to airborne hazards from burn pits."

U.S. military personnel in Iraq and Afghanistan lived and worked near open burn pits. Open burning was the disposal method for military bases, and trash was just part of what was burned. Solvents, jet propellant, medical waste, human remains, electronic equipment, batteries, tires, medications, unspent ammunition, and even toxic waste was burned in the pits.

Clouds of choking black smoke caused respiratory and other problems on the bases. Years later, veterans would be diagnosed with rare forms of cancer and diseases at a higher rate than in the general population.

"There needs to be awareness that this is an issue," June Heston said Sunday evening, the day after her husband was buried. A bipartisan bill in Congress would require personnel files to indicate whether service members were stationed near a burn pit, would automatically enroll departing military personnel in the Airborne Hazards and Open Burn Pit Registry and would require the government to share information about exposure to burn pits and toxic airborne chemicals.

She doesn't want to see a repeat of what happened to Vietnam veterans. Many of them suffered and died before the military acknowledged that exposure to Agent Orange caused their illnesses, she said.

She hopes that her husband's suffering will help bring attention to the problems that result years after exposure to burn pits "so veterans get the benefits they need before they die."

She remembered talking about it with him. He had said: "We're not going to know why, but maybe that's why."

He leaves a daughter, Dr. Kelsey Heston; a son, Keegan Heston; his parents; sisters Mary Chisholm and Meg Shideler; brothers John, Tim, and Terry Heston.

His obituary may be viewed at <http://www.readyfuneral.com/obituary/Michael-T-Heston/Richmond-Vermont/1823226>

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6.4 - WWSB (ABC-7): [Wreaths Across America still needs help for wreaths for Sarasota National Cemetery](#) (25 November, Rick Adams, 85k uvm; Sarasota, FL)

The local branch of Wreaths Across America is asking for help as they get closer to reaching their goal of laying wreaths on all the grave sites at the Sarasota National Cemetery.

Currently, the organization needs to collect enough money for 1500 more wreaths. They will be placed at the grave sites as well at the section where cremated remains are located.

Meshia Richardson got involved with Wreaths Across America after her husband, who is a Navy Veteran, passed away nearly four years ago. He is buried at Sarasota National Cemetery.

There are more than 1500 cemeteries nationally that participate in this program.

"We need to recognize them, not just Memorial Day, Veterans Day but during the holidays," said Richardson. "It's also important for those family members that have that empty chair during the holidays, that hurt never goes away."

The Wreaths Across America ceremony will take place on Saturday, December 15th at 10am at Sarasota National Cemetery. For more information on how you can help log onto www.sarasotawreaths.com.

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6.5 - The Sentinel: [Without a home: Program gives hope to veterans](#) (25 November, Tammie Gitt, 52k uvm; Carlisle, PA)

Jon Locke was frustrated.

He said he wasn't getting the help he needed and was critical of the way some nonprofits used their funds. So, he left his job and started an organization to help veterans like himself.

Initially, he focused on substance abuse. Along the way, he tried to help a homeless man find a place to live, thinking it would be easy.

It wasn't.

"It really opened my eyes of how complicated it is," Locke said.

Last November, he started working with homeless veterans by creating a work-to-stay program called Operation Veteran Hope that is funded primarily by a thrift store on Baltimore Street in Mount Holly Springs.

So far, 11 veterans have entered the program and four of them got back on their feet, Locke said.

According to the Veterans Administration, 37,878 veterans experienced homelessness across the nation in January 2018, a decrease from the 40,020 reported in January 2017.

Those numbers come from estimates based on the point in time count of sheltered and unsheltered people conducted by the U.S. Department of Housing and Urban Development on a single night in January.

As of Nov. 19, five veterans seeking homes had entered the community queue via the coordinated entry system that serves as an intake for programs that assist the homeless.

Locke said homelessness among veterans is not a huge problem in Cumberland County. The veterans who want help are going out and finding it, while there are others who choose not to seek assistance.

“Some of them choose. That’s the way they want to be and they don’t want the help,” he said.

Like many of those dealing with homelessness, veterans face health issues as well as addictions, whether they’ve been using drugs and alcohol to self-medicate or have simply given in to the temptation, Locke said.

For example, Locke said veterans have expected to rely 100 percent on the Veterans Administration for the help they need. When that doesn’t come through, they feel that they have been left stranded.

Others thought they would be in the military for an entire career, but ended up as a civilian. Some lacked discipline and ended up with a dishonorable discharge. Others got too comfortable and “got chaptered out” with an other than honorable discharge for being too heavy, he said.

For some, it’s multiple deployments. Locke did five tours to Bosnia, Afghanistan and Iraq before his wife said it was the family or the military. Each deployment was worse than the last, and Locke was certain he would not have come back if he had been deployed again.

“Being thrust back into the civilian world, they just get so lost because it might be missing whatever they depended on, if it was the discipline or whatever. They just can’t handle being out of the military,” Locke said.

The role of post-traumatic stress disorder can’t be underestimated. It’s something Locke understands first hand.

His condition resulted in anger, rage and being on edge all the time. No one will want to be around someone who gives into that, he said. Locke also can’t be in a large crowd of people, especially if they are walking too closely to him.

When he left the military, he wanted help, but didn’t get it from the VA, so he went to a private doctor. Now, the program also helps him deal with PTSD.

“This program is not just for the veterans I’m helping. It’s for me as well,” he said.

The veterans in the program stay in “dorm-style” accommodations while working at the thrift store. Unemployed veterans work 40 hours a week in the store. Those who work part-time have their hours in the store adjusted accordingly, and those who work full-time outside of the store are asked to put in eight hours a week.

Working at the store gives the veterans a chance to update their resume with customer service experience. With a background in computers, Locke can offer assistance in that arena.

He also works with Volunteers of America and other organizations to help the veterans apply for any benefits for which they may be eligible.

“It really takes a burden off of me, as well, from trying to do everything. As we grow, I would love to be able to do everything in-house. Right now, it’s nice to have those other organizations willing to help,” he said.

But, one of the more important aspects of Locke’s program is that he understands the camaraderie of the military and knows that it can’t be matched in the civilian world. He speaks the language of the veterans, and they know they can talk to him about topics they can’t discuss with anyone else because they wouldn’t understand.

“I get a lot of respect from the guys, and I give them respect as well,” he said.

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6.6 - Nevada Appeal: [VA-backed home loans grow dramatically in Nevada](#) (24 November, 27k uvm; Carson City, NV)

With the number of veterans in Nevada growing and the tight housing market, the number of VA-backed home loans has skyrocketed in the state.

While the number of those loans is up 59 percent nationwide over the past five years, statistics from the Veterans Administration say the number of new home and refinance loans has jumped 90 percent in Nevada.

In fiscal year 2018, a report from Veterans United, one of the private lenders specializing in VA loans, says there were 12,035 loans issued in the Silver State.

And new home purchases accounted for more than half that total, 6,778 compared to 5,257 refinance loans.

At an average of \$289,252, the total value of those loans is nearly \$3.5 billion.

VA loans offer significant benefits for veterans seeking to buy their own home. First, they can do so with no down payment. Second, they don’t have to buy mortgage insurance since the U.S. Department of Veterans Affairs guarantees the loans even though they’re issued by private lenders.

Chris Birk of Veterans United said because they’re backed by the government, VA loans offer more flexible and forgiving credit guidelines, making it easier for vets to qualify.

He said VA loans have grown dramatically over the past decade and now make up 10 percent of the mortgage market.

The program was created in 1944 to help returning vets, active duty members and their families buy or refinance homes.

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7. [Other](#)

7.1 - Miami Herald: [Trump uses the military as his personal political tool. That's the opposite of respect he claims to have](#) (25 November, Editorial Board, 4.8M uvm; Miami, FL)

To hear President Trump tell it, a greater friend to the military and veterans has never sat in the Oval Office. In a recent interview with the Associated Press, he said, "Nobody has been better at the military. Hey, I just got them a pay raise. ... I just got them new equipment. They have stuff that was so old that the grandfathers used to fly it."

But despite his words, Trump doesn't seem to respect or honor those who serve — unless, of course, they outspokenly support him. Nor does he appear to respect, or even understand, the role of the military.

A commander-in-chief who understood that role, after all, wouldn't send thousands of troops to the southern border at a cost of hundreds of millions in a transparently political pre-election stunt as part of his effort to whip up fear and hysteria about a migrant caravan. He called it a threat to national security before the election, but the caravan mysteriously disappeared from his radar once votes were cast.

Confirmation that this was nothing more than a political stunt came with the announcement that troops sent to the border are starting to come home — even as some parts of the caravan are just beginning to approach the border.

Then there is the way Trump responds to critics who used to serve in the military, from his infamous mocking of Sen. John McCain's POW status to his recent slam against retired Adm. William McRaven for not getting Osama bin Laden more quickly — which was an abominable insult that only highlighted Trump's ignorance of the interaction between the military and intelligence agencies.

On a more fundamental level, there is the question of how Trump's administration is actually treating the military and veterans. Last year, Trump signed the Forever GI Bill, which greatly expanded educational benefits for vets. His Department of Veterans Affairs, however, has badly botched the implementation of the bill, and many veterans have gone months without receiving the housing checks they were promised and have been counting on. Some vets say they may become homeless as a result.

Trump doesn't even manage the easy shows of respect. He didn't visit Arlington Cemetery on Veterans Day, a rainy Monday, just days after missing a ceremony in France to honor the sacrifice of soldiers in World War I because of the rain. And, two years into his first term, his failure to visit troops on active duty is becoming increasingly noticeable.

Worse, as David French put it in a recent National Review article, Trump has repeatedly demonstrated that his support of the troops is conditional: "He loves the troops who love him. He turns on the troops who turn on him. Cross him, and all bets are off."

Respect for the military is ingrained. Either you have it, or you don't. It is certainly not conditional.

Trump wants the support and respect of the troops. But over and over again, he demonstrates that he cannot unequivocally return that support and respect. He will not hesitate to attack the military or those who have served in order to score political points.

For a commander-in-chief, that is utterly shameful.

Help veterans in debt

“The War Within” is a documentary video series produced by McClatchy journalists and running on Facebook Watch. The series chronicles the lives of three Afghanistan war veterans helping their brothers and sisters in arms cope with the myriad effects of war, while grappling with the struggles of reintegration themselves.

McClatchy has launched a campaign to help military families by removing one specific burden: medical debt.

In 2016, more than half a million veterans were uninsured, according to the Census Bureau. Even those with VA or other benefits too often face bills they can’t pay. Working in partnership with RIP Medical Debt, a 501(c)(3) nonprofit that buys and forgives such debt, McClatchy is aiming to abolish millions in military medical debt. The organization buys large portfolios of debt at a discount, so your donation goes a long way: A \$100 contribution eliminates \$10,000 in such debt.

As The War Within Initiative honors their determination, courage and sacrifice, please consider supporting military families. Watch the series here and donate at mcclatchy.com/warwithin

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From:

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Cc:

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Subject: [EXTERNAL] 24 November Veterans Affairs Media Summary and News Clips

Date: Sat Nov 24 2018 05:16:26 CST

Attachments: 181124_Veterans Affairs Media Summary and News Clips.docx
181124_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.803360-000001

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Filename: 181124_Veterans Affairs Media Summary and News Clips.docx

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Veterans Affairs Media Summary and News Clips

24 November 2018

1. [Top Stories](#)

1.1 - WILS (FOX-1320, Audio): [The WILS Morning Wake-Up w/Dave Akerly](#) (21 November, Lansing, MI)

Nine-minute broadcast: VA Secretary Robert Wilkie details President Trump's allocation of \$73 billion toward the VA.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Report: No Fault With Former Leadership at Manchester VA](#) (23 November, 14M uvm; Washington, DC)

A government report looking into whistleblowers' complaints about the Manchester VA Medical Center finds no fault with former leadership. New Hampshire Public Radio reports the VA's Office of Accountability and Whistleblower Protection didn't agree with allegations the former medical center director and chief of staff weren't focused enough on patient care.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [South Carolina Man Sentenced for Scamming \\$200K From VA](#) (23 November, Meg Kinnard, 14M uvm; Washington, DC)

A South Carolina man who never served in the military has been sentenced to prison for swindling nearly \$200,000 in health care from the Department of Veterans Affairs, according to federal officials. Keith Hudson, 71, was sentenced this week to six months in federal prison, the Justice Department said in a news release. He was also sentenced to house arrest for six months after his release from prison.

[Hyperlink to Above](#)

1.4 - Newsday (Video): [Veterans Affairs has no timetable to reopen Northport shelter](#) (23 November, Martin C. Evans, 1.4M uvm; Melville, NY)

Amy Wascylcia credits her stay last year at the Department of Veterans Affairs' homeless shelter in Northport with helping her get back on her feet. The former Army soldier said she felt safe from thieves and predators, who she said were a menacing presence at other shelters she stayed at before. And because the shelter is on the grounds of the Northport VA Medical Center, psychotherapists to help her cope with her mental health issues were just a short stroll away.

[Hyperlink to Above](#)

1.5 - Pittsburgh Post-Gazette: [New therapies, advancements rely on dog research](#) (23 November, Paula Clifford, 1.1M uvm; Pittsburgh, PA)

Recently, Secretary of Veterans Affairs Robert Wilkie did something rarely seen in Washington, D.C., these days. He told the truth despite pressure from special interest groups to do otherwise. Mr. Wilkie explained that, like many other Americans, he is a dog lover. However, he also supports health studies in a limited number of canines to develop new therapies aimed at helping American veterans injured on the battlefield.

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2. [Improving Customer Service](#)

2.1 - Albuquerque Journal: [Research indicates compound could combat drug addiction](#)

(22 November, Maddy Hayden, 308k uvm; Albuquerque, NM)

Research completed at the New Mexico Veterans Affairs Health Care System may have yielded a lead on a drug that could curb substance addictions. Neurologist and pharmacologist Dr. George Uhl led a research team in developing and testing a compound that appears to curb the influence of a gene linked to addiction susceptibility, at least in mice. The gene is known as tyrosine phosphatase D, or PTPRD.

[Hyperlink to Above](#)**2.2 - The Columbian: [Rapid Response Clinic provides addiction treatment. Program at Vancouver VA campus aims to connect clients, aid](#)**

(23 November, Wyatt Stayner, 213k uvm; Vancouver, WA)

Medication-assisted treatment for addiction in Clark County received a boost this year, and expanded help could be on the way. The Rapid Response Clinic, which opened in the summer at the Vancouver Veterans Affairs campus, has an 8:30 a.m. to noon window on Mondays where it provides MAT response, or medication-assisted treatment, for community members dealing with substance and alcohol use. It offers Suboxone, Subutex and Vivitrol treatments in addition to helping connect people with counseling options if they wish.

[Hyperlink to Above](#)**2.3 - Leader Courier-Times: [VA opens clinic in Dakota Dunes](#)**(23 November, Beth Fennel, Elk Point, SD)

It was standing room only, inside and outside, as over 500 people attended the grand opening ceremony for the new location of the Sioux City Veteran Affairs outpatient clinic in Dakota Dunes Nov. 16. Various speakers were present to provide information, make donations and discuss the facility.

[Hyperlink to Above](#)**2.4 - FedHealthIT: [Connected Care: An interview with VA's Dr. Neil Evans](#)**(19 November, Dr. Neil Evans; Annapolis, MD)

In June, President Donald Trump officially signed the VA MISSION Act, more formally known as the VA Maintaining Systems and Strengthening Integrated Outside Networks Act, or the Caring for Our Veterans Act of 2018. Section 151 of the Act, entitled "Licensure of Healthcare professionals of the Department of Veterans Affairs providing treatment via telemedicine", formalized a new authority that allows VA employed Healthcare professionals to practice regardless of the location of the provider or patient.

[Hyperlink to PDF](#)**3. [Business Transformation](#)****3.1 - Denton Record-Chronicle: [New structure for veteran assistance makes accessing resources easier](#)**

(23 November, Jenna Duncan, 26k uvm; Denton, TX)

Asking for help is hard. And when there are a lot of options, it's daunting. The military veteran population in Denton County continues to soar, with 48,000 now living in the county without a military base or a Veterans Affairs hospital in Denton to help them.

[Hyperlink to Above](#)

3.2 - WTVY (CBS-4): [Dothan veteran mental and physical health clinics will combine](#) (23 November, 23k uvm; Dothan, AL)

Starting November 30th the primary and mental health clinics in Dothan will be combined into one clinical care site. The site will be staffed by the Veterans Administration. It was reported in September that the clinic serving physical care needs on Alexander Drive would close and merge with the mental health clinic at 3753 Ross Clark Circle.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Pittsburgh Post-Gazette: [Vets shortchanged again: Stalled GI Bill payments are VA's latest gaffe](#) (23 November, Editorial Board, 1.1M uvm; Pittsburgh, PA)

Veterans recently discharged from the service or just home from a deployment can have a difficult time re-adjusting to civilian life. Everyday routines can seem blasé after tension-filled months in a war zone. Some veterans grapple with service-related injuries or post-traumatic stress disorder, while others struggle to plan the next chapter of their lives.

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6.2 - WBBM (CBS-2, Video): [South Barrington Residents Worry About Proposed Veterans Cemetery](#) (23 November, Roseanne Tellez, 505k uvm; Chicago, IL)

Residents in a South Barrington neighborhood said they support a new national cemetery for military veterans, but a proposed 15-acre plot near them is too close to home. "It would be three to seven rifles being shot three to five times per day literally just feet from our homes," South Barrington resident Navraaz Basati said.

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6.3 - WFLA (NBC-8, Video): [Benefits for thousands of Navy veterans depend on Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

The clock is ticking on a bill to help Vietnam-era Navy veterans, and time is running out on many of them who are now sick. The legislation extends health care and disability benefits to Navy veterans suffering from exposure to the toxic herbicide known as Agent Orange. The so-called Blue Water Navy bill would assist 50-70,000 Navy veterans.

[Hyperlink to Above](#)

6.4 - WFLA (NBC-8): [Tens of thousand of Navy veterans await Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

Tens of thousands of Navy veterans who served in the Vietnam War are waiting for Georgia Senator Johnny Isakson to do something. In June the U.S. House of Representatives voted

unanimously to extend health care and disability benefits to sailors who served on ships in Vietnamese territorial waters and suffer from diseases associated with Agent Orange.

[Hyperlink to Above](#)

6.5 - KTVA (CBS-11, Video): [Local groups to honor fallen veterans with wreaths at Fort Richardson National Cemetery](#) (23 November, Joe Vigil, 65k uvm; Anchorage, AK)

Sara Mullen vividly remembers a wreath being placed on the gravestone of her father, a retired U.S. Air Force colonel and Vietnam veteran. "My dad is buried at Arlington National Cemetery, so that's how I started. I went out there and participated in that wreath-laying ceremony which is amazing," said Mullen.

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7. [Other](#)

7.1 - Military Times: [Here's how troops, veterans could be affected by the latest government shutdown threat](#) (22 November, Leo Shane III, 471k uvm; Springfield, VA)

Lawmakers will face yet another threat of a partial government shutdown when they return to Capitol Hill next week, but this one carries much less significance for military families and veterans than many of the last showdowns. Both Republicans and Democrats have downplayed the possibility of a shutdown in recent days, saying they believe the two sides can agree on final details of seven still unresolved full-year spending deals for federal agencies.

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1. [Top Stories](#)

1.1 - WILS (FOX-1320, Audio): [The WILS Morning Wake-Up w/Dave Akerly](#) (21 November, Lansing, MI)

Nine-minute broadcast: VA Secretary Robert Wilkie details President Trump's allocation of \$73 billion toward the VA.

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1.2 - U.S. News & World Report (AP): [Report: No Fault With Former Leadership at Manchester VA](#) (23 November, 14M uvm; Washington, DC)

MANCHESTER, N.H. (AP) — A government report looking into whistleblowers' complaints about the Manchester VA Medical Center finds no fault with former leadership.

New Hampshire Public Radio reports the VA's Office of Accountability and Whistleblower Protection didn't agree with allegations the former medical center director and chief of staff weren't focused enough on patient care.

Michael Mayo-Smith, former VA New England Network director, obtained the report through the Freedom of Information Act. He resigned in March after continued critique of the quality of care in hospitals under his jurisdiction.

Mayo-Smith said public discussion has been "one-sided" regarding the allegations.

The findings followed 2017 reports from The Boston Globe that physicians alleged the Manchester facility was endangering patients.

Whistleblower and doctor Ed Kois said investigators didn't pick up on how bad morale was at the VA before top leaders were removed.

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1.3 - U.S. News & World Report (AP): [South Carolina Man Sentenced for Scamming \\$200K From VA](#) (23 November, Meg Kinnard, 14M uvm; Washington, DC)

COLUMBIA, S.C. (AP) — A South Carolina man who never served in the military has been sentenced to prison for swindling nearly \$200,000 in health care from the Department of Veterans Affairs, according to federal officials.

Keith Hudson, 71, was sentenced this week to six months in federal prison, the Justice Department said in a news release. He was also sentenced to house arrest for six months after his release from prison.

Hudson pleaded guilty earlier this year to federal health care fraud charges. Claiming to have served in Vietnam, Hudson also said that he had received two Purple Heart medals when he applied to the VA in Charleston in 2015, according to authorities.

But Hudson never actually served in the military at all. In court paperwork for Hudson's guilty plea, prosecutors noted that Hudson had falsified a DD-214 - a military document detailing a person's service in and separation from the service - claiming to have served as a corpsman in the U.S. Navy from 1967 to 1971.

During the years he claimed to have been in the military, Hudson was actually working in New York and Maine, at various supermarkets and health care facilities, according to government court filings. Fingerprint records showed that Hudson had applied for a civilian civil service commission as a mess attendant for the United States Air Force in 1967 and an auxiliary police officer job in Suffolk, New York, in 1970.

In his falsified paperwork, prosecutors also said that Hudson included incorrect citations for his alleged rank and claimed to have received an award that is only bestowed by the U.S. Army, not the Navy.

Prosecutors said that Hudson is suspected of carrying out a similar scheme in Connecticut, where he got care at VA facilities from 2003 until authorities caught on several years later and placed him in a pretrial diversion program.

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1.4 - Newsday (Video): [Veterans Affairs has no timetable to reopen Northport shelter](#) (23 November, Martin C. Evans, 1.4M uvm; Melville, NY)

Amy Wascylcia credits her stay last year at the Department of Veterans Affairs' homeless shelter in Northport with helping her get back on her feet.

The former Army soldier said she felt safe from thieves and predators, who she said were a menacing presence at other shelters she stayed at before. And because the shelter is on the grounds of the Northport VA Medical Center, psychotherapists to help her cope with her mental health issues were just a short stroll away.

But because of building code violations, it's unclear when and if the 44-bed Northport shelter will be around to help other veterans like Wascylcia. The shelter has been closed since January, when frigid temperatures overwhelmed the building's heating plant, forcing VA officials to send some three dozen residents to shelters run by Beacon House, a nonprofit agency that also ran the Northport facility.

"The Northport shelter was heaven," said Wascylcia, who on Tuesday tried on donated clothing at a veterans event in Freeport. "Other shelters I've been at have had crackheads or fondlers or people who steal your things. I felt so disrespected."

Wascylcia now lives in transitional housing in Amityville after having been in and out of homelessness since 2009. Her trip to reach her twice-weekly psychotherapy sessions at Northport from Amityville involves bumming a ride or taking a four-bus, 2½-hour trip on public transportation, she said.

VA officials promised to have a new heating system installed by August, and that the shelter would begin accepting new residents well before winter temperatures arrived. But with temperatures having plunged into the teens this week, Northport officials have not indicated when or whether the shelter will reopen.

The VA declined to provide details on the shelter's future. A statement released by Northport spokesman Levi Spellman said the shelter's home — Northport's Building 11 — lost its grandfathered status when the shelter was vacated, and thus became subject to stricter building codes. He said the building failed a fire code inspection Nov. 14 because of inadequate sprinkler coverage.

"Because of the rules and regulations associated with the federal contracting process, renovating Building 11 up to code may take some time," Spellman said in an email. "That's why Northport VAMC will begin to solicit bids for on-site temporary emergency housing in the near future."

Beacon House CEO Frank Amalfitano, whose organization provides temporary housing for some 400 veterans in about 45 locations in Nassau and Suffolk counties, said its other shelters are near capacity. He said because homeless veterans often need help with psychological issues and health problems, Northport's ability to combine homeless services with clinical help made it an asset that cannot easily be replaced.

Amalfitano said the rate of utilization of these services fell sharply among homeless individuals who had to be relocated to as far away as Riverhead when the Northport shelter closed.

"The real tragedy is that participation in the various programs has gone down, and the PTSD program is one of them," Amalfitano said.

Amalfitano said more than two dozen businesses and organizations donated more than \$250,000 to renovate kitchens and bathrooms, paint the interior spaces, install a computer resource room, and make other improvements to the facility.

The closure has alarmed veterans advocates across Long Island, who said that although veterans' homelessness has declined, it remains a problem, especially among veterans with psychological troubles that require the kind of regular attention the Northport center provides.

"We no longer have as many veterans living on the street, but we still have homeless veterans who are either sleeping in someone's garage, or their car, or on someone's living room couch," said Morris Miller, a veterans advocate who sits on a Northport advisory panel. "We have veterans that need those beds. Immediately."

But it appears unlikely that the shelter's beds will be available anytime soon.

"We are currently assessing the requirements to bring the building up to current standards . . .," Spellman said in the email. "We are beginning the process of identifying the scope of work for that contract so we can begin soliciting bids as soon as possible."

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1.5 - Pittsburgh Post-Gazette: [New therapies, advancements rely on dog research](#) (23 November, Paula Clifford, 1.1M uvm; Pittsburgh, PA)

Recently, Secretary of Veterans Affairs Robert Wilkie did something rarely seen in Washington, D.C., these days. He told the truth despite pressure from special interest groups to do otherwise. Mr. Wilkie explained that, like many other Americans, he is a dog lover. However, he also supports health studies in a limited number of canines to develop new therapies aimed at helping American veterans injured on the battlefield.

Animal research has improved the health of humans and animals alike through the development of countless medications and therapies. And while most research occurs in rodents, an incredibly small percentage of these breakthroughs require dogs. While speaking at the National Press Club, Mr. Wilkie highlighted past major advancements involving canines, including the heart pacemaker and a treatment for cardiac arrhythmias. Nowadays, dogs are helping us battle various forms of cancer. In addition, new therapies developed in dogs with a form of muscular dystrophy are now being tested in human patients.

Activists have been misleading Americans about animal studies for decades, falsely claiming they are no longer necessary. However, in many cases, there are simply no alternatives. You can't model complex biological systems if you do not fully understand them.

It may be easy for some — including the PG editorial board — to accept animal rights fiction as fact (Nov. 17 editorial, "Put Him on a Leash: Dog Testing by Government is Wrong"). Thankfully, Mr. Wilkie did not make this mistake. He stood up for good, ethical science that benefits both veterans and animals. For that, he should be applauded, not criticized.

Paula Clifford
Washington, D.C.

The writer is the executive director of Americans for Medical Progress.

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2. [Improving Customer Service](#)

2.1 - Albuquerque Journal: [Research indicates compound could combat drug addiction](#) (22 November, Maddy Hayden, 308k uvm; Albuquerque, NM)

Research completed at the New Mexico Veterans Affairs Health Care System may have yielded a lead on a drug that could curb substance addictions.

Neurologist and pharmacologist Dr. George Uhl led a research team in developing and testing a compound that appears to curb the influence of a gene linked to addiction susceptibility, at least in mice. The gene is known as tyrosine phosphatase D, or PTPRD.

"There has been no FDA-approved medication for stimulants at all," Uhl said. "I think this is as promising as any other lead in this area, frankly."

Mice that were pretreated with the compound, called 7-BIA, were less likely to self-administer cocaine by pressing a lever than those without it.

Part of Uhl's research also further demonstrated the connection between PTPRD and addiction: Mice with only one copy of the gene – nearly all humans have two – also were less likely to self-administer the cocaine.

Uhl said it's not practical to make 7-BIA into a drug because it's gummy and doesn't go into solution well, but he's hopeful similar compounds can be fabricated.

Researchers examined the organs of the mice after the tests, and the compound did not appear to have any negative effects, Uhl said.

The “addicted” mice returned to normal lever-pressing behavior a couple of days later, he said.

The findings were published in the journal Proceedings of the National Academy of Sciences of the United States of America earlier this month.

“There is an opportunity for this to work for other addictions,” Uhl said.

His lab is testing the compound on other substance addictions, including alcohol and opiates.

Uhl said “optimistically,” a compound based on 7-BIA could begin in human trials as soon as five years from now.

The VA's Veterans Health Administration saw 520,000 patients suffering from substance abuse disorders during the last fiscal year, according to VA spokeswoman Susan Carter, and spent nearly \$60 million on substance abuse research.

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2.2 - The Columbian: [Rapid Response Clinic provides addiction treatment. Program at Vancouver VA campus aims to connect clients, aid](#) (23 November, Wyatt Stayner, 213k uvm; Vancouver, WA)

Medication-assisted treatment for addiction in Clark County received a boost this year, and expanded help could be on the way.

The Rapid Response Clinic, which opened in the summer at the Vancouver Veterans Affairs campus, has an 8:30 a.m. to noon window on Mondays where it provides MAT response, or medication-assisted treatment, for community members dealing with substance and alcohol use. It offers Suboxone, Subutex and Vivitrol treatments in addition to helping connect people with counseling options if they wish.

The Rapid Response Clinic's approach is part of the growing trend of using harm reduction treatments to help people with addictions. Instead of withholding or delaying medication that could help people reduce the harm they cause to themselves, the Rapid Response Clinic — which is a Lifeline Connections program — specializes in stabilizing people as soon as possible.

The medication works by reducing cravings and repairing the brain. Once someone is stabilized, they can decide if they need or want therapy.

“When someone wants to change, that window of change can be pretty short,” said Lifeline CEO Jared Sanford. “If someone wants to change and get help, we want to be there. We want to help them get access to care immediately, as soon as we possibly can.”

The clinic started seeing seven individuals for treatment when it opened in the summer, and now is helping close to 90 people, explained Kaylee Collins, director of the Medication-Assisted Treatment Program for Lifeline. Although housed on the VA campus, patients do not need to be military veterans.

Collins said treatment generally starts with seeing a person on a weekly basis for the first month, then it shifts to biweekly before becoming monthly — the plans vary after the first month, depending on each patient’s progress. The clinic has protocols in place to make sure participants aren’t gaming the clinic.

Collins and Sanford consider the approach forward-thinking. In addiction treatment, many times in the past, medication would only come after counseling or wouldn’t come at all. Collins said Rapid Response “puts the responsibility of their recovery into their hands,” when speaking of participants.

“I’m a nurse, so I’m always a patient advocate,” Collins added. “I’ve always known medications to go along with the disease or the disorder or syndrome or whatever the case may be. We kind of flipped it on its head, which I love about Rapid Response.”

Nationwide, nearly 48,000 people overdosed from opioid use last year. In Clark County 39 people died as a result of opioid overdose, and 732 deaths occurred statewide. Collins said the clinic will most likely open five days a week in the future, with shorter hours each day. Collins and Sanford consider the clinic’s approach to be very personalized.

“The new way is saying let’s meet everyone where they are at,” Sanford said. “Some individuals might not be ready to quit using entirely. Other individuals might not be ready to quit using all substances. For those individuals we still want to engage them, we still want to help them reduce the harm they are doing to themselves and others.”

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2.3 - Leader Courier-Times: [VA opens clinic in Dakota Dunes](#) (23 November, Beth Fennel, Elk Point, SD)

It was standing room only, inside and outside, as over 500 people attended the grand opening ceremony for the new location of the Sioux City Veteran Affairs outpatient clinic in Dakota Dunes Nov. 16.

Various speakers were present to provide information, make donations and discuss the facility.

After the ribbon cutting, with the help of veterans Bob Corey and Jack Jessip, veterans and family and community members toured the facilities. Staff members were strategically placed around the facility to explain areas of interest and answer questions. Some staff members

walked alongside veterans while they toured the facility. Refreshments were served after the tour concluded.

The clinic has the capacity to serve 7,000 veterans. It is located at 365 W. Anchor Drive.

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2.4 - FedHealthIT: [Connected Care: An interview with VA's Dr. Neil Evans](#) (19 November, Dr. Neil Evans; Annapolis, MD)

In June, President Donald Trump officially signed the VA MISSION Act, more formally known as the VA Maintaining Systems and Strengthening Integrated Outside Networks Act, or the Caring for Our Veterans Act of 2018. Section 151 of the Act, entitled "Licensure of Healthcare professionals of the Department of Veterans Affairs providing treatment via telemedicine", formalized a new authority that allows VA employed Healthcare professionals to practice regardless of the location of the provider or patient.

Recently, FedHealthIT's Executive Vice President, Susan Sharer, had the opportunity to speak with Dr. Neil Evans about telemedicine, how it is paving the way as a positive disruption in Healthcare delivery, and the challenges that remain.

WHY IS SECTION 151 OF THE VA MISSION ACT CRITICAL?

Section 151 of the VA MISSION Act is critical for VA, establishing unambiguous authority for VA Healthcare providers to deliver care via telehealth across state lines to wherever the Veteran is located. This may not seem transformative, but this authority is critical for VA to leverage its talented clinical workforce across the country, and to be able to better support Veterans at home or in their communities. This new authority allows us to leverage telehealth and virtual care delivery as part of all our core operations. We've already seen significant progress on FedHealthIT Magazine this front since the Anywhere to Anywhere initiative was formally finalized. Over the past year, more than 100,000 encounters have been delivered via video connection. That's roughly 700 visits per day and we expect that number to increase as more providers are trained and become capable of using VA Video Connect, our direct-to-Veteran video solution.

The combination of our Anywhere to Anywhere initiative and the VA MISSION Act allows for delivery of care to Veterans in their homes, workplaces, or through community partners, and it allows us to connect Veterans with the right specialty providers anywhere in the VA system, and with specific and unique clinical skills they may require.

HOW DO YOU MAXIMIZE THE POTENTIAL?

With a workforce as large as VA's, step one is ensuring the entire clinical team is aware of DR. EVANS the virtual care and telehealth technologies available to support the provision of care. Secure email through My HealtheVet, video visits through VA Video Connect, or text messaging through VA's Annie program, are all tools at the clinician's disposal that can enhance the provider/ patient relationship and provide innovative and convenient ways to meet the needs of the patient.

As the clinical community becomes aware of these technologies and as they experience how virtual care can enhance patients' experience and outcomes, adoption is likely to increase. Provider adoption of virtual care is critical -and by extension drives patient adoption. Historically, we've found a provider's recommendation is a powerful motivator for patients to try new technologies and new ways of engaging.

Every week, I see patients in clinic and have experienced the sense of helplessness busy clinical staff often feel, as they try to keep up and as they try to meet the expectations of all stakeholders. Virtual care technologies, when well-implemented, can be magical, making the provider's tasks more efficient and simultaneously delighting the patient.

For instance, I was recently on a call with a patient and for a moment, suspected they might need an emergency room visit for evaluation. And then, "Ah ha!" -"I could spin up a VA Video Connect visit and solve this right now." Within minutes, my patient and I were connected via video and after seeing the issue, I was able to explain what was happening. He was thrilled to have an answer and didn't have to come to the emergency room. I was happy to 34 I W i n t e r 2 0 1 9 FedHealthIT Magazine have saved him time and trouble, and there was the added bonus of saving the Healthcare system the cost and inefficiency of an unnecessary emergency room visit.

We've seen a lot of creativity in how people are using VA's new video care solution -regular wound follow-up visits via video; group visits involving the Veteran, their VA provider and an external prosthetist fitting new artificial limbs or other prosthetics; mental health visits; collaborative home blood pressure checks, and more.

THE PRIVATE SECTOR CONNECTION

VA has been a leader for many years, using video and synchronous telehealth to connect Veterans who visit our community clinics with VA providers at our larger hospital locations. We've engaged with colleagues in the private sector to share VA's lessons learned about telehealth. The interest in telemedicine and virtual care in Healthcare at large has increased; the entire industry is thinking about how virtual care should be integrated into their core operations. Every Healthcare system is focused on the patient experience and how to make care less inconvenient, while still maintaining high quality.

WHAT CHALLENGES REMAIN? How do we ensure the increased adoption of virtual care doesn't lead to unintended consequences? And how do we assure these new modalities for care delivery don't create new disparities between those who have technology and those who don't? We need to ensure we provide the same access to all Veterans, regardless of their technological means.

We're thinking, at the system level, about ways to improve the ability of Veterans to access technology. We're in regular dialog with the Federal Communications Commission (FCC) around support for broadband expansion and the need for Americans to have access to affordable high-speed internet from their homes and workplaces.

On another front, VA is working to make devices, such as video-enabled tablets, available to Veterans when they need to connect regularly and don't have access to a device.

Another barrier is the challenge of integrating new virtual care workflows into VA's clinical environment at scale. We're deeply involved in the day-to-day work necessary to implement a

successful virtual care program, including training, improving technologies, adjusting workflows, engaging with stakeholders, and making necessary changes.

THE OPPORTUNITY TO THINK BEYOND

Telehealth is disruptive. Telehealth has the power to transform how we think about Healthcare delivery -particularly in a large national system like VA. We can significantly enhance the Veteran's experience by better supporting them and their caregivers where they are.

We can increase the efficiency and capacity of the Healthcare system by connecting available clinical staff with the Veterans who need their services, even if the Veteran and provider aren't in the same location.

We can increase the quality of the care we deliver by connecting Veterans with the clinical staff best equipped to meet their needs.

Technology allows us to think creatively about how our Healthcare system adapts and responds to the needs of Veterans and citizens. I think a great example occurred last year in the aftermath of Hurricane Harvey. An impromptu telehealth emergency management team quickly stepped in and provided virtual care, helping decompress the massive load on the local Healthcare providers who were, in some cases, juggling their own personal losses in the midst of the crisis. We've expanded telehealth as part of our emergency plan for the current hurricane season, having recently stress tested it on the 4th of July.

Why else is the telehealth portion of the VA MISSION Act so critical (and exciting)? -Because it demonstrates the support we've seen at the highest levels of our Government for the expansion of VA telehealth and because it is a recognition of the transformative potential of virtual care technologies. The journey is just beginning.

ABOUT NEIL EVANS, MD

The Office of Connected Care manages VA Telehealth, My HealtheVet, the VA Mobile program, and VHA's Innovation initiatives. Beyond his role with the Office of Connected Care, Dr. Evans is also a primary care physician who sees patients at the Washington D.C. Veterans Affairs Medical Center.

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3. [Business Transformation](#)

3.1 - Denton Record-Chronicle: [New structure for veteran assistance makes accessing resources easier](#) (23 November, Jenna Duncan, 26k uvm; Denton, TX)

Asking for help is hard. And when there are a lot of options, it's daunting.

The military veteran population in Denton County continues to soar, with 48,000 now living in the county without a military base or a Veterans Affairs hospital in Denton to help them.

After a two-year pilot program through the United Way of Denton County, there are now two county employees dedicated to helping veterans get access to the tools they need to be successful in civilian life: veteran community navigators.

With the navigators housed at the Denton County Veterans Center with nonprofits and a counselor, veterans are able to get the things they need easier, said Sonia Redwine, director of health and mental health initiatives at United Way.

“Something the chair of our veterans’ work group always says is, ‘It’s great to be a veteran in Denton County because the community has rallied around our veteran population,’” she said. “While some of these issues seem really daunting, I firmly believe the community has the resources to address them. To me, that’s what’s exciting.”

Liz Emerson, one of the veteran community navigators, first started in the job when it was created in 2016 as part of a grant from Texas Health and Human Services.

In the first year, she and another navigator referred 500 veterans to the services they needed, and managed 250 cases when people needed more than just one thing.

This fall, the county officially funded the positions.

“There’s a lot of resources for veterans and their families, but accessing them can be really difficult because each requires different eligibility documentation and requirements, so we are making sure someone is appropriate for the resources we’re connecting them to,” Emerson said. “We never want them to feel like they shouldn’t have reached out in the first place.”

The way it was before the resource center is veterans didn’t have one person or place to go to and ask questions.

While there are a lot of nonprofits focused on helping veterans, when they have a narrow scope and rely on volunteers, it can be difficult to figure out if they can help, Emerson said.

In recent years, this problem could be easily seen at Texas Woman’s University, where there is a large student veteran population.

Even though the school has special outreach for veterans, dedicated veteran spaces and transitional education, for needs outside of the school it was hard to find help, said Amy O’Keefe, executive director of the Campus Alliance for Resource Education.

“Before the navigators, what I would do is contact individual agencies, going down a whole list. We’d be limited by the time it takes to do that, and also that was just based on my knowledge of what different organizations do, and my expertise only goes so far,” O’Keefe said. “Many times it’s just a one-time need for help that makes such a difference, and now I don’t have to worry about it.”

With the physical veterans center, various organizations can have offices to make accessing resources easier.

Organizations such as the Denton County Veterans Coalition and the Texas Veterans Commission have offices at the center.

There's also a counselor who is there throughout the week, meeting the need for mental health services.

"It's a place for the community to give and a place where veterans are comfortable receiving, and we have the ear of our local politicians to make this a priority," Emerson said. "There's so many people who want to help veterans, but there hasn't been an easy way to connect with veterans. Now, we work with a bunch of veteran groups that can connect people to emergency benefits."

In addition to mental health services, the biggest needs are transportation and housing. With the Denton County Transportation Authority, a new pilot program gives veterans gift cards for the ride-share service Lyft and gift cards to be used for cab services.

So far, the program has given out gift cards to about 15 veterans so they can use the car services to gain access to resources, such as going to doctor's appointments or to Dallas to get to the VA.

"For those veterans who may be suffering from a mental health condition like [post traumatic stress disorder], this is a great alternative because sometimes public transit, or trying to access it, can be daunting for someone dealing with that," Redwine said.

Housing will be an ongoing issue, and Denton Mayor Chris Watts has signed a pledge to end veteran homelessness by 2020, a new focus moving forward. Right now, there are about 50 veterans who are chronically homeless in our area, Redwine said.

Emerson said it is rewarding to be able to help veterans access the help they need, whether it's connecting them to government benefits they didn't know they were entitled to or directing their families to the food pantry.

And now having a system in place to address these issues means hopefully problems will be solved and not reoccurring, she said.

"We are taking care of a whole issue instead of trying to put a patch on something temporarily," Emerson said. "With 48,000 veterans and no VA hospital here, it's kind of amazing this didn't exist. I think kudos go to the behavioral health leadership team for identifying this as a need. It's made all of the blood, sweat and tears worth it to get to this point."

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3.2 - WTVY (CBS-4): [Dothan veteran mental and physical health clinics will combine](#) (23 November, 23k uvm; Dothan, AL)

Starting November 30th the primary and mental health clinics in Dothan will be combined into one clinical care site.

The site will be staffed by the Veterans Administration.

It was reported in September that the clinic serving physical care needs on Alexander Drive would close and merge with the mental health clinic at 3753 Ross Clark Circle.

During this transition clinical staff will be available to address urgent care needs on November 26th-30th.

Full services will be available on December 3rd.

In a press release Dr. Linda Boyle, director of the Central Alabama Veterans Health Care System said, "The VA has an extensive history of improved opportunities when primary care and mental health are integrated,... Veterans find it beneficial to access coordinated care in the location, so VA implemented this comprehensive model across its health care system and now this opportunity is available in Dothan."

Veterans who have question can contact the Central Alabama Veterans Health Care System at 1-800-214-8387 ext. 7681.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

[5. Suicide Prevention](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Pittsburgh Post-Gazette: [Vets shortchanged again: Stalled GI Bill payments are VA's latest gaffe](#) (23 November, Editorial Board, 1.1M uvm; Pittsburgh, PA)

Veterans recently discharged from the service or just home from a deployment can have a difficult time re-adjusting to civilian life.

Everyday routines can seem blase after tension-filled months in a war zone. Some veterans grapple with service-related injuries or post-traumatic stress disorder, while others struggle to plan the next chapter of their lives.

What they don't need on top of those challenges are the financial problems, stress and uncertainty resulting from the latest screw-up at the U.S. Department of Veterans Affairs. According to a Washington Post report, a breakdown in the VA's aging computer system has disrupted this fall's GI Bill payments for tens of thousands of students. Tennessee Rep. Phil Roe, chairman of the House Veterans Affairs Committee, rightly called this a "train wreck."

Some students have been underpaid. Others aren't receiving payments at all. Veterans have had to dip into their bank accounts, take out loans or use credit cards to meet tuition payments and other expenses, while those without a financial cushion aren't sure which way to turn. One told the Post that he can't afford rent or groceries, is struggling with the added stress and doesn't know when he'll be able to graduate.

What a way to thank people for serving their country. Yet this is the kind of incompetence the nation has come to expect from the VA, long under fire for excessive wait times and other quality-of-care issues at its hospitals and clinics.

The GI Bill is a staple benefit for those who serve in the armed forces. Created in 1944, it helps veterans pay for career and technical education, college and graduate school. Housing, books, supplies and certain test and certification fees are covered, too. Each veteran's subsidy is based on factors such as enrollment costs and length of military service, but the benefit can include full coverage of tuition and fees.

Last year, in a rare show of bipartisanship, Congress passed a sweeping expansion of GI Bill benefits called the "Forever GI Bill." Congress now should move in similarly bipartisan fashion to get the VA the technology upgrades it needs so that benefits, old and new, can flow to deserving recipients in a timely manner. Veterans groups — including the American Legion and Veterans of Foreign Wars — should pressure the Trump administration and Congress to make those upgrades on the double.

At things stand, the government doesn't know whether the problems will be corrected in time for the spring semester that's right around the corner. Colleges, universities and trade schools should work with students so that they don't have to dip further into bank accounts, tap credit cards or, even worse, withdraw from classes until the money arrives. Veterans are under-represented on many campuses, so administrators should do all they can to retain the numbers they have.

In recent years, business groups and philanthropies have launched programs to expand job opportunities for veterans. But veterans can't take those jobs without the required education. The VA's ineptitude is hurting veterans as well as the communities they're looking to serve in new ways.

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6.2 - WBBM (CBS-2, Video): [South Barrington Residents Worry About Proposed Veterans Cemetery](#) (23 November, Roseanne Tellez, 505k uvm; Chicago, IL)

Residents in a South Barrington neighborhood said they support a new national cemetery for military veterans, but a proposed 15-acre plot near them is too close to home.

"It would be three to seven rifles being shot three to five times per day literally just feet from our homes," South Barrington resident Navraaz Basati said.

Basati said the area off Mundhank and Freeman Roads is already busy with more development in the area planned.

"The noise, the amount of thoroughfare and then you're going to be trying to hold funerals on this parcel," Basati said. "It does not make sense."

But, this is where the U.S. Department of Veterans Affairs is proposing a new cemetery. An artist rendering shows the stone walls that would hold up to 50,000 cremated remains.

The first public hearing on the plan earlier this month quickly turned emotional.

"It's very hard to live through what we've lived through and serve a nation that today does not welcome or respect soldiers," one attendee said.

But, Joe Marsiglia, a veteran and South Barrington resident, said he doesn't think it's fair.

"I went in the military to serve this country, to serve and protect," Marsiglia said. "I would like to protect my home too."

One veteran and funeral director said for veterans' families in Northern Illinois, Abraham Lincoln National Cemetery in Elwood is the closest option. Rock Island National Cemetery is even farther, and Fort Sheridan Cemetery has very specific criteria about which veterans can be buried there.

Families are frequently forced to take a pass, denying a veteran what he has earned.

While the National Cemetery Administration said it's conducted a comprehensive years-long search, the South Barrington mayor said the village was left out of that process.

Time is running out to weigh in. Public comment ends on Monday.

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6.3 - WFLA (NBC-8, Video): [Benefits for thousands of Navy veterans depend on Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

The clock is ticking on a bill to help Vietnam-era Navy veterans, and time is running out on many of them who are now sick.

The legislation extends health care and disability benefits to Navy veterans suffering from exposure to the toxic herbicide known as Agent Orange.

The so-called Blue Water Navy bill would assist 50-70,000 Navy veterans.

In June, the measure sailed through the U.S. House of Representatives, where it received a unanimous endorsement.

Then instead of leading the way, Georgia Republican Senator Johnny Isakson, blocked the door.

About 90,000 U.S. sailors fought in the Vietnam War, not on the ground, but from the sea.

Their ships pulled into Vietnam's bays and harbors.

Veteran Mike Kvintus of New Port Richey was one of them.

"My ship sailed into Da Nang Harbor, and the days that I was there, they sprayed Agent Orange all over the harbor," Mike recalled.

The U.S. military sprayed millions of gallons of the herbicide Agent Orange on Vietnam, to kill vegetation in which the enemy hid and rob them of their food supply.

The powerful defoliant is now killing Americans.

"I have diabetes, I have heart disease, neuropathy, I have kidney disease, all these are associated with Agent Orange.

The VA doesn't agree.

It maintains the science connecting Agent Orange to sailors that never touched Vietnam soil, is just not there.

"Baloney," Commander John Wells of Military Veterans Advocacy said.

According to Mr. Wells, a major force behind this bill, this isn't about science, it is about money that the VA does not want to pay.

Cdr. Wells cites studies that show Agent Orange ran into streams and rivers, then ended up offshore.

There, U.S. ships converted contaminated sea water to water that crews drank, cooked and bathed in.

The distillation process only enhanced the Agent Orange.

In June the House unanimously passed legislation extending health care and disability benefits to Navy veterans who served in Vietnam's territorial waters and now suffer from Agent Orange-related illnesses.

Georgia Senator Johnny Isakson, chairman of the Committee on Veterans Affairs put on the brakes. The bill still sits in limbo.

"It's on its last leg, hopefully, it's not on life support," John Wells explained. "We still have a couple of weeks in the lame duck session to try to get it through."

Mr. Wells hears the bill may start moving next week.

"My confidence it's going to pass Congress this year, no," Mr. Wells added. "I think there's a chance."

This Congress is running out of time. So are many veterans.

"I took an oath to defend the constitution of the United States," Navy veteran Mike Kvintus explained. "With that, I felt the country should take care of me and they're not doing it."

John Wells has fought this fight for seven years. He vows if they lose this battle, the war will continue next year.

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6.4 - WFLA (NBC-8): [Tens of thousand of Navy veterans await Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

Tens of thousands of Navy veterans who served in the Vietnam War are waiting for Georgia Senator Johnny Isakson to do something.

In June the U.S. House of Representatives voted unanimously to extend health care and disability benefits to sailors who served on ships in Vietnamese territorial waters and suffer from diseases associated with Agent Orange.

Instead of grabbing the momentum and putting the Blue Water Navy bill up for a vote, Isakson, chairman of the Senate Committee on Veterans affairs decided he needed a closer look..

8 On Your Side has reported extensively on this issue and followed this effort for more than 2 years.

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6.5 - KTVA (CBS-11, Video): [Local groups to honor fallen veterans with wreaths at Fort Richardson National Cemetery](#) (23 November, Joe Vigil, 65k uvm; Anchorage, AK)

Sara Mullen vividly remembers a wreath being placed on the gravestone of her father, a retired U.S. Air Force colonel and Vietnam veteran.

"My dad is buried at Arlington National Cemetery, so that's how I started. I went out there and participated in that wreath-laying ceremony which is amazing," said Mullen.

She says that has inspired her to get more wreaths placed at Fort Richardson National Cemetery on Joint Base Elmendorf-Richardson, where there are currently about 7,000 headstones.

Mullen is part of the Richardson Spouses' Club which is participating in Wreaths Across America as a community service project this year. People can choose to sponsor a wreath through the national Wreaths Across America website. If they want it to go to Fort Richardson National Cemetery, they should specify that when donating on the site. That way the wreath will go exactly where someone wants it to go, Mullen said.

According to its website, the Wreaths Across America mission is to remember fallen U.S. veterans, as well as honoring those who served and teaching children the value of freedom.

Mullen says about 1,100 wreaths were placed at Fort Richardson National Cemetery last year. Other local groups are working on the effort, too, she said.

The Wreaths Across America deadline to sponsor wreaths is Dec. 3.

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7. [Other](#)

7.1 - Military Times: [Here's how troops, veterans could be affected by the latest government shutdown threat](#) (22 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Lawmakers will face yet another threat of a partial government shutdown when they return to Capitol Hill next week, but this one carries much less significance for military families and veterans than many of the last showdowns.

Both Republicans and Democrats have downplayed the possibility of a shutdown in recent days, saying they believe the two sides can agree on final details of seven still unresolved full-year spending deals for federal agencies. Before the mid-term elections, Congress extended their budgets until Dec. 7.

President Donald Trump has also signaled optimism about a deal, but last week told reporters at the White House he thought now could be “a good time” for a government shutdown if lawmakers don’t back funding of his plans for a border wall in the southern U.S. states.

“If I was ever going to do a shutdown over border security, when you look at the caravans, when you look at the mess, when you look at the people coming in, this would be a very good time to do a shutdown,” he said.

Among the spending bills still to be finalized are those for the Departments of Justice, Commerce, Housing and Urban Development, State and Homeland Security. Missing from that list are the Departments of Defense and Veterans Affairs, because lawmakers finished work on those appropriations measures earlier this year.

That means even if the White House and Congress can’t reach an agreement on the outstanding appropriations issues by the Dec. 7 deadline, those budgets will continue unaffected for the rest of the fiscal year.

But even though troops’ paychecks and veterans services won’t be affected, another partial government shutdown could have secondary impacts on those groups.

A State Department shutdown, for example, could mean troops deployed to allied countries overseas would see some overseas services curtailed, and troops in Afghanistan and other combat areas could see civilian colleagues’ schedules upended by personnel limits.

Department facilities would be minimally staffed, and chiefs of mission would decide which personnel are “excepted” from the shutdown because their work is essential to national security. Others would be furloughed.

Consulates can remain operational so long as there are sufficient fees to support their operations, according to the most recent shutdown guidelines.

In addition, international aid payments to U.S. allies could be stalled while the funding issues are sorted out.

Shutting down the Department of Homeland Security could prove problematic for troops deployed along the southern U.S. border. Nearly 6,000 active-duty troops and 2,100 Guardsmen deployed to the region could see border patrol activities cut or canceled in coming weeks, further confusing the role of support forces there.

The vast majority of Homeland Security employees will remain on the job if the government shuts down, a department spokesman told CQ during the last budget stalemate. About 90

percent are considered essential staff because of the law enforcement missions of many of its agencies.

The Coast Guard operated at 80 percent, but its services to maritime commerce and recreational boating would cease, according to the Bipartisan Policy Center.

VA officials work closely with HUD leaders on a host of homeless outreach efforts throughout the year, and a disruption in their funding could mean reducing or temporarily canceling some of those efforts.

For now, lawmakers are continuing work to avoid a shutdown. Whether Trump's comments hurt or help that process remains to be seen.

"We believe Democrats and Republicans should stick with their agreement and not let President Trump interfere," Senate Minority Leader Chuck Schumer, D-N.Y., told reporters last week. "Every time he interferes, it gets bollixed up."

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Veterans Affairs Media Summary and News Clips

24 November 2018

1. [Top Stories](#)

1.1 - WILS (FOX-1320, Audio): [The WILS Morning Wake-Up w/Dave Akerly](#) (21 November, Lansing, MI)

Nine-minute broadcast: VA Secretary Robert Wilkie details President Trump's allocation of \$73 billion toward the VA.

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1.2 - U.S. News & World Report (AP): [Report: No Fault With Former Leadership at Manchester VA](#) (23 November, 14M uvm; Washington, DC)

A government report looking into whistleblowers' complaints about the Manchester VA Medical Center finds no fault with former leadership. New Hampshire Public Radio reports the VA's Office of Accountability and Whistleblower Protection didn't agree with allegations the former medical center director and chief of staff weren't focused enough on patient care.

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1.3 - U.S. News & World Report (AP): [South Carolina Man Sentenced for Scamming \\$200K From VA](#) (23 November, Meg Kinnard, 14M uvm; Washington, DC)

A South Carolina man who never served in the military has been sentenced to prison for swindling nearly \$200,000 in health care from the Department of Veterans Affairs, according to federal officials. Keith Hudson, 71, was sentenced this week to six months in federal prison, the Justice Department said in a news release. He was also sentenced to house arrest for six months after his release from prison.

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1.4 - Newsday (Video): [Veterans Affairs has no timetable to reopen Northport shelter](#) (23 November, Martin C. Evans, 1.4M uvm; Melville, NY)

Amy Wascylcia credits her stay last year at the Department of Veterans Affairs' homeless shelter in Northport with helping her get back on her feet. The former Army soldier said she felt safe from thieves and predators, who she said were a menacing presence at other shelters she stayed at before. And because the shelter is on the grounds of the Northport VA Medical Center, psychotherapists to help her cope with her mental health issues were just a short stroll away.

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1.5 - Pittsburgh Post-Gazette: [New therapies, advancements rely on dog research](#) (23 November, Paula Clifford, 1.1M uvm; Pittsburgh, PA)

Recently, Secretary of Veterans Affairs Robert Wilkie did something rarely seen in Washington, D.C., these days. He told the truth despite pressure from special interest groups to do otherwise. Mr. Wilkie explained that, like many other Americans, he is a dog lover. However, he also supports health studies in a limited number of canines to develop new therapies aimed at helping American veterans injured on the battlefield.

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2. Improving Customer Service

2.1 - Albuquerque Journal: Research indicates compound could combat drug addiction

(22 November, Maddy Hayden, 308k uvm; Albuquerque, NM)

Research completed at the New Mexico Veterans Affairs Health Care System may have yielded a lead on a drug that could curb substance addictions. Neurologist and pharmacologist Dr. George Uhl led a research team in developing and testing a compound that appears to curb the influence of a gene linked to addiction susceptibility, at least in mice. The gene is known as tyrosine phosphatase D, or PTPRD.

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2.2 - The Columbian: Rapid Response Clinic provides addiction treatment. Program at Vancouver VA campus aims to connect clients, aid

(23 November, Wyatt Stayner, 213k uvm; Vancouver, WA)

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2.3 - Leader Courier-Times: VA opens clinic in Dakota Dunes

(23 November, Beth Fennel, Elk Point, SD)
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2.4 - FedHealthIT: Connected Care: An interview with VA's Dr. Neil Evans

(19 November, Dr. Neil Evans; Annapolis, MD)
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3. Business Transformation

3.1 - Denton Record-Chronicle: New structure for veteran assistance makes accessing resources easier

(23 November, Jenna Duncan, 26k uvm; Denton, TX)

Asking for help is hard. And when there are a lot of options, it's daunting. The military veteran population in Denton County continues to soar, with 48,000 now living in the county without a military base or a Veterans Affairs hospital in Denton to help them.

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3.2 - WTVY (CBS-4): [Dothan veteran mental and physical health clinics will combine](#) (23 November, 23k uvm; Dothan, AL)

Starting November 30th the primary and mental health clinics in Dothan will be combined into one clinical care site. The site will be staffed by the Veterans Administration. It was reported in September that the clinic serving physical care needs on Alexander Drive would close and merge with the mental health clinic at 3753 Ross Clark Circle.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Pittsburgh Post-Gazette: [Vets shortchanged again: Stalled GI Bill payments are VA's latest gaffe](#) (23 November, Editorial Board, 1.1M uvm; Pittsburgh, PA)

Veterans recently discharged from the service or just home from a deployment can have a difficult time re-adjusting to civilian life. Everyday routines can seem blasé after tension-filled months in a war zone. Some veterans grapple with service-related injuries or post-traumatic stress disorder, while others struggle to plan the next chapter of their lives.

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6.2 - WBBM (CBS-2, Video): [South Barrington Residents Worry About Proposed Veterans Cemetery](#) (23 November, Roseanne Tellez, 505k uvm; Chicago, IL)

Residents in a South Barrington neighborhood said they support a new national cemetery for military veterans, but a proposed 15-acre plot near them is too close to home. "It would be three to seven rifles being shot three to five times per day literally just feet from our homes," South Barrington resident Navraaz Basati said.

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6.3 - WFLA (NBC-8, Video): [Benefits for thousands of Navy veterans depend on Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

The clock is ticking on a bill to help Vietnam-era Navy veterans, and time is running out on many of them who are now sick. The legislation extends health care and disability benefits to Navy veterans suffering from exposure to the toxic herbicide known as Agent Orange. The so-called Blue Water Navy bill would assist 50-70,000 Navy veterans.

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6.4 - WFLA (NBC-8): [Tens of thousand of Navy veterans await Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

Tens of thousands of Navy veterans who served in the Vietnam War are waiting for Georgia Senator Johnny Isakson to do something. In June the U.S. House of Representatives voted unanimously to extend health care and disability benefits to sailors who served on ships in Vietnamese territorial waters and suffer from diseases associated with Agent Orange.

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6.5 - KTVA (CBS-11, Video): [Local groups to honor fallen veterans with wreaths at Fort Richardson National Cemetery](#) (23 November, Joe Vigil, 65k uvm; Anchorage, AK)

Sara Mullen vividly remembers a wreath being placed on the gravestone of her father, a retired U.S. Air Force colonel and Vietnam veteran. "My dad is buried at Arlington National Cemetery, so that's how I started. I went out there and participated in that wreath-laying ceremony which is amazing," said Mullen.

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7. [Other](#)

7.1 - Military Times: [Here's how troops, veterans could be affected by the latest government shutdown threat](#) (22 November, Leo Shane III, 471k uvm; Springfield, VA)

Lawmakers will face yet another threat of a partial government shutdown when they return to Capitol Hill next week, but this one carries much less significance for military families and veterans than many of the last showdowns. Both Republicans and Democrats have downplayed the possibility of a shutdown in recent days, saying they believe the two sides can agree on final details of seven still unresolved full-year spending deals for federal agencies.

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1. [Top Stories](#)

1.1 - WILS (FOX-1320, Audio): [The WILS Morning Wake-Up w/Dave Akerly](#) (21 November, Lansing, MI)

Nine-minute broadcast: VA Secretary Robert Wilkie details President Trump's allocation of \$73 billion toward the VA.

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1.2 - U.S. News & World Report (AP): [Report: No Fault With Former Leadership at Manchester VA](#) (23 November, 14M uvm; Washington, DC)

MANCHESTER, N.H. (AP) — A government report looking into whistleblowers' complaints about the Manchester VA Medical Center finds no fault with former leadership.

New Hampshire Public Radio reports the VA's Office of Accountability and Whistleblower Protection didn't agree with allegations the former medical center director and chief of staff weren't focused enough on patient care.

Michael Mayo-Smith, former VA New England Network director, obtained the report through the Freedom of Information Act. He resigned in March after continued critique of the quality of care in hospitals under his jurisdiction.

Mayo-Smith said public discussion has been "one-sided" regarding the allegations.

The findings followed 2017 reports from The Boston Globe that physicians alleged the Manchester facility was endangering patients.

Whistleblower and doctor Ed Kois said investigators didn't pick up on how bad morale was at the VA before top leaders were removed.

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1.3 - U.S. News & World Report (AP): [South Carolina Man Sentenced for Scamming \\$200K From VA](#) (23 November, Meg Kinnard, 14M uvm; Washington, DC)

COLUMBIA, S.C. (AP) — A South Carolina man who never served in the military has been sentenced to prison for swindling nearly \$200,000 in health care from the Department of Veterans Affairs, according to federal officials.

Keith Hudson, 71, was sentenced this week to six months in federal prison, the Justice Department said in a news release. He was also sentenced to house arrest for six months after his release from prison.

Hudson pleaded guilty earlier this year to federal health care fraud charges. Claiming to have served in Vietnam, Hudson also said that he had received two Purple Heart medals when he applied to the VA in Charleston in 2015, according to authorities.

But Hudson never actually served in the military at all. In court paperwork for Hudson's guilty plea, prosecutors noted that Hudson had falsified a DD-214 - a military document detailing a person's service in and separation from the service - claiming to have served as a corpsman in the U.S. Navy from 1967 to 1971.

During the years he claimed to have been in the military, Hudson was actually working in New York and Maine, at various supermarkets and health care facilities, according to government court filings. Fingerprint records showed that Hudson had applied for a civilian civil service commission as a mess attendant for the United States Air Force in 1967 and an auxiliary police officer job in Suffolk, New York, in 1970.

In his falsified paperwork, prosecutors also said that Hudson included incorrect citations for his alleged rank and claimed to have received an award that is only bestowed by the U.S. Army, not the Navy.

Prosecutors said that Hudson is suspected of carrying out a similar scheme in Connecticut, where he got care at VA facilities from 2003 until authorities caught on several years later and placed him in a pretrial diversion program.

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1.4 - Newsday (Video): [Veterans Affairs has no timetable to reopen Northport shelter](#) (23 November, Martin C. Evans, 1.4M uvm; Melville, NY)

Amy Wascylcia credits her stay last year at the Department of Veterans Affairs' homeless shelter in Northport with helping her get back on her feet.

The former Army soldier said she felt safe from thieves and predators, who she said were a menacing presence at other shelters she stayed at before. And because the shelter is on the grounds of the Northport VA Medical Center, psychotherapists to help her cope with her mental health issues were just a short stroll away.

But because of building code violations, it's unclear when and if the 44-bed Northport shelter will be around to help other veterans like Wascylcia. The shelter has been closed since January, when frigid temperatures overwhelmed the building's heating plant, forcing VA officials to send some three dozen residents to shelters run by Beacon House, a nonprofit agency that also ran the Northport facility.

"The Northport shelter was heaven," said Wascylcia, who on Tuesday tried on donated clothing at a veterans event in Freeport. "Other shelters I've been at have had crackheads or fondlers or people who steal your things. I felt so disrespected."

Wascylcia now lives in transitional housing in Amityville after having been in and out of homelessness since 2009. Her trip to reach her twice-weekly psychotherapy sessions at Northport from Amityville involves bumming a ride or taking a four-bus, 2½-hour trip on public transportation, she said.

VA officials promised to have a new heating system installed by August, and that the shelter would begin accepting new residents well before winter temperatures arrived. But with temperatures having plunged into the teens this week, Northport officials have not indicated when or whether the shelter will reopen.

The VA declined to provide details on the shelter's future. A statement released by Northport spokesman Levi Spellman said the shelter's home — Northport's Building 11 — lost its grandfathered status when the shelter was vacated, and thus became subject to stricter building codes. He said the building failed a fire code inspection Nov. 14 because of inadequate sprinkler coverage.

"Because of the rules and regulations associated with the federal contracting process, renovating Building 11 up to code may take some time," Spellman said in an email. "That's why Northport VAMC will begin to solicit bids for on-site temporary emergency housing in the near future."

Beacon House CEO Frank Amalfitano, whose organization provides temporary housing for some 400 veterans in about 45 locations in Nassau and Suffolk counties, said its other shelters are near capacity. He said because homeless veterans often need help with psychological issues and health problems, Northport's ability to combine homeless services with clinical help made it an asset that cannot easily be replaced.

Amalfitano said the rate of utilization of these services fell sharply among homeless individuals who had to be relocated to as far away as Riverhead when the Northport shelter closed.

"The real tragedy is that participation in the various programs has gone down, and the PTSD program is one of them," Amalfitano said.

Amalfitano said more than two dozen businesses and organizations donated more than \$250,000 to renovate kitchens and bathrooms, paint the interior spaces, install a computer resource room, and make other improvements to the facility.

The closure has alarmed veterans advocates across Long Island, who said that although veterans' homelessness has declined, it remains a problem, especially among veterans with psychological troubles that require the kind of regular attention the Northport center provides.

"We no longer have as many veterans living on the street, but we still have homeless veterans who are either sleeping in someone's garage, or their car, or on someone's living room couch," said Morris Miller, a veterans advocate who sits on a Northport advisory panel. "We have veterans that need those beds. Immediately."

But it appears unlikely that the shelter's beds will be available anytime soon.

"We are currently assessing the requirements to bring the building up to current standards . . .," Spellman said in the email. "We are beginning the process of identifying the scope of work for that contract so we can begin soliciting bids as soon as possible."

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1.5 - Pittsburgh Post-Gazette: [New therapies, advancements rely on dog research](#) (23 November, Paula Clifford, 1.1M uvm; Pittsburgh, PA)

Recently, Secretary of Veterans Affairs Robert Wilkie did something rarely seen in Washington, D.C., these days. He told the truth despite pressure from special interest groups to do otherwise. Mr. Wilkie explained that, like many other Americans, he is a dog lover. However, he also supports health studies in a limited number of canines to develop new therapies aimed at helping American veterans injured on the battlefield.

Animal research has improved the health of humans and animals alike through the development of countless medications and therapies. And while most research occurs in rodents, an incredibly small percentage of these breakthroughs require dogs. While speaking at the National Press Club, Mr. Wilkie highlighted past major advancements involving canines, including the heart pacemaker and a treatment for cardiac arrhythmias. Nowadays, dogs are helping us battle various forms of cancer. In addition, new therapies developed in dogs with a form of muscular dystrophy are now being tested in human patients.

Activists have been misleading Americans about animal studies for decades, falsely claiming they are no longer necessary. However, in many cases, there are simply no alternatives. You can't model complex biological systems if you do not fully understand them.

It may be easy for some — including the PG editorial board — to accept animal rights fiction as fact (Nov. 17 editorial, "Put Him on a Leash: Dog Testing by Government is Wrong"). Thankfully, Mr. Wilkie did not make this mistake. He stood up for good, ethical science that benefits both veterans and animals. For that, he should be applauded, not criticized.

Paula Clifford
Washington, D.C.

The writer is the executive director of Americans for Medical Progress.

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2. [Improving Customer Service](#)

2.1 - Albuquerque Journal: [Research indicates compound could combat drug addiction](#) (22 November, Maddy Hayden, 308k uvm; Albuquerque, NM)

Research completed at the New Mexico Veterans Affairs Health Care System may have yielded a lead on a drug that could curb substance addictions.

Neurologist and pharmacologist Dr. George Uhl led a research team in developing and testing a compound that appears to curb the influence of a gene linked to addiction susceptibility, at least in mice. The gene is known as tyrosine phosphatase D, or PTPRD.

"There has been no FDA-approved medication for stimulants at all," Uhl said. "I think this is as promising as any other lead in this area, frankly."

Mice that were pretreated with the compound, called 7-BIA, were less likely to self-administer cocaine by pressing a lever than those without it.

Part of Uhl's research also further demonstrated the connection between PTPRD and addiction: Mice with only one copy of the gene – nearly all humans have two – also were less likely to self-administer the cocaine.

Uhl said it's not practical to make 7-BIA into a drug because it's gummy and doesn't go into solution well, but he's hopeful similar compounds can be fabricated.

Researchers examined the organs of the mice after the tests, and the compound did not appear to have any negative effects, Uhl said.

The “addicted” mice returned to normal lever-pressing behavior a couple of days later, he said.

The findings were published in the journal Proceedings of the National Academy of Sciences of the United States of America earlier this month.

“There is an opportunity for this to work for other addictions,” Uhl said.

His lab is testing the compound on other substance addictions, including alcohol and opiates.

Uhl said “optimistically,” a compound based on 7-BIA could begin in human trials as soon as five years from now.

The VA's Veterans Health Administration saw 520,000 patients suffering from substance abuse disorders during the last fiscal year, according to VA spokeswoman Susan Carter, and spent nearly \$60 million on substance abuse research.

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2.2 - The Columbian: [Rapid Response Clinic provides addiction treatment. Program at Vancouver VA campus aims to connect clients, aid](#) (23 November, Wyatt Stayner, 213k uvm; Vancouver, WA)

Medication-assisted treatment for addiction in Clark County received a boost this year, and expanded help could be on the way.

The Rapid Response Clinic, which opened in the summer at the Vancouver Veterans Affairs campus, has an 8:30 a.m. to noon window on Mondays where it provides MAT response, or medication-assisted treatment, for community members dealing with substance and alcohol use. It offers Suboxone, Subutex and Vivitrol treatments in addition to helping connect people with counseling options if they wish.

The Rapid Response Clinic's approach is part of the growing trend of using harm reduction treatments to help people with addictions. Instead of withholding or delaying medication that could help people reduce the harm they cause to themselves, the Rapid Response Clinic — which is a Lifeline Connections program — specializes in stabilizing people as soon as possible.

The medication works by reducing cravings and repairing the brain. Once someone is stabilized, they can decide if they need or want therapy.

“When someone wants to change, that window of change can be pretty short,” said Lifeline CEO Jared Sanford. “If someone wants to change and get help, we want to be there. We want to help them get access to care immediately, as soon as we possibly can.”

The clinic started seeing seven individuals for treatment when it opened in the summer, and now is helping close to 90 people, explained Kaylee Collins, director of the Medication-Assisted Treatment Program for Lifeline. Although housed on the VA campus, patients do not need to be military veterans.

Collins said treatment generally starts with seeing a person on a weekly basis for the first month, then it shifts to biweekly before becoming monthly — the plans vary after the first month, depending on each patient’s progress. The clinic has protocols in place to make sure participants aren’t gaming the clinic.

Collins and Sanford consider the approach forward-thinking. In addiction treatment, many times in the past, medication would only come after counseling or wouldn’t come at all. Collins said Rapid Response “puts the responsibility of their recovery into their hands,” when speaking of participants.

“I’m a nurse, so I’m always a patient advocate,” Collins added. “I’ve always known medications to go along with the disease or the disorder or syndrome or whatever the case may be. We kind of flipped it on its head, which I love about Rapid Response.”

Nationwide, nearly 48,000 people overdosed from opioid use last year. In Clark County 39 people died as a result of opioid overdose, and 732 deaths occurred statewide. Collins said the clinic will most likely open five days a week in the future, with shorter hours each day. Collins and Sanford consider the clinic’s approach to be very personalized.

“The new way is saying let’s meet everyone where they are at,” Sanford said. “Some individuals might not be ready to quit using entirely. Other individuals might not be ready to quit using all substances. For those individuals we still want to engage them, we still want to help them reduce the harm they are doing to themselves and others.”

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2.3 - Leader Courier-Times: [VA opens clinic in Dakota Dunes](#) (23 November, Beth Fennel, Elk Point, SD)

It was standing room only, inside and outside, as over 500 people attended the grand opening ceremony for the new location of the Sioux City Veteran Affairs outpatient clinic in Dakota Dunes Nov. 16.

Various speakers were present to provide information, make donations and discuss the facility.

After the ribbon cutting, with the help of veterans Bob Corey and Jack Jessip, veterans and family and community members toured the facilities. Staff members were strategically placed around the facility to explain areas of interest and answer questions. Some staff members

walked alongside veterans while they toured the facility. Refreshments were served after the tour concluded.

The clinic has the capacity to serve 7,000 veterans. It is located at 365 W. Anchor Drive.

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2.4 - FedHealthIT: [Connected Care: An interview with VA's Dr. Neil Evans](#) (19 November, Dr. Neil Evans; Annapolis, MD)

In June, President Donald Trump officially signed the VA MISSION Act, more formally known as the VA Maintaining Systems and Strengthening Integrated Outside Networks Act, or the Caring for Our Veterans Act of 2018. Section 151 of the Act, entitled "Licensure of Healthcare professionals of the Department of Veterans Affairs providing treatment via telemedicine", formalized a new authority that allows VA employed Healthcare professionals to practice regardless of the location of the provider or patient.

Recently, FedHealthIT's Executive Vice President, Susan Sharer, had the opportunity to speak with Dr. Neil Evans about telemedicine, how it is paving the way as a positive disruption in Healthcare delivery, and the challenges that remain.

WHY IS SECTION 151 OF THE VA MISSION ACT CRITICAL?

Section 151 of the VA MISSION Act is critical for VA, establishing unambiguous authority for VA Healthcare providers to deliver care via telehealth across state lines to wherever the Veteran is located. This may not seem transformative, but this authority is critical for VA to leverage its talented clinical workforce across the country, and to be able to better support Veterans at home or in their communities. This new authority allows us to leverage telehealth and virtual care delivery as part of all our core operations. We've already seen significant progress on FedHealthIT Magazine this front since the Anywhere to Anywhere initiative was formally finalized. Over the past year, more than 100,000 encounters have been delivered via video connection. That's roughly 700 visits per day and we expect that number to increase as more providers are trained and become capable of using VA Video Connect, our direct-to-Veteran video solution.

The combination of our Anywhere to Anywhere initiative and the VA MISSION Act allows for delivery of care to Veterans in their homes, workplaces, or through community partners, and it allows us to connect Veterans with the right specialty providers anywhere in the VA system, and with specific and unique clinical skills they may require.

HOW DO YOU MAXIMIZE THE POTENTIAL?

With a workforce as large as VA's, step one is ensuring the entire clinical team is aware of DR. EVANS the virtual care and telehealth technologies available to support the provision of care. Secure email through My HealtheVet, video visits through VA Video Connect, or text messaging through VA's Annie program, are all tools at the clinician's disposal that can enhance the provider/ patient relationship and provide innovative and convenient ways to meet the needs of the patient.

As the clinical community becomes aware of these technologies and as they experience how virtual care can enhance patients' experience and outcomes, adoption is likely to increase. Provider adoption of virtual care is critical -and by extension drives patient adoption. Historically, we've found a provider's recommendation is a powerful motivator for patients to try new technologies and new ways of engaging.

Every week, I see patients in clinic and have experienced the sense of helplessness busy clinical staff often feel, as they try to keep up and as they try to meet the expectations of all stakeholders. Virtual care technologies, when well-implemented, can be magical, making the provider's tasks more efficient and simultaneously delighting the patient.

For instance, I was recently on a call with a patient and for a moment, suspected they might need an emergency room visit for evaluation. And then, "Ah ha!" -"I could spin up a VA Video Connect visit and solve this right now." Within minutes, my patient and I were connected via video and after seeing the issue, I was able to explain what was happening. He was thrilled to have an answer and didn't have to come to the emergency room. I was happy to 34 I W i n t e r 2 0 1 9 FedHealthIT Magazine have saved him time and trouble, and there was the added bonus of saving the Healthcare system the cost and inefficiency of an unnecessary emergency room visit.

We've seen a lot of creativity in how people are using VA's new video care solution -regular wound follow-up visits via video; group visits involving the Veteran, their VA provider and an external prosthetist fitting new artificial limbs or other prosthetics; mental health visits; collaborative home blood pressure checks, and more.

THE PRIVATE SECTOR CONNECTION

VA has been a leader for many years, using video and synchronous telehealth to connect Veterans who visit our community clinics with VA providers at our larger hospital locations. We've engaged with colleagues in the private sector to share VA's lessons learned about telehealth. The interest in telemedicine and virtual care in Healthcare at large has increased; the entire industry is thinking about how virtual care should be integrated into their core operations. Every Healthcare system is focused on the patient experience and how to make care less inconvenient, while still maintaining high quality.

WHAT CHALLENGES REMAIN? How do we ensure the increased adoption of virtual care doesn't lead to unintended consequences? And how do we assure these new modalities for care delivery don't create new disparities between those who have technology and those who don't? We need to ensure we provide the same access to all Veterans, regardless of their technological means.

We're thinking, at the system level, about ways to improve the ability of Veterans to access technology. We're in regular dialog with the Federal Communications Commission (FCC) around support for broadband expansion and the need for Americans to have access to affordable high-speed internet from their homes and workplaces.

On another front, VA is working to make devices, such as video-enabled tablets, available to Veterans when they need to connect regularly and don't have access to a device.

Another barrier is the challenge of integrating new virtual care workflows into VA's clinical environment at scale. We're deeply involved in the day-to-day work necessary to implement a

successful virtual care program, including training, improving technologies, adjusting workflows, engaging with stakeholders, and making necessary changes.

THE OPPORTUNITY TO THINK BEYOND

Telehealth is disruptive. Telehealth has the power to transform how we think about Healthcare delivery -particularly in a large national system like VA. We can significantly enhance the Veteran's experience by better supporting them and their caregivers where they are.

We can increase the efficiency and capacity of the Healthcare system by connecting available clinical staff with the Veterans who need their services, even if the Veteran and provider aren't in the same location.

We can increase the quality of the care we deliver by connecting Veterans with the clinical staff best equipped to meet their needs.

Technology allows us to think creatively about how our Healthcare system adapts and responds to the needs of Veterans and citizens. I think a great example occurred last year in the aftermath of Hurricane Harvey. An impromptu telehealth emergency management team quickly stepped in and provided virtual care, helping decompress the massive load on the local Healthcare providers who were, in some cases, juggling their own personal losses in the midst of the crisis. We've expanded telehealth as part of our emergency plan for the current hurricane season, having recently stress tested it on the 4th of July.

Why else is the telehealth portion of the VA MISSION Act so critical (and exciting)? -Because it demonstrates the support we've seen at the highest levels of our Government for the expansion of VA telehealth and because it is a recognition of the transformative potential of virtual care technologies. The journey is just beginning.

ABOUT NEIL EVANS, MD

The Office of Connected Care manages VA Telehealth, My HealtheVet, the VA Mobile program, and VHA's Innovation initiatives. Beyond his role with the Office of Connected Care, Dr. Evans is also a primary care physician who sees patients at the Washington D.C. Veterans Affairs Medical Center.

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3. Business Transformation

3.1 - Denton Record-Chronicle: [New structure for veteran assistance makes accessing resources easier](#) (23 November, Jenna Duncan, 26k uvm; Denton, TX)

Asking for help is hard. And when there are a lot of options, it's daunting.

The military veteran population in Denton County continues to soar, with 48,000 now living in the county without a military base or a Veterans Affairs hospital in Denton to help them.

After a two-year pilot program through the United Way of Denton County, there are now two county employees dedicated to helping veterans get access to the tools they need to be successful in civilian life: veteran community navigators.

With the navigators housed at the Denton County Veterans Center with nonprofits and a counselor, veterans are able to get the things they need easier, said Sonia Redwine, director of health and mental health initiatives at United Way.

“Something the chair of our veterans’ work group always says is, ‘It’s great to be a veteran in Denton County because the community has rallied around our veteran population,’” she said. “While some of these issues seem really daunting, I firmly believe the community has the resources to address them. To me, that’s what’s exciting.”

Liz Emerson, one of the veteran community navigators, first started in the job when it was created in 2016 as part of a grant from Texas Health and Human Services.

In the first year, she and another navigator referred 500 veterans to the services they needed, and managed 250 cases when people needed more than just one thing.

This fall, the county officially funded the positions.

“There’s a lot of resources for veterans and their families, but accessing them can be really difficult because each requires different eligibility documentation and requirements, so we are making sure someone is appropriate for the resources we’re connecting them to,” Emerson said. “We never want them to feel like they shouldn’t have reached out in the first place.”

The way it was before the resource center is veterans didn’t have one person or place to go to and ask questions.

While there are a lot of nonprofits focused on helping veterans, when they have a narrow scope and rely on volunteers, it can be difficult to figure out if they can help, Emerson said.

In recent years, this problem could be easily seen at Texas Woman’s University, where there is a large student veteran population.

Even though the school has special outreach for veterans, dedicated veteran spaces and transitional education, for needs outside of the school it was hard to find help, said Amy O’Keefe, executive director of the Campus Alliance for Resource Education.

“Before the navigators, what I would do is contact individual agencies, going down a whole list. We’d be limited by the time it takes to do that, and also that was just based on my knowledge of what different organizations do, and my expertise only goes so far,” O’Keefe said. “Many times it’s just a one-time need for help that makes such a difference, and now I don’t have to worry about it.”

With the physical veterans center, various organizations can have offices to make accessing resources easier.

Organizations such as the Denton County Veterans Coalition and the Texas Veterans Commission have offices at the center.

There's also a counselor who is there throughout the week, meeting the need for mental health services.

"It's a place for the community to give and a place where veterans are comfortable receiving, and we have the ear of our local politicians to make this a priority," Emerson said. "There's so many people who want to help veterans, but there hasn't been an easy way to connect with veterans. Now, we work with a bunch of veteran groups that can connect people to emergency benefits."

In addition to mental health services, the biggest needs are transportation and housing. With the Denton County Transportation Authority, a new pilot program gives veterans gift cards for the ride-share service Lyft and gift cards to be used for cab services.

So far, the program has given out gift cards to about 15 veterans so they can use the car services to gain access to resources, such as going to doctor's appointments or to Dallas to get to the VA.

"For those veterans who may be suffering from a mental health condition like [post traumatic stress disorder], this is a great alternative because sometimes public transit, or trying to access it, can be daunting for someone dealing with that," Redwine said.

Housing will be an ongoing issue, and Denton Mayor Chris Watts has signed a pledge to end veteran homelessness by 2020, a new focus moving forward. Right now, there are about 50 veterans who are chronically homeless in our area, Redwine said.

Emerson said it is rewarding to be able to help veterans access the help they need, whether it's connecting them to government benefits they didn't know they were entitled to or directing their families to the food pantry.

And now having a system in place to address these issues means hopefully problems will be solved and not reoccurring, she said.

"We are taking care of a whole issue instead of trying to put a patch on something temporarily," Emerson said. "With 48,000 veterans and no VA hospital here, it's kind of amazing this didn't exist. I think kudos go to the behavioral health leadership team for identifying this as a need. It's made all of the blood, sweat and tears worth it to get to this point."

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3.2 - WTVY (CBS-4): [Dothan veteran mental and physical health clinics will combine](#) (23 November, 23k uvm; Dothan, AL)

Starting November 30th the primary and mental health clinics in Dothan will be combined into one clinical care site.

The site will be staffed by the Veterans Administration.

It was reported in September that the clinic serving physical care needs on Alexander Drive would close and merge with the mental health clinic at 3753 Ross Clark Circle.

During this transition clinical staff will be available to address urgent care needs on November 26th-30th.

Full services will be available on December 3rd.

In a press release Dr. Linda Boyle, director of the Central Alabama Veterans Health Care System said, "The VA has an extensive history of improved opportunities when primary care and mental health are integrated,... Veterans find it beneficial to access coordinated care in the location, so VA implemented this comprehensive model across its health care system and now this opportunity is available in Dothan."

Veterans who have question can contact the Central Alabama Veterans Health Care System at 1-800-214-8387 ext. 7681.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Pittsburgh Post-Gazette: [Vets shortchanged again: Stalled GI Bill payments are VA's latest gaffe](#) (23 November, Editorial Board, 1.1M uvm; Pittsburgh, PA)

Veterans recently discharged from the service or just home from a deployment can have a difficult time re-adjusting to civilian life.

Everyday routines can seem blasé after tension-filled months in a war zone. Some veterans grapple with service-related injuries or post-traumatic stress disorder, while others struggle to plan the next chapter of their lives.

What they don't need on top of those challenges are the financial problems, stress and uncertainty resulting from the latest screw-up at the U.S. Department of Veterans Affairs. According to a Washington Post report, a breakdown in the VA's aging computer system has disrupted this fall's GI Bill payments for tens of thousands of students. Tennessee Rep. Phil Roe, chairman of the House Veterans Affairs Committee, rightly called this a "train wreck."

Some students have been underpaid. Others aren't receiving payments at all. Veterans have had to dip into their bank accounts, take out loans or use credit cards to meet tuition payments and other expenses, while those without a financial cushion aren't sure which way to turn. One told the Post that he can't afford rent or groceries, is struggling with the added stress and doesn't know when he'll be able to graduate.

What a way to thank people for serving their country. Yet this is the kind of incompetence the nation has come to expect from the VA, long under fire for excessive wait times and other quality-of-care issues at its hospitals and clinics.

The GI Bill is a staple benefit for those who serve in the armed forces. Created in 1944, it helps veterans pay for career and technical education, college and graduate school. Housing, books, supplies and certain test and certification fees are covered, too. Each veteran's subsidy is based on factors such as enrollment costs and length of military service, but the benefit can include full coverage of tuition and fees.

Last year, in a rare show of bipartisanship, Congress passed a sweeping expansion of GI Bill benefits called the "Forever GI Bill." Congress now should move in similarly bipartisan fashion to get the VA the technology upgrades it needs so that benefits, old and new, can flow to deserving recipients in a timely manner. Veterans groups — including the American Legion and Veterans of Foreign Wars — should pressure the Trump administration and Congress to make those upgrades on the double.

At things stand, the government doesn't know whether the problems will be corrected in time for the spring semester that's right around the corner. Colleges, universities and trade schools should work with students so that they don't have to dip further into bank accounts, tap credit cards or, even worse, withdraw from classes until the money arrives. Veterans are under-represented on many campuses, so administrators should do all they can to retain the numbers they have.

In recent years, business groups and philanthropies have launched programs to expand job opportunities for veterans. But veterans can't take those jobs without the required education. The VA's ineptitude is hurting veterans as well as the communities they're looking to serve in new ways.

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6.2 - WBBM (CBS-2, Video): [South Barrington Residents Worry About Proposed Veterans Cemetery](#) (23 November, Roseanne Tellez, 505k uvm; Chicago, IL)

Residents in a South Barrington neighborhood said they support a new national cemetery for military veterans, but a proposed 15-acre plot near them is too close to home.

"It would be three to seven rifles being shot three to five times per day literally just feet from our homes," South Barrington resident Navraaz Basati said.

Basati said the area off Mundhank and Freeman Roads is already busy with more development in the area planned.

"The noise, the amount of thoroughfare and then you're going to be trying to hold funerals on this parcel," Basati said. "It does not make sense."

But, this is where the U.S. Department of Veterans Affairs is proposing a new cemetery. An artist rendering shows the stone walls that would hold up to 50,000 cremated remains.

The first public hearing on the plan earlier this month quickly turned emotional.

"It's very hard to live through what we've lived through and serve a nation that today does not welcome or respect soldiers," one attendee said.

But, Joe Marsiglia, a veteran and South Barrington resident, said he doesn't think it's fair.

"I went in the military to serve this country, to serve and protect," Marsiglia said. "I would like to protect my home too."

One veteran and funeral director said for veterans' families in Northern Illinois, Abraham Lincoln National Cemetery in Elwood is the closest option. Rock Island National Cemetery is even farther, and Fort Sheridan Cemetery has very specific criteria about which veterans can be buried there.

Families are frequently forced to take a pass, denying a veteran what he has earned.

While the National Cemetery Administration said it's conducted a comprehensive years-long search, the South Barrington mayor said the village was left out of that process.

Time is running out to weigh in. Public comment ends on Monday.

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6.3 - WFLA (NBC-8, Video): [Benefits for thousands of Navy veterans depend on Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

The clock is ticking on a bill to help Vietnam-era Navy veterans, and time is running out on many of them who are now sick.

The legislation extends health care and disability benefits to Navy veterans suffering from exposure to the toxic herbicide known as Agent Orange.

The so-called Blue Water Navy bill would assist 50-70,000 Navy veterans.

In June, the measure sailed through the U.S. House of Representatives, where it received a unanimous endorsement.

Then instead of leading the way, Georgia Republican Senator Johnny Isakson, blocked the door.

About 90,000 U.S. sailors fought in the Vietnam War, not on the ground, but from the sea.

Their ships pulled into Vietnam's bays and harbors.

Veteran Mike Kvintus of New Port Richey was one of them.

"My ship sailed into Da Nang Harbor, and the days that I was there, they sprayed Agent Orange all over the harbor," Mike recalled.

The U.S. military sprayed millions of gallons of the herbicide Agent Orange on Vietnam, to kill vegetation in which the enemy hid and rob them of their food supply.

The powerful defoliant is now killing Americans.

"I have diabetes, I have heart disease, neuropathy, I have kidney disease, all these are associated with Agent Orange.

The VA doesn't agree.

It maintains the science connecting Agent Orange to sailors that never touched Vietnam soil, is just not there.

"Baloney," Commander John Wells of Military Veterans Advocacy said.

According to Mr. Wells, a major force behind this bill, this isn't about science, it is about money that the VA does not want to pay.

Cdr. Wells cites studies that show Agent Orange ran into streams and rivers, then ended up offshore.

There, U.S. ships converted contaminated sea water to water that crews drank, cooked and bathed in.

The distillation process only enhanced the Agent Orange.

In June the House unanimously passed legislation extending health care and disability benefits to Navy veterans who served in Vietnam's territorial waters and now suffer from Agent Orange-related illnesses.

Georgia Senator Johnny Isakson, chairman of the Committee on Veterans Affairs put on the brakes. The bill still sits in limbo.

"It's on its last leg, hopefully, it's not on life support," John Wells explained. "We still have a couple of weeks in the lame duck session to try to get it through."

Mr. Wells hears the bill may start moving next week.

"My confidence it's going to pass Congress this year, no," Mr. Wells added. "I think there's a chance."

This Congress is running out of time. So are many veterans.

"I took an oath to defend the constitution of the United States," Navy veteran Mike Kvintus explained. "With that, I felt the country should take care of me and they're not doing it."

John Wells has fought this fight for seven years. He vows if they lose this battle, the war will continue next year.

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6.4 - WFLA (NBC-8): [Tens of thousand of Navy veterans await Georgia senator's next move](#) (23 November, Steve Andrews, 461k uvm; Tampa, FL)

Tens of thousands of Navy veterans who served in the Vietnam War are waiting for Georgia Senator Johnny Isakson to do something.

In June the U.S. House of Representatives voted unanimously to extend health care and disability benefits to sailors who served on ships in Vietnamese territorial waters and suffer from diseases associated with Agent Orange.

Instead of grabbing the momentum and putting the Blue Water Navy bill up for a vote, Isakson, chairman of the Senate Committee on Veterans affairs decided he needed a closer look..

8 On Your Side has reported extensively on this issue and followed this effort for more than 2 years.

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6.5 - KTVA (CBS-11, Video): [Local groups to honor fallen veterans with wreaths at Fort Richardson National Cemetery](#) (23 November, Joe Vigil, 65k uvm; Anchorage, AK)

Sara Mullen vividly remembers a wreath being placed on the gravestone of her father, a retired U.S. Air Force colonel and Vietnam veteran.

"My dad is buried at Arlington National Cemetery, so that's how I started. I went out there and participated in that wreath-laying ceremony which is amazing," said Mullen.

She says that has inspired her to get more wreaths placed at Fort Richardson National Cemetery on Joint Base Elmendorf-Richardson, where there are currently about 7,000 headstones.

Mullen is part of the Richardson Spouses' Club which is participating in Wreaths Across America as a community service project this year. People can choose to sponsor a wreath through the national Wreaths Across America website. If they want it to go to Fort Richardson National Cemetery, they should specify that when donating on the site. That way the wreath will go exactly where someone wants it to go, Mullen said.

According to its website, the Wreaths Across America mission is to remember fallen U.S. veterans, as well as honoring those who served and teaching children the value of freedom.

Mullen says about 1,100 wreaths were placed at Fort Richardson National Cemetery last year. Other local groups are working on the effort, too, she said.

The Wreaths Across America deadline to sponsor wreaths is Dec. 3.

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7. [Other](#)

7.1 - Military Times: [Here's how troops, veterans could be affected by the latest government shutdown threat](#) (22 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Lawmakers will face yet another threat of a partial government shutdown when they return to Capitol Hill next week, but this one carries much less significance for military families and veterans than many of the last showdowns.

Both Republicans and Democrats have downplayed the possibility of a shutdown in recent days, saying they believe the two sides can agree on final details of seven still unresolved full-year spending deals for federal agencies. Before the mid-term elections, Congress extended their budgets until Dec. 7.

President Donald Trump has also signaled optimism about a deal, but last week told reporters at the White House he thought now could be “a good time” for a government shutdown if lawmakers don’t back funding of his plans for a border wall in the southern U.S. states.

“If I was ever going to do a shutdown over border security, when you look at the caravans, when you look at the mess, when you look at the people coming in, this would be a very good time to do a shutdown,” he said.

Among the spending bills still to be finalized are those for the Departments of Justice, Commerce, Housing and Urban Development, State and Homeland Security. Missing from that list are the Departments of Defense and Veterans Affairs, because lawmakers finished work on those appropriations measures earlier this year.

That means even if the White House and Congress can’t reach an agreement on the outstanding appropriations issues by the Dec. 7 deadline, those budgets will continue unaffected for the rest of the fiscal year.

But even though troops’ paychecks and veterans services won’t be affected, another partial government shutdown could have secondary impacts on those groups.

A State Department shutdown, for example, could mean troops deployed to allied countries overseas would see some overseas services curtailed, and troops in Afghanistan and other combat areas could see civilian colleagues’ schedules upended by personnel limits.

Department facilities would be minimally staffed, and chiefs of mission would decide which personnel are “excepted” from the shutdown because their work is essential to national security. Others would be furloughed.

Consulates can remain operational so long as there are sufficient fees to support their operations, according to the most recent shutdown guidelines.

In addition, international aid payments to U.S. allies could be stalled while the funding issues are sorted out.

Shutting down the Department of Homeland Security could prove problematic for troops deployed along the southern U.S. border. Nearly 6,000 active-duty troops and 2,100 Guardsmen deployed to the region could see border patrol activities cut or canceled in coming weeks, further confusing the role of support forces there.

The vast majority of Homeland Security employees will remain on the job if the government shuts down, a department spokesman told CQ during the last budget stalemate. About 90

percent are considered essential staff because of the law enforcement missions of many of its agencies.

The Coast Guard operated at 80 percent, but its services to maritime commerce and recreational boating would cease, according to the Bipartisan Policy Center.

VA officials work closely with HUD leaders on a host of homeless outreach efforts throughout the year, and a disruption in their funding could mean reducing or temporarily canceling some of those efforts.

For now, lawmakers are continuing work to avoid a shutdown. Whether Trump's comments hurt or help that process remains to be seen.

"We believe Democrats and Republicans should stick with their agreement and not let President Trump interfere," Senate Minority Leader Chuck Schumer, D-N.Y., told reporters last week. "Every time he interferes, it gets bollixed up."

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From:

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To:

Cc:

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Subject: Secretary Stand Up Brief - OPIA - November 16, 2018

Date: Fri Nov 16 2018 07:01:54 CST

Attachments: 181116_VA Secretary's Stand-Up Brief.pptx
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Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Friday, Nov. 16, 2018

Sincerely,

(b) (6)

Office of Public & Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave., NW, Suite 913J

Washington, DC 20420

(b) (6)

"Pursue, engage and impact a Veteran today!"

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Filename: 181116_VA Secretary's Stand-Up Brief.pptx

Last Modified: Fri Nov 16 06:01:54 CST 2018



VA Secretary's Stand-Up Brief

16 November 2018

Executive Summary

Yesterday's House hearing on delayed GI Bill payments and President Trump's Veteran event generated extensive coverage in national outlets across the country. Several high-impact articles on other topics were also published yesterday.

Storyline	Outlets	Analysis	Trend	Priority
House hearing on delayed GI Bill payments, VA official reassigned	Washington Post , AP , NBC News , The Hill , Military Times 1, 2, FOX News , CNN , CBS News , WSJ , Military.com	Several Tier 1 and specialized outlets covered yesterday's hearing on delayed GI Bill payments. Coverage highlighted that the delays were caused by an outdated IT system and that VA officials would not provide a timetable for when the problems would be fixed. The <i>AP</i> and <i>NBC</i> articles saw wide distribution through reprints in local and regional outlets.	Sustained	Service / Interests
Pres. Trump Veteran event	CNN , Stars and Stripes , Washington Times	National and specialized outlets covered yesterday's military and Veteran event hosted by Pres. Trump. The president reportedly touted the achievements he has made for Veterans, including the Accountability Act, the Mission Act, expanding GI Bill benefits, and "efforts to modernize" VA.	Emerged	Service / Interoperability / Interests
Problems at Mass. nursing home	Military.com , The Enterprise	<i>Military.com</i> reported that VSO leaders are calling for an investigation into the allegations of "abuse" at the Brockton, Mass. nursing home, asking Sec. Wilkie to "get involved personally" in the investigation. Balancing that critical coverage, <i>The Enterprise</i> published an article citing individual Veterans who are reportedly happy with the care provided at the facility.	Sustained	Service
Cost of private-care expansion for Veterans	ProPublica	<i>ProPublica</i> 's Isaac Arnsdorf published an in-depth analysis of the potential costs of implementing the Mission Act, characterizing the plan as "costly" and likening Choice to privatization.	Emerged	Interoperability
Scientists to VA: Study Agent Orange impact in Vietnam Veterans' kids	ABC News	According to this article, a report released yesterday by The National Academies of Sciences, Engineering, and Medicine calls on VA to study the generational impact of male Vietnam veterans' exposure to dioxin -- a component of Agent Orange.	Emerged	Service

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VA Secretary's Stand-Up Brief

16 November 2018

Social Media Takeaway

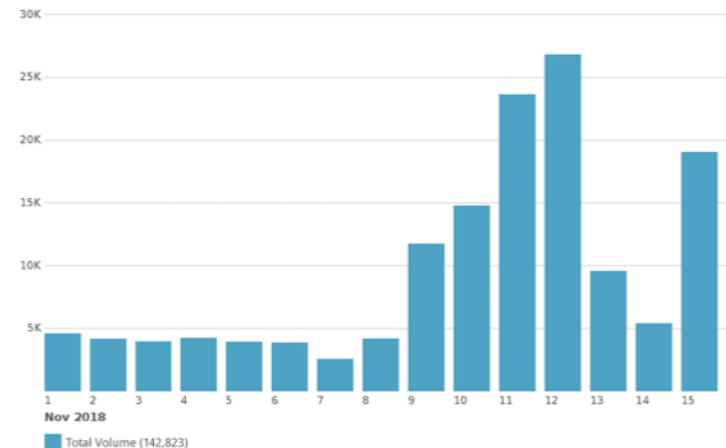
Social media volume nearly quadrupled yesterday due in large part to a popular tweet by President Trump and multiple White House posts. Delayed GI Bill payments and the Accountability Act were the most prominent topics observed.

Key Points

- @realDonaldTrump posted the [top tweet](#) touting his signing of the Accountability Act (13.3k+ retweets, 51.2k+ likes); the embedded video of yesterday's speech appears to have been viewed 785k+ times. Driven by this post, as well as posts by FOX News analyst [@PeteHegseth](#) (1.8k+ retweets) and [@WhiteHouse](#) (1.3k+ retweets), the Accountability Act accounted for more than one-third of activity.
- Four of the top ten tweets were by @WhiteHouse on a variety of topics: [shorter wait times](#) and Accountability (1.3k+ retweets); the [Accountability Act](#) (650+ retweets); VA-HUD programs to combat Veteran [homelessness](#) (960+ retweets); Pres. Trump accomplishing "the largest [reform](#) of the VA in half a century" (480+ retweets).
- Washington Post reporter @AlexHortonTX penned the [second most-retweeted](#) post claiming VA was warned months ago that its aging IT system could not handle GI Bill payments and "would crash this fall" (2.6k+ retweets). In the [eighth most-retweeted](#) post, he claimed the Department adjusted the number of Veterans it says have waited 60+ days for payments from 895 to 1k (500+ retweets). WSJ reporter @bkesling wrote that a top VA official testified the Department has received calls from Veterans facing eviction in the [sixth most-retweeted](#) post (850+ retweets).
- Major news outlets posted on YouTube President Trump's speech from yesterday's Veteran event, garnering a total of 100k+ views (i.e. [FOX News](#), 23.7k+ views; [Golden State Times](#), 26.8k+ views).

Twitter and Facebook Volume:

1 November – 15 November



Notable Social Media Items

Platform	Item	Relevance
Twitter	@realDonaldTrump	31% of Volume
Twitter	Topic: VA Accountability	36% of Volume
Twitter	Topic: Delayed GI Bill payments	22% of Volume
Facebook	Veteran of the Day: Brent Taylor (USNS)	400+ Reactions, 100+ Shares

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VA Secretary's Stand-Up Brief

16 November 2018

Quartz: The new VA.gov shows what's possible for government tech after the Healthcare.gov disaster (15 November, Michael J. Coren, 8.9M uvm; New York, NY)
Last week, that legacy led to the launch of a new website for the US Department of Veterans Affairs. Instead of crashing, VA.gov appears to be delivering on its promise. It's the first major public redesign of a US government website that delivers public services since healthcare.gov—and it's a preview of things to come.

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Bicycling: Oklahoma City Veterans Form Cycling Team to Help Treat PTSD (9 November, Andrew Dawson, 913k uvm; Emmaus, PA)
Brandon Taber wanted more than the traditional one-on-one, seated-in-a-room sessions when it came to tackling his battle with post-traumatic stress disorder (PTSD). Couch sessions helped, but he also found himself turning to his Cervelo S5 for additional support. Out on the roads, he felt alive for the first time since he was hit by a car while serving in the military.

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WCBS (CBS-2, Video): Female Military Veterans Get Day Of Glamour And Pampering At Hudson Yards As A Salute To Service (15 November, Natalie Duddridge, 737k uvm; New York, NY)

It was a salute to female members of the U.S. military. A cosmetics company teamed up with veterans groups to make them feel extra special, giving them spa services for their sacrifice, CBS2's Natalie Duddridge reported Thursday. Members of the Army, Navy, Air Force and Marine Corps were treated to primping and pampering — makeup, hair and relaxation — to thank them for their service.

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Streetsblog (LA): Safe Park Provides Homeless with Parking and Care at New, Larger West L.A. VA Lot (14 November, Damien Newton, 145k uvm; New York, NY)
Earlier this month, the Veteran's Administration West Los Angeles Medical Center (the VA) moved its Safe Park facility to a new, larger, lot on the campus. The new, larger, lot allows more veterans to take part in the program that provides homeless veterans living in their vehicles a safe place to park, eat, sleep and share stories with others who have shared some of their life experiences.

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Texarkana Gazette: Texarkana nursing home honors its resident veterans (13 November, Greg Bischof, 18k uvm; Texarkana, TX)
As a Veterans Administration affiliated nursing home, the Waterton Plaza Skilled Nursing Care and Rehabilitation Center honored its resident military veterans Monday with a special tribute. The tribute included the Barksdale Air Force Base Honor Guard presentation of colors as well as singing performance of the national anthem by Alonza Mitchell. Presently, the center has about 12 to 15 veterans living there.

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Choose A

From:

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Cc:

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Subject: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] 11 November Veterans Affairs Media Summary and News Clips

Date: Sun Nov 11 2018 05:21:18 CST

Attachments: 181111_Veterans Affairs Media Summary and News Clips.docx
181111_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Filename: 181111_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Sun Nov 11 04:21:18 CST 2018



Veterans Affairs Media Summary and News Clips

11 November 2018

1. [Top Stories](#)

1.1 - FOX News (Video): [How is the VA helping our heroes?](#) (10 November, 27.6M uvm; New York, NY)

Four-minute video: Secretary of Veterans Affairs Robert Wilkie on giving our veterans the care they deserve.

[Hyperlink to Above](#)

1.2 - FOX News: [Vice President Mike Pence: Veterans Day – Veterans have no better friend than President Trump](#) (11 November, Vice President Mike Pence, 27.6M uvm; New York, NY)

It's Veterans Day in America, and all across the country Americans will pause to pay tribute to men and women who served in the armed forces of the United States. We have marked this day since the guns of the First World War fell silent on the 11th hour of the 11th day of the 11th month exactly 100 years ago today. President Trump will observe this day in France at the Armistice Day Centennial Commemoration. For our part, my wife and I will meet with veterans and service members at Joint Base Elmendorf-Richardson in Alaska.

[Hyperlink to Above](#)

1.3 - The New York Times: [By Protecting Veterans' Health, You May Protect Your Own](#) (10 November, Suzanne Gordon, 48.7M uvm; New York, NY)

This Veterans Day, in addition to honoring those who serve in uniform, we should spend some time remembering the 300,000 employees of the Veterans Health Administration. The V.H.A. — the nation's largest public health system — doesn't just keep veterans healthy; it has developed treatments that help all Americans. And if we don't defend it, it could be dismantled and auctioned off in whatever remains of the Trump era.

[Hyperlink to Above](#)

1.4 - Waco Tribune-Herald: [Always in Service: Veterans serving veterans make VA Regional Office turnaround possible](#) (10 November, Tommy Witherspoon, 182k uvm; Waco, TX)

Craig Colton looks like an NFL linebacker. But his friendly, gregarious nature quickly puts the people he meets at ease. He is the kind of guy most people would want to have a beer with. That's what makes Colton good at his job and why he so easily earns the trust of those he is trying to help. Colton, 55, a vocational rehabilitation counselor, is one of 822 employees who work for the Department of Veterans Affairs Regional Office, the 123,000-square-foot, box-like structure at 701 Clay Ave. in Waco.

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1.5 - The Orange County Register: [Thousand Oaks mass shooting raises questions about veterans' transitions back to civilian life](#) (10 November, Erika I. Ritchie, 1.1M uvm; Santa Ana, CA)

Most Marines spend months prepping for their combat roles, but just days getting ready to return to civilian life. For the majority, preparing to leave military service is a five-day process that

includes a physical, a mental health screening and exposure to job opportunities and career assistance.

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2. [Improving Customer Service](#)

2.1 - ABC News (AP): [AP Fact Check: Trump's election fiction on GOP wins, economy](#) (10 November, Hope Yen and Christopher Rugaber, 12.6M uvm; New York, NY)
TRUMP: "I've done more for the vets than any President has done, certainly in many, many decades, with Choice and with other things, as you know. ...If you look at Choice — Choice alone — I mean, just take a look at what we've done with Choice." — news conference Wednesday.

[Hyperlink to Above](#)

2.2 - Miami Herald: [On 100th anniversary of the end of World War I, Florida marks a special Veterans Day](#) (10 November, Caitlin Ostroff, 4.8M uvm; Miami, FL)
At the Miami VA, there's been a steady effort to add more local adult day care services to the VA's network, said spokesman Shane Suzuki. The Miami VA sees mostly Vietnam, Korean War and World War II veterans, although that will change with the passage of time. In the past year, of the 57,000 patients served by the Miami VA, about 6,000 were deployed in Iraq or Afghanistan.

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2.3 - Military.com: [Slain Marine Vet Would Have Tried to Help Shooter if He Could, Friend Says](#) (10 November, Hope Hodge Seck, 2M uvm; San Francisco, CA)
An hour and change before Dan Manrique's life was brutally cut short in a mass shooting at the Borderline Bar and Grill in Thousand Oaks, California Wednesday night, he had been in a meeting with fellow members of veterans organization Team Red White and Blue, brainstorming about how to improve community within the group and connect better with veterans in need.

[Hyperlink to Above](#)

2.4 - Philadelphia Inquirer: [Why can't we get it right when serving veterans?](#) (9 November, Editorial Board, 1.8M uvm; Philadelphia, PA)
The Utah mayor and National Guard major who was killed in Afghanistan last week is a painful reminder on this Veterans Day of the ultimate sacrifice members of the U.S. Armed Forces make to keep our country safe. Brent Taylor, 39, was on his fourth tour of duty when he was shot and killed. He left behind seven children and a shaken community as the war in Afghanistan has dragged on so long that those born on 9/11 are now old enough to enlist.

[Hyperlink to Above](#)

2.5 - WOAI (NBC-4): [CBS12 News Investigates: Allegations of neglect at VA](#) (10 November, Andrea Marvin, 631k uvm; San Antonio, TX)
A source, who did not want to be identified, from inside the West Palm Beach V.A. Medical Center gave us photos and video clips of medical equipment and patient rooms left filthy and what he said is biohazard material not disposed of properly. He also spoke with patients who

talked with him about how they were treated. "I feel bad, I feel terrible," the source said. "I don't like seeing a veteran being left alone with no care."

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2.6 - KTVI (FOX-2, Video): [Servicemen with ALS share bond thanks to VA Clinic caregivers](#) 9 November, Bonita Cornute, 460k uvm; Saint Louis, MO)

They served their country and now they are living with ALS. We met two servicemen who have a special bond thanks to their caregivers. Two veterans: one Army, one Air Force; and both are living with ALS, also known as Lou Gehrig's disease. Ken Danridge and Sean Nolan bonded while receiving care at the VA St. Louis ALS Clinic at John Cochran Hospital. Ken's wife, Amy, appreciates the clinic's team of caring professionals.

[Hyperlink to Above](#)

2.7 - Citizen-Times (Video): [Brothers Like These: Veterans fight PTSD with prose](#) (10 November, Angela Wilhelm, 128k uvm; Asheville, NC)

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder. The men waded through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

[Hyperlink to Above](#)

2.8 - KBZK (CBS-7, Video): [Officials and service agencies announce plans for expanded support for veterans](#) (10 November, Jonathon Ambarian, 21k uvm; Bozeman, MT)

A partnership of local leaders and service agencies announced plans Friday to provide better support for veterans, service members and their families. Helena Mayor Wilmot Collins and Billings Mayor Bill Cole have been taking part in the nationwide Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.

[Hyperlink to Above](#)

2.9 - WALB (ABC/NBC-10): [Community comes together to donate van to Valdosta VA clinic](#) (9 November, Ri'Shawn Bassette, 83k uvm; Albany, GA)

One South Georgia organization raised about \$38,000 to donate a van to the Veteran Affairs clinic in Valdosta. On Thursday, the community held a gathering to present the van to the clinic. "For the past five years I've been driving down. The van's getting more and more miles on it and starting to be in somewhat disrepair. We had a few breakdowns, so we were kind of led to reach out to the community to see if we can get donations made in an effort to buy a new van," said Tim Coombs, the co-chair of the Community Veterans Engagement Board.

[Hyperlink to Above](#)

2.10 - The Fayetteville Observer: [Strengthening the nation's commitment to veterans](#) (10 November, Sen. Thom Tillis (R-N.C.), 73k uvm; Fayetteville, NC)

On Veterans Day, we not only honor the brave Americans who served our nation but also rededicate ourselves to fulfilling the promise made to every man and woman in uniform that our nation will be there for them once their uniformed service has concluded and they return to civilian life.

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2.11 - The Fayetteville Observer: [Our View: Veterans Day reminders of the elusiveness of peace](#) (10 November, 73k uvm; Fayetteville, NC)

One hundred years ago today, the battlegrounds of Europe fell quiet as an armistice halted the War To End All Wars. Peace was declared on the 11th hour of the 11th day of the 11th month. Sadly, peace would endure less than two decades before Europe was at war again, followed in short order by war in broad swaths of Asia as well.

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2.12 - WSAW (CBS-7): [Veteran opens up about PTSD, path to healing](#) (10 November, 70k uvm; Wausau, WI)

Dozens of veterans gathered at the Tomah VA Medical Center to share stories at the hospital's annual Veterans Day ceremony. One vet, David Scarbrough II, found a unique way to battle depression and Post Traumatic Stress Disorder (PTSD). "If it wasn't for the VA right now, I wouldn't be alive," he said.

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2.13 - The Daily News: [VA honored to serve America's heroes](#) (10 November, Jim Rice, 54k uvm; Iron Mountain, MI)

On Veterans Day and throughout November we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving our nation. These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending our country. We owe them a debt of gratitude.

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2.14 - Quincy Herald-Whig: [America should hold VA, Congress accountable for improving veterans' health care](#) (9 November, 36k uvm; Quincy, IL)

Years after the Veterans Health Administration began reforms after scandals involving deadly delays in health care for veterans, there still are some delays because of shortages of doctors, nurses and support staff. Let's be clear: This is not the kind of scandal that led to the resignation of VA Director Eric Shinseki in 2014. The VA has made great strides ensuring that diagnostic equipment won't sicken patients.

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2.15 - The Sault News: [VA expanding programs to better serve veterans](#) (10 November, 4k uvm; Sault Sainte Marie, MI)

On Veterans Day and throughout November, we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving the nation. These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending the country.

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3. [Business Transformation](#)

3.1 - McAlester News-Capital: [VA clinic opening at MRHC location](#) (10 November, Adrian O'Hanlon III, 6k uvm; McAlester, OK)

A local veterans clinic will open at a new location next week. Nita McClellan, the Eastern Oklahoma Veterans Affairs Health Care System's chief of public affairs and voluntary services, said the VA clinic in Hartshorne is now closed and the new location in McAlester will open on Tuesday.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Marietta Daily Journal: [Editorial: Veterans have earned 'our undying gratitude'](#) (9 November, 82k uvm; Marietta, GA)

In June, President Donald Trump signed into law Isakson's VA MISSION Act, landmark legislation to improve the way the VA delivers health care by streamlining the department's community care programs to remove obstacles to care in the community and ensure veterans receive efficient, timely and quality care.

[Hyperlink to Above](#)

[5. Suicide Prevention](#)

5.1 - KFBB (ABC-5): [Hotline Helps Struggling Veterans](#) (10 November, Bliss Zechman, 9 uvm; Black Eagle, MT)

It's a statistic many Montanans are all too familiar with, our state has the highest rate of suicide in the nation. However, thanks to a new program, those struggling in our communities now have easier access to help.

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[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Tallahassee Democrat: [At night, the lighted flag at Tallahassee National Cemetery inspires calm](#) (9 November, Gordon Lightfoot, 201k uvm; Tallahassee, FL)

If you drove about two miles east on Highway 27 (Apalachee Parkway) from Capital Circle and looked to your left, you would see a Dollar General Store. On the right side of the road, if it was late at night, you would see what Barbara, a member of our Chaires United Methodist Church sees as a sight that is inspirational. It is a well-lighted 40-plus foot flagpole with an American Flag flying over the Tallahassee National Cemetery.

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6.2 - WVIT (NBC-30, Video): [Veterans Honored at Ceremony in West Haven](#) (9 November, Sujata Jain, 185k uvm; New Britain, CT)

The Veterans Affairs Connecticut Healthcare System held a ceremony on Friday for its veterans, two days before the nation commemorates Veterans Day. United States Army veteran Amado Jimenez attended the simple but meaningful tribute held at the West Haven campus, where Jimenez has worked since 1992.

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6.3 - The Lantern: [Gateway Film Center to hold first-ever Columbus Veterans Film Festival](#) (8 November, Michael Lee, 51k uvm; Columbus, OH)

In a series of films and documentaries ranging from U.S. soldiers readjusting to civilian life to the journey of veterans receiving care from Veterans Affairs, the Gateway Film Center is partnering with the Columbus Veterans Affairs' Veterans Art Initiative to host its first-ever Columbus Veterans Film Festival from Saturday to Sunday.

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6.4 - Insider Louisville: [Coalition for the Homeless program is connecting homeless veterans to housing, resources](#) (9 November, Michael L. Jones, 38k uvm; Louisville, KY)

Carrie Russell's life fell apart this summer. A heart ailment made it impossible for her to continue working as a truck driver. Unable to work and with little family support, the 57-year old Army veteran was forced to move into a Salvation Army Center for Hope, a transitional living shelter. But after a call to Veterans Affairs, Russell found out she had more resources than she could imagine.

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6.5 - The Grand Island Independent: [Veterans honored with Quilts of Valor](#) (9 November, Robert Pore, 31k uvm; Grand Island, NE)

Sixteen veterans of the U.S. military were honored at a Quilts of Valor program Friday at the Grand Island Veterans Affairs Medical Center. This is the 10th year for the Quilts of Valor program at the VA Medical Center. From the program's start in 2003, veterans have been given quality-made quilts that were quilted by hand. The Quilts of Valor are awarded to veterans who have been nominated for their "service, sacrifice, and valor" in serving the nation in combat.

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6.6 - WXOW (ABC-19, Video): [Commemorating heroism while celebrating Veterans Day](#) (10 November, Peter Lenz, 24k uvm; La Crescent, MN)

The Tomah VA Medical Center regularly provides health care for thousands of veterans, and on Friday they held their annual Veterans Day Observance and Hall of Heroes Induction. The early Veterans Day celebration provides an understanding of military service. Veterans share insight into their experience and the impact on their lives afterward. With the Hall of Heroes commemorating outstanding service members for years to come, altogether the event showcases veterans in a variety of ways.

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6.7 - Tribune Star: [A place where veterans can find a home: Community helps Heritage Shelter Care in its mission](#) (9 November, Dave Taylor, 24k uvm; Terre Haute, IN)

Most of the 50 or so residents of Heritage Shelter Care in this small Wabash River town are veterans. Many were homeless before ending up here. Bob Corbin is typical. A native of Paxton, Illinois, about 200 miles to the north, he served stateside with the Air Force in the early 1970s. After his two-year tour of duty, he traveled the country as a construction worker.

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6.8 - WACH (FOX-57, Video): [The VA helping homeless veterans in the Midlands](#) (10 November, Bryant Monteilh, 23k uvm; Columbia, SC)

Simon's father is a World War II veteran and his son served in the Army, according for three generations of service. Yet, somewhere along the way, Simon struggled with substance abuse. He shares, "I went to the VA and I told them about my situation and immediately they got to work. they worked with me, they did not want to see me homeless. being a veteran, shouldn't be. so they showed me how serious they were about putting me somewhere where I would be safe."

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6.9 - WXXV (FOX-25, Video): [Veterans Day Program At The VA](#) (9 November, Gabby Easterwood, 8k uvm; Gulfport, MS)

What better place to honor our veterans than at the VA? Veterans from all branches of the military were guests of honor at the Veterans Day Program at the Biloxi VA Medical Center's recreational hall this morning. On hand were veterans who served our country during the Vietnam War and even World War II. Members of the St. Martin JROTC presented the colors.

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6.10 - Wellsville Daily Reporter (The Spectrum): [Locals participate in Wreaths Across America](#) (10 November, Kathryn Ross, 5k uvm; Wellsville, NY)

Local groups are sponsoring the annual Wreaths Across America program at the Bath National Cemetery this holiday season. The 2018 Wreaths Across America Day will be held on Dec. 15, in Bath National Cemetery at the Bath VA Medical Center. This year's theme is "Be Their Witness" and the mission is to "Remember the Fallen, honor those who serve, and teach our children the value of freedom." Placing of the wreaths will begin immediately following the noon ceremony.

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6.11 - Genesee Country Express: [Bath National Cemetery honors fallen](#) (8 November, Jasmine Willis, 3k uvm; Dansville, NY)

It is breathtaking to stand on the hill and look out at rows upon rows of soldiers who fought to keep us free. I was helping out at a church event at the Bath Veteran Affairs Medical Center when I decided to take a stroll up the hill to see the cemetery. I had heard so much about it by so many people.

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6.12 - WBOY (NBC-12): [Veterans Day ceremony held at Grafton National Cemetery](#) (10 November, Megan Hudock, Clarksburg, WV)

A Veterans Day ceremony was held Saturday morning at the Grafton National Cemetery. This was held to honor all who served the country. A wreath laying, and 21 gun salute were a part of the event. Randy C. Reeves, Under Secretary for Memorial Affairs, was the keynote speaker for the event.

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7. [Other](#)

7.1 - The Washington Post: [VA secretary says he will continue agency's controversial experiments on dogs](#) (9 November, Karin Brulliard, 30.6M uvm; Washington, DC)

Veterans Affairs Secretary Robert Wilkie defended the agency's ongoing experiments on dogs Friday and said he would continue to "reauthorize" them, eight months after Congress passed legislation limiting tests that are opposed by a bipartisan cast of lawmakers and several veterans' groups.

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7.2 - The Huffington Post: [VA Secretary Defends Lethal Taxpayer-Funded Experiments On Dogs](#) (9 November, Sara Boboltz, 28.5M uvm; New York, NY)

Robert Wilkie, secretary of the Department of Veterans Affairs, pledged Friday to continue allowing researchers to conduct ultimately lethal experiments on dogs, nearly eight months after Congress passed a measure to hinder the practice. "I am going to do everything possible to make sure our veterans come first," Wilkie said at a National Press Club event in Washington, D.C.

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7.3 - USA Today: [Repay dogs for their military service. Stop the deadly VA canine experiments](#) (10 November, Lois Pope and Robin Ganzert, 26.5M uvm; McLean, VA)

Dogs have a long history of military service, dating back to ancient times. Here in the U.S., canines have been used as scouts and trackers and to guard prisoners and deliver messages on the front lines since the Civil War. More recently in Iraq and Afghanistan, these four-legged heroes have employed their remarkable sense of smell to sniff out improvised explosive devices and weapons caches. In fact, these incredible dogs have given us their best.

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7.4 - Los Angeles Times: [The role of PTSD in mass shootings: Let's separate myth from reality](#) (10 November, Deborah Netburn, 12.4M uvm; El Segundo, CA)

Just hours after former Marine Ian David Long killed himself and 12 other people at the Borderline Bar and Grill in Thousand Oaks on Wednesday night, observers speculated that post-traumatic stress disorder played a role in the tragedy.

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7.5 - Chicago Sun-Times: [How military veterans can protect themselves from scammers who target them](#) (10 November, Alexandria Jacobson, 1.1M uvm; Chicago, IL)

Veterans get a spotlight each November on Veterans Day. But those who've served also draw unwanted attention from scammers and schemers who target vets and active-duty service members. More than 100,000 service members, dependents, military retirees and veterans filed complaints in 2016 with the Federal Trade Commission complaining about scams. Besides fake-charity scams, they're targeted by fraudsters in a range of schemes that exploit their military service.

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7.6 - Daily Messenger (WHEC/NBC-10): [Canandaigua VA power plant sits idle](#) (10

November, 19k uvm; Canandaigua, NY)

When the Department of Veterans Affairs announced it was building a renewable energy plant at the VA campus in Canandaigua, the plan was that it would save taxpayers a million dollars a year in energy costs. The Daily Messenger's news partner, News 10NBC says the project is complete but there's a lot more to the story. After spending millions of tax dollars to build the plant, News 10NBC uncovered, the VA now has no plans to use it.

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1. [Top Stories](#)

1.1 - FOX News (Video): [How is the VA helping our heroes?](#) (10 November, 27.6M uvm; New York, NY)

Four-minute video: Secretary of Veterans Affairs Robert Wilkie on giving our veterans the care they deserve.

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1.2 - FOX News: [Vice President Mike Pence: Veterans Day – Veterans have no better friend than President Trump](#) (11 November, Vice President Mike Pence, 27.6M uvm; New York, NY)

It's Veterans Day in America, and all across the country Americans will pause to pay tribute to men and women who served in the armed forces of the United States. We have marked this day since the guns of the First World War fell silent on the 11th hour of the 11th day of the 11th month exactly 100 years ago today.

President Trump will observe this day in France at the Armistice Day Centennial Commemoration. For our part, my wife and I will meet with veterans and service members at Joint Base Elmendorf-Richardson in Alaska.

From the time of our nation's birth, nearly 50 million men and women have answered the call to service, and nearly 20 million still walk among us today. Even now, a new generation of American veterans is being forged across the wider world

These courageous patriots have served the world over. From Bunker Hill to Belleau Wood and from the Coral Sea to Kandahar, American military members have offered their blood, toil, tears and sweat in service to our country. On Veterans Day we remember those who came home, but we cannot forget those who gave the last full measure of their devotion for our freedom.

It is written that "if you owe debts, pay debts; if honor, then honor; if respect, then respect." The debt our nation owes those who have worn the uniform is a debt we will never be able to fully repay. But just as those courageous men and women have fought for us, our entire administration has fought for them.

Veterans have no better friend than President Trump.

This president and our administration understand that veterans' benefits are not entitlements – they're earned. They are the ongoing compensation for services rendered in the uniform of the United States. And since the outset of our administration, we've taken decisive action to make good on our promise to the heroes who've served.

President Trump has signed the most substantial veterans' health-care reform in a generation, making Veterans Choice a permanent part of American law. Today our veterans have access to

the real-time, world-class care they have earned, whether at a private health-care provider or the Department of Veterans Affairs.

This law will also improve the VA's ability to recruit and retain quality health-care professionals, give veterans access to walk-in care, and expand health-care choices, including options for telehealth and mental health services.

President Trump has taken action to hold the VA accountable, signing the Veterans Accountability and Whistleblower Protection Act. Since our election, more than 4,200 VA employees have been fired, suspended or demoted for negligent behavior.

We enacted the Veterans Appeals Improvement and Modernization Act, which will improve our efforts to provide retroactive benefits to America's veterans. The VA has already identified and paid over \$115 million over the last year.

We have also made historic progress towards ending veteran homelessness. Thanks to our reforms at the VA and the Department of Housing and Urban Development, nearly 54,000 veterans found permanent housing and access to supportive services last year.

And President Trump has taken steps to increase opportunities for veterans after they return to civilian life, including through enhancing and expanding the post-9/11 GI Bill to a lifetime benefit.

Our actions are having a real impact on the men and women who have sacrificed for our country: health-care wait times are down, VA accountability is up, and under our administration unemployment among veterans has reached its lowest level in nearly two decades.

While we honor our veterans by ensuring they receive the benefits they have earned, we also honor them by supporting the men and women who serve in the armed forces today.

With the strong support of veterans' organizations across the nation, President Trump signed into law the largest investment in our national defense since the days of Ronald Reagan. We are once again giving our soldiers, sailors, airmen, Marines, and Coast Guardsmen the resources and training they need to accomplish their mission.

The United States of America remains the land of the free because we are still the home of the brave. The men and women who've served in our armed forces are those brave, and today all of us should do our part to honor their service and appreciate their sacrifice.

So on this 100th Veterans' Day, I encourage every American to thank a veteran. Outside the grocery store, at your place of worship, or maybe over the backyard fence, I urge you to extend your hand, look them in the eye, and say those words that every veteran deserves to hear: "Thank you for your service."

To all of those who've worn the uniform, on behalf of a grateful nation, Happy Veterans Day.

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1.3 - The New York Times: [By Protecting Veterans' Health, You May Protect Your Own](#) (10 November, Suzanne Gordon, 48.7M uvm; New York, NY)

This Veterans Day, in addition to honoring those who serve in uniform, we should spend some time remembering the 300,000 employees of the Veterans Health Administration. The V.H.A. — the nation's largest public health system — doesn't just keep veterans healthy; it has developed treatments that help all Americans. And if we don't defend it, it could be dismantled and auctioned off in whatever remains of the Trump era.

In V.H.A. facilities I have met some of the best doctors, nurses, therapists and medical researchers I've encountered in 40 years of reporting on the hospital industry. They deliver high-quality care to more than nine million patients who are, on average, older, sicker and poorer than those served by other systems. Yet, unlike veterans themselves, who are praised by politicians and the press, V.H.A. staff members, and the agency they work for, are routinely denigrated.

President Trump has insisted that "our veterans have been treated horribly" and that the V.H.A. is staffed with "bad apples" who "rob us or cheat us." Last month, in a speech at a prestigious medical conference in Cleveland, John Boehner, the former House speaker, said the Department of Veterans Affairs, of which the V.H.A. is part, is simply "hopeless." Its hospitals "provide substandard care to our veterans who deserve the best care," Mr. Boehner said. "If you're a real doctor, you're probably not working at the V.A."

Studies have shown that private-sector doctors and hospitals are not prepared to deal with veterans' complex needs. But foes of the V.H.A., backed by wealthy donors like the Koch brothers, want to dismantle its hospital and clinic network and contract out billions of dollars' worth of veterans' services to the private sector.

In June, Congress passed the VA Mission Act, which expands veterans' access to private care and establishes a commission to determine whether to close V.A. facilities. Its members will be appointed by the president, and they could include medical industry representatives who would benefit from privatization. Congress will be unable to vote on the commission's decisions. The head of the Department of Veterans Affairs, Robert Wilkie, perhaps influenced by a shadowy group of Trump associates nicknamed the Mar-a-Lago Crowd, is said to be developing rules that would significantly increase the number of veterans who get care outside the V.H.A.

At the same time, private-sector care is more expensive, and the president and congressional Republicans refuse to allocate the money to pay for it, so each dollar that goes to it will come out of the V.H.A. budget. This will starve the system of needed resources, leave thousands of doctor and nurse vacancies unfilled, and force hospitals and clinics to shut down.

The Koch brothers may be delighted by the prospect of a crippled system. Patients of the V.A.'s 11,000 physicians and other caregivers have a different view. The V.H.A. isn't perfect; there have been some bad actors, and veterans often complain about having to wait for appointments. But while veterans' organizations want better funding and staffing of the V.H.A., they overwhelmingly support its mission, for reasons outlined in "VA Healthcare: A System Worth Saving," a report that I co-wrote for the American Legion last year.

Dismantling the V.H.A. would jeopardize the health of its largely poor and working-class patients. It would also undermine the medical research and teaching that benefits all Americans.

V.H.A. researchers have already given us the nicotine patch, the shingles vaccine, and innovative approaches to geriatric and end-of-life care. The administration is conducting a Million Veteran Program to determine how genes affect veterans' health and ours. Because it

treats so many patients with prostate cancer, it received a \$50 million grant from the Prostate Cancer Foundation to discover new treatments for that disease.

Insurgents' use of improvised explosive devices in the Middle East has made the V.H.A. a leading center of research on and treatment of traumatic brain injuries (also suffered by professional football players, who now arrange to have their brains sent to the V.H.A. for post-mortem verification of their condition). The veterans' system is also a leader in treating amputations and providing state-of-the-art prosthetics.

By 2015, 1.6 million veterans were receiving specialized mental health treatment at the V.H.A., where thousands of mental health providers are taught the latest evidence-based treatments for post-traumatic stress disorder, depression and other conditions.

Seventy percent of all American doctors have received some training at V.A. hospitals. Many are taught about new treatments for the chronic pain from which so many veterans suffer, and how to reduce suicides. Suicide-prevention trainings are mandatory for all V.H.A. hospital employees — from a janitor to the chief medical officer — so they can recognize when someone is at risk.

Many private doctors and hospitals seeking to care for veterans have less experience treating patients with these issues, and they also offer far less coordinated care. At a California V.H.A. residential program for brain-injured Iraq and Afghanistan war veterans, for example, a psychologist and physical therapist work side by side to address their patients' chronic pain and severe PTSD. This model both provides better care and keeps costs down by avoiding confusion and duplication.

I am not a veteran, nor is anyone in my family. But this year, I'm observing Veterans Day by putting a bumper sticker on my car that says "Save Our VA!" The V.H.A.'s successes are the fruit of 100 years of federal expenditures. Let's hope that a new Congress and, eventually, a different president, will find that investment worthy of protection before it's too late.

Suzanne Gordon, a senior policy fellow at the Veterans Healthcare Policy Institute, is the author of "Wounds of War: How the VA Delivers Health, Healing, and Hope to the Nation's Veterans."

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1.4 - Waco Tribune-Herald: [Always in Service: Veterans serving veterans make VA Regional Office turnaround possible](#) (10 November, Tommy Witherspoon, 182k uvm; Waco, TX)

Craig Colton looks like an NFL linebacker. But his friendly, gregarious nature quickly puts the people he meets at ease.

He is the kind of guy most people would want to have a beer with. That's what makes Colton good at his job and why he so easily earns the trust of those he is trying to help.

Colton, 55, a vocational rehabilitation counselor, is one of 822 employees who work for the Department of Veterans Affairs Regional Office, the 123,000-square-foot, box-like structure at 701 Clay Ave. in Waco.

When he is not trying to help a veteran apply for funding for additional education or find a meaningful vocation, Colton volunteers with veterans' groups, leading camping and team-building retreats for veterans suffering from post-traumatic stress disorder, anxiety disorders or other service-related ailments.

He gets to know veterans while huddled around campfires and gazing at stars.

Like 66 percent of the employees at the VA Regional Office, where the motto is "vets helping vets," Colton is a veteran. The Bunker Hill, Indiana, native spent 23 years in the Air Force, retiring in 2010 as a master sergeant. The son of an Air Force B-58 navigator, Colton was a maintenance instructor for the B-2 bomber and spent 2007-2008 in Iraq training Iraqi forces in aircraft maintenance.

It's people like Colton, veterans and others with a sincere desire to help the nation's veterans, who have worked hard to transform what was considered one of the worst-performing of the nation's 56 VA regional offices eight years ago — if not the worst — to the top-rated office in the country in terms of efficiency, accuracy and benefit claims processed.

Some of the credit for improved efficiency at the much-maligned agency was the conversion to electronic files from what once were 12-inch-thick paper file folders.

It allowed the local office to clear out a football-field sized storage area on the second floor of the building and use it for office space as it was intended.

Other credit for the turnaround can be given to the leadership of Regional Office Director John Limpose, a 6'7" former college basketball player from Ohio who subscribes to the late, great UCLA basketball coach John Wooden's "Pyramid of Success" and quotes former Green Bay Packers coach Vince Lombardi.

"In 2012, when I got here, there was a lot of bad press about Waco being one of the worst offices in the country, and it took a toll on the employees," Limpose said. "We were taking a beating in The New York Times to the Wall Street Journal to the San Diego Tribune that we were the worst from coast to coast.

"I didn't think it was justified, but we had the motto: 'We have to scale Mt. Everest,'" Limpose said. "We just decided to hunker down, roll up our sleeves and go after it, and we did. We reduced our inventory of cases from 52,000 to 16,000 and reduced our backlog from 41,000 to under 2,000. At that time, our average to process a claim was 474 days and we got it down to 130 days, and last fiscal year, we processed cases in 92 days. There is no magic silver bullet here. We just hunkered down and did a lot of good old-fashioned hard work."

Last year, the Waco regional office paid out \$4.2 billion in disability compensation, compared to six years ago, when it paid \$2.3 billion, Limpose said.

Limpose, 57, who is not a veteran but comes from a long line who served, said he and VA employees take pride that Waco was the top-performing office in the country in fiscal year 2018. The office set a national record by processing 80,102 disability claims and did it with 94 percent accuracy, he said.

Limpose credits the turnaround to employees like Colton and Sheila Bounds and Kim Donna, both rating veterans service representatives; Margarita Bell, a claims assistant; Ernesto Garcia,

a decision review officer; Dexter Douglas, an accounts receivable technician; and Al Miller, a coach in the veterans service center.

To the person, those employees say they strive to ensure that disabled veterans earn every benefit they are entitled to, even going out of their way if initial efforts don't produce ideal results to try to gain more information or other documentation that might qualify a veteran for more benefits.

They also say that because they all are veterans, some disabled veterans, it helps them better understand what the claimants are going through and to connect with them in a more meaningful way.

Colton, for example, said he was lost when he got out of the Air Force. He had spent two decades with someone telling him what to wear, where to go, what to do, what to eat, and it was a bit of a culture shock when he became a civilian, he said. He suffered from depression and anxiety and sought help.

"I was ready to give up," he said. "But now, it helps me know what these guys are going through. I've lost friends through suicide, and it is heartbreaking."

Bounds, 48, a West Virginia native, joined the Army in 1990. Her father was a Navy veteran, and her grandfather, a World War II Japanese prisoner of war for four years, survived the infamous Bataan Death March of April 1942, a 65-mile forced march of 75,000 American and Filipino troops to prison camps.

Bounds started her career in military intelligence as a Czech linguist. She was a 1st sergeant and spent time in Germany and Yugoslavia. She was sent to Iraq in 2006, where she ran a detention facility and was in charge of interrogators.

"It was a very tough deployment because my brigade took a lot of losses," she said.

After a "less stressful" deployment to Baghdad in 2009, she retired in 2010. Her husband, Harold Hall, retired from the Army in 2008 after a 21-year career and three deployments to Iraq.

Bounds, who has a bachelor's in psychology and a master's in human resources development, used part of the G.I. Bill to earn her degrees between deployments. She has been working at the VA Regional Office in Waco since 2011.

Her and Donna's jobs as rating veterans service representatives is to handle what are deemed priority claims or more difficult claims with multiple disability contentions. Priority claims include terminally ill or homeless veterans or those with financial hardship claims.

"I almost feel like this is my calling," Bounds said. "I love this job so much. Each veteran deserves our time on each claim. A lot of them grab at your heartstrings when you look at their records and see what so many of them have done for our country. No veteran is going to get brushed aside. They all deserve their shot, and if there is any way that we can grant their claims, we will."

Donna, 37, a Kempner native, enrolled at the University of Texas at Austin before realizing, as she put it, that she needed more structure in her life. She joined the Army, thinking she would get life experience and then continue her education on the G.I. Bill.

The next thing she knew, she was in Germany after training as a combat medic at Fort Sam Houston in San Antonio. Five weeks later she was in Iraq, manning what was supposed to be a four-man stretcher with just one other soldier and evacuating wounded troops to helicopters so they could go for treatment.

Donna also comes from a long line of military family members. Her grandfather served in Korea, her father in Desert Storm. Both her younger sister and brother were in the Army in Iraq, and her husband served in Afghanistan.

She has been diagnosed with PTSD and has nightmares and flashbacks. She can watch old movies about historic wars but cannot watch movies from the Gulf War era.

Like others at the office, Donna retired from service at Fort Hood, which provides a steady pipeline of job applicants to the VA Regional Office in Waco.

Donna and Bounds said they gain satisfaction from helping veterans get the benefits they seek.

"I think it is an affront to the veteran if we don't provide our service as efficiently as we can and do all we can for them," Donna said.

Both said they enjoy helping War War II veterans get approved for hearing aids, especially the many who have never filed a disability claim in their lives but whose hearing is decreasing as they age.

"That makes me very happy and I get a lot of satisfaction in making that call to tell a veteran to tell him we can pay for his hearing aid," Bounds said.

When veterans decide to file a claim, among the first to see it is a claims assistant, like Bell, a 62-year-old Chicago native who joined the Navy in 1986. She retired seven years later to raise her family while her husband, John, had a 24-year Navy career before retiring in 2004. She has a 28-year-old daughter in the Navy who is stationed in South Carolina.

She has infrequent contact with veterans but inputs their claim information into the system. She normally is assigned 100 claim packets a day and is required to finish at least 34 of those. She said the largest claim she has handled involved 64 contentions, or conditions such as back, knee or shoulder ailments and others.

"I wanted to stay in the Navy, but I left to raise my kids while we followed my husband from place to place," Bell said. "Since I couldn't stay active duty, I feel like I am giving back here to help the veterans. It is just fulfilling to know I can do something, even if it is a small part."

Once a decision is made about a veteran's benefits and his or her level of disability, an unhappy veteran can appeal to someone like Garcia, a decision review officer. About 12 percent of all decisions are appealed, Limpose said.

Garcia, 36, who was born in Mexico, moved to Dublin, Texas, with his family when he was 10. When an appeal hits his desk, he reviews the file to determine if the law was properly applied. He sometimes requires more information or more documentation before making his decision.

“Basically, my job is to make a decision. If I can grant it, I will grant it,” said Garcia, who also works as a freelance photographer for the Tribune-Herald.

Garcia joined the Marine Corps when he was 17 and was given a medical discharge after he was diagnosed with Type 1 diabetes in 2003.

He said the agency’s goal is to complete the appeals process within 125 days.

U.S. Rep. Bill Flores, R-Bryan, said his office was flooded with complaints from veterans about the Waco VA Regional Office and the nearby Doris Miller Veterans Affairs Medical Center. In the years since, he said he has noticed vast improvements in the regional office and an associated decrease in complaints.

“When I was elected in 2010 and came into office, the Waco regional office was one of the worst in the country in terms of backlog and timely and accurately processing claims,” Flores said. “Now they are among the best. They are not perfect. They are like any other bureaucracy. They are going to have their problems. But Director Limpose and all the employees have done a good job of putting veterans first and addressing the issues veterans have. I am really impressed with what they have been able to do.”

Flores invited McLennan County Veterans Service Officer Steve Hernandez to speak before a congressional committee to address the problems at the VA Regional Office in 2012. Hernandez, too, said he has noticed a vast improvement over the past six years but still hears complaints about the length of time an appeal in a benefits claim case can take.

He said he blames the system, not the workers in Waco.

“There was a major problem back then that caused a severe backlog,” Hernandez said. “It all has materialized to the point that it is back to being effective. Honestly, back then when we were all upset, the people who work there are tremendous. They are local people. They work in the community. They have the intent to do everything they are supposed to do. It was the system. It can be very tedious and bureaucratic and that creates this logjam. But the people have always been very courteous and cordial. I don’t have anything but respect for them.”

One of the problems is that the Waco regional office covers 164 of the 254 counties in Texas, more than 158,000 square miles. There are a lot of veterans in that area, the largest in the country with the exception of Alaska, which has only one veterans regional office for the entire state.

“It is a big job, but we enjoy doing it,” Limpose said.

Because of the size of the area, 122 of the 822 employees work in offices in El Paso, Austin, Dallas, Tyler, Abilene, Amarillo, Lubbock and Fort Hood.

“Mr. Limpose is really good at analyzing the data and getting the teams to work really closely together and getting them to achieve the most they can achieve,” said Tom Morley, assistant veterans service center manager. “That is one reason we had the big reduction in backlogs.”

In describing improvements to the office, Limpose likes to quote Wooden, the old UCLA coach who won 10 national titles, including “being average means you are just as close to the bottom as you are to the top.”

“Let’s be at the top half. We have come a long way here,” Limpose said. “To me, it all really falls back to hard work, dedication. If you don’t have time to do it right the first time, when are you going to find time to do it again? I read his book, ‘Wooden on Leadership.’ No matter if you are playing sports or integrating it into business, little things done well is probably the greatest secret to success. Obviously, we would like to be 100 percent accurate on every decision, but we try to do the best with what we’ve got. That’s a Vince Lombardi quote, by the way.”

Others who have helped the Waco office improve are Al Miller, a supervisor in the Veterans Service Center, and Dexter Douglas, an accounts receivable technician.

Miller, 53, joined the Army in 1983 after high school in Dermott, Arkansas. He is a Desert Storm veteran who started his military career manning a fence line between East and West Germany.

Douglas, 54, grew up in Montgomery, Alabama, and won the Bronze Star in Desert Storm as a fire direction chief in a field artillery division. He served 20 years in the Army and has worked for the VA regional office eight years.

Both say their time in the military has proved invaluable to their work at the VA and that it is rewarding to help those who served.

“I think when you take a look, I think it is less than 2 percent of all Americans who served, and we have all these freedoms and rights,” Limpose said. “It is only because of people who put their lives on the line, some who gave it all, and most of these folks in this building are veterans themselves. So we take a lot of pride in all those entitlements veterans are entitled to.

“It’s all about helping and all about doing the right thing, and that is what we do. It’s about making a difference in people’s lives. Every day we make a difference.”

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1.5 - The Orange County Register: [Thousand Oaks mass shooting raises questions about veterans’ transitions back to civilian life](#) (10 November, Erika I. Ritchie, 1.1M uvm; Santa Ana, CA)

Most Marines spend months prepping for their combat roles, but just days getting ready to return to civilian life.

For the majority, preparing to leave military service is a five-day process that includes a physical, a mental health screening and exposure to job opportunities and career assistance.

“It’s strict, it’s large and voluminous – and it’s up to the participant to be involved,” retired Col. Willy Buhl said of the Transition Readiness Program.

How well Marines are prepared to transition out of the military – and what support there is for them after they do – came into question when, according to police, Marine veteran Ian David Long entered Borderline Bar & Grill in Thousand Oaks on Wednesday, Nov. 7, and opened fire, killing 12 people and himself.

Long served in the Marine Corps from August 2008 to March 2013 and was a machine-gunner in infantry combat who was deployed to Afghanistan. There were suggestions that Long suffered from post-traumatic stress disorder, though that has not been confirmed.

But it raised questions.

“We spend six months to prepare a Marine for what they need to know to do their job and spend a week at the end to transition them out,” Buhl said. “It troubles me, and I’m not alone.”

Help before the transition

As head of the Wounded Warrior Regiment from 2012-2014, Buhl was in a position to help Marines who had been diagnosed with a mental or physical disability before they transitioned out of the Corps.

The regiment oversees the operation of two Wounded Warrior Battalions – at Camp Pendleton and Camp Lejeune, North Carolina – as well as multiple detachments around the globe. Its services include military treatment facilities and Department of Veterans Affairs Polytrauma Rehabilitation Centers. Military who are still in active duty are provided with counseling, rehabilitative service and put on medications if necessary.

“Whether they have PTSD or some level of PTS (post-traumatic stress), everyone there gets a multifaceted approach to help them heal,” Buhl said of the regiment. “When they go to transition counseling, they seek out compatible employment that fits their demeanor.”

Once military members are ready for discharge, information about their disabilities is provided to the Veterans Administration, whose job it is to follow up with the veteran.

More recently, the Marine Corps added a Combat Operational Stress Control program, in which psychiatrists are assigned to 4,000- to 5,000-man regiments, monitoring service men and women and training leaders to recognize signs of PTSD.

But not everyone is diagnosed

Major Guy Zierk, who retired from the Marine Corps in August after 24 years, was among 30 Marines attached to the Wounded Warrior Regiment as a District Injured Support Coordinator.

In this capacity, Zierk, who served in three combat deployments and was based at Camp Pendleton, assisted Marine veterans who were medically retired – transitioning out of their military service jobs. In five years, he said, he worked more than 600 cases, where he helped veterans navigate their transition, coordinating with caseworkers at the Veterans Administration as well as with nonprofit state and local groups.

Typically, he said, veterans wanted some level of assistance. But in some cases, they wouldn’t show up to appointments.

“There is more than enough help if a veteran wants it,” Zierk said. “Sometimes veterans don’t like the type of help that they are being given.”

Often, he said, the problem comes with not admitting that help is needed.

When Marines come back from combat deployment, they go through an interview with a doctor, Zierk said. If they don’t disclose that they have issues and there are no obvious signs, they go

back into their units. After spending years becoming a Marine, he said, the last thing they want to do is stand out from among their brothers.

To help ease the discussion, six months before Marines come up on their four-year service mark, they have an opportunity to tell a doctor about physical or mental issues as part of a program called Benefits Delivery Upon Discharge.

“The service member doesn’t have to feel ostracized,” Zierk said. “He or she can freely talk to a doctor.”

In his case, Zierk said, he had difficulty admitting he needed help.

“My second deployment was pretty hellacious,” he said. “We lost quite a few and killed quite a few. You don’t really know you’ve changed until people point it out. You fight not to be different. Getting help means you admit you’re different.”

Help in the civilian world

Kolin Williams, a veterans counselor at Saddleback Community College, has seen many veterans who lack the services they need.

An Army veteran who said he received little support when he left the service, Williams became the first full-time veterans counselor in Southern California. Since 2011, the San Clemente resident has provided personal, career and academic counseling at the Veterans Education and Transition Services program at Saddleback.

He also teaches Boots-to-Books, a military-transition-to-college course, to recently discharged Marines, and works at Camp Pendleton’s School of Infantry once a week to help active-duty Marines navigate the transition process to the civilian world.

“The connection, or lack thereof, between the Department of Defense and VA medical care has always been a problem,” Williams said.

“Active-duty service members who have had mental health issues are not rolled right into VA medical care so they often have to spend valuable time and energy working through the process on their own without much guidance,” he said. “This is often very problematic because transitioning out of the military brings about a variety of concerns such as housing and financial hardships which often take precedence over finding a medical professional.”

In his Boots-to-Books course, he said, he has veterans fill out an application for VA Health Care as a class assignment to “ensure they have initial access to care.”

“At least 75 percent of the student veterans in my classes over the last seven years haven’t completed the basic application for VA Health Care after discharge,” he said. “As far as I know the application is still not a part of the transition process from active duty to civilian life.”

Ian David Long “was not enrolled in VA health care at any time,” VA Public Affairs confirmed.

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2. Improving Customer Service

2.1 - ABC News (AP): [AP Fact Check: Trump's election fiction on GOP wins, economy](#) (10 November, Hope Yen and Christopher Rugaber, 12.6M uvm; New York, NY)

Fresh off the GOP's loss of the House, President Donald Trump is fudging the success of a "booming" economy and overstating the impact of his campaigning on the midterm elections.

He suggested that every Republican congressional candidate for whom he paid a visit to their state to rally voters prevailed on Election Day. That's not true. Several of his favorites in closely contested Senate and House races lost Tuesday, in some cases after Trump held multiple rallies on their behalf.

On the economy, Trump asserted that U.S. growth under his watch has been unprecedented. In fact, it was surpassed just four years ago during the Obama administration. He also minimized the trade threat from China and claims a U.S. steel industry renaissance that isn't really happening.

And speaking before Veterans Day, Trump claimed premature success in achieving "more for the vets than any president," citing an expanded health care program that has yet to be fully paid for or take effect.

A look at his claims and the reality:

[...]

VETERANS

TRUMP: "I've done more for the vets than any President has done, certainly in many, many decades, with Choice and with other things, as you know. ...If you look at Choice — Choice alone — I mean, just take a look at what we've done with Choice." — news conference Wednesday.

THE FACTS: He's taking premature credit for improvements that will take years to see full effect in regards to the Veterans Choice program.

Trump signed legislation in June to expand the private-sector Choice program, which was first approved in 2014 during the Obama administration in the wake of a scandal at the Phoenix VA medical center in which some veterans died while waiting months for appointments. The current Choice program allows veterans to see doctors outside the VA system if they must wait more than 30 days for an appointment or drive more than 40 miles to a VA facility.

How much Choice will be expanded, however, will depend on yet-to-be-completed regulations that will determine eligibility for veterans as well as available money for the program. The Department of Veterans Affairs has yet to resolve long-term financing due to congressional budget caps that could put funding for VA or other domestic programs at risk of shortfalls next year.

Also important to the program's success is an overhaul of the VA's electronic medical records to allow seamless sharing of medical records with private physicians, a process expected to take

up to 10 years. VA Secretary Robert Wilkie has said full implementation of the expanded Choice program is "years" away.

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2.2 - Miami Herald: [On 100th anniversary of the end of World War I, Florida marks a special Veterans Day](#) (10 November, Caitlin Ostroff, 4.8M uvm; Miami, FL)

At the Alexander Nininger Jr. State Veterans Nursing Home in west Pembroke Pines, most everything has an order and purpose to it. The lobby that greets friends and family is largely unadorned, save for a poster on a coffee table advertising the upcoming Veterans Day and a binder devoted to the home's namesake, a 23-year-old Army second lieutenant who was the first Medal of Honor recipient of World War II.

Past the lobby, a calendar displays the scheduled events residents can choose to take part in, everything from Tai-Chi to pet therapy and a book club. Donated military uniforms from the local historical society line the wall as residents watch movies in black and white. Memorabilia sits in display cases — leather-bound journals, a pair of aviator goggles and a Congressional Gold Medal. The residents started offering them as donations about two years ago.

"It grants you some immortality," said Larry Militello, a decade into his tenure as the nursing home's administrator, looking down at the dozens of keepsakes. "You may be gone tomorrow, but this will still be here."

The nursing home on Pines Boulevard and University, one of six in the state exclusively for veterans, houses 120 people — about 116 men and four women. Currently, about eight or nine people are on the wait list.

The nursing home is marking Veterans Day, this weekend, with several parties and events.

Girl Scouts and Boy Scouts will come by to entertain. This year's Veterans Day carries special meaning, marking 100 years since the armistice that ended World War I. The holiday was originally known as Armistice Day.

The needs are many, with drug abuse and depression serious issues. Florida's veterans' suicide rate, 34 per every 100,000 veterans, was slightly above the national average for veterans of 30 in 2016. But that's twice the rate of the population overall.

A 2014 report shows that the portion of spending on mental health treatment at VA facilities rose from about 9 percent of the pie in 2007 to just above 11 percent in 2013.

Half of Florida's veterans are 65 years or older. Because the population is graying, the state started an initiative four or five years ago to add more veterans nursing homes, said Steve Murray, a spokesman for Florida's Department of Veterans' Affairs, which operates and finances the homes. Each of the six existing homes can take 120 residents. The one veterans assisted living center in Lake City can care for 150 residents.

Two new nursing homes are being built, Murray said. The one in Orlando — slated to open in late 2019 — will add 114 beds. The home in Port St. Lucie — scheduled to open in early 2020 — will add 120 beds.

In order to enter a state veterans nursing home, veterans need to be a Florida resident, have received an honorable discharge and have a letter of certification from a VA doctor that he or she qualifies. The amount a person must pay depends on his or her circumstances, Murray said.

Building more veterans nursing homes is costly, Murray said. Each requires about \$50 million for construction, plus 165 staffers to provide medical care, laundry services, food preparation and activity planning. Because of that, it makes sense economically to partner with existing, privately run facilities.

Florida has doubled down on its effort to help expand the number of adult day care options for veterans. The U.S. Department of Veterans Affairs provides a per diem to facilities that offer these services.

Murray said many veterans prefer to stay in their own homes as they age, and adult day care gives loved ones caring for a veteran a reprieve, enabling them to go to work.

“No state will have enough veteran nursing homes,” he said. “No state has the resources.”

At the Miami VA, there’s been a steady effort to add more local adult day care services to the VA’s network, said spokesman Shane Suzuki. The Miami VA sees mostly Vietnam, Korean War and World War II veterans, although that will change with the passage of time. In the past year, of the 57,000 patients served by the Miami VA, about 6,000 were deployed in Iraq or Afghanistan.

Suzuki said Veterans Affairs is noticing a demographic shift as more female veterans come in for services. Because of that, the Miami VA is opening an expanded women’s health center in mid-2019 at the main hospital near the Jackson Memorial complex. That will centralize women’s services in one area instead of having them spread throughout the hospital.

The Miami VA is also working on expanding its South Dade clinic from 7,000 square feet to 30,000 square feet. The VA is currently looking for space for that expansion as more veterans are moving to the area.

Militello said the state doesn’t spare resources when taking care of its veterans. Having come from operating private-sector nursing homes, he said he’s never had a problem getting funding for items his residents need.

Though he himself didn’t serve in the armed forces, he’s gained a greater appreciation for what it means for someone to have served his or her country.

“We owe them a great debt,” Militello said. “We call them the Greatest Generation — they were the gutsiest generation.”

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2.3 - Military.com: [Slain Marine Vet Would Have Tried to Help Shooter if He Could, Friend Says](#) (10 November, Hope Hodge Seck, 2M uvm; San Francisco, CA)

An hour and change before Dan Manrique's life was brutally cut short in a mass shooting at the Borderline Bar and Grill in Thousand Oaks, California Wednesday night, he had been in a meeting with fellow members of veterans organization Team Red White and Blue, brainstorming about how to improve community within the group and connect better with veterans in need.

So when Rudolph Andrade, a Team RWB chapter captain for Los Angeles, got a text message the following day asking if Manrique had been in the vicinity of the shooting, Andrade's first response was reassurance.

"Dan was with me last night when all this happened," Andrade said he replied.

Days later, the shock of processing the loss of Manrique, a close friend as well as a teammate, is still setting in for him.

In fact, there were at least three members of Team RWB at the scene of the horrific shooting that claimed 12 lives, according to Andrade and postings on the Team RWB Ventura County Facebook page: Manrique, on full-time staff for the group as the Pacific Regional Manager; Justin Meek, a promoter at the bar killed in the shooting, who'd reportedly planned on joining the Coast Guard after college; and Fernan Diamse, another chapter member who made it out alive, but sustained a cut on his arm from broken window glass in his effort to escape.

Andrade, who like Manrique is a veteran of the Marine Corps, said the two men bonded quickly when they met in 2014 through the veterans organization, despite a gap in their ages.

"I'm 45; he was 33. But he was never like a kid," Andrade said. "He was really soft-spoken. He was always calm. He was more mature than anybody his age."

According to service information released by the Marine Corps, Manrique served from 2003 to 2007, reaching the rank of sergeant. A field radio operator, he'd deployed to Iraq from aboard the amphibious assault ship Bataan in 2007.

Andrade said he served from 2002 to 2010 as a tank mechanic, deploying to Iraq from 2007 to 2008. He also left the Corps as a sergeant.

"It's funny because I looked at his service, and said, 'Dude, we were in a lot of the same places,'" Andrade said.

One of the first events they participated in together, Andrade said, was an overnight camping trip for Team RWB, where they ended up huddling over concerns about a sensitive situation involving a member.

"I could always talk to Dan, and I knew it was a safe place," Andrade said.

The friendship quickly blossomed beyond their work in the organization. They bonded over their love of the LA Dodgers and started attending baseball games together. Eventually they hatched a plan to visit as many baseball stadiums as they could throughout the United States. They'd made expeditions to San Francisco and Oakland, Andrade said, and had more trips in the works.

Both men had dedicated significant personal resources to serving other veterans in need. Manrique had previously worked at a local medical center helping veterans with mental diagnoses and drug dependency. Andrade assists with outreach to homeless veterans through the Department of Veterans Affairs.

So when Andrade found out that the apparent shooter, Ian David Long, was also a veteran of the Marine Corps, he was certain of one thing.

"I know that if the shooter -- it's hard to even say he's a Marine, it hurts -- If Dan and I knew this guy needed help, we would be like, 'hey, dude, what can we do for you,'" Andrade said. "We clicked with veterans fast, quick. Dan would have helped this guy."

While he has tried to avoid reading news reports, Andrade also expressed disbelief about a narrative that has gained traction, that Long suffered from post-traumatic stress due to his military service, and it motivated his violent actions.

"A lot of people say he had the PTSD," Trump told reporters Friday. "It's a big problem. People come back, that's why it's a horrible thing. They come back, they're never the same."

VA Secretary Robert Wilkie has said Long never sought help at the VA; any clinical diagnosis remains unclear.

There was a Marine who did have PTSD in that bar, Andrade said: Manrique himself.

"Marines with PTSD, ok yeah, you know, Dan had it, I have it. You don't go do that s***," he said. "You take care of your s***, you deal with it ... I know what I've been through and I know what my friends have been through, and we're dealing with it."

The Ventura County Chapter of Team RWB has planned a memorial run in honor of Manrique on Veterans Day.

"I was talking to my dad yesterday; my dad is a Marine Vietnam vet," Andrade said. "I said, this is the kind of guy you want your son to grow up and be like. ... Dan was a brother."

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2.4 - Philadelphia Inquirer: [Why can't we get it right when serving veterans?](#) (9 November, Editorial Board, 1.8M uvm; Philadelphia, PA)

The Utah mayor and National Guard major who was killed in Afghanistan last week is a painful reminder on this Veterans Day of the ultimate sacrifice members of the U.S. Armed Forces make to keep our country safe.

Brent Taylor, 39, was on his fourth tour of duty when he was shot and killed. He left behind seven children and a shaken community as the war in Afghanistan has dragged on so long that those born on 9/11 are now old enough to enlist.

Of the more than 18 million veterans, more than 3.5 million served after Sept. 11, 2001, according to the Census Bureau. While the country makes sure to honor its veterans once a

year – thousands attended the Veterans Day parade in Philadelphia last week – the rest of the time many veterans are left to struggle.

The problems many veterans confront range from addiction, unemployment, and homelessness to suicide and post-traumatic stress disorder, which has spiked in the last decade. The 28-year-old man who shot and killed 12 people in a California bar last week was a Marine veteran who had several interactions with law enforcement officials in recent years, including a disturbance in April that prompted a mental-health specialist to talk to him.

Meanwhile, Veterans Administration hospitals have been plagued with long delays for veterans seeking medical and mental-health care. A 2014 audit found more than 57,000 veterans waiting more than 90 days for an appointment and an additional 63,869 who requested medical care but were not added to a VA waiting list.

President Trump made support for veterans a priority, but so far the results are mixed. He created a hotline for veterans to ensure complaints do not fall through the cracks and signed off on a plan to overhaul electronic medical records. The upgrades came with a cost: Trump recently signed the largest budget ever for the Department of Veterans Affairs.

Other promises Trump made to veterans have fallen short. Despite the increased attention of problems plaguing the VA, many veterans still face months-long delays just to see a doctor, according to a recent Government Accountability Office report.

The agency has also been hobbled by unsteady leadership. Trump's first two choices to head the agency flamed out and acting Secretary Peter O'Rourke came under fire for playing politics before current Secretary Robert Wilkie was confirmed in July.

Then came reports in August that the Trump administration aimed to roll back enforcement of the Military Lending Act, which was designed to protect active-duty service members and veterans from getting cheated by predatory lending practices. A Department of Defense study found military members were four times as likely to be targeted by shady lenders.

The current troubles at the VA are not new. Only the names and scandals seem to change. But the inefficiency and incompetence seem to remain. Yes, the VA is a complex bureaucracy. But the stakes are high. Veterans have already put their lives on the line; why are we making them do it again and again with a VA that is substandard?

Veterans deserve much more than this.

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2.5 - WOAI (NBC-4): [CBS12 News Investigates: Allegations of neglect at VA](#) (10 November, Andrea Marvin, 631k uvm; San Antonio, TX)

WEST PALM BEACH, Fla. (CBS12) — A source, who did not want to be identified, from inside the West Palm Beach V.A. Medical Center gave us photos and video clips of medical equipment and patient rooms left filthy and what he said is biohazard material not disposed of properly.

He also spoke with patients who talked with him about how they were treated.

"I feel bad, I feel terrible," the source said. "I don't like seeing a veteran being left alone with no care."

He showed us what he called issues with cross contamination, filth, and neglect.

That same type of neglect was found during a privately contracted inspection from Long Term Care Institute in March.

CBS12 News Investigates obtained those documents which shows inspectors cited staff at the West Palm VA for letting residents sit for hours in soiled sheets, a bloodied boot, and with bedsores.

The report reads in part:

Staff failed to medicate a resident who appeared to be writhing in pain during wound treatment and dressing changes... And inspectors found another resident crying out in pain. CBS12 News Investigates contacted the VA for comment.

They agreed to show us the areas in the photos regarding cross contamination, but when we asked about the complaints from veterans, they declined to interview.

However, they did send us statements via email.

FULL STATEMENT

The West Palm Beach VA Medical Center is committed to providing our Veterans with the highest quality health care and services in a clean and safe environment. We are also committed to continuous improvement and include Veterans and their families in our decision-making processes. When we learn that we may have fallen short of our patients expectations, we take those concerns seriously and determine how we can improve.

One of the actions we take to ensure we maintain a safe and healing environment includes conducting joint clinical and environmental management staff walking rounds. For the safety of our patients we adhere to established policies to include those that address hand hygiene and biohazard waste disposal that staff members are mandated to follow.

We have an active Patient and Family Advisory Committee, chaired by a Veteran, that helps us make ethical and responsible decisions on behalf of our patients. We also have a Community Living Center's Resident Council that provides feedback to our leadership team on how we can help Veterans who reside in our facility feel at home, safe and cared for with dignity. Based on their feedback, we recently began offering room service to our inpatients so they have fresh, cooked to order food of their choosing. The medical center has, and always will, take every measure possible to enhance the Veteran experience and provide a safe healing environment. If at any time a Veteran or their families are concerned about their health care experience or safety, we encourage them to contact our Patient Advocate Team at 561-422-8600.

RESPONSE TO SOURCE'S PHOTOS AND VIDEO

The person who filmed this video appears to be engaging in repeated violations of VA policies and procedures with respect to both cleanliness and patient confidentiality.

These unacceptable actions are consistent with those of a former West Palm Beach VA Medical Center employee who recently resigned after being confronted about repeatedly filming work areas he was assigned to clean instead of actually cleaning them.

At the West Palm Beach VAMC, we maintain the highest standards of cleanliness and patient confidentiality. When employees fail to uphold to these standards, they are disciplined appropriately.

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2.6 - KTVI (FOX-2, Video): [Servicemen with ALS share bond thanks to VA Clinic caregivers](#) (9 November, Bonita Cornute, 460k uvm; Saint Louis, MO)

They served their country and now they are living with ALS. We met two servicemen who have a special bond thanks to their caregivers.

Two veterans: one Army, one Air Force; and both are living with ALS, also known as Lou Gehrig's disease. Ken Danridge and Sean Nolan bonded while receiving care at the VA St. Louis ALS Clinic at John Cochran Hospital. Ken's wife, Amy, appreciates the clinic's team of caring professionals.

"They offer amazing support. Anything we need, they're just a phone call away. From the simplest things to the wheelchair, to the computer that will help him talk," Amy Danridge said.

As the disease progresses, the communication device is essential because patients lose the ability to speak.

Sean Nolan actually teaches others how to use their eyes to spell the words on the computer.

Both men describe what they find most challenging living with ALS.

"The help that is required by me," Sean said. "And that it changes week by week."

"I was very active," Ken said. "But now my arms don't work like they used to."

ALS is a progressive neurodegenerative disease leading to total paralysis. It is fatal within a few years of diagnosis. Veterans are twice as likely to develop ALS as the general population. Anndee Glick, MSN and RN, is the Clinical Coordinator for the VA's ALS clinic.

"We don't know exactly why the disease touches veterans the way it does. Veterans from different areas of service are impacted, from Vietnam to the Korean War to the Gulf War," Glick said.

When vets come to the VA Hospital, they are treated by a team of professionals which include speech and occupational therapists, dieticians, neurologists, social workers, and psychologists. Patients see many of the caregivers in one day. Multiple trips to the hospital can be stressful.

The entire family is affected, according to Sean's wife, Nicole Nolen.

"We were diagnosed. It's not him, it is we. The whole family is diagnosed. It changes lives," she said.

Nicole's daughter, Jaylynn Meyer, finds herself emotionally connected to her step-father.

"It's hard sometimes at home. I do struggle with depression and anxiety," she said. "So, not only is he going through his thing, I'm also kind of going through it with him."

If you want to help support ALS research and services, you don't want to miss the annual Ice Bucket Bash. It's Friday, November 16 at Four Seasons.

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2.7 - Citizen-Times (Video): [Brothers Like These: Veterans fight PTSD with prose](#) (10 November, Angela Wilhelm, 128k uvm; Asheville, NC)

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder.

The men waded through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

A brotherhood has formed among the veterans turned writers, who joke they were drafted into the Brothers Like These writing program by Dr. Bruce Kelly, a primary care physician who heard many speak of the lasting torments of that war.

"We have a collective obligation to their recovery and healing," said Kelly, "They deserve the opportunity to have their voices heard and finally see themselves as the hero of their own stories."

In a collection of videos by the Citizen Times, members of the Brothers Like These writing group share their journey and their powerful writing.

Described as shy, David Robinson would ask his teacher to give him a "zero" rather than read in front of the class. After high school, he was drafted into the Vietnam War and served in the United States Army Americal Division, from 1970-1971. His piece, "Across the Sea" inspired the title of the Brothers Like These writing group.

Michael Ireland was born into a military family in Hobbs, New Mexico. Thirty-three years after serving in Vietnam, he was diagnosed with PTSD. In the Brothers Like These Writing group, Ireland wrote a letter to the first of his 12 grandchildren.

Robert West, a veteran of the Vietnam War, served in the United States Army, in the 25th Infantry Division from 1968-1969. West spent 19 months in Vietnam. "People ask you what it was like," said West, "unless you were there, there's no comparison."

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2.8 - KBZK (CBS-7, Video): [Officials and service agencies announce plans for expanded support for veterans](#) (10 November, Jonathon Ambarian, 21k uvm; Bozeman, MT)

A partnership of local leaders and service agencies announced plans Friday to provide better support for veterans, service members and their families.

Helena Mayor Wilmot Collins and Billings Mayor Bill Cole have been taking part in the nationwide Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. As part of that effort, Mayor's Challenge teams in both cities, the United Way and the Montana VA Health Care System are working on improvements to the Montana 211 program.

211 is a phone number set aside nationwide as a way to connect people in need with available resources. In Montana, five nonprofit organizations operate 211 centers, which maintain databases of those resources. They also share a single website, montana211.org, that collects the information online.

The VA awarded the United Way of Yellowstone County a 12-month, \$220,000 contract to upgrade the 211 program in the state to meet veterans' needs. That includes expanding 211 phone service to Billings and southeastern Montana, where it currently isn't available. The databases will be updated to make sure their information is complete and accurate. Call center workers will also be trained to be "military-friendly," so they can better understand how to communicate with and understand those who have served and their families.

Juliana Hallows, Montana VA's suicide prevention coordinator, said it's important to make sure support is available well before someone is actually in crisis. She said simply connecting returning veterans with others who understand their experiences can make a great deal of difference.

"We've got to make our veterans and our service members know that Montana's home, they're part of a community, we care for them and we want to connect with them," she said. "211's going to help us do that."

Collins has strong ties to the military. He served in the U.S. Navy Reserve for years, his wife is currently an Army reservist, and his daughter is on active duty in the Navy. He said he understands the challenges service life can bring.

"I saw firsthand what it's like," he said. "I'm not going to say my family is immune from that. So it's important to me that we keep this going and make sure we get all our veterans, all our service members involved in this process."

Leaders say the contract will also pay for developing a sustainability plan, to ensure the 211 program is stable for years to come. It will also include outreach, so more people are aware of what the program can provide.

"We're happy that other stakeholders got involved and we've come to this point where we can say that, 'Hey, we've got results,'" said Collins.

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2.9 - WALB (ABC/NBC-10): [Community comes together to donate van to Valdosta VA clinic](#) (9 November, Ri'Shawn Bassette, 83k uvm; Albany, GA)

VALDOSTA, GA (WALB) - One South Georgia organization raised about \$38,000 to donate a van to the Veteran Affairs clinic in Valdosta.

On Thursday, the community held a gathering to present the van to the clinic.

"For the past five years I've been driving down. The van's getting more and more miles on it and starting to be in somewhat disrepair. We had a few breakdowns, so we were kind of led to reach out to the community to see if we can get donations made in an effort to buy a new van," said Tim Coombs, the co-chair of the Community Veterans Engagement Board.

The organization came together with community to help raise money for a 12-passenger van for the VA clinic.

"It came together, we thought kind of slow, but they told us it was pretty fast to raise this much money to get a beautiful van like that," said Coombs.

The van is used to transport veterans from the VA clinic in Valdosta to the VA hospital in Lake Park.

"Appointments are great but if they can't physically get there, people say, 'Why do you go there?' Well that's just where these guys are assigned to go. That's their hospital," said Coombs.

With the help of many groups and people from the community, they were able to raise \$38,000 for the new van.

"We reached out to the community here in Valdosta and acquired the rest of the donations. Hahira, Tifton, Moultrie and were able to purchase a brand new van through Robert Hutson Ford," said Coombs.

Coombs jokes that it took everyone in South Georgia to get this done and the veterans said they appreciate it.

"I've known the community to be very concerned but this was beyond my wildest dreams to see how they came together in such a short time to give us the transportation we needed," said veteran Wilmon Stanley.

Having used a bus for the past 20 years, Stanley said he's going to continue to put the bus to good use.

"And I'm not too far from having an appointment in Gainesville coming up shortly and I will be on that bus," said Stanley.

And those veterans make it worth it all.

"We need to give back. I felt like I needed to give back all I could. They gave so much for our country. A lot of people may not appreciate that, but you know coming up on Veterans Day, it's really important and I feel really good after doing this," said Coombs.

Coombs shared that their efforts don't stop there. The VA clinic in Waycross has reached out and may be looking to follow suit in trying to raise money to get its clinic a new van.

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2.10 - The Fayetteville Observer: [Strengthening the nation's commitment to veterans](#) (10 November, Sen. Thom Tillis (R-N.C.), 73k uvm; Fayetteville, NC)

On Veterans Day, we not only honor the brave Americans who served our nation but also rededicate ourselves to fulfilling the promise made to every man and woman in uniform that our nation will be there for them once their uniformed service has concluded and they return to civilian life.

Unfortunately, as we know all too well, the VA has often struggled to uphold this promise. The good news is that thanks in part to Congressional action over the last two years, positive incremental progress is underway. My colleagues in Congress and I have made strides by funding the VA at record levels and successfully passing 22 bipartisan bills that aim to strengthen veterans' health care, benefits and services.

For too long, many veterans have been unable to see a doctor and receive care because of both bureaucratic and geographic hurdles. To address this problem, Congress recently passed the VA MISSION Act, which dramatically improves the way the VA delivers health care and provides veterans with more choices to receive care when and where it makes sense for them. The law allows veterans to receive health care services provided by private hospitals and doctors, and it also removes barriers for VA health care professionals to practice telemedicine.

Also recently signed into law was a bill that I introduced called the VA Senior Executive Accountability Act, bipartisan legislation that closes a loophole within the VA bureaucracy that allowed underperforming senior VA executives to be reassigned within the VA instead of being demoted or fired. My legislation imposes some much-needed accountability at the VA by requiring any transfers to be personally approved by the VA Secretary, ensuring that we hold the VA's leadership to the highest standard.

In addition to the work done by Congress, the VA is also under the new leadership of Secretary Robert Wilkie, who is a native of Fayetteville and spent his early life living on Fort Bragg, where his father was stationed.

Secretary Wilkie also happens to be my former senior advisor in my Senate office, where he advised me on all policies relating to veterans and the military. As a North Carolina native and the son of a gravely wounded Vietnam War veteran, Secretary Wilkie understands the inherent problems at the VA. Indeed, he has already hit the ground running, working diligently to improve both the culture at the VA and the customer service experience for veterans.

I have full confidence in Secretary Wilkie, and look forward to continue working with him and my colleagues on the Senate Veterans' Affairs Committee — Democrats and Republicans alike — to continue the momentum.

While progress is being made, we all know that the VA continues to face daunting challenges, which often means veterans are not receiving the care they need and deserve. That is why one

of my top priorities is delivering constituent services to veterans. Over the last four years, my staff has helped thousands of veterans who have contacted our office, helping veterans with everything from receiving timely appointments to resolving issues with benefits, and much more.

If you are a veteran or know a veteran who is having trouble dealing with the VA, please do not hesitate to contact my office by calling 919-856-4630 or visiting my website at tillis.senate.gov. Members of my staff are committed to advocating on behalf of North Carolina veterans and getting them results.

America is made great by the brave men and women who were willing to put themselves in harms' way in defense of our nation and its values. One of the small ways you can help repay that tremendous debt of gratitude is by making sure the VA and our representatives in Congress are doing everything they can to uphold the promises America made to our veterans.

Thom Tillis, a Republican, is North Carolina's junior senator in Washington.

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2.11 - The Fayetteville Observer: [Our View: Veterans Day reminders of the elusiveness of peace](#) (10 November, 73k uvm; Fayetteville, NC)

One hundred years ago today, the battlegrounds of Europe fell quiet as an armistice halted the War To End All Wars. Peace was declared on the 11th hour of the 11th day of the 11th month.

Sadly, peace would endure less than two decades before Europe was at war again, followed in short order by war in broad swaths of Asia as well. The war that ended in 1918 didn't end all wars, but rather set the stage for future conflict. Nor did World War II deliver enduring peace. We followed it with the Korean War, the Vietnam War, the first and second Gulf Wars and Afghanistan, the longest-lasting war in our history. We still have thousands of troops serving in the Middle East and Afghanistan, even as we embark on what look a lot like new cold wars with Russia and China and confront a nuclear-armed North Korea. Our soldiers, sailors, airmen, Marines and Coast Guardsmen are as important today as they've ever been.

But while war and the need for military service have endured, the annual observance of the peace declaration did as well, first as Armistice Day and later rechristened as Veterans Day, a holiday to honor all who have donned a uniform to serve their country, in war and in peacetime.

It's a special holiday, for those who have served, for their families and for the rest of us who feel deep gratitude and a palpable debt to those who have put their lives on the line to defend our country. And nowhere is it more special than here in the communities surrounding Fort Bragg, the nation's largest (by population) military installation. As Veterans Affairs Secretary Robert Wilkie points out, this region also has the fastest-growing veterans population in the country.

Because of that — and because the Fayetteville area has a deep commitment to its veterans — Veterans Day is a multiple-day celebration here, with events of the annual Heroes Homecoming beginning on Friday and ending on Monday.

Wilkie, a Fayetteville native who saw his artillery officer father through severe Vietnam combat injuries, has taken the VA's helm at a difficult time for veterans and for the federal agency that serves them — the second-largest federal bureaucracy. He has vowed to streamline the

bureaucracy, further reduce waiting times and make the VA more responsive to the nation's veterans and their needs. He's under no small pressure from Congress to succeed.

Although there have been more than a few bumpy patches, the VA has indeed been a story of improvement over the past decade, and especially in the past four or five years. It hasn't solved all its own problems yet, but the progress is heartening, especially as we see it here in Fayetteville and in satellite clinics across this region. We're pleased too with the VA's cooperation with the military bases around it, especially with the partnership it's developed with Womack Army Medical Center on Fort Bragg.

Today, as we mark the 100th anniversary of the World War I armistice and salute the thousands of veterans who walk among us, we all need to renew a vow. Let us never forget the sacrifices our veterans have made for us and never stop improving the way our society cares for them in return for that service.

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2.12 - WSAW (CBS-7): [Veteran opens up about PTSD, path to healing](#) (10 November, 70k uvm; Wausau, WI)

TOMAH, Wis. (WSAW) -- Dozens of veterans gathered at the Tomah VA Medical Center to share stories at the hospital's annual Veterans Day ceremony.

One vet, David Scarbrough II, found a unique way to battle depression and Post Traumatic Stress Disorder (PTSD).

"If it wasn't for the VA right now, I wouldn't be alive," he said.

He didn't like school much and wanted to make money, and saw the army as a free workout. He quickly realized it was more than what he'd signed up for.

Two years later, Scarbrough deployed to Iraq, where his vehicle was hit by an improvised explosive device (IED).

"Truck flipped over and glass cut me right here, and I cut an artery nerve, muscle. Almost bled to death."

He says he's lucky -- some of his friends were not.

He didn't fully process what had happened until he left the military and began coping with the trauma with alcohol. That quickly escalated to suicide attempts and self-harm.

At the VA, he learned how to channel his emotions better, and he felt his stories could be heard. At one point when he was suicidal again, he turned to poetry to channel the suicidal instincts, rather than harming himself.

"The red, the white, the blue is what keeps me going, ready to fight this fight.
The pain, the blood, the sweat is what I think of when I see my metals and stripes in the light."

Now he's sharing his poetry, hoping it can make an impact on other veterans suffering from the same trauma. He's asking people to donate to the Wounded Warrior project in honor of those who suffered or died in World War I.

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2.13 - The Daily News: [VA honored to serve America's heroes](#) (10 November, Jim Rice, 54k uvm; Iron Mountain, MI)

On Veterans Day and throughout November we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving our nation.

These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending our country. We owe them a debt of gratitude.

Those of us who work at the Oscar G. Johnson VA Medical Center and our community-based VA clinics across the U.P. and northern Wisconsin are honored to serve these American heroes, and we take great pride in the care we provide them.

Our 5-star rating and being ranked second in the nation for patient satisfaction is a testament to the care and compassion provided by our 720 employees and over 400 volunteers, of which 30 and 50 percent respectively are also veterans and know what it means to serve in the military.

While the Oscar G. Johnson VA Medical Center is nationally recognized for its care, we are not resting but rather continually improving and expanding our programs to better serve veterans.

We continue to provide same day services for more urgent primary care and mental health needs. We have expanded our veterans' ability to directly schedule their appointments for nine specialty care clinics without needing a referral from their primary care provider, saving them time receiving the care they really need.

We also expanded the use of our state-of-the-art telehealth technology — now used by 49 of our clinics — to serve our rural veterans, giving them access to care without having to travel to the VA provider's location. Additionally, VA's Video Connect program allows veterans to connect with their provider from the comfort of their home.

Our VA medical center now provides VA's new Whole Health Program, which is designed to empower and equip our veterans to take charge of their health and well-being, and to live their life to the fullest. It is proactive care that takes into account a veteran's desires, community and family support, professional care, and other aspects of his or her health.

Through our Whole Health Program we will help veterans set goals and connect them to VA and community resources to assist them in breaking down barriers and achieve their goals.

As we continue to expand services and programs, our top clinical priority remains Veteran Suicide Prevention. The sad reality is that 20 veterans on average commit suicide each day. Fourteen of those 20 veterans do not receive VA health care, and of the six that do, only three use VA's mental health services and programs.

We are continuing to reach out to veterans, their families, community health providers, and other stakeholders and provide them information on VA and community services to tackle this all-important concern. For more information on how you can help a veteran in need use #BeThere at www.VeteransCrisisLine.net/BeThere.

Veterans Day and National Veterans and Military Families Month is an opportunity to thank veterans in our communities for their service and sacrifice. At the VA, we have that opportunity every day.

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2.14 - Quincy Herald-Whig: [America should hold VA, Congress accountable for improving veterans' health care](#) (9 November, 36k uvm; Quincy, IL)

YEARS after the Veterans Health Administration began reforms after scandals involving deadly delays in health care for veterans, there still are some delays because of shortages of doctors, nurses and support staff.

Let's be clear: This is not the kind of scandal that led to the resignation of VA Director Eric Shinseki in 2014. The VA has made great strides ensuring that diagnostic equipment won't sicken patients. And the agency is making sure veterans' appointments are not delayed by months leading to serious illnesses and deaths. Safeguards also have been instituted to make sure wait times are not falsified.

However, there is a national shortage of medical professionals, and the VA system has been affected.

The Department of Veterans Affairs, which oversees the VHA, recently reported that full staffing for its health care arm would require 335,000 workers. At this time there are nearly 40,000 unfilled positions, creating a national staffing vacancy rate of nearly 12 percent.

VA facilities in Illinois have an 11 percent vacancy rate. In Iowa the rate is 12 percent, and in Missouri it is 15 percent. Montana has the nation's highest staffing shortage at 21 percent.

Staffing shortages are not new. The VHA lost about 5,900 employees in 2011. During 2015 the exodus hit 7,700 retirements or other departures.

Last year the Government Accountability Office reported that a federal hiring freeze made the VA's hiring problem worse. Doctors were exempt from the freeze, but there were not enough trained workers in the recruitment office to hire the needed physicians.

Other government reports indicate that doctors, nurses and dentists are hard to find because pay at VA facilities is lower than in the private sector.

Fortunately, Congress passed legislation that should help. This year's Mission Act gives Secretary of Veterans Affairs Robert Wilkie the authority to raise pay and forgive student loans to attract more medical professionals.

Even with the staff shortages, things are better than they were in 2014. This year it took one day for the average specialist referral at a VA. Four years ago the average referral took 19 days.

Staff shortages are more than a statistical curiosity. They cause delays in health care for the nation's 9 million veterans.

Congress requires the VA to give periodic updates to make sure the agency does its job. Passing the Mission Act will help provide the tools and funds needed by the VA.

It is good that Congress is holding the Department of Veterans Affairs accountable for improving its health care. Americans also need to hold Congress accountable for doing what's needed to fix the agency.

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2.15 - The Sault News: [VA expanding programs to better serve veterans](#) (10 November, 4k uvm; Sault Sainte Marie, MI)

On Veterans Day and throughout November, we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving the nation. These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending the country.

Those who work at the Oscar G. Johnson VA Medical Center and community-based VA clinics across the UP and northern Wisconsin are honored to serve these American heroes.

While the Oscar G. Johnson VA Medical Center is nationally recognized for its care. Staff members continue to provide same day services for more urgent primary care and mental health needs. The facility has expanded veterans' ability to directly schedule their appointments for nine specialty care clinics without needing a referral from their primary care provider, saving them time receiving the care they really need.

The VA has expanded the use of telehealth technology — now used by 49 clinics — to serve rural veterans, giving them access to care without having to travel to the VA provider's location. Additionally, VA's Video Connect program allows veterans to connect with their provider from the comfort of their home.

The VA medical center now provides VA's new Whole Health Program, which is designed to empower and equip veterans to take charge of their health and well-being, and to live their life to the fullest. It is proactive care that takes into account a veteran's desires, community and family support, professional care, and other aspects of his or her health.

Through the Whole Health Program, staff members help veterans set goals and connect them to VA and community resources to assist them in breaking down barriers and achieve their goals.

A top clinical priority remains Veteran Suicide Prevention. The sad reality is that 20 veterans, on average, commit suicide each day. Fourteen of those 20 veterans do not receive VA health care, and of the six that do, only three use VA's mental health services and programs. The VA is continuing to reach out to veterans, their families, community health providers, and other stakeholders and provide them information on VA and community services to tackle this all-

important concern. For more information, use #BeThere or visit www.VeteransCrisisLine.net/BeThere.

Veterans Day and National Veterans and Military Families Month is an opportunity to thank veterans in the communities for their service and sacrifice.

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3. Business Transformation

3.1 - McAlester News-Capital: [VA clinic opening at MRHC location](#) (10 November, Adrian O'Hanlon III, 6k uvm; McAlester, OK)

A local veterans clinic will open at a new location next week.

Nita McClellan, the Eastern Oklahoma Veterans Affairs Health Care System's chief of public affairs and voluntary services, said the VA clinic in Hartshorne is now closed and the new location in McAlester will open on Tuesday.

The McAlester VA Outpatient Clinic will open Tuesday at 2 E. Clark Bass Blvd. in the McAlester Regional Health Center, which is leasing space for the clinic.

McClellan said the organization is excited to work with MRHC and veterans were recently notified about the move.

"Veterans were sent letters letting them know the clinic was moving and they will now receive their care in McAlester, which is approximately 15 miles from the Hartshorne clinic," McClellan said.

"The hospital is happy and excited to host the VA clinic," said MRHC Director of Marketing Chris Plunkett.

McClellan said the organization's lease at the Hartshorne location was set to end Dec. 31 and the organization was interested in a larger space.

The facility in Hartshorne had 4,089 usable square feet, while the new McAlester clinic has 7,143 square feet, McClellan said.

Approximately 2,200 veterans were being served at the Hartshorne location and McClellan said plans are in place to add a primary care team to treat 1,200 additional veterans.

McClellan said the additional space at the McAlester location will allow the clinic to provide behavioral health services. Behavioral health services will be on the third floor, while primary care will be on the second floor.

She added that employees at the Hartshorne location will now be working at the McAlester location.

Enrolled veterans can schedule an appointment at the McAlester VA Outpatient Clinic by calling 1-888-397-8387. Veterans not enrolled for VA health care and seeking care at the McAlester clinic can contact the eligibility office at 1-888-397-8387, ext. 1535.

The clinic reports to Chief of Staff Dr. Michael Prior, who reports to Mr. Mark Morgan as the Director of the EOVAHCS.

EOVAHCS includes the McAlester VA Clinic, community-based outpatient clinics in Tulsa, Vinita and Idabel, and the Jack C. Montgomery VA Medical Center in Muskogee.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Marietta Daily Journal: [Editorial: Veterans have earned ‘our undying gratitude’](#) (9 November, 82k uvm; Marietta, GA)

The U.S. Department of Veterans Affairs calculates the number of U.S. military service members who served during wartime at 41.9 million. The department breaks that number down by:

American Revolution: 217,000

In 2014, Sen. Bernie Sanders was chairman of the committee and Eric Shinseki was the secretary of the Department of Veterans Affairs. The VA came under a cloud with the reports of veterans dying while awaiting care at the VA medical facilities in Phoenix, Arizona, that year. The next year, in 2015, Isakson became chairman of the committee. He made a commitment that during his chairmanship, the committee would do everything possible to ensure the necessary laws and leadership were in place so that veterans had access to the benefits and services they are owed.

“And I’m proud to say that we’ve passed 22 changes in the law for veterans, we’ve confirmed 14 new positions in the VA, we’ve got a new secretary who is terrific and a military man himself and a career Department of Defense guy,” Isakson said. “We’ve done everything we needed to do to give them the tools to correct the problems ahead and to make the VA work for the veteran and work for the country.”

Now that the needed laws and people are in place, Georgia’s senior senator expects results, vowing to hold the VA accountable so that it works for the veterans rather than against them. Isakson gives the VA a B grade now, on its way to a B plus.

In June, President Donald Trump signed into law Isakson’s VA MISSION Act, landmark legislation to improve the way the VA delivers health care by streamlining the department’s community care programs to remove obstacles to care in the community and ensure veterans receive efficient, timely and quality care.

Last year, after passage by the Senate, the president signed into law the Department of Veterans Affairs Accountability and Whistleblower Protection Act to improve accountability at the VA and discipline employees found guilty of misconduct to ensure veterans’ care was not affected by bad actors at the department.

To help service members transition to civilian life and ensure they have education benefits that meet their needs, another bill signed into law last year was the Veterans Educational Assistance Act to make lasting reforms to the post-9/11 G.I. Bill, including removing an arbitrary 15-year expiration of the benefit.

With the passage of the Veterans Appeals Improvement and Modernization Act of 2017, Isakson said in a recent floor speech that “we’re cutting down the average wait time because you shouldn’t have to wait to have a benefit paid.”

The legislation modernizes the woefully outdated benefits claims appeals process at the VA.

Looking ahead, Isakson is also excited about the committee’s oversight of the ongoing integration of health records between the VA and the Department of Defense by health information technology company Cerner.

“I am proud of what the Senate has done, and I am proud of our military and our country,” Isakson said. “We’ve done a lot of other things to help our veterans and to help our country. I commit that we will continue to do so. May God bless the United States of America.”

Isakson deserves applause for his leadership in reforming the VA so that our veterans are treated with the respect they deserve. For these are the men and women who signed up to make sure our nation remains a free one, and it is a debt, as President Truman observed, that “can never be repaid. They have earned our undying gratitude.”

On this Veterans Day, to quote another president, Abraham Lincoln, “Honor to the soldier and sailor everywhere, who bravely bears his country’s cause. Honor, also, to the citizen who cares for his brother in the field and serves, as best he can, the same cause.”

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5. [Suicide Prevention](#)

5.1 - KFBB (ABC-5): [Hotline Helps Struggling Veterans](#) (10 November, Bliss Zechman, 9 uvm; Black Eagle, MT)

It's a statistic many Montanans are all too familiar with, our state has the highest rate of suicide in the nation. However, thanks to a new program, those struggling in our communities now have easier access to help.

Montanans in the western part of our state will now be able to access the 211 hotline. The program is a support call line made for veterans, but everyone in the community will be able to utilize the services.

The new number is not a crisis line, but rather helps people who are struggling feel better before any suicidal thoughts kick in.

211 is available thanks efforts of Helena Mayor Wilmot Collins, Billing's Mayor Bill Cole and several other organizations.

“We need to prevent this at any cost. That's the idea. We're trying to prevent this from happening to our community,” said Collins.

Collins knows firsthand how critical stability support is for our veterans. He started his military career in the Army and retired in the Naval Forces.

According to Montana VA officials, last year nearly 70 veterans died by suicide in Montana alone. So far in 2018, 56 vets have taken their own life. However this hotline does more than help prevent suicide, it also helps veterans transitioning back into civilian lifestyles find basic resources.

“We want to make that transition easy so that when people are coming home after their service, they can call that number and say hey where can I go for a dentist. they have those resources readily available,” said Juliana Hallows, Montana’s VA Suicide Prevention Coordinator.

Mayor Collins just recently found out he helped secure VA funding for the program. They are working on hiring qualified staff to fill the call centers.

Services will be available at the end of January.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Tallahassee Democrat: [At night, the lighted flag at Tallahassee National Cemetery inspires calm](#) (9 November, Gordon Lightfoot, 201k uvm; Tallahassee, FL)

If you drove about two miles east on Highway 27 (Apalachee Parkway) from Capital Circle and looked to your left, you would see a Dollar General Store.

On the right side of the road, if it was late at night, you would see what Barbara, a member of our Chaires United Methodist Church sees as a sight that is inspirational.

It is a well-lighted 40-plus foot flagpole with an American Flag flying over the Tallahassee National Cemetery. A flagpole that sits on the highest point of our cemetery of over 250 acres of rolling hills and majestic oaks. Barbara revealed this to me a couple of months ago and it took me all this time to go by, late at night, and see for myself.

As most of you know, Tallahassee opened the state's 9th National Cemetery almost three years ago. This cemetery along with our new VA Clinic, recently renamed the Ernest "Boots" Thomas Clinic, are two of the VA's most cherished veteran achievements in the Tallahassee area. As of this month we now have over 1,000 veterans interred at this cemetery, which has a capacity for 87,000 veterans.

I asked Barbara what she meant by inspirational, before I went to see for myself, and she just smiled and said it just is. I guess I didn't really understand until I finally went and did see it for myself.

I have spent a lot of time at the cemetery in my capacity as a member of the Support Committee for the Cemetery and I have watched the building of the cemetery from being housed in trailers to the finished products of modern, state-of-the-art administration buildings, honor guard shacks, memorial walkways to even the columbariums (above ground vaults).

We have a Director of the Cemetery, Raymond Miller, and his crew that keep the cemetery grounds in immaculate condition. Miller's work is supported by a beautification committee that is managed by the Support Committee for the Tallahassee National Cemetery, Inc., a private nonprofit that contributes manpower and other support in keeping these hallowed grounds in the great shape they are in.

What I discovered that night I stopped by (by the way the cemetery is open late) to take a picture or two was a serenity, a calmness, a quietness, a solitude I haven't experienced in a long time.

From the Dollar General parking lot, across highway 27, on the cemetery property, is a drive that takes you practically up to the flagpole. It is on this short drive that I got out and started to take a few pictures. There was a full moon just behind the flagpole that night that truly enhanced the experience.

Even though I am retired, somehow, I am still caught up in the hustle and bustle of life, in my volunteer work with veterans, and especially with our little church at Chaires and of course my family. But this one stop for just a few minutes brought back home to me what is and should be the definition of inspirational.

Stop, take a breath. Enjoy a few minutes of solitude, of a peaceful moment in a quiet place.

Find and enjoy some serenity of your own choosing.

And for these few moments standing near that flagpole, I thank Barbara for just hinting something inspirational to me.

Gordon Lightfoot is member of Chaires United Methodist Church.

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6.2 - WVIT (NBC-30, Video): [Veterans Honored at Ceremony in West Haven](#) (9 November, Sujata Jain, 185k uvm; New Britain, CT)

The Veterans Affairs Connecticut Healthcare System held a ceremony on Friday for its veterans, two days before the nation commemorates Veterans Day.

United States Army veteran Amado Jimenez attended the simple but meaningful tribute held at the West Haven campus, where Jimenez has worked since 1992.

“The most beautiful thing that I could do is walk these hallways and help my fellow veterans regardless of the branch they served. It doesn’t matter. We’re brothers and sisters.”

Director Gerry Culliton, who comes from a long line of veterans, said it is the least they can do.

“I think our country owes it to them to respect them for even those few minutes on one day a year but really throughout the year,” Culliton said.

“People sacrifice a lot to protect our country and a lot of times when we’re at home we don’t realize what’s going on overseas or what every day is like,” U.S. Army veteran Sheila Mattei said.

Jimenez said the VA has defined much of his life and has been a lifeline for him over of the years. He said his hope is that more veterans will reach out.

“You have facilities here. You have a healthcare system. That is here for you. Please don’t be shy. Walk through those doors. We here to welcome you. We here to take care of you.”

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6.3 - The Lantern: [Gateway Film Center to hold first-ever Columbus Veterans Film Festival](#) (8 November, Michael Lee, 51k uvm; Columbus, OH)

In a series of films and documentaries ranging from U.S. soldiers readjusting to civilian life to the journey of veterans receiving care from Veterans Affairs, the Gateway Film Center is partnering with the Columbus Veterans Affairs’ Veterans Art Initiative to host its first-ever Columbus Veterans Film Festival from Saturday to Sunday.

The Veterans Art Initiative is a group that offers visual arts, theater, dance and music programs — such as the film festival — to veterans and their families for free. The goal is to not only engage them in the arts, but also encourage veterans to come visit the VA for help, Heather Seymour, creative arts coordinator at the Columbus VA, said.

“Nationally, we know that 14 out of the 20 veterans that die per day by suicide [have] not engaged in the VA in the past year,” she said.

Scott Vezdos, the film center’s director of communications, said the film festival will present four different films — “Thank You For Your Service,” “The Veterans Project,” “Serve Like a Girl” and “Leave No Trace” — as well as art created by veterans being shown in the film center.

“Thank You For Your Service,” starring Miles Teller, tells the story of a group of soldiers returning from Iraq, and their struggles readapting to civilian life. “The Veterans Project,” a documentary that shows the journey veterans take from injury to care in the VA, will also show Saturday. Starting Sunday is “Serve Like a Girl,” a documentary looking at American women transitioning from active duty to civilian life; and finally, “Leave No Trace,” a movie about an Iraq War vet with PTSD living with his daughter in a public park, will close out the film festival.

“We’re really excited to be able to be bringing up veterans focused films up to the screen,” Vezdos said.

Not only will there be film screenings, but also a live, one-man show Saturday night performed by Kevin McClatchy, associate professor in the Department of Theatre at Ohio State, titled “Scrap Heap.”

McClatchy said the show is based on his friend’s experiences in various sections in the military, such as special forces, diplomatic security services and the inspector general’s bureau in Southern California.

“It’s essentially a sort of whiplash tour of his experience of service and then coming back to reintegrate into society,” McClatchy said. “It’s a piece that resonates with veterans and giving everybody an opportunity to communalize this one person’s experience.”

Seymour said the idea for the festival came when the Veterans Art Initiative held an art exhibition at the Columbus Metropolitan Library in February. There, she met Alex Davis, director of development at the film center, who pitched her the idea of a veteran-focused film festival as a collaboration between the Columbus VA and the film center.

“I was fresh into this new job as the creative arts coordinator, and I was like ‘Oh my god, this sounds amazing,” Seymour said. “So, I brought it to the leadership and they said ‘yeah, try to develop it.’”

Seymour said the VA arts programs do not use tax dollars, but rather donations.

“We have community partners coming in, running workshops, we have people donating from different art councils from all around the state donating materials,” she said. “It really is this kind of nice segue between community and engagement and social activism.”

Seymour said she wants not only veterans to attend the film festival, but also civilians, as she hopes it can paint a picture of how people can support veterans and become more inclusive in the community.

"If there's conversations that happen out the door or even a week later that engage some kind of meaningful dialogue between veterans and civilians, that's all we can hope for," Seymour said.

The film festival is free but requires RSVP. Those who wish to attend can register here or via the VA Events Phone Line at 614-388-7787.

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6.4 - Insider Louisville: [Coalition for the Homeless program is connecting homeless veterans to housing, resources](#) (9 November, Michael L. Jones, 38k uvm; Louisville, KY)

Carrie Russell's life fell apart this summer. A heart ailment made it impossible for her to continue working as a truck driver. Unable to work and with little family support, the 57-year old Army veteran was forced to move into a Salvation Army Center for Hope, a transitional living shelter.

But after a call to Veterans Affairs, Russell found out she had more resources than she could imagine. She is spending this Veterans Day in a home in the Newburg neighborhood thanks to RX: Housing Veterans, a program aimed at keeping homeless veterans off the streets of Louisville.

"I am so blessed that God led them to help me because I didn't have nothing," Russell said. "I couldn't get no help because I'd only been at my job for 10 months so that cut me out on the short- and long-term disability, and they wouldn't fire me. If it wasn't for being a veteran, I would not have made it."

Coalition for the Homeless Director Natalie Harris said her agency started Rx: Housing Veterans in 2015 because a large number of veterans were showing up in homeless shelters not knowing how to take advantage of the aid available to them.

RX: Housing Veterans has helped more than 1,000 people, Harris said. This has allowed Louisville to reach Functional Zero when it comes to homeless vets, meaning the city is now housing veterans as quickly as they become homeless.

"At the time we initially did the prescription housing veterans program, we had approximately 25 to 30 new veterans becoming homeless every month. During the first year and a half of the project, we housed 838 veterans, and then we had to continue to keep housing veterans at that rate, 25 to 30 a month, or the numbers would build back up again. Now, the number of new homeless veterans has decreased to about 15 to 19 a month," Harris explained.

Veterans have more resources available to them than the general homeless population, which numbers 6,000 in Louisville, Harris said. Veterans Affairs pays a per diem to homeless shelters to give veterans priority, and the U.S. Department of Housing and Urban Development's Veterans Affairs Supportive Housing program provides vouchers to help veterans find housing in Southern Indiana, Louisville and the surrounding counties.

Harris said the Louisville Metro Housing Authority also offers additional Section 8 housing vouchers for people with military service who can not get help from Veterans Affairs.

“When we started the program, we realized that there were certain people that you and I would call veterans, but the VA does not consider them veterans. They have military service, but they had other than an honorable discharge, or there is some other factor that makes them not eligible for the VASH program. That’s why the housing authority stepped in,” Harris said.

RX: Housing coordinates services between more than 15 agencies, including Veterans Affairs, Family Health Centers, Volunteers of America Mid-States, Legal Aid Society, The Healing Place, The Salvation Army, St. Vincent de Paul and Wayside Christian Mission.

Because of the program’s success in ending the backlog of homeless veterans, Harris said, her agency’s role in the program has changed. Volunteers of America and Veterans Affairs have taken the lead, and the coalition simply collects the statistics for all the agencies involved.

Harris said she had found there are three main groups of homeless veterans: people returning from service who need assistance because they no longer have connections in the community; people whose military skills do not translate well to the civilian workforce; and people suffering from post-traumatic stress or addiction issues.

The Healing Place Monday is scheduled to announce a new program, funded by two grants from Veterans Affairs, that also aims to provide long-term housing, as well as social and medical help, to veterans who struggle with addiction. The nonprofit has provided services to several thousand veterans during the past five years.

Russell, who served in the Army from 1979 to 1982, is just one of the veterans who needed the safety net RX: Housing Veterans provides. After learning that she couldn’t work, Russell gave notice at her apartment because she wanted to maintain her credit.

She said Veterans Affairs had a space at the Salvation Army waiting for her the day she moved out. It took her four days to get a voucher, and Volunteers of America not only paid her deposit but gave her funds to purchase household equipment.

Now, things are starting to look up for Russell. She has a new pacemaker, and her doctors have cleared her to return to work in a few weeks.

Russell said she will never forget what RX: Housing Veterans did for her. After she gets back on her feet, she intends to volunteer for the program. She also has talked to her new landlord about buying the three-bedroom home she is renting. If she is able to do that, Russell intends to open it up to other homeless veterans.

“All the veterans need to know there is hope and help out there for the ones who want it,” Russell said. “I feel really blessed to have a home and a job to go back to. Now, I want to do whatever I can to help.”

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6.5 - The Grand Island Independent: [Veterans honored with Quilts of Valor](#) (9 November, Robert Pore, 31k uvm; Grand Island, NE)

Sixteen veterans of the U.S. military were honored at a Quilts of Valor program Friday at the Grand Island Veterans Affairs Medical Center.

This is the 10th year for the Quilts of Valor program at the VA Medical Center. From the program's start in 2003, veterans have been given quality-made quilts that were quilted by hand. The Quilts of Valor are awarded to veterans who have been nominated for their "service, sacrifice, and valor" in serving the nation in combat.

Veterans honored Friday were John Bartels, Joshua Bowman, Lindsey Wheeler, Ronnie Graham, William Paysen, Jeremy Hammers, Melvin Reineke, Regina Forbes, Teddy Campagna, John Walker, Bradley Ryun, Kelsie Gombert, Michael Belleci, Timothy Cusatis and Andrew Walker.

They were at the ceremony to receive their quilts. Another veteran received a quilt, but that name was not released.

The quilts were made by members of the Loose Threads Sewing Circle of Superior. The quilters were there at the ceremony to present the veterans with their quilts. They included Sandy Larkey, Dorothy Alexander and Angel Elledge.

Helping to organize the program was Angie Lyon, Outreach Program coordinator for the Department of Veterans Affairs in Grand Island.

Lyon said the members of the sewing circle worked all year to make the quilts for the program.

Veterans receiving quilts Friday were from the Nebraska Army National Guard, U.S. Army, U.S. Navy and the U.S. Marine Corps. They served their country in Vietnam, Iraq and Afghanistan.

Lyon said some are still active members of the military. All of them are enrolled members of the Department of Veterans Affairs and were nominated by a provider at the Grand Island facility.

She said all of the recipients have been deployed. Once they have been deployed, they become involved with the VA's Transition and Care Management Program, though they may still continue to serve in the military.

"This program is to recognize that service and sacrifice because I feel it is important, as a community, to realize what they have done does not go unnoticed," Lyon said.

Veterans Day, which is Sunday, will celebrate the 100th anniversary of Armistice Day, started on Nov. 11, 1918, to observe the end of World War I.

In a proclamation recognizing Veterans Day in Nebraska, Gov. Pete Ricketts said there are 130,000 veterans in Nebraska.

Lyon said each quilt is handmade and the design is chosen by the quilter. During the ceremony Friday, the quilters presented their quilts to the vets and explained how they came up with the designs.

While quilts have a long history going back to ancient Egypt and China, Lyon said these quilts signify that the veterans are “wrapped” in support and comfort by loving quilters and a nation beholden for their service and sacrifice.

“They (quilters) want the quilts to be used,” she said.

Larkey, who is from Grand Island, said she was involved in a quilt guild in Red Cloud when she helped to start the Quilt of Valor program at the Grand Island VA Medical Center. That was in 2008. She said that year, three quilts were awarded to veterans there.

“It has been growing ever since,” she said.

Larkey said the idea behind the Quilts of Valor program is to show appreciation for the service and sacrifice of the veterans.

“There are times when the warmth of a quilt helps them,” she said. “When you are feeling down, depressed, nobody loves me, wrap yourself up in a quilt because somebody does.”

More than 200,000 quilts have been awarded to veterans through the Quilts of Valor program. The mission of the Quilts of Valor Foundation is to cover service members and veterans touched by war with comforting and healing Quilts of Valor.

To learn more about the Quilt of Valor Foundation, visit its website at www.qovf.org.

To learn more about the Grand Island VA Medical Center, visit its website at www.nebraska.va.gov.

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6.6 - WXOW (ABC-19, Video): [Commemorating heroism while celebrating Veterans Day](#)
(10 November, Peter Lenz, 24k uvm; La Crescent, MN)

Tomah, Wis. (WXOW) – The Tomah VA Medical Center regularly provides health care for thousands of veterans, and on Friday they held their annual Veterans Day Observance and Hall of Heroes Induction.

The early Veterans Day celebration provides an understanding of military service. Veterans share insight into their experience and the impact on their lives afterward.

With the Hall of Heroes commemorating outstanding service members for years to come, altogether the event showcases veterans in a variety of ways.

For the Tomah VA, Veterans Day is a chance to celebrate the people they serve. On Friday they induct a new veteran into the Hall of Heroes.

“The Hall of Heroes allows us to give honor to those veterans that have come to the Tomah VA and have a great story to tell,” Victoria Brahm, Tomah VA Medical Center Director, explains.

The project began in 2005, and the requirements mean only the most deserving earn a place in the hall. Nominations are reviewed by a committee. Their accomplishments, heroism and bravery, are investigated and documented.

They honor the late Chief Petty Officer John Soltvedt, a Purple Heart recipient working as a Chaplain at the VA for 25 years after his service in the Navy.

His surviving family accepted the award that immortalizes his courage.

“They were kind of trapped below deck and they had to climb through a ventilation shaft and break the grates, the steel grates to get up onto the deck and then they started the fight,” Jon Soltvedt, son of Hall of Heroes Inductee John Soltvedt, discloses.

Besides the induction, the ceremony invites veterans to share their story. A chance to learn what the holiday means to them.

“I lost some friends in my time in the service, so just try to remember them and don’t forget what they sacrificed for this country,” David Scarbrough II, a four-year Army veteran and speaker at the ceremony, explains.

David Scarbrough spent a majority of his time in the army stationed in Germany, with a 10-month deployment in Iraq. He shared original poetry at the event, an art form he uses as a type of therapy.

“We fought for your future, for the right to be free. For we saw what freedom meant to those not blessed with liberty. So instead of saying thank you for your service, go do something for the wounded to honor those who had the courage,” Scarbrough says in a line from the poem he read.

VA officials say the event would not be complete without veteran’s insight, something they strive to provide to make sure every veteran feels a part of what they call Team Tomah.

“We have veterans in our committees, we have veterans come to our Employee Town Halls and talk about their experiences. This bonds us as a family, and I think that creates the culture of veterans first,” Brahm finishes.

With Hall of Hero inductees based on nominations, the VA recommends nominees have some form of personal award or citation for valor.

A committee meets once a year to select candidates, and the VA always accepts nominations.

For more information dial (608) 372-3971, press zero and ask operators for the Tomah VA Medical Director.

You can also visit the Tomah VA in person and ask about applications at the front desk.

Veterans Day is Sunday, November 11.

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6.7 - Tribune Star: [A place where veterans can find a home: Community helps Heritage Shelter Care in its mission](#) (9 November, Dave Taylor, 24k uvm; Terre Haute, IN)

Most of the 50 or so residents of Heritage Shelter Care in this small Wabash River town are veterans. Many were homeless before ending up here.

Bob Corbin is typical. A native of Paxton, Illinois, about 200 miles to the north, he served stateside with the Air Force in the early 1970s. After his two-year tour of duty, he traveled the country as a construction worker.

But, as he approached the so-called golden years, “I got into drugs about four years ago,” the 66-year-old said.

Following a brief stay at the Veterans Administration Hospital in Danville, Illinois, Corbin ended up at Heritage, surrounded by other vets from the Vietnam area through Afghanistan.

“I like it a lot,” he said. “You’ve got your own bedroom, which I share with a roommate. I get my meals here and we go out and do things like out to eat once a month and to a movie once a week.”

Movies are in Robinson. Meals out are often for catfish at the Silver Moon in nearby West Union or, for what Rena Smith, the facility’s administrator, calls a big treat, at Red Lobster in Terre Haute.

Mark Sanders, 57, originally from Medora, Illinois, made a career of the Army. He served nearly 40 years before also finding himself at the Danville VA Hospital and being placed at Heritage.

Both men say they enjoy living with other veterans.

“Yeah, I sure do,” Sanders said. “I like the people here.”

Heritage Shelter Care is known far and wide as a place where veterans can find a home – and much more.

“We’ve actually had some veterans just walk in,” Smith said. “They heard about us and made their way here, so we connect them with the VA and help them sign up for a pension or benefits they may not have even known they were entitled to.”

Heritage didn’t start out catering mostly to veterans. When it was built in 1968, it served mainly retired farm couples, Smith said.

When Smith’s father, a veteran, purchased the operation in 1976, the emphasis shifted, she said. Smith took over the operation after her dad died in 1978.

“We try to create a program that allows for healthy activities,” she said.

Residents live in cabins separate from the facility’s main building.

Whatever each individual’s diagnosis, “let’s learn to cope with it, have a quality of life and enjoy who we are as a person. We strive to keep them part of the community,” she said.

People throughout Crawford and Clark counties – and beyond – help with that goal. Staff from the Robinson Correctional Center bring vegetables from the prison garden and veterans visit inmates who may be fellow veterans, often becoming pen pals.

Members of a Martinsville church make quilts for the men and growing number of women vets at the facility and it is common for widows to offer their late husbands' clothes to Heritage residents.

But a huge influx of donations recently arrived by truck and trailer loads – three pickup trucks and three 16- to 22-foot trailers, to be precise, courtesy of a dozen residents of Toledo, Illinois.

They brought dining tables and chairs from a recently closed Ryan's restaurant in Effingham, a new couch, chairs and recliner, four televisions, six DVD players, 600 DVDs, numerous books, yarn for crafts, an assortment of games – even a guitar for a musically inclined resident who had been borrowing one from a fellow vet.

Carrie Verdeyen, a member of the American Legion auxiliary in Toledo whose family includes veterans, headed up the effort, beginning with the tables and chairs.

"It's important to have a nice place to sit and eat," she said, noting that she recognized the importance of family style eating when she worked at a group home.

A recent job at Ryan's gave her an inside on obtaining the tables and chairs.

John Osborne, Verdeyen's brother, was among those who helped set up the tables.

"I love it," said Osborne, a Gulf War veteran. "There's a need and I always want to help."

Jessie Peters came to help paint the dining room at Heritage.

"I think it's everybody's duty" to help, she said, noting that her brother is a Desert Storm veteran, her dad a Vietnam vet and both grandfathers served in World War II.

"We've been collecting for a month and people have been bringing stuff like you would not believe," she said before listing all the items.

This marked the second year the group has donated items to Heritage Shelter Care.

"We brought down a load last year and saw how much there was a need," Verdeyen said.

The number of homeless veterans decreased by about 5 percent this year after an increase in 2010, the Military Times recently reported.

The Department of Housing and Urban Development estimates about 38,000 vets nationwide are without stable housing on any given night, roughly half the number that were on the streets in 2010.

It's important for homeless veterans to know help is available, said Bob Corbin, when asked what he would say to vets who find themselves on the streets.

“There’s help at the VA,” he said. “Go there, get straightened out ... Then I’d tell them about places like this where they can come and be welcomed and get a lot of good help.”

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6.8 - WACH (FOX-57, Video): [The VA helping homeless veterans in the Midlands](#) (10 November, Bryant Monteilh, 23k uvm; Columbia, SC)

Woody Simon is 66 years old, a U.S. Marine Corps veteran and he’s homeless.

He joined the marines in 1973 and has always been proud to be one of the few.

He says, “I would always watch the Marine Corps commercials and I wanted to be a Marine, so I enlisted what they offered is what I wanted.”

Simon’s father is a World War II veteran and his son served in the Army, according for three generations of service. Yet, somewhere along the way, Simon struggled with substance abuse.

He shares, “I went to the VA and I told them about my situation and immediately they got to work. they worked with me, they did not want to see me homeless. being a veteran, shouldn’t be. so they showed me how serious they were about putting me somewhere where I would be safe.”

He shows us his room, “this is our sleeping area. we start out three men to a room and then you graduate to a single room. it might look a little cramped but it’s about graduating. It’s about progressing, it’s about taking steps, taking steps to progress.”

Brian Wingard is the Director of Marketing and Development for Alston Wilkes Society and helps the veterans who live here get back on their feet. They teach them job and life skills over the course of several months.

The VA estimates there are about 150 homeless veterans in the midlands.

Wingard says, “when they’re finished with their service, we have to be able to say, we appreciate what you’ve done, we appreciate the impact you’ve made for our country and we’re not going to forget about you.”

Woody Simon says, “we don’t leave each other behind. We help each other regardless of race, creed, religion or whatever. It’s about looking out for the next Veteran.”

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6.9 - WXXV (FOX-25, Video): [Veterans Day Program At The VA](#) (9 November, Gabby Easterwood, 8k uvm; Gulfport, MS)

What better place to honor our veterans than at the VA?

Veterans from all branches of the military were guests of honor at the Veterans Day Program at the Biloxi VA Medical Center’s recreational hall this morning.

On hand were veterans who served our country during the Vietnam War and even World War II. Members of the St. Martin JROTC presented the colors.

These heroes were also treated to all sorts of goodies from a fish fry put on by the Knights of Columbus. Ed Guardanapo with the Knights of Columbus said, "I'm here to support our veterans and receive the medical benefits that they so richly deserve and that they aren't forgotten, that they aren't forgotten. It's what they deserve."

This is an annual event for the VA and this is the 10th year they have hosted it.

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6.10 - Wellsville Daily Reporter (The Spectrum): [Locals participate in Wreaths Across America](#) (10 November, Kathryn Ross, 5k uvm; Wellsville, NY)

Local groups are sponsoring the annual Wreaths Across America program at the Bath National Cemetery this holiday season.

The 2018 Wreaths Across America Day will be held on Dec. 15, in Bath National Cemetery at the Bath VA Medical Center. This year's theme is "Be Their Witness" and the mission is to "Remember the Fallen, honor those who serve, and teach our children the value of freedom." Placing of the wreaths will begin immediately following the noon ceremony.

Wreaths Across America is a project that was started in Maine in 1992 when the family who owned the Worcester Wreath Company found themselves with a surplus of wreaths nearing the end of the holiday season. They realized they had an opportunity to honor our country's veterans and arrangements were made for the wreaths to be placed at the Washington Arlington National Cemetery in one of the older sections of the cemetery. That first year, a number of other individuals and organizations stepped up to help and provide transportation of the wreaths to Arlington, Va.

In 2005, a photo of the stones at Arlington, adorned with wreaths and covered in snow, circulated around the internet. Suddenly, the project received national attention. Thousands of requests poured in from all over the country from people wanting to help with Arlington, or to emulate the Arlington project at their National and State cemeteries. Thus Wreaths Across America was born, according to the Wreaths Across America website.

In 2014, Wreaths Across America and its national network of more than 2,047 fundraising groups laid over 700,000 memorial wreaths at 1,000 locations in the United States, including ceremonies at the Pearl Harbor Memorial, as well as Bunker Hill, Valley Forge and the sites of the Sept. 11 tragedies.

When Pam Padden of Andover learned about the project, she decided to help, because her husband is a Vietnam veteran, she said. She formed the group called Not Forgotten and works throughout the year on fundraisers to raise money to purchase wreaths for the Wreaths Across America organization.

This is the fourth year that Not Forgotten is raising funds. So far they have held BINGO night, and from 4 to 7 p.m. tonight, Not Forgotten will host a Veterans Day Spaghetti Dinner to benefit

Wreaths Across America at the Wellsville VFW (250 Genesee Street). The dinner is free for veterans, \$8 for adults and \$5 for children under 10.

Last year Not Forgotten placed 878 wreaths at the Bath Cemetery.

If you wish to purchase a wreath to be placed in the National Cemetery in Bath through Not Forgotten go to Padden's website at www.wreathsasscrossamerica.org/ny0092. Individual wreaths are \$15 and tax deductible

Not Forgotten is not the only local organization promoting the Wreaths Across American project. The Catherine Schuyler Chapter of the Daughters of the American Revolution are also supporting the project. Members will not only donate wreaths, but they will also participate in the annual wreath laying project on Dec. 15. For more information about how to purchase a wreath through the DAR contact a member or go to www.wreathsasscrossamerica.org. On the site you may also find other local organizations which are participating in the program.

The cost of purchasing a wreath that will be placed in the Bath Veterans Cemetery is \$15. Orders should be completed by Thanksgiving Day.

According to Tom Doud, Bath WAA Committee Member and Media Representative, this year's goal is 5,000 wreaths to be placed in the cemetery. Wreath sponsorships can be made through the Bath VA at www.WreathsAcrossAmerica-BathNY.org (include the dash). Individual wreaths are \$15 and tax deductible. Other donation levels are also available. Sponsorship deadline is Nov. 29.

The Bath VA Medical Center was established in 1877 as the New York State Soldiers Home. It includes a National Cemetery established in 1873. Burials include Civil War veterans (5 Medal of Honor recipients) and are still taking place. The cemetery is open daily dawn to dusk. The VA Historical Museum features memorabilia from the Civil War to the present.

The public is invited to participate in the Wreaths Across America wreath laying ceremony and can sign up at www.WreathsAcrossAmerica-BathNY.org. Arrival time on Dec. 15 is 11:30 a.m. Buses will be provided to shuttle visitors and participants from the designated parking area to the cemetery. The VA Employees Association will be providing refreshments following the event.

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6.11 - Genesee Country Express: [Bath National Cemetery honors fallen](#) (8 November, Jasmine Willis, 3k uvm; Dansville, NY)

BATH — It is breathtaking to stand on the hill and look out at rows upon rows of soldiers who fought to keep us free.

I was helping out at a church event at the Bath Veteran Affairs Medical Center when I decided to take a stroll up the hill to see the cemetery. I had heard so much about it by so many people.

According to the national cemetery site, "The cemetery was originally a part of the New York State Soldiers and Sailors Home, which was established in 1877; the cemetery was dedicated in Dec. 25, 1879. In 1930, the Soldiers and Sailors Home and cemetery became two integrated

components of the Veterans Administration Medical Center (VAMC). When 82 national cemeteries were transferred from the Department of Army to the Veterans Administration in 1973, the Bath VAMC cemetery became part of the National Cemetery System and was designated appropriately.”

Some other cool facts include, Bath is the final resting place of the “first and oldest” U.S. MIAs (Missing in Action). The 28 soldiers had been interred in a traditional manner, lying east-west with hand crossed; this indicates that they had been buried during a lull in the fighting by fellow soldiers rather than the enemy. Further investigation by the military indicated that the men had fought during the Niagara Campaign with clashes at Chippaw and Lundy’s Lane before they died at Snake Hill, a battery overlooking Fort Erie. The Department of the Army, working with Canadian officials, held a repatriation ceremony at Fort Erie, Canada, on June 30, 1988 and the soldiers were interred with full military honors.

I have shared before that I come from a long line of patriots in my family, and that veterans have a special place in my heart. I am glad I was finally able to make a trip up there, and see how much history rests on the sloping hills.

It seems to be a peaceful place to lay down your arms, take your final rest, and be among your fellow comrades. There is a large monument in the middle of the cemetery that reads, “In memory of the Soldiers and Sailors of the war for the preservation of the union who died in the New York State Soldiers and Sailors Home.”

There is another lovely marker with “The Bivouac of the Dead” by Theodore O’Hara that reads, “The muffled drum’s sad roll has beat, The soldier’s last tattoo; No More on life’s parade shall meet, That brave and fallen few. On Fame’s eternal camping-ground, Their silent tents are spread, And Glory guards, with solemn round, The Bivouac of the Dead.”

Another smaller marker reads, “The markers in this memorial area honor veterans whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated with the ashes scattered.”

It is incredible to see a soldier who perished in the Civil War buried next to one that perished in Vietnam War. it goes to show you that no matter what war was fought all of these brave men and women deserve a place to be honored.

Remember those who made the ultimate sacrifice so that you could be free. Take a trip up to this national treasure and pay your respects to all our fallen warriors this weekend. For more information visit <https://www.cem.va.gov/cems/nchp/bath.asp>

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6.12 - WBOY (NBC-12): [Veterans Day ceremony held at Grafton National Cemetery](#) (10 November, Megan Hudock, Clarksburg, WV)

GRAFTON W.Va - A Veterans Day ceremony was held Saturday morning at the Grafton National Cemetery.

This was held to honor all who served the country.

A wreath laying, and 21 gun salute were a part of the event.

Randy C. Reeves, Under Secretary for Memorial Affairs, was the keynote speaker for the event.

He leads 136 national cemeteries by providing burial services for veterans and eligible family members.

"To me, this is a special, special day. To be in a place like this here in Grafton, that honors and loves its veterans. At a place where men and women come from Taylor County and Grafton. And they step forward when their country needs them," said Reeves.

The Grafton High School band played many patriotic songs for the ceremony.

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7. [Other](#)

7.1 - The Washington Post: [VA secretary says he will continue agency's controversial experiments on dogs](#) (9 November, Karin Brulliard, 30.6M uvm; Washington, DC)

Veterans Affairs Secretary Robert Wilkie defended the agency's ongoing experiments on dogs Friday and said he would continue to "reauthorize" them, eight months after Congress passed legislation limiting tests that are opposed by a bipartisan cast of lawmakers and several veterans' groups.

Speaking at the National Press Club, Wilkie rejected calls to end research that he said led to the invention in the 1960s of the cardiac pacemaker and the discovery in the late 1990s of a treatment for deadly cardiac arrhythmias. These days, he said, some of the testing is focused on spinal cord injuries.

"I love canines," Wilkie said. "But we have an opportunity to change the lives of men and women who have been terribly hurt. And until somebody tells me that that research does not help in that outcome, then I'll continue."

Wilkie's comments drew swift backlash from lawmakers who have criticized the experiments, which occur at three VA locations and are invasive and sometimes fatal to the dogs, as cruel and unnecessary.

President Trump in March signed a spending bill that included language restricting such tests, and legislation has been proposed that would end all canine research at VA.

"Having sustained catastrophic injuries on the battlefield, which included the loss of both my legs, I am acutely aware of the vital role dogs play in helping troops recover from war's physical and psychological tolls," said Rep. Brian Mast (R-Fla.), an Army veteran and co-sponsor of the legislation. "The VA has not executed what we wanted as intent, which is to bring this to an end in its entirety, so we will keep up the pressure."

The restrictions approved by Congress require any canine testing be "directly approved" by the secretary. Last week, USA Today reported that the agency has continued to conduct research

on dogs in Milwaukee, Cleveland and Richmond. In Cleveland, the experiments involve severing dogs' spinal cords and testing their cough reflexes, the newspaper reported.

An animal rights group, the White Coat Waste Project, first drew attention to the testing in early 2017, sparking opposition in Congress and among some veterans' organizations. The VA, with the backing of other veterans' and medical groups, pushed back against the mounting criticism, with then-secretary David Shulkin, a physician, calling the research critical "because of the distinct physical and biological characteristics humans and dogs share that other species do not."

Which VA secretary approved the ongoing testing, however, is a point of contention. Before Trump fired him in March, Shulkin told an interviewer he was "not a strong believer" in the testing, and last week he tweeted that he "remain[s] opposed toward any new dog research." But an agency spokesman said Friday that Shulkin had verbally approved the continuation of the research the day he was fired.

Regardless of who signed off on the research, Wilkie made clear Friday that his support remained firm. He said the agency uses 92 dogs in experiments, adding: "Every day, 2,000 dogs are euthanized in this country."

Justin Goodman, vice president of advocacy and public policy for White Coat Waste, said it was "disconcerting that Secretary Wilkie was brought in to clean up the VA, and yet he is doubling down on a program that has continued to fail veterans, taxpayers and dogs."

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7.2 - The Huffington Post: [VA Secretary Defends Lethal Taxpayer-Funded Experiments On Dogs](#) (9 November, Sara Boboltz, 28.5M uvm; New York, NY)

Robert Wilkie, secretary of the Department of Veterans Affairs, pledged Friday to continue allowing researchers to conduct ultimately lethal experiments on dogs, nearly eight months after Congress passed a measure to hinder the practice.

"I am going to do everything possible to make sure our veterans come first," Wilkie said at a National Press Club event in Washington, D.C.

Included in the massive government spending bill passed in March was a provision barring the department from using dogs in any experiment unless the specific objectives of the study can only be met through canine testing. Even then, the secretary must directly sign off on all canine experimentation.

The department is actively planning medical studies using dogs, USA Today reported earlier this month.

"I love canines," Wilkie said. "I was raised with them. I've seen them in my military life perform miracles. But we have the opportunity to change the lives of men and women who have been terribly hurt."

Wilkie said he would continue to authorize animal testing "until somebody tells me that that research does not help" lead to medical advancements for humans.

Animal welfare groups and wide swaths of the general public oppose canine experimentation on grounds that it is extremely painful for the animals and excessively cruel. Experiments have been conducted on dogs as young as 6 months and involve surgeries to their brains, spines and hearts.

The dogs are killed at the end of the studies.

“The VA has become a canine house of horrors,” said Rep. Vern Buchanan (R-Fla.) in a statement provided to HuffPost. Buchanan, a military vet, was one of nearly 100 members of Congress to co-sponsor the PUPPERS Act, a measure introduced in 2017 that would have banned dog testing.

Rep. Brian Mast (R-Fla.), another co-sponsor and military vet, said his view on the treatment of dogs was shaped by his service.

“Having sustained catastrophic injuries on the battlefield, which included the loss of both my legs, I am acutely aware of the vital role dogs play in helping troops recover from war’s physical and psychological tolls,” Mast said in a statement to HuffPost.

Wilkie defended the research by emphasizing the role of dogs in developments such as liver transplants and the pacemaker. He also compared the number of animals experimented on by the Department of Veterans Affairs — currently 92 dogs — to the substantially higher number euthanized at American animal shelters on a daily basis.

Justin Goodman, vice president of advocacy at the animal welfare watchdog group White Coat Waste Project, called Wilkie’s statements “shameful” and bashed canine research as “a failed and widely-criticized program that wastes public resources desperately needed for veterans’ care and services.”

The story has been updated with statements from Buchanan, Mast and Goodman.

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7.3 - USA Today: [Repay dogs for their military service. Stop the deadly VA canine experiments](#) (10 November, Lois Pope and Robin Ganzert, 26.5M uvm; McLean, VA)

Dogs have a long history of military service, dating back to ancient times. Here in the U.S., canines have been used as scouts and trackers and to guard prisoners and deliver messages on the front lines since the Civil War. More recently in Iraq and Afghanistan, these four-legged heroes have employed their remarkable sense of smell to sniff out improvised explosive devices and weapons caches. In fact, these incredible dogs have given us their best. They have put their own lives on the line to protect and defend us.

So it is at once shocking and inconceivable that the front lines may be safer for dogs than the medical center laboratories of the Veterans Administration. Indeed, the Department of Veterans Affairs — still striving to recover from massive scandals involving its (mis)treatment of human patients — is now becoming embroiled in another controversy, this one involving its (mis)treatment of canines.

News reports published last week in this paper and elsewhere found that the VA is continuing to conduct invasive experiments on dogs as part of its medical research program, experiments that result in the euthanasia of the animals. According to the reports, there are currently nine active experiments at four VA facilities, including in Milwaukee, where researchers are removing parts of the dogs' brains to test neurons that control breathing prior to killing them by lethal injection, and in Cleveland, where doctors are measuring dogs' cough reflexes by placing electrodes on their spinal cords. When done, the cords are severed, killing the dogs.

VA maintains that studies on dogs are necessary

Sadly, the VA is not alone in using dogs in the name of scientific research. Just as other institutions have defended this practice as critical to medical breakthroughs, officials at the VA maintain that their canine experiments are ethically sound and can lead to discoveries that can positively impact veterans suffering from paralysis, heart ailments and breathing problems. They cite prior studies on dogs that resulted in the invention of an implantable cardiac pacemaker and procedures that led to the first successful liver transplant.

But that argument holds less water than what fits into a Yorkie's bowl, because according to the VA's own website, those discoveries date back more than a half-century to the 1960s.

In an act of compassion, the U.S. House of Representatives passed legislation last year to defund the VA's canine experimentation program, but the measure stalled in the Senate. Nevertheless, earlier this year a federal bill was passed that requires the Secretary of Veteran Affairs to first grant approval before any funding can be allocated to this research. And just prior to his dismissal, Dr. David Shulkin, the then VA Secretary, issued a moratorium on any new experiments moving forward without permission and that all ongoing studies had to go through a formal review process by VA research leadership.

But these barriers haven't precluded or impeded the VA from conducting what may be painful and is definitely fatal research on dogs.

Please know that we are not advocating that all research be prohibited, because as one of us (Lois Pope) has learned from producing a new documentary, "Made for Each Other," with award-winning filmmaker Ric Burns, there are enormously important groundbreaking studies being conducted at Duke University, using fMRI technology to determine dogs' cognitive abilities, with the goal of improving the ways they are bred and trained to help humans as service and therapy dogs. Also, because dogs can get the same diseases as humans, scientists at Cornell University are using canine DNA to improve the effectiveness of new immunotherapy treatments for cancer. These are but two examples of dogs being used safely in research that could be beneficial to humans.

American Humane, the country's oldest national humane organization, is supportive of positive prevention studies designed to keep animals and people healthy, and advocating in any work it funds that no animals are harmed, there is no induction of illness or injury, and they are not euthanized.

Dogs serve us in so many other ways

It doesn't take a scientist to know that dogs can and do play an essential role in bettering the lives of all of us, and particularly our military and our veterans. Through our decades of activism and support of animals and disabled veterans alike, we have seen first-hand how dogs provide much needed assistance and therapy for veterans suffering from post-traumatic stress disorder.

They also act as guide and service dogs for veterans who have been blinded or disabled in combat.

Working side-by-side with the men and women of our armed forces while putting their own lives on the line for our country, military dogs take loyalty to a whole new level through such service. By doing so, they have saved countless thousands of lives.

Now it's time that we do something to save their lives and those of all our four-footed friends by immediately stopping and banning all harmful VA research involving dogs. We know we're not barking up the wrong tree in saying that since dogs are our best friends, we can't be treating them like our enemies.

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7.4 - Los Angeles Times: [The role of PTSD in mass shootings: Let's separate myth from reality](#) (10 November, Deborah Netburn, 12.4M uvm; El Segundo, CA)

Just hours after former Marine Ian David Long killed himself and 12 other people at the Borderline Bar and Grill in Thousand Oaks on Wednesday night, observers speculated that post-traumatic stress disorder played a role in the tragedy.

The Ventura County sheriff alluded to it. One of Long's former roommates in Reseda mentioned it. Even the president of the United States said it.

But psychology experts say it is premature to suggest that Long suffered from PTSD — or that it could have prompted him to open fire in a bar packed with young adults.

“Unless someone comes forward and says this man was experiencing PTSD or being treated for PTSD, there is no reason to think he had PTSD,” said Lisa Jaycox, a behavioral scientist and clinical psychologist at the Rand Corp. in Washington, D.C., who studies how people react to violence.

Jaycox's previous work has shown that even among veterans who have seen combat, fewer than 1 in 5 suffer from PTSD. She also said violent behavior is not a common symptom of the disorder.

Jaycox spoke with the Los Angeles Times about myths and facts about PTSD.

Do we know for certain that the Thousand Oaks shooter suffered from post-traumatic stress disorder?

No. We know he did see combat in Afghanistan, but it's a small portion of people who develop post-traumatic stress disorder after an experience like that.

In my own work, when we looked at people who had recently been deployed to Iraq and Afghanistan, about 14% of them suffered from PTSD. It's not the norm.

Whenever a mass shooter has a military background, people are quick to blame it on PTSD. Does that make sense?

No. There are about 20 symptoms associated with the disorder. One of them is anger and irritability, but that is not the predominant picture of post-traumatic stress disorder. Most people who have PTSD are not violent.

What might be more pertinent here is that military personnel who have violent outbursts may be more likely than other people to own a gun privately and to be highly trained with firearms.

What exactly is post-traumatic stress disorder?

I think of it as a very human reaction to a traumatic event, and then an inability to recover.

In the wake of a mass shooting I'm sure everyone who was there will be thinking about it constantly in the days and weeks afterwards — dreaming about it, having difficulty focusing on work or relationships. But if those symptoms persist for more than a month, then that is classified as PTSD.

What are some other symptoms?

They cluster in four areas. Re-experiencing the trauma, so flashbacks, nightmares, recurrent thoughts. Then there is arousal, which includes irritability, difficulty concentrating and difficulty sleeping.

Another set of symptoms have to do with withdrawal and numbing — feeling disconnected from people and emotionally blunted. And finally, avoiding things that might remind you of the trauma — not wanting to talk about it and avoiding certain people and places.

Do most people with PTSD develop it as a result of military service?

No. It's much more common to be exposed to it through community violence, sexual violence or sexual assault.

We've done work in the Los Angeles County school system that shows one-third of kids who have been exposed to community violence suffer from post-traumatic stress syndrome. Most of these kids are flying completely under the radar. It's the 7th-grade girl sitting quietly at her desk or the 8th-grade boy playing basketball. They are not shooting people.

Are people with PTSD more likely to commit mass shootings?

I would say no, but I don't think there is great data on that because these events are so rare. But again, there is not a high likelihood of being violent when you have PTSD.

When we think of PTSD, we mostly think about military men. Why?

Probably because they are more frequently depicted in the media and in movies.

Women are actually more at risk of developing post-traumatic stress disorder than men. Men are exposed to more accidents and injuries, they are more likely to be on the front lines of war, or be mugged at gunpoint. But women are more likely to develop PTSD after an interpersonal trauma. Getting attacked by a coworker is a different thing than a stranger mugging you. That carries the meaning of not knowing who can you trust, whereas being attacked by a stranger is usually a one-off.

This interview has been edited for length and clarity.

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7.5 - Chicago Sun-Times: [How military veterans can protect themselves from scammers who target them](#) (10 November, Alexandria Jacobson, 1.1M uvm; Chicago, IL)

Veterans get a spotlight each November on Veterans Day. But those who've served also draw unwanted attention from scammers and schemers who target vets and active-duty service members.

More than 100,000 service members, dependents, military retirees and veterans filed complaints in 2016 with the Federal Trade Commission complaining about scams. Besides fake-charity scams, they're targeted by fraudsters in a range of schemes that exploit their military service.

"Our veterans deserve respect, praise, honor and security," says Julie Kenney, spokeswoman for U.S. Postal Inspection Service, which enforces laws for the nation's mail system. "They do not deserve to be scammed out of their money, their homes or out of the benefits that they earned."

Scammers use the mail to try to trick veterans into disclosing personal information or sending money. In one type of ruse, imposters pose as officials with the federal Department of Veterans Affairs and contact veterans about VA benefits or money due to them.

To receive the supposed benefit or refund, veterans are instructed to pay a "handling fee" for the check or pay taxes on the benefit.

That pitch alone is a tipoff, experts say.

"No government agency is ever going to call you and actually offer that sort of a thing, and they're never going to pressure you to pay for that kind of a benefit," says Carol Kando-Pineda, counsel for the FTC's Division of Consumer and Business Education. "That's a red flag that people would be able to tell that they're not really getting a call from the VA. They're getting a call from some sort of government imposter."

How to respond to a deal that sounds too good to be true

In another scheme, private loan companies try to gain control of veterans' pensions by offering buyouts packaged as loans. In exchange for a portion or all of a veteran's monthly pension check, the lender pays a lump sum.

Such arrangements are usually a bad deal for the vet. Advocates say veterans should consult with a pension administrator before signing up for a buyout because the money they receive is often worth far less than the value of the pension.

"People think this might be helpful if they're a little short on cash. They need a loan. They need to bolster the funds they have coming in," Kando-Pineda says. "They're sort of trading on money that they need to live. If they're living on their pension, they're sort of giving away their rights to that and getting less back."

Others prey on veterans by offering to obtain government documents, then tacking on hefty fees. Veterans should directly contact government agencies themselves to request official paperwork like DD-214 discharge papers and claims for federal benefits.

“We have veteran service officers throughout the state of Illinois,” says Dave MacDonna, spokesman for the Illinois Department of Veterans’ Affairs. “If a veteran needs any kind of military documents, we highly recommend they contact a veteran service officer and receive information through them. It’s free of charge.”

Other scams that veterans and their families should be way of include job offers exclusively for veterans but requiring an upfront fee or charge for training and equipment.

Other scammers pose as debt collectors, calling vets about supposed overpaid pension funds, or as VA officials who need to confirm personal information.

“Safeguarding personally identifiable information is a veteran’s best defense against being the victim of fraud,” says Susan Carter, spokeswoman for U.S. Department of Veterans Affairs.

That includes keeping personal information away from unknown third parties and frequently changing VA eBenefits passwords.

Besides targeting veterans, some scam artists hit up others with phony charity solicitations that play on people’s emotions surrounding military service.

In March, the Justice Department announced charges against four Indiana residents in an elaborate fraud scheme that included creating the “Wounded Warrior Fund” and “Wounded Warrior Foundation” to piggyback off the well-known charitable organization Wounded Warrior Project. Prosecutors said two of those charged posed as military veterans to trick businesses and individuals throughout the Midwest into donating and that they pocketed \$125,000.

Before donating, do your research. You might start by going to the websites of these organizations:

How vets can protect themselves from scams

Fraud experts offer these tips for vets to avoid being scammed:

Avoid providing personal information via the phone or Internet.

If you need service records or have a benefits question, contact your veterans agency directly.

Don’t accept a lump sum from a lender in exchange for your pension rights.

Report fraud to the Federal Trade Commission by calling (877) FTC-HELP — (877) 382-4357 — toll-free or going online to FTC.gov and the Department of Veterans Affairs at the toll-free number (844) MyVA311 — (844) 698-2311 — or online at VA.gov.

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7.6 - Daily Messenger (WHEC/NBC-10): [Canandaigua VA power plant sits idle](#) (10 November, 19k uvm; Canandaigua, NY)

When the Department of Veterans Affairs announced it was building a renewable energy plant at the VA campus in Canandaigua, the plan was that it would save taxpayers a million dollars a year in energy costs.

The Daily Messenger's news partner, News 10NBC says the project is complete but there's a lot more to the story. After spending millions of tax dollars to build the plant, News 10NBC uncovered, the VA now has no plans to use it.

The 10,000-square-foot brick building on the VA campus in Canandaigua was designed and built to save money. But with a price tag between \$15 and \$20 million, this power plant has yet to be used. It sits idle — producing no energy and saving zero dollars.

"I had two trailers here that the contractors were working out of," said Chuck Tomes, who lives next to the VA campus and watched as the plant took years to complete.

"It's a lot of money. It's an incredible amount of money and what they were supposed to save on it with fuel costs, and now they're not doing that. It just seems to be more money that they're wasting," added Tomes.

Here's the background:

The project was funded in 2010 as part of the nation's stimulus plan.

The plant was to produce power by burning wood chips to create steam-powered energy otherwise known as a biomass system. But the project ran into repeated delays as the contractor and the government fought over building designs, which led to litigation.

It has taken eight years — which is about the same length of time it took to dig the Erie Canal.

But now the power plant is essentially complete.

So, why aren't they using it?

A peek into the windows shows the plastic is still on the office chairs. A few minutes later and the VA police showed up.

After days of phone calls and emails, News 10NBC finally got a response.

As it turns out, after spending millions of your tax dollars on this power plant, the VA has no plans to fire it up.

In an emailed statement, a VA spokesperson said, "When construction of the project was initiated in 2010, natural gas prices were much higher than they are now, justifying the plant's design to run on biomass. Since then, natural gas prices have dropped, and we are evaluating the options for using the plant moving forward."

Asked about the empty building, U.S. Rep. Chris Collins said, "It is not economically viable."

Collins got involved in trying to resolve the construction delays five years ago. The frustration was clear in his voice.

"It was a waste and a boondoggle," Collins said. "I think they're now admitting it. They're gonna mothball it. Well, I wouldn't even mothball it. Take it apart. If you can get anything, pennies on the dollar for the equipment there, sell it off and just call it a day."

Tomes wonders how the money — some \$20 million in tax dollars — could have been used to help veterans.

“We have a suicide call line here that I know they’ve had to outsource because they have so many calls to it,” Tomes said. “Could that money have been turned into the suicide hotline, which could have benefited hundreds of thousands of people?”

The VA did not respond to News 10NBC’s requests for specifics about any plans it might be considering for the building, or for an on-camera interview with the director.

Messenger Post Media, along with news partner News 10NBC, will continue to follow this developing story.

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Veterans Affairs Media Summary and News Clips

11 November 2018

1. [Top Stories](#)

1.1 - FOX News (Video): [How is the VA helping our heroes?](#) (10 November, 27.6M uvm; New York, NY)

Four-minute video: Secretary of Veterans Affairs Robert Wilkie on giving our veterans the care they deserve.

[Hyperlink to Above](#)

1.2 - FOX News: [Vice President Mike Pence: Veterans Day – Veterans have no better friend than President Trump](#) (11 November, Vice President Mike Pence, 27.6M uvm; New York, NY)

It's Veterans Day in America, and all across the country Americans will pause to pay tribute to men and women who served in the armed forces of the United States. We have marked this day since the guns of the First World War fell silent on the 11th hour of the 11th day of the 11th month exactly 100 years ago today. President Trump will observe this day in France at the Armistice Day Centennial Commemoration. For our part, my wife and I will meet with veterans and service members at Joint Base Elmendorf-Richardson in Alaska.

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1.3 - The New York Times: [By Protecting Veterans' Health, You May Protect Your Own](#) (10 November, Suzanne Gordon, 48.7M uvm; New York, NY)

This Veterans Day, in addition to honoring those who serve in uniform, we should spend some time remembering the 300,000 employees of the Veterans Health Administration. The V.H.A. — the nation's largest public health system — doesn't just keep veterans healthy; it has developed treatments that help all Americans. And if we don't defend it, it could be dismantled and auctioned off in whatever remains of the Trump era.

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1.4 - Waco Tribune-Herald: [Always in Service: Veterans serving veterans make VA Regional Office turnaround possible](#) (10 November, Tommy Witherspoon, 182k uvm; Waco, TX)

Craig Colton looks like an NFL linebacker. But his friendly, gregarious nature quickly puts the people he meets at ease. He is the kind of guy most people would want to have a beer with. That's what makes Colton good at his job and why he so easily earns the trust of those he is trying to help. Colton, 55, a vocational rehabilitation counselor, is one of 822 employees who work for the Department of Veterans Affairs Regional Office, the 123,000-square-foot, box-like structure at 701 Clay Ave. in Waco.

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1.5 - The Orange County Register: [Thousand Oaks mass shooting raises questions about veterans' transitions back to civilian life](#) (10 November, Erika I. Ritchie, 1.1M uvm; Santa Ana, CA)

Most Marines spend months prepping for their combat roles, but just days getting ready to return to civilian life. For the majority, preparing to leave military service is a five-day process

that includes a physical, a mental health screening and exposure to job opportunities and career assistance.

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2. Improving Customer Service

2.1 - ABC News (AP): [AP Fact Check: Trump's election fiction on GOP wins, economy](#) (10 November, Hope Yen and Christopher Rugaber, 12.6M uvm; New York, NY)

TRUMP: "I've done more for the vets than any President has done, certainly in many, many decades, with Choice and with other things, as you know. ...If you look at Choice — Choice alone — I mean, just take a look at what we've done with Choice." — news conference Wednesday.

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2.2 - Miami Herald: [On 100th anniversary of the end of World War I, Florida marks a special Veterans Day](#) (10 November, Caitlin Ostroff, 4.8M uvm; Miami, FL)

At the Miami VA, there's been a steady effort to add more local adult day care services to the VA's network, said spokesman Shane Suzuki. The Miami VA sees mostly Vietnam, Korean War and World War II veterans, although that will change with the passage of time. In the past year, of the 57,000 patients served by the Miami VA, about 6,000 were deployed in Iraq or Afghanistan.

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2.3 - Military.com: [Slain Marine Vet Would Have Tried to Help Shooter if He Could, Friend Says](#) (10 November, Hope Hodge Seck, 2M uvm; San Francisco, CA)

An hour and change before Dan Manrique's life was brutally cut short in a mass shooting at the Borderline Bar and Grill in Thousand Oaks, California Wednesday night, he had been in a meeting with fellow members of veterans organization Team Red White and Blue, brainstorming about how to improve community within the group and connect better with veterans in need.

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2.4 - Philadelphia Inquirer: [Why can't we get it right when serving veterans?](#) (9 November, Editorial Board, 1.8M uvm; Philadelphia, PA)

The Utah mayor and National Guard major who was killed in Afghanistan last week is a painful reminder on this Veterans Day of the ultimate sacrifice members of the U.S. Armed Forces make to keep our country safe. Brent Taylor, 39, was on his fourth tour of duty when he was shot and killed. He left behind seven children and a shaken community as the war in Afghanistan has dragged on so long that those born on 9/11 are now old enough to enlist.

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2.5 - WOAI (NBC-4): [CBS12 News Investigates: Allegations of neglect at VA](#) (10 November, Andrea Marvin, 631k uvm; San Antonio, TX)

A source, who did not want to be identified, from inside the West Palm Beach V.A. Medical Center gave us photos and video clips of medical equipment and patient rooms left filthy and what he said is biohazard material not disposed of properly. He also spoke with patients who

talked with him about how they were treated. "I feel bad, I feel terrible," the source said. "I don't like seeing a veteran being left alone with no care."

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2.6 - KTVI (FOX-2, Video): [Servicemen with ALS share bond thanks to VA Clinic caregivers](#) 9 November, Bonita Cornute, 460k uvm; Saint Louis, MO)

They served their country and now they are living with ALS. We met two servicemen who have a special bond thanks to their caregivers. Two veterans: one Army, one Air Force; and both are living with ALS, also known as Lou Gehrig's disease. Ken Danridge and Sean Nolan bonded while receiving care at the VA St. Louis ALS Clinic at John Cochran Hospital. Ken's wife, Amy, appreciates the clinic's team of caring professionals.

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2.7 - Citizen-Times (Video): [Brothers Like These: Veterans fight PTSD with prose](#) (10 November, Angela Wilhelm, 128k uvm; Asheville, NC)

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder. The men waded through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

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2.8 - KBZK (CBS-7, Video): [Officials and service agencies announce plans for expanded support for veterans](#) (10 November, Jonathon Ambarian, 21k uvm; Bozeman, MT)

A partnership of local leaders and service agencies announced plans Friday to provide better support for veterans, service members and their families. Helena Mayor Wilmot Collins and Billings Mayor Bill Cole have been taking part in the nationwide Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.

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2.9 - WALB (ABC/NBC-10): [Community comes together to donate van to Valdosta VA clinic](#) (9 November, Ri'Shawn Bassette, 83k uvm; Albany, GA)

One South Georgia organization raised about \$38,000 to donate a van to the Veteran Affairs clinic in Valdosta. On Thursday, the community held a gathering to present the van to the clinic. "For the past five years I've been driving down. The van's getting more and more miles on it and starting to be in somewhat disrepair. We had a few breakdowns, so we were kind of led to reach out to the community to see if we can get donations made in an effort to buy a new van," said Tim Coombs, the co-chair of the Community Veterans Engagement Board.

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2.10 - The Fayetteville Observer: [Strengthening the nation's commitment to veterans](#) (10 November, Sen. Thom Tillis (R-N.C.), 73k uvm; Fayetteville, NC)

On Veterans Day, we not only honor the brave Americans who served our nation but also rededicate ourselves to fulfilling the promise made to every man and woman in uniform that our nation will be there for them once their uniformed service has concluded and they return to civilian life.

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2.11 - The Fayetteville Observer: [Our View: Veterans Day reminders of the elusiveness of peace](#) (10 November, 73k uvm; Fayetteville, NC)

One hundred years ago today, the battlegrounds of Europe fell quiet as an armistice halted the War To End All Wars. Peace was declared on the 11th hour of the 11th day of the 11th month. Sadly, peace would endure less than two decades before Europe was at war again, followed in short order by war in broad swaths of Asia as well.

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2.12 - WSAW (CBS-7): [Veteran opens up about PTSD, path to healing](#) (10 November, 70k uvm; Wausau, WI)

Dozens of veterans gathered at the Tomah VA Medical Center to share stories at the hospital's annual Veterans Day ceremony. One vet, David Scarbrough II, found a unique way to battle depression and Post Traumatic Stress Disorder (PTSD). "If it wasn't for the VA right now, I wouldn't be alive," he said.

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2.13 - The Daily News: [VA honored to serve America's heroes](#) (10 November, Jim Rice, 54k uvm; Iron Mountain, MI)

On Veterans Day and throughout November we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving our nation. These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending our country. We owe them a debt of gratitude.

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2.14 - Quincy Herald-Whig: [America should hold VA, Congress accountable for improving veterans' health care](#) (9 November, 36k uvm; Quincy, IL)

Years after the Veterans Health Administration began reforms after scandals involving deadly delays in health care for veterans, there still are some delays because of shortages of doctors, nurses and support staff. Let's be clear: This is not the kind of scandal that led to the resignation of VA Director Eric Shinseki in 2014. The VA has made great strides ensuring that diagnostic equipment won't sicken patients.

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2.15 - The Sault News: [VA expanding programs to better serve veterans](#) (10 November, 4k uvm; Sault Sainte Marie, MI)

On Veterans Day and throughout November, we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving the nation. These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending the country.

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3. [Business Transformation](#)

3.1 - McAlester News-Capital: [VA clinic opening at MRHC location](#) (10 November, Adrian O'Hanlon III, 6k uvm; McAlester, OK)

A local veterans clinic will open at a new location next week. Nita McClellan, the Eastern Oklahoma Veterans Affairs Health Care System's chief of public affairs and voluntary services, said the VA clinic in Hartshorne is now closed and the new location in McAlester will open on Tuesday.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Marietta Daily Journal: [Editorial: Veterans have earned 'our undying gratitude'](#) (9 November, 82k uvm; Marietta, GA)

In June, President Donald Trump signed into law Isakson's VA MISSION Act, landmark legislation to improve the way the VA delivers health care by streamlining the department's community care programs to remove obstacles to care in the community and ensure veterans receive efficient, timely and quality care.

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5. Suicide Prevention

5.1 - KFBB (ABC-5): [Hotline Helps Struggling Veterans](#) (10 November, Bliss Zechman, 9 uvm; Black Eagle, MT)

It's a statistic many Montanans are all too familiar with, our state has the highest rate of suicide in the nation. However, thanks to a new program, those struggling in our communities now have easier access to help.

[Hyperlink to Above](#)

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Tallahassee Democrat: [At night, the lighted flag at Tallahassee National Cemetery inspires calm](#) (9 November, Gordon Lightfoot, 201k uvm; Tallahassee, FL)

If you drove about two miles east on Highway 27 (Apalachee Parkway) from Capital Circle and looked to your left, you would see a Dollar General Store. On the right side of the road, if it was late at night, you would see what Barbara, a member of our Chaires United Methodist Church sees as a sight that is inspirational. It is a well-lighted 40-plus foot flagpole with an American Flag flying over the Tallahassee National Cemetery.

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6.2 - WVIT (NBC-30, Video): [Veterans Honored at Ceremony in West Haven](#) (9 November, Sujata Jain, 185k uvm; New Britain, CT)

The Veterans Affairs Connecticut Healthcare System held a ceremony on Friday for its veterans, two days before the nation commemorates Veterans Day. United States Army veteran Amado Jimenez attended the simple but meaningful tribute held at the West Haven campus, where Jimenez has worked since 1992.

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6.3 - The Lantern: [Gateway Film Center to hold first-ever Columbus Veterans Film Festival](#) (8 November, Michael Lee, 51k uvm; Columbus, OH)

In a series of films and documentaries ranging from U.S. soldiers readjusting to civilian life to the journey of veterans receiving care from Veterans Affairs, the Gateway Film Center is partnering with the Columbus Veterans Affairs' Veterans Art Initiative to host its first-ever Columbus Veterans Film Festival from Saturday to Sunday.

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6.4 - Insider Louisville: [Coalition for the Homeless program is connecting homeless veterans to housing, resources](#) (9 November, Michael L. Jones, 38k uvm; Louisville, KY)

Carrie Russell's life fell apart this summer. A heart ailment made it impossible for her to continue working as a truck driver. Unable to work and with little family support, the 57-year old Army veteran was forced to move into a Salvation Army Center for Hope, a transitional living shelter. But after a call to Veterans Affairs, Russell found out she had more resources than she could imagine.

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6.5 - The Grand Island Independent: [Veterans honored with Quilts of Valor](#) (9 November, Robert Pore, 31k uvm; Grand Island, NE)

Sixteen veterans of the U.S. military were honored at a Quilts of Valor program Friday at the Grand Island Veterans Affairs Medical Center. This is the 10th year for the Quilts of Valor program at the VA Medical Center. From the program's start in 2003, veterans have been given quality-made quilts that were quilted by hand. The Quilts of Valor are awarded to veterans who have been nominated for their "service, sacrifice, and valor" in serving the nation in combat.

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6.6 - WXOW (ABC-19, Video): [Commemorating heroism while celebrating Veterans Day](#) (10 November, Peter Lenz, 24k uvm; La Crescent, MN)

The Tomah VA Medical Center regularly provides health care for thousands of veterans, and on Friday they held their annual Veterans Day Observance and Hall of Heroes Induction. The early Veterans Day celebration provides an understanding of military service. Veterans share insight into their experience and the impact on their lives afterward. With the Hall of Heroes commemorating outstanding service members for years to come, altogether the event showcases veterans in a variety of ways.

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6.7 - Tribune Star: [A place where veterans can find a home: Community helps Heritage Shelter Care in its mission](#) (9 November, Dave Taylor, 24k uvm; Terre Haute, IN)

Most of the 50 or so residents of Heritage Shelter Care in this small Wabash River town are veterans. Many were homeless before ending up here. Bob Corbin is typical. A native of Paxton, Illinois, about 200 miles to the north, he served stateside with the Air Force in the early 1970s. After his two-year tour of duty, he traveled the country as a construction worker.

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6.8 - WACH (FOX-57, Video): [The VA helping homeless veterans in the Midlands](#) (10 November, Bryant Monteilh, 23k uvm; Columbia, SC)

Simon's father is a World War II veteran and his son served in the Army, according for three generations of service. Yet, somewhere along the way, Simon struggled with substance abuse. He shares, "I went to the VA and I told them about my situation and immediately they got to work. they worked with me, they did not want to see me homeless. being a veteran, shouldn't be. so they showed me how serious they were about putting me somewhere where I would be safe."

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6.9 - WXXV (FOX-25, Video): [Veterans Day Program At The VA](#) (9 November, Gabby Easterwood, 8k uvm; Gulfport, MS)

What better place to honor our veterans than at the VA? Veterans from all branches of the military were guests of honor at the Veterans Day Program at the Biloxi VA Medical Center's recreational hall this morning. On hand were veterans who served our country during the Vietnam War and even World War II. Members of the St. Martin JROTC presented the colors.

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6.10 - Wellsville Daily Reporter (The Spectrum): [Locals participate in Wreaths Across America](#) (10 November, Kathryn Ross, 5k uvm; Wellsville, NY)

Local groups are sponsoring the annual Wreaths Across America program at the Bath National Cemetery this holiday season. The 2018 Wreaths Across America Day will be held on Dec. 15, in Bath National Cemetery at the Bath VA Medical Center. This year's theme is "Be Their Witness" and the mission is to "Remember the Fallen, honor those who serve, and teach our children the value of freedom." Placing of the wreaths will begin immediately following the noon ceremony.

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6.11 - Genesee Country Express: [Bath National Cemetery honors fallen](#) (8 November, Jasmine Willis, 3k uvm; Dansville, NY)

It is breathtaking to stand on the hill and look out at rows upon rows of soldiers who fought to keep us free. I was helping out at a church event at the Bath Veteran Affairs Medical Center when I decided to take a stroll up the hill to see the cemetery. I had heard so much about it by so many people.

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6.12 - WBOY (NBC-12): [Veterans Day ceremony held at Grafton National Cemetery](#) (10 November, Megan Hudock, Clarksburg, WV)

A Veterans Day ceremony was held Saturday morning at the Grafton National Cemetery. This was held to honor all who served the country. A wreath laying, and 21 gun salute were a part of the event. Randy C. Reeves, Under Secretary for Memorial Affairs, was the keynote speaker for the event.

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7. [Other](#)

7.1 - The Washington Post: [VA secretary says he will continue agency's controversial experiments on dogs](#) (9 November, Karin Brulliard, 30.6M uvm; Washington, DC)

Veterans Affairs Secretary Robert Wilkie defended the agency's ongoing experiments on dogs Friday and said he would continue to "reauthorize" them, eight months after Congress passed legislation limiting tests that are opposed by a bipartisan cast of lawmakers and several veterans' groups.

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7.2 - The Huffington Post: [VA Secretary Defends Lethal Taxpayer-Funded Experiments On Dogs](#) (9 November, Sara Boboltz, 28.5M uvm; New York, NY)

Robert Wilkie, secretary of the Department of Veterans Affairs, pledged Friday to continue allowing researchers to conduct ultimately lethal experiments on dogs, nearly eight months after Congress passed a measure to hinder the practice. "I am going to do everything possible to make sure our veterans come first," Wilkie said at a National Press Club event in Washington, D.C.

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7.3 - USA Today: [Repay dogs for their military service. Stop the deadly VA canine experiments](#) (10 November, Lois Pope and Robin Ganzert, 26.5M uvm; McLean, VA)

Dogs have a long history of military service, dating back to ancient times. Here in the U.S., canines have been used as scouts and trackers and to guard prisoners and deliver messages on the front lines since the Civil War. More recently in Iraq and Afghanistan, these four-legged heroes have employed their remarkable sense of smell to sniff out improvised explosive devices and weapons caches. In fact, these incredible dogs have given us their best.

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7.4 - Los Angeles Times: [The role of PTSD in mass shootings: Let's separate myth from reality](#) (10 November, Deborah Netburn, 12.4M uvm; El Segundo, CA)

Just hours after former Marine Ian David Long killed himself and 12 other people at the Borderline Bar and Grill in Thousand Oaks on Wednesday night, observers speculated that post-traumatic stress disorder played a role in the tragedy.

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7.5 - Chicago Sun-Times: [How military veterans can protect themselves from scammers who target them](#) (10 November, Alexandria Jacobson, 1.1M uvm; Chicago, IL)

Veterans get a spotlight each November on Veterans Day. But those who've served also draw unwanted attention from scammers and schemers who target vets and active-duty service members. More than 100,000 service members, dependents, military retirees and veterans filed complaints in 2016 with the Federal Trade Commission complaining about scams. Besides fake-charity scams, they're targeted by fraudsters in a range of schemes that exploit their military service.

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7.6 - Daily Messenger (WHEC/NBC-10): [Canandaigua VA power plant sits idle](#) (10

November, 19k uvm; Canandaigua, NY)

When the Department of Veterans Affairs announced it was building a renewable energy plant at the VA campus in Canandaigua, the plan was that it would save taxpayers a million dollars a year in energy costs. The Daily Messenger's news partner, News 10NBC says the project is complete but there's a lot more to the story. After spending millions of tax dollars to build the plant, News 10NBC uncovered, the VA now has no plans to use it.

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1. [Top Stories](#)

1.1 - FOX News (Video): [How is the VA helping our heroes?](#) (10 November, 27.6M uvm; New York, NY)

Four-minute video: Secretary of Veterans Affairs Robert Wilkie on giving our veterans the care they deserve.

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1.2 - FOX News: [Vice President Mike Pence: Veterans Day – Veterans have no better friend than President Trump](#) (11 November, Vice President Mike Pence, 27.6M uvm; New York, NY)

It's Veterans Day in America, and all across the country Americans will pause to pay tribute to men and women who served in the armed forces of the United States. We have marked this day since the guns of the First World War fell silent on the 11th hour of the 11th day of the 11th month exactly 100 years ago today.

President Trump will observe this day in France at the Armistice Day Centennial Commemoration. For our part, my wife and I will meet with veterans and service members at Joint Base Elmendorf-Richardson in Alaska.

From the time of our nation's birth, nearly 50 million men and women have answered the call to service, and nearly 20 million still walk among us today. Even now, a new generation of American veterans is being forged across the wider world

These courageous patriots have served the world over. From Bunker Hill to Belleau Wood and from the Coral Sea to Kandahar, American military members have offered their blood, toil, tears and sweat in service to our country. On Veterans Day we remember those who came home, but we cannot forget those who gave the last full measure of their devotion for our freedom.

It is written that "if you owe debts, pay debts; if honor, then honor; if respect, then respect." The debt our nation owes those who have worn the uniform is a debt we will never be able to fully repay. But just as those courageous men and women have fought for us, our entire administration has fought for them.

Veterans have no better friend than President Trump.

This president and our administration understand that veterans' benefits are not entitlements – they're earned. They are the ongoing compensation for services rendered in the uniform of the United States. And since the outset of our administration, we've taken decisive action to make good on our promise to the heroes who've served.

President Trump has signed the most substantial veterans' health-care reform in a generation, making Veterans Choice a permanent part of American law. Today our veterans have access to

the real-time, world-class care they have earned, whether at a private health-care provider or the Department of Veterans Affairs.

This law will also improve the VA's ability to recruit and retain quality health-care professionals, give veterans access to walk-in care, and expand health-care choices, including options for telehealth and mental health services.

President Trump has taken action to hold the VA accountable, signing the Veterans Accountability and Whistleblower Protection Act. Since our election, more than 4,200 VA employees have been fired, suspended or demoted for negligent behavior.

We enacted the Veterans Appeals Improvement and Modernization Act, which will improve our efforts to provide retroactive benefits to America's veterans. The VA has already identified and paid over \$115 million over the last year.

We have also made historic progress towards ending veteran homelessness. Thanks to our reforms at the VA and the Department of Housing and Urban Development, nearly 54,000 veterans found permanent housing and access to supportive services last year.

And President Trump has taken steps to increase opportunities for veterans after they return to civilian life, including through enhancing and expanding the post-9/11 GI Bill to a lifetime benefit.

Our actions are having a real impact on the men and women who have sacrificed for our country: health-care wait times are down, VA accountability is up, and under our administration unemployment among veterans has reached its lowest level in nearly two decades.

While we honor our veterans by ensuring they receive the benefits they have earned, we also honor them by supporting the men and women who serve in the armed forces today.

With the strong support of veterans' organizations across the nation, President Trump signed into law the largest investment in our national defense since the days of Ronald Reagan. We are once again giving our soldiers, sailors, airmen, Marines, and Coast Guardsmen the resources and training they need to accomplish their mission.

The United States of America remains the land of the free because we are still the home of the brave. The men and women who've served in our armed forces are those brave, and today all of us should do our part to honor their service and appreciate their sacrifice.

So on this 100th Veterans' Day, I encourage every American to thank a veteran. Outside the grocery store, at your place of worship, or maybe over the backyard fence, I urge you to extend your hand, look them in the eye, and say those words that every veteran deserves to hear: "Thank you for your service."

To all of those who've worn the uniform, on behalf of a grateful nation, Happy Veterans Day.

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1.3 - The New York Times: [By Protecting Veterans' Health, You May Protect Your Own](#) (10 November, Suzanne Gordon, 48.7M uvm; New York, NY)

This Veterans Day, in addition to honoring those who serve in uniform, we should spend some time remembering the 300,000 employees of the Veterans Health Administration. The V.H.A. — the nation's largest public health system — doesn't just keep veterans healthy; it has developed treatments that help all Americans. And if we don't defend it, it could be dismantled and auctioned off in whatever remains of the Trump era.

In V.H.A. facilities I have met some of the best doctors, nurses, therapists and medical researchers I've encountered in 40 years of reporting on the hospital industry. They deliver high-quality care to more than nine million patients who are, on average, older, sicker and poorer than those served by other systems. Yet, unlike veterans themselves, who are praised by politicians and the press, V.H.A. staff members, and the agency they work for, are routinely denigrated.

President Trump has insisted that "our veterans have been treated horribly" and that the V.H.A. is staffed with "bad apples" who "rob us or cheat us." Last month, in a speech at a prestigious medical conference in Cleveland, John Boehner, the former House speaker, said the Department of Veterans Affairs, of which the V.H.A. is part, is simply "hopeless." Its hospitals "provide substandard care to our veterans who deserve the best care," Mr. Boehner said. "If you're a real doctor, you're probably not working at the V.A."

Studies have shown that private-sector doctors and hospitals are not prepared to deal with veterans' complex needs. But foes of the V.H.A., backed by wealthy donors like the Koch brothers, want to dismantle its hospital and clinic network and contract out billions of dollars' worth of veterans' services to the private sector.

In June, Congress passed the VA Mission Act, which expands veterans' access to private care and establishes a commission to determine whether to close V.A. facilities. Its members will be appointed by the president, and they could include medical industry representatives who would benefit from privatization. Congress will be unable to vote on the commission's decisions. The head of the Department of Veterans Affairs, Robert Wilkie, perhaps influenced by a shadowy group of Trump associates nicknamed the Mar-a-Lago Crowd, is said to be developing rules that would significantly increase the number of veterans who get care outside the V.H.A.

At the same time, private-sector care is more expensive, and the president and congressional Republicans refuse to allocate the money to pay for it, so each dollar that goes to it will come out of the V.H.A. budget. This will starve the system of needed resources, leave thousands of doctor and nurse vacancies unfilled, and force hospitals and clinics to shut down.

The Koch brothers may be delighted by the prospect of a crippled system. Patients of the V.A.'s 11,000 physicians and other caregivers have a different view. The V.H.A. isn't perfect; there have been some bad actors, and veterans often complain about having to wait for appointments. But while veterans' organizations want better funding and staffing of the V.H.A., they overwhelmingly support its mission, for reasons outlined in "VA Healthcare: A System Worth Saving," a report that I co-wrote for the American Legion last year.

Dismantling the V.H.A. would jeopardize the health of its largely poor and working-class patients. It would also undermine the medical research and teaching that benefits all Americans.

V.H.A. researchers have already given us the nicotine patch, the shingles vaccine, and innovative approaches to geriatric and end-of-life care. The administration is conducting a Million Veteran Program to determine how genes affect veterans' health and ours. Because it

treats so many patients with prostate cancer, it received a \$50 million grant from the Prostate Cancer Foundation to discover new treatments for that disease.

Insurgents' use of improvised explosive devices in the Middle East has made the V.H.A. a leading center of research on and treatment of traumatic brain injuries (also suffered by professional football players, who now arrange to have their brains sent to the V.H.A. for post-mortem verification of their condition). The veterans' system is also a leader in treating amputations and providing state-of-the-art prosthetics.

By 2015, 1.6 million veterans were receiving specialized mental health treatment at the V.H.A., where thousands of mental health providers are taught the latest evidence-based treatments for post-traumatic stress disorder, depression and other conditions.

Seventy percent of all American doctors have received some training at V.A. hospitals. Many are taught about new treatments for the chronic pain from which so many veterans suffer, and how to reduce suicides. Suicide-prevention trainings are mandatory for all V.H.A. hospital employees — from a janitor to the chief medical officer — so they can recognize when someone is at risk.

Many private doctors and hospitals seeking to care for veterans have less experience treating patients with these issues, and they also offer far less coordinated care. At a California V.H.A. residential program for brain-injured Iraq and Afghanistan war veterans, for example, a psychologist and physical therapist work side by side to address their patients' chronic pain and severe PTSD. This model both provides better care and keeps costs down by avoiding confusion and duplication.

I am not a veteran, nor is anyone in my family. But this year, I'm observing Veterans Day by putting a bumper sticker on my car that says "Save Our VA!" The V.H.A.'s successes are the fruit of 100 years of federal expenditures. Let's hope that a new Congress and, eventually, a different president, will find that investment worthy of protection before it's too late.

Suzanne Gordon, a senior policy fellow at the Veterans Healthcare Policy Institute, is the author of "Wounds of War: How the VA Delivers Health, Healing, and Hope to the Nation's Veterans."

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1.4 - Waco Tribune-Herald: [Always in Service: Veterans serving veterans make VA Regional Office turnaround possible](#) (10 November, Tommy Witherspoon, 182k uvm; Waco, TX)

Craig Colton looks like an NFL linebacker. But his friendly, gregarious nature quickly puts the people he meets at ease.

He is the kind of guy most people would want to have a beer with. That's what makes Colton good at his job and why he so easily earns the trust of those he is trying to help.

Colton, 55, a vocational rehabilitation counselor, is one of 822 employees who work for the Department of Veterans Affairs Regional Office, the 123,000-square-foot, box-like structure at 701 Clay Ave. in Waco.

When he is not trying to help a veteran apply for funding for additional education or find a meaningful vocation, Colton volunteers with veterans' groups, leading camping and team-building retreats for veterans suffering from post-traumatic stress disorder, anxiety disorders or other service-related ailments.

He gets to know veterans while huddled around campfires and gazing at stars.

Like 66 percent of the employees at the VA Regional Office, where the motto is "vets helping vets," Colton is a veteran. The Bunker Hill, Indiana, native spent 23 years in the Air Force, retiring in 2010 as a master sergeant. The son of an Air Force B-58 navigator, Colton was a maintenance instructor for the B-2 bomber and spent 2007-2008 in Iraq training Iraqi forces in aircraft maintenance.

It's people like Colton, veterans and others with a sincere desire to help the nation's veterans, who have worked hard to transform what was considered one of the worst-performing of the nation's 56 VA regional offices eight years ago — if not the worst — to the top-rated office in the country in terms of efficiency, accuracy and benefit claims processed.

Some of the credit for improved efficiency at the much-maligned agency was the conversion to electronic files from what once were 12-inch-thick paper file folders.

It allowed the local office to clear out a football-field sized storage area on the second floor of the building and use it for office space as it was intended.

Other credit for the turnaround can be given to the leadership of Regional Office Director John Limpose, a 6'7" former college basketball player from Ohio who subscribes to the late, great UCLA basketball coach John Wooden's "Pyramid of Success" and quotes former Green Bay Packers coach Vince Lombardi.

"In 2012, when I got here, there was a lot of bad press about Waco being one of the worst offices in the country, and it took a toll on the employees," Limpose said. "We were taking a beating in The New York Times to the Wall Street Journal to the San Diego Tribune that we were the worst from coast to coast.

"I didn't think it was justified, but we had the motto: 'We have to scale Mt. Everest,'" Limpose said. "We just decided to hunker down, roll up our sleeves and go after it, and we did. We reduced our inventory of cases from 52,000 to 16,000 and reduced our backlog from 41,000 to under 2,000. At that time, our average to process a claim was 474 days and we got it down to 130 days, and last fiscal year, we processed cases in 92 days. There is no magic silver bullet here. We just hunkered down and did a lot of good old-fashioned hard work."

Last year, the Waco regional office paid out \$4.2 billion in disability compensation, compared to six years ago, when it paid \$2.3 billion, Limpose said.

Limpose, 57, who is not a veteran but comes from a long line who served, said he and VA employees take pride that Waco was the top-performing office in the country in fiscal year 2018. The office set a national record by processing 80,102 disability claims and did it with 94 percent accuracy, he said.

Limpose credits the turnaround to employees like Colton and Sheila Bounds and Kim Donna, both rating veterans service representatives; Margarita Bell, a claims assistant; Ernesto Garcia,

a decision review officer; Dexter Douglas, an accounts receivable technician; and Al Miller, a coach in the veterans service center.

To the person, those employees say they strive to ensure that disabled veterans earn every benefit they are entitled to, even going out of their way if initial efforts don't produce ideal results to try to gain more information or other documentation that might qualify a veteran for more benefits.

They also say that because they all are veterans, some disabled veterans, it helps them better understand what the claimants are going through and to connect with them in a more meaningful way.

Colton, for example, said he was lost when he got out of the Air Force. He had spent two decades with someone telling him what to wear, where to go, what to do, what to eat, and it was a bit of a culture shock when he became a civilian, he said. He suffered from depression and anxiety and sought help.

"I was ready to give up," he said. "But now, it helps me know what these guys are going through. I've lost friends through suicide, and it is heartbreaking."

Bounds, 48, a West Virginia native, joined the Army in 1990. Her father was a Navy veteran, and her grandfather, a World War II Japanese prisoner of war for four years, survived the infamous Bataan Death March of April 1942, a 65-mile forced march of 75,000 American and Filipino troops to prison camps.

Bounds started her career in military intelligence as a Czech linguist. She was a 1st sergeant and spent time in Germany and Yugoslavia. She was sent to Iraq in 2006, where she ran a detention facility and was in charge of interrogators.

"It was a very tough deployment because my brigade took a lot of losses," she said.

After a "less stressful" deployment to Baghdad in 2009, she retired in 2010. Her husband, Harold Hall, retired from the Army in 2008 after a 21-year career and three deployments to Iraq.

Bounds, who has a bachelor's in psychology and a master's in human resources development, used part of the G.I. Bill to earn her degrees between deployments. She has been working at the VA Regional Office in Waco since 2011.

Her and Donna's jobs as rating veterans service representatives is to handle what are deemed priority claims or more difficult claims with multiple disability contentions. Priority claims include terminally ill or homeless veterans or those with financial hardship claims.

"I almost feel like this is my calling," Bounds said. "I love this job so much. Each veteran deserves our time on each claim. A lot of them grab at your heartstrings when you look at their records and see what so many of them have done for our country. No veteran is going to get brushed aside. They all deserve their shot, and if there is any way that we can grant their claims, we will."

Donna, 37, a Kempner native, enrolled at the University of Texas at Austin before realizing, as she put it, that she needed more structure in her life. She joined the Army, thinking she would get life experience and then continue her education on the G.I. Bill.

The next thing she knew, she was in Germany after training as a combat medic at Fort Sam Houston in San Antonio. Five weeks later she was in Iraq, manning what was supposed to be a four-man stretcher with just one other soldier and evacuating wounded troops to helicopters so they could go for treatment.

Donna also comes from a long line of military family members. Her grandfather served in Korea, her father in Desert Storm. Both her younger sister and brother were in the Army in Iraq, and her husband served in Afghanistan.

She has been diagnosed with PTSD and has nightmares and flashbacks. She can watch old movies about historic wars but cannot watch movies from the Gulf War era.

Like others at the office, Donna retired from service at Fort Hood, which provides a steady pipeline of job applicants to the VA Regional Office in Waco.

Donna and Bounds said they gain satisfaction from helping veterans get the benefits they seek.

"I think it is an affront to the veteran if we don't provide our service as efficiently as we can and do all we can for them," Donna said.

Both said they enjoy helping War War II veterans get approved for hearing aids, especially the many who have never filed a disability claim in their lives but whose hearing is decreasing as they age.

"That makes me very happy and I get a lot of satisfaction in making that call to tell a veteran to tell him we can pay for his hearing aid," Bounds said.

When veterans decide to file a claim, among the first to see it is a claims assistant, like Bell, a 62-year-old Chicago native who joined the Navy in 1986. She retired seven years later to raise her family while her husband, John, had a 24-year Navy career before retiring in 2004. She has a 28-year-old daughter in the Navy who is stationed in South Carolina.

She has infrequent contact with veterans but inputs their claim information into the system. She normally is assigned 100 claim packets a day and is required to finish at least 34 of those. She said the largest claim she has handled involved 64 contentions, or conditions such as back, knee or shoulder ailments and others.

"I wanted to stay in the Navy, but I left to raise my kids while we followed my husband from place to place," Bell said. "Since I couldn't stay active duty, I feel like I am giving back here to help the veterans. It is just fulfilling to know I can do something, even if it is a small part."

Once a decision is made about a veteran's benefits and his or her level of disability, an unhappy veteran can appeal to someone like Garcia, a decision review officer. About 12 percent of all decisions are appealed, Limpose said.

Garcia, 36, who was born in Mexico, moved to Dublin, Texas, with his family when he was 10. When an appeal hits his desk, he reviews the file to determine if the law was properly applied. He sometimes requires more information or more documentation before making his decision.

“Basically, my job is to make a decision. If I can grant it, I will grant it,” said Garcia, who also works as a freelance photographer for the Tribune-Herald.

Garcia joined the Marine Corps when he was 17 and was given a medical discharge after he was diagnosed with Type 1 diabetes in 2003.

He said the agency’s goal is to complete the appeals process within 125 days.

U.S. Rep. Bill Flores, R-Bryan, said his office was flooded with complaints from veterans about the Waco VA Regional Office and the nearby Doris Miller Veterans Affairs Medical Center. In the years since, he said he has noticed vast improvements in the regional office and an associated decrease in complaints.

“When I was elected in 2010 and came into office, the Waco regional office was one of the worst in the country in terms of backlog and timely and accurately processing claims,” Flores said. “Now they are among the best. They are not perfect. They are like any other bureaucracy. They are going to have their problems. But Director Limpose and all the employees have done a good job of putting veterans first and addressing the issues veterans have. I am really impressed with what they have been able to do.”

Flores invited McLennan County Veterans Service Officer Steve Hernandez to speak before a congressional committee to address the problems at the VA Regional Office in 2012. Hernandez, too, said he has noticed a vast improvement over the past six years but still hears complaints about the length of time an appeal in a benefits claim case can take.

He said he blames the system, not the workers in Waco.

“There was a major problem back then that caused a severe backlog,” Hernandez said. “It all has materialized to the point that it is back to being effective. Honestly, back then when we were all upset, the people who work there are tremendous. They are local people. They work in the community. They have the intent to do everything they are supposed to do. It was the system. It can be very tedious and bureaucratic and that creates this logjam. But the people have always been very courteous and cordial. I don’t have anything but respect for them.”

One of the problems is that the Waco regional office covers 164 of the 254 counties in Texas, more than 158,000 square miles. There are a lot of veterans in that area, the largest in the country with the exception of Alaska, which has only one veterans regional office for the entire state.

“It is a big job, but we enjoy doing it,” Limpose said.

Because of the size of the area, 122 of the 822 employees work in offices in El Paso, Austin, Dallas, Tyler, Abilene, Amarillo, Lubbock and Fort Hood.

“Mr. Limpose is really good at analyzing the data and getting the teams to work really closely together and getting them to achieve the most they can achieve,” said Tom Morley, assistant veterans service center manager. “That is one reason we had the big reduction in backlogs.”

In describing improvements to the office, Limpose likes to quote Wooden, the old UCLA coach who won 10 national titles, including “being average means you are just as close to the bottom as you are to the top.”

“Let’s be at the top half. We have come a long way here,” Limpose said. “To me, it all really falls back to hard work, dedication. If you don’t have time to do it right the first time, when are you going to find time to do it again? I read his book, ‘Wooden on Leadership.’ No matter if you are playing sports or integrating it into business, little things done well is probably the greatest secret to success. Obviously, we would like to be 100 percent accurate on every decision, but we try to do the best with what we’ve got. That’s a Vince Lombardi quote, by the way.”

Others who have helped the Waco office improve are Al Miller, a supervisor in the Veterans Service Center, and Dexter Douglas, an accounts receivable technician.

Miller, 53, joined the Army in 1983 after high school in Dermott, Arkansas. He is a Desert Storm veteran who started his military career manning a fence line between East and West Germany.

Douglas, 54, grew up in Montgomery, Alabama, and won the Bronze Star in Desert Storm as a fire direction chief in a field artillery division. He served 20 years in the Army and has worked for the VA regional office eight years.

Both say their time in the military has proved invaluable to their work at the VA and that it is rewarding to help those who served.

“I think when you take a look, I think it is less than 2 percent of all Americans who served, and we have all these freedoms and rights,” Limpose said. “It is only because of people who put their lives on the line, some who gave it all, and most of these folks in this building are veterans themselves. So we take a lot of pride in all those entitlements veterans are entitled to.

“It’s all about helping and all about doing the right thing, and that is what we do. It’s about making a difference in people’s lives. Every day we make a difference.”

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1.5 - The Orange County Register: [Thousand Oaks mass shooting raises questions about veterans’ transitions back to civilian life](#) (10 November, Erika I. Ritchie, 1.1M uvm; Santa Ana, CA)

Most Marines spend months prepping for their combat roles, but just days getting ready to return to civilian life.

For the majority, preparing to leave military service is a five-day process that includes a physical, a mental health screening and exposure to job opportunities and career assistance.

“It’s strict, it’s large and voluminous – and it’s up to the participant to be involved,” retired Col. Willy Buhl said of the Transition Readiness Program.

How well Marines are prepared to transition out of the military – and what support there is for them after they do – came into question when, according to police, Marine veteran Ian David Long entered Borderline Bar & Grill in Thousand Oaks on Wednesday, Nov. 7, and opened fire, killing 12 people and himself.

Long served in the Marine Corps from August 2008 to March 2013 and was a machine-gunner in infantry combat who was deployed to Afghanistan. There were suggestions that Long suffered from post-traumatic stress disorder, though that has not been confirmed.

But it raised questions.

“We spend six months to prepare a Marine for what they need to know to do their job and spend a week at the end to transition them out,” Buhl said. “It troubles me, and I’m not alone.”

Help before the transition

As head of the Wounded Warrior Regiment from 2012-2014, Buhl was in a position to help Marines who had been diagnosed with a mental or physical disability before they transitioned out of the Corps.

The regiment oversees the operation of two Wounded Warrior Battalions – at Camp Pendleton and Camp Lejeune, North Carolina – as well as multiple detachments around the globe. Its services include military treatment facilities and Department of Veterans Affairs Polytrauma Rehabilitation Centers. Military who are still in active duty are provided with counseling, rehabilitative service and put on medications if necessary.

“Whether they have PTSD or some level of PTS (post-traumatic stress), everyone there gets a multifaceted approach to help them heal,” Buhl said of the regiment. “When they go to transition counseling, they seek out compatible employment that fits their demeanor.”

Once military members are ready for discharge, information about their disabilities is provided to the Veterans Administration, whose job it is to follow up with the veteran.

More recently, the Marine Corps added a Combat Operational Stress Control program, in which psychiatrists are assigned to 4,000- to 5,000-man regiments, monitoring service men and women and training leaders to recognize signs of PTSD.

But not everyone is diagnosed

Major Guy Zierk, who retired from the Marine Corps in August after 24 years, was among 30 Marines attached to the Wounded Warrior Regiment as a District Injured Support Coordinator.

In this capacity, Zierk, who served in three combat deployments and was based at Camp Pendleton, assisted Marine veterans who were medically retired – transitioning out of their military service jobs. In five years, he said, he worked more than 600 cases, where he helped veterans navigate their transition, coordinating with caseworkers at the Veterans Administration as well as with nonprofit state and local groups.

Typically, he said, veterans wanted some level of assistance. But in some cases, they wouldn’t show up to appointments.

“There is more than enough help if a veteran wants it,” Zierk said. “Sometimes veterans don’t like the type of help that they are being given.”

Often, he said, the problem comes with not admitting that help is needed.

When Marines come back from combat deployment, they go through an interview with a doctor, Zierk said. If they don’t disclose that they have issues and there are no obvious signs, they go

back into their units. After spending years becoming a Marine, he said, the last thing they want to do is stand out from among their brothers.

To help ease the discussion, six months before Marines come up on their four-year service mark, they have an opportunity to tell a doctor about physical or mental issues as part of a program called Benefits Delivery Upon Discharge.

"The service member doesn't have to feel ostracized," Zierk said. "He or she can freely talk to a doctor."

In his case, Zierk said, he had difficulty admitting he needed help.

"My second deployment was pretty hellacious," he said. "We lost quite a few and killed quite a few. You don't really know you've changed until people point it out. You fight not to be different. Getting help means you admit you're different."

Help in the civilian world

Kolin Williams, a veterans counselor at Saddleback Community College, has seen many veterans who lack the services they need.

An Army veteran who said he received little support when he left the service, Williams became the first full-time veterans counselor in Southern California. Since 2011, the San Clemente resident has provided personal, career and academic counseling at the Veterans Education and Transition Services program at Saddleback.

He also teaches Boots-to-Books, a military-transition-to-college course, to recently discharged Marines, and works at Camp Pendleton's School of Infantry once a week to help active-duty Marines navigate the transition process to the civilian world.

"The connection, or lack thereof, between the Department of Defense and VA medical care has always been a problem," Williams said.

"Active-duty service members who have had mental health issues are not rolled right into VA medical care so they often have to spend valuable time and energy working through the process on their own without much guidance," he said. "This is often very problematic because transitioning out of the military brings about a variety of concerns such as housing and financial hardships which often take precedence over finding a medical professional."

In his Boots-to-Books course, he said, he has veterans fill out an application for VA Health Care as a class assignment to "ensure they have initial access to care."

"At least 75 percent of the student veterans in my classes over the last seven years haven't completed the basic application for VA Health Care after discharge," he said. "As far as I know the application is still not a part of the transition process from active duty to civilian life."

Ian David Long "was not enrolled in VA health care at any time," VA Public Affairs confirmed.

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2. Improving Customer Service

2.1 - ABC News (AP): [AP Fact Check: Trump's election fiction on GOP wins, economy](#) (10 November, Hope Yen and Christopher Rugaber, 12.6M uvm; New York, NY)

Fresh off the GOP's loss of the House, President Donald Trump is fudging the success of a "booming" economy and overstating the impact of his campaigning on the midterm elections.

He suggested that every Republican congressional candidate for whom he paid a visit to their state to rally voters prevailed on Election Day. That's not true. Several of his favorites in closely contested Senate and House races lost Tuesday, in some cases after Trump held multiple rallies on their behalf.

On the economy, Trump asserted that U.S. growth under his watch has been unprecedented. In fact, it was surpassed just four years ago during the Obama administration. He also minimized the trade threat from China and claims a U.S. steel industry renaissance that isn't really happening.

And speaking before Veterans Day, Trump claimed premature success in achieving "more for the vets than any president," citing an expanded health care program that has yet to be fully paid for or take effect.

A look at his claims and the reality:

[...]

VETERANS

TRUMP: "I've done more for the vets than any President has done, certainly in many, many decades, with Choice and with other things, as you know. ...If you look at Choice — Choice alone — I mean, just take a look at what we've done with Choice." — news conference Wednesday.

THE FACTS: He's taking premature credit for improvements that will take years to see full effect in regards to the Veterans Choice program.

Trump signed legislation in June to expand the private-sector Choice program, which was first approved in 2014 during the Obama administration in the wake of a scandal at the Phoenix VA medical center in which some veterans died while waiting months for appointments. The current Choice program allows veterans to see doctors outside the VA system if they must wait more than 30 days for an appointment or drive more than 40 miles to a VA facility.

How much Choice will be expanded, however, will depend on yet-to-be-completed regulations that will determine eligibility for veterans as well as available money for the program. The Department of Veterans Affairs has yet to resolve long-term financing due to congressional budget caps that could put funding for VA or other domestic programs at risk of shortfalls next year.

Also important to the program's success is an overhaul of the VA's electronic medical records to allow seamless sharing of medical records with private physicians, a process expected to take

up to 10 years. VA Secretary Robert Wilkie has said full implementation of the expanded Choice program is "years" away.

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2.2 - Miami Herald: [On 100th anniversary of the end of World War I, Florida marks a special Veterans Day](#) (10 November, Caitlin Ostroff, 4.8M uvm; Miami, FL)

At the Alexander Nininger Jr. State Veterans Nursing Home in west Pembroke Pines, most everything has an order and purpose to it. The lobby that greets friends and family is largely unadorned, save for a poster on a coffee table advertising the upcoming Veterans Day and a binder devoted to the home's namesake, a 23-year-old Army second lieutenant who was the first Medal of Honor recipient of World War II.

Past the lobby, a calendar displays the scheduled events residents can choose to take part in, everything from Tai-Chi to pet therapy and a book club. Donated military uniforms from the local historical society line the wall as residents watch movies in black and white. Memorabilia sits in display cases — leather-bound journals, a pair of aviator goggles and a Congressional Gold Medal. The residents started offering them as donations about two years ago.

"It grants you some immortality," said Larry Militello, a decade into his tenure as the nursing home's administrator, looking down at the dozens of keepsakes. "You may be gone tomorrow, but this will still be here."

The nursing home on Pines Boulevard and University, one of six in the state exclusively for veterans, houses 120 people — about 116 men and four women. Currently, about eight or nine people are on the wait list.

The nursing home is marking Veterans Day, this weekend, with several parties and events.

Girl Scouts and Boy Scouts will come by to entertain. This year's Veterans Day carries special meaning, marking 100 years since the armistice that ended World War I. The holiday was originally known as Armistice Day.

The needs are many, with drug abuse and depression serious issues. Florida's veterans' suicide rate, 34 per every 100,000 veterans, was slightly above the national average for veterans of 30 in 2016. But that's twice the rate of the population overall.

A 2014 report shows that the portion of spending on mental health treatment at VA facilities rose from about 9 percent of the pie in 2007 to just above 11 percent in 2013.

Half of Florida's veterans are 65 years or older. Because the population is graying, the state started an initiative four or five years ago to add more veterans nursing homes, said Steve Murray, a spokesman for Florida's Department of Veterans' Affairs, which operates and finances the homes. Each of the six existing homes can take 120 residents. The one veterans assisted living center in Lake City can care for 150 residents.

Two new nursing homes are being built, Murray said. The one in Orlando — slated to open in late 2019 — will add 114 beds. The home in Port St. Lucie — scheduled to open in early 2020 — will add 120 beds.

In order to enter a state veterans nursing home, veterans need to be a Florida resident, have received an honorable discharge and have a letter of certification from a VA doctor that he or she qualifies. The amount a person must pay depends on his or her circumstances, Murray said.

Building more veterans nursing homes is costly, Murray said. Each requires about \$50 million for construction, plus 165 staffers to provide medical care, laundry services, food preparation and activity planning. Because of that, it makes sense economically to partner with existing, privately run facilities.

Florida has doubled down on its effort to help expand the number of adult day care options for veterans. The U.S. Department of Veterans Affairs provides a per diem to facilities that offer these services.

Murray said many veterans prefer to stay in their own homes as they age, and adult day care gives loved ones caring for a veteran a reprieve, enabling them to go to work.

“No state will have enough veteran nursing homes,” he said. “No state has the resources.”

At the Miami VA, there’s been a steady effort to add more local adult day care services to the VA’s network, said spokesman Shane Suzuki. The Miami VA sees mostly Vietnam, Korean War and World War II veterans, although that will change with the passage of time. In the past year, of the 57,000 patients served by the Miami VA, about 6,000 were deployed in Iraq or Afghanistan.

Suzuki said Veterans Affairs is noticing a demographic shift as more female veterans come in for services. Because of that, the Miami VA is opening an expanded women’s health center in mid-2019 at the main hospital near the Jackson Memorial complex. That will centralize women’s services in one area instead of having them spread throughout the hospital.

The Miami VA is also working on expanding its South Dade clinic from 7,000 square feet to 30,000 square feet. The VA is currently looking for space for that expansion as more veterans are moving to the area.

Militello said the state doesn’t spare resources when taking care of its veterans. Having come from operating private-sector nursing homes, he said he’s never had a problem getting funding for items his residents need.

Though he himself didn’t serve in the armed forces, he’s gained a greater appreciation for what it means for someone to have served his or her country.

“We owe them a great debt,” Militello said. “We call them the Greatest Generation — they were the gutsiest generation.”

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2.3 - Military.com: [Slain Marine Vet Would Have Tried to Help Shooter if He Could, Friend Says](#) (10 November, Hope Hodge Seck, 2M uvm; San Francisco, CA)

An hour and change before Dan Manrique's life was brutally cut short in a mass shooting at the Borderline Bar and Grill in Thousand Oaks, California Wednesday night, he had been in a meeting with fellow members of veterans organization Team Red White and Blue, brainstorming about how to improve community within the group and connect better with veterans in need.

So when Rudolph Andrade, a Team RWB chapter captain for Los Angeles, got a text message the following day asking if Manrique had been in the vicinity of the shooting, Andrade's first response was reassurance.

"Dan was with me last night when all this happened," Andrade said he replied.

Days later, the shock of processing the loss of Manrique, a close friend as well as a teammate, is still setting in for him.

In fact, there were at least three members of Team RWB at the scene of the horrific shooting that claimed 12 lives, according to Andrade and postings on the Team RWB Ventura County Facebook page: Manrique, on full-time staff for the group as the Pacific Regional Manager; Justin Meek, a promoter at the bar killed in the shooting, who'd reportedly planned on joining the Coast Guard after college; and Fernan Diamse, another chapter member who made it out alive, but sustained a cut on his arm from broken window glass in his effort to escape.

Andrade, who like Manrique is a veteran of the Marine Corps, said the two men bonded quickly when they met in 2014 through the veterans organization, despite a gap in their ages.

"I'm 45; he was 33. But he was never like a kid," Andrade said. "He was really soft-spoken. He was always calm. He was more mature than anybody his age."

According to service information released by the Marine Corps, Manrique served from 2003 to 2007, reaching the rank of sergeant. A field radio operator, he'd deployed to Iraq from aboard the amphibious assault ship Bataan in 2007.

Andrade said he served from 2002 to 2010 as a tank mechanic, deploying to Iraq from 2007 to 2008. He also left the Corps as a sergeant.

"It's funny because I looked at his service, and said, 'Dude, we were in a lot of the same places,'" Andrade said.

One of the first events they participated in together, Andrade said, was an overnight camping trip for Team RWB, where they ended up huddling over concerns about a sensitive situation involving a member.

"I could always talk to Dan, and I knew it was a safe place," Andrade said.

The friendship quickly blossomed beyond their work in the organization. They bonded over their love of the LA Dodgers and started attending baseball games together. Eventually they hatched a plan to visit as many baseball stadiums as they could throughout the United States. They'd made expeditions to San Francisco and Oakland, Andrade said, and had more trips in the works.

Both men had dedicated significant personal resources to serving other veterans in need. Manrique had previously worked at a local medical center helping veterans with mental diagnoses and drug dependency. Andrade assists with outreach to homeless veterans through the Department of Veterans Affairs.

So when Andrade found out that the apparent shooter, Ian David Long, was also a veteran of the Marine Corps, he was certain of one thing.

"I know that if the shooter -- it's hard to even say he's a Marine, it hurts -- If Dan and I knew this guy needed help, we would be like, 'hey, dude, what can we do for you,'" Andrade said. "We clicked with veterans fast, quick. Dan would have helped this guy."

While he has tried to avoid reading news reports, Andrade also expressed disbelief about a narrative that has gained traction, that Long suffered from post-traumatic stress due to his military service, and it motivated his violent actions.

"A lot of people say he had the PTSD," Trump told reporters Friday. "It's a big problem. People come back, that's why it's a horrible thing. They come back, they're never the same."

VA Secretary Robert Wilkie has said Long never sought help at the VA; any clinical diagnosis remains unclear.

There was a Marine who did have PTSD in that bar, Andrade said: Manrique himself.

"Marines with PTSD, ok yeah, you know, Dan had it, I have it. You don't go do that s***," he said. "You take care of your s***, you deal with it ... I know what I've been through and I know what my friends have been through, and we're dealing with it."

The Ventura County Chapter of Team RWB has planned a memorial run in honor of Manrique on Veterans Day.

"I was talking to my dad yesterday; my dad is a Marine Vietnam vet," Andrade said. "I said, this is the kind of guy you want your son to grow up and be like. ... Dan was a brother."

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2.4 - Philadelphia Inquirer: [Why can't we get it right when serving veterans?](#) (9 November, Editorial Board, 1.8M uvm; Philadelphia, PA)

The Utah mayor and National Guard major who was killed in Afghanistan last week is a painful reminder on this Veterans Day of the ultimate sacrifice members of the U.S. Armed Forces make to keep our country safe.

Brent Taylor, 39, was on his fourth tour of duty when he was shot and killed. He left behind seven children and a shaken community as the war in Afghanistan has dragged on so long that those born on 9/11 are now old enough to enlist.

Of the more than 18 million veterans, more than 3.5 million served after Sept. 11, 2001, according to the Census Bureau. While the country makes sure to honor its veterans once a

year – thousands attended the Veterans Day parade in Philadelphia last week – the rest of the time many veterans are left to struggle.

The problems many veterans confront range from addiction, unemployment, and homelessness to suicide and post-traumatic stress disorder, which has spiked in the last decade. The 28-year-old man who shot and killed 12 people in a California bar last week was a Marine veteran who had several interactions with law enforcement officials in recent years, including a disturbance in April that prompted a mental-health specialist to talk to him.

Meanwhile, Veterans Administration hospitals have been plagued with long delays for veterans seeking medical and mental-health care. A 2014 audit found more than 57,000 veterans waiting more than 90 days for an appointment and an additional 63,869 who requested medical care but were not added to a VA waiting list.

President Trump made support for veterans a priority, but so far the results are mixed. He created a hotline for veterans to ensure complaints do not fall through the cracks and signed off on a plan to overhaul electronic medical records. The upgrades came with a cost: Trump recently signed the largest budget ever for the Department of Veterans Affairs.

Other promises Trump made to veterans have fallen short. Despite the increased attention of problems plaguing the VA, many veterans still face months-long delays just to see a doctor, according to a recent Government Accountability Office report.

The agency has also been hobbled by unsteady leadership. Trump's first two choices to head the agency flamed out and acting Secretary Peter O'Rourke came under fire for playing politics before current Secretary Robert Wilkie was confirmed in July.

Then came reports in August that the Trump administration aimed to roll back enforcement of the Military Lending Act, which was designed to protect active-duty service members and veterans from getting cheated by predatory lending practices. A Department of Defense study found military members were four times as likely to be targeted by shady lenders.

The current troubles at the VA are not new. Only the names and scandals seem to change. But the inefficiency and incompetence seem to remain. Yes, the VA is a complex bureaucracy. But the stakes are high. Veterans have already put their lives on the line; why are we making them do it again and again with a VA that is substandard?

Veterans deserve much more than this.

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2.5 - WOAI (NBC-4): [CBS12 News Investigates: Allegations of neglect at VA](#) (10 November, Andrea Marvin, 631k uvm; San Antonio, TX)

WEST PALM BEACH, Fla. (CBS12) — A source, who did not want to be identified, from inside the West Palm Beach V.A. Medical Center gave us photos and video clips of medical equipment and patient rooms left filthy and what he said is biohazard material not disposed of properly.

He also spoke with patients who talked with him about how they were treated.

"I feel bad, I feel terrible," the source said. "I don't like seeing a veteran being left alone with no care."

He showed us what he called issues with cross contamination, filth, and neglect.

That same type of neglect was found during a privately contracted inspection from Long Term Care Institute in March.

CBS12 News Investigates obtained those documents which shows inspectors cited staff at the West Palm VA for letting residents sit for hours in soiled sheets, a bloodied boot, and with bedsores.

The report reads in part:

Staff failed to medicate a resident who appeared to be writhing in pain during wound treatment and dressing changes... And inspectors found another resident crying out in pain. CBS12 News Investigates contacted the VA for comment.

They agreed to show us the areas in the photos regarding cross contamination, but when we asked about the complaints from veterans, they declined to interview.

However, they did send us statements via email.

FULL STATEMENT

The West Palm Beach VA Medical Center is committed to providing our Veterans with the highest quality health care and services in a clean and safe environment. We are also committed to continuous improvement and include Veterans and their families in our decision-making processes. When we learn that we may have fallen short of our patients expectations, we take those concerns seriously and determine how we can improve.

One of the actions we take to ensure we maintain a safe and healing environment includes conducting joint clinical and environmental management staff walking rounds. For the safety of our patients we adhere to established policies to include those that address hand hygiene and biohazard waste disposal that staff members are mandated to follow.

We have an active Patient and Family Advisory Committee, chaired by a Veteran, that helps us make ethical and responsible decisions on behalf of our patients. We also have a Community Living Center's Resident Council that provides feedback to our leadership team on how we can help Veterans who reside in our facility feel at home, safe and cared for with dignity. Based on their feedback, we recently began offering room service to our inpatients so they have fresh, cooked to order food of their choosing. The medical center has, and always will, take every measure possible to enhance the Veteran experience and provide a safe healing environment. If at any time a Veteran or their families are concerned about their health care experience or safety, we encourage them to contact our Patient Advocate Team at 561-422-8600.

RESPONSE TO SOURCE'S PHOTOS AND VIDEO

The person who filmed this video appears to be engaging in repeated violations of VA policies and procedures with respect to both cleanliness and patient confidentiality.

These unacceptable actions are consistent with those of a former West Palm Beach VA Medical Center employee who recently resigned after being confronted about repeatedly filming work areas he was assigned to clean instead of actually cleaning them.

At the West Palm Beach VAMC, we maintain the highest standards of cleanliness and patient confidentiality. When employees fail to uphold to these standards, they are disciplined appropriately.

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2.6 - KTVI (FOX-2, Video): [Servicemen with ALS share bond thanks to VA Clinic caregivers](#) (9 November, Bonita Cornute, 460k uvm; Saint Louis, MO)

They served their country and now they are living with ALS. We met two servicemen who have a special bond thanks to their caregivers.

Two veterans: one Army, one Air Force; and both are living with ALS, also known as Lou Gehrig's disease. Ken Danridge and Sean Nolan bonded while receiving care at the VA St. Louis ALS Clinic at John Cochran Hospital. Ken's wife, Amy, appreciates the clinic's team of caring professionals.

"They offer amazing support. Anything we need, they're just a phone call away. From the simplest things to the wheelchair, to the computer that will help him talk," Amy Danridge said.

As the disease progresses, the communication device is essential because patients lose the ability to speak.

Sean Nolan actually teaches others how to use their eyes to spell the words on the computer.

Both men describe what they find most challenging living with ALS.

"The help that is required by me," Sean said. "And that it changes week by week."

"I was very active," Ken said. "But now my arms don't work like they used to."

ALS is a progressive neurodegenerative disease leading to total paralysis. It is fatal within a few years of diagnosis. Veterans are twice as likely to develop ALS as the general population. Anndee Glick, MSN and RN, is the Clinical Coordinator for the VA's ALS clinic.

"We don't know exactly why the disease touches veterans the way it does. Veterans from different areas of service are impacted, from Vietnam to the Korean War to the Gulf War," Glick said.

When vets come to the VA Hospital, they are treated by a team of professionals which include speech and occupational therapists, dieticians, neurologists, social workers, and psychologists. Patients see many of the caregivers in one day. Multiple trips to the hospital can be stressful.

The entire family is affected, according to Sean's wife, Nicole Nolen.

"We were diagnosed. It's not him, it is we. The whole family is diagnosed. It changes lives," she said.

Nicole's daughter, Jaylynn Meyer, finds herself emotionally connected to her step-father.

"It's hard sometimes at home. I do struggle with depression and anxiety," she said. "So, not only is he going through his thing, I'm also kind of going through it with him."

If you want to help support ALS research and services, you don't want to miss the annual Ice Bucket Bash. It's Friday, November 16 at Four Seasons.

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2.7 - Citizen-Times (Video): [Brothers Like These: Veterans fight PTSD with prose](#) (10 November, Angela Wilhelm, 128k uvm; Asheville, NC)

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder.

The men waded through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

A brotherhood has formed among the veterans turned writers, who joke they were drafted into the Brothers Like These writing program by Dr. Bruce Kelly, a primary care physician who heard many speak of the lasting torments of that war.

"We have a collective obligation to their recovery and healing," said Kelly, "They deserve the opportunity to have their voices heard and finally see themselves as the hero of their own stories."

In a collection of videos by the Citizen Times, members of the Brothers Like These writing group share their journey and their powerful writing.

Described as shy, David Robinson would ask his teacher to give him a "zero" rather than read in front of the class. After high school, he was drafted into the Vietnam War and served in the United States Army Americal Division, from 1970-1971. His piece, "Across the Sea" inspired the title of the Brothers Like These writing group.

Michael Ireland was born into a military family in Hobbs, New Mexico. Thirty-three years after serving in Vietnam, he was diagnosed with PTSD. In the Brothers Like These Writing group, Ireland wrote a letter to the first of his 12 grandchildren.

Robert West, a veteran of the Vietnam War, served in the United States Army, in the 25th Infantry Division from 1968-1969. West spent 19 months in Vietnam. "People ask you what it was like," said West, "unless you were there, there's no comparison."

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2.8 - KBZK (CBS-7, Video): [Officials and service agencies announce plans for expanded support for veterans](#) (10 November, Jonathon Ambarian, 21k uvm; Bozeman, MT)

A partnership of local leaders and service agencies announced plans Friday to provide better support for veterans, service members and their families.

Helena Mayor Wilmot Collins and Billings Mayor Bill Cole have been taking part in the nationwide Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. As part of that effort, Mayor's Challenge teams in both cities, the United Way and the Montana VA Health Care System are working on improvements to the Montana 211 program.

211 is a phone number set aside nationwide as a way to connect people in need with available resources. In Montana, five nonprofit organizations operate 211 centers, which maintain databases of those resources. They also share a single website, montana211.org, that collects the information online.

The VA awarded the United Way of Yellowstone County a 12-month, \$220,000 contract to upgrade the 211 program in the state to meet veterans' needs. That includes expanding 211 phone service to Billings and southeastern Montana, where it currently isn't available. The databases will be updated to make sure their information is complete and accurate. Call center workers will also be trained to be "military-friendly," so they can better understand how to communicate with and understand those who have served and their families.

Juliana Hallows, Montana VA's suicide prevention coordinator, said it's important to make sure support is available well before someone is actually in crisis. She said simply connecting returning veterans with others who understand their experiences can make a great deal of difference.

"We've got to make our veterans and our service members know that Montana's home, they're part of a community, we care for them and we want to connect with them," she said. "211's going to help us do that."

Collins has strong ties to the military. He served in the U.S. Navy Reserve for years, his wife is currently an Army reservist, and his daughter is on active duty in the Navy. He said he understands the challenges service life can bring.

"I saw firsthand what it's like," he said. "I'm not going to say my family is immune from that. So it's important to me that we keep this going and make sure we get all our veterans, all our service members involved in this process."

Leaders say the contract will also pay for developing a sustainability plan, to ensure the 211 program is stable for years to come. It will also include outreach, so more people are aware of what the program can provide.

"We're happy that other stakeholders got involved and we've come to this point where we can say that, 'Hey, we've got results,'" said Collins.

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2.9 - WALB (ABC/NBC-10): [Community comes together to donate van to Valdosta VA clinic](#) (9 November, Ri'Shawn Bassette, 83k uvm; Albany, GA)

VALDOSTA, GA (WALB) - One South Georgia organization raised about \$38,000 to donate a van to the Veteran Affairs clinic in Valdosta.

On Thursday, the community held a gathering to present the van to the clinic.

"For the past five years I've been driving down. The van's getting more and more miles on it and starting to be in somewhat disrepair. We had a few breakdowns, so we were kind of led to reach out to the community to see if we can get donations made in an effort to buy a new van," said Tim Coombs, the co-chair of the Community Veterans Engagement Board.

The organization came together with community to help raise money for a 12-passenger van for the VA clinic.

"It came together, we thought kind of slow, but they told us it was pretty fast to raise this much money to get a beautiful van like that," said Coombs.

The van is used to transport veterans from the VA clinic in Valdosta to the VA hospital in Lake Park.

"Appointments are great but if they can't physically get there, people say, 'Why do you go there?' Well that's just where these guys are assigned to go. That's their hospital," said Coombs.

With the help of many groups and people from the community, they were able to raise \$38,000 for the new van.

"We reached out to the community here in Valdosta and acquired the rest of the donations. Hahira, Tifton, Moultrie and were able to purchase a brand new van through Robert Hutson Ford," said Coombs.

Coombs jokes that it took everyone in South Georgia to get this done and the veterans said they appreciate it.

"I've known the community to be very concerned but this was beyond my wildest dreams to see how they came together in such a short time to give us the transportation we needed," said veteran Wilmon Stanley.

Having used a bus for the past 20 years, Stanley said he's going to continue to put the bus to good use.

"And I'm not too far from having an appointment in Gainesville coming up shortly and I will be on that bus," said Stanley.

And those veterans make it worth it all.

"We need to give back. I felt like I needed to give back all I could. They gave so much for our country. A lot of people may not appreciate that, but you know coming up on Veterans Day, it's really important and I feel really good after doing this," said Coombs.

Coombs shared that their efforts don't stop there. The VA clinic in Waycross has reached out and may be looking to follow suit in trying to raise money to get its clinic a new van.

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2.10 - The Fayetteville Observer: [Strengthening the nation's commitment to veterans](#) (10 November, Sen. Thom Tillis (R-N.C.), 73k uvm; Fayetteville, NC)

On Veterans Day, we not only honor the brave Americans who served our nation but also rededicate ourselves to fulfilling the promise made to every man and woman in uniform that our nation will be there for them once their uniformed service has concluded and they return to civilian life.

Unfortunately, as we know all too well, the VA has often struggled to uphold this promise. The good news is that thanks in part to Congressional action over the last two years, positive incremental progress is underway. My colleagues in Congress and I have made strides by funding the VA at record levels and successfully passing 22 bipartisan bills that aim to strengthen veterans' health care, benefits and services.

For too long, many veterans have been unable to see a doctor and receive care because of both bureaucratic and geographic hurdles. To address this problem, Congress recently passed the VA MISSION Act, which dramatically improves the way the VA delivers health care and provides veterans with more choices to receive care when and where it makes sense for them. The law allows veterans to receive health care services provided by private hospitals and doctors, and it also removes barriers for VA health care professionals to practice telemedicine.

Also recently signed into law was a bill that I introduced called the VA Senior Executive Accountability Act, bipartisan legislation that closes a loophole within the VA bureaucracy that allowed underperforming senior VA executives to be reassigned within the VA instead of being demoted or fired. My legislation imposes some much-needed accountability at the VA by requiring any transfers to be personally approved by the VA Secretary, ensuring that we hold the VA's leadership to the highest standard.

In addition to the work done by Congress, the VA is also under the new leadership of Secretary Robert Wilkie, who is a native of Fayetteville and spent his early life living on Fort Bragg, where his father was stationed.

Secretary Wilkie also happens to be my former senior advisor in my Senate office, where he advised me on all policies relating to veterans and the military. As a North Carolina native and the son of a gravely wounded Vietnam War veteran, Secretary Wilkie understands the inherent problems at the VA. Indeed, he has already hit the ground running, working diligently to improve both the culture at the VA and the customer service experience for veterans.

I have full confidence in Secretary Wilkie, and look forward to continue working with him and my colleagues on the Senate Veterans' Affairs Committee — Democrats and Republicans alike — to continue the momentum.

While progress is being made, we all know that the VA continues to face daunting challenges, which often means veterans are not receiving the care they need and deserve. That is why one

of my top priorities is delivering constituent services to veterans. Over the last four years, my staff has helped thousands of veterans who have contacted our office, helping veterans with everything from receiving timely appointments to resolving issues with benefits, and much more.

If you are a veteran or know a veteran who is having trouble dealing with the VA, please do not hesitate to contact my office by calling 919-856-4630 or visiting my website at tillis.senate.gov. Members of my staff are committed to advocating on behalf of North Carolina veterans and getting them results.

America is made great by the brave men and women who were willing to put themselves in harms' way in defense of our nation and its values. One of the small ways you can help repay that tremendous debt of gratitude is by making sure the VA and our representatives in Congress are doing everything they can to uphold the promises America made to our veterans.

Thom Tillis, a Republican, is North Carolina's junior senator in Washington.

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2.11 - The Fayetteville Observer: [Our View: Veterans Day reminders of the elusiveness of peace](#) (10 November, 73k uvm; Fayetteville, NC)

One hundred years ago today, the battlegrounds of Europe fell quiet as an armistice halted the War To End All Wars. Peace was declared on the 11th hour of the 11th day of the 11th month.

Sadly, peace would endure less than two decades before Europe was at war again, followed in short order by war in broad swaths of Asia as well. The war that ended in 1918 didn't end all wars, but rather set the stage for future conflict. Nor did World War II deliver enduring peace. We followed it with the Korean War, the Vietnam War, the first and second Gulf Wars and Afghanistan, the longest-lasting war in our history. We still have thousands of troops serving in the Middle East and Afghanistan, even as we embark on what look a lot like new cold wars with Russia and China and confront a nuclear-armed North Korea. Our soldiers, sailors, airmen, Marines and Coast Guardsmen are as important today as they've ever been.

But while war and the need for military service have endured, the annual observance of the peace declaration did as well, first as Armistice Day and later rechristened as Veterans Day, a holiday to honor all who have donned a uniform to serve their country, in war and in peacetime.

It's a special holiday, for those who have served, for their families and for the rest of us who feel deep gratitude and a palpable debt to those who have put their lives on the line to defend our country. And nowhere is it more special than here in the communities surrounding Fort Bragg, the nation's largest (by population) military installation. As Veterans Affairs Secretary Robert Wilkie points out, this region also has the fastest-growing veterans population in the country.

Because of that — and because the Fayetteville area has a deep commitment to its veterans — Veterans Day is a multiple-day celebration here, with events of the annual Heroes Homecoming beginning on Friday and ending on Monday.

Wilkie, a Fayetteville native who saw his artillery officer father through severe Vietnam combat injuries, has taken the VA's helm at a difficult time for veterans and for the federal agency that serves them — the second-largest federal bureaucracy. He has vowed to streamline the

bureaucracy, further reduce waiting times and make the VA more responsive to the nation's veterans and their needs. He's under no small pressure from Congress to succeed.

Although there have been more than a few bumpy patches, the VA has indeed been a story of improvement over the past decade, and especially in the past four or five years. It hasn't solved all its own problems yet, but the progress is heartening, especially as we see it here in Fayetteville and in satellite clinics across this region. We're pleased too with the VA's cooperation with the military bases around it, especially with the partnership it's developed with Womack Army Medical Center on Fort Bragg.

Today, as we mark the 100th anniversary of the World War I armistice and salute the thousands of veterans who walk among us, we all need to renew a vow. Let us never forget the sacrifices our veterans have made for us and never stop improving the way our society cares for them in return for that service.

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2.12 - WSAW (CBS-7): [Veteran opens up about PTSD, path to healing](#) (10 November, 70k uvm; Wausau, WI)

TOMAH, Wis. (WSAW) -- Dozens of veterans gathered at the Tomah VA Medical Center to share stories at the hospital's annual Veterans Day ceremony.

One vet, David Scarbrough II, found a unique way to battle depression and Post Traumatic Stress Disorder (PTSD).

"If it wasn't for the VA right now, I wouldn't be alive," he said.

He didn't like school much and wanted to make money, and saw the army as a free workout. He quickly realized it was more than what he'd signed up for.

Two years later, Scarbrough deployed to Iraq, where his vehicle was hit by an improvised explosive device (IED).

"Truck flipped over and glass cut me right here, and I cut an artery nerve, muscle. Almost bled to death."

He says he's lucky -- some of his friends were not.

He didn't fully process what had happened until he left the military and began coping with the trauma with alcohol. That quickly escalated to suicide attempts and self-harm.

At the VA, he learned how to channel his emotions better, and he felt his stories could be heard. At one point when he was suicidal again, he turned to poetry to channel the suicidal instincts, rather than harming himself.

"The red, the white, the blue is what keeps me going, ready to fight this fight.
The pain, the blood, the sweat is what I think of when I see my metals and stripes in the light."

Now he's sharing his poetry, hoping it can make an impact on other veterans suffering from the same trauma. He's asking people to donate to the Wounded Warrior project in honor of those who suffered or died in World War I.

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2.13 - The Daily News: [VA honored to serve America's heroes](#) (10 November, Jim Rice, 54k uvm; Iron Mountain, MI)

On Veterans Day and throughout November we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving our nation.

These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending our country. We owe them a debt of gratitude.

Those of us who work at the Oscar G. Johnson VA Medical Center and our community-based VA clinics across the U.P. and northern Wisconsin are honored to serve these American heroes, and we take great pride in the care we provide them.

Our 5-star rating and being ranked second in the nation for patient satisfaction is a testament to the care and compassion provided by our 720 employees and over 400 volunteers, of which 30 and 50 percent respectively are also veterans and know what it means to serve in the military.

While the Oscar G. Johnson VA Medical Center is nationally recognized for its care, we are not resting but rather continually improving and expanding our programs to better serve veterans.

We continue to provide same day services for more urgent primary care and mental health needs. We have expanded our veterans' ability to directly schedule their appointments for nine specialty care clinics without needing a referral from their primary care provider, saving them time receiving the care they really need.

We also expanded the use of our state-of-the-art telehealth technology — now used by 49 of our clinics — to serve our rural veterans, giving them access to care without having to travel to the VA provider's location. Additionally, VA's Video Connect program allows veterans to connect with their provider from the comfort of their home.

Our VA medical center now provides VA's new Whole Health Program, which is designed to empower and equip our veterans to take charge of their health and well-being, and to live their life to the fullest. It is proactive care that takes into account a veteran's desires, community and family support, professional care, and other aspects of his or her health.

Through our Whole Health Program we will help veterans set goals and connect them to VA and community resources to assist them in breaking down barriers and achieve their goals.

As we continue to expand services and programs, our top clinical priority remains Veteran Suicide Prevention. The sad reality is that 20 veterans on average commit suicide each day. Fourteen of those 20 veterans do not receive VA health care, and of the six that do, only three use VA's mental health services and programs.

We are continuing to reach out to veterans, their families, community health providers, and other stakeholders and provide them information on VA and community services to tackle this all-important concern. For more information on how you can help a veteran in need use #BeThere at www.VeteransCrisisLine.net/BeThere.

Veterans Day and National Veterans and Military Families Month is an opportunity to thank veterans in our communities for their service and sacrifice. At the VA, we have that opportunity every day.

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2.14 - Quincy Herald-Whig: [America should hold VA, Congress accountable for improving veterans' health care](#) (9 November, 36k uvm; Quincy, IL)

YEARS after the Veterans Health Administration began reforms after scandals involving deadly delays in health care for veterans, there still are some delays because of shortages of doctors, nurses and support staff.

Let's be clear: This is not the kind of scandal that led to the resignation of VA Director Eric Shinseki in 2014. The VA has made great strides ensuring that diagnostic equipment won't sicken patients. And the agency is making sure veterans' appointments are not delayed by months leading to serious illnesses and deaths. Safeguards also have been instituted to make sure wait times are not falsified.

However, there is a national shortage of medical professionals, and the VA system has been affected.

The Department of Veterans Affairs, which oversees the VHA, recently reported that full staffing for its health care arm would require 335,000 workers. At this time there are nearly 40,000 unfilled positions, creating a national staffing vacancy rate of nearly 12 percent.

VA facilities in Illinois have an 11 percent vacancy rate. In Iowa the rate is 12 percent, and in Missouri it is 15 percent. Montana has the nation's highest staffing shortage at 21 percent.

Staffing shortages are not new. The VHA lost about 5,900 employees in 2011. During 2015 the exodus hit 7,700 retirements or other departures.

Last year the Government Accountability Office reported that a federal hiring freeze made the VA's hiring problem worse. Doctors were exempt from the freeze, but there were not enough trained workers in the recruitment office to hire the needed physicians.

Other government reports indicate that doctors, nurses and dentists are hard to find because pay at VA facilities is lower than in the private sector.

Fortunately, Congress passed legislation that should help. This year's Mission Act gives Secretary of Veterans Affairs Robert Wilkie the authority to raise pay and forgive student loans to attract more medical professionals.

Even with the staff shortages, things are better than they were in 2014. This year it took one day for the average specialist referral at a VA. Four years ago the average referral took 19 days.

Staff shortages are more than a statistical curiosity. They cause delays in health care for the nation's 9 million veterans.

Congress requires the VA to give periodic updates to make sure the agency does its job. Passing the Mission Act will help provide the tools and funds needed by the VA.

It is good that Congress is holding the Department of Veterans Affairs accountable for improving its health care. Americans also need to hold Congress accountable for doing what's needed to fix the agency.

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2.15 - The Sault News: [VA expanding programs to better serve veterans](#) (10 November, 4k uvm; Sault Sainte Marie, MI)

On Veterans Day and throughout November, we celebrate the service and sacrifice of the 20 million men and women who have taken off their military uniform after faithfully serving the nation. These soldiers, sailors, and airmen were often separated from their families for months at a time and some were wounded and scarred from defending the country.

Those who work at the Oscar G. Johnson VA Medical Center and community-based VA clinics across the UP and northern Wisconsin are honored to serve these American heroes.

While the Oscar G. Johnson VA Medical Center is nationally recognized for its care. Staff members continue to provide same day services for more urgent primary care and mental health needs. The facility has expanded veterans' ability to directly schedule their appointments for nine specialty care clinics without needing a referral from their primary care provider, saving them time receiving the care they really need.

The VA has expanded the use of telehealth technology — now used by 49 clinics — to serve rural veterans, giving them access to care without having to travel to the VA provider's location. Additionally, VA's Video Connect program allows veterans to connect with their provider from the comfort of their home.

The VA medical center now provides VA's new Whole Health Program, which is designed to empower and equip veterans to take charge of their health and well-being, and to live their life to the fullest. It is proactive care that takes into account a veteran's desires, community and family support, professional care, and other aspects of his or her health.

Through the Whole Health Program, staff members help veterans set goals and connect them to VA and community resources to assist them in breaking down barriers and achieve their goals.

A top clinical priority remains Veteran Suicide Prevention. The sad reality is that 20 veterans, on average, commit suicide each day. Fourteen of those 20 veterans do not receive VA health care, and of the six that do, only three use VA's mental health services and programs. The VA is continuing to reach out to veterans, their families, community health providers, and other

stakeholders and provide them information on VA and community services to tackle this all-important concern. For more information, use #BeThere or visit www.VeteransCrisisLine.net/BeThere.

Veterans Day and National Veterans and Military Families Month is an opportunity to thank veterans in the communities for their service and sacrifice.

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3. Business Transformation

3.1 - McAlester News-Capital: [VA clinic opening at MRHC location](#) (10 November, Adrian O'Hanlon III, 6k uvm; McAlester, OK)

A local veterans clinic will open at a new location next week.

Nita McClellan, the Eastern Oklahoma Veterans Affairs Health Care System's chief of public affairs and voluntary services, said the VA clinic in Hartshorne is now closed and the new location in McAlester will open on Tuesday.

The McAlester VA Outpatient Clinic will open Tuesday at 2 E. Clark Bass Blvd. in the McAlester Regional Health Center, which is leasing space for the clinic.

McClellan said the organization is excited to work with MRHC and veterans were recently notified about the move.

"Veterans were sent letters letting them know the clinic was moving and they will now receive their care in McAlester, which is approximately 15 miles from the Hartshorne clinic," McClellan said.

"The hospital is happy and excited to host the VA clinic," said MRHC Director of Marketing Chris Plunkett.

McClellan said the organization's lease at the Hartshorne location was set to end Dec. 31 and the organization was interested in a larger space.

The facility in Hartshorne had 4,089 usable square feet, while the new McAlester clinic has 7,143 square feet, McClellan said.

Approximately 2,200 veterans were being served at the Hartshorne location and McClellan said plans are in place to add a primary care team to treat 1,200 additional veterans.

McClellan said the additional space at the McAlester location will allow the clinic to provide behavioral health services. Behavioral health services will be on the third floor, while primary care will be on the second floor.

She added that employees at the Hartshorne location will now be working at the McAlester location.

Enrolled veterans can schedule an appointment at the McAlester VA Outpatient Clinic by calling 1-888-397-8387. Veterans not enrolled for VA health care and seeking care at the McAlester clinic can contact the eligibility office at 1-888-397-8387, ext. 1535.

The clinic reports to Chief of Staff Dr. Michael Prior, who reports to Mr. Mark Morgan as the Director of the EOVAHCS.

EOVAHCS includes the McAlester VA Clinic, community-based outpatient clinics in Tulsa, Vinita and Idabel, and the Jack C. Montgomery VA Medical Center in Muskogee.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Marietta Daily Journal: [Editorial: Veterans have earned 'our undying gratitude'](#) (9 November, 82k uvm; Marietta, GA)

The U.S. Department of Veterans Affairs calculates the number of U.S. military service members who served during wartime at 41.9 million. The department breaks that number down by:

- American Revolution: 217,000
- War of 1812: 286,730
- Indian Wars: 106,000
- Mexican War: 78,718
- Civil War: Union, 2.2 million; Confederate, 1.05 million
- Spanish-American War: 306,760
- World War I: 4.7 million
- World War II: 16.1 million
- Korean War: 5.7 million
- Vietnam War: 8.7 million
- Desert Shield/Desert Storm: 2.3 million
- The Global War on Terror: ongoing

Sunday, responsible citizens will give a special thanks to veterans for signing up to protect our liberty and security. For Sunday is Veterans Day, a holiday President Eisenhower designated in 1954 as Nov. 11.

Prior to Eisenhower's designation, the day was observed as Armistice Day in recognition of the end of World War I at 11 a.m. on November 11, 1918 — the 11th hour of the 11th day of the 11th month.

One Georgian who deserves special recognition for the work he's done to improve the lives of veterans is U.S. Sen. Johnny Isakson, R-Georgia.

Isakson has been a member of the Senate Committee on Veterans' Affairs since he joined the Senate in 2005. While many consider the committee a second-tier assignment, Isakson asked to serve on it, "because I wanted to feel like I was paying my debt back to our veterans," despite being a veteran himself.

In 2014, Sen. Bernie Sanders was chairman of the committee and Eric Shinseki was the secretary of the Department of Veterans Affairs. The VA came under a cloud with the reports of veterans dying while awaiting care at the VA medical facilities in Phoenix, Arizona, that year. The next year, in 2015, Isakson became chairman of the committee. He made a commitment that during his chairmanship, the committee would do everything possible to ensure the necessary laws and leadership were in place so that veterans had access to the benefits and services they are owed.

“And I’m proud to say that we’ve passed 22 changes in the law for veterans, we’ve confirmed 14 new positions in the VA, we’ve got a new secretary who is terrific and a military man himself and a career Department of Defense guy,” Isakson said. “We’ve done everything we needed to do to give them the tools to correct the problems ahead and to make the VA work for the veteran and work for the country.”

Now that the needed laws and people are in place, Georgia’s senior senator expects results, vowing to hold the VA accountable so that it works for the veterans rather than against them. Isakson gives the VA a B grade now, on its way to a B plus.

In June, President Donald Trump signed into law Isakson’s VA MISSION Act, landmark legislation to improve the way the VA delivers health care by streamlining the department’s community care programs to remove obstacles to care in the community and ensure veterans receive efficient, timely and quality care.

Last year, after passage by the Senate, the president signed into law the Department of Veterans Affairs Accountability and Whistleblower Protection Act to improve accountability at the VA and discipline employees found guilty of misconduct to ensure veterans’ care was not affected by bad actors at the department.

To help service members transition to civilian life and ensure they have education benefits that meet their needs, another bill signed into law last year was the Veterans Educational Assistance Act to make lasting reforms to the post-9/11 G.I. Bill, including removing an arbitrary 15-year expiration of the benefit.

With the passage of the Veterans Appeals Improvement and Modernization Act of 2017, Isakson said in a recent floor speech that “we’re cutting down the average wait time because you shouldn’t have to wait to have a benefit paid.”

The legislation modernizes the woefully outdated benefits claims appeals process at the VA.

Looking ahead, Isakson is also excited about the committee’s oversight of the ongoing integration of health records between the VA and the Department of Defense by health information technology company Cerner.

“I am proud of what the Senate has done, and I am proud of our military and our country,” Isakson said. “We’ve done a lot of other things to help our veterans and to help our country. I commit that we will continue to do so. May God bless the United States of America.”

Isakson deserves applause for his leadership in reforming the VA so that our veterans are treated with the respect they deserve. For these are the men and women who signed up to

make sure our nation remains a free one, and it is a debt, as President Truman observed, that “can never be repaid. They have earned our undying gratitude.”

On this Veterans Day, to quote another president, Abraham Lincoln, “Honor to the soldier and sailor everywhere, who bravely bears his country’s cause. Honor, also, to the citizen who cares for his brother in the field and serves, as best he can, the same cause.”

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5. Suicide Prevention

5.1 - KFBB (ABC-5): [Hotline Helps Struggling Veterans](#) (10 November, Bliss Zechman, 9 uvm; Black Eagle, MT)

It's a statistic many Montanans are all too familiar with, our state has the highest rate of suicide in the nation. However, thanks to a new program, those struggling in our communities now have easier access to help.

Montanans in the western part of our state will now be able to access the 211 hotline. The program is a support call line made for veterans, but everyone in the community will be able to utilize the services.

The new number is not a crisis line, but rather helps people who are struggling feel better before any suicidal thoughts kick in.

211 is available thanks efforts of Helena Mayor Wilmot Collins, Billing's Mayor Bill Cole and several other organizations.

“We need to prevent this at any cost. That’s the idea. We’re trying to prevent this from happening to our community,” said Collins.

Collins knows firsthand how critical stability support is for our veterans. He started his military career in the Army and retired in the Naval Forces.

According to Montana VA officials, last year nearly 70 veterans died by suicide in Montana alone. So far in 2018, 56 vets have taken their own life. However this hotline does more than help prevent suicide, it also helps veterans transitioning back into civilian lifestyles find basic resources.

“We want to make that transition easy so that when people are coming home after their service, they can call that number and say hey where can I go for a dentist. they have those resources readily available,” said Juliana Hallows, Montana’s VA Suicide Prevention Coordinator.

Mayor Collins just recently found out he helped secure VA funding for the program. They are working on hiring qualified staff to fill the call centers.

Services will be available at the end of January.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Tallahassee Democrat: [At night, the lighted flag at Tallahassee National Cemetery inspires calm](#) (9 November, Gordon Lightfoot, 201k uvm; Tallahassee, FL)

If you drove about two miles east on Highway 27 (Apalachee Parkway) from Capital Circle and looked to your left, you would see a Dollar General Store.

On the right side of the road, if it was late at night, you would see what Barbara, a member of our Chaires United Methodist Church sees as a sight that is inspirational.

It is a well-lighted 40-plus foot flagpole with an American Flag flying over the Tallahassee National Cemetery. A flagpole that sits on the highest point of our cemetery of over 250 acres of rolling hills and majestic oaks. Barbara revealed this to me a couple of months ago and it took me all this time to go by, late at night, and see for myself.

As most of you know, Tallahassee opened the state's 9th National Cemetery almost three years ago. This cemetery along with our new VA Clinic, recently renamed the Ernest "Boots" Thomas Clinic, are two of the VA's most cherished veteran achievements in the Tallahassee area. As of this month we now have over 1,000 veterans interred at this cemetery, which has a capacity for 87,000 veterans.

I asked Barbara what she meant by inspirational, before I went to see for myself, and she just smiled and said it just is. I guess I didn't really understand until I finally went and did see it for myself.

I have spent a lot of time at the cemetery in my capacity as a member of the Support Committee for the Cemetery and I have watched the building of the cemetery from being housed in trailers to the finished products of modern, state-of-the-art administration buildings, honor guard shacks, memorial walkways to even the columbariums (above ground vaults).

We have a Director of the Cemetery, Raymond Miller, and his crew that keep the cemetery grounds in immaculate condition. Miller's work is supported by a beautification committee that is managed by the Support Committee for the Tallahassee National Cemetery, Inc., a private nonprofit that contributes manpower and other support in keeping these hallowed grounds in the great shape they are in.

What I discovered that night I stopped by (by the way the cemetery is open late) to take a picture or two was a serenity, a calmness, a quietness, a solitude I haven't experienced in a long time.

From the Dollar General parking lot, across highway 27, on the cemetery property, is a drive that takes you practically up to the flagpole. It is on this short drive that I got out and started to take a few pictures. There was a full moon just behind the flagpole that night that truly enhanced the experience.

Even though I am retired, somehow, I am still caught up in the hustle and bustle of life, in my volunteer work with veterans, and especially with our little church at Chaires and of course my

family. But this one stop for just a few minutes brought back home to me what is and should be the definition of inspirational.

Stop, take a breath. Enjoy a few minutes of solitude, of a peaceful moment in a quiet place.

Find and enjoy some serenity of your own choosing.

And for these few moments standing near that flagpole, I thank Barbara for just hinting something inspirational to me.

Gordon Lightfoot is member of Chaires United Methodist Church.

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6.2 - WVIT (NBC-30, Video): [Veterans Honored at Ceremony in West Haven](#) (9 November, Sujata Jain, 185k uvm; New Britain, CT)

The Veterans Affairs Connecticut Healthcare System held a ceremony on Friday for its veterans, two days before the nation commemorates Veterans Day.

United States Army veteran Amado Jimenez attended the simple but meaningful tribute held at the West Haven campus, where Jimenez has worked since 1992.

“The most beautiful thing that I could do is walk these hallways and help my fellow veterans regardless of the branch they served. It doesn’t matter. We’re brothers and sisters.”

Director Gerry Culliton, who comes from a long line of veterans, said it is the least they can do.

“I think our country owes it to them to respect them for even those few minutes on one day a year but really throughout the year,” Culliton said.

“People sacrifice a lot to protect our country and a lot of times when we’re at home we don’t realize what’s going on overseas or what every day is like,” U.S. Army veteran Sheila Mattei said.

Jimenez said the VA has defined much of his life and has been a lifeline for him over of the years. He said his hope is that more veterans will reach out.

“You have facilities here. You have a healthcare system. That is here for you. Please don’t be shy. Walk through those doors. We here to welcome you. We here to take care of you.”

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6.3 - The Lantern: [Gateway Film Center to hold first-ever Columbus Veterans Film Festival](#) (8 November, Michael Lee, 51k uvm; Columbus, OH)

In a series of films and documentaries ranging from U.S. soldiers readjusting to civilian life to the journey of veterans receiving care from Veterans Affairs, the Gateway Film Center is

partnering with the Columbus Veterans Affairs' Veterans Art Initiative to host its first-ever Columbus Veterans Film Festival from Saturday to Sunday.

The Veterans Art Initiative is a group that offers visual arts, theater, dance and music programs — such as the film festival — to veterans and their families for free. The goal is to not only engage them in the arts, but also encourage veterans to come visit the VA for help, Heather Seymour, creative arts coordinator at the Columbus VA, said.

"Nationally, we know that 14 out of the 20 veterans that die per day by suicide [have] not engaged in the VA in the past year," she said.

Scott Vezdos, the film center's director of communications, said the film festival will present four different films — "Thank You For Your Service," "The Veterans Project," "Serve Like a Girl" and "Leave No Trace" — as well as art created by veterans being shown in the film center.

"Thank You For Your Service," starring Miles Teller, tells the story of a group of soldiers returning from Iraq, and their struggles readapting to civilian life. "The Veterans Project," a documentary that shows the journey veterans take from injury to care in the VA, will also show Saturday. Starting Sunday is "Serve Like a Girl," a documentary looking at American women transitioning from active duty to civilian life; and finally, "Leave No Trace," a movie about an Iraq War vet with PTSD living with his daughter in a public park, will close out the film festival.

"We're really excited to be able to be bringing up veterans focused films up to the screen," Vezdos said.

Not only will there be film screenings, but also a live, one-man show Saturday night performed by Kevin McClatchy, associate professor in the Department of Theatre at Ohio State, titled "Scrap Heap."

McClatchy said the show is based on his friend's experiences in various sections in the military, such as special forces, diplomatic security services and the inspector general's bureau in Southern California.

"It's essentially a sort of whiplash tour of his experience of service and then coming back to reintegrate into society," McClatchy said. "It's a piece that resonates with veterans and giving everybody an opportunity to communalize this one person's experience."

Seymour said the idea for the festival came when the Veterans Art Initiative held an art exhibition at the Columbus Metropolitan Library in February. There, she met Alex Davis, director of development at the film center, who pitched her the idea of a veteran-focused film festival as a collaboration between the Columbus VA and the film center.

"I was fresh into this new job as the creative arts coordinator, and I was like 'Oh my god, this sounds amazing,'" Seymour said. "So, I brought it to the leadership and they said 'yeah, try to develop it.'"

Seymour said the VA arts programs do not use tax dollars, but rather donations.

"We have community partners coming in, running workshops, we have people donating from different art councils from all around the state donating materials," she said. "It really is this kind of nice segue between community and engagement and social activism."

Seymour said she wants not only veterans to attend the film festival, but also civilians, as she hopes it can paint a picture of how people can support veterans and become more inclusive in the community.

"If there's conversations that happen out the door or even a week later that engage some kind of meaningful dialogue between veterans and civilians, that's all we can hope for," Seymour said.

The film festival is free but requires RSVP. Those who wish to attend can register here or via the VA Events Phone Line at 614-388-7787.

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6.4 - Insider Louisville: [Coalition for the Homeless program is connecting homeless veterans to housing, resources](#) (9 November, Michael L. Jones, 38k uvm; Louisville, KY)

Carrie Russell's life fell apart this summer. A heart ailment made it impossible for her to continue working as a truck driver. Unable to work and with little family support, the 57-year old Army veteran was forced to move into a Salvation Army Center for Hope, a transitional living shelter.

But after a call to Veterans Affairs, Russell found out she had more resources than she could imagine. She is spending this Veterans Day in a home in the Newburg neighborhood thanks to RX: Housing Veterans, a program aimed at keeping homeless veterans off the streets of Louisville.

"I am so blessed that God led them to help me because I didn't have nothing," Russell said. "I couldn't get no help because I'd only been at my job for 10 months so that cut me out on the short- and long-term disability, and they wouldn't fire me. If it wasn't for being a veteran, I would not have made it."

Coalition for the Homeless Director Natalie Harris said her agency started Rx: Housing Veterans in 2015 because a large number of veterans were showing up in homeless shelters not knowing how to take advantage of the aid available to them.

RX: Housing Veterans has helped more than 1,000 people, Harris said. This has allowed Louisville to reach Functional Zero when it comes to homeless vets, meaning the city is now housing veterans as quickly as they become homeless.

"At the time we initially did the prescription housing veterans program, we had approximately 25 to 30 new veterans becoming homeless every month. During the first year and a half of the project, we housed 838 veterans, and then we had to continue to keep housing veterans at that rate, 25 to 30 a month, or the numbers would build back up again. Now, the number of new homeless veterans has decreased to about 15 to 19 a month," Harris explained.

Veterans have more resources available to them than the general homeless population, which numbers 6,000 in Louisville, Harris said. Veterans Affairs pays a per diem to homeless shelters to give veterans priority, and the U.S. Department of Housing and Urban Development's

Veterans Affairs Supportive Housing program provides vouchers to help veterans find housing in Southern Indiana, Louisville and the surrounding counties.

Harris said the Louisville Metro Housing Authority also offers additional Section 8 housing vouchers for people with military service who can not get help from Veterans Affairs.

“When we started the program, we realized that there were certain people that you and I would call veterans, but the VA does not consider them veterans. They have military service, but they had other than an honorable discharge, or there is some other factor that makes them not eligible for the VASH program. That’s why the housing authority stepped in,” Harris said.

RX: Housing coordinates services between more than 15 agencies, including Veterans Affairs, Family Health Centers, Volunteers of America Mid-States, Legal Aid Society, The Healing Place, The Salvation Army, St. Vincent de Paul and Wayside Christian Mission.

Because of the program’s success in ending the backlog of homeless veterans, Harris said, her agency’s role in the program has changed. Volunteers of America and Veterans Affairs have taken the lead, and the coalition simply collects the statistics for all the agencies involved.

Harris said she had found there are three main groups of homeless veterans: people returning from service who need assistance because they no longer have connections in the community; people whose military skills do not translate well to the civilian workforce; and people suffering from post-traumatic stress or addiction issues.

The Healing Place Monday is scheduled to announce a new program, funded by two grants from Veterans Affairs, that also aims to provide long-term housing, as well as social and medical help, to veterans who struggle with addiction. The nonprofit has provided services to several thousand veterans during the past five years.

Russell, who served in the Army from 1979 to 1982, is just one of the veterans who needed the safety net RX: Housing Veterans provides. After learning that she couldn’t work, Russell gave notice at her apartment because she wanted to maintain her credit.

She said Veterans Affairs had a space at the Salvation Army waiting for her the day she moved out. It took her four days to get a voucher, and Volunteers of America not only paid her deposit but gave her funds to purchase household equipment.

Now, things are starting to look up for Russell. She has a new pacemaker, and her doctors have cleared her to return to work in a few weeks.

Russell said she will never forget what RX: Housing Veterans did for her. After she gets back on her feet, she intends to volunteer for the program. She also has talked to her new landlord about buying the three-bedroom home she is renting. If she is able to do that, Russell intends to open it up to other homeless veterans.

“All the veterans need to know there is hope and help out there for the ones who want it,” Russell said. “I feel really blessed to have a home and a job to go back to. Now, I want to do whatever I can to help.”

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6.5 - The Grand Island Independent: [Veterans honored with Quilts of Valor](#) (9 November, Robert Pore, 31k uvm; Grand Island, NE)

Sixteen veterans of the U.S. military were honored at a Quilts of Valor program Friday at the Grand Island Veterans Affairs Medical Center.

This is the 10th year for the Quilts of Valor program at the VA Medical Center. From the program's start in 2003, veterans have been given quality-made quilts that were quilted by hand. The Quilts of Valor are awarded to veterans who have been nominated for their "service, sacrifice, and valor" in serving the nation in combat.

Veterans honored Friday were John Bartels, Joshua Bowman, Lindsey Wheeler, Ronnie Graham, William Paysen, Jeremy Hammers, Melvin Reineke, Regina Forbes, Teddy Campagna, John Walker, Bradley Ryun, Kelsie Gombert, Michael Belleci, Timothy Cusatis and Andrew Walker.

They were at the ceremony to receive their quilts. Another veteran received a quilt, but that name was not released.

The quilts were made by members of the Loose Threads Sewing Circle of Superior. The quilters were there at the ceremony to present the veterans with their quilts. They included Sandy Larkey, Dorothy Alexander and Angel Elledge.

Helping to organize the program was Angie Lyon, Outreach Program coordinator for the Department of Veterans Affairs in Grand Island.

Lyon said the members of the sewing circle worked all year to make the quilts for the program.

Veterans receiving quilts Friday were from the Nebraska Army National Guard, U.S. Army, U.S. Navy and the U.S. Marine Corps. They served their country in Vietnam, Iraq and Afghanistan.

Lyon said some are still active members of the military. All of them are enrolled members of the Department of Veterans Affairs and were nominated by a provider at the Grand Island facility.

She said all of the recipients have been deployed. Once they have been deployed, they become involved with the VA's Transition and Care Management Program, though they may still continue to serve in the military.

"This program is to recognize that service and sacrifice because I feel it is important, as a community, to realize what they have done does not go unnoticed," Lyon said.

Veterans Day, which is Sunday, will celebrate the 100th anniversary of Armistice Day, started on Nov. 11, 1918, to observe the end of World War I.

In a proclamation recognizing Veterans Day in Nebraska, Gov. Pete Ricketts said there are 130,000 veterans in Nebraska.

Lyon said each quilt is handmade and the design is chosen by the quilter. During the ceremony Friday, the quilters presented their quilts to the vets and explained how they came up with the designs.

While quilts have a long history going back to ancient Egypt and China, Lyon said these quilts signify that the veterans are “wrapped” in support and comfort by loving quilters and a nation beholden for their service and sacrifice.

“They (quilters) want the quilts to be used,” she said.

Larkey, who is from Grand Island, said she was involved in a quilt guild in Red Cloud when she helped to start the Quilt of Valor program at the Grand Island VA Medical Center. That was in 2008. She said that year, three quilts were awarded to veterans there.

“It has been growing ever since,” she said.

Larkey said the idea behind the Quilts of Valor program is to show appreciation for the service and sacrifice of the veterans.

“There are times when the warmth of a quilt helps them,” she said. “When you are feeling down, depressed, nobody loves me, wrap yourself up in a quilt because somebody does.”

More than 200,000 quilts have been awarded to veterans through the Quilts of Valor program. The mission of the Quilts of Valor Foundation is to cover service members and veterans touched by war with comforting and healing Quilts of Valor.

To learn more about the Quilt of Valor Foundation, visit its website at www.qovf.org.

To learn more about the Grand Island VA Medical Center, visit its website at www.nebraska.va.gov.

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6.6 - WXOW (ABC-19, Video): [Commemorating heroism while celebrating Veterans Day](#)
(10 November, Peter Lenz, 24k uvm; La Crescent, MN)

Tomah, Wis. (WXOW) – The Tomah VA Medical Center regularly provides health care for thousands of veterans, and on Friday they held their annual Veterans Day Observance and Hall of Heroes Induction.

The early Veterans Day celebration provides an understanding of military service. Veterans share insight into their experience and the impact on their lives afterward.

With the Hall of Heroes commemorating outstanding service members for years to come, altogether the event showcases veterans in a variety of ways.

For the Tomah VA, Veterans Day is a chance to celebrate the people they serve. On Friday they induct a new veteran into the Hall of Heroes.

“The Hall of Heroes allows us to give honor to those veterans that have come to the Tomah VA and have a great story to tell,” Victoria Brahm, Tomah VA Medical Center Director, explains.

The project began in 2005, and the requirements mean only the most deserving earn a place in the hall. Nominations are reviewed by a committee. Their accomplishments, heroism and bravery, are investigated and documented.

They honor the late Chief Petty Officer John Soltvedt, a Purple Heart recipient working as a Chaplain at the VA for 25 years after his service in the Navy.

His surviving family accepted the award that immortalizes his courage.

“They were kind of trapped below deck and they had to climb through a ventilation shaft and break the grates, the steel grates to get up onto the deck and then they started the fight,” Jon Soltvedt, son of Hall of Heroes Inductee John Soltvedt, discloses.

Besides the induction, the ceremony invites veterans to share their story. A chance to learn what the holiday means to them.

“I lost some friends in my time in the service, so just try to remember them and don’t forget what they sacrificed for this country,” David Scarbrough II, a four-year Army veteran and speaker at the ceremony, explains.

David Scarbrough spent a majority of his time in the army stationed in Germany, with a 10-month deployment in Iraq. He shared original poetry at the event, an art form he uses as a type of therapy.

“We fought for your future, for the right to be free. For we saw what freedom meant to those not blessed with liberty. So instead of saying thank you for your service, go do something for the wounded to honor those who had the courage,” Scarbrough says in a line from the poem he read.

VA officials say the event would not be complete without veteran’s insight, something they strive to provide to make sure every veteran feels a part of what they call Team Tomah.

“We have veterans in our committees, we have veterans come to our Employee Town Halls and talk about their experiences. This bonds us as a family, and I think that creates the culture of veterans first,” Brahm finishes.

With Hall of Hero inductees based on nominations, the VA recommends nominees have some form of personal award or citation for valor.

A committee meets once a year to select candidates, and the VA always accepts nominations.

For more information dial (608) 372-3971, press zero and ask operators for the Tomah VA Medical Director.

You can also visit the Tomah VA in person and ask about applications at the front desk.

Veterans Day is Sunday, November 11.

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6.7 - Tribune Star: [A place where veterans can find a home: Community helps Heritage Shelter Care in its mission](#) (9 November, Dave Taylor, 24k uvm; Terre Haute, IN)

Most of the 50 or so residents of Heritage Shelter Care in this small Wabash River town are veterans. Many were homeless before ending up here.

Bob Corbin is typical. A native of Paxton, Illinois, about 200 miles to the north, he served stateside with the Air Force in the early 1970s. After his two-year tour of duty, he traveled the country as a construction worker.

But, as he approached the so-called golden years, "I got into drugs about four years ago," the 66-year-old said.

Following a brief stay at the Veterans Administration Hospital in Danville, Illinois, Corbin ended up at Heritage, surrounded by other vets from the Vietnam area through Afghanistan.

"I like it a lot," he said. "You've got your own bedroom, which I share with a roommate. I get my meals here and we go out and do things like out to eat once a month and to a movie once a week."

Movies are in Robinson. Meals out are often for catfish at the Silver Moon in nearby West Union or, for what Rena Smith, the facility's administrator, calls a big treat, at Red Lobster in Terre Haute.

Mark Sanders, 57, originally from Medora, Illinois, made a career of the Army. He served nearly 40 years before also finding himself at the Danville VA Hospital and being placed at Heritage.

Both men say they enjoy living with other veterans.

"Yeah, I sure do," Sanders said. "I like the people here."

Heritage Shelter Care is known far and wide as a place where veterans can find a home – and much more.

"We've actually had some veterans just walk in," Smith said. "They heard about us and made their way here, so we connect them with the VA and help them sign up for a pension or benefits they may not have even known they were entitled to."

Heritage didn't start out catering mostly to veterans. When it was built in 1968, it served mainly retired farm couples, Smith said.

When Smith's father, a veteran, purchased the operation in 1976, the emphasis shifted, she said. Smith took over the operation after her dad died in 1978.

"We try to create a program that allows for healthy activities," she said.

Residents live in cabins separate from the facility's main building.

Whatever each individual's diagnosis, "let's learn to cope with it, have a quality of life and enjoy who we are as a person. We strive to keep them part of the community," she said.

People throughout Crawford and Clark counties – and beyond – help with that goal. Staff from the Robinson Correctional Center bring vegetables from the prison garden and veterans visit inmates who may be fellow veterans, often becoming pen pals.

Members of a Martinsville church make quilts for the men and growing number of women vets at the facility and it is common for widows to offer their late husbands' clothes to Heritage residents.

But a huge influx of donations recently arrived by truck and trailer loads – three pickup trucks and three 16- to 22-foot trailers, to be precise, courtesy of a dozen residents of Toledo, Illinois.

They brought dining tables and chairs from a recently closed Ryan's restaurant in Effingham, a new couch, chairs and recliner, four televisions, six DVD players, 600 DVDs, numerous books, yarn for crafts, an assortment of games – even a guitar for a musically inclined resident who had been borrowing one from a fellow vet.

Carrie Verdeyen, a member of the American Legion auxiliary in Toledo whose family includes veterans, headed up the effort, beginning with the tables and chairs.

"It's important to have a nice place to sit and eat," she said, noting that she recognized the importance of family style eating when she worked at a group home.

A recent job at Ryan's gave her an inside on obtaining the tables and chairs.

John Osborne, Verdeyen's brother, was among those who helped set up the tables.

"I love it," said Osborne, a Gulf War veteran. "There's a need and I always want to help."

Jessie Peters came to help paint the dining room at Heritage.

"I think it's everybody's duty" to help, she said, noting that her brother is a Desert Storm veteran, her dad a Vietnam vet and both grandfathers served in World War II.

"We've been collecting for a month and people have been bringing stuff like you would not believe," she said before listing all the items.

This marked the second year the group has donated items to Heritage Shelter Care.

"We brought down a load last year and saw how much there was a need," Verdeyen said.

The number of homeless veterans decreased by about 5 percent this year after an increase in 2010, the Military Times recently reported.

The Department of Housing and Urban Development estimates about 38,000 vets nationwide are without stable housing on any given night, roughly half the number that were on the streets in 2010.

It's important for homeless veterans to know help is available, said Bob Corbin, when asked what he would say to vets who find themselves on the streets.

“There’s help at the VA,” he said. “Go there, get straightened out ... Then I’d tell them about places like this where they can come and be welcomed and get a lot of good help.”

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6.8 - WACH (FOX-57, Video): [The VA helping homeless veterans in the Midlands](#) (10 November, Bryant Monteilh, 23k uvm; Columbia, SC)

Woody Simon is 66 years old, a U.S. Marine Corps veteran and he’s homeless.

He joined the marines in 1973 and has always been proud to be one of the few.

He says, “I would always watch the Marine Corps commercials and I wanted to be a Marine, so I enlisted what they offered is what I wanted.”

Simon's father is a World War II veteran and his son served in the Army, according for three generations of service. Yet, somewhere along the way, Simon struggled with substance abuse.

He shares, “I went to the VA and I told them about my situation and immediately they got to work. they worked with me, they did not want to see me homeless. being a veteran, shouldn’t be. so they showed me how serious they were about putting me somewhere where I would be safe.”

He shows us his room, “this is our sleeping area. we start out three men to a room and then you graduate to a single room. it might look a little cramped but it’s about graduating. It’s about progressing, it’s about taking steps, taking steps to progress.”

Brian Wingard is the Director of Marketing and Development for Alston Wilkes Society and helps the veterans who live here get back on their feet. They teach them job and life skills over the course of several months.

The VA estimates there are about 150 homeless veterans in the midlands.

Wingard says, “when they’re finished with their service, we have to be able to say, we appreciate what you’ve done, we appreciate the impact you’ve made for our country and we’re not going to forget about you.”

Woody Simon says, “we don’t leave each other behind. We help each other regardless of race, creed, religion or whatever. It’s about looking out for the next Veteran.”

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6.9 - WXXV (FOX-25, Video): [Veterans Day Program At The VA](#) (9 November, Gabby Easterwood, 8k uvm; Gulfport, MS)

What better place to honor our veterans than at the VA?

Veterans from all branches of the military were guests of honor at the Veterans Day Program at the Biloxi VA Medical Center’s recreational hall this morning.

On hand were veterans who served our country during the Vietnam War and even World War II. Members of the St. Martin JROTC presented the colors.

These heroes were also treated to all sorts of goodies from a fish fry put on by the Knights of Columbus. Ed Guardanapo with the Knights of Columbus said, "I'm here to support our veterans and receive the medical benefits that they so richly deserve and that they aren't forgotten, that they aren't forgotten. It's what they deserve."

This is an annual event for the VA and this is the 10th year they have hosted it.

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6.10 - Wellsville Daily Reporter (The Spectrum): [Locals participate in Wreaths Across America](#) (10 November, Kathryn Ross, 5k uvm; Wellsville, NY)

Local groups are sponsoring the annual Wreaths Across America program at the Bath National Cemetery this holiday season.

The 2018 Wreaths Across America Day will be held on Dec. 15, in Bath National Cemetery at the Bath VA Medical Center. This year's theme is "Be Their Witness" and the mission is to "Remember the Fallen, honor those who serve, and teach our children the value of freedom." Placing of the wreaths will begin immediately following the noon ceremony.

Wreaths Across America is a project that was started in Maine in 1992 when the family who owned the Worcester Wreath Company found themselves with a surplus of wreaths nearing the end of the holiday season. They realized they had an opportunity to honor our country's veterans and arrangements were made for the wreaths to be placed at the Washington Arlington National Cemetery in one of the older sections of the cemetery. That first year, a number of other individuals and organizations stepped up to help and provide transportation of the wreaths to Arlington, Va.

In 2005, a photo of the stones at Arlington, adorned with wreaths and covered in snow, circulated around the internet. Suddenly, the project received national attention. Thousands of requests poured in from all over the country from people wanting to help with Arlington, or to emulate the Arlington project at their National and State cemeteries. Thus Wreaths Across America was born, according to the Wreaths Across America website.

In 2014, Wreaths Across America and its national network of more than 2,047 fundraising groups laid over 700,000 memorial wreaths at 1,000 locations in the United States, including ceremonies at the Pearl Harbor Memorial, as well as Bunker Hill, Valley Forge and the sites of the Sept. 11 tragedies.

When Pam Padden of Andover learned about the project, she decided to help, because her husband is a Vietnam veteran, she said. She formed the group called Not Forgotten and works throughout the year on fundraisers to raise money to purchase wreaths for the Wreaths Across America organization.

This is the fourth year that Not Forgotten is raising funds. So far they have held BINGO night, and from 4 to 7 p.m. tonight, Not Forgotten will host a Veterans Day Spaghetti Dinner to benefit

Wreaths Across America at the Wellsville VFW (250 Genesee Street). The dinner is free for veterans, \$8 for adults and \$5 for children under 10.

Last year Not Forgotten placed 878 wreaths at the Bath Cemetery.

If you wish to purchase a wreath to be placed in the National Cemetery in Bath through Not Forgotten go to Padden's website at www.wreathsaacrossamerica.org/ny0092. Individual wreaths are \$15 and tax deductible

Not Forgotten is not the only local organization promoting the Wreaths Across American project. The Catherine Schuyler Chapter of the Daughters of the American Revolution are also supporting the project. Members will not only donate wreaths, but they will also participate in the annual wreath laying project on Dec. 15. For more information about how to purchase a wreath through the DAR contact a member or go to www.wreathsaacrossamerica.org. On the site you may also find other local organizations which are participating in the program.

The cost of purchasing a wreath that will be placed in the Bath Veterans Cemetery is \$15. Orders should be completed by Thanksgiving Day.

According to Tom Doud, Bath WAA Committee Member and Media Representative, this year's goal is 5,000 wreaths to be placed in the cemetery. Wreath sponsorships can be made through the Bath VA at www.WreathsAcrossAmerica-BathNY.org (include the dash). Individual wreaths are \$15 and tax deductible. Other donation levels are also available. Sponsorship deadline is Nov. 29.

The Bath VA Medical Center was established in 1877 as the New York State Soldiers Home. It includes a National Cemetery established in 1873. Burials include Civil War veterans (5 Medal of Honor recipients) and are still taking place. The cemetery is open daily dawn to dusk. The VA Historical Museum features memorabilia from the Civil War to the present.

The public is invited to participate in the Wreaths Across America wreath laying ceremony and can sign up at www.WreathsAcrossAmerica-BathNY.org. Arrival time on Dec. 15 is 11:30 a.m. Buses will be provided to shuttle visitors and participants from the designated parking area to the cemetery. The VA Employees Association will be providing refreshments following the event.

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6.11 - Genesee Country Express: [Bath National Cemetery honors fallen](#) (8 November, Jasmine Willis, 3k uvm; Dansville, NY)

BATH — It is breathtaking to stand on the hill and look out at rows upon rows of soldiers who fought to keep us free.

I was helping out at a church event at the Bath Veteran Affairs Medical Center when I decided to take a stroll up the hill to see the cemetery. I had heard so much about it by so many people.

According to the national cemetery site, "The cemetery was originally a part of the New York State Soldiers and Sailors Home, which was established in 1877; the cemetery was dedicated in Dec. 25, 1879. In 1930, the Soldiers and Sailors Home and cemetery became two integrated

components of the Veterans Administration Medical Center (VAMC). When 82 national cemeteries were transferred from the Department of Army to the Veterans Administration in 1973, the Bath VAMC cemetery became part of the National Cemetery System and was designated appropriately.”

Some other cool facts include, Bath is the final resting place of the “first and oldest” U.S. MIAs (Missing in Action). The 28 soldiers had been interred in a traditional manner, lying east-west with hand crossed; this indicates that they had been buried during a lull in the fighting by fellow soldiers rather than the enemy. Further investigation by the military indicated that the men had fought during the Niagara Campaign with clashes at Chippaw and Lundy’s Lane before they died at Snake Hill, a battery overlooking Fort Erie. The Department of the Army, working with Canadian officials, held a repatriation ceremony at Fort Erie, Canada, on June 30, 1988 and the soldiers were interred with full military honors.

I have shared before that I come from a long line of patriots in my family, and that veterans have a special place in my heart. I am glad I was finally able to make a trip up there, and see how much history rests on the sloping hills.

It seems to be a peaceful place to lay down your arms, take your final rest, and be among your fellow comrades. There is a large monument in the middle of the cemetery that reads, “In memory of the Soldiers and Sailors of the war for the preservation of the union who died in the New York State Soldiers and Sailors Home.”

There is another lovely marker with “The Bivouac of the Dead” by Theodore O’Hara that reads, “The muffled drum’s sad roll has beat, The soldier’s last tattoo; No More on life’s parade shall meet, That brave and fallen few. On Fame’s eternal camping-ground, Their silent tents are spread, And Glory guards, with solemn round, The Bivouac of the Dead.”

Another smaller marker reads, “The markers in this memorial area honor veterans whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated with the ashes scattered.”

It is incredible to see a soldier who perished in the Civil War buried next to one that perished in Vietnam War. it goes to show you that no matter what war was fought all of these brave men and women deserve a place to be honored.

Remember those who made the ultimate sacrifice so that you could be free. Take a trip up to this national treasure and pay your respects to all our fallen warriors this weekend. For more information visit <https://www.cem.va.gov/cems/nchp/bath.asp>

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6.12 - WBOY (NBC-12): [Veterans Day ceremony held at Grafton National Cemetery](#) (10 November, Megan Hudock, Clarksburg, WV)

GRAFTON W.Va - A Veterans Day ceremony was held Saturday morning at the Grafton National Cemetery.

This was held to honor all who served the country.

A wreath laying, and 21 gun salute were a part of the event.

Randy C. Reeves, Under Secretary for Memorial Affairs, was the keynote speaker for the event.

He leads 136 national cemeteries by providing burial services for veterans and eligible family members.

"To me, this is a special, special day. To be in a place like this here in Grafton, that honors and loves its veterans. At a place where men and women come from Taylor County and Grafton. And they step forward when their country needs them," said Reeves.

The Grafton High School band played many patriotic songs for the ceremony.

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7. [Other](#)

7.1 - The Washington Post: [VA secretary says he will continue agency's controversial experiments on dogs](#) (9 November, Karin Brulliard, 30.6M uvm; Washington, DC)

Veterans Affairs Secretary Robert Wilkie defended the agency's ongoing experiments on dogs Friday and said he would continue to "reauthorize" them, eight months after Congress passed legislation limiting tests that are opposed by a bipartisan cast of lawmakers and several veterans' groups.

Speaking at the National Press Club, Wilkie rejected calls to end research that he said led to the invention in the 1960s of the cardiac pacemaker and the discovery in the late 1990s of a treatment for deadly cardiac arrhythmias. These days, he said, some of the testing is focused on spinal cord injuries.

"I love canines," Wilkie said. "But we have an opportunity to change the lives of men and women who have been terribly hurt. And until somebody tells me that that research does not help in that outcome, then I'll continue."

Wilkie's comments drew swift backlash from lawmakers who have criticized the experiments, which occur at three VA locations and are invasive and sometimes fatal to the dogs, as cruel and unnecessary.

President Trump in March signed a spending bill that included language restricting such tests, and legislation has been proposed that would end all canine research at VA.

"Having sustained catastrophic injuries on the battlefield, which included the loss of both my legs, I am acutely aware of the vital role dogs play in helping troops recover from war's physical and psychological tolls," said Rep. Brian Mast (R-Fla.), an Army veteran and co-sponsor of the legislation. "The VA has not executed what we wanted as intent, which is to bring this to an end in its entirety, so we will keep up the pressure."

The restrictions approved by Congress require any canine testing be "directly approved" by the secretary. Last week, USA Today reported that the agency has continued to conduct research

on dogs in Milwaukee, Cleveland and Richmond. In Cleveland, the experiments involve severing dogs' spinal cords and testing their cough reflexes, the newspaper reported.

An animal rights group, the White Coat Waste Project, first drew attention to the testing in early 2017, sparking opposition in Congress and among some veterans' organizations. The VA, with the backing of other veterans' and medical groups, pushed back against the mounting criticism, with then-secretary David Shulkin, a physician, calling the research critical "because of the distinct physical and biological characteristics humans and dogs share that other species do not."

Which VA secretary approved the ongoing testing, however, is a point of contention. Before Trump fired him in March, Shulkin told an interviewer he was "not a strong believer" in the testing, and last week he tweeted that he "remain[s] opposed toward any new dog research." But an agency spokesman said Friday that Shulkin had verbally approved the continuation of the research the day he was fired.

Regardless of who signed off on the research, Wilkie made clear Friday that his support remained firm. He said the agency uses 92 dogs in experiments, adding: "Every day, 2,000 dogs are euthanized in this country."

Justin Goodman, vice president of advocacy and public policy for White Coat Waste, said it was "disconcerting that Secretary Wilkie was brought in to clean up the VA, and yet he is doubling down on a program that has continued to fail veterans, taxpayers and dogs."

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7.2 - The Huffington Post: [VA Secretary Defends Lethal Taxpayer-Funded Experiments On Dogs](#) (9 November, Sara Boboltz, 28.5M uvm; New York, NY)

Robert Wilkie, secretary of the Department of Veterans Affairs, pledged Friday to continue allowing researchers to conduct ultimately lethal experiments on dogs, nearly eight months after Congress passed a measure to hinder the practice.

"I am going to do everything possible to make sure our veterans come first," Wilkie said at a National Press Club event in Washington, D.C.

Included in the massive government spending bill passed in March was a provision barring the department from using dogs in any experiment unless the specific objectives of the study can only be met through canine testing. Even then, the secretary must directly sign off on all canine experimentation.

The department is actively planning medical studies using dogs, USA Today reported earlier this month.

"I love canines," Wilkie said. "I was raised with them. I've seen them in my military life perform miracles. But we have the opportunity to change the lives of men and women who have been terribly hurt."

Wilkie said he would continue to authorize animal testing "until somebody tells me that that research does not help" lead to medical advancements for humans.

Animal welfare groups and wide swaths of the general public oppose canine experimentation on grounds that it is extremely painful for the animals and excessively cruel. Experiments have been conducted on dogs as young as 6 months and involve surgeries to their brains, spines and hearts.

The dogs are killed at the end of the studies.

“The VA has become a canine house of horrors,” said Rep. Vern Buchanan (R-Fla.) in a statement provided to HuffPost. Buchanan, a military vet, was one of nearly 100 members of Congress to co-sponsor the PUPPERS Act, a measure introduced in 2017 that would have banned dog testing.

Rep. Brian Mast (R-Fla.), another co-sponsor and military vet, said his view on the treatment of dogs was shaped by his service.

“Having sustained catastrophic injuries on the battlefield, which included the loss of both my legs, I am acutely aware of the vital role dogs play in helping troops recover from war’s physical and psychological tolls,” Mast said in a statement to HuffPost.

Wilkie defended the research by emphasizing the role of dogs in developments such as liver transplants and the pacemaker. He also compared the number of animals experimented on by the Department of Veterans Affairs — currently 92 dogs — to the substantially higher number euthanized at American animal shelters on a daily basis.

Justin Goodman, vice president of advocacy at the animal welfare watchdog group White Coat Waste Project, called Wilkie’s statements “shameful” and bashed canine research as “a failed and widely-criticized program that wastes public resources desperately needed for veterans’ care and services.”

The story has been updated with statements from Buchanan, Mast and Goodman.

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7.3 - USA Today: [Repay dogs for their military service. Stop the deadly VA canine experiments](#) (10 November, Lois Pope and Robin Ganzert, 26.5M uvm; McLean, VA)

Dogs have a long history of military service, dating back to ancient times. Here in the U.S., canines have been used as scouts and trackers and to guard prisoners and deliver messages on the front lines since the Civil War. More recently in Iraq and Afghanistan, these four-legged heroes have employed their remarkable sense of smell to sniff out improvised explosive devices and weapons caches. In fact, these incredible dogs have given us their best. They have put their own lives on the line to protect and defend us.

So it is at once shocking and inconceivable that the front lines may be safer for dogs than the medical center laboratories of the Veterans Administration. Indeed, the Department of Veterans Affairs — still striving to recover from massive scandals involving its (mis)treatment of human patients — is now becoming embroiled in another controversy, this one involving its (mis)treatment of canines.

News reports published last week in this paper and elsewhere found that the VA is continuing to conduct invasive experiments on dogs as part of its medical research program, experiments that result in the euthanasia of the animals. According to the reports, there are currently nine active experiments at four VA facilities, including in Milwaukee, where researchers are removing parts of the dogs' brains to test neurons that control breathing prior to killing them by lethal injection, and in Cleveland, where doctors are measuring dogs' cough reflexes by placing electrodes on their spinal cords. When done, the cords are severed, killing the dogs.

VA maintains that studies on dogs are necessary

Sadly, the VA is not alone in using dogs in the name of scientific research. Just as other institutions have defended this practice as critical to medical breakthroughs, officials at the VA maintain that their canine experiments are ethically sound and can lead to discoveries that can positively impact veterans suffering from paralysis, heart ailments and breathing problems. They cite prior studies on dogs that resulted in the invention of an implantable cardiac pacemaker and procedures that led to the first successful liver transplant.

But that argument holds less water than what fits into a Yorkie's bowl, because according to the VA's own website, those discoveries date back more than a half-century to the 1960s.

In an act of compassion, the U.S. House of Representatives passed legislation last year to defund the VA's canine experimentation program, but the measure stalled in the Senate. Nevertheless, earlier this year a federal bill was passed that requires the Secretary of Veteran Affairs to first grant approval before any funding can be allocated to this research. And just prior to his dismissal, Dr. David Shulkin, the then VA Secretary, issued a moratorium on any new experiments moving forward without permission and that all ongoing studies had to go through a formal review process by VA research leadership.

But these barriers haven't precluded or impeded the VA from conducting what may be painful and is definitely fatal research on dogs.

Please know that we are not advocating that all research be prohibited, because as one of us (Lois Pope) has learned from producing a new documentary, "Made for Each Other," with award-winning filmmaker Ric Burns, there are enormously important groundbreaking studies being conducted at Duke University, using fMRI technology to determine dogs' cognitive abilities, with the goal of improving the ways they are bred and trained to help humans as service and therapy dogs. Also, because dogs can get the same diseases as humans, scientists at Cornell University are using canine DNA to improve the effectiveness of new immunotherapy treatments for cancer. These are but two examples of dogs being used safely in research that could be beneficial to humans.

American Humane, the country's oldest national humane organization, is supportive of positive prevention studies designed to keep animals and people healthy, and advocating in any work it funds that no animals are harmed, there is no induction of illness or injury, and they are not euthanized.

Dogs serve us in so many other ways

It doesn't take a scientist to know that dogs can and do play an essential role in bettering the lives of all of us, and particularly our military and our veterans. Through our decades of activism and support of animals and disabled veterans alike, we have seen first-hand how dogs provide much needed assistance and therapy for veterans suffering from post-traumatic stress disorder.

They also act as guide and service dogs for veterans who have been blinded or disabled in combat.

Working side-by-side with the men and women of our armed forces while putting their own lives on the line for our country, military dogs take loyalty to a whole new level through such service. By doing so, they have saved countless thousands of lives.

Now it's time that we do something to save their lives and those of all our four-footed friends by immediately stopping and banning all harmful VA research involving dogs. We know we're not barking up the wrong tree in saying that since dogs are our best friends, we can't be treating them like our enemies.

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7.4 - Los Angeles Times: [The role of PTSD in mass shootings: Let's separate myth from reality](#) (10 November, Deborah Netburn, 12.4M uvm; El Segundo, CA)

Just hours after former Marine Ian David Long killed himself and 12 other people at the Borderline Bar and Grill in Thousand Oaks on Wednesday night, observers speculated that post-traumatic stress disorder played a role in the tragedy.

The Ventura County sheriff alluded to it. One of Long's former roommates in Reseda mentioned it. Even the president of the United States said it.

But psychology experts say it is premature to suggest that Long suffered from PTSD — or that it could have prompted him to open fire in a bar packed with young adults.

“Unless someone comes forward and says this man was experiencing PTSD or being treated for PTSD, there is no reason to think he had PTSD,” said Lisa Jaycox, a behavioral scientist and clinical psychologist at the Rand Corp. in Washington, D.C., who studies how people react to violence.

Jaycox's previous work has shown that even among veterans who have seen combat, fewer than 1 in 5 suffer from PTSD. She also said violent behavior is not a common symptom of the disorder.

Jaycox spoke with the Los Angeles Times about myths and facts about PTSD.

Do we know for certain that the Thousand Oaks shooter suffered from post-traumatic stress disorder?

No. We know he did see combat in Afghanistan, but it's a small portion of people who develop post-traumatic stress disorder after an experience like that.

In my own work, when we looked at people who had recently been deployed to Iraq and Afghanistan, about 14% of them suffered from PTSD. It's not the norm.

Whenever a mass shooter has a military background, people are quick to blame it on PTSD. Does that make sense?

No. There are about 20 symptoms associated with the disorder. One of them is anger and irritability, but that is not the predominant picture of post-traumatic stress disorder. Most people who have PTSD are not violent.

What might be more pertinent here is that military personnel who have violent outbursts may be more likely than other people to own a gun privately and to be highly trained with firearms.

What exactly is post-traumatic stress disorder?

I think of it as a very human reaction to a traumatic event, and then an inability to recover.

In the wake of a mass shooting I'm sure everyone who was there will be thinking about it constantly in the days and weeks afterwards — dreaming about it, having difficulty focusing on work or relationships. But if those symptoms persist for more than a month, then that is classified as PTSD.

What are some other symptoms?

They cluster in four areas. Re-experiencing the trauma, so flashbacks, nightmares, recurrent thoughts. Then there is arousal, which includes irritability, difficulty concentrating and difficulty sleeping.

Another set of symptoms have to do with withdrawal and numbing — feeling disconnected from people and emotionally blunted. And finally, avoiding things that might remind you of the trauma — not wanting to talk about it and avoiding certain people and places.

Do most people with PTSD develop it as a result of military service?

No. It's much more common to be exposed to it through community violence, sexual violence or sexual assault.

We've done work in the Los Angeles County school system that shows one-third of kids who have been exposed to community violence suffer from post-traumatic stress syndrome. Most of these kids are flying completely under the radar. It's the 7th-grade girl sitting quietly at her desk or the 8th-grade boy playing basketball. They are not shooting people.

Are people with PTSD more likely to commit mass shootings?

I would say no, but I don't think there is great data on that because these events are so rare. But again, there is not a high likelihood of being violent when you have PTSD.

When we think of PTSD, we mostly think about military men. Why?

Probably because they are more frequently depicted in the media and in movies.

Women are actually more at risk of developing post-traumatic stress disorder than men. Men are exposed to more accidents and injuries, they are more likely to be on the front lines of war, or be mugged at gunpoint. But women are more likely to develop PTSD after an interpersonal trauma. Getting attacked by a coworker is a different thing than a stranger mugging you. That carries the meaning of not knowing who can you trust, whereas being attacked by a stranger is usually a one-off.

This interview has been edited for length and clarity.

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7.5 - Chicago Sun-Times: [How military veterans can protect themselves from scammers who target them](#) (10 November, Alexandria Jacobson, 1.1M uvm; Chicago, IL)

Veterans get a spotlight each November on Veterans Day. But those who've served also draw unwanted attention from scammers and schemers who target vets and active-duty service members.

More than 100,000 service members, dependents, military retirees and veterans filed complaints in 2016 with the Federal Trade Commission complaining about scams. Besides fake-charity scams, they're targeted by fraudsters in a range of schemes that exploit their military service.

"Our veterans deserve respect, praise, honor and security," says Julie Kenney, spokeswoman for U.S. Postal Inspection Service, which enforces laws for the nation's mail system. "They do not deserve to be scammed out of their money, their homes or out of the benefits that they earned."

Scammers use the mail to try to trick veterans into disclosing personal information or sending money. In one type of ruse, imposters pose as officials with the federal Department of Veterans Affairs and contact veterans about VA benefits or money due to them.

To receive the supposed benefit or refund, veterans are instructed to pay a "handling fee" for the check or pay taxes on the benefit.

That pitch alone is a tipoff, experts say.

"No government agency is ever going to call you and actually offer that sort of a thing, and they're never going to pressure you to pay for that kind of a benefit," says Carol Kando-Pineda, counsel for the FTC's Division of Consumer and Business Education. "That's a red flag that people would be able to tell that they're not really getting a call from the VA. They're getting a call from some sort of government imposter."

How to respond to a deal that sounds too good to be true

In another scheme, private loan companies try to gain control of veterans' pensions by offering buyouts packaged as loans. In exchange for a portion or all of a veteran's monthly pension check, the lender pays a lump sum.

Such arrangements are usually a bad deal for the vet. Advocates say veterans should consult with a pension administrator before signing up for a buyout because the money they receive is often worth far less than the value of the pension.

"People think this might be helpful if they're a little short on cash. They need a loan. They need to bolster the funds they have coming in," Kando-Pineda says. "They're sort of trading on money that they need to live. If they're living on their pension, they're sort of giving away their rights to that and getting less back."

Others prey on veterans by offering to obtain government documents, then tacking on hefty fees. Veterans should directly contact government agencies themselves to request official paperwork like DD-214 discharge papers and claims for federal benefits.

“We have veteran service officers throughout the state of Illinois,” says Dave MacDonna, spokesman for the Illinois Department of Veterans’ Affairs. “If a veteran needs any kind of military documents, we highly recommend they contact a veteran service officer and receive information through them. It’s free of charge.”

Other scams that veterans and their families should be way of include job offers exclusively for veterans but requiring an upfront fee or charge for training and equipment.

Other scammers pose as debt collectors, calling vets about supposed overpaid pension funds, or as VA officials who need to confirm personal information.

“Safeguarding personally identifiable information is a veteran’s best defense against being the victim of fraud,” says Susan Carter, spokeswoman for U.S. Department of Veterans Affairs.

That includes keeping personal information away from unknown third parties and frequently changing VA eBenefits passwords.

Besides targeting veterans, some scam artists hit up others with phony charity solicitations that play on people’s emotions surrounding military service.

In March, the Justice Department announced charges against four Indiana residents in an elaborate fraud scheme that included creating the “Wounded Warrior Fund” and “Wounded Warrior Foundation” to piggyback off the well-known charitable organization Wounded Warrior Project. Prosecutors said two of those charged posed as military veterans to trick businesses and individuals throughout the Midwest into donating and that they pocketed \$125,000.

Before donating, do your research. You might start by going to the websites of these organizations:

How vets can protect themselves from scams

Fraud experts offer these tips for vets to avoid being scammed:

Avoid providing personal information via the phone or Internet.

If you need service records or have a benefits question, contact your veterans agency directly.

Don’t accept a lump sum from a lender in exchange for your pension rights.

Report fraud to the Federal Trade Commission by calling (877) FTC-HELP — (877) 382-4357 — toll-free or going online to [FTC.gov](https://www.ftc.gov) and the Department of Veterans Affairs at the toll-free number (844) MyVA311 — (844) 698-2311 — or online at [VA.gov](https://www.va.gov).

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7.6 - Daily Messenger (WHEC/NBC-10): [Canandaigua VA power plant sits idle](#) (10 November, 19k uvm; Canandaigua, NY)

When the Department of Veterans Affairs announced it was building a renewable energy plant at the VA campus in Canandaigua, the plan was that it would save taxpayers a million dollars a year in energy costs.

The Daily Messenger's news partner, News 10NBC says the project is complete but there's a lot more to the story. After spending millions of tax dollars to build the plant, News 10NBC uncovered, the VA now has no plans to use it.

The 10,000-square-foot brick building on the VA campus in Canandaigua was designed and built to save money. But with a price tag between \$15 and \$20 million, this power plant has yet to be used. It sits idle — producing no energy and saving zero dollars.

"I had two trailers here that the contractors were working out of," said Chuck Tomes, who lives next to the VA campus and watched as the plant took years to complete.

"It's a lot of money. It's an incredible amount of money and what they were supposed to save on it with fuel costs, and now they're not doing that. It just seems to be more money that they're wasting," added Tomes.

Here's the background:

The project was funded in 2010 as part of the nation's stimulus plan.

The plant was to produce power by burning wood chips to create steam-powered energy otherwise known as a biomass system. But the project ran into repeated delays as the contractor and the government fought over building designs, which led to litigation.

It has taken eight years — which is about the same length of time it took to dig the Erie Canal.

But now the power plant is essentially complete.

So, why aren't they using it?

A peek into the windows shows the plastic is still on the office chairs. A few minutes later and the VA police showed up.

After days of phone calls and emails, News 10NBC finally got a response.

As it turns out, after spending millions of your tax dollars on this power plant, the VA has no plans to fire it up.

In an emailed statement, a VA spokesperson said, "When construction of the project was initiated in 2010, natural gas prices were much higher than they are now, justifying the plant's design to run on biomass. Since then, natural gas prices have dropped, and we are evaluating the options for using the plant moving forward."

Asked about the empty building, U.S. Rep. Chris Collins said, "It is not economically viable."

Collins got involved in trying to resolve the construction delays five years ago. The frustration was clear in his voice.

"It was a waste and a boondoggle," Collins said. "I think they're now admitting it. They're gonna mothball it. Well, I wouldn't even mothball it. Take it apart. If you can get anything, pennies on the dollar for the equipment there, sell it off and just call it a day."

Tomes wonders how the money — some \$20 million in tax dollars — could have been used to help veterans.

“We have a suicide call line here that I know they’ve had to outsource because they have so many calls to it,” Tomes said. “Could that money have been turned into the suicide hotline, which could have benefited hundreds of thousands of people?”

The VA did not respond to News 10NBC’s requests for specifics about any plans it might be considering for the building, or for an on-camera interview with the director.

Messenger Post Media, along with news partner News 10NBC, will continue to follow this developing story.

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From:

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Cc:

Bcc:

Subject: [EXTERNAL] 9 November Veterans Affairs Media Summary and News Clips

Date: Fri Nov 09 2018 05:20:41 CST

Attachments: 181109_Veterans Affairs Media Summary and News Clips.docx
181109_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

9 November 2018

1. [Top Stories](#)

1.1 - The Washington Post: [VA, skirting court order, kills 'official time' for medical professionals](#) (8 November, Joe Davidson, 30.6M uvm; Washington, DC)

Further poisoning the Trump administration's already noxious relationship with federal labor organizations, the Department of Veterans Affairs has rejected parts of collective-bargaining agreements with four unions. The heading on a memorandum sent to union leaders is blunt: "Notice of Repudiation."

[Hyperlink to Above](#)

1.2 - USA Today (Video): [Don't blame PTSD for Thousand Oaks shooting, say experts](#) (8 November, Donovan Slack, 26.5M uvm; McLean, VA)

Authorities said the Marine Corps veteran accused of gunning down 12 people in California Wednesday had previously exhibited erratic behavior suggestive of post-traumatic stress disorder, but experts say his actions should not be blamed on PTSD... VA spokesman Curt Cashour told USA TODAY on Thursday that Long was "not enrolled in VA health care at any time."

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1.3 - The San Diego Union-Tribune: [Nightclub shooting illustrates reluctance among veterans to seek mental health help](#) (8 November, Paul Sisson, 1.3M uvm; San Diego, CA)

Sonya Noman, a professor of clinical psychiatry at UC San Diego and PTSD researcher at VA San Diego, said there are three different forms of help — trauma-focused therapy, prolonged exposure therapy and eye movement desensitization and reprocessing therapy — that have been shown to be the most effective.

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1.4 - The Orange County Register: [After Thousand Oaks mass shooting, experts warn against linking PTSD with propensity for violence](#) (8 November, Deepa Bherath, 1.1M uvm; Santa Ana, CA)

The Veterans Administration in Washington D.C. said Wednesday that Long was never enrolled in their healthcare system. Only about 25 percent of veterans who have PTSD access care through the VA, said Dr. Michael Hollifield, who heads the PTSD division at the VA in Long Beach, which handles about 50 consultations a month.

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1.5 - The Des Moines Register: [At the VA, bureaucrats — not doctors — hold the scalpel](#) (8 November, Sally C. Pipes, 720k uvm; Des Moines, IA)

Staff at nine Veterans Affairs hospitals recently canceled more than 250,000 orders for diagnostic tests. They thought the orders were duplicative or unnecessary. In many cases, they were mistaken. As a result, veterans went without needed CT scans, ultrasounds, and other potentially lifesaving tests, according to a USA Today investigation.

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1.6 - Military Times (Video): [For today's VA, it's the best of times and the worst of times](#) (8 November, Leo Shane III, 471k uvm; Springfield, VA)

In a White House press conference Wednesday, amid a host of other topics, President Donald Trump stated that because of his leadership “our vets are doing better than they’ve ever done.” Yet his critics contend that over the last eight months, the Department of Veterans Affairs has never been in more disarray, with a confusing series of leadership scandals and management overhauls further diminishing public faith in the institution.

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1.7 - Military Times (Video): [As more female vets head to Congress, there's a new push to change VA's male-focused motto](#) (8 November, Leo Shane III, 471k uvm; Springfield, VA)

After three new female veterans won election in Tuesday's midterms, two female Democratic lawmakers are again pushing the Department of Veterans Affairs to change its motto to “be more inclusive to women.”

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1.8 - WRIC (ABC-8, Video): [Conflicting stories about who approved canine research at the VA](#) (8 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Someone is lying about who approved the continued deadly dog experiments at the Department of Veterans Affairs. Last week, 8News exposed McGuire VA Hospital in Richmond is still buying dogs for the studies despite federal and state legislation to stop it.

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1.9 - Federal News Network: [VA eliminates official time for some 104,000 employees](#) (8 November, Nicole Ogrysko, 100k uvm; Washington, DC)

The Veterans Affairs Department is eliminating official time for some 104,000 employees, the agency announced Thursday. All VA employees under Title 38 will no longer be able to use “taxpayer-funded union time,” as the department put it, starting Nov. 15. The move specifically applies to 104,000 medical professionals, including physicians, dentists, nurses, physician assistants and others.

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1.10 - WKEF (ABC-22): [After Thousand Oaks shooting, VA doctor says rare for PTSD sufferers to be violent](#) (9 November, Rhonda Moore, 8k uvm; Miamisburg, OH)

The Thousand Oaks shooter who killed 12 people was a former Marine who may have been suffering from PTSD or posttraumatic stress disorder.' It is a condition we hear a lot about but that doesn't mean everyone who suffers from it will become violent. In fact, doctors said it is rare. Eight out of every 100 veterans has PTSD. We talked to a doctor at the Veterans Administration who treats veterans with that disorder.

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2. [Improving Customer Service](#)

2.1 - Breitbart (AFP): [PTSD: The signature wound for many veterans](#) (8 November, 4.8M uvm; Los Angeles, CA)

Authorities in Southern California have identified the gunman who killed 12 people in a crowded bar as 28-year-old Ian David Long, a former Marine who may have been suffering from PTSD. Here is a look at Post-Traumatic Stress Disorder and the impact it has on veterans.

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2.2 - Washington Examiner: [VA bans medical employees from all union activities at work](#)

(8 November, Mary Biery, 3.1M uvm; Washington, DC)

The Department of Veterans Affairs announced Thursday it will no longer allow on-staff medical professionals to engage in taxpayer-funded union activities while at work. The VA's policy change prevents more than 100,000 VA employees from taking official time. Of that group, about 430 are doing some work during working hours on union activities, including physicians, dentists, podiatrists, chiropractors, and optometrists.

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2.3 - KNXV (ABC-15, Video): [Mental health in veterans is crisis across Arizona](#) (8

November, Sonu Wasu, 580k uvm; Phoenix, AZ)

Staff at the Phoenix VA healthcare systems said despite the shortage of beds, Arizona and the military had made great strides in addressing mental health care, and opening up a community dialogue of removing the stigma associated with mental health care. The Phoenix VA had a mental healthcare walk-in clinic for veterans who needed help, along with an emergency room that was open 24-7 all year long.

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2.4 - KTVX (ABC-4, Video): [Do veterans get the mental health services they need in Utah?](#)

(8 November, Rosie Nguyen, 143k uvm; Salt Lake City, UT)

"The V.A. continues to have greater capacity for their mental wellness efforts and have made that a priority," said Harter. "It continues to get better and better. More robust services overall." Randy Edwards, who served in the U.S. Army for 40 years and is now the representative for Utah County Veterans Services said he's always had a good experience with the V.A.

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2.5 - KSBW (NBC-8, Video): [Veterans Affairs reports improved mental health care for veterans in Monterey County](#) (8 November, Caitlin Conrad, 134k uvm; Salinas, CA)

3-minute video: VA points to new Marina outpatient center for transformation in mental health care.

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2.6 - Federal Computer Week: [Rising Star: Nicholas Holtz](#) (6 November, 39k uvm; Vienna, VA)

The Department of Veterans Affairs has a reputation for bureaucracy, including backlogs and stacks of paperwork for patients. Nicholas Holtz is working to change that. He used his previous experience at the Board of Veterans' Appeals to modernize the appeals process and reduce a five-year backlog of claims. In just 15 months, he coordinated the design, development and launch of five applications involving several external partners, including Nava.

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2.7 - FedScoop: [VA Digital Service unveils new VA.gov in time for Veterans Day](#) (8

November, Tajha Chappellet-Lanier, 24k uvm; Washington, DC)

Veterans in search of information about benefits now have a brand new homepage — VA.gov. The launch, just in time for Veterans Day, marks a big milestone in the VA's journey to be more customer service-focused. "We are so excited for the new VA.gov," Marcy Jacobs, Executive Director of the VA Digital Service, told FedScoop in an emailed statement.

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2.8 - Lancaster Bee: [Veterans Day event to benefit PTSD clinic](#) (8 November, 1k uvm; Buffalo, NY)

PTSD is caused from experiencing severe trauma or being in a life-threatening event either during war or in a non-combat situation, and for many veterans, it impacts and alters their everyday lives. Relapses are common, according to Billoni Associates. "This member of our group told us about the outstanding care he was receiving at the Jack H. Wisby Jr. PTSD Clinic in the Batavia VA Medical Center," said John F. Harrington, a retired sergeant major.

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2.9 - Winter Texan Times: [VA coordinators help traveling veterans receive services](#) (6 November, 170 uvm; Mission, TX)

The VA Texas Valley Coastal Bend Health System for the U.S. Department of Veterans Affairs provides services for veterans in a 21-county area that stretches from Corpus Christi to Laredo to Brownsville, including the Rio Grande Valley of South Texas.

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2.10 - GovernmentCIO (Video): [Veterans Affairs CTO Explains How it Relaunched VA.gov](#)

(8 November, Michael Hoffman, 300 uvd)

Veterans Affairs relaunched VA.gov Wednesday to make it easier for veterans to access their benefits and health information. The VA teamed up with the U.S. Digital Service to make it happen. Originally scheduled to launch on Veterans Day, the VA relaunched it ahead of schedule.

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3. [Business Transformation](#)**3.1 - Sioux City Journal: [Grand opening for Dakota Dunes VA clinic is Nov. 16](#)** (8

November, Dolly A. Butz, 91k uvm; Sioux City, IA)

A grand opening celebration will be held at the new VA outpatient clinic in Dakota Dunes Nov. 16. The clinic, 380 West Anchor Drive, will serve veterans in seven counties: Woodbury, Plymouth, and Cherokee in Iowa; Dakota and Dixon in Nebraska; and Clay and Union, in South Dakota.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Politico: [Day after: Surveying the aftermath](#) (8 November, Darius Tahir, 8.7M uvm; Arlington, VA)

Takano said he'd be keeping an eye on the Cerner implementation at the VA, as he'd been interviewing potential staffers with tech backgrounds. "It will take some strong, technical expertise to oversee this," he said. He also seems to be skeptical about the parallel implementation at Defense, saying, "My initial impressions of the early rollout [at the military] weren't great."

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4.2 - Becker's Hospital Review: [VA's EHR project is 'yellow trending towards red,' says report obtained by ProPublica](#) (8 November, Jessica Kim Cohen, 296k uvm; Chicago, IL)

The Department of Veterans Affairs' EHR contract with Cerner has been plagued by multiple roadblocks during the past year, including personnel issues and changing expectations, according to a ProPublica investigation.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Sacramento Bee (AP): [First female veteran to join VA Puget Sound "Wall of Heroes"](#) (8 November, 2.3M uvm; Sacramento, CA)

A 98-year-old female US Army Corps veteran has been inducted into the VA Puget Sound Health Care System's Wall of Heroes, making her the first woman to receive the honor for her service. Frances E. Harman was among those honored by Gov. Jay Inslee and Veterans Affairs Department officials Thursday during an annual ceremony at the health care system's Seattle campus.

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6.2 - Courier-Journal: ['It keeps me sober': Arts provide saving grace for Louisville veterans](#) (8 November, Bailey Loosemore, 704k uvm; Louisville, KY)

But its largest client base comes from the Robley Rex VA Medical Center, 800 Zorn Ave., which has asked the Kentucky Center to incorporate art programming into as many of its divisions as possible. "I think it's because this VA, this staff started seeing the value," Hughes said of the program. "It's eight years of growing and nurturing and connecting with veterans."

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6.3 - KCNC (CBS-4, Video): [Veterans Organizations Help Their Own With Homeless Outreach](#) (8 November, Tori Mason, 496k uvm; Denver, CO)

Veterans organizations are working to help some of their own who are living on the streets. The 28th Annual Homeless Veterans Stand Down is a one-stop shop to serve those who served our country. Veterans came to the Colorado Army National Guard Armory Thursday and received clothing, haircuts, food and medical care. They even got help with job placement, legal issues and housing.

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6.4 - WMAQ (NBC-5, Video): [Suburban Residents Speak Out Against Proposed V.A. Cemetery](#) (8 November, Christian Farr, 483k uvm; Chicago, IL)

A controversy is brewing in the suburbs, as neighbors are upset over a Department of Veterans Affairs plan to put a cemetery on vacant land. Residents in South Barrington and Hoffman Estates are worried about increased traffic caused by the cemetery, and say that plans for honor guards to shoot rifles several times a day could cause problems as well.

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6.5 - The Augusta Chronicle (Video): [Veterans get recognition for service at VA Medical Center's Veterans Day Ceremony](#) (8 November, Jozsef Papp, 428k uvm; Augusta, GA)

Command Sgt. Maj. Douglas Howard Jr. stood in front of a room full of veterans Thursday to talk about the importance of recognizing them for their service. Howard, the speaker of ceremony for the Veterans Day event held at Charlie Norwood VA Medical Center, began by making some jokes about the different branches of the military before thanking the veterans in attendance.

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6.6 - KCRG (ABC-9, Video): [Homeless veteran population up by over 14 percent in Iowa](#) (8 November, Chantelle Navarro, 199k uvm; Cedar Rapids, IA)

Lawmakers are looking for solutions to help bring down the number of homeless veterans in the state. A study by the U.S. Department of Housing and Urban Development showed an increase here in the state.

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6.7 - Citizen-Times (Video): [Brothers Like These 1: 'I felt like I was going crazy'](#) (8 November, Angela Wilhelm, 128k uvm; Asheville, NC)

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder. The men waded through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

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6.8 - Daily Herald: [What if a national veterans cemetery, with daily rifle volleys, were in South Barrington?](#) (8 November, Bob Susnjara, 95k uvm; Arlington Heights, IL)

South Barrington would become home to an extension of Abraham Lincoln National Cemetery for military veterans under a federal agency's proposal that's drawn concern from the village's mayor about periodic rifle volleys expected at the site. Under what's called an urban initiative, the U.S. Department of Veterans Affairs wants to acquire 15 acres near Mundhank and Freeman roads for the columbarium cemetery.

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6.9 - WTVW (FOX-7): [Oak Hill Cemetery's Veterans Day service recognized by the US Dept. of Veterans Affairs](#) (8 November, 43k uvm; Henderson, KY)

Oak Hill Cemetery will serve as a Regional Site for the celebration of Veterans Day for a sixth year in a row. The celebration takes place at 1 p.m. on Sunday, November 11. The US

Department of Veterans Affairs selected Oak Hill Cemetery for the distinction, recognizing its annual Veterans Day service.

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6.10 - Times Record: [VA emphasizes women's health training](#) (8 November, John Lovett, 21k uvm; Fort Smith, AR)

With more women serving in the military than ever before, the U.S. Department of Veterans Affairs is putting more effort into training doctors and nurses for gender-specific care at the VA's smaller community based outpatient clinics like the one in Fort Smith.

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6.11 - KOTA (ABC-3): [Hundreds of area veterans poured into the Civic Center for annual stand down](#) (8 November, 21k uvm; Rapid City, SD)

Hundreds of Black Hills area veterans converged on the Civic Center for the 2018 Veteran Stand Down and Resource Fair Thursday. Hosted by Department of Veterans Affairs (VA) Black Hills Health Care System (BHHCS), this stand down connects Veterans, specifically homeless or at risk of being of homeless vets, with important social resources and services.

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6.12 - KVRr: [Fargo VA Puts on Open House, Enrollment Fair for Veterans](#) (8 November, Danielle Church, 14k uvm; Fargo, ND)

Fargo's VA Health Care System is trying to make sure veterans in the community know what community services they can benefit from. They put on a veterans open house and enrollment fair at NDSU so veterans could learn about the different services both the VA and other community, veteran organizations offer.

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6.13 - Mississippi Public Broadcasting (Audio): [First Ever Food Pantry For Veterans Opens In Mississippi](#) (8 November, Ashley Norwood 700 uvm; Jackson, MS)

Barbara Franklin is a veteran. She is going through the pantry, picking up food items and beverages. Franklin lives in Greenville but she says she visits the Sonny Montgomery VA medical center in Jackson for checkups throughout the year. She thinks the pantry is a great idea.

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7. [Other](#)

7.1 - Reuters: [Factbox: 'You're fired!': how Trump has dismissed White House staff](#) (7 November, 43.7M uvm; New York, NY)

White House officials said Trump got tired of negative headlines about Shulkin's travel expenses and infighting within the VA. Shulkin said in an interview with MSNBC that Kelly told him he was fired just before Trump tweeted the news - and that Trump had failed to mention it during a phone conversation only hours earlier.

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7.2 - NPR: [What We Know About The Thousand Oaks Shooting Suspect](#) (8 November, Laurel Wamsley, 15.5M uvm; Washington, DC)

Authorities have identified the suspect who killed 12 people at a country music bar in Thousand Oaks, Calif., as 28-year-old Ian David Long. Long, who apparently killed himself, was a Marine Corps veteran and was known to local law enforcement.

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7.3 - The Wall Street Journal: [Police Probe Motive in Southern California Bar Massacre](#) (8 November, Ian Lovett, Dan Frosch and Zusha Elinson, 13.3M uvm; New York, NY)

Shortly after 11 p.m. Wednesday, a 28-year-old Marine Corps veteran strode up to the front entrance of a country music bar in this Los Angeles suburb that was hosting its weekly college dance party.

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7.4 - The Citizen: [Gillibrand, Rice push for updated VA motto to recognize women veterans](#) (8 November, Robert Harding, 56k uvm; Auburn, NY)

Two New York lawmakers will propose legislation that would alter the Department of Veterans Affairs' mission statement to be more inclusive and recognize women veterans. U.S. Sen. Kirsten Gillibrand and U.S. Rep. Kathleen Rice will introduce a bill next week to change the VA's motto.

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1. Top Stories

1.1 - The Washington Post: VA, skirting court order, kills 'official time' for medical professionals (8 November, Joe Davidson, 30.6M uvm; Washington, DC)

Further poisoning the Trump administration's already noxious relationship with federal labor organizations, the Department of Veterans Affairs has rejected parts of collective-bargaining agreements with four unions.

The heading on a memorandum sent to union leaders is blunt: "Notice of Repudiation."

Repudiation is a harsh word apropos President Trump's approach to federal unions. The notice is a warning to labor leaders across the government.

VA will unilaterally refuse "official time" for certain VA health-care workers, effective next Thursday. Under official time, federal employees who are agency union leaders may perform certain duties, on a full- or part-time basis, while being paid by the agency. "Official time" is a term in law, but the administration disparagingly calls it "taxpayer-funded union work."

"Union work," however, is misleading. Federal law excludes the "internal business of a labor organization," activities such as recruiting members, collecting dues and holding union elections, from official time. Filing grievances for all staffers in a bargaining unit, even those who are not union members, is allowed. Participating in discussions on topics of general interest to the workforce, such as safety and productivity, also is permitted.

J. David Cox Sr., president of the American Federation of Government Employees and a former VA nurse, denounced VA's move, calling it "a grave disservice to our nation's veterans." Using official time, he said, union leaders "have blown the whistle on waitlist scandals, fought back against the gender pay disparity, and brought to light the rampant understaffing throughout the VA."

While 430 VA employees will be taken off official time, a department news release says "the repudiation will apply to all of VA's nearly 104,000 title 38 employees, eliminating all forms of taxpayer-funded union work" for physicians, dentists, podiatrists, chiropractors, optometrists, registered nurses, physician assistants and expanded-duty dental auxiliaries.

"It's common sense," Jacquelyn Hayes-Byrd, VA acting assistant secretary for human resources and administration, said in a statement. "Allowing health care workers to do taxpayer-funded union work instead of serving Veterans impacts patient care negatively."

VA's announcement carries important implications that go well beyond the agency's walls. The repudiation notice is in line with Trump's three union-bashing executive orders, one of which called for sharp restrictions on official time. But key elements of the May 25 directives have been blocked by a federal court decision the administration is appealing. The administration's action seeks to accomplish part what it could not do, at least so far, by executive order.

Furthermore, if the administration gets away with this unilateral action at VA, there would be nothing to stop similar moves at other agencies.

Union leaders plan to fight VA's action in court.

“We are shocked that the Trump Administration would try take unilateral action like this to undermine VA employee unions after being so thoroughly blocked by the courts on these matters just a couple months ago,” said Randy Erwin, president of the National Federation of Federal Employees. “In our view, this action from the VA is a clear violation of the law and the court order blocking implementation of President Trump’s anti-union executive orders. ... NFFE will be seeking immediate intervention from the Courts on this matter.” The other unions affected are the National Association of Government Employees and National Nurses United.

VA argues its move is separate from the executive orders.

Under federal law, “employees may not utilize official time when it negatively impacts patient care,” said Curt Cashour, VA’s press secretary. “This action has nothing to do with any executive orders.”

Congressional reaction fell along party lines.

Republican Phil Roe (Tenn.), chairman of the House Veterans’ Affairs Committee, was in lockstep with the administration. “Chairman Roe supports the Department of Veterans Affairs (VA) action to limit the amount of time that VA employees can spend on taxpayer funded union time,” said a statement issued by his office. “... Dr. Roe’s number one concern is that veterans are receiving the care and support they deserve. It is imperative that taxpayer funded dollars are not being wasted and that the doctors, nurses, and other medical professionals at VA are doing the jobs they were hired to do so veterans are able to receive timely and quality care.”

Gerald E. Connolly (Va.), the ranking Democrat on the House Oversight Committee’s subcommittee on government operations, warned the administration that it will not be allowed to violate the law. “When Congress enacted the Civil Service Reform Act, Congress found that, ‘labor organizations and collective bargaining in the civil service are in the public interest.’ Official time is authorized by law, negotiated by agency management with the union, and is intended to promote the peaceable resolution of disputes and the efficient operation of government. Congress carefully crafted a collective bargaining system for the federal government that balanced the interests of the agencies, federal employees, and the American public.

“This administration cannot eviscerate United States law by fiat.”

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1.2 - USA Today (Video): [Don’t blame PTSD for Thousand Oaks shooting, say experts](#) (8 November, Donovan Slack, 26.5M uvm; McLean, VA)

WASHINGTON – Authorities said the Marine Corps veteran accused of gunning down 12 people in California Wednesday had previously exhibited erratic behavior suggestive of post-traumatic stress disorder, but experts say his actions should not be blamed on PTSD.

Ian David Long, 28, is accused of killing 12 people in a country bar in Thousand Oaks, about 40 miles northwest of Los Angeles.

"It's not PTSD," said Barbara Olosov Rothbaum, a professor in the Department of Psychiatry and Behavioral Sciences and director of the Trauma and Anxiety Recovery Program at Emory University School of Medicine. "This is whatever else, what other pathology would cause someone to do this."

Long was a machine gunner who deployed to Afghanistan in 2010 and was stationed in Kaneohe Bay, Hawaii, when he left the military in 2011, the Marine Corps said. During his service, he received a Marine Good Conduct Medal and three Navy commendations.

Between 11 percent and 20 percent of veterans who served in Afghanistan or Iraq have post-traumatic stress disorder in a given year, VA researchers have said.

VA spokesman Curt Cashour told USA TODAY on Thursday that Long was "not enrolled in VA health care at any time."

He was described by some as a loner Thursday, according to neighbors and others, who reported strange noises coming from the house where he lived with his mother, and law enforcement officials said they had periodic contact with Long over the years. Ventura County Sheriff Geoff Dean said deputies responding to a domestic dispute at his home found he was "somewhat irate and acting irrationally."

Rothbaum said in cases where veterans are suffering from PTSD, there can be "irritability and aggression" but nothing that would account for murder.

"I get upset when people get scared of veterans with PTSD because they think they are going to be violent and they're not," she said.

"There is already so much stigma involved in PTSD in general – and certainly in veterans and military service members – that anything else that adds to the stigma would do them a disservice."

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1.3 - The San Diego Union-Tribune: [Nightclub shooting illustrates reluctance among veterans to seek mental health help](#) (8 November, Paul Sisson, 1.3M uvm; San Diego, CA)

As information emerged about the man who used a handgun to kill 13 people, including himself, in a Thousand Oaks nightclub Wednesday night, a rough outline began to take shape: Marine Corps veteran, isolated, showing signs of mental distress.

Though it was unclear what motivated 28-year-old Ian David Long, a short government statement made it plain the gunman never received any kind of treatment from the U.S. Veterans Administration, despite reports that he was urged to get help from family members and neighbors.

Even though there have long been campaigns urging veterans and active-duty military personnel to come forward when they have psychiatric symptoms such as suicidal thoughts, depression or signs of post-traumatic stress, there is plenty of evidence that many keep silent.

A recent study out of Oxford University in London found that “approximately 60 percent of military personnel who experience mental health problems do not seek help,” while RAND Corporation research published in 2016 found a “higher perceived public stigma of treatment seeking” among military personnel.

While the military has greatly increased its efforts to detect mental illness among troops returning from deployment and those transitioning out of the service for good, the system relies much more heavily on veterans coming in for help on their own once they’re living civilian lives.

There are grim signs that relying on veterans to volunteer for psychiatric services is not working. In September, the U.S. Department of Veteran’s Affairs reported that suicide rates in 2016, the most recent year for which data was available, were 1.5 times greater among veterans than they were among non-veterans.

These are statistics that many are fighting every day. And the key, said Brian Fogarty, a recently-retired Marine and Southern California outreach volunteer for the PTSD Foundation of America, is not waiting around for people to raise their hands.

“Making somebody else aware of what’s going on, somebody who isn’t going to sit on it, that’s key,” Fogarty said.

He said the organization has four veterans, all who have been diagnosed with post-traumatic stress disorder, who work with those who do come forward for help and also go looking for signs of distress.

“We are physically out in the communities going to all of the areas that vets would normally frequent, whether it’s bars or the American Legion or wherever. I would say 8 out of 10 of the people we work with are people that we’ve actively pursued,” Fogarty said.

Working with veterans day in and day out, he said, it’s clear that despite significant efforts by military brass to destigmatize the process of seeking mental health services, many are still reluctant.

“There is a lot of stigma on getting help, especially while they’re still in the military; nobody wants to be pulled out of the fight,” Fogarty said. “I know guys who are triple amputees, and they feel so guilty because they’re back in the states recovering and the rest of their element is continuing to fight.”

And that’s a shame because, as Fogarty himself learned, it’s possible to stay in the military even with a PTSD diagnosis. The therapy that the military makes available, he said, does provide the tools needed to get a life back on track.

Sonya Norman, a professor of clinical psychiatry at UC San Diego and PTSD researcher at VA San Diego, said there are three different forms of help — trauma-focused therapy, prolonged exposure therapy and eye movement desensitization and reprocessing therapy — that have been shown to be the most effective.

“The treatments can work really quickly and, within a few months, people can feel much better and be much more successful in their relationships,” Norman said. “And we’ve seen those results validated in multiple randomized trials.”

In the hours after Wednesday's shooting, speculation was rampant that Long himself suffered from PTSD though that fact has not been confirmed. Some studies have shown that while veterans are actually less likely to commit crimes than the general population, PTSD, when combined with drugs, alcohol or other social problems, can lead to an increase in violence.

But Norman noted that research shows that PTSD itself does not prompt violence against others.

"The vast majority of people with PTSD, whether they're veterans or not, would never even think of taking part in this kind of violence. It's not a symptom of PTSD at all," Norman said.

Eli Smith, an Army veteran from Ohio who has biked thousands of miles across the United States spreading PTSD awareness, said his travels have shown him just the opposite.

"In my experience, the veterans I've met that have PTSD are very quiet, and they stay at home a lot. There are a lot of organizations whose mission is just to get the veteran out of the house," Smith said.

For those who feel they need urgent help, the Veterans Crisis Line is available at (800) 273-8255. The PTSD Foundation of America operates its own help line at (877) 717-PTSD.

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1.4 - The Orange County Register: [After Thousand Oaks mass shooting, experts warn against linking PTSD with propensity for violence](#) (8 November, Deepa Bherath, 1.1M uvm; Santa Ana, CA)

Mental health experts and veterans are cautioning the public about making assumptions about linking post-traumatic stress disorder or other mental illnesses to violence in the aftermath of the deadly mass shooting in which 13 lost their lives at a Thousand Oaks dance hall Wednesday night.

Ian David Long, the 28-year-old suspect from Newbury Park, served in the U.S. Marine Corps from August 2008 to March 2013, leaving at the rank of corporal.

He was a machine gunner in infantry combat and was deployed to Afghanistan from Nov. 16, 2010 to June 14, 2011, Marine Corps officials at the Pentagon said.

The alleged shooter's neighbor told reporters Wednesday that Long suffered from PTSD, but that has yet to be confirmed.

The Veterans Administration in Washington D.C. said Wednesday that Long was never enrolled in their healthcare system.

Only about 25 percent of veterans who have PTSD access care through the VA, said Dr. Michael Hollifield, who heads the PTSD division at the VA in Long Beach, which handles about 50 consultations a month.

Predicting suicidal or homicidal behavior among those with PTSD can be extremely challenging, he said.

Long had been contacted by authorities in April during a disturbance call where he was “irate” and acting “irrationally.”

Mental health officials cleared him that day and did not place him on a psychiatric hold.

Hollifield said the law states a mental health professional must find an individual to be an “imminent danger” to himself and others in order to be deemed “acutely dangerous.”

“Most people who are evaluated on a one-time basis don’t fall into that category,” he said. “Episodes that create such volatility might be triggered by other factors such as substance abuse, agitation and anxiety.”

Military PTSD

Monitoring active service members for mental health issues, including PTSD, is a relatively new initiative at the Marine Corps, said Retired USMC Col. Willy Buhl, who served as commanding officer of the Wounded Warrior Regiment at Quantico from 2012 to 2014.

Marines undergo a final physical evaluation before they leave the Marine Corps, but the extent of participation in that process depends on the individual, he said.

Those who are diagnosed with PTSD are sent to the Wounded Warrior Battalion for treatment, but only the most severe cases even get that far, Buhl said.

Once they undergo treatment and are discharged, these individuals are handed off to the Veterans Administration. It’s up to the VA to follow up with veterans regarding further services, he said.

“We don’t have enforcement once they leave the military; we can’t order them to see anyone.”

Misconceptions

The Wounded Warrior Regiment comprises a special group of coordinators tasked with keeping tabs on former Marines diagnosed with a physical or mental disability.

While their job is to follow up and make sure these veterans are doing well, they often find themselves in a “more reactive mode,” sometimes after a tragedy such as Wednesday’s mass shooting, Buhl said.

Linking a veteran’s PTSD to a mass shooting is a way of distracting the public from other real issues such as “holes in gun laws and addressing a culture that doesn’t promote gun safety,” said Chris Marvin, a retired combat-wounded Army Officer with Everytown for Gun Safety, a national nonprofit that advocates for gun safety laws.

“It’s just easy to say this must have happened because he was a mentally-ill veteran,” he said. “Also, tethering military service and PTSD to this heinous act doesn’t help other service members who want to seek assistance for mental health issues.” Most people with PTSD, including combat veterans, are not violent, said Dr. Donovan Wong, medical director at Didi Hirsch Mental Services in Los Angeles.

“Another common misconception is that PTSD is only related to going to war or being in combat,” he said. “There are several different types of trauma that could cause this condition including car accidents, an act of violence or sexual assault.”

When it comes to mass shootings, people tend to look for one simple answer such as mental illness, Wong said.

“There are often many other complex issues at play including access to firearms,” he said.

Wong said Didi Hirsch’s Disaster Distress Help Line, 800-855-5990, is available for anyone who needs help coping with this tragedy.

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1.5 - The Des Moines Register: [At the VA, bureaucrats — not doctors — hold the scalpel](#) (8 November, Sally C. Pipes, 720k uvm; Des Moines, IA)

Staff at nine Veterans Affairs hospitals recently canceled more than 250,000 orders for diagnostic tests. They thought the orders were duplicative or unnecessary.

In many cases, they were mistaken. As a result, veterans went without needed CT scans, ultrasounds, and other potentially lifesaving tests, according to a USA Today investigation.

This is just the latest failure in the VA's long history of denying care for veterans. Rolling out government-run health care nationwide, in the form of "Medicare for All," would be an unmitigated disaster for patients.

The VA is infamous for providing, in many cases, substandard care. Consider a few recent horror stories.

In March, an internal investigation of the VA Medical Center in Washington, D.C., revealed systemic faults and failures in leadership that "placed both patients and assets of the federal government at risk." Some patients underwent anesthesia for unreasonably long times because the instruments needed for their surgery were unavailable after their operations had already begun.

The report found that the Center also overspent drastically. In one case, the VA rented three home hospital beds for roughly \$875,000 that could have been bought outright for a little over \$21,000. To provide care, the internal investigation found, doctors and nurses were forced to borrow equipment from other hospitals.

Last year, an Army vet filed a lawsuit alleging that a VA surgeon had left a scalpel inside his body during a surgery four years earlier. A veteran in Memphis had to have his leg amputated after doctors left 10 inches of plastic tubing used to ship catheters inside his body, according to internal documents unearthed by USA Today.

This year, the AP reported that a VA pathologist in Arkansas may have caused three deaths after allegedly treating patients while drunk. Investigators found more than 1,000 errors in his cases — 11 of which were significant enough to cause harm.

In February, a veteran living in Minnesota reached out for help using the VA crisis line and was told to visit his local VA emergency department. A Minneapolis mental health unit kept him under observation for four days and then discharged him. He was found dead less than 24 hours later in the parking lot of the Minneapolis VA hospital. He'd taken his own life.

An internal investigation revealed that the clinic did not follow protocols, including one that requires a clinician to assess a vet's risk of suicide at the time of discharge.

In response to such failings, the Trump administration created a crisis hotline that veterans could call 24/7. Phones have been ringing off the hook. Since June 2017, there have been more than 100,000 calls.

It's long past time to overhaul the VA. Patients should have much greater choice over where and how they receive medical care. Thankfully, Congress and the president have begun to take action. In June, President Trump signed the VA Mission Act, which expands veterans' ability to see private doctors when VA facilities are unable to deliver timely care.

Such efforts will enable veterans to seek treatment from doctors who have a real incentive to provide high-quality care. If they don't, patients won't return.

VA providers, by contrast, have long had a captive audience. No matter how little effort or how many mistakes they make, they're more likely than not to keep their jobs.

Despite the high-profile failings of the government-run VA, many progressives want to roll out government-run care for all Americans. Sixteen Senate Democrats have co-sponsored Sen. Bernie Sanders's Medicare for All legislation, which would outlaw private insurance coverage and force all Americans into a new one-size-fits-all government health plan. A House version of the legislation, which is supported by 60 percent of the chamber's Democrats, would effectively ban providers from earning profits.

Veterans are suffering at the hands of a government-run healthcare system. We should be looking to extricate them from such a model — not foist it upon the entire country.

Sally C. Pipes is president, CEO, and Thomas W. Smith Fellow in Health Care Policy at the Pacific Research Institute.

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1.6 - Military Times (Video): [For today's VA, it's the best of times and the worst of times](#) (8 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — In a White House press conference Wednesday, amid a host of other topics, President Donald Trump stated that because of his leadership “our vets are doing better than they’ve ever done.”

Yet his critics contend that over the last eight months, the Department of Veterans Affairs has never been in more disarray, with a confusing series of leadership scandals and management overhauls further diminishing public faith in the institution.

They both may be right.

“It really is the tale of two VAs right now: It’s the best of times, it’s the worst of times,” said Melissa Bryant, chief policy officer for Iraq and Afghanistan Veterans of America.

“We’ve had major legislative victories years in the making. But a lot of what we have seen in 2018 has been political theater, unfortunately.”

This Veterans Day, VA leaders once again find themselves at a critical moment for the department. Trump just signed into law the largest VA budget ever, topping \$200 billion. Congress has given him nearly every major piece of legislation on veterans policy he has requested, including new rules that make it easier to fire poorly performing VA workers and reforms that aim to speed up the benefits claims process.

But as deadlines loom for implementing numerous health care and management initiatives, Democrats in the House are already preparing new scrutiny over how policy decisions are being made inside VA and what unplanned side effects those changes will have.

It’s a stark change from a year ago, when VA was arguably the most stable and successful part of Trump’s Cabinet.

On Veterans Day 2017, at Arlington National Cemetery in Virginia, then VA Secretary David Shulkin lauded the president for “strengthening our ability to provide high quality care and benefits while also improving outcomes for veterans.” Trump in a separate event lauded Shulkin for “doing an amazing job” caring for America’s former military members.

Within five months, Shulkin was fired.

Ongoing leadership woes

Shulkin’s dismissal in March set off months of leadership confusion at VA. The former secretary to this day insists he was fired because of his opposition to plans to privatize portions of VA health care that were advanced by political operatives in the Trump administration. The White House has said Shulkin resigned after the president lost faith in his leadership.

The day Shulkin’s departure was announced — on Twitter, by the president, with little advance warning to the secretary — Trump also announced his pick to replace him: White House physician Rear Adm. Ronny Jackson. The Navy officer had never worked in the department before, and his lack of experience raised concerns among veterans advocates.

Within a month, Jackson was also gone. Reports of unprofessional behavior at the White House medical office (including drinking, improper medication distribution and hostile management practices) forced him to withdraw his name from consideration.

It took Trump four months to get his next full-time VA secretary in place. During that span, key decisions on electronic medical records systems and VA health care programs were met with legal challenges asserting that Trump’s interim appointments were in violation of federal law.

When VA Secretary Robert Wilkie — a career bureaucrat with experience on Capitol Hill and at the Pentagon — was confirmed, he promised to bring stable and calm leadership to the department.

But just a few weeks after he began work, a ProPublica report detailed how three of Trump's business associates (all members of his exclusive Mar-a-Lago country club) were influencing a host of department plans and policies without any public scrutiny.

In the last few months, Wilkie has worked to dismiss assertions that his leadership is already undermined by the same officials who sparred with Shulkin and those outside influences. At a Senate Armed Services Committee hearing in September, Wilkie described the department as "calm" now. He promised lawmakers he is "the sole person" leading VA.

Democratic lawmakers remain unconvinced. They've asked — unsuccessfully — for more information on potential outside influencers.

Meanwhile, veterans groups thus far have reported little interaction with the new secretary, a break in typical protocols for the department's top official. While Wilkie has made numerous appearances on the topic of homelessness and drug abuse prevention in recent weeks, the new secretary maintains a significantly lower profile than Shulkin.

Privatization or choice?

Amid the leadership turmoil, lawmakers on Capitol Hill have continued to churn out a host of major bills related to veterans policy, including this summer's VA Mission Act. The measure has the potential not only to define Trump's legacy regarding veterans but also radically reshape the department for years to come.

Among other sweeping changes, the Mission Act calls for an overhaul to VA's community care programs, which allow veterans to get medical appointments with private-sector doctors at the federal government's expense. Trump has repeatedly referred to it as giving veterans "choice" in their medical care.

Wilkie and other department leaders are now in a year-long process now of hammering out the details for who will be eligible for the outside care, how much involvement in those decisions VA doctors will have, and how the pay structures will work.

"The hardest question at the heart of the Mission Act is how much should the private sector do for VA?" said Phil Carter, a senior policy researcher at the RAND Corporation who specializes in military and veterans issues. "That influences everything else."

About one-third of all VA medical appointments today are already conducted by physicians outside the department's system. Supporters of further increasing outside care options argue veterans shouldn't have to wait in VA lines for basic care they could receive in the private sector.

But critics, including federal unions, argue the that real goal of these moves is to siphon federal money into outside companies, providing less specialized care while crippling the existing VA hospitals' ability to meet veterans' needs. They've labeled many of Trump's proposals as a "privatization" of the department's mission.

Wilkie, in his confirmation hearing this summer, said he wholeheartedly opposes privatizing VA services, but left ambiguity in that definition.

"If we believe that the veteran is central, we can also make the argument that as long as VA is at the central node in his care, and that that veteran has a day-to-day experience with the VA ... that reinforces the future of VA," he told senators. "That's what I believe in."

The debate over where to draw those lines was already contentious before the midterm elections. Now, with Democrats set to take over the House Veterans' Affairs Committee agenda, the issue of private-sector care is likely to dominate much of the conversation in months to come.

In September, Rep. Mark Takano, D-Calif. and the leading candidate to be chairman of the veterans committee in January, promised in a letter to colleagues to "make necessary reforms to the Veterans Health Administration ... while rejecting conservatives' calls to privatize health care."

Other fights ahead

That's not the only Trump administration priority in the crosshairs.

Several lawmakers from both parties have expressed concerns over VA's planned move to a shared electronic health record with the Department of Defense, hailed by Trump and Shulkin as a game-changer for veterans care.

If successful, the multi-year project would more easily allow veteran patients to access and share their medical history, from the first day they enlist to their geriatric appointments. But while praising the idea, lawmakers have questioned whether the effort is properly funded and managed.

The same goes for VA staffing. Trump has promised to bring in more doctors and oust staffers who are performing poorly. Democrats have charged that Trump's VA has instead used accountability legislation from 2017 to fire low-level employees without filling other much-needed positions.

"Everything is in the air right now," said Joe Chenelly, national executive director at AMVETS. "We don't know what the Mission Act will look like. We don't know how health records are going to be. We don't know about these budget cuts that Trump has talked about for federal departments.

"There are just a ton of questions unanswered."

Trump's 2016 campaign pledge to start a new hotline for veterans complaints has earned some goodwill from the community, but individuals using the service have reported mixed results with getting answers on their problems.

His VA has received harsher reviews for its opposition to paying benefits to "blue water" veterans who served in Vietnam and claim toxic exposure to chemical defoliants. And in recent months, dissatisfaction has risen among student veterans as another round of benefits payouts issues has plagued the post-9/11 GI Bill system.

In the September 2018 Military Times poll of active-duty troops, more than 40 percent said they had an unfavorable view of VA. Only 20 percent described their feelings as favorable.

Wilkie has acknowledged that along with his policy priorities, rebuilding public trust in the institution is a critical part of his work ahead.

“The state of VA is better,” he told senators at the September hearing. “I didn’t say good or excellent. It is better. And I do think we’re headed in the right direction.”

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1.7 - Military Times (Video): [As more female vets head to Congress, there’s a new push to change VA’s male-focused motto](#) (8 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After three new female veterans won election in Tuesday’s midterms, two female Democratic lawmakers are again pushing the Department of Veterans Affairs to change its motto to “be more inclusive to women.”

Sen. Kirsten Gillibrand and Rep. Kathleen Rice, both from New York, introduced new legislation Thursday for VA to update the current mission statement from “To care for him who shall have borne the battle, and for his widow, and his orphan” to a less gender-specific phrase.

The current motto comes from President Abraham Lincoln’s second inaugural address, as a charge for the country to look after the veterans of the Civil War.

Rice and Gillibrand charge the current language “fails to recognize the service and sacrifice of the thousands of women in uniform.” They are proposing changing the language to “To fulfill President Lincoln’s promise to care for those ‘who shall have borne the battle’ and for their families, caregivers, and survivors.”

VA officials in the past have strongly objected to the idea, arguing in favor of preserving the historical accuracy of Lincoln’s quote.

The lawmakers called that opposition disappointing.

“As women continue to play an increasingly vital role in our armed forces, they’ve become a larger and more prominent part of our veteran community,” Rice said in a statement. “But unfortunately, the Department of Veterans Affairs mission statement simply does not reflect that reality.

“The brave women who have worn our nation’s uniform and their families deserve to be equally embraced by the motto of the very agency meant to support them.”

Officials from Iraq and Afghanistan Veterans of America have made the motto change a key focus in recent years, working with lawmakers like Rice to find ways around VA’s opposition.

Allison Jaslow, former executive director of IAVA, said the motto change is needed to send a message throughout the department.

“With its motto, the U.S. Department of Veterans Affairs is telling women veterans and survivors of fallen women service members that they aren’t seen, that they don’t matter,” she said.

"Modernizing the VA's motto isn't a matter of political correctness, but respect for the over 2 million women veterans in America today."

An estimated 345,000 women have deployed overseas since 2001. About 16 percent of the active-duty force are women.

Four female veterans are currently serving in Congress: Joni Ernst, R-Iowa, and Tammy Duckworth, D-Ill., in the Senate; Tulsi Gabbard, D-Hawaii, and Martha McSally, R-Ariz., in the House. All four served overseas in Iraq or Afghanistan.

McSally's bid for Arizona's open Senate seat is still being tallied. If she wins, the number of female veterans will jump to at least seven next session, with Democrats Mikie Sherrill of New Jersey, Elaine Luria of Virginia and Chrissy Houlahan of Pennsylvania winning contests this week.

The legislation faces long odds of passage given the short schedule remaining for Congress this year, but its introduction now could build additional attention on the topic for next session, when a Democratic-led House may be more receptive to the change.

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1.8 - WRIC (ABC-8, Video): [Conflicting stories about who approved canine research at the VA](#) (8 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Someone is lying about who approved the continued deadly dog experiments at the Department of Veterans Affairs.

Last week, 8News exposed McGuire VA Hospital in Richmond is still buying dogs for the studies despite federal and state legislation to stop it.

At the time, the VA told 8News that former VA Secretary David Shulkin approved the continued canine research.

However, 8News has been in contact with Shulkin and he has something different to say.

This is important because if Shulkin didn't okay it, the VA could be in violation of federal law.

In an email to 8News, Shulkin says on his last day with the VA, March 28, he was given an update on a review he ordered of the canine research at the VA.

He writes, "In this update meeting, I did not authorize a formal approval of continued studies." He also writes to 8News, "I did not approve any new research protocols while I was Secretary."

Still, VA spokesperson Curt Cashour continues to claim Shulkin gave approval verbally March 28 for the continuation of nine studies.

Local animal activists who have stood in front of McGuire VA Hospital in Richmond protesting the deadly dog testing say Congress needs to question these conflicting reports.

Todd Woodson, Administrator of the RVA Animal Advocacy Alliance and district leader with the Humane Society says, "really an investigation is in order, a full investigation."

McGuire has told 8News the canines are critical to studying cardiovascular disease.

The research involves surgically implanting the dogs with pacemakers. All of the dogs are euthanized at the end of the experiments.

A federal law passed earlier this year requires the VA secretary to give direct approval for this taxpayer-funded research at the VA.

Shulkin told 8News in an email, "if there was approval by the Secretary there would have been a signature for approval. He added, "VA does not do things with verbal approvals in situations like this."

Yet, Cashour alleges written approval is not required under the law. Between the VA and Shulkin, taxpayers are getting two very different accounts.

"We need to find out who is authorizing this," says Woodson.

Over the weekend, Shulkin tweeted he was opposed to new dog research:

[...]

Meanwhile, animal groups are planning another protest in front of McGuire Nov. 28.

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1.9 - Federal News Network: [VA eliminates official time for some 104,000 employees](#) (8 November, Nicole Ogrysko, 100k uvm; Washington, DC)

The Veterans Affairs Department is eliminating official time for some 104,000 employees, the agency announced Thursday.

All VA employees under Title 38 will no longer be able to use "taxpayer-funded union time," as the department put it, starting Nov. 15. The move specifically applies to 104,000 medical professionals, including physicians, dentists, nurses, physician assistants and others.

The decision to eliminate official time is part of the department's efforts to renegotiate its collective bargaining agreements with the American Federation of Government Employees, National Federation of Federal Employees, National Association of Government Employees and the National Nurses Council, VA said.

"It's common sense," Jacquelyn Hayes-Byrd, VA acting assistant secretary for human resources and administration, said Thursday in a statement. "Allowing health care workers to do taxpayer-funded union work instead of serving veterans impacts patient care negatively. President [Donald] Trump has made it clear — VA employees should always put veterans first. And when we hire medical profession

Eliminating official time contradicts VA's current agreements with AFGE and others. In notifying AFGE, for example, the department cited Federal Labor Relations Authority precedent as the basis for its decision.

VA's existing contract with AFGE, the department said, is in "direct conflict with the collective bargaining exclusions found in [Title 38]. [It] states that collective bargaining on behalf of Title 38 employees 'may not cover, or have any applicability to,' any matter that concerns: direct patient care, clinical competence, peer review or the establishment, determination or adjustment of employee compensation,'" according to a Nov. 7 memo from Hayes-Byrd to Alma Lee, president of the AFGE/National Veterans Affairs Council.

Simply put, VA has argued that employees' use of official time has direct, negative implications on veteran patient care.

AFGE, however, vehemently disagreed.

"Make no mistake, this is an attempt to silence the voices of VA employees at a time when such oversight is more critical than ever," AFGE National President J. David Cox said in a statement. "Clinicians use official time to raise concerns about patient safety, access to care, and staffing shortages. Silencing their voices endangers our veterans."

According to available data, VA traditionally has been one of the heavier users of official time. As the second-largest federal agency, VA employees spent 1,048,569 hours on official time in fiscal 2016, which cost about \$49 million.

Some members of Congress have expressed their frustration with official time across government, but they've have been particularly outraged with its use at the VA. A few lawmakers have introduced legislation to limit official time at VA specifically and across government, but no bill has passed Congress.

Federal employees spent a total of 3,611,112 hours on official time in fiscal 2016, according to the most recent report from the Office of Personnel Management. This data, however, is likely unreliable, because agencies haven't been required to consistently track it. Both the Government Accountability Office and the House Oversight and Government Reform Committee have made separate attempts to more accurately count the cost and scope of official time across government but have run into roadblocks.

But VA's latest decision to eliminate official time potentially raises further questions — and sets up further legal battles — over the president's executive orders on official time and collective bargaining.

"This just isn't a dangerous policy, this is breaking the law," Cox said.

A federal district court invalidated key provisions of those orders back in August, but the Trump administration is appealing the decision. A federal district judge invalidated the president's attempts to set specific limits on official time, arguing that the provisions ultimately violated the intent of the Civil Service Reform Act and Federal Labor-Management Relations Statute and hindered agencies' ability to bargain in good faith.

AFGE has already challenged the department's implementation of the president's EOs. The union said VA's attempts to comply with the president's limits on official time were "chaotic" and inconsistent at various medical centers and regional offices across the country.

Tensions were high between VA and its unions even before the president's EOs sparked a series of lawsuits from AFGE and others.

AFGE filed a grievance over the department's implementation of the VA Accountability and Whistleblower Protection Act back in September 2017.

An independent arbitrator ultimately ruled in favor of the union and instructed VA to rehire any employees that had been terminated without a performance improvement plan (PIP). VA and AFGE had previously negotiated a specific timeline for employee PIPs.

VA, however, appealed the arbitrator's decision to the Federal Labor Relations Authority.

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1.10 - WKEF (ABC-22): [After Thousand Oaks shooting, VA doctor says rare for PTSD sufferers to be violent](#) (9 November, Rhonda Moore, 8k uvm; Miamisburg, OH)

DAYTON -- The Thousand Oaks shooter who killed 12 people was a former Marine who may have been suffering from PTSD or posttraumatic stress disorder.'

It is a condition we hear a lot about but that doesn't mean everyone who suffers from it will become violent.

In fact, doctors said it is rare.

Eight out of every 100 veterans has PTSD.

We talked to a doctor at the Veterans Administration who treats veterans with that disorder.

He would not comment on any aspect of the Thousand Oaks shooting but said anyone out there suffering should know there is help.

"I've never suffered from it but I know people that have and it's a terrible thing to go through," said former Marine Katie Burns.

Katie Burns was talking about post traumatic stress disorder.

She's a former Marine just like the man accused of killing 12 people in Thousand Oaks, California .

"It's very sad, not only for him but his family and the families that have lost somebody now," said Burns.

Police said Ian David Long may have suffered from PTSD.

"Maybe he never sought the help that he needed but it could have been prevented," said Burns.

"PTSD affects people very differently it really is dependent on on what your specific experiences were," said Dr. David Baum.

Doctors David Baum is a clinical psychologist at the Dayton V.A.

He said the main symptom of PTSD is avoidance

"The thing that keeps that fear, anxiety and that PTSD process going essentially is avoiding certain aspects of living," said Baum.

Baum said people with PTSD become isolated, are afraid to leave their home become cut off.

"What ends up happening it makes their illness worse over time," said Baum.

He said it's rare someone with PTSD will become violent.

"Most people have the disorder and don't leave their homes, it's fairly rare they'll go out and do things or be harmful to others," said Baum.

Baum said the V.A. is able to help veterans with PTSD.

"We are extraordinarily well equipped to help people who have problems or having thoughts about harming themselves or harming somebody else to help them

manage their symptoms so that they can live a successful, productive life," said Baum.

The V.A. clinic offers psychotherapy for veterans with PTSD plus medication management with psychiatry.

Baum believes very few veterans are a danger to society.

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[2. Improving Customer Service](#)

2.1 - Breitbart (AFP): [PTSD: The signature wound for many veterans](#) (8 November, 4.8M uvm; Los Angeles, CA)

Washington (AFP) – Authorities in Southern California have identified the gunman who killed 12 people in a crowded bar as 28-year-old Ian David Long, a former Marine who may have been suffering from PTSD.

Here is a look at Post-Traumatic Stress Disorder and the impact it has on veterans.

– How big a problem? –

Millions of veterans are dealing with PTSD, a signature wound of any war.

Symptoms can range from insomnia and depression to debilitating panic attacks, flashbacks, irritability and self-harming behavior.

Estimates vary, but the US Department of Veterans Affairs (VA) believes up to 20 percent of Iraq War and Afghanistan vets suffer from PTSD.

The VA says about 30 percent of Vietnam vets have experienced PTSD in their lifetime.

PTSD is caused by a range of factors. Sometimes it is a reaction to witnessing the horrors of war.

The constant state of high alertness troops experience in war zones can also contribute.

For instance, in Iraq, troops were often perpetually alert, looking for roadside bombs and ambushes.

The excessive brain activity can be hard to calm after a person leaves a combat zone.

– Treatments –

Treatment protocols are often changing, but doctors typically prescribe anti-depressants.

The VA says the preferred recourse comes through various types of psychotherapy.

In 2006, the VA started training clinicians in techniques such as cognitive-processing therapy, where a patient learns about and processes their trauma.

The VA also uses other methods aimed at desensitizing a veteran.

Paula Schnurr, executive director of the VA's National Center for PTSD, says treatments have come a long way over the past decade and in many cases it is effectively curable.

Recognition of the condition has improved in recent decades.

Whereas vets from America's 20th-century conflicts often kept their trauma secret, military commanders now encourage troops to talk about and get help for any signs of PTSD.

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2.2 - Washington Examiner: [VA bans medical employees from all union activities at work](#) (8 November, Mary Biery, 3.1M uvm; Washington, DC)

The Department of Veterans Affairs announced Thursday it will no longer allow on-staff medical professionals to engage in taxpayer-funded union activities while at work.

The VA's policy change prevents more than 100,000 VA employees from taking official time. Of that group, about 430 are doing some work during working hours on union activities, including physicians, dentists, podiatrists, chiropractors, and optometrists.

The policy change, which takes effect Nov. 15, is a repudiation of Obama-era collective bargaining agreements that the VA reached with its workers. The department is currently in negotiations to change these agreements so that they are “reasonable, necessary and in the public interest.”

In fiscal year 2016, taxpayers spent over \$49 million in VA salaries to employees for working more than a million hours doing union work instead of their healthcare job. Conservatives have argued for years that this so-called official time needs to be cutback or ended completely to help save taxpayer money.

The VA said it changed its policy to “improve VA’s ability to deliver healthcare to veteran patients.”

The department cited the case of a VA registered nurse who receives 100 percent taxpayer-funded union time. Even though she does not work as a nurse on a daily basis, she still receives a salary of \$90,000 per year.

The VA said it is legal to ban these employees from doing union work on the job.

“Per federal law, title 38 employees may not utilize official time when it negatively impacts patient care,” Curt Cashour, VA Spokesman told the Washington Examiner.

“It’s common sense,” said VA Acting Assistant Secretary for Human Resources and Administration Jacquelyn Hayes-Byrd. “Allowing health care workers to do taxpayer-funded union work instead of serving Veterans impacts patient care negatively.”

“President Trump has made it clear — VA employees should always put Veterans first. And when we hire medical professionals to take care of Veterans, that’s what they should do at all times,” she added. “No excuses, no exceptions.”

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2.3 - KNXV (ABC-15, Video): [Mental health in veterans is crisis across Arizona](#) (8 November, Sonu Wasu, 580k uvm; Phoenix, AZ)

The tragedy in California is highlighting the mental health care crisis prevalent all over the nation, including here in Arizona.

According to the Treatment Advocacy Center, a minimum of 50 beds per 100,000 people is considered necessary to provide minimally adequate treatment for individuals with severe mental illness. Like every state, Arizona fails to meet this minimum standard with 302 beds, that is just 4.4 beds for every 100,000 people.

Staff at the Phoenix VA healthcare systems said despite the shortage of beds, Arizona and the military had made great strides in addressing mental health care, and opening up a community dialogue of removing the stigma associated with mental health care.

The Phoenix VA had a mental healthcare walk-in clinic for veterans who needed help, along with an emergency room that was open 24-7 all year long.

Sadly, updated numbers released by the CDC show suicide rates up by 30%.

Veterans are also still more likely than civilians to die by suicide.

Deborah Dominick, the chief social worker at the Phoenix VA healthcare system said there is a reason so many veterans and military service members were hesitant to ask for help.

"They are protectors themselves, that has been my experience. They feel I am the one who takes care of everyone or everything, and it's difficult to ask for help. We want to change that conversation to the bravery behind asking for help," said Dominick.

Jim Sapp, a licensed counselor at the Scottsdale Recovery Center is not only a veteran himself, but he had spent a chunk of his career treating veterans who suffered from post-traumatic stress.

"The military is a different world, it's a very black and white world. Out here in the civilian world, it's not so black and white. It's gray," said Sapp.

He added that those who lived a life of service were used to taking orders, even when the mission didn't match their morals, and when they got back to civilian life, sometimes that caught up with them.

Seeing comrades lose limbs or die in combat, seeing children strapped with explosive devices targeting US soldiers getting hurt, and not knowing when they would come up on an improvised explosive device themselves haunted many of them years after coming home from combat.

"They see a bottle on the road or a bag on the road, they think it's an IED," said Sapp.

He added that the best thing a loved one could do is to let them know it was okay to talk about their experience, there was no shame in seeking help, and it would help relieve them of the distress and mental anguish they felt.

In extreme cases, there are ways to get involuntary treatment for those facing a mental health crisis. You could petition a court to make a person seek treatment, but you would need to provide proof that they were a danger to themselves or others.

In cases where a person in crisis was making statements indicating they would harm themselves or others, Dominick advised you to call 911.

A mental health crisis team could conduct a welfare check and if deemed necessary, place the person in a 72 hour medical watch, where they would be in a safe place in the care of professionals.

If you are a veteran or civilian who needs help here are some resources:

https://www.phoenix.va.gov/patients/Crisis_Prevention.asp

If you are a Veteran or know a Veteran who is showing any of the above warning signs, call 1-800-273-8255 and Press 1, or send a text message to 838255 to receive free, confidential support from an experienced, caring VA responder 24 hours a day, 7 days a week, 365 days a year.

If you are not a veteran you coach seek help at <https://www.nami.org/> or <https://suicidepreventionlifeline.org>

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2.4 - KTVX (ABC-4, Video): [Do veterans get the mental health services they need in Utah?](#)
(8 November, Rosie Nguyen, 143k uvm; Salt Lake City, UT)

The man who shot and killed 12 people at a bar in Southern California Wednesday night was a former marine who served a combat tour in Afghanistan. The tragedy prompts the question - do veterans in Utah get the mental health services that they need? Well, it depends on who you ask.

Approximately one-third of the 150,000 veterans in the state of Utah receive services from the V.A. with 30,000 who have a service-connected disability.

Gary Harter, executive director for the Utah Department of Veterans and Military Affairs said veterans and their families are served very well in the state.

"The V.A. continues to have greater capacity for their mental wellness efforts and have made that a priority," said Harter. "It continues to get better and better. More robust services overall."

Randy Edwards, who served in the U.S. Army for 40 years and is now the representative for Utah County Veterans Services said he's always had a good experience with the V.A.

"A lot of the time, the experience we have is an experience we create ourselves," said Edwards. "You want to make sure that you have a service officer that's speaking for you and then work with that service officer to get them all of the paperwork and documentation that they need."

He said some people have a negative experience because they don't follow through with the requirements or appointments, which can set them back another 30 to 90 days.

Daniel De La O, who served in the U.S. Army for more than 20 years, has had a different experience. He said the V.A. system is broken.

"Veterans will try to seek out help and when they do, they run into doors, closed doors," said De La O. "There's so many folks I served with who have been in in-patient treatment for months, not just 20 days, but months. They're diagnosed with PTSD, combat-related. Yet the V.A. won't compensate them for any PTSD rating."

It was visibly difficult for De La O to open up about this topic. He shared that he has been battling PTSD and struggled when seeking help. Some of the worst episodes being nightmares that haunt him each night.

"When you're in a combat situation, you have to do, often times, what we would consider evil deeds or bad things," said De La O. "When you come back and deal with the stressors in life, they're no longer the way you dealt with them before."

Harter, Edwards, and De La O all told ABC 4 News that it's a challenge for veterans to even reach out and seek the help that they need because of the stigma and perception of being weak.

"What we typically see within our state is the services are there, but we all have to work time and time again to connect those with veterans who understand that there is a need and we can connect them with the program," said Harter.

"We perceive any lack of ability to maintain or control, especially psychologically or emotionally as weakness," said De La O. "It's difficult to reach out for help because that's something you have to admit to yourself that you're not able to handle."

He explained that once a veteran is finally reaching out for help, they need help immediately. But help can often take weeks or even months.

"When a veteran finally picks up the phone or finally walks into an office, the help needs to be there," said De La O. "When you have a physical illness, you normally get help right away. But with a mental illness like PTSD, that's not the case. When a veteran is reaching out, they're usually at a breaking point by then."

However, De La O emphasized that no matter the severity of a veteran's mental illness, there's nothing that can justify the actions of the gunman who shot and killed the 12 people at a Southern California bar Wednesday night.

"Going and now hurting the innocent, there's no excuse for that," said De La O. "There's no level of PTSD, level of anxiety, level of nightmares that would excuse that kind of behavior."

De La O encourages other veterans to start seeking mental health services early, pride aside, because of the wait... instead of waiting until it's so severe that it can't wait.

"It's difficult being here talking to you right now. I believe that the other veterans who see me are going to perceive me as being weak or me as not holding the standard," said De La O. "But if it helps one veteran with his spouse, with his family, with his job, and he's able to seek out the help before things go so bad as what happened in California, then it's worth it."

He said he would also like to see more done for those in the Utah National Guard or Reserve, because they are not given an acclamation period when returning to civilian life from combat like those in active duty are.

De La O said any veteran who needs help is welcome to contact him at archangelhelp@gmail.com.

For more information about Utah veteran benefits, [click here](#).

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2.5 - KSBW (NBC-8, Video): [Veterans Affairs reports improved mental health care for veterans in Monterey County](#) (8 November, Caitlin Conrad, 134k uvm; Salinas, CA)

3-minute video: VA points to new Marina outpatient center for transformation in mental health care.

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2.6 - Federal Computer Week: [Rising Star: Nicholas Holtz](#) (6 November, 39k uvm; Vienna, VA)

The Department of Veterans Affairs has a reputation for bureaucracy, including backlogs and stacks of paperwork for patients. Nicholas Holtz is working to change that.

He used his previous experience at the Board of Veterans' Appeals to modernize the appeals process and reduce a five-year backlog of claims. In just 15 months, he coordinated the design, development and launch of five applications involving several external partners, including Nava.

"Nicholas changed the way the Digital Service at the Department of Veterans Affairs builds and buys technology and ultimately how government serves our nation's veterans," said Sunil Sadasivan, Nava's senior engineering lead.

Holtz's approach extended beyond the back end to connect straight to the system's users — veterans, attorneys and judges — so that developers could receive direct feedback on the functionality and services users needed.

"As a result, regional offices can smoothly send appeals to the Board of Veterans' Appeals for review, attorneys can review documents for an appeal more efficiently, judges can prepare for hearings faster, and more," one colleague said.

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2.7 - FedScoop: [VA Digital Service unveils new VA.gov in time for Veterans Day](#) (8 November, Tajha Chappellet-Lanier, 24k uvm; Washington, DC)

Veterans in search of information about benefits now have a brand new homepage — VA.gov. The launch, just in time for Veterans Day, marks a big milestone in the VA's journey to be more customer service-focused.

"We are so excited for the new VA.gov," Marcy Jacobs, Executive Director of the VA Digital Service, told FedScoop in an emailed statement. "It marks an important step toward providing the modern digital experience Veterans deserve, and our team will continue to improve and streamline VA's digital tools and content. Thank you to all of our partners across VA and our contracting teams who helped bring this across the finish line in time for Veterans Day."

A bit of history: The web ecosystem for information on veterans benefits has for some time been fractured and complex, with hundreds of different sites dedicated to different pieces of the puzzle. VA.gov, the centerpiece, has historically focused on the agency itself — a place for announcements from the Secretary, mission statements and media information. This is generally not what a veteran needs most.

This reality is what led to the launch of Vets.gov in 2015 — a central portal for housing assistance information, health benefits, a new Appeals Status tool and much more. Vets.gov

was, in many ways, a success. The site was recently getting as many as 1.8 million users per month, and in October, Jacobs won a Service to America Medal for her work on the project.

Now, Vets.gov and all its tools have a new home on VA.gov — the agency's primary web address.

The site now "consolidates information and places it in one easy to navigate location," Secretary Robert Wilkie said in an introduction video.

"I've said it many times and I'll say it again: my main priority as Secretary is simple — to give our customers the best possible experience the minute they encounter VA," Wilkie said. "Today, we're doing just that with the new VA.gov — the new online front door of your Department of Veterans Affairs."

The word "customer" here speaks volumes about how the VA is trying to reformat and recast itself. Vets.gov and VA.gov were both created using user-centered design, but it's not just about development methods. "It has to be that everyone here has that customer experience mindset," DSVa lead Jacobs told FedScoop in a recent interview.

"We're a customer experience organization," she added.

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2.8 - Lancaster Bee: [Veterans Day event to benefit PTSD clinic](#) (8 November, 1k uvm; Buffalo, NY)

The local Association of the Airborne 3rd Battalion, 19th Special Forces Group of the U.S. Army National Guard will sponsor a Veterans Day event at 11 a.m. Sunday, Nov. 11, at Russell J. Salvatore's Patriots and Heroes Park, 6675 Transit Road in Lancaster.

According to Billoni Associates, the third annual "Jump In On PTSD" tribute to veterans is also a fundraiser to benefit the Jack H. Wisby, Jr. PTSD Clinic for men and Center of Hope for women at the Batavia Veterans Affairs Medical Center. Donations will be placed in a special "Holy Grail" and collected by members of the 19th Special Forces Group.

While looking for a cause to support a few years ago, groups sponsoring the event learned of a Vietnam veteran from their group who was dealing with post-traumatic stress disorder and other health issues.

PTSD is caused from experiencing severe trauma or being in a life-threatening event either during war or in a non-combat situation, and for many veterans, it impacts and alters their everyday lives. Relapses are common, according to Billoni Associates. "This member of our group told us about the outstanding care he was receiving at the Jack H. Wisby Jr. PTSD Clinic in the Batavia VA Medical Center," said John F. Harrington, a retired sergeant major.

The goal of the "Jump In On PTSD" campaign is to raise funds so the clinic may better serve its veterans and gain public recognition of its successes and the results of the professional medical care it provides.

The Veterans Day celebration will include a USO-style musical performance by Music on the Front Lines, led by founder, CEO and music director Van Taylor and COO Ron Walker, both of whom are members of the Buffalo Music Hall of Fame. Taylor has been performing shows around the world for servicemen and women for 43 years.

Melissa Kate, Joyce Nixon and George Miller will be vocalists at the celebration. Kate will perform a salute to the five branches of the armed services while she and Walker will end the festivities with a rendition of Lee Greenwood's "Proud to be an American."

The tribute will open with a procession into the park, featuring the Caledonia Pipe Band, with colors presented by the 914th and 107th Color Guard from the Niagara Falls Air Reserve Station.

If you cannot attend the ceremony to place your donation in the Special Forces' "Holy Grail," donations may be sent to Alfred R. LaChance, 4732 Porter Center Road, Lewiston, NY 14092.

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2.9 - Winter Texan Times: [VA coordinators help traveling veterans receive services](#) (6 November, 170 uvm; Mission, TX)

The VA Texas Valley Coastal Bend Health System for the U.S. Department of Veterans Affairs provides services for veterans in a 21-county area that stretches from Corpus Christi to Laredo to Brownsville, including the Rio Grande Valley of South Texas.

According to Sheryl Russo, Traveling Veterans Coordinator with TVCBHS in Harlingen, approximately 4500 veterans are traveling veterans who come to Texas each year seeking a warmer winter climate. Of that 4500, about 1800 need medical services of some kind while they are in the Valley. Because each veteran is assigned to a VA facility and primary care team according to his or her permanent home address, the veteran's records need to be shared before he/she can receive coordinated care in the Valley.

Each veterans group nationwide has a traveling coordinator," said Russo, who helps veterans arrange non-emergency appointments at veterans facilities while they are in the Valley. Most veterans residing in Hidalgo County during their stay go to the veterans outpatient facility in McAllen, while those residing in Cameron county visit the veterans outpatient clinic in Harlingen. The traveling veterans program was mandated three years ago by the federal government to make it easier for traveling veterans to get medical assistance wherever they go.

When TVCBHS receives a relocation request from a traveling veteran, the coordinators request their health files showing what treatments the veteran needs, whether it be oncology services, physical therapy, lab work, mental health care, orthopedics, prosthetics, or prescription medications. Once the veteran's program needs are on file with TVCBHS it is much easier to get an appointment for the treatments needed because the information is already available.

Lynda Perez, also a Traveling Veterans Coordinator, said if the services the veteran needs are not available at the outpatient clinics, the patient may be sent to doctors associated with the South Texas Medical Center, Doctors Hospital at Renaissance, Laredo Medical Center, Harlingen Medical Center, Spohn Health Care System, Valley Baptist Hospital or Doctors Hospital of Laredo for treatment.

Rey Leal, public affairs officer for the Harlingen Veterans Clinic, said the purpose of the program is to get away from having walk-ins, which can cause greater wait times and other delays in receiving the services veterans need.

"We want to make veterans lives easier while they are traveling, " said Leal. "Part of that service is to see they are able to get prompt medical care when they need it."

"Medicines taken continuously must be transferred from their home unit, which can take several days. If the information has already been given, the medicine can be transferred in a timely manner so they are here when the veteran needs them," said Russo.

Leal added, "Veterans who are coming with health issues need to take advantage of the program while they are still at home to be sure their records are on file here in a medical emergency. Veterans who are already here who know veterans from back home who are coming [to South Texas] should tell them to be sure and transfer their records to TVCBHS to avoid long waits in time of illness. Be sure and list any temporary phone number and addresses where a veteran can be reached in the Valley.

"A lot of it is communication," said Leal. "When a veteran is traveling out of his/her home area, we want this to be part of the veterans checklist of things to do. Contact the traveling veterans coordinator so we can coordinate your care."

For more information call Sheryl Russo or Lynda Perez at (956) 291-9207 or fax them at (956) 291-9392.

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2.10 - GovernmentCIO (Video): [Veterans Affairs CTO Explains How it Relaunched VA.gov](#) (8 November, Michael Hoffman, 300 uvd)

Veterans Affairs relaunched VA.gov Wednesday to make it easier for veterans to access their benefits and health information.

The VA teamed up with the U.S. Digital Service to make it happen. Originally scheduled to launch on Veterans Day, the VA relaunched it ahead of schedule.

VA Chief Technology Officer Charles Worthington discussed the goals of the relaunch as well as the feedback the VA used to achieve it.

For more more information about the effort, Marcy Jacobs, executive director of the Digital Service team at Veterans Affairs, spoke with GovernmentCIO Media Reporter Amanda Ziadeh about their work.

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3. [Business Transformation](#)

3.1 - Sioux City Journal: [Grand opening for Dakota Dunes VA clinic is Nov. 16](#) (8 November, Dolly A. Butz, 91k uvm; Sioux City, IA)

A grand opening celebration will be held at the new VA outpatient clinic in Dakota Dunes Nov. 16.

The clinic, 380 West Anchor Drive, will serve veterans in seven counties: Woodbury, Plymouth, and Cherokee in Iowa; Dakota and Dixon in Nebraska; and Clay and Union, in South Dakota.

A brief program, tours of the facility and refreshments will follow a 2 p.m. ribbon cutting.

The mobile Vet Center, which will be on site from 9 a.m. to 4:30 p.m., offers readjustment, PTSD, bereavement, marriage and family counseling, as well as information about VA services, including benefits and suicide prevention.

Primary care, mental health, home-based primary care, clinical pharmacy, social work, audiology and nutrition services will be offered at the clinic. Multiple specialty services, such as cardiology, pulmonology, dermatology, wound care, pain management are available by telehealth.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Politico: [Day after: Surveying the aftermath](#) (8 November, Darius Tahir, 8.7M uvm; Arlington, VA)

DAY AFTER — SURVEYING THE AFTERMATH: The electoral tides have changed — and now it's time to see who's still afloat. While the exact scale of the changes is TBD, we can see the shape of what's to come:

— The House: With Democrats taking the House, there will be a whole new cast of characters in leadership. Party leaders began to signal their upcoming moves Wednesday, and we can start to prognosticate what's going to happen next. The best guess right now is that we will see Speaker Nancy Pelosi in 2019, though many in the incoming Democratic class have said they'd like to see change atop the caucus.

Further down the totem pole, Rep. Diana DeGette of Colorado has said she's running for majority whip, the number three job in the House. That's currently Rep. Jim Clyburn's spot, meaning that we could see a high-profile race in caucus leadership. Long-time health care watchers know that DeGette, of Colorado, was one of the architects of the mammoth 21st Century Cures Act.

We also got a sense of committee chairs' priorities. Rep. Frank Pallone, the presumptive leader of the Energy and Commerce Committee, circulated a list of priorities to reporters Wednesday. Of note on Pallone's list: lowering health care costs; protecting net neutrality; and providing meaningful privacy protections. The last item on the list is particularly important: Pallone was opposed to the 42 CFR Part 2 rule overhaul that consumed so much attention during negotiations over the massive opioid legislation, and many observers are discussing the

possibility of bipartisan national privacy legislation. Our Health Care colleague Adam Cancryn has a more in-depth look at the New Jersey pol's priorities here.

Energy and Commerce's Health Subcommittee is another a spot to keep an eye on: Rep. Anna Eshoo has said she's interested in chairing the panel. The Silicon Valley Democrat has long been known as a telehealth booster.

One last potential committee chair to keep an eye on: Mark Takano at Veterans' Affairs. Takano did a Q&A with our own Arthur Allen and broke down his priorities for the panel. The Southern Californian Democrat praised his predecessor, Phil Roe, for his bipartisan approach to committee business and said he'd continue it, were he to chair the committee. Takano said he'd be keeping an eye on the Cerner implementation at the VA, as he'd been interviewing potential staffers with tech backgrounds. "It will take some strong, technical expertise to oversee this," he said. He also seems to be skeptical about the parallel implementation at Defense, saying, "My initial impressions of the early rollout [at the military] weren't great."

At a lower level, some in-doubt races got resolved — or close to it — on Wednesday. Texas Republican Rep. Will Hurd, who has focused on IT and cybersecurity issues, holds a narrow edge — just over a thousand votes — in his closely contested race against Gina Ortiz Jones. Wednesday afternoon, the Democrat vowed not to concede until all votes — which include overseas military ballots and provisional votes — were counted.

In New Jersey, meanwhile, Democrat Andy Kim holds a narrow edge over Rep. Tom MacArthur, a key dealmaker in Republicans' 2017 quest to repeal and replace the Affordable Care Act.

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4.2 - Becker's Hospital Review: [VA's EHR project is 'yellow trending towards red,' says report obtained by ProPublica](#) (8 November, Jessica Kim Cohen, 296k uvm; Chicago, IL)

The Department of Veterans Affairs' EHR contract with Cerner has been plagued by multiple roadblocks during the past year, including personnel issues and changing expectations, according to a ProPublica investigation.

Former VA Secretary David Shulkin, MD, released the agency's plan to scrap its homegrown EHR VistA for a Cerner system during a news briefing in June 2017. Almost one year later, the VA finalized a \$10 billion no-bid contract with Cerner to implement its EHR systemwide over a 10-year period, beginning with a set of test sites in March 2020.

However, a recent progress report by Cerner rated its EHR project with the VA at alert level "yellow trending towards red," according to ProPublica. To investigate the underlying factors that have contributed to the EHR project's problems, the publication reviewed internal documents and conducted interviews with current and former VA officials, congressional staff and outside experts.

Here are five details from ProPublica's investigation:

1. When Dr. Shulkin initially announced his plan to implement Cerner at the VA, he emphasized the EHR would provide "seamless care" to veterans, since the Department of Defense had also recently signed a contract with Cerner. However, in September 2017, the VA convened a panel

of industry experts who objected to this claim, noting two health systems using Cerner doesn't mean they will be able to share all data with one another.

2. At another meeting, Cerner representatives gave a presentation on how their software would be able to share data with private providers, three people present told ProPublica. However, Dr. Shulkin noticed the representatives were only talking about prescription data, rather than the full record of health data, lab reports and medical images that the VA would need. Dr. Shulkin reportedly cut the meeting short and told Cerner to come back with a better solution.

3. Cerner's off-the-shelf product didn't match the VA's EHR needs, according to ProPublica. While Cerner's software successfully helps private hospitals bill insurers, the VA doesn't need these same functionalities, since the agency serves as the sole payer for its patient population. Cerner's product also didn't have features for some of the VA's core specialties, such as post-traumatic stress disorder, since these conditions aren't as common in the general population.

4. Dr. Shulkin, who left the VA in March, reportedly wanted to find a CIO with a background in healthcare and experience leading major software transitions to helm the EHR project. The VA enlisted two search firms, which identified several qualified candidates, according to sources who spoke with ProPublica. However, the Presidential Personnel Office rejected them, and the White House instead proposed candidates who had worked on the Trump campaign but didn't have a background in health IT.

5. At a recent subcommittee hearing, some lawmakers questioned the VA's work on the Cerner project and asked whether the DOD should head up its implementation. Instead, the VA and DOD secretaries opted to sign a joint statement Sept. 26 pledging to align their EHR strategies. However, industry experts warned ProPublica that the agencies have different medical priorities, as the DOD treats young people with acute injuries while the VA provides long-term care to those with complex illnesses.

VA spokesman Curt Cashour declined to answer specific questions from ProPublica, saying that "efforts thus far have been successful and we are confident they will continue to be successful." The White House didn't provide answers to a list of questions ProPublica sent, and Cerner also declined to comment.

To read ProPublica's investigation, [click here](#).

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Sacramento Bee (AP): [First female veteran to join VA Puget Sound "Wall of Heroes"](#) (8 November, 2.3M uvm; Sacramento, CA)

SEATTLE - A 98-year-old female US Army Corps veteran has been inducted into the VA Puget Sound Health Care System's Wall of Heroes, making her the first woman to receive the honor for her service.

Frances E. Harman was among those honored by Gov. Jay Inslee and Veterans Affairs Department officials Thursday during an annual ceremony at the health care system's Seattle campus.

A plaque honoring Harman will join the facility's "Wall of Heroes."

Harman was a first lieutenant in the U.S. Army Nurse Corps during World War II, serving in the burn unit of a field hospital on New Guinea. She served in the Corps from 1943-1946.

Her military awards include the Meritorious Unit Award, Three Overseas Service Bars, the American Theater Ribbon, the Asia/Pacific Theater Ribbon with one Bronze Battle Star, and the Victory Medal.

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6.2 - Courier-Journal: ['It keeps me sober': Arts provide saving grace for Louisville veterans](#) (8 November, Bailey Loosemore, 704k uvm; Louisville, KY)

James "Jimbo" Fredrick's hands moved quickly across the wet clay, smoothing and pinching it until the once flat slab took the shape of a rectangular box.

It was a Thursday afternoon in late October. And like every Thursday for the past five years, the 63-year-old had found himself with a small group of fellow veterans, trying his hand at yet another new art project.

The men in the group have all dealt with traumatic experiences since leaving the military. Like Fredrick, they've struggled with substance abuse, identified mental illnesses and even lived on the streets.

The men have been through therapy and counseling and rehabilitation. But they've all kept returning to the weekly art program, if for one main reason:

It gives them peace.

"It keeps me sober, I know that," Fredrick said of the program, which is run by the Kentucky Center for the Arts. "It gives me something to do. It's better than sitting around at home all day watching television."

Since 2009, the Kentucky Center for the Arts has organized art programming for a number of Louisville health care facilities through its Arts in Healing initiative, which hires artists to lead classes for people in crisis.

The goal of the initiative is to inject creativity into the healing process — a practice that's been proven to increase self-esteem, decrease patients' need for pain medication and reduce the length of hospital stays, according to a report from Americans for the Arts.

Arts in Healing director Kristen Hughes said the initiative currently offers classes at 17 wide-ranging facilities, including Our Lady of Peace, Volunteers of America and the University of Louisville's James Graham Brown Cancer Center.

But its largest client base comes from the Robley Rex VA Medical Center, 800 Zorn Ave., which has asked the Kentucky Center to incorporate art programming into as many of its divisions as possible.

"I think it's because this VA, this staff started seeing the value," Hughes said of the program. "It's eight years of growing and nurturing and connecting with veterans."

In 2013, Fredrick was five months sober and was working to secure permanent housing when he came across one of the arts program called Heroes Create!.

The program was created specifically for veterans who'd experienced homelessness, and it takes place every Thursday at the downtown Salvation Army campus.

When he first started attending the class, Fredrick was quiet, like many other veterans, and it took years for him to open up and share details of his upbringing, said lead art teacher Pat Sturtzel.

Now, Fredrick repeats his story easily, talking about the years he spent in an orphanage in Chicago and the decades he spent living on Louisville's streets.

For two years in between, Fredrick served as a paratrooper in the army, from which he was honorably discharged in 1978.

Without a steady job, Fredrick spent years moving between cities before he settled in Louisville in 1986, sleeping most nights at the St. John Center for Homeless Men, 700 E. Muhammad Ali Blvd.

It was there that Fredrick met a social worker with the Veterans Affairs Supportive Housing program, who helped him file for Social Security and enter a recovery program at the VA medical center.

Fredrick took mandatory art classes as part of the program, but he elected to continue them after graduating and finding permanent housing.

"I always kept up with doing some type of artwork," said Fredrick, who even created an art studio in his one-bedroom apartment. "It don't take a genius."

But it does take skill, said Dennis Scott, a veteran who's attended Heroes Create! for about a year.

"I'm a perfectionist; I'm too left-sided," Scott said. "I look at stuff and all I see is a lump of clay or a blank sheet of paper. But I like working with my hands."

Scott said he learned about the classes from VA peer support specialist James Taylor, who acts as something of a conversation starter during the sessions. He's continued to attend because it prevents him from isolating himself from the community.

"I'm never satisfied with my work, but I enjoy the process," Scott said. "Most of the stuff I make, I throw away."

"When he told me that," Taylor said, shaking his head without finishing his sentence.

But the feeling is something Taylor understands. When he first joined the art sessions as a VA employee, he was scared his artwork would be terrible, and he'd spend days working on projects that other veterans took a quarter of the time to complete.

"I was such a perfectionist," said Taylor, an air force veteran. "... Finally, they were like, 'just let it flow. Don't even think about it.' I started doing that, and all of a sudden, I'm starting to make stuff.

"There's no right or wrong here. That's the opposite of everything I ever learned."

Hughes, the director of Arts in Healing, said art invites veterans and others who are experiencing trauma to tap into their hearts and souls, to express feelings they might not be able to say verbally.

"I think it's really important that we acknowledge the whole other side of ourselves," Hughes said. "We see where being in our heads has gotten us."

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6.3 - KCNC (CBS-4, Video): [Veterans Organizations Help Their Own With Homeless Outreach](#) (8 November, Tori Mason, 496k uvm; Denver, CO)

Veterans organizations are working to help some of their own who are living on the streets.

The 28th Annual Homeless Veterans Stand Down is a one-stop shop to serve those who served our country.

Veterans came to the Colorado Army National Guard Armory Thursday and received clothing, haircuts, food and medical care. They even got help with job placement, legal issues and housing.

"Sometimes we're not able to get to these services out on the street, so coming to one place and getting everything is pretty nice," said veteran Andrew Livingston.

This is a combined effort of the Denver VA Regional Office, VA Eastern Colorado Health Care System (ECHCS), Veteran Service Organizations and community partners such as the Colorado Veterans Project, Veterans of Foreign Wars, Disabled American Veterans, and the Elks Club.

Veterans make up about nine percent of the homeless population.

Volunteers at the stand down were able to help around 350 veterans Thursday. In previous years, that number has been as high as 600.

"Veterans are very proud and that pride keeps them from asking for help. Even if they know somebody can help them, it takes a lot for them to come here today," said VA PIO Rebecca Sawyer.

If you know a veteran who is homeless or at risk of becoming homeless, call the National Call Center for Homeless Veterans at 877-424-3838. They'll assist you in getting them the help they need.

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6.4 - WMAQ (NBC-5, Video): [Suburban Residents Speak Out Against Proposed V.A. Cemetery](#) (8 November, Christian Farr, 483k uvm; Chicago, IL)

A controversy is brewing in the suburbs, as neighbors are upset over a Department of Veterans Affairs plan to put a cemetery on vacant land.

Residents in South Barrington and Hoffman Estates are worried about increased traffic caused by the cemetery, and say that plans for honor guards to shoot rifles several times a day could cause problems as well.

"This is not the appropriate place for veterans to lay in peace," South Barrington resident Raaz Basati said.

The proposal, put forth by the VA, would build a veterans' cemetery on a 15-acre plot of land that is up against several residential areas near the intersection of Freeman and Mundhank Roads in South Barrington.

The VA says that it will honor deceased veterans with rifle salutes between 10 a.m. and 3 p.m. on weekdays, but that plan is drawing ire from residents.

"How can you say that you will have gunshot salutes going on three to five times a day, and yet there would be no implication on our children?" Basati said.

Village President Paula McCombie says her office first found out about the cemetery proposal back in June, but told the VA that the village zoning laws would not permit a cemetery to be built on the land, because it is too small and too close to residential areas.

In a statement, the VA said:

"This site in South Barrington meets our initial criteria, with the property immediately adjacent to the Cook County Forest Preserve, in close proximity to commercial areas, and mostly separated from residential development."

The VA will host a community meeting on Thursday for residents to voice their concerns, but most don't feel that they can be convinced to give the thumbs-up for the cemetery to be built.

"How is this a peaceful location for the veterans and their families? I just don't understand," Basati said.

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6.5 - The Augusta Chronicle (Video): [Veterans get recognition for service at VA Medical Center's Veterans Day Ceremony](#) (8 November, Jozsef Papp, 428k uvm; Augusta, GA)

Command Sgt. Maj. Douglas Howard Jr. stood in front of a room full of veterans Thursday to talk about the importance of recognizing them for their service.

Howard, the speaker of ceremony for the Veterans Day event held at Charlie Norwood VA Medical Center, began by making some jokes about the different branches of the military before thanking the veterans in attendance.

"I'll like to thank all the veterans. The real heroes of the past, present that have made, not only this day possible, but every day," Howard said. "These are the ones that have made America great again and again."

Throughout his speech, Howard gave examples on how they can be thanked by regular civilians. He said some people might not realize they can run into a veteran every day as a neighbor, a coworker or a person sitting next to them on a bus.

Howard served in the Army for 28 years, enlisting in 1974. His father served for 30 years and fought in the Korean and Vietnam wars. Although originally he didn't think about enlisting, he hasn't looked back since. He said he would do it all over again.

"I come from a lineage of Army, that is in my blood, it runs in my blood," he said. "I just wanted to make sure that the public understand that is alright to thank us, it's alright to talk to us. All we want to know is that you care."

Denise Cook, VA recreational therapist certified therapeutic recreational specialist, said this is the biggest crowd they have had at the ceremony since she organized it in 2013. She hopes that veterans are inspired and feel appreciated for the sacrifices they made.

"If it wasn't for the veterans, we wouldn't have the privileges and rights we have today in this country," Cook said. "It is important that they are remembered and they are acknowledged, not just on this ceremony, but everyday at the Charlie Norwood VA Medical Center."

During his speech, Howard made a request to the VA to "do their job" and serve veterans in the best way possible. He hopes Charlie Norwood becomes one of the best VA centers in the country, and suggested how to accomplish it.

"Doing their job means standing by their mission, standing by their values, taking care of us veterans like we are the best thing since sliced bread," Howard said. "That is all we are asking, just to be taken care of, get the best care available."

"As you see World War II veterans are dying away, Vietnam veterans are starting to go, these young kids coming back from Afghanistan and Iraq, they are going to need a lot of help, so we've got to rally around the flagpole, sort of speak, and come up with the best VA system that will treat our veterans and give us the right to services that we deserve."

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6.6 - KCRG (ABC-9, Video): [Homeless veteran population up by over 14 percent in Iowa](#) (8 November, Chantelle Navarro, 199k uvm; Cedar Rapids, IA)

Lawmakers are looking for solutions to help bring down the number of homeless veterans in the state. A study by the U.S. Department of Housing and Urban Development showed an increase here in the state.

Iowa Senators Joni Ernst and Chuck Grassley sent a letter to the VA asking for answers. The report shows since 2017 veteran homelessness nationally has decreased from 40,020 to about 37,878 or about 5.5 percent. But in Iowa, the number of homeless vets has increased 14.6 percent since 2017. Those state numbers don't apply to parts of eastern Iowa, though.

Veteran's Affairs Health Care for Homeless Veterans Work Supervisor Jennifer Smentek said it's actually down 3.5 percent in Linn and Johnson County.

"Veterans are still homeless and we always want to get them off the street and into stable housing and we certainly are working towards that," said Smentek.

Jimmie Newbury was an army infantryman from 1967 to 1973. He moved around a lot after he got out. At one point, he even lived on the street for about a year.

"I had Hepatitis C from needles and stuff back in my day and it kind of got worse. Then, I was homeless," said Newbury.

Newbury said the programs offered at the VA office helped save his life.

"I was living in dumpsters, boxes, wherever you think you can stay to keep warm," said Newbury.

Smentek said this case is unfortunately not unique.

"Veterans are still homeless and we always want to get them off the street and into stable housing and we certainly are working towards that," said Smentek.

She pointed out that not everybody in the stats are on the streets, some at least are set up with shelter through programs like grant per-diem beds. But when reports like this are released, it gives them the chance to get the resources to continue to help people.

"It provides us with the opportunity to work with HUD and to work with the VA to provide those programs " said Smentek.

Newbury said, now, he highly recommends others in his situation to reach out, too.

"If you're a veteran and you're in need, get to the VA so that you can get help," said Newbury.

To read the full HUD report, [click here](#).

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6.7 - Citizen-Times (Video): [Brothers Like These 1: 'I felt like I was going crazy'](#) (8 November, Angela Wilhelm, 128k uvm; Asheville, NC)

Ed Norris, a veteran of the Vietnam war, served in the United States Marine Corps from 1965-1968. This is the first in a series of five videos by the Citizen Times on the writers of the Brothers Like These writing group.

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder.

The men wade through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

A brotherhood has formed among the veterans turned writers, who joke they were drafted into the Brothers Like These writing program by Dr. Bruce Kelly, a primary care physician who heard many speak of the lasting torments of that war.

“We have a collective obligation to their recovery and healing,” said Kelly, “They deserve the opportunity to have their voices heard and finally see themselves as the hero of their own stories.”

In a collection of videos by the Citizen Times, members of the Brothers Like These writing group share their journey and their powerful writing.

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6.8 - Daily Herald: [What if a national veterans cemetery, with daily rifle volleys, were in South Barrington?](#) (8 November, Bob Susnjara, 95k uvm; Arlington Heights, IL)

South Barrington would become home to an extension of Abraham Lincoln National Cemetery for military veterans under a federal agency's proposal that's drawn concern from the village's mayor about periodic rifle volleys expected at the site.

Under what's called an urban initiative, the U.S. Department of Veterans Affairs wants to acquire 15 acres near Mundhank and Freeman roads for the columbarium cemetery. Documents show federal officials are developing a master plan to start with 5,000 niches for cremated remains to be placed in a series of walls, growing to 50,000 over 100 years.

Officials from the VA's National Cemetery Administration will host a public presentation on the plan from 6:30 to 8 p.m. Thursday at Hilton Garden Inn, 2425 Barrington Road in Hoffman Estates. Those who attend may provide feedback to the federal representatives.

If built, the South Barrington cemetery would provide a more convenient Chicago-area military burial option for eligible veterans and their families as part of the push to have such facilities closer to a city core, according to the VA. Lincoln National in Elwood is 57 miles from downtown Chicago.

Ceremonies would occur at the proposed South Barrington cemetery, including rifle volleys honoring the veterans before they are laid to rest. The rifle fire is expected three to five times per weekday when there are burials.

"Our veterans earned VA burial benefits and are recognized with a memorial honor guard," agency spokesman Rick Fox said. "Rifle volleys that are part of this recognition would occur between the hours of 10 a.m. to 3 p.m. on weekdays. The site would be designed in a manner to direct the associated rifle volley noise away from the existing residences."

But South Barrington Mayor Paula McCombie, who stressed she supports veterans, said the "misguided" proposal would not fit in an area that includes the Barrington Homestead Estates and The Preserve of South Barrington residential subdivisions. Cook County's Paul Douglas Forest Preserve is just west of the VA's proposed project.

"We would love to have them in South Barrington, but at that location, considering they're going to be firing guns off three to five times a day in a residential district and disturbing the peace of the residents that back up to the facility, we have to wait to hear from our residents to see what their opinion is of this," McCombie said.

Under the VA's tentative proposal, a main entrance wall and gate would be built with U.S. flags leading into the cemetery. There also would be natural and ornamental landscaping, a funeral cortège parking area, 30-foot-by-30-foot committal service shelter, a memorial marker wall and a roughly 1,300-square-foot public information and restroom building where visitors could use an electronic gravesite locator.

McCombie said the VA would need to go through the village's approval process to gain a zoning change for the cemetery to be built on the 15 acres currently designated for single-family houses on 1-acre lots.

Jacob Zimmerman, superintendent of the Veterans Assistance Commission of Kane County, is among those supporting the South Barrington plan. He said the Chicago area lacks veterans cemeteries, so the idea is "a no-brainer to ensure that there is a lasting tribute to our veterans who have given so much."

Arlington National Cemetery began offering a 5,000-niche columbarium in 1980. Arlington National plans to have 50,000 niches.

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6.9 - WTVW (FOX-7): [Oak Hill Cemetery's Veterans Day service recognized by the US Dept. of Veterans Affairs](#) (8 November, 43k uvm; Henderson, KY)

Oak Hill Cemetery will serve as a Regional Site for the celebration of Veterans Day for a sixth year in a row.

The celebration takes place at 1 p.m. on Sunday, November 11.

The US Department of Veterans Affairs selected Oak Hill Cemetery for the distinction, recognizing its annual Veterans Day service.

Oak Hill Cemetery is one of only 51 sites in the country and the only site in Indiana to receive the designation for 2018.

The VA Office of Public and Intergovernmental Affairs released this message:

“On behalf of the Veterans Day National Committee, I am pleased to announce that the City of Evansville, Indiana has been selected as a regional site for the commemoration of Veterans Day 2018. Your regional site, as well as other sites around the country, serve as fitting tributes to America’s heroes, as well as models for other communities to follow in planning their own observances.”

In case of inclement weather, the service will be held in the Chapel of Memories.

Earlier in the day, the Veterans Council will hold its annual service at Locust Hill Cemetery at 11:11 a.m. The service at Locust Hill will be in the Mausoleum Chapel rain or shine.

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6.10 - Times Record: [VA emphasizes women’s health training](#) (8 November, John Lovett, 21k uvm; Fort Smith, AR)

With more women serving in the military than ever before, the U.S. Department of Veterans Affairs is putting more effort into training doctors and nurses for gender-specific care at the VA’s smaller community based outpatient clinics like the one in Fort Smith.

The number of female veterans receiving health care from the VA tripled from 160,000 to 475,000 between 2000 and 2016, according the VA. A 33 percent increase in female veterans is expected in the coming year alone for west central and northwest Arkansas.

About 1,000 female veterans currently use the VA Outpatient Clinic in Baptist Health Medical Plaza. Another 2,600 or so use the VA clinics in Fayetteville and southwest Missouri. Roughly 8,000 women who served in the military populate the area as defined by the VA.

Dr. Suzanne Taylor of the Overton Brooks VA Medical Center in Shreveport was one of the trainers sent by the VA to Fort Smith this week to provide a “mini residency,” or refresher course to the nurses and doctors.

“We realize now with more and more female veterans to serve, we need to get the training to the people in the rural areas,” Taylor said. “Women are the fastest-growing group of military veterans, and one in every five new military recruits is a woman.”

Although Fort Smith and Fayetteville are considered metropolitan by the U.S. Census Bureau, the VA’s Office of Rural Health considers these areas 50 percent rural. Smaller towns like Ozark are considered 100 percent rural.

Taylor explained that although the providers may have received women’s health specific training in medical school, for a long time they have seen primarily men. Even the word “veteran” is usually associated with a male, she added. That’s changing as more women serve in the military.

With the refresher course, the number of people trained on gender-specific, trauma-informed care at the Fort Smith VA Outpatient Clinic jumps from one to nine. Four of those nine are women.

Rosie Harris, MSN-RN, Women Veterans program manager at the Veterans Health Care System of the Ozarks in Fayetteville, said the training improves access for women to get comprehensive care.

“They don’t have to fracture their care and do just primary care with their VA doctor and go somewhere else for their women’s services,” Harris said. “They can get it all in one place.”

Breast and cervical cancer screenings, contraception and menopause education are a few of the gender specific issues being addressed in the refresher course. Staying aware of potential “triggers” that could shut someone down is part of it as well. Saying the wrong thing could keep a nurse or doctor from learning more about their patient’s medical history.

“We have to be conscientious about the words we say and how we say it,” Harris added.

Harris noted roughly half of veterans, both male and female, identify with having a post traumatic stress disorder. Female veterans have additionally seen an increase in military sex trauma and because of these factors, many women tend to prefer women health care providers over men, Harris added. Women who have served in the military and are unsure if they qualify for VA benefits should apply and find out, Harris said.

Sarah Cowie Miller, an experiential learning specialist with Promethium Federal Services in Washington, D.C., is another one of the trainers. She says many mistakes made by VA health care providers and nurses are innocent because of past experiences. For example, a war-zone medic holding down a patient to do an exam. Taking the nurses and doctors through a simple scenario to point out mistakes, but also instill confidence, is part of the training.

“They’re thinking about what is inappropriate, transitioning to a different way of care, becoming aware of their own habits and instincts,” Miller said of the training exercises. “They’re rethinking perceptions, but also gaining confidence in themselves as providers and compassionate people.”

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6.11 - KOTA (ABC-3): [Hundreds of area veterans poured into the Civic Center for annual stand down](#) (8 November, 21k uvm; Rapid City, SD)

Hundreds of Black Hills area veterans converged on the Civic Center for the 2018 Veteran Stand Down and Resource Fair Thursday.

Hosted by Department of Veterans Affairs (VA) Black Hills Health Care System (BHHCS), this stand down connects Veterans, specifically homeless or at risk of being of homeless vets, with important social resources and services. A meal was provided by Goodwill of the Great Plains as well as cold weather items such as blankets as well as hygiene kits and duffel bags. Veterans were able to get free hair cuts, flu vaccines and learned all about their VA benefits and health care.

“Well as a veteran myself I really feel honored to serve veterans and I think a lot of our veterans her in the Rapid City area are very deserving and we want to make sure that they get everything

that they deserve and frankly I think it's a service for everybody here at the Civic Center today," said Jamison Hild with VA BHHCS, "they all feel honored to kind of work with this population."

If you or a veteran you know wasn't able to make it to the stand down, you can learn all about your veteran's benefits at the Veteran Outreach Center at 111 New York Street in Rapid City.

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6.12 - KVRr: [Fargo VA Puts on Open House, Enrollment Fair for Veterans](#) (8 November, Danielle Church, 14k uvm; Fargo, ND)

Fargo's VA Health Care System is trying to make sure veterans in the community know what community services they can benefit from.

They put on a veterans open house and enrollment fair at NDSU so veterans could learn about the different services both the VA and other community, veteran organizations offer. They encourage veterans to check their eligibility for healthcare because the rules always change. Fifteen veteran organizations were at the open house.

"Veterans have earned any and all services that we can offer to them. They are our heroes and we always want to do what we can to ensure that they're provided with good healthcare, they get the benefits they need that they deserve," said Lavonne Liversage, VA Healthcare System director.

Fargo's VA holds about 50-60 outreach programs a year for veterans.

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6.13 - Mississippi Public Broadcasting (Audio): [First Ever Food Pantry For Veterans Opens In Mississippi](#) (8 November, Ashley Norwood 700 uvm; Jackson, MS)

Barbara Franklin is a veteran. She is going through the pantry, picking up food items and beverages.

Franklin lives in Greenville but she says she visits the Sonny Montgomery VA medical center in Jackson for checkups throughout the year. She thinks the pantry is a great idea.

"Well, it's good for those who need it. Every time I come down here, I'm going to look for it," said Franklin.

The Mississippi Food Network and the Veterans of Foreign Wars Foundation are partners with the VA medical Center pantry. Marilyn Blackledge, with the food network says, many veterans in the state are food insecure.

"A lot of our veterans are living on a fixed income, or they're living on disability and it's very hard for them to make ends meet. So doing this, they will be able to come, they will be able to get food, they won't have to make the decisions of whether to buy their medicine or whether to pay rent or buy their food," said Blackledge.

Dr. David Walker, director of the medical center says the addition of the pantry is key in the overall healthcare of veterans in Mississippi.

"Yes it's about healthcare, but it's also about what about if they're homeless, now what about if they're hungry? You know what about preventive care? So it's not just hospitalization or healthcare. To me it's like a whole health approach and so that's why this is so important," said Walker.

Dr. Walker says the food pantry is open every Wednesday from 10 am to 2pm at the VA Medical Center in Jackson. All veterans are welcome. Ashley Norwood, MPB News.

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7. [Other](#)

7.1 - Reuters: [Factbox: 'You're fired!': how Trump has dismissed White House staff](#) (7 November, 43.7M uvm; New York, NY)

Before he became U.S. president, Donald Trump was famous for dismissing contestants on his television show "The Apprentice" with a resounding "You're fired!"

But at the White House, he has often outsourced the job of booting employees to his chief of staff - and then announced the departures via Twitter.

On Wednesday, he tweeted that Attorney General Jeff Sessions was out. Sessions is the latest in a series of people to leave Trump's administration.

[...]

DAVID SHULKIN, VETERANS AFFAIRS SECRETARY, MARCH 28, 2018

White House officials said Trump got tired of negative headlines about Shulkin's travel expenses and infighting within the VA. Shulkin said in an interview with MSNBC that Kelly told him he was fired just before Trump tweeted the news - and that Trump had failed to mention it during a phone conversation only hours earlier.

ATTORNEY GENERAL JEFF SESSIONS, NOV. 7, 2018

Trump soured on Sessions after the former senator recused himself from overseeing the FBI's probe of Russian interference in the 2016 presidential election. In one of his first orders of business after the Nov. 6 congressional elections, Trump tweeted that Sessions had been replaced, and thanked him for his service. Kelly had phoned Sessions earlier with the news. Sessions said in a letter to Trump that he had resigned at the president's request.

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7.2 - NPR: [What We Know About The Thousand Oaks Shooting Suspect](#) (8 November, Laurel Wamsley, 15.5M uvm; Washington, DC)

Authorities have identified the suspect who killed 12 people at a country music bar in Thousand Oaks, Calif., as 28-year-old Ian David Long.

Long, who apparently killed himself, was a Marine Corps veteran and was known to local law enforcement.

Ventura County Sheriff Geoff Dean said during a news conference Thursday morning that his department has had "several contacts with Mr. Long over the years" including minor events such as a traffic collision. Long was also the victim of battery at a local bar in 2015.

In April, there was a troubling incident in which deputies were called to Long's house after reports of a disturbance.

"They went to the house. They talked to him," Dean said. "He was somewhat irate, acting a little irrationally."

Deputies called the crisis intervention team, and mental health specialist who met with Long. The specialist didn't feel that Long qualified to be detained under 5150, the California law that allows for a 72-hour psychiatric evaluation if a person is deemed a danger to himself or others. Long was left at the scene at that time, the sheriff said.

Long served in the Marines from August 2008 until March 2013. A machine gunner who attained the rank of corporal, he served about seven months in Afghanistan, from November 2010 to June 2011. His last duty station was at Kaneohe Bay, Hawaii.

Dean said that when deputies were dispatched to Long's residence in April, there was concern that, given his status as a veteran, he might be suffering from PTSD. The Department of Veterans Affairs said on Thursday that Long was not enrolled in VA health care at any time.

A Pentagon official told NPR's Tom Bowman that Long "was not a stellar Marine." The official says Long received two infractions in 2009 for shoplifting at a post exchange. Long received an administrative punishment, but it wasn't enough to force him from service and he was honorably discharged. Long received no personal awards aside from the Combat Action Ribbon, which is given to anyone who is fired on by the enemy or fires at the enemy.

Court records show Long was married in 2009, separated in 2011 and divorced in 2013, The Associated Press reports. The president of California State University, Northridge, said in a statement that Long was a former student at the school, most recently in 2016.

Long lived with his mother at a house she owns in the nearby town of Newbury Park. On Thursday morning, deputies were outside the house as they sought a warrant to conduct a thorough search of the property.

A neighbor, Tom Hanson, told local television station KTLA that he and other neighbors knew Long "had issues." He described an incident — which seems to match the April episode mentioned by the sheriff — in which he called law enforcement to Long's house because it "sounded like he was tearing down the walls of the house, like somebody's just beating on the walls with a big hammer or something."

Since that incident, Hanson said, things had quieted down. He said he had assumed Long must be getting treatment of some kind.

When Long approached the Borderline Bar & Grill in Thousand Oaks, he used a Glock 21 .45 caliber handgun that he purchased legally, according to Dean. The weapon had an extended magazine, but law enforcement has not determined how many rounds it could hold with the modification, or whether the shooter reloaded the weapon during the shooting.

Law enforcement has not confirmed witness reports that Long set off smoke bombs at the bar.

Authorities were still working to identify the victims and inform their families.

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7.3 - The Wall Street Journal: [Police Probe Motive in Southern California Bar Massacre](#) (8 November, Ian Lovett, Dan Frosch and Zusha Elinson, 13.3M uvm; New York, NY)

THOUSAND OAKS, Calif.—Shortly after 11 p.m. Wednesday, a 28-year-old Marine Corps veteran strode up to the front entrance of a country music bar in this Los Angeles suburb that was hosting its weekly college dance party.

As more than a hundred people sipped drinks and took line dancing lessons inside, Ian David Long, bearded and dressed in black, took out a .45 caliber pistol equipped with an extended magazine and shot the bouncer. Entering the door to the bar, he shot several more employees including a cashier while hurling a smoke bomb, witnesses told investigators. Then he turned his handgun on the crowd.

In a matter of minutes, 12 people were killed, according to authorities. Long was later found dead inside the building, having apparently shot himself.

“It was like fish in a barrel,” said Matthew Curry, 20, who was walking from the dance floor when he heard five shots outside the bar before the shooter entered.

The country music blaring through the bar was pierced by the sounds of men crying and women screaming—and then, more gunfire. One man threw a bar stool through a window. Mr. Curry and others climbed through and jumped 8 feet to the ground below to escape, he said. “It was just mayhem.”

The bloodshed in this city 30 miles west of Los Angeles, which had only two homicides in all of 2017, came less than two weeks after a man shot and killed 11 people at a Pittsburgh synagogue.

From Las Vegas to Parkland, Fla., Pittsburgh to Santa Fe, Texas, the nation has been shaken by the frequency of mass shootings over the past two years. The Federal Bureau of Investigation says 30 active-shooter incidents in 2017 left in 138 people dead—both the highest totals since the FBI began keeping track in 2000. The FBI defines an active shooter as someone actively engaged in killing or attempting to kill people in a populated area.

In an eerie echo of recent mass shootings, a group of survivors of the massacre at a country music festival in Las Vegas last year would meet at the bar in Thousand Oaks, encouraged to

wear gear to mark surviving that attack. The bar had hosted benefit concerts for survivors and a vigil commemorating six months since that shooting.

A handful of those survivors were at the Borderline Bar & Grill during Wednesday night's shooting, said Stacie Armentrout, spokeswoman for the group. One, a Navy veteran named Telemachus Orfanos, was among those killed, she said.

"We're all sick to our stomachs and throwing up. It's all back and washed right over the top of us again," she said.

Authorities were trying to determine why Long, who served five years in the Marines and saw combat in Afghanistan as a machine-gunner, opened fire at Borderline, tucked away in a suburban strip mall. Long may have been struggling with post-traumatic stress disorder, Ventura County Sheriff Geoff Dean said at a briefing.

"It's a horrific scene in there. There's blood everywhere," said Sheriff Dean, who called the shooting a "tragic, senseless loss of life."

People who knew Long said he returned from his military service bulked up and apparently troubled in 2013, the same year his four-year marriage ended in divorce. His mother, with whom he lived, sometimes said she wished he would stay away, said a neighbor, Richard Berge.

In April, authorities were called to the Long home on a quiet suburban street, where they found him acting irate and irrationally, Mr. Dean said. Mental health responders arrived soon after but determined he wasn't a threat and didn't qualify for an involuntary psychiatric hold.

The shooter legally purchased the Glock pistol he used at a gun store in the city of Simi Valley in Ventura County, according to a law-enforcement official. He used an extended magazine during the attack, which may have been illegal in California. The state has outlawed magazines that can hold more than 10 rounds, but some older ones were exempted from that ban.

It was unclear why Long targeted the bar, which had invited students from local universities including Pepperdine, California Lutheran and Moorpark College, according to an attorney for the owner of the establishment.

Some students told of confusion rippling through the crowd after the gunman opened fire. "It took a couple seconds for people to realize what was going on and chaos broke out," said Cole Knapp, a 19-year-old college student.

When the gunman paused, possibly to reload, Mr. Knapp rushed to an outdoor balcony for smokers, crowded with people unaware of what was happening inside. He shouted for them to run.

Holden Harrah, 20, said that after he saw the shooter execute the cashier, he "fell to the floor to cover up for safety [and] started crawling."

When Mr. Harrah reached his car, he started hyperventilating, he said, his hands contorted in panic.

Cassidy Addison, 23, was sitting at a table with two friends when she heard a shot. At first she thought it the sound of a balloon popping, but after the second shot, she saw people duck under

tables and start running and she knew she needed to get out. She and her friends ran to the back of the bar and out the back door.

"I feel like I almost blacked out," she said. "I just knew the gunshots were coming from the front, so I ran to the back."

As he fired, the military-trained gunman was silent, witnesses said. He operated with lethal efficiency. Investigators believe only one person shot by Long survived, a sheriff's department spokesman said. Twenty others suffered injuries while trying to escape, the spokesman added.

Between five and six minutes after the first report of the shooting, a highway patrol officer and sheriff's sergeant, 29-year veteran Ron Helus, rushed into the bar, officials said. They exchanged fire with the gunman and Sgt. Helus was hit, fatally.

"He died a hero. He went in to save lives," said Sheriff Dean. Without Sgt. Helus's quick action, he added, many more would have died.

On Thursday, authorities searched the Long home for clues.

Long served in the Marine Corps from 2008 to 2013 and was deployed to Afghanistan from 2010 through 2011, according to a summary of his service records. After leaving the Marines, he never used Department of Veterans Affairs health care benefits, according to a department spokesman.

Twenty veterans commit suicide each day on average and 14 of those didn't seek government assistance, VA Secretary Robert Wilkie said recently.

Hours after the shooting, a crowd waited at a local teen center designated for people to reunite with loved ones.

Tucker Gibson, 19, had been searching for his childhood friend since first hearing news of the shooting at 5:30 a.m. He said he saw his friend's brother at the center, but still couldn't find the friend, who he knew frequented the bar.

"I came here from L.A. when I was 2 because my mom wanted to get away from danger," Mr. Gibson said in disbelief.

Nearby Pepperdine University said it was providing counseling services to its students. Freshman Alaina Housley was among those killed, it said.

Jason Coffman learned that his 22-year-old son, Cody, was killed in the shooting. "I am speechless and heartbroken," he said.

Wednesday night, he spoke to his son just before he went to the bar. "The first thing I said was 'don't drink and drive,' " Mr. Coffman said. "The last thing I said was, 'Son, I love you.' "

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7.4 - The Citizen: [Gillibrand, Rice push for updated VA motto to recognize women veterans](#) (8 November, Robert Harding, 56k uvm; Auburn, NY)

Two New York lawmakers will propose legislation that would alter the Department of Veterans Affairs' mission statement to be more inclusive and recognize women veterans.

U.S. Sen. Kirsten Gillibrand and U.S. Rep. Kathleen Rice will introduce a bill next week to change the VA's motto. The current mission statement is, "To fulfill President (Abraham) Lincoln's promise 'To care for him who shall have borne the battle, and for his widow, and his orphan' by serving and honoring the men and women who are America's veterans."

The VA's mission statement has been in place since 1959 and uses a quote from Lincoln's second inaugural address in 1865. Lincoln's quotation appears on a plaque outside the agency's headquarters in Washington.

But Gillibrand, D-N.Y., and Rice, D-Garden City, contend the existing statement doesn't recognize women who have served in the military, including more than 345,000 women who have been deployed since the Sept. 11 attacks.

Their bill would revise the mission statement to read, "To fulfill President Lincoln's promise to care for those 'who shall have borne the battle' and for their families, caregivers and survivors."

"Women have served in our military and given their lives to defend our nation since the founding of the country, and that includes the thousands of women who have made the brave and selfless decision to serve in our armed forces around the world today," said Gillibrand, a member of the Senate Armed Services Committee. "It's time for the VA's motto to formally reflect that fact."

Rice, who serves on the House Veterans' Affairs Committee, added: "The brave women who have worn our nation's uniform and their families deserve to be equally embraced by the motto of the very agency meant to support them. As we prepare to observe Veterans Day, this bill will finally give women veterans the recognition they deserve for their service and sacrifice — it's long overdue and anything less is unacceptable."

The legislation would require the Veterans Affairs secretary to publish a notification on the agency's website within 30 days of the bill's enactment explaining why the mission statement was changed and provide guidance for updating references to the motto.

After a six-month period, the Veterans Affairs secretary would be required to report to Congress on the agency's compliance with the new mission statement.

It's the second attempt this year to change the VA's motto. Rice authored an amendment to an appropriations bill that would've changed the mission statement. House Republican leaders, her office said, refused to allow a vote on the amendment.

Allison Jaslow, an Iraq war veteran and former executive director of Iraq and Afghanistan Veterans of America, said changing the mission statement isn't about "political correctness." She noted that other military institutions, such as the Air Force Academy and West Point, have revised language to be more inclusive.

"The tone of every organization is set at the top," she said. "With its motto, the U.S. Department of Veterans Affairs is telling women veterans and survivors of fallen women service members that they aren't seen. That they don't matter."

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Veterans Affairs Media Summary and News Clips

9 November 2018

1. [Top Stories](#)

1.1 - The Washington Post: [VA, skirting court order, kills 'official time' for medical professionals](#) (8 November, Joe Davidson, 30.6M uvm; Washington, DC)

Further poisoning the Trump administration's already noxious relationship with federal labor organizations, the Department of Veterans Affairs has rejected parts of collective-bargaining agreements with four unions. The heading on a memorandum sent to union leaders is blunt: "Notice of Repudiation."

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1.2 - USA Today (Video): [Don't blame PTSD for Thousand Oaks shooting, say experts](#) (8 November, Donovan Slack, 26.5M uvm; McLean, VA)

Authorities said the Marine Corps veteran accused of gunning down 12 people in California Wednesday had previously exhibited erratic behavior suggestive of post-traumatic stress disorder, but experts say his actions should not be blamed on PTSD... VA spokesman Curt Cashour told USA TODAY on Thursday that Long was "not enrolled in VA health care at any time."

[Hyperlink to Above](#)

1.3 - The San Diego Union-Tribune: [Nightclub shooting illustrates reluctance among veterans to seek mental health help](#) (8 November, Paul Sisson, 1.3M uvm; San Diego, CA)

Sonya Noman, a professor of clinical psychiatry at UC San Diego and PTSD researcher at VA San Diego, said there are three different forms of help — trauma-focused therapy, prolonged exposure therapy and eye movement desensitization and reprocessing therapy — that have been shown to be the most effective.

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1.4 - The Orange County Register: [After Thousand Oaks mass shooting, experts warn against linking PTSD with propensity for violence](#) (8 November, Deepa Bherath, 1.1M uvm; Santa Ana, CA)

The Veterans Administration in Washington D.C. said Wednesday that Long was never enrolled in their healthcare system. Only about 25 percent of veterans who have PTSD access care through the VA, said Dr. Michael Hollifield, who heads the PTSD division at the VA in Long Beach, which handles about 50 consultations a month.

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1.5 - The Des Moines Register: [At the VA, bureaucrats — not doctors — hold the scalpel](#) (8 November, Sally C. Pipes, 720k uvm; Des Moines, IA)

Staff at nine Veterans Affairs hospitals recently canceled more than 250,000 orders for diagnostic tests. They thought the orders were duplicative or unnecessary. In many cases, they were mistaken. As a result, veterans went without needed CT scans, ultrasounds, and other potentially lifesaving tests, according to a USA Today investigation.

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1.6 - Military Times (Video): [For today's VA, it's the best of times and the worst of times](#) (8 November, Leo Shane III, 471k uvm; Springfield, VA)

In a White House press conference Wednesday, amid a host of other topics, President Donald Trump stated that because of his leadership “our vets are doing better than they’ve ever done.” Yet his critics contend that over the last eight months, the Department of Veterans Affairs has never been in more disarray, with a confusing series of leadership scandals and management overhauls further diminishing public faith in the institution.

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1.7 - Military Times (Video): [As more female vets head to Congress, there's a new push to change VA's male-focused motto](#) (8 November, Leo Shane III, 471k uvm; Springfield, VA)

After three new female veterans won election in Tuesday's midterms, two female Democratic lawmakers are again pushing the Department of Veterans Affairs to change its motto to “be more inclusive to women.”

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1.8 - WRIC (ABC-8, Video): [Conflicting stories about who approved canine research at the VA](#) (8 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Someone is lying about who approved the continued deadly dog experiments at the Department of Veterans Affairs. Last week, 8News exposed McGuire VA Hospital in Richmond is still buying dogs for the studies despite federal and state legislation to stop it.

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1.9 - Federal News Network: [VA eliminates official time for some 104,000 employees](#) (8 November, Nicole Ogrysko, 100k uvm; Washington, DC)

The Veterans Affairs Department is eliminating official time for some 104,000 employees, the agency announced Thursday. All VA employees under Title 38 will no longer be able to use “taxpayer-funded union time,” as the department put it, starting Nov. 15. The move specifically applies to 104,000 medical professionals, including physicians, dentists, nurses, physician assistants and others.

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1.10 - WKEF (ABC-22): [After Thousand Oaks shooting, VA doctor says rare for PTSD sufferers to be violent](#) (9 November, Rhonda Moore, 8k uvm; Miamisburg, OH)

The Thousand Oaks shooter who killed 12 people was a former Marine who may have been suffering from PTSD or posttraumatic stress disorder.' It is a condition we hear a lot about but that doesn't mean everyone who suffers from it will become violent. In fact, doctors said it is rare. Eight out of every 100 veterans has PTSD. We talked to a doctor at the Veterans Administration who treats veterans with that disorder.

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2. [Improving Customer Service](#)

2.1 - Breitbart (AFP): [PTSD: The signature wound for many veterans](#) (8 November, 4.8M uvm; Los Angeles, CA)

Authorities in Southern California have identified the gunman who killed 12 people in a crowded bar as 28-year-old Ian David Long, a former Marine who may have been suffering from PTSD. Here is a look at Post-Traumatic Stress Disorder and the impact it has on veterans.

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2.2 - Washington Examiner: [VA bans medical employees from all union activities at work](#)

(8 November, Mary Biery, 3.1M uvm; Washington, DC)

The Department of Veterans Affairs announced Thursday it will no longer allow on-staff medical professionals to engage in taxpayer-funded union activities while at work. The VA's policy change prevents more than 100,000 VA employees from taking official time. Of that group, about 430 are doing some work during working hours on union activities, including physicians, dentists, podiatrists, chiropractors, and optometrists.

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2.3 - KNXV (ABC-15, Video): [Mental health in veterans is crisis across Arizona](#) (8

November, Sonu Wasu, 580k uvm; Phoenix, AZ)

Staff at the Phoenix VA healthcare systems said despite the shortage of beds, Arizona and the military had made great strides in addressing mental health care, and opening up a community dialogue of removing the stigma associated with mental health care. The Phoenix VA had a mental healthcare walk-in clinic for veterans who needed help, along with an emergency room that was open 24-7 all year long.

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2.4 - KTVX (ABC-4, Video): [Do veterans get the mental health services they need in Utah?](#)

(8 November, Rosie Nguyen, 143k uvm; Salt Lake City, UT)

"The V.A. continues to have greater capacity for their mental wellness efforts and have made that a priority," said Harter. "It continues to get better and better. More robust services overall." Randy Edwards, who served in the U.S. Army for 40 years and is now the representative for Utah County Veterans Services said he's always had a good experience with the V.A.

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2.5 - KSBW (NBC-8, Video): [Veterans Affairs reports improved mental health care for veterans in Monterey County](#) (8 November, Caitlin Conrad, 134k uvm; Salinas, CA)

3-minute video: VA points to new Marina outpatient center for transformation in mental health care.

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2.6 - Federal Computer Week: [Rising Star: Nicholas Holtz](#) (6 November, 39k uvm; Vienna, VA)

The Department of Veterans Affairs has a reputation for bureaucracy, including backlogs and stacks of paperwork for patients. Nicholas Holtz is working to change that. He used his previous experience at the Board of Veterans' Appeals to modernize the appeals process and reduce a five-year backlog of claims. In just 15 months, he coordinated the design, development and launch of five applications involving several external partners, including Nava.

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2.7 - FedScoop: [VA Digital Service unveils new VA.gov in time for Veterans Day](#) (8

November, Tajha Chappellet-Lanier, 24k uvm; Washington, DC)

Veterans in search of information about benefits now have a brand new homepage — VA.gov. The launch, just in time for Veterans Day, marks a big milestone in the VA's journey to be more customer service-focused. "We are so excited for the new VA.gov," Marcy Jacobs, Executive Director of the VA Digital Service, told FedScoop in an emailed statement.

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2.8 - Lancaster Bee: [Veterans Day event to benefit PTSD clinic](#) (8 November, 1k uvm; Buffalo, NY)

PTSD is caused from experiencing severe trauma or being in a life-threatening event either during war or in a non-combat situation, and for many veterans, it impacts and alters their everyday lives. Relapses are common, according to Billoni Associates. "This member of our group told us about the outstanding care he was receiving at the Jack H. Wisby Jr. PTSD Clinic in the Batavia VA Medical Center," said John F. Harrington, a retired sergeant major.

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2.9 - Winter Texan Times: [VA coordinators help traveling veterans receive services](#) (6 November, 170 uvm; Mission, TX)

The VA Texas Valley Coastal Bend Health System for the U.S. Department of Veterans Affairs provides services for veterans in a 21-county area that stretches from Corpus Christi to Laredo to Brownsville, including the Rio Grande Valley of South Texas.

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2.10 - GovernmentCIO (Video): [Veterans Affairs CTO Explains How it Relaunched VA.gov](#) (8 November, Michael Hoffman, 300 uvd)

Veterans Affairs relaunched VA.gov Wednesday to make it easier for veterans to access their benefits and health information. The VA teamed up with the U.S. Digital Service to make it happen. Originally scheduled to launch on Veterans Day, the VA relaunched it ahead of schedule.

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3. [Business Transformation](#)**3.1 - Sioux City Journal: [Grand opening for Dakota Dunes VA clinic is Nov. 16](#)** (8 November, Dolly A. Butz, 91k uvm; Sioux City, IA)

A grand opening celebration will be held at the new VA outpatient clinic in Dakota Dunes Nov. 16. The clinic, 380 West Anchor Drive, will serve veterans in seven counties: Woodbury, Plymouth, and Cherokee in Iowa; Dakota and Dixon in Nebraska; and Clay and Union, in South Dakota.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Politico: [Day after: Surveying the aftermath](#) (8 November, Darius Tahir, 8.7M uvm; Arlington, VA)

Takano said he'd be keeping an eye on the Cerner implementation at the VA, as he'd been interviewing potential staffers with tech backgrounds. "It will take some strong, technical expertise to oversee this," he said. He also seems to be skeptical about the parallel implementation at Defense, saying, "My initial impressions of the early rollout [at the military] weren't great."

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4.2 - Becker's Hospital Review: [VA's EHR project is 'yellow trending towards red,' says report obtained by ProPublica](#) (8 November, Jessica Kim Cohen, 296k uvm; Chicago, IL)

The Department of Veterans Affairs' EHR contract with Cerner has been plagued by multiple roadblocks during the past year, including personnel issues and changing expectations, according to a ProPublica investigation.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Sacramento Bee (AP): [First female veteran to join VA Puget Sound "Wall of Heroes"](#) (8 November, 2.3M uvm; Sacramento, CA)

A 98-year-old female US Army Corps veteran has been inducted into the VA Puget Sound Health Care System's Wall of Heroes, making her the first woman to receive the honor for her service. Frances E. Harman was among those honored by Gov. Jay Inslee and Veterans Affairs Department officials Thursday during an annual ceremony at the health care system's Seattle campus.

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6.2 - Courier-Journal: ['It keeps me sober': Arts provide saving grace for Louisville veterans](#) (8 November, Bailey Loosemore, 704k uvm; Louisville, KY)

But its largest client base comes from the Robley Rex VA Medical Center, 800 Zorn Ave., which has asked the Kentucky Center to incorporate art programming into as many of its divisions as possible. "I think it's because this VA, this staff started seeing the value," Hughes said of the program. "It's eight years of growing and nurturing and connecting with veterans."

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6.3 - KCNC (CBS-4, Video): [Veterans Organizations Help Their Own With Homeless Outreach](#) (8 November, Tori Mason, 496k uvm; Denver, CO)

Veterans organizations are working to help some of their own who are living on the streets. The 28th Annual Homeless Veterans Stand Down is a one-stop shop to serve those who served our country. Veterans came to the Colorado Army National Guard Armory Thursday and received clothing, haircuts, food and medical care. They even got help with job placement, legal issues and housing.

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6.4 - WMAQ (NBC-5, Video): [Suburban Residents Speak Out Against Proposed V.A. Cemetery](#) (8 November, Christian Farr, 483k uvm; Chicago, IL)

A controversy is brewing in the suburbs, as neighbors are upset over a Department of Veterans Affairs plan to put a cemetery on vacant land. Residents in South Barrington and Hoffman Estates are worried about increased traffic caused by the cemetery, and say that plans for honor guards to shoot rifles several times a day could cause problems as well.

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6.5 - The Augusta Chronicle (Video): [Veterans get recognition for service at VA Medical Center's Veterans Day Ceremony](#) (8 November, Jozsef Papp, 428k uvm; Augusta, GA)

Command Sgt. Maj. Douglas Howard Jr. stood in front of a room full of veterans Thursday to talk about the importance of recognizing them for their service. Howard, the speaker of ceremony for the Veterans Day event held at Charlie Norwood VA Medical Center, began by making some jokes about the different branches of the military before thanking the veterans in attendance.

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6.6 - KCRG (ABC-9, Video): [Homeless veteran population up by over 14 percent in Iowa](#) (8 November, Chantelle Navarro, 199k uvm; Cedar Rapids, IA)

Lawmakers are looking for solutions to help bring down the number of homeless veterans in the state. A study by the U.S. Department of Housing and Urban Development showed an increase here in the state.

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6.7 - Citizen-Times (Video): [Brothers Like These 1: 'I felt like I was going crazy'](#) (8 November, Angela Wilhelm, 128k uvm; Asheville, NC)

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder. The men waded through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

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6.8 - Daily Herald: [What if a national veterans cemetery, with daily rifle volleys, were in South Barrington?](#) (8 November, Bob Susnjara, 95k uvm; Arlington Heights, IL)

South Barrington would become home to an extension of Abraham Lincoln National Cemetery for military veterans under a federal agency's proposal that's drawn concern from the village's mayor about periodic rifle volleys expected at the site. Under what's called an urban initiative, the U.S. Department of Veterans Affairs wants to acquire 15 acres near Mundhank and Freeman roads for the columbarium cemetery.

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6.9 - WTVW (FOX-7): [Oak Hill Cemetery's Veterans Day service recognized by the US Dept. of Veterans Affairs](#) (8 November, 43k uvm; Henderson, KY)

Oak Hill Cemetery will serve as a Regional Site for the celebration of Veterans Day for a sixth year in a row. The celebration takes place at 1 p.m. on Sunday, November 11. The US Department of Veterans Affairs selected Oak Hill Cemetery for the distinction, recognizing its annual Veterans Day service.

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6.10 - Times Record: [VA emphasizes women's health training](#) (8 November, John Lovett, 21k uvm; Fort Smith, AR)

With more women serving in the military than ever before, the U.S. Department of Veterans Affairs is putting more effort into training doctors and nurses for gender-specific care at the VA's smaller community based outpatient clinics like the one in Fort Smith.

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6.11 - KOTA (ABC-3): [Hundreds of area veterans poured into the Civic Center for annual stand down](#) (8 November, 21k uvm; Rapid City, SD)

Hundreds of Black Hills area veterans converged on the Civic Center for the 2018 Veteran Stand Down and Resource Fair Thursday. Hosted by Department of Veterans Affairs (VA) Black Hills Health Care System (BHHCS), this stand down connects Veterans, specifically homeless or at risk of being of homeless vets, with important social resources and services.

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6.12 - KVRr: [Fargo VA Puts on Open House, Enrollment Fair for Veterans](#) (8 November, Danielle Church, 14k uvm; Fargo, ND)

Fargo's VA Health Care System is trying to make sure veterans in the community know what community services they can benefit from. They put on a veterans open house and enrollment fair at NDSU so veterans could learn about the different services both the VA and other community, veteran organizations offer.

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6.13 - Mississippi Public Broadcasting (Audio): [First Ever Food Pantry For Veterans Opens In Mississippi](#) (8 November, Ashley Norwood 700 uvm; Jackson, MS)

Barbara Franklin is a veteran. She is going through the pantry, picking up food items and beverages. Franklin lives in Greenville but she says she visits the Sonny Montgomery VA medical center in Jackson for checkups throughout the year. She thinks the pantry is a great idea.

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7. [Other](#)

7.1 - Reuters: [Factbox: 'You're fired!': how Trump has dismissed White House staff](#) (7 November, 43.7M uvm; New York, NY)

White House officials said Trump got tired of negative headlines about Shulkin's travel expenses and infighting within the VA. Shulkin said in an interview with MSNBC that Kelly told him he was fired just before Trump tweeted the news - and that Trump had failed to mention it during a phone conversation only hours earlier.

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7.2 - NPR: [What We Know About The Thousand Oaks Shooting Suspect](#) (8 November, Laurel Wamsley, 15.5M uvm; Washington, DC)
Authorities have identified the suspect who killed 12 people at a country music bar in Thousand Oaks, Calif., as 28-year-old Ian David Long. Long, who apparently killed himself, was a Marine Corps veteran and was known to local law enforcement.

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7.3 - The Wall Street Journal: [Police Probe Motive in Southern California Bar Massacre](#) (8 November, Ian Lovett, Dan Frosch and Zusha Elinson, 13.3M uvm; New York, NY)
Shortly after 11 p.m. Wednesday, a 28-year-old Marine Corps veteran strode up to the front entrance of a country music bar in this Los Angeles suburb that was hosting its weekly college dance party.

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7.4 - The Citizen: [Gillibrand, Rice push for updated VA motto to recognize women veterans](#) (8 November, Robert Harding, 56k uvm; Auburn, NY)
Two New York lawmakers will propose legislation that would alter the Department of Veterans Affairs' mission statement to be more inclusive and recognize women veterans. U.S. Sen. Kirsten Gillibrand and U.S. Rep. Kathleen Rice will introduce a bill next week to change the VA's motto.

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1. [Top Stories](#)

1.1 - The Washington Post: [VA, skirting court order, kills 'official time' for medical professionals](#) (8 November, Joe Davidson, 30.6M uvm; Washington, DC)

Further poisoning the Trump administration's already noxious relationship with federal labor organizations, the Department of Veterans Affairs has rejected parts of collective-bargaining agreements with four unions.

The heading on a memorandum sent to union leaders is blunt: "Notice of Repudiation."

Repudiation is a harsh word apropos President Trump's approach to federal unions. The notice is a warning to labor leaders across the government.

VA will unilaterally refuse "official time" for certain VA health-care workers, effective next Thursday. Under official time, federal employees who are agency union leaders may perform certain duties, on a full- or part-time basis, while being paid by the agency. "Official time" is a term in law, but the administration disparagingly calls it "taxpayer-funded union work."

"Union work," however, is misleading. Federal law excludes the "internal business of a labor organization," activities such as recruiting members, collecting dues and holding union elections, from official time. Filing grievances for all staffers in a bargaining unit, even those who are not union members, is allowed. Participating in discussions on topics of general interest to the workforce, such as safety and productivity, also is permitted.

J. David Cox Sr., president of the American Federation of Government Employees and a former VA nurse, denounced VA's move, calling it "a grave disservice to our nation's veterans." Using official time, he said, union leaders "have blown the whistle on waitlist scandals, fought back against the gender pay disparity, and brought to light the rampant understaffing throughout the VA."

While 430 VA employees will be taken off official time, a department news release says "the repudiation will apply to all of VA's nearly 104,000 title 38 employees, eliminating all forms of taxpayer-funded union work" for physicians, dentists, podiatrists, chiropractors, optometrists, registered nurses, physician assistants and expanded-duty dental auxiliaries.

"It's common sense," Jacquelyn Hayes-Byrd, VA acting assistant secretary for human resources and administration, said in a statement. "Allowing health care workers to do taxpayer-funded union work instead of serving Veterans impacts patient care negatively."

VA's announcement carries important implications that go well beyond the agency's walls. The repudiation notice is in line with Trump's three union-bashing executive orders, one of which called for sharp restrictions on official time. But key elements of the May 25 directives have been blocked by a federal court decision the administration is appealing. The administration's action seeks to accomplish part what it could not do, at least so far, by executive order.

Furthermore, if the administration gets away with this unilateral action at VA, there would be nothing to stop similar moves at other agencies.

Union leaders plan to fight VA's action in court.

“We are shocked that the Trump Administration would try take unilateral action like this to undermine VA employee unions after being so thoroughly blocked by the courts on these matters just a couple months ago,” said Randy Erwin, president of the National Federation of Federal Employees. “In our view, this action from the VA is a clear violation of the law and the court order blocking implementation of President Trump’s anti-union executive orders. ... NFFE will be seeking immediate intervention from the Courts on this matter.” The other unions affected are the National Association of Government Employees and National Nurses United.

VA argues its move is separate from the executive orders.

Under federal law, “employees may not utilize official time when it negatively impacts patient care,” said Curt Cashour, VA’s press secretary. “This action has nothing to do with any executive orders.”

Congressional reaction fell along party lines.

Republican Phil Roe (Tenn.), chairman of the House Veterans’ Affairs Committee, was in lockstep with the administration. “Chairman Roe supports the Department of Veterans Affairs (VA) action to limit the amount of time that VA employees can spend on taxpayer funded union time,” said a statement issued by his office. “... Dr. Roe’s number one concern is that veterans are receiving the care and support they deserve. It is imperative that taxpayer funded dollars are not being wasted and that the doctors, nurses, and other medical professionals at VA are doing the jobs they were hired to do so veterans are able to receive timely and quality care.”

Gerald E. Connolly (Va.), the ranking Democrat on the House Oversight Committee’s subcommittee on government operations, warned the administration that it will not be allowed to violate the law. “When Congress enacted the Civil Service Reform Act, Congress found that, ‘labor organizations and collective bargaining in the civil service are in the public interest.’ Official time is authorized by law, negotiated by agency management with the union, and is intended to promote the peaceable resolution of disputes and the efficient operation of government. Congress carefully crafted a collective bargaining system for the federal government that balanced the interests of the agencies, federal employees, and the American public.

“This administration cannot eviscerate United States law by fiat.”

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1.2 - USA Today (Video): [Don’t blame PTSD for Thousand Oaks shooting, say experts](#) (8 November, Donovan Slack, 26.5M uvm; McLean, VA)

WASHINGTON – Authorities said the Marine Corps veteran accused of gunning down 12 people in California Wednesday had previously exhibited erratic behavior suggestive of post-traumatic stress disorder, but experts say his actions should not be blamed on PTSD.

Ian David Long, 28, is accused of killing 12 people in a country bar in Thousand Oaks, about 40 miles northwest of Los Angeles.

“It’s not PTSD,” said Barbara Olasov Rothbaum, a professor in the Department of Psychiatry and Behavioral Sciences and director of the Trauma and Anxiety Recovery Program at Emory

University School of Medicine. “This is whatever else, what other pathology would cause someone to do this.”

Long was a machine gunner who deployed to Afghanistan in 2010 and was stationed in Kaneohe Bay, Hawaii, when he left the military in 2011, the Marine Corps said. During his service, he received a Marine Good Conduct Medal and three Navy commendations.

Between 11 percent and 20 percent of veterans who served in Afghanistan or Iraq have post-traumatic stress disorder in a given year, VA researchers have said.

VA spokesman Curt Cashour told USA TODAY on Thursday that Long was “not enrolled in VA health care at any time.”

He was described by some as a loner Thursday, according to neighbors and others, who reported strange noises coming from the house where he lived with his mother, and law enforcement officials said they had periodic contact with Long over the years. Ventura County Sheriff Geoff Dean said deputies responding to a domestic dispute at his home found he was “somewhat irate and acting irrationally.”

Rothbaum said in cases where veterans are suffering from PTSD, there can be “irritability and aggression” but nothing that would account for murder.

“I get upset when people get scared of veterans with PTSD because they think they are going to be violent and they’re not,” she said.

“There is already so much stigma involved in PTSD in general – and certainly in veterans and military service members – that anything else that adds to the stigma would do them a disservice.”

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1.3 - The San Diego Union-Tribune: [Nightclub shooting illustrates reluctance among veterans to seek mental health help](#) (8 November, Paul Sisson, 1.3M uvm; San Diego, CA)

As information emerged about the man who used a handgun to kill 13 people, including himself, in a Thousand Oaks nightclub Wednesday night, a rough outline began to take shape: Marine Corps veteran, isolated, showing signs of mental distress.

Though it was unclear what motivated 28-year-old Ian David Long, a short government statement made it plain the gunman never received any kind of treatment from the U.S. Veterans Administration, despite reports that he was urged to get help from family members and neighbors.

Even though there have long been campaigns urging veterans and active-duty military personnel to come forward when they have psychiatric symptoms such as suicidal thoughts, depression or signs of post-traumatic stress, there is plenty of evidence that many keep silent.

A recent study out of Oxford University in London found that “approximately 60 percent of military personnel who experience mental health problems do not seek help,” while RAND

Corporation research published in 2016 found a “higher perceived public stigma of treatment seeking” among military personnel.

While the military has greatly increased its efforts to detect mental illness among troops returning from deployment and those transitioning out of the service for good, the system relies much more heavily on veterans coming in for help on their own once they’re living civilian lives.

There are grim signs that relying on veterans to volunteer for psychiatric services is not working. In September, the U.S. Department of Veteran’s Affairs reported that suicide rates in 2016, the most recent year for which data was available, were 1.5 times greater among veterans than they were among non-veterans.

These are statistics that many are fighting every day. And the key, said Brian Fogarty, a recently-retired Marine and Southern California outreach volunteer for the PTSD Foundation of America, is not waiting around for people to raise their hands.

“Making somebody else aware of what’s going on, somebody who isn’t going to sit on it, that’s key,” Fogarty said.

He said the organization has four veterans, all who have been diagnosed with post-traumatic stress disorder, who work with those who do come forward for help and also go looking for signs of distress.

“We are physically out in the communities going to all of the areas that vets would normally frequent, whether it’s bars or the American Legion or wherever. I would say 8 out of 10 of the people we work with are people that we’ve actively pursued,” Fogarty said.

Working with veterans day in and day out, he said, it’s clear that despite significant efforts by military brass to destigmatize the process of seeking mental health services, many are still reluctant.

“There is a lot of stigma on getting help, especially while they’re still in the military; nobody wants to be pulled out of the fight,” Fogarty said. “I know guys who are triple amputees, and they feel so guilty because they’re back in the states recovering and the rest of their element is continuing to fight.”

And that’s a shame because, as Fogarty himself learned, it’s possible to stay in the military even with a PTSD diagnosis. The therapy that the military makes available, he said, does provide the tools needed to get a life back on track.

Sonya Norman, a professor of clinical psychiatry at UC San Diego and PTSD researcher at VA San Diego, said there are three different forms of help — trauma-focused therapy, prolonged exposure therapy and eye movement desensitization and reprocessing therapy — that have been shown to be the most effective.

“The treatments can work really quickly and, within a few months, people can feel much better and be much more successful in their relationships,” Norman said. “And we’ve seen those results validated in multiple randomized trials.”

In the hours after Wednesday’s shooting, speculation was rampant that Long himself suffered from PTSD though that fact has not been confirmed. Some studies have shown that while

veterans are actually less likely to commit crimes than the general population, PTSD, when combined with drugs, alcohol or other social problems, can lead to an increase in violence.

But Norman noted that research shows that PTSD itself does not prompt violence against others.

“The vast majority of people with PTSD, whether they’re veterans or not, would never even think of taking part in this kind of violence. It’s not a symptom of PTSD at all,” Norman said.

Eli Smith, an Army veteran from Ohio who has biked thousands of miles across the United States spreading PTSD awareness, said his travels have shown him just the opposite.

“In my experience, the veterans I’ve met that have PTSD are very quiet, and they stay at home a lot. There are a lot of organizations whose mission is just to get the veteran out of the house,” Smith said.

For those who feel they need urgent help, the Veterans Crisis Line is available at (800) 273-8255. The PTSD Foundation of America operates its own help line at (877) 717-PTSD.

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1.4 - The Orange County Register: [After Thousand Oaks mass shooting, experts warn against linking PTSD with propensity for violence](#) (8 November, Deepa Bherath, 1.1M uvm; Santa Ana, CA)

Mental health experts and veterans are cautioning the public about making assumptions about linking post-traumatic stress disorder or other mental illnesses to violence in the aftermath of the deadly mass shooting in which 13 lost their lives at a Thousand Oaks dance hall Wednesday night.

Ian David Long, the 28-year-old suspect from Newbury Park, served in the U.S. Marine Corps from August 2008 to March 2013, leaving at the rank of corporal.

He was a machine gunner in infantry combat and was deployed to Afghanistan from Nov. 16, 2010 to June 14, 2011, Marine Corps officials at the Pentagon said.

The alleged shooter’s neighbor told reporters Wednesday that Long suffered from PTSD, but that has yet to be confirmed.

The Veterans Administration in Washington D.C. said Wednesday that Long was never enrolled in their healthcare system.

Only about 25 percent of veterans who have PTSD access care through the VA, said Dr. Michael Hollifield, who heads the PTSD division at the VA in Long Beach, which handles about 50 consultations a month.

Predicting suicidal or homicidal behavior among those with PTSD can be extremely challenging, he said.

Long had been contacted by authorities in April during a disturbance call where he was “irate” and acting “irrationally.”

Mental health officials cleared him that day and did not place him on a psychiatric hold.

Hollifield said the law states a mental health professional must find an individual to be an “imminent danger” to himself and others in order to be deemed “acutely dangerous.”

“Most people who are evaluated on a one-time basis don’t fall into that category,” he said. “Episodes that create such volatility might be triggered by other factors such as substance abuse, agitation and anxiety.”

Military PTSD

Monitoring active service members for mental health issues, including PTSD, is a relatively new initiative at the Marine Corps, said Retired USMC Col. Willy Buhl, who served as commanding officer of the Wounded Warrior Regiment at Quantico from 2012 to 2014.

Marines undergo a final physical evaluation before they leave the Marine Corps, but the extent of participation in that process depends on the individual, he said.

Those who are diagnosed with PTSD are sent to the Wounded Warrior Battalion for treatment, but only the most severe cases even get that far, Buhl said.

Once they undergo treatment and are discharged, these individuals are handed off to the Veterans Administration. It’s up to the VA to follow up with veterans regarding further services, he said.

“We don’t have enforcement once they leave the military; we can’t order them to see anyone.”

Misconceptions

The Wounded Warrior Regiment comprises a special group of coordinators tasked with keeping tabs on former Marines diagnosed with a physical or mental disability.

While their job is to follow up and make sure these veterans are doing well, they often find themselves in a “more reactive mode,” sometimes after a tragedy such as Wednesday’s mass shooting, Buhl said.

Linking a veteran’s PTSD to a mass shooting is a way of distracting the public from other real issues such as “holes in gun laws and addressing a culture that doesn’t promote gun safety,” said Chris Marvin, a retired combat-wounded Army Officer with Everytown for Gun Safety, a national nonprofit that advocates for gun safety laws.

“It’s just easy to say this must have happened because he was a mentally-ill veteran,” he said. “Also, tethering military service and PTSD to this heinous act doesn’t help other service members who want to seek assistance for mental health issues.”

Most people with PTSD, including combat veterans, are not violent, said Dr. Donovan Wong, medical director at Didi Hirsch Mental Services in Los Angeles.

“Another common misconception is that PTSD is only related to going to war or being in combat,” he said. “There are several different types of trauma that could cause this condition including car accidents, an act of violence or sexual assault.”

When it comes to mass shootings, people tend to look for one simple answer such as mental illness, Wong said.

“There are often many other complex issues at play including access to firearms,” he said.

Wong said Didi Hirsch’s Disaster Distress Help Line, 800-855-5990, is available for anyone who needs help coping with this tragedy.

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1.5 - The Des Moines Register: [At the VA, bureaucrats — not doctors — hold the scalpel](#) (8 November, Sally C. Pipes, 720k uvm; Des Moines, IA)

Staff at nine Veterans Affairs hospitals recently canceled more than 250,000 orders for diagnostic tests. They thought the orders were duplicative or unnecessary.

In many cases, they were mistaken. As a result, veterans went without needed CT scans, ultrasounds, and other potentially lifesaving tests, according to a USA Today investigation.

This is just the latest failure in the VA's long history of denying care for veterans. Rolling out government-run health care nationwide, in the form of "Medicare for All," would be an unmitigated disaster for patients.

The VA is infamous for providing, in many cases, substandard care. Consider a few recent horror stories.

In March, an internal investigation of the VA Medical Center in Washington, D.C., revealed systemic faults and failures in leadership that "placed both patients and assets of the federal government at risk." Some patients underwent anesthesia for unreasonably long times because the instruments needed for their surgery were unavailable after their operations had already begun.

The report found that the Center also overspent drastically. In one case, the VA rented three home hospital beds for roughly \$875,000 that could have been bought outright for a little over \$21,000. To provide care, the internal investigation found, doctors and nurses were forced to borrow equipment from other hospitals.

Last year, an Army vet filed a lawsuit alleging that a VA surgeon had left a scalpel inside his body during a surgery four years earlier. A veteran in Memphis had to have his leg amputated after doctors left 10 inches of plastic tubing used to ship catheters inside his body, according to internal documents unearthed by USA Today.

This year, the AP reported that a VA pathologist in Arkansas may have caused three deaths after allegedly treating patients while drunk. Investigators found more than 1,000 errors in his cases — 11 of which were significant enough to cause harm.

In February, a veteran living in Minnesota reached out for help using the VA crisis line and was told to visit his local VA emergency department. A Minneapolis mental health unit kept him

under observation for four days and then discharged him. He was found dead less than 24 hours later in the parking lot of the Minneapolis VA hospital. He'd taken his own life.

An internal investigation revealed that the clinic did not follow protocols, including one that requires a clinician to assess a vet's risk of suicide at the time of discharge.

In response to such failings, the Trump administration created a crisis hotline that veterans could call 24/7. Phones have been ringing off the hook. Since June 2017, there have been more than 100,000 calls.

It's long past time to overhaul the VA. Patients should have much greater choice over where and how they receive medical care. Thankfully, Congress and the president have begun to take action. In June, President Trump signed the VA Mission Act, which expands veterans' ability to see private doctors when VA facilities are unable to deliver timely care.

Such efforts will enable veterans to seek treatment from doctors who have a real incentive to provide high-quality care. If they don't, patients won't return.

VA providers, by contrast, have long had a captive audience. No matter how little effort or how many mistakes they make, they're more likely than not to keep their jobs.

Despite the high-profile failings of the government-run VA, many progressives want to roll out government-run care for all Americans. Sixteen Senate Democrats have co-sponsored Sen. Bernie Sanders's Medicare for All legislation, which would outlaw private insurance coverage and force all Americans into a new one-size-fits-all government health plan. A House version of the legislation, which is supported by 60 percent of the chamber's Democrats, would effectively ban providers from earning profits.

Veterans are suffering at the hands of a government-run healthcare system. We should be looking to extricate them from such a model — not foist it upon the entire country.

Sally C. Pipes is president, CEO, and Thomas W. Smith Fellow in Health Care Policy at the Pacific Research Institute.

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1.6 - Military Times (Video): [For today's VA, it's the best of times and the worst of times](#)
(8 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — In a White House press conference Wednesday, amid a host of other topics, President Donald Trump stated that because of his leadership “our vets are doing better than they’ve ever done.”

Yet his critics contend that over the last eight months, the Department of Veterans Affairs has never been in more disarray, with a confusing series of leadership scandals and management overhauls further diminishing public faith in the institution.

They both may be right.

“It really is the tale of two VAs right now: It’s the best of times, it’s the worst of times,” said Melissa Bryant, chief policy officer for Iraq and Afghanistan Veterans of America.

“We’ve had major legislative victories years in the making. But a lot of what we have seen in 2018 has been political theater, unfortunately.”

This Veterans Day, VA leaders once again find themselves at a critical moment for the department. Trump just signed into law the largest VA budget ever, topping \$200 billion. Congress has given him nearly every major piece of legislation on veterans policy he has requested, including new rules that make it easier to fire poorly performing VA workers and reforms that aim to speed up the benefits claims process.

But as deadlines loom for implementing numerous health care and management initiatives, Democrats in the House are already preparing new scrutiny over how policy decisions are being made inside VA and what unplanned side effects those changes will have.

It’s a stark change from a year ago, when VA was arguably the most stable and successful part of Trump’s Cabinet.

On Veterans Day 2017, at Arlington National Cemetery in Virginia, then VA Secretary David Shulkin lauded the president for “strengthening our ability to provide high quality care and benefits while also improving outcomes for veterans.” Trump in a separate event lauded Shulkin for “doing an amazing job” caring for America’s former military members.

Within five months, Shulkin was fired.

Ongoing leadership woes

Shulkin’s dismissal in March set off months of leadership confusion at VA. The former secretary to this day insists he was fired because of his opposition to plans to privatize portions of VA health care that were advanced by political operatives in the Trump administration. The White House has said Shulkin resigned after the president lost faith in his leadership.

The day Shulkin’s departure was announced — on Twitter, by the president, with little advance warning to the secretary — Trump also announced his pick to replace him: White House physician Rear Adm. Ronny Jackson. The Navy officer had never worked in the department before, and his lack of experience raised concerns among veterans advocates.

Within a month, Jackson was also gone. Reports of unprofessional behavior at the White House medical office (including drinking, improper medication distribution and hostile management practices) forced him to withdraw his name from consideration.

It took Trump four months to get his next full-time VA secretary in place. During that span, key decisions on electronic medical records systems and VA health care programs were met with legal challenges asserting that Trump’s interim appointments were in violation of federal law.

When VA Secretary Robert Wilkie — a career bureaucrat with experience on Capitol Hill and at the Pentagon — was confirmed, he promised to bring stable and calm leadership to the department.

But just a few weeks after he began work, a ProPublica report detailed how three of Trump's business associates (all members of his exclusive Mar-a-Lago country club) were influencing a host of department plans and policies without any public scrutiny.

In the last few months, Wilkie has worked to dismiss assertions that his leadership is already undermined by the same officials who sparred with Shulkin and those outside influences. At a Senate Armed Services Committee hearing in September, Wilkie described the department as "calm" now. He promised lawmakers he is "the sole person" leading VA.

Democratic lawmakers remain unconvinced. They've asked — unsuccessfully — for more information on potential outside influencers.

Meanwhile, veterans groups thus far have reported little interaction with the new secretary, a break in typical protocols for the department's top official. While Wilkie has made numerous appearances on the topic of homelessness and drug abuse prevention in recent weeks, the new secretary maintains a significantly lower profile than Shulkin.

Privatization or choice?

Amid the leadership turmoil, lawmakers on Capitol Hill have continued to churn out a host of major bills related to veterans policy, including this summer's VA Mission Act. The measure has the potential not only to define Trump's legacy regarding veterans but also radically reshape the department for years to come.

Among other sweeping changes, the Mission Act calls for an overhaul to VA's community care programs, which allow veterans to get medical appointments with private-sector doctors at the federal government's expense. Trump has repeatedly referred to it as giving veterans "choice" in their medical care.

Wilkie and other department leaders are now in a year-long process now of hammering out the details for who will be eligible for the outside care, how much involvement in those decisions VA doctors will have, and how the pay structures will work.

"The hardest question at the heart of the Mission Act is how much should the private sector do for VA?" said Phil Carter, a senior policy researcher at the RAND Corporation who specializes in military and veterans issues. "That influences everything else."

About one-third of all VA medical appointments today are already conducted by physicians outside the department's system. Supporters of further increasing outside care options argue veterans shouldn't have to wait in VA lines for basic care they could receive in the private sector.

But critics, including federal unions, argue the that real goal of these moves is to siphon federal money into outside companies, providing less specialized care while crippling the existing VA hospitals' ability to meet veterans' needs. They've labeled many of Trump's proposals as a "privatization" of the department's mission.

Wilkie, in his confirmation hearing this summer, said he wholeheartedly opposes privatizing VA services, but left ambiguity in that definition.

"If we believe that the veteran is central, we can also make the argument that as long as VA is at the central node in his care, and that that veteran has a day-to-day experience with the VA ... that reinforces the future of VA," he told senators. "That's what I believe in."

The debate over where to draw those lines was already contentious before the midterm elections. Now, with Democrats set to take over the House Veterans' Affairs Committee agenda, the issue of private-sector care is likely to dominate much of the conversation in months to come.

In September, Rep. Mark Takano, D-Calif. and the leading candidate to be chairman of the veterans committee in January, promised in a letter to colleagues to "make necessary reforms to the Veterans Health Administration ... while rejecting conservatives' calls to privatize health care."

Other fights ahead

That's not the only Trump administration priority in the crosshairs.

Several lawmakers from both parties have expressed concerns over VA's planned move to a shared electronic health record with the Department of Defense, hailed by Trump and Shulkin as a game-changer for veterans care.

If successful, the multi-year project would more easily allow veteran patients to access and share their medical history, from the first day they enlist to their geriatric appointments. But while praising the idea, lawmakers have questioned whether the effort is properly funded and managed.

The same goes for VA staffing. Trump has promised to bring in more doctors and oust staffers who are performing poorly. Democrats have charged that Trump's VA has instead used accountability legislation from 2017 to fire low-level employees without filling other much-needed positions.

"Everything is in the air right now," said Joe Chenelly, national executive director at AMVETS. "We don't know what the Mission Act will look like. We don't know how health records are going to be. We don't know about these budget cuts that Trump has talked about for federal departments.

"There are just a ton of questions unanswered."

Trump's 2016 campaign pledge to start a new hotline for veterans complaints has earned some goodwill from the community, but individuals using the service have reported mixed results with getting answers on their problems.

His VA has received harsher reviews for its opposition to paying benefits to "blue water" veterans who served in Vietnam and claim toxic exposure to chemical defoliants. And in recent months, dissatisfaction has risen among student veterans as another round of benefits payouts issues has plagued the post-9/11 GI Bill system.

In the September 2018 Military Times poll of active-duty troops, more than 40 percent said they had an unfavorable view of VA. Only 20 percent described their feelings as favorable.

Wilkie has acknowledged that along with his policy priorities, rebuilding public trust in the institution is a critical part of his work ahead.

“The state of VA is better,” he told senators at the September hearing. “I didn’t say good or excellent. It is better. And I do think we’re headed in the right direction.”

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1.7 - Military Times (Video): [As more female vets head to Congress, there’s a new push to change VA’s male-focused motto](#) (8 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After three new female veterans won election in Tuesday’s midterms, two female Democratic lawmakers are again pushing the Department of Veterans Affairs to change its motto to “be more inclusive to women.”

Sen. Kirsten Gillibrand and Rep. Kathleen Rice, both from New York, introduced new legislation Thursday for VA to update the current mission statement from “To care for him who shall have borne the battle, and for his widow, and his orphan” to a less gender-specific phrase.

The current motto comes from President Abraham Lincoln’s second inaugural address, as a charge for the country to look after the veterans of the Civil War.

Rice and Gillibrand charge the current language “fails to recognize the service and sacrifice of the thousands of women in uniform.” They are proposing changing the language to “To fulfill President Lincoln’s promise to care for those ‘who shall have borne the battle’ and for their families, caregivers, and survivors.”

VA officials in the past have strongly objected to the idea, arguing in favor of preserving the historical accuracy of Lincoln’s quote.

The lawmakers called that opposition disappointing.

“As women continue to play an increasingly vital role in our armed forces, they’ve become a larger and more prominent part of our veteran community,” Rice said in a statement. “But unfortunately, the Department of Veterans Affairs mission statement simply does not reflect that reality.

“The brave women who have worn our nation’s uniform and their families deserve to be equally embraced by the motto of the very agency meant to support them.”

Officials from Iraq and Afghanistan Veterans of America have made the motto change a key focus in recent years, working with lawmakers like Rice to find ways around VA’s opposition.

Allison Jaslow, former executive director of IAVA, said the motto change is needed to send a message throughout the department.

“With its motto, the U.S. Department of Veterans Affairs is telling women veterans and survivors of fallen women service members that they aren’t seen, that they don’t matter,” she said.

“Modernizing the VA's motto isn't a matter of political correctness, but respect for the over 2 million women veterans in America today.”

An estimated 345,000 women have deployed overseas since 2001. About 16 percent of the active-duty force are women.

Four female veterans are currently serving in Congress: Joni Ernst, R-Iowa, and Tammy Duckworth, D-Ill., in the Senate; Tulsi Gabbard, D-Hawaii, and Martha McSally, R-Ariz., in the House. All four served overseas in Iraq or Afghanistan.

McSally's bid for Arizona's open Senate seat is still being tallied. If she wins, the number of female veterans will jump to at least seven next session, with Democrats Mikie Sherrill of New Jersey, Elaine Luria of Virginia and Chrissy Houlahan of Pennsylvania winning contests this week.

The legislation faces long odds of passage given the short schedule remaining for Congress this year, but its introduction now could build additional attention on the topic for next session, when a Democratic-led House may be more receptive to the change.

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1.8 - WRIC (ABC-8, Video): [Conflicting stories about who approved canine research at the VA](#) (8 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Someone is lying about who approved the continued deadly dog experiments at the Department of Veterans Affairs.

Last week, 8News exposed McGuire VA Hospital in Richmond is still buying dogs for the studies despite federal and state legislation to stop it.

At the time, the VA told 8News that former VA Secretary David Shulkin approved the continued canine research.

However, 8News has been in contact with Shulkin and he has something different to say.

This is important because if Shulkin didn't okay it, the VA could be in violation of federal law.

In an email to 8News, Shulkin says on his last day with the VA, March 28, he was given an update on a review he ordered of the canine research at the VA.

He writes, "In this update meeting, I did not authorize a formal approval of continued studies." He also writes to 8News, "I did not approve any new research protocols while I was Secretary."

Still, VA spokesperson Curt Cashour continues to claim Shulkin gave approval verbally March 28 for the continuation of nine studies.

Local animal activists who have stood in front of McGuire VA Hospital in Richmond protesting the deadly dog testing say Congress needs to question these conflicting reports.

Todd Woodson, Administrator of the RVA Animal Advocacy Alliance and district leader with the Humane Society says, "really an investigation is in order, a full investigation."

McGuire has told 8News the canines are critical to studying cardiovascular disease.

The research involves surgically implanting the dogs with pacemakers. All of the dogs are euthanized at the end of the experiments.

A federal law passed earlier this year requires the VA secretary to give direct approval for this taxpayer-funded research at the VA.

Shulkin told 8News in an email, "if there was approval by the Secretary there would have been a signature for approval. He added, "VA does not do things with verbal approvals in situations like this."

Yet, Cashour alleges written approval is not required under the law. Between the VA and Shulkin, taxpayers are getting two very different accounts.

"We need to find out who is authorizing this," says Woodson.

Over the weekend, Shulkin tweeted he was opposed to new dog research:

[...]

Meanwhile, animal groups are planning another protest in front of McGuire Nov. 28.

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1.9 - Federal News Network: [VA eliminates official time for some 104,000 employees](#) (8 November, Nicole Ogrysko, 100k uvm; Washington, DC)

The Veterans Affairs Department is eliminating official time for some 104,000 employees, the agency announced Thursday.

All VA employees under Title 38 will no longer be able to use "taxpayer-funded union time," as the department put it, starting Nov. 15. The move specifically applies to 104,000 medical professionals, including physicians, dentists, nurses, physician assistants and others.

The decision to eliminate official time is part of the department's efforts to renegotiate its collective bargaining agreements with the American Federation of Government Employees, National Federation of Federal Employees, National Association of Government Employees and the National Nurses Council, VA said.

"It's common sense," Jacquelyn Hayes-Byrd, VA acting assistant secretary for human resources and administration, said Thursday in a statement. "Allowing health care workers to do taxpayer-funded union work instead of serving veterans impacts patient care negatively. President [Donald] Trump has made it clear — VA employees should always put veterans first. And when we hire medical profession

Eliminating official time contradicts VA's current agreements with AFGE and others. In notifying AFGE, for example, the department cited Federal Labor Relations Authority precedent as the basis for its decision.

VA's existing contract with AFGE, the department said, is in "direct conflict with the collective bargaining exclusions found in [Title 38]. [It] states that collective bargaining on behalf of Title 38 employees 'may not cover, or have any applicability to,' any matter that concerns: direct patient care, clinical competence, peer review or the establishment, determination or adjustment of employee compensation,'" according to a Nov. 7 memo from Hayes-Byrd to Alma Lee, president of the AFGE/National Veterans Affairs Council.

Simply put, VA has argued that employees' use of official time has direct, negative implications on veteran patient care.

AFGE, however, vehemently disagreed.

"Make no mistake, this is an attempt to silence the voices of VA employees at a time when such oversight is more critical than ever," AFGE National President J. David Cox said in a statement. "Clinicians use official time to raise concerns about patient safety, access to care, and staffing shortages. Silencing their voices endangers our veterans."

According to available data, VA traditionally has been one of the heavier users of official time. As the second-largest federal agency, VA employees spent 1,048,569 hours on official time in fiscal 2016, which cost about \$49 million.

Some members of Congress have expressed their frustration with official time across government, but they've have been particularly outraged with its use at the VA. A few lawmakers have introduced legislation to limit official time at VA specifically and across government, but no bill has passed Congress.

Federal employees spent a total of 3,611,112 hours on official time in fiscal 2016, according to the most recent report from the Office of Personnel Management. This data, however, is likely unreliable, because agencies haven't been required to consistently track it. Both the Government Accountability Office and the House Oversight and Government Reform Committee have made separate attempts to more accurately count the cost and scope of official time across government but have run into roadblocks.

But VA's latest decision to eliminate official time potentially raises further questions — and sets up further legal battles — over the president's executive orders on official time and collective bargaining.

"This just isn't a dangerous policy, this is breaking the law," Cox said.

A federal district court invalidated key provisions of those orders back in August, but the Trump administration is appealing the decision. A federal district judge invalidated the president's attempts to set specific limits on official time, arguing that the provisions ultimately violated the intent of the Civil Service Reform Act and Federal Labor-Management Relations Statute and hindered agencies' ability to bargain in good faith.

AFGE has already challenged the department's implementation of the president's EOs. The union said VA's attempts to comply with the president's limits on official time were "chaotic" and inconsistent at various medical centers and regional offices across the country.

Tensions were high between VA and its unions even before the president's EOs sparked a series of lawsuits from AFGE and others.

AFGE filed a grievance over the department's implementation of the VA Accountability and Whistleblower Protection Act back in September 2017.

An independent arbitrator ultimately ruled in favor of the union and instructed VA to rehire any employees that had been terminated without a performance improvement plan (PIP). VA and AFGE had previously negotiated a specific timeline for employee PIPs.

VA, however, appealed the arbitrator's decision to the Federal Labor Relations Authority.

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1.10 - WKEF (ABC-22): [After Thousand Oaks shooting, VA doctor says rare for PTSD sufferers to be violent](#) (9 November, Rhonda Moore, 8k uvm; Miamisburg, OH)

DAYTON -- The Thousand Oaks shooter who killed 12 people was a former Marine who may have been suffering from PTSD or posttraumatic stress disorder.'

It is a condition we hear a lot about but that doesn't mean everyone who suffers from it will become violent.

In fact, doctors said it is rare.

Eight out of every 100 veterans has PTSD.

We talked to a doctor at the Veterans Administration who treats veterans with that disorder.

He would not comment on any aspect of the Thousand Oaks shooting but said anyone out there suffering should know there is help.

"I've never suffered from it but I know people that have and it's a terrible thing to go through," said former Marine Katie Burns.

Katie Burns was talking about post traumatic stress disorder.

She's a former Marine just like the man accused of killing 12 people in Thousand Oaks, California .

"It's very sad, not only for him but his family and the families that have lost somebody now," said Burns.

Police said Ian David Long may have suffered from PTSD.

"Maybe he never sought the help that he needed but it could have been prevented," said Burns.

"PTSD affects people very differently it really is dependent on on what your specific experiences were," said Dr. David Baum.

Doctors David Baum is a clinical psychologist at the Dayton V.A.

He said the main symptom of PTSD is avoidance

"The thing that keeps that fear, anxiety and that PTSD process going essentially is avoiding certain aspects of living," said Baum.

Baum said people with PTSD become isolated, are afraid to leave their home become cut off.

"What ends up happening it makes their illness worse over time," said Baum.

He said it's rare someone with PTSD will become violent.

"Most people have the disorder and don't leave their homes, it's fairly rare they'll go out and do things or be harmful to others," said Baum.

Baum said the V.A. is able to help veterans with PTSD.

"We are extraordinarily well equipped to help people who have problems or having thoughts about harming themselves or harming somebody else to help them

manage their symptoms so that they can live a successful, productive life," said Baum.

The V.A. clinic offers psychotherapy for veterans with PTSD plus medication management with psychiatry.

Baum believes very few veterans are a danger to society.

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2. Improving Customer Service

2.1 - Breitbart (AFP): [PTSD: The signature wound for many veterans](#) (8 November, 4.8M uvm; Los Angeles, CA)

Washington (AFP) – Authorities in Southern California have identified the gunman who killed 12 people in a crowded bar as 28-year-old Ian David Long, a former Marine who may have been suffering from PTSD.

Here is a look at Post-Traumatic Stress Disorder and the impact it has on veterans.

– How big a problem? –

Millions of veterans are dealing with PTSD, a signature wound of any war.

Symptoms can range from insomnia and depression to debilitating panic attacks, flashbacks, irritability and self-harming behavior.

Estimates vary, but the US Department of Veterans Affairs (VA) believes up to 20 percent of Iraq War and Afghanistan vets suffer from PTSD.

The VA says about 30 percent of Vietnam vets have experienced PTSD in their lifetime.

PTSD is caused by a range of factors. Sometimes it is a reaction to witnessing the horrors of war.

The constant state of high alertness troops experience in war zones can also contribute.

For instance, in Iraq, troops were often perpetually alert, looking for roadside bombs and ambushes.

The excessive brain activity can be hard to calm after a person leaves a combat zone.

– Treatments –

Treatment protocols are often changing, but doctors typically prescribe anti-depressants.

The VA says the preferred recourse comes through various types of psychotherapy.

In 2006, the VA started training clinicians in techniques such as cognitive-processing therapy, where a patient learns about and processes their trauma.

The VA also uses other methods aimed at desensitizing a veteran.

Paula Schnurr, executive director of the VA's National Center for PTSD, says treatments have come a long way over the past decade and in many cases it is effectively curable.

Recognition of the condition has improved in recent decades.

Whereas vets from America's 20th-century conflicts often kept their trauma secret, military commanders now encourage troops to talk about and get help for any signs of PTSD.

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2.2 - Washington Examiner: [VA bans medical employees from all union activities at work](#) (8 November, Mary Biery, 3.1M uvm; Washington, DC)

The Department of Veterans Affairs announced Thursday it will no longer allow on-staff medical professionals to engage in taxpayer-funded union activities while at work.

The VA's policy change prevents more than 100,000 VA employees from taking official time. Of that group, about 430 are doing some work during working hours on union activities, including physicians, dentists, podiatrists, chiropractors, and optometrists.

The policy change, which takes effect Nov. 15, is a repudiation of Obama-era collective bargaining agreements that the VA reached with its workers. The department is currently in negotiations to change these agreements so that they are “reasonable, necessary and in the public interest.”

In fiscal year 2016, taxpayers spent over \$49 million in VA salaries to employees for working more than a million hours doing union work instead of their healthcare job. Conservatives have argued for years that this so-called official time needs to be cutback or ended completely to help save taxpayer money.

The VA said it changed its policy to “improve VA’s ability to deliver healthcare to veteran patients.”

The department cited the case of a VA registered nurse who receives 100 percent taxpayer-funded union time. Even though she does not work as a nurse on a daily basis, she still receives a salary of \$90,000 per year.

The VA said it is legal to ban these employees from doing union work on the job.

“Per federal law, title 38 employees may not utilize official time when it negatively impacts patient care,” Curt Cashour, VA Spokesman told the Washington Examiner.

“It’s common sense,” said VA Acting Assistant Secretary for Human Resources and Administration Jacquelyn Hayes-Byrd. “Allowing health care workers to do taxpayer-funded union work instead of serving Veterans impacts patient care negatively.”

“President Trump has made it clear — VA employees should always put Veterans first. And when we hire medical professionals to take care of Veterans, that’s what they should do at all times,” she added. “No excuses, no exceptions.”

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2.3 - KNXV (ABC-15, Video): [Mental health in veterans is crisis across Arizona](#) (8 November, Sonu Wasu, 580k uvm; Phoenix, AZ)

The tragedy in California is highlighting the mental health care crisis prevalent all over the nation, including here in Arizona.

According to the Treatment Advocacy Center, a minimum of 50 beds per 100,000 people is considered necessary to provide minimally adequate treatment for individuals with severe mental illness. Like every state, Arizona fails to meet this minimum standard with 302 beds, that is just 4.4 beds for every 100,000 people.

Staff at the Phoenix VA healthcare systems said despite the shortage of beds, Arizona and the military had made great strides in addressing mental health care, and opening up a community dialogue of removing the stigma associated with mental health care.

The Phoenix VA had a mental healthcare walk-in clinic for veterans who needed help, along with an emergency room that was open 24-7 all year long.

Sadly, updated numbers released by the CDC show suicide rates up by 30%.

Veterans are also still more likely than civilians to die by suicide.

Deborah Dominick, the chief social worker at the Phoenix VA healthcare system said there is a reason so many veterans and military service members were hesitant to ask for help.

"They are protectors themselves, that has been my experience. They feel I am the one who takes care of everyone or everything, and it's difficult to ask for help. We want to change that conversation to the bravery behind asking for help," said Dominick.

Jim Sapp, a licensed counselor at the Scottsdale Recovery Center is not only a veteran himself, but he had spent a chunk of his career treating veterans who suffered from post-traumatic stress.

"The military is a different world, it's a very black and white world. Out here in the civilian world, it's not so black and white. It's gray," said Sapp.

He added that those who lived a life of service were used to taking orders, even when the mission didn't match their morals, and when they got back to civilian life, sometimes that caught up with them.

Seeing comrades lose limbs or die in combat, seeing children strapped with explosive devices targeting US soldiers getting hurt, and not knowing when they would come up on an improvised explosive device themselves haunted many of them years after coming home from combat.

"They see a bottle on the road or a bag on the road, they think it's an IED," said Sapp.

He added that the best thing a loved one could do is to let them know it was okay to talk about their experience, there was no shame in seeking help, and it would help relieve them of the distress and mental anguish they felt.

In extreme cases, there are ways to get involuntary treatment for those facing a mental health crisis. You could petition a court to make a person seek treatment, but you would need to provide proof that they were a danger to themselves or others.

In cases where a person in crisis was making statements indicating they would harm themselves or others, Dominick advised you to call 911.

A mental health crisis team could conduct a welfare check and if deemed necessary, place the person in a 72 hour medical watch, where they would be in a safe place in the care of professionals.

If you are a veteran or civilian who needs help here are some resources:

https://www.phoenix.va.gov/patients/Crisis_Prevention.asp

If you are a Veteran or know a Veteran who is showing any of the above warning signs, call 1-800-273-8255 and Press 1, or send a text message to 838255 to receive free, confidential support from an experienced, caring VA responder 24 hours a day, 7 days a week, 365 days a year.

If you are not a veteran you coach seek help at <https://www.nami.org/> or <https://suicidepreventionlifeline.org>

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2.4 - KTVX (ABC-4, Video): [Do veterans get the mental health services they need in Utah?](#)
(8 November, Rosie Nguyen, 143k uvm; Salt Lake City, UT)

The man who shot and killed 12 people at a bar in Southern California Wednesday night was a former marine who served a combat tour in Afghanistan. The tragedy prompts the question - do veterans in Utah get the mental health services that they need? Well, it depends on who you ask.

Approximately one-third of the 150,000 veterans in the state of Utah receive services from the V.A. with 30,000 who have a service-connected disability.

Gary Harter, executive director for the Utah Department of Veterans and Military Affairs said veterans and their families are served very well in the state.

"The V.A. continues to have greater capacity for their mental wellness efforts and have made that a priority," said Harter. "It continues to get better and better. More robust services overall."

Randy Edwards, who served in the U.S. Army for 40 years and is now the representative for Utah County Veterans Services said he's always had a good experience with the V.A.

"A lot of the time, the experience we have is an experience we create ourselves," said Edwards. "You want to make sure that you have a service officer that's speaking for you and then work with that service officer to get them all of the paperwork and documentation that they need."

He said some people have a negative experience because they don't follow through with the requirements or appointments, which can set them back another 30 to 90 days.

Daniel De La O, who served in the U.S. Army for more than 20 years, has had a different experience. He said the V.A. system is broken.

"Veterans will try to seek out help and when they do, they run into doors, closed doors," said De La O. "There's so many folks I served with who have been in in-patient treatment for months, not just 20 days, but months. They're diagnosed with PTSD, combat-related. Yet the V.A. won't compensate them for any PTSD rating."

It was visibly difficult for De La O to open up about this topic. He shared that he has been battling PTSD and struggled when seeking help. Some of the worst episodes being nightmares that haunt him each night.

"When you're in a combat situation, you have to do, often times, what we would consider evil deeds or bad things," said De La O. "When you come back and deal with the stressors in life, they're no longer the way you dealt with them before."

Harter, Edwards, and De La O all told ABC 4 News that it's a challenge for veterans to even reach out and seek the help that they need because of the stigma and perception of being weak.

"What we typically see within our state is the services are there, but we all have to work time and time again to connect those with veterans who understand that there is a need and we can connect them with the program," said Harter.

"We perceive any lack of ability to maintain or control, especially psychologically or emotionally as weakness," said De La O. "It's difficult to reach out for help because that's something you have to admit to yourself that you're not able to handle."

He explained that once a veteran is finally reaching out for help, they need help immediately. But help can often take weeks or even months.

"When a veteran finally picks up the phone or finally walks into an office, the help needs to be there," said De La O. "When you have a physical illness, you normally get help right away. But with a mental illness like PTSD, that's not the case. When a veteran is reaching out, they're usually at a breaking point by then."

However, De La O emphasized that no matter the severity of a veteran's mental illness, there's nothing that can justify the actions of the gunman who shot and killed the 12 people at a Southern California bar Wednesday night.

"Going and now hurting the innocent, there's no excuse for that," said De La O. "There's no level of PTSD, level of anxiety, level of nightmares that would excuse that kind of behavior."

De La O encourages other veterans to start seeking mental health services early, pride aside, because of the wait... instead of waiting until it's so severe that it can't wait.

"It's difficult being here talking to you right now. I believe that the other veterans who see me are going to perceive me as being weak or me as not holding the standard," said De La O. "But if it helps one veteran with his spouse, with his family, with his job, and he's able to seek out the help before things go so bad as what happened in California, then it's worth it."

He said he would also like to see more done for those in the Utah National Guard or Reserve, because they are not given an acclimation period when returning to civilian life from combat like those in active duty are.

De La O said any veteran who needs help is welcome to contact him at archangelhelp@gmail.com.

For more information about Utah veteran benefits, [click here](#).

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2.5 - KSBW (NBC-8, Video): [Veterans Affairs reports improved mental health care for veterans in Monterey County](#) (8 November, Caitlin Conrad, 134k uvm; Salinas, CA)

3-minute video: VA points to new Marina outpatient center for transformation in mental health care.

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2.6 - Federal Computer Week: [Rising Star: Nicholas Holtz](#) (6 November, 39k uvm; Vienna, VA)

The Department of Veterans Affairs has a reputation for bureaucracy, including backlogs and stacks of paperwork for patients. Nicholas Holtz is working to change that.

He used his previous experience at the Board of Veterans' Appeals to modernize the appeals process and reduce a five-year backlog of claims. In just 15 months, he coordinated the design, development and launch of five applications involving several external partners, including Nava.

"Nicholas changed the way the Digital Service at the Department of Veterans Affairs builds and buys technology and ultimately how government serves our nation's veterans," said Sunil Sadasivan, Nava's senior engineering lead.

Holtz's approach extended beyond the back end to connect straight to the system's users — veterans, attorneys and judges — so that developers could receive direct feedback on the functionality and services users needed.

"As a result, regional offices can smoothly send appeals to the Board of Veterans' Appeals for review, attorneys can review documents for an appeal more efficiently, judges can prepare for hearings faster, and more," one colleague said.

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2.7 - FedScoop: [VA Digital Service unveils new VA.gov in time for Veterans Day](#) (8 November, Tajha Chappellet-Lanier, 24k uvm; Washington, DC)

Veterans in search of information about benefits now have a brand new homepage — VA.gov. The launch, just in time for Veterans Day, marks a big milestone in the VA's journey to be more customer service-focused.

"We are so excited for the new VA.gov," Marcy Jacobs, Executive Director of the VA Digital Service, told FedScoop in an emailed statement. "It marks an important step toward providing the modern digital experience Veterans deserve, and our team will continue to improve and streamline VA's digital tools and content. Thank you to all of our partners across VA and our contracting teams who helped bring this across the finish line in time for Veterans Day."

A bit of history: The web ecosystem for information on veterans benefits has for some time been fractured and complex, with hundreds of different sites dedicated to different pieces of the puzzle. VA.gov, the centerpiece, has historically focused on the agency itself — a place for announcements from the Secretary, mission statements and media information. This is generally not what a veteran needs most.

This reality is what led to the launch of Vets.gov in 2015 — a central portal for housing assistance information, health benefits, a new Appeals Status tool and much more. Vets.gov was, in many ways, a success. The site was recently getting as many as 1.8 million users per month, and in October, Jacobs won a Service to America Medal for her work on the project.

Now, Vets.gov and all its tools have a new home on VA.gov — the agency's primary web address.

The site now “consolidates information and places it in one easy to navigate location,” Secretary Robert Wilkie said in an introduction video.

“I’ve said it many times and I’ll say it again: my main priority as Secretary is simple — to give our customers the best possible experience the minute they encounter VA,” Wilkie said. “Today, we’re doing just that with the new VA.gov — the new online front door of your Department of Veterans Affairs.”

The word “customer” here speaks volumes about how the VA is trying to reformat and recast itself. Vets.gov and VA.gov were both created using user-centered design, but it’s not just about development methods. “It has to be that everyone here has that customer experience mindset,” DSVa lead Jacobs told FedScoop in a recent interview.

“We’re a customer experience organization,” she added.

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2.8 - Lancaster Bee: [Veterans Day event to benefit PTSD clinic](#) (8 November, 1k uvm; Buffalo, NY)

The local Association of the Airborne 3rd Battalion, 19th Special Forces Group of the U.S. Army National Guard will sponsor a Veterans Day event at 11 a.m. Sunday, Nov. 11, at Russell J. Salvatore's Patriots and Heroes Park, 6675 Transit Road in Lancaster.

According to Billoni Associates, the third annual “Jump In On PTSD” tribute to veterans is also a fundraiser to benefit the Jack H. Wisby, Jr. PTSD Clinic for men and Center of Hope for women at the Batavia Veterans Affairs Medical Center. Donations will be placed in a special “Holy Grail” and collected by members of the 19th Special Forces Group.

While looking for a cause to support a few years ago, groups sponsoring the event learned of a Vietnam veteran from their group who was dealing with post-traumatic stress disorder and other health issues.

PTSD is caused from experiencing severe trauma or being in a life-threatening event either during war or in a non-combat situation, and for many veterans, it impacts and alters their everyday lives. Relapses are common, according to Billoni Associates. “This member of our group told us about the outstanding care he was receiving at the Jack H. Wisby Jr. PTSD Clinic in the Batavia VA Medical Center,” said John F. Harrington, a retired sergeant major.

The goal of the “Jump In On PTSD” campaign is to raise funds so the clinic may better serve its veterans and gain public recognition of its successes and the results of the professional medical care it provides.

The Veterans Day celebration will include a USO-style musical performance by Music on the Front Lines, led by founder, CEO and music director Van Taylor and COO Ron Walker, both of whom are members of the Buffalo Music Hall of Fame. Taylor has been performing shows around the world for servicemen and women for 43 years.

Melissa Kate, Joyce Nixon and George Miller will be vocalists at the celebration. Kate will perform a salute to the five branches of the armed services while she and Walker will end the festivities with a rendition of Lee Greenwood's "Proud to be an American."

The tribute will open with a procession into the park, featuring the Caledonia Pipe Band, with colors presented by the 914th and 107th Color Guard from the Niagara Falls Air Reserve Station.

If you cannot attend the ceremony to place your donation in the Special Forces' "Holy Grail," donations may be sent to Alfred R. LaChance, 4732 Porter Center Road, Lewiston, NY 14092.

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2.9 - Winter Texan Times: [VA coordinators help traveling veterans receive services](#) (6 November, 170 uvm; Mission, TX)

The VA Texas Valley Coastal Bend Health System for the U.S. Department of Veterans Affairs provides services for veterans in a 21-county area that stretches from Corpus Christi to Laredo to Brownsville, including the Rio Grande Valley of South Texas.

According to Sheryl Russo, Traveling Veterans Coordinator with TVCBHS in Harlingen, approximately 4500 veterans are traveling veterans who come to Texas each year seeking a warmer winter climate. Of that 4500, about 1800 need medical services of some kind while they are in the Valley. Because each veteran is assigned to a VA facility and primary care team according to his or her permanent home address, the veteran's records need to be shared before he/she can receive coordinated care in the Valley.

Each veterans group nationwide has a traveling coordinator," said Russo, who helps veterans arrange non-emergency appointments at veterans facilities while they are in the Valley. Most veterans residing in Hidalgo County during their stay go to the veterans outpatient facility in McAllen, while those residing in Cameron county visit the veterans outpatient clinic in Harlingen. The traveling veterans program was mandated three years ago by the federal government to make it easier for traveling veterans to get medical assistance wherever they go.

When TVCBHS receives a relocation request from a traveling veteran, the coordinators request their health files showing what treatments the veteran needs, whether it be oncology services, physical therapy, lab work, mental health care, orthopedics, prosthetics, or prescription medications. Once the veteran's program needs are on file with TVCBHS it is much easier to get an appointment for the treatments needed because the information is already available.

Lynda Perez, also a Traveling Veterans Coordinator, said if the services the veteran needs are not available at the outpatient clinics, the patient may be sent to doctors associated with the South Texas Medical Center, Doctors Hospital at Renaissance, Laredo Medical Center,

Harlingen Medical Center, Spohn Health Care System, Valley Baptist Hospital or Doctors Hospital of Laredo for treatment.

Rey Leal, public affairs officer for the Harlingen Veterans Clinic, said the purpose of the program is to get away from having walk-ins, which can cause greater wait times and other delays in receiving the services veterans need.

"We want to make veterans lives easier while they are traveling, " said Leal. "Part of that service is to see they are able to get prompt medical care when they need it."

"Medicines taken continuously must be transferred from their home unit, which can take several days. If the information has already been given, the medicine can be transferred in a timely manner so they are here when the veteran needs them," said Russo.

Leal added, "Veterans who are coming with health issues need to take advantage of the program while they are still at home to be sure their records are on file here in a medical emergency. Veterans who are already here who know veterans from back home who are coming [to South Texas] should tell them to be sure and transfer their records to TVCBHS to avoid long waits in time of illness. Be sure and list any temporary phone number and addresses where a veteran can be reached in the Valley.

"A lot of it is communication," said Leal. "When a veteran is traveling out of his/her home area, we want this to be part of the veterans checklist of things to do. Contact the traveling veterans coordinator so we can coordinate your care."

For more information call Sheryl Russo or Lynda Perez at (956) 291-9207 or fax them at (956) 291-9392.

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2.10 - GovernmentCIO (Video): [Veterans Affairs CTO Explains How it Relaunched VA.gov](#) (8 November, Michael Hoffman, 300 uvd)

Veterans Affairs relaunched VA.gov Wednesday to make it easier for veterans to access their benefits and health information.

The VA teamed up with the U.S. Digital Service to make it happen. Originally scheduled to launch on Veterans Day, the VA relaunched it ahead of schedule.

VA Chief Technology Officer Charles Worthington discussed the goals of the relaunch as well as the feedback the VA used to achieve it.

For more more information about the effort, Marcy Jacobs, executive director of the Digital Service team at Veterans Affairs, spoke with GovernmentCIO Media Reporter Amanda Ziadeh about their work.

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3. Business Transformation

3.1 - Sioux City Journal: [Grand opening for Dakota Dunes VA clinic is Nov. 16](#) (8 November, Dolly A. Butz, 91k uvm; Sioux City, IA)

A grand opening celebration will be held at the new VA outpatient clinic in Dakota Dunes Nov. 16.

The clinic, 380 West Anchor Drive, will serve veterans in seven counties: Woodbury, Plymouth, and Cherokee in Iowa; Dakota and Dixon in Nebraska; and Clay and Union, in South Dakota.

A brief program, tours of the facility and refreshments will follow a 2 p.m. ribbon cutting.

The mobile Vet Center, which will be on site from 9 a.m. to 4:30 p.m., offers readjustment, PTSD, bereavement, marriage and family counseling, as well as information about VA services, including benefits and suicide prevention.

Primary care, mental health, home-based primary care, clinical pharmacy, social work, audiology and nutrition services will be offered at the clinic. Multiple specialty services, such as cardiology, pulmonology, dermatology, wound care, pain management are available by telehealth.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Politico: [Day after: Surveying the aftermath](#) (8 November, Darius Tahir, 8.7M uvm; Arlington, VA)

DAY AFTER — SURVEYING THE AFTERMATH: The electoral tides have changed — and now it's time to see who's still afloat. While the exact scale of the changes is TBD, we can see the shape of what's to come:

— The House: With Democrats taking the House, there will be a whole new cast of characters in leadership. Party leaders began to signal their upcoming moves Wednesday, and we can start to prognosticate what's going to happen next. The best guess right now is that we will see Speaker Nancy Pelosi in 2019, though many in the incoming Democratic class have said they'd like to see change atop the caucus.

Further down the totem pole, Rep. Diana DeGette of Colorado has said she's running for majority whip, the number three job in the House. That's currently Rep. Jim Clyburn's spot, meaning that we could see a high-profile race in caucus leadership. Long-time health care watchers know that DeGette, of Colorado, was one of the architects of the mammoth 21st Century Cures Act.

We also got a sense of committee chairs' priorities. Rep. Frank Pallone, the presumptive leader of the Energy and Commerce Committee, circulated a list of priorities to reporters Wednesday. Of note on Pallone's list: lowering health care costs; protecting net neutrality; and providing meaningful privacy protections. The last item on the list is particularly important: Pallone was

opposed to the 42 CFR Part 2 rule overhaul that consumed so much attention during negotiations over the massive opioid legislation, and many observers are discussing the possibility of bipartisan national privacy legislation. Our Health Care colleague Adam Cancryn has a more in-depth look at the New Jersey pol's priorities here.

Energy and Commerce's Health Subcommittee is another a spot to keep an eye on: Rep. Anna Eshoo has said she's interested in chairing the panel. The Silicon Valley Democrat has long been known as a telehealth booster.

One last potential committee chair to keep an eye on: Mark Takano at Veterans' Affairs. Takano did a Q&A with our own Arthur Allen and broke down his priorities for the panel. The Southern Californian Democrat praised his predecessor, Phil Roe, for his bipartisan approach to committee business and said he'd continue it, were he to chair the committee. Takano said he'd be keeping an eye on the Cerner implementation at the VA, as he'd been interviewing potential staffers with tech backgrounds. "It will take some strong, technical expertise to oversee this," he said. He also seems to be skeptical about the parallel implementation at Defense, saying, "My initial impressions of the early rollout [at the military] weren't great."

At a lower level, some in-doubt races got resolved — or close to it — on Wednesday. Texas Republican Rep. Will Hurd, who has focused on IT and cybersecurity issues, holds a narrow edge — just over a thousand votes — in his closely contested race against Gina Ortiz Jones. Wednesday afternoon, the Democrat vowed not to concede until all votes — which include overseas military ballots and provisional votes — were counted.

In New Jersey, meanwhile, Democrat Andy Kim holds a narrow edge over Rep. Tom MacArthur, a key dealmaker in Republicans' 2017 quest to repeal and replace the Affordable Care Act.

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4.2 - Becker's Hospital Review: [VA's EHR project is 'yellow trending towards red,' says report obtained by ProPublica](#) (8 November, Jessica Kim Cohen, 296k uvm; Chicago, IL)

The Department of Veterans Affairs' EHR contract with Cerner has been plagued by multiple roadblocks during the past year, including personnel issues and changing expectations, according to a ProPublica investigation.

Former VA Secretary David Shulkin, MD, released the agency's plan to scrap its homegrown EHR VistA for a Cerner system during a news briefing in June 2017. Almost one year later, the VA finalized a \$10 billion no-bid contract with Cerner to implement its EHR systemwide over a 10-year period, beginning with a set of test sites in March 2020.

However, a recent progress report by Cerner rated its EHR project with the VA at alert level "yellow trending towards red," according to ProPublica. To investigate the underlying factors that have contributed to the EHR project's problems, the publication reviewed internal documents and conducted interviews with current and former VA officials, congressional staff and outside experts.

Here are five details from ProPublica's investigation:

1. When Dr. Shulkin initially announced his plan to implement Cerner at the VA, he emphasized the EHR would provide "seamless care" to veterans, since the Department of Defense had also recently signed a contract with Cerner. However, in September 2017, the VA convened a panel of industry experts who objected to this claim, noting two health systems using Cerner doesn't mean they will be able to share all data with one another.

2. At another meeting, Cerner representatives gave a presentation on how their software would be able to share data with private providers, three people present told ProPublica. However, Dr. Shulkin noticed the representatives were only talking about prescription data, rather than the full record of health data, lab reports and medical images that the VA would need. Dr. Shulkin reportedly cut the meeting short and told Cerner to come back with a better solution.

3. Cerner's off-the-shelf product didn't match the VA's EHR needs, according to ProPublica. While Cerner's software successfully helps private hospitals bill insurers, the VA doesn't need these same functionalities, since the agency serves as the sole payer for its patient population. Cerner's product also didn't have features for some of the VA's core specialties, such as post-traumatic stress disorder, since these conditions aren't as common in the general population.

4. Dr. Shulkin, who left the VA in March, reportedly wanted to find a CIO with a background in healthcare and experience leading major software transitions to helm the EHR project. The VA enlisted two search firms, which identified several qualified candidates, according to sources who spoke with ProPublica. However, the Presidential Personnel Office rejected them, and the White House instead proposed candidates who had worked on the Trump campaign but didn't have a background in health IT.

5. At a recent subcommittee hearing, some lawmakers questioned the VA's work on the Cerner project and asked whether the DOD should head up its implementation. Instead, the VA and DOD secretaries opted to sign a joint statement Sept. 26 pledging to align their EHR strategies. However, industry experts warned ProPublica that the agencies have different medical priorities, as the DOD treats young people with acute injuries while the VA provides long-term care to those with complex illnesses.

VA spokesman Curt Cashour declined to answer specific questions from ProPublica, saying that "efforts thus far have been successful and we are confident they will continue to be successful." The White House didn't provide answers to a list of questions ProPublica sent, and Cerner also declined to comment.

To read ProPublica's investigation, [click here](#).

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - The Sacramento Bee (AP): [First female veteran to join VA Puget Sound "Wall of Heroes"](#) (8 November, 2.3M uvm; Sacramento, CA)

SEATTLE - A 98-year-old female US Army Corps veteran has been inducted into the VA Puget Sound Health Care System's Wall of Heroes, making her the first woman to receive the honor for her service.

Frances E. Harman was among those honored by Gov. Jay Inslee and Veterans Affairs Department officials Thursday during an annual ceremony at the health care system's Seattle campus.

A plaque honoring Harman will join the facility's "Wall of Heroes."

Harman was a first lieutenant in the U.S. Army Nurse Corps during World War II, serving in the burn unit of a field hospital on New Guinea. She served in the Corps from 1943-1946.

Her military awards include the Meritorious Unit Award, Three Overseas Service Bars, the American Theater Ribbon, the Asia/Pacific Theater Ribbon with one Bronze Battle Star, and the Victory Medal.

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6.2 - Courier-Journal: ['It keeps me sober': Arts provide saving grace for Louisville veterans](#) (8 November, Bailey Loosemore, 704k uvm; Louisville, KY)

James "Jimbo" Fredrick's hands moved quickly across the wet clay, smoothing and pinching it until the once flat slab took the shape of a rectangular box.

It was a Thursday afternoon in late October. And like every Thursday for the past five years, the 63-year-old had found himself with a small group of fellow veterans, trying his hand at yet another new art project.

The men in the group have all dealt with traumatic experiences since leaving the military. Like Fredrick, they've struggled with substance abuse, identified mental illnesses and even lived on the streets.

The men have been through therapy and counseling and rehabilitation. But they've all kept returning to the weekly art program, if for one main reason:

It gives them peace.

"It keeps me sober, I know that," Fredrick said of the program, which is run by the Kentucky Center for the Arts. "It gives me something to do. It's better than sitting around at home all day watching television."

Since 2009, the Kentucky Center for the Arts has organized art programming for a number of Louisville health care facilities through its Arts in Healing initiative, which hires artists to lead classes for people in crisis.

The goal of the initiative is to inject creativity into the healing process — a practice that's been proven to increase self-esteem, decrease patients' need for pain medication and reduce the length of hospital stays, according to a report from Americans for the Arts.

Arts in Healing director Kristen Hughes said the initiative currently offers classes at 17 wide-ranging facilities, including Our Lady of Peace, Volunteers of America and the University of Louisville's James Graham Brown Cancer Center.

But its largest client base comes from the Robley Rex VA Medical Center, 800 Zorn Ave., which has asked the Kentucky Center to incorporate art programming into as many of its divisions as possible.

"I think it's because this VA, this staff started seeing the value," Hughes said of the program. "It's eight years of growing and nurturing and connecting with veterans."

In 2013, Fredrick was five months sober and was working to secure permanent housing when he came across one of the arts program called Heroes Create!.

The program was created specifically for veterans who'd experienced homelessness, and it takes place every Thursday at the downtown Salvation Army campus.

When he first started attending the class, Fredrick was quiet, like many other veterans, and it took years for him to open up and share details of his upbringing, said lead art teacher Pat Sturtzel.

Now, Fredrick repeats his story easily, talking about the years he spent in an orphanage in Chicago and the decades he spent living on Louisville's streets.

For two years in between, Fredrick served as a paratrooper in the army, from which he was honorably discharged in 1978.

Without a steady job, Fredrick spent years moving between cities before he settled in Louisville in 1986, sleeping most nights at the St. John Center for Homeless Men, 700 E. Muhammad Ali Blvd.

It was there that Fredrick met a social worker with the Veterans Affairs Supportive Housing program, who helped him file for Social Security and enter a recovery program at the VA medical center.

Fredrick took mandatory art classes as part of the program, but he elected to continue them after graduating and finding permanent housing.

"I always kept up with doing some type of artwork," said Fredrick, who even created an art studio in his one-bedroom apartment. "It don't take a genius."

But it does take skill, said Dennis Scott, a veteran who's attended Heroes Create! for about a year.

"I'm a perfectionist; I'm too left-sided," Scott said. "I look at stuff and all I see is a lump of clay or a blank sheet of paper. But I like working with my hands."

Scott said he learned about the classes from VA peer support specialist James Taylor, who acts as something of a conversation starter during the sessions. He's continued to attend because it prevents him from isolating himself from the community.

"I'm never satisfied with my work, but I enjoy the process," Scott said. "Most of the stuff I make, I throw away."

"When he told me that," Taylor said, shaking his head without finishing his sentence.

But the feeling is something Taylor understands. When he first joined the art sessions as a VA employee, he was scared his artwork would be terrible, and he'd spend days working on projects that other veterans took a quarter of the time to complete.

"I was such a perfectionist," said Taylor, an air force veteran. "... Finally, they were like, 'just let it flow. Don't even think about it.' I started doing that, and all of a sudden, I'm starting to make stuff.

"There's no right or wrong here. That's the opposite of everything I ever learned."

Hughes, the director of Arts in Healing, said art invites veterans and others who are experiencing trauma to tap into their hearts and souls, to express feelings they might not be able to say verbally.

"I think it's really important that we acknowledge the whole other side of ourselves," Hughes said. "We see where being in our heads has gotten us."

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6.3 - KCNC (CBS-4, Video): [Veterans Organizations Help Their Own With Homeless Outreach](#) (8 November, Tori Mason, 496k uvm; Denver, CO)

Veterans organizations are working to help some of their own who are living on the streets.

The 28th Annual Homeless Veterans Stand Down is a one-stop shop to serve those who served our country.

Veterans came to the Colorado Army National Guard Armory Thursday and received clothing, haircuts, food and medical care. They even got help with job placement, legal issues and housing.

"Sometimes we're not able to get to these services out on the street, so coming to one place and getting everything is pretty nice," said veteran Andrew Livingston.

This is a combined effort of the Denver VA Regional Office, VA Eastern Colorado Health Care System (ECHCS), Veteran Service Organizations and community partners such as the Colorado Veterans Project, Veterans of Foreign Wars, Disabled American Veterans, and the Elks Club.

Veterans make up about nine percent of the homeless population.

Volunteers at the stand down were able to help around 350 veterans Thursday. In previous years, that number has been as high as 600.

“Veterans are very proud and that pride keeps them from asking for help. Even if they know somebody can help them, it takes a lot for them to come here today,” said VA PIO Rebecca Sawyer.

If you know a veteran who is homeless or at risk of becoming homeless, call the National Call Center for Homeless Veterans at 877-424-3838. They’ll assist you in getting them the help they need.

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6.4 - WMAQ (NBC-5, Video): [Suburban Residents Speak Out Against Proposed V.A. Cemetery](#) (8 November, Christian Farr, 483k uvm; Chicago, IL)

A controversy is brewing in the suburbs, as neighbors are upset over a Department of Veterans Affairs plan to put a cemetery on vacant land.

Residents in South Barrington and Hoffman Estates are worried about increased traffic caused by the cemetery, and say that plans for honor guards to shoot rifles several times a day could cause problems as well.

“This is not the appropriate place for veterans to lay in peace,” South Barrington resident Raaz Basati said.

The proposal, put forth by the VA, would build a veterans’ cemetery on a 15-acre plot of land that is up against several residential areas near the intersection of Freeman and Mundhank Roads in South Barrington.

The VA says that it will honor deceased veterans with rifle salutes between 10 a.m. and 3 p.m. on weekdays, but that plan is drawing ire from residents.

“How can you say that you will have gunshot salutes going on three to five times a day, and yet there would be no implication on our children?” Basati said.

Village President Paula McCombie says her office first found out about the cemetery proposal back in June, but told the VA that the village zoning laws would not permit a cemetery to be built on the land, because it is too small and too close to residential areas.

In a statement, the VA said:

“This site in South Barrington meets our initial criteria, with the property immediately adjacent to the Cook County Forest Preserve, in close proximity to commercial areas, and mostly separated from residential development.”

The VA will host a community meeting on Thursday for residents to voice their concerns, but most don’t feel that they can be convinced to give the thumbs-up for the cemetery to be built.

“How is this a peaceful location for the veterans and their families? I just don’t understand,” Basati said.

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6.5 - The Augusta Chronicle (Video): [Veterans get recognition for service at VA Medical Center’s Veterans Day Ceremony](#) (8 November, Jozsef Papp, 428k uvm; Augusta, GA)

Command Sgt. Maj. Douglas Howard Jr. stood in front of a room full of veterans Thursday to talk about the importance of recognizing them for their service.

Howard, the speaker of ceremony for the Veterans Day event held at Charlie Norwood VA Medical Center, began by making some jokes about the different branches of the military before thanking the veterans in attendance.

“I’ll like to thank all the veterans. The real heroes of the past, present that have made, not only this day possible, but every day,” Howard said. “These are the ones that have made America great again and again.”

Throughout his speech, Howard gave examples on how they can be thanked by regular civilians. He said some people might not realize they can run into a veteran every day as a neighbor, a coworker or a person sitting next to them on a bus.

Howard served in the Army for 28 years, enlisting in 1974. His father served for 30 years and fought in the Korean and Vietnam wars. Although originally he didn’t think about enlisting, he hasn’t looked back since. He said he would do it all over again.

“I come from a lineage of Army, that is in my blood, it runs in my blood,” he said. “I just wanted to make sure that the public understand that is alright to thank us, it’s alright to talk to us. All we want to know is that you care.”

Denise Cook, VA recreational therapist certified therapeutic recreational specialist, said this is the biggest crowd they have had at the ceremony since she organized it in 2013. She hopes that veterans are inspired and feel appreciated for the sacrifices they made.

“If it wasn’t for the veterans, we wouldn’t have the privileges and rights we have today in this country,” Cook said. “It is important that they are remembered and they are acknowledged, not just on this ceremony, but everyday at the Charlie Norwood VA Medical Center.”

During his speech, Howard made a request to the VA to “do their job” and serve veterans in the best way possible. He hopes Charlie Norwood becomes one of the best VA centers in the country, and suggested how to accomplish it.

“Doing their job means standing by their mission, standing by their values, taking care of us veterans like we are the best thing since sliced bread,” Howard said. “That is all we are asking, just to be taken care of, get the best care available.

“As you see World War II veterans are dying away, Vietnam veterans are starting to go, these young kids coming back from Afghanistan and Iraq, they are going to need a lot of help, so

we've got to rally around the flagpole, sort of speak, and come up with the best VA system that will treat our veterans and give us the right to services that we deserve."

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6.6 - KCRG (ABC-9, Video): [Homeless veteran population up by over 14 percent in Iowa](#) (8 November, Chantelle Navarro, 199k uvm; Cedar Rapids, IA)

Lawmakers are looking for solutions to help bring down the number of homeless veterans in the state. A study by the U.S. Department of Housing and Urban Development showed an increase here in the state.

Iowa Senators Joni Ernst and Chuck Grassley sent a letter to the VA asking for answers. The report shows since 2017 veteran homelessness nationally has decreased from 40,020 to about 37,878 or about 5.5 percent. But in Iowa, the number of homeless vets has increased 14.6 percent since 2017. Those state numbers don't apply to parts of eastern Iowa, though.

Veteran's Affairs Health Care for Homeless Veterans Work Supervisor Jennifer Smentek said it's actually down 3.5 percent in Linn and Johnson County.

"Veterans are still homeless and we always want to get them off the street and into stable housing and we certainly are working towards that," said Smentek.

Jimmie Newbury was an army infantryman from 1967 to 1973. He moved around a lot after he got out. At one point, he even lived on the street for about a year.

"I had Hepatitis C from needles and stuff back in my day and it kind of got worse. Then, I was homeless," said Newbury.

Newbury said the programs offered at the VA office helped save his life.

"I was living in dumpsters, boxes, wherever you think you can stay to keep warm," said Newbury.

Smentek said this case is unfortunately not unique.

"Veterans are still homeless and we always want to get them off the street and into stable housing and we certainly are working towards that," said Smentek.

She pointed out that not everybody in the stats are on the streets, some at least are set up with shelter through programs like grant per-diem beds. But when reports like this are released, it gives them the chance to get the resources to continue to help people.

"It provides us with the opportunity to work with HUD and to work with the VA to provide those programs " said Smentek.

Newbury said, now, he highly recommends others in his situation to reach out, too.

"If you're a veteran and you're in need, get to the VA so that you can get help," said Newbury.

To read the full HUD report, click [here](#).

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6.7 - Citizen-Times (Video): [Brothers Like These 1: 'I felt like I was going crazy'](#) (8 November, Angela Wilhelm, 128k uvm; Asheville, NC)

Ed Norris, a veteran of the Vietnam war, served in the United States Marine Corps from 1965-1968. This is the first in a series of five videos by the Citizen Times on the writers of the Brothers Like These writing group.

An ordinary room on the basement floor of the Charles George VA Medical Center houses an extraordinary writing program dedicated to Vietnam veterans with post-traumatic stress disorder.

The men waded through difficult memories created by the Vietnam war and its unwelcome homecoming but with the power of the pen, they find hope.

A brotherhood has formed among the veterans turned writers, who joke they were drafted into the Brothers Like These writing program by Dr. Bruce Kelly, a primary care physician who heard many speak of the lasting torments of that war.

"We have a collective obligation to their recovery and healing," said Kelly, "They deserve the opportunity to have their voices heard and finally see themselves as the hero of their own stories."

In a collection of videos by the Citizen Times, members of the Brothers Like These writing group share their journey and their powerful writing.

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6.8 - Daily Herald: [What if a national veterans cemetery, with daily rifle volleys, were in South Barrington?](#) (8 November, Bob Susnjara, 95k uvm; Arlington Heights, IL)

South Barrington would become home to an extension of Abraham Lincoln National Cemetery for military veterans under a federal agency's proposal that's drawn concern from the village's mayor about periodic rifle volleys expected at the site.

Under what's called an urban initiative, the U.S. Department of Veterans Affairs wants to acquire 15 acres near Mundhank and Freeman roads for the columbarium cemetery. Documents show federal officials are developing a master plan to start with 5,000 niches for cremated remains to be placed in a series of walls, growing to 50,000 over 100 years.

Officials from the VA's National Cemetery Administration will host a public presentation on the plan from 6:30 to 8 p.m. Thursday at Hilton Garden Inn, 2425 Barrington Road in Hoffman Estates. Those who attend may provide feedback to the federal representatives.

If built, the South Barrington cemetery would provide a more convenient Chicago-area military burial option for eligible veterans and their families as part of the push to have such facilities

closer to a city core, according to the VA. Lincoln National in Elwood is 57 miles from downtown Chicago.

Ceremonies would occur at the proposed South Barrington cemetery, including rifle volleys honoring the veterans before they are laid to rest. The rifle fire is expected three to five times per weekday when there are burials.

"Our veterans earned VA burial benefits and are recognized with a memorial honor guard," agency spokesman Rick Fox said. "Rifle volleys that are part of this recognition would occur between the hours of 10 a.m. to 3 p.m. on weekdays. The site would be designed in a manner to direct the associated rifle volley noise away from the existing residences."

But South Barrington Mayor Paula McCombie, who stressed she supports veterans, said the "misguided" proposal would not fit in an area that includes the Barrington Homestead Estates and The Preserve of South Barrington residential subdivisions. Cook County's Paul Douglas Forest Preserve is just west of the VA's proposed project.

"We would love to have them in South Barrington, but at that location, considering they're going to be firing guns off three to five times a day in a residential district and disturbing the peace of the residents that back up to the facility, we have to wait to hear from our residents to see what their opinion is of this," McCombie said.

Under the VA's tentative proposal, a main entrance wall and gate would be built with U.S. flags leading into the cemetery. There also would be natural and ornamental landscaping, a funeral cortège parking area, 30-foot-by-30-foot committal service shelter, a memorial marker wall and a roughly 1,300-square-foot public information and restroom building where visitors could use an electronic gravesite locator.

McCombie said the VA would need to go through the village's approval process to gain a zoning change for the cemetery to be built on the 15 acres currently designated for single-family houses on 1-acre lots.

Jacob Zimmerman, superintendent of the Veterans Assistance Commission of Kane County, is among those supporting the South Barrington plan. He said the Chicago area lacks veterans cemeteries, so the idea is "a no-brainer to ensure that there is a lasting tribute to our veterans who have given so much."

Arlington National Cemetery began offering a 5,000-niche columbarium in 1980. Arlington National plans to have 50,000 niches.

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6.9 - WTVW (FOX-7): [Oak Hill Cemetery's Veterans Day service recognized by the US Dept. of Veterans Affairs](#) (8 November, 43k uvm; Henderson, KY)

Oak Hill Cemetery will serve as a Regional Site for the celebration of Veterans Day for a sixth year in a row.

The celebration takes place at 1 p.m. on Sunday, November 11.

The US Department of Veterans Affairs selected Oak Hill Cemetery for the distinction, recognizing its annual Veterans Day service.

Oak Hill Cemetery is one of only 51 sites in the country and the only site in Indiana to receive the designation for 2018.

The VA Office of Public and Intergovernmental Affairs released this message:

“On behalf of the Veterans Day National Committee, I am pleased to announce that the City of Evansville, Indiana has been selected as a regional site for the commemoration of Veterans Day 2018. Your regional site, as well as other sites around the country, serve as fitting tributes to America’s heroes, as well as models for other communities to follow in planning their own observances.”

In case of inclement weather, the service will be held in the Chapel of Memories.

Earlier in the day, the Veterans Council will hold its annual service at Locust Hill Cemetery at 11:11 a.m. The service at Locust Hill will be in the Mausoleum Chapel rain or shine.

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6.10 - Times Record: [VA emphasizes women’s health training](#) (8 November, John Lovett, 21k uvm; Fort Smith, AR)

With more women serving in the military than ever before, the U.S. Department of Veterans Affairs is putting more effort into training doctors and nurses for gender-specific care at the VA’s smaller community based outpatient clinics like the one in Fort Smith.

The number of female veterans receiving health care from the VA tripled from 160,000 to 475,000 between 2000 and 2016, according the VA. A 33 percent increase in female veterans is expected in the coming year alone for west central and northwest Arkansas.

About 1,000 female veterans currently use the VA Outpatient Clinic in Baptist Health Medical Plaza. Another 2,600 or so use the VA clinics in Fayetteville and southwest Missouri. Roughly 8,000 women who served in the military populate the area as defined by the VA.

Dr. Suzanne Taylor of the Overton Brooks VA Medical Center in Shreveport was one of the trainers sent by the VA to Fort Smith this week to provide a “mini residency,” or refresher course to the nurses and doctors.

“We realize now with more and more female veterans to serve, we need to get the training to the people in the rural areas,” Taylor said. “Women are the fastest-growing group of military veterans, and one in every five new military recruits is a woman.”

Although Fort Smith and Fayetteville are considered metropolitan by the U.S. Census Bureau, the VA’s Office of Rural Health considers these areas 50 percent rural. Smaller towns like Ozark are considered 100 percent rural.

Taylor explained that although the providers may have received women’s health specific training in medical school, for a long time they have seen primarily men. Even the word “veteran” is

usually associated with a male, she added. That's changing as more women serve in the military.

With the refresher course, the number of people trained on gender-specific, trauma-informed care at the Fort Smith VA Outpatient Clinic jumps from one to nine. Four of those nine are women.

Rosie Harris, MSN-RN, Women Veterans program manager at the Veterans Health Care System of the Ozarks in Fayetteville, said the training improves access for women to get comprehensive care.

"They don't have to fracture their care and do just primary care with their VA doctor and go somewhere else for their women's services," Harris said. "They can get it all in one place."

Breast and cervical cancer screenings, contraception and menopause education are a few of the gender specific issues being addressed in the refresher course. Staying aware of potential "triggers" that could shut someone down is part of it as well. Saying the wrong thing could keep a nurse or doctor from learning more about their patient's medical history.

"We have to be conscientious about the words we say and how we say it," Harris added.

Harris noted roughly half of veterans, both male and female, identify with having a post traumatic stress disorder. Female veterans have additionally seen an increase in military sex trauma and because of these factors, many women tend to prefer women health care providers over men, Harris added. Women who have served in the military and are unsure if they qualify for VA benefits should apply and find out, Harris said.

Sarah Cowie Miller, an experiential learning specialist with Promethium Federal Services in Washington, D.C., is another one of the trainers. She says many mistakes made by VA health care providers and nurses are innocent because of past experiences. For example, a war-zone medic holding down a patient to do an exam. Taking the nurses and doctors through a simple scenario to point out mistakes, but also instill confidence, is part of the training.

"They're thinking about what is inappropriate, transitioning to a different way of care, becoming aware of their own habits and instincts," Miller said of the training exercises. "They're rethinking perceptions, but also gaining confidence in themselves as providers and compassionate people."

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6.11 - KOTA (ABC-3): [Hundreds of area veterans poured into the Civic Center for annual stand down](#) (8 November, 21k uvm; Rapid City, SD)

Hundreds of Black Hills area veterans converged on the Civic Center for the 2018 Veteran Stand Down and Resource Fair Thursday.

Hosted by Department of Veterans Affairs (VA) Black Hills Health Care System (BHHCS), this stand down connects Veterans, specifically homeless or at risk of being of homeless vets, with important social resources and services. A meal was provided by Goodwill of the Great Plains as well as cold weather items such as blankets as well as hygiene kits and duffel bags.

Veterans were able to get free hair cuts, flu vaccines and learned all about their VA benefits and health care.

"Well as a veteran myself I really feel honored to serve veterans and I think a lot of our veterans her in the Rapid City area are very deserving and we want to make sure that they get everything that they deserve and frankly I think it's a service for everybody here at the Civic Center today," said Jamison Hild with VA BHHCS, "they all feel honored to kind of work with this population."

If you or a veteran you know wasn't able to make it to the stand down, you can learn all about your veteran's benefits at the Veteran Outreach Center at 111 New York Street in Rapid City.

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6.12 - KVRr: [Fargo VA Puts on Open House, Enrollment Fair for Veterans](#) (8 November, Danielle Church, 14k uvm; Fargo, ND)

Fargo's VA Health Care System is trying to make sure veterans in the community know what community services they can benefit from.

They put on a veterans open house and enrollment fair at NDSU so veterans could learn about the different services both the VA and other community, veteran organizations offer. They encourage veterans to check their eligibility for healthcare because the rules always change. Fifteen veteran organizations were at the open house.

"Veterans have earned any and all services that we can offer to them. They are our heroes and we always want to do what we can to ensure that they're provided with good healthcare, they get the benefits they need that they deserve," said Lavonne Liversage, VA Healthcare System director.

Fargo's VA holds about 50-60 outreach programs a year for veterans.

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6.13 - Mississippi Public Broadcasting (Audio): [First Ever Food Pantry For Veterans Opens In Mississippi](#) (8 November, Ashley Norwood 700 uvm; Jackson, MS)

Barbara Franklin is a veteran. She is going through the pantry, picking up food items and beverages.

Franklin lives in Greenville but she says she visits the Sonny Montgomery VA medical center in Jackson for checkups throughout the year. She thinks the pantry is a great idea.

"Well, it's good for those who need it. Every time I come down here, I'm going to look for it," said Franklin.

The Mississippi Food Network and the Veterans of Foreign Wars Foundation are partners with the VA medical Center pantry. Marilyn Blacklege, with the food network says, many veterans in the state are food insecure.

"A lot of our veterans are living on a fixed income, or they're living on disability and it's very hard for them to make ends meet. So doing this, they will be able to come, they will be able to get food, they won't have to make the decisions of whether to buy their medicine or whether to pay rent or buy their food," said Blackledge.

Dr. David Walker, director of the medical center says the addition of the pantry is key in the overall healthcare of veterans in Mississippi.

"Yes it's about healthcare, but it's also about what about if they're homeless, now what about if they're hungry? You know what about preventive care? So it's not just hospitalization or healthcare. To me it's like a whole health approach and so that's why this is so important," said Walker.

Dr. Walker says the food pantry is open every Wednesday from 10 am to 2pm at the VA Medical Center in Jackson. All veterans are welcome. Ashley Norwood, MPB News.

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7. [Other](#)

7.1 - Reuters: [Factbox: 'You're fired!': how Trump has dismissed White House staff](#) (7 November, 43.7M uvm; New York, NY)

Before he became U.S. president, Donald Trump was famous for dismissing contestants on his television show "The Apprentice" with a resounding "You're fired!"

But at the White House, he has often outsourced the job of booting employees to his chief of staff - and then announced the departures via Twitter.

On Wednesday, he tweeted that Attorney General Jeff Sessions was out. Sessions is the latest in a series of people to leave Trump's administration.

[...]

DAVID SHULKIN, VETERANS AFFAIRS SECRETARY, MARCH 28, 2018

White House officials said Trump got tired of negative headlines about Shulkin's travel expenses and infighting within the VA. Shulkin said in an interview with MSNBC that Kelly told him he was fired just before Trump tweeted the news - and that Trump had failed to mention it during a phone conversation only hours earlier.

ATTORNEY GENERAL JEFF SESSIONS, NOV. 7, 2018

Trump soured on Sessions after the former senator recused himself from overseeing the FBI's probe of Russian interference in the 2016 presidential election. In one of his first orders of business after the Nov. 6 congressional elections, Trump tweeted that Sessions had been replaced, and thanked him for his service. Kelly had phoned Sessions earlier with the news. Sessions said in a letter to Trump that he had resigned at the president's request.

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7.2 - NPR: [What We Know About The Thousand Oaks Shooting Suspect](#) (8 November, Laurel Wamsley, 15.5M uvm; Washington, DC)

Authorities have identified the suspect who killed 12 people at a country music bar in Thousand Oaks, Calif., as 28-year-old Ian David Long.

Long, who apparently killed himself, was a Marine Corps veteran and was known to local law enforcement.

Ventura County Sheriff Geoff Dean said during a news conference Thursday morning that his department has had "several contacts with Mr. Long over the years" including minor events such as a traffic collision. Long was also the victim of battery at a local bar in 2015.

In April, there was a troubling incident in which deputies were called to Long's house after reports of a disturbance.

"They went to the house. They talked to him," Dean said. "He was somewhat irate, acting a little irrationally."

Deputies called the crisis intervention team, and mental health specialist who met with Long. The specialist didn't feel that Long qualified to be detained under 5150, the California law that allows for a 72-hour psychiatric evaluation if a person is deemed a danger to himself or others. Long was left at the scene at that time, the sheriff said.

Long served in the Marines from August 2008 until March 2013. A machine gunner who attained the rank of corporal, he served about seven months in Afghanistan, from November 2010 to June 2011. His last duty station was at Kaneohe Bay, Hawaii.

Dean said that when deputies were dispatched to Long's residence in April, there was concern that, given his status as a veteran, he might be suffering from PTSD. The Department of Veterans Affairs said on Thursday that Long was not enrolled in VA health care at any time.

A Pentagon official told NPR's Tom Bowman that Long "was not a stellar Marine." The official says Long received two infractions in 2009 for shoplifting at a post exchange. Long received an administrative punishment, but it wasn't enough to force him from service and he was honorably discharged. Long received no personal awards aside from the Combat Action Ribbon, which is given to anyone who is fired on by the enemy or fires at the enemy.

Court records show Long was married in 2009, separated in 2011 and divorced in 2013, The Associated Press reports. The president of California State University, Northridge, said in a statement that Long was a former student at the school, most recently in 2016.

Long lived with his mother at a house she owns in the nearby town of Newbury Park. On Thursday morning, deputies were outside the house as they sought a warrant to conduct a thorough search of the property.

A neighbor, Tom Hanson, told local television station KTLA that he and other neighbors knew Long "had issues." He described an incident — which seems to match the April episode

mentioned by the sheriff — in which he called law enforcement to Long's house because it "sounded like he was tearing down the walls of the house, like somebody's just beating on the walls with a big hammer or something."

Since that incident, Hanson said, things had quieted down. He said he had assumed Long must be getting treatment of some kind.

When Long approached the Borderline Bar & Grill in Thousand Oaks, he used a Glock 21 .45 caliber handgun that he purchased legally, according to Dean. The weapon had an extended magazine, but law enforcement has not determined how many rounds it could hold with the modification, or whether the shooter reloaded the weapon during the shooting.

Law enforcement has not confirmed witness reports that Long set off smoke bombs at the bar.

Authorities were still working to identify the victims and inform their families.

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7.3 - The Wall Street Journal: [Police Probe Motive in Southern California Bar Massacre](#) (8 November, Ian Lovett, Dan Frosch and Zusha Elinson, 13.3M uvm; New York, NY)

THOUSAND OAKS, Calif.—Shortly after 11 p.m. Wednesday, a 28-year-old Marine Corps veteran strode up to the front entrance of a country music bar in this Los Angeles suburb that was hosting its weekly college dance party.

As more than a hundred people sipped drinks and took line dancing lessons inside, Ian David Long, bearded and dressed in black, took out a .45 caliber pistol equipped with an extended magazine and shot the bouncer. Entering the door to the bar, he shot several more employees including a cashier while hurling a smoke bomb, witnesses told investigators. Then he turned his handgun on the crowd.

In a matter of minutes, 12 people were killed, according to authorities. Long was later found dead inside the building, having apparently shot himself.

"It was like fish in a barrel," said Matthew Curry, 20, who was walking from the dance floor when he heard five shots outside the bar before the shooter entered.

The country music blaring through the bar was pierced by the sounds of men crying and women screaming—and then, more gunfire. One man threw a bar stool through a window. Mr. Curry and others climbed through and jumped 8 feet to the ground below to escape, he said. "It was just mayhem."

The bloodshed in this city 30 miles west of Los Angeles, which had only two homicides in all of 2017, came less than two weeks after a man shot and killed 11 people at a Pittsburgh synagogue.

From Las Vegas to Parkland, Fla., Pittsburgh to Santa Fe, Texas, the nation has been shaken by the frequency of mass shootings over the past two years. The Federal Bureau of Investigation says 30 active-shooter incidents in 2017 left in 138 people dead—both the highest

totals since the FBI began keeping track in 2000. The FBI defines an active shooter as someone actively engaged in killing or attempting to kill people in a populated area.

In an eerie echo of recent mass shootings, a group of survivors of the massacre at a country music festival in Las Vegas last year would meet at the bar in Thousand Oaks, encouraged to wear gear to mark surviving that attack. The bar had hosted benefit concerts for survivors and a vigil commemorating six months since that shooting.

A handful of those survivors were at the Borderline Bar & Grill during Wednesday night's shooting, said Stacie Armentrout, spokeswoman for the group. One, a Navy veteran named Telemachus Orfanos, was among those killed, she said.

"We're all sick to our stomachs and throwing up. It's all back and washed right over the top of us again," she said.

Authorities were trying to determine why Long, who served five years in the Marines and saw combat in Afghanistan as a machine-gunner, opened fire at Borderline, tucked away in a suburban strip mall. Long may have been struggling with post-traumatic stress disorder, Ventura County Sheriff Geoff Dean said at a briefing.

"It's a horrific scene in there. There's blood everywhere," said Sheriff Dean, who called the shooting a "tragic, senseless loss of life."

People who knew Long said he returned from his military service bulked up and apparently troubled in 2013, the same year his four-year marriage ended in divorce. His mother, with whom he lived, sometimes said she wished he would stay away, said a neighbor, Richard Berge.

In April, authorities were called to the Long home on a quiet suburban street, where they found him acting irate and irrationally, Mr. Dean said. Mental health responders arrived soon after but determined he wasn't a threat and didn't qualify for an involuntary psychiatric hold.

The shooter legally purchased the Glock pistol he used at a gun store in the city of Simi Valley in Ventura County, according to a law-enforcement official. He used an extended magazine during the attack, which may have been illegal in California. The state has outlawed magazines that can hold more than 10 rounds, but some older ones were exempted from that ban.

It was unclear why Long targeted the bar, which had invited students from local universities including Pepperdine, California Lutheran and Moorpark College, according to an attorney for the owner of the establishment.

Some students told of confusion rippling through the crowd after the gunman opened fire. "It took a couple seconds for people to realize what was going on and chaos broke out," said Cole Knapp, a 19-year-old college student.

When the gunman paused, possibly to reload, Mr. Knapp rushed to an outdoor balcony for smokers, crowded with people unaware of what was happening inside. He shouted for them to run.

Holden Harrah, 20, said that after he saw the shooter execute the cashier, he "fell to the floor to cover up for safety [and] started crawling."

When Mr. Harrah reached his car, he started hyperventilating, he said, his hands contorted in panic.

Cassidy Addison, 23, was sitting at a table with two friends when she heard a shot. At first she thought it the sound of a balloon popping, but after the second shot, she saw people duck under tables and start running and she knew she needed to get out. She and her friends ran to the back of the bar and out the back door.

"I feel like I almost blacked out," she said. "I just knew the gunshots were coming from the front, so I ran to the back."

As he fired, the military-trained gunman was silent, witnesses said. He operated with lethal efficiency. Investigators believe only one person shot by Long survived, a sheriff's department spokesman said. Twenty others suffered injuries while trying to escape, the spokesman added.

Between five and six minutes after the first report of the shooting, a highway patrol officer and sheriff's sergeant, 29-year veteran Ron Helus, rushed into the bar, officials said. They exchanged fire with the gunman and Sgt. Helus was hit, fatally.

"He died a hero. He went in to save lives," said Sheriff Dean. Without Sgt. Helus's quick action, he added, many more would have died.

On Thursday, authorities searched the Long home for clues.

Long served in the Marine Corps from 2008 to 2013 and was deployed to Afghanistan from 2010 through 2011, according to a summary of his service records. After leaving the Marines, he never used Department of Veterans Affairs health care benefits, according to a department spokesman.

Twenty veterans commit suicide each day on average and 14 of those didn't seek government assistance, VA Secretary Robert Wilkie said recently.

Hours after the shooting, a crowd waited at a local teen center designated for people to reunite with loved ones.

Tucker Gibson, 19, had been searching for his childhood friend since first hearing news of the shooting at 5:30 a.m. He said he saw his friend's brother at the center, but still couldn't find the friend, who he knew frequented the bar.

"I came here from L.A. when I was 2 because my mom wanted to get away from danger," Mr. Gibson said in disbelief.

Nearby Pepperdine University said it was providing counseling services to its students. Freshman Alaina Housley was among those killed, it said.

Jason Coffman learned that his 22-year-old son, Cody, was killed in the shooting. "I am speechless and heartbroken," he said.

Wednesday night, he spoke to his son just before he went to the bar. "The first thing I said was 'don't drink and drive,'" Mr. Coffman said. "The last thing I said was, 'Son, I love you.'"

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7.4 - The Citizen: [Gillibrand, Rice push for updated VA motto to recognize women veterans](#) (8 November, Robert Harding, 56k uvm; Auburn, NY)

Two New York lawmakers will propose legislation that would alter the Department of Veterans Affairs' mission statement to be more inclusive and recognize women veterans.

U.S. Sen. Kirsten Gillibrand and U.S. Rep. Kathleen Rice will introduce a bill next week to change the VA's motto. The current mission statement is, "To fulfill President (Abraham) Lincoln's promise 'To care for him who shall have borne the battle, and for his widow, and his orphan' by serving and honoring the men and women who are America's veterans."

The VA's mission statement has been in place since 1959 and uses a quote from Lincoln's second inaugural address in 1865. Lincoln's quotation appears on a plaque outside the agency's headquarters in Washington.

But Gillibrand, D-N.Y., and Rice, D-Garden City, contend the existing statement doesn't recognize women who have served in the military, including more than 345,000 women who have been deployed since the Sept. 11 attacks.

Their bill would revise the mission statement to read, "To fulfill President Lincoln's promise to care for those 'who shall have borne the battle' and for their families, caregivers and survivors."

"Women have served in our military and given their lives to defend our nation since the founding of the country, and that includes the thousands of women who have made the brave and selfless decision to serve in our armed forces around the world today," said Gillibrand, a member of the Senate Armed Services Committee. "It's time for the VA's motto to formally reflect that fact."

Rice, who serves on the House Veterans' Affairs Committee, added: "The brave women who have worn our nation's uniform and their families deserve to be equally embraced by the motto of the very agency meant to support them. As we prepare to observe Veterans Day, this bill will finally give women veterans the recognition they deserve for their service and sacrifice — it's long overdue and anything less is unacceptable."

The legislation would require the Veterans Affairs secretary to publish a notification on the agency's website within 30 days of the bill's enactment explaining why the mission statement was changed and provide guidance for updating references to the motto.

After a six-month period, the Veterans Affairs secretary would be required to report to Congress on the agency's compliance with the new mission statement.

It's the second attempt this year to change the VA's motto. Rice authored an amendment to an appropriations bill that would've changed the mission statement. House Republican leaders, her office said, refused to allow a vote on the amendment.

Allison Jaslow, an Iraq war veteran and former executive director of Iraq and Afghanistan Veterans of America, said changing the mission statement isn't about "political correctness."

She noted that other military institutions, such as the Air Force Academy and West Point, have revised language to be more inclusive.

"The tone of every organization is set at the top," she said. "With its motto, the U.S. Department of Veterans Affairs is telling women veterans and survivors of fallen women service members that they aren't seen. That they don't matter."

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From:

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Cc:

Bcc:

Subject: [EXTERNAL] 8 November Veterans Affairs Media Summary and News Clips

Date: Thu Nov 08 2018 05:18:36 CST

Attachments: 181108_Veterans Affairs Media Summary and News Clips.docx
181108_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

8 November 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Meet the New Agenda Setters in the House](#) (7 November, Ben Kesling, 13.3M uvm; New York, NY)

The top-ranking Democrat on the House Veterans Affairs Committee, Rep. Tim Walz of Minnesota, announced last year that she wouldn't run for re-election to his House seat this year to vie for the governorship of his home state, leaving unclear who would lead the committee in the event of a Democratic takeover in the House.

[Hyperlink to Above](#)

1.2 - The Atlantic: [The Donald Trump Cabinet Tracker](#) (7 November, Russell Berman, 11.9M uvm; Washington, DC)

Background: Trump picked Wilkie in May after his first choice to replace Shulkin, Rear Admiral Ronny Jackson, withdrew his nomination amid allegations of workplace misconduct. Wilkie served in several senior positions at the Pentagon before Trump asked him to lead the VA on an interim basis after Shulkin's ouster. With his nomination in May, the president picked him to have the job permanently.

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1.3 - Military.com: [Space Force in Jeopardy After Democrats Gain Control of House](#) (7 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Democrats' takeover of the House deals a potential knockout punch to the plan for a Space Force as a new military branch and also poses challenges to current programs and projected budgets for the Pentagon and the Department of Veterans Affairs.

[Hyperlink to Above](#)

1.4 - Milwaukee Journal Sentinel: [Smoking soon to be banned at Milwaukee VA Hospital for patients and employees](#) (7 November, Meg Jones, 856k uvm; Milwaukee, WI)

There's another incentive — the Milwaukee VA Medical Center where he works as a mail clerk is eliminating smoking for all employees by Jan. 1. Starting this month, all inpatients and those having medical procedures will not be allowed to use any type of tobacco or smoking materials during their stay. "I think it's a good idea. I think it will help a lot of people quit smoking," Hughes said following a recent smoking cessation class at the medical center.

[Hyperlink to Above](#)

1.5 - Care2: [VA Continues Cruel Dog Experiments Despite Defunding Threat](#) (7 November, Laura Goldman, 660k uvm; Redwood City, CA)

In horrific experiments, researchers at Department of Veterans Affairs (VA) facilities around the country implanted dogs' stomachs with electrodes that made them vomit repeatedly. They placed pacemakers and catheters in dogs' hearts, which forced the dogs to have heart attacks. When the experiments ended, so did the dogs' suffering. They killed them all.

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1.6 - Stars and Stripes: [Army veteran's family agrees to \\$2.5 million in settlement with VA over wrongful death suit](#) (7 November, Will Morris, 532k uvm; Washington, DC)

Last month, the VA agreed to pay \$2.5 million to settle a wrongful death lawsuit filed by the Lake Havasu City, Ariz., couple. The award is not an admission of fault. Aaron Merritt was the victim of a lack of communication between doctors and a failure to adhere to basic medical procedures, according to the lawsuit, which was filed in 2016.

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1.7 - Nextgov: [After Listening to Veterans, VA Put All Its Services on One Website](#) (7 November, Aaron Boyd, 137k uvm; Washington, DC)

Wednesday night, the tech team at the Veterans Affairs Department launched their latest effort to improve the quality of services for former military personnel with the relaunch of VA.gov. Not long after the U.S. Digital Service team at Veterans Affairs streamlined access to benefits information on Vets.gov, it became clear that the very existence of a separate site to host that information was a needless extra step for veterans.

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2. [Improving Customer Service](#)

2.1 - Independent Journal Review: [President Trump, Keep Reforming the VA and End Obama-Era Shadow Abuse of Veteran Entrepreneurs](#) (7 November, Christopher Neiweem, 447k uvm; Alexandria, VA)

Even as the midterm elections have just passed and the political messages were fired from one corner of the political spectrum to the other between Democrats and Republicans, the mainstream media did not cover a major Obama-era veteran scandal that the Trump administration must now fix. Shadow abuse by the hands of unaccountable bureaucrats within the U.S. Department of Veterans Affairs (VA) against veteran entrepreneurs must be recognized and remedied.

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2.2 - KVAL (CBS-13): [Roseburg VA chaplain helps veterans heal after Hurricane Michael](#) (7 November, 95k uvm; Eugene, OR)

Two VA employees were on a special mission in the days following Hurricane Michael, including one from the Roseburg VA, the Gulf Coast Veterans HCS Public Affairs office said. Chaplains Jonathan Landon from the Roseburg VA in Oregon and Mohammed Hussain from the Washington DC VA both have been boots-on-the-ground in Panama City, Florida, for the past two weeks aiding Veterans in response and recovery from Hurricane Michael.

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2.3 - KNWA (FOX-24): [VA Center Employee Inducted into Arkansas Military Veterans Hall of Fame](#) (7 November, Gary Gilbert, 46k uvm; Fayetteville, AR)

An outreach specialist at the Fayetteville VA Vet Center was honored at an induction banquet on October 27. Command Sergeant Major Timothy Farley from Paragould, Arkansas, has worked at the VA Center for the past eight years. Farley and 14 others were inducted to the Arkansas Military Veterans' Hall of Fame (AMVHOF).

[Hyperlink to Above](#)

2.4 - The Daily Sentinel: [Printed Letters: Nov. 7, 2018](#) (7 November, Ron Corbett, 32k uvm; Grand Junction, CO)

I have been under the care of the Grand Junction Veterans Affairs Medical Center. I want to commend the VA for helping me through this difficult period. Without exception, the doctors, nurses, pharmacists, therapists, support staff and volunteers have all been courteous, helpful, caring, compassionate and competent. I can't imagine getting any better medical care, and I totally trust the Grand Junction VA Medical Center for all my health care needs.

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2.5 - Daily Journal: [Chamber hears about veterans affairs](#) (7 November, Victoria Kemper, 23k uvm; Park Hills, MO)

The Madison County Chamber of Commerce held its monthly luncheon Nov. 1 at the Black River Electric Cooperative meeting room with lunch catered by The Brewens. In honor of Veteran's Day Nov. 11 the chamber invited Paul Schuerenberg a Vocational Development Specialist and Community Employment Coordinator for the U.S. Department of Veterans Affairs and the Veterans Health Administration to speak.

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2.6 - WFXR (FOX-27, Video): [The Salem Va Medical Center provides an option for veterans to manage their health care](#) (7 November, Casey Wright, 13k uvm; Roanoke, VA) 4-minute video: The Salem Va Medical Center partners with MyHealthVet to provide an option for veterans to manage their health care.

[Hyperlink to Above](#)

2.7 - Government Matters (Video): [Takeaways from improved VA employee satisfaction numbers](#) (5 November, Andrew Wagner, Washington, DC)

Greg Giddens, former chief acquisition officer at the Department of Veterans Affairs and partner at Potomac Ridge Consulting, discusses what the agency's internal survey found about morale at VA, and what it means for future workforce decisions.

[Hyperlink to Above](#)

2.8 - New England Patriots: [Deatrich Wise, his 'superhero' mom reflect on her years as an Army nurse](#) (7 November, Angelique Fiske, Foxborough, MA)

Deatrich calls his mom a superhero, and when he says it, he means it. Sheila Wise served in the Army as a nurse for 22 years, and after retiring in April 2017, she continues to care for her fellow veterans as a nurse manager at the Dallas VA Medical Center.

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3. [Business Transformation](#)

3.1 - Politico: [Wave breaks on GOP House control](#) (7 November, Darius Tahir, 8.7M uvm; Arlington, VA)

Democrats have — by all indications — taken the House Tuesday night, while the GOP tightened their grip on the Senate. The result likely rules out another GOP-led attempt to repeal and replace Obamacare, and sets House Democrats up to police the Trump administration's management of health care policy.

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3.2 - Nextgov: [How the Midterms Shake Up Tech Oversight](#) (7 November, Jack Corrigan, 137k uvm; Washington, DC)

After claiming the House in Tuesday's midterm elections, Democrats are preparing to reshape the chamber's oversight priorities. In the coming months, the Democratic House Steering Committee will select committee chairmen, reorganize subcommittees and largely chart the chamber's agenda for the next two years. While this process will realign the focus of virtually every House organization, the shift could be especially pronounced in the House Oversight and Government Reform committee.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Muskogee Phoenix: [Nov. 11 marks 100-year anniversary of end of World War I](#) (7 November, Mark E. Morgan, 14k uvm; Muskogee, OK)

On Nov. 11, the Department of Veterans Affairs will join our fellow citizens in pausing to honor more than 20 million men and women who answered our nation's call. For more than 243 years of independence, patriots like them have stood watch over our liberty. From Bunker Hill to Baghdad, their sacrifices have given us the security and freedom in which to grow and flourish as a nation.

[Hyperlink to Above](#)

[5. Suicide Prevention](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - USA Today: [Incredible veteran athletes find their injuries don't hold them back](#) (7 November, Cindy Kuzma, 26.5M uvm; McLean, VA)

In many ways, sports programs act as an extension of rehab, noted Leif Nelson, a physical therapist and director of the VA's Office of National Veterans Sports Programs and Special Events. By training for running, cycling, rowing or other events, veterans build their cardiovascular conditioning, improve their overall health and restore strength and function to their bodies.

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6.2 - The Plain Dealer: [Band of Brothers event coming to Cleveland this weekend](#) (7 November, Michael Sangiacomo, 1.7M uvm; Cleveland, OH)

Schwarz is particularly proud of the cast and crews planned tour Friday afternoon of the Cleveland Veterans Administration Medical Center, where they will interact with people who

lived the kinds of battles seen in the series. Also on Friday, the cast and crew will talk about their experiences with high school and college students at Tri-C's Metro Campus Auditorium.

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6.3 - WKBW (ABC-7, Video): [Veteran's Day: Where vets can go for assistance in finding work](#) (6 November, Sean Robson, 134k uvm; Buffalo, NY)

If you're one of the 35,000 veterans in Western new York struggling to make the transition from military to civilian life there's local organizations helping to solve those issues every day. Both the Buffalo VA Medical Center and Veteran One-Stop Center of WNY offer programs to assist veterans with an array of services.

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6.4 - The Daytona Beach News-Journal: [Volusia veterans bring art and music to NSB](#) (7 November, Austin Fuller, 103k uvm; Daytona Beach, FL)

One of Army veteran Jacki Booth's art pieces is heavy on shades of gray. "I would just call it 'Sadness,'" the 58-year-old New Smyrna Beach resident said. "I was coming out of that darkness and out of the sadness and working with the grief." Art has been part of her healing over the last few years at the Veterans Affairs' Veterans Wellness Recovery Program in Port Orange.

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6.5 - WJET (ABC-24, Video): [NewsMaker - Veterans Day 2018 Events, Sarah Gudgeon](#) (7 November, 35k uvm; Erie, PA)

3-minute video: Veterans Day is this Sunday, which means the annual Veterans Day Parade and Ceremony will take place this weekend. Joining us to chat about the events is Sarah Gudgeon, from the Erie VA Medical Center...

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6.6 - The Daily News: [Genesee County Veterans Day schedule set](#) (7 November, Brian Quinn, 22k uvm; Batavia, NY)

Veterans Day ceremonies in Genesee County will follow the same schedule they have in past years, with events to start at 9 a.m. at the Genesee County Park (VVA) and ending at the monument at the Jerome Center (UMMC). At 10 a.m., participating veterans service groups will arrive at the Batavia VA Medical Center for a ceremony there before visiting the New York State Veterans Home around 10:15 a.m.

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6.7 - Greenville Journal: [On the water: Upstate veterans discover the healing power of fly-fishing](#) (7 November, Andrew Moore, 14k uvm; Greenville, SC)

It's a cold October morning in the mountains between South Carolina and Georgia, and the faint sound of rushing water echoes through the trees as James Gillian hikes along a narrow trail in the Sumter National Forest. He's heading for the nearby Chattooga River, a 57-mile waterway that's considered by many to be one of the top trout-fishing locations in the Southeast.

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6.8 - The Sun: [Veterans Day: 100 years since Armistice](#) (6 November, Kim Dedam, 2k uvd; Elizabethtown, NY)

Area veteran groups are preparing for ceremonies to honor Veterans Day this weekend. The date was set aside decades ago to honor the service of all U.S. military veterans. This year, closures of federal and banking operations and schools happen on Monday, Nov. 12 because the federal holiday falls on a Sunday.

[Hyperlink to Above](#)

7. [Other](#)

7.1 - TIME (AP): [Democratic Sen. Jon Tester Wins Reelection in Montana Despite Trump Campaigning Against Him](#) (7 November, 16.6M uvm; New York, NY)

Montana Democrat Jon Tester has won a third Senate term, beating Republican Matt Rosendale, the state auditor. President Donald Trump had taken a personal interest in defeating Tester, and had visited the state to campaign against the incumbent. Trump had said he wanted to make Tester pay at the polls for helping detail Trump's first nominee to lead the Department of Veterans Affairs.

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7.2 - U.S. News & World Report (AP): [The Latest: Montana Sen. Tester Survives Trump Onslaught](#) (7 November, 14M uvm; Washington, DC)

Tester won Tuesday's close election despite President Donald Trump taking a personal interest in defeating him. Trump and his surrogates made repeated trips to Montana after the president vowed last spring that Tester would pay at the polls for sinking his first nominee for Veterans Affairs secretary, White House physician Ronny Jackson.

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7.3 - The Wall Street Journal: [Nasdaq to Delist MiMedx Amid Financial Probe](#) (7 November, Charley Grant and Gretchen Morgenson, 13.3M uvm; New York, NY)

Earlier this year, a Wall Street Journal investigation found that MiMedx, once one of the fastest-growing health-care companies, had fueled much of its growth by recording more product sales to facilities operated by the Veterans Health Administration than were actually used by those entities, a practice known as channel stuffing.

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7.4 - Mashable: [How Amazon's 'Homecoming' uses real events to heighten its horror](#) (7 November, Alison Foreman, 9.6M uvm; New York, NY)

Very few Americans serve in the United States Armed Forces. According to the Council on Foreign Relations, approximately 1.2 million citizens—less than 0.5% of the U.S. population—were recorded as active military personnel in 2016. At present, that relatively high number reflects the world's third largest armed force. But it could be dropping fast.

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7.5 - Military Times: [The number of vets in Congress appears headed down again](#) (7 November, Leo Shane III, 471k uvm; Springfield, VA)

After Tuesday's midterm contests, the number of female veterans and younger veterans in Congress are rising but the overall number of veterans in Congress remains on a steady decline. In a contentious election which saw Democrats take over the House and Republicans add to their majority in the Senate, 77 veterans won elections across the country.

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7.6 - The Press Democrat: [Report: Gunman in Yountville veterans home slayings previously threatened his victims](#) (6 November, Mary Callahan, 407k uvm; Santa Rosa, CA)
A troubled combat veteran who fatally shot three mental health care providers at the California Veterans Home in Yountville in March had personally threatened to kill the women on multiple occasions, according to a report released Tuesday by the Napa County District Attorney's Office.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Meet the New Agenda Setters in the House](#) (7 November, Ben Kesling, 13.3M uvm; New York, NY)

In winning control of the House of Representatives, Democrats take over the chairman's seat in the chamber's committees. Here are the men and women likely to be setting the agenda for key committees, and what policy changes to expect from them.

[...]

House Committee on Veterans Affairs

The top-ranking Democrat on the House Veterans Affairs Committee, Rep. Tim Walz of Minnesota, announced last year that he wouldn't run for re-election to his House seat this year to vie for the governorship of his home state, leaving unclear who would lead the committee in the event of a Democratic takeover in the House.

Mr. Walz assumed the ranking-member role after a brief fight for the job with fellow Democrat Rep. Mark Takano of California, who eventually conceded the position and was named vice ranking member.

Mr. Walz hasn't said who he is supporting to become the top Democrat on the committee. Mr. Takano, 57 years old, has been filling in as de facto ranking member when Mr. Walz is on the gubernatorial campaign trail and unable to attend hearings, and he appears to be the frontrunner.

However, he will face a battle with fellow California Rep. Julia Brownley, 66 years old, to take the gavel, according to people familiar with the matter. Ms. Brownley said months ago she would seek the top spot.

Both Democrats arrived in Congress in 2012 and have become well known for their work on veterans issues, with Ms. Brownley serving as the top Democrat on the subcommittee that deals with veterans' health care. Mr. Takano regularly grills Department of Veterans Affairs officials at hearings and has demonstrated a willingness to spar with the Trump administration on key issues.

In the next Congress, lawmakers likely will focus on the process of instituting a new law regarding private care for veterans and a handful of other measures passed in the first two years of the Trump administration. The committee likely won't focus on crafting extensive new legislation. Instead, it will work out its oversight role for the VA, which has undergone regular leadership and policy changes since a 2014 wait-time scandal brought attention to the department and its shortcomings.

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1.2 - The Atlantic: [The Donald Trump Cabinet Tracker](#) (7 November, Russell Berman, 11.9M uvm; Washington, DC)

The first Cabinet casualty of the midterm elections is Attorney General Jeff Sessions.

Sessions tendered his resignation on Wednesday, ending his tumultuous tenure atop the Justice Department that was marked both by a sharp rightward shift on criminal-justice, civil-rights, and immigration policy as well as the constant public browbeating he received at the hands of a president who regretted appointing him to the job.

In a letter to the president, Sessions made clear it was his choice to leave. “At your request,” he began, “I am submitting my resignation.” His departure—whether voluntary or not—was widely expected after the midterm elections in which Democrats recaptured the House majority while Republicans expanded their advantage in the Senate. Trump named Sessions’s chief of staff, Matthew Whitaker, to serve as acting attorney general.

[...]

The Cabinet shuffle still pales in comparison to the high turnover among the White House senior staff, which has seen the departures via resignation or firing of the chief of staff, the chief strategist, the press secretary, multiple communications directors, and other top officials.

All the changes have kept the Senate busy confirming new Trump nominees. But Trump will have an easier time confirming replacements come January, when the Republican majority expands from 51-49 seats to either 53 or 54 as a result of gains made in Tuesday’s midterm elections.

[...]

Department of Veterans Affairs

Original secretary: Dr. David Shulkin

Trump’s first replacement: Dr. Ronny L. Jackson

Current secretary: Robert Wilkie

Reason for change: Shulkin, the only Obama-administration holdover in Trump’s Cabinet, appeared to be off to a strong start, as he received praise from the president. But over time, he drew criticism from conservatives pushing for the privatization of veterans’ health care. His relationship with his own staff also began to crumble, eventually leading to an armed guard being posted outside his office.

Background: Trump picked Wilkie in May after his first choice to replace Shulkin, Rear Admiral Ronny Jackson, withdrew his nomination amid allegations of workplace misconduct. Wilkie served in several senior positions at the Pentagon before Trump asked him to lead the VA on an interim basis after Shulkin’s ouster. With his nomination in May, the president picked him to have the job permanently.

Government experience: Wilkie has had a long career in Washington, first advising former Senator Trent Lott before joining the National Security Council and then the Defense Department under President George W. Bush.

Why Trump likes him: The president didn't say much about Wilkie during his surprise announcement of his nomination. But presumably he likes his long experience in government and wanted a steady hand who could have a smooth confirmation after the failure of his first choice, Jackson.

Status of nomination: Confirmed on July 23 on a 86–9 vote

[...]

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1.3 - Military.com: [Space Force in Jeopardy After Democrats Gain Control of House](#) (7 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Democrats' takeover of the House deals a potential knockout punch to the plan for a Space Force as a new military branch and also poses challenges to current programs and projected budgets for the Pentagon and the Department of Veterans Affairs.

Under Secretary of the Army Ryan McCarthy told Military.com last week that Democrats regaining a majority in the House would likely mean a return to defense budget gridlock and the continuing resolutions and threats of government shutdowns that have delayed Pentagon planning in the past.

One of the immediate results in the new Congress is likely to be a hold on Trump's plan to set up a Space Force as an independent military branch.

Space Force in trouble

Rep. Adam Smith, D-Washington, who is poised to take over the chairmanship of the House Armed Services Committee from Rep. Mac Thornberry, R-Texas, and other Democrats have already made their case for keeping military space programs within the existing structure of the Air Force.

They have also balked at the projected \$1 billion price tag for building a new headquarters for the Space Force.

The divided Congress could also put the brakes on Trump-backed initiatives at the VA, with Rep. Mark Takano, D-California, likely to take over from Rep. Phil Roe, R-Tennessee, as chairman of the House Veterans Affairs Committee.

More delay, stalemates

McCarthy said he expected "a lot of continuing resolutions" in reaching an agreement on the next defense budget.

"It will be tough. It will be tough to get a deal," he said, adding that delays could slow momentum behind the Army's modernization drive to replace its major combat systems by 2028.

The election results, with Democrats again in control of the House and Republicans building on their slim majority in the Senate, could also lead to stalemate on the Pentagon's inevitable requests for additional funding to meet unexpected contingencies, such as rebuilding Tyndall Air Force Base in Florida's Panhandle.

Rebuilding Tyndall

Last week, Air Force Secretary Heather Wilson told defense reporters in a conference call that she didn't immediately have a cost estimate for rebuilding Tyndall from the damage caused by Hurricane Michael, but the effort will require going to Congress with a supplemental request for additional funding.

She also said that all of more than 50 F-22 Raptors that had been based at Tyndall would operate out of other bases during the rebuilding, which could take several years and make congressional approval of a supplemental request more problematic.

Adding to the uncertainty on a range of issues is the prospect that Defense Secretary Jim Mattis might not be there to argue the Pentagon's case.

Mattis' Future

Both Mattis and President Donald Trump have scoffed at speculation that the retired four-star Marine general would step down after the midterm elections, but the rumors spiked when the president did a CBS "60 Minutes" interview last month in which he described Mattis as "sort of a Democrat" while insisting that they maintain a good rapport.

Before the West Coast results started to come in Tuesday night, Fox News, CNN and MSNBC all projected that the Democrats would pick up more than the 23 seats they needed to gain the 218-seat majority in the House.

The projections also showed the Republicans retaining a majority in the Senate, which will keep Sen. Jim Inhofe, R-Oklahoma, as chairman of the Senate Armed Services Committee, a position once held by the late Sen. John McCain, R-Arizona.

The election results provide a formula for legislative gridlock on any new initiatives from the president and funding for Trump-backed plans that were already in the works.

Rep. Nancy Pelosi, D-California, who is likely to return as House speaker, said in statements early Wednesday that the midterms were primarily about "restoring the Constitution's checks and balances to the Trump administration."

VA Mission Act

One of the main successes touted by Trump since taking office was passage of the VA Mission Act, which gives veterans more options for choosing private care over the VA's vast system of hospitals and clinics.

The bill passed despite warnings from many Democrats and veterans service organizations, such as the American Legion and the Veterans of Foreign Wars, that the legislation could be a Trump smokescreen for the ultimate privatization of VA health care.

In the run-up to the elections, the American Federation of Government Employees, representing the majority of the VA's more than 370,000 workers, issued a statement warning that "recent laws have kicked the door wide open for wholesale privatization of veterans' health care."

In July, shortly after the Senate confirmed Robert Wilkie as the new VA secretary, Takano joined other Democrats in backing a resolution warning that unfettered implementation of the VA Mission Act would gut the VA's main health care mission.

"More than nine million veterans depend on the VA to receive the health care services they need," Takano said in a statement. "However, these services are being sabotaged by Republicans and special-interest groups who are focused on forcing veterans into the for-profit health care system."

Democrats have also questioned the awarding of a projected \$10 billion contract, approved by Wilkie as acting secretary, to Cerner Corp. of Kansas City to overhaul the electronic health care records at the VA.

The lame-duck House Veterans Affairs Committee is scheduled to hold a hearing on the contract next week.

The latest election results Wednesday morning showed the Democrats picking up at least 29 seats in the House to give them a slim majority in the 435-seat chamber. Republicans picked up at least three Senate seats to add to their existing 51-49 edge.

Losses by at least two Republican military veterans in their re-election bids will also require a reshuffle of the GOP lineups on the House Armed Services and Veterans Affairs Committees.

Rep. Mike Coffman, R-Colorado, an Army and Marine Corps veteran who had a seat on both the Armed Services and Veterans Affairs Committees, lost to Army veteran and Democrat Jason Crow, who had vowed to be a check on Trump's policies.

Rep. Steve Russell, R-Oklahoma, a retired Army lieutenant colonel, Iraq and Afghanistan veteran, and member of the Armed Services Committee, lost his re-election bid in a stunning upset to Democratic newcomer Kendra Horn, who made health care her main issue.

Republicans had held the Oklahoma City-area seat for 44 years.

Despite the loss of the House, Trump, who campaigned furiously across the nation to help Republicans in a series of campaign rallies, claimed victory in a series of Tweets.

He warned that Senate investigators would go after Democrats if the House, as expected, launches a series of investigations into his taxes and allegations of Russian collusion in the 2016 election.

"Two can play that game," he said in a tweet.

Trump surprisingly also offered an olive branch to Pelosi, one of his main targets in the campaign, if she runs into opposition with the Democratic caucus to returning as House speaker.

"In all fairness, Nancy Pelosi deserves to be chosen Speaker of the House by the Democrats," he tweeted. "If they give her a hard time, perhaps we will add some Republican votes. She has earned this great honor!"

One of the president's main targets for defeat, Sen. Jon Tester, D-Montana, the ranking member of the Senate Veterans Affairs Committee, may have won re-election. As of noon Wednesday, Tester was holding a 1,000-vote lead over Republican Matt Rosendale in a seesaw battle.

Trump had blamed Tester for scuttling his nomination of Rear Adm. Ronny Jackson, the White House physician, to become VA secretary. He later nominated Robert Wilkie for the post, and Tester backed him.

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1.4 - Milwaukee Journal Sentinel: [Smoking soon to be banned at Milwaukee VA Hospital for patients and employees](#) (7 November, Meg Jones, 856k uvm; Milwaukee, WI)

Michael Hughes started smoking at age 15.

That was almost five decades ago. That's a lot of cigarettes, a lot of smoke flowing through his lungs and a lot of money spent on packs of Kools.

The Vietnam veteran has tried to quit eight times. Now, he's trying again and hopes this time it will stick. Hughes suffers from a chronic inflammatory lung disease and wants a healthier life.

There's another incentive — the Milwaukee VA Medical Center where he works as a mail clerk is eliminating smoking for all employees by Jan. 1.

Starting this month, all inpatients and those having medical procedures will not be allowed to use any type of tobacco or smoking materials during their stay.

"I think it's a good idea. I think it will help a lot of people quit smoking," Hughes said following a recent smoking cessation class at the medical center.

The Milwaukee VA is catching up with other hospitals and clinics that have already gone smoke-free. Most restaurants and bars, and venues such as new Fiserv Forum, are smoke-free as is all federal public housing.

The new rule was prompted by a recent change in standards at VA medical facilities that prohibit ignition sources within 15 feet of oxygen.

"We thought the best thing to do, after a risk assessment, was to go smoke-free," said Christina Orr, assistant medical center director. "Why not aim to provide the best care for our veterans and staff?"

Though all VA medical centers have been smoke-free since 1992, smoking was allowed in shelters. By law, the Milwaukee VA must continue to provide one smoking shelter.

An estimated 20 percent of veterans and 20 percent of staff at the Milwaukee VA use tobacco. That's higher than the general population in the U.S. The Centers for Disease Control and Prevention estimated in 2016 that 15.5 percent of American adults smoke cigarettes.

But perhaps it's not so unusual considering the "smoke 'em if you got 'em" ethos in the American military until a few decades ago. Throughout World War II and later wars, battlefield rations routinely included cigarettes. Smokers were given smoke breaks while non-smokers did not get a break from work or physical training. And smoking was a way for military members to cope with boredom or calm their nerves in war zones.

Veterans who smoke and are living in the VA's community living center will be grandfathered in, though anyone moving in to the nursing home will not be allowed to smoke.

"There may be some growing pains with this and we acknowledge it," said Milwaukee VA Medical Center spokesman Gary Kunich. "That's why we're making an extra strong effort to offer smoking cessation classes and we're offering nicotine patches and lozenges and other nicotine products."

Employees will not be allowed to smoke in their vehicles or smoking shelters while they're working. Smoking cessation classes started earlier this year and nicotine patches, gum and lozenges will be provided for free.

For employees who are caught smoking during work there will be progressive discipline starting with warnings.

"This is not meant to be punitive," said Orr.

One group that will not be affected by the rule change is those living in the residential mental health treatment program.

"We don't think it's a wise choice to take away smoking while they're working on mental health issues like PTSD," Kunich said.

At a recent smoking cessation class at the Milwaukee VA, eight employees listened as pharmacist Mikki Harms asked them how long they had smoked cigarettes. When she asked five years, everyone's hand raised. They stayed up as Harms asked 10, 15, 20 years with the last hand going down at 50 years.

"It's a hard life change you're trying to break," said Harms.

Attending the smoking cessation class were Kim Simic and Beth Cassidy, who remember in the 1980s when cigarettes were sold in the hospital gift shop and smoking was allowed throughout the Milwaukee VA.

A smoker of Newport 100s, Simic has never tried to quit until now. Cassidy has smoked for 25 years and is ready to become a non-smoker, especially since packs of smokes now cost \$7 to \$8.

"I'm tired of having holes in my clothes. I financially can't afford it anymore," Cassidy said.

To learn more about quitting smoking, contact the American Lung Association, (800) 586-4872 or visit Lung.org/ffs. There's also (800) QUIT-NOW operated by the National Cancer Institute that connects people to their state's tobacco quit line.

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1.5 - Care2: [VA Continues Cruel Dog Experiments Despite Defunding Threat](#) (7 November, Laura Goldman, 660k uvm; Redwood City, CA)

In horrific experiments, researchers at Department of Veterans Affairs (VA) facilities around the country implanted dogs' stomachs with electrodes that made them vomit repeatedly. They placed pacemakers and catheters in dogs' hearts, which forced the dogs to have heart attacks. When the experiments ended, so did the dogs' suffering. They killed them all.

While the VA has argued that these cruel experiments help lead the way to cures for veterans' health ailments, Congress, veterans and anyone who cares about animals disagrees—especially Americans whose taxes fund the research, to the tune of \$15 billion every year.

In July 2017, the bipartisan PUPPERS (Preventing Unkind and Painful Procedures and Experiments on Respected Species) Act, which would end federal funding for research that causes pain or distress to dogs, was introduced in Congress by Rep. Dave Brat, a Republican, and Rep. Dina Titus, a Democrat. The bill unanimously passed the House but stalled in the Senate, thanks to the VA's campaign to kill it.

Meanwhile, the VA has continued to conduct these experiments, according to disturbing documentation obtained by USA TODAY. Nine experiments are currently being conducted at four VA facilities.

In Milwaukee, they're removing sections of dogs' brains to test neurons that control breathing. In Cleveland, they place electrodes on dogs' spinal cords—and then sever their spinal cords—to measure cough reflexes before and after. They will kill all of the dogs afterward.

Things were looking up in March, when Donald Trump signed the Omnibus Bill, which included a section requiring dog experiments to be directly approved by the VA secretary in order to receive funding from Congress.

Five days later, on March 28—the same day Trump fired him—VA Secretary David Shulkin allegedly approved more experiments. Shulkin, who has since done a 180 and now opposes these experiments, told USA TODAY he “wasn’t asked, nor did I request a review for an approval.” However, VA spokesman Curt Cashour said Shulkin orally approved the experiments during a meeting that morning. The new law does not require the VA secretary’s approval to be in writing.

On April 5, the VA ordered dozens of dogs to be used in medical research, WRIC reported at the time. The watchdog group, White Coat Waste Project, obtained the invoices.

During the last eight months, the McGuire VA Medical Center in Virginia purchased eight hounds, including two puppies, for research, WRIC reports. They’ve already killed four of those dogs.

According to USA TODAY, these horrible experiments will continue under the new VA secretary, Robert Wilkie, who was sworn in three months ago.

“Michael Vick spent time in prison doing pretty much the same thing the VA is doing now ... torturing and killing the same animals that wounded vets use as service dogs and families have for pets,” said Sherman Gillums, Jr., the chief strategy officer for AMVETS (American Veterans), on the organization’s Facebook page. “Just because it’s government sanctioned doesn’t make it any different.”

“Why there’s this commitment to it, I don’t know because it doesn’t yield any results,” Titus, co-sponsor of the PUPPERS Act, told USA TODAY. “It’s not economically sound, they could be looking at new technologies, and morally people just don’t support testing on puppies.”

Cashour told USA TODAY that the agency uses dogs in experiments “only when no other species would provide meaningful results and the work is ethically sound.” They use rats and mice most of the time.

What could possibly be considered “ethically sound” about using any animals at all in cruel experiments in the 21st century? Humane, high-tech alternatives are available nowadays, such as synthetic dogs that have amazing, lifelike tissue and functioning body systems.

The VA recently paid the National Academy of Sciences \$1.3 million for a study to assess the department’s care and use of dogs in experiments. “This is important to ensure that the debate surrounding this issue is grounded in careful analysis that takes into account the full context of the issue,” Cashour told USA TODAY.

In the meantime, Titus and Brat will continue to push to end funding for VA dog experiments, as will Rep. Brian Mast, (R-Fla.), a member of the House VA Committee. Mast is a veteran who lost both legs while serving in Afghanistan. “We haven’t executed what we wanted as intent,” he told USA TODAY, “which was to bring this to an end in its entirety.”

TAKE ACTION

The VA must stop torturing dogs and other animals. Please sign and share this petition urging Congress to pass the PUPPERS Act.

Want to make a difference on an issue you find deeply troubling? You too can create a Care2 petition, and use this handy guide to get started. You’ll find Care2’s vibrant community of activists ready to step up and help you.

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1.6 - Stars and Stripes: [Army veteran’s family agrees to \\$2.5 million in settlement with VA over wrongful death suit](#) (7 November, Will Morris, 532k uvm; Washington, DC)

Carol Merritt felt both intense pride and worry during the eight years of her son’s military service.

During Aaron Merritt’s three combat deployments, two as an explosive ordnance disposal technician, she’d sometimes glance at her home phone wondering when it would ring with dreadful news.

That call didn’t come and she felt she could finally breathe a sigh of relief when he was released from active duty in January 2014. But nine months later, on the afternoon of Oct. 28, 2014, her husband visited her at work and with a broken voice told her that their son had died.

Aaron Merritt had gone to the emergency room of the Nashville Veterans Affairs Hospital seriously ill and was dead less than 24 hours later. He was 26.

Last month, the VA agreed to pay \$2.5 million to settle a wrongful death lawsuit filed by the Lake Havasu City, Ariz., couple. The award is not an admission of fault.

Aaron Merritt was the victim of a lack of communication between doctors and a failure to adhere to basic medical procedures, according to the lawsuit, which was filed in 2016.

“He did three tours, one in Iraq and two in Afghanistan, and made it home but he died instead under the care of the VA. It’s unimaginable,” Carol Merritt said last week. “He protected all these people. Who protected Aaron?”

The immediate cause of death was the acid content of his blood, septic shock, and low levels of red and white blood cells and platelets, according to the death certificate. But his family says the death was the culmination of a string of medical mishaps that could have easily been prevented, said Frank B. Thacher, the family’s lawyer.

“Aaron slipped through the cracks in something that was very simple as giving a blood test,” Thacher said. Our hope is the suit does affect some change in the VA. There’s no amount of money that can compensate Aaron for what he had to endure during the last moments of his life or what his parents lost.”

The VA did not respond to multiple requests for comment from Stars and Stripes.

Service and mistreatment

Following in the footsteps of his grandfather, a World War II veteran, Aaron Merritt enlisted in the Army after high school. He volunteered to become an EOD technician after his Iraq tour and then deployed twice to Afghanistan.

“He was just really a great kid,” his mother said. “In Afghanistan he was always getting everyone to laugh and tried to keep everyone happy while he was there. He told me joking that he ‘was having a blast.’”

He was twice awarded the Army Commendation Medal with Valor, including once for saving the life of an Afghan soldier, and he planned to use his military bomb detection knowledge in the civilian world working for the Transportation Security Administration. He was in the process of applying when he died, his parents said.

Military doctors had diagnosed him with ulcerative colitis, a bowel disease that causes inflammation and sores in the digestive tract and had put him on the drug mesalamine in early 2014, just before he left the Army. That May, VA doctors in Nashville treated him for the first time and added a prescription for azathioprine, an anti-inflammatory drug with side effects that suppress the immune system.

For months, however, VA doctors largely ignored the drug manufacturer’s recommendation of regular blood work, according to court documents, until the vital blood components needed to fight infection were so low, his blood had been poisoned.

Before being admitted to the ER on Oct. 27, 2014, Aaron Merritt sent an email to his doctor at the VA describing his symptoms, including flare-ups of the ulcerative colitis, high temperatures, and ulcers in his mouth that were making it painful to eat and drink.

“I’m also finding it difficult to keep food and water down,” he wrote. “I was wondering if this was something I should be seen for or if I could get new medications to treat this or improve my quality of life.”

He came to the ER with sepsis, a life-threatening complication of infection that doctors treating him at the time said “was likely due to bone marrow suppression caused by azathioprine.” He was sent to the intensive care unit.

By early morning the next day, he was critically ill and his red blood cells, white blood cells and platelets were all being destroyed by blood poisoning that was nearly impossible to treat because of his compromised immune system.

“Aaron coded four times,” court records state, referring to the number of times his heart or breathing stopped that morning. “During the fourth code, his body could no longer fight the overwhelming infection.”

Going to court

The family took up the fight for more information after his death, but the hospital administration would not release anything meaningful about his case, Thacher said. It was only after the late Arizona Sen. John McCain opened an investigation that the family was able to view the medical records.

Carol Merritt then spent nights and weekends going through his records for weeks, underlining doctor’s entries and making notes in the margins. To her, the evidence that her son hadn’t been treated properly was overwhelming.

“I could just see they didn’t have any blood work,” she said.

The couple sued for \$6.1 million with the hope of learning more about how their son had died, to seek justice for his death and to raise awareness on how veterans are treated in the VA hospital system.

“There just needs to be changes at the VA, the way vets receive medical treatment,” Steve Merritt said.

The couple hopes that their efforts will help prompt change.

“How do you get justice for your son dying?” Carol Merritt said. “I guess we want to know when the VA will start being held accountable for the care and treatment of our veterans.”

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1.7 - Nextgov: [After Listening to Veterans, VA Put All Its Services on One Website](#) (7 November, Aaron Boyd, 137k uvm; Washington, DC)

Wednesday night, the tech team at the Veterans Affairs Department launched their latest effort to improve the quality of services for former military personnel with the relaunch of VA.gov.

Not long after the U.S. Digital Service team at Veterans Affairs streamlined access to benefits information on Vets.gov, it became clear that the very existence of a separate site to host that information was a needless extra step for veterans.

In an effort to mold the experience of how veterans interact with VA services to be more in line with how those veterans would like it to work, the USDS team set about moving all those streamlined resources to a more central location. The revamped VA.gov is the new single point portal for any and all veterans services.

“Vets.gov was intended to build a plain language, easier experience for veterans to understand the benefits they’ve earned and to be able to access and transact with the VA more effectively,” said Marcy Jacobs, executive director of USDS at VA.

However, after conversations with more than 5,000 users, the team discovered that veterans didn’t want a website just for benefits.

“They don’t expect to go to a benefits site for benefits stuff and benefits tools and a health site for health stuff, and have to log in completely differently,” Jacobs said during an event Wednesday hosted by Nextgov. “They want to go to one VA and have a single front door.”

The new VA.gov intends to be that single access point for veterans and their families, with easy-to-access information on every service the VA offers. In order to keep the front page from being overcluttered, the USDS team spoke with veterans and looked at user data to discover the top 20 things 80 percent of users looked for most often.

The site also includes a personalized log-in feature that customizes the experience to the individual veteran.

“The personalized homepage aggregates whatever you have in flight, from benefits—your claims status or appeals status or a form that’s needed—and your health information—you have a doctor’s appointment coming up or prescription refill that’s in the mail or ability to message your doctor—and pulls that into a curated and aggregated experience,” Jacobs explained. “So, it takes the burden off the user to know where these things exist and where to get to them and puts that really on us to come to the veteran with a different perspective.”

As with all rollouts, Jacobs expects there to be some bumps in the relaunch. But the USDS team is used to working in an agile method and is already working on future improvements for the next delivery cycle.

One such future improvement Jacobs is excited for will be when the VA and Defense Department systems work together so seamlessly that service members transitioning to civilian life don’t have to fill out any paperwork to get their VA benefits.

“We don’t have to say, ‘Thank you for your service. Here’s a lot of paper to fill out.’ We say, ‘Thank you for your service. We know who you are, you just served for 10 years. Here are all the things you’re eligible for.’ You don’t have to fill out a form, just opt in to what you want,” Jacobs said. “I would love to get to the point where we don’t have to ask a question that we already have the answer to.”

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[2. Improving Customer Service](#)

2.1 - Independent Journal Review: [President Trump, Keep Reforming the VA and End Obama-Era Shadow Abuse of Veteran Entrepreneurs](#) (7 November, Christopher Neiweem, 447k uvm; Alexandria, VA)

Even as the midterm elections have just passed and the political messages were fired from one corner of the political spectrum to the other between Democrats and Republicans, the mainstream media did not cover a major Obama-era veteran scandal that the Trump administration must now fix. Shadow abuse by the hands of unaccountable bureaucrats within the U.S. Department of Veterans Affairs (VA) against veteran entrepreneurs must be recognized and remedied.

Trump has been off to a fast start solving issues at the VA and can be compared to a fireman trying to put out multiple fires at once while trying to prevent the flames of scandal from pervading throughout different arms of the troubled agency.

After hitting the two biggest issues head-on, workforce accountability and health care waitlists, through the VA Accountability Act and VA Mission Act, respectfully, he has a third issue that requires his time and focus. Veteran small business owners or veteran entrepreneurs who have been contracted by the VA have oftentimes performed work, not been paid, and then forced into a position where they are unable to receive fair due process to resolve their disputes with the VA.

Veteran entrepreneurs are being taken advantage of by the VA and then mistreated again because the rules allow the VA to do so. It is ironic and unfair.

The president's style of management and commitment to veterans is uniquely suited to fixing this problem. Following our co-author's report on veteran entrepreneur abuse, Trump donated his salary to the Small Business Administration (SBA) to support veteran business owners.

This generous gift from the president, coupled with his follow-through on campaign promises for reforms to improve the VA workforce and health care access, shows there is hope that these Obama-era problems can finally be addressed for veterans.

We recommend a two-tiered approach to solving the problem of the VA abusing veteran entrepreneurs.

Firstly, we applaud the president for continuing to invest in veteran small businesses. The Emerging Leaders Initiative at SBA will provide training and resources to build small businesses among veteran entrepreneurs so that the American dream can be achieved for so many veterans wishing to do so much more with the value of their military experience and leadership. As a result, veteran entrepreneurs become job creators for other veterans.

Secondly, the president should issue a directive to VA Secretary Robert Wilkie to cooperate with the SBA Advisory Committee on Veteran Business Affairs to investigate and identify how veteran entrepreneurs have been abused by the VA.

The independent investigation can consider the many recommendations made by veteran advocates, including the establishment of an ombudsman position at the VA or SBA. The ombudsman would serve as an independent voice for these veteran entrepreneurs when they experience conflicts with the VA bureaucrats who have incredible power over them.

Dr. Eric Hannel, the former congressional director for the House Veterans Affairs Subcommittee on Investigations, has in-depth experience looking into these cases and has recently reported the systemic problem.

Hannel goes on to report that one particular veteran entrepreneur had his software essentially seized by the VA and then was forced into the horribly unfair resolution process where the VA bullies these voiceless veterans into either hiring lawyers to spend their way into bankruptcy fighting an unfair system or simply “taking it” and being underpaid or not paid for valuable services rendered.

How can a veteran who is providing services to the VA in order to comply with congressional statute be taken advantage of when he is trying to fix the very agency that exists to support him? These are the fables of the Obama era, where the VA looks more like a jobs program than a high-speed, do-no-harm mission.

We are encouraged by Trump’s approach of putting the veterans first and not falling into the same old, same old veteran community establishment in Washington with its list of failed reforms ideas, which tend to include more funding for the failed agency without meaningful reform and endless union concessions to the American Federation of Government Employees (AFGE), the union that was opposed to the VA Accountability Act and lost in a showdown with the president when it refused to support workforce reforms even after veterans died in Phoenix waiting for health care in the biggest Obama-era VA scandal of the decade.

Trump is reforming the VA, and we recommend he continues to focus on the agency — with an eye to protecting veteran entrepreneurs — and charge Wilkie to resolve immediate abuses and commit to uncovering the abuses that his predecessors allowed to become epidemic. American veterans stand behind Trump as he leads unprecedented reforms in the VA and seeks to correct the role of the VA within the overlapping veteran entrepreneur mission with SBA.

The president is protecting our great veterans from abuse and ensuring they receive the respect and benefits they earned defending our country.

Roger Stone is a Republican political consultant and editor of Stonezone.com who has been an adviser to multiple U.S. presidents and expert on American Politics, and author of Stone’s Rules.

Christopher Neiweem is an Iraq War Veteran, Veteran Entrepreneur and Founder of Neiweem Group, he has testified in front of Congress numerous times as an expert on defense and veterans policy in both the House and Senate and frequently appears on Fox News Channel (FNC) and CNN providing commentary on politics and foreign policy.

Please note: This is a commentary piece. The views and opinions expressed within it are those of the author only and do not necessarily reflect the editorial opinion of IJR.

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2.2 - KVAL (CBS-13): [Roseburg VA chaplain helps veterans heal after Hurricane Michael](#)
(7 November, 95k uvm; Eugene, OR)

PANAMA CITY, Flor. -- Two VA employees were on a special mission in the days following Hurricane Michael, including one from the Roseburg VA, the Gulf Coast Veterans HCS Public Affairs office said.

Chaplains Jonathan Landon from the Roseburg VA in Oregon and Mohammed Hussain from the Washington DC VA both have been boots-on-the-ground in Panama City, Florida, for the past two weeks aiding Veterans in response and recovery from Hurricane Michael. They provided much needed assistance through outreach at community shelters, worship services, patient intake, ministry of presence, medication drop off and personal counseling.

Chaplain Landon shared that while it was heartbreaking to hear the stories of such great loss, he felt good about the positive attitude and hopefulness of recovery exhibited by people he came across as he traveled in and around town.

"I am amazed at the way a disaster like this brings out the good in people," Landon said. "I've heard so many stories about neighbors helping neighbors and people just being there for each other."

Chaplain Hussain agreed and added, "Veterans that stopped by our 'tent city' really appreciated that we were there for them. They were very grateful. It was an honor to hear the veteran stories and see their resiliency."

Chaplains Landon and Hussain are part of VA's Disaster Emergency Management Personnel System (DEMPS). While their work in Panama City may be done, the impact they left on the community will linger long after.

Another VA employee, Dr. Heather Durban, a licensed psychologist from the Biloxi VA, was on-site to assist with crisis intervention and counseling, and consultation to other services regarding mental health treatment.

She said, "I saw many combat veterans who were triggered by conditions in Panama City and other affected areas, and many veterans who were trying to process their experiences of riding out Hurricane Michael. It was an honor to work with these veterans to help provide services."

Dr. Durban also expressed gratitude to VA for the quick emergency response.

"It was also an honor to work with such an excellent Emergency Response Team at our Mobile Medical Clinic and see VHA staff from across the country pull together to provide such compassionate care to our veterans," she said.

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2.3 - KNWA (FOX-24): [VA Center Employee Inducted into Arkansas Military Veterans Hall of Fame](#) (7 November, Gary Gilbert, 46k uvm; Fayetteville, AR)

An outreach specialist at the Fayetteville VA Vet Center was honored at an induction banquet on October 27.

Command Sergeant Major Timothy Farley from Paragould, Arkansas, has worked at the VA Center for the past eight years. Farley and 14 others were inducted to the Arkansas Military Veterans' Hall of Fame (AMVHOF).

He is a decorated combat veteran whose military awards include the Legion of Merit, the Bronze Star Medal, and the Meritorious Service Medal. He is a lifetime member-at-large of Disabled American Veterans (DAV) and Veterans of Foreign Wars (VFW), and a 3-time graduate of University of Arkansas. Mr. Farley was inducted into the AMVHOF by Senator John N. Boozman and Congressman Bruce E. Westerman.

"This recognition is truly humbling and certainly appreciated," said Farley. "I am grateful that I am able to continue my service as a VA employee each day working alongside Arkansas veterans at the Fayetteville Vet Center."

Annually, up to 15 Arkansas military veterans are inducted into the AMVHOF, each one being recognized by his or her military service to the nation and to the State of Arkansas.

Of the 15 inductees, 10 are selected exclusively for their valorous military service to our country. Up to five additional Arkansas veterans can be selected for their combined military and civilian service to the community, state and nation. All inductees are permanently enshrined in an AMVHOF public display located near the State Treasurer's office in the Arkansas State Capitol, thus becoming a perpetual part of official Arkansas history.

For those that wish to nominate a veteran, click here.

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2.4 - The Daily Sentinel: [Printed Letters: Nov. 7, 2018](#) (7 November, Ron Corbett, 32k uvm; Grand Junction, CO)

Local VA medical center offers excellent care

I have been battling the aftermath of a shingles virus attack for all of 2018. During most of that time, I have been under the care of the Grand Junction Veterans Affairs Medical Center.

I want to commend the VA for helping me through this difficult period. Without exception, the doctors, nurses, pharmacists, therapists, support staff and volunteers have all been courteous, helpful, caring, compassionate and competent. I can't imagine getting any better medical care, and I totally trust the Grand Junction VA Medical Center for all my health care needs.

There are apparently some VA facilities around the country that are still getting up to speed, and some have received bad press, but we are blessed to have such a fine facility as our VA Medical Center right here in our midst.

And by the way, if you haven't had your shingles vaccine yet, by all means get it. If you had chicken pox as a child and are getting up in years, you are a prime candidate for shingles. It is a painful, awful condition that you want to avoid if you possibly can. Veterans can get their shot at the Grand Junction VA facility. They can help you, and they will. They are the best!

RON CORBETT

Navy veteran

Grand Junction

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2.5 - Daily Journal: [Chamber hears about veterans affairs](#) (7 November, Victoria Kemper, 23k uvm; Park Hills, MO)

The Madison County Chamber of Commerce held its monthly luncheon Nov. 1 at the Black River Electric Cooperative meeting room with lunch catered by The Brewens.

In honor of Veteran's Day Nov. 11 the chamber invited Paul Schuerenberg a Vocational Development Specialist and Community Employment Coordinator for the U.S. Department of Veterans Affairs and the Veterans Health Administration to speak.

"There are a little over 1,600 VA facilities in the United States which makes us the largest single health care provider in the United States," Schuerenberg said. "We also do a lot of training and internships for physicians, 50 percent of all the doctors in the United States did their internship at a VA and we have 6 million patients nationwide."

Schuerenberg said the VA played a key role in the development of the cardiac pacemaker, the CT scan, prosthetic limbs and did the first ever liver transplant.

"There are approximately half a million veterans in the state of Missouri," Schuerenberg said.

Schuerenberg said the VA or the Department of Veterans Affairs was made a cabinet level organization in 1969 and consists of three very distinct departments.

"You have Veterans Health Administration, that's your hospitals and community based outpatient clinics, like the one in Farmington," Schuerenberg said. "They provide health care, specialty care and we actually have an in-house nursing home in Poplar Bluff."

Schuerenberg said there is also the Veterans Benefit Administration or as some know it the Regional Office in St. Louis.

"Every state has their own," Schuerenberg said. "They do compensation of pension exams for veterans who were injured while they were in the service. They do educational benefits which is the GI Bill and Vocational Rehabilitation."

Schuerenberg said Vocation Rehabilitation is when a veteran has a service disability and over time it precludes them from doing their job.

"Like I had a young veteran that was in his 30s, he was a lineman and had injured his knee when he was in the service and got to where he couldn't do the work anymore, so the VA sent him back to school and now he is an accountant," Schuerenberg said. "Then they also do insurance and VA loans."

Schuerenberg said the third department is the National Cemetery Administration which takes care of national cemeteries and provides head stones, foot stones and markers.

"An interesting fact, veterans are about seven percent of the population," Schuerenberg said. "Every year 115,000 start college and every year 100,000 graduate. That's a pretty good graduation rate."

Schuerenberg said there are many ways the VA can work to help veterans in many situations and like to partner with communities as well.

"We just had a community outreach event in Poplar Bluff where all the community providers, mental health hospital, the career centers, everyone gets together to provide services," Schuerenberg said. "I think we are going to try and do one here in February. I think is what we are looking at tentatively."

Schuerenberg said usually they provide blood pressure screenings, hair cuts, food and clothing giveaways and can help with other problems from locating a birth certificate to help with transportation.

"We also have a lot of specialty programs," Schuerenberg said. "We work a lot with homeless veterans."

Schuerenberg said there is also a Veterans Justice Outreach Program where veterans who have lesser, non-violent charges can go to Veterans Court to try and have the charges mitigated or eliminated.

"Which is a big deal if you know anybody that for some reason has a felony on their record," Schuerenberg said. "It follows you the rest of your life. It precludes you from a lot of employment, and it could have been something not serious. It just happened."

Schuerenberg said the VA is also working on innovative things to make the healthcare system easier for veterans.

"We are doing a lot of home health care now," Schuerenberg said. "It's easier for us to send a nurse out to set up a veteran's medications for them then getting the veteran in to us to do it because one of the main obstacles that we face is transportation."

Schuerenberg said a new program allows nurses and doctors to communicate with their patients without either of them traveling.

"We actually have programs now where the veterans will have a little TV screen in their house and they can call in at a designated time and there will be a nurse on the other end," Schuerenberg said. "They can see each other and they can talk. They can make sure the veteran is staying on their diet or staying on the right foods or whatever it is they need to do to stay healthy."

Schuerenberg said there is also a push to get away from trying to give medicines for everything.

"Like you come in and your blood pressure is a little low, you need to be talking to them about what they are eating or any exercise and those types of things instead of just giving them a pill," Schuerenberg said. "So we are trying to be more proactive in that."

Schuerenberg said the VA is also trying to be proactive when it comes to pain management as well and is looking at substitutes.

"We are looking at a lot of alternatives," Schuerenberg said. "We are looking at meditation therapy. We are looking at acupuncture. We are looking at alternative medicines other than opioids, but it's a long hard battle. We've got a lot of veterans that have been on opioids for 20 years, 25 years and they've become addicted if not physically, psychologically."

Schuerenberg encouraged everyone who is a veteran or knows a veteran to ask them to enroll for healthcare even if they do not want to use it.

"Everyone has this myth that there is only so much room for patients at a VA facility," Schuerenberg said. "Well that's not right, because the more patients we have, the more money we get and the more doctors we can hire."

Schuerenberg said veterans can enroll at any clinic or online.

"A lot of times you never really know where you are going to find a veteran," Schuerenberg said. "You know when you get out of the military they don't tattoo it on your forehead. Every time I see a banner or a sign that says 'thank you veterans,' it really puts a smile on my face."

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2.6 - WFXR (FOX-27, Video): [The Salem Va Medical Center provides an option for veterans to manage their health care](#) (7 November, Casey Wright, 13k uvm; Roanoke, VA)

4-minute video: The Salem Va Medical Center partners with MyHealthVet to provide an option for veterans to manage their health care.

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2.7 - Government Matters (Video): [Takeaways from improved VA employee satisfaction numbers](#) (5 November, Andrew Wagner, Washington, DC)

Greg Giddens, former chief acquisition officer at the Department of Veterans Affairs and partner at Potomac Ridge Consulting, discusses what the agency's internal survey found about morale at VA, and what it means for future workforce decisions.

Findings from the 2018 all-employee survey at the Department of Veterans Affairs indicated a major increase in worker satisfaction at the agency. The survey's response rate also showed higher willingness to participate, up 22 percent over the Federal Employee Viewpoint Survey. Greg Giddens, former chief acquisition officer at VA and partner at Potomac Ridge Consulting, says that agency leaders can keep the momentum going by paying attention to their workers.

"One of the things they can do is recognize good performance. That's another place where the VA saw some really dramatic improvement, increases of 20 percent, where employees believe that they're being recognized for doing a good job," Giddens said.

“That’s not always a monetary recognition. Sometimes it is just the proverbial pat on the back or it’s the boss buying a pizza lunch. There’s a lot of ways where you can show appreciation for people doing good work. That really happens at the first line, the engagement institutes saying that, really, employee’s viewpoints happen at the front lines.”

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2.8 - New England Patriots: [Deatrich Wise, his 'superhero' mom reflect on her years as an Army nurse](#) (7 November, Angelique Fiske, Foxborough, MA)

November in the NFL is synonymous with Salute to Service, where teams and players pause, reflect and honor active military members, veterans and those who made the ultimate sacrifice. For some Patriots, like Deatrich Wise Jr., they need look no further than their own families.

Deatrich calls his mom a superhero, and when he says it, he means it. Sheila Wise served in the Army as a nurse for 22 years, and after retiring in April 2017, she continues to care for her fellow veterans as a nurse manager at the Dallas VA Medical Center.

Growing up, Deatrich marveled how his mother made it all look so easy.

“I knew my mom would come home from a long day’s work, and I know she was tired, but she never showed it. I always told my brothers, she was a superhero in a sense,” he said. “Everybody in the house would get sick, and she would never get sick. She would be taking care of everybody then go to work, taking care of everybody again.”

Deatrich knows all too well what it means to see a loved one leave for months at a time. The family sometimes moved, following Sheila when they could. Sheila served three years on active duty from 2006 to 2009 and was mobilized from the family’s home in Virginia to Fort Hood, Texas.

Her husband, Deatrich Sr. and their three boys stayed behind in Virginia. Sheila said it was always difficult to leave, but this order was especially hard, not knowing when she would be back. On top of that, her sons were set to compete in track and field at the AAU Junior Olympics. This was the year that the Junior Olympics took place in their hometown, and she wouldn’t be there to cheer them on.

“We traveled to Tennessee and New Orleans and to Iowa with the Junior Olympics. This particular year, we were excited. ‘Oh, yeah it’s going to be in our backyard right here in Virginia,’” Sheila said. “Lo and behold, just months before that, I got called up to Fort Hood ... There was no way that I could stay for that. When you get orders, you have to go. I can’t say, ‘Well, wait a minute. My boys are running track. I need to stay back.’ It doesn’t work like that.”

The following year, Deatrich Sr. moved the kids to Dallas, just a two and a half hour drive from Fort Hood. Even though Deatrich Jr. said he and his brothers were “Tasmanian devils,” bouncing around the house with endless energy, Sheila said every time she came back home after a stint away, all she wanted was to put on pajamas and stay at home with her family.

“Whatever they did, I did. Their world was my world. I didn’t want to be apart,” she said. “I didn’t want to be separated from them again, and I know it was very hard for them because it was very hard for me – not only when I first left but then seeing them and having to go back. They were

strong little boys, and I just hope that they understood. It was hard for them, and my youngest son said, ‘Don’t they know you have a family?’ He was confused. ‘Don’t they know you have a family?’ He just couldn’t understand why they were calling mommy away from her family.”

After Sheila finished her stint on active duty, she went back to the reserves. The Wise family adjusted well to Dallas, so they decided to stay and call it home. Now, she is working to help the veteran population there as a veteran herself.

“Being on this side, the camaraderie still continues because when I see veterans in the hallway, and being a veteran myself, it’s a bond,” Sheila said. “It’s a bond that you never lose, and being able to talk and work and communicate and to understand what they have been through. I love my job as a nurse manager.”

Watching his mother work hard, serve her country and save lives, Deatrich learned about a strong work ethic, but most of all, he learned from Sheila the importance of character.

“She’s really humble. She taught me how to be humble. She teaches me today, makes sure I stay humble. No matter how big I am, I’m still her baby,” Deatrich said. “She always wants me to stay humble. Inner joy, inner peace, those were the two things she kept with her, and she taught me as well ... It’s a real honor to have her as a mother.”

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3. [Business Transformation](#)

3.1 - Politico: [Wave breaks on GOP House control](#) (7 November, Darius Tahir, 8.7M uvm; Arlington, VA)

WAVE BREAKS ON REPUBLICAN HOUSE CONTROL: Democrats have — by all indications — taken the House Tuesday night, while the GOP tightened their grip on the Senate. The result likely rules out another GOP-led attempt to repeal and replace Obamacare, and sets House Democrats up to police the Trump administration’s management of health care policy.

We might also see bipartisan national privacy legislation, which, depending on how it’s handled, might jostle regulation of the health sector. (We discussed the possibility [here](#).)

The changeover, of course, means a new cast of characters chairing the important committees. In the House, we’re likely to see Rep. Frank Pallone chairing the Energy and Commerce Committee and Rep. Mark Takano (likely) leading the Veterans’ Affairs Committee. Both chairs will play a role in monitoring the Trump administration’s activities — in particular the VA’s implementation of the Cerner EHR.

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3.2 - Nextgov: [How the Midterms Shake Up Tech Oversight](#) (7 November, Jack Corrigan, 137k uvm; Washington, DC)

After claiming the House in Tuesday's midterm elections, Democrats are preparing to reshape the chamber's oversight priorities.

In the coming months, the Democratic House Steering Committee will select committee chairmen, reorganize subcommittees and largely chart the chamber's agenda for the next two years. While this process will realign the focus of virtually every House organization, the shift could be especially pronounced in the House Oversight and Government Reform committee.

Because House Oversight is responsible for monitoring government operations and investigating potential wrongdoing, it will likely represent one of the Democrats' primary outlets for checking the Trump administration. But new leadership could also change the committee's emphasis on other areas of oversight like contracting, IT modernization and the federal workforce.

Today, federal IT issues largely fall within the jurisdiction of two House Oversight subcommittees: IT and Government Operations. As Democrats take the helm, leaders could reshuffle the responsibilities and jurisdictions of both groups, said Mike Hettinger, a managing principal at the Hettinger Strategy Group and a former staff director with the House Oversight committee.

"You can structure your jurisdiction in a way that allows you to do the things you think are most important," he said, adding party leaders can also create, combine or disband subcommittees as they see fit.

Hettinger told Nextgov the reorganization process won't begin in earnest until lawmakers return from recess next week. After deciding on major roles like House speaker, they'll begin the process of assigning committee chairs and reorganizing subcommittees, he said. Lawmakers vying for a top spot would "pitch" their plans for a given committee and party leaders would then use that information to make ultimate their decision, Hettinger told Nextgov.

Though some of those slots could be filled before the end of the year, he said, some committees likely won't be fully chaired and staffed until January or February.

Rep. Elijah Cummings, D-Md., is widely considered the favorite to lead the Oversight committee. He's already made it clear he intends to use that authority to increase accountability over the Trump administration and support the interests of federal employees, and other committee members are rallying behind the agenda.

"We're going to insist on aggressive oversight—we think that's the mandate the public gave us last night," said Rep. Gerry Connolly, D-Va., in a conversation with Nextgov. "We [also] have a radically different view of the federal employee and the federal workplace. We'll ferret out malfeasance where it occurs, but we're taking ... much more of an advocacy attitude than the position of hostility to the federal employee that has all too often characterized the Republican approach."

As ranking member of House Oversight's Government Operations subcommittee, Connolly is considered a frontrunner to take over the panel next year. Though he wouldn't discuss his leadership ambitions, he highlighted some of his top priorities in the coming years.

Connolly said he'd like to see lawmakers to put more pressure on agencies to comply with the Federal IT Acquisition Reform Act and push for higher cybersecurity standards in government infrastructure. While agencies involved in national security and intelligence have bolstered their cyber defenses in recent years, others remain vulnerable to attack, he said.

"I would expect we double down on that set of issues," Connolly said. He added committee members would also support the White House's push to innovate in emerging technologies, but only "to the extent they're willing to work with us."

Rep. Robin Kelly, D-Ill., is also an early favorite for a tech-focused leadership role. She currently serves as ranking member of the House Oversight IT subcommittee and could potentially take the reins from chairman Will Hurd, R-Texas, who remains locked in a tight reelection battle.

Kelly told Nextgov she plans to focus her efforts on retraining the workforce for the digital economy and accelerating agencies' adoption of emerging technologies. She added she is particularly interested in enhancing government cybersecurity, improving members' understanding of new technologies and exploring the ways innovative tools can make a positive impact on people's day-to-day lives.

In addition to the IT subcommittee, Kelly is also looking into a potential role on the Energy and Commerce subcommittee, which has historically dealt more with privacy standards and consumer protection than federal tech, according to her office.

Final leadership decisions are still months away, so it's impossible to know how exactly each subcommittee's agenda will change. But while there's a high likelihood the Trump administration's scandals will take center stage in the Oversight hearing room, Hettinger doesn't expect the Democratic takeover to provoke a sea change in the IT world.

"For the most part, the IT and government operations portfolio is nonpartisan," he said. "You work together because you recognize the government needs to do a better job of managing its IT infrastructure. [There]'s not going to be some massive shift in what everybody cares about, but it will obviously have a different spin because they're coming at it from different political perspectives."

Beyond general oversight, the shakeup in House leadership could also change the way lawmakers approach the Veterans Affairs Department's multibillion dollar electronic health record overhaul. Earlier this year, the Republican leadership of the House Veterans Affairs committee stood up a Technology Modernization subcommittee to keep tabs on the EHR program and other efforts. Rep. Conor Lamb, D-Penn., is the ranking member. The subcommittee's fate remains up in the air.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Muskogee Phoenix: Nov. 11 marks 100-year anniversary of end of World War I (7 November, Mark E. Morgan, 14k uvm; Muskogee, OK)

On Nov. 11, the Department of Veterans Affairs will join our fellow citizens in pausing to honor more than 20 million men and women who answered our nation's call.

Nov. 11 marks 100-year anniversary of end of World War I
For more than 243 years of independence, patriots like them have stood watch over our liberty. From Bunker Hill to Baghdad, their sacrifices have given us the security and freedom in which to grow and flourish as a nation.

Every Veterans Day is special — but this year's commemoration is particularly meaningful. A century ago, the guns of the Great War fell silent across Europe, and the doughboys started coming home.

It was at the 11th hour of the 11th day of the 11th month of 1918 that World War I, "the war to end all wars," ended.

Today, approximately 6 percent of our population has served in the armed forces.

On Veterans Day, we honor all of them, whether they served in a conflict or during years of restless peace.

We also remember the men and women who, today, stand guard and keep the peace across the nation and in faraway places around the world.

Every day, they put their lives on the line for us — Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen who stepped forward and answered the country's call.

They are the veterans of tomorrow.

Veterans Day is special for those of us in the Department of Veterans Affairs.

It is our duty to remember the sacrifices of all veterans, and to make certain that our commitments to them and to their families are honored.

To that end, VA is striving to improve our customer service to break down barriers and provide better service in a timelier manner.

VA is also implementing the MISSION Act to provide veterans with more health care choices; replacing our aging electronic health record system for a seamless transition from service member to veteran.

We want veterans to choose VA because they want to, not because it's their only option.

If you're a veteran and not enrolled for VA Health Care, please go to VA.gov where you can learn about eligibility and find information about VA benefits. Or you can call 1-888-397-8387, ext. 1535, and speak with our eligibility office.

We hope we will have the opportunity to serve you.

To all those who have faithfully served and those serving today, we thank you for your service.

By Mark E. Morgan, Director, Eastern Oklahoma VA Health Care System

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - USA Today: [Incredible veteran athletes find their injuries don't hold them back](#) (7 November, Cindy Kuzma, 26.5M uvm; McLean, VA)

When you picture an elite athlete's diet, you might not expect to see pork rinds, chili and bacon and eggs. But that's exactly what fueled Marine Corps veteran Rob Jones last fall to one of his most incredible achievements — running 31 marathons in 31 cities in 31 days, all on two prosthetics. After all, he needed to consume upwards of 4,000 calories per day, and those dishes made it easier.

Ensuring adequate caloric intake was just one of the logistical challenges. With a support team that included his wife, Pamela Relph (a Paralympic medal-winner herself, for Great Britain), and mother, Carol Wire, Jones carefully planned his route and locations. He decided not to run officially organized races; instead he logged 26.2 miles per day in city parks and trails. He timed his travel to allow nine hours of sleep per night, adjusted his prosthetics to manage blisters, and kept his pace slow enough to reduce strain on his body.

When he completed the last run on Nov. 11 beside the Lincoln Memorial Reflecting Pool in Washington, D.C., he felt gratitude for the support — and for living in a country worth the effort.

"My purpose was to keep fighting for veterans and to be a positive example of what I was capable of doing," he said. He and his team also raised more than \$200,000 for the Coalition to Salute America's Heroes, the Semper Fi Fund and the Stephen Siller Tunnel to Towers Foundation.

It's just one of Jones' major accomplishments since stepping on an improvised explosive device in Afghanistan led to his two above-the-knee amputations in 2010. Within two weeks of surgery, he set a goal to compete in the 2012 Paralympic Games in London, moving to Florida to train. Not only did he make the team, he and his rowing partner, Oksana Masters, won a bronze medal in sculling in London.

The next year, he took a 181-day, 5,180-mile bike ride across the country, a journey that raised \$126,000 for the Coalition to Salute America's Heroes, the Semper Fi Fund and Ride 2 Recovery, all groups that support wounded veterans.

For Jones, sports serve a critical role for injured veterans. "It's a great way to find out what you do when you're challenged," he said. "And if you tend to quit, you can work on persevering."

In many ways, sports programs act as an extension of rehab, noted Leif Nelson, a physical therapist and director of the VA's Office of National Veterans Sports Programs and Special Events. By training for running, cycling, rowing or other events, veterans build their

cardiovascular conditioning, improve their overall health and restore strength and function to their bodies.

Then there are the psychosocial advantages. Individual or team sports provide veterans with a community, and perhaps most importantly, they imbue a sense of what's still possible — even if their abilities have changed. “Life is different after injury, and adaptive sports can be an effective tool in helping folks redefine who they want to be,” Nelson said.

When those same activities also give veterans the opportunity to continue serving, often by fundraising or coaching others, those psychological benefits only multiply.

The Patriot Racer

Chicago native and retired Marine Mike Mendoza signed up for the Chicago Triathlon in 2015 at the urging of a friend and without much preparation. Despite the spontaneous decision to enter his first triathlon, he won for his age group and finished seventh overall.

Mendoza began to train and compete in more marathons, and in 2017, he accomplished a world-record-breaking feat: completing 24 Ironman 70.3 triathlons (consisting of a 1.2-mile swim, a 56-mile bike ride and a 13.1-mile run) in fewer than 12 months' time, while raising money for the Semper Fi Fund.

Giving back brings the journey full circle for Mendoza. In 2006, a grenade thrown close to his reconnaissance mission in Fallujah, Iraq, severely damaged his internal organs. His physical wounds required extensive recovery and made travel challenging.

He underwent surgery in a Baghdad hospital and remained there for several weeks battling infections before finally getting cleared to travel to Germany and then to Naval Medical Center Camp Lejeune in North Carolina. His wife and newborn son scrambled to book travel arrangements to see him. The Semper Fi Fund stepped in with financial support.

Now, through his athletic endeavors, Mendoza has raised more than \$60,000 for the organization.

The sporting events served other purposes for him, too. Mendoza also needed to heal mentally as he adjusted to civilian life and coped with post-traumatic stress disorder.

Antidepressants and therapy — which work for many, he acknowledged — didn't click for him. Instead, he re-calibrated by pushing his body. “Once I started to do that, I felt like the chemical imbalance in my brain started leveling,” he said. He'd felt reserved and distrustful, but could open up when others asked about his racing.

Mendoza's physical limitations do pose some competitive challenges. The blast damaged his hearing, and he can't wear his hearing aids during races, so because he can't hear other cyclists approaching, sometimes he nearly crashes into them. And the shrapnel still lodged in his diaphragm sometimes causes the muscle to cramp during intense workouts or races.

But overcoming these obstacles has been worth it, he said. After all, the money he raises for other vets provides athletic prosthetics and specialized equipment, and covers race fees. “There's a new generation of younger service members that are going to need the help of us veterans,” he said. “I just felt like I needed to give back.”

The Medal-Winning Mom

Every April 13, former U.S. Army officer Melissa Stockwell invites her friends to a party. They dance, they eat cake, and they toast to Little Leg.

That's the name Stockwell has given to the remaining portion of her left appendage, the rest of which was taken by a roadside bomb in Baghdad on April 13, 2004. "We actually celebrate the day," Stockwell said. "It's easy to get kind of caught up in everything that's going on, but when you take a moment or a day to step back and think about your life, we're all very lucky."

Long before she enlisted, Stockwell was a young gymnast with Olympic dreams. She also possessed a strong love for her country, which compelled her to join the ROTC in college. When she graduated in 2002, she was commissioned as an officer and deployed to Iraq two years later.

Injury soon changed her plans. "I was 24 years old, and didn't really know what my life would be," she said. Once she learned to walk with a prosthetic, she heard about the Paralympic Games. Instantly, her dreams of competing were revived.

She started with swimming and made the U.S. delegation to Beijing in 2008, but wasn't quite satisfied with her placement. She transitioned to triathlon, trained in all three sports, and not only made the 2016 team in Rio, but took home the bronze medal as part of an American sweep.

"I'm very athletically driven," she said. "I've found I have a passion behind sports, the way it makes me feel. It's proving to myself that I can still have these big goals, whether I have one leg or two."

She's shared that sentiment through the Dare2tri Paratriathlon Club, which she co-founded in 2011. Now, more than 300 athletes — with disabilities including amputation, spinal cord injury and visual impairment — receive coaching, adaptive equipment and other support.

And, Stockwell — who now lives in Western Springs, Ill., — continues to train and compete herself, with her eyes on the 2020 Tokyo team. She'll be 40 years old with two children, but that's all the more reason for her to persevere: "To show my kids that you put in the work and dreams can come true."

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6.2 - The Plain Dealer: [Band of Brothers event coming to Cleveland this weekend](#) (7 November, Michael Sangiacomo, 1.7M uvm; Cleveland, OH)

For many, the HBO mini-series "Band of Brothers" struck a chord.

For those who lived through World War II, their children and grandchildren and those who fought in subsequent wars, the story of "Easy Company's" journey from boot camp to battlefields resonates.

Ivan Schwarz, President of the Greater Cleveland Film Commission, said the events will raise funds for the commission and its efforts to bolster the film industry in Cleveland.

Schwarz, a producer of the “Band of Brothers” series that aired in 1999, scouted locations for the series in Cleveland and fell in love with the city.

“I saw so much I loved that I returned here,” he said. “On the show, we all became very close during the production. When I put the call out for members of the cast and crew to come to Cleveland and offer a behind-the-scenes look at the show, many jumped at the chance.”

Those expected to come to Cleveland include: Neal McDonough (Lynn “Buck” Compton); James Madio (Frank Perconte); Matthew Leitch (Floyd M. “Tab” Talbert); Robin Laing (Edward J. “Babe” Heffron); Ross McCall (Joseph Liebgott); Doug Spain (Antonio Garcia); Eion Bailey (David Kenyon Webster); Peter Youngblood Hills (Darrell C. “Shifty” Powers); Rick Gomez (George Luz); Ben Caplan (Walter S. “Smokey” Gordon, Jr.); Meg Liberman (casting director) and Graham Yost (writer of two episodes).

Schwarz is particularly proud of the cast and crews planned tour Friday afternoon of the Cleveland Veterans Administration Medical Center, where they will interact with people who lived the kinds of battles seen in the series. Also on Friday, the cast and crew will talk about their experiences with high school and college students at Tri-C’s Metro Campus Auditorium.

On Saturday, writer Graham Yost (who also wrote for the television shows “Justified” and “The Americans,”) will talk about screenwriting and production at a ticketed event at the Greater Cleveland Film Commission headquarters at 1333 Lakeside Ave., Cleveland. For ticket information on the workshop, please visit: <https://www.blacktie-america.com/calendar/event-details.cfm?id=1612>.

The big event of the weekend is the 6 to 10 p.m. reception and panel discussion at FirstEnergy Stadium. In addition, Col. Eric Lopez, Deputy Commander of 2nd Brigade, 101st Airborne Division, will reveal how the Army uses “Band of Brothers” show as a tool in their leadership training program. For ticket information for this event, please visit <https://www.clevelandfilm.com/events/upcomingevents2018/>.

Schwarz said working on the show was a huge step in his career.

“We worked so hard to take it seriously,” he said. “They wanted to do right by it, a lot of attention was paid to historical accuracy, wardrobe and everything else. I remember one storyline where a German officer surrendered and he talks about what it takes to fight. But there was also a level of civility in the exchange.”

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6.3 - WKBW (ABC-7, Video): [Veteran's Day: Where vets can go for assistance in finding work](#) (6 November, Sean Robson, 134k uvm; Buffalo, NY)

If you're one of the 35,000 veterans in Western new York struggling to make the transition from military to civilian life there's local organizations helping to solve those issues every day. Both the Buffalo VA Medical Center and Veteran One-Stop Center of WNY offer programs to assist veterans with an array of services.

"If you look at a military service member, they're trained to take care of themselves and their brothers and sisters. So for them to admit that they need some help is very difficult sometimes on their part," President of the Veterans One-Stop Center, Chuck Marra, says.

He says the tough transition can be attributed to rigid military structure which doesn't translate well to civilian life where people are forced to dozens of choices each day. One-stop offers case management, peer mentoring, accredited benefits counseling among other services.

"We have a veterans opportunities center on the third floor here where employees assist veterans with computer skills, resume building, and we also have a program called the compensated work therapy program," Evangeline Conley, Public Affairs Officer at the Buffalo VA, says. "These are opportunities that have training skills where people can work and learn new skills possibly and get back into the routine to get into the work force."

Not only does the VA offer veterans programs to ultimately land them jobs, but the VA offers jobs to veterans as well.

If you're interested in attending events this month in honor of WNY veterans, visit the Veterans One-Stop Center's website or the Buffalo VA Medical Center's website.

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6.4 - The Daytona Beach News-Journal: [Volusia veterans bring art and music to NSB](#) (7 November, Austin Fuller, 103k uvm; Daytona Beach, FL)

One of Army veteran Jacki Booth's art pieces is heavy on shades of gray.

"I would just call it 'Sadness,'" the 58-year-old New Smyrna Beach resident said. "I was coming out of that darkness and out of the sadness and working with the grief."

Art has been part of her healing over the last few years at the Veterans Affairs' Veterans Wellness Recovery Program in Port Orange.

"Some of the things that had happened in the military and in my life just kind of came to a head and I needed some help," Booth said. "I was in severe depression and PTSD. I wouldn't talk to anybody. I wouldn't leave my house. I wouldn't eat. I was very isolated. ... I didn't have a purpose."

Booth's art will be displayed Friday as part of a veterans salute at The Hub on Canal in New Smyrna Beach leading up to Veterans Day on Sunday. The evening program will include an art exhibition from local veterans, music by The Hub on Canal's Veterans Band and a musical performance from Shannon Rae.

The Hub's Veterans in Art outreach program also includes offering free access to programs and classes to disabled and wounded veterans. In July, The Hub teamed up with the VA to start a local chapter of the Guitars for Vets program, where those with physical or emotional issues can learn guitar.

Veterans tend to feel that they can only relate to other veterans, explained Tracii Kunkel, a VA clinical psychologist. Art and music can change that, helping veterans gain a sense of who they are as well as a sense of community.

"They find that there's another part of themselves: I'm a veteran and I'm a musician. I'm a veteran and I'm an artist," he said. "Then they start making community."

After depicting sadness in her 2013 painting, Booth moved on to a painting of anger in 2014 before painting a blanket octopus in 2015.

"Now I can recognize things that I enjoy," she said. "I can recognize things that I like to do and that make me happy."

Art is also a way for Booth to open up.

"In talking about the art, I'm talking about the art, I'm not really talking about me," she said. "It's easy to talk about what feelings and what's going on through the art and I don't feel like I'm under the microscope."

Art has also helped 70-year-old Port Orange Army veteran James Jones, who said it has built up his self-esteem.

"It gives me a sense of accomplishment," he said. "That my life might actually have value and that was the biggest problem that I had coming into the program was that I didn't think I had any value at all."

In addition to his pencil and ink creations, Jones is participating in the Guitars for Vets program.

"It gives me something to focus on," he said. "It gives me a goal, actually. I don't make goals. I beat myself up too much when I don't meet those goals."

David Maib, a 70-year-old Vietnam War Army veteran now living in New Smyrna Beach, is the local chapter coordinator of the guitar program and one of the instructors teaching veterans guitar. He also plays bass guitar in The Hub on Canal's Veterans Band.

"All of us just really enjoy the opportunity to give a salute to the veterans," Maib said.

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6.5 - WJET (ABC-24, Video): [NewsMaker - Veterans Day 2018 Events, Sarah Gudgeon](#) (7 November, 35k uvm; Erie, PA)

3-minute video: Veterans Day is this Sunday, which means the annual Veterans Day Parade and Ceremony will take place this weekend. Joining us to chat about the events is Sarah Gudgeon, from the Erie VA Medical Center...

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6.6 - The Daily News: [Genesee County Veterans Day schedule set](#) (7 November, Brian Quinn, 22k uvm; Batavia, NY)

Veterans Day ceremonies in Genesee County will follow the same schedule they have in past years, with events to start at 9 a.m. at the Genesee County Park (VVA) and ending at the monument at the Jerome Center (UMMC).

At 10 a.m., participating veterans service groups will arrive at the Batavia VA Medical Center for a ceremony there before visiting the New York State Veterans Home around 10:15 a.m.

At 11 a.m., Upton Monument will be the next site they visit and finally the Jerome Center, where they will place a large wreath at the monument. Wreaths will be placed at the other sites as well.

“The VA in Batavia and the New York State Veterans Home, they’ll bring residents out in quilts, making sure they stay warm,” said Director of the Veterans Service Agency William Joyce.

“I know the VA Medical Center will have refreshments to anybody who participates.”

“The same organizations are participating — the Veterans of Foreign Wars of Genesee County, the Disabled Veterans of America Chapter 166, Genesee County American Legion, the Marine Corps League, Hansen Brothers; and Vietnam Veterans of America Chapter 193,” he said.

“Normally the commanders of each one of those will place a wreath (at each site),”

Joyce said events start later on Veterans Day than they do on Memorial Day and are not as involved.

Service groups don’t hold ceremonies at county cemeteries the way they do on Memorial Day, he said.

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6.7 - Greenville Journal: [On the water: Upstate veterans discover the healing power of fly-fishing](#) (7 November, Andrew Moore, 14k uvm; Greenville, SC)

It’s a cold October morning in the mountains between South Carolina and Georgia, and the faint sound of rushing water echoes through the trees as James Gillian hikes along a narrow trail in the Sumter National Forest. He’s heading for the nearby Chattooga River, a 57-mile waterway that’s considered by many to be one of the top trout-fishing locations in the Southeast.

As he reaches the river’s edge, Gillian, 52, grips his fly rod and enters knee-deep water, carefully making his way upstream in a pair of waders. Setting his feet, Gillian throws a line into the current and watches it drift by, repeating the motion for about 30 minutes or so until the line suddenly tightens. He’s got a bite. Gillian reels the fish in and lowers a scoop net into the water to examine his first catch of the day: a rainbow trout.

The fish is small, but Gillian isn’t disappointed. He’s not here to catch trophies. He’s here for treatment — to stave off unwanted flashbacks of the year he spent overseas fighting for the freedoms that so many Americans enjoy today.

Trouble on the home front

A combat engineer in the U.S. Army during the Iraq War, Gillian witnessed and dealt with a lot of trauma while building infrastructure and patrolling streets throughout the Anbar Province, one of the deadliest areas for American service members. It took a personal toll.

When Gillian retired and returned home to South Carolina in 2005, he immediately felt the effects of post-traumatic stress disorder, or PTSD.

PTSD is a mental condition that can develop in people who have experienced or witnessed a traumatic event, such as war, according to Mayo Clinic. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event. About 11 percent to 20 percent of veterans who served in operations Iraqi Freedom and Enduring Freedom have PTSD in a given year, according to the U.S. Department of Veterans Affairs.

“The biggest thing is the anxiety and panic attacks,” Gillian said, voice cracking. “Something as simple as hearing a car backfire can trigger a response.”

Gillian, who became a self-described recluse, eventually sought help from Veterans Affairs. He now receives counseling every two weeks and enjoys the daily company of his support dog, a 3-year-old black Lab-German shepherd mix named Seven, which he received from Service Dogs for Veterans, located in Fountain Inn. He’s also joined a growing number of military veterans across the country who are using fly-fishing as a way to cope with PTSD and other disabilities.

In 2015, Gillian’s now ex-wife discovered Project Healing Waters during a visit to the Greenville Vet Center off Pelham Road and recommended that he join. The Maryland-based nonprofit, which began in 2005 at Walter Reed Army Medical Center, is “dedicated to the physical and emotional rehabilitation of disabled active military service personnel and disabled veterans through fly fishing and associated activities.”

A sport of the mind

From tying flies to building fly rods, Project Healing Waters teaches participants the basics of fly-fishing. All equipment is provided to the participants at no cost. The nonprofit also hosts daylong and overnight fishing expeditions free of charge. It operates 216 programs across 46 states, including South Carolina. More than 8,000 veterans participated in Project Healing Waters in 2017, according to the organization’s annual report.

Chuck Rouse, who oversees the Project Healing Waters program in the Upstate, said fly-fishing often provides disabled veterans a welcome distraction from their troubles. The Vietnam War veteran helped launch the program in 2014 alongside other members of Greenville’s Mountain Bridge Trout Unlimited, an anglers group dedicated to conserving freshwater fish and their habitat.

“There is nothing like catching a trout on a rod you have made and fly you have tied. ... These activities all-combined free them from the terrors that haunt their mind and soul,” Rouse said. “The fly-fishing techniques also aid those who have physical disabilities. Fly-tying aids in the improvement of dexterity of the hands and fingers as well as concentration. We also have devices that provide for a person missing a hand or arm the ability to tie a fly and fish.”

Rouse leads two instructional events each month in Greenville. He and several volunteers teach newcomers how to tie flies, an artificial lure that fishermen create to imitate natural insects and

entice fish, and even build rods. The program also sponsors casting classes and hosts about 10 fishing expeditions each year in the Carolinas and Georgia.

About 10 to 15 veterans regularly participate in the program's events, according to Rouse. Participants are referred to the program by Veterans Affairs and similar organizations, including Upstate Warrior Solution, a Greenville-based nonprofit that connects veterans and their families to resources and opportunities.

"It is a form of therapy but not a replacement for professional therapy," Rouse said. "The veterans are encouraged to remain under their professional-care program."

Last month, Rouse accompanied Gillian and three other disabled veterans on a half-day fishing excursion along the Chattooga River to put what they learned to the test — and to continue building relationships with others who are struggling since being out of the military.

Greer resident Pauline Callaham, who served as an aircraft mechanic with the U.S. Air Force during the Gulf War, declined to discuss her medical reasons for participating in the trip but said it was therapeutic to get outdoors and talk with other veterans. She joined Project Healing Waters earlier this year upon the recommendation of her counselor at the Vet Center.

Gillian said he continues to struggle with PTSD and spends most of his time at his home, which he considers a "secure space" free of triggers, such as loud noises and large crowds. The program, however, has allowed him to get outside, interact with others, and break out of his shell; he has gone from not being around a lot of people to smiling and laughing more often.

The path to healing

As Gillian and other veterans cast their lines into the Chattooga River last month, Rouse reflected from a distance. He, too, is familiar with fly-fishing's healing properties and the struggles that military veterans face when returning from war.

"I have walked in their boots," he said. "I know what they are feeling."

In 1964, several weeks after graduating from Youngstown State University, Rouse was drafted and assigned to the U.S. Army Security Agency. After two years in Vietnam, Rouse transferred to southern Germany. He left the Army in 1968.

Despite having a degree in mechanical engineering, Rouse found himself struggling to adjust to civilian life and bounced around from town to town with his Army buddies, working odd jobs to earn money.

He eventually married, got a manufacturing job, and enrolled in night classes at the University of Pittsburgh, where he double majored in economics and psychology. But it wasn't long after that Rouse began to experience the side effects of combat-related anxiety, including nightmares and explosive bouts of anger.

While PTSD wasn't formally recognized by the medical community until the 1980s, Rouse was able to find help through his academic adviser, who also happened to be the dean of the sociology department.

"He introduced me to the dean of the psychology department, and I would stop by after class and talk with them," he said. "I think I was their project."

Rouse said he regularly contemplates his wartime experiences but doesn't let it affect his daily life. He theorizes that many veterans struggle with PTSD due to guilt that stems from their failure to accept that events are predetermined and therefore inevitable.

"Many people ask why they were spared, but there isn't an answer to that question," he said. "And if you can't accept the fact that there's no force making A or B happen, then it's going to haunt you. We see it all the time."

After graduating from the University of Pittsburgh, Rouse launched a successful career in marketing and sales and eventually relocated to Greenville. It wasn't long after that Rouse began researching fly-fishing and joined Mountain Bridge Trout Unlimited.

"I needed to know places to go, so I joined Trout Unlimited to learn the secret spots," he said.

Rouse spent several months learning about the sport and attending monthly meetings. But then a fellow member told him about Project Healing Waters. He was immediately hooked and decided to help launch the Upstate program. It has since served 60 to 70 veterans.

"It's been exceptionally rewarding to watch this program change lives," he said. "But it can be stressful at times."

Like any nonprofit, Project Healing Waters relies on private donations, grants, and government funding to operate. Rouse raises about \$15,000 a year locally to help defray the costs of his program, which also receives free fly-fishing equipment and guide services from outdoor retailers, including Cabela's and Chattooga River Fly Shop in Mountain Rest.

Rouse said he plans to continue recruiting volunteers and raising funds. The program's next fly-fishing trip will take place on Saturday, Nov. 17, along the Green River in North Carolina. All veterans or active-duty military with a disability are eligible to participate at no cost. For more information or to sign up, contact Chuck Rouse at crouse@earthlink.net or 864-335-8938.

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6.8 - The Sun: [Veterans Day: 100 years since Armistice](#) (6 November, Kim Dedam, 2k uvd; Elizabethtown, NY)

ELIZABETHTOWN | Area veteran groups are preparing for ceremonies to honor Veterans Day this weekend.

The date was set aside decades ago to honor the service of all U.S. military veterans.

This year, closures of federal and banking operations and schools happen on Monday, Nov. 12 because the federal holiday falls on a Sunday.

But the central memorial to honor area veterans is planned for Sunday, Nov. 11 at the Veterans' Cemetery on County Route 8, between Elizabethtown and Wadhams.

"The Veterans Organizations of Essex County will be conducting an observance of Veterans Day at the Essex County Veterans Cemetery on Sunday, Nov. 11th. beginning at 11 a.m.," according to Newman Tryon, Essex County American Legion Adjutant.

"The public is welcome to attend," Tryon said. "In the case of rain, snow or sub-freezing temperatures, the event will be cancelled."

The annual event celebrates the many men and women from this region who have served in all branches of the U.S. military.

Other area veteran organizations will hold local events as well. The American Legion Post 326 in Lake Placid is conducting a series of honorary flag raising and lowering ceremonies at several locations on Sunday, Nov. 11, with the final memorial at 11 a.m. at the American Legion Post on Main Street in Lake Placid.

Several towns have planned community meals that are free for veterans with proceeds to support local service programs.

In Westport, the Westport Federated Church is hosting a breakfast on Saturday, Nov. 10 from 8 a.m. until 10:30 a.m. Veterans are welcome to enjoy their meal for free. Biscuits and sausage gravy are on the menu and the cost is \$7 for adults and \$3 for children.

Proceeds from the Westport event benefit Wee Care, a Christmas giving program coordinated with Westport Central School.

On Sunday at 5 p.m., the Willsboro, Reber, Essex and Boquet Churches are hosting the 14th Annual Veterans Day Appreciation Program and dinner at Willsboro Central School. Veterans from the towns of Willsboro and Essex are invited to enjoy the honorary meal and program at no cost. Reservations are requested, contact Vicki Dickerson at 518-963-4459.

HISTORICAL BACKGROUND

Veterans Day began with a dedication as Armistice Day on Nov. 11, 1919, nearly a century ago, to herald the end of the Great War.

Then-President Woodrow Wilson wrote a letter from the White House to commemorate the end of World War I, it said, in part:

"The war showed us the strength of great nations acting together for high purposes, and the victory of arms foretells the enduring conquests which can be made in peace when nations act justly and in furtherance of the common interests of men."

According to the U.S. Department of Veterans Affairs, "The United States Congress officially recognized the end of World War I when it passed a concurrent resolution on June 4, 1926:

"Whereas the 11th of November 1918, marked the cessation of the most destructive, sanguinary, and far reaching war in human annals and the resumption by the people of the United States of peaceful relations with other nations, which we hope may never again be severed, and

The date later came to celebrate veterans of World War II as well, and in June of 1954, Congress finalized a bill to replace “Armistice” with “Veterans” to honor all veterans on Nov. 11.

According to the Veterans Affairs office, holding celebrations on the date Nov. 11, “not only preserves the historical significance of the date, but helps focus attention on the important purpose of Veterans Day: A celebration to honor America’s veterans for their patriotism, love of country, and willingness to serve and sacrifice for the common good.”

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7. [Other](#)

7.1 - TIME (AP): [Democratic Sen. Jon Tester Wins Reelection in Montana Despite Trump Campaigning Against Him](#) (7 November, 16.6M uvm; New York, NY)

(WASHINGTON) — Montana Democrat Jon Tester has won a third Senate term, beating Republican Matt Rosendale, the state auditor.

President Donald Trump had taken a personal interest in defeating Tester, and had visited the state to campaign against the incumbent. Trump had said he wanted to make Tester pay at the polls for helping detail Trump’s first nominee to lead the Department of Veterans Affairs.

Tester is the top Democrat on the Senate Veterans’ Affairs Committee.

Tester insisted that Montana voters across the political spectrum would support him after examining his record.

Trump held four rallies in Montana and sent his eldest son and Vice President Mike Pence to headline more appearances. Rosendale also got help from outside cash that poured into the race.

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7.2 - U.S. News & World Report (AP): [The Latest: Montana Sen. Tester Survives Trump Onslaught](#) (7 November, 14M uvm; Washington, DC)

BILLINGS, Mont. (AP) — The Latest on Montana’s U.S. Senate race (all times local):

4:55 p.m.

Montana Sen. Jon Tester is a rare survivor from President Donald Trump’s aggressive campaign to unseat Democrats in Republican-leaning states.

The president repeatedly returned to Montana, North Dakota, Missouri and Indiana, where he pounded on Tester and other lawmakers who opposed his Supreme Court picks, Brett Kavanaugh and Neil Gorsuch.

Conservative groups followed Trump’s lead with tens of millions of dollars in attack ads.

In Montana, it boosted Republican state Auditor Matt Rosendale from political obscurity. He came up just short in a race that set a state record for political spending.

But Tester won a third term after ducking Trump's jabs and sticking to a message heavy on health care that was targeted at female voters and veterans.

11:50 a.m.

Montana Senate candidate Matt Rosendale has conceded defeat following a close-fought campaign against incumbent Democratic Sen. Jon Tester.

Spokesman Shane Scanlon said the Republican State auditor spoke with Tester to congratulate him late Wednesday morning.

Rosendale issued a statement thanking his supporters and pledging to continue to work to lower health care costs and hold the line on government spending.

He entered the race relatively unknown. But he came close to denying Tester a third term after President Donald Trump took a personal interest in the race and visited Montana repeatedly on Rosendale's behalf.

11 a.m.

Montana Democrat Jon Tester has won a third term in the U.S. Senate by beating Republican Matt Rosendale.

Tester won Tuesday's close election despite President Donald Trump taking a personal interest in defeating him.

Trump and his surrogates made repeated trips to Montana after the president vowed last spring that Tester would pay at the polls for sinking his first nominee for Veterans Affairs secretary, White House physician Ronny Jackson.

Trump's comments led to both Republican and Democratic groups spending tens of millions of dollars in an attempt to influence the outcome of the race.

Tester insisted that Montana voters across the political spectrum would support him after examining his record.

The Montana seat was one of 10 held by Senate Democrats seeking re-election in states Trump won in 2016.

9:50 a.m.

Montana's contentious U.S. Senate race remains too close to call with votes still being tallied in key counties.

Election results are coming in Wednesday for major population centers including Missoula, Gallatin, Cascade and Yellowstone counties.

Campaign representatives say Democratic incumbent Sen. Jon Tester is in Great Falls awaiting the results and Republican State Auditor Matt Rosendale is in Helena.

Rosendale put up a strong challenge with a boost from President Donald Trump. The president vowed last spring that Tester would pay at the polls for releasing allegations that toppled Trump's first nominee for Veterans Affairs secretary.

Republican and Democratic groups spent tens of millions of dollars to influence the outcome of the election in a state Trump won by 20 percentage points in 2016.

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7.3 - The Wall Street Journal: [Nasdaq to Delist MiMedx Amid Financial Probe](#) (7 November, Charley Grant and Gretchen Morgenson, 13.3M uvm; New York, NY)

MiMedx Group Inc. MDXG -40.19% said Wednesday that the Nasdaq Stock Market will delist its shares and suspend trading in the stock effective Thursday.

Shares fell more than 33% midday Wednesday to under \$4. The stock peaked at almost \$18 in January.

A formerly highflying maker of tissue grafts and biologic implants used in wound care and sports medicine, MiMedx had warned in July that a Nasdaq delisting was possible.

In June, MiMedx said an internal investigation had found that its reported financial results dating back to 2012 were no longer reliable and would have to be restated. The company fired its CEO and Chairman Parker "Pete" Petit for cause and recovered compensation it had previously paid to him over the years.

Neither Mr. Petit nor a company spokesman immediately responded to a request for comment. A Nasdaq spokesman declined to comment.

The restatement continues to be a challenge for the company. MiMedx informed Nasdaq last week that it would need to review revenue recognition practices on all company sales.

"As a result, MiMedx no longer believes that it is likely that it will be able to regain compliance with [Securities and Exchange Commission] reporting obligations and Nasdaq listing rules by February 25, 2019," the company said in a government filing.

Earlier this year, a Wall Street Journal investigation found that MiMedx, once one of the fastest-growing health-care companies, had fueled much of its growth by recording more product sales to facilities operated by the Veterans Health Administration than were actually used by those entities, a practice known as channel stuffing. The Journal also reported that MiMedx didn't offer certain lower-cost products to government-run hospitals, increasing taxpayers' costs.

MiMedx is under investigation by the Justice Department, the inspector general of the Department of Veterans Affairs and the SEC.

In the past, government-run medical facilities accounted for a significant part of MiMedx's sales. In 2015, the last year in which MiMedx broke out its revenues, the company said 26%, or almost \$50 million, came from government entities.

MiMedx's relationship with government facilities appears now to be in flux. A \$2.1 billion VA contract awarded to 21 makers of biologic implants announced in early October didn't include MiMedx. A spokesman for the VA said additional contracts may be awarded.

After Thursday, MiMedx shares will trade over the counter.

Separately, MiMedx announced Wednesday that it would issue new preferred stock to existing shareholders as part of a "shareholder rights" program, after the company determined it was "particularly vulnerable to a creeping acquisition" that could disadvantage shareholders.

The rights would become exercisable, the company said, if a person or investor group acquires 10% or more of MiMedx shares without approval by the company's board.

Mr. Petit may be the potential acquirer the rights offering aims to thwart. In September, after his firing by MiMedx, Mr. Petit said in a statement: "I now look forward to joining our shareholders in initiatives that will refocus the company and its fiduciaries on getting back to efficient and effective business management."

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7.4 - Mashable: [How Amazon's 'Homecoming' uses real events to heighten its horror](#) (7 November, Alison Foreman, 9.6M uvm; New York, NY)

Spoilers for Homecoming: Season 1 lie ahead.

Very few Americans serve in the United States Armed Forces.

According to the Council on Foreign Relations, approximately 1.2 million citizens—less than 0.5% of the U.S. population—were recorded as active military personnel in 2016. At present, that relatively high number reflects the world's third largest armed force. But it could be dropping fast.

Lacking motivation, obesity rates, and a competitive civilian job market are among many factors that have contributed to what military experts are forecasting to be a recruitment crisis for the United States military. With fewer young men and women voluntarily enlisting, our defense forces could soon be facing, as retired Major General Dennis Laich calls it, a war for which "no one showed up on our side."

Homecoming, Prime Video's new thriller series, proposes a nightmarish "solution" to this complicated and alarming human resources issue—painting a portrait that, when put in the context of recent events, seems almost too real.

Julia Roberts heads up the series as Heidi Bergman, a counselor to male veterans at "Homecoming Transitional Support Center." On the surface, her job is to help service members who are returning to the States as they develop PTSD coping mechanisms.

Deeper down, the series soon reveals, is a plot to "recycle" soldiers by permanently altering their memories. Rather than addressing the horrors these men have seen through talk therapy, the treatment center and a complicit Bergman dose the men under facility care with high levels of a dangerous, experimental drug.

As a result, particularly stressful recollections are entirely erased from the patients' memories, leaving large holes in their accounts of active military service. The complicated emotional narratives that accompany the tense drama can be likened to those of *Eternal Sunshine of the Spotless Mind* and Netflix's *Maniac*.

Homecoming's mastermind, Colin Belfast (played by Bobby Cannavale) pitches this "PTSD cure" to the Department of Defense as a means for getting servicemen through more tours. Belfast's proposal hides the unethical, horrific realities of the treatment and is subsequently applauded by bureaucrats and veterans alike.

Trivialization and mistreatment of military members is not unexplored territory for science fiction writers. *Black Mirror's* "Men Against Fire" and Edward Neumeier's 1997 film *Starship Troopers* are just two of many narratives that have handled the topic well.

But Homecoming's grounded depiction and true-to-life conclusion elevates the storyline to an eerily realistic and familiar place.

As the appalling cover-up begins to unravel, Belfast confronts and belittles an investigator.

"You're the important man here. Do you want to arrest me?" he goads. "You're gonna go back to your desk and file it, like a good little clerk. It's gonna be the greatest moment of your life. You know how fucking pathetic that is? You're so eager to forget the truth—that you're that insignificant. You work. You talk. Nothing happens and nobody listens."

More than a few killer lines for Cannavale, this venomous monologue highlights a sickening reality many veterans know all too well: Veterans' services have a history of lack of accountability and disturbing, inhumane standards of care. And when it comes to addressing these horrible wrongdoings, justice can come at a bafflingly slow pace.

The Veterans Health Administration scandal of 2014 is an incident of recent memory which effectively exemplifies this bureaucratic nightmare. Falsified records by Veterans Affairs officials concealed excessively long wait times for disabled veterans seeking medical attention. CNN reported that 40 U.S. veterans died while waiting for appointments at the Phoenix Veterans Affairs Health Care system, a startling fact many advocates used to lay blame at the steps of the VHA.

Following the scandal, then Secretary of Veterans Affairs Eric Shinseki resigned and former President Obama shepherded in legislative reform for the department. But the consequence remained; justice simply took too long. Homecoming uses that haunting reality to drive its upsettingly underwhelming conclusion home.

Just as Belfast's snide remarks foreshadowed, the resolution of Homecoming's events is notably dissatisfying. While Belfast, a private industry player, is penalized by his company, the show's finale reveals very little consolation for the men harmed by his actions. Wrapped in a tapestry of red tape and clouded by an opaque assignment of responsibility, the ambiguous end of this saga indicates that PR damage control will be plenty, but direct reparations will be sparing.

Homecoming's Twilight Zone-esque visit to this real-life nightmare is an upsetting, but effective case of art imitating life. As was the case with the 2014 VHA scandal, the civilians surrounding Homecoming's veteran mistreatment seem all too willing and ready to move on when faced with an issue that does not directly impact their safety or happiness.

What are we to make of the cynical statement? With a Season 2 in the works, Homecoming is sure to continue its reflection on inhumane treatment and may even champion the victims of its freshman season with some delayed justice.

But in the meantime, as the fledgling series gains more attention and viewers, those who truly appreciate its message can turn their eyes towards the news. As President Trump continues to make changes within the VA, Homecoming is asking us to pay attention—and protect those who have protected us.

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7.5 - Military Times: [The number of vets in Congress appears headed down again](#) (7 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After Tuesday's midterm contests, the number of female veterans and younger veterans in Congress are rising but the overall number of veterans in Congress remains on a steady decline.

In a contentious election which saw Democrats take over the House and Republicans add to their majority in the Senate, 77 veterans won elections across the country. Combined with 15 incumbent veterans in the Senate who did not face election, that guarantees at least 92 veterans will be part of the 116th session of Congress in January.

As of Wednesday morning, 10 races involving veteran candidates were still undecided. If all of those veterans were to win — an unlikely scenario, given the unofficial results at press time — that would still only match the 102 veterans who were in office at the start of the 115th session.

Still, Veterans Campaign Executive Director Seth Lynn said he sees plenty of positives in Tuesday's midterm results for veteran candidates.

"We saw an uptick in the number of non-incumbent veterans who got major party nominations this cycle," he said. "We had an uptick in the number of women veterans. And we have a huge cohort of incoming veterans now.

"We're seeing more of the younger veterans taking their place in Congress."

Of the 77 election-night winners, 17 of them are new candidates. Lynn said that's the biggest class of freshman veteran lawmakers since 2010.

Almost half of the veterans in Congress in January will be individuals who served after Sept. 11, 2001. Of the 92, 25 are Democrats and 67 are Republicans.

Tuesday's class of new veterans includes three Democratic female veterans. Mikie Sherrill, who won a New Jersey congressional seat, is a former Navy helicopter pilot.

Chrissy Houlahan, who won in Pennsylvania, is an Air Force vet whose family boasts multiple military members. New Virginia Rep. Elaine Luria narrowly defeated fellow Navy veteran Rep. Scott Taylor in a key swing race for her party.

They'll join three incumbent female veterans — Democratic Hawaii Rep. Tulsi Gabbard, Democratic Illinois Sen. Tammy Duckworth, and Republican Sen. Joni Ernst — and possibly one other incumbent. Arizona Republican Rep. Martha McSally's race for her state's Senate seat remains too close to declare a victor.

The new class of veterans includes several names who have already drawn national attention.

Texas Republican Dan Crenshaw, who lost an eye while serving in Afghanistan, was lampooned last weekend on "Saturday Night Live" for his injury, prompting an outpouring of conservative anger against the comedy show. He had been leading in the polls prior to the controversy, but now enjoys even larger name recognition as he heads to Congress.

New Florida Republican Rep. Michael Waltz is a green beret and commentator for Fox News. Colorado Democratic Rep. Jason Crow, a prominent speaker at the party's 2012 national convention, upset fellow Army veteran Mike Coffman, an incumbent representative.

The total number of veterans in Congress has been on a steady decline since the 1970s, when nearly three-fourths of lawmakers had served in the military.

Lynn said he is optimistic that Tuesday's results show that decline isn't guaranteed to persist, even if the number did not increase this cycle. But he also said a return to the previous highs of past decades is unlikely, given the much smaller percentage of veterans in America since the start of the all-volunteer Army.

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7.6 - The Press Democrat: [Report: Gunman in Yountville veterans home slayings previously threatened his victims](#) (6 November, Mary Callahan, 407k uvm; Santa Rosa, CA)

A troubled combat veteran who fatally shot three mental health care providers at the California Veterans Home in Yountville in March had personally threatened to kill the women on multiple occasions, according to a report released Tuesday by the Napa County District Attorney's Office.

Albert Cheung Wong, 36, had expressed anger and frustration toward the trio of clinicians at The Pathway Home residential treatment center even before he was kicked out of the program 2½ weeks before the deadly March 9 shooting, the report says.

His threats "were not generalized; rather, he had specifically threatened to kill members of the clinical staff by coming onto the premises and shooting them with a gun," the report states.

On the morning of March 9, Wong returned to the Napa Valley veterans campus carrying a shotgun and semiautomatic rifle and wearing eye and ear protection, the District Attorney's Office reported.

He entered the building housing the Pathway Home through a back loading dock and stormed a going-away party attended by staff and clients of the residential treatment center.

Within 12 minutes of his arrival in the meeting room, he had fatally shot the three clinicians and himself, authorities said, though an eight-hour lockdown would ensue before authorities knew the hostages all were dead. The first deputy on scene exchanged gunfire with Wong before the killings but did not hit him, investigators found.

Killed were executive director Christine Loeber, 48; Dr. Jennifer Golick, 42, a therapist; and Dr. Jennifer Gonzales Shushereba, 32, a psychologist with the San Francisco Department of Veterans Affairs Healthcare System. Gonzales Shushereba was seven months pregnant. Her unborn child died, as well.

Wong, whose Army service included a year in Afghanistan, had been in the program for troubled and brain-injured veterans for nearly a year before his Feb. 20 discharge for refusing to comply with program policies and his own treatment program.

It's not clear from the new report when he threatened the three women, nor if they reported the threats, nor whether there was any added security as a result. District Attorney Allison Haley released the report at 5 p.m. but neither she nor her staff were available for questions afterward.

Officers from the CHP's Golden Gate Division, who investigated the shooting, also declined to answer questions beyond releasing a statement announcing the conclusion of their investigation in the case.

Wong, who had been living in Sacramento after leaving Yountville, left an apology letter for his landlord before the shooting, suggesting he would not be returning, the report said.

He later parked his rental car at the loading dock outside The Pathway Home and strode into the second-floor "Group Room" with a loaded 12-gauge, double-barreled shotgun and a .308-caliber semi-automatic rifle, along with nearly 100 rounds of ammunition, the report said.

He quickly ordered veterans in attendance to leave.

He then asked four staff members to go, calling out their names one by one, the report said, leaving him alone with his final three victims.

One of the women who was allowed to leave called 911 to report an active shooter, resulting in the quick arrival of Napa County Sheriff's Deputy Steven Lombardi, a 26-year department veteran and range instructor who was the only deputy on duty in Yountville at the time. He arrived within four minutes of the 911 call and made his way up to the second floor, eventually observing a man with a rifle through a partially opened door.

Retreating several steps to a safe position, he heard the sound of Wong racking ammunition and a woman's scream before shooting his own weapon at the closed door, starting an

exchange of gunfire with Wong that lasted about 10 seconds, the DA's report said. Wong fired 22 rifle rounds during that time; Lombardi, 13.

None of his bullets struck the women or Wong, the report said.

Wong executed the three women and killed himself after the shootout with the deputy, the report said.

Larry Kamer, a spokesman for The Pathway Home and Smith's wife, whose wife was among the staff members released by Wong, said surviving staff and board members for the nonprofit were briefed Tuesday in what were emotional gatherings, at least for some.

"In a way, I would say it reopens wounds, but on the other hands, it answers a lot of questions that had been kind of hanging," Kamer said.

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Veterans Affairs Media Summary and News Clips

8 November 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Meet the New Agenda Setters in the House](#) (7 November, Ben Kesling, 13.3M uvm; New York, NY)

The top-ranking Democrat on the House Veterans Affairs Committee, Rep. Tim Walz of Minnesota, announced last year that she wouldn't run for re-election to his House seat this year to vie for the governorship of his home state, leaving unclear who would lead the committee in the event of a Democratic takeover in the House.

[Hyperlink to Above](#)

1.2 - The Atlantic: [The Donald Trump Cabinet Tracker](#) (7 November, Russell Berman, 11.9M uvm; Washington, DC)

Background: Trump picked Wilkie in May after his first choice to replace Shulkin, Rear Admiral Ronny Jackson, withdrew his nomination amid allegations of workplace misconduct. Wilkie served in several senior positions at the Pentagon before Trump asked him to lead the VA on an interim basis after Shulkin's ouster. With his nomination in May, the president picked him to have the job permanently.

[Hyperlink to Above](#)

1.3 - Military.com: [Space Force in Jeopardy After Democrats Gain Control of House](#) (7 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Democrats' takeover of the House deals a potential knockout punch to the plan for a Space Force as a new military branch and also poses challenges to current programs and projected budgets for the Pentagon and the Department of Veterans Affairs.

[Hyperlink to Above](#)

1.4 - Milwaukee Journal Sentinel: [Smoking soon to be banned at Milwaukee VA Hospital for patients and employees](#) (7 November, Meg Jones, 856k uvm; Milwaukee, WI)

There's another incentive — the Milwaukee VA Medical Center where he works as a mail clerk is eliminating smoking for all employees by Jan. 1. Starting this month, all inpatients and those having medical procedures will not be allowed to use any type of tobacco or smoking materials during their stay. "I think it's a good idea. I think it will help a lot of people quit smoking," Hughes said following a recent smoking cessation class at the medical center.

[Hyperlink to Above](#)

1.5 - Care2: [VA Continues Cruel Dog Experiments Despite Defunding Threat](#) (7 November, Laura Goldman, 660k uvm; Redwood City, CA)

In horrific experiments, researchers at Department of Veterans Affairs (VA) facilities around the country implanted dogs' stomachs with electrodes that made them vomit repeatedly. They placed pacemakers and catheters in dogs' hearts, which forced the dogs to have heart attacks. When the experiments ended, so did the dogs' suffering. They killed them all.

[Hyperlink to Above](#)

1.6 - Stars and Stripes: [Army veteran's family agrees to \\$2.5 million in settlement with VA over wrongful death suit](#) (7 November, Will Morris, 532k uvm; Washington, DC)

Last month, the VA agreed to pay \$2.5 million to settle a wrongful death lawsuit filed by the Lake Havasu City, Ariz., couple. The award is not an admission of fault. Aaron Merritt was the victim of a lack of communication between doctors and a failure to adhere to basic medical procedures, according to the lawsuit, which was filed in 2016.

[Hyperlink to Above](#)

1.7 - Nextgov: [After Listening to Veterans, VA Put All Its Services on One Website](#) (7 November, Aaron Boyd, 137k uvm; Washington, DC)

Wednesday night, the tech team at the Veterans Affairs Department launched their latest effort to improve the quality of services for former military personnel with the relaunch of VA.gov. Not long after the U.S. Digital Service team at Veterans Affairs streamlined access to benefits information on Vets.gov, it became clear that the very existence of a separate site to host that information was a needless extra step for veterans.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Independent Journal Review: [President Trump, Keep Reforming the VA and End Obama-Era Shadow Abuse of Veteran Entrepreneurs](#) (7 November, Christopher Neiweem, 447k uvm; Alexandria, VA)

Even as the midterm elections have just passed and the political messages were fired from one corner of the political spectrum to the other between Democrats and Republicans, the mainstream media did not cover a major Obama-era veteran scandal that the Trump administration must now fix. Shadow abuse by the hands of unaccountable bureaucrats within the U.S. Department of Veterans Affairs (VA) against veteran entrepreneurs must be recognized and remedied.

[Hyperlink to Above](#)

2.2 - KVAL (CBS-13): [Roseburg VA chaplain helps veterans heal after Hurricane Michael](#) (7 November, 95k uvm; Eugene, OR)

Two VA employees were on a special mission in the days following Hurricane Michael, including one from the Roseburg VA, the Gulf Coast Veterans HCS Public Affairs office said. Chaplains Jonathan Landon from the Roseburg VA in Oregon and Mohammed Hussain from the Washington DC VA both have been boots-on-the-ground in Panama City, Florida, for the past two weeks aiding Veterans in response and recovery from Hurricane Michael.

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2.3 - KNWA (FOX-24): [VA Center Employee Inducted into Arkansas Military Veterans Hall of Fame](#) (7 November, Gary Gilbert, 46k uvm; Fayetteville, AR)

An outreach specialist at the Fayetteville VA Vet Center was honored at an induction banquet on October 27. Command Sergeant Major Timothy Farley from Paragould, Arkansas, has worked at the VA Center for the past eight years. Farley and 14 others were inducted to the Arkansas Military Veterans' Hall of Fame (AMVHOF).

[Hyperlink to Above](#)

2.4 - The Daily Sentinel: [Printed Letters: Nov. 7, 2018](#) (7 November, Ron Corbett, 32k uvm; Grand Junction, CO)

I have been under the care of the Grand Junction Veterans Affairs Medical Center. I want to commend the VA for helping me through this difficult period. Without exception, the doctors, nurses, pharmacists, therapists, support staff and volunteers have all been courteous, helpful, caring, compassionate and competent. I can't imagine getting any better medical care, and I totally trust the Grand Junction VA Medical Center for all my health care needs.

[Hyperlink to Above](#)

2.5 - Daily Journal: [Chamber hears about veterans affairs](#) (7 November, Victoria Kemper, 23k uvm; Park Hills, MO)

The Madison County Chamber of Commerce held its monthly luncheon Nov. 1 at the Black River Electric Cooperative meeting room with lunch catered by The Brewens. In honor of Veteran's Day Nov. 11 the chamber invited Paul Schuerenberg a Vocational Development Specialist and Community Employment Coordinator for the U.S. Department of Veterans Affairs and the Veterans Health Administration to speak.

[Hyperlink to Above](#)

2.6 - WFXR (FOX-27, Video): [The Salem Va Medical Center provides an option for veterans to manage their health care](#) (7 November, Casey Wright, 13k uvm; Roanoke, VA) 4-minute video: The Salem Va Medical Center partners with MyHealthVet to provide an option for veterans to manage their health care.

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2.7 - Government Matters (Video): [Takeaways from improved VA employee satisfaction numbers](#) (5 November, Andrew Wagner, Washington, DC)

Greg Giddens, former chief acquisition officer at the Department of Veterans Affairs and partner at Potomac Ridge Consulting, discusses what the agency's internal survey found about morale at VA, and what it means for future workforce decisions.

[Hyperlink to Above](#)

2.8 - New England Patriots: [Deatrich Wise, his 'superhero' mom reflect on her years as an Army nurse](#) (7 November, Angelique Fiske, Foxborough, MA)

Deatrich calls his mom a superhero, and when he says it, he means it. Sheila Wise served in the Army as a nurse for 22 years, and after retiring in April 2017, she continues to care for her fellow veterans as a nurse manager at the Dallas VA Medical Center.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - Politico: [Wave breaks on GOP House control](#) (7 November, Darius Tahir, 8.7M uvm; Arlington, VA)

Democrats have — by all indications — taken the House Tuesday night, while the GOP tightened their grip on the Senate. The result likely rules out another GOP-led attempt to repeal and replace Obamacare, and sets House Democrats up to police the Trump administration's management of health care policy.

[Hyperlink to Above](#)

3.2 - Nextgov: [How the Midterms Shake Up Tech Oversight](#) (7 November, Jack Corrigan, 137k uvm; Washington, DC)

After claiming the House in Tuesday's midterm elections, Democrats are preparing to reshape the chamber's oversight priorities. In the coming months, the Democratic House Steering Committee will select committee chairmen, reorganize subcommittees and largely chart the chamber's agenda for the next two years. While this process will realign the focus of virtually every House organization, the shift could be especially pronounced in the House Oversight and Government Reform committee.

[Hyperlink to Above](#)

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Muskogee Phoenix: [Nov. 11 marks 100-year anniversary of end of World War I](#) (7 November, Mark E. Morgan, 14k uvm; Muskogee, OK)

On Nov. 11, the Department of Veterans Affairs will join our fellow citizens in pausing to honor more than 20 million men and women who answered our nation's call. For more than 243 years of independence, patriots like them have stood watch over our liberty. From Bunker Hill to Baghdad, their sacrifices have given us the security and freedom in which to grow and flourish as a nation.

[Hyperlink to Above](#)

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - USA Today: [Incredible veteran athletes find their injuries don't hold them back](#) (7 November, Cindy Kuzma, 26.5M uvm; McLean, VA)

In many ways, sports programs act as an extension of rehab, noted Leif Nelson, a physical therapist and director of the VA's Office of National Veterans Sports Programs and Special Events. By training for running, cycling, rowing or other events, veterans build their cardiovascular conditioning, improve their overall health and restore strength and function to their bodies.

[Hyperlink to Above](#)

6.2 - The Plain Dealer: [Band of Brothers event coming to Cleveland this weekend](#) (7 November, Michael Sangiacomo, 1.7M uvm; Cleveland, OH)

Schwarz is particularly proud of the cast and crews planned tour Friday afternoon of the Cleveland Veterans Administration Medical Center, where they will interact with people who

lived the kinds of battles seen in the series. Also on Friday, the cast and crew will talk about their experiences with high school and college students at Tri-C's Metro Campus Auditorium.

[Hyperlink to Above](#)

6.3 - WKBW (ABC-7, Video): [Veteran's Day: Where vets can go for assistance in finding work](#) (6 November, Sean Robson, 134k uvm; Buffalo, NY)

If you're one of the 35,000 veterans in Western new York struggling to make the transition from military to civilian life there's local organizations helping to solve those issues every day. Both the Buffalo VA Medical Center and Veteran One-Stop Center of WNY offer programs to assist veterans with an array of services.

[Hyperlink to Above](#)

6.4 - The Daytona Beach News-Journal: [Volusia veterans bring art and music to NSB](#) (7 November, Austin Fuller, 103k uvm; Daytona Beach, FL)

One of Army veteran Jacki Booth's art pieces is heavy on shades of gray. "I would just call it 'Sadness,'" the 58-year-old New Smyrna Beach resident said. "I was coming out of that darkness and out of the sadness and working with the grief." Art has been part of her healing over the last few years at the Veterans Affairs' Veterans Wellness Recovery Program in Port Orange.

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6.5 - WJET (ABC-24, Video): [NewsMaker - Veterans Day 2018 Events, Sarah Gudgeon](#) (7 November, 35k uvm; Erie, PA)

3-minute video: Veterans Day is this Sunday, which means the annual Veterans Day Parade and Ceremony will take place this weekend. Joining us to chat about the events is Sarah Gudgeon, from the Erie VA Medical Center...

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6.6 - The Daily News: [Genesee County Veterans Day schedule set](#) (7 November, Brian Quinn, 22k uvm; Batavia, NY)

Veterans Day ceremonies in Genesee County will follow the same schedule they have in past years, with events to start at 9 a.m. at the Genesee County Park (VVA) and ending at the monument at the Jerome Center (UMMC). At 10 a.m., participating veterans service groups will arrive at the Batavia VA Medical Center for a ceremony there before visiting the New York State Veterans Home around 10:15 a.m.

[Hyperlink to Above](#)

6.7 - Greenville Journal: [On the water: Upstate veterans discover the healing power of fly-fishing](#) (7 November, Andrew Moore, 14k uvm; Greenville, SC)

It's a cold October morning in the mountains between South Carolina and Georgia, and the faint sound of rushing water echoes through the trees as James Gillian hikes along a narrow trail in the Sumter National Forest. He's heading for the nearby Chattooga River, a 57-mile waterway that's considered by many to be one of the top trout-fishing locations in the Southeast.

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6.8 - The Sun: [Veterans Day: 100 years since Armistice](#) (6 November, Kim Dedam, 2k uvd; Elizabethtown, NY)

Area veteran groups are preparing for ceremonies to honor Veterans Day this weekend. The date was set aside decades ago to honor the service of all U.S. military veterans. This year, closures of federal and banking operations and schools happen on Monday, Nov. 12 because the federal holiday falls on a Sunday.

[Hyperlink to Above](#)

7. [Other](#)

7.1 - TIME (AP): [Democratic Sen. Jon Tester Wins Reelection in Montana Despite Trump Campaigning Against Him](#) (7 November, 16.6M uvm; New York, NY)

Montana Democrat Jon Tester has won a third Senate term, beating Republican Matt Rosendale, the state auditor. President Donald Trump had taken a personal interest in defeating Tester, and had visited the state to campaign against the incumbent. Trump had said he wanted to make Tester pay at the polls for helping detail Trump's first nominee to lead the Department of Veterans Affairs.

[Hyperlink to Above](#)

7.2 - U.S. News & World Report (AP): [The Latest: Montana Sen. Tester Survives Trump Onslaught](#) (7 November, 14M uvm; Washington, DC)

Tester won Tuesday's close election despite President Donald Trump taking a personal interest in defeating him. Trump and his surrogates made repeated trips to Montana after the president vowed last spring that Tester would pay at the polls for sinking his first nominee for Veterans Affairs secretary, White House physician Ronny Jackson.

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Very few Americans serve in the United States Armed Forces. According to the Council on Foreign Relations, approximately 1.2 million citizens—less than 0.5% of the U.S. population—were recorded as active military personnel in 2016. At present, that relatively high number reflects the world's third largest armed force. But it could be dropping fast.

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7.5 - Military Times: [The number of vets in Congress appears headed down again](#) (7 November, Leo Shane III, 471k uvm; Springfield, VA)

After Tuesday's midterm contests, the number of female veterans and younger veterans in Congress are rising but the overall number of veterans in Congress remains on a steady decline. In a contentious election which saw Democrats take over the House and Republicans add to their majority in the Senate, 77 veterans won elections across the country.

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7.6 - The Press Democrat: [Report: Gunman in Yountville veterans home slayings previously threatened his victims](#) (6 November, Mary Callahan, 407k uvm; Santa Rosa, CA)
A troubled combat veteran who fatally shot three mental health care providers at the California Veterans Home in Yountville in March had personally threatened to kill the women on multiple occasions, according to a report released Tuesday by the Napa County District Attorney's Office.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Meet the New Agenda Setters in the House](#) (7 November, Ben Kesling, 13.3M uvm; New York, NY)

In winning control of the House of Representatives, Democrats take over the chairman's seat in the chamber's committees. Here are the men and women likely to be setting the agenda for key committees, and what policy changes to expect from them.

[...]

House Committee on Veterans Affairs

The top-ranking Democrat on the House Veterans Affairs Committee, Rep. Tim Walz of Minnesota, announced last year that he wouldn't run for re-election to his House seat this year to vie for the governorship of his home state, leaving unclear who would lead the committee in the event of a Democratic takeover in the House.

Mr. Walz assumed the ranking-member role after a brief fight for the job with fellow Democrat Rep. Mark Takano of California, who eventually conceded the position and was named vice ranking member.

Mr. Walz hasn't said who he is supporting to become the top Democrat on the committee. Mr. Takano, 57 years old, has been filling in as de facto ranking member when Mr. Walz is on the gubernatorial campaign trail and unable to attend hearings, and he appears to be the frontrunner.

However, he will face a battle with fellow California Rep. Julia Brownley, 66 years old, to take the gavel, according to people familiar with the matter. Ms. Brownley said months ago she would seek the top spot.

Both Democrats arrived in Congress in 2012 and have become well known for their work on veterans issues, with Ms. Brownley serving as the top Democrat on the subcommittee that deals with veterans' health care. Mr. Takano regularly grills Department of Veterans Affairs officials at hearings and has demonstrated a willingness to spar with the Trump administration on key issues.

In the next Congress, lawmakers likely will focus on the process of instituting a new law regarding private care for veterans and a handful of other measures passed in the first two years of the Trump administration. The committee likely won't focus on crafting extensive new legislation. Instead, it will work out its oversight role for the VA, which has undergone regular leadership and policy changes since a 2014 wait-time scandal brought attention to the department and its shortcomings.

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1.2 - The Atlantic: [The Donald Trump Cabinet Tracker](#) (7 November, Russell Berman, 11.9M uvm; Washington, DC)

The first Cabinet casualty of the midterm elections is Attorney General Jeff Sessions.

Sessions tendered his resignation on Wednesday, ending his tumultuous tenure atop the Justice Department that was marked both by a sharp rightward shift on criminal-justice, civil-rights, and immigration policy as well as the constant public browbeating he received at the hands of a president who regretted appointing him to the job.

In a letter to the president, Sessions made clear it was his choice to leave. “At your request,” he began, “I am submitting my resignation.” His departure—whether voluntary or not—was widely expected after the midterm elections in which Democrats recaptured the House majority while Republicans expanded their advantage in the Senate. Trump named Sessions’s chief of staff, Matthew Whitaker, to serve as acting attorney general.

[...]

The Cabinet shuffle still pales in comparison to the high turnover among the White House senior staff, which has seen the departures via resignation or firing of the chief of staff, the chief strategist, the press secretary, multiple communications directors, and other top officials.

All the changes have kept the Senate busy confirming new Trump nominees. But Trump will have an easier time confirming replacements come January, when the Republican majority expands from 51-49 seats to either 53 or 54 as a result of gains made in Tuesday’s midterm elections.

[...]

Department of Veterans Affairs

Original secretary: Dr. David Shulkin

Trump’s first replacement: Dr. Ronny L. Jackson

Current secretary: Robert Wilkie

Reason for change: Shulkin, the only Obama-administration holdover in Trump’s Cabinet, appeared to be off to a strong start, as he received praise from the president. But over time, he drew criticism from conservatives pushing for the privatization of veterans’ health care. His relationship with his own staff also began to crumble, eventually leading to an armed guard being posted outside his office.

Background: Trump picked Wilkie in May after his first choice to replace Shulkin, Rear Admiral Ronny Jackson, withdrew his nomination amid allegations of workplace misconduct. Wilkie served in several senior positions at the Pentagon before Trump asked him to lead the VA on an interim basis after Shulkin’s ouster. With his nomination in May, the president picked him to have the job permanently.

Government experience: Wilkie has had a long career in Washington, first advising former Senator Trent Lott before joining the National Security Council and then the Defense Department under President George W. Bush.

Why Trump likes him: The president didn’t say much about Wilkie during his surprise announcement of his nomination. But presumably he likes his long experience in government

and wanted a steady hand who could have a smooth confirmation after the failure of his first choice, Jackson.

Status of nomination: Confirmed on July 23 on a 86–9 vote

[...]

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1.3 - Military.com: [Space Force in Jeopardy After Democrats Gain Control of House](#) (7 November, Richard Sisk, 2M uvm; San Francisco, CA)

The Democrats' takeover of the House deals a potential knockout punch to the plan for a Space Force as a new military branch and also poses challenges to current programs and projected budgets for the Pentagon and the Department of Veterans Affairs.

Under Secretary of the Army Ryan McCarthy told Military.com last week that Democrats regaining a majority in the House would likely mean a return to defense budget gridlock and the continuing resolutions and threats of government shutdowns that have delayed Pentagon planning in the past.

One of the immediate results in the new Congress is likely to be a hold on Trump's plan to set up a Space Force as an independent military branch.

Space Force in trouble

Rep. Adam Smith, D-Washington, who is poised to take over the chairmanship of the House Armed Services Committee from Rep. Mac Thornberry, R-Texas, and other Democrats have already made their case for keeping military space programs within the existing structure of the Air Force.

They have also balked at the projected \$1 billion price tag for building a new headquarters for the Space Force.

The divided Congress could also put the brakes on Trump-backed initiatives at the VA, with Rep. Mark Takano, D-California, likely to take over from Rep. Phil Roe, R-Tennessee, as chairman of the House Veterans Affairs Committee.

More delay, stalemates

McCarthy said he expected "a lot of continuing resolutions" in reaching an agreement on the next defense budget.

"It will be tough. It will be tough to get a deal," he said, adding that delays could slow momentum behind the Army's modernization drive to replace its major combat systems by 2028.

The election results, with Democrats again in control of the House and Republicans building on their slim majority in the Senate, could also lead to stalemate on the Pentagon's inevitable requests for additional funding to meet unexpected contingencies, such as rebuilding Tyndall Air Force Base in Florida's Panhandle.

Rebuilding Tyndall

Last week, Air Force Secretary Heather Wilson told defense reporters in a conference call that she didn't immediately have a cost estimate for rebuilding Tyndall from the damage caused by Hurricane Michael, but the effort will require going to Congress with a supplemental request for additional funding.

She also said that all of more than 50 F-22 Raptors that had been based at Tyndall would operate out of other bases during the rebuilding, which could take several years and make congressional approval of a supplemental request more problematic.

Adding to the uncertainty on a range of issues is the prospect that Defense Secretary Jim Mattis might not be there to argue the Pentagon's case.

Mattis' Future

Both Mattis and President Donald Trump have scoffed at speculation that the retired four-star Marine general would step down after the midterm elections, but the rumors spiked when the president did a CBS "60 Minutes" interview last month in which he described Mattis as "sort of a Democrat" while insisting that they maintain a good rapport.

Before the West Coast results started to come in Tuesday night, Fox News, CNN and MSNBC all projected that the Democrats would pick up more than the 23 seats they needed to gain the 218-seat majority in the House.

The projections also showed the Republicans retaining a majority in the Senate, which will keep Sen. Jim Inhofe, R-Oklahoma, as chairman of the Senate Armed Services Committee, a position once held by the late Sen. John McCain, R-Arizona.

The election results provide a formula for legislative gridlock on any new initiatives from the president and funding for Trump-backed plans that were already in the works.

Rep. Nancy Pelosi, D-California, who is likely to return as House speaker, said in statements early Wednesday that the midterms were primarily about "restoring the Constitution's checks and balances to the Trump administration."

VA Mission Act

One of the main successes touted by Trump since taking office was passage of the VA Mission Act, which gives veterans more options for choosing private care over the VA's vast system of hospitals and clinics.

The bill passed despite warnings from many Democrats and veterans service organizations, such as the American Legion and the Veterans of Foreign Wars, that the legislation could be a Trump smokescreen for the ultimate privatization of VA health care.

In the run-up to the elections, the American Federation of Government Employees, representing the majority of the VA's more than 370,000 workers, issued a statement warning that "recent laws have kicked the door wide open for wholesale privatization of veterans' health care."

In July, shortly after the Senate confirmed Robert Wilkie as the new VA secretary, Takano joined other Democrats in backing a resolution warning that unfettered implementation of the VA Mission Act would gut the VA's main health care mission.

"More than nine million veterans depend on the VA to receive the health care services they need," Takano said in a statement. "However, these services are being sabotaged by Republicans and special-interest groups who are focused on forcing veterans into the for-profit health care system."

Democrats have also questioned the awarding of a projected \$10 billion contract, approved by Wilkie as acting secretary, to Cerner Corp. of Kansas City to overhaul the electronic health care records at the VA.

The lame-duck House Veterans Affairs Committee is scheduled to hold a hearing on the contract next week.

The latest election results Wednesday morning showed the Democrats picking up at least 29 seats in the House to give them a slim majority in the 435-seat chamber. Republicans picked up at least three Senate seats to add to their existing 51-49 edge.

Losses by at least two Republican military veterans in their re-election bids will also require a reshuffle of the GOP lineups on the House Armed Services and Veterans Affairs Committees.

Rep. Mike Coffman, R-Colorado, an Army and Marine Corps veteran who had a seat on both the Armed Services and Veterans Affairs Committees, lost to Army veteran and Democrat Jason Crow, who had vowed to be a check on Trump's policies.

Rep. Steve Russell, R-Oklahoma, a retired Army lieutenant colonel, Iraq and Afghanistan veteran, and member of the Armed Services Committee, lost his re-election bid in a stunning upset to Democratic newcomer Kendra Horn, who made health care her main issue.

Republicans had held the Oklahoma City-area seat for 44 years.

Despite the loss of the House, Trump, who campaigned furiously across the nation to help Republicans in a series of campaign rallies, claimed victory in a series of Tweets.

He warned that Senate investigators would go after Democrats if the House, as expected, launches a series of investigations into his taxes and allegations of Russian collusion in the 2016 election.

"Two can play that game," he said in a tweet.

Trump surprisingly also offered an olive branch to Pelosi, one of his main targets in the campaign, if she runs into opposition with the Democratic caucus to returning as House speaker.

"In all fairness, Nancy Pelosi deserves to be chosen Speaker of the House by the Democrats," he tweeted. "If they give her a hard time, perhaps we will add some Republican votes. She has earned this great honor!"

One of the president's main targets for defeat, Sen. Jon Tester, D-Montana, the ranking member of the Senate Veterans Affairs Committee, may have won re-election. As of noon Wednesday, Tester was holding a 1,000-vote lead over Republican Matt Rosendale in a seesaw battle.

Trump had blamed Tester for scuttling his nomination of Rear Adm. Ronny Jackson, the White House physician, to become VA secretary. He later nominated Robert Wilkie for the post, and Tester backed him.

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1.4 - Milwaukee Journal Sentinel: [Smoking soon to be banned at Milwaukee VA Hospital for patients and employees](#) (7 November, Meg Jones, 856k uvm; Milwaukee, WI)

Michael Hughes started smoking at age 15.

That was almost five decades ago. That's a lot of cigarettes, a lot of smoke flowing through his lungs and a lot of money spent on packs of Kools.

The Vietnam veteran has tried to quit eight times. Now, he's trying again and hopes this time it will stick. Hughes suffers from a chronic inflammatory lung disease and wants a healthier life.

There's another incentive — the Milwaukee VA Medical Center where he works as a mail clerk is eliminating smoking for all employees by Jan. 1.

Starting this month, all inpatients and those having medical procedures will not be allowed to use any type of tobacco or smoking materials during their stay.

"I think it's a good idea. I think it will help a lot of people quit smoking," Hughes said following a recent smoking cessation class at the medical center.

The Milwaukee VA is catching up with other hospitals and clinics that have already gone smoke-free. Most restaurants and bars, and venues such as new Fiserv Forum, are smoke-free as is all federal public housing.

The new rule was prompted by a recent change in standards at VA medical facilities that prohibit ignition sources within 15 feet of oxygen.

"We thought the best thing to do, after a risk assessment, was to go smoke-free," said Christina Orr, assistant medical center director. "Why not aim to provide the best care for our veterans and staff?"

Though all VA medical centers have been smoke-free since 1992, smoking was allowed in shelters. By law, the Milwaukee VA must continue to provide one smoking shelter.

An estimated 20 percent of veterans and 20 percent of staff at the Milwaukee VA use tobacco. That's higher than the general population in the U.S. The Centers for Disease Control and Prevention estimated in 2016 that 15.5 percent of American adults smoke cigarettes.

But perhaps it's not so unusual considering the "smoke 'em if you got 'em" ethos in the American military until a few decades ago. Throughout World War II and later wars, battlefield rations routinely included cigarettes. Smokers were given smoke breaks while non-smokers did not get a break from work or physical training. And smoking was a way for military members to cope with boredom or calm their nerves in war zones.

Veterans who smoke and are living in the VA's community living center will be grandfathered in, though anyone moving in to the nursing home will not be allowed to smoke.

"There may be some growing pains with this and we acknowledge it," said Milwaukee VA Medical Center spokesman Gary Kunich. "That's why we're making an extra strong effort to offer smoking cessation classes and we're offering nicotine patches and lozenges and other nicotine products."

Employees will not be allowed to smoke in their vehicles or smoking shelters while they're working. Smoking cessation classes started earlier this year and nicotine patches, gum and lozenges will be provided for free.

For employees who are caught smoking during work there will be progressive discipline starting with warnings.

"This is not meant to be punitive," said Orr.

One group that will not be affected by the rule change is those living in the residential mental health treatment program.

"We don't think it's a wise choice to take away smoking while they're working on mental health issues like PTSD," Kunich said.

At a recent smoking cessation class at the Milwaukee VA, eight employees listened as pharmacist Mikki Harms asked them how long they had smoked cigarettes. When she asked five years, everyone's hand raised. They stayed up as Harms asked 10, 15, 20 years with the last hand going down at 50 years.

"It's a hard life change you're trying to break," said Harms.

Attending the smoking cessation class were Kim Simic and Beth Cassidy, who remember in the 1980s when cigarettes were sold in the hospital gift shop and smoking was allowed throughout the Milwaukee VA.

A smoker of Newport 100s, Simic has never tried to quit until now. Cassidy has smoked for 25 years and is ready to become a non-smoker, especially since packs of smokes now cost \$7 to \$8.

"I'm tired of having holes in my clothes. I financially can't afford it anymore," Cassidy said.

To learn more about quitting smoking, contact the American Lung Association, (800) 586-4872 or visit Lung.org/ffs. There's also (800) QUIT-NOW operated by the National Cancer Institute that connects people to their state's tobacco quit line.

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1.5 - Care2: [VA Continues Cruel Dog Experiments Despite Defunding Threat](#) (7 November, Laura Goldman, 660k uvm; Redwood City, CA)

In horrific experiments, researchers at Department of Veterans Affairs (VA) facilities around the country implanted dogs' stomachs with electrodes that made them vomit repeatedly. They placed pacemakers and catheters in dogs' hearts, which forced the dogs to have heart attacks. When the experiments ended, so did the dogs' suffering. They killed them all.

While the VA has argued that these cruel experiments help lead the way to cures for veterans' health ailments, Congress, veterans and anyone who cares about animals disagrees—especially Americans whose taxes fund the research, to the tune of \$15 billion every year.

In July 2017, the bipartisan PUPPERS (Preventing Unkind and Painful Procedures and Experiments on Respected Species) Act, which would end federal funding for research that causes pain or distress to dogs, was introduced in Congress by Rep. Dave Brat, a Republican, and Rep. Dina Titus, a Democrat. The bill unanimously passed the House but stalled in the Senate, thanks to the VA's campaign to kill it.

Meanwhile, the VA has continued to conduct these experiments, according to disturbing documentation obtained by USA TODAY. Nine experiments are currently being conducted at four VA facilities.

In Milwaukee, they're removing sections of dogs' brains to test neurons that control breathing. In Cleveland, they place electrodes on dogs' spinal cords—and then sever their spinal cords—to measure cough reflexes before and after. They will kill all of the dogs afterward.

Things were looking up in March, when Donald Trump signed the Omnibus Bill, which included a section requiring dog experiments to be directly approved by the VA secretary in order to receive funding from Congress.

Five days later, on March 28—the same day Trump fired him—VA Secretary David Shulkin allegedly approved more experiments. Shulkin, who has since done a 180 and now opposes these experiments, told USA TODAY he “wasn’t asked, nor did I request a review for an approval.” However, VA spokesman Curt Cashour said Shulkin orally approved the experiments during a meeting that morning. The new law does not require the VA secretary’s approval to be in writing.

On April 5, the VA ordered dozens of dogs to be used in medical research, WRIC reported at the time. The watchdog group, White Coat Waste Project, obtained the invoices.

During the last eight months, the McGuire VA Medical Center in Virginia purchased eight hounds, including two puppies, for research, WRIC reports. They’ve already killed four of those dogs.

According to USA TODAY, these horrible experiments will continue under the new VA secretary, Robert Wilkie, who was sworn in three months ago.

“Michael Vick spent time in prison doing pretty much the same thing the VA is doing now ... torturing and killing the same animals that wounded vets use as service dogs and families have for pets,” said Sherman Gillums, Jr., the chief strategy officer for AMVETS (American Veterans), on the organization’s Facebook page. “Just because it’s government sanctioned doesn’t make it any different.”

“Why there’s this commitment to it, I don’t know because it doesn’t yield any results,” Titus, co-sponsor of the PUPPERS Act, told USA TODAY. “It’s not economically sound, they could be looking at new technologies, and morally people just don’t support testing on puppies.”

Cashour told USA TODAY that the agency uses dogs in experiments “only when no other species would provide meaningful results and the work is ethically sound.” They use rats and mice most of the time.

What could possibly be considered “ethically sound” about using any animals at all in cruel experiments in the 21st century? Humane, high-tech alternatives are available nowadays, such as synthetic dogs that have amazing, lifelike tissue and functioning body systems.

The VA recently paid the National Academy of Sciences \$1.3 million for a study to assess the department’s care and use of dogs in experiments. “This is important to ensure that the debate surrounding this issue is grounded in careful analysis that takes into account the full context of the issue,” Cashour told USA TODAY.

In the meantime, Titus and Brat will continue to push to end funding for VA dog experiments, as will Rep. Brian Mast, (R-Fla.), a member of the House VA Committee. Mast is a veteran who lost both legs while serving in Afghanistan. “We haven’t executed what we wanted as intent,” he told USA TODAY, “which was to bring this to an end in its entirety.”

TAKE ACTION

The VA must stop torturing dogs and other animals. Please sign and share this petition urging Congress to pass the PUPPERS Act.

Want to make a difference on an issue you find deeply troubling? You too can create a Care2 petition, and use this handy guide to get started. You’ll find Care2’s vibrant community of activists ready to step up and help you.

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1.6 - Stars and Stripes: [Army veteran’s family agrees to \\$2.5 million in settlement with VA over wrongful death suit](#) (7 November, Will Morris, 532k uvm; Washington, DC)

Carol Merritt felt both intense pride and worry during the eight years of her son’s military service.

During Aaron Merritt’s three combat deployments, two as an explosive ordnance disposal technician, she’d sometimes glance at her home phone wondering when it would ring with dreadful news.

That call didn’t come and she felt she could finally breathe a sigh of relief when he was released from active duty in January 2014. But nine months later, on the afternoon of Oct. 28, 2014, her husband visited her at work and with a broken voice told her that their son had died.

Aaron Merritt had gone to the emergency room of the Nashville Veterans Affairs Hospital seriously ill and was dead less than 24 hours later. He was 26.

Last month, the VA agreed to pay \$2.5 million to settle a wrongful death lawsuit filed by the Lake Havasu City, Ariz., couple. The award is not an admission of fault.

Aaron Merritt was the victim of a lack of communication between doctors and a failure to adhere to basic medical procedures, according to the lawsuit, which was filed in 2016.

“He did three tours, one in Iraq and two in Afghanistan, and made it home but he died instead under the care of the VA. It’s unimaginable,” Carol Merritt said last week. “He protected all these people. Who protected Aaron?”

The immediate cause of death was the acid content of his blood, septic shock, and low levels of red and white blood cells and platelets, according to the death certificate. But his family says the death was the culmination of a string of medical mishaps that could have easily been prevented, said Frank B. Thacher, the family’s lawyer.

“Aaron slipped through the cracks in something that was very simple as giving a blood test,” Thacher said. Our hope is the suit does affect some change in the VA. There’s no amount of money that can compensate Aaron for what he had to endure during the last moments of his life or what his parents lost.”

The VA did not respond to multiple requests for comment from Stars and Stripes.

Service and mistreatment

Following in the footsteps of his grandfather, a World War II veteran, Aaron Merritt enlisted in the Army after high school. He volunteered to become an EOD technician after his Iraq tour and then deployed twice to Afghanistan.

“He was just really a great kid,” his mother said. “In Afghanistan he was always getting everyone to laugh and tried to keep everyone happy while he was there. He told me joking that he ‘was having a blast.’”

He was twice awarded the Army Commendation Medal with Valor, including once for saving the life of an Afghan soldier, and he planned to use his military bomb detection knowledge in the civilian world working for the Transportation Security Administration. He was in the process of applying when he died, his parents said.

Military doctors had diagnosed him with ulcerative colitis, a bowel disease that causes inflammation and sores in the digestive tract and had put him on the drug mesalamine in early 2014, just before he left the Army. That May, VA doctors in Nashville treated him for the first time and added a prescription for azathioprine, an anti-inflammatory drug with side effects that suppress the immune system.

For months, however, VA doctors largely ignored the drug manufacturer’s recommendation of regular blood work, according to court documents, until the vital blood components needed to fight infection were so low, his blood had been poisoned.

Before being admitted to the ER on Oct. 27, 2014, Aaron Merritt sent an email to his doctor at the VA describing his symptoms, including flare-ups of the ulcerative colitis, high temperatures, and ulcers in his mouth that were making it painful to eat and drink.

“I’m also finding it difficult to keep food and water down,” he wrote. “I was wondering if this was something I should be seen for or if I could get new medications to treat this or improve my quality of life.”

He came to the ER with sepsis, a life-threatening complication of infection that doctors treating him at the time said “was likely due to bone marrow suppression caused by azathioprine.” He was sent to the intensive care unit.

By early morning the next day, he was critically ill and his red blood cells, white blood cells and platelets were all being destroyed by blood poisoning that was nearly impossible to treat because of his compromised immune system.

“Aaron coded four times,” court records state, referring to the number of times his heart or breathing stopped that morning. “During the fourth code, his body could no longer fight the overwhelming infection.”

Going to court

The family took up the fight for more information after his death, but the hospital administration would not release anything meaningful about his case, Thacher said. It was only after the late Arizona Sen. John McCain opened an investigation that the family was able to view the medical records.

Carol Merritt then spent nights and weekends going through his records for weeks, underlining doctor’s entries and making notes in the margins. To her, the evidence that her son hadn’t been treated properly was overwhelming.

“I could just see they didn’t have any blood work,” she said.

The couple sued for \$6.1 million with the hope of learning more about how their son had died, to seek justice for his death and to raise awareness on how veterans are treated in the VA hospital system.

“There just needs to be changes at the VA, the way vets receive medical treatment,” Steve Merritt said.

The couple hopes that their efforts will help prompt change.

“How do you get justice for your son dying?” Carol Merritt said. “I guess we want to know when the VA will start being held accountable for the care and treatment of our veterans.”

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1.7 - Nextgov: [After Listening to Veterans, VA Put All Its Services on One Website](#) (7 November, Aaron Boyd, 137k uvm; Washington, DC)

Wednesday night, the tech team at the Veterans Affairs Department launched their latest effort to improve the quality of services for former military personnel with the relaunch of VA.gov.

Not long after the U.S. Digital Service team at Veterans Affairs streamlined access to benefits information on Vets.gov, it became clear that the very existence of a separate site to host that information was a needless extra step for veterans.

In an effort to mold the experience of how veterans interact with VA services to be more in line with how those veterans would like it to work, the USDS team set about moving all those streamlined resources to a more central location. The revamped VA.gov is the new single point portal for any and all veterans services.

“Vets.gov was intended to build a plain language, easier experience for veterans to understand the benefits they’ve earned and to be able to access and transact with the VA more effectively,” said Marcy Jacobs, executive director of USDS at VA.

However, after conversations with more than 5,000 users, the team discovered that veterans didn’t want a website just for benefits.

“They don’t expect to go to a benefits site for benefits stuff and benefits tools and a health site for health stuff, and have to log in completely differently,” Jacobs said during an event Wednesday hosted by Nextgov. “They want to go to one VA and have a single front door.”

The new VA.gov intends to be that single access point for veterans and their families, with easy-to-access information on every service the VA offers. In order to keep the front page from being overcluttered, the USDS team spoke with veterans and looked at user data to discover the top 20 things 80 percent of users looked for most often.

The site also includes a personalized log-in feature that customizes the experience to the individual veteran.

“The personalized homepage aggregates whatever you have in flight, from benefits—your claims status or appeals status or a form that’s needed—and your health information—you have a doctor’s appointment coming up or prescription refill that’s in the mail or ability to message your doctor—and pulls that into a curated and aggregated experience,” Jacobs explained. “So, it takes the burden off the user to know where these things exist and where to get to them and puts that really on us to come to the veteran with a different perspective.”

As with all rollouts, Jacobs expects there to be some bumps in the relaunch. But the USDS team is used to working in an agile method and is already working on future improvements for the next delivery cycle.

One such future improvement Jacobs is excited for will be when the VA and Defense Department systems work together so seamlessly that service members transitioning to civilian life don’t have to fill out any paperwork to get their VA benefits.

“We don’t have to say, ‘Thank you for your service. Here’s a lot of paper to fill out.’ We say, ‘Thank you for your service. We know who you are, you just served for 10 years. Here are all the things you’re eligible for.’ You don’t have to fill out a form, just opt in to what you want,” Jacobs said. “I would love to get to the point where we don’t have to ask a question that we already have the answer to.”

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2. Improving Customer Service

2.1 - Independent Journal Review: [President Trump, Keep Reforming the VA and End Obama-Era Shadow Abuse of Veteran Entrepreneurs](#) (7 November, Christopher Neiweem, 447k uvm; Alexandria, VA)

Even as the midterm elections have just passed and the political messages were fired from one corner of the political spectrum to the other between Democrats and Republicans, the mainstream media did not cover a major Obama-era veteran scandal that the Trump administration must now fix. Shadow abuse by the hands of unaccountable bureaucrats within the U.S. Department of Veterans Affairs (VA) against veteran entrepreneurs must be recognized and remedied.

Trump has been off to a fast start solving issues at the VA and can be compared to a fireman trying to put out multiple fires at once while trying to prevent the flames of scandal from pervading throughout different arms of the troubled agency.

After hitting the two biggest issues head-on, workforce accountability and health care waitlists, through the VA Accountability Act and VA Mission Act, respectfully, he has a third issue that requires his time and focus. Veteran small business owners or veteran entrepreneurs who have been contracted by the VA have oftentimes performed work, not been paid, and then forced into a position where they are unable to receive fair due process to resolve their disputes with the VA.

Veteran entrepreneurs are being taken advantage of by the VA and then mistreated again because the rules allow the VA to do so. It is ironic and unfair.

The president's style of management and commitment to veterans is uniquely suited to fixing this problem. Following our co-author's report on veteran entrepreneur abuse, Trump donated his salary to the Small Business Administration (SBA) to support veteran business owners.

This generous gift from the president, coupled with his follow-through on campaign promises for reforms to improve the VA workforce and health care access, shows there is hope that these Obama-era problems can finally be addressed for veterans.

We recommend a two-tiered approach to solving the problem of the VA abusing veteran entrepreneurs.

Firstly, we applaud the president for continuing to invest in veteran small businesses. The Emerging Leaders Initiative at SBA will provide training and resources to build small businesses among veteran entrepreneurs so that the American dream can be achieved for so many veterans wishing to do so much more with the value of their military experience and leadership. As a result, veteran entrepreneurs become job creators for other veterans.

Secondly, the president should issue a directive to VA Secretary Robert Wilkie to cooperate with the SBA Advisory Committee on Veteran Business Affairs to investigate and identify how veteran entrepreneurs have been abused by the VA.

The independent investigation can consider the many recommendations made by veteran advocates, including the establishment of an ombudsman position at the VA or SBA. The ombudsman would serve as an independent voice for these veteran entrepreneurs when they experience conflicts with the VA bureaucrats who have incredible power over them.

Dr. Eric Hannel, the former congressional director for the House Veterans Affairs Subcommittee on Investigations, has in-depth experience looking into these cases and has recently reported the systemic problem.

Hannel goes on to report that one particular veteran entrepreneur had his software essentially seized by the VA and then was forced into the horribly unfair resolution process where the VA bullies these voiceless veterans into either hiring lawyers to spend their way into bankruptcy fighting an unfair system or simply “taking it” and being underpaid or not paid for valuable services rendered.

How can a veteran who is providing services to the VA in order to comply with congressional statute be taken advantage of when he is trying to fix the very agency that exists to support him? These are the fables of the Obama era, where the VA looks more like a jobs program than a high-speed, do-no-harm mission.

We are encouraged by Trump’s approach of putting the veterans first and not falling into the same old, same old veteran community establishment in Washington with its list of failed reforms ideas, which tend to include more funding for the failed agency without meaningful reform and endless union concessions to the American Federation of Government Employees (AFGE), the union that was opposed to the VA Accountability Act and lost in a showdown with the president when it refused to support workforce reforms even after veterans died in Phoenix waiting for health care in the biggest Obama-era VA scandal of the decade.

Trump is reforming the VA, and we recommend he continues to focus on the agency — with an eye to protecting veteran entrepreneurs — and charge Wilkie to resolve immediate abuses and commit to uncovering the abuses that his predecessors allowed to become epidemic. American veterans stand behind Trump as he leads unprecedented reforms in the VA and seeks to correct the role of the VA within the overlapping veteran entrepreneur mission with SBA.

The president is protecting our great veterans from abuse and ensuring they receive the respect and benefits they earned defending our country.

Roger Stone is a Republican political consultant and editor of Stonezone.com who has been an adviser to multiple U.S. presidents and expert on American Politics, and author of Stone’s Rules.

Christopher Neiweem is an Iraq War Veteran, Veteran Entrepreneur and Founder of Neiweem Group, he has testified in front of Congress numerous times as an expert on defense and veterans policy in both the House and Senate and frequently appears on Fox News Channel (FNC) and CNN providing commentary on politics and foreign policy.

Please note: This is a commentary piece. The views and opinions expressed within it are those of the author only and do not necessarily reflect the editorial opinion of IJR.

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2.2 - KVAL (CBS-13): [Roseburg VA chaplain helps veterans heal after Hurricane Michael](#)
(7 November, 95k uvm; Eugene, OR)

PANAMA CITY, Flor. -- Two VA employees were on a special mission in the days following Hurricane Michael, including one from the Roseburg VA, the Gulf Coast Veterans HCS Public Affairs office said.

Chaplains Jonathan Landon from the Roseburg VA in Oregon and Mohammed Hussain from the Washington DC VA both have been boots-on-the-ground in Panama City, Florida, for the past two weeks aiding Veterans in response and recovery from Hurricane Michael. They provided much needed assistance through outreach at community shelters, worship services, patient intake, ministry of presence, medication drop off and personal counseling.

Chaplain Landon shared that while it was heartbreaking to hear the stories of such great loss, he felt good about the positive attitude and hopefulness of recovery exhibited by people he came across as he traveled in and around town.

"I am amazed at the way a disaster like this brings out the good in people," Landon said. "I've heard so many stories about neighbors helping neighbors and people just being there for each other."

Chaplain Hussain agreed and added, "Veterans that stopped by our 'tent city' really appreciated that we were there for them. They were very grateful. It was an honor to hear the veteran stories and see their resiliency."

Chaplains Landon and Hussain are part of VA's Disaster Emergency Management Personnel System (DEMPS). While their work in Panama City may be done, the impact they left on the community will linger long after.

Another VA employee, Dr. Heather Durban, a licensed psychologist from the Biloxi VA, was on-site to assist with crisis intervention and counseling, and consultation to other services regarding mental health treatment.

She said, "I saw many combat veterans who were triggered by conditions in Panama City and other affected areas, and many veterans who were trying to process their experiences of riding out Hurricane Michael. It was an honor to work with these veterans to help provide services."

Dr. Durban also expressed gratitude to VA for the quick emergency response.

"It was also an honor to work with such an excellent Emergency Response Team at our Mobile Medical Clinic and see VHA staff from across the country pull together to provide such compassionate care to our veterans," she said.

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2.3 - KNWA (FOX-24): [VA Center Employee Inducted into Arkansas Military Veterans Hall of Fame](#) (7 November, Gary Gilbert, 46k uvm; Fayetteville, AR)

An outreach specialist at the Fayetteville VA Vet Center was honored at an induction banquet on October 27.

Command Sergeant Major Timothy Farley from Paragould, Arkansas, has worked at the VA Center for the past eight years. Farley and 14 others were inducted to the Arkansas Military Veterans' Hall of Fame (AMVHOF).

He is a decorated combat veteran whose military awards include the Legion of Merit, the Bronze Star Medal, and the Meritorious Service Medal. He is a lifetime member-at-large of Disabled American Veterans (DAV) and Veterans of Foreign Wars (VFW), and a 3-time graduate of University of Arkansas. Mr. Farley was inducted into the AMVHOF by Senator John N. Boozman and Congressman Bruce E. Westerman.

"This recognition is truly humbling and certainly appreciated," said Farley. "I am grateful that I am able to continue my service as a VA employee each day working alongside Arkansas veterans at the Fayetteville Vet Center."

Annually, up to 15 Arkansas military veterans are inducted into the AMVHOF, each one being recognized by his or her military service to the nation and to the State of Arkansas.

Of the 15 inductees, 10 are selected exclusively for their valorous military service to our country. Up to five additional Arkansas veterans can be selected for their combined military and civilian service to the community, state and nation. All inductees are permanently enshrined in an AMVHOF public display located near the State Treasurer's office in the Arkansas State Capitol, thus becoming a perpetual part of official Arkansas history.

For those that wish to nominate a veteran, click here.

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2.4 - The Daily Sentinel: [Printed Letters: Nov. 7, 2018](#) (7 November, Ron Corbett, 32k uvm; Grand Junction, CO)

Local VA medical center offers excellent care

I have been battling the aftermath of a shingles virus attack for all of 2018. During most of that time, I have been under the care of the Grand Junction Veterans Affairs Medical Center.

I want to commend the VA for helping me through this difficult period. Without exception, the doctors, nurses, pharmacists, therapists, support staff and volunteers have all been courteous, helpful, caring, compassionate and competent. I can't imagine getting any better medical care, and I totally trust the Grand Junction VA Medical Center for all my health care needs.

There are apparently some VA facilities around the country that are still getting up to speed, and some have received bad press, but we are blessed to have such a fine facility as our VA Medical Center right here in our midst.

And by the way, if you haven't had your shingles vaccine yet, by all means get it. If you had chicken pox as a child and are getting up in years, you are a prime candidate for shingles. It is a painful, awful condition that you want to avoid if you possibly can. Veterans can get their shot at the Grand Junction VA facility. They can help you, and they will. They are the best!

RON CORBETT

Navy veteran

Grand Junction

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2.5 - Daily Journal: [Chamber hears about veterans affairs](#) (7 November, Victoria Kemper, 23k uvm; Park Hills, MO)

The Madison County Chamber of Commerce held its monthly luncheon Nov. 1 at the Black River Electric Cooperative meeting room with lunch catered by The Brewens.

In honor of Veteran's Day Nov. 11 the chamber invited Paul Schuerenberg a Vocational Development Specialist and Community Employment Coordinator for the U.S. Department of Veterans Affairs and the Veterans Health Administration to speak.

"There are a little over 1,600 VA facilities in the United States which makes us the largest single health care provider in the United States," Schuerenberg said. "We also do a lot of training and internships for physicians, 50 percent of all the doctors in the United States did their internship at a VA and we have 6 million patients nationwide."

Schuerenberg said the VA played a key role in the development of the cardiac pacemaker, the CT scan, prosthetic limbs and did the first ever liver transplant.

"There are approximately half a million veterans in the state of Missouri," Schuerenberg said.

Schuerenberg said the VA or the Department of Veterans Affairs was made a cabinet level organization in 1969 and consists of three very distinct departments.

"You have Veterans Health Administration, that's your hospitals and community based outpatient clinics, like the one in Farmington," Schuerenberg said. "They provide health care, specialty care and we actually have an in-house nursing home in Poplar Bluff."

Schuerenberg said there is also the Veterans Benefit Administration or as some know it the Regional Office in St. Louis.

"Every state has their own," Schuerenberg said. "They do compensation of pension exams for veterans who were injured while they were in the service. They do educational benefits which is the GI Bill and Vocational Rehabilitation."

Schuerenberg said Vocation Rehabilitation is when a veteran has a service disability and over time it precludes them from doing their job.

"Like I had a young veteran that was in his 30s, he was a lineman and had injured his knee when he was in the service and got to where he couldn't do the work anymore, so the VA sent him back to school and now he is an accountant," Schuerenberg said. "Then they also do insurance and VA loans."

Schuerenberg said the third department is the National Cemetery Administration which takes care of national cemeteries and provides head stones, foot stones and markers.

"An interesting fact, veterans are about seven percent of the population," Schuerenberg said. "Every year 115,000 start college and every year 100,000 graduate. That's a pretty good graduation rate."

Schuerenberg said there are many ways the VA can work to help veterans in many situations and like to partner with communities as well.

"We just had a community outreach event in Poplar Bluff where all the community providers, mental health hospital, the career centers, everyone gets together to provide services," Schuerenberg said. "I think we are going to try and do one here in February. I think is what we are looking at tentatively."

Schuerenberg said usually they provide blood pressure screenings, hair cuts, food and clothing giveaways and can help with other problems from locating a birth certificate to help with transportation.

"We also have a lot of specialty programs," Schuerenberg said. "We work a lot with homeless veterans."

Schuerenberg said there is also a Veterans Justice Outreach Program where veterans who have lesser, non-violent charges can go to Veterans Court to try and have the charges mitigated or eliminated.

"Which is a big deal if you know anybody that for some reason has a felony on their record," Schuerenberg said. "It follows you the rest of your life. It precludes you from a lot of employment, and it could have been something not serious. It just happened."

Schuerenberg said the VA is also working on innovative things to make the healthcare system easier for veterans.

"We are doing a lot of home health care now," Schuerenberg said. "It's easier for us to send a nurse out to set up a veteran's medications for them then getting the veteran in to us to do it because one of the main obstacles that we face is transportation."

Schuerenberg said a new program allows nurses and doctors to communicate with their patients without either of them traveling.

"We actually have programs now where the veterans will have a little TV screen in their house and they can call in at a designated time and there will be a nurse on the other end," Schuerenberg said. "They can see each other and they can talk. They can make sure the veteran is staying on their diet or staying on the right foods or whatever it is they need to do to stay healthy."

Schuerenberg said there is also a push to get away from trying to give medicines for everything.

"Like you come in and your blood pressure is a little low, you need to be talking to them about what they are eating or any exercise and those types of things instead of just giving them a pill," Schuerenberg said. "So we are trying to be more proactive in that."

Schuerenberg said the VA is also trying to be proactive when it comes to pain management as well and is looking at substitutes.

"We are looking at a lot of alternatives," Schuerenberg said. "We are looking at meditation therapy. We are looking at acupuncture. We are looking at alternative medicines other than opioids, but it's a long hard battle. We've got a lot of veterans that have been on opioids for 20 years, 25 years and they've become addicted if not physically, psychologically."

Schuerenberg encouraged everyone who is a veteran or knows a veteran to ask them to enroll for healthcare even if they do not want to use it.

"Everyone has this myth that there is only so much room for patients at a VA facility," Schuerenberg said. "Well that's not right, because the more patients we have, the more money we get and the more doctors we can hire."

Schuerenberg said veterans can enroll at any clinic or online.

"A lot of times you never really know where you are going to find a veteran," Schuerenberg said. "You know when you get out of the military they don't tattoo it on your forehead. Every time I see a banner or a sign that says 'thank you veterans,' it really puts a smile on my face."

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2.6 - WFXR (FOX-27, Video): [The Salem Va Medical Center provides an option for veterans to manage their health care](#) (7 November, Casey Wright, 13k uvm; Roanoke, VA)

4-minute video: The Salem Va Medical Center partners with MyHealthVet to provide an option for veterans to manage their health care.

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2.7 - Government Matters (Video): [Takeaways from improved VA employee satisfaction numbers](#) (5 November, Andrew Wagner, Washington, DC)

Greg Giddens, former chief acquisition officer at the Department of Veterans Affairs and partner at Potomac Ridge Consulting, discusses what the agency's internal survey found about morale at VA, and what it means for future workforce decisions.

Findings from the 2018 all-employee survey at the Department of Veterans Affairs indicated a major increase in worker satisfaction at the agency. The survey's response rate also showed higher willingness to participate, up 22 percent over the Federal Employee Viewpoint Survey. Greg Giddens, former chief acquisition officer at VA and partner at Potomac Ridge Consulting, says that agency leaders can keep the momentum going by paying attention to their workers.

"One of the things they can do is recognize good performance. That's another place where the VA saw some really dramatic improvement, increases of 20 percent, where employees believe that they're being recognized for doing a good job," Giddens said.

“That’s not always a monetary recognition. Sometimes it is just the proverbial pat on the back or it’s the boss buying a pizza lunch. There’s a lot of ways where you can show appreciation for people doing good work. That really happens at the first line, the engagement institutes saying that, really, employee’s viewpoints happen at the front lines.”

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2.8 - New England Patriots: [Deatrich Wise, his 'superhero' mom reflect on her years as an Army nurse](#) (7 November, Angelique Fiske, Foxborough, MA)

November in the NFL is synonymous with Salute to Service, where teams and players pause, reflect and honor active military members, veterans and those who made the ultimate sacrifice. For some Patriots, like Deatrich Wise Jr., they need look no further than their own families.

Deatrich calls his mom a superhero, and when he says it, he means it. Sheila Wise served in the Army as a nurse for 22 years, and after retiring in April 2017, she continues to care for her fellow veterans as a nurse manager at the Dallas VA Medical Center.

Growing up, Deatrich marveled how his mother made it all look so easy.

“I knew my mom would come home from a long day’s work, and I know she was tired, but she never showed it. I always told my brothers, she was a superhero in a sense,” he said.

“Everybody in the house would get sick, and she would never get sick. She would be taking care of everybody then go to work, taking care of everybody again.”

Deatrich knows all too well what it means to see a loved one leave for months at a time. The family sometimes moved, following Sheila when they could. Sheila served three years on active duty from 2006 to 2009 and was mobilized from the family’s home in Virginia to Fort Hood, Texas.

Her husband, Deatrich Sr. and their three boys stayed behind in Virginia. Sheila said it was always difficult to leave, but this order was especially hard, not knowing when she would be back. On top of that, her sons were set to compete in track and field at the AAU Junior Olympics. This was the year that the Junior Olympics took place in their hometown, and she wouldn’t be there to cheer them on.

“We traveled to Tennessee and New Orleans and to Iowa with the Junior Olympics. This particular year, we were excited. ‘Oh, yeah it’s going to be in our backyard right here in Virginia,’” Sheila said. “Lo and behold, just months before that, I got called up to Fort Hood ... There was no way that I could stay for that. When you get orders, you have to go. I can’t say, ‘Well, wait a minute. My boys are running track. I need to stay back.’ It doesn’t work like that.”

The following year, Deatrich Sr. moved the kids to Dallas, just a two and a half hour drive from Fort Hood. Even though Deatrich Jr. said he and his brothers were “Tasmanian devils,” bouncing around the house with endless energy, Sheila said every time she came back home after a stint away, all she wanted was to put on pajamas and stay at home with her family.

“Whatever they did, I did. Their world was my world. I didn’t want to be apart,” she said. “I didn’t want to be separated from them again, and I know it was very hard for them because it was very hard for me – not only when I first left but then seeing them and having to go back. They were

strong little boys, and I just hope that they understood. It was hard for them, and my youngest son said, 'Don't they know you have a family?' He was confused. 'Don't they know you have a family?' He just couldn't understand why they were calling mommy away from her family."

After Sheila finished her stint on active duty, she went back to the reserves. The Wise family adjusted well to Dallas, so they decided to stay and call it home. Now, she is working to help the veteran population there as a veteran herself.

"Being on this side, the camaraderie still continues because when I see veterans in the hallway, and being a veteran myself, it's a bond," Sheila said. "It's a bond that you never lose, and being able to talk and work and communicate and to understand what they have been through. I love my job as a nurse manager."

Watching his mother work hard, serve her country and save lives, Deatrich learned about a strong work ethic, but most of all, he learned from Sheila the importance of character.

"She's really humble. She taught me how to be humble. She teaches me today, makes sure I stay humble. No matter how big I am, I'm still her baby," Deatrich said. "She always wants me to stay humble. Inner joy, inner peace, those were the two things she kept with her, and she taught me as well ... It's a real honor to have her as a mother."

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3. Business Transformation

3.1 - Politico: [Wave breaks on GOP House control](#) (7 November, Darius Tahir, 8.7M uvm; Arlington, VA)

WAVE BREAKS ON REPUBLICAN HOUSE CONTROL: Democrats have — by all indications — taken the House Tuesday night, while the GOP tightened their grip on the Senate. The result likely rules out another GOP-led attempt to repeal and replace Obamacare, and sets House Democrats up to police the Trump administration's management of health care policy.

We might also see bipartisan national privacy legislation, which, depending on how it's handled, might jostle regulation of the health sector. (We discussed the possibility here.)

The changeover, of course, means a new cast of characters chairing the important committees. In the House, we're likely to see Rep. Frank Pallone chairing the Energy and Commerce Committee and Rep. Mark Takano (likely) leading the Veterans' Affairs Committee. Both chairs will play a role in monitoring the Trump administration's activities — in particular the VA's implementation of the Cerner EHR.

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3.2 - Nextgov: [How the Midterms Shake Up Tech Oversight](#) (7 November, Jack Corrigan, 137k uvm; Washington, DC)

After claiming the House in Tuesday's midterm elections, Democrats are preparing to reshape the chamber's oversight priorities.

In the coming months, the Democratic House Steering Committee will select committee chairmen, reorganize subcommittees and largely chart the chamber's agenda for the next two years. While this process will realign the focus of virtually every House organization, the shift could be especially pronounced in the House Oversight and Government Reform committee.

Because House Oversight is responsible for monitoring government operations and investigating potential wrongdoing, it will likely represent one of the Democrats' primary outlets for checking the Trump administration. But new leadership could also change the committee's emphasis on other areas of oversight like contracting, IT modernization and the federal workforce.

Today, federal IT issues largely fall within the jurisdiction of two House Oversight subcommittees: IT and Government Operations. As Democrats take the helm, leaders could reshuffle the responsibilities and jurisdictions of both groups, said Mike Hettinger, a managing principal at the Hettinger Strategy Group and a former staff director with the House Oversight committee.

"You can structure your jurisdiction in a way that allows you to do the things you think are most important," he said, adding party leaders can also create, combine or disband subcommittees as they see fit.

Hettinger told Nextgov the reorganization process won't begin in earnest until lawmakers return from recess next week. After deciding on major roles like House speaker, they'll begin the process of assigning committee chairs and reorganizing subcommittees, he said. Lawmakers vying for a top spot would "pitch" their plans for a given committee and party leaders would then use that information to make ultimate their decision, Hettinger told Nextgov.

Though some of those slots could be filled before the end of the year, he said, some committees likely won't be fully chaired and staffed until January or February.

Rep. Elijah Cummings, D-Md., is widely considered the favorite to lead the Oversight committee. He's already made it clear he intends to use that authority to increase accountability over the Trump administration and support the interests of federal employees, and other committee members are rallying behind the agenda.

"We're going to insist on aggressive oversight—we think that's the mandate the public gave us last night," said Rep. Gerry Connolly, D-Va., in a conversation with Nextgov. "We [also] have a radically different view of the federal employee and the federal workplace. We'll ferret out malfeasance where it occurs, but we're taking ... much more of an advocacy attitude than the position of hostility to the federal employee that has all too often characterized the Republican approach."

As ranking member of House Oversight's Government Operations subcommittee, Connolly is considered a frontrunner to take over the panel next year. Though he wouldn't discuss his leadership ambitions, he highlighted some of his top priorities in the coming years.

Connolly said he'd like to see lawmakers to put more pressure on agencies to comply with the Federal IT Acquisition Reform Act and push for higher cybersecurity standards in government infrastructure. While agencies involved in national security and intelligence have bolstered their cyber defenses in recent years, others remain vulnerable to attack, he said.

"I would expect we double down on that set of issues," Connolly said. He added committee members would also support the White House's push to innovate in emerging technologies, but only "to the extent they're willing to work with us."

Rep. Robin Kelly, D-Ill., is also an early favorite for a tech-focused leadership role. She currently serves as ranking member of the House Oversight IT subcommittee and could potentially take the reins from chairman Will Hurd, R-Texas, who remains locked in a tight reelection battle.

Kelly told Nextgov she plans to focus her efforts on retraining the workforce for the digital economy and accelerating agencies' adoption of emerging technologies. She added she is particularly interested in enhancing government cybersecurity, improving members' understanding of new technologies and exploring the ways innovative tools can make a positive impact on people's day-to-day lives.

In addition to the IT subcommittee, Kelly is also looking into a potential role on the Energy and Commerce subcommittee, which has historically dealt more with privacy standards and consumer protection than federal tech, according to her office.

Final leadership decisions are still months away, so it's impossible to know how exactly each subcommittee's agenda will change. But while there's a high likelihood the Trump administration's scandals will take center stage in the Oversight hearing room, Hettinger doesn't expect the Democratic takeover to provoke a sea change in the IT world.

"For the most part, the IT and government operations portfolio is nonpartisan," he said. "You work together because you recognize the government needs to do a better job of managing its IT infrastructure. [There]'s not going to be some massive shift in what everybody cares about, but it will obviously have a different spin because they're coming at it from different political perspectives."

Beyond general oversight, the shakeup in House leadership could also change the way lawmakers approach the Veterans Affairs Department's multibillion dollar electronic health record overhaul. Earlier this year, the Republican leadership of the House Veterans Affairs committee stood up a Technology Modernization subcommittee to keep tabs on the EHR program and other efforts. Rep. Conor Lamb, D-Penn., is the ranking member. The subcommittee's fate remains up in the air.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Muskogee Phoenix: [Nov. 11 marks 100-year anniversary of end of World War I](#) (7 November, Mark E. Morgan, 14k uvm; Muskogee, OK)

On Nov. 11, the Department of Veterans Affairs will join our fellow citizens in pausing to honor more than 20 million men and women who answered our nation's call.

Nov. 11 marks 100-year anniversary of end of World War I
For more than 243 years of independence, patriots like them have stood watch over our liberty. From Bunker Hill to Baghdad, their sacrifices have given us the security and freedom in which to grow and flourish as a nation.

Every Veterans Day is special — but this year's commemoration is particularly meaningful. A century ago, the guns of the Great War fell silent across Europe, and the doughboys started coming home.

It was at the 11th hour of the 11th day of the 11th month of 1918 that World War I, "the war to end all wars," ended.

Today, approximately 6 percent of our population has served in the armed forces.

On Veterans Day, we honor all of them, whether they served in a conflict or during years of restless peace.

We also remember the men and women who, today, stand guard and keep the peace across the nation and in faraway places around the world.

Every day, they put their lives on the line for us — Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen who stepped forward and answered the country's call.

They are the veterans of tomorrow.

Veterans Day is special for those of us in the Department of Veterans Affairs.

It is our duty to remember the sacrifices of all veterans, and to make certain that our commitments to them and to their families are honored.

To that end, VA is striving to improve our customer service to break down barriers and provide better service in a timelier manner.

VA is also implementing the MISSION Act to provide veterans with more health care choices; replacing our aging electronic health record system for a seamless transition from service member to veteran.

We want veterans to choose VA because they want to, not because it's their only option.

If you're a veteran and not enrolled for VA Health Care, please go to VA.gov where you can learn about eligibility and find information about VA benefits. Or you can call 1-888-397-8387, ext. 1535, and speak with our eligibility office.

We hope we will have the opportunity to serve you.

To all those who have faithfully served and those serving today, we thank you for your service.

By Mark E. Morgan, Director, Eastern Oklahoma VA Health Care System

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - USA Today: [Incredible veteran athletes find their injuries don't hold them back](#) (7 November, Cindy Kuzma, 26.5M uvm; McLean, VA)

When you picture an elite athlete's diet, you might not expect to see pork rinds, chili and bacon and eggs. But that's exactly what fueled Marine Corps veteran Rob Jones last fall to one of his most incredible achievements — running 31 marathons in 31 cities in 31 days, all on two prosthetics. After all, he needed to consume upwards of 4,000 calories per day, and those dishes made it easier.

Ensuring adequate caloric intake was just one of the logistical challenges. With a support team that included his wife, Pamela Relph (a Paralympic medal-winner herself, for Great Britain), and mother, Carol Wire, Jones carefully planned his route and locations. He decided not to run officially organized races; instead he logged 26.2 miles per day in city parks and trails. He timed his travel to allow nine hours of sleep per night, adjusted his prosthetics to manage blisters, and kept his pace slow enough to reduce strain on his body.

When he completed the last run on Nov. 11 beside the Lincoln Memorial Reflecting Pool in Washington, D.C., he felt gratitude for the support — and for living in a country worth the effort.

"My purpose was to keep fighting for veterans and to be a positive example of what I was capable of doing," he said. He and his team also raised more than \$200,000 for the Coalition to Salute America's Heroes, the Semper Fi Fund and the Stephen Siller Tunnel to Towers Foundation.

It's just one of Jones' major accomplishments since stepping on an improvised explosive device in Afghanistan led to his two above-the-knee amputations in 2010. Within two weeks of surgery, he set a goal to compete in the 2012 Paralympic Games in London, moving to Florida to train. Not only did he make the team, he and his rowing partner, Oksana Masters, won a bronze medal in sculling in London.

The next year, he took a 181-day, 5,180-mile bike ride across the country, a journey that raised \$126,000 for the Coalition to Salute America's Heroes, the Semper Fi Fund and Ride 2 Recovery, all groups that support wounded veterans.

For Jones, sports serve a critical role for injured veterans. "It's a great way to find out what you do when you're challenged," he said. "And if you tend to quit, you can work on persevering."

In many ways, sports programs act as an extension of rehab, noted Leif Nelson, a physical therapist and director of the VA's Office of National Veterans Sports Programs and Special Events. By training for running, cycling, rowing or other events, veterans build their

cardiovascular conditioning, improve their overall health and restore strength and function to their bodies.

Then there are the psychosocial advantages. Individual or team sports provide veterans with a community, and perhaps most importantly, they imbue a sense of what's still possible — even if their abilities have changed. “Life is different after injury, and adaptive sports can be an effective tool in helping folks redefine who they want to be,” Nelson said.

When those same activities also give veterans the opportunity to continue serving, often by fundraising or coaching others, those psychological benefits only multiply.

The Patriot Racer

Chicago native and retired Marine Mike Mendoza signed up for the Chicago Triathlon in 2015 at the urging of a friend and without much preparation. Despite the spontaneous decision to enter his first triathlon, he won for his age group and finished seventh overall.

Mendoza began to train and compete in more marathons, and in 2017, he accomplished a world-record-breaking feat: completing 24 Ironman 70.3 triathlons (consisting of a 1.2-mile swim, a 56-mile bike ride and a 13.1-mile run) in fewer than 12 months' time, while raising money for the Semper Fi Fund.

Giving back brings the journey full circle for Mendoza. In 2006, a grenade thrown close to his reconnaissance mission in Fallujah, Iraq, severely damaged his internal organs. His physical wounds required extensive recovery and made travel challenging.

He underwent surgery in a Baghdad hospital and remained there for several weeks battling infections before finally getting cleared to travel to Germany and then to Naval Medical Center Camp Lejeune in North Carolina. His wife and newborn son scrambled to book travel arrangements to see him. The Semper Fi Fund stepped in with financial support.

Now, through his athletic endeavors, Mendoza has raised more than \$60,000 for the organization.

The sporting events served other purposes for him, too. Mendoza also needed to heal mentally as he adjusted to civilian life and coped with post-traumatic stress disorder.

Antidepressants and therapy — which work for many, he acknowledged — didn't click for him. Instead, he re-calibrated by pushing his body. “Once I started to do that, I felt like the chemical imbalance in my brain started leveling,” he said. He'd felt reserved and distrustful, but could open up when others asked about his racing.

Mendoza's physical limitations do pose some competitive challenges. The blast damaged his hearing, and he can't wear his hearing aids during races, so because he can't hear other cyclists approaching, sometimes he nearly crashes into them. And the shrapnel still lodged in his diaphragm sometimes causes the muscle to cramp during intense workouts or races.

But overcoming these obstacles has been worth it, he said. After all, the money he raises for other vets provides athletic prosthetics and specialized equipment, and covers race fees. “There's a new generation of younger service members that are going to need the help of us veterans,” he said. “I just felt like I needed to give back.”

The Medal-Winning Mom

Every April 13, former U.S. Army officer Melissa Stockwell invites her friends to a party. They dance, they eat cake, and they toast to Little Leg.

That's the name Stockwell has given to the remaining portion of her left appendage, the rest of which was taken by a roadside bomb in Baghdad on April 13, 2004. "We actually celebrate the day," Stockwell said. "It's easy to get kind of caught up in everything that's going on, but when you take a moment or a day to step back and think about your life, we're all very lucky."

Long before she enlisted, Stockwell was a young gymnast with Olympic dreams. She also possessed a strong love for her country, which compelled her to join the ROTC in college. When she graduated in 2002, she was commissioned as an officer and deployed to Iraq two years later.

Injury soon changed her plans. "I was 24 years old, and didn't really know what my life would be," she said. Once she learned to walk with a prosthetic, she heard about the Paralympic Games. Instantly, her dreams of competing were revived.

She started with swimming and made the U.S. delegation to Beijing in 2008, but wasn't quite satisfied with her placement. She transitioned to triathlon, trained in all three sports, and not only made the 2016 team in Rio, but took home the bronze medal as part of an American sweep.

"I'm very athletically driven," she said. "I've found I have a passion behind sports, the way it makes me feel. It's proving to myself that I can still have these big goals, whether I have one leg or two."

She's shared that sentiment through the Dare2tri Paratriathlon Club, which she co-founded in 2011. Now, more than 300 athletes — with disabilities including amputation, spinal cord injury and visual impairment — receive coaching, adaptive equipment and other support.

And, Stockwell — who now lives in Western Springs, Ill., — continues to train and compete herself, with her eyes on the 2020 Tokyo team. She'll be 40 years old with two children, but that's all the more reason for her to persevere: "To show my kids that you put in the work and dreams can come true."

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6.2 - The Plain Dealer: [Band of Brothers event coming to Cleveland this weekend](#) (7 November, Michael Sangiacomo, 1.7M uvm; Cleveland, OH)

For many, the HBO mini-series "Band of Brothers" struck a chord.

For those who lived through World War II, their children and grandchildren and those who fought in subsequent wars, the story of "Easy Company's" journey from boot camp to battlefields resonates.

Ivan Schwarz, President of the Greater Cleveland Film Commission, said the events will raise funds for the commission and its efforts to bolster the film industry in Cleveland.

Schwarz, a producer of the “Band of Brothers” series that aired in 1999, scouted locations for the series in Cleveland and fell in love with the city.

“I saw so much I loved that I returned here,” he said. “On the show, we all became very close during the production. When I put the call out for members of the cast and crew to come to Cleveland and offer a behind-the-scenes look at the show, many jumped at the chance.”

Those expected to come to Cleveland include: Neal McDonough (Lynn “Buck” Compton); James Madio (Frank Perconte); Matthew Leitch (Floyd M. “Tab” Talbert); Robin Laing (Edward J. “Babe” Heffron); Ross McCall (Joseph Liebgott); Doug Spain (Antonio Garcia); Eion Bailey (David Kenyon Webster); Peter Youngblood Hills (Darrell C. “Shifty” Powers); Rick Gomez (George Luz); Ben Caplan (Walter S. “Smokey” Gordon, Jr.); Meg Liberman (casting director) and Graham Yost (writer of two episodes).

Schwarz is particularly proud of the cast and crews planned tour Friday afternoon of the Cleveland Veterans Administration Medical Center, where they will interact with people who lived the kinds of battles seen in the series. Also on Friday, the cast and crew will talk about their experiences with high school and college students at Tri-C’s Metro Campus Auditorium.

On Saturday, writer Graham Yost (who also wrote for the television shows “Justified” and “The Americans,”) will talk about screenwriting and production at a ticketed event at the Greater Cleveland Film Commission headquarters at 1333 Lakeside Ave., Cleveland. For ticket information on the workshop, please visit: <https://www.blacktie-america.com/calendar/event-details.cfm?id=1612>.

The big event of the weekend is the 6 to 10 p.m. reception and panel discussion at FirstEnergy Stadium. In addition, Col. Eric Lopez, Deputy Commander of 2nd Brigade, 101st Airborne Division, will reveal how the Army uses “Band of Brothers” show as a tool in their leadership training program. For ticket information for this event, please visit <https://www.clevelandfilm.com/events/upcomingevents2018/>.

Schwarz said working on the show was a huge step in his career.

“We worked so hard to take it seriously,” he said. “They wanted to do right by it, a lot of attention was paid to historical accuracy, wardrobe and everything else. I remember one storyline where a German officer surrendered and he talks about what it takes to fight. But there was also a level of civility in the exchange.”

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6.3 - WKBW (ABC-7, Video): [Veteran's Day: Where vets can go for assistance in finding work](#) (6 November, Sean Robson, 134k uvm; Buffalo, NY)

If you're one of the 35,000 veterans in Western new York struggling to make the transition from military to civilian life there's local organizations helping to solve those issues every day. Both the Buffalo VA Medical Center and Veteran One-Stop Center of WNY offer programs to assist veterans with an array of services.

"If you look at a military service member, they're trained to take care of themselves and their brothers and sisters. So for them to admit that they need some help is very difficult sometimes on their part," President of the Veterans One-Stop Center, Chuck Marra, says.

He says the tough transition can be attributed to rigid military structure which doesn't translate well to civilian life where people are forced to dozens of choices each day. One-stop offers case management, peer mentoring, accredited benefits counseling among other services.

"We have a veterans opportunities center on the third floor here where employees assist veterans with computer skills, resume building, and we also have a program called the compensated work therapy program," Evangeline Conley, Public Affairs Officer at the Buffalo VA, says. "These are opportunities that have training skills where people can work and learn new skills possibly and get back into the routine to get into the work force."

Not only does the VA offer veterans programs to ultimately land them jobs, but the VA offers jobs to veterans as well.

If you're interested in attending events this month in honor of WNY veterans, visit the Veterans One-Stop Center's website or the Buffalo VA Medical Center's website.

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6.4 - The Daytona Beach News-Journal: [Volusia veterans bring art and music to NSB](#) (7 November, Austin Fuller, 103k uvm; Daytona Beach, FL)

One of Army veteran Jacki Booth's art pieces is heavy on shades of gray.

"I would just call it 'Sadness,'" the 58-year-old New Smyrna Beach resident said. "I was coming out of that darkness and out of the sadness and working with the grief."

Art has been part of her healing over the last few years at the Veterans Affairs' Veterans Wellness Recovery Program in Port Orange.

"Some of the things that had happened in the military and in my life just kind of came to a head and I needed some help," Booth said. "I was in severe depression and PTSD. I wouldn't talk to anybody. I wouldn't leave my house. I wouldn't eat. I was very isolated. ... I didn't have a purpose."

Booth's art will be displayed Friday as part of a veterans salute at The Hub on Canal in New Smyrna Beach leading up to Veterans Day on Sunday. The evening program will include an art exhibition from local veterans, music by The Hub on Canal's Veterans Band and a musical performance from Shannon Rae.

The Hub's Veterans in Art outreach program also includes offering free access to programs and classes to disabled and wounded veterans. In July, The Hub teamed up with the VA to start a local chapter of the Guitars for Vets program, where those with physical or emotional issues can learn guitar.

Veterans tend to feel that they can only relate to other veterans, explained Tracii Kunkel, a VA clinical psychologist. Art and music can change that, helping veterans gain a sense of who they are as well as a sense of community.

“They find that there’s another part of themselves: I’m a veteran and I’m a musician. I’m a veteran and I’m an artist,” he said. “Then they start making community.”

After depicting sadness in her 2013 painting, Booth moved on to a painting of anger in 2014 before painting a blanket octopus in 2015.

“Now I can recognize things that I enjoy,” she said. “I can recognize things that I like to do and that make me happy.”

Art is also a way for Booth to open up.

“In talking about the art, I’m talking about the art, I’m not really talking about me,” she said. “It’s easy to talk about what feelings and what’s going on through the art and I don’t feel like I’m under the microscope.”

Art has also helped 70-year-old Port Orange Army veteran James Jones, who said it has built up his self-esteem.

“It gives me a sense of accomplishment,” he said. “That my life might actually have value and that was the biggest problem that I had coming into the program was that I didn’t think I had any value at all.”

In addition to his pencil and ink creations, Jones is participating in the Guitars for Vets program.

“It gives me something to focus on,” he said. “It gives me a goal, actually. I don’t make goals. I beat myself up too much when I don’t meet those goals.”

David Maib, a 70-year-old Vietnam War Army veteran now living in New Smyrna Beach, is the local chapter coordinator of the guitar program and one of the instructors teaching veterans guitar. He also plays bass guitar in The Hub on Canal’s Veterans Band.

“All of us just really enjoy the opportunity to give a salute to the veterans,” Maib said.

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6.5 - WJET (ABC-24, Video): [NewsMaker - Veterans Day 2018 Events, Sarah Gudgeon](#) (7 November, 35k uvm; Erie, PA)

3-minute video: Veterans Day is this Sunday, which means the annual Veterans Day Parade and Ceremony will take place this weekend. Joining us to chat about the events is Sarah Gudgeon, from the Erie VA Medical Center...

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6.6 - The Daily News: [Genesee County Veterans Day schedule set](#) (7 November, Brian Quinn, 22k uvm; Batavia, NY)

Veterans Day ceremonies in Genesee County will follow the same schedule they have in past years, with events to start at 9 a.m. at the Genesee County Park (VVA) and ending at the monument at the Jerome Center (UMMC).

At 10 a.m., participating veterans service groups will arrive at the Batavia VA Medical Center for a ceremony there before visiting the New York State Veterans Home around 10:15 a.m.

At 11 a.m., Upton Monument will be the next site they visit and finally the Jerome Center, where they will place a large wreath at the monument. Wreaths will be placed at the other sites as well.

“The VA in Batavia and the New York State Veterans Home, they’ll bring residents out in quilts, making sure they stay warm,” said Director of the Veterans Service Agency William Joyce.

“I know the VA Medical Center will have refreshments to anybody who participates.”

“The same organizations are participating — the Veterans of Foreign Wars of Genesee County, the Disabled Veterans of America Chapter 166, Genesee County American Legion, the Marine Corps League, Hansen Brothers; and Vietnam Veterans of America Chapter 193,” he said.

“Normally the commanders of each one of those will place a wreath (at each site),”

Joyce said events start later on Veterans Day than they do on Memorial Day and are not as involved.

Service groups don’t hold ceremonies at county cemeteries the way they do on Memorial Day, he said.

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6.7 - Greenville Journal: [On the water: Upstate veterans discover the healing power of fly-fishing](#) (7 November, Andrew Moore, 14k uvm; Greenville, SC)

It’s a cold October morning in the mountains between South Carolina and Georgia, and the faint sound of rushing water echoes through the trees as James Gillian hikes along a narrow trail in the Sumter National Forest. He’s heading for the nearby Chattooga River, a 57-mile waterway that’s considered by many to be one of the top trout-fishing locations in the Southeast.

As he reaches the river’s edge, Gillian, 52, grips his fly rod and enters knee-deep water, carefully making his way upstream in a pair of waders. Setting his feet, Gillian throws a line into the current and watches it drift by, repeating the motion for about 30 minutes or so until the line suddenly tightens. He’s got a bite. Gillian reels the fish in and lowers a scoop net into the water to examine his first catch of the day: a rainbow trout.

The fish is small, but Gillian isn’t disappointed. He’s not here to catch trophies. He’s here for treatment — to stave off unwanted flashbacks of the year he spent overseas fighting for the freedoms that so many Americans enjoy today.

Trouble on the home front

A combat engineer in the U.S. Army during the Iraq War, Gillian witnessed and dealt with a lot of trauma while building infrastructure and patrolling streets throughout the Anbar Province, one of the deadliest areas for American service members. It took a personal toll.

When Gillian retired and returned home to South Carolina in 2005, he immediately felt the effects of post-traumatic stress disorder, or PTSD.

PTSD is a mental condition that can develop in people who have experienced or witnessed a traumatic event, such as war, according to Mayo Clinic. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event. About 11 percent to 20 percent of veterans who served in operations Iraqi Freedom and Enduring Freedom have PTSD in a given year, according to the U.S. Department of Veterans Affairs.

“The biggest thing is the anxiety and panic attacks,” Gillian said, voice cracking. “Something as simple as hearing a car backfire can trigger a response.”

Gillian, who became a self-described recluse, eventually sought help from Veterans Affairs. He now receives counseling every two weeks and enjoys the daily company of his support dog, a 3-year-old black Lab-German shepherd mix named Seven, which he received from Service Dogs for Veterans, located in Fountain Inn. He’s also joined a growing number of military veterans across the country who are using fly-fishing as a way to cope with PTSD and other disabilities.

In 2015, Gillian’s now ex-wife discovered Project Healing Waters during a visit to the Greenville Vet Center off Pelham Road and recommended that he join. The Maryland-based nonprofit, which began in 2005 at Walter Reed Army Medical Center, is “dedicated to the physical and emotional rehabilitation of disabled active military service personnel and disabled veterans through fly fishing and associated activities.”

A sport of the mind

From tying flies to building fly rods, Project Healing Waters teaches participants the basics of fly-fishing. All equipment is provided to the participants at no cost. The nonprofit also hosts daylong and overnight fishing expeditions free of charge. It operates 216 programs across 46 states, including South Carolina. More than 8,000 veterans participated in Project Healing Waters in 2017, according to the organization’s annual report.

Chuck Rouse, who oversees the Project Healing Waters program in the Upstate, said fly-fishing often provides disabled veterans a welcome distraction from their troubles. The Vietnam War veteran helped launch the program in 2014 alongside other members of Greenville’s Mountain Bridge Trout Unlimited, an anglers group dedicated to conserving freshwater fish and their habitat.

“There is nothing like catching a trout on a rod you have made and fly you have tied. ... These activities all-combined free them from the terrors that haunt their mind and soul,” Rouse said. “The fly-fishing techniques also aid those who have physical disabilities. Fly-tying aids in the improvement of dexterity of the hands and fingers as well as concentration. We also have devices that provide for a person missing a hand or arm the ability to tie a fly and fish.”

Rouse leads two instructional events each month in Greenville. He and several volunteers teach newcomers how to tie flies, an artificial lure that fishermen create to imitate natural insects and

entice fish, and even build rods. The program also sponsors casting classes and hosts about 10 fishing expeditions each year in the Carolinas and Georgia.

About 10 to 15 veterans regularly participate in the program's events, according to Rouse. Participants are referred to the program by Veterans Affairs and similar organizations, including Upstate Warrior Solution, a Greenville-based nonprofit that connects veterans and their families to resources and opportunities.

"It is a form of therapy but not a replacement for professional therapy," Rouse said. "The veterans are encouraged to remain under their professional-care program."

Last month, Rouse accompanied Gillian and three other disabled veterans on a half-day fishing excursion along the Chattooga River to put what they learned to the test — and to continue building relationships with others who are struggling since being out of the military.

Greer resident Pauline Callaham, who served as an aircraft mechanic with the U.S. Air Force during the Gulf War, declined to discuss her medical reasons for participating in the trip but said it was therapeutic to get outdoors and talk with other veterans. She joined Project Healing Waters earlier this year upon the recommendation of her counselor at the Vet Center.

Gillian said he continues to struggle with PTSD and spends most of his time at his home, which he considers a "secure space" free of triggers, such as loud noises and large crowds. The program, however, has allowed him to get outside, interact with others, and break out of his shell; he has gone from not being around a lot of people to smiling and laughing more often.

The path to healing

As Gillian and other veterans cast their lines into the Chattooga River last month, Rouse reflected from a distance. He, too, is familiar with fly-fishing's healing properties and the struggles that military veterans face when returning from war.

"I have walked in their boots," he said. "I know what they are feeling."

In 1964, several weeks after graduating from Youngstown State University, Rouse was drafted and assigned to the U.S. Army Security Agency. After two years in Vietnam, Rouse transferred to southern Germany. He left the Army in 1968.

Despite having a degree in mechanical engineering, Rouse found himself struggling to adjust to civilian life and bounced around from town to town with his Army buddies, working odd jobs to earn money.

He eventually married, got a manufacturing job, and enrolled in night classes at the University of Pittsburgh, where he double majored in economics and psychology. But it wasn't long after that Rouse began to experience the side effects of combat-related anxiety, including nightmares and explosive bouts of anger.

While PTSD wasn't formally recognized by the medical community until the 1980s, Rouse was able to find help through his academic adviser, who also happened to be the dean of the sociology department.

"He introduced me to the dean of the psychology department, and I would stop by after class and talk with them," he said. "I think I was their project."

Rouse said he regularly contemplates his wartime experiences but doesn't let it affect his daily life. He theorizes that many veterans struggle with PTSD due to guilt that stems from their failure to accept that events are predetermined and therefore inevitable.

"Many people ask why they were spared, but there isn't an answer to that question," he said. "And if you can't accept the fact that there's no force making A or B happen, then it's going to haunt you. We see it all the time."

After graduating from the University of Pittsburgh, Rouse launched a successful career in marketing and sales and eventually relocated to Greenville. It wasn't long after that Rouse began researching fly-fishing and joined Mountain Bridge Trout Unlimited.

"I needed to know places to go, so I joined Trout Unlimited to learn the secret spots," he said.

Rouse spent several months learning about the sport and attending monthly meetings. But then a fellow member told him about Project Healing Waters. He was immediately hooked and decided to help launch the Upstate program. It has since served 60 to 70 veterans.

"It's been exceptionally rewarding to watch this program change lives," he said. "But it can be stressful at times."

Like any nonprofit, Project Healing Waters relies on private donations, grants, and government funding to operate. Rouse raises about \$15,000 a year locally to help defray the costs of his program, which also receives free fly-fishing equipment and guide services from outdoor retailers, including Cabela's and Chattooga River Fly Shop in Mountain Rest.

Rouse said he plans to continue recruiting volunteers and raising funds. The program's next fly-fishing trip will take place on Saturday, Nov. 17, along the Green River in North Carolina. All veterans or active-duty military with a disability are eligible to participate at no cost. For more information or to sign up, contact Chuck Rouse at crouse@earthlink.net or 864-335-8938.

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6.8 - The Sun: [Veterans Day: 100 years since Armistice](#) (6 November, Kim Dedam, 2k uvd; Elizabethtown, NY)

ELIZABETHTOWN | Area veteran groups are preparing for ceremonies to honor Veterans Day this weekend.

The date was set aside decades ago to honor the service of all U.S. military veterans.

This year, closures of federal and banking operations and schools happen on Monday, Nov. 12 because the federal holiday falls on a Sunday.

But the central memorial to honor area veterans is planned for Sunday, Nov. 11 at the Veterans' Cemetery on County Route 8, between Elizabethtown and Wadhams.

"The Veterans Organizations of Essex County will be conducting an observance of Veterans Day at the Essex County Veterans Cemetery on Sunday, Nov. 11th. beginning at 11 a.m.," according to Newman Tryon, Essex County American Legion Adjutant.

"The public is welcome to attend," Tryon said. "In the case of rain, snow or sub-freezing temperatures, the event will be cancelled."

The annual event celebrates the many men and women from this region who have served in all branches of the U.S. military.

Other area veteran organizations will hold local events as well. The American Legion Post 326 in Lake Placid is conducting a series of honorary flag raising and lowering ceremonies at several locations on Sunday, Nov. 11, with the final memorial at 11 a.m. at the American Legion Post on Main Street in Lake Placid.

Several towns have planned community meals that are free for veterans with proceeds to support local service programs.

In Westport, the Westport Federated Church is hosting a breakfast on Saturday, Nov. 10 from 8 a.m. until 10:30 a.m. Veterans are welcome to enjoy their meal for free. Biscuits and sausage gravy are on the menu and the cost is \$7 for adults and \$3 for children.

Proceeds from the Westport event benefit Wee Care, a Christmas giving program coordinated with Westport Central School.

On Sunday at 5 p.m., the Willsboro, Reber, Essex and Boquet Churches are hosting the 14th Annual Veterans Day Appreciation Program and dinner at Willsboro Central School. Veterans from the towns of Willsboro and Essex are invited to enjoy the honorary meal and program at no cost. Reservations are requested, contact Vicki Dickerson at 518-963-4459.

HISTORICAL BACKGROUND

Veterans Day began with a dedication as Armistice Day on Nov. 11, 1919, nearly a century ago, to herald the end of the Great War.

Then-President Woodrow Wilson wrote a letter from the White House to commemorate the end of World War I, it said, in part:

"The war showed us the strength of great nations acting together for high purposes, and the victory of arms foretells the enduring conquests which can be made in peace when nations act justly and in furtherance of the common interests of men."

According to the U.S. Department of Veterans Affairs, "The United States Congress officially recognized the end of World War I when it passed a concurrent resolution on June 4, 1926:

"Whereas the 11th of November 1918, marked the cessation of the most destructive, sanguinary, and far reaching war in human annals and the resumption by the people of the United States of peaceful relations with other nations, which we hope may never again be severed, and

The date later came to celebrate veterans of World War II as well, and in June of 1954, Congress finalized a bill to replace “Armistice” with “Veterans” to honor all veterans on Nov. 11.

According to the Veterans Affairs office, holding celebrations on the date Nov. 11, “not only preserves the historical significance of the date, but helps focus attention on the important purpose of Veterans Day: A celebration to honor America’s veterans for their patriotism, love of country, and willingness to serve and sacrifice for the common good.”

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7. [Other](#)

7.1 - TIME (AP): [Democratic Sen. Jon Tester Wins Reelection in Montana Despite Trump Campaigning Against Him](#) (7 November, 16.6M uvm; New York, NY)

(WASHINGTON) — Montana Democrat Jon Tester has won a third Senate term, beating Republican Matt Rosendale, the state auditor.

President Donald Trump had taken a personal interest in defeating Tester, and had visited the state to campaign against the incumbent. Trump had said he wanted to make Tester pay at the polls for helping detail Trump’s first nominee to lead the Department of Veterans Affairs.

Tester is the top Democrat on the Senate Veterans’ Affairs Committee.

Tester insisted that Montana voters across the political spectrum would support him after examining his record.

Trump held four rallies in Montana and sent his eldest son and Vice President Mike Pence to headline more appearances. Rosendale also got help from outside cash that poured into the race.

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7.2 - U.S. News & World Report (AP): [The Latest: Montana Sen. Tester Survives Trump Onslaught](#) (7 November, 14M uvm; Washington, DC)

BILLINGS, Mont. (AP) — The Latest on Montana’s U.S. Senate race (all times local):

4:55 p.m.

Montana Sen. Jon Tester is a rare survivor from President Donald Trump’s aggressive campaign to unseat Democrats in Republican-leaning states.

The president repeatedly returned to Montana, North Dakota, Missouri and Indiana, where he pounded on Tester and other lawmakers who opposed his Supreme Court picks, Brett Kavanaugh and Neil Gorsuch.

Conservative groups followed Trump’s lead with tens of millions of dollars in attack ads.

In Montana, it boosted Republican state Auditor Matt Rosendale from political obscurity. He came up just short in a race that set a state record for political spending.

But Tester won a third term after ducking Trump's jabs and sticking to a message heavy on health care that was targeted at female voters and veterans.

11:50 a.m.

Montana Senate candidate Matt Rosendale has conceded defeat following a close-fought campaign against incumbent Democratic Sen. Jon Tester.

Spokesman Shane Scanlon said the Republican State auditor spoke with Tester to congratulate him late Wednesday morning.

Rosendale issued a statement thanking his supporters and pledging to continue to work to lower health care costs and hold the line on government spending.

He entered the race relatively unknown. But he came close to denying Tester a third term after President Donald Trump took a personal interest in the race and visited Montana repeatedly on Rosendale's behalf.

11 a.m.

Montana Democrat Jon Tester has won a third term in the U.S. Senate by beating Republican Matt Rosendale.

Tester won Tuesday's close election despite President Donald Trump taking a personal interest in defeating him.

Trump and his surrogates made repeated trips to Montana after the president vowed last spring that Tester would pay at the polls for sinking his first nominee for Veterans Affairs secretary, White House physician Ronny Jackson.

Trump's comments led to both Republican and Democratic groups spending tens of millions of dollars in an attempt to influence the outcome of the race.

Tester insisted that Montana voters across the political spectrum would support him after examining his record.

The Montana seat was one of 10 held by Senate Democrats seeking re-election in states Trump won in 2016.

9:50 a.m.

Montana's contentious U.S. Senate race remains too close to call with votes still being tallied in key counties.

Election results are coming in Wednesday for major population centers including Missoula, Gallatin, Cascade and Yellowstone counties.

Campaign representatives say Democratic incumbent Sen. Jon Tester is in Great Falls awaiting the results and Republican State Auditor Matt Rosendale is in Helena.

Rosendale put up a strong challenge with a boost from President Donald Trump. The president vowed last spring that Tester would pay at the polls for releasing allegations that toppled Trump's first nominee for Veterans Affairs secretary.

Republican and Democratic groups spent tens of millions of dollars to influence the outcome of the election in a state Trump won by 20 percentage points in 2016.

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7.3 - The Wall Street Journal: [Nasdaq to Delist MiMedx Amid Financial Probe](#) (7 November, Charley Grant and Gretchen Morgenson, 13.3M uvm; New York, NY)

MiMedx Group Inc. MDXG -40.19% said Wednesday that the Nasdaq Stock Market will delist its shares and suspend trading in the stock effective Thursday.

Shares fell more than 33% midday Wednesday to under \$4. The stock peaked at almost \$18 in January.

A formerly highflying maker of tissue grafts and biologic implants used in wound care and sports medicine, MiMedx had warned in July that a Nasdaq delisting was possible.

In June, MiMedx said an internal investigation had found that its reported financial results dating back to 2012 were no longer reliable and would have to be restated. The company fired its CEO and Chairman Parker "Pete" Petit for cause and recovered compensation it had previously paid to him over the years.

Neither Mr. Petit nor a company spokesman immediately responded to a request for comment. A Nasdaq spokesman declined to comment.

The restatement continues to be a challenge for the company. MiMedx informed Nasdaq last week that it would need to review revenue recognition practices on all company sales.

"As a result, MiMedx no longer believes that it is likely that it will be able to regain compliance with [Securities and Exchange Commission] reporting obligations and Nasdaq listing rules by February 25, 2019," the company said in a government filing.

Earlier this year, a Wall Street Journal investigation found that MiMedx, once one of the fastest-growing health-care companies, had fueled much of its growth by recording more product sales to facilities operated by the Veterans Health Administration than were actually used by those entities, a practice known as channel stuffing. The Journal also reported that MiMedx didn't offer certain lower-cost products to government-run hospitals, increasing taxpayers' costs.

MiMedx is under investigation by the Justice Department, the inspector general of the Department of Veterans Affairs and the SEC.

In the past, government-run medical facilities accounted for a significant part of MiMedx's sales. In 2015, the last year in which MiMedx broke out its revenues, the company said 26%, or almost \$50 million, came from government entities.

MiMedx's relationship with government facilities appears now to be in flux. A \$2.1 billion VA contract awarded to 21 makers of biologic implants announced in early October didn't include MiMedx. A spokesman for the VA said additional contracts may be awarded.

After Thursday, MiMedx shares will trade over the counter.

Separately, MiMedx announced Wednesday that it would issue new preferred stock to existing shareholders as part of a "shareholder rights" program, after the company determined it was "particularly vulnerable to a creeping acquisition" that could disadvantage shareholders.

The rights would become exercisable, the company said, if a person or investor group acquires 10% or more of MiMedx shares without approval by the company's board.

Mr. Petit may be the potential acquirer the rights offering aims to thwart. In September, after his firing by MiMedx, Mr. Petit said in a statement: "I now look forward to joining our shareholders in initiatives that will refocus the company and its fiduciaries on getting back to efficient and effective business management."

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7.4 - Mashable: [How Amazon's 'Homecoming' uses real events to heighten its horror](#) (7 November, Alison Foreman, 9.6M uvm; New York, NY)

Spoilers for Homecoming: Season 1 lie ahead.

Very few Americans serve in the United States Armed Forces.

According to the Council on Foreign Relations, approximately 1.2 million citizens—less than 0.5% of the U.S. population—were recorded as active military personnel in 2016. At present, that relatively high number reflects the world's third largest armed force. But it could be dropping fast.

Lacking motivation, obesity rates, and a competitive civilian job market are among many factors that have contributed to what military experts are forecasting to be a recruitment crisis for the United States military. With fewer young men and women voluntarily enlisting, our defense forces could soon be facing, as retired Major General Dennis Laich calls it, a war for which "no one showed up on our side."

Homecoming, Prime Video's new thriller series, proposes a nightmarish "solution" to this complicated and alarming human resources issue—painting a portrait that, when put in the context of recent events, seems almost too real.

Julia Roberts heads up the series as Heidi Bergman, a counselor to male veterans at "Homecoming Transitional Support Center." On the surface, her job is to help service members who are returning to the States as they develop PTSD coping mechanisms.

Deeper down, the series soon reveals, is a plot to "recycle" soldiers by permanently altering their memories. Rather than addressing the horrors these men have seen through talk therapy, the treatment center and a complicit Bergman dose the men under facility care with high levels of a dangerous, experimental drug.

As a result, particularly stressful recollections are entirely erased from the patients' memories, leaving large holes in their accounts of active military service. The complicated emotional narratives that accompany the tense drama can be likened to those of *Eternal Sunshine of the Spotless Mind* and Netflix's *Maniac*.

Homecoming's mastermind, Colin Belfast (played by Bobby Cannavale) pitches this "PTSD cure" to the Department of Defense as a means for getting servicemen through more tours. Belfast's proposal hides the unethical, horrific realities of the treatment and is subsequently applauded by bureaucrats and veterans alike.

Trivialization and mistreatment of military members is not unexplored territory for science fiction writers. *Black Mirror's* "Men Against Fire" and Edward Neumeier's 1997 film *Starship Troopers* are just two of many narratives that have handled the topic well.

But Homecoming's grounded depiction and true-to-life conclusion elevates the storyline to an eerily realistic and familiar place.

As the appalling cover-up begins to unravel, Belfast confronts and belittles an investigator.

"You're the important man here. Do you want to arrest me?" he goads. "You're gonna go back to your desk and file it, like a good little clerk. It's gonna be the greatest moment of your life. You know how fucking pathetic that is? You're so eager to forget the truth—that you're that insignificant. You work. You talk. Nothing happens and nobody listens."

More than a few killer lines for Cannavale, this venomous monologue highlights a sickening reality many veterans know all too well: Veterans' services have a history of lack of accountability and disturbing, inhumane standards of care. And when it comes to addressing these horrible wrongdoings, justice can come at a bafflingly slow pace.

The Veterans Health Administration scandal of 2014 is an incident of recent memory which effectively exemplifies this bureaucratic nightmare. Falsified records by Veterans Affairs officials concealed excessively long wait times for disabled veterans seeking medical attention. CNN reported that 40 U.S. veterans died while waiting for appointments at the Phoenix Veterans Affairs Health Care system, a startling fact many advocates used to lay blame at the steps of the VHA.

Following the scandal, then Secretary of Veterans Affairs Eric Shinseki resigned and former President Obama shepherded in legislative reform for the department. But the consequence remained; justice simply took too long. Homecoming uses that haunting reality to drive its upsettingly underwhelming conclusion home.

Just as Belfast's snide remarks foreshadowed, the resolution of Homecoming's events is notably dissatisfying. While Belfast, a private industry player, is penalized by his company, the show's finale reveals very little consolation for the men harmed by his actions. Wrapped in a tapestry of red tape and clouded by an opaque assignment of responsibility, the ambiguous end of this saga indicates that PR damage control will be plenty, but direct reparations will be sparing.

Homecoming's Twilight Zone-esque visit to this real-life nightmare is an upsetting, but effective case of art imitating life. As was the case with the 2014 VHA scandal, the civilians surrounding Homecoming's veteran mistreatment seem all too willing and ready to move on when faced with an issue that does not directly impact their safety or happiness.

What are we to make of the cynical statement? With a Season 2 in the works, Homecoming is sure to continue its reflection on inhumane treatment and may even champion the victims of its freshman season with some delayed justice.

But in the meantime, as the fledgling series gains more attention and viewers, those who truly appreciate its message can turn their eyes towards the news. As President Trump continues to make changes within the VA, Homecoming is asking us to pay attention—and protect those who have protected us.

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7.5 - Military Times: [The number of vets in Congress appears headed down again](#) (7 November, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After Tuesday's midterm contests, the number of female veterans and younger veterans in Congress are rising but the overall number of veterans in Congress remains on a steady decline.

In a contentious election which saw Democrats take over the House and Republicans add to their majority in the Senate, 77 veterans won elections across the country. Combined with 15 incumbent veterans in the Senate who did not face election, that guarantees at least 92 veterans will be part of the 116th session of Congress in January.

As of Wednesday morning, 10 races involving veteran candidates were still undecided. If all of those veterans were to win — an unlikely scenario, given the unofficial results at press time — that would still only match the 102 veterans who were in office at the start of the 115th session.

Still, Veterans Campaign Executive Director Seth Lynn said he sees plenty of positives in Tuesday's midterm results for veteran candidates.

"We saw an uptick in the number of non-incumbent veterans who got major party nominations this cycle," he said. "We had an uptick in the number of women veterans. And we have a huge cohort of incoming veterans now."

"We're seeing more of the younger veterans taking their place in Congress."

Of the 77 election-night winners, 17 of them are new candidates. Lynn said that's the biggest class of freshman veteran lawmakers since 2010.

Almost half of the veterans in Congress in January will be individuals who served after Sept. 11, 2001. Of the 92, 25 are Democrats and 67 are Republicans.

Tuesday's class of new veterans includes three Democratic female veterans. Mikie Sherrill, who won a New Jersey congressional seat, is a former Navy helicopter pilot.

Chrissy Houlahan, who won in Pennsylvania, is an Air Force vet whose family boasts multiple military members. New Virginia Rep. Elaine Luria narrowly defeated fellow Navy veteran Rep. Scott Taylor in a key swing race for her party.

They'll join three incumbent female veterans — Democratic Hawaii Rep. Tulsi Gabbard, Democratic Illinois Sen. Tammy Duckworth, and Republican Sen. Joni Ernst — and possibly one other incumbent. Arizona Republican Rep. Martha McSally's race for her state's Senate seat remains too close to declare a victor.

The new class of veterans includes several names who have already drawn national attention.

Texas Republican Dan Crenshaw, who lost an eye while serving in Afghanistan, was lampooned last weekend on "Saturday Night Live" for his injury, prompting an outpouring of conservative anger against the comedy show. He had been leading in the polls prior to the controversy, but now enjoys even larger name recognition as he heads to Congress.

New Florida Republican Rep. Michael Waltz is a green beret and commentator for Fox News. Colorado Democratic Rep. Jason Crow, a prominent speaker at the party's 2012 national convention, upset fellow Army veteran Mike Coffman, an incumbent representative.

The total number of veterans in Congress has been on a steady decline since the 1970s, when nearly three-fourths of lawmakers had served in the military.

Lynn said he is optimistic that Tuesday's results show that decline isn't guaranteed to persist, even if the number did not increase this cycle. But he also said a return to the previous highs of past decades is unlikely, given the much smaller percentage of veterans in America since the start of the all-volunteer Army.

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7.6 - The Press Democrat: [Report: Gunman in Yountville veterans home slayings previously threatened his victims](#) (6 November, Mary Callahan, 407k uvm; Santa Rosa, CA)

A troubled combat veteran who fatally shot three mental health care providers at the California Veterans Home in Yountville in March had personally threatened to kill the women on multiple occasions, according to a report released Tuesday by the Napa County District Attorney's Office.

Albert Cheung Wong, 36, had expressed anger and frustration toward the trio of clinicians at The Pathway Home residential treatment center even before he was kicked out of the program 2½ weeks before the deadly March 9 shooting, the report says.

His threats “were not generalized; rather, he had specifically threatened to kill members of the clinical staff by coming onto the premises and shooting them with a gun,” the report states.

On the morning of March 9, Wong returned to the Napa Valley veterans campus carrying a shotgun and semiautomatic rifle and wearing eye and ear protection, the District Attorney’s Office reported.

He entered the building housing the Pathway Home through a back loading dock and stormed a going-away party attended by staff and clients of the residential treatment center.

Within 12 minutes of his arrival in the meeting room, he had fatally shot the three clinicians and himself, authorities said, though an eight-hour lockdown would ensue before authorities knew the hostages all were dead. The first deputy on scene exchanged gunfire with Wong before the killings but did not hit him, investigators found.

Killed were executive director Christine Loeber, 48; Dr. Jennifer Golick, 42, a therapist; and Dr. Jennifer Gonzales Shushereba, 32, a psychologist with the San Francisco Department of Veterans Affairs Healthcare System. Gonzales Shushereba was seven months pregnant. Her unborn child died, as well.

Wong, whose Army service included a year in Afghanistan, had been in the program for troubled and brain-injured veterans for nearly a year before his Feb. 20 discharge for refusing to comply with program policies and his own treatment program.

It’s not clear from the new report when he threatened the three women, nor if they reported the threats, nor whether there was any added security as a result. District Attorney Allison Haley released the report at 5 p.m. but neither she nor her staff were available for questions afterward.

Officers from the CHP’s Golden Gate Division, who investigated the shooting, also declined to answer questions beyond releasing a statement announcing the conclusion of their investigation in the case.

Wong, who had been living in Sacramento after leaving Yountville, left an apology letter for his landlord before the shooting, suggesting he would not be returning, the report said.

He later parked his rental car at the loading dock outside The Pathway Home and strode into the second-floor “Group Room” with a loaded 12-gauge, double-barreled shotgun and a .308-caliber semi- automatic rifle, along with nearly 100 rounds of ammunition, the report said.

He quickly ordered veterans in attendance to leave.

He then asked four staff members to go, calling out their names one by one, the report said, leaving him alone with his final three victims.

One of the women who was allowed to leave called 911 to report an active shooter, resulting in the quick arrival of Napa County Sheriff’s Deputy Steven Lombardi, a 26-year department veteran and range instructor who was the only deputy on duty in Yountville at the time. He arrived within four minutes of the 911 call and made his way up to the second floor, eventually observing a man with a rifle through a partially opened door.

Retreating several steps to a safe position, he heard the sound of Wong racking ammunition and a woman's scream before shooting his own weapon at the closed door, starting an exchange of gunfire with Wong that lasted about 10 seconds, the DA's report said. Wong fired 22 rifle rounds during that time; Lombardi, 13.

None of his bullets struck the women or Wong, the report said.

Wong executed the three women and killed himself after the shootout with the deputy, the report said.

Larry Kamer, a spokesman for The Pathway Home and Smith's wife, whose wife was among the staff members released by Wong, said surviving staff and board members for the nonprofit were briefed Tuesday in what were emotional gatherings, at least for some.

"In a way, I would say it reopens wounds, but on the other hands, it answers a lot of questions that had been kind of hanging," Kamer said.

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Subject: VA Comms Update - November 7, 2018

Date: Wed Nov 07 2018 08:21:50 CST

Attachments:

Inquiries

NSTR

Top Stories

- *Philadelphia Business Journal: VA finds new, bigger home for Delaware County outpatient clinic
- *Stars and Stripes: Wave of veterans win congressional seats in midterm elections
- *Dell Technologies: How Veteran Affairs is Tapping into AI

Top Issues and Accomplishments

- *November 8 – Secretary Wilkie will provide remarks at The Nation Served: Wreath Laying Ceremony to the States and Territories at Pershing Park. This opening ceremony introduces the future site of the National World War I Memorial in Washington, D.C.
- *November 9 – Secretary Wilkie will provide remarks at the National Press Club Headliner Luncheon as a lead up to Veterans Day 2018 to tell the American people about the goals for VA.
- *November 10 – Secretary Wilkie will sit for a live interview with Fox News Channel's Fox & Friends (Pete Hegseth) in New York.
- *November 11 – Secretary Wilkie will attend Veterans Day events around the Washington, D.C. area. He will attend the Veterans Day Breakfast, the Veterans Day Ceremony at Arlington National Cemetery, and then the reception hosted by the American GI Forum.
- *November 11 – Secretary Wilkie will sit for an interview with National Defense Radio from 1:00-1:15pm in Washington D.C.
- *November 13 – Secretary Wilkie will be in Baltimore, MD for a site visit of the Baltimore VA Medical Center. He will also attend the Baltimore City Veterans Treatment Court 3rd Year Anniversary/Graduation.
- *November 14 – Secretary Wilkie will provide brief remarks at the Senate Veterans Day Reception.
- *November 16 – Secretary Wilkie will be in South Carolina to visit the Spartanburg Community Based Outpatient Clinic, Clemson University's Student Veteran Center, and the Edward Via College of Osteopathic Medicine. Media engagements TBD.
- *November 26 – Secretary Wilkie will provide remarks at the Elizabeth Dole Foundation Caregiver Summit at the Capitol Hilton in Washington, D.C.
- *December 5 – Secretary Wilkie will provide keynote address to the Federal Health Community at the FedHealthIT100 Awards Program in Washington, D.C.
- *December 7 - Secretary Wilkie will be the keynote speaker at a Defense Department Congressional Fellowship Program professional development event at VA Central Office.

James Hutton

Deputy Assistant Secretary

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VA on Facebook . Twitter . YouTube . Flickr . Blog

From:

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Subject: [EXTERNAL] 7 November Veterans Affairs Media Summary and News Clips

Date: Wed Nov 07 2018 05:09:14 CST

Attachments: 181107_Veterans Affairs Media Summary and News Clips.docx
181107_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Last Modified: Wed Nov 07 04:09:14 CST 2018



Veterans Affairs Media Summary and News Clips

7 November 2018

1. [Top Stories](#)

1.1 - Stars and Stripes: [Democrats gain control of key House military, vet committees](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

The fate of an ongoing military buildup, war oversight, veterans affairs and decisions on who can enlist in the service now appears to rest in the hands of a split Congress with the final results of Tuesday's midterm elections. Democrats were poised late Tuesday to win control of the House, shifting leadership of key committees that direct military and veteran issues.

[Hyperlink to Above](#)

1.2 - Pew Research Center: [Too Few Doctors and Nurses for Veterans in Some Areas](#) (7 November, Tim Henderson, 12k uvd; Washington, DC)

As the nation prepares to honor its veterans Nov. 12, many veterans in rural areas and some cities still face long wait times for health care because there aren't enough doctors, nurses and support staff to provide it. Almost 40,000 of the 335,000 positions in the Veterans Health Administration are vacant, according to the Department of Veterans Affairs, which oversees the VHA. The VHA serves about 9 million veterans.

[Hyperlink to Above](#)

1.3 - MeriTalk: [VA CISO Details Modernization, EHR Implementation Efforts](#) (6 November, 11k uvm; Alexandria, VA)

While the Department of Veterans Affairs is approaching IT modernization with a strong desire to improve systems, especially when it comes to electronic health records (EHR), the agency is taking care not to shut down existing systems too early, said deputy CIO and chief information security officer Dominic Cussatt during an episode of Government Matters that aired on Sunday.

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1.4 - PM Network: [2018 PMI Project of the Year Winner. Full Recovery: A team rebuilt a hospital for military veterans - restoring healthcare and order for a battered city.](#)

(November, Sarah Fister Gale; Newtown Square, PA)

Hurricane Katrina decimated thousands of buildings in New Orleans, Louisiana, USA, in 2005, including a U.S. Department of Veterans Affairs (VA) medical facility that served approximately 40,000 military families. The hospital, also where world-class research was conducted and more than 500 medical students were training to become physicians, suffered so much damage that it had to be replaced.

[Hyperlink to Above](#)

1.5 - ConnectingVets.com (CBS Radio): [As delayed GI Bill payments persist, one city confronts the issue head on](#) (6 November, Matt Saintsing, New York, NY)

As hundreds of thousands of student veterans nationwide are experiencing severely delayed GI Bill payments, one city is taking things into their own hands by providing emergency rent relief for those facing eviction. "New York City is stepping up to give student veterans the security they need to stay in their homes while they wait for the federal benefits they earned through service to our country," said New York City Mayor Bill de Blasio in a statement.

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2. Improving Customer Service

2.1 - TMC News: [On the front lines of health care](#) (6 November, Britni R. McAshan, 2M uvm; Houston, TX)

Today, Burns serves as Associate Director of the Stroke Program and a family nurse practitioner on the neurology care line at the Michael E. DeBakey VA Medical Center Houston. "One of things I learned and carry with me today is that the military is like a family," Burns said. "It is similar here at the VA because we are like a family..."

[Hyperlink to Above](#)

2.2 - MintPress News (Rutherford Institute): [A Badge of Shame: The Government's War on America's Military Veterans](#) (6 November, John Whitehead, 225k uvm; Minneapolis, MN)
Not all heroes wear the uniform of war. In the United States, however, we take particular pride in recognizing as heroes those who have served in the military. Yet while we honor our veterans with holidays, parades, discounts at retail stores and restaurants, and endless political rhetoric about their sacrifice and bravery, we do a pitiful job of respecting their freedoms and caring for their needs once out of uniform.

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2.3 - KRCC (NPR-91.5, Audio): ['I Didn't Realize How Angry I Was' - A Veteran's Journey To Healing](#) (6 November, Paulina Ukrainets, 7k uvm; Colorado Springs, CO)

On enrolling in the VA: "[My therapist] kinda encouraged me to get enrolled in the VA, which I had not done for five years after retiring from the military. Partly because I felt like other men and women needed to get... I was hearing about the shortage and the backlog, and, you know, all the amputees that weren't getting their appointments..."

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3. Business Transformation

3.1 - Philadelphia Business Journal: [VA finds new, bigger home for Delaware County outpatient clinic](#) (6 July, John George, 9k uvm; Philadelphia, PA)

The Coatesville VA Medical Center is moving its Delaware County outpatient clinic to a larger location. Now based at the Crozer-Keystone Health System Complex on West Sproul Road in Springfield Township, the VA's Springfield Community Based Outpatient Clinic is relocating to Newtown Square this month. The clinic's new site is in the Marville Shopping Plaza at 4883 West Chester Pike.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Politico: [Spotlight on patient safety](#) (6 November, Mohana Ravindranath, 8.7M uvm; Arlington, VA)

Ranking Member Tim Walz noted recent reporting by POLITICO and ProPublica on problems and infighting at the VA that imperil the success of the project. Pros can read the full story here.

[...]

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4.2 - The Repository (Tribune News Service): [Commentary: Caring for vets should be national priority](#) (6 November, Christopher Dale, 67k uvm; Canton, OH)

In advance of this year's Veterans Day, on Nov. 11, the legions of men and women who have served in our nation's military received some welcoming news: Congress finally agreed to fund the VA Mission Act, which since its June passage had been mired in budgetary disputes.

[Hyperlink to Above](#)

4.3 - Dell Technologies: [How Veteran Affairs is Tapping into AI](#) (5 November, Pragti Verma, 9k uvd)

Veteran Affairs (VA) has received a lot of scrutiny for its inefficiency in providing timely medical treatment, with stories coming to light of veterans waiting months to receive care. And while there are no immediate solutions to correct the agency's perennial wait time problem, the VA is turning to artificial intelligence (AI) for at least a few answers.

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5. [Suicide Prevention](#)

5.1 - Murray Ledger & Times: [New nonprofit looks to raise awareness of veteran suicide](#) (6 November, Jordan Ferguson, 5k uvm; Murray, KY)

Many organizations were present on the campus of Murray State University Saturday to take part in its first Purchase Area Military Appreciation Day. The event was hosted in conjunction with Four Rivers Behavioral Health Regional Prevention Center.

[Hyperlink to Above](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Denverite: [By HUD's count, the number of veterans experiencing homelessness in metro Denver is up slightly from last year](#) (6 November, Donna Bryson, 85k uvm; Denver, CO)

Slightly more veterans were experiencing homelessness in the Denver area this year, according to HUD's Annual Homeless Assessment Report. According to the figures released Monday, 566 veterans were counted in metropolitan Denver during the one-night point-in-time survey of people experiencing homelessness in January. Last year it was 548. It was 358 in 2013, the year that saw the lowest figure among veterans since 2011, when the number was 1,322.

[Hyperlink to Above](#)

6.2 - ColumbusUnderground.com: [Veterans Film Festival Comes to Gateway](#) (6 November, Hope Madden, 64k uvm; Columbus, OH)

Looking for a more meaningful way to celebrate Veteran's Day? Get to Gateway Film Center this weekend to honor veterans' service along with them, and take in some remarkable art at the same time. "This is an opportunity not just for veterans' families, but for civilians," says Columbus VA Creative Arts Coordinator Heather Seymour of the Columbus Veterans Film Festival. "Parades are great, but this is a way to engage and interact and pay thanks."

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6.3 - Temple Daily Telegram: [Quilts of Valor: Veterans presented with quilts in honor of service](#) (5 November, 25k uvm; Temple, TX)

Veterans who continue to serve other veterans by working and volunteering at the Olin E. Teague Veterans' Medical Center were given quilts today in honor of their service. Quilts were presented to 11 from the VA staff and a volunteer. The Texas Patriotic Piecemakers, a regional group of Quilts of Valor Foundation, brought the quilts to Temple on Monday to hand out.

[Hyperlink to Above](#)

6.4 - Moultrie News: [Military veterans honored nationwide at 1,400 cemeteries on Wreaths Across America Day, Dec. 15](#) (6 November, Cecilia Brown, 19k uvm; Charleston, SC)

Edwards found out about WAA through his friends and became the Beaufort National Cemetery location coordinator 10 years ago. He served in the U.S. Navy 1969-73 and saw this as a golden opportunity to honor veterans close to the holidays here in the Lowcountry. The Beaufort National Cemetery joined the national Wreaths Across America celebration 13 years ago.

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6.5 - KODE (ABC-12, Video): [Wreaths Across America needs help decorating Ft. Scott National Cemetery](#) (5 November, Jeremiah Cook, 16k uvm; Joplin, MO)

Volunteers need your help decorating the Ft. Scott National Cemetery this holiday season. Wreaths Across America has been working for more than a decade to ensure that each veteran's grave has a wreath on it. Ft. Scott National Cemetery is the final resting place of roughly seven thousand veterans.

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6.6 - Herald-Star: [Wreaths Across America campaign support sought](#) (6 November, 10k uvm; Steubenville, OH)

For the 10th consecutive year, the George Washington Chapter of the Sons of the American Revolution is participating in the Wreaths Across America campaign with local sponsors being sought to purchase wreaths that will be placed in the National Cemetery of the Alleghenies in Washington Co., Pa.

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6.7 - Beacon Senior News: [Love, honor, respect: a visit to Fort Rosecrans National Cemetery](#) (6 November, Joyce Corley, 170 uvd; Grand Junction, CO)

Fort Rosecrans National Cemetery at Point Loma is one of the most touching cemeteries I've visited. The setting, both poignant and breathtaking, certainly sets it apart. With the Pacific Ocean on one side and San Diego Bay on the other, it's one of the most beautiful national memorials I've visited.

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6.8 - Beacon Senior News: [Veterans on the MOVE!](#) (6 November, Melanie Wiseman, 170 uvd; Grand Junction, CO)

September 16, 2017, is a date veteran Clifford Wheeler will never forget. It was the day he joined the Grand Junction Veterans Affairs (VA) Medical Center's MOVE! program—a decision that radically changed his life for the better. Weighing 353 pounds when he started, Wheeler felt constantly exhausted. He suffered from severe knee pain and couldn't tie his shoes. In just over a year after joining MOVE!, he dropped 127 pounds and 36 percent of his body weight, closing in on his goal of 190.

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7. [Other](#)

7.1 - Military.com (Amarillo Globe-News): [Fort Hood Shooting Survivor Remembers Fallen Colleagues](#) (6 November, Richard Sisk, 2M uvm; San Francisco, CA)

An Amarillo resident and survivor of the Fort Hood mass shooting, which occurred nine years ago, is fondly remembering the lives of five comrades who served alongside her in the 467th Combat Stress Control Detachment and the 1908th Combat Stress Control Detachment.

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7.2 - Stars and Stripes: [Wave of veterans win congressional seats in midterm elections](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

Military veterans running as first-time candidates and others as incumbents rode a wave of heavy voter turnout Tuesday, winning several congressional races in the midterm elections. The new cadre of military veteran lawmakers, which includes some upsets by Democrats and some re-elections for Republicans, will begin their terms in January and could help steer major defense issues.

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7.3 - Dayton Daily News: [2 graduate Butler County's new Veterans Treatment Court](#) (6 November, Denise G. Callahan, 271k uvm; Dayton, OH)

"Real heroes don't wear capes, they wear camo," Butler County Common Pleas Judge Michael Oster told supporters gathered in his courtroom to celebrate the first graduations for Butler County's Veterans Treatment Court. The court has been operating for about two years and was certified as a specialty court by the Ohio Supreme Court earlier this year.

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7.4 - Union Leader: [Silver Linings: Memory loss: Normal or not?](#) (6 November, Roberta Baker, 199k uvm; Manchester, NH)

When is memory loss normal — and when is it a sign of something serious? That question nags many seniors, including Shukla Biswas, 69, of Nashua, who recently retired after 45 years as a law librarian, then returned to work part-time. "I've always had a computer memory," said Biswas. "I could picture the book, see the pages turning and remember the lines on the page. Today I read a chapter in a pleasure book, then have to reread it the next day before going on to to the next. I'm forgetting a lot of stuff. It's not like me at all."

[Hyperlink to Above](#)

7.5 - Long Island Press: [‘Behind the Murder Curtain’ Reveals True Crimes of Long Island Medical Serial Killer](#) (6 November, Carlotta Mohamed, 39k uvm; Syosset, NY)

When veterans are on the road to recovery in a hospital and suddenly die, it's up to Bruce Sackman, Special Agent in Charge of the U.S. Department of Veterans Affairs Office of Inspector General, to investigate those deaths.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - Stars and Stripes: [Democrats gain control of key House military, vet committees](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

WASHINGTON — The fate of an ongoing military buildup, war oversight, veterans affairs and decisions on who can enlist in the service now appears to rest in the hands of a split Congress with the final results of Tuesday's midterm elections.

Democrats were poised late Tuesday to win control of the House, shifting leadership of key committees that direct military and veteran issues. By early Wednesday, several media outlets had called the vote results in the lower chamber for the Democrats.

With hundreds of congressional seats contested in the midterm elections, Republican control of the House and Senate was in question. Earlier polls suggested Democrats had a good chance at gaining control of the House, but less so in the Senate.

Some pundits suggested the Democrats winning of the House was due in large part to a new wave of military veterans being elected to new congressional seats.

"From tonight's results, it is clear that Americans are hungry for a change in leadership and a new tone in politics," said Emily Cherniack, founder and executive director of bipartisan political group New Politics. "They have now made their voices heard with their vote, placing their support behind veteran candidates who have dedicated their lives to putting our country first and have shown that they can be the antidote to what our politics needs."

In recent months, several polls showed Democrats could win a majority of the House, and in some remote cases, the Senate, in the the midterm elections. All 435 seats in the House and 35 of the Senate's 100 seats were up for grabs.

The stakes for this year's midterms were high. Both parties pushed hard to win voters favor, from President Donald Trump's 50 rallies for Republicans to appearances by former President Barack Obama, former Vice President Joe Biden and entertainment mogul Oprah Winfrey for Democrats in hotly contested districts.

With Republicans under threat, both sides ramped up their campaign efforts. In turn, voter turnout reached unprecedented levels in competitive races across the country.

Some Democratic lawmakers laid out a strategy for military issues should they gain control.

Now Rep. Adam Smith of Washington state, the ranking Democrat for the House Armed Services Committee who won re-election Tuesday, is poised to take the helm of the committee. Smith had said ahead of Tuesday's elections that new initiatives could gain priority under the new House leadership.

"I think the biggest difference will probably be more oversight," Smith had said. "We're not clear exactly where this administration is going with the military."

Under Trump's administration, Democrats have raised concerns about runaway federal spending fueling spikes in the U.S. deficit, the military's role in the civil wars in Yemen and

Syria, efforts to build up so-called “low-yield” nukes and the president’s extensive – and some lawmakers contend outdated – war powers.

Democrats have also objected to a Trump campaign to install new restrictions on who can serve in the military, from efforts to ban transgender troops to new obstacles for immigrant recruits.

Control shifts for key committees

With Democrats capturing control of the House, they take over leadership of the key House committees of Armed Services, Veterans Affairs and Appropriations. The Armed Services Committee helps shape policy and spending at the Pentagon, while the Veterans Affairs committee handles issues facing former servicemembers and the Appropriations Committee directs funding to the Pentagon.

Jon Soltz, chairman of progressive political organization VoteVets, said the shift will allow Democrats to help rein in some of Trump’s efforts.

“The gain here is the House,” said Soltz, who’s VoteVets endorsed a slate of mostly majority candidates. And the House can now “hold Donald Trump’s policies accountable... you will start to see a House able to audit a reckless president and reckless Commander-in-Chief. ...Democrats have a lot of reason to be optimistic.”

In the upper chamber, Sen. Jim Inhofe, R-Okla., is expected to remain in his role as chairman of the Senate Armed Services Committee. Inhofe took the seat after the death of Arizona Republican Sen. John McCain in August.

Sen. Jack Reed, D-R.I., the ranking Democrat on the Senate Armed Services Committee, said ahead of the elections that there would still be plenty of continuity on defense matters even if Democrats took control.

Reed, who is in a current term that ends in 2020, pointed to support for the National Defense Authorization Act, or NDAA, the legislation that dictates Pentagon policies and spending.

Instead, Reed said the biggest challenge would likely be the so-called sequestration – automatic, across-the-board budget cuts. Those spending restrictions would be triggered if Congress can’t reach a deal next year to lift the budget cuts.

“The last year, the votes in both chambers were overwhelming bipartisan,” Reed had said. “So, I don’t think they shift dramatically because the same leadership that was behind the support of the issues – the NDAA – would be in the leadership in the House and the Senate next year.”

Several key members of the Armed Services committees in the House and Senate won re-election Tuesday, including Reps. Mike Gallagher, R-Wisc., and Ruben Gallego, D-Ariz., and Sen. Tim Kaine, D-Va., and Sen. Kirsten Gillibrand, D-N.Y.

New Congress, new budget woes

Lawmakers will need to address spending caps slated to return for the 2020 fiscal year under the Budget Control Act, or BCA.

The Budget Control Act of 2011 installed spending limits for defense and non-defense spending until 2021. In February, lawmakers reached a two-year deal to lift spending caps to approve

defense budgets of \$700 billion for fiscal year 2018 and \$716 billion for fiscal year 2019, which began Oct. 1.

Now, spending caps are slated to return for the 2020 fiscal year, which begins Oct. 1, 2019. If no deal is reached and budget caps are exceeded, it raises the threat of sequestration. Past cuts have had a degrading effect on the military, Pentagon officials, defense hawks on Capitol Hill and experts have said.

The fiscal year 2019 defense spending cap is \$576 billion for the 2020 fiscal year.

As far as the defense budget, Democrats have said now isn't the time to go on a spending spree for "low-yield" nukes and other Trump-driven efforts.

In September, a group of Senate and House Democratic lawmakers introduced legislation to ban "low-yield" nuclear weapons, which they contend increase the chance of war. The United States is on track to spend more than \$1.2 trillion in the next 30 years just to modernize and maintain its current nuclear arsenal, the lawmakers argued.

There's also Democratic opposition to a Trump-driven plan to create a costly branch of the military called Space Force to address defense for space-based endeavors.

New military priorities

Democrats have also raised concerns over the lack of oversight in certain military operations, such as the U.S. strikes on Syria in April or the deadly November 2017 attack in Niger, West Africa, that left four soldiers dead.

Some Democrats have pushed legislation to increase that oversight with legislation revamping the president's war powers. Trump and his predecessors have operated off the authority to use military force, or AUMF, issued in response to the 9/11 terrorist attacks in 2001 and 2002 when the United States went to war in Afghanistan and Iraq.

The AUMF gave the president wide-ranging authority to direct the military to fight terrorist groups such as al-Qaida, the Taliban and Islamic State around the world. Since that time, the military has operated under those war powers in more than a dozen countries.

The AUMF legislation has played a role in Democrats' push to stop U.S. military support of a Saudi-led coalition in Yemen and reassess military action in Syria and elsewhere.

Smith said Democrats also will be keen to address new Trump limits on who is eligible to serve in the military. Smith suggested discrimination has been driving efforts to block certain recruits to serve, including immigrants and transgender individuals.

Democrats can make "sure we don't allow bigotry to get in the way of people serving the country," Smith said.

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1.2 - Pew Research Center: [Too Few Doctors and Nurses for Veterans in Some Areas](#) (7 November, Tim Henderson, 12k uvd; Washington, DC)

As the nation prepares to honor its veterans Nov. 12, many veterans in rural areas and some cities still face long wait times for health care because there aren't enough doctors, nurses and support staff to provide it.

Almost 40,000 of the 335,000 positions in the Veterans Health Administration are vacant, according to the Department of Veterans Affairs, which oversees the VHA. The VHA serves about 9 million veterans.

The VHA's turnover rate is less than half the rate for the health care industry overall.

However, a Stateline analysis of recently released federal figures shows the VHA has a severe vacancy problem in high-cost urban areas such as Los Angeles and Washington, D.C., and in largely rural states, such as Montana and Colorado.

Montana and Colorado have the highest state job vacancy rates at more than 20 percent, followed by Utah, Oklahoma and Maryland. At the other end, vacancies in Connecticut, Hawaii, Michigan, Minnesota, New Mexico and Rhode Island are less than 8 percent.

Veterans Health Administration Struggling to Fill Vacancies

There are nearly 40,000 job vacancies, mostly medical and dental workers, at Veterans Health Administration health centers around the country. As a percentage of filled jobs, the vacancy rates range from more than 20 percent in Montana and Colorado to 2 percent in Hawaii.

In some ways, the challenges facing the VHA are the same ones facing the health care workforce as a whole, especially in rural areas like Montana, said Kristin Mattocks, a Montana native and associate professor at the University of Massachusetts Medical School who has studied VHA efforts to improve care for veterans.

Nationally, job openings in the health care sector have nearly tripled to 1.1 million since 2010, according to Bureau of Labor Statistics data. Most of the communities with shortages of health care workers are in rural areas, according to the Health Resources and Services Administration. There are also shortages in Honolulu, Hawaii, Los Angeles and Washington, D.C.

As more doctors and other providers in the VHA and elsewhere have been retiring, there's more pressure on the remaining doctors to absorb more patients and speed up appointments.

"Now the pressure is put on physicians, which is probably driving some folks" away, Mattocks said.

The vacancy rates, detailed in a new report required by legislation Congress approved this year, can cause long wait times for appointments, create waitlists for artificial limbs and lead to unsanitary conditions.

Most of the nearly 40,000 vacancies are for medical and dental staff such as doctors and nurses. Those professionals are hard to find and keep because VHA's hiring process is time-consuming and the pay is lower than in the private sector.

And because there isn't sufficient support staff, many VHA doctors say they are frustrated by having to do more paperwork and even clean offices, federal audits have shown.

In Colorado last year, the Denver Post found that the VHA postponed surgeries because it didn't have enough anesthesiologists. Understaffing led to dirty storage rooms and canceled surgeries for anesthetized patients at the VHA's flagship hospital in Washington, D.C.

And veterans in Connecticut had a hard time getting appointments for counseling because four key jobs were vacant earlier this year. U.S. Sen. Richard Blumenthal, a Democrat from Connecticut, in a September hearing called the vacancy figures "really staggering."

Blumenthal added that leaders of the local Veterans of Foreign Wars chapter had complained that care was held up at a Norwich, Connecticut, clinic because the local office lacked a director, a case manager, an outreach coordinator and a counselor.

At the same hearing, Secretary of Veterans Affairs Robert Wilkie also expressed alarm about the number of vacancies. And he said hiring for mental health centers such as the one in Connecticut is a priority.

"On its face it is staggering," Wilkie said. "If we tried to fill all 40,000 we'd never get where we need. ... We have to concentrate on, I think, four areas: primary care, internists, mental health workers and women's health."

He added that this year's Mission Act legislation, which President Donald Trump signed in June, will give him more power to raise pay and forgive student loans to attract more medical professionals.

The agency has stepped up hiring in the past two years, Wilkie said, in response to a 2016 Government Accountability Office report that found that VHA lost an increasing number of employees each year between 2011 and 2015.

In the five clinical occupations with the worst shortages, including physicians, registered nurses and psychologists, VHA's employee losses grew from about 5,900 in 2011 to about 7,700 in 2015. Voluntary resignations and retirements were the primary drivers.

"VHA remains fully engaged in a fiercely competitive clinical recruitment market," the agency said in a statement about the vacancy data. The VA did not respond to requests from Stateline for further comment.

Staffing vacancies have contributed to recent scandals involving long wait times for care — some veterans died while waiting for appointments — and the falsifying of wait-time data to deflect scrutiny.

Hiring woes continued into 2017, a GAO report said, in part because a federal hiring freeze ordered by Trump limited the agency's ability to hire doctors. Doctors were exempt from the freeze, but there weren't enough personnel workers to recruit and hire them, the report concluded, and some were not well-trained to do the job.

The shortage of trained recruiters undermines the VHA's effectiveness, the report stated, and "impedes its ability to improve delivery of health care access to veterans."

A 2016 report from the congressionally appointed Commission on Care found that VHA doctors and nurses were cleaning offices and doing paperwork because of inadequate numbers of support staff. The commission also detailed a scandal over employees falsifying wait times for

service, and some deaths of veterans on waitlists. An understaffed Phoenix administration system struggled to meet a target of 14-day maximum wait times for appointments.

The report pointed to “staffing shortages and vacancies” at every level. It also said VHA salaries aren’t competitive, and that the agency “continues to use a talent management approach from the last century.”

Other reports have described the effects of those shortcomings. In Washington, D.C., the VA inspector general found conditions so chaotic that sometimes doctors had to borrow equipment from other hospitals during treatment, and surgery was postponed because equipment was discovered missing or broken after the patient was anesthetized. Employees told inspectors the problems were caused by a support staff shortage.

U.S. Sen. Jon Tester, a Montana Democrat, this fall called VHA staffing shortages the most critical issue facing the agency, saying the high rate of vacancies in Montana and elsewhere is hurting care for veterans.

“I continue to hear from veterans across Montana and elsewhere that vacancies and constant turnover in VA facilities impacts how quickly they can get appointments and prevents them from building quality doctor-patient relationships,” Tester, who is running for re-election, wrote in a September letter to Wilkie.

U.S. Sen. Patty Murray, Democrat of Washington state, told Wilkie at the hearing that the fast-growing Seattle area has been particularly hard hit by service shortages. A clinic on the Kitsap Peninsula, west of Seattle, took years to approve and build and will likely be at capacity when it opens next year, Murray said.

Nearly a quarter of the staff positions were vacant at VHA facilities in Washington, D.C., and Augusta, Georgia, as of July. But U.S. Sen. Johnny Isakson, the Georgia Republican who sponsored the Mission Act, said this fall that things seem to be improving.

“I’ve gotten letters from my district, unsolicited, veterans who used to write me about how we weren’t worth anything because we couldn’t get anything done, [now] thanking me for the efficient way the operation works now,” Isakson said at the September hearing.

Wilkie, who was confirmed this year, called the job vacancy data “an important step in transparency” but stressed that some vacancies are normal and that some represent new positions created to anticipate future growth. Also, Wilkie said, time to complete a specialist referral has fallen from 19 days in 2014 to about one day this year.

The agency publishes current wait times for appointments, and some facilities with high vacancy rates have long waits for appointments: The Augusta, Georgia, veterans hospital had a 34-day wait for primary care. Chillicothe, Ohio’s hospital, with one of the country’s lowest vacancy rates, had only a six-day wait.

But average wait times are high even in some hospitals with low vacancies — the Honolulu hospital has only about a 2 percent vacancy rate, the lowest in the country, but its average wait time — 39 days — is one of the highest.

That’s still a considerable improvement from 2014 when it was the nation’s worst at 130 days, a statistic that prompted Hawaii lawmakers to call for a shakeup. An inspector general report in

2016 said the Honolulu facility hired more doctors and extended clinic hours to get most new appointments scheduled within 30 days.

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1.3 - MeriTalk: [VA CISO Details Modernization, EHR Implementation Efforts](#) (6 November, 11k uvm; Alexandria, VA)

While the Department of Veterans Affairs is approaching IT modernization with a strong desire to improve systems, especially when it comes to electronic health records (EHR), the agency is taking care not to shut down existing systems too early, said deputy CIO and chief information security officer Dominic Cussatt during an episode of Government Matters that aired on Sunday.

"I think all of the work that we did in the last three years has positioned us nicely," said Cussatt. "Doing all of this has set us up nicely to ingest the huge application we're about to bring in to our very massive network," he added, referencing the new EHR program that Cerner is developing for the agency.

However, VA is not putting VistA—its legacy EHR system—out to pasture just yet, a decision that is very much deliberate.

"VistA has been a very successful and important system for us. I sometimes compare it to a Christmas tree, it was there and we've hung a lot of ornaments on it over the years. It had an infrastructure that was amenable to adding applications and functionality that would extend across our huge enterprise. We're very cognizant of that, and we're taking a lot of time to account for everything that's out there, all the capabilities that it's bringing to our workforce and our veterans," said Cussatt. "We want to be careful that we don't break things along the way."

Retiring legacy systems is just one of five main goals for VA's IT department, said Cussatt.

On the subject of cloud, Cussatt said that VA aims to be aggressive—the agency has moved "several dozen" apps and is looking to move more, starting with "the lower hanging fruit." He also noted that VA is focused on using FedRAMP-approved products.

Digitization of business processes, another one of VA's goals, also has seen success, winning the VA U.S. Digital Service team a Sammie award. Cussatt pointed to the creation of a strategic sourcing arm and an account management office as beneficial to digitization efforts.

On the cybersecurity front, Cussatt explained that VA's enterprise cybersecurity strategy has "35 plans of action, decomposed into over 3,000 line items in an integrated master schedule." He also pointed to the creation of a strategy branch within the CISO's office as a key factor to prevent backsliding on the agency's security posture.

Finally, Cussatt highlighted VA's efforts to improve data management.

"When it comes right down to it, we want to be able to use the massive amounts of data that VA has to better serve our veterans," he said. "We're working very hard on data visualization, data analytics tools, and even using some supercomputing capabilities to go through that data and tell us things we were never privy to."

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1.4 - PM Network: [2018 PMI Project of the Year Winner. Full Recovery: A team rebuilt a hospital for military veterans - restoring healthcare and order for a battered city.](#)

(November, Sarah Fister Gale; Newtown Square, PA)

Hurricane Katrina decimated thousands of buildings in New Orleans, Louisiana, USA, in 2005, including a U.S. Department of Veterans Affairs (VA) medical facility that served approximately 40,000 military families. The hospital, also where world-class research was conducted and more than 500 medical students were training to become physicians, suffered so much damage that it had to be replaced.

So in 2006, the U.S. Congress authorized funding for a new 1.6-million-square-foot (148,645-squaremeter) regional referral center. Dubbed Project Legacy, the 10-year, US\$1 billion project delivered an eight-building, 30-acre (12.1-hectare) campus in the heart of New Orleans. In a city submerged and beleaguered by a deadly storm, rebuilding a critical healthcare center became a symbol of recovery.

“It was a time that was pretty dark for many people,” says Liz Failla, supervisory project engineer, Southeast Louisiana Veterans Health Care System, New Orleans. “And this project offered hope.”

But the pressure to complete a sprawling state-of-the-art healthcare institution on schedule and on budget was immense. A wary government sponsor allowed no margin for error. The Government Accountability Office (GAO) demanded strict requirements designed to ensure the project team remained careful stewards of taxpayer funds. And a weary community—including healthcare facility patients and staff—needed assurances that the project would expand services and improve access to care. That meant the team had to maintain a sharp focus on managing risk, scope and stakeholders.

“Early on, we understood that we could not make changes unless they were absolutely necessary,” says Fernando Rivera, medical center director, Southeast Louisiana Veterans Health Care System. “That was a big lesson learned. Without sound project management principles, we would not have easily seen the impact a change would have.”

For instance, changes to the scope could be made only if they were necessary to deliver better patient care. The strict change controls were part of a broader risk management approach that was integrated throughout project coordination. Following the GAO’s feedback, project managers identified initial project risks based on lessons learned from previous projects, as well as the VA’s national activation office lessons-learned database. Among the key risks the team identified were the need to align hiring and training of new staff with project completion, a lack of effective procurement strategies for materials and equipment, and poor stakeholder communication and responsiveness. The team brought planning specialists into the process from the outset of the design phase. Better planning upfront ensured the team set realistic timeline goals and helped foster a culture committed to good communication and problem solving.

“As a former civil engineer, it’s easy for me to understand why the skill sets of project management practitioners were needed on this project,” Mr. Rivera says. “It wasn’t just a nice thing to have, it was a critical requirement to the success

of the project.”

Collective Soul

Putting veterans, families and the community first helped build wholesale support for a facility that would transform lives well beyond New Orleans. For instance, the medical center was the region’s go-to heart surgery facility for veterans in states including Florida and Mississippi, Mr. Rivera says. Gathering feedback from all of those critical stakeholders helped ensure the facility would meet the needs of patients and medical staff, as well as secure buy-in from residents who had grown weary of waiting for their city to be rebuilt, Ms. Failla says.

The team leveraged town hall meetings, community interviews and focus groups with hospital staff and veterans to generate pages of ideas. “We started with ‘What are your hopes and dreams, and what are your fears?’” says Stephanie Repasky, PsyD, deputy director, Southeast Louisiana Veterans Health Care System, New Orleans. “That drove a lot of what we did in the design.”

Patient and staff feedback drove many practical design changes, such as placing mirrors at levels that were easier to access for patients in wheelchairs and adding bathrooms in the parking garage. Staff feedback led the team to design all patient rooms with identical features—such as placement of staff sinks—to make operations more uniform and efficient. The team also sought feedback on aesthetic decisions, including paint color, furniture and curtain patterns. For example, the team learned to avoid using curtains that were the same color as sand or had patterns similar to barbed wire, because patients might negatively associate those elements with their service in the Gulf War in the early 1990s that was waged primarily in desert areas.

“Everything that we did was based upon feedback from users and our staff, as well as our customers, our patients and their family members,” Dr. Repasky says.

Although gathering and incorporating immense public feedback added time to the planning process, it helped the team deliver a facility that aligned with the VA’s mission, Mr. Rivera says. “We were able to draw from this national reference that the VA has along with a very intimate set of ideas and experiences from our patients and staff to put together a very efficient design.”

Storm Resistance

Although the team couldn’t prevent future disasters, it was focused on mitigating the impact of hurricanes—and considered those risks with every design decision. From the outset, the project team leveraged lessons learned from Katrina and other storms to meet one goal: make the hospital one of the most hurricane-resistant medical facilities in the nation. In the days after Katrina hit, medical staff had to abandon the hospital and were forced to improvise—providing care in tents and other makeshift shelters amid hot and humid conditions.

Many decisions were made to ensure violent storms would never interrupt service. The team placed critical heating and cooling systems on upper floors. All areas that include mission-critical medical equipment were built 20 feet (6 meters) above designated floodwater heights, and floodgates were incorporated into the lower floors so elevators wouldn’t flood, Ms. Failla says. Walls and windows were designed to withstand wind of up to 130 miles (209.2 kilometers) per hour. The team also built an on-site facility that can store up to 320,000 gallons of fuel and a 6,000-square-foot (557-square-meter) warehouse stocked with emergency supplies.

“The facility is set up to support 1,000 occupants for five days without having the benefit of water or electricity,” Mr. Rivera says.

The hospital also must double as a recovery center. So each private patient room is equipped to support two people to accommodate extra patients during a crisis. “That’s really important for our mission, not just due to a natural disaster but also in the event of an epidemic where you need more beds,” Ms. Failla says.

Preventive Measures

Proactive resource management was necessary to help prepare for a seamless transition to operations—and mitigate the risk of potential staffing gaps when the hospital opened. “We were very concerned about being able to hire staff in a competitive market,” says Mary Beth Cooper, associate chief nurse for activation, Southeast Louisiana Veterans Health Care System.

With many positions in high demand in the healthcare industry, her team turned to the Project Legacy team for help. The hospital wanted to ensure hiring efforts aligned with project progress, Ms. Cooper says.

“The project managers assisted us with making sure that we realized what deadlines were coming up,” she says. And if issues arose that might delay their ability to begin training or onboarding, the project team kept the hospital hiring team in the loop. The project team’s input on hiring triggered Ms. Cooper’s team to build timelines for other critical elements, including acquisition and delivery of equipment, and creating and approving policies that would govern talent once the facilities were opened.

“They helped us realize that we needed to document all of these plans in a format we could work with,” she says. “Project management helped us with all of that.”

Leaving A Legacy

Despite significant obstacles, the three phases of the project were delivered on time between December 2016 and August 2018, and the entire project came in roughly 14 percent under budget. The hospital now offers more than 65 clinical, ancillary, administrative and support services 24 hours a day, seven days a week. In its first 18 months, the facility completed more than 500,000 outpatient appointments and more than 1,000 surgical procedures and delivered roughly 10,000 days of inpatient care.

“We’re meeting our mission to provide immediate needs to our community,” Dr. Repasky says. “We’ve returned inpatient care services to people who have not gotten it from a VA in over 12 years.”

Moreover, project leaders and the VA believe Project Legacy offers a roadmap for future VA hospital projects—in particular, showing how strong communication and collaboration with all stakeholders can ensure teams meet objectives.

“It all boils down to communication and respecting your client,” Ms. Failla says. “This project was born out of a disaster, and it took a lot of hard work to bring it to where it is today so that we can again provide services to our nation’s heroes.”

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1.5 - ConnectingVets.com (CBS Radio): [As delayed GI Bill payments persist, one city confronts the issue head on](#) (6 November, Matt Saintsing, New York, NY)

As hundreds of thousands of student veterans nationwide are experiencing severely delayed GI Bill payments, one city is taking things into their own hands by providing emergency rent relief for those facing eviction.

“New York City is stepping up to give student veterans the security they need to stay in their homes while they wait for the federal benefits they earned through service to our country,” said New York City Mayor Bill de Blasio in a statement.

About 12,000 student veterans in New York City are at risk of eviction, according to city officials announcing a plan to extend emergency rental assistance.

Typically, student vets can expect on-time GI Bill payments and a monthly housing stipend to pay for rent and other expenses, but a technological glitch has created a jaw-dropping backlog of payments still awaiting processing.

De Blasio's office has sent out instructions to schools for how students can apply for rental assistance to avoid eviction through the city's Department of Social Services.

Any NYC student veteran behind on their rent and who is the primary resident in a private apartment can immediately visit the NYC Department of Social Services at 25 Chapel Street, 6th Floor, Room 606 in Brooklyn, NY 11201 to have their case evaluated.

Those who receive emergency rent benefits are required to sign a repayment agreement to pay back the amount within 12 months.

Dozens of New York City schools reported to the city's Department of Veterans' Services that students using the GI Bill are anywhere between two to four months behind on rent, according to de Blasio's office.

But the Big Apple isn't the only area where student veterans are having to cope with delayed payments. As of Oct. 22, VA had more than 130,000 pending education claims to sort through. First-time GI Bill users can expect an average of 33 days to process their requests, with additional claims taking around 23 days, on average.

For more information on emergency rent, NYC student vets can call 718-557-1399 or [click here](#).

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2. [Improving Customer Service](#)

2.1 - TMC News: [On the front lines of health care](#) (6 November, Britni R. McAshan, 2M uvm; Houston, TX)

Veterans Day, observed every November 11, honors the men and women of the U.S. Army, Navy, Air Force, Marine Corps and Coast Guard. TMC Pulse asked several veterans who work at the Texas Medical Center how their military training has helped them serve the world's largest medical city.

JOYCE BURNS: Associate Director of the Stroke Program and family nurse practitioner at the Michael E. DeBakey VA Medical Center Houston; retired lieutenant colonel in the U.S. Army. When Joyce Burns was a girl, home health nurses came by regularly to check on her ailing grandmother.

"All of the nurses used to tell me what they were doing for my grandmother—putting in catheters, caring for wounds—and it seemed like a very interesting career," Burns said.

Because of a chance encounter, Burns decided to join the army while she trained to become a nurse.

"One day my high school announced that there were two army recruiters in the cafeteria. One of my friends and I, we were in homeroom and we were looking for a way to slip out, so we went down to see their presentation," she said. "My mom wasn't too excited because back in the '70s there weren't as many women in the military, but I really wanted to go and my dad was very supportive."

Burns served in the U.S. Army for 26 years before retiring as a lieutenant colonel in 2003. She received her bachelor's in nursing from the University of South Carolina and her masters from the United States Army War College. She worked at army hospitals in Texas, South Carolina, California, Georgia and Colorado.

Today, Burns serves as Associate Director of the Stroke Program and a family nurse practitioner on the neurology care line at the Michael E. DeBakey VA Medical Center Houston.

"One of things I learned and carry with me today is that the military is like a family," Burns said. "It is similar here at the VA because we are like a family. With the patients that I am taking care of, I think about the time that they have put in. In the military you are moving around and your kids aren't able to be raised near family, so on active duty you build a camaraderie."

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2.2 - MintPress News (Rutherford Institute): [A Badge of Shame: The Government's War on America's Military Veterans](#) (6 November, John Whitehead, 225k uvm; Minneapolis, MN)

Not all heroes wear the uniform of war. In the United States, however, we take particular pride in recognizing as heroes those who have served in the military.

Yet while we honor our veterans with holidays, parades, discounts at retail stores and restaurants, and endless political rhetoric about their sacrifice and bravery, we do a pitiful job of respecting their freedoms and caring for their needs once out of uniform.

Despite the fact that the U.S. boasts more than 20 million veterans who have served in World War II through the present day, the plight of veterans today is America's badge of shame, with large numbers of veterans impoverished, unemployed, traumatized mentally and physically, struggling with depression, suicide, and marital stress, homeless, subjected to sub-par treatment at clinics and hospitals, and left to mold while their paperwork piles up within Veterans Administration offices.

Still, the government's efforts to wage war on veterans, especially those who speak out against government wrongdoing, is downright appalling.

Consider: we raise our young people on a steady diet of militarism and war, sell them on the idea that defending freedom abroad by serving in the military is their patriotic duty, then when they return home, bruised and battle-scarred and committed to defending their freedoms at home, we often treat them like criminals merely for having served in the military.

The government even has a name for its war on America's veterans: Operation Vigilant Eagle.

As first reported by the Wall Street Journal, this Department of Homeland Security (DHS) program tracks military veterans returning from Iraq and Afghanistan and characterizes them as extremists and potential domestic terrorist threats because they may be "disgruntled, disillusioned or suffering from the psychological effects of war."

Coupled with the DHS' dual reports on Rightwing and Leftwing "Extremism," which broadly define extremists as individuals, military veterans and groups "that are mainly antigovernment, rejecting federal authority in favor of state or local authority, or rejecting government authority entirely," these tactics bode ill for anyone seen as opposing the government.

Yet the government is not merely targeting individuals who are voicing their discontent so much as it is taking aim at individuals trained in military warfare.

Don't be fooled by the fact that the DHS has gone extremely quiet about Operation Vigilant Eagle.

Where there's smoke, there's bound to be fire.

And the government's efforts to target military veterans whose views may be perceived as "anti-government" make clear that something is afoot.

In recent years, military servicemen and women have found themselves increasingly targeted for surveillance, censorship, threatened with incarceration or involuntary commitment, labeled as extremists and/or mentally ill, and stripped of their Second Amendment rights.

An important point to consider, however, is that under the guise of mental health treatment and with the complicity of government psychiatrists and law enforcement officials, these veterans are increasingly being portrayed as threats to national security.

This is not the first time that psychiatry has been used to exile political prisoners.

Many times throughout history in totalitarian regimes, such governments have declared dissidents mentally ill and unfit for society as a means of rendering them disempowering them.

As Pulitzer Prize-winning author Anne Applebaum observes in *Gulag: A History*: “The exile of prisoners to a distant place, where they can ‘pay their debt to society,’ make themselves useful, and not contaminate others with their ideas or their criminal acts, is a practice as old as civilization itself. The rulers of ancient Rome and Greece sent their dissidents off to distant colonies. Socrates chose death over the torment of exile from Athens. The poet Ovid was exiled to a fetid port on the Black Sea.”

For example, government officials in the Cold War-era Soviet Union often used psychiatric hospitals as prisons in order to isolate political prisoners from the rest of society, discredit their ideas, and break them physically and mentally through the use of electric shocks, drugs and various medical procedures.

Insisting that “ideas about a struggle for truth and justice are formed by personalities with a paranoid structure,” the psychiatric community actually went so far as to provide the government with a diagnosis suitable for locking up such freedom-oriented activists.

In addition to declaring political dissidents mentally unsound, Russian officials also made use of an administrative process for dealing with individuals who were considered a bad influence on others or troublemakers.

Author George Kennan describes a process in which:

The obnoxious person may not be guilty of any crime . . . but if, in the opinion of the local authorities, his presence in a particular place is “prejudicial to public order” or “incompatible with public tranquility,” he may be arrested without warrant, may be held from two weeks to two years in prison, and may then be removed by force to any other place within the limits of the empire and there be put under police surveillance for a period of from one to ten years. Administrative exile—which required no trial and no sentencing procedure—was an ideal punishment not only for troublemakers as such, but also for political opponents of the regime.

Sound familiar?

This age-old practice by which despotic regimes eliminate their critics or potential adversaries by declaring them mentally ill and locking them up in psychiatric wards for extended periods of time is a common practice in present-day China.

What is particularly unnerving, however, is how this practice of eliminating or undermining potential critics, including military veterans, is happening with increasing frequency in the United States.

Remember, the National Defense Authorization Act (NDAA) opened the door for the government to detain as a threat to national security anyone viewed as a troublemaker. According to government guidelines for identifying domestic extremists—a word used interchangeably with terrorists—technically, anyone exercising their First Amendment rights in order to criticize the government qualifies.

It doesn’t take much anymore to be flagged as potentially anti-government in a government database somewhere—Main Core, for example—that identifies and tracks individuals who aren’t inclined to march in lockstep to the government’s dictates.

In fact, as the Washington Post reports, communities are being mapped and residents assigned a color-coded threat score—green, yellow or red—so police are forewarned about a person's potential inclination to be a troublemaker depending on whether they've had a career in the military, posted a comment perceived as threatening on Facebook, suffer from a particular medical condition, or know someone who knows someone who might have committed a crime.

The case of Brandon Raub is a prime example of Operation Vigilant Eagle in action.

Raub, a 26-year-old decorated Marine, actually found himself interrogated by government agents about his views on government corruption, arrested with no warning, labeled mentally ill for subscribing to so-called “conspiratorial” views about the government, detained against his will in a psych ward for standing by his views, and isolated from his family, friends and attorneys.

On August 16, 2012, a swarm of local police, Secret Service and FBI agents arrived at Raub's Virginia home, asking to speak with him about posts he had made on his Facebook page made up of song lyrics, political opinions and dialogue used in a political thriller virtual card game.

Among the posts cited as troublesome were lyrics to a song by a rap group and Raub's views, shared increasingly by a number of Americans, that the 9/11 terrorist attacks were an inside job.

After a brief conversation and without providing any explanation, levying any charges against Raub or reading him his rights, Raub was then handcuffed and transported to police headquarters, then to a medical center, where he was held against his will due to alleged concerns that his Facebook posts were “terrorist in nature.”

Outraged onlookers filmed the arrest and posted the footage to YouTube, where it quickly went viral. Meanwhile, in a kangaroo court hearing that turned a deaf ear to Raub's explanations about the fact that his Facebook posts were being read out of context, Raub was sentenced to up to 30 days' further confinement in a psychiatric ward.

Thankfully, The Rutherford Institute came to Raub's assistance, which combined with heightened media attention, brought about his release and may have helped prevent Raub from being successfully “disappeared” by the government.

Even so, within days of Raub being seized and forcibly held in a VA psych ward, news reports started surfacing of other veterans having similar experiences.

“Oppositional defiance disorder” (ODD) is another diagnosis being used against veterans who challenge the status quo. As journalist Anthony Martin explains, an ODD diagnosis

“denotes that the person exhibits ‘symptoms’ such as the questioning of authority, the refusal to follow directions, stubbornness, the unwillingness to go along with the crowd, and the practice of disobeying or ignoring orders. Persons may also receive such a label if they are considered free thinkers, nonconformists, or individuals who are suspicious of large, centralized government... At one time the accepted protocol among mental health professionals was to reserve the diagnosis of oppositional defiance disorder for children or adolescents who exhibited uncontrollable defiance toward their parents and teachers.”

Frankly, based on how well my personality and my military service in the U.S. Armed Forces fit with this description of “oppositional defiance disorder,” I’m sure there’s a file somewhere with my name on it.

That the government is using the charge of mental illness as the means by which to immobilize (and disarm) these veterans is diabolical. With one stroke of a magistrate’s pen, these veterans are being declared mentally ill, locked away against their will, and stripped of their constitutional rights.

If it were just being classified as “anti-government,” that would be one thing.

Unfortunately, anyone with a military background and training is also now being viewed as a heightened security threat by police who are trained to shoot first and ask questions later.

Feeding this perception of veterans as ticking time bombs in need of intervention, the Justice Department launched a pilot program in 2012 aimed at training SWAT teams to deal with confrontations involving highly trained and often heavily armed combat veterans.

The result?

Police encounters with military veterans often escalate very quickly into an explosive and deadly situation, especially when SWAT teams are involved.

For example, Jose Guerena, a Marine who served in two tours in Iraq, was killed after an Arizona SWAT team kicked open the door of his home during a mistaken drug raid and opened fire. Thinking his home was being invaded by criminals, Guerena told his wife and child to hide in a closet, grabbed a gun and waited in the hallway to confront the intruders. He never fired his weapon. In fact, the safety was still on his gun when he was killed. The SWAT officers, however, not as restrained, fired 70 rounds of ammunition at Guerena—23 of those bullets made contact. Apart from his military background, Guerena had had no prior criminal record, and the police found nothing illegal in his home.

John Edward Chesney, a 62-year-old Vietnam veteran, was killed by a SWAT team allegedly responding to a call that the Army veteran was standing in his San Diego apartment window waving what looked like a semi-automatic rifle. SWAT officers locked down Chesney’s street, took up positions around his home, and fired 12 rounds into Chesney’s apartment window. It turned out that the gun Chesney reportedly pointed at police from three stories up was a “realistic-looking mock assault rifle.”

Ramon Hooks’ encounter with a Houston SWAT team did not end as tragically, but it very easily could have. Hooks, a 25-year-old Iraq war veteran, was using an air rifle gun for target practice outside when a Homeland Security Agent, allegedly house shopping in the area, reported him as an active shooter. It wasn’t long before the quiet neighborhood was transformed into a war zone, with dozens of cop cars, an armored vehicle and heavily armed police. Hooks was arrested, his air rifle pellets and toy gun confiscated, and charges filed against him for “criminal mischief.”

Given the government’s increasing view of veterans as potential domestic terrorists, it makes one think twice about government programs encouraging veterans to include a veterans designation on their drivers’ licenses and ID cards.

Hailed by politicians as a way to “make it easier for military veterans to access discounts from retailers, restaurants, hotels and vendors across the state,” it will also make it that much easier for the government to identify and target veterans who dare to challenge the status quo.

Remember: no one is spared in a police state.

Eventually, as I make clear in my book *Battlefield America: The War on the American People*, we all suffer the same fate.

It stands to reason that if the government can't be bothered to abide by its constitutional mandate to respect the citizenry's rights—whether it's the right to be free from government surveillance and censorship, the right to due process and fair hearings, the right to be free from roadside strip searches and militarized police, or the right to peacefully assemble and protest and exercise our right to free speech—then why should anyone expect the government to treat our nation's veterans with respect and dignity?

So if you really want to do something to show your respect and appreciation for the nation's veterans, here's a suggestion: skip the parades and the retail sales and the flag-waving and instead go exercise your rights—the freedoms that those veterans risked their lives to protect—by pushing back against the government's tyranny.

Freedom is not free.

It's time the rest of the nation started to pay the price for the freedoms we too often take for granted.

*John W. Whitehead is a constitutional attorney, author and founder and president of The Rutherford Institute. His new book *Battlefield America: The War on the American People* (SelectBooks, 2015) is available online at www.amazon.com. Whitehead can be contacted at johnw@rutherford.org.*

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2.3 - KRCC (NPR-91.5, Audio): ['I Didn't Realize How Angry I Was' - A Veteran's Journey To Healing](#) (6 November, Paulina Ukrainets, 7k uvm; Colorado Springs, CO)

Veterans Day is Sunday, and all this week we're hearing stories from Colorado veterans who participated in StoryCorps' Military Voices Initiative in Colorado Springs earlier this year.

Christopher Provost is a veteran who has served in Iraq and Afghanistan. After being a cross-country skiing athlete in high school, Chris joined the National Guard to do skiing and biathlon.

At StoryCorps, Chris talks to interviewer Hazel Diaz about coming to terms with his PTSD, the process of getting treatment, and the role his wife plays in his healing.

Interview Highlights:

On leaving the military:

"I didn't realize how angry I was when I got out of the military. That was a big thing... in dealing with the post-traumatic stress."

On enrolling in the VA:

"[My therapist] kinda encouraged me to get enrolled in the VA, which I had not done for five years after retiring from the military. Partly because I felt like other men and women needed to get... I was hearing about the shortage and the backlog, and, you know, all the amputees that weren't getting their appointments... And, you know, people killing themselves in VA parking lots because they couldn't get their therapy appointments. And I'm like, I'm fine. I've got a job, I've got a house over my head, I've got a car. I'm doing fine. They need help before me. And so I was kinda putting... I guess it was a displacement."

On participating in Huts for Vets, a veteran-specific rehabilitation program:

"[The people at Huts for Vets] are just like, 'no, you're not taking a slice of the pie, Chris. You earned that slice, and that slice is due you. And you are just as effed up as me, and your emotions as just as raw as mine.'"

This conversation was edited from its original form in both audio and written form for time purposes and clarity.

The Military Voices Initiative from StoryCorps is sponsored in part by the Peak Military Care Network.

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3. Business Transformation

3.1 - Philadelphia Business Journal: [VA finds new, bigger home for Delaware County outpatient clinic](#) (6 July, John George, 9k uvm; Philadelphia, PA)

The Coatesville VA Medical Center is moving its Delaware County outpatient clinic to a larger location.

Now based at the Crozer-Keystone Health System Complex on West Sproul Road in Springfield Township, the VA's Springfield Community Based Outpatient Clinic is relocating to Newtown Square this month. The clinic's new site is in the Marville Shopping Plaza at 4883 West Chester Pike.

Since the Springfield clinic opened in 2002, it has provided mental health and primary care to nearly 4,000 area veterans each year. Demand for health care services at the site among veterans in Delaware County has increased steadily over the past five years, prompting the need for a larger space.

The new clinic location is 9,300 square feet, more than double in size of the current clinic in Springfield. The Newtown Square site will have 12 dedicated exam rooms, five mental health consult rooms, and virtual care capabilities. Services available include primary care, mental

health care, women's health care, social work services, home-based primary care, telehealth, laboratory, and transportation services.

An open house for the new site will be held Nov. 15 from 2 to 4 p.m. The Delaware County VA outpatient clinic will begin seeing veterans on Nov. 19. Clinic hours are from Monday-Friday, from 8 a.m. to 4:30 p.m., with some services available until 7:30 p.m. on Mondays and Wednesdays.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Politico: [Spotlight on patient safety](#) (6 November, Mohana Ravindranath, 8.7M uvm; Arlington, VA)

[...]

VA EHR HEARING SET FOR NEXT WEEK: The House Veterans' Affairs subcommittee overseeing the VA's Electronic Health Record Modernization will hold a hearing next Wednesday to review the first 180 days of the Cerner contract, Morning eHealth's Arthur Allen reports. Ranking Member Tim Walz noted recent reporting by POLITICO and ProPublica on problems and infighting at the VA that imperil the success of the project. Pros can read the full story [here](#).

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4.2 - The Repository (Tribune News Service): [Commentary: Caring for vets should be national priority](#) (6 November, Christopher Dale, 67k uvm; Canton, OH)

In advance of this year's Veterans Day, on Nov. 11, the legions of men and women who have served in our nation's military received some welcoming news: Congress finally agreed to fund the VA Mission Act, which since its June passage had been mired in budgetary disputes.

Announced on Sept. 11 — an appropriate date — the arrangement sets aside more than \$200 billion to improve the health care services provided by the U.S. Department of Veterans' Affairs.

Tales of delays and deficiencies, including long waits and poor access to proper care, have plagued the VA since injured vets started returning from Afghanistan and Iraq following 9/11. Last fall — 16 years after the War on Terror began — the VA still was flooded with serious complaints about patient care; earlier this year, concerns about doctor shortages made headlines.

It's these issues the VA Mission Act seeks to address. The law makes it easier for veterans to access covered care through non-VA service providers, who might be more convenient in terms of expedience, distance or quality of care.

The law's primary principle is simple: Those injured while serving in the military should not need to jump through hoops for quality medical care.

The law also provides incentives for recruiting new doctors to the VA, including an attractive education debt-relief initiative and specialized training in afflictions most likely to impact veterans, such as PTSD and painkiller addiction.

It's a terrific start, but the law has shortcomings. For starters, despite settling the summer-long financial squabble, Congress failed to deliver a long-term funding solution for the law's historically high (though completely necessary) revenue requirements.

But the law's greatest disappointment is its narrowly defined view of caring for our injured veterans.

Tens of thousands of men and women have returned from Iraq and Afghanistan with permanent physical handicaps and deep emotional scars — wounds they will be coping with for the rest of their lives. Many need assistance outside the doctor's office, including finding suitable employment in an economy that, though humming for many, is far from ideal for individuals with disabilities, whose unemployment rate is more than double the national average.

Truly comprehensive care not only would fix the VA, but also expand it to empower injured veterans with economic opportunities, peer-to-peer engagement, and group-centric mental health programs that utilize injured veterans' greatest tool for overcoming battle-born trauma: each other.

Of course, nonprofit organizations like the Wounded Warrior Project have been offering these life-affirming tools for well over a decade. But why should it be up to private charities to take care of those who battled and bled for their country?

In a political landscape where we can't seem to agree on anything, it's likely that anyone — Democrat or Republican — would be challenged to find a single service provided by charities like the Wounded Warrior Project that doesn't deserve the full financial backing of the U.S. government.

We shouldn't have to pull on the heartstrings, and purse strings, of strangers to care for wounded war veterans in the United States. Their care should be provided, in full, by the American people.

The VA Mission Act is a step in the right direction, but we can — and should — go further by expanding the definition of what caring for injured veterans means. Our wounded veterans deserve not only exemplary health care, but also all the tools they need to re-assimilate into civilian life despite missing limbs or shattered psyches. And to provide them what they are so obviously owed, the wealthiest country in the world should be relying on funding, not fundraising.

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4.3 - Dell Technologies: [How Veteran Affairs is Tapping into AI](#) (5 November, Pragti Verma, 9k uvd)

Veteran Affairs (VA) has received a lot of scrutiny for its inefficiency in providing timely medical treatment, with stories coming to light of veterans waiting months to receive care. And while there are no immediate solutions to correct the agency's perennial wait time problem, the VA is turning to artificial intelligence (AI) for at least a few answers.

"AI is very important to us in a lot of different ways, [including] healthcare claims and processing," explained Dr. Paul Tibbits, program executive officer for the VA's Financial Management Business Transformation Special Program Office in a media interview. "We envision that [these technologies] will, or in fact already are, improving services to veterans."

Waiting for Care

The VA's inefficiencies first came to light in 2014, when managers at a Phoenix VA facility revealed an elaborate scheme to hide the fact that several veterans waited many months to see a doctor. In 2015, the VA Office of Inspector General reported a web of complications in the VA's management of healthcare enrollment data, including inadequate procedures to oversee records, software glitches, and inconsistencies in identifying veterans who had died waiting for medical treatment.

Now, the latest U.S. Government Accountability Office report finds that the Veterans Choice Program — set up to reduce wait times by allowing veterans to go to a private sector doctor at the VA's expense — has not helped either. The report states that in many cases veterans could still face wait times of up to 70 days to receive care. "Delays in care have been shown to negatively affect patients' morbidity, mortality, and quality of life," report researchers wrote.

According to a statement issued by the VA, it has been a challenge to maintain a large staff of well-trained agents to handle the depth and breadth of questions veterans and caregivers face, especially during peak days and times. As a result, veterans and caregivers are unable to receive immediate assistance because agents are actively assisting other customers.

For Tibbits, what is clear is that AI can improve the VA's wait-time issue, as well as diagnostic and other therapeutic accuracies, making fewer mistakes and picking the right treatment for the right illness. The process is already underway when it comes to phone service and addressing claims.

The VA is currently looking for an AI as a service (AlaaS) solution — off-the-shelf and cloud-based — with features such as natural language processing (NLP) so that people can make requests and hold discussions with the AI technology (much like a chatbot). Leaders at the VA also want the AlaaS system to evaluate the words of users to detect their emotional state and respond accordingly. Once the AI system is trained and put into production, the VA said, it can use machine learning to expand and improve upon its own capabilities over time.

AI Emerges in Veteran Healthcare

Yet the AlaaS solution won't be the agency's first brush with AI. The VA has already partnered with London-based Alphabet subsidiary DeepMind to explore how machine learning can help predict patient deteriorations. Together, the VA and DeepMind will analyze patterns from over 700,000 historical, depersonalized medical records to determine if machine learning algorithms can accurately identify the risk factors of patient deteriorations and predict their onset.

Dominic King, clinical lead at DeepMind Health, emphasized that the data used in the partnership research has been stripped of any identity before DeepMind receives it — an important feature for the VA after a recent privacy concern.

Last year, the VA terminated an agreement with the San Francisco-based startup Flow Health after realizing the agreement would violate current VA policy and regulations, as well as its commitment to protecting veterans' data. The research would have used genomic data from over 500,000 volunteer participants from the Million Veteran Program.

The Prevention Game

In partnership with DeepMind, the VA first plans to focus its work on identifying the most common signs of acute kidney injury (AKI), a problem that can lead to dialysis or death, but is preventable if detected early.

"Not only is the onset of AKI sudden and often asymptomatic, but the risk factors associated with it are commonplace throughout hospitals," King explained in a recent blog post. "AKI can also strike people of any age and frequently occurs following routine procedures and operations like a hip replacement."

The goal, according to King, is to find ways to improve the algorithms currently used to detect AKI and allow doctors and nurses to intervene sooner. Eventually, the VA plans to apply similar approaches to other signs of patient deterioration.

As the VA explores more AI-powered approaches, leaders in the organization expect the growing technology will provide improved care and shorter wait times for many more patients — with fewer people developing serious infections and conditions and, as the VA press release noted, "ultimately saving lives."

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5. [Suicide Prevention](#)

5.1 - Murray Ledger & Times: [New nonprofit looks to raise awareness of veteran suicide](#)
(6 November, Jordan Ferguson, 5k uvm; Murray, KY)

Many organizations were present on the campus of Murray State University Saturday to take part in its first Purchase Area Military Appreciation Day. The event was hosted in conjunction with Four Rivers Behavioral Health Regional Prevention Center.

The day was meant to provide veterans with the resources they may need when transitioning out of service. One new nonprofit organization, Project Diehard, was present that day to help increase awareness of the ongoing issue of veteran suicide.

"We are a brand-new nonprofit organization here in western Kentucky. We were formed in May and we got our 501(c)(3) on September 10," said Brian Gibson, founder and president of the organization. "Our mission is to bring public awareness to veteran suicide and to help a veteran transition from active duty military to the civilian life."

Gibson, who served for 26 years as a soldier and combat medic, said the period of adjustment after leaving the military can be a difficult one.

“That is a very hard time, once you leave that tempo of do, do, do and now you don’t do,” Gibson said. “So we want to help them transition; whether we get them help through the VA or counseling, whatever we need to do.”

Gibson said the the organization was a “homegrown nonprofit” and that he as the president will never take a salary. He also mentioned that no board members would take a salary either.

“We understand there are going to be expenses in running this organization, but our goal is to keep the cost as minimal as we can keep it,” he said. “We are going to be heavily volunteer based.”

Gibson said the organization is raising money right now to help purchase 114 acres in western Kentucky to build “Fort Hope.”

“Fort Hope is going to be a place where we are going to house up to 100 veterans for a year, free of charge,” Gibson said. “That is food, lodging and everything.”

In documentation provided by Gibson, he said he had seen firsthand how shorthanded and overwhelmed the VA is while dealing with the traumatic brain injury of his son, who is also a wounded warrior. He said that through conversations, the idea was born for Fort Hope, a safe place for transitioning veterans that offers them a support system to help them get the help they need.

Gibson said that on average, 22 veterans a day commit suicide. His information also said that there is no way to get an accurate number if the stigma attached to suicide remains. He said that 90 percent of funds raised would be going to help these veterans in need of assistance.

Gibson said that the organization has found a site and is currently looking to raise funds to make the purchase of the land. From there, the organization will begin to concentrate on construction efforts and attempt to spread its influence to other regions of the United States.

For more information on the project, visit projectdiehard.org or email Projectdiehard@mail.com.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Denverite: [By HUD’s count, the number of veterans experiencing homelessness in metro Denver is up slightly from last year](#) (6 November, Donna Bryson, 85k uvm; Denver, CO)

Slightly more veterans were experiencing homelessness in the Denver area this year, according to HUD’s Annual Homeless Assessment Report.

According to the figures released Monday, 566 veterans were counted in metropolitan Denver during the one-night point-in-time survey of people experiencing homelessness in January. Last year it was 548. It was 358 in 2013, the year that saw the lowest figure among veterans since 2011, when the number was 1,322.

Numbers have fluctuated in Denver. Nationally, the estimates have been declining fairly steadily since 2009. Nationally this year, the number decreased 5.4 percent to 37,878, compared to 40,020 reported in 2017.

In a press release, U.S. Housing and Urban Development Secretary Ben Carson said: “We’ve made great strides in our efforts to end veteran homelessness, but we still have a lot of work to do to ensure those who wore our nation’s uniform have access to stable housing.”

Also Monday, Eric Cobb, deputy regional administrator for HUD Region VIII, attended a ceremony marking the start of construction of an affordable housing project in Aurora in which 10 units will be reserved for veterans who have experienced homelessness, HUD spokeswoman Christine Baumann said. Cobb spoke of the importance of the HUD-VASH Program, which combines permanent HUD rental assistance with case management and clinical services provided by the VA.

The \$24 million Peoria Crossing project is near the new VA hospital and RTD’s A and R lines, and will have a total of 82 units. It was funded by state and federal low-income housing tax credits, HUD, the city and the state’s Housing Solutions Program. It will serve people earning between 30 and 60 percent of the area median income. Construction is expected to be completed next August.

The Housing Authority of the City of Aurora said in a press release that the Aurora City Council has been assessing housing needs and how to allocate \$1 million to affordable projects. Mayor Bob LeGare said in a statement that the demand in the Denver suburb for affordable housing was increasing, as was the number of rent-burdened households.

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6.2 - ColumbusUnderground.com: [Veterans Film Festival Comes to Gateway](#) (6 November, Hope Madden, 64k uvm; Columbus, OH)

Looking for a more meaningful way to celebrate Veteran’s Day? Get to Gateway Film Center this weekend to honor veterans’ service along with them, and take in some remarkable art at the same time.

“This is an opportunity not just for veterans’ families, but for civilians,” says Columbus VA Creative Arts Coordinator Heather Seymour of the Columbus Veterans Film Festival. “Parades are great, but this is a way to engage and interact and pay thanks.”

The film festival—free for all attendees— runs Saturday, Nov. 10 through Sunday, Nov. 11 to coincide with the opening of Columbus’ new National Veterans Memorial and Museum. A partnership with the Columbus Veterans Administration’s Veterans Arts Initiative, the festival offers not just film, but also live performance, panel discussions and opportunities for veterans to connect with VA services.

“A veterans’ film festival is something I’ve wanted to do since joining the film center,” says Alex Davis, Director of Development for Gateway Film Center. “Core to our mission is to bring different groups of people into the film center to be part of what we do here.”

The works featured in the festival look at themes of reintegration into civilian society, PTSD, gender disparity and challenges navigating the healthcare system.

"Each movie is paired with a discussion afterward," says Seymour. "We hope there are some magic moments, opportunities that maybe come out of discomfort or out of an epiphany: Wow, I'm pausing to think about how this veterans' issue may affect their lives."

"There are a lot of different types of art in this festival and I think that's exciting," says Davis. "The main event Saturday night is a live performance."

"Saturday night at 7 p.m. we have a live theater performance by Kevin McClatchy, who is an OSU professor. He is also in the film *The Old Man & the Gun* with Robert Redford," explains Seymour.

McClatchy will perform *Scrap Heap*.

"It's a play that he wrote, stars in and produces," she says. "It's about a Special Forces veteran who seeks to become whole again, and it's darkly funny. It's kind of a whiplash tour of his experiences, and it's inspired by a true story."

Seymour and Davis are also both excited to share two films directed by women on day two of the festival, the documentary *Serve Like a Girl* and the narrative feature *Leave No Trace*.

Alongside the cinema and live performance is local visual art. Fundamental to the work of Veterans Arts Initiative, says Seymour, is the opportunity for veterans to display their own work.

"We have incredibly talented artists," Seymour says.

For that reason, the work of selected artists will be available for view and sale throughout the festival.

"We really wanted to make sure from the get go that we were featuring local veterans, artists working and living in our community," says Davis.

You'll also find sponsor organizations on-site to help veterans find valuable services.

"The event is about engagement," says Seymour. "Not just with the arts community but also with veterans who maybe have never come to the VA. We'll have VA representatives, social workers and peer mentors, members of the whole health team who will help in planning if someone wants to talk about their goals to improve their nutrition or weight reduction or increased mobility."

Seymour is optimistic about the effects the festival can have.

"We hope that it's both an opportunity for engagement and an opportunity to get connected, not just to the VA but to the rich art community in Columbus," she says. "I don't know of any other veteran film festival at this level that is free to veterans and to civilians."

"A big part of the work of art and this film festival is to bring people together," Davis says. "That's what's so magical and amazing about film: You get to see the world from another person's perspective."

The full Veterans Film Festival program:

- Nov. 10, 10 a.m. – Fallen Comrade Ceremony
- Nov. 10, 1 p.m. – THANK YOU FOR YOUR SERVICE (2017) with panel
- Nov. 10, 4 p.m. – THE VETERANS PROJECT (2018) with panel
- Nov. 10, 7:15 p.m. – SCRAP HEAP (live performance) with reception and panel
- Nov. 11, 1 p.m. – SERVED LIKE A GIRL (2017) with panel
- Nov. 11, 4 p.m. – LEAVE NO TRACE (2018) with panel

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6.3 - Temple Daily Telegram: [Quilts of Valor: Veterans presented with quilts in honor of service](#) (5 November, 25k uvm; Temple, TX)

Veterans who continue to serve other veterans by working and volunteering at the Olin E. Teague Veterans' Medical Center were given quilts today in honor of their service. Quilts were presented to 11 from the VA staff and a volunteer.

The Texas Patriotic Piecemakers, a regional group of Quilts of Valor Foundation, brought the quilts to Temple on Monday to hand out.

Stacy Clady, regional director with Texas Patriotic Quiltmakers, was accompanied by cadets of the Shoemaker High School JROTC, which assisted in handing out the quilts to the veterans and made introductions.

Most of the people making the quilts have a personal connection to the military, as a spouse, parent, child and more.

The Quilts of Valor Foundation began in 2003 by Catherine Roberts whose son, Nat, had been deployed to Iraq. Her dream was to gather volunteers to make quilts to help wrap veterans with quilts to combat their despair and help them heal.

Cliff Shufford, a veteran and lead ambassador at the Temple VA, received one of the quilts.

Those who spend much time at the Temple VA are aware of Shufford. He's always wearing a red blazer and is usually on hand in the hospital lobby, helping visitors and patients navigate the medical center.

"With Veterans Day coming up it's nice for groups to take the time to recognize veterans," Shufford said.

The veterans who received the quilts were: Rogoznica Jackson, Adrian Cisco, Norman Allen, Derek Gillaspie, Michael Grady Jr., Terry Richmond, Clifford Shufford, Martin Luther Spann, Tristan Key, Pearl Houck and Michael Lehto,

Tom Clady, Army instructor of the JROTC at Shoemaker High School in Killeen, said Monday was a special day for his students.

"They hear about Veterans Day, and they now know it's more than just discount meals all over town," Tom Clady said.

There are a lot of veterans in Central Texas and the cadets have been learning more about veterans for about two months while working on a special project, he said.

“Today’s event offered a personal touch,” Tom Clady said. “On Friday, the cadets will present a program on the true meaning of Veteran’s Day to their school.”

The quilts are handmade by volunteers, Stacy Clady, regional volunteer, said Monday.

Most of the volunteers who provide quilts to local veterans live in the area, but Stacy Clady said she has quilters all over the country.

“The quilters work at their own pace, with some finishing a quilt top in less than a week, while others will take a month or longer,” she said. “Some just piece the top, while others are interested in doing the quilting or the binding.

Some of the quilters are older and need financial assistance in purchasing the materials and Stacy Clady provides them with kits. Each quilt costs \$250 and up and can take up to 100 hours to complete.

“That’s why donations are so important,” she said.

Stacy Clady was a quilter and began working at a quilt shop following a deployment away from Fort Hood.

“I had heard of the organization,” she said. “The shop owner was a veteran and asked if I could check out Quilts of Valor and head up a local effort.”

It’s a labor of love, Stacy Clady said.

More information about the foundation can be found at <https://www.qovf.org> and how to nominate a Veteran to receive a quilt.

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6.4 - Moultrie News: [Military veterans honored nationwide at 1,400 cemeteries on Wreaths Across America Day, Dec. 15](#) (6 November, Cecilia Brown, 19k uvm; Charleston, SC)

The month of December often brings warm feelings and excitement. As we enjoy this time of year, it is important to be thankful for those who fought for our freedom. Each December, wreaths are placed in honor and memory on veterans’ graves at 1,400 military cemeteries throughout the nation.

In 1992, a wreath company in Maine called Worcester Wreath found themselves with a surplus of wreaths near the end of the holiday season. The owners, Morrill and Karen Worcester decided to honor our country’s veterans and made arrangements for the wreaths to be placed at Arlington National Cemetery. This started Wreaths Across America (WAA) and each year the program has grown significantly throughout the United States.

“That’s my brothers and sisters laying the wreaths out there. We’re all a big family of one that day,” said David Edwards, the Beaufort WAA location coordinator.

Edwards found out about WAA through his friends and became the Beaufort National Cemetery location coordinator 10 years ago. He served in the U.S. Navy 1969-73 and saw this as a golden opportunity to honor veterans close to the holidays here in the Lowcountry.

The Beaufort National Cemetery joined the national Wreaths Across America celebration 13 years ago. This cemetery has buried soldiers dating back to the Civil War and was listed on the National Register of Historic Places in 1997. Medal of Honor Recipients Ralph H. Johnson and John McGinty III are buried at this cemetery, along with many other notable men and women.

Each December, WAA sends the sponsored wreaths from Maine down to Beaufort for the ceremony. There are 24,000 graves in the Beaufort National Cemetery — 4,000 of those are unknown soldiers. Last December, they placed 5,386 wreaths on the military grave sites on Wreaths Across America Day. This year they’re hoping to cover at least half or 12,000 graves.

The ceremony will take place nationwide this year at noon on Dec. 15. The Beaufort National Cemetery ceremony is open to the public. Edwards recommends people arrive by 10:45 a.m. at the cemetery to find a place to park since parking is limited. Families and friends are then invited to gather together to observe the wreath procession. The procession consists of police escorts, two Beaufort Pepsi 18-wheeler trucks full of wreaths, about 400 motorcycles and military escorts. Once everyone has arrived at the cemetery, they hold a ceremony. Each year they sing the national anthem, say the pledge and share prayers for the men and women that have fought for the United States of America. Once the ceremony is over, the donated wreaths are distributed on as many graves as possible throughout the cemetery.

“You can see pride swelling in family members of veterans that attend and participate in the ceremony,” Edwards said.

Edwards says that they will take pictures of the wreaths on graves and send them to loved ones they knew couldn’t make it to the ceremony.

“It’s my honor to honor their wishes. It makes you want to go back year after year,” Edwards said.

If there are enough wreaths, everyone in attendance is welcome to lay a wreath on a grave. Volunteers at the ceremony are asked to help people that they see having difficulty laying wreaths, whether it be physically or emotionally.

“I reached out to David about six years ago to see what this was all about. After Karl and I went to one ceremony we were hooked,” shared Miff Cone, a local WAA volunteer. “It is a wonderful ceremony full of patriotism, honoring all levels of military service.”

Cone explained that she and her husband have loved being a part of this ceremony for the past few years. She read about WAA and saw photos of Arlington covered in wreaths. When Cone first contacted Edwards, she said they would come check it out and then they wanted to go to Arlington. She said that he responded, “Mrs. Cone, I think when you come to Beaufort and participate, you won’t feel like you have to go to Arlington. This is a very up close and personal event.”

If you can't attend the Wreaths Across America Day ceremony, you can honor military veterans lives by sponsoring wreaths for \$15 each. Sponsoring wreaths is the only way they are supplied to sites throughout the country for ceremonies. To sponsor one for the Beaufort National Cemetery ceremony, email waabeaufort@outlook.com for a donation form. The deadline to sponsor a wreath at this WAA location is Thanksgiving Day, Nov. 22. You may also sponsor a wreath to any ceremony location of your choice online at wreathscrossamerica.org.

"You can go to Starbucks and buy two cups of coffee or a Happy Meal from McDonalds. Or you could spend that money this year honoring our veterans, so we can put wreaths on a lot more veterans' graves this December," Edwards said.

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6.5 - KODE (ABC-12, Video): [Wreaths Across America needs help decorating Ft. Scott National Cemetery](#) (5 November, Jeremiah Cook, 16k uvm; Joplin, MO)

Volunteers need your help decorating the Ft. Scott National Cemetery this holiday season.

Wreaths Across America has been working for more than a decade to ensure that each veteran's grave has a wreath on it. Ft. Scott National Cemetery is the final resting place of roughly seven thousand veterans.

Representatives with wreaths across America say last year, they fell about 15 hundred wreaths short of marking every headstone. This year, they're about 25 hundred short of their goal. They say it takes about \$15 dollars per grave to supply the wreaths, and they're still accepting donations.

For more information on how to donate, you can call (620) 215-2174.

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6.6 - Herald-Star: [Wreaths Across America campaign support sought](#) (6 November, 10k uvm; Steubenville, OH)

For the 10th consecutive year, the George Washington Chapter of the Sons of the American Revolution is participating in the Wreaths Across America campaign with local sponsors being sought to purchase wreaths that will be placed in the National Cemetery of the Alleghenies in Washington Co., Pa.

The origin of Wreaths Across American dates back more than 25 years when Merrill Worcester, the owner of a nursery located in Harrington, Maine, had an overabundance of Christmas wreaths and nothing to do with them. Remembering a trip he had taken as a paperboy to Arlington National Cemetery in Washington, D.C., he got the idea to donate his excess wreath to the cemetery as a gesture of remembrance and honor for those men and women who served their country.

From the pictures of wreaths lying against the tombstones at that cemetery, Wreaths Across America has grown to what it is today, according to information provided by Gary W. Timmons, secretary of the George Washington Chapter and local Wreaths Across America chairman.

Burgettstown resident Kurt J. Winter is president of the chapter.

Wreaths Across America's mission remembers the fallen, honors those who serve and teaches children the value of freedom. Its goal is to generate sponsors for wreaths that will be placed on veterans' graves.

Last year at 1,422 locations in this country and 25 located on foreign soil, 1.5 million wreaths were placed on veterans' graves.

The National Cemetery of the Alleghenies was established in 2008 on approximately 300 acres near the Washington and Allegheny county line. It was created to serve the Tri-State Area when a study found that there are in excess of 300,000 veterans in this area, Timmons explained.

Currently, more than 15,000 people have been interred since the cemetery opened. All wreaths received by the local chapter will be used at the National Cemetery of the Alleghenies. "This cemetery serves the entire Tri-State Area as a final resting place for veterans, spouses and, in some cases, dependent children," Timmons explained.

On Dec. 15, beginning at noon, family friends, veterans, youth and organizations will gather for a brief ceremony followed by the placing of the wreaths. Last year more than 10,300 wreaths were placed at this cemetery, and for the third consecutive year, with graves that were already decorated by families, every grave was marked.

The George Washington Chapter of the SAR started its partnership with the National Cemetery of the Alleghenies in 2008 when it raised the funds to families around the cemetery. The chapter also dedicated a boulder along the memorial walkway located in the cemetery.

Wreaths cost \$15 each and are tax-deductible. For every two wreaths sponsored, a third is provided free.

"The chapter is proud to be the largest gatherer of sponsorships for this cemetery," Timmons noted, adding the chapter encourages volunteers to come to the National Cemetery of Alleghenies at noon on Dec. 15 to help place wreaths received. The deadline for sponsorship is Nov. 23.

Anyone interested in sponsoring a wreath can make a check payable to Wreaths Across America and send it to Gary W. Timmons, at 13 Elm Lane, Wheeling, WV 26003-4905. He also can be contacted at (304) 242-8759.

The Sons of the American Revolution is the leading male lineage society that perpetuates the ideals of the war for independence.

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6.7 - Beacon Senior News: [Love, honor, respect: a visit to Fort Rosecrans National Cemetery](#) (6 November, Joyce Corley, 170 uvd; Grand Junction, CO)

Since I was a child, I've had many opportunities to visit military cemeteries and to understand the valor and sacrifices represented there. The one I'm most familiar with is located in Los

Angeles, California, now the West Los Angeles National Medical Center and Cemetery (formerly Sawtelle Veterans Hospital and Cemetery).

My uncle, Eddie De Quir, was a disabled veteran. Born in Louisiana, he spoke fluent French and served as a translator during World War I. As a consequence, he was gassed in the trenches and developed painful rheumatoid arthritis. He literally spent the rest of his life at the Sawtelle Hospital, except for weekend furloughs during the holidays. Every Sunday my family, along with my Aunt Pearl, visited Uncle Eddie at Sawtelle. They're both buried there, so we still visit.

As an adult, I've visited the Arlington National Cemetery in Washington, DC, and Gettysburg National Cemetery in Pennsylvania many times. There's also a nice military cemetery in Grand Junction.

On a recent trip to California, I was able to spend a week in San Diego, where I had the opportunity to visit what to me is a special national cemetery.

Fort Rosecrans National Cemetery at Point Loma is one of the most touching cemeteries I've visited. The setting, both poignant and breathtaking, certainly sets it apart. With the Pacific Ocean on one side and San Diego Bay on the other, it's one of the most beautiful national memorials I've visited.

Fort Rosecrans became a national cemetery in 1934, but heroes from many battles have been buried there since the beginning of California's history. As a history buff and educator, as well as the wife of a Korean War veteran, I find these memorials to be a great place for meditation and a wonderful opportunity to pay homage and respect.

Viewing the graves there once again drove home the multitude of sacrifices that men and women have made for our country. The numbers buried there are phenomenal.

All of these military cemeteries emphasize these truths—bullets and death do not respect ethnicity, gender or nationality. All the veterans buried there are people who loved this country and proudly served to protect it. That same love and respect should manifest itself in the many millions of citizens left here to enjoy the liberties and benefits of this great country.

The day of our visit, we stayed until dusk. It's truly worth a visit to pay your respects, but also to contemplate our blessings as Americans.

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6.8 - Beacon Senior News: [Veterans on the MOVE!](#) (6 November, Melanie Wiseman, 170 uvd; Grand Junction, CO)

September 16, 2017, is a date veteran Clifford Wheeler will never forget.

It was the day he joined the Grand Junction Veterans Affairs (VA) Medical Center's MOVE! program—a decision that radically changed his life for the better.

Weighing 353 pounds when he started, Wheeler felt constantly exhausted. He suffered from severe knee pain and couldn't tie his shoes. In just over a year after joining MOVE!, he dropped 127 pounds and 36 percent of his body weight, closing in on his goal of 190.

“Just like the program’s name, the key is to move,” said Wheeler, 69, who no longer experiences pain and keeps up his progress by walking for 30 minutes twice a day. “You can’t lose weight just sitting around.”

Setting up for success

Veterans nationwide are seeing astounding results through MOVE!, a program developed by the Veterans Health Administration (VHA) to address weight and weight-related health issues by focusing on healthy eating, physical activity and behavioral changes.

“The purpose of the MOVE! program is to treat the disease of obesity,” said registered dietitian and local MOVE! Program Coordinator Melissa Klemp.

The VA reports that 80 percent of veterans are overweight or obese, putting them at risk for health issues such as heart disease, diabetes, stroke, high cholesterol, high blood pressure, joint and back pain, sleep deprivation, PTSD and cancer.

According to Klemp, physical exercise contributes to 20 percent of weight loss while 80 percent is due to nutrition and what we eat.

MOVE! is offered in several small group sessions averaging six to eight people. These 16-week sessions cover a variety of topics, including how to read nutrition facts, maintaining a food and activity log, how to prepare healthy meals and snacks, the different types of physical activity and how to do them safely, understanding mindful eating and ways of managing stress and dealing with weight plateaus.

Sessions are offered simultaneously at different times and days of the week to accommodate participants’ schedules.

“If people don’t do well in groups or have a busy lifestyle, we can still make MOVE! happen for them,” said Klemp, who also coordinates with veterans from Montrose, Craig, Moab and Glenwood Springs by offering weekly group sessions via Skype. “We never turn anyone away, and the program is entirely free.”

MOVE! is open to veterans of all ages regardless of whether they use VA care. Even members of the public can access the program’s resources by downloading the MOVE! Coach app on their phones or tablets.

Veterans’ spouses can also participate in many parts of the program free of charge. In fact, Klemp encourages them to join, especially if they’re the ones doing most of the cooking or shopping.

Wheeler’s wife, Pat, 68, who has walked alongside her husband through the MOVE! program, has lost 75 pounds to date.

Evidence-based results

MOVE! participants set SMART goals: specific, measurable, achievable, realistic and time-based.

When participants lose 5 to 10 percent of their body weights, Klemp notifies their doctors so they can get a new look at lab work and medication levels. Some participants have been able to get off blood pressure or diabetes medication completely.

“They tell me things like, ‘I can breathe a lot easier’ or ‘Look, I need to get a smaller belt!’ and ‘I’m so excited because I spilled on my lap today instead of my stomach!’” said Klemp.

The program is evidence based. Klemp added that the success of MOVE! nationally is measured by the number of contacts per person and the percentage of weight loss overall.

“Our MOVE! program is double the national average of contacts, retention and follow up,” she said. “At the VA, we have access to all kinds of support. The continuity of care here is like nothing I’ve ever seen before.”

Camaraderie and support

Support continues after the regular sessions are over with monthly weigh-ins and follow-up classes, and weekly Wednesday walks with participants meeting at Canyon View Park for camaraderie and exercise.

Wednesday walkers and Navy men Chuck Shafer, 69, and Mel Bennett, 72, Bonded instantly upon finding out they had crossed paths While Serving during the Vietnam War. They continue with MOVE! to maintain their weight loss success.

Some participants like the accountability, while others prefer to monitor themselves at home. It’s also not uncommon for some people to start the program and find they’re not quite ready, then return at a later time. Others find it so helpful that they repeat the sessions a few years later for a refresher or continued support.

Lou Massicotte, 72, lost 20 pounds through MOVE!, but remains in the program after 10 years because his doctor told him, “Don’t stop doing what you’re doing!”

MOVE! has also allowed veterans to get back to the things they love. Before climbing Quandary Peak last summer, it’d been 40 years since Frank Hagey, 71, climbed his last fourteener.

“I started the program in preparation for the fourteener, but now it’s a habit,” said Hagey, who now walks 24,000-30,000 steps a day. “MOVE! is not a fad, it’s a lifestyle.”

John Cox, 77, has lost 50 pounds in the two years he’s been with the program.

“I’ve gone from walking 1/4 mile each week to five miles twice a week,” he said. “MOVE! is terrific.”

He added that he recommends the program to every veteran he meets.

“It’s a commitment,” said Klemp. “I tell them it’s a little like school. I even give them some homework. We want to make sure we give them the steps and tools they need so it’s worthwhile.”

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7. [Other](#)

7.1 - **Military.com (Amarillo Globe-News): [Fort Hood Shooting Survivor Remembers Fallen Colleagues](#)** (6 November, Richard Sisk, 2M uvm; San Francisco, CA)

An Amarillo resident and survivor of the Fort Hood mass shooting, which occurred nine years ago, is fondly remembering the lives of five comrades who served alongside her in the 467th Combat Stress Control Detachment and the 1908th Combat Stress Control Detachment.

Reservist Dorothy "Dorrie" Carskadon was shot four times at the Fort Hood Soldier Readiness Processing Center by Nidal Hasan, a U.S. Army Major and psychiatrist who fatally shot 13 people and wounded 30 others, as she waited with other members of the units completing paperwork in preparation for deployment to Afghanistan.

Carskadon, a Veterans Justice Outreach Specialist at the Amarillo VA Healthcare System who is also a Keller Williams real estate agent, still has shrapnel after being grazed in the head, was shot through the hip, sustained a gunshot wound to the leg and was also shot in the stomach. But Carskadon, who earned a Bronze Star in the first Gulf War and joined her fallen and wounded comrades in receiving a Purple Heart in 2013 in the aftermath of the Fort Hood shooting, said her goal is to keep at the forefront the legacies of her colleagues who made the ultimate sacrifice.

"It's my duty to live on for them," she said. "We were all reservists. It was our first day of active duty at Fort Hood, and we'd been there less than 24 hours. We were going through the first segment of the soldier readiness when all of this happened. A lot of special people lost their lives that day, so no matter where I am on Nov. 5, I make certain I share with people how those who have fallen lived. All five of the people from our units that were killed were mental health professionals shot by a psychiatrist."

Carskadon said Maj. Libardo Eduardo Caraveo, whom she said was one of the first casualties, left a lasting impression on everyone he met.

"He worked for the federal government as a clinical psychologist who conducted psychological evaluations on sex offenders," she said. "He had done work at Guantanamo Bay and also owned an inspirational speaker business. During training, he would have all of the officers share an inspirational message with the units to get us fired up and ready for our duties. I'll never forget his drive and determination."

Another unit member, Lt. Col. Juanita Warman, was about to embark upon her final tour of duty and was slated to retire. She served as a sterling example of the teamwork exemplified daily, per Carskadon.

"She actually joined our unit late," Carskadon recalled. "She joined us late in our training, but it didn't take her long to demonstrate that she was dedicated to doing everything in her power to help the team reach its goals. When they found her, she had been shot three times and they were trying to get her out of the area, but she refused treatment in lieu of others. The shooter returned to shoot her a fourth time, and that is what killed her. She volunteered for the mission when others couldn't. These are the type of selfless people with which I am proud to have served."

Staff Sgt. Amy Sue Krueger had already served a tour of duty in Iraq and was preparing to be deployed with Carskadon's unit to Afghanistan.

"She had signed up specifically to go with us because we needed more people," Carskadon said. "I later found out she had a back tattoo that conveyed the message 'All gave some and some gave all'. Very prophetic. She was a very quiet, but highly dependable, person. She was a dedicated professional that enjoyed helping people who were in need."

Cpt. Russell Seager was a psychiatric nurse, while working in the field of psychiatric mental health as an instructor who worked with returning combat personnel.

"He decided he couldn't wait for troops to return and wanted to be on the front end of aiding the cause, so he lost like 150 pounds to get into the military at age 50, as a psychiatric nurse," Carskadon said. "He was shy and really nice. He recognized the need to help those who are dealing with front line combat issues. During training he always provided those words of encouragement that uplifted the unit."

Cpt. John Gaffaney, a psychiatric nurse, was shot as he attempted to charge the shooter.

"He had served in several different branches and had originally been in a tank unit," Carskadon said. "So he was trained as an infantry guy to begin with. When he got out of the military, he went to nursing school, so when the shooter began shooting, his infantry training kicked in. Capt. Gaffaney's first instinct was to run at the shooter. He's another guy who realized there was a need for mental health services in a front line capacity. These are people who should never be forgotten."

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7.2 - Stars and Stripes: [Wave of veterans win congressional seats in midterm elections](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

Military veterans running as first-time candidates and others as incumbents rode a wave of heavy voter turnout Tuesday, winning several congressional races in the midterm elections.

The new cadre of military veteran lawmakers, which includes some upsets by Democrats and some re-elections for Republicans, will begin their terms in January and could help steer major defense issues.

By late Tuesday, with several victories by veterans, it appeared Democrats could take control of the House.

"I think it's pretty clear now that veterans are the reason that Democrats are going to take back to the House," said Jon Soltz, chairman of progressive political organization VoteVets. "It's definitely a great night for veterans who are Democrats."

The more than 200 veterans who ran for seats in the House and Senate was an uptick of former servicemembers seeking office, according to With Honor, a new "cross-partisan" group focused on electing candidates with military service to public office. That followed more than 400 who ran in primary races earlier this year.

Many of them ran in high-profile races -- some in re-election bids and others for the first time. Many veterans were part of a traditional Republican block of candidates running in district and statewide races, while others were part of a new generation of Democratic politicians with military experience.

All 435 seats in the House and 35 of the Senate's 100 seats were up for grabs in Tuesday's elections.

The winning veterans include incumbents such as Reps. Mike Gallagher, R-Wisc., and Ruben Gallego, D-Ariz., who have made their mark in short tenures in Congress. Others, such as Democrats Elaine Luria of Virginia and Max Rose of New York ousted incumbents in upsets Tuesday to win their first terms as House lawmakers.

At least six races featured two veterans facing off. In Florida, incumbent Democratic Sen. Bill Nelson, an Army veteran, and the state's Republican Gov. Rick Scott, a Navy veteran, were locked in a dead heat by early Wednesday for Nelson's seat. In Massachusetts, Democratic Rep. Seth Moulton, a Marine Corps veteran, won re-election to a third term against Republican Joseph Schneider, a former Green Beret.

This year's increase in veteran candidates follows dwindling representation of former servicemembers in Congress for several decades. Their percentage fell from peaks of 81 percent in the Senate in 1975 and 75.2 percent in the House in 1969 to recent lows of 20 percent or less by 2015, according to the most recent figures from Pew Research Center.

More vets, more bipartisanship

With some pundits pointing to the dwindling ranks of veterans as contributing to toxic partisanship on Capitol Hill, the hope is now with more former servicemembers in Congress that trend could start to reverse.

Of the 200 House candidates tracked by With Honor, 102 were Republicans, 61 were Democrats with the remainder third party and write-in candidates, said Ellen Zeng, a spokeswoman for With Honor. The group endorsed 20 Republicans and 19 Democrats.

"The problems we are trying to take on, this dysfunction in Congress, are not easy, but definitely are having a debilitating impact on this country," she said. "We hope a critical mass of these With Honor candidates can help fix our broken politics."

Lawmakers will be taking on a long to-do list for defense matters when the new Congress convenes in January. The fate of an ongoing military buildup, war and deployment oversight and decisions on who can enlist in the service will be directed by lawmakers in Washington for the coming two years.

In addition, President Donald Trump's growing demands for the military — from expansions in overseas war operations to surprise efforts to install budget cuts to new plans to deploy about 15,000 troops to the southern border — could also come under additional congressional scrutiny.

This, as Pentagon officials are slated in January to roll out two proposed fiscal year 2020 budgets: a \$733 billion plan that would stay on track with a military expansion and a \$700 billion plan that would undo much of its initiatives from the last two years. Lawmakers will also contend

with budget caps that would otherwise keep defense spending to \$576 billion for the 2020 fiscal year.

The new Congress also might have to contend with several costly Trump plans to deploy thousands of troops to the U.S.-Mexico border, creation of a “Space Force” as a new military service and a military parade through the streets of Washington that was put on hold until 2019. There’s also ongoing debate over whether transgender personnel and certain immigrants should be eligible to serve in the military.

By early Wednesday, several media outlets had called House control for the Democrats, while control of the Senate could remain with the Republicans.

Military veterans see easy wins, upsets

Several military veterans who won re-election bids were especially vocal on the role of the military in their previous, short tenures on Capitol Hill. And in several cases, their wins could be considered upsets.

Rep. Conor Lamb, D-Pa., won the seat for his state’s newly drawn 17th District on Tuesday with only months in Congress after a close, upset win in a March special election. Lamb won that previous race for the state’s 18th Congressional District, a traditionally Republican stronghold, by less than 700 votes.

With Tuesday’s win, Lamb ousted sitting Republican Rep. Keith Rothfus, who has represented the state’s 12th District since 2013.

Reps. Gallagher, Adam Kinzinger, R-Ill., and Anthony Brown, D-Md., were among the veterans who won re-elections to new terms. Gallagher, a Marine Corps veteran who won a second term in Wisconsin’s 8th district, made headlines during his first term for criticizing Trump, and particularly the roll out of the president’s travel ban last year.

Gallego, an Arizona Democrat and Iraq War veteran, was elected to his third term in the House on Tuesday, defeating Green Party candidate Gary Swing. Gallego, an outspoken Trump critic, faced no Republican challenger for Arizona’s District 7.

Gallego has said publicly that he’s considering vying for a Senate seat, possibly during the 2020 special election for the remainder of John McCain’s term. McCain, a Republican senator from Arizona, died in August.

In Delaware, incumbent Democratic Sen. Tom Carper, a Navy veteran, fended off Republican Robert Arlett, a Naval Reserve veteran.

In Illinois’ 12th Congressional District, Republican Rep. Mike Bost declared victory over Democrat Brendan Kelly, a Navy veteran. In Pennsylvania’s 10th District, Republican Rep. Scott Perry, an active member of the state’s National Guard, was predicted to win over Democrat George Scott, an Army veteran.

And in Colorado’s 6th District, Iraq War veteran and Democrat Jason Crow defeated another veteran, Rep. Mike Coffman, a Republican who was seeking a sixth term in the House. Crow is a former Army Ranger and first-time political candidate. During the campaign, he criticized Coffman’s “A” rating from the National Rifle Association. The 6th district is home to Aurora, the site of the 2012 mass shooting at a movie theater.

In the Houston area, Republican Dan Crenshaw, a former Navy SEAL, won a first term in the state's 2nd Congressional District. Crenshaw unwittingly drew national attention this past weekend when he was the subject of a joke on "Saturday Night Live" for his war injury. Crenshaw, who saw five deployments, was hit by a bomb blast during a mission in Afghanistan that destroyed his right eye. Crenshaw now wears an eye patch that became an iconic symbol in his campaign.

"I think we're doing well, we're excited," Crenshaw told a Houston crowd late Tuesday ahead of the official results. Of the SNL joke, "I'm from the SEAL team, we don't really get offended."

This, as Greg Pence, a Republican, Marine Corps veteran and older brother of Vice President Mike Pence, won a House seat in Indiana's 6th District by a large margin.

Some veterans lose, others await results

In the race to replace outgoing Republican Sen. Jeff Flake in Arizona, Republican Rep. Martha McSally, an Air Force veteran, was in a tight race with her opponent, Democratic Rep. Kyrsten Sinema.

In another controversial race, incumbent Rep. Duncan Hunter, R-Calif., a Marine veteran who is now facing 60 federal charges for claims of misusing \$250,000 in campaign funds, was in a tight race against his Democratic opponent Ammar Campa-Najjar.

Hunter, who won his seat in 2009 after his father retired from it, has pleaded not guilty to his criminal charges, along with his wife, who was also charged.

In New Hampshire's 1st Congressional District, Navy veteran Eddie Edwards, a Republican, lost his race. Edwards, a former police chief, was beaten by state lawmaker Andy Sanborn.

Democrats Amy McGrath of Kentucky and Army veteran Randy "Ironstache" Bryce of Wisconsin, who drew national buzz in their congressional bids, fell in their races Tuesday to win first terms as House lawmakers.

Though McGrath lost her fight, she impressed election watchers with how close the veteran Marine fighter pilot came to pulling an upset.

"This race was never supposed to be competitive and McGrath ran on a background of being an independent," Zeng said. "She only lost by (about) 3 points."

Female vets draw buzz, then upsets

In New Jersey's 11th Congressional District, veteran Navy helicopter pilot Mikie Sherill, a Democrat, beat her opponent, Jay Webber, a Republican state assemblyman. The two were vying to fill the seat for retiring Republican Rep. Rodney Frelinghuysen, who held the seat for 12 terms.

Chrissy Houlahan, an Air Force veteran, won a first term for Pennsylvania's 6th District while Luria pulled an upset in Virginia's 2nd District.

And Air Force veteran Mary Jennings "M.J." Hegar, a Democrat, was in a tight race late Tuesday with incumbent Republican Rep. John Carter in Texas' 31st District, a deeply conservative swath in the central region of the Lone Star State.

Luria, Sherill, Houlahan and other female military veterans running for office are part of a new, energizing movement, political watchers said.

“These amazing women leaders are part of the changing face of the military who have attracted attention because of their willingness to shatter every ceiling first in the military and then in politics,” Dan Helmer, vice chair of progressive political organization VoteVets, said ahead of Tuesday’s election. “These strong women military leaders have captured the attention of the whole country and it’s not a surprise.”

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7.3 - Dayton Daily News: [2 graduate Butler County’s new Veterans Treatment Court](#) (6 November, Denise G. Callahan, 271k uvm; Dayton, OH)

BUTLER COUNTY — “Real heroes don’t wear capes, they wear camo,” Butler County Common Pleas Judge Michael Oster told supporters gathered in his courtroom to celebrate the first graduations for Butler County’s Veterans Treatment Court.

The court has been operating for about two years and was certified as a specialty court by the Ohio Supreme Court earlier this year. Roger Caldwell and Matthew Kellum successfully completed the 17-month program and, as of Monday, are officially Veterans Treatment Court graduates.

The court’s goal is to get veterans clean of addictions and help them cope with debilitating conditions like Post Traumatic Stress Disorder that might have contributed to their breaking felony laws in the county.

Assignment to the specialty court as part of probation is made by the sentencing judge in the felony division who had the veteran’s case originally. The veterans court is designed to break down barriers such as unemployment or under employment, homelessness, drug problems and other issues that may have contributed to veterans ending up on the wrong side of the law.

Oster told the crowd — that included family, friends, other judges, elected officials, prosecutors and public defenders — his court is no cake walk but it works. He says his main focus is helping the veterans get their sense of worth back.

“The brave men and women who have served our country, protected our lives, our freedoms, the ideals we have as Americans, should never get to a point in any way where they don’t feel that they are a veteran, they should never feel like they have lost a sense of honor or pride or who they are for that service,” Oster said. “No matter what else gets achieved in this Veterans Treatment Court my personal goal, as long as I oversee this court, will always be to give back our veterans every ounce of pride and honor they have earned serving our country.”

Caldwell didn’t want to go into detail about how he tangled with the law but said the program has helped him hook up with benefits he never knew were available, education and job training, it’s “remarkable” according to him.

“I was on a road that I was making some bad decisions in my life and I wasn’t really living up to my potential,” Caldwell said. “Through this program I got a new lease. Don’t be afraid to ask for help, sometimes pride can get in the way.”

The veterans court is one of five certified specialty courts in the county, including the felony drug, felony mental health and felony non-support courts, and the newest, the Family Treatment Drug Court.

Veterans Treatment Court participants meet with Oster and his team — made up of court staff, a representative of the Veterans Service Commission, the probation office and Jen Wolfe, a veterans justice outreach specialist with the Veterans Administration — every Monday to check in on their progress in the program.

Wolfe, who is on the Veterans Treatment Court team as an advocate for the veterans, said the specialty dockets allow for a special bond to form that facilitates healing.

“Our role as a treatment team is to wrap these veterans in bubble wrap,” Wolfe told the Journal-News. “We wrap all these services around them because they’re fragile. They have mental health disorders, they have substance abuse disorders, so you wrap all these services around them and you stay with them long enough to then let them get back out on their own.”

Kellum has been clean and sober for more than a year. He said he “deserves a good, boring life” — the judge says a “boring” life doing things the right way should be a goal for all the Veterans Treatment Court veterans — and with all the support from his family, friends, the Veterans Treatment Court and his fellow vets he knows he’ll be just fine.

“It’s really improved my life a lot,” Kellum said. “I’m in a better place now. I know I’m not going to die, not from that anyway.”

Oster also invited Ohio Supreme Court Justice Sharon Kennedy a former Butler County common pleas judge and Hamilton police officer, has become a strong advocate statewide for specialty courts especially the Veterans Treatment Courts.

She implored the new graduates to remember there is support all around them — just a phone call away she said — and not to be discouraged by inevitable pitfalls life may throw their way.

“When you have doubt or fear, concentrate on where you want to go not what you fear. Decide what you want, believe you can have it, believe you deserve it and you’re worthy of it,” she said. “When those moments of doubt and fear come, all of us fail, for the act of failure isn’t the fact that it happens, failure happens when we stay down. You above of all know how to pick yourself up and move on.”

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7.4 - Union Leader: [Silver Linings: Memory loss: Normal or not?](#) (6 November, Roberta Baker, 199k uvm; Manchester, NH)

When is memory loss normal — and when is it a sign of something serious?

That question nags many seniors, including Shukla Biswas, 69, of Nashua, who recently retired after 45 years as a law librarian, then returned to work part-time.

“I’ve always had a computer memory,” said Biswas. “I could picture the book, see the pages turning and remember the lines on the page. Today I read a chapter in a pleasure book, then have to reread it the next day before going on to the next. I’m forgetting a lot of stuff. It’s not like me at all.”

Bob Albom, 72, of Hooksett, worked over 50 years in hospitality management, and now teaches and makes presentations.

“I can have a thought in mind, then forget where I’m going with it,” Albom said. “My long-term memory is excellent. My short-term, not as much. People have been saying there’s so much on our minds it’s easy to forget. But I’ll start a sentence and all of a sudden forget where I was going with it.”

John Walker, 67, of Manchester said, “When you’re my age and can’t remember the name of a song, a favorite movie or a person I meet, is it because I’m busy and not focused — or is it a sign of something else?”

Worries about memory loss or worse, encroaching dementia are etched in the minds of many Granite State seniors — members of the state’s rapidly aging population, often described as a silver tsunami. Predictions for a steep uptick in diagnoses of Alzheimer’s disease and other forms of dementia make the collective anxiety intense.

Currently there are at least 24,000 cases of Alzheimer’s in New Hampshire, a number that is expected to increase by 33 percent by 2025, according to the Alzheimer’s Association’s state chapter. Nationally, one in six women and one in 10 men are expected to develop dementia.

In a 2016 statewide study, 8.9 percent of residents age 45 and older reported experiencing confusion or memory loss that’s happening more often or getting worse. Of those with memory problems, 42.8 said it has created functional difficulties, causing them to give up daily activities and/or interfering with work or social life.

Dr. Maureen O’Connor, a neuropsychologist and associate director for education at Boston University’s Alzheimer’s Disease Center, co-author of ‘Seven Steps to Managing Your Memory: What’s Normal, What’s not, and What to Do about it,’ said cognitive decline starts in one’s 20s and 30s and accelerates with aging.

Decreasing over time are processing speed, the ability to block out distractions, the ability to multi-task, and working memory, which includes mental manipulation such as being able to calculate how much change you’re due at the checkout.

“As we age, it becomes more difficult to learn as much new information. But the ability to retain it is relatively intact. People can experience some difficulty with information retrieval,” said O’Connor, who spoke last Wednesday at Birch Hill Continuing Care Retirement Community in Manchester. Remembering someone’s name when you recognize their face is a common complaint — even among actors, she said.

Relatively unaffected are our capacities to retain information and sustain attention, as well as procedural memories of how to do things such as play the piano or ride a bike. Semantic

memory — the memory of facts and words — actually increases over our lifetime as we are exposed to new information and experiences.

Dementia may be an underlying issue when we have changes in memory and thinking that impact the way we function in daily life — and others agree with that assessment.

“Someone else has to notice that your memory isn’t as good as it was, and you’re not able to do day-to-day things without help,” O’Connor said.

Often the hype surrounding memory decline can be worse than the reality — and cause unfounded fears. Both depression and anxiety undermine memory, and can mimic memory decline.

O’Connor, who also works as a clinical neuropsychologist at the Bedford, MA Veterans Administration Hospital, said she’s seen patients as young as 45 who are panicked because of misplacing keys or forgetting the name of someone they know, which are not indicative of emerging dementia.

In Alzheimer’s Disease, which accounts for 40 to 70 percent of all dementias, “The hallmark feature is rapidly forgetting information: what you ate for breakfast, what someone told you moments ago. Distant memories remain preserved.” she said.

Vitamin B-12 deficiencies cause memory loss that resembles dementia, and chronic sleep disturbances such as insomnia and untreated sleep apnea also result in compromised cognition and memory decline. Both are reversible with treatment.

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7.5 - Long Island Press: [‘Behind the Murder Curtain’ Reveals True Crimes of Long Island Medical Serial Killer](#) (6 November, Carlotta Mohamed, 39k uvm; Syosset, NY)

When veterans are on the road to recovery in a hospital and suddenly die, it’s up to Bruce Sackman, Special Agent in Charge of the U.S. Department of Veterans Affairs Office of Inspector General, to investigate those deaths.

In Sackman’s new book *Behind the Murder Curtain* with co-authors Michael Vecchione and Jerry Schmetterer published in September, the renowned investigator uncovered four medical serial killers in the VA hospital system from West Virginia to Maine — including one on Long Island.

“These are medical professionals who murder their patients,” said Sackman. “I’m not talking about a Doctor Kevorkian, accidents, malpractice...I’m actually talking about murder. That’s what these people did.”

According to Sackman, a former criminal investigator for the VA office for 32 years, the series of investigations throughout the country involving nurses and doctors who murdered their patients surfaced in the early 1990s.

One of Sackman’s cases in the book involves Michael Swango, who began killing his patients as early as medical school.

Swango was allowed to continue his reign of terror for years even after imprisonment — due to a broken system of background checks and the failure of hospital administrators to believe one of their own might be a killer.

“He actually chose a profession that would give him the power of life and death over an individual, and he would kill the people and watch them die,” said Sackman. “Then he would call up the next kin and explain in great detail how dad had suffered during the last moments of his life.”

After being released from prison in 1987 for good behavior, Swango forged documents and began working at the Health Science School for Medicine at Stony Brook University on Long Island, Sackman said. He was sent for training to the VA Medical Center in Northport, where a colleague tipped Sackman off that Swango was killing patients.

Swango lost his job after an ABC News 20/20 segment re-aired his interview while he was incarcerated at Centralia Correctional Center in Illinois for poisoning his co-workers. He then traveled to Africa where he continued to kill more people, Sackman said.

“We were able to determine he killed at least three people out in Long Island and that’s what he was prosecuted for, and sentenced to three life terms without the possibility of parole,” said Sackman.

The government of Zimbabwe also charged Swango in absentia with poisoning seven patients, and killing five.

According to Sackman, Swango’s thrill stemmed from a psychological disorder — Munchausen Syndrome by Proxy, a mental illness and form of child abuse.

“It’s the equivalent of a mother who will intentionally harm her child and bring her child to the emergency room to show staff what a caring loving parent she is, when she actually harmed the child to begin with,” said Sackman. “They’re like thrill seekers.”

According to Sackman, the deaths of the recovering veterans could’ve been prevented if someone were by their bedside.

“These patients that were victims were basically alone at night and that’s one of the things that made it easier for nurses and doctors to kill people,” said Sackman. “If they had an advocate with them all the time, there’d be a much higher probability that they wouldn’t have been a victim.”

After the Swango case, there were thorough employee background checks every year. Sackman developed the Red Flags Protocol, which provides medical environments with warning signs to look out for — such as death rates that rise when one particular individual is on duty.

“I would like for them to have an awareness that this very small group of people exist throughout the world,” said Sackman. “The overwhelming majority of healthcare providers are honest hardworking people who actually perform miracles everyday. But these are real outliers, people who work with other people who take an oath to save lives, but these people were actually intent on taking lives.”

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Veterans Affairs Media Summary and News Clips

7 November 2018

1. [Top Stories](#)

1.1 - Stars and Stripes: [Democrats gain control of key House military, vet committees](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

The fate of an ongoing military buildup, war oversight, veterans affairs and decisions on who can enlist in the service now appears to rest in the hands of a split Congress with the final results of Tuesday's midterm elections. Democrats were poised late Tuesday to win control of the House, shifting leadership of key committees that direct military and veteran issues.

[Hyperlink to Above](#)

1.2 - Pew Research Center: [Too Few Doctors and Nurses for Veterans in Some Areas](#) (7 November, Tim Henderson, 12k uvd; Washington, DC)

As the nation prepares to honor its veterans Nov. 12, many veterans in rural areas and some cities still face long wait times for health care because there aren't enough doctors, nurses and support staff to provide it. Almost 40,000 of the 335,000 positions in the Veterans Health Administration are vacant, according to the Department of Veterans Affairs, which oversees the VHA. The VHA serves about 9 million veterans.

[Hyperlink to Above](#)

1.3 - MeriTalk: [VA CISO Details Modernization, EHR Implementation Efforts](#) (6 November, 11k uvm; Alexandria, VA)

While the Department of Veterans Affairs is approaching IT modernization with a strong desire to improve systems, especially when it comes to electronic health records (EHR), the agency is taking care not to shut down existing systems too early, said deputy CIO and chief information security officer Dominic Cussatt during an episode of Government Matters that aired on Sunday.

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1.4 - PM Network: [2018 PMI Project of the Year Winner. Full Recovery: A team rebuilt a hospital for military veterans - restoring healthcare and order for a battered city.](#)

(November, Sarah Fister Gale; Newtown Square, PA)

Hurricane Katrina decimated thousands of buildings in New Orleans, Louisiana, USA, in 2005, including a U.S. Department of Veterans Affairs (VA) medical facility that served approximately 40,000 military families. The hospital, also where world-class research was conducted and more than 500 medical students were training to become physicians, suffered so much damage that it had to be replaced.

[Hyperlink to Above](#)

1.5 - ConnectingVets.com (CBS Radio): [As delayed GI Bill payments persist, one city confronts the issue head on](#) (6 November, Matt Saintsing, New York, NY)

As hundreds of thousands of student veterans nationwide are experiencing severely delayed GI Bill payments, one city is taking things into their own hands by providing emergency rent relief for those facing eviction. "New York City is stepping up to give student veterans the security they need to stay in their homes while they wait for the federal benefits they earned through service to our country," said New York City Mayor Bill de Blasio in a statement.

[Hyperlink to Above](#)

2. Improving Customer Service

2.1 - TMC News: [On the front lines of health care](#) (6 November, Britni R. McAshan, 2M uvm; Houston, TX)

Today, Burns serves as Associate Director of the Stroke Program and a family nurse practitioner on the neurology care line at the Michael E. DeBakey VA Medical Center Houston. "One of things I learned and carry with me today is that the military is like a family," Burns said. "It is similar here at the VA because we are like a family..."

[Hyperlink to Above](#)

2.2 - MintPress News (Rutherford Institute): [A Badge of Shame: The Government's War on America's Military Veterans](#) (6 November, John Whitehead, 225k uvm; Minneapolis, MN)
Not all heroes wear the uniform of war. In the United States, however, we take particular pride in recognizing as heroes those who have served in the military. Yet while we honor our veterans with holidays, parades, discounts at retail stores and restaurants, and endless political rhetoric about their sacrifice and bravery, we do a pitiful job of respecting their freedoms and caring for their needs once out of uniform.

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2.3 - KRCC (NPR-91.5, Audio): ['I Didn't Realize How Angry I Was' - A Veteran's Journey To Healing](#) (6 November, Paulina Ukrainets, 7k uvm; Colorado Springs, CO)

On enrolling in the VA: "[My therapist] kinda encouraged me to get enrolled in the VA, which I had not done for five years after retiring from the military. Partly because I felt like other men and women needed to get... I was hearing about the shortage and the backlog, and, you know, all the amputees that weren't getting their appointments..."

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3. Business Transformation

3.1 - Philadelphia Business Journal: [VA finds new, bigger home for Delaware County outpatient clinic](#) (6 July, John George, 9k uvm; Philadelphia, PA)

The Coatesville VA Medical Center is moving its Delaware County outpatient clinic to a larger location. Now based at the Crozer-Keystone Health System Complex on West Sproul Road in Springfield Township, the VA's Springfield Community Based Outpatient Clinic is relocating to Newtown Square this month. The clinic's new site is in the Marville Shopping Plaza at 4883 West Chester Pike.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Politico: [Spotlight on patient safety](#) (6 November, Mohana Ravindranath, 8.7M uvm; Arlington, VA)

Ranking Member Tim Walz noted recent reporting by POLITICO and ProPublica on problems and infighting at the VA that imperil the success of the project. Pros can read the full story here.

[...]

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4.2 - The Repository (Tribune News Service): [Commentary: Caring for vets should be national priority](#) (6 November, Christopher Dale, 67k uvm; Canton, OH)

In advance of this year's Veterans Day, on Nov. 11, the legions of men and women who have served in our nation's military received some welcoming news: Congress finally agreed to fund the VA Mission Act, which since its June passage had been mired in budgetary disputes.

[Hyperlink to Above](#)

4.3 - Dell Technologies: [How Veteran Affairs is Tapping into AI](#) (5 November, Pragti Verma, 9k uvd)

Veteran Affairs (VA) has received a lot of scrutiny for its inefficiency in providing timely medical treatment, with stories coming to light of veterans waiting months to receive care. And while there are no immediate solutions to correct the agency's perennial wait time problem, the VA is turning to artificial intelligence (AI) for at least a few answers.

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[5. Suicide Prevention](#)

5.1 - Murray Ledger & Times: [New nonprofit looks to raise awareness of veteran suicide](#) (6 November, Jordan Ferguson, 5k uvm; Murray, KY)

Many organizations were present on the campus of Murray State University Saturday to take part in its first Purchase Area Military Appreciation Day. The event was hosted in conjunction with Four Rivers Behavioral Health Regional Prevention Center.

[Hyperlink to Above](#)

[6. Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Denverite: [By HUD's count, the number of veterans experiencing homelessness in metro Denver is up slightly from last year](#) (6 November, Donna Bryson, 85k uvm; Denver, CO)

Slightly more veterans were experiencing homelessness in the Denver area this year, according to HUD's Annual Homeless Assessment Report. According to the figures released Monday, 566 veterans were counted in metropolitan Denver during the one-night point-in-time survey of people experiencing homelessness in January. Last year it was 548. It was 358 in 2013, the year that saw the lowest figure among veterans since 2011, when the number was 1,322.

[Hyperlink to Above](#)

6.2 - ColumbusUnderground.com: [Veterans Film Festival Comes to Gateway](#) (6 November, Hope Madden, 64k uvm; Columbus, OH)

Looking for a more meaningful way to celebrate Veteran's Day? Get to Gateway Film Center this weekend to honor veterans' service along with them, and take in some remarkable art at the same time. "This is an opportunity not just for veterans' families, but for civilians," says Columbus VA Creative Arts Coordinator Heather Seymour of the Columbus Veterans Film Festival. "Parades are great, but this is a way to engage and interact and pay thanks."

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6.3 - Temple Daily Telegram: [Quilts of Valor: Veterans presented with quilts in honor of service](#) (5 November, 25k uvm; Temple, TX)

Veterans who continue to serve other veterans by working and volunteering at the Olin E. Teague Veterans' Medical Center were given quilts today in honor of their service. Quilts were presented to 11 from the VA staff and a volunteer. The Texas Patriotic Piecemakers, a regional group of Quilts of Valor Foundation, brought the quilts to Temple on Monday to hand out.

[Hyperlink to Above](#)

6.4 - Moultrie News: [Military veterans honored nationwide at 1,400 cemeteries on Wreaths Across America Day, Dec. 15](#) (6 November, Cecilia Brown, 19k uvm; Charleston, SC)

Edwards found out about WAA through his friends and became the Beaufort National Cemetery location coordinator 10 years ago. He served in the U.S. Navy 1969-73 and saw this as a golden opportunity to honor veterans close to the holidays here in the Lowcountry. The Beaufort National Cemetery joined the national Wreaths Across America celebration 13 years ago.

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6.5 - KODE (ABC-12, Video): [Wreaths Across America needs help decorating Ft. Scott National Cemetery](#) (5 November, Jeremiah Cook, 16k uvm; Joplin, MO)

Volunteers need your help decorating the Ft. Scott National Cemetery this holiday season. Wreaths Across America has been working for more than a decade to ensure that each veteran's grave has a wreath on it. Ft. Scott National Cemetery is the final resting place of roughly seven thousand veterans.

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6.6 - Herald-Star: [Wreaths Across America campaign support sought](#) (6 November, 10k uvm; Steubenville, OH)

For the 10th consecutive year, the George Washington Chapter of the Sons of the American Revolution is participating in the Wreaths Across America campaign with local sponsors being sought to purchase wreaths that will be placed in the National Cemetery of the Alleghenies in Washington Co., Pa.

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6.7 - Beacon Senior News: [Love, honor, respect: a visit to Fort Rosecrans National Cemetery](#) (6 November, Joyce Corley, 170 uvd; Grand Junction, CO)

Fort Rosecrans National Cemetery at Point Loma is one of the most touching cemeteries I've visited. The setting, both poignant and breathtaking, certainly sets it apart. With the Pacific Ocean on one side and San Diego Bay on the other, it's one of the most beautiful national memorials I've visited.

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6.8 - Beacon Senior News: [Veterans on the MOVE!](#) (6 November, Melanie Wiseman, 170 uvd; Grand Junction, CO)

September 16, 2017, is a date veteran Clifford Wheeler will never forget. It was the day he joined the Grand Junction Veterans Affairs (VA) Medical Center's MOVE! program—a decision that radically changed his life for the better. Weighing 353 pounds when he started, Wheeler felt constantly exhausted. He suffered from severe knee pain and couldn't tie his shoes. In just over a year after joining MOVE!, he dropped 127 pounds and 36 percent of his body weight, closing in on his goal of 190.

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7. [Other](#)

7.1 - Military.com (Amarillo Globe-News): [Fort Hood Shooting Survivor Remembers Fallen Colleagues](#) (6 November, Richard Sisk, 2M uvm; San Francisco, CA)

An Amarillo resident and survivor of the Fort Hood mass shooting, which occurred nine years ago, is fondly remembering the lives of five comrades who served alongside her in the 467th Combat Stress Control Detachment and the 1908th Combat Stress Control Detachment.

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7.2 - Stars and Stripes: [Wave of veterans win congressional seats in midterm elections](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

Military veterans running as first-time candidates and others as incumbents rode a wave of heavy voter turnout Tuesday, winning several congressional races in the midterm elections. The new cadre of military veteran lawmakers, which includes some upsets by Democrats and some re-elections for Republicans, will begin their terms in January and could help steer major defense issues.

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7.3 - Dayton Daily News: [2 graduate Butler County's new Veterans Treatment Court](#) (6 November, Denise G. Callahan, 271k uvm; Dayton, OH)

"Real heroes don't wear capes, they wear camo," Butler County Common Pleas Judge Michael Oster told supporters gathered in his courtroom to celebrate the first graduations for Butler County's Veterans Treatment Court. The court has been operating for about two years and was certified as a specialty court by the Ohio Supreme Court earlier this year.

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1. [Top Stories](#)

1.1 - Stars and Stripes: [Democrats gain control of key House military, vet committees](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

WASHINGTON — The fate of an ongoing military buildup, war oversight, veterans affairs and decisions on who can enlist in the service now appears to rest in the hands of a split Congress with the final results of Tuesday's midterm elections.

Democrats were poised late Tuesday to win control of the House, shifting leadership of key committees that direct military and veteran issues. By early Wednesday, several media outlets had called the vote results in the lower chamber for the Democrats.

With hundreds of congressional seats contested in the midterm elections, Republican control of the House and Senate was in question. Earlier polls suggested Democrats had a good chance at gaining control of the House, but less so in the Senate.

Some pundits suggested the Democrats winning of the House was due in large part to a new wave of military veterans being elected to new congressional seats.

"From tonight's results, it is clear that Americans are hungry for a change in leadership and a new tone in politics," said Emily Cherniack, founder and executive director of bipartisan political group New Politics. "They have now made their voices heard with their vote, placing their support behind veteran candidates who have dedicated their lives to putting our country first and have shown that they can be the antidote to what our politics needs."

In recent months, several polls showed Democrats could win a majority of the House, and in some remote cases, the Senate, in the the midterm elections. All 435 seats in the House and 35 of the Senate's 100 seats were up for grabs.

The stakes for this year's midterms were high. Both parties pushed hard to win voters favor, from President Donald Trump's 50 rallies for Republicans to appearances by former President Barack Obama, former Vice President Joe Biden and entertainment mogul Oprah Winfrey for Democrats in hotly contested districts.

With Republicans under threat, both sides ramped up their campaign efforts. In turn, voter turnout reached unprecedented levels in competitive races across the country.

Some Democratic lawmakers laid out a strategy for military issues should they gain control.

Now Rep. Adam Smith of Washington state, the ranking Democrat for the House Armed Services Committee who won re-election Tuesday, is poised to take the helm of the committee. Smith had said ahead of Tuesday's elections that new initiatives could gain priority under the new House leadership.

"I think the biggest difference will probably be more oversight," Smith had said. "We're not clear exactly where this administration is going with the military."

Under Trump's administration, Democrats have raised concerns about runaway federal spending fueling spikes in the U.S. deficit, the military's role in the civil wars in Yemen and

Syria, efforts to build up so-called “low-yield” nukes and the president’s extensive – and some lawmakers contend outdated – war powers.

Democrats have also objected to a Trump campaign to install new restrictions on who can serve in the military, from efforts to ban transgender troops to new obstacles for immigrant recruits.

Control shifts for key committees

With Democrats capturing control of the House, they take over leadership of the key House committees of Armed Services, Veterans Affairs and Appropriations. The Armed Services Committee helps shape policy and spending at the Pentagon, while the Veterans Affairs committee handles issues facing former servicemembers and the Appropriations Committee directs funding to the Pentagon.

Jon Soltz, chairman of progressive political organization VoteVets, said the shift will allow Democrats to help rein in some of Trump’s efforts.

“The gain here is the House,” said Soltz, who’s VoteVets endorsed a slate of mostly majority candidates. And the House can now “hold Donald Trump’s policies accountable... you will start to see a House able to audit a reckless president and reckless Commander-in-Chief. ...Democrats have a lot of reason to be optimistic.”

In the upper chamber, Sen. Jim Inhofe, R-Okla., is expected to remain in his role as chairman of the Senate Armed Services Committee. Inhofe took the seat after the death of Arizona Republican Sen. John McCain in August.

Sen. Jack Reed, D-R.I., the ranking Democrat on the Senate Armed Services Committee, said ahead of the elections that there would still be plenty of continuity on defense matters even if Democrats took control.

Reed, who is in a current term that ends in 2020, pointed to support for the National Defense Authorization Act, or NDAA, the legislation that dictates Pentagon policies and spending.

Instead, Reed said the biggest challenge would likely be the so-called sequestration – automatic, across-the-board budget cuts. Those spending restrictions would be triggered if Congress can’t reach a deal next year to lift the budget cuts.

“The last year, the votes in both chambers were overwhelming bipartisan,” Reed had said. “So, I don’t think they shift dramatically because the same leadership that was behind the support of the issues – the NDAA – would be in the leadership in the House and the Senate next year.”

Several key members of the Armed Services committees in the House and Senate won re-election Tuesday, including Reps. Mike Gallagher, R-Wisc., and Ruben Gallego, D-Ariz., and Sen. Tim Kaine, D-Va., and Sen. Kirsten Gillibrand, D-N.Y.

New Congress, new budget woes

Lawmakers will need to address spending caps slated to return for the 2020 fiscal year under the Budget Control Act, or BCA.

The Budget Control Act of 2011 installed spending limits for defense and non-defense spending until 2021. In February, lawmakers reached a two-year deal to lift spending caps to approve

defense budgets of \$700 billion for fiscal year 2018 and \$716 billion for fiscal year 2019, which began Oct. 1.

Now, spending caps are slated to return for the 2020 fiscal year, which begins Oct. 1, 2019. If no deal is reached and budget caps are exceeded, it raises the threat of sequestration. Past cuts have had a degrading effect on the military, Pentagon officials, defense hawks on Capitol Hill and experts have said.

The fiscal year 2019 defense spending cap is \$576 billion for the 2020 fiscal year.

As far as the defense budget, Democrats have said now isn't the time to go on a spending spree for "low-yield" nukes and other Trump-driven efforts.

In September, a group of Senate and House Democratic lawmakers introduced legislation to ban "low-yield" nuclear weapons, which they contend increase the chance of war. The United States is on track to spend more than \$1.2 trillion in the next 30 years just to modernize and maintain its current nuclear arsenal, the lawmakers argued.

There's also Democratic opposition to a Trump-driven plan to create a costly branch of the military called Space Force to address defense for space-based endeavors.

New military priorities

Democrats have also raised concerns over the lack of oversight in certain military operations, such as the U.S. strikes on Syria in April or the deadly November 2017 attack in Niger, West Africa, that left four soldiers dead.

Some Democrats have pushed legislation to increase that oversight with legislation revamping the president's war powers. Trump and his predecessors have operated off the authority to use military force, or AUMF, issued in response to the 9/11 terrorist attacks in 2001 and 2002 when the United States went to war in Afghanistan and Iraq.

The AUMF gave the president wide-ranging authority to direct the military to fight terrorist groups such as al-Qaida, the Taliban and Islamic State around the world. Since that time, the military has operated under those war powers in more than a dozen countries.

The AUMF legislation has played a role in Democrats' push to stop U.S. military support of a Saudi-led coalition in Yemen and reassess military action in Syria and elsewhere.

Smith said Democrats also will be keen to address new Trump limits on who is eligible to serve in the military. Smith suggested discrimination has been driving efforts to block certain recruits to serve, including immigrants and transgender individuals.

Democrats can make "sure we don't allow bigotry to get in the way of people serving the country," Smith said.

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1.2 - Pew Research Center: [Too Few Doctors and Nurses for Veterans in Some Areas](#) (7 November, Tim Henderson, 12k uvd; Washington, DC)

As the nation prepares to honor its veterans Nov. 12, many veterans in rural areas and some cities still face long wait times for health care because there aren't enough doctors, nurses and support staff to provide it.

Almost 40,000 of the 335,000 positions in the Veterans Health Administration are vacant, according to the Department of Veterans Affairs, which oversees the VHA. The VHA serves about 9 million veterans.

The VHA's turnover rate is less than half the rate for the health care industry overall.

However, a Stateline analysis of recently released federal figures shows the VHA has a severe vacancy problem in high-cost urban areas such as Los Angeles and Washington, D.C., and in largely rural states, such as Montana and Colorado.

Montana and Colorado have the highest state job vacancy rates at more than 20 percent, followed by Utah, Oklahoma and Maryland. At the other end, vacancies in Connecticut, Hawaii, Michigan, Minnesota, New Mexico and Rhode Island are less than 8 percent.

Veterans Health Administration Struggling to Fill Vacancies

There are nearly 40,000 job vacancies, mostly medical and dental workers, at Veterans Health Administration health centers around the country. As a percentage of filled jobs, the vacancy rates range from more than 20 percent in Montana and Colorado to 2 percent in Hawaii.

In some ways, the challenges facing the VHA are the same ones facing the health care workforce as a whole, especially in rural areas like Montana, said Kristin Mattocks, a Montana native and associate professor at the University of Massachusetts Medical School who has studied VHA efforts to improve care for veterans.

Nationally, job openings in the health care sector have nearly tripled to 1.1 million since 2010, according to Bureau of Labor Statistics data. Most of the communities with shortages of health care workers are in rural areas, according to the Health Resources and Services Administration. There are also shortages in Honolulu, Hawaii, Los Angeles and Washington, D.C.

As more doctors and other providers in the VHA and elsewhere have been retiring, there's more pressure on the remaining doctors to absorb more patients and speed up appointments.

"Now the pressure is put on physicians, which is probably driving some folks" away, Mattocks said.

The vacancy rates, detailed in a new report required by legislation Congress approved this year, can cause long wait times for appointments, create waitlists for artificial limbs and lead to unsanitary conditions.

Most of the nearly 40,000 vacancies are for medical and dental staff such as doctors and nurses. Those professionals are hard to find and keep because VHA's hiring process is time-consuming and the pay is lower than in the private sector.

And because there isn't sufficient support staff, many VHA doctors say they are frustrated by having to do more paperwork and even clean offices, federal audits have shown.

In Colorado last year, the Denver Post found that the VHA postponed surgeries because it didn't have enough anesthesiologists. Understaffing led to dirty storage rooms and canceled surgeries for anesthetized patients at the VHA's flagship hospital in Washington, D.C.

And veterans in Connecticut had a hard time getting appointments for counseling because four key jobs were vacant earlier this year. U.S. Sen. Richard Blumenthal, a Democrat from Connecticut, in a September hearing called the vacancy figures "really staggering."

Blumenthal added that leaders of the local Veterans of Foreign Wars chapter had complained that care was held up at a Norwich, Connecticut, clinic because the local office lacked a director, a case manager, an outreach coordinator and a counselor.

At the same hearing, Secretary of Veterans Affairs Robert Wilkie also expressed alarm about the number of vacancies. And he said hiring for mental health centers such as the one in Connecticut is a priority.

"On its face it is staggering," Wilkie said. "If we tried to fill all 40,000 we'd never get where we need. ... We have to concentrate on, I think, four areas: primary care, internists, mental health workers and women's health."

He added that this year's Mission Act legislation, which President Donald Trump signed in June, will give him more power to raise pay and forgive student loans to attract more medical professionals.

The agency has stepped up hiring in the past two years, Wilkie said, in response to a 2016 Government Accountability Office report that found that VHA lost an increasing number of employees each year between 2011 and 2015.

In the five clinical occupations with the worst shortages, including physicians, registered nurses and psychologists, VHA's employee losses grew from about 5,900 in 2011 to about 7,700 in 2015. Voluntary resignations and retirements were the primary drivers.

"VHA remains fully engaged in a fiercely competitive clinical recruitment market," the agency said in a statement about the vacancy data. The VA did not respond to requests from Stateline for further comment.

Staffing vacancies have contributed to recent scandals involving long wait times for care — some veterans died while waiting for appointments — and the falsifying of wait-time data to deflect scrutiny.

Hiring woes continued into 2017, a GAO report said, in part because a federal hiring freeze ordered by Trump limited the agency's ability to hire doctors. Doctors were exempt from the freeze, but there weren't enough personnel workers to recruit and hire them, the report concluded, and some were not well-trained to do the job.

The shortage of trained recruiters undermines the VHA's effectiveness, the report stated, and "impedes its ability to improve delivery of health care access to veterans."

A 2016 report from the congressionally appointed Commission on Care found that VHA doctors and nurses were cleaning offices and doing paperwork because of inadequate numbers of support staff. The commission also detailed a scandal over employees falsifying wait times for

service, and some deaths of veterans on waitlists. An understaffed Phoenix administration system struggled to meet a target of 14-day maximum wait times for appointments.

The report pointed to “staffing shortages and vacancies” at every level. It also said VHA salaries aren’t competitive, and that the agency “continues to use a talent management approach from the last century.”

Other reports have described the effects of those shortcomings. In Washington, D.C., the VA inspector general found conditions so chaotic that sometimes doctors had to borrow equipment from other hospitals during treatment, and surgery was postponed because equipment was discovered missing or broken after the patient was anesthetized. Employees told inspectors the problems were caused by a support staff shortage.

U.S. Sen. Jon Tester, a Montana Democrat, this fall called VHA staffing shortages the most critical issue facing the agency, saying the high rate of vacancies in Montana and elsewhere is hurting care for veterans.

“I continue to hear from veterans across Montana and elsewhere that vacancies and constant turnover in VA facilities impacts how quickly they can get appointments and prevents them from building quality doctor-patient relationships,” Tester, who is running for re-election, wrote in a September letter to Wilkie.

U.S. Sen. Patty Murray, Democrat of Washington state, told Wilkie at the hearing that the fast-growing Seattle area has been particularly hard hit by service shortages. A clinic on the Kitsap Peninsula, west of Seattle, took years to approve and build and will likely be at capacity when it opens next year, Murray said.

Nearly a quarter of the staff positions were vacant at VHA facilities in Washington, D.C., and Augusta, Georgia, as of July. But U.S. Sen. Johnny Isakson, the Georgia Republican who sponsored the Mission Act, said this fall that things seem to be improving.

“I’ve gotten letters from my district, unsolicited, veterans who used to write me about how we weren’t worth anything because we couldn’t get anything done, [now] thanking me for the efficient way the operation works now,” Isakson said at the September hearing.

Wilkie, who was confirmed this year, called the job vacancy data “an important step in transparency” but stressed that some vacancies are normal and that some represent new positions created to anticipate future growth. Also, Wilkie said, time to complete a specialist referral has fallen from 19 days in 2014 to about one day this year.

The agency publishes current wait times for appointments, and some facilities with high vacancy-rates have long waits for appointments: The Augusta, Georgia, veterans hospital had a 34-day wait for primary care. Chillicothe, Ohio’s hospital, with one of the country’s lowest vacancy rates, had only a six-day wait.

But average wait times are high even in some hospitals with low vacancies — the Honolulu hospital has only about a 2 percent vacancy rate, the lowest in the country, but its average wait time — 39 days — is one of the highest.

That’s still a considerable improvement from 2014 when it was the nation’s worst at 130 days, a statistic that prompted Hawaii lawmakers to call for a shakeup. An inspector general report in

2016 said the Honolulu facility hired more doctors and extended clinic hours to get most new appointments scheduled within 30 days.

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1.3 - MeriTalk: [VA CISO Details Modernization, EHR Implementation Efforts](#) (6 November, 11k uvm; Alexandria, VA)

While the Department of Veterans Affairs is approaching IT modernization with a strong desire to improve systems, especially when it comes to electronic health records (EHR), the agency is taking care not to shut down existing systems too early, said deputy CIO and chief information security officer Dominic Cussatt during an episode of Government Matters that aired on Sunday.

"I think all of the work that we did in the last three years has positioned us nicely," said Cussatt. "Doing all of this has set us up nicely to ingest the huge application we're about to bring in to our very massive network," he added, referencing the new EHR program that Cerner is developing for the agency.

However, VA is not putting VistA—its legacy EHR system—out to pasture just yet, a decision that is very much deliberate.

"VistA has been a very successful and important system for us. I sometimes compare it to a Christmas tree, it was there and we've hung a lot of ornaments on it over the years. It had an infrastructure that was amenable to adding applications and functionality that would extend across our huge enterprise. We're very cognizant of that, and we're taking a lot of time to account for everything that's out there, all the capabilities that it's bringing to our workforce and our veterans," said Cussatt. "We want to be careful that we don't break things along the way."

Retiring legacy systems is just one of five main goals for VA's IT department, said Cussatt.

On the subject of cloud, Cussatt said that VA aims to be aggressive—the agency has moved "several dozen" apps and is looking to move more, starting with "the lower hanging fruit." He also noted that VA is focused on using FedRAMP-approved products.

Digitization of business processes, another one of VA's goals, also has seen success, winning the VA U.S. Digital Service team a Sammie award. Cussatt pointed to the creation of a strategic sourcing arm and an account management office as beneficial to digitization efforts.

On the cybersecurity front, Cussatt explained that VA's enterprise cybersecurity strategy has "35 plans of action, decomposed into over 3,000 line items in an integrated master schedule." He also pointed to the creation of a strategy branch within the CISO's office as a key factor to prevent backsliding on the agency's security posture.

Finally, Cussatt highlighted VA's efforts to improve data management.

"When it comes right down to it, we want to be able to use the massive amounts of data that VA has to better serve our veterans," he said. "We're working very hard on data visualization, data analytics tools, and even using some supercomputing capabilities to go through that data and tell us things we were never privy to."

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1.4 - PM Network: 2018 PMI Project of the Year Winner. Full Recovery: A team rebuilt a hospital for military veterans - restoring healthcare and order for a battered city.

(November, Sarah Fister Gale; Newtown Square, PA)

Hurricane Katrina decimated thousands of buildings in New Orleans, Louisiana, USA, in 2005, including a U.S. Department of Veterans Affairs (VA) medical facility that served approximately 40,000 military families. The hospital, also where world-class research was conducted and more than 500 medical students were training to become physicians, suffered so much damage that it had to be replaced.

So in 2006, the U.S. Congress authorized funding for a new 1.6-million-square-foot (148,645-squaremeter) regional referral center. Dubbed Project Legacy, the 10-year, US\$1 billion project delivered an eight-building, 30-acre (12.1-hectare) campus in the heart of New Orleans. In a city submerged and beleaguered by a deadly storm, rebuilding a critical healthcare center became a symbol of recovery.

“It was a time that was pretty dark for many people,” says Liz Failla, supervisory project engineer, Southeast Louisiana Veterans Health Care System, New Orleans. “And this project offered hope.”

But the pressure to complete a sprawling state-of-the-art healthcare institution on schedule and on budget was immense. A wary government sponsor allowed no margin for error. The Government Accountability Office (GAO) demanded strict requirements designed to ensure the project team remained careful stewards of taxpayer funds. And a weary community—including healthcare facility patients and staff—needed assurances that the project would expand services and improve access to care. That meant the team had to maintain a sharp focus on managing risk, scope and stakeholders.

“Early on, we understood that we could not make changes unless they were absolutely necessary,” says Fernando Rivera, medical center director, Southeast Louisiana Veterans Health Care System. “That was a big lesson learned. Without sound project management principles, we would not have easily seen the impact a change would have.”

For instance, changes to the scope could be made only if they were necessary to deliver better patient care. The strict change controls were part of a broader risk management approach that was integrated throughout project coordination. Following the GAO’s feedback, project managers identified initial project risks based on lessons learned from previous projects, as well as the VA’s national activation office lessons-learned database. Among the key risks the team identified were the need to align hiring and training of new staff with project completion, a lack of effective procurement strategies for materials and equipment, and poor stakeholder communication and responsiveness. The team brought planning specialists into the process from the outset of the design phase. Better planning upfront ensured the team set realistic timeline goals and helped foster a culture committed to good communication and problem solving.

“As a former civil engineer, it’s easy for me to understand why the skill sets of project management practitioners were needed on this project,” Mr. Rivera says. “It wasn’t just a nice thing to have, it was a critical requirement to the success

of the project.”

Collective Soul

Putting veterans, families and the community first helped build wholesale support for a facility that would transform lives well beyond New Orleans. For instance, the medical center was the region’s go-to heart surgery facility for veterans in states including Florida and Mississippi, Mr. Rivera says. Gathering feedback from all of those critical stakeholders helped ensure the facility would meet the needs of patients and medical staff, as well as secure buy-in from residents who had grown weary of waiting for their city to be rebuilt, Ms. Failla says.

The team leveraged town hall meetings, community interviews and focus groups with hospital staff and veterans to generate pages of ideas. “We started with ‘What are your hopes and dreams, and what are your fears?’” says Stephanie Repasky, PsyD, deputy director, Southeast Louisiana Veterans Health Care System, New Orleans. “That drove a lot of what we did in the design.”

Patient and staff feedback drove many practical design changes, such as placing mirrors at levels that were easier to access for patients in wheelchairs and adding bathrooms in the parking garage. Staff feedback led the team to design all patient rooms with identical features—such as placement of staff sinks—to make operations more uniform and efficient. The team also sought feedback on aesthetic decisions, including paint color, furniture and curtain patterns. For example, the team learned to avoid using curtains that were the same color as sand or had patterns similar to barbed wire, because patients might negatively associate those elements with their service in the Gulf War in the early 1990s that was waged primarily in desert areas.

“Everything that we did was based upon feedback from users and our staff, as well as our customers, our patients and their family members,” Dr. Repasky says.

Although gathering and incorporating immense public feedback added time to the planning process, it helped the team deliver a facility that aligned with the VA’s mission, Mr. Rivera says. “We were able to draw from this national reference that the VA has along with a very intimate set of ideas and experiences from our patients and staff to put together a very efficient design.”

Storm Resistance

Although the team couldn’t prevent future disasters, it was focused on mitigating the impact of hurricanes—and considered those risks with every design decision. From the outset, the project team leveraged lessons learned from Katrina and other storms to meet one goal: make the hospital one of the most hurricane-resistant medical facilities in the nation. In the days after Katrina hit, medical staff had to abandon the hospital and were forced to improvise—providing care in tents and other makeshift shelters amid hot and humid conditions.

Many decisions were made to ensure violent storms would never interrupt service. The team placed critical heating and cooling systems on upper floors. All areas that include mission-critical medical equipment were built 20 feet (6 meters) above designated floodwater heights, and floodgates were incorporated into the lower floors so elevators wouldn’t flood, Ms. Failla says. Walls and windows were designed to withstand wind of up to 130 miles (209.2 kilometers) per hour. The team also built an on-site facility that can store up to 320,000 gallons of fuel and a 6,000-square-foot (557-square-meter) warehouse stocked with emergency supplies.

“The facility is set up to support 1,000 occupants for five days without having the benefit of water or electricity,” Mr. Rivera says.

The hospital also must double as a recovery center. So each private patient room is equipped to support two people to accommodate extra patients during a crisis. “That’s really important for our mission, not just due to a natural disaster but also in the event of an epidemic where you need more beds,” Ms. Failla says.

Preventive Measures

Proactive resource management was necessary to help prepare for a seamless transition to operations—and mitigate the risk of potential staffing gaps when the hospital opened. “We were very concerned about being able to hire staff in a competitive market,” says Mary Beth Cooper, associate chief nurse for activation, Southeast Louisiana Veterans Health Care System.

With many positions in high demand in the healthcare industry, her team turned to the Project Legacy team for help. The hospital wanted to ensure hiring efforts aligned with project progress, Ms. Cooper says.

“The project managers assisted us with making sure that we realized what deadlines were coming up,” she says. And if issues arose that might delay their ability to begin training or onboarding, the project team kept the hospital hiring team in the loop. The project team’s input on hiring triggered Ms. Cooper’s team to build timelines for other critical elements, including acquisition and delivery of equipment, and creating and approving policies that would govern talent once the facilities were opened.

“They helped us realize that we needed to document all of these plans in a format we could work with,” she says. “Project management helped us with all of that.”

Leaving A Legacy

Despite significant obstacles, the three phases of the project were delivered on time between December 2016 and August 2018, and the entire project came in roughly 14 percent under budget. The hospital now offers more than 65 clinical, ancillary, administrative and support services 24 hours a day, seven days a week. In its first 18 months, the facility completed more than 500,000 outpatient appointments and more than 1,000 surgical procedures and delivered roughly 10,000 days of inpatient care.

“We’re meeting our mission to provide immediate needs to our community,” Dr. Repasky says. “We’ve returned inpatient care services to people who have not gotten it from a VA in over 12 years.”

Moreover, project leaders and the VA believe Project Legacy offers a roadmap for future VA hospital projects—in particular, showing how strong communication and collaboration with all stakeholders can ensure teams meet objectives.

“It all boils down to communication and respecting your client,” Ms. Failla says. “This project was born out of a disaster, and it took a lot of hard work to bring it to where it is today so that we can again provide services to our nation’s heroes.”

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1.5 - ConnectingVets.com (CBS Radio): [As delayed GI Bill payments persist, one city confronts the issue head on](#) (6 November, Matt Saintsing, New York, NY)

As hundreds of thousands of student veterans nationwide are experiencing severely delayed GI Bill payments, one city is taking things into their own hands by providing emergency rent relief for those facing eviction.

“New York City is stepping up to give student veterans the security they need to stay in their homes while they wait for the federal benefits they earned through service to our country,” said New York City Mayor Bill de Blasio in a statement.

About 12,000 student veterans in New York City are at risk of eviction, according to city officials announcing a plan to extend emergency rental assistance.

Typically, student vets can expect on-time GI Bill payments and a monthly housing stipend to pay for rent and other expenses, but a technological glitch has created a jaw-dropping backlog of payments still awaiting processing.

De Blasio's office has sent out instructions to schools for how students can apply for rental assistance to avoid eviction through the city's Department of Social Services.

Any NYC student veteran behind on their rent and who is the primary resident in a private apartment can immediately visit the NYC Department of Social Services at 25 Chapel Street, 6th Floor, Room 606 in Brooklyn, NY 11201 to have their case evaluated.

Those who receive emergency rent benefits are required to sign a repayment agreement to pay back the amount within 12 months.

Dozens of New York City schools reported to the city's Department of Veterans' Services that students using the GI Bill are anywhere between two to four months behind on rent, according to de Blasio's office.

But the Big Apple isn't the only area where student veterans are having to cope with delayed payments. As of Oct. 22, VA had more than 130,000 pending education claims to sort through. First-time GI Bill users can expect an average of 33 days to process their requests, with additional claims taking around 23 days, on average.

For more information on emergency rent, NYC student vets can call 718-557-1399 or [click here](#).

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2. [Improving Customer Service](#)

2.1 - TMC News: [On the front lines of health care](#) (6 November, Britni R. McAshan, 2M uvm; Houston, TX)

Veterans Day, observed every November 11, honors the men and women of the U.S. Army, Navy, Air Force, Marine Corps and Coast Guard. TMC Pulse asked several veterans who work at the Texas Medical Center how their military training has helped them serve the world's largest medical city.

JOYCE BURNS: Associate Director of the Stroke Program and family nurse practitioner at the Michael E. DeBakey VA Medical Center Houston; retired lieutenant colonel in the U.S. Army. When Joyce Burns was a girl, home health nurses came by regularly to check on her ailing grandmother.

"All of the nurses used to tell me what they were doing for my grandmother—putting in catheters, caring for wounds—and it seemed like a very interesting career," Burns said.

Because of a chance encounter, Burns decided to join the army while she trained to become a nurse.

"One day my high school announced that there were two army recruiters in the cafeteria. One of my friends and I, we were in homeroom and we were looking for a way to slip out, so we went down to see their presentation," she said. "My mom wasn't too excited because back in the '70s there weren't as many women in the military, but I really wanted to go and my dad was very supportive."

Burns served in the U.S. Army for 26 years before retiring as a lieutenant colonel in 2003. She received her bachelor's in nursing from the University of South Carolina and her masters from the United States Army War College. She worked at army hospitals in Texas, South Carolina, California, Georgia and Colorado.

Today, Burns serves as Associate Director of the Stroke Program and a family nurse practitioner on the neurology care line at the Michael E. DeBakey VA Medical Center Houston.

"One of things I learned and carry with me today is that the military is like a family," Burns said. "It is similar here at the VA because we are like a family. With the patients that I am taking care of, I think about the time that they have put in. In the military you are moving around and your kids aren't able to be raised near family, so on active duty you build a camaraderie."

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2.2 - MintPress News (Rutherford Institute): [A Badge of Shame: The Government's War on America's Military Veterans](#) (6 November, John Whitehead, 225k uvm; Minneapolis, MN)

Not all heroes wear the uniform of war. In the United States, however, we take particular pride in recognizing as heroes those who have served in the military.

Yet while we honor our veterans with holidays, parades, discounts at retail stores and restaurants, and endless political rhetoric about their sacrifice and bravery, we do a pitiful job of respecting their freedoms and caring for their needs once out of uniform.

Despite the fact that the U.S. boasts more than 20 million veterans who have served in World War II through the present day, the plight of veterans today is America's badge of shame, with large numbers of veterans impoverished, unemployed, traumatized mentally and physically, struggling with depression, suicide, and marital stress, homeless, subjected to sub-par treatment at clinics and hospitals, and left to mold while their paperwork piles up within Veterans Administration offices.

Still, the government's efforts to wage war on veterans, especially those who speak out against government wrongdoing, is downright appalling.

Consider: we raise our young people on a steady diet of militarism and war, sell them on the idea that defending freedom abroad by serving in the military is their patriotic duty, then when they return home, bruised and battle-scarred and committed to defending their freedoms at home, we often treat them like criminals merely for having served in the military.

The government even has a name for its war on America's veterans: Operation Vigilant Eagle.

As first reported by the Wall Street Journal, this Department of Homeland Security (DHS) program tracks military veterans returning from Iraq and Afghanistan and characterizes them as extremists and potential domestic terrorist threats because they may be "disgruntled, disillusioned or suffering from the psychological effects of war."

Coupled with the DHS' dual reports on Rightwing and Leftwing "Extremism," which broadly define extremists as individuals, military veterans and groups "that are mainly antigovernment, rejecting federal authority in favor of state or local authority, or rejecting government authority entirely," these tactics bode ill for anyone seen as opposing the government.

Yet the government is not merely targeting individuals who are voicing their discontent so much as it is taking aim at individuals trained in military warfare.

Don't be fooled by the fact that the DHS has gone extremely quiet about Operation Vigilant Eagle.

Where there's smoke, there's bound to be fire.

And the government's efforts to target military veterans whose views may be perceived as "anti-government" make clear that something is afoot.

In recent years, military servicemen and women have found themselves increasingly targeted for surveillance, censorship, threatened with incarceration or involuntary commitment, labeled as extremists and/or mentally ill, and stripped of their Second Amendment rights.

An important point to consider, however, is that under the guise of mental health treatment and with the complicity of government psychiatrists and law enforcement officials, these veterans are increasingly being portrayed as threats to national security.

This is not the first time that psychiatry has been used to exile political prisoners.

Many times throughout history in totalitarian regimes, such governments have declared dissidents mentally ill and unfit for society as a means of rendering them disempowering them.

As Pulitzer Prize-winning author Anne Applebaum observes in *Gulag: A History*: “The exile of prisoners to a distant place, where they can ‘pay their debt to society,’ make themselves useful, and not contaminate others with their ideas or their criminal acts, is a practice as old as civilization itself. The rulers of ancient Rome and Greece sent their dissidents off to distant colonies. Socrates chose death over the torment of exile from Athens. The poet Ovid was exiled to a fetid port on the Black Sea.”

For example, government officials in the Cold War-era Soviet Union often used psychiatric hospitals as prisons in order to isolate political prisoners from the rest of society, discredit their ideas, and break them physically and mentally through the use of electric shocks, drugs and various medical procedures.

Insisting that “ideas about a struggle for truth and justice are formed by personalities with a paranoid structure,” the psychiatric community actually went so far as to provide the government with a diagnosis suitable for locking up such freedom-oriented activists.

In addition to declaring political dissidents mentally unsound, Russian officials also made use of an administrative process for dealing with individuals who were considered a bad influence on others or troublemakers.

Author George Kennan describes a process in which:

The obnoxious person may not be guilty of any crime . . . but if, in the opinion of the local authorities, his presence in a particular place is “prejudicial to public order” or “incompatible with public tranquility,” he may be arrested without warrant, may be held from two weeks to two years in prison, and may then be removed by force to any other place within the limits of the empire and there be put under police surveillance for a period of from one to ten years. Administrative exile—which required no trial and no sentencing procedure—was an ideal punishment not only for troublemakers as such, but also for political opponents of the regime.

Sound familiar?

This age-old practice by which despotic regimes eliminate their critics or potential adversaries by declaring them mentally ill and locking them up in psychiatric wards for extended periods of time is a common practice in present-day China.

What is particularly unnerving, however, is how this practice of eliminating or undermining potential critics, including military veterans, is happening with increasing frequency in the United States.

Remember, the National Defense Authorization Act (NDAA) opened the door for the government to detain as a threat to national security anyone viewed as a troublemaker. According to government guidelines for identifying domestic extremists—a word used interchangeably with terrorists—technically, anyone exercising their First Amendment rights in order to criticize the government qualifies.

It doesn’t take much anymore to be flagged as potentially anti-government in a government database somewhere—Main Core, for example—that identifies and tracks individuals who aren’t inclined to march in lockstep to the government’s dictates.

In fact, as the Washington Post reports, communities are being mapped and residents assigned a color-coded threat score—green, yellow or red—so police are forewarned about a person's potential inclination to be a troublemaker depending on whether they've had a career in the military, posted a comment perceived as threatening on Facebook, suffer from a particular medical condition, or know someone who knows someone who might have committed a crime.

The case of Brandon Raub is a prime example of Operation Vigilant Eagle in action.

Raub, a 26-year-old decorated Marine, actually found himself interrogated by government agents about his views on government corruption, arrested with no warning, labeled mentally ill for subscribing to so-called “conspiratorial” views about the government, detained against his will in a psych ward for standing by his views, and isolated from his family, friends and attorneys.

On August 16, 2012, a swarm of local police, Secret Service and FBI agents arrived at Raub's Virginia home, asking to speak with him about posts he had made on his Facebook page made up of song lyrics, political opinions and dialogue used in a political thriller virtual card game.

Among the posts cited as troublesome were lyrics to a song by a rap group and Raub's views, shared increasingly by a number of Americans, that the 9/11 terrorist attacks were an inside job.

After a brief conversation and without providing any explanation, levying any charges against Raub or reading him his rights, Raub was then handcuffed and transported to police headquarters, then to a medical center, where he was held against his will due to alleged concerns that his Facebook posts were “terrorist in nature.”

Outraged onlookers filmed the arrest and posted the footage to YouTube, where it quickly went viral. Meanwhile, in a kangaroo court hearing that turned a deaf ear to Raub's explanations about the fact that his Facebook posts were being read out of context, Raub was sentenced to up to 30 days' further confinement in a psychiatric ward.

Thankfully, The Rutherford Institute came to Raub's assistance, which combined with heightened media attention, brought about his release and may have helped prevent Raub from being successfully “disappeared” by the government.

Even so, within days of Raub being seized and forcibly held in a VA psych ward, news reports started surfacing of other veterans having similar experiences.

“Oppositional defiance disorder” (ODD) is another diagnosis being used against veterans who challenge the status quo. As journalist Anthony Martin explains, an ODD diagnosis

“denotes that the person exhibits ‘symptoms’ such as the questioning of authority, the refusal to follow directions, stubbornness, the unwillingness to go along with the crowd, and the practice of disobeying or ignoring orders. Persons may also receive such a label if they are considered free thinkers, nonconformists, or individuals who are suspicious of large, centralized government... At one time the accepted protocol among mental health professionals was to reserve the diagnosis of oppositional defiance disorder for children or adolescents who exhibited uncontrollable defiance toward their parents and teachers.”

Frankly, based on how well my personality and my military service in the U.S. Armed Forces fit with this description of “oppositional defiance disorder,” I’m sure there’s a file somewhere with my name on it.

That the government is using the charge of mental illness as the means by which to immobilize (and disarm) these veterans is diabolical. With one stroke of a magistrate’s pen, these veterans are being declared mentally ill, locked away against their will, and stripped of their constitutional rights.

If it were just being classified as “anti-government,” that would be one thing.

Unfortunately, anyone with a military background and training is also now being viewed as a heightened security threat by police who are trained to shoot first and ask questions later.

Feeding this perception of veterans as ticking time bombs in need of intervention, the Justice Department launched a pilot program in 2012 aimed at training SWAT teams to deal with confrontations involving highly trained and often heavily armed combat veterans.

The result?

Police encounters with military veterans often escalate very quickly into an explosive and deadly situation, especially when SWAT teams are involved.

For example, Jose Guerena, a Marine who served in two tours in Iraq, was killed after an Arizona SWAT team kicked open the door of his home during a mistaken drug raid and opened fire. Thinking his home was being invaded by criminals, Guerena told his wife and child to hide in a closet, grabbed a gun and waited in the hallway to confront the intruders. He never fired his weapon. In fact, the safety was still on his gun when he was killed. The SWAT officers, however, not as restrained, fired 70 rounds of ammunition at Guerena—23 of those bullets made contact. Apart from his military background, Guerena had had no prior criminal record, and the police found nothing illegal in his home.

John Edward Chesney, a 62-year-old Vietnam veteran, was killed by a SWAT team allegedly responding to a call that the Army veteran was standing in his San Diego apartment window waving what looked like a semi-automatic rifle. SWAT officers locked down Chesney’s street, took up positions around his home, and fired 12 rounds into Chesney’s apartment window. It turned out that the gun Chesney reportedly pointed at police from three stories up was a “realistic-looking mock assault rifle.”

Ramon Hooks’ encounter with a Houston SWAT team did not end as tragically, but it very easily could have. Hooks, a 25-year-old Iraq war veteran, was using an air rifle gun for target practice outside when a Homeland Security Agent, allegedly house shopping in the area, reported him as an active shooter. It wasn’t long before the quiet neighborhood was transformed into a war zone, with dozens of cop cars, an armored vehicle and heavily armed police. Hooks was arrested, his air rifle pellets and toy gun confiscated, and charges filed against him for “criminal mischief.”

Given the government’s increasing view of veterans as potential domestic terrorists, it makes one think twice about government programs encouraging veterans to include a veterans designation on their drivers’ licenses and ID cards.

Hailed by politicians as a way to “make it easier for military veterans to access discounts from retailers, restaurants, hotels and vendors across the state,” it will also make it that much easier for the government to identify and target veterans who dare to challenge the status quo.

Remember: no one is spared in a police state.

Eventually, as I make clear in my book *Battlefield America: The War on the American People*, we all suffer the same fate.

It stands to reason that if the government can't be bothered to abide by its constitutional mandate to respect the citizenry's rights—whether it's the right to be free from government surveillance and censorship, the right to due process and fair hearings, the right to be free from roadside strip searches and militarized police, or the right to peacefully assemble and protest and exercise our right to free speech—then why should anyone expect the government to treat our nation's veterans with respect and dignity?

So if you really want to do something to show your respect and appreciation for the nation's veterans, here's a suggestion: skip the parades and the retail sales and the flag-waving and instead go exercise your rights—the freedoms that those veterans risked their lives to protect—by pushing back against the government's tyranny.

Freedom is not free.

It's time the rest of the nation started to pay the price for the freedoms we too often take for granted.

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2.3 - KRCC (NPR-91.5, Audio): ['I Didn't Realize How Angry I Was' - A Veteran's Journey To Healing](#) (6 November, Paulina Ukrainets, 7k uvm; Colorado Springs, CO)

Veterans Day is Sunday, and all this week we're hearing stories from Colorado veterans who participated in StoryCorps' Military Voices Initiative in Colorado Springs earlier this year.

Christopher Provost is a veteran who has served in Iraq and Afghanistan. After being a cross-country skiing athlete in high school, Chris joined the National Guard to do skiing and biathlon.

At StoryCorps, Chris talks to interviewer Hazel Diaz about coming to terms with his PTSD, the process of getting treatment, and the role his wife plays in his healing.

Interview Highlights:

On leaving the military:

"I didn't realize how angry I was when I got out of the military. That was a big thing... in dealing with the post-traumatic stress."

On enrolling in the VA:

"[My therapist] kinda encouraged me to get enrolled in the VA, which I had not done for five years after retiring from the military. Partly because I felt like other men and women needed to get... I was hearing about the shortage and the backlog, and, you know, all the amputees that weren't getting their appointments... And, you know, people killing themselves in VA parking lots because they couldn't get their therapy appointments. And I'm like, I'm fine. I've got a job, I've got a house over my head, I've got a car. I'm doing fine. They need help before me. And so I was kinda putting... I guess it was a displacement."

On participating in Huts for Vets, a veteran-specific rehabilitation program:

"[The people at Huts for Vets] are just like, 'no, you're not taking a slice of the pie, Chris. You earned that slice, and that slice is due you. And you are just as effed up as me, and your emotions as just as raw as mine.'"

This conversation was edited from its original form in both audio and written form for time purposes and clarity.

The Military Voices Initiative from StoryCorps is sponsored in part by the Peak Military Care Network.

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3. Business Transformation

3.1 - Philadelphia Business Journal: [VA finds new, bigger home for Delaware County outpatient clinic](#) (6 July, John George, 9k uvm; Philadelphia, PA)

The Coatesville VA Medical Center is moving its Delaware County outpatient clinic to a larger location.

Now based at the Crozer-Keystone Health System Complex on West Sproul Road in Springfield Township, the VA's Springfield Community Based Outpatient Clinic is relocating to Newtown Square this month. The clinic's new site is in the Marville Shopping Plaza at 4883 West Chester Pike.

Since the Springfield clinic opened in 2002, it has provided mental health and primary care to nearly 4,000 area veterans each year. Demand for health care services at the site among veterans in Delaware County has increased steadily over the past five years, prompting the need for a larger space.

The new clinic location is 9,300 square feet, more than double in size of the current clinic in Springfield. The Newtown Square site will have 12 dedicated exam rooms, five mental health consult rooms, and virtual care capabilities. Services available include primary care, mental

health care, women's health care, social work services, home-based primary care, telehealth, laboratory, and transportation services.

An open house for the new site will be held Nov. 15 from 2 to 4 p.m. The Delaware County VA outpatient clinic will begin seeing veterans on Nov. 19. Clinic hours are from Monday-Friday, from 8 a.m. to 4:30 p.m., with some services available until 7:30 p.m. on Mondays and Wednesdays.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Politico: [Spotlight on patient safety](#) (6 November, Mohana Ravindranath, 8.7M uvm; Arlington, VA)

[...]

VA EHR HEARING SET FOR NEXT WEEK: The House Veterans' Affairs subcommittee overseeing the VA's Electronic Health Record Modernization will hold a hearing next Wednesday to review the first 180 days of the Cerner contract, Morning eHealth's Arthur Allen reports. Ranking Member Tim Walz noted recent reporting by POLITICO and ProPublica on problems and infighting at the VA that imperil the success of the project. Pros can read the full story here.

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4.2 - The Repository (Tribune News Service): [Commentary: Caring for vets should be national priority](#) (6 November, Christopher Dale, 67k uvm; Canton, OH)

In advance of this year's Veterans Day, on Nov. 11, the legions of men and women who have served in our nation's military received some welcoming news: Congress finally agreed to fund the VA Mission Act, which since its June passage had been mired in budgetary disputes.

Announced on Sept. 11 — an appropriate date — the arrangement sets aside more than \$200 billion to improve the health care services provided by the U.S. Department of Veterans' Affairs.

Tales of delays and deficiencies, including long waits and poor access to proper care, have plagued the VA since injured vets started returning from Afghanistan and Iraq following 9/11. Last fall — 16 years after the War on Terror began — the VA still was flooded with serious complaints about patient care; earlier this year, concerns about doctor shortages made headlines.

It's these issues the VA Mission Act seeks to address. The law makes it easier for veterans to access covered care through non-VA service providers, who might be more convenient in terms of expedience, distance or quality of care.

The law's primary principle is simple: Those injured while serving in the military should not need to jump through hoops for quality medical care.

The law also provides incentives for recruiting new doctors to the VA, including an attractive education debt-relief initiative and specialized training in afflictions most likely to impact veterans, such as PTSD and painkiller addiction.

It's a terrific start, but the law has shortcomings. For starters, despite settling the summer-long financial squabble, Congress failed to deliver a long-term funding solution for the law's historically high (though completely necessary) revenue requirements.

But the law's greatest disappointment is its narrowly defined view of caring for our injured veterans.

Tens of thousands of men and women have returned from Iraq and Afghanistan with permanent physical handicaps and deep emotional scars — wounds they will be coping with for the rest of their lives. Many need assistance outside the doctor's office, including finding suitable employment in an economy that, though humming for many, is far from ideal for individuals with disabilities, whose unemployment rate is more than double the national average.

Truly comprehensive care not only would fix the VA, but also expand it to empower injured veterans with economic opportunities, peer-to-peer engagement, and group-centric mental health programs that utilize injured veterans' greatest tool for overcoming battle-born trauma: each other.

Of course, nonprofit organizations like the Wounded Warrior Project have been offering these life-affirming tools for well over a decade. But why should it be up to private charities to take care of those who battled and bled for their country?

In a political landscape where we can't seem to agree on anything, it's likely that anyone — Democrat or Republican — would be challenged to find a single service provided by charities like the Wounded Warrior Project that doesn't deserve the full financial backing of the U.S. government.

We shouldn't have to pull on the heartstrings, and purse strings, of strangers to care for wounded war veterans in the United States. Their care should be provided, in full, by the American people.

The VA Mission Act is a step in the right direction, but we can — and should — go further by expanding the definition of what caring for injured veterans means. Our wounded veterans deserve not only exemplary health care, but also all the tools they need to re-assimilate into civilian life despite missing limbs or shattered psyches. And to provide them what they are so obviously owed, the wealthiest country in the world should be relying on funding, not fundraising.

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4.3 - Dell Technologies: [How Veteran Affairs is Tapping into AI](#) (5 November, Pragti Verma, 9k uvd)

Veteran Affairs (VA) has received a lot of scrutiny for its inefficiency in providing timely medical treatment, with stories coming to light of veterans waiting months to receive care. And while there are no immediate solutions to correct the agency's perennial wait time problem, the VA is turning to artificial intelligence (AI) for at least a few answers.

"AI is very important to us in a lot of different ways, [including] healthcare claims and processing," explained Dr. Paul Tibbits, program executive officer for the VA's Financial Management Business Transformation Special Program Office in a media interview. "We envision that [these technologies] will, or in fact already are, improving services to veterans."

Waiting for Care

The VA's inefficiencies first came to light in 2014, when managers at a Phoenix VA facility revealed an elaborate scheme to hide the fact that several veterans waited many months to see a doctor. In 2015, the VA Office of Inspector General reported a web of complications in the VA's management of healthcare enrollment data, including inadequate procedures to oversee records, software glitches, and inconsistencies in identifying veterans who had died waiting for medical treatment.

Now, the latest U.S. Government Accountability Office report finds that the Veterans Choice Program — set up to reduce wait times by allowing veterans to go to a private sector doctor at the VA's expense — has not helped either. The report states that in many cases veterans could still face wait times of up to 70 days to receive care. "Delays in care have been shown to negatively affect patients' morbidity, mortality, and quality of life," report researchers wrote.

According to a statement issued by the VA, it has been a challenge to maintain a large staff of well-trained agents to handle the depth and breadth of questions veterans and caregivers face, especially during peak days and times. As a result, veterans and caregivers are unable to receive immediate assistance because agents are actively assisting other customers.

For Tibbits, what is clear is that AI can improve the VA's wait-time issue, as well as diagnostic and other therapeutic accuracies, making fewer mistakes and picking the right treatment for the right illness. The process is already underway when it comes to phone service and addressing claims.

The VA is currently looking for an AI as a service (AlaaS) solution — off-the-shelf and cloud-based — with features such as natural language processing (NLP) so that people can make requests and hold discussions with the AI technology (much like a chatbot). Leaders at the VA also want the AlaaS system to evaluate the words of users to detect their emotional state and respond accordingly. Once the AI system is trained and put into production, the VA said, it can use machine learning to expand and improve upon its own capabilities over time.

AI Emerges in Veteran Healthcare

Yet the AlaaS solution won't be the agency's first brush with AI. The VA has already partnered with London-based Alphabet subsidiary DeepMind to explore how machine learning can help predict patient deteriorations. Together, the VA and DeepMind will analyze patterns from over 700,000 historical, depersonalized medical records to determine if machine learning algorithms can accurately identify the risk factors of patient deteriorations and predict their onset.

Dominic King, clinical lead at DeepMind Health, emphasized that the data used in the partnership research has been stripped of any identity before DeepMind receives it — an important feature for the VA after a recent privacy concern.

Last year, the VA terminated an agreement with the San Francisco-based startup Flow Health after realizing the agreement would violate current VA policy and regulations, as well as its commitment to protecting veterans' data. The research would have used genomic data from over 500,000 volunteer participants from the Million Veteran Program.

The Prevention Game

In partnership with DeepMind, the VA first plans to focus its work on identifying the most common signs of acute kidney injury (AKI), a problem that can lead to dialysis or death, but is preventable if detected early.

"Not only is the onset of AKI sudden and often asymptomatic, but the risk factors associated with it are commonplace throughout hospitals," King explained in a recent blog post. "AKI can also strike people of any age and frequently occurs following routine procedures and operations like a hip replacement."

The goal, according to King, is to find ways to improve the algorithms currently used to detect AKI and allow doctors and nurses to intervene sooner. Eventually, the VA plans to apply similar approaches to other signs of patient deterioration.

As the VA explores more AI-powered approaches, leaders in the organization expect the growing technology will provide improved care and shorter wait times for many more patients — with fewer people developing serious infections and conditions and, as the VA press release noted, "ultimately saving lives."

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5. [Suicide Prevention](#)

5.1 - Murray Ledger & Times: [New nonprofit looks to raise awareness of veteran suicide](#) (6 November, Jordan Ferguson, 5k uvm; Murray, KY)

Many organizations were present on the campus of Murray State University Saturday to take part in its first Purchase Area Military Appreciation Day. The event was hosted in conjunction with Four Rivers Behavioral Health Regional Prevention Center.

The day was meant to provide veterans with the resources they may need when transitioning out of service. One new nonprofit organization, Project Diehard, was present that day to help increase awareness of the ongoing issue of veteran suicide.

"We are a brand-new nonprofit organization here in western Kentucky. We were formed in May and we got our 501(c)(3) on September 10," said Brian Gibson, founder and president of the organization. "Our mission is to bring public awareness to veteran suicide and to help a veteran transition from active duty military to the civilian life."

Gibson, who served for 26 years as a soldier and combat medic, said the period of adjustment after leaving the military can be a difficult one.

“That is a very hard time, once you leave that tempo of do, do, do and now you don’t do,” Gibson said. “So we want to help them transition; whether we get them help through the VA or counseling, whatever we need to do.”

Gibson said the the organization was a “homegrown nonprofit” and that he as the president will never take a salary. He also mentioned that no board members would take a salary either.

“We understand there are going to be expenses in running this organization, but our goal is to keep the cost as minimal as we can keep it,” he said. “We are going to be heavily volunteer based.”

Gibson said the organization is raising money right now to help purchase 114 acres in western Kentucky to build “Fort Hope.”

“Fort Hope is going to be a place where we are going to house up to 100 veterans for a year, free of charge,” Gibson said. “That is food, lodging and everything.”

In documentation provided by Gibson, he said he had seen firsthand how shorthanded and overwhelmed the VA is while dealing with the traumatic brain injury of his son, who is also a wounded warrior. He said that through conversations, the idea was born for Fort Hope, a safe place for transitioning veterans that offers them a support system to help them get the help they need.

Gibson said that on average, 22 veterans a day commit suicide. His information also said that there is no way to get an accurate number if the stigma attached to suicide remains. He said that 90 percent of funds raised would be going to help these veterans in need of assistance.

Gibson said that the organization has found a site and is currently looking to raise funds to make the purchase of the land. From there, the organization will begin to concentrate on construction efforts and attempt to spread its influence to other regions of the United States.

For more information on the project, visit projectdiehard.org or email Projectdiehard@mail.com.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Denverite: [By HUD’s count, the number of veterans experiencing homelessness in metro Denver is up slightly from last year](#) (6 November, Donna Bryson, 85k uvm; Denver, CO)

Slightly more veterans were experiencing homelessness in the Denver area this year, according to HUD’s Annual Homeless Assessment Report.

According to the figures released Monday, 566 veterans were counted in metropolitan Denver during the one-night point-in-time survey of people experiencing homelessness in January. Last year it was 548. It was 358 in 2013, the year that saw the lowest figure among veterans since 2011, when the number was 1,322.

Numbers have fluctuated in Denver. Nationally, the estimates have been declining fairly steadily since 2009. Nationally this year, the number decreased 5.4 percent to 37,878, compared to 40,020 reported in 2017.

In a press release, U.S. Housing and Urban Development Secretary Ben Carson said: “We’ve made great strides in our efforts to end veteran homelessness, but we still have a lot of work to do to ensure those who wore our nation’s uniform have access to stable housing.”

Also Monday, Eric Cobb, deputy regional administrator for HUD Region VIII, attended a ceremony marking the start of construction of an affordable housing project in Aurora in which 10 units will be reserved for veterans who have experienced homelessness, HUD spokeswoman Christine Baumann said. Cobb spoke of the importance of the HUD-VASH Program, which combines permanent HUD rental assistance with case management and clinical services provided by the VA.

The \$24 million Peoria Crossing project is near the new VA hospital and RTD’s A and R lines, and will have a total of 82 units. It was funded by state and federal low-income housing tax credits, HUD, the city and the state’s Housing Solutions Program. It will serve people earning between 30 and 60 percent of the area median income. Construction is expected to be completed next August.

The Housing Authority of the City of Aurora said in a press release that the Aurora City Council has been assessing housing needs and how to allocate \$1 million to affordable projects. Mayor Bob LeGare said in a statement that the demand in the Denver suburb for affordable housing was increasing, as was the number of rent-burdened households.

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6.2 - ColumbusUnderground.com: [Veterans Film Festival Comes to Gateway](#) (6 November, Hope Madden, 64k uvm; Columbus, OH)

Looking for a more meaningful way to celebrate Veteran’s Day? Get to Gateway Film Center this weekend to honor veterans’ service along with them, and take in some remarkable art at the same time.

“This is an opportunity not just for veterans’ families, but for civilians,” says Columbus VA Creative Arts Coordinator Heather Seymour of the Columbus Veterans Film Festival. “Parades are great, but this is a way to engage and interact and pay thanks.”

The film festival—free for all attendees— runs Saturday, Nov. 10 through Sunday, Nov. 11 to coincide with the opening of Columbus’ new National Veterans Memorial and Museum. A partnership with the Columbus Veterans Administration’s Veterans Arts Initiative, the festival offers not just film, but also live performance, panel discussions and opportunities for veterans to connect with VA services.

“A veterans’ film festival is something I’ve wanted to do since joining the film center,” says Alex Davis, Director of Development for Gateway Film Center. “Core to our mission is to bring different groups of people into the film center to be part of what we do here.”

The works featured in the festival look at themes of reintegration into civilian society, PTSD, gender disparity and challenges navigating the healthcare system.

"Each movie is paired with a discussion afterward," says Seymour. "We hope there are some magic moments, opportunities that maybe come out of discomfort or out of an epiphany: Wow, I'm pausing to think about how this veterans' issue may affect their lives."

"There are a lot of different types of art in this festival and I think that's exciting," says Davis. "The main event Saturday night is a live performance."

"Saturday night at 7 p.m. we have a live theater performance by Kevin McClatchy, who is an OSU professor. He is also in the film *The Old Man & the Gun* with Robert Redford," explains Seymour.

McClatchy will perform *Scrap Heap*.

"It's a play that he wrote, stars in and produces," she says. "It's about a Special Forces veteran who seeks to become whole again, and it's darkly funny. It's kind of a whiplash tour of his experiences, and it's inspired by a true story."

Seymour and Davis are also both excited to share two films directed by women on day two of the festival, the documentary *Serve Like a Girl* and the narrative feature *Leave No Trace*.

Alongside the cinema and live performance is local visual art. Fundamental to the work of Veterans Arts Initiative, says Seymour, is the opportunity for veterans to display their own work.

"We have incredibly talented artists," Seymour says.

For that reason, the work of selected artists will be available for view and sale throughout the festival.

"We really wanted to make sure from the get go that we were featuring local veterans, artists working and living in our community," says Davis.

You'll also find sponsor organizations on-site to help veterans find valuable services.

"The event is about engagement," says Seymour. "Not just with the arts community but also with veterans who maybe have never come to the VA. We'll have VA representatives, social workers and peer mentors, members of the whole health team who will help in planning if someone wants to talk about their goals to improve their nutrition or weight reduction or increased mobility."

Seymour is optimistic about the effects the festival can have.

"We hope that it's both an opportunity for engagement and an opportunity to get connected, not just to the VA but to the rich art community in Columbus," she says. "I don't know of any other veteran film festival at this level that is free to veterans and to civilians."

"A big part of the work of art and this film festival is to bring people together," Davis says. "That's what's so magical and amazing about film: You get to see the world from another person's perspective."

The full Veterans Film Festival program:

- Nov. 10, 10 a.m. – Fallen Comrade Ceremony
- Nov. 10, 1 p.m. – THANK YOU FOR YOUR SERVICE (2017) with panel
- Nov. 10, 4 p.m. – THE VETERANS PROJECT (2018) with panel
- Nov. 10, 7:15 p.m. – SCRAP HEAP (live performance) with reception and panel
- Nov. 11, 1 p.m. – SERVED LIKE A GIRL (2017) with panel
- Nov. 11, 4 p.m. – LEAVE NO TRACE (2018) with panel

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6.3 - Temple Daily Telegram: [Quilts of Valor: Veterans presented with quilts in honor of service](#) (5 November, 25k uvm; Temple, TX)

Veterans who continue to serve other veterans by working and volunteering at the Olin E. Teague Veterans' Medical Center were given quilts today in honor of their service. Quilts were presented to 11 from the VA staff and a volunteer.

The Texas Patriotic Piecemakers, a regional group of Quilts of Valor Foundation, brought the quilts to Temple on Monday to hand out.

Stacy Clady, regional director with Texas Patriotic Quiltmakers, was accompanied by cadets of the Shoemaker High School JROTC, which assisted in handing out the quilts to the veterans and made introductions.

Most of the people making the quilts have a personal connection to the military, as a spouse, parent, child and more.

The Quilts of Valor Foundation began in 2003 by Catherine Roberts whose son, Nat, had been deployed to Iraq. Her dream was to gather volunteers to make quilts to help wrap veterans with quilts to combat their despair and help them heal.

Cliff Shufford, a veteran and lead ambassador at the Temple VA, received one of the quilts.

Those who spend much time at the Temple VA are aware of Shufford. He's always wearing a red blazer and is usually on hand in the hospital lobby, helping visitors and patients navigate the medical center.

"With Veterans Day coming up it's nice for groups to take the time to recognize veterans," Shufford said.

The veterans who received the quilts were: Rogoznica Jackson, Adrian Cisco, Norman Allen, Derek Gillaspie, Michael Grady Jr., Terry Richmond, Clifford Shufford, Martin Luther Spann, Tristan Key, Pearl Houck and Michael Lehto,

Tom Clady, Army instructor of the JROTC at Shoemaker High School in Killeen, said Monday was a special day for his students.

"They hear about Veterans Day, and they now know it's more than just discount meals all over town," Tom Clady said.

There are a lot of veterans in Central Texas and the cadets have been learning more about veterans for about two months while working on a special project, he said.

"Today's event offered a personal touch," Tom Clady said. "On Friday, the cadets will present a program on the true meaning of Veteran's Day to their school."

The quilts are handmade by volunteers, Stacy Clady, regional volunteer, said Monday.

Most of the volunteers who provide quilts to local veterans live in the area, but Stacy Clady said she has quilters all over the country.

"The quilters work at their own pace, with some finishing a quilt top in less than a week, while others will take a month or longer," she said. "Some just piece the top, while others are interested in doing the quilting or the binding."

Some of the quilters are older and need financial assistance in purchasing the materials and Stacy Clady provides them with kits. Each quilt costs \$250 and up and can take up to 100 hours to complete.

"That's why donations are so important," she said.

Stacy Clady was a quilter and began working at a quilt shop following a deployment away from Fort Hood.

"I had heard of the organization," she said. "The shop owner was a veteran and asked if I could check out Quilts of Valor and head up a local effort."

It's a labor of love, Stacy Clady said.

More information about the foundation can be found at <https://www.qovf.org> and how to nominate a Veteran to receive a quilt.

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6.4 - Moultrie News: [Military veterans honored nationwide at 1,400 cemeteries on Wreaths Across America Day, Dec. 15](#) (6 November, Cecilia Brown, 19k uvm; Charleston, SC)

The month of December often brings warm feelings and excitement. As we enjoy this time of year, it is important to be thankful for those who fought for our freedom. Each December, wreaths are placed in honor and memory on veterans' graves at 1,400 military cemeteries throughout the nation.

In 1992, a wreath company in Maine called Worcester Wreath found themselves with a surplus of wreaths near the end of the holiday season. The owners, Morrill and Karen Worcester decided to honor our country's veterans and made arrangements for the wreaths to be placed at Arlington National Cemetery. This started Wreaths Across America (WAA) and each year the program has grown significantly throughout the United States.

“That’s my brothers and sisters laying the wreaths out there. We’re all a big family of one that day,” said David Edwards, the Beaufort WAA location coordinator.

Edwards found out about WAA through his friends and became the Beaufort National Cemetery location coordinator 10 years ago. He served in the U.S. Navy 1969-73 and saw this as a golden opportunity to honor veterans close to the holidays here in the Lowcountry.

The Beaufort National Cemetery joined the national Wreaths Across America celebration 13 years ago. This cemetery has buried soldiers dating back to the Civil War and was listed on the National Register of Historic Places in 1997. Medal of Honor Recipients Ralph H. Johnson and John McGinty III are buried at this cemetery, along with many other notable men and women.

Each December, WAA sends the sponsored wreaths from Maine down to Beaufort for the ceremony. There are 24,000 graves in the Beaufort National Cemetery — 4,000 of those are unknown soldiers. Last December, they placed 5,386 wreaths on the military grave sites on Wreaths Across America Day. This year they’re hoping to cover at least half or 12,000 graves.

The ceremony will take place nationwide this year at noon on Dec. 15. The Beaufort National Cemetery ceremony is open to the public. Edwards recommends people arrive by 10:45 a.m. at the cemetery to find a place to park since parking is limited. Families and friends are then invited to gather together to observe the wreath procession. The procession consists of police escorts, two Beaufort Pepsi 18-wheeler trucks full of wreaths, about 400 motorcycles and military escorts. Once everyone has arrived at the cemetery, they hold a ceremony. Each year they sing the national anthem, say the pledge and share prayers for the men and women that have fought for the United States of America. Once the ceremony is over, the donated wreaths are distributed on as many graves as possible throughout the cemetery.

“You can see pride swelling in family members of veterans that attend and participate in the ceremony,” Edwards said.

Edwards says that they will take pictures of the wreaths on graves and send them to loved ones they knew couldn’t make it to the ceremony.

“It’s my honor to honor their wishes. It makes you want to go back year after year,” Edwards said.

If there are enough wreaths, everyone in attendance is welcome to lay a wreath on a grave. Volunteers at the ceremony are asked to help people that they see having difficulty laying wreaths, whether it be physically or emotionally.

“I reached out to David about six years ago to see what this was all about. After Karl and I went to one ceremony we were hooked,” shared Miff Cone, a local WAA volunteer. “It is a wonderful ceremony full of patriotism, honoring all levels of military service.”

Cone explained that she and her husband have loved being a part of this ceremony for the past few years. She read about WAA and saw photos of Arlington covered in wreaths. When Cone first contacted Edwards, she said they would come check it out and then they wanted to go to Arlington. She said that he responded, “Mrs. Cone, I think when you come to Beaufort and participate, you won’t feel like you have to go to Arlington. This is a very up close and personal event.”

If you can't attend the Wreaths Across America Day ceremony, you can honor military veterans lives by sponsoring wreaths for \$15 each. Sponsoring wreaths is the only way they are supplied to sites throughout the country for ceremonies. To sponsor one for the Beaufort National Cemetery ceremony, email waabeaufort@outlook.com for a donation form. The deadline to sponsor a wreath at this WAA location is Thanksgiving Day, Nov. 22. You may also sponsor a wreath to any ceremony location of your choice online at wreathscrossamerica.org.

"You can go to Starbucks and buy two cups of coffee or a Happy Meal from McDonalds. Or you could spend that money this year honoring our veterans, so we can put wreaths on a lot more veterans' graves this December," Edwards said.

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6.5 - KODE (ABC-12, Video): [Wreaths Across America needs help decorating Ft. Scott National Cemetery](#) (5 November, Jeremiah Cook, 16k uvm; Joplin, MO)

Volunteers need your help decorating the Ft. Scott National Cemetery this holiday season.

Wreaths Across America has been working for more than a decade to ensure that each veteran's grave has a wreath on it. Ft. Scott National Cemetery is the final resting place of roughly seven thousand veterans.

Representatives with wreaths across America say last year, they fell about 15 hundred wreaths short of marking every headstone. This year, they're about 25 hundred short of their goal. They say it takes about \$15 dollars per grave to supply the wreaths, and they're still accepting donations.

For more information on how to donate, you can call (620) 215-2174.

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6.6 - Herald-Star: [Wreaths Across America campaign support sought](#) (6 November, 10k uvm; Steubenville, OH)

For the 10th consecutive year, the George Washington Chapter of the Sons of the American Revolution is participating in the Wreaths Across America campaign with local sponsors being sought to purchase wreaths that will be placed in the National Cemetery of the Alleghenies in Washington Co., Pa.

The origin of Wreaths Across American dates back more than 25 years when Merrill Worcester, the owner of a nursery located in Harrington, Maine, had an overabundance of Christmas wreaths and nothing to do with them. Remembering a trip he had taken as a paperboy to Arlington National Cemetery in Washington, D.C., he got the idea to donate his excess wreath to the cemetery as a gesture of remembrance and honor for those men and women who served their country.

From the pictures of wreaths lying against the tombstones at that cemetery, Wreaths Across America has grown to what it is today, according to information provided by Gary W. Timmons, secretary of the George Washington Chapter and local Wreaths Across America chairman.

Burgettstown resident Kurt J. Winter is president of the chapter.

Wreaths Across America's mission remembers the fallen, honors those who serve and teaches children the value of freedom. Its goal is to generate sponsors for wreaths that will be placed on veterans' graves.

Last year at 1,422 locations in this country and 25 located on foreign soil, 1.5 million wreaths were placed on veterans' graves.

The National Cemetery of the Alleghenies was established in 2008 on approximately 300 acres near the Washington and Allegheny county line. It was created to serve the Tri-State Area when a study found that there are in excess of 300,000 veterans in this area, Timmons explained.

Currently, more than 15,000 people have been interred since the cemetery opened. All wreaths received by the local chapter will be used at the National Cemetery of the Alleghenies. "This cemetery serves the entire Tri-State Area as a final resting place for veterans, spouses and, in some cases, dependent children," Timmons explained.

On Dec. 15, beginning at noon, family friends, veterans, youth and organizations will gather for a brief ceremony followed by the placing of the wreaths. Last year more than 10,300 wreaths were placed at this cemetery, and for the third consecutive year, with graves that were already decorated by families, every grave was marked.

The George Washington Chapter of the SAR started its partnership with the National Cemetery of the Alleghenies in 2008 when it raised the funds to families around the cemetery. The chapter also dedicated a boulder along the memorial walkway located in the cemetery.

Wreaths cost \$15 each and are tax-deductible. For every two wreaths sponsored, a third is provided free.

"The chapter is proud to be the largest gatherer of sponsorships for this cemetery," Timmons noted, adding the chapter encourages volunteers to come to the National Cemetery of Alleghenies at noon on Dec. 15 to help place wreaths received. The deadline for sponsorship is Nov. 23.

Anyone interested in sponsoring a wreath can make a check payable to Wreaths Across America and send it to Gary W. Timmons, at 13 Elm Lane, Wheeling, WV 26003-4905. He also can be contacted at (304) 242-8759.

The Sons of the American Revolution is the leading male lineage society that perpetuates the ideals of the war for independence.

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6.7 - Beacon Senior News: [Love, honor, respect: a visit to Fort Rosecrans National Cemetery](#) (6 November, Joyce Corley, 170 uvd; Grand Junction, CO)

Since I was a child, I've had many opportunities to visit military cemeteries and to understand the valor and sacrifices represented there. The one I'm most familiar with is located in Los

Angeles, California, now the West Los Angeles National Medical Center and Cemetery (formerly Sawtelle Veterans Hospital and Cemetery).

My uncle, Eddie De Quir, was a disabled veteran. Born in Louisiana, he spoke fluent French and served as a translator during World War I. As a consequence, he was gassed in the trenches and developed painful rheumatoid arthritis. He literally spent the rest of his life at the Sawtelle Hospital, except for weekend furloughs during the holidays. Every Sunday my family, along with my Aunt Pearl, visited Uncle Eddie at Sawtelle. They're both buried there, so we still visit.

As an adult, I've visited the Arlington National Cemetery in Washington, DC, and Gettysburg National Cemetery in Pennsylvania many times. There's also a nice military cemetery in Grand Junction.

On a recent trip to California, I was able to spend a week in San Diego, where I had the opportunity to visit what to me is a special national cemetery.

Fort Rosecrans National Cemetery at Point Loma is one of the most touching cemeteries I've visited. The setting, both poignant and breathtaking, certainly sets it apart. With the Pacific Ocean on one side and San Diego Bay on the other, it's one of the most beautiful national memorials I've visited.

Fort Rosecrans became a national cemetery in 1934, but heroes from many battles have been buried there since the beginning of California's history. As a history buff and educator, as well as the wife of a Korean War veteran, I find these memorials to be a great place for meditation and a wonderful opportunity to pay homage and respect.

Viewing the graves there once again drove home the multitude of sacrifices that men and women have made for our country. The numbers buried there are phenomenal.

All of these military cemeteries emphasize these truths—bullets and death do not respect ethnicity, gender or nationality. All the veterans buried there are people who loved this country and proudly served to protect it. That same love and respect should manifest itself in the many millions of citizens left here to enjoy the liberties and benefits of this great country.

The day of our visit, we stayed until dusk. It's truly worth a visit to pay your respects, but also to contemplate our blessings as Americans.

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6.8 - Beacon Senior News: [Veterans on the MOVE!](#) (6 November, Melanie Wiseman, 170 uvd; Grand Junction, CO)

September 16, 2017, is a date veteran Clifford Wheeler will never forget.

It was the day he joined the Grand Junction Veterans Affairs (VA) Medical Center's MOVE! program—a decision that radically changed his life for the better.

Weighing 353 pounds when he started, Wheeler felt constantly exhausted. He suffered from severe knee pain and couldn't tie his shoes. In just over a year after joining MOVE!, he dropped 127 pounds and 36 percent of his body weight, closing in on his goal of 190.

"Just like the program's name, the key is to move," said Wheeler, 69, who no longer experiences pain and keeps up his progress by walking for 30 minutes twice a day. "You can't lose weight just sitting around."

Setting up for success

Veterans nationwide are seeing astounding results through MOVE!, a program developed by the Veterans Health Administration (VHA) to address weight and weight-related health issues by focusing on healthy eating, physical activity and behavioral changes.

"The purpose of the MOVE! program is to treat the disease of obesity," said registered dietitian and local MOVE! Program Coordinator Melissa Klemp.

The VA reports that 80 percent of veterans are overweight or obese, putting them at risk for health issues such as heart disease, diabetes, stroke, high cholesterol, high blood pressure, joint and back pain, sleep deprivation, PTSD and cancer.

According to Klemp, physical exercise contributes to 20 percent of weight loss while 80 percent is due to nutrition and what we eat.

MOVE! is offered in several small group sessions averaging six to eight people. These 16-week sessions cover a variety of topics, including how to read nutrition facts, maintaining a food and activity log, how to prepare healthy meals and snacks, the different types of physical activity and how to do them safely, understanding mindful eating and ways of managing stress and dealing with weight plateaus.

Sessions are offered simultaneously at different times and days of the week to accommodate participants' schedules.

"If people don't do well in groups or have a busy lifestyle, we can still make MOVE! happen for them," said Klemp, who also coordinates with veterans from Montrose, Craig, Moab and Glenwood Springs by offering weekly group sessions via Skype. "We never turn anyone away, and the program is entirely free."

MOVE! is open to veterans of all ages regardless of whether they use VA care. Even members of the public can access the program's resources by downloading the MOVE! Coach app on their phones or tablets.

Veterans' spouses can also participate in many parts of the program free of charge. In fact, Klemp encourages them to join, especially if they're the ones doing most of the cooking or shopping.

Wheeler's wife, Pat, 68, who has walked alongside her husband through the MOVE! program, has lost 75 pounds to date.

Evidence-based results

MOVE! participants set SMART goals: specific, measurable, achievable, realistic and time-based.

When participants lose 5 to 10 percent of their body weights, Klemp notifies their doctors so they can get a new look at lab work and medication levels. Some participants have been able to get off blood pressure or diabetes medication completely.

"They tell me things like, 'I can breathe a lot easier' or 'Look, I need to get a smaller belt!' and 'I'm so excited because I spilled on my lap today instead of my stomach!'" said Klemp.

The program is evidence based. Klemp added that the success of MOVE! nationally is measured by the number of contacts per person and the percentage of weight loss overall.

"Our MOVE! program is double the national average of contacts, retention and follow up," she said. "At the VA, we have access to all kinds of support. The continuity of care here is like nothing I've ever seen before."

Camaraderie and support

Support continues after the regular sessions are over with monthly weigh-ins and follow-up classes, and weekly Wednesday walks with participants meeting at Canyon View Park for camaraderie and exercise.

Wednesday walkers and Navy men Chuck Shafer, 69, and Mel Bennett, 72, Bonded instantly upon finding out they had crossed paths While Serving during the Vietnam War. They continue with MOVE! to maintain their weight loss success.

Some participants like the accountability, while others prefer to monitor themselves at home. It's also not uncommon for some people to start the program and find they're not quite ready, then return at a later time. Others find it so helpful that they repeat the sessions a few years later for a refresher or continued support.

Lou Massicotte, 72, lost 20 pounds through MOVE!, but remains in the program after 10 years because his doctor told him, "Don't stop doing what you're doing!"

MOVE! has also allowed veterans to get back to the things they love. Before climbing Quandary Peak last summer, it'd been 40 years since Frank Hagey, 71, climbed his last fourteener.

"I started the program in preparation for the fourteener, but now it's a habit," said Hagey, who now walks 24,000-30,000 steps a day. "MOVE! is not a fad, it's a lifestyle."

John Cox, 77, has lost 50 pounds in the two years he's been with the program.

"I've gone from walking 1/4 mile each week to five miles twice a week," he said. "MOVE! is terrific."

He added that he recommends the program to every veteran he meets.

"It's a commitment," said Klemp. "I tell them it's a little like school. I even give them some homework. We want to make sure we give them the steps and tools they need so it's worthwhile."

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7. [Other](#)

7.1 - Military.com (Amarillo Globe-News): [Fort Hood Shooting Survivor Remembers Fallen Colleagues](#) (6 November, Richard Sisk, 2M uvm; San Francisco, CA)

An Amarillo resident and survivor of the Fort Hood mass shooting, which occurred nine years ago, is fondly remembering the lives of five comrades who served alongside her in the 467th Combat Stress Control Detachment and the 1908th Combat Stress Control Detachment.

Reservist Dorothy "Dorrie" Carskadon was shot four times at the Fort Hood Soldier Readiness Processing Center by Nidal Hasan, a U.S. Army Major and psychiatrist who fatally shot 13 people and wounded 30 others, as she waited with other members of the units completing paperwork in preparation for deployment to Afghanistan.

Carskadon, a Veterans Justice Outreach Specialist at the Amarillo VA Healthcare System who is also a Keller Williams real estate agent, still has shrapnel after being grazed in the head, was shot through the hip, sustained a gunshot wound to the leg and was also shot in the stomach. But Carskadon, who earned a Bronze Star in the first Gulf War and joined her fallen and wounded comrades in receiving a Purple Heart in 2013 in the aftermath of the Fort Hood shooting, said her goal is to keep at the forefront the legacies of her colleagues who made the ultimate sacrifice.

"It's my duty to live on for them," she said. "We were all reservists. It was our first day of active duty at Fort Hood, and we'd been there less than 24 hours. We were going through the first segment of the soldier readiness when all of this happened. A lot of special people lost their lives that day, so no matter where I am on Nov. 5, I make certain I share with people how those who have fallen lived. All five of the people from our units that were killed were mental health professionals shot by a psychiatrist."

Carskadon said Maj. Libardo Eduardo Caraveo, whom she said was one of the first casualties, left a lasting impression on everyone he met.

"He worked for the federal government as a clinical psychologist who conducted psychological evaluations on sex offenders," she said. "He had done work at Guantanamo Bay and also owned an inspirational speaker business. During training, he would have all of the officers share an inspirational message with the units to get us fired up and ready for our duties. I'll never forget his drive and determination."

Another unit member, Lt. Col. Juanita Warman, was about to embark upon her final tour of duty and was slated to retire. She served as a sterling example of the teamwork exemplified daily, per Carskadon.

"She actually joined our unit late," Carskadon recalled. "She joined us late in our training, but it didn't take her long to demonstrate that she was dedicated to doing everything in her power to help the team reach its goals. When they found her, she had been shot three times and they were trying to get her out of the area, but she refused treatment in lieu of others. The shooter

returned to shoot her a fourth time, and that is what killed her. She volunteered for the mission when others couldn't. These are the type of selfless people with which I am proud to have served."

Staff Sgt. Amy Sue Krueger had already served a tour of duty in Iraq and was preparing to be deployed with Carskadon's unit to Afghanistan.

"She had signed up specifically to go with us because we needed more people," Carskadon said. "I later found out she had a back tattoo that conveyed the message 'All gave some and some gave all'. Very prophetic. She was a very quiet, but highly dependable, person. She was a dedicated professional that enjoyed helping people who were in need."

Cpt. Russell Seager was a psychiatric nurse, while working in the field of psychiatric mental health as an instructor who worked with returning combat personnel.

"He decided he couldn't wait for troops to return and wanted to be on the front end of aiding the cause, so he lost like 150 pounds to get into the military at age 50, as a psychiatric nurse," Carskadon said. "He was shy and really nice. He recognized the need to help those who are dealing with front line combat issues. During training he always provided those words of encouragement that uplifted the unit."

Cpt. John Gaffaney, a psychiatric nurse, was shot as he attempted to charge the shooter.

"He had served in several different branches and had originally been in a tank unit," Carskadon said. "So he was trained as an infantry guy to begin with. When he got out of the military, he went to nursing school, so when the shooter began shooting, his infantry training kicked in. Capt. Gaffaney's first instinct was to run at the shooter. He's another guy who realized there was a need for mental health services in a front line capacity. These are people who should never be forgotten."

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7.2 - Stars and Stripes: [Wave of veterans win congressional seats in midterm elections](#) (7 November, Claudia Grisales and Nikki Wentling, 532k uvm; Washington, DC)

Military veterans running as first-time candidates and others as incumbents rode a wave of heavy voter turnout Tuesday, winning several congressional races in the midterm elections.

The new cadre of military veteran lawmakers, which includes some upsets by Democrats and some re-elections for Republicans, will begin their terms in January and could help steer major defense issues.

By late Tuesday, with several victories by veterans, it appeared Democrats could take control of the House.

"I think it's pretty clear now that veterans are the reason that Democrats are going to take back to the House," said Jon Soltz, chairman of progressive political organization VoteVets. "It's definitely a great night for veterans who are Democrats."

The more than 200 veterans who ran for seats in the House and Senate was an uptick of former servicemembers seeking office, according to With Honor, a new “cross-partisan” group focused on electing candidates with military service to public office. That followed more than 400 who ran in primary races earlier this year.

Many of them ran in high-profile races -- some in re-election bids and others for the first time. Many veterans were part of a traditional Republican block of candidates running in district and statewide races, while others were part of a new generation of Democratic politicians with military experience.

All 435 seats in the House and 35 of the Senate’s 100 seats were up for grabs in Tuesday’s elections.

The winning veterans include incumbents such as Reps. Mike Gallagher, R-Wisc., and Ruben Gallego, D-Ariz., who have made their mark in short tenures in Congress. Others, such as Democrats Elaine Luria of Virginia and Max Rose of New York ousted incumbents in upsets Tuesday to win their first terms as House lawmakers.

At least six races featured two veterans facing off. In Florida, incumbent Democratic Sen. Bill Nelson, an Army veteran, and the state’s Republican Gov. Rick Scott, a Navy veteran, were locked in a dead heat by early Wednesday for Nelson’s seat. In Massachusetts, Democratic Rep. Seth Moulton, a Marine Corps veteran, won re-election to a third term against Republican Joseph Schneider, a former Green Beret.

This year’s increase in veteran candidates follows dwindling representation of former servicemembers in Congress for several decades. Their percentage fell from peaks of 81 percent in the Senate in 1975 and 75.2 percent in the House in 1969 to recent lows of 20 percent or less by 2015, according to the most recent figures from Pew Research Center.

More vets, more bipartisanship

With some pundits pointing to the dwindling ranks of veterans as contributing to toxic partisanship on Capitol Hill, the hope is now with more former servicemembers in Congress that trend could start to reverse.

Of the 200 House candidates tracked by With Honor, 102 were Republicans, 61 were Democrats with the remainder third party and write-in candidates, said Ellen Zeng, a spokeswoman for With Honor. The group endorsed 20 Republicans and 19 Democrats.

“The problems we are trying to take on, this dysfunction in Congress, are not easy, but definitely are having a debilitating impact on this country,” she said. “We hope a critical mass of these With Honor candidates can help fix our broken politics.”

Lawmakers will be taking on a long to-do list for defense matters when the new Congress convenes in January. The fate of an ongoing military buildup, war and deployment oversight and decisions on who can enlist in the service will be directed by lawmakers in Washington for the coming two years.

In addition, President Donald Trump’s growing demands for the military — from expansions in overseas war operations to surprise efforts to install budget cuts to new plans to deploy about 15,000 troops to the southern border — could also come under additional congressional scrutiny.

This, as Pentagon officials are slated in January to roll out two proposed fiscal year 2020 budgets: a \$733 billion plan that would stay on track with a military expansion and a \$700 billion plan that would undo much of its initiatives from the last two years. Lawmakers will also contend with budget caps that would otherwise keep defense spending to \$576 billion for the 2020 fiscal year.

The new Congress also might have to contend with several costly Trump plans to deploy thousands of troops to the U.S.-Mexico border, creation of a "Space Force" as a new military service and a military parade through the streets of Washington that was put on hold until 2019. There's also ongoing debate over whether transgender personnel and certain immigrants should be eligible to serve in the military.

By early Wednesday, several media outlets had called House control for the Democrats, while control of the Senate could remain with the Republicans.

Military veterans see easy wins, upsets

Several military veterans who won re-election bids were especially vocal on the role of the military in their previous, short tenures on Capitol Hill. And in several cases, their wins could be considered upsets.

Rep. Conor Lamb, D-Pa., won the seat for his state's newly drawn 17th District on Tuesday with only months in Congress after a close, upset win in a March special election. Lamb won that previous race for the state's 18th Congressional District, a traditionally Republican stronghold, by less than 700 votes.

With Tuesday's win, Lamb ousted sitting Republican Rep. Keith Rothfus, who has represented the state's 12th District since 2013.

Reps. Gallagher, Adam Kinzinger, R-Ill., and Anthony Brown, D-Md., were among the veterans who won re-elections to new terms. Gallagher, a Marine Corps veteran who won a second term in Wisconsin's 8th district, made headlines during his first term for criticizing Trump, and particularly the roll out of the president's travel ban last year.

Gallego, an Arizona Democrat and Iraq War veteran, was elected to his third term in the House on Tuesday, defeating Green Party candidate Gary Swing. Gallego, an outspoken Trump critic, faced no Republican challenger for Arizona's District 7.

Gallego has said publicly that he's considering vying for a Senate seat, possibly during the 2020 special election for the remainder of John McCain's term. McCain, a Republican senator from Arizona, died in August.

In Delaware, incumbent Democratic Sen. Tom Carper, a Navy veteran, fended off Republican Robert Arlett, a Naval Reserve veteran.

In Illinois' 12th Congressional District, Republican Rep. Mike Bost declared victory over Democrat Brendan Kelly, a Navy veteran. In Pennsylvania's 10th District, Republican Rep. Scott Perry, an active member of the state's National Guard, was predicted to win over Democrat George Scott, an Army veteran.

And in Colorado's 6th District, Iraq War veteran and Democrat Jason Crow defeated another veteran, Rep. Mike Coffman, a Republican who was seeking a sixth term in the House. Crow is a former Army Ranger and first-time political candidate. During the campaign, he criticized Coffman's "A" rating from the National Rifle Association. The 6th district is home to Aurora, the site of the 2012 mass shooting at a movie theater.

In the Houston area, Republican Dan Crenshaw, a former Navy SEAL, won a first term in the state's 2nd Congressional District. Crenshaw unwittingly drew national attention this past weekend when he was the subject of a joke on "Saturday Night Live" for his war injury. Crenshaw, who saw five deployments, was hit by a bomb blast during a mission in Afghanistan that destroyed his right eye. Crenshaw now wears an eye patch that became an iconic symbol in his campaign.

"I think we're doing well, we're excited," Crenshaw told a Houston crowd late Tuesday ahead of the official results. Of the SNL joke, "I'm from the SEAL team, we don't really get offended."

This, as Greg Pence, a Republican, Marine Corps veteran and older brother of Vice President Mike Pence, won a House seat in Indiana's 6th District by a large margin.

Some veterans lose, others await results

In the race to replace outgoing Republican Sen. Jeff Flake in Arizona, Republican Rep. Martha McSally, an Air Force veteran, was in a tight race with her opponent, Democratic Rep. Kyrsten Sinema.

In another controversial race, incumbent Rep. Duncan Hunter, R-Calif., a Marine veteran who is now facing 60 federal charges for claims of misusing \$250,000 in campaign funds, was in a tight race against his Democratic opponent Ammar Campa-Najjar.

Hunter, who won his seat in 2009 after his father retired from it, has pleaded not guilty to his criminal charges, along with his wife, who was also charged.

In New Hampshire's 1st Congressional District, Navy veteran Eddie Edwards, a Republican, lost his race. Edwards, a former police chief, was beaten by state lawmaker Andy Sanborn.

Democrats Amy McGrath of Kentucky and Army veteran Randy "Ironstache" Bryce of Wisconsin, who drew national buzz in their congressional bids, fell in their races Tuesday to win first terms as House lawmakers.

Though McGrath lost her fight, she impressed election watchers with how close the veteran Marine fighter pilot came to pulling an upset.

"This race was never supposed to be competitive and McGrath ran on a background of being an independent," Zeng said. "She only lost by (about) 3 points."

Female vets draw buzz, then upsets

In New Jersey's 11th Congressional District, veteran Navy helicopter pilot Mikie Sherill, a Democrat, beat her opponent, Jay Webber, a Republican state assemblyman. The two were vying to fill the seat for retiring Republican Rep. Rodney Frelinghuysen, who held the seat for 12 terms.

Chrissy Houlahan, an Air Force veteran, won a first term for Pennsylvania's 6th District while Luria pulled an upset in Virginia's 2nd District.

And Air Force veteran Mary Jennings "M.J." Hegar, a Democrat, was in a tight race late Tuesday with incumbent Republican Rep. John Carter in Texas' 31st District, a deeply conservative swath in the central region of the Lone Star State.

Luria, Sherill, Houlahan and other female military veterans running for office are part of a new, energizing movement, political watchers said.

"These amazing women leaders are part of the changing face of the military who have attracted attention because of their willingness to shatter every ceiling first in the military and then in politics," Dan Helmer, vice chair of progressive political organization VoteVets, said ahead of Tuesday's election. "These strong women military leaders have captured the attention of the whole country and it's not a surprise."

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7.3 - Dayton Daily News: [2 graduate Butler County's new Veterans Treatment Court](#) (6 November, Denise G. Callahan, 271k uvm; Dayton, OH)

BUTLER COUNTY — "Real heroes don't wear capes, they wear camo," Butler County Common Pleas Judge Michael Oster told supporters gathered in his courtroom to celebrate the first graduations for Butler County's Veterans Treatment Court.

The court has been operating for about two years and was certified as a specialty court by the Ohio Supreme Court earlier this year. Roger Caldwell and Matthew Kellum successfully completed the 17-month program and, as of Monday, are officially Veterans Treatment Court graduates.

The court's goal is to get veterans clean of addictions and help them cope with debilitating conditions like Post Traumatic Stress Disorder that might have contributed to their breaking felony laws in the county.

Assignment to the specialty court as part of probation is made by the sentencing judge in the felony division who had the veteran's case originally. The veterans court is designed to break down barriers such as unemployment or under employment, homelessness, drug problems and other issues that may have contributed to veterans ending up on the wrong side of the law.

Oster told the crowd — that included family, friends, other judges, elected officials, prosecutors and public defenders — his court is no cake walk but it works. He says his main focus is helping the veterans get their sense of worth back.

"The brave men and women who have served our country, protected our lives, our freedoms, the ideals we have as Americans, should never get to a point in any way where they don't feel that they are a veteran, they should never feel like they have lost a sense of honor or pride or who they are for that service," Oster said. "No matter what else gets achieved in this Veterans Treatment Court my personal goal, as long as I oversee this court, will always be to give back our veterans every ounce of pride and honor they have earned serving our country."

Caldwell didn't want to go into detail about how he tangled with the law but said the program has helped him hook up with benefits he never knew were available, education and job training, it's "remarkable" according to him.

"I was on a road that I was making some bad decisions in my life and I wasn't really living up to my potential," Caldwell said. "Through this program I got a new lease. Don't be afraid to ask for help, sometimes pride can get in the way."

The veterans court is one of five certified specialty courts in the county, including the felony drug, felony mental health and felony non-support courts, and the newest, the Family Treatment Drug Court.

Veterans Treatment Court participants meet with Oster and his team — made up of court staff, a representative of the Veterans Service Commission, the probation office and Jen Wolfe, a veterans justice outreach specialist with the Veterans Administration — every Monday to check in on their progress in the program.

Wolfe, who is on the Veterans Treatment Court team as an advocate for the veterans, said the specialty dockets allow for a special bond to form that facilitates healing.

"Our role as a treatment team is to wrap these veterans in bubble wrap," Wolfe told the Journal-News. "We wrap all these services around them because they're fragile. They have mental health disorders, they have substance abuse disorders, so you wrap all these services around them and you stay with them long enough to then let them get back out on their own."

Kellum has been clean and sober for more than a year. He said he "deserves a good, boring life" — the judge says a "boring" life doing things the right way should be a goal for all the Veterans Treatment Court veterans — and with all the support from his family, friends, the Veterans Treatment Court and his fellow vets he knows he'll be just fine.

"It's really improved my life a lot," Kellum said. "I'm in a better place now. I know I'm not going to die, not from that anyway."

Oster also invited Ohio Supreme Court Justice Sharon Kennedy a former Butler County common pleas judge and Hamilton police officer, has become a strong advocate statewide for specialty courts especially the Veterans Treatment Courts.

She implored the new graduates to remember there is support all around them — just a phone call away she said — and not to be discouraged by inevitable pitfalls life may throw their way.

"When you have doubt or fear, concentrate on where you want to go not what you fear. Decide what you want, believe you can have it, believe you deserve it and you're worthy of it," she said. "When those moments of doubt and fear come, all of us fail, for the act of failure isn't the fact that it happens, failure happens when we stay down. You above of all know how to pick yourself up and move on."

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7.4 - Union Leader: [Silver Linings: Memory loss: Normal or not?](#) (6 November, Roberta Baker, 199k uvm; Manchester, NH)

When is memory loss normal — and when is it a sign of something serious?

That question nags many seniors, including Shukla Biswas, 69, of Nashua, who recently retired after 45 years as a law librarian, then returned to work part-time.

“I’ve always had a computer memory,” said Biswas. “I could picture the book, see the pages turning and remember the lines on the page. Today I read a chapter in a pleasure book, then have to reread it the next day before going on to the next. I’m forgetting a lot of stuff. It’s not like me at all.”

Bob Albom, 72, of Hooksett, worked over 50 years in hospitality management, and now teaches and makes presentations.

“I can have a thought in mind, then forget where I’m going with it,” Albom said. “My long-term memory is excellent. My short-term, not as much. People have been saying there’s so much on our minds it’s easy to forget. But I’ll start a sentence and all of a sudden forget where I was going with it.”

John Walker, 67, of Manchester said, “When you’re my age and can’t remember the name of a song, a favorite movie or a person I meet, is it because I’m busy and not focused — or is it a sign of something else?”

Worries about memory loss or worse, encroaching dementia are etched in the minds of many Granite State seniors — members of the state’s rapidly aging population, often described as a silver tsunami. Predictions for a steep uptick in diagnoses of Alzheimer’s disease and other forms of dementia make the collective anxiety intense.

Currently there are at least 24,000 cases of Alzheimer’s in New Hampshire, a number that is expected to increase by 33 percent by 2025, according to the Alzheimer’s Association’s state chapter. Nationally, one in six women and one in 10 men are expected to develop dementia.

In a 2016 statewide study, 8.9 percent of residents age 45 and older reported experiencing confusion or memory loss that’s happening more often or getting worse. Of those with memory problems, 42.8 said it has created functional difficulties, causing them to give up daily activities and/or interfering with work or social life.

Dr. Maureen O’Connor, a neuropsychologist and associate director for education at Boston University’s Alzheimer’s Disease Center, co-author of ‘Seven Steps to Managing Your Memory: What’s Normal, What’s not, and What to Do about it,’ said cognitive decline starts in one’s 20s and 30s and accelerates with aging.

Decreasing over time are processing speed, the ability to block out distractions, the ability to multi-task, and working memory, which includes mental manipulation such as being able to calculate how much change you’re due at the checkout.

“As we age, it becomes more difficult to learn as much new information. But the ability to retain it is relatively intact. People can experience some difficulty with information retrieval,” said O’Connor, who spoke last Wednesday at Birch Hill Continuing Care Retirement Community in Manchester. Remembering someone’s name when you recognize their face is a common complaint — even among actors, she said.

Relatively unaffected are our capacities to retain information and sustain attention, as well as procedural memories of how to do things such as play the piano or ride a bike. Semantic memory — the memory of facts and words — actually increases over our lifetime as we are exposed to new information and experiences.

Dementia may be an underlying issue when we have changes in memory and thinking that impact the way we function in daily life — and others agree with that assessment.

“Someone else has to notice that your memory isn’t as good as it was, and you’re not able to do day-to-day things without help,” O’Connor said.

Often the hype surrounding memory decline can be worse than the reality — and cause unfounded fears. Both depression and anxiety undermine memory, and can mimic memory decline.

O’Connor, who also works as a clinical neuropsychologist at the Bedford, MA Veterans Administration Hospital, said she’s seen patients as young as 45 who are panicked because of misplacing keys or forgetting the name of someone they know, which are not indicative of emerging dementia.

In Alzheimer’s Disease, which accounts for 40 to 70 percent of all dementias, “The hallmark feature is rapidly forgetting information: what you ate for breakfast, what someone told you moments ago. Distant memories remain preserved.” she said.

Vitamin B-12 deficiencies cause memory loss that resembles dementia, and chronic sleep disturbances such as insomnia and untreated sleep apnea also result in compromised cognition and memory decline. Both are reversible with treatment.

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7.5 - Long Island Press: [‘Behind the Murder Curtain’ Reveals True Crimes of Long Island Medical Serial Killer](#) (6 November, Carlotta Mohamed, 39k uvm; Syosset, NY)

When veterans are on the road to recovery in a hospital and suddenly die, it’s up to Bruce Sackman, Special Agent in Charge of the U.S. Department of Veterans Affairs Office of Inspector General, to investigate those deaths.

In Sackman’s new book *Behind the Murder Curtain* with co-authors Michael Vecchione and Jerry Schmetterer published in September, the renowned investigator uncovered four medical serial killers in the VA hospital system from West Virginia to Maine — including one on Long Island.

“These are medical professionals who murder their patients,” said Sackman. “I’m not talking about a Doctor Kevorkian, accidents, malpractice...I’m actually talking about murder. That’s what these people did.”

According to Sackman, a former criminal investigator for the VA office for 32 years, the series of investigations throughout the country involving nurses and doctors who murdered their patients surfaced in the early 1990s.

One of Sackman's cases in the book involves Michael Swango, who began killing his patients as early as medical school.

Swango was allowed to continue his reign of terror for years even after imprisonment — due to a broken system of background checks and the failure of hospital administrators to believe one of their own might be a killer.

"He actually chose a profession that would give him the power of life and death over an individual, and he would kill the people and watch them die," said Sackman. "Then he would call up the next kin and explain in great detail how dad had suffered during the last moment's of his life."

After being released from prison in 1987 for good behavior, Swango forged documents and began working at the Health Science School for Medicine at Stony Brook University on Long Island, Sackman said. He was sent for training to the VA Medical Center in Northport, where a colleague tipped Sackman off that Swango was killing patients.

Swango lost his job after an ABC News 20/20 segment re-aired his interview while he was incarcerated at Centralia Correctional Center in Illinois for poisoning his co-workers. He then traveled to Africa where he continued to kill more people, Sackman said.

"We were able to determine he killed at least three people out in Long Island and that's what he was prosecuted for, and sentenced to three life terms without the possibility of parole," said Sackman.

The government of Zimbabwe also charged Swango in absentia with poisoning seven patients, and killing five.

According to Sackman, Swango's thrill stemmed from a psychological disorder — Munchausen Syndrome by Proxy, a mental illness and form of child abuse.

"It's the equivalent of a mother who will intentionally harm her child and bring her child to the emergency room to show staff what a caring loving parent she is, when she actually harmed the child to begin with," said Sackman. "They're like thrill seekers."

According to Sackman, the deaths of the recovering veterans could've been prevented if someone were by their bedside.

"These patients that were victims were basically alone at night and that's one of the things that made it easier for nurses and doctors to kill people," said Sackman. "If they had an advocate with them all the time, there'd be a much higher probability that they wouldn't have been a victim."

After the Swango case, there were thorough employee background checks every year. Sackman developed the Red Flags Protocol, which provides medical environments with warning signs to look out for — such as death rates that rise when one particular individual is on duty.

"I would like for them to have an awareness that this very small group of people exist throughout the world," said Sackman. "The overwhelming majority of healthcare providers are honest hardworking people who actually perform miracles everyday. But these are real outliers, people

who work with other people who take an oath to save lives, but these people were actually intent on taking lives.”

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From:

(b) (6)

Cc:

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Subject: [EXTERNAL] 5 November Veterans Affairs Media Summary and News Clips

Date: Mon Nov 05 2018 05:16:04 CST

Attachments: 181105_Veterans Affairs Media Summary and News Clips.docx
181105_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

5 November 2018

1. [Top Stories](#)

1.1 - WCBI (CBS-4, Video): [Secretary of Veteran Affairs makes a stop at UM](#) (4 November, Victoria Bailey, 15k uvd; Columbus, MS)

The Secretary of Veteran Affairs makes a stop at Ole Miss. Robert Wilkie visited the student military veterans and a leadership class while on campus. The Secretary has strong ties to the Magnolia State. His great-great-grandmother Lucy Somerville was the first woman elected to the state's legislature. Wilkie served as counsel and adviser on international security affairs to former Senate Majority Leader Trent Lott while he was serving in Congress.

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TRUMP: "What we've done for the military and the vets — we've gotten them Choice, where they can now go to a doctor and the United States pays for it instead of waiting in line for two months and three months and not being able to see a doctor, and literally dying — dying while they were waiting on line to see a doctor. After 44 years they've been working on it, I got it approved. And that's Choice for veterans." — remarks Friday to reporters.

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The mentality and actions of some bureaucrats was on full display in an AP news piece reported in the Rome News-Tribune on Oct. 20 on page A2. The VA Medical Center in Atlanta was rated one star out of five and thus is one of the worst in the nation. What was the management response?

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2.6 - The Valdosta Daily Times: [Veterans Helping Veterans: Vets get new van](#) (4 November, Katelyn Umholtz, 22k uvm; Valdosta, GA)

Korean war veteran Wilmon Stanley remembers being stopped last year on the side of Interstate 75 in a van full of other veterans. Stanley, traveling from the Valdosta Community Based Outpatient Clinic, was inside a 2006 10-passenger Ford van on his way to the nearest VA Medical Center — 65 miles away in Lake City, Fla.

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2.7 - Fiddlehead Focus: [Local Vietnam veterans share memories as Veterans Day approaches](#) (4 November, Melissa Lizotte, 6k uvm; Madawaska, ME)

If there's one thing that friends and fellow Vietnam veterans Craig Fay, Jim Gehring and Carl Olsen have learned through the years, it's that the often painful memories of that war are ones that will never fully leave them.

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3. [Business Transformation](#)

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Government Matters (Video): VA Deputy CIO outlines 5 strategic priorities (4 November, Andrew Wagner, Washington, DC)

Dominic Cussatt, deputy chief information officer at the Department of Veterans Affairs, discusses top modernization priorities, and how the rollout for VISTA's replacement is coming along. IT systems at the Department of Veterans Affairs are currently undergoing a major overhaul. The VISTA health record system is being phased out, and being replaced with a private sector alternative.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Providence Journal: Veterans Journal: VA delivers 81,000 appeals' decisions to veterans in fiscal 2018 (4 November, George W. Reilly, 245k uvm; Providence, RI)

On Sept. 14, two weeks ahead of schedule, the U.S. Department of Veterans Affairs (VA) exceeded its goal to deliver 81,000 appeals' decisions of disability benefits and services to veterans in fiscal year 2018, a total of 28,000 more decisions than the previous year. In doing so, the VA's Board of Veterans' Appeals provided thousands of veterans with life-changing decisions.

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6.2 - The Columbian: Veteran homelessness: up locally, down in U.S., state (4 November, Patty Hastings, 213k uvm; Vancouver, WA)

The U.S. Department of Housing and Urban Development announced Thursday that veteran homelessness is declining statewide and nationwide, according to the annual Point-in-Time count, a single-day census of the homeless population. However, the number of homeless veterans tallied in Clark County during the most recent count, in January, was 37, seven more than in 2017.

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6.3 - Daily Camera: CU Boulder veteran office grows under leadership of retired Navy SEAL. Once one-man shop, now eight full-time staffers (4 November, Cassa Niedringhaus, 157k uvm; Boulder, CO)

Before he became a U.S. Navy SEAL, Stew Elliott grew up in Boulder and attended both Boulder High School and the University of Colorado. He went on to serve 28 years as a U.S. Navy SEAL and earned two graduate degrees before retiring, returning to Boulder and taking the helm of CU's Veteran and Military Affairs office in the spring of 2013.

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6.4 - KFDA (CBS-10): Veteran homelessness down more than 26-percent in Amarillo (4 November, Jami Seymore, 55k uvm; Amarillo, TX)

Across the nation, throughout the state of Texas and right here in Amarillo, the number of homeless veterans is down. A new report by U.S. Housing and Urban Development shows veteran homelessness down in Amarillo by 26.2-percent from 2017, compared to a 12-percent decrease in Texas and just over 5-percent in the U.S.

[Hyperlink to Above](#)

6.5 - KKCO (NBC-11, Video): [Annual VA car show](#) (4 November, 29k uvm; Grand Junction, CO)

The Veterans Affairs Hospital here in Grand Junction had a car show Sunday. It was the sixth year in a row old muscle cars and classics showed off their engines and rims. Rain or shine, this event happens every year around Veterans Day. Organizers say that tradition will continue.

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6.6 - Mountain Statesman: [Second Annual National Veterans and Military Families Month proclaimed](#) (4 November, Nicki Skinner, 11k uvm; Grafton, WV)

With a rich military history in Taylor County and Grafton, it is easy to understand why honoring the brave men and women who made our freedoms a reality is so important. Because of their service and sacrifice, instead of honoring them on just one day, the entire month of November has been set aside to honor and recognize veterans.

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7. [Other](#)

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1. [Top Stories](#)

1.1 - WCBI (CBS-4, Video): [Secretary of Veteran Affairs makes a stop at UM](#) (4 November, Victoria Bailey, 15k uvd; Columbus, MS)

OXFORD, Miss.(WCBI) – The Secretary of Veteran Affairs makes a stop at Ole Miss.

Robert Wilkie visited the student military veterans and a leadership class while on campus.

The Secretary has strong ties to the Magnolia State. His great-great-grandmother Lucy Somerville was the first woman elected to the state's legislature.

Wilkie served as counsel and adviser on international security affairs to former Senate Majority Leader Trent Lott while he was serving in Congress.

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1.2 - The New York Times (AP): [AP Fact Check: Trump's Fabrications on Medicare, Immigrants](#) (5 November, 48.7M uvm; New York, NY)

WASHINGTON — In the final days before pivotal midterm elections, President Donald Trump is painting a distorted picture of immigration while exaggerating his record of achieving economic gains for non-whites and improving health care for veterans.

He insists that Republicans will be able to attract the non-white vote in Tuesday's elections because he's achieved "the best median income numbers for all of these groups." In fact, incomes for African-Americans and Asian-Americans reached their highest levels prior to his administration.

On immigration, Trump inflates the number of foreigners living in the U.S. illegally and misrepresents Democratic legislation in the Senate as promoting "open borders."

Meanwhile, on health care, Trump falsely suggests that Democrats would seek to destroy Medicare if they take control of Congress and overstates improvements he made to the Department of Veterans Affairs.

A look at his campaign rhetoric and the reality:

MEDICARE

TRUMP: "The Democrat plan would obliterate Medicare." — Florida rally Saturday.

THE FACTS: He's incorrect that Democrats would seek to "obliterate Medicare." Trump appears to be referring to Democratic proposals to provide "Medicare for All," but the options that allow younger people to buy into a Medicare-like plan don't involve overhauling the current program.

The plan by Sen. Bernie Sanders, the Vermont independent, would be a fundamental change, expanding Medicare to cover almost everyone in the country. But current Medicare recipients would get improved benefits. Sanders would eliminate Medicare deductibles, limit copays, and provide coverage for dental and vision care, as well as hearing aids. A House single-payer bill calls for covering long-term care.

The issue is whether the U.S. can afford to convert to a new government-run health care system, not that older Americans would be left uncovered. The Democratic proposals call for new taxes to help pay for expanded Medicare coverage.

VETERANS

TRUMP: "What we've done for the military and the vets — we've gotten them Choice, where they can now go to a doctor and the United States pays for it instead of waiting in line for two months and three months and not being able to see a doctor, and literally dying — dying while they were waiting on line to see a doctor. After 44 years they've been working on it, I got it approved. And that's Choice for veterans." — remarks Friday to reporters.

THE FACTS: No, he is not the first president in 44 years to get passed in Congress a private-sector health program for veterans. More broadly, he exaggerates VA improvements under his watch by suggesting the newly expanded program will have immediate effect.

Congress first approved the Veterans Choice program in 2014 during the Obama administration in the wake of a scandal at the Phoenix VA medical center in which some veterans died while waiting months for appointments. The program allows veterans to see doctors outside the VA system if they must wait more than 30 days for an appointment or drive more than 40 miles to a VA facility.

Trump signed legislation in June to expand the Choice program by giving veterans even wider access to private-sector doctors at government expense, subject to yet-to-be-completed rules that will determine eligibility as well as available money. The VA has yet to resolve long-term financing due to congressional budget caps that could put funding for VA or other domestic programs at risk next year.

Key to the program's success is an overhaul of the VA's electronic medical records to allow seamless sharing of medical records with private physicians, expected to take up to 10 years. VA Secretary Robert Wilkie has said the program's implementation is "years" away.

[...]

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1.3 - U.S. News & World Report (AP): [Nonprofit Offers Free Coats to Homeless and Low-Income Vets](#) (4 November, 14M uvm; Washington, DC)

PROVIDENCE, R.I. (AP) — A nonprofit group is working with the Providence VA Medical Center to give away winter clothing to homeless and low-income veterans, just in time for Veterans Day.

Operation Stand Down Rhode Island is holding a coat giveaway for veterans at the medical center on Chalkstone Avenue in Providence from 10 a.m. to 1 p.m. on Friday, Nov. 9.

The group helps homeless veterans and veterans who are at risk of becoming homeless.

It's giving away coats, gloves, hats, blankets and toiletries to help keep veterans warm this winter.

More than 100 coats and warm weather gear were donated for the giveaway.

Operation Stand Down organizes a winter jacket and clothing giveaway annually.

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2. Improving Customer Service

2.1 - The Wall Street Journal: [Washington Needs to Legalize Cannabis](#) (4 November, John Boehner, 13.3M uvm; New York, NY)

Citizens in four states vote Tuesday on ballot initiatives to legalize some form of cannabis. Residents of Missouri and Utah will decide on its medical availability, Michigan and North Dakota on recreational consumption for adults. If all four measures pass, the tally of states that allow some sort of cannabis use will jump to 32, nearly two-thirds of the U.S.

The trend could not be clearer: Cannabis prohibition is coming to an end. A Gallup poll last month found 66% of Americans favor legal marijuana.

I am now one of those Americans. It began when a friend of mine who suffered from chronic back pain found relief using medical cannabis. Intrigued, I looked deeper into the uses of marijuana. I learned that in April the Food and Drug Administration approved medication called Epidiolex, which can reduce the number of seizures epileptic children have to endure. It contains only nonpsychoactive components of cannabis plants.

Marijuana is helping people across the country. Since joining the board of cannabis operator Acreage Holdings this past spring, I've spoken with countless senior citizens, baby boomers and millennials about their experiences medicating with cannabis to thwart the rigors of chemotherapy, ease muscle pain, relieve anxiety and much more. Convinced as I am by mounting scientific and anecdotal evidence, what resonates most with me is that one by one, our states have spoken.

Until cannabis is legalized federally, Washington needs to respect states' rights to regulate it within their borders. The 10th Amendment clearly protects states' prerogative to do so, and we must not allow the federal nanny state to dictate otherwise. The bipartisan Strengthening the Tenth Amendment Through Entrusting States Act, introduced in the House and Senate in June,

is a step in the right direction. It would let states make their own decisions about the possession, manufacture and sale of cannabis, without federal interference.

The Drug Enforcement Administration must also soon stop classifying marijuana as a Schedule 1 narcotic, the same category as heroin. This status prevents many federally funded research institutions from studying how cannabis could treat sick Americans. It keeps major banks from investing in an industry that could create 654,000 jobs if marijuana were legalized in all 50 states today, according to a study from New Frontier Data. And most cruelly, the Schedule 1 classification prevents veterans from gaining access to medical marijuana.

Because cannabis is still illegal at the federal level, hospitals run by the Department of Veterans Affairs cannot treat service members suffering from posttraumatic stress disorder or chronic pain with any form of medical marijuana. Instead, VA doctors prescribe various opioids, fueling a crisis that killed 42,000 Americans in 2016, according to the Centers for Disease Control and Prevention. Since leaving public office, I've become convinced that cannabis reform is needed so we can do research, help our veterans and reverse the opioid epidemic ravaging our communities.

As a congressman, I learned that government works best when it listens to its constituents. Representatives must use what the people tell them to question constantly which policies are serving the greater good. It's past time for government to rethink how it approaches cannabis.

Mr. Boehner, an Ohio Republican, served as a U.S. representative (1991-2015) and House speaker (2011-15).

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2.2 - The Post and Courier: [Letter: Agent Orange](#) (4 November, Kent Lee, 314k uvm; Charleston, SC)

When Veterans Administration Undersecretary Paul Lawrence stated that there must be limits to Vietnam-era Agent Orange benefits, my immediate reaction was, "Really?"

Maybe limits should have been considered before spraying poison on 2.7 million troops.

If the benefit costs for Vietnam veterans are straining the budget, take it out of the aid we send to other countries that openly advocate for our demise.

Take care of the veterans first. Sens. Tim Scott and Lindsey Graham, are you listening?

Kent Lee

Club Course Drive

North Charleston

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2.3 - The Salt Lake Tribune: [Commentary: My cousin received wonderful care at the Salt Lake City VA](#) (4 November, Wilma Pyette, 792k uvm; Salt Lake City, UT)

Back in May, a tweet with pictures of a messy casting room at the Salt Lake City Veterans Administration Hospital went viral. The room was a mess, and that was the story.

It was a dirty room where, earlier in the day, eight casts had been put on veterans. Another patient was assigned to the room before it had been thoroughly cleaned and had to wait 45 minutes for care. This resulted in the rant on Twitter. The gist of the tweet was the VA Hospital is a terrible place for our veterans.

At the same time, in a different area of the hospital, another veteran was having the opposite experience. He wants his story to be told as well. This vet was very grateful and impressed with the level of care he was receiving from the Salt Lake City VA.

Maybe it's a generational thing, but this Vietnam veteran has nothing but good things to say about the VA in Salt Lake City. My cousin Larry Lee Pyette, age 69, says, "I have nothing but admiration and respect for the care I received while a patient from April 16-July 26."

He went on to tell his story, emphasizing that the care and respect he received were "second to none." He was disappointed in the negative news that was widely broadcast during his time in the hospital.

"To think someone would go out of their way to say horrible things and be so negative," Larry said, "when really they should be being positive and trying to gain the support and funding needed, so every VA can be staffed with great staff as in the Salt Lake VA."

Larry spent many weeks in surgical ICU after a vascular bypass surgery. While recovering from surgery, he had a heart attack. It was the same day he had planned to drive with his daughter back to Montana.

He credits the VA for saving his life, as he was in "the right place to have a heart attack."

After this setback, Larry reported that any time a light or buzzer would go off, staff were extremely quick to attend to his needs. Staff from all departments and hierarchies were assuring all patients' needs were being met.

Larry's daughter stayed with him for four weeks. During this time the staff was "amazing at making sure the family was in the loop" and took time to explain the diagnoses and plans of care.

When his daughter returned home to Montana to be with her young family, the thorough communication continued. These regular check-ins were greatly appreciated, as the family was unable to be with their father/loved one during his time of need.

In the absence of his own family, the staff at the VA hospital in Salt Lake City was a second family to Larry. Some of the highlights included having a "personal barber" and on multiple occasions volunteers bringing him a therapy companion. The favorite companion Larry was able to spend time with was a baby wallaby.

Another highlight was being escorted outside to attend a motorcycle rally. And when Larry didn't feel like eating, the staff would bring him his favorite treat, a strawberry milkshake. Those were the times that matter to Larry and to his family.

The VA staff that spent every day with him gave him the energy and spirits to become well enough to return home and spend the rest of his life with his family. To the SLC VA and staff, Larry and his family want to thank you from the bottom of our hearts. Your kindness and compassion have forever touched our lives and will never be forgotten.

Larry went back home to Missoula, Mont., with his family, entered hospice care and died on Oct. 27. Larry served in combat in Vietnam 1968-69.

Wilma Pyette is an energy consultant who lives in Houston.

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2.4. - Law360: [In Benefits Suit, Veteran Seeks Rare Class Action Status](#) (4 November, RJ Vogt, 344k uvm; New York, NY)

For decades, a quirk of America's legal system has blocked veterans from banding together in class action lawsuits over benefits. But after a string of recent court rulings leveled that hurdle, a newly proposed class suit is challenging the denial of medical reimbursements to veterans under a controversial new rule.

The case, filed Oct. 30 by the National Veterans Legal Services Program on behalf of U.S. Coast Guard veteran Amanda Wolfe, takes aim at a regulation the Department of Veterans Affairs enacted earlier this year to forbid refunds for some costs incurred by those with third-party insurance when they receive emergency treatment at non-VA hospitals.

Up until the past two years, such an ambitious suit — seeking to keep billions of dollars in expenses from being pushed onto veterans — could not have been filed with the U.S. Court of Appeals for Veterans Claims. In August, however, the CAVC issued a “watershed” decision, reversing its long-standing opposition to entertaining class actions and opening the door to Wolfe's case.

According to her petition, the VA's new regulation violates the Emergency Care Fairness Act of 2010 by forcing veterans with health insurance to pay for expenses that veterans without health insurance would get refunded. If Wolfe is able to obtain class action certification, her suit could represent “hundreds of thousands of veterans” affected by the new rule.

While the suit isn't the first putative class action filed in the wake of the CAVC decision, it's further proof of a new front in the fight for veterans' medical rights, some advocates suggest. Attorney Bart Stichman, executive director and co-founder of NVLSP, said the ability to file Wolfe's suit as a class action is a crucial change in the way veterans benefits claims are handled.

“If our class is certified by the court, then all of these veterans who've been, we believe, wrongly denied, will have access to the lawyers serving as class counsel, whereas now they don't have access,” he said. “We don't know who they are and they don't know who we are.”

Without class actions, veterans must navigate the complex legal system surrounding their benefits claims on a person-by-person basis — often without a lawyer.

The lack of legal access for veterans has its roots in a Civil War-era statute that barred a lawyer from charging veterans more than \$10 in legal fees for a benefits claim. Stichman said it was a fair price back in 1862 but eventually became an economic bar to attorneys representing veterans.

In their stead, major veterans organizations like the American Legion and the Disabled American Veterans began providing free nonlawyers to represent veterans before the VA. Congress eventually began allowing attorneys to charge fees of up to 20 percent of past-due benefits in 2007, but according to the Board of Veterans' Appeals' most recent report to Congress, only 15.3 percent of the 52,000 cases the board handled in 2017 involved attorney representation — as compared to 49 percent represented by the American Legion or Disabled American Veterans.

“Class actions ensure that these veterans, the majority of whom are not represented by lawyers, have representation on a common legal issue that affects a lot of similarly situated people,” Stichman said.

The CAVC, however, has refused to handle class actions for most of its 30-year history. Its 1991 decision in *Harrison v. Derwinski* concluded that it lacked authority for such cases due to statutory constraints that limited its jurisdiction to reviewing Board decisions on an individual basis.

That ruling held until April 2017, when Vietnam War veteran Conley Monk's proposed class action over decision delays at the VA made it to the U.S. Court of Appeals for the Federal Circuit. There, a trio of circuit judges found “no persuasive indication that Congress intended to remove class action protection for veterans” when it created the CAVC, remanding the case.

Although the CAVC denied Monk's bid to represent himself and a class of similarly situated vets in its August ruling, it did note that it would begin entertaining class actions in accordance with the Federal Circuit's findings.

“This holding is a seismic shift in our precedent,” wrote Chief Judge Robert N. Davis. “The Court's decision will shape our jurisprudence for years to come and, I hope, bring about positive change for our Nation's veterans and ensure that justice is done more efficiently and timely.”

Stichman estimated around 10 proposed class actions have been filed at the CAVC since it decided to start accepting them, but none has yet been certified.

He hopes to change that with Wolfe's suit, which represents the latest salvo in a long-running fight over emergency medical care reimbursements. The battle dates back to 2014, when NVLSP filed suit on behalf of Air Force vet Richard Staab after he was denied reimbursement for \$48,000 in emergency care costs because secondary insurance had covered part of the bill.

That lawsuit, *Staab v. McDonald*, led the CAVC to invalidate the VA regulation blocking reimbursement. The court's April 2016 decision found that Congress intended the VA to step in as a “secondary payer” when other insurers covered only a portion of the cost of a veteran's emergency treatment.

For the next 21 months, the VA put a moratorium on deciding tens of thousands of pending reimbursement claims. It didn't begin deciding the backlog until early this year, after issuing a new regulation in January to replace the one struck down in the Staab case.

The amended rule expanded the Emergency Care Fairness Act's nonreimbursable expenses from only copayments or "similar payments" to include deductibles and coinsurance as well.

When Wolfe needed an emergency appendectomy in September 2016 that cost \$22,348.25, her employer-sponsored health insurance covered everything except \$2,558.54, which she paid out of her own personal savings.

After she filed a reimbursement claim with the VA, the department denied her bid because the remaining money owed fell under the category of copayments, deductibles and coinsurance. Had she not signed up for employer-sponsored health insurance in the first place, however, the VA would have paid the entire \$22,348.25 without trouble.

In a statement, Wolfe said "there's power in numbers."

"This is not right, and many of the veterans who need this help from the VA are old and sick and not able to fight this battle," she added.

A representative for the VA declined to comment on the case.

Wolfe is represented by Barton F. Stichman and Patrick A. Berkshire of the National Veterans Legal Services Program and Mark B. Blocker, Kara L. McCall, Emily M. Wexler, Lindsay K. Eastman and Eric T. O'Brien of Sidley Austin LLP.

Counsel for Secretary of Veterans Affairs' Robert Wilkie is not yet available.

The case is Wolfe et al. v. Wilkie, number 18-6091 in the U.S. Court of Appeals for Veterans Claims.

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2.5 - Rome News-Tribune: [Sees Atlanta VA Medical Center as poor example of single-payer healthcare](#) (4 November, William Steinhauer, 52k uvm; Rome, GA)

The mentality and actions of some bureaucrats was on full display in an AP news piece reported in the Rome News-Tribune on Oct. 20 on page A2. The VA Medical Center in Atlanta was rated one star out of five and thus is one of the worst in the nation. What was the management response?

The hospital chief "retired" and three department chiefs were "temporarily reassigned." The regional director over the Atlanta Medical Center said the reassignments "do not indicate employee wrongdoing." I ask, what caused the Center to become one of the worst in the nation if the senior managers did no wrong? Do bureaucrats ever get fired for poor performance?

One political party is strongly advocating for single-payer healthcare for all citizens. This Atlanta VA situation is just the latest in a long list of disgraceful performances by bureaucrats in running

a healthcare system. A vote for this party in this election says to me that the voter is willing to subject his or her healthcare to this abomination. I hope many voters make this connection.

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2.6 - The Valdosta Daily Times: [Veterans Helping Veterans: Vets get new van](#) (4 November, Katelyn Umholtz, 22k uvm; Valdosta, GA)

Korean war veteran Wilmon Stanley remembers being stopped last year on the side of Interstate 75 in a van full of other veterans.

Stanley, traveling from the Valdosta Community Based Outpatient Clinic, was inside a 2006 10-passenger Ford van on his way to the nearest VA Medical Center — 65 miles away in Lake City, Fla.

Luckily, they were traveling back from Lake City, or else he would have missed his VA appointment, he said.

“After going through the wars and being veterans, the fear is not at that kind of level,” Stanley said. “But it’s so scary that you’re there and wondering how fast we can get help.”

The van has more than 230,000 miles on it, and it is commuting up to 10 disabled veterans from Monday through Friday weekly.

During these five days, the van drives from Valdosta to Lake City, where the veterans either get off to go to an appointment at that hospital or get on another shuttle to travel to Malcom Randall VA Medical Center in Gainesville, Fla.

It is part of Vans for Veterans, a nonprofit organization that is a network of vans and drivers. Its mission: Get U.S. veterans to their doctor and VA appointments, often miles away from where they live.

For Valdosta veterans, the breakdown wasn’t the first time they’ve been stranded on the road by this particular van.

Tim Coombs has been a volunteer driver for five years. One time, while driving three veterans back from Lake City, the van’s engine died.

“We were left stranded but were able to get out of the road,” Coombs said. “It’s a mess, but we still have to make our trips.”

The van went back to the repair shop. This was not the first or the last time it needed repairs either.

So, Valdosta veterans, whether they used the van or not, came together to find a solution.

The veterans wanted a new and improved van, but they would have to raise the funds.

Though the VA provides the volunteer drivers, such as Coombs, the insurance for the vans and a gas card, the government agency does not provide the vans.

“When we checked into it, it’s not something that the VA would just give us,” Stanley said. “It’s left on the community and the clinic to do whatever they can.”

Because they had no other choice, area veterans took to the streets of Valdosta, Hahira and Moultrie to raise money for a working van.

They raised money through Huddle House contributions and received donations from city councils such as Hahira, but the biggest help came from other veterans.

“These contributions have been brought by the veterans to help other veterans,” said Jackie Cole, a Vietnam War veteran. “We’ve come together to work as a big team.”

At Robert Hutson Ford Lincoln in Moultrie, the veterans were looking for a donation and a used car but they walked out with a deal on a new van.

It’s a Ford van — with two more seats than the old van — decked out in patriotic decals. The price tag reads \$38,000.

“They were sitting on the highway until they could get help,” said Hutson, owner of the dealership. “They didn’t need to be sitting on the side of the road. He asked for a good used van. We don’t need a used van for our veterans — let’s get a new van.”

Hutson became a significant player in getting the veterans a new van. He asked for donations around town. He said no one turned him down.

He even connected the veterans with a nonprofit organization, Fish and Loaves, to make the donation process more legitimate.

“(Darlene Cox) has a 501c3, and she offered her services through Fish and Loaves,” Coombs said. “That’s how people named their checks out. It goes through her.”

The veterans plan to present the new van, 10 a.m., Nov. 8, at the Valdosta VA clinic as part of an early Veterans Day observation.

They’ll serve grilled hamburgers and hotdogs and show the community what they’ve been hard at work to earn the last few months.

The group is still about \$5,000 short on the cost of the van, but Hutson gave it to them anyway. The vets plan to break in the new vehicle Friday morning — just in time for more Lake City appointments.

“The money is no object,” Hutson said. “We owe our veterans — if it wasn’t for them, we wouldn’t be free.”

Still, they aren’t done raising money just yet. Coombs said they’ll keep raising money until they pay the van off.

Then, there are a few other communities’ veterans in dire need of new vans, too, such as Waycross and Moultrie. Donations can be made to Fish and Loaves, P.O. Box 3691, Moultrie, Ga. 31776.

"I had no idea we could do it but we did," Coombs said. "People just paid out of the goodness of their heart. This is going to be a real improvement to the transportation service in Valdosta."

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2.7 - Fiddlehead Focus: [Local Vietnam veterans share memories as Veterans Day approaches](#) (4 November, Melissa Lizotte, 6k uvm; Madawaska, ME)

PRESQUE ISLE, Maine — If there's one thing that friends and fellow Vietnam veterans Craig Fay, Jim Gehring and Carl Olsen have learned through the years, it's that the often painful memories of that war are ones that will never fully leave them.

"What always gets me is the shouts," said Fay of Presque Isle as he recently recalled hearing the final cries of many friends and fellow Marines who were killed after accidentally setting off explosive landmines in Vietnam. "We couldn't get to them because of the rain and how the wind was blowing at the time.

"Then you go back in the morning and start picking up legs, bodies cut in half, people thrown here and there and you try to match them up," said Fay, who was part of an Explosive Ordnance Disposal team during the war. "You can't tell which limbs belong to which person."

It wasn't until 1984, over a decade after he left Vietnam in 1970, that a fellow veteran helped him realize that he had the symptoms of what society would later recognize as post traumatic stress disorder, or PTSD. Even though many mental health services exist today to help veterans cope with PTSD and people often celebrate veterans with holidays, parades and tributes, the world of the late 1960s and early 1970s that they returned to was entirely different.

"Once you got home you adjusted to civilian life as quietly and as quickly as you could and you never told anyone that you were a veteran," said Gehring of Bridgewater, who served in the U.S. Navy from 1964 to 1968. "We talk about how people today are divided over politics, but back then the country was even more divided over Vietnam."

Olsen of Caribou, who served in the Army during the Vietnam War from 1966 to 1968, added, "You didn't talk to anybody when you got back because nobody wanted to talk to you."

During a recent visit together at the public library in Presque Isle, all three friends agreed that one of the most challenging aspects of coming home was simply trying to fit into a world that they did not recognize anymore. As soldiers, they had learned to "to follow orders and do their job." But as civilians, they could not initially adjust to a society in which their lives and the lives of those around them were not constantly in danger.

Both Fay and Gehring grew up in upstate New York and were 18 and 17 years old, respectively, when they enlisted in the military. Like many young men their age in the 60s, they chose to enlist instead of waiting to be drafted. Both put college on hold but, they said, the military gave little attention to whether someone had a doctoral degree or no college degree. The country simply wanted as many "warm bodies" as the military could find to fight the war in Vietnam.

When Fay returned home and resumed his college studies, he felt alienated from his classmates, who wouldn't speak to him. Throughout the Vietnam war, college students were

among the numerous activists publicly protesting the U.S. involvement in the conflict. As time went on, Fay became unable to describe and deal with the horrors he had experienced, even when around his family.

“My own mother told me to rot in hell because I was a Vietnam vet,” Fay said. “She’s gone now, but I’ve carried her words with me for years. She wasn’t sure what to make of me because of how much I’d changed.”

Even today, he and his fellow veterans still try to cope with PTSD as best as they can, whether their memories are triggered by being in a crowded room or hearing a sound that is similar to gunfire. While sharing stories with other veterans, they have come to realize that many of them have developed small habits directly linked to their wartime experiences.

“Before I go to bed at night, I’ll make sure all the doors are locked tight and the shades are down, and I know other veterans who do the same thing,” Gehring said.

Over the years, Fay and his friends have known many Vietnam veterans who have ended their own lives due to the intense depression, anxiety and feelings of isolation that result from the physical and emotional toll of their experiences. The most recent report of the U.S. Department of Veterans Affairs states that there were more than 6,000 veteran suicides each year from 2008 to 2016 and that in 2016 the rate of suicide was 1.5 times higher among veterans than among civilians.

The emotional challenges that veterans face is heightened in rural areas like Aroostook County, where they often have to make the three-hour trip to the Togus VA Medical Center in Augusta for specialized medical and mental health services. Though Gehring praises the veterans services that do exist in northern Maine, such as the Maine Veterans Home in Caribou, he said those agencies are often overwhelmed with waiting lists because of the high demand among local veterans for those services.

Gehring, Fay and Olsen have recently started an organization called the Aroostook Veterans Alliance and Auxiliary to assist veterans and their families in obtaining benefits and medical and mental health services and to keep them up to date with changes occurring within the VA. They also work with Homeless Services of Aroostook to provide veterans and their families help with relocating to permanent homes.

The auxiliary meets at the Opportunity Training Center at 25 Lombard Street in Presque Isle on the first Sunday of each month. They serve a meal at noon followed by a meeting at 1 p.m. For veterans like Fay, Gehring and Olsen, the meetings offer them a chance to forge friendships with their fellow veterans and offer a type of understanding that is difficult to find elsewhere.

“A lot of veterans I know came to Aroostook County to find peace. That’s why I came,” said Fay, who has lived in northern Maine since the 1980s. “They want to get away from the cities, the crowds, the noise, things that the general public doesn’t often think about.”

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Government Matters (Video): VA Deputy CIO outlines 5 strategic priorities (4 November, Andrew Wagner, Washington, DC)

Dominic Cussatt, deputy chief information officer at the Department of Veterans Affairs, discusses top modernization priorities, and how the rollout for VISTA's replacement is coming along.

IT systems at the Department of Veterans Affairs are currently undergoing a major overhaul. The VISTA health record system is being phased out, and being replaced with a private sector alternative. Dominic Cussatt, deputy chief information officer at the Department of Veterans Affairs, says that because of VA's iterative upgrade style, they have to tread carefully when changing out their tech.

"VISTA has been a very successful and important system for us. I sometimes compare it to a Christmas tree, it was there and we have hung ornaments on it over the years. It had an infrastructure that was amenable to adding applications and functionality that would extend along our huge enterprise," Cussatt told Government Matters. "We are very cognizant of that, and we are taking a lot of time to take into account all of the capabilities that it's bringing to the workforce and to the veterans. We want to be careful that we don't break things along the way."

Cussatt says a goal for VA's CIO office is to be able to deploy "rack and stack" systems, and are employing triage to get rid of legacy hardware.

"We definitely look at the things that are very aged... We have some systems on the network, their legacy is 40 years old. There are very old programming languages still on our networks. We do watch for what is breaking and what is continually shutting down and focus on those," Cussatt said. "And the other half is that we work closely with our customers and administrations and find out what their pressing business needs are... and what the priorities of the secretary are and make sure we are meeting his goals."

It is a mix of that that allows us to rack and stack."

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Providence Journal: Veterans Journal: VA delivers 81,000 appeals' decisions to veterans in fiscal 2018 (4 November, George W. Reilly, 245k uvm; Providence, RI)

On Sept. 14, two weeks ahead of schedule, the U.S. Department of Veterans Affairs (VA) exceeded its goal to deliver 81,000 appeals' decisions of disability benefits and services to veterans in fiscal year 2018, a total of 28,000 more decisions than the previous year. In doing

so, the VA's Board of Veterans' Appeals provided thousands of veterans with life-changing decisions.

In the past, any time a veteran filed a claim for disability that the VA rejected, he or she had the right to appeal the decision. But the average wait before the improved process of making a final decision in use now was six years. As a result, the number of pending appeals increased sharply, rising in the past two years alone from 380,000 to approximately 470,000 pending appeals, according to the VA's own records. Additionally, the VA currently spends about \$63.7 billion per year on 4.1 million veterans with disabilities related to their time in service.

The achievement of more streamlined disability claims appeals decisions comes amid focused Appeals Board efforts to implement the Veterans Appeals Improvement and Modernization Act of 2017 (www.govtrack.us/congress/bills/115/hr2288/summary). This is transforming an historically complex appeals process into a simple, timely and transparent process providing veterans with increased choice and control.

Veterans who disagree with the initial claim decision have three options under the Act: first, the "Board lane," which instantly moves a pending appeal over to the Board of Veterans' Appeals and skips the intervening layers of VA hierarchy higher level review at the office of original jurisdiction; second, "the local higher level review lane," which moves a rejected claim to another adjudicator higher up on the VA hierarchy to take a second look at it; and, third, the "new evidence lane," which allows veterans to submit new evidence related to their disability appeal to the board.

Once a veteran appeals to the board, he or she remains in control of the process by choosing one of three dockets best suited to the appeal — direct review docket, evidence docket and hearing docket. In November 2017, the VA launched the Rapid Appeals Modernization Program (RAMP) with the goal of providing eligible appellants with the earliest possible resolution of their disagreement with VA's decision on their claim. RAMP provides a voluntary opportunity to enter the new, more efficient review process outlined in the Veterans Appeals Improvement and Modernization Act of 2017, which will be fully implemented in February 2019. To learn more about opting in to RAMP, obtain additional information online at <https://benefits.va.gov/benefits/appeals.asp>.

To support the various organizations preparing to help veterans navigate the new appeals process, the chairman of the Appeals Board and her staff led numerous training sessions and panels held by national, state and local veteran service organizations like the VFW, American Legion, Disabled American Veterans and other private legal organizations.

To maintain its momentum, the board hired 186 new attorneys this fiscal year and planned to add 30 more to the team by Sept. 30. Additionally, the board joined the Military Spouse Employment Partnership (learn more at <https://bit.ly/2DgzSwU>) in October, and looks forward to participating in a program that helps bring the valuable insights and tremendous talent of military spouses to the board.

For more information about the board and its progress on appeals modernization, visit <https://www.bva.va.gov>.

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6.2 - The Columbian: [Veteran homelessness: up locally, down in U.S., state](#) (4 November, Patty Hastings, 213k uvm; Vancouver, WA)

The U.S. Department of Housing and Urban Development announced Thursday that veteran homelessness is declining statewide and nationwide, according to the annual Point-in-Time count, a single-day census of the homeless population.

However, the number of homeless veterans tallied in Clark County during the most recent count, in January, was 37, seven more than in 2017.

Kate Budd, executive director of the Vancouver-based Council for the Homeless, attributed the shift to more accurate counting as the Clark County Veterans Assistance Center began taking part.

Still, Budd said, the Point-in-Time is considered an undercount of the homeless population. She said Council for the Homeless' Housing Solution Center has screened 154 households so far this year that claimed veteran status. Last year, there were 189 veteran households during the same period.

"This data is much more in line with what we've been seeing," she said. "We have, obviously, too many veterans who are experiencing homelessness."

When people sign into the Clark County Veterans Assistance Center in downtown Vancouver, they are asked if they're homeless.

About 15 to 20 percent are homeless, the organization's president, Judy Russel, said. There's a group that visits the center's lounge every day.

"A lot of what we see is housing related," Russel said. "Its been like that for a while, but it seems to be worse this year than it's ever been."

Despite the ongoing issues around homelessness, Budd said, there has been great progress made in housing veterans.

In late 2017, several organizations started working together through a veterans-by-name list. The council, the assistance center, the VA, Partners in Careers, WorkSource and Clark County Community Services collaborate on how to get the people on the list housed.

"It's a great way to bring everyone together and on the same page to share resources and permanently house veterans," Budd said.

She added that the county provided \$70,000 in funding this year to help people on the list with expenses such as move-in costs. The group is emulating communities across the nation that have by-name lists aimed at reducing veteran homelessness.

Budd would like to see the groups involved in the by-name list to grow. Portland, for instance, has elected officials, businesses and grassroots groups involved in its veterans by-name list.

A recent change in housing assistance fund guidelines allows the Veterans Assistance Center to help more people who are homeless or on the brink of it. The center can now help people

earning up to 200 percent of the poverty level; before it was 150 percent. Russel said they can provide one month's rent to struggling households, often preventing homelessness.

Among the Department of Housing and Urban Development's five Washington territories, Clark County has the smallest population of homeless veterans. King County's is the largest with 921 homeless veterans counted last January.

Budd said Clark County has fewer veterans because there is no military base. In 2010, the Army Reserve's 104th Division, the Timberwolves, moved from Vancouver north to Joint Base Lewis-McChord.

"Anywhere you see a base, there is likely a much larger population of veterans," she said.

HUD attributed the state and national decline in veteran homelessness largely to the VA Supportive Housing, or VASH, program, which combines permanent rental assistance with case management and clinical services provided by the VA.

Vancouver Housing Authority has 140 tenant-based VASH vouchers, which clients can use at a rental of their choice, and 60 project-based vouchers tied to apartment buildings Central Park Place and Freedom's Path. Clark County's proposed 2019-2022 Homeless Action Plan prioritizes veterans, increases the number of vouchers and aims to reduce by half the number of households on the veterans-by-name list.

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6.3 - Daily Camera: [CU Boulder veteran office grows under leadership of retired Navy SEAL. Once one-man shop, now eight full-time staffers](#) (4 November, Cassa Niedringhaus, 157k uvm; Boulder, CO)

Before he became a U.S. Navy SEAL, Stew Elliott grew up in Boulder and attended both Boulder High School and the University of Colorado.

He went on to serve 28 years as a U.S. Navy SEAL and earned two graduate degrees before retiring, returning to Boulder and taking the helm of CU's Veteran and Military Affairs office in the spring of 2013.

Once a one-man shop, the office has grown under his leadership. Now, the office boasts eight fulltime staffers and more than 10 Veterans Affairs-funded work study positions. This fall, the office moved into a coveted space in the new Center for Academic Success and Engagement, or CASE, building with views of the campus and the foothills and more than four times the previous space. The office serves 1,286 student veterans and their dependents, according to university data.

"I like helping people, and I like working with young people," Elliott said. "I couldn't think of a better group to support than folks that had risked their lives for their nation and were going to college."

He highlights a number of initiatives of which he is proud, including academic advising, financial services, tutoring and a summer bridge program. He said university leaders have backed the growth of the office.

"They were 100 percent supportive," he said. "The university was absolutely mission-essential."

Josue Hernandez served in the Navy 2011-2017 as an air traffic controller in Japan and Florida. He's now an undergraduate at CU and studying finance and accounting. He was among the first class of students who came through the office's summer bridge program, a two-week program for incoming student veterans to receive math and writing instruction and connect with campus resources.

The office also helped him navigate the paperwork of transitioning to the university.

"I think I still would've been fine, just the person I am, but the amount of time I would have had to allocate to that transition process, to getting the correct information, to finding out what I needed to do, I would've had to put in a lot more time in order to get that done."

He's now among those working in a work-study position in the office, too.

Matt Kamacho, a graduate student studying electrical engineering, and who served in the Navy 2008-2014 as an electronics technician, said the combination of the GI Bill and the work-study position have made it so that he worries less about finances and can focus his energy on his education. He started his undergraduate degree at CU in 2014, and he's seen the office's growth during his time on campus.

"We still had a pretty large veteran community, but even since then it's grown significantly as well," he said. He's also a member of the Student Veterans Association, a student club that's grown with the office and which meets monthly.

Both Hernandez and Kamacho said Elliot is a respected figure in CU's veteran community, who can relate to students who've shared similar experiences and connect with donors outside the university.

Elliott is like the protagonist in "The Godfather," to be respected, Hernandez said and laughed. In reality, he added, Elliott and the rest of the staff push students to succeed and provide them with the tools and support they need to do so.

"The door's always open," he said.

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6.4 - KFDA (CBS-10): [Veteran homelessness down more than 26-percent in Amarillo](#) (4 November, Jami Seymore, 55k uvm; Amarillo, TX)

Across the nation, throughout the state of Texas and right here in Amarillo, the number of homeless veterans is down.

A new report by U.S. Housing and Urban Development shows veteran homelessness down in Amarillo by 26.2-percent from 2017, compared to a 12-percent decrease in Texas and just over 5-percent in the U.S.

"Right now, between Amarillo and Lubbock, which we have vouchers in Lubbock, as well, with three public housing authorities, we have over 260 veterans housed, off the streets and receiving intensive case management," said Teena Hall, coordinator for the housing program at the Amarillo VA.

The Amarillo VA has partnered with HUD to create the HUD VASH program, or, Veteran Affairs Supportive Housing, where they work with chronically homeless veterans to get a voucher for sustainable, permanent housing.

"I just visited a veteran today and he was very excited about his new place. He's got pots and pans, he showed me the inside of his refrigerator," said Hall. "He's just very excited to be housed again and off the streets, and just to know that they're safe and that we can help them with the things that they need."

The VA's housing program says the next goal is to graduate veterans completely, where they won't need consistent case management check-ins and will be more independent.

"One big goal of our program is to be able to graduate veterans off our program," said Hall. "We're always here for them, even when they graduate, but that is very exciting when you get to see them come from the bottom all the way back up to being successful, it's very rewarding."

As for Hall, she sees the work and accomplishments as an honor.

"It's really a privilege to be able to work with our veteran population in this capacity to help them get what they need, get off the streets, be safe, learn to live back into society if that's the need," said Hall. "It's an honor to us to be able to serve those who served our country."

It's an honor and service they hope will continue until all homeless veterans are off the streets with a roof over their heads.

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6.5 - KKCO (NBC-11, Video): [Annual VA car show](#) (4 November, 29k uvm; Grand Junction, CO)

The Veterans Affairs Hospital here in Grand Junction had a car show Sunday.

It was the sixth year in a row old muscle cars and classics showed off their engines and rims.

Rain or shine, this event happens every year around Veterans Day. Organizers say that tradition will continue.

"It's cold and possibly rainy but just like they did in World War II or the Vietnam War, if it's raining and you're in a foxhole you stay in it. So, if it's raining, we're going to stay with our cars until the show's over," said Ted Boothroyd, Wild West Falcons Car Club.

It was free to the public and vets—organizers say it's important for those staying there, to get out and mingle at events like this.

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6.6 - Mountain Statesman: [Second Annual National Veterans and Military Families Month proclaimed](#) (4 November, Nicki Skinner, 11k uvm; Grafton, WV)

TAYLOR COUNTY — With a rich military history in Taylor County and Grafton, it is easy to understand why honoring the brave men and women who made our freedoms a reality is so important. Because of their service and sacrifice, instead of honoring them on just one day, the entire month of November has been set aside to honor and recognize veterans.

In 2017, President Donald Trump proclaimed for the first time that November would be Veterans and Military Families Month. This would mark the first time in history that Americans celebrated veterans and their families for the entire month, instead of solely on Veterans Day.

“During National Veterans and Military Families Month, we honor the significant contributions made by American service members, their families, and their loved ones. We set aside this month surrounding Veterans Day to hold observances around the country to honor and thank those whose service and sacrifice represent the very best of America,” recited President Trump in his proclamation. “We renew our Nation’s commitment to support veterans and military families. They deserve it.”

On November 1, President Trump declared November 2018 as the Second Annual National Veterans and Military Families Month, to help salute America’s brave and dedicated patriots, celebrating their extraordinary families who have made sacrifices for the betterment of the nation.

“It is most appropriate that in this season of gratitude, we stop to recognize veterans, military families and those who gave their lives in service to this great Nation. We are indebted to these heroes for the freedoms we enjoy every day,” Trump expressed. “I ask all Americans to join me in offering our sincere thanks to our veterans and the families who love and support them.”

He voiced that it is his belief that it is the patriotic duty of citizens to honor veterans and military families.

“As part of our efforts to answer President Lincoln’s charge to care for those who have ‘borne the battle,’ I have asked the Department of Veterans Affairs (VA) to lead the Nation in a month of observances across the country to honor our veterans,” he said.

The VA will be conducting more than 300 events nationwide, including open houses, town halls, volunteer recognitions, homeless veteran initiatives, faith-based community events and ceremonies at national cemeteries.

In fact, to celebrate the prestigious month, Grafton National Cemetery will be hosting a Veterans Day ceremony on Saturday, November 10. The event will include a guest speaker, music and a 21 Gun Salute.

“We come together to remember, honor and pay tribute to our nation’s heroes,” said Cemetery Director Keith Barnes. “This public ceremony at Grafton National Cemetery is a special way to say thank you to service members past and present, and to let them know that the sacrifices of our nation’s veterans will never be forgotten.”

Prior to the observance, join residents, city and county officials, organizers and the community for the annual Veterans Day Parade, that will take place at 10:00 a.m. The parade will wind its way along the parade route, from the former Elks building, through town, across the bridge and railroad tracks, onto Walnut Street and will end at the Grafton National Cemetery.

Organizer Brenda Thompson shared that there are still plenty of spots for clubs, organizations, groups and individuals to join in on this year's parade.

"Anyone interested in participating may contact me by phone at 304-476-8727, or may show up prior to the start of the parade," Thompson shared.

She noted that lineup will begin at 9:00 a.m. at the Elks building, located at the intersection of Main and Bridge Streets.

"Be sure to get there early," she noted. "The Grafton Police Department will begin shutting down the parade route shortly before the parade begins."

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7. [Other](#)

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Veterans Affairs Media Summary and News Clips

5 November 2018

1. [Top Stories](#)

1.1 - WCBI (CBS-4, Video): [Secretary of Veteran Affairs makes a stop at UM](#) (4 November, Victoria Bailey, 15k uvd; Columbus, MS)

The Secretary of Veteran Affairs makes a stop at Ole Miss. Robert Wilkie visited the student military veterans and a leadership class while on campus. The Secretary has strong ties to the Magnolia State. His great-great-grandmother Lucy Somerville was the first woman elected to the state's legislature. Wilkie served as counsel and adviser on international security affairs to former Senate Majority Leader Trent Lott while he was serving in Congress.

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1.2 - The New York Times (AP): [AP Fact Check: Trump's Fabrications on Medicare, Immigrants](#) (5 November, 48.7M uvm; New York, NY)

TRUMP: "What we've done for the military and the vets — we've gotten them Choice, where they can now go to a doctor and the United States pays for it instead of waiting in line for two months and three months and not being able to see a doctor, and literally dying — dying while they were waiting on line to see a doctor. After 44 years they've been working on it, I got it approved. And that's Choice for veterans." — remarks Friday to reporters.

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1.3 - U.S. News & World Report (AP): [Nonprofit Offers Free Coats to Homeless and Low-Income Vets](#) (4 November, 14M uvm; Washington, DC)

A nonprofit group is working with the Providence VA Medical Center to give away winter clothing to homeless and low-income veterans, just in time for Veterans Day. Operation Stand Down Rhode Island is holding a coat giveaway for veterans at the medical center on Chalkstone Avenue in Providence from 10 a.m. to 1 p.m. on Friday, Nov. 9.

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2. [Improving Customer Service](#)

2.1 - The Wall Street Journal: [Washington Needs to Legalize Cannabis](#) (4 November, John Boehner, 13.3M uvm; New York, NY)

Citizens in four states vote Tuesday on ballot initiatives to legalize some form of cannabis. Residents of Missouri and Utah will decide on its medical availability, Michigan and North Dakota on recreational consumption for adults. If all four measures pass, the tally of states that allow some sort of cannabis use will jump to 32, nearly two-thirds of the U.S.

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2.2 - The Post and Courier: [Letter: Agent Orange](#) (4 November, Kent Lee, 314k uvm; Charleston, SC)

When Veterans Administration Undersecretary Paul Lawrence stated that there must be limits to Vietnam-era Agent Orange benefits, my immediate reaction was, "Really?" Maybe limits should have been considered before spraying poison on 2.7 million troops. If the benefit costs for

Vietnam veterans are straining the budget, take it out of the aid we send to other countries that openly advocate for our demise.

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2.3 - The Salt Lake Tribune: [Commentary: My cousin received wonderful care at the Salt Lake City VA](#) (4 November, Wilma Pyette, 792k uvm; Salt Lake City, UT)

Back in May, a tweet with pictures of a messy casting room at the Salt Lake City Veterans Administration Hospital went viral. The room was a mess, and that was the story. It was a dirty room where, earlier in the day, eight casts had been put on veterans. Another patient was assigned to the room before it had been thoroughly cleaned and had to wait 45 minutes for care. This resulted in the rant on Twitter.

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2.4. - Law360: [In Benefits Suit, Veteran Seeks Rare Class Action Status](#) (4 November, RJ Vogt, 344k uvm; New York, NY)

For decades, a quirk of America's legal system has blocked veterans from banding together in class action lawsuits over benefits. But after a string of recent court rulings leveled that hurdle, a newly proposed class suit is challenging the denial of medical reimbursements to veterans under a controversial new rule.

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2.5 - Rome News-Tribune: [Sees Atlanta VA Medical Center as poor example of single-payer healthcare](#) (4 November, William Steinhauer, 52k uvm; Rome, GA)

The mentality and actions of some bureaucrats was on full display in an AP news piece reported in the Rome News-Tribune on Oct. 20 on page A2. The VA Medical Center in Atlanta was rated one star out of five and thus is one of the worst in the nation. What was the management response?

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2.6 - The Valdosta Daily Times: [Veterans Helping Veterans: Vets get new van](#) (4 November, Katelyn Umholtz, 22k uvm; Valdosta, GA)

Korean war veteran Wilmon Stanley remembers being stopped last year on the side of Interstate 75 in a van full of other veterans. Stanley, traveling from the Valdosta Community Based Outpatient Clinic, was inside a 2006 10-passenger Ford van on his way to the nearest VA Medical Center — 65 miles away in Lake City, Fla.

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2.7 - Fiddlehead Focus: [Local Vietnam veterans share memories as Veterans Day approaches](#) (4 November, Melissa Lizotte, 6k uvm; Madawaska, ME)

If there's one thing that friends and fellow Vietnam veterans Craig Fay, Jim Gehring and Carl Olsen have learned through the years, it's that the often painful memories of that war are ones that will never fully leave them.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Government Matters (Video): VA Deputy CIO outlines 5 strategic priorities (4 November, Andrew Wagner, Washington, DC)

Dominic Cussatt, deputy chief information officer at the Department of Veterans Affairs, discusses top modernization priorities, and how the rollout for VISTA's replacement is coming along. IT systems at the Department of Veterans Affairs are currently undergoing a major overhaul. The VISTA health record system is being phased out, and being replaced with a private sector alternative.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Providence Journal: Veterans Journal: VA delivers 81,000 appeals' decisions to veterans in fiscal 2018 (4 November, George W. Reilly, 245k uvm; Providence, RI)

On Sept. 14, two weeks ahead of schedule, the U.S. Department of Veterans Affairs (VA) exceeded its goal to deliver 81,000 appeals' decisions of disability benefits and services to veterans in fiscal year 2018, a total of 28,000 more decisions than the previous year. In doing so, the VA's Board of Veterans' Appeals provided thousands of veterans with life-changing decisions.

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6.2 - The Columbian: Veteran homelessness: up locally, down in U.S., state (4 November, Patty Hastings, 213k uvm; Vancouver, WA)

The U.S. Department of Housing and Urban Development announced Thursday that veteran homelessness is declining statewide and nationwide, according to the annual Point-in-Time count, a single-day census of the homeless population. However, the number of homeless veterans tallied in Clark County during the most recent count, in January, was 37, seven more than in 2017.

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6.3 - Daily Camera: CU Boulder veteran office grows under leadership of retired Navy SEAL. Once one-man shop, now eight full-time staffers (4 November, Cassa Niedringhaus, 157k uvm; Boulder, CO)

Before he became a U.S. Navy SEAL, Stew Elliott grew up in Boulder and attended both Boulder High School and the University of Colorado. He went on to serve 28 years as a U.S. Navy SEAL and earned two graduate degrees before retiring, returning to Boulder and taking the helm of CU's Veteran and Military Affairs office in the spring of 2013.

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6.4 - KFDA (CBS-10): [Veteran homelessness down more than 26-percent in Amarillo](#) (4 November, Jami Seymore, 55k uvm; Amarillo, TX)

Across the nation, throughout the state of Texas and right here in Amarillo, the number of homeless veterans is down. A new report by U.S. Housing and Urban Development shows veteran homelessness down in Amarillo by 26.2-percent from 2017, compared to a 12-percent decrease in Texas and just over 5-percent in the U.S.

[Hyperlink to Above](#)

6.5 - KKCO (NBC-11, Video): [Annual VA car show](#) (4 November, 29k uvm; Grand Junction, CO)

The Veterans Affairs Hospital here in Grand Junction had a car show Sunday. It was the sixth year in a row old muscle cars and classics showed off their engines and rims. Rain or shine, this event happens every year around Veterans Day. Organizers say that tradition will continue.

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6.6 - Mountain Statesman: [Second Annual National Veterans and Military Families Month proclaimed](#) (4 November, Nicki Skinner, 11k uvm; Grafton, WV)

With a rich military history in Taylor County and Grafton, it is easy to understand why honoring the brave men and women who made our freedoms a reality is so important. Because of their service and sacrifice, instead of honoring them on just one day, the entire month of November has been set aside to honor and recognize veterans.

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7. [Other](#)

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1. [Top Stories](#)

1.1 - WCBI (CBS-4, Video): [Secretary of Veteran Affairs makes a stop at UM](#) (4 November, Victoria Bailey, 15k uvd; Columbus, MS)

OXFORD, Miss.(WCBI) – The Secretary of Veteran Affairs makes a stop at Ole Miss.

Robert Wilkie visited the student military veterans and a leadership class while on campus.

The Secretary has strong ties to the Magnolia State. His great-great-grandmother Lucy Somerville was the first woman elected to the state's legislature.

Wilkie served as counsel and adviser on international security affairs to former Senate Majority Leader Trent Lott while he was serving in Congress.

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1.2 - The New York Times (AP): [AP Fact Check: Trump's Fabrications on Medicare, Immigrants](#) (5 November, 48.7M uvm; New York, NY)

WASHINGTON — In the final days before pivotal midterm elections, President Donald Trump is painting a distorted picture of immigration while exaggerating his record of achieving economic gains for non-whites and improving health care for veterans.

He insists that Republicans will be able to attract the non-white vote in Tuesday's elections because he's achieved "the best median income numbers for all of these groups." In fact, incomes for African-Americans and Asian-Americans reached their highest levels prior to his administration.

On immigration, Trump inflates the number of foreigners living in the U.S. illegally and misrepresents Democratic legislation in the Senate as promoting "open borders."

Meanwhile, on health care, Trump falsely suggests that Democrats would seek to destroy Medicare if they take control of Congress and overstates improvements he made to the Department of Veterans Affairs.

A look at his campaign rhetoric and the reality:

MEDICARE

TRUMP: "The Democrat plan would obliterate Medicare." — Florida rally Saturday.

THE FACTS: He's incorrect that Democrats would seek to "obliterate Medicare." Trump appears to be referring to Democratic proposals to provide "Medicare for All," but the options that allow younger people to buy into a Medicare-like plan don't involve overhauling the current program.

The plan by Sen. Bernie Sanders, the Vermont independent, would be a fundamental change, expanding Medicare to cover almost everyone in the country. But current Medicare recipients would get improved benefits. Sanders would eliminate Medicare deductibles, limit copays, and provide coverage for dental and vision care, as well as hearing aids. A House single-payer bill calls for covering long-term care.

The issue is whether the U.S. can afford to convert to a new government-run health care system, not that older Americans would be left uncovered. The Democratic proposals call for new taxes to help pay for expanded Medicare coverage.

VETERANS

TRUMP: "What we've done for the military and the vets — we've gotten them Choice, where they can now go to a doctor and the United States pays for it instead of waiting in line for two months and three months and not being able to see a doctor, and literally dying — dying while they were waiting on line to see a doctor. After 44 years they've been working on it, I got it approved. And that's Choice for veterans." — remarks Friday to reporters.

THE FACTS: No, he is not the first president in 44 years to get passed in Congress a private-sector health program for veterans. More broadly, he exaggerates VA improvements under his watch by suggesting the newly expanded program will have immediate effect.

Congress first approved the Veterans Choice program in 2014 during the Obama administration in the wake of a scandal at the Phoenix VA medical center in which some veterans died while waiting months for appointments. The program allows veterans to see doctors outside the VA system if they must wait more than 30 days for an appointment or drive more than 40 miles to a VA facility.

Trump signed legislation in June to expand the Choice program by giving veterans even wider access to private-sector doctors at government expense, subject to yet-to-be-completed rules that will determine eligibility as well as available money. The VA has yet to resolve long-term financing due to congressional budget caps that could put funding for VA or other domestic programs at risk next year.

Key to the program's success is an overhaul of the VA's electronic medical records to allow seamless sharing of medical records with private physicians, expected to take up to 10 years. VA Secretary Robert Wilkie has said the program's implementation is "years" away.

[...]

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1.3 - U.S. News & World Report (AP): [Nonprofit Offers Free Coats to Homeless and Low-Income Vets](#) (4 November, 14M uvm; Washington, DC)

PROVIDENCE, R.I. (AP) — A nonprofit group is working with the Providence VA Medical Center to give away winter clothing to homeless and low-income veterans, just in time for Veterans Day.

Operation Stand Down Rhode Island is holding a coat giveaway for veterans at the medical center on Chalkstone Avenue in Providence from 10 a.m. to 1 p.m. on Friday, Nov. 9.

The group helps homeless veterans and veterans who are at risk of becoming homeless.

It's giving away coats, gloves, hats, blankets and toiletries to help keep veterans warm this winter.

More than 100 coats and warm weather gear were donated for the giveaway.

Operation Stand Down organizes a winter jacket and clothing giveaway annually.

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2. Improving Customer Service

2.1 - The Wall Street Journal: [Washington Needs to Legalize Cannabis](#) (4 November, John Boehner, 13.3M uvm; New York, NY)

Citizens in four states vote Tuesday on ballot initiatives to legalize some form of cannabis. Residents of Missouri and Utah will decide on its medical availability, Michigan and North Dakota on recreational consumption for adults. If all four measures pass, the tally of states that allow some sort of cannabis use will jump to 32, nearly two-thirds of the U.S.

The trend could not be clearer: Cannabis prohibition is coming to an end. A Gallup poll last month found 66% of Americans favor legal marijuana.

I am now one of those Americans. It began when a friend of mine who suffered from chronic back pain found relief using medical cannabis. Intrigued, I looked deeper into the uses of marijuana. I learned that in April the Food and Drug Administration approved medication called Epidiolex, which can reduce the number of seizures epileptic children have to endure. It contains only nonpsychoactive components of cannabis plants.

Marijuana is helping people across the country. Since joining the board of cannabis operator Acreage Holdings this past spring, I've spoken with countless senior citizens, baby boomers and millennials about their experiences medicating with cannabis to thwart the rigors of chemotherapy, ease muscle pain, relieve anxiety and much more. Convinced as I am by mounting scientific and anecdotal evidence, what resonates most with me is that one by one, our states have spoken.

Until cannabis is legalized federally, Washington needs to respect states' rights to regulate it within their borders. The 10th Amendment clearly protects states' prerogative to do so, and we must not allow the federal nanny state to dictate otherwise. The bipartisan Strengthening the Tenth Amendment Through Entrusting States Act, introduced in the House and Senate in June,

is a step in the right direction. It would let states make their own decisions about the possession, manufacture and sale of cannabis, without federal interference.

The Drug Enforcement Administration must also soon stop classifying marijuana as a Schedule 1 narcotic, the same category as heroin. This status prevents many federally funded research institutions from studying how cannabis could treat sick Americans. It keeps major banks from investing in an industry that could create 654,000 jobs if marijuana were legalized in all 50 states today, according to a study from New Frontier Data. And most cruelly, the Schedule 1 classification prevents veterans from gaining access to medical marijuana.

Because cannabis is still illegal at the federal level, hospitals run by the Department of Veterans Affairs cannot treat service members suffering from posttraumatic stress disorder or chronic pain with any form of medical marijuana. Instead, VA doctors prescribe various opioids, fueling a crisis that killed 42,000 Americans in 2016, according to the Centers for Disease Control and Prevention. Since leaving public office, I've become convinced that cannabis reform is needed so we can do research, help our veterans and reverse the opioid epidemic ravaging our communities.

As a congressman, I learned that government works best when it listens to its constituents. Representatives must use what the people tell them to question constantly which policies are serving the greater good. It's past time for government to rethink how it approaches cannabis.

Mr. Boehner, an Ohio Republican, served as a U.S. representative (1991-2015) and House speaker (2011-15).

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2.2 - The Post and Courier: [Letter: Agent Orange](#) (4 November, Kent Lee, 314k uvm; Charleston, SC)

When Veterans Administration Undersecretary Paul Lawrence stated that there must be limits to Vietnam-era Agent Orange benefits, my immediate reaction was, "Really?"

Maybe limits should have been considered before spraying poison on 2.7 million troops.

If the benefit costs for Vietnam veterans are straining the budget, take it out of the aid we send to other countries that openly advocate for our demise.

Take care of the veterans first. Sens. Tim Scott and Lindsey Graham, are you listening?

Kent Lee

Club Course Drive

North Charleston

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2.3 - The Salt Lake Tribune: [Commentary: My cousin received wonderful care at the Salt Lake City VA](#) (4 November, Wilma Pyette, 792k uvm; Salt Lake City, UT)

Back in May, a tweet with pictures of a messy casting room at the Salt Lake City Veterans Administration Hospital went viral. The room was a mess, and that was the story.

It was a dirty room where, earlier in the day, eight casts had been put on veterans. Another patient was assigned to the room before it had been thoroughly cleaned and had to wait 45 minutes for care. This resulted in the rant on Twitter. The gist of the tweet was the VA Hospital is a terrible place for our veterans.

At the same time, in a different area of the hospital, another veteran was having the opposite experience. He wants his story to be told as well. This vet was very grateful and impressed with the level of care he was receiving from the Salt Lake City VA.

Maybe it's a generational thing, but this Vietnam veteran has nothing but good things to say about the VA in Salt Lake City. My cousin Larry Lee Pyette, age 69, says, "I have nothing but admiration and respect for the care I received while a patient from April 16-July 26."

He went on to tell his story, emphasizing that the care and respect he received were "second to none." He was disappointed in the negative news that was widely broadcast during his time in the hospital.

"To think someone would go out of their way to say horrible things and be so negative," Larry said, "when really they should be being positive and trying to gain the support and funding needed, so every VA can be staffed with great staff as in the Salt Lake VA."

Larry spent many weeks in surgical ICU after a vascular bypass surgery. While recovering from surgery, he had a heart attack. It was the same day he had planned to drive with his daughter back to Montana.

He credits the VA for saving his life, as he was in "the right place to have a heart attack."

After this setback, Larry reported that any time a light or buzzer would go off, staff were extremely quick to attend to his needs. Staff from all departments and hierarchies were assuring all patients' needs were being met.

Larry's daughter stayed with him for four weeks. During this time the staff was "amazing at making sure the family was in the loop" and took time to explain the diagnoses and plans of care.

When his daughter returned home to Montana to be with her young family, the thorough communication continued. These regular check-ins were greatly appreciated, as the family was unable to be with their father/loved one during his time of need.

In the absence of his own family, the staff at the VA hospital in Salt Lake City was a second family to Larry. Some of the highlights included having a "personal barber" and on multiple occasions volunteers bringing him a therapy companion. The favorite companion Larry was able to spend time with was a baby wallaby.

Another highlight was being escorted outside to attend a motorcycle rally. And when Larry didn't feel like eating, the staff would bring him his favorite treat, a strawberry milkshake. Those were the times that matter to Larry and to his family.

The VA staff that spent every day with him gave him the energy and spirits to become well enough to return home and spend the rest of his life with his family. To the SLC VA and staff, Larry and his family want to thank you from the bottom of our hearts. Your kindness and compassion have forever touched our lives and will never be forgotten.

Larry went back home to Missoula, Mont., with his family, entered hospice care and died on Oct. 27. Larry served in combat in Vietnam 1968-69.

Wilma Pyette is an energy consultant who lives in Houston.

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2.4. - Law360: [In Benefits Suit, Veteran Seeks Rare Class Action Status](#) (4 November, RJ Vogt, 344k uvm; New York, NY)

For decades, a quirk of America's legal system has blocked veterans from banding together in class action lawsuits over benefits. But after a string of recent court rulings leveled that hurdle, a newly proposed class suit is challenging the denial of medical reimbursements to veterans under a controversial new rule.

The case, filed Oct. 30 by the National Veterans Legal Services Program on behalf of U.S. Coast Guard veteran Amanda Wolfe, takes aim at a regulation the Department of Veterans Affairs enacted earlier this year to forbid refunds for some costs incurred by those with third-party insurance when they receive emergency treatment at non-VA hospitals.

Up until the past two years, such an ambitious suit — seeking to keep billions of dollars in expenses from being pushed onto veterans — could not have been filed with the U.S. Court of Appeals for Veterans Claims. In August, however, the CAVC issued a “watershed” decision, reversing its long-standing opposition to entertaining class actions and opening the door to Wolfe's case.

According to her petition, the VA's new regulation violates the Emergency Care Fairness Act of 2010 by forcing veterans with health insurance to pay for expenses that veterans without health insurance would get refunded. If Wolfe is able to obtain class action certification, her suit could represent “hundreds of thousands of veterans” affected by the new rule.

While the suit isn't the first putative class action filed in the wake of the CAVC decision, it's further proof of a new front in the fight for veterans' medical rights, some advocates suggest. Attorney Bart Stichman, executive director and co-founder of NVLSP, said the ability to file Wolfe's suit as a class action is a crucial change in the way veterans benefits claims are handled.

“If our class is certified by the court, then all of these veterans who've been, we believe, wrongly denied, will have access to the lawyers serving as class counsel, whereas now they don't have access,” he said. “We don't know who they are and they don't know who we are.”

Without class actions, veterans must navigate the complex legal system surrounding their benefits claims on a person-by-person basis — often without a lawyer.

The lack of legal access for veterans has its roots in a Civil War-era statute that barred a lawyer from charging veterans more than \$10 in legal fees for a benefits claim. Stichman said it was a fair price back in 1862 but eventually became an economic bar to attorneys representing veterans.

In their stead, major veterans organizations like the American Legion and the Disabled American Veterans began providing free nonlawyers to represent veterans before the VA. Congress eventually began allowing attorneys to charge fees of up to 20 percent of past-due benefits in 2007, but according to the Board of Veterans' Appeals' most recent report to Congress, only 15.3 percent of the 52,000 cases the board handled in 2017 involved attorney representation — as compared to 49 percent represented by the American Legion or Disabled American Veterans.

“Class actions ensure that these veterans, the majority of whom are not represented by lawyers, have representation on a common legal issue that affects a lot of similarly situated people,” Stichman said.

The CAVC, however, has refused to handle class actions for most of its 30-year history. Its 1991 decision in *Harrison v. Derwinski* concluded that it lacked authority for such cases due to statutory constraints that limited its jurisdiction to reviewing Board decisions on an individual basis.

That ruling held until April 2017, when Vietnam War veteran Conley Monk's proposed class action over decision delays at the VA made it to the U.S. Court of Appeals for the Federal Circuit. There, a trio of circuit judges found “no persuasive indication that Congress intended to remove class action protection for veterans” when it created the CAVC, remanding the case.

Although the CAVC denied Monk's bid to represent himself and a class of similarly situated vets in its August ruling, it did note that it would begin entertaining class actions in accordance with the Federal Circuit's findings.

“This holding is a seismic shift in our precedent,” wrote Chief Judge Robert N. Davis. “The Court's decision will shape our jurisprudence for years to come and, I hope, bring about positive change for our Nation's veterans and ensure that justice is done more efficiently and timely.”

Stichman estimated around 10 proposed class actions have been filed at the CAVC since it decided to start accepting them, but none has yet been certified.

He hopes to change that with Wolfe's suit, which represents the latest salvo in a long-running fight over emergency medical care reimbursements. The battle dates back to 2014, when NVLSP filed suit on behalf of Air Force vet Richard Staab after he was denied reimbursement for \$48,000 in emergency care costs because secondary insurance had covered part of the bill.

That lawsuit, *Staab v. McDonald*, led the CAVC to invalidate the VA regulation blocking reimbursement. The court's April 2016 decision found that Congress intended the VA to step in as a “secondary payer” when other insurers covered only a portion of the cost of a veteran's emergency treatment.

For the next 21 months, the VA put a moratorium on deciding tens of thousands of pending reimbursement claims. It didn't begin deciding the backlog until early this year, after issuing a new regulation in January to replace the one struck down in the Staab case.

The amended rule expanded the Emergency Care Fairness Act's nonreimbursable expenses from only copayments or "similar payments" to include deductibles and coinsurance as well.

When Wolfe needed an emergency appendectomy in September 2016 that cost \$22,348.25, her employer-sponsored health insurance covered everything except \$2,558.54, which she paid out of her own personal savings.

After she filed a reimbursement claim with the VA, the department denied her bid because the remaining money owed fell under the category of copayments, deductibles and coinsurance. Had she not signed up for employer-sponsored health insurance in the first place, however, the VA would have paid the entire \$22,348.25 without trouble.

In a statement, Wolfe said "there's power in numbers."

"This is not right, and many of the veterans who need this help from the VA are old and sick and not able to fight this battle," she added.

A representative for the VA declined to comment on the case.

Wolfe is represented by Barton F. Stichman and Patrick A. Berkshire of the National Veterans Legal Services Program and Mark B. Blocker, Kara L. McCall, Emily M. Wexler, Lindsay K. Eastman and Eric T. O'Brien of Sidley Austin LLP.

Counsel for Secretary of Veterans Affairs' Robert Wilkie is not yet available.

The case is Wolfe et al. v. Wilkie, number 18-6091 in the U.S. Court of Appeals for Veterans Claims.

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2.5 - Rome News-Tribune: [Sees Atlanta VA Medical Center as poor example of single-payer healthcare](#) (4 November, William Steinhauer, 52k uvm; Rome, GA)

The mentality and actions of some bureaucrats was on full display in an AP news piece reported in the Rome News-Tribune on Oct. 20 on page A2. The VA Medical Center in Atlanta was rated one star out of five and thus is one of the worst in the nation. What was the management response?

The hospital chief "retired" and three department chiefs were "temporarily reassigned." The regional director over the Atlanta Medical Center said the reassignments "do not indicate employee wrongdoing." I ask, what caused the Center to become one of the worst in the nation if the senior managers did no wrong? Do bureaucrats ever get fired for poor performance?

One political party is strongly advocating for single-payer healthcare for all citizens. This Atlanta VA situation is just the latest in a long list of disgraceful performances by bureaucrats in running

a healthcare system. A vote for this party in this election says to me that the voter is willing to subject his or her healthcare to this abomination. I hope many voters make this connection.

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2.6 - The Valdosta Daily Times: [Veterans Helping Veterans: Vets get new van](#) (4 November, Katelyn Umholtz, 22k uvm; Valdosta, GA)

Korean war veteran Wilmon Stanley remembers being stopped last year on the side of Interstate 75 in a van full of other veterans.

Stanley, traveling from the Valdosta Community Based Outpatient Clinic, was inside a 2006 10-passenger Ford van on his way to the nearest VA Medical Center — 65 miles away in Lake City, Fla.

Luckily, they were traveling back from Lake City, or else he would have missed his VA appointment, he said.

“After going through the wars and being veterans, the fear is not at that kind of level,” Stanley said. “But it’s so scary that you’re there and wondering how fast we can get help.”

The van has more than 230,000 miles on it, and it is commuting up to 10 disabled veterans from Monday through Friday weekly.

During these five days, the van drives from Valdosta to Lake City, where the veterans either get off to go to an appointment at that hospital or get on another shuttle to travel to Malcom Randall VA Medical Center in Gainesville, Fla.

It is part of Vans for Veterans, a nonprofit organization that is a network of vans and drivers. Its mission: Get U.S. veterans to their doctor and VA appointments, often miles away from where they live.

For Valdosta veterans, the breakdown wasn’t the first time they’ve been stranded on the road by this particular van.

Tim Coombs has been a volunteer driver for five years. One time, while driving three veterans back from Lake City, the van’s engine died.

“We were left stranded but were able to get out of the road,” Coombs said. “It’s a mess, but we still have to make our trips.”

The van went back to the repair shop. This was not the first or the last time it needed repairs either.

So, Valdosta veterans, whether they used the van or not, came together to find a solution.

The veterans wanted a new and improved van, but they would have to raise the funds.

Though the VA provides the volunteer drivers, such as Coombs, the insurance for the vans and a gas card, the government agency does not provide the vans.

“When we checked into it, it’s not something that the VA would just give us,” Stanley said. “It’s left on the community and the clinic to do whatever they can.”

Because they had no other choice, area veterans took to the streets of Valdosta, Hahira and Moultrie to raise money for a working van.

They raised money through Huddle House contributions and received donations from city councils such as Hahira, but the biggest help came from other veterans.

“These contributions have been brought by the veterans to help other veterans,” said Jackie Cole, a Vietnam War veteran. “We’ve come together to work as a big team.”

At Robert Hutson Ford Lincoln in Moultrie, the veterans were looking for a donation and a used car but they walked out with a deal on a new van.

It’s a Ford van — with two more seats than the old van — decked out in patriotic decals. The price tag reads \$38,000.

“They were sitting on the highway until they could get help,” said Hutson, owner of the dealership. “They didn’t need to be sitting on the side of the road. He asked for a good used van. We don’t need a used van for our veterans — let’s get a new van.”

Hutson became a significant player in getting the veterans a new van. He asked for donations around town. He said no one turned him down.

He even connected the veterans with a nonprofit organization, Fish and Loaves, to make the donation process more legitimate.

“(Darlene Cox) has a 501c3, and she offered her services through Fish and Loaves,” Coombs said. “That’s how people named their checks out. It goes through her.”

The veterans plan to present the new van, 10 a.m., Nov. 8, at the Valdosta VA clinic as part of an early Veterans Day observation.

They’ll serve grilled hamburgers and hotdogs and show the community what they’ve been hard at work to earn the last few months.

The group is still about \$5,000 short on the cost of the van, but Hutson gave it to them anyway. The vets plan to break in the new vehicle Friday morning — just in time for more Lake City appointments.

“The money is no object,” Hutson said. “We owe our veterans — if it wasn’t for them, we wouldn’t be free.”

Still, they aren’t done raising money just yet. Coombs said they’ll keep raising money until they pay the van off.

Then, there are a few other communities’ veterans in dire need of new vans, too, such as Waycross and Moultrie. Donations can be made to Fish and Loaves, P.O. Box 3691, Moultrie, Ga. 31776.

"I had no idea we could do it but we did," Coombs said. "People just paid out of the goodness of their heart. This is going to be a real improvement to the transportation service in Valdosta."

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2.7 - Fiddlehead Focus: [Local Vietnam veterans share memories as Veterans Day approaches](#) (4 November, Melissa Lizotte, 6k uvm; Madawaska, ME)

PRESQUE ISLE, Maine — If there's one thing that friends and fellow Vietnam veterans Craig Fay, Jim Gehring and Carl Olsen have learned through the years, it's that the often painful memories of that war are ones that will never fully leave them.

"What always gets me is the shouts," said Fay of Presque Isle as he recently recalled hearing the final cries of many friends and fellow Marines who were killed after accidentally setting off explosive landmines in Vietnam. "We couldn't get to them because of the rain and how the wind was blowing at the time.

"Then you go back in the morning and start picking up legs, bodies cut in half, people thrown here and there and you try to match them up," said Fay, who was part of an Explosive Ordnance Disposal team during the war. "You can't tell which limbs belong to which person."

It wasn't until 1984, over a decade after he left Vietnam in 1970, that a fellow veteran helped him realize that he had the symptoms of what society would later recognize as post traumatic stress disorder, or PTSD. Even though many mental health services exist today to help veterans cope with PTSD and people often celebrate veterans with holidays, parades and tributes, the world of the late 1960s and early 1970s that they returned to was entirely different.

"Once you got home you adjusted to civilian life as quietly and as quickly as you could and you never told anyone that you were a veteran," said Gehring of Bridgewater, who served in the U.S. Navy from 1964 to 1968. "We talk about how people today are divided over politics, but back then the country was even more divided over Vietnam."

Olsen of Caribou, who served in the Army during the Vietnam War from 1966 to 1968, added, "You didn't talk to anybody when you got back because nobody wanted to talk to you."

During a recent visit together at the public library in Presque Isle, all three friends agreed that one of the most challenging aspects of coming home was simply trying to fit into a world that they did not recognize anymore. As soldiers, they had learned to "to follow orders and do their job." But as civilians, they could not initially adjust to a society in which their lives and the lives of those around them were not constantly in danger.

Both Fay and Gehring grew up in upstate New York and were 18 and 17 years old, respectively, when they enlisted in the military. Like many young men their age in the 60s, they chose to enlist instead of waiting to be drafted. Both put college on hold but, they said, the military gave little attention to whether someone had a doctoral degree or no college degree. The country simply wanted as many "warm bodies" as the military could find to fight the war in Vietnam.

When Fay returned home and resumed his college studies, he felt alienated from his classmates, who wouldn't speak to him. Throughout the Vietnam war, college students were

among the numerous activists publicly protesting the U.S. involvement in the conflict. As time went on, Fay became unable to describe and deal with the horrors he had experienced, even when around his family.

“My own mother told me to rot in hell because I was a Vietnam vet,” Fay said. “She’s gone now, but I’ve carried her words with me for years. She wasn’t sure what to make of me because of how much I’d changed.”

Even today, he and his fellow veterans still try to cope with PTSD as best as they can, whether their memories are triggered by being in a crowded room or hearing a sound that is similar to gunfire. While sharing stories with other veterans, they have come to realize that many of them have developed small habits directly linked to their wartime experiences.

“Before I go to bed at night, I’ll make sure all the doors are locked tight and the shades are down, and I know other veterans who do the same thing,” Gehring said.

Over the years, Fay and his friends have known many Vietnam veterans who have ended their own lives due to the intense depression, anxiety and feelings of isolation that result from the physical and emotional toll of their experiences. The most recent report of the U.S. Department of Veterans Affairs states that there were more than 6,000 veteran suicides each year from 2008 to 2016 and that in 2016 the rate of suicide was 1.5 times higher among veterans than among civilians.

The emotional challenges that veterans face is heightened in rural areas like Aroostook County, where they often have to make the three-hour trip to the Togus VA Medical Center in Augusta for specialized medical and mental health services. Though Gehring praises the veterans services that do exist in northern Maine, such as the Maine Veterans Home in Caribou, he said those agencies are often overwhelmed with waiting lists because of the high demand among local veterans for those services.

Gehring, Fay and Olsen have recently started an organization called the Aroostook Veterans Alliance and Auxiliary to assist veterans and their families in obtaining benefits and medical and mental health services and to keep them up to date with changes occurring within the VA. They also work with Homeless Services of Aroostook to provide veterans and their families help with relocating to permanent homes.

The auxiliary meets at the Opportunity Training Center at 25 Lombard Street in Presque Isle on the first Sunday of each month. They serve a meal at noon followed by a meeting at 1 p.m. For veterans like Fay, Gehring and Olsen, the meetings offer them a chance to forge friendships with their fellow veterans and offer a type of understanding that is difficult to find elsewhere.

“A lot of veterans I know came to Aroostook County to find peace. That’s why I came,” said Fay, who has lived in northern Maine since the 1980s. “They want to get away from the cities, the crowds, the noise, things that the general public doesn’t often think about.”

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Government Matters (Video): VA Deputy CIO outlines 5 strategic priorities (4 November, Andrew Wagner, Washington, DC)

Dominic Cussatt, deputy chief information officer at the Department of Veterans Affairs, discusses top modernization priorities, and how the rollout for VISTA's replacement is coming along.

IT systems at the Department of Veterans Affairs are currently undergoing a major overhaul. The VISTA health record system is being phased out, and being replaced with a private sector alternative. Dominic Cussatt, deputy chief information officer at the Department of Veterans Affairs, says that because of VA's iterative upgrade style, they have to tread carefully when changing out their tech.

"VISTA has been a very successful and important system for us. I sometimes compare it to a Christmas tree, it was there and we have hung ornaments on it over the years. It had an infrastructure that was amenable to adding applications and functionality that would extend along our huge enterprise," Cussatt told Government Matters. "We are very cognizant of that, and we are taking a lot of time to take into account all of the capabilities that it's bringing to the workforce and to the veterans. We want to be careful that we don't break things along the way."

Cussatt says a goal for VA's CIO office is to be able to deploy "rack and stack" systems, and are employing triage to get rid of legacy hardware.

"We definitely look at the things that are very aged... We have some systems on the network, their legacy is 40 years old. There are very old programming languages still on our networks. We do watch for what is breaking and what is continually shutting down and focus on those," Cussatt said. "And the other half is that we work closely with our customers and administrations and find out what their pressing business needs are... and what the priorities of the secretary are and make sure we are meeting his goals."

It is a mix of that that allows us to rack and stack."

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Providence Journal: Veterans Journal: VA delivers 81,000 appeals' decisions to veterans in fiscal 2018 (4 November, George W. Reilly, 245k uvm; Providence, RI)

On Sept. 14, two weeks ahead of schedule, the U.S. Department of Veterans Affairs (VA) exceeded its goal to deliver 81,000 appeals' decisions of disability benefits and services to veterans in fiscal year 2018, a total of 28,000 more decisions than the previous year. In doing

so, the VA's Board of Veterans' Appeals provided thousands of veterans with life-changing decisions.

In the past, any time a veteran filed a claim for disability that the VA rejected, he or she had the right to appeal the decision. But the average wait before the improved process of making a final decision in use now was six years. As a result, the number of pending appeals increased sharply, rising in the past two years alone from 380,000 to approximately 470,000 pending appeals, according to the VA's own records. Additionally, the VA currently spends about \$63.7 billion per year on 4.1 million veterans with disabilities related to their time in service.

The achievement of more streamlined disability claims appeals decisions comes amid focused Appeals Board efforts to implement the Veterans Appeals Improvement and Modernization Act of 2017 (www.govtrack.us/congress/bills/115/hr2288/summary). This is transforming an historically complex appeals process into a simple, timely and transparent process providing veterans with increased choice and control.

Veterans who disagree with the initial claim decision have three options under the Act: first, the "Board lane," which instantly moves a pending appeal over to the Board of Veterans' Appeals and skips the intervening layers of VA hierarchy higher level review at the office of original jurisdiction; second, "the local higher level review lane," which moves a rejected claim to another adjudicator higher up on the VA hierarchy to take a second look at it; and, third, the "new evidence lane," which allows veterans to submit new evidence related to their disability appeal to the board.

Once a veteran appeals to the board, he or she remains in control of the process by choosing one of three dockets best suited to the appeal — direct review docket, evidence docket and hearing docket. In November 2017, the VA launched the Rapid Appeals Modernization Program (RAMP) with the goal of providing eligible appellants with the earliest possible resolution of their disagreement with VA's decision on their claim. RAMP provides a voluntary opportunity to enter the new, more efficient review process outlined in the Veterans Appeals Improvement and Modernization Act of 2017, which will be fully implemented in February 2019. To learn more about opting in to RAMP, obtain additional information online at <https://benefits.va.gov/benefits/appeals.asp>.

To support the various organizations preparing to help veterans navigate the new appeals process, the chairman of the Appeals Board and her staff led numerous training sessions and panels held by national, state and local veteran service organizations like the VFW, American Legion, Disabled American Veterans and other private legal organizations.

To maintain its momentum, the board hired 186 new attorneys this fiscal year and planned to add 30 more to the team by Sept. 30. Additionally, the board joined the Military Spouse Employment Partnership (learn more at <https://bit.ly/2DgzSwU>) in October, and looks forward to participating in a program that helps bring the valuable insights and tremendous talent of military spouses to the board.

For more information about the board and its progress on appeals modernization, visit <https://www.bva.va.gov>.

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6.2 - The Columbian: [Veteran homelessness: up locally, down in U.S., state](#) (4 November, Patty Hastings, 213k uvm; Vancouver, WA)

The U.S. Department of Housing and Urban Development announced Thursday that veteran homelessness is declining statewide and nationwide, according to the annual Point-in-Time count, a single-day census of the homeless population.

However, the number of homeless veterans tallied in Clark County during the most recent count, in January, was 37, seven more than in 2017.

Kate Budd, executive director of the Vancouver-based Council for the Homeless, attributed the shift to more accurate counting as the Clark County Veterans Assistance Center began taking part.

Still, Budd said, the Point-in-Time is considered an undercount of the homeless population. She said Council for the Homeless' Housing Solution Center has screened 154 households so far this year that claimed veteran status. Last year, there were 189 veteran households during the same period.

"This data is much more in line with what we've been seeing," she said. "We have, obviously, too many veterans who are experiencing homelessness."

When people sign into the Clark County Veterans Assistance Center in downtown Vancouver, they are asked if they're homeless.

About 15 to 20 percent are homeless, the organization's president, Judy Russel, said. There's a group that visits the center's lounge every day.

"A lot of what we see is housing related," Russel said. "Its been like that for a while, but it seems to be worse this year than it's ever been."

Despite the ongoing issues around homelessness, Budd said, there has been great progress made in housing veterans.

In late 2017, several organizations started working together through a veterans-by-name list. The council, the assistance center, the VA, Partners in Careers, WorkSource and Clark County Community Services collaborate on how to get the people on the list housed.

"It's a great way to bring everyone together and on the same page to share resources and permanently house veterans," Budd said.

She added that the county provided \$70,000 in funding this year to help people on the list with expenses such as move-in costs. The group is emulating communities across the nation that have by-name lists aimed at reducing veteran homelessness.

Budd would like to see the groups involved in the by-name list to grow. Portland, for instance, has elected officials, businesses and grassroots groups involved in its veterans by-name list.

A recent change in housing assistance fund guidelines allows the Veterans Assistance Center to help more people who are homeless or on the brink of it. The center can now help people

earning up to 200 percent of the poverty level; before it was 150 percent. Russel said they can provide one month's rent to struggling households, often preventing homelessness.

Among the Department of Housing and Urban Development's five Washington territories, Clark County has the smallest population of homeless veterans. King County's is the largest with 921 homeless veterans counted last January.

Budd said Clark County has fewer veterans because there is no military base. In 2010, the Army Reserve's 104th Division, the Timberwolves, moved from Vancouver north to Joint Base Lewis-McChord.

"Anywhere you see a base, there is likely a much larger population of veterans," she said.

HUD attributed the state and national decline in veteran homelessness largely to the VA Supportive Housing, or VASH, program, which combines permanent rental assistance with case management and clinical services provided by the VA.

Vancouver Housing Authority has 140 tenant-based VASH vouchers, which clients can use at a rental of their choice, and 60 project-based vouchers tied to apartment buildings Central Park Place and Freedom's Path. Clark County's proposed 2019-2022 Homeless Action Plan prioritizes veterans, increases the number of vouchers and aims to reduce by half the number of households on the veterans-by-name list.

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6.3 - Daily Camera: [CU Boulder veteran office grows under leadership of retired Navy SEAL. Once one-man shop, now eight full-time staffers](#) (4 November, Cassa Niedringhaus, 157k uvm; Boulder, CO)

Before he became a U.S. Navy SEAL, Stew Elliott grew up in Boulder and attended both Boulder High School and the University of Colorado.

He went on to serve 28 years as a U.S. Navy SEAL and earned two graduate degrees before retiring, returning to Boulder and taking the helm of CU's Veteran and Military Affairs office in the spring of 2013.

Once a one-man shop, the office has grown under his leadership. Now, the office boasts eight fulltime staffers and more than 10 Veterans Affairs-funded work study positions. This fall, the office moved into a coveted space in the new Center for Academic Success and Engagement, or CASE, building with views of the campus and the foothills and more than four times the previous space. The office serves 1,286 student veterans and their dependents, according to university data.

"I like helping people, and I like working with young people," Elliott said. "I couldn't think of a better group to support than folks that had risked their lives for their nation and were going to college."

He highlights a number of initiatives of which he is proud, including academic advising, financial services, tutoring and a summer bridge program. He said university leaders have backed the growth of the office.

"They were 100 percent supportive," he said. "The university was absolutely mission-essential."

Josue Hernandez served in the Navy 2011-2017 as an air traffic controller in Japan and Florida. He's now an undergraduate at CU and studying finance and accounting. He was among the first class of students who came through the office's summer bridge program, a two-week program for incoming student veterans to receive math and writing instruction and connect with campus resources.

The office also helped him navigate the paperwork of transitioning to the university.

"I think I still would've been fine, just the person I am, but the amount of time I would have had to allocate to that transition process, to getting the correct information, to finding out what I needed to do, I would've had to put in a lot more time in order to get that done."

He's now among those working in a work-study position in the office, too.

Matt Kamacho, a graduate student studying electrical engineering, and who served in the Navy 2008-2014 as an electronics technician, said the combination of the GI Bill and the work-study position have made it so that he worries less about finances and can focus his energy on his education. He started his undergraduate degree at CU in 2014, and he's seen the office's growth during his time on campus.

"We still had a pretty large veteran community, but even since then it's grown significantly as well," he said. He's also a member of the Student Veterans Association, a student club that's grown with the office and which meets monthly.

Both Hernandez and Kamacho said Elliot is a respected figure in CU's veteran community, who can relate to students who've shared similar experiences and connect with donors outside the university.

Elliott is like the protagonist in "The Godfather," to be respected, Hernandez said and laughed. In reality, he added, Elliott and the rest of the staff push students to succeed and provide them with the tools and support they need to do so.

"The door's always open," he said.

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6.4 - KFDA (CBS-10): [Veteran homelessness down more than 26-percent in Amarillo](#) (4 November, Jami Seymore, 55k uvm; Amarillo, TX)

Across the nation, throughout the state of Texas and right here in Amarillo, the number of homeless veterans is down.

A new report by U.S. Housing and Urban Development shows veteran homelessness down in Amarillo by 26.2-percent from 2017, compared to a 12-percent decrease in Texas and just over 5-percent in the U.S.

"Right now, between Amarillo and Lubbock, which we have vouchers in Lubbock, as well, with three public housing authorities, we have over 260 veterans housed, off the streets and receiving intensive case management," said Teena Hall, coordinator for the housing program at the Amarillo VA.

The Amarillo VA has partnered with HUD to create the HUD VASH program, or, Veteran Affairs Supportive Housing, where they work with chronically homeless veterans to get a voucher for sustainable, permanent housing.

"I just visited a veteran today and he was very excited about his new place. He's got pots and pans, he showed me the inside of his refrigerator," said Hall. "He's just very excited to be housed again and off the streets, and just to know that they're safe and that we can help them with the things that they need."

The VA's housing program says the next goal is to graduate veterans completely, where they won't need consistent case management check-ins and will be more independent.

"One big goal of our program is to be able to graduate veterans off our program," said Hall. "We're always here for them, even when they graduate, but that is very exciting when you get to see them come from the bottom all the way back up to being successful, it's very rewarding."

As for Hall, she sees the work and accomplishments as an honor.

"It's really a privilege to be able to work with our veteran population in this capacity to help them get what they need, get off the streets, be safe, learn to live back into society if that's the need," said Hall. "It's an honor to us to be able to serve those who served our country."

It's an honor and service they hope will continue until all homeless veterans are off the streets with a roof over their heads.

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6.5 - KKCO (NBC-11, Video): [Annual VA car show](#) (4 November, 29k uvm; Grand Junction, CO)

The Veterans Affairs Hospital here in Grand Junction had a car show Sunday.

It was the sixth year in a row old muscle cars and classics showed off their engines and rims.

Rain or shine, this event happens every year around Veterans Day. Organizers say that tradition will continue.

"It's cold and possibly rainy but just like they did in World War II or the Vietnam War, if it's raining and you're in a foxhole you stay in it. So, if it's raining, we're going to stay with our cars until the show's over," said Ted Boothroyd, Wild West Falcons Car Club.

It was free to the public and vets—organizers say it's important for those staying there, to get out and mingle at events like this.

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6.6 - Mountain Statesman: [Second Annual National Veterans and Military Families Month proclaimed](#) (4 November, Nicki Skinner, 11k uvm; Grafton, WV)

TAYLOR COUNTY — With a rich military history in Taylor County and Grafton, it is easy to understand why honoring the brave men and women who made our freedoms a reality is so important. Because of their service and sacrifice, instead of honoring them on just one day, the entire month of November has been set aside to honor and recognize veterans.

In 2017, President Donald Trump proclaimed for the first time that November would be Veterans and Military Families Month. This would mark the first time in history that Americans celebrated veterans and their families for the entire month, instead of solely on Veterans Day.

“During National Veterans and Military Families Month, we honor the significant contributions made by American service members, their families, and their loved ones. We set aside this month surrounding Veterans Day to hold observances around the country to honor and thank those whose service and sacrifice represent the very best of America,” recited President Trump in his proclamation. “We renew our Nation’s commitment to support veterans and military families. They deserve it.”

On November 1, President Trump declared November 2018 as the Second Annual National Veterans and Military Families Month, to help salute America’s brave and dedicated patriots, celebrating their extraordinary families who have made sacrifices for the betterment of the nation.

“It is most appropriate that in this season of gratitude, we stop to recognize veterans, military families and those who gave their lives in service to this great Nation. We are indebted to these heroes for the freedoms we enjoy every day,” Trump expressed. “I ask all Americans to join me in offering our sincere thanks to our veterans and the families who love and support them.”

He voiced that it is his belief that it is the patriotic duty of citizens to honor veterans and military families.

“As part of our efforts to answer President Lincoln’s charge to care for those who have ‘borne the battle,’ I have asked the Department of Veterans Affairs (VA) to lead the Nation in a month of observances across the country to honor our veterans,” he said.

The VA will be conducting more than 300 events nationwide, including open houses, town halls, volunteer recognitions, homeless veteran initiatives, faith-based community events and ceremonies at national cemeteries.

In fact, to celebrate the prestigious month, Grafton National Cemetery will be hosting a Veterans Day ceremony on Saturday, November 10. The event will include a guest speaker, music and a 21 Gun Salute.

“We come together to remember, honor and pay tribute to our nation’s heroes,” said Cemetery Director Keith Barnes. “This public ceremony at Grafton National Cemetery is a special way to say thank you to service members past and present, and to let them know that the sacrifices of our nation’s veterans will never be forgotten.”

Prior to the observance, join residents, city and county officials, organizers and the community for the annual Veterans Day Parade, that will take place at 10:00 a.m. The parade will wind its way along the parade route, from the former Elks building, through town, across the bridge and railroad tracks, onto Walnut Street and will end at the Grafton National Cemetery.

Organizer Brenda Thompson shared that there are still plenty of spots for clubs, organizations, groups and individuals to join in on this year's parade.

"Anyone interested in participating may contact me by phone at 304-476-8727, or may show up prior to the start of the parade," Thompson shared.

She noted that lineup will begin at 9:00 a.m. at the Elks building, located at the intersection of Main and Bridge Streets.

"Be sure to get there early," she noted. "The Grafton Police Department will begin shutting down the parade route shortly before the parade begins."

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7. [Other](#)

From:

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Subject: [EXTERNAL] 4 November Veterans Affairs Media Summary and News Clips

Date: Sun Nov 04 2018 05:15:42 CST

Attachments: 181104_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

4 November 2018

1. [Top Stories](#)

1.1 - Vantage Point: [NYT's Dave Philipps refuses to report both sides in VA hospital ratings story](#) (2 November, John Ulyot; Washington, DC)

In a Nov. 1 story on VA's hospital rating system, New York Times reporter Dave Philipps ignored the department's multiple, thorough, on-the-record responses to his many questions and failed to reflect VA's position in almost any way. In addition to ignoring VA's numerous, comprehensive responses, Philipps falsely implied that VA gave almost no comment and did not engage much with him for his article when the opposite is the case.

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1.2 - FOX News (Video): [Burn pit vet's widower says memos show that grave illness didn't need to happen](#) (3 November, Perry Chiaramonte, 27.6M uvm; New York, NY)

It was in 2009 when Brian Muller first met his wife, Aime. "We actually met at a music venue. And at the time I was playing music in a band and she had some friends there that were at the event," Muller, 45, from Woodbury, Minnesota recalls in a recent interview with Fox News. "Her friends forced her to go out. I forced myself to go out and just to see some music."

[Hyperlink to Above](#)

1.3 - PolitiFact: [Facebook meme miscounts votes in claim Democrats blocked improvements to VA health system](#) (3 November, C. Eugene Emery Jr., 2.4M uvm; Saint Petersburg, FL)

One of Donald Trump's campaign pledges was to improve healthcare for veterans. The problem has long been recognized, although we rated Trump's claim that thousands of veterans were dying because they couldn't get treatment fast enough as Half True. Now a meme is making the rounds on Facebook, shared more than 187,000 times, accusing the Democrats of trying to thwart improvements to medical care through the Veterans Affairs system.

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1.4 - Military.com: [Advocacy Group Helps Homeless Veterans Make Rent Deposits](#) (3 November, Richard Sisk, 2M uvm; San Francisco, CA)

The difference between an apartment and the street for a homeless veteran can often come down to a few hundred bucks for the rent deposit, according to the Veterans Matter advocacy group, which writes a check when the system falls short. Ken Leslie, who has been running Veterans Matter since 2012, said he has a deal with the Department of Veterans Affairs -- "just let me know and I'll send a check to the landlord."

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1.5 - Stars and Stripes (AP): [Trump doesn't hide that Tester is reason for Montana stop](#) (3 November, Darlene Superville, 532k uvm; Washington, DC)

President Donald Trump didn't try to hide what brought him back to Montana on Saturday campaigning against Democratic Sen. Jon Tester. Trump blames Tester for the defeat of his nominee to run the Department of Veterans Affairs, and the president told hundreds of cheering supporters at an airport rally in the Montana chill that Tester "tried to destroy" Ronny Jackson, an admiral and White House doctor.

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1.6 - El Paso Inc.: [Final resting place: Fort Bliss Cemetery](#) (3 November, Cindy Graff Cohen, 17k uvm; El Paso, TX)

When you enter the elegant gates of Fort Bliss National Cemetery, you may feel like you are entering a beautiful botanical garden – flowers are blooming and palm trees reach for the sky. However, it is the endless rows of identical white marble gravestones, perfectly aligned from whatever angle you see them, that dominate the cemetery.

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1.7 - HottyToddy.com (Video): [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2 November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday. Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

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2. [Improving Customer Service](#)

3. [Business Transformation](#)

3.1 - KECI (NBC-13, Video): [Bitterroot vets want mental health support center](#) (3 November, Kevin Maki, 38k uvm; Missoula, MT)

Military veterans in Ravalli County are demanding the Veterans Administration establish a full mental health support center for veterans in the Bitterroot. The move comes after an effort to shift a counselors schedule at the Valley Veterans Service Center in Hamilton. It was before dawn on Friday when veterans began packing into BJ's Restaurant in Hamilton for a breakfast meeting.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

5.1 - WJBF (ABC-6, Video): [Soldier's mother helps raise awareness for suicide prevention](#) (3 November, Ashley Flete, 37k uvm; Augusta, GA)

"He was everything you can dream of for a son. Y'know watching him grow up was um.. it was a joy." Travis Bryan Tullis was her first born and only son. At the age of 21 Travis, decided he wanted to join the army. And after a couple years of service Travis came back home but his transition back to civilian life wasn't easy.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - U.S. News & World Report (AP): County Researching if It Can Donate to Veterans Shelter (3 November, 14M uvm; Washington, DC)

A woman who hopes to open a shelter for homeless military veterans is asking a Mississippi county for help. The Vicksburg Post reports that Eva Ford is asking the Warren County Board of Supervisors for money, saying someone stole the heating and air conditioning system in the planned shelter.

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6.2 - Las Vegas Review-Journal: Commentary: Taking care of Nevadans who served (3 November, Vince Juaristi, 1.1M uvm; Las Vegas, NV)

Of all the obligations we have made as a country, perhaps the most sacred is the obligation we have made to the men and women who have served our military and who have often put their lives in danger to protect our values, our heritage and our homeland.

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6.3 - Stars and Stripes (The Gazette): Burial of four veterans marks official opening of Pikes Peak National Cemetery (3 November, Tom Roeder, 532k uvm; Washington, DC)

With four urns in the cold ground, the Pikes Peak National Cemetery held its somber opening Thursday as the planned final resting place for generations of veterans. "These are hallowed grounds," the Rev. Bob Kwiatkowski said before the cremated remains of a Marine, sailor, airman and soldier were laid to rest.

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6.4 - KGUN (ABC-9, Video): New stats show less homeless veterans in U.S. (3 November, Taja Davis, 68k uvm; Tucson, AZ)

There are less homeless veterans across the nation. Housing and Urban Development (HUD) found about a 5 percent decrease in veterans facing homelessness from last year. In the bigger picture, 33 states saw a decrease in numbers this year. Arizona contributes about two percent to the nation's homeless veterans population. And the Grand Canyon state's count saw almost an eight percent drop.

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6.5 - WVNS (CBS/FOX-59, Video): Veterans Stand Down held in Princeton (3 November, Adeena Balthazor, 51k uvm; Ghent, WV)

An annual event to honor vets and their families was held Saturday November 3, 2018 in Princeton. The Stand Down event is held in conjuncture with the Veterans Administration. At the event they had special guest speakers including Ret. General Sherman Williford of the United States Army.

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6.6 - The Grand Island Independent: Club members hope wreaths make a difference for veterans (3 November, Julie Brum, 31k uvm; Grand Island, NE)

A local service group hoped they brought a little happiness to those who have served the country when they made a special delivery to the Grand Island Veterans Affairs Medical Center. Members of the Altrusa International Club of Grand Island created 32 patriotic wreaths and hung them up on the doors of patients' rooms Friday morning.

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6.7 - Daily Messenger: [FLCC marks Veterans Day with several events](#) (3 November, 19k uvm; Canandaigua, NY)

"The Women Veterans Call Center is aimed at increasing women veterans' knowledge of VA services and benefits," said Stephenson. "Many women veterans do not realize they may be eligible for VA benefits to include health care. The center provides a single avenue for them to find the help they need. In fact, I never applied for benefits or sought treatment for my service-related disabilities until I started working with the call center."

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6.8 - Viera Voice: [Cape Canaveral National Cemetery celebrates National Veterans and Military Families](#) (2 November; Melbourne, FL)

"At VA, Veterans and their families are at the center of everything we do. Veterans and Military Families Month is an opportunity for us to honor the service of these patriots while educating communities about VA benefits and services and our commitment to customer service improvement," VA Secretary Robert Wilkie said.

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7. [Other](#)

7.1 - ABC News (Video): [Trump hails 'beautiful' barbed wire on southern border in Montana rally speech, slams Tester over VA Secretary saga](#) (3 November, Ali Rogin, 3.7M uvm; New York, NY)

The rally marked Trump's fourth trip to Montana this election cycle. He acknowledged that it has much to do with his personal animus toward Tester, who as the top Democrat on the Senate Veterans Affairs Committee expressed concerns about alleged inappropriate behavior by Trump's VA secretary nominee, Admiral Ronny Jackson. The allegations prompted Jackson to withdraw from consideration.

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7.2 - U.S. News & World Report (AP): [Sen. Jon Tester Pushes to Make Race About Montana, Not Trump](#) (3 November, Matthew Brown, 14M uvm; Washington, DC)

With President Donald Trump clamoring to defeat U.S. Sen. Jon Tester and conservative groups spending heavily against him, the Democrat is falling back on a well-worn strategy in his pursuit of a third term: make the election about Montana, not Washington.

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7.3 - Independent Journal Review: [GOP Lawmakers, Veterans Call Out VA for Plowing Ahead With Deadly, Taxpayer-Funded Dog Experiments](#) (3 November, Carlin Becker, 447k uvm; Alexandria, VA)

The Department of Veterans Affairs (VA) is facing criticism from Republican lawmakers and veterans groups over its continued fatal dog experiments paid for on the taxpayers' dime — and may even be in violation of federal law.

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1. [Top Stories](#)

1.1 - **VAntage Point: [NYT's Dave Philipps refuses to report both sides in VA hospital ratings story](#)** (2 November, John Ulyot; Washington, DC)

In a Nov. 1 story on VA's hospital rating system, New York Times reporter Dave Philipps ignored the department's multiple, thorough, on-the-record responses to his many questions and failed to reflect VA's position in almost any way.

In addition to ignoring VA's numerous, comprehensive responses, Philipps falsely implied that VA gave almost no comment and did not engage much with him for his article when the opposite is the case.

Ordinarily, we would expect more journalistic integrity from the New York Times, but given Philipps' history of false and biased reporting on VA, this is unfortunately par for the course.

Consider the facts:

Philipps' story says: "When the Department of Veterans Affairs released the annual ratings of its hospitals this fall, the facility in Atlanta dropped to the bottom, while the one in West Haven, Conn., shot to the top. It was something of a mystery as to why."

In reality: It wasn't a mystery at all. As we told Philipps on Oct. 24, "When a facility has only very small changes in metric values when VA as a system is improving overall, facilities will show a 'trivial change' from their past performance, and their rating relative to their peers may drop by one or more stars. This is what happened in Atlanta."

Philipps' story says: "What is most worrisome to some experts is the role that the star ratings now play in grading performance of hospitals and their managers. They say it creates an incentive to conceal problems rather than grapple with them, in order to collect bonuses or sidestep penalties."

In reality: As we told Philipps on Oct. 31, the premise of this allegation is false, as "[Strategic Analytics for Improvement and Learning] includes multiple dimensions of performance and measures that would be extremely difficult to 'game' or manipulate, such as surveys of Veterans and reviews of medical documentation done by independent third parties."

Philipps' story says: "The gaming can put patient care on the line. At the hospital in Roseburg, Ore., administrators turned away some of the sickest patients to keep them from affecting the facility's scores, doctors there have said."

In reality: This is false. In Roseburg, the facility was simply basing admissions decisions on its actual clinical capabilities.

VA has asked the New York Times for evidence backing up its Roseburg claims multiple times and the New York Times has not been able to provide it.

And as we told Philipps Oct. 31, the premise of this allegation is false, “as SAIL includes multiple dimensions of performance and measures that would be extremely difficult to ‘game’ or manipulate, such as surveys of Veterans and reviews of medical documentation done by independent third parties.”

Philipps’ story says: “The chief of surgery at another veterans’ hospital in a major metropolitan area said in an interview that administrators discussed whether the hospital should not perform certain operations because they could impact the hospital’s quality statistics.”

In reality: As we told Philipps Oct. 31, “the premise of this allegation is false, as surgical outcomes are tracked by the VA Surgical Quality Improvement Program, not SAIL.”

Further, we asked the New York Times for evidence backing up these allegations, and the New York Times has not been able to provide it.

Philipps’ story says: “But the department declined to make key officials available to discuss the system.”

In reality: In response to his questions, we sent Philipps detailed responses totaling dozens of pages, but he included only one sentence representing the department’s viewpoint in his story.

Philipps’ story says: “The department refused multiple requests to interview Dr. Almenoff, and he did not respond to direct inquiries seeking comment.”

In reality: In response to his questions, we sent Philipps detailed responses from Dr. Almenoff totaling dozens of pages, but he included only one sentence representing the department’s viewpoint in his story.

The fact that Philipps failed to mention that or include any of Dr. Almenoff’s responses is simply a misrepresentation of the facts.

Philipps’ story says: “The New York Times contacted eight veterans’ hospitals, including those in Atlanta and West Haven, asking to interview their directors about Sail. None were willing.”

In reality: Some regional and facility directors sent Philipps statements praising SAIL. The fact that the New York Times failed to mention that or include any of their responses is simply a misrepresentation of the facts.

Philipps’ story says: “The department says its star ratings help keep veterans informed.”

In reality: That is precisely the opposite of what we told Philipps. On Oct. 31, we told him, “those comments demonstrate a fundamental misunderstanding of the purpose of SAIL.

“SAIL is a rating system for internal improvement. The ratings are released publicly to motivate all facilities to do better.

“VA developed www.accesstocare.va.gov as a way for Veteran patients to find useful and easy-to-understand information on quality and wait-time information about VA hospitals.”

Philipps’ story says: “‘I wanted to move away from Sail,’ said Dr. Shulkin...”

In reality: Shulkin fully supported the use of SAIL during his tenure and was the driving force for publicly sharing SAIL ratings. He repeatedly and whole-heartedly embraced the technically sophisticated analytic tools that SAIL provides.

Philipps' story says: "Agency employees say that only Dr. Almenoff and a few members of his staff know exactly how the system weighs and adjusts the 60 publicly available measures that go into a score."

In reality: As we told Philipps on Oct. 31, "VA updates its performance metrics and the weights used to calculate overall performance each year. Medicare does the same. This helps mitigate the tendency to 'teach to the test.'"

We also provided Philipps with detailed information about our training, accessible to all staff, about how SAIL works, including its component metrics, their associated weights, and the general approach to scoring. We made it clear that SAIL includes tools that can be used to drill down to individual patients to identify where care may have gone awry.

Finally, we explained that VA does not reveal the specific details of its risk adjustment protocols, because those metrics cannot be reproduced locally, and knowledge of the specific statistical adjustment procedures is unnecessary for identifying clinical care processes that need to be improved.

Philipps' story says: a VA employee "alerted the department's Office of Accountability and Whistleblower Protection that Sail was statistically unsound and open to gaming, and submitted a lengthy paper showing how a host of problems made the system a 'credibility crisis waiting to happen.' The reply came nearly a year later: The department planned to take no action."

In reality: We provided Philipps with detailed rebuttals to the employee's arguments, all of which he ignored. As we told Philipps Oct. 4, her paper "demonstrated the author's fundamental misunderstanding of how SAIL works and its purpose."

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1.2 - FOX News (Video): [Burn pit vet's widower says memos show that grave illness didn't need to happen](#) (3 November, Perry Chiamonte, 27.6M uvm; New York, NY)

It was in 2009 when Brian Muller first met his wife, Aime.

"We actually met at a music venue. And at the time I was playing music in a band and she had some friends there that were at the event," Muller, 45, from Woodbury, Minnesota recalls in a recent interview with Fox News. "Her friends forced her to go out. I forced myself to go out and just to see some music."

He remembers how they discussed her service with the Minnesota Air National Guard.

"We ended up talking about what she does with the military," he says, "and at that time, she was doing a project to make video memorials for gold star families. Families that lost loved ones in Iraq or Afghanistan or any type of war."

"She asked me to write a song for those videos. And that's how we kind of started our relationship, as-- friends, and then it developed from there."

Brian has never served in the military but was impressed by Amie's service -- including her two tours in Iraq.

"She wanted to fly, and she joined the Air Force. And she got deployed and had her life kind of uprooted there for a while."

Amie was stationed at Air Force Base Balad during both of her tours in 2005 and 2007 and while her active service was already behind her, the effects from her time on that base still lingered.

"She didn't really want to talk about her time over there," Brian says. "Anytime a door would slam or a loud noise, she'd get startled very easily. She had a lot of PTSD [episodes] from just little things."

A decade after returning from Iraq, Amie's physical health also suffered. She was diagnosed with Stage III Pancreatic Cancer.

"I still remember Amie getting the call, and she looked at me," Muller says about the day they found out about her diagnosis back in April 2016.

"We walked around the corner just to make sure the kids didn't see. I could tell by the look in her face how scared she was. And I just kind of listening in to the call. And we just started shaking.

Both she and Brian believed it was related to her exposure to open-air burn pits used to destroy trash generated on the base. Nearly every U.S. military base in Iraq during the war used the crude method of burn pit disposal, but Balad was known for having one of the largest operations, burning nearly 150 tons of waste a day.

The smoke generated from these pits hung above Amie's barracks daily.

"She talked about the burn pits even before she got cancer," Muller recalls, "and how the fact that they would change the filters on these ventilation systems quite frequently. And every time they'd change it would just be this black soot, so thick that you would think you'd have to change it every hour."

"After she told me what they were burning, you know, all I thought about is all the campfires that we had in our backyard. You don't burn Styrofoam. You don't burn plastic. We all know that, but they were burning all those things. Highly toxic."

As early as Operation Desert Storm in 1991, burn pits were used on U.S. military bases in Iraq. At the height of the Iraq War in 2005, more than 300,000 troops were stationed there and potentially exposed to the smoke and fumes from burn pits.

Thousands of veterans and former contractors returned from the Middle East and have developed rare cancers, respiratory problems, and blood disorders from what they claim are their exposure to toxins from the flaming pits. More than 140,000 active-service members and retirees have put their names on a Burn Pit Registry created by the Veterans Administration.

After Amie was diagnosed and her treatment began, she and her family went public with her story in the hopes that it would bring awareness to the dangers she and countless veterans faced after what they believe was a result of burn pit exposure.

Amie succumbed to her illness just nine months after she first diagnosed.

In her absence, Brian continued Amie's work in raising awareness by sharing her story. He also worked closely with Sen. Amy Klobuchar (D-Minn.) towards getting "The Helping Veterans Exposed To Burn Pits Act" -- a bipartisan bill recently presented in Washington and signed by President Trump -- passed.

The bill will help fund a new center by the Department of Veterans Affairs that will study the effects of burn pit exposure and eventually assist with treatment plans. He also started the Amie Muller Foundation, which helps other veterans who were diagnosed with Pancreatic Cancer.

"I just hope that our vets are going to get the help they need," Brian says, "and it's not going bring back Amie, my wife, but it's going to get veterans the help they need."

But recent findings show that the Pentagon was aware of the dangers of burn pits during the height of the war in Iraq.

Fox News recently obtained a series of memos drafted by top officials at AFB Balad during the same years that Amie served on the base. The authors of the documents -- which include commanding officers as well as environmental officials -- stated that the operation of burn pits was a danger to those stationed there and that precautions needed to be taken urgently to improve conditions.

"In my professional opinion, there is an acute health hazard for individuals," reads a line from one memo written by a Bioenvironmental Engineering Flight Commander and the Chief of Aeromedical Services at Balad in 2006. "There is also the possibility for chronic health hazards associated with the smoke."

The memo also includes an assessment of the pits in Balad where one environmental inspector said that Balad's burn pit was "the worst environmental site I have personally visited."

After inquiries by Fox News regarding the memos, Officials for the Department of Defense said that they would look into the matter and explained their procedural policy and that open-air burn pits are to be operated in a manner that prevents or minimizes risk.

"DOD does not dispose of covered waste in open-air burn pits during contingency operations except when the combatant commander determines there are no feasible alternative methods available," reads the statement provided by a Defense Department spokeswoman. "DOD minimizes other solid waste disposal in open-air burn pits during contingency operations. Generally, open-air burn pits are a short-term solution. For the longer term, we use incinerators, engineered landfills, or other accepted solid waste management practices whenever feasible."

Muller finds the memos troublesome.

"I don't understand why they didn't do something," he says after being shown a copy of the memos. "These are people that volunteered to serve our country, and it just disgusts me to see memos like that, from high ranking officers that expressed this concern."

Muller adds that the underlying issue is a lack of accountability.

"The issue is they were doing something they shouldn't have done, that they constantly warned was an environmental hazard," he says. "And our vets are getting sick. Our vets are dying."

"You know, there was a fellow that did a video—'Delay, Deny and Hope You Die.' And that's kind of what's been going on. They're delaying this as long as possible so that they won't have to deal with as many claims, because most of them will die before they do anything about it."

Muller also believes that Amie would have never fallen ill if it wasn't for the fact that she was stationed at Balad.

"I don't think she would have gotten cancer. I really don't. Maybe she would have later in life. Maybe it would have been some other type of cancer. I don't know," he says. "But something caused inflammation -- for something to grow in her body for a long period of time before it was ever seen and diagnosed. There was something going on with all of the vets when they got back."

In a recent interview with Fox News, General David Petraeus, the former commander of U.S. Central Command and Multi-National Force-Iraq in 2007, offered an explanation when asked about why burn pits were used on military bases, conceding that the realities of war kept concerns about how to dispose of waste a low priority at that time.

"At that time we weren't worried about burn pits," The General said back in September. "We were worried about just getting enough water for our troops in the really hot summer. We were looking forward to the time where we might get some real food, real rations, as opposed to MREs and so forth."

The General also expressed that the U.S. has a commitment towards helping those veterans.

"It's a sacred obligation," Petraeus said. "But comparing what our VA does to any other country's care of veterans...this is the gold standard. Certainly, a gold standard that can always improve, without question. This is an issue, though, where we have a sacred obligation, and we need to meet that obligation."

Muller believes the General's recent comments to be a sign of a move in the right direction.

"When you start seeing men in uniform, or women in uniform, people higher up in the military starting to voice their concerns, you know we're making progress."

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1.3 - PolitiFact: [Facebook meme miscounts votes in claim Democrats blocked improvements to VA health system](#) (3 November, C. Eugene Emery Jr., 2.4M uvm; Saint Petersburg, FL)

One of Donald Trump's campaign pledges was to improve healthcare for veterans. The problem has long been recognized, although we rated Trump's claim that thousands of veterans were dying because they couldn't get treatment fast enough as Half True.

Now a meme is making the rounds on Facebook, shared more than 187,000 times, accusing the Democrats of trying to thwart improvements to medical care through the Veterans Affairs system.

"I urge all veterans to vote Republican this November because the damn Democrats blocked the VA healthcare bill again," James Hauser asserts in an all-caps message posted Oct. 4.

This meme was flagged as part of Facebook's efforts to combat false news and misinformation on its News Feed. (Read more about our partnership with Facebook.)

We sent a Facebook message to Hauser asking for specifics, but didn't hear back.

In fact, legislation to improve the system passed Congress last spring with bipartisan support, contrary to the meme's assertion.

In May, the U.S. Senate gave final passage to a major overhaul of the health care system and sent it to Trump for his signature.

The measure, S-2372 known as the VA MISSION Act, was designed to make it easier for veterans to get care from private physicians who are not in the VA system and, in theory, speed the delivery of care.

It passed the House 347 to 70 on May 16, 2018. Democrats made up 116 of those 347 winning votes. All of the opponents were Democrats.

It passed the Senate 92 to 5 on May 23, 2018. Democrats made nearly half the winning votes. The "Nay" votes were cast by two Democrats, two Republicans and one Independent.

In short, precisely two thirds of the Democrats in Congress voted for the bill.

To make the claim that "Democrats blocked the VA healthcare bill" strikes us a meme malpractice. We rate that claim Pants on Fire!

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1.4 - Military.com: [Advocacy Group Helps Homeless Veterans Make Rent Deposits](#) (3 November, Richard Sisk, 2M uvm; San Francisco, CA)

The difference between an apartment and the street for a homeless veteran can often come down to a few hundred bucks for the rent deposit, according to the Veterans Matter advocacy group, which writes a check when the system falls short.

Ken Leslie, who has been running Veterans Matter since 2012, said he has a deal with the Department of Veterans Affairs -- "just let me know and I'll send a check to the landlord."

In a phone interview, he pointed to a recent case referred by the VA of a 67-year-old homeless veteran in Birmingham, Alabama, who was just \$150 short of his deposit.

"That was the only thing keeping him out of a home. We sent a check the same day, and the guy was housed within minutes," said Leslie, who has personal experience with the homelessness issue. He is a former stand-up comedian, TV producer and head of a successful executive headhunter firm, but he was once homeless himself and living out of his car due to drug and alcohol addiction.

Leslie said the usual shortfall for rent deposits can range from about \$600 to \$1,800, depending on the area of the country, but the national average is about \$750.

At Veterans Matter, he has recruited an A-list of celebrities for public service announcements and fund raising, including Willie Nelson, Katy Perry, Gary Sinise, Susan Sarandon, Kid Rock, Stevie Nicks, John Mellencamp, and Dusty Hill of ZZ Top, among others. They deliver the message that veterans "fought for us, now we fight for them."

In one of the promos, Dusty Hill said he heard about Veterans Matter while performing in Toledo, Ohio, and went over to check it out. "Once I looked at the program and saw that it was all direct help, I was all in on that," he said.

In coordination with the VA and the Department of Housing and Urban Development, Veterans Matter, now operating in 20 states, has helped get housing for more than 2,500 veterans, and the goal is to have 1,000 more in homes before the end of the year, Leslie said.

The group works with referrals from the VA for the Department of Housing and Urban Development-Veterans Affairs Supportive Housing Program, or HUD-VASH, which provides vouchers for rental assistance from HUD and case management from the VA.

When there is a problem with a rent deposit, Leslie said he hears from the licensed clinical social workers at the VA who work with homeless veterans and starts writing a check.

"Literally, they can request it on a phone deposit. We send the check the same day. It really is that simple," he said.

The HUD-VASH program derived from the commitment by then-VA Secretary Eric Shinseki and President Barack Obama in 2009 to end veteran homelessness by 2016.

The program has drastically reduced the number of homeless veterans from more than 140,000 in 2009, but the VA estimates that there are still about 38,000 veterans without a permanent place to live.

On Oct. 3, VA Secretary Robert Wilkie and HUD Secretary Ben Carson announced another \$35 million in grants for the HUD-VASH program to combat veteran homelessness.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," Carson said.

Earlier, at a Sept. 26 hearing of the Senate Veterans Affairs Committee, Wilkie said the VA needs more licensed clinical social workers to manage cases for homeless veterans.

"The case managers are part of a larger issue we have in retaining those individuals, particularly in the social work field," he said.

One of the VA social workers coordinating with Leslie at Veterans Matter on rent deposits is Shane Dowling, a licensed clinical social worker at the VA's Ann Arbor, Michigan, health care system.

In one of Leslie's promos, Dowling said it used to take about 137 days to get a homeless veteran a lease under the HUD-VASH program in her area. "With the help of Veterans Matter, we've reduced that down to 71 days, which is absolutely amazing," she said.

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1.5 - Stars and Stripes (AP): [Trump doesn't hide that Tester is reason for Montana stop](#) (3 November, Darlene Superville, 532k uvm; Washington, DC)

BELGRADE, Mont. — President Donald Trump didn't try to hide what brought him back to Montana on Saturday campaigning against Democratic Sen. Jon Tester.

Trump blames Tester for the defeat of his nominee to run the Department of Veterans Affairs, and the president told hundreds of cheering supporters at an airport rally in the Montana chill that Tester "tried to destroy" Ronny Jackson, an admiral and White House doctor.

"That's why I'm here," he said. "I've never forgotten it and it's honestly one of the reasons I'm here so much," said Trump, who last campaigned in Montana in mid-October. "It's a disgrace, what he did to that man."

"He tried to destroy that man ... all because I said, 'Ronnie, what do you think about heading up the VA.'"

Trump was in Montana to boost GOP Senate candidate Matt Rosendale, who is challenging Tester in Tuesday's election. Trump said having Rosendale in the Senate will be "phenomenal."

The president blames Tester for the backlash against Jackson, who eventually withdrew his nomination after facing anonymous ethics allegations, including claims of on-the-job drunkenness and wrecking a government vehicle.

Jackson denied the allegations.

Tester, the top Democrat on the Senate committee that oversees veterans' issues, had released a list of the allegations against Jackson that was compiled by the committee's Democratic staff.

Trump, however, doesn't mention that the allegations weren't the only factor that contributed Jackson withdrawing from consideration. Lawmakers questioned Jackson's limited managerial experience and his fitness to run a department as sprawling as the VA.

Montana was the first of two campaign stops for Trump on Saturday. He was due in Pensacola, Florida, on Saturday night, joining Vice President Mike Pence to campaign for Republicans Rick Scott, the governor who is running for the Senate, and Ron DeSantis, a former congressman who is vying to succeed Scott.

The rallies are part of Trump's multistate blitz in the final days before Tuesday's elections, when control of the House and Senate — and perhaps the future of Trump's agenda — are at stake.

Trump sought in Montana to rally the crowd, which was bundled up against the November chill, by talking up the economy and tax cuts, new Supreme Court Justice Brett Kavanaugh, border security and several caravans of Central American migrants who are slowly advancing toward the U.S.-Mexico border.

He mentioned plans for a new military branch called the Space Force, and complained anew about the news media.

Trump defended his decision to focus almost exclusively on the migrants and immigration in the final days before the election. He recently announced that he intends to change asylum procedures, end the constitutional guarantee of birthright citizenship and build numerous "tent cities" to hold migrants caught crossing the border illegally.

"You can only say so many times that we created 250,000 jobs last month," Trump said, in defense of his focus on immigration that some of the president's critics say amounts to fear-mongering. Trump has denied trying to instill fear as a reason to vote Republican on Election Day.

Trump also called up Rep. Greg Gianforte to speak from the podium but did not repeat his praise of the congressman, who was convicted of body slamming a journalist just before winning a 2017 special election. Trump had said during last month's Montana stop that anyone who can do a body slam "is my kind of guy."

The president subsequently was criticized for seeming to glorify violence against journalists.

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1.6 - El Paso Inc.: [Final resting place: Fort Bliss Cemetery](#) (3 November, Cindy Graff Cohen, 17k uvm; El Paso, TX)

When you enter the elegant gates of Fort Bliss National Cemetery, you may feel like you are entering a beautiful botanical garden – flowers are blooming and palm trees reach for the sky.

However, it is the endless rows of identical white marble gravestones, perfectly aligned from whatever angle you see them, that dominate the cemetery.

With some 44,000 gravesites, the 71-acre cemetery at 5200 Fred Wilson near the base's Chaffee entrance is a cherished part of Fort Bliss history – and its future.

"We are starting an expansion program to prepare 11 undeveloped acres, and we're adding three acres from Fort Bliss to provide additional burial space," cemetery director Jamie Porter said. "With the new space, we are set to last another 40 years."

While it's unknown exactly when the land next to the base was first used as a graveyard, the earliest known burial took place in 1883 during the time of the Indian Wars. It was listed on the National Register of Historic Places in 2016.

Today, more than 1,400 caskets or urns are buried each year or interred in the columbarium designed to hold urns, Porter said. Cremation represents about one third of the cemetery's annual services.

Cemetery personnel interact with veterans planning their funerals and their families at the most difficult times of their lives, and Porter said he ensures that every interaction is professional, supportive and dignified.

"Customer service is our No. 1 priority and we are proud to have scored 96 percent in customer satisfaction in our surveys," Porter said.

He credits the 22 cemetery's full-time staff members for their friendliness and helpfulness.

"Our staff loves serving veterans and the community, and there is not a better job to have than serving others," he added.

Best in the country

The cemetery is rated one of the best military cemeteries in the country. This fall, Veterans Affairs, which oversees about 90 percent of the nation's 150 military cemeteries, presented the Fort Bliss cemetery with its Award of Excellence.

The cemetery met or exceeded the rigorous National Shrine standards in 68 of 74 categories. Only four of the VA's 136 cemeteries received this coveted award, which is based on a lengthy inspection and assessment held about every seven years.

During a golf cart tour of the grounds, Porter shared touching stories of veterans, regardless of rank or branch, who made the choice to be buried at the cemetery and the family members who made their loved ones' burial arrangements. The stories are a few of hundreds he knows from his seven years at the cemetery.

He also points out certain plants and trees, all carefully placed and trimmed.

"About 90 percent of our staff are veterans themselves and we share a military mindset," said Porter, a former Marine drill sergeant in San Diego who spent 24 years in the corps before retiring in El Paso.

The irrigation system runs precisely to water each tree, bush, and groupings of bright perennials such as lantana, yellow bells and roses. When it's time to prune all the oleanders on the same day, the gardeners visit each one and call the task "Operation Oleander."

Some years back, the cemetery staff, before Porter's tenure, made the controversial decision to replace the grass with gravel. Water is expensive in the desert and grass is hard to maintain under shade trees and traffic areas. The result is surprisingly beautiful. The white marble gravestones stand out against the acres of fine terracotta color gravel.

Porter began working at the cemetery in 2011 and worked his way up to director in 2017.

Caring for the caretakers

Many of the staff members have long records of caring for the cemetery. Everyone on the team that digs graves with shovels and a Bobcat mini-excavator has more than 15 years on the job.

Some team members are in a veterans' program called Contract Worker Therapy, learning skills and healing from post-traumatic difficulties at the same time. This very successful program turns vets, some of whom are homeless or living in group homes, into independent, skilled workers who can live on their own.

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1.7 - HottyToddy.com (Video): [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2 November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday.

Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

"We are honored to show off our veterans' home and also to thank him for the economic impact that this facility has on our community and the wonderful service it is to our veterans," Tannehill said.

Wilkie will take part in some of the Warrior Week events this weekend honoring veterans. On Saturday, during the game against South Carolina Gamecocks, he will participate in the pregame coin toss alongside 9/11 survivor Will Jimeno.

Wilkie was nominated to be Secretary of Veterans Affairs by President Donald Trump on May 18, 2018. He was confirmed by the U.S. Senate on July 23.

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2. [Improving Customer Service](#)

3. [Business Transformation](#)

3.1 - KECI (NBC-13, Video): [Bitterroot vets want mental health support center](#) (3 November, Kevin Maki, 38k uvm; Missoula, MT)

HAMILTON, Mont. — Military veterans in Ravalli County are demanding the Veterans Administration establish a full mental health support center for veterans in the Bitterroot.

The move comes after an effort to shift a counselors schedule at the Valley Veterans Service Center in Hamilton.

It was before dawn on Friday when veterans began packing into BJ's Restaurant in Hamilton for a breakfast meeting.

Veterans counselor Eric Danielson spends four days a week counseling veterans in Hamilton. He is part of a team from the Missoula Veterans Center.

It's proposed that Danielson's work days in Ravalli County be reduced to two days a week.

"We're recently made the decision to share that responsibility among all members of our team," said Missoula Veterans Service Center director Meaghan Lee-Moriarity. "So we now have three people doing the work that Eric was doing alone."

Danielson would spend two days counseling vets in Missoula.

There's pressing need from veterans in both communities. But veterans at the breakfast want Danielson to remain in the valley.

"Eric was instrumental in keeping me alive," said veteran Will La Rue. "I was suicidal 20 or 24 months ago and had been for a number of years."

Staff at the Valley Veterans Service Center said in August four to five veterans in the Bitterroot committed suicide, most of them caused by trauma from military service.

The veterans at Friday's breakfast were adamant that changes need to be made to better serve Ravalli County veterans.

Many said they want their own mental health team, with at least two full-time counselors and an administrative assistant.

"We don't want to be Missoula's burden anymore," said Valley Veterans Service director Mike Warner. "We want our own team."

At least 10,000 veterans live in Ravalli County.

"We need an out station and dedicated support," said veteran Chris Brewer, "dedicated counseling that's going to get the trust and build the relationship with the veteran community in Ravalli County."

Danielson told the crowd that he believes this will probably "become a sound bite a lot bigger than Montana."

Veterans passed out petitions to get a mental health team. People can sign those petitions at the Valley Veterans Service Center in Hamilton.

The meeting spurred regional representatives to schedule a town meeting in the Ravalli County commissioners conference room on Monday at 6 p.m.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - WJBF (ABC-6, Video): Soldier's mother helps raise awareness for suicide prevention (3 November, Ashley Flete, 37k uvm; Augusta, GA)

AIKEN, S.C. (WJBF) - "He was everything you can dream of for a son. Y'know watching him grow up was um.. it was a joy."

Travis Bryan Tullis was her first born and only son. At the age of 21 Travis, decided he wanted to join the army. And after a couple years of service Travis came back home but his transition back to civilian life wasn't easy.

"I knew something was wrong with him, he never said PTSD to me. I never really knew the word until he died and then I had to educate myself on it. I had to know what he went through and I had to know how he suffered. And he suffered silently."

She says Travis went to Veteran Affairs for help but she says he didn't get the help he needed. On April 10, 2017 while at the V-A, Travis couldn't take it anymore and decided to end his life.

"The pain you feel when you lose a child, you feel like part of you died too. Because the heart and soul you gave that child from the moment you felt them move in you that died with them. You feel empty."

When a nurse found Travis, his heart was still beating. They were able to put him on life support and donate his organs. Now his legacy lives on through the lives of others and his daughter.

"It was just a moment in his life. A second that didn't go right, but that's not how he lived that's not who he was. He was a hero and that's what I want her to know."

Rose has one piece of advice to help other families escape suicide.

"To those thinking about suicide that the pain does not go away. It's left to those you leave behind because we carry it now."

The National Suicide Prevention Lifeline is available 24-hours everyday. 1-800-273-8255

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - U.S. News & World Report (AP): County Researching if It Can Donate to Veterans Shelter (3 November, 14M uvm; Washington, DC)

VICKSBURG, Miss. (AP) — A woman who hopes to open a shelter for homeless military veterans is asking a Mississippi county for help.

The Vicksburg Post reports that Eva Ford is asking the Warren County Board of Supervisors for money, saying someone stole the heating and air conditioning system in the planned shelter.

Supervisor Richard George says officials are trying to determine if state law allows the county to make a donation.

The city of Vicksburg donated \$10,000 in April.

Ford is a nurse practitioner who retired from the U.S. Department of Veterans Affairs. She's trying open the shelter in a Vicksburg building donated by a car dealership.

She says interior work has already been done and that replacing the heating and cooling system is the last step before the shelter can open.

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6.2 - Las Vegas Review-Journal: [Commentary: Taking care of Nevadans who served](#) (3 November, Vince Juaristi, 1.1M uvm; Las Vegas, NV)

Of all the obligations we have made as a country, perhaps the most sacred is the obligation we have made to the men and women who have served our military and who have often put their lives in danger to protect our values, our heritage and our homeland.

I had the honor of watching these fine Americans serve their country while I worked for the U.S. State Department to develop a justice system in Afghanistan for 13 months. I hold these men and women in the highest esteem.

There are an estimated 300,000 veterans living in Nevada — about 11 percent of the adult population. Our state's veterans have served in every American conflict since World War II. Most are doing fine. In fact, the average income for a Nevada household with a veteran is about \$59,000 annually, 13 percent higher than average. About 15 percent of Nevada's homes are occupied by veterans.

But too many veterans carry with them the psychological and physical scars of American conflicts. Nearly one in five Nevada veterans is considered disabled. And there is no question that veterans generally — and specifically those who are disabled — are caught in a painful trap. The lack of affordable housing, particularly in Reno and now Las Vegas, has even pushed many of these veterans onto the streets.

It's a crisis that the state, our cities, nonprofits and the federal government are working to address. But more needs to be done.

According to the nonprofit Housing Assistance Council, more than 49,000 Nevada veterans "live in homes with one or more major problems of quality, crowding or cost. Housing affordability is the greatest housing problem among veterans."

The Housing Assistance Council estimates almost 900 Nevada veterans are homeless. According to an annual homeless census, Las Vegas alone has more than 6,000 homeless people. According to the National Alliance to End Homelessness, homeless veterans tend to be male (91 percent), single (98 percent) and have a mental and/or physical disability (54 percent).

There are more barriers than just cost for those veterans who have suffered physical injuries. Housing, for example, may need to be extensively modified to assist people with impaired mobility. The Houston-based Guns to Hammers has been making some Las Vegas homes of disabled veterans compliant with the Americans With Disabilities Act. But there's always more need than there are resources to respond.

Thankfully, there is some good news. For example, Patriot Place Apartments opened earlier this year in eastern Las Vegas. Patriot Place, on Pecos Road, was constructed with federal tax credits that allow it to keep the rents low, providing 50 one- and two-bedroom homes for some of the 168,000 families, many of them including veterans, who need assistance obtaining affordable housing. The federal Department of Veterans Affairs assisted in the project financing, and 44 of the apartments house veterans, some of whom have physical disabilities. According to a Review-Journal story in June on the complex opening, 13 residents were formerly homeless.

Our local, state and federal governments, together with nonprofit organizations, are working to streamline and expedite services for our homeless and disabled veterans. The Las Vegas office of U.S. Vets operates two residential facilities and a community support office, 330 beds of transitional and permanent housing and employment services that help more than 110 veterans return to employment each year. Additionally, the nonprofit provides rapid re-housing and homeless prevention services annually to more than 400 veteran households.

Veterans Affairs is working to improve and expand services to homeless veterans. The Nevada Housing Division operates a program to assist veterans in finding homes called Home is for Heroes. In September, President Donald Trump and Sen. Dean Heller held a signing ceremony in Las Vegas committing \$97 billion that included increased funds for veterans' housing and disability programs.

These are the kinds of efforts we must duplicate many times over as we commit to truly honoring the men and women who have served our country. There are too many of our veterans on the streets and hurting. We cannot forget them.

Vince Juaristi is a Nevada native, a graduate of Harvard University's John F. Kennedy School of Government and president and CEO of a Virginia technology and management consulting company.

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6.3 - Stars and Stripes (The Gazette): [Burial of four veterans marks official opening of Pikes Peak National Cemetery](#) (3 November, Tom Roeder, 532k uvm; Washington, DC)

COLORADO SPRINGS, Colo. (Tribune News Service) — With four urns in the cold ground, the Pikes Peak National Cemetery held its somber opening Thursday as the planned final resting place for generations of veterans.

"These are hallowed grounds," the Rev. Bob Kwiatkowski said before the cremated remains of a Marine, sailor, airman and soldier were laid to rest.

The cemetery, off Drennan Road east of the Colorado Springs Airport, will open to the public starting Friday from dawn to dusk.

To inaugurate the cemetery for the opening, someone had to be first in the community of white headstones. Leaders wanted to make sure that no service had sole claim to the honor.

Air Force Senior Master Sgt. Charles Joyner, Army Pfc. James Grant, Navy Seaman Joseph Romero and Marine Corps Master Sgt. Kurt Krause went in together. They would have been joined by a Coast Guard representative, but in land-locked Colorado Springs, none were ready to join the honored dead.

Grant waited the longest for his place. A Vietnam veteran, he died in 2007 and his family waited to put his urn in the veterans cemetery even as Congress argued over its future.

Assigned to Fort Carson after a tour in Vietnam, Grant had a vibrant personality and managed to pack a lot in his 59 years by moving at light speed.

"We met and married in a week," June Grant said of her late husband. "He was just an amazing guy."

Romero died in 2013, just shy of his 63rd birthday.

His family says he would have liked the gathering. Romero, a San Luis Valley rancher, was fond of parties.

His son, Joseph Romero Jr., said the family waited to put their father to rest in the company of heroes.

"He's finally resting in peace," he said.

Melanie Joyner said the family kept her father's ashes at her home after his death in 2014 at the age of 78. They wanted someplace special for a man whose generosity was matched by his good humor.

When the Department of Veterans Affairs offered Joyner the chance to be one of the first honored at the new cemetery, the family jumped at the chance.

Melanie Joyner said it will be a place to put flowers and remember the happy times, while acknowledging her father's 26 years of service to his nation.

"We're honored to take part," she said.

Krause, a loving father and grandfather, took great pride in being a Marine.

"He was the best Marine there ever was," his wife, Charlotte Krause, said.

Krause died at 74 in January 2017. The family says he had boundless hugs and smiles — "he was the life of the party."

But the precision of the military service, which included a pair of rigid Marines in the honor guard would have pleased Krause.

"It is a grand closing," Charlotte Krause said.

Cemetery director Paul LaGrange said 300 “cases” of veterans who want to claim their right to be buried there are in process. An additional 100 families have asked for the remains of veterans to be moved from the Fort Logan National Cemetery in Denver to the new location in Colorado Springs.

Any veteran who served honorably can be buried in the National Cemetery as the final installment of their VA benefits.

Getting a cemetery for El Paso County’s more than 80,000 veterans took decades. A group spearheaded by retired Army Col. Victor Fernandez got help from lawmakers including Colorado Springs Republican U.S. Rep. Doug Lamborn to get it approved.

“There were times that I wasn’t sure I would see this day,” Fernandez said Thursday.

The first phase opened Thursday and is part of a development that could house up to 13,000 veterans’ graves.

The 374-acre cemetery is planned to meet the final needs of veterans in the region for the next century.

“A lot went into this day,” LaGrange said.

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6.4 - KGUN (ABC-9, Video): [New stats show less homeless veterans in U.S.](#) (3 November, Taja Davis, 68k uvm; Tucson, AZ)

There are less homeless veterans across the nation. Housing and Urban Development (HUD) found about a 5 percent decrease in veterans facing homelessness from last year.

In the bigger picture, 33 states saw a decrease in numbers this year. Arizona contributes about two percent to the nation's homeless veterans population. And the Grand Canyon state's count saw almost an eight percent drop.

Here are the numbers for Arizona:

There are 893 homeless veterans in the state.

"They have their vet benefits or they have social security, or whatever it is their small income is, and they can't afford an apartment. So because we supplement their rent, they have a place to stay," Smelnick.

In addition to vouchers, Veterans Affairs provides services that help improve veterans' mental and physical health. But despite the programs available to help curb homelessness. The VA and HUD say that reaching zero homeless veterans nationwide is not a realistic goal.

"We understand that we're never going to end homelessness to zero. There is always going to be someone at some point who runs into a problem. So what we need is to come up with a plan to have a system in place," said Smelnick.

Smelnick also told me homelessness usually peaks after a conflict, like a war, when our troops come back home and may experience mental health issues or even more mainstream, when the economy is low and it becomes harder to find jobs.

There are several points all over the state in which one can call and ask for help if they are facing homelessness in the near future. Click the links to view programs that can help in Pima County: Tucson Pima Collaboration to End Homelessness.

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6.5 - WVNS (CBS/FOX-59, Video): [Veterans Stand Down held in Princeton](#) (3 November, Adeena Balthazor, 51k uvm; Ghent, WV)

PRINCETON, WV (WVNS) - An annual event to honor vets and their families was held Saturday November 3, 2018 in Princeton. The Stand Down event is held in conjuncture with the Veterans Administration. At the event they had special guest speakers including Ret. General Sherman Williford of the United States Army.

Omar Aboulhosen is one of the coordinators of the event. He explained why they put this event on every year.

"It's really non veterans trying to honor veterans for their service and their sacrifice to our country. And we want to thank them and honor them and that's what we did here today," Aboulhosen said.

Stand Down provides supplies and services to Veterans, particularly homeless Veterans. Exhibitors from the VA and other organizations were there to provide guidance and advice to vets.

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6.6 - The Grand Island Independent: [Club members hope wreaths make a difference for veterans](#) (3 November, Julie Brum, 31k uvm; Grand Island, NE)

A local service group hoped they brought a little happiness to those who have served the country when they made a special delivery to the Grand Island Veterans Affairs Medical Center.

Members of the Altrusa International Club of Grand Island created 32 patriotic wreaths and hung them up on the doors of patients' rooms Friday morning.

"I hope you enjoy your wreath," club member Connie Osterman said as she placed a red, white and blue decoration on a veteran's door.

When he looked to see the handmade gift complete with stars and flowers, the veteran smiled and said, "I'll drink to that."

Short conversations were held with a few patients as the wreaths were delivered. Club members wanted to brighten the day of the veterans and let them know they value what they have done for the country.

"It's showing our respect for the fact that they honored our country and served us. We appreciate that. Too many times we don't show appreciation," said Alice Bartlett, co-president of the local service club.

Altrusa has had a long presence in the community. The local chapter has been here for about 70 years. Membership has dwindled a bit but the 16 current members have continued with the mission of doing projects to better the community.

Over the years, the group has supported organizations like Central Nebraska Humane Society and Grand Island Area Habitat for Humanity, helped get a chairlift at the YMCA and donated pillows to Hope Harbor.

The wreath project was done in conjunction with National Make a Difference Day, an annual event celebrated by Altrusa International and many of its chapters. The day is typically held on the fourth Saturday in October and promotes community service.

Bartlett said the group chose the wreath project this year because one of the club's members, KayLynn Hayes, works at the medical center and knew it would be a gesture appreciated by the veterans. They held off on delivering the wreaths until after Halloween because, Bartlett said, they didn't want to interfere with that holiday's decorations.

Other members of the group who helped distribute the wreaths include Darlene Zwink, Alicia Haussler, Pat Durbin, Sandy Budde and Myrna Gates.

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6.7 - Daily Messenger: [FLCC marks Veterans Day with several events](#) (3 November, 19k uvm; Canandaigua, NY)

HOPEWELL — The director of the national Women Veterans Call Center will give the keynote address at the Veterans Day ceremony at Finger Lakes Community College.

Krista Stephenson, an Army veteran who has worked for the U.S. Department of Veteran Affairs for 16 years, will speak at the free ceremony, at 1 p.m. Monday, Nov. 12, in the FLCC Student Center auditorium, 3325 Marvin Sands Drive.

Stephenson also served as deputy director of the Department of Veterans Affairs' Suicide Prevention Program and was a captain in the Army from 1994 to 2000. She earned a bachelor of science degree in nursing from Syracuse University, followed by a master's in nursing administration from the University of Delaware.

The Women Veterans Call Center (1-855-VA-WOMEN) was launched five years ago inside the Veterans Affairs offices at the VA Medical Center in Canandaigua to increase resources and awareness for women veterans.

The hundreds of callers each day seek general information, for instance, about health care, or are struggling with more sensitive issues like domestic violence or military sexual trauma.

"The Women Veterans Call Center is aimed at increasing women veterans' knowledge of VA services and benefits," said Stephenson. "Many women veterans do not realize they may be eligible for VA benefits to include health care. The center provides a single avenue for them to find the help they need. In fact, I never applied for benefits or sought treatment for my service-related disabilities until I started working with the call center."

FLCC President Robert K. Nye, a retired Army colonel, will also give remarks. Robert Brown, professor of history and co-adviser of the student veterans club, will emcee the event. Student Gabriel Marcano, a veteran, will perform the national anthem and "God Bless America" under the direction of Ines Draskovic, associate professor of music.

The Canandaigua American Legion Honor Guard will post and retire the colors. A dessert reception sponsored by the FLCC Student Corporation and the Office of Student Life follows the ceremony.

The ceremony is part of a week of events at FLCC to honor those who have served. The Student Veterans Organization and Student Corporation have organized the activities, ending with an Armed Forces 5K run/walk on the main campus cross country course. The free event is open to all ages and starts promptly at 11 a.m. Saturday, Nov. 10; participants should arrive at least a half-hour early for parking and to register. Prizes will be awarded to the top age group finishers.

The public is also invited to a female veteran panel discussion at 12:40 p.m. Thursday, Nov. 8, in Stage 14 at the main campus. Stephenson will serve as a panelist, along with Laura Stradley, executive director of the Veterans Outreach Center; Melissa Springston, a combat medic during the Iraq War; and Tamara Bresette, veteran of operations Desert Shield and Desert Storm and a Bronze Star recipient.

Other planned events include an armed forces formal dinner and dance in the main campus Student Center starting at 6 p.m. Friday, Nov. 9. It features music and a gourmet meal prepared by students in the culinary arts program; tickets are \$15 for FLCC students, \$20 for military veterans and those who are active duty or in the reserves, or \$35 for all others. Tickets must be purchased in advance by calling the Office of Student Life at 585-785-1263.

Veteran services

About 150 Finger Lakes Community College students have identified themselves to the college as members of the military or veterans. The college participates in Veterans Integration To Academic Leadership, or VITAL, a U.S. Veterans Administration program that partners with

colleges to provide support for veterans and training for college employees. FLCC also has a Veterans Advocacy Council, composed of faculty, staff and students who meet to talk about veterans' needs and get updates on trends from a Veterans Administration representative.

For more information about veteran services at FLCC, contact Jennie Erdle, director of student life, at 585-785-1263 or visit www.flcc.edu/veterans.

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6.8 - Viera Voice: [Cape Canaveral National Cemetery celebrates National Veterans and Military Families](#) (2 November; Melbourne, FL)

On Oct. 31 President Donald Trump declared November 2018 the second annual National Veterans and Military Families Month to “salute the brave and dedicated patriots who have worn the uniform of the United States, and...celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

In 2017, President Trump proclaimed November Veterans and Military Families Month, marking the first time America celebrated Veterans and military families for the entire month and not just on Veterans Day, in keeping with the President’s strong focus on improving care and benefits to our nation’s heroes.

That tradition continues this year with more than 300 events being conducted at VA medical centers, benefits offices and cemeteries across the country, including:

open houses

communities about VA benefits and services and our commitment to customer service improvement,” VA Secretary Robert Wilkie said.

“We come together to remember, honor and pay tribute to our nation’s heroes” said Cemetery Director Don Murphy. “These events at Cape Canaveral National Cemetery are a special way to say thank you to service members past and present, and to let them know that the sacrifices of our nation’s Veterans will never be forgotten.”

The full list of national events for Veterans and Military Families month is available at this link and national cemetery events at this link.

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7. [Other](#)

7.1 - ABC News (Video): [Trump hails 'beautiful' barbed wire on southern border in Montana rally speech, slams Tester over VA Secretary saga](#) (3 November, Ali Rogin, 3.7M uvm; New York, NY)

In a speech that alternated between appeals to national and local audiences, President Donald Trump urged Montanans to vote out incumbent Democratic Sen. Jon Tester while also railing against hot-button issues like the caravans of Central American migrants making their way to the southern border.

“The Democrats want to invite caravan after caravan of illegal aliens to flood into your communities,” the president said, speaking to a hangar full of supporters near Bozeman airport.

It’s an issue that many Montanans who were in line to see the president speak on Saturday said was important to them, although they added that they had long been concerned about illegal immigration and that they weren’t worried solely because of the caravans.

“My view was pretty much already set in stone,” Matt Woody, a plumbing contractor in Bozeman, told ABC News. “That just kind of reinforces the need to close the border and regulate who’s coming across. We can’t even find apprentices right now, or laborers, and there’s a huge need for [a] work force, but I think they should be legal. I don’t think they should just come across the border.”

Trump also hailed the deployment of thousands of active-duty U.S. military personnel to the border, praising them and then lauding the addition of barbed wire at parts of the border.

“We have our military on the border. And I noticed all that beautiful barbed wire going up today, barbed wire used properly can be a beautiful sight,” he said.

He also reiterated phrases from the past to describe the caravans, three of which have mobilized so far and are making their way through Mexico.

“These are bad people — as I say bad hombres,” Trump said. “There are some bad hombres in that group. So they came out with a list of 300 really bad ones, really bad ones. They’re in there.”

The "list" he referred to was a statement from the Department of Homeland Security stating that over 270 of the thousands of individuals in the various caravans have criminal histories, including gang membership and crimes involving robbery and sexual assault.

He also warned of additional caravans forming in Central America. "Now they have worse caravans actually being formed. It's terrible," he said.

Trump mocked TV pundits who say he should be talking about the booming economy instead of stoking fears about what he has called an "invasion" on the southern border.

"CNN is telling me how to run the campaign, but in the meantime, I'm president and they're not," he said.

Not everything was about Democrats and the media. The president talked up the strong economy, evident in a record-low unemployment rate, higher year-on-year earnings and steady job growth at the beginning of his remarks.

But immigration was the issue he kept returning to, despite the fact that Montana has one of the lowest percentages of undocumented immigrants of any state, according to a 2014 Pew Research Center survey. Yet, despite having such low numbers of illegal immigrants, most Montanans that ABC News spoke to said the issue was at the top of their minds for this election cycle.

"Immigration's left our country unsafe. It's taken jobs away from workers," Todd Green, who runs a high-end stereo equipment business in Three Forks, about 30 miles from Bozeman. "I have no problem with legal immigration. Bring in legally as many workers as we need. But as far as people breaking the law, who come here, it's not right."

During the speech, Trump riffed on reports that a little-known accuser of Justice Brett Kavanaugh had recanted her allegations of sexual assault. Senate Judiciary Committee Chairman Chuck Grassley referred the woman, Judy Munro-Leighton, to federal investigators.

He also suggested that other accusers may follow suit. Christine Blasey-Ford, who testified under oath before the Judiciary Committee about her allegations that Kavanaugh sexually assaulted her, has maintained her account of events. Kavanaugh has denied the allegations.

"She lied about the story. About rape. She lied," Trump said. "And then we're supposed to sit back and take it. And supposing he didn't get to be [a Justice], he's a tremendous man. And what about the others... when are they gonna say what happened?"

The rally marked Trump's fourth trip to Montana this election cycle. He acknowledged that it has much to do with his personal animus toward Tester, who as the top Democrat on the Senate Veterans Affairs Committee expressed concerns about alleged inappropriate behavior by Trump's VA secretary nominee, Admiral Ronny Jackson. The allegations prompted Jackson to withdraw from consideration.

"He tried to destroy Admiral Ronny Jackson. Who is the most clean-cut, wonderful person you've ever met," Trump said. "He tried to destroy him and I've never forgotten it, and honestly, it's one of the reasons I've been here so much."

For Montanans who were there to see Trump, though, there are different reasons to oppose Tester.

Jon has not done the job that he's supposed to have been doing for the 12 years he's been there now," Tom Buckmaster, a resident of Bozeman, told ABC News. "It's time; we need a change."

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7.2 - U.S. News & World Report (AP): [Sen. Jon Tester Pushes to Make Race About Montana, Not Trump](#) (3 November, Matthew Brown, 14M uvm; Washington, DC)

BILLINGS, Mont. (AP) — With President Donald Trump clamoring to defeat U.S. Sen. Jon Tester and conservative groups spending heavily against him, the Democrat is falling back on a well-worn strategy in his pursuit of a third term: make the election about Montana, not Washington.

Trump's feud with Tester, triggered by the lawmaker's opposition to Trump's choice for Veterans Affairs secretary, has blossomed into an all-out presidential campaign to install Republican Matt Rosendale. Trump is making a record fourth visit to Montana on Saturday.

Instead of fighting back, Tester has sought to ingratiate himself with Trump's supporters, reminding them of legislation on veterans that he sponsored and the president signed and touting his understanding of the state as a lifelong resident and farmer.

Tester avoids almost any mention of Trump in campaign speeches. He speaks about health care and Republican proposals to make it harder to get coverage for pre-existing conditions. He talks about protecting public lands in the state, while demonizing his opponent as "Maryland Matt," a real estate developer from Maryland who falsely claims to be a rancher.

"Look, Montanans know who I am: They know I'm a lifetime Montanan, they know I understand rural America, they know I understand public lands and not privatizing them, they know I understand the importance of public education," Tester said in an interview with The Associated Press. "Matt Rosendale isn't any of that."

Rosendale, Montana's state auditor and insurance commissioner, has looked to score points by using the GOP playbook — plugging a hardline immigration stance and highlighting Tester's opposition to Trump's Supreme Court nominees. But his primary strategy seems to be riding the president's coattails.

"How can you argue about the tax cuts and the benefits being provided to the people of Montana and the nation?" Rosendale said during an interview. "We're seeing national security in a better place. We're starting to work on securing our southern border. ... These are things that are working for people across the state and across our nation."

A Rosendale victory would give Montana an all-GOP congressional delegation and could cement the party's control of a closely divided Senate.

Rosendale, 58, moved to Glendive, Montana, with his wife and three sons in 2002. He won a seat in the state Legislature in 2010. He ran unsuccessfully for the U.S. House in 2014, became state Senate majority leader the next year and was elected in 2016 as state auditor.

Tester, 62, is married with two children. He took over his family's farm in the town of Big Sandy after college and taught music at an elementary school. He was elected to the state Senate in 1998 and the U.S. Senate in 2006. In 2012, Tester beat back a challenge from a Republican congressman.

Libertarian Rick Breckenridge rounds out Tuesday's Senate ballot. He hasn't been actively campaigning and on Thursday threw his support behind Rosendale. The move caught Libertarian leaders off guard and was disavowed by the party's chairman, Francis Wendt, who said Rosendale was weak on personal privacy protections.

The GOP is hopeful the move will prevent a repeat of Tester's 2012 re-election, when a Libertarian candidate peeled away enough votes that they could have changed the outcome if they had gone to the Republican.

Trump's appearance Saturday in Belgrade will mark the most visits to Montana by any sitting president. He took a personal interest in the race after Tester released allegations of workplace misconduct against Trump's first nominee for VA secretary, Ronny Jackson, who withdrew from consideration in April.

Jackson has denied the allegations and they are being investigated by Pentagon officials.

At Saturday's rally, Trump railed against Tester for three minutes for attempting to "ruin" Jackson, "the most clean-cut, wonderful person that you've ever met," the president said.

"He tried to destroy him, and I've never forgotten," Trump said. "It's honestly one of the reasons I've been here so much."

The president's attentions have helped boost a candidate who wasn't the GOP's first or even second choice to take on the two-term incumbent. The White House blitz in Montana also included multiple trips by the president's son, Vice President Mike Pence and a parade of Republican senators.

The visits have fired up interest in the race but that could backfire if it motivates voters who disapprove of the president, said David Parker, a political analyst at Montana State University.

"They're putting all their chips on the table with the Trump brand," Parker said, adding that Rosendale's campaign had no choice, with Tester outraising him 4-to-1 in donations.

Outside groups and donations to the candidates have reached \$60 million, a record for Montana politics.

In Rosendale's view, Tester embodies the same corrupt Washington establishment that the Democrat pledged to change when he first ran in 2006. Tester now ranks as one of the top recipients of cash donations from lobbyists among all members of Congress, according to the nonpartisan Center for Responsive Politics.

"How can you stand there 12 years ago and say that I won't be encumbered by lobbyists, and this is the number one recipient?" Rosendale said of Tester. "People spend too much time in Washington, D.C., and they become intoxicated with the power and privilege that's presented to them."

Tester has made a name for himself as a proponent of campaign finance reform and says the amount of money going into the race is out of his control.

"Look, this is the landscape," Tester said. "The difference is, I will push and I will work hard for campaign finance reform. I think it hurts our democracy badly."

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7.3 - Independent Journal Review: [GOP Lawmakers, Veterans Call Out VA for Plowing Ahead With Deadly, Taxpayer-Funded Dog Experiments](#) (3 November, Carlin Becker, 447k uvm; Alexandria, VA)

The Department of Veterans Affairs (VA) is facing criticism from Republican lawmakers and veterans groups over its continued fatal dog experiments paid for on the taxpayers' dime — and may even be in violation of federal law.

Documents obtained by USA Today reportedly reveal that the department is moving forward with the deadly experiments in hope for discoveries that could help veterans with spinal cord or breathing problems. However, President Donald Trump signed a bill into law earlier this year requiring that such tests be "directly approved" by the VA secretary.

While VA spokesman Curt Cashour claimed former secretary David Shulkin verbally approved the continuation of the experiments on the day he was fired, Shulkin told the outlet he "wasn't asked, nor did I request a review for an approval."

Under these questionable circumstances, it appears the cruel and wasteful experiments are continuing at VA facilities in Richmond, Cleveland, and Milwaukee and include removing parts of dogs' brains, using electrodes on their spinal cords and implanting pacemakers in them — all before ultimately euthanizing them.

But GOP legislators and veterans alike were swift to express their outrage at the practice.

GOP Lawmakers and Veterans Groups Call for Reform

Veteran and chairman of the House Animal Protection Caucus, Rep. Vern Buchanan (R-Fla.), slammed the news in a tweet, writing that "it's time to end this canine house of horrors":

Rep. Brian Mast (R-Fla.), combat-wounded Army veteran and House Veterans Affairs Committee member, promised to "keep up the pressure" on the VA until the experiments are brought "to an end":

Rep. Matt Gaetz (R-Fla.), co-sponsor of the PUPPERS Act aimed at permanently stopping the abuse, also took to Twitter to share his concern over the continued tests:

Additionally, Sherman Gillums, a paralyzed veteran and the chief policy officer at AMVETS, ripped the department by comparing the deadly experiments to former NFL star Michael Vick's abuse of dogs:

Shulkin Pledges His Opposition

Following the backlash, Shulkin responded by reaffirming his opposition to the experiments both when he served as VA secretary and "to this day":

Taxpayer watchdog and animal rights advocacy group White Coat Waste Project, which has been working to expose and hold several federal agencies accountable for expensive and abusive animal tests, also put the department on blast.

"Over the past 18 months, there's been historic progress toward ending VA's fiscally reckless and morally repugnant dog testing — projects have been canceled, new restrictions enacted, less money spent, fewer dogs used — and there would've been more if not for a few entrenched bureaucrats at the VA defying Congress, veterans and taxpayers," it told IJR.

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Veterans Affairs Media Summary and News Clips

4 November 2018

1. [Top Stories](#)

1.1 - Vantage Point: [NYT's Dave Philipps refuses to report both sides in VA hospital ratings story](#) (2 November, John Ulyot; Washington, DC)

In a Nov. 1 story on VA's hospital rating system, New York Times reporter Dave Philipps ignored the department's multiple, thorough, on-the-record responses to his many questions and failed to reflect VA's position in almost any way. In addition to ignoring VA's numerous, comprehensive responses, Philipps falsely implied that VA gave almost no comment and did not engage much with him for his article when the opposite is the case.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Burn pit vet's widower says memos show that grave illness didn't need to happen](#) (3 November, Perry Chiaramonte, 27.6M uvm; New York, NY)

It was in 2009 when Brian Muller first met his wife, Aime. "We actually met at a music venue. And at the time I was playing music in a band and she had some friends there that were at the event," Muller, 45, from Woodbury, Minnesota recalls in a recent interview with Fox News. "Her friends forced her to go out. I forced myself to go out and just to see some music."

[Hyperlink to Above](#)

1.3 - PolitiFact: [Facebook meme miscounts votes in claim Democrats blocked improvements to VA health system](#) (3 November, C. Eugene Emery Jr., 2.4M uvm; Saint Petersburg, FL)

One of Donald Trump's campaign pledges was to improve healthcare for veterans. The problem has long been recognized, although we rated Trump's claim that thousands of veterans were dying because they couldn't get treatment fast enough as Half True. Now a meme is making the rounds on Facebook, shared more than 187,000 times, accusing the Democrats of trying to thwart improvements to medical care through the Veterans Affairs system.

[Hyperlink to Above](#)

1.4 - Military.com: [Advocacy Group Helps Homeless Veterans Make Rent Deposits](#) (3 November, Richard Sisk, 2M uvm; San Francisco, CA)

The difference between an apartment and the street for a homeless veteran can often come down to a few hundred bucks for the rent deposit, according to the Veterans Matter advocacy group, which writes a check when the system falls short. Ken Leslie, who has been running Veterans Matter since 2012, said he has a deal with the Department of Veterans Affairs -- "just let me know and I'll send a check to the landlord."

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1.5 - Stars and Stripes (AP): [Trump doesn't hide that Tester is reason for Montana stop](#) (3 November, Darlene Superville, 532k uvm; Washington, DC)

President Donald Trump didn't try to hide what brought him back to Montana on Saturday campaigning against Democratic Sen. Jon Tester. Trump blames Tester for the defeat of his nominee to run the Department of Veterans Affairs, and the president told hundreds of cheering supporters at an airport rally in the Montana chill that Tester "tried to destroy" Ronny Jackson, an admiral and White House doctor.

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1.6 - El Paso Inc.: [Final resting place: Fort Bliss Cemetery](#) (3 November, Cindy Graff Cohen, 17k uvm; El Paso, TX)

When you enter the elegant gates of Fort Bliss National Cemetery, you may feel like you are entering a beautiful botanical garden – flowers are blooming and palm trees reach for the sky. However, it is the endless rows of identical white marble gravestones, perfectly aligned from whatever angle you see them, that dominate the cemetery.

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1.7 - HottyToddy.com (Video): [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2 November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday. Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

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2. [Improving Customer Service](#)

3. [Business Transformation](#)

3.1 - KECI (NBC-13, Video): [Bitterroot vets want mental health support center](#) (3 November, Kevin Maki, 38k uvm; Missoula, MT)

Military veterans in Ravalli County are demanding the Veterans Administration establish a full mental health support center for veterans in the Bitterroot. The move comes after an effort to shift a counselors schedule at the Valley Veterans Service Center in Hamilton. It was before dawn on Friday when veterans began packing into BJ's Restaurant in Hamilton for a breakfast meeting.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

5.1 - WJBF (ABC-6, Video): [Soldier's mother helps raise awareness for suicide prevention](#) (3 November, Ashley Flete, 37k uvm; Augusta, GA)

"He was everything you can dream of for a son. Y'know watching him grow up was um.. it was a joy." Travis Bryan Tullis was her first born and only son. At the age of 21 Travis, decided he wanted to join the army. And after a couple years of service Travis came back home but his transition back to civilian life wasn't easy.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - U.S. News & World Report (AP): County Researching if It Can Donate to Veterans Shelter (3 November, 14M uvm; Washington, DC)

A woman who hopes to open a shelter for homeless military veterans is asking a Mississippi county for help. The Vicksburg Post reports that Eva Ford is asking the Warren County Board of Supervisors for money, saying someone stole the heating and air conditioning system in the planned shelter.

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6.2 - Las Vegas Review-Journal: Commentary: Taking care of Nevadans who served (3 November, Vince Juaristi, 1.1M uvm; Las Vegas, NV)

Of all the obligations we have made as a country, perhaps the most sacred is the obligation we have made to the men and women who have served our military and who have often put their lives in danger to protect our values, our heritage and our homeland.

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6.3 - Stars and Stripes (The Gazette): Burial of four veterans marks official opening of Pikes Peak National Cemetery (3 November, Tom Roeder, 532k uvm; Washington, DC)

With four urns in the cold ground, the Pikes Peak National Cemetery held its somber opening Thursday as the planned final resting place for generations of veterans. "These are hallowed grounds," the Rev. Bob Kwiatkowski said before the cremated remains of a Marine, sailor, airman and soldier were laid to rest.

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6.4 - KGUN (ABC-9, Video): New stats show less homeless veterans in U.S. (3 November, Taja Davis, 68k uvm; Tucson, AZ)

There are less homeless veterans across the nation. Housing and Urban Development (HUD) found about a 5 percent decrease in veterans facing homelessness from last year. In the bigger picture, 33 states saw a decrease in numbers this year. Arizona contributes about two percent to the nation's homeless veterans population. And the Grand Canyon state's count saw almost an eight percent drop.

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6.5 - WVNS (CBS/FOX-59, Video): Veterans Stand Down held in Princeton (3 November, Adeena Balthazor, 51k uvm; Ghent, WV)

An annual event to honor vets and their families was held Saturday November 3, 2018 in Princeton. The Stand Down event is held in conjuncture with the Veterans Administration. At the event they had special guest speakers including Ret. General Sherman Williford of the United States Army.

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6.6 - The Grand Island Independent: Club members hope wreaths make a difference for veterans (3 November, Julie Brum, 31k uvm; Grand Island, NE)

A local service group hoped they brought a little happiness to those who have served the country when they made a special delivery to the Grand Island Veterans Affairs Medical Center. Members of the Altrusa International Club of Grand Island created 32 patriotic wreaths and hung them up on the doors of patients' rooms Friday morning.

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6.7 - Daily Messenger: [FLCC marks Veterans Day with several events](#) (3 November, 19k uvm; Canandaigua, NY)

"The Women Veterans Call Center is aimed at increasing women veterans' knowledge of VA services and benefits," said Stephenson. "Many women veterans do not realize they may be eligible for VA benefits to include health care. The center provides a single avenue for them to find the help they need. In fact, I never applied for benefits or sought treatment for my service-related disabilities until I started working with the call center."

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6.8 - Viera Voice: [Cape Canaveral National Cemetery celebrates National Veterans and Military Families](#) (2 November; Melbourne, FL)

"At VA, Veterans and their families are at the center of everything we do. Veterans and Military Families Month is an opportunity for us to honor the service of these patriots while educating communities about VA benefits and services and our commitment to customer service improvement," VA Secretary Robert Wilkie said.

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7. [Other](#)

7.1 - ABC News (Video): [Trump hails 'beautiful' barbed wire on southern border in Montana rally speech, slams Tester over VA Secretary saga](#) (3 November, Ali Rogin, 3.7M uvm; New York, NY)

The rally marked Trump's fourth trip to Montana this election cycle. He acknowledged that it has much to do with his personal animus toward Tester, who as the top Democrat on the Senate Veterans Affairs Committee expressed concerns about alleged inappropriate behavior by Trump's VA secretary nominee, Admiral Ronny Jackson. The allegations prompted Jackson to withdraw from consideration.

[Hyperlink to Above](#)

7.2 - U.S. News & World Report (AP): [Sen. Jon Tester Pushes to Make Race About Montana, Not Trump](#) (3 November, Matthew Brown, 14M uvm; Washington, DC)

With President Donald Trump clamoring to defeat U.S. Sen. Jon Tester and conservative groups spending heavily against him, the Democrat is falling back on a well-worn strategy in his pursuit of a third term: make the election about Montana, not Washington.

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7.3 - Independent Journal Review: [GOP Lawmakers, Veterans Call Out VA for Plowing Ahead With Deadly, Taxpayer-Funded Dog Experiments](#) (3 November, Carlin Becker, 447k uvm; Alexandria, VA)

The Department of Veterans Affairs (VA) is facing criticism from Republican lawmakers and veterans groups over its continued fatal dog experiments paid for on the taxpayers' dime — and may even be in violation of federal law.

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1. [Top Stories](#)

1.1 - VAntage Point: [NYT's Dave Philipps refuses to report both sides in VA hospital ratings story](#) (2 November, John Ulyot; Washington, DC)

In a Nov. 1 story on VA's hospital rating system, New York Times reporter Dave Philipps ignored the department's multiple, thorough, on-the-record responses to his many questions and failed to reflect VA's position in almost any way.

In addition to ignoring VA's numerous, comprehensive responses, Philipps falsely implied that VA gave almost no comment and did not engage much with him for his article when the opposite is the case.

Ordinarily, we would expect more journalistic integrity from the New York Times, but given Philipps' history of false and biased reporting on VA, this is unfortunately par for the course.

Consider the facts:

Philipps' story says: "When the Department of Veterans Affairs released the annual ratings of its hospitals this fall, the facility in Atlanta dropped to the bottom, while the one in West Haven, Conn., shot to the top. It was something of a mystery as to why."

In reality: It wasn't a mystery at all. As we told Philipps on Oct. 24, "When a facility has only very small changes in metric values when VA as a system is improving overall, facilities will show a 'trivial change' from their past performance, and their rating relative to their peers may drop by one or more stars. This is what happened in Atlanta."

Philipps' story says: "What is most worrisome to some experts is the role that the star ratings now play in grading performance of hospitals and their managers. They say it creates an incentive to conceal problems rather than grapple with them, in order to collect bonuses or sidestep penalties."

In reality: As we told Philipps on Oct. 31, the premise of this allegation is false, as "[Strategic Analytics for Improvement and Learning] includes multiple dimensions of performance and measures that would be extremely difficult to 'game' or manipulate, such as surveys of Veterans and reviews of medical documentation done by independent third parties."

Philipps' story says: "The gaming can put patient care on the line. At the hospital in Roseburg, Ore., administrators turned away some of the sickest patients to keep them from affecting the facility's scores, doctors there have said."

In reality: This is false. In Roseburg, the facility was simply basing admissions decisions on its actual clinical capabilities.

VA has asked the New York Times for evidence backing up its Roseburg claims multiple times and the New York Times has not been able to provide it.

And as we told Philipps Oct. 31, the premise of this allegation is false, “as SAIL includes multiple dimensions of performance and measures that would be extremely difficult to ‘game’ or manipulate, such as surveys of Veterans and reviews of medical documentation done by independent third parties.”

Philipps’ story says: “The chief of surgery at another veterans’ hospital in a major metropolitan area said in an interview that administrators discussed whether the hospital should not perform certain operations because they could impact the hospital’s quality statistics.”

In reality: As we told Philipps Oct. 31, “the premise of this allegation is false, as surgical outcomes are tracked by the VA Surgical Quality Improvement Program, not SAIL.”

Further, we asked the New York Times for evidence backing up these allegations, and the New York Times has not been able to provide it.

Philipps’ story says: “But the department declined to make key officials available to discuss the system.”

In reality: In response to his questions, we sent Philipps detailed responses totaling dozens of pages, but he included only one sentence representing the department’s viewpoint in his story.

Philipps’ story says: “The department refused multiple requests to interview Dr. Almenoff, and he did not respond to direct inquiries seeking comment.”

In reality: In response to his questions, we sent Philipps detailed responses from Dr. Almenoff totaling dozens of pages, but he included only one sentence representing the department’s viewpoint in his story.

The fact that Philipps failed to mention that or include any of Dr. Almenoff’s responses is simply a misrepresentation of the facts.

Philipps’ story says: “The New York Times contacted eight veterans’ hospitals, including those in Atlanta and West Haven, asking to interview their directors about Sail. None were willing.”

In reality: Some regional and facility directors sent Philipps statements praising SAIL. The fact that the New York Times failed to mention that or include any of their responses is simply a misrepresentation of the facts.

Philipps’ story says: “The department says its star ratings help keep veterans informed.”

In reality: That is precisely the opposite of what we told Philipps. On Oct. 31, we told him, “those comments demonstrate a fundamental misunderstanding of the purpose of SAIL.

“SAIL is a rating system for internal improvement. The ratings are released publicly to motivate all facilities to do better.

“VA developed www.accesstocare.va.gov as a way for Veteran patients to find useful and easy-to-understand information on quality and wait-time information about VA hospitals.”

Philipps’ story says: “‘I wanted to move away from Sail,’ said Dr. Shulkin...”

In reality: Shulkin fully supported the use of SAIL during his tenure and was the driving force for publicly sharing SAIL ratings. He repeatedly and whole-heartedly embraced the technically sophisticated analytic tools that SAIL provides.

Philipps' story says: "Agency employees say that only Dr. Almenoff and a few members of his staff know exactly how the system weighs and adjusts the 60 publicly available measures that go into a score."

In reality: As we told Philipps on Oct. 31, "VA updates its performance metrics and the weights used to calculate overall performance each year. Medicare does the same. This helps mitigate the tendency to 'teach to the test.'"

We also provided Philipps with detailed information about our training, accessible to all staff, about how SAIL works, including its component metrics, their associated weights, and the general approach to scoring. We made it clear that SAIL includes tools that can be used to drill down to individual patients to identify where care may have gone awry.

Finally, we explained that VA does not reveal the specific details of its risk adjustment protocols, because those metrics cannot be reproduced locally, and knowledge of the specific statistical adjustment procedures is unnecessary for identifying clinical care processes that need to be improved.

Philipps' story says: a VA employee "alerted the department's Office of Accountability and Whistleblower Protection that Sail was statistically unsound and open to gaming, and submitted a lengthy paper showing how a host of problems made the system a 'credibility crisis waiting to happen.' The reply came nearly a year later: The department planned to take no action."

In reality: We provided Philipps with detailed rebuttals to the employee's arguments, all of which he ignored. As we told Philipps Oct. 4, her paper "demonstrated the author's fundamental misunderstanding of how SAIL works and its purpose."

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1.2 - FOX News (Video): [Burn pit vet's widower says memos show that grave illness didn't need to happen](#) (3 November, Perry Chiamonte, 27.6M uvm; New York, NY)

It was in 2009 when Brian Muller first met his wife, Aime.

"We actually met at a music venue. And at the time I was playing music in a band and she had some friends there that were at the event," Muller, 45, from Woodbury, Minnesota recalls in a recent interview with Fox News. "Her friends forced her to go out. I forced myself to go out and just to see some music."

He remembers how they discussed her service with the Minnesota Air National Guard.

"We ended up talking about what she does with the military," he says, "and at that time, she was doing a project to make video memorials for gold star families. Families that lost loved ones in Iraq or Afghanistan or any type of war."

"She asked me to write a song for those videos. And that's how we kind of started our relationship, as-- friends, and then it developed from there."

Brian has never served in the military but was impressed by Amie's service -- including her two tours in Iraq.

"She wanted to fly, and she joined the Air Force. And she got deployed and had her life kind of uprooted there for a while."

Amie was stationed at Air Force Base Balad during both of her tours in 2005 and 2007 and while her active service was already behind her, the effects from her time on that base still lingered.

"She didn't really want to talk about her time over there," Brian says. "Anytime a door would slam or a loud noise, she'd get startled very easily. She had a lot of PTSD [episodes] from just little things."

A decade after returning from Iraq, Amie's physical health also suffered. She was diagnosed with Stage III Pancreatic Cancer.

"I still remember Amie getting the call, and she looked at me," Muller says about the day they found out about her diagnosis back in April 2016.

"We walked around the corner just to make sure the kids didn't see. I could tell by the look in her face how scared she was. And I just kind of listening in to the call. And we just started shaking.

Both she and Brian believed it was related to her exposure to open-air burn pits used to destroy trash generated on the base. Nearly every U.S. military base in Iraq during the war used the crude method of burn pit disposal, but Balad was known for having one of the largest operations, burning nearly 150 tons of waste a day.

The smoke generated from these pits hung above Amie's barracks daily.

"She talked about the burn pits even before she got cancer," Muller recalls, "and how the fact that they would change the filters on these ventilation systems quite frequently. And every time they'd change it would just be this black soot, so thick that you would think you'd have to change it every hour."

"After she told me what they were burning, you know, all I thought about is all the campfires that we had in our backyard. You don't burn Styrofoam. You don't burn plastic. We all know that, but they were burning all those things. Highly toxic."

As early as Operation Desert Storm in 1991, burn pits were used on U.S. military bases in Iraq. At the height of the Iraq War in 2005, more than 300,000 troops were stationed there and potentially exposed to the smoke and fumes from burn pits.

Thousands of veterans and former contractors returned from the Middle East and have developed rare cancers, respiratory problems, and blood disorders from what they claim are their exposure to toxins from the flaming pits. More than 140,000 active-service members and retirees have put their names on a Burn Pit Registry created by the Veterans Administration.

After Amie was diagnosed and her treatment began, she and her family went public with her story in the hopes that it would bring awareness to the dangers she and countless veterans faced after what they believe was a result of burn pit exposure.

Amie succumbed to her illness just nine months after she first diagnosed.

In her absence, Brian continued Amie's work in raising awareness by sharing her story. He also worked closely with Sen. Amy Klobuchar (D-Minn.) towards getting "The Helping Veterans Exposed To Burn Pits Act" -- a bipartisan bill recently presented in Washington and signed by President Trump -- passed.

The bill will help fund a new center by the Department of Veterans Affairs that will study the effects of burn pit exposure and eventually assist with treatment plans. He also started the Amie Muller Foundation, which helps other veterans who were diagnosed with Pancreatic Cancer.

"I just hope that our vets are going to get the help they need," Brian says, "and it's not going bring back Amie, my wife, but it's going to get veterans the help they need."

But recent findings show that the Pentagon was aware of the dangers of burn pits during the height of the war in Iraq.

Fox News recently obtained a series of memos drafted by top officials at AFB Balad during the same years that Amie served on the base. The authors of the documents -- which include commanding officers as well as environmental officials -- stated that the operation of burn pits was a danger to those stationed there and that precautions needed to be taken urgently to improve conditions.

"In my professional opinion, there is an acute health hazard for individuals," reads a line from one memo written by a Bioenvironmental Engineering Flight Commander and the Chief of Aeromedical Services at Balad in 2006. "There is also the possibility for chronic health hazards associated with the smoke."

The memo also includes an assessment of the pits in Balad where one environmental inspector said that Balad's burn pit was "the worst environmental site I have personally visited."

After inquiries by Fox News regarding the memos, Officials for the Department of Defense said that they would look into the matter and explained their procedural policy and that open-air burn pits are to be operated in a manner that prevents or minimizes risk.

"DOD does not dispose of covered waste in open-air burn pits during contingency operations except when the combatant commander determines there are no feasible alternative methods available," reads the statement provided by a Defense Department spokeswoman. "DOD minimizes other solid waste disposal in open-air burn pits during contingency operations. Generally, open-air burn pits are a short-term solution. For the longer term, we use incinerators, engineered landfills, or other accepted solid waste management practices whenever feasible."

Muller finds the memos troublesome.

"I don't understand why they didn't do something," he says after being shown a copy of the memos. "These are people that volunteered to serve our country, and it just disgusts me to see memos like that, from high ranking officers that expressed this concern."

Muller adds that the underlying issue is a lack of accountability.

"The issue is they were doing something they shouldn't have done, that they constantly warned was an environmental hazard," he says. "And our vets are getting sick. Our vets are dying."

"You know, there was a fellow that did a video—'Delay, Deny and Hope You Die.' And that's kind of what's been going on. They're delaying this as long as possible so that they won't have to deal with as many claims, because most of them will die before they do anything about it."

Muller also believes that Amie would have never fallen ill if it wasn't for the fact that she was stationed at Balad.

"I don't think she would have gotten cancer. I really don't. Maybe she would have later in life. Maybe it would have been some other type of cancer. I don't know," he says. "But something caused inflammation -- for something to grow in her body for a long period of time before it was ever seen and diagnosed. There was something going on with all of the vets when they got back."

In a recent interview with Fox News, General David Petraeus, the former commander of U.S. Central Command and Multi-National Force-Iraq in 2007, offered an explanation when asked about why burn pits were used on military bases, conceding that the realities of war kept concerns about how to dispose of waste a low priority at that time.

"At that time we weren't worried about burn pits," The General said back in September. "We were worried about just getting enough water for our troops in the really hot summer. We were looking forward to the time where we might get some real food, real rations, as opposed to MREs and so forth."

The General also expressed that the U.S. has a commitment towards helping those veterans.

"It's a sacred obligation," Petraeus said. "But comparing what our VA does to any other country's care of veterans...this is the gold standard. Certainly, a gold standard that can always improve, without question. This is an issue, though, where we have a sacred obligation, and we need to meet that obligation."

Muller believes the General's recent comments to be a sign of a move in the right direction.

"When you start seeing men in uniform, or women in uniform, people higher up in the military starting to voice their concerns, you know we're making progress."

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1.3 - PolitiFact: [Facebook meme miscounts votes in claim Democrats blocked improvements to VA health system](#) (3 November, C. Eugene Emery Jr., 2.4M uvm; Saint Petersburg, FL)

One of Donald Trump's campaign pledges was to improve healthcare for veterans. The problem has long been recognized, although we rated Trump's claim that thousands of veterans were dying because they couldn't get treatment fast enough as Half True.

Now a meme is making the rounds on Facebook, shared more than 187,000 times, accusing the Democrats of trying to thwart improvements to medical care through the Veterans Affairs system.

"I urge all veterans to vote Republican this November because the damn Democrats blocked the VA healthcare bill again," James Hauser asserts in an all-caps message posted Oct. 4.

This meme was flagged as part of Facebook's efforts to combat false news and misinformation on its News Feed. (Read more about our partnership with Facebook.)

We sent a Facebook message to Hauser asking for specifics, but didn't hear back.

In fact, legislation to improve the system passed Congress last spring with bipartisan support, contrary to the meme's assertion.

In May, the U.S. Senate gave final passage to a major overhaul of the health care system and sent it to Trump for his signature.

The measure, S-2372 known as the VA MISSION Act, was designed to make it easier for veterans to get care from private physicians who are not in the VA system and, in theory, speed the delivery of care.

It passed the House 347 to 70 on May 16, 2018. Democrats made up 116 of those 347 winning votes. All of the opponents were Democrats.

It passed the Senate 92 to 5 on May 23, 2018. Democrats made nearly half the winning votes. The "Nay" votes were cast by two Democrats, two Republicans and one Independent.

In short, precisely two thirds of the Democrats in Congress voted for the bill.

To make the claim that "Democrats blocked the VA healthcare bill" strikes us a meme malpractice. We rate that claim Pants on Fire!

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1.4 - Military.com: [Advocacy Group Helps Homeless Veterans Make Rent Deposits](#) (3 November, Richard Sisk, 2M uvm; San Francisco, CA)

The difference between an apartment and the street for a homeless veteran can often come down to a few hundred bucks for the rent deposit, according to the Veterans Matter advocacy group, which writes a check when the system falls short.

Ken Leslie, who has been running Veterans Matter since 2012, said he has a deal with the Department of Veterans Affairs -- "just let me know and I'll send a check to the landlord."

In a phone interview, he pointed to a recent case referred by the VA of a 67-year-old homeless veteran in Birmingham, Alabama, who was just \$150 short of his deposit.

"That was the only thing keeping him out of a home. We sent a check the same day, and the guy was housed within minutes," said Leslie, who has personal experience with the homelessness issue. He is a former stand-up comedian, TV producer and head of a successful executive headhunter firm, but he was once homeless himself and living out of his car due to drug and alcohol addiction.

Leslie said the usual shortfall for rent deposits can range from about \$600 to \$1,800, depending on the area of the country, but the national average is about \$750.

At Veterans Matter, he has recruited an A-list of celebrities for public service announcements and fund raising, including Willie Nelson, Katy Perry, Gary Sinise, Susan Sarandon, Kid Rock, Stevie Nicks, John Mellencamp, and Dusty Hill of ZZ Top, among others. They deliver the message that veterans "fought for us, now we fight for them."

In one of the promos, Dusty Hill said he heard about Veterans Matter while performing in Toledo, Ohio, and went over to check it out. "Once I looked at the program and saw that it was all direct help, I was all in on that," he said.

In coordination with the VA and the Department of Housing and Urban Development, Veterans Matter, now operating in 20 states, has helped get housing for more than 2,500 veterans, and the goal is to have 1,000 more in homes before the end of the year, Leslie said.

The group works with referrals from the VA for the Department of Housing and Urban Development-Veterans Affairs Supportive Housing Program, or HUD-VASH, which provides vouchers for rental assistance from HUD and case management from the VA.

When there is a problem with a rent deposit, Leslie said he hears from the licensed clinical social workers at the VA who work with homeless veterans and starts writing a check.

"Literally, they can request it on a phone deposit. We send the check the same day. It really is that simple," he said.

The HUD-VASH program derived from the commitment by then-VA Secretary Eric Shinseki and President Barack Obama in 2009 to end veteran homelessness by 2016.

The program has drastically reduced the number of homeless veterans from more than 140,000 in 2009, but the VA estimates that there are still about 38,000 veterans without a permanent place to live.

On Oct. 3, VA Secretary Robert Wilkie and HUD Secretary Ben Carson announced another \$35 million in grants for the HUD-VASH program to combat veteran homelessness.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," Carson said.

Earlier, at a Sept. 26 hearing of the Senate Veterans Affairs Committee, Wilkie said the VA needs more licensed clinical social workers to manage cases for homeless veterans.

"The case managers are part of a larger issue we have in retaining those individuals, particularly in the social work field," he said.

One of the VA social workers coordinating with Leslie at Veterans Matter on rent deposits is Shane Dowling, a licensed clinical social worker at the VA's Ann Arbor, Michigan, health care system.

In one of Leslie's promos, Dowling said it used to take about 137 days to get a homeless veteran a lease under the HUD-VASH program in her area. "With the help of Veterans Matter, we've reduced that down to 71 days, which is absolutely amazing," she said.

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1.5 - Stars and Stripes (AP): [Trump doesn't hide that Tester is reason for Montana stop](#) (3 November, Darlene Superville, 532k uvm; Washington, DC)

BELGRADE, Mont. — President Donald Trump didn't try to hide what brought him back to Montana on Saturday campaigning against Democratic Sen. Jon Tester.

Trump blames Tester for the defeat of his nominee to run the Department of Veterans Affairs, and the president told hundreds of cheering supporters at an airport rally in the Montana chill that Tester "tried to destroy" Ronny Jackson, an admiral and White House doctor.

"That's why I'm here," he said. "I've never forgotten it and it's honestly one of the reasons I'm here so much," said Trump, who last campaigned in Montana in mid-October. "It's a disgrace, what he did to that man."

"He tried to destroy that man ... all because I said, 'Ronnie, what do you think about heading up the VA.'"

Trump was in Montana to boost GOP Senate candidate Matt Rosendale, who is challenging Tester in Tuesday's election. Trump said having Rosendale in the Senate will be "phenomenal."

The president blames Tester for the backlash against Jackson, who eventually withdrew his nomination after facing anonymous ethics allegations, including claims of on-the-job drunkenness and wrecking a government vehicle.

Jackson denied the allegations.

Tester, the top Democrat on the Senate committee that oversees veterans' issues, had released a list of the allegations against Jackson that was compiled by the committee's Democratic staff.

Trump, however, doesn't mention that the allegations weren't the only factor that contributed Jackson withdrawing from consideration. Lawmakers questioned Jackson's limited managerial experience and his fitness to run a department as sprawling as the VA.

Montana was the first of two campaign stops for Trump on Saturday. He was due in Pensacola, Florida, on Saturday night, joining Vice President Mike Pence to campaign for Republicans Rick Scott, the governor who is running for the Senate, and Ron DeSantis, a former congressman who is vying to succeed Scott.

The rallies are part of Trump's multistate blitz in the final days before Tuesday's elections, when control of the House and Senate — and perhaps the future of Trump's agenda — are at stake.

Trump sought in Montana to rally the crowd, which was bundled up against the November chill, by talking up the economy and tax cuts, new Supreme Court Justice Brett Kavanaugh, border security and several caravans of Central American migrants who are slowly advancing toward the U.S.-Mexico border.

He mentioned plans for a new military branch called the Space Force, and complained anew about the news media.

Trump defended his decision to focus almost exclusively on the migrants and immigration in the final days before the election. He recently announced that he intends to change asylum procedures, end the constitutional guarantee of birthright citizenship and build numerous "tent cities" to hold migrants caught crossing the border illegally.

"You can only say so many times that we created 250,000 jobs last month," Trump said, in defense of his focus on immigration that some of the president's critics say amounts to fear-mongering. Trump has denied trying to instill fear as a reason to vote Republican on Election Day.

Trump also called up Rep. Greg Gianforte to speak from the podium but did not repeat his praise of the congressman, who was convicted of body slamming a journalist just before winning a 2017 special election. Trump had said during last month's Montana stop that anyone who can do a body slam "is my kind of guy."

The president subsequently was criticized for seeming to glorify violence against journalists.

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1.6 - El Paso Inc.: [Final resting place: Fort Bliss Cemetery](#) (3 November, Cindy Graff Cohen, 17k uvm; El Paso, TX)

When you enter the elegant gates of Fort Bliss National Cemetery, you may feel like you are entering a beautiful botanical garden – flowers are blooming and palm trees reach for the sky.

However, it is the endless rows of identical white marble gravestones, perfectly aligned from whatever angle you see them, that dominate the cemetery.

With some 44,000 gravesites, the 71-acre cemetery at 5200 Fred Wilson near the base's Chaffee entrance is a cherished part of Fort Bliss history – and its future.

"We are starting an expansion program to prepare 11 undeveloped acres, and we're adding three acres from Fort Bliss to provide additional burial space," cemetery director Jamie Porter said. "With the new space, we are set to last another 40 years."

While it's unknown exactly when the land next to the base was first used as a graveyard, the earliest known burial took place in 1883 during the time of the Indian Wars. It was listed on the National Register of Historic Places in 2016.

Today, more than 1,400 caskets or urns are buried each year or interred in the columbarium designed to hold urns, Porter said. Cremation represents about one third of the cemetery's annual services.

Cemetery personnel interact with veterans planning their funerals and their families at the most difficult times of their lives, and Porter said he ensures that every interaction is professional, supportive and dignified.

"Customer service is our No. 1 priority and we are proud to have scored 96 percent in customer satisfaction in our surveys," Porter said.

He credits the 22 cemetery's full-time staff members for their friendliness and helpfulness.

"Our staff loves serving veterans and the community, and there is not a better job to have than serving others," he added.

Best in the country

The cemetery is rated one of the best military cemeteries in the country. This fall, Veterans Affairs, which oversees about 90 percent of the nation's 150 military cemeteries, presented the Fort Bliss cemetery with its Award of Excellence.

The cemetery met or exceeded the rigorous National Shrine standards in 68 of 74 categories. Only four of the VA's 136 cemeteries received this coveted award, which is based on a lengthy inspection and assessment held about every seven years.

During a golf cart tour of the grounds, Porter shared touching stories of veterans, regardless of rank or branch, who made the choice to be buried at the cemetery and the family members who made their loved ones' burial arrangements. The stories are a few of hundreds he knows from his seven years at the cemetery.

He also points out certain plants and trees, all carefully placed and trimmed.

"About 90 percent of our staff are veterans themselves and we share a military mindset," said Porter, a former Marine drill sergeant in San Diego who spent 24 years in the corps before retiring in El Paso.

The irrigation system runs precisely to water each tree, bush, and groupings of bright perennials such as lantana, yellow bells and roses. When it's time to prune all the oleanders on the same day, the gardeners visit each one and call the task "Operation Oleander."

Some years back, the cemetery staff, before Porter's tenure, made the controversial decision to replace the grass with gravel. Water is expensive in the desert and grass is hard to maintain under shade trees and traffic areas. The result is surprisingly beautiful. The white marble gravestones stand out against the acres of fine terracotta color gravel.

Porter began working at the cemetery in 2011 and worked his way up to director in 2017.

Caring for the caretakers

Many of the staff members have long records of caring for the cemetery. Everyone on the team that digs graves with shovels and a Bobcat mini-excavator has more than 15 years on the job.

Some team members are in a veterans' program called Contract Worker Therapy, learning skills and healing from post-traumatic difficulties at the same time. This very successful program turns vets, some of whom are homeless or living in group homes, into independent, skilled workers who can live on their own.

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1.7 - HottyToddy.com (Video): [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2 November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday.

Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

"We are honored to show off our veterans' home and also to thank him for the economic impact that this facility has on our community and the wonderful service it is to our veterans," Tannehill said.

Wilkie will take part in some of the Warrior Week events this weekend honoring veterans. On Saturday, during the game against South Carolina Gamecocks, he will participate in the pregame coin toss alongside 9/11 survivor Will Jimeno.

Wilkie was nominated to be Secretary of Veterans Affairs by President Donald Trump on May 18, 2018. He was confirmed by the U.S. Senate on July 23.

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2. [Improving Customer Service](#)

3. [Business Transformation](#)

3.1 - KECI (NBC-13, Video): [Bitterroot vets want mental health support center](#) (3 November, Kevin Maki, 38k uvm; Missoula, MT)

HAMILTON, Mont. — Military veterans in Ravalli County are demanding the Veterans Administration establish a full mental health support center for veterans in the Bitterroot.

The move comes after an effort to shift a counselors schedule at the Valley Veterans Service Center in Hamilton.

It was before dawn on Friday when veterans began packing into BJ's Restaurant in Hamilton for a breakfast meeting.

Veterans counselor Eric Danielson spends four days a week counseling veterans in Hamilton. He is part of a team from the Missoula Veterans Center.

It's proposed that Danielson's work days in Ravalli County be reduced to two days a week.

"We're recently made the decision to share that responsibility among all members of our team," said Missoula Veterans Service Center director Meaghan Lee-Moriarty. "So we now have three people doing the work that Eric was doing alone."

Danielson would spend two days counseling vets in Missoula.

There's pressing need from veterans in both communities. But veterans at the breakfast want Danielson to remain in the valley.

"Eric was instrumental in keeping me alive," said veteran Will La Rue. "I was suicidal 20 or 24 months ago and had been for a number of years."

Staff at the Valley Veterans Service Center said in August four to five veterans in the Bitterroot committed suicide, most of them caused by trauma from military service.

The veterans at Friday's breakfast were adamant that changes need to be made to better serve Ravalli County veterans.

Many said they want their own mental health team, with at least two full-time counselors and an administrative assistant.

"We don't want to be Missoula's burden anymore," said Valley Veterans Service director Mike Warner. "We want our own team."

At least 10,000 veterans live in Ravalli County.

"We need an out station and dedicated support," said veteran Chris Brewer, "dedicated counseling that's going to get the trust and build the relationship with the veteran community in Ravalli County."

Danielson told the crowd that he believes this will probably "become a sound bite a lot bigger than Montana."

Veterans passed out petitions to get a mental health team. People can sign those petitions at the Valley Veterans Service Center in Hamilton.

The meeting spurred regional representatives to schedule a town meeting in the Ravalli County commissioners conference room on Monday at 6 p.m.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

5.1 - WJBF (ABC-6, Video): [Soldier's mother helps raise awareness for suicide prevention](#)
(3 November, Ashley Flete, 37k uvm; Augusta, GA)

AIKEN, S.C. (WJBF) - "He was everything you can dream of for a son. Y'know watching him grow up was um.. it was a joy."

Travis Bryan Tullis was her first born and only son. At the age of 21 Travis, decided he wanted to join the army. And after a couple years of service Travis came back home but his transition back to civilian life wasn't easy.

"I knew something was wrong with him, he never said PTSD to me. I never really knew the word until he died and then I had to educate myself on it. I had to know what he went through and I had to know how he suffered. And he suffered silently."

She says Travis went to Veteran Affairs for help but she says he didn't get the help he needed. On April 10, 2017 while at the V-A, Travis couldn't take it anymore and decided to end his life.

"The pain you feel when you lose a child, you feel like part of you died too. Because the heart and soul you gave that child from the moment you felt them move in you that died with them. You feel empty."

When a nurse found Travis, his heart was still beating. They were able to put him on life support and donate his organs. Now his legacy lives on through the lives of others and his daughter.

"It was just a moment in his life. A second that didn't go right, but that's not how he lived that's not who he was. He was a hero and that's what I want her to know."

Rose has one piece of advice to help other families escape suicide.

"To those thinking about suicide that the pain does not go away. It's left to those you leave behind because we carry it now."

The National Suicide Prevention Lifeline is available 24-hours everyday. 1-800-273-8255

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - U.S. News & World Report (AP): [County Researching if It Can Donate to Veterans Shelter](#)
(3 November, 14M uvm; Washington, DC)

VICKSBURG, Miss. (AP) — A woman who hopes to open a shelter for homeless military veterans is asking a Mississippi county for help.

The Vicksburg Post reports that Eva Ford is asking the Warren County Board of Supervisors for money, saying someone stole the heating and air conditioning system in the planned shelter.

Supervisor Richard George says officials are trying to determine if state law allows the county to make a donation.

The city of Vicksburg donated \$10,000 in April.

Ford is a nurse practitioner who retired from the U.S. Department of Veterans Affairs. She's trying open the shelter in a Vicksburg building donated by a car dealership.

She says interior work has already been done and that replacing the heating and cooling system is the last step before the shelter can open.

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6.2 - Las Vegas Review-Journal: [Commentary: Taking care of Nevadans who served](#) (3 November, Vince Juaristi, 1.1M uvm; Las Vegas, NV)

Of all the obligations we have made as a country, perhaps the most sacred is the obligation we have made to the men and women who have served our military and who have often put their lives in danger to protect our values, our heritage and our homeland.

I had the honor of watching these fine Americans serve their country while I worked for the U.S. State Department to develop a justice system in Afghanistan for 13 months. I hold these men and women in the highest esteem.

There are an estimated 300,000 veterans living in Nevada — about 11 percent of the adult population. Our state's veterans have served in every American conflict since World War II. Most are doing fine. In fact, the average income for a Nevada household with a veteran is about \$59,000 annually, 13 percent higher than average. About 15 percent of Nevada's homes are occupied by veterans.

But too many veterans carry with them the psychological and physical scars of American conflicts. Nearly one in five Nevada veterans is considered disabled. And there is no question that veterans generally — and specifically those who are disabled — are caught in a painful trap. The lack of affordable housing, particularly in Reno and now Las Vegas, has even pushed many of these veterans onto the streets.

It's a crisis that the state, our cities, nonprofits and the federal government are working to address. But more needs to be done.

According to the nonprofit Housing Assistance Council, more than 49,000 Nevada veterans "live in homes with one or more major problems of quality, crowding or cost. Housing affordability is the greatest housing problem among veterans."

The Housing Assistance Council estimates almost 900 Nevada veterans are homeless. According to an annual homeless census, Las Vegas alone has more than 6,000 homeless

people. According to the National Alliance to End Homelessness, homeless veterans tend to be male (91 percent), single (98 percent) and have a mental and/or physical disability (54 percent).

There are more barriers than just cost for those veterans who have suffered physical injuries. Housing, for example, may need to be extensively modified to assist people with impaired mobility. The Houston-based Guns to Hammers has been making some Las Vegas homes of disabled veterans compliant with the Americans With Disabilities Act. But there's always more need than there are resources to respond.

Thankfully, there is some good news. For example, Patriot Place Apartments opened earlier this year in eastern Las Vegas. Patriot Place, on Pecos Road, was constructed with federal tax credits that allow it to keep the rents low, providing 50 one- and two-bedroom homes for some of the 168,000 families, many of them including veterans, who need assistance obtaining affordable housing. The federal Department of Veterans Affairs assisted in the project financing, and 44 of the apartments house veterans, some of whom have physical disabilities. According to a Review-Journal story in June on the complex opening, 13 residents were formerly homeless.

Our local, state and federal governments, together with nonprofit organizations, are working to streamline and expedite services for our homeless and disabled veterans. The Las Vegas office of U.S. Vets operates two residential facilities and a community support office, 330 beds of transitional and permanent housing and employment services that help more than 110 veterans return to employment each year. Additionally, the nonprofit provides rapid re-housing and homeless prevention services annually to more than 400 veteran households.

Veterans Affairs is working to improve and expand services to homeless veterans. The Nevada Housing Division operates a program to assist veterans in finding homes called Home is for Heroes. In September, President Donald Trump and Sen. Dean Heller held a signing ceremony in Las Vegas committing \$97 billion that included increased funds for veterans' housing and disability programs.

These are the kinds of efforts we must duplicate many times over as we commit to truly honoring the men and women who have served our country. There are too many of our veterans on the streets and hurting. We cannot forget them.

Vince Juaristi is a Nevada native, a graduate of Harvard University's John F. Kennedy School of Government and president and CEO of a Virginia technology and management consulting company.

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6.3 - Stars and Stripes (The Gazette): [Burial of four veterans marks official opening of Pikes Peak National Cemetery](#) (3 November, Tom Roeder, 532k uvm; Washington, DC)

COLORADO SPRINGS, Colo. (Tribune News Service) — With four urns in the cold ground, the Pikes Peak National Cemetery held its somber opening Thursday as the planned final resting place for generations of veterans.

"These are hallowed grounds," the Rev. Bob Kwiatkowski said before the cremated remains of a Marine, sailor, airman and soldier were laid to rest.

The cemetery, off Drennan Road east of the Colorado Springs Airport, will open to the public starting Friday from dawn to dusk.

To inaugurate the cemetery for the opening, someone had to be first in the community of white headstones. Leaders wanted to make sure that no service had sole claim to the honor.

Air Force Senior Master Sgt. Charles Joyner, Army Pfc. James Grant, Navy Seaman Joseph Romero and Marine Corps Master Sgt. Kurt Krause went in together. They would have been joined by a Coast Guard representative, but in land-locked Colorado Springs, none were ready to join the honored dead.

Grant waited the longest for his place. A Vietnam veteran, he died in 2007 and his family waited to put his urn in the veterans cemetery even as Congress argued over its future.

Assigned to Fort Carson after a tour in Vietnam, Grant had a vibrant personality and managed to pack a lot in his 59 years by moving at light speed.

"We met and married in a week," June Grant said of her late husband. "He was just an amazing guy."

Romero died in 2013, just shy of his 63rd birthday.

His family says he would have liked the gathering. Romero, a San Luis Valley rancher, was fond of parties.

His son, Joseph Romero Jr., said the family waited to put their father to rest in the company of heroes.

"He's finally resting in peace," he said.

Melanie Joyner said the family kept her father's ashes at her home after his death in 2014 at the age of 78. They wanted someplace special for a man whose generosity was matched by his good humor.

When the Department of Veterans Affairs offered Joyner the chance to be one of the first honored at the new cemetery, the family jumped at the chance.

Melanie Joyner said it will be a place to put flowers and remember the happy times, while acknowledging her father's 26 years of service to his nation.

"We're honored to take part," she said.

Krause, a loving father and grandfather, took great pride in being a Marine.

"He was the best Marine there ever was," his wife, Charlotte Krause, said.

Krause died at 74 in January 2017. The family says he had boundless hugs and smiles — "he was the life of the party."

But the precision of the military service, which included a pair of rigid Marines in the honor guard would have pleased Krause.

"It is a grand closing," Charlotte Krause said.

Cemetery director Paul LaGrange said 300 "cases" of veterans who want to claim their right to be buried there are in process. An additional 100 families have asked for the remains of veterans to be moved from the Fort Logan National Cemetery in Denver to the new location in Colorado Springs.

Any veteran who served honorably can be buried in the National Cemetery as the final installment of their VA benefits.

Getting a cemetery for El Paso County's more than 80,000 veterans took decades. A group spearheaded by retired Army Col. Victor Fernandez got help from lawmakers including Colorado Springs Republican U.S. Rep. Doug Lamborn to get it approved.

"There were times that I wasn't sure I would see this day," Fernandez said Thursday.

The first phase opened Thursday and is part of a development that could house up to 13,000 veterans' graves.

The 374-acre cemetery is planned to meet the final needs of veterans in the region for the next century.

"A lot went into this day," LaGrange said.

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6.4 - KGUN (ABC-9, Video): [New stats show less homeless veterans in U.S.](#) (3 November, Taja Davis, 68k uvm; Tucson, AZ)

There are less homeless veterans across the nation. Housing and Urban Development (HUD) found about a 5 percent decrease in veterans facing homelessness from last year.

In the bigger picture, 33 states saw a decrease in numbers this year. Arizona contributes about two percent to the nation's homeless veterans population. And the Grand Canyon state's count saw almost an eight percent drop.

Here are the numbers for Arizona:

- There are 893 homeless veterans in the state.
- 203 of those are in Tucson and Pima County.

The general amount of homeless people in Arizona:

- A total of 1,380
- 179 of them are children younger than 18 years old
- 133 of them are between the ages of 18 and 24

- 1,068 of them are over 24 years old

Stephanie Smelnick, Arizona's HUD field director in Phoenix, credits the decrease to many programs that were created within the last 10 years. For example, housing vouchers can supplement a percentage of the person's income to help them have a place to live.

"They have their vet benefits or they have social security, or whatever it is their small income is, and they can't afford an apartment. So because we supplement their rent, they have a place to stay," Smelnick.

In addition to vouchers, Veterans Affairs provides services that help improve veterans' mental and physical health. But despite the programs available to help curb homelessness. The VA and HUD say that reaching zero homeless veterans nationwide is not a realistic goal.

"We understand that we're never going to end homelessness to zero. There is always going to be someone at some point who runs into a problem. So what we need is to come up with a plan to have a system in place," said Smelnick.

Smelnick also told me homelessness usually peaks after a conflict, like a war, when our troops come back home and may experience mental health issues or even more mainstream, when the economy is low and it becomes harder to find jobs.

There are several points all over the state in which one can call and ask for help if they are facing homelessness in the near future. Click the links to view programs that can help in Pima County: Tucson Pima Collaboration to End Homelessness.

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6.5 - WVNS (CBS/FOX-59, Video): [Veterans Stand Down held in Princeton](#) (3 November, Adeena Balthazor, 51k uvm; Ghent, WV)

PRINCETON, WV (WVNS) - An annual event to honor vets and their families was held Saturday November 3, 2018 in Princeton. The Stand Down event is held in conjuncture with the Veterans Administration. At the event they had special guest speakers including Ret. General Sherman Williford of the United States Army.

Omar Aboulhosen is one of the coordinators of the event. He explained why they put this event on every year.

"It's really non veterans trying to honor veterans for their service and their sacrifice to our country. And we want to thank them and honor them and that's what we did here today," Aboulhosen said.

Stand Down provides supplies and services to Veterans, particularly homeless Veterans. Exhibitors from the VA and other organizations were there to provide guidance and advice to vets.

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6.6 - The Grand Island Independent: [Club members hope wreaths make a difference for veterans](#) (3 November, Julie Brum, 31k uvm; Grand Island, NE)

A local service group hoped they brought a little happiness to those who have served the country when they made a special delivery to the Grand Island Veterans Affairs Medical Center.

Members of the Altrusa International Club of Grand Island created 32 patriotic wreaths and hung them up on the doors of patients' rooms Friday morning.

"I hope you enjoy your wreath," club member Connie Osterman said as she placed a red, white and blue decoration on a veteran's door.

When he looked to see the handmade gift complete with stars and flowers, the veteran smiled and said, "I'll drink to that."

Short conversations were held with a few patients as the wreaths were delivered. Club members wanted to brighten the day of the veterans and let them know they value what they have done for the country.

"It's showing our respect for the fact that they honored our country and served us. We appreciate that. Too many times we don't show appreciation," said Alice Bartlett, co-president of the local service club.

Altrusa has had a long presence in the community. The local chapter has been here for about 70 years. Membership has dwindled a bit but the 16 current members have continued with the mission of doing projects to better the community.

Over the years, the group has supported organizations like Central Nebraska Humane Society and Grand Island Area Habitat for Humanity, helped get a chairlift at the YMCA and donated pillows to Hope Harbor.

The wreath project was done in conjunction with National Make a Difference Day, an annual event celebrated by Altrusa International and many of its chapters. The day is typically held on the fourth Saturday in October and promotes community service.

Bartlett said the group chose the wreath project this year because one of the club's members, KayLynn Hayes, works at the medical center and knew it would be a gesture appreciated by the veterans. They held off on delivering the wreaths until after Halloween because, Bartlett said, they didn't want to interfere with that holiday's decorations.

Other members of the group who helped distribute the wreaths include Darlene Zwink, Alicia Haussler, Pat Durbin, Sandy Budde and Myrna Gates.

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6.7 - Daily Messenger: [FLCC marks Veterans Day with several events](#) (3 November, 19k uvm; Canandaigua, NY)

HOPEWELL — The director of the national Women Veterans Call Center will give the keynote address at the Veterans Day ceremony at Finger Lakes Community College.

Krista Stephenson, an Army veteran who has worked for the U.S. Department of Veteran Affairs for 16 years, will speak at the free ceremony, at 1 p.m. Monday, Nov. 12, in the FLCC Student Center auditorium, 3325 Marvin Sands Drive.

Stephenson also served as deputy director of the Department of Veterans Affairs' Suicide Prevention Program and was a captain in the Army from 1994 to 2000. She earned a bachelor of science degree in nursing from Syracuse University, followed by a master's in nursing administration from the University of Delaware.

The Women Veterans Call Center (1-855-VA-WOMEN) was launched five years ago inside the Veterans Affairs offices at the VA Medical Center in Canandaigua to increase resources and awareness for women veterans.

The hundreds of callers each day seek general information, for instance, about health care, or are struggling with more sensitive issues like domestic violence or military sexual trauma.

"The Women Veterans Call Center is aimed at increasing women veterans' knowledge of VA services and benefits," said Stephenson. "Many women veterans do not realize they may be eligible for VA benefits to include health care. The center provides a single avenue for them to find the help they need. In fact, I never applied for benefits or sought treatment for my service-related disabilities until I started working with the call center."

FLCC President Robert K. Nye, a retired Army colonel, will also give remarks. Robert Brown, professor of history and co-adviser of the student veterans club, will emcee the event. Student Gabriel Marcano, a veteran, will perform the national anthem and "God Bless America" under the direction of Ines Draskovic, associate professor of music.

The Canandaigua American Legion Honor Guard will post and retire the colors. A dessert reception sponsored by the FLCC Student Corporation and the Office of Student Life follows the ceremony.

The ceremony is part of a week of events at FLCC to honor those who have served. The Student Veterans Organization and Student Corporation have organized the activities, ending with an Armed Forces 5K run/walk on the main campus cross country course. The free event is open to all ages and starts promptly at 11 a.m. Saturday, Nov. 10; participants should arrive at least a half-hour early for parking and to register. Prizes will be awarded to the top age group finishers.

The public is also invited to a female veteran panel discussion at 12:40 p.m. Thursday, Nov. 8, in Stage 14 at the main campus. Stephenson will serve as a panelist, along with Laura Stradley, executive director of the Veterans Outreach Center; Melissa Springston, a combat medic during the Iraq War; and Tamara Bresette, veteran of operations Desert Shield and Desert Storm and a Bronze Star recipient.

Other planned events include an armed forces formal dinner and dance in the main campus Student Center starting at 6 p.m. Friday, Nov. 9. It features music and a gourmet meal prepared by students in the culinary arts program; tickets are \$15 for FLCC students, \$20 for military veterans and those who are active duty or in the reserves, or \$35 for all others. Tickets must be purchased in advance by calling the Office of Student Life at 585-785-1263.

Veteran services

About 150 Finger Lakes Community College students have identified themselves to the college as members of the military or veterans. The college participates in Veterans Integration To Academic Leadership, or VITAL, a U.S. Veterans Administration program that partners with colleges to provide support for veterans and training for college employees. FLCC also has a Veterans Advocacy Council, composed of faculty, staff and students who meet to talk about veterans' needs and get updates on trends from a Veterans Administration representative.

For more information about veteran services at FLCC, contact Jennie Erdle, director of student life, at 585-785-1263 or visit www.flcc.edu/veterans.

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6.8 - Viera Voice: [Cape Canaveral National Cemetery celebrates National Veterans and Military Families](#) (2 November; Melbourne, FL)

On Oct. 31 President Donald Trump declared November 2018 the second annual National Veterans and Military Families Month to “salute the brave and dedicated patriots who have worn the uniform of the United States, and...celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

In 2017, President Trump proclaimed November Veterans and Military Families Month, marking the first time America celebrated Veterans and military families for the entire month and not just on Veterans Day, in keeping with the President's strong focus on improving care and benefits to our nation's heroes.

That tradition continues this year with more than 300 events being conducted at VA medical centers, benefits offices and cemeteries across the country, including:

- open houses
- town halls
- volunteer recognition
- homeless Veteran initiatives
- faith-based community events
- ceremonies at national cemeteries

To celebrate Veterans and Military Families Month, Cape Canaveral National Cemetery will hold the following events honoring Veterans and their families throughout the month of November:

- Wreath Laying at the Flag Assembly Area by the third grade students of Imperial Estates Elementary School in Titusville at 10:15 a.m. on Wednesday, Nov. 7
- The Avenue of Flags will be flown along the main entranceway from Thursday, Nov. 8, through Wednesday, Nov. 14

This year's celebration of Veterans and Military Families Month caps an unprecedented period of improvement for VA, as the department has made groundbreaking progress over the last two

years in the areas of accountability, transparency and efficiency across the department while enjoying an important series of legislative successes.

“At VA, Veterans and their families are at the center of everything we do. Veterans and Military Families Month is an opportunity for us to honor the service of these patriots while educating communities about VA benefits and services and our commitment to customer service improvement,” VA Secretary Robert Wilkie said.

“We come together to remember, honor and pay tribute to our nation’s heroes” said Cemetery Director Don Murphy. “These events at Cape Canaveral National Cemetery are a special way to say thank you to service members past and present, and to let them know that the sacrifices of our nation’s Veterans will never be forgotten.”

The full list of national events for Veterans and Military Families month is available at this link and national cemetery events at this link.

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7. [Other](#)

7.1 - ABC News (Video): [Trump hails 'beautiful' barbed wire on southern border in Montana rally speech, slams Tester over VA Secretary saga](#) (3 November, Ali Rogin, 3.7M uvm; New York, NY)

In a speech that alternated between appeals to national and local audiences, President Donald Trump urged Montanans to vote out incumbent Democratic Sen. Jon Tester while also railing against hot-button issues like the caravans of Central American migrants making their way to the southern border.

“The Democrats want to invite caravan after caravan of illegal aliens to flood into your communities,” the president said, speaking to a hangar full of supporters near Bozeman airport.

It’s an issue that many Montanans who were in line to see the president speak on Saturday said was important to them, although they added that they had long been concerned about illegal immigration and that they weren’t worried solely because of the caravans.

“My view was pretty much already set in stone,” Matt Woody, a plumbing contractor in Bozeman, told ABC News. “That just kind of reinforces the need to close the border and regulate who’s coming across. We can’t even find apprentices right now, or laborers, and there’s a huge need for [a] work force, but I think they should be legal. I don’t think they should just come across the border.”

Trump also hailed the deployment of thousands of active-duty U.S. military personnel to the border, praising them and then lauding the addition of barbed wire at parts of the border.

“We have our military on the border. And I noticed all that beautiful barbed wire going up today, barbed wire used properly can be a beautiful sight,” he said.

He also reiterated phrases from the past to describe the caravans, three of which have mobilized so far and are making their way through Mexico.

"These are bad people — as I say bad hombres," Trump said. "There are some bad hombres in that group. So they came out with a list of 300 really bad ones, really bad ones. They're in there."

The "list" he referred to was a statement from the Department of Homeland Security stating that over 270 of the thousands of individuals in the various caravans have criminal histories, including gang membership and crimes involving robbery and sexual assault.

He also warned of additional caravans forming in Central America. "Now they have worse caravans actually being formed. It's terrible," he said.

Trump mocked TV pundits who say he should be talking about the booming economy instead of stoking fears about what he has called an "invasion" on the southern border.

"CNN is telling me how to run the campaign, but in the meantime, I'm president and they're not," he said.

Not everything was about Democrats and the media. The president talked up the strong economy, evident in a record-low unemployment rate, higher year-on-year earnings and steady job growth at the beginning of his remarks.

But immigration was the issue he kept returning to, despite the fact that Montana has one of the lowest percentages of undocumented immigrants of any state, according to a 2014 Pew Research Center survey. Yet, despite having such low numbers of illegal immigrants, most Montanans that ABC News spoke to said the issue was at the top of their minds for this election cycle.

"Immigration's left our country unsafe. It's taken jobs away from workers," Todd Green, who runs a high-end stereo equipment business in Three Forks, about 30 miles from Bozeman. "I have no problem with legal immigration. Bring in legally as many workers as we need. But as far as people breaking the law, who come here, it's not right."

During the speech, Trump riffed on reports that a little-known accuser of Justice Brett Kavanaugh had recanted her allegations of sexual assault. Senate Judiciary Committee Chairman Chuck Grassley referred the woman, Judy Munro-Leighton, to federal investigators.

He also suggested that other accusers may follow suit. Christine Blasey-Ford, who testified under oath before the Judiciary Committee about her allegations that Kavanaugh sexually assaulted her, has maintained her account of events. Kavanaugh has denied the allegations.

"She lied about the story. About rape. She lied," Trump said. "And then we're supposed to sit back and take it. And supposing he didn't get to be [a Justice], he's a tremendous man. And what about the others... when are they gonna say what happened?"

The rally marked Trump's fourth trip to Montana this election cycle. He acknowledged that it has much to do with his personal animus toward Tester, who as the top Democrat on the Senate Veterans Affairs Committee expressed concerns about alleged inappropriate behavior by

Trump's VA secretary nominee, Admiral Ronny Jackson. The allegations prompted Jackson to withdraw from consideration.

"He tried to destroy Admiral Ronny Jackson. Who is the most clean-cut, wonderful person you've ever met," Trump said. "He tried to destroy him and I've never forgotten it, and honestly, it's one of the reasons I've been here so much."

For Montanans who were there to see Trump, though, there are different reasons to oppose Tester.

Jon has not done the job that he's supposed to have been doing for the 12 years he's been there now," Tom Buckmaster, a resident of Bozeman, told ABC News. "It's time; we need a change."

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7.2 - U.S. News & World Report (AP): [Sen. Jon Tester Pushes to Make Race About Montana, Not Trump](#) (3 November, Matthew Brown, 14M uvm; Washington, DC)

BILLINGS, Mont. (AP) — With President Donald Trump clamoring to defeat U.S. Sen. Jon Tester and conservative groups spending heavily against him, the Democrat is falling back on a well-worn strategy in his pursuit of a third term: make the election about Montana, not Washington.

Trump's feud with Tester, triggered by the lawmaker's opposition to Trump's choice for Veterans Affairs secretary, has blossomed into an all-out presidential campaign to install Republican Matt Rosendale. Trump is making a record fourth visit to Montana on Saturday.

Instead of fighting back, Tester has sought to ingratiate himself with Trump's supporters, reminding them of legislation on veterans that he sponsored and the president signed and touting his understanding of the state as a lifelong resident and farmer.

Tester avoids almost any mention of Trump in campaign speeches. He speaks about health care and Republican proposals to make it harder to get coverage for pre-existing conditions. He talks about protecting public lands in the state, while demonizing his opponent as "Maryland Matt," a real estate developer from Maryland who falsely claims to be a rancher.

"Look, Montanans know who I am: They know I'm a lifetime Montanan, they know I understand rural America, they know I understand public lands and not privatizing them, they know I understand the importance of public education," Tester said in an interview with The Associated Press. "Matt Rosendale isn't any of that."

Rosendale, Montana's state auditor and insurance commissioner, has looked to score points by using the GOP playbook — plugging a hardline immigration stance and highlighting Tester's opposition to Trump's Supreme Court nominees. But his primary strategy seems to be riding the president's coattails.

"How can you argue about the tax cuts and the benefits being provided to the people of Montana and the nation?" Rosendale said during an interview. "We're seeing national security in

a better place. We're starting to work on securing our southern border. ... These are things that are working for people across the state and across our nation."

A Rosendale victory would give Montana an all-GOP congressional delegation and could cement the party's control of a closely divided Senate.

Rosendale, 58, moved to Glendive, Montana, with his wife and three sons in 2002. He won a seat in the state Legislature in 2010. He ran unsuccessfully for the U.S. House in 2014, became state Senate majority leader the next year and was elected in 2016 as state auditor.

Tester, 62, is married with two children. He took over his family's farm in the town of Big Sandy after college and taught music at an elementary school. He was elected to the state Senate in 1998 and the U.S. Senate in 2006. In 2012, Tester beat back a challenge from a Republican congressman.

Libertarian Rick Breckenridge rounds out Tuesday's Senate ballot. He hasn't been actively campaigning and on Thursday threw his support behind Rosendale. The move caught Libertarian leaders off guard and was disavowed by the party's chairman, Francis Wendt, who said Rosendale was weak on personal privacy protections.

The GOP is hopeful the move will prevent a repeat of Tester's 2012 re-election, when a Libertarian candidate peeled away enough votes that they could have changed the outcome if they had gone to the Republican.

Trump's appearance Saturday in Belgrade will mark the most visits to Montana by any sitting president. He took a personal interest in the race after Tester released allegations of workplace misconduct against Trump's first nominee for VA secretary, Ronny Jackson, who withdrew from consideration in April.

Jackson has denied the allegations and they are being investigated by Pentagon officials.

At Saturday's rally, Trump railed against Tester for three minutes for attempting to "ruin" Jackson, "the most clean-cut, wonderful person that" you've ever met," the president said.

"He tried to destroy him, and I've never forgotten," Trump said. "It's honestly one of the reasons I've been here so much."

The president's attentions have helped boost a candidate who wasn't the GOP's first or even second choice to take on the two-term incumbent. The White House blitz in Montana also included multiple trips by the president's son, Vice President Mike Pence and a parade of Republican senators.

The visits have fired up interest in the race but that could backfire if it motivates voters who disapprove of the president, said David Parker, a political analyst at Montana State University.

"They're putting all their chips on the table with the Trump brand," Parker said, adding that Rosendale's campaign had no choice, with Tester outraising him 4-to-1 in donations.

Outside groups and donations to the candidates have reached \$60 million, a record for Montana politics.

In Rosendale's view, Tester embodies the same corrupt Washington establishment that the Democrat pledged to change when he first ran in 2006. Tester now ranks as one of the top recipients of cash donations from lobbyists among all members of Congress, according to the nonpartisan Center for Responsive Politics.

"How can you stand there 12 years ago and say that I won't be encumbered by lobbyists, and this is the number one recipient?" Rosendale said of Tester. "People spend too much time in Washington, D.C., and they become intoxicated with the power and privilege that's presented to them."

Tester has made a name for himself as a proponent of campaign finance reform and says the amount of money going into the race is out of his control.

"Look, this is the landscape," Tester said. "The difference is, I will push and I will work hard for campaign finance reform. I think it hurts our democracy badly."

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7.3 - Independent Journal Review: [GOP Lawmakers, Veterans Call Out VA for Plowing Ahead With Deadly, Taxpayer-Funded Dog Experiments](#) (3 November, Carlin Becker, 447k uvm; Alexandria, VA)

The Department of Veterans Affairs (VA) is facing criticism from Republican lawmakers and veterans groups over its continued fatal dog experiments paid for on the taxpayers' dime — and may even be in violation of federal law.

Documents obtained by USA Today reportedly reveal that the department is moving forward with the deadly experiments in hope for discoveries that could help veterans with spinal cord or breathing problems. However, President Donald Trump signed a bill into law earlier this year requiring that such tests be “directly approved” by the VA secretary.

While VA spokesman Curt Cashour claimed former secretary David Shulkin verbally approved the continuation of the experiments on the day he was fired, Shulkin told the outlet he “wasn’t asked, nor did I request a review for an approval.”

Under these questionable circumstances, it appears the cruel and wasteful experiments are continuing at VA facilities in Richmond, Cleveland, and Milwaukee and include removing parts of dogs’ brains, using electrodes on their spinal cords and implanting pacemakers in them — all before ultimately euthanizing them.

But GOP legislators and veterans alike were swift to express their outrage at the practice.

GOP Lawmakers and Veterans Groups Call for Reform

Veteran and chairman of the House Animal Protection Caucus, Rep. Vern Buchanan (R-Fla.), slammed the news in a tweet, writing that “it’s time to end this canine house of horrors”:

Rep. Brian Mast (R-Fla.), combat-wounded Army veteran and House Veterans Affairs Committee member, promised to “keep up the pressure” on the VA until the experiments are brought “to an end”:

Rep. Matt Gaetz (R-Fla.), co-sponsor of the PUPPERS Act aimed at permanently stopping the abuse, also took to Twitter to share his concern over the continued tests:

Additionally, Sherman Gillums, a paralyzed veteran and the chief policy officer at AMVETS, ripped the department by comparing the deadly experiments to former NFL star Michael Vick's abuse of dogs:

Shulkin Pledges His Opposition

Following the backlash, Shulkin responded by reaffirming his opposition to the experiments both when he served as VA secretary and "to this day":

Taxpayer watchdog and animal rights advocacy group White Coat Waste Project, which has been working to expose and hold several federal agencies accountable for expensive and abusive animal tests, also put the department on blast.

"Over the past 18 months, there's been historic progress toward ending VA's fiscally reckless and morally repugnant dog testing — projects have been canceled, new restrictions enacted, less money spent, fewer dogs used — and there would've been more if not for a few entrenched bureaucrats at the VA defying Congress, veterans and taxpayers," it told IJR.

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From:

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Subject: [EXTERNAL] 3 November Veterans Affairs Media Summary and News Clips

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Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

3 November 2018

1. [Top Stories](#)

1.1 - PolitiFact – Wisconsin: [Baldwin bipartisan Tomah VA bill claim scores but comes with caveat](#) (2 November, D.L. Davis, 2.4M uvm; Washington, DC)

The opioid crisis has devastated communities, claimed lives and become a major campaign issue. In the Wisconsin U.S. Senate race, Republican challenger Leah Vukmir has slammed U.S. Sen. Tammy Baldwin, a Democrat, over an overprescription scandal at the Tomah Veterans Affairs Medical Center.

[Hyperlink to Above](#)

1.2 - Military Times: [Many student veterans risk eviction for late GI Bill payments. So this city is stepping in](#) (2 November, Natalie Gross, 471k uvm; Springfield, VA)

Student veterans in New York City who are at risk of being evicted from their homes because of delayed GI Bill payments from Veterans Affairs are getting a little extra help from the city's government. Mayor Bill de Blasio's administration announced a multi-agency effort this week to streamline emergency rent relief for student veterans who rely on the Post-9/11 GI Bill housing stipend to pay for rent.

[Hyperlink to Above](#)

1.3 - WVEC (ABC-13): [Hampton VA Medical Center celebrates National Veterans, Military Families Month](#) (2 November, 135k uvm; Norfolk, VA)

The Hampton VA Medical Center is celebrating the second Veterans and Military Families month. Beginning in 2017, President Donald Trump proclaimed November as Veterans and Military Families Month, rather than just celebrating them on Veterans Day.

[Hyperlink to Above](#)

1.4 - WRIC (ABC-8, Video): [McGuire VA continuing to buy canines for deadly dog research](#) (2 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Despite public criticism, protests and state and federal legislation, McGuire VA Medical Center is still purchasing dogs for its experiments. For more than a year, 8News has reported on deadly dog research at McGuire VA Medical Center. Records of sale and disposition obtained by 8News show 8 hounds were purchased in the last 8 months for research at McGuire. Two of the hounds were puppies.

[Hyperlink to Above](#)

1.5 - KTUU (NBC-2): [Alaska VA increases staffing to improve access, but veterans say they're being cut off from pain therapy](#) (2 November, Derek Minemyer, 95k uvm; Anchorage, AK)

Healthcare in Alaska is a primary topic in next Tuesday's election. For months, KTUU has heard from veterans about obstacles they've encountered within the VA Healthcare System. On Thursday, we spoke with the director of the Alaska Veterans Administration about what the VA is doing to improve health services for veterans.

[Hyperlink to Above](#)

1.6 - Merced Sun-Star: [Are things getting better for homeless military veterans in Merced?](#) (2 November, Thaddeus Miller, 64k uvm; Merced, CA)

Veteran homelessness in the U.S. continues to decline, including a 23 percent decrease in Merced County, according to an annual national estimate announced Thursday by the federal Department of Housing and Urban Development.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - The Post and Courier: [Navy veterans with Agent Orange stories push VA for benefits](#)

(1 November, Mary Katherine Wildeman, 314k uvm; Charleston, SC)

After serving in three wars, it wasn't armed conflict that killed Rear Adm. Emmett Bonner. It was cancer, possibly caused by the herbicide Agent Orange. Bonner had already served in World War II and the Korean War when he came to Vietnam. There, he commanded the USS Oklahoma City. The ship was stationed at the southern end of the Gulf of Tonkin during the 1964 incident. He died at 57 of cancer only a few years after retiring from the service.

[Hyperlink to Above](#)

2.2 - HottyToddy.com: [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2

November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday. Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

[Hyperlink to Above](#)

2.3 - Du Quoin Call: [Duckworth talks with southern Illinois veterans](#) (2 November, Holly Kee, 1k uvm; Du Quoin, IL)

U.S. Sen. Tammy Duckworth and nearly 100 southern Illinois veterans got together in Marion this week, where she told them she does not support privatization of Veterans Affairs. and that she believes more investigation is needed into the Marion VA Medical Center.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - WJAX (CBS-47, Video): [St. Augustine to break ground on permanent VA clinic in 2019](#) (2 November, Lorena Inclan, 148k uvm; Jacksonville, FL)

St. Augustine to break ground on permanent VA clinic in 2019. After years of waiting, St. Johns County veterans will soon get a permanent Veterans Affairs clinic. It will replace the temporary building that veterans are now using for their medical needs. A rendering was released by the VA to show what the new and permanent clinic will look like once it's finished.

[Hyperlink to Above](#)

3.2 - KFDA (CBS-10, Video): [‘Visible commitment’ to local veterans: Amarillo VA breaks ground on new rehabilitation and prosthetics building](#) (2 November, Jami Seymore, 55k uvm; Amarillo, TX)

From new facilities and buildings to updates within the hospital, the Thomas E. Creek VA Medical Center is seeing some big changes. "One of the VA's major goals is modernization, so we've really taken that to heart here at the Amarillo VA Health Care System for modernization," said Michael Kiefer, Director of the Amarillo VA.

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3.3 - Post Register: [New VA clinic in Idaho Falls triples the number of veterans receiving care](#) (2 November, Brennen Kauffman, 12k uvm; Idaho Falls, ID)

Just in time for Veteran's Day, a new U.S. Department of Veterans Affairs clinic is preparing to begin accepting patients in Idaho Falls. Located at 640 Woodruff Ave. in Idaho Falls, the Idaho Falls Outreach Clinic has three times the capacity of the previous location and offers several new benefits to meet the high demand from the area's veterans.

[Hyperlink to Above](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Washington Examiner: [Trump administration announces drop in veterans' homelessness](#) (1 November, Maria Biery, 3.1M uvm; Washington, DC)

The Trump administration announced Thursday that the rate of veterans' homelessness has declined over the last year, continuing a trend that began in 2010 during which it has fallen by nearly half. The latest annual Homeless Assessment Report from the Housing and Urban Development Department found that the number of homeless veterans decreased 5.4 percent since the prior year.

[Hyperlink to Above](#)

6.2 - KCNC (CBS-4, Video): [First Burials Take Place At New National Cemetery In Colorado Springs](#) (2 November, 496k uvm; Denver, CO)

A new veterans cemetery has opened in Colorado Springs. Thursday marked the first burial service at Pikes Peak National Cemetery. The cremated remains of four veterans, representing four branches of service, received military honors...

[Hyperlink to Above](#)

6.3 - KPBS (NPR-89.5/PBS-15, Audio, Video): [VA San Diego Homeless Program Puts Vets Back To Work](#) (2 November, Steve Walsh, 165k uvm; San Diego, CA)

The VA San Diego plans to expand a program to keep homeless veterans off the streets. Giana Fimbres is a Gulf War veteran from Arizona. Nearly five years ago, she found herself homeless in San Diego. "When I came out of the military I thought, 'I'm fine, I got this,'" Fimbres said. "Then, come to find out I was diagnosed with PTSD."

[Hyperlink to Above](#)

6.4 - Capital Public Radio (Audio): [Veterans Who Want To Be Farmers In Northern California Get Support From VA](#) (2 November, Julia Mitric, 119k uvm; Sacramento, CA)
U.S. veterans who want to go into farming face many of the same barriers as civilians, like a lack of capital and land access. But another obstacle is not having knowledge of farming practices. This is according to Marisa Alcorta, who runs the California Farm Academy Apprenticeship Program at the Center For Land-Based Learning in Winters, 40 minutes west of Sacramento.

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6.5 - Federal News Network (Audio): [Federal employees union wants CFPB official gone](#) (2 November, Eric White, 100k uvm; Washington, DC)
Veterans homelessness is down five point four percent in 2018 since the previous year. The departments of Housing and Urban Development and Veterans Affairs said they counted about 2,000 fewer homeless veterans in emergency shelters or transitional housing in January 2018, compared to 2017. HUD Secretary Ben Carson and VA Secretary Robert Wilkie said success is due to the HUD-VA Supportive Housing Program.

[Hyperlink to Above](#)

6.6 - WTEN (ABC-10, Video): [GI Bill payment issues affecting local veterans](#) (2 November, Morgan McKay, 97k uvm; Albany, NY)
Over 200,000 vets are not getting their education and housing benefits due to a backlog in the Department of Veterans Affairs. "The VA did not take it to be a serious problem and that's why we're where we are," John Kamin, of the American Legion, said. Kamin says student veterans are facing eviction because the VA is behind on GI Bill payments. Some schools won't even let veterans graduate or register for classes, because their tuition is late.

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6.7 - WJHL (CBS-11): [Mountain Home National Cemetery to honor veterans and families this month](#) (2 November, 69k uvm; Johnson City, TN)
President Donald Trump declared November the second annual National Veterans and Military Month and Mountain Home National Cemetery is following suit. Mountain Home will celebrate Nov. 9 with a wreath-laying ceremony held at the main flag pole in front of the Annex Administration Building at 8 a.m.

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6.8 - KOMU (NBC-8, Video): [Homeless veteran population increases in mid-Missouri](#) (2 November, Ethan Burks, 38k uvm; Columbia, MO)
The U.S. Department of Housing and Urban Development (HUD) reported a 5.8 percent decrease in homeless veterans living in Missouri from last year. Data in the same report showed the opposite for mid-Missouri. In 2017, HUD estimated there were 98 homeless veterans in the area. The 2018 report indicated an increase to 112 veterans.

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6.9 - Wellsville Daily Reporter: [VA to celebrate Veterans and Military Families Month](#) (2 November, 5k uvm; Wellsville, NY)

President Donald Trump has declared November 2018 the second annual National Veterans and Military Families Month, to “salute the brave and dedicated patriots who have worn the uniform of the United States, and celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

[Hyperlink to Above](#)

6.10 - ConnectingVets.com (CBS Radio): [Pikes Peak National Cemetery officially opens with burial of four veterans](#) (2 November, Elizabeth Howe, New York, NY)

Pikes Peak National Cemetery opened in Colorado Springs this week with the burial of four veterans: a Marine, a sailor, an airman and a soldier. The new cemetery is 374-acres and has the capacity to honor 95,000 veterans, spouses and family members — a much needed expansion. Fort Logan, a nearby national cemetery, is over 100 years old and averages 20 burials a day. As the sixth busiest national cemetery in the country, it would have run out of space in 2032.

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7. [Other](#)

7.1 - U.S. News & World Report (AP): [Evers Promises on Tax Increases; Warren Rallies for Baldwin](#) (2 November, Scott Bauer, 14M uvm; Washington, DC)

Democrat Tony Evers, who has said he would consider raising the gas tax if elected governor of Wisconsin and has campaigned on ending a tax break primarily benefiting manufacturers, told a newspaper that he's not planning to raise any taxes.

[Hyperlink to Above](#)

7.2 - Bozeman Daily Chronicle: [Tester being ‘punished’ for doing the right thing](#) (2 November, Jane Hawks, 191k uvm; Bozeman, MT)

In Trump’s rally in Missoula he bragged that he was there to punish Sen. Tester for opposing Trump’s choice to head the Department of Veterans Affairs. The hard truth is that the initial nominee to head the VA was severely flawed and unqualified candidate.

[Hyperlink to Above](#)

7.3 - KUFM (NPR-89.1, Audio): [DoD: Investigation Of Trump VA Nominee Jackson Still Ongoing](#) (2 November, Eric Whitney, 23k uvm; Missoula, MT)

On the eve of President Trump’s fourth visit to Montana since July to campaign against Sen. Jon Tester, the Defense Department says it is continuing to investigate charges of professional misconduct by Rear Admiral Ronny L. Jackson.

[Hyperlink to Above](#)

7.4 - Marion Republican: [Election 2018 Bost, Kelly on education, Mueller and the VA](#) (2 November, Holly Kee, 2k uvm; Marion, IL)

U.S. Rep. Mike Bost believes it's time for special counsel Robert Mueller's investigation into Russian influence on the 2016 election to wrap up. "I think right now, after this long, he (Mueller) needs to produce any evidence he has," the Republican congressman from Murphysboro said.

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1. [Top Stories](#)

1.1 - PolitiFact – Wisconsin: [Baldwin bipartisan Tomah VA bill claim scores but comes with caveat](#) (2 November, D.L. Davis, 2.4M uvm; Washington, DC)

The opioid crisis has devastated communities, claimed lives and become a major campaign issue.

In the Wisconsin U.S. Senate race, Republican challenger Leah Vukmir has slammed U.S. Sen. Tammy Baldwin, a Democrat, over an overprescription scandal at the Tomah Veterans Affairs Medical Center.

In response, Baldwin launched her own campaign ad featuring the parents of late Marine Jason Simcakoski that claims that -- in the wake of the death -- Baldwin "brought both parties together to help pass a law" to "make the VA accountable and also to stop the overprescribing of" opioids.

That's what we want to look at here.

The background

To be sure, Baldwin's ad sidesteps what happened in Tomah and the role she and her office played in handling information from a whistleblower.

As we have noted in earlier items:

Problems at the Tomah VA first made news in January 2015, when the California-based

During a September 2018 appearance on "Capital City Sunday" on WKOW-TV, she said Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

We rated Vukmir's overall claim Mostly False.

We found that Baldwin was the only one with the report and that she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died and -- while she did not publicize it -- an investigation by the U.S. Senate Ethics Select Committee into allegations of a coverup found the complaints lacked merit.

Now to Baldwin's claim

What happened next

In her claim, Baldwin is referring to legislation she co-authored -- the "Jason Simcakoski Memorial and Promise Act." On the campaign trail, Baldwin has referred to it as "Jason's Law."

And that's what Baldwin's campaign pointed to when we asked for evidence to support her claim.

"Jason's Law includes multiple measures designed to hold the VA system more accountable for the care of veterans and provide stricter opioid prescription guidelines," said campaign spokesman Bill Neidhardt. "Since being signed into law, Jason's Law has helped improve the VA, where they've seen lower opioid prescribing rates and increased numbers of physicians who receive updated training."

Now to the specifics:

Bipartisan bill: According to a June 22, 2015 news release, Baldwin and U.S. Sen. Shelley Moore Capito, R-W.Va., introduced the initial measure. The news release shows supporters at the time included 11 other senators -- nine of them Democrats and two of them Republicans. Among the Republicans: Ron Johnson of Wisconsin.

A July 13, 2016 report from WSAW TV and the Associated Press said Baldwin's bill and one from U.S. Rep. Ron Kind, a Wisconsin Democrat, were included in the Comprehensive Addiction and Recovery Act, or CARA, made up of 12 bills.

That measure passed the Senate in a 94-1 vote. On July 22, 2016, President Obama signed the package into law.

Johnson himself referred to the measure as "a bipartisan step."

VA accountability/overprescribing: That portion of the claim is supported by a May 9, 2018 appearance by VA Deputy Under Secretary Carolyn Clancy on C-SPAN.

In the interview, Clancy said "we've seen a 47 percent decrease in the number of veterans on chronic opioids in Tomah, which is a little ahead of the national average. We've made great progress overall. For the proportion of patients on both a benzodiazepine and an opioid, which

has a very high risk of adverse events, the decrease has been 76 percent at Tomah which is a little bit ahead of the national decrease."

In April 2018, the Tomah VA became one of 18 veterans hospitals across the country involved in the "Whole Health" program. The program considers the physical, mental, emotional, spiritual, and environmental elements that work together to provide the best quality of life for each veteran, according to the U.S. Department of Veterans' Affairs.

"We will never eradicate the need for opioids, but I think by combining it with the nontraditional therapy and taking the whole look at the veteran and veterans' needs, we will be able to manage pain and still let the veterans have a quality of life that they need," Victoria Brahm, director of the Tomah VA, said in an April 23, 2018 Associated Press story.

So, on the narrow points of Baldwin's claim, she is on target -- even as she ignores missteps by her office that could have mitigated the problems.

Alec Zimmerman, spokesman for the Republican Party of Wisconsin, said Baldwin had left "our state's heroes in danger" and that rather than taking immediate action "was trying to save her political future."

Our rating

A Baldwin campaign ad claims she "brought both parties together to help pass a law" to "make the VA accountable and also to stop the overprescribing of" opioids.

The action came only after the overprescription scandal made headlines -- something ignored in the ad. Likewise, the ad sidesteps key missteps by Baldwin's own office.

Nevertheless, the claims in this ad are narrowly drawn.

We rate Baldwin's claim Mostly True.

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1.2 - Military Times: [Many student veterans risk eviction for late GI Bill payments. So this city is stepping in](#) (2 November, Natalie Gross, 471k uvm; Springfield, VA)

Student veterans in New York City who are at risk of being evicted from their homes because of delayed GI Bill payments from Veterans Affairs are getting a little extra help from the city's government.

Mayor Bill de Blasio's administration announced a multi-agency effort this week to streamline emergency rent relief for student veterans who rely on the Post-9/11 GI Bill housing stipend to pay for rent. According to a news release from the mayor's office, this includes most of the city's 12,000 student veterans.

"Our nation owes our veterans a debt of gratitude for their service. At the very least, those who bravely served our country are owed the benefits promised to them by the federal government," de Blasio said in the release. "New York City is stepping up to give student veterans the security

they need to stay in their homes while they wait for the federal benefits they earned through service to our country.”

The administration has sent out information to schools that lays out how, and where, students can apply for rent assistance through the Department of Social Services. The city is also providing a letter that students can give to their landlords, who may not understand the reason for late payments.

New Yorkers aren't the only ones reeling from unpaid education benefits. Students all over the country have been impacted by a large backlog of claims at the VA, partly due to the agency missing a key Aug. 1 deadline to update its technology systems that were supposed to change the way housing stipends were calculated under the new Forever GI Bill law.

A VA spokesman told Military Times in an email last week that as of Oct. 24, the agency had 120,000 education claims pending, most of which were for Post-9/11 GI Bill payments. Approximately 1,200 claims have been pending for 60 days or more.

Original claims for first-time GI Bill users are taking an average of 33 days to process, and supplement claims are averaging 23 days, he said. The current averages are higher than the VA's goal to process these types of claims in 28 and 14 days, respectively.

Students who have gotten paid this semester are receiving payments under 2017 rules, which don't account for the most recent change to the law — which stipulates that students are to be paid a housing stipend based on the location where they take the most classes, not the school's main campuses — or a 2018 cost-of-living increase. The VA has said it will correct underpayments once the updated systems are live, and students will not be held responsible for overpayments.

De Blasio's announcement comes after dozens of schools have reported to the city's Department of Veterans' Services that many of their students who use the GI Bill to pay for school are between two to four months behind on rent payments, according to the news release.

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1.3 - WVEC (ABC-13): [Hampton VA Medical Center celebrates National Veterans, Military Families Month](#) (2 November, 135k uvm; Norfolk, VA)

HAMPTON, Va. (WVEC) — The Hampton VA Medical Center is celebrating the second Veterans and Military Families month.

Beginning in 2017, President Donald Trump proclaimed November as Veterans and Military Families Month, rather than just celebrating them on Veterans Day.

On Wednesday evening, President Trump declared November 2018 the second annual National Veterans and Military Families Month to “salute the brave and dedicated patriots who have worn the uniform of the United States, and...celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

To celebrate Veterans and Military Families Month locally, Hampton VA Medical Center will hold the two events honoring Veterans and their families throughout the month of November. The first event, Veterans Day Celebration, will be held on November 8.

The second event, Veteran Stand Down, will be held November 17 for homeless and at-risk veterans.

"At VA, Veterans and their families are at the center of everything we do. Veterans and Military Families Month is an opportunity for us to honor the service of these patriots while educating communities about VA benefits and services and our commitment to customer service improvement," VA Secretary Robert Wilkie said.

[Back to Top](#)

1.4 - WRIC (ABC-8, Video): [McGuire VA continuing to buy canines for deadly dog research](#) (2 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Despite public criticism, protests and state and federal legislation, McGuire VA Medical Center is still purchasing dogs for its experiments.

For more than a year, 8News has reported on deadly dog research at McGuire VA Medical Center.

Records of sale and disposition obtained by 8News show 8 hounds were purchased in the last 8 months for research at McGuire. Two of the hounds were puppies. Four of the dogs are already dead -- some euthanized within weeks of their arrival.

Todd Woodson, Administrator of the RVA Animal Advocacy Alliance and district leader with the Humane Society says, "It is utterly heartbreaking."

Woodson was one of dozens who stood in front of McGuire last year protesting the deadly dog experiments.

"I am overwhelmed with grief that these animals were killed, they were not euthanized, they were killed," he said.

As part of the research into heart disease, the dogs are surgically implanted with pacemakers and put on treadmills to test cardiac function. They're forced to run until they collapse.

At the end to the experiments, all of the dogs are put down.

Woodson says it's disturbing since local animal groups have reached out to the VA offering to save the dogs after the testing.

"They could have gone to the Richmond SPCA, who has very graciously offered to take them to give them medical attention and find them homes," he added.

McGuire has yet to take them up on the offer.

Meanwhile, in a letter shared with 8News, the VA confirms across the agency there are still nine ongoing studies and another new one in review.

8News has confirmed four are active at McGuire. The VA maintains these are experiments that could lead to discoveries that can help veterans with heart conditions.

Some might be wondering did the studies get approved? As 8News has reported in the past, there's new federal law aimed to defunding the deadly experiments.

However, there's a sort of loophole that allows the research to continue if there is direct approval from the VA Secretary.

8News has been told former Secretary David Shulkin gave verbal approval for the continued research on March 28th, the very same day President Donald Trump fired him.

VA Spokesman Curt Cashour tells 8News it happened "during an early afternoon March 28, 2018, in-person meeting on his last day at VA that was attended by then-VHA Executive in Charge Carolyn Clancy, then-VHA Acting Chief of Staff Lisa Pape, VHA Deputy Chief Patient Care Services Officer for Rehabilitation and Prosthetic Services Lu Beck and VA Chief Research and Development Officer Rachel Ramoni."

Although, Shulkin denies that in published reports.

Justin Goodman with White Coat Waste Project, a taxpayer watchdog group that has led a campaign to end the experiments, tells 8News, "if former Secretary Shulkin didn't personally approve the existing dog testing to continue, all of the Richmond VA's dog experiments are apparently violating federal law."

8News has uncovered VCU, as a public university, is still funding the canine research at McGuire, although they are contributing less than in the past.

The Virginia General Assembly passed legislation this year prohibiting the use of taxpayer money for what the USDA defines as category E experiments. That's when no anesthesia is given to the animals.

VCU is within the law in that it is funding category D experiments. While many say they are still painful studies, the dogs do get drugs.

8News reached out to Republican Senator Bill Stanley from the Commonwealth's 20th District. He sponsored the legislation and he is now talking about broadening the restrictions.

"The fact that McGuire is still conducting these painful and inhumane experiments on dogs in the Commonwealth is both shocking and unbelievable. I'm not going to let the Richmond VA continue to abuse and kill dogs in crude experiments with taxpayers' money.

Last General Assembly session we passed the nation's first law banning public funding for the most painful category of dog testing at the Richmond VA and other laboratories in the Commonwealth. The continued actions of the VA to harm man's best friend may just mean that we will need to broaden these restrictions next year.

If McGuire has purchased puppies in order to torture them unnecessarily with useless painful experiments, then I want the VA to give me the opportunity to buy them back so they can have a life free from suffering.” -- Republican Senator Bill Stanley

Other leaders across the country are weighing in. Congressman Brian Mast (R-FL) has this to say:

“As an Army veteran and a dog owner, the VA's practice of conducting painful and deadly experiments on dogs is especially alarming to me. Having sustained catastrophic injuries on the battlefield, which included the loss of both my legs, I am acutely aware of the vital role dogs play in helping troops recover from war's physical and psychological tolls. The VA has not executed what we wanted as intent, which is to bring this to an end in its entirety, so we will keep up the pressure until these invasive, painful and deadly experiments on dogs stop completely!”

Overall, 8News can see McGuire reports it's using fewer dogs than in the past. We're told 25 dogs were used in fiscal year 2018. The lowest number of dogs used in the research since 2013.

Still, it's little comfort to those who call the experiments abuse.

"One dog is too many," says Woodson.

"Over the past 18 months, there's been historic progress toward ending VA's fiscally reckless and morally repugnant dog testing—projects have been canceled, new restrictions enacted, less money spent, fewer dogs used—and there would've been more if not for a few entrenched bureaucrats at the VA defying Congress, veterans and taxpayers," Goodman added.

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1.5 - KTUU (NBC-2): [Alaska VA increases staffing to improve access, but veterans say they're being cut off from pain therapy](#) (2 November, Derek Minemyer, 95k uvm; Anchorage, AK)

Healthcare in Alaska is a primary topic in next Tuesday's election. For months, KTUU has heard from veterans about obstacles they've encountered within the VA Healthcare System.

On Thursday, we spoke with the director of the Alaska Veterans Administration about what the VA is doing to improve health services for veterans.

Alaska VA Healthcare Director Dr. Timothy Ballard says the agency's primary goal in 2018 was to increase staffing to better address veterans' access to healthcare. Ballard says the organization has done that, boosting its workforce by 189 personnel and using third party collections to increase revenue.

But he admits there's more to be done, and some Alaska veterans at a public forum in the Mat-Su Valley on Tuesday agreed.

Many at the forum said they found relief in acupuncture therapy provided through the VA outpatient service.

"I've been going since December 2016, and in 2017 I got every visit I wanted," one woman said. But she said access has dwindled in recent months. "I haven't had care in two damn months," she said, covering her face as she cried while detailing the pain she's experienced since missing her acupuncture therapy.

Ongoing pain management was one of the major talking points of veterans at Tuesday's forum, many echoing similar issues with being cut off from chiropractic, physical or acupuncture therapy.

One woman at the forum said her 32-year-old husband is 32 years-old lives in chronic pain from his work as a mechanic on heavy machinery. He's in so much pain, she says, that he has trouble bending over to help with the dishes. Orthopedic surgeons won't consider surgery, she says, because of his age and line of work. So doctors recommended acupuncture.

"Last ditch effort, Mat-Su clinic sent us for acupuncture to try, and holy crap, it's working," she said excitedly. "Like 70 percent pain reduction. I have my husband back. He hasn't been able to participate or play with our four-year-old in three years."

But, she says her husband's relief was swept out from under him because of a new VA Healthcare stipulation.

"Now, this mandate is saying 'Oh, we're not giving you any more visits,'" she said angrily.

Dr. Ballard explains that the VA is a primary care-based system. If the primary care doctor lacks the qualifications to care for the patient's ailment, the patient is referred to an outside specialist. Ballard says this has led to large numbers of outpatient referrals to pain therapy services like acupuncture.

Ballard says the therapy provided relief to countless patients, and they started relying on it for chronic pain management — running up the bill for the VA.

"So the VA, in response to this, has incorporated what are called 'Standard Episodes of Care,' what the normal context of a consult should be," Ballard said. "So for acupuncture, they decided that 10 visits was appropriate, for chiropractic it's 12, for physical therapy it's 14."

As a result, many of the veterans who had finally found pain relief with those services, hit a wall.

"So here's the bottom line on this," a man began at Tuesday's forum. "Is that yes, we have chronic problems. When my back decides to go out, it doesn't go 'Oh wait a minute, did I have my 12 visits this year?' No it's going to go out."

Ballard says providers across the country agreed — they couldn't provide effective care in a limited time frame. So the VA asked them to provide thorough documentation as to why the patient requires continued outpatient pain relief services.

"We just asked them, show us your documentation," he said. "We've asked you to evaluate, treat, make recommendations to get them back to baseline. Show us where you are in that range. And frequently there's not adequate documentation to justify further care."

So what do patients do? Those at Tuesday's forum said they couldn't just will the pain away and continue living normal lives.

One man was getting massage therapy every week, and he says it was providing relief.

"You guys went from giving me one a week, basically, over the past three years, to just cutting me off," he said.

Ballard says the VA spends a lot of money for outpatient care for roughly 23,000 veterans who attend their facility on a regular basis. He says in 2017, the referrals cost around \$140 million. That's why he says they had to make a change. But he says that doesn't mean Alaska veterans will go without pain relief.

"There are situations where if a veteran truly has a need, they have an acute condition, we're going to certainly get them the care that they need," Ballard said. "But this benefit isn't going to be that 'I get physical therapy or acupuncture or chiropractic for the rest of my life because it makes me feel better.'"

Ballard says there are approximately 36,000 veterans enrolled in the Alaska VA Healthcare System, and between 75,000 and 90,000 total veterans living in Alaska.

He says one big step in the VA's plan is to improve outreach to those thousands of veterans currently living without VA healthcare benefits.

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1.6 - Merced Sun-Star: [Are things getting better for homeless military veterans in Merced?](#) (2 November, Thaddeus Miller, 64k uvm; Merced, CA)

Veteran homelessness in the U.S. continues to decline, including a 23 percent decrease in Merced County, according to an annual national estimate announced Thursday by the federal Department of Housing and Urban Development.

The annual report shows that the national number of homeless veterans dropped by 5.4 percent from 40,020 in 2017 to 37,878 this year. That number is also nearly half the number reported in 2010.

Merced County's decrease brought the number to 13 veterans living in shelters or on the street, the report says. Stanislaus and San Joaquin counties each saw their numbers dip by more than 10 percent.

HUD estimates 23,312 veterans were found in shelters across the country, while volunteers counted 14,566 veterans living on the street. In Merced, the annual tally found three veterans were staying in a shelter and the other 10 were languishing on the street.

In 2015, there were 88 homeless veterans in Merced County, according to the tally. The next year saw the number go down to 25 homeless veterans, and 2017's count found 17. The annual tally is a snapshot of the homeless problem and does not reflect an exact count, officials have stressed.

Helping the homeless veteran population often comes with the added difficulty that many of them suffer from post-traumatic stress disorder, according to Phil Schmauss, a longtime homeless advocate and member of the board for the Merced County Continuum of Care.

The strides made in reducing the number of veterans without a home was attributed by local and national homeless advocates to vouchers provided by HUD aimed specifically at former men and women of the armed forces. The HUD-VASH program provides permanent rental assistance from HUD, and case management and clinical services provided by the U.S. Department of Veterans Affairs.

"I would say the collaboration of many agencies has helped as well," Schmauss said.

The report shows a nearly 10 percent decline in female veterans experiencing homelessness. In January, communities reported 3,219 homeless veteran women compared to 3,571 the previous year.

The falling tally of homeless veterans is a sign that the newest efforts by homeless advocates are working, according to Robert Wilkie, secretary of the VA.

In July, leaders announced a plan to prevent and end veteran homelessness called "Home, Together." The effort redoubles what has been a plan to end veteran homelessness for several years, according to Matthew Doherty, executive director of the U.S. Inter-agency Council on Homelessness.

Last year, more than 4,000 veterans, many experiencing chronic forms of homelessness, found permanent housing and support services through the national program, according to officials. An additional 50,000 veterans found permanent housing and supportive services through other VA homeless programs.

"We owe it to our veterans to make certain they have a place to call home," HUD Secretary Ben Carson said in a statement. "We've made great strides in our efforts to end veteran homelessness, but we still have a lot of work to do to ensure those who wore our nation's uniform have access to stable housing."

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2. Improving Customer Service

2.1 - The Post and Courier: [Navy veterans with Agent Orange stories push VA for benefits](#) (1 November, Mary Katherine Wildeman, 314k uvm; Charleston, SC)

After serving in three wars, it wasn't armed conflict that killed Rear Adm. Emmett Bonner. It was cancer, possibly caused by the herbicide Agent Orange.

Bonner had already served in World War II and the Korean War when he came to Vietnam. There, he commanded the USS Oklahoma City. The ship was stationed at the southern end of the Gulf of Tonkin during the 1964 incident. He died at 57 of cancer only a few years after retiring from the service.

Years later, the Department of Veterans Affairs would acknowledge his cancer could have been caused by Agent Orange. Still, his wife, Elizabeth Bonner, fought a decades-long battle for the benefits owed to veterans exposed to the chemical defoliant.

Bonner's story has become a source of interest for Frank Hamilton, a volunteer at the College of Charleston's Addlestone Library. Bonner was stationed in Charleston for part of his service. Hamilton has been curating a collection of Bonner's reports and private documents.

Hamilton said it struck him how hard Bonner's wife had to fight for benefits. He said he hopes studying Bonner's story will inform veterans whose claims for exposure have been dismissed.

Tens of thousands of veterans' benefits are on the line as legislators and lawyers weigh whether they should compensate veterans for possible exposure to Agent Orange. The Air Force sprayed at least 11 million gallons of Agent Orange on the Vietnamese countryside between 1962 and 1971, according to the Institute of Medicine.

While it was meant to deny the enemy cover, the herbicide is known to cause a range of illnesses, including cancer, heart disease and diabetes.

VA leaders say there is not enough scientific evidence to support giving the benefits to Navy veterans who were stationed at sea. Veterans argue the agency is denying benefits to people who could be dying of exposure.

The conflict is a reminder of how difficult veterans can find accessing their benefits, even when the VA acknowledges they're due.

Veterans everywhere are struggling to access Agent Orange-related benefits, regardless of which arm of the military they served in, said John Wells, a retired Navy commander, attorney and executive director of Military Veterans Advocacy.

He said if the campaign to extend the benefits to "blue water Navy veterans" — a colloquial term for Navy personnel who were stationed at sea — is successful, the organization has a bucket list of other groups of veterans they feel are being unfairly denied entitlements.

"Blue water Navy has always been considered the tip of the spear," Wells said.

'We bathed in it'

Tom Ulmer, a Cameron resident, spent parts of 1972 and 1973 off the shore of Vietnam. His ship carried aviation fuel and other critical supplies.

A true blue water Navy veteran, Ulmer never set foot in Vietnam, and so he is not eligible for Agent Orange-related benefits. But he said the crew used distillation to try to purify water that came from shore.

"We bathed in it, cooked our food in it, washed our clothes and everything else," he said.

Whether water distilled from Vietnam and consumed by sailors could have contained toxic amounts of Agent Orange was the subject of a 2002 study out of Australia. VA leaders dispute that the results of the research apply to Navy veterans. And while Ulmer said he has only received high-quality care from the VA Medical Center in Columbia, he has since contracted diabetes and neuropathy, both connected to Agent Orange exposure.

“They can’t prove that we were exposed,” he said. “And they can’t prove that we weren’t.”

Having a “service connection” — an established link between an illness and military service — would entitle Ulmer and other veterans like him to bigger checks from Veterans Affairs.

Back-and-forth over benefits

Veterans like Ulmer, who served at sea during the Vietnam War, once did have the benefits they’re now arguing for.

Originally, VA allowed all Vietnam veterans to access Agent Orange-related benefits, regardless of which branch of the service they were in. But they changed the rules in 2002 to exclude blue water Navy veterans.

A bill that would reverse that condition passed through the House of Representatives with little turbulence. Representatives voted unanimously for the measure.

But as the proposal reached the Senate Committee on Veterans Affairs, VA leaders voiced their disapproval. There is not enough scientific evidence, they said, to prove the sailors were exposed to Agent Orange. Paul Lawrence, the VA’s under secretary for benefits, told senators during a hearing the bill could allow a camel into a multi-billion dollar tent.

VA estimates show the bill costing \$6.7 billion over 10 years. The legislation could affect up to 90,000 veterans and the agency would have to revisit 30,000 claims it denied, according to the Military Officers Association of America.

There must be limits on the system, Lawrence argued. The federal government spent more than \$24 billion on benefits for Vietnam veterans in 2016, according to an annual VA report.

The bill has continued to stall in the Senate. The offices of U.S. Sens. Tim Scott and Lindsey Graham did not respond to requests for comment on which way the South Carolina senators would vote, if given the opportunity. Graham’s office said only, “We look forward to seeing what they are able to pass through the committee.”

10,000-mile ride for signatures

Gerry Wright, a Connecticut resident and Army veteran, has heart disease and neuropathy, both linked to Agent Orange exposure. Whether he was in contact with the herbicide would be in little doubt: He said he sprayed the chemical himself while serving two tours in Vietnam from 1969 to 1970, never wearing a hat or gloves. But he could see dead snakes, rats and monkeys where they had sprayed.

“We didn’t know it was that poisonous,” Wright said.

So, Wright took to the road on a bright orange Honda motorcycle with the words “sprayed and betrayed” and “death followed us home” painted on its trailer. He traveled more than 10,000 miles across the country and earned about 5,600 signatures on a petition. He also started a Facebook page that now has hundreds of followers.

Wright has managed to have a bill introduced that would expedite awarding benefits for Agent Orange exposure to all veterans, regardless of which arm in the military they served. He has bipartisan support and is hunting for more legislators to sign on.

The conversation around Vietnam veterans' benefits is only more urgent as they age and naturally get sicker.

When Jonathan Robinson, a Navy veteran and lower Berkeley County resident, was diagnosed with prostate cancer 10 years ago, he began to wonder if the illness could be connected to Agent Orange and the water he drank while stationed in the South China Sea.

There were always rumors that Agent Orange was being transported on board Navy ships, he said. But he's never seen the rumors confirmed.

"I really don't know what I've been exposed to in the Navy," Robinson said.

Wells, the Military Veterans Advocacy director, said it matters little whether winning benefits for the blue water Navy veterans is done through legislation or the courts system.

"We're looking at it as a race," he said. "But we don't care who gets to the finish line first."

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2.2 - HottyToddy.com: [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2 November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday.

Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

"We are honored to show off our veterans' home and also to thank him for the economic impact that this facility has on our community and the wonderful service it is to our veterans," Tannehill said.

Wilkie will take part in some of the Warrior Week events this weekend honoring veterans. On Saturday, during the game against South Carolina Gamecocks, he will participate in the pregame coin toss alongside 9/11 survivor Will Jimeno.

Wilkie was nominated to be Secretary of Veterans Affairs by President Donald Trump on May 18, 2018. He was confirmed by the U.S. Senate on July 23.

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2.3 - Du Quoin Call: [Duckworth talks with southern Illinois veterans](#) (2 November, Holly Kee, 1k uvm; Du Quoin, IL)

MARION -- U.S. Sen. Tammy Duckworth and nearly 100 southern Illinois veterans got together in Marion this week, where she told them she does not support privatization of Veterans Affairs. and that she believes more investigation is needed into the Marion VA Medical Center.

Duckworth, an Iraq War veteran and U.S. Army helicopter pilot, lost both her legs and some mobility in her right arm from severe combat wounds in 2004. She was a congressman from suburban Chicago before being elected to the U.S. Senate from Illinois in 2016.

She said that veterans who visit non-VA doctors aren't always screened for all the possible health conditions that could arise from military service, such as Agent Orange exposure.

Duckworth appeared alongside St. Clair State's Attorney Brendan Kelly, the Democrat who is running against congressman Mike Bost (R-Murphysboro) in the 12th district.

Duckworth expressed frustration that legislation introduced by Bost, to reform hiring for Human Resources positions at Veterans Health Administration facilities, is sitting in committee.

"We're going to stay on top of it," Duckworth said.

Duckworth told the group that a former VAMC radiologist contacted her office in July concerning patients whose exams he alleges were botched. She said the radiologist had been working at the Marion facility for only a few weeks when he began finding errors, claiming some patients who were previously diagnosed as healthy on previous scans actually had serious medical conditions such as cancer.

Duckworth said the VA Office of General Counsel has agreed to investigate.

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3. Business Transformation

3.1 - WJAX (CBS-47, Video): [St. Augustine to break ground on permanent VA clinic in 2019](#) (2 November, Lorena Inclan, 148k uvm; Jacksonville, FL)

St. Augustine to break ground on permanent VA clinic in 2019
After years of waiting, St. Johns County veterans will soon get a permanent Veterans Affairs clinic.

It will replace the temporary building that veterans are now using for their medical needs.

A rendering was released by the VA to show what the new and permanent clinic will look like once it's finished.

Once it finally opens, it will have been nine years in the making.

Bill Dudley, chairman of the Veterans Council of St. Johns County has been there every step of the way.

"It has been a long time coming actually," said Dudley.

Action News Jax documented the saga that led to an at times tense back and forth between the county that offered the VA a spot in its new Health and Human Services building and the VA that insisted it needed to follow federal procurement protocols.

The drawn-out process took years and Dudley says it was also wasteful.

"We think there was a lot of taxpayer money that was squandered in this decision process," said Dudley.

In the end, the VA chose Construction Managers Inc. out of North Carolina as the contractor for the project. The company was the same one the county would have used to build out the clinic at the Health and Human Services building on San Sebastian View, according to Dudley.

Dudley said he's looking forward to putting all that in the past and moving forward.

"We're happy that they have now selected a site, actually the new site is pretty centrally located," said Dudley.

The new building will be just off State Road 207 in the Deerfield Preserve which is not far from the current temporary clinic near Old Moultrie Road.

"It's better for me because it's closer to my house," said Marine Corps veteran Brennen Bettin.

Veterans we spoke to are looking forward to a nicer, more modern, clinic than what they have now.

"I think it'll be great. It [the temporary facility] reminds me of a medical facility we had in the Middle East. It's kind of a baron clinic," said Navy veteran Shane Tong.

The good news is that services for St. Johns County vets were never interrupted throughout the process. For many, having a VA clinic nearby is key.

"The care has been pretty decent here so hopefully that transfers over," said Tong.

The new clinic will continue to provide primary care, mental health, podiatry, nutrition, laboratory, home-based primary care and physical therapy.

Work is expected to begin next June and completion is projected for June 2020.

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3.2 - KFDA (CBS-10, Video): ['Visible commitment' to local veterans: Amarillo VA breaks ground on new rehabilitation and prosthetics building](#) (2 November, Jami Seymore, 55k uvm; Amarillo, TX)

From new facilities and buildings to updates within the hospital, the Thomas E. Creek VA Medical Center is seeing some big changes.

"One of the VA's major goals is modernization, so we've really taken that to heart here at the Amarillo VA Health Care System for modernization," said Michael Kiefer, Director of the Amarillo VA.

The Amarillo VA has a number of ongoing projects including an upcoming addition to the Community Living Center, new parking surfaces, roofing and the recent opening of a primary care facility.

"A number of projects are ongoing," said Kiefer. "Some of which you can see that are pretty obvious and then there's probably 10 or 12 minor projects that go on throughout the whole year to continuously upgrade services for our veterans."

One of those obvious projects just broke ground on Friday. The VA is building a new rehabilitation and prosthetics facility through a \$9.9 million award.

"This is going to be a completely ground-up facility so what you're going to see first is the demolition and site work," said Ryan Schwitzer, Chief Engineer of the Amarillo VA.

With 12,000 square feet in new construction and 800 square feet in renovations, the facility will help better serve those going through physical rehabilitation as well as anyone receiving prosthetic treatment like medical equipment and supplies, prosthetic limbs or even home services.

"We're going to be taking the current services existing in our original hospital and bringing them into this new area," said Schwitzer. "With that comes better overall environment for care."

The Amarillo VA hopes to complete construction of the new facility by fall of 2019.

"It's a visible commitment that the Department of Veteran Affairs has for our 50 counties that we are responsible for to keep our veterans proud when they walk in and they can get care and services," said Schwitzer. "We're keeping that promise that was made to them for their sacrifice and service."

The VA plans on fulfilling that promise, starting with a shovel and ending on a new facility all can be proud of.

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3.3 - Post Register: [New VA clinic in Idaho Falls triples the number of veterans receiving care](#) (2 November, Brennen Kauffman, 12k uvm; Idaho Falls, ID)

Just in time for Veteran's Day, a new U.S Department of Veterans Affairs clinic is preparing to begin accepting patients in Idaho Falls.

Located at 640 Woodruff Ave. in Idaho Falls, the Idaho Falls Outreach Clinic has three times the capacity of the previous location and offers several new benefits to meet the high demand from the area's veterans.

"We had the largest demand for patients to get into VA care in Idaho Falls. We had a waitlist of folks that we couldn't get into the clinic," Tim Huhtala said. Huhtala is the regional head of primary care services for the Veterans Affairs and oversees all the clinics in the Salt Lake City region.

Around 850 veterans are enrolled in care programs at the clinic on 17th Street in Ammon, and another 736 veterans are on the waiting list to receive care. The Ammon clinic will close once the new location is opened and fully operational.

Idaho Falls is the second city in the region to have an updated clinic built, after a similar one was built in Pocatello last year. Huhtala explained that the new design for all the clinics in the area was, surprisingly, inspired by the layout of Disney World.

"When you go to Disney World, your experience is immersive. There are no janitors or electricians running around to distract from that," he said.

The design of the VA clinics is meant to imitate that experience by making the clinics as streamlined and direct for the veterans as possible. Patients arriving for a scheduled appointment can be taken into rooms before they even sit down in the waiting area. Unscheduled arrivals will check in at electronic kiosks and possibly see a nurse almost as quickly.

Once the patients are taken back to the exam rooms, they will rarely have to leave it to receive medical services. Instead of moving between doctor's offices for every step of their care, patients will stay in their exam room while the doctors and nurses come to them.

"There are no dedicated offices. The teams all sit close together so they are able to collaborate on the patients and have quick conversations about their needs," said assistant engineer Michael Bohls, who helped design the new VA facilities in Idaho Falls and Pocatello.

Those teams are the new standard for care at veterans clinics across the country. The Patient Aligned Care Team, or PACT, consists of four members — a primary care physician, nurse practitioner, clinical associate and scheduler — who work closely together to better coordinate patient care. The teams are based on the system used for at-home medical care and are meant to be more consistent for the patients.

Even though the care teams are often responsible for managing the cases of up to a thousand veterans, VA officials said the system allows for more intimate help for the veterans under their care.

"They know about you personally and they know about you medically," Huhtala said.

The VA says the new location will be capable of handling up to 3,000 patients when fully staffed with patient aligned care teams. The health teams will sit together at a block of desks in the central area of the clinic, able to immediately share information between themselves and keep an eye on all of the exam rooms at once. The clinic has already hired a second physician, with the goal to eventually have three or four care teams on site to handle the veterans care.

The clinic's technology is also a significant upgrade from what was available at the previous location. Patients will have exam tables with heated seats and a wide range of mobility, along with other cutting-edge medical equipment. For the team members in the back, their desks can raise and lower electronically and the computers have dual monitors to show more information at once.

Some of the new technology connects the Idaho Falls clinic to the regional VA system. A "telehealth" system of monitors and cameras connects the clinic to the regional VA office,

allowing patients to meet remotely with doctors and specialists who can see their vital information in real time.

"The nurse can put a stethoscope on your chest and it could be transmitted to a cardiologist in Salt Lake City," Huhtala said.

The new facility also marks the first time that a mental health expert will be on site in the Idaho Falls clinic to help patients struggling with post-traumatic stress and other issues. Previously, psychiatrists had either called in remotely for appointments or patients had to travel hours to meet them. District commander of the VFW Bob Akins said that these mental services were essential for some of the veterans in the region.

"I am trying to help my fellow veterans here. They really need help and the VA helps us very well," Akins said.

Bohls says the VA plans to eventually undergo similar changes at all of the other clinics in the region. Plans are already in place to update the clinics in Orem and Ogden, Utah, next year and eventually all the clinics will end up looking and operating almost identically.

"We are cookie stamping every one of these clinics," Bohls said.

The clinical staff and patient aligned care teams will begin moving into the new location on Monday to prepare for the opening. To avoid having a gap in services during the move, the Ammon clinic is operating from a "mobile caravan" of offices until the new clinic can officially open. Soon after, the clinic hopes to begin moving more patients off the waiting list and into the VA system.

Veterans can begin receiving care at the Idaho Falls Outreach Clinic on Tuesday or call it at 208-522-2922. The VA will be hosting an official grand opening ceremony at 11 a.m. Dec. 6.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Washington Examiner: [Trump administration announces drop in veterans' homelessness](#) (1 November, Maria Biery, 3.1M uvm; Washington, DC)

The Trump administration announced Thursday that the rate of veterans' homelessness has declined over the last year, continuing a trend that began in 2010 during which it has fallen by nearly half.

The latest annual Homeless Assessment Report from the Housing and Urban Development Department found that the number of homeless veterans decreased 5.4 percent since the prior year.

In making the announcement, HUD Secretary Ben Carson said, "We owe it to our nation's veterans to make certain they have place to call home."

Sixty-four local communities and three states have reported that they have effectively ended veterans' homelessness, Carson said in a conference call with reporters.

He was joined by Veterans Affairs Secretary Robert Wilkie, who said the decline is a direct result of the cooperation between the federal and local governments.

"That really is the model for the way ahead," he said.

More than 4,000 veterans have found permanent housing since last year through the HUD Veterans Affairs Supporting Housing Program, which provides rental assistance to veterans.

Secretary Wilkie credited the VA MISSION Act, which aims to improve veteran access to healthcare, for providing the resources the department needs to combat the issue. However, he said it is also necessary to address the issues of opioid addiction and mental health, which he sees as contributing factors to the veterans' homelessness problem.

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6.2 - KCNC (CBS-4, Video): [First Burials Take Place At New National Cemetery In Colorado Springs](#) (2 November, 496k uvm; Denver, CO)

COLORADO SPRINGS, Colo. (CBS4) – A new veterans cemetery has opened in Colorado Springs. Thursday marked the first burial service at Pikes Peak National Cemetery.

The cremated remains of four veterans, representing four branches of service, received military honors:

- Air Force Senior Master Sgt. Charles Joyner
- Army Pfc. James Grant
- Navy Seaman Joseph Romery
- Marine Corps Master Sgt. Kurt Krause

It took two decades of intense lobbying and grassroots efforts for the cemetery to be built. The project was often held up because of the fact that it's located within 75 miles of Fort Logan National Cemetery in Denver.

But that drive from southern Colorado can be treacherous for families burying a loved one.

"Especially with the snow in the winter and getting over Monument pass. Just having it so close to them so they can come and visit their loved ones and pay their respects," said cemetery spokesman Paul Lagrange.

The cemetery director says the plans call for 200,000 plots to be available for veterans over the next few decades.

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6.3 - KPBS (NPR-89.5/PBS-15, Audio, Video): [VA San Diego Homeless Program Puts Vets Back To Work](#) (2 November, Steve Walsh, 165k uvm; San Diego, CA)

The VA San Diego plans to expand a program to keep homeless veterans off the streets.

Giana Fimbres is a Gulf War veteran from Arizona. Nearly five years ago, she found herself homeless in San Diego.

"When I came out of the military I thought, 'I'm fine, I got this,'" Fimbres said. "Then, come to find out I was diagnosed with PTSD."

That's how she eventually came into the Veterans Health Administration Career Assisted Therapy program. One of several programs used by the VA to target homelessness among vets.

"I was just letting myself go," she said. "I just did not care about myself anymore. I just didn't feel good about myself and I think that's how I ended up that way."

Two weeks ago, she got her first full-time job in years, working as a Medical Support Assistant at VA San Diego.

"I'm still on cloud 9," she said. "I'm still floating."

The program is designed to bring people into the workforce who suffer from post traumatic stress disorder, or have some physical or mental health issue that may have kept them out of the workforce for years.

"Work is an essential part of a person's well being," said Mark Natividad, vocational rehabilitation specialist at VA San Diego. "You know, it's important to mental health, physical health. And it just improves the overall person."

Roughly 100 veterans are in the program locally. Some only need minimal help writing resume's and updating computer skills.

Fimbres was part of more intense training to relearn basics skills.

"At first we make poppies," she said. "Those little red flowers that you see them give out. We make those. And that's the first part of our training. So we can learn to get along with others in an environment of getting back to work."

While clients often find jobs in the community, the training happens only at VA. Natividad said VA San Diego is looking for partners who might want to work with some of these vets as they learn their way back into the workforce.

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6.4 - Capital Public Radio (Audio): [Veterans Who Want To Be Farmers In Northern California Get Support From VA](#) (2 November, Julia Mitric, 119k uvm; Sacramento, CA)

U.S. veterans who want to go into farming face many of the same barriers as civilians, like a lack of capital and land access.

But another obstacle is not having knowledge of farming practices.

This is according to Marisa Alcorta, who runs the California Farm Academy Apprenticeship Program at the Center For Land-Based Learning in Winters, 40 minutes west of Sacramento. She says farming “is not something they typically get trained for in the military, so many of them need to come back and find a training program to build up skills and knowledge.”

The U.S. Department of Veterans Affairs recently approved the Winters-based apprenticeship program, a step that will allow vets to use GI Bill benefits to cover their costs while they learn the ropes of farming. The VA allowance is \$1,600 a month, according to the Farmer Veteran Coalition, a Davis-based nonprofit that mentors vets.

But the VA benefit will decrease 20 percent every six months over the two-year span of the CLBL apprenticeship, according to Alcorta. She still sees it as a significant boost for would-be farmers, since many California farmers do not provide apprentices with housing, and veterans have to contend with the lack of affordable living in California.

Matthew McCue is an Army veteran who’s traveled the path from the military to farming, although at that time, the CLBL program was not yet up and running. He says he didn’t know much about farming before he served in northern Iraq. “Sometimes we’d kick down doors and run through people’s gardens and fields to get to their houses,” he recalled. “And one thing I realized [was], man, these people really know how to farm.”

He also noticed local Iraqi farmers were still making money in war time, when nobody else could. So, after he returned to the United States, McCue completed college, earned a master’s degree in International Agriculture at UC Davis and completed an apprenticeship at the UC Santa Cruz Center For Agroecology & Sustainable Food Systems.

He grew organic vegetables for a CSA box from a farm in Fairfield before taking a job at the Farmer Veteran Coalition as director of employment and training. “Farming gave me the stability to go to school,” McCue said. “I [have] a lot of net gains from agriculture in terms of where I am in society.”

Agriculture is “not just bending over a hoe and weeding or working on an old tractor,” McCue added. “The level of business skills from learning how to run your own operation puts you head and shoulders above almost anyone you work with, regardless of what industry you go into.” He says becoming part of the farming community has given him a chance to create deep connections with non-military personnel. He calls that part of this life transition “priceless.”

The California Farm Academy Apprenticeship at the Center for Land-Based Learning is accepting applications for its 2019 cohort thru November 11.

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6.5 - Federal News Network (Audio): [Federal employees union wants CFPB official gone](#) (2 November, Eric White, 100k uvm; Washington, DC)

[...]

Veterans homelessness is down five point four percent in 2018 since the previous year. The departments of Housing and Urban Development and Veterans Affairs said they counted about 2,000 fewer homeless veterans in emergency shelters or transitional housing in January 2018, compared to 2017. HUD Secretary Ben Carson and VA Secretary Robert Wilkie said success is due to the HUD-VA Supportive Housing Program. Over 4,000 veterans found housing through the program last year. 64 local communities and three states declared an end to veterans homelessness. (Department of Veterans Affairs)

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6.6 - WTEN (ABC-10, Video): [GI Bill payment issues affecting local veterans](#) (2 November, Morgan McKay, 97k uvm; Albany, NY)

Over 200,000 vets are not getting their education and housing benefits due to a backlog in the Department of Veterans Affairs.

"The VA did not take it to be a serious problem and that's why we're where we are," John Kamin, of the American Legion, said.

Kamin says student veterans are facing eviction because the VA is behind on GI Bill payments. Some schools won't even let veterans graduate or register for classes, because their tuition is late.

"Left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," said Kamin.

A source within the VA here in New York says that this is not a problem they are seeing locally.

This frustration with how the VA operates and the lack of communication is nothing new. One veteran student Mike Falvo says that he recently received word that he ran out of benefits from his GI Bill, but not from the VA.

"I get a phone call from my adviser and he says we just want to let you know that the VA has not paid for your last two classes. Which was a complete shock and surprise to me."

Now with only a few credits left, Falvo will have to wait to get financial aid or grants before he can graduate. He says that the VA did not clearly communicate with him details of his GI bill and was even told at times that it would take a year for the VA to get back to him.

"I think that's one of the biggest problems with the VA now is there is no communication and if there is it's not effective. We sign the dotted line to defend our country, we deserve better."

The House Veterans Affairs Committee in DC will be looking into the issue of late payments to students in a hearing scheduled for November 14th.

The VA says veterans who aren't receiving their payments and need help to call its customer service number at 1-888-442-4551.

The American Legion also urges veterans who are struggling to contact their offices.

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6.7 - WJHL (CBS-11): [Mountain Home National Cemetery to honor veterans and families this month](#) (2 November, 69k uvm; Johnson City, TN)

President Donald Trump declared November the second annual National Veterans and Military Month and Mountain Home National Cemetery is following suit.

Mountain Home will celebrate Nov. 9 with a wreath-laying ceremony held at the main flag pole in front of the Annex Administration Building at 8 a.m.

Officials with Mountain Home say this year's celebration caps an "unprecedented period of improvement for the VA."

The tradition continues this year with more than 300 events being conducted at VA medical centers, benefits offices and cemeteries across the county.

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6.8 - KOMU (NBC-8, Video): [Homeless veteran population increases in mid-Missouri](#) (2 November, Ethan Burks, 38k uvm; Columbia, MO)

The U.S. Department of Housing and Urban Development (HUD) reported a 5.8 percent decrease in homeless veterans living in Missouri from last year.

Data in the same report showed the opposite for mid-Missouri. In 2017, HUD estimated there were 98 homeless veterans in the area. The 2018 report indicated an increase to 112 veterans.

HUD received this data from Continuum of Care (CoC) groups. These are local organizations that report homeless populations to HUD using the Point-In-Time (PIT) Count method.

"These numbers aren't completely accurate because it's just a snap-shot of one particular day," Truman VA Hospital public affairs officer Jeff Hoelscher said.

Hoelscher said Point-In-Time data means everyone is counted in one day, and then that number is reported. He said that approach could lead to a misrepresentation of homelessness.

"In Boone County we've come up with somewhere between 50 and 60 homeless veterans," Truman VA Hoelscher said. "We came up with that number through our street outreach program where we team up with various organizations."

HUD announced earlier this week that nationwide veteran homelessness is down per a news release. From 2017 to 2018, veteran homelessness decreased from 40,020 to 37,878 people.

"It's great to hear it's going down, but there's always more we can do as a community," Robert Ross of the MU Veterans Center said.

HUD Secretary Ben Carson made this announcement one week before Veterans' Day.

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6.9 - Wellsville Daily Reporter: [VA to celebrate Veterans and Military Families Month](#) (2 November, 5k uvm; Wellsville, NY)

BATH — President Donald Trump has declared November 2018 the second annual National Veterans and Military Families Month, to “salute the brave and dedicated patriots who have worn the uniform of the United States, and celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

Beginning in 2017, President Trump proclaimed November Veterans and Military Families Month, marking the first time America celebrated Veterans and military families for the entire month and not just on Veterans Day, in keeping with the President’s strong focus on improving care and benefits to our nation’s heroes.

That tradition continues again this year with more than 300 events at VA hospitals, benefits offices and cemeteries across the country, including: senior leader visits to VA facilities, open houses, town halls, benefits claims clinics, volunteer recognitions, homeless Veteran initiative events, suicide prevention events, faith-based community events and flag planting tributes at national cemeteries.

To celebrate Veterans and Military Families Month locally, the Bath VA Medical Center will hold the following events honoring Veterans and their families throughout the month of November:

Nov. 4 — Visit by Saint Bonaventure University Veteran students Nov. 4 — Sons of the American Legion visit in Domiciliary Nov. 5 —Knights of Columbus visit in Domiciliary Nov. 6 — Election Day voting trip for Community Living Center Veterans Nov. 7 — American Legion Auxiliary holiday gift shop Nov. 10 — Veterans Day Celebration - Mansfield University Brass Band Concert-1:30pm, free and open to the public Nov. 10 — Marine Corp birthday party for Veterans Nov. 11 —Elks Carnival-Community Living Center and Domiciliary Nov. 13 — Marconi Lodge hosts lunch for Community Living Center Veterans Nov. 17 —Hornell VFW hosts Thanksgiving lunch Nov. 28 — Memorial Service for Veterans who have passed in the last 6 months

This year’s celebration of Veterans and Military Families Month caps an unprecedented period of improvement for VA, as the department has made groundbreaking progress over the last two years in the areas of accountability, transparency and efficiency across the department while enjoying an important series of legislative successes.

“At VA, Veterans and their families are at the center of everything we do. Veterans and Military Families Month is an opportunity for us to honor the service of these patriots while educating communities about VA benefits and services and our commitment to customer service improvement,” VA Secretary Robert Wilkie said.

“It is truly a privilege and an honor to provide health care to America’s heroes. Care they have earned and deserve. Every day is Veterans Day at the Bath VA,” said Bruce Tucker, interim medical center director for the Bath VA Medical Center.

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6.10 - ConnectingVets.com (CBS Radio): [Pikes Peak National Cemetery officially opens with burial of four veterans](#) (2 November, Elizabeth Howe, New York, NY)

Pikes Peak National Cemetery opened in Colorado Springs this week with the burial of four veterans: a Marine, a sailor, an airman and a soldier.

The new cemetery is 374-acres and has the capacity to honor 95,000 veterans, spouses and family members — a much needed expansion. Fort Logan, a nearby national cemetery, is over 100 years old and averages 20 burials a day. As the sixth busiest national cemetery in the country, it would have run out of space in 2032. The opening of Pikes Peak National Cemetery extended the life of Fort Logan and eased the concerns of veterans and their families.

The land for the cemetery was purchased in January 2014 for \$4.49 million. Of that acreage, only 65 have been developed so far — enough for 13,300 gravesites. The four burials this week officially opened the cemetery right on schedule.

The four veterans honored at the inaugural burial were Air Force Senior Master Sgt. Charles Joyner, Army Pfc. James Grant, Navy Seaman Joseph Romery and Marine Corps Master Sgt. Kurt Krause. These four are the first of many. Director of the cemetery, Paul LaGrange says 300 veterans are in the process of seeking burial and another 100 have asked for remains to be moved to Pikes Peak from other cemetery locations in the state.

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7. [Other](#)

7.1 - U.S. News & World Report (AP): [Evers Promises on Tax Increases; Warren Rallies for Baldwin](#) (2 November, Scott Bauer, 14M uvm; Washington, DC)

MADISON, Wis. (AP) — Democrat Tony Evers, who has said he would consider raising the gas tax if elected governor of Wisconsin and has campaigned on ending a tax break primarily benefiting manufacturers, told a newspaper that he's not planning to raise any taxes.

Evers, the state schools superintendent, is challenging Republican Gov. Scott Walker, with the most recent poll showing the race tied. Walker has vowed not to raise taxes. Evers has been open to a variety of tax hikes while vowing to cut income taxes for the middle class by 10 percent.

Evers planned to pay for that tax cut with \$300 million gained by eliminating the manufacturing and agriculture tax credit program, a move Walker has cast as a tax increase on beneficiaries of the program.

But in a Washington Post story published Thursday, Evers said, "I'm planning to raise no taxes."

Evers spokesman Sam Lau offered little clarity Friday on the contradiction. Lau said that Evers was referring only to his plan for the middle-class tax cut.

"Those details have not changed," Lau said.

Evers also has repeatedly said "everything is on the table" when considering how to spend more on roads, including a gas tax increase. Evers has not released a plan, saying he wants to talk with interested parties after the election.

Lau did not respond to questions about whether Evers was now taking a different position on his previously announced tax plans.

Walker has said Evers wasn't releasing details about his proposals because he intends to raise a host of taxes. Evers has called that a lie.

Walker kept up the attack on Twitter Friday.

"Tony Evers will raise taxes," Walker tweeted . "Tony's taxes will cost us jobs. Tony's taxes are a recipe for returning to a recession. We can't afford to turn back now!"

In the race for U.S. Senate, Democratic incumbent Tammy Baldwin held a "Women for Tammy" rally in the liberal stronghold of Madison with California Sen. Elizabeth Warren, a likely 2020 presidential candidate. They then headed to Milwaukee for another get-out-the-vote event at a union hall. Baldwin's Republican opponent, state Sen. Leah Vukmir, was campaigning across the state, ending with a rally in La Crosse with Walker.

Warren, speaking to about 300 supporters in Madison, said Republican control of the White House, U.S. Senate, House and governor's office was coming to an end.

"All I have to say is tick tock. Tick tock," Warren said. "Four days, four days! Are you ready to get out there?"

Both Warren and Baldwin emphasized Democratic support of the Affordable Care Act, which Vukmir , Walker and Republicans have opposed for years and worked to repeal.

"They're going to try it again," Baldwin said. "Health care is on the ballot. Justice is on the ballot. Equality is on the ballot. Our environment is on the ballot. Our 'Dreamers' are on the ballot. Net neutrality is on the ballot. Yes, there's going to be names on the ballot, but those issues are at stake, all of them."

Vukmir's campaign manager, Jess Ward, issued a statement in reaction to the Warren visit where she referred to her as "Pocahontas," the nickname President Donald Trump has given to Warren. Ward refers to Baldwin as "Tomah Tammy," a nickname Vukmir has given to Baldwin in relation to her handling of the over-prescription of painkillers at the Tomah Veterans Affairs Medical Center.

"After Tomah Tammy looked the other way and let our veterans down at Tomah, she has now decided to campaign with Senator 'Pocahontas' Warren who falsely claimed to be a Native American, so she could have preferential employment opportunities," Ward said. "Leah is a

nurse and military mom who has played by the rules, but Tomah Tammy and 'Pocahontas' Warren have despicably spent their lives taking advantage our veterans and minorities to advance their careers."

Warren in October released DNA test results that provide some evidence of a Native American in her lineage. The test has done little to quell criticism of her by Trump and his supporters.

Polls have consistently shown Baldwin with a double-digit lead over Baldwin. A Marquette University Law School poll on Wednesday showed Walker and Evers as dead even.

Early voting broke the record for midterm elections on Wednesday and by Friday it had reached 468,525 people, according to the Wisconsin Elections Commission . The previous record was 374,000 in 2014.

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7.2 - Bozeman Daily Chronicle: [Tester being 'punished' for doing the right thing](#) (2 November, Jane Hawks, 191k uvm; Bozeman, MT)

In Trump's rally in Missoula he bragged that he was there to punish Sen. Tester for opposing Trump's choice to head the Department of Veterans Affairs. The hard truth is that the initial nominee to head the VA was severely flawed and unqualified candidate.

Even Republicans on the VA Committee had serious reservations about him. But they left it to Tester to stand up and blow the whistle and block the nominee. A second person then was proposed who passed the committee and Congress with broad bipartisan support, including Tester's vote.

Since that time veterans from across Montana have given broad and strong support to Tester's reelection bid. He's gained their support through the many bills he's sponsored and passed in the current Congress that benefit veterans. And because he prevented an unqualified nominee from becoming head of the VA department.

There is no chance that Tester's opponent, Matt Rosendale, would have had the integrity and courage to do what Tester did.

Rather than punish Tester for his actions regarding the flawed nominee for the VA we should thank him, as veterans across Montana have done, and reward him with another term as our senator.

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7.3 - KUFM (NPR-89.1, Audio): [DoD: Investigation Of Trump VA Nominee Jackson Still Ongoing](#) (2 November, Eric Whitney, 23k uvm; Missoula, MT)

On the eve of President Trump's fourth visit to Montana since July to campaign against Sen. Jon Tester, the Defense Department says it is continuing to investigate charges of professional misconduct by Rear Admiral Ronny L. Jackson.

Tester brought up those charges after the President nominated Jackson to be Secretary of Veterans Affairs last April. Jackson subsequently withdrew his nomination before confirmation hearings could be held.

Trump responded by attacking Tester on Twitter, saying he should resign. The President referenced the nomination dispute during his visit to Missoula on October 13th.

"Jon Tester led the Democrat mob in the effort to destroy the reputation of a very great man, Admiral Ronny Jackson," Trump said during his visit.

Trump says Jackson is innocent and that allegations against him have been checked and proven untrue. But the Defense Department's Inspector General tells NPR that the investigation into Jackson is still on-going. The Inspector General wouldn't predict when it might be complete. If the charges are substantiated, the Navy might have no choice but to fire Jackson.

In Missoula, President Trump also said this about Jackson:

"He didn't really want it, and he might not have been qualified, but he was a doctor at a high level."

Almost no Republicans rose to Jackson's defense following those remarks. Senator Tester maintains that the charges against Jackson were brought by "23 colleagues and former colleagues of Rear Admiral Jackson, most of whom are still in uniform."

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7.4 - Marion Republican: [Election 2018 Bost, Kelly on education, Mueller and the VA](#) (2 November, Holly Kee, 2k uvm; Marion, IL)

U.S. Rep. Mike Bost believes it's time for special counsel Robert Mueller's investigation into Russian influence on the 2016 election to wrap up.

"I think right now, after this long, he (Mueller) needs to produce any evidence he has," the Republican congressman from Murphysboro said.

"It's like beating a dead horse. If he has it, then get a grand jury seated and let's move forward. If not, then let's move on."

Bost said while no member of the U.S. House ever wants to think about impeaching a sitting president, if Mueller's team uncovers irrefutable evidence that President Donald Trump broke laws, he would do what he has to do.

"If any chief administrator does or has done something that is 'high crimes' -- that's what our Constitution says -- it's our job, as members of Congress, to move forward," he said.

However, he said, it's time for Mueller to either produce evidence or let the country move on.

Bost is running for re-election against St. Clair County State's Attorney Brendan Kelly, a Democrat from Swansea.

Kelly said no one in the United States is above the law.

"Neither side of the political aisle should interfere in (Mueller's) investigation," Kelly said. "As a prosecutor, I believe the President, like any citizen and like other presidents before him, should comply with the laws that are at the heart of our democracy."

Green Party candidate Randy Auxier is also running for the congressional seat.

Bost, meanwhile, believes his congressional experience is a plus for the 12th district, especially when it comes to addressing reported problems at the Marion VA Medical Center.

A member of the House Veterans Affairs Committee, Bost asked for an investigation into allegations at the VAMC, ranging from medical mistakes to administrative lapses.

In an interview in late August, Bost expressed frustration with the situation.

"I want anybody to achieve at the highest level they can, but there were real problems with HR and this person needs to go," he said, referring to a Marion VAMC administrator who Bost has pushed to be replaced.

"They're not gone yet."

Bost sponsored H.R. 5864 (the HELP Act) that instructs the VA to establish qualifications for each HR position within the VHA and establish standardized performance metrics similar to the private sector.

"That bill is sitting in committee," said Kelly, "the same committee Bost is on."

Both, though, agree that providing quality care and services for the nation's veterans should be a priority.

"There's been some decent bipartisan effort to try and improve VA performance," said Kelly, "but we have a long way to go."

Bost contends that his tenure and experience will help him to bring more economic opportunity to southern Illinois.

Kelly, however, said the nation's extreme partisanship is hurting opportunity.

"There are a number of new people running who are tired of the partisanship," he said. "We need to stop being a red person or a blue person. Let's find a way to help people."

Both support more vocational and technical training for students.

"I want to see vocational training, preferably at the secondary level," said Bost. "We have to remember that not everybody is going to become doctors or lawyers."

He said with the past push for postsecondary education, the economy is now in need of welders, builders, and electricians.

Kelly believes the return of technical training should be encouraged as early as junior high school and should be tied to local community colleges.

"We need to respect hard work, creating, making and building things," he said.

He too noted that businesses have skilled jobs they can't fill.

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Veterans Affairs Media Summary and News Clips

3 November 2018

1. [Top Stories](#)

1.1 - PolitiFact – Wisconsin: [Baldwin bipartisan Tomah VA bill claim scores but comes with caveat](#) (2 November, D.L. Davis, 2.4M uvm; Washington, DC)

The opioid crisis has devastated communities, claimed lives and become a major campaign issue. In the Wisconsin U.S. Senate race, Republican challenger Leah Vukmir has slammed U.S. Sen. Tammy Baldwin, a Democrat, over an overprescription scandal at the Tomah Veterans Affairs Medical Center.

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1.2 - Military Times: [Many student veterans risk eviction for late GI Bill payments. So this city is stepping in](#) (2 November, Natalie Gross, 471k uvm; Springfield, VA)

Student veterans in New York City who are at risk of being evicted from their homes because of delayed GI Bill payments from Veterans Affairs are getting a little extra help from the city's government. Mayor Bill de Blasio's administration announced a multi-agency effort this week to streamline emergency rent relief for student veterans who rely on the Post-9/11 GI Bill housing stipend to pay for rent.

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1.3 - WVEC (ABC-13): [Hampton VA Medical Center celebrates National Veterans, Military Families Month](#) (2 November, 135k uvm; Norfolk, VA)

The Hampton VA Medical Center is celebrating the second Veterans and Military Families month. Beginning in 2017, President Donald Trump proclaimed November as Veterans and Military Families Month, rather than just celebrating them on Veterans Day.

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1.4 - WRIC (ABC-8, Video): [McGuire VA continuing to buy canines for deadly dog research](#) (2 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Despite public criticism, protests and state and federal legislation, McGuire VA Medical Center is still purchasing dogs for its experiments. For more than a year, 8News has reported on deadly dog research at McGuire VA Medical Center. Records of sale and disposition obtained by 8News show 8 hounds were purchased in the last 8 months for research at McGuire. Two of the hounds were puppies.

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1.5 - KTUU (NBC-2): [Alaska VA increases staffing to improve access, but veterans say they're being cut off from pain therapy](#) (2 November, Derek Minemyer, 95k uvm; Anchorage, AK)

Healthcare in Alaska is a primary topic in next Tuesday's election. For months, KTUU has heard from veterans about obstacles they've encountered within the VA Healthcare System. On Thursday, we spoke with the director of the Alaska Veterans Administration about what the VA is doing to improve health services for veterans.

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1.6 - Merced Sun-Star: [Are things getting better for homeless military veterans in Merced?](#) (2 November, Thaddeus Miller, 64k uvm; Merced, CA)

Veteran homelessness in the U.S. continues to decline, including a 23 percent decrease in Merced County, according to an annual national estimate announced Thursday by the federal Department of Housing and Urban Development.

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2. [Improving Customer Service](#)

2.1 - The Post and Courier: [Navy veterans with Agent Orange stories push VA for benefits](#) (1 November, Mary Katherine Wildeman, 314k uvm; Charleston, SC)

After serving in three wars, it wasn't armed conflict that killed Rear Adm. Emmett Bonner. It was cancer, possibly caused by the herbicide Agent Orange. Bonner had already served in World War II and the Korean War when he came to Vietnam. There, he commanded the USS Oklahoma City. The ship was stationed at the southern end of the Gulf of Tonkin during the 1964 incident. He died at 57 of cancer only a few years after retiring from the service.

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2.2 - HottyToddy.com: [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2 November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday. Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

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2.3 - Du Quoin Call: [Duckworth talks with southern Illinois veterans](#) (2 November, Holly Kee, 1k uvm; Du Quoin, IL)

U.S. Sen. Tammy Duckworth and nearly 100 southern Illinois veterans got together in Marion this week, where she told them she does not support privatization of Veterans Affairs. and that she believes more investigation is needed into the Marion VA Medical Center.

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3. [Business Transformation](#)

3.1 - WJAX (CBS-47, Video): [St. Augustine to break ground on permanent VA clinic in 2019](#) (2 November, Lorena Inclan, 148k uvm; Jacksonville, FL)

St. Augustine to break ground on permanent VA clinic in 2019. After years of waiting, St. Johns County veterans will soon get a permanent Veterans Affairs clinic. It will replace the temporary building that veterans are now using for their medical needs. A rendering was released by the VA to show what the new and permanent clinic will look like once it's finished.

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3.2 - KFDA (CBS-10, Video): [‘Visible commitment’ to local veterans: Amarillo VA breaks ground on new rehabilitation and prosthetics building](#) (2 November, Jami Seymore, 55k uvm; Amarillo, TX)

From new facilities and buildings to updates within the hospital, the Thomas E. Creek VA Medical Center is seeing some big changes. "One of the VA's major goals is modernization, so we've really taken that to heart here at the Amarillo VA Health Care System for modernization," said Michael Kiefer, Director of the Amarillo VA.

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3.3 - Post Register: [New VA clinic in Idaho Falls triples the number of veterans receiving care](#) (2 November, Brennen Kauffman, 12k uvm; Idaho Falls, ID)

Just in time for Veteran's Day, a new U.S. Department of Veterans Affairs clinic is preparing to begin accepting patients in Idaho Falls. Located at 640 Woodruff Ave. in Idaho Falls, the Idaho Falls Outreach Clinic has three times the capacity of the previous location and offers several new benefits to meet the high demand from the area's veterans.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Washington Examiner: [Trump administration announces drop in veterans' homelessness](#) (1 November, Maria Biery, 3.1M uvm; Washington, DC)

The Trump administration announced Thursday that the rate of veterans' homelessness has declined over the last year, continuing a trend that began in 2010 during which it has fallen by nearly half. The latest annual Homeless Assessment Report from the Housing and Urban Development Department found that the number of homeless veterans decreased 5.4 percent since the prior year.

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6.2 - KCNC (CBS-4, Video): [First Burials Take Place At New National Cemetery In Colorado Springs](#) (2 November, 496k uvm; Denver, CO)

A new veterans cemetery has opened in Colorado Springs. Thursday marked the first burial service at Pikes Peak National Cemetery. The cremated remains of four veterans, representing four branches of service, received military honors...

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6.3 - KPBS (NPR-89.5/PBS-15, Audio, Video): [VA San Diego Homeless Program Puts Vets Back To Work](#) (2 November, Steve Walsh, 165k uvm; San Diego, CA)

The VA San Diego plans to expand a program to keep homeless veterans off the streets. Giana Fimbres is a Gulf War veteran from Arizona. Nearly five years ago, she found herself homeless in San Diego. "When I came out of the military I thought, 'I'm fine, I got this,'" Fimbres said. "Then, come to find out I was diagnosed with PTSD."

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6.4 - Capital Public Radio (Audio): [Veterans Who Want To Be Farmers In Northern California Get Support From VA](#) (2 November, Julia Mitric, 119k uvm; Sacramento, CA)
U.S. veterans who want to go into farming face many of the same barriers as civilians, like a lack of capital and land access. But another obstacle is not having knowledge of farming practices. This is according to Marisa Alcorta, who runs the California Farm Academy Apprenticeship Program at the Center For Land-Based Learning in Winters, 40 minutes west of Sacramento.

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6.5 - Federal News Network (Audio): [Federal employees union wants CFPB official gone](#) (2 November, Eric White, 100k uvm; Washington, DC)
Veterans homelessness is down five point four percent in 2018 since the previous year. The departments of Housing and Urban Development and Veterans Affairs said they counted about 2,000 fewer homeless veterans in emergency shelters or transitional housing in January 2018, compared to 2017. HUD Secretary Ben Carson and VA Secretary Robert Wilkie said success is due to the HUD-VA Supportive Housing Program.

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6.6 - WTEN (ABC-10, Video): [GI Bill payment issues affecting local veterans](#) (2 November, Morgan McKay, 97k uvm; Albany, NY)
Over 200,000 vets are not getting their education and housing benefits due to a backlog in the Department of Veterans Affairs. "The VA did not take it to be a serious problem and that's why we're where we are," John Kamin, of the American Legion, said. Kamin says student veterans are facing eviction because the VA is behind on GI Bill payments. Some schools won't even let veterans graduate or register for classes, because their tuition is late.

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6.7 - WJHL (CBS-11): [Mountain Home National Cemetery to honor veterans and families this month](#) (2 November, 69k uvm; Johnson City, TN)
President Donald Trump declared November the second annual National Veterans and Military Month and Mountain Home National Cemetery is following suit. Mountain Home will celebrate Nov. 9 with a wreath-laying ceremony held at the main flag pole in front of the Annex Administration Building at 8 a.m.

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6.8 - KOMU (NBC-8, Video): [Homeless veteran population increases in mid-Missouri](#) (2 November, Ethan Burks, 38k uvm; Columbia, MO)
The U.S. Department of Housing and Urban Development (HUD) reported a 5.8 percent decrease in homeless veterans living in Missouri from last year. Data in the same report showed the opposite for mid-Missouri. In 2017, HUD estimated there were 98 homeless veterans in the area. The 2018 report indicated an increase to 112 veterans.

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6.9 - Wellsville Daily Reporter: [VA to celebrate Veterans and Military Families Month](#) (2 November, 5k uvm; Wellsville, NY)

President Donald Trump has declared November 2018 the second annual National Veterans and Military Families Month, to “salute the brave and dedicated patriots who have worn the uniform of the United States, and celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

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6.10 - ConnectingVets.com (CBS Radio): [Pikes Peak National Cemetery officially opens with burial of four veterans](#) (2 November, Elizabeth Howe, New York, NY)

Pikes Peak National Cemetery opened in Colorado Springs this week with the burial of four veterans: a Marine, a sailor, an airman and a soldier. The new cemetery is 374-acres and has the capacity to honor 95,000 veterans, spouses and family members — a much needed expansion. Fort Logan, a nearby national cemetery, is over 100 years old and averages 20 burials a day. As the sixth busiest national cemetery in the country, it would have run out of space in 2032.

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7. [Other](#)

7.1 - U.S. News & World Report (AP): [Evers Promises on Tax Increases; Warren Rallies for Baldwin](#) (2 November, Scott Bauer, 14M uvm; Washington, DC)

Democrat Tony Evers, who has said he would consider raising the gas tax if elected governor of Wisconsin and has campaigned on ending a tax break primarily benefiting manufacturers, told a newspaper that he's not planning to raise any taxes.

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7.2 - Bozeman Daily Chronicle: [Tester being ‘punished’ for doing the right thing](#) (2 November, Jane Hawks, 191k uvm; Bozeman, MT)

In Trump’s rally in Missoula he bragged that he was there to punish Sen. Tester for opposing Trump’s choice to head the Department of Veterans Affairs. The hard truth is that the initial nominee to head the VA was severely flawed and unqualified candidate.

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7.3 - KUFM (NPR-89.1, Audio): [DoD: Investigation Of Trump VA Nominee Jackson Still Ongoing](#) (2 November, Eric Whitney, 23k uvm; Missoula, MT)

On the eve of President Trump’s fourth visit to Montana since July to campaign against Sen. Jon Tester, the Defense Department says it is continuing to investigate charges of professional misconduct by Rear Admiral Ronny L. Jackson.

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7.4 - Marion Republican: [Election 2018 Bost, Kelly on education, Mueller and the VA](#) (2 November, Holly Kee, 2k uvm; Marion, IL)

U.S. Rep. Mike Bost believes it's time for special counsel Robert Mueller's investigation into Russian influence on the 2016 election to wrap up. "I think right now, after this long, he (Mueller) needs to produce any evidence he has," the Republican congressman from Murphysboro said.

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1. [Top Stories](#)

1.1 - PolitiFact – Wisconsin: [Baldwin bipartisan Tomah VA bill claim scores but comes with caveat](#) (2 November, D.L. Davis, 2.4M uvm; Washington, DC)

The opioid crisis has devastated communities, claimed lives and become a major campaign issue.

In the Wisconsin U.S. Senate race, Republican challenger Leah Vukmir has slammed U.S. Sen. Tammy Baldwin, a Democrat, over an overprescription scandal at the Tomah Veterans Affairs Medical Center.

In response, Baldwin launched her own campaign ad featuring the parents of late Marine Jason Simcakoski that claims that -- in the wake of the death -- Baldwin "brought both parties together to help pass a law" to "make the VA accountable and also to stop the overprescribing of" opioids.

That's what we want to look at here.

The background

To be sure, Baldwin's ad sidesteps what happened in Tomah and the role she and her office played in handling information from a whistleblower.

As we have noted in earlier items:

- Problems at the Tomah VA first made news in January 2015, when the California-based Center for Investigative Reporting exposed the overprescription of opioid drugs by the facility. Doctors had been handing out so many narcotic painkillers that some veterans had taken to calling the place "Candy Land."
- Prior to that, on Aug. 29, 2014, Baldwin's office received a report from the Department of Veterans Affairs' Office of Inspector General following a 2½-year investigation of Tomah. Baldwin did not make the report public, though she shared it with a constituent who had complained to her about what was happening at Tomah. The report was not given to any other member of Congress at the time.
- A day later, Simcakoski died of a "mixed use toxicity" overdose at the Tomah VA while being treated by doctors there. Simcakoski had checked himself into the facility citing an addiction to painkillers and severe anxiety. He was prescribed 15 drugs, including anti-psychotics, tranquilizers, muscle relaxants and the opioid painkiller tramadol.
- In fact, after months of criticism about inaction on a whistleblower's complaints about Tomah, Baldwin acknowledged her office had made mistakes, leading her to fire one staffer, demote another and dock the pay of her chief of staff.

Vukmir has hammered Baldwin for months over the issue.

During a September 2018 appearance on "Capital City Sunday" on WKOW-TV, she said Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

We rated Vukmir's overall claim Mostly False.

We found that Baldwin was the only one with the report and that she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died and -- while she did not publicize it -- an investigation by the U.S. Senate Ethics Select Committee into allegations of a coverup found the complaints lacked merit.

Now to Baldwin's claim

What happened next

In her claim, Baldwin is referring to legislation she co-authored -- the "Jason Simcakoski Memorial and Promise Act." On the campaign trail, Baldwin has referred to it as "Jason's Law."

And that's what Baldwin's campaign pointed to when we asked for evidence to support her claim.

"Jason's Law includes multiple measures designed to hold the VA system more accountable for the care of veterans and provide stricter opioid prescription guidelines," said campaign spokesman Bill Neidhardt. "Since being signed into law, Jason's Law has helped improve the VA, where they've seen lower opioid prescribing rates and increased numbers of physicians who receive updated training."

Now to the specifics:

Bipartisan bill: According to a June 22, 2015 news release, Baldwin and U.S. Sen. Shelley Moore Capito, R-W.Va., introduced the initial measure. The news release shows supporters at the time included 11 other senators -- nine of them Democrats and two of them Republicans. Among the Republicans: Ron Johnson of Wisconsin.

A July 13, 2016 report from WSAW TV and the Associated Press said Baldwin's bill and one from U.S. Rep. Ron Kind, a Wisconsin Democrat, were included in the Comprehensive Addiction and Recovery Act, or CARA, made up of 12 bills.

That measure passed the Senate in a 94-1 vote. On July 22, 2016, President Obama signed the package into law.

Johnson himself referred to the measure as "a bipartisan step."

VA accountability/overprescribing: That portion of the claim is supported by a May 9, 2018 appearance by VA Deputy Under Secretary Carolyn Clancy on C-SPAN.

In the interview, Clancy said "we've seen a 47 percent decrease in the number of veterans on chronic opioids in Tomah, which is a little ahead of the national average. We've made great progress overall. For the proportion of patients on both a benzodiazepine and an opioid, which

has a very high risk of adverse events, the decrease has been 76 percent at Tomah which is a little bit ahead of the national decrease."

In April 2018, the Tomah VA became one of 18 veterans hospitals across the country involved in the "Whole Health" program. The program considers the physical, mental, emotional, spiritual, and environmental elements that work together to provide the best quality of life for each veteran, according to the U.S. Department of Veterans' Affairs.

"We will never eradicate the need for opioids, but I think by combining it with the nontraditional therapy and taking the whole look at the veteran and veterans' needs, we will be able to manage pain and still let the veterans have a quality of life that they need," Victoria Brahm, director of the Tomah VA, said in an April 23, 2018 Associated Press story.

So, on the narrow points of Baldwin's claim, she is on target -- even as she ignores missteps by her office that could have mitigated the problems.

Alec Zimmerman, spokesman for the Republican Party of Wisconsin, said Baldwin had left "our state's heroes in danger" and that rather than taking immediate action "was trying to save her political future."

Our rating

A Baldwin campaign ad claims she "brought both parties together to help pass a law" to "make the VA accountable and also to stop the overprescribing of" opioids.

The action came only after the overprescription scandal made headlines -- something ignored in the ad. Likewise, the ad sidesteps key missteps by Baldwin's own office.

Nevertheless, the claims in this ad are narrowly drawn.

We rate Baldwin's claim Mostly True.

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1.2 - Military Times: [Many student veterans risk eviction for late GI Bill payments. So this city is stepping in](#) (2 November, Natalie Gross, 471k uvm; Springfield, VA)

Student veterans in New York City who are at risk of being evicted from their homes because of delayed GI Bill payments from Veterans Affairs are getting a little extra help from the city's government.

Mayor Bill de Blasio's administration announced a multi-agency effort this week to streamline emergency rent relief for student veterans who rely on the Post-9/11 GI Bill housing stipend to pay for rent. According to a news release from the mayor's office, this includes most of the city's 12,000 student veterans.

"Our nation owes our veterans a debt of gratitude for their service. At the very least, those who bravely served our country are owed the benefits promised to them by the federal government," de Blasio said in the release. "New York City is stepping up to give student veterans the security

they need to stay in their homes while they wait for the federal benefits they earned through service to our country.”

The administration has sent out information to schools that lays out how, and where, students can apply for rent assistance through the Department of Social Services. The city is also providing a letter that students can give to their landlords, who may not understand the reason for late payments.

New Yorkers aren't the only ones reeling from unpaid education benefits. Students all over the country have been impacted by a large backlog of claims at the VA, partly due to the agency missing a key Aug. 1 deadline to update its technology systems that were supposed to change the way housing stipends were calculated under the new Forever GI Bill law.

A VA spokesman told Military Times in an email last week that as of Oct. 24, the agency had 120,000 education claims pending, most of which were for Post-9/11 GI Bill payments. Approximately 1,200 claims have been pending for 60 days or more.

Original claims for first-time GI Bill users are taking an average of 33 days to process, and supplement claims are averaging 23 days, he said. The current averages are higher than the VA's goal to process these types of claims in 28 and 14 days, respectively.

Students who have gotten paid this semester are receiving payments under 2017 rules, which don't account for the most recent change to the law — which stipulates that students are to be paid a housing stipend based on the location where they take the most classes, not the school's main campuses — or a 2018 cost-of-living increase. The VA has said it will correct underpayments once the updated systems are live, and students will not be held responsible for overpayments.

De Blasio's announcement comes after dozens of schools have reported to the city's Department of Veterans' Services that many of their students who use the GI Bill to pay for school are between two to four months behind on rent payments, according to the news release.

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1.3 - WVEC (ABC-13): [Hampton VA Medical Center celebrates National Veterans, Military Families Month](#) (2 November, 135k uvm; Norfolk, VA)

HAMPTON, Va. (WVEC) — The Hampton VA Medical Center is celebrating the second Veterans and Military Families month.

Beginning in 2017, President Donald Trump proclaimed November as Veterans and Military Families Month, rather than just celebrating them on Veterans Day.

On Wednesday evening, President Trump declared November 2018 the second annual National Veterans and Military Families Month to “salute the brave and dedicated patriots who have worn the uniform of the United States, and...celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

To celebrate Veterans and Military Families Month locally, Hampton VA Medical Center will hold the two events honoring Veterans and their families throughout the month of November. The first event, Veterans Day Celebration, will be held on November 8.

The second event, Veteran Stand Down, will be held November 17 for homeless and at-risk veterans.

"At VA, Veterans and their families are at the center of everything we do. Veterans and Military Families Month is an opportunity for us to honor the service of these patriots while educating communities about VA benefits and services and our commitment to customer service improvement," VA Secretary Robert Wilkie said.

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1.4 - WRIC (ABC-8, Video): [McGuire VA continuing to buy canines for deadly dog research](#) (2 November, Kerri O'Brien, 109k uvm; Richmond, VA)

Despite public criticism, protests and state and federal legislation, McGuire VA Medical Center is still purchasing dogs for its experiments.

For more than a year, 8News has reported on deadly dog research at McGuire VA Medical Center.

Records of sale and disposition obtained by 8News show 8 hounds were purchased in the last 8 months for research at McGuire. Two of the hounds were puppies. Four of the dogs are already dead -- some euthanized within weeks of their arrival.

Todd Woodson, Administrator of the RVA Animal Advocacy Alliance and district leader with the Humane Society says, "It is utterly heartbreaking."

Woodson was one of dozens who stood in front of McGuire last year protesting the deadly dog experiments.

"I am overwhelmed with grief that these animals were killed, they were not euthanized, they were killed," he said.

As part of the research into heart disease, the dogs are surgically implanted with pacemakers and put on treadmills to test cardiac function. They're forced to run until they collapse.

At the end to the experiments, all of the dogs are put down.

Woodson says it's disturbing since local animal groups have reached out to the VA offering to save the dogs after the testing.

"They could have gone to the Richmond SPCA, who has very graciously offered to take them to give them medical attention and find them homes," he added.

McGuire has yet to take them up on the offer.

Meanwhile, in a letter shared with 8News, the VA confirms across the agency there are still nine ongoing studies and another new one in review.

8News has confirmed four are active at McGuire. The VA maintains these are experiments that could lead to discoveries that can help veterans with heart conditions.

Some might be wondering did the studies get approved? As 8News has reported in the past, there's new federal law aimed to defunding the deadly experiments.

However, there's a sort of loophole that allows the research to continue if there is direct approval from the VA Secretary.

8News has been told former Secretary David Shulkin gave verbal approval for the continued research on March 28th, the very same day President Donald Trump fired him.

VA Spokesman Curt Cashour tells 8News it happened "during an early afternoon March 28, 2018, in-person meeting on his last day at VA that was attended by then-VHA Executive in Charge Carolyn Clancy, then-VHA Acting Chief of Staff Lisa Pape, VHA Deputy Chief Patient Care Services Officer for Rehabilitation and Prosthetic Services Lu Beck and VA Chief Research and Development Officer Rachel Ramoni."

Although, Shulkin denies that in published reports.

Justin Goodman with White Coat Waste Project, a taxpayer watchdog group that has led a campaign to end the experiments, tells 8News, "if former Secretary Shulkin didn't personally approve the existing dog testing to continue, all of the Richmond VA's dog experiments are apparently violating federal law."

8News has uncovered VCU, as a public university, is still funding the canine research at McGuire, although they are contributing less than in the past.

The Virginia General Assembly passed legislation this year prohibiting the use of taxpayer money for what the USDA defines at category E experiments. That's when no anesthesia is given to the animals.

VCU is within the law in that it is funding category D experiments. While many say they are still painful studies, the dogs do get drugs.

8News reached out to Republican Senator Bill Stanley from the Commonwealth's 20th District. He sponsored the legislation and he is now talking about broadening the restrictions.

"The fact that McGuire is still conducting these painful and inhumane experiments on dogs in the Commonwealth is both shocking and unbelievable. I'm not going to let the Richmond VA continue to abuse and kill dogs in crude experiments with taxpayers' money.

Last General Assembly session we passed the nation's first law banning public funding for the most painful category of dog testing at the Richmond VA and other laboratories in the Commonwealth. The continued actions of the VA to harm man's best friend may just mean that we will need to broaden these restrictions next year.

If McGuire has purchased puppies in order to torture them unnecessarily with useless painful experiments, then I want the VA to give me the opportunity to buy them back so they can have a life free from suffering.” -- Republican Senator Bill Stanley

Other leaders across the country are weighing in. Congressman Brian Mast (R-FL) has this to say:

“As an Army veteran and a dog owner, the VA's practice of conducting painful and deadly experiments on dogs is especially alarming to me. Having sustained catastrophic injuries on the battlefield, which included the loss of both my legs, I am acutely aware of the vital role dogs play in helping troops recover from war's physical and psychological tolls. The VA has not executed what we wanted as intent, which is to bring this to an end in its entirety, so we will keep up the pressure until these invasive, painful and deadly experiments on dogs stop completely!”

Overall, 8News can see McGuire reports it's using fewer dogs than in the past. We're told 25 dogs were used in fiscal year 2018. The lowest number of dogs used in the research since 2013.

Still, it's little comfort to those who call the experiments abuse.

"One dog is too many," says Woodson.

“Over the past 18 months, there's been historic progress toward ending VA's fiscally reckless and morally repugnant dog testing—projects have been canceled, new restrictions enacted, less money spent, fewer dogs used—and there would've been more if not for a few entrenched bureaucrats at the VA defying Congress, veterans and taxpayers," Goodman added.

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1.5 - KTUU (NBC-2): [Alaska VA increases staffing to improve access, but veterans say they're being cut off from pain therapy](#) (2 November, Derek Minemyer, 95k uvm; Anchorage, AK)

Healthcare in Alaska is a primary topic in next Tuesday's election. For months, KTUU has heard from veterans about obstacles they've encountered within the VA Healthcare System.

On Thursday, we spoke with the director of the Alaska Veterans Administration about what the VA is doing to improve health services for veterans.

Alaska VA Healthcare Director Dr. Timothy Ballard says the agency's primary goal in 2018 was to increase staffing to better address veterans' access to healthcare. Ballard says the organization has done that, boosting its workforce by 189 personnel and using third party collections to increase revenue.

But he admits there's more to be done, and some Alaska veterans at a public forum in the Mat-Su Valley on Tuesday agreed.

Many at the forum said they found relief in acupuncture therapy provided through the VA outpatient service.

"I've been going since December 2016, and in 2017 I got every visit I wanted," one woman said. But she said access has dwindled in recent months. "I haven't had care in two damn months," she said, covering her face as she cried while detailing the pain she's experienced since missing her acupuncture therapy.

Ongoing pain management was one of the major talking points of veterans at Tuesday's forum, many echoing similar issues with being cut off from chiropractic, physical or acupuncture therapy.

One woman at the forum said her 32-year-old husband is 32 years-old lives in chronic pain from his work as a mechanic on heavy machinery. He's in so much pain, she says, that he has trouble bending over to help with the dishes. Orthopedic surgeons won't consider surgery, she says, because of his age and line of work. So doctors recommended acupuncture.

"Last ditch effort, Mat-Su clinic sent us for acupuncture to try, and holy crap, it's working," she said excitedly. "Like 70 percent pain reduction. I have my husband back. He hasn't been able to participate or play with our four-year-old in three years."

But, she says her husband's relief was swept out from under him because of a new VA Healthcare stipulation.

"Now, this mandate is saying 'Oh, we're not giving you any more visits,'" she said angrily.

Dr. Ballard explains that the VA is a primary care-based system. If the primary care doctor lacks the qualifications to care for the patient's ailment, the patient is referred to an outside specialist. Ballard says this has led to large numbers of outpatient referrals to pain therapy services like acupuncture.

Ballard says the therapy provided relief to countless patients, and they started relying on it for chronic pain management — running up the bill for the VA.

"So the VA, in response to this, has incorporated what are called 'Standard Episodes of Care,' what the normal context of a consult should be," Ballard said. "So for acupuncture, they decided that 10 visits was appropriate, for chiropractic it's 12, for physical therapy it's 14."

As a result, many of the veterans who had finally found pain relief with those services, hit a wall.

"So here's the bottom line on this," a man began at Tuesday's forum. "Is that yes, we have chronic problems. When my back decides to go out, it doesn't go 'Oh wait a minute, did I have my 12 visits this year?' No it's going to go out."

Ballard says providers across the country agreed — they couldn't provide effective care in a limited time frame. So the VA asked them to provide thorough documentation as to why the patient requires continued outpatient pain relief services.

"We just asked them, show us your documentation," he said. "We've asked you to evaluate, treat, make recommendations to get them back to baseline. Show us where you are in that range. And frequently there's not adequate documentation to justify further care."

So what do patients do? Those at Tuesday's forum said they couldn't just will the pain away and continue living normal lives.

One man was getting massage therapy every week, and he says it was providing relief.

"You guys went from giving me one a week, basically, over the past three years, to just cutting me off," he said.

Ballard says the VA spends a lot of money for outpatient care for roughly 23,000 veterans who attend their facility on a regular basis. He says in 2017, the referrals cost around \$140 million. That's why he says they had to make a change. But he says that doesn't mean Alaska veterans will go without pain relief.

"There are situations where if a veteran truly has a need, they have an acute condition, we're going to certainly get them the care that they need," Ballard said. "But this benefit isn't going to be that 'I get physical therapy or acupuncture or chiropractic for the rest of my life because it makes me feel better.'"

Ballard says there are approximately 36,000 veterans enrolled in the Alaska VA Healthcare System, and between 75,000 and 90,000 total veterans living in Alaska.

He says one big step in the VA's plan is to improve outreach to those thousands of veterans currently living without VA healthcare benefits.

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1.6 - Merced Sun-Star: [Are things getting better for homeless military veterans in Merced?](#) (2 November, Thaddeus Miller, 64k uvm; Merced, CA)

Veteran homelessness in the U.S. continues to decline, including a 23 percent decrease in Merced County, according to an annual national estimate announced Thursday by the federal Department of Housing and Urban Development.

The annual report shows that the national number of homeless veterans dropped by 5.4 percent from 40,020 in 2017 to 37,878 this year. That number is also nearly half the number reported in 2010.

Merced County's decrease brought the number to 13 veterans living in shelters or on the street, the report says. Stanislaus and San Joaquin counties each saw their numbers dip by more than 10 percent.

HUD estimates 23,312 veterans were found in shelters across the country, while volunteers counted 14,566 veterans living on the street. In Merced, the annual tally found three veterans were staying in a shelter and the other 10 were languishing on the street.

In 2015, there were 88 homeless veterans in Merced County, according to the tally. The next year saw the number go down to 25 homeless veterans, and 2017's count found 17. The annual tally is a snapshot of the homeless problem and does not reflect an exact count, officials have stressed.

Helping the homeless veteran population often comes with the added difficulty that many of them suffer from post-traumatic stress disorder, according to Phil Schmauss, a longtime homeless advocate and member of the board for the Merced County Continuum of Care.

The strides made in reducing the number of veterans without a home was attributed by local and national homeless advocates to vouchers provided by HUD aimed specifically at former men and women of the armed forces. The HUD-VASH program provides permanent rental assistance from HUD, and case management and clinical services provided by the U.S. Department of Veterans Affairs.

"I would say the collaboration of many agencies has helped as well," Schmauss said.

The report shows a nearly 10 percent decline in female veterans experiencing homelessness. In January, communities reported 3,219 homeless veteran women compared to 3,571 the previous year.

The falling tally of homeless veterans is a sign that the newest efforts by homeless advocates are working, according to Robert Wilkie, secretary of the VA.

In July, leaders announced a plan to prevent and end veteran homelessness called "Home, Together." The effort redoubles what has been a plan to end veteran homelessness for several years, according to Matthew Doherty, executive director of the U.S. Inter-agency Council on Homelessness.

Last year, more than 4,000 veterans, many experiencing chronic forms of homelessness, found permanent housing and support services through the national program, according to officials. An additional 50,000 veterans found permanent housing and supportive services through other VA homeless programs.

"We owe it to our veterans to make certain they have a place to call home," HUD Secretary Ben Carson said in a statement. "We've made great strides in our efforts to end veteran homelessness, but we still have a lot of work to do to ensure those who wore our nation's uniform have access to stable housing."

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2. Improving Customer Service

2.1 - The Post and Courier: [Navy veterans with Agent Orange stories push VA for benefits](#) (1 November, Mary Katherine Wildeman, 314k uvm; Charleston, SC)

After serving in three wars, it wasn't armed conflict that killed Rear Adm. Emmett Bonner. It was cancer, possibly caused by the herbicide Agent Orange.

Bonner had already served in World War II and the Korean War when he came to Vietnam. There, he commanded the USS Oklahoma City. The ship was stationed at the southern end of the Gulf of Tonkin during the 1964 incident. He died at 57 of cancer only a few years after retiring from the service.

Years later, the Department of Veterans Affairs would acknowledge his cancer could have been caused by Agent Orange. Still, his wife, Elizabeth Bonner, fought a decades-long battle for the benefits owed to veterans exposed to the chemical defoliant.

Bonner's story has become a source of interest for Frank Hamilton, a volunteer at the College of Charleston's Addlestone Library. Bonner was stationed in Charleston for part of his service. Hamilton has been curating a collection of Bonner's reports and private documents.

Hamilton said it struck him how hard Bonner's wife had to fight for benefits. He said he hopes studying Bonner's story will inform veterans whose claims for exposure have been dismissed.

Tens of thousands of veterans' benefits are on the line as legislators and lawyers weigh whether they should compensate veterans for possible exposure to Agent Orange. The Air Force sprayed at least 11 million gallons of Agent Orange on the Vietnamese countryside between 1962 and 1971, according to the Institute of Medicine.

While it was meant to deny the enemy cover, the herbicide is known to cause a range of illnesses, including cancer, heart disease and diabetes.

VA leaders say there is not enough scientific evidence to support giving the benefits to Navy veterans who were stationed at sea. Veterans argue the agency is denying benefits to people who could be dying of exposure.

The conflict is a reminder of how difficult veterans can find accessing their benefits, even when the VA acknowledges they're due.

Veterans everywhere are struggling to access Agent Orange-related benefits, regardless of which arm of the military they served in, said John Wells, a retired Navy commander, attorney and executive director of Military Veterans Advocacy.

He said if the campaign to extend the benefits to "blue water Navy veterans" — a colloquial term for Navy personnel who were stationed at sea — is successful, the organization has a bucket list of other groups of veterans they feel are being unfairly denied entitlements.

"Blue water Navy has always been considered the tip of the spear," Wells said.

'We bathed in it'

Tom Ulmer, a Cameron resident, spent parts of 1972 and 1973 off the shore of Vietnam. His ship carried aviation fuel and other critical supplies.

A true blue water Navy veteran, Ulmer never set foot in Vietnam, and so he is not eligible for Agent Orange-related benefits. But he said the crew used distillation to try to purify water that came from shore.

"We bathed in it, cooked our food in it, washed our clothes and everything else," he said.

Whether water distilled from Vietnam and consumed by sailors could have contained toxic amounts of Agent Orange was the subject of a 2002 study out of Australia. VA leaders dispute that the results of the research apply to Navy veterans. And while Ulmer said he has only received high-quality care from the VA Medical Center in Columbia, he has since contracted diabetes and neuropathy, both connected to Agent Orange exposure.

“They can’t prove that we were exposed,” he said. “And they can’t prove that we weren’t.”

Having a “service connection” — an established link between an illness and military service — would entitle Ulmer and other veterans like him to bigger checks from Veterans Affairs.

Back-and-forth over benefits

Veterans like Ulmer, who served at sea during the Vietnam War, once did have the benefits they’re now arguing for.

Originally, VA allowed all Vietnam veterans to access Agent Orange-related benefits, regardless of which branch of the service they were in. But they changed the rules in 2002 to exclude blue water Navy veterans.

A bill that would reverse that condition passed through the House of Representatives with little turbulence. Representatives voted unanimously for the measure.

But as the proposal reached the Senate Committee on Veterans Affairs, VA leaders voiced their disapproval. There is not enough scientific evidence, they said, to prove the sailors were exposed to Agent Orange. Paul Lawrence, the VA’s under secretary for benefits, told senators during a hearing the bill could allow a camel into a multi-billion dollar tent.

VA estimates show the bill costing \$6.7 billion over 10 years. The legislation could affect up to 90,000 veterans and the agency would have to revisit 30,000 claims it denied, according to the Military Officers Association of America.

There must be limits on the system, Lawrence argued. The federal government spent more than \$24 billion on benefits for Vietnam veterans in 2016, according to an annual VA report.

The bill has continued to stall in the Senate. The offices of U.S. Sens. Tim Scott and Lindsey Graham did not respond to requests for comment on which way the South Carolina senators would vote, if given the opportunity. Graham’s office said only, “We look forward to seeing what they are able to pass through the committee.”

10,000-mile ride for signatures

Gerry Wright, a Connecticut resident and Army veteran, has heart disease and neuropathy, both linked to Agent Orange exposure. Whether he was in contact with the herbicide would be in little doubt: He said he sprayed the chemical himself while serving two tours in Vietnam from 1969 to 1970, never wearing a hat or gloves. But he could see dead snakes, rats and monkeys where they had sprayed.

“We didn’t know it was that poisonous,” Wright said.

So, Wright took to the road on a bright orange Honda motorcycle with the words “sprayed and betrayed” and “death followed us home” painted on its trailer. He traveled more than 10,000 miles across the country and earned about 5,600 signatures on a petition. He also started a Facebook page that now has hundreds of followers.

Wright has managed to have a bill introduced that would expedite awarding benefits for Agent Orange exposure to all veterans, regardless of which arm in the military they served. He has bipartisan support and is hunting for more legislators to sign on.

The conversation around Vietnam veterans' benefits is only more urgent as they age and naturally get sicker.

When Jonathan Robinson, a Navy veteran and lower Berkeley County resident, was diagnosed with prostate cancer 10 years ago, he began to wonder if the illness could be connected to Agent Orange and the water he drank while stationed in the South China Sea.

There were always rumors that Agent Orange was being transported on board Navy ships, he said. But he's never seen the rumors confirmed.

"I really don't know what I've been exposed to in the Navy," Robinson said.

Wells, the Military Veterans Advocacy director, said it matters little whether winning benefits for the blue water Navy veterans is done through legislation or the courts system.

"We're looking at it as a race," he said. "But we don't care who gets to the finish line first."

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2.2 - HottyToddy.com: [U.S. Sec. of Veterans Affairs Stops at Oxford Veterans Home](#) (2 November, Alyssa Schnugg, 3k uvd; Oxford, MS)

U.S. Secretary of Veterans Affairs Robert Wilkie Jr. is in Oxford this weekend, making rounds to visit local veterans and attending the Ole Miss home game Saturday.

Wilkie arrived at the State Veterans Home in Oxford at about 1:30 p.m. Friday where he spent time visiting with the residents and Oxford Mayor Robyn Tannehill.

"We are honored to show off our veterans' home and also to thank him for the economic impact that this facility has on our community and the wonderful service it is to our veterans," Tannehill said.

Wilkie will take part in some of the Warrior Week events this weekend honoring veterans. On Saturday, during the game against South Carolina Gamecocks, he will participate in the pregame coin toss alongside 9/11 survivor Will Jimeno.

Wilkie was nominated to be Secretary of Veterans Affairs by President Donald Trump on May 18, 2018. He was confirmed by the U.S. Senate on July 23.

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2.3 - Du Quoin Call: [Duckworth talks with southern Illinois veterans](#) (2 November, Holly Kee, 1k uvm; Du Quoin, IL)

MARION -- U.S. Sen. Tammy Duckworth and nearly 100 southern Illinois veterans got together in Marion this week, where she told them she does not support privatization of Veterans Affairs. and that she believes more investigation is needed into the Marion VA Medical Center.

Duckworth, an Iraq War veteran and U.S. Army helicopter pilot, lost both her legs and some mobility in her right arm from severe combat wounds in 2004. She was a congressman from suburban Chicago before being elected to the U.S. Senate from Illinois in 2016.

She said that veterans who visit non-VA doctors aren't always screened for all the possible health conditions that could arise from military service, such as Agent Orange exposure.

Duckworth appeared alongside St. Clair State's Attorney Brendan Kelly, the Democrat who is running against congressman Mike Bost (R-Murphysboro) in the 12th district.

Duckworth expressed frustration that legislation introduced by Bost, to reform hiring for Human Resources positions at Veterans Health Administration facilities, is sitting in committee.

"We're going to stay on top of it," Duckworth said.

Duckworth told the group that a former VAMC radiologist contacted her office in July concerning patients whose exams he alleges were botched. She said the radiologist had been working at the Marion facility for only a few weeks when he began finding errors, claiming some patients who were previously diagnosed as healthy on previous scans actually had serious medical conditions such as cancer.

Duckworth said the VA Office of General Counsel has agreed to investigate.

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3. Business Transformation

3.1 - WJAX (CBS-47, Video): [St. Augustine to break ground on permanent VA clinic in 2019](#) (2 November, Lorena Inclan, 148k uvm; Jacksonville, FL)

St. Augustine to break ground on permanent VA clinic in 2019
After years of waiting, St. Johns County veterans will soon get a permanent Veterans Affairs clinic.

It will replace the temporary building that veterans are now using for their medical needs.

A rendering was released by the VA to show what the new and permanent clinic will look like once it's finished.

Once it finally opens, it will have been nine years in the making.

Bill Dudley, chairman of the Veterans Council of St. Johns County has been there every step of the way.

"It has been a long time coming actually," said Dudley.

Action News Jax documented the saga that led to an at times tense back and forth between the county that offered the VA a spot in its new Health and Human Services building and the VA that insisted it needed to follow federal procurement protocols.

The drawn-out process took years and Dudley says it was also wasteful.

"We think there was a lot of taxpayer money that was squandered in this decision process," said Dudley.

In the end, the VA chose Construction Managers Inc. out of North Carolina as the contractor for the project. The company was the same one the county would have used to build out the clinic at the Health and Human Services building on San Sebastian View, according to Dudley.

Dudley said he's looking forward to putting all that in the past and moving forward.

"We're happy that they have now selected a site, actually the new site is pretty centrally located," said Dudley.

The new building will be just off State Road 207 in the Deerfield Preserve which is not far from the current temporary clinic near Old Moultrie Road.

"It's better for me because it's closer to my house," said Marine Corps veteran Brennen Bettin.

Veterans we spoke to are looking forward to a nicer, more modern, clinic than what they have now.

"I think it'll be great. It [the temporary facility] reminds me of a medical facility we had in the Middle East. It's kind of a baron clinic," said Navy veteran Shane Tong.

The good news is that services for St. Johns County vets were never interrupted throughout the process. For many, having a VA clinic nearby is key.

"The care has been pretty decent here so hopefully that transfers over," said Tong.

The new clinic will continue to provide primary care, mental health, podiatry, nutrition, laboratory, home-based primary care and physical therapy.

Work is expected to begin next June and completion is projected for June 2020.

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3.2 - KFDA (CBS-10, Video): ['Visible commitment' to local veterans: Amarillo VA breaks ground on new rehabilitation and prosthetics building](#) (2 November, Jami Seymore, 55k uvm; Amarillo, TX)

From new facilities and buildings to updates within the hospital, the Thomas E. Creek VA Medical Center is seeing some big changes.

"One of the VA's major goals is modernization, so we've really taken that to heart here at the Amarillo VA Health Care System for modernization," said Michael Kiefer, Director of the Amarillo VA.

The Amarillo VA has a number of ongoing projects including an upcoming addition to the Community Living Center, new parking surfaces, roofing and the recent opening of a primary care facility.

"A number of projects are ongoing," said Kiefer. "Some of which you can see that are pretty obvious and then there's probably 10 or 12 minor projects that go on throughout the whole year to continuously upgrade services for our veterans."

One of those obvious projects just broke ground on Friday. The VA is building a new rehabilitation and prosthetics facility through a \$9.9 million award.

"This is going to be a completely ground-up facility so what you're going to see first is the demolition and site work," said Ryan Schwitzer, Chief Engineer of the Amarillo VA.

With 12,000 square feet in new construction and 800 square feet in renovations, the facility will help better serve those going through physical rehabilitation as well as anyone receiving prosthetic treatment like medical equipment and supplies, prosthetic limbs or even home services.

"We're going to be taking the current services existing in our original hospital and bringing them into this new area," said Schwitzer. "With that comes better overall environment for care."

The Amarillo VA hopes to complete construction of the new facility by fall of 2019.

"It's a visible commitment that the Department of Veteran Affairs has for our 50 counties that we are responsible for to keep our veterans proud when they walk in and they can get care and services," said Schwitzer. "We're keeping that promise that was made to them for their sacrifice and service."

The VA plans on fulfilling that promise, starting with a shovel and ending on a new facility all can be proud of.

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3.3 - Post Register: [New VA clinic in Idaho Falls triples the number of veterans receiving care](#) (2 November, Brennen Kauffman, 12k uvm; Idaho Falls, ID)

Just in time for Veteran's Day, a new U.S Department of Veterans Affairs clinic is preparing to begin accepting patients in Idaho Falls.

Located at 640 Woodruff Ave. in Idaho Falls, the Idaho Falls Outreach Clinic has three times the capacity of the previous location and offers several new benefits to meet the high demand from the area's veterans.

"We had the largest demand for patients to get into VA care in Idaho Falls. We had a waitlist of folks that we couldn't get into the clinic," Tim Huhtala said. Huhtala is the regional head of primary care services for the Veterans Affairs and oversees all the clinics in the Salt Lake City region.

Around 850 veterans are enrolled in care programs at the clinic on 17th Street in Ammon, and another 736 veterans are on the waiting list to receive care. The Ammon clinic will close once the new location is opened and fully operational.

Idaho Falls is the second city in the region to have an updated clinic built, after a similar one was built in Pocatello last year. Huhtala explained that the new design for all the clinics in the area was, surprisingly, inspired by the layout of Disney World.

"When you go to Disney World, your experience is immersive. There are no janitors or electricians running around to distract from that," he said.

The design of the VA clinics is meant to imitate that experience by making the clinics as streamlined and direct for the veterans as possible. Patients arriving for a scheduled appointment can be taken into rooms before they even sit down in the waiting area. Unscheduled arrivals will check in at electronic kiosks and possibly see a nurse almost as quickly.

Once the patients are taken back to the exam rooms, they will rarely have to leave it to receive medical services. Instead of moving between doctor's offices for every step of their care, patients will stay in their exam room while the doctors and nurses come to them.

"There are no dedicated offices. The teams all sit close together so they are able to collaborate on the patients and have quick conversations about their needs," said assistant engineer Michael Bohls, who helped design the new VA facilities in Idaho Falls and Pocatello.

Those teams are the new standard for care at veterans clinics across the country. The Patient Aligned Care Team, or PACT, consists of four members — a primary care physician, nurse practitioner, clinical associate and scheduler — who work closely together to better coordinate patient care. The teams are based on the system used for at-home medical care and are meant to be more consistent for the patients.

Even though the care teams are often responsible for managing the cases of up to a thousand veterans, VA officials said the system allows for more intimate help for the veterans under their care.

"They know about you personally and they know about you medically," Huhtala said.

The VA says the new location will be capable of handling up to 3,000 patients when fully staffed with patient aligned care teams. The health teams will sit together at a block of desks in the central area of the clinic, able to immediately share information between themselves and keep an eye on all of the exam rooms at once. The clinic has already hired a second physician, with the goal to eventually have three or four care teams on site to handle the veterans care.

The clinic's technology is also a significant upgrade from what was available at the previous location. Patients will have exam tables with heated seats and a wide range of mobility, along with other cutting-edge medical equipment. For the team members in the back, their desks can raise and lower electronically and the computers have dual monitors to show more information at once.

Some of the new technology connects the Idaho Falls clinic to the regional VA system. A "telehealth" system of monitors and cameras connects the clinic to the regional VA office,

allowing patients to meet remotely with doctors and specialists who can see their vital information in real time.

"The nurse can put a stethoscope on your chest and it could be transmitted to a cardiologist in Salt Lake City," Huhtala said.

The new facility also marks the first time that a mental health expert will be on site in the Idaho Falls clinic to help patients struggling with post-traumatic stress and other issues. Previously, psychiatrists had either called in remotely for appointments or patients had to travel hours to meet them. District commander of the VFW Bob Akins said that these mental services were essential for some of the veterans in the region.

"I am trying to help my fellow veterans here. They really need help and the VA helps us very well," Akins said.

Bohls says the VA plans to eventually undergo similar changes at all of the other clinics in the region. Plans are already in place to update the clinics in Orem and Ogden, Utah, next year and eventually all the clinics will end up looking and operating almost identically.

"We are cookie stamping every one of these clinics," Bohls said.

The clinical staff and patient aligned care teams will begin moving into the new location on Monday to prepare for the opening. To avoid having a gap in services during the move, the Ammon clinic is operating from a "mobile caravan" of offices until the new clinic can officially open. Soon after, the clinic hopes to begin moving more patients off the waiting list and into the VA system.

Veterans can begin receiving care at the Idaho Falls Outreach Clinic on Tuesday or call it at 208-522-2922. The VA will be hosting an official grand opening ceremony at 11 a.m. Dec. 6.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Washington Examiner: [Trump administration announces drop in veterans' homelessness](#) (1 November, Maria Biery, 3.1M uvm; Washington, DC)

The Trump administration announced Thursday that the rate of veterans' homelessness has declined over the last year, continuing a trend that began in 2010 during which it has fallen by nearly half.

The latest annual Homeless Assessment Report from the Housing and Urban Development Department found that the number of homeless veterans decreased 5.4 percent since the prior year.

In making the announcement, HUD Secretary Ben Carson said, "We owe it to our nation's veterans to make certain they have place to call home."

Sixty-four local communities and three states have reported that they have effectively ended veterans' homelessness, Carson said in a conference call with reporters.

He was joined by Veterans Affairs Secretary Robert Wilkie, who said the decline is a direct result of the cooperation between the federal and local governments.

"That really is the model for the way ahead," he said.

More than 4,000 veterans have found permanent housing since last year through the HUD Veterans Affairs Supporting Housing Program, which provides rental assistance to veterans.

Secretary Wilkie credited the VA MISSION Act, which aims to improve veteran access to healthcare, for providing the resources the department needs to combat the issue. However, he said it is also necessary to address the issues of opioid addiction and mental health, which he sees as contributing factors to the veterans' homelessness problem.

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6.2 - KCNC (CBS-4, Video): [First Burials Take Place At New National Cemetery In Colorado Springs](#) (2 November, 496k uvm; Denver, CO)

COLORADO SPRINGS, Colo. (CBS4) – A new veterans cemetery has opened in Colorado Springs. Thursday marked the first burial service at Pikes Peak National Cemetery.

The cremated remains of four veterans, representing four branches of service, received military honors:

- Air Force Senior Master Sgt. Charles Joyner
- Army Pfc. James Grant
- Navy Seaman Joseph Romery
- Marine Corps Master Sgt. Kurt Krause

It took two decades of intense lobbying and grassroots efforts for the cemetery to be built. The project was often held up because of the fact that it's located within 75 miles of Fort Logan National Cemetery in Denver.

But that drive from southern Colorado can be treacherous for families burying a loved one.

"Especially with the snow in the winter and getting over Monument pass. Just having it so close to them so they can come and visit their loved ones and pay their respects," said cemetery spokesman Paul Lagrange.

The cemetery director says the plans call for 200,000 plots to be available for veterans over the next few decades.

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6.3 - KPBS (NPR-89.5/PBS-15, Audio, Video): [VA San Diego Homeless Program Puts Vets Back To Work](#) (2 November, Steve Walsh, 165k uvm; San Diego, CA)

The VA San Diego plans to expand a program to keep homeless veterans off the streets.

Giana Fimbres is a Gulf War veteran from Arizona. Nearly five years ago, she found herself homeless in San Diego.

"When I came out of the military I thought, 'I'm fine, I got this,'" Fimbres said. "Then, come to find out I was diagnosed with PTSD."

That's how she eventually came into the Veterans Health Administration Career Assisted Therapy program. One of several programs used by the VA to target homelessness among vets.

"I was just letting myself go," she said. "I just did not care about myself anymore. I just didn't feel good about myself and I think that's how I ended up that way."

Two weeks ago, she got her first full-time job in years, working as a Medical Support Assistant at VA San Diego.

"I'm still on cloud 9," she said. "I'm still floating."

The program is designed to bring people into the workforce who suffer from post traumatic stress disorder, or have some physical or mental health issue that may have kept them out of the workforce for years.

"Work is an essential part of a person's well being," said Mark Natividad, vocational rehabilitation specialist at VA San Diego. "You know, it's important to mental health, physical health. And it just improves the overall person."

Roughly 100 veterans are in the program locally. Some only need minimal help writing resume's and updating computer skills.

Fimbres was part of more intense training to relearn basics skills.

"At first we make poppies," she said. "Those little red flowers that you see them give out. We make those. And that's the first part of our training. So we can learn to get along with others in an environment of getting back to work."

While clients often find jobs in the community, the training happens only at VA. Natividad said VA San Diego is looking for partners who might want to work with some of these vets as they learn their way back into the workforce.

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6.4 - Capital Public Radio (Audio): [Veterans Who Want To Be Farmers In Northern California Get Support From VA](#) (2 November, Julia Mitric, 119k uvm; Sacramento, CA)

U.S. veterans who want to go into farming face many of the same barriers as civilians, like a lack of capital and land access.

But another obstacle is not having knowledge of farming practices.

This is according to Marisa Alcorta, who runs the California Farm Academy Apprenticeship Program at the Center For Land-Based Learning in Winters, 40 minutes west of Sacramento. She says farming “is not something they typically get trained for in the military, so many of them need to come back and find a training program to build up skills and knowledge.”

The U.S. Department of Veterans Affairs recently approved the Winters-based apprenticeship program, a step that will allow vets to use GI Bill benefits to cover their costs while they learn the ropes of farming. The VA allowance is \$1,600 a month, according to the Farmer Veteran Coalition, a Davis-based nonprofit that mentors vets.

But the VA benefit will decrease 20 percent every six months over the two-year span of the CLBL apprenticeship, according to Alcorta. She still sees it as a significant boost for would-be farmers, since many California farmers do not provide apprentices with housing, and veterans have to contend with the lack of affordable living in California.

Matthew McCue is an Army veteran who’s traveled the path from the military to farming, although at that time, the CLBL program was not yet up and running. He says he didn’t know much about farming before he served in northern Iraq. “Sometimes we’d kick down doors and run through people’s gardens and fields to get to their houses,” he recalled. “And one thing I realized [was], man, these people really know how to farm.”

He also noticed local Iraqi farmers were still making money in war time, when nobody else could. So, after he returned to the United States, McCue completed college, earned a master’s degree in International Agriculture at UC Davis and completed an apprenticeship at the UC Santa Cruz Center For Agroecology & Sustainable Food Systems.

He grew organic vegetables for a CSA box from a farm in Fairfield before taking a job at the Farmer Veteran Coalition as director of employment and training. “Farming gave me the stability to go to school,” McCue said. “I [have] a lot of net gains from agriculture in terms of where I am in society.”

Agriculture is “not just bending over a hoe and weeding or working on an old tractor,” McCue added. “The level of business skills from learning how to run your own operation puts you head and shoulders above almost anyone you work with, regardless of what industry you go into.” He says becoming part of the farming community has given him a chance to create deep connections with non-military personnel. He calls that part of this life transition “priceless.”

The California Farm Academy Apprenticeship at the Center for Land-Based Learning is accepting applications for its 2019 cohort thru November 11.

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6.5 - Federal News Network (Audio): [Federal employees union wants CFPB official gone](#) (2 November, Eric White, 100k uvm; Washington, DC)

[...]

Veterans homelessness is down five point four percent in 2018 since the previous year. The departments of Housing and Urban Development and Veterans Affairs said they counted about 2,000 fewer homeless veterans in emergency shelters or transitional housing in January 2018, compared to 2017. HUD Secretary Ben Carson and VA Secretary Robert Wilkie said success is due to the HUD-VA Supportive Housing Program. Over 4,000 veterans found housing through the program last year. 64 local communities and three states declared an end to veterans homelessness. (Department of Veterans Affairs)

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6.6 - WTEN (ABC-10, Video): [GI Bill payment issues affecting local veterans](#) (2 November, Morgan McKay, 97k uvm; Albany, NY)

Over 200,000 vets are not getting their education and housing benefits due to a backlog in the Department of Veterans Affairs.

"The VA did not take it to be a serious problem and that's why we're where we are," John Kamin, of the American Legion, said.

Kamin says student veterans are facing eviction because the VA is behind on GI Bill payments. Some schools won't even let veterans graduate or register for classes, because their tuition is late.

"Left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," said Kamin.

A source within the VA here in New York says that this is not a problem they are seeing locally.

This frustration with how the VA operates and the lack of communication is nothing new. One veteran student Mike Falvo says that he recently received word that he ran out of benefits from his GI Bill, but not from the VA.

"I get a phone call from my adviser and he says we just want to let you know that the VA has not paid for your last two classes. Which was a complete shock and surprise to me."

Now with only a few credits left, Falvo will have to wait to get financial aid or grants before he can graduate. He says that the VA did not clearly communicate with him details of his GI bill and was even told at times that it would take a year for the VA to get back to him.

"I think that's one of the biggest problems with the VA now is there is no communication and if there is it's not effective. We sign the dotted line to defend our country, we deserve better."

The House Veterans Affairs Committee in DC will be looking into the issue of late payments to students in a hearing scheduled for November 14th.

The VA says veterans who aren't receiving their payments and need help to call its customer service number at 1-888-442-4551.

The American Legion also urges veterans who are struggling to contact their offices.

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6.7 - WJHL (CBS-11): [Mountain Home National Cemetery to honor veterans and families this month](#) (2 November, 69k uvm; Johnson City, TN)

President Donald Trump declared November the second annual National Veterans and Military Month and Mountain Home National Cemetery is following suit.

Mountain Home will celebrate Nov. 9 with a wreath-laying ceremony held at the main flag pole in front of the Annex Administration Building at 8 a.m.

Officials with Mountain Home say this year's celebration caps an "unprecedented period of improvement for the VA."

The tradition continues this year with more than 300 events being conducted at VA medical centers, benefits offices and cemeteries across the county.

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6.8 - KOMU (NBC-8, Video): [Homeless veteran population increases in mid-Missouri](#) (2 November, Ethan Burks, 38k uvm; Columbia, MO)

The U.S. Department of Housing and Urban Development (HUD) reported a 5.8 percent decrease in homeless veterans living in Missouri from last year.

Data in the same report showed the opposite for mid-Missouri. In 2017, HUD estimated there were 98 homeless veterans in the area. The 2018 report indicated an increase to 112 veterans.

HUD received this data from Continuum of Care (CoC) groups. These are local organizations that report homeless populations to HUD using the Point-In-Time (PIT) Count method.

"These numbers aren't completely accurate because it's just a snap-shot of one particular day," Truman VA Hospital public affairs officer Jeff Hoelscher said.

Hoelscher said Point-In-Time data means everyone is counted in one day, and then that number is reported. He said that approach could lead to a misrepresentation of homelessness.

"In Boone County we've come up with somewhere between 50 and 60 homeless veterans," Truman VA Hoelscher said. "We came up with that number through our street outreach program where we team up with various organizations."

HUD announced earlier this week that nationwide veteran homelessness is down per a news release. From 2017 to 2018, veteran homelessness decreased from 40,020 to 37,878 people.

"It's great to hear it's going down, but there's always more we can do as a community," Robert Ross of the MU Veterans Center said.

HUD Secretary Ben Carson made this announcement one week before Veterans' Day.

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6.9 - Wellsville Daily Reporter: [VA to celebrate Veterans and Military Families Month](#) (2 November, 5k uvm; Wellsville, NY)

BATH — President Donald Trump has declared November 2018 the second annual National Veterans and Military Families Month, to “salute the brave and dedicated patriots who have worn the uniform of the United States, and celebrate the extraordinary military families whose selfless service and sacrifice make our military the finest in the world.”

Beginning in 2017, President Trump proclaimed November Veterans and Military Families Month, marking the first time America celebrated Veterans and military families for the entire month and not just on Veterans Day, in keeping with the President’s strong focus on improving care and benefits to our nation’s heroes.

That tradition continues again this year with more than 300 events at VA hospitals, benefits offices and cemeteries across the country, including: senior leader visits to VA facilities, open houses, town halls, benefits claims clinics, volunteer recognitions, homeless Veteran initiative events, suicide prevention events, faith-based community events and flag planting tributes at national cemeteries.

To celebrate Veterans and Military Families Month locally, the Bath VA Medical Center will hold the following events honoring Veterans and their families throughout the month of November:

Nov. 4 — Visit by Saint Bonaventure University Veteran students Nov. 4 — Sons of the American Legion visit in Domiciliary Nov. 5 —Knights of Columbus visit in Domiciliary Nov. 6 — Election Day voting trip for Community Living Center Veterans Nov. 7 — American Legion Auxiliary holiday gift shop Nov. 10 — Veterans Day Celebration - Mansfield University Brass Band Concert-1:30pm, free and open to the public Nov. 10 — Marine Corp birthday party for Veterans Nov. 11 —Elks Carnival-Community Living Center and Domiciliary Nov. 13 — Marconi Lodge hosts lunch for Community Living Center Veterans Nov. 17 —Hornell VFW hosts Thanksgiving lunch Nov. 28 — Memorial Service for Veterans who have passed in the last 6 months

This year’s celebration of Veterans and Military Families Month caps an unprecedented period of improvement for VA, as the department has made groundbreaking progress over the last two years in the areas of accountability, transparency and efficiency across the department while enjoying an important series of legislative successes.

“At VA, Veterans and their families are at the center of everything we do. Veterans and Military Families Month is an opportunity for us to honor the service of these patriots while educating

communities about VA benefits and services and our commitment to customer service improvement,” VA Secretary Robert Wilkie said.

“It is truly a privilege and an honor to provide health care to America’s heroes. Care they have earned and deserve. Every day is Veterans Day at the Bath VA,” said Bruce Tucker, interim medical center director for the Bath VA Medical Center.

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6.10 - ConnectingVets.com (CBS Radio): [Pikes Peak National Cemetery officially opens with burial of four veterans](#) (2 November, Elizabeth Howe, New York, NY)

Pikes Peak National Cemetery opened in Colorado Springs this week with the burial of four veterans: a Marine, a sailor, an airman and a soldier.

The new cemetery is 374-acres and has the capacity to honor 95,000 veterans, spouses and family members — a much needed expansion. Fort Logan, a nearby national cemetery, is over 100 years old and averages 20 burials a day. As the sixth busiest national cemetery in the country, it would have run out of space in 2032. The opening of Pikes Peak National Cemetery extended the life of Fort Logan and eased the concerns of veterans and their families.

The land for the cemetery was purchased in January 2014 for \$4.49 million. Of that acreage, only 65 have been developed so far — enough for 13,300 gravesites. The four burials this week officially opened the cemetery right on schedule.

The four veterans honored at the inaugural burial were Air Force Senior Master Sgt. Charles Joyner, Army Pfc. James Grant, Navy Seaman Joseph Romery and Marine Corps Master Sgt. Kurt Krause. These four are the first of many. Director of the cemetery, Paul LaGrange says 300 veterans are in the process of seeking burial and another 100 have asked for remains to be moved to Pikes Peak from other cemetery locations in the state.

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7. [Other](#)

7.1 - U.S. News & World Report (AP): [Evers Promises on Tax Increases; Warren Rallies for Baldwin](#) (2 November, Scott Bauer, 14M uvm; Washington, DC)

MADISON, Wis. (AP) — Democrat Tony Evers, who has said he would consider raising the gas tax if elected governor of Wisconsin and has campaigned on ending a tax break primarily benefiting manufacturers, told a newspaper that he's not planning to raise any taxes.

Evers, the state schools superintendent, is challenging Republican Gov. Scott Walker, with the most recent poll showing the race tied. Walker has vowed not to raise taxes. Evers has been open to a variety of tax hikes while vowing to cut income taxes for the middle class by 10 percent.

Evers planned to pay for that tax cut with \$300 million gained by eliminating the manufacturing and agriculture tax credit program, a move Walker has cast as a tax increase on beneficiaries of the program.

But in a Washington Post story published Thursday, Evers said, "I'm planning to raise no taxes."

Evers spokesman Sam Lau offered little clarity Friday on the contradiction. Lau said that Evers was referring only to his plan for the middle-class tax cut.

"Those details have not changed," Lau said.

Evers also has repeatedly said "everything is on the table" when considering how to spend more on roads, including a gas tax increase. Evers has not released a plan, saying he wants to talk with interested parties after the election.

Lau did not respond to questions about whether Evers was now taking a different position on his previously announced tax plans.

Walker has said Evers wasn't releasing details about his proposals because he intends to raise a host of taxes. Evers has called that a lie.

Walker kept up the attack on Twitter Friday.

"Tony Evers will raise taxes," Walker tweeted . "Tony's taxes will cost us jobs. Tony's taxes are a recipe for returning to a recession. We can't afford to turn back now!"

In the race for U.S. Senate, Democratic incumbent Tammy Baldwin held a "Women for Tammy" rally in the liberal stronghold of Madison with California Sen. Elizabeth Warren, a likely 2020 presidential candidate. They then headed to Milwaukee for another get-out-the-vote event at a union hall. Baldwin's Republican opponent, state Sen. Leah Vukmir, was campaigning across the state, ending with a rally in La Crosse with Walker.

Warren, speaking to about 300 supporters in Madison, said Republican control of the White House, U.S. Senate, House and governor's office was coming to an end.

"All I have to say is tick tock. Tick tock," Warren said. "Four days, four days! Are you ready to get out there?"

Both Warren and Baldwin emphasized Democratic support of the Affordable Care Act, which Vukmir , Walker and Republicans have opposed for years and worked to repeal.

"They're going to try it again," Baldwin said. "Health care is on the ballot. Justice is on the ballot. Equality is on the ballot. Our environment is on the ballot. Our 'Dreamers' are on the ballot. Net neutrality is on the ballot. Yes, there's going to be names on the ballot, but those issues are at stake, all of them."

Vukmir's campaign manager, Jess Ward, issued a statement in reaction to the Warren visit where she referred to her as "Pocahontas," the nickname President Donald Trump has given to Warren. Ward refers to Baldwin as "Tomah Tammy," a nickname Vukmir has given to Baldwin in relation to her handling of the over-prescription of painkillers at the Tomah Veterans Affairs Medical Center.

"After Tomah Tammy looked the other way and let our veterans down at Tomah, she has now decided to campaign with Senator 'Pocahontas' Warren who falsely claimed to be a Native American, so she could have preferential employment opportunities," Ward said. "Leah is a nurse and military mom who has played by the rules, but Tomah Tammy and 'Pocahontas' Warren have despicably spent their lives taking advantage our veterans and minorities to advance their careers."

Warren in October released DNA test results that provide some evidence of a Native American in her lineage. The test has done little to quell criticism of her by Trump and his supporters.

Polls have consistently shown Baldwin with a double-digit lead over Baldwin. A Marquette University Law School poll on Wednesday showed Walker and Evers as dead even.

Early voting broke the record for midterm elections on Wednesday and by Friday it had reached 468,525 people, according to the Wisconsin Elections Commission . The previous record was 374,000 in 2014.

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7.2 - Bozeman Daily Chronicle: [Tester being 'punished' for doing the right thing](#) (2 November, Jane Hawks, 191k uvm; Bozeman, MT)

In Trump's rally in Missoula he bragged that he was there to punish Sen. Tester for opposing Trump's choice to head the Department of Veterans Affairs. The hard truth is that the initial nominee to head the VA was severely flawed and unqualified candidate.

Even Republicans on the VA Committee had serious reservations about him. But they left it to Tester to stand up and blow the whistle and block the nominee. A second person then was proposed who passed the committee and Congress with broad bipartisan support, including Tester's vote.

Since that time veterans from across Montana have given broad and strong support to Tester's reelection bid. He's gained their support through the many bills he's sponsored and passed in the current Congress that benefit veterans. And because he prevented an unqualified nominee from becoming head of the VA department.

There is no chance that Tester's opponent, Matt Rosendale, would have had the integrity and courage to do what Tester did.

Rather than punish Tester for his actions regarding the flawed nominee for the VA we should thank him, as veterans across Montana have done, and reward him with another term as our senator.

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7.3 - KUFM (NPR-89.1, Audio): [DoD: Investigation Of Trump VA Nominee Jackson Still Ongoing](#) (2 November, Eric Whitney, 23k uvm; Missoula, MT)

On the eve of President Trump's fourth visit to Montana since July to campaign against Sen. Jon Tester, the Defense Department says it is continuing to investigate charges of professional misconduct by Rear Admiral Ronny L. Jackson.

Tester brought up those charges after the President nominated Jackson to be Secretary of Veterans Affairs last April. Jackson subsequently withdrew his nomination before confirmation hearings could be held.

Trump responded by attacking Tester on Twitter, saying he should resign. The President referenced the nomination dispute during his visit to Missoula on October 13th.

"Jon Tester led the Democrat mob in the effort to destroy the reputation of a very great man, Admiral Ronny Jackson," Trump said during his visit.

Trump says Jackson is innocent and that allegations against him have been checked and proven untrue. But the Defense Department's Inspector General tells NPR that the investigation into Jackson is still on-going. The Inspector General wouldn't predict when it might be complete. If the charges are substantiated, the Navy might have no choice but to fire Jackson.

In Missoula, President Trump also said this about Jackson:

"He didn't really want it, and he might not have been qualified, but he was a doctor at a high level."

Almost no Republicans rose to Jackson's defense following those remarks. Senator Tester maintains that the charges against Jackson were brought by "23 colleagues and former colleagues of Rear Admiral Jackson, most of whom are still in uniform."

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7.4 - Marion Republican: [Election 2018 Bost, Kelly on education, Mueller and the VA](#) (2 November, Holly Kee, 2k uvm; Marion, IL)

U.S. Rep. Mike Bost believes it's time for special counsel Robert Mueller's investigation into Russian influence on the 2016 election to wrap up.

"I think right now, after this long, he (Mueller) needs to produce any evidence he has," the Republican congressman from Murphysboro said.

"It's like beating a dead horse. If he has it, then get a grand jury seated and let's move forward. If not, then let's move on."

Bost said while no member of the U.S. House ever wants to think about impeaching a sitting president, if Mueller's team uncovers irrefutable evidence that President Donald Trump broke laws, he would do what he has to do.

"If any chief administrator does or has done something that is 'high crimes' -- that's what our Constitution says -- it's our job, as members of Congress, to move forward," he said.

However, he said, it's time for Mueller to either produce evidence or let the country move on.

Bost is running for re-election against St. Clair County State's Attorney Brendan Kelly, a Democrat from Swansea.

Kelly said no one in the United States is above the law.

"Neither side of the political aisle should interfere in (Mueller's) investigation," Kelly said. "As a prosecutor, I believe the President, like any citizen and like other presidents before him, should comply with the laws that are at the heart of our democracy."

Green Party candidate Randy Auxier is also running for the congressional seat.

Bost, meanwhile, believes his congressional experience is a plus for the 12th district, especially when it comes to addressing reported problems at the Marion VA Medical Center.

A member of the House Veterans Affairs Committee, Bost asked for an investigation into allegations at the VAMC, ranging from medical mistakes to administrative lapses.

In an interview in late August, Bost expressed frustration with the situation.

"I want anybody to achieve at the highest level they can, but there were real problems with HR and this person needs to go," he said, referring to a Marion VAMC administrator who Bost has pushed to be replaced.

"They're not gone yet."

Bost sponsored H.R. 5864 (the HELP Act) that instructs the VA to establish qualifications for each HR position within the VHA and establish standardized performance metrics similar to the private sector.

"That bill is sitting in committee," said Kelly, "the same committee Bost is on."

Both, though, agree that providing quality care and services for the nation's veterans should be a priority.

"There's been some decent bipartisan effort to try and improve VA performance," said Kelly, "but we have a long way to go."

Bost contends that his tenure and experience will help him to bring more economic opportunity to southern Illinois.

Kelly, however, said the nation's extreme partisanship is hurting opportunity.

"There are a number of new people running who are tired of the partisanship," he said. "We need to stop being a red person or a blue person. Let's find a way to help people."

Both support more vocational and technical training for students.

"I want to see vocational training, preferably at the secondary level," said Bost. "We have to remember that not everybody is going to become doctors or lawyers."

He said with the past push for postsecondary education, the economy is now in need of welders, builders, and electricians.

Kelly believes the return of technical training should be encouraged as early as junior high school and should be tied to local community colleges.

"We need to respect hard work, creating, making and building things," he said.

He too noted that businesses have skilled jobs they can't fill.

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From:

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Subject: [EXTERNAL] 1 November Veterans Affairs Media Summary and News Clips

Date: Thu Nov 01 2018 05:15:07 CDT

Attachments: 181101_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

1 November 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [More U.S. Veterans Are Off the Streets](#) (31 October, Ben Kesling, 13.3M uvm; New York, NY)

The number of homeless veterans declined in 2018 in response to long-established federal efforts and a push by dozens of local communities, according to the departments of Housing and Urban Development and Veterans Affairs.

[Hyperlink to Above](#)

1.2 - The New Orleans Advocate: [U.S. VA secretary praises Bastion veterans community in Gentilly](#) (30 October, Jeff Adelson, 743k uvm; Baton Rouge, LA)

U.S. Secretary of Veterans Affairs Robert Wilkie praised a housing community for veterans in Gentilly as a model for future public-private partnerships by his agency during a visit to New Orleans on Tuesday. During a tour of the Bastion Community of Resilience, Wilkie also said President Donald Trump will outline a more expansive program to involve the private sector in veterans' care going forward.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [Readiness of VA emergency stockpile of drugs, medical supplies called into question](#) (31 October, Nikki Wentling, 532k uvm; Washington, DC)

It's uncertain whether a Department of Veterans Affairs stockpile of drugs and medical supplies — intended to be used in a crisis — is equipped to handle future terrorist attacks or biological or natural disasters, according to a report released Wednesday by the VA Office of Inspector General.

[Hyperlink to Above](#)

1.4 - Military Times: [New lawsuit seeks VA compensation for veterans' unpaid emergency room costs](#) (31 October, Leo Shane III, 471k uvm; Springfield, VA)

Hundreds of thousands of veterans could be eligible for sizeable reimbursements of unpaid medical bills if a new class-action lawsuit against the Department of Veterans Affairs is successful. The move comes amid an eight-year fight between VA and veterans advocates over who should foot the bill for emergency medical care. It also follows a federal court ruling in August which for the first time allowed veterans to file suit against the department as a class rather than individuals.

[Hyperlink to Above](#)

1.5 - Government Executive: [Pay Satisfaction Improves, VA Cuts Pension Benefits for Veterans](#) (31 October, Erich Wagner, 102k uvm; Washington, DC)

Although the recently released results of the Office of Personnel Management's annual Federal Employee Viewpoint Survey suggested that federal workers still are not satisfied with how raises and promotions are doled out across government, they appear to be growing more satisfied with their own salaries.

[Hyperlink to Above](#)

1.6 - Government Executive: [VA and 11,000 Nurses Reach Impasse as Secretary Rejects Negotiated Contract Proposal](#) (31 October, Eric Katz, 102k uvm; Washington, DC)

A group of 11,000 nurses at the Veterans Affairs Department has reached an impasse with the agency over its collective bargaining agreement, as the Trump administration has declined to sign off on a contract proposal structured by a third-party arbitrator and the department's own negotiators.

[Hyperlink to Above](#)

1.7 - U.S. News & World Report (AP): [Vukmir Refers to Baldwin as 'Princess Painkiller'](#) (31 October, 14M uvm; Washington, DC)

The Republican candidate for U.S. Senate is referring to her Democratic opponent, whose mother battled a prescription drug addiction, as "Princess Painkiller." Leah Vukmir tweeted the nickname for Sen. Tammy Baldwin along with a cartoon image of the senator on Wednesday. Baldwin's campaign manager Scott Spector calls the tweet "despicable."

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Technical.ly: [NeuroFlow will pilot its mental health platform at Philly's VA hospital](#) (31 October, Roberto Torres, 79k uvm; Philadelphia, PA)

Over the next six months, a dozen clinicians at the Corporal Michael J. Crescenz VA Medical Center will have access to NeuroFlow's mental health platform, which helps engage patients and track their behavioral health.

[Hyperlink to Above](#)

2.2 - Montgomery Advertiser (Video): [Appearances' sake: How campaigns are handling public events](#) (31 October, Brian Lyman, 72k uvm; Montgomery, AL)

As Isner was discussing problems with care at Veterans Administration facilities at a town hall Monday evening, Brooks Warren, a therapist at the Tuskegee VA Medical Center, felt the need to say something. He said there were problems, but added that the staff there had worked hard and were trying to make improvements in the facility.

[Hyperlink to Above](#)

2.3 - Mail Tribune: [Knife-wielding vet shot by cop gets second chance](#) (31 October, Mark Freeman, 64k uvm; Medford, OR)

A military veteran who was shot and wounded by police in January at the Veterans Affairs facility in White City after lunging at an officer with a knife can avoid prison under a plea deal if he can clean up his act. Gilbert Matthew "Matt" Negrete was sentenced Friday to three years' probation during which he must complete treatment ordered by probation officials while staying clean and sober, prosecutors said.

[Hyperlink to Above](#)

2.4- KOB1 (NBC-5, Video): [Veteran sentenced for brandishing knife at White City V.A.](#) (31 October, 56k uvm; Medford, OR)

A veteran pleaded guilty in court Tuesday morning after brandishing a knife and lunging at officers at the White City V.A. earlier this year. Gilbert Matthew Negrete was in court for sentencing as Judge Lorenzo Mejia told him, "Thank you for your service sir but you can't engage in this. You almost lost your life."

[Hyperlink to Above](#)

2.5 - Sacramento News & Review: [A dose of change. The Veterans Medical Marijuana Safe Harbor Act could offer alternatives to opioid use among vets](#) (1 November, Jeremy Winslow, 47k uvm; Sacramento, CA)

With California legalizing recreational marijuana in January, it's no surprise that there would be new laws introduced with it. City and state laws now recognize that, with cannabis hitting the market legally, there are ways of studying its effects on individuals in the advent of the growing opioid epidemic.

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2.6 - Longview News-Journal: [Miette Wells: A Different Kind of Combat](#) (31 October, Ana P. Walker, 46k uvm; Longview, TX)

She fought her wars on two fronts. Miette Wells, who was a law enforcement canine handler in the U.S Air Force, served from 1987 to 1991, part of the time on alien soil. As with her fellow American military members, she faced a foreign enemy during Operation Just Cause in Panama and Operation Desert Shield/Storm in Kuwait. Her second foe: some fellow members of the military.

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2.7 - WSIL (ABC-3, Video): [Duckworth, Kelly hold veterans roundtable](#) (31 October, Brooke Schlyer, 33k uvm; Carterville, IL)

Dozens of veterans from across southern Illinois attended a roundtable in Marion Tuesday afternoon. The event was held by congressional candidate Brendan Kelly and U.S. Senator Tammy Duckworth at the American Legion.

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3. [Business Transformation](#)

3.1 - Times-News: ['Haunted house' renovated into veterans mental health clinic at VA](#) (30 October, 22k uvm; Hendersonville, NC)

On Friday, the Charles George VA Medical Center celebrated the opening of the newly renovated Veterans Hope and Recovery Center, an outpatient mental health clinic. This award-winning renovation has restored old Building 9 — once a sought-out destination for historians, paranormal investigators, horror film directors and thrill-seekers — to its former glory and usefulness.

[Hyperlink to Above](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Politico: [HHS rolls out cyber center successor \(to criticism\)](#) (31 October, Darius Tahir, 8.7M uvm; Arlington, VA)

VA/DOD UPDATES: Here's the latest in the health IT affairs of the Departments of Defense and Veterans Affairs: — Interop is good!: Interoperability really keeps the VA's and DOD's patients happy, a new study shows. The study found the Joint Legacy Viewer, the tool created by VA and DoD informaticists as a stopgap to improve record sharing, significantly increased patient satisfaction.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - FOX News (Video): [Veterans are sleeping in their cars to access medical care – and it's only getting worse](#) (1 November, James Schenck, 27.6M uvm; New York, NY)

In major cities across the country, hotels can cost upwards of \$300 per night. This is what some veterans are having to pay to receive life-saving treatment at VA hospitals. With over 20 million veterans currently living in the U.S., the issue is only getting worse. Veterans who live far from the facilities that best treat their conditions have to pay out-of-pocket for hotels the night before they are admitted, or during long-term outpatient treatment, like chemotherapy.

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6.2 - KTVX (ABC-4, Video): [Student veterans looking for missing GI Bill payments](#) (31 October, Jessica Smith, 143k uvm; Salt Lake City, UT)

Some veterans aren't getting their education and housing benefits and Congress wants to know why. A House committee says it will hold a hearing, after the election, and veterans' advocates say the VA needs to be held accountable. The American Legion says some student veterans are facing eviction because the VA is behind on GI Bill payments.

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6.3 - WDTN (ABC-2, Video): [Student veterans struggling to pay tuition as VA payments fall behind](#) (31 October, Jessica Smith, 60k uvm; Moraine, OH)

The American Legion says some student veterans are facing eviction because the VA is behind on GI bill payments. John Kamin with the American Legion says some monthly housing payments for student veterans have been delayed up to 90 days. "They're left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," he said.

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6.4 - Jackson Hole News & Guide: [Female vets heal with art, camaraderie](#) (31 October, Julie Kukral, 48k uvm; Jackson, WY)

Women veterans don't look like other veterans. They don't have military-style haircuts. It's not likely you'll see them sitting in a bar wearing a veteran hat. Their trauma, be it physical or emotional, may not be visible. Most notably, they're not men.

[Hyperlink to Above](#)

6.5 - WSIL (ABC-3, Video): [National Day of Prayer event at Marion VA Thursday](#) (31

October, Elizabeth Taylor, 33k uvm; Carterville, IL)

The Department of Veteran's Affairs will celebrate "National Day of Prayer and Reflection" on Thursday, November 1. The Marion V-A will host a prayer and meditation event for people of all worldwide religions. The VA hopes to reaffirm its commitment to caring for veteran's spiritual needs in addition to their physical and mental needs.

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6.6 - KRGV (ABC-5, Video): [Valley Veteran Seeks Employment for Spouse through New VA Program](#) (31 October, Frank McCaffrey, 29k uvm; Weslaco, TX)

A newly unveiled agreement between the U.S. Department of Veterans Affairs and the Military Spouse Employment Partnership is set to expand opportunities for military families. Sacrifice doesn't end on the battlefield for many veterans; family members also struggle to make ends meet back home.

[Hyperlink to Above](#)

6.7 - WFXR (FOX-27, Video): [A way to help homeless veterans across the Commonwealth](#) (31 October, Aaron Deane, 13k uvm; Roanoke, VA)

Coordination of services locally and across the state of Virginia has been the key for helping homeless veterans. Today we have with us, Jeff Doyle, VA network homeless program coordinator and Tanyia Jones, health care for homeless veterans coordinator for Salem VA Medical Center.

[Hyperlink to Above](#)

6.8 - North Forty News: [Cheyenne VA to Host Day of Prayer for Veterans](#) (30 October, Theresa Rose, 6k uvm; Fort Collins, CO)

The Cheyenne VA will host the inaugural Day of Prayer and Reflection for Veterans on Nov. 1, to kick off Veterans Day events scheduled in November. The community is invited, and the event will be from noon to 1 p.m. near the facility's Vietnam Memorial and Circle of Flags, located at 2360 E. Pershing Blvd., in Cheyenne.

[Hyperlink to Above](#)

7. [Other](#)

7.1 - The Washington Post: [At VA, unequal employment opportunity](#) (31 October, Mary Suffoletta, 30.6M uvm; Washington, DC)

Regarding the Oct. 24 news article "Nonpartisan panel of veterans judges gets dose of politics": Most bothersome is that the Department of Veterans Affairs claims to abide by the equal employment opportunity policy, which says, "The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability .

7.2 - The Hill: [Tester fights for survival at home](#) (31 October, Alexander Bolton, 11.4M uvm; Washington, DC)

Sen. Jon Tester (D-Mont.) is emerging as President Trump's top target a week out from Election Day. The president, still fuming over the Senate Veterans' Affairs Committee chairman's role in blowing up Ronny Jackson's nomination to head the Department of Veterans Affairs (VA), will return to Montana on Saturday after visiting the state a little more than two weeks ago to take another shot at Tester.

[Hyperlink to Above](#)

7.3 - WTVD (ABC-11, Video): [Medical waste from Raleigh Veterans clinic found littered across street](#) (31 October, DeJuan Hoggard, 483k uvm; Durham, NC)

Near the intersection of Martin Luther King Jr. Boulevard and Rock Quarry Road in southeast Raleigh, drivers will pass trash littered across the side of the street. "It's unfortunately pretty typical for the area," said nearby resident David Eichenberger. However, he was only referencing the amount of trash normally found on the street and not specifically the type of trash.

[Hyperlink to Above](#)

7.4 - Temple Daily Telegram: [Three Bell County residents plead guilty in Temple VA fraud case](#) (31 October, Eric E. Garcia, 25k uvm; Temple, TX)

Three Bell County residents have each pleaded guilty in federal court for their roles in an alleged scheme to defraud the U.S. Department of Veterans Affairs. Christopher Sebek and Melissa Sebek, both of Temple, and Jeffrey Pearson, 55, of Killeen, were charged in September for their alleged roles to defraud the Temple VA of about \$250,000.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [More U.S. Veterans Are Off the Streets](#) (31 October, Ben Kesling, 13.3M uvm; New York, NY)

WASHINGTON — The number of homeless veterans declined in 2018 in response to long-established federal efforts and a push by dozens of local communities, according to the departments of Housing and Urban Development and Veterans Affairs.

Nationwide, the number of homeless veterans fell to approximately 38,000, according to an overall count of the homeless taken in January. That represented a 5.3% decline since last year and about half the 73,367 veterans tallied in 2009. Dozens of towns, cities and states have declared an end to vet homelessness in their communities.

“A year and a half ago we were just on the cusp of a few communities being able to say we’ve ended veteran homelessness, now we’re up to 64,” said HUD Secretary Ben Carson in an interview.

Mr. Carson and VA Secretary Robert Wilkie said they had placed a high priority on tackling veteran homelessness, but advocates said the VA recently had reduced its attention on the problem, which could threaten to stall efforts.

The VA began focusing on the issue in 2009 under then-Secretary Eric Shinseki who made it a goal to end veteran homelessness within a decade, a goal that won’t be met. But the emphasis then helped boost recognition of the problem, creating partnerships that advocates say are key to addressing the problem.

“There’s only so much at the federal level you can do to end homelessness. At the end of the day it comes down to communities prioritizing veterans and knowing who they are,” said Kathryn Monet, CEO of the National Coalition for Homeless Veterans. “It truly is yeoman’s work.”

When department secretaries advocate for an issue and Congress provides long-term funding, it energizes local communities to act because they know that their efforts will be sustained in the long term, Ms. Monet said.

“We are working with state and local governments,” Mr. Wilkie said in an interview. “We’ve been going to governors, we’ve been going to mayors.”

A linchpin of the HUD and VA effort is the HUD-VA Supportive Housing Program, better known as HUD-VASH.

Started in the early 1990s, the program was given a funding boost by Congress in 2008. HUD provides housing vouchers to get veterans off the streets and into permanent homes while the VA provides case workers to make sure those in the program have support during precarious months when it’s easiest to slip back into an indigent life.

“If you just put them in a unit, they don’t thrive,” Mr. Carson said. “If you just give them the clinical service and the case management, they don’t thrive. But when you give them both of those things together, they do thrive.”

President Trump’s first VA secretary, David Shulkin, focused on other priorities including veteran suicide. Late last year, he floated the possibility the department would shift some funding from the HUD-VASH program as the issue of veteran homelessness seemed to be coming under control.

Advocates and lawmakers quickly voiced objections, and the VA didn’t move the money.

The number of homeless veterans ticked up in 2017. Although the downward trend resumed in 2018, advocates worry that a lack of attention from the top ultimately could impede the decadelong progress.

“When it was prioritized by the administration, including the secretary, it mobilized a lot of good will,” said Nan Roman CEO of the National Alliance to End Homelessness. “It’s not like they’ve cut it in any way, but they’ve not prioritized it,” she said of the VA.

Messrs. Carson and Wilkie said they have made the issue a priority. Mr. Wilkie said he had addressed the topic in each of his major events since taking the helm at the VA, making a push especially in rural and Native American communities. Mr. Carson said as long as he leads HUD, the department will focus on the issue.

Nearly 84,000 housing vouchers were in use in 2017, according to VA statistics. Congress boosted funding to \$509 million last year to fund the VA support services, according to the Congressional Research Service. But while demand for the vouchers is high, more than 1,000 went unused last year in part because of a lack of VA case workers.

Mr. Wilkie said he is making an effort to solve that problem, but when asked about his plans to address the matter, didn’t provide specifics.

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1.2 - The New Orleans Advocate: [U.S. VA secretary praises Bastion veterans community in Gentilly](#) (30 October, Jeff Adelson, 743k uvm; Baton Rouge, LA)

U.S. Secretary of Veterans Affairs Robert Wilkie praised a housing community for veterans in Gentilly as a model for future public-private partnerships by his agency during a visit to New Orleans on Tuesday.

During a tour of the Bastion Community of Resilience, Wilkie also said President Donald Trump will outline a more expansive program to involve the private sector in veterans' care going forward.

“The future is public-private partnerships. Issues that we’re facing in Veterans Affairs are the same as we’re facing in the rest of the country: opioids, homelessness, mental health issues,” Wilkie said. “Any way we can find to provide a new path for veterans is important for us.”

"That means choice. That means for veterans here in New Orleans, if we can't take care of them here at the VA (Medical Center) in a timely fashion, they can choose to go into the private sector."

Bastion consists of a series of homes on Mirabeau Avenue for veterans, their families and community members who assist in supporting them. The site has more than 50 households in clusters of single-family housing, with a staff of six.

"For us, it's not just a high honor. It's a stamp of validation that we hold the keys of hope and reintegration for our warriors that are rotating off the battlefield or transitioning out of the military," Bastion Executive Director Dylan Tête said of Wilkie's visit.

Wilkie toured one of the model homes on the site and met with staff members and residents.

The main purpose of his visit to New Orleans is to attend the National Veterans Small Business Engagement Conference at the Ernest N. Morial Convention Center. While at the conference Thursday, he's expected to sign an agreement with Linda McMahon, head of the U.S. Small Business Administration, to expand a joint program of management and leadership training for veterans seeking to become entrepreneurs.

In addition, Wilkie stopped by Kehoe-France School in Metairie earlier in the day and plans to visit the VA hospital.

Ironically, Bastion's development was actually imperiled earlier this year by another Trump administration policy. The Republican tax cut bill slashed the corporate tax rate, sending the value of the tax credits the project relied on plummeting and threatening the viability of several low-income developments.

Other funding eventually came through for the development.

Wilkie, who has been on the job about two months, said he couldn't speak to specific funding issues or programs. But he said he's working on coming up with ways to improve services for veterans.

"I am speaking to state and local governments and private entities, looking at the way to expand the aperture that veterans have not only for care but for living and for caregiving, particularly for their families," Wilkie said.

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1.3 - Stars and Stripes: [Readiness of VA emergency stockpile of drugs, medical supplies called into question](#) (31 October, Nikki Wentling, 532k uvm; Washington, DC)

It's uncertain whether a Department of Veterans Affairs stockpile of drugs and medical supplies — intended to be used in a crisis — is equipped to handle future terrorist attacks or biological or natural disasters, according to a report released Wednesday by the VA Office of Inspector General.

After the 9/11 terrorist attacks, the VA created a stockpile that could be used to treat veterans, VA employees and others in case of another mass casualty incident. Through what's called the

Emergency Cache Program, drugs and medical supplies, valued at about \$44 million, are stored in stockpiles at 141 VA hospitals across the country.

IG staff inspected 26 stockpiles in February and found expired and missing drugs. The department is also skipping some of its annual inspections and activation drills, inspectors reported.

“[The VA] has not been effectively managing its Emergency Cache Program, and [officials] gave no assurances the cache is ready to mobilize in the event of an emergency,” the report reads.

The report also states the department “risks not having the drugs necessary” in an emergency and “will not be equipped as intended” unless the VA improves oversight and accountability.

All of the 26 stockpiles that were inspected had at least four types of expired drugs. Of the 650 types of drugs reviewed, 178 – or 27 percent – were expired.

“Based on the sample results, the team estimates about 6.1 million units of drugs were expired across all 141 caches, representing about \$4.6 million in present-day value,” the report states. “These expired drugs affected the readiness of VA’s emergency caches.”

Many of the expired drugs were amoxicillin and ampicillin, which are used to treat bacterial infections – including conditions related to anthrax. Morphine, a painkiller, as well as drugs to treat the flu and high blood pressure, also tended to be expired more than other medications.

Managers of 96 stockpiles were able to prove with documentation that they had inspected their supply sometime during the 2017 fiscal year. The rest said they hadn’t inspected the stockpiles, didn’t know if they’d been inspected, or couldn’t provide proof.

Staff for 21 of the stockpiles, or 15 percent, didn’t conduct mandatory drills, inspectors found.

The IG made seven recommendations, including asking the VA to enforce stricter oversight of the stockpiles and rotate medications so they don’t expire.

In response to the report, Richard Stone, the executive in charge of the Veterans Health Administration, said he agreed with the findings and would implement the recommendations by September 2019.

“We agree with their findings and will make necessary changes to strengthen our Emergency Cache Program,” Stone wrote. “We take emergency preparedness seriously and will ensure that the Emergency Cache contains the necessary supplies and medication to care for Veterans during a national emergency, terrorist attack or natural disaster.”

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1.4 - Military Times: [New lawsuit seeks VA compensation for veterans' unpaid emergency room costs](#) (31 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Hundreds of thousands of veterans could be eligible for sizeable reimbursements of unpaid medical bills if a new class-action lawsuit against the Department of Veterans Affairs is successful.

The move comes amid an eight-year fight between VA and veterans advocates over who should foot the bill for emergency medical care. It also follows a federal court ruling in August which for the first time allowed veterans to file suit against the department as a class rather than individuals.

The size of the class in the latest lawsuit has yet to be established. But officials from the National Veterans Legal Services Program, who filed the legal action, say in the last eight years more than 700,000 individuals may have incurred medical expenses that should have been covered by VA administrators.

"It is a travesty to see the VA continuing to deny these benefits to needy veterans," said attorney Bart Stichman, executive director of NVLSP.

This is the second lawsuit the group has filed over violations of the Emergency Care Fairness Act of 2010. The first was on behalf of Air Force veteran Richard Staab, who was saddled with \$48,000 in unpaid medical bills from emergency heart surgery after VA refused payment because his secondary insurance covered part of the procedure.

Department officials argued in court that the additional insurance coverage eliminated their obligation to pay for the veterans' health care costs, even if that left individuals with hefty medical expenses.

The U.S. Court of Appeals for Veterans Claims in 2016 ruled against VA, requiring them to step in and cover those emergency costs. VA officials issued a new rule in January to comply with that decision, but said it would only cover limited emergency room costs that happened since the appeals court ruling.

But NVLSP officials say even within that limited window, the department is still refusing to cover reasonable costs of veterans who are forced to seek emergency care.

The lead plaintiff for the new lawsuit is Coast Guard veteran Amanda Wolfe, who underwent an emergency appendectomy in September 2016. The procedure was done at a hospital near her home, rather than the VA medical center three hours away.

Her private-sector health insurance covered about \$20,000 in medical costs but still left her with about \$2,500 in expenses. VA officials refused payment, saying those costs were her responsibility for copayments, deductibles and other private-sector fees.

Her lawyers argue that if she had risked traveling to the VA facility for surgery, or if she had opted not to get any private-sector coverage, VA would be responsible for the whole cost of the procedure. But by using private insurance for some of the costs — and saving the federal government money — she is being punished.

"This is a violation of the law," Stichman said, adding the new VA rule amounts to "paying veterans pennies on the dollar" for their legitimate costs.

Court officials will have to determine in coming months whether the NVLSP arguments for recognition of a class of veterans eligible for damages is warranted. If so, it could be the first ever sanctioned by the U.S. Court of Appeals for Veterans Claims.

In the past, VA officials have estimated they could be saddled with up to \$10 billion in emergency room costs if they are forced to cover all gaps in veterans' private-sector insurance policies, an expense that could adversely harm medical care throughout the department.

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1.5 - Government Executive: [Pay Satisfaction Improves, VA Cuts Pension Benefits for Veterans](#) (31 October, Erich Wagner, 102k uvm; Washington, DC)

Although the recently released results of the Office of Personnel Management's annual Federal Employee Viewpoint Survey suggested that federal workers still are not satisfied with how raises and promotions are doled out across government, they appear to be growing more satisfied with their own salaries.

The percentage of respondents who reported that they are satisfied with their pay increased by 2 points this year, reaching 63 percent in 2018. The increase in satisfaction continues a trend dating back to 2012, when satisfaction with pay was only 54 percent. That nadir came in the midst of a three-year pay freeze between 2011 and 2013.

In 2018, federal workers received a 1.9 percent pay raise, although President Trump has proposed that the government freeze employees' pay next year. Some agencies have begun to prepare to implement that proposal, but it is becoming increasingly likely that Congress will overrule the plan and provide civilian employees with a 1.9 percent raise next year. Republicans negotiating a fiscal 2019 spending package said they will agree to a raise.

After next week's midterm elections, lawmakers will have until Dec. 7 to approve a bill to fund a variety of agencies for the rest of the fiscal year. Congress already has passed two minibus spending bills covering the departments of Defense, Labor, Education, Health and Human Services and other agencies.

Meanwhile, the Veterans Affairs Department announced Tuesday that it will introduce new limits on who is eligible for needs-based defined benefit programs.

Regulations governing the VA pension and Parents' Dependency and Indemnity Compensation programs were updated Oct. 18 to reflect the new policy. The programs provide monthly payments to retirement-age wartime veterans and their survivors with an annual income of less than \$13,855, although that limit can be mitigated by unreimbursed medical expenses.

Under the new rules, there will be a "clear net-worth limit" for income and assets, and the rules establish a 36-month "look-back" period that allows the department to review asset transfers to ensure they were not done at below fair market value to reduce an applicant's net worth. The new regulations establish "up to a five-year penalty period" based on the portion of covered assets that would have made an applicant's net worth exceed the threshold.

The change also updates definitions of a medical expense to be consistent with "VA internal guidelines."

In a statement, VA Secretary Robert Wilkie said the changes will ensure the program serves people who need it and will defend it against potential fraud.

“The amended regulations bring consistency to the pension process and ensure benefits are available for veterans and survivors with financial need,” Wilkie said. “They will help maintain the integrity of and provide clarity to our needs-based pension program.”

Outside of the financial requirements, veterans and survivors seeking to apply for the program must have at least 90 days of active duty service, with at least one of those days being during a wartime period. Veterans who entered active duty in 1980 or later generally must have served at least 24 months. Veterans also must be at least 65 years old, disabled, a nursing home patient, or receive Social Security Disability or Supplemental Security Income.

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1.6 - Government Executive: [VA and 11,000 Nurses Reach Impasse as Secretary Rejects Negotiated Contract Proposal](#) (31 October, Eric Katz, 102k uvm; Washington, DC)

A group of 11,000 nurses at the Veterans Affairs Department has reached an impasse with the agency over its collective bargaining agreement, as the Trump administration has declined to sign off on a contract proposal structured by a third-party arbitrator and the department’s own negotiators.

VA Secretary Robert Wilkie disapproved of the agreement with the National Nurses Union. An arbitrator designated by the Federal Service Impasses Panel proposed the contract after VA and the union negotiated for more than two years. Most of the provisions of that proposal stemmed directly from those negotiations, while the arbitrator plugged in the gaps on the remaining areas of disagreements.

Wilkie took issue with more than 350 provisions of the proposed contract, citing sections of VA statute that prohibit the department from negotiating over clinical competence, compensation or direct patient care issues. The nurses union said his position did not pass muster, as 75 percent of the disputed provisions were accepted under the last bargaining agreement struck in 2012. Corey Lanham, the union’s VA division director, said Wilkie raised issues with clauses including scheduling practices, timelines for employees to transfer when they accept new jobs and the time VA has to correct errors in nurses’ paychecks.

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Issues such as those have no relation to direct patient care, Lanham said, and Wilkie had therefore “broadly overstepped his statutory authority.” Wilkie is only permitted by law to strike down an agreement between the union and the department if it contains illegal provisions. The nurses union will challenge the secretary’s actions in a forthcoming district court suit, while also seeking remediation on some provisions of the contract through the Federal Labor Relations Authority.

Curt Cashour, a VA spokesman, said “multiple provisions” of the contract violated laws, rules and regulations, leading to Wilkie’s disapproval.

“VA is committed to reaching an agreement that puts veterans and VA beneficiaries first,” Cashour said, “and we will continue working with NNU to do just that.”

By trying to place so much of the contract in a restricted category, Lanham said VA was essentially attempting to end collective bargaining for the nurses his union represents. Earlier this year, VA curbed the use of official time—the practice by which federal employees conduct representational activities while on the clock in their government offices—for its employees and unilaterally revoked provisions of its CBA with the American Federation of Government Employees, which represents 230,000 VA employees. The department was later forced to roll back those changes after a federal court struck down most of the provisions of the executive orders President Trump issued that led to their implementation.

“This is a continuation of this administration’s anti-union animus,” Lanham said.

The union’s challenges will likely take at least a year to wind through federal court and FLRA. In the meantime, the existing bargaining agreement will remain in effect. Lanham called the scope of Wilkie’s objections unprecedented, but said previous, smaller-scale efforts to move issues off the bargaining table have been rejected by FLRA and in court.

The 11,000 nurses NNU represents work at 23 VA hospitals.

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1.7 - U.S. News & World Report (AP): [Vukmir Refers to Baldwin as 'Princess Painkiller'](#) (31 October, 14M uvm; Washington, DC)

MADISON, Wis. (AP) — The Republican candidate for U.S. Senate is referring to her Democratic opponent, whose mother battled a prescription drug addiction, as "Princess Painkiller."

Leah Vukmir tweeted the nickname for Sen. Tammy Baldwin along with a cartoon image of the senator on Wednesday. Baldwin's campaign manager Scott Spector calls the tweet "despicable."

Baldwin this year has spoken openly about her mother's mental health issues and drug addiction that led to her being raised by her grandparents.

Vukmir's tweet says Baldwin "plays pretend every day in Wisconsin when she acts sugary sweet." But it goes on to call her "Princess Painkiller" and says she "failed our vets at the VA when 'Candyland' was running amok."

"Candyland" was the nickname given to the Tomah Veterans Affairs Medical Center. Vukmir has said Baldwin was slow to respond to the over-prescription of drugs there.

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2. [Improving Customer Service](#)

2.1 - Technical.ly: [NeuroFlow will pilot its mental health platform at Philly's VA hospital](#) (31 October, Roberto Torres, 79k uvm; Philadelphia, PA)

Over the next six months, a dozen clinicians at the Corporal Michael J. Crescenz VA Medical Center will have access to NeuroFlow's mental health platform, which helps engage patients and track their behavioral health.

The deployment of the platform, part of an initial research study, is funded through a \$225,000 Phase I Small Business Technology Transfer (STTR) grant from the National Science Foundation awarded to the Center City startup.

Adam Pardes, NeuroFlow COO and principal investigator in the study, said the grant will help the company deliver on its mission.

"This is motivation for our team and gets us closer to the company's goal of being a more effective asset for providers and patients," Pardes said. "Collaborating with the VA is not only fulfilling personally for our founding team, but the beginning of an impactful relationship."

The first phase of the grant will give clinicians access to a dashboard that tracks health indicators for 50 patients. Through the company's flagship software product — called EngageBH — clinicians can see data from wearable devices, assign tasks for patients to complete at home (such as meditation or journaling) and send automated motivational emails.

After the first six-month phase, NeuroFlow will be eligible for an additional \$750,000 grant to launch a larger-scale study, contingent upon certain performance benchmarks.

"The National Science Foundation supports small businesses with the most innovative, cutting-edge ideas that have the potential to become great commercial successes and make huge societal impacts," said Barry Johnson, director of the NSF's Division of Industrial Innovation and Partnerships. "We hope that this seed funding will spark solutions to some of the most important challenges of our time across all areas of science and technology."

Last month, NeuroFlow raised a \$1.2 million funding round led by New Brunswick, N.J.-based angel investor group NJ JumpStart in a bid to scale the reach of its platform.

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2.2 - Montgomery Advertiser (Video): [Appearances' sake: How campaigns are handling public events](#) (31 October, Brian Lyman, 72k uvm; Montgomery, AL)

As the candidates made their pitches this weekend, it was clear the campaigns had settled on their final arguments.

Speaking to about 50 people Tuskegee University on Friday, Democratic gubernatorial nominee Walt Maddox told about 50 people, turned the focus toward the future, saying that if the Dec. 12 U.S. Senate election was about who Alabamians are, "this election is about who are we going to be."

The following day, Gov. Kay Ivey and a number of Republicans appeared at an event at Auburn University, stressing her focus on the present.

[...]

As Isner was discussing problems with care at Veterans Administration facilities at a town hall Monday evening, Brooks Warren, a therapist at the Tuskegee VA Medical Center, felt the need to say something.

He said there were problems, but added that the staff there had worked hard and were trying to make improvements in the facility.

"I'm proud to work there," said Warren, who lives in Montgomery. "There's problems, there's nepotism and things like that. But being a Vietnam vet, I take it really serious."

Isner responded by saying she hears from "people who feel so passionate about it," and talked about a doctor who left the system.

"I know," Warren said. "It's one of the biggest problems there, getting people to stay."

Afterward, Warren said he was satisfied with the answer and lingered to sign up for canvassing.

"I sold family Bibles door-to-door for Southwestern, and to go house to house trying to sell them on something is very important," he said.

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2.3 - Mail Tribune: [Knife-wielding vet shot by cop gets second chance](#) (31 October, Mark Freeman, 64k uvm; Medford, OR)

A military veteran who was shot and wounded by police in January at the Veterans Affairs facility in White City after lunging at an officer with a knife can avoid prison under a plea deal if he can clean up his act.

Gilbert Matthew "Matt" Negrete was sentenced Friday to three years' probation during which he must complete treatment ordered by probation officials while staying clean and sober, prosecutors said.

If not, he will serve 18 months in prison and be treated as a convicted felon the rest of his life.

"We've built in a chance for him to get through the program successfully," said Benjamin Lull, the Jackson County deputy district attorney who prosecuted the case. "Society is better off if he doesn't go to prison, if he does take this chance. If he doesn't go through it, he goes to prison."

Negrete, an Iraq and Afghanistan veteran who defense attorneys said suffers from post traumatic stress disorder and drug and alcohol use, was at the tail end of a three-day crime spree Jan. 25 when he entered the White City VA Rehabilitation Center & Clinics asking about medication, records show.

He became agitated and threatened staffers with a knife, and VA security police were called to the scene, court records show.

One of the officers, Marvin Seifert, said during a May bail hearing that Negrete was undeterred by a five-second dose of pepper spray and that Negrete said he would stab Seifert in the groin while advancing toward him.

Seifert testified that Negrete was six inches from him when Seifert shot Negrete point-blank in the chest, yet he remained so combative that officers used two pairs of handcuffs on him.

Two days earlier, Negrete was arrested for driving under the influence of controlled substances. The following day he threatened a tow-truck operator with a knife in an attempt to get his vehicle back from impound, and Negrete fled when the victim pulled out a gun in self-defense, prosecutors said.

In Friday's plea agreement, Negrete was sentenced to three years' probation for two felony counts of unlawful use of a weapon and two misdemeanor counts of menacing. If he successfully completes his probation, the felony charges will be treated as misdemeanors, prosecutors said.

During his probation, Negrete is banned from using or possessing any intoxicants or weapons and is banned from the VA facility, prosecutors said.

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2.4 - KOB (NBC-5, Video): [Veteran sentenced for brandishing knife at White City V.A.](#) (31 October, 56k uvm; Medford, OR)

MEDFORD, Ore. – A veteran pleaded guilty in court Tuesday morning after brandishing a knife and lunging at officers at the White City V.A. earlier this year.

Gilbert Matthew Negrete was in court for sentencing as Judge Lorenzo Mejia told him, "Thank you for your service sir but you can't engage in this. You almost lost your life."

A veteran of Iraq and Afghanistan and a father of young children, Negrete struggles with PTSD and substance abuse. Both were considered factors in the January incident in which he was shot at the V.A.

Negrete's Attorney Christine Herbert said, "He was just again out of his mind and that's why his dad was trying to take him to get some help at the hospital so that behavior could stop... but yes he was high on methamphetamine."

Police said Negrete was in for a scheduled appointment when he began acting erratically and pointed a knife at an employee.

He was shot once in the chest after V.A. police tried non-lethal methods to calm him

"I don't know what the solution would have been for him," Herbert said. "I mean he was at the right place to get the right help but because he was so decompensated from his mental health issues it just escalated."

In court, Negrete faced multiple felony charges including unlawful use of a weapon. He pleaded guilty to all of them.

However, the Jackson County District Attorney offered a resolution to help Negrete receive treatment.

Jackson County Deputy District Attorney Benjamin Lull said at the sentencing, “There’s a reward of potential misdemeanor treatment at the tail end if he’s successful through all his completion of probation with the imposition of prison if he’s unsuccessful.”

It was exactly what Negrete and his attorney hoped for.

Herbert said, “The goal here was to try and prevent him from being a convicted felon and to see if he could get his life back on track, to avoid any prison sentence and that was accomplished.”

Now it’s just a matter of moving forward and staying on track with his probation, with the judge leaving Negrete with a simple warning: “When you have a mental health issue whatever it is, methamphetamine is not going to help. It might make you feel better for a little bit until you get shot.”

According to his attorney, Negrete is currently working two jobs and back on medication, trying to once again be a productive member of society.

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2.5 - Sacramento News & Review: [A dose of change. The Veterans Medical Marijuana Safe Harbor Act could offer alternatives to opioid use among vets](#) (1 November, Jeremy Winslow, 47k uvm; Sacramento, CA)

With California legalizing recreational marijuana in January, it’s no surprise that there would be new laws introduced with it. City and state laws now recognize that, with cannabis hitting the market legally, there are ways of studying its effects on individuals in the advent of the growing opioid epidemic.

The Center for Disease Control and Prevention found that more than 630,000 people died from drug overdoses between 1999 and 2016. And while several factors make the numbers difficult to calculate, a 2011 study of the U.S. Department of Veterans Affairs’ system by the National Center for Biotechnology Information discovered that veterans are twice as likely to die from accidental opioid overdoses than nonveterans.

But a new bill introduced in September looks to investigate this further by offering cannabis as a viable treatment for common ailments among veterans like chronic pain and PTSD while cutting opioid prescriptions.

Senators Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) penned the Veterans Medical Marijuana Safe Harbor Act, a bill that will allow veterans to speak to their physicians at the VA about medical marijuana use without worry of losing their benefits. Marijuana is still federally illegal and is classified as a Schedule I substance, alongside other known killers including bath salts and heroin. The bill also allows vets to use, possess and even transport medical cannabis.

Still, the Food and Drug Administration doesn’t approve of marijuana as a safe and effective drug, leaving the VA with no choice but to administer FDA-approved medications. With that, the VA physicians can’t recommend medical cannabis in any form whether it’s tetrahydrocannabinol (THC), the psychoactive component found in marijuana products, or cannabidiol (CBD), the non-psychoactive component of marijuana that’s said to help with inflammation, pain and insomnia.

For veterans who seek alternative medications to opioids and a listening ear, there are support groups like the Weed for Warriors Project, a nonprofit organization with 14 chapters from Sacramento to Miami that advocate for marijuana usage on behalf of veterans with VA benefits.

As a former U.S. Marine and the founder of the Weed for Warriors Project, Kevin Richardson recalls his own struggles with prescribed medications.

“I had 17 different prescriptions. A lot of the meds just make it where life’s kind of like blah,” Richardson said. “Now I use cannabis and that’s it, and it helps me wind down at nighttime or relax versus having to take so many pills [that] I forgot how to eat a bowl of cereal.”

The Safe Harbor Act states that “almost 60 percent of veterans returning from serving in the Armed Forces in the Middle East,” and more than 50 percent of older veterans who use the VA’s health care system live with some form of chronic pain. In order to treat these ailments, many of which are psychological, the VA prescribes a litany of pills, jokingly referred to as a pharmaceutical cocktail by many veterans. This capsule concoction includes medications like Depakote (treats seizures), Hydroxyzine (treats anxiety), Quetiapine (treats psychological disorders), Trazodone (treats depression) and the list continues. Most pills treat the same ailments because it’s difficult to isolate what hurts where and instead of investigating alternative treatment methods, many veterans believe the VA is just numbing their lives.

The National Institute of Drug Abuse states that medical marijuana can treat issues related to HIV/AIDS, inflammation, mental disorders, multiple sclerosis, seizures, and a vast array of other health problems, including chronic pain and PTSD. Even though it’s classified as a Schedule I substance, veterans won’t be denied VA benefits because of marijuana usage if the Safe Harbor Act is passed. As it stands now, the bill was read twice and is referred to the Committee on the Judiciary.

However, in many instances, VA physicians won’t even recommend or discuss marijuana with its patients, with many vets believing the VA just isn’t equipped to talk about cannabis as a possible alternative to prescription pills, many of which are automatically shipped to veterans’ houses.

“Modern medicine’s not teaching cannabis, so anytime I’ve talked to the doctors, [they tell me] ‘cannabis is great for the short-term, but we want to give you something that chemically alters your brain,’” Richardson told SN&R.

Though the prescriptions administered by the VA are refilled for free, some veterans said they spend a couple hundred dollars a month, while others spend a couple hundred dollars a week, on medical marijuana alone.

While a number of vets are optimistic about the Safe Harbor Act’s intention to help their medical needs and shift the conversations about cannabis in a positive direction, many are more frank and believe it won’t change a damn thing.

Sean Kiernan is one of them. A former specialist in the U.S. Army and president of the Weed for Warriors Project, Kiernan survived a suicide attempt in 2011 related to his struggles with PTSD. For him, this new bill is simply more marijuana policy.

“Nothing pragmatically is going to change. We’ve had a bill that passed by both the Senate and the House in Congress for that past two years, and it magically disappeared for reconciliation,” Kiernan said. “We’re hopeful [about this bill]. It’s wonderful news, but none of these bills go [further] than doctors being able to prescribe cannabis to veterans, which is a huge home run symbolically. But it doesn’t do anything about getting the medication in the hands of the veterans.”

Senators Nelson and Schatz didn’t respond in time for print deadline.

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2.6 - Longview News-Journal: [Miette Wells: A Different Kind of Combat](#) (31 October, Ana P. Walker, 46k uvm; Longview, TX)

She fought her wars on two fronts.

Miette Wells, who was a law enforcement canine handler in the U.S Air Force, served from 1987 to 1991, part of the time on alien soil. As with her fellow American military members, she faced a foreign enemy during Operation Just Cause in Panama and Operation Desert Shield/Storm in Kuwait. Her second foe: some fellow members of the military.

A survivor of military sexual trauma and a nationally known expert in that field, her current battle is on behalf of women, both veterans and active military, hoping to spare them her own experiences. As director of the G.I. Joan project and a military sexual assault counseling supervisor, she provides training for people who work with/serve women veterans as well as information and support for women veterans. She oversees art classes for both men and women veterans of all ages offering yet another way to shed the traumas they may have suffered. They may have served from the Vietnam war on or may be active military. She also works with veterans in other ways, including serving as commander of American Legion Post 105 in Hallsville and Veterans Affairs and Rehabilitation Program director for American Legion Auxiliary Unit 320 in Gilmer.

During the year ending Sept. 30, 2017, 6,769 military men and women reported they were sexually assaulted in all branches of the U.S. military.

Upon hearing the experiences Wells endured as a woman in a male-dominated sphere, the question arises whether she regrets having joined the military. The answer is a firm, pragmatic no.

“People ask me was it worth it and all that,” she said. Certainly, no one wants to experience the pain she endured, but, “I wouldn’t be who I am now, and I like who I am now and I like what I’m doing. I wouldn’t be here if it wasn’t because of what I went through.”

Wells, not long out of high school, knew college wasn’t for her. She decided the military could offer her training and education. She enlisted in the U.S. Air Force and chose law enforcement as her specialty and then became a canine handler.

“I loved the military. I loved my job. I loved my dog,” she said. “It was just the people who at the time were idiots, and the career I picked was well, male-dominated. ... I went into a male-

dominated career — the military — and then on top of that, male-dominated for law enforcement, and then even on top of that, completely male-dominated for canine,” she said.

Nevertheless, she met the challenges and survived, and in a calm deliberate voice, describes the threats by men who were supposed to be her allies.

“There were times when I went out (to) places that I pretty much didn’t think I was coming back, and it wasn’t because of where we were going. It was because of the guys who I was going with. They were very open about it. I mean it wasn’t something that was kept hush-hush. It was, ‘Hey, if you make it back, you’re lucky,’” she recalled.

“They would put me in situations where if anything happened I was the first one dead.”

They also warned that her death might not come at enemy hands, she said.

“There were a couple of times that they actually tried themselves, but I had a really good dog and a really good guardian angel,” she said.

Her efforts to find support were fruitless.

“No, I got no backing,” she said. “I tried at first to do the military thing and go to (my) supervisor but I couldn’t because my supervisor was the one who was doing it, so I had to go to (his) supervisor.” She was told it was best for her to leave the base because she would never find support there. She described the encounter with the master sergeant who conceded that he could investigate her situation but it would do no good.

“It’s not gonna change anything and, in fact, once I start investigating, it’s just gonna get worse for you,” he told her.

When she joined the Air Force, she assumed regulations would protect her from the treatment she endured, calling herself naïve.

“I knew it wasn’t going to be easy. I mean, I knew I was going into a male-dominated career field. I just didn’t realize I was actually putting my life in danger by going in, not because I was going into the military but because I was going into” law enforcement. Every patrol had deadly potential.

“We went out every day and we could not come back, but when I went out, I didn’t just look at who was out there, I also had to figure out who was with me to figure out if I was going to come back or not.”

She was by no means the only woman who experienced such trauma and although things have changed for the better, there is still a way to go. When she returned to civilian life, she still found no one who would speak on behalf of the women, so she did.

The woman without an advocate became the advocate.

“There was pretty much nobody and I didn’t want that to happen to anyone else,” she said.

“Overall, I think it’s getting better for women,” but changing a culture where simply being female equals being inferior takes a long time.

In the military, being called a female was considered derogatory and anything female-related was looked upon as a character flaw, she said, drawing insults such as, “You throw like a girl. You’re girlie. You’re a sissy,” she said.

The message was, “You need to buckle up and be like a guy,” she said. “You need to be a man.” Wells wanted to know why.

“Why can’t I be a woman and still get the job done and have the feminine characteristics,” she recalls thinking. The answer was that she could.

“One of the reasons my dog absolutely loved me was because I didn’t treat him like the guys did,” she said. Military canines experienced deterrent training, she said, explaining it this way, “If you don’t do what I say, I hurt you.

“It wasn’t positive reinforcement and I didn’t agree with it so I didn’t do it. I did positive reinforcement with my dog and my dog absolutely would have died before anybody got anywhere near me.”

Every bit a military member, her canine partner, Killer, also became her guardian.

“When you’re with a military dog and you’re standing side by side ... that means I treat you pretty much as my equal, but when I stood by my dog, he always had his paw in front of my foot.”

The dog’s message: “If you’re going anywhere near her, I will kill you,” she said.

“You would have had to kill him because he absolutely protected me from everything and he didn’t do that with his other handlers.”

The special relationship the two had was born out in the moniker Fluffy Puppy, her private name for Killer. The nickname served two purposes, she said. It was how she saw him and it was a jab at what she describes as the “huge testosterone guys” she served with.

The military has since adopted positive reinforcement in canine training, she said. One reason is because dogs were being taken near civilians more and more, she said.

Post-military, Wells worked with various groups and individuals and eventually regulations were put on the books to protect military members, but they don’t do enough, she said.

“They start at, ‘OK, we’ll tell all of the soldiers and all the airmen how to stay safe and how to be a better unit,’” she said.

“I keep saying ‘No, it has to start from the top down.’ If you have a commander, somebody who’s in charge, who allows this to happen, it doesn’t matter if the person next to you gets as many briefings as they can about how you’re supposed to be, you know, you’re supposed to cover my back, they’re not going to because they can get away with it.”

Other changes had easier remedies. A few years after she left the service, she stumped the staff at the Veterans Administration facility. She needed a pregnancy test and they didn’t have any. They had to send her elsewhere to get one. That’s no longer a problem.

One ongoing battle is finding psychological care for veterans suffering from PTSD and other mental trauma. Veterans face a three- to four-month wait to see a therapist and the VA finds it easier to administer drugs to treat mental trauma, Wells said, a move that also saves money.

"It's much easier to medicate a person so they don't think about anything than it is to seek therapy so that they can work through whatever problem they've been through," she said. "How about let's just find out why you're depressed first," she said.

The veterans pay the price. "... When you first walk in and you say, 'I feel depressed,' and they just hand you a pill, and then you say, 'I can't sleep,' and they say, 'Oh, here's another pill. Oh, I'm tired. Okay, here's another pill. I don't wanna think about things because I'm having flashbacks. Okay, here's another pill.'" And pretty soon you're sitting on the couch drooling and that's your life," she said.

Of legislation that would allow veterans to access private doctors, including therapists, she raises another point.

Many of the doctors who treat former military members, even those who work for the VA, were not in the military.

"I spent probably more time in therapy teaching my therapist about what it was like to be in the military as a woman instead of actually getting therapy," she said.

Wells and her husband, Doug, moved to rural East Texas in 2004. From here, she conducts her work locally in person and online giving her counsel to veterans. She travels often to Fort Hood to train and advise veterans and their caregivers.

She and Doug are the parents of two adult children, a daughter and a son who is stationed in England, a member of the U.S. Air Force. She fails to hide the pride in her voice as she remembers when her son told her he wanted to join the military. When she asked which branch, he replied, "The Air Force, of course, Mom. I'm smart."

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2.7 - WSIL (ABC-3, Video): [Duckworth, Kelly hold veterans roundtable](#) (31 October, Brooke Schlyer, 33k uvm; Carterville, IL)

MARION, Ill. -- Dozens of veterans from across southern Illinois attended a roundtable in Marion Tuesday afternoon. The event was held by congressional candidate Brendan Kelly and U.S. Senator Tammy Duckworth at the American Legion.

One of the main concerns is care at the Marion VA Medical Center. Vietnam Veteran, Mike Gunter, says he doesn't like to talk too negatively about the facility, because he doesn't want to discourage young vets who need the care, but he would like to see some changes.

"They don't even report back to the veteran after he or she had some type of testing done," Gunter explains, "They don't listen, and by they, I mean upper management."

A Marion VA radiologist contacted Duckworth in July about patients previously diagnosed as healthy having cancers, bleeding ulcers, and other health conditions. The doctor also alleged the exams were rushed.

"The VA headquarters recommended a settlement just to get the doctor to shut up," Duckworth says.

Duckworth says the radiologist refused to settle out of concern for veterans and that her pressure on the department helped the Office of General Counsel open a full investigation into the allegations.

Now, veterans believe radiology patients at the Marion VA should have additional care. "I just think these people should be notified to get a recheck or reexamination," said one attendee.

Another huge concern discussed is the privatization of VA healthcare, something Kelly and Duckworth do not support. Duckworth says private practice doctors often only treat the health condition patients go in for, but do not do additional screenings for possible health concerns related to the veteran's service.

Kelly has problems with the financial aspect of privatization, "It's not about helping veterans. It's about shifting more money to people at the top who already have a hell of a lot of money."

Kelly also believes the VA needs to be better prepared for female veterans, which are starting to show up in greater numbers.

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3. Business Transformation

3.1 - Times-News: [‘Haunted house’ renovated into veterans mental health clinic at VA](#) (30 October, 22k uvm; Hendersonville, NC)

ASHEVILLE — On Friday, the Charles George VA Medical Center celebrated the opening of the newly renovated Veterans Hope and Recovery Center, an outpatient mental health clinic.

This award-winning renovation has restored old Building 9 — once a sought-out destination for historians, paranormal investigators, horror film directors and thrill-seekers — to its former glory and usefulness.

The building is located on the west side of the property and is a part of Charles George VA Medical Center's Mental Health Campus. Each year, over 8,000 veterans living in Western North Carolina receive mental health care services through the VA.

From 1930-1967, this Colonial Revival building was a nursing dormitory. In 1967, the nurses moved out and the building slowly but inevitably decayed. Over the years, the empty building became the main character in local ghost stories.

In 2015, the medical center leadership made the decision to restore Building 9, and construction began in 2016.

The two-year restoration of the Veterans Hope and Recovery Center was a collaborative effort between the N.C. Department of Natural and Cultural Resources, federal contracting officials and local Facility Management.

The restorative work has led to the Veterans Hope and Recovery Center being the recipient of two awards: the 2018 Griffin Award for Adaptive Reuse, awarded by The Preservation Society of Asheville and Buncombe County, and the 2018 Gertrude S. Carraway Award of Merit, awarded by Preservation North Carolina.

100 years of history

The medical center is also celebrating 100 years of service. In 1918, U.S. Army General Hospital No. 19 opened in Asheville to serve the soldiers in the area who were training for duty for the First World War.

Co. Henry Hoagland named the hospital “Oteen,” which is an American Indian word meaning “chief aim,” as it was the chief aim of every patient to get well.

Fast forward 100 years to today, and Oteen has not changed its mission or its chief aim. The new Veterans Hope and Recovery Center will serve veterans for years to come.

Submitted by Charles George VAMC.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Politico: [HHS rolls out cyber center successor \(to criticism\)](#) (31 October, Darius Tahir, 8.7M uvm; Arlington, VA)

[...]

VA/DOD UPDATES: Here’s the latest in the health IT affairs of the Departments of Defense and Veterans Affairs:

— Interop is good!: Interoperability really keeps the VA’s and DOD’s patients happy, a new study shows.

The study found the Joint Legacy Viewer, the tool created by VA and DoD informaticists as a stopgap to improve record sharing, significantly increased patient satisfaction.

The viewer was the main piece of technology to emerge from a \$564 million, two-year effort from 2011 to 2013 to create a single DoD-VA electronic health record system. The tech, which is now used extensively by VA doctors, allows a VA clinician to view parts of a patient’s DoD record, and vice-versa. It does not allow the records from another system to be imported or merged. However, the study of about 200,000 outpatients seen for primary care found a 14 percent increase in patients’ perception that their provider understood their medical history. The

study controlled for the duration of the patient-doctor relationship. It was led by VA scientists in Salt Lake City, Los Angeles and Boston.

— Cerner blog update: Tuesday, the Kansas City vendor published a blog post responding to reports by the DoD's Joint Interoperable Test Command of early problems at the four initial sites in the Pacific Northwest.

"We're well accustomed to the initial hurdles that come with a technology implementation," Cerner Government Services President Travis Dalton said in the post. "Though some have portrayed the report findings as a setback for the program, these reports accomplished exactly what we intended. We welcome the feedback ... as well as direct feedback from end-users and leadership at the [sites]. We will continue to work with them to optimize and improve the system throughout the lifespan of the program."

[...]

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - FOX News (Video): [Veterans are sleeping in their cars to access medical care – and it's only getting worse](#) (1 November, James Schenck, 27.6M uvm; New York, NY)

In major cities across the country, hotels can cost upwards of \$300 per night. This is what some veterans are having to pay to receive life-saving treatment at VA hospitals. With over 20 million veterans currently living in the U.S., the issue is only getting worse.

Veterans who live far from the facilities that best treat their conditions have to pay out-of-pocket for hotels the night before they are admitted, or during long-term outpatient treatment, like chemotherapy.

The cost and availability of hotels are increasingly becoming a barrier to veterans' receiving the care they need. As a result, many veterans are opting out of treatments or sleeping in their cars because they can't afford the cost of lodging.

This was the case at the VA Palo Alto Medical Center in 2008, when former VA Palo Alto Health Care System Director and CEO Lisa Freeman reached out to the PenFed Foundation to find a solution. The Foundation embarked on a mission to raise \$11 million from private donors, and in 2014, the Lee & Penny Anderson Defenders Lodge opened its doors on the campus of the Palo Alto VA hospital.

The Lee & Penny Anderson Defenders Lodge houses veterans and active-duty service members who live more than 50 miles from the Palo Alto VA Health Care System. With 52 guest rooms, a dining room, library and private outdoor spaces, the Lee & Penny Anderson Defenders Lodge provides an experience much like a four-star hotel – at no cost to veterans, their

caregivers or families. Since 2014, the lodge has provided veterans and their supporters over 115,000 free nights of lodging and saved them over \$34 million in lodging costs.

While the Lee & Penny Anderson Defenders Lodge is making an important impact, the problem persists at other VA facilities across the country. The Fisher House Foundation has been enormously helpful in providing lodging solutions for families, but Fisher Houses are mainly intended for caregivers and family members of veterans who are receiving inpatient care. While some VA hospitals have converted empty units into temporary lodging, and others have contracts with local hotels for discounted rates, most still don't have affordable options for veterans who don't live near the hospitals.

This is a problem our nation needs to address.

I am often asked by CEOs, board members and directors of major companies and foundations what they can do to help veterans. One of the ways to help is by taking some of the financial burden off their medical care. This means ensuring veterans have a comfortable – and affordable – place to stay before, during or after care. The Lee & Penny Anderson Defenders Lodge is a powerful example of how public and private entities can come together to fill this need. But it's not enough.

The out-of-pocket expenses incurred by veteran outpatients are a problem that deserves attention. The Lee & Penny Anderson Defenders Lodge is one great solution. But our nation's veterans need more. We should be looking at ways to combine VA resources with those of other private organizations to fund lodging for veteran outpatients and tackle other veterans' issues. In many cases, the public and private sectors can have a greater impact working together than apart.

James Schenck is President & CEO of PenFed Credit Union and CEO of the PenFed Foundation.

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6.2 - KTVX (ABC-4, Video): [Student veterans looking for missing GI Bill payments](#) (31 October, Jessica Smith, 143k uvm; Salt Lake City, UT)

WASHINGTON (ABC4 News) - Some veterans aren't getting their education and housing benefits and Congress wants to know why. A House committee says it will hold a hearing, after the election, and veterans' advocates say the VA needs to be held accountable.

The American Legion says some student veterans are facing eviction because the VA is behind on GI Bill payments.

"Over 200,000 vets with late payments."

John Kamin with the American Legion says some monthly housing payments for student veterans have been delayed up to 90 days.

"Left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," said Kamin.

On top of that, he says some schools won't let veterans graduate or register for classes, because their tuition is late.

The VA acknowledges it's behind on the payments. In a statement, a spokesperson told us VA employees are working overtime to process the claims, and it has brought on 200 additional people to speed up the process.

"It's not enough. Absolutely not. We're beyond the point where we can take their word for it. we need to see executive action. Why has the secretary not spoken up about this?" asked Kamin.

The VA faced similar problems in 2009 but issued emergency payments to veterans.

Congressman Jim Banks, serves on the Veterans Affairs committee. He says the VA needs a technology overhaul to keep up with the payments and other services.

"We'll get to the bottom of the matter. We'll do everything we can to see that it's fixed," said Banks.

Kamin argues the VA knew its technology needed an update.

"The VA did not take it to be a serious problem and that's why we're where we are...Vets are left trying to figure out how to live their lives," said Kamin.

Banks vows to hold the VA accountable but Kamin is skeptical, and already worried about payments for the upcoming spring semester.

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6.3 - WDTN (ABC-2, Video): [Student veterans struggling to pay tuition as VA payments fall behind](#) (31 October, Jessica Smith, 60k uvm; Moraine, OH)

WASHINGTON (WDTN) - The American Legion says some student veterans are facing eviction because the VA is behind on GI bill payments.

John Kamin with the American Legion says some monthly housing payments for student veterans have been delayed up to 90 days.

"They're left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," he said.

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The VA faced similar problems in 2009 but issued emergency payments to veterans.

“2018? We've got nothing,” Kamin says. “It’s unacceptable.”

Congressman Jim Banks serves on the Veterans Affairs committee. He says the VA needs a technology overhaul to keep up with the payments and other services.

“We'll get to the bottom of the matter. We'll do everything we can to see that it's fixed,” he said.

Kamin argues the VA knew its technology needed an update, saying, “The VA did not take it to be a serious problem and that's why we're where we are. Vets are left trying to figure out how to live their lives.”

Banks vows to hold the VA accountable -- but Kamin is skeptical, and already worried about payments for the upcoming spring semester.

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6.4 - Jackson Hole News & Guide: [Female vets heal with art, camaraderie](#) (31 October, Julie Kukral, 48k uvm; Jackson, WY)

Women veterans don't look like other veterans.

They don't have military-style haircuts. It's not likely you'll see them sitting in a bar wearing a veteran hat. Their trauma, be it physical or emotional, may not be visible.

Most notably, they're not men.

Seven women veterans came to Jackson last week for an art therapy retreat. An all-women's veteran support group is a rarity, said Christine Tatosian, the executive director of 21st Century Heroes. The local nonprofit organizes art and outdoor therapy retreats, usually woodcarving workshops, for veterans of OEF and OIF — Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom.

For this workshop 21st Century Heroes partnered with the Art Association of Jackson Hole for the first time to offer a weeklong watercolor session. Watercolors force artists to surrender control to an ungovernable medium; it's a fluid exercise ideal for expressing and processing emotions.

One of the guys

Women account for around 16 percent of the United States' active duty military population, according to the Council on Foreign Relations. Even though women have to pass the same tests as men to get into the military, they often have to achieve higher standards — over and over again. That is true from basic training all the way through discharge.

During training and deployment, women learn how to do things for themselves. Scrutinized about whether they're strong enough, mentally fit enough or capable enough, women can't accept any favors.

“Half of [the men] want to help, and half want to judge,” said Zarah Hartsock, an Air Force veteran and a repeat attendee to 21st Century Heroes retreats.

Even after they prove themselves in training, during deployment and even in combat zones, women vets have to continue to do things for themselves when they return home.

There are small gestures that make these veterans feel invisible, like passing over a woman vet during a round of “thank you for your service” handshakes, or being harassed by civilians when parking in a Purple Heart parking spot.

That’s happened to Purple Heart recipient Melissa Gonzalez. Gonzalez was an Air Force sergeant who had several deployments to Afghanistan. Among a profusion of medical problems, including traumatic brain injury, Gonzalez is in a wheelchair because of a metal plate in her foot.

“I served my country just as much as anyone else and gave my life for your freedom, so I don’t want to hear it,” she said, speaking about being harassed in parking spots and called “Mr. Gonzalez” frequently on the phone. “Sometimes I’m nice about it and I’m like, ‘Just remember, female vets have been allowed to be first responders in the military since 1989. Since World War II, females have been in combat zones.’”

The U.S. military didn’t officially lift the ban on women serving in combat positions until 2013. That meant women could begin training for direct combat positions such as Army Rangers or Marine Corps infantry. But as Gonzalez pointed out, women have been in combat zones for over half a century. Any woman serving under the guerrilla warfare conditions of Iraq and Afghanistan has, especially, been subjected to combat’s dangers.

Problems with Veterans Affairs

Both male and female veterans can feel isolated when returning to civilian life. For women vets, however, that isolation extends beyond the lack of petty recognition. The Veterans Affairs office — with the motto, “To care for him who shall have borne the battle and for his widow, and his orphan” — is responsible for providing health care, disability compensation, education and other benefits and services for veterans. Few women at the retreat had positive things to say about their treatment.

Considering that the United States has been frequently at war since 1941, and the veteran population is aging, the VA is understandably in over its head. However, women seem to disproportionately get the short end of the stick. Even though they are a minority group among veterans, women are the fastest growing segment of the vet population. Nonetheless, the VA does not have the same health care services for women as there are for men.

A 2017 study conducted by the VA stated, “There is a lack of knowledge regarding the military, the military culture, and the effect of military service on the overall mental and physical health of veterans, in particular, women veterans ... Women veterans have unique physical and psychological health care needs that vary from their male counterparts.”

The VA has inadequate access to obstetrician-gynecologists, mammograms, and other health care options specialized in women’s health for the growing women vet population.

One major concern expressed by many of the women at the retreat was their inability to get financial support for their caregivers.

Family caregivers, often veterans' wives, receive on average \$1,600 monthly stipends to support vets. When you're single it's a lot harder to receive caregiver funding. Gonzalez didn't get a caregiver until she literally set herself on fire, a result of other struggles.

Another woman, who wished to not be named in this story, tried to get her husband, who was also enlisted, to be registered as her family caregiver.

"They told him that it was his job to take care of me. But they give [money] to spouses all the time and they denied him because they said it was his duty [as a husband]."

She is mother to four children.

Returning home

When women return from service, they come back to being wives and mothers — on top of being caregivers to themselves. In addition to facing physical traumas, many male and female vets face post-traumatic stress syndrome. Because fighting in Iraq and Afghanistan continues, the exact rates of post-traumatic stress disorder in recent vets is still unknown, though it is suggested that it's easier for women to get PTSD than men.

"They say that the PTSD rate for me being a female and in the same situation as 1,211 other guys is higher than the rest of them because of my emotional or moral injury," Gonzalez said.

To make matters for women vets worse, the VA reported that 23 percent of women report sexual assault during their time in the military and 55 percent reported sexual harassment. So add military sexual trauma, better known as MST to those who serve, on top of the horrors of war.

Readjusting to civilian life isn't easy for any vet.

"We're constantly in that reptilian brain, the one that is constantly firing," said Rachel Shelton, who deployed with the Army in Iraq. "We're in that for as long as we're in the military, and then when we get out and everything's gone, it's almost like we go and find something to help us get back in that chaotic environment, trying to get that high again."

Retreats like the 21st Century Heroes and Art Association's art therapy workshop give vets the space to unwind, both physically and mentally. Teaching the vets a skill they can take home has been a success for the nonprofit.

"We had such success with the woodcarving workshop and the philosophy of giving the veteran a skill and equipment to go home with," Tatosian said.

She is excited about the new partnership with the Art Association.

"I think the reason art therapy works is when they have TBI and can't remember things, or PTSD, when there's confusion with what's going on in their heads, trying to put things into words when they don't know what they're feeling makes it really hard," art therapist Billi Harrington said.

Watercolors in particular create a naturally therapeutic space.

“There’s a fluid movement to it,” Harrington said. “It’s a calming space, but you don’t have to consciously say, ‘I’m going to calm you down.’ The art just does that.”

Slow down and process

That space helps the mind slow down and start processing things, making words come easier.

“What makes the art so powerful is it helps bring stuff up and calm you down,” she said. “It will also help you let go.”

The women are used to control and protocol, structure that the medium simply does not allow. Surrendering to the art form can be cathartic. For the women this past week, it was.

After the weeklong retreat, the women returned home with a set of paints, a new skill and a new support network.

“These women are lonely, they don’t have companionship,” Harrington said. “And if they do, they’re taking care of their husband and their children. They’re not getting the support. The men are getting it in the military, but they are not.”

The retreat was new territory for many of the women. Tatosian said the majority of the women explicitly stated their dislike and distrust of other women in their bios before attending. Shelton talked about going to a women’s veteran conference and hearing a woman joking about not having PTSD, but WPTSD, women’s post-traumatic stress disorder, because of how women, particularly female supervisors, treat other women in the military.

“They are rougher on you than men are,” she said. “And I feel like it’s because they had to up the men the entire time, and therefore they’re coldhearted and they lost that humanity aspect of being a woman. And so I think that then stems into our own distance with women. We think women are not going to have our back. They’re going to trade us, you know, they’re going to backstab us.”

Even so, Tatosian laughed about how during the whole week she and the other facilitators hadn’t been able to get a word in with the women. The women clicked immediately, mostly because their experiences had so much in common.

“It’s a rarity for women veterans to have these sorts of retreats, and the bonding immediately took place,” Tatosian said. “There was a real relief and gratefulness that they had that opportunity to be brought together.”

The women were all also grateful for the military.

The military gave them structure, strength, health care, travel, perspective. Afterward, other veterans have employed them, sergeants have supported them in time of need, friends have helped pay their mortgages and made them Thanksgiving dinners.

“I still look to the military as my chosen family,” Shelton said.

"The women couldn't be vulnerable with other women while at war because it was very much every man for themselves," Harrington said. "I think [the experience] will help them help other women find support."

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6.5 - WSIL (ABC-3, Video): [National Day of Prayer event at Marion VA Thursday](#) (31 October, Elizabeth Taylor, 33k uvm; Carterville, IL)

MARION, Ill. -- The Department of Veteran's Affairs will celebrate "National Day of Prayer and Reflection" on Thursday, November 1.

The Marion V-A will host a prayer and meditation event for people of all worldwide religions.

The VA hopes to reaffirm its commitment to caring for veteran's spiritual needs in addition to their physical and mental needs.

Chaplain Michael Doan says, "The VA is interested in taking care of the whole veteran; mind, body, and spirit. And this is spiritual care for the veterans who deserve so much of our resources, time, attention, and appreciation."

Veterans, their families, and anyone else can the event at the Marion VA Thursday at noon.

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6.6 - KRGV (ABC-5, Video): [Valley Veteran Seeks Employment for Spouse through New VA Program](#) (31 October, Frank McCaffrey, 29k uvm; Weslaco, TX)

A newly unveiled agreement between the U.S. Department of Veterans Affairs and the Military Spouse Employment Partnership is set to expand opportunities for military families.

Sacrifice doesn't end on the battlefield for many veterans; family members also struggle to make ends meet back home.

KRGV's Frank McCaffrey spoke with 10-year veteran Jennifer Garcia, whose husband recently lost his job.

"I try to help him keep optimistic," she says. "From one income, we can go to two incomes... Living paycheck to paycheck it's hard, but we manage somehow."

Mike Gonzalez, spokesperson for Workforce Solutions, says this new deal will connect military spouses with affiliated employers.

Texas Workforce Solutions will be hosting a Red, White and You, a job fair specifically designed for veterans and their spouses, on Thursday, Nov. 8 at the Mission Events Center. For more information visit their website.

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6.7 - WFXR (FOX-27, Video): [A way to help homeless veterans across the Commonwealth](#) (31 October, Aaron Deane, 13k uvm; Roanoke, VA)

Coordination of services locally and across the state of Virginia has been the key for helping homeless veterans.

Today we have with us, Jeff Doyle, VA network homeless program coordinator and Tanyia Jones, health care for homeless veterans coordinator for Salem VA Medical Center.

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6.8 - North Forty News: [Cheyenne VA to Host Day of Prayer for Veterans](#) (30 October, Theresa Rose, 6k uvm; Fort Collins, CO)

CHEYENNE, Wyo. — The Cheyenne VA will host the inaugural Day of Prayer and Reflection for Veterans on Nov. 1, to kick off Veterans Day events scheduled in November. The community is invited, and the event will be from noon to 1 p.m. near the facility's Vietnam Memorial and Circle of Flags, located at 2360 E. Pershing Blvd., in Cheyenne.

According to the National Chaplain Center Director, Michael McCoy, this year's theme is "Prayers of Healing for our Veterans," and emphasizes the "healing as a process of restoration and renewal for the broken harmony in any aspect of body, mind, or spirit."

The Department of Veterans Affairs does not encourage or favor any religious beliefs, McCoy said. "However, on this day we ask those who pray to unite, regardless of personal religious beliefs, to ask for healing for our Veterans, their families, the Department of Veteran Affairs, and our nation."

In the event of inclement weather, the event will be held inside the residential rehab facility, adjacent to the Circle of Flags.

Who: Veterans, Families, Community Leaders, Public

What: Inaugural Day of Prayer and Reflection for our Veterans

When: Thursday, Nov. 1, Noon to 1 p.m.

Where: Cheyenne VA Campus; near Circle of Flags and Vietnam Memorial; Inclement Weather—Residential Rehab waiting area

Why: To bring those who pray together to pray for our Veterans, Families, the VA, and the Nation.

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7. [Other](#)

7.1 - The Washington Post: [At VA, unequal employment opportunity](#) (31 October, Mary Suffoletta, 30.6M uvm; Washington, DC)

Regarding the Oct. 24 news article “Nonpartisan panel of veterans judges gets dose of politics”:

Most bothersome is that the Department of Veterans Affairs claims to abide by the equal employment opportunity policy, which says, “The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability .

To try to hold off Rosendale, Tester is touting his Montana roots and years of local public service while bashing his opponent as an opportunistic Maryland transplant who is part of an influx of “Easterners” trying to “buy” the state and change its way of life.

“This is a race between myself and Matt Rosendale, make no mistake about it. Matt Rosendale doesn’t know what the hell is going on in Montana. That’s why he doesn’t talk about the issues he believes in, because he doesn’t know them,” Tester told The Hill.

Tester then poked Rosendale, who was born in Baltimore and moved to Montana in 2002, for having a distinctly East Coast accent.

“I don’t hear much of Montana and I hear a lot of Maryland,” he said.

At times it feels like Tester is taking on the entire GOP.

Besides the president, Tester is also combatting Donald Trump Jr., who during a trip to the state touting Rosendale on Friday called Tester a “fraud” and a “piece of garbage.”

At a rally in Missoula earlier this month, the president accused Tester of leading “the Democratic mob” in destroying Jackson, who withdrew his nomination after Tester publicly accused him of improper conduct as chief White House physician.

Sens. Rand Paul (R-Ky.) and Cory Gardner (R-Colo.) have also visited on behalf of Rosendale, and the Republican is also getting help from Tester’s home-state colleague, Sen. Steve Daines (R).

“The Kavanaugh confirmation process moved numbers around the country,” Daines told The Hill at a rally for Rosendale in Kalispell, a ranching town close to the jagged snowy peaks of Glacier National Park. “I don’t think Montana is an exception to that.”

Tester, in contrast, has made it clear that he doesn’t want any Democratic surrogates to come to Montana on his behalf, and he’s sought to distance himself from his party’s leadership.

Tester says he has no regrets about how he handled Jackson’s nomination, arguing that veterans, who make up about 10 percent of Montana’s population, are better off with Robert Wilkie, a former assistant secretary of Defense with a wealth of management experience.

“Not a bit, not a bit,” he said when asked if he’s second-guessed the way he handled the nominee. “Veterans have sacrificed a lot for this country. This is the second-biggest agency in the federal government. You got to have somebody who knows it, and, by the way, he removed himself, I didn’t remove anybody. I asked questions.”

Tester has a store of goodwill with veterans in the state, and several older men with “Vietnam Veterans” caps came up to shake Tester’s hand and thank him at a rally at the Carpenters Union Hall in Butte.

He’s used his seniority to push for new Veterans Affairs facilities around the state, including a clinic in Missoula and a home in Butte. He’s also touted 15 veterans-related bills he has helped pass into law, including the VA Mission Act, which streamlined bureaucracy to improve health care and which Trump signed into law in June.

Still, David McCumber, the editor of the Montana Standard, a newspaper based in Butte, said the Jackson fight probably hurt Tester.

"I'm sure it's hurt him because it's given the Republicans a huge talking point," he said. "It was the way that happened that has enabled them to make it a big talking point."

Rosendale is pinning his campaign on Trump, who took 56 percent of the 2016 vote in Montana compared to Democratic nominee Hillary Clinton's 36 percent. The Republican has sought to paint Tester as beholden to lobbyists and Democratic leaders more liberal than Montana's voters.

Republicans also have sought to draw parallels between Senate Democrats' treatment of Kavanaugh and Jackson.

Tester brushes off the criticism from the Trumps and argues that both the president and Rosendale are effectively out-of-towners touring Big Sky Country.

"These are Easterners trying to get an Easterner elected to the U.S. Senate seat in Montana," said Tester, who argued that the VA-related bills he helped pass wouldn't have gotten done without his work because "they didn't get done until I got there."

To save his job and win a third term, Tester has crisscrossed his vast state, driving on long stretches of highway from Billings, an old railroad turned shale-oil boom town in Yellowstone County, a key swing area, to Butte, an old mining town with a history of labor fights, to two Indian reservations close to the Canadian border in central Montana.

Sporting black jeans, cowboy boots and his trademark flattop, Tester, who owns an 1,800-acre farm in north-central Montana, seems more comfortable joking with fellow dirt farmers and campaign volunteers than he does when he's wearing a suit and tie and fending off questions about Trump from reporters in Washington.

Both sides say the race is going to come down to turnout, and there were many signs in recent days that voters are energized across the political spectrum.

Rosendale, with the help of Trump Jr., drew large crowds at rallies in Butte, Kalispell and Helena, while Tester attracted an overflow audience at the Carpenters Union Hall in Butte and two events at Native American reservations near the Canadian border were packed with people of all ages.

Tester on Monday said turnout at the Rocky Boy's and Fort Belknap reservations will be critical to his chances.

Native Americans make up 8.6 percent of the state's population, according to Jonathan Windy Boy, a member of the Chippewa Cree tribal council and a Democratic state representative. Windy Boy said tribal members on the Rocky Boy's and Fort Belknap reservations have voted 90 to 95 percent in favor of Tester during early voting.

In a promising sign for Tester, tribal leaders are predicting 80 percent turnout.

"Bottom line, Indian Country is going to decide who wins the election," Tester said.

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7.3 - WTVD (ABC-11, Video): [Medical waste from Raleigh Veterans clinic found littered across street](#) (31 October, DeJuan Hoggard, 483k uvm; Durham, NC)

RALEIGH, N.C. (WTVD) -- Near the intersection of Martin Luther King Jr. Boulevard and Rock Quarry Road in southeast Raleigh, drivers will pass trash littered across the side of the street.

"It's unfortunately pretty typical for the area," said nearby resident David Eichenberger. However, he was only referencing the amount of trash normally found on the street and not specifically the type of trash.

Used latex gloves, rubber tourniquets, packaging for a blood collection set, and a SafetyGlide needle were all found on MLK Boulevard scattered across nearly 30 yards of road.

"I'm hoping it just fell off the back of someone's truck," Eichenberger said.

Based on a limited amount of information, ABC11 was able to verify the material came from a nearby Veterans Affairs clinic. Located five minutes away is a VA outpatient clinic on Sungate Road belonging to the Durham VA healthcare system.

"They owe an explanation and they need to clean it up as much as possible," said resident Darren Lockett. "My concern is we have kids going up and down that street and they can pick that stuff up."

In a phone call and email to ABC11, the Durham VA accepted responsibility for the waste.

"We thank the residents for bringing this to our attention. We have contacted the waste management company responsible for retrieving and disposing of our trash to immediately address the issue. We would like to assure the Veterans we serve that no patient identifiable information was compromised and our community neighbors that there are no biohazardous materials among the contents. We will continue to work with the contractor to quickly resolve the situation."

"I just want to see it taken care of," Eichenberger added. "I don't want my friends and neighbors to be exposed to what's on those gloves."

A Durham VA official told ABC11 if the contractor fails to remove the waste by Wednesday, VA employees will pick up the trash first thing Thursday morning because "it's the right thing to do."

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7.4 - Temple Daily Telegram: [Three Bell County residents plead guilty in Temple VA fraud case](#) (31 October, Eric E. Garcia, 25k uvm; Temple, TX)

Three Bell County residents have each pleaded guilty in federal court for their roles in an alleged scheme to defraud the U.S. Department of Veterans Affairs.

Christopher Sebek and Melissa Sebek, both of Temple, and Jeffrey Pearson, 55, of Killeen, were charged in September for their alleged roles to defraud the Temple VA of about \$250,000.

Pearson — owner and operator of Whitetail Industrial Parts and Service, a Temple VA contractor — and Christopher Sebek, 55, operations supervisor in the Engineering Department at the Olin E. Teague Veterans' Medical Center in Temple, were both charged with one count of conspiracy to defraud the government and one count of theft of government property.

Pearson pleaded guilty Tuesday before U.S. Magistrate Judge Jeffrey C. Manske in a U.S. District Court, Western District of Texas, in Waco. He remains free on a \$25,000 appearance bond before his sentencing, which is scheduled for Jan. 29, 2019, before U.S. District Judge Alan Albright.

Christopher Sebek pleaded guilty during an arraignment hearing Oct. 23 and Manske ordered a pre-sentencing report. Christopher Sebek is scheduled to be sentenced on Jan. 16, 2019.

Melissa Sebek, also 55, owner and operator of MS. Bookkeeping Services, faced a separate but related charge of one count of theft of government property. She pleaded guilty on Oct. 16, court records show. Melissa Sebek is scheduled to be sentenced on Dec. 4, according to a court docket.

The charges were announced in late September by Waco-based U.S. Attorney John F. Bash of the Western District of Texas and Special Agent in Charge James Ross of the VA Office of Inspector General Criminal Investigations Division, South Central Field Office.

The charges resulted from VA investigations that uncovered a scheme at the Temple VA motor pool to secretly profit from VA purchase orders.

"It was a part of the conspiracy that (Christopher) Sebek used his position as Operations Supervisor for the Department of Engineering for VAMC-Temple to divert United States Government property and money so that he could use the property and money for his own personal gain, including the payment of personal bills, loans, college tuition and personal credit card bills," according to the federal complaint in U.S. District Court in Waco.

According to a preliminary report obtained by the Austin American-Statesman in November, investigators claimed they uncovered a complex scheme involving the VA motor pool that had funneled business to a Killeen firm, Whitetail Industrial Parts and Service, that made at least \$400,000 by padding purchases with 30 percent surcharges. More than \$1.3 million reportedly was funneled through Whitetail.

The report, which also detailed alleged abuses of power and other possible criminal actions, prompted U.S. Rep. John Carter, R-Round Rock, to demand answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal last year and said he expected changes.

"Our military men and women have bravely served our nation, and I expect the VA system to provide the very best care when they return to civilian life," Carter wrote. "I am encouraged by Central Texas VA Health Care System Director Christopher Sandles' strong condemnation of

the behavior by these employees, including his comment that a 'day of reckoning' has come for those employees that have mistreated veterans.

VA response

In a statement to the Telegram, Sandles said he was proud that the Temple VA's internal investigation led to changes.

"After we took administrative actions, I'm proud to see that those who used their government employment to enrich themselves are now being held legally accountable for their actions," Sandles said. "But most of all, I'm proud that our internal investigation was the result of an employee stepping forward and reporting concerns that ultimately uncovered this criminal activity allowing us to report it to the Office of the Inspector General.

"As stewards of America's veterans and taxpayer funding, each of us as federal employees are empowered and expected to report suspected fraud, waste and abuse," Sandles said. "I continue to encourage my staff to report suspected fraud, waste, or abuse."

Scheme details

The scheme to defraud the Temple VA began in February 2012, according to court records.

Christopher Sebek and Pearson allegedly agreed to steal money from the Temple VA. Over a five-year period, they allegedly submitted fraudulent invoices for payment reportedly for goods and services designated for the VA medical center. Sebek reportedly presented bogus invoices to the VA from his wife's company.

Those invoices, however, were used by Sebek to pay for personal items and to cover Pearson's 30 percent commission on each invoice. Court records allege that Sebek stole two VAMC credit cards and used them to pay for personal expenses.

If convicted, the defendants each face up to five years in federal prison on the conspiracy charge and up to 10 years in federal prison on the theft charge.

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Veterans Affairs Media Summary and News Clips

1 November 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [More U.S. Veterans Are Off the Streets](#) (31 October, Ben Kesling, 13.3M uvm; New York, NY)

The number of homeless veterans declined in 2018 in response to long-established federal efforts and a push by dozens of local communities, according to the departments of Housing and Urban Development and Veterans Affairs.

[Hyperlink to Above](#)

1.2 - The New Orleans Advocate: [U.S. VA secretary praises Bastion veterans community in Gentilly](#) (30 October, Jeff Adelson, 743k uvm; Baton Rouge, LA)

U.S. Secretary of Veterans Affairs Robert Wilkie praised a housing community for veterans in Gentilly as a model for future public-private partnerships by his agency during a visit to New Orleans on Tuesday. During a tour of the Bastion Community of Resilience, Wilkie also said President Donald Trump will outline a more expansive program to involve the private sector in veterans' care going forward.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [Readiness of VA emergency stockpile of drugs, medical supplies called into question](#) (31 October, Nikki Wentling, 532k uvm; Washington, DC)

It's uncertain whether a Department of Veterans Affairs stockpile of drugs and medical supplies — intended to be used in a crisis — is equipped to handle future terrorist attacks or biological or natural disasters, according to a report released Wednesday by the VA Office of Inspector General.

[Hyperlink to Above](#)

1.4 - Military Times: [New lawsuit seeks VA compensation for veterans' unpaid emergency room costs](#) (31 October, Leo Shane III, 471k uvm; Springfield, VA)

Hundreds of thousands of veterans could be eligible for sizeable reimbursements of unpaid medical bills if a new class-action lawsuit against the Department of Veterans Affairs is successful. The move comes amid an eight-year fight between VA and veterans advocates over who should foot the bill for emergency medical care. It also follows a federal court ruling in August which for the first time allowed veterans to file suit against the department as a class rather than individuals.

[Hyperlink to Above](#)

1.5 - Government Executive: [Pay Satisfaction Improves, VA Cuts Pension Benefits for Veterans](#) (31 October, Erich Wagner, 102k uvm; Washington, DC)

Although the recently released results of the Office of Personnel Management's annual Federal Employee Viewpoint Survey suggested that federal workers still are not satisfied with how raises and promotions are doled out across government, they appear to be growing more satisfied with their own salaries.

[Hyperlink to Above](#)

1.6 - Government Executive: [VA and 11,000 Nurses Reach Impasse as Secretary Rejects Negotiated Contract Proposal](#) (31 October, Eric Katz, 102k uvm; Washington, DC)

A group of 11,000 nurses at the Veterans Affairs Department has reached an impasse with the agency over its collective bargaining agreement, as the Trump administration has declined to sign off on a contract proposal structured by a third-party arbitrator and the department's own negotiators.

[Hyperlink to Above](#)

1.7 - U.S. News & World Report (AP): [Vukmir Refers to Baldwin as 'Princess Painkiller'](#) (31 October, 14M uvm; Washington, DC)

The Republican candidate for U.S. Senate is referring to her Democratic opponent, whose mother battled a prescription drug addiction, as "Princess Painkiller." Leah Vukmir tweeted the nickname for Sen. Tammy Baldwin along with a cartoon image of the senator on Wednesday. Baldwin's campaign manager Scott Spector calls the tweet "despicable."

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Technical.ly: [NeuroFlow will pilot its mental health platform at Philly's VA hospital](#) (31 October, Roberto Torres, 79k uvm; Philadelphia, PA)

Over the next six months, a dozen clinicians at the Corporal Michael J. Crescenz VA Medical Center will have access to NeuroFlow's mental health platform, which helps engage patients and track their behavioral health.

[Hyperlink to Above](#)

2.2 - Montgomery Advertiser (Video): [Appearances' sake: How campaigns are handling public events](#) (31 October, Brian Lyman, 72k uvm; Montgomery, AL)

As Isner was discussing problems with care at Veterans Administration facilities at a town hall Monday evening, Brooks Warren, a therapist at the Tuskegee VA Medical Center, felt the need to say something. He said there were problems, but added that the staff there had worked hard and were trying to make improvements in the facility.

[Hyperlink to Above](#)

2.3 - Mail Tribune: [Knife-wielding vet shot by cop gets second chance](#) (31 October, Mark Freeman, 64k uvm; Medford, OR)

A military veteran who was shot and wounded by police in January at the Veterans Affairs facility in White City after lunging at an officer with a knife can avoid prison under a plea deal if he can clean up his act. Gilbert Matthew "Matt" Negrete was sentenced Friday to three years' probation during which he must complete treatment ordered by probation officials while staying clean and sober, prosecutors said.

[Hyperlink to Above](#)

2.4- KOB1 (NBC-5, Video): [Veteran sentenced for brandishing knife at White City V.A.](#) (31 October, 56k uvm; Medford, OR)

A veteran pleaded guilty in court Tuesday morning after brandishing a knife and lunging at officers at the White City V.A. earlier this year. Gilbert Matthew Negrete was in court for sentencing as Judge Lorenzo Mejia told him, “Thank you for your service sir but you can’t engage in this. You almost lost your life.”

[Hyperlink to Above](#)

2.5 - Sacramento News & Review: [A dose of change. The Veterans Medical Marijuana Safe Harbor Act could offer alternatives to opioid use among vets](#) (1 November, Jeremy Winslow, 47k uvm; Sacramento, CA)

With California legalizing recreational marijuana in January, it’s no surprise that there would be new laws introduced with it. City and state laws now recognize that, with cannabis hitting the market legally, there are ways of studying its effects on individuals in the advent of the growing opioid epidemic.

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2.6 - Longview News-Journal: [Miette Wells: A Different Kind of Combat](#) (31 October, Ana P. Walker, 46k uvm; Longview, TX)

She fought her wars on two fronts. Miette Wells, who was a law enforcement canine handler in the U.S Air Force, served from 1987 to 1991, part of the time on alien soil. As with her fellow American military members, she faced a foreign enemy during Operation Just Cause in Panama and Operation Desert Shield/Storm in Kuwait. Her second foe: some fellow members of the military.

[Hyperlink to Above](#)

2.7 - WSIL (ABC-3, Video): [Duckworth, Kelly hold veterans roundtable](#) (31 October, Brooke Schlyer, 33k uvm; Carterville, IL)

Dozens of veterans from across southern Illinois attended a roundtable in Marion Tuesday afternoon. The event was held by congressional candidate Brendan Kelly and U.S. Senator Tammy Duckworth at the American Legion.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - Times-News: [‘Haunted house’ renovated into veterans mental health clinic at VA](#) (30 October, 22k uvm; Hendersonville, NC)

On Friday, the Charles George VA Medical Center celebrated the opening of the newly renovated Veterans Hope and Recovery Center, an outpatient mental health clinic. This award-winning renovation has restored old Building 9 — once a sought-out destination for historians, paranormal investigators, horror film directors and thrill-seekers — to its former glory and usefulness.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Politico: [HHS rolls out cyber center successor \(to criticism\)](#) (31 October, Darius Tahir, 8.7M uvm; Arlington, VA)

VA/DOD UPDATES: Here's the latest in the health IT affairs of the Departments of Defense and Veterans Affairs: — Interop is good!: Interoperability really keeps the VA's and DOD's patients happy, a new study shows. The study found the Joint Legacy Viewer, the tool created by VA and DoD informaticists as a stopgap to improve record sharing, significantly increased patient satisfaction.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - FOX News (Video): [Veterans are sleeping in their cars to access medical care – and it's only getting worse](#) (1 November, James Schenck, 27.6M uvm; New York, NY)

In major cities across the country, hotels can cost upwards of \$300 per night. This is what some veterans are having to pay to receive life-saving treatment at VA hospitals. With over 20 million veterans currently living in the U.S., the issue is only getting worse. Veterans who live far from the facilities that best treat their conditions have to pay out-of-pocket for hotels the night before they are admitted, or during long-term outpatient treatment, like chemotherapy.

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6.2 - KTVX (ABC-4, Video): [Student veterans looking for missing GI Bill payments](#) (31 October, Jessica Smith, 143k uvm; Salt Lake City, UT)

Some veterans aren't getting their education and housing benefits and Congress wants to know why. A House committee says it will hold a hearing, after the election, and veterans' advocates say the VA needs to be held accountable. The American Legion says some student veterans are facing eviction because the VA is behind on GI Bill payments.

[Hyperlink to Above](#)

6.3 - WDTN (ABC-2, Video): [Student veterans struggling to pay tuition as VA payments fall behind](#) (31 October, Jessica Smith, 60k uvm; Moraine, OH)

The American Legion says some student veterans are facing eviction because the VA is behind on GI bill payments. John Kamin with the American Legion says some monthly housing payments for student veterans have been delayed up to 90 days. "They're left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," he said.

[Hyperlink to Above](#)

6.4 - Jackson Hole News & Guide: [Female vets heal with art, camaraderie](#) (31 October, Julie Kukral, 48k uvm; Jackson, WY)

Women veterans don't look like other veterans. They don't have military-style haircuts. It's not likely you'll see them sitting in a bar wearing a veteran hat. Their trauma, be it physical or emotional, may not be visible. Most notably, they're not men.

[Hyperlink to Above](#)

6.5 - WSIL (ABC-3, Video): [National Day of Prayer event at Marion VA Thursday](#) (31 October, Elizabeth Taylor, 33k uvm; Carterville, IL)

The Department of Veteran's Affairs will celebrate "National Day of Prayer and Reflection" on Thursday, November 1. The Marion V-A will host a prayer and meditation event for people of all worldwide religions. The VA hopes to reaffirm its commitment to caring for veteran's spiritual needs in addition to their physical and mental needs.

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6.6 - KRGV (ABC-5, Video): [Valley Veteran Seeks Employment for Spouse through New VA Program](#) (31 October, Frank McCaffrey, 29k uvm; Weslaco, TX)

A newly unveiled agreement between the U.S. Department of Veterans Affairs and the Military Spouse Employment Partnership is set to expand opportunities for military families. Sacrifice doesn't end on the battlefield for many veterans; family members also struggle to make ends meet back home.

[Hyperlink to Above](#)

6.7 - WFXR (FOX-27, Video): [A way to help homeless veterans across the Commonwealth](#) (31 October, Aaron Deane, 13k uvm; Roanoke, VA)

Coordination of services locally and across the state of Virginia has been the key for helping homeless veterans. Today we have with us, Jeff Doyle, VA network homeless program coordinator and Tanyia Jones, health care for homeless veterans coordinator for Salem VA Medical Center.

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6.8 - North Forty News: [Cheyenne VA to Host Day of Prayer for Veterans](#) (30 October, Theresa Rose, 6k uvm; Fort Collins, CO)

The Cheyenne VA will host the inaugural Day of Prayer and Reflection for Veterans on Nov. 1, to kick off Veterans Day events scheduled in November. The community is invited, and the event will be from noon to 1 p.m. near the facility's Vietnam Memorial and Circle of Flags, located at 2360 E. Pershing Blvd., in Cheyenne.

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7. [Other](#)

7.1 - The Washington Post: [At VA, unequal employment opportunity](#) (31 October, Mary Suffoletta, 30.6M uvm; Washington, DC)

Regarding the Oct. 24 news article "Nonpartisan panel of veterans judges gets dose of politics": Most bothersome is that the Department of Veterans Affairs claims to abide by the equal employment opportunity policy, which says, "The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability . . . or other non-merit factor."

[Hyperlink to Above](#)

7.2 - The Hill: [Tester fights for survival at home](#) (31 October, Alexander Bolton, 11.4M uvm; Washington, DC)

Sen. Jon Tester (D-Mont.) is emerging as President Trump's top target a week out from Election Day. The president, still fuming over the Senate Veterans' Affairs Committee chairman's role in blowing up Ronny Jackson's nomination to head the Department of Veterans Affairs (VA), will return to Montana on Saturday after visiting the state a little more than two weeks ago to take another shot at Tester.

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7.3 - WTVD (ABC-11, Video): [Medical waste from Raleigh Veterans clinic found littered across street](#) (31 October, DeJuan Hoggard, 483k uvm; Durham, NC)

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Three Bell County residents have each pleaded guilty in federal court for their roles in an alleged scheme to defraud the U.S. Department of Veterans Affairs. Christopher Sebek and Melissa Sebek, both of Temple, and Jeffrey Pearson, 55, of Killeen, were charged in September for their alleged roles to defraud the Temple VA of about \$250,000.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [More U.S. Veterans Are Off the Streets](#) (31 October, Ben Kesling, 13.3M uvm; New York, NY)

WASHINGTON — The number of homeless veterans declined in 2018 in response to long-established federal efforts and a push by dozens of local communities, according to the departments of Housing and Urban Development and Veterans Affairs.

Nationwide, the number of homeless veterans fell to approximately 38,000, according to an overall count of the homeless taken in January. That represented a 5.3% decline since last year and about half the 73,367 veterans tallied in 2009. Dozens of towns, cities and states have declared an end to vet homelessness in their communities.

“A year and a half ago we were just on the cusp of a few communities being able to say we’ve ended veteran homelessness, now we’re up to 64,” said HUD Secretary Ben Carson in an interview.

Mr. Carson and VA Secretary Robert Wilkie said they had placed a high priority on tackling veteran homelessness, but advocates said the VA recently had reduced its attention on the problem, which could threaten to stall efforts.

The VA began focusing on the issue in 2009 under then-Secretary Eric Shinseki who made it a goal to end veteran homelessness within a decade, a goal that won’t be met. But the emphasis then helped boost recognition of the problem, creating partnerships that advocates say are key to addressing the problem.

“There’s only so much at the federal level you can do to end homelessness. At the end of the day it comes down to communities prioritizing veterans and knowing who they are,” said Kathryn Monet, CEO of the National Coalition for Homeless Veterans. “It truly is yeoman’s work.”

When department secretaries advocate for an issue and Congress provides long-term funding, it energizes local communities to act because they know that their efforts will be sustained in the long term, Ms. Monet said.

“We are working with state and local governments,” Mr. Wilkie said in an interview. “We’ve been going to governors, we’ve been going to mayors.”

A linchpin of the HUD and VA effort is the HUD-VA Supportive Housing Program, better known as HUD-VASH.

Started in the early 1990s, the program was given a funding boost by Congress in 2008. HUD provides housing vouchers to get veterans off the streets and into permanent homes while the VA provides case workers to make sure those in the program have support during precarious months when it’s easiest to slip back into an indigent life.

“If you just put them in a unit, they don’t thrive,” Mr. Carson said. “If you just give them the clinical service and the case management, they don’t thrive. But when you give them both of those things together, they do thrive.”

President Trump’s first VA secretary, David Shulkin, focused on other priorities including veteran suicide. Late last year, he floated the possibility the department would shift some funding from the HUD-VASH program as the issue of veteran homelessness seemed to be coming under control.

Advocates and lawmakers quickly voiced objections, and the VA didn’t move the money.

The number of homeless veterans ticked up in 2017. Although the downward trend resumed in 2018, advocates worry that a lack of attention from the top ultimately could impede the decadelong progress.

“When it was prioritized by the administration, including the secretary, it mobilized a lot of good will,” said Nan Roman CEO of the National Alliance to End Homelessness. “It’s not like they’ve cut it in any way, but they’ve not prioritized it,” she said of the VA.

Messrs. Carson and Wilkie said they have made the issue a priority. Mr. Wilkie said he had addressed the topic in each of his major events since taking the helm at the VA, making a push especially in rural and Native American communities. Mr. Carson said as long as he leads HUD, the department will focus on the issue.

Nearly 84,000 housing vouchers were in use in 2017, according to VA statistics. Congress boosted funding to \$509 million last year to fund the VA support services, according to the Congressional Research Service. But while demand for the vouchers is high, more than 1,000 went unused last year in part because of a lack of VA case workers.

Mr. Wilkie said he is making an effort to solve that problem, but when asked about his plans to address the matter, didn’t provide specifics.

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1.2 - The New Orleans Advocate: [U.S. VA secretary praises Bastion veterans community in Gentilly](#) (30 October, Jeff Adelson, 743k uvm; Baton Rouge, LA)

U.S. Secretary of Veterans Affairs Robert Wilkie praised a housing community for veterans in Gentilly as a model for future public-private partnerships by his agency during a visit to New Orleans on Tuesday.

During a tour of the Bastion Community of Resilience, Wilkie also said President Donald Trump will outline a more expansive program to involve the private sector in veterans' care going forward.

“The future is public-private partnerships. Issues that we’re facing in Veterans Affairs are the same as we’re facing in the rest of the country: opioids, homelessness, mental health issues,” Wilkie said. “Any way we can find to provide a new path for veterans is important for us.”

"That means choice. That means for veterans here in New Orleans, if we can't take care of them here at the VA (Medical Center) in a timely fashion, they can choose to go into the private sector."

Bastion consists of a series of homes on Mirabeau Avenue for veterans, their families and community members who assist in supporting them. The site has more than 50 households in clusters of single-family housing, with a staff of six.

"For us, it's not just a high honor. It's a stamp of validation that we hold the keys of hope and reintegration for our warriors that are rotating off the battlefield or transitioning out of the military," Bastion Executive Director Dylan Tête said of Wilkie's visit.

Wilkie toured one of the model homes on the site and met with staff members and residents.

The main purpose of his visit to New Orleans is to attend the National Veterans Small Business Engagement Conference at the Ernest N. Morial Convention Center. While at the conference Thursday, he's expected to sign an agreement with Linda McMahon, head of the U.S. Small Business Administration, to expand a joint program of management and leadership training for veterans seeking to become entrepreneurs.

In addition, Wilkie stopped by Kehoe-France School in Metairie earlier in the day and plans to visit the VA hospital.

Ironically, Bastion's development was actually imperiled earlier this year by another Trump administration policy. The Republican tax cut bill slashed the corporate tax rate, sending the value of the tax credits the project relied on plummeting and threatening the viability of several low-income developments.

Other funding eventually came through for the development.

Wilkie, who has been on the job about two months, said he couldn't speak to specific funding issues or programs. But he said he's working on coming up with ways to improve services for veterans.

"I am speaking to state and local governments and private entities, looking at the way to expand the aperture that veterans have not only for care but for living and for caregiving, particularly for their families," Wilkie said.

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1.3 - Stars and Stripes: [Readiness of VA emergency stockpile of drugs, medical supplies called into question](#) (31 October, Nikki Wentling, 532k uvm; Washington, DC)

It's uncertain whether a Department of Veterans Affairs stockpile of drugs and medical supplies — intended to be used in a crisis — is equipped to handle future terrorist attacks or biological or natural disasters, according to a report released Wednesday by the VA Office of Inspector General.

After the 9/11 terrorist attacks, the VA created a stockpile that could be used to treat veterans, VA employees and others in case of another mass casualty incident. Through what's called the

Emergency Cache Program, drugs and medical supplies, valued at about \$44 million, are stored in stockpiles at 141 VA hospitals across the country.

IG staff inspected 26 stockpiles in February and found expired and missing drugs. The department is also skipping some of its annual inspections and activation drills, inspectors reported.

“[The VA] has not been effectively managing its Emergency Cache Program, and [officials] gave no assurances the cache is ready to mobilize in the event of an emergency,” the report reads.

The report also states the department “risks not having the drugs necessary” in an emergency and “will not be equipped as intended” unless the VA improves oversight and accountability.

All of the 26 stockpiles that were inspected had at least four types of expired drugs. Of the 650 types of drugs reviewed, 178 – or 27 percent – were expired.

“Based on the sample results, the team estimates about 6.1 million units of drugs were expired across all 141 caches, representing about \$4.6 million in present-day value,” the report states. “These expired drugs affected the readiness of VA’s emergency caches.”

Many of the expired drugs were amoxicillin and ampicillin, which are used to treat bacterial infections – including conditions related to anthrax. Morphine, a painkiller, as well as drugs to treat the flu and high blood pressure, also tended to be expired more than other medications.

Managers of 96 stockpiles were able to prove with documentation that they had inspected their supply sometime during the 2017 fiscal year. The rest said they hadn’t inspected the stockpiles, didn’t know if they’d been inspected, or couldn’t provide proof.

Staff for 21 of the stockpiles, or 15 percent, didn’t conduct mandatory drills, inspectors found.

The IG made seven recommendations, including asking the VA to enforce stricter oversight of the stockpiles and rotate medications so they don’t expire.

In response to the report, Richard Stone, the executive in charge of the Veterans Health Administration, said he agreed with the findings and would implement the recommendations by September 2019.

“We agree with their findings and will make necessary changes to strengthen our Emergency Cache Program,” Stone wrote. “We take emergency preparedness seriously and will ensure that the Emergency Cache contains the necessary supplies and medication to care for Veterans during a national emergency, terrorist attack or natural disaster.”

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1.4 - Military Times: [New lawsuit seeks VA compensation for veterans' unpaid emergency room costs](#) (31 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Hundreds of thousands of veterans could be eligible for sizeable reimbursements of unpaid medical bills if a new class-action lawsuit against the Department of Veterans Affairs is successful.

The move comes amid an eight-year fight between VA and veterans advocates over who should foot the bill for emergency medical care. It also follows a federal court ruling in August which for the first time allowed veterans to file suit against the department as a class rather than individuals.

The size of the class in the latest lawsuit has yet to be established. But officials from the National Veterans Legal Services Program, who filed the legal action, say in the last eight years more than 700,000 individuals may have incurred medical expenses that should have been covered by VA administrators.

"It is a travesty to see the VA continuing to deny these benefits to needy veterans," said attorney Bart Stichman, executive director of NVLSP.

This is the second lawsuit the group has filed over violations of the Emergency Care Fairness Act of 2010. The first was on behalf of Air Force veteran Richard Staab, who was saddled with \$48,000 in unpaid medical bills from emergency heart surgery after VA refused payment because his secondary insurance covered part of the procedure.

Department officials argued in court that the additional insurance coverage eliminated their obligation to pay for the veterans' health care costs, even if that left individuals with hefty medical expenses.

The U.S. Court of Appeals for Veterans Claims in 2016 ruled against VA, requiring them to step in and cover those emergency costs. VA officials issued a new rule in January to comply with that decision, but said it would only cover limited emergency room costs that happened since the appeals court ruling.

But NVLSP officials say even within that limited window, the department is still refusing to cover reasonable costs of veterans who are forced to seek emergency care.

The lead plaintiff for the new lawsuit is Coast Guard veteran Amanda Wolfe, who underwent an emergency appendectomy in September 2016. The procedure was done at a hospital near her home, rather than the VA medical center three hours away.

Her private-sector health insurance covered about \$20,000 in medical costs but still left her with about \$2,500 in expenses. VA officials refused payment, saying those costs were her responsibility for copayments, deductibles and other private-sector fees.

Her lawyers argue that if she had risked traveling to the VA facility for surgery, or if she had opted not to get any private-sector coverage, VA would be responsible for the whole cost of the procedure. But by using private insurance for some of the costs — and saving the federal government money — she is being punished.

"This is a violation of the law," Stichman said, adding the new VA rule amounts to "paying veterans pennies on the dollar" for their legitimate costs.

Court officials will have to determine in coming months whether the NVLSP arguments for recognition of a class of veterans eligible for damages is warranted. If so, it could be the first ever sanctioned by the U.S. Court of Appeals for Veterans Claims.

In the past, VA officials have estimated they could be saddled with up to \$10 billion in emergency room costs if they are forced to cover all gaps in veterans' private-sector insurance policies, an expense that could adversely harm medical care throughout the department.

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1.5 - Government Executive: [Pay Satisfaction Improves, VA Cuts Pension Benefits for Veterans](#) (31 October, Erich Wagner, 102k uvm; Washington, DC)

Although the recently released results of the Office of Personnel Management's annual Federal Employee Viewpoint Survey suggested that federal workers still are not satisfied with how raises and promotions are doled out across government, they appear to be growing more satisfied with their own salaries.

The percentage of respondents who reported that they are satisfied with their pay increased by 2 points this year, reaching 63 percent in 2018. The increase in satisfaction continues a trend dating back to 2012, when satisfaction with pay was only 54 percent. That nadir came in the midst of a three-year pay freeze between 2011 and 2013.

In 2018, federal workers received a 1.9 percent pay raise, although President Trump has proposed that the government freeze employees' pay next year. Some agencies have begun to prepare to implement that proposal, but it is becoming increasingly likely that Congress will overrule the plan and provide civilian employees with a 1.9 percent raise next year. Republicans negotiating a fiscal 2019 spending package said they will agree to a raise.

After next week's midterm elections, lawmakers will have until Dec. 7 to approve a bill to fund a variety of agencies for the rest of the fiscal year. Congress already has passed two minibuss spending bills covering the departments of Defense, Labor, Education, Health and Human Services and other agencies.

Meanwhile, the Veterans Affairs Department announced Tuesday that it will introduce new limits on who is eligible for needs-based defined benefit programs.

Regulations governing the VA pension and Parents' Dependency and Indemnity Compensation programs were updated Oct. 18 to reflect the new policy. The programs provide monthly payments to retirement-age wartime veterans and their survivors with an annual income of less than \$13,855, although that limit can be mitigated by unreimbursed medical expenses.

Under the new rules, there will be a "clear net-worth limit" for income and assets, and the rules establish a 36-month "look-back" period that allows the department to review asset transfers to ensure they were not done at below fair market value to reduce an applicant's net worth. The new regulations establish "up to a five-year penalty period" based on the portion of covered assets that would have made an applicant's net worth exceed the threshold.

The change also updates definitions of a medical expense to be consistent with "VA internal guidelines."

In a statement, VA Secretary Robert Wilkie said the changes will ensure the program serves people who need it and will defend it against potential fraud.

“The amended regulations bring consistency to the pension process and ensure benefits are available for veterans and survivors with financial need,” Wilkie said. “They will help maintain the integrity of and provide clarity to our needs-based pension program.”

Outside of the financial requirements, veterans and survivors seeking to apply for the program must have at least 90 days of active duty service, with at least one of those days being during a wartime period. Veterans who entered active duty in 1980 or later generally must have served at least 24 months. Veterans also must be at least 65 years old, disabled, a nursing home patient, or receive Social Security Disability or Supplemental Security Income.

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1.6 - Government Executive: [VA and 11,000 Nurses Reach Impasse as Secretary Rejects Negotiated Contract Proposal](#) (31 October, Eric Katz, 102k uvm; Washington, DC)

A group of 11,000 nurses at the Veterans Affairs Department has reached an impasse with the agency over its collective bargaining agreement, as the Trump administration has declined to sign off on a contract proposal structured by a third-party arbitrator and the department’s own negotiators.

VA Secretary Robert Wilkie disapproved of the agreement with the National Nurses Union. An arbitrator designated by the Federal Service Impasses Panel proposed the contract after VA and the union negotiated for more than two years. Most of the provisions of that proposal stemmed directly from those negotiations, while the arbitrator plugged in the gaps on the remaining areas of disagreements.

Wilkie took issue with more than 350 provisions of the proposed contract, citing sections of VA statute that prohibit the department from negotiating over clinical competence, compensation or direct patient care issues. The nurses union said his position did not pass muster, as 75 percent of the disputed provisions were accepted under the last bargaining agreement struck in 2012. Corey Lanham, the union’s VA division director, said Wilkie raised issues with clauses including scheduling practices, timelines for employees to transfer when they accept new jobs and the time VA has to correct errors in nurses’ paychecks.

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Issues such as those have no relation to direct patient care, Lanham said, and Wilkie had therefore “broadly overstepped his statutory authority.” Wilkie is only permitted by law to strike down an agreement between the union and the department if it contains illegal provisions. The nurses union will challenge the secretary’s actions in a forthcoming district court suit, while also seeking remediation on some provisions of the contract through the Federal Labor Relations Authority.

Curt Cashour, a VA spokesman, said “multiple provisions” of the contract violated laws, rules and regulations, leading to Wilkie’s disapproval.

“VA is committed to reaching an agreement that puts veterans and VA beneficiaries first,” Cashour said, “and we will continue working with NNU to do just that.”

By trying to place so much of the contract in a restricted category, Lanham said VA was essentially attempting to end collective bargaining for the nurses his union represents. Earlier this year, VA curbed the use of official time—the practice by which federal employees conduct representational activities while on the clock in their government offices—for its employees and unilaterally revoked provisions of its CBA with the American Federation of Government Employees, which represents 230,000 VA employees. The department was later forced to roll back those changes after a federal court struck down most of the provisions of the executive orders President Trump issued that led to their implementation.

“This is a continuation of this administration’s anti-union animus,” Lanham said.

The union’s challenges will likely take at least a year to wind through federal court and FLRA. In the meantime, the existing bargaining agreement will remain in effect. Lanham called the scope of Wilkie’s objections unprecedented, but said previous, smaller-scale efforts to move issues off the bargaining table have been rejected by FLRA and in court.

The 11,000 nurses NNU represents work at 23 VA hospitals.

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1.7 - U.S. News & World Report (AP): [Vukmir Refers to Baldwin as 'Princess Painkiller'](#) (31 October, 14M uvm; Washington, DC)

MADISON, Wis. (AP) — The Republican candidate for U.S. Senate is referring to her Democratic opponent, whose mother battled a prescription drug addiction, as "Princess Painkiller."

Leah Vukmir tweeted the nickname for Sen. Tammy Baldwin along with a cartoon image of the senator on Wednesday. Baldwin's campaign manager Scott Spector calls the tweet "despicable."

Baldwin this year has spoken openly about her mother's mental health issues and drug addiction that led to her being raised by her grandparents.

Vukmir's tweet says Baldwin "plays pretend every day in Wisconsin when she acts sugary sweet." But it goes on to call her "Princess Painkiller" and says she "failed our vets at the VA when 'Candyland' was running amok."

"Candyland" was the nickname given to the Tomah Veterans Affairs Medical Center. Vukmir has said Baldwin was slow to respond to the over-prescription of drugs there.

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2. [Improving Customer Service](#)

2.1 - Technical.ly: [NeuroFlow will pilot its mental health platform at Philly's VA hospital](#) (31 October, Roberto Torres, 79k uvm; Philadelphia, PA)

Over the next six months, a dozen clinicians at the Corporal Michael J. Crescenz VA Medical Center will have access to NeuroFlow's mental health platform, which helps engage patients and track their behavioral health.

The deployment of the platform, part of an initial research study, is funded through a \$225,000 Phase I Small Business Technology Transfer (STTR) grant from the National Science Foundation awarded to the Center City startup.

Adam Pardes, NeuroFlow COO and principal investigator in the study, said the grant will help the company deliver on its mission.

"This is motivation for our team and gets us closer to the company's goal of being a more effective asset for providers and patients," Pardes said. "Collaborating with the VA is not only fulfilling personally for our founding team, but the beginning of an impactful relationship."

The first phase of the grant will give clinicians access to a dashboard that tracks health indicators for 50 patients. Through the company's flagship software product — called EngageBH — clinicians can see data from wearable devices, assign tasks for patients to complete at home (such as meditation or journaling) and send automated motivational emails.

After the first six-month phase, NeuroFlow will be eligible for an additional \$750,000 grant to launch a larger-scale study, contingent upon certain performance benchmarks.

"The National Science Foundation supports small businesses with the most innovative, cutting-edge ideas that have the potential to become great commercial successes and make huge societal impacts," said Barry Johnson, director of the NSF's Division of Industrial Innovation and Partnerships. "We hope that this seed funding will spark solutions to some of the most important challenges of our time across all areas of science and technology."

Last month, NeuroFlow raised a \$1.2 million funding round led by New Brunswick, N.J.-based angel investor group NJ JumpStart in a bid to scale the reach of its platform.

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2.2 - Montgomery Advertiser (Video): [Appearances' sake: How campaigns are handling public events](#) (31 October, Brian Lyman, 72k uvm; Montgomery, AL)

As the candidates made their pitches this weekend, it was clear the campaigns had settled on their final arguments.

Speaking to about 50 people Tuskegee University on Friday, Democratic gubernatorial nominee Walt Maddox told about 50 people, turned the focus toward the future, saying that if the Dec. 12 U.S. Senate election was about who Alabamians are, "this election is about who are we going to be."

The following day, Gov. Kay Ivey and a number of Republicans appeared at an event at Auburn University, stressing her focus on the present.

[...]

As Isner was discussing problems with care at Veterans Administration facilities at a town hall Monday evening, Brooks Warren, a therapist at the Tuskegee VA Medical Center, felt the need to say something.

He said there were problems, but added that the staff there had worked hard and were trying to make improvements in the facility.

"I'm proud to work there," said Warren, who lives in Montgomery. "There's problems, there's nepotism and things like that. But being a Vietnam vet, I take it really serious."

Isner responded by saying she hears from "people who feel so passionate about it," and talked about a doctor who left the system.

"I know," Warren said. "It's one of the biggest problems there, getting people to stay."

Afterward, Warren said he was satisfied with the answer and lingered to sign up for canvassing.

"I sold family Bibles door-to-door for Southwestern, and to go house to house trying to sell them on something is very important," he said.

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2.3 - Mail Tribune: [Knife-wielding vet shot by cop gets second chance](#) (31 October, Mark Freeman, 64k uvm; Medford, OR)

A military veteran who was shot and wounded by police in January at the Veterans Affairs facility in White City after lunging at an officer with a knife can avoid prison under a plea deal if he can clean up his act.

Gilbert Matthew "Matt" Negrete was sentenced Friday to three years' probation during which he must complete treatment ordered by probation officials while staying clean and sober, prosecutors said.

If not, he will serve 18 months in prison and be treated as a convicted felon the rest of his life.

"We've built in a chance for him to get through the program successfully," said Benjamin Lull, the Jackson County deputy district attorney who prosecuted the case. "Society is better off if he doesn't go to prison, if he does take this chance. If he doesn't go through it, he goes to prison."

Negrete, an Iraq and Afghanistan veteran who defense attorneys said suffers from post traumatic stress disorder and drug and alcohol use, was at the tail end of a three-day crime spree Jan. 25 when he entered the White City VA Rehabilitation Center & Clinics asking about medication, records show.

He became agitated and threatened staffers with a knife, and VA security police were called to the scene, court records show.

One of the officers, Marvin Seifert, said during a May bail hearing that Negrete was undeterred by a five-second dose of pepper spray and that Negrete said he would stab Seifert in the groin while advancing toward him.

Seifert testified that Negrete was six inches from him when Seifert shot Negrete point-blank in the chest, yet he remained so combative that officers used two pairs of handcuffs on him.

Two days earlier, Negrete was arrested for driving under the influence of controlled substances. The following day he threatened a tow-truck operator with a knife in an attempt to get his vehicle back from impound, and Negrete fled when the victim pulled out a gun in self-defense, prosecutors said.

In Friday's plea agreement, Negrete was sentenced to three years' probation for two felony counts of unlawful use of a weapon and two misdemeanor counts of menacing. If he successfully completes his probation, the felony charges will be treated as misdemeanors, prosecutors said.

During his probation, Negrete is banned from using or possessing any intoxicants or weapons and is banned from the VA facility, prosecutors said.

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2.4 - KOB (NBC-5, Video): [Veteran sentenced for brandishing knife at White City V.A.](#) (31 October, 56k uvm; Medford, OR)

MEDFORD, Ore. – A veteran pleaded guilty in court Tuesday morning after brandishing a knife and lunging at officers at the White City V.A. earlier this year.

Gilbert Matthew Negrete was in court for sentencing as Judge Lorenzo Mejia told him, "Thank you for your service sir but you can't engage in this. You almost lost your life."

A veteran of Iraq and Afghanistan and a father of young children, Negrete struggles with PTSD and substance abuse. Both were considered factors in the January incident in which he was shot at the V.A.

Negrete's Attorney Christine Herbert said, "He was just again out of his mind and that's why his dad was trying to take him to get some help at the hospital so that behavior could stop... but yes he was high on methamphetamine."

Police said Negrete was in for a scheduled appointment when he began acting erratically and pointed a knife at an employee.

He was shot once in the chest after V.A. police tried non-lethal methods to calm him

"I don't know what the solution would have been for him," Herbert said. "I mean he was at the right place to get the right help but because he was so decompensated from his mental health issues it just escalated."

In court, Negrete faced multiple felony charges including unlawful use of a weapon. He pleaded guilty to all of them.

However, the Jackson County District Attorney offered a resolution to help Negrete receive treatment.

Jackson County Deputy District Attorney Benjamin Lull said at the sentencing, “There’s a reward of potential misdemeanor treatment at the tail end if he’s successful through all his completion of probation with the imposition of prison if he’s unsuccessful.”

It was exactly what Negrete and his attorney hoped for.

Herbert said, “The goal here was to try and prevent him from being a convicted felon and to see if he could get his life back on track, to avoid any prison sentence and that was accomplished.”

Now it’s just a matter of moving forward and staying on track with his probation, with the judge leaving Negrete with a simple warning: “When you have a mental health issue whatever it is, methamphetamine is not going to help. It might make you feel better for a little bit until you get shot.”

According to his attorney, Negrete is currently working two jobs and back on medication, trying to once again be a productive member of society.

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2.5 - Sacramento News & Review: [A dose of change. The Veterans Medical Marijuana Safe Harbor Act could offer alternatives to opioid use among vets](#) (1 November, Jeremy Winslow, 47k uvm; Sacramento, CA)

With California legalizing recreational marijuana in January, it’s no surprise that there would be new laws introduced with it. City and state laws now recognize that, with cannabis hitting the market legally, there are ways of studying its effects on individuals in the advent of the growing opioid epidemic.

The Center for Disease Control and Prevention found that more than 630,000 people died from drug overdoses between 1999 and 2016. And while several factors make the numbers difficult to calculate, a 2011 study of the U.S. Department of Veterans Affairs’ system by the National Center for Biotechnology Information discovered that veterans are twice as likely to die from accidental opioid overdoses than nonveterans.

But a new bill introduced in September looks to investigate this further by offering cannabis as a viable treatment for common ailments among veterans like chronic pain and PTSD while cutting opioid prescriptions.

Senators Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) penned the Veterans Medical Marijuana Safe Harbor Act, a bill that will allow veterans to speak to their physicians at the VA about medical marijuana use without worry of losing their benefits. Marijuana is still federally illegal and is classified as a Schedule I substance, alongside other known killers including bath salts and heroin. The bill also allows vets to use, possess and even transport medical cannabis.

Still, the Food and Drug Administration doesn’t approve of marijuana as a safe and effective drug, leaving the VA with no choice but to administer FDA-approved medications. With that, the VA physicians can’t recommend medical cannabis in any form whether it’s tetrahydrocannabinol (THC), the psychoactive component found in marijuana products, or cannabidiol (CBD), the

non-psychoactive component of marijuana that's said to help with inflammation, pain and insomnia.

For veterans who seek alternative medications to opioids and a listening ear, there are support groups like the Weed for Warriors Project, a nonprofit organization with 14 chapters from Sacramento to Miami that advocate for marijuana usage on behalf of veterans with VA benefits.

As a former U.S. Marine and the founder of the Weed for Warriors Project, Kevin Richardson recalls his own struggles with prescribed medications.

"I had 17 different prescriptions. A lot of the meds just make it where life's kind of like blah," Richardson said. "Now I use cannabis and that's it, and it helps me wind down at nighttime or relax versus having to take so many pills [that] I forgot how to eat a bowl of cereal."

The Safe Harbor Act states that "almost 60 percent of veterans returning from serving in the Armed Forces in the Middle East," and more than 50 percent of older veterans who use the VA's health care system live with some form of chronic pain. In order to treat these ailments, many of which are psychological, the VA prescribes a litany of pills, jokingly referred to as a pharmaceutical cocktail by many veterans. This capsule concoction includes medications like Depakote (treats seizures), Hydroxyzine (treats anxiety), Quetiapine (treats psychological disorders), Trazodone (treats depression) and the list continues. Most pills treat the same ailments because it's difficult to isolate what hurts where and instead of investigating alternative treatment methods, many veterans believe the VA is just numbing their lives.

The National Institute of Drug Abuse states that medical marijuana can treat issues related to HIV/AIDS, inflammation, mental disorders, multiple sclerosis, seizures, and a vast array of other health problems, including chronic pain and PTSD. Even though it's classified as a Schedule I substance, veterans won't be denied VA benefits because of marijuana usage if the Safe Harbor Act is passed. As it stands now, the bill was read twice and is referred to the Committee on the Judiciary.

However, in many instances, VA physicians won't even recommend or discuss marijuana with its patients, with many vets believing the VA just isn't equipped to talk about cannabis as a possible alternative to prescription pills, many of which are automatically shipped to veterans' houses.

"Modern medicine's not teaching cannabis, so anytime I've talked to the doctors, [they tell me] 'cannabis is great for the short-term, but we want to give you something that chemically alters your brain,'" Richardson told SN&R.

Though the prescriptions administered by the VA are refilled for free, some veterans said they spend a couple hundred dollars a month, while others spend a couple hundred dollars a week, on medical marijuana alone.

While a number of vets are optimistic about the Safe Harbor Act's intention to help their medical needs and shift the conversations about cannabis in a positive direction, many are more frank and believe it won't change a damn thing.

Sean Kiernan is one of them. A former specialist in the U.S. Army and president of the Weed for Warriors Project, Kiernan survived a suicide attempt in 2011 related to his struggles with PTSD. For him, this new bill is simply more marijuana policy.

“Nothing pragmatically is going to change. We’ve had a bill that passed by both the Senate and the House in Congress for that past two years, and it magically disappeared for reconciliation,” Kiernan said. “We’re hopeful [about this bill]. It’s wonderful news, but none of these bills go [further] than doctors being able to prescribe cannabis to veterans, which is a huge home run symbolically. But it doesn’t do anything about getting the medication in the hands of the veterans.”

Senators Nelson and Schatz didn’t respond in time for print deadline.

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2.6 - Longview News-Journal: [Miette Wells: A Different Kind of Combat](#) (31 October, Ana P. Walker, 46k uvm; Longview, TX)

She fought her wars on two fronts.

Miette Wells, who was a law enforcement canine handler in the U.S Air Force, served from 1987 to 1991, part of the time on alien soil. As with her fellow American military members, she faced a foreign enemy during Operation Just Cause in Panama and Operation Desert Shield/Storm in Kuwait. Her second foe: some fellow members of the military.

A survivor of military sexual trauma and a nationally known expert in that field, her current battle is on behalf of women, both veterans and active military, hoping to spare them her own experiences. As director of the G.I. Joan project and a military sexual assault counseling supervisor, she provides training for people who work with/serve women veterans as well as information and support for women veterans. She oversees art classes for both men and women veterans of all ages offering yet another way to shed the traumas they may have suffered. They may have served from the Vietnam war on or may be active military. She also works with veterans in other ways, including serving as commander of American Legion Post 105 in Hallsville and Veterans Affairs and Rehabilitation Program director for American Legion Auxiliary Unit 320 in Gilmer.

During the year ending Sept. 30, 2017, 6,769 military men and women reported they were sexually assaulted in all branches of the U.S. military.

Upon hearing the experiences Wells endured as a woman in a male-dominated sphere, the question arises whether she regrets having joined the military. The answer is a firm, pragmatic no.

“People ask me was it worth it and all that,” she said. Certainly, no one wants to experience the pain she endured, but, “I wouldn’t be who I am now, and I like who I am now and I like what I’m doing. I wouldn’t be here if it wasn’t because of what I went through.”

Wells, not long out of high school, knew college wasn’t for her. She decided the military could offer her training and education. She enlisted in the U.S. Air Force and chose law enforcement as her specialty and then became a canine handler.

“I loved the military. I loved my job. I loved my dog,” she said. “It was just the people who at the time were idiots, and the career I picked was well, male-dominated. ... I went into a male-

dominated career — the military — and then on top of that, male-dominated for law enforcement, and then even on top of that, completely male-dominated for canine,” she said.

Nevertheless, she met the challenges and survived, and in a calm deliberate voice, describes the threats by men who were supposed to be her allies.

“There were times when I went out (to) places that I pretty much didn’t think I was coming back, and it wasn’t because of where we were going. It was because of the guys who I was going with. They were very open about it. I mean it wasn’t something that was kept hush-hush. It was, ‘Hey, if you make it back, you’re lucky,’” she recalled.

“They would put me in situations where if anything happened I was the first one dead.”

They also warned that her death might not come at enemy hands, she said.

“There were a couple of times that they actually tried themselves, but I had a really good dog and a really good guardian angel,” she said.

Her efforts to find support were fruitless.

“No, I got no backing,” she said. “I tried at first to do the military thing and go to (my) supervisor but I couldn’t because my supervisor was the one who was doing it, so I had to go to (his) supervisor.” She was told it was best for her to leave the base because she would never find support there. She described the encounter with the master sergeant who conceded that he could investigate her situation but it would do no good.

“It’s not gonna change anything and, in fact, once I start investigating, it’s just gonna get worse for you,” he told her.

When she joined the Air Force, she assumed regulations would protect her from the treatment she endured, calling herself naïve.

“I knew it wasn’t going to be easy. I mean, I knew I was going into a male-dominated career field. I just didn’t realize I was actually putting my life in danger by going in, not because I was going into the military but because I was going into” law enforcement. Every patrol had deadly potential.

“We went out every day and we could not come back, but when I went out, I didn’t just look at who was out there, I also had to figure out who was with me to figure out if I was going to come back or not.”

She was by no means the only woman who experienced such trauma and although things have changed for the better, there is still a way to go. When she returned to civilian life, she still found no one who would speak on behalf of the women, so she did.

The woman without an advocate became the advocate.

“There was pretty much nobody and I didn’t want that to happen to anyone else,” she said.

“Overall, I think it’s getting better for women,” but changing a culture where simply being female equals being inferior takes a long time.

In the military, being called a female was considered derogatory and anything female-related was looked upon as a character flaw, she said, drawing insults such as, “You throw like a girl. You’re girlie. You’re a sissy,” she said.

The message was, “You need to buckle up and be like a guy,” she said. “You need to be a man.” Wells wanted to know why.

“Why can’t I be a woman and still get the job done and have the feminine characteristics,” she recalls thinking. The answer was that she could.

“One of the reasons my dog absolutely loved me was because I didn’t treat him like the guys did,” she said. Military canines experienced deterrent training, she said, explaining it this way, “If you don’t do what I say, I hurt you.

“It wasn’t positive reinforcement and I didn’t agree with it so I didn’t do it. I did positive reinforcement with my dog and my dog absolutely would have died before anybody got anywhere near me.”

Every bit a military member, her canine partner, Killer, also became her guardian.

“When you’re with a military dog and you’re standing side by side ... that means I treat you pretty much as my equal, but when I stood by my dog, he always had his paw in front of my foot.”

The dog’s message: “If you’re going anywhere near her, I will kill you,” she said.

“You would have had to kill him because he absolutely protected me from everything and he didn’t do that with his other handlers.”

The special relationship the two had was born out in the moniker Fluffy Puppy, her private name for Killer. The nickname served two purposes, she said. It was how she saw him and it was a jab at what she describes as the “huge testosterone guys” she served with.

The military has since adopted positive reinforcement in canine training, she said. One reason is because dogs were being taken near civilians more and more, she said.

Post-military, Wells worked with various groups and individuals and eventually regulations were put on the books to protect military members, but they don’t do enough, she said.

“They start at, ‘OK, we’ll tell all of the soldiers and all the airmen how to stay safe and how to be a better unit,’” she said.

“I keep saying ‘No, it has to start from the top down.’ If you have a commander, somebody who’s in charge, who allows this to happen, it doesn’t matter if the person next to you gets as many briefings as they can about how you’re supposed to be, you know, you’re supposed to cover my back, they’re not going to because they can get away with it.”

Other changes had easier remedies. A few years after she left the service, she stumped the staff at the Veterans Administration facility. She needed a pregnancy test and they didn’t have any. They had to send her elsewhere to get one. That’s no longer a problem.

One ongoing battle is finding psychological care for veterans suffering from PTSD and other mental trauma. Veterans face a three- to four-month wait to see a therapist and the VA finds it easier to administer drugs to treat mental trauma, Wells said, a move that also saves money.

"It's much easier to medicate a person so they don't think about anything than it is to seek therapy so that they can work through whatever problem they've been through," she said. "How about let's just find out why you're depressed first," she said.

The veterans pay the price. "... When you first walk in and you say, 'I feel depressed,' and they just hand you a pill, and then you say, 'I can't sleep,' and they say, 'Oh, here's another pill. Oh, I'm tired. Okay, here's another pill. I don't wanna think about things because I'm having flashbacks. Okay, here's another pill.'" And pretty soon you're sitting on the couch drooling and that's your life," she said.

Of legislation that would allow veterans to access private doctors, including therapists, she raises another point.

Many of the doctors who treat former military members, even those who work for the VA, were not in the military.

"I spent probably more time in therapy teaching my therapist about what it was like to be in the military as a woman instead of actually getting therapy," she said.

Wells and her husband, Doug, moved to rural East Texas in 2004. From here, she conducts her work locally in person and online giving her counsel to veterans. She travels often to Fort Hood to train and advise veterans and their caregivers.

She and Doug are the parents of two adult children, a daughter and a son who is stationed in England, a member of the U.S. Air Force. She fails to hide the pride in her voice as she remembers when her son told her he wanted to join the military. When she asked which branch, he replied, "The Air Force, of course, Mom. I'm smart."

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2.7 - WSIL (ABC-3, Video): [Duckworth, Kelly hold veterans roundtable](#) (31 October, Brooke Schlyer, 33k uvm; Carterville, IL)

MARION, Ill. -- Dozens of veterans from across southern Illinois attended a roundtable in Marion Tuesday afternoon. The event was held by congressional candidate Brendan Kelly and U.S. Senator Tammy Duckworth at the American Legion.

One of the main concerns is care at the Marion VA Medical Center. Vietnam Veteran, Mike Gunter, says he doesn't like to talk too negatively about the facility, because he doesn't want to discourage young vets who need the care, but he would like to see some changes.

"They don't even report back to the veteran after he or she had some type of testing done," Gunter explains, "They don't listen, and by they, I mean upper management."

A Marion VA radiologist contacted Duckworth in July about patients previously diagnosed as healthy having cancers, bleeding ulcers, and other health conditions. The doctor also alleged the exams were rushed.

"The VA headquarters recommended a settlement just to get the doctor to shut up," Duckworth says.

Duckworth says the radiologist refused to settle out of concern for veterans and that her pressure on the department helped the Office of General Counsel open a full investigation into the allegations.

Now, veterans believe radiology patients at the Marion VA should have additional care. "I just think these people should be notified to get a recheck or reexamination," said one attendee.

Another huge concern discussed is the privatization of VA healthcare, something Kelly and Duckworth do not support. Duckworth says private practice doctors often only treat the health condition patients go in for, but do not do additional screenings for possible health concerns related to the veteran's service.

Kelly has problems with the financial aspect of privatization, "It's not about helping veterans. It's about shifting more money to people at the top who already have a hell of a lot of money."

Kelly also believes the VA needs to be better prepared for female veterans, which are starting to show up in greater numbers.

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3. Business Transformation

3.1 - Times-News: [‘Haunted house’ renovated into veterans mental health clinic at VA](#) (30 October, 22k uvm; Hendersonville, NC)

ASHEVILLE — On Friday, the Charles George VA Medical Center celebrated the opening of the newly renovated Veterans Hope and Recovery Center, an outpatient mental health clinic.

This award-winning renovation has restored old Building 9 — once a sought-out destination for historians, paranormal investigators, horror film directors and thrill-seekers — to its former glory and usefulness.

The building is located on the west side of the property and is a part of Charles George VA Medical Center's Mental Health Campus. Each year, over 8,000 veterans living in Western North Carolina receive mental health care services through the VA.

From 1930-1967, this Colonial Revival building was a nursing dormitory. In 1967, the nurses moved out and the building slowly but inevitably decayed. Over the years, the empty building became the main character in local ghost stories.

In 2015, the medical center leadership made the decision to restore Building 9, and construction began in 2016.

The two-year restoration of the Veterans Hope and Recovery Center was a collaborative effort between the N.C. Department of Natural and Cultural Resources, federal contracting officials and local Facility Management.

The restorative work has led to the Veterans Hope and Recovery Center being the recipient of two awards: the 2018 Griffin Award for Adaptive Reuse, awarded by The Preservation Society of Asheville and Buncombe County, and the 2018 Gertrude S. Carraway Award of Merit, awarded by Preservation North Carolina.

100 years of history

The medical center is also celebrating 100 years of service. In 1918, U.S. Army General Hospital No. 19 opened in Asheville to serve the soldiers in the area who were training for duty for the First World War.

Co. Henry Hoagland named the hospital “Oteen,” which is an American Indian word meaning “chief aim,” as it was the chief aim of every patient to get well.

Fast forward 100 years to today, and Oteen has not changed its mission or its chief aim. The new Veterans Hope and Recovery Center will serve veterans for years to come.

Submitted by Charles George VAMC.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Politico: [HHS rolls out cyber center successor \(to criticism\)](#) (31 October, Darius Tahir, 8.7M uvm; Arlington, VA)

[...]

VA/DOD UPDATES: Here’s the latest in the health IT affairs of the Departments of Defense and Veterans Affairs:

— Interop is good!: Interoperability really keeps the VA’s and DOD’s patients happy, a new study shows.

The study found the Joint Legacy Viewer, the tool created by VA and DoD informaticists as a stopgap to improve record sharing, significantly increased patient satisfaction.

The viewer was the main piece of technology to emerge from a \$564 million, two-year effort from 2011 to 2013 to create a single DoD-VA electronic health record system. The tech, which is now used extensively by VA doctors, allows a VA clinician to view parts of a patient’s DoD record, and vice-versa. It does not allow the records from another system to be imported or merged. However, the study of about 200,000 outpatients seen for primary care found a 14 percent increase in patients’ perception that their provider understood their medical history. The

study controlled for the duration of the patient-doctor relationship. It was led by VA scientists in Salt Lake City, Los Angeles and Boston.

— Cerner blog update: Tuesday, the Kansas City vendor published a blog post responding to reports by the DoD's Joint Interoperable Test Command of early problems at the four initial sites in the Pacific Northwest.

"We're well accustomed to the initial hurdles that come with a technology implementation," Cerner Government Services President Travis Dalton said in the post. "Though some have portrayed the report findings as a setback for the program, these reports accomplished exactly what we intended. We welcome the feedback ... as well as direct feedback from end-users and leadership at the [sites]. We will continue to work with them to optimize and improve the system throughout the lifespan of the program."

[...]

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - FOX News (Video): [Veterans are sleeping in their cars to access medical care – and it's only getting worse](#) (1 November, James Schenck, 27.6M uvm; New York, NY)

In major cities across the country, hotels can cost upwards of \$300 per night. This is what some veterans are having to pay to receive life-saving treatment at VA hospitals. With over 20 million veterans currently living in the U.S., the issue is only getting worse.

Veterans who live far from the facilities that best treat their conditions have to pay out-of-pocket for hotels the night before they are admitted, or during long-term outpatient treatment, like chemotherapy.

The cost and availability of hotels are increasingly becoming a barrier to veterans' receiving the care they need. As a result, many veterans are opting out of treatments or sleeping in their cars because they can't afford the cost of lodging.

This was the case at the VA Palo Alto Medical Center in 2008, when former VA Palo Alto Health Care System Director and CEO Lisa Freeman reached out to the PenFed Foundation to find a solution. The Foundation embarked on a mission to raise \$11 million from private donors, and in 2014, the Lee & Penny Anderson Defenders Lodge opened its doors on the campus of the Palo Alto VA hospital.

The Lee & Penny Anderson Defenders Lodge houses veterans and active-duty service members who live more than 50 miles from the Palo Alto VA Health Care System. With 52 guest rooms, a dining room, library and private outdoor spaces, the Lee & Penny Anderson Defenders Lodge provides an experience much like a four-star hotel – at no cost to veterans,

their caregivers or families. Since 2014, the lodge has provided veterans and their supporters over 115,000 free nights of lodging and saved them over \$34 million in lodging costs.

While the Lee & Penny Anderson Defenders Lodge is making an important impact, the problem persists at other VA facilities across the country. The Fisher House Foundation has been enormously helpful in providing lodging solutions for families, but Fisher Houses are mainly intended for caregivers and family members of veterans who are receiving inpatient care. While some VA hospitals have converted empty units into temporary lodging, and others have contracts with local hotels for discounted rates, most still don't have affordable options for veterans who don't live near the hospitals.

This is a problem our nation needs to address.

I am often asked by CEOs, board members and directors of major companies and foundations what they can do to help veterans. One of the ways to help is by taking some of the financial burden off their medical care. This means ensuring veterans have a comfortable – and affordable – place to stay before, during or after care. The Lee & Penny Anderson Defenders Lodge is a powerful example of how public and private entities can come together to fill this need. But it's not enough.

The out-of-pocket expenses incurred by veteran outpatients are a problem that deserves attention. The Lee & Penny Anderson Defenders Lodge is one great solution. But our nation's veterans need more. We should be looking at ways to combine VA resources with those of other private organizations to fund lodging for veteran outpatients and tackle other veterans' issues. In many cases, the public and private sectors can have a greater impact working together than apart.

James Schenck is President & CEO of PenFed Credit Union and CEO of the PenFed Foundation.

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6.2 - KTVX (ABC-4, Video): [Student veterans looking for missing GI Bill payments](#) (31 October, Jessica Smith, 143k uvm; Salt Lake City, UT)

WASHINGTON (ABC4 News) - Some veterans aren't getting their education and housing benefits and Congress wants to know why. A House committee says it will hold a hearing, after the election, and veterans' advocates say the VA needs to be held accountable.

The American Legion says some student veterans are facing eviction because the VA is behind on GI Bill payments.

"Over 200,000 vets with late payments."

John Kamin with the American Legion says some monthly housing payments for student veterans have been delayed up to 90 days.

"Left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," said Kamin.

On top of that, he says some schools won't let veterans graduate or register for classes, because their tuition is late.

The VA acknowledges it's behind on the payments. In a statement, a spokesperson told us VA employees are working overtime to process the claims, and it has brought on 200 additional people to speed up the process.

"It's not enough. Absolutely not. We're beyond the point where we can take their word for it. we need to see executive action. Why has the secretary not spoken up about this?" asked Kamin.

The VA faced similar problems in 2009 but issued emergency payments to veterans.

Congressman Jim Banks, serves on the Veterans Affairs committee. He says the VA needs a technology overhaul to keep up with the payments and other services.

"We'll get to the bottom of the matter. We'll do everything we can to see that it's fixed," said Banks.

Kamin argues the VA knew its technology needed an update.

"The VA did not take it to be a serious problem and that's why we're where we are...Vets are left trying to figure out how to live their lives," said Kamin.

Banks vows to hold the VA accountable but Kamin is skeptical, and already worried about payments for the upcoming spring semester.

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6.3 - WDTN (ABC-2, Video): [Student veterans struggling to pay tuition as VA payments fall behind](#) (31 October, Jessica Smith, 60k uvm; Moraine, OH)

WASHINGTON (WDTN) - The American Legion says some student veterans are facing eviction because the VA is behind on GI bill payments.

John Kamin with the American Legion says some monthly housing payments for student veterans have been delayed up to 90 days.

"They're left moving back in with their parents or couch surfing because the VA was not able to honor these veterans and their service," he said.

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The VA faced similar problems in 2009 but issued emergency payments to veterans.

“2018? We've got nothing,” Kamin says. “It’s unacceptable.”

Congressman Jim Banks serves on the Veterans Affairs committee. He says the VA needs a technology overhaul to keep up with the payments and other services.

“We'll get to the bottom of the matter. We'll do everything we can to see that it's fixed,” he said.

Kamin argues the VA knew its technology needed an update, saying, “The VA did not take it to be a serious problem and that's why we're where we are. Vets are left trying to figure out how to live their lives.”

Banks vows to hold the VA accountable -- but Kamin is skeptical, and already worried about payments for the upcoming spring semester.

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6.4 - Jackson Hole News & Guide: [Female vets heal with art, camaraderie](#) (31 October, Julie Kukral, 48k uvm; Jackson, WY)

Women veterans don't look like other veterans.

They don't have military-style haircuts. It's not likely you'll see them sitting in a bar wearing a veteran hat. Their trauma, be it physical or emotional, may not be visible.

Most notably, they're not men.

Seven women veterans came to Jackson last week for an art therapy retreat. An all-women's veteran support group is a rarity, said Christine Tatosian, the executive director of 21st Century Heroes. The local nonprofit organizes art and outdoor therapy retreats, usually woodcarving workshops, for veterans of OEF and OIF — Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom.

For this workshop 21st Century Heroes partnered with the Art Association of Jackson Hole for the first time to offer a weeklong watercolor session. Watercolors force artists to surrender control to an ungovernable medium; it's a fluid exercise ideal for expressing and processing emotions.

One of the guys

Women account for around 16 percent of the United States' active duty military population, according to the Council on Foreign Relations. Even though women have to pass the same tests as men to get into the military, they often have to achieve higher standards — over and over again. That is true from basic training all the way through discharge.

During training and deployment, women learn how to do things for themselves. Scrutinized about whether they're strong enough, mentally fit enough or capable enough, women can't accept any favors.

“Half of [the men] want to help, and half want to judge,” said Zarah Hartsock, an Air Force veteran and a repeat attendee to 21st Century Heroes retreats.

Even after they prove themselves in training, during deployment and even in combat zones, women vets have to continue to do things for themselves when they return home.

There are small gestures that make these veterans feel invisible, like passing over a woman vet during a round of “thank you for your service” handshakes, or being harassed by civilians when parking in a Purple Heart parking spot.

That’s happened to Purple Heart recipient Melissa Gonzalez. Gonzalez was an Air Force sergeant who had several deployments to Afghanistan. Among a profusion of medical problems, including traumatic brain injury, Gonzalez is in a wheelchair because of a metal plate in her foot.

“I served my country just as much as anyone else and gave my life for your freedom, so I don’t want to hear it,” she said, speaking about being harassed in parking spots and called “Mr. Gonzalez” frequently on the phone. “Sometimes I’m nice about it and I’m like, ‘Just remember, female vets have been allowed to be first responders in the military since 1989. Since World War II, females have been in combat zones.’”

The U.S. military didn’t officially lift the ban on women serving in combat positions until 2013. That meant women could begin training for direct combat positions such as Army Rangers or Marine Corps infantry. But as Gonzalez pointed out, women have been in combat zones for over half a century. Any woman serving under the guerrilla warfare conditions of Iraq and Afghanistan has, especially, been subjected to combat’s dangers.

Problems with Veterans Affairs

Both male and female veterans can feel isolated when returning to civilian life. For women vets, however, that isolation extends beyond the lack of petty recognition. The Veterans Affairs office — with the motto, “To care for him who shall have borne the battle and for his widow, and his orphan” — is responsible for providing health care, disability compensation, education and other benefits and services for veterans. Few women at the retreat had positive things to say about their treatment.

Considering that the United States has been frequently at war since 1941, and the veteran population is aging, the VA is understandably in over its head. However, women seem to disproportionately get the short end of the stick. Even though they are a minority group among veterans, women are the fastest growing segment of the vet population. Nonetheless, the VA does not have the same health care services for women as there are for men.

A 2017 study conducted by the VA stated, “There is a lack of knowledge regarding the military, the military culture, and the effect of military service on the overall mental and physical health of veterans, in particular, women veterans ... Women veterans have unique physical and psychological health care needs that vary from their male counterparts.”

The VA has inadequate access to obstetrician-gynecologists, mammograms, and other health care options specialized in women’s health for the growing women vet population.

One major concern expressed by many of the women at the retreat was their inability to get financial support for their caregivers.

Family caregivers, often veterans' wives, receive on average \$1,600 monthly stipends to support vets. When you're single it's a lot harder to receive caregiver funding. Gonzalez didn't get a caregiver until she literally set herself on fire, a result of other struggles.

Another woman, who wished to not be named in this story, tried to get her husband, who was also enlisted, to be registered as her family caregiver.

"They told him that it was his job to take care of me. But they give [money] to spouses all the time and they denied him because they said it was his duty [as a husband]."

She is mother to four children.

Returning home

When women return from service, they come back to being wives and mothers — on top of being caregivers to themselves. In addition to facing physical traumas, many male and female vets face post-traumatic stress syndrome. Because fighting in Iraq and Afghanistan continues, the exact rates of post-traumatic stress disorder in recent vets is still unknown, though it is suggested that it's easier for women to get PTSD than men.

"They say that the PTSD rate for me being a female and in the same situation as 1,211 other guys is higher than the rest of them because of my emotional or moral injury," Gonzalez said.

To make matters for women vets worse, the VA reported that 23 percent of women report sexual assault during their time in the military and 55 percent reported sexual harassment. So add military sexual trauma, better known as MST to those who serve, on top of the horrors of war.

Readjusting to civilian life isn't easy for any vet.

"We're constantly in that reptilian brain, the one that is constantly firing," said Rachel Shelton, who deployed with the Army in Iraq. "We're in that for as long as we're in the military, and then when we get out and everything's gone, it's almost like we go and find something to help us get back in that chaotic environment, trying to get that high again."

Retreats like the 21st Century Heroes and Art Association's art therapy workshop give vets the space to unwind, both physically and mentally. Teaching the vets a skill they can take home has been a success for the nonprofit.

"We had such success with the woodcarving workshop and the philosophy of giving the veteran a skill and equipment to go home with," Tatosian said.

She is excited about the new partnership with the Art Association.

"I think the reason art therapy works is when they have TBI and can't remember things, or PTSD, when there's confusion with what's going on in their heads, trying to put things into words when they don't know what they're feeling makes it really hard," art therapist Billi Harrington said.

Watercolors in particular create a naturally therapeutic space.

"There's a fluid movement to it," Harrington said. "It's a calming space, but you don't have to consciously say, 'I'm going to calm you down.' The art just does that."

Slow down and process

That space helps the mind slow down and start processing things, making words come easier.

"What makes the art so powerful is it helps bring stuff up and calm you down," she said. "It will also help you let go."

The women are used to control and protocol, structure that the medium simply does not allow. Surrendering to the art form can be cathartic. For the women this past week, it was.

After the weeklong retreat, the women returned home with a set of paints, a new skill and a new support network.

"These women are lonely, they don't have companionship," Harrington said. "And if they do, they're taking care of their husband and their children. They're not getting the support. The men are getting it in the military, but they are not."

The retreat was new territory for many of the women. Tatosian said the majority of the women explicitly stated their dislike and distrust of other women in their bios before attending. Shelton talked about going to a women's veteran conference and hearing a woman joking about not having PTSD, but WPTSD, women's post-traumatic stress disorder, because of how women, particularly female supervisors, treat other women in the military.

"They are rougher on you than men are," she said. "And I feel like it's because they had to up the men the entire time, and therefore they're coldhearted and they lost that humanity aspect of being a woman. And so I think that then stems into our own distance with women. We think women are not going to have our back. They're going to trade us, you know, they're going to backstab us."

Even so, Tatosian laughed about how during the whole week she and the other facilitators hadn't been able to get a word in with the women. The women clicked immediately, mostly because their experiences had so much in common.

"It's a rarity for women veterans to have these sorts of retreats, and the bonding immediately took place," Tatosian said. "There was a real relief and gratefulness that they had that opportunity to be brought together."

The women were all also grateful for the military.

The military gave them structure, strength, health care, travel, perspective. Afterward, other veterans have employed them, sergeants have supported them in time of need, friends have helped pay their mortgages and made them Thanksgiving dinners.

"I still look to the military as my chosen family," Shelton said.

"The women couldn't be vulnerable with other women while at war because it was very much every man for themselves," Harrington said. "I think [the experience] will help them help other women find support."

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6.5 - WSIL (ABC-3, Video): [National Day of Prayer event at Marion VA Thursday](#) (31 October, Elizabeth Taylor, 33k uvm; Carterville, IL)

MARION, Ill. -- The Department of Veteran's Affairs will celebrate "National Day of Prayer and Reflection" on Thursday, November 1.

The Marion V-A will host a prayer and meditation event for people of all worldwide religions.

The VA hopes to reaffirm its commitment to caring for veteran's spiritual needs in addition to their physical and mental needs.

Chaplain Michael Doan says, "The VA is interested in taking care of the whole veteran; mind, body, and spirit. And this is spiritual care for the veterans who deserve so much of our resources, time, attention, and appreciation."

Veterans, their families, and anyone else can the event at the Marion VA Thursday at noon.

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6.6 - KRGV (ABC-5, Video): [Valley Veteran Seeks Employment for Spouse through New VA Program](#) (31 October, Frank McCaffrey, 29k uvm; Weslaco, TX)

A newly unveiled agreement between the U.S. Department of Veterans Affairs and the Military Spouse Employment Partnership is set to expand opportunities for military families.

Sacrifice doesn't end on the battlefield for many veterans; family members also struggle to make ends meet back home.

KRGV's Frank McCaffrey spoke with 10-year veteran Jennifer Garcia, whose husband recently lost his job.

"I try to help him keep optimistic," she says. "From one income, we can go to two incomes... Living paycheck to paycheck it's hard, but we manage somehow."

Mike Gonzalez, spokesperson for Workforce Solutions, says this new deal will connect military spouses with affiliated employers.

Texas Workforce Solutions will be hosting a Red, White and You, a job fair specifically designed for veterans and their spouses, on Thursday, Nov. 8 at the Mission Events Center. For more information visit their website.

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6.7 - WFXR (FOX-27, Video): [A way to help homeless veterans across the Commonwealth](#) (31 October, Aaron Deane, 13k uvm; Roanoke, VA)

Coordination of services locally and across the state of Virginia has been the key for helping homeless veterans.

Today we have with us, Jeff Doyle, VA network homeless program coordinator and Tanyia Jones, health care for homeless veterans coordinator for Salem VA Medical Center.

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6.8 - North Forty News: [Cheyenne VA to Host Day of Prayer for Veterans](#) (30 October, Theresa Rose, 6k uvm; Fort Collins, CO)

CHEYENNE, Wyo. — The Cheyenne VA will host the inaugural Day of Prayer and Reflection for Veterans on Nov. 1, to kick off Veterans Day events scheduled in November. The community is invited, and the event will be from noon to 1 p.m. near the facility's Vietnam Memorial and Circle of Flags, located at 2360 E. Pershing Blvd., in Cheyenne.

According to the National Chaplain Center Director, Michael McCoy, this year's theme is "Prayers of Healing for our Veterans," and emphasizes the "healing as a process of restoration and renewal for the broken harmony in any aspect of body, mind, or spirit."

The Department of Veterans Affairs does not encourage or favor any religious beliefs, McCoy said. "However, on this day we ask those who pray to unite, regardless of personal religious beliefs, to ask for healing for our Veterans, their families, the Department of Veteran Affairs, and our nation."

In the event of inclement weather, the event will be held inside the residential rehab facility, adjacent to the Circle of Flags.

Who: Veterans, Families, Community Leaders, Public

What: Inaugural Day of Prayer and Reflection for our Veterans

When: Thursday, Nov. 1, Noon to 1 p.m.

Where: Cheyenne VA Campus; near Circle of Flags and Vietnam Memorial; Inclement Weather—Residential Rehab waiting area

Why: To bring those who pray together to pray for our Veterans, Families, the VA, and the Nation.

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7. [Other](#)

7.1 - The Washington Post: [At VA, unequal employment opportunity](#) (31 October, Mary Suffoletta, 30.6M uvm; Washington, DC)

Regarding the Oct. 24 news article “Nonpartisan panel of veterans judges gets dose of politics”:

Most bothersome is that the Department of Veterans Affairs claims to abide by the equal employment opportunity policy, which says, “The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability . . . or other non-merit factor.” The White House required applicants to identify their party affiliation, even after they were vetted as best qualified and selected for the positions by the chairwoman of the board. Merit reasons were not provided for rejecting the applicants, so such rejections should not withstand judicial scrutiny, because they violate the federal government’s own workplace policy.

Mary Suffoletta, Washington

The writer is a lawyer at the Board of Veterans’ Appeals.

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7.2 - The Hill: [Tester fights for survival at home](#) (31 October, Alexander Bolton, 11.4M uvm; Washington, DC)

HAVRE, Mont. — Sen. Jon Tester (D-Mont.) is emerging as President Trump’s top target a week out from Election Day.

The president, still fuming over the Senate Veterans’ Affairs Committee chairman’s role in blowing up Ronny Jackson’s nomination to head the Department of Veterans Affairs (VA), will return to Montana on Saturday after visiting the state a little more than two weeks ago to take another shot at Tester.

Tester, who appeared to be cruising to reelection a few months ago, now finds himself in a dogfight, and he warned supporters at a rally in Butte, a hardscrabble mining town, that only a handful of votes could decide the race.

Despite being a two-term incumbent in a midterm election, when the president’s party historically loses seats in Congress, Tester has just a slight lead over Matt Rosendale, the state auditor, who initially wasn’t seen as a particularly strong candidate.

The race has tightened considerably since the fight over Supreme Court Justice Brett Kavanaugh, which Montana Republicans say has energized their base.

Tester says his fellow Democrats didn’t do a good job of handling the sexual misconduct accusations against Kavanaugh but says Republicans also deserve blame for turning the confirmation debate into a political mud fight.

“It was botched from the beginning,” said Tester, who declined to criticize any fellow Democrats by name, saying, “I’m not going to point fingers at who botched it up.”

To try to hold off Rosendale, Tester is touting his Montana roots and years of local public service while bashing his opponent as an opportunistic Maryland transplant who is part of an influx of “Easterners” trying to “buy” the state and change its way of life.

“This is a race between myself and Matt Rosendale, make no mistake about it. Matt Rosendale doesn’t know what the hell is going on in Montana. That’s why he doesn’t talk about the issues he believes in, because he doesn’t know them,” Tester told The Hill.

Tester then poked Rosendale, who was born in Baltimore and moved to Montana in 2002, for having a distinctly East Coast accent.

“I don’t hear much of Montana and I hear a lot of Maryland,” he said.

At times it feels like Tester is taking on the entire GOP.

Besides the president, Tester is also combatting Donald Trump Jr., who during a trip to the state touting Rosendale on Friday called Tester a “fraud” and a “piece of garbage.”

At a rally in Missoula earlier this month, the president accused Tester of leading “the Democratic mob” in destroying Jackson, who withdrew his nomination after Tester publicly accused him of improper conduct as chief White House physician.

Sens. Rand Paul (R-Ky.) and Cory Gardner (R-Colo.) have also visited on behalf of Rosendale, and the Republican is also getting help from Tester’s home-state colleague, Sen. Steve Daines (R).

“The Kavanaugh confirmation process moved numbers around the country,” Daines told The Hill at a rally for Rosendale in Kalispell, a ranching town close to the jagged snowy peaks of Glacier National Park. “I don’t think Montana is an exception to that.”

Tester, in contrast, has made it clear that he doesn’t want any Democratic surrogates to come to Montana on his behalf, and he’s sought to distance himself from his party’s leadership.

Tester says he has no regrets about how he handled Jackson’s nomination, arguing that veterans, who make up about 10 percent of Montana’s population, are better off with Robert Wilkie, a former assistant secretary of Defense with a wealth of management experience.

“Not a bit, not a bit,” he said when asked if he’s second-guessed the way he handled the nominee. “Veterans have sacrificed a lot for this country. This is the second-biggest agency in the federal government. You got to have somebody who knows it, and, by the way, he removed himself, I didn’t remove anybody. I asked questions.”

Tester has a store of goodwill with veterans in the state, and several older men with “Vietnam Veterans” caps came up to shake Tester’s hand and thank him at a rally at the Carpenters Union Hall in Butte.

He’s used his seniority to push for new Veterans Affairs facilities around the state, including a clinic in Missoula and a home in Butte. He’s also touted 15 veterans-related bills he has helped pass into law, including the VA Mission Act, which streamlined bureaucracy to improve health care and which Trump signed into law in June.

Still, David McCumber, the editor of the Montana Standard, a newspaper based in Butte, said the Jackson fight probably hurt Tester.

"I'm sure it's hurt him because it's given the Republicans a huge talking point," he said. "It was the way that happened that has enabled them to make it a big talking point."

Rosendale is pinning his campaign on Trump, who took 56 percent of the 2016 vote in Montana compared to Democratic nominee Hillary Clinton's 36 percent. The Republican has sought to paint Tester as beholden to lobbyists and Democratic leaders more liberal than Montana's voters.

Republicans also have sought to draw parallels between Senate Democrats' treatment of Kavanaugh and Jackson.

Tester brushes off the criticism from the Trumps and argues that both the president and Rosendale are effectively out-of-towners touring Big Sky Country.

"These are Easterners trying to get an Easterner elected to the U.S. Senate seat in Montana," said Tester, who argued that the VA-related bills he helped pass wouldn't have gotten done without his work because "they didn't get done until I got there."

To save his job and win a third term, Tester has crisscrossed his vast state, driving on long stretches of highway from Billings, an old railroad turned shale-oil boom town in Yellowstone County, a key swing area, to Butte, an old mining town with a history of labor fights, to two Indian reservations close to the Canadian border in central Montana.

Sporting black jeans, cowboy boots and his trademark flattop, Tester, who owns an 1,800-acre farm in north-central Montana, seems more comfortable joking with fellow dirt farmers and campaign volunteers than he does when he's wearing a suit and tie and fending off questions about Trump from reporters in Washington.

Both sides say the race is going to come down to turnout, and there were many signs in recent days that voters are energized across the political spectrum.

Rosendale, with the help of Trump Jr., drew large crowds at rallies in Butte, Kalispell and Helena, while Tester attracted an overflow audience at the Carpenters Union Hall in Butte and two events at Native American reservations near the Canadian border were packed with people of all ages.

Tester on Monday said turnout at the Rocky Boy's and Fort Belknap reservations will be critical to his chances.

Native Americans make up 8.6 percent of the state's population, according to Jonathan Windy Boy, a member of the Chippewa Cree tribal council and a Democratic state representative. Windy Boy said tribal members on the Rocky Boy's and Fort Belknap reservations have voted 90 to 95 percent in favor of Tester during early voting.

In a promising sign for Tester, tribal leaders are predicting 80 percent turnout.

"Bottom line, Indian Country is going to decide who wins the election," Tester said.

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7.3 - WTVD (ABC-11, Video): [Medical waste from Raleigh Veterans clinic found littered across street](#) (31 October, DeJuan Hoggard, 483k uvm; Durham, NC)

RALEIGH, N.C. (WTVD) -- Near the intersection of Martin Luther King Jr. Boulevard and Rock Quarry Road in southeast Raleigh, drivers will pass trash littered across the side of the street.

"It's unfortunately pretty typical for the area," said nearby resident David Eichenberger. However, he was only referencing the amount of trash normally found on the street and not specifically the type of trash.

Used latex gloves, rubber tourniquets, packaging for a blood collection set, and a SafetyGlide needle were all found on MLK Boulevard scattered across nearly 30 yards of road.

"I'm hoping it just fell off the back of someone's truck," Eichenberger said.

Based on a limited amount of information, ABC11 was able to verify the material came from a nearby Veterans Affairs clinic. Located five minutes away is a VA outpatient clinic on Sungate Road belonging to the Durham VA healthcare system.

"They owe an explanation and they need to clean it up as much as possible," said resident Darren Lockett. "My concern is we have kids going up and down that street and they can pick that stuff up."

In a phone call and email to ABC11, the Durham VA accepted responsibility for the waste.

"We thank the residents for bringing this to our attention. We have contacted the waste management company responsible for retrieving and disposing of our trash to immediately address the issue. We would like to assure the Veterans we serve that no patient identifiable information was compromised and our community neighbors that there are no biohazardous materials among the contents. We will continue to work with the contractor to quickly resolve the situation."

"I just want to see it taken care of," Eichenberger added. "I don't want my friends and neighbors to be exposed to what's on those gloves."

A Durham VA official told ABC11 if the contractor fails to remove the waste by Wednesday, VA employees will pick up the trash first thing Thursday morning because "it's the right thing to do."

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7.4 - Temple Daily Telegram: [Three Bell County residents plead guilty in Temple VA fraud case](#) (31 October, Eric E. Garcia, 25k uvm; Temple, TX)

Three Bell County residents have each pleaded guilty in federal court for their roles in an alleged scheme to defraud the U.S. Department of Veterans Affairs.

Christopher Sebek and Melissa Sebek, both of Temple, and Jeffrey Pearson, 55, of Killeen, were charged in September for their alleged roles to defraud the Temple VA of about \$250,000.

Pearson — owner and operator of Whitetail Industrial Parts and Service, a Temple VA contractor — and Christopher Sebek, 55, operations supervisor in the Engineering Department at the Olin E. Teague Veterans' Medical Center in Temple, were both charged with one count of conspiracy to defraud the government and one count of theft of government property.

Pearson pleaded guilty Tuesday before U.S. Magistrate Judge Jeffrey C. Manske in a U.S. District Court, Western District of Texas, in Waco. He remains free on a \$25,000 appearance bond before his sentencing, which is scheduled for Jan. 29, 2019, before U.S. District Judge Alan Albright.

Christopher Sebek pleaded guilty during an arraignment hearing Oct. 23 and Manske ordered a pre-sentencing report. Christopher Sebek is scheduled to be sentenced on Jan. 16, 2019.

Melissa Sebek, also 55, owner and operator of MS. Bookkeeping Services, faced a separate but related charge of one count of theft of government property. She pleaded guilty on Oct. 16, court records show. Melissa Sebek is scheduled to be sentenced on Dec. 4, according to a court docket.

The charges were announced in late September by Waco-based U.S. Attorney John F. Bash of the Western District of Texas and Special Agent in Charge James Ross of the VA Office of Inspector General Criminal Investigations Division, South Central Field Office.

The charges resulted from VA investigations that uncovered a scheme at the Temple VA motor pool to secretly profit from VA purchase orders.

"It was a part of the conspiracy that (Christopher) Sebek used his position as Operations Supervisor for the Department of Engineering for VAMC-Temple to divert United States Government property and money so that he could use the property and money for his own personal gain, including the payment of personal bills, loans, college tuition and personal credit card bills," according to the federal complaint in U.S. District Court in Waco.

According to a preliminary report obtained by the Austin American-Statesman in November, investigators claimed they uncovered a complex scheme involving the VA motor pool that had funneled business to a Killeen firm, Whitetail Industrial Parts and Service, that made at least \$400,000 by padding purchases with 30 percent surcharges. More than \$1.3 million reportedly was funneled through Whitetail.

The report, which also detailed alleged abuses of power and other possible criminal actions, prompted U.S. Rep. John Carter, R-Round Rock, to demand answers on questionable activities at the Temple VA, part of the Central Texas VA Medical Center.

Carter sent a letter to Department of Veterans Affairs Secretary David Shulkin and VA Inspector General Michael Missal last year and said he expected changes.

"Our military men and women have bravely served our nation, and I expect the VA system to provide the very best care when they return to civilian life," Carter wrote. "I am encouraged by Central Texas VA Health Care System Director Christopher Sandles' strong condemnation of

the behavior by these employees, including his comment that a 'day of reckoning' has come for those employees that have mistreated veterans.

VA response

In a statement to the Telegram, Sandles said he was proud that the Temple VA's internal investigation led to changes.

"After we took administrative actions, I'm proud to see that those who used their government employment to enrich themselves are now being held legally accountable for their actions," Sandles said. "But most of all, I'm proud that our internal investigation was the result of an employee stepping forward and reporting concerns that ultimately uncovered this criminal activity allowing us to report it to the Office of the Inspector General.

"As stewards of America's veterans and taxpayer funding, each of us as federal employees are empowered and expected to report suspected fraud, waste and abuse," Sandles said. "I continue to encourage my staff to report suspected fraud, waste, or abuse."

Scheme details

The scheme to defraud the Temple VA began in February 2012, according to court records.

Christopher Sebek and Pearson allegedly agreed to steal money from the Temple VA. Over a five-year period, they allegedly submitted fraudulent invoices for payment reportedly for goods and services designated for the VA medical center. Sebek reportedly presented bogus invoices to the VA from his wife's company.

Those invoices, however, were used by Sebek to pay for personal items and to cover Pearson's 30 percent commission on each invoice. Court records allege that Sebek stole two VAMC credit cards and used them to pay for personal expenses.

If convicted, the defendants each face up to five years in federal prison on the conspiracy charge and up to 10 years in federal prison on the theft charge.

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From: Hutton, James

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Cashour, Curtis (b) (6)

Tallman, Gary (b) (6)

Eason, William J.

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Subject: Department of Veterans Affairs - Weekly Report - Oct 31, 2018

Date: Wed Oct 31 2018 11:30:44 CDT

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Department of Veterans Affairs – Weekly Report (Upcoming)

*November 6 – Secretary Wilkie will sit for an interview with Sinclair Syndicated news magazine “Full Measure” with Sharyl Attkisson. Air date is November 11.

*November 6 – Secretary Wilkie will sit for an interview with NPR. Air date is November 11.

*November 8 – Secretary Wilkie will provide remarks at The Nation Served: Wreath Laying Ceremony to the States and Territories at Pershing Park. This opening ceremony introduces the future site of the National World War I Memorial in Washington, D.C.

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He will attend the Veterans Day Breakfast, the Veterans Day Ceremony at Arlington National Cemetery, and then the reception hosted by the American GI Forum.

Media / Top Issues and Accomplishments (To Date This Week)

*October 30 – Secretary Wilkie was interviewed by Newell Norman of WWL Radio 870 AM/105.3 FM at 12:10 pm.

*October 30 – Secretary Wilkie was interviewed by phone by Ben Kesling of The Wall Street Journal at 4:00 PM along with Secretary Ben Carson.

*October 30 – Secretary Wilkie was interviewed by Kevin Chiri of The Slidell Independent at 4:20 pm.

Releases

*VA amends regulations on VA pension and other needs-based programs

*VA prioritizing all pending Veterans benefits appeals claims for victims of hurricanes Florence and Michael

*VA joins Military Spouse Employment Partnership

James Hutton

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Eason, William J.

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Subject: VA Comms Update - October 31, 2018

Date: Wed Oct 31 2018 11:19:09 CDT

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Inquiries

*New York Times is working on a story alleging that VA's SAIL hospital ranking system is flawed. We provided the Times info, but expect the piece to be negative.

*ProPublica is working on a story that will focus on the "dysfunction and turmoil that are undermining the VA's effort to transform its electronic health records".

Top Stories

*WWL (CBS-870, Audio): How is the VA faring under Robert Wilkie's leadership?

*Military Times: VA to fast-track benefits appeals for hurricane victims

*Union-Bulletin: VA secretary honors local employees

Top Issues and Accomplishments

*October 31 – Secretary Wilkie will participate in a Media Spray with the Student Vets Roundtable and be interviewed by the Loyola Maroon Student Newspaper at 2:45 pm.

*November 1 – Secretary Wilkie will sit for an interview with Drew Boach of the Times-Picayune at 7:30 am.

*November 1 – Secretary Wilkie will participate in an MOU signing with the Small Business Administration followed by a media availability.

*November 2 – Secretary Wilkie will travel to Mississippi to provide remarks to the Trent Lott Leadership Institute and meet with representatives from the University of Mississippi Medical Center and Jackson VA Medical Center.

*November 2 – Secretary Wilkie will participate in a Media Availability with the Daily Mississippian, NewsWatch and other TBD outlets at 11:20 am.

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*November 16 – Secretary Wilkie will be in South Carolina to visit the Spartanburg Community Based Outpatient Clinic, Clemson University’s Student Veteran Center, and the Edward Via College of Osteopathic Medicine.

*November 26 – Secretary Wilkie will provide remarks at the Elizabeth Dole Foundation Caregiver Summit at the Capitol Hilton in Washington, D.C.

*December 5 – Secretary Wilkie will provide keynote address to the Federal Health Community at the FedHealthIT100 Awards Program in Washington, D.C.

*December 7 - Secretary Wilkie will be the keynote speaker at a Defense Department Congressional Fellowship Program professional development event at VA Central Office.

James Hutton

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Subject: [EXTERNAL] 31 October Veterans Affairs Media Summary and News Clips

Date: Wed Oct 31 2018 05:15:27 CDT

Attachments: 181031_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

31 October 2018

1. [Top Stories](#)

1.1 - WWL (CBS-870, Audio): [How is the VA faring under Robert Wilkie's leadership?](#) (30 October, Newell Normand, 183k uvd; New Orleans, LA)

In this thirty-one minute broadcast, Newell Normand talks to VA Secretary Robert Wilkie about how his agency is working to improve care for America's veterans.

[Hyperlink to Above](#)

1.2 - Military Times: [VA to fast-track benefits appeals for hurricane victims](#) (30 October, Leo Shane III, 471k uvm; Springfield, VA)

Veterans Affairs officials will accelerate appeals claim processing for individuals affected by the recent hurricanes that lashed the southeastern United States, calling it another way to help those veterans in need. The move will affect any veterans in Florida, North Carolina, South Carolina and Georgia who live in counties declared disaster areas by the Federal Emergency Management Agency. VA officials did not say how many of the more than 300,000 pending appeals currently in the system will be included in the new push.

[Hyperlink to Above](#)

1.3 - The News Journal (Video): [Death of a veteran found in his car at Wilmington's VA leads to changes](#) (30 October, Jerry Smith, 273k uvm; New Castle, DE)

More than a year after her father died in his car in the parking lot of the Wilmington Veterans Administration Medical Center, Shelatia Dennis still struggles to understand why. Salathiel M. Gaymon Sr.'s body was found April 25, 2017, more than 17 hours after he walked out of the facility after his regular treatment in the Hemodialysis Unit.

[Hyperlink to Above](#)

1.4 - Redlands Daily Facts: [Day of prayer for veterans to be observed at Loma Linda VA hospital](#) (30 October, 27k uvm; Redlands, CA)

This year, the U.S. Department of Veterans Affairs has designated the first Thursday in November as a Day of Prayer and Reflection for Veterans, to be observed annually. As part of the first observance of that day, there will be a short ceremony at noon Thursday, Nov. 1, in front of the main lobby of the Jerry L. Pettis Memorial VA Medical Center, 11201 Benton St., Loma Linda.

[Hyperlink to Above](#)

1.5 - Union-Bulletin: [VA secretary honors local employees](#) (30 October, Annie Charnley Eveland, 21k uvm; Walla Walla, WA)

Robert Wilkie, secretary of Veterans Affairs, stopped by Jonathan M. Wainwright Memorial VA Medical Center on Oct. 16 while visiting as many VAs as possible to determine their unique needs, said Linda Wondra, public affairs officer and acting chief voluntary service, in a release. In Walla Walla, he received a short facility tour that included the Call Center and a walk-through of the new Specialty Care Clinic.

[Hyperlink to Above](#)

1.6 - My Columbia Basin: [VA tests new electronic health records systems](#) (30 October, 600 uvd; Walla Walla, WA)

The secretary of the U.S. Department of Veterans Affairs says a program being tested in the state of Washington will help the department take better care of veterans. The Department of Defense and Department of Veterans Affairs are now working together to track the health needs of veterans with a new electronic health records (EHR) system that will allow VA and DOD to share patient data seamlessly. VA Secretary Robert Wilkie says the EHR system starts when soldiers first sign up in the military.

[Hyperlink to Above](#)

1.7 - U.S. News & World Report (AP): [A Look at Notorious Criminals Who Were Killed Behind Bars](#) (30 October, 14M uvm; Washington, DC)

Donald Harvey, a former nurse's aide and serial killer known as the "Angel of Death", was fatally beaten last year by a fellow inmate in a protective custody unit at the state prison in Toledo. Harvey was serving multiple life sentences after pleading guilty in 1987 to killing more than three dozen hospital patients in Ohio and Kentucky during the 1970s and '80s. He later said he was responsible for killing 18 others while working at the Veterans Administration Medical Center in Cincinnati.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - The Washington Times (AP): [Editorial Roundup: Recent editorials in Oklahoma newspapers](#) (30 October, 3.6M uvm; Washington, DC)

Muskogee's loss hopefully will not become Arkansas' gain after the city was not chosen for relocation of a Veterans Affairs assisted-living facility. The Oklahoma Veterans Commission selected Sallisaw over Muskogee and Poteau on Friday. That decision will have an economic impact for decades. Muskogee had much to offer when the commission was considering moving the Veterans Center here from Tahleah.

[Hyperlink to Above](#)

2.2 - Washington Examiner: [Carly Fiorina says country's treatment of veterans is 'shameful'](#) (31 October, Maria Biery, 3.1M uvm; Washington, DC)

Carly Fiorina says that the country's treatment of veterans is "shameful." "Veterans, as a group, should always be lifted up by our communities and our society because they have been willing to put everything on the line for the rest of us," Fiorina told the Washington Examiner at a veterans-themed workshop for her nonprofit group in Washington, D.C. on Friday.

[Hyperlink to Above](#)

2.3 - Psych Central (Baylor University): [Veterans with PTSD Can Benefit from Horseback Riding Intervention](#) (30 October, Traci Pedersen, 2.2M uvm; Newburyport, MA)

A new study shows that an 8-week therapeutic horseback riding program reduces anxiety, anger and depression in veterans with combat-related post-traumatic stress disorder (PTSD). The findings have important implications as combat-related PTSD in military service personnel remains a national public health concern with an estimated 2 to 17 percent of veterans suffering from the disorder.

[Hyperlink to Above](#)

2.4 - Military.com (MOAA): [The VA Pulls Talent from the DoD Health System](#) (30 October, Rene Campos, 2M uvm; San Francisco, CA)

Within the span of a couple of days, two flagship Department of Veterans Affairs medical facilities have announced that two new leaders -- both recently retired service members -- will run the Washington, D.C., VA Medical Center and the northern Chicago Captain James A. Lovell Federal Health Care Center (FHCC).

[Hyperlink to Above](#)

2.5 - KOMO News (Video): [VA hospitals embrace 3D printing to help veterans](#) (31 October, Molly Shen, 684k uvm; Seattle, WA)

Bob Crouch is headed into his 16th occupational therapy appointment at the American Lake branch of the VA Puget Sound Health Care System. Crouch's thumb was amputated after a household accident, and he lost the use of his fingers during one of three surgeries. Mary Matthews-Brownell is helping him stretch and exercise his hand to unclench his fingers. But their main goal is to get the Vietnam veteran gaming again.

[Hyperlink to Above](#)

2.6 - Arkansas Democrat-Gazette: [Review: Impaired pathologist wrong in 14 Arkansas cases involving veterans. 12,215 reports on veterans unchecked](#) (30 October, Doug Thompson, 366k uvm; Little Rock, AR)

The pathology report was wrong in 14 of 21,591 cases, according to an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks. There are 12,215 cases left to be checked, although the patients believed to face the highest risks from a misdiagnosis were reviewed first, system administrators said Monday at a town-hall-style meeting, the fourth since the June 18 news conference announcing the problem.

[Hyperlink to Above](#)

2.7 - WJHG (NBC-7, Video): [VA Clinic in Panama City Beach offers normal services, food for veterans](#) (30 October, 94k uvm; Panama City, FL)

The VA Clinic on Magnolia Beach Road in Panama City Beach is now the hub of all care for veterans once again. Operations after the storm started at the 23rd Street Wal-Mart in Panama City, but disaster emergency management personnel have since helped the clinic return to normal services.

[Hyperlink to Above](#)

2.8 - WSAW (CBS-7): [7 Investigates: National veterans' organization sues VA secretary over emergency bills loophole](#) (30 October, Matthew Simon, 70k uvm; Wausau, WI)

Two weeks after 7 Investigates exposed a new loophole leaving veterans across the nation liable to pay their own emergency room bills, the National Veterans Legal Services Program has filed a class action lawsuit in the U.S. Court of Appeals for Veterans Claims against the Secretary of Veterans Affairs Robert Wilkie.

[Hyperlink to Above](#)

2.9 - WPSD (NBC-6, Video): [Veterans talk health care with Duckworth, Kelly at town hall](#)

(30 October, Logan Gay, 51k uvm; Paducah, KY)

Better health care services: That's what veterans in southern Illinois discussed with Democrats Sen. Tammy Duckworth and congressional candidate Brendan Kelly during a town hall at the American Legion in Marion, Illinois. Veteran Roger Tolbert has been going to the VA since 1975. He said making sure veterans get their benefits and adequate service through Veterans Affairs are why he attended today's meeting.

[Hyperlink to Above](#)**3. [Business Transformation](#)****3.1 - The Republican: [Leeds veterans hospital celebrates \\$19 million in funding, ongoing modernization](#)**

(30 October, Elise Linscott, 781k uvm; Springfield, MA)

In an effort to offer a holistic approach to medicine and upgrade aging facilities, the VA Central Western Massachusetts Healthcare System in Leeds has improved both its radiology and audiology units as part of multi-year projects.

[Hyperlink to Above](#)**3.2 - WFIE (NBC-14, Video): [VA clinic could come to Dubois Co.](#)** (30 October, Sydney Miller, 81k uvm; Evansville, IN)

Dubois County could soon be getting a veteran's clinic. Right now, VA officials are gauging the usefulness, analyzing the number of veterans applying for and using VA medical services. Dubois County Veterans Service Officer Bob Johnson said this would be a game-changer.

[Hyperlink to Above](#)**4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)****4.1 - Healthcare IT News: [Cerner gives new updates on DoD and VA EHR rollouts](#)**

(30 October, Mike Miliard, 54k uvm; Chicago, IL)

In an earnings call to discuss its Q3 results this past week, officials from Cerner offered new information about the ongoing electronic health record modernizations it's rolling out at the U.S. Departments of Defense and Veterans Affairs. Both are proceeding at different paces, they said, but valuable lessons are being learned along the way at each.

[Hyperlink to Above](#)**4.2 - FedScoop: [Cerner touts early success for DOD e-health record modernization](#)**

(30 October, Billy Mitchell, 24k uvm; Washington, DC)

Pilots of the Department of Defense's new electronic health record system MHS GENESIS have scored early successes while making key adjustments to address struggles spelled out in a report in May, says a top executive at the company leading the system's development.

[Hyperlink to Above](#)**5. [Suicide Prevention](#)**

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Wicked Local – Braintree: A Good Age: Paul Schrader's tribute to those who served (30 October, Sue Scheible, 287k uvm; Westford, MA)

Four miles south of the Bourne Bridge off busy Route 28, you enter an expanse of peace and solitude, sacred for many. People seek out the Massachusetts National Cemetery year-round for a variety of reasons. To bury a family member who served in the nation's armed forces or their spouse or dependent child. To plan ahead for their own final resting spot. To visit the grave of a loved one, perhaps with friends, and commune, draw strength, even make amends.

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6.2 - WSBT (CBS-22, Video): Mishawaka VA Clinic reminding female veterans of year-round care it offers women (30 October, Caroline Torie, 97k uvm; Mishawaka, IN)

The VA Clinic in Mishawaka wants to serve more female veterans. As Breast Cancer Awareness comes to a close, it wants to emphasize the care it offers year-round for women. According to the VA Healthcare System, there are more women veterans in the area who could benefit from enrolling in services at the St. Joseph County VA Clinic.

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6.3 - MSU Denver RED (Video): Missing In Action: Support For Female Veterans (30 October, Matt Watson, 26k uvd; Denver, CO)

The November forecast for the desert outside Fallujah, Iraq, is similar to Colorado's high plains: warm and sunny by day and temps dipping into the 40s at night. Jessi Warthen has slept outside in both places – first as a Marine in Fallujah and then as a homeless veteran in Colorado. Sadly, her experience is a window into the all-too-common plight of women who served in the U.S. Armed Forces.

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6.4 - FedSmith: Veterans Impacted by Hurricanes Will Get Priority on Appeals Claims (30 October, Ian Smith, 9k uvd; Washington, DC)

The Department of Veterans Affairs announced today that it will be prioritizing the pending appeals claims for veterans who were impacted by Hurricanes Michael and Florence. VA's Board of Veterans' Appeals has determined that the significant effects of the two hurricanes were sufficient cause for the Board to advance the appeals for counties in Florida, North Carolina, South Carolina and Georgia determined to be disaster areas by the Federal Emergency Management Agency (FEMA).

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6.5 - Vikings: Vikings Share Appreciation During Visit with Veterans (30 October, Craig Peters, Eden Prairie, MN)

Vikings current players and alumni on Tuesday participated in the team's eighth annual visit to the Minneapolis Veterans Affairs Health Care System to express their sincere gratitude for service and sacrifice of American heroes. The Vikings met veterans in the hospital's Community Living Center and also visited the Spinal Cord Injury Center, stopping in the physical therapy room to encourage veterans who are rehabilitating injuries.

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6.6 - WJMN (CBS-3): [VA to host free event at Virtual Reality Arcade in Marquette](#) (30 October, 2k uvd; Escanaba, MI)

Veterans are invited to a free event at the Edge of Reality VR Arcade in Marquette on Friday, November 9 from noon to 4 p.m. (ET). The afternoon of virtual reality experiences is sponsored by the Oscar G. Johnson VA Medical Center and will include pizza, pop, and snacks. The Edge of Reality VR Arcade is located at 333 W. Washington Street and is open to all who served in the military.

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7. [Other](#)

7.1 - FOX News: [Civil War POWs' trauma shortened their sons' lifespans, startling new research says](#) (30 October, James Rogers, 27.6M uvm; New York, NY)

Civil War-era data suggest that trauma experienced by POWs shortened the lifespan of their male children, according to a startling UCLA research study. UCLA Economics Professor Dora Costa analyzed records in the National Archives to track the lifespans of children of Union soldiers captured by the Confederacy. The study examined data on male and females born after 1866 who lived to at least 45 years of age.

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7.2 - Military.com: [Inspire More Than 'Thank You for Your Service?'](#) (30 October, Amy Bushatz, 2M uvm; San Francisco, CA)

The lip service in the words "thank you for your service" deeply bothers Montel Williams, the former talk show host told Military.com. And he thinks a TV show he's hosting and co-producing can help. "In the last couple of years, I've been more -- not disgusted by, but angered by -- the fact I'm in the airport all the time, and I'll see a soldier walk by, and someone will say, 'Thank you for your service,' and they won't even wait to see what the soldier has to say back.

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7.3 - FedSmith: [Man Lies About Having PTSD to Get VA Disability Payments](#) (30 October, Ian Smith, 9k uvd; Washington, DC)

A Fairport, NY man pleaded guilty to claiming to have Post Traumatic Stress Disorder (PTSD) in order to get disability payments from the VA. According to an announcement from the Justice Department, Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had PTSD after witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve

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1. [Top Stories](#)

1.1 - WWL (CBS-870, Audio): [How is the VA faring under Robert Wilkie's leadership?](#) (30 October, Newell Normand, 183k uvd; New Orleans, LA)

In this thirty-one minute broadcast, Newell Normand talks to VA Secretary Robert Wilkie about how his agency is working to improve care for America's veterans.

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1.2 - Military Times: [VA to fast-track benefits appeals for hurricane victims](#) (30 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials will accelerate appeals claim processing for individuals affected by the recent hurricanes that lashed the southeastern United States, calling it another way to help those veterans in need.

The move will affect any veterans in Florida, North Carolina, South Carolina and Georgia who live in counties declared disaster areas by the Federal Emergency Management Agency. VA officials did not say how many of the more than 300,000 pending appeals currently in the system will be included in the new push.

In a statement, VA Secretary Robert Wilkie said speeding up the claims process “for those veterans and their families affected by hurricanes Florence and Michael is the right thing to do.”

At least 53 people were killed as Hurricane Florence hit the eastern seaboard in early September. A month later, Hurricane Michael made landfall and resulted in at least 50 deaths across several states.

VA health and benefits services in those areas were temporarily disrupted by the powerful storms, but officials have largely returned to normal operations in the weeks since. At the height of the hurricanes, some infirm veterans were evacuated to facilities in different states while VA contracted with local doctors and pharmacies to handle other critical needs.

Veterans eligible for the faster appeals processing will not have to take any action to accelerate their claims. Board of Veterans' Appeals officials said they will move ahead any cases with addresses in the affected region, and continue to fast-track those claims for the next six months.

The backlog of appeals claims has been a recurring complaint from lawmakers and veterans advocates in recent years. Cases typically take several years to wind through the system, with some topping five years or more.

After congressional intervention, VA officials introduced a new Rapid Appeals Modernization Program with wait times under three months for case completion. But many veterans have been slow to embrace that option, leaving their cases to wind through the traditional process.

A list of counties affected by the new announcement is available at the Board of Veterans Appeals' web site.

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1.3 - The News Journal (Video): [Death of a veteran found in his car at Wilmington's VA leads to changes](#) (30 October, Jerry Smith, 273k uvm; New Castle, DE)

More than a year after her father died in his car in the parking lot of the Wilmington Veterans Administration Medical Center, Shelatia Dennis still struggles to understand why.

Salathiel M. Gaymon Sr.'s body was found April 25, 2017, more than 17 hours after he walked out of the facility after his regular treatment in the Hemodialysis Unit.

Dennis believes her father shouldn't have been discharged without having his condition assessed more closely.

Gaymon's death prompted an investigation by the Department of Veterans Affairs Office of Inspector General, which published a report in September that judged the VA harshly but didn't place blame.

The unit nursing staff did not appropriately monitor the patient's medical status, the report said, but could not "substantiate" that the care contributed to his death.

An autopsy indicated that Gaymon had cardiovascular and kidney disease and "probably" suffered a fatal cardiac arrhythmia.

The report did say that based on the available information and review of the electronic health record, quality of care concerns were identified related to Gaymon's clinical management while in the dialysis unit.

Changes at the VA

Wilmington VA Medical Center Director Vincent Kane said a day doesn't go by that he and his staff don't think about the events leading up to the tragedy. He was appointed shortly after Gaymon's death.

The OIG report and internal analyses sparked changes in staffing and procedures, including many within the dialysis unit and police department.

"If we could go back in time and know what we know now, I'm confident this wouldn't happen," Kane said. "We're committed to never letting something like this happen again."

Chief among the 14 recommendations from the OIG was having the proper number of staff members in the Hemodialysis Unit and providing continuous education in all areas of the unit.

According to Kane, that has happened and is now ongoing.

"We've added a tremendous amount of staff since my arrival," said Kane. "We want to make sure we have processes and staffing in place to prevent tragedies moving forward."

The police department has a new chief and those involved in the Gaymon tragedy were disciplined.

Appointed rounds directed by VA policy were not done, meaning no one noticed Gaymon.

"Those rounds should have happened. It's devastating to us," Kane said. "We've added more cameras and a training officer to make sure officers are compliant."

A man of principles

Dennis described her father as a man whose love of family was matched only by his love of God.

She said he had no problem expressing the love and pride for his family and was an affectionate man who couldn't encourage his kids and grandchildren enough.

But Dennis said her father also was all about advocacy and justice and often spoke out against injustices in the world. That is why one of his favorite musicians was Bob Marley, she said.

Dennis believes what happened to her father was an injustice.

"The quality of care that he was given was very poor," Dennis said recently from her Dover home on what would have been her father's 64th birthday. "It seems like anything that could have gone wrong did go wrong. It makes me so angry that they could get away with this."

Questionable discharge

Dennis said her father's blood glucose readings were through the roof that day in the Hemodialysis Unit, he was administered the wrong medication at the wrong time, his blood pressure was critically high and he was allowed to be discharged.

"He was not OK," she said. "How could they not see something was wrong? If they had, maybe we wouldn't have had to have a funeral in May."

Gaymon had been a regular patient at the Wilmington VA Medical Center since 1997 after he was diagnosed with diabetes. His medical records indicate he was often "noncompliant" in his treatment regimen and his diabetes was "uncontrolled" from 1997 to 2017.

Dialysis was initiated in early 2016, and a few months later a kidney specialist ordered a blood sugar reading prior to each of his dialysis treatments.

Critical to Gaymon's treatment were differences of opinions about unit policies concerning the patient's finger-stick blood sugar check.

Gaymon's blood sugar was obtained 38 minutes after starting dialysis and it was shown to be critically high.

According to the OIG report, a unit registered nurse believed it was acceptable to test the blood sugar within an hour of beginning treatment.

The Office of Inspector General staff found no such policy.

The OIG determined that the combination of the timing of the blood glucose test, which found Gaymon's blood sugar critically high and sparked a "routine" call for insulin rather than "stat," or immediately, resulted in more than a two-hour difference in treatment.

The OIG report said the nursing staff did not check Gaymon's blood glucose before releasing him.

Contributing issues

Policies regarding treatment of Gaymon's critically high blood pressure also were called into question by the report.

Gaymon was given medication to bring down his high blood pressure and then released 18 minutes thereafter.

The medication given reduces blood pressure within 30 to 60 minutes, with the maximum decrease occurring within two to four hours, the report said.

The report also said there was no evidence that staff conducted a full clinical assessment or provided Gaymon with instructions regarding the effects of the medication, including drowsiness and a recommendation not to drive.

Dennis said video from the facility showed an unsteady, unhealthy individual in medical distress as her father walked out of the dialysis unit and fell on the hood of his car before getting in it.

"The report was more confirmation," she said. "We already had a gut feeling that there was very poor quality of care and that there was definitely negligence on their part. We just didn't understand to what extent."

Undignified death

Dennis believes that even though the nurses and doctors failed her father, the Department of Veterans Affairs Police had an opportunity to "pick up the slack had they been doing their job."

If police had done timely rounds in the parking lots as policy requires, they would have noticed Gaymon sitting in his car in a no-parking zone in valet parking.

A hospital volunteer came across Gaymon in his car and alerted police.

"If they would have noticed him within an hour, that might have been enough time to alert the doctors and get some help," Dennis said. "There was no dignity in the way he died."

The officers were supposed to walk or drive the facility every hour, "so long as they are not on another call or doing a report."

The report said the facility's police officers violated policies by leaving the patient's car in a visible illegal parking spot for more than 17 hours.

Dennis recognizes her father's death affected changes, but said she will forever hold the facility accountable for taking her father away "too soon."

"There were so many opportunities for people to make decisions that would have supported his life being sustained," Dennis said. "The healthcare was obviously the first misstep. But if the police force would have been doing its job, my father might still be alive today."

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1.4 - Redlands Daily Facts: [Day of prayer for veterans to be observed at Loma Linda VA hospital](#) (30 October, 27k uvm; Redlands, CA)

This year, the U.S. Department of Veterans Affairs has designated the first Thursday in November as a Day of Prayer and Reflection for Veterans, to be observed annually.

As part of the first observance of that day, there will be a short ceremony at noon Thursday, Nov. 1, in front of the main lobby of the Jerry L. Pettis Memorial VA Medical Center, 11201 Benton St., Loma Linda.

Samuel Roberts, chaplain with the VA Loma Linda Healthcare System, will participate in the Day of Prayer ceremony, along with people from local faith-based organizations, according to a press release.

Robert Wilkie, secretary of Veterans Affairs, asks Americans to participate in a time of reflection and prayer on Thursday, reflecting upon the sacrifices and challenges of those who have served in the military. He also asks those who pray, regardless of religious beliefs, to pray for healing of U.S. veterans, for their families, for the Department of Veterans Affairs and for the nation, according to the press release.

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1.5 - Union-Bulletin: [VA secretary honors local employees](#) (30 October, Annie Charnley Eveland, 21k uvm; Walla Walla, WA)

Robert Wilkie, secretary of Veterans Affairs, stopped by Jonathan M. Wainwright Memorial VA Medical Center on Oct. 16 while visiting as many VAs as possible to determine their unique needs, said Linda Wondra, public affairs officer and acting chief voluntary service, in a release

In Walla Walla, he received a short facility tour that included the Call Center and a walk-through of the new Specialty Care Clinic.

Additionally he recognized several VA employees with commendations. The following received the secretary's personal coin.

Suicide Prevention Coordinator/Lgbt Veteran Care Coordinator Celena Veverka, who is "dedicated, innovative and tireless in her efforts to keep veterans safe, staff, community partners and family educated and trained with the most up to date prevention information." Celena has developed several process improvements to further support and care for veterans in critical need. She is also coordinator for REACH VET and LGBT care. She organizes and attends community outreach events to take every opportunity to meet veterans where they are and ensure prevention information is getting to transitioning veterans and their families.

Medical Administrative Assistant Bradley Anderson, an Army veteran and medic who began his VA career two years ago in the VISN 20 call center, learning how it operates. About a year ago, he applied for and was selected for promotion to Health Administration Service as a medical administrative assistant. “Bradley’s continued display of character, initiative and desire to ensure that our nation’s veterans are getting the best care and service from our facility is exactly the example of what a VA employee should be.”

Cultural Resources Program Manager and Facilities Planner Katherine “Kat” Ferguson is also an adjunct faculty member teaching anthropology at Walla Walla Community College. A registered professional archaeologist with more than 20 years of experience in cultural resource management, she regularly provides public outreach to include archaeology presentations at Prospect Point Elementary School and the YMCA After School Program. She researched and designed a series of interpretive panels on the history of Fort Walla Walla that have been displayed at Walla Walla County Fair & Frontier Days, are currently on exhibit at Fort Walla Walla Museum and are situated permanently around the Walla Walla VAMC campus. She is passionate about introducing archaeology to the public, especially in schools. She also has worked all over the West and several states in the Southeast, managed large and small-scale projects, supervised large teams on survey and Phase II archaeological testing and currently advises a handful of other VAMCs in cultural resource management and consultation issues. She served as a Russian linguist in the U.S. Army.

Chief of Care in the Community Steven Fleury served nine years in the U.S. Navy as a hospital corpsman. He joined the VA as a medical support assistant at the La Grande Community Based Outpatient Clinic and transferred to Walla Walla to serve in the same role at the call center. In September 2017, he was selected as Chief of Care in the Community, and “has done a stellar job supporting our veterans with receiving their care. Due to the remoteness of many of our veterans, his willingness to advocate for the veterans and their care shows his commitment to our IICARE values. He is strong supporter of the facility and his employees.”

Registered Nurse Tim Read is at the Yakima VA Community Based Outpatient Clinic where he’s worked tirelessly for 10 years to help end veteran homelessness in Yakima and Kittitas counties. The secretary recognized his efforts with a SECVA coin. Additionally, Tim and co-workers Billy Daughtry and Candace Cooper, assisted HopeSource, the supportive services for veteran families partner in Kittitas County, in reaching functional ZERO in ending veteran homelessness earlier this year.

Kittitas County is one of 63 cities, counties, or states to have ended veteran homelessness to date. The cohesive team celebrates the accomplishment while continuing to house and serve veterans in Yakima and Kittitas counties. The Housing and Urban Development Veteran Affairs Supportive Housing is a collaborative program administered under the Office of Veterans Affairs.

Veteran Gil Middelton, a volunteer at WWVAMC since 2015, served in the U.S. Navy. Post discharge, he worked as a cook around the U.S. He also owned an office cleaning company for several years and was a janitor at the Walla Walla Sears store. At the WWVA he is a Red Coat Ambassador volunteer with 1,818 hours donated to date, and is not ready to quit. He is so eager to help with other volunteer duties such as keeping hand sanitizer units stocked, and willing to volunteer anywhere help is needed. He loves interacting with veterans and other guests who come into the main clinic, and cheerfully escorts veterans to where they need to go.

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1.6 - My Columbia Basin: [VA tests new electronic health records systems](#) (30 October, 600 uvd; Walla Walla, WA)

The secretary of the U.S. Department of Veterans Affairs says a program being tested in the state of Washington will help the department take better care of veterans.

The Department of Defense and Department of Veterans Affairs are now working together to track the health needs of veterans with a new electronic health records (EHR) system that will allow VA and DOD to share patient data seamlessly.

VA Secretary Robert Wilkie says the EHR system starts when soldiers first sign up in the military.

“So what does that mean,” Wilkie said. “People like my father — 30 years a paratrooper, severely wounded in Vietnam — would no longer have to carry around 800 pages of paper records. That is the goal.”

The new EHR will help eliminate veterans having to submit to repeat testing, or to relate basic information like drug allergies to different providers. It will also give health care providers access to a veteran’s full health record, enabling them to make better decisions for their patients. Additionally, access to centralized, standardized health care data will provide a big-picture view of veteran’s health. This will enable providers to make faster, smarter connections between military service and health outcomes and even help proactively identify veterans at higher risk for opioid addiction and suicide.

During his visit to the state of Washington, Wilkie visited VA facilities in Seattle, Spokane and Walla Walla.

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1.7 - U.S. News & World Report (AP): [A Look at Notorious Criminals Who Were Killed Behind Bars](#) (30 October, 14M uvm; Washington, DC)

BOSTON (AP) — James "Whitey" Bulger, the notorious Boston gangster who eluded authorities for nearly two decades before being caught in 2011, was found dead in prison Tuesday, officials said.

His death is being investigated as a homicide, said Justin Tarovisky, executive vice president of the American Federation of Government Employees Local 420, which represents corrections officers at the West Virginia prison where Bulger had recently been moved.

Bulger, 89, was serving a life sentence after being convicted in 2013 of participating in 11 murders. He served as an FBI informant who ratted on his gang's main rival before becoming the agency's most wanted fugitives for 16 years until his arrest in Santa Monica, California.

A look at other notorious criminals who met a violent death behind bars:

JEFFREY DAHMER

Serial killer Jeffrey Dahmer was serving life prison sentences when a fellow inmate beat him with a metal bar while he was cleaning a prison locker room in 1994. The chocolate factory worker was arrested in 1991 and admitted killing 17 young men, most in Milwaukee, some of whom he mutilated and cannibalized. Dahmer's killer, Christopher Scarver, was already serving a life sentence for a 1990 murder when he bludgeoned to death Dahmer and another inmate of the Columbia Correctional Institution in Wisconsin.

JOHN GEOGHAN

John Geoghan was beaten and strangled to death at Massachusetts' maximum-security Souza-Baranowski Correctional Center in 2003 by a fellow inmate. Geoghan, who had accused of molesting as many as 150 boys over three decades, was serving a 9- to 10-year sentence for groping a boy and was at the center of the Boston clergy abuse scandal. His killer, 37-year-old Joseph Druce, planned the killing for a month, stretching out the socks used to choke Geoghan and doctoring a book to jam the cell door shut, authorities said.

ALBERT DESALVO

Albert DeSalvo, who confessed — then recanted — to being the "Boston Strangler", was stabbed to death in 1973 at a maximum-security prison in Walpole, Massachusetts. DeSalvo was never indicted in the killings that terrorized the region and grabbed national headlines in the early 1960s, but was convicted in January 1967 of armed robbery, assault and sex offenses, and sentenced to life in prison. In 2013, DNA tests confirmed that DeSalvo did kill the woman believed to be the serial killer's last victim and then-Massachusetts Attorney General Martha Coakley said it was "most likely" that he was the Boston Strangler.

DONALD HARVEY

Donald Harvey, a former nurse's aide and serial killer known as the "Angel of Death", was fatally beaten last year by a fellow inmate in a protective custody unit at the state prison in Toledo. Harvey was serving multiple life sentences after pleading guilty in 1987 to killing more than three dozen hospital patients in Ohio and Kentucky during the 1970s and '80s. He later said he was responsible for killing 18 others while working at the Veterans Administration Medical Center in Cincinnati.

RICHARD LOEB

Richard Loeb and Nathan Leopold created a nationwide sensation in 1924 when they were convicted of kidnapping and slaying a young neighbor in Chicago just for the thrill of it. Loeb and Leopold, then 18 and 19 respectively, were sentenced to life terms for the murder plus 99 years for the kidnapping. Loeb was killed in a prison fight in 1936.

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2. [Improving Customer Service](#)

2.1 - The Washington Times (AP): [Editorial Roundup: Recent editorials in Oklahoma newspapers](#) (30 October, 3.6M uvm; Washington, DC)

Here are excerpts from recent editorials in Oklahoma newspapers:

Muskogee Phoenix. Oct. 28, 2018.

- Decision cost OK money

Muskogee's loss hopefully will not become Arkansas' gain after the city was not chosen for relocation of a Veterans Affairs assisted-living facility.

The Oklahoma Veterans Commission selected Sallisaw over Muskogee and Poteau on Friday. That decision will have an economic impact for decades.

Muskogee had much to offer when the commission was considering moving the Veterans Center here from Talihina.

We are a health care hub including the Jack C. Montgomery VA Medical Center. Veterans could have received emergency care faster had the commission chosen Muskogee.

The VA has its regional center and call center here. That means some higher-ups in Veterans Affairs think Muskogee is a good place to operate.

Muskogee had much to gain with the relocation of the Veterans Center.

Construction of the facility was estimated at a cost of \$100 million. That's would be quite a boost to the Muskogee economy.

The facility would have created 250 jobs averaging approximately \$50,000 annually.

Not all of those employees would have lived in Muskogee. Some would have commuted to work from as far away as Tulsa.

But that certainly would have been the same had the commission selected Poteau. Many of the employees would have lived in Fort Smith, Arkansas, and much - maybe the majority - of their salary would have been spent there.

Sallisaw is about twice as close to Fort Smith as Muskogee is to Tulsa. So it is reasonable to think some would will choose to live in Fort Smith and many will spend a lot of salary there.

But had employees worked here and lived in the Tulsa area then much of their earnings would have been spent in Oklahoma.

There would been time to build a new subdivision with market-rate homes in Muskogee in the time it would have taken to construct the Veterans Center.

That could have kept more salaries in our community.

Sallisaw included money in its proposal that would have helped employee retention by paying relocation costs.

“Continuity of operations during transition and transfer” was supposed to be 5 percent of the total score for a city’s proposal.

The commission was right to consider retaining as many jobs as possible. But economic development of Oklahoma should have been a bigger factor in the commission’s decision.

We feel Oklahoma would have benefited more by having the Veterans Center relocated here.

We hope our Arkansas neighbors don’t gain an economic boost that should have fallen Oklahoma’s way.

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2.2 - Washington Examiner: [Carly Fiorina says country’s treatment of veterans is 'shameful'](#) (31 October, Maria Biery, 3.1M uvm; Washington, DC)

Carly Fiorina says that the country’s treatment of veterans is "shameful."

“Veterans, as a group, should always be lifted up by our communities and our society because they have been willing to put everything on the line for the rest of us,” Fiorina told the Washington Examiner at a veterans-themed workshop for her nonprofit group in Washington, D.C. on Friday.

Therefore, she added, "it is more than heartbreaking, it’s shameful, when we have veterans who have given so much who are suffering with homelessness or addiction or mental illness, and we’re unable to help them."

For the former Hewlett-Packard CEO, the issue is personal. Fiorina cited her family's experience with addiction as a reason for her commitment to the veteran community, in which substance abuse is a top problem. Her stepdaughter, Lori Fiorina, died in 2009 after a long battle with addiction.

“This is an area of special importance I think, not just to me, but for many, many Americans,” Fiorina said.

Fiorina has met with many veterans and hosted a roundtable to ask veterans for input on how to improve the Veterans Affairs Department. Her nonprofit organization, Unlocking Potential, is partnering with Wounded Warriors.

Fiorina founded the organization, Unlocking Potential, after her presidential run in 2016. Her group is dedicated to helping nonprofit organizations develop leadership and problem-solving skills in order to become more efficient and effective. Although the charitable organization works with all kind of groups, the workshop in D.C. focused on veterans issues and homelessness as Fiorina said those are “huge issues” in the community.

In the case of veterans affairs, Fiorina warned against putting veterans on a pedestal, noting that veterans groups face the same limitations that all organizations do.

"Sometimes, I think we are so in awe of veterans bravery on the battlefield, their sacrifice, their character, that we forget that they're human too, and if you put them in a very difficult or very different set of circumstances, then they'll have all the same issues as the rest of us do," she said.

Fiorina also wants to help veteran community organizations as sometimes they can "work faster, can respond more quickly, can change more readily" than the "VA bureaucracy," she said.

"I would say that bureaucracies — and the VA is a bureaucracy by nature — it's not that the people who work in the VA aren't well-intentioned, but bureaucracies tend to be difficult to change, because they're so process-intensive," she said.

When asked about her future plans apart from the nonprofit group, Fiorina said she is focused on making a positive difference.

"I hope that everyday I make things better," Fiorina said. "Having spent a lot of my time learning about leadership, developing leaders, developing problem-solving capacity, I think I can make the biggest difference in bringing that to community-based organizations."

As of now, Fiorina does not have plans to run for president again, but said: "Never say never."

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2.3 - Psych Central (Baylor University): [Veterans with PTSD Can Benefit from Horseback Riding Intervention](#) (30 October, Traci Pedersen, 2.2M uvm; Newburyport, MA)

A new study shows that an 8-week therapeutic horseback riding program reduces anxiety, anger and depression in veterans with combat-related post-traumatic stress disorder (PTSD).

The findings have important implications as combat-related PTSD in military service personnel remains a national public health concern with an estimated 2 to 17 percent of veterans suffering from the disorder.

Veterans who participated in the therapeutic riding program showed clinically significant improvements in depression and post-traumatic stress symptoms compared to those who did not participate.

"PTSD is difficult to treat. But those who went through the program reported lessening of symptoms and better mental health," said lead author Beth A. Lanning, Ph.D., associate chair and associate professor of public health in Robbins College of Health and Human Sciences at Baylor University in Texas.

"The veterans felt less anxious, depressed, angry and isolated than before the intervention," she said. "They indicated feelings of self-acceptance, increased confidence, gratitude and hope, as well as increased patience."

Mental health diagnoses among active duty military personnel have increased by 65 percent during the past decade, including adjustment disorders, depression, substance abuse, anxiety and PTSD, according to the Armed Forces Health Surveillance Center. In addition, the U.S. Department of Veterans Affairs estimates that 20 veterans commit suicide every day.

While animal-assisted activities and therapies are gaining in popularity as an effective intervention for mental and physical health issues among various groups of people, few studies have involved military service members.

The new study is the largest published study designed to look at the immediate and long-term effects of therapeutic riding on post-traumatic stress symptoms, depression and quality of life for military service members, Lanning said.

Requirements for study participants included having served in any of the three Iraq and Afghanistan war missions; not having participated in any equine-assisted therapies or activities in the past six months; and having been diagnosed with PTSD.

The research involved 89 participants divided into two groups — one composed of 51 individuals who went through the horseback riding and one a comparison group of 38 veterans. Those in both groups were allowed to continue traditional therapy such as cognitive behavioral therapy and medications if already enrolled. A little more than half were attending a traditional psychotherapy program; 36 percent had completed a therapy program such as cognitive behavioral therapy.

The 8-week horseback riding program consisted of 90-minute sessions each week, with participants sharing a meal before each session. The first four weeks included grooming, leading and working with the horse in a round pen to develop a relationship. The last four weeks including riding and horsemanship exercises. Participants selected their own horse for the program, and a riding instructor certified by Professional Association for Therapeutic Horsemanship International (PATH) supervised all program sessions. In addition, each horse-rider pair was accompanied by a trained volunteer who was a military service member not participating in the study.

Participants completed self-assessments four different times: Before the start of the study, at the mid-point, at the end of the treatment and at a two-month follow-up. Participants also identified a person who knew them well, such as a significant other or family member, to complete an assessment of participants' functioning at the beginning and end of the program.

Varying intervention and treatment options are available within and outside the Veterans Affairs healthcare system, but many veterans do not access help or do not complete the course of treatment for a variety of reasons.

A previous study of PTSD treatments found that a little more than half of the individuals who enrolled in and completed traditional therapy no longer met the criteria for PTSD. While encouraging, the failure rate is still high, and many veterans do not seek traditional therapy for mental issues, Lanning said.

Alternative and complementary interventions should be considered as possible treatments to improve mental and physical health. Animal-assisted activities and therapies, specifically with horses, are viable and potentially effective intervention options for various populations, she said.

The study was published in the Human-Animal Interaction Bulletin.

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2.4 - Military.com (MOAA): [The VA Pulls Talent from the DoD Health System](#) (30 October, Rene Campos, 2M uvm; San Francisco, CA)

Within the span of a couple of days, two flagship Department of Veterans Affairs medical facilities have announced that two new leaders -- both recently retired service members -- will run the Washington, D.C., VA Medical Center and the northern Chicago Captain James A. Lovell Federal Health Care Center (FHCC).

This is great news, and it should comfort military and veteran beneficiaries to know the chief directors of these medical facilities personally understand their service and sacrifice.

MOAA previously reported that retired Army Col. Michael Heimall took the reins at the Washington, D.C., VA Medical Center on Oct. 14 to deliver care to more than 21,000 veterans. Heimall is no stranger to caring for military service members and veterans, having served 30 years in Army medicine and as the director of Walter Reed National Medical Center in Bethesda, Md. He retired from the position in 2017.

The medical center in Washington, D.C., has suffered from a string of leadership and systemic issues that have made it the focus of a number of inspector general investigations. The investigations documented persistent and pervasive problems placing patients at risk and landed the center on the VA's list of "high risk" facilities with critically low quality and safety ratings.

Further north, the Lovell Federal Health Care Center welcomed its new director, Dr. Robert Buckley, on Oct. 15. He'll serve veterans, active-duty service members, and military families, and oversee the medical readiness of more than 40,000 Navy recruits a year.

Buckley's last assignment as a Navy captain was as deputy director and commanding officer of Lovell FHCC, where he retired in 2016. He then served as chief of staff at the Jesse Brown Veterans Health Care System, caring for veterans in and around Chicago before becoming director at Lovell.

MOAA recognizes the efforts of the VA and Defense Department in recent years to retain talented medical professionals as both of their health systems undergo massive reforms. The VA is fortunate to benefit from such impressive military talent, and MOAA believes these directors will be critical in advancing numerous joint initiatives, such as implementing a joint electronic health record that will be interoperable between the two agencies.

These personnel moves come on the heels of a VA workforce survey, which revealed 62 percent of its more than 375,000 employees are willing to recommend the VA as a good place to work and think the VA has made progress in areas such as job satisfaction and satisfaction with the organization.

VA Secretary Robert Wilkie has made customer satisfaction a top priority not only for veterans, but employees.

"VA employees are talented and committed professionals who rally behind a great mission," he said. "Veterans deserve a VA workforce that demonstrates pride in its work that results in strong customer service, and the survey shows we are making progress."

Hiring talented professionals like Heimall and Buckley will go a long way in helping the VA improve customer satisfaction and addressing systemic issues in the coming months and years as the VA and DoD continue to transform and modernize their health systems to meet the needs of service members and veterans and their families.

Retired Navy Cmdr. Rene Campos is the director for Veteran Health Care and Wounded Warrior Issues at the Military Officers Association of America.

This article, [The VA Pulls Talent from the DoD Health System](#), originally appeared on the Military Officers Association of America (MOAA) website. MOAA is the nation's largest and most influential association of military officers.

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2.5 - KOMO News (Video): [VA hospitals embrace 3D printing to help veterans](#) (31 October, Molly Shen, 684k uvm; Seattle, WA)

AMERICAN LAKE, WA -- Bob Crouch is headed into his 16th occupational therapy appointment at the American Lake branch of the VA Puget Sound Health Care System.

Crouch's thumb was amputated after a household accident, and he lost the use of his fingers during one of three surgeries.

Mary Matthews-Brownell is helping him stretch and exercise his hand to unclench his fingers. But their main goal is to get the Vietnam veteran gaming again.

"It's whatever they're passionate about. That's what occupational therapy is all about," said Matthews-Brownell. "Whatever it is they want to do, I want to help them do it."

Without his whole thumb, Crouch can't maneuver gaming controls. He knows it might sound silly to some people, but he loves his PlayStation 3.

"I finally saved all my pennies, nickles and dimes," he said. "I managed to find one that I could afford that was in a pawn shop."

A few months after buying it in 2015, he lost his thumb.

"Anyone who plays video games knows, it's all about the thumbs," said Dr. Beth Ripley of the VA. "You've gotta have thumbs."

So the VA offered to print him a new one. In the VA's Innovations Lab, doctors and engineers move 3D printing from the research bench to the bedside.

"We have a very clear mission at the VA and that is to serve veterans, period," Ripley said. "So if it can help a veteran and we can show the cause and the case it will help the veteran, we have license to do it."

One of the lab's top projects is to develop same-day custom orthotics to protect the feet of diabetics.

Eventually, doctors will be able to scan a patient's foot and feed specific measurements into the 3D printer, which will then build the unique orthotic, adding one thin layer at a time.

"It allows you to create objects and shapes that normally you can't make. It also allows you to create very customized things at a fraction of the cost," Ripley said.

They are also using 3D printing to help plan surgeries. By printing a model of an organ or body part that is identical to a patient, surgeons go into the operating room knowing exactly what they're going to see.

"You save that patient two hours under anesthesia, which means a better outcome. You might have saved them blood loss," Ripley said. "You save the fatigue on your surgeon."

It also saves money by cutting out OR time.

They wanted to use the same 3D tech to build an attachment that would fit perfectly onto Crouch's hand, doing the job of his thumb.

They enlisted the engineers of tomorrow: high schoolers and college students in a national competition.

Without ever seeing Crouch in person, the students competing at 2018 SkillsUSA Additive Manufacturing used a digital file to know the shape and size of Bob's hand, then they designed and printed around a hundred possible devices with various knobs and extensions to make gaming easier.

Crouch was emotional just thinking about their hard work.

"They don't even know me. I'm just an old vet that's been trying to keep himself occupied and have some fun and everything, and they're trying to help me," he said.

And they're using technology Crouch couldn't have imagined when he served in Vietnam 45 years ago.

"I just kinda think it's maybe another way for someone to say, thanks you old vet for doing what you did, you know?" Crouch said.

A couple years ago, Seattle was one of just three VA hospitals with a 3D engineering lab. Now there are 20, with plans to create more. From an occupational therapist point of view, Matthews-Brownell says it's the future.

"I find it to be a game changer in technology," she said. When she went through her training, "we had wood shop and sewing machines. I think 3D printers will be the new wood shop."

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2.6 - Arkansas Democrat-Gazette: [Review: Impaired pathologist wrong in 14 Arkansas cases involving veterans. 12,215 reports on veterans unchecked](#) (30 October, Doug Thompson, 366k uvm; Little Rock, AR)

FAYETTEVILLE -- The pathology report was wrong in 14 of 21,591 cases, according to an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks.

There are 12,215 cases left to be checked, although the patients believed to face the highest risks from a misdiagnosis were reviewed first, system administrators said Monday at a town-hall-style meeting, the fourth since the June 18 news conference announcing the problem.

Four veterans among those 14 confirmed cases have died, although whether the misdiagnoses contributed to those deaths is still under review, administrators of the system said after the town hall.

The review is on schedule to finish by the end of the year, said Kelvin Parks, who was interim administrator of the system when the problem was found.

Parks served as interim administrator for more than eight months, as long as U.S. Department of Veterans Affairs rules allow. He remains in charge of the pathology review after being replaced this month as interim director. Parks is associate medical center director, a position comparable to a chief operating officer at a corporation.

The review includes every case the pathologist worked on since his hiring in 2005, Parks said. The pathologist, Dr. Robert Morris Levy of Fayetteville, confirmed in an earlier interview he worked while impaired with alcohol in 2016, but said he didn't work while impaired afterward. Levy acknowledged he's the pathologist involved, although the system will not confirm, saying it's a personnel matter.

Levy was suspended in March 2016 for being impaired, but he returned to work that October after counseling and after a check of his work found no errors. Levy was again taken off clinical work in October 2017 after what the hospital described as a second instance of working while impaired. His dismissal in April came after a personnel review.

At least three attendees of Monday's meeting said they never received the letters that were supposed to go out to either the patients involved or their families. Parks said the Ozarks system did its best and apologized to anyone not receiving a letter. There are 33,806 cases involved going back 13 years, he said.

Linda Alderson of Bentonville, daughter of a deceased veteran, and Jamie Jackson of Galena, Kan., widow of another, said not enough public notice was given to cover cases in which letters were missed.

The University of Oklahoma College of Medicine signed a contract with the Veterans Department this month to join the review. A van loaded with tissue samples left for Oklahoma City on Friday, Parks said. That medical school joins the University of Arkansas School for Medical Sciences along with outside pathologists and specialists within the Veterans Department in the region and one pathologist from the U.S. Air Force Academy.

A final report will be made public in January, he said.

The Veterans Affairs Office of Inspector General is investigating the retention of the pathologist after his first reported impairment, Parks said.

The Veterans Health Care System of the Ozarks serves veterans in 23 counties in Northwest Arkansas, southwest Missouri and eastern Oklahoma.

It was also announced at the town hall the system received approval to build a mental health facility on the main campus. The building will have 16 beds initially and a second floor can be added, system administrators said.

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2.7 - WJHG (NBC-7, Video): [VA Clinic in Panama City Beach offers normal services, food for veterans](#) (30 October, 94k uvm; Panama City, FL)

The VA Clinic on Magnolia Beach Road in Panama City Beach is now the hub of all care for veterans once again.

Operations after the storm started at the 23rd Street Wal-Mart in Panama City, but disaster emergency management personnel have since helped the clinic return to normal services.

Staff members said they're accepting walk-ins as doctors from all over the country take care of patients.

Outside, you'll find a mobile pharmacy unit and canteen services providing vets lunch and dinner.

"Key for our operation, is access to care," Incident Commander Sonya Stokes-Sumrall explained. "Based on those walk-ins, we're going to see the veterans. If they walk in, we're going to make sure they're taken care as long as its within the realms of what we can do at this facility."

Clinic hours are now 8 a.m. to 6 p.m. Monday through Saturday. Counseling services will also be offered.

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2.8 - WSAW (CBS-7): [7 Investigates: National veterans' organization sues VA secretary over emergency bills loophole](#) (30 October, Matthew Simon, 70k uvm; Wausau, WI)

WASHINGTON, D.C (WSAW) -- Two weeks after 7 Investigates exposed a new loophole leaving veterans across the nation liable to pay their own emergency room bills, the National Veterans Legal Services Program has filed a class action lawsuit in the U.S. Court of Appeals for Veterans Claims against the Secretary of Veterans Affairs Robert Wilkie.

The suit, filed on behalf of U.S. Coast Guard Veteran Amanda Wolfe, claims the VA is failing to comply with the Emergency Care Fairness Act of 2010, which ordered the VA secretary to cover emergency medical bills veterans are "personally liable" for.

In Sept. 2016 Wolfe, who served for six years, with postings in Washington and Michigan, as well as, service during Hurricane Katrina response and recovery, was experiencing abdominal

pain. Since her nearest VA hospital was three hours away from her Illinois home, she drove herself to the closest non-VA emergency room and underwent an emergency appendectomy.

Wolfe recovered and filed a claim with the VA for reimbursement for \$2,558.54, which was the amount of her \$22,348.25 hospital bill not covered by her employer-sponsored health insurance.

"If I needed emergency care, I thought the VA would still take care of me. But the VA didn't do that and left me hanging," Wolfe said in a statement. "There's power in numbers and I hope other veterans feel that way and will step forward if they have also been denied. This is not right, and many of the veterans who need this help from the VA are old and sick and not able to fight this battle."

Wolfe said if she had not signed up for employer-sponsored health insurance, the VA would have paid the entire \$22,348.25 hospital bill.

This is the second time that NVLSP has filed suit over VA's failure to comply with the Emergency Care Fairness Act of 2010.

As 7 Investigates has previously reported, for years the VA refused to reimburse another NVLSP client, Minnesota Veteran Richard Staab, for any portion of his \$48,000 emergency open-heart surgery bill, because Medicare covered part of his emergency care bill.

"And for the VA to call that non-emergent, that's just ridiculous," Staab's Minnesota-based lawyer Jacqueline Schuh told 7 Investigates in January.

Staab became the face of this loophole when he sued and won his appeal. However, the VA kept appealing until last year.

In January, Schuh thought the legislative fix, now called the 'Staab Rule,' meant thousands of veterans could finally be reimbursed for their emergency room bills. Wisconsin lawmakers also told 7 Investigates they hoped veterans would not have future billing problems.

However, Wolfe's suit alleges the VA continued to violate the Staab Rule by denying her reimbursement claims, which were submitted after the rule was put into place.

"By absolving the VA from reimbursing veterans who must visit non-VA hospitals for emergency treatment and are then left with expensive bills that are not covered by the veteran's insurance, and by providing a disincentive for veterans to obtain or continue health insurance," the suit says.

As 7 investigates first reported, and is now shown in the NVLSP's lawsuit, a loophole in the way the Staab Rule was written means the VA is interpreting the language to mean it is forbidden from reimbursing a veteran "for any co-payment, deductible, coinsurance or similar payment" incurred during emergency treatment at non-VA hospitals.

"After you subtract the co-payment and deductible, there's usually a quite large bill," attorney Bart Stichman, executive director and co-founder of NVLSP, told 7 Investigates. "And the insurance companies, typically, in a co-insurance situation, says we'll pay 50 percent. And you have to cover the remaining 50 percent mister veteran."

"The limited exception for co-payments refers to a form of cost-sharing that is typically a minimal, fixed amount. Coinsurance, on the other hand, typically requires the veteran to pay a relatively high percentage of the remaining portion of the bill," Stichman said. "The VA is trying to drive a Mack truck through the narrow phrase 'co-payments or similar payments' to once again avoid its legal obligations."

"I do not believe the Court intended to allow the VA to circumvent Staab's ruling by now declaring that most of the expenditures for which Veterans are seeking coverage or reimbursement for are co-pays or come under 'other insurance,'" Staab's lawyer Schuh said in a statement to 7 Investigates.

"Perhaps another way to look at this, sadly, is that Staab addressed an issue which now opens up another issue. I wonder if the Veterans Affairs Committee is aware of all of these loopholes," Schuh said. "The Staab Rule fixed an inconsistency or illegality in the manner in which the VA was addressing claims and now the VA will rely on the loopholes to avoid payment."

While the VA estimated in January the Staab Rule meant 5,442 Wisconsin veterans would be reimbursed for their emergent care, when 7 Investigates asked for an update this month an unnamed VA spokesperson said those pending claims became part of their normal workload. And the final outcome was not tracked separately.

Stichman told 7 Investigates he hopes the lawsuit will be able to make the VA reveal the numbers of denials and encourage other veterans to join the litigation.

"What I'm worried about is there are a lot of veterans who don't know about the fact that the VA is violating the law by not paying your deductible or coinsurance. And they assume the VA must've done the right thing, because they said they did the right thing. And they don't appeal. And so the denial of reimbursement becomes final. And that's a major reason we filed this lawsuit as a class action," Stichman said. "We want to ensure those people that don't know enough file a notice of disagreement to appeal are not harmed by the VA's violation of the law."

In a statement to 7 Investigates, Sen. Tammy Baldwin said "We need to make sure that when our nation's veterans need emergency care, they can get the care they need and they aren't stuck with excessive bills. I share NVLSP's position because the Trump Administration should do right by our veterans, follow the intent of the law and stop severely limiting reimbursements to them."

Earlier this month, Baldwin's office told 7 investigates as a result of the Trump Administration's Veterans Affairs Department's interpretation of what is a "similar payment," the VA is denying emergency medical reimbursements.

Sen Baldwin told 7 Investigates the VA's interpretation, "Is severely limiting reimbursements to our veterans."

In an Oct. 15 statement to 7 Investigates, an unnamed VA Public Affairs spokesperson said, "Based on VA's interpretation of Title 38 United States Code 1725(c)(4)(D), Reimbursement for Emergency Treatment, VA is prohibited by law from reimbursing an otherwise eligible Veteran's copay, cost share or deductible he or she owes to a health-care plan. For VA to make such payments, Congress would need to amend this section of the law."

Stichman said the U.S. Court of Appeals for Veterans Claims will now decide if the class action suit can proceed, based on a response from VA leaders.

Rep. Sean Duffy and Sen. Ron Johnson have not responded to 7 Investigates request for comment.

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2.9 - WPSD (NBC-6, Video): [Veterans talk health care with Duckworth, Kelly at town hall](#)
(30 October, Logan Gay, 51k uvm; Paducah, KY)

MARION, IL — Better health care services: That's what veterans in southern Illinois discussed with Democrats Sen. Tammy Duckworth and congressional candidate Brendan Kelly during a town hall at the American Legion in Marion, Illinois.

Veteran Roger Tolbert has been going to the VA since 1975. He said making sure veterans get their benefits and adequate service through Veterans Affairs are why he attended today's meeting.

"The benefits is what we fought for. We shouldn't be cheated out of it," said Tolbert.

Duckworth and Kelly are veterans themselves. They said they are well aware of some of the challenges veterans face when it comes to their health care.

"I think there's a great number of people of veterans who are concerned about privatizing veterans' health care. I think it's not the right direction for us to go," Kelly said. "We don't want to turn the care of our veterans and the special needs that we have over to private insurance companies who the bottom line is profit instead of care."

Duckworth said she has been doing her best to hold the Marion VA Medical Center accountable for any mismanagement.

"We are pushing for and received complete general council investigation into what happened," she said. "We have done, the medical office of investigation has conducted an investigation, and now there's another one to the general counsel office. We are going to stay on top of it."

Some said they have a hard time understanding why the country isn't fighting for them when they need it the most.

"Disgusting, it shouldn't be that way," Tolbert said. "They should get what they deserve and what they worked for."

Tolbert said he will continue to fight for his brother and sisters in uniform.

Duckworth said she collected information from some of the people in the town hall; they said their complaints about the Marion VA were not listened to. The senator said she plans to follow up on those requests.

Kelly faces Republican U.S. Rep. Mike Bost on Nov. 6.

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3. Business Transformation

3.1 - The Republican: Leeds veterans hospital celebrates \$19 million in funding, ongoing modernization (30 October, Elise Linscott, 781k uvm; Springfield, MA)

NORTHAMPTON -- In an effort to offer a holistic approach to medicine and upgrade aging facilities, the VA Central Western Massachusetts Healthcare System in Leeds has improved both its radiology and audiology units as part of multi-year projects.

Officials celebrated the improvements with two ribbon cutting ceremonies Tuesday afternoon. Some of the VA's buildings date to 1922 and have needed upgrades in order to match current needs, said associate director Andrew McMahon, who oversees the healthcare system's facilities.

Staff including medical center director John Collins were front and center for the ribbon cutting, alongside doctors, veterans and leaders from the American Legion, who he thanked for their ongoing advocacy.

"It's awesome to make a great first impression in a more professional setting and to be able to give back to these veterans who have given so much," said Jill Hawley, chief of audiology and speech pathology.

Hearing loss and tinnitus are two of the most common problems aging veterans face. The updated audiology clinic offers hearing tests and top-of-the-line hearing aids to veterans, along with treatment options.

The radiology clinic has also undergone about \$2.6 million in upgrades and utility restorations, including a new state-of-the-art CT scan machine. The new machine is safer because it gives a lower dose of radiation to patients while offering higher-quality imaging compared with standard machines, said Dr. John D. Hubbard.

"This is a really great addition to our delivery of healthcare," Hubbard said. "We provide a lot of options for tests. Veterans won't need to look elsewhere for their CT imaging."

Above the CT scan machine are bright decorated ceiling tiles with images of the sky, flowers and tree branches -- an idea staff members had to help ease patient stress during scans, said public affairs officer Andre Bowser.

Funding for construction at the Leeds VA, awarded through competitive merit-based grants, has increased considerably over the last few years. In 2015, the facility received \$2.1 million, growing to about \$6.9 million in 2016, nearly \$14 million in 2017, and \$19.2 million in 2018.

Projects have also included additional parking, improving the historic medical center's steam and electrical infrastructure; repaving roads and pathways across campus; and facilitating plans for moves and space upgrades at the medical system's seven other sites of care, according to a press release.

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3.2 - WFIE (NBC-14, Video): [VA clinic could come to Dubois Co.](#) (30 October, Sydney Miller, 81k uvm; Evansville, IN)

JASPER, IN (WFIE) - Dubois County could soon be getting a veteran's clinic.

Right now, VA officials are gauging the usefulness, analyzing the number of veterans applying for and using VA medical services.

Dubois County Veterans Service Officer Bob Johnson said this would be a game-changer.

Currently, he said volunteer drivers bring veterans from more than an hour away to either Evansville or New Albany, often times for just a five-minute check up.

"When you've got to put elderly veterans into a vehicle for a five-minute check or even just a physical or prescriptions you know it's crazy when you could do it right here. And wear and tear on their body plus just the convenience of it being here. More people would get involved in the VA if it was local. A lot of people don't sign up because it's too far away," Johnson said.

Last quarter alone, Johnson and nine volunteer drivers drove over 100 hours and about 3,000 miles taking veterans to appointments.

He said if more qualified veterans apply for benefits, the better their chances for getting the clinic.

He encourages veterans in Dubois County and surrounding areas to apply, whether or not they plan to use the benefits, to make sure the accurate numbers of veterans in the area is recorded.

Veterans can also contact Bob Johnson, Dubois County Veteran's Service Officer, directly for more information.

Courthouse Annex Building 602 Main Street Jasper, IN 45746-9998

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Healthcare IT News: [Cerner gives new updates on DoD and VA EHR rollouts](#) (30 October, Mike Miliard, 54k uvm; Chicago, IL)

In an earnings call to discuss its Q3 results this past week, officials from Cerner offered new information about the ongoing electronic health record modernizations it's rolling out at the U.S. Departments of Defense and Veterans Affairs.

Both are proceeding at different paces, they said, but valuable lessons are being learned along the way at each.

After initial deployments at four DoD sites in the Pacific Northwest that saw their share of hiccups, MHS Genesis is ready for the next wave of installs at four more Air Force and Navy sites on the West Coast, said John Peterzalek, Cerner's chief client officer. "We believe these sites will benefit from the optimization efforts that followed our initial go-lives," he said.

As for the VA, Cerner is "on track to steadily ramp our work on the project as we finish 2018 and move into 2019," he added. "The first major project milestone will be in 2020, when initial sites are scheduled to go-live."

"We're pretty early in that process," added Marc Naughton, Cerner's chief financial officer. "But once it really cranks up, we're still a little early on deciding exactly what share that we'll perform and what share our partners will perform." He explained that the ramps-up "is not necessarily going to be linear. It could be a little bit lumpy depending on what work is being done, kind of slower start. And then once it gets up to scale, there's a lot to go do."

Change management is key, says DoD lead

In a podcast posted to the Cerner website on Monday, Stacy Cummings, program executive officer for Defense Healthcare Management Systems, who's overseeing the MHS Genesis implementation.

As the rollout moves next past its initial operational capability phase in Washington State, Cummings said there have been some valuable lessons learned about EHR configuration, workflow, change management, training and adoption that will be brought to the next stages of the project.

One of the big ones, she said, is that "you need to make sure you have a good network infrastructure in place for MHS Genesis to be as reliable and speedy and efficient as possible." At first, she explained, IOC sites didn't leave enough time between ensuring network stability going live with the EHR, and that posed some big challenges.

Along with having a robust network, "cybersecurity is so important," said Cummings, who said the top priorities for MHS Genesis are "patient safety and keeping patient's data secure."

But perhaps the biggest takeaway from the first stage of the project, learned the hard way as many clinicians struggled with new technology and new workflows, is the importance of change management and training, she said.

"Our original change management and training structure focused a little too much on how to use the system and not enough on how the workflow will differ from legacy, where it was a lot more based on putting content into the system, to MHS Genesis, which is really a workflow-based, role-based system," said Cummings.

From the Pacific Northwest, the next step is to moving down the coast, with new Cerner rollouts at four new bases in California, she said: Travis Air Force Base (the largest of the four), Mountain Home AFB, Lemoore Naval Air Station and Monterey AFB.

The projects will build on the successes already occurring at the IOC sites – Cummings mentioned high uptake of patient portal and secure messaging, barcoding compliance at 85 percent and a tightly integrated inpatient-outpatient ED system – but will also incorporate some hard-earned wisdom from some of the challenges faced in Bremerton, Fairchild, Madigan and Oak Harbor.

"We're really looking at our network stability schedule and basing our schedule on that," rather than vice versa, she explained. "With network stability for six months. We'll be able to use the system during training the same way we'll be able to use it when we're actually operational."

And when it comes to change management, lessons learned from the pilot sites will be crucial., said Cummings. But "not just to apply them and move on," she said. "Apply them and test again. See where we got it perfect, and where we need to do a little more work to make it the best possible solution for our users and our beneficiaries."

At VA, hard work gets under way

In a blog post Tuesday, Travis Dalton, president of Cerner Government Services, gave his own update on MHS Genesis – he pointed to efforts to "identify challenges and fine-tune processes early," working with the DoD's Joint Interoperable Test Command – and also indicated that some of those learnings will be applied to the rollout at the VA.

"Cerner and the agency are committed to applying commercial best practices, as well as any lessons learned from our DoD experience, to the VA's Electronic Health Record Modernization program," said Dalton. "The VA has unique challenges and it's critical that end-users and stakeholders are engaged throughout the implementation process."

As for next steps, he said the wisdom gleaned from the DoD project has left Cerner well-positioned for the VA rollout, where the "work is only beginning."

Cerner is "continually engaging their leaders and end-users through local workshops and site reviews that are critical to implementation at their IOC sites," said Dalton. The modernization project will "have ongoing innovation and health information exchanges among military and Veteran care facilities and thousands of civilian health care providers throughout the program."

It's been three years since work began in earnest on MHS Genesis. Now that Cerner is getting down to brass tacks on the VA project too, the company is clear-eyed about the large task it (and its partner, Leidos Partnership for Defense Health) faces.

"We know the commitment a complex IT installation requires," said Dalton. "We also know that there will be hurdles to overcome."

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4.2 - FedScoop: [Cerner touts early success for DOD e-health record modernization](#) (30 October, Billy Mitchell, 24k uvm; Washington, DC)

Pilots of the Department of Defense's new electronic health record system MHS GENESIS have scored early successes while making key adjustments to address struggles spelled out in a report in May, says a top executive at the company leading the system's development.

"So far, our focus has centered on implementing solutions at four DoD military treatment facilities, or initial operational capability (IOC) sites," Travis Dalton, president of Cerner's government services line, wrote in a blog post Tuesday. "I recently had the opportunity to visit these sites and meet with their leadership teams. I am encouraged by the progress being made

and the direction we are now headed. Even in this early stage, thanks to the leadership at each site, we're seeing improvements in patient safety, patient care and efficiency."

Dalton goes on describe the improvements MHS GENESIS has driven at the pilots in the Pacific Northwest — things like "a nine-minute improvement in the time from when a patient arrives at the Emergency Department (ED) to when they see an ED provider" and the avoidance of duplicate lab orders or chest X-rays. Also, patients and their care teams are now communicating 40 percent more through online portal messages, he writes.

These proclaimed successes stand in contrast to the findings of a report earlier this year from DOD's Joint Interoperable Test Command. The Pentagon team conducted an Initial Operational Test & Evaluation at MHS GENESIS's four pilot sites, finding then that the \$4.3 billion project was "neither operationally effective nor operationally suitable."

Dalton acknowledged the report and said it "confirmed some of the challenges the team was already working to resolve" prior to its release.

"Though some have portrayed the report's findings as a setback for the program, these reports accomplished exactly what we intended," he said. "We welcome the feedback from the IOT&E reports as well as direct feedback from end-users and leadership at the IOC sites. We will continue to work with them to optimize and improve the system throughout the lifespan of the program."

Because things are going well, Dalton said, "we're well-positioned to soon kick off the next phase of deployment across military medical facilities in California and Idaho."

Success at the DOD pilots also matters for the Department of Veterans Affairs, which is following in the Pentagon's footsteps by rolling out a nearly identical modernized EHR developed by Cerner so the two will be interoperable as a service member transitions into retirement as a veteran.

"Cerner and the agency are committed to applying commercial best practices, as well as any lessons learned from our DoD experience, to the VA's Electronic Health Record Modernization (EHRM) program," Dalton wrote. "The VA has unique challenges and it's critical that end-users and stakeholders are engaged throughout the implementation process."

The company recently convened more than 400 "stakeholders including Veteran Service Organizations, government officials from the VA, DoD, Office of Management and Budget, and industry partners" in Missouri for the project's kickoff, he added.

"Servicemembers and Veterans deserve the very best care and services available — whether treatment is received in the community, at a military or VA facility," Dalton said. "When the DoD and VA implementations are complete, Servicemembers and Veterans will no longer be forced to carry a printed version of their records, experience gaps in care or undergo redundant medical testing. Instead, providers will be able to see a patient's complete health record — rather than just a snapshot or their current medical condition."

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Wicked Local – Braintree: [A Good Age: Paul Schrader's tribute to those who served](#) (30 October, Sue Scheible, 287k uvm; Westford, MA)

BOURNE — Four miles south of the Bourne Bridge off busy Route 28, you enter an expanse of peace and solitude, sacred for many. People seek out the Massachusetts National Cemetery year-round for a variety of reasons. To bury a family member who served in the nation's armed forces or their spouse or dependent child. To plan ahead for their own final resting spot. To visit the grave of a loved one, perhaps with friends, and commune, draw strength, even make amends. To honor all who have served.

In all these endeavors they can count on the help of people like Paul Schrader.

A Braintree native and former Hanover resident, Schrader, 79, is one of 17 volunteer greeters at the Massachusetts National Cemetery, which is part of the federal Department of Veterans Affairs.

"It is an honor and a privilege to be here and to serve and is how we need to treat each other," he says. "This is a tribute to those who gave so much to our country and to their families."

Last Wednesday, Schrader sat at the glass-enclosed reception console inside the front door of the cemetery's administration building, where he has been a volunteer greeter for five years. He answers the phone, fielding questions from the public. He helps visitors use two gravesite locators, one outside, to look up the names of veterans and find the cemetery section where they are buried. When committal services are held — five to 20 a day — he helps direct traffic as the corteges form.

Sometimes mourners arrive off schedule. One day a man jumped out of car, putting on his tie as he ran to the office. "I hope I'm not late," he said. He was a day early.

Schrader graduated in 1957 from Braintree High School and in 1973 from Northeastern University. He and his wife Clare, married Feb. 11, 1961, have five children and lived in Hanover from 1964-1976, moved to Texas and then moved back to Sandwich in 1997. He worked as a consumer advocate in Hyannis with the state Attorney General's office from 1999 to 2013. After he retired, he saw a news story that an employee who mowed the lawns at the National Cemetery had been injured. Having served in the National Guard, he called and volunteered to do the mowing. That was not allowed under liability rules but he was encouraged to become a greeter. It was a new position in the increasingly busy main office; more than 70,000 people are buried in the 734-acre cemetery.

"Paul was one of our first volunteers and having been a mayor of Friendswood, Texas, he had a lot of experience working with the public," says Administrative Officer Barbara Cellucci of Weymouth. "He was a perfect fit and gave us a lot of great ideas and helped us develop the core plan for what our volunteers accomplish every day. He's a huge asset to us and is extremely good at reading people as they come in and helping them to satisfy their reason for

coming here. The volunteers are a core piece of our operation. Without the volunteers satisfying the easy phone calls, it would be very difficult to get through the day.”

Schrader, a naturally compassionate man, has responded to a range of emotions by cemetery visitors. One memorable experience was with a man in his 40s who arrived disheveled, intoxicated, seemingly lost. “He said he was trying to find his father for the first time since he had died more than 20 years ago,” Schrader recalled. “So I helped him, told him where the grave was, we chatted and I said, ‘I don’t know what has transpired between you and your father, that you have been separated for so long. But it’s time to forgive him or let him forgive you and make tomorrow a better day, because you cannot change the past. You can only go forward.’” He was reminded of the saying, “Fear and regret are twin thieves; they rob you of your yesterday and your tomorrow.”

He gave the man a hug and watched him go off to visit his father’s grave. The man has returned several times, looking better. “I feel that I did something that really helped someone,” Schrader says. In another unusual encounter, a woman who had finally learned the identity of her biological father through an obituary had done some research and had come to find his grave.

“We usually have a very full day of visitors who always need help finding where everything is,” Cellucci said. More volunteer greeters are welcome. There are also other volunteer crews who come in to trim the trees and do landscaping.

For more information about the Massachusetts National Cemetery, call 508-563-7113 or visit the website. The main office is open from 8 a.m. to 4:30 p.m. Monday through Friday. The cemetery is open from sunrise to sunset year-round. To volunteer, contact Barbara Cellucci at 508-563-7113 Ext. 105.

On Saturday, volunteers with Raynham’s Paul Monti will place flags at every gravesite in the cemetery. Monti lost his son, posthumous Medal of Honor recipient Sgt. First Class Jared C. Monti, in Afghanistan in 2006. (Schrader and Monti were both in the Braintree Warriors Drum and Bugle Corps in the 1950s.)

The cemetery’s Veterans Day ceremony is at 1 p.m. Sunday, Nov. 4

The Friends of the Wareham Veterans Council has dedicated an area at the traffic rotary outside the entrance to Massachusetts National Cemetery as Hero’s Circle.

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6.2 - WSBT (CBS-22, Video): [Mishawaka VA Clinic reminding female veterans of year-round care it offers women](#) (30 October, Caroline Torie, 97k uvm; Mishawaka, IN)

The VA Clinic in Mishawaka wants to serve more female veterans. As Breast Cancer Awareness comes to a close, it wants to emphasize the care it offers year-round for women.

According to the VA Healthcare System, there are more women veterans in the area who could benefit from enrolling in services at the St. Joseph County VA Clinic.

Right now, it is stressing breast cancer and cervical cancer screenings, bone density scans, and maternity care services. It also is reminding veterans about the mental health treatment, radiology, and laboratory testing it offers.

If the clinic does not offer a service a patient needs, it will connect them with other providers in the area. For example, mammograms are not offered on-site, but patients can get theirs from another provider and be included within their VA benefits.

“We just want to make sure that our veterans know that we are here for them and that we do have those services available,” says Kasandra Johnson, the Northern Indiana VA Healthcare System Women’s Veteran Program Manager.

Visit this link to determine your eligibility for Veteran health benefits:
<https://www.va.gov/healthbenefits/apply/veterans.asp>

Visit this link to apply for enrollment:

<https://www.va.gov/healthbenefits/apply/>

To speak to someone at within the VA’s enrollment office, please call 1-800-360-8387 and select the following extension:

Fort Wayne - Extension 71101

Marion - Extension 71101

Mishawaka (St. Joseph County Health Care Center) - Extension 79498

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6.3 - MSU Denver RED (Video): [Missing In Action: Support For Female Veterans](#) (30 October, Matt Watson, 26k uvd; Denver, CO)

The November forecast for the desert outside Fallujah, Iraq, is similar to Colorado’s high plains: warm and sunny by day and temps dipping into the 40s at night.

Jessi Warthen has slept outside in both places – first as a Marine in Fallujah and then as a homeless veteran in Colorado. Sadly, her experience is a window into the all-too-common plight of women who served in the U.S. Armed Forces.

After enlisting in the U.S. Marine Corps out of high school, Warthen set out on her first of three tours in Iraq in 2004, volunteering for a planned fall raid of Fallujah, an operation that became known as the Second Battle of Fallujah. The fighting would span from Nov. 7 to Dec. 24, and today it is considered the bloodiest battle of the eight-year Iraq War.

The then-20-year-old Marine drove trucks – big trucks capable of hauling up to 30,000 pounds of cargo. Her assignment for Fallujah involved trucking wire and sandbags to the frontlines for an engineering detachment building small compounds in quadrants of the city that had been cleared by U.S. forces.

Warthen’s work was critical to the operation, yet military brass didn’t want her in the battle zone.

“The day of the raid, my staff sergeant says: ‘They told me I can’t bring you into the city because you’re a female, and I’m not going to listen to that order because I need you. You’re one of my few corporals, so I need you in the city,’” Warthen recalled. “It made me feel good because someone was sticking up for me.”

That feeling would be fleeting.

Come nightfall, the infantry lieutenant in charge of the barbed wire encampment they’d just constructed barred her from spending the night inside because she was female.

“He thought I was going to sleep with the other Marines,” she said.

Warthen recalled staring at her truck that night – there was no room for her to bed down in the cab, and the flatbed was full of gear.

The Marine wasn’t alone that night – the other two drivers from her unit, both males, stayed with her under the truck, flanking her on the desert floor.

“We froze our butts off all night – it was that cold – and we had our rifles loaded the whole time,” Warthen said. “That was horrifying. (We) had no protection whatsoever. If we had gotten attacked that night, all three of us probably would’ve died. But what are you going to do?”

Locked and loaded, she went to sleep.

The brave without a home

Fast forward eight years, and Warthen again was sleeping outside in cold. She had been living in a tent for three months, and the late fall weather was wearing on her once more. Only this November 2012, she’s not in uniform, and she’s not in Iraq. She’s homeless in Colorado.

Following her third tour in Iraq, Warthen – now a sergeant – was honorably discharged from the Marines in 2008. She returned to Colorado, but like many military veterans returning to civilian life, she struggled to find steady work.

She lost a job in Fort Collins, Colo., after she refused her boss’s sexual advances. Then she lined up a job at a Canon City, Colo., youth rehab center, spending what was left in her bank account on a required medical exam and drug test before the job fell through.

Warthen qualified for some disability pay from the U.S. Department of Veterans Affairs (VA), but those funds only covered her truck payment, insurance, and the cost of a small storage shed where in 2012 she left her belongings while she and her dog Sola lived in a two-person tent at a campground.

Although it’s difficult to count homeless populations, the VA’s 2017 estimates put the number of homeless female veterans anywhere between 20,000 and 40,000.

While pinning down the exact number of homeless female veterans remains elusive, the number is on the rise as the number of total female veterans and the number of females in the active military increases. Women comprised 9.4 percent of all veterans in 2017, according to a VA report. Meanwhile, a Council on Foreign Relations analysis of U.S. Military Demographics using 2016 data found that women make up 16 percent of all enlisted forces.

The VA and the U.S. Department of Housing and Urban Development (HUD) do not collect data on the risk factors contributing to female veteran homelessness, but Warthen attested to some of the risk factors that affected her civilian life.

It can be difficult to find a female veteran counselors to serve the 45,000-plus female veterans in Colorado, Warthen said. Her best friend from the Marines, a woman who also experienced homelessness after leaving the military, spent five years earning her master's degree in social work and now works with veterans in Pueblo, Colo. However, Warthen has counted just four such counselors in the Denver metro area, and two of those are in Boulder.

Advancing in education

Almost 14 years to the day after Warthen spent the night sleeping under a truck gripping a loaded rifle, she has a firm grip on her future. The 34-year-old is studying history at Metropolitan State University of Denver with plans to teach secondary social studies.

She's the president of the Student Veterans at MSU Denver club and a work-study student in Veteran and Military Student Services, where she helps her fellow vets navigate the University and the G.I. Bill.

As of fall 2018, 1,013 veteran or military students are enrolled at MSU Denver, which just claimed the 67th spot on the Military Times' "Best for Vets 2019" rankings of the country's four-year colleges and universities.

About one-fourth of MSU Denver's veteran population is female, and Veteran and Military Student Services recently held a Female Veterans Hiring Initiative with resources for economic security and weekly professional development workshops for women.

New for 2019, a donor named Bonnie Baker established the Yvonne Phelan Veterans Endowed Scholarship for veteran or active service members at MSU Denver. Preference for the new scholarship will be given to applicants who are female, who are not receiving funding from the G.I. Bill, and who are pursuing a technical or STEM degree.

Baker was inspired to establish the scholarship because of her affinity for the military, which was inspired by her family members who have served. That includes the scholarship namesake, Yvonne Phelan, who served in the Army during the Eisenhower administration.

"Yvonne went through some difficult transitions coming out of the military," Baker recalled. "She also went through difficult times in the military. I think she would be honored to have this scholarship named after her."

Baker said she was inspired to act because she kept hearing how female vets are underserved.

"All vets are underserved," she said, "but female vets even more – and I thought: 'What could I do to help these folks out?'"

The scholarship takes effect in Spring 2019 thanks to Baker's \$100,000 gift and more than \$38,000 in matching funds from the MSU Denver Foundation.

"Funding their education is a top challenge for our student veterans, so we hope this is the first of many scholarships that will be available to our students," said Lauren Sullivan, director of Veteran and Military Student Services. "For our female veteran students, I hope that the

opportunity for scholarship funds will be motivating and help them know how much we support them and their success at MSU Denver.”

The University also just launched a Veteran & Military Student Emergency Scholarship for veteran/military students who are experiencing unforeseeable financial hardships that could prevent them from completing their current semester. That scholarship is available now until funds have been exhausted.

Warthen was so moved by news of Baker’s scholarship endowment that she hand-wrote a letter to her. After receiving that letter, Baker came to campus to meet Warthen and further discuss issues facing female vets.

“I know from personal experience how much that support means, especially to a female veteran,” Warthen wrote to Baker. “Our military service was tough, but getting out was the hardest part.”

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6.4 - FedSmith: [Veterans Impacted by Hurricanes Will Get Priority on Appeals Claims](#) (30 October, Ian Smith, 9k uvd; Washington, DC)

The Department of Veterans Affairs announced today that it will be prioritizing the pending appeals claims for veterans who were impacted by Hurricanes Michael and Florence.

VA’s Board of Veterans’ Appeals has determined that the significant effects of the two hurricanes were sufficient cause for the Board to advance the appeals for counties in Florida, North Carolina, South Carolina and Georgia determined to be disaster areas by the Federal Emergency Management Agency (FEMA).

“Accelerating the decision process on pending appeals claims for those Veterans and their families affected by hurricanes Florence and Michael is the right thing to do,” said VA Secretary Robert Wilkie.

By regulation, the Board may advance appeals on its docket by a motion of the chairman if sufficient cause is shown. This means that all veterans and other appellants with an appeal currently pending before the Board whose addresses of record are in one of the affected counties will have their appeals automatically advanced on the Board’s docket. No action is needed on the part of the affected veterans if their addresses are current.

The VA has provided the list of impacted counties on its website.

The advancement on docket (AOD) for these two storms is expected to last for six months from the date of the events. Therefore, counties impacted by Hurricane Florence will be AODed from Oct. 1, 2018, to March 31, 2019, and counties affected by Hurricane Michael will be AODed from Nov. 1, 2018, to April 30, 2019. The Board will reassess AOD for these two storms once the six-month periods end.

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6.5 - Vikings: [Vikings Share Appreciation During Visit with Veterans](#) (30 October, Craig Peters, Eden Prairie, MN)

MINNEAPOLIS — Vikings current players and alumni on Tuesday participated in the team's eighth annual visit to the Minneapolis Veterans Affairs Health Care System to express their sincere gratitude for service and sacrifice of American heroes.

The Vikings met veterans in the hospital's Community Living Center and also visited the Spinal Cord Injury Center, stopping in the physical therapy room to encourage veterans who are rehabilitating injuries.

Nick Easton, whose grandfather served in the military, appreciated the opportunity to connect with the veterans and hear their "stories of bravery and honor and valor."

"People think we brighten their day, but they brighten our day," Easton said. "It's honestly an amazing experience."

Easton, who suffered a season-ending injury in training camp, was joined by Cornelius Edison and Reshard Cliett, and Vikings Legends Dave Osborn, Wes Hamilton, Greg Coleman and Ryan Hoag.

Osborn, who is one of the 50 Greatest Vikings, sported a Salute to Service edition Vikings hat. He has become an annual attendee capable of connecting with the veterans, many of whom are of a similar age.

John C. Elliott, who served in the Marines from 1964-68 before working with Vikings Director of Security Kim Klawiter the Minnesota State Patrol, said appreciation has improved from the time when he and other service members returned from Vietnam.

"There was nothing for us, no thanks," Elliott said of the late '60s and early '70s. "It seems like we get more congratulations now than when we came back."

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6.6 - WJMN (CBS-3): [VA to host free event at Virtual Reality Arcade in Marquette](#) (30 October, 2k uvd; Escanaba, MI)

MARQUETTE — Veterans are invited to a free event at the Edge of Reality VR Arcade in Marquette on Friday, November 9 from noon to 4 p.m. (ET). The afternoon of virtual reality experiences is sponsored by the Oscar G. Johnson VA Medical Center and will include pizza, pop, and snacks. The Edge of Reality VR Arcade is located at 333 W. Washington Street and is open to all who served in the military.

"We are inviting anyone who has served in the military to come and try out cutting edge virtual reality equipment and just hang out with fellow Veterans," said Jordan Fox, a Peer Support Specialist with the VA and event coordinator.

Fox emphasized that Veterans do not need to be enrolled in VA healthcare to participate in this free event.

“It is also an opportunity to learn about local resources and programs for Veterans offered by the VA and the local community,” said Fox.

To RSVP or get more information, please contact Jordan Fox, VA Peer Support Specialist, at 906-231-0203.

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7. [Other](#)

7.1 - FOX News: [Civil War POWs’ trauma shortened their sons’ lifespans, startling new research says](#) (30 October, James Rogers, 27.6M uvm; New York, NY)

Civil War-era data suggest that trauma experienced by POWs shortened the lifespan of their male children, according to a startling UCLA research study.

UCLA Economics Professor Dora Costa analyzed records in the National Archives to track the lifespans of children of Union soldiers captured by the Confederacy. The study examined data on male and females born after 1866 who lived to at least 45 years of age.

The records were compared to data on the children of Union soldiers who survived the war but were never prisoners of war.

A key factor in the research was when the POWs were held by the Confederacy. During the early stages of the conflict, prisoner exchanges occurred frequently, although this was less common from 1864 to 1865 when the terms of exchange became contentious. During that time, camps were often overcrowded and conditions such as scurvy and malnutrition were much more common than at the start of the war.

At Andersonville prison in Georgia, for example, 13,000 of the 45,000 Union soldiers imprisoned there died from disease, poor sanitation, malnutrition, overcrowding, or exposure over a 14-month period. Andersonville is now a national historic site.

Researchers studied the records of 2,342 children of 732 POWs during the period when no prisoner exchanges took place, as well as 2,416 children of 715 POWs from when exchanges were common. Data on 15,145 children of 4,920 veterans who had not been POWs were also studied.

Costa discovered that sons of POWs in the worst camp environments were 1.11 times more likely to die at any given age after 45 years of age than the sons of non-POWs and 1.09 times more likely to die at any given age than the sons of POWs who had been imprisoned in camps when conditions were better.

The professor told Fox News that she started the study expecting to write a paper about socioeconomics. Instead, the results offer fresh insight into epigenetics, which is the study of inherited “biological triggers” that can affect genes and how the body’s cells react to genetic data, with altering underlying DNA sequence.

One example of epigenetics would be genes for type 2 diabetes being switched “off or on” by environmental stimuli, Costa told Fox News.

Common causes of death among veterans’ sons were cancer and cerebral hemorrhage, in keeping with epigenetic studies of starvation in male mice, according to the research study. Fathers’ POW status had no impact on their daughters’ health, it added.

The fact that sons’ lifespans were impacted and daughters were not, indicates an “epigenetic effect transmitted along the Y chromosome,” Costa said. The Y chromosome is only found in males.

While the study’s findings are alarming, researchers note that the impact of trauma was likely mitigated by nutrients taken by mothers during pregnancy. Sons who were born during the later months of 1866 to soldiers who were POWs when conditions in the Confederate camps declined fared better than those born earlier in 1866. Costa said that this is likely the result of their mothers having better access to nutrition during their pregnancies.

For sons born in the fourth quarter of 1866 to mothers with adequate nutrition during their pregnancies, there was no difference in the eventual death rates of POW and non-POWs’ sons. However, for sons born during the second quarter of 1866, when maternal nutrition was inadequate, the sons of ex-POWs who experienced the harshest conditions were 1.2 times more likely to die than sons of non-POWs and sons of ex-POWs who had been held in less severe conditions.

“Because ex-POW stress was so extreme and because there were such big seasonal differences in maternal nutrition, it is easier to detect effects in the past,” Costa told Fox News. “The lesson for today is that effects are possible and they can be reversed.”

The study, funded by the National Institutes of Health, was published in the journal Proceedings of National Academy of Sciences.

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7.2 - Military.com: [Inspire More Than 'Thank You for Your Service?'](#) (30 October, Amy Bushatz, 2M uvm; San Francisco, CA)

The lip service in the words “thank you for your service” deeply bothers Montel Williams, the former talk show host told Military.com. And he thinks a TV show he's hosting and co-producing can help.

“In the last couple of years, I've been more -- not disgusted by, but angered by -- the fact I'm in the airport all the time, and I'll see a soldier walk by, and someone will say, 'Thank you for your service,' and they won't even wait to see what the soldier has to say back. Are you really saying it because you are thankful for their service, or are you saying it because it seems like the vogue thing to do?” he said in an interview. “It rolls off of people's lips just like 'good morning' does. It's time that we really start putting our money where our mouths are.”

Williams has just joined Lifetime network's military-focused home improvement show, recently renamed Military Makeover With Montel. Centered on providing accessible housing to military veterans and their families, the show is in its 15th season.

Fans will remember the show in its previous iteration, hosted by "Gunny" R. Lee Ermey until his death early this year. Ermey, known for his infamous portrayal of Sgt. Hartman in the cult classic "Full Metal Jacket," was himself a Vietnam veteran and died in April at age 74 after an illness.

Not unlike other home makeover shows, Military Makeover pairs the show's crew, host and designers with home construction help and donations from the local community.

Williams believes it can demonstrate that actions speak louder than words. And he hopes his in-depth interview style can take the show to the next level, helping viewers peel back the layers to see what it's really like to be a veteran or veteran family. Thanks to his popular longtime TV talk show, The Montel Williams Show, which aired for 17 years, he became a household name. But he's also a Marine Corps and Navy veteran who served for 22 years.

That service, he said, gives him a unique insight on not only what it's like to serve, but what it's like to get out.

"Of course, we're building a house ... but we're also rebuilding that person from the inside because they're starting to understand that people do care, and the community does care," he said. "I hope [viewers] get a sense that 'thank you for your service' isn't enough, that 'thank you for your service' isn't the end of it. We should be thanking them for their service for the rest of their lives."

For one upcoming episode, Williams and his crew were able to present Army veteran Bryan Moore and his wife Shawn with a newly renovated home. Shawn founded the organization Caregivers on the Homefront, which works to assist fellow military caregivers, and Bryan suffers from PTSD, Williams said.

Just having the chance to sit down and talk to the couple served as a reminder of what veteran families are dealing with behind the scenes.

"Behind every man, woman who served, there's a family that serves them when they're home. And every now and then, they need to be shored up, need to be reminded that the job they are doing -- it's really almost something you can't even pay back," he said. "It was good to sit down with both of them, to get both of their experiences so I could translate [that] to something that people can understand."

Military Makeover With Montel airs on Lifetime.

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7.3 - FedSmith: [Man Lies About Having PTSD to Get VA Disability Payments](#) (30 October, Ian Smith, 9k uvd; Washington, DC)

A Fairport, NY man pleaded guilty to claiming to have Post Traumatic Stress Disorder (PTSD) in order to get disability payments from the VA.

According to an announcement from the Justice Department, Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had PTSD after witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

In support of his claim, he described in detail the two suicides that he claimed to have witnessed to include his distance from the soldiers, the manner in which they each committed suicide, his observation of the bodies, and his role in the investigations. As a result of this claim, Pecka received a high disability rating and was awarded tax free disability benefits of \$3,167 per month. In total, he received over \$92,000 in tax free VA Disability benefits to which he was not legally entitled.

As an interesting aside, he filed the initial claim while he was an inmate in federal prison for an unrelated bank fraud conviction.

An investigation conducted by the VA Office of Inspector General found that some of his claims about the suicides didn't add up.

In the case of one of the soldiers, the IG found Pecka was not even in the same country at the time the suicide occurred. Pecka repeatedly stated under oath that he watched this soldier commit suicide, when in fact, he was stationed over 6,000 miles away in Kuwait when the soldier committed suicide near Ft. Drum, NY.

On May 24, 2018, Pecka provided statements to an undercover VA Office of Inspector General Special Agent whom he believed to be a VA Field Examiner conducting a routine file update for his compensation claim. During that meeting, Pecka falsely told the agent that he personally witnessed the suicide of one of the soldier, now claiming that it happened while they were "on a mission" together. Pecka described the incident stating that soldier shot himself with his pistol without warning, and that he reported the incident to his First Sergeant. None of that was true.

Regarding the second suicide, Pecka falsely claimed that he saw the muzzle fire from the discharge of that soldier's rifle, discovered that victim in his vehicle, and then reported the suicide to Military Police. This too was a lie.

After making these statements to the undercover VA-OIG Special Agent, Pecka completed a new VA Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder Form, in his own hand. In that statement, the defendant again falsely claimed that he saw both soldiers shoot themselves.

Pecka was ordered detained pending sentencing on both cases, which is scheduled for January 24, 2019. He is charged with making a false official statement which carries a maximum penalty of five years in prison, a fine of up to \$250,000, or both.

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Veterans Affairs Media Summary and News Clips

31 October 2018

1. [Top Stories](#)

1.1 - WWL (CBS-870, Audio): [How is the VA faring under Robert Wilkie's leadership?](#) (30 October, Newell Normand, 183k uvd; New Orleans, LA)

In this thirty-one minute broadcast, Newell Normand talks to VA Secretary Robert Wilkie about how his agency is working to improve care for America's veterans.

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1.2 - Military Times: [VA to fast-track benefits appeals for hurricane victims](#) (30 October, Leo Shane III, 471k uvm; Springfield, VA)

Veterans Affairs officials will accelerate appeals claim processing for individuals affected by the recent hurricanes that lashed the southeastern United States, calling it another way to help those veterans in need. The move will affect any veterans in Florida, North Carolina, South Carolina and Georgia who live in counties declared disaster areas by the Federal Emergency Management Agency. VA officials did not say how many of the more than 300,000 pending appeals currently in the system will be included in the new push.

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1.3 - The News Journal (Video): [Death of a veteran found in his car at Wilmington's VA leads to changes](#) (30 October, Jerry Smith, 273k uvm; New Castle, DE)

More than a year after her father died in his car in the parking lot of the Wilmington Veterans Administration Medical Center, Shelatia Dennis still struggles to understand why. Salathiel M. Gaymon Sr.'s body was found April 25, 2017, more than 17 hours after he walked out of the facility after his regular treatment in the Hemodialysis Unit.

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1.4 - Redlands Daily Facts: [Day of prayer for veterans to be observed at Loma Linda VA hospital](#) (30 October, 27k uvm; Redlands, CA)

This year, the U.S. Department of Veterans Affairs has designated the first Thursday in November as a Day of Prayer and Reflection for Veterans, to be observed annually. As part of the first observance of that day, there will be a short ceremony at noon Thursday, Nov. 1, in front of the main lobby of the Jerry L. Pettis Memorial VA Medical Center, 11201 Benton St., Loma Linda.

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1.5 - Union-Bulletin: [VA secretary honors local employees](#) (30 October, Annie Charnley Eveland, 21k uvm; Walla Walla, WA)

Robert Wilkie, secretary of Veterans Affairs, stopped by Jonathan M. Wainwright Memorial VA Medical Center on Oct. 16 while visiting as many VAs as possible to determine their unique needs, said Linda Wondra, public affairs officer and acting chief voluntary service, in a release. In Walla Walla, he received a short facility tour that included the Call Center and a walk-through of the new Specialty Care Clinic.

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1.6 - My Columbia Basin: [VA tests new electronic health records systems](#) (30 October, 600 uvd; Walla Walla, WA)

The secretary of the U.S. Department of Veterans Affairs says a program being tested in the state of Washington will help the department take better care of veterans. The Department of Defense and Department of Veterans Affairs are now working together to track the health needs of veterans with a new electronic health records (EHR) system that will allow VA and DOD to share patient data seamlessly. VA Secretary Robert Wilkie says the EHR system starts when soldiers first sign up in the military.

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1.7 - U.S. News & World Report (AP): [A Look at Notorious Criminals Who Were Killed Behind Bars](#) (30 October, 14M uvm; Washington, DC)

Donald Harvey, a former nurse's aide and serial killer known as the "Angel of Death", was fatally beaten last year by a fellow inmate in a protective custody unit at the state prison in Toledo. Harvey was serving multiple life sentences after pleading guilty in 1987 to killing more than three dozen hospital patients in Ohio and Kentucky during the 1970s and '80s. He later said he was responsible for killing 18 others while working at the Veterans Administration Medical Center in Cincinnati.

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2. [Improving Customer Service](#)

2.1 - The Washington Times (AP): [Editorial Roundup: Recent editorials in Oklahoma newspapers](#) (30 October, 3.6M uvm; Washington, DC)

Muskogee's loss hopefully will not become Arkansas' gain after the city was not chosen for relocation of a Veterans Affairs assisted-living facility. The Oklahoma Veterans Commission selected Sallisaw over Muskogee and Poteau on Friday. That decision will have an economic impact for decades. Muskogee had much to offer when the commission was considering moving the Veterans Center here from Tahleah.

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2.2 - Washington Examiner: [Carly Fiorina says country's treatment of veterans is 'shameful'](#) (31 October, Maria Biery, 3.1M uvm; Washington, DC)

Carly Fiorina says that the country's treatment of veterans is "shameful." "Veterans, as a group, should always be lifted up by our communities and our society because they have been willing to put everything on the line for the rest of us," Fiorina told the Washington Examiner at a veterans-themed workshop for her nonprofit group in Washington, D.C. on Friday.

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2.3 - Psych Central (Baylor University): [Veterans with PTSD Can Benefit from Horseback Riding Intervention](#) (30 October, Traci Pedersen, 2.2M uvm; Newburyport, MA)

A new study shows that an 8-week therapeutic horseback riding program reduces anxiety, anger and depression in veterans with combat-related post-traumatic stress disorder (PTSD). The findings have important implications as combat-related PTSD in military service personnel remains a national public health concern with an estimated 2 to 17 percent of veterans suffering from the disorder.

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2.4 - Military.com (MOAA): [The VA Pulls Talent from the DoD Health System](#) (30 October, Rene Campos, 2M uvm; San Francisco, CA)

Within the span of a couple of days, two flagship Department of Veterans Affairs medical facilities have announced that two new leaders -- both recently retired service members -- will run the Washington, D.C., VA Medical Center and the northern Chicago Captain James A. Lovell Federal Health Care Center (FHCC).

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2.5 - KOMO News (Video): [VA hospitals embrace 3D printing to help veterans](#) (31 October, Molly Shen, 684k uvm; Seattle, WA)

Bob Crouch is headed into his 16th occupational therapy appointment at the American Lake branch of the VA Puget Sound Health Care System. Crouch's thumb was amputated after a household accident, and he lost the use of his fingers during one of three surgeries. Mary Matthews-Brownell is helping him stretch and exercise his hand to unclench his fingers. But their main goal is to get the Vietnam veteran gaming again.

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2.6 - Arkansas Democrat-Gazette: [Review: Impaired pathologist wrong in 14 Arkansas cases involving veterans. 12,215 reports on veterans unchecked](#) (30 October, Doug Thompson, 366k uvm; Little Rock, AR)

The pathology report was wrong in 14 of 21,591 cases, according to an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks. There are 12,215 cases left to be checked, although the patients believed to face the highest risks from a misdiagnosis were reviewed first, system administrators said Monday at a town-hall-style meeting, the fourth since the June 18 news conference announcing the problem.

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2.7 - WJHG (NBC-7, Video): [VA Clinic in Panama City Beach offers normal services, food for veterans](#) (30 October, 94k uvm; Panama City, FL)

The VA Clinic on Magnolia Beach Road in Panama City Beach is now the hub of all care for veterans once again. Operations after the storm started at the 23rd Street Wal-Mart in Panama City, but disaster emergency management personnel have since helped the clinic return to normal services.

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2.8 - WSAW (CBS-7): [7 Investigates: National veterans' organization sues VA secretary over emergency bills loophole](#) (30 October, Matthew Simon, 70k uvm; Wausau, WI)

Two weeks after 7 Investigates exposed a new loophole leaving veterans across the nation liable to pay their own emergency room bills, the National Veterans Legal Services Program has filed a class action lawsuit in the U.S. Court of Appeals for Veterans Claims against the Secretary of Veterans Affairs Robert Wilkie.

[Hyperlink to Above](#)

2.9 - WPSD (NBC-6, Video): [Veterans talk health care with Duckworth, Kelly at town hall](#) (30 October, Logan Gay, 51k uvm; Paducah, KY)

Better health care services: That's what veterans in southern Illinois discussed with Democrats Sen. Tammy Duckworth and congressional candidate Brendan Kelly during a town hall at the American Legion in Marion, Illinois. Veteran Roger Tolbert has been going to the VA since 1975. He said making sure veterans get their benefits and adequate service through Veterans Affairs are why he attended today's meeting.

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3. [Business Transformation](#)

3.1 - The Republican: [Leeds veterans hospital celebrates \\$19 million in funding, ongoing modernization](#) (30 October, Elise Linscott, 781k uvm; Springfield, MA)

In an effort to offer a holistic approach to medicine and upgrade aging facilities, the VA Central Western Massachusetts Healthcare System in Leeds has improved both its radiology and audiology units as part of multi-year projects.

[Hyperlink to Above](#)

3.2 - WFIE (NBC-14, Video): [VA clinic could come to Dubois Co.](#) (30 October, Sydney Miller, 81k uvm; Evansville, IN)

Dubois County could soon be getting a veteran's clinic. Right now, VA officials are gauging the usefulness, analyzing the number of veterans applying for and using VA medical services. Dubois County Veterans Service Officer Bob Johnson said this would be a game-changer.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Healthcare IT News: [Cerner gives new updates on DoD and VA EHR rollouts](#) (30 October, Mike Miliard, 54k uvm; Chicago, IL)

In an earnings call to discuss its Q3 results this past week, officials from Cerner offered new information about the ongoing electronic health record modernizations it's rolling out at the U.S. Departments of Defense and Veterans Affairs. Both are proceeding at different paces, they said, but valuable lessons are being learned along the way at each.

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4.2 - FedScoop: [Cerner touts early success for DOD e-health record modernization](#) (30 October, Billy Mitchell, 24k uvm; Washington, DC)

Pilots of the Department of Defense's new electronic health record system MHS GENESIS have scored early successes while making key adjustments to address struggles spelled out in a report in May, says a top executive at the company leading the system's development.

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5. [Suicide Prevention](#)

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Wicked Local – Braintree: **A Good Age: Paul Schrader's tribute to those who served** (30 October, Sue Scheible, 287k uvm; Westford, MA)

Four miles south of the Bourne Bridge off busy Route 28, you enter an expanse of peace and solitude, sacred for many. People seek out the Massachusetts National Cemetery year-round for a variety of reasons. To bury a family member who served in the nation's armed forces or their spouse or dependent child. To plan ahead for their own final resting spot. To visit the grave of a loved one, perhaps with friends, and commune, draw strength, even make amends.

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6.2 - WSBT (CBS-22, Video): **Mishawaka VA Clinic reminding female veterans of year-round care it offers women** (30 October, Caroline Torie, 97k uvm; Mishawaka, IN)

The VA Clinic in Mishawaka wants to serve more female veterans. As Breast Cancer Awareness comes to a close, it wants to emphasize the care it offers year-round for women. According to the VA Healthcare System, there are more women veterans in the area who could benefit from enrolling in services at the St. Joseph County VA Clinic.

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6.3 - MSU Denver RED (Video): **Missing In Action: Support For Female Veterans** (30 October, Matt Watson, 26k uvd; Denver, CO)

The November forecast for the desert outside Fallujah, Iraq, is similar to Colorado's high plains: warm and sunny by day and temps dipping into the 40s at night. Jessi Warthen has slept outside in both places – first as a Marine in Fallujah and then as a homeless veteran in Colorado. Sadly, her experience is a window into the all-too-common plight of women who served in the U.S. Armed Forces.

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6.4 - FedSmith: **Veterans Impacted by Hurricanes Will Get Priority on Appeals Claims** (30 October, Ian Smith, 9k uvd; Washington, DC)

The Department of Veterans Affairs announced today that it will be prioritizing the pending appeals claims for veterans who were impacted by Hurricanes Michael and Florence. VA's Board of Veterans' Appeals has determined that the significant effects of the two hurricanes were sufficient cause for the Board to advance the appeals for counties in Florida, North Carolina, South Carolina and Georgia determined to be disaster areas by the Federal Emergency Management Agency (FEMA).

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6.5 - Vikings: **Vikings Share Appreciation During Visit with Veterans** (30 October, Craig Peters, Eden Prairie, MN)

Vikings current players and alumni on Tuesday participated in the team's eighth annual visit to the Minneapolis Veterans Affairs Health Care System to express their sincere gratitude for service and sacrifice of American heroes. The Vikings met veterans in the hospital's Community Living Center and also visited the Spinal Cord Injury Center, stopping in the physical therapy room to encourage veterans who are rehabilitating injuries.

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6.6 - WJMN (CBS-3): [VA to host free event at Virtual Reality Arcade in Marquette](#) (30 October, 2k uvd; Escanaba, MI)

Veterans are invited to a free event at the Edge of Reality VR Arcade in Marquette on Friday, November 9 from noon to 4 p.m. (ET). The afternoon of virtual reality experiences is sponsored by the Oscar G. Johnson VA Medical Center and will include pizza, pop, and snacks. The Edge of Reality VR Arcade is located at 333 W. Washington Street and is open to all who served in the military.

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7. [Other](#)

7.1 - FOX News: [Civil War POWs' trauma shortened their sons' lifespans, startling new research says](#) (30 October, James Rogers, 27.6M uvm; New York, NY)

Civil War-era data suggest that trauma experienced by POWs shortened the lifespan of their male children, according to a startling UCLA research study. UCLA Economics Professor Dora Costa analyzed records in the National Archives to track the lifespans of children of Union soldiers captured by the Confederacy. The study examined data on male and females born after 1866 who lived to at least 45 years of age.

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7.2 - Military.com: [Inspire More Than 'Thank You for Your Service?'](#) (30 October, Amy Bushatz, 2M uvm; San Francisco, CA)

The lip service in the words "thank you for your service" deeply bothers Montel Williams, the former talk show host told Military.com. And he thinks a TV show he's hosting and co-producing can help. "In the last couple of years, I've been more -- not disgusted by, but angered by -- the fact I'm in the airport all the time, and I'll see a soldier walk by, and someone will say, 'Thank you for your service,' and they won't even wait to see what the soldier has to say back.

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7.3 - FedSmith: [Man Lies About Having PTSD to Get VA Disability Payments](#) (30 October, Ian Smith, 9k uvd; Washington, DC)

A Fairport, NY man pleaded guilty to claiming to have Post Traumatic Stress Disorder (PTSD) in order to get disability payments from the VA. According to an announcement from the Justice Department, Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had PTSD after witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve

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1. [Top Stories](#)

1.1 - WWL (CBS-870, Audio): [How is the VA faring under Robert Wilkie's leadership?](#) (30 October, Newell Normand, 183k uvd; New Orleans, LA)

In this thirty-one minute broadcast, Newell Normand talks to VA Secretary Robert Wilkie about how his agency is working to improve care for America's veterans.

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1.2 - Military Times: [VA to fast-track benefits appeals for hurricane victims](#) (30 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials will accelerate appeals claim processing for individuals affected by the recent hurricanes that lashed the southeastern United States, calling it another way to help those veterans in need.

The move will affect any veterans in Florida, North Carolina, South Carolina and Georgia who live in counties declared disaster areas by the Federal Emergency Management Agency. VA officials did not say how many of the more than 300,000 pending appeals currently in the system will be included in the new push.

In a statement, VA Secretary Robert Wilkie said speeding up the claims process “for those veterans and their families affected by hurricanes Florence and Michael is the right thing to do.”

At least 53 people were killed as Hurricane Florence hit the eastern seaboard in early September. A month later, Hurricane Michael made landfall and resulted in at least 50 deaths across several states.

VA health and benefits services in those areas were temporarily disrupted by the powerful storms, but officials have largely returned to normal operations in the weeks since. At the height of the hurricanes, some infirm veterans were evacuated to facilities in different states while VA contracted with local doctors and pharmacies to handle other critical needs.

Veterans eligible for the faster appeals processing will not have to take any action to accelerate their claims. Board of Veterans' Appeals officials said they will move ahead any cases with addresses in the affected region, and continue to fast-track those claims for the next six months.

The backlog of appeals claims has been a recurring complaint from lawmakers and veterans advocates in recent years. Cases typically take several years to wind through the system, with some topping five years or more.

After congressional intervention, VA officials introduced a new Rapid Appeals Modernization Program with wait times under three months for case completion. But many veterans have been slow to embrace that option, leaving their cases to wind through the traditional process.

A list of counties affected by the new announcement is available at the Board of Veterans Appeals' web site.

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1.3 - The News Journal (Video): [Death of a veteran found in his car at Wilmington's VA leads to changes](#) (30 October, Jerry Smith, 273k uvm; New Castle, DE)

More than a year after her father died in his car in the parking lot of the Wilmington Veterans Administration Medical Center, Shelatia Dennis still struggles to understand why.

Salathiel M. Gaymon Sr.'s body was found April 25, 2017, more than 17 hours after he walked out of the facility after his regular treatment in the Hemodialysis Unit.

Dennis believes her father shouldn't have been discharged without having his condition assessed more closely.

Gaymon's death prompted an investigation by the Department of Veterans Affairs Office of Inspector General, which published a report in September that judged the VA harshly but didn't place blame.

The unit nursing staff did not appropriately monitor the patient's medical status, the report said, but could not "substantiate" that the care contributed to his death.

An autopsy indicated that Gaymon had cardiovascular and kidney disease and "probably" suffered a fatal cardiac arrhythmia.

The report did say that based on the available information and review of the electronic health record, quality of care concerns were identified related to Gaymon's clinical management while in the dialysis unit.

Changes at the VA

Wilmington VA Medical Center Director Vincent Kane said a day doesn't go by that he and his staff don't think about the events leading up to the tragedy. He was appointed shortly after Gaymon's death.

The OIG report and internal analyses sparked changes in staffing and procedures, including many within the dialysis unit and police department.

"If we could go back in time and know what we know now, I'm confident this wouldn't happen," Kane said. "We're committed to never letting something like this happen again."

Chief among the 14 recommendations from the OIG was having the proper number of staff members in the Hemodialysis Unit and providing continuous education in all areas of the unit.

According to Kane, that has happened and is now ongoing.

"We've added a tremendous amount of staff since my arrival," said Kane. "We want to make sure we have processes and staffing in place to prevent tragedies moving forward."

The police department has a new chief and those involved in the Gaymon tragedy were disciplined.

Appointed rounds directed by VA policy were not done, meaning no one noticed Gaymon.

"Those rounds should have happened. It's devastating to us," Kane said. "We've added more cameras and a training officer to make sure officers are compliant."

A man of principles

Dennis described her father as a man whose love of family was matched only by his love of God.

She said he had no problem expressing the love and pride for his family and was an affectionate man who couldn't encourage his kids and grandchildren enough.

But Dennis said her father also was all about advocacy and justice and often spoke out against injustices in the world. That is why one of his favorite musicians was Bob Marley, she said.

Dennis believes what happened to her father was an injustice.

"The quality of care that he was given was very poor," Dennis said recently from her Dover home on what would have been her father's 64th birthday. "It seems like anything that could have gone wrong did go wrong. It makes me so angry that they could get away with this."

Questionable discharge

Dennis said her father's blood glucose readings were through the roof that day in the Hemodialysis Unit, he was administered the wrong medication at the wrong time, his blood pressure was critically high and he was allowed to be discharged.

"He was not OK," she said. "How could they not see something was wrong? If they had, maybe we wouldn't have had to have a funeral in May."

Gaymon had been a regular patient at the Wilmington VA Medical Center since 1997 after he was diagnosed with diabetes. His medical records indicate he was often "noncompliant" in his treatment regimen and his diabetes was "uncontrolled" from 1997 to 2017.

Dialysis was initiated in early 2016, and a few months later a kidney specialist ordered a blood sugar reading prior to each of his dialysis treatments.

Critical to Gaymon's treatment were differences of opinions about unit policies concerning the patient's finger-stick blood sugar check.

Gaymon's blood sugar was obtained 38 minutes after starting dialysis and it was shown to be critically high.

According to the OIG report, a unit registered nurse believed it was acceptable to test the blood sugar within an hour of beginning treatment.

The Office of Inspector General staff found no such policy.

The OIG determined that the combination of the timing of the blood glucose test, which found Gaymon's blood sugar critically high and sparked a "routine" call for insulin rather than "stat," or immediately, resulted in more than a two-hour difference in treatment.

The OIG report said the nursing staff did not check Gaymon's blood glucose before releasing him.

Contributing issues

Policies regarding treatment of Gaymon's critically high blood pressure also were called into question by the report.

Gaymon was given medication to bring down his high blood pressure and then released 18 minutes thereafter.

The medication given reduces blood pressure within 30 to 60 minutes, with the maximum decrease occurring within two to four hours, the report said.

The report also said there was no evidence that staff conducted a full clinical assessment or provided Gaymon with instructions regarding the effects of the medication, including drowsiness and a recommendation not to drive.

Dennis said video from the facility showed an unsteady, unhealthy individual in medical distress as her father walked out of the dialysis unit and fell on the hood of his car before getting in it.

"The report was more confirmation," she said. "We already had a gut feeling that there was very poor quality of care and that there was definitely negligence on their part. We just didn't understand to what extent."

Undignified death

Dennis believes that even though the nurses and doctors failed her father, the Department of Veterans Affairs Police had an opportunity to "pick up the slack had they been doing their job."

If police had done timely rounds in the parking lots as policy requires, they would have noticed Gaymon sitting in his car in a no-parking zone in valet parking.

A hospital volunteer came across Gaymon in his car and alerted police.

"If they would have noticed him within an hour, that might have been enough time to alert the doctors and get some help," Dennis said. "There was no dignity in the way he died."

The officers were supposed to walk or drive the facility every hour, "so long as they are not on another call or doing a report."

The report said the facility's police officers violated policies by leaving the patient's car in a visible illegal parking spot for more than 17 hours.

Dennis recognizes her father's death affected changes, but said she will forever hold the facility accountable for taking her father away "too soon."

"There were so many opportunities for people to make decisions that would have supported his life being sustained," Dennis said. "The healthcare was obviously the first misstep. But if the police force would have been doing its job, my father might still be alive today."

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1.4 - Redlands Daily Facts: [Day of prayer for veterans to be observed at Loma Linda VA hospital](#) (30 October, 27k uvm; Redlands, CA)

This year, the U.S. Department of Veterans Affairs has designated the first Thursday in November as a Day of Prayer and Reflection for Veterans, to be observed annually.

As part of the first observance of that day, there will be a short ceremony at noon Thursday, Nov. 1, in front of the main lobby of the Jerry L. Pettis Memorial VA Medical Center, 11201 Benton St., Loma Linda.

Samuel Roberts, chaplain with the VA Loma Linda Healthcare System, will participate in the Day of Prayer ceremony, along with people from local faith-based organizations, according to a press release.

Robert Wilkie, secretary of Veterans Affairs, asks Americans to participate in a time of reflection and prayer on Thursday, reflecting upon the sacrifices and challenges of those who have served in the military. He also asks those who pray, regardless of religious beliefs, to pray for healing of U.S. veterans, for their families, for the Department of Veterans Affairs and for the nation, according to the press release.

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1.5 - Union-Bulletin: [VA secretary honors local employees](#) (30 October, Annie Charnley Eveland, 21k uvm; Walla Walla, WA)

Robert Wilkie, secretary of Veterans Affairs, stopped by Jonathan M. Wainwright Memorial VA Medical Center on Oct. 16 while visiting as many VAs as possible to determine their unique needs, said Linda Wondra, public affairs officer and acting chief voluntary service, in a release

In Walla Walla, he received a short facility tour that included the Call Center and a walk-through of the new Specialty Care Clinic.

Additionally he recognized several VA employees with commendations. The following received the secretary's personal coin.

Suicide Prevention Coordinator/Lgbt Veteran Care Coordinator Celena Veverka, who is "dedicated, innovative and tireless in her efforts to keep veterans safe, staff, community partners and family educated and trained with the most up to date prevention information." Celena has developed several process improvements to further support and care for veterans in critical need. She is also coordinator for REACH VET and LGBT care. She organizes and attends community outreach events to take every opportunity to meet veterans where they are and ensure prevention information is getting to transitioning veterans and their families.

Medical Administrative Assistant Bradley Anderson, an Army veteran and medic who began his VA career two years ago in the VISN 20 call center, learning how it operates. About a year ago, he applied for and was selected for promotion to Health Administration Service as a medical administrative assistant. “Bradley’s continued display of character, initiative and desire to ensure that our nation’s veterans are getting the best care and service from our facility is exactly the example of what a VA employee should be.”

Cultural Resources Program Manager and Facilities Planner Katherine “Kat” Ferguson is also an adjunct faculty member teaching anthropology at Walla Walla Community College. A registered professional archaeologist with more than 20 years of experience in cultural resource management, she regularly provides public outreach to include archaeology presentations at Prospect Point Elementary School and the YMCA After School Program. She researched and designed a series of interpretive panels on the history of Fort Walla Walla that have been displayed at Walla Walla County Fair & Frontier Days, are currently on exhibit at Fort Walla Walla Museum and are situated permanently around the Walla Walla VAMC campus. She is passionate about introducing archaeology to the public, especially in schools. She also has worked all over the West and several states in the Southeast, managed large and small-scale projects, supervised large teams on survey and Phase II archaeological testing and currently advises a handful of other VAMCs in cultural resource management and consultation issues. She served as a Russian linguist in the U.S. Army.

Chief of Care in the Community Steven Fleury served nine years in the U.S. Navy as a hospital corpsman. He joined the VA as a medical support assistant at the La Grande Community Based Outpatient Clinic and transferred to Walla Walla to serve in the same role at the call center. In September 2017, he was selected as Chief of Care in the Community, and “has done a stellar job supporting our veterans with receiving their care. Due to the remoteness of many of our veterans, his willingness to advocate for the veterans and their care shows his commitment to our IICARE values. He is strong supporter of the facility and his employees.”

Registered Nurse Tim Read is at the Yakima VA Community Based Outpatient Clinic where he’s worked tirelessly for 10 years to help end veteran homelessness in Yakima and Kittitas counties. The secretary recognized his efforts with a SECVA coin. Additionally, Tim and co-workers Billy Daughtry and Candace Cooper, assisted HopeSource, the supportive services for veteran families partner in Kittitas County, in reaching functional ZERO in ending veteran homelessness earlier this year.

Kittitas County is one of 63 cities, counties, or states to have ended veteran homelessness to date. The cohesive team celebrates the accomplishment while continuing to house and serve veterans in Yakima and Kittitas counties. The Housing and Urban Development Veteran Affairs Supportive Housing is a collaborative program administered under the Office of Veterans Affairs.

Veteran Gil Middleton, a volunteer at WWVAMC since 2015, served in the U.S. Navy. Post discharge, he worked as a cook around the U.S. He also owned an office cleaning company for several years and was a janitor at the Walla Walla Sears store. At the WWVA he is a Red Coat Ambassador volunteer with 1,818 hours donated to date, and is not ready to quit. He is so eager to help with other volunteer duties such as keeping hand sanitizer units stocked, and willing to volunteer anywhere help is needed. He loves interacting with veterans and other guests who come into the main clinic, and cheerfully escorts veterans to where they need to go.

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1.6 - My Columbia Basin: [VA tests new electronic health records systems](#) (30 October, 600 uvd; Walla Walla, WA)

The secretary of the U.S. Department of Veterans Affairs says a program being tested in the state of Washington will help the department take better care of veterans.

The Department of Defense and Department of Veterans Affairs are now working together to track the health needs of veterans with a new electronic health records (EHR) system that will allow VA and DOD to share patient data seamlessly.

VA Secretary Robert Wilkie says the EHR system starts when soldiers first sign up in the military.

“So what does that mean,” Wilkie said. “People like my father — 30 years a paratrooper, severely wounded in Vietnam — would no longer have to carry around 800 pages of paper records. That is the goal.”

The new EHR will help eliminate veterans having to submit to repeat testing, or to relate basic information like drug allergies to different providers. It will also give health care providers access to a veteran’s full health record, enabling them to make better decisions for their patients. Additionally, access to centralized, standardized health care data will provide a big-picture view of veteran’s health. This will enable providers to make faster, smarter connections between military service and health outcomes and even help proactively identify veterans at higher risk for opioid addiction and suicide.

During his visit to the state of Washington, Wilkie visited VA facilities in Seattle, Spokane and Walla Walla.

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1.7 - U.S. News & World Report (AP): [A Look at Notorious Criminals Who Were Killed Behind Bars](#) (30 October, 14M uvm; Washington, DC)

BOSTON (AP) — James "Whitey" Bulger, the notorious Boston gangster who eluded authorities for nearly two decades before being caught in 2011, was found dead in prison Tuesday, officials said.

His death is being investigated as a homicide, said Justin Tarovisky, executive vice president of the American Federation of Government Employees Local 420, which represents corrections officers at the West Virginia prison where Bulger had recently been moved.

Bulger, 89, was serving a life sentence after being convicted in 2013 of participating in 11 murders. He served as an FBI informant who ratted on his gang's main rival before becoming the agency's most wanted fugitives for 16 years until his arrest in Santa Monica, California.

A look at other notorious criminals who met a violent death behind bars:

JEFFREY DAHMER

Serial killer Jeffrey Dahmer was serving life prison sentences when a fellow inmate beat him with a metal bar while he was cleaning a prison locker room in 1994. The chocolate factory worker was arrested in 1991 and admitted killing 17 young men, most in Milwaukee, some of whom he mutilated and cannibalized. Dahmer's killer, Christopher Scarver, was already serving a life sentence for a 1990 murder when he bludgeoned to death Dahmer and another inmate of the Columbia Correctional Institution in Wisconsin.

JOHN GEOGHAN

John Geoghan was beaten and strangled to death at Massachusetts' maximum-security Souza-Baranowski Correctional Center in 2003 by a fellow inmate. Geoghan, who had accused of molesting as many as 150 boys over three decades, was serving a 9- to 10-year sentence for groping a boy and was at the center of the Boston clergy abuse scandal. His killer, 37-year-old Joseph Druce, planned the killing for a month, stretching out the socks used to choke Geoghan and doctoring a book to jam the cell door shut, authorities said.

ALBERT DESALVO

Albert DeSalvo, who confessed — then recanted — to being the "Boston Strangler", was stabbed to death in 1973 at a maximum-security prison in Walpole, Massachusetts. DeSalvo was never indicted in the killings that terrorized the region and grabbed national headlines in the early 1960s, but was convicted in January 1967 of armed robbery, assault and sex offenses, and sentenced to life in prison. In 2013, DNA tests confirmed that DeSalvo did kill the woman believed to be the serial killer's last victim and then-Massachusetts Attorney General Martha Coakley said it was "most likely" that he was the Boston Strangler.

DONALD HARVEY

Donald Harvey, a former nurse's aide and serial killer known as the "Angel of Death", was fatally beaten last year by a fellow inmate in a protective custody unit at the state prison in Toledo. Harvey was serving multiple life sentences after pleading guilty in 1987 to killing more than three dozen hospital patients in Ohio and Kentucky during the 1970s and '80s. He later said he was responsible for killing 18 others while working at the Veterans Administration Medical Center in Cincinnati.

RICHARD LOEB

Richard Loeb and Nathan Leopold created a nationwide sensation in 1924 when they were convicted of kidnapping and slaying a young neighbor in Chicago just for the thrill of it. Loeb and Leopold, then 18 and 19 respectively, were sentenced to life terms for the murder plus 99 years for the kidnapping. Loeb was killed in a prison fight in 1936.

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2. [Improving Customer Service](#)

2.1 - The Washington Times (AP): [Editorial Roundup: Recent editorials in Oklahoma newspapers](#) (30 October, 3.6M uvm; Washington, DC)

Here are excerpts from recent editorials in Oklahoma newspapers:

Muskogee Phoenix. Oct. 28, 2018.

- Decision cost OK money

Muskogee's loss hopefully will not become Arkansas' gain after the city was not chosen for relocation of a Veterans Affairs assisted-living facility.

The Oklahoma Veterans Commission selected Sallisaw over Muskogee and Poteau on Friday. That decision will have an economic impact for decades.

Muskogee had much to offer when the commission was considering moving the Veterans Center here from Talihina.

We are a health care hub including the Jack C. Montgomery VA Medical Center. Veterans could have received emergency care faster had the commission chosen Muskogee.

The VA has its regional center and call center here. That means some higher-ups in Veterans Affairs think Muskogee is a good place to operate.

Muskogee had much to gain with the relocation of the Veterans Center.

Construction of the facility was estimated at a cost of \$100 million. That's would be quite a boost to the Muskogee economy.

The facility would have created 250 jobs averaging approximately \$50,000 annually.

Not all of those employees would have lived in Muskogee. Some would have commuted to work from as far away as Tulsa.

But that certainly would have been the same had the commission selected Poteau. Many of the employees would have lived in Fort Smith, Arkansas, and much - maybe the majority - of their salary would have been spent there.

Sallisaw is about twice as close to Fort Smith as Muskogee is to Tulsa. So it is reasonable to think some would will choose to live in Fort Smith and many will spend a lot of salary there.

But had employees worked here and lived in the Tulsa area then much of their earnings would have been spent in Oklahoma.

There would been time to build a new subdivision with market-rate homes in Muskogee in the time it would have taken to construct the Veterans Center.

That could have kept more salaries in our community.

Sallisaw included money in its proposal that would have helped employee retention by paying relocation costs.

“Continuity of operations during transition and transfer” was supposed to be 5 percent of the total score for a city’s proposal.

The commission was right to consider retaining as many jobs as possible. But economic development of Oklahoma should have been a bigger factor in the commission’s decision.

We feel Oklahoma would have benefited more by having the Veterans Center relocated here.

We hope our Arkansas neighbors don’t gain an economic boost that should have fallen Oklahoma’s way.

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2.2 - Washington Examiner: [Carly Fiorina says country’s treatment of veterans is ‘shameful’](#) (31 October, Maria Biery, 3.1M uvm; Washington, DC)

Carly Fiorina says that the country’s treatment of veterans is "shameful."

“Veterans, as a group, should always be lifted up by our communities and our society because they have been willing to put everything on the line for the rest of us,” Fiorina told the Washington Examiner at a veterans-themed workshop for her nonprofit group in Washington, D.C. on Friday.

Therefore, she added, "it is more than heartbreaking, it’s shameful, when we have veterans who have given so much who are suffering with homelessness or addiction or mental illness, and we’re unable to help them."

For the former Hewlett-Packard CEO, the issue is personal. Fiorina cited her family’s experience with addiction as a reason for her commitment to the veteran community, in which substance abuse is a top problem. Her stepdaughter, Lori Fiorina, died in 2009 after a long battle with addiction.

“This is an area of special importance I think, not just to me, but for many, many Americans,” Fiorina said.

Fiorina has met with many veterans and hosted a roundtable to ask veterans for input on how to improve the Veterans Affairs Department. Her nonprofit organization, Unlocking Potential, is partnering with Wounded Warriors.

Fiorina founded the organization, Unlocking Potential, after her presidential run in 2016. Her group is dedicated to helping nonprofit organizations develop leadership and problem-solving skills in order to become more efficient and effective. Although the charitable organization works with all kind of groups, the workshop in D.C. focused on veterans issues and homelessness as Fiorina said those are “huge issues” in the community.

In the case of veterans affairs, Fiorina warned against putting veterans on a pedestal, noting that veterans groups face the same limitations that all organizations do.

"Sometimes, I think we are so in awe of veterans bravery on the battlefield, their sacrifice, their character, that we forget that they're human too, and if you put them in a very difficult or very different set of circumstances, then they'll have all the same issues as the rest of us do," she said.

Fiorina also wants to help veteran community organizations as sometimes they can "work faster, can respond more quickly, can change more readily" than the "VA bureaucracy," she said.

"I would say that bureaucracies — and the VA is a bureaucracy by nature — it's not that the people who work in the VA aren't well-intentioned, but bureaucracies tend to be difficult to change, because they're so process-intensive," she said.

When asked about her future plans apart from the nonprofit group, Fiorina said she is focused on making a positive difference.

"I hope that everyday I make things better," Fiorina said. "Having spent a lot of my time learning about leadership, developing leaders, developing problem-solving capacity, I think I can make the biggest difference in bringing that to community-based organizations."

As of now, Fiorina does not have plans to run for president again, but said: "Never say never."

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2.3 - Psych Central (Baylor University): [Veterans with PTSD Can Benefit from Horseback Riding Intervention](#) (30 October, Traci Pedersen, 2.2M uvm; Newburyport, MA)

A new study shows that an 8-week therapeutic horseback riding program reduces anxiety, anger and depression in veterans with combat-related post-traumatic stress disorder (PTSD).

The findings have important implications as combat-related PTSD in military service personnel remains a national public health concern with an estimated 2 to 17 percent of veterans suffering from the disorder.

Veterans who participated in the therapeutic riding program showed clinically significant improvements in depression and post-traumatic stress symptoms compared to those who did not participate.

"PTSD is difficult to treat. But those who went through the program reported lessening of symptoms and better mental health," said lead author Beth A. Lanning, Ph.D., associate chair and associate professor of public health in Robbins College of Health and Human Sciences at Baylor University in Texas.

"The veterans felt less anxious, depressed, angry and isolated than before the intervention," she said. "They indicated feelings of self-acceptance, increased confidence, gratitude and hope, as well as increased patience."

Mental health diagnoses among active duty military personnel have increased by 65 percent during the past decade, including adjustment disorders, depression, substance abuse, anxiety

and PTSD, according to the Armed Forces Health Surveillance Center. In addition, the U.S. Department of Veterans Affairs estimates that 20 veterans commit suicide every day.

While animal-assisted activities and therapies are gaining in popularity as an effective intervention for mental and physical health issues among various groups of people, few studies have involved military service members.

The new study is the largest published study designed to look at the immediate and long-term effects of therapeutic riding on post-traumatic stress symptoms, depression and quality of life for military service members, Lanning said.

Requirements for study participants included having served in any of the three Iraq and Afghanistan war missions; not having participated in any equine-assisted therapies or activities in the past six months; and having been diagnosed with PTSD.

The research involved 89 participants divided into two groups — one composed of 51 individuals who went through the horseback riding and one a comparison group of 38 veterans. Those in both groups were allowed to continue traditional therapy such as cognitive behavioral therapy and medications if already enrolled. A little more than half were attending a traditional psychotherapy program; 36 percent had completed a therapy program such as cognitive behavioral therapy.

The 8-week horseback riding program consisted of 90-minute sessions each week, with participants sharing a meal before each session. The first four weeks included grooming, leading and working with the horse in a round pen to develop a relationship. The last four weeks including riding and horsemanship exercises. Participants selected their own horse for the program, and a riding instructor certified by Professional Association for Therapeutic Horsemanship International (PATH) supervised all program sessions. In addition, each horse-rider pair was accompanied by a trained volunteer who was a military service member not participating in the study.

Participants completed self-assessments four different times: Before the start of the study, at the mid-point, at the end of the treatment and at a two-month follow-up. Participants also identified a person who knew them well, such as a significant other or family member, to complete an assessment of participants' functioning at the beginning and end of the program.

Varying intervention and treatment options are available within and outside the Veterans Affairs healthcare system, but many veterans do not access help or do not complete the course of treatment for a variety of reasons.

A previous study of PTSD treatments found that a little more than half of the individuals who enrolled in and completed traditional therapy no longer met the criteria for PTSD. While encouraging, the failure rate is still high, and many veterans do not seek traditional therapy for mental issues, Lanning said.

Alternative and complementary interventions should be considered as possible treatments to improve mental and physical health. Animal-assisted activities and therapies, specifically with horses, are viable and potentially effective intervention options for various populations, she said.

The study was published in the Human-Animal Interaction Bulletin.

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2.4 - Military.com (MOAA): [The VA Pulls Talent from the DoD Health System](#) (30 October, Rene Campos, 2M uvm; San Francisco, CA)

Within the span of a couple of days, two flagship Department of Veterans Affairs medical facilities have announced that two new leaders -- both recently retired service members -- will run the Washington, D.C., VA Medical Center and the northern Chicago Captain James A. Lovell Federal Health Care Center (FHCC).

This is great news, and it should comfort military and veteran beneficiaries to know the chief directors of these medical facilities personally understand their service and sacrifice.

MOAA previously reported that retired Army Col. Michael Heimall took the reins at the Washington, D.C., VA Medical Center on Oct. 14 to deliver care to more than 21,000 veterans. Heimall is no stranger to caring for military service members and veterans, having served 30 years in Army medicine and as the director of Walter Reed National Medical Center in Bethesda, Md. He retired from the position in 2017.

The medical center in Washington, D.C., has suffered from a string of leadership and systemic issues that have made it the focus of a number of inspector general investigations. The investigations documented persistent and pervasive problems placing patients at risk and landed the center on the VA's list of "high risk" facilities with critically low quality and safety ratings.

Further north, the Lovell Federal Health Care Center welcomed its new director, Dr. Robert Buckley, on Oct. 15. He'll serve veterans, active-duty service members, and military families, and oversee the medical readiness of more than 40,000 Navy recruits a year.

Buckley's last assignment as a Navy captain was as deputy director and commanding officer of Lovell FHCC, where he retired in 2016. He then served as chief of staff at the Jesse Brown Veterans Health Care System, caring for veterans in and around Chicago before becoming director at Lovell.

MOAA recognizes the efforts of the VA and Defense Department in recent years to retain talented medical professionals as both of their health systems undergo massive reforms. The VA is fortunate to benefit from such impressive military talent, and MOAA believes these directors will be critical in advancing numerous joint initiatives, such as implementing a joint electronic health record that will be interoperable between the two agencies.

These personnel moves come on the heels of a VA workforce survey, which revealed 62 percent of its more than 375,000 employees are willing to recommend the VA as a good place to work and think the VA has made progress in areas such as job satisfaction and satisfaction with the organization.

VA Secretary Robert Wilkie has made customer satisfaction a top priority not only for veterans, but employees.

"VA employees are talented and committed professionals who rally behind a great mission," he said. "Veterans deserve a VA workforce that demonstrates pride in its work that results in strong customer service, and the survey shows we are making progress."

Hiring talented professionals like Heimall and Buckley will go a long way in helping the VA improve customer satisfaction and addressing systemic issues in the coming months and years as the VA and DoD continue to transform and modernize their health systems to meet the needs of service members and veterans and their families.

Retired Navy Cmdr. Rene Campos is the director for Veteran Health Care and Wounded Warrior Issues at the Military Officers Association of America.

This article, [The VA Pulls Talent from the DoD Health System](#), originally appeared on the Military Officers Association of America (MOAA) website. MOAA is the nation's largest and most influential association of military officers.

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2.5 - KOMO News (Video): [VA hospitals embrace 3D printing to help veterans](#) (31 October, Molly Shen, 684k uvm; Seattle, WA)

AMERICAN LAKE, WA -- Bob Crouch is headed into his 16th occupational therapy appointment at the American Lake branch of the VA Puget Sound Health Care System.

Crouch's thumb was amputated after a household accident, and he lost the use of his fingers during one of three surgeries.

Mary Matthews-Brownell is helping him stretch and exercise his hand to unclench his fingers. But their main goal is to get the Vietnam veteran gaming again.

"It's whatever they're passionate about. That's what occupational therapy is all about," said Matthews-Brownell. "Whatever it is they want to do, I want to help them do it."

Without his whole thumb, Crouch can't maneuver gaming controls. He knows it might sound silly to some people, but he loves his PlayStation 3.

"I finally saved all my pennies, nickles and dimes," he said. "I managed to find one that I could afford that was in a pawn shop."

A few months after buying it in 2015, he lost his thumb.

"Anyone who plays video games knows, it's all about the thumbs," said Dr. Beth Ripley of the VA. "You've gotta have thumbs."

So the VA offered to print him a new one. In the VA's Innovations Lab, doctors and engineers move 3D printing from the research bench to the bedside.

"We have a very clear mission at the VA and that is to serve veterans, period," Ripley said. "So if it can help a veteran and we can show the cause and the case it will help the veteran, we have license to do it."

One of the lab's top projects is to develop same-day custom orthotics to protect the feet of diabetics.

Eventually, doctors will be able to scan a patient's foot and feed specific measurements into the 3D printer, which will then build the unique orthotic, adding one thin layer at a time.

"It allows you to create objects and shapes that normally you can't make. It also allows you to create very customized things at a fraction of the cost," Ripley said.

They are also using 3D printing to help plan surgeries. By printing a model of an organ or body part that is identical to a patient, surgeons go into the operating room knowing exactly what they're going to see.

"You save that patient two hours under anesthesia, which means a better outcome. You might have saved them blood loss," Ripley said. "You save the fatigue on your surgeon."

It also saves money by cutting out OR time.

They wanted to use the same 3D tech to build an attachment that would fit perfectly onto Crouch's hand, doing the job of his thumb.

They enlisted the engineers of tomorrow: high schoolers and college students in a national competition.

Without ever seeing Crouch in person, the students competing at 2018 SkillsUSA Additive Manufacturing used a digital file to know the shape and size of Bob's hand, then they designed and printed around a hundred possible devices with various knobs and extensions to make gaming easier.

Crouch was emotional just thinking about their hard work.

"They don't even know me. I'm just an old vet that's been trying to keep himself occupied and have some fun and everything, and they're trying to help me," he said.

And they're using technology Crouch couldn't have imagined when he served in Vietnam 45 years ago.

"I just kinda think it's maybe another way for someone to say, thanks you old vet for doing what you did, you know?" Crouch said.

A couple years ago, Seattle was one of just three VA hospitals with a 3D engineering lab. Now there are 20, with plans to create more. From an occupational therapist point of view, Matthews-Brownell says it's the future.

"I find it to be a game changer in technology," she said. When she went through her training, "we had wood shop and sewing machines. I think 3D printers will be the new wood shop."

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2.6 - Arkansas Democrat-Gazette: [Review: Impaired pathologist wrong in 14 Arkansas cases involving veterans. 12,215 reports on veterans unchecked](#) (30 October, Doug Thompson, 366k uvm; Little Rock, AR)

FAYETTEVILLE -- The pathology report was wrong in 14 of 21,591 cases, according to an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks.

There are 12,215 cases left to be checked, although the patients believed to face the highest risks from a misdiagnosis were reviewed first, system administrators said Monday at a town-hall-style meeting, the fourth since the June 18 news conference announcing the problem.

Four veterans among those 14 confirmed cases have died, although whether the misdiagnoses contributed to those deaths is still under review, administrators of the system said after the town hall.

The review is on schedule to finish by the end of the year, said Kelvin Parks, who was interim administrator of the system when the problem was found.

Parks served as interim administrator for more than eight months, as long as U.S. Department of Veterans Affairs rules allow. He remains in charge of the pathology review after being replaced this month as interim director. Parks is associate medical center director, a position comparable to a chief operating officer at a corporation.

The review includes every case the pathologist worked on since his hiring in 2005, Parks said. The pathologist, Dr. Robert Morris Levy of Fayetteville, confirmed in an earlier interview he worked while impaired with alcohol in 2016, but said he didn't work while impaired afterward. Levy acknowledged he's the pathologist involved, although the system will not confirm, saying it's a personnel matter.

Levy was suspended in March 2016 for being impaired, but he returned to work that October after counseling and after a check of his work found no errors. Levy was again taken off clinical work in October 2017 after what the hospital described as a second instance of working while impaired. His dismissal in April came after a personnel review.

At least three attendees of Monday's meeting said they never received the letters that were supposed to go out to either the patients involved or their families. Parks said the Ozarks system did its best and apologized to anyone not receiving a letter. There are 33,806 cases involved going back 13 years, he said.

Linda Alderson of Bentonville, daughter of a deceased veteran, and Jamie Jackson of Galena, Kan., widow of another, said not enough public notice was given to cover cases in which letters were missed.

The University of Oklahoma College of Medicine signed a contract with the Veterans Department this month to join the review. A van loaded with tissue samples left for Oklahoma City on Friday, Parks said. That medical school joins the University of Arkansas School for Medical Sciences along with outside pathologists and specialists within the Veterans Department in the region and one pathologist from the U.S. Air Force Academy.

A final report will be made public in January, he said.

The Veterans Affairs Office of Inspector General is investigating the retention of the pathologist after his first reported impairment, Parks said.

The Veterans Health Care System of the Ozarks serves veterans in 23 counties in Northwest Arkansas, southwest Missouri and eastern Oklahoma.

It was also announced at the town hall the system received approval to build a mental health facility on the main campus. The building will have 16 beds initially and a second floor can be added, system administrators said.

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2.7 - WJHG (NBC-7, Video): [VA Clinic in Panama City Beach offers normal services, food for veterans](#) (30 October, 94k uvm; Panama City, FL)

The VA Clinic on Magnolia Beach Road in Panama City Beach is now the hub of all care for veterans once again.

Operations after the storm started at the 23rd Street Wal-Mart in Panama City, but disaster emergency management personnel have since helped the clinic return to normal services.

Staff members said they're accepting walk-ins as doctors from all over the country take care of patients.

Outside, you'll find a mobile pharmacy unit and canteen services providing vets lunch and dinner.

"Key for our operation, is access to care," Incident Commander Sonya Stokes-Sumrall explained. "Based on those walk-ins, we're going to see the veterans. If they walk in, we're going to make sure they're taken care as long as its within the realms of what we can do at this facility."

Clinic hours are now 8 a.m. to 6 p.m. Monday through Saturday. Counseling services will also be offered.

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2.8 - WSAW (CBS-7): [7 Investigates: National veterans' organization sues VA secretary over emergency bills loophole](#) (30 October, Matthew Simon, 70k uvm; Wausau, WI)

WASHINGTON, D.C (WSAW) -- Two weeks after 7 Investigates exposed a new loophole leaving veterans across the nation liable to pay their own emergency room bills, the National Veterans Legal Services Program has filed a class action lawsuit in the U.S. Court of Appeals for Veterans Claims against the Secretary of Veterans Affairs Robert Wilkie.

The suit, filed on behalf of U.S. Coast Guard Veteran Amanda Wolfe, claims the VA is failing to comply with the Emergency Care Fairness Act of 2010, which ordered the VA secretary to cover emergency medical bills veterans are "personally liable" for.

In Sept. 2016 Wolfe, who served for six years, with postings in Washington and Michigan, as well as, service during Hurricane Katrina response and recovery, was experiencing abdominal pain. Since her nearest VA hospital was three hours away from her Illinois home, she drove herself to the closest non-VA emergency room and underwent an emergency appendectomy.

Wolfe recovered and filed a claim with the VA for reimbursement for \$2,558.54, which was the amount of her \$22,348.25 hospital bill not covered by her employer-sponsored health insurance.

"If I needed emergency care, I thought the VA would still take care of me. But the VA didn't do that and left me hanging," Wolfe said in a statement. "There's power in numbers and I hope other veterans feel that way and will step forward if they have also been denied. This is not right, and many of the veterans who need this help from the VA are old and sick and not able to fight this battle."

Wolfe said if she had not signed up for employer-sponsored health insurance, the VA would have paid the entire \$22,348.25 hospital bill.

This is the second time that NVLSP has filed suit over VA's failure to comply with the Emergency Care Fairness Act of 2010.

As 7 Investigates has previously reported, for years the VA refused to reimburse another NVLSP client, Minnesota Veteran Richard Staab, for any portion of his \$48,000 emergency open-heart surgery bill, because Medicare covered part of his emergency care bill.

"And for the VA to call that non-emergent, that's just ridiculous," Staab's Minnesota-based lawyer Jacqueline Schuh told 7 Investigates in January.

Staab became the face of this loophole when he sued and won his appeal. However, the VA kept appealing until last year.

In January, Schuh thought the legislative fix, now called the 'Staab Rule,' meant thousands of veterans could finally be reimbursed for their emergency room bills. Wisconsin lawmakers also told 7 Investigates they hoped veterans would not have future billing problems.

However, Wolfe's suit alleges the VA continued to violate the Staab Rule by denying her reimbursement claims, which were submitted after the rule was put into place.

"By absolving the VA from reimbursing veterans who must visit non-VA hospitals for emergency treatment and are then left with expensive bills that are not covered by the veteran's insurance, and by providing a disincentive for veterans to obtain or continue health insurance," the suit says.

As 7 investigates first reported, and is now shown in the NVLSP's lawsuit, a loophole in the way the Staab Rule was written means the VA is interpreting the language to mean it is forbidden from reimbursing a veteran "for any co-payment, deductible, coinsurance or similar payment" incurred during emergency treatment at non-VA hospitals.

"After you subtract the co-payment and deductible, there's usually a quite large bill," attorney Bart Stichman, executive director and co-founder of NVLSP, told 7 Investigates. "And the

insurance companies, typically, in a co-insurance situation, says we'll pay 50 percent. And you have to cover the remaining 50 percent mister veteran."

"The limited exception for co-payments refers to a form of cost-sharing that is typically a minimal, fixed amount. Coinsurance, on the other hand, typically requires the veteran to pay a relatively high percentage of the remaining portion of the bill," Stichman said. "The VA is trying to drive a Mack truck through the narrow phrase 'co-payments or similar payments' to once again avoid its legal obligations."

"I do not believe the Court intended to allow the VA to circumvent Staab's ruling by now declaring that most of the expenditures for which Veteran's are seeking coverage or reimbursement for are co-pays or come under "other insurance," Staab's lawyer Schuh said in a statement to 7 Investigates.

"Perhaps another way to look at this, sadly, is that Staab addressed an issue which now opens up another issue. I wonder if the Veteran's Affairs Committee is aware of all of these loopholes," Schuh said. "The Staab Rule fixed an inconsistency or illegality in the manner in which the VA was addressing claims and now the VA will rely on the loopholes to avoid payment."

While the VA estimated in January the Staab Rule meant 5,442 Wisconsin veterans would be reimbursed for their emergent care, when 7 Investigates asked for an update this month an unnamed VA spokesperson said those pending claims became part of their normal workload. And the final outcome was not tracked separately.

Stichman told 7 Investigates he hopes the lawsuit will be able to make the VA reveal the numbers of denials and encourage other veterans to join the litigation.

"What I'm worried about is there are a lot of veterans who don't know about the fact that the VA is violating the law by not paying your deductible or coinsurance. And they assume the VA must've done the right thing, because they said they did the right thing. And they don't appeal. And so the denial of reimbursement becomes final. And that's a major reason we filed this lawsuit as a class action," Stichman said. "We want to ensure those people that don't know enough file a notice of disagreement to appeal are not harmed by the VA's violation of the law."

In a statement to 7 Investigates, Sen. Tammy Baldwin said "We need to make sure that when our nation's veterans need emergency care, they can get the care they need and they aren't stuck with excessive bills. I share NVLSP's position because the Trump Administration should do right by our veterans, follow the intent of the law and stop severely limiting reimbursements to them."

Earlier this month, Baldwin's office told 7 investigates as a result of the Trump Administration's Veterans Affairs Department's interpretation of what is a "similar payment," the VA is denying emergency medical reimbursements.

Sen Baldwin told 7 Investigates the VA's interpretation, "Is severely limiting reimbursements to our veterans."

In an Oct. 15 statement to 7 Investigates, an unnamed VA Public Affairs spokesperson said, "Based on VA's interpretation of Title 38 United States Code 1725(c)(4)(D), Reimbursement for Emergency Treatment, VA is prohibited by law from reimbursing an otherwise eligible Veteran's

copay, cost share or deductible he or she owes to a health-care plan. For VA to make such payments, Congress would need to amend this section of the law.”

Stichman said the U.S. Court of Appeals for Veterans Claims will now decide if the class action suit can proceed, based on a response from VA leaders.

Rep. Sean Duffy and Sen. Ron Johnson have not responded to 7 Investigates request for comment.

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2.9 - WPSD (NBC-6, Video): [Veterans talk health care with Duckworth, Kelly at town hall](#)
(30 October, Logan Gay, 51k uvm; Paducah, KY)

MARION, IL — Better health care services: That’s what veterans in southern Illinois discussed with Democrats Sen. Tammy Duckworth and congressional candidate Brendan Kelly during a town hall at the American Legion in Marion, Illinois.

Veteran Roger Tolbert has been going to the VA since 1975. He said making sure veterans get their benefits and adequate service through Veterans Affairs are why he attended today’s meeting.

“The benefits is what we fought for. We shouldn’t be cheated out of it,” said Tolbert.

Duckworth and Kelly are veterans themselves. They said they are well aware of some of the challenges veterans face when it comes to their health care.

“I think there’s a great number of people of veterans who are concerned about privatizing veterans’ health care. I think it’s not the right direction for us to go,” Kelly said. “We don’t want to turn the care of our veterans and the special needs that we have over to private insurance companies who the bottom line is profit instead of care.”

Duckworth said she has been doing her best to hold the Marion VA Medical Center accountable for any mismanagement.

“We are pushing for and received complete general council investigation into what happened,” she said. “We have done, the medical office of investigation has conducted an investigation, and now there’s another one to the general counsel office. We are going to stay on top of it.”

Some said they have a hard time understanding why the country isn’t fighting for them when they need it the most.

“Disgusting, it shouldn’t be that way,” Tolbert said. “They should get what they deserve and what they worked for.”

Tolbert said he will continue to fight for his brother and sisters in uniform.

Duckworth said she collected information from some of the people in the town hall; they said their complaints about the Marion VA were not listened to. The senator said she plans to follow up on those requests.

Kelly faces Republican U.S. Rep. Mike Bost on Nov. 6.

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3. Business Transformation

3.1 - The Republican: Leeds veterans hospital celebrates \$19 million in funding, ongoing modernization (30 October, Elise Linscott, 781k uvm; Springfield, MA)

NORTHAMPTON -- In an effort to offer a holistic approach to medicine and upgrade aging facilities, the VA Central Western Massachusetts Healthcare System in Leeds has improved both its radiology and audiology units as part of multi-year projects.

Officials celebrated the improvements with two ribbon cutting ceremonies Tuesday afternoon. Some of the VA's buildings date to 1922 and have needed upgrades in order to match current needs, said associate director Andrew McMahon, who oversees the healthcare system's facilities.

Staff including medical center director John Collins were front and center for the ribbon cutting, alongside doctors, veterans and leaders from the American Legion, who he thanked for their ongoing advocacy.

"It's awesome to make a great first impression in a more professional setting and to be able to give back to these veterans who have given so much," said Jill Hawley, chief of audiology and speech pathology.

Hearing loss and tinnitus are two of the most common problems aging veterans face. The updated audiology clinic offers hearing tests and top-of-the-line hearing aids to veterans, along with treatment options.

The radiology clinic has also undergone about \$2.6 million in upgrades and utility restorations, including a new state-of-the-art CT scan machine. The new machine is safer because it gives a lower dose of radiation to patients while offering higher-quality imaging compared with standard machines, said Dr. John D. Hubbard.

"This is a really great addition to our delivery of healthcare," Hubbard said. "We provide a lot of options for tests. Veterans won't need to look elsewhere for their CT imaging."

Above the CT scan machine are bright decorated ceiling tiles with images of the sky, flowers and tree branches -- an idea staff members had to help ease patient stress during scans, said public affairs officer Andre Bowser.

Funding for construction at the Leeds VA, awarded through competitive merit-based grants, has increased considerably over the last few years. In 2015, the facility received \$2.1 million, growing to about \$6.9 million in 2016, nearly \$14 million in 2017, and \$19.2 million in 2018.

Projects have also included additional parking, improving the historic medical center's steam and electrical infrastructure; repaving roads and pathways across campus; and facilitating plans

for moves and space upgrades at the medical system's seven other sites of care, according to a press release.

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3.2 - WFIE (NBC-14, Video): [VA clinic could come to Dubois Co.](#) (30 October, Sydney Miller, 81k uvm; Evansville, IN)

JASPER, IN (WFIE) - Dubois County could soon be getting a veteran's clinic.

Right now, VA officials are gauging the usefulness, analyzing the number of veterans applying for and using VA medical services.

Dubois County Veterans Service Officer Bob Johnson said this would be a game-changer.

Currently, he said volunteer drivers bring veterans from more than an hour away to either Evansville or New Albany, often times for just a five-minute check up.

"When you've got to put elderly veterans into a vehicle for a five-minute check or even just a physical or prescriptions you know it's crazy when you could do it right here. And wear and tear on their body plus just the convenience of it being here. More people would get involved in the VA if it was local. A lot of people don't sign up because it's too far away," Johnson said.

Last quarter alone, Johnson and nine volunteer drivers drove over 100 hours and about 3,000 miles taking veterans to appointments.

He said if more qualified veterans apply for benefits, the better their chances for getting the clinic.

He encourages veterans in Dubois County and surrounding areas to apply, whether or not they plan to use the benefits, to make sure the accurate numbers of veterans in the area is recorded.

Veterans can also contact Bob Johnson, Dubois County Veteran's Service Officer, directly for more information.

Courthouse Annex Building 602 Main Street Jasper, IN 45746-9998

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Healthcare IT News: [Cerner gives new updates on DoD and VA EHR rollouts](#) (30 October, Mike Miliard, 54k uvm; Chicago, IL)

In an earnings call to discuss its Q3 results this past week, officials from Cerner offered new information about the ongoing electronic health record modernizations it's rolling out at the U.S. Departments of Defense and Veterans Affairs.

Both are proceeding at different paces, they said, but valuable lessons are being learned along the way at each.

After initial deployments at four DoD sites in the Pacific Northwest that saw their share of hiccups, MHS Genesis is ready for the next wave of installs at four more Air Force and Navy sites on the West Coast, said John Peterzalek, Cerner's chief client officer. "We believe these sites will benefit from the optimization efforts that followed our initial go-lives," he said.

As for the VA, Cerner is "on track to steadily ramp our work on the project as we finish 2018 and move into 2019," he added. "The first major project milestone will be in 2020, when initial sites are scheduled to go-live."

"We're pretty early in that process," added Marc Naughton, Cerner's chief financial officer. "But once it really cranks up, we're still a little early on deciding exactly what share that we'll perform and what share our partners will perform." He explained that the ramps-up "is not necessarily going to be linear. It could be a little bit lumpy depending on what work is being done, kind of slower start. And then once it gets up to scale, there's a lot to go do."

Change management is key, says DoD lead

In a podcast posted to the Cerner website on Monday, Stacy Cummings, program executive officer for Defense Healthcare Management Systems, who's overseeing the MHS Genesis implementation.

As the rollout moves next past its initial operational capability phase in Washington State, Cummings said there have been some valuable lessons learned about EHR configuration, workflow, change management, training and adoption that will be brought to the next stages of the project.

One of the big ones, she said, is that "you need to make sure you have a good network infrastructure in place for MHS Genesis to be as reliable and speedy and efficient as possible." At first, she explained, IOC sites didn't leave enough time between ensuring network stability going live with the EHR, and that posed some big challenges.

Along with having a robust network, "cybersecurity is so important," said Cummings, who said the top priorities for MHS Genesis are "patient safety and keeping patient's data secure."

But perhaps the biggest takeaway from the first stage of the project, learned the hard way as many clinicians struggled with new technology and new workflows, is the importance of change management and training, she said.

"Our original change management and training structure focused a little too much on how to use the system and not enough on how the workflow will differ from legacy, where it was a lot more based on putting content into the system, to MHS Genesis, which is really a workflow-based, role-based system," said Cummings.

From the Pacific Northwest, the next step is to moving down the coast, with new Cerner rollouts at four new bases in California, she said: Travis Air Force Base (the largest of the four), Mountain Home AFB, Lemoore Naval Air Station and Monterey AFB.

The projects will build on the successes already occurring at the IOC sites – Cummings mentioned high uptake of patient portal and secure messaging, barcoding compliance at 85

percent and a tightly integrated inpatient-outpatient ED system – but will also incorporate some hard-earned wisdom from some of the challenges faced in Bremerton, Fairchild, Madigan and Oak Harbor.

"We're really looking at our network stability schedule and basing our schedule on that," rather than vice versa, she explained. "With network stability for six months. We'll be able to use the system during training the same way we'll be able to use it when we're actually operational."

And when it comes to change management, lessons learned from the pilot sites will be crucial., said Cummings. But "not just to apply them and move on," she said. "Apply them and test again. See where we got it perfect, and where we need to do a little more work to make it the best possible solution for our users and our beneficiaries."

At VA, hard work gets under way

In a blog post Tuesday, Travis Dalton, president of Cerner Government Services, gave his own update on MHS Genesis – he pointed to efforts to "identify challenges and fine-tune processes early," working with the DoD's Joint Interoperable Test Command – and also indicated that some of those learnings will be applied to the rollout at the VA.

"Cerner and the agency are committed to applying commercial best practices, as well as any lessons learned from our DoD experience, to the VA's Electronic Health Record Modernization program," said Dalton. "The VA has unique challenges and it's critical that end-users and stakeholders are engaged throughout the implementation process."

As for next steps, he said the wisdom gleaned from the DoD project has left Cerner well-positioned for the VA rollout, where the "work is only beginning."

Cerner is "continually engaging their leaders and end-users through local workshops and site reviews that are critical to implementation at their IOC sites," said Dalton. The modernization project will "have ongoing innovation and health information exchanges among military and Veteran care facilities and thousands of civilian health care providers throughout the program."

It's been three years since work began in earnest on MHS Genesis. Now that Cerner is getting down to brass tacks on the VA project too, the company is clear-eyed about the large task it (and its partner, Leidos Partnership for Defense Health) faces.

"We know the commitment a complex IT installation requires," said Dalton. "We also know that there will be hurdles to overcome."

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4.2 - FedScoop: [Cerner touts early success for DOD e-health record modernization](#) (30 October, Billy Mitchell, 24k uvm; Washington, DC)

Pilots of the Department of Defense's new electronic health record system MHS GENESIS have scored early successes while making key adjustments to address struggles spelled out in a report in May, says a top executive at the company leading the system's development.

"So far, our focus has centered on implementing solutions at four DoD military treatment facilities, or initial operational capability (IOC) sites," Travis Dalton, president of Cerner's

government services line, wrote in a blog post Tuesday. “I recently had the opportunity to visit these sites and meet with their leadership teams. I am encouraged by the progress being made and the direction we are now headed. Even in this early stage, thanks to the leadership at each site, we’re seeing improvements in patient safety, patient care and efficiency.”

Dalton goes on describe the improvements MHS GENESIS has driven at the pilots in the Pacific Northwest — things like “a nine-minute improvement in the time from when a patient arrives at the Emergency Department (ED) to when they see an ED provider” and the avoidance of duplicate lab orders or chest X-rays. Also, patients and their care teams are now communicating 40 percent more through online portal messages, he writes.

These proclaimed successes stand in contrast to the findings of a report earlier this year from DOD’s Joint Interoperable Test Command. The Pentagon team conducted an Initial Operational Test & Evaluation at MHS GENESIS’s four pilot sites, finding then that the \$4.3 billion project was “neither operationally effective nor operationally suitable.”

Dalton acknowledged the report and said it “confirmed some of the challenges the team was already working to resolve” prior to its release.

“Though some have portrayed the report’s findings as a setback for the program, these reports accomplished exactly what we intended,” he said. “We welcome the feedback from the IOT&E reports as well as direct feedback from end-users and leadership at the IOC sites. We will continue to work with them to optimize and improve the system throughout the lifespan of the program.”

Because things are going well, Dalton said, “we’re well-positioned to soon kick off the next phase of deployment across military medical facilities in California and Idaho.”

Success at the DOD pilots also matters for the Department of Veterans Affairs, which is following in the Pentagon’s footsteps by rolling out a nearly identical modernized EHR developed by Cerner so the two will be interoperable as a service member transitions into retirement as a veteran.

“Cerner and the agency are committed to applying commercial best practices, as well as any lessons learned from our DoD experience, to the VA’s Electronic Health Record Modernization (EHRM) program,” Dalton wrote. “The VA has unique challenges and it’s critical that end-users and stakeholders are engaged throughout the implementation process.”

The company recently convened more than 400 “stakeholders including Veteran Service Organizations, government officials from the VA, DoD, Office of Management and Budget, and industry partners” in Missouri for the project’s kickoff, he added.

“Servicemembers and Veterans deserve the very best care and services available – whether treatment is received in the community, at a military or VA facility,” Dalton said. “When the DoD and VA implementations are complete, Servicemembers and Veterans will no longer be forced to carry a printed version of their records, experience gaps in care or undergo redundant medical testing. Instead, providers will be able to see a patient’s complete health record – rather than just a snapshot or their current medical condition.”

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Wicked Local – Braintree: A Good Age: Paul Schrader's tribute to those who served (30 October, Sue Scheible, 287k uvm; Westford, MA)

BOURNE — Four miles south of the Bourne Bridge off busy Route 28, you enter an expanse of peace and solitude, sacred for many. People seek out the Massachusetts National Cemetery year-round for a variety of reasons. To bury a family member who served in the nation's armed forces or their spouse or dependent child. To plan ahead for their own final resting spot. To visit the grave of a loved one, perhaps with friends, and commune, draw strength, even make amends. To honor all who have served.

In all these endeavors they can count on the help of people like Paul Schrader.

A Braintree native and former Hanover resident, Schrader, 79, is one of 17 volunteer greeters at the Massachusetts National Cemetery, which is part of the federal Department of Veterans Affairs.

"It is an honor and a privilege to be here and to serve and is how we need to treat each other," he says. "This is a tribute to those who gave so much to our country and to their families."

Last Wednesday, Schrader sat at the glass-enclosed reception console inside the front door of the cemetery's administration building, where he has been a volunteer greeter for five years. He answers the phone, fielding questions from the public. He helps visitors use two gravesite locators, one outside, to look up the names of veterans and find the cemetery section where they are buried. When committal services are held — five to 20 a day — he helps direct traffic as the corteges form.

Sometimes mourners arrive off schedule. One day a man jumped out of car, putting on his tie as he ran to the office. "I hope I'm not late," he said. He was a day early.

Schrader graduated in 1957 from Braintree High School and in 1973 from Northeastern University. He and his wife Clare, married Feb. 11, 1961, have five children and lived in Hanover from 1964-1976, moved to Texas and then moved back to Sandwich in 1997. He worked as a consumer advocate in Hyannis with the state Attorney General's office from 1999 to 2013. After he retired, he saw a news story that an employee who mowed the lawns at the National Cemetery had been injured. Having served in the National Guard, he called and volunteered to do the mowing. That was not allowed under liability rules but he was encouraged to become a greeter. It was a new position in the increasingly busy main office; more than 70,000 people are buried in the 734-acre cemetery.

"Paul was one of our first volunteers and having been a mayor of Friendswood, Texas, he had a lot of experience working with the public," says Administrative Officer Barbara Cellucci of Weymouth. "He was a perfect fit and gave us a lot of great ideas and helped us develop the core plan for what our volunteers accomplish every day. He's a huge asset to us and is

extremely good at reading people as they come in and helping them to satisfy their reason for coming here. The volunteers are a core piece of our operation. Without the volunteers satisfying the easy phone calls, it would be very difficult to get through the day.”

Schrader, a naturally compassionate man, has responded to a range of emotions by cemetery visitors. One memorable experience was with a man in his 40s who arrived disheveled, intoxicated, seemingly lost. “He said he was trying to find his father for the first time since he had died more than 20 years ago,” Schrader recalled. “So I helped him, told him where the grave was, we chatted and I said, ‘I don’t know what has transpired between you and your father, that you have been separated for so long. But it’s time to forgive him or let him forgive you and make tomorrow a better day, because you cannot change the past. You can only go forward.’” He was reminded of the saying, “Fear and regret are twin thieves; they rob you of your yesterday and your tomorrow.”

He gave the man a hug and watched him go off to visit his father’s grave. The man has returned several times, looking better. “I feel that I did something that really helped someone,” Schrader says. In another unusual encounter, a woman who had finally learned the identity of her biological father through an obituary had done some research and had come to find his grave.

“We usually have a very full day of visitors who always need help finding where everything is,” Cellucci said. More volunteer greeters are welcome. There are also other volunteer crews who come in to trim the trees and do landscaping.

For more information about the Massachusetts National Cemetery, call 508-563-7113 or visit the website. The main office is open from 8 a.m. to 4:30 p.m. Monday through Friday. The cemetery is open from sunrise to sunset year-round. To volunteer, contact Barbara Cellucci at 508-563-7113 Ext. 105.

On Saturday, volunteers with Raynham’s Paul Monti will place flags at every gravesite in the cemetery. Monti lost his son, posthumous Medal of Honor recipient Sgt. First Class Jared C. Monti, in Afghanistan in 2006. (Schrader and Monti were both in the Braintree Warriors Drum and Bugle Corps in the 1950s.)

The cemetery’s Veterans Day ceremony is at 1 p.m. Sunday, Nov. 4

The Friends of the Wareham Veterans Council has dedicated an area at the traffic rotary outside the entrance to Massachusetts National Cemetery as Hero’s Circle.

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6.2 - WSBT (CBS-22, Video): [Mishawaka VA Clinic reminding female veterans of year-round care it offers women](#) (30 October, Caroline Torie, 97k uvm; Mishawaka, IN)

The VA Clinic in Mishawaka wants to serve more female veterans. As Breast Cancer Awareness comes to a close, it wants to emphasize the care it offers year-round for women.

According to the VA Healthcare System, there are more women veterans in the area who could benefit from enrolling in services at the St. Joseph County VA Clinic.

Right now, it is stressing breast cancer and cervical cancer screenings, bone density scans, and maternity care services. It also is reminding veterans about the mental health treatment, radiology, and laboratory testing it offers.

If the clinic does not offer a service a patient needs, it will connect them with other providers in the area. For example, mammograms are not offered on-site, but patients can get theirs from another provider and be included within their VA benefits.

“We just want to make sure that our veterans know that we are here for them and that we do have those services available,” says Kasandra Johnson, the Northern Indiana VA Healthcare System Women’s Veteran Program Manager.

Visit this link to determine your eligibility for Veteran health benefits:
<https://www.va.gov/healthbenefits/apply/veterans.asp>

Visit this link to apply for enrollment:

<https://www.va.gov/healthbenefits/apply/>

To speak to someone at within the VA’s enrollment office, please call 1-800-360-8387 and select the following extension:

Fort Wayne - Extension 71101

Marion - Extension 71101

Mishawaka (St. Joseph County Health Care Center) - Extension 79498

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6.3 - MSU Denver RED (Video): [Missing In Action: Support For Female Veterans](#) (30 October, Matt Watson, 26k uvd; Denver, CO)

The November forecast for the desert outside Fallujah, Iraq, is similar to Colorado’s high plains: warm and sunny by day and temps dipping into the 40s at night.

Jessi Warthen has slept outside in both places – first as a Marine in Fallujah and then as a homeless veteran in Colorado. Sadly, her experience is a window into the all-too-common plight of women who served in the U.S. Armed Forces.

After enlisting in the U.S. Marine Corps out of high school, Warthen set out on her first of three tours in Iraq in 2004, volunteering for a planned fall raid of Fallujah, an operation that became known as the Second Battle of Fallujah. The fighting would span from Nov. 7 to Dec. 24, and today it is considered the bloodiest battle of the eight-year Iraq War.

The then-20-year-old Marine drove trucks – big trucks capable of hauling up to 30,000 pounds of cargo. Her assignment for Fallujah involved trucking wire and sandbags to the frontlines for an engineering detachment building small compounds in quadrants of the city that had been cleared by U.S. forces.

Warthen’s work was critical to the operation, yet military brass didn’t want her in the battle zone.

“The day of the raid, my staff sergeant says: ‘They told me I can’t bring you into the city because you’re a female, and I’m not going to listen to that order because I need you. You’re one of my few corporals, so I need you in the city,’” Warthen recalled. “It made me feel good because someone was sticking up for me.”

That feeling would be fleeting.

Come nightfall, the infantry lieutenant in charge of the barbed wire encampment they’d just constructed barred her from spending the night inside because she was female.

“He thought I was going to sleep with the other Marines,” she said.

Warthen recalled staring at her truck that night – there was no room for her to bed down in the cab, and the flatbed was full of gear.

The Marine wasn’t alone that night – the other two drivers from her unit, both males, stayed with her under the truck, flanking her on the desert floor.

“We froze our butts off all night – it was that cold – and we had our rifles loaded the whole time,” Warthen said. “That was horrifying. (We) had no protection whatsoever. If we had gotten attacked that night, all three of us probably would’ve died. But what are you going to do?”

Locked and loaded, she went to sleep.

The brave without a home

Fast forward eight years, and Warthen again was sleeping outside in cold. She had been living in a tent for three months, and the late fall weather was wearing on her once more. Only this November 2012, she’s not in uniform, and she’s not in Iraq. She’s homeless in Colorado.

Following her third tour in Iraq, Warthen – now a sergeant – was honorably discharged from the Marines in 2008. She returned to Colorado, but like many military veterans returning to civilian life, she struggled to find steady work.

She lost a job in Fort Collins, Colo., after she refused her boss’s sexual advances. Then she lined up a job at a Canon City, Colo., youth rehab center, spending what was left in her bank account on a required medical exam and drug test before the job fell through.

Warthen qualified for some disability pay from the U.S. Department of Veterans Affairs (VA), but those funds only covered her truck payment, insurance, and the cost of a small storage shed where in 2012 she left her belongings while she and her dog Sola lived in a two-person tent at a campground.

Although it’s difficult to count homeless populations, the VA’s 2017 estimates put the number of homeless female veterans anywhere between 20,000 and 40,000.

While pinning down the exact number of homeless female veterans remains elusive, the number is on the rise as the number of total female veterans and the number of females in the active military increases. Women comprised 9.4 percent of all veterans in 2017, according to a VA report. Meanwhile, a Council on Foreign Relations analysis of U.S. Military Demographics using 2016 data found that women make up 16 percent of all enlisted forces.

The VA and the U.S. Department of Housing and Urban Development (HUD) do not collect data on the risk factors contributing to female veteran homelessness, but Warthen attested to some of the risk factors that affected her civilian life.

It can be difficult to find a female veteran counselors to serve the 45,000-plus female veterans in Colorado, Warthen said. Her best friend from the Marines, a woman who also experienced homelessness after leaving the military, spent five years earning her master's degree in social work and now works with veterans in Pueblo, Colo. However, Warthen has counted just four such counselors in the Denver metro area, and two of those are in Boulder.

Advancing in education

Almost 14 years to the day after Warthen spent the night sleeping under a truck gripping a loaded rifle, she has a firm grip on her future. The 34-year-old is studying history at Metropolitan State University of Denver with plans to teach secondary social studies.

She's the president of the Student Veterans at MSU Denver club and a work-study student in Veteran and Military Student Services, where she helps her fellow vets navigate the University and the G.I. Bill.

As of fall 2018, 1,013 veteran or military students are enrolled at MSU Denver, which just claimed the 67th spot on the Military Times' "Best for Vets 2019" rankings of the country's four-year colleges and universities.

About one-fourth of MSU Denver's veteran population is female, and Veteran and Military Student Services recently held a Female Veterans Hiring Initiative with resources for economic security and weekly professional development workshops for women.

New for 2019, a donor named Bonnie Baker established the Yvonne Phelan Veterans Endowed Scholarship for veteran or active service members at MSU Denver. Preference for the new scholarship will be given to applicants who are female, who are not receiving funding from the G.I. Bill, and who are pursuing a technical or STEM degree.

Baker was inspired to establish the scholarship because of her affinity for the military, which was inspired by her family members who have served. That includes the scholarships namesake, Yvonne Phelan, who served in the Army during the Eisenhower administration.

"Yvonne went through some difficult transitions coming out of the military," Baker recalled. "She also went through difficult times in the military. I think she would be honored to have this scholarship named after her."

Baker said she was inspired to act because she kept hearing how female vets are underserved.

"All vets are underserved," she said, "but female vets even more – and I thought: 'What could I do to help these folks out?'"

The scholarship takes effect in Spring 2019 thanks to Baker's \$100,000 gift and more than \$38,000 in matching funds from the MSU Denver Foundation.

"Funding their education is a top challenge for our student veterans, so we hope this is the first of many scholarships that will be available to our students," said Lauren Sullivan, director of Veteran and Military Student Services. "For our female veteran students, I hope that the

opportunity for scholarship funds will be motivating and help them know how much we support them and their success at MSU Denver.”

The University also just launched a Veteran & Military Student Emergency Scholarship for veteran/military students who are experiencing unforeseeable financial hardships that could prevent them from completing their current semester. That scholarship is available now until funds have been exhausted.

Warthen was so moved by news of Baker’s scholarship endowment that she hand-wrote a letter to her. After receiving that letter, Baker came to campus to meet Warthen and further discuss issues facing female vets.

“I know from personal experience how much that support means, especially to a female veteran,” Warthen wrote to Baker. “Our military service was tough, but getting out was the hardest part.”

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6.4 - FedSmith: [Veterans Impacted by Hurricanes Will Get Priority on Appeals Claims](#) (30 October, Ian Smith, 9k uvd; Washington, DC)

The Department of Veterans Affairs announced today that it will be prioritizing the pending appeals claims for veterans who were impacted by Hurricanes Michael and Florence.

VA’s Board of Veterans’ Appeals has determined that the significant effects of the two hurricanes were sufficient cause for the Board to advance the appeals for counties in Florida, North Carolina, South Carolina and Georgia determined to be disaster areas by the Federal Emergency Management Agency (FEMA).

“Accelerating the decision process on pending appeals claims for those Veterans and their families affected by hurricanes Florence and Michael is the right thing to do,” said VA Secretary Robert Wilkie.

By regulation, the Board may advance appeals on its docket by a motion of the chairman if sufficient cause is shown. This means that all veterans and other appellants with an appeal currently pending before the Board whose addresses of record are in one of the affected counties will have their appeals automatically advanced on the Board’s docket. No action is needed on the part of the affected veterans if their addresses are current.

The VA has provided the list of impacted counties on its website.

The advancement on docket (AOD) for these two storms is expected to last for six months from the date of the events. Therefore, counties impacted by Hurricane Florence will be AODed from Oct. 1, 2018, to March 31, 2019, and counties affected by Hurricane Michael will be AODed from Nov. 1, 2018, to April 30, 2019. The Board will reassess AOD for these two storms once the six-month periods end.

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6.5 - Vikings: [Vikings Share Appreciation During Visit with Veterans](#) (30 October, Craig Peters, Eden Prairie, MN)

MINNEAPOLIS — Vikings current players and alumni on Tuesday participated in the team's eighth annual visit to the Minneapolis Veterans Affairs Health Care System to express their sincere gratitude for service and sacrifice of American heroes.

The Vikings met veterans in the hospital's Community Living Center and also visited the Spinal Cord Injury Center, stopping in the physical therapy room to encourage veterans who are rehabilitating injuries.

Nick Easton, whose grandfather served in the military, appreciated the opportunity to connect with the veterans and hear their "stories of bravery and honor and valor."

"People think we brighten their day, but they brighten our day," Easton said. "It's honestly an amazing experience."

Easton, who suffered a season-ending injury in training camp, was joined by Cornelius Edison and Reshard Cliett, and Vikings Legends Dave Osborn, Wes Hamilton, Greg Coleman and Ryan Hoag.

Osborn, who is one of the 50 Greatest Vikings, sported a Salute to Service edition Vikings hat. He has become an annual attendee capable of connecting with the veterans, many of whom are of a similar age.

John C. Elliott, who served in the Marines from 1964-68 before working with Vikings Director of Security Kim Klawiter the Minnesota State Patrol, said appreciation has improved from the time when he and other service members returned from Vietnam.

"There was nothing for us, no thanks," Elliott said of the late '60s and early '70s. "It seems like we get more congratulations now than when we came back."

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6.6 - WJMN (CBS-3): [VA to host free event at Virtual Reality Arcade in Marquette](#) (30 October, 2k uvd; Escanaba, MI)

MARQUETTE — Veterans are invited to a free event at the Edge of Reality VR Arcade in Marquette on Friday, November 9 from noon to 4 p.m. (ET). The afternoon of virtual reality experiences is sponsored by the Oscar G. Johnson VA Medical Center and will include pizza, pop, and snacks. The Edge of Reality VR Arcade is located at 333 W. Washington Street and is open to all who served in the military.

"We are inviting anyone who has served in the military to come and try out cutting edge virtual reality equipment and just hang out with fellow Veterans," said Jordan Fox, a Peer Support Specialist with the VA and event coordinator.

Fox emphasized that Veterans do not need to be enrolled in VA healthcare to participate in this free event.

“It is also an opportunity to learn about local resources and programs for Veterans offered by the VA and the local community,” said Fox.

To RSVP or get more information, please contact Jordan Fox, VA Peer Support Specialist, at 906-231-0203.

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7. [Other](#)

7.1 - FOX News: [Civil War POWs’ trauma shortened their sons’ lifespans, startling new research says](#) (30 October, James Rogers, 27.6M uvm; New York, NY)

Civil War-era data suggest that trauma experienced by POWs shortened the lifespan of their male children, according to a startling UCLA research study.

UCLA Economics Professor Dora Costa analyzed records in the National Archives to track the lifespans of children of Union soldiers captured by the Confederacy. The study examined data on male and females born after 1866 who lived to at least 45 years of age.

The records were compared to data on the children of Union soldiers who survived the war but were never prisoners of war.

A key factor in the research was when the POWs were held by the Confederacy. During the early stages of the conflict, prisoner exchanges occurred frequently, although this was less common from 1864 to 1865 when the terms of exchange became contentious. During that time, camps were often overcrowded and conditions such as scurvy and malnutrition were much more common than at the start of the war.

At Andersonville prison in Georgia, for example, 13,000 of the 45,000 Union soldiers imprisoned there died from disease, poor sanitation, malnutrition, overcrowding, or exposure over a 14-month period. Andersonville is now a national historic site.

Researchers studied the records of 2,342 children of 732 POWs during the period when no prisoner exchanges took place, as well as 2,416 children of 715 POWs from when exchanges were common. Data on 15,145 children of 4,920 veterans who had not been POWs were also studied.

Costa discovered that sons of POWs in the worst camp environments were 1.11 times more likely to die at any given age after 45 years of age than the sons of non-POWs and 1.09 times more likely to die at any given age than the sons of POWs who had been imprisoned in camps when conditions were better.

The professor told Fox News that she started the study expecting to write a paper about socioeconomics. Instead, the results offer fresh insight into epigenetics, which is the study of inherited “biological triggers” that can affect genes and how the body’s cells react to genetic data, with altering underlying DNA sequence.

One example of epigenetics would be genes for type 2 diabetes being switched “off or on” by environmental stimuli, Costa told Fox News.

Common causes of death among veterans’ sons were cancer and cerebral hemorrhage, in keeping with epigenetic studies of starvation in male mice, according to the research study. Fathers’ POW status had no impact on their daughters’ health, it added.

The fact that sons’ lifespans were impacted and daughters were not, indicates an “epigenetic effect transmitted along the Y chromosome,” Costa said. The Y chromosome is only found in males.

While the study’s findings are alarming, researchers note that the impact of trauma was likely mitigated by nutrients taken by mothers during pregnancy. Sons who were born during the later months of 1866 to soldiers who were POWs when conditions in the Confederate camps declined fared better than those born earlier in 1866. Costa said that this is likely the result of their mothers having better access to nutrition during their pregnancies.

For sons born in the fourth quarter of 1866 to mothers with adequate nutrition during their pregnancies, there was no difference in the eventual death rates of POW and non-POWs’ sons. However, for sons born during the second quarter of 1866, when maternal nutrition was inadequate, the sons of ex-POWs who experienced the harshest conditions were 1.2 times more likely to die than sons of non-POWs and sons of ex-POWs who had been held in less severe conditions.

“Because ex-POW stress was so extreme and because there were such big seasonal differences in maternal nutrition, it is easier to detect effects in the past,” Costa told Fox News. “The lesson for today is that effects are possible and they can be reversed.”

The study, funded by the National Institutes of Health, was published in the journal Proceedings of National Academy of Sciences.

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7.2 - Military.com: [Inspire More Than 'Thank You for Your Service?'](#) (30 October, Amy Bushatz, 2M uvm; San Francisco, CA)

The lip service in the words “thank you for your service” deeply bothers Montel Williams, the former talk show host told Military.com. And he thinks a TV show he's hosting and co-producing can help.

“In the last couple of years, I've been more -- not disgusted by, but angered by -- the fact I'm in the airport all the time, and I'll see a soldier walk by, and someone will say, ‘Thank you for your service,’ and they won't even wait to see what the soldier has to say back. Are you really saying it because you are thankful for their service, or are you saying it because it seems like the vogue thing to do?” he said in an interview. “It rolls off of people's lips just like ‘good morning’ does. It's time that we really start putting our money where our mouths are.”

Williams has just joined Lifetime network's military-focused home improvement show, recently renamed Military Makeover With Montel. Centered on providing accessible housing to military veterans and their families, the show is in its 15th season.

Fans will remember the show in its previous iteration, hosted by "Gunny" R. Lee Ermey until his death early this year. Ermey, known for his infamous portrayal of Sgt. Hartman in the cult classic "Full Metal Jacket," was himself a Vietnam veteran and died in April at age 74 after an illness.

Not unlike other home makeover shows, Military Makeover pairs the show's crew, host and designers with home construction help and donations from the local community.

Williams believes it can demonstrate that actions speak louder than words. And he hopes his in-depth interview style can take the show to the next level, helping viewers peel back the layers to see what it's really like to be a veteran or veteran family. Thanks to his popular longtime TV talk show, The Montel Williams Show, which aired for 17 years, he became a household name. But he's also a Marine Corps and Navy veteran who served for 22 years.

That service, he said, gives him a unique insight on not only what it's like to serve, but what it's like to get out.

"Of course, we're building a house ... but we're also rebuilding that person from the inside because they're starting to understand that people do care, and the community does care," he said. "I hope [viewers] get a sense that 'thank you for your service' isn't enough, that 'thank you for your service' isn't the end of it. We should be thanking them for their service for the rest of their lives."

For one upcoming episode, Williams and his crew were able to present Army veteran Bryan Moore and his wife Shawn with a newly renovated home. Shawn founded the organization Caregivers on the Homefront, which works to assist fellow military caregivers, and Bryan suffers from PTSD, Williams said.

Just having the chance to sit down and talk to the couple served as a reminder of what veteran families are dealing with behind the scenes.

"Behind every man, woman who served, there's a family that serves them when they're home. And every now and then, they need to be shored up, need to be reminded that the job they are doing -- it's really almost something you can't even pay back," he said. "It was good to sit down with both of them, to get both of their experiences so I could translate [that] to something that people can understand."

Military Makeover With Montel airs on Lifetime.

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7.3 - FedSmith: [Man Lies About Having PTSD to Get VA Disability Payments](#) (30 October, Ian Smith, 9k uvd; Washington, DC)

A Fairport, NY man pleaded guilty to claiming to have Post Traumatic Stress Disorder (PTSD) in order to get disability payments from the VA.

According to an announcement from the Justice Department, Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had PTSD after witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

In support of his claim, he described in detail the two suicides that he claimed to have witnessed to include his distance from the soldiers, the manner in which they each committed suicide, his observation of the bodies, and his role in the investigations. As a result of this claim, Pecka received a high disability rating and was awarded tax free disability benefits of \$3,167 per month. In total, he received over \$92,000 in tax free VA Disability benefits to which he was not legally entitled.

As an interesting aside, he filed the initial claim while he was an inmate in federal prison for an unrelated bank fraud conviction.

An investigation conducted by the VA Office of Inspector General found that some of his claims about the suicides didn't add up.

In the case of one of the soldiers, the IG found Pecka was not even in the same country at the time the suicide occurred. Pecka repeatedly stated under oath that he watched this soldier commit suicide, when in fact, he was stationed over 6,000 miles away in Kuwait when the soldier committed suicide near Ft. Drum, NY.

On May 24, 2018, Pecka provided statements to an undercover VA Office of Inspector General Special Agent whom he believed to be a VA Field Examiner conducting a routine file update for his compensation claim. During that meeting, Pecka falsely told the agent that he personally witnessed the suicide of one of the soldier, now claiming that it happened while they were "on a mission" together. Pecka described the incident stating that soldier shot himself with his pistol without warning, and that he reported the incident to his First Sergeant. None of that was true.

Regarding the second suicide, Pecka falsely claimed that he saw the muzzle fire from the discharge of that soldier's rifle, discovered that victim in his vehicle, and then reported the suicide to Military Police. This too was a lie.

After making these statements to the undercover VA-OIG Special Agent, Pecka completed a new VA Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder Form, in his own hand. In that statement, the defendant again falsely claimed that he saw both soldiers shoot themselves.

Pecka was ordered detained pending sentencing on both cases, which is scheduled for January 24, 2019. He is charged with making a false official statement which carries a maximum penalty of five years in prison, a fine of up to \$250,000, or both.

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From:

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Cc:

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Subject: [EXTERNAL] 30 October Veterans Affairs Media Summary and News Clips

Date: Tue Oct 30 2018 05:15:47 CDT

Attachments: 181030_Veterans Affairs Media Summary and News Clips.docx
181030_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.56881-000001

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Veterans Affairs Media Summary and News Clips

30 October 2018

1. [Top Stories](#)

1.1 - NBC News: [NYC mayor announces plan to assist 12,000 veteran students at risk of eviction](#) (29 October, Farnoush Amiri, 12.7M uvm; New York, NY)

With about 12,000 New York City student veterans at risk of eviction from their homes in the coming months, city officials on Monday announced a plan to provide emergency rental assistance. A pair of city agencies — the Department of Veterans' Services and Department of Social Services — are streamlining the process for those student veterans to get evaluated for financial assistance, said Mayor Bill de Blasio.

[Hyperlink to Above](#)

1.2 - Marie Claire: [When Female Veterans Return Home](#) (29 October, Jim Rendon, 2.8M uvm; New York, NY)

First Lieutenant Brie Zeiger tried to stifle her fear as the C-130 transport plane she was riding in began its descent toward Forward Operating Base Salerno in a hostile region of Afghanistan. The base was attacked so often that the soldiers nicknamed it "Rocket City." Just three months earlier, in June 2012, insurgents had detonated a truck bomb and invaded the base, killing two Americans. As the plane approached the runway, Zeiger heard an odd sound, like pellets smacking a metal target at a fairground shooting game. This was normal, the crew told her, just incoming fire from the Taliban.

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1.3 - The Columbus Dispatch: [National Veterans Memorial and Museum opens in Columbus to fanfare](#) (28 October, Holly Zachariah, 811k uvm; Columbus, OH)

U.S. Secretary of Veterans Affairs Robert Wilkie, an officer in the U.S. Air Force Reserve and the son of an Army artillery commander, told the crowd that veterans are "ordinary citizens who have performed extraordinary deeds." He said the museum is a place that will make certain that those who protect our country are never forsaken.

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1.4 - Building Design + Construction: [Outpatient clinics bring the VA closer to injured veterans](#) (29 October, John Caulfield, 70k uvm; Arlington Heights, IL)

This fall, the Department of Veterans Affairs' Palo Alto Health Care System in California is opening a three-story, 95,000-sf Community-Based Outpatient Clinic (CBOC) in the scenic Silver Creek section of San Jose.

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1.5 - U.S. News & World Report (AP): [Mississippi Man Pleads Guilty in Threat to Veterans' Office](#) (29 October, 14M uvm; Washington, DC)

A Mississippi man has pleaded guilty to threatening to bomb a Veterans Administration office. The U.S. attorney's office for southern Mississippi says in a news release that 48-year-old Undrey L. Jones of Jackson entered the plea Monday.

[Hyperlink to Above](#)

2. Improving Customer Service

2.1 - Forbes: In Looking To Treat The Whole Patient, VA Tests Behavioral Health Platform (29 October, Nicole Fisher, 36.9M uvm; New York, NY)

Approximately 1/5th of adults in the U.S. (43.8 million people) experience mental illness of some form in any given year. A significant number of those are related to depression, anxiety or post-traumatic stress. We also know that individuals living with mental illness face increased risk of having chronic medical conditions and die earlier than peers - largely due to treatable medical conditions.

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2.2 - WRAL (CBS-5, Video): MDMA - you may know it as ecstasy - proves to be effective against PTSD (29 October, Randall Kerr, 1.2M uvm; Raleigh, NC)

"Five times I should be dead, at least one time in Iraq, and I'm still here." Jonathan Lubecky is a former Marine and member of the North Carolina National Guard who served in Iraq. After battling the enemies overseas, he returned to North Carolina and battled personal demons. "I saw the worst of the humanity," Lubecky said about his time in Iraq.

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2.3 - Military Times: Veterans are cutting back on smoking and drinking, but they still face significant health risks (29 October, Leo Shane III, 471k uvm; Springfield, VA)

Veterans remain more likely to report feeling in great medical condition even while they face an increased risk of serious health problems like cancer, arthritis and emotional distress, according to updated survey results from veterans advocates out Tuesday.

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2.4 - MedPage Today: Possible Malingering in PTSD, TBI Cases Calls for Careful Analysis (29 October, Elizabeth Hlavinka, 307k uvm; New York, NY)

Malingering should be considered when diagnosing post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) in certain settings, according to a review of current data. Since PTSD and TBI have similar symptoms and are both most commonly diagnosed in veterans, it may be increasingly difficult to distinguish between the two, particularly since anywhere from 6% to 44% of those with TBI also have PTSD, reported Jeffrey Guina, MD, of the University of Michigan in Ann Arbor.

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2.5 - KNWA (FOX-24, Video): VA Holds Town Hall Meeting, Veterans Claim They Weren't Notified in Health Case Changes (29 October, Katie Davila, 46k uvm; Fayetteville, AR)

A local veteran has stage four throat cancer, but said it was more than a year before he was told by VA doctors. Monday the VA held a meeting to update the public on the unreviewed cases following the firing of pathologist, Dr. Robert Morris Levy. He was found to be impaired on the job. Since June the VA has dedicated its monthly town halls to discuss the pathology reports.

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2.6 - KREX (CBS-5, Video): Grand Junction VA Receives 4 Star Rating (29 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

Michael Kilmer, Director of the Grand Junction VA Medical Center, stopped by the KFQX studio to discuss the VA improving from a 3 Star rating to a 4 Star rating and being ranked 28 out of 130 other VA Medical Centers. Kilmer touches on how the center was able to earn that rating and what they plan on focusing on in the coming months in order to continue improving their facility.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - The Montana Standard: Guest view: Tester's bill fixed the fiasco that was Choice for veterans (29 October, Mike Kujawa, 51k uvm; Butte, MT)

Many years ago, Montana's Fort Harrison V.A. Medical Center in Helena disbursed funds to outside medical providers and facilities when a veteran required care not directly provided by the VA System. When Congress instituted the Choice Program, local VA medical centers lost control of those funds.

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5. Suicide Prevention

5.1 - Richmond Times-Dispatch: Wounded Warrior Project expands mental health care services for veterans (29 October, Bridget Balch, 507k uvm; Richmond, VA)

As suicide rates among veterans remain high, the Wounded Warrior Project has committed to expanding its mental health care services to reach about 5,000 additional veterans across the nation over the next five years.

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5.2 - Medical Xpress (University of Connecticut): Suicide risk higher among older vets who were in jail (29 October, 34k uvd; New York, NY)

Veterans released from prison are five times as likely to attempt suicide as their peers who have never been incarcerated, report UConn Health researchers in an article in press in the American Journal of Geriatric Psychiatry. "People over 50 are the fastest growing segment of the prison population, and most of them will eventually be released," says UConn Health epidemiologist Lisa Barry.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - KABC (ABC-7, Video): VA 'Stand Down' event brings help to homeless veterans in Los Angeles (29 October, Sid Garcia, 2M uvm; Glendale, CA)

They've sacrificed so much for our country, yet so many veterans face challenges like unemployment and homelessness. To help combat that, the Greater Los Angeles Veteran's

Administration held an event, which for many, is the first step in turning their lives around. Heidi Marston is with the VA Greater Los Angeles and explains what "Stand Down" is all about.

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6.2 - Oakland Press: [Northern Oakland County sites plan Veterans Day observances](#) (29 October, Andrea Peck, 441k uvm; Pontiac, MI)

The Great Lakes National Cemetery in Holly will host a Veterans Day ceremony honoring all who served in the armed forces. The ceremony is set to begin at 11 a.m. on Sunday, Nov. 11. Adam Weiner, Navy veteran and Bronze Star with Valor recipient will be the keynote speaker.

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6.3 - Northwest Arkansas Democrat-Gazette: [World War I remembrance planned in Fayetteville](#) (29 October, Mike Jones, 366k uvm; Fayetteville, AR)

The end of World War I will be remembered with the sound of bagpipes in an early morning ceremony Nov. 11 at the Fayetteville National Cemetery. The war ended Nov. 11, 1918. Hostilities broke out on July 28, 1914, ignited by the assassination of Archduke Franz Ferdinand of Austria a month earlier in Sarajevo.

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6.4 - WBTV (CBS-3): [Veteran gets missing VA disability check after calling WBTV for help](#) (29 October, Nick Ochsner, 219k uvm; Charlotte, NC)

A local veteran got his missing VA disability check within days of calling WBTV for help. Calvin Noble, Jr. called WBTV in July after spending months trying to get the VA to send his missing disability check from May. When he called, Noble said he was told the check had been deposited into the bank account of his ex-wife. As a result, the combat veteran, who is diagnosed with Gulf War syndrome after serving in the first Iraq war, went without his check of roughly \$3,000.

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6.5 - WLOS (ABC-13): [Asheville business owner ensures homeless vet is laid to rest with dignity](#) (29 October, John Le, 106k uvm; Asheville, NC)

A proud local veteran who was homeless in the final years of his life was laid to rest in a poignant military funeral. Army Private Walter Anthony Ledford died of liver cancer on September 29 in hospice care at Charles George VA Medical Center. Sadly, he didn't have the luxury of loved ones by his side. The VA attempted to contact his family to no avail.

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6.6 - Bee-News: [Computer issue delays GI Bill benefits](#) (29 October, Freddy Groves, Middlebury, CT)

If you're going to school and were expecting your housing stipend benefit money by now, you're not alone. Over 300,000 of you are in the same boat. Either you're receiving incorrect low amounts or you're receiving nothing at all. Why is this happening? It's because of old IT programming that was never upgraded to include changes in the Forever GI Bill. The machines don't know how to make the correct calculations.

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7. [Other](#)

7.1 - WPMT (FOX-43): [Man, ex-wife accused of spending veteran's VA, Social Security benefits on themselves](#) (29 October, 169k uvm; York, PA)

A Thompsontown man and his ex-wife face charges for allegedly defrauding a disabled veteran, the Veterans Administration (VA) and the Social Security Administration out of more than \$300,000 over an almost 10-year period. Jason Ehrhart, 48, is charged with one count of health care fraud while Laurie Ehrhart, also 48, faces a charge of health care fraud and conspiracy to commit health care fraud.

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7.2 - The Clarion-Ledger (Video): [Veteran pleads guilty to federal charges after threatening to bomb the VA office](#) (29 October, Therese Apel, 164k uvm; Jackson, MS)

A veteran who gave his name before threatening to blow up the Veterans Administration Regional Office in Jackson pleaded guilty to the crime on Monday. Undrey L. Jones, 48, Jackson, pleaded guilty today before U.S. District Judge Carlton W. Reeves to threatening to bomb the VA building, according to a release from U.S. Attorney Mike Hurst and VA Office of the Inspector General Special Agent in Charge, James Ross of the South Central Field Division.

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7.3 - The Repository: [National Veterans Memorial and Museum opens in Columbus](#) (29 October, Jessica Wehrman, 67k uvm; Canton, OH)

The Department of Veterans Affairs neither supported nor opposed the idea, saying it did not apply to the VA's core mission. But the Veterans of Foreign Wars gave it full-throated support, with John Towles, deputy director of national legislative service for the VFW, telling the subcommittee that the nation lacked a museum dedicated to honoring and preserving the collective sacrifices made by the nation's veterans. "This museum would serve to fill that gap," he said.

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7.4 - Wisconsin Rapids Daily Tribune: [False alarm causes VA Clinic evacuation](#) (29 October, Karen Madden, 10k uvm; Wisconsin Rapids, WI)

Dust from construction work set off smoke alarms and caused the evacuation of the VA Clinic, 555 W. Grand Avenue, Monday morning. The clinic was evacuated about 11:30 a.m. Monday, after smoke alarms sounded, but there was no smoke, according to the Wisconsin Rapids Fire Department. Firefighters checked the building and determined the alarm was set off by dust from construction.

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1. [Top Stories](#)

1.1 - NBC News: [NYC mayor announces plan to assist 12,000 veteran students at risk of eviction](#) (29 October, Farnoush Amiri, 12.7M uvm; New York, NY)

With about 12,000 New York City student veterans at risk of eviction from their homes in the coming months, city officials on Monday announced a plan to provide emergency rental assistance.

A pair of city agencies — the Department of Veterans' Services and Department of Social Services — are streamlining the process for those student veterans to get evaluated for financial assistance, said Mayor Bill de Blasio.

Normally, they can count on GI Bill payments to fund their monthly housing allowance and provide other benefits, but an IT problem has created a backlog *for payments to be processed* at the U.S. Department of Veterans Affairs after President Donald Trump made changes to the law last year, agency officials said. Thousands of students veterans around the country are potentially affected, NBC News previously reported.

The de Blasio administration said first-year students are being most affected by the technical error.

"Dozens of schools reported to the NYC Department of Veterans' Services that many of their student veterans are between 2-4 months behind on rent and are without funds for living expenses," the mayor's office said in a release.

In a statement provided by his office, de Blasio added, "Our nation owes our veterans a debt of gratitude for their service. At the very least, those who bravely served our country are owed the benefits promised to them by the federal government. New York City is stepping up to give student veterans the security they need to stay in their homes while they wait for the federal benefits they earned through service to our country."

The GI Bill was signed into law in 1944 to help veterans pay for college, graduate school and various training programs. It also provides assistance to family members of those who previously served.

The city's veteran services and social services departments have partnered with 80 academic institutions in New York as part of its "Veterans on Campus-NYC" network.

Eligibility requirements for assistance include proof of GI Bill eligibility, identity, New York City residence, citizenship status and compliance with a background check and finger imaging.

The VA initially had plans to implement new standards for calculating housing stipends on Aug. 1, but because of the "severe critical errors" during testing that "resulted in incorrect payments," they had to postpone it, said VA spokesman Terrence Hayes.

Since then, the federal agency has paid some recipients too much, some not enough and others nothing at all.

It is now financially assisting some students under 2017 rates, although that ignores the 1 percent increase that occurred in 2018. The federal agency says it plans to eventually reimburse students the difference.

The department also cannot say how many student veterans will be affected by a delay in payments until all enrollment documents are processed. Officials expect around 360,000 of them will be eligible for the 2017 rate.

"We apologize for these delays, and want to assure you we are doing everything in our power to reduce the pending workload, address the oldest claims, and continue to test the housing payment IT modifications required for the Colmery Act," the VA wrote on their website on Oct. 25.

CORRECTION (Oct. 29, 2018, 5:35 p.m. ET): An earlier version of the article misidentified the source of a statement about student veterans being behind on their rent. The quote was from a news release issued by Mayor Bill de Blasio's office; it was not said directly by de Blasio.

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1.2 - Marie Claire: [When Female Veterans Return Home](#) (29 October, Jim Rendon, 2.8M uvm; New York, NY)

First Lieutenant Brie Zeiger tried to stifle her fear as the C-130 transport plane she was riding in began its descent toward Forward Operating Base Salerno in a hostile region of Afghanistan. The base was attacked so often that the soldiers nicknamed it "Rocket City." Just three months earlier, in June 2012, insurgents had detonated a truck bomb and invaded the base, killing two Americans. As the plane approached the runway, Zeiger heard an odd sound, like pellets smacking a metal target at a fairground shooting game. This was normal, the crew told her, just incoming fire from the Taliban.

Zeiger, then 26, was a nurse in a small surgical unit there. At night, the faintest whir of helicopter blades would jolt her from bed; wounded were on the way. She loved the challenge of the work, the rush of making life-or-death decisions. "I felt like I was doing exactly what I was meant to do," she says. But in time, she was numbed by the relentless stream of injured soldiers. One soldier arrived riddled with shrapnel from an improvised explosive device. The medical team tried to keep him alive by pumping air in and out of his lungs. Zeiger remembers looking into his eyes, digging through his bloody clothes to find his dog tags, then watching the 23-year-old pass away. "There is something about seeing a soldier die that changes you," she says.

Her nine-month deployment was so profound and complex that when she returned home, she struggled to talk about it. "How do you explain that your normal day is seeing limbs blown off, the way it looks and smells?" she says. "How do I explain how that changed me for the rest of my life?" The few times she tried to talk with her father about the war, they argued. She grew resentful. Civilians could never understand what she'd experienced, she thought, so she kept quiet.

Zeiger's sleep diminished to a few hours a night. She felt detached. Rage would pour out of her unexpectedly. "I couldn't feel anything except for negative emotions," she says. She went to counseling and was diagnosed with post-traumatic stress disorder (PTSD). "Who doesn't have

that?” she quips. The Army’s therapists never helped her move forward, she says; they just identified her problems and urged her to get back to work. As she rose through the ranks to become a company commander, she stopped interacting with patients, leaving her more isolated. “I felt broken,” she says. “I thought about killing myself. I had so much guilt—survivor’s guilt—there was no way I could continue living like this.”

A friend convinced Zeiger to try a radically different program designed to help soldiers like her. And so, one morning in August 2017, Zeiger, then 30, got into her Audi A3 and began the six-hour drive from her home in North Carolina to Boulder Crest Retreat, outside of Washington, D.C. There she would spend the week with six other women who had served in war zones. They too struggled with isolation, insomnia, depression, anxiety, PTSD, and thoughts of suicide. She’d heard Boulder Crest was unlike any treatment program in the country. Rather than desensitize soldiers to bad experiences, Boulder Crest helps them grow from their trauma—showing them how their worst experiences can become a catalyst for turning their lives around. And unlike many other privately run veterans’ retreats, which cater only to men, Boulder Crest has a program for women.

Still, as Zeiger traveled north, she began to get cold feet. Maybe I should call and tell them I am sick or that work called, she thought. She’d tried army counseling three separate times, and nothing had changed. Would this place really be different?

Zeiger is one of more than 380,000 American women who have served in Iraq and Afghanistan. Though most have not officially been in combat roles, these women have taken on crucial responsibilities in very dangerous places, sometimes fighting alongside the men; 168 have died in these wars.

Since all combat jobs opened to women in January 2016, those numbers will likely grow. By 2020, the U.S. Department of Veterans Affairs (VA) estimates there will be nearly two million female veterans. And many of them will contend with the kinds of problems that have plagued Zeiger. According to a 2013 study from researchers at the National Center for PTSD in Boston, 21 percent of women and 23 percent of men deployed to Iraq and Afghanistan were likely to report symptoms of probable PTSD. Though those rates are similar, more women report depression, in part because they are more likely to experience it as a symptom of PTSD than men.

While civilian and military men commit suicide at higher rates than their female counterparts, according to a 2016 VA report, in 2014, the difference between soldiers and civilians was greater for women in all age groups. For young women it is particularly alarming: In 2014, female veterans between 18 and 29 years old killed themselves at six times the rate of civilian women of the same age. Researchers don’t know exactly why so many female veterans are committing suicide, but they have found that survivors of military sexual trauma have a higher rate of suicide than others, and about 20 percent of female soldiers have been victims of such abuse, according to the VA. The study also found that female veterans were more likely than civilian women to kill themselves using a firearm—the most lethal method of suicide.

Navy Captain Michael Colston, a psychiatrist and director of mental-health programs for the Office of the Assistant Secretary of Defense for Health Affairs, says the military has been focused on PTSD, spending more than \$330 million on the disorder over the last decade. Treatments such as prolonged-exposure therapy, in which patients repeatedly recount their traumatic experiences to desensitize them, and cognitive-processing therapy, in which the trauma is also revisited, are the norm, as is prescribing medication, including the

antidepressants Prozac, Paxil, and Zoloft. Most therapy lasts two or three months, with follow-up over six to 12 months for medication management, he says.

While these therapies have decades of studies to validate them, many soldiers fail to complete them because of the effort they require and the need to revisit the trauma, Colston acknowledges. "It can be unsettling for some," he says. Up to 80 percent of veterans drop out of these therapies at VA centers, according to a 2015 study led by a researcher at the Veterans Affairs Boston Healthcare System. Those who complete treatment do benefit, but not always enough. One review of decades of studies by VA researchers shows that while the therapies reduce PTSD symptoms, more than 70 percent of patients still meet the criteria for PTSD when the therapy ends. Shira Maguen, a psychologist with the San Francisco Veterans Administration Medical Center and a professor at UCSF Medical School who works with and studies female veterans, says that some VA centers have begun offering a few complementary and integrative treatments for PTSD in addition to the evidence-based psychotherapies. "We know that we need a multipronged approach," says Maguen. "Veterans need alternatives."

The Boulder Crest Retreat has been effective for those who have not been helped by traditional treatment. Unlike most programs, which aim only to manage PTSD symptoms, Boulder Crest acknowledges that trauma fundamentally changes individuals; there is no returning to normal. Their methods are based on the idea that trauma is deeply painful, but that pain can force dramatic, beneficial transformations.

That is not wishful thinking; it's a phenomenon called post-traumatic growth. Most trauma survivors struggle with post-traumatic stress symptoms in the wake of horrific events, but about two thirds of them also report their lives are better, which researchers have determined is post-traumatic growth. That idea challenges psychology's long-held assumption that people react only negatively to trauma. But few, if any, veterans' programs embrace it. That is what Boulder Crest is trying to change. (Colston says he likes the concept of post-traumatic growth therapy but the military uses therapies that have decades of studies to back them up.)

On the first day at Boulder Crest, Zeiger and the six other veterans sat around a table on a stone patio overlooking a small pond, along with Suzi Landolphi, Boulder Crest's only licensed therapist there, who jokes, cajoles, and makes pointed insights about the women's deeply personal challenges. Zeiger, who is tall and athletic, with rigid military posture, watched the other women from behind her Wayfarer-style sunglasses until Landolphi pulled her up from her seat. Landolphi explained that Zeiger, who said she felt out of shape, was going to hold Landolphi up using just her arms. Zeiger looked skeptical. Landolphi asked her to lie down on the patio with her arms raised upward. They placed their hands on the other's shoulders. Then Landolphi swung her legs up in the air and did a handstand on Zeiger's shoulders. Their bodies formed a giant L. "You are much stronger than you think," Landolphi told her when they finished. "You have to be more open about the greatness of you."

That is what Boulder Crest tries to do psychologically for these women—to reveal they have been taught by psychologists, the military, and society to view themselves as broken because of their mental-health struggles. Boulder Crest wants to help these women see that they are not broken—that, in fact, their struggle makes them strong.

Boulder Crest Retreat was founded by Ken Falke in 2013. The now-56-year-old retired Navy explosive-ordnance-disposal technician served in the Bosnian War and later founded a military contracting firm. When wounded soldiers began coming back from Iraq and Afghanistan, he visited them at Walter Reed National Military Medical Center and hosted them and their families

at his rural Virginia home. He donated 37 acres of his property and worked with innovative psychologists to develop the Boulder Crest Retreat. Falke opened a second location in Sonoita, Arizona, in May 2017. It costs \$8,333 for each veteran to attend, but the nonprofit does not charge for the program.

In his search for effective treatments, Falke met Richard Tedeschi, professor emeritus in the Department of Psychological Science at the University of North Carolina at Charlotte, who pioneered the study of post-traumatic growth. Back in the 1980s, Tedeschi and his research partner, Lawrence Calhoun, began speaking to older women, mostly widows. The women told the researchers that while they missed their husbands dearly, they had also developed new friendships, formed closer relationships with their children, and gained a newfound independence. Tedeschi and Calhoun also discovered a study of Vietnam prisoners of war that found that soldiers held captive, sometimes for years in horrific conditions, felt their lives were better as a result, echoing what the researchers were hearing from their own patients. Trauma was hard, sometimes debilitating, but it also led to real change. They coined the term post-traumatic growth and developed a scale to measure positive change.

Hundreds of studies followed, showing a majority of trauma survivors' suffering is real, and yet they report changes in one or more of five areas: They feel psychologically stronger, are open to new possibilities, and have deeper relationships, an enhanced appreciation for life, and an increased sense of spirituality. With the right kind of support, survivors can see their lives have more meaning than before.

At Boulder Crest, the women began their days at 6:30 a.m. by writing in their journals, followed by exercise and then long guided sessions—sometimes as a group and sometimes individually—delving into their strengths, struggles, principles, and goals. These emotionally draining discussions were followed by activities like archery or kayaking, where the day's lessons were reinforced. They also learn Transcendental Meditation and meditate twice a day. They eat meals together. Each day ends at 8:00 p.m. with a guided discussion around a fire. The staff teach the women how to regulate their emotions and improve their relationships, careers, and physical fitness.

More than 260 soldiers have completed the program, including 67 women. An ongoing assessment found that after 18 months, Boulder Crest participants' post-traumatic stress levels fell by 56 percent. Anxiety was cut by 45 percent and depression by 50 percent. Post-traumatic growth scores, which measure positive change, were up 40 percent.

Two days into the weeklong program, inside a large log-cabin-style building, Zeiger and the others listened as Meredith Mathis, one of the guides, spoke about her time in Afghanistan. A superior officer abused her emotionally and then sexually assaulted her for several months. "I hoped I would get blown up every time I got in my MRAP [mine-resistant ambush-protected vehicle]," Mathis told them. After she returned from another deployment as a member of the Cultural Support Team program—an elite group of women who accompanied special-operations forces to gather intelligence from Afghan women—Mathis started experiencing severe, constant vertigo, depression, and anxiety, and she was put on antidepressants and anti-anxiety medication.

Three years later, Mathis came to Boulder Crest. "For a long time, I didn't trust anyone," says Mathis, now 33. "You can't be vulnerable in the Army without someone taking advantage of it." There, she found a safe community of women to whom she could finally open up. Now she no

longer needs medication; she started her own photo-restoration business and published a book about her struggles before working part-time at Boulder Crest to help other women like her.

Mathis is no psychologist. Her only qualifications are her experience and training here. Other than Landolphi and one more licensed therapist at its Arizona location, Boulder Crest does away with the professionals, preferring instead to use guides—veterans and civilians whose stories of suffering and transformation help participants see that they too can grow. A 2004 study conducted by Tzipi Weiss, an associate professor of social work at Long Island University, found that just having contact with someone who has benefitted after trauma can increase the likelihood of post-traumatic growth.

In the spring of 2016, a soldier we'll call Sophie, who asked we use a pseudonym to protect her identity because she's still in the military, went through the Boulder Crest program with Mathis. She had spent 15 months doing construction work in Iraq and then joined the Cultural Support Team program. Shortly after arriving in Afghanistan, a soldier was killed. "It was a heartbreaking reminder of how dangerous our job was," she says.

Then in October 2011, a friend, Ashley White, a highly decorated soldier who was profiled in the 2015 best-selling book *Ashley's War*, was killed in Afghanistan when she walked into a compound rigged with improvised explosives. Sophie couldn't attend White's funeral because she was deployed, so she ignored her feelings.

Isolation was normal for Sophie. In Iraq, fewer than 10 women were in her company of 120, mostly enlisted soldiers who, as an officer, she was prohibited from socializing with. "I just buried my emotions most of the time," she says. She dwelled on split-second decisions she made, like not returning fire into a village when she could not see the shooter. Should she have defended herself even if she risked shooting civilians? Did she let her fellow soldiers down?

When Sophie returned home, she got married and left active duty. She had trouble sleeping, and when she did, nightmares about walking through an Afghan village without her weapon or her team plagued her. She felt anxious, alone, and adrift. "When you are doing something significant and worthwhile, it is exciting, like a drug," she says. "It was hard to come back home."

Studies show that absence of support makes PTSD more likely, and Maguen's research on veterans of the first Gulf war shows strong social support predicts post-traumatic growth. Female soldiers are more likely than men to experience isolation, as women make up only 16 percent of the armed forces. One Boulder Crest participant noted she was the only woman among 1,700 men.

Many women in the military avoid fraternizing with men because they worry others will think they are sexually involved. (Zeiger says in the military, women are considered either "sluts or lesbians.") Female soldiers often struggle to find anyone they trust, and that isolation can prime them for PTSD, Maguen says. The military's high rates of sexual assault and harassment can further alienate women, she adds, making them more vulnerable to mental-health problems. Given the importance of social support, Boulder Crest works hard to create a supportive and long-lasting community for the women who come here.

On the second full day at Boulder Crest, Zeiger stood in front of the group and spoke about her family. "My father was a very depressed and angry person," she explains. She felt her mother was controlling and judgmental. But, Zeiger says, she also acquired good traits from them: faith, a sense of humor, and an interest in sports.

Hanging behind Zeiger was a family tree of sorts. She wrote down the traumas her family members had experienced and their destructive behavior in red. Then, in blue, she noted positive behavior. It is important to understand both, says Landolphi, so the women don't feel victimized. If the veterans can see their family as complex and flawed, they can better understand their relatives' actions and how those events affected them. And that knowledge can lead to change. Then Zeiger told the group something she had told few others: When she was 10, she was molested by a family friend. After joining the Army, she was sexually assaulted by a fellow soldier.

Opening up was cathartic. "I never realized I became the person I am because of how I was raised," she says. "It was powerful for me to understand I have the choice to change."

Boulder Crest delves into family because childhood trauma is surprisingly common among soldiers. A 2014 study coauthored by several VA researchers found 28 percent of women in the military reported four or more traumatic childhood experiences, compared to 20 percent of women with no military service. Another study found that half of women in the military reported childhood sexual abuse. Childhood trauma likely pushes young adults to join the military in search of a new family, stability, and purpose, says Landolphi. But those in the military with troubled childhoods are more susceptible to mental-health problems. A 2012 study led by a researcher at the Army Institute of Public Health found that 65 percent of soldiers who attempted suicide had also experienced childhood trauma.

Opening up not only helps the women learn about themselves, it gives others an opportunity to show they care. "When others start helping you, it becomes obvious there is something you can do for people too," says Tedeschi. That desire to help others is considered growth.

On the fourth day, as a hard rain fell, the women visited a horse farm. There, a veterinarian led four horses into the indoor ring. Landolphi told the women to pick the horse that most resembled them. One of the women, 35-year-old Sergeant First Class Celeste Holley, stood rigidly behind the others. "Can I opt out?" she asked. She fell off a horse as a child and is terrified of them. Landolphi told her no. She was here with her team; she needed to try.

Zeiger liked horses, so she walked with Holley as she approached them, helping her get closer and even touch one. Holley chose a dark-brown horse that had been abused when it was young. Holley, too, had suffered childhood abuse.

That night around the bonfire, a guide asked the women to share their win for the day. Holley spoke up. "You were patient and allowed me to be vulnerable, and it felt really good," she says. "I'll be leaving here knowing that I can call on you all and you will support me." Feeling good at Boulder Crest, far from the complications of daily life, is easy. Some of these women have been to other retreats and failed to change when they returned home. Boulder Crest combats that fall-off effect by continuing the program for another 18 months remotely. The women are bound together as a support group, participating in facilitated regular team video calls with a guide.

Eighteen months after her program ended, Sophie remains in touch with group members. "Talking to women who had similar experiences helped me get through the things that I could not let go of from the deployment," she says. "I don't think it could have happened any other way."

Sophie ended her marriage—she was finally able to accept that the relationship was not good for her—and is sleeping well for the first time in years. She is more open about her struggles and, as a member of the reserves, is looking for ways to mentor young female soldiers. “I used to get my self-worth from success in my career,” she says. “Now I get my self-worth from being a good family member and friend.”

Zeiger’s group became so close that they set up a group text and chat many times a day. It’s a safe haven where the women can vent, ask questions, get support when they fail, and share successes. “We rely on each other,” Zeiger says. “It has been nice to play on our strengths, to help each other.”

In the 15 months since Zeiger left Boulder Crest, she has noticed changes large and small. “I don’t fly off the handle as much,” she says. “I am able to work through what I am feeling and then have a conversation about it.” She has left active duty and is now in the reserves, has gotten married (two women from Boulder Crest attended the wedding), and has moved into a new home in Knoxville, Tennessee. Through all of the changes, she has kept up regular contact with women from her retreat group. “I am more in touch with how I feel after Boulder Crest,” she says. For the first time she can remember, she even feels happy. “I got my life back, actually a better version of me.”

This article appears in the November 2018 issue of Marie Claire.

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1.3 - The Columbus Dispatch: [National Veterans Memorial and Museum opens in Columbus to fanfare](#) (28 October, Holly Zachariah, 811k uvm; Columbus, OH)

Richard Lewis used only his ball cap — the one that tells the world that he was awarded a Bronze Star — to protect his head from the cold and relentless drizzle as he listened to Gen. Colin Powell stand before him Saturday and say that he and veterans like him represent the best of America.

That they deserve a nation’s love, admiration and gratitude. That they deserve to have their stories heard.

And now, in Columbus, there’s a place for that: the National Veterans Memorial and Museum, which opened to the public Saturday with all the military pomp and circumstance that was to be expected. About 2,000 people — many battling the wind to hold on to their umbrellas and most wearing free ponchos provided by organizers for the outdoor ceremony held at Dorrian Green on West Broad Street, across from the museum — packed the park for almost two hours of speeches that culminated with the official ribbon cutting.

Lewis, an Operation Desert Storm veteran who earned a Bronze Star while serving with the Army Reserve’s 656th Transportation Company, said the day’s events were “exhilarating” and the museum’s mission is a vital one.

“Our younger generations don’t really understand what it takes to protect our country,” said Lewis, 54, of the East Side. “They see war in video games, but they just don’t know. For a museum to tell some veterans’ stories and show appreciation? That’s an honor for all of us.”

Powell, a former secretary of state and chairman of the Joint Chiefs of Staff, brought the crowd to its feet with an emotional and impassioned speech about patriotism, duty and honor.

He said that veterans, both in war and peacetime, protect everything that this country's Founding Fathers established in 1776.

"Forty-two million Americans have served in uniform in the history of our nation," Powell said, adding that the museum "will show their faces, their letters, their fears, their bravery, their anxious families waiting for them to return. You will hear their stories, you will see their photos and their videos.

"And you will be moved to ask, 'Where do we get such patriots?'" he said. "The answer is ... from everywhere. From city and farm, from every color and origin. They represent the rainbow that is America, the strength and goodness of America."

The 53,000-square-foot museum — which cost \$82 million — doesn't pay tribute to any one war or service branch, but instead tells the experience of veterans through individual stories. The idea germinated more than six years ago, the vision of both the late Marine fighter pilot, astronaut and U.S. Sen. John Glenn (who died in 2016) and central Ohio businessman and philanthropist Leslie H. Wexner. Wexner and his wife, Abigail, donated \$40.6 million to the project.

In his remarks Saturday, Wexner said the current divisive climate in this country gives him pause, but he and his wife speak often about how fortunate they are to live in a land that affords such opportunity. He referenced the Declaration of Independence and its guarantee of the right to life, liberty and pursuit of happiness. That document, he said, provides the "what" in everything America stands for. And it is the American military, he said, that provides the "how."

He spoke of how the museum hopes to eventually record the story of every veteran who visits and create an "electronic warehouse" where all those stories can be preserved. And he also appeared to break some news: He said there are plans to build a second building for veterans, focused on education, but gave no additional details.

"This is not the end," he said of the museum. "This is the beginning."

After the ceremony, the the museum's developer, Guy Worley, CEO of the Columbus Downtown Development Corporation, wouldn't comment except to echo Wexner's sentiments about this being a beginning.

But Saturday wasn't about the future. It was about the past, and honoring those who have made a difference in it.

Glenn's son, David Glenn, told the crowd of a vivid memory from when he was 7 and his family was driving to Columbus.

"My mother began to sob and sob because my dad was going off to fight in Korea and she didn't know if she would see him again," Glenn said, choking up. "Being willing to fight and die to protect your people ... that willingness is so powerfully expressed in John 15:13." Then, he quoted the scripture: 'There is no greater love than this — that a man should lay down his life for his friends.'

“Reflecting on that willingness, that love, is what made my father choke up when he talked about his war experiences,” Glenn said, noting of the museum, “I wish he was here to see this.”

Other speakers included retired Army Lt. Gen. Michael Ferriter, the president and CEO of the museum; and members of Ohio’s congressional delegation who worked to get its national designation — Sens. Rob Portman and Sherrod Brown and Reps. Joyce Beatty and Steve Stivers.

U.S. Secretary of Veterans Affairs Robert Wilkie, an officer in the U.S. Air Force Reserve and the son of an Army artillery commander, told the crowd that veterans are “ordinary citizens who have performed extraordinary deeds.”

He said the museum is a place that will make certain that those who protect our country are never forsaken.

“We owe our warriors a debt we can never repay, but we can remember them for what they did,” Wilkie said. “Future generations can learn about our warriors here.”

Among those listening in the crowd was 80-year-old Charles Williams, a veteran of the Air Force and Army. Trying to stay warm bundled under coats and blankets and wearing a camouflage hat and gloves, the military policeman and firefighter who fought in Vietnam couldn’t say much about the day. Dementia and Alzheimer’s stole that away.

But his wife, Selina, said that even with the less-than-ideal weather, she never once thought about not bringing her husband down from their Northeast Side home for the ceremony and a tour of the museum.

“He deserves this. They all deserve this,” she said. “Not enough people understand what these veterans went through. This is overdue.”

Mike Stevens agreed.

The former Navy submariner and his wife, Kim, rode their motorcycle from Washington Court House in southwestern Ohio to join maybe 20 other Patriot Guard riders as part of a ceremonial procession that kicked things off Saturday (Weather canceled a flyover and jump by the Army’s Gold Knights parachute team).

“This is living history,” said Stevens, who spent three years on active duty in the 1980s and stayed a reservist until 2007. “I think it’s important to keep these memories alive. Especially these older World War II veterans. I’d listen to them talk forever about what they’ve seen. But someday, we veterans won’t be here to tell you our stories even if you’ll listen.”

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1.4 - Building Design + Construction: [Outpatient clinics bring the VA closer to injured veterans](#) (29 October, John Caulfield, 70k uvm; Arlington Heights, IL)

This fall, the Department of Veterans Affairs’ Palo Alto Health Care System in California is opening a three-story, 95,000-sf Community-Based Outpatient Clinic (CBOC) in the scenic Silver Creek section of San Jose.

The new clinic—which will replace a 65,000-sf, single-story facility that opened 22 years ago—features design, operational, and service elements that define the VA's recent approaches to veterans' care and staff management.

The department's Veterans Health Administration (VHA) provides care for nine million enrolled veterans each year at 1,243 healthcare facilities in the U.S., including 172 VA hospitals and 1,062 outpatient clinics. CBOCs, which are built by private developers and leased to the VA for 20 years, currently account for the greater portion of the VA's recent expansion.

Stella Fiotes, AIA, Executive Director of the VA's Office of Construction and Facilities Management (VAOCFM), tells BD+C that, by year's end, the VA would award 16 CBOC leases and release solicitations for 10 more.

She adds that, aside from CBOCs, the VA is focusing on expanding its existing medical campuses with specialized care centers, such as the SmithGroup-designed 174,000-sf Polytrauma and Blind Rehabilitation Center in Palo Alto, Calif., which is scheduled open this fall; and the four-floor, \$148.6 million, 245,000-sf Bed Tower at the James A. Haley Veterans' Hospital in Tampa, Fla., which just broke ground and should be ready for patients in 2021. Page is the tower's designer; Turner Construction the general contractor.

Over the last two decades, the VA has been trying to evolve from being a hospital-driven healthcare system to an integrated delivery system that emphasizes a full continuum of care. The proliferation of CBOCs has led the VA to rethink whether its notoriously rigid design guidelines for medical centers could be loosened a bit. Fiotes has asked her staff to review those guidelines to see which might be brought closer in line with AEC industry standards.

The VA is also leading the way in sustainable design, pursuing LEED certification more frequently than the private sector, says Hosam Habib, AIA, Principal and Director of Design with Hoefer Wysocki, an architectural firm with offices in Leawood, Kan., and Dallas that has worked with the VA for 30 years, and whose recent projects include the new San Jose clinic.

But the department's sprawling healthcare portfolio—the largest integrated system in the U.S.—is still saddled with many older facilities that don't conform to its current operational model. The projects that the VA listed in its 2018 budget request to Congress would cost anywhere from \$55 billion and \$67 billion to build or upgrade and activate. The \$3 billion to \$4 billion that Congress appropriates annually to the department for construction, renovation, repair, and nonrecurring maintenance hardly comes close to the VA's budgetary needs.

To supplement what Congress doles out, the VA has been exploring funding options that include private-sector investment. Abetting this exploration was the passage, in 2016, of the Communities Helping Invest through Property and Improvements Needed for Veterans Act, better known as CHIP IN, which allows the VA to accept dollar donations and in-kind gifts, like land or buildings, for certain medical facilities.

The first pilot project authorized under CHIP IN is a 57,000-sf, \$86 million Ambulatory Care Center under construction in Omaha, Neb. Heritage Services, a local philanthropic group that works with civic and business organizations, donated \$30 million and is serving as the project's CM.

DEFINING SCOPE AND REQUIREMENTS TO IMPROVE PROJECT MANAGEMENT

Since its 2014 budget cycle, the VA has made a number of improvements in its construction management, says Fiotes.

For one thing, it now focuses on making sure that a project's scope and requirements are clearly defined before design and construction start, which Fiotes concedes hasn't always been the case. VA will not seek Congressional authorization for any project until at least 35% of its design is completed. At key project milestones, either she or the VA's deputy secretary must sign off on any major changes. "We've gotten good at saying no," she says.

AEC sources whose firms have worked extensively with her office say that, on certain projects, the VA has been sharing construction management responsibilities with outside firms or organizations. "We're seeing more construction administration being performed by AE firms," says Mike Beezley, PE, President of Apogee Consulting Group, a Cary, N.C.-based architecture and engineering firm that, over the past decade, has worked on around 280 VA projects.

Beezley's observation isn't surprisingly, given that the VA for decades has been defending itself against accusations that its managerial oversight left much to be desired. Its deficiencies came to a head in Aurora, Colo., where the Rocky Mountain Regional VA Medical Center at the Anschutz Medical Campus, which officially opened on August 11, took nine years to complete at a cost of \$1.7 billion—\$1.1 billion over budget.

The U.S. Army Corps of Engineers, in coordination with the VA, assumed construction management of that project in 2015 and brought in Kiewit-Turner as its GC. The Aurora facility was one of 12 VA projects that the Army Corps took over following the passage, in September 2015, of the Department of Veterans Affairs Expiring Authorities Act, which mandates that construction management of VA projects over \$100 million be handed over to a non-VA entity.

The VAOCFM doesn't have the same checks and balances as the Department of Defense or "the Army Corps", according to Shea De Lutis, Director of Market Sector and Project Development for Clark Construction, and Barbara Wagner, Clark's Senior Vice President.

The VA still manages construction for projects budgeted under \$100 million, the range for most CBOCs. The General Services Administration, which manages leases for the VA, might assign a delegation to a project, "but we are still in charge of procurement and building," says Fiotes.

EXPANSION AND UPGRADES CONTINUE

Doubts about the VA's project management acumen notwithstanding, Clark's executives say their firm has had mostly successful experiences working with the department. These include the Veterans Puget Sound Health Care System's 204,000-sf, \$108 million Mental Health & Research Facility in Seattle, which was completed last year; and the Southeast Louisiana Veteran Health Care System's 1.7 million-sf, \$937 million replacement hospital in New Orleans, completed in 2016.

SmithGroup has been involved in at least 125 VA projects over the years. These include the Robley Rex Replacement Medical Center in Louisville, Ky., currently in its construction drawing stage. It is being planned for one million sf of inpatient and outpatient services and could begin construction next year, says architect Philip Tobey, FAIA, FACHA, ASHE, a Senior Vice President in SmithGroup's Washington, D.C., office and an Editorial Advisor to BD+C.

Tobey, who once served as an officer with the U.S. Air Force's Office of Surgeon General, says there's a lot to consider when designing VA medical centers, especially those that deal with patients with traumatic injuries. "It's always about finding respite," he says. Wherever possible, SmithGroup incorporates nature into its design, such as natural light and courtyards. He adds that "clarity of wayfinding" is critical in these facilities, where patients may have cognitive difficulties.

Last year, Apogee finished its design for a 15,000-sf behavioral health center in Columbia, S.C., and so far this year it has completed the design for an administrative space in Orlando, Fla., the expansion of a mental-health facility for the Fresno, Calif., VA, and a new emergency department for the Houston VA.

Beezley says that, over the last year, Apogee has seen a "substantial increase" in the renovations of operating rooms and hybrid ORs, sterile processing services, pharmacies, and elevator projects. "We're also seeing an uptick in campus master plans with serious thought to what their needs will be, over the next 10 to 20 years" he says. Beezley adds that the VA is giving veterans in rural areas better access to healthcare through its expansion of CBOCs.

Heapy Engineering performs engineering services for about \$80 million to \$100 million in VA projects annually, says Matt Graham, PE, LEED AP BD+C, a Principal with the firm. Many of those projects are CBOCs. The VA, he says, is also upgrading its IV Prep pharmacies to USP 797 and 800 standards, and modernizing its building and campus infrastructures.

"The VA has demonstrated extraordinary effort in the modernization of its facilities over the past few years," says Hoefer Wysocki's Habib. "I have seen private facilities attempt to mimic what the VA is doing. On the inpatient side the VA's mental health facilities focus on creating a healing environment to promote a sense of community."

ROLLING OUT A NEW CLINICAL MODEL

Graham and other AEC sources say that one of the more significant changes reshaping the VA's healthcare system is PACT, or Patient Aligned Care Team. This is the Veterans Health Administration's design guideline for outpatient facility design.

One of the first places where the VA rolled out PACT was the 150,000-sf, \$82 million Major General William H. Gourley VA-DOD Outpatient Clinic in Marina, Calif., which opened on the dormant Fort Ord military base in August 2017. The clinic is set up with five "neighborhoods," each with 11 multipurpose, 125-sf exam rooms—five on one side, six on the other. Between them are 30 cubicles where the clinic's physicians, nurses, and other medical personnel are stationed for quicker responses to patients' needs.

The waiting areas and hallways leading to the exam rooms reflect a hospitality-like environment. The clinic's on-stage/off-stage setup is focused "on bringing additional care—for example, pharmacy—to the exam room," says Michael O'Connor, a Principal and Director of Healthcare for Nichols, Melburg & Rossetto Architects + Engineers (NMR) in Redding, Calif., which was the architect, engineer, and interior designer on the Marina project. Patients in exam rooms can also communicate with off-site doctors and specialists via a secure video network.

The VA has developed "repeatable templates" for three different-sized outpatient facilities. But Fiotes acknowledges that some medical centers still feel the need to customize PACT for their own purposes. So the VHA is revising those templates to make them more performance-based, and less prescriptive.

IS PRIVATIZATION IN THE VA'S FUTURE?

Unlike the DOD, which can fund projects incrementally as changes arise, the VA must wait for each appropriation cycle for new financing, says Clark's De Lutis. Since 2010, the VA has developed a Strategic Capital Investment Planning process to prioritize its infrastructure needs versus the money it has available to pay for them.

That process has been happening at a time when the private sector has been trying to elbow its way into a position where it provides veterans with an alternative to VA medical centers. Indeed, one of President Trump's campaign promises was to give veterans the option to use "a private service provider of their choice."

ProPublica reported in August on one such "alternative," the Cohen Veterans Network, funded by hedge fund billionaire Steven Cohen, who has spent \$275 million to open 10 free mental health clinics across the country. The article (<https://bit.ly/2woW8yU>) chronicles Cohen's efforts to get the government to subsidize his clinics.

Another ProPublica exposé detailed how three of Trump's business friends—including Marvel Entertainment Chairman Isaac Perlmutter—have been setting policy for the VA.

On the day after he was fired from his job as the VA's Secretary last March, David Shulkin wrote an opinion piece in The New York Times (<https://nyti.ms/2pOdCBm>), in which he warned that privatizing the VA would be detrimental to America's 20 million veterans. "The private sector, already struggling to provide adequate access to care in many communities, is ill-prepared to handle the number and complexity of patients that would come from closing or downsizing VA hospitals and clinics, particularly when it involves the mental health needs of people scarred by the horrors of war," he stated.

Be that as it may, the VA isn't averse to turning to the private sector for help to fund some of its projects.

The Ambulatory Care Center in Omaha, Neb., which is scheduled to open in the spring of 2020, is one of five such pilot facilities that are authorized to be built under the CHIP IN for Vets Act's donation concept. Professionals from AEC firms working on the Omaha facility say its construction management, under Heritage Services, has been relatively frictionless.

Leo A Daly is the project's designer, SE, MEP, and sustainability consultant. Jeff Monzu, the firm's Vice President and Senior Project Manager, says that he's been able to make design suggestions that touch on how the facility's registration process and rooms are set up. Other suggestions have included reducing the number of electrical outlets per room based on probable actual usage, and creating separate clinic pods for entering exam rooms in the women's health area.

Ryan Sawall, PE, CHC, LEED AP, Project Manager with McCarthy Building Companies, the Omaha project's GC, says that his firm came on board before the schematic design started. "Decisions were made quicker, were more reasonable, and were always for what would be best for the VA and its patients," he says.

The VAOCFM's Fiotes is quick to point out that the Omaha project is not a pure public-private partnership because the developer and builder, Heritage Services, is donating its services, as well as the building itself.

The Omaha project's budget is considerably under the \$136 million that the VA had originally estimated. Fiotes explains that this project isn't bound by federal acquisition and procurement regulations. Significant savings were also realized in the physical security requirements, such as hardening the building, by setting the facility sufficiently back from major public roadways and parking.

Heritage Services declined to answer specific questions about changes in the project's scope, its approach to construction management, or its donors. "We have a process that we follow" that leans heavily on "coordination and transparency with our partners," says Chad Beson, Heritage Services' Director of Construction. He adds that, with the right partners, "the VA can do the right thing."

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1.5 - U.S. News & World Report (AP): [Mississippi Man Pleads Guilty in Threat to Veterans' Office](#) (29 October, 14M uvm; Washington, DC)

JACKSON, Miss. (AP) — A Mississippi man has pleaded guilty to threatening to bomb a Veterans Administration office.

The U.S. attorney's office for southern Mississippi says in a news release that 48-year-old Undrey L. Jones of Jackson entered the plea Monday.

The release says on Feb. 27, Jones called the Veterans Benefits Administration Call Center in Salt Lake City. It says Jones identified himself by name, demanded to speak to the director of the VA Medical Center and Regional Office in Jackson, Mississippi, and said he would "come up there and blow the building up."

Jones was arrested the next day.

Sentencing is set for Jan. 22 in U.S. District Court in Jackson. Jones faces up to 10 years in prison and a \$250,000 fine.

His attorney could not immediately be reached Monday.

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[2. Improving Customer Service](#)

2.1 - Forbes: [In Looking To Treat The Whole Patient, VA Tests Behavioral Health Platform](#) (29 October, Nicole Fisher, 36.9M uvm; New York, NY)

Approximately 1/5th of adults in the U.S. (43.8 million people) experience mental illness of some form in any given year. A significant number of those are related to depression, anxiety or post-traumatic stress. We also know that individuals living with mental illness face increased risk of having chronic medical conditions and die earlier than peers - largely due to treatable medical conditions. In fact, mood disorders like depression are the 3rd most common cause of

hospitalization in the U.S. for both youth and adults, adding billions to the costs of care each year. Despite this, most of the U.S. health system separates physical health and mental health, and the ways in which we treat illnesses.

Yet, for decades we have known that mental health is not truly separate from our overall health. Mental health directly affects our physical health, and vice versa. The valuation of what mental health expenditures cost our health system each year is currently estimated at \$204 Billion and growing. And while treatments such Cognitive Behavioral Therapy (CBT) have been shown to improve thoughts and behaviors that impact health decisions and outcomes, dealing with mental health and physical health jointly can be exceptionally difficult in our current system – and therefore, often goes ignored.

Veteran Expertise And Entrepreneurship

In an effort to create a collaboration between primary care physicians and behavioral health specialists to treat the “whole person,” the U.S. Department of Veterans Affairs (VA) has turned to a mental health technology company that will roll-out at the Corporal Michael J. Crascenz VA Medical Center in Philadelphia. In this pilot – which is being funded by an National Science Foundation (NSF) grant – could be a substantial step forward for those in the VA system suffering from mental illness.

The company chosen to receive the \$225,000 Phase I Small Business Technology Transfer (STTR) grant from the NSF is NeuroFlow, an organization that has already raised more than \$1.5 million in each of the last two years, and happens to have been founded by an Army veteran and Bronze Star Recipient who served as a platoon leader during the Iraq War. According to NeuroFlow’s CEO Christopher Molaro, upon returning from war he saw first-hand the lack of mental health treatment options for returning servicemen and women. “This is a huge opportunity to demonstrate how technology and remote monitoring capabilities can enhance the way providers integrate and collaborate behavioral health care in an evidence-based fashion,” he says. “We have grown 10x this year so far, which has been amazing and we are honored to be considered a valuable tool to so many clinics and health systems. But personally, for me, since I served as a U.S. Army Captain, to work with the VA and to serve my fellow Veterans is not only something I take as a big responsibility, but it is a mission I am proud to be on.”

But NeuroFlow is not exactly a newcomer to the behavioral health space. The team contends they’re ready to face challenges that come with CBT such as costs of implementing new systems (monetary and personnel), the geographic and personal distance that can occur between patient visits, and having to deal with patient compliance issues. The company is already in 112 clinics and hospitals in 5 countries, and received accreditation at the Smart Health Innovation Lab with high engagement results.

The NSF Bet

As integrated care has consistently been proven effective in improving outcomes and lowering medical costs, the NSF, an independent federal agency with a budget of about \$7 billion that supports fundamental research and education across all fields of science and engineering, has been looking to fund scientific discovery into products and services with commercial and societal impact. Using the NSF’s America’s Seed Fund which is Congressionally mandated and awards \$200 million annually to startups and small businesses, the VA can test NeuroFlow while de-risking trials of the technology.

Specifically, with NeuroFlow's recently launched IntegrateHealth platform, the VA can test the incorporation of behavioral health into the traditional VA medical setting for things such as primary care – where most antidepressant prescriptions are written – and pain management. That could mean changes in how VA doctors prescribe medications such as antidepressants and opioids, as well as less paper for physicians, less visits for patients, and greater education for everyone about the interconnected issues underlying holistic veteran health.

Barry Johnson, Director of the NSF's Division of Industrial Innovation and Partnerships says, "We hope that this seed funding will spark solutions to some of the most important challenges of our time across all areas of science and technology." If the trial goes well, following the completion of mutually agreed upon benchmarks, NeuroFlow will be eligible for a \$750,000 Phase II grant to launch a larger-scale study of potential clinical and commercial impact across more veteran medical centers. This is particularly true if NeuroFlow can, as predicted, integrate seamlessly with the VA's new Cerner EHR system.

Nicole Fisher is the founder and CEO of HHR Strategies, a health care and human rights-focused advising firm. She is also a senior policy advisor on Capitol Hill and expert on health innovation, economics, technology, and reform - specifically as they impact vulnerable populations. [...]

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2.2 - WRAL (CBS-5, Video): [MDMA - you may know it as ecstasy - proves to be effective against PTSD](#) (29 October, Randall Kerr, 1.2M uvm; Raleigh, NC)

"Five times I should be dead, at least one time in Iraq, and I'm still here."

Jonathan Lubecky is a former Marine and member of the North Carolina National Guard who served in Iraq. After battling the enemies overseas, he returned to North Carolina and battled personal demons. "I saw the worst of the humanity," Lubecky said about his time in Iraq.

In 2006, Lubecky's post traumatic stress disorder (PTSD) led to thoughts of suicide, and to the Veterans Monument in Raleigh.

"I sat there for about two hours trying to come up with the best way to kill myself," he said.

Instead, he managed to find his way to Womack Army Medical Center in Fayetteville just days before Christmas.

"I walked in and told them I was going to kill myself. They gave me six Xanax and said, 'Don't take them all at once -- it will kill you. And give your guns to a neighbor when you get home. And come back after the holidays.'"

Lubecky said he almost didn't survive the weekend.

"In the early hours of Christmas morning in 2006, I drank a bottle of vodka, loaded a 9 mm Baretta, put it to my temple and pulled the trigger -- and the gun malfunctioned," Lubecky said. "That's my first of five suicide attempts."

Lubecky later moved to Charleston, South Carolina, where his regimen to treat his PTSD included 42 pills a day. During one trip to get a refill, a medical intern at the Charleston VA hospital slipped him a note. "It said, 'Google MDMA PTSD,'" Lubecky recalled.

Once outside the walls of the VA, Lubecky discovered that MDMA is the scientific name for the street drug ecstasy; researchers were in the early stages of studying the drug's effect on PTSD. He soon enrolled in a clinical trial, where he was legally given doses of ecstasy in a controlled setting. The drug helped counter Lubecky's flight or fight mentality when talking about what he saw in Iraq.

"The MDMA puts the mind and body in a place where the therapy can work," he said. Lubecky had three treatments using ecstasy, six to eight weeks apart.

"MDMA therapy has been shown to really dramatically resolve those symptoms of PTSD," said Dr. David Nichols, a pharmacologist from UNC Chapel Hill who's one of the world's leading experts on psychedelic drugs.

Nichols actually created the ecstasy compound that Lubecky took.

"It looks like psychedelics -- maybe I'm going to hesitate to say a magic bullet -- but they're able to do things at this point that we've seen in these studies that other treatments and medications are unable to do," Nichols said.

Researchers found that PTSD was dramatically reduced in 70 percent of their test subjects, including Lubecky.

"I literally went from being in a VA mental health inpatient ward to working on a presidential campaign on a national level in two years," Lubecky said. He added that the treatment can be beneficial beyond military members.

"This isn't just veterans," he said. "This is domestic violence, this is child abuse survivors, this is law enforcement, firefighters -- everybody that can suffer from PTSD."

Lubecky now spends his time spreading the word about this therapy, which the Food and Drug Administration recently classified as a breakthrough for treatment of PTSD. A third wave of trials sponsored by the Multidisciplinary Association for Psychedelic Studies (MAPS) is in progress across the country. Lubecky's goal is to make ecstasy a prescription medicine by 2021.

"I know how much this helped me," he said, "and I want to make sure every single person out there with PTSD knows this treatment is coming."

He knows firsthand the impact the therapy's had on him.

"Do you know how big a difference it is," he asked, "when you go (from) living every minute of your life thinking tomorrow you're going to kill yourself to believing you're going to be alive next week?"

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2.3 - Military Times: [Veterans are cutting back on smoking and drinking, but they still face significant health risks](#) (29 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Veterans remain more likely to report feeling in great medical condition even while they face an increased risk of serious health problems like cancer, arthritis and emotional distress, according to updated survey results from veterans advocates out Tuesday.

The report, from United Health Foundation and the Military Officers Association of America, has tracked health issues among former military members since 2011, with the goal of highlighting that the “health care needs of people with military service differ in several important ways from civilians.”

The results come from more than 1 million responses from veterans and civilians who never served. In 2016, the most recent results, more than 56 percent of veterans reported their health is good or excellent, above the 51 percent of civilian peers who said the same.

But as has been the case in past surveys, that optimism overlooks a host of unhealthy behaviors and significant health threats facing individuals who spent time in uniform.

Veterans are more likely to contract arthritis (25 percent compared with 23 percent for civilians), cardiovascular disease (10 percent vs. 7 percent), cancers (11 percent vs. 10 percent) and illnesses that leave them functionally impaired (26 percent vs. 21 percent), according to the study.

“Both men and women with military service report significantly higher rates of anxiety, depression, and frequent mental distress than men and women who have not served,” the report states.

“Despite significantly higher rates of coverage and access to care to many preventive services, those who have served are less likely to have a dedicated health care provider than those who have not served.”

Researchers did find positive news in the latest health survey update.

Rates of both smoking and drinking were down significantly in the latest findings. And more veterans saw an expansion of mental health care options in recent years, giving them more access to help when needed.

However, the drinking and smoking rates still outpace those of their civilian peers. Smokeless tobacco use among veterans is more than twice that of individuals who never served. And the report states that insufficient sleep remains “an ongoing concern” for veterans.

The report emphasizes that the health of veterans is a national priority, Tracy Malone, president of the United Health Foundation, said in a statement, adding that she is hopeful officials will “use the insights from this report to identify opportunities for collaboration to improve the health of military members, veterans and their families across the country.”

The full report is available online.

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2.4 - MedPage Today: [Possible Malingering in PTSD, TBI Cases Calls for Careful Analysis](#)
(29 October, Elizabeth Hlavinka, 307k uvm; New York, NY)

AUSTIN, Texas -- Malingering should be considered when diagnosing post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) in certain settings, according to a review of current data.

Since PTSD and TBI have similar symptoms and are both most commonly diagnosed in veterans, it may be increasingly difficult to distinguish between the two, particularly since anywhere from 6% to 44% of those with TBI also have PTSD, reported Jeffrey Guina, MD, of the University of Michigan in Ann Arbor.

The DSM-5 defines malingering as "intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs."

TBI and PTSD may be differentially incentivized in private and veteran's affairs (VA) disability systems, which may lead to false reports, Guina and colleagues explained in a poster at the American Academy of Psychiatry and the Law (AAPL) meeting.

While PTSD generally results from past trauma, and TBI often follows a physical brain injury such as direct force, a blast injury, or diffuse axonal shearing, both can have similar fMRI findings, particularly within the dorsolateral prefrontal, orbitofrontal, medial frontal, and anterior cingulate cortices, Guina reported.

PTSD patients will often present with more emotional symptoms, including trauma-related intrusions or avoidance of experience that may resemble past trauma, while TBI patients often present with more specific neurological symptoms such as headache, dizziness, photophobia, or tinnitus. However, both groups of patients may present with things like poor concentration, mood changes, trouble sleeping, or peritraumatic amnesia, he said.

Over time, PTSD may have delayed expression and worsen, while TBI symptoms tend to gradually improve for up to 1 year. Both may lead to an increased risk of developing dementia and lead to dysfunction and difficulties at work. Overall, TBI commonly involves cognitive and emotional symptoms similar to PTSD, but often without physical symptoms or clear indications of neurological abnormalities on tests like fMRIs, he said.

The first objective of a provider should be to take a detailed history of the patient's response to trauma and brain injury in order to see if TBI or PTSD may be at play, Guina said. In terms of treatment, trauma-focused psychotherapy and serotonergic agents tend to be more effective in patients with PTSD, while cognitive rehabilitation therapy and vocational rehabilitation are more suitable for TBI patients.

However, these treatment plans tend to be developed based on patient-reported symptoms, which may be indistinguishably similar between the two groups of patients, Guina said.

"In clinical studies of PTSD, the gold standard is CAPS [Clinician Administered PTSD Scale], which is great clinically, but there is really no gold standard for forensics," Guina said. "It can be helpful to do a PI or malingered memory [test], but as far as saying what is the true positive and

what is the false positive, what do you measure it against to say some people definitely have PTSD and these people definitely have TBI?"

Patients who have malingering TBI or PTSD may be deliberately falsifying their symptoms in order to achieve some sort of external gain, such as disability payments or dismissal from a lawsuit. However, when approaching these cases, forensic psychiatrists may sometimes have limited options in corroborating the symptoms that patients report.

Differences in the way VA and private disability systems function may be contributing to patients reporting false claims of either illness. For example, in the VA disability system, moderate forms of PTSD are automatically qualified to receive 50% disability, whereas a moderate form of TBI may get 30% to 40% of disability.

"From a forensic perspective, there's this really interesting difference between the VA disability system and the private disability system where they differentially incentivize these conditions," Guina told MedPage Today. "Once you get 50%, you get total care in the VA system for all of your conditions whereas $\geq 40\%$ is only for the conditions you have disability for."

From a private disability standpoint, patients may be inclined to present with symptoms with TBI when malingering, as they would get more services for neurological conditions, for which payments are not time limited. Private policies may often have the right to "cut off" patients with PTSD after 2 years.

"It makes it really important to try and get this right even though it's very difficult, or even impossible, at some times, and it suggests a secondary gain in the system," Guina said.

Guina said one way to avoid false reports is to perform neuroimaging testing. While both PTSD and TBI may demonstrate some overlap in increased symptoms like response inhibition, verbal memory, or attention regulation, results from neuroimaging of a patient with PTSD are typically less severe and often predate trauma, Guina reported. However, neuroimaging is not ready to be used as a primary means of diagnosis and may, in some cases, be used irresponsibly, such as presenting overly scientific data to a jury, which may not be able to sufficiently interpret their validity.

"This is not standard of care to do fMRIs, and I don't think that's ready for prime time of diagnosis," Guina stated. "It's just in the early stages of the literature that they're finding these changes that appear very similar, which may explain some of the symptom overlap."

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2.5 - KNWA (FOX-24, Video): [VA Holds Town Hall Meeting, Veterans Claim They Weren't Notified in Health Case Changes](#) (29 October, Katie Davila, 46k uvm; Fayetteville, AR)

A local veteran has stage four throat cancer, but said it was more than a year before he was told by VA doctors.

Monday the VA held a meeting to update the public on the unreviewed cases following the firing of pathologist, Dr. Robert Morris Levy. He was found to be impaired on the job.

Since June the VA has dedicated its monthly town halls to discuss the pathology reports.

At this point the VA said its reviewed almost 22,000 cases, with about 12,000 still to go.

But some attendees Monday said they were never notified about the initial changes to their life threatening cases.

In 2015 veteran Kelly Copelin went to the Fayetteville VA for a biopsy of his throat. He was told it was just an infection.

For 13 months he continued to see the VA for ongoing pain. After a second biopsy, he was told he had stage four cancer.

"How much time have I lost in my life now because of 13 months of this, of being misdiagnosed. That hurts. That's frustrating," said local veteran Kelly Copelin.

After looking into his own records, Copelin said he discovered the original biopsy did find the cancer, and that the VA never told him about it.

"Had we, my wife and I, not gone forward and pushed the administration here to talk to us, I don't think we'd have ever gotten notice at least up to this point," said Copelin.

Following the firing of Pathologist, Dr. Robert Levy, Copelin said he asked the VA how this happened, and said he hasn't gotten an answer.

The VA said it's reviewing all cases and will notify those who had a change in their original diagnosis.

"We have offered all veterans who were affected to have a second opinion in the community and we have had some take us up on that," said Fayetteville VA Public Affairs Officer Wanda Shull.

12,000 cases remain unreviewed, and Copelin said he hopes the VA is telling the truth when it makes that promise.

"I feel good to be alive and here. What scares me is how many people are being affected by this and not know what's going on," said Copelin.

I reached out to Senator Boozman to see what change they are trying to make on a larger level, he said he encourages anyone who believes they were affected by the pathologist or the Fayetteville VA to call his office so he can work on getting answers on their behalf.

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2.6 - KREX (CBS-5, Video): [Grand Junction VA Receives 4 Star Rating](#) (29 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

Michael Kilmer, Director of the Grand Junction VA Medical Center, stopped by the KFQX studio to discuss the VA improving from a 3 Star rating to a 4 Star rating and being ranked 28 out of 130 other VA Medical Centers. Kilmer touches on how the center was able to earn that rating

and what they plan on focusing on in the coming months in order to continue improving their facility.

For more information on the Grand Junction VA, you can click here for their website.

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - The Montana Standard: [Guest view: Tester's bill fixed the fiasco that was Choice for veterans](#) (29 October, Mike Kujawa, 51k uvm; Butte, MT)

Many years ago, Montana's Fort Harrison V.A. Medical Center in Helena disbursed funds to outside medical providers and facilities when a veteran required care not directly provided by the VA System. When Congress instituted the Choice Program, local VA medical centers lost control of those funds. The Choice Program diverted funds to a private national insurance company that not only took responsibility for paying outside medical services, but also screened patient requests, granted authorization with the caveat that the provider is a part of the Choice Program and scheduled appointments for patients with those in-program providers.

It took forever to get an authorization, and if it was granted, there was no rationale as to where, when and with what provider the appointments were made. The scheduling was done by people who tried hard to make the system work, and they even tried to schedule multiple appointments in one day for the vet's convenience. It looked good on paper, but when one appointment is in Missoula and the next one is scheduled two hours later in Billings, there is a problem. Forget about getting a timely appointment with a local doctor. It rarely happened because the Choice Program would just schedule the vet for the next available appointment whenever it happened to be in the state.

We learned that most hospitals and doctors opted out of the Choice Program once it became standard practice for the program to withhold payments to providers for at least six months to a year.

In my own case, I was given the run-around for months while attempting authorization related to a service-connected injury. In frustration, I went to Senator Jon Tester's Butte office. Jon's staff contacted the Senator, and he got my request authorized within days. It was because Jon listed to us, veterans in Montana, that he understood what a mess the Choice Program was for veterans in rural parts of the country.

Senator Tester then went on to write a bill for rural states. It put the funding for non-VA specialists and facilities back in local/state VA control. The new program called Care in the Community not only manages the funds so providers get paid in a timely manner, but it also provides authorization and scheduling again. The system is so much better than Choice. Doctors, hospitals and services are much more accessible to veterans in need.

Thank you, Jon, for fixing this fiasco for veterans like myself.

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5. [Suicide Prevention](#)

5.1 - **Richmond Times-Dispatch: [Wounded Warrior Project expands mental health care services for veterans](#)** (29 October, Bridget Balch, 507k uvm; Richmond, VA)

As suicide rates among veterans remain high, the Wounded Warrior Project has committed to expanding its mental health care services to reach about 5,000 additional veterans across the nation over the next five years.

Michael Linnington, a retired Army lieutenant general and CEO of the Wounded Warrior Project, announced last week that the organization, a Florida-based nonprofit dedicated to helping veterans who incurred a physical or mental injury in service, would invest \$160 million over five years to expand the Warrior Care Network.

The network, which was launched in 2016, sponsors veterans through an intensive, two- to three-week program to help them cope with post-traumatic stress disorder and traumatic brain injury at one of four academic medical centers: UCLA Health in California, Emory Healthcare in Georgia, Rush University Medical Center in Illinois and Massachusetts General Hospital.

From 2005 to 2016, the suicide rate among U.S. veterans increased almost 26 percent. It decreased slightly from 2015 to 2016, from 30.5 per 100,000 people to 30.1 per 100,000, according to the most recent data available from the U.S. Department of Veterans Affairs. That translates to 6,079 suicides in 2016, down from 6,281 in 2015, according to VA figures.

Veterans die by suicide at a rate 1.5 times greater than non-veterans, when adjusted for age and gender.

Roy Bell, a retired Army staff sergeant living in Dinwiddie County, was deployed to Iraq three times, spending a total of more than three years there as a truck driver before he was medically retired in 2009 due to a PTSD diagnosis.

Bell struggled with his transition back to civilian life.

"I'm going from being a hard-charger, disciplined person into a not so disciplined society that, in my mind, is lacking structure," Bell said.

He worked for the Virginia Department of Transportation for several years until his doctors decided he needed to focus on taking care of himself in 2016.

"Since then, I've been focusing on my health, physically and mentally," Bell said. "Trying to wrap my mind around my life."

Bell had been frustrated with the bureaucracy and barriers to receiving treatment through the VA, but he found the Wounded Warrior Project was able to connect him to resources that could help.

He enrolled in the Warrior Care Network in 2017 and went through the three-week program at UCLA Health along with his wife.

“It helped out a lot,” said Bell, explaining that the program opened up communication between him and his wife. “It really improved our relationship and helped each of us to understand more of what each other is going through. ... If I didn’t have the support of my wife and the Warrior Care Network, I probably wouldn’t be here to talk about it.”

As advocates and the VA have grappled with a solution to the suicide epidemic, one of the hurdles they have worked to overcome is the stigma that is often associated with receiving mental health care, especially among veterans, said Alex Balbir, director of the Warrior Care Network.

“People feel ashamed about having certain emotional difficulties,” Balbir said. “What we’ve done over the last few years for Wounded Warrior Project is focused on educating the population that access to mental health care is nothing to be ashamed of.”

The intensive programs that the network offers allow veterans to receive mental health care ranging from group therapy with other veterans to learning coping strategies, such as yoga and meditation, Balbir explained.

A study conducted by an investigator at Emory University School of Medicine of the Warrior Care Network treatment programs found that 91 percent of the 328 veterans who had gone through the programs as of late 2017 had reported it improved their everyday functioning.

The programs were filling up with veterans quickly, which is one of the reasons the Wounded Warrior Project decided to fund the expansion of the existing programs, Balbir said.

Each of the four medical centers offering the intensive outpatient program also has a VA liaison who works with the veterans to get connected with mental health services offered by the VA in their home states.

In its 2019 budget proposal, the VA called veteran suicide the department’s “highest clinical priority and a national health crisis.” Congress granted the VA \$8.6 billion to dedicate to veterans’ mental health services in 2019, a 3 percent increase over 2018’s budget. Of the \$8.6 billion, \$206 million is directed toward suicide prevention outreach.

In response to an executive order signed by President Donald Trump in January, the VA also will be working with the departments of Defense and Homeland Security to develop a plan that ensures veterans receive continuous mental health care services for at least one year after the end of their military service.

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5.2 - Medical Xpress (University of Connecticut): [Suicide risk higher among older vets who were in jail](#) (29 October, 34k uvd; New York, NY)

Veterans released from prison are five times as likely to attempt suicide as their peers who have never been incarcerated, report UConn Health researchers in an article in press in the American Journal of Geriatric Psychiatry.

"People over 50 are the fastest growing segment of the prison population, and most of them will eventually be released," says UConn Health epidemiologist Lisa Barry. Regardless of a person's age, release from prison increases the chance of death in the years immediately afterward. But older prisoners tend to have fewer friends and family around when they get released, and may find it even harder to reintegrate into the workforce than the average ex-prisoners, with the double stigma of being a former prisoner and being old. Knowing this, Barry and her colleagues suspected older ex-prisoners were at high risk of suicide attempts, but there was very little data available on the health of older, just-released prisoners.

Barry and her colleagues worked with the Veteran's Administration to get data from its Suicide Prevention Application Network (SPAN). SPAN tracks suicide attempts by veterans, and includes detailed information including time and date, mechanism of the attempt (hanging, drug overdose, etc.), and whether the veteran has any safety plan to prevent another attempt in the future. The researchers combined SPAN data with the medical records from Medicare and the VA of more than 14,000 people age 50 and older between 2012 and 2014. Approximately half had rejoined the community following incarceration during this time. The other half were counterparts of the same age and gender who had never been incarcerated.

The results were sobering. Veterans who had been incarcerated and then released from prison when they were older than 50 were five times more likely to try to kill themselves than their never-imprisoned counterparts. When the researchers adjusted for conditions including brain trauma, mental illness, and homelessness (all additional risk factors for suicide), those who had been imprisoned were still three times as likely to attempt suicide. They were also more likely to die from accidental drug overdoses and other apparently accidental deaths. Although the rates of death by suicide did not differ between the two groups, "The risk of suicide may be larger than we report. For some of those classified as dying by accident, was there some intent? We may never know," Barry says. "But there needs to be awareness that this is a high-risk group, and perhaps a need for targeted prevention."

Barry and her colleagues are currently looking more closely at the healthcare services used by people who attempted suicide versus those who did not. They hope to find patterns that could help identify who is most at risk, and perhaps point to effective preventive strategies that health care providers serving the older population can use to help.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - KABC (ABC-7, Video): VA 'Stand Down' event brings help to homeless veterans in Los Angeles (29 October, Sid Garcia, 2M uvm; Glendale, CA)

LOS ANGELES (KABC) -- They've sacrificed so much for our country, yet so many veterans face challenges like unemployment and homelessness. To help combat that, the Greater Los Angeles Veteran's Administration held an event, which for many, is the first step in turning their lives around.

Heidi Marston is with the VA Greater Los Angeles and explains what "Stand Down" is all about.

"Our goal is to bring services to one place, so our veterans who are experiencing homelessness have a place to get everything from food, clothing and medical services and housing."

Organizers say with the homeless population among the veteran community numbering in the thousands, the services offered here will hopefully get a few hundred more off the streets.

Montell Dupree is a Vietnam vet, who was recently living in a vacant lot in Koreatown. Not anymore. "The city attorney showed up, took my furniture that I had on the lot. Put it in storage, introduced me to Step up on Second and got me housing," Dupree said.

He explains that now, he's gotten Section 8 housing, thanks to the VA program.

Organizers call this event "Stand Down," which in military terms means to leave the battlefield and go to a safe area to recover and rest.

Here, it's a safe place for vets to ask for help and get it. Sheila Sing is one of them, and she was able to secure housing.

"It was wonderful, it meant the whole world to me because I don't have anybody here in California. So, it meant the world to me," Sing said.

Marston says the event is a good reminder that so many people are just recently homeless. "I think putting that into perspective that a lot of us are just one paycheck away from being in the same situation. So how can we make sure we're providing the services they need so people don't get homeless in the first place?" she said.

Stand Down was a collaboration between the VA and many community partners including government agencies, volunteers, non-profits, businesses, social service providers, as well as faith-based organizations.

Several vets, who got help with housing, health and other services, said their new mission was to spread the word, and make sure other vets get the same help they received today.

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6.2 - Oakland Press: [Northern Oakland County sites plan Veterans Day observances](#) (29 October, Andrea Peck, 441k uvm; Pontiac, MI)

The Great Lakes National Cemetery in Holly will host a Veterans Day ceremony honoring all who served in the armed forces.

The ceremony is set to begin at 11 a.m. on Sunday, Nov. 11. Adam Weiner, Navy veteran and Bronze Star with Valor recipient will be the keynote speaker.

The ceremony will feature patriotic music by New Century Chorale. Presentation of colors, a rifle salute and taps will be conducted by the Wyandotte Veterans Honor Guard. The Army, Marine Corps, Navy, Air Force, Coast Guard and POW/MIA will also make a wreath presentation.

The invocation and benediction will be conducted by Father David Blazek, pastor, St. Rita Catholic Church.

The Great Lakes National Cemetery is located at 4200 Belford Road in Holly. Any questions about the ceremony should be directed to Garth Wootten, Great Lakes National Cemetery advisory council president, at wootteng@oakgov.com or 248-858-0785.

The Veterans Tribute of Oakland Township will host a Veterans Day open house and ceremony from 10:30 a.m. to 2:30 p.m. on Sunday, Nov. 11.

The VTOT site is at the intersection of Adams and Silverbell Roads in Oakland Township.

A short ceremony will begin at 10:55 a.m. The ceremony will include a blessing, a guest speaker, patriotic music and singing.

A moment of silence will be observed at 11 a.m. to mark the month-date-hour that 'guns fell silent in the Western Front at 11 a.m. on Nov. 11, 1918.'

Hot dogs and light refreshments will be served and donations are welcome.

The VTOT board members and local veterans will be there to provide guided tours of the site and history of the armed forces and veterans who are honored at the site.

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6.3 - Northwest Arkansas Democrat-Gazette: [World War I remembrance planned in Fayetteville](#) (29 October, Mike Jones, 366k uvm; Fayetteville, AR)

The end of World War I will be remembered with the sound of bagpipes in an early morning ceremony Nov. 11 at the Fayetteville National Cemetery.

The war ended Nov. 11, 1918. Hostilities broke out on July 28, 1914, ignited by the assassination of Archduke Franz Ferdinand of Austria a month earlier in Sarajevo.

The war was fought between Germany, Austria-Hungary, Bulgaria and the Ottoman Empire -- known as the Central Powers -- and the British Empire, France, Russia, Italy, Romania, Japan and the United States -- the Allied Powers. The United States entered the war on April 6, 1917.

More than 16 million soldiers and civilians were killed during the war. The United States had more than 116,000 soldier casualties.

"We want people to remember the past," said Charles Adkins, vice chairman of the Fayetteville National Cemetery Advisory Council. "We want to honor those who have kept this country free."

The armistice was signed at 6 a.m. Nov. 11, 1918, according to the National Piping Centre in Glasgow, Scotland. More than 2,000 pipers were killed during the war, according to the National Piping Centre.

The Ozark Highlanders Pipe Band will play "When the Battle's Over" at 6 a.m. as participants move toward the U.S. flag pole at the cemetery. The same song will be played at participating national cemeteries and overseas cemeteries where U.S. troops are buried, Adkins said. The "Battle's Over -- A Nation's Tribute" is being held in Great Britain.

William Robb composed "When the Battle is Over," commonly known to pipers as "The Battle's O'er."

At 6:10 a.m., the Singing Men of Arkansas will sing the national anthem, "God Bless America" and "God Bless the USA."

Stephen Gray, chairman of Fayetteville National Cemetery Advisory Council, will speak at 6:20 a.m. Gray was working on his speech last week, but he had distilled it to a few thoughts he hopes those who attend will remember.

"Wars are horrific and the warriors suffer," Gray said.

World War I was especially vicious with trench warfare, the coming of age of machine gun fire, the introduction of the tank and the use of poison gas.

Gray wants people to think about the men who served and its place in military history.

There aren't any soldiers left from the war, Gray said. "It's a forgotten war because we are so far removed from it."

Letters from the battlefield sent to the home front also will be read at the ceremony, Gray said.

A prayer of remembrance by Chaplain Christopher D. Gueydan with Veterans Healthcare System of the Ozarks will follow the speech, and the Ozark Highlanders will play "Amazing Grace" as the event ends.

A free breakfast will be offered from 6:45 to 8 a.m. at American Legion Post 27, 1195 S. Curtis Ave.

More than 8,800 veterans are buried in the Fayetteville National Cemetery, said Kevin Caillouet, program support assistant at the cemetery. It's not known how many World War I veterans are buried there because of poor record keeping at the time, and because many World War I veterans were buried in family or community cemeteries, Gray said. More than 73,000 Arkansans served during World War I, he said.

World War I was called the War To End All Wars because of its brutality and carnage, but the peace established by the Treaty of Versailles in 1919 didn't last. World War II started Sept. 1, 1939, when Adolph Hitler's Germany invaded Poland.

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6.4 - WBTV (CBS-3): [Veteran gets missing VA disability check after calling WBTV for help](#)
(29 October, Nick Ochsner, 219k uvm; Charlotte, NC)

A local veteran got his missing VA disability check within days of calling WBTV for help.

Calvin Noble, Jr. called WBTV in July after spending months trying to get the VA to send his missing disability check from May.

When he called, Noble said he was told the check had been deposited into the bank account of his ex-wife. As a result, the combat veteran, who is diagnosed with Gulf War syndrome after serving in the first Iraq war, went without his check of roughly \$3,000.

Records provided by the VA show Noble provided the correct bank account to a representative in late April but that didn't prevent the snafu. Nor did it prompt the VA to correct its error quickly.

"They told me it was their fault but they never replaced the check and it took them two to three months to replace it," he told WBTV.

But the VA took action within days of getting a call from the station.

WBTV reached out to a representative of the VA's Veterans Benefits Administration on August 6, 2018. Records provided by the VA show the VBA deposited the missing check into Noble's account just days later, on August 10.

"When you all got in contact with them, I think, within an hour, they called me and asked did I get in contact with the news and I said 'that's a yes,'" Noble said. "That was on a Monday. That Wednesday, they put the check in my account."

In an email, a VBA spokeswoman said the agency regrets the error that led to Noble's delayed check but did not explain why it took a call from WBTV to correct the situation.

"The Department of Veterans Affairs (VA) wants to ensure that Veterans receive the benefits they are entitled to under the law. We regret any frustrations Mr. Noble may be experiencing," spokeswoman Kori Mabe said.

Noble isn't sure he would have ever gotten his missing check had he not called WBTV for help.

"If I wouldn't have went with you all, they probably wouldn't have given my check until this month or I may be still waiting," he said.

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6.5 - WLOS (ABC-13): [Asheville business owner ensures homeless vet is laid to rest with dignity](#) (29 October, John Le, 106k uvm; Asheville, NC)

BLACK MOUNTAIN, N.C. (WLOS) — A proud local veteran who was homeless in the final years of his life was laid to rest in a poignant military funeral.

Army Private Walter Anthony Ledford died of liver cancer on September 29 in hospice care at Charles George VA Medical Center. Sadly, he didn't have the luxury of loved ones by his side. The VA attempted to contact his family to no avail.

When Dale Groce of Groce Funeral Home saw a death notice published in the newspaper, he decided to act.

"It's sad that he had no family here to be with him in his last days," said Groce, who served in the Air Force. "And I said if no one shows up to claim his body, Groce Funeral Home would like to provide a casket and facilitate a military funeral."

The brief but touching service was held Wednesday morning at Western Carolina State Veterans Cemetery in Black Mountain, where valor is valued.

"We know how much the veterans mean to our country," said Groce, who served in the Air Force. "So, we need to give them the dignity that they deserve."

The thousands of men and women buried there are gone but not forgotten. The morning dew on the grass was perhaps symbolic of so many graveside tears.

That was the backdrop as the hearse arrived for Ledford's funeral service. The honor guard stood in salute.

"It is an honor today," Reverend Allen Rash of Trinity Baptist Church said at the service, reminding us how fragile life can be.

"That it's here for a moment but it passes away," he told the small gathering.

He touched on the common thread that connects him to a man he never knew.

"Every time we see a veteran and see a flag draped over a coffin, it brings back memories of one day my father was the same way," Rash said. "And we thank him today for that service."

Tim McElyea of the Veterans Restoration Quarters came to pay his respects. Ledford was homeless and lived at the facility for two years. Tim remembers Walter as a thoughtful man who mostly kept to himself.

"I don't think he would've wanted all the attention," McElyea said with a laugh.

Ledford once posted Happy Holiday Wishes live on Facebook. His short video message gave us a sense of the man.

"We love you all, Merry Christmas and a Happy, Happy New Year!" he said with a jolly demeanor.

"That's Walter," McElyea said. "After he passed, we found out on his Facebook page that he had opened a GoFundMe account to help other homeless veterans, and he didn't even say anything about it."

Walter might have been surprised to learn he left such an impression on the people he knew.

Emotions came to the forefront when the Honor Guard folded the flag draped on his casket and presented it McElyea.

"I'm a veteran, too. I'm a combat veteran," McElyea said, tearing up. "You know that's the last representation of your service, and for that to be put in your hands, it's really powerful."

McElyea said he will keep the flag for now, but still hopes to give it to the Ledford family. If his family can't be reached, he will make sure that flag has a special place at the Veterans Restoration Quarters.

We know that Ledford went to Lincolnton High School and has a son, who the VA was unable to reach.

But there's so much we don't know about Mr. Ledford, making the ceremony feel even more somber. Even so, everyone involved found comfort in the fact he was laid to rest with honor.

"It's just the right thing to do," Grove said. "He is now resting among other veterans."

On Monday afternoon, Walter Ledford's son reached out to News 13.

Blake Ledford of Gastonia said he learned of his dad's death after seeing News 13's video of the funeral on Facebook.

Blake appreciates everyone involved in his dad's funeral service.

He said he recently patched things up with his father and is devastated by his death.

"To lose a father is horrible to lose a father you are just getting to know is just as bad because of all the lost time and memories that were never made and now never will be," Blake said.

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6.6 - Bee-News: [Computer issue delays GI Bill benefits](#) (29 October, Freddy Groves, Middlebury, CT)

If you're going to school and were expecting your housing stipend benefit money by now, you're not alone. Over 300,000 of you are in the same boat. Either you're receiving incorrect low amounts or you're receiving nothing at all.

Why is this happening? It's because of old IT programming that was never upgraded to include changes in the Forever GI Bill. The machines don't know how to make the correct calculations.

Talk to the people at your school first to be sure your paperwork was sent in, proving you're in school. If you're a first-time student, expect things to take a bit longer because you have to be put in the system.

If someone you talk to at the Department of Veterans Affairs suggests you get put in the hardship queue, don't jump at it. You have no way of knowing just how much that will speed things up because you don't know how many people would be ahead of you in either of those lines. You'll have to go on your best gut hunch. Call the GI Bill Hotline, 1-888-442-4551.

If you're not a full-time student, you'll need to ask how your housing allowance is calculated. It's a complicated formula, and much of it depends on your individual situation. It involves your rate of pursuit, expressed as a percentage calculated by dividing the number of credits you're enrolled in by the number of credits considered full time. If you're enrolled in distance learning (you don't actually go to a classroom setting), the above is cut in half.

Beware: Even when you get paid, you might get the 2017 amount because the computer can't calculate the 2018 rates. They'll catch up later on back amounts.

As a last resort, call your U.S. senators' offices.

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7. [Other](#)

7.1 - WPMT (FOX-43): [Man, ex-wife accused of spending veteran's VA, Social Security benefits on themselves](#) (29 October, 169k uvm; York, PA)

HARRISBURG — A Thompsontown man and his ex-wife face charges for allegedly defrauding a disabled veteran, the Veterans Administration (VA) and the Social Security Administration out of more than \$300,000 over an almost 10-year period.

Jason Ehrhart, 48, is charged with one count of health care fraud while Laurie Ehrhart, also 48, faces a charge of health care fraud and conspiracy to commit health care fraud.

The alleged fraud began in October 2006, when Jason Ehrhart became the veteran's VA Fiduciary and Legal Custodian due to the man being deemed incompetent to handle his own financial affairs. The veteran was hospitalized on a permanent basis at the VA hospital in Lebanon in November 2004. The man died at the hospital in July 2018.

Between October 2006 and August 2016, Jason Ehrhart and Laurie Ehrhart — who at the time was Jason's wife — spent \$316,360 of the man's VA and Social Security benefits on themselves, U.S. Attorney David Freed alleges.

All of the veteran's VA benefits, and most of his Social Security disability checks, were deposited into a checking account Jason Ehrhart opened as a legal custodian account in the veteran's name. Between January 2009 and August 2016, \$472,260 in federal benefits were deposited into the account, said U.S. Attorney Freed.

It's alleged that \$218,832 was drawn against the account and of that amount, \$157,742 was deposited into the Ehrhart's joint checking account — at least \$23,496 was converted to cash, according to the U.S. Attorney's Office. Another \$7,174 in checks were allegedly made payable to the Ehrhart's children in which Jason Ehrhart instructed them to cash the checks and surrender it to him.

Jason Ehrhart and Laurie Ehrhart are also accused of writing \$19,890 in checks to another couple. He allegedly treated the couple and their children to dinners out and at least two, all-expense paid vacations to Disney World as well as the purchase of two new vehicles for the family and payments toward the wife's dental work, the U.S. Attorney's Office said.

To conceal the embezzlement, Jason Ehrhart allegedly submitted eight false annual accountings to the VA, claiming he spent \$402,408 on the veteran's behalf between October 2006 and October 2015. He also falsely claimed to have spent thousands of dollars on expenditures for the man, including storage unit rentals, vehicle maintenance bills, state and local taxes, life and auto insurance, and credit card bills, the U.S. Attorney Freed alleges.

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7.2 - The Clarion-Ledger (Video): [Veteran pleads guilty to federal charges after threatening to bomb the VA office](#) (29 October, Therese Apel, 164k uvm; Jackson, MS)

A veteran who gave his name before threatening to blow up the Veterans Administration Regional Office in Jackson pleaded guilty to the crime on Monday.

Undrey L. Jones, 48, Jackson, pleaded guilty today before U.S. District Judge Carlton W. Reeves to threatening to bomb the VA building, according to a release from U.S. Attorney Mike Hurst and VA Office of the Inspector General Special Agent in Charge, James Ross of the South Central Field Division.

Jones was charged in a one-count federal indictment on May 2, and a superseding indictment was filed on June 12.

Authorities said that on Feb. 27, Jones called the Veterans Benefits Administration Call Center, located in Salt Lake City. He identified himself by name and demanded to talk to the director of the Veterans Administration Medical Center and Regional Office in Jackson.

Jones became increasingly agitated during the call, and stated that he would “come up there and blow the building up,” referring to the Jackson VA, and used foul language during the call.

The incident occurred just two weeks after the U.S. Department of Veteran Affairs designated Jackson's G.V. "Sonny" Montgomery VA Medical Center in a new approach to improve poorly performing VA hospitals across the country.

A spokesman for the U.S. Attorney's office confirmed that Jones is a veteran, but did not immediately have access to information on what branch of the military or conflicts he may have served in.

Official documents show that the court did order Jones to undergo a psychiatric evaluation; however, his psychiatric reports are sealed. Jones was arrested on Feb. 28.

Federal Public Defender Jessica Bourne was not immediately available for comment.

He is to be sentenced on Jan. 22 at 10 a.m. He could face a maximum sentence of 10 years in federal prison and a \$250,000 fine.

“These charges underscore the Veterans Affairs Office of Inspector General's commitment to the safety of the Veteran Affairs' patient population, as well as its employees, guests, and facilities,” said Ross.

The case was investigated by the Veterans Administration Office of Inspector General, Federal Bureau of Investigation Joint Terrorism Task Force, Mississippi Homeland Security, Mississippi Bureau of Investigation, Madison Police Department, Madison County Sheriff's Department, and the Hinds County Sheriff's Department. AUSA Erin Chalk is prosecuting the case.

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7.3 - The Repository: [National Veterans Memorial and Museum opens in Columbus](#) (29 October, Jessica Wehrman, 67k uvm; Canton, OH)

WASHINGTON - As Alex Fischer of the Columbus Partnership recalls, the spark began during a meeting between Leslie H. Wexner, chairman and CEO of L Brands, and Ohio Gov. John Kasich.

The two were on the 30th floor of the Riffe Tower, surveying the site where they hoped the replacement to the Franklin County Veterans Memorial would be.

“The governor made the comment, ‘Gosh, why not make that a state memorial?’” Fischer said.

It was the beginning of an idea that became increasingly ambitious, evolving into a national memorial, and has resulted in the construction of a sweeping attempt to properly honor every veteran from every branch of the military in U.S. history. That result, the National Veterans Memorial and Museum, which opened Saturday, is the result of an all-hands-on-deck effort from local, state and federal government, the business community and private citizens.

But organizers couldn’t just tag the site as the home of the National Veterans Memorial and Museum. They needed to make it official.

They were buoyed by generous donations and support of heavy-hitters — both Les and Abigail Wexner and former Sen. John Glenn gave their blessings, with the Wexners donating \$40.6 million for the cause — but there was still the matter of the name.

“You can call it (the National Veterans Memorial and Museum), but it’s hard to put it on a sign if you don’t have the designation,” Fischer said.

Bruce Soll, senior vice president for L Brands, contacted U.S. Rep. Steve Stivers: How would they go about making the memorial a national memorial?

Stivers’ advice was of the “ask for forgiveness, not permission” variety: He told them just to start calling the memorial the national veterans memorial.

“That’s the advantage of the status quo,” Stivers, a Columbus-area Republican, recalled telling Soll. “You can’t call it one thing and then change it later. So just name it the national memorial and we’ll work to get the designation.”

From the beginning, said Rep. Joyce Beatty, a central Ohio Democrat, “there was talk that this was bigger than just Columbus, Ohio. It was going to be a national museum.”

But to make that happen, they needed the federal government’s blessing. Beatty, whose district would include the monument, and Stivers, a brigadier general in the Ohio Army National Guard, worked with then-Rep. Pat Tiberi, a Delaware County Republican, to introduce a bill to designate the memorial as the National Veterans Memorial and Museum in September 2016. The bill went nowhere — it was an election year.

They reintroduced the bill in 2017 and got to work, but they were surprised to be greeted with raised eyebrows.

First, there was some skepticism from those who were accustomed to the old monument, said Beatty. They had to be convinced of the benefits of the “brand new concept” of a museum that covered all eras of U.S. history. Then, there was resistance from some lawmakers who thought Columbus was an odd choice for a national museum.

“They’d say, ‘Why not Washington? Why not Philadelphia?’” Beatty recalled.

Stivers and Beatty made the case: Columbus is within an eight-hour drive of half of the nation’s veterans. The state has the sixth-largest veterans’ population in the U.S.

And the museum was to honor a group that needed honoring.

“The story of our veterans is the story of our country,” said Stivers, a veteran of the Iraq War.

They cornered lawmakers and staff members in hallways and corridors, managing to line up support from every member of Ohio’s congressional delegation. They sent key staffers to every hearing they could where the issue might come up. And finally, in September, with the building already under construction, Beatty and Stivers wedged themselves behind a conference table on Capitol Hill. They both testified that Columbus should be the home of the National Veterans Memorial and Museum.

“It was not something that just flew through the committee,” Beatty said. “We put a lot of sweat equity into it.”

Both Stivers and Beatty emphasized the museum’s location, and both reminded the committee that the monument was already under construction and fully funded.

“We weren’t asking for a big chunk of government money and a name,” Stivers said. “We were really just asking for the name.”

The Department of Veterans Affairs neither supported nor opposed the idea, saying it did not apply to the VA’s core mission. But the Veterans of Foreign Wars gave it full-throated support, with John Towles, deputy director of national legislative service for the VFW, telling the subcommittee that the nation lacked a museum dedicated to honoring and preserving the collective sacrifices made by the nation’s veterans. “This museum would serve to fill that gap,” he said.

The bill passed the House on Nov. 7, 2017.

It also had to go through the Senate. Sherrod Brown and Rob Portman cosponsored it, and Portman, a member of the Senate Committee on Energy and Natural Resources, pushed the bill through the committee process, backing it in a hearing in July 2017. The committee passed it in May 2018, and the full Senate passed the bill on June 6.

Portman said the museum would be “a tribute to the bravery and sacrifice of veterans from Ohio and all across America.” Brown, meanwhile, said the designation “will honor all of America’s veterans and attract new attention to this important landmark.”

On June 21, President Donald Trump signed the bill into law.

The museum’s claim of being a “national” museum finally had the government’s blessing.

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7.4 - Wisconsin Rapids Daily Tribune: [False alarm causes VA Clinic evacuation](#) (29 October, Karen Madden, 10k uvm; Wisconsin Rapids, WI)

Dust from construction work set off smoke alarms and caused the evacuation of the VA Clinic, 555 W. Grand Avenue, Monday morning.

The clinic was evacuated about 11:30 a.m. Monday, after smoke alarms sounded, but there was no smoke, according to the Wisconsin Rapids Fire Department. Firefighters checked the building and determined the alarm was set off by dust from construction.

The clinic is attached to the former Rapids Mall, which is being remodeled into a new YMCA and Boys and Girls Club.

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Veterans Affairs Media Summary and News Clips

30 October 2018

1. [Top Stories](#)

1.1 - NBC News: [NYC mayor announces plan to assist 12,000 veteran students at risk of eviction](#) (29 October, Farnoush Amiri, 12.7M uvm; New York, NY)

With about 12,000 New York City student veterans at risk of eviction from their homes in the coming months, city officials on Monday announced a plan to provide emergency rental assistance. A pair of city agencies — the Department of Veterans' Services and Department of Social Services — are streamlining the process for those student veterans to get evaluated for financial assistance, said Mayor Bill de Blasio.

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1.2 - Marie Claire: [When Female Veterans Return Home](#) (29 October, Jim Rendon, 2.8M uvm; New York, NY)

First Lieutenant Brie Zeiger tried to stifle her fear as the C-130 transport plane she was riding in began its descent toward Forward Operating Base Salerno in a hostile region of Afghanistan. The base was attacked so often that the soldiers nicknamed it "Rocket City." Just three months earlier, in June 2012, insurgents had detonated a truck bomb and invaded the base, killing two Americans. As the plane approached the runway, Zeiger heard an odd sound, like pellets smacking a metal target at a fairground shooting game. This was normal, the crew told her, just incoming fire from the Taliban.

[Hyperlink to Above](#)

1.3 - The Columbus Dispatch: [National Veterans Memorial and Museum opens in Columbus to fanfare](#) (28 October, Holly Zachariah, 811k uvm; Columbus, OH)

U.S. Secretary of Veterans Affairs Robert Wilkie, an officer in the U.S. Air Force Reserve and the son of an Army artillery commander, told the crowd that veterans are "ordinary citizens who have performed extraordinary deeds." He said the museum is a place that will make certain that those who protect our country are never forsaken.

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1.4 - Building Design + Construction: [Outpatient clinics bring the VA closer to injured veterans](#) (29 October, John Caulfield, 70k uvm; Arlington Heights, IL)

This fall, the Department of Veterans Affairs' Palo Alto Health Care System in California is opening a three-story, 95,000-sf Community-Based Outpatient Clinic (CBOC) in the scenic Silver Creek section of San Jose.

[Hyperlink to Above](#)

1.5 - U.S. News & World Report (AP): [Mississippi Man Pleads Guilty in Threat to Veterans' Office](#) (29 October, 14M uvm; Washington, DC)

A Mississippi man has pleaded guilty to threatening to bomb a Veterans Administration office. The U.S. attorney's office for southern Mississippi says in a news release that 48-year-old Undrey L. Jones of Jackson entered the plea Monday.

[Hyperlink to Above](#)

2. Improving Customer Service

2.1 - Forbes: In Looking To Treat The Whole Patient, VA Tests Behavioral Health Platform (29 October, Nicole Fisher, 36.9M uvm; New York, NY)

Approximately 1/5th of adults in the U.S. (43.8 million people) experience mental illness of some form in any given year. A significant number of those are related to depression, anxiety or post-traumatic stress. We also know that individuals living with mental illness face increased risk of having chronic medical conditions and die earlier than peers - largely due to treatable medical conditions.

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2.2 - WRAL (CBS-5, Video): MDMA - you may know it as ecstasy - proves to be effective against PTSD (29 October, Randall Kerr, 1.2M uvm; Raleigh, NC)

"Five times I should be dead, at least one time in Iraq, and I'm still here." Jonathan Lubecky is a former Marine and member of the North Carolina National Guard who served in Iraq. After battling the enemies overseas, he returned to North Carolina and battled personal demons. "I saw the worst of the humanity," Lubecky said about his time in Iraq.

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2.3 - Military Times: Veterans are cutting back on smoking and drinking, but they still face significant health risks (29 October, Leo Shane III, 471k uvm; Springfield, VA)

Veterans remain more likely to report feeling in great medical condition even while they face an increased risk of serious health problems like cancer, arthritis and emotional distress, according to updated survey results from veterans advocates out Tuesday.

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2.4 - MedPage Today: Possible Malingering in PTSD, TBI Cases Calls for Careful Analysis (29 October, Elizabeth Hlavinka, 307k uvm; New York, NY)

Malingering should be considered when diagnosing post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) in certain settings, according to a review of current data. Since PTSD and TBI have similar symptoms and are both most commonly diagnosed in veterans, it may be increasingly difficult to distinguish between the two, particularly since anywhere from 6% to 44% of those with TBI also have PTSD, reported Jeffrey Guina, MD, of the University of Michigan in Ann Arbor.

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2.5 - KNWA (FOX-24, Video): VA Holds Town Hall Meeting, Veterans Claim They Weren't Notified in Health Case Changes (29 October, Katie Davila, 46k uvm; Fayetteville, AR)

A local veteran has stage four throat cancer, but said it was more than a year before he was told by VA doctors. Monday the VA held a meeting to update the public on the unreviewed cases following the firing of pathologist, Dr. Robert Morris Levy. He was found to be impaired on the job. Since June the VA has dedicated its monthly town halls to discuss the pathology reports.

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2.6 - KREX (CBS-5, Video): Grand Junction VA Receives 4 Star Rating (29 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

Michael Kilmer, Director of the Grand Junction VA Medical Center, stopped by the KFQX studio to discuss the VA improving from a 3 Star rating to a 4 Star rating and being ranked 28 out of 130 other VA Medical Centers. Kilmer touches on how the center was able to earn that rating and what they plan on focusing on in the coming months in order to continue improving their facility.

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - The Montana Standard: [Guest view: Tester's bill fixed the fiasco that was Choice for veterans](#) (29 October, Mike Kujawa, 51k uvm; Butte, MT)

Many years ago, Montana's Fort Harrison V.A. Medical Center in Helena disbursed funds to outside medical providers and facilities when a veteran required care not directly provided by the VA System. When Congress instituted the Choice Program, local VA medical centers lost control of those funds.

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5. [Suicide Prevention](#)

5.1 - Richmond Times-Dispatch: [Wounded Warrior Project expands mental health care services for veterans](#) (29 October, Bridget Balch, 507k uvm; Richmond, VA)

As suicide rates among veterans remain high, the Wounded Warrior Project has committed to expanding its mental health care services to reach about 5,000 additional veterans across the nation over the next five years.

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5.2 - Medical Xpress (University of Connecticut): [Suicide risk higher among older vets who were in jail](#) (29 October, 34k uvd; New York, NY)

Veterans released from prison are five times as likely to attempt suicide as their peers who have never been incarcerated, report UConn Health researchers in an article in press in the American Journal of Geriatric Psychiatry. "People over 50 are the fastest growing segment of the prison population, and most of them will eventually be released," says UConn Health epidemiologist Lisa Barry.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - KABC (ABC-7, Video): [VA 'Stand Down' event brings help to homeless veterans in Los Angeles](#) (29 October, Sid Garcia, 2M uvm; Glendale, CA)

They've sacrificed so much for our country, yet so many veterans face challenges like unemployment and homelessness. To help combat that, the Greater Los Angeles Veteran's

Administration held an event, which for many, is the first step in turning their lives around. Heidi Marston is with the VA Greater Los Angeles and explains what "Stand Down" is all about.

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6.2 - Oakland Press: [Northern Oakland County sites plan Veterans Day observances](#) (29 October, Andrea Peck, 441k uvm; Pontiac, MI)

The Great Lakes National Cemetery in Holly will host a Veterans Day ceremony honoring all who served in the armed forces. The ceremony is set to begin at 11 a.m. on Sunday, Nov. 11. Adam Weiner, Navy veteran and Bronze Star with Valor recipient will be the keynote speaker.

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6.3 - Northwest Arkansas Democrat-Gazette: [World War I remembrance planned in Fayetteville](#) (29 October, Mike Jones, 366k uvm; Fayetteville, AR)

The end of World War I will be remembered with the sound of bagpipes in an early morning ceremony Nov. 11 at the Fayetteville National Cemetery. The war ended Nov. 11, 1918. Hostilities broke out on July 28, 1914, ignited by the assassination of Archduke Franz Ferdinand of Austria a month earlier in Sarajevo.

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6.4 - WBTV (CBS-3): [Veteran gets missing VA disability check after calling WBTV for help](#) (29 October, Nick Ochsner, 219k uvm; Charlotte, NC)

A local veteran got his missing VA disability check within days of calling WBTV for help. Calvin Noble, Jr. called WBTV in July after spending months trying to get the VA to send his missing disability check from May. When he called, Noble said he was told the check had been deposited into the bank account of his ex-wife. As a result, the combat veteran, who is diagnosed with Gulf War syndrome after serving in the first Iraq war, went without his check of roughly \$3,000.

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6.5 - WLOS (ABC-13): [Asheville business owner ensures homeless vet is laid to rest with dignity](#) (29 October, John Le, 106k uvm; Asheville, NC)

A proud local veteran who was homeless in the final years of his life was laid to rest in a poignant military funeral. Army Private Walter Anthony Ledford died of liver cancer on September 29 in hospice care at Charles George VA Medical Center. Sadly, he didn't have the luxury of loved ones by his side. The VA attempted to contact his family to no avail.

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6.6 - Bee-News: [Computer issue delays GI Bill benefits](#) (29 October, Freddy Groves, Middlebury, CT)

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1. [Top Stories](#)

1.1 - NBC News: [NYC mayor announces plan to assist 12,000 veteran students at risk of eviction](#) (29 October, Farnoush Amiri, 12.7M uvm; New York, NY)

With about 12,000 New York City student veterans at risk of eviction from their homes in the coming months, city officials on Monday announced a plan to provide emergency rental assistance.

A pair of city agencies — the Department of Veterans' Services and Department of Social Services — are streamlining the process for those student veterans to get evaluated for financial assistance, said Mayor Bill de Blasio.

Normally, they can count on GI Bill payments to fund their monthly housing allowance and provide other benefits, but an IT problem has created a backlog *for payments to be processed* at the U.S. Department of Veterans Affairs after President Donald Trump made changes to the law last year, agency officials said. Thousands of students veterans around the country are potentially affected, NBC News previously reported.

The de Blasio administration said first-year students are being most affected by the technical error.

"Dozens of schools reported to the NYC Department of Veterans' Services that many of their student veterans are between 2-4 months behind on rent and are without funds for living expenses," the mayor's office said in a release.

In a statement provided by his office, de Blasio added, "Our nation owes our veterans a debt of gratitude for their service. At the very least, those who bravely served our country are owed the benefits promised to them by the federal government. New York City is stepping up to give student veterans the security they need to stay in their homes while they wait for the federal benefits they earned through service to our country."

The GI Bill was signed into law in 1944 to help veterans pay for college, graduate school and various training programs. It also provides assistance to family members of those who previously served.

The city's veteran services and social services departments have partnered with 80 academic institutions in New York as part of its "Veterans on Campus-NYC" network.

Eligibility requirements for assistance include proof of GI Bill eligibility, identity, New York City residence, citizenship status and compliance with a background check and finger imaging.

The VA initially had plans to implement new standards for calculating housing stipends on Aug. 1, but because of the "severe critical errors" during testing that "resulted in incorrect payments," they had to postpone it, said VA spokesman Terrence Hayes.

Since then, the federal agency has paid some recipients too much, some not enough and others nothing at all.

It is now financially assisting some students under 2017 rates, although that ignores the 1 percent increase that occurred in 2018. The federal agency says it plans to eventually reimburse students the difference.

The department also cannot say how many student veterans will be affected by a delay in payments until all enrollment documents are processed. Officials expect around 360,000 of them will be eligible for the 2017 rate.

"We apologize for these delays, and want to assure you we are doing everything in our power to reduce the pending workload, address the oldest claims, and continue to test the housing payment IT modifications required for the Colmery Act," the VA wrote on their website on Oct. 25.

CORRECTION (Oct. 29, 2018, 5:35 p.m. ET): An earlier version of the article misidentified the source of a statement about student veterans being behind on their rent. The quote was from a news release issued by Mayor Bill de Blasio's office; it was not said directly by de Blasio.

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1.2 - Marie Claire: [When Female Veterans Return Home](#) (29 October, Jim Rendon, 2.8M uvm; New York, NY)

First Lieutenant Brie Zeiger tried to stifle her fear as the C-130 transport plane she was riding in began its descent toward Forward Operating Base Salerno in a hostile region of Afghanistan. The base was attacked so often that the soldiers nicknamed it "Rocket City." Just three months earlier, in June 2012, insurgents had detonated a truck bomb and invaded the base, killing two Americans. As the plane approached the runway, Zeiger heard an odd sound, like pellets smacking a metal target at a fairground shooting game. This was normal, the crew told her, just incoming fire from the Taliban.

Zeiger, then 26, was a nurse in a small surgical unit there. At night, the faintest whir of helicopter blades would jolt her from bed; wounded were on the way. She loved the challenge of the work, the rush of making life-or-death decisions. "I felt like I was doing exactly what I was meant to do," she says. But in time, she was numbed by the relentless stream of injured soldiers. One soldier arrived riddled with shrapnel from an improvised explosive device. The medical team tried to keep him alive by pumping air in and out of his lungs. Zeiger remembers looking into his eyes, digging through his bloody clothes to find his dog tags, then watching the 23-year-old pass away. "There is something about seeing a soldier die that changes you," she says.

Her nine-month deployment was so profound and complex that when she returned home, she struggled to talk about it. "How do you explain that your normal day is seeing limbs blown off, the way it looks and smells?" she says. "How do I explain how that changed me for the rest of my life?" The few times she tried to talk with her father about the war, they argued. She grew resentful. Civilians could never understand what she'd experienced, she thought, so she kept quiet.

Zeiger's sleep diminished to a few hours a night. She felt detached. Rage would pour out of her unexpectedly. "I couldn't feel anything except for negative emotions," she says. She went to

counseling and was diagnosed with post-traumatic stress disorder (PTSD). “Who doesn’t have that?” she quips. The Army’s therapists never helped her move forward, she says; they just identified her problems and urged her to get back to work. As she rose through the ranks to become a company commander, she stopped interacting with patients, leaving her more isolated. “I felt broken,” she says. “I thought about killing myself. I had so much guilt—survivor’s guilt—there was no way I could continue living like this.”

A friend convinced Zeiger to try a radically different program designed to help soldiers like her. And so, one morning in August 2017, Zeiger, then 30, got into her Audi A3 and began the six-hour drive from her home in North Carolina to Boulder Crest Retreat, outside of Washington, D.C. There she would spend the week with six other women who had served in war zones. They too struggled with isolation, insomnia, depression, anxiety, PTSD, and thoughts of suicide. She’d heard Boulder Crest was unlike any treatment program in the country. Rather than desensitize soldiers to bad experiences, Boulder Crest helps them grow from their trauma—showing them how their worst experiences can become a catalyst for turning their lives around. And unlike many other privately run veterans’ retreats, which cater only to men, Boulder Crest has a program for women.

Still, as Zeiger traveled north, she began to get cold feet. Maybe I should call and tell them I am sick or that work called, she thought. She’d tried army counseling three separate times, and nothing had changed. Would this place really be different?

Zeiger is one of more than 380,000 American women who have served in Iraq and Afghanistan. Though most have not officially been in combat roles, these women have taken on crucial responsibilities in very dangerous places, sometimes fighting alongside the men; 168 have died in these wars.

Since all combat jobs opened to women in January 2016, those numbers will likely grow. By 2020, the U.S. Department of Veterans Affairs (VA) estimates there will be nearly two million female veterans. And many of them will contend with the kinds of problems that have plagued Zeiger. According to a 2013 study from researchers at the National Center for PTSD in Boston, 21 percent of women and 23 percent of men deployed to Iraq and Afghanistan were likely to report symptoms of probable PTSD. Though those rates are similar, more women report depression, in part because they are more likely to experience it as a symptom of PTSD than men.

While civilian and military men commit suicide at higher rates than their female counterparts, according to a 2016 VA report, in 2014, the difference between soldiers and civilians was greater for women in all age groups. For young women it is particularly alarming: In 2014, female veterans between 18 and 29 years old killed themselves at six times the rate of civilian women of the same age. Researchers don’t know exactly why so many female veterans are committing suicide, but they have found that survivors of military sexual trauma have a higher rate of suicide than others, and about 20 percent of female soldiers have been victims of such abuse, according to the VA. The study also found that female veterans were more likely than civilian women to kill themselves using a firearm—the most lethal method of suicide.

Navy Captain Michael Colston, a psychiatrist and director of mental-health programs for the Office of the Assistant Secretary of Defense for Health Affairs, says the military has been focused on PTSD, spending more than \$330 million on the disorder over the last decade. Treatments such as prolonged-exposure therapy, in which patients repeatedly recount their traumatic experiences to desensitize them, and cognitive-processing therapy, in which the

trauma is also revisited, are the norm, as is prescribing medication, including the antidepressants Prozac, Paxil, and Zoloft. Most therapy lasts two or three months, with follow-up over six to 12 months for medication management, he says.

While these therapies have decades of studies to validate them, many soldiers fail to complete them because of the effort they require and the need to revisit the trauma, Colston acknowledges. "It can be unsettling for some," he says. Up to 80 percent of veterans drop out of these therapies at VA centers, according to a 2015 study led by a researcher at the Veterans Affairs Boston Healthcare System. Those who complete treatment do benefit, but not always enough. One review of decades of studies by VA researchers shows that while the therapies reduce PTSD symptoms, more than 70 percent of patients still meet the criteria for PTSD when the therapy ends. Shira Maguen, a psychologist with the San Francisco Veterans Administration Medical Center and a professor at UCSF Medical School who works with and studies female veterans, says that some VA centers have begun offering a few complementary and integrative treatments for PTSD in addition to the evidence-based psychotherapies. "We know that we need a multipronged approach," says Maguen. "Veterans need alternatives."

The Boulder Crest Retreat has been effective for those who have not been helped by traditional treatment. Unlike most programs, which aim only to manage PTSD symptoms, Boulder Crest acknowledges that trauma fundamentally changes individuals; there is no returning to normal. Their methods are based on the idea that trauma is deeply painful, but that pain can force dramatic, beneficial transformations.

That is not wishful thinking; it's a phenomenon called post-traumatic growth. Most trauma survivors struggle with post-traumatic stress symptoms in the wake of horrific events, but about two thirds of them also report their lives are better, which researchers have determined is post-traumatic growth. That idea challenges psychology's long-held assumption that people react only negatively to trauma. But few, if any, veterans' programs embrace it. That is what Boulder Crest is trying to change. (Colston says he likes the concept of post-traumatic growth therapy but the military uses therapies that have decades of studies to back them up.)

On the first day at Boulder Crest, Zeiger and the six other veterans sat around a table on a stone patio overlooking a small pond, along with Suzi Landolphi, Boulder Crest's only licensed therapist there, who jokes, cajoles, and makes pointed insights about the women's deeply personal challenges. Zeiger, who is tall and athletic, with rigid military posture, watched the other women from behind her Wayfarer-style sunglasses until Landolphi pulled her up from her seat. Landolphi explained that Zeiger, who said she felt out of shape, was going to hold Landolphi up using just her arms. Zeiger looked skeptical. Landolphi asked her to lie down on the patio with her arms raised upward. They placed their hands on the other's shoulders. Then Landolphi swung her legs up in the air and did a handstand on Zeiger's shoulders. Their bodies formed a giant L. "You are much stronger than you think," Landolphi told her when they finished. "You have to be more open about the greatness of you."

That is what Boulder Crest tries to do psychologically for these women—to reveal they have been taught by psychologists, the military, and society to view themselves as broken because of their mental-health struggles. Boulder Crest wants to help these women see that they are not broken—that, in fact, their struggle makes them strong.

Boulder Crest Retreat was founded by Ken Falke in 2013. The now-56-year-old retired Navy explosive-ordnance-disposal technician served in the Bosnian War and later founded a military contracting firm. When wounded soldiers began coming back from Iraq and Afghanistan, he

visited them at Walter Reed National Military Medical Center and hosted them and their families at his rural Virginia home. He donated 37 acres of his property and worked with innovative psychologists to develop the Boulder Crest Retreat. Falke opened a second location in Sonoita, Arizona, in May 2017. It costs \$8,333 for each veteran to attend, but the nonprofit does not charge for the program.

In his search for effective treatments, Falke met Richard Tedeschi, professor emeritus in the Department of Psychological Science at the University of North Carolina at Charlotte, who pioneered the study of post-traumatic growth. Back in the 1980s, Tedeschi and his research partner, Lawrence Calhoun, began speaking to older women, mostly widows. The women told the researchers that while they missed their husbands dearly, they had also developed new friendships, formed closer relationships with their children, and gained a newfound independence. Tedeschi and Calhoun also discovered a study of Vietnam prisoners of war that found that soldiers held captive, sometimes for years in horrific conditions, felt their lives were better as a result, echoing what the researchers were hearing from their own patients. Trauma was hard, sometimes debilitating, but it also led to real change. They coined the term post-traumatic growth and developed a scale to measure positive change.

Hundreds of studies followed, showing a majority of trauma survivors' suffering is real, and yet they report changes in one or more of five areas: They feel psychologically stronger, are open to new possibilities, and have deeper relationships, an enhanced appreciation for life, and an increased sense of spirituality. With the right kind of support, survivors can see their lives have more meaning than before.

At Boulder Crest, the women began their days at 6:30 a.m. by writing in their journals, followed by exercise and then long guided sessions—sometimes as a group and sometimes individually—delving into their strengths, struggles, principles, and goals. These emotionally draining discussions were followed by activities like archery or kayaking, where the day's lessons were reinforced. They also learn Transcendental Meditation and meditate twice a day. They eat meals together. Each day ends at 8:00 p.m. with a guided discussion around a fire. The staff teach the women how to regulate their emotions and improve their relationships, careers, and physical fitness.

More than 260 soldiers have completed the program, including 67 women. An ongoing assessment found that after 18 months, Boulder Crest participants' post-traumatic stress levels fell by 56 percent. Anxiety was cut by 45 percent and depression by 50 percent. Post-traumatic growth scores, which measure positive change, were up 40 percent.

Two days into the weeklong program, inside a large log-cabin-style building, Zeiger and the others listened as Meredith Mathis, one of the guides, spoke about her time in Afghanistan. A superior officer abused her emotionally and then sexually assaulted her for several months. "I hoped I would get blown up every time I got in my MRAP [mine-resistant ambush-protected vehicle]," Mathis told them. After she returned from another deployment as a member of the Cultural Support Team program—an elite group of women who accompanied special-operations forces to gather intelligence from Afghan women—Mathis started experiencing severe, constant vertigo, depression, and anxiety, and she was put on antidepressants and anti-anxiety medication.

Three years later, Mathis came to Boulder Crest. "For a long time, I didn't trust anyone," says Mathis, now 33. "You can't be vulnerable in the Army without someone taking advantage of it." There, she found a safe community of women to whom she could finally open up. Now she no

longer needs medication; she started her own photo-restoration business and published a book about her struggles before working part-time at Boulder Crest to help other women like her.

Mathis is no psychologist. Her only qualifications are her experience and training here. Other than Landolphi and one more licensed therapist at its Arizona location, Boulder Crest does away with the professionals, preferring instead to use guides—veterans and civilians whose stories of suffering and transformation help participants see that they too can grow. A 2004 study conducted by Tzipi Weiss, an associate professor of social work at Long Island University, found that just having contact with someone who has benefitted after trauma can increase the likelihood of post-traumatic growth.

In the spring of 2016, a soldier we'll call Sophie, who asked we use a pseudonym to protect her identity because she's still in the military, went through the Boulder Crest program with Mathis. She had spent 15 months doing construction work in Iraq and then joined the Cultural Support Team program. Shortly after arriving in Afghanistan, a soldier was killed. "It was a heartbreaking reminder of how dangerous our job was," she says.

Then in October 2011, a friend, Ashley White, a highly decorated soldier who was profiled in the 2015 best-selling book *Ashley's War*, was killed in Afghanistan when she walked into a compound rigged with improvised explosives. Sophie couldn't attend White's funeral because she was deployed, so she ignored her feelings.

Isolation was normal for Sophie. In Iraq, fewer than 10 women were in her company of 120, mostly enlisted soldiers who, as an officer, she was prohibited from socializing with. "I just buried my emotions most of the time," she says. She dwelled on split-second decisions she made, like not returning fire into a village when she could not see the shooter. Should she have defended herself even if she risked shooting civilians? Did she let her fellow soldiers down?

When Sophie returned home, she got married and left active duty. She had trouble sleeping, and when she did, nightmares about walking through an Afghan village without her weapon or her team plagued her. She felt anxious, alone, and adrift. "When you are doing something significant and worthwhile, it is exciting, like a drug," she says. "It was hard to come back home."

Studies show that absence of support makes PTSD more likely, and Maguen's research on veterans of the first Gulf war shows strong social support predicts post-traumatic growth. Female soldiers are more likely than men to experience isolation, as women make up only 16 percent of the armed forces. One Boulder Crest participant noted she was the only woman among 1,700 men.

Many women in the military avoid fraternizing with men because they worry others will think they are sexually involved. (Zeiger says in the military, women are considered either "sluts or lesbians.") Female soldiers often struggle to find anyone they trust, and that isolation can prime them for PTSD, Maguen says. The military's high rates of sexual assault and harassment can further alienate women, she adds, making them more vulnerable to mental-health problems. Given the importance of social support, Boulder Crest works hard to create a supportive and long-lasting community for the women who come here.

On the second full day at Boulder Crest, Zeiger stood in front of the group and spoke about her family. "My father was a very depressed and angry person," she explains. She felt her mother was controlling and judgmental. But, Zeiger says, she also acquired good traits from them: faith, a sense of humor, and an interest in sports.

Hanging behind Zeiger was a family tree of sorts. She wrote down the traumas her family members had experienced and their destructive behavior in red. Then, in blue, she noted positive behavior. It is important to understand both, says Landolphi, so the women don't feel victimized. If the veterans can see their family as complex and flawed, they can better understand their relatives' actions and how those events affected them. And that knowledge can lead to change. Then Zeiger told the group something she had told few others: When she was 10, she was molested by a family friend. After joining the Army, she was sexually assaulted by a fellow soldier.

Opening up was cathartic. "I never realized I became the person I am because of how I was raised," she says. "It was powerful for me to understand I have the choice to change."

Boulder Crest delves into family because childhood trauma is surprisingly common among soldiers. A 2014 study coauthored by several VA researchers found 28 percent of women in the military reported four or more traumatic childhood experiences, compared to 20 percent of women with no military service. Another study found that half of women in the military reported childhood sexual abuse. Childhood trauma likely pushes young adults to join the military in search of a new family, stability, and purpose, says Landolphi. But those in the military with troubled childhoods are more susceptible to mental-health problems. A 2012 study led by a researcher at the Army Institute of Public Health found that 65 percent of soldiers who attempted suicide had also experienced childhood trauma.

Opening up not only helps the women learn about themselves, it gives others an opportunity to show they care. "When others start helping you, it becomes obvious there is something you can do for people too," says Tedeschi. That desire to help others is considered growth.

On the fourth day, as a hard rain fell, the women visited a horse farm. There, a veterinarian led four horses into the indoor ring. Landolphi told the women to pick the horse that most resembled them. One of the women, 35-year-old Sergeant First Class Celeste Holley, stood rigidly behind the others. "Can I opt out?" she asked. She fell off a horse as a child and is terrified of them. Landolphi told her no. She was here with her team; she needed to try.

Zeiger liked horses, so she walked with Holley as she approached them, helping her get closer and even touch one. Holley chose a dark-brown horse that had been abused when it was young. Holley, too, had suffered childhood abuse.

That night around the bonfire, a guide asked the women to share their win for the day. Holley spoke up. "You were patient and allowed me to be vulnerable, and it felt really good," she says. "I'll be leaving here knowing that I can call on you all and you will support me." Feeling good at Boulder Crest, far from the complications of daily life, is easy. Some of these women have been to other retreats and failed to change when they returned home. Boulder Crest combats that fall-off effect by continuing the program for another 18 months remotely. The women are bound together as a support group, participating in facilitated regular team video calls with a guide.

Eighteen months after her program ended, Sophie remains in touch with group members. "Talking to women who had similar experiences helped me get through the things that I could not let go of from the deployment," she says. "I don't think it could have happened any other way."

Sophie ended her marriage—she was finally able to accept that the relationship was not good for her—and is sleeping well for the first time in years. She is more open about her struggles and, as a member of the reserves, is looking for ways to mentor young female soldiers. “I used to get my self-worth from success in my career,” she says. “Now I get my self-worth from being a good family member and friend.”

Zeiger’s group became so close that they set up a group text and chat many times a day. It’s a safe haven where the women can vent, ask questions, get support when they fail, and share successes. “We rely on each other,” Zeiger says. “It has been nice to play on our strengths, to help each other.”

In the 15 months since Zeiger left Boulder Crest, she has noticed changes large and small. “I don’t fly off the handle as much,” she says. “I am able to work through what I am feeling and then have a conversation about it.” She has left active duty and is now in the reserves, has gotten married (two women from Boulder Crest attended the wedding), and has moved into a new home in Knoxville, Tennessee. Through all of the changes, she has kept up regular contact with women from her retreat group. “I am more in touch with how I feel after Boulder Crest,” she says. For the first time she can remember, she even feels happy. “I got my life back, actually a better version of me.”

This article appears in the November 2018 issue of Marie Claire.

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1.3 - The Columbus Dispatch: [National Veterans Memorial and Museum opens in Columbus to fanfare](#) (28 October, Holly Zachariah, 811k uvm; Columbus, OH)

Richard Lewis used only his ball cap — the one that tells the world that he was awarded a Bronze Star — to protect his head from the cold and relentless drizzle as he listened to Gen. Colin Powell stand before him Saturday and say that he and veterans like him represent the best of America.

That they deserve a nation’s love, admiration and gratitude. That they deserve to have their stories heard.

And now, in Columbus, there’s a place for that: the National Veterans Memorial and Museum, which opened to the public Saturday with all the military pomp and circumstance that was to be expected. About 2,000 people — many battling the wind to hold on to their umbrellas and most wearing free ponchos provided by organizers for the outdoor ceremony held at Dorrian Green on West Broad Street, across from the museum — packed the park for almost two hours of speeches that culminated with the official ribbon cutting.

Lewis, an Operation Desert Storm veteran who earned a Bronze Star while serving with the Army Reserve’s 656th Transportation Company, said the day’s events were “exhilarating” and the museum’s mission is a vital one.

“Our younger generations don’t really understand what it takes to protect our country,” said Lewis, 54, of the East Side. “They see war in video games, but they just don’t know. For a museum to tell some veterans’ stories and show appreciation? That’s an honor for all of us.”

Powell, a former secretary of state and chairman of the Joint Chiefs of Staff, brought the crowd to its feet with an emotional and impassioned speech about patriotism, duty and honor.

He said that veterans, both in war and peacetime, protect everything that this country's Founding Fathers established in 1776.

"Forty-two million Americans have served in uniform in the history of our nation," Powell said, adding that the museum "will show their faces, their letters, their fears, their bravery, their anxious families waiting for them to return. You will hear their stories, you will see their photos and their videos.

"And you will be moved to ask, 'Where do we get such patriots?'" he said. "The answer is ... from everywhere. From city and farm, from every color and origin. They represent the rainbow that is America, the strength and goodness of America."

The 53,000-square-foot museum — which cost \$82 million — doesn't pay tribute to any one war or service branch, but instead tells the experience of veterans through individual stories. The idea germinated more than six years ago, the vision of both the late Marine fighter pilot, astronaut and U.S. Sen. John Glenn (who died in 2016) and central Ohio businessman and philanthropist Leslie H. Wexner. Wexner and his wife, Abigail, donated \$40.6 million to the project.

In his remarks Saturday, Wexner said the current divisive climate in this country gives him pause, but he and his wife speak often about how fortunate they are to live in a land that affords such opportunity. He referenced the Declaration of Independence and its guarantee of the right to life, liberty and pursuit of happiness. That document, he said, provides the "what" in everything America stands for. And it is the American military, he said, that provides the "how."

He spoke of how the museum hopes to eventually record the story of every veteran who visits and create an "electronic warehouse" where all those stories can be preserved. And he also appeared to break some news: He said there are plans to build a second building for veterans, focused on education, but gave no additional details.

"This is not the end," he said of the museum. "This is the beginning."

After the ceremony, the the museum's developer, Guy Worley, CEO of the Columbus Downtown Development Corporation, wouldn't comment except to echo Wexner's sentiments about this being a beginning.

But Saturday wasn't about the future. It was about the past, and honoring those who have made a difference in it.

Glenn's son, David Glenn, told the crowd of a vivid memory from when he was 7 and his family was driving to Columbus.

"My mother began to sob and sob because my dad was going off to fight in Korea and she didn't know if she would see him again," Glenn said, choking up. "Being willing to fight and die to protect your people ... that willingness is so powerfully expressed in John 15:13." Then, he quoted the scripture: 'There is no greater love than this — that a man should lay down his life for his friends.'

“Reflecting on that willingness, that love, is what made my father choke up when he talked about his war experiences,” Glenn said, noting of the museum, “I wish he was here to see this.”

Other speakers included retired Army Lt. Gen. Michael Ferriter, the president and CEO of the museum; and members of Ohio’s congressional delegation who worked to get its national designation — Sens. Rob Portman and Sherrod Brown and Reps. Joyce Beatty and Steve Stivers.

U.S. Secretary of Veterans Affairs Robert Wilkie, an officer in the U.S. Air Force Reserve and the son of an Army artillery commander, told the crowd that veterans are “ordinary citizens who have performed extraordinary deeds.”

He said the museum is a place that will make certain that those who protect our country are never forsaken.

“We owe our warriors a debt we can never repay, but we can remember them for what they did,” Wilkie said. “Future generations can learn about our warriors here.”

Among those listening in the crowd was 80-year-old Charles Williams, a veteran of the Air Force and Army. Trying to stay warm bundled under coats and blankets and wearing a camouflage hat and gloves, the military policeman and firefighter who fought in Vietnam couldn’t say much about the day. Dementia and Alzheimer’s stole that away.

But his wife, Selina, said that even with the less-than-ideal weather, she never once thought about not bringing her husband down from their Northeast Side home for the ceremony and a tour of the museum.

“He deserves this. They all deserve this,” she said. “Not enough people understand what these veterans went through. This is overdue.”

Mike Stevens agreed.

The former Navy submariner and his wife, Kim, rode their motorcycle from Washington Court House in southwestern Ohio to join maybe 20 other Patriot Guard riders as part of a ceremonial procession that kicked things off Saturday (Weather canceled a flyover and jump by the Army’s Gold Knights parachute team).

“This is living history,” said Stevens, who spent three years on active duty in the 1980s and stayed a reservist until 2007. “I think it’s important to keep these memories alive. Especially these older World War II veterans. I’d listen to them talk forever about what they’ve seen. But someday, we veterans won’t be here to tell you our stories even if you’ll listen.”

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1.4 - Building Design + Construction: [Outpatient clinics bring the VA closer to injured veterans](#) (29 October, John Caulfield, 70k uvm; Arlington Heights, IL)

This fall, the Department of Veterans Affairs’ Palo Alto Health Care System in California is opening a three-story, 95,000-sf Community-Based Outpatient Clinic (CBOC) in the scenic Silver Creek section of San Jose.

The new clinic—which will replace a 65,000-sf, single-story facility that opened 22 years ago—features design, operational, and service elements that define the VA’s recent approaches to veterans’ care and staff management.

The department’s Veterans Health Administration (VHA) provides care for nine million enrolled veterans each year at 1,243 healthcare facilities in the U.S., including 172 VA hospitals and 1,062 outpatient clinics. CBOCs, which are built by private developers and leased to the VA for 20 years, currently account for the greater portion of the VA’s recent expansion.

Stella Fiotes, AIA, Executive Director of the VA’s Office of Construction and Facilities Management (VAOCFM), tells BD+C that, by year’s end, the VA would award 16 CBOC leases and release solicitations for 10 more.

She adds that, aside from CBOCs, the VA is focusing on expanding its existing medical campuses with specialized care centers, such as the SmithGroup-designed 174,000-sf Polytrauma and Blind Rehabilitation Center in Palo Alto, Calif., which is scheduled open this fall; and the four-floor, \$148.6 million, 245,000-sf Bed Tower at the James A. Haley Veterans’ Hospital in Tampa, Fla., which just broke ground and should be ready for patients in 2021. Page is the tower’s designer; Turner Construction the general contractor.

Over the last two decades, the VA has been trying to evolve from being a hospital-driven healthcare system to an integrated delivery system that emphasizes a full continuum of care. The proliferation of CBOCs has led the VA to rethink whether its notoriously rigid design guidelines for medical centers could be loosened a bit. Fiotes has asked her staff to review those guidelines to see which might be brought closer in line with AEC industry standards.

The VA is also leading the way in sustainable design, pursuing LEED certification more frequently than the private sector, says Hosam Habib, AIA, Principal and Director of Design with Hoefer Wysocki, an architectural firm with offices in Leawood, Kan., and Dallas that has worked with the VA for 30 years, and whose recent projects include the new San Jose clinic.

But the department’s sprawling healthcare portfolio—the largest integrated system in the U.S.—is still saddled with many older facilities that don’t conform to its current operational model. The projects that the VA listed in its 2018 budget request to Congress would cost anywhere from \$55 billion and \$67 billion to build or upgrade and activate. The \$3 billion to \$4 billion that Congress appropriates annually to the department for construction, renovation, repair, and nonrecurring maintenance hardly comes close to the VA’s budgetary needs.

To supplement what Congress doles out, the VA has been exploring funding options that include private-sector investment. Abetting this exploration was the passage, in 2016, of the Communities Helping Invest through Property and Improvements Needed for Veterans Act, better known as CHIP IN, which allows the VA to accept dollar donations and in-kind gifts, like land or buildings, for certain medical facilities.

The first pilot project authorized under CHIP IN is a 57,000-sf, \$86 million Ambulatory Care Center under construction in Omaha, Neb. Heritage Services, a local philanthropic group that works with civic and business organizations, donated \$30 million and is serving as the project’s CM.

DEFINING SCOPE AND REQUIREMENTS TO IMPROVE PROJECT MANAGEMENT

Since its 2014 budget cycle, the VA has made a number of improvements in its construction management, says Fiotes.

For one thing, it now focuses on making sure that a project's scope and requirements are clearly defined before design and construction start, which Fiotes concedes hasn't always been the case. VA will not seek Congressional authorization for any project until at least 35% of its design is completed. At key project milestones, either she or the VA's deputy secretary must sign off on any major changes. "We've gotten good at saying no," she says.

AEC sources whose firms have worked extensively with her office say that, on certain projects, the VA has been sharing construction management responsibilities with outside firms or organizations. "We're seeing more construction administration being performed by AE firms," says Mike Beezley, PE, President of Apogee Consulting Group, a Cary, N.C.-based architecture and engineering firm that, over the past decade, has worked on around 280 VA projects.

Beezley's observation isn't surprisingly, given that the VA for decades has been defending itself against accusations that its managerial oversight left much to be desired. Its deficiencies came to a head in Aurora, Colo., where the Rocky Mountain Regional VA Medical Center at the Anschutz Medical Campus, which officially opened on August 11, took nine years to complete at a cost of \$1.7 billion—\$1.1 billion over budget.

The U.S. Army Corps of Engineers, in coordination with the VA, assumed construction management of that project in 2015 and brought in Kiewit-Turner as its GC. The Aurora facility was one of 12 VA projects that the Army Corps took over following the passage, in September 2015, of the Department of Veterans Affairs Expiring Authorities Act, which mandates that construction management of VA projects over \$100 million be handed over to a non-VA entity.

The VAOCFM doesn't have the same checks and balances as the Department of Defense or "the Army Corps", according to Shea De Lutis, Director of Market Sector and Project Development for Clark Construction, and Barbara Wagner, Clark's Senior Vice President.

The VA still manages construction for projects budgeted under \$100 million, the range for most CBOCs. The General Services Administration, which manages leases for the VA, might assign a delegation to a project, "but we are still in charge of procurement and building," says Fiotes.

EXPANSION AND UPGRADES CONTINUE

Doubts about the VA's project management acumen notwithstanding, Clark's executives say their firm has had mostly successful experiences working with the department. These include the Veterans Puget Sound Health Care System's 204,000-sf, \$108 million Mental Health & Research Facility in Seattle, which was completed last year; and the Southeast Louisiana Veteran Health Care System's 1.7 million-sf, \$937 million replacement hospital in New Orleans, completed in 2016.

SmithGroup has been involved in at least 125 VA projects over the years. These include the Robley Rex Replacement Medical Center in Louisville, Ky., currently in its construction drawing stage. It is being planned for one million sf of inpatient and outpatient services and could begin construction next year, says architect Philip Tobey, FAIA, FACHA, ASHE, a Senior Vice President in SmithGroup's Washington, D.C., office and an Editorial Advisor to BD+C.

Tobey, who once served as an officer with the U.S. Air Force's Office of Surgeon General, says there's a lot to consider when designing VA medical centers, especially those that deal with patients with traumatic injuries. "It's always about finding respite," he says. Wherever possible, SmithGroup incorporates nature into its design, such as natural light and courtyards. He adds that "clarity of wayfinding" is critical in these facilities, where patients may have cognitive difficulties.

Last year, Apogee finished its design for a 15,000-sf behavioral health center in Columbia, S.C., and so far this year it has completed the design for an administrative space in Orlando, Fla., the expansion of a mental-health facility for the Fresno, Calif., VA, and a new emergency department for the Houston VA.

Beezley says that, over the last year, Apogee has seen a "substantial increase" in the renovations of operating rooms and hybrid ORs, sterile processing services, pharmacies, and elevator projects. "We're also seeing an uptick in campus master plans with serious thought to what their needs will be, over the next 10 to 20 years" he says. Beezley adds that the VA is giving veterans in rural areas better access to healthcare through its expansion of CBOCs.

Heapy Engineering performs engineering services for about \$80 million to \$100 million in VA projects annually, says Matt Graham, PE, LEED AP BD+C, a Principal with the firm. Many of those projects are CBOCs. The VA, he says, is also upgrading its IV Prep pharmacies to USP 797 and 800 standards, and modernizing its building and campus infrastructures.

"The VA has demonstrated extraordinary effort in the modernization of its facilities over the past few years," says Hoefer Wysocki's Habib. "I have seen private facilities attempt to mimic what the VA is doing. On the inpatient side the VA's mental health facilities focus on creating a healing environment to promote a sense of community."

ROLLING OUT A NEW CLINICAL MODEL

Graham and other AEC sources say that one of the more significant changes reshaping the VA's healthcare system is PACT, or Patient Aligned Care Team. This is the Veterans Health Administration's design guideline for outpatient facility design.

One of the first places where the VA rolled out PACT was the 150,000-sf, \$82 million Major General William H. Gourley VA-DOD Outpatient Clinic in Marina, Calif., which opened on the dormant Fort Ord military base in August 2017. The clinic is set up with five "neighborhoods," each with 11 multipurpose, 125-sf exam rooms—five on one side, six on the other. Between them are 30 cubicles where the clinic's physicians, nurses, and other medical personnel are stationed for quicker responses to patients' needs.

The waiting areas and hallways leading to the exam rooms reflect a hospitality-like environment. The clinic's on-stage/off-stage setup is focused "on bringing additional care—for example, pharmacy—to the exam room," says Michael O'Connor, a Principal and Director of Healthcare for Nichols, Melburg & Rossetto Architects + Engineers (NMR) in Redding, Calif., which was the architect, engineer, and interior designer on the Marina project. Patients in exam rooms can also communicate with off-site doctors and specialists via a secure video network.

The VA has developed "repeatable templates" for three different-sized outpatient facilities. But Fiotes acknowledges that some medical centers still feel the need to customize PACT for their own purposes. So the VHA is revising those templates to make them more performance-based, and less prescriptive.

IS PRIVATIZATION IN THE VA'S FUTURE?

Unlike the DOD, which can fund projects incrementally as changes arise, the VA must wait for each appropriation cycle for new financing, says Clark's De Lutis. Since 2010, the VA has developed a Strategic Capital Investment Planning process to prioritize its infrastructure needs versus the money it has available to pay for them.

That process has been happening at a time when the private sector has been trying to elbow its way into a position where it provides veterans with an alternative to VA medical centers. Indeed, one of President Trump's campaign promises was to give veterans the option to use "a private service provider of their choice."

ProPublica reported in August on one such "alternative," the Cohen Veterans Network, funded by hedge fund billionaire Steven Cohen, who has spent \$275 million to open 10 free mental health clinics across the country. The article (<https://bit.ly/2woW8yU>) chronicles Cohen's efforts to get the government to subsidize his clinics.

Another ProPublica exposé detailed how three of Trump's business friends—including Marvel Entertainment Chairman Isaac Perlmutter—have been setting policy for the VA.

On the day after he was fired from his job as the VA's Secretary last March, David Shulkin wrote an opinion piece in The New York Times (<https://nyti.ms/2pOdCBm>), in which he warned that privatizing the VA would be detrimental to America's 20 million veterans. "The private sector, already struggling to provide adequate access to care in many communities, is ill-prepared to handle the number and complexity of patients that would come from closing or downsizing VA hospitals and clinics, particularly when it involves the mental health needs of people scarred by the horrors of war," he stated.

Be that as it may, the VA isn't averse to turning to the private sector for help to fund some of its projects.

The Ambulatory Care Center in Omaha, Neb., which is scheduled to open in the spring of 2020, is one of five such pilot facilities that are authorized to be built under the CHIP IN for Vets Act's donation concept. Professionals from AEC firms working on the Omaha facility say its construction management, under Heritage Services, has been relatively frictionless.

Leo A Daly is the project's designer, SE, MEP, and sustainability consultant. Jeff Monzu, the firm's Vice President and Senior Project Manager, says that he's been able to make design suggestions that touch on how the facility's registration process and rooms are set up. Other suggestions have included reducing the number of electrical outlets per room based on probable actual usage, and creating separate clinic pods for entering exam rooms in the women's health area.

Ryan Sawall, PE, CHC, LEED AP, Project Manager with McCarthy Building Companies, the Omaha project's GC, says that his firm came on board before the schematic design started. "Decisions were made quicker, were more reasonable, and were always for what would be best for the VA and its patients," he says.

The VAOCFM's Fiotes is quick to point out that the Omaha project is not a pure public-private partnership because the developer and builder, Heritage Services, is donating its services, as well as the building itself.

The Omaha project's budget is considerably under the \$136 million that the VA had originally estimated. Fiotes explains that this project isn't bound by federal acquisition and procurement regulations. Significant savings were also realized in the physical security requirements, such as hardening the building, by setting the facility sufficiently back from major public roadways and parking.

Heritage Services declined to answer specific questions about changes in the project's scope, its approach to construction management, or its donors. "We have a process that we follow" that leans heavily on "coordination and transparency with our partners," says Chad Beson, Heritage Services' Director of Construction. He adds that, with the right partners, "the VA can do the right thing."

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1.5 - U.S. News & World Report (AP): [Mississippi Man Pleads Guilty in Threat to Veterans' Office](#) (29 October, 14M uvm; Washington, DC)

JACKSON, Miss. (AP) — A Mississippi man has pleaded guilty to threatening to bomb a Veterans Administration office.

The U.S. attorney's office for southern Mississippi says in a news release that 48-year-old Undrey L. Jones of Jackson entered the plea Monday.

The release says on Feb. 27, Jones called the Veterans Benefits Administration Call Center in Salt Lake City. It says Jones identified himself by name, demanded to speak to the director of the VA Medical Center and Regional Office in Jackson, Mississippi, and said he would "come up there and blow the building up."

Jones was arrested the next day.

Sentencing is set for Jan. 22 in U.S. District Court in Jackson. Jones faces up to 10 years in prison and a \$250,000 fine.

His attorney could not immediately be reached Monday.

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[2. Improving Customer Service](#)

2.1 - Forbes: [In Looking To Treat The Whole Patient, VA Tests Behavioral Health Platform](#) (29 October, Nicole Fisher, 36.9M uvm; New York, NY)

Approximately 1/5th of adults in the U.S. (43.8 million people) experience mental illness of some form in any given year. A significant number of those are related to depression, anxiety or post-traumatic stress. We also know that individuals living with mental illness face increased risk of having chronic medical conditions and die earlier than peers - largely due to treatable medical conditions. In fact, mood disorders like depression are the 3rd most common cause of

hospitalization in the U.S. for both youth and adults, adding billions to the costs of care each year. Despite this, most of the U.S. health system separates physical health and mental health, and the ways in which we treat illnesses.

Yet, for decades we have known that mental health is not truly separate from our overall health. Mental health directly affects our physical health, and vice versa. The valuation of what mental health expenditures cost our health system each year is currently estimated at \$204 Billion and growing. And while treatments such Cognitive Behavioral Therapy (CBT) have been shown to improve thoughts and behaviors that impact health decisions and outcomes, dealing with mental health and physical health jointly can be exceptionally difficult in our current system – and therefore, often goes ignored.

Veteran Expertise And Entrepreneurship

In an effort to create a collaboration between primary care physicians and behavioral health specialists to treat the “whole person,” the U.S. Department of Veterans Affairs (VA) has turned to a mental health technology company that will roll-out at the Corporal Michael J. Crascenz VA Medical Center in Philadelphia. In this pilot – which is being funded by an National Science Foundation (NSF) grant – could be a substantial step forward for those in the VA system suffering from mental illness.

The company chosen to receive the \$225,000 Phase I Small Business Technology Transfer (STTR) grant from the NSF is NeuroFlow, an organization that has already raised more than \$1.5 million in each of the last two years, and happens to have been founded by an Army veteran and Bronze Star Recipient who served as a platoon leader during the Iraq War. According to NeuroFlow’s CEO Christopher Molaro, upon returning from war he saw first-hand the lack of mental health treatment options for returning servicemen and women. “This is a huge opportunity to demonstrate how technology and remote monitoring capabilities can enhance the way providers integrate and collaborate behavioral health care in an evidence-based fashion,” he says. “We have grown 10x this year so far, which has been amazing and we are honored to be considered a valuable tool to so many clinics and health systems. But personally, for me, since I served as a U.S. Army Captain, to work with the VA and to serve my fellow Veterans is not only something I take as a big responsibility, but it is a mission I am proud to be on.”

But NeuroFlow is not exactly a newcomer to the behavioral health space. The team contends they’re ready to face challenges that come with CBT such as costs of implementing new systems (monetary and personnel), the geographic and personal distance that can occur between patient visits, and having to deal with patient compliance issues. The company is already in 112 clinics and hospitals in 5 countries, and received accreditation at the Smart Health Innovation Lab with high engagement results.

The NSF Bet

As integrated care has consistently been proven effective in improving outcomes and lowering medical costs, the NSF, an independent federal agency with a budget of about \$7 billion that supports fundamental research and education across all fields of science and engineering, has been looking to fund scientific discovery into products and services with commercial and societal impact. Using the NSF’s America’s Seed Fund which is Congressionally mandated and awards \$200 million annually to startups and small businesses, the VA can test NeuroFlow while de-risking trials of the technology.

Specifically, with NeuroFlow's recently launched IntegrateHealth platform, the VA can test the incorporation of behavioral health into the traditional VA medical setting for things such as primary care – where most antidepressant prescriptions are written – and pain management. That could mean changes in how VA doctors prescribe medications such as antidepressants and opioids, as well as less paper for physicians, less visits for patients, and greater education for everyone about the interconnected issues underlying holistic veteran health.

Barry Johnson, Director of the NSF's Division of Industrial Innovation and Partnerships says, "We hope that this seed funding will spark solutions to some of the most important challenges of our time across all areas of science and technology." If the trial goes well, following the completion of mutually agreed upon benchmarks, NeuroFlow will be eligible for a \$750,000 Phase II grant to launch a larger-scale study of potential clinical and commercial impact across more veteran medical centers. This is particularly true if NeuroFlow can, as predicted, integrate seamlessly with the VA's new Cerner EHR system.

Nicole Fisher is the founder and CEO of HHR Strategies, a health care and human rights-focused advising firm. She is also a senior policy advisor on Capitol Hill and expert on health innovation, economics, technology, and reform - specifically as they impact vulnerable populations. [...]

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2.2 - WRAL (CBS-5, Video): [MDMA - you may know it as ecstasy - proves to be effective against PTSD](#) (29 October, Randall Kerr, 1.2M uvm; Raleigh, NC)

"Five times I should be dead, at least one time in Iraq, and I'm still here."

Jonathan Lubecky is a former Marine and member of the North Carolina National Guard who served in Iraq. After battling the enemies overseas, he returned to North Carolina and battled personal demons. "I saw the worst of the humanity," Lubecky said about his time in Iraq.

In 2006, Lubecky's post traumatic stress disorder (PTSD) led to thoughts of suicide, and to the Veterans Monument in Raleigh.

"I sat there for about two hours trying to come up with the best way to kill myself," he said.

Instead, he managed to find his way to Womack Army Medical Center in Fayetteville just days before Christmas.

"I walked in and told them I was going to kill myself. They gave me six Xanax and said, 'Don't take them all at once -- it will kill you. And give your guns to a neighbor when you get home. And come back after the holidays.'"

Lubecky said he almost didn't survive the weekend.

"In the early hours of Christmas morning in 2006, I drank a bottle of vodka, loaded a 9 mm Baretta, put it to my temple and pulled the trigger -- and the gun malfunctioned," Lubecky said. "That's my first of five suicide attempts."

Lubecky later moved to Charleston, South Carolina, where his regimen to treat his PTSD included 42 pills a day. During one trip to get a refill, a medical intern at the Charleston VA hospital slipped him a note. "It said, 'Google MDMA PTSD,'" Lubecky recalled.

Once outside the walls of the VA, Lubecky discovered that MDMA is the scientific name for the street drug ecstasy; researchers were in the early stages of studying the drug's effect on PTSD. He soon enrolled in a clinical trial, where he was legally given doses of ecstasy in a controlled setting. The drug helped counter Lubecky's flight or fight mentality when talking about what he saw in Iraq.

"The MDMA puts the mind and body in a place where the therapy can work," he said. Lubecky had three treatments using ecstasy, six to eight weeks apart.

"MDMA therapy has been shown to really dramatically resolve those symptoms of PTSD," said Dr. David Nichols, a pharmacologist from UNC Chapel Hill who's one of the world's leading experts on psychedelic drugs.

Nichols actually created the ecstasy compound that Lubecky took.

"It looks like psychedelics -- maybe I'm going to hesitate to say a magic bullet -- but they're able to do things at this point that we've seen in these studies that other treatments and medications are unable to do," Nichols said.

Researchers found that PTSD was dramatically reduced in 70 percent of their test subjects, including Lubecky.

"I literally went from being in a VA mental health inpatient ward to working on a presidential campaign on a national level in two years," Lubecky said. He added that the treatment can be beneficial beyond military members.

"This isn't just veterans," he said. "This is domestic violence, this is child abuse survivors, this is law enforcement, firefighters -- everybody that can suffer from PTSD."

Lubecky now spends his time spreading the word about this therapy, which the Food and Drug Administration recently classified as a breakthrough for treatment of PTSD. A third wave of trials sponsored by the Multidisciplinary Association for Psychedelic Studies (MAPS) is in progress across the country. Lubecky's goal is to make ecstasy a prescription medicine by 2021.

"I know how much this helped me," he said, "and I want to make sure every single person out there with PTSD knows this treatment is coming."

He knows firsthand the impact the therapy's had on him.

"Do you know how big a difference it is," he asked, "when you go (from) living every minute of your life thinking tomorrow you're going to kill yourself to believing you're going to be alive next week?"

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2.3 - Military Times: Veterans are cutting back on smoking and drinking, but they still face significant health risks (29 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Veterans remain more likely to report feeling in great medical condition even while they face an increased risk of serious health problems like cancer, arthritis and emotional distress, according to updated survey results from veterans advocates out Tuesday.

The report, from United Health Foundation and the Military Officers Association of America, has tracked health issues among former military members since 2011, with the goal of highlighting that the “health care needs of people with military service differ in several important ways from civilians.”

The results come from more than 1 million responses from veterans and civilians who never served. In 2016, the most recent results, more than 56 percent of veterans reported their health is good or excellent, above the 51 percent of civilian peers who said the same.

But as has been the case in past surveys, that optimism overlooks a host of unhealthy behaviors and significant health threats facing individuals who spent time in uniform.

Veterans are more likely to contract arthritis (25 percent compared with 23 percent for civilians), cardiovascular disease (10 percent vs. 7 percent), cancers (11 percent vs. 10 percent) and illnesses that leave them functionally impaired (26 percent vs. 21 percent), according to the study.

“Both men and women with military service report significantly higher rates of anxiety, depression, and frequent mental distress than men and women who have not served,” the report states.

“Despite significantly higher rates of coverage and access to care to many preventive services, those who have served are less likely to have a dedicated health care provider than those who have not served.”

Researchers did find positive news in the latest health survey update.

Rates of both smoking and drinking were down significantly in the latest findings. And more veterans saw an expansion of mental health care options in recent years, giving them more access to help when needed.

However, the drinking and smoking rates still outpace those of their civilian peers. Smokeless tobacco use among veterans is more than twice that of individuals who never served. And the report states that insufficient sleep remains “an ongoing concern” for veterans.

The report emphasizes that the health of veterans is a national priority, Tracy Malone, president of the United Health Foundation, said in a statement, adding that she is hopeful officials will “use the insights from this report to identify opportunities for collaboration to improve the health of military members, veterans and their families across the country.”

The full report is available online.

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2.4 - MedPage Today: [Possible Malingering in PTSD, TBI Cases Calls for Careful Analysis](#)
(29 October, Elizabeth Hlavinka, 307k uvm; New York, NY)

AUSTIN, Texas -- Malingering should be considered when diagnosing post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) in certain settings, according to a review of current data.

Since PTSD and TBI have similar symptoms and are both most commonly diagnosed in veterans, it may be increasingly difficult to distinguish between the two, particularly since anywhere from 6% to 44% of those with TBI also have PTSD, reported Jeffrey Guina, MD, of the University of Michigan in Ann Arbor.

The DSM-5 defines malingering as "intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs."

TBI and PTSD may be differentially incentivized in private and veteran's affairs (VA) disability systems, which may lead to false reports, Guina and colleagues explained in a poster at the American Academy of Psychiatry and the Law (AAPL) meeting.

While PTSD generally results from past trauma, and TBI often follows a physical brain injury such as direct force, a blast injury, or diffuse axonal shearing, both can have similar fMRI findings, particularly within the dorsolateral prefrontal, orbitofrontal, medial frontal, and anterior cingulate cortices, Guina reported.

PTSD patients will often present with more emotional symptoms, including trauma-related intrusions or avoidance of experience that may resemble past trauma, while TBI patients often present with more specific neurological symptoms such as headache, dizziness, photophobia, or tinnitus. However, both groups of patients may present with things like poor concentration, mood changes, trouble sleeping, or peritraumatic amnesia, he said.

Over time, PTSD may have delayed expression and worsen, while TBI symptoms tend to gradually improve for up to 1 year. Both may lead to an increased risk of developing dementia and lead to dysfunction and difficulties at work. Overall, TBI commonly involves cognitive and emotional symptoms similar to PTSD, but often without physical symptoms or clear indications of neurological abnormalities on tests like fMRIs, he said.

The first objective of a provider should be to take a detailed history of the patient's response to trauma and brain injury in order to see if TBI or PTSD may be at play, Guina said. In terms of treatment, trauma-focused psychotherapy and serotonergic agents tend to be more effective in patients with PTSD, while cognitive rehabilitation therapy and vocational rehabilitation are more suitable for TBI patients.

However, these treatment plans tend to be developed based on patient-reported symptoms, which may be indistinguishably similar between the two groups of patients, Guina said.

"In clinical studies of PTSD, the gold standard is CAPS [Clinician Administered PTSD Scale], which is great clinically, but there is really no gold standard for forensics," Guina said. "It can be helpful to do a PI or malingered memory [test], but as far as saying what is the true positive and

what is the false positive, what do you measure it against to say some people definitely have PTSD and these people definitely have TBI?"

Patients who have malingering TBI or PTSD may be deliberately falsifying their symptoms in order to achieve some sort of external gain, such as disability payments or dismissal from a lawsuit. However, when approaching these cases, forensic psychiatrists may sometimes have limited options in corroborating the symptoms that patients report.

Differences in the way VA and private disability systems function may be contributing to patients reporting false claims of either illness. For example, in the VA disability system, moderate forms of PTSD are automatically qualified to receive 50% disability, whereas a moderate form of TBI may get 30% to 40% of disability.

"From a forensic perspective, there's this really interesting difference between the VA disability system and the private disability system where they differentially incentivize these conditions," Guina told MedPage Today. "Once you get 50%, you get total care in the VA system for all of your conditions whereas $\geq 40\%$ is only for the conditions you have disability for."

From a private disability standpoint, patients may be inclined to present with symptoms with TBI when malingering, as they would get more services for neurological conditions, for which payments are not time limited. Private policies may often have the right to "cut off" patients with PTSD after 2 years.

"It makes it really important to try and get this right even though it's very difficult, or even impossible, at some times, and it suggests a secondary gain in the system," Guina said.

Guina said one way to avoid false reports is to perform neuroimaging testing. While both PTSD and TBI may demonstrate some overlap in increased symptoms like response inhibition, verbal memory, or attention regulation, results from neuroimaging of a patient with PTSD are typically less severe and often predate trauma, Guina reported. However, neuroimaging is not ready to be used as a primary means of diagnosis and may, in some cases, be used irresponsibly, such as presenting overly scientific data to a jury, which may not be able to sufficiently interpret their validity.

"This is not standard of care to do fMRIs, and I don't think that's ready for prime time of diagnosis," Guina stated. "It's just in the early stages of the literature that they're finding these changes that appear very similar, which may explain some of the symptom overlap."

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2.5 - KNWA (FOX-24, Video): [VA Holds Town Hall Meeting, Veterans Claim They Weren't Notified in Health Case Changes](#) (29 October, Katie Davila, 46k uvm; Fayetteville, AR)

A local veteran has stage four throat cancer, but said it was more than a year before he was told by VA doctors.

Monday the VA held a meeting to update the public on the unreviewed cases following the firing of pathologist, Dr. Robert Morris Levy. He was found to be impaired on the job.

Since June the VA has dedicated its monthly town halls to discuss the pathology reports.

At this point the VA said its reviewed almost 22,000 cases, with about 12,000 still to go.

But some attendees Monday said they were never notified about the initial changes to their life threatening cases.

In 2015 veteran Kelly Copelin went to the Fayetteville VA for a biopsy of his throat. He was told it was just an infection.

For 13 months he continued to see the VA for ongoing pain. After a second biopsy, he was told he had stage four cancer.

"How much time have I lost in my life now because of 13 months of this, of being misdiagnosed. That hurts. That's frustrating," said local veteran Kelly Copelin.

After looking into his own records, Copelin said he discovered the original biopsy did find the cancer, and that the VA never told him about it.

"Had we, my wife and I, not gone forward and pushed the administration here to talk to us, I don't think we'd have ever gotten notice at least up to this point," said Copelin.

Following the firing of Pathologist, Dr. Robert Levy, Copelin said he asked the VA how this happened, and said he hasn't gotten an answer.

The VA said it's reviewing all cases and will notify those who had a change in their original diagnosis.

"We have offered all veterans who were affected to have a second opinion in the community and we have had some take us up on that," said Fayetteville VA Public Affairs Officer Wanda Shull.

12,000 cases remain unreviewed, and Copelin said he hopes the VA is telling the truth when it makes that promise.

"I feel good to be alive and here. What scares me is how many people are being affected by this and not know what's going on," said Copelin.

I reached out to Senator Boozman to see what change they are trying to make on a larger level, he said he encourages anyone who believes they were affected by the pathologist or the Fayetteville VA to call his office so he can work on getting answers on their behalf.

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2.6 - KREX (CBS-5, Video): [Grand Junction VA Receives 4 Star Rating](#) (29 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

Michael Kilmer, Director of the Grand Junction VA Medical Center, stopped by the KFQX studio to discuss the VA improving from a 3 Star rating to a 4 Star rating and being ranked 28 out of 130 other VA Medical Centers. Kilmer touches on how the center was able to earn that rating

and what they plan on focusing on in the coming months in order to continue improving their facility.

For more information on the Grand Junction VA, you can click here for their website.

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - The Montana Standard: [Guest view: Tester's bill fixed the fiasco that was Choice for veterans](#) (29 October, Mike Kujawa, 51k uvm; Butte, MT)

Many years ago, Montana's Fort Harrison V.A. Medical Center in Helena disbursed funds to outside medical providers and facilities when a veteran required care not directly provided by the VA System. When Congress instituted the Choice Program, local VA medical centers lost control of those funds. The Choice Program diverted funds to a private national insurance company that not only took responsibility for paying outside medical services, but also screened patient requests, granted authorization with the caveat that the provider is a part of the Choice Program and scheduled appointments for patients with those in-program providers.

It took forever to get an authorization, and if it was granted, there was no rationale as to where, when and with what provider the appointments were made. The scheduling was done by people who tried hard to make the system work, and they even tried to schedule multiple appointments in one day for the vet's convenience. It looked good on paper, but when one appointment is in Missoula and the next one is scheduled two hours later in Billings, there is a problem. Forget about getting a timely appointment with a local doctor. It rarely happened because the Choice Program would just schedule the vet for the next available appointment whenever it happened to be in the state.

We learned that most hospitals and doctors opted out of the Choice Program once it became standard practice for the program to withhold payments to providers for at least six months to a year.

In my own case, I was given the run-around for months while attempting authorization related to a service-connected injury. In frustration, I went to Senator Jon Tester's Butte office. Jon's staff contacted the Senator, and he got my request authorized within days. It was because Jon listed to us, veterans in Montana, that he understood what a mess the Choice Program was for veterans in rural parts of the country.

Senator Tester then went on to write a bill for rural states. It put the funding for non-VA specialists and facilities back in local/state VA control. The new program called Care in the Community not only manages the funds so providers get paid in a timely manner, but it also provides authorization and scheduling again. The system is so much better than Choice. Doctors, hospitals and services are much more accessible to veterans in need.

Thank you, Jon, for fixing this fiasco for veterans like myself.

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5. [Suicide Prevention](#)

5.1 - Richmond Times-Dispatch: [Wounded Warrior Project expands mental health care services for veterans](#) (29 October, Bridget Balch, 507k uvm; Richmond, VA)

As suicide rates among veterans remain high, the Wounded Warrior Project has committed to expanding its mental health care services to reach about 5,000 additional veterans across the nation over the next five years.

Michael Linnington, a retired Army lieutenant general and CEO of the Wounded Warrior Project, announced last week that the organization, a Florida-based nonprofit dedicated to helping veterans who incurred a physical or mental injury in service, would invest \$160 million over five years to expand the Warrior Care Network.

The network, which was launched in 2016, sponsors veterans through an intensive, two- to three-week program to help them cope with post-traumatic stress disorder and traumatic brain injury at one of four academic medical centers: UCLA Health in California, Emory Healthcare in Georgia, Rush University Medical Center in Illinois and Massachusetts General Hospital.

From 2005 to 2016, the suicide rate among U.S. veterans increased almost 26 percent. It decreased slightly from 2015 to 2016, from 30.5 per 100,000 people to 30.1 per 100,000, according to the most recent data available from the U.S. Department of Veterans Affairs. That translates to 6,079 suicides in 2016, down from 6,281 in 2015, according to VA figures.

Veterans die by suicide at a rate 1.5 times greater than non-veterans, when adjusted for age and gender.

Roy Bell, a retired Army staff sergeant living in Dinwiddie County, was deployed to Iraq three times, spending a total of more than three years there as a truck driver before he was medically retired in 2009 due to a PTSD diagnosis.

Bell struggled with his transition back to civilian life.

"I'm going from being a hard-charger, disciplined person into a not so disciplined society that, in my mind, is lacking structure," Bell said.

He worked for the Virginia Department of Transportation for several years until his doctors decided he needed to focus on taking care of himself in 2016.

"Since then, I've been focusing on my health, physically and mentally," Bell said. "Trying to wrap my mind around my life."

Bell had been frustrated with the bureaucracy and barriers to receiving treatment through the VA, but he found the Wounded Warrior Project was able to connect him to resources that could help.

He enrolled in the Warrior Care Network in 2017 and went through the three-week program at UCLA Health along with his wife.

“It helped out a lot,” said Bell, explaining that the program opened up communication between him and his wife. “It really improved our relationship and helped each of us to understand more of what each other is going through. ... If I didn’t have the support of my wife and the Warrior Care Network, I probably wouldn’t be here to talk about it.”

As advocates and the VA have grappled with a solution to the suicide epidemic, one of the hurdles they have worked to overcome is the stigma that is often associated with receiving mental health care, especially among veterans, said Alex Balbir, director of the Warrior Care Network.

“People feel ashamed about having certain emotional difficulties,” Balbir said. “What we’ve done over the last few years for Wounded Warrior Project is focused on educating the population that access to mental health care is nothing to be ashamed of.”

The intensive programs that the network offers allow veterans to receive mental health care ranging from group therapy with other veterans to learning coping strategies, such as yoga and meditation, Balbir explained.

A study conducted by an investigator at Emory University School of Medicine of the Warrior Care Network treatment programs found that 91 percent of the 328 veterans who had gone through the programs as of late 2017 had reported it improved their everyday functioning.

The programs were filling up with veterans quickly, which is one of the reasons the Wounded Warrior Project decided to fund the expansion of the existing programs, Balbir said.

Each of the four medical centers offering the intensive outpatient program also has a VA liaison who works with the veterans to get connected with mental health services offered by the VA in their home states.

In its 2019 budget proposal, the VA called veteran suicide the department’s “highest clinical priority and a national health crisis.” Congress granted the VA \$8.6 billion to dedicate to veterans’ mental health services in 2019, a 3 percent increase over 2018’s budget. Of the \$8.6 billion, \$206 million is directed toward suicide prevention outreach.

In response to an executive order signed by President Donald Trump in January, the VA also will be working with the departments of Defense and Homeland Security to develop a plan that ensures veterans receive continuous mental health care services for at least one year after the end of their military service.

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5.2 - Medical Xpress (University of Connecticut): [Suicide risk higher among older vets who were in jail](#) (29 October, 34k uvd; New York, NY)

Veterans released from prison are five times as likely to attempt suicide as their peers who have never been incarcerated, report UConn Health researchers in an article in press in the American Journal of Geriatric Psychiatry.

"People over 50 are the fastest growing segment of the prison population, and most of them will eventually be released," says UConn Health epidemiologist Lisa Barry. Regardless of a person's age, release from prison increases the chance of death in the years immediately afterward. But older prisoners tend to have fewer friends and family around when they get released, and may find it even harder to reintegrate into the workforce than the average ex-prisoners, with the double stigma of being a former prisoner and being old. Knowing this, Barry and her colleagues suspected older ex-prisoners were at high risk of suicide attempts, but there was very little data available on the health of older, just-released prisoners.

Barry and her colleagues worked with the Veteran's Administration to get data from its Suicide Prevention Application Network (SPAN). SPAN tracks suicide attempts by veterans, and includes detailed information including time and date, mechanism of the attempt (hanging, drug overdose, etc.), and whether the veteran has any safety plan to prevent another attempt in the future. The researchers combined SPAN data with the medical records from Medicare and the VA of more than 14,000 people age 50 and older between 2012 and 2014. Approximately half had rejoined the community following incarceration during this time. The other half were counterparts of the same age and gender who had never been incarcerated.

The results were sobering. Veterans who had been incarcerated and then released from prison when they were older than 50 were five times more likely to try to kill themselves than their never-imprisoned counterparts. When the researchers adjusted for conditions including brain trauma, mental illness, and homelessness (all additional risk factors for suicide), those who had been imprisoned were still three times as likely to attempt suicide. They were also more likely to die from accidental drug overdoses and other apparently accidental deaths. Although the rates of death by suicide did not differ between the two groups, "The risk of suicide may be larger than we report. For some of those classified as dying by accident, was there some intent? We may never know," Barry says. "But there needs to be awareness that this is a high-risk group, and perhaps a need for targeted prevention."

Barry and her colleagues are currently looking more closely at the healthcare services used by people who attempted suicide versus those who did not. They hope to find patterns that could help identify who is most at risk, and perhaps point to effective preventive strategies that health care providers serving the older population can use to help.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - KABC (ABC-7, Video): VA 'Stand Down' event brings help to homeless veterans in Los Angeles (29 October, Sid Garcia, 2M uvm; Glendale, CA)

LOS ANGELES (KABC) -- They've sacrificed so much for our country, yet so many veterans face challenges like unemployment and homelessness. To help combat that, the Greater Los Angeles Veteran's Administration held an event, which for many, is the first step in turning their lives around.

Heidi Marston is with the VA Greater Los Angeles and explains what "Stand Down" is all about.

"Our goal is to bring services to one place, so our veterans who are experiencing homelessness have a place to get everything from food, clothing and medical services and housing."

Organizers say with the homeless population among the veteran community numbering in the thousands, the services offered here will hopefully get a few hundred more off the streets.

Montell Dupree is a Vietnam vet, who was recently living in a vacant lot in Koreatown. Not anymore. "The city attorney showed up, took my furniture that I had on the lot. Put it in storage, introduced me to Step up on Second and got me housing," Dupree said.

He explains that now, he's gotten Section 8 housing, thanks to the VA program.

Organizers call this event "Stand Down," which in military terms means to leave the battlefield and go to a safe area to recover and rest.

Here, it's a safe place for vets to ask for help and get it. Sheila Sing is one of them, and she was able to secure housing.

"It was wonderful, it meant the whole world to me because I don't have anybody here in California. So, it meant the world to me," Sing said.

Marston says the event is a good reminder that so many people are just recently homeless. "I think putting that into perspective that a lot of us are just one paycheck away from being in the same situation. So how can we make sure we're providing the services they need so people don't get homeless in the first place?" she said.

Stand Down was a collaboration between the VA and many community partners including government agencies, volunteers, non-profits, businesses, social service providers, as well as faith-based organizations.

Several vets, who got help with housing, health and other services, said their new mission was to spread the word, and make sure other vets get the same help they received today.

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6.2 - Oakland Press: [Northern Oakland County sites plan Veterans Day observances](#) (29 October, Andrea Peck, 441k uvm; Pontiac, MI)

The Great Lakes National Cemetery in Holly will host a Veterans Day ceremony honoring all who served in the armed forces.

The ceremony is set to begin at 11 a.m. on Sunday, Nov. 11. Adam Weiner, Navy veteran and Bronze Star with Valor recipient will be the keynote speaker.

The ceremony will feature patriotic music by New Century Chorale. Presentation of colors, a rifle salute and taps will be conducted by the Wyandotte Veterans Honor Guard. The Army, Marine Corps, Navy, Air Force, Coast Guard and POW/MIA will also make a wreath presentation.

The invocation and benediction will be conducted by Father David Blazek, pastor, St. Rita Catholic Church.

The Great Lakes National Cemetery is located at 4200 Belford Road in Holly. Any questions about the ceremony should be directed to Garth Wootten, Great Lakes National Cemetery advisory council president, at wootteng@oakgov.com or 248-858-0785.

The Veterans Tribute of Oakland Township will host a Veterans Day open house and ceremony from 10:30 a.m. to 2:30 p.m. on Sunday, Nov. 11.

The VTOT site is at the intersection of Adams and Silverbell Roads in Oakland Township.

A short ceremony will begin at 10:55 a.m. The ceremony will include a blessing, a guest speaker, patriotic music and singing.

A moment of silence will be observed at 11 a.m. to mark the month-date-hour that 'guns fell silent in the Western Front at 11 a.m. on Nov. 11, 1918.'

Hot dogs and light refreshments will be served and donations are welcome.

The VTOT board members and local veterans will be there to provide guided tours of the site and history of the armed forces and veterans who are honored at the site.

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6.3 - Northwest Arkansas Democrat-Gazette: [World War I remembrance planned in Fayetteville](#) (29 October, Mike Jones, 366k uvm; Fayetteville, AR)

The end of World War I will be remembered with the sound of bagpipes in an early morning ceremony Nov. 11 at the Fayetteville National Cemetery.

The war ended Nov. 11, 1918. Hostilities broke out on July 28, 1914, ignited by the assassination of Archduke Franz Ferdinand of Austria a month earlier in Sarajevo.

The war was fought between Germany, Austria-Hungary, Bulgaria and the Ottoman Empire -- known as the Central Powers -- and the British Empire, France, Russia, Italy, Romania, Japan and the United States -- the Allied Powers. The United States entered the war on April 6, 1917.

More than 16 million soldiers and civilians were killed during the war. The United States had more than 116,000 soldier casualties.

"We want people to remember the past," said Charles Adkins, vice chairman of the Fayetteville National Cemetery Advisory Council. "We want to honor those who have kept this country free."

The armistice was signed at 6 a.m. Nov. 11, 1918, according to the National Piping Centre in Glasgow, Scotland. More than 2,000 pipers were killed during the war, according to the National Piping Centre.

The Ozark Highlanders Pipe Band will play "When the Battle's Over" at 6 a.m. as participants move toward the U.S. flag pole at the cemetery. The same song will be played at participating national cemeteries and overseas cemeteries where U.S. troops are buried, Adkins said. The "Battle's Over -- A Nation's Tribute" is being held in Great Britain.

William Robb composed "When the Battle is Over," commonly known to pipers as "The Battle's O'er."

At 6:10 a.m., the Singing Men of Arkansas will sing the national anthem, "God Bless America" and "God Bless the USA."

Stephen Gray, chairman of Fayetteville National Cemetery Advisory Council, will speak at 6:20 a.m. Gray was working on his speech last week, but he had distilled it to a few thoughts he hopes those who attend will remember.

"Wars are horrific and the warriors suffer," Gray said.

World War I was especially vicious with trench warfare, the coming of age of machine gun fire, the introduction of the tank and the use of poison gas.

Gray wants people to think about the men who served and its place in military history.

There aren't any soldiers left from the war, Gray said. "It's a forgotten war because we are so far removed from it."

Letters from the battlefield sent to the home front also will be read at the ceremony, Gray said.

A prayer of remembrance by Chaplain Christopher D. Gueydan with Veterans Healthcare System of the Ozarks will follow the speech, and the Ozark Highlanders will play "Amazing Grace" as the event ends.

A free breakfast will be offered from 6:45 to 8 a.m. at American Legion Post 27, 1195 S. Curtis Ave.

More than 8,800 veterans are buried in the Fayetteville National Cemetery, said Kevin Caillouet, program support assistant at the cemetery. It's not known how many World War I veterans are buried there because of poor record keeping at the time, and because many World War I veterans were buried in family or community cemeteries, Gray said. More than 73,000 Arkansans served during World War I, he said.

World War I was called the War To End All Wars because of its brutality and carnage, but the peace established by the Treaty of Versailles in 1919 didn't last. World War II started Sept. 1, 1939, when Adolph Hitler's Germany invaded Poland.

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6.4 - WBTV (CBS-3): [Veteran gets missing VA disability check after calling WBTV for help](#)
(29 October, Nick Ochsner, 219k uvm; Charlotte, NC)

A local veteran got his missing VA disability check within days of calling WBTV for help.

Calvin Noble, Jr. called WBTV in July after spending months trying to get the VA to send his missing disability check from May.

When he called, Noble said he was told the check had been deposited into the bank account of his ex-wife. As a result, the combat veteran, who is diagnosed with Gulf War syndrome after serving in the first Iraq war, went without his check of roughly \$3,000.

Records provided by the VA show Noble provided the correct bank account to a representative in late April but that didn't prevent the snafu. Nor did it prompt the VA to correct its error quickly.

"They told me it was their fault but they never replaced the check and it took them two to three months to replace it," he told WBTV.

But the VA took action within days of getting a call from the station.

WBTV reached out to a representative of the VA's Veterans Benefits Administration on August 6, 2018. Records provided by the VA show the VBA deposited the missing check into Noble's account just days later, on August 10.

"When you all got in contact with them, I think, within an hour, they called me and asked did I get in contact with the news and I said 'that's a yes,'" Noble said. "That was on a Monday. That Wednesday, they put the check in my account."

In an email, a VBA spokeswoman said the agency regrets the error that led to Noble's delayed check but did not explain why it took a call from WBTV to correct the situation.

"The Department of Veterans Affairs (VA) wants to ensure that Veterans receive the benefits they are entitled to under the law. We regret any frustrations Mr. Noble may be experiencing," spokeswoman Kori Mabe said.

Noble isn't sure he would have ever gotten his missing check had he not called WBTV for help.

"If I wouldn't have went with you all, they probably wouldn't have given my check until this month or I may be still waiting," he said.

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6.5 - WLOS (ABC-13): [Asheville business owner ensures homeless vet is laid to rest with dignity](#) (29 October, John Le, 106k uvm; Asheville, NC)

BLACK MOUNTAIN, N.C. (WLOS) — A proud local veteran who was homeless in the final years of his life was laid to rest in a poignant military funeral.

Army Private Walter Anthony Ledford died of liver cancer on September 29 in hospice care at Charles George VA Medical Center. Sadly, he didn't have the luxury of loved ones by his side. The VA attempted to contact his family to no avail.

When Dale Groce of Groce Funeral Home saw a death notice published in the newspaper, he decided to act.

"It's sad that he had no family here to be with him in his last days," said Groce, who served in the Air Force. "And I said if no one shows up to claim his body, Groce Funeral Home would like to provide a casket and facilitate a military funeral."

The brief but touching service was held Wednesday morning at Western Carolina State Veterans Cemetery in Black Mountain, where valor is valued.

"We know how much the veterans mean to our country," said Groce, who served in the Air Force. "So, we need to give them the dignity that they deserve."

The thousands of men and women buried there are gone but not forgotten. The morning dew on the grass was perhaps symbolic of so many graveside tears.

That was the backdrop as the hearse arrived for Ledford's funeral service. The honor guard stood in salute.

"It is an honor today," Reverend Allen Rash of Trinity Baptist Church said at the service, reminding us how fragile life can be.

"That it's here for a moment but it passes away," he told the small gathering.

He touched on the common thread that connects him to a man he never knew.

"Every time we see a veteran and see a flag draped over a coffin, it brings back memories of one day my father was the same way," Rash said. "And we thank him today for that service."

Tim McElyea of the Veterans Restoration Quarters came to pay his respects. Ledford was homeless and lived at the facility for two years. Tim remembers Walter as a thoughtful man who mostly kept to himself.

"I don't think he would've wanted all the attention," McElyea said with a laugh.

Ledford once posted Happy Holiday Wishes live on Facebook. His short video message gave us a sense of the man.

"We love you all, Merry Christmas and a Happy, Happy New Year!" he said with a jolly demeanor.

"That's Walter," McElyea said. "After he passed, we found out on his Facebook page that he had opened a GoFundMe account to help other homeless veterans, and he didn't even say anything about it."

Walter might have been surprised to learn he left such an impression on the people he knew.

Emotions came to the forefront when the Honor Guard folded the flag draped on his casket and presented it McElyea.

"I'm a veteran, too. I'm a combat veteran," McElyea said, tearing up. "You know that's the last representation of your service, and for that to be put in your hands, it's really powerful."

McElyea said he will keep the flag for now, but still hopes to give it to the Ledford family. If his family can't be reached, he will make sure that flag has a special place at the Veterans Restoration Quarters.

We know that Ledford went to Lincolnton High School and has a son, who the VA was unable to reach.

But there's so much we don't know about Mr. Ledford, making the ceremony feel even more somber. Even so, everyone involved found comfort in the fact he was laid to rest with honor.

"It's just the right thing to do," Grove said. "He is now resting among other veterans."

On Monday afternoon, Walter Ledford's son reached out to News 13.

Blake Ledford of Gastonia said he learned of his dad's death after seeing News 13's video of the funeral on Facebook.

Blake appreciates everyone involved in his dad's funeral service.

He said he recently patched things up with his father and is devastated by his death.

"To lose a father is horrible to lose a father you are just getting to know is just as bad because of all the lost time and memories that were never made and now never will be," Blake said.

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6.6 - Bee-News: [Computer issue delays GI Bill benefits](#) (29 October, Freddy Groves, Middlebury, CT)

If you're going to school and were expecting your housing stipend benefit money by now, you're not alone. Over 300,000 of you are in the same boat. Either you're receiving incorrect low amounts or you're receiving nothing at all.

Why is this happening? It's because of old IT programming that was never upgraded to include changes in the Forever GI Bill. The machines don't know how to make the correct calculations.

Talk to the people at your school first to be sure your paperwork was sent in, proving you're in school. If you're a first-time student, expect things to take a bit longer because you have to be put in the system.

If someone you talk to at the Department of Veterans Affairs suggests you get put in the hardship queue, don't jump at it. You have no way of knowing just how much that will speed things up because you don't know how many people would be ahead of you in either of those lines. You'll have to go on your best gut hunch. Call the GI Bill Hotline, 1-888-442-4551.

If you're not a full-time student, you'll need to ask how your housing allowance is calculated. It's a complicated formula, and much of it depends on your individual situation. It involves your rate of pursuit, expressed as a percentage calculated by dividing the number of credits you're enrolled in by the number of credits considered full time. If you're enrolled in distance learning (you don't actually go to a classroom setting), the above is cut in half.

Beware: Even when you get paid, you might get the 2017 amount because the computer can't calculate the 2018 rates. They'll catch up later on back amounts.

As a last resort, call your U.S. senators' offices.

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7. [Other](#)

7.1 - WPMT (FOX-43): [Man, ex-wife accused of spending veteran's VA, Social Security benefits on themselves](#) (29 October, 169k uvm; York, PA)

HARRISBURG — A Thompsontown man and his ex-wife face charges for allegedly defrauding a disabled veteran, the Veterans Administration (VA) and the Social Security Administration out of more than \$300,000 over an almost 10-year period.

Jason Ehrhart, 48, is charged with one count of health care fraud while Laurie Ehrhart, also 48, faces a charge of health care fraud and conspiracy to commit health care fraud.

The alleged fraud began in October 2006, when Jason Ehrhart became the veteran's VA Fiduciary and Legal Custodian due to the man being deemed incompetent to handle his own financial affairs. The veteran was hospitalized on a permanent basis at the VA hospital in Lebanon in November 2004. The man died at the hospital in July 2018.

Between October 2006 and August 2016, Jason Ehrhart and Laurie Ehrhart — who at the time was Jason's wife — spent \$316,360 of the man's VA and Social Security benefits on themselves, U.S. Attorney David Freed alleges.

All of the veteran's VA benefits, and most of his Social Security disability checks, were deposited into a checking account Jason Ehrhart opened as a legal custodian account in the veteran's name. Between January 2009 and August 2016, \$472,260 in federal benefits were deposited into the account, said U.S. Attorney Freed.

It's alleged that \$218,832 was drawn against the account and of that amount, \$157,742 was deposited into the Ehrhart's joint checking account — at least \$23,496 was converted to cash, according to the U.S. Attorney's Office. Another \$7,174 in checks were allegedly made payable to the Ehrhart's children in which Jason Ehrhart instructed them to cash the checks and surrender it to him.

Jason Ehrhart and Laurie Ehrhart are also accused of writing \$19,890 in checks to another couple. He allegedly treated the couple and their children to dinners out and at least two, all-expense paid vacations to Disney World as well as the purchase of two new vehicles for the family and payments toward the wife's dental work, the U.S. Attorney's Office said.

To conceal the embezzlement, Jason Ehrhart allegedly submitted eight false annual accountings to the VA, claiming he spent \$402,408 on the veteran's behalf between October 2006 and October 2015. He also falsely claimed to have spent thousands of dollars on

expenditures for the man, including storage unit rentals, vehicle maintenance bills, state and local taxes, life and auto insurance, and credit card bills, the U.S. Attorney Freed alleges.

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7.2 - The Clarion-Ledger (Video): [Veteran pleads guilty to federal charges after threatening to bomb the VA office](#) (29 October, Therese Apel, 164k uvm; Jackson, MS)

A veteran who gave his name before threatening to blow up the Veterans Administration Regional Office in Jackson pleaded guilty to the crime on Monday.

Undrey L. Jones, 48, Jackson, pleaded guilty today before U.S. District Judge Carlton W. Reeves to threatening to bomb the VA building, according to a release from U.S. Attorney Mike Hurst and VA Office of the Inspector General Special Agent in Charge, James Ross of the South Central Field Division.

Jones was charged in a one-count federal indictment on May 2, and a superseding indictment was filed on June 12.

Authorities said that on Feb. 27, Jones called the Veterans Benefits Administration Call Center, located in Salt Lake City. He identified himself by name and demanded to talk to the director of the Veterans Administration Medical Center and Regional Office in Jackson.

Jones became increasingly agitated during the call, and stated that he would “come up there and blow the building up,” referring to the Jackson VA, and used foul language during the call.

The incident occurred just two weeks after the U.S. Department of Veteran Affairs designated Jackson's G.V. "Sonny" Montgomery VA Medical Center in a new approach to improve poorly performing VA hospitals across the country.

A spokesman for the U.S. Attorney's office confirmed that Jones is a veteran, but did not immediately have access to information on what branch of the military or conflicts he may have served in.

Official documents show that the court did order Jones to undergo a psychiatric evaluation; however, his psychiatric reports are sealed. Jones was arrested on Feb. 28.

Federal Public Defender Jessica Bourne was not immediately available for comment.

He is to be sentenced on Jan. 22 at 10 a.m. He could face a maximum sentence of 10 years in federal prison and a \$250,000 fine.

“These charges underscore the Veterans Affairs Office of Inspector General’s commitment to the safety of the Veteran Affairs’ patient population, as well as its employees, guests, and facilities,” said Ross.

The case was investigated by the Veterans Administration Office of Inspector General, Federal Bureau of Investigation Joint Terrorism Task Force, Mississippi Homeland Security, Mississippi Bureau of Investigation, Madison Police Department, Madison County Sheriff’s Department, and the Hinds County Sheriff’s Department. AUSA Erin Chalk is prosecuting the case.

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7.3 - The Repository: [National Veterans Memorial and Museum opens in Columbus](#) (29 October, Jessica Wehrman, 67k uvm; Canton, OH)

WASHINGTON - As Alex Fischer of the Columbus Partnership recalls, the spark began during a meeting between Leslie H. Wexner, chairman and CEO of L Brands, and Ohio Gov. John Kasich.

The two were on the 30th floor of the Riffe Tower, surveying the site where they hoped the replacement to the Franklin County Veterans Memorial would be.

“The governor made the comment, ‘Gosh, why not make that a state memorial?’” Fischer said.

It was the beginning of an idea that became increasingly ambitious, evolving into a national memorial, and has resulted in the construction of a sweeping attempt to properly honor every veteran from every branch of the military in U.S. history. That result, the National Veterans Memorial and Museum, which opened Saturday, is the result of an all-hands-on-deck effort from local, state and federal government, the business community and private citizens.

But organizers couldn’t just tag the site as the home of the National Veterans Memorial and Museum. They needed to make it official.

They were buoyed by generous donations and support of heavy-hitters — both Les and Abigail Wexner and former Sen. John Glenn gave their blessings, with the Wexners donating \$40.6 million for the cause — but there was still the matter of the name.

“You can call it (the National Veterans Memorial and Museum), but it’s hard to put it on a sign if you don’t have the designation,” Fischer said.

Bruce Soll, senior vice president for L Brands, contacted U.S. Rep. Steve Stivers: How would they go about making the memorial a national memorial?

Stivers’ advice was of the “ask for forgiveness, not permission” variety: He told them just to start calling the memorial the national veterans memorial.

“That’s the advantage of the status quo,” Stivers, a Columbus-area Republican, recalled telling Soll. “You can’t call it one thing and then change it later. So just name it the national memorial and we’ll work to get the designation.”

From the beginning, said Rep. Joyce Beatty, a central Ohio Democrat, “there was talk that this was bigger than just Columbus, Ohio. It was going to be a national museum.”

But to make that happen, they needed the federal government’s blessing. Beatty, whose district would include the monument, and Stivers, a brigadier general in the Ohio Army National Guard, worked with then-Rep. Pat Tiberi, a Delaware County Republican, to introduce a bill to designate the memorial as the National Veterans Memorial and Museum in September 2016. The bill went nowhere — it was an election year.

They reintroduced the bill in 2017 and got to work, but they were surprised to be greeted with raised eyebrows.

First, there was some skepticism from those who were accustomed to the old monument, said Beatty. They had to be convinced of the benefits of the “brand new concept” of a museum that covered all eras of U.S. history. Then, there was resistance from some lawmakers who thought Columbus was an odd choice for a national museum.

“They’d say, ‘Why not Washington? Why not Philadelphia?’” Beatty recalled.

Stivers and Beatty made the case: Columbus is within an eight-hour drive of half of the nation’s veterans. The state has the sixth-largest veterans’ population in the U.S.

And the museum was to honor a group that needed honoring.

“The story of our veterans is the story of our country,” said Stivers, a veteran of the Iraq War.

They cornered lawmakers and staff members in hallways and corridors, managing to line up support from every member of Ohio’s congressional delegation. They sent key staffers to every hearing they could where the issue might come up. And finally, in September, with the building already under construction, Beatty and Stivers wedged themselves behind a conference table on Capitol Hill. They both testified that Columbus should be the home of the National Veterans Memorial and Museum.

“It was not something that just flew through the committee,” Beatty said. “We put a lot of sweat equity into it.”

Both Stivers and Beatty emphasized the museum’s location, and both reminded the committee that the monument was already under construction and fully funded.

“We weren’t asking for a big chunk of government money and a name,” Stivers said. “We were really just asking for the name.”

The Department of Veterans Affairs neither supported nor opposed the idea, saying it did not apply to the VA’s core mission. But the Veterans of Foreign Wars gave it full-throated support, with John Towles, deputy director of national legislative service for the VFW, telling the subcommittee that the nation lacked a museum dedicated to honoring and preserving the collective sacrifices made by the nation’s veterans. “This museum would serve to fill that gap,” he said.

The bill passed the House on Nov. 7, 2017.

It also had to go through the Senate. Sherrod Brown and Rob Portman cosponsored it, and Portman, a member of the Senate Committee on Energy and Natural Resources, pushed the bill through the committee process, backing it in a hearing in July 2017. The committee passed it in May 2018, and the full Senate passed the bill on June 6.

Portman said the museum would be “a tribute to the bravery and sacrifice of veterans from Ohio and all across America.” Brown, meanwhile, said the designation “will honor all of America’s veterans and attract new attention to this important landmark.”

On June 21, President Donald Trump signed the bill into law.

The museum's claim of being a "national" museum finally had the government's blessing.

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7.4 - Wisconsin Rapids Daily Tribune: [False alarm causes VA Clinic evacuation](#) (29 October, Karen Madden, 10k uvm; Wisconsin Rapids, WI)

Dust from construction work set off smoke alarms and caused the evacuation of the VA Clinic, 555 W. Grand Avenue, Monday morning.

The clinic was evacuated about 11:30 a.m. Monday, after smoke alarms sounded, but there was no smoke, according to the Wisconsin Rapids Fire Department. Firefighters checked the building and determined the alarm was set off by dust from construction.

The clinic is attached to the former Rapids Mall, which is being remodeled into a new YMCA and Boys and Girls Club.

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From:

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Cc:

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Subject: [EXTERNAL] 27 October Veterans Affairs Media Summary and News Clips

Date: Sat Oct 27 2018 05:22:42 CDT

Attachments: 181027_Veterans Affairs Media Summary and News Clips.docx
181027_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.54728-000001

Owner:

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Last Modified: Sat Oct 27 04:22:42 CDT 2018



Veterans Affairs Media Summary and News Clips

27 October 2018

1. [Top Stories](#)

1.1 - The White House: [Fighting Pain and Addiction for Veterans](#) (26 October, Sec. Robert Wilkie, 231k uvd; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die of the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

[Hyperlink to Above](#)

1.2 - Fortune (Video): ['The Greatest Idea I Think I've Ever Had.' Trump Repeatedly Boasts About a Vets Healthcare Law at Rallies. Obama Passed It in 2014](#) (26 October, Brittany Shoot, 5.8M uvm; New York, NY)

Ahead of the 2018 midterm elections, President Donald Trump has boasted about a veterans healthcare law several times at his political rallies, at one time even calling it "the greatest idea I think I've ever had." The problem with Trump's claim is that President Barack Obama passed the law in 2014.

[Hyperlink to Above](#)

1.3 - WBUR (NPR-90.9, American Homefront Project, Audio): [Veterans Often Have Long Waits For Essential Medical Equipment](#) (26 October, Carson Frame, 919k uvm; Boston, MA)

Veterans who need wheelchairs, walkers and artificial limbs may wait months before getting the equipment from the Department of Veterans Affairs. The VA says it's making progress in cutting down wait times on these requests.

[Hyperlink to Above](#)

1.4 - STAT: [Font of despair: In the fierce competition for science funding, even a typeface glitch can be fatal](#) (26 October, Eric Boodman, 720k uvm; Boston, MA)

When he first saw the email, just after finishing rounds in the surgical intensive care unit, Dr. Joseph Schlesinger began to panic. A government staffer was writing to inform him that he'd made "a fatal error." Standing at the nurses' pod, surrounded by patients in various states of post-surgical woe, he wondered what he should do next.

[Hyperlink to Above](#)

1.5 - Citizen-Times: [VA's old 'Haunted House' building gets new life as recovery center](#) (26 October, John Boyle, 128k uvm; Asheville, NC)

Life had gotten pretty ugly for old Building No. 9 at the Charles George VA Medical Center. Abandoned as a nurses dorm in the 1960s, the once-stately edifice had slipped into vacancy and then outright debauchery for decades, prone to invasion by vines, rain and thrill-seeking teenagers convinced of its reputation as a haunted house.

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1.6 - ConnectingVets.com (CBS Radio): [The unexpected and caring services for LGBT vets at the DC VA](#) (26 October, Matt Saintsing, New York, NY)

Veterans, care providers and allies came together to showcase the unique services the DC VA Medical Center and some of its partners offer at a wellness outreach and resource fair for LGBT vets on Friday. With October being both LGBT history and Health Literacy month, director of public affairs at the DC VA Gloria Hairston says the occasion is an excellent opportunity to get much-needed information about differentiated health care that can be often too hard to find.

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2. [Improving Customer Service](#)

2.1 - WTLV (NBC-12, Video): [Local carpenter and non-profit team up to build wheelchair ramp for Jacksonville Veteran](#) (26 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson served two tours in Vietnam. Decades later he is still in a fight, this time with the agency that is suppose to serve him, The Department of Veterans Affairs. Jackson said the Veterans Administration has rated him 100% disabled. He said now his service connected his injury has made him a wheelchair user. "For the rest of my life," said Jackson. "Unless I have back surgery."

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2.2 - KTVX (ABC-4, Video): [The battle of opioid addiction for men and women in uniform](#)

(26 October, Brie Jackson, 143k uvm; Salt Lake City, UT)

Opioid addiction is not just a civilian problem. Men and women in uniform are victims of the opioid epidemic, as well. This week the President signed a new law designed to help end the opioid National Health Crisis.

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3. [Business Transformation](#)

3.1 - The Orange County Register: [Long Beach VA hospital working to fix electrical problems that led to power outages](#) (26 October, Brian Rokos, 1.1M uvm; Santa Ana, CA)

The Veterans Administration hospital in Long Beach was suffering from power interruptions after some of the equipment that distributes electricity to the facility failed. The power outages, which began late Wednesday, Oct. 24, have mostly been patched up with the use of temporary equipment, but it is uncertain when the failed equipment will be repaired or replaced, Richard Beam, director of publicity and community affairs, said early Friday afternoon. The VA has been posting updates on its website.

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3.2 - Becker's Hospital Review: [VA rejects physician's 84-page research grant over typographic errors](#) (26 October, Harrison Cook, 296k uvm; Chicago, IL)

Joseph Schlesinger, MD, assistant professor of anesthesiology and critical care medicine at Nashville, Tenn.-based Vanderbilt University, received an email from Veteran Affairs Sept. 19, stating his 84-page grant for veteran-based research was rejected due to a typological issue, according to STAT.

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3.3 - Journal-Express: [VA group hustles to strategize as deadline nears](#) (25 October, Pat Finan, 3k uvm; Knoxville, IA)

Time is tight for leaders working to develop a local plan for the Veterans Administration campus in Knoxville. A coalition faces a Nov. 9 deadline to decide whether it will take control of cleaning up and developing the 160-acre site for housing or other purposes. Otherwise, the federal government might put its parcels up for a public sale, Knoxville City Manager Aaron Adams said.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Stars and Stripes: [Rand report reveals where military sex assaults were happening, but not why](#) (26 October, Caitlin Doornbos, 532k uvm; Washington, DC)

A Rand Corp. report requested by the Department of Defense and published last month offered a glimpse at where sexual assault was happening in the military, but experts say it failed to answer one of the most important questions: Why?

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4.2 - The Morning Call: [Troubled veterans are paired with service dogs. 'This guy's my world'](#) (26 October, Bill White, 442k uvm; Allentown, PA)

The paired veterans and dogs aren't the only ones who are being helped. Lloyd has been working with the U.S. Department of Veterans Affairs on a pilot program for Canine Connections at the Coatesville Veterans Affairs Medical Center. That program explores how Tails of Valor service dogs could interact with troubled veterans to help them reconnect with the community. A similar pilot program will begin next month at the VA Medical Center in Philadelphia.

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4.3 - Finger Lakes Times: [Write On: Midterms, Medicare & the VA](#) (26 October, Michael J. Fitzgerald, 115k uvm; Geneva, NY)

But even as McConnell surprised pundits with his candid comments, a newly published book from Cornell University Press suggests another health care pathway. "Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation's Veterans" is the latest work by award-winning health-care journalist Suzanne Gordon.

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[5. Suicide Prevention](#)

5.1 - Washington Free Beacon: [McSally Gets Endorsement From Mom of SEAL Who Committed Suicide](#) (26 October, Todd Shepherd, 1.3M uvm; Washington, DC)

Robin Andersen says she didn't go to a roundtable discussion of veterans' issues featuring Congresswoman Martha McSally with the intent of giving the Republican senate nominee a bracelet that memorializes the life of Anderson's son, a Navy SEAL who killed himself following a long struggle with post-traumatic stress disorder.

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5.2 - The Greeneville Sun: [We Need To Eliminate Veteran Suicide](#) (26 October, Rep. Phil Roe (R-Tenn.), 15k uvm; Greeneville, TN)

The men and women in our armed forces provide an invaluable service to our nation: protecting us from danger and ensuring we can keep the freedoms we hold dear. Unfortunately, all too often when these same men and women return home from war or after separating from service, they feel left behind with nowhere to turn.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Tampa Bay Times: [In Tampa Bay, gap is widening between white and black home owners](#) (26 October, Susan Taylor Martin, 1.4M uvm; Saint Petersburg, FL)

Kelvin Jackson is pleased that the house he bought in St. Petersburg has an extra-wide driveway, big enough to park three cars. Shawna Ward likes that her new home in Largo is convenient to her job at the VA medical center and her daughter's school.

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6.2 - Military Times: [VFW: VA must fix Forever GI Bill debacle](#) (26 October, B.J. Lawrence, 471k uvm; Springfield, VA)

Over the past few weeks, the VFW has heard directly from too many veterans who have yet to receive their tuition and housing payments from the Department of Veterans Affairs for this fall semester, which student veterans rely on to pay rent and other living costs. Unfortunately, VA was not straightforward with student veterans affected by these financial hardships until the VFW called attention to it earlier this month.

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6.3 - The Augusta Chronicle: [Homeless veterans helped out at VA Stand Down](#) (26 October, Jozsef Papp, 428k uvm; Augusta, GA)

Homeless veterans were able to take advantage of different resources at the Department of Veterans Affairs' annual Stand Down on Friday. The event, held at the VA's Uptown location, is aimed to help these veterans by bringing together various agencies and community partners to provide services to them.

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6.4 - The Courier: [Black Hawk VA needs help providing Christmas for vets](#) (26 October, Thomas Nelson, 117k uvm; Waterloo, IA)

More sponsors are needed for Operation Christmas to provide needy veterans with gifts. Since 2016 the Black Hawk County Veterans Affairs Office's "Christmas for a Veteran" program has provided gifts to low income, homeless and struggling veterans. More sponsors are needed, said Kevin Dill, executive director of the Black Hawk County Veteran Affairs Commission.

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6.5 - WWAY (ABC-3): [Wilmington National Cemetery Suffered Minimal Damage During Hurricane Florence](#) (26 October, Jeff Rivenbark, 51k uvm; Wilmington, NC)

Despite widespread damage across the Cape Fear from Hurricane Florence, one area survived nearly unscathed. Wilmington National Cemetery, located at 2011 Market Street, only had only two headstones damaged during the September storm. This is surprising considering so many stately trees along Market Street came down impeding traffic for several days thereafter.

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6.6 - The Daily Sentinel: [VA event draws nearly 200 veterans](#) (26 October, Joe Vaccarelli, 31k uvm; Grand Junction, CO)

When Mike Moran first attended a Grand Junction Veterans Stand Down event a few years ago, he was homeless and in need of services. But shortly after that first event and with some help, he had a place to live. "It took less than a month to get me hooked up," he said. Now Moran helps as a volunteer so perhaps another homeless veteran can find the same help he received.

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6.7 - WTOV (FOX-39, Video): [Hundreds of vets visit downtown Rockford for Veterans' Stand Down event](#) (26 October, Brittany Toolis, 29k uvm; Rockford, IL)

Stateline veterans received a helping hand in exchange for their service to the country on Friday, from clothes to free bus rides, at the Veterans' Stand Down event. The 'Top of Illinois Veterans' Stand Down' event brought about two hundred former servicemen and women to downtown Rockford, to the Mendelssohn Performing Arts Center, some to offer and some to receive a number of different services, from winter coats to Veterans Administration counseling, flu shots and a free meal.

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6.8 - KRGV (ABC-5, Video): [Valley Veteran Questioning VA Disability Claims Process](#) (25 October, Angelo Vargas, 29k uvm; Weslaco, TX)

A Rio Grande Valley veteran is questioning the Veterans Affairs disability claims process. The Disabilities Benefits Questionnaire is a medical form that allows veterans to claim injury during their time in service. It is meant to speed up the claims process but many say it's slowing it down and others don't know what it's for.

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6.9 - KREX (CBS-5, Video): [Doors Open For Annual Veterans Stand Down](#) (26 October, Star Harvey, 12k uvm; Grand Junction, CO)

The Annual Veterans Stand Down event in Grand Junction is the gathering place for veterans looking for assistance in the community. Veteran Joseph Silzell, says an event like this only helps support the men and women who have supported and fought for this country. "I feel like everybody that has served our country should be served in some way, from me, in any way that i can help," said Silzell. Close to 200 Veterans attended the Stand Down event, including a few dozen who are homeless.

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6.10 - ConnectingVets.com (CBS Radio): [Could deck logs be the key to unlocking benefits for “Blue Water” Navy vets? Only if Congress acts](#) (26 October, Matt Saintsing, New York, NY)

Navy veteran Raymond Pierson spent a total of eight hours ashore on an island off the coast of Vietnam half a century ago. That single day grants him a presumption of exposure to Agent Orange and expands a host of VA benefits including medical treatment and disability compensation.

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7. [Other](#)

7.1 - Forbes (Legal Newsline): [Cleveland, Akron Will Try To Prove Opioid Cases Without A Single Bogus Prescription](#) (25 October, 36.9M uvm; New York, NY)

The Cherokees tried to carve out from their complaint any allegations they suffered injuries due to pills distributed by government dispensaries, but Judge Polster rejected that in a September ruling, noting that McKesson distributed pills under the Pharmaceutical Prime Vendor program operated by the Veterans Administration. Any pills illegally diverted into the wrong hands from those orders, the judge noted, would have flowed through a federal warehouse under the control of government employees.

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7.2 - Bloomberg: [Trump Plays Outsize Role in Montana's Tightening Senate Race](#) (26 October, Erik Wasson, 21.1M uvm; New York, NY)

President Donald Trump's ability to swing a statewide race will get one of its biggest tests in Montana. The president has made it a personal quest to unseat Democratic Senator Jon Tester, a native Montanan and rancher who's been working his way up the state's political ladder for more than two decades.

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7.3 - U.S. News & World Report (AP): [The Latest: Trump Jr. Calls Tester a 'Piece of Garbage'](#) (26 October, 14M uvm; Washington, DC)

President Donald Trump's eldest son is calling Sen. Jon Tester "a piece of garbage" for the Montana Democrat's role in sinking the nomination of the president's first choice to head the U.S. Department of Veterans Affairs. Donald Trump Jr. made his comments Friday in Helena during an eight-stop, two-day campaign trip campaigning for Tester's challenger, Republican State Auditor Matt Rosendale.

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7.4 - The Hill: [Trump Jr. calls Tester 'a piece of garbage' at Montana rally](#) (26 October, Alexander Bolton, 11.4M uvm; Washington, DC)

Donald Trump Jr. blasted Sen. Jon Tester (D-Mont.) at a boisterous rally in his home state on Friday, calling him a “piece of garbage” for sinking Navy Rear Adm. Ronny Jackson's nomination to lead the Department of Veterans Affairs earlier this year.

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7.5 - KMGH (ABC-7, Video): [Fact-Check: GOP ad claiming Jason Crow 'neglected' Colorado veterans is misleading](#) (26 October, Alan Gathright and Tony Kovalski, 536k uvm; Denver, CO)

Jason Crow, the Democratic candidate for Colorado's 6th Congressional District, is a retired U.S. Army infantry captain who served three combat tours in Iraq and Afghanistan and earned the Bronze Star. He also received a "Volunteer Lawyer of the Year" award for his advocacy for Colorado veterans.

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7.6 - WKYC (NBC-3): [Wiccans: Often misunderstood, yet more popular as new year looms](#) (26 October, Phil Trexler, 385k uvm; Cleveland, OH)

Forty-five years later, she's now known as Rev. Rebekah Benner, a Wiccan high priestess, interfaith minister and a chaplain at the Veterans Administration. She performs weddings and funerals and a form of blessing for children of Wiccans. And, yes, she's a witch.

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7.7 - Ole Miss: [University Honoring Military through Warrior Week. Events organized to highlight service, recognize military](#) (25 October, Justin Whitmore, 40k uvd; Oxford, MS)

The military appreciation football game between the Rebels and the South Carolina Gamecocks will kick off at 11 a.m. Nov. 3 at Vaught-Hemingway Stadium. Notable alumni and service members will be recognized during the game, and special guest Robert Wilkie Jr., U.S. secretary of veterans affairs, will participate in the pregame coin toss alongside Jimeno.

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1. [Top Stories](#)

1.1 - The White House: [Fighting Pain and Addiction for Veterans](#) (26 October, Sec. Robert Wilkie, 231k uvd; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die of the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

Severe pain is 40 percent more common in veterans compared to non-veterans. Nearly 60 percent of veterans who have served in the Middle East and more than 50 percent of older veterans live with some form of chronic pain.

I saw the effects of severe, chronic pain on my father when he returned from Vietnam severely wounded and still recovering after a year in military hospitals. Many veterans like my father suffer chronic pain for the rest of their lives, and the risk of suicide is particularly high among veterans and others who face chronic pain.

Fortunately, VA has taken a multi-faceted approach called the Opioid Safety Initiative to reduce the need for opioids. Since its launch, the program managed a 45 percent reduction in veteran patients receiving opioids from July 2012 to June 2018. That's more than 300,000 fewer veterans on opioids. The same program in the same months reduced veterans on long-term opioid therapy by 51 percent and veterans on high-dose opioid therapy by 66 percent.

In addition to systemwide oversight of prescribing of opioids, the initiative has brought pharmacists and prescribers together to educate one another on the problem of identifying the best treatment for each veteran in pain.

Opioids have a place among treatment options. They are powerful drugs that can be used to alleviate pain, and any reduction in their use must be done carefully. Otherwise, patients could be driven to crisis by both the effects of withdrawal and ineffective pain management.

Decisions on the use of opioids must therefore take a whole health approach to care, with the aim of not just reducing opioids but also improving functioning by patients. It takes time and attention from providers to have meaningful conversations with patients about what their life goals are, and provide education about what they can reasonably expect from treatment.

This approach uses the stepped care model based on a continuum of care and incorporating professional support and self-management through counseling and participation in groups like Narcotics Anonymous. It also includes non-pharmacological pain treatment options like stress reduction, yoga, tai chi, mindfulness, chiropractic care, nutrition, acupuncture and health coaching, which may reduce reliance on opioids without increasing pain or causing other health problems.

Virtually all VA facilities have reduced prescriptions for opioids. VA facilities in El Paso, Texas, and Fayetteville, N.C., have managed the greatest reductions, cutting rates by 71 percent in El Paso and 69 percent in Fayetteville.

Rates for other VA facilities can be viewed online since January, when VA became the first hospital system in the country to begin posting its opioid prescribing rates online, updating them twice yearly in January and July.

We expect even better management of pain medications for veterans when VA and the Department of Defense roll out their new integrated electronic health records. The new records system will give health care providers a full picture of patient medical history, enabling better treatment and better clinical outcomes. It will also help us better identify veterans at higher risk for opioid addiction and suicide, so health care providers can intervene earlier and save lives.

We have also issued the lifesaving drug Naloxone to more than 100,000 veterans to help prevent tragedies and instituted patient risk assessments for overdose and suicide, bringing the power of big-data analytics to bear through VA's Stratification Tool for Opioid Risk Mitigation, which puts predictive analytics in the hands of providers and allows effective collaboration of medical and mental care of veterans at risk.

There is still more to learn and more to do, and a national solution will require national collaboration. But President Trump has said, "We can be the generation that ends the opioid epidemic." He is right about that. We can end the epidemic, and VA is helping lead the way.

Robert Wilkie is the Secretary of Veterans Affairs. This op-ed appeared in Newsday on October 25, 2018.

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1.2 - Fortune (Video): ['The Greatest Idea I Think I've Ever Had.' Trump Repeatedly Boasts About a Vets Healthcare Law at Rallies. Obama Passed It in 2014](#) (26 October, Brittany Shoot, 5.8M uvm; New York, NY)

Ahead of the 2018 midterm elections, President Donald Trump has boasted about a veterans healthcare law several times at his political rallies, at one time even calling it "the greatest idea I think I've ever had."

The problem with Trump's claim is that President Barack Obama passed the law in 2014.

Called the Veterans Choice Program, the bipartisan measure was signed into law by President Obama on August 7, 2014. The groundbreaking legislation was well-documented by the news media, of course, in no small part because the \$16.3 billion bill was specifically designed to help overhaul the Department of Veterans Affairs. Throughout 2014 and well before that year, the VA was plagued with criticisms about everything from long wait times for basic health care and services to the manipulation of records.

It's true that since taking office, Trump has continued the program that Obama initiated. President Trump also expanded the Veterans Choice Program by signing the bipartisan VA MISSION Act, which funded Veterans Choice for another year until it can be consolidated with existing care systems to create one cohesive program.

But Trump's claims at his rallies, ranging from boasts that the Veterans Choice Program was his idea to claiming that passing the legislation was something no other president was able to do, are incorrect.

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1.3 - WBUR (NPR-90.9, American Homefront Project, Audio): [Veterans Often Have Long Waits For Essential Medical Equipment](#) (26 October, Carson Frame, 919k uvm; Boston, MA)

Veterans who need wheelchairs, walkers and artificial limbs may wait months before getting the equipment from the Department of Veterans Affairs. The VA says it's making progress in cutting down wait times on these requests.

Texas Public Radio's Carson Frame (@carson_frame) reports.

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1.4 - STAT: [Font of despair: In the fierce competition for science funding, even a typeface glitch can be fatal](#) (26 October, Eric Boodman, 720k uvm; Boston, MA)

When he first saw the email, just after finishing rounds in the surgical intensive care unit, Dr. Joseph Schlesinger began to panic. A government staffer was writing to inform him that he'd made "a fatal error."

Standing at the nurses' pod, surrounded by patients in various states of post-surgical woe, he wondered what he should do next. Life-sustaining machines whirled around him, residents discussed prognoses — but he heard nothing. "It was like I was in a vacuum," said Schlesinger, an assistant professor of anesthesiology and critical care medicine at Vanderbilt University and a staff physician at the Veterans Affairs medical center in Nashville. None of the cases in front of him needed his immediate attention, and so he left to address the crisis in his inbox.

His "fatal error" was not medical but typographical. A week before, he had submitted an 84-page grant application to the Department of Veterans Affairs. It had taken him months to write, late nights of work before early mornings in the operating room. Now, it turned out, all of that toil had been wasted — because of a problem with fonts.

"Unfortunately, this application used a non-approved font typeface and point size in the Research Plan, which is a fatal error," the VA staffer wrote on Sept. 19, "and therefore has been withdrawn from review."

But Schlesinger is certain he never used the prohibited lettering, and he's delved into the arcana of graphic design to prove it. What he found was evidence of a technological glitch — and he is incensed that something so piddling should stall his own research and that of others.

VA officials retort that rules are rules, and that their 130 pages of guidelines, intended to promote fairness, include a warning about this computer-generated gaffe. The agency's Rehabilitation Research and Development Service even has ruler-wielding enforcers, who've

unmasked and thrown out eight poorly formatted submissions of the 346 they've received this year.

The issue has arisen before. In 2015, in response to a paleontologist's post-rejection rage, the United Kingdom's Natural Environment Research Council released a statement saying it tossed out "just" 4 percent of submissions based on font. Last year, after colleges lost millions in federal grants over typeface mistakes, members of Congress stepped in, and Education Secretary Betsy DeVos forbade withholding funds over such trivialities.

Grants are the lifeblood of science. Researchers are as much grant-getters as they are experiment-designers, the way truckers can't drive without thinking about fuel. To those experienced in requesting cash from both the VA and the National Institutes of Health, rejection on the basis of margin or serif, if not the most pressing problem in biomedical research, is unsurprising and frustrating.

"Happens all the time," said Jake Seliger, principal at Seliger + Associates Grant Writing Services, of applications thrown out for reasons of formatting. "This is part of the reason we have a business, because part of grant-writing is following every instruction, no matter how absurd-seeming it may be."

"We have had our share of these glitches here at VA Boston," Terence Keane, associate chief of staff for research and development at VA Boston Healthcare System, wrote in an email. "No one is ever happy when they make a silly error."

At first, Schlesinger thought he had in fact made an error, somehow both silly and fatal at once. He rushed to his office from the ICU to check. He opened his word processor, clicked down his Research Plan line by line. It was all 11-point Helvetica. Like an ecologist sampling for forest diversity, he plunked his cursor down at different points in every paragraph, highlighting here and there. Still, all he found was 11-point Helvetica. He even printed it out, and used a ruler to measure the number of characters per horizontal inch and the spacing of his lines. By the VA's rules, he said, everything should have been fine.

In the hundreds of millions of dollars allocated to VA research every year, the \$200,000 he was asking for seem inconsequential — but that amount is what would have allowed him to study collaborative songwriting as a way of improving veterans' PTSD symptoms. He had already submitted the proposal once, after five months of preparation, and received encouraging comments from reviewers. This time, he'd taken that feedback into account and submitted it again. "When it gets rejected at the administrative level, that's where it ends," he said. "They don't even send it out to the reviewers. The reviewers may not even know I sent it in for resubmission."

Now, he raced up three flights of stairs to see Russ Beebe, who had tools more powerful than a ruler and the naked eye to figure out what had gone wrong. Beebe had spent decades working in graphic design — at newspapers, ad agencies, print shops — and he helps Vanderbilt researchers format the images in their grant applications.

Graphic designers, before sending out a document, will often do what's known as a preflight analysis — a kind of computerized quality control that searches out issues in the thickness of hairlines and the bleeding of images — and that is what Beebe did post-hoc for Schlesinger. The problem popped up immediately. The government website requires submissions in PDF format, and in the conversion from Microsoft Word, some bits had been automatically modulated

from Helvetica to Arial, and downsized by a few decimal points. That was why, as VA staffers had noted, certain sections had exceeded “the 15 characters per horizontal inch and 6 lines per vertical inch allowed.”

How, you might wonder, did the agency pick up on such a minute change? Patricia Dorn, the VA director of Rehabilitation R&D, who withdrew Schlesinger’s application, told STAT that each intake officer has a keen eye for any suspicious-looking margins or uncanny fonts.

“They convert it back into Word, and ... they see the font type and the font size, and then they print the page, which is what we asked people to do,” she said. “They literally get a ruler out and do character counts and they do line counts.”

Schlesinger said he did, in fact, print off a page from each section of his PDF, as the instructions suggest, but the differences in font were indistinguishable to his eye. Dorn insisted that any researcher who doesn’t have her staff’s acuity for marginal irregularities should ask her office for help.

“It’s tragic when an application doesn’t go to panel, I’m not going to say it isn’t, but I’m also going to say we have these rules and guidelines and very specific parameters that I feel I have to uphold for everybody in the system,” said Dorn. “I’m not saying that because I’m some crazy rule freak. It’s a competitive process.”

She emphasized that her typeface decisions are about fairness, so that no one researcher gets more space than any other. Because of the way those rules are enforced, sometimes an accidental smaller font size gets penalized even if a researcher’s application may not actually contain more material than it would have with the right lettering.

Whether you find it reassuring or dismaying that there are government officers measuring letters and lines with rulers depends on your point of view. For Schlesinger, the drama over his “fatal error” was deeply upsetting — though he plans to resubmit at the next deadline, with some preflight help from Beebe.

“When you have physicians leave the VA, it’s because of these types of issues thematically. The bureaucratic issues burn us out at the VA,” said Schlesinger. “I’ve decided to continue to work at the VA, but I did talk to my boss about cutting down on my time at the VA out of sheer frustration. Ultimately, it hurts the vets, and it’s not their fault, they deserve excellent health care. We just want to provide that care, we want to provide great science and discovery, and issues like this stall it.”

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1.5 - Citizen-Times: [VA’s old ‘Haunted House’ building gets new life as recovery center](#) (26 October, John Boyle, 128k uvm; Asheville, NC)

Life had gotten pretty ugly for old Building No. 9 at the Charles George VA Medical Center.

Abandoned as a nurses dorm in the 1960s, the once-stately edifice had slipped into vacancy and then outright debauchery for decades, prone to invasion by vines, rain and thrill-seeking teenagers convinced of its reputation as a haunted house.

That sad history makes its transformation all the more stunning. Despite cold, rainy weather Friday, VA officials were ebullient as they officially revealed the \$9.2 million renovation of the building, which will now be the Veterans Hope and Recovery Center, part of the VA's Outpatient Mental Health Clinic.

Each year, more than 8,000 veterans living in Western North Carolina receive mental health care services through the VA, and many of them will now receive counseling and other services in this beautifully preserved three-story building.

Ron Kennedy, a peer support specialist who's worked at the VA for five years, is also an army veteran who's used the hospital's facilities for decades. He works on the second floor of Building 9 now and says the difference between current offerings and those from past decades is, much like the building's renovation, a stark contrast.

"I can remember coming out here 15 years ago, and when I walked into the mental health clinic, you just didn't really know what to expect — it had almost that aura of you felt just as depressed coming in as you did coming out," Kennedy said. "Now you come in and everything is bright, and the staff and the providers are very friendly and welcoming. It's just been a great transformation."

A colorful history

On the west side of the VA's sprawling property in East Asheville, the Colonial revival-style Building 9 served as a nurses dormitory from 1930-1967. Once the nurses left, the building slowly deteriorated, ending up as a bit of eyesore surrounded by a chain link fence.

In its decline, it became notorious as a possibly haunted location.

Former Charles George VA Medical Center Director Cynthia Breyfogle, now the director of the VA MidSouth Healthcare Network, spoke at the ceremony and had some fun with that colorful history.

"Building 9 really is the epitome of a comeback story, and everybody loves a comeback story," Breyfogle said. "In 1930, Building 9 was a beautiful Colonial revival nursing dormitory filled with young women with a passion for healing. In 1967, the nurses moved out, and the building slowly and inevitably decayed."

"Over the years, many things occurred, which I can neither confirm nor deny," Breyfogle continued, drawing laughter.

She mentioned that the building might have been the main character in some ghost stories and was sought out by historians, paranormal investigators and a few horror film directors, not to mention many a local thrill seeker. It also was well known as the local Jaycees haunted house around Halloween.

"It could have been a local party house for some of the fine, upstanding youth of Asheville," Breyfogle said. "We just don't know, but again there were many uses for the building."

She also noted that by 2015, nature had reclaimed Building 9 and it was condemned. Breyfogle and her team, assisted by state preservationists, decided to renovate the building rather than demolish it.

Construction began in 2016. The project was a collaboration between the North Carolina Department of Natural and Cultural Resources, federal contracting officials and local VA facility management.

The N.C. Natural and Cultural Resources department is housed in Building 9's twin, right next door, the former dorm for African-American nurses.

"We are right now standing in the heart of the Oteen VA Hospital historic district, which was listed in the National Register of Historic Places in 1985," said Jennifer Cathey, who works with Natural and Cultural Resources Department. "When it was first developed, this campus was a showplace of the Colonial revival and Georgian revival styles, with hospital wards, dormitories, staff housing and administration buildings linked together by sidewalks and covered walkways throughout a landscaped, park-like setting."

The rehabilitation project captures "some of that old VA flavor while instituting medical services for the modern era," she said, noting that the rehabilitation preserved the exterior of the building and many authentic touches on the interior.

"This building was built to last, and it will serve those who have served our country for years to come," Cathey said.

The restoration effort garnered two awards, the 2018 Griffin Award for Adaptive Reuse, awarded by The Preservation Society of Asheville and Buncombe County, and the 2018 Gertrude S. Carraway Award of Merit, awarded by Preservation North Carolina.

A century of service

Friday's unveiling comes at a key moment for the Charles George VA, as it is celebrating 100 years of service.

U.S. Army General Hospital No. 19 opened in 1918 in Asheville to serve soldiers training for World War I.

"Colonel Henry Hoagland named U.S. General Hospital No. 19 'Oteen,' which is an American Indian word meaning 'chief aim,' as it was the chief aim of every patient who walked through these doors to get well," said current Charles George Director Stephanie Young. "Fast forward 100 years to today, and we can proudly say, Oteen has not changed its mission, nor has it changed its chief aim."

The dedication ceremony also featured a traditional dance by three members of the Eastern Band of Cherokee Indians, Sonny Ledford, Mike Crowe, and Jarrett Wildcat. Ledford noted that the VA land, along with some 160,000 square miles spanning nine states, once belonged to the Cherokee.

He also noted that many Cherokee has served in the United States armed forces, including three of his relatives.

"So I understand how they need help, and I know how they suffer when they come back," Ledford said, acknowledging that Building 9 will be part of that healing.

The local VA is named for Charles George, a member of the Eastern Band of the Cherokee who was awarded the Medal of Honor for throwing himself on a live grenade to save his army platoon during combat in the Korean War. The thread of his life as a warrior was carried on by Ledford and his companions Friday.

"A lot of people think the Cherokee have faded, that we've lost our culture," Ledford told the crowd gathered under a large tent. "We're holding onto it more now than ever."

Breyfogle also congratulated the local VA for making it to 100 years, and for preserving a key piece of its history.

"I'm also pleased to see this once haunted house restored to its former glory and usefulness," Breyfogle said. "Truly this place will promote healing and well-being for many, many years to come."

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1.6 - ConnectingVets.com (CBS Radio): [The unexpected and caring services for LGBT vets at the DC VA](#) (26 October, Matt Saintsing, New York, NY)

Veterans, care providers and allies came together to showcase the unique services the DC VA Medical Center and some of its partners offer at a wellness outreach and resource fair for LGBT vets on Friday.

With October being both LGBT history and Health Literacy month, director of public affairs at the DC VA Gloria Hairston says the occasion is an excellent opportunity to get much-needed information about differentiated health care that can be often too hard to find.

"We are the one health care system dedicated to caring for veterans, that's all we do every day, 24-hours a day," says Hairston. "We are committed to providing safe, quality health care to everyone, including our LGBT community."

The VA in the nation's capital stands out offering a bi-weekly psychotherapy support group that aims to build community, strengthens self-acceptance and helps to develop coping strategies to the struggles LGBT veterans face.

"We do a telephone or in-person screening that's very brief and then after that folks are welcome to drop in whenever they're available," says Dr. Stephanie Guedj, a psychologist with the DC VA.

"It's a very warm, supportive environment for other veterans who are LGBT identified."

Dr. Kathryn Wagner, also a psychologist, began the support group and says some mental health conditions are over-represented in the LGBT veteran community.

"Because of being LGBT in the military, and because of 'don't ask don't tell' they weren't able to come out, there are definitely higher rates of depression, anxiety, PTSD and substance abuse," she says.

But not all the services are related to hospital care. Also in attendance was Wigs Plus, a Washington, D.C. based company that focuses exclusively on hair loss services for veterans.

Working directly with VA clinics nationwide, Wigs Plus is also in Georgia, North Carolina, Arizona, and California offering everything from wigs, to other prosthetics for women and transgender veterans.

"This is one service veterans really appreciate at VA," says Leslie Williams a founder of Wigs Plus.

Representatives from the Women's Health Clinic were also the event. Shana Balogun, a registered nurse and maternity care coordinator says the VA applies a holistic approach to care offering endocrinology, gynecology and fertility services.

"The only thing we don't have is obstetricians, so we can't deliver babies, but we do have maternity care and do prenatal counseling," says Balogun.

If interested, veterans can call the Women Veterans program manager at (202) 745-8345.

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2. Improving Customer Service

2.1 - WTLV (NBC-12, Video): [Local carpenter and non-profit team up to build wheelchair ramp for Jacksonville Veteran](#) (26 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson served two tours in Vietnam. Decades later he is still in a fight, this time with the agency that is suppose to serve him, The Department of Veterans Affairs.

Jackson said the Veterans Administration has rated him 100% disabled. He said now his service connected his injury has made him a wheelchair user.

"For the rest of my life," said Jackson. "Unless I have back surgery."

Jackson told On Your Side in August the VA promised to modify his West Jacksonville home to get it ready for his wheelchair use.

"The VA promised me that they would build ramps," he said.

But in September he received disappointing news about the project.

"The request never went through," said Jackson.

We don't know why, but Ben Wood, a Jacksonville professional Carpenter, is going to build the ramp.

"We will be doing everything to code and all ADA regulations," said Wood.

Wood is a member of the Florida Carpenters Regional Council, local 702. He heard of Jackson's need and decided to step up.

"We've gotten to a place where something this simple has gotten so difficult to do for someone who has given so much to our country," he said.

Wood, who also volunteers for Hart Felt Ministries, said he'll team up with the non-profit Builder's Care, as he has done before.

Justin Brown is the director of Builder's Care.

"We will send out construction manager out there to survey the scene see how much wood we need to get," said Brown. "This is what we do."

The project could be done as early as next weekend.

"My doctors here tell me they're not going to let me go home until I am safe," said Jackson.

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2.2 - KTVX (ABC-4, Video): [The battle of opioid addiction for men and women in uniform](#)
(26 October, Brie Jackson, 143k uvm; Salt Lake City, UT)

WASHINGTON D.C. (ABC4 News) - Opioid addiction is not just a civilian problem. Men and women in uniform are victims of the opioid epidemic, as well. This week the President signed a new law designed to help end the opioid National Health Crisis.

Trump's signature on the "Support For Patients And Communities Act" provides much-needed ammunition to battle the opioid epidemic.

The new law will spend billions on new federal programs including increased support for military veterans and those on the front lines.

North Carolina Congressman Richard Hudson says prevention is a critical step toward helping opioid addicted service members and veterans.

"Particularly in DOD hospitals and the VA. We've had big problems in the VA where in the past opioids were overprescribed," said Hudson.

Addiction is a very complicated issue. It's going to take a comprehensive approach.

The Support Act is one of many ways federal leaders plan to combat the crisis. The Department of Veterans Affairs boosted its efforts to limit opioid prescriptions and use alternatives for pain relief.

Hudson says there are efforts underway to also improve access to treatment.

"A lot of cases like in Fayetteville we are contracting out to private treatment facilities to try to get the beds we need to our veterans," he said.

Lawmakers say the fight isn't over but they are committed to making sure those who served our country have the resources they need.

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3. Business Transformation

3.1 - The Orange County Register: [Long Beach VA hospital working to fix electrical problems that led to power outages](#) (26 October, Brian Rokos, 1.1M uvm; Santa Ana, CA)

The Veterans Administration hospital in Long Beach was suffering from power interruptions after some of the equipment that distributes electricity to the facility failed.

The power outages, which began late Wednesday, Oct. 24, have mostly been patched up with the use of temporary equipment, but it is uncertain when the failed equipment will be repaired or replaced, Richard Beam, director of publicity and community affairs, said early Friday afternoon.

The VA has been posting updates on its website.

About the same time, nearby underground Southern California Edison equipment failed, but it was unclear whether the two problems were related.

The outages prompted officials to postpone some elective surgeries at first and outpatient visits. Phone calls are being made to reschedule those.

Beam urged patients to monitor the VA website and Facebook page for updates. The outages are affecting the phone system, but the switchboard operator has some information and can be reached at 562-826-8000.

The hospital, known as Tibor Rubin VA Medical Center, is at 5901 E. 7th St. and serves 58,000 veterans in Los Angeles and Orange counties.

The distribution equipment failed at several locations and forced officials to use emergency power beginning Wednesday night, Beam said. Workers examined the problem overnight and into Thursday morning, when they decided to plug in external generators to get off emergency power.

While some elective surgeries were postponed, they all resumed within 24 hours. The outpatient services and administrative areas were most affected, Beam said.

The facility was at 85 to 90 percent power, Beam said. They hope to be at 100 percent through the use of the generators in 12 to 24 hours, Beam said about 12:30 p.m. Friday.

Edison spokeswoman Susan Cox said Friday that underground equipment at 7th and Bellflower Boulevard – two streets that border the VA – was reported damaged about 2:10 a.m. Thursday, affecting 1,355 customers. That equipment was repaired by 5:45 p.m. Thursday.

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3.2 - Becker's Hospital Review: [VA rejects physician's 84-page research grant over typographic errors](#) (26 October, Harrison Cook, 296k uvm; Chicago, IL)

Joseph Schlesinger, MD, assistant professor of anesthesiology and critical care medicine at Nashville, Tenn.-based Vanderbilt University, received an email from Veteran Affairs Sept. 19, stating his 84-page grant for veteran-based research was rejected due to a typological issue, according to STAT.

Here are five things to know:

1. Dr. Schlesinger is also a physician for the Veterans Affairs hospital in Nashville and wrote a proposal for a \$200,000 grant to research how collaborative songwriting can help veterans with post-traumatic stress disorder. Dr. Schlesinger said he printed out his application in 11-point Helvetica font and measured the number of characters per horizontal line with a ruler to ensure the grant followed the VA's application guidelines.

2. However, he ultimately received a rejection email from the VA, which read, "Unfortunately, this application used a non-approved font typeface and point size in the research plan, which is a fatal error and therefore has been withdrawn from review," according to STAT.

"When it gets rejected at the administrative level, that's where it ends," Dr. Seliger told STAT. "They don't even send it out to the reviewers. The reviewers may not even know I sent it in for resubmission."

3. The VA's application portal requires grants to be submitted as PDFs. Dr. Schlesinger later learned some parts of his application were automatically changed from Helvetica to Arial, when converting the document, which changed the font size by a few points. This is why VA employees noted portions of the application exceeded the "15 characters per horizontal inch and 6 lines per vertical inch" format, according to STAT.

4. VA officials said their grant application rules are intended to promote fairness. No applicant will receive extra space or words over another applicant. The VA's Rehabilitation Research and Development Service prints out research applications to check the number of lines and characters within each application. In the last grant application period, the department threw out eight proposals due to typological errors.

"Happens all the time," Jake Seliger, a principal at Seliger and Associates Grant Writing Services, told STAT. "This is part of the reason we have a business, because part of grant writing is following every instruction, no matter how absurd-seeming it may be."

5. Dr. Schlesinger said these types of administrative issues contribute to burnout among VA physicians.

"When you have physicians leave the VA, it's because of these types of issues thematically. The bureaucratic issues burn us out at the VA," Dr. Schlesinger told STAT. "I've decided to continue to work at the VA, but I did talk to my boss about cutting down on my time at the VA out of sheer frustration. Ultimately, it hurts the vets, and it's not their fault, they deserve excellent healthcare. We just want to provide that care, we want to provide great science and discovery, and issues like this stall it."

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3.3 - Journal-Express: [VA group hustles to strategize as deadline nears](#) (25 October, Pat Finan, 3k uvm; Knoxville, IA)

Time is tight for leaders working to develop a local plan for the Veterans Administration campus in Knoxville. A coalition faces a Nov. 9 deadline to decide whether it will take control of cleaning up and developing the 160-acre site for housing or other purposes. Otherwise, the federal government might put its parcels up for a public sale, Knoxville City Manager Aaron Adams said.

"We're getting down to the 11th hour and there's nobody coming in to swoop in and rescue this thing," Adams said. He and other local leaders believe that the federal government has left Knoxville holding the bag on what once was the town's biggest employer, he said. A group of local government and business leaders is trying to decide what it can do and how it might pay for it, he said.

"It really does come down to us," he said. "Do we go forward or do we let it slide? Are we willing to try and find that money and try to make something positive happen out of this?"

"Or do we just cross our fingers and hope for the best?"

Not counting on feds

Adams said that nobody can compel the federal government to do anything. The Government Services Administration, the agency that controls the campus, wants to shed it however it can, he said.

"We don't feel there's any desire, any effort, to make this right," Adams said. "They have left and let things deteriorate to a point where the campus is no longer viable in any meaningful way.

"We're left with something of negative value, with a deadbeat owner. They're tired of putting money into it to even cut grass. They will do whatever it takes to rid themselves of this property, regardless of the consequences for our community."

Adams and the city have convened a group that could take matters into local hands. They've invited leaders from Marion County government, the Knoxville Community School District, the county fair board and the Knoxville Economic Development Corporation to the table. They don't need money in hand or a bulletproof plan by Nov. 9, he said. They just need to step up or step away.

What's needed most

Knoxville and Marion County have great needs to house the area's growing workforce, Adams said.

"It's the city's biggest challenge," he said. "We are in a good spot in a lot of ways with regards to our major employers expanding their businesses and adding employment. But we always need to ask where these people will live. Where will you draw them from?"

Employees who live more than 30 miles away might take jobs closer to home, he said.

“People are keeping one eye on job openings closer to home and always having one foot out the door,” Adams said. “We’d like to have people closer to our employers.”

The coalition is exploring ways to turn a site with a negative value into something that could someday generate tax revenue. Luring industries to the site is one option, but that would further strain an already tight housing stock, Adams said. And while the GSA would be required to give priority to agencies that serve the homeless, it’s unlikely that any group could afford to build facilities at the site, he said.

“Those buildings are not in good shape,” Adams said. “It wouldn’t be our expectation that we would save any of those structures.”

One option is to use tax increment financing to develop the site one bite at a time, he said. The city could take on debt to demolish buildings and clean up a portion of the campus, developers could build homes, and those homes would generate taxes that would pay back the debt, he said.

Leaders aren’t thinking alone, Adams said. The city wants to work with two regular partners — Snyder & Associates and 571 Polson Developments, to assess the site’s infrastructure needs, potential design and costs. They need to think quickly.

“This isn’t an easy decision,” he said, “but at the same time, that’s the future of Knoxville.”

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Stars and Stripes: [Rand report reveals where military sex assaults were happening, but not why](#) (26 October, Caitlin Doornbos, 532k uvm; Washington, DC)

A Rand Corp. report requested by the Department of Defense and published last month offered a glimpse at where sexual assault was happening in the military, but experts say it failed to answer one of the most important questions: Why?

Of the four military branches studied, the Navy had the installations with the greatest risks of sexual assault. It was the only service to have installations with more than a 15 percent risk of sexual assault on women, with Naval Support Activity Charleston in South Carolina topping the list with 17.1 percent of female servicemembers reporting they’d experienced a sexual assault in fiscal year 2014.

“Our model estimates that more than one in six women assigned to duty at that installation were sexually assaulted in FY 2014,” the report said.

On average, men in the Navy were more likely to be sexually assaulted than those in other military branches. The Navy had the highest average sexual-assault risk for men — 1.5 percent — on installations studied servicewide, according to the report.

The Marine Corps had the highest average risk for women — about 8 percent overall — while the Navy came in second with about 7 percent risk.

Across all services, men and women in the Air Force had the lowest risk of sexual assault, according to the study.

Rand's authors wrote in the report that they could not definitively identify "what it is about these duty assignments that leads to their association with the highest risk of sexual assault" based on the data.

In an official statement to Stars and Stripes, the Navy said the report's "information will be vital to us in determining where and how to target training, prevention and response resources."

"The Navy has further engaged with Rand to help us take a closer look at the conclusions of this report by conducting follow-on projects to provide more actionable information about where sexual assault risk is highest and lowest in the Navy," the statement said.

But information about where sexual assaults are happening is not enough. The Navy said it will work to understand what is causing numbers to be higher in certain regions.

"We take sexual assault seriously and specifically want to understand the 'why' presented by the data," the official Navy statement said. "Identifying protective and risk factors is essential to mitigating the risk of sexual assault for our sailors."

Patterns emerge

Some patterns in the report data could point to better understanding of the causes.

Authors said the correlation between ships and sexual assault was "the clearest pattern of high risk we recognize." All but one of the Navy's 15 installations with the highest risk of sexual assault for men were ships or clusters of ships; for female sailors, 13 of the 15 were ships "including eight of the [Navy's] 10 aircraft carriers," according to the report.

"Ships dominate the highest-risk installations," the report said. "Our model estimates that more than 10 percent of all women experienced a sexual assault at each of these high-risk installations over a one-year period, and more than 15 percent of all women were assaulted at two of them."

Because "it is not just one or two ships that top the Navy's lists" of sexual-assault risk, "there may be something about assignment to ships that elevates risk for women and men," the report said.

Vessels not at sea also had high instances of sexual assault. The USS Abraham Lincoln ranked among installations across all branches with the highest risk of sexual assault for women in 2014 while it was out of rotation for maintenance, according to the report.

The phenomenon may serve as evidence that ships' high sexual-assault risks are "not exclusively due to life at sea or the cycles of shore leave experienced by deployed sailors," the report said.

Combat roles

Another pattern in the data: Many of the installations with the highest rates of sexual assault were home to combat units — including Navy ships, according to the report.

The trend appeared across all branches, with “the highest-risk list” for men in the Army including “many installations with a more prominent combat unit presence.”

“U.S. Pacific Fleet, U.S. Fleet Forces Command, U.S. Forces Command, Pacific Air Forces and others with direct combat roles were among the commands with the highest total and command-specific risk,” the report said.

The data follows a trend noticed in a 2012 anonymous survey by the Department of Veterans Affairs that found about half of all women deployed to Afghanistan reported being sexually harassed, and about one in four said they’d been sexually assaulted.

While the report’s data does not explicitly show what caused the identified patterns, its authors offered a few theories.

The report said that the inflation of sexual assault among combat units could have to do with a “mindset, ethos or culture common to combat units that is associated with sexual assault risk.” Another factor could be that combat units have more enlisted servicemembers than officers and have “a smaller proportion of civilians” as compared to other commands, the report said.

The Rand authors also noted that installations with combat units have more personnel living on base or on a ship than noncombat operations “with a greater proportion of support,” the report said.

Col. Don Christensen, retired chief prosecutor of the Air Force and president of Protect Our Defenders — a group that provides legal assistance and advocacy for military sexual-assault victims — said there could be myriad reasons why combat units have higher instances of sexual assault.

“You have people away and in a dangerous situation; I could see how people in that situation are less concerned about rules and to see an increase sexual assault,” Christensen said.

Data from the Rand study suggesting a strong correlation between reports of sexual harassment and reports of sexual assault may shed some insight, he said.

“We know from that data that in a combat environment ... women definitely are subjected to more sexual harassment and sexual assault,” Christensen said. “The data’s really strong that if you have a [group] that views women as less than equal, someone who’s OK to harass ... it leads to an environment that is more accepting of sexual assault.”

Christensen said understanding the reason behind higher sexual assaults in combat environments could lead to solutions – but that would take further study.

“I don’t think anyone’s ever looked at why, which is a problem,” he said.

Consistencies as clues

Another pattern noted was the consistency of the installations on the highest- or lowest-risk lists for both men and women in three of the four branches studied. Across the Navy, Air Force and Army, installations with high and low risk levels largely matched between the genders.

“These observations suggest that some of the same installation characteristics associated with risk of sexual assault for women are also associated with risk for men,” the Rand report said.

It also said consistencies among some locations and types of commands could suggest characteristics that factor into the likelihood of sexual assault. For example, servicemembers assigned to commands with typically smaller officer-to-enlisted ratios and higher-ranking personnel — such as medical centers and those working in the Washington area — were less likely to experience sexual assault, according to the report.

“Much of this association can be explained by the individual characteristics of the personnel assigned to these locations,” the report said.

But without more detailed information on the installations — such as “particular units, occupations, locations, missions, activities or other characteristics” — the report’s authors could not definitively pinpoint reasons for the patterns.

In the summary of their findings, the authors said the study was conducted as a “proof-of-concept,” and the data they analyzed was not broken down into more specific subgroups. They suggested further research and sorting of subgroups of personnel will enable better targeted “training, prevention and response resources.”

“We did not explore the full array of alternative clusterings of personnel that might be especially revealing of the nature and distribution of risk,” the report said. “For instance, more useful than the high-level commands we examined ... might be their subordinate commands.”

In continuing work with the Navy, the study’s authors are to retooling their approach to examining risk on Navy ships to more closely identify factors associated with sexual assault. For example, rather than clustering ships by ZIP code as they did in the September study, “the ships might be clustered by ship class, home port, strike group, mission type or port call.”

‘Eye-opening’ numbers

Sexual-assault reports have climbed almost every year since the study was conducted in 2014 — and more than doubled in the past decade, according to annual Department of Defense Sexual Assault Prevention and Response Office reports. In fiscal year 2017, there were 6,769 reports — up from 2,846 in FY 2007.

While the numbers are growing, Christensen said they can become lost compared to the 1.4 million people serving in the U.S. military. That’s why he said the unique nature of this study breaking down risk by installation was “eye-opening.”

“When you hear the numbers ... it kind of gets lost in that 1.4 million,” he said. “But then when you see an installation like Fort Hood had almost 900 men and women who were sexually assaulted on one base. Does that base commander understand the extent of the problem?”

Just 54 percent of substantiated sexual-assault cases were referred to courts-martial for prosecution in FY 2017, according to the SAPR annual report. That’s down from 71 percent in FY 2013.

The Navy told Stars and Stripes in an official statement that there might be evidence to show the increasing reports could not mean that sexual assault is happening more often — rather, it

could be that victims are more comfortable reporting their assaults. In the Navy, sexual-assault reports increased from 1,295 in 2014 to 1,585 in 2017, according to the service.

In the 2016 Office of People Analytics Workplace and Gender Relations Survey, the number of sailors experiencing unwanted sexual contact dropped from 7,400 in FY 2014 to 5,300 in FY 2016, the Navy in its official statement. The Navy said the study “indicates that the occurrence of sexual assault has decreased significantly” despite the increase in reports.

“Given these conditions, it is estimated that sailors are more comfortable reporting sexual assault,” the Navy said in its official statement. “More sailors are reporting sexual assaults and the culture is changing in a positive direction.”

Search for solutions

Before significant change can happen, Christensen said leadership must be willing to make stronger statements against sexual assault.

“The leadership still hasn’t gotten it. When they testify to Congress, they know what to say. But out on the boats ... they don’t act as they testify,” he said. “I don’t think there’s a real serious effort to tamp down sexual harassment. I think they view it as boys being boys; what did you expect when you came into this male-dominated career field?”

But some leaders are coming forward in the wake of the study to remind servicemembers of the seriousness of sexual assault. In Japan, where 50 of the 372 female sailors Rand surveyed had experienced a sexual assault, Naval Forces Japan commander Rear Adm. Gregory Fenton told Stars and Stripes he has a message for sailors there.

“Sexual harassment and sexual assault will not be tolerated,” he said. “Every one of us has earned the right to wear the uniform.”

Fenton said he is briefed after each sexual assault reported at one of the bases under his jurisdiction.

“The No. 1 goal is to get to the prevention side,” he said. “[We want to] take any lessons learned into prevention.”

All military branches offer a multitude of anti-sexual assault training, programs and briefings, and SAPR offers many services to victims in the DOD community. For more information on sexual assault reporting, programs and assistance, visit <http://www.sapr.mil>.

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4.2 - The Morning Call: [Troubled veterans are paired with service dogs. 'This guy's my world'](#) (26 October, Bill White, 442k uvm; Allentown, PA)

Harold Siegfried was volunteering at ArtsQuest’s Christkindlmarkt two years ago, accompanied by his service dog, Phelan.

Siegfried and Phelan were brought together by Tails of Valor, Paws of Honor, a nonprofit program that trains service dogs to interact with and become companions for veterans who are struggling with post-traumatic stress disorder, traumatic brain injuries and physical disabilities.

All the dogs, rescued from area animal shelters as puppies and trained for on average 18 months, are named for military personnel who were killed in action or who committed suicide after returning home. Phelan was named for Lt. Col. Mark Phelan, who was killed in 2004 by a car bomb in Iraq.

A man who was visiting from East Norriton, Montgomery County, approached Siegfried that day and asked about his dog, a black Lab mix. Siegfried began telling him about the program and that each dog was named for a fallen serviceman or servicewoman.

When he told the man that his dog was named after Lt. Col. Mark Phelan, the man dropped to his knees and began crying.

"What did I say?" Siegfried asked the man's wife.

"That was his brother," she replied.

Tails of Valor's brief history is full of emotional stories. I want to get back to Harold Siegfried and another encounter involving Phelan and his namesake's family, but first, I'll tell you a little more about this remarkable nonprofit organization, based just outside Coopersburg.

Heather Lloyd, the group's founder and executive director, has a background in medicine and nutrition. She turned to a career in the pet industry in 1998.

She began developing the program that became Tails of Valor in 2014 after she befriended a homeless Army veteran who had rescued a dog that became his best friend. She used half her high-end kennel building in Springfield Township as a training center and eventually turned the whole building over to Tails of Valor.

In addition to kennels where the dogs stay during the week, there's a big exercise yard, a nice indoor training area and 19 acres of trails through the woods.

The puppies typically are around 8-10 weeks old when they're rescued, and they undergo training that becomes specific to the veteran they're paired with. It may include preparation for door opening, switching on lights, fetching things, bracing, nightmare intervention and other specific tasks. The training must be refreshed annually.

Employees and volunteers work with the dogs during the week, and the dogs go home with volunteers on the weekends to socialize them. Eleven dogs are in training now, with a 12th soon to arrive, according to the organization.

The paired veterans and dogs aren't the only ones who are being helped. Lloyd has been working with the U.S. Department of Veterans Affairs on a pilot program for Canine Connections at the Coatesville Veterans Affairs Medical Center. That program explores how Tails of Valor service dogs could interact with troubled veterans to help them reconnect with the community. A similar pilot program will begin next month at the VA Medical Center in Philadelphia.

The group got a letter this month from Laura Fahringer of the Coatesville VA in which she noted that it has completed the pilot period and that feedback from veterans and clinical staff has been overwhelmingly positive.

“Many of our veterans have difficulty engaging in treatment due to challenges with verbal processing, anxiety, isolation, etc.,” she wrote. “In a sentence, you have helped veterans become ‘unstuck’ and offered hope for a better future.”

This official connection with the VA is the first of its kind, Lloyd told me.

“It’s a great honor,” she said.

Marine Corps veteran Jason Harrar, recently hired full time by Tails of Valor as a collaboration assistant, has been taking dogs to Coatesville for some of these therapy sessions. He’s well qualified, because he has experienced some of the same challenges they’re facing.

The father of six children served 13 years of active duty and several more years in the Army Reserves. When he left the Corps in 2009, he went through a difficult divorce and growing problems with PTSD that continued in another high-stress job as a correctional officer.

“I knew I had a problem,” he said. “I didn’t want to address it.”

He never wanted to go out in public — “there was always somebody out to get me” — and when he tried to take his children out to do anything, it was a struggle.

He said his future service dog, Loftus, sought out Harrar the first time he visited the training center.

“We made the connection,” he said. “That was the fall-in-love day.”

His relationship with Loftus, who graduates in December, has helped him be more open about his problems and greatly reduce his medication.

“Six months ago, I was a different person,” he said.

As we talked Friday, Harrar was in Washington, D.C., preparing for Sunday’s Marine Corps Marathon.

Russell Armstrong, Tails of Valor’s veteran liaison, said the program is growing fast, in part because of fundraising efforts of people who support what they’re doing. If you’re interested in helping financially or volunteering, go to the Tails of Valor website at www.tailsofvalor.org or call 267-733-7294.

The fact that the dogs are named after fallen soldiers also has helped some of their family members with healing. Families of several soldiers who have been honored have volunteered to help the organization.

Siegfried’s connection to the Phelan family didn’t end at Christkindlmarkt. He met this month with Mark Phelan’s widow, daughter and two grandchildren, inviting them to spend some time alone with the dog, who acted like he knew them. He said it was an emotional moment for everyone.

Siegfried, 44, who was born in Easton, told me he enlisted in the Army while he was a junior in high school. He ended up in an artillery unit, serving from 1993-2001.

Still, he says his PTSD resulted from traumatic events in his childhood and after he left the service rather than directly from his time in the military.

He said he's had seven suicide attempts since 2010 and ended up homeless.

"If it wasn't for my art and my dog," he said, "I have to tell you, I'd be dead."

He was living at Victory House homeless shelter in Bethlehem when he began volunteering for ArtsQuest, where he had the opportunity to start developing his long-dormant art skills. Now living on his own, he's taking art classes on scholarship at the Baum School, and some of his paintings are on display in the training center.

The strength of his connection with Phelan is striking. He described instances where Phelan has interrupted nightmares, intervened to prevent stressful situations and provided the support he needed to help him reconnect with people, including Lloyd and Armstrong, who have become close friends.

Whatever happens, he knows his dog has his back.

"This guy's my world," he said.

Mind you, he said, Phelan isn't perfect. The dog was struggling with his training until he hooked up with Siegfried.

"He's hard-headed," he said. "He's a perfect fit for me."

And as much as Siegfried's opened up over the last couple of years, he still finds dark thoughts threatening to overcome him, particularly when he's struggling to sleep.

But there's a big difference.

"Now with him," he said, "the first thing that pops in my mind, if I take my own life, what's it going to do to him?"

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4.3 - Finger Lakes Times: [Write On: Midterms, Medicare & the VA](#) (26 October, Michael J. fald, 115k uvm; Geneva, NY)

The stakes in the midterm elections Nov. 6 are more than just politics-as-usual between GOP and Democratic party candidates in U.S. Senate and House of Representatives' races.

This election is a referendum on the futures of the Medicare, Medicaid and Social Security programs.

Why?

Because a reduction in citizen benefits is clearly in the GOP sights if the party retains its majority in both houses of Congress. That was reinforced last week when Senate Majority

Leader Mitch McConnell told Reuters and Bloomberg in interviews the programs are “the real drivers” of our soaring national debt, adding that adjustments will have to be made.

That’s Washington doublespeak for cutting benefits.

McConnell also indicated he will push the Senate to again attempt repeal of the Affordable Care Act. Ironically, the ACA today is more popular than ever, thanks in good part to provisions ensuring people with pre-

existing medical conditions can get health insurance coverage.

The GOP fervor for reducing what it calls “entitlements” is no secret. A year ago U.S. Sen. Marco Rubio and House Speaker Paul Ryan voiced similar notions.

But the word entitlement is misleading.

Social Security is a pay-to-play program and has been since 1935. Workers and employers pay into the system so when people reach retirement age they can collect benefits — money they and their bosses put in.

And Medicare and Medicaid? Both fund medical care to keep people healthy. Refusing to fund health care for those who can’t afford it dooms people to illness. That’s not much of a social, political or public health strategy.

While the GOP sharpens its budget-axe in hopes of wielding it after the election, many Democrats support a Medicare-for-all-system — a basic health care guarantee for all citizens — as the best, most-humane alternative.

It’s certainly more humane than axing people’s health benefits.

But even as McConnell surprised pundits with his candid comments, a newly published book from Cornell University Press suggests another health care pathway.

“Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation’s Veterans” is the latest work by award-winning health-care journalist Suzanne Gordon.

She makes a strong case that the Veterans Health Administration provides a potential model for providing health care for America. The VA? The same underfunded federal agency the Trump Administration and others want to privatize?

Yes.

In a chapter titled “Primary Care the Way It Should Be,” Gordon details the VA team approach system and doctor-patient interactions that draw rave reviews from patients.

Other chapters like “Healing Minds and Bodies: Integrated Mental Health Care and Primary Care,” bolster the case that the VA might be onto something worth replicating, despite negative news accounts cited often by critics.

Those critics will find plenty to dislike in the chapter “Better Care Where? The VHA Compared to the Private Sector,” and in a thoughtful concluding essay, “A System Worth Saving — and Making Even Better.”

Voters Nov. 6 should ponder which Congressional candidates would be willing to study what Gordon suggests and/or consider a

Medicare-for-all system.

Which candidates are willing to talk honestly to address health care and retirement issues?

Which candidates only want to tear down long-established, bipartisan-built institutions?

In coming debates, interviews and appearances in the Finger Lakes, GOP Congressional incumbents Tom Reed, John Katko, Chris Collins and Claudia Tenney and Democratic challengers Tracy Mitrano, Dana Balter, Nate McMurray and Anthony Brindisi all should be questioned closely about where they stand on health-care spending, systems and the future.

They also should be asked pointedly if they are willing to pledge to keep their budget-cutting mitts off worker/employer-funded Social Security benefits.

Voters need to know truthful answers before casting their ballots.

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5. Suicide Prevention

5.1 - Washington Free Beacon: [McSally Gets Endorsement From Mom of SEAL Who Committed Suicide](#) (26 October, Todd Shepherd, 1.3M uvm; Washington, DC)

ARIZONA — Robin Andersen says she didn't go to a roundtable discussion of veterans' issues featuring Congresswoman Martha McSally with the intent of giving the Republican senate nominee a bracelet that memorializes the life of Anderson's son, a Navy SEAL who killed himself following a long struggle with post-traumatic stress disorder.

"I didn't know I was going to bring it up," Andersen said in an interview with the Washington Free Beacon.

Andersen's life is as tightly intertwined with the U.S Navy as are the threads of a dockline rope. She served three decades in the Navy; the father of her son was a Navy SEAL. And then her son, Rob Guzzo, became a Navy SEAL, too, serving in Ramadi.

But she says upon Rob's return to the United States in 2007, she noticed he wasn't the same man who had left for bootcamp circa 2003. Rob feared seeking treatment, she said, for PTSD and traumatic brain injury (TBI) through government channels because of the stigma often attached to those issues.

Years of being in and out of therapy and receiving bulk medications from the VA in the mail sometimes seemed to help, and sometimes didn't help at all. The cycle of ups and downs crashed to a tragic halt in late 2012.

"On Veterans Day 2012, he put a gun in his mouth and pulled the trigger," Andersen said with remarkable straightforwardness, but hints of pain noticeable on the edges of her voice nonetheless.

"Things were kind of a blur after that for a little bit."

Roughly two weeks after her world came crashing down, an old friend of Rob's who was working at the Washington Post reached out.

"My vision had always been that—my son was gone. There was nothing that I could do about that. But I could tell his story. And I could raise awareness of PTSD, and hopefully, prevent someone else, another veteran, from taking their life."

"That first interview was very difficult because I had to say, you know, 'My son committed suicide.' It was hard to say the word, and just talk about, but ... I did. My message at that point in time was Rob was not the first Navy SEAL to commit suicide, and he wasn't going to be the last."

Rob's story was told through video by the Post and in a documentary on the History Channel.

By his request, Rob's remains were cremated. So in order to afford a small memorial for her son near San Diego, Anderson raised money by selling about 200 small metal bracelets with her son's birthday and the day of his departing etched on it, along with the line, 'Not all wounds are visible.'"

As a Navy veteran and the child of a member of the Air Force, Andersen has seen and lived much of the country. She moved to Arizona about two years ago.

It was just a few days ago, however, she saw a Facebook post asking for interested veterans, especially veteran women, to come to a discussion not only with McSally but also with Iowa Republican Senator Joni Ernst. McSally is the only woman combat veteran serving in the House, and the same is true for Ernst in the Senate.

"Just really as a citizen, as a voter, I wanted to get some basic information, get a feeling from her as to who she was and what she was all about. I thought if there was any issue I would want to address—not specifically my issues as a veteran myself but as a mom whose son was a veteran who succumbed to PTSD—and I always wear his bracelet. So I just happened to have it on. And just through a spur of the moment kind of thing, I just wanted her to have it."

After McSally and Ernst had given an introductory talk about the veterans issues they were working on in Congress, the visitors at the roundtable introduced themselves, when Andersen made her spur of the moment gift.

"Oh my gosh, that's beautiful, that's beautiful," McSally said, obviously touched by Andersen's story and gift, as the room burst into applause.

Hours later, as McSally and Ernst concluded a tour of a helicopter assembly and production plant in Mesa, the bracelet was still on the congresswoman's wrist, and Rob's story was still on her mind.

"Unbelievable," McSally said.

"He took his own life after surviving combat, surviving PTSD and traumatic brain injury. I can't even imagine—I can't even imagine how his mother survives every single day. But I'm inspired that in her grief, she's chosen to turn that into action, that she wants to make sure people know what happened to her son, and the trauma of what he experienced, and he ended up taking his own life even though he survived the enemy."

"It was a pretty gut-wrenching moment when she handed me this bracelet. I'm very honored to have it, and I will continue to fight every single day when I'm in the Senate for people like her son, and their families, and others that are out there right now who are suffering"

It was the kind of endorsement that doesn't often make the front pages of newspapers, yet somehow still stands out.

"I hope she will be elected, and use the position one day to make decisions that will help veterans, and I don't expect her to wear it all the time," Andersen said. "But certainly, if she comes across it, she won't forget his story, and the other 20-some odd veterans who take their lives every day."

McSally faces Democrat Kyrsten Sinema in the November general election for the senate seat recently vacated by the retirement of Republican Jeff Flake.

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5.2 - The Greeneville Sun: [We Need To Eliminate Veteran Suicide](#) (26 October, Rep. Phil Roe (R-Tenn.), 15k uvm; Greeneville, TN)

The men and women in our armed forces provide an invaluable service to our nation: protecting us from danger and ensuring we can keep the freedoms we hold dear.

Unfortunately, all too often when these same men and women return home from war or after separating from service, they feel left behind with nowhere to turn. As a Vietnam-era veteran, I saw many of the young men with whom I served return from overseas to protests and a nation that did not appear to want, welcome them home, or appreciate the sacrifices they made to protect our freedoms while they were gone. While the climate for our returning servicemembers is fortunately not the same as it was in the 1960s and 1970s, too many of our veterans still feel there is nowhere to turn, and that suicide is their only option. I want to tell all our nation's veterans: You are not alone, and suicide is not your only option.

As Chairman of the House Committee on Veterans' Affairs, I promised to do everything possible to ensure our country takes care of those who served in our defense, and I will continue to follow through on this promise. Last month, the committee held a hearing on the persistent and heartbreaking topic of veteran suicide. In a recently released report, the Department of Veterans Affairs stated that in 2016, approximately 20 veterans took their own lives every day, and sadly that number has not changed. As a physician and veteran, I believe it is extremely important to

not only continue to raise awareness, but to seek out innovative solutions, partner with communities, and improve VA health practices to help veterans learn of other treatment options and services available if they are in need.

Over the past several years, VA has increased funding and invested resources to address the high number of veteran suicides; and despite our efforts the amount of deaths has not decreased. In the recent hearing, the committee reviewed the research released by VA to come up with a plan on ways to better expend resources to reverse this trend. One statistic I found completely staggering was 14 of the 20 veterans who committed suicide did not seek medical care from the VA. Why is that?

Unfortunately, we cannot ask these veterans why they didn't seek treatment or what they found lacking in VA health care; we can only work to reform the system and make it more accessible to those veterans in the most need. It is one thing to outline how a program should work, but for every veteran who is not properly referred for treatment, for every veteran who is not admitted due to a shortage of staff or beds, for every veteran who feels they have been ignored or dismissed, we run the risk of needlessly losing another veteran to suicide.

The issue of veteran suicide is not a new problem, and it's one I've worked on since I first arrived in Congress. Along with HVAC Ranking Member Tim Walz, I founded the Congressional Invisible Wounds Caucus, which seeks to prioritize the needs of servicemembers who are suffering from the invisible wounds of war, such as PTSD. Over the years, the caucus has been able to highlight several innovative approaches to treating veterans in crisis, but these statistics continue to show more needs to be done.

We need to target the cause of these suicides by identifying those at high risk; recognize the unique barriers that certain veteran populations face; and use that information to advance our approaches that offer the promise of preventing suicides among veterans. I, along with my colleagues, have worked tirelessly to follow through on our promises to veterans — to provide the best possible care our service men and women deserve.

In 2007, VA launched the Veterans Crisis Line, a 24-7 toll-free phone line to connect veterans contemplating suicide or otherwise in crisis with qualified crisis responders. Unfortunately, there was mismanagement of the program and action was needed. In an effort to fix the problems plaguing the crisis line, I supported the No Veterans Crisis Line Should Go Unanswered Act, a bill that was signed into law on Nov. 28, 2016. Thanks to the implementation of this law and follow-up Committee hearings, VA has increased the number of crisis line call centers from two to three, increased the total number of crisis line employees, and decreased the number of calls that are transferred to a backup call center — from a 30 percent rollover rate in 2016 to a .16 percent rollover rate to-date in 2018.

More recently, Congress and the Trump administration established key laws to improve VA's mental health services. VA is now expanding mental health services to all separating servicemembers for 12 months following separation from the military, the time frame shown to be the highest-risk period for suicide among veterans. Thanks to the work of the House Veterans' Affairs Committee, veterans with Other-Than-Honorable discharges now have the ability to seek VA mental health services for conditions that possibly contributed to their unfavorable separation status, a critical lifeline for which they were not previously eligible.

The past two years I have championed the VA MISSION Act, a transformational piece of legislation that I introduced and was signed into law on June 6, 2018. The VA MISSION Act will

ensure veterans seeking VA care — including mental health and suicide prevention support — are able to access the care they need, when and where they need it. Additionally, this law contains provisions that establish peer specialists in patient aligned care team settings to increase services for mental health, substance use disorder and behavioral health in a primary care setting.

To meet the needs of veterans at-risk of suicide, VA has requested and Congress funded \$8.6 billion for mental health care in fiscal year 2019, an increase of 5.8 percent over 2018. This reflects a trend of significant annual increases in VA mental health funding going back several years. We still have work ahead of us, but as chairman of the House Veterans' Affairs Committee, I will continue to make caring for our veterans my highest priority.

If you are a veteran and are having suicidal thoughts, please do not hesitate to reach out to the Veterans Crisis Line. The toll-free phone line (1-800-273-8255, press 1 for veteran) and is staffed 24 hours a day, seven days a week.

The writer, a retired physician and a former mayor of Johnson City, represents the 1st Congressional District in the U.S. House of Representatives.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Tampa Bay Times: In Tampa Bay, gap is widening between white and black home owners (26 October, Susan Taylor Martin, 1.4M uvm; Saint Petersburg, FL)

Kelvin Jackson is pleased that the house he bought in St. Petersburg has an extra-wide driveway, big enough to park three cars.

Shawna Ward likes that her new home in Largo is convenient to her job at the VA medical center and her daughter's school.

And Suzette Mignott is thrilled that her new home in Riverview really is new: It's under construction and should be finished by Christmas.

Besides their recent property transactions, Mignott, Ward and the Jacksons have something else in common: All are African-American. That makes them unusual among the ranks of Tampa Bay homebuyers.

Even though the area has recovered from the recession and housing crash, the gap between black and white home ownership is widening. In 2007, just before the market collapsed, 46.5 percent of bay area blacks area owned their homes compared to 77 percent of whites. Now, the black ownership rate has dropped to 32 percent while the rate among whites remains over 70 percent.

"Everybody took a hit when the market crashed but since the market rebounded, African Americans are the only race that has been declining," says Travis Brooks, president of the National Association of Real Estate Brokers, the nation's oldest minority real estate trade group.

The reasons for the ownership gap are many: tighter lending standards, redevelopment that is driving up prices, the lingering effects of Jim Crow laws that openly discriminated against blacks. The result is that many black families never have the opportunity to own a home, the greatest source of wealth-building for most Americans and perhaps the biggest factor in the creation of stable neighborhoods.

Even African-Americans who can afford to buy sometimes find that old attitudes die hard.

In his 20 years in Tampa Bay real estate, broker Maurice Franklin has heard from many black buyers who told him agents steered them away from white areas and toward predominantly black ones.

"I know of some people who had fairly horrendous experiences in terms of African Americans in certain areas, although I believe something has changed," he said. "The area is becoming more cosmopolitan."

Still, a recent encounter gave him pause. Franklin and his wife, Samantha, an agent, were about to show a black client a house in Pinellas Park when a dog suddenly came at them in attack mode.

"We all had to leap into our cars and take cover," Franklin said. "We spoke about it afterward because the dog owner never apologized and it seemed to possibly be a scare tactic. It certainly was an unwelcoming message."

The client bought another house — in Largo.

**

Long after President Abraham Lincoln freed the slaves in 1863, state and local laws enforced racial segregation in the South while policies in northern states effectively keep blacks from owning homes.

The 1964 Civil Rights Act outlawed discrimination based on race and color. The 1968 Fair Housing Act added teeth, making it illegal to refuse "to sell or rent a dwelling to any person because of his race, color, religion, or national origin."

Yet blacks continued to be harmed by two insidious practices: "steering, which is guiding prospective buyers to or away from certain areas based on their race; and "redlining," denying loans in certain areas, especially inner-city neighborhoods.

Even today, African-Americans are far more likely than whites to be rejected for conventional mortgages, according to a study this year by the Center for Investigative Reporting. It also found that banks, required by a 1977 law to lend more money in low and moderate income areas, are giving more loans to white newcomers than to long-time black residents.

Lou Brown, a veteran African-American Realtor in St. Petersburg's Midtown area, said he still sees signs of loan discrimination. With prices soaring in some other parts of the city, houses in Midtown often draw multiple offers. Yet, he says, banks have refused to make loans in certain cases, claiming the houses didn't appraise for as much as buyers were willing to pay.

"I'm not suggesting you give a \$150,000 mortgage on a property that's worth \$100,000 but when you see (buyers) fighting over it, then to say it's not going to appraise out, you've got to wonder, are they still redlining?" Brown asks. "'Do we need some of our lending practices to change? Probably."

Income disparities play a big role in low black home ownership rates. In the Tampa Bay area, black households earn about \$31,000 a year compared to \$51,100 for whites. That puts many blacks at a disadvantage, especially when trying to buy homes in neighborhoods around downtown St. Pete and Tampa that are undergoing rapid redevelopment.

"We're losing a lot of our affordable housing options, and with interest rates rising, we don't have a lot of products out there for low-to-moderate income families," says Brooks of the minority real estate association. "A 1,200-square-foot home shouldn't be priced at \$200,000" in a modest neighborhood.

Making it even harder to buy, Brooks adds, is that banks require blacks to meet the same lending standards as whites even though black incomes and credit scores are typically lower.

"We know we are not on the same playing field," Brooks says. "You have to give us a (loan) product in line with the community you serve."

Franklin, the broker, teaches a course for first-time buyer at Neighborhood Home Solutions, a non-profit with branches throughout the Tampa Bay area. Many of those who take the course are African-American, including Ward, the VA hospital employee.

Instructors "tell you how you can be in a better position to buy," she says. "So the first thing you have to do is pay bills, get your credit score up."

The course also stresses the importance of a home's condition — if the kitchen and bathroom aren't upgraded, move on — and location, location, location. "That was pivotal in checking out the neighborhood crime-wise, driving through at different points of the day," Ward said.

Until recently, Ward, 50, had to put off home ownership because of other responsibilities, including adopting her two nieces. Now, with one of the nieces expecting twins, the family needed more space than they had in their apartment. As a veteran, Ward qualified for a VA loan on a three-bedroom house in a multi-cultural area of Largo.

"Quite a few neighbors have come in and said, 'Hello' and 'Welcome' and introduced themselves so I was very pleased," she said. "That is not normally something I'm used to."

Suzette Mignott, who is building a home in Riverview, said she could have owned a house years ago but decided to rent after a divorce left her raising two girls alone. "Being a single parent, I wanted to put them first and put the house process on hold," she said, "because it is a long process and it does take time and money."

Remarried, Mignott, 42, and her four-member family are crammed into a two-bedroom St. Petersburg apartment, paying close \$1,200 a month "which is ridiculous," she said. "We had to relocate; it's so expensive in St. Pete."

After looking at a few new-home communities in Riverview, Mignott and her husband contracted with Lennar for a five-bedroom house in Shady Creek. The price: Under \$300,000. "You do not find that in St. Petersburg area," she said.

Kelvin Jackson and wife Tess, both in their 50s, also looked in Riverview but decided to stay in St. Petersburg's predominantly black Midtown area near downtown. Jackson is a sanitation department coordinator in the city's sanitation department. She is an assistant manager in the Pinellas County clerk's office.

Midtown "is a place that needed more professionals like my wife and myself," Jackson said.

The couple found a three-bedroom, one-bath house with Franklin's help. They liked the fact that their Realtor, too, is African American.

"He looks like me; he's professional; he made me feel comfortable," Jackson said.

Another recent African-American buyer, Asia Cooper, closed in August on a house in a mixed-race area just outside of St. Petersburg's city limits. She's doing what she can to narrow the ownership gap between blacks and white.

After she moved in this summer, Cooper threw a big house-warming party. She made it a point to tell guests how attending homeowner education classes and boosting her credit score prepared her to buy her first house at age 39.

"I said, 'If you're planning on living here, you should buy a house,'" said Cooper, an insurance company case manager.

Since then, three friends have asked her for more information.

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6.2 - Military Times: [VFW: VA must fix Forever GI Bill debacle](#) (26 October, B.J. Lawrence, 471k uvm; Springfield, VA)

Editor's note: The following commentary was contributed by VFW National Commander B.J. Lawrence. The content may be edited for clarity, style and length.

Over the past few weeks, the VFW has heard directly from too many veterans who have yet to receive their tuition and housing payments from the Department of Veterans Affairs for this fall semester, which student veterans rely on to pay rent and other living costs. Unfortunately, VA was not straightforward with student veterans affected by these financial hardships until the VFW called attention to it earlier this month.

VA has been giving mixed messages regarding the solution to the problem, and student veterans are rightfully wondering when they will get paid. Some veterans have asked the VFW for help through our Unmet Needs emergency grant program, but there's a more practical solution: Call the VA's GI Bill Helpline.

Veterans who are experiencing delayed payments need to call 1-888-GIBILL-1 (888-442-4551) and ask VA to process their education benefit claim immediately due to a financial hardship.

VA has assured us that these claims will be processed within the next business day and that student veterans can expect prompt payments of their benefits within five business days. If VA does not resolve this issue quickly, then I encourage veterans to then contact the VFW at 1studentveteran@vfw.org, at which point the VFW's casework team has the authority to intervene on their behalf with VA Education Service.

Since VA instituted the process for claiming financial hardships, the VFW has seen expedited processing for the veterans who initially contacted us. As veterans' advocates, we highly encourage veterans and beneficiaries to stay on the line and tell VA they are experiencing a financial hardship. When faced with mounting bills, rent or mortgage payments, or childcare disenrollments, this process is well worth the effort.

How did we get here and what are we doing to prevent it from happening again? Last summer, Congress passed the Forever GI Bill with the goal of significantly improving veterans' education benefits. These changes required VA to make swift changes to its education benefit processing systems. Unfortunately, in late July, VA's new processing systems were not working properly. This prompted schools to hold onto GI Bill certifications longer than usual. Finally, VA encouraged schools to submit their certifications, opening the floodgates.

VA is now working nights and weekends to process these benefits payments as quickly as possible — and they are yielding results. Since Oct. 1, the backlog of claims has been reduced from more than 200,000 to just over 120,000 — and this includes new claims that come in every day. That being said, this still means thousands of veterans are still waiting for their much-needed living stipend payments — some more than 60 days.

These delays have happened before when VA implemented major upgrades to education benefits. VA must learn from its previous mistakes and cannot afford a repeat debacle in the spring semester. That's why the VFW recently called on Congress to hold a hearing on the GI Bill delays and urged the Senate to swiftly pass the SIT-REP Act of 2018 to ensure schools cannot drop veterans from their rolls because of VA processing delays or errors.

The House Committee on Veterans' Affairs has heeded our call for a hearing, currently scheduled on Nov. 14, at which time VA must be accountable for fixing this problem forever.

B.J. Lawrence, of Alamogordo, N.M., is the national commander of the 1.6 million-member Veterans of Foreign Wars of the United States and its Auxiliary.

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6.3 - The Augusta Chronicle: [Homeless veterans helped out at VA Stand Down](#) (26 October, Jozsef Papp, 428k uvm; Augusta, GA)

Homeless veterans were able to take advantage of different resources at the Department of Veterans Affairs' annual Stand Down on Friday.

The event, held at the VA's Uptown location, is aimed to help these veterans by bringing together various agencies and community partners to provide services to them.

Mary Cunningham, the agency's health care for homeless veterans program coordinator, said the alliances help the VA in providing housing for veterans who are homeless or at risk of being homeless.

"It's an annual moment where we ask people to pay attention that this problem has not ended," Cunningham said. "There are still veterans that served our country that are walking the streets without knowing where they are going to sleep tonight or where they are going to eat."

According to a 2017 U.S. Department of Housing and Urban Development study, there are an estimated 40,056 homeless veterans in the U.S., with over 700 in Georgia, which is something Cunningham and the VA are trying to address.

Currently, they have 150 housing vouchers for homeless veterans in Richmond County, 79 in Athens and Aiken County was awarded, for the first time, 14 vouchers, according to Cunningham.

"We need landlords that are willing to give a veteran a second chance because you don't end up homeless without history. Some landlords want a squeaky clean background check," Cunningham said.

Flu shots, medical evaluations, counseling and even haircuts were available to veterans at the event. Garry Anderson, a former homeless veteran, said the event is beneficial for those who are homeless, particularly for medical evaluations.

"A lot of them are still homeless," said Anderson, who served in the Army 22 years, starting during the Vietnam era. "It helps a lot and gives them hope."

Similar to Anderson, Denine Harris was a former homeless veteran who served in the Army from 1984 to 1995. Harris decided to go to the event because of all the help the VA provided her when she was homeless.

"They assisted me when I was homeless," she said. "They were very helpful, it was a quick process. They ensured that I was assisted every step of the way and they really supported me and helped me get back on my feet."

When Harris runs into homeless veterans, she tells them about the program and resources available at the VA.

"If a lot of veterans would get the information, then they wouldn't be living on the street or in the Salvation Army," she said.

In addition to homelessness, suicide prevention is also a major focus for the VA, Cunningham said.

"In this country, one out of 20 veterans commit suicide, still, everyday," she said. "Interestingly, only about six of those are engaged in VA care, so we keep reaching out hoping to find those veterans that are in trouble, so they know they have services here and we are willing to help."

The nationwide event has been held for the past 18 years in Richmond County, but the VA hosts a variety of efforts to help and assist homeless veterans. Cunningham said they are constantly working with different organizations to provide the most help possible.

"I want them to know that we are aware and that we are working daily to end homelessness, both within the VA system and larger as a community," Cunningham said.

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6.4 - The Courier: [Black Hawk VA needs help providing Christmas for vets](#) (26 October, Thomas Nelson, 117k uvm; Waterloo, IA)

More sponsors are needed for Operation Christmas to provide needy veterans with gifts.

Since 2016 the Black Hawk County Veterans Affairs Office's "Christmas for a Veteran" program has provided gifts to low income, homeless and struggling veterans.

More sponsors are needed, said Kevin Dill, executive director of the Black Hawk County Veteran Affairs Commission.

Call the Black Hawk VA's office to sponsor a veteran or veteran's family.

"The veteran will decide whether they can deliver the gifts to their home or bring them here and we'll deliver them," Dill said. "The gifts have to be here by Dec. 14."

The gifts will be delivered Dec. 18, 19 and 20.

"Anyone can step forward and be a sponsor of a veteran," Dill said.

Even small donations are accepted, and can go toward meals on Thanksgiving and Christmas for needy veterans.

Fifty veterans have come forward to the VA about needing help during Christmas.

"We have enough to sponsor 30," Dill said. "We still need 20 more sponsors."

More veterans will be added to list before the deadline.

"When I started in this office I saw there was an incredible need of folks needing assistance throughout the months," Dill said. "If you need something January, February through November obviously you're not going to have enough during Christmas to provide for your children."

That mindset inspired Dill to try to be Santa for Black Hawk County veterans.

Last year the program helped 84 veterans and families and 257 veterans and widows in nursing homes, Dill said. It can be as extravagant as donors want it to be.

"It really depends on the sponsor, if they want to just do a few gifts or if they want to be out of control," Dill said. "We just want to make sure that veterans that want to be adopted come down here and see us by Nov. 9 and by Dec. 14 please have gifts ready for veterans."

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6.5 - WWAY (ABC-3): [Wilmington National Cemetery Suffered Minimal Damage During Hurricane Florence](#) (26 October, Jeff Rivenbark, 51k uvm; Wilmington, NC)

Despite widespread damage across the Cape Fear from Hurricane Florence, one area survived nearly unscathed.

Wilmington National Cemetery, located at 2011 Market Street, only had only two headstones damaged during the September storm.

This is surprising considering so many stately trees along Market Street came down impeding traffic for several days thereafter.

According to Steven Fezler, spokesman for Wilmington National Cemetery, the two headstones have been reordered from a contractor and will be replaced soon.

Ironically, a number of older trees throughout the cemetery were brought down by the heavy wind and rain including two large magnolias that were approximately 160 years old, a Hickory tree that was about 150 years old, and a number of younger trees.

"The way the trees and the branches fell missed hitting the headstones," Fezler said.

Considering the magnitude of Florence, Fezler added, "The amount of headstone damage was negligible."

The cemetery reopened to the public two days after the hurricane.

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6.6 - The Daily Sentinel: [VA event draws nearly 200 veterans](#) (26 October, Joe Vaccarelli, 31k uvm; Grand Junction, CO)

When Mike Moran first attended a Grand Junction Veterans Stand Down event a few years ago, he was homeless and in need of services. But shortly after that first event and with some help, he had a place to live.

"It took less than a month to get me hooked up," he said.

Now Moran helps as a volunteer so perhaps another homeless veteran can find the same help he received.

The Grand Junction Veterans Affairs Medical Center hosted its 22nd Veterans Stand Down event Friday at First Congregational Church. The event is for veterans in need and provides access to basic medical and dental services, a vision screening, and haircuts. Veterans can also get a flu shot at the event and learn about Social Security benefits, health care and job search assistance.

"This is very important," Moran said. "The veteran homeless population is quite large here."

Patrol packs, backpacks, cold-weather coats and combat boots were also available from the Department of Defense. Veterans could also sift through clothes donated by Eagle County Veterans Services Officer Pat Hammon.

Hammon attended her first Grand Junction Veterans Stand Down — one of more than 300 held around the country throughout the year — and said she was happy to contribute. The clothes she donated were left over from a recent house rummage sale.

Robin Trump, a clinical social worker at the Grand Junction VA who helped organize the event, said Veterans Stand Down is the perfect setting to engage with homeless veterans. These veterans are typically living in their car, on the street, camping or in transitional housing. The VA promotes the event through homeless coalition agencies and other organizations around town. Word of mouth in the veteran community also helps. With 193 veterans served Friday, Trump said this was the biggest Stand Down event in Grand Junction to date.

"The valley is outstanding in helping each other," Trump said. "We've already met with 10 people coming in next week to meet with an enrollment specialist."

Volunteers from Colorado Mesa University and the Patriot Guard Riders also came to help out, and lunch from Famous Dave's was donated by Joe Silzell with RE/MAX 4000 and Mickie Fischer-Rogers with Grand Valley Home Loans.

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6.7 - WTVO (FOX-39, Video): [Hundreds of vets visit downtown Rockford for Veterans' Stand Down event](#) (26 October, Brittany Toolis, 29k uvm; Rockford, IL)

Stateline veterans received a helping hand in exchange for their service to the country on Friday, from clothes to free bus rides, at the Veterans' Stand Down event.

The 'Top of Illinois Veterans' Stand Down' event brought about two hundred former servicemen and women to downtown Rockford, to the Mendelssohn Performing Arts Center, some to offer and some to receive a number of different services, from winter coats to Veterans Administration counseling, flu shots and a free meal.

"I come every year to get haircuts and stuff that benefits me, personal hygiene, stuff like that," said Larry Hudson, a U.S. Army veteran.

"There's a huge, huge need," said Ron Sodko, President of Top of Illinois Veterans' Stand Down. "Our veterans need help, and that's what we are here to do. We are, I like to call ourselves 'veterans helping veterans.'"

"Honestly, it's all valuable," said U.S. Marine Corps veteran Jimmy Harris. "I mean, I know people that can use everything, anything and everything they give."

The event is a one-stop shop for veterans to meet their physical needs, but there is another reason local veterans come back year after year.

"You get to see a lot of the vets you don't normally get to see," Harris said.

"[They come for] the camaraderie, that's something us veterans share amongst each other, is that brotherhood, sisterhood," Sodko said.

For those who couldn't make it downtown, veterans were offered free transportation from the Rockford Mass Transit District (RMTD) bus.

Organizers say it's simply a way to thank those who fought for our freedom.

"We've had some veterans that are homeless, some veterans that are just in need of assistance, and some that have no mode of transportation," Sodko said.

Lisa Brown, of RMTD, said, "[We run] three or four routes that access the Mendelssohn Club, so we are there every hour and we probably have three or four vehicles hitting it up every hour. They could come in on any one of our eighteen bus routes that come downtown, and then head over to the Mendelssohn Club."

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6.8 - KRGV (ABC-5, Video): [Valley Veteran Questioning VA Disability Claims Process](#) (25 October, Angelo Vargas, 29k uvm; Weslaco, TX)

A Rio Grande Valley veteran is questioning the Veterans Affairs disability claims process.

The Disabilities Benefits Questionnaire is a medical form that allows veterans to claim injury during their time in service.

It is meant to speed up the claims process but many say it's slowing it down and others don't know what it's for.

KRGV's Angelo Vargas spoke with Navy veteran John McCormick about the struggles of trying to submit this questionnaire.

"Actually, if you ask probably most of the veterans when they go to the VA, if you ask them what a DBQ is they're going to look at you like you've asked something out of wild space somewhere," says McCormick.

McCormick says veterans should consult with a veteran services officer at the local Disabled American Veterans non-profit organization.

Watch the video above for the full story.

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6.9 - KREX (CBS-5, Video): [Doors Open For Annual Veterans Stand Down](#) (26 October, Star Harvey, 12k uvm; Grand Junction, CO)

The Annual Veterans Stand Down event in Grand Junction is the gathering place for veterans looking for assistance in the community.

Veteran Joseph Silzell, says an event like this only helps support the men and women who have supported and fought for this country. "I feel like everybody that has served our country should be served in some way, from me, in any way that i can help," said Silzell. Close to 200 Veterans attended the Stand Down event, including a few dozen who are homeless.

"In the military a stand down was always a rearm, rest, restore and re-enter all of our equipment, and that is kind of what we do for the veteran here, try to get them rebuilt up," said Veteran Glenn White.

Inside the event there were opportunities for Veterans to receive basic medical and dental needs.

The Veterans were also given military gear to prepare for the cold weather and provided job search assistance. The Veterans Affairs Department says they won't stop here. "There are more that need to be served and that's what these events are for, is to reach out and find those people, who haven't been served, we can always do it better, that's what our goal is," said Veteran Affairs Social Worker Robin Trump.

Some vets even participated in giving gifts from their own pockets. "I came and even donated over \$1,000 of my own money for the food today, we're going to be serving over 200 vets a hot meal today, it's from Famous Dave's, so it's gonna be some good barbeque," said Silzell.

In addition to being treated with a good meal, the vets were also given free hair cuts and manicured toes.

"You never know what benefits are available to you and that's what this event is all about, you never know what's available and that's what we need to tell Veterans, what's available to them," said Trump.

93% of Vets who had been homeless in the Grand Valley are now housed. The V.A. says that they're striving for 100%. The department says this is a combined effort between them and the vets themselves.

The Veteran Affairs Department encourages veterans in the Grand Valley to visit their offices or website.

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6.10 - ConnectingVets.com (CBS Radio): [Could deck logs be the key to unlocking benefits for "Blue Water" Navy vets? Only if Congress acts](#) (26 October, Matt Saintsing, New York, NY)

Navy veteran Raymond Pierson spent a total of eight hours ashore on an island off the coast of Vietnam half a century ago. That single day grants him a presumption of exposure to Agent Orange and expands a host of VA benefits including medical treatment and disability compensation.

Pierson left the Navy in 1969 but was diagnosed with an insulin-resistant type II diabetes five years ago, despite no such family history. As the ailment continues to puzzle doctors, it's clear to Pierson the illness stems from Agent Orange exposure.

Now, he's collecting evidence to submit a VA claim. Had he not gone ashore, however, he would be ineligible for benefits, just as the nearly 90,000 so-called "Blue Water" Navy veterans, who served in ships off the coast of Vietnam and are fighting for the same presumption currently afforded to their land-based comrades. Cancer, Parkinson's disease, diabetes, and other illnesses have shown to be tied to exposure of the dioxin-riddled chemical.

A heavy rainy season, monsoons and typhoons mean anything sprayed on land during the war made its way out to sea, where Navy ships distilled water for everything from creating steam, to bathing and even drinking.

"When you read the scientific evidence for spraying of Agent Orange, they claim they didn't make it out on the water when we all know that's not true," Pierson, who is 69-years-old, tells Connecting Vets. "You're going to pick up anything in the ocean and distill it to use it for drinking water and washing clothes."

In the event the Senate passes important legislation expanding VA benefits to veterans like Pierson, he's helping others determine where exactly their ships were.

By using old USS Ponchatoula deck logs, a record of notable events near and around ships, Pierson can prove he's been as close as three nautical miles away from dry land. Between 1967 and 1969, he completed three cruises in the Western Pacific providing fuel and services to over 1,100 Navy vessels.

"Everybody aboard those ships and those same days, are all similarly and equally exposed," he says. "You have to gather the evidence."

The deck logs from his ship, he says, can be used to determine where those ships were making their claim for VA benefits a little easier if Congress sends HR 299, The Blue Water Navy Vietnam Veterans Act of 2018 to the White House. That measure would grant a presumption of exposure of Agent Orange to anyone who served inside a 12-mile distance from South Vietnam's territorial waters.

While the deck logs are available, turning them into evidence is a lengthy and expensive process.

They can be ordered through the National Archives, and some are available for free. Most of them, however, cost 80 cents per page, with the average having two-pages. Pierson says he spent \$450 collecting as many deck logs as he can over the two year period he was there.

Then, Pierson had to plot their locations using the given latitude and longitude coordinates. "It's a very complex process put back on the veterans," he adds.

In the hopes it can help others, the Blue Water Navy Association is encouraging anyone who has these logs to donate it to them. "That's what I'm going to do," says Pierson.

But all the work will be worthless unless the Senate passes the measure.

According to the Congressional Research Service, veterans "must have actually set foot on Vietnamese soil or served on a craft in its rivers" to receive VA benefits.

Congress previously approved disability treatment and compensation payments to Blue Water Navy veterans, but in 2002 the VA reinterpreted the rule and rescinded the benefits.

This legislation would restore benefits to nearly 90,000 former sailors who served off the coast of Vietnam. The House approved the measure 382-0 in June sending it to the Senate with hopes it would pass without objection.

But that changed when VA officials urged senators to reject the bill.

“We oppose this bill because the science is not there, and we depend on science,” VA undersecretary of benefits Paul Lawrence told the Senate Veterans’ Affairs Committee in August. “We care, so we keep looking.”

But while the bill is being debated in Congress, Pierson says there are countless other veterans similar to him who need help.

By passing HR. 299, Pierson says it would be an “acknowledgment that maybe you weren’t a Marine stationed in Saigon, but you were in the United States Navy offshore providing support for everyone that was on shore, and you just happened to drink some Agent Orange.”

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7. [Other](#)

7.1 - Forbes (Legal Newsline): [Cleveland, Akron Will Try To Prove Opioid Cases Without A Single Bogus Prescription](#) (25 October, 36.9M uvm; New York, NY)

Plaintiffs in bellwether trials against the opioid industry scheduled to begin next year will try to prove their cases without presenting a single example of pills that were prescribed improperly.

Lawyers for the cities of Cleveland and Akron and their surrounding counties said they will rely “solely on a theory of aggregate proof” under which experts will testify that marketing practices and lax controls over suspicious patterns of drug distribution are to blame for the opioid addiction crisis in northern Ohio.

Defendants, who range from manufacturers like Purdue Pharma to distributors and retail pharmacy chains, won an order earlier this month requiring the plaintiffs to turn over hundreds of prescriptions they regard as improper or illegal, and hundreds more examples of people who became addicted to opioids due to medically unnecessary prescriptions.

The defendants said the plaintiffs need the data – which the municipal plaintiffs possess, as large employers and operators of public medical facilities – to show a causal link between opioid sales and damages due to addiction.

But in an order late last week U.S. District Judge Dan Aaron Polster, who is overseeing more than 1,000 cases in the opioid multidistrict litigation, gave the plaintiffs a choice: They could turn over the prescription data or forgo it entirely. In a filing late Wednesday, plaintiffs chose the latter. They did say they might turn over evidence of hundreds of individuals who became addicted to prescription drugs by November 2, but not the underlying prescriptions.

By choosing to rely upon aggregate proof, the plaintiffs are betting on a trend in which judges overseeing mass tort litigation are allowing plaintiffs to skip the once-essential element of tying a specific action by a specific defendant to a specific example of harm. Instead, the plaintiffs will try to prove drug manufacturers and distributions caused the opioid crisis by a pattern of activities that collectively resulted in too many opioid pills being released into the community.

Former Mississippi Attorney General Mike Moore, now a consultant to plaintiff lawyers who hope to earn contingency fees in the opioid litigation, helped develop this approach with tobacco litigation in the 1990s. Instead of suing on behalf of smokers who were sickened by their addiction to tobacco, he sued on behalf of the state seeking compensation for smoking-related medical expenses.

"The kind of causation you show depends upon how you conceive of the legal injury," said David Noll, an associate professor at Rutgers Law School who studies class actions and mass torts. "The Mike Moore approach is to reconceive the injury in a way that allows specific causation to be shown without showing a connection between any particular bad prescription and an individual injury."

The plaintiffs said they will base their case on "misrepresentations and omissions of material fact" that led prescribers to maintain patients on excessively high doses of opioids including extended-release pills that manufacturers claimed were less susceptible to abuse. They said they "do not intend to assert, either in expert opinions or factual presentations at trial, that any specific prescription was unauthorized, medically unnecessary, ineffective, or harmful, or that the filling of any specific prescription caused or led to harm."

Filings in a lawsuit by the Cherokee Nation show how identifying specific prescriptions might hurt their case. In a motion opposing efforts by the Cherokees to have their case remanded to state court in Oklahoma, McKesson Corp. said 23% of the opioid pills it shipped into the Cherokee reservation area were purchased by the federal government and many of them were dispensed through the Indian Health Service, a division of the Department of Health and Human Services.

McKesson cited the data to support a decision by U.S. District Judge Dan Aaron Polster, who is overseeing the federal multidistrict litigation over opioids, to retain control of the Cherokee lawsuit under rules allowing cases involving actions by federal officers to be heard in federal court.

But the data also undercut claims in more than 1,200 lawsuits by counties, cities and Native American tribes that opioid manufacturers, distributors and pharmacists are to blame for shipping unreasonable numbers of pills and failing to report suspicious orders to the federal government. The federal government was McKesson's largest single customer in Cherokee country, according to prescription data.

The Cherokees tried to carve out from their complaint any allegations they suffered injuries due to pills distributed by government dispensaries, but Judge Polster rejected that in a September ruling, noting that McKesson distributed pills under the Pharmaceutical Prime Vendor program operated by the Veterans Administration. Any pills illegally diverted into the wrong hands from those orders, the judge noted, would have flowed through a federal warehouse under the control of government employees.

“The Tribes’ claims put all prescription opioids at issue and allege that diversion can occur at any point in the supply chain, including those opioids supplied pursuant to the PPV contract,” Polster wrote. “The issue here is whether McKesson’s drug distribution was performed pursuant to a federal contract, and in this case it was.”

The Cherokee Nation filings include data from the federal ARCOS database maintained by the Drug Enforcement Administration showing exactly how many pills each distributor shipped and the retail pharmacies or government dispensaries they were delivered to. Opioid plaintiffs obtained the ARCOS data under seal this summer. The Cherokees cited some of it in a public filing earlier this month.

Those data show 97 million opioid pills were shipped by McKesson and other wholesale distributors into the 14 counties comprising the Cherokee Nation area in Oklahoma in 2016, or about 96 pills per adult resident. In Cherokee County, which is entirely within the tribal area, 4.9 million pills were shipped, or 128 per adult that year. The number of pills shipped was similar across all 14 counties, ranging from 100 to 131 pills per adult.

In their complaint, the Cherokees say distributors negligently shipped opioids knowing they “were ultimately being consumed by Cherokee Nation citizens for non-medical purposes.” Pharmacists, they said, “regularly filled prescriptions in circumstances where red flags were present.” Centers for Disease Control data show the Eastern Oklahoma, where the Cherokee nation is located, has opioid prescription rates of over 100 prescriptions per 100 residents, among the highest in the nation.

McKesson, citing more granular ARCOS data still technically under seal, said it shipped 376 million opioid pills into the 14-county Cherokee Nation area between 2006 and mid-2018, with 85 million or 23% flowing through the government’s PPV system.

The PPV pills wound up in 23 facilities in the area, including a VA hospital in Muskogee and 13 IHS clinics. The percentage of pills under government control was as high as 63% in Muskogee County and federal PPV facilities comprised the largest single destination for McKesson shipments every year from 2006 to 2018, the company said.

To put the Oklahoma numbers in perspective, one academic study of 4,300 patients found they averaged 3.2-3.9 opioid tablets of varying strength a day over a 90-day period. Continued over a year, each patient would have consumed more than 1,000 pills.

The most recent public ARCOS data, released in July 2018, shows 48.9 million grams of oxycodone were distributed in 2017, with a high of 4.1 million grams in Florida, followed by 3.5 million grams in California. A gram of oxycodone translates roughly into 33 30-milligram pills.

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7.2 - Bloomberg: [Trump Plays Outsize Role in Montana’s Tightening Senate Race](#) (26 October, Erik Wasson, 21.1M uvm; New York, NY)

President Donald Trump’s ability to swing a statewide race will get one of its biggest tests in Montana.

The president has made it a personal quest to unseat Democratic Senator Jon Tester, a native Montanan and rancher who's been working his way up the state's political ladder for more than two decades.

Trump has been to the state three times on behalf of state auditor and GOP Senate candidate Matt Rosendale, who moved to Montana in 2002 and has fashioned himself as a Trump acolyte. Rosendale has been crisscrossing the state, from its snow-capped mountains to its vast cattle ranches, to tout the president's agenda -- even dressing to match Trump's red tie and dark suit when they appeared together at a recent rally.

Tester has clung to a narrow lead in polls but Rosendale's support has gradually risen, largely pulled along by Trump, who won the state by 20 points in 2016. It was the president who prompted James Warneke, 46, a delivery truck driver in the eastern Montana town of Miles City, to do something different this year when he cast an absentee ballot for the Nov. 6 election.

"I voted straight Republican; I didn't used to but I do now," Warneke said. "I support Trump and what he's doing."

Trump is trying to encourage voters to turn out in races around the country, holding more than two dozen rallies nationally in advance of the election that will determine which party controls the House and Senate. The president's power to win over independents and encourage GOP turnout could make a difference in close contests like the one in Montana, but he could also drive Democrats to the polls.

Montana has a long history of ticket-splitting, re-electing Democratic Governor Steve Bullock in 2016 on the same day it voted overwhelmingly for Trump, a tradition that should help Tester. But both sides say the rhetoric is nastier now than ever, as Trump stokes animosity among conservatives.

The president says he has intervened in the race because Tester opposed Ronny Jackson, Trump's one-time nominee to be veterans affairs secretary. The senator made public anonymous complaints about Jackson's workplace behavior -- including drinking on the job and abusive behavior toward subordinates -- that Jackson has denied. Jackson ultimately withdrew.

"I said, 'I've got to come.' What he did was unfair, what he did was vicious," Trump told a Oct. 18 rally in the liberal bastion of Missoula. "How the hell did you elect this guy?"

Trump's presence in the state has polarized voters.

"The level of animosity that I'm encountering on the phones, it's off the charts," said Mary Catherine Dunphy, 67, a Tester volunteer in Miles City.

An average of four polls since September, compiled by Real Clear Politics, shows Tester with an average lead of 4.5 percentage points.

Plaid Shirts

Tester, a plaid shirt-wearing, big-bellied farmer from Big Sandy, Montana, is countering Trump's attacks by traveling around the state talking about health care while exhibiting the folksy personality he developed as a music teacher and butcher.

Voters from both parties say Tester knows how to relate to them. He shoots gophers and raises cattle. Tester pronounces the state's name "mont-ANA," the way longtime residents do, while Rosendale, a Maryland native, says "mont-AH-na."

Tester's campaign plan involves picking off traditional Republicans from the farming, small business and veterans communities, activating union workers and rallying the university strongholds by enlisting the likes of actor Jeff Bridges, who stumped for him in a "Montana Abides" T-shirt last week.

At Little Big Horn College on the Crow reservation -- Native Americans are another key part of Tester's base -- locals feted the Democrat with a victory drum circle and prayers to protect him from Trump's attacks.

"We're going to need a record turnout in Indian country," Tester told the crowd noshing on fry bread, beans and brisket. Tribe members told stories of worsening meth addiction and joblessness.

Crow Warriors

Above him, a large mural depicted the Crow warriors who fought alongside doomed General George Custer in 1876 against Sitting Bull's Lakota tribe who were encroaching on Crow hunting grounds. Today, the tribe has a large number of veterans in need of better health care.

Tester doesn't criticize Trump on the campaign trail, focusing his fire on Rosendale.

"He wants to sell our public lands, he wants to privatize our public education system, he wants to kick people off of assistance. He claims to be a rancher but has no cows," he said at a veterans rally in the mining city of Butte.

Tester said he had a duty to veterans to bring up the Jackson allegations and that he ultimately voted for Trump's replacement nominee, Robert Wilkie.

He touts the 21 bills he sponsored that have been signed by Trump and says he has "no love" for Obamacare but wants to get cheaper premiums and cover pre-existing conditions.

The Democrat said Trump's visits haven't changed how he campaigns.

Tester quoted former Montana Governor Ted Schwinden as saying, "By the time you run a statewide campaign, you've shook hands with and looked everybody in the eye that's going to vote for you and against you."

"That's pretty cool," Tester said.

Marian Jensen, a former Silver Bow County Democratic party chairwoman, said the key to Tester's success is compromise, including being pro-gun and fiscally restrained.

"He's very good on social issues but he doesn't rub it in people's faces," she said.

'Big Small Town'

Former Democratic Montana Senator Max Baucus said the fact Tester is a native is his strongest asset.

"Montana is really one big small town," he said. "Tester is one of us, a farmer."

Tester said his support earlier this year for a partial repeal of the 2010 Dodd-Frank financial law illustrates how he differs from more liberal party leaders. He said its rules were hurting community banks.

The financial services industry has invested heavily in Tester, who serves on the Senate Banking Committee, with contributions exceeding \$1.5 million. He has raised \$17 million.

Tester said he's independent. "Who contributes to my campaign has nothing to do with what I do," he said.

Embracing Trump

On the campaign trail, Rosendale echoes core Trump themes, vowing to build a border wall and defund cities that don't cooperate with federal immigration enforcement, while backing tax cuts and deregulation. He has made his "A" rating from the National Rifle Association a major theme, and rails against Obamacare.

"I will never give up on repealing and replacing Obamacare," he said at the Missoula rally. "I will protect pre-existing conditions."

Rosendale says Tester isn't bipartisan enough, having voted against Trump's tax cuts and Supreme Court nominees.

"President Trump and all of his policies are on the line," Rosendale told the Missoula rally. "Jon Tester's been too wrong for too long."

In the final week of the campaign, Rosendale is planning an eight-city bus tour with the president's son, Donald Trump Jr. The strategy is a deliberate attempt at building a brand for a politician whose profile is much lower than Tester's previous opponents.

"Rosendale has attached himself very closely to Trump, more so than any previous campaign we've seen," said Jeremy Johnson, a political science professor at Carroll College in Helena.

Rosendale's campaign didn't respond to requests to interview the candidate.

Rosendale, whose campaign has raised \$4 million, has been able to match Tester's massive television advertising campaign with outside support from conservative groups. Among them is the anti-tax Club for Growth, which says it's spending more than \$4.5 million to back Rosendale and is seeking to cast Tester as a liberal tied to Minority Leader Chuck Schumer of New York.

"He goes home and plays up the good ol' boy in his ads but then comes back to D.C. and takes lobbyist money and votes for the Schumer agenda," said Club president David McIntosh, dismissing Tester's vote on the Dodd-Frank bill as unimportant.

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7.3 - U.S. News & World Report (AP): [The Latest: Trump Jr. Calls Tester a 'Piece of Garbage'](#) (26 October, 14M uvm; Washington, DC)

HELENA, Mont. (AP) — The Latest on Donald Trump Jr.'s campaign trip to Montana. (all times local):

7:55 p.m.

President Donald Trump's eldest son is calling Sen. Jon Tester "a piece of garbage" for the Montana Democrat's role in sinking the nomination of the president's first choice to head the U.S. Department of Veterans Affairs.

Donald Trump Jr. made his comments Friday in Helena during an eight-stop, two-day campaign trip campaigning for Tester's challenger, Republican State Auditor Matt Rosendale.

In April, Tester released allegations against VA nominee Ronny Jackson accusing him of drunken behavior, overprescribing prescription drugs and fostering a hostile work environment. Jackson denied the allegations, which are under investigation.

On Friday, the younger Trump said, "Where's the accountability to Jon Tester who did that? Because that makes you a piece of garbage in my mind."

Tester spokesman Chris Meagher said if Trump wants to talk about being out of touch with Montana, he should start with Rosendale and his "garbage record" as state auditor and a legislator.

1:45 p.m.

Republican Senate candidate Matt Rosendale is on an eight-city campaign tour through western Montana with the president's eldest son.

The tour launched Friday morning in Bozeman. It's Donald Trump Jr.'s third trip to the state in support of Rosendale's campaign to unseat Democratic Sen. Jon Tester.

Trump is traveling with his girlfriend, former Fox News personality Kimberly Guilfoyle.

After Bozeman, they planned to hold rallies in Butte, Helena and Great Falls.

On Saturday, they are traveling to Kalispell, Ronan, Missoula and Hamilton.

Meanwhile, Tester launched his own campaign tour Friday with a rally in Billings. He also planned stops Friday in Bozeman and Butte.

On Saturday, Tester will be in Great Falls to speak to the Montana Farmers Union and for a rally with Democratic U.S. House candidate Kathleen Williams.

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7.4 - The Hill: [Trump Jr. calls Tester 'a piece of garbage' at Montana rally](#) (26 October, Alexander Bolton, 11.4M uvm; Washington, DC)

HELENA, Mont. — Donald Trump Jr. blasted Sen. Jon Tester (D-Mont.) at a boisterous rally in his home state on Friday, calling him a “piece of garbage” for sinking Navy Rear Adm. Ronny Jackson’s nomination to lead the Department of Veterans Affairs earlier this year.

Trump Jr., who headlined a rally for Tester’s GOP Senate rival Matt Rosendale and Rep. Greg Gianforte (R), slammed Tester over Jackson’s failed VA nomination, saying the Democratic senator had “ruined this guy’s life” after a bitter confirmation process.

President Trump’s eldest son accused Tester, the ranking Democrat on the Senate Veterans Affairs Committee, of putting out “all sorts of baseless accusations” on the orders of Senate Democratic Leader Charles Schumer (N.Y.).

“To go after and try to assassinate with no proof, no basis, no nothing, a good man simply because my father wanted to elevate him and put him in charge of an organization,” Trump Jr. fumed. “When Jon Tester, who is this lap dog, does that, what happened?”

Trump Jr. argued that no proof of the allegations against Jackson has surfaced publicly since his nomination failed in April, adding Tester has yet to pay a political price for taking down the nominee.

“Where’s the accountability to Jon Tester who did that? Because that makes you a piece of garbage in my mind, and it should to all of you and anyone I know in this state,” Trump Jr. said.

“You have the chance to unseat someone who plays the game, he pretends he’s one thing and he does the opposite,” he added, noting that Tester was found to be the top recipient of campaign contributions from lobbyists in Congress for a time.

Tester and Rosendale are locked in a tight Senate battle, with Tester leading his GOP challenger by 4.5 points in the RealClearPolitics polling index with less than two weeks before the election.

Trump Jr. delivered the broadsides against Tester on Friday at a ranch on the outskirts of the city where an enthusiastic crowd wearing “Make America Great Again” hats and holding Trump 2020 signs filled a remodeled barn.

The enthusiastic audience greeted the president’s eldest son with loud cheers and whoops.

Men sporting camouflage hats, an elderly woman in a wheelchair and children with smartphones flocked to the stage at the end of Trump Jr.’s red-meat stump speech to pose for selfies and shake his hand.

Trump Jr. delivered similar comments earlier in the day at a rally in Butte with Robert O’Neill, the Navy SEAL who shot Osama bin Laden, remarks showing that Trump’s inner circle is still feeling raw about Jackson’s nomination.

Tester led the opposition against Jackson, who served as White House physician from 2013 to March 2018, when Trump nominated him to head the VA earlier this year.

Jackson’s nomination was torpedoed after former members of the White House medical staff came forward anonymously with a variety of serious allegations, which Tester made public in embarrassing detail.

During an interview with CNN's Anderson Cooper, Tester said "the word is" that on overseas trips Jackson would freely hand out drugs such as Ambien and Provigil, which help people fall asleep and wake up.

"These are called controlled substances for a reason," Tester said. "That's the reports we got from the twenty-some people who got a hold of us and said, 'We have a problem, this doctor has a problem, because he hands out prescriptions like candy.'"

"In fact in the White House they call him the candy man," Tester added.

Jackson eventually withdrew his nomination, but the White House is still looking for revenge over the episode.

President Trump made a similar attack against Tester when he hosted a rally for Rosendale last week.

Trump at last week's rally acknowledged that Jackson "might not have been qualified" but praised him as "a doctor at a high level" and "a man that everybody respected."

Tester also said on CNN that Jackson was allegedly drunk while on duty on overseas trip with then-President Obama.

"Adm. Jackson was the primary health-care provider for the president. If you're drunk and something happens with the president, it is very difficult to treat the president," Tester said at the time. "Multiple people told us this was the case on several different trips."

Tester said that there "were comments" about Jackson being so drunk that he wasn't able to respond to people who asked him to do things.

He also raised anonymous allegations that Jackson kissed up and kicked down.

"We were told time and time again that people above him he treated like gold and people below him he belittled," he said.

The Pentagon's Office of Inspector General opened an investigation into the allegations in June.

But Trump Jr. said Jackson never recovered and that Tester "ruined this guy's life."

"Where's the proof?" he asked.

"This is what bothered me the most," Trump Jr. said of Tester's record in Washington. "To go out there on TV and attack a good man."

"That to me is a character flaw."

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7.5 - KMGH (ABC-7, Video): [Fact-Check: GOP ad claiming Jason Crow ‘neglected’ Colorado veterans is misleading](#) (26 October, Alan Gathright and Tony Kovalski, 536k uvm; Denver, CO)

Jason Crow, the Democratic candidate for Colorado’s 6th Congressional District, is a retired U.S. Army infantry captain who served three combat tours in Iraq and Afghanistan and earned the Bronze Star. He also received a “Volunteer Lawyer of the Year” award for his advocacy for Colorado veterans.

But a Republican group’s attack ad says he “neglected” Colorado veterans and, as a trial lawyer, represented a corporate executive who stole millions from a veterans’ hospital.

The narrator of the Congressional Leadership Fund TV ad is Ned Bishop, a retired Marine who lives in the suburban Denver district.

“Veterans need a congressman who will fight for us,” Bishop says, “Jason Crow fails the test.”

“While veterans suffered from the VA scandal, Crow didn’t show up for work,” Bishop adds.

This is the second ad the Congressional Leadership Fund has used to criticize Crow’s service on the Colorado Board of Veterans Affairs, where he sat from late 2009 to early 2014. The first ad says, “While veterans suffered because of mismanagement at the VA, Jason Crow didn’t show up for work, skipping a third of the board’s meetings, neglecting veterans.”

Crow did miss more than one-third of the meetings – 17 missed out of 47 total meetings -- during his nearly five years on the board. Yet, all but three absences were excused by the board’s chairperson, according to minutes of the meetings.

“This attack is politics at its worst,” Ralph Bozella, who served as chairman of the board when Crow was on it, said in a statement. “In my tenure as chair, Jason Crow was an indispensable member of the Colorado Board of Veterans Affairs. He dutifully served veterans across the state – from his tireless efforts helping bring the new VA hospital to Aurora, to his work on the homelessness facility in Fort Lyon that served veterans. Jason was a tremendous asset in this completely volunteer role who went above and beyond to serve.”

The Congressional Leadership Fund did not respond to Denver7’s requests for its evidence supporting the ad’s claims. So, it’s unclear which “VA scandal,” the ad refers to – making veterans endure long wait-times for health care appointments or the cost-overruns and delayed completion of the new VA medical center in Aurora.

But, let’s be clear: Crow and the Colorado Board of Veterans Affairs had no role in any U.S. Department of Veterans Affairs’ scandal. The state board has no control over the federal agency.

The board is comprised of seven volunteer members, all honorably discharged military veterans. They visit communities across the state, identifying and working to resolve veterans’ challenges, ranging from mental health care to homelessness. The board also oversees the Veterans Trust Fund, which is used to improve veterans’ access to healthcare, stable housing and support services.

The ad's accusation that Crow "fails the test" when it comes to fighting for veterans ignores his years of advocacy for vets and their families.

The Denver Bar Association in 2010 named Crow "Volunteer Lawyer of the Year" for his legal advocacy and volunteer work for veterans and their families. This included serving as chairman of the Fitzsimons Veterans Hospital Oversight Committee when he worked with members of Colorado's congressional delegation to obtain funding for construction of the VA medical center.

The United Veterans Committee of Colorado gave Crow its Outstanding Service Award in 2011 for his "dedication and committed service to Colorado veterans and their families" and his "untiring efforts" to get the VA medical center completed.

Crow also donated thousands of hours in legal work to help veterans with issues like substance abuse. He received the "The Catalyst for Change" Award in 2012 for his contributions to Phoenix Multisport, which helps addicts and their families – including many veterans – recover through physical activity.

"Jason's pro bono legal work for Phoenix Multisport has been an incredible gift, allowing Phoenix to grow its programs to reach thousands more Americans nationally who are healing from addiction," the group's founder, Scott Strode, said in a statement. "His military service has also helped him advise us on how Phoenix can better engage veterans struggling with substance use disorder to begin the road to recovery."

In another ad claim, the narrator says, "As a trial lawyer, Crow represented a corporate executive who stole millions from a veterans' hospital."

This claim centers on Jonathan Saunders, the co-owner of an architectural and engineering firm, who was indicted in March 2013 by a federal grand jury in Texas for seeking to defraud the U.S. Department of Veterans Affairs out of \$2 million, according to court records.

At the time, Crow was a junior attorney working in the Denver office of Holland & Hart, a national law firm.

The day Saunders' indictment was filed, Crow was named his attorney in records for the U.S. District Court for Western Texas in San Antonio. The next day, a court clerk noted in a letter to Crow that he was not licensed to practice law in Texas.

Twelve days later, an attorney for a local law firm made an appearance as the defendant's new attorney, court records show. That attorney began filing court papers on Saunders' behalf. Crow was officially removed as Saunders' attorney 28 days after he first appeared at his attorney in court records – and nearly two years before Saunders was sentenced to one year in prison and ordered to pay \$1.5 million in restitution after pleading guilty to fraud, court records state.

A federal court clerk confirmed to Denver7 that Crow was briefly named Saunders attorney, but he was never licensed to work in Texas and never performed any court actions on behalf of the defendant.

The ad ends with the retired Marine saying, "Jason Crow neglected Colorado veterans; he doesn't get my vote."

Our findings

The Congressional Leadership Fund ad's narrator says, "While veterans suffered from the VA scandal, Crow didn't show up for work."

Let's break this down. Crow did miss more than one-third of the meetings during his nearly five years on the board. However, all but three absences were excused.

We rate that part of the claim Fact.

But the ad falsely implies that Crow's volunteer membership on a state board means he had some role in or responsibility for a scandal at the federal Department of Veterans Affairs. That's just not true.

We rate this claim Fiction.

The ad's narrator also says, "Veterans need a congressman who will fight for us. Jason Crow fails the test."

This claim ignores Crow's years of award-winning advocacy work for veterans and their families.

We rate this claim Fiction.

The ad's narrator says, "As a trial lawyer, Crow represented a corporate executive who stole millions from a veterans' hospital."

As an attorney for a Denver law firm, Crow was – for less than a month – the named attorney for a company co-owner who nearly two years later pleaded guilty to defrauding the U.S. Department of Veterans Affairs in Texas. Another law firm's attorney took over the defendant's case 12 days after Crow was named attorney. According to a federal court clerk and records, Crow was never licensed to practice law in Texas and never performed any court actions on behalf of the defendant.

The ad sponsor takes a sliver of fact and grossly exaggerates it.

We rate this claim Misleading.

The ad ends with the narrator saying, "Jason Crow neglected Colorado veterans; he doesn't get my vote." Again, saying Crow "neglected" Colorado veterans is contradicted by his years of volunteer service, including providing free legal representation, for veterans and their families.

We rate this claim Fiction.

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7.6 - WKYC (NBC-3): [Wiccans: Often misunderstood, yet more popular as new year looms](#)
(26 October, Phil Trexler, 385k uvm; Cleveland, OH)

She was born into a family with deep Catholic beliefs, with aunts and an uncle devoting their lives to serving the church.

By age 13, she broke the news to her family: Rebekah Benner found Wicca and aspired to be a witch. The reaction was not as some might expect. She was not shunned. Rather, she was encouraged to follow her heart.

"They wanted us to explore life and find a way for ourselves, so they honored it," Benner said.

Forty-five years later, she's now known as Rev. Rebekah Benner, a Wiccan high priestess, interfaith minister and a chaplain at the Veterans Administration. She performs weddings and funerals and a form of blessing for children of Wiccans.

And, yes, she's a witch.

"The people that are offended or surprised or aghast if I call myself a witch are people that I will either talk with more, or if they don't [want to talk], and they walk away, those are the people that I don't need in my life," she said. "I only hope that people will say, 'OK, that's another way of life, another way of looking at things.'"

Wicca, to many, is one of the world's most misunderstood religions.

Witches within the Wiccan world are not the cartoonish or evil characters that often come to mind from movies or TV shows.

Witches are, however, most often symbolic of the misconception that so many have about Wicca and their beliefs.

Wiccans believe in feminine and masculine spiritual deities. They believe in the gift and value of earth, air, water, spirit and fire, the very heart of life on this planet.

Yes, they cast spells, but only for good. Their mantra is to do no harm to others.

And no, they don't worship the devil. They don't even believe in Satan's existence, which they view as a creation borne from Christian beliefs.

What they do see and feel, what sustains them, is what a Wiccan values most.

"What I get out of Wicca is a sense of wonder every single second," Benner said. "I feel that I am blessed every time with the entire world. It's a blessing. It's a miracle."

While some form of pagan spiritualism dates back centuries, Wicca is a 20th century creation in Europe. It made its way to the United States in the 1960s, largely because of the efforts of Raymond Buckland, considered the father of American witchcraft.

Inside a century-old storefront in Cleveland's historic Tremont neighborhood is the Buckland Museum on West 14th Street. The museum houses Buckland's personal collection of Wiccan artifacts as well as whimsical witch-related items.

"It's just a very beautiful religion," said Jillian Slane, the museum's director.

The museum draws people from all around, and for a variety of reasons, from practicing Wiccans to the curious.

"I really like it when people come in and they have that [negative] attitude in a way because we can usually talk them through a lot of issues or preconceived ideas that they have and make them see it in a different way," Slane said.

For Toni Rotonda, a former Catholic, Wicca is a religion that she feels connected to as a woman. Wiccans view female and male deities as equals.

It was Rotonda who acquired and owns the Buckland's collection. The two were close friends. While the collection is vast, she believed its historical significance was important to retain and keep intact for future generations to see, and perhaps understand, the religion.

"For me, it represents the freedom to choose, the freedom to pray to whatever deity that I want," she said. "When I found Wicca, I found that you can pray to the Goddess and that opened up a lot for me.

"It's given me the freedom to choose what I wanted to do and not be told what I had to do."

Some studies have shown Wicca to be America's fast-growing religion with an estimated 300,000 followers. Even more are practicing in secrecy because of the stigma attached to the religion, supporters say.

Wiccans can practice their faith anywhere. Some come together in numbers to create covens and meet regularly, forming a circle outdoors for various ceremonies.

An altar is often included for the priestess, who uses a variety of items for the ceremony. A bowl of salt, for example, represents earth and incense are used to mark air.

The Wiccan pentacle, pointing to their beliefs of earth, fire, air, water and spirit, is its symbol. They celebrate eight holidays, all tied to the changing seasons of the year.

"Our sacred temple is wherever we want it to be," Rotonda said.

For Wiccans, Oct. 31 marks Samhain (pronounced Sow-en) one of the religion's most important days. Samhain commemorates the end of the harvest season and the beginning of a new year. It's also a time to commemorate the lives of friends and family who have died.

Samhain marks a fresh start, and to Wiccans like Rev. Benner, perhaps a better understanding from others.

"My hope is that really, like any religion, people will allow you to be who you are without judgment."

For anyone interested in learning more about Wicca, Benner invites the public to a Samhain ceremony Nov. 2 at 7 p.m. at the Unitarian Universalist Church of Akron, 3300 Morewood Road.

The Buckland Museum is located at 2676 W. 14th Street in Cleveland. Visit www.BucklandMuseum.org for more information.

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7.7 - Ole Miss: University Honoring Military through Warrior Week. Events organized to highlight service, recognize military (25 October, Justin Whitmore, 40k uvd; Oxford, MS)

The University of Mississippi is honoring its military veteran students, faculty and alumni during Warrior Week (Oct. 29-Nov. 3) with a series of events designed to recognize members of the armed services in the Ole Miss family.

“The University of Mississippi’s support for veterans and military families reflects our commitment to helping these important members of the Ole Miss family navigate their transition into civilian life, and it is a vital part of our institutional investment in building healthy and vibrant communities,” Chancellor Jeffrey Vitter said.

“We value our military students greatly for their service to our country, and for the leadership, life experience and maturity they bring to our campus community. As we continue making great strides in how we support our 1,400-plus military-connected students, Warrior Week is a wonderful way for the university to honor their tremendous sacrifice and service.”

The university’s mission to honor and support its student veterans does not go unnoticed by its military faculty and staff.

“Warrior Week affords the LOU community a chance to see our past, present and future veterans’ accomplishments, and to see these veterans in person that are being recognized,” Army ROTC Sgt. Anthony Douglas said. “Warrior Week reminds the university that it has its own veterans, and that the university should be proud to be affiliated with these veterans that have honorably served our country.

“Warrior Week also allows our veterans to feel welcomed, and to have their service and sacrifice recognized by their community.”

Throughout the week, a variety of events and activities will honor veterans and their service, culminating in the Nov. 3 Military Appreciation Game against South Carolina.

[...]

Ole Miss-South Carolina Football Game

The military appreciation football game between the Rebels and the South Carolina Gamecocks will kick off at 11 a.m. Nov. 3 at Vaught-Hemingway Stadium.

Notable alumni and service members will be recognized during the game, and special guest Robert Wilkie Jr., U.S. secretary of veterans affairs, will participate in the pregame coin toss alongside Jimeno.

Cadets from each branch of the ROTC will march onto the field at halftime, an experience Kelly said is awe-inspiring, especially as someone who tried to join the football team when he came to Ole Miss.

“I tried walking onto the football team, but honestly, I wasn’t good enough,” Kelly said. “But it’s a dream come true to be out on the field and look up and see all the fans in the stands.”

Throughout Warrior Week, student veterans and ROTC cadets will be featured in videos highlighting their service and achievements.

Kelly said the recognition the university shows its veterans and active military service members makes him proud to serve, and motivates his future endeavors. He is on track to graduate in May and head into active service.

“(The recognition during Warrior Week) is very nice and very humbling,” Kelly said. “It makes you feel grateful to know there are all these people serving our country, and it’s humbling just to give back.

“I’m grateful to have the opportunity to give back to my community and my country and gain some life-changing experiences.”

Before kickoff, a military flyover will soar over the stadium.

[...]

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Veterans Affairs Media Summary and News Clips

27 October 2018

1. [Top Stories](#)

1.1 - The White House: [Fighting Pain and Addiction for Veterans](#) (26 October, Sec. Robert Wilkie, 231k uvd; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die of the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

[Hyperlink to Above](#)

1.2 - Fortune (Video): ['The Greatest Idea I Think I've Ever Had.' Trump Repeatedly Boasts About a Vets Healthcare Law at Rallies. Obama Passed It in 2014](#) (26 October, Brittany Shoot, 5.8M uvm; New York, NY)

Ahead of the 2018 midterm elections, President Donald Trump has boasted about a veterans healthcare law several times at his political rallies, at one time even calling it "the greatest idea I think I've ever had." The problem with Trump's claim is that President Barack Obama passed the law in 2014.

[Hyperlink to Above](#)

1.3 - WBUR (NPR-90.9, American Homefront Project, Audio): [Veterans Often Have Long Waits For Essential Medical Equipment](#) (26 October, Carson Frame, 919k uvm; Boston, MA)

Veterans who need wheelchairs, walkers and artificial limbs may wait months before getting the equipment from the Department of Veterans Affairs. The VA says it's making progress in cutting down wait times on these requests.

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1.4 - STAT: [Font of despair: In the fierce competition for science funding, even a typeface glitch can be fatal](#) (26 October, Eric Boodman, 720k uvm; Boston, MA)

When he first saw the email, just after finishing rounds in the surgical intensive care unit, Dr. Joseph Schlesinger began to panic. A government staffer was writing to inform him that he'd made "a fatal error." Standing at the nurses' pod, surrounded by patients in various states of post-surgical woe, he wondered what he should do next.

[Hyperlink to Above](#)

1.5 - Citizen-Times: [VA's old 'Haunted House' building gets new life as recovery center](#) (26 October, John Boyle, 128k uvm; Asheville, NC)

Life had gotten pretty ugly for old Building No. 9 at the Charles George VA Medical Center. Abandoned as a nurses dorm in the 1960s, the once-stately edifice had slipped into vacancy and then outright debauchery for decades, prone to invasion by vines, rain and thrill-seeking teenagers convinced of its reputation as a haunted house.

[Hyperlink to Above](#)

1.6 - ConnectingVets.com (CBS Radio): [The unexpected and caring services for LGBT vets at the DC VA](#) (26 October, Matt Saintsing, New York, NY)

Veterans, care providers and allies came together to showcase the unique services the DC VA Medical Center and some of its partners offer at a wellness outreach and resource fair for LGBT vets on Friday. With October being both LGBT history and Health Literacy month, director of public affairs at the DC VA Gloria Hairston says the occasion is an excellent opportunity to get much-needed information about differentiated health care that can be often too hard to find.

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2. [Improving Customer Service](#)

2.1 - WTLV (NBC-12, Video): [Local carpenter and non-profit team up to build wheelchair ramp for Jacksonville Veteran](#) (26 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson served two tours in Vietnam. Decades later he is still in a fight, this time with the agency that is suppose to serve him, The Department of Veterans Affairs. Jackson said the Veterans Administration has rated him 100% disabled. He said now his service connected his injury has made him a wheelchair user. "For the rest of my life," said Jackson. "Unless I have back surgery."

[Hyperlink to Above](#)

2.2 - KTVX (ABC-4, Video): [The battle of opioid addiction for men and women in uniform](#) (26 October, Brie Jackson, 143k uvm; Salt Lake City, UT)

Opioid addiction is not just a civilian problem. Men and women in uniform are victims of the opioid epidemic, as well. This week the President signed a new law designed to help end the opioid National Health Crisis.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - The Orange County Register: [Long Beach VA hospital working to fix electrical problems that led to power outages](#) (26 October, Brian Rokos, 1.1M uvm; Santa Ana, CA)

The Veterans Administration hospital in Long Beach was suffering from power interruptions after some of the equipment that distributes electricity to the facility failed. The power outages, which began late Wednesday, Oct. 24, have mostly been patched up with the use of temporary equipment, but it is uncertain when the failed equipment will be repaired or replaced, Richard Beam, director of publicity and community affairs, said early Friday afternoon. The VA has been posting updates on its website.

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3.2 - Becker's Hospital Review: [VA rejects physician's 84-page research grant over typographic errors](#) (26 October, Harrison Cook, 296k uvm; Chicago, IL)

Joseph Schlesinger, MD, assistant professor of anesthesiology and critical care medicine at Nashville, Tenn.-based Vanderbilt University, received an email from Veteran Affairs Sept. 19, stating his 84-page grant for veteran-based research was rejected due to a typological issue, according to STAT.

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3.3 - Journal-Express: [VA group hustles to strategize as deadline nears](#) (25 October, Pat Finan, 3k uvm; Knoxville, IA)

Time is tight for leaders working to develop a local plan for the Veterans Administration campus in Knoxville. A coalition faces a Nov. 9 deadline to decide whether it will take control of cleaning up and developing the 160-acre site for housing or other purposes. Otherwise, the federal government might put its parcels up for a public sale, Knoxville City Manager Aaron Adams said.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Stars and Stripes: [Rand report reveals where military sex assaults were happening, but not why](#) (26 October, Caitlin Doornbos, 532k uvm; Washington, DC)

A Rand Corp. report requested by the Department of Defense and published last month offered a glimpse at where sexual assault was happening in the military, but experts say it failed to answer one of the most important questions: Why?

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4.2 - The Morning Call: [Troubled veterans are paired with service dogs. 'This guy's my world'](#) (26 October, Bill White, 442k uvm; Allentown, PA)

The paired veterans and dogs aren't the only ones who are being helped. Lloyd has been working with the U.S. Department of Veterans Affairs on a pilot program for Canine Connections at the Coatesville Veterans Affairs Medical Center. That program explores how Tails of Valor service dogs could interact with troubled veterans to help them reconnect with the community. A similar pilot program will begin next month at the VA Medical Center in Philadelphia.

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4.3 - Finger Lakes Times: [Write On: Midterms, Medicare & the VA](#) (26 October, Michael J. Fitzgerald, 115k uvm; Geneva, NY)

But even as McConnell surprised pundits with his candid comments, a newly published book from Cornell University Press suggests another health care pathway. "Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation's Veterans" is the latest work by award-winning health-care journalist Suzanne Gordon.

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5. [Suicide Prevention](#)

5.1 - Washington Free Beacon: [McSally Gets Endorsement From Mom of SEAL Who Committed Suicide](#) (26 October, Todd Shepherd, 1.3M uvm; Washington, DC)

Robin Andersen says she didn't go to a roundtable discussion of veterans' issues featuring Congresswoman Martha McSally with the intent of giving the Republican senate nominee a

bracelet that memorializes the life of Anderson's son, a Navy SEAL who killed himself following a long struggle with post-traumatic stress disorder.

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5.2 - The Greeneville Sun: [We Need To Eliminate Veteran Suicide](#) (26 October, Rep. Phil Roe (R-Tenn.), 15k uvm; Greeneville, TN)

The men and women in our armed forces provide an invaluable service to our nation: protecting us from danger and ensuring we can keep the freedoms we hold dear. Unfortunately, all too often when these same men and women return home from war or after separating from service, they feel left behind with nowhere to turn.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Tampa Bay Times: [In Tampa Bay, gap is widening between white and black home owners](#) (26 October, Susan Taylor Martin, 1.4M uvm; Saint Petersburg, FL)

Kelvin Jackson is pleased that the house he bought in St. Petersburg has an extra-wide driveway, big enough to park three cars. Shawna Ward likes that her new home in Largo is convenient to her job at the VA medical center and her daughter's school.

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6.2 - Military Times: [VFW: VA must fix Forever GI Bill debacle](#) (26 October, B.J. Lawrence, 471k uvm; Springfield, VA)

Over the past few weeks, the VFW has heard directly from too many veterans who have yet to receive their tuition and housing payments from the Department of Veterans Affairs for this fall semester, which student veterans rely on to pay rent and other living costs. Unfortunately, VA was not straightforward with student veterans affected by these financial hardships until the VFW called attention to it earlier this month.

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6.3 - The Augusta Chronicle: [Homeless veterans helped out at VA Stand Down](#) (26 October, Jozsef Papp, 428k uvm; Augusta, GA)

Homeless veterans were able to take advantage of different resources at the Department of Veterans Affairs' annual Stand Down on Friday. The event, held at the VA's Uptown location, is aimed to help these veterans by bringing together various agencies and community partners to provide services to them.

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6.4 - The Courier: [Black Hawk VA needs help providing Christmas for vets](#) (26 October, Thomas Nelson, 117k uvm; Waterloo, IA)

More sponsors are needed for Operation Christmas to provide needy veterans with gifts. Since 2016 the Black Hawk County Veterans Affairs Office's "Christmas for a Veteran" program has provided gifts to low income, homeless and struggling veterans. More sponsors are needed, said Kevin Dill, executive director of the Black Hawk County Veteran Affairs Commission.

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6.5 - WWAY (ABC-3): [Wilmington National Cemetery Suffered Minimal Damage During Hurricane Florence](#) (26 October, Jeff Rivenbark, 51k uvm; Wilmington, NC)

Despite widespread damage across the Cape Fear from Hurricane Florence, one area survived nearly unscathed. Wilmington National Cemetery, located at 2011 Market Street, only had only two headstones damaged during the September storm. This is surprising considering so many stately trees along Market Street came down impeding traffic for several days thereafter.

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6.6 - The Daily Sentinel: [VA event draws nearly 200 veterans](#) (26 October, Joe Vaccarelli, 31k uvm; Grand Junction, CO)

When Mike Moran first attended a Grand Junction Veterans Stand Down event a few years ago, he was homeless and in need of services. But shortly after that first event and with some help, he had a place to live. "It took less than a month to get me hooked up," he said. Now Moran helps as a volunteer so perhaps another homeless veteran can find the same help he received.

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6.7 - WTVO (FOX-39, Video): [Hundreds of vets visit downtown Rockford for Veterans' Stand Down event](#) (26 October, Brittany Toolis, 29k uvm; Rockford, IL)

Stateline veterans received a helping hand in exchange for their service to the country on Friday, from clothes to free bus rides, at the Veterans' Stand Down event. The 'Top of Illinois Veterans' Stand Down' event brought about two hundred former servicemen and women to downtown Rockford, to the Mendelssohn Performing Arts Center, some to offer and some to receive a number of different services, from winter coats to Veterans Administration counseling, flu shots and a free meal.

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6.8 - KRGV (ABC-5, Video): [Valley Veteran Questioning VA Disability Claims Process](#) (25 October, Angelo Vargas, 29k uvm; Weslaco, TX)

A Rio Grande Valley veteran is questioning the Veterans Affairs disability claims process. The Disabilities Benefits Questionnaire is a medical form that allows veterans to claim injury during their time in service. It is meant to speed up the claims process but many say it's slowing it down and others don't know what it's for.

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6.9 - KREX (CBS-5, Video): [Doors Open For Annual Veterans Stand Down](#) (26 October, Star Harvey, 12k uvm; Grand Junction, CO)

The Annual Veterans Stand Down event in Grand Junction is the gathering place for veterans looking for assistance in the community. Veteran Joseph Silzell, says an event like this only helps support the men and women who have supported and fought for this country. "I feel like everybody that has served our country should be served in some way, from me, in any way that i can help," said Silzell. Close to 200 Veterans attended the Stand Down event, including a few dozen who are homeless.

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6.10 - ConnectingVets.com (CBS Radio): [Could deck logs be the key to unlocking benefits for “Blue Water” Navy vets? Only if Congress acts](#) (26 October, Matt Saintsing, New York, NY)

Navy veteran Raymond Pierson spent a total of eight hours ashore on an island off the coast of Vietnam half a century ago. That single day grants him a presumption of exposure to Agent Orange and expands a host of VA benefits including medical treatment and disability compensation.

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7. [Other](#)

7.1 - Forbes (Legal Newsline): [Cleveland, Akron Will Try To Prove Opioid Cases Without A Single Bogus Prescription](#) (25 October, 36.9M uvm; New York, NY)

The Cherokees tried to carve out from their complaint any allegations they suffered injuries due to pills distributed by government dispensaries, but Judge Polster rejected that in a September ruling, noting that McKesson distributed pills under the Pharmaceutical Prime Vendor program operated by the Veterans Administration. Any pills illegally diverted into the wrong hands from those orders, the judge noted, would have flowed through a federal warehouse under the control of government employees.

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7.2 - Bloomberg: [Trump Plays Outsize Role in Montana's Tightening Senate Race](#) (26 October, Erik Wasson, 21.1M uvm; New York, NY)

President Donald Trump's ability to swing a statewide race will get one of its biggest tests in Montana. The president has made it a personal quest to unseat Democratic Senator Jon Tester, a native Montanan and rancher who's been working his way up the state's political ladder for more than two decades.

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7.3 - U.S. News & World Report (AP): [The Latest: Trump Jr. Calls Tester a 'Piece of Garbage'](#) (26 October, 14M uvm; Washington, DC)

President Donald Trump's eldest son is calling Sen. Jon Tester "a piece of garbage" for the Montana Democrat's role in sinking the nomination of the president's first choice to head the U.S. Department of Veterans Affairs. Donald Trump Jr. made his comments Friday in Helena during an eight-stop, two-day campaign trip campaigning for Tester's challenger, Republican State Auditor Matt Rosendale.

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7.4 - The Hill: [Trump Jr. calls Tester 'a piece of garbage' at Montana rally](#) (26 October, Alexander Bolton, 11.4M uvm; Washington, DC)

Donald Trump Jr. blasted Sen. Jon Tester (D-Mont.) at a boisterous rally in his home state on Friday, calling him a “piece of garbage” for sinking Navy Rear Adm. Ronny Jackson's nomination to lead the Department of Veterans Affairs earlier this year.

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7.5 - KMGH (ABC-7, Video): [Fact-Check: GOP ad claiming Jason Crow 'neglected' Colorado veterans is misleading](#) (26 October, Alan Gathright and Tony Kovalski, 536k uvm; Denver, CO)

Jason Crow, the Democratic candidate for Colorado's 6th Congressional District, is a retired U.S. Army infantry captain who served three combat tours in Iraq and Afghanistan and earned the Bronze Star. He also received a "Volunteer Lawyer of the Year" award for his advocacy for Colorado veterans.

[Hyperlink to Above](#)

7.6 - WKYC (NBC-3): [Wiccans: Often misunderstood, yet more popular as new year looms](#) (26 October, Phil Trexler, 385k uvm; Cleveland, OH)

Forty-five years later, she's now known as Rev. Rebekah Benner, a Wiccan high priestess, interfaith minister and a chaplain at the Veterans Administration. She performs weddings and funerals and a form of blessing for children of Wiccans. And, yes, she's a witch.

[Hyperlink to Above](#)

7.7 - Ole Miss: [University Honoring Military through Warrior Week. Events organized to highlight service, recognize military](#) (25 October, Justin Whitmore, 40k uvd; Oxford, MS)

The military appreciation football game between the Rebels and the South Carolina Gamecocks will kick off at 11 a.m. Nov. 3 at Vaught-Hemingway Stadium. Notable alumni and service members will be recognized during the game, and special guest Robert Wilkie Jr., U.S. secretary of veterans affairs, will participate in the pregame coin toss alongside Jimeno.

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1. [Top Stories](#)

1.1 - The White House: [Fighting Pain and Addiction for Veterans](#) (26 October, Sec. Robert Wilkie, 231k uvd; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die of the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

Severe pain is 40 percent more common in veterans compared to non-veterans. Nearly 60 percent of veterans who have served in the Middle East and more than 50 percent of older veterans live with some form of chronic pain.

I saw the effects of severe, chronic pain on my father when he returned from Vietnam severely wounded and still recovering after a year in military hospitals. Many veterans like my father suffer chronic pain for the rest of their lives, and the risk of suicide is particularly high among veterans and others who face chronic pain.

Fortunately, VA has taken a multi-faceted approach called the Opioid Safety Initiative to reduce the need for opioids. Since its launch, the program managed a 45 percent reduction in veteran patients receiving opioids from July 2012 to June 2018. That's more than 300,000 fewer veterans on opioids. The same program in the same months reduced veterans on long-term opioid therapy by 51 percent and veterans on high-dose opioid therapy by 66 percent.

In addition to systemwide oversight of prescribing of opioids, the initiative has brought pharmacists and prescribers together to educate one another on the problem of identifying the best treatment for each veteran in pain.

Opioids have a place among treatment options. They are powerful drugs that can be used to alleviate pain, and any reduction in their use must be done carefully. Otherwise, patients could be driven to crisis by both the effects of withdrawal and ineffective pain management.

Decisions on the use of opioids must therefore take a whole health approach to care, with the aim of not just reducing opioids but also improving functioning by patients. It takes time and attention from providers to have meaningful conversations with patients about what their life goals are, and provide education about what they can reasonably expect from treatment.

This approach uses the stepped care model based on a continuum of care and incorporating professional support and self-management through counseling and participation in groups like Narcotics Anonymous. It also includes non-pharmacological pain treatment options like stress reduction, yoga, tai chi, mindfulness, chiropractic care, nutrition, acupuncture and health coaching, which may reduce reliance on opioids without increasing pain or causing other health problems.

Virtually all VA facilities have reduced prescriptions for opioids. VA facilities in El Paso, Texas, and Fayetteville, N.C., have managed the greatest reductions, cutting rates by 71 percent in El Paso and 69 percent in Fayetteville.

Rates for other VA facilities can be viewed online since January, when VA became the first hospital system in the country to begin posting its opioid prescribing rates online, updating them twice yearly in January and July.

We expect even better management of pain medications for veterans when VA and the Department of Defense roll out their new integrated electronic health records. The new records system will give health care providers a full picture of patient medical history, enabling better treatment and better clinical outcomes. It will also help us better identify veterans at higher risk for opioid addiction and suicide, so health care providers can intervene earlier and save lives.

We have also issued the lifesaving drug Naloxone to more than 100,000 veterans to help prevent tragedies and instituted patient risk assessments for overdose and suicide, bringing the power of big-data analytics to bear through VA's Stratification Tool for Opioid Risk Mitigation, which puts predictive analytics in the hands of providers and allows effective collaboration of medical and mental care of veterans at risk.

There is still more to learn and more to do, and a national solution will require national collaboration. But President Trump has said, "We can be the generation that ends the opioid epidemic." He is right about that. We can end the epidemic, and VA is helping lead the way.

Robert Wilkie is the Secretary of Veterans Affairs. This op-ed appeared in Newsday on October 25, 2018.

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1.2 - Fortune (Video): ['The Greatest Idea I Think I've Ever Had.' Trump Repeatedly Boasts About a Vets Healthcare Law at Rallies. Obama Passed It in 2014](#) (26 October, Brittany Shoot, 5.8M uvm; New York, NY)

Ahead of the 2018 midterm elections, President Donald Trump has boasted about a veterans healthcare law several times at his political rallies, at one time even calling it "the greatest idea I think I've ever had."

The problem with Trump's claim is that President Barack Obama passed the law in 2014.

Called the Veterans Choice Program, the bipartisan measure was signed into law by President Obama on August 7, 2014. The groundbreaking legislation was well-documented by the news media, of course, in no small part because the \$16.3 billion bill was specifically designed to help overhaul the Department of Veterans Affairs. Throughout 2014 and well before that year, the VA was plagued with criticisms about everything from long wait times for basic health care and services to the manipulation of records.

It's true that since taking office, Trump has continued the program that Obama initiated. President Trump also expanded the Veterans Choice Program by signing the bipartisan VA MISSION Act, which funded Veterans Choice for another year until it can be consolidated with existing care systems to create one cohesive program.

But Trump's claims at his rallies, ranging from boasts that the Veterans Choice Program was his idea to claiming that passing the legislation was something no other president was able to do, are incorrect.

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1.3 - WBUR (NPR-90.9, American Homefront Project, Audio): [Veterans Often Have Long Waits For Essential Medical Equipment](#) (26 October, Carson Frame, 919k uvm; Boston, MA)

Veterans who need wheelchairs, walkers and artificial limbs may wait months before getting the equipment from the Department of Veterans Affairs. The VA says it's making progress in cutting down wait times on these requests.

Texas Public Radio's Carson Frame (@carson_frame) reports.

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1.4 - STAT: [Font of despair: In the fierce competition for science funding, even a typeface glitch can be fatal](#) (26 October, Eric Boodman, 720k uvm; Boston, MA)

When he first saw the email, just after finishing rounds in the surgical intensive care unit, Dr. Joseph Schlesinger began to panic. A government staffer was writing to inform him that he'd made "a fatal error."

Standing at the nurses' pod, surrounded by patients in various states of post-surgical woe, he wondered what he should do next. Life-sustaining machines whirled around him, residents discussed prognoses — but he heard nothing. "It was like I was in a vacuum," said Schlesinger, an assistant professor of anesthesiology and critical care medicine at Vanderbilt University and a staff physician at the Veterans Affairs medical center in Nashville. None of the cases in front of him needed his immediate attention, and so he left to address the crisis in his inbox.

His "fatal error" was not medical but typographical. A week before, he had submitted an 84-page grant application to the Department of Veterans Affairs. It had taken him months to write, late nights of work before early mornings in the operating room. Now, it turned out, all of that toil had been wasted — because of a problem with fonts.

"Unfortunately, this application used a non-approved font typeface and point size in the Research Plan, which is a fatal error," the VA staffer wrote on Sept. 19, "and therefore has been withdrawn from review."

But Schlesinger is certain he never used the prohibited lettering, and he's delved into the arcana of graphic design to prove it. What he found was evidence of a technological glitch — and he is incensed that something so piddling should stall his own research and that of others.

VA officials retort that rules are rules, and that their 130 pages of guidelines, intended to promote fairness, include a warning about this computer-generated gaffe. The agency's Rehabilitation Research and Development Service even has ruler-wielding enforcers, who've

unmasked and thrown out eight poorly formatted submissions of the 346 they've received this year.

The issue has arisen before. In 2015, in response to a paleontologist's post-rejection rage, the United Kingdom's Natural Environment Research Council released a statement saying it tossed out "just" 4 percent of submissions based on font. Last year, after colleges lost millions in federal grants over typeface mistakes, members of Congress stepped in, and Education Secretary Betsy DeVos forbade withholding funds over such trivialities.

Grants are the lifeblood of science. Researchers are as much grant-getters as they are experiment-designers, the way truckers can't drive without thinking about fuel. To those experienced in requesting cash from both the VA and the National Institutes of Health, rejection on the basis of margin or serif, if not the most pressing problem in biomedical research, is unsurprising and frustrating.

"Happens all the time," said Jake Seliger, principal at Seliger + Associates Grant Writing Services, of applications thrown out for reasons of formatting. "This is part of the reason we have a business, because part of grant-writing is following every instruction, no matter how absurd-seeming it may be."

"We have had our share of these glitches here at VA Boston," Terence Keane, associate chief of staff for research and development at VA Boston Healthcare System, wrote in an email. "No one is ever happy when they make a silly error."

At first, Schlesinger thought he had in fact made an error, somehow both silly and fatal at once. He rushed to his office from the ICU to check. He opened his word processor, clicked down his Research Plan line by line. It was all 11-point Helvetica. Like an ecologist sampling for forest diversity, he plunked his cursor down at different points in every paragraph, highlighting here and there. Still, all he found was 11-point Helvetica. He even printed it out, and used a ruler to measure the number of characters per horizontal inch and the spacing of his lines. By the VA's rules, he said, everything should have been fine.

In the hundreds of millions of dollars allocated to VA research every year, the \$200,000 he was asking for seem inconsequential — but that amount is what would have allowed him to study collaborative songwriting as a way of improving veterans' PTSD symptoms. He had already submitted the proposal once, after five months of preparation, and received encouraging comments from reviewers. This time, he'd taken that feedback into account and submitted it again. "When it gets rejected at the administrative level, that's where it ends," he said. "They don't even send it out to the reviewers. The reviewers may not even know I sent it in for resubmission."

Now, he raced up three flights of stairs to see Russ Beebe, who had tools more powerful than a ruler and the naked eye to figure out what had gone wrong. Beebe had spent decades working in graphic design — at newspapers, ad agencies, print shops — and he helps Vanderbilt researchers format the images in their grant applications.

Graphic designers, before sending out a document, will often do what's known as a preflight analysis — a kind of computerized quality control that searches out issues in the thickness of hairlines and the bleeding of images — and that is what Beebe did post-hoc for Schlesinger. The problem popped up immediately. The government website requires submissions in PDF format, and in the conversion from Microsoft Word, some bits had been automatically modulated

from Helvetica to Arial, and downsized by a few decimal points. That was why, as VA staffers had noted, certain sections had exceeded “the 15 characters per horizontal inch and 6 lines per vertical inch allowed.”

How, you might wonder, did the agency pick up on such a minute change? Patricia Dorn, the VA director of Rehabilitation R&D, who withdrew Schlesinger’s application, told STAT that each intake officer has a keen eye for any suspicious-looking margins or uncanny fonts.

“They convert it back into Word, and ... they see the font type and the font size, and then they print the page, which is what we asked people to do,” she said. “They literally get a ruler out and do character counts and they do line counts.”

Schlesinger said he did, in fact, print off a page from each section of his PDF, as the instructions suggest, but the differences in font were indistinguishable to his eye. Dorn insisted that any researcher who doesn’t have her staff’s acuity for marginal irregularities should ask her office for help.

“It’s tragic when an application doesn’t go to panel, I’m not going to say it isn’t, but I’m also going to say we have these rules and guidelines and very specific parameters that I feel I have to uphold for everybody in the system,” said Dorn. “I’m not saying that because I’m some crazy rule freak. It’s a competitive process.”

She emphasized that her typeface decisions are about fairness, so that no one researcher gets more space than any other. Because of the way those rules are enforced, sometimes an accidental smaller font size gets penalized even if a researcher’s application may not actually contain more material than it would have with the right lettering.

Whether you find it reassuring or dismaying that there are government officers measuring letters and lines with rulers depends on your point of view. For Schlesinger, the drama over his “fatal error” was deeply upsetting — though he plans to resubmit at the next deadline, with some preflight help from Beebe.

“When you have physicians leave the VA, it’s because of these types of issues thematically. The bureaucratic issues burn us out at the VA,” said Schlesinger. “I’ve decided to continue to work at the VA, but I did talk to my boss about cutting down on my time at the VA out of sheer frustration. Ultimately, it hurts the vets, and it’s not their fault, they deserve excellent health care. We just want to provide that care, we want to provide great science and discovery, and issues like this stall it.”

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1.5 - Citizen-Times: [VA’s old 'Haunted House' building gets new life as recovery center](#) (26 October, John Boyle, 128k uvm; Asheville, NC)

Life had gotten pretty ugly for old Building No. 9 at the Charles George VA Medical Center.

Abandoned as a nurses dorm in the 1960s, the once-stately edifice had slipped into vacancy and then outright debauchery for decades, prone to invasion by vines, rain and thrill-seeking teenagers convinced of its reputation as a haunted house.

That sad history makes its transformation all the more stunning. Despite cold, rainy weather Friday, VA officials were ebullient as they officially revealed the \$9.2 million renovation of the building, which will now be the Veterans Hope and Recovery Center, part of the VA's Outpatient Mental Health Clinic.

Each year, more than 8,000 veterans living in Western North Carolina receive mental health care services through the VA, and many of them will now receive counseling and other services in this beautifully preserved three-story building.

Ron Kennedy, a peer support specialist who's worked at the VA for five years, is also an army veteran who's used the hospital's facilities for decades. He works on the second floor of Building 9 now and says the difference between current offerings and those from past decades is, much like the building's renovation, a stark contrast.

"I can remember coming out here 15 years ago, and when I walked into the mental health clinic, you just didn't really know what to expect — it had almost that aura of you felt just as depressed coming in as you did coming out," Kennedy said. "Now you come in and everything is bright, and the staff and the providers are very friendly and welcoming. It's just been a great transformation."

A colorful history

On the west side of the VA's sprawling property in East Asheville, the Colonial revival-style Building 9 served as a nurses dormitory from 1930-1967. Once the nurses left, the building slowly deteriorated, ending up as a bit of eyesore surrounded by a chain link fence.

In its decline, it became notorious as a possibly haunted location.

Former Charles George VA Medical Center Director Cynthia Breyfogle, now the director of the VA MidSouth Healthcare Network, spoke at the ceremony and had some fun with that colorful history.

"Building 9 really is the epitome of a comeback story, and everybody loves a comeback story," Breyfogle said. "In 1930, Building 9 was a beautiful Colonial revival nursing dormitory filled with young women with a passion for healing. In 1967, the nurses moved out, and the building slowly and inevitably decayed."

"Over the years, many things occurred, which I can neither confirm nor deny," Breyfogle continued, drawing laughter.

She mentioned that the building might have been the main character in some ghost stories and was sought out by historians, paranormal investigators and a few horror film directors, not to mention many a local thrill seeker. It also was well known as the local Jaycees haunted house around Halloween.

"It could have been a local party house for some of the fine, upstanding youth of Asheville," Breyfogle said. "We just don't know, but again there were many uses for the building."

She also noted that by 2015, nature had reclaimed Building 9 and it was condemned. Breyfogle and her team, assisted by state preservationists, decided to renovate the building rather than demolish it.

Construction began in 2016. The project was a collaboration between the North Carolina Department of Natural and Cultural Resources, federal contracting officials and local VA facility management.

The N.C. Natural and Cultural Resources department is housed in Building 9's twin, right next door, the former dorm for African-American nurses.

"We are right now standing in the heart of the Oteen VA Hospital historic district, which was listed in the National Register of Historic Places in 1985," said Jennifer Cathey, who works with Natural and Cultural Resources Department. "When it was first developed, this campus was a showplace of the Colonial revival and Georgian revival styles, with hospital wards, dormitories, staff housing and administration buildings linked together by sidewalks and covered walkways throughout a landscaped, park-like setting."

The rehabilitation project captures "some of that old VA flavor while instituting medical services for the modern era," she said, noting that the rehabilitation preserved the exterior of the building and many authentic touches on the interior.

"This building was built to last, and it will serve those who have served our country for years to come," Cathey said.

The restoration effort garnered two awards, the 2018 Griffin Award for Adaptive Reuse, awarded by The Preservation Society of Asheville and Buncombe County, and the 2018 Gertrude S. Carraway Award of Merit, awarded by Preservation North Carolina.

A century of service

Friday's unveiling comes at a key moment for the Charles George VA, as it is celebrating 100 years of service.

U.S. Army General Hospital No. 19 opened in 1918 in Asheville to serve soldiers training for World War I.

"Colonel Henry Hoagland named U.S. General Hospital No. 19 'Oteen,' which is an American Indian word meaning 'chief aim,' as it was the chief aim of every patient who walked through these doors to get well," said current Charles George Director Stephanie Young. "Fast forward 100 years to today, and we can proudly say, Oteen has not changed its mission, nor has it changed its chief aim."

The dedication ceremony also featured a traditional dance by three members of the Eastern Band of Cherokee Indians, Sonny Ledford, Mike Crowe, and Jarrett Wildcat. Ledford noted that the VA land, along with some 160,000 square miles spanning nine states, once belonged to the Cherokee.

He also noted that many Cherokee has served in the United States armed forces, including three of his relatives.

"So I understand how they need help, and I know how they suffer when they come back," Ledford said, acknowledging that Building 9 will be part of that healing.

The local VA is named for Charles George, a member of the Eastern Band of the Cherokee who was awarded the Medal of Honor for throwing himself on a live grenade to save his army platoon during combat in the Korean War. The thread of his life as a warrior was carried on by Ledford and his companions Friday.

"A lot of people think the Cherokee have faded, that we've lost our culture," Ledford told the crowd gathered under a large tent. "We're holding onto it more now than ever."

Breyfogle also congratulated the local VA for making it to 100 years, and for preserving a key piece of its history.

"I'm also pleased to see this once haunted house restored to its former glory and usefulness," Breyfogle said. "Truly this place will promote healing and well-being for many, many years to come."

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1.6 - ConnectingVets.com (CBS Radio): [The unexpected and caring services for LGBT vets at the DC VA](#) (26 October, Matt Saintsing, New York, NY)

Veterans, care providers and allies came together to showcase the unique services the DC VA Medical Center and some of its partners offer at a wellness outreach and resource fair for LGBT vets on Friday.

With October being both LGBT history and Health Literacy month, director of public affairs at the DC VA Gloria Hairston says the occasion is an excellent opportunity to get much-needed information about differentiated health care that can be often too hard to find.

"We are the one health care system dedicated to caring for veterans, that's all we do every day, 24-hours a day," says Hairston. "We are committed to providing safe, quality health care to everyone, including our LGBT community."

The VA in the nation's capital stands out offering a bi-weekly psychotherapy support group that aims to build community, strengthens self-acceptance and helps to develop coping strategies to the struggles LGBT veterans face.

"We do a telephone or in-person screening that's very brief and then after that folks are welcome to drop in whenever they're available," says Dr. Stephanie Guedj, a psychologist with the DC VA.

"It's a very warm, supportive environment for other veterans who are LGBT identified."

Dr. Kathryn Wagner, also a psychologist, began the support group and says some mental health conditions are over-represented in the LGBT veteran community.

"Because of being LGBT in the military, and because of 'don't ask don't tell' they weren't able to come out, there are definitely higher rates of depression, anxiety, PTSD and substance abuse," she says.

But not all the services are related to hospital care. Also in attendance was Wigs Plus, a Washington, D.C. based company that focuses exclusively on hair loss services for veterans.

Working directly with VA clinics nationwide, Wigs Plus is also in Georgia, North Carolina, Arizona, and California offering everything from wigs, to other prosthetics for women and transgender veterans.

"This is one service veterans really appreciate at VA," says Leslie Williams a founder of Wigs Plus.

Representatives from the Women's Health Clinic were also the event. Shana Balogun, a registered nurse and maternity care coordinator says the VA applies a holistic approach to care offering endocrinology, gynecology and fertility services.

"The only thing we don't have is obstetricians, so we can't deliver babies, but we do have maternity care and do prenatal counseling," says Balogun.

If interested, veterans can call the Women Veterans program manager at (202) 745-8345.

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2. Improving Customer Service

2.1 - WTLV (NBC-12, Video): [Local carpenter and non-profit team up to build wheelchair ramp for Jacksonville Veteran](#) (26 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson served two tours in Vietnam. Decades later he is still in a fight, this time with the agency that is suppose to serve him, The Department of Veterans Affairs.

Jackson said the Veterans Administration has rated him 100% disabled. He said now his service connected his injury has made him a wheelchair user.

"For the rest of my life," said Jackson. "Unless I have back surgery."

Jackson told On Your Side in August the VA promised to modify his West Jacksonville home to get it ready for his wheelchair use.

"The VA promised me that they would build ramps," he said.

But in September he received disappointing news about the project.

"The request never went through," said Jackson.

We don't know why, but Ben Wood, a Jacksonville professional Carpenter, is going to build the ramp.

"We will be doing everything to code and all ADA regulations," said Wood.

Wood is a member of the Florida Carpenters Regional Council, local 702. He heard of Jackson's need and decided to step up.

"We've gotten to a place where something this simple has gotten so difficult to do for someone who has given so much to our country," he said.

Wood, who also volunteers for Hart Felt Ministries, said he'll team up with the non-profit Builder's Care, as he has done before.

Justin Brown is the director of Builder's Care.

"We will send out construction manager out there to survey the scene see how much wood we need to get," said Brown. "This is what we do."

The project could be done as early as next weekend.

"My doctors here tell me they're not going to let me go home until I am safe," said Jackson.

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2.2 - KTVX (ABC-4, Video): [The battle of opioid addiction for men and women in uniform](#)
(26 October, Brie Jackson, 143k uvm; Salt Lake City, UT)

WASHINGTON D.C. (ABC4 News) - Opioid addiction is not just a civilian problem. Men and women in uniform are victims of the opioid epidemic, as well. This week the President signed a new law designed to help end the opioid National Health Crisis.

Trump's signature on the "Support For Patients And Communities Act" provides much-needed ammunition to battle the opioid epidemic.

The new law will spend billions on new federal programs including increased support for military veterans and those on the front lines.

North Carolina Congressman Richard Hudson says prevention is a critical step toward helping opioid addicted service members and veterans.

"Particularly in DOD hospitals and the VA. We've had big problems in the VA where in the past opioids were overprescribed," said Hudson.

Addiction is a very complicated issue. It's going to take a comprehensive approach.

The Support Act is one of many ways federal leaders plan to combat the crisis. The Department of Veterans Affairs boosted its efforts to limit opioid prescriptions and use alternatives for pain relief.

Hudson says there are efforts underway to also improve access to treatment.

"A lot of cases like in Fayetteville we are contracting out to private treatment facilities to try to get the beds we need to our veterans," he said.

Lawmakers say the fight isn't over but they are committed to making sure those who served our country have the resources they need.

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3. Business Transformation

3.1 - The Orange County Register: [Long Beach VA hospital working to fix electrical problems that led to power outages](#) (26 October, Brian Rokos, 1.1M uvm; Santa Ana, CA)

The Veterans Administration hospital in Long Beach was suffering from power interruptions after some of the equipment that distributes electricity to the facility failed.

The power outages, which began late Wednesday, Oct. 24, have mostly been patched up with the use of temporary equipment, but it is uncertain when the failed equipment will be repaired or replaced, Richard Beam, director of publicity and community affairs, said early Friday afternoon.

The VA has been posting updates on its website.

About the same time, nearby underground Southern California Edison equipment failed, but it was unclear whether the two problems were related.

The outages prompted officials to postpone some elective surgeries at first and outpatient visits. Phone calls are being made to reschedule those.

Beam urged patients to monitor the VA website and Facebook page for updates. The outages are affecting the phone system, but the switchboard operator has some information and can be reached at 562-826-8000.

The hospital, known as Tibor Rubin VA Medical Center, is at 5901 E. 7th St. and serves 58,000 veterans in Los Angeles and Orange counties.

The distribution equipment failed at several locations and forced officials to use emergency power beginning Wednesday night, Beam said. Workers examined the problem overnight and into Thursday morning, when they decided to plug in external generators to get off emergency power.

While some elective surgeries were postponed, they all resumed within 24 hours. The outpatient services and administrative areas were most affected, Beam said.

The facility was at 85 to 90 percent power, Beam said. They hope to be at 100 percent through the use of the generators in 12 to 24 hours, Beam said about 12:30 p.m. Friday.

Edison spokeswoman Susan Cox said Friday that underground equipment at 7th and Bellflower Boulevard – two streets that border the VA – was reported damaged about 2:10 a.m. Thursday, affecting 1,355 customers. That equipment was repaired by 5:45 p.m. Thursday.

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3.2 - Becker's Hospital Review: [VA rejects physician's 84-page research grant over typographic errors](#) (26 October, Harrison Cook, 296k uvm; Chicago, IL)

Joseph Schlesinger, MD, assistant professor of anesthesiology and critical care medicine at Nashville, Tenn.-based Vanderbilt University, received an email from Veteran Affairs Sept. 19, stating his 84-page grant for veteran-based research was rejected due to a typographical issue, according to STAT.

Here are five things to know:

1. Dr. Schlesinger is also a physician for the Veterans Affairs hospital in Nashville and wrote a proposal for a \$200,000 grant to research how collaborative songwriting can help veterans with post-traumatic stress disorder. Dr. Schlesinger said he printed out his application in 11-point Helvetica font and measured the number of characters per horizontal line with a ruler to ensure the grant followed the VA's application guidelines.

2. However, he ultimately received a rejection email from the VA, which read, "Unfortunately, this application used a non-approved font typeface and point size in the research plan, which is a fatal error and therefore has been withdrawn from review," according to STAT.

"When it gets rejected at the administrative level, that's where it ends," Dr. Seliger told STAT. "They don't even send it out to the reviewers. The reviewers may not even know I sent it in for resubmission."

3. The VA's application portal requires grants to be submitted as PDFs. Dr. Schlesinger later learned some parts of his application were automatically changed from Helvetica to Arial, when converting the document, which changed the font size by a few points. This is why VA employees noted portions of the application exceeded the "15 characters per horizontal inch and 6 lines per vertical inch" format, according to STAT.

4. VA officials said their grant application rules are intended to promote fairness. No applicant will receive extra space or words over another applicant. The VA's Rehabilitation Research and Development Service prints out research applications to check the number of lines and characters within each application. In the last grant application period, the department threw out eight proposals due to typographical errors.

"Happens all the time," Jake Seliger, a principal at Seliger and Associates Grant Writing Services, told STAT. "This is part of the reason we have a business, because part of grant writing is following every instruction, no matter how absurd-seeming it may be."

5. Dr. Schlesinger said these types of administrative issues contribute to burnout among VA physicians.

"When you have physicians leave the VA, it's because of these types of issues thematically. The bureaucratic issues burn us out at the VA," Dr. Schlesinger told STAT. "I've decided to continue to work at the VA, but I did talk to my boss about cutting down on my time at the VA out of sheer frustration. Ultimately, it hurts the vets, and it's not their fault, they deserve excellent healthcare. We just want to provide that care, we want to provide great science and discovery, and issues like this stall it."

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3.3 - Journal-Express: [VA group hustles to strategize as deadline nears](#) (25 October, Pat Finan, 3k uvm; Knoxville, IA)

Time is tight for leaders working to develop a local plan for the Veterans Administration campus in Knoxville. A coalition faces a Nov. 9 deadline to decide whether it will take control of cleaning up and developing the 160-acre site for housing or other purposes. Otherwise, the federal government might put its parcels up for a public sale, Knoxville City Manager Aaron Adams said.

"We're getting down to the 11th hour and there's nobody coming in to swoop in and rescue this thing," Adams said. He and other local leaders believe that the federal government has left Knoxville holding the bag on what once was the town's biggest employer, he said. A group of local government and business leaders is trying to decide what it can do and how it might pay for it, he said.

"It really does come down to us," he said. "Do we go forward or do we let it slide? Are we willing to try and find that money and try to make something positive happen out of this?"

"Or do we just cross our fingers and hope for the best?"

Not counting on feds

Adams said that nobody can compel the federal government to do anything. The Government Services Administration, the agency that controls the campus, wants to shed it however it can, he said.

"We don't feel there's any desire, any effort, to make this right," Adams said. "They have left and let things deteriorate to a point where the campus is no longer viable in any meaningful way.

"We're left with something of negative value, with a deadbeat owner. They're tired of putting money into it to even cut grass. They will do whatever it takes to rid themselves of this property, regardless of the consequences for our community."

Adams and the city have convened a group that could take matters into local hands. They've invited leaders from Marion County government, the Knoxville Community School District, the county fair board and the Knoxville Economic Development Corporation to the table. They don't need money in hand or a bulletproof plan by Nov. 9, he said. They just need to step up or step away.

What's needed most

Knoxville and Marion County have great needs to house the area's growing workforce, Adams said.

"It's the city's biggest challenge," he said. "We are in a good spot in a lot of ways with regards to our major employers expanding their businesses and adding employment. But we always need to ask where these people will live. Where will you draw them from?"

Employees who live more than 30 miles away might take jobs closer to home, he said.

“People are keeping one eye on job openings closer to home and always having one foot out the door,” Adams said. “We’d like to have people closer to our employers.”

The coalition is exploring ways to turn a site with a negative value into something that could someday generate tax revenue. Luring industries to the site is one option, but that would further strain an already tight housing stock, Adams said. And while the GSA would be required to give priority to agencies that serve the homeless, its unlikely that any group could afford to build facilities at the site, he said.

“Those buildings are not in good shape,” Adams said. “It wouldn’t be our expectation that we would save any of those structures.”

One option is to use tax increment financing to develop the site one bite at a time, he said. The city could take on debt to demolish buildings and clean up a portion of the campus, developers could build homes, and those homes would generate taxes that would pay back the debt, he said.

Leaders aren’t thinking alone, Adams said. The city wants to work with two regular partners — Snyder & Associates and 571 Polson Developments, to assess the site’s infrastructure needs, potential design and costs. They need to think quickly.

“This isn’t an easy decision,” he said, “but at the same time, that’s the future of Knoxville.”

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Stars and Stripes: [Rand report reveals where military sex assaults were happening, but not why](#) (26 October, Caitlin Doornbos, 532k uvm; Washington, DC)

A Rand Corp. report requested by the Department of Defense and published last month offered a glimpse at where sexual assault was happening in the military, but experts say it failed to answer one of the most important questions: Why?

Of the four military branches studied, the Navy had the installations with the greatest risks of sexual assault. It was the only service to have installations with more than a 15 percent risk of sexual assault on women, with Naval Support Activity Charleston in South Carolina topping the list with 17.1 percent of female servicemembers reporting they’d experienced a sexual assault in fiscal year 2014.

“Our model estimates that more than one in six women assigned to duty at that installation were sexually assaulted in FY 2014,” the report said.

On average, men in the Navy were more likely to be sexually assaulted than those in other military branches. The Navy had the highest average sexual-assault risk for men — 1.5 percent — on installations studied servicewide, according to the report.

The Marine Corps had the highest average risk for women — about 8 percent overall — while the Navy came in second with about 7 percent risk.

Across all services, men and women in the Air Force had the lowest risk of sexual assault, according to the study.

Rand's authors wrote in the report that they could not definitively identify "what it is about these duty assignments that leads to their association with the highest risk of sexual assault" based on the data.

In an official statement to Stars and Stripes, the Navy said the report's "information will be vital to us in determining where and how to target training, prevention and response resources."

"The Navy has further engaged with Rand to help us take a closer look at the conclusions of this report by conducting follow-on projects to provide more actionable information about where sexual assault risk is highest and lowest in the Navy," the statement said.

But information about where sexual assaults are happening is not enough. The Navy said it will work to understand what is causing numbers to be higher in certain regions.

"We take sexual assault seriously and specifically want to understand the 'why' presented by the data," the official Navy statement said. "Identifying protective and risk factors is essential to mitigating the risk of sexual assault for our sailors."

Patterns emerge

Some patterns in the report data could point to better understanding of the causes.

Authors said the correlation between ships and sexual assault was "the clearest pattern of high risk we recognize." All but one of the Navy's 15 installations with the highest risk of sexual assault for men were ships or clusters of ships; for female sailors, 13 of the 15 were ships "including eight of the [Navy's] 10 aircraft carriers," according to the report.

"Ships dominate the highest-risk installations," the report said. "Our model estimates that more than 10 percent of all women experienced a sexual assault at each of these high-risk installations over a one-year period, and more than 15 percent of all women were assaulted at two of them."

Because "it is not just one or two ships that top the Navy's lists" of sexual-assault risk, "there may be something about assignment to ships that elevates risk for women and men," the report said.

Vessels not at sea also had high instances of sexual assault. The USS Abraham Lincoln ranked among installations across all branches with the highest risk of sexual assault for women in 2014 while it was out of rotation for maintenance, according to the report.

The phenomenon may serve as evidence that ships' high sexual-assault risks are "not exclusively due to life at sea or the cycles of shore leave experienced by deployed sailors," the report said.

Combat roles

Another pattern in the data: Many of the installations with the highest rates of sexual assault were home to combat units — including Navy ships, according to the report.

The trend appeared across all branches, with “the highest-risk list” for men in the Army including “many installations with a more prominent combat unit presence.”

“U.S. Pacific Fleet, U.S. Fleet Forces Command, U.S. Forces Command, Pacific Air Forces and others with direct combat roles were among the commands with the highest total and command-specific risk,” the report said.

The data follows a trend noticed in a 2012 anonymous survey by the Department of Veterans Affairs that found about half of all women deployed to Afghanistan reported being sexually harassed, and about one in four said they’d been sexually assaulted.

While the report’s data does not explicitly show what caused the identified patterns, its authors offered a few theories.

The report said that the inflation of sexual assault among combat units could have to do with a “mindset, ethos or culture common to combat units that is associated with sexual assault risk.” Another factor could be that combat units have more enlisted servicemembers than officers and have “a smaller proportion of civilians” as compared to other commands, the report said.

The Rand authors also noted that installations with combat units have more personnel living on base or on a ship than noncombat operations “with a greater proportion of support,” the report said.

Col. Don Christensen, retired chief prosecutor of the Air Force and president of Protect Our Defenders — a group that provides legal assistance and advocacy for military sexual-assault victims — said there could be myriad reasons why combat units have higher instances of sexual assault.

“You have people away and in a dangerous situation; I could see how people in that situation are less concerned about rules and to see an increase sexual assault,” Christensen said.

Data from the Rand study suggesting a strong correlation between reports of sexual harassment and reports of sexual assault may shed some insight, he said.

“We know from that data that in a combat environment ... women definitely are subjected to more sexual harassment and sexual assault,” Christensen said. “The data’s really strong that if you have a [group] that views women as less than equal, someone who’s OK to harass ... it leads to an environment that is more accepting of sexual assault.”

Christensen said understanding the reason behind higher sexual assaults in combat environments could lead to solutions – but that would take further study.

“I don’t think anyone’s ever looked at why, which is a problem,” he said.

Consistencies as clues

Another pattern noted was the consistency of the installations on the highest- or lowest-risk lists for both men and women in three of the four branches studied. Across the Navy, Air Force and Army, installations with high and low risk levels largely matched between the genders.

“These observations suggest that some of the same installation characteristics associated with risk of sexual assault for women are also associated with risk for men,” the Rand report said.

It also said consistencies among some locations and types of commands could suggest characteristics that factor into the likelihood of sexual assault. For example, servicemembers assigned to commands with typically smaller officer-to-enlisted ratios and higher-ranking personnel — such as medical centers and those working in the Washington area — were less likely to experience sexual assault, according to the report.

“Much of this association can be explained by the individual characteristics of the personnel assigned to these locations,” the report said.

But without more detailed information on the installations — such as “particular units, occupations, locations, missions, activities or other characteristics” — the report’s authors could not definitively pinpoint reasons for the patterns.

In the summary of their findings, the authors said the study was conducted as a “proof-of-concept,” and the data they analyzed was not broken down into more specific subgroups. They suggested further research and sorting of subgroups of personnel will enable better targeted “training, prevention and response resources.”

“We did not explore the full array of alternative clusterings of personnel that might be especially revealing of the nature and distribution of risk,” the report said. “For instance, more useful than the high-level commands we examined ... might be their subordinate commands.”

In continuing work with the Navy, the study’s authors are to retooling their approach to examining risk on Navy ships to more closely identify factors associated with sexual assault. For example, rather than clustering ships by ZIP code as they did in the September study, “the ships might be clustered by ship class, home port, strike group, mission type or port call.”

‘Eye-opening’ numbers

Sexual-assault reports have climbed almost every year since the study was conducted in 2014 — and more than doubled in the past decade, according to annual Department of Defense Sexual Assault Prevention and Response Office reports. In fiscal year 2017, there were 6,769 reports — up from 2,846 in FY 2007.

While the numbers are growing, Christensen said they can become lost compared to the 1.4 million people serving in the U.S. military. That’s why he said the unique nature of this study breaking down risk by installation was “eye-opening.”

“When you hear the numbers ... it kind of gets lost in that 1.4 million,” he said. “But then when you see an installation like Fort Hood had almost 900 men and women who were sexually assaulted on one base. Does that base commander understand the extent of the problem?”

Just 54 percent of substantiated sexual-assault cases were referred to courts-martial for prosecution in FY 2017, according to the SAPR annual report. That’s down from 71 percent in FY 2013.

The Navy told Stars and Stripes in an official statement that there might be evidence to show the increasing reports could not mean that sexual assault is happening more often — rather, it

could be that victims are more comfortable reporting their assaults. In the Navy, sexual-assault reports increased from 1,295 in 2014 to 1,585 in 2017, according to the service.

In the 2016 Office of People Analytics Workplace and Gender Relations Survey, the number of sailors experiencing unwanted sexual contact dropped from 7,400 in FY 2014 to 5,300 in FY 2016, the Navy in its official statement. The Navy said the study “indicates that the occurrence of sexual assault has decreased significantly” despite the increase in reports.

“Given these conditions, it is estimated that sailors are more comfortable reporting sexual assault,” the Navy said in its official statement. “More sailors are reporting sexual assaults and the culture is changing in a positive direction.”

Search for solutions

Before significant change can happen, Christensen said leadership must be willing to make stronger statements against sexual assault.

“The leadership still hasn’t gotten it. When they testify to Congress, they know what to say. But out on the boats ... they don’t act as they testify,” he said. “I don’t think there’s a real serious effort to tamp down sexual harassment. I think they view it as boys being boys; what did you expect when you came into this male-dominated career field?”

But some leaders are coming forward in the wake of the study to remind servicemembers of the seriousness of sexual assault. In Japan, where 50 of the 372 female sailors Rand surveyed had experienced a sexual assault, Naval Forces Japan commander Rear Adm. Gregory Fenton told Stars and Stripes he has a message for sailors there.

“Sexual harassment and sexual assault will not be tolerated,” he said. “Every one of us has earned the right to wear the uniform.”

Fenton said he is briefed after each sexual assault reported at one of the bases under his jurisdiction.

“The No. 1 goal is to get to the prevention side,” he said. “[We want to] take any lessons learned into prevention.”

All military branches offer a multitude of anti-sexual assault training, programs and briefings, and SAPR offers many services to victims in the DOD community. For more information on sexual assault reporting, programs and assistance, visit <http://www.sapr.mil>.

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4.2 - The Morning Call: [Troubled veterans are paired with service dogs. 'This guy's my world'](#) (26 October, Bill White, 442k uvm; Allentown, PA)

Harold Siegfried was volunteering at ArtsQuest’s Christkindlmarkt two years ago, accompanied by his service dog, Phelan.

Siegfried and Phelan were brought together by Tails of Valor, Paws of Honor, a nonprofit program that trains service dogs to interact with and become companions for veterans who are struggling with post-traumatic stress disorder, traumatic brain injuries and physical disabilities.

All the dogs, rescued from area animal shelters as puppies and trained for on average 18 months, are named for military personnel who were killed in action or who committed suicide after returning home. Phelan was named for Lt. Col. Mark Phelan, who was killed in 2004 by a car bomb in Iraq.

A man who was visiting from East Norriton, Montgomery County, approached Siegfried that day and asked about his dog, a black Lab mix. Siegfried began telling him about the program and that each dog was named for a fallen serviceman or servicewoman.

When he told the man that his dog was named after Lt. Col. Mark Phelan, the man dropped to his knees and began crying.

"What did I say?" Siegfried asked the man's wife.

"That was his brother," she replied.

Tails of Valor's brief history is full of emotional stories. I want to get back to Harold Siegfried and another encounter involving Phelan and his namesake's family, but first, I'll tell you a little more about this remarkable nonprofit organization, based just outside Coopersburg.

Heather Lloyd, the group's founder and executive director, has a background in medicine and nutrition. She turned to a career in the pet industry in 1998.

She began developing the program that became Tails of Valor in 2014 after she befriended a homeless Army veteran who had rescued a dog that became his best friend. She used half her high-end kennel building in Springfield Township as a training center and eventually turned the whole building over to Tails of Valor.

In addition to kennels where the dogs stay during the week, there's a big exercise yard, a nice indoor training area and 19 acres of trails through the woods.

The puppies typically are around 8-10 weeks old when they're rescued, and they undergo training that becomes specific to the veteran they're paired with. It may include preparation for door opening, switching on lights, fetching things, bracing, nightmare intervention and other specific tasks. The training must be refreshed annually.

Employees and volunteers work with the dogs during the week, and the dogs go home with volunteers on the weekends to socialize them. Eleven dogs are in training now, with a 12th soon to arrive, according to the organization.

The paired veterans and dogs aren't the only ones who are being helped. Lloyd has been working with the U.S. Department of Veterans Affairs on a pilot program for Canine Connections at the Coatesville Veterans Affairs Medical Center. That program explores how Tails of Valor service dogs could interact with troubled veterans to help them reconnect with the community. A similar pilot program will begin next month at the VA Medical Center in Philadelphia.

The group got a letter this month from Laura Fahringer of the Coatesville VA in which she noted that it has completed the pilot period and that feedback from veterans and clinical staff has been overwhelmingly positive.

“Many of our veterans have difficulty engaging in treatment due to challenges with verbal processing, anxiety, isolation, etc.,” she wrote. “In a sentence, you have helped veterans become ‘unstuck’ and offered hope for a better future.”

This official connection with the VA is the first of its kind, Lloyd told me.

“It’s a great honor,” she said.

Marine Corps veteran Jason Harrar, recently hired full time by Tails of Valor as a collaboration assistant, has been taking dogs to Coatesville for some of these therapy sessions. He’s well qualified, because he has experienced some of the same challenges they’re facing.

The father of six children served 13 years of active duty and several more years in the Army Reserves. When he left the Corps in 2009, he went through a difficult divorce and growing problems with PTSD that continued in another high-stress job as a correctional officer.

“I knew I had a problem,” he said. “I didn’t want to address it.”

He never wanted to go out in public — “there was always somebody out to get me” — and when he tried to take his children out to do anything, it was a struggle.

He said his future service dog, Loftus, sought out Harrar the first time he visited the training center.

“We made the connection,” he said. “That was the fall-in-love day.”

His relationship with Loftus, who graduates in December, has helped him be more open about his problems and greatly reduce his medication.

“Six months ago, I was a different person,” he said.

As we talked Friday, Harrar was in Washington, D.C., preparing for Sunday’s Marine Corps Marathon.

Russell Armstrong, Tails of Valor’s veteran liaison, said the program is growing fast, in part because of fundraising efforts of people who support what they’re doing. If you’re interested in helping financially or volunteering, go to the Tails of Valor website at www.tailsofvalor.org or call 267-733-7294.

The fact that the dogs are named after fallen soldiers also has helped some of their family members with healing. Families of several soldiers who have been honored have volunteered to help the organization.

Siegfried’s connection to the Phelan family didn’t end at Christkindlmarkt. He met this month with Mark Phelan’s widow, daughter and two grandchildren, inviting them to spend some time alone with the dog, who acted like he knew them. He said it was an emotional moment for everyone.

Siegfried, 44, who was born in Easton, told me he enlisted in the Army while he was a junior in high school. He ended up in an artillery unit, serving from 1993-2001.

Still, he says his PTSD resulted from traumatic events in his childhood and after he left the service rather than directly from his time in the military.

He said he's had seven suicide attempts since 2010 and ended up homeless.

"If it wasn't for my art and my dog," he said, "I have to tell you, I'd be dead."

He was living at Victory House homeless shelter in Bethlehem when he began volunteering for ArtsQuest, where he had the opportunity to start developing his long-dormant art skills. Now living on his own, he's taking art classes on scholarship at the Baum School, and some of his paintings are on display in the training center.

The strength of his connection with Phelan is striking. He described instances where Phelan has interrupted nightmares, intervened to prevent stressful situations and provided the support he needed to help him reconnect with people, including Lloyd and Armstrong, who have become close friends.

Whatever happens, he knows his dog has his back.

"This guy's my world," he said.

Mind you, he said, Phelan isn't perfect. The dog was struggling with his training until he hooked up with Siegfried.

"He's hard-headed," he said. "He's a perfect fit for me."

And as much as Siegfried's opened up over the last couple of years, he still finds dark thoughts threatening to overcome him, particularly when he's struggling to sleep.

But there's a big difference.

"Now with him," he said, "the first thing that pops in my mind, if I take my own life, what's it going to do to him?"

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4.3 - Finger Lakes Times: [Write On: Midterms, Medicare & the VA](#) (26 October, Michael J. fald, 115k uvm; Geneva, NY)

The stakes in the midterm elections Nov. 6 are more than just politics-as-usual between GOP and Democratic party candidates in U.S. Senate and House of Representatives' races.

This election is a referendum on the futures of the Medicare, Medicaid and Social Security programs.

Why?

Because a reduction in citizen benefits is clearly in the GOP sights if the party retains its majority in both houses of Congress. That was reinforced last week when Senate Majority

Leader Mitch McConnell told Reuters and Bloomberg in interviews the programs are “the real drivers” of our soaring national debt, adding that adjustments will have to be made.

That’s Washington doublespeak for cutting benefits.

McConnell also indicated he will push the Senate to again attempt repeal of the Affordable Care Act. Ironically, the ACA today is more popular than ever, thanks in good part to provisions ensuring people with pre-

existing medical conditions can get health insurance coverage.

The GOP fervor for reducing what it calls “entitlements” is no secret. A year ago U.S. Sen. Marco Rubio and House Speaker Paul Ryan voiced similar notions.

But the word entitlement is misleading.

Social Security is a pay-to-play program and has been since 1935. Workers and employers pay into the system so when people reach retirement age they can collect benefits — money they and their bosses put in.

And Medicare and Medicaid? Both fund medical care to keep people healthy. Refusing to fund health care for those who can’t afford it dooms people to illness. That’s not much of a social, political or public health strategy.

While the GOP sharpens its budget-axe in hopes of wielding it after the election, many Democrats support a Medicare-for-all-system — a basic health care guarantee for all citizens — as the best, most-humane alternative.

It’s certainly more humane than axing people’s health benefits.

But even as McConnell surprised pundits with his candid comments, a newly published book from Cornell University Press suggests another health care pathway.

“Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation’s Veterans” is the latest work by award-winning health-care journalist Suzanne Gordon.

She makes a strong case that the Veterans Health Administration provides a potential model for providing health care for America. The VA? The same underfunded federal agency the Trump Administration and others want to privatize?

Yes.

In a chapter titled “Primary Care the Way It Should Be,” Gordon details the VA team approach system and doctor-patient interactions that draw rave reviews from patients.

Other chapters like “Healing Minds and Bodies: Integrated Mental Health Care and Primary Care,” bolster the case that the VA might be onto something worth replicating, despite negative news accounts cited often by critics.

Those critics will find plenty to dislike in the chapter “Better Care Where? The VHA Compared to the Private Sector,” and in a thoughtful concluding essay, “A System Worth Saving — and Making Even Better.”

Voters Nov. 6 should ponder which Congressional candidates would be willing to study what Gordon suggests and/or consider a

Medicare-for-all system.

Which candidates are willing to talk honestly to address health care and retirement issues?

Which candidates only want to tear down long-established, bipartisan-built institutions?

In coming debates, interviews and appearances in the Finger Lakes, GOP Congressional incumbents Tom Reed, John Katko, Chris Collins and Claudia Tenney and Democratic challengers Tracy Mitrano, Dana Balter, Nate McMurray and Anthony Brindisi all should be questioned closely about where they stand on health-care spending, systems and the future.

They also should be asked pointedly if they are willing to pledge to keep their budget-cutting mitts off worker/employer-funded Social Security benefits.

Voters need to know truthful answers before casting their ballots.

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5. Suicide Prevention

5.1 - Washington Free Beacon: [McSally Gets Endorsement From Mom of SEAL Who Committed Suicide](#) (26 October, Todd Shepherd, 1.3M uvm; Washington, DC)

ARIZONA — Robin Andersen says she didn't go to a roundtable discussion of veterans' issues featuring Congresswoman Martha McSally with the intent of giving the Republican senate nominee a bracelet that memorializes the life of Anderson's son, a Navy SEAL who killed himself following a long struggle with post-traumatic stress disorder.

"I didn't know I was going to bring it up," Andersen said in an interview with the Washington Free Beacon.

Andersen's life is as tightly intertwined with the U.S Navy as are the threads of a dockline rope. She served three decades in the Navy; the father of her son was a Navy SEAL. And then her son, Rob Guzzo, became a Navy SEAL, too, serving in Ramadi.

But she says upon Rob's return to the United States in 2007, she noticed he wasn't the same man who had left for bootcamp circa 2003. Rob feared seeking treatment, she said, for PTSD and traumatic brain injury (TBI) through government channels because of the stigma often attached to those issues.

Years of being in and out of therapy and receiving bulk medications from the VA in the mail sometimes seemed to help, and sometimes didn't help at all. The cycle of ups and downs crashed to a tragic halt in late 2012.

"On Veterans Day 2012, he put a gun in his mouth and pulled the trigger," Andersen said with remarkable straightforwardness, but hints of pain noticeable on the edges of her voice nonetheless.

"Things were kind of a blur after that for a little bit."

Roughly two weeks after her world came crashing down, an old friend of Rob's who was working at the Washington Post reached out.

"My vision had always been that—my son was gone. There was nothing that I could do about that. But I could tell his story. And I could raise awareness of PTSD, and hopefully, prevent someone else, another veteran, from taking their life."

"That first interview was very difficult because I had to say, you know, 'My son committed suicide.' It was hard to say the word, and just talk about, but ... I did. My message at that point in time was Rob was not the first Navy SEAL to commit suicide, and he wasn't going to be the last."

Rob's story was told through video by the Post and in a documentary on the History Channel.

By his request, Rob's remains were cremated. So in order to afford a small memorial for her son near San Diego, Anderson raised money by selling about 200 small metal bracelets with her son's birthday and the day of his departing etched on it, along with the line, 'Not all wounds are visible.'"

As a Navy veteran and the child of a member of the Air Force, Andersen has seen and lived much of the country. She moved to Arizona about two years ago.

It was just a few days ago, however, she saw a Facebook post asking for interested veterans, especially veteran women, to come to a discussion not only with McSally but also with Iowa Republican Senator Joni Ernst. McSally is the only woman combat veteran serving in the House, and the same is true for Ernst in the Senate.

"Just really as a citizen, as a voter, I wanted to get some basic information, get a feeling from her as to who she was and what she was all about. I thought if there was any issue I would want to address—not specifically my issues as a veteran myself but as a mom whose son was a veteran who succumbed to PTSD—and I always wear his bracelet. So I just happened to have it on. And just through a spur of the moment kind of thing, I just wanted her to have it."

After McSally and Ernst had given an introductory talk about the veterans issues they were working on in Congress, the visitors at the roundtable introduced themselves, when Andersen made her spur of the moment gift.

"Oh my gosh, that's beautiful, that's beautiful," McSally said, obviously touched by Andersen's story and gift, as the room burst into applause.

Hours later, as McSally and Ernst concluded a tour of a helicopter assembly and production plant in Mesa, the bracelet was still on the congresswoman's wrist, and Rob's story was still on her mind.

"Unbelievable," McSally said.

"He took his own life after surviving combat, surviving PTSD and traumatic brain injury. I can't even imagine—I can't even imagine how his mother survives every single day. But I'm inspired that in her grief, she's chosen to turn that into action, that she wants to make sure people know what happened to her son, and the trauma of what he experienced, and he ended up taking his own life even though he survived the enemy."

"It was a pretty gut-wrenching moment when she handed me this bracelet. I'm very honored to have it, and I will continue to fight every single day when I'm in the Senate for people like her son, and their families, and others that are out there right now who are suffering"

It was the kind of endorsement that doesn't often make the front pages of newspapers, yet somehow still stands out.

"I hope she will be elected, and use the position one day to make decisions that will help veterans, and I don't expect her to wear it all the time," Andersen said. "But certainly, if she comes across it, she won't forget his story, and the other 20-some odd veterans who take their lives every day."

McSally faces Democrat Kyrsten Sinema in the November general election for the senate seat recently vacated by the retirement of Republican Jeff Flake.

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5.2 - The Greeneville Sun: [We Need To Eliminate Veteran Suicide](#) (26 October, Rep. Phil Roe (R-Tenn.), 15k uvm; Greeneville, TN)

The men and women in our armed forces provide an invaluable service to our nation: protecting us from danger and ensuring we can keep the freedoms we hold dear.

Unfortunately, all too often when these same men and women return home from war or after separating from service, they feel left behind with nowhere to turn. As a Vietnam-era veteran, I saw many of the young men with whom I served return from overseas to protests and a nation that did not appear to want, welcome them home, or appreciate the sacrifices they made to protect our freedoms while they were gone. While the climate for our returning servicemembers is fortunately not the same as it was in the 1960s and 1970s, too many of our veterans still feel there is nowhere to turn, and that suicide is their only option. I want to tell all our nation's veterans: You are not alone, and suicide is not your only option.

As Chairman of the House Committee on Veterans' Affairs, I promised to do everything possible to ensure our country takes care of those who served in our defense, and I will continue to follow through on this promise. Last month, the committee held a hearing on the persistent and heartbreaking topic of veteran suicide. In a recently released report, the Department of Veterans Affairs stated that in 2016, approximately 20 veterans took their own lives every day, and sadly that number has not changed. As a physician and veteran, I believe it is extremely important to

not only continue to raise awareness, but to seek out innovative solutions, partner with communities, and improve VA health practices to help veterans learn of other treatment options and services available if they are in need.

Over the past several years, VA has increased funding and invested resources to address the high number of veteran suicides; and despite our efforts the amount of deaths has not decreased. In the recent hearing, the committee reviewed the research released by VA to come up with a plan on ways to better expend resources to reverse this trend. One statistic I found completely staggering was 14 of the 20 veterans who committed suicide did not seek medical care from the VA. Why is that?

Unfortunately, we cannot ask these veterans why they didn't seek treatment or what they found lacking in VA health care; we can only work to reform the system and make it more accessible to those veterans in the most need. It is one thing to outline how a program should work, but for every veteran who is not properly referred for treatment, for every veteran who is not admitted due to a shortage of staff or beds, for every veteran who feels they have been ignored or dismissed, we run the risk of needlessly losing another veteran to suicide.

The issue of veteran suicide is not a new problem, and it's one I've worked on since I first arrived in Congress. Along with HVAC Ranking Member Tim Walz, I founded the Congressional Invisible Wounds Caucus, which seeks to prioritize the needs of servicemembers who are suffering from the invisible wounds of war, such as PTSD. Over the years, the caucus has been able to highlight several innovative approaches to treating veterans in crisis, but these statistics continue to show more needs to be done.

We need to target the cause of these suicides by identifying those at high risk; recognize the unique barriers that certain veteran populations face; and use that information to advance our approaches that offer the promise of preventing suicides among veterans. I, along with my colleagues, have worked tirelessly to follow through on our promises to veterans — to provide the best possible care our service men and women deserve.

In 2007, VA launched the Veterans Crisis Line, a 24-7 toll-free phone line to connect veterans contemplating suicide or otherwise in crisis with qualified crisis responders. Unfortunately, there was mismanagement of the program and action was needed. In an effort to fix the problems plaguing the crisis line, I supported the No Veterans Crisis Line Should Go Unanswered Act, a bill that was signed into law on Nov. 28, 2016. Thanks to the implementation of this law and follow-up Committee hearings, VA has increased the number of crisis line call centers from two to three, increased the total number of crisis line employees, and decreased the number of calls that are transferred to a backup call center — from a 30 percent rollover rate in 2016 to a .16 percent rollover rate to-date in 2018.

More recently, Congress and the Trump administration established key laws to improve VA's mental health services. VA is now expanding mental health services to all separating servicemembers for 12 months following separation from the military, the time frame shown to be the highest-risk period for suicide among veterans. Thanks to the work of the House Veterans' Affairs Committee, veterans with Other-Than-Honorable discharges now have the ability to seek VA mental health services for conditions that possibly contributed to their unfavorable separation status, a critical lifeline for which they were not previously eligible.

The past two years I have championed the VA MISSION Act, a transformational piece of legislation that I introduced and was signed into law on June 6, 2018. The VA MISSION Act will

ensure veterans seeking VA care — including mental health and suicide prevention support — are able to access the care they need, when and where they need it. Additionally, this law contains provisions that establish peer specialists in patient aligned care team settings to increase services for mental health, substance use disorder and behavioral health in a primary care setting.

To meet the needs of veterans at-risk of suicide, VA has requested and Congress funded \$8.6 billion for mental health care in fiscal year 2019, an increase of 5.8 percent over 2018. This reflects a trend of significant annual increases in VA mental health funding going back several years. We still have work ahead of us, but as chairman of the House Veterans' Affairs Committee, I will continue to make caring for our veterans my highest priority.

If you are a veteran and are having suicidal thoughts, please do not hesitate to reach out to the Veterans Crisis Line. The toll-free phone line (1-800-273-8255, press 1 for veteran) and is staffed 24 hours a day, seven days a week.

The writer, a retired physician and a former mayor of Johnson City, represents the 1st Congressional District in the U.S. House of Representatives.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Tampa Bay Times: In Tampa Bay, gap is widening between white and black home owners (26 October, Susan Taylor Martin, 1.4M uvm; Saint Petersburg, FL)

Kelvin Jackson is pleased that the house he bought in St. Petersburg has an extra-wide driveway, big enough to park three cars.

Shawna Ward likes that her new home in Largo is convenient to her job at the VA medical center and her daughter's school.

And Suzette Mignott is thrilled that her new home in Riverview really is new: It's under construction and should be finished by Christmas.

Besides their recent property transactions, Mignott, Ward and the Jacksons have something else in common: All are African-American. That makes them unusual among the ranks of Tampa Bay homebuyers.

Even though the area has recovered from the recession and housing crash, the gap between black and white home ownership is widening. In 2007, just before the market collapsed, 46.5 percent of bay area blacks area owned their homes compared to 77 percent of whites. Now, the black ownership rate has dropped to 32 percent while the rate among whites remains over 70 percent.

"Everybody took a hit when the market crashed but since the market rebounded, African Americans are the only race that has been declining," says Travis Brooks, president of the National Association of Real Estate Brokers, the nation's oldest minority real estate trade group.

The reasons for the ownership gap are many: tighter lending standards, redevelopment that is driving up prices, the lingering effects of Jim Crow laws that openly discriminated against blacks. The result is that many black families never have the opportunity to own a home, the greatest source of wealth-building for most Americans and perhaps the biggest factor in the creation of stable neighborhoods.

Even African-Americans who can afford to buy sometimes find that old attitudes die hard.

In his 20 years in Tampa Bay real estate, broker Maurice Franklin has heard from many black buyers who told him agents steered them away from white areas and toward predominantly black ones.

"I know of some people who had fairly horrendous experiences in terms of African Americans in certain areas, although I believe something has changed," he said. "The area is becoming more cosmopolitan."

Still, a recent encounter gave him pause. Franklin and his wife, Samantha, an agent, were about to show a black client a house in Pinellas Park when a dog suddenly came at them in attack mode.

"We all had to leap into our cars and take cover," Franklin said. "We spoke about it afterward because the dog owner never apologized and it seemed to possibly be a scare tactic. It certainly was an unwelcoming message."

The client bought another house — in Largo.

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Long after President Abraham Lincoln freed the slaves in 1863, state and local laws enforced racial segregation in the South while policies in northern states effectively keep blacks from owning homes.

The 1964 Civil Rights Act outlawed discrimination based on race and color. The 1968 Fair Housing Act added teeth, making it illegal to refuse "to sell or rent a dwelling to any person because of his race, color, religion, or national origin."

Yet blacks continued to be harmed by two insidious practices: "steering, which is guiding prospective buyers to or away from certain areas based on their race; and "redlining," denying loans in certain areas, especially inner-city neighborhoods.

Even today, African-Americans are far more likely than whites to be rejected for conventional mortgages, according to a study this year by the Center for Investigative Reporting. It also found that banks, required by a 1977 law to lend more money in low and moderate income areas, are giving more loans to white newcomers than to long-time black residents.

Lou Brown, a veteran African-American Realtor in St. Petersburg's Midtown area, said he still sees signs of loan discrimination. With prices soaring in some other parts of the city, houses in Midtown often draw multiple offers. Yet, he says, banks have refused to make loans in certain cases, claiming the houses didn't appraise for as much as buyers were willing to pay.

"I'm not suggesting you give a \$150,000 mortgage on a property that's worth \$100,000 but when you see (buyers) fighting over it, then to say it's not going to appraise out, you've got to wonder, are they still redlining?" Brown asks. "'Do we need some of our lending practices to change? Probably."

Income disparities play a big role in low black home ownership rates. In the Tampa Bay area, black households earn about \$31,000 a year compared to \$51,100 for whites. That puts many blacks at a disadvantage, especially when trying to buy homes in neighborhoods around downtown St. Pete and Tampa that are undergoing rapid redevelopment.

"We're losing a lot of our affordable housing options, and with interest rates rising, we don't have a lot of products out there for low-to-moderate income families," says Brooks of the minority real estate association. "A 1,200-square-foot home shouldn't be priced at \$200,000" in a modest neighborhood.

Making it even harder to buy, Brooks adds, is that banks require blacks to meet the same lending standards as whites even though black incomes and credit scores are typically lower.

"We know we are not on the same playing field," Brooks says. "You have to give us a (loan) product in line with the community you serve."

Franklin, the broker, teaches a course for first-time buyer at Neighborhood Home Solutions, a non-profit with branches throughout the Tampa Bay area. Many of those who take the course are African-American, including Ward, the VA hospital employee.

Instructors "tell you how you can be in a better position to buy," she says. "So the first thing you have to do is pay bills, get your credit score up."

The course also stresses the importance of a home's condition — if the kitchen and bathroom aren't upgraded, move on — and location, location, location. "That was pivotal in checking out the neighborhood crime-wise, driving through at different points of the day," Ward said.

Until recently, Ward, 50, had to put off home ownership because of other responsibilities, including adopting her two nieces. Now, with one of the nieces expecting twins, the family needed more space than they had in their apartment. As a veteran, Ward qualified for a VA loan on a three-bedroom house in a multi-cultural area of Largo.

"Quite a few neighbors have come in and said, 'Hello' and 'Welcome' and introduced themselves so I was very pleased," she said. "That is not normally something I'm used to."

Suzette Mignott, who is building a home in Riverview, said she could have owned a house years ago but decided to rent after a divorce left her raising two girls alone. "Being a single parent, I wanted to put them first and put the house process on hold," she said, "because it is a long process and it does take time and money."

Remarried, Mignott, 42, and her four-member family are crammed into a two-bedroom St. Petersburg apartment, paying close \$1,200 a month "which is ridiculous," she said. "We had to relocate; it's so expensive in St. Pete."

After looking at a few new-home communities in Riverview, Mignott and her husband contracted with Lennar for a five-bedroom house in Shady Creek. The price: Under \$300,000. "You do not find that in St. Petersburg area," she said.

Kelvin Jackson and wife Tess, both in their 50s, also looked in Riverview but decided to stay in St. Petersburg's predominantly black Midtown area near downtown. Jackson is a sanitation department coordinator in the city's sanitation department. She is an assistant manager in the Pinellas County clerk's office.

Midtown "is a place that needed more professionals like my wife and myself," Jackson said.

The couple found a three-bedroom, one-bath house with Franklin's help. They liked the fact that their Realtor, too, is African American.

"He looks like me; he's professional; he made me feel comfortable," Jackson said.

Another recent African-American buyer, Asia Cooper, closed in August on a house in a mixed-race area just outside of St. Petersburg's city limits. She's doing what she can to narrow the ownership gap between blacks and white.

After she moved in this summer, Cooper threw a big house-warming party. She made it a point to tell guests how attending homeowner education classes and boosting her credit score prepared her to buy her first house at age 39.

"I said, 'If you're planning on living here, you should buy a house,'" said Cooper, an insurance company case manager.

Since then, three friends have asked her for more information.

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6.2 - Military Times: [VFW: VA must fix Forever GI Bill debacle](#) (26 October, B.J. Lawrence, 471k uvm; Springfield, VA)

Editor's note: The following commentary was contributed by VFW National Commander B.J. Lawrence. The content may be edited for clarity, style and length.

Over the past few weeks, the VFW has heard directly from too many veterans who have yet to receive their tuition and housing payments from the Department of Veterans Affairs for this fall semester, which student veterans rely on to pay rent and other living costs. Unfortunately, VA was not straightforward with student veterans affected by these financial hardships until the VFW called attention to it earlier this month.

VA has been giving mixed messages regarding the solution to the problem, and student veterans are rightfully wondering when they will get paid. Some veterans have asked the VFW for help through our Unmet Needs emergency grant program, but there's a more practical solution: Call the VA's GI Bill Helpline.

Veterans who are experiencing delayed payments need to call 1-888-GIBILL-1 (888-442-4551) and ask VA to process their education benefit claim immediately due to a financial hardship.

VA has assured us that these claims will be processed within the next business day and that student veterans can expect prompt payments of their benefits within five business days. If VA does not resolve this issue quickly, then I encourage veterans to then contact the VFW at 1studentveteran@vfw.org, at which point the VFW's casework team has the authority to intervene on their behalf with VA Education Service.

Since VA instituted the process for claiming financial hardships, the VFW has seen expedited processing for the veterans who initially contacted us. As veterans' advocates, we highly encourage veterans and beneficiaries to stay on the line and tell VA they are experiencing a financial hardship. When faced with mounting bills, rent or mortgage payments, or childcare disenrollments, this process is well worth the effort.

How did we get here and what are we doing to prevent it from happening again? Last summer, Congress passed the Forever GI Bill with the goal of significantly improving veterans' education benefits. These changes required VA to make swift changes to its education benefit processing systems. Unfortunately, in late July, VA's new processing systems were not working properly. This prompted schools to hold onto GI Bill certifications longer than usual. Finally, VA encouraged schools to submit their certifications, opening the floodgates.

VA is now working nights and weekends to process these benefits payments as quickly as possible — and they are yielding results. Since Oct. 1, the backlog of claims has been reduced from more than 200,000 to just over 120,000 — and this includes new claims that come in every day. That being said, this still means thousands of veterans are still waiting for their much-needed living stipend payments — some more than 60 days.

These delays have happened before when VA implemented major upgrades to education benefits. VA must learn from its previous mistakes and cannot afford a repeat debacle in the spring semester. That's why the VFW recently called on Congress to hold a hearing on the GI Bill delays and urged the Senate to swiftly pass the SIT-REP Act of 2018 to ensure schools cannot drop veterans from their rolls because of VA processing delays or errors.

The House Committee on Veterans' Affairs has heeded our call for a hearing, currently scheduled on Nov. 14, at which time VA must be accountable for fixing this problem forever.

B.J. Lawrence, of Alamogordo, N.M., is the national commander of the 1.6 million-member Veterans of Foreign Wars of the United States and its Auxiliary.

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6.3 - The Augusta Chronicle: [Homeless veterans helped out at VA Stand Down](#) (26 October, Jozsef Papp, 428k uvm; Augusta, GA)

Homeless veterans were able to take advantage of different resources at the Department of Veterans Affairs' annual Stand Down on Friday.

The event, held at the VA's Uptown location, is aimed to help these veterans by bringing together various agencies and community partners to provide services to them.

Mary Cunningham, the agency's health care for homeless veterans program coordinator, said the alliances help the VA in providing housing for veterans who are homeless or at risk of being homeless.

"It's an annual moment where we ask people to pay attention that this problem has not ended," Cunningham said. "There are still veterans that served our country that are walking the streets without knowing where they are going to sleep tonight or where they are going to eat."

According to a 2017 U.S. Department of Housing and Urban Development study, there are an estimated 40,056 homeless veterans in the U.S., with over 700 in Georgia, which is something Cunningham and the VA are trying to address.

Currently, they have 150 housing vouchers for homeless veterans in Richmond County, 79 in Athens and Aiken County was awarded, for the first time, 14 vouchers, according to Cunningham.

"We need landlords that are willing to give a veteran a second chance because you don't end up homeless without history. Some landlords want a squeaky clean background check," Cunningham said.

Flu shots, medical evaluations, counseling and even haircuts were available to veterans at the event. Garry Anderson, a former homeless veteran, said the event is beneficial for those who are homeless, particularly for medical evaluations.

"A lot of them are still homeless," said Anderson, who served in the Army 22 years, starting during the Vietnam era. "It helps a lot and gives them hope."

Similar to Anderson, Denine Harris was a former homeless veteran who served in the Army from 1984 to 1995. Harris decided to go to the event because of all the help the VA provided her when she was homeless.

"They assisted me when I was homeless," she said. "They were very helpful, it was a quick process. They ensured that I was assisted every step of the way and they really supported me and helped me get back on my feet."

When Harris runs into homeless veterans, she tells them about the program and resources available at the VA.

"If a lot of veterans would get the information, then they wouldn't be living on the street or in the Salvation Army," she said.

In addition to homelessness, suicide prevention is also a major focus for the VA, Cunningham said.

"In this country, one out of 20 veterans commit suicide, still, everyday," she said. "Interestingly, only about six of those are engaged in VA care, so we keep reaching out hoping to find those veterans that are in trouble, so they know they have services here and we are willing to help."

The nationwide event has been held for the past 18 years in Richmond County, but the VA hosts a variety of efforts to help and assist homeless veterans. Cunningham said they are constantly working with different organizations to provide the most help possible.

"I want them to know that we are aware and that we are working daily to end homelessness, both within the VA system and larger as a community," Cunningham said.

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6.4 - The Courier: [Black Hawk VA needs help providing Christmas for vets](#) (26 October, Thomas Nelson, 117k uvm; Waterloo, IA)

More sponsors are needed for Operation Christmas to provide needy veterans with gifts.

Since 2016 the Black Hawk County Veterans Affairs Office's "Christmas for a Veteran" program has provided gifts to low income, homeless and struggling veterans.

More sponsors are needed, said Kevin Dill, executive director of the Black Hawk County Veteran Affairs Commission.

Call the Black Hawk VA's office to sponsor a veteran or veteran's family.

"The veteran will decide whether they can deliver the gifts to their home or bring them here and we'll deliver them," Dill said. "The gifts have to be here by Dec. 14."

The gifts will be delivered Dec. 18, 19 and 20.

"Anyone can step forward and be a sponsor of a veteran," Dill said.

Even small donations are accepted, and can go toward meals on Thanksgiving and Christmas for needy veterans.

Fifty veterans have come forward to the VA about needing help during Christmas.

"We have enough to sponsor 30," Dill said. "We still need 20 more sponsors."

More veterans will be added to list before the deadline.

"When I started in this office I saw there was an incredible need of folks needing assistance throughout the months," Dill said. "If you need something January, February through November obviously you're not going to have enough during Christmas to provide for your children."

That mindset inspired Dill to try to be Santa for Black Hawk County veterans.

Last year the program helped 84 veterans and families and 257 veterans and widows in nursing homes, Dill said. It can be as extravagant as donors want it to be.

"It really depends on the sponsor, if they want to just do a few gifts or if they want to be out of control," Dill said. "We just want to make sure that veterans that want to be adopted come down here and see us by Nov. 9 and by Dec. 14 please have gifts ready for veterans."

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6.5 - WWAY (ABC-3): [Wilmington National Cemetery Suffered Minimal Damage During Hurricane Florence](#) (26 October, Jeff Rivenbark, 51k uvm; Wilmington, NC)

Despite widespread damage across the Cape Fear from Hurricane Florence, one area survived nearly unscathed.

Wilmington National Cemetery, located at 2011 Market Street, only had only two headstones damaged during the September storm.

This is surprising considering so many stately trees along Market Street came down impeding traffic for several days thereafter.

According to Steven Fezler, spokesman for Wilmington National Cemetery, the two headstones have been reordered from a contractor and will be replaced soon.

Ironically, a number of older trees throughout the cemetery were brought down by the heavy wind and rain including two large magnolias that were approximately 160 years old, a Hickory tree that was about 150 years old, and a number of younger trees.

"The way the trees and the branches fell missed hitting the headstones," Fezler said.

Considering the magnitude of Florence, Fezler added, "The amount of headstone damage was negligible."

The cemetery reopened to the public two days after the hurricane.

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6.6 - The Daily Sentinel: [VA event draws nearly 200 veterans](#) (26 October, Joe Vaccarelli, 31k uvm; Grand Junction, CO)

When Mike Moran first attended a Grand Junction Veterans Stand Down event a few years ago, he was homeless and in need of services. But shortly after that first event and with some help, he had a place to live.

"It took less than a month to get me hooked up," he said.

Now Moran helps as a volunteer so perhaps another homeless veteran can find the same help he received.

The Grand Junction Veterans Affairs Medical Center hosted its 22nd Veterans Stand Down event Friday at First Congregational Church. The event is for veterans in need and provides access to basic medical and dental services, a vision screening, and haircuts. Veterans can also get a flu shot at the event and learn about Social Security benefits, health care and job search assistance.

"This is very important," Moran said. "The veteran homeless population is quite large here."

Patrol packs, backpacks, cold-weather coats and combat boots were also available from the Department of Defense. Veterans could also sift through clothes donated by Eagle County Veterans Services Officer Pat Hammon.

Hammon attended her first Grand Junction Veterans Stand Down — one of more than 300 held around the country throughout the year — and said she was happy to contribute. The clothes she donated were left over from a recent house rummage sale.

Robin Trump, a clinical social worker at the Grand Junction VA who helped organize the event, said Veterans Stand Down is the perfect setting to engage with homeless veterans. These veterans are typically living in their car, on the street, camping or in transitional housing. The VA promotes the event through homeless coalition agencies and other organizations around town. Word of mouth in the veteran community also helps. With 193 veterans served Friday, Trump said this was the biggest Stand Down event in Grand Junction to date.

"The valley is outstanding in helping each other," Trump said. "We've already met with 10 people coming in next week to meet with an enrollment specialist."

Volunteers from Colorado Mesa University and the Patriot Guard Riders also came to help out, and lunch from Famous Dave's was donated by Joe Silzell with RE/MAX 4000 and Mickie Fischer-Rogers with Grand Valley Home Loans.

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6.7 - WTVO (FOX-39, Video): [Hundreds of vets visit downtown Rockford for Veterans' Stand Down event](#) (26 October, Brittany Toolis, 29k uvm; Rockford, IL)

Stateline veterans received a helping hand in exchange for their service to the country on Friday, from clothes to free bus rides, at the Veterans' Stand Down event.

The 'Top of Illinois Veterans' Stand Down' event brought about two hundred former servicemen and women to downtown Rockford, to the Mendelssohn Performing Arts Center, some to offer and some to receive a number of different services, from winter coats to Veterans Administration counseling, flu shots and a free meal.

"I come every year to get haircuts and stuff that benefits me, personal hygiene, stuff like that," said Larry Hudson, a U.S. Army veteran.

"There's a huge, huge need," said Ron Sodko, President of Top of Illinois Veterans' Stand Down. "Our veterans need help, and that's what we are here to do. We are, I like to call ourselves 'veterans helping veterans.'"

"Honestly, it's all valuable," said U.S. Marine Corps veteran Jimmy Harris. "I mean, I know people that can use everything, anything and everything they give."

The event is a one-stop shop for veterans to meet their physical needs, but there is another reason local veterans come back year after year.

"You get to see a lot of the vets you don't normally get to see," Harris said.

"[They come for] the camaraderie, that's something us veterans share amongst each other, is that brotherhood, sisterhood," Sodko said.

For those who couldn't make it downtown, veterans were offered free transportation from the Rockford Mass Transit District (RMTD) bus.

Organizers say it's simply a way to thank those who fought for our freedom.

"We've had some veterans that are homeless, some veterans that are just in need of assistance, and some that have no mode of transportation," Sodko said.

Lisa Brown, of RMTD, said, "[We run] three or four routes that access the Mendelssohn Club, so we are there every hour and we probably have three or four vehicles hitting it up every hour. They could come in on any one of our eighteen bus routes that come downtown, and then head over to the Mendelssohn Club."

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6.8 - KRGV (ABC-5, Video): [Valley Veteran Questioning VA Disability Claims Process](#) (25 October, Angelo Vargas, 29k uvm; Weslaco, TX)

A Rio Grande Valley veteran is questioning the Veterans Affairs disability claims process.

The Disabilities Benefits Questionnaire is a medical form that allows veterans to claim injury during their time in service.

It is meant to speed up the claims process but many say it's slowing it down and others don't know what it's for.

KRGV's Angelo Vargas spoke with Navy veteran John McCormick about the struggles of trying to submit this questionnaire.

"Actually, if you ask probably most of the veterans when they go to the VA, if you ask them what a DBQ is they're going to look at you like you've asked something out of wild space somewhere," says McCormick.

McCormick says veterans should consult with a veteran services officer at the local Disabled American Veterans non-profit organization.

Watch the video above for the full story.

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6.9 - KREX (CBS-5, Video): [Doors Open For Annual Veterans Stand Down](#) (26 October, Star Harvey, 12k uvm; Grand Junction, CO)

The Annual Veterans Stand Down event in Grand Junction is the gathering place for veterans looking for assistance in the community.

Veteran Joseph Silzell, says an event like this only helps support the men and women who have supported and fought for this country. "I feel like everybody that has served our country should be served in some way, from me, in any way that i can help," said Silzell. Close to 200 Veterans attended the Stand Down event, including a few dozen who are homeless.

"In the military a stand down was always a rearm, rest, restore and re-enter all of our equipment, and that is kind of what we do for the veteran here, try to get them rebuilt up," said Veteran Glenn White.

Inside the event there were opportunities for Veterans to receive basic medical and dental needs.

The Veterans were also given military gear to prepare for the cold weather and provided job search assistance. The Veterans Affairs Department says they wont stop here. "There are more that need to be served and that's what these events are for, is to reach out and find those people, who haven't been served, we can always do it better, that's what our goal is," said Veteran Affairs Social Worker Robin Trump.

Some vets even participated in giving gifts from their own pockets. "I came and even donated over \$1,000 of my own money for the food today, we're going to be serving over 200 vets a hot meal today, its from Famous Dave's, so its gonna be some good barbeque," said Silzell.

In addition to being treated with a good meal, the vets were also given free hair cuts and manicured toes.

"You never know what benefits are available to you and that's what this event is all about, you never know whats available and that's what we need to tell Veterans, what's available to them," said Trump.

93% of Vets who had been homeless in the Grand Valley are now housed. The V.A. says that they're striving for 100%. The department says this is a combined effort between them and the vets themselves.

The Veteran Affairs Department encourages veterans in the Grand Valley to visit their offices or website.

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6.10 - ConnectingVets.com (CBS Radio): [Could deck logs be the key to unlocking benefits for "Blue Water" Navy vets? Only if Congress acts](#) (26 October, Matt Saintsing, New York, NY)

Navy veteran Raymond Pierson spent a total of eight hours ashore on an island off the coast of Vietnam half a century ago. That single day grants him a presumption of exposure to Agent Orange and expands a host of VA benefits including medical treatment and disability compensation.

Pierson left the Navy in 1969 but was diagnosed with an insulin-resistant type II diabetes five years ago, despite no such family history. As the ailment continues to puzzle doctors, it's clear to Pierson the illness stems from Agent Orange exposure.

Now, he's collecting evidence to submit a VA claim. Had he not gone ashore, however, he would be ineligible for benefits, just as the nearly 90,000 so-called "Blue Water" Navy veterans, who served in ships off the coast of Vietnam and are fighting for the same presumption currently afforded to their land-based comrades. Cancer, Parkinson's disease, diabetes, and other illnesses have shown to be tied to exposure of the dioxin-riddled chemical.

A heavy rainy season, monsoons and typhoons mean anything sprayed on land during the war made its way out to sea, where Navy ships distilled water for everything from creating steam, to bathing and even drinking.

"When you read the scientific evidence for spraying of Agent Orange, they claim they didn't make it out on the water when we all know that's not true," Pierson, who is 69-years-old, tells Connecting Vets. "You're going to pick up anything in the ocean and distill it to use it for drinking water and washing clothes."

In the event the Senate passes important legislation expanding VA benefits to veterans like Pierson, he's helping others determine where exactly their ships were.

By using old USS Ponchatoula deck logs, a record of notable events near and around ships, Pierson can prove he's been as close as three nautical miles away from dry land. Between 1967 and 1969, he completed three cruises in the Western Pacific providing fuel and services to over 1,100 Navy vessels.

"Everybody aboard those ships and those same days, are all similarly and equally exposed," he says. "You have to gather the evidence."

The deck logs from his ship, he says, can be used to determine where those ships were making their claim for VA benefits a little easier if Congress sends HR 299, The Blue Water Navy Vietnam Veterans Act of 2018 to the White House. That measure would grant a presumption of exposure of Agent Orange to anyone who served inside a 12-mile distance from South Vietnam's territorial waters.

While the deck logs are available, turning them into evidence is a lengthy and expensive process.

They can be ordered through the National Archives, and some are available for free. Most of them, however, cost 80 cents per page, with the average having two-pages. Pierson says he spent \$450 collecting as many deck logs as he can over the two year period he was there.

Then, Pierson had to plot their locations using the given latitude and longitude coordinates. "It's a very complex process put back on the veterans," he adds.

In the hopes it can help others, the Blue Water Navy Association is encouraging anyone who has these logs to donate it to them. "That's what I'm going to do," says Pierson.

But all the work will be worthless unless the Senate passes the measure.

According to the Congressional Research Service, veterans "must have actually set foot on Vietnamese soil or served on a craft in its rivers" to receive VA benefits.

Congress previously approved disability treatment and compensation payments to Blue Water Navy veterans, but in 2002 the VA reinterpreted the rule and rescinded the benefits.

This legislation would restore benefits to nearly 90,000 former sailors who served off the coast of Vietnam. The House approved the measure 382-0 in June sending it to the Senate with hopes it would pass without objection.

But that changed when VA officials urged senators to reject the bill.

“We oppose this bill because the science is not there, and we depend on science,” VA undersecretary of benefits Paul Lawrence told the Senate Veterans’ Affairs Committee in August. “We care, so we keep looking.”

But while the bill is being debated in Congress, Pierson says there are countless other veterans similar to him who need help.

By passing HR. 299, Pierson says it would be an “acknowledgment that maybe you weren’t a Marine stationed in Saigon, but you were in the United States Navy offshore providing support for everyone that was on shore, and you just happened to drink some Agent Orange.”

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7. [Other](#)

7.1 - Forbes (Legal Newsline): [Cleveland, Akron Will Try To Prove Opioid Cases Without A Single Bogus Prescription](#) (25 October, 36.9M uvm; New York, NY)

Plaintiffs in bellwether trials against the opioid industry scheduled to begin next year will try to prove their cases without presenting a single example of pills that were prescribed improperly.

Lawyers for the cities of Cleveland and Akron and their surrounding counties said they will rely “solely on a theory of aggregate proof” under which experts will testify that marketing practices and lax controls over suspicious patterns of drug distribution are to blame for the opioid addiction crisis in northern Ohio.

Defendants, who range from manufacturers like Purdue Pharma to distributors and retail pharmacy chains, won an order earlier this month requiring the plaintiffs to turn over hundreds of prescriptions they regard as improper or illegal, and hundreds more examples of people who became addicted to opioids due to medically unnecessary prescriptions.

The defendants said the plaintiffs need the data – which the municipal plaintiffs possess, as large employers and operators of public medical facilities – to show a causal link between opioid sales and damages due to addiction.

But in an order late last week U.S. District Judge Dan Aaron Polster, who is overseeing more than 1,000 cases in the opioid multidistrict litigation, gave the plaintiffs a choice: They could turn over the prescription data or forgo it entirely. In a filing late Wednesday, plaintiffs chose the latter. They did say they might turn over evidence of hundreds of individuals who became addicted to prescription drugs by November 2, but not the underlying prescriptions.

By choosing to rely upon aggregate proof, the plaintiffs are betting on a trend in which judges overseeing mass tort litigation are allowing plaintiffs to skip the once-essential element of tying a specific action by a specific defendant to a specific example of harm. Instead, the plaintiffs will try to prove drug manufacturers and distributions caused the opioid crisis by a pattern of activities that collectively resulted in too many opioid pills being released into the community.

Former Mississippi Attorney General Mike Moore, now a consultant to plaintiff lawyers who hope to earn contingency fees in the opioid litigation, helped develop this approach with tobacco litigation in the 1990s. Instead of suing on behalf of smokers who were sickened by their addiction to tobacco, he sued on behalf of the state seeking compensation for smoking-related medical expenses.

"The kind of causation you show depends upon how you conceive of the legal injury," said David Noll, an associate professor at Rutgers Law School who studies class actions and mass torts. "The Mike Moore approach is to reconceive the injury in a way that allows specific causation to be shown without showing a connection between any particular bad prescription and an individual injury."

The plaintiffs said they will base their case on "misrepresentations and omissions of material fact" that led prescribers to maintain patients on excessively high doses of opioids including extended-release pills that manufacturers claimed were less susceptible to abuse. They said they "do not intend to assert, either in expert opinions or factual presentations at trial, that any specific prescription was unauthorized, medically unnecessary, ineffective, or harmful, or that the filling of any specific prescription caused or led to harm."

Filings in a lawsuit by the Cherokee Nation show how identifying specific prescriptions might hurt their case. In a motion opposing efforts by the Cherokees to have their case remanded to state court in Oklahoma, McKesson Corp. said 23% of the opioid pills it shipped into the Cherokee reservation area were purchased by the federal government and many of them were dispensed through the Indian Health Service, a division of the Department of Health and Human Services.

McKesson cited the data to support a decision by U.S. District Judge Dan Aaron Polster, who is overseeing the federal multidistrict litigation over opioids, to retain control of the Cherokee lawsuit under rules allowing cases involving actions by federal officers to be heard in federal court.

But the data also undercut claims in more than 1,200 lawsuits by counties, cities and Native American tribes that opioid manufacturers, distributors and pharmacists are to blame for shipping unreasonable numbers of pills and failing to report suspicious orders to the federal government. The federal government was McKesson's largest single customer in Cherokee country, according to prescription data.

The Cherokees tried to carve out from their complaint any allegations they suffered injuries due to pills distributed by government dispensaries, but Judge Polster rejected that in a September ruling, noting that McKesson distributed pills under the Pharmaceutical Prime Vendor program operated by the Veterans Administration. Any pills illegally diverted into the wrong hands from those orders, the judge noted, would have flowed through a federal warehouse under the control of government employees.

“The Tribes’ claims put all prescription opioids at issue and allege that diversion can occur at any point in the supply chain, including those opioids supplied pursuant to the PPV contract,” Polster wrote. “The issue here is whether McKesson’s drug distribution was performed pursuant to a federal contract, and in this case it was.”

The Cherokee Nation filings include data from the federal ARCOS database maintained by the Drug Enforcement Administration showing exactly how many pills each distributor shipped and the retail pharmacies or government dispensaries they were delivered to. Opioid plaintiffs obtained the ARCOS data under seal this summer. The Cherokees cited some of it in a public filing earlier this month.

Those data show 97 million opioid pills were shipped by McKesson and other wholesale distributors into the 14 counties comprising the Cherokee Nation area in Oklahoma in 2016, or about 96 pills per adult resident. In Cherokee County, which is entirely within the tribal area, 4.9 million pills were shipped, or 128 per adult that year. The number of pills shipped was similar across all 14 counties, ranging from 100 to 131 pills per adult.

In their complaint, the Cherokees say distributors negligently shipped opioids knowing they “were ultimately being consumed by Cherokee Nation citizens for non-medical purposes.” Pharmacists, they said, “regularly filled prescriptions in circumstances where red flags were present.” Centers for Disease Control data show the Eastern Oklahoma, where the Cherokee nation is located, has opioid prescription rates of over 100 prescriptions per 100 residents, among the highest in the nation.

McKesson, citing more granular ARCOS data still technically under seal, said it shipped 376 million opioid pills into the 14-county Cherokee Nation area between 2006 and mid-2018, with 85 million or 23% flowing through the government’s PPV system.

The PPV pills wound up in 23 facilities in the area, including a VA hospital in Muskogee and 13 IHS clinics. The percentage of pills under government control was as high as 63% in Muskogee County and federal PPV facilities comprised the largest single destination for McKesson shipments every year from 2006 to 2018, the company said.

To put the Oklahoma numbers in perspective, one academic study of 4,300 patients found they averaged 3.2-3.9 opioid tablets of varying strength a day over a 90-day period. Continued over a year, each patient would have consumed more than 1,000 pills.

The most recent public ARCOS data, released in July 2018, shows 48.9 million grams of oxycodone were distributed in 2017, with a high of 4.1 million grams in Florida, followed by 3.5 million grams in California. A gram of oxycodone translates roughly into 33 30-milligram pills.

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7.2 - Bloomberg: [Trump Plays Outsize Role in Montana’s Tightening Senate Race](#) (26 October, Erik Wasson, 21.1M uvm; New York, NY)

President Donald Trump’s ability to swing a statewide race will get one of its biggest tests in Montana.

The president has made it a personal quest to unseat Democratic Senator Jon Tester, a native Montanan and rancher who's been working his way up the state's political ladder for more than two decades.

Trump has been to the state three times on behalf of state auditor and GOP Senate candidate Matt Rosendale, who moved to Montana in 2002 and has fashioned himself as a Trump acolyte. Rosendale has been crisscrossing the state, from its snow-capped mountains to its vast cattle ranches, to tout the president's agenda -- even dressing to match Trump's red tie and dark suit when they appeared together at a recent rally.

Tester has clung to a narrow lead in polls but Rosendale's support has gradually risen, largely pulled along by Trump, who won the state by 20 points in 2016. It was the president who prompted James Warneke, 46, a delivery truck driver in the eastern Montana town of Miles City, to do something different this year when he cast an absentee ballot for the Nov. 6 election.

"I voted straight Republican; I didn't used to but I do now," Warneke said. "I support Trump and what he's doing."

Trump is trying to encourage voters to turn out in races around the country, holding more than two dozen rallies nationally in advance of the election that will determine which party controls the House and Senate. The president's power to win over independents and encourage GOP turnout could make a difference in close contests like the one in Montana, but he could also drive Democrats to the polls.

Montana has a long history of ticket-splitting, re-electing Democratic Governor Steve Bullock in 2016 on the same day it voted overwhelmingly for Trump, a tradition that should help Tester. But both sides say the rhetoric is nastier now than ever, as Trump stokes animosity among conservatives.

The president says he has intervened in the race because Tester opposed Ronny Jackson, Trump's one-time nominee to be veterans affairs secretary. The senator made public anonymous complaints about Jackson's workplace behavior -- including drinking on the job and abusive behavior toward subordinates -- that Jackson has denied. Jackson ultimately withdrew.

"I said, 'I've got to come.' What he did was unfair, what he did was vicious," Trump told a Oct. 18 rally in the liberal bastion of Missoula. "How the hell did you elect this guy?"

Trump's presence in the state has polarized voters.

"The level of animosity that I'm encountering on the phones, it's off the charts," said Mary Catherine Dunphy, 67, a Tester volunteer in Miles City.

An average of four polls since September, compiled by Real Clear Politics, shows Tester with an average lead of 4.5 percentage points.

Plaid Shirts

Tester, a plaid shirt-wearing, big-bellied farmer from Big Sandy, Montana, is countering Trump's attacks by traveling around the state talking about health care while exhibiting the folksy personality he developed as a music teacher and butcher.

Voters from both parties say Tester knows how to relate to them. He shoots gophers and raises cattle. Tester pronounces the state's name "mont-ANA," the way longtime residents do, while Rosendale, a Maryland native, says "mont-AH-na."

Tester's campaign plan involves picking off traditional Republicans from the farming, small business and veterans communities, activating union workers and rallying the university strongholds by enlisting the likes of actor Jeff Bridges, who stumped for him in a "Montana Abides" T-shirt last week.

At Little Big Horn College on the Crow reservation -- Native Americans are another key part of Tester's base -- locals feted the Democrat with a victory drum circle and prayers to protect him from Trump's attacks.

"We're going to need a record turnout in Indian country," Tester told the crowd noshing on fry bread, beans and brisket. Tribe members told stories of worsening meth addiction and joblessness.

Crow Warriors

Above him, a large mural depicted the Crow warriors who fought alongside doomed General George Custer in 1876 against Sitting Bull's Lakota tribe who were encroaching on Crow hunting grounds. Today, the tribe has a large number of veterans in need of better health care.

Tester doesn't criticize Trump on the campaign trail, focusing his fire on Rosendale.

"He wants to sell our public lands, he wants to privatize our public education system, he wants to kick people off of assistance. He claims to be a rancher but has no cows," he said at a veterans rally in the mining city of Butte.

Tester said he had a duty to veterans to bring up the Jackson allegations and that he ultimately voted for Trump's replacement nominee, Robert Wilkie.

He touts the 21 bills he sponsored that have been signed by Trump and says he has "no love" for Obamacare but wants to get cheaper premiums and cover pre-existing conditions.

The Democrat said Trump's visits haven't changed how he campaigns.

Tester quoted former Montana Governor Ted Schwinden as saying, "By the time you run a statewide campaign, you've shook hands with and looked everybody in the eye that's going to vote for you and against you."

"That's pretty cool," Tester said.

Marian Jensen, a former Silver Bow County Democratic party chairwoman, said the key to Tester's success is compromise, including being pro-gun and fiscally restrained.

"He's very good on social issues but he doesn't rub it in people's faces," she said.

'Big Small Town'

Former Democratic Montana Senator Max Baucus said the fact Tester is a native is his strongest asset.

"Montana is really one big small town," he said. "Tester is one of us, a farmer."

Tester said his support earlier this year for a partial repeal of the 2010 Dodd-Frank financial law illustrates how he differs from more liberal party leaders. He said its rules were hurting community banks.

The financial services industry has invested heavily in Tester, who serves on the Senate Banking Committee, with contributions exceeding \$1.5 million. He has raised \$17 million.

Tester said he's independent. "Who contributes to my campaign has nothing to do with what I do," he said.

Embracing Trump

On the campaign trail, Rosendale echoes core Trump themes, vowing to build a border wall and defund cities that don't cooperate with federal immigration enforcement, while backing tax cuts and deregulation. He has made his "A" rating from the National Rifle Association a major theme, and rails against Obamacare.

"I will never give up on repealing and replacing Obamacare," he said at the Missoula rally. "I will protect pre-existing conditions."

Rosendale says Tester isn't bipartisan enough, having voted against Trump's tax cuts and Supreme Court nominees.

"President Trump and all of his policies are on the line," Rosendale told the Missoula rally. "Jon Tester's been too wrong for too long."

In the final week of the campaign, Rosendale is planning an eight-city bus tour with the president's son, Donald Trump Jr. The strategy is a deliberate attempt at building a brand for a politician whose profile is much lower than Tester's previous opponents.

"Rosendale has attached himself very closely to Trump, more so than any previous campaign we've seen," said Jeremy Johnson, a political science professor at Carroll College in Helena.

Rosendale's campaign didn't respond to requests to interview the candidate.

Rosendale, whose campaign has raised \$4 million, has been able to match Tester's massive television advertising campaign with outside support from conservative groups. Among them is the anti-tax Club for Growth, which says it's spending more than \$4.5 million to back Rosendale and is seeking to cast Tester as a liberal tied to Minority Leader Chuck Schumer of New York.

"He goes home and plays up the good ol' boy in his ads but then comes back to D.C. and takes lobbyist money and votes for the Schumer agenda," said Club president David McIntosh, dismissing Tester's vote on the Dodd-Frank bill as unimportant.

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7.3 - U.S. News & World Report (AP): [The Latest: Trump Jr. Calls Tester a 'Piece of Garbage'](#) (26 October, 14M uvm; Washington, DC)

HELENA, Mont. (AP) — The Latest on Donald Trump Jr.'s campaign trip to Montana. (all times local):

7:55 p.m.

President Donald Trump's eldest son is calling Sen. Jon Tester "a piece of garbage" for the Montana Democrat's role in sinking the nomination of the president's first choice to head the U.S. Department of Veterans Affairs.

Donald Trump Jr. made his comments Friday in Helena during an eight-stop, two-day campaign trip campaigning for Tester's challenger, Republican State Auditor Matt Rosendale.

In April, Tester released allegations against VA nominee Ronny Jackson accusing him of drunken behavior, overprescribing prescription drugs and fostering a hostile work environment. Jackson denied the allegations, which are under investigation.

On Friday, the younger Trump said, "Where's the accountability to Jon Tester who did that? Because that makes you a piece of garbage in my mind."

Tester spokesman Chris Meagher said if Trump wants to talk about being out of touch with Montana, he should start with Rosendale and his "garbage record" as state auditor and a legislator.

1:45 p.m.

Republican Senate candidate Matt Rosendale is on an eight-city campaign tour through western Montana with the president's eldest son.

The tour launched Friday morning in Bozeman. It's Donald Trump Jr.'s third trip to the state in support of Rosendale's campaign to unseat Democratic Sen. Jon Tester.

Trump is traveling with his girlfriend, former Fox News personality Kimberly Guilfoyle.

After Bozeman, they planned to hold rallies in Butte, Helena and Great Falls.

On Saturday, they are traveling to Kalispell, Ronan, Missoula and Hamilton.

Meanwhile, Tester launched his own campaign tour Friday with a rally in Billings. He also planned stops Friday in Bozeman and Butte.

On Saturday, Tester will be in Great Falls to speak to the Montana Farmers Union and for a rally with Democratic U.S. House candidate Kathleen Williams.

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7.4 - The Hill: [Trump Jr. calls Tester 'a piece of garbage' at Montana rally](#) (26 October, Alexander Bolton, 11.4M uvm; Washington, DC)

HELENA, Mont. — Donald Trump Jr. blasted Sen. Jon Tester (D-Mont.) at a boisterous rally in his home state on Friday, calling him a “piece of garbage” for sinking Navy Rear Adm. Ronny Jackson’s nomination to lead the Department of Veterans Affairs earlier this year.

Trump Jr., who headlined a rally for Tester’s GOP Senate rival Matt Rosendale and Rep. Greg Gianforte (R), slammed Tester over Jackson’s failed VA nomination, saying the Democratic senator had “ruined this guy’s life” after a bitter confirmation process.

President Trump’s eldest son accused Tester, the ranking Democrat on the Senate Veterans Affairs Committee, of putting out “all sorts of baseless accusations” on the orders of Senate Democratic Leader Charles Schumer (N.Y.).

“To go after and try to assassinate with no proof, no basis, no nothing, a good man simply because my father wanted to elevate him and put him in charge of an organization,” Trump Jr. fumed. “When Jon Tester, who is this lap dog, does that, what happened?”

Trump Jr. argued that no proof of the allegations against Jackson has surfaced publicly since his nomination failed in April, adding Tester has yet to pay a political price for taking down the nominee.

“Where’s the accountability to Jon Tester who did that? Because that makes you a piece of garbage in my mind, and it should to all of you and anyone I know in this state,” Trump Jr. said.

“You have the chance to unseat someone who plays the game, he pretends he’s one thing and he does the opposite,” he added, noting that Tester was found to be the top recipient of campaign contributions from lobbyists in Congress for a time.

Tester and Rosendale are locked in a tight Senate battle, with Tester leading his GOP challenger by 4.5 points in the RealClearPolitics polling index with less than two weeks before the election.

Trump Jr. delivered the broadsides against Tester on Friday at a ranch on the outskirts of the city where an enthusiastic crowd wearing “Make America Great Again” hats and holding Trump 2020 signs filled a remodeled barn.

The enthusiastic audience greeted the president’s eldest son with loud cheers and whoops.

Men sporting camouflage hats, an elderly woman in a wheelchair and children with smartphones flocked to the stage at the end of Trump Jr.’s red-meat stump speech to pose for selfies and shake his hand.

Trump Jr. delivered similar comments earlier in the day at a rally in Butte with Robert O’Neill, the Navy SEAL who shot Osama bin Laden, remarks showing that Trump’s inner circle is still feeling raw about Jackson’s nomination.

Tester led the opposition against Jackson, who served as White House physician from 2013 to March 2018, when Trump nominated him to head the VA earlier this year.

Jackson’s nomination was torpedoed after former members of the White House medical staff came forward anonymously with a variety of serious allegations, which Tester made public in embarrassing detail.

During an interview with CNN's Anderson Cooper, Tester said "the word is" that on overseas trips Jackson would freely hand out drugs such as Ambien and Provigil, which help people fall asleep and wake up.

"These are called controlled substances for a reason," Tester said. "That's the reports we got from the twenty-some people who got a hold of us and said, 'We have a problem, this doctor has a problem, because he hands out prescriptions like candy.'"

"In fact in the White House they call him the candy man," Tester added.

Jackson eventually withdrew his nomination, but the White House is still looking for revenge over the episode.

President Trump made a similar attack against Tester when he hosted a rally for Rosendale last week.

Trump at last week's rally acknowledged that Jackson "might not have been qualified" but praised him as "a doctor at a high level" and "a man that everybody respected."

Tester also said on CNN that Jackson was allegedly drunk while on duty on overseas trip with then-President Obama.

"Adm. Jackson was the primary health-care provider for the president. If you're drunk and something happens with the president, it is very difficult to treat the president," Tester said at the time. "Multiple people told us this was the case on several different trips."

Tester said that there "were comments" about Jackson being so drunk that he wasn't able to respond to people who asked him to do things.

He also raised anonymous allegations that Jackson kissed up and kicked down.

"We were told time and time again that people above him he treated like gold and people below him he belittled," he said.

The Pentagon's Office of Inspector General opened an investigation into the allegations in June.

But Trump Jr. said Jackson never recovered and that Tester "ruined this guy's life."

"Where's the proof?" he asked.

"This is what bothered me the most," Trump Jr. said of Tester's record in Washington. "To go out there on TV and attack a good man."

"That to me is a character flaw."

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7.5 - KMGH (ABC-7, Video): [Fact-Check: GOP ad claiming Jason Crow 'neglected' Colorado veterans is misleading](#) (26 October, Alan Gathright and Tony Kovalski, 536k uvm; Denver, CO)

Jason Crow, the Democratic candidate for Colorado's 6th Congressional District, is a retired U.S. Army infantry captain who served three combat tours in Iraq and Afghanistan and earned the Bronze Star. He also received a "Volunteer Lawyer of the Year" award for his advocacy for Colorado veterans.

But a Republican group's attack ad says he "neglected" Colorado veterans and, as a trial lawyer, represented a corporate executive who stole millions from a veterans' hospital.

The narrator of the Congressional Leadership Fund TV ad is Ned Bishop, a retired Marine who lives in the suburban Denver district.

"Veterans need a congressman who will fight for us," Bishop says, "Jason Crow fails the test."

"While veterans suffered from the VA scandal, Crow didn't show up for work," Bishop adds.

This is the second ad the Congressional Leadership Fund has used to criticize Crow's service on the Colorado Board of Veterans Affairs, where he sat from late 2009 to early 2014. The first ad says, "While veterans suffered because of mismanagement at the VA, Jason Crow didn't show up for work, skipping a third of the board's meetings, neglecting veterans."

Crow did miss more than one-third of the meetings – 17 missed out of 47 total meetings -- during his nearly five years on the board. Yet, all but three absences were excused by the board's chairperson, according to minutes of the meetings.

"This attack is politics at its worst," Ralph Bozella, who served as chairman of the board when Crow was on it, said in a statement. "In my tenure as chair, Jason Crow was an indispensable member of the Colorado Board of Veterans Affairs. He dutifully served veterans across the state – from his tireless efforts helping bring the new VA hospital to Aurora, to his work on the homelessness facility in Fort Lyon that served veterans. Jason was a tremendous asset in this completely volunteer role who went above and beyond to serve."

The Congressional Leadership Fund did not respond to Denver7's requests for its evidence supporting the ad's claims. So, it's unclear which "VA scandal," the ad refers to – making veterans endure long wait-times for health care appointments or the cost-overruns and delayed completion of the new VA medical center in Aurora.

But, let's be clear: Crow and the Colorado Board of Veterans Affairs had no role in any U.S. Department of Veterans Affairs' scandal. The state board has no control over the federal agency.

The board is comprised of seven volunteer members, all honorably discharged military veterans. They visit communities across the state, identifying and working to resolve veterans' challenges, ranging from mental health care to homelessness. The board also oversees the Veterans Trust Fund, which is used to improve veterans' access to healthcare, stable housing and support services.

The ad's accusation that Crow "fails the test" when it comes to fighting for veterans ignores his years of advocacy for vets and their families.

The Denver Bar Association in 2010 named Crow "Volunteer Lawyer of the Year" for his legal advocacy and volunteer work for veterans and their families. This included serving as chairman of the Fitzsimons Veterans Hospital Oversight Committee when he worked with members of Colorado's congressional delegation to obtain funding for construction of the VA medical center.

The United Veterans Committee of Colorado gave Crow its Outstanding Service Award in 2011 for his "dedication and committed service to Colorado veterans and their families" and his "untiring efforts" to get the VA medical center completed.

Crow also donated thousands of hours in legal work to help veterans with issues like substance abuse. He received the "The Catalyst for Change" Award in 2012 for his contributions to Phoenix Multisport, which helps addicts and their families – including many veterans – recover through physical activity.

"Jason's pro bono legal work for Phoenix Multisport has been an incredible gift, allowing Phoenix to grow its programs to reach thousands more Americans nationally who are healing from addiction," the group's founder, Scott Strode, said in a statement. "His military service has also helped him advise us on how Phoenix can better engage veterans struggling with substance use disorder to begin the road to recovery."

In another ad claim, the narrator says, "As a trial lawyer, Crow represented a corporate executive who stole millions from a veterans' hospital."

This claim centers on Jonathan Saunders, the co-owner of an architectural and engineering firm, who was indicted in March 2013 by a federal grand jury in Texas for seeking to defraud the U.S. Department of Veterans Affairs out of \$2 million, according to court records.

At the time, Crow was a junior attorney working in the Denver office of Holland & Hart, a national law firm.

The day Saunders' indictment was filed, Crow was named his attorney in records for the U.S. District Court for Western Texas in San Antonio. The next day, a court clerk noted in a letter to Crow that he was not licensed to practice law in Texas.

Twelve days later, an attorney for a local law firm made an appearance as the defendant's new attorney, court records show. That attorney began filing court papers on Saunders' behalf. Crow was officially removed as Saunders' attorney 28 days after he first appeared at his attorney in court records – and nearly two years before Saunders was sentenced to one year in prison and ordered to pay \$1.5 million in restitution after pleading guilty to fraud, court records state.

A federal court clerk confirmed to Denver7 that Crow was briefly named Saunders attorney, but he was never licensed to work in Texas and never performed any court actions on behalf of the defendant.

The ad ends with the retired Marine saying, "Jason Crow neglected Colorado veterans; he doesn't get my vote."

Our findings

The Congressional Leadership Fund ad's narrator says, "While veterans suffered from the VA scandal, Crow didn't show up for work."

Let's break this down. Crow did miss more than one-third of the meetings during his nearly five years on the board. However, all but three absences were excused.

We rate that part of the claim Fact.

But the ad falsely implies that Crow's volunteer membership on a state board means he had some role in or responsibility for a scandal at the federal Department of Veterans Affairs. That's just not true.

We rate this claim Fiction.

The ad's narrator also says, "Veterans need a congressman who will fight for us. Jason Crow fails the test."

This claim ignores Crow's years of award-winning advocacy work for veterans and their families.

We rate this claim Fiction.

The ad's narrator says, "As a trial lawyer, Crow represented a corporate executive who stole millions from a veterans' hospital."

As an attorney for a Denver law firm, Crow was – for less than a month – the named attorney for a company co-owner who nearly two years later pleaded guilty to defrauding the U.S. Department of Veterans Affairs in Texas. Another law firm's attorney took over the defendant's case 12 days after Crow was named attorney. According to a federal court clerk and records, Crow was never licensed to practice law in Texas and never performed any court actions on behalf of the defendant.

The ad sponsor takes a sliver of fact and grossly exaggerates it.

We rate this claim Misleading.

The ad ends with the narrator saying, "Jason Crow neglected Colorado veterans; he doesn't get my vote." Again, saying Crow "neglected" Colorado veterans is contradicted by his years of volunteer service, including providing free legal representation, for veterans and their families.

We rate this claim Fiction.

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7.6 - WKYC (NBC-3): [Wiccans: Often misunderstood, yet more popular as new year looms](#) (26 October, Phil Trexler, 385k uvm; Cleveland, OH)

She was born into a family with deep Catholic beliefs, with aunts and an uncle devoting their lives to serving the church.

By age 13, she broke the news to her family: Rebekah Benner found Wicca and aspired to be a witch. The reaction was not as some might expect. She was not shunned. Rather, she was encouraged to follow her heart.

"They wanted us to explore life and find a way for ourselves, so they honored it," Benner said.

Forty-five years later, she's now known as Rev. Rebekah Benner, a Wiccan high priestess, interfaith minister and a chaplain at the Veterans Administration. She performs weddings and funerals and a form of blessing for children of Wiccans.

And, yes, she's a witch.

"The people that are offended or surprised or aghast if I call myself a witch are people that I will either talk with more, or if they don't [want to talk], and they walk away, those are the people that I don't need in my life," she said. "I only hope that people will say, 'OK, that's another way of life, another way of looking at things.'"

Wicca, to many, is one of the world's most misunderstood religions.

Witches within the Wiccan world are not the cartoonish or evil characters that often come to mind from movies or TV shows.

Witches are, however, most often symbolic of the misconception that so many have about Wicca and their beliefs.

Wiccans believe in feminine and masculine spiritual deities. They believe in the gift and value of earth, air, water, spirit and fire, the very heart of life on this planet.

Yes, they cast spells, but only for good. Their mantra is to do no harm to others.

And no, they don't worship the devil. They don't even believe in Satan's existence, which they view as a creation borne from Christian beliefs.

What they do see and feel, what sustains them, is what a Wiccan values most.

"What I get out of Wicca is a sense of wonder every single second," Benner said. "I feel that I am blessed every time with the entire world. It's a blessing. It's a miracle."

While some form of pagan spiritualism dates back centuries, Wicca is a 20th century creation in Europe. It made its way to the United States in the 1960s, largely because of the efforts of Raymond Buckland, considered the father of American witchcraft.

Inside a century-old storefront in Cleveland's historic Tremont neighborhood is the Buckland Museum on West 14th Street. The museum houses Buckland's personal collection of Wiccan artifacts as well as whimsical witch-related items.

"It's just a very beautiful religion," said Jillian Slane, the museum's director.

The museum draws people from all around, and for a variety of reasons, from practicing Wiccans to the curious.

"I really like it when people come in and they have that [negative] attitude in a way because we can usually talk them through a lot of issues or preconceived ideas that they have and make them see it in a different way," Slane said.

For Toni Rotonda, a former Catholic, Wicca is a religion that she feels connected to as a woman. Wiccans view female and male deities as equals.

It was Rotonda who acquired and owns the Buckland's collection. The two were close friends. While the collection is vast, she believed its historical significance was important to retain and keep intact for future generations to see, and perhaps understand, the religion.

"For me, it represents the freedom to choose, the freedom to pray to whatever deity that I want," she said. "When I found Wicca, I found that you can pray to the Goddess and that opened up a lot for me.

"It's given me the freedom to choose what I wanted to do and not be told what I had to do."

Some studies have shown Wicca to be America's fast-growing religion with an estimated 300,000 followers. Even more are practicing in secrecy because of the stigma attached to the religion, supporters say.

Wiccans can practice their faith anywhere. Some come together in numbers to create covens and meet regularly, forming a circle outdoors for various ceremonies.

An altar is often included for the priestess, who uses a variety of items for the ceremony. A bowl of salt, for example, represents earth and incense are used to mark air.

The Wiccan pentacle, pointing to their beliefs of earth, fire, air, water and spirit, is its symbol. They celebrate eight holidays, all tied to the changing seasons of the year.

"Our sacred temple is wherever we want it to be," Rotonda said.

For Wiccans, Oct. 31 marks Samhain (pronounced Sow-en) one of the religion's most important days. Samhain commemorates the end of the harvest season and the beginning of a new year. It's also a time to commemorate the lives of friends and family who have died.

Samhain marks a fresh start, and to Wiccans like Rev. Benner, perhaps a better understanding from others.

"My hope is that really, like any religion, people will allow you to be who you are without judgment."

For anyone interested in learning more about Wicca, Benner invites the public to a Samhain ceremony Nov. 2 at 7 p.m. at the Unitarian Universalist Church of Akron, 3300 Morewood Road.

The Buckland Museum is located at 2676 W. 14th Street in Cleveland. Visit www.BucklandMuseum.org for more information.

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7.7 - Ole Miss: [University Honoring Military through Warrior Week. Events organized to highlight service, recognize military](#) (25 October, Justin Whitmore, 40k uvd; Oxford, MS)

The University of Mississippi is honoring its military veteran students, faculty and alumni during Warrior Week (Oct. 29-Nov. 3) with a series of events designed to recognize members of the armed services in the Ole Miss family.

“The University of Mississippi’s support for veterans and military families reflects our commitment to helping these important members of the Ole Miss family navigate their transition into civilian life, and it is a vital part of our institutional investment in building healthy and vibrant communities,” Chancellor Jeffrey Vitter said.

“We value our military students greatly for their service to our country, and for the leadership, life experience and maturity they bring to our campus community. As we continue making great strides in how we support our 1,400-plus military-connected students, Warrior Week is a wonderful way for the university to honor their tremendous sacrifice and service.”

The university’s mission to honor and support its student veterans does not go unnoticed by its military faculty and staff.

“Warrior Week affords the LOU community a chance to see our past, present and future veterans’ accomplishments, and to see these veterans in person that are being recognized,” Army ROTC Sgt. Anthony Douglas said. “Warrior Week reminds the university that it has its own veterans, and that the university should be proud to be affiliated with these veterans that have honorably served our country.

“Warrior Week also allows our veterans to feel welcomed, and to have their service and sacrifice recognized by their community.”

Throughout the week, a variety of events and activities will honor veterans and their service, culminating in the Nov. 3 Military Appreciation Game against South Carolina.

[...]

Ole Miss-South Carolina Football Game

The military appreciation football game between the Rebels and the South Carolina Gamecocks will kick off at 11 a.m. Nov. 3 at Vaught-Hemingway Stadium.

Notable alumni and service members will be recognized during the game, and special guest Robert Wilkie Jr., U.S. secretary of veterans affairs, will participate in the pregame coin toss alongside Jimeno.

Cadets from each branch of the ROTC will march onto the field at halftime, an experience Kelly said is awe-inspiring, especially as someone who tried to join the football team when he came to Ole Miss.

“I tried walking onto the football team, but honestly, I wasn’t good enough,” Kelly said. “But it’s a dream come true to be out on the field and look up and see all the fans in the stands.”

Throughout Warrior Week, student veterans and ROTC cadets will be featured in videos highlighting their service and achievements.

Kelly said the recognition the university shows its veterans and active military service members makes him proud to serve, and motivates his future endeavors. He is on track to graduate in May and head into active service.

“(The recognition during Warrior Week) is very nice and very humbling,” Kelly said. “It makes you feel grateful to know there are all these people serving our country, and it’s humbling just to give back.

“I’m grateful to have the opportunity to give back to my community and my country and gain some life-changing experiences.”

Before kickoff, a military flyover will soar over the stadium.

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Subject: [EXTERNAL] 25 October Veterans Affairs Media Summary and News Clips

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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

25 October 2018

1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die from the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital. Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport.

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1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

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1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah. The findings might hold true for others in distress, too.

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1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed. In fact, nothing he said about the program's origin is true.

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1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

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1.7 - Military Times: [Union demands investigation into VA official who displayed painting of KKK leader](#) (24 October, Leo Shane III, 471k uvm; Springfield, VA)

Union officials are calling for a full investigation into a senior Veterans Affairs official who prominently displayed a picture of a Ku Klux Klan leader in his office, accusing department leadership of ignoring the problematic behavior.

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2. [Improving Customer Service](#)

2.1 - CNN: [This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER](#)

(24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone. Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

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2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads. Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be. Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band.

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2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center. "I am ready to go home," said Jackson. He is part of an aging veteran population; the baby boomers who served in Vietnam.

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2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom. U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and

ordered a pre-sentencing report prepared before sentencing, which he then set for Jan.16, 2019.

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2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served. Right now, they're in need of drivers to get people back and forth to their doctor's appointments. VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

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2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver. It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

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2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs. Pamela Powers, who graduated from high school in 1985, was named the department's chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

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2.8 - Boulder City Review: [City's support for fallen veterans' families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

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[3. Business Transformation](#)

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager's residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

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3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town. Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming. One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

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3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Solders Home.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

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4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

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4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

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4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

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5. [Suicide Prevention](#)

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices. Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

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5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars. Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Los Angeles Daily News: [Garcetti says \\$85 million from state for homelessness is being put to good use](#) (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

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6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

The City of Abilene is one step closer to helping the city's homeless people who have served and fought for their nation. Mayor of Abilene Anthony Williams issued a challenge on Tuesday to end veteran homelessness in the City of Abilene over the next 100 days.

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7. [Other](#)

7.1 - Los Angeles Times: [California's cruel rule barring 2,400 vets from accessing aid in dying](#) (24 October, Editorial Board, 12.4M uvm; El Segundo, CA)

Not long after California enacted a law allowing terminally ill people to obtain life-ending prescriptions, the state Department of Veterans Affairs (known as CalVet) adopted an emergency regulation making it clear that residents of its eight veterans homes would not be allowed to take advantage of the new law's provisions.

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7.2 - Stars and Stripes: [Democrats lay out veterans priorities as they look to take House in midterm elections](#) (24 October, Nikki Wentling, 532k uvm; Washington, DC)

When Rep. Mark Takano, D-Calif., took the stage in August at the American Legion convention in Minneapolis, he delivered a speech that tied together his heritage with the present-day debate over U.S. citizenship and who has earned it.

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7.3 - KREM (CBS-2, Video): [Family of VA doctor who died in Spokane to unveil sculpture by Kendall Yards](#) (24 October, Kaitlin Riordan, 116k uvm; Spokane, WA)

A sculpture honoring a Spokane Veterans Affairs doctor who died while on a run is being unveiled near Kendall Yards on Saturday afternoon. The sculpture will be titled "We Are Marshall," according to a city of Spokane press release. Dr. John Marshall's body was pulled from the Spokane River on Jan. 26, 2016 after his wife, Suzan, reported him missing the day before.

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1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die from the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

Chronic pain is more common and more severe among Veterans than among non-Veterans. Severe pain is 40 percent more common in Veterans compared to non-Veterans. Nearly 60 percent of Veterans who have served in the Middle East and more than 50 percent of older Veterans live with some form of chronic pain.

I saw the effects of severe, chronic pain on my father when he returned from Vietnam severely wounded and still recovering after a year in military hospitals. Many Veterans like my father suffer chronic pain for the rest of their lives, and the risk of suicide is particularly high among Veterans and others who face chronic pain.

Fortunately, VA has taken a multi-faceted approach called the Opioid Safety Initiative (OSI) to reduce the need for opioids. Since its launch, the program managed a 45 percent reduction in Veteran patients receiving opioids from July of 2012 to June of 2018. That's over 300,000 fewer Veterans on opioids. The same program in the same months reduced Veterans on long-term opioid therapy by 51 percent and Veterans on high-dose opioid therapy by 66 percent.

In addition to system-wide oversight of prescribing of opioids, the initiative has brought pharmacists and prescribers together to educate one another on the problem of identifying the best treatment for each Veteran in pain.

Opioids have a place among treatment options. They are powerful drugs that can be used to alleviate pain and any reduction in their use must be done carefully. Otherwise, patients could be driven to crisis by both the effects of withdrawal and ineffective pain management.

Decisions on the use of opioids must therefore take a Whole Health approach to care, with the aim of not just reducing opioids but also improving functioning by patients. It takes time and attention from providers to have meaningful conversations with patients about what their life goals are, and provide education about what they can reasonably expect from treatment.

This approach uses the stepped care model based on a continuum of care and incorporating professional support and self-management through counseling and participation in groups like Narcotics Anonymous. It also includes non-pharmacological pain treatment options like stress reduction, yoga, tai chi, mindfulness, chiropractic care, nutrition, acupuncture, and health coaching, which may reduce reliance on opioids without increasing pain or causing other health problems.

Virtually all VA facilities have reduced prescriptions for opioids. VA facilities in El Paso, Texas, and Fayetteville, N.C., have managed the greatest reductions, cutting rates by 71 percent in El Paso and 69 percent in Fayetteville.

Rates for other VA facilities can be viewed online since January, when VA became the first hospital system in the country to begin posting its opioid prescribing rates online, updating them twice yearly in January and July.

We expect even better management of pain medications for Veterans when VA and the Department of Defense roll out their new integrated electronic health records. The new records system will give health care providers a full picture of patient medical history, enabling better treatment and better clinical outcomes. It will also help us better identify Veterans at higher risk for opioid addiction and suicide, so health care providers can intervene earlier and save lives.

We have also issued the lifesaving drug Naloxone to over 100,000 Veterans to help prevent tragedies and instituted patient risk assessments for overdose and suicide, bringing the power of big-data analytics to bear through VA's Stratification Tool for Opioid Risk Mitigation (STORM), which puts predictive analytics in the hands of providers and allows effective collaboration of medical and mental care of Veterans at risk.

There is still more to learn and more to do, and a national solution will require national collaboration. But President Trump has said, "We can be the generation that ends the opioid epidemic." He is right about that. We can end the epidemic, and VA is helping lead the way.

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1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

COLUMBUS, Neb. (AP) — A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital.

Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport. She had been in Nebraska to help Holeman get to his Columbus home after spinal fusion surgery three days earlier in Omaha. He called her in great pain and said he was oozing blood and his left leg had gone numb, Nagengast said.

Her brother is a veteran living on disability and didn't have Department of Veterans Affairs' approval to call an ambulance, she said. He also couldn't afford a taxi to a hospital, she said.

Nagengast was still in the Tampa airport when she tried to call his VA social worker but misdialed and reached what turned out to be a right number: the Jimmy John's in Columbus and its night manager, Jason Voss. She explained her problem.

"She was a little panicky," Voss told the Omaha World-Herald on Tuesday. "At that point I figured I should take a minute to think about it. It was obviously not someone making something up; it was an actual situation going on."

It took Nagengast a little while to realize she hadn't reached her brother's social worker.

"I apologized profusely. I was really embarrassed," she told The Columbus Telegram. "I just told them, 'Never mind.' But somehow they found it in their hearts to help."

Voss called delivery driver Zach Hillmer, who picked up Holeman and drove him to a hospital emergency room. Hillmer, a U.S. Navy veteran, said it was a privilege to help a fellow military man.

Sam Nixon, operating partner of Columbus' Jimmy John's, said he was proud.

"Those guys did that on their own accord, and that's what was so special about it," Nixon said.

Nagengast said her brother is back at home and doing OK.

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1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

David Thomas, a deputy director in the VA office that verifies small businesses for government contracts, never directly received complaints from his coworkers about the painting, a spokesman for the federal agency said Wednesday.

The portrait depicts Nathan Bedford Forrest, a Confederate Army general turned inaugural KKK leader, posing on the back of a horse. The words "No Surrender" and the date 1862 are written on a title card below the painting.

Thomas did not respond to requests for comment.

"Mr. Thomas immediately took down the print in question – a work by noted historical artist Don Stivers – and the matter is resolved," said VA Press Secretary Curt Cashour.

The incident comes amid a protracted national debate over whether Confederate symbols should be displayed on government property, including monuments in local parks. Earlier this year the Sons of Confederate Veterans organization sued the city of Memphis, Tennessee for removing a statue of Forrest from a park.

During the Civil War, Forrest led the brutal killings of mostly African American Union Soldiers at the Fort Pillow Massacre in 1864. He also is known for using his stature in the Confederate army to help create and expand the KKK as a secretive organization. In 1869, he called for the group to be disbanded and even later gave a noted speech on racial reconciliation, but local chapters continued to exist.

A petition coordinated by the labor union representing VA was sent to members this week. It denounced the display of the painting in a government building and called for "appropriate action to be taken."

"Hopefully this will one day be a thing of the past but until that happens we'll be here to fight it," said Cheston McGuire, press secretary of the American Federation of Government Employees.

The Washington Post first reported the portrait had been taken down.

ABC News confirmed the report and obtained photos of Thomas' office while the portrait was still hanging. The person who took the photos does not want to be identified because of fear of retaliation.

Doug Massey, president of AFGE's Local 17, said Thomas has been at the center of other racial discrimination complaints. At least three African American employees have pending cases alleging misconduct in Thomas' office, and he is accused of discrimination and retaliation by at least two senior employees, according to court filings. The VA said it does not comment on personnel issues without that person's consent.

One of those accusers is retired Air Force Colonel Michelle Gardner-Ince. She told ABC News that Thomas mentioned to her that his wife didn't like the portrait but that he kept it anyway.

At the time, Gardner-Ince said she didn't know Forrest was the man in the picture and didn't ask Thomas about it. But she was appalled after learning more about it from the VA employees who started the petition.

"It is an environment of fear," Gardner said. "With the behavior and fear that's prevalent in the office, [the painting] also serves as intimidation."

Thomas is a career employee and was not appointed by any administration.

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1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah.

The findings might hold true for others in distress, too.

"How to Use Social Media Patterns to Identify Veterans at Risk for Suicide" was released as part of the Bob Woodruff Foundation's Stand Smart for Heroes series. The study found veterans who took their own lives were more likely to have recently posted about stressful events, followed closely by posts about emotional distress. The reverse — emotional distress and then stressful events — did not have the same association with suicide, said lead researcher and the center's executive director Craig Bryan, a board-certified clinical psychologist.

He said fewer than 5 percent of veterans who took their lives posted anything obviously suicidal on social media, so finding other clues is crucial.

The U.S. Department of Veterans Affairs calls suicide by veterans its "top priority." The department's new data finds suicide by young veterans increased 10 percent from 2015 to 2016, even as the rate among older veterans declined slightly. But between 2005 and 2015, veteran suicides had increased 25.9 percent, while non-veteran adult suicides increased more than 20 percent in that time period. Veterans overall are 1.5 times more likely than the general population to kill themselves.

The government agency report notes that about 20 veterans a day die by suicide, accounting for 1 in 7 adult suicide deaths, even though fewer than 1 in 12 Americans have served in the military. Overall, roughly 44,000 Americans take their own lives each year, while there are roughly 25 times that many suicide attempts. Male veterans ages 55-74 had the highest number of suicides, while male veterans 18-34, a much smaller cohort, had the highest suicide rate.

The study of social media posts of veterans who killed themselves showed they were also more likely than others to write about alcohol, to go back and forth quickly between positive and negative emotional content and to post photos of their guns. They were less likely than others to share photos of pets or friends.

Looking back

While the Veterans Administration and others have aggressively targeted suicide prevention, some studies suggest that veterans and military personnel may hide or deny they have thought about suicide.

"Therefore, alternative methods for identifying high-risk service members and veterans need to be developed across all settings providing services to (them), both within and external to the health care system," the Stand Smart report said.

The researchers worked backward, starting with veterans who had died — whether from suicide or other causes — and analyzing social media posts to see if what they said offered insights that might have allowed friends, family and others to reach out to those who took their own lives.

Bryan said the people coding the social media posts for the study didn't typically know how individuals had died.

The study included veterans' posts on Facebook, Twitter, blogs, MySpace and any other social media sites where they interacted. Not surprisingly, Bryan said, some of the traditional markers, like hopelessness, were found.

But not all people who post hopeless or distressed content kill themselves. "So how do you know when a post like this would signal emergent suicide behavior, when at other times it might not?" he asked.

They analyzed the posts several ways, including an approach called dynamical systems modeling, which takes into account that people have good days and bad days. But "perhaps it's more informative to look at how content changes over time. Are there certain patterns — cycles in what people are posting online — and are there relationships among multiple variables that can provide information? That is exactly what we found," Bryan said.

No particular theme or topic signaled forthcoming suicidal behavior. But the order and timing of posts did.

"The one that mattered the most was a very interesting sequence: Those who died by suicide tended to post things about life stress, so a relationship failure, conflict with someone else, a financial problem. Then, immediately afterward — perhaps the next post or the one after that — they tended to post something indicating emotional distress or some sort of negative thought process like hopelessness, despair, depression, anger or anxiety."

Taken sequentially, the posts "seemed to be a very strong signal for suicide," Bryan said. But posting in the opposite order was a trait characteristic of the non-suicide group. And the closer the posts were to when the veteran died, the stronger the signal in the sequence was.

Bryan said the "temporal signal seemed highly specific to suicide death."

The most important limitation of the study, he noted, is that it's "historical." Social media is advancing rapidly, with new apps and platforms emerging all the time and how people use different platforms evolves, too. "We are always in some way a little behind the curve."

Some have expressed interest in using rapid technological advancement, such as emerging artificial intelligence, to try to spot people at risk of suicide. But humans beat machines when it comes to watching for signs and reaching out. The researchers said machines don't pick up on sarcasm or irony, while humans do. "We read it, that's obviously a joke. It's lyrics to music or it's ironic," Bryan said.

But the sheer volume of such content has generated some interest in creating algorithms that identify suicidal signals, Bryan said.

How to help

Bryan hopes people won't glue themselves to social media to ferret out who among their friends might be suicidal. But he does want folks to be aware when something seems off. "We often notice when the things people are posting are a departure from their typical patterns," he said. "This notion of being knocked off balance seems to be a really important thing for us to pay attention to. And that might be the time to get involved."

Because so few veterans declare suicidal intent, waiting for explicit posts isn't very helpful.

Instead, when someone talks about emotional distress "in a different way than usual, that's the time to reach out to them."

His advice for reaching out is simple: Same way you would normally reach out to the person. "Some of us text, some call, some of us talk face to face over a cup of coffee," he said. "We don't have to necessarily do anything special or out of the ordinary. It's just kind of being ourselves and reaching out to others when it's obvious they might need support."

Bryan believes paying attention to temporal sequencing of social media posts might find others, not just veterans, at risk of suicide. Other research is confirming that.

A different researcher analyzed Twitter posts of mostly not-veterans, Bryan said, finding "these patterns doubled if not tripled the ability to ID suicidal individuals as well as other conditions. It could improve detection of individuals with psychosis, with depression, with anxiety. (That researcher) took that idea and was able to show it significantly improved risk assessment in a different sample."

The Bob Woodruff Foundation focuses solely on helping post-911 military and their families, says Margaret Harrell, director of programs and partnerships. It was founded after Bob Woodruff, a broadcast journalist who was injured while embedded with American forces in Iraq. He suffered a traumatic brain injury and was comatose for weeks. As he recovered, he and his family launched the organization.

One way they're helping veterans is simplifying and sharing key research affecting veterans, including Bryan's study, which Harrell believes goes well beyond veterans. "There are important things here all of us should know and be thinking about as we're interacting with friends, neighbors, colleagues. ... We can apply common sense" and see it applies to others, she added.

"You're talking about literally saving people's lives. It's amazing research," Harrell said.

National efforts to prevent veteran suicide include expanding the Veterans Crisis Line, placing a suicide prevention coordinator at each VA facility, increasing access to mental health care and enlisting family, friends, community and others in prevention-focused partnerships, among others, according to the Veterans Health Administration.

Veterans in crisis or anyone worried about a veteran can call the Veterans Crisis Line at 1-800-273-8255 and press 1, send a text to 838255 or chat online.

The crisis line has taken more than 3.5 million calls and dispatched emergency help more than 100,000 times since it started in 2007. More than 413,000 anonymous online chats have occurred since 2009, and the text line, started in late 2011, has responded to nearly 100,000 texts, according to crisis line data.

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1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed.

In fact, nothing he said about the program's origin is true.

Trump, Nevada, Oct. 20: And we just passed — after 44 years, we just got it passed, I signed it two months ago, veteran's choice, so that if they have to wait on line for 12 days or 14 days or 32 days, or much longer than that — can you believe it? ...

They go immediately to see a doctor privately. We pay for their bill. ...

But I thought it was so brilliant, I came back to my group, I said, I got the greatest idea, because I haven't been doing this that long, so, you know, it wasn't like high on my list, but it became high. I did know the veterans were never treated fairly. But I said, I have the greatest idea. We're going to do this. If a veteran has to wait, we're going to send them to a private doctor.

We'll pay the bill. What a genius — I said, I said, how good is that? They said, "Sir, we've been trying to get it passed for 44 years." So I was good at getting things passed. That's what I did.

Ten days earlier, at a rally in Pennsylvania, the president told the crowd: "When I first heard about it, I mean, it's not like I was studying it for my whole life. But I heard about it three-and-a-half years ago. I said, I have an idea. Let's — when they wait on line for 10 days, 22 days, 38 days, you have to see, months and months, why don't we let them go see a private doctor and we pay the bill? It will solve our problem. And I told everybody: I am the most brilliant guy in the world. Who else would think — who else would think of that?"

And at his rally in Kentucky on Oct. 13, Trump said this was "the greatest idea I think I've ever had."

In fact, that was the idea for the Veterans Choice Program, which was created by the bipartisan Veterans Access, Choice, and Accountability Act, signed by President Barack Obama on Aug. 7, 2014. The legislation, which garnered a 91-3 vote in the Senate and a 420-5 vote in the House, followed a scandal over wait times at Veterans Affairs facilities.

The VA summary of the 2014 bill said it would "allow those Veterans who are unable to schedule an appointment within 30 days of their preferred date or the clinically appropriate date, or on the basis of their place of residence to elect to receive care from eligible non-VA health care entities or providers. This is separate from VA's existing program providing Veterans care outside of the VA system."

If a veteran lives more than 40 driving miles from the closest VA medical facility or faces other travel burdens, or the VA can't provide the services required, that veteran can receive care from another provider, according to the Department of Veterans Affairs, which says on its website that Veterans Choice is "one of several programs through which a Veteran can receive care from a community provider."

Since Trump took office, he has continued the program, signing legislation to provide funding for the program and to eliminate the expiration date. In June of this year, Trump signed the bipartisan VA MISSION Act, which provided funding to keep the Veterans Choice program for one more year, and then called for consolidating it and other private-care options into a new Veterans Community Care Program.

The MISSION Act — a "significant portion" of which came from earlier bipartisan legislation from Republican Sen. Johnny Isakson and Democratic Sen. Jon Tester, according to the senators — says that under the consolidated program a veteran can go to a private medical provider if "the covered veteran and the covered veteran's referring clinician agree that furnishing care and services through a non-Department entity or provider would be in the best medical interest of the covered veteran," based on criteria to be set by the VA secretary. Those criteria will include distance from a medical facility, type of services needed, and the timeliness of appointments.

A June Government Accountability Office report said that it wasn't clear whether the Choice Program had "improved the timeliness of veterans' care because VA's data are incomplete and unreliable," and Tester has said the new law "streamlines community care."

So, Trump has continued the Veterans Choice Program and the new law could expand eligibility for such services. But how can Trump say a law that was passed years before he took office

was both his idea and 44 years in the making? We asked the White House press office but haven't received a response.

In some of his rallies — such as Oct. 12 in Ohio — Trump merely claims that “I got done what they'd been trying to do for 44 years.” But on several occasions he has expanded that falsehood into a story about “the greatest idea I think I've ever had.”

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1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

Sometimes a wrong number turns out to be exactly the right one.

When Lisa Nagengast flew home to Florida on Saturday, all seemed well with her brother back in Nebraska.

Greg Holeman, 48, was out of the hospital after a risky surgery, and home care had been set up.

But then came the troubling phone call from her brother: The incision from his spinal fusion was oozing blood and pus. His left leg had gone numb. And he couldn't find a ride to the hospital, Nagengast posted in a Facebook account of what unfolded Saturday night back in Nebraska.

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

So Nagengast called her brother's social worker.

At least she thought she did.

A young woman answered the phone and listened intently.

“I assumed it was the social worker, Pam,” she explained on Facebook. “I told her who I was, why I was calling, gave her the whole story, and asked what can we do to get him to the hospital.”

What Nagengast didn't realize was that she'd called the Jimmy John's restaurant in Columbus.

The young woman who answered the phone, Lupe Rodriguez, passed the receiver to her manager, Jason Voss.

“She was a little panicky,” Voss said of Nagengast. “At that point, I figured I should take a minute to think about it — it was obviously not someone making something up. It was an actual situation going on.”

Voss couldn't leave the restaurant, but he also didn't want to put anyone on the spot. So he called Jimmy John's driver Zach Hillmer to talk it over with him.

“There was so much we didn’t know, what could happen, how it could fall to us,” Voss said.

Hillmer, a veteran himself, called Nagengast to find out where her brother lived.

Nagengast said she became confused. She asked him why another social worker hadn’t given him her brother’s details.

“And he said, ‘Umm, this is Jimmy Johns,’

The picture was removed this week after the newspaper confronted Thomas about racial background of the portrait. Thomas claimed no real knowledge of Forrest's background, saying he displayed the painting because "it was just a beautiful print that I had purchased, and I thought it was very nice."

Employees in Thomas' office — which includes numerous African-Americans — have been circulating a petition demanding removal of the painting prior to the news story.

VA officials did not respond to requests about possible discipline for Thomas, but told the Washington Post they considered the issue resolved after the painting was removed.

AFGE officials disagree.

"This is about more than one portrait — this is about ensuring all employees can work free from discrimination and intimidation," said Jeremy Lannan, head of the union's civil rights department. "We have serious questions as to whether that's possible under Mr. Thomas' leadership."

AFGE said employees in the office had previously filed three claims of racial discrimination against Thomas, and has requested additional information from the department on the office's morale and disciplinary actions.

The union has been a frequent critic of President Donald Trump and VA management in recent years, opposing a host of moves designed to more easily fire civil employees and limit union officials work on behalf of members during work hours.

Thomas began working at VA in 2013, during former President Barack Obama's administration. The Washington Post report said employees complained that Thomas displayed the painting in previous offices before his most recent promotion to the deputy executive director role.

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2. Improving Customer Service

2.1 - CNN: This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER (24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Jimmy John's is known for its "freaky fast" delivery, but one branch showed it can deliver a lot more in helping an ailing veteran.

A woman thought she was calling a social worker to help her brother after his spinal surgery. Little did she know she had misdialed and called the sandwich shop in Columbus, Nebraska.

"The whole time I pretty much knew that she didn't know she was talking to someone from Jimmy John's. It didn't seem important to really bring it up, but I just wanted to make sure that she knew I was going to help her," said Jason Voss, the night-shift manager at the Columbus Jimmy John's.

Army veteran Greg Holeman, 48, was recovering from spinal surgery when he returned to his home last week. His sister, Lisa Nagengast, flew in to help get him settled at home.

Just moments after she landed back home in Florida, Nagengast received a voice mail from her brother saying he was having severe pain in his left leg and couldn't stand up.

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone.

Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

Once Hillmer called Nagengast back to find out more information about her brother, it became clear to her she was not talking to a social worker.

"I was kinda gracefully [trying to] back out of everything that had happened at that point," Nagengast told CNN. "He was like, 'No no no, I will take him to the hospital. You give me his name and his address and make sure that he gets in the car with me, and I will get him where he needs to go.'"

After the phone mix-up, Nagengast thanked the employees for stepping up. "I cannot say thank you enough to Jason Voss and Zack (sic) Hillmer ... there are not enough words to express my gratitude." Nagengast wrote in a Facebook post Saturday.

"I'm famous for calling a wrong number, but Zach and Jason need to be famous because they did an amazing act of kindness," Nagengast told CNN.

She isn't the only one praising the two workers. "I'm awfully proud of those guys," said Sam Nixon, the owner and operator of Columbus' Jimmy John's. "What they did, I could not teach."

Holeman's trip to the emergency room was a successful one. The veteran is back home and is recovering well.

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2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads.

Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be.

Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band. The musicians, filmed during a reunion this summer, ranged in age from 61 to 82. They didn't miss a note.

Plumer, 66, is visible in the background of the video, flitting around the percussion section, from snare drum to xylophone and back. She beamed as the band struck up "Duty," the WAC song.

“Duty is calling you and me. We have a date with destiny,” she sang along to a tune many people only know from the actors who whistled it on their way to the “Bridge on the River Kwai.” “Ready, the WACs are ready. Their pulse is steady, a world to set free.”

Plumer is one of 20 million American veterans, and there’s no reason to wait until Nov. 11 to remember that millions of those veterans could use our help.

Plumer hopes to convince the U.S. Department of Veterans Affairs to link her hearing loss to the years she spent banging the drum for Uncle Sam. She spent six years performing next to booming cannons. When she was stationed in Germany in the 1970s, the band’s rehearsal space was an old stone stable where the music bounced off the walls so loudly one performance registered a painful 120 decibels — somewhere in the range of a chain saw or a thunderclap.

The VA supplies Plumer’s hearing aids and batteries. But she says if she could get her hearing loss classified as service-connected, even by just 10 percent, then “so many doors would open” for other help and benefits.

Plumer lives in subsidized housing and lives off Social Security disability benefits she says come to about \$12,000 a year. This close to the end of the month, she can’t afford the grocery store or the gas station, but she thinks she has enough left in the tank of her rusty 21-year-old car to get to the rehearsal of the community band she joined.

She’s one veteran among millions. One veteran among the 1,000 a month who apply to the Minneapolis VA Health System for benefits.

“I stopped counting around 19,000,” said Dr. Greg Matlock, medical director for compensation and pensions at the Minneapolis VA Medical Center. He started a running count of the exams he performed on veterans seeking medical benefits in mid-2013, when the system was battling a case backlog, and gave up the tally after five long years.

Applications come in from young soldiers with traumatic brain injuries and veterans in hospice trying to secure benefits for spouses or dependent children. He’s even seen a few hearing loss claims from veterans of military bands.

Matlock, a veteran himself, knows how confusing the claims paperwork can be.

Fortunately, there are people who can help veterans with a process that starts by filing paperwork to signal your intention to file paperwork. There are state, county and tribal veteran outreach workers who can help navigate the bureaucracy. Groups like the VFW help veterans file claims. And if you’re really having trouble getting someone to listen to you, Minnesota’s congressional and Senate offices have been known to throw their weight behind constituents’ claims.

But for Plumer, whose last service-connected disability claim was rejected, the idea of starting again is frustrating. She’s met other military band veterans, all men, who told her their request for service-related disability benefits for hearing loss were granted without fuss.

She served at a time when women had limited career options. She’d hoped things would be different now.

"They are not dealing appropriately with a lot of people, but especially not with older female veterans," she said. "They should be treating them with some understanding and dignity, and they're not."

So she tries to stay busy. She spent years volunteering in schools. She recently added the mandolin to the long list of instruments she plays and joined an all-mandolin orchestra.

She remains fiercely proud of the years she spent with the 14th Army WAC Band. In 1978, the Army disbanded the WAC, and the women's units were integrated with male units, including the band.

"Service, we're in it heart and soul," she took up the anthem again. "Victory is our only goal. We love our country's honor, and we'll defend it against any foe."

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2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

JACKSONVILLE, FL -- James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center.

"I am ready to go home," said Jackson

He is part of an aging veteran population; the baby boomers who served in Vietnam.

The veteran said he did two tours and during an assignment he injured his back jumping from an airplane on fire.

"I landed 25 feet up in a tree," said Jackson. "I had to cut my straps."

Decades later he is still dealing with his back injury. Jackson said the Veterans Administration has rated his injury as service-connected.

"I am 100% disabled," he said.

He said he also suffers with the invisible wounds of war like PTSD. A few months ago the back injury caused him to lose the strength in his legs.

He now has to use a wheelchair to get around "for the rest of [his] life," Jackson said. "In fact the VA is going to give me a wheelchair on the 29th."

It is the VA that provides his healthcare and with it, some promises.

According to Jackson, in September the VA Gainesville office promised to build a wheelchair ramp at his home. In October he said he was told the request was never formalized.

"The request never went through," said Jackson. "I was pretty despondent."

Jackson said since being in a rehabilitation center his son has made renovations to his home, making it wheelchair accessible.

Jackson said he is now waiting on the VA to complete the work on the outside, the wheelchair ramp.

"Just do what I was promised was going to happen," he said.

On Your Side reached out to the North Florida/South Georgia Veterans Health System for answers.

Public Affairs Officer Daniel Henry provided this response:

Due to Privacy Act restrictions, in order to comment on VA's specific interactions with a Veteran, we would need their written consent (by having them fill out and return this form).

Can you provide that consent? If you cannot, please note in your story that those making these allegations refused to allow VA to comment on them.

We submitted the consent form and are waiting on a response. Jackson told On Your Side his doctors will not release him from the center until there's a wheelchair ramp at his home.

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2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

TEMPLE, Texas (KWTX) - A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom.

U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and ordered a pre-sentencing report prepared before sentencing, which he then set for Jan. 16, 2019.

Christopher Sebek, 55, of Temple, Jeffrey Pearson, a Temple businessman, and Sebek's wife, Melissa Sebek, all were indicted in a scheme to defraud the government and redirect items purchased with government funds to their personal use, the indictment says.

"It was a part of the conspiracy that Sebek used his position as Operations Supervisor for the Department of Engineering for VAMC-Temple to divert United States Government property and money so that he could use the property and money for his own personal gain, including the payment of personal bills, loans, college tuition and personal credit card bills," the federal complaint filed in the case says.

"Sebek used Pearson's company, Whitetail Industrial, to procure personal items, such as furniture ... Pearson would submit false and fraudulent invoices to the VAMC-Temple for non-existent goods or services, adding (a) 30 percent commission" and "the fraudulent invoices were paid by VAMC-Temple to Whitetail Industrial," the complaint says.

Melissa Sebek's accounting business was manager of the arrangement between Sebek and Pearson and federal investigators say she participated in the fraud scheme.

Federal court records show she pleaded guilty Oct. 16 to her part in the plan and is awaiting sentencing, which is set for Dec. 4 and her case has been sent to probation investigators for their recommendation at final sentencing.

Pearson, on Oct. 17, was released from custody after posting a \$25,000 appearance bond and U.S. Magistrate Judge Jeffrey C. Manske set him for arraignment and plea on October 30, the magistrate's court docket shows.

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2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served.

Right now, they're in need of drivers to get people back and forth to their doctor's appointments.

VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

If you want to donate or volunteer you can call these numbers:

Greenville: 252-814-6515

Wilson: 252-668-0067

Rocky Mount: 252-212-5568

New Bern: 252-638-5900

Pamlico County: 252-745-0440

Morehead City/Carteret County: 252-728-8440

Forte said, "More veterans are moving to Eastern NC faster than they're moving anywhere else in the country."

That's why getting the word out about their VA cards is so important.

"This facility was built to provide the right care at the right time to those veterans who need it."

There are around 90,000 veterans in the East and Forte says many aren't taking advantage of the VA.

There are two cards you have access to.

Any veteran is able to get the ID card.

"It's your badge of honor as a veteran" Forte says, "And you can take with you to local businesses and take part in any benefits out there that might be available to you."

Then there's the health card.

If you qualify, you have access to many different medical services.

Here's how it works, head to vets.gov and print out the application and take it to the VA clinic.

They can tell you on the spot what benefits you qualify for.

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2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver.

It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

Burleson, a registered nurse at the Beckley VA Medical Center, said she cried once or twice during her own cancer treatment, but she's finding it harder this time around.

"I wish I could take his place. I know what to expect, and I'm glad I can help him in that way, but I cry every day for him. It is much harder watching your family than to be the one having it. You feel helpless. You can't do anything," she shared.

The most important thing is to just keep going, to deal, she added.

"If you have faith, that will help you through it."

She stressed the crucial role her husband and children played in her own diagnoses, treatment and recovery. Just two months before her 50th birthday, Burleson said she found a lump in her left breast. With a history of cystic fibroids, she didn't think much of it, but it was her husband, a radiologist, who urged her to get it checked out quickly.

She had a mammogram, an ultrasound, and then a biopsy confirmed the lump was cancerous.

She began treatment in Huntington, and while the hospital wasn't moving slowly in real-time, when you have cancer, you just want to get treatment as quickly as possible, she said.

Her daughter Brittany was the one who called Cancer Treatment Centers of America and got her mother into the hospital near Chicago for a lumpectomy. The mother and daughter used her treatments as a chance to go on road trips together, shopping and visiting friends in Illinois.

As a nurse, Burleson said she knew she had to keep herself eating well and active during six months of chemotherapy followed by radiation. Watching Brittany coach softball was one way she continued to stay active and have a public life.

Because her husband also worked at the Beckley VA Medical Center, he was able to donate vacation time to her, which is allowed at the facility.

“He continued to work because we didn’t know what we were getting into, so that I could have that time if I needed it,” she explained.

“I didn’t realized how much they struggled emotionally. They hid that from me. it is more of a struggle on this end than I thought it would be.”

She encourages other cancer caregivers and family members to take time for themselves and consider a support group.

In addition to a broadening understanding of cancer’s impact on family members, Burleson is now a strong proponent of cancer education and awareness.

Despite being a nurse, Burleson said she did not take time to do monthly breast exams. She found her lump by accident in the shower.

“In hindsight, it is kind of like the saying, ‘You can lead a horse to water, but you can’t make it drink,’” she said. “Monthly checks are an easy process, but it is something you just don’t take the time to do.”

With two daughters and a granddaughter, she said she now preaches to them about self exams, and once they are old enough to begin having mammograms, she expects she will be on them to get those done, too.

“I never thought it would happen to me. For that reason, education is important, and it is very important that people pay attention to their bodies,” she added.

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2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs.

Pamela Powers, who graduated from high school in 1985, was named the department’s chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

“It is a really large organization that is doing great work for veterans,” Powers said. “It is overwhelming, but it’s exciting.”

In February, Powers was named the chief of staff for the Office of the Under Secretary of Defense for personnel and readiness, a position she had to be nominated and vetted for.

In that position, she worked with Robert Wilkie, who at the time was Under Secretary of Defense for Personnel and Readiness. Wilkie was nominated by President Donald Trump to serve as the Secretary of Veterans Affairs. He was confirmed by the U.S. Senate in July.

Powers said Wilkie had recruited her for the Defense Department after she retired from the Air Force earlier this year. When Wilkie moved to Veterans Affairs, he asked Powers to join him.

In her position, Powers oversees the Department of Veterans Affairs, including its medical centers, the national cemeteries and what benefits and claims are provided to veterans.

“It’s making sure the trains are running toward what the president and Secretary Wilkie want,” Powers said.

After graduating from Prior Lake High School, Powers attended the Air Force Academy in Colorado. She graduated from the academy in 1989 with a bachelor’s of science degree in organization psychology. In 1996, she obtained a master’s of arts in organizational management from the University of Phoenix and in 2011, she received a master’s of strategic studies from the Army War College.

Powers held a variety of positions within the Air Force — she was promoted to captain in 1993, major in 2002, lieutenant colonel in 2007 and colonel in 2012.

With the largest budget in its history, Powers said the Department of Veterans Affairs will be able to recover from recent issues such as a lack of permanent leadership, thousands of job vacancies, staff turnover and not providing veterans with “timely and efficient care,” according to the New York Times.

Powers said she visited some of the local Veterans Affairs facilities at the end of August during a visit to her father, who lives in Prior Lake. She said Minnesota has great care facilities for its veterans.

The Minneapolis system is one of 160 across the nation and one of the largest. In addition to the main hospital in Minneapolis, there are 13 community clinics in Minnesota and western Wisconsin which focus on primary care for veterans. One of those community clinics is in Shakopee.

“It’s like, ‘If you build it, they will come,’ which is true,” Minneapolis VA Health Care System Public Affairs Officer Ralph Huessner said. “If we open a clinic near veterans, they’ll use it when it’s convenient and they inquire about eligibility. That’s why we have grown to 13 community clinics.”

Most veterans surveyed in Minnesota have said they can always or usually get an appointment when needed for primary or specialty care, according to the department’s data for care access at [accessocare.va.gov](https://www.accessocare.va.gov). New and returning patients at Shakopee’s location wait a week or less on average for appointments.

Though a Minnesotan is now helping to run the overall Department of Veterans Affairs, Huessner said that doesn’t make the Minneapolis VA Health Care System any more of a priority than the other 160 systems.

“The providers are focusing on patients — their interaction with Washington is limited,” Huessner said. “The clinics focus on patient care, not politics or policies. They implement policies, but their day-to-day focus is caring for veterans.”

Huessner said there is a misconception in the veteran community that if someone were to go to the health care system for care, that person is taking away resources from another veteran who might need it more.

“Some veterans say, ‘I don’t want to use the VA, I want the funds to help others,’” Huessner said. “That’s not how it works. The more patients we have enrolled, the more funding we receive to help all veterans. Veterans, you earned it, you deserve it, please use the benefits. They are available.”

A primary focus moving forward will be suicide prevention for veterans, Huessner said.

“This is a very high priority under Wilkie,” Huessner said. “The work is making a difference. We can’t prevent all suicides, but we certainly can lessen the number.”

Local VFW posts or American Legions can contact the Minneapolis VA Health Care System at 612-467-1838 to arrange a presentation regarding suicide prevention.

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2.8 - Boulder City Review: [City’s support for fallen veterans’ families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

Recently, several such families were honored at Grace Community Church, which held its 12th annual Gold Star Family Day. Each year several speakers are asked to impart messages reflecting the spiritual side of the Gold Star designation as well as the patriotic side. This year was unique as a husband-and-wife team — the husband representing the military and the wife representing the ministry — presented comments.

Jeffery F. Brookman is an osteopathic physician and surgeon at the Veterans Affairs medical clinic in North Las Vegas. He’s a retired Army captain who served in Desert Storm and Somalia. After the church service he told me of the many people he treats at the VA, many with spinal injuries as well as other wounds that require the work of a medical specialist such as himself. He praised all the medical people at the local VA, noting that they are all dedicated individuals who are proud to serve veterans.

During his talk he said “Gold Star families have suffered the ultimate loss” and he quoted parts of President Abraham Lincoln’s Gettysburg Address from 1863 where he expressed that those who passed “shall not have died in vain.”

While he addressed the congregation about the physical side of life, his wife, chaplain Monterey Brookman, spoke of the spiritual side. She gave the invocation referring to Deuteronomy 30:10-20 and ended with the arguably less spiritual U.S. Marine shout “Semper Fi.”

There were several Gold Star family members present as well as Blue Star families, mothers and fathers whose children served in the military and returned home safely. The origin of the Blue Star and Gold Star tradition is not known, although some trace its history to a 1917 organization called American War Mothers. It’s official flag contained a blue star, a gold star and the words “United States Service Flag.” Locally, there is a move to form an active contingent of American War Mothers.

Of related interest, for many years Las Vegas has been home to a monument to Gold Star mothers, although it is in a rather isolated place in a corner of the grounds of the city’s senior center. It faces busy Las Vegas Boulevard but it’s a perfect example of “hiding in plain sight,” in that it is difficult to observe.

Gold Star and Blue Star mothers who attended the church service had not been aware of the memorial until I mentioned it to them earlier. It was dedicated in 1952 and contains the engraved names of Nevada servicemen who died in World War II. It also contains the spiritual message, “Our hearts hold these names of our heroic dead from Clark County in honored memory. They gave their lives in the service in the wars that peace and freedom might come to all men. God grant them eternal rest.”

It is fitting that at the service layperson Linda Garrison, representing the military mission of the church, spoke words with a similar message: “... to honor the families who raised these men and women, who love them and who now must live without them. Their service and sacrifice is why we are here today, for we know we owe our freedom to them.”

Chuck N. Baker is a Purple Heart veteran of the Vietnam War and the host of “That’s America to Me” every Sunday at 7 a.m. on 97.1-FM.

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3. Business Transformation

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager’s residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

The New Hampshire Preservation Alliance said the 2,000-square-foot home remains intact and is a rare example of the Prairie Style of architecture that originated in Chicago and is associated with renowned architect Frank Lloyd Wright. The Alliance urged U.S. Department of Veterans Affairs officials to consider alternative uses for the structure, which has been vacant for years.

“Its use for outpatient care or veterans enrichment programs (instead of 10 additional parking spaces) offers a feasible solution in an age when veterans care is at the forefront of many

national discussions,” the organization wrote. “Many traditional hospital settings are not conducive for veterans with (post-traumatic stress disorder), for example.”

Earlier this year, the VA endorsed a Vision 2025 plan to upgrade veteran health care in the state. It calls for the Manchester VA to host specialty health care associated with veterans such as mental health, radiology, pain care, addiction treatment and amputation care. Additional clinical space was already being contemplated when the announcement was made.

Manchester VA spokesman Kristin Pressly said no date has been set for demolition of the manager’s residence, but the VA is taking steps to advance the project.

“This project demolition, expanded clinical space and enhanced parking are aligned with the veteran feedback solicited by the Vision 2025 Taskforce and is in keeping with the approved recommendations,” Pressly wrote in an email.

For at least a year, preservationists have been trying to convince the VA to keep the manager’s residence intact. The structure could be saved if enough people and political leaders recognize the value of the residence, said Aurore Eaton, a local historian and member of the Manchester Heritage Commission.

“It’s kind of like on the endangered species list,” said Eaton, who also writes the “Looking Back” column that appears Monday in the New Hampshire Union Leader.

The Heritage Commission, a city board, has filed paperwork opposing demolition as part of the federal review process of future plans for the VA campus. Eaton said the Commission has suggested that the VA keep the manager’s residence intact and demolish five other similar historic buildings on the campus, three of them former staff quarters.

Also on the Seven to Save list

The six remaining properties that are threatened by deterioration or demolition, according to the New Hampshire Preservation Alliance.

- Shaker Village Turning Mill Pond, Canterbury: Shakers created this manmade pond, but the original 1817 dam was breached in 1980 and an earthen dam built in 1987 was breached eight years ago. The state has ordered the Canterbury Shaker Village to either repair the dam or drain the pond.
- Wentworth Brown House, Haverhill: This complex in the Haverhill Historic District was built in the 18th and 19th centuries and includes two houses and two barns.
- Parish House, Lee: The 1872 home was built as a parsonage for the Lee Congregational Church. The town purchased it this year and has ordered it removed by July to allow the expansion of town services.
- Ruggles Mine, Grafton: Founded in 1803, the mine could be the oldest mica, feldspar and beryl mine in North America. It closed in the 1950s and operated as a tourist attraction until 2015, when it was put up for sale. State officials are considering turning it into a park.
- Fairgrounds Barn, Rochester: Built in 1883, the massive barn has a number of code and safety concerns, and a new fair association struggles to keep it in use.

- State School campus, Laconia: Opened in 1903 for special needs children, the state school closed in 1991. The 250 acres overlooks lakes Winnisquam and Opechee, and a state-sponsored planning effort is underway.

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3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

CASPER, Wyo. - On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town.

Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming.

One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

City manager Carter Napier says there is more to consider before a final decision is made.

"There are certainly pockets of veterans that would still need to travel to come and get this kind of service. But given the large number of veterans that we have in the community, we think that would probably be more of a minority."

Buffalo and Sheridan are also possible site locations. Construction will begin in 2021, once a new site is chosen.

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3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Soldiers Home.

"An updated construction timeline has been set where all buildings are condensed into one phase, with construction commencing in the first quarter of 2019, and anticipated completion in the third quarter of 2020," said Joe Alexander, President of The Alexander Company.

After years of deterioration, Old Main and other buildings on the Milwaukee VA Medical Center's campus have been left vacant and endangered. Additionally, the number of local veterans who are homeless, or at risk of homelessness remains unacceptable. In 2017, the Milwaukee VA helped find permanent housing for more than 300 homeless veterans, and it continues the mission to end veteran homelessness in the area.

"Wisconsin has always looked out for its veterans since the Civil War, which is why the modern-day Department of Veterans Affairs traces its roots back to Milwaukee when Old Main first

opened in 1869,” said Gary Kunich, Spokesperson For the Milwaukee VA Medical Center. “We used it for medical care through 1989, and now it will come full circle, and once again help those veterans who need it most with homeless housing and outreach services.”

The funding efforts continue in order to “Save the Soldiers Home,” which will transform the dilapidated facility and provide affordable housing for veterans and their families, as well as for low-income families.

The “Every Hero Deserves a Home” Campaign, for example, will help fund an aspect of the rehabilitation project – the Women’s Wing of Old Main. The space will specifically serve homeless and at risk female veterans and their children. It will be a safe and secure space for these women to live and to thrive.

The Wisconsin Housing and Economic Development Authority (WHEDA) has been a major partner with the Alexander Company to help fund the restoration project, by offering Low-Income Housing Tax Credits. Most of the work will be at Old Main, the original Soldiers Home that initially housed Civil War veterans. For the next 120 years it continued as a home for generations of veterans from all the following wars it closed in 1989.

Located north of the Clement J. Zablocki Veterans Affairs Medical Center on West National Avenue, the building will have 80 one-bedroom apartments for veterans once the rehabilitation is complete.

“Throughout the planning process we continue to be in awe of the Soldiers Home grounds and what they mean to our veterans and community. We’re still quite proud to have been chosen to rehabilitate and restore these six buildings to their original purpose – the service of veterans,” added Alexander.

In the 1860s, a group of extraordinary women who made up the West Side Soldiers Aid Society raised more than \$110,000 – a staggering amount of money at the time – to create a permanent place to care for injured and disabled returning Civil War Veterans. Their commitment, in conjunction with legislation signed by Abraham Lincoln, made the Milwaukee Soldiers Home a reality. This was the beginning of veteran care in America.

The National Park Service declared the Soldiers Home grounds a national historic landmark in 2011. The buildings are also listed on the National Trust for Historic Preservation for being among the most endangered historic places. The Milwaukee Soldiers Home is one of the nation’s three original Soldiers Homes.

During the summer, the Milwaukee Independent was granted special access to document the pre-renovation condition of Old Main using multiple formats: traditional pictures, 360° VR photography, and by drone footage. This editorial feature blends those visual arrangements to provide an immersive look for the Milwaukee public.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

In a release Tuesday, VA officials said that a "significant modernization effort" over the last 21 months led to the removal of 7.8 million paper files from 60 locations within the department in the switch to electronic claims processing systems.

"This will lead to faster claims decisions for veterans," the release said.

In a statement, VA Secretary Robert Wilkie said the effort "will not only improve VA's claims process, it will also lead to quicker decisions for veterans because millions more records will be available electronically."

Once the paper files are inventoried, officials say they will be scanned into the VA's Veterans Benefits Management System.

Officials said in the release that going from paper to digital will also save money, citing the removal of millions of paper files from the Records Control Division (RCD) of the Records Management Center (RMC) in St. Louis.

The VA is now working with the General Service Administration, which owns the complex that houses the Records Management Center, to return the leased warehouse space for the paper files to the GSA, according to the release. The move, officials said, will save nearly \$1.8 million per year.

The VA's announcement on the removal of the paper files followed on a report last month from the VA's Office of Inspector General which found that VA officials had "significantly understated the number of claims awaiting decisions for over 125 days."

In early September, the VA estimated the number of backlogged claims and benefits cases at about 86,000, but the IG's report said that the VA's estimate only covered about 79 percent of the cases that should have been listed as backlogged, or awaiting decisions for more than 125 days.

"Ineffective oversight and training due to lack of national performance and training plans for Claims Assistants resulted in inaccuracies that also affected the backlog," the IG's report added.

In response to the IG's report, VA officials said they were "reviewing how best to supplement or adjust reporting on the ratings-related backlog."

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4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

If you're a veteran who loses your leg below the knee due to combat wounds, with a wife and two kids, you're not even getting \$750 per month in disability. Yes, the U.S. Department of Veterans Affairs will cover your medical expenses, but only for that injury. Even permanently disabled vets are on their own when it comes to finding health insurance for their medical needs not related to their service — as well as those of their families.

The result is epidemic poverty for disabled vets: they are at least 50 percent likelier than their non-disabled peers to live in poverty— rates that go up the older they get.

Many organizations outside of government are stepping up to fill gaps — call it the private sector's GI Bill.

For example, at the Independence Fund — a Charlotte, NC-based non-profit dedicated to empowering our nation's severely wounded, injured, or ill veterans — we have awarded more than 2,200 cross-country motorized wheelchairs (with powerful engines and tank treads) and provided more than 1,700 pieces of adaptive athletic equipment to vets who need them to take care of themselves and their families.

We have also hosted more than 1,600 caregivers at respite retreats and through follow-up services in their communities, providing care for the caregivers in order to stave off burnout, depression and worse among those who care for our vets.

Other organizations are also showing leadership. Comcast, for example, has recently expanded its pioneering "Internet Essentials" program to offer veterans near-free internet service plus low-cost computer equipment and training.

Building this bridge to the new economy is central, Rob Coons of Veterans in Technology explains. "When the world is more connected than ever before, it's easy to assume that veterans, active service members, and their families benefit from advances in technology," he says. "But in reality, many active military and veteran families are cut off."

For vets, this entree to the new economy can be life-changing, opening a vital door to government benefits, employment and education — an absolute necessity for the severely disabled, since VA health care providers rely so heavily on the MyHealtheVet web portal to coordinate care. In fact, the whole agency and all its health care benefits are moving quickly to the digital age.

For rural veterans struggling with the emotional wounds of combat and adapting to their disabilities, affordable internet means access to telemedicine and remote services for VA health care. For veterans struggling to re-enter the workforce, it means online training and certification programs, as well as digital help with résumés, job searching and the application process.

And for veterans struggling to build a support network of and for their caregivers, family and community, internet access is key. The Independence Fund's caregiver support system, for example, is a network of private social media groups specifically for caregivers to share best practices, provide mutual support and escape the incredibly isolating experience caregiving can be.

Some companies have programs to help low-income families afford broadband service. But they should be expanded to include veterans. Others should incorporate these practices and find other ways to help connect our vets. For instance, we need companies to provide free website hosting for veterans' small businesses and free access to public Wi-Fi hotspots. If the private sector can open their hotspots in a crisis as was recently done during Hurricane Florence, why shouldn't low-income veterans, who are in crisis everyday, have permanent access to this resource to help them get back on their feet?

Private sector initiatives like "Internet Essentials" are critical but should only be the tip of the iceberg. More companies and industries should get on the field and find their own ways to help.

Austin is home to nearly 40,000 veterans, while the state of Texas has the second-largest veteran population in the United States. With 15 active duty military installations in the state and the Army announcing in July that Austin will host the Army Futures Command headquarters, the number of military members, families and veterans in the state of Texas will only grow. Texas should welcome this initiative by Comcast to help its veterans and support it where it can.

Through greater community and business engagement, our society can help partially repay the debt owed disabled veterans — a debt our government refuses to pay.

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4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

Speaking from the East Room of the White House, Trump said the Support for Patient and Communities Act was meant to build on progress made earlier in the year aimed at curbing opioid misuse and deaths from overdoses.

"Together we are going to end the scourge of drug addiction in America," Trump said.

Among the commitments, insurance giant Cigna committed to partnering with the Veterans Health Administration to improve access to opioid addiction treatment, saying it would work to reduce opioid-related overdoses in various communities by 25 percent within three years.

Amazon said it will help first responders more efficiently access critical medical records, and it has programmed Alexa voice service to answer important questions about opioids and addiction.

CVS Health officials promised to install 1,100 permanent medication disposal units by the end of next year, while Rite Aid said it would offer free DisposeRx packets with new opioid prescriptions. Meanwhile, Google said it would launch a partnership with Walgreens to display permanent drug disposal locations on Google Maps.

The legislation was sent to the President's desk by Congress earlier this month following a bipartisan effort to address the growing crisis and was seen as a win for members of both parties ahead of the midterm elections next month. The law includes \$8.5 billion in appropriations including funding for hospitals who treat patients with addiction.

It also includes measures to halt illegal drugs at the border, a measure to allow the Food and Drug Administration to require prescription opioids to be packaged in set amounts, support for development of nonaddictive drugs for pain, and allowing doctors to have access to a consenting patient's prior history of addiction as they make treatment decisions.

The Centers for Disease Control and Prevention released estimates earlier this year that the number of Americans dying from drug overdoses rose from 64,000 in 2016 to approximately 72,000 in 2017. But this week, data from the CDC showed those numbers may have begun leveling off, with preliminary data showing deaths appeared to peak in September 2017. "Plateauing at such a high level is hardly an opportunity to declare victory. But the concerted efforts of communities across America are beginning to turn the tide," Health and Human Services Secretary Alex Azar said during an event in Washington on Tuesday as he announced the creation of a new payment model to addressing addiction among pregnant women and their exposed infants.

"We are so far from the end of the epidemic, but we are perhaps, at the end of the beginning," Azar said.

Also announced this week, Food and Drug Administration Commissioner Scott Gottlieb, M.D., said the agency would conduct a two-day advisory committee meeting in December to examine how to increase the availability of naloxone products, including potentially requiring naloxone to be co-prescribed with certain opioids.

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4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

WICHITA, Kan. – Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

The partnership will ensure access to community care where needed in rural Kansas.

"The VA Outpatient Clinic in Liberal is a shining example of the future of healthcare," said Rick Ament, Robert J. Dole VAMC director. "To maximize the health of Veterans, we must work closely with our community partners to expand our reach and improve the integration of care for Veterans in the communities in which they live. Southwest Medical Center is a great organization that helps us better serve our nation's Veterans and accomplish this goal."

"Through the hard work of our Board of Trustees, care center providers, community supporters, hospital team, and of course – the VA team – we've been able to follow through on our commitment to provide quality healthcare close to home through establishing services to care

for Veterans in our community,” said Bill Ermann, Southwest Medical Center administrator. “This collaboration will serve our community well for many years to come.”

“The VA system is doing what it was designed to do – give our Veterans proper medical care they need and have earned,” said Sergeant Major Ivanhoe Love Jr., U.S. Army, Ret. “The care has been excellent! Clinic staff are friendly, courteous, and professional. I look forward to receiving my care at the new clinic location.”

Finally, the VA Outpatient Clinic-Liberal will move November 2, 2018 into its new clinic space. The VA will notify Veterans who currently receive care, of the change.

SWMC is excited to share news of the grand opening of this new VA Outpatient Clinic, which is being installed inside their 15th Street Family Care Center in Liberal. SWMC will host a ribbon cutting alongside the VA team on Friday, November 2 from 1-2 p.m. at the 15th Street Family Care Center, 555 W. 15th Street.

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5. Suicide Prevention

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices.

Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

8 News Now spoke to a war veteran about the struggles of living with PTSD.

Thomas Clark's dog may be small but he has had a big impact on his life.

"If I get in a nightmare, he wakes me up. He jumps on me and he licks on me and he does it all until I get up, I wake up. If I get upset, he's in my lap and he's loving on me," Clark said.

His four-legged companion is just one way Clark copes with PTSD after serving 16 years in the navy. The war veteran also loves to BBQ.

"Got some ribs going for tonight."

It took him years to find an outlet that would get his mind off the pain due to a back injury and the mental trauma. It also took years for him to open up about it.

"I had a noose hanging in my garage and many times I, I was there. I was to the point that I was going to do it," he said.

Talking about some of his darkest thoughts was the beginning of his healing journey.

"I'd like to say I got over it. I'm getting over it. It's something that's totally in my mind a lot and it's getting a whole lot better, a whole lot better but when it got better was when I brought it out to people that I love."

He says the most difficult part was reaching out for help.

"It's really important for the veterans to realize they've got to open up. They've got to tell people cause these people that you think you're a burden to them, they're the ones that's gonna miss you the most."

Since getting help from his loved ones and the VA, Clark has burned the noose that was once hanging in his garage and is getting better one day at a time.

The VA has made some improvements to their mental health services nationwide. For instance, when a veteran calls their doctor, they first hear from an operator asking if they are having suicidal thoughts and where to get help.

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5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars.

Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

But investigators with the Department of Veterans Affairs determined that Pecka "lied about being present for either suicide, lied about observing either suicide, lied about being involved in the investigation of either suicide, and in the case of one of the soldiers, was not even in the same country at the time he committed suicide," according to the office of U.S. Attorney James P. Kennedy, Jr.

Due to the high disability rating that Pecka received because of his PTSD claims, he received more than \$92,000 in tax free disability benefits that he wasn't legally entitled to.

Pecka filed the initial claim while he was an inmate in federal prison for an unrelated bank fraud conviction. Investigators said he repeated his false claims about observing the suicides on government forms in 2011 and 2014.

He faces five years in prison, a fine of up to \$250,000, or both. Pecka is scheduled to be sentenced on January 24, 2019.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Los Angeles Daily News: [Garcetti says \\$85 million from state for homelessness is being put to good use](#) (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

LOS ANGELES – Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

The previously approved, one-time Homeless Emergency Assistance Program dollars come from a state budget surplus, along with an additional \$81 million awarded to the Los Angeles Homelessness Services Authority, which administers homeless programs in the county.

“Twenty million (dollars) alone for Skid Row is going to be a huge infusion, together where the county money has been increased,” Garcetti said during a news conference at City Hall, adding that he supported the county having a mental health worker on every block in Skid Row.

“Clearly, we have an opportunity to blanket it,” he added.

Garcetti said much of the money will go to bolster his “A Bridge Home” temporary shelter program, which already has \$20 million in direct budget money dedicated to it this fiscal year and another \$10 million that can potentially be tapped.

Of the newly received funds, Garcetti said \$45 million will go toward Bridge Home; \$11.5 million will be used to support homeless prevention and diversion programs, general services and hygiene services; \$4.25 million will be earmarked programs for homeless youth; and \$4.25 is dedicated to administrative costs.

The \$20 million for the Skid Row area will also go toward Bridge Home, but also for storage, hygiene programs, and reentry services for former prison inmates.

Garcetti also said some of the funds would go toward helping build Bridge Home shelters already approved for construction in Hollywood and at the Veterans Administration campus in West Los Angeles.

The VA facility plans to provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

“Homeless veterans sleeping on the streets of Los Angeles will soon have a safe and clean place to stay, thanks to our partnership with Supervisor Sheila Kuehl, the Department of Veterans Affairs, and because of this funding,” said Councilman Mike Bonin, who represents the 11th Council District. “I am very excited that the first bridge housing facility on the Westside will move forward quickly, and that could not have happened without this funding from the state.”

The “Bridge Home” program was first announced by Garcetti during his State of the City speech in April as a new front in the fight against homelessness, which has grown by about 75 percent over the last six years. The 2018 Los Angeles Homeless Services Authority found that more

than 31,000 people are homeless in the city, including more than 23,000 living without shelter, which were both slight drops from the previous year.

The shelters are intended as a temporary solution to the problem while the city builds thousands of permanent supportive units approved in 2016 by city voters through Proposition HHH, a \$1.2 billion bond measure. The temporary shelters will help transition homeless people off the street and into permanent housing, along with providing them access to supportive services, including addiction counseling, Garcetti and other leaders have said.

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6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

ABILENE, Texas — The City of Abilene is one step closer to helping the city's homeless people who have served and fought for their nation.

Mayor of Abilene Anthony Williams issued a challenge on Tuesday to end veteran homelessness in the City of Abilene over the next 100 days.

The exact number of homeless veterans on the streets of Abilene is unknown, but according to a recent survey, five percent of the city's homeless people are veterans.

The City of Abilene hopes to change that sobering statistic over just the next 100 days.

Beginning on October 23, the West Texas Homeless Network, the City of Abilene, the West Texas VA Health Care System and other local agencies hope to house every single homeless veteran in Abilene.

The idea is to find housing for homeless veterans, which will hopefully help them to start to turn their lives around in a positive manner.

"If you have a place to live that you can go home and sleep and get up and get dressed, that makes finding a job that much easier. That's one less thing you have to worry about," said Kyle McAlister of the Abilene City Council.

"Most of these men come from an age where a man is a man and so to ask for help is a difficult thing," said Rebecca Friday of the West Texas VA Health Care System.

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7. [Other](#)

7.1 - Los Angeles Times: [California's cruel rule barring 2,400 vets from accessing aid in dying](#) (24 October, Editorial Board, 12.4M uvm; El Segundo, CA)

Not long after California enacted a law allowing terminally ill people to obtain life-ending prescriptions, the state Department of Veterans Affairs (known as CalVet) adopted an

emergency regulation making it clear that residents of its eight veterans homes would not be allowed to take advantage of the new law's provisions.

The emergency regulation prohibits CalVet staff from providing aid-in-dying drugs or assistance to residents of the agency's homes, and specifies that any resident who wants to take an aid-in-dying drug, even if it is provided by an outside doctor, must first be "discharged" from the residential facility where they live.

It is cruel and unfair to deny these 2,400 old and disabled veterans the same right afforded other Californians under the 2016 End of Life Option Act. But CalVet officials claimed the harsh regulation was necessary to keep the agency from losing millions in federal funding under the 1997 Assisted Suicide Funding Restriction Act, which prohibits federal funds from being used "to pay for items and services (including assistance) the purpose of which is to cause (or assist in causing) the suicide, euthanasia, or mercy killing of any individual."

The veterans homes located in Los Angeles and other California cities provide a place to live as well as medical and rehabilitative care to former active-duty military members and their spouses who are over 55 or disabled. Veterans homes are also open to homeless vets in need of care. Though primarily funded by the state's taxpayers, the U.S. Department of Veterans Affairs pays for nearly \$68 million of the homes' \$350-million budget.

The federal prohibition makes it clear that doctors in veterans homes should not provide life-ending prescriptions, and though we disagree with that rule, the government has the right to make it; no hospital, doctor or healthcare employer is under any obligation to participate in the right-to-die program. But nothing in the text of the federal law indicates that it is necessary to evict sick people from their homes if they wish to obtain an outside physician's prescription for the life-ending drugs and ingest them on their own.

Indeed, other states that have legalized so-called medical aid-in-dying have interpreted the federal prohibitions in various ways. Like California, Colorado and Vermont require residents of veteran homes to leave the facilities if they wish to end their lives. But Washington and Oregon allow veterans home residents to stay while they get the lethal prescriptions from outside doctors and even when they take them, though staff is not allowed to assist in any way. Oregon's Death with Dignity Act has been on the books for more than 20 years, and there have been no challenges under the federal prohibition.

Earlier this month, two veterans groups along with two residents of a veterans home in Yountville sued CalVet, claiming its restriction is punitive. Dying people may not have the strength or means to relocate to a new nursing home or hospice. Many veterans who move into veterans homes choose to do so because of subsidies for those with limited financial means, and most of them remain in the homes for the rest of their lives.

The groups argued that CalVet could use accounting barriers to comply with the federal prohibition.

California's End of Life Option Act passed in large part because of the moving story of 29-year-old Brittany Maynard, who was diagnosed with an aggressive and terminal brain cancer. After weighing her end-of-life options, Maynard and her family decided to leave the Bay Area and move to Oregon so that she could access that state's aid-in-dying law. When California lawmakers finally made it legal for physicians to prescribe life-ending drugs the following year, it was with the promise that no dying Californian would be forced to choose between leaving

home and suffering in their final days. But CalVet has broken that promise for the men and women living in veterans homes.

CalVet can and should find a way to comply with federal rules without forcing residents of its veterans homes to leave in order to seek aid in dying, as Oregon and Washington have done. Not just to avoid the time and cost of a lawsuit, but because it is the compassionate and correct thing to do.

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7.2 - Stars and Stripes: [Democrats lay out veterans priorities as they look to take House in midterm elections](#) (24 October, Nikki Wentling, 532k uvm; Washington, DC)

When Rep. Mark Takano, D-Calif., took the stage in August at the American Legion convention in Minneapolis, he delivered a speech that tied together his heritage with the present-day debate over U.S. citizenship and who has earned it.

He talked about his great uncles, Japanese Americans, who fought during World War II while their families were forced into internment camps in the United States. He also described a recent trip to Mexico, where he visited veterans who joined the military as immigrants and had since been deported.

It was a stump speech in Takano's bid to be the next Democratic leader on the House Committee on Veterans' Affairs.

"Today, I want to share a vision for what the Committee on Veterans' Affairs can accomplish in the 116th Congress," Takano told the crowd of American Legion members. "A shared vision of an America that lives up to the promises it made to our veterans and meets their needs. An America that dares to be better than it was yesterday and focuses on being better tomorrow."

With the House majority up for grabs in the Nov. 6 midterm elections and possible control of the lower chamber shifting to the Democrats, Takano could become the next chairman of the VA committee.

The current ranking Democrat on the committee, Rep. Tim Walz, is retiring from Congress and running for governor of Minnesota. Walz has lent Takano his support.

"Our veterans deserve an effective chairman that will guide the committee during these challenging times, and I am confident Mark is that leader," Walz wrote in a letter this month to other colleagues on the committee.

With a majority, Democrats across-the-board would have the power to set House priorities when the 116th congressional session begins in January. For Takano, those priorities would be to stop the deportation of veterans and establish more effective citizenship procedures for immigrant servicemembers. He wants to fill the tens of thousands of vacancies across the Department of Veterans Affairs and stop for-profit colleges from targeting and cheating veterans, he said.

The past two years, with a Congress and White House led by Republicans, the House and Senate veterans affairs committees have pushed through major bipartisan reforms, from

expanding veterans' education benefits to overhauling the VA's private-sector health care programs and giving VA leaders more authority to fire their employees.

Lawmakers often claim veterans issues are a rare area of bipartisanship in Washington, and for the past two years that sentiment has proved mostly true. If control switches in the House, which pollsters contend is more likely than Democrats taking a majority in the Senate, it creates questions of whether the two chambers will continue to work together amicably.

In Takano's speech to the American Legion, he vowed to work with Republicans and VA Secretary Robert Wilkie. However, one of his top priorities – veteran deportation and citizenship for immigrant servicemembers – is a topic Republicans in Congress have been unwilling to touch.

As Takano looks toward a leadership spot on the VA committee, other lawmakers are fighting to keep theirs.

Rep. Phil Roe, the Republican chairman of the House Committee on Veterans' Affairs, is up for re-election in Tennessee's first district.

Sen. Jon Tester, the ranking Democrat on the Senate Veterans' Affairs Committee, has been trying to keep the lead in a tightening race in Montana. He's often included in lists of the toughest Senate races for Democrats to win this year.

President Donald Trump has repeatedly gone after Tester – at rallies and via Twitter – for his role in sinking Rear Adm. Ronny Jackson's nomination to be VA secretary. Tester publicized accusations that he had heard from Jackson's colleagues, who purportedly said he drank on the job and inappropriately handed out controlled substances. The Defense Department Inspector General subsequently opened an investigation into Jackson.

"Jon Tester led the Democrat mob in the effort to destroy the reputation of a great man," Trump said this month during a rally in Missoula, Mont.

Tester has fought back, saying it was his constitutional responsibility to vet the nominee.

Whoever ends up leading the VA committees following the midterms – Republicans or Democrats – will be tasked with guiding the VA, which touts a nearly \$209 billion budget, and overseeing a major overhaul of the VA's private-sector health care programs, scheduled to be finished in summer 2019, as well as a multibillion-dollar project to create a new VA electronic health record system.

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7.3 - KREM (CBS-2, Video): [Family of VA doctor who died in Spokane to unveil sculpture by Kendall Yards](#) (24 October, Kaitlin Riordan, 116k uvm; Spokane, WA)

A sculpture honoring a Spokane Veterans Affairs doctor who died while on a run is being unveiled near Kendall Yards on Saturday afternoon.

The sculpture will be titled "We Are Marshall," according to a city of Spokane press release.

Dr. John Marshall's body was pulled from the Spokane River on Jan. 26, 2016 after his wife, Suzan, reported him missing the day before. Surveillance video showed him leaving for a run around 5:00 a.m. and he was not seen again.

Police ruled Marshall's death accidental, although a private investigator hired by his wife questioned that ruling.

Private investigator: Spokane VA doctor was murdered

The sculpture will be located near the Centennial Trail by Kendall Yards close to the Monroe Street Bridge. It will be unveiled at 1 p.m. Saturday.

Spokane Parks and Recreation Communication Manager Fianna Dickson said the artwork was commissioned and paid for by Marshall's wife. Dickson said the sculpture is a symbol and celebration of family.

The sculpture will be 6-feet tall, made of Corten steel with a chlorine treatment to give an aged appearance, Dickson said.

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Veterans Affairs Media Summary and News Clips

25 October 2018

1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die from the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital. Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport.

[Hyperlink to Above](#)

1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

[Hyperlink to Above](#)

1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah. The findings might hold true for others in distress, too.

[Hyperlink to Above](#)

1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed. In fact, nothing he said about the program's origin is true.

[Hyperlink to Above](#)

1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

[Hyperlink to Above](#)

1.7 - Military Times: [Union demands investigation into VA official who displayed painting of KKK leader](#) (24 October, Leo Shane III, 471k uvm; Springfield, VA)

Union officials are calling for a full investigation into a senior Veterans Affairs official who prominently displayed a picture of a Ku Klux Klan leader in his office, accusing department leadership of ignoring the problematic behavior.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - CNN: [This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER](#)

(24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone. Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

[Hyperlink to Above](#)

2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads. Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be. Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band.

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2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center. "I am ready to go home," said Jackson. He is part of an aging veteran population; the baby boomers who served in Vietnam.

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2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom. U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and

ordered a pre-sentencing report prepared before sentencing, which he then set for Jan. 16, 2019.

[Hyperlink to Above](#)

2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served. Right now, they're in need of drivers to get people back and forth to their doctor's appointments. VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

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2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver. It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

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2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs. Pamela Powers, who graduated from high school in 1985, was named the department's chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

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2.8 - Boulder City Review: [City's support for fallen veterans' families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

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[3. Business Transformation](#)

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager's residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

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3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town. Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming. One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

[Hyperlink to Above](#)

3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Solders Home.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

[Hyperlink to Above](#)

4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

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4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

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4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices. Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

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5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars. Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Los Angeles Daily News: [Garcetti says \\$85 million from state for homelessness is being put to good use](#) (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

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6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

The City of Abilene is one step closer to helping the city's homeless people who have served and fought for their nation. Mayor of Abilene Anthony Williams issued a challenge on Tuesday to end veteran homelessness in the City of Abilene over the next 100 days.

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7. [Other](#)

7.1 - Los Angeles Times: [California's cruel rule barring 2,400 vets from accessing aid in dying](#) (24 October, Editorial Board, 12.4M uvm; El Segundo, CA)

Not long after California enacted a law allowing terminally ill people to obtain life-ending prescriptions, the state Department of Veterans Affairs (known as CalVet) adopted an emergency regulation making it clear that residents of its eight veterans homes would not be allowed to take advantage of the new law's provisions.

[Hyperlink to Above](#)

7.2 - Stars and Stripes: [Democrats lay out veterans priorities as they look to take House in midterm elections](#) (24 October, Nikki Wentling, 532k uvm; Washington, DC)

When Rep. Mark Takano, D-Calif., took the stage in August at the American Legion convention in Minneapolis, he delivered a speech that tied together his heritage with the present-day debate over U.S. citizenship and who has earned it.

[Hyperlink to Above](#)

7.3 - KREM (CBS-2, Video): [Family of VA doctor who died in Spokane to unveil sculpture by Kendall Yards](#) (24 October, Kaitlin Riordan, 116k uvm; Spokane, WA)

A sculpture honoring a Spokane Veterans Affairs doctor who died while on a run is being unveiled near Kendall Yards on Saturday afternoon. The sculpture will be titled "We Are Marshall," according to a city of Spokane press release. Dr. John Marshall's body was pulled from the Spokane River on Jan. 26, 2016 after his wife, Suzan, reported him missing the day before.

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1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die from the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

Chronic pain is more common and more severe among Veterans than among non-Veterans. Severe pain is 40 percent more common in Veterans compared to non-Veterans. Nearly 60 percent of Veterans who have served in the Middle East and more than 50 percent of older Veterans live with some form of chronic pain.

I saw the effects of severe, chronic pain on my father when he returned from Vietnam severely wounded and still recovering after a year in military hospitals. Many Veterans like my father suffer chronic pain for the rest of their lives, and the risk of suicide is particularly high among Veterans and others who face chronic pain.

Fortunately, VA has taken a multi-faceted approach called the Opioid Safety Initiative (OSI) to reduce the need for opioids. Since its launch, the program managed a 45 percent reduction in Veteran patients receiving opioids from July of 2012 to June of 2018. That's over 300,000 fewer Veterans on opioids. The same program in the same months reduced Veterans on long-term opioid therapy by 51 percent and Veterans on high-dose opioid therapy by 66 percent.

In addition to system-wide oversight of prescribing of opioids, the initiative has brought pharmacists and prescribers together to educate one another on the problem of identifying the best treatment for each Veteran in pain.

Opioids have a place among treatment options. They are powerful drugs that can be used to alleviate pain and any reduction in their use must be done carefully. Otherwise, patients could be driven to crisis by both the effects of withdrawal and ineffective pain management.

Decisions on the use of opioids must therefore take a Whole Health approach to care, with the aim of not just reducing opioids but also improving functioning by patients. It takes time and attention from providers to have meaningful conversations with patients about what their life goals are, and provide education about what they can reasonably expect from treatment.

This approach uses the stepped care model based on a continuum of care and incorporating professional support and self-management through counseling and participation in groups like Narcotics Anonymous. It also includes non-pharmacological pain treatment options like stress reduction, yoga, tai chi, mindfulness, chiropractic care, nutrition, acupuncture, and health coaching, which may reduce reliance on opioids without increasing pain or causing other health problems.

Virtually all VA facilities have reduced prescriptions for opioids. VA facilities in El Paso, Texas, and Fayetteville, N.C., have managed the greatest reductions, cutting rates by 71 percent in El Paso and 69 percent in Fayetteville.

Rates for other VA facilities can be viewed online since January, when VA became the first hospital system in the country to begin posting its opioid prescribing rates online, updating them twice yearly in January and July.

We expect even better management of pain medications for Veterans when VA and the Department of Defense roll out their new integrated electronic health records. The new records system will give health care providers a full picture of patient medical history, enabling better treatment and better clinical outcomes. It will also help us better identify Veterans at higher risk for opioid addiction and suicide, so health care providers can intervene earlier and save lives.

We have also issued the lifesaving drug Naloxone to over 100,000 Veterans to help prevent tragedies and instituted patient risk assessments for overdose and suicide, bringing the power of big-data analytics to bear through VA's Stratification Tool for Opioid Risk Mitigation (STORM), which puts predictive analytics in the hands of providers and allows effective collaboration of medical and mental care of Veterans at risk.

There is still more to learn and more to do, and a national solution will require national collaboration. But President Trump has said, "We can be the generation that ends the opioid epidemic." He is right about that. We can end the epidemic, and VA is helping lead the way.

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1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

COLUMBUS, Neb. (AP) — A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital.

Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport. She had been in Nebraska to help Holeman get to his Columbus home after spinal fusion surgery three days earlier in Omaha. He called her in great pain and said he was oozing blood and his left leg had gone numb, Nagengast said.

Her brother is a veteran living on disability and didn't have Department of Veterans Affairs' approval to call an ambulance, she said. He also couldn't afford a taxi to a hospital, she said.

Nagengast was still in the Tampa airport when she tried to call his VA social worker but misdialed and reached what turned out to be a right number: the Jimmy John's in Columbus and its night manager, Jason Voss. She explained her problem.

"She was a little panicky," Voss told the Omaha World-Herald on Tuesday. "At that point I figured I should take a minute to think about it. It was obviously not someone making something up; it was an actual situation going on."

It took Nagengast a little while to realize she hadn't reached her brother's social worker.

"I apologized profusely. I was really embarrassed," she told The Columbus Telegram. "I just told them, 'Never mind.' But somehow they found it in their hearts to help."

Voss called delivery driver Zach Hillmer, who picked up Holeman and drove him to a hospital emergency room. Hillmer, a U.S. Navy veteran, said it was a privilege to help a fellow military man.

Sam Nixon, operating partner of Columbus' Jimmy John's, said he was proud.

"Those guys did that on their own accord, and that's what was so special about it," Nixon said.

Nagengast said her brother is back at home and doing OK.

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1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

David Thomas, a deputy director in the VA office that verifies small businesses for government contracts, never directly received complaints from his coworkers about the painting, a spokesman for the federal agency said Wednesday.

The portrait depicts Nathan Bedford Forrest, a Confederate Army general turned inaugural KKK leader, posing on the back of a horse. The words "No Surrender" and the date 1862 are written on a title card below the painting.

Thomas did not respond to requests for comment.

"Mr. Thomas immediately took down the print in question – a work by noted historical artist Don Stivers – and the matter is resolved," said VA Press Secretary Curt Cashour.

The incident comes amid a protracted national debate over whether Confederate symbols should be displayed on government property, including monuments in local parks. Earlier this year the Sons of Confederate Veterans organization sued the city of Memphis, Tennessee for removing a statue of Forrest from a park.

During the Civil War, Forrest led the brutal killings of mostly African American Union Soldiers at the Fort Pillow Massacre in 1864. He also is known for using his stature in the Confederate army to help create and expand the KKK as a secretive organization. In 1869, he called for the group to be disbanded and even later gave a noted speech on racial reconciliation, but local chapters continued to exist.

A petition coordinated by the labor union representing VA was sent to members this week. It denounced the display of the painting in a government building and called for "appropriate action to be taken."

“Hopefully this will one day be a thing of the past but until that happens we’ll be here to fight it,” said Cheston McGuire, press secretary of the American Federation of Government Employees.

The Washington Post first reported the portrait had been taken down.

ABC News confirmed the report and obtained photos of Thomas' office while the portrait was still hanging. The person who took the photos does not want to be identified because of fear of retaliation.

Doug Massey, president of AFGE's Local 17, said Thomas has been at the center of other racial discrimination complaints. At least three African American employees have pending cases alleging misconduct in Thomas' office, and he is accused of discrimination and retaliation by at least two senior employees, according to court filings. The VA said it does not comment on personnel issues without that person's consent.

One of those accusers is retired Air Force Colonel Michelle Gardner-Ince. She told ABC News that Thomas mentioned to her that his wife didn't like the portrait but that he kept it anyway.

At the time, Gardner-Ince said she didn't know Forrest was the man in the picture and didn't ask Thomas about it. But she was appalled after learning more about it from the VA employees who started the petition.

“It is an environment of fear,” Gardner said. “With the behavior and fear that’s prevalent in the office, [the painting] also serves as intimidation.”

Thomas is a career employee and was not appointed by any administration.

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1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah.

The findings might hold true for others in distress, too.

"How to Use Social Media Patterns to Identify Veterans at Risk for Suicide" was released as part of the Bob Woodruff Foundation's Stand Smart for Heroes series. The study found veterans who took their own lives were more likely to have recently posted about stressful events, followed closely by posts about emotional distress. The reverse — emotional distress and then stressful events — did not have the same association with suicide, said lead researcher and the center's executive director Craig Bryan, a board-certified clinical psychologist.

He said fewer than 5 percent of veterans who took their lives posted anything obviously suicidal on social media, so finding other clues is crucial.

The U.S. Department of Veterans Affairs calls suicide by veterans its "top priority." The department's new data finds suicide by young veterans increased 10 percent from 2015 to 2016, even as the rate among older veterans declined slightly. But between 2005 and 2015, veteran suicides had increased 25.9 percent, while non-veteran adult suicides increased more than 20 percent in that time period. Veterans overall are 1.5 times more likely than the general population to kill themselves.

The government agency report notes that about 20 veterans a day die by suicide, accounting for 1 in 7 adult suicide deaths, even though fewer than 1 in 12 Americans have served in the military. Overall, roughly 44,000 Americans take their own lives each year, while there are roughly 25 times that many suicide attempts. Male veterans ages 55-74 had the highest number of suicides, while male veterans 18-34, a much smaller cohort, had the highest suicide rate.

The study of social media posts of veterans who killed themselves showed they were also more likely than others to write about alcohol, to go back and forth quickly between positive and negative emotional content and to post photos of their guns. They were less likely than others to share photos of pets or friends.

Looking back

While the Veterans Administration and others have aggressively targeted suicide prevention, some studies suggest that veterans and military personnel may hide or deny they have thought about suicide.

"Therefore, alternative methods for identifying high-risk service members and veterans need to be developed across all settings providing services to (them), both within and external to the health care system," the Stand Smart report said.

The researchers worked backward, starting with veterans who had died — whether from suicide or other causes — and analyzing social media posts to see if what they said offered insights that might have allowed friends, family and others to reach out to those who took their own lives.

Bryan said the people coding the social media posts for the study didn't typically know how individuals had died.

The study included veterans' posts on Facebook, Twitter, blogs, MySpace and any other social media sites where they interacted. Not surprisingly, Bryan said, some of the traditional markers, like hopelessness, were found.

But not all people who post hopeless or distressed content kill themselves. "So how do you know when a post like this would signal emergent suicide behavior, when at other times it might not?" he asked.

They analyzed the posts several ways, including an approach called dynamical systems modeling, which takes into account that people have good days and bad days. But "perhaps it's more informative to look at how content changes over time. Are there certain patterns — cycles in what people are posting online — and are there relationships among multiple variables that can provide information? That is exactly what we found," Bryan said.

No particular theme or topic signaled forthcoming suicidal behavior. But the order and timing of posts did.

"The one that mattered the most was a very interesting sequence: Those who died by suicide tended to post things about life stress, so a relationship failure, conflict with someone else, a financial problem. Then, immediately afterward — perhaps the next post or the one after that — they tended to post something indicating emotional distress or some sort of negative thought process like hopelessness, despair, depression, anger or anxiety."

Taken sequentially, the posts "seemed to be a very strong signal for suicide," Bryan said. But posting in the opposite order was a trait characteristic of the non-suicide group. And the closer the posts were to when the veteran died, the stronger the signal in the sequence was.

Bryan said the "temporal signal seemed highly specific to suicide death."

The most important limitation of the study, he noted, is that it's "historical." Social media is advancing rapidly, with new apps and platforms emerging all the time and how people use different platforms evolves, too. "We are always in some way a little behind the curve."

Some have expressed interest in using rapid technological advancement, such as emerging artificial intelligence, to try to spot people at risk of suicide. But humans beat machines when it comes to watching for signs and reaching out. The researchers said machines don't pick up on sarcasm or irony, while humans do. "We read it, that's obviously a joke. It's lyrics to music or it's ironic," Bryan said.

But the sheer volume of such content has generated some interest in creating algorithms that identify suicidal signals, Bryan said.

How to help

Bryan hopes people won't glue themselves to social media to ferret out who among their friends might be suicidal. But he does want folks to be aware when something seems off. "We often notice when the things people are posting are a departure from their typical patterns," he said. "This notion of being knocked off balance seems to be a really important thing for us to pay attention to. And that might be the time to get involved."

Because so few veterans declare suicidal intent, waiting for explicit posts isn't very helpful.

Instead, when someone talks about emotional distress "in a different way than usual, that's the time to reach out to them."

His advice for reaching out is simple: Same way you would normally reach out to the person. "Some of us text, some call, some of us talk face to face over a cup of coffee," he said. "We don't have to necessarily do anything special or out of the ordinary. It's just kind of being ourselves and reaching out to others when it's obvious they might need support."

Bryan believes paying attention to temporal sequencing of social media posts might find others, not just veterans, at risk of suicide. Other research is confirming that.

A different researcher analyzed Twitter posts of mostly not-veterans, Bryan said, finding "these patterns doubled if not tripled the ability to ID suicidal individuals as well as other conditions. It could improve detection of individuals with psychosis, with depression, with anxiety. (That researcher) took that idea and was able to show it significantly improved risk assessment in a different sample."

The Bob Woodruff Foundation focuses solely on helping post-911 military and their families, says Margaret Harrell, director of programs and partnerships. It was founded after Bob Woodruff, a broadcast journalist who was injured while embedded with American forces in Iraq. He suffered a traumatic brain injury and was comatose for weeks. As he recovered, he and his family launched the organization.

One way they're helping veterans is simplifying and sharing key research affecting veterans, including Bryan's study, which Harrell believes goes well beyond veterans. "There are important things here all of us should know and be thinking about as we're interacting with friends, neighbors, colleagues. ... We can apply common sense" and see it applies to others, she added.

"You're talking about literally saving people's lives. It's amazing research," Harrell said.

National efforts to prevent veteran suicide include expanding the Veterans Crisis Line, placing a suicide prevention coordinator at each VA facility, increasing access to mental health care and enlisting family, friends, community and others in prevention-focused partnerships, among others, according to the Veterans Health Administration.

Veterans in crisis or anyone worried about a veteran can call the Veterans Crisis Line at 1-800-273-8255 and press 1, send a text to 838255 or chat online.

The crisis line has taken more than 3.5 million calls and dispatched emergency help more than 100,000 times since it started in 2007. More than 413,000 anonymous online chats have occurred since 2009, and the text line, started in late 2011, has responded to nearly 100,000 texts, according to crisis line data.

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1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed.

In fact, nothing he said about the program's origin is true.

Trump, Nevada, Oct. 20: And we just passed — after 44 years, we just got it passed, I signed it two months ago, veteran's choice, so that if they have to wait on line for 12 days or 14 days or 32 days, or much longer than that — can you believe it? ...

They go immediately to see a doctor privately. We pay for their bill. ...

But I thought it was so brilliant, I came back to my group, I said, I got the greatest idea, because I haven't been doing this that long, so, you know, it wasn't like high on my list, but it became high. I did know the veterans were never treated fairly. But I said, I have the greatest idea. We're going to do this. If a veteran has to wait, we're going to send them to a private doctor.

We'll pay the bill. What a genius — I said, I said, how good is that? They said, "Sir, we've been trying to get it passed for 44 years." So I was good at getting things passed. That's what I did.

Ten days earlier, at a rally in Pennsylvania, the president told the crowd: "When I first heard about it, I mean, it's not like I was studying it for my whole life. But I heard about it three-and-a-half years ago. I said, I have an idea. Let's — when they wait on line for 10 days, 22 days, 38 days, you have to see, months and months, why don't we let them go see a private doctor and we pay the bill? It will solve our problem. And I told everybody: I am the most brilliant guy in the world. Who else would think — who else would think of that?"

And at his rally in Kentucky on Oct. 13, Trump said this was "the greatest idea I think I've ever had."

In fact, that was the idea for the Veterans Choice Program, which was created by the bipartisan Veterans Access, Choice, and Accountability Act, signed by President Barack Obama on Aug. 7, 2014. The legislation, which garnered a 91-3 vote in the Senate and a 420-5 vote in the House, followed a scandal over wait times at Veterans Affairs facilities.

The VA summary of the 2014 bill said it would "allow those Veterans who are unable to schedule an appointment within 30 days of their preferred date or the clinically appropriate date, or on the basis of their place of residence to elect to receive care from eligible non-VA health care entities or providers. This is separate from VA's existing program providing Veterans care outside of the VA system."

If a veteran lives more than 40 driving miles from the closest VA medical facility or faces other travel burdens, or the VA can't provide the services required, that veteran can receive care from another provider, according to the Department of Veterans Affairs, which says on its website that Veterans Choice is "one of several programs through which a Veteran can receive care from a community provider."

Since Trump took office, he has continued the program, signing legislation to provide funding for the program and to eliminate the expiration date. In June of this year, Trump signed the bipartisan VA MISSION Act, which provided funding to keep the Veterans Choice program for one more year, and then called for consolidating it and other private-care options into a new Veterans Community Care Program.

The MISSION Act — a "significant portion" of which came from earlier bipartisan legislation from Republican Sen. Johnny Isakson and Democratic Sen. Jon Tester, according to the senators — says that under the consolidated program a veteran can go to a private medical provider if "the covered veteran and the covered veteran's referring clinician agree that furnishing care and services through a non-Department entity or provider would be in the best medical interest of the covered veteran," based on criteria to be set by the VA secretary. Those criteria will include distance from a medical facility, type of services needed, and the timeliness of appointments.

A June Government Accountability Office report said that it wasn't clear whether the Choice Program had "improved the timeliness of veterans' care because VA's data are incomplete and unreliable," and Tester has said the new law "streamlines community care."

So, Trump has continued the Veterans Choice Program and the new law could expand eligibility for such services. But how can Trump say a law that was passed years before he took office

was both his idea and 44 years in the making? We asked the White House press office but haven't received a response.

In some of his rallies — such as Oct. 12 in Ohio — Trump merely claims that “I got done what they'd been trying to do for 44 years.” But on several occasions he has expanded that falsehood into a story about “the greatest idea I think I've ever had.”

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1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

Sometimes a wrong number turns out to be exactly the right one.

When Lisa Nagengast flew home to Florida on Saturday, all seemed well with her brother back in Nebraska.

Greg Holeman, 48, was out of the hospital after a risky surgery, and home care had been set up.

But then came the troubling phone call from her brother: The incision from his spinal fusion was oozing blood and pus. His left leg had gone numb. And he couldn't find a ride to the hospital, Nagengast posted in a Facebook account of what unfolded Saturday night back in Nebraska.

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

So Nagengast called her brother's social worker.

At least she thought she did.

A young woman answered the phone and listened intently.

“I assumed it was the social worker, Pam,” she explained on Facebook. “I told her who I was, why I was calling, gave her the whole story, and asked what can we do to get him to the hospital.”

What Nagengast didn't realize was that she'd called the Jimmy John's restaurant in Columbus.

The young woman who answered the phone, Lupe Rodriguez, passed the receiver to her manager, Jason Voss.

“She was a little panicky,” Voss said of Nagengast. “At that point, I figured I should take a minute to think about it — it was obviously not someone making something up. It was an actual situation going on.”

Voss couldn't leave the restaurant, but he also didn't want to put anyone on the spot. So he called Jimmy John's driver Zach Hillmer to talk it over with him.

“There was so much we didn’t know, what could happen, how it could fall to us,” Voss said.

Hillmer, a veteran himself, called Nagengast to find out where her brother lived.

Nagengast said she became confused. She asked him why another social worker hadn’t given him her brother’s details.

“And he said, ‘Umm, this is Jimmy Johns,’” Nagengast posted. “I said, ‘You mean Jimmy John’s like the food place?’ Yeah, I had called Jimmy John’s restaurant. Most places would have probably said something like, ‘Gee, I’m really sorry about your brother, but we can’t help you.’ But (Zach), the delivery driver at Jimmy John’s, picked up my brother and took him to the emergency room to get the medical attention he needed.”

That misdial must have been some sort of “divine intervention,” Nagengast said Wednesday. “It was meant to be.”

Her brother is back home and doing better, she said.

Voss, who was back on his night shift, summed things up.

“There is always time for people, especially people in need,” he said. “I had the resources, I had drivers, we weren’t super busy with deliveries, either. Zach was glad to help someone out.”

Nagengast said the entire episode has been heart-warming.

“In today’s political climate, everybody’s arguing with everybody, and we’re not actively listening to what anybody has to say,” she said. “To have two complete strangers listen to me and then decide to do something to fix it — it was amazing.”

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1.7 - Military Times: [Union demands investigation into VA official who displayed painting of KKK leader](#) (24 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Union officials are calling for a full investigation into a senior Veterans Affairs official who prominently displayed a picture of a Ku Klux Klan leader in his office, accusing department leadership of ignoring the problematic behavior.

“The prominent display of images of Confederate leaders in the workplace is never acceptable,” said J. David Cox Sr., national president of the American Federation of Government Employees. “The actions of this official cross the line, and we’re calling on the VA to get to the bottom of what’s going on within their leadership at this facility.”

On Tuesday, the Washington Post reported that David Thomas Sr., deputy executive director of VA’s Office of Small and Disadvantaged Business Utilization, had a picture of Nathan Bedford Forrest — a Confederate general who became the white supremacist group’s first grand wizard — displayed in his office for years.

The picture was removed this week after the newspaper confronted Thomas about racial background of the portrait. Thomas claimed no real knowledge of Forrest' background, saying he displayed the painting because "it was just a beautiful print that I had purchased, and I thought it was very nice."

Employees in Thomas' office — which includes numerous African-Americans — have been circulating a petition demanding removal of the painting prior to the news story.

VA officials did not respond to requests about possible discipline for Thomas, but told the Washington Post they considered the issue resolved after the painting was removed.

AFGE officials disagree.

"This is about more than one portrait — this is about ensuring all employees can work free from discrimination and intimidation," said Jeremy Lannan, head of the union's civil rights department. "We have serious questions as to whether that's possible under Mr. Thomas' leadership."

AFGE said employees in the office had previously filed three claims of racial discrimination against Thomas, and has requested additional information from the department on the office's morale and disciplinary actions.

The union has been a frequent critic of President Donald Trump and VA management in recent years, opposing a host of moves designed to more easily fire civil employees and limit union officials work on behalf of members during work hours.

Thomas began working at VA in 2013, during former President Barack Obama's administration. The Washington Post report said employees complained that Thomas displayed the painting in previous offices before his most recent promotion to the deputy executive director role.

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2. Improving Customer Service

2.1 - CNN: [This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER](#) (24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Jimmy John's is known for its "freaky fast" delivery, but one branch showed it can deliver a lot more in helping an ailing veteran.

A woman thought she was calling a social worker to help her brother after his spinal surgery. Little did she know she had misdialed and called the sandwich shop in Columbus, Nebraska.

"The whole time I pretty much knew that she didn't know she was talking to someone from Jimmy John's. It didn't seem important to really bring it up, but I just wanted to make sure that she knew I was going to help her," said Jason Voss, the night-shift manager at the Columbus Jimmy John's.

Army veteran Greg Holeman, 48, was recovering from spinal surgery when he returned to his home last week. His sister, Lisa Nagengast, flew in to help get him settled at home.

Just moments after she landed back home in Florida, Nagengast received a voice mail from her brother saying he was having severe pain in his left leg and couldn't stand up.

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone.

Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

Once Hillmer called Nagengast back to find out more information about her brother, it became clear to her she was not talking to a social worker.

"I was kinda gracefully [trying to] back out of everything that had happened at that point," Nagengast told CNN. "He was like, 'No no no, I will take him to the hospital. You give me his name and his address and make sure that he gets in the car with me, and I will get him where he needs to go.'"

After the phone mix-up, Nagengast thanked the employees for stepping up. "I cannot say thank you enough to Jason Voss and Zack (sic) Hillmer ... there are not enough words to express my gratitude." Nagengast wrote in a Facebook post Saturday.

"I'm famous for calling a wrong number, but Zach and Jason need to be famous because they did an amazing act of kindness," Nagengast told CNN.

She isn't the only one praising the two workers. "I'm awfully proud of those guys," said Sam Nixon, the owner and operator of Columbus' Jimmy John's. "What they did, I could not teach."

Holeman's trip to the emergency room was a successful one. The veteran is back home and is recovering well.

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2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads.

Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be.

Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band. The musicians, filmed during a reunion this summer, ranged in age from 61 to 82. They didn't miss a note.

Plumer, 66, is visible in the background of the video, flitting around the percussion section, from snare drum to xylophone and back. She beamed as the band struck up "Duty," the WAC song.

“Duty is calling you and me. We have a date with destiny,” she sang along to a tune many people only know from the actors who whistled it on their way to the “Bridge on the River Kwai.” “Ready, the WACs are ready. Their pulse is steady, a world to set free.”

Plumer is one of 20 million American veterans, and there’s no reason to wait until Nov. 11 to remember that millions of those veterans could use our help.

Plumer hopes to convince the U.S. Department of Veterans Affairs to link her hearing loss to the years she spent banging the drum for Uncle Sam. She spent six years performing next to booming cannons. When she was stationed in Germany in the 1970s, the band’s rehearsal space was an old stone stable where the music bounced off the walls so loudly one performance registered a painful 120 decibels — somewhere in the range of a chain saw or a thunderclap.

The VA supplies Plumer’s hearing aids and batteries. But she says if she could get her hearing loss classified as service-connected, even by just 10 percent, then “so many doors would open” for other help and benefits.

Plumer lives in subsidized housing and lives off Social Security disability benefits she says come to about \$12,000 a year. This close to the end of the month, she can’t afford the grocery store or the gas station, but she thinks she has enough left in the tank of her rusty 21-year-old car to get to the rehearsal of the community band she joined.

She’s one veteran among millions. One veteran among the 1,000 a month who apply to the Minneapolis VA Health System for benefits.

“I stopped counting around 19,000,” said Dr. Greg Matlock, medical director for compensation and pensions at the Minneapolis VA Medical Center. He started a running count of the exams he performed on veterans seeking medical benefits in mid-2013, when the system was battling a case backlog, and gave up the tally after five long years.

Applications come in from young soldiers with traumatic brain injuries and veterans in hospice trying to secure benefits for spouses or dependent children. He’s even seen a few hearing loss claims from veterans of military bands.

Matlock, a veteran himself, knows how confusing the claims paperwork can be.

Fortunately, there are people who can help veterans with a process that starts by filing paperwork to signal your intention to file paperwork. There are state, county and tribal veteran outreach workers who can help navigate the bureaucracy. Groups like the VFW help veterans file claims. And if you’re really having trouble getting someone to listen to you, Minnesota’s congressional and Senate offices have been known to throw their weight behind constituents’ claims.

But for Plumer, whose last service-connected disability claim was rejected, the idea of starting again is frustrating. She’s met other military band veterans, all men, who told her their request for service-related disability benefits for hearing loss were granted without fuss.

She served at a time when women had limited career options. She’d hoped things would be different now.

"They are not dealing appropriately with a lot of people, but especially not with older female veterans," she said. "They should be treating them with some understanding and dignity, and they're not."

So she tries to stay busy. She spent years volunteering in schools. She recently added the mandolin to the long list of instruments she plays and joined an all-mandolin orchestra.

She remains fiercely proud of the years she spent with the 14th Army WAC Band. In 1978, the Army disbanded the WAC, and the women's units were integrated with male units, including the band.

"Service, we're in it heart and soul," she took up the anthem again. "Victory is our only goal. We love our country's honor, and we'll defend it against any foe."

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2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

JACKSONVILLE, FL -- James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center.

"I am ready to go home," said Jackson

He is part of an aging veteran population; the baby boomers who served in Vietnam.

The veteran said he did two tours and during an assignment he injured his back jumping from an airplane on fire.

"I landed 25 feet up in a tree," said Jackson. "I had to cut my straps."

Decades later he is still dealing with his back injury. Jackson said the Veterans Administration has rated his injury as service-connected.

"I am 100% disabled," he said.

He said he also suffers with the invisible wounds of war like PTSD. A few months ago the back injury caused him to lose the strength in his legs.

He now has to use a wheelchair to get around "for the rest of [his] life," Jackson said. "In fact the VA is going to give me a wheelchair on the 29th."

It is the VA that provides his healthcare and with it, some promises.

According to Jackson, in September the VA Gainesville office promised to build a wheelchair ramp at his home. In October he said he was told the request was never formalized.

"The request never went through," said Jackson. "I was pretty despondent."

Jackson said since being in a rehabilitation center his son has made renovations to his home, making it wheelchair accessible.

Jackson said he is now waiting on the VA to complete the work on the outside, the wheelchair ramp.

"Just do what I was promised was going to happen," he said.

On Your Side reached out to the North Florida/South Georgia Veterans Health System for answers.

Public Affairs Officer Daniel Henry provided this response:

Due to Privacy Act restrictions, in order to comment on VA's specific interactions with a Veteran, we would need their written consent (by having them fill out and return this form).

Can you provide that consent? If you cannot, please note in your story that those making these allegations refused to allow VA to comment on them.

We submitted the consent form and are waiting on a response. Jackson told On Your Side his doctors will not release him from the center until there's a wheelchair ramp at his home.

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2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

TEMPLE, Texas (KWTX) - A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom.

U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and ordered a pre-sentencing report prepared before sentencing, which he then set for Jan.16, 2019.

Christopher Sebek, 55, of Temple, Jeffrey Pearson, a Temple businessman, and Sebek's wife, Melissa Sebek, all were indicted in a scheme to defraud the government and redirect items purchased with government funds to their personal use, the indictment says.

"It was a part of the conspiracy that Sebek used his position as Operations Supervisor for the Department of Engineering for VAMC-Temple to divert United States Government property and money so that he could use the property and money for his own personal gain, including the payment of personal bills, loans, college tuition and personal credit card bills," the federal complaint filed in the case says.

"Sebek used Pearson's company, Whitetail Industrial, to procure personal items, such as furniture ... Pearson would submit false and fraudulent invoices to the VAMC-Temple for non-existent goods or services, adding (a) 30 percent commission" and "the fraudulent invoices were paid by VAMC-Temple to Whitetail Industrial," the complaint says.

Melissa Sebek's accounting business was manager of the arrangement between Sebek and Pearson and federal investigators say she participated in the fraud scheme.

Federal court records show she pleaded guilty Oct. 16 to her part in the plan and is awaiting sentencing, which is set for Dec. 4 and her case has been sent to probation investigators for their recommendation at final sentencing.

Pearson, on Oct. 17, was released from custody after posting a \$25,000 appearance bond and U.S. Magistrate Judge Jeffrey C. Manske set him for arraignment and plea on October 30, the magistrate's court docket shows.

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2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served.

Right now, they're in need of drivers to get people back and forth to their doctor's appointments.

VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

If you want to donate or volunteer you can call these numbers:

Greenville: 252-814-6515

Wilson: 252-668-0067

Rocky Mount: 252-212-5568

New Bern: 252-638-5900

Pamlico County: 252-745-0440

Morehead City/Carteret County: 252-728-8440

Forte said, "More veterans are moving to Eastern NC faster than they're moving anywhere else in the country."

That's why getting the word out about their VA cards is so important.

"This facility was built to provide the right care at the right time to those veterans who need it."

There are around 90,000 veterans in the East and Forte says many aren't taking advantage of the VA.

There are two cards you have access to.

Any veteran is able to get the ID card.

"It's your badge of honor as a veteran" Forte says, "And you can take with you to local businesses and take part in any benefits out there that might be available to you."

Then there's the health card.

If you qualify, you have access to many different medical services.

Here's how it works, head to vets.gov and print out the application and take it to the VA clinic.

They can tell you on the spot what benefits you qualify for.

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2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver.

It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

Burleson, a registered nurse at the Beckley VA Medical Center, said she cried once or twice during her own cancer treatment, but she's finding it harder this time around.

"I wish I could take his place. I know what to expect, and I'm glad I can help him in that way, but I cry every day for him. It is much harder watching your family than to be the one having it. You feel helpless. You can't do anything," she shared.

The most important thing is to just keep going, to deal, she added.

"If you have faith, that will help you through it."

She stressed the crucial role her husband and children played in her own diagnoses, treatment and recovery. Just two months before her 50th birthday, Burleson said she found a lump in her left breast. With a history of cystic fibroids, she didn't think much of it, but it was her husband, a radiologist, who urged her to get it checked out quickly.

She had a mammogram, an ultrasound, and then a biopsy confirmed the lump was cancerous.

She began treatment in Huntington, and while the hospital wasn't moving slowly in real-time, when you have cancer, you just want to get treatment as quickly as possible, she said.

Her daughter Brittany was the one who called Cancer Treatment Centers of America and got her mother into the hospital near Chicago for a lumpectomy. The mother and daughter used her treatments as a chance to go on road trips together, shopping and visiting friends in Illinois.

As a nurse, Burleson said she knew she had to keep herself eating well and active during six months of chemotherapy followed by radiation. Watching Brittany coach softball was one way she continued to stay active and have a public life.

Because her husband also worked at the Beckley VA Medical Center, he was able to donate vacation time to her, which is allowed at the facility.

"He continued to work because we didn't know what we were getting into, so that I could have that time if I needed it," she explained.

"I didn't realized how much they struggled emotionally. They hid that from me. it is more of a struggle on this end than I thought it would be."

She encourages other cancer caregivers and family members to take time for themselves and consider a support group.

In addition to a broadening understanding of cancer's impact on family members, Burleson is now a strong proponent of cancer education and awareness.

Despite being a nurse, Burleson said she did not take time to do monthly breast exams. She found her lump by accident in the shower.

"In hindsight, it is kind of like the saying, 'You can lead a horse to water, but you can't make it drink,'" she said. "Monthly checks are an easy process, but it is something you just don't take the time to do."

With two daughters and a granddaughter, she said she now preaches to them about self exams, and once they are old enough to begin having mammograms, she expects she will be on them to get those done, too.

"I never thought it would happen to me. For that reason, education is important, and it is very important that people pay attention to their bodies," she added.

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2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs.

Pamela Powers, who graduated from high school in 1985, was named the department's chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

"It is a really large organization that is doing great work for veterans," Powers said. "It is overwhelming, but it's exciting."

In February, Powers was named the chief of staff for the Office of the Under Secretary of Defense for personnel and readiness, a position she had to be nominated and vetted for.

In that position, she worked with Robert Wilkie, who at the time was Under Secretary of Defense for Personnel and Readiness. Wilkie was nominated by President Donald Trump to serve as the Secretary of Veterans Affairs. He was confirmed by the U.S. Senate in July.

Powers said Wilkie had recruited her for the Defense Department after she retired from the Air Force earlier this year. When Wilkie moved to Veterans Affairs, he asked Powers to join him.

In her position, Powers oversees the Department of Veterans Affairs, including its medical centers, the national cemeteries and what benefits and claims are provided to veterans.

"It's making sure the trains are running toward what the president and Secretary Wilkie want," Powers said.

After graduating from Prior Lake High School, Powers attended the Air Force Academy in Colorado. She graduated from the academy in 1989 with a bachelor's of science degree in organization psychology. In 1996, she obtained a master's of arts in organizational management from the University of Phoenix and in 2011, she received a master's of strategic studies from the Army War College.

Powers held a variety of positions within the Air Force — she was promoted to captain in 1993, major in 2002, lieutenant colonel in 2007 and colonel in 2012.

With the largest budget in its history, Powers said the Department of Veterans Affairs will be able to recover from recent issues such as a lack of permanent leadership, thousands of job vacancies, staff turnover and not providing veterans with "timely and efficient care," according to the New York Times.

Powers said she visited some of the local Veterans Affairs facilities at the end of August during a visit to her father, who lives in Prior Lake. She said Minnesota has great care facilities for its veterans.

The Minneapolis system is one of 160 across the nation and one of the largest. In addition to the main hospital in Minneapolis, there are 13 community clinics in Minnesota and western Wisconsin which focus on primary care for veterans. One of those community clinics is in Shakopee.

"It's like, 'If you build it, they will come,' which is true," Minneapolis VA Health Care System Public Affairs Officer Ralph Huessner said. "If we open a clinic near veterans, they'll use it when it's convenient and they inquire about eligibility. That's why we have grown to 13 community clinics."

Most veterans surveyed in Minnesota have said they can always or usually get an appointment when needed for primary or specialty care, according to the department's data for care access at [accessocare.va.gov](https://www.accessocare.va.gov). New and returning patients at Shakopee's location wait a week or less on average for appointments.

Though a Minnesotan is now helping to run the overall Department of Veterans Affairs, Huessner said that doesn't make the Minneapolis VA Health Care System any more of a priority than the other 160 systems.

“The providers are focusing on patients — their interaction with Washington is limited,” Huessner said. “The clinics focus on patient care, not politics or policies. They implement policies, but their day-to-day focus is caring for veterans.”

Huessner said there is a misconception in the veteran community that if someone were to go to the health care system for care, that person is taking away resources from another veteran who might need it more.

“Some veterans say, ‘I don’t want to use the VA, I want the funds to help others,’” Huessner said. “That’s not how it works. The more patients we have enrolled, the more funding we receive to help all veterans. Veterans, you earned it, you deserve it, please use the benefits. They are available.”

A primary focus moving forward will be suicide prevention for veterans, Huessner said.

“This is a very high priority under Wilkie,” Huessner said. “The work is making a difference. We can’t prevent all suicides, but we certainly can lessen the number.”

Local VFW posts or American Legions can contact the Minneapolis VA Health Care System at 612-467-1838 to arrange a presentation regarding suicide prevention.

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2.8 - Boulder City Review: [City’s support for fallen veterans’ families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

Recently, several such families were honored at Grace Community Church, which held its 12th annual Gold Star Family Day. Each year several speakers are asked to impart messages reflecting the spiritual side of the Gold Star designation as well as the patriotic side. This year was unique as a husband-and-wife team — the husband representing the military and the wife representing the ministry — presented comments.

Jeffery F. Brookman is an osteopathic physician and surgeon at the Veterans Affairs medical clinic in North Las Vegas. He’s a retired Army captain who served in Desert Storm and Somalia. After the church service he told me of the many people he treats at the VA, many with spinal injuries as well as other wounds that require the work of a medical specialist such as himself. He praised all the medical people at the local VA, noting that they are all dedicated individuals who are proud to serve veterans.

During his talk he said “Gold Star families have suffered the ultimate loss” and he quoted parts of President Abraham Lincoln’s Gettysburg Address from 1863 where he expressed that those who passed “shall not have died in vain.”

While he addressed the congregation about the physical side of life, his wife, chaplain Monterey Brookman, spoke of the spiritual side. She gave the invocation referring to Deuteronomy 30:10-20 and ended with the arguably less spiritual U.S. Marine shout “Semper Fi.”

There were several Gold Star family members present as well as Blue Star families, mothers and fathers whose children served in the military and returned home safely. The origin of the Blue Star and Gold Star tradition is not known, although some trace its history to a 1917 organization called American War Mothers. It’s official flag contained a blue star, a gold star and the words “United States Service Flag.” Locally, there is a move to form an active contingent of American War Mothers.

Of related interest, for many years Las Vegas has been home to a monument to Gold Star mothers, although it is in a rather isolated place in a corner of the grounds of the city’s senior center. It faces busy Las Vegas Boulevard but it’s a perfect example of “hiding in plain sight,” in that it is difficult to observe.

Gold Star and Blue Star mothers who attended the church service had not been aware of the memorial until I mentioned it to them earlier. It was dedicated in 1952 and contains the engraved names of Nevada servicemen who died in World War II. It also contains the spiritual message, “Our hearts hold these names of our heroic dead from Clark County in honored memory. They gave their lives in the service in the wars that peace and freedom might come to all men. God grant them eternal rest.”

It is fitting that at the service layperson Linda Garrison, representing the military mission of the church, spoke words with a similar message: “... to honor the families who raised these men and women, who love them and who now must live without them. Their service and sacrifice is why we are here today, for we know we owe our freedom to them.”

Chuck N. Baker is a Purple Heart veteran of the Vietnam War and the host of “That’s America to Me” every Sunday at 7 a.m. on 97.1-FM.

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3. Business Transformation

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager’s residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

The New Hampshire Preservation Alliance said the 2,000-square-foot home remains intact and is a rare example of the Prairie Style of architecture that originated in Chicago and is associated with renowned architect Frank Lloyd Wright. The Alliance urged U.S. Department of Veterans Affairs officials to consider alternative uses for the structure, which has been vacant for years.

“Its use for outpatient care or veterans enrichment programs (instead of 10 additional parking spaces) offers a feasible solution in an age when veterans care is at the forefront of many

national discussions,” the organization wrote. “Many traditional hospital settings are not conducive for veterans with (post-traumatic stress disorder), for example.”

Earlier this year, the VA endorsed a Vision 2025 plan to upgrade veteran health care in the state. It calls for the Manchester VA to host specialty health care associated with veterans such as mental health, radiology, pain care, addiction treatment and amputation care. Additional clinical space was already being contemplated when the announcement was made.

Manchester VA spokesman Kristin Pressly said no date has been set for demolition of the manager’s residence, but the VA is taking steps to advance the project.

“This project demolition, expanded clinical space and enhanced parking are aligned with the veteran feedback solicited by the Vision 2025 Taskforce and is in keeping with the approved recommendations,” Pressly wrote in an email.

For at least a year, preservationists have been trying to convince the VA to keep the manager’s residence intact. The structure could be saved if enough people and political leaders recognize the value of the residence, said Aurore Eaton, a local historian and member of the Manchester Heritage Commission.

“It’s kind of like on the endangered species list,” said Eaton, who also writes the “Looking Back” column that appears Monday in the New Hampshire Union Leader.

The Heritage Commission, a city board, has filed paperwork opposing demolition as part of the federal review process of future plans for the VA campus. Eaton said the Commission has suggested that the VA keep the manager’s residence intact and demolish five other similar historic buildings on the campus, three of them former staff quarters.

Also on the Seven to Save list

The six remaining properties that are threatened by deterioration or demolition, according to the New Hampshire Preservation Alliance.

- Shaker Village Turning Mill Pond, Canterbury: Shakers created this manmade pond, but the original 1817 dam was breached in 1980 and an earthen dam built in 1987 was breached eight years ago. The state has ordered the Canterbury Shaker Village to either repair the dam or drain the pond.
- Wentworth Brown House, Haverhill: This complex in the Haverhill Historic District was built in the 18th and 19th centuries and includes two houses and two barns.
- Parish House, Lee: The 1872 home was built as a parsonage for the Lee Congregational Church. The town purchased it this year and has ordered it removed by July to allow the expansion of town services.
- Ruggles Mine, Grafton: Founded in 1803, the mine could be the oldest mica, feldspar and beryl mine in North America. It closed in the 1950s and operated as a tourist attraction until 2015, when it was put up for sale. State officials are considering turning it into a park.
- Fairgrounds Barn, Rochester: Built in 1883, the massive barn has a number of code and safety concerns, and a new fair association struggles to keep it in use.

- State School campus, Laconia: Opened in 1903 for special needs children, the state school closed in 1991. The 250 acres overlooks lakes Winnisquam and Opechee, and a state-sponsored planning effort is underway.

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3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

CASPER, Wyo. - On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town.

Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming.

One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

City manager Carter Napier says there is more to consider before a final decision is made.

"There are certainly pockets of veterans that would still need to travel to come and get this kind of service. But given the large number of veterans that we have in the community, we think that would probably be more of a minority."

Buffalo and Sheridan are also possible site locations. Construction will begin in 2021, once a new site is chosen.

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3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Soldiers Home.

"An updated construction timeline has been set where all buildings are condensed into one phase, with construction commencing in the first quarter of 2019, and anticipated completion in the third quarter of 2020," said Joe Alexander, President of The Alexander Company.

After years of deterioration, Old Main and other buildings on the Milwaukee VA Medical Center's campus have been left vacant and endangered. Additionally, the number of local veterans who are homeless, or at risk of homelessness remains unacceptable. In 2017, the Milwaukee VA helped find permanent housing for more than 300 homeless veterans, and it continues the mission to end veteran homelessness in the area.

"Wisconsin has always looked out for its veterans since the Civil War, which is why the modern-day Department of Veterans Affairs traces its roots back to Milwaukee when Old Main first

opened in 1869,” said Gary Kunich, Spokesperson For the Milwaukee VA Medical Center. “We used it for medical care through 1989, and now it will come full circle, and once again help those veterans who need it most with homeless housing and outreach services.”

The funding efforts continue in order to “Save the Soldiers Home,” which will transform the dilapidated facility and provide affordable housing for veterans and their families, as well as for low-income families.

The “Every Hero Deserves a Home” Campaign, for example, will help fund an aspect of the rehabilitation project – the Women’s Wing of Old Main. The space will specifically serve homeless and at risk female veterans and their children. It will be a safe and secure space for these women to live and to thrive.

The Wisconsin Housing and Economic Development Authority (WHEDA) has been a major partner with the Alexander Company to help fund the restoration project, by offering Low-Income Housing Tax Credits. Most of the work will be at Old Main, the original Soldiers Home that initially housed Civil War veterans. For the next 120 years it continued as a home for generations of veterans from all the following wars it closed in 1989.

Located north of the Clement J. Zablocki Veterans Affairs Medical Center on West National Avenue, the building will have 80 one-bedroom apartments for veterans once the rehabilitation is complete.

“Throughout the planning process we continue to be in awe of the Soldiers Home grounds and what they mean to our veterans and community. We’re still quite proud to have been chosen to rehabilitate and restore these six buildings to their original purpose – the service of veterans,” added Alexander.

In the 1860s, a group of extraordinary women who made up the West Side Soldiers Aid Society raised more than \$110,000 – a staggering amount of money at the time – to create a permanent place to care for injured and disabled returning Civil War Veterans. Their commitment, in conjunction with legislation signed by Abraham Lincoln, made the Milwaukee Soldiers Home a reality. This was the beginning of veteran care in America.

The National Park Service declared the Soldiers Home grounds a national historic landmark in 2011. The buildings are also listed on the National Trust for Historic Preservation for being among the most endangered historic places. The Milwaukee Soldiers Home is one of the nation’s three original Soldiers Homes.

During the summer, the Milwaukee Independent was granted special access to document the pre-renovation condition of Old Main using multiple formats: traditional pictures, 360° VR photography, and by drone footage. This editorial feature blends those visual arrangements to provide an immersive look for the Milwaukee public.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

In a release Tuesday, VA officials said that a "significant modernization effort" over the last 21 months led to the removal of 7.8 million paper files from 60 locations within the department in the switch to electronic claims processing systems.

"This will lead to faster claims decisions for veterans," the release said.

In a statement, VA Secretary Robert Wilkie said the effort "will not only improve VA's claims process, it will also lead to quicker decisions for veterans because millions more records will be available electronically."

Once the paper files are inventoried, officials say they will be scanned into the VA's Veterans Benefits Management System.

Officials said in the release that going from paper to digital will also save money, citing the removal of millions of paper files from the Records Control Division (RCD) of the Records Management Center (RMC) in St. Louis.

The VA is now working with the General Service Administration, which owns the complex that houses the Records Management Center, to return the leased warehouse space for the paper files to the GSA, according to the release. The move, officials said, will save nearly \$1.8 million per year.

The VA's announcement on the removal of the paper files followed on a report last month from the VA's Office of Inspector General which found that VA officials had "significantly understated the number of claims awaiting decisions for over 125 days."

In early September, the VA estimated the number of backlogged claims and benefits cases at about 86,000, but the IG's report said that the VA's estimate only covered about 79 percent of the cases that should have been listed as backlogged, or awaiting decisions for more than 125 days.

"Ineffective oversight and training due to lack of national performance and training plans for Claims Assistants resulted in inaccuracies that also affected the backlog," the IG's report added.

In response to the IG's report, VA officials said they were "reviewing how best to supplement or adjust reporting on the ratings-related backlog."

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4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

If you're a veteran who loses your leg below the knee due to combat wounds, with a wife and two kids, you're not even getting \$750 per month in disability. Yes, the U.S. Department of Veterans Affairs will cover your medical expenses, but only for that injury. Even permanently disabled vets are on their own when it comes to finding health insurance for their medical needs not related to their service — as well as those of their families.

The result is epidemic poverty for disabled vets: they are at least 50 percent likelier than their non-disabled peers to live in poverty— rates that go up the older they get.

Many organizations outside of government are stepping up to fill gaps — call it the private sector's GI Bill.

For example, at the Independence Fund — a Charlotte, NC-based non-profit dedicated to empowering our nation's severely wounded, injured, or ill veterans — we have awarded more than 2,200 cross-country motorized wheelchairs (with powerful engines and tank treads) and provided more than 1,700 pieces of adaptive athletic equipment to vets who need them to take care of themselves and their families.

We have also hosted more than 1,600 caregivers at respite retreats and through follow-up services in their communities, providing care for the caregivers in order to stave off burnout, depression and worse among those who care for our vets.

Other organizations are also showing leadership. Comcast, for example, has recently expanded its pioneering "Internet Essentials" program to offer veterans near-free internet service plus low-cost computer equipment and training.

Building this bridge to the new economy is central, Rob Coons of Veterans in Technology explains. "When the world is more connected than ever before, it's easy to assume that veterans, active service members, and their families benefit from advances in technology," he says. "But in reality, many active military and veteran families are cut off."

For vets, this entree to the new economy can be life-changing, opening a vital door to government benefits, employment and education — an absolute necessity for the severely disabled, since VA health care providers rely so heavily on the MyHealthVet web portal to coordinate care. In fact, the whole agency and all its health care benefits are moving quickly to the digital age.

For rural veterans struggling with the emotional wounds of combat and adapting to their disabilities, affordable internet means access to telemedicine and remote services for VA health care. For veterans struggling to re-enter the workforce, it means online training and certification programs, as well as digital help with résumés, job searching and the application process.

And for veterans struggling to build a support network of and for their caregivers, family and community, internet access is key. The Independence Fund's caregiver support system, for example, is a network of private social media groups specifically for caregivers to share best practices, provide mutual support and escape the incredibly isolating experience caregiving can be.

Some companies have programs to help low-income families afford broadband service. But they should be expanded to include veterans. Others should incorporate these practices and find other ways to help connect our vets. For instance, we need companies to provide free website hosting for veterans' small businesses and free access to public Wi-Fi hotspots. If the private sector can open their hotspots in a crisis as was recently done during Hurricane Florence, why shouldn't low-income veterans, who are in crisis everyday, have permanent access to this resource to help them get back on their feet?

Private sector initiatives like "Internet Essentials" are critical but should only be the tip of the iceberg. More companies and industries should get on the field and find their own ways to help.

Austin is home to nearly 40,000 veterans, while the state of Texas has the second-largest veteran population in the United States. With 15 active duty military installations in the state and the Army announcing in July that Austin will host the Army Futures Command headquarters, the number of military members, families and veterans in the state of Texas will only grow. Texas should welcome this initiative by Comcast to help its veterans and support it where it can.

Through greater community and business engagement, our society can help partially repay the debt owed disabled veterans — a debt our government refuses to pay.

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4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

Speaking from the East Room of the White House, Trump said the Support for Patient and Communities Act was meant to build on progress made earlier in the year aimed at curbing opioid misuse and deaths from overdoses.

"Together we are going to end the scourge of drug addiction in America," Trump said.

Among the commitments, insurance giant Cigna committed to partnering with the Veterans Health Administration to improve access to opioid addiction treatment, saying it would work to reduce opioid-related overdoses in various communities by 25 percent within three years.

Amazon said it will help first responders more efficiently access critical medical records, and it has programmed Alexa voice service to answer important questions about opioids and addiction.

CVS Health officials promised to install 1,100 permanent medication disposal units by the end of next year, while Rite Aid said it would offer free DisposeRx packets with new opioid

prescriptions. Meanwhile, Google said it would launch a partnership with Walgreens to display permanent drug disposal locations on Google Maps.

The legislation was sent to the President's desk by Congress earlier this month following a bipartisan effort to address the growing crisis and was seen as a win for members of both parties ahead of the midterm elections next month. The law includes \$8.5 billion in appropriations including funding for hospitals who treat patients with addiction.

It also includes measures to halt illegal drugs at the border, a measure to allow the Food and Drug Administration to require prescription opioids to be packaged in set amounts, support for development of nonaddictive drugs for pain, and allowing doctors to have access to a consenting patient's prior history of addiction as they make treatment decisions.

The Centers for Disease Control and Prevention released estimates earlier this year that the number of Americans dying from drug overdoses rose from 64,000 in 2016 to approximately 72,000 in 2017. But this week, data from the CDC showed those numbers may have begun leveling off, with preliminary data showing deaths appeared to peak in September 2017. "Plateauing at such a high level is hardly an opportunity to declare victory. But the concerted efforts of communities across America are beginning to turn the tide," Health and Human Services Secretary Alex Azar said during an event in Washington on Tuesday as he announced the creation of a new payment model to addressing addiction among pregnant women and their exposed infants.

"We are so far from the end of the epidemic, but we are perhaps, at the end of the beginning," Azar said.

Also announced this week, Food and Drug Administration Commissioner Scott Gottlieb, M.D., said the agency would conduct a two-day advisory committee meeting in December to examine how to increase the availability of naloxone products, including potentially requiring naloxone to be co-prescribed with certain opioids.

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4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

WICHITA, Kan. – Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

The partnership will ensure access to community care where needed in rural Kansas.

"The VA Outpatient Clinic in Liberal is a shining example of the future of healthcare," said Rick Ament, Robert J. Dole VAMC director. "To maximize the health of Veterans, we must work closely with our community partners to expand our reach and improve the integration of care for Veterans in the communities in which they live. Southwest Medical Center is a great organization that helps us better serve our nation's Veterans and accomplish this goal."

"Through the hard work of our Board of Trustees, care center providers, community supporters, hospital team, and of course – the VA team – we've been able to follow through on our commitment to provide quality healthcare close to home through establishing services to care for Veterans in our community," said Bill Ermann, Southwest Medical Center administrator. "This collaboration will serve our community well for many years to come."

"The VA system is doing what it was designed to do – give our Veterans proper medical care they need and have earned," said Sergeant Major Ivanhoe Love Jr., U.S. Army, Ret. "The care has been excellent! Clinic staff are friendly, courteous, and professional. I look forward to receiving my care at the new clinic location."

Finally, the VA Outpatient Clinic-Liberal will move November 2, 2018 into its new clinic space. The VA will notify Veterans who currently receive care, of the change.

SWMC is excited to share news of the grand opening of this new VA Outpatient Clinic, which is being installed inside their 15th Street Family Care Center in Liberal. SWMC will host a ribbon cutting alongside the VA team on Friday, November 2 from 1-2 p.m. at the 15th Street Family Care Center, 555 W. 15th Street.

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5. [Suicide Prevention](#)

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices.

Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

8 News Now spoke to a war veteran about the struggles of living with PTSD.

Thomas Clark's dog may be small but he has had a big impact on his life.

"If I get in a nightmare, he wakes me up. He jumps on me and he licks on me and he does it all until I get up, I wake up. If I get upset, he's in my lap and he's loving on me," Clark said.

His four-legged companion is just one way Clark copes with PTSD after serving 16 years in the navy. The war veteran also loves to BBQ.

"Got some ribs going for tonight."

It took him years to find an outlet that would get his mind off the pain due to a back injury and the mental trauma. It also took years for him to open up about it.

"I had a noose hanging in my garage and many times I, I was there. I was to the point that I was going to do it," he said.

Talking about some of his darkest thoughts was the beginning of his healing journey.

"I'd like to say I got over it. I'm getting over it. It's something that's totally in my mind a lot and it's getting a whole lot better, a whole lot better but when it got better was when I brought it out to people that I love."

He says the most difficult part was reaching out for help.

"It's really important for the veterans to realize they've got to open up. They've got to tell people cause these people that you think you're a burden to them, they're the ones that's gonna miss you the most."

Since getting help from his loved ones and the VA, Clark has burned the noose that was once hanging in his garage and is getting better one day at a time.

The VA has made some improvements to their mental health services nationwide. For instance, when a veteran calls their doctor, they first hear from an operator asking if they are having suicidal thoughts and where to get help.

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5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars.

Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

But investigators with the Department of Veterans Affairs determined that Pecka "lied about being present for either suicide, lied about observing either suicide, lied about being involved in the investigation of either suicide, and in the case of one of the soldiers, was not even in the same country at the time he committed suicide," according to the office of U.S. Attorney James P. Kennedy, Jr.

Due to the high disability rating that Pecka received because of his PTSD claims, he received more than \$92,000 in tax free disability benefits that he wasn't legally entitled to.

Pecka filed the initial claim while he was an inmate in federal prison for an unrelated bank fraud conviction. Investigators said he repeated his false claims about observing the suicides on government forms in 2011 and 2014.

He faces five years in prison, a fine of up to \$250,000, or both. Pecka is scheduled to be sentenced on January 24, 2019.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Los Angeles Daily News: Garcetti says \$85 million from state for homelessness is being put to good use (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

LOS ANGELES – Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

The previously approved, one-time Homeless Emergency Assistance Program dollars come from a state budget surplus, along with an additional \$81 million awarded to the Los Angeles Homelessness Services Authority, which administers homeless programs in the county.

“Twenty million (dollars) alone for Skid Row is going to be a huge infusion, together where the county money has been increased,” Garcetti said during a news conference at City Hall, adding that he supported the county having a mental health worker on every block in Skid Row.

“Clearly, we have an opportunity to blanket it,” he added.

Garcetti said much of the money will go to bolster his “A Bridge Home” temporary shelter program, which already has \$20 million in direct budget money dedicated to it this fiscal year and another \$10 million that can potentially be tapped.

Of the newly received funds, Garcetti said \$45 million will go toward Bridge Home; \$11.5 million will be used to support homeless prevention and diversion programs, general services and hygiene services; \$4.25 million will be earmarked programs for homeless youth; and \$4.25 is dedicated to administrative costs.

The \$20 million for the Skid Row area will also go toward Bridge Home, but also for storage, hygiene programs, and reentry services for former prison inmates.

Garcetti also said some of the funds would go toward helping build Bridge Home shelters already approved for construction in Hollywood and at the Veterans Administration campus in West Los Angeles.

The VA facility plans to provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

“Homeless veterans sleeping on the streets of Los Angeles will soon have a safe and clean place to stay, thanks to our partnership with Supervisor Sheila Kuehl, the Department of Veterans Affairs, and because of this funding,” said Councilman Mike Bonin, who represents the 11th Council District. “I am very excited that the first bridge housing facility on the Westside will move forward quickly, and that could not have happened without this funding from the state.”

The "Bridge Home" program was first announced by Garcetti during his State of the City speech in April as a new front in the fight against homelessness, which has grown by about 75 percent over the last six years. The 2018 Los Angeles Homeless Services Authority found that more than 31,000 people are homeless in the city, including more than 23,000 living without shelter, which were both slight drops from the previous year.

The shelters are intended as a temporary solution to the problem while the city builds thousands of permanent supportive units approved in 2016 by city voters through Proposition HHH, a \$1.2 billion bond measure. The temporary shelters will help transition homeless people off the street and into permanent housing, along with providing them access to supportive services, including addiction counseling, Garcetti and other leaders have said.

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6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

ABILENE, Texas — The City of Abilene is one step closer to helping the city's homeless people who have served and fought for their nation.

Mayor of Abilene Anthony Williams issued a challenge on Tuesday to end veteran homelessness in the City of Abilene over the next 100 days.

The exact number of homeless veterans on the streets of Abilene is unknown, but according to a recent survey, five percent of the city's homeless people are veterans.

The City of Abilene hopes to change that sobering statistic over just the next 100 days.

Beginning on October 23, the West Texas Homeless Network, the City of Abilene, the West Texas VA Health Care System and other local agencies hope to house every single homeless veteran in Abilene.

The idea is to find housing for homeless veterans, which will hopefully help them to start to turn their lives around in a positive manner.

"If you have a place to live that you can go home and sleep and get up and get dressed, that makes finding a job that much easier. That's one less thing you have to worry about," said Kyle McAlister of the Abilene City Council.

"Most of these men come from an age where a man is a man and so to ask for help is a difficult thing," said Rebecca Friday of the West Texas VA Health Care System.

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7. [Other](#)

7.1 - Los Angeles Times: [California's cruel rule barring 2,400 vets from accessing aid in dying](#) (24 October, Editorial Board, 12.4M uvm; El Segundo, CA)

Not long after California enacted a law allowing terminally ill people to obtain life-ending prescriptions, the state Department of Veterans Affairs (known as CalVet) adopted an emergency regulation making it clear that residents of its eight veterans homes would not be allowed to take advantage of the new law's provisions.

The emergency regulation prohibits CalVet staff from providing aid-in-dying drugs or assistance to residents of the agency's homes, and specifies that any resident who wants to take an aid-in-dying drug, even if it is provided by an outside doctor, must first be "discharged" from the residential facility where they live.

It is cruel and unfair to deny these 2,400 old and disabled veterans the same right afforded other Californians under the 2016 End of Life Option Act. But CalVet officials claimed the harsh regulation was necessary to keep the agency from losing millions in federal funding under the 1997 Assisted Suicide Funding Restriction Act, which prohibits federal funds from being used "to pay for items and services (including assistance) the purpose of which is to cause (or assist in causing) the suicide, euthanasia, or mercy killing of any individual."

The veterans homes located in Los Angeles and other California cities provide a place to live as well as medical and rehabilitative care to former active-duty military members and their spouses who are over 55 or disabled. Veterans homes are also open to homeless vets in need of care. Though primarily funded by the state's taxpayers, the U.S. Department of Veterans Affairs pays for nearly \$68 million of the homes' \$350-million budget.

The federal prohibition makes it clear that doctors in veterans homes should not provide life-ending prescriptions, and though we disagree with that rule, the government has the right to make it; no hospital, doctor or healthcare employer is under any obligation to participate in the right-to-die program. But nothing in the text of the federal law indicates that it is necessary to evict sick people from their homes if they wish to obtain an outside physician's prescription for the life-ending drugs and ingest them on their own.

Indeed, other states that have legalized so-called medical aid-in-dying have interpreted the federal prohibitions in various ways. Like California, Colorado and Vermont require residents of veteran homes to leave the facilities if they wish to end their lives. But Washington and Oregon allow veterans home residents to stay while they get the lethal prescriptions from outside doctors and even when they take them, though staff is not allowed to assist in any way. Oregon's Death with Dignity Act has been on the books for more than 20 years, and there have been no challenges under the federal prohibition.

Earlier this month, two veterans groups along with two residents of a veterans home in Yountville sued CalVet, claiming its restriction is punitive. Dying people may not have the strength or means to relocate to a new nursing home or hospice. Many veterans who move into veterans homes choose to do so because of subsidies for those with limited financial means, and most of them remain in the homes for the rest of their lives.

The groups argued that CalVet could use accounting barriers to comply with the federal prohibition.

California's End of Life Option Act passed in large part because of the moving story of 29-year-old Brittany Maynard, who was diagnosed with an aggressive and terminal brain cancer. After weighing her end-of-life options, Maynard and her family decided to leave the Bay Area and

move to Oregon so that she could access that state's aid-in-dying law. When California lawmakers finally made it legal for physicians to prescribe life-ending drugs the following year, it was with the promise that no dying Californian would be forced to choose between leaving home and suffering in their final days. But CalVet has broken that promise for the men and women living in veterans homes.

CalVet can and should find a way to comply with federal rules without forcing residents of its veterans homes to leave in order to seek aid in dying, as Oregon and Washington have done. Not just to avoid the time and cost of a lawsuit, but because it is the compassionate and correct thing to do.

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7.2 - Stars and Stripes: [Democrats lay out veterans priorities as they look to take House in midterm elections](#) (24 October, Nikki Wentling, 532k uvm; Washington, DC)

When Rep. Mark Takano, D-Calif., took the stage in August at the American Legion convention in Minneapolis, he delivered a speech that tied together his heritage with the present-day debate over U.S. citizenship and who has earned it.

He talked about his great uncles, Japanese Americans, who fought during World War II while their families were forced into internment camps in the United States. He also described a recent trip to Mexico, where he visited veterans who joined the military as immigrants and had since been deported.

It was a stump speech in Takano's bid to be the next Democratic leader on the House Committee on Veterans' Affairs.

"Today, I want to share a vision for what the Committee on Veterans' Affairs can accomplish in the 116th Congress," Takano told the crowd of American Legion members. "A shared vision of an America that lives up to the promises it made to our veterans and meets their needs. An America that dares to be better than it was yesterday and focuses on being better tomorrow."

With the House majority up for grabs in the Nov. 6 midterm elections and possible control of the lower chamber shifting to the Democrats, Takano could become the next chairman of the VA committee.

The current ranking Democrat on the committee, Rep. Tim Walz, is retiring from Congress and running for governor of Minnesota. Walz has lent Takano his support.

"Our veterans deserve an effective chairman that will guide the committee during these challenging times, and I am confident Mark is that leader," Walz wrote in a letter this month to other colleagues on the committee.

With a majority, Democrats across-the-board would have the power to set House priorities when the 116th congressional session begins in January. For Takano, those priorities would be to stop the deportation of veterans and establish more effective citizenship procedures for immigrant servicemembers. He wants to fill the tens of thousands of vacancies across the Department of Veterans Affairs and stop for-profit colleges from targeting and cheating veterans, he said.

The past two years, with a Congress and White House led by Republicans, the House and Senate veterans affairs committees have pushed through major bipartisan reforms, from expanding veterans' education benefits to overhauling the VA's private-sector health care programs and giving VA leaders more authority to fire their employees.

Lawmakers often claim veterans issues are a rare area of bipartisanship in Washington, and for the past two years that sentiment has proved mostly true. If control switches in the House, which pollsters contend is more likely than Democrats taking a majority in the Senate, it creates questions of whether the two chambers will continue to work together amicably.

In Takano's speech to the American Legion, he vowed to work with Republicans and VA Secretary Robert Wilkie. However, one of his top priorities – veteran deportation and citizenship for immigrant servicemembers – is a topic Republicans in Congress have been unwilling to touch.

As Takano looks toward a leadership spot on the VA committee, other lawmakers are fighting to keep theirs.

Rep. Phil Roe, the Republican chairman of the House Committee on Veterans' Affairs, is up for re-election in Tennessee's first district.

Sen. Jon Tester, the ranking Democrat on the Senate Veterans' Affairs Committee, has been trying to keep the lead in a tightening race in Montana. He's often included in lists of the toughest Senate races for Democrats to win this year.

President Donald Trump has repeatedly gone after Tester – at rallies and via Twitter – for his role in sinking Rear Adm. Ronny Jackson's nomination to be VA secretary. Tester publicized accusations that he had heard from Jackson's colleagues, who purportedly said he drank on the job and inappropriately handed out controlled substances. The Defense Department Inspector General subsequently opened an investigation into Jackson.

"Jon Tester led the Democrat mob in the effort to destroy the reputation of a great man," Trump said this month during a rally in Missoula, Mont.

Tester has fought back, saying it was his constitutional responsibility to vet the nominee.

Whoever ends up leading the VA committees following the midterms – Republicans or Democrats – will be tasked with guiding the VA, which touts a nearly \$209 billion budget, and overseeing a major overhaul of the VA's private-sector health care programs, scheduled to be finished in summer 2019, as well as a multibillion-dollar project to create a new VA electronic health record system.

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7.3 - KREM (CBS-2, Video): [Family of VA doctor who died in Spokane to unveil sculpture by Kendall Yards](#) (24 October, Kaitlin Riordan, 116k uvm; Spokane, WA)

A sculpture honoring a Spokane Veterans Affairs doctor who died while on a run is being unveiled near Kendall Yards on Saturday afternoon.

The sculpture will be titled "We Are Marshall," according to a city of Spokane press release.

Dr. John Marshall's body was pulled from the Spokane River on Jan. 26, 2016 after his wife, Suzan, reported him missing the day before. Surveillance video showed him leaving for a run around 5:00 a.m. and he was not seen again.

Police ruled Marshall's death accidental, although a private investigator hired by his wife questioned that ruling.

Private investigator: Spokane VA doctor was murdered

The sculpture will be located near the Centennial Trail by Kendall Yards close to the Monroe Street Bridge. It will be unveiled at 1 p.m. Saturday.

Spokane Parks and Recreation Communication Manager Fianna Dickson said the artwork was commissioned and paid for by Marshall's wife. Dickson said the sculpture is a symbol and celebration of family.

The sculpture will be 6-feet tall, made of Corten steel with a chlorine treatment to give an aged appearance, Dickson said.

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From:

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Cc:

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Subject: [EXTERNAL] 25 October Veterans Affairs Media Summary and News Clips

Date: Thu Oct 25 2018 05:16:08 CDT

Attachments: 181025_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

25 October 2018

1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die from the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital. Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport.

[Hyperlink to Above](#)

1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

[Hyperlink to Above](#)

1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah. The findings might hold true for others in distress, too.

[Hyperlink to Above](#)

1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed. In fact, nothing he said about the program's origin is true.

[Hyperlink to Above](#)

1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

[Hyperlink to Above](#)

1.7 - Military Times: [Union demands investigation into VA official who displayed painting of KKK leader](#) (24 October, Leo Shane III, 471k uvm; Springfield, VA)

Union officials are calling for a full investigation into a senior Veterans Affairs official who prominently displayed a picture of a Ku Klux Klan leader in his office, accusing department leadership of ignoring the problematic behavior.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - CNN: [This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER](#)

(24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone. Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

[Hyperlink to Above](#)

2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads. Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be. Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band.

[Hyperlink to Above](#)

2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center. "I am ready to go home," said Jackson. He is part of an aging veteran population; the baby boomers who served in Vietnam.

[Hyperlink to Above](#)

2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom. U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and

ordered a pre-sentencing report prepared before sentencing, which he then set for Jan.16, 2019.

[Hyperlink to Above](#)

2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served. Right now, they're in need of drivers to get people back and forth to their doctor's appointments. VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

[Hyperlink to Above](#)

2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver. It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

[Hyperlink to Above](#)

2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs. Pamela Powers, who graduated from high school in 1985, was named the department's chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

[Hyperlink to Above](#)

2.8 - Boulder City Review: [City's support for fallen veterans' families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

[Hyperlink to Above](#)

[3. Business Transformation](#)

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager's residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

[Hyperlink to Above](#)

3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town. Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming. One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

[Hyperlink to Above](#)

3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Solders Home.

[Hyperlink to Above](#)

[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

[Hyperlink to Above](#)

4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

[Hyperlink to Above](#)

4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

[Hyperlink to Above](#)

4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices. Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

[Hyperlink to Above](#)

5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars. Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

[Hyperlink to Above](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Los Angeles Daily News: [Garcetti says \\$85 million from state for homelessness is being put to good use](#) (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

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6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

The City of Abilene is one step closer to helping the city's homeless people who have served and fought for their nation. Mayor of Abilene Anthony Williams issued a challenge on Tuesday to end veteran homelessness in the City of Abilene over the next 100 days.

[Hyperlink to Above](#)

7. [Other](#)

7.1 - Los Angeles Times: [California's cruel rule barring 2,400 vets from accessing aid in dying](#) (24 October, Editorial Board, 12.4M uvm; El Segundo, CA)

Not long after California enacted a law allowing terminally ill people to obtain life-ending prescriptions, the state Department of Veterans Affairs (known as CalVet) adopted an emergency regulation making it clear that residents of its eight veterans homes would not be allowed to take advantage of the new law's provisions.

[Hyperlink to Above](#)

7.2 - Stars and Stripes: [Democrats lay out veterans priorities as they look to take House in midterm elections](#) (24 October, Nikki Wentling, 532k uvm; Washington, DC)

When Rep. Mark Takano, D-Calif., took the stage in August at the American Legion convention in Minneapolis, he delivered a speech that tied together his heritage with the present-day debate over U.S. citizenship and who has earned it.

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A sculpture honoring a Spokane Veterans Affairs doctor who died while on a run is being unveiled near Kendall Yards on Saturday afternoon. The sculpture will be titled "We Are Marshall," according to a city of Spokane press release. Dr. John Marshall's body was pulled from the Spokane River on Jan. 26, 2016 after his wife, Suzan, reported him missing the day before.

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1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die from the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

Chronic pain is more common and more severe among Veterans than among non-Veterans. Severe pain is 40 percent more common in Veterans compared to non-Veterans. Nearly 60 percent of Veterans who have served in the Middle East and more than 50 percent of older Veterans live with some form of chronic pain.

I saw the effects of severe, chronic pain on my father when he returned from Vietnam severely wounded and still recovering after a year in military hospitals. Many Veterans like my father suffer chronic pain for the rest of their lives, and the risk of suicide is particularly high among Veterans and others who face chronic pain.

Fortunately, VA has taken a multi-faceted approach called the Opioid Safety Initiative (OSI) to reduce the need for opioids. Since its launch, the program managed a 45 percent reduction in Veteran patients receiving opioids from July of 2012 to June of 2018. That's over 300,000 fewer Veterans on opioids. The same program in the same months reduced Veterans on long-term opioid therapy by 51 percent and Veterans on high-dose opioid therapy by 66 percent.

In addition to system-wide oversight of prescribing of opioids, the initiative has brought pharmacists and prescribers together to educate one another on the problem of identifying the best treatment for each Veteran in pain.

Opioids have a place among treatment options. They are powerful drugs that can be used to alleviate pain and any reduction in their use must be done carefully. Otherwise, patients could be driven to crisis by both the effects of withdrawal and ineffective pain management.

Decisions on the use of opioids must therefore take a Whole Health approach to care, with the aim of not just reducing opioids but also improving functioning by patients. It takes time and attention from providers to have meaningful conversations with patients about what their life goals are, and provide education about what they can reasonably expect from treatment.

This approach uses the stepped care model based on a continuum of care and incorporating professional support and self-management through counseling and participation in groups like Narcotics Anonymous. It also includes non-pharmacological pain treatment options like stress reduction, yoga, tai chi, mindfulness, chiropractic care, nutrition, acupuncture, and health coaching, which may reduce reliance on opioids without increasing pain or causing other health problems.

Virtually all VA facilities have reduced prescriptions for opioids. VA facilities in El Paso, Texas, and Fayetteville, N.C., have managed the greatest reductions, cutting rates by 71 percent in El Paso and 69 percent in Fayetteville.

Rates for other VA facilities can be viewed online since January, when VA became the first hospital system in the country to begin posting its opioid prescribing rates online, updating them twice yearly in January and July.

We expect even better management of pain medications for Veterans when VA and the Department of Defense roll out their new integrated electronic health records. The new records system will give health care providers a full picture of patient medical history, enabling better treatment and better clinical outcomes. It will also help us better identify Veterans at higher risk for opioid addiction and suicide, so health care providers can intervene earlier and save lives.

We have also issued the lifesaving drug Naloxone to over 100,000 Veterans to help prevent tragedies and instituted patient risk assessments for overdose and suicide, bringing the power of big-data analytics to bear through VA's Stratification Tool for Opioid Risk Mitigation (STORM), which puts predictive analytics in the hands of providers and allows effective collaboration of medical and mental care of Veterans at risk.

There is still more to learn and more to do, and a national solution will require national collaboration. But President Trump has said, "We can be the generation that ends the opioid epidemic." He is right about that. We can end the epidemic, and VA is helping lead the way.

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1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

COLUMBUS, Neb. (AP) — A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital.

Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport. She had been in Nebraska to help Holeman get to his Columbus home after spinal fusion surgery three days earlier in Omaha. He called her in great pain and said he was oozing blood and his left leg had gone numb, Nagengast said.

Her brother is a veteran living on disability and didn't have Department of Veterans Affairs' approval to call an ambulance, she said. He also couldn't afford a taxi to a hospital, she said.

Nagengast was still in the Tampa airport when she tried to call his VA social worker but misdialed and reached what turned out to be a right number: the Jimmy John's in Columbus and its night manager, Jason Voss. She explained her problem.

"She was a little panicky," Voss told the Omaha World-Herald on Tuesday. "At that point I figured I should take a minute to think about it. It was obviously not someone making something up; it was an actual situation going on."

It took Nagengast a little while to realize she hadn't reached her brother's social worker.

"I apologized profusely. I was really embarrassed," she told The Columbus Telegram. "I just told them, 'Never mind.' But somehow they found it in their hearts to help."

Voss called delivery driver Zach Hillmer, who picked up Holeman and drove him to a hospital emergency room. Hillmer, a U.S. Navy veteran, said it was a privilege to help a fellow military man.

Sam Nixon, operating partner of Columbus' Jimmy John's, said he was proud.

"Those guys did that on their own accord, and that's what was so special about it," Nixon said.

Nagengast said her brother is back at home and doing OK.

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1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

David Thomas, a deputy director in the VA office that verifies small businesses for government contracts, never directly received complaints from his coworkers about the painting, a spokesman for the federal agency said Wednesday.

The portrait depicts Nathan Bedford Forrest, a Confederate Army general turned inaugural KKK leader, posing on the back of a horse. The words "No Surrender" and the date 1862 are written on a title card below the painting.

Thomas did not respond to requests for comment.

"Mr. Thomas immediately took down the print in question – a work by noted historical artist Don Stivers – and the matter is resolved," said VA Press Secretary Curt Cashour.

The incident comes amid a protracted national debate over whether Confederate symbols should be displayed on government property, including monuments in local parks. Earlier this year the Sons of Confederate Veterans organization sued the city of Memphis, Tennessee for removing a statue of Forrest from a park.

During the Civil War, Forrest led the brutal killings of mostly African American Union Soldiers at the Fort Pillow Massacre in 1864. He also is known for using his stature in the Confederate army to help create and expand the KKK as a secretive organization. In 1869, he called for the group to be disbanded and even later gave a noted speech on racial reconciliation, but local chapters continued to exist.

A petition coordinated by the labor union representing VA was sent to members this week. It denounced the display of the painting in a government building and called for "appropriate action to be taken."

"Hopefully this will one day be a thing of the past but until that happens we'll be here to fight it," said Cheston McGuire, press secretary of the American Federation of Government Employees.

The Washington Post first reported the portrait had been taken down.

ABC News confirmed the report and obtained photos of Thomas' office while the portrait was still hanging. The person who took the photos does not want to be identified because of fear of retaliation.

Doug Massey, president of AFGE's Local 17, said Thomas has been at the center of other racial discrimination complaints. At least three African American employees have pending cases alleging misconduct in Thomas' office, and he is accused of discrimination and retaliation by at least two senior employees, according to court filings. The VA said it does not comment on personnel issues without that person's consent.

One of those accusers is retired Air Force Colonel Michelle Gardner-Ince. She told ABC News that Thomas mentioned to her that his wife didn't like the portrait but that he kept it anyway.

At the time, Gardner-Ince said she didn't know Forrest was the man in the picture and didn't ask Thomas about it. But she was appalled after learning more about it from the VA employees who started the petition.

"It is an environment of fear," Gardner said. "With the behavior and fear that's prevalent in the office, [the painting] also serves as intimidation."

Thomas is a career employee and was not appointed by any administration.

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1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah.

The findings might hold true for others in distress, too.

"How to Use Social Media Patterns to Identify Veterans at Risk for Suicide" was released as part of the Bob Woodruff Foundation's Stand Smart for Heroes series. The study found veterans who took their own lives were more likely to have recently posted about stressful events, followed closely by posts about emotional distress. The reverse — emotional distress and then stressful events — did not have the same association with suicide, said lead researcher and the center's executive director Craig Bryan, a board-certified clinical psychologist.

He said fewer than 5 percent of veterans who took their lives posted anything obviously suicidal on social media, so finding other clues is crucial.

The U.S. Department of Veterans Affairs calls suicide by veterans its "top priority." The department's new data finds suicide by young veterans increased 10 percent from 2015 to 2016, even as the rate among older veterans declined slightly. But between 2005 and 2015, veteran suicides had increased 25.9 percent, while non-veteran adult suicides increased more than 20 percent in that time period. Veterans overall are 1.5 times more likely than the general population to kill themselves.

The government agency report notes that about 20 veterans a day die by suicide, accounting for 1 in 7 adult suicide deaths, even though fewer than 1 in 12 Americans have served in the military. Overall, roughly 44,000 Americans take their own lives each year, while there are roughly 25 times that many suicide attempts. Male veterans ages 55-74 had the highest number of suicides, while male veterans 18-34, a much smaller cohort, had the highest suicide rate.

The study of social media posts of veterans who killed themselves showed they were also more likely than others to write about alcohol, to go back and forth quickly between positive and negative emotional content and to post photos of their guns. They were less likely than others to share photos of pets or friends.

Looking back

While the Veterans Administration and others have aggressively targeted suicide prevention, some studies suggest that veterans and military personnel may hide or deny they have thought about suicide.

"Therefore, alternative methods for identifying high-risk service members and veterans need to be developed across all settings providing services to (them), both within and external to the health care system," the Stand Smart report said.

The researchers worked backward, starting with veterans who had died — whether from suicide or other causes — and analyzing social media posts to see if what they said offered insights that might have allowed friends, family and others to reach out to those who took their own lives.

Bryan said the people coding the social media posts for the study didn't typically know how individuals had died.

The study included veterans' posts on Facebook, Twitter, blogs, MySpace and any other social media sites where they interacted. Not surprisingly, Bryan said, some of the traditional markers, like hopelessness, were found.

But not all people who post hopeless or distressed content kill themselves. "So how do you know when a post like this would signal emergent suicide behavior, when at other times it might not?" he asked.

They analyzed the posts several ways, including an approach called dynamical systems modeling, which takes into account that people have good days and bad days. But "perhaps it's more informative to look at how content changes over time. Are there certain patterns — cycles in what people are posting online — and are there relationships among multiple variables that can provide information? That is exactly what we found," Bryan said.

No particular theme or topic signaled forthcoming suicidal behavior. But the order and timing of posts did.

"The one that mattered the most was a very interesting sequence: Those who died by suicide tended to post things about life stress, so a relationship failure, conflict with someone else, a financial problem. Then, immediately afterward — perhaps the next post or the one after that — they tended to post something indicating emotional distress or some sort of negative thought process like hopelessness, despair, depression, anger or anxiety."

Taken sequentially, the posts "seemed to be a very strong signal for suicide," Bryan said. But posting in the opposite order was a trait characteristic of the non-suicide group. And the closer the posts were to when the veteran died, the stronger the signal in the sequence was.

Bryan said the "temporal signal seemed highly specific to suicide death."

The most important limitation of the study, he noted, is that it's "historical." Social media is advancing rapidly, with new apps and platforms emerging all the time and how people use different platforms evolves, too. "We are always in some way a little behind the curve."

Some have expressed interest in using rapid technological advancement, such as emerging artificial intelligence, to try to spot people at risk of suicide. But humans beat machines when it comes to watching for signs and reaching out. The researchers said machines don't pick up on sarcasm or irony, while humans do. "We read it, that's obviously a joke. It's lyrics to music or it's ironic," Bryan said.

But the sheer volume of such content has generated some interest in creating algorithms that identify suicidal signals, Bryan said.

How to help

Bryan hopes people won't glue themselves to social media to ferret out who among their friends might be suicidal. But he does want folks to be aware when something seems off. "We often notice when the things people are posting are a departure from their typical patterns," he said. "This notion of being knocked off balance seems to be a really important thing for us to pay attention to. And that might be the time to get involved."

Because so few veterans declare suicidal intent, waiting for explicit posts isn't very helpful.

Instead, when someone talks about emotional distress "in a different way than usual, that's the time to reach out to them."

His advice for reaching out is simple: Same way you would normally reach out to the person. "Some of us text, some call, some of us talk face to face over a cup of coffee," he said. "We don't have to necessarily do anything special or out of the ordinary. It's just kind of being ourselves and reaching out to others when it's obvious they might need support."

Bryan believes paying attention to temporal sequencing of social media posts might find others, not just veterans, at risk of suicide. Other research is confirming that.

A different researcher analyzed Twitter posts of mostly not-veterans, Bryan said, finding "these patterns doubled if not tripled the ability to ID suicidal individuals as well as other conditions. It could improve detection of individuals with psychosis, with depression, with anxiety. (That researcher) took that idea and was able to show it significantly improved risk assessment in a different sample."

The Bob Woodruff Foundation focuses solely on helping post-911 military and their families, says Margaret Harrell, director of programs and partnerships. It was founded after Bob Woodruff, a broadcast journalist who was injured while embedded with American forces in Iraq. He suffered a traumatic brain injury and was comatose for weeks. As he recovered, he and his family launched the organization.

One way they're helping veterans is simplifying and sharing key research affecting veterans, including Bryan's study, which Harrell believes goes well beyond veterans. "There are important things here all of us should know and be thinking about as we're interacting with friends, neighbors, colleagues. ... We can apply common sense" and see it applies to others, she added.

"You're talking about literally saving people's lives. It's amazing research," Harrell said.

National efforts to prevent veteran suicide include expanding the Veterans Crisis Line, placing a suicide prevention coordinator at each VA facility, increasing access to mental health care and enlisting family, friends, community and others in prevention-focused partnerships, among others, according to the Veterans Health Administration.

Veterans in crisis or anyone worried about a veteran can call the Veterans Crisis Line at 1-800-273-8255 and press 1, send a text to 838255 or chat online.

The crisis line has taken more than 3.5 million calls and dispatched emergency help more than 100,000 times since it started in 2007. More than 413,000 anonymous online chats have occurred since 2009, and the text line, started in late 2011, has responded to nearly 100,000 texts, according to crisis line data.

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1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed.

In fact, nothing he said about the program's origin is true.

Trump, Nevada, Oct. 20: And we just passed — after 44 years, we just got it passed, I signed it two months ago, veteran's choice, so that if they have to wait on line for 12 days or 14 days or 32 days, or much longer than that — can you believe it? ...

They go immediately to see a doctor privately. We pay for their bill. ...

But I thought it was so brilliant, I came back to my group, I said, I got the greatest idea, because I haven't been doing this that long, so, you know, it wasn't like high on my list, but it became high. I did know the veterans were never treated fairly. But I said, I have the greatest idea. We're going to do this. If a veteran has to wait, we're going to send them to a private doctor.

We'll pay the bill. What a genius — I said, I said, how good is that? They said, "Sir, we've been trying to get it passed for 44 years." So I was good at getting things passed. That's what I did.

Ten days earlier, at a rally in Pennsylvania, the president told the crowd: "When I first heard about it, I mean, it's not like I was studying it for my whole life. But I heard about it three-and-a-half years ago. I said, I have an idea. Let's — when they wait on line for 10 days, 22 days, 38 days, you have to see, months and months, why don't we let them go see a private doctor and we pay the bill? It will solve our problem. And I told everybody: I am the most brilliant guy in the world. Who else would think — who else would think of that?"

And at his rally in Kentucky on Oct. 13, Trump said this was "the greatest idea I think I've ever had."

In fact, that was the idea for the Veterans Choice Program, which was created by the bipartisan Veterans Access, Choice, and Accountability Act, signed by President Barack Obama on Aug. 7, 2014. The legislation, which garnered a 91-3 vote in the Senate and a 420-5 vote in the House, followed a scandal over wait times at Veterans Affairs facilities.

The VA summary of the 2014 bill said it would "allow those Veterans who are unable to schedule an appointment within 30 days of their preferred date or the clinically appropriate date, or on the basis of their place of residence to elect to receive care from eligible non-VA health care entities or providers. This is separate from VA's existing program providing Veterans care outside of the VA system."

If a veteran lives more than 40 driving miles from the closest VA medical facility or faces other travel burdens, or the VA can't provide the services required, that veteran can receive care from another provider, according to the Department of Veterans Affairs, which says on its website that Veterans Choice is "one of several programs through which a Veteran can receive care from a community provider."

Since Trump took office, he has continued the program, signing legislation to provide funding for the program and to eliminate the expiration date. In June of this year, Trump signed the bipartisan VA MISSION Act, which provided funding to keep the Veterans Choice program for one more year, and then called for consolidating it and other private-care options into a new Veterans Community Care Program.

The MISSION Act — a "significant portion" of which came from earlier bipartisan legislation from Republican Sen. Johnny Isakson and Democratic Sen. Jon Tester, according to the senators — says that under the consolidated program a veteran can go to a private medical provider if "the covered veteran and the covered veteran's referring clinician agree that furnishing care and services through a non-Department entity or provider would be in the best medical interest of the covered veteran," based on criteria to be set by the VA secretary. Those criteria will include distance from a medical facility, type of services needed, and the timeliness of appointments.

A June Government Accountability Office report said that it wasn't clear whether the Choice Program had "improved the timeliness of veterans' care because VA's data are incomplete and unreliable," and Tester has said the new law "streamlines community care."

So, Trump has continued the Veterans Choice Program and the new law could expand eligibility for such services. But how can Trump say a law that was passed years before he took office

was both his idea and 44 years in the making? We asked the White House press office but haven't received a response.

In some of his rallies — such as Oct. 12 in Ohio — Trump merely claims that “I got done what they'd been trying to do for 44 years.” But on several occasions he has expanded that falsehood into a story about “the greatest idea I think I've ever had.”

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1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

Sometimes a wrong number turns out to be exactly the right one.

When Lisa Nagengast flew home to Florida on Saturday, all seemed well with her brother back in Nebraska.

Greg Holeman, 48, was out of the hospital after a risky surgery, and home care had been set up.

But then came the troubling phone call from her brother: The incision from his spinal fusion was oozing blood and pus. His left leg had gone numb. And he couldn't find a ride to the hospital, Nagengast posted in a Facebook account of what unfolded Saturday night back in Nebraska.

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

So Nagengast called her brother's social worker.

At least she thought she did.

A young woman answered the phone and listened intently.

“I assumed it was the social worker, Pam,” she explained on Facebook. “I told her who I was, why I was calling, gave her the whole story, and asked what can we do to get him to the hospital.”

What Nagengast didn't realize was that she'd called the Jimmy John's restaurant in Columbus.

The young woman who answered the phone, Lupe Rodriguez, passed the receiver to her manager, Jason Voss.

“She was a little panicky,” Voss said of Nagengast. “At that point, I figured I should take a minute to think about it — it was obviously not someone making something up. It was an actual situation going on.”

Voss couldn't leave the restaurant, but he also didn't want to put anyone on the spot. So he called Jimmy John's driver Zach Hillmer to talk it over with him.

“There was so much we didn’t know, what could happen, how it could fall to us,” Voss said.

Hillmer, a veteran himself, called Nagengast to find out where her brother lived.

Nagengast said she became confused. She asked him why another social worker hadn’t given him her brother’s details.

“And he said, ‘Umm, this is Jimmy Johns,’

The picture was removed this week after the newspaper confronted Thomas about racial background of the portrait. Thomas claimed no real knowledge of Forrest's background, saying he displayed the painting because "it was just a beautiful print that I had purchased, and I thought it was very nice."

Employees in Thomas' office — which includes numerous African-Americans — have been circulating a petition demanding removal of the painting prior to the news story.

VA officials did not respond to requests about possible discipline for Thomas, but told the Washington Post they considered the issue resolved after the painting was removed.

AFGE officials disagree.

"This is about more than one portrait — this is about ensuring all employees can work free from discrimination and intimidation," said Jeremy Lannan, head of the union's civil rights department. "We have serious questions as to whether that's possible under Mr. Thomas' leadership."

AFGE said employees in the office had previously filed three claims of racial discrimination against Thomas, and has requested additional information from the department on the office's morale and disciplinary actions.

The union has been a frequent critic of President Donald Trump and VA management in recent years, opposing a host of moves designed to more easily fire civil employees and limit union officials work on behalf of members during work hours.

Thomas began working at VA in 2013, during former President Barack Obama's administration. The Washington Post report said employees complained that Thomas displayed the painting in previous offices before his most recent promotion to the deputy executive director role.

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2. Improving Customer Service

2.1 - CNN: This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER (24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Jimmy John's is known for its "freaky fast" delivery, but one branch showed it can deliver a lot more in helping an ailing veteran.

A woman thought she was calling a social worker to help her brother after his spinal surgery. Little did she know she had misdialled and called the sandwich shop in Columbus, Nebraska.

"The whole time I pretty much knew that she didn't know she was talking to someone from Jimmy John's. It didn't seem important to really bring it up, but I just wanted to make sure that she knew I was going to help her," said Jason Voss, the night-shift manager at the Columbus Jimmy John's.

Army veteran Greg Holeman, 48, was recovering from spinal surgery when he returned to his home last week. His sister, Lisa Nagengast, flew in to help get him settled at home.

Just moments after she landed back home in Florida, Nagengast received a voice mail from her brother saying he was having severe pain in his left leg and couldn't stand up.

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone.

Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

Once Hillmer called Nagengast back to find out more information about her brother, it became clear to her she was not talking to a social worker.

"I was kinda gracefully [trying to] back out of everything that had happened at that point," Nagengast told CNN. "He was like, 'No no no, I will take him to the hospital. You give me his name and his address and make sure that he gets in the car with me, and I will get him where he needs to go.'"

After the phone mix-up, Nagengast thanked the employees for stepping up. "I cannot say thank you enough to Jason Voss and Zack (sic) Hillmer ... there are not enough words to express my gratitude." Nagengast wrote in a Facebook post Saturday.

"I'm famous for calling a wrong number, but Zach and Jason need to be famous because they did an amazing act of kindness," Nagengast told CNN.

She isn't the only one praising the two workers. "I'm awfully proud of those guys," said Sam Nixon, the owner and operator of Columbus' Jimmy John's. "What they did, I could not teach."

Holeman's trip to the emergency room was a successful one. The veteran is back home and is recovering well.

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2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads.

Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be.

Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band. The musicians, filmed during a reunion this summer, ranged in age from 61 to 82. They didn't miss a note.

Plumer, 66, is visible in the background of the video, flitting around the percussion section, from snare drum to xylophone and back. She beamed as the band struck up "Duty," the WAC song.

“Duty is calling you and me. We have a date with destiny,” she sang along to a tune many people only know from the actors who whistled it on their way to the “Bridge on the River Kwai.” “Ready, the WACs are ready. Their pulse is steady, a world to set free.”

Plumer is one of 20 million American veterans, and there’s no reason to wait until Nov. 11 to remember that millions of those veterans could use our help.

Plumer hopes to convince the U.S. Department of Veterans Affairs to link her hearing loss to the years she spent banging the drum for Uncle Sam. She spent six years performing next to booming cannons. When she was stationed in Germany in the 1970s, the band’s rehearsal space was an old stone stable where the music bounced off the walls so loudly one performance registered a painful 120 decibels — somewhere in the range of a chain saw or a thunderclap.

The VA supplies Plumer’s hearing aids and batteries. But she says if she could get her hearing loss classified as service-connected, even by just 10 percent, then “so many doors would open” for other help and benefits.

Plumer lives in subsidized housing and lives off Social Security disability benefits she says come to about \$12,000 a year. This close to the end of the month, she can’t afford the grocery store or the gas station, but she thinks she has enough left in the tank of her rusty 21-year-old car to get to the rehearsal of the community band she joined.

She’s one veteran among millions. One veteran among the 1,000 a month who apply to the Minneapolis VA Health System for benefits.

“I stopped counting around 19,000,” said Dr. Greg Matlock, medical director for compensation and pensions at the Minneapolis VA Medical Center. He started a running count of the exams he performed on veterans seeking medical benefits in mid-2013, when the system was battling a case backlog, and gave up the tally after five long years.

Applications come in from young soldiers with traumatic brain injuries and veterans in hospice trying to secure benefits for spouses or dependent children. He’s even seen a few hearing loss claims from veterans of military bands.

Matlock, a veteran himself, knows how confusing the claims paperwork can be.

Fortunately, there are people who can help veterans with a process that starts by filing paperwork to signal your intention to file paperwork. There are state, county and tribal veteran outreach workers who can help navigate the bureaucracy. Groups like the VFW help veterans file claims. And if you’re really having trouble getting someone to listen to you, Minnesota’s congressional and Senate offices have been known to throw their weight behind constituents’ claims.

But for Plumer, whose last service-connected disability claim was rejected, the idea of starting again is frustrating. She’s met other military band veterans, all men, who told her their request for service-related disability benefits for hearing loss were granted without fuss.

She served at a time when women had limited career options. She’d hoped things would be different now.

"They are not dealing appropriately with a lot of people, but especially not with older female veterans," she said. "They should be treating them with some understanding and dignity, and they're not."

So she tries to stay busy. She spent years volunteering in schools. She recently added the mandolin to the long list of instruments she plays and joined an all-mandolin orchestra.

She remains fiercely proud of the years she spent with the 14th Army WAC Band. In 1978, the Army disbanded the WAC, and the women's units were integrated with male units, including the band.

"Service, we're in it heart and soul," she took up the anthem again. "Victory is our only goal. We love our country's honor, and we'll defend it against any foe."

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2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

JACKSONVILLE, FL -- James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center.

"I am ready to go home," said Jackson

He is part of an aging veteran population; the baby boomers who served in Vietnam.

The veteran said he did two tours and during an assignment he injured his back jumping from an airplane on fire.

"I landed 25 feet up in a tree," said Jackson. "I had to cut my straps."

Decades later he is still dealing with his back injury. Jackson said the Veterans Administration has rated his injury as service-connected.

"I am 100% disabled," he said.

He said he also suffers with the invisible wounds of war like PTSD. A few months ago the back injury caused him to lose the strength in his legs.

He now has to use a wheelchair to get around "for the rest of [his] life," Jackson said. "In fact the VA is going to give me a wheelchair on the 29th."

It is the VA that provides his healthcare and with it, some promises.

According to Jackson, in September the VA Gainesville office promised to build a wheelchair ramp at his home. In October he said he was told the request was never formalized.

"The request never went through," said Jackson. "I was pretty despondent."

Jackson said since being in a rehabilitation center his son has made renovations to his home, making it wheelchair accessible.

Jackson said he is now waiting on the VA to complete the work on the outside, the wheelchair ramp.

"Just do what I was promised was going to happen," he said.

On Your Side reached out to the North Florida/South Georgia Veterans Health System for answers.

Public Affairs Officer Daniel Henry provided this response:

Due to Privacy Act restrictions, in order to comment on VA's specific interactions with a Veteran, we would need their written consent (by having them fill out and return this form).

Can you provide that consent? If you cannot, please note in your story that those making these allegations refused to allow VA to comment on them.

We submitted the consent form and are waiting on a response. Jackson told On Your Side his doctors will not release him from the center until there's a wheelchair ramp at his home.

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2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

TEMPLE, Texas (KWTX) - A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom.

U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and ordered a pre-sentencing report prepared before sentencing, which he then set for Jan. 16, 2019.

Christopher Sebek, 55, of Temple, Jeffrey Pearson, a Temple businessman, and Sebek's wife, Melissa Sebek, all were indicted in a scheme to defraud the government and redirect items purchased with government funds to their personal use, the indictment says.

"It was a part of the conspiracy that Sebek used his position as Operations Supervisor for the Department of Engineering for VAMC-Temple to divert United States Government property and money so that he could use the property and money for his own personal gain, including the payment of personal bills, loans, college tuition and personal credit card bills," the federal complaint filed in the case says.

"Sebek used Pearson's company, Whitetail Industrial, to procure personal items, such as furniture ... Pearson would submit false and fraudulent invoices to the VAMC-Temple for non-existent goods or services, adding (a) 30 percent commission" and "the fraudulent invoices were paid by VAMC-Temple to Whitetail Industrial," the complaint says.

Melissa Sebek's accounting business was manager of the arrangement between Sebek and Pearson and federal investigators say she participated in the fraud scheme.

Federal court records show she pleaded guilty Oct. 16 to her part in the plan and is awaiting sentencing, which is set for Dec. 4 and her case has been sent to probation investigators for their recommendation at final sentencing.

Pearson, on Oct. 17, was released from custody after posting a \$25,000 appearance bond and U.S. Magistrate Judge Jeffrey C. Manske set him for arraignment and plea on October 30, the magistrate's court docket shows.

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2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served.

Right now, they're in need of drivers to get people back and forth to their doctor's appointments.

VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

If you want to donate or volunteer you can call these numbers:

Greenville: 252-814-6515

Wilson: 252-668-0067

Rocky Mount: 252-212-5568

New Bern: 252-638-5900

Pamlico County: 252-745-0440

Morehead City/Carteret County: 252-728-8440

Forte said, "More veterans are moving to Eastern NC faster than they're moving anywhere else in the country."

That's why getting the word out about their VA cards is so important.

"This facility was built to provide the right care at the right time to those veterans who need it."

There are around 90,000 veterans in the East and Forte says many aren't taking advantage of the VA.

There are two cards you have access to.

Any veteran is able to get the ID card.

"It's your badge of honor as a veteran" Forte says, "And you can take with you to local businesses and take part in any benefits out there that might be available to you."

Then there's the health card.

If you qualify, you have access to many different medical services.

Here's how it works, head to vets.gov and print out the application and take it to the VA clinic.

They can tell you on the spot what benefits you qualify for.

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2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver.

It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

Burleson, a registered nurse at the Beckley VA Medical Center, said she cried once or twice during her own cancer treatment, but she's finding it harder this time around.

"I wish I could take his place. I know what to expect, and I'm glad I can help him in that way, but I cry every day for him. It is much harder watching your family than to be the one having it. You feel helpless. You can't do anything," she shared.

The most important thing is to just keep going, to deal, she added.

"If you have faith, that will help you through it."

She stressed the crucial role her husband and children played in her own diagnoses, treatment and recovery. Just two months before her 50th birthday, Burleson said she found a lump in her left breast. With a history of cystic fibroids, she didn't think much of it, but it was her husband, a radiologist, who urged her to get it checked out quickly.

She had a mammogram, an ultrasound, and then a biopsy confirmed the lump was cancerous.

She began treatment in Huntington, and while the hospital wasn't moving slowly in real-time, when you have cancer, you just want to get treatment as quickly as possible, she said.

Her daughter Brittany was the one who called Cancer Treatment Centers of America and got her mother into the hospital near Chicago for a lumpectomy. The mother and daughter used her treatments as a chance to go on road trips together, shopping and visiting friends in Illinois.

As a nurse, Burleson said she knew she had to keep herself eating well and active during six months of chemotherapy followed by radiation. Watching Brittany coach softball was one way she continued to stay active and have a public life.

Because her husband also worked at the Beckley VA Medical Center, he was able to donate vacation time to her, which is allowed at the facility.

"He continued to work because we didn't know what we were getting into, so that I could have that time if I needed it," she explained.

"I didn't realized how much they struggled emotionally. They hid that from me. it is more of a struggle on this end than I thought it would be."

She encourages other cancer caregivers and family members to take time for themselves and consider a support group.

In addition to a broadening understanding of cancer's impact on family members, Burleson is now a strong proponent of cancer education and awareness.

Despite being a nurse, Burleson said she did not take time to do monthly breast exams. She found her lump by accident in the shower.

"In hindsight, it is kind of like the saying, 'You can lead a horse to water, but you can't make it drink,'" she said. "Monthly checks are an easy process, but it is something you just don't take the time to do."

With two daughters and a granddaughter, she said she now preaches to them about self exams, and once they are old enough to begin having mammograms, she expects she will be on them to get those done, too.

"I never thought it would happen to me. For that reason, education is important, and it is very important that people pay attention to their bodies," she added.

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2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs.

Pamela Powers, who graduated from high school in 1985, was named the department's chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

"It is a really large organization that is doing great work for veterans," Powers said. "It is overwhelming, but it's exciting."

In February, Powers was named the chief of staff for the Office of the Under Secretary of Defense for personnel and readiness, a position she had to be nominated and vetted for.

In that position, she worked with Robert Wilkie, who at the time was Under Secretary of Defense for Personnel and Readiness. Wilkie was nominated by President Donald Trump to serve as the Secretary of Veterans Affairs. He was confirmed by the U.S. Senate in July.

Powers said Wilkie had recruited her for the Defense Department after she retired from the Air Force earlier this year. When Wilkie moved to Veterans Affairs, he asked Powers to join him.

In her position, Powers oversees the Department of Veterans Affairs, including its medical centers, the national cemeteries and what benefits and claims are provided to veterans.

“It’s making sure the trains are running toward what the president and Secretary Wilkie want,” Powers said.

After graduating from Prior Lake High School, Powers attended the Air Force Academy in Colorado. She graduated from the academy in 1989 with a bachelor’s of science degree in organization psychology. In 1996, she obtained a master’s of arts in organizational management from the University of Phoenix and in 2011, she received a master’s of strategic studies from the Army War College.

Powers held a variety of positions within the Air Force — she was promoted to captain in 1993, major in 2002, lieutenant colonel in 2007 and colonel in 2012.

With the largest budget in its history, Powers said the Department of Veterans Affairs will be able to recover from recent issues such as a lack of permanent leadership, thousands of job vacancies, staff turnover and not providing veterans with “timely and efficient care,” according to the New York Times.

Powers said she visited some of the local Veterans Affairs facilities at the end of August during a visit to her father, who lives in Prior Lake. She said Minnesota has great care facilities for its veterans.

The Minneapolis system is one of 160 across the nation and one of the largest. In addition to the main hospital in Minneapolis, there are 13 community clinics in Minnesota and western Wisconsin which focus on primary care for veterans. One of those community clinics is in Shakopee.

“It’s like, ‘If you build it, they will come,’ which is true,” Minneapolis VA Health Care System Public Affairs Officer Ralph Huessner said. “If we open a clinic near veterans, they’ll use it when it’s convenient and they inquire about eligibility. That’s why we have grown to 13 community clinics.”

Most veterans surveyed in Minnesota have said they can always or usually get an appointment when needed for primary or specialty care, according to the department’s data for care access at [accessocare.va.gov](https://www.accessocare.va.gov). New and returning patients at Shakopee’s location wait a week or less on average for appointments.

Though a Minnesotan is now helping to run the overall Department of Veterans Affairs, Huessner said that doesn’t make the Minneapolis VA Health Care System any more of a priority than the other 160 systems.

“The providers are focusing on patients — their interaction with Washington is limited,” Huessner said. “The clinics focus on patient care, not politics or policies. They implement policies, but their day-to-day focus is caring for veterans.”

Huessner said there is a misconception in the veteran community that if someone were to go to the health care system for care, that person is taking away resources from another veteran who might need it more.

“Some veterans say, ‘I don’t want to use the VA, I want the funds to help others,’” Huessner said. “That’s not how it works. The more patients we have enrolled, the more funding we receive to help all veterans. Veterans, you earned it, you deserve it, please use the benefits. They are available.”

A primary focus moving forward will be suicide prevention for veterans, Huessner said.

“This is a very high priority under Wilkie,” Huessner said. “The work is making a difference. We can’t prevent all suicides, but we certainly can lessen the number.”

Local VFW posts or American Legions can contact the Minneapolis VA Health Care System at 612-467-1838 to arrange a presentation regarding suicide prevention.

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2.8 - Boulder City Review: [City’s support for fallen veterans’ families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

Recently, several such families were honored at Grace Community Church, which held its 12th annual Gold Star Family Day. Each year several speakers are asked to impart messages reflecting the spiritual side of the Gold Star designation as well as the patriotic side. This year was unique as a husband-and-wife team — the husband representing the military and the wife representing the ministry — presented comments.

Jeffery F. Brookman is an osteopathic physician and surgeon at the Veterans Affairs medical clinic in North Las Vegas. He’s a retired Army captain who served in Desert Storm and Somalia. After the church service he told me of the many people he treats at the VA, many with spinal injuries as well as other wounds that require the work of a medical specialist such as himself. He praised all the medical people at the local VA, noting that they are all dedicated individuals who are proud to serve veterans.

During his talk he said “Gold Star families have suffered the ultimate loss” and he quoted parts of President Abraham Lincoln’s Gettysburg Address from 1863 where he expressed that those who passed “shall not have died in vain.”

While he addressed the congregation about the physical side of life, his wife, chaplain Monterey Brookman, spoke of the spiritual side. She gave the invocation referring to Deuteronomy 30:10-20 and ended with the arguably less spiritual U.S. Marine shout “Semper Fi.”

There were several Gold Star family members present as well as Blue Star families, mothers and fathers whose children served in the military and returned home safely. The origin of the Blue Star and Gold Star tradition is not known, although some trace its history to a 1917 organization called American War Mothers. It’s official flag contained a blue star, a gold star and the words “United States Service Flag.” Locally, there is a move to form an active contingent of American War Mothers.

Of related interest, for many years Las Vegas has been home to a monument to Gold Star mothers, although it is in a rather isolated place in a corner of the grounds of the city’s senior center. It faces busy Las Vegas Boulevard but it’s a perfect example of “hiding in plain sight,” in that it is difficult to observe.

Gold Star and Blue Star mothers who attended the church service had not been aware of the memorial until I mentioned it to them earlier. It was dedicated in 1952 and contains the engraved names of Nevada servicemen who died in World War II. It also contains the spiritual message, “Our hearts hold these names of our heroic dead from Clark County in honored memory. They gave their lives in the service in the wars that peace and freedom might come to all men. God grant them eternal rest.”

It is fitting that at the service layperson Linda Garrison, representing the military mission of the church, spoke words with a similar message: “... to honor the families who raised these men and women, who love them and who now must live without them. Their service and sacrifice is why we are here today, for we know we owe our freedom to them.”

Chuck N. Baker is a Purple Heart veteran of the Vietnam War and the host of “That’s America to Me” every Sunday at 7 a.m. on 97.1-FM.

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3. Business Transformation

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager’s residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

The New Hampshire Preservation Alliance said the 2,000-square-foot home remains intact and is a rare example of the Prairie Style of architecture that originated in Chicago and is associated with renowned architect Frank Lloyd Wright. The Alliance urged U.S. Department of Veterans Affairs officials to consider alternative uses for the structure, which has been vacant for years.

“Its use for outpatient care or veterans enrichment programs (instead of 10 additional parking spaces) offers a feasible solution in an age when veterans care is at the forefront of many

national discussions,” the organization wrote. “Many traditional hospital settings are not conducive for veterans with (post-traumatic stress disorder), for example.”

Earlier this year, the VA endorsed a Vision 2025 plan to upgrade veteran health care in the state. It calls for the Manchester VA to host specialty health care associated with veterans such as mental health, radiology, pain care, addiction treatment and amputation care. Additional clinical space was already being contemplated when the announcement was made.

Manchester VA spokesman Kristin Pressly said no date has been set for demolition of the manager’s residence, but the VA is taking steps to advance the project.

“This project demolition, expanded clinical space and enhanced parking are aligned with the veteran feedback solicited by the Vision 2025 Taskforce and is in keeping with the approved recommendations,” Pressly wrote in an email.

For at least a year, preservationists have been trying to convince the VA to keep the manager’s residence intact. The structure could be saved if enough people and political leaders recognize the value of the residence, said Aureore Eaton, a local historian and member of the Manchester Heritage Commission.

“It’s kind of like on the endangered species list,” said Eaton, who also writes the “Looking Back” column that appears Monday in the New Hampshire Union Leader.

The Heritage Commission, a city board, has filed paperwork opposing demolition as part of the federal review process of future plans for the VA campus. Eaton said the Commission has suggested that the VA keep the manager’s residence intact and demolish five other similar historic buildings on the campus, three of them former staff quarters.

Also on the Seven to Save list

The six remaining properties that are threatened by deterioration or demolition, according to the New Hampshire Preservation Alliance.

- Shaker Village Turning Mill Pond, Canterbury: Shakers created this manmade pond, but the original 1817 dam was breached in 1980 and an earthen dam built in 1987 was breached eight years ago. The state has ordered the Canterbury Shaker Village to either repair the dam or drain the pond.
- Wentworth Brown House, Haverhill: This complex in the Haverhill Historic District was built in the 18th and 19th centuries and includes two houses and two barns.
- Parish House, Lee: The 1872 home was built as a parsonage for the Lee Congregational Church. The town purchased it this year and has ordered it removed by July to allow the expansion of town services.
- Ruggles Mine, Grafton: Founded in 1803, the mine could be the oldest mica, feldspar and beryl mine in North America. It closed in the 1950s and operated as a tourist attraction until 2015, when it was put up for sale. State officials are considering turning it into a park.
- Fairgrounds Barn, Rochester: Built in 1883, the massive barn has a number of code and safety concerns, and a new fair association struggles to keep it in use.

- State School campus, Laconia: Opened in 1903 for special needs children, the state school closed in 1991. The 250 acres overlooks lakes Winnisquam and Opechee, and a state-sponsored planning effort is underway.

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3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

CASPER, Wyo. - On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town.

Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming.

One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

City manager Carter Napier says there is more to consider before a final decision is made.

"There are certainly pockets of veterans that would still need to travel to come and get this kind of service. But given the large number of veterans that we have in the community, we think that would probably be more of a minority."

Buffalo and Sheridan are also possible site locations. Construction will begin in 2021, once a new site is chosen.

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3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Soldiers Home.

"An updated construction timeline has been set where all buildings are condensed into one phase, with construction commencing in the first quarter of 2019, and anticipated completion in the third quarter of 2020," said Joe Alexander, President of The Alexander Company.

After years of deterioration, Old Main and other buildings on the Milwaukee VA Medical Center's campus have been left vacant and endangered. Additionally, the number of local veterans who are homeless, or at risk of homelessness remains unacceptable. In 2017, the Milwaukee VA helped find permanent housing for more than 300 homeless veterans, and it continues the mission to end veteran homelessness in the area.

"Wisconsin has always looked out for its veterans since the Civil War, which is why the modern-day Department of Veterans Affairs traces its roots back to Milwaukee when Old Main first

opened in 1869,” said Gary Kunich, Spokesperson For the Milwaukee VA Medical Center. “We used it for medical care through 1989, and now it will come full circle, and once again help those veterans who need it most with homeless housing and outreach services.”

The funding efforts continue in order to “Save the Soldiers Home,” which will transform the dilapidated facility and provide affordable housing for veterans and their families, as well as for low-income families.

The “Every Hero Deserves a Home” Campaign, for example, will help fund an aspect of the rehabilitation project – the Women’s Wing of Old Main. The space will specifically serve homeless and at risk female veterans and their children. It will be a safe and secure space for these women to live and to thrive.

The Wisconsin Housing and Economic Development Authority (WHEDA) has been a major partner with the Alexander Company to help fund the restoration project, by offering Low-Income Housing Tax Credits. Most of the work will be at Old Main, the original Soldiers Home that initially housed Civil War veterans. For the next 120 years it continued as a home for generations of veterans from all the following wars it closed in 1989.

Located north of the Clement J. Zablocki Veterans Affairs Medical Center on West National Avenue, the building will have 80 one-bedroom apartments for veterans once the rehabilitation is complete.

“Throughout the planning process we continue to be in awe of the Soldiers Home grounds and what they mean to our veterans and community. We’re still quite proud to have been chosen to rehabilitate and restore these six buildings to their original purpose – the service of veterans,” added Alexander.

In the 1860s, a group of extraordinary women who made up the West Side Soldiers Aid Society raised more than \$110,000 – a staggering amount of money at the time – to create a permanent place to care for injured and disabled returning Civil War Veterans. Their commitment, in conjunction with legislation signed by Abraham Lincoln, made the Milwaukee Soldiers Home a reality. This was the beginning of veteran care in America.

The National Park Service declared the Soldiers Home grounds a national historic landmark in 2011. The buildings are also listed on the National Trust for Historic Preservation for being among the most endangered historic places. The Milwaukee Soldiers Home is one of the nation’s three original Soldiers Homes.

During the summer, the Milwaukee Independent was granted special access to document the pre-renovation condition of Old Main using multiple formats: traditional pictures, 360° VR photography, and by drone footage. This editorial feature blends those visual arrangements to provide an immersive look for the Milwaukee public.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

In a release Tuesday, VA officials said that a "significant modernization effort" over the last 21 months led to the removal of 7.8 million paper files from 60 locations within the department in the switch to electronic claims processing systems.

"This will lead to faster claims decisions for veterans," the release said.

In a statement, VA Secretary Robert Wilkie said the effort "will not only improve VA's claims process, it will also lead to quicker decisions for veterans because millions more records will be available electronically."

Once the paper files are inventoried, officials say they will be scanned into the VA's Veterans Benefits Management System.

Officials said in the release that going from paper to digital will also save money, citing the removal of millions of paper files from the Records Control Division (RCD) of the Records Management Center (RMC) in St. Louis.

The VA is now working with the General Service Administration, which owns the complex that houses the Records Management Center, to return the leased warehouse space for the paper files to the GSA, according to the release. The move, officials said, will save nearly \$1.8 million per year.

The VA's announcement on the removal of the paper files followed on a report last month from the VA's Office of Inspector General which found that VA officials had "significantly understated the number of claims awaiting decisions for over 125 days."

In early September, the VA estimated the number of backlogged claims and benefits cases at about 86,000, but the IG's report said that the VA's estimate only covered about 79 percent of the cases that should have been listed as backlogged, or awaiting decisions for more than 125 days.

"Ineffective oversight and training due to lack of national performance and training plans for Claims Assistants resulted in inaccuracies that also affected the backlog," the IG's report added.

In response to the IG's report, VA officials said they were "reviewing how best to supplement or adjust reporting on the ratings-related backlog."

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4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

If you're a veteran who loses your leg below the knee due to combat wounds, with a wife and two kids, you're not even getting \$750 per month in disability. Yes, the U.S. Department of Veterans Affairs will cover your medical expenses, but only for that injury. Even permanently disabled vets are on their own when it comes to finding health insurance for their medical needs not related to their service — as well as those of their families.

The result is epidemic poverty for disabled vets: they are at least 50 percent likelier than their non-disabled peers to live in poverty— rates that go up the older they get.

Many organizations outside of government are stepping up to fill gaps — call it the private sector's GI Bill.

For example, at the Independence Fund — a Charlotte, NC-based non-profit dedicated to empowering our nation's severely wounded, injured, or ill veterans — we have awarded more than 2,200 cross-country motorized wheelchairs (with powerful engines and tank treads) and provided more than 1,700 pieces of adaptive athletic equipment to vets who need them to take care of themselves and their families.

We have also hosted more than 1,600 caregivers at respite retreats and through follow-up services in their communities, providing care for the caregivers in order to stave off burnout, depression and worse among those who care for our vets.

Other organizations are also showing leadership. Comcast, for example, has recently expanded its pioneering "Internet Essentials" program to offer veterans near-free internet service plus low-cost computer equipment and training.

Building this bridge to the new economy is central, Rob Coons of Veterans in Technology explains. "When the world is more connected than ever before, it's easy to assume that veterans, active service members, and their families benefit from advances in technology," he says. "But in reality, many active military and veteran families are cut off."

For vets, this entree to the new economy can be life-changing, opening a vital door to government benefits, employment and education — an absolute necessity for the severely disabled, since VA health care providers rely so heavily on the MyHealtheVet web portal to coordinate care. In fact, the whole agency and all its health care benefits are moving quickly to the digital age.

For rural veterans struggling with the emotional wounds of combat and adapting to their disabilities, affordable internet means access to telemedicine and remote services for VA health care. For veterans struggling to re-enter the workforce, it means online training and certification programs, as well as digital help with résumés, job searching and the application process.

And for veterans struggling to build a support network of and for their caregivers, family and community, internet access is key. The Independence Fund's caregiver support system, for example, is a network of private social media groups specifically for caregivers to share best practices, provide mutual support and escape the incredibly isolating experience caregiving can be.

Some companies have programs to help low-income families afford broadband service. But they should be expanded to include veterans. Others should incorporate these practices and find other ways to help connect our vets. For instance, we need companies to provide free website hosting for veterans' small businesses and free access to public Wi-Fi hotspots. If the private sector can open their hotspots in a crisis as was recently done during Hurricane Florence, why shouldn't low-income veterans, who are in crisis everyday, have permanent access to this resource to help them get back on their feet?

Private sector initiatives like "Internet Essentials" are critical but should only be the tip of the iceberg. More companies and industries should get on the field and find their own ways to help.

Austin is home to nearly 40,000 veterans, while the state of Texas has the second-largest veteran population in the United States. With 15 active duty military installations in the state and the Army announcing in July that Austin will host the Army Futures Command headquarters, the number of military members, families and veterans in the state of Texas will only grow. Texas should welcome this initiative by Comcast to help its veterans and support it where it can.

Through greater community and business engagement, our society can help partially repay the debt owed disabled veterans — a debt our government refuses to pay.

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4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

Speaking from the East Room of the White House, Trump said the Support for Patient and Communities Act was meant to build on progress made earlier in the year aimed at curbing opioid misuse and deaths from overdoses.

"Together we are going to end the scourge of drug addiction in America," Trump said.

Among the commitments, insurance giant Cigna committed to partnering with the Veterans Health Administration to improve access to opioid addiction treatment, saying it would work to reduce opioid-related overdoses in various communities by 25 percent within three years.

Amazon said it will help first responders more efficiently access critical medical records, and it has programmed Alexa voice service to answer important questions about opioids and addiction.

CVS Health officials promised to install 1,100 permanent medication disposal units by the end of next year, while Rite Aid said it would offer free DisposeRx packets with new opioid prescriptions. Meanwhile, Google said it would launch a partnership with Walgreens to display permanent drug disposal locations on Google Maps.

The legislation was sent to the President's desk by Congress earlier this month following a bipartisan effort to address the growing crisis and was seen as a win for members of both parties ahead of the midterm elections next month. The law includes \$8.5 billion in appropriations including funding for hospitals who treat patients with addiction.

It also includes measures to halt illegal drugs at the border, a measure to allow the Food and Drug Administration to require prescription opioids to be packaged in set amounts, support for development of nonaddictive drugs for pain, and allowing doctors to have access to a consenting patient's prior history of addiction as they make treatment decisions.

The Centers for Disease Control and Prevention released estimates earlier this year that the number of Americans dying from drug overdoses rose from 64,000 in 2016 to approximately 72,000 in 2017. But this week, data from the CDC showed those numbers may have begun leveling off, with preliminary data showing deaths appeared to peak in September 2017. "Plateauing at such a high level is hardly an opportunity to declare victory. But the concerted efforts of communities across America are beginning to turn the tide," Health and Human Services Secretary Alex Azar said during an event in Washington on Tuesday as he announced the creation of a new payment model to addressing addiction among pregnant women and their exposed infants.

"We are so far from the end of the epidemic, but we are perhaps, at the end of the beginning," Azar said.

Also announced this week, Food and Drug Administration Commissioner Scott Gottlieb, M.D., said the agency would conduct a two-day advisory committee meeting in December to examine how to increase the availability of naloxone products, including potentially requiring naloxone to be co-prescribed with certain opioids.

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4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

WICHITA, Kan. – Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

The partnership will ensure access to community care where needed in rural Kansas.

"The VA Outpatient Clinic in Liberal is a shining example of the future of healthcare," said Rick Ament, Robert J. Dole VAMC director. "To maximize the health of Veterans, we must work closely with our community partners to expand our reach and improve the integration of care for Veterans in the communities in which they live. Southwest Medical Center is a great organization that helps us better serve our nation's Veterans and accomplish this goal."

"Through the hard work of our Board of Trustees, care center providers, community supporters, hospital team, and of course – the VA team – we've been able to follow through on our commitment to provide quality healthcare close to home through establishing services to care

for Veterans in our community,” said Bill Ermann, Southwest Medical Center administrator. “This collaboration will serve our community well for many years to come.”

“The VA system is doing what it was designed to do – give our Veterans proper medical care they need and have earned,” said Sergeant Major Ivanhoe Love Jr., U.S. Army, Ret. “The care has been excellent! Clinic staff are friendly, courteous, and professional. I look forward to receiving my care at the new clinic location.”

Finally, the VA Outpatient Clinic-Liberal will move November 2, 2018 into its new clinic space. The VA will notify Veterans who currently receive care, of the change.

SWMC is excited to share news of the grand opening of this new VA Outpatient Clinic, which is being installed inside their 15th Street Family Care Center in Liberal. SWMC will host a ribbon cutting alongside the VA team on Friday, November 2 from 1-2 p.m. at the 15th Street Family Care Center, 555 W. 15th Street.

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5. Suicide Prevention

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices.

Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

8 News Now spoke to a war veteran about the struggles of living with PTSD.

Thomas Clark's dog may be small but he has had a big impact on his life.

"If I get in a nightmare, he wakes me up. He jumps on me and he licks on me and he does it all until I get up, I wake up. If I get upset, he's in my lap and he's loving on me," Clark said.

His four-legged companion is just one way Clark copes with PTSD after serving 16 years in the navy. The war veteran also loves to BBQ.

"Got some ribs going for tonight."

It took him years to find an outlet that would get his mind off the pain due to a back injury and the mental trauma. It also took years for him to open up about it.

"I had a noose hanging in my garage and many times I, I was there. I was to the point that I was going to do it," he said.

Talking about some of his darkest thoughts was the beginning of his healing journey.

"I'd like to say I got over it. I'm getting over it. It's something that's totally in my mind a lot and it's getting a whole lot better, a whole lot better but when it got better was when I brought it out to people that I love."

He says the most difficult part was reaching out for help.

"It's really important for the veterans to realize they've got to open up. They've got to tell people cause these people that you think you're a burden to them, they're the ones that's gonna miss you the most."

Since getting help from his loved ones and the VA, Clark has burned the noose that was once hanging in his garage and is getting better one day at a time.

The VA has made some improvements to their mental health services nationwide. For instance, when a veteran calls their doctor, they first hear from an operator asking if they are having suicidal thoughts and where to get help.

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5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars.

Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

But investigators with the Department of Veterans Affairs determined that Pecka "lied about being present for either suicide, lied about observing either suicide, lied about being involved in the investigation of either suicide, and in the case of one of the soldiers, was not even in the same country at the time he committed suicide," according to the office of U.S. Attorney James P. Kennedy, Jr.

Due to the high disability rating that Pecka received because of his PTSD claims, he received more than \$92,000 in tax free disability benefits that he wasn't legally entitled to.

Pecka filed the initial claim while he was an inmate in federal prison for an unrelated bank fraud conviction. Investigators said he repeated his false claims about observing the suicides on government forms in 2011 and 2014.

He faces five years in prison, a fine of up to \$250,000, or both. Pecka is scheduled to be sentenced on January 24, 2019.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Los Angeles Daily News: [Garcetti says \\$85 million from state for homelessness is being put to good use](#) (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

LOS ANGELES – Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

The previously approved, one-time Homeless Emergency Assistance Program dollars come from a state budget surplus, along with an additional \$81 million awarded to the Los Angeles Homelessness Services Authority, which administers homeless programs in the county.

“Twenty million (dollars) alone for Skid Row is going to be a huge infusion, together where the county money has been increased,” Garcetti said during a news conference at City Hall, adding that he supported the county having a mental health worker on every block in Skid Row.

“Clearly, we have an opportunity to blanket it,” he added.

Garcetti said much of the money will go to bolster his “A Bridge Home” temporary shelter program, which already has \$20 million in direct budget money dedicated to it this fiscal year and another \$10 million that can potentially be tapped.

Of the newly received funds, Garcetti said \$45 million will go toward Bridge Home; \$11.5 million will be used to support homeless prevention and diversion programs, general services and hygiene services; \$4.25 million will be earmarked programs for homeless youth; and \$4.25 is dedicated to administrative costs.

The \$20 million for the Skid Row area will also go toward Bridge Home, but also for storage, hygiene programs, and reentry services for former prison inmates.

Garcetti also said some of the funds would go toward helping build Bridge Home shelters already approved for construction in Hollywood and at the Veterans Administration campus in West Los Angeles.

The VA facility plans to provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

“Homeless veterans sleeping on the streets of Los Angeles will soon have a safe and clean place to stay, thanks to our partnership with Supervisor Sheila Kuehl, the Department of Veterans Affairs, and because of this funding,” said Councilman Mike Bonin, who represents the 11th Council District. “I am very excited that the first bridge housing facility on the Westside will move forward quickly, and that could not have happened without this funding from the state.”

The “Bridge Home” program was first announced by Garcetti during his State of the City speech in April as a new front in the fight against homelessness, which has grown by about 75 percent over the last six years. The 2018 Los Angeles Homeless Services Authority found that more

than 31,000 people are homeless in the city, including more than 23,000 living without shelter, which were both slight drops from the previous year.

The shelters are intended as a temporary solution to the problem while the city builds thousands of permanent supportive units approved in 2016 by city voters through Proposition HHH, a \$1.2 billion bond measure. The temporary shelters will help transition homeless people off the street and into permanent housing, along with providing them access to supportive services, including addiction counseling, Garcetti and other leaders have said.

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6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

ABILENE, Texas — The City of Abilene is one step closer to helping the city's homeless people who have served and fought for their nation.

Mayor of Abilene Anthony Williams issued a challenge on Tuesday to end veteran homelessness in the City of Abilene over the next 100 days.

The exact number of homeless veterans on the streets of Abilene is unknown, but according to a recent survey, five percent of the city's homeless people are veterans.

The City of Abilene hopes to change that sobering statistic over just the next 100 days.

Beginning on October 23, the West Texas Homeless Network, the City of Abilene, the West Texas VA Health Care System and other local agencies hope to house every single homeless veteran in Abilene.

The idea is to find housing for homeless veterans, which will hopefully help them to start to turn their lives around in a positive manner.

"If you have a place to live that you can go home and sleep and get up and get dressed, that makes finding a job that much easier. That's one less thing you have to worry about," said Kyle McAlister of the Abilene City Council.

"Most of these men come from an age where a man is a man and so to ask for help is a difficult thing," said Rebecca Friday of the West Texas VA Health Care System.

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7. [Other](#)

7.1 - Los Angeles Times: [California's cruel rule barring 2,400 vets from accessing aid in dying](#) (24 October, Editorial Board, 12.4M uvm; El Segundo, CA)

Not long after California enacted a law allowing terminally ill people to obtain life-ending prescriptions, the state Department of Veterans Affairs (known as CalVet) adopted an

emergency regulation making it clear that residents of its eight veterans homes would not be allowed to take advantage of the new law's provisions.

The emergency regulation prohibits CalVet staff from providing aid-in-dying drugs or assistance to residents of the agency's homes, and specifies that any resident who wants to take an aid-in-dying drug, even if it is provided by an outside doctor, must first be "discharged" from the residential facility where they live.

It is cruel and unfair to deny these 2,400 old and disabled veterans the same right afforded other Californians under the 2016 End of Life Option Act. But CalVet officials claimed the harsh regulation was necessary to keep the agency from losing millions in federal funding under the 1997 Assisted Suicide Funding Restriction Act, which prohibits federal funds from being used "to pay for items and services (including assistance) the purpose of which is to cause (or assist in causing) the suicide, euthanasia, or mercy killing of any individual."

The veterans homes located in Los Angeles and other California cities provide a place to live as well as medical and rehabilitative care to former active-duty military members and their spouses who are over 55 or disabled. Veterans homes are also open to homeless vets in need of care. Though primarily funded by the state's taxpayers, the U.S. Department of Veterans Affairs pays for nearly \$68 million of the homes' \$350-million budget.

The federal prohibition makes it clear that doctors in veterans homes should not provide life-ending prescriptions, and though we disagree with that rule, the government has the right to make it; no hospital, doctor or healthcare employer is under any obligation to participate in the right-to-die program. But nothing in the text of the federal law indicates that it is necessary to evict sick people from their homes if they wish to obtain an outside physician's prescription for the life-ending drugs and ingest them on their own.

Indeed, other states that have legalized so-called medical aid-in-dying have interpreted the federal prohibitions in various ways. Like California, Colorado and Vermont require residents of veteran homes to leave the facilities if they wish to end their lives. But Washington and Oregon allow veterans home residents to stay while they get the lethal prescriptions from outside doctors and even when they take them, though staff is not allowed to assist in any way. Oregon's Death with Dignity Act has been on the books for more than 20 years, and there have been no challenges under the federal prohibition.

Earlier this month, two veterans groups along with two residents of a veterans home in Yountville sued CalVet, claiming its restriction is punitive. Dying people may not have the strength or means to relocate to a new nursing home or hospice. Many veterans who move into veterans homes choose to do so because of subsidies for those with limited financial means, and most of them remain in the homes for the rest of their lives.

The groups argued that CalVet could use accounting barriers to comply with the federal prohibition.

California's End of Life Option Act passed in large part because of the moving story of 29-year-old Brittany Maynard, who was diagnosed with an aggressive and terminal brain cancer. After weighing her end-of-life options, Maynard and her family decided to leave the Bay Area and move to Oregon so that she could access that state's aid-in-dying law. When California lawmakers finally made it legal for physicians to prescribe life-ending drugs the following year, it was with the promise that no dying Californian would be forced to choose between leaving

home and suffering in their final days. But CalVet has broken that promise for the men and women living in veterans homes.

CalVet can and should find a way to comply with federal rules without forcing residents of its veterans homes to leave in order to seek aid in dying, as Oregon and Washington have done. Not just to avoid the time and cost of a lawsuit, but because it is the compassionate and correct thing to do.

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7.2 - Stars and Stripes: [Democrats lay out veterans priorities as they look to take House in midterm elections](#) (24 October, Nikki Wentling, 532k uvm; Washington, DC)

When Rep. Mark Takano, D-Calif., took the stage in August at the American Legion convention in Minneapolis, he delivered a speech that tied together his heritage with the present-day debate over U.S. citizenship and who has earned it.

He talked about his great uncles, Japanese Americans, who fought during World War II while their families were forced into internment camps in the United States. He also described a recent trip to Mexico, where he visited veterans who joined the military as immigrants and had since been deported.

It was a stump speech in Takano's bid to be the next Democratic leader on the House Committee on Veterans' Affairs.

"Today, I want to share a vision for what the Committee on Veterans' Affairs can accomplish in the 116th Congress," Takano told the crowd of American Legion members. "A shared vision of an America that lives up to the promises it made to our veterans and meets their needs. An America that dares to be better than it was yesterday and focuses on being better tomorrow."

With the House majority up for grabs in the Nov. 6 midterm elections and possible control of the lower chamber shifting to the Democrats, Takano could become the next chairman of the VA committee.

The current ranking Democrat on the committee, Rep. Tim Walz, is retiring from Congress and running for governor of Minnesota. Walz has lent Takano his support.

"Our veterans deserve an effective chairman that will guide the committee during these challenging times, and I am confident Mark is that leader," Walz wrote in a letter this month to other colleagues on the committee.

With a majority, Democrats across-the-board would have the power to set House priorities when the 116th congressional session begins in January. For Takano, those priorities would be to stop the deportation of veterans and establish more effective citizenship procedures for immigrant servicemembers. He wants to fill the tens of thousands of vacancies across the Department of Veterans Affairs and stop for-profit colleges from targeting and cheating veterans, he said.

The past two years, with a Congress and White House led by Republicans, the House and Senate veterans affairs committees have pushed through major bipartisan reforms, from

expanding veterans' education benefits to overhauling the VA's private-sector health care programs and giving VA leaders more authority to fire their employees.

Lawmakers often claim veterans issues are a rare area of bipartisanship in Washington, and for the past two years that sentiment has proved mostly true. If control switches in the House, which pollsters contend is more likely than Democrats taking a majority in the Senate, it creates questions of whether the two chambers will continue to work together amicably.

In Takano's speech to the American Legion, he vowed to work with Republicans and VA Secretary Robert Wilkie. However, one of his top priorities – veteran deportation and citizenship for immigrant servicemembers – is a topic Republicans in Congress have been unwilling to touch.

As Takano looks toward a leadership spot on the VA committee, other lawmakers are fighting to keep theirs.

Rep. Phil Roe, the Republican chairman of the House Committee on Veterans' Affairs, is up for re-election in Tennessee's first district.

Sen. Jon Tester, the ranking Democrat on the Senate Veterans' Affairs Committee, has been trying to keep the lead in a tightening race in Montana. He's often included in lists of the toughest Senate races for Democrats to win this year.

President Donald Trump has repeatedly gone after Tester – at rallies and via Twitter – for his role in sinking Rear Adm. Ronny Jackson's nomination to be VA secretary. Tester publicized accusations that he had heard from Jackson's colleagues, who purportedly said he drank on the job and inappropriately handed out controlled substances. The Defense Department Inspector General subsequently opened an investigation into Jackson.

"Jon Tester led the Democrat mob in the effort to destroy the reputation of a great man," Trump said this month during a rally in Missoula, Mont.

Tester has fought back, saying it was his constitutional responsibility to vet the nominee.

Whoever ends up leading the VA committees following the midterms – Republicans or Democrats – will be tasked with guiding the VA, which touts a nearly \$209 billion budget, and overseeing a major overhaul of the VA's private-sector health care programs, scheduled to be finished in summer 2019, as well as a multibillion-dollar project to create a new VA electronic health record system.

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7.3 - KREM (CBS-2, Video): [Family of VA doctor who died in Spokane to unveil sculpture by Kendall Yards](#) (24 October, Kaitlin Riordan, 116k uvm; Spokane, WA)

A sculpture honoring a Spokane Veterans Affairs doctor who died while on a run is being unveiled near Kendall Yards on Saturday afternoon.

The sculpture will be titled "We Are Marshall," according to a city of Spokane press release.

Dr. John Marshall's body was pulled from the Spokane River on Jan. 26, 2016 after his wife, Suzan, reported him missing the day before. Surveillance video showed him leaving for a run around 5:00 a.m. and he was not seen again.

Police ruled Marshall's death accidental, although a private investigator hired by his wife questioned that ruling.

Private investigator: Spokane VA doctor was murdered

The sculpture will be located near the Centennial Trail by Kendall Yards close to the Monroe Street Bridge. It will be unveiled at 1 p.m. Saturday.

Spokane Parks and Recreation Communication Manager Fianna Dickson said the artwork was commissioned and paid for by Marshall's wife. Dickson said the sculpture is a symbol and celebration of family.

The sculpture will be 6-feet tall, made of Corten steel with a chlorine treatment to give an aged appearance, Dickson said.

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Veterans Affairs Media Summary and News Clips

25 October 2018

1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

Last year, more than 130 Americans died each day from a drug overdose involving an opioid. Veterans are twice as likely to die from the same. But there is some good news: The Department of Veterans Affairs is a recognized leader in pain management and opioid safety, and its success in reducing the use of opioids can be emulated by other health systems through VA's proven strategies.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital. Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport.

[Hyperlink to Above](#)

1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

[Hyperlink to Above](#)

1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah. The findings might hold true for others in distress, too.

[Hyperlink to Above](#)

1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed. In fact, nothing he said about the program's origin is true.

[Hyperlink to Above](#)

1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

[Hyperlink to Above](#)

1.7 - Military Times: [Union demands investigation into VA official who displayed painting of KKK leader](#) (24 October, Leo Shane III, 471k uvm; Springfield, VA)

Union officials are calling for a full investigation into a senior Veterans Affairs official who prominently displayed a picture of a Ku Klux Klan leader in his office, accusing department leadership of ignoring the problematic behavior.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - CNN: [This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER](#)

(24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone. Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

[Hyperlink to Above](#)

2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads. Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be. Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band.

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2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center. "I am ready to go home," said Jackson. He is part of an aging veteran population; the baby boomers who served in Vietnam.

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2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom. U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and

ordered a pre-sentencing report prepared before sentencing, which he then set for Jan. 16, 2019.

[Hyperlink to Above](#)

2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served. Right now, they're in need of drivers to get people back and forth to their doctor's appointments. VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

[Hyperlink to Above](#)

2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver. It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

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2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs. Pamela Powers, who graduated from high school in 1985, was named the department's chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

[Hyperlink to Above](#)

2.8 - Boulder City Review: [City's support for fallen veterans' families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

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[3. Business Transformation](#)

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager's residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

[Hyperlink to Above](#)

3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town. Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming. One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

[Hyperlink to Above](#)

3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Solders Home.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

[Hyperlink to Above](#)

4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

[Hyperlink to Above](#)

4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

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4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

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5. [Suicide Prevention](#)

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices. Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

[Hyperlink to Above](#)

5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars. Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Los Angeles Daily News: [Garcetti says \\$85 million from state for homelessness is being put to good use](#) (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

[Hyperlink to Above](#)

6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

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1. [Top Stories](#)

1.1 - Inside Sources: [Fighting Pain and Addiction for Our Nation's Veterans](#) (24 October, Sec. Robert Wilkie, 37k uvm; Washington, DC)

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Chronic pain is more common and more severe among Veterans than among non-Veterans. Severe pain is 40 percent more common in Veterans compared to non-Veterans. Nearly 60 percent of Veterans who have served in the Middle East and more than 50 percent of older Veterans live with some form of chronic pain.

I saw the effects of severe, chronic pain on my father when he returned from Vietnam severely wounded and still recovering after a year in military hospitals. Many Veterans like my father suffer chronic pain for the rest of their lives, and the risk of suicide is particularly high among Veterans and others who face chronic pain.

Fortunately, VA has taken a multi-faceted approach called the Opioid Safety Initiative (OSI) to reduce the need for opioids. Since its launch, the program managed a 45 percent reduction in Veteran patients receiving opioids from July of 2012 to June of 2018. That's over 300,000 fewer Veterans on opioids. The same program in the same months reduced Veterans on long-term opioid therapy by 51 percent and Veterans on high-dose opioid therapy by 66 percent.

In addition to system-wide oversight of prescribing of opioids, the initiative has brought pharmacists and prescribers together to educate one another on the problem of identifying the best treatment for each Veteran in pain.

Opioids have a place among treatment options. They are powerful drugs that can be used to alleviate pain and any reduction in their use must be done carefully. Otherwise, patients could be driven to crisis by both the effects of withdrawal and ineffective pain management.

Decisions on the use of opioids must therefore take a Whole Health approach to care, with the aim of not just reducing opioids but also improving functioning by patients. It takes time and attention from providers to have meaningful conversations with patients about what their life goals are, and provide education about what they can reasonably expect from treatment.

This approach uses the stepped care model based on a continuum of care and incorporating professional support and self-management through counseling and participation in groups like Narcotics Anonymous. It also includes non-pharmacological pain treatment options like stress reduction, yoga, tai chi, mindfulness, chiropractic care, nutrition, acupuncture, and health coaching, which may reduce reliance on opioids without increasing pain or causing other health problems.

Virtually all VA facilities have reduced prescriptions for opioids. VA facilities in El Paso, Texas, and Fayetteville, N.C., have managed the greatest reductions, cutting rates by 71 percent in El Paso and 69 percent in Fayetteville.

Rates for other VA facilities can be viewed online since January, when VA became the first hospital system in the country to begin posting its opioid prescribing rates online, updating them twice yearly in January and July.

We expect even better management of pain medications for Veterans when VA and the Department of Defense roll out their new integrated electronic health records. The new records system will give health care providers a full picture of patient medical history, enabling better treatment and better clinical outcomes. It will also help us better identify Veterans at higher risk for opioid addiction and suicide, so health care providers can intervene earlier and save lives.

We have also issued the lifesaving drug Naloxone to over 100,000 Veterans to help prevent tragedies and instituted patient risk assessments for overdose and suicide, bringing the power of big-data analytics to bear through VA's Stratification Tool for Opioid Risk Mitigation (STORM), which puts predictive analytics in the hands of providers and allows effective collaboration of medical and mental care of Veterans at risk.

There is still more to learn and more to do, and a national solution will require national collaboration. But President Trump has said, "We can be the generation that ends the opioid epidemic." He is right about that. We can end the epidemic, and VA is helping lead the way.

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1.2 - U.S. News & World Report (AP): [Call to Wrong Number Delivers Rescue Ride to Man in Pain](#) (24 October, 14M uvm; Washington, DC)

COLUMBUS, Neb. (AP) — A phone call to a wrong number in Nebraska delivered just what a man in pain needed: a ride to a hospital.

Lisa Nagengast said a driver for a Jimmy John's sandwich shop rescued her brother, Greg Holeman, on Saturday night after he called her just as she arrived at the Tampa, Florida, airport. She had been in Nebraska to help Holeman get to his Columbus home after spinal fusion surgery three days earlier in Omaha. He called her in great pain and said he was oozing blood and his left leg had gone numb, Nagengast said.

Her brother is a veteran living on disability and didn't have Department of Veterans Affairs' approval to call an ambulance, she said. He also couldn't afford a taxi to a hospital, she said.

Nagengast was still in the Tampa airport when she tried to call his VA social worker but misdialed and reached what turned out to be a right number: the Jimmy John's in Columbus and its night manager, Jason Voss. She explained her problem.

"She was a little panicky," Voss told the Omaha World-Herald on Tuesday. "At that point I figured I should take a minute to think about it. It was obviously not someone making something up; it was an actual situation going on."

It took Nagengast a little while to realize she hadn't reached her brother's social worker.

"I apologized profusely. I was really embarrassed," she told The Columbus Telegram. "I just told them, 'Never mind.' But somehow they found it in their hearts to help."

Voss called delivery driver Zach Hillmer, who picked up Holeman and drove him to a hospital emergency room. Hillmer, a U.S. Navy veteran, said it was a privilege to help a fellow military man.

Sam Nixon, operating partner of Columbus' Jimmy John's, said he was proud.

"Those guys did that on their own accord, and that's what was so special about it," Nixon said.

Nagengast said her brother is back at home and doing OK.

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1.3 - ABC News (Video): [Veterans Affairs official hung portrait of Ku Klux Klan's first grand wizard in his office](#) (24 October, Quinn Owen, 3.7M uvm; New York, NY)

A senior official at the Veterans Affairs Department hung a painting of the first Ku Klux Klan grand wizard and Confederate general in his office but removed it after some employees circulated a petition to force him to take it down.

David Thomas, a deputy director in the VA office that verifies small businesses for government contracts, never directly received complaints from his coworkers about the painting, a spokesman for the federal agency said Wednesday.

The portrait depicts Nathan Bedford Forrest, a Confederate Army general turned inaugural KKK leader, posing on the back of a horse. The words "No Surrender" and the date 1862 are written on a title card below the painting.

Thomas did not respond to requests for comment.

"Mr. Thomas immediately took down the print in question – a work by noted historical artist Don Stivers – and the matter is resolved," said VA Press Secretary Curt Cashour.

The incident comes amid a protracted national debate over whether Confederate symbols should be displayed on government property, including monuments in local parks. Earlier this year the Sons of Confederate Veterans organization sued the city of Memphis, Tennessee for removing a statue of Forrest from a park.

During the Civil War, Forrest led the brutal killings of mostly African American Union Soldiers at the Fort Pillow Massacre in 1864. He also is known for using his stature in the Confederate army to help create and expand the KKK as a secretive organization. In 1869, he called for the group to be disbanded and even later gave a noted speech on racial reconciliation, but local chapters continued to exist.

A petition coordinated by the labor union representing VA was sent to members this week. It denounced the display of the painting in a government building and called for "appropriate action to be taken."

“Hopefully this will one day be a thing of the past but until that happens we’ll be here to fight it,” said Cheston McGuire, press secretary of the American Federation of Government Employees.

The Washington Post first reported the portrait had been taken down.

ABC News confirmed the report and obtained photos of Thomas' office while the portrait was still hanging. The person who took the photos does not want to be identified because of fear of retaliation.

Doug Massey, president of AFGE's Local 17, said Thomas has been at the center of other racial discrimination complaints. At least three African American employees have pending cases alleging misconduct in Thomas' office, and he is accused of discrimination and retaliation by at least two senior employees, according to court filings. The VA said it does not comment on personnel issues without that person's consent.

One of those accusers is retired Air Force Colonel Michelle Gardner-Ince. She told ABC News that Thomas mentioned to her that his wife didn't like the portrait but that he kept it anyway.

At the time, Gardner-Ince said she didn't know Forrest was the man in the picture and didn't ask Thomas about it. But she was appalled after learning more about it from the VA employees who started the petition.

“It is an environment of fear,” Gardner said. “With the behavior and fear that’s prevalent in the office, [the painting] also serves as intimidation.”

Thomas is a career employee and was not appointed by any administration.

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1.4 - Deseret News: [What the order of unhappy Facebook posts say about suicide risk](#) (24 October, Lois M. Collins, 1.1M uvm; Salt Lake City, UT)

The sequencing of social media posts may provide hints that a veteran is in acute distress and at risk for suicide, offering potential to intervene, according to a new study from the National Center for Veterans Studies at the University of Utah.

The findings might hold true for others in distress, too.

"How to Use Social Media Patterns to Identify Veterans at Risk for Suicide" was released as part of the Bob Woodruff Foundation's Stand Smart for Heroes series. The study found veterans who took their own lives were more likely to have recently posted about stressful events, followed closely by posts about emotional distress. The reverse — emotional distress and then stressful events — did not have the same association with suicide, said lead researcher and the center's executive director Craig Bryan, a board-certified clinical psychologist.

He said fewer than 5 percent of veterans who took their lives posted anything obviously suicidal on social media, so finding other clues is crucial.

The U.S. Department of Veterans Affairs calls suicide by veterans its "top priority." The department's new data finds suicide by young veterans increased 10 percent from 2015 to 2016, even as the rate among older veterans declined slightly. But between 2005 and 2015, veteran suicides had increased 25.9 percent, while non-veteran adult suicides increased more than 20 percent in that time period. Veterans overall are 1.5 times more likely than the general population to kill themselves.

The government agency report notes that about 20 veterans a day die by suicide, accounting for 1 in 7 adult suicide deaths, even though fewer than 1 in 12 Americans have served in the military. Overall, roughly 44,000 Americans take their own lives each year, while there are roughly 25 times that many suicide attempts. Male veterans ages 55-74 had the highest number of suicides, while male veterans 18-34, a much smaller cohort, had the highest suicide rate.

The study of social media posts of veterans who killed themselves showed they were also more likely than others to write about alcohol, to go back and forth quickly between positive and negative emotional content and to post photos of their guns. They were less likely than others to share photos of pets or friends.

Looking back

While the Veterans Administration and others have aggressively targeted suicide prevention, some studies suggest that veterans and military personnel may hide or deny they have thought about suicide.

"Therefore, alternative methods for identifying high-risk service members and veterans need to be developed across all settings providing services to (them), both within and external to the health care system," the Stand Smart report said.

The researchers worked backward, starting with veterans who had died — whether from suicide or other causes — and analyzing social media posts to see if what they said offered insights that might have allowed friends, family and others to reach out to those who took their own lives.

Bryan said the people coding the social media posts for the study didn't typically know how individuals had died.

The study included veterans' posts on Facebook, Twitter, blogs, MySpace and any other social media sites where they interacted. Not surprisingly, Bryan said, some of the traditional markers, like hopelessness, were found.

But not all people who post hopeless or distressed content kill themselves. "So how do you know when a post like this would signal emergent suicide behavior, when at other times it might not?" he asked.

They analyzed the posts several ways, including an approach called dynamical systems modeling, which takes into account that people have good days and bad days. But "perhaps it's more informative to look at how content changes over time. Are there certain patterns — cycles in what people are posting online — and are there relationships among multiple variables that can provide information? That is exactly what we found," Bryan said.

No particular theme or topic signaled forthcoming suicidal behavior. But the order and timing of posts did.

"The one that mattered the most was a very interesting sequence: Those who died by suicide tended to post things about life stress, so a relationship failure, conflict with someone else, a financial problem. Then, immediately afterward — perhaps the next post or the one after that — they tended to post something indicating emotional distress or some sort of negative thought process like hopelessness, despair, depression, anger or anxiety."

Taken sequentially, the posts "seemed to be a very strong signal for suicide," Bryan said. But posting in the opposite order was a trait characteristic of the non-suicide group. And the closer the posts were to when the veteran died, the stronger the signal in the sequence was.

Bryan said the "temporal signal seemed highly specific to suicide death."

The most important limitation of the study, he noted, is that it's "historical." Social media is advancing rapidly, with new apps and platforms emerging all the time and how people use different platforms evolves, too. "We are always in some way a little behind the curve."

Some have expressed interest in using rapid technological advancement, such as emerging artificial intelligence, to try to spot people at risk of suicide. But humans beat machines when it comes to watching for signs and reaching out. The researchers said machines don't pick up on sarcasm or irony, while humans do. "We read it, that's obviously a joke. It's lyrics to music or it's ironic," Bryan said.

But the sheer volume of such content has generated some interest in creating algorithms that identify suicidal signals, Bryan said.

How to help

Bryan hopes people won't glue themselves to social media to ferret out who among their friends might be suicidal. But he does want folks to be aware when something seems off. "We often notice when the things people are posting are a departure from their typical patterns," he said. "This notion of being knocked off balance seems to be a really important thing for us to pay attention to. And that might be the time to get involved."

Because so few veterans declare suicidal intent, waiting for explicit posts isn't very helpful.

Instead, when someone talks about emotional distress "in a different way than usual, that's the time to reach out to them."

His advice for reaching out is simple: Same way you would normally reach out to the person. "Some of us text, some call, some of us talk face to face over a cup of coffee," he said. "We don't have to necessarily do anything special or out of the ordinary. It's just kind of being ourselves and reaching out to others when it's obvious they might need support."

Bryan believes paying attention to temporal sequencing of social media posts might find others, not just veterans, at risk of suicide. Other research is confirming that.

A different researcher analyzed Twitter posts of mostly not-veterans, Bryan said, finding "these patterns doubled if not tripled the ability to ID suicidal individuals as well as other conditions. It could improve detection of individuals with psychosis, with depression, with anxiety. (That researcher) took that idea and was able to show it significantly improved risk assessment in a different sample."

The Bob Woodruff Foundation focuses solely on helping post-911 military and their families, says Margaret Harrell, director of programs and partnerships. It was founded after Bob Woodruff, a broadcast journalist who was injured while embedded with American forces in Iraq. He suffered a traumatic brain injury and was comatose for weeks. As he recovered, he and his family launched the organization.

One way they're helping veterans is simplifying and sharing key research affecting veterans, including Bryan's study, which Harrell believes goes well beyond veterans. "There are important things here all of us should know and be thinking about as we're interacting with friends, neighbors, colleagues. ... We can apply common sense" and see it applies to others, she added.

"You're talking about literally saving people's lives. It's amazing research," Harrell said.

National efforts to prevent veteran suicide include expanding the Veterans Crisis Line, placing a suicide prevention coordinator at each VA facility, increasing access to mental health care and enlisting family, friends, community and others in prevention-focused partnerships, among others, according to the Veterans Health Administration.

Veterans in crisis or anyone worried about a veteran can call the Veterans Crisis Line at 1-800-273-8255 and press 1, send a text to 838255 or chat online.

The crisis line has taken more than 3.5 million calls and dispatched emergency help more than 100,000 times since it started in 2007. More than 413,000 anonymous online chats have occurred since 2009, and the text line, started in late 2011, has responded to nearly 100,000 texts, according to crisis line data.

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1.5 - FactCheck.org: [Trump's 'Greatest Idea' for a 2014 Law](#) (24 October, Lori Robertson, 1M uvm; Philadelphia, PA)

In his midterm campaign rallies, President Donald Trump has repeatedly made the preposterous claim that he came up with "the greatest idea" for "veterans choice" — a program that was launched in 2014 during the Obama administration. He also claimed it took "44 years" to get the legislation passed.

In fact, nothing he said about the program's origin is true.

Trump, Nevada, Oct. 20: And we just passed — after 44 years, we just got it passed, I signed it two months ago, veteran's choice, so that if they have to wait on line for 12 days or 14 days or 32 days, or much longer than that — can you believe it? ...

They go immediately to see a doctor privately. We pay for their bill. ...

But I thought it was so brilliant, I came back to my group, I said, I got the greatest idea, because I haven't been doing this that long, so, you know, it wasn't like high on my list, but it became high. I did know the veterans were never treated fairly. But I said, I have the greatest idea. We're going to do this. If a veteran has to wait, we're going to send them to a private doctor.

We'll pay the bill. What a genius — I said, I said, how good is that? They said, "Sir, we've been trying to get it passed for 44 years." So I was good at getting things passed. That's what I did.

Ten days earlier, at a rally in Pennsylvania, the president told the crowd: "When I first heard about it, I mean, it's not like I was studying it for my whole life. But I heard about it three-and-a-half years ago. I said, I have an idea. Let's — when they wait on line for 10 days, 22 days, 38 days, you have to see, months and months, why don't we let them go see a private doctor and we pay the bill? It will solve our problem. And I told everybody: I am the most brilliant guy in the world. Who else would think — who else would think of that?"

And at his rally in Kentucky on Oct. 13, Trump said this was "the greatest idea I think I've ever had."

In fact, that was the idea for the Veterans Choice Program, which was created by the bipartisan Veterans Access, Choice, and Accountability Act, signed by President Barack Obama on Aug. 7, 2014. The legislation, which garnered a 91-3 vote in the Senate and a 420-5 vote in the House, followed a scandal over wait times at Veterans Affairs facilities.

The VA summary of the 2014 bill said it would "allow those Veterans who are unable to schedule an appointment within 30 days of their preferred date or the clinically appropriate date, or on the basis of their place of residence to elect to receive care from eligible non-VA health care entities or providers. This is separate from VA's existing program providing Veterans care outside of the VA system."

If a veteran lives more than 40 driving miles from the closest VA medical facility or faces other travel burdens, or the VA can't provide the services required, that veteran can receive care from another provider, according to the Department of Veterans Affairs, which says on its website that Veterans Choice is "one of several programs through which a Veteran can receive care from a community provider."

Since Trump took office, he has continued the program, signing legislation to provide funding for the program and to eliminate the expiration date. In June of this year, Trump signed the bipartisan VA MISSION Act, which provided funding to keep the Veterans Choice program for one more year, and then called for consolidating it and other private-care options into a new Veterans Community Care Program.

The MISSION Act — a "significant portion" of which came from earlier bipartisan legislation from Republican Sen. Johnny Isakson and Democratic Sen. Jon Tester, according to the senators — says that under the consolidated program a veteran can go to a private medical provider if "the covered veteran and the covered veteran's referring clinician agree that furnishing care and services through a non-Department entity or provider would be in the best medical interest of the covered veteran," based on criteria to be set by the VA secretary. Those criteria will include distance from a medical facility, type of services needed, and the timeliness of appointments.

A June Government Accountability Office report said that it wasn't clear whether the Choice Program had "improved the timeliness of veterans' care because VA's data are incomplete and unreliable," and Tester has said the new law "streamlines community care."

So, Trump has continued the Veterans Choice Program and the new law could expand eligibility for such services. But how can Trump say a law that was passed years before he took office

was both his idea and 44 years in the making? We asked the White House press office but haven't received a response.

In some of his rallies — such as Oct. 12 in Ohio — Trump merely claims that “I got done what they'd been trying to do for 44 years.” But on several occasions he has expanded that falsehood into a story about “the greatest idea I think I've ever had.”

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1.6 - Omaha World-Herald: [Jimmy John's driver delivers ailing Nebraska veteran to emergency room](#) (24 October, Nancy Gaarder, 520k uvm; Omaha, NE)

Sometimes a wrong number turns out to be exactly the right one.

When Lisa Nagengast flew home to Florida on Saturday, all seemed well with her brother back in Nebraska.

Greg Holeman, 48, was out of the hospital after a risky surgery, and home care had been set up.

But then came the troubling phone call from her brother: The incision from his spinal fusion was oozing blood and pus. His left leg had gone numb. And he couldn't find a ride to the hospital, Nagengast posted in a Facebook account of what unfolded Saturday night back in Nebraska.

An Army veteran living on disability in Columbus, Nebraska, Holeman believed he couldn't afford a ride to the hospital, his sister said. He didn't have the cash on hand for a taxi and didn't believe his VA insurance would cover an ambulance, she said. (In a statement Wednesday, the Omaha VA said it urges veterans in need of an ambulance to call one.)

So Nagengast called her brother's social worker.

At least she thought she did.

A young woman answered the phone and listened intently.

“I assumed it was the social worker, Pam,” she explained on Facebook. “I told her who I was, why I was calling, gave her the whole story, and asked what can we do to get him to the hospital.”

What Nagengast didn't realize was that she'd called the Jimmy John's restaurant in Columbus.

The young woman who answered the phone, Lupe Rodriguez, passed the receiver to her manager, Jason Voss.

“She was a little panicky,” Voss said of Nagengast. “At that point, I figured I should take a minute to think about it — it was obviously not someone making something up. It was an actual situation going on.”

Voss couldn't leave the restaurant, but he also didn't want to put anyone on the spot. So he called Jimmy John's driver Zach Hillmer to talk it over with him.

“There was so much we didn’t know, what could happen, how it could fall to us,” Voss said.

Hillmer, a veteran himself, called Nagengast to find out where her brother lived.

Nagengast said she became confused. She asked him why another social worker hadn’t given him her brother’s details.

“And he said, ‘Umm, this is Jimmy Johns,’” Nagengast posted. “I said, ‘You mean Jimmy John’s like the food place?’ Yeah, I had called Jimmy John’s restaurant. Most places would have probably said something like, ‘Gee, I’m really sorry about your brother, but we can’t help you.’ But (Zach), the delivery driver at Jimmy John’s, picked up my brother and took him to the emergency room to get the medical attention he needed.”

That misdial must have been some sort of “divine intervention,” Nagengast said Wednesday. “It was meant to be.”

Her brother is back home and doing better, she said.

Voss, who was back on his night shift, summed things up.

“There is always time for people, especially people in need,” he said. “I had the resources, I had drivers, we weren’t super busy with deliveries, either. Zach was glad to help someone out.”

Nagengast said the entire episode has been heart-warming.

“In today’s political climate, everybody’s arguing with everybody, and we’re not actively listening to what anybody has to say,” she said. “To have two complete strangers listen to me and then decide to do something to fix it — it was amazing.”

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1.7 - Military Times: [Union demands investigation into VA official who displayed painting of KKK leader](#) (24 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — Union officials are calling for a full investigation into a senior Veterans Affairs official who prominently displayed a picture of a Ku Klux Klan leader in his office, accusing department leadership of ignoring the problematic behavior.

“The prominent display of images of Confederate leaders in the workplace is never acceptable,” said J. David Cox Sr., national president of the American Federation of Government Employees. “The actions of this official cross the line, and we’re calling on the VA to get to the bottom of what’s going on within their leadership at this facility.”

On Tuesday, the Washington Post reported that David Thomas Sr., deputy executive director of VA’s Office of Small and Disadvantaged Business Utilization, had a picture of Nathan Bedford Forrest — a Confederate general who became the white supremacist group’s first grand wizard — displayed in his office for years.

The picture was removed this week after the newspaper confronted Thomas about racial background of the portrait. Thomas claimed no real knowledge of Forrest' background, saying he displayed the painting because "it was just a beautiful print that I had purchased, and I thought it was very nice."

Employees in Thomas' office — which includes numerous African-Americans — have been circulating a petition demanding removal of the painting prior to the news story.

VA officials did not respond to requests about possible discipline for Thomas, but told the Washington Post they considered the issue resolved after the painting was removed.

AFGE officials disagree.

"This is about more than one portrait — this is about ensuring all employees can work free from discrimination and intimidation," said Jeremy Lannan, head of the union's civil rights department. "We have serious questions as to whether that's possible under Mr. Thomas' leadership."

AFGE said employees in the office had previously filed three claims of racial discrimination against Thomas, and has requested additional information from the department on the office's morale and disciplinary actions.

The union has been a frequent critic of President Donald Trump and VA management in recent years, opposing a host of moves designed to more easily fire civil employees and limit union officials work on behalf of members during work hours.

Thomas began working at VA in 2013, during former President Barack Obama's administration. The Washington Post report said employees complained that Thomas displayed the painting in previous offices before his most recent promotion to the deputy executive director role.

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2. Improving Customer Service

2.1 - CNN: [This Jimmy John's delivered more than a sandwich. It took an ill vet to the ER](#) (24 October, Spencer Parlier and Christina Zdanowicz, 14.8M uvm; Atlanta, GA)

Jimmy John's is known for its "freaky fast" delivery, but one branch showed it can deliver a lot more in helping an ailing veteran.

A woman thought she was calling a social worker to help her brother after his spinal surgery. Little did she know she had misdialed and called the sandwich shop in Columbus, Nebraska.

"The whole time I pretty much knew that she didn't know she was talking to someone from Jimmy John's. It didn't seem important to really bring it up, but I just wanted to make sure that she knew I was going to help her," said Jason Voss, the night-shift manager at the Columbus Jimmy John's.

Army veteran Greg Holeman, 48, was recovering from spinal surgery when he returned to his home last week. His sister, Lisa Nagengast, flew in to help get him settled at home.

Just moments after she landed back home in Florida, Nagengast received a voice mail from her brother saying he was having severe pain in his left leg and couldn't stand up.

Unsure if the US Department of Veterans Affairs would pay for Holeman's ambulance, Nagengast attempted to reach Holeman's social worker. As she frantically rushed through the airport to claim her luggage, Nagengast began explaining her brother's situation over the phone.

Voss didn't want to leave the store, so he got Zach Hillmer, one of the drivers, to go pick up Holeman and take him to the emergency room.

Once Hillmer called Nagengast back to find out more information about her brother, it became clear to her she was not talking to a social worker.

"I was kinda gracefully [trying to] back out of everything that had happened at that point," Nagengast told CNN. "He was like, 'No no no, I will take him to the hospital. You give me his name and his address and make sure that he gets in the car with me, and I will get him where he needs to go.'"

After the phone mix-up, Nagengast thanked the employees for stepping up. "I cannot say thank you enough to Jason Voss and Zack (sic) Hillmer ... there are not enough words to express my gratitude." Nagengast wrote in a Facebook post Saturday.

"I'm famous for calling a wrong number, but Zach and Jason need to be famous because they did an amazing act of kindness," Nagengast told CNN.

She isn't the only one praising the two workers. "I'm awfully proud of those guys," said Sam Nixon, the owner and operator of Columbus' Jimmy John's. "What they did, I could not teach."

Holeman's trip to the emergency room was a successful one. The veteran is back home and is recovering well.

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2.2 - Star Tribune: [Musical military experience taking a toll on Minnesota veteran](#) (24 October, Jennifer Brooks, 1.3M uvm; Minneapolis, MN)

The first notes of the military march blasted through the coffee shop, loud enough to turn heads.

Julie Plumer murmured an apology and fumbled with the volume button on her tablet. After years in the percussion section of an Army band, her hearing isn't what it used to be.

Softer now, the band in the video played on. It's an encore performance by the veterans of the Women's Army Corps (WAC) band, America's last all-female military band. The musicians, filmed during a reunion this summer, ranged in age from 61 to 82. They didn't miss a note.

Plumer, 66, is visible in the background of the video, flitting around the percussion section, from snare drum to xylophone and back. She beamed as the band struck up "Duty," the WAC song.

“Duty is calling you and me. We have a date with destiny,” she sang along to a tune many people only know from the actors who whistled it on their way to the “Bridge on the River Kwai.” “Ready, the WACs are ready. Their pulse is steady, a world to set free.”

Plumer is one of 20 million American veterans, and there’s no reason to wait until Nov. 11 to remember that millions of those veterans could use our help.

Plumer hopes to convince the U.S. Department of Veterans Affairs to link her hearing loss to the years she spent banging the drum for Uncle Sam. She spent six years performing next to booming cannons. When she was stationed in Germany in the 1970s, the band’s rehearsal space was an old stone stable where the music bounced off the walls so loudly one performance registered a painful 120 decibels — somewhere in the range of a chain saw or a thunderclap.

The VA supplies Plumer’s hearing aids and batteries. But she says if she could get her hearing loss classified as service-connected, even by just 10 percent, then “so many doors would open” for other help and benefits.

Plumer lives in subsidized housing and lives off Social Security disability benefits she says come to about \$12,000 a year. This close to the end of the month, she can’t afford the grocery store or the gas station, but she thinks she has enough left in the tank of her rusty 21-year-old car to get to the rehearsal of the community band she joined.

She’s one veteran among millions. One veteran among the 1,000 a month who apply to the Minneapolis VA Health System for benefits.

“I stopped counting around 19,000,” said Dr. Greg Matlock, medical director for compensation and pensions at the Minneapolis VA Medical Center. He started a running count of the exams he performed on veterans seeking medical benefits in mid-2013, when the system was battling a case backlog, and gave up the tally after five long years.

Applications come in from young soldiers with traumatic brain injuries and veterans in hospice trying to secure benefits for spouses or dependent children. He’s even seen a few hearing loss claims from veterans of military bands.

Matlock, a veteran himself, knows how confusing the claims paperwork can be.

Fortunately, there are people who can help veterans with a process that starts by filing paperwork to signal your intention to file paperwork. There are state, county and tribal veteran outreach workers who can help navigate the bureaucracy. Groups like the VFW help veterans file claims. And if you’re really having trouble getting someone to listen to you, Minnesota’s congressional and Senate offices have been known to throw their weight behind constituents’ claims.

But for Plumer, whose last service-connected disability claim was rejected, the idea of starting again is frustrating. She’s met other military band veterans, all men, who told her their request for service-related disability benefits for hearing loss were granted without fuss.

She served at a time when women had limited career options. She’d hoped things would be different now.

"They are not dealing appropriately with a lot of people, but especially not with older female veterans," she said. "They should be treating them with some understanding and dignity, and they're not."

So she tries to stay busy. She spent years volunteering in schools. She recently added the mandolin to the long list of instruments she plays and joined an all-mandolin orchestra.

She remains fiercely proud of the years she spent with the 14th Army WAC Band. In 1978, the Army disbanded the WAC, and the women's units were integrated with male units, including the band.

"Service, we're in it heart and soul," she took up the anthem again. "Victory is our only goal. We love our country's honor, and we'll defend it against any foe."

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2.3 - WTLV (NBC-12, Video): [Jacksonville veteran in need of wheelchair ramp says to VA, "just do what I was promised!"](#) (24 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

JACKSONVILLE, FL -- James Jackson is a Vietnam Veteran in need of a wheelchair ramp. He has spent the past few weeks in a rehabilitation center.

"I am ready to go home," said Jackson

He is part of an aging veteran population; the baby boomers who served in Vietnam.

The veteran said he did two tours and during an assignment he injured his back jumping from an airplane on fire.

"I landed 25 feet up in a tree," said Jackson. "I had to cut my straps."

Decades later he is still dealing with his back injury. Jackson said the Veterans Administration has rated his injury as service-connected.

"I am 100% disabled," he said.

He said he also suffers with the invisible wounds of war like PTSD. A few months ago the back injury caused him to lose the strength in his legs.

He now has to use a wheelchair to get around "for the rest of [his] life," Jackson said. "In fact the VA is going to give me a wheelchair on the 29th."

It is the VA that provides his healthcare and with it, some promises.

According to Jackson, in September the VA Gainesville office promised to build a wheelchair ramp at his home. In October he said he was told the request was never formalized.

"The request never went through," said Jackson. "I was pretty despondent."

Jackson said since being in a rehabilitation center his son has made renovations to his home, making it wheelchair accessible.

Jackson said he is now waiting on the VA to complete the work on the outside, the wheelchair ramp.

"Just do what I was promised was going to happen," he said.

On Your Side reached out to the North Florida/South Georgia Veterans Health System for answers.

Public Affairs Officer Daniel Henry provided this response:

Due to Privacy Act restrictions, in order to comment on VA's specific interactions with a Veteran, we would need their written consent (by having them fill out and return this form).

Can you provide that consent? If you cannot, please note in your story that those making these allegations refused to allow VA to comment on them.

We submitted the consent form and are waiting on a response. Jackson told On Your Side his doctors will not release him from the center until there's a wheelchair ramp at his home.

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2.4 - KWTX (CBS-10): [Former local VA employee pleads guilty to theft of government property](#) (24 October, Paul J. Gately, 75k uvm; Waco, TX)

TEMPLE, Texas (KWTX) - A former Temple U.S. Veteran's Administration employee pleaded guilty to theft of U.S. Government property Tuesday in a Waco courtroom.

U.S. Magistrate Judge Jeffrey C. Manske accepted the guilty plea during a felony arraignment hearing in his courtroom Tuesday and ordered a pre-sentencing report prepared before sentencing, which he then set for Jan.16, 2019.

Christopher Sebek, 55, of Temple, Jeffrey Pearson, a Temple businessman, and Sebek's wife, Melissa Sebek, all were indicted in a scheme to defraud the government and redirect items purchased with government funds to their personal use, the indictment says.

"It was a part of the conspiracy that Sebek used his position as Operations Supervisor for the Department of Engineering for VAMC-Temple to divert United States Government property and money so that he could use the property and money for his own personal gain, including the payment of personal bills, loans, college tuition and personal credit card bills," the federal complaint filed in the case says.

"Sebek used Pearson's company, Whitetail Industrial, to procure personal items, such as furniture ... Pearson would submit false and fraudulent invoices to the VAMC-Temple for non-existent goods or services, adding (a) 30 percent commission" and "the fraudulent invoices were paid by VAMC-Temple to Whitetail Industrial," the complaint says.

Melissa Sebek's accounting business was manager of the arrangement between Sebek and Pearson and federal investigators say she participated in the fraud scheme.

Federal court records show she pleaded guilty Oct. 16 to her part in the plan and is awaiting sentencing, which is set for Dec. 4 and her case has been sent to probation investigators for their recommendation at final sentencing.

Pearson, on Oct. 17, was released from custody after posting a \$25,000 appearance bond and U.S. Magistrate Judge Jeffrey C. Manske set him for arraignment and plea on October 30, the magistrate's court docket shows.

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2.5 - WNCT (CBS-9, Video): [VA in desperate need of volunteer drivers to get veterans to and from doctor's apps](#) (24 October, Dillon Huffman, 39k uvm; Greenville, NC)

Veterans Day is right around the corner and the Department of Veteran's Affairs is always working to provide the best care for those who served.

Right now, they're in need of drivers to get people back and forth to their doctor's appointments.

VA administrator Jonathan Forte tells us, "Several of our chapters are also looking for donations to get new vans to be able to get the veterans to and from their appointments; your help is greatly appreciated."

If you want to donate or volunteer you can call these numbers:

Greenville: 252-814-6515

Wilson: 252-668-0067

Rocky Mount: 252-212-5568

New Bern: 252-638-5900

Pamlico County: 252-745-0440

Morehead City/Carteret County: 252-728-8440

Forte said, "More veterans are moving to Eastern NC faster than they're moving anywhere else in the country."

That's why getting the word out about their VA cards is so important.

"This facility was built to provide the right care at the right time to those veterans who need it."

There are around 90,000 veterans in the East and Forte says many aren't taking advantage of the VA.

There are two cards you have access to.

Any veteran is able to get the ID card.

"It's your badge of honor as a veteran" Forte says, "And you can take with you to local businesses and take part in any benefits out there that might be available to you."

Then there's the health card.

If you qualify, you have access to many different medical services.

Here's how it works, head to vets.gov and print out the application and take it to the VA clinic.

They can tell you on the spot what benefits you qualify for.

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2.6 - The Register-Herald: [Both sides of the fight](#) (24 October, Sarah Plummer, 27k uvm; Beckley, WV)

Now in her fifth year as a breast cancer survivor, another cancer diagnosis for a family member has forced Sherri Burleson to see the other side of the fight — from the side of caregiver.

It's a shift in perspective that had made her realize how hard her own treatment was for her family, and it has made her all the more grateful for their support, she said.

Burleson, a registered nurse at the Beckley VA Medical Center, said she cried once or twice during her own cancer treatment, but she's finding it harder this time around.

"I wish I could take his place. I know what to expect, and I'm glad I can help him in that way, but I cry every day for him. It is much harder watching your family than to be the one having it. You feel helpless. You can't do anything," she shared.

The most important thing is to just keep going, to deal, she added.

"If you have faith, that will help you through it."

She stressed the crucial role her husband and children played in her own diagnoses, treatment and recovery. Just two months before her 50th birthday, Burleson said she found a lump in her left breast. With a history of cystic fibroids, she didn't think much of it, but it was her husband, a radiologist, who urged her to get it checked out quickly.

She had a mammogram, an ultrasound, and then a biopsy confirmed the lump was cancerous.

She began treatment in Huntington, and while the hospital wasn't moving slowly in real-time, when you have cancer, you just want to get treatment as quickly as possible, she said.

Her daughter Brittany was the one who called Cancer Treatment Centers of America and got her mother into the hospital near Chicago for a lumpectomy. The mother and daughter used her treatments as a chance to go on road trips together, shopping and visiting friends in Illinois.

As a nurse, Burleson said she knew she had to keep herself eating well and active during six months of chemotherapy followed by radiation. Watching Brittany coach softball was one way she continued to stay active and have a public life.

Because her husband also worked at the Beckley VA Medical Center, he was able to donate vacation time to her, which is allowed at the facility.

“He continued to work because we didn’t know what we were getting into, so that I could have that time if I needed it,” she explained.

“I didn’t realized how much they struggled emotionally. They hid that from me. it is more of a struggle on this end than I thought it would be.”

She encourages other cancer caregivers and family members to take time for themselves and consider a support group.

In addition to a broadening understanding of cancer’s impact on family members, Burleson is now a strong proponent of cancer education and awareness.

Despite being a nurse, Burleson said she did not take time to do monthly breast exams. She found her lump by accident in the shower.

“In hindsight, it is kind of like the saying, ‘You can lead a horse to water, but you can’t make it drink,’” she said. “Monthly checks are an easy process, but it is something you just don’t take the time to do.”

With two daughters and a granddaughter, she said she now preaches to them about self exams, and once they are old enough to begin having mammograms, she expects she will be on them to get those done, too.

“I never thought it would happen to me. For that reason, education is important, and it is very important that people pay attention to their bodies,” she added.

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2.7 - Prior Lake America: [Prior Lake High School graduate named Veterans Affairs Chief of Staff](#) (24 October, Maggie Stanwood, 8k uvm; Savage, MN)

A Prior Lake High School graduate is now a high-ranking official in the United States Department of Veterans Affairs.

Pamela Powers, who graduated from high school in 1985, was named the department’s chief of staff in August. Veterans Affairs is the second-largest department in the Cabinet, with a budget of more than \$188 billion and more than 375,000 employees nationwide.

“It is a really large organization that is doing great work for veterans,” Powers said. “It is overwhelming, but it’s exciting.”

In February, Powers was named the chief of staff for the Office of the Under Secretary of Defense for personnel and readiness, a position she had to be nominated and vetted for.

In that position, she worked with Robert Wilkie, who at the time was Under Secretary of Defense for Personnel and Readiness. Wilkie was nominated by President Donald Trump to serve as the Secretary of Veterans Affairs. He was confirmed by the U.S. Senate in July.

Powers said Wilkie had recruited her for the Defense Department after she retired from the Air Force earlier this year. When Wilkie moved to Veterans Affairs, he asked Powers to join him.

In her position, Powers oversees the Department of Veterans Affairs, including its medical centers, the national cemeteries and what benefits and claims are provided to veterans.

“It’s making sure the trains are running toward what the president and Secretary Wilkie want,” Powers said.

After graduating from Prior Lake High School, Powers attended the Air Force Academy in Colorado. She graduated from the academy in 1989 with a bachelor’s of science degree in organization psychology. In 1996, she obtained a master’s of arts in organizational management from the University of Phoenix and in 2011, she received a master’s of strategic studies from the Army War College.

Powers held a variety of positions within the Air Force — she was promoted to captain in 1993, major in 2002, lieutenant colonel in 2007 and colonel in 2012.

With the largest budget in its history, Powers said the Department of Veterans Affairs will be able to recover from recent issues such as a lack of permanent leadership, thousands of job vacancies, staff turnover and not providing veterans with “timely and efficient care,” according to the New York Times.

Powers said she visited some of the local Veterans Affairs facilities at the end of August during a visit to her father, who lives in Prior Lake. She said Minnesota has great care facilities for its veterans.

The Minneapolis system is one of 160 across the nation and one of the largest. In addition to the main hospital in Minneapolis, there are 13 community clinics in Minnesota and western Wisconsin which focus on primary care for veterans. One of those community clinics is in Shakopee.

“It’s like, ‘If you build it, they will come,’ which is true,” Minneapolis VA Health Care System Public Affairs Officer Ralph Huessner said. “If we open a clinic near veterans, they’ll use it when it’s convenient and they inquire about eligibility. That’s why we have grown to 13 community clinics.”

Most veterans surveyed in Minnesota have said they can always or usually get an appointment when needed for primary or specialty care, according to the department’s data for care access at [accessocare.va.gov](https://www.accessocare.va.gov). New and returning patients at Shakopee’s location wait a week or less on average for appointments.

Though a Minnesotan is now helping to run the overall Department of Veterans Affairs, Huessner said that doesn’t make the Minneapolis VA Health Care System any more of a priority than the other 160 systems.

“The providers are focusing on patients — their interaction with Washington is limited,” Huessner said. “The clinics focus on patient care, not politics or policies. They implement policies, but their day-to-day focus is caring for veterans.”

Huessner said there is a misconception in the veteran community that if someone were to go to the health care system for care, that person is taking away resources from another veteran who might need it more.

“Some veterans say, ‘I don’t want to use the VA, I want the funds to help others,’” Huessner said. “That’s not how it works. The more patients we have enrolled, the more funding we receive to help all veterans. Veterans, you earned it, you deserve it, please use the benefits. They are available.”

A primary focus moving forward will be suicide prevention for veterans, Huessner said.

“This is a very high priority under Wilkie,” Huessner said. “The work is making a difference. We can’t prevent all suicides, but we certainly can lessen the number.”

Local VFW posts or American Legions can contact the Minneapolis VA Health Care System at 612-467-1838 to arrange a presentation regarding suicide prevention.

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2.8 - Boulder City Review: [City’s support for fallen veterans’ families golden](#) (24 October, Chuck N. Baker, 3k uvm; Boulder City, NV)

Veterans and their representative organizations are a strong part of Boulder City. Throughout the year there are tributes, memorials, celebrations and gatherings that honor those individuals and their families who wear the various uniforms of the United States. One organization, consisting only of family members of fallen servicemen and women, is identified by a Gold Star.

Recently, several such families were honored at Grace Community Church, which held its 12th annual Gold Star Family Day. Each year several speakers are asked to impart messages reflecting the spiritual side of the Gold Star designation as well as the patriotic side. This year was unique as a husband-and-wife team — the husband representing the military and the wife representing the ministry — presented comments.

Jeffery F. Brookman is an osteopathic physician and surgeon at the Veterans Affairs medical clinic in North Las Vegas. He’s a retired Army captain who served in Desert Storm and Somalia. After the church service he told me of the many people he treats at the VA, many with spinal injuries as well as other wounds that require the work of a medical specialist such as himself. He praised all the medical people at the local VA, noting that they are all dedicated individuals who are proud to serve veterans.

During his talk he said “Gold Star families have suffered the ultimate loss” and he quoted parts of President Abraham Lincoln’s Gettysburg Address from 1863 where he expressed that those who passed “shall not have died in vain.”

While he addressed the congregation about the physical side of life, his wife, chaplain Monterey Brookman, spoke of the spiritual side. She gave the invocation referring to Deuteronomy 30:10-20 and ended with the arguably less spiritual U.S. Marine shout “Semper Fi.”

There were several Gold Star family members present as well as Blue Star families, mothers and fathers whose children served in the military and returned home safely. The origin of the Blue Star and Gold Star tradition is not known, although some trace its history to a 1917 organization called American War Mothers. It’s official flag contained a blue star, a gold star and the words “United States Service Flag.” Locally, there is a move to form an active contingent of American War Mothers.

Of related interest, for many years Las Vegas has been home to a monument to Gold Star mothers, although it is in a rather isolated place in a corner of the grounds of the city’s senior center. It faces busy Las Vegas Boulevard but it’s a perfect example of “hiding in plain sight,” in that it is difficult to observe.

Gold Star and Blue Star mothers who attended the church service had not been aware of the memorial until I mentioned it to them earlier. It was dedicated in 1952 and contains the engraved names of Nevada servicemen who died in World War II. It also contains the spiritual message, “Our hearts hold these names of our heroic dead from Clark County in honored memory. They gave their lives in the service in the wars that peace and freedom might come to all men. God grant them eternal rest.”

It is fitting that at the service layperson Linda Garrison, representing the military mission of the church, spoke words with a similar message: “... to honor the families who raised these men and women, who love them and who now must live without them. Their service and sacrifice is why we are here today, for we know we owe our freedom to them.”

Chuck N. Baker is a Purple Heart veteran of the Vietnam War and the host of “That’s America to Me” every Sunday at 7 a.m. on 97.1-FM.

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3. Business Transformation

3.1 - Union Leader: [Preservationists designate Manchester VA residence as 1 of 7 properties to protect](#) (24 October, Mark Hayward, 199k uvm; Manchester, NH)

The architecturally unique manager’s residence at the Manchester VA Medical Center — which appears destined for a date with a bulldozer — was included in the Seven to Save list by a state organization of historic preservationists last week.

The New Hampshire Preservation Alliance said the 2,000-square-foot home remains intact and is a rare example of the Prairie Style of architecture that originated in Chicago and is associated with renowned architect Frank Lloyd Wright. The Alliance urged U.S. Department of Veterans Affairs officials to consider alternative uses for the structure, which has been vacant for years.

“Its use for outpatient care or veterans enrichment programs (instead of 10 additional parking spaces) offers a feasible solution in an age when veterans care is at the forefront of many

national discussions,” the organization wrote. “Many traditional hospital settings are not conducive for veterans with (post-traumatic stress disorder), for example.”

Earlier this year, the VA endorsed a Vision 2025 plan to upgrade veteran health care in the state. It calls for the Manchester VA to host specialty health care associated with veterans such as mental health, radiology, pain care, addiction treatment and amputation care. Additional clinical space was already being contemplated when the announcement was made.

Manchester VA spokesman Kristin Pressly said no date has been set for demolition of the manager’s residence, but the VA is taking steps to advance the project.

“This project demolition, expanded clinical space and enhanced parking are aligned with the veteran feedback solicited by the Vision 2025 Taskforce and is in keeping with the approved recommendations,” Pressly wrote in an email.

For at least a year, preservationists have been trying to convince the VA to keep the manager’s residence intact. The structure could be saved if enough people and political leaders recognize the value of the residence, said Aurore Eaton, a local historian and member of the Manchester Heritage Commission.

“It’s kind of like on the endangered species list,” said Eaton, who also writes the “Looking Back” column that appears Monday in the New Hampshire Union Leader.

The Heritage Commission, a city board, has filed paperwork opposing demolition as part of the federal review process of future plans for the VA campus. Eaton said the Commission has suggested that the VA keep the manager’s residence intact and demolish five other similar historic buildings on the campus, three of them former staff quarters.

Also on the Seven to Save list

The six remaining properties that are threatened by deterioration or demolition, according to the New Hampshire Preservation Alliance.

- Shaker Village Turning Mill Pond, Canterbury: Shakers created this manmade pond, but the original 1817 dam was breached in 1980 and an earthen dam built in 1987 was breached eight years ago. The state has ordered the Canterbury Shaker Village to either repair the dam or drain the pond.
- Wentworth Brown House, Haverhill: This complex in the Haverhill Historic District was built in the 18th and 19th centuries and includes two houses and two barns.
- Parish House, Lee: The 1872 home was built as a parsonage for the Lee Congregational Church. The town purchased it this year and has ordered it removed by July to allow the expansion of town services.
- Ruggles Mine, Grafton: Founded in 1803, the mine could be the oldest mica, feldspar and beryl mine in North America. It closed in the 1950s and operated as a tourist attraction until 2015, when it was put up for sale. State officials are considering turning it into a park.
- Fairgrounds Barn, Rochester: Built in 1883, the massive barn has a number of code and safety concerns, and a new fair association struggles to keep it in use.

- State School campus, Laconia: Opened in 1903 for special needs children, the state school closed in 1991. The 250 acres overlooks lakes Winnisquam and Opechee, and a state-sponsored planning effort is underway.

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3.2 - KCWY (NBC-13, Video): [Legislators Consider New VA Facility](#) (24 October, Connor Comeau, 6k uvm; Mills, WY)

CASPER, Wyo. - On the 23rd, transportation, highway, and military affairs committee members discussed the possibility of a new center in town.

Members discussed findings from a feasibility study, comparing Casper to other cities in Wyoming.

One of the drawbacks mentioned was the distance from Veterans Affairs clinics. Casper does not have a clinic.

City manager Carter Napier says there is more to consider before a final decision is made.

"There are certainly pockets of veterans that would still need to travel to come and get this kind of service. But given the large number of veterans that we have in the community, we think that would probably be more of a minority."

Buffalo and Sheridan are also possible site locations. Construction will begin in 2021, once a new site is chosen.

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3.3 - Milwaukee Independent: [360° Inside Old Main: A Special VR Walkthrough As The Soldiers Home Prepares For Revitalization](#) (24 October, Lee Matz, Milwaukee, WI)

More than 150 years after the women of the West Side Soldiers Aid Society raised funds give Civil War veterans a safe place to heal, local citizens and area organizations have been working together to preserve the result of that effort, the historic Soldiers Home.

"An updated construction timeline has been set where all buildings are condensed into one phase, with construction commencing in the first quarter of 2019, and anticipated completion in the third quarter of 2020," said Joe Alexander, President of The Alexander Company.

After years of deterioration, Old Main and other buildings on the Milwaukee VA Medical Center's campus have been left vacant and endangered. Additionally, the number of local veterans who are homeless, or at risk of homelessness remains unacceptable. In 2017, the Milwaukee VA helped find permanent housing for more than 300 homeless veterans, and it continues the mission to end veteran homelessness in the area.

"Wisconsin has always looked out for its veterans since the Civil War, which is why the modern-day Department of Veterans Affairs traces its roots back to Milwaukee when Old Main first

opened in 1869,” said Gary Kunich, Spokesperson For the Milwaukee VA Medical Center. “We used it for medical care through 1989, and now it will come full circle, and once again help those veterans who need it most with homeless housing and outreach services.”

The funding efforts continue in order to “Save the Soldiers Home,” which will transform the dilapidated facility and provide affordable housing for veterans and their families, as well as for low-income families.

The “Every Hero Deserves a Home” Campaign, for example, will help fund an aspect of the rehabilitation project – the Women’s Wing of Old Main. The space will specifically serve homeless and at risk female veterans and their children. It will be a safe and secure space for these women to live and to thrive.

The Wisconsin Housing and Economic Development Authority (WHEDA) has been a major partner with the Alexander Company to help fund the restoration project, by offering Low-Income Housing Tax Credits. Most of the work will be at Old Main, the original Soldiers Home that initially housed Civil War veterans. For the next 120 years it continued as a home for generations of veterans from all the following wars it closed in 1989.

Located north of the Clement J. Zablocki Veterans Affairs Medical Center on West National Avenue, the building will have 80 one-bedroom apartments for veterans once the rehabilitation is complete.

“Throughout the planning process we continue to be in awe of the Soldiers Home grounds and what they mean to our veterans and community. We’re still quite proud to have been chosen to rehabilitate and restore these six buildings to their original purpose – the service of veterans,” added Alexander.

In the 1860s, a group of extraordinary women who made up the West Side Soldiers Aid Society raised more than \$110,000 – a staggering amount of money at the time – to create a permanent place to care for injured and disabled returning Civil War Veterans. Their commitment, in conjunction with legislation signed by Abraham Lincoln, made the Milwaukee Soldiers Home a reality. This was the beginning of veteran care in America.

The National Park Service declared the Soldiers Home grounds a national historic landmark in 2011. The buildings are also listed on the National Trust for Historic Preservation for being among the most endangered historic places. The Milwaukee Soldiers Home is one of the nation’s three original Soldiers Homes.

During the summer, the Milwaukee Independent was granted special access to document the pre-renovation condition of Old Main using multiple formats: traditional pictures, 360° VR photography, and by drone footage. This editorial feature blends those visual arrangements to provide an immersive look for the Milwaukee public.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military.com: [Digital Records Will Lead to Faster Disability Claims Decisions, VA Says](#) (24 October, Richard Sisk, 2M uvm; San Francisco, CA)

The Department of Veterans Affairs has completed a major effort to replace millions of paper files on benefits and disability claims with easily scannable electronic records in the ongoing battle to cut the backlog of cases.

In a release Tuesday, VA officials said that a "significant modernization effort" over the last 21 months led to the removal of 7.8 million paper files from 60 locations within the department in the switch to electronic claims processing systems.

"This will lead to faster claims decisions for veterans," the release said.

In a statement, VA Secretary Robert Wilkie said the effort "will not only improve VA's claims process, it will also lead to quicker decisions for veterans because millions more records will be available electronically."

Once the paper files are inventoried, officials say they will be scanned into the VA's Veterans Benefits Management System.

Officials said in the release that going from paper to digital will also save money, citing the removal of millions of paper files from the Records Control Division (RCD) of the Records Management Center (RMC) in St. Louis.

The VA is now working with the General Service Administration, which owns the complex that houses the Records Management Center, to return the leased warehouse space for the paper files to the GSA, according to the release. The move, officials said, will save nearly \$1.8 million per year.

The VA's announcement on the removal of the paper files followed on a report last month from the VA's Office of Inspector General which found that VA officials had "significantly understated the number of claims awaiting decisions for over 125 days."

In early September, the VA estimated the number of backlogged claims and benefits cases at about 86,000, but the IG's report said that the VA's estimate only covered about 79 percent of the cases that should have been listed as backlogged, or awaiting decisions for more than 125 days.

"Ineffective oversight and training due to lack of national performance and training plans for Claims Assistants resulted in inaccuracies that also affected the backlog," the IG's report added.

In response to the IG's report, VA officials said they were "reviewing how best to supplement or adjust reporting on the ratings-related backlog."

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4.2 - The Texas Tribune (TribTalk): [Pioneering new connections for our disabled vets](#) (24 October, Bob Carey, 881k uvm; Austin, TX)

Despite our political differences, most Americans agree the government should take care of our disabled veterans — especially those who have suffered catastrophic injuries. Yet many would be shocked to learn how minimal government support for disabled veterans truly is.

If you're a veteran who loses your leg below the knee due to combat wounds, with a wife and two kids, you're not even getting \$750 per month in disability. Yes, the U.S. Department of Veterans Affairs will cover your medical expenses, but only for that injury. Even permanently disabled vets are on their own when it comes to finding health insurance for their medical needs not related to their service — as well as those of their families.

The result is epidemic poverty for disabled vets: they are at least 50 percent likelier than their non-disabled peers to live in poverty— rates that go up the older they get.

Many organizations outside of government are stepping up to fill gaps — call it the private sector's GI Bill.

For example, at the Independence Fund — a Charlotte, NC-based non-profit dedicated to empowering our nation's severely wounded, injured, or ill veterans — we have awarded more than 2,200 cross-country motorized wheelchairs (with powerful engines and tank treads) and provided more than 1,700 pieces of adaptive athletic equipment to vets who need them to take care of themselves and their families.

We have also hosted more than 1,600 caregivers at respite retreats and through follow-up services in their communities, providing care for the caregivers in order to stave off burnout, depression and worse among those who care for our vets.

Other organizations are also showing leadership. Comcast, for example, has recently expanded its pioneering "Internet Essentials" program to offer veterans near-free internet service plus low-cost computer equipment and training.

Building this bridge to the new economy is central, Rob Coons of Veterans in Technology explains. "When the world is more connected than ever before, it's easy to assume that veterans, active service members, and their families benefit from advances in technology," he says. "But in reality, many active military and veteran families are cut off."

For vets, this entree to the new economy can be life-changing, opening a vital door to government benefits, employment and education — an absolute necessity for the severely disabled, since VA health care providers rely so heavily on the MyHealthVet web portal to coordinate care. In fact, the whole agency and all its health care benefits are moving quickly to the digital age.

For rural veterans struggling with the emotional wounds of combat and adapting to their disabilities, affordable internet means access to telemedicine and remote services for VA health care. For veterans struggling to re-enter the workforce, it means online training and certification programs, as well as digital help with résumés, job searching and the application process.

And for veterans struggling to build a support network of and for their caregivers, family and community, internet access is key. The Independence Fund's caregiver support system, for example, is a network of private social media groups specifically for caregivers to share best practices, provide mutual support and escape the incredibly isolating experience caregiving can be.

Some companies have programs to help low-income families afford broadband service. But they should be expanded to include veterans. Others should incorporate these practices and find other ways to help connect our vets. For instance, we need companies to provide free website hosting for veterans' small businesses and free access to public Wi-Fi hotspots. If the private sector can open their hotspots in a crisis as was recently done during Hurricane Florence, why shouldn't low-income veterans, who are in crisis everyday, have permanent access to this resource to help them get back on their feet?

Private sector initiatives like "Internet Essentials" are critical but should only be the tip of the iceberg. More companies and industries should get on the field and find their own ways to help.

Austin is home to nearly 40,000 veterans, while the state of Texas has the second-largest veteran population in the United States. With 15 active duty military installations in the state and the Army announcing in July that Austin will host the Army Futures Command headquarters, the number of military members, families and veterans in the state of Texas will only grow. Texas should welcome this initiative by Comcast to help its veterans and support it where it can.

Through greater community and business engagement, our society can help partially repay the debt owed disabled veterans — a debt our government refuses to pay.

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4.3 - FierceHealthcare: [Amazon, Walmart, Cigna among companies announcing commitment to opioid crisis as Trump signs new law](#) (24 October, Tina Reed, 66k uvm; Washington, DC)

As President Donald Trump held a ceremony to sign a massive package aimed at combating the opioid crisis into law on Wednesday, the administration also announced commitments of support from large companies including Amazon, Cigna, CVS Health, Rite Aid, Walgreens and Walmart.

Speaking from the East Room of the White House, Trump said the Support for Patient and Communities Act was meant to build on progress made earlier in the year aimed at curbing opioid misuse and deaths from overdoses.

"Together we are going to end the scourge of drug addiction in America," Trump said.

Among the commitments, insurance giant Cigna committed to partnering with the Veterans Health Administration to improve access to opioid addiction treatment, saying it would work to reduce opioid-related overdoses in various communities by 25 percent within three years.

Amazon said it will help first responders more efficiently access critical medical records, and it has programmed Alexa voice service to answer important questions about opioids and addiction.

CVS Health officials promised to install 1,100 permanent medication disposal units by the end of next year, while Rite Aid said it would offer free DisposeRx packets with new opioid

prescriptions. Meanwhile, Google said it would launch a partnership with Walgreens to display permanent drug disposal locations on Google Maps.

The legislation was sent to the President's desk by Congress earlier this month following a bipartisan effort to address the growing crisis and was seen as a win for members of both parties ahead of the midterm elections next month. The law includes \$8.5 billion in appropriations including funding for hospitals who treat patients with addiction.

It also includes measures to halt illegal drugs at the border, a measure to allow the Food and Drug Administration to require prescription opioids to be packaged in set amounts, support for development of nonaddictive drugs for pain, and allowing doctors to have access to a consenting patient's prior history of addiction as they make treatment decisions.

The Centers for Disease Control and Prevention released estimates earlier this year that the number of Americans dying from drug overdoses rose from 64,000 in 2016 to approximately 72,000 in 2017. But this week, data from the CDC showed those numbers may have begun leveling off, with preliminary data showing deaths appeared to peak in September 2017. "Plateauing at such a high level is hardly an opportunity to declare victory. But the concerted efforts of communities across America are beginning to turn the tide," Health and Human Services Secretary Alex Azar said during an event in Washington on Tuesday as he announced the creation of a new payment model to addressing addiction among pregnant women and their exposed infants.

"We are so far from the end of the epidemic, but we are perhaps, at the end of the beginning," Azar said.

Also announced this week, Food and Drug Administration Commissioner Scott Gottlieb, M.D., said the agency would conduct a two-day advisory committee meeting in December to examine how to increase the availability of naloxone products, including potentially requiring naloxone to be co-prescribed with certain opioids.

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4.4 - KSCB (FM-107.5): [Southwest Medical Center Announces Partnership with Bob Dole VA Medical Center](#) (24 October, Joe Denoyer, 600 uvd; Liberal, KS)

WICHITA, Kan. – Southwest Medical Center and the Robert J. Dole VA Medical Center reached an agreement to relocate the VAs current Outpatient Clinic-Liberal into a shared space, the 15th Street Family Care Center, owned by Southwest Medical Center. The agreement comes as the VA explores opportunities to better serve Veterans in rural Kansas.

The partnership will ensure access to community care where needed in rural Kansas.

"The VA Outpatient Clinic in Liberal is a shining example of the future of healthcare," said Rick Ament, Robert J. Dole VAMC director. "To maximize the health of Veterans, we must work closely with our community partners to expand our reach and improve the integration of care for Veterans in the communities in which they live. Southwest Medical Center is a great organization that helps us better serve our nation's Veterans and accomplish this goal."

"Through the hard work of our Board of Trustees, care center providers, community supporters, hospital team, and of course – the VA team – we've been able to follow through on our commitment to provide quality healthcare close to home through establishing services to care for Veterans in our community," said Bill Ermann, Southwest Medical Center administrator. "This collaboration will serve our community well for many years to come."

"The VA system is doing what it was designed to do – give our Veterans proper medical care they need and have earned," said Sergeant Major Ivanhoe Love Jr., U.S. Army, Ret. "The care has been excellent! Clinic staff are friendly, courteous, and professional. I look forward to receiving my care at the new clinic location."

Finally, the VA Outpatient Clinic-Liberal will move November 2, 2018 into its new clinic space. The VA will notify Veterans who currently receive care, of the change.

SWMC is excited to share news of the grand opening of this new VA Outpatient Clinic, which is being installed inside their 15th Street Family Care Center in Liberal. SWMC will host a ribbon cutting alongside the VA team on Friday, November 2 from 1-2 p.m. at the 15th Street Family Care Center, 555 W. 15th Street.

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5. Suicide Prevention

5.1 - KLAS (CBS-8, Video): [Dog helps veteran find relief from PTSD](#) (24 October, Karen Castro, 155k uvm; Las Vegas, NV)

On Nov. 11, we'll be celebrating the brave men and women who have served in the military. Throughout the next few weeks, 8 News Now will be bringing you the stories of veterans in Veterans Voices.

Many have sacrificed their lives, while others are dealing with mental health problems. On average, 20 veterans commit suicide every day.

8 News Now spoke to a war veteran about the struggles of living with PTSD.

Thomas Clark's dog may be small but he has had a big impact on his life.

"If I get in a nightmare, he wakes me up. He jumps on me and he licks on me and he does it all until I get up, I wake up. If I get upset, he's in my lap and he's loving on me," Clark said.

His four-legged companion is just one way Clark copes with PTSD after serving 16 years in the navy. The war veteran also loves to BBQ.

"Got some ribs going for tonight."

It took him years to find an outlet that would get his mind off the pain due to a back injury and the mental trauma. It also took years for him to open up about it.

"I had a noose hanging in my garage and many times I, I was there. I was to the point that I was going to do it," he said.

Talking about some of his darkest thoughts was the beginning of his healing journey.

"I'd like to say I got over it. I'm getting over it. It's something that's totally in my mind a lot and it's getting a whole lot better, a whole lot better but when it got better was when I brought it out to people that I love."

He says the most difficult part was reaching out for help.

"It's really important for the veterans to realize they've got to open up. They've got to tell people cause these people that you think you're a burden to them, they're the ones that's gonna miss you the most."

Since getting help from his loved ones and the VA, Clark has burned the noose that was once hanging in his garage and is getting better one day at a time.

The VA has made some improvements to their mental health services nationwide. For instance, when a veteran calls their doctor, they first hear from an operator asking if they are having suicidal thoughts and where to get help.

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5.2 - WHAM (ABC-13): [Fairport vet admits to lying about PTSD to claim \\$92K in VA benefits](#) (24 October, 145k uvm; Rochester, NY)

A veteran from Fairport pleaded guilty to lying about suicides he says he witnessed overseas in order to claim disability benefits and claim tens of thousands of dollars.

Michael Pecka, 33, filed a claim for VA Disability Benefits in 2011 claiming that he had Post Traumatic Stress Disorder (PTSD) from witnessing the suicide of two fellow soldiers while deployed to Kuwait in 2004-2005 with the Army Reserve.

But investigators with the Department of Veterans Affairs determined that Pecka "lied about being present for either suicide, lied about observing either suicide, lied about being involved in the investigation of either suicide, and in the case of one of the soldiers, was not even in the same country at the time he committed suicide," according to the office of U.S. Attorney James P. Kennedy, Jr.

Due to the high disability rating that Pecka received because of his PTSD claims, he received more than \$92,000 in tax free disability benefits that he wasn't legally entitled to.

Pecka filed the initial claim while he was an inmate in federal prison for an unrelated bank fraud conviction. Investigators said he repeated his false claims about observing the suicides on government forms in 2011 and 2014.

He faces five years in prison, a fine of up to \$250,000, or both. Pecka is scheduled to be sentenced on January 24, 2019.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Los Angeles Daily News: Garcetti says \$85 million from state for homelessness is being put to good use (24 October, Craig Clough, 483k uvm; Woodland Hills, CA)

LOS ANGELES – Los Angeles Mayor Eric Garcetti announced Wednesday that the city has received its full disbursement of \$85 million in state funds for various homeless initiatives, and plans to dedicate at least \$20 million just for the Skid Row area where an estimated 2,000 people sleep on the streets.

The previously approved, one-time Homeless Emergency Assistance Program dollars come from a state budget surplus, along with an additional \$81 million awarded to the Los Angeles Homelessness Services Authority, which administers homeless programs in the county.

“Twenty million (dollars) alone for Skid Row is going to be a huge infusion, together where the county money has been increased,” Garcetti said during a news conference at City Hall, adding that he supported the county having a mental health worker on every block in Skid Row.

“Clearly, we have an opportunity to blanket it,” he added.

Garcetti said much of the money will go to bolster his “A Bridge Home” temporary shelter program, which already has \$20 million in direct budget money dedicated to it this fiscal year and another \$10 million that can potentially be tapped.

Of the newly received funds, Garcetti said \$45 million will go toward Bridge Home; \$11.5 million will be used to support homeless prevention and diversion programs, general services and hygiene services; \$4.25 million will be earmarked programs for homeless youth; and \$4.25 is dedicated to administrative costs.

The \$20 million for the Skid Row area will also go toward Bridge Home, but also for storage, hygiene programs, and reentry services for former prison inmates.

Garcetti also said some of the funds would go toward helping build Bridge Home shelters already approved for construction in Hollywood and at the Veterans Administration campus in West Los Angeles.

The VA facility plans to provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

“Homeless veterans sleeping on the streets of Los Angeles will soon have a safe and clean place to stay, thanks to our partnership with Supervisor Sheila Kuehl, the Department of Veterans Affairs, and because of this funding,” said Councilman Mike Bonin, who represents the 11th Council District. “I am very excited that the first bridge housing facility on the Westside will move forward quickly, and that could not have happened without this funding from the state.”

The "Bridge Home" program was first announced by Garcetti during his State of the City speech in April as a new front in the fight against homelessness, which has grown by about 75 percent over the last six years. The 2018 Los Angeles Homeless Services Authority found that more than 31,000 people are homeless in the city, including more than 23,000 living without shelter, which were both slight drops from the previous year.

The shelters are intended as a temporary solution to the problem while the city builds thousands of permanent supportive units approved in 2016 by city voters through Proposition HHH, a \$1.2 billion bond measure. The temporary shelters will help transition homeless people off the street and into permanent housing, along with providing them access to supportive services, including addiction counseling, Garcetti and other leaders have said.

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6.2 - KTXS (ABC-12): [Mayor's Challenge to End Veterans' Homelessness underway in Abilene](#) (24 October, John Rupolo, 55k uvm; Abilene, TX)

ABILENE, Texas — The City of Abilene is one step closer to helping the city's homeless people who have served and fought for their nation.

Mayor of Abilene Anthony Williams issued a challenge on Tuesday to end veteran homelessness in the City of Abilene over the next 100 days.

The exact number of homeless veterans on the streets of Abilene is unknown, but according to a recent survey, five percent of the city's homeless people are veterans.

The City of Abilene hopes to change that sobering statistic over just the next 100 days.

Beginning on October 23, the West Texas Homeless Network, the City of Abilene, the West Texas VA Health Care System and other local agencies hope to house every single homeless veteran in Abilene.

The idea is to find housing for homeless veterans, which will hopefully help them to start to turn their lives around in a positive manner.

"If you have a place to live that you can go home and sleep and get up and get dressed, that makes finding a job that much easier. That's one less thing you have to worry about," said Kyle McAlister of the Abilene City Council.

"Most of these men come from an age where a man is a man and so to ask for help is a difficult thing," said Rebecca Friday of the West Texas VA Health Care System.

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7. [Other](#)

7.1 - Los Angeles Times: [California's cruel rule barring 2,400 vets from accessing aid in dying](#) (24 October, Editorial Board, 12.4M uvm; El Segundo, CA)

Not long after California enacted a law allowing terminally ill people to obtain life-ending prescriptions, the state Department of Veterans Affairs (known as CalVet) adopted an emergency regulation making it clear that residents of its eight veterans homes would not be allowed to take advantage of the new law's provisions.

The emergency regulation prohibits CalVet staff from providing aid-in-dying drugs or assistance to residents of the agency's homes, and specifies that any resident who wants to take an aid-in-dying drug, even if it is provided by an outside doctor, must first be "discharged" from the residential facility where they live.

It is cruel and unfair to deny these 2,400 old and disabled veterans the same right afforded other Californians under the 2016 End of Life Option Act. But CalVet officials claimed the harsh regulation was necessary to keep the agency from losing millions in federal funding under the 1997 Assisted Suicide Funding Restriction Act, which prohibits federal funds from being used "to pay for items and services (including assistance) the purpose of which is to cause (or assist in causing) the suicide, euthanasia, or mercy killing of any individual."

The veterans homes located in Los Angeles and other California cities provide a place to live as well as medical and rehabilitative care to former active-duty military members and their spouses who are over 55 or disabled. Veterans homes are also open to homeless vets in need of care. Though primarily funded by the state's taxpayers, the U.S. Department of Veterans Affairs pays for nearly \$68 million of the homes' \$350-million budget.

The federal prohibition makes it clear that doctors in veterans homes should not provide life-ending prescriptions, and though we disagree with that rule, the government has the right to make it; no hospital, doctor or healthcare employer is under any obligation to participate in the right-to-die program. But nothing in the text of the federal law indicates that it is necessary to evict sick people from their homes if they wish to obtain an outside physician's prescription for the life-ending drugs and ingest them on their own.

Indeed, other states that have legalized so-called medical aid-in-dying have interpreted the federal prohibitions in various ways. Like California, Colorado and Vermont require residents of veteran homes to leave the facilities if they wish to end their lives. But Washington and Oregon allow veterans home residents to stay while they get the lethal prescriptions from outside doctors and even when they take them, though staff is not allowed to assist in any way. Oregon's Death with Dignity Act has been on the books for more than 20 years, and there have been no challenges under the federal prohibition.

Earlier this month, two veterans groups along with two residents of a veterans home in Yountville sued CalVet, claiming its restriction is punitive. Dying people may not have the strength or means to relocate to a new nursing home or hospice. Many veterans who move into veterans homes choose to do so because of subsidies for those with limited financial means, and most of them remain in the homes for the rest of their lives.

The groups argued that CalVet could use accounting barriers to comply with the federal prohibition.

California's End of Life Option Act passed in large part because of the moving story of 29-year-old Brittany Maynard, who was diagnosed with an aggressive and terminal brain cancer. After weighing her end-of-life options, Maynard and her family decided to leave the Bay Area and

move to Oregon so that she could access that state's aid-in-dying law. When California lawmakers finally made it legal for physicians to prescribe life-ending drugs the following year, it was with the promise that no dying Californian would be forced to choose between leaving home and suffering in their final days. But CalVet has broken that promise for the men and women living in veterans homes.

CalVet can and should find a way to comply with federal rules without forcing residents of its veterans homes to leave in order to seek aid in dying, as Oregon and Washington have done. Not just to avoid the time and cost of a lawsuit, but because it is the compassionate and correct thing to do.

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7.2 - Stars and Stripes: [Democrats lay out veterans priorities as they look to take House in midterm elections](#) (24 October, Nikki Wentling, 532k uvm; Washington, DC)

When Rep. Mark Takano, D-Calif., took the stage in August at the American Legion convention in Minneapolis, he delivered a speech that tied together his heritage with the present-day debate over U.S. citizenship and who has earned it.

He talked about his great uncles, Japanese Americans, who fought during World War II while their families were forced into internment camps in the United States. He also described a recent trip to Mexico, where he visited veterans who joined the military as immigrants and had since been deported.

It was a stump speech in Takano's bid to be the next Democratic leader on the House Committee on Veterans' Affairs.

"Today, I want to share a vision for what the Committee on Veterans' Affairs can accomplish in the 116th Congress," Takano told the crowd of American Legion members. "A shared vision of an America that lives up to the promises it made to our veterans and meets their needs. An America that dares to be better than it was yesterday and focuses on being better tomorrow."

With the House majority up for grabs in the Nov. 6 midterm elections and possible control of the lower chamber shifting to the Democrats, Takano could become the next chairman of the VA committee.

The current ranking Democrat on the committee, Rep. Tim Walz, is retiring from Congress and running for governor of Minnesota. Walz has lent Takano his support.

"Our veterans deserve an effective chairman that will guide the committee during these challenging times, and I am confident Mark is that leader," Walz wrote in a letter this month to other colleagues on the committee.

With a majority, Democrats across-the-board would have the power to set House priorities when the 116th congressional session begins in January. For Takano, those priorities would be to stop the deportation of veterans and establish more effective citizenship procedures for immigrant servicemembers. He wants to fill the tens of thousands of vacancies across the Department of Veterans Affairs and stop for-profit colleges from targeting and cheating veterans, he said.

The past two years, with a Congress and White House led by Republicans, the House and Senate veterans affairs committees have pushed through major bipartisan reforms, from expanding veterans' education benefits to overhauling the VA's private-sector health care programs and giving VA leaders more authority to fire their employees.

Lawmakers often claim veterans issues are a rare area of bipartisanship in Washington, and for the past two years that sentiment has proved mostly true. If control switches in the House, which pollsters contend is more likely than Democrats taking a majority in the Senate, it creates questions of whether the two chambers will continue to work together amicably.

In Takano's speech to the American Legion, he vowed to work with Republicans and VA Secretary Robert Wilkie. However, one of his top priorities – veteran deportation and citizenship for immigrant servicemembers – is a topic Republicans in Congress have been unwilling to touch.

As Takano looks toward a leadership spot on the VA committee, other lawmakers are fighting to keep theirs.

Rep. Phil Roe, the Republican chairman of the House Committee on Veterans' Affairs, is up for re-election in Tennessee's first district.

Sen. Jon Tester, the ranking Democrat on the Senate Veterans' Affairs Committee, has been trying to keep the lead in a tightening race in Montana. He's often included in lists of the toughest Senate races for Democrats to win this year.

President Donald Trump has repeatedly gone after Tester – at rallies and via Twitter – for his role in sinking Rear Adm. Ronny Jackson's nomination to be VA secretary. Tester publicized accusations that he had heard from Jackson's colleagues, who purportedly said he drank on the job and inappropriately handed out controlled substances. The Defense Department Inspector General subsequently opened an investigation into Jackson.

"Jon Tester led the Democrat mob in the effort to destroy the reputation of a great man," Trump said this month during a rally in Missoula, Mont.

Tester has fought back, saying it was his constitutional responsibility to vet the nominee.

Whoever ends up leading the VA committees following the midterms – Republicans or Democrats – will be tasked with guiding the VA, which touts a nearly \$209 billion budget, and overseeing a major overhaul of the VA's private-sector health care programs, scheduled to be finished in summer 2019, as well as a multibillion-dollar project to create a new VA electronic health record system.

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7.3 - KREM (CBS-2, Video): [Family of VA doctor who died in Spokane to unveil sculpture by Kendall Yards](#) (24 October, Kaitlin Riordan, 116k uvm; Spokane, WA)

A sculpture honoring a Spokane Veterans Affairs doctor who died while on a run is being unveiled near Kendall Yards on Saturday afternoon.

The sculpture will be titled "We Are Marshall," according to a city of Spokane press release.

Dr. John Marshall's body was pulled from the Spokane River on Jan. 26, 2016 after his wife, Suzan, reported him missing the day before. Surveillance video showed him leaving for a run around 5:00 a.m. and he was not seen again.

Police ruled Marshall's death accidental, although a private investigator hired by his wife questioned that ruling.

Private investigator: Spokane VA doctor was murdered

The sculpture will be located near the Centennial Trail by Kendall Yards close to the Monroe Street Bridge. It will be unveiled at 1 p.m. Saturday.

Spokane Parks and Recreation Communication Manager Fianna Dickson said the artwork was commissioned and paid for by Marshall's wife. Dickson said the sculpture is a symbol and celebration of family.

The sculpture will be 6-feet tall, made of Corten steel with a chlorine treatment to give an aged appearance, Dickson said.

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From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 24 October Veterans Affairs Media Summary and News Clips

Date: Wed Oct 24 2018 05:16:54 CDT

Attachments: 181024_Veterans Affairs Media Summary and News Clips.docx
181024_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1051937-000001

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Last Modified: Wed Oct 24 04:16:54 CDT 2018



Veterans Affairs Media Summary and News Clips

24 October 2018

1. [Top Stories](#)

1.1 - The Washington Post: [‘I thought it was very nice’: VA official showcased portrait of KKK’s first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan’s first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

[Hyperlink to Above](#)

1.2 - The Washington Post: [‘I’ve never seen these positions politicized’: White House rejection of veterans judges raises concerns of partisanship](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

The Board of Veterans’ Appeals has long filled a nonpartisan role in the federal government, run by dozens of judges charged with sorting through a thicket of regulations to determine whether an injured veteran is entitled to lifetime benefits.

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1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

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1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management. Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

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2. [Improving Customer Service](#)

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers. Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

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2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#)

(23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

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2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#)

(23 October, Alison Wickline, 169k uvm; Roanoke, VA)
The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base. "Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

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2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#)

(23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)
As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville. What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

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2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#)

(23 October, Jami Seymore, 55k uvm; Amarillo, TX)
From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

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2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#)

(24 October, Joe Vaccrelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments. Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

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2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#)

(23 October, Evan Hensley, 32k uvm; Tupelo, MS)
The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available. Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

[Hyperlink to Above](#)

2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

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2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community. On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

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3. [Business Transformation](#)

3.1 - Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week. The van at New Hyde Park's Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

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3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear. The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute. The VA currently operates out of a temporary clinic behind the Honey Creek Mall. Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

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3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

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3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday. "Our veterans advisory committee," Bosworth said, "they've been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need."

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3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for. Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

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3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Spirit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it. "What we've seen is amazing, great reductions in PTSD symptoms," as well as notable overall improvements in wounded warriors, he said.

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4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem's IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday. The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

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6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

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7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting. David J. Thomas Sr., deputy executive director of the Department of Veterans Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

[Hyperlink to Above](#)

7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday. David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

[Hyperlink to Above](#)

7.3 - The Hill: [White House rejected Democratic candidates for nonpartisan board: report](#) (23 October, Michael Burke, 11.4M uvm; Washington, DC)

The White House this summer rejected half of the candidates for the nonpartisan Board of Veterans' Appeals after asking for the candidates' party affiliations, The Washington Post reported Tuesday.

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7.4 - WEWS (ABC-5, Video): [Cleveland man arrested again for illegally scrapping at former Veterans Affairs hospital complex](#) (23 October, Jordan Vandenberg, 24k uvd; Cleveland, OH)

A 42-year-old Cleveland man is facing charges after Brecksville police allegedly caught him scrapping at a former Veterans Affairs hospital for the second time. For more than five decades, the former VA hospital complex in Brecksville provided care for soldiers returning home from war. However, since it closed in 2011 keeping illegal scrappers and trespassers out of the massive property has been a battle in itself for Brecksville police.

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7.5 - Nevada Current: [Heller misses more than half of Veterans Affairs hearings](#) (23 October, Dana Gentry, 2k uvm; NV)

U.S. Senator Dean Heller, who has made support of veterans a prominent part of his reelection campaign and its advertising, has missed more than half of the Senate Veterans Affairs Committee hearings at which his presence or absence can be determined during his Senate tenure. From 2013 through today, Heller missed 48 out of 86 hearings in which his attendance is apparent through transcripts and videos.

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1. [Top Stories](#)

1.1 - [The Washington Post: 'I thought it was very nice': VA official showcased portrait of KKK's first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan's first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

David J. Thomas Sr. is deputy executive director of VA's Office of Small and Disadvantaged Business Utilization, which certifies veteran-owned businesses seeking government contracts. His senior staff is mostly African American.

Thomas said he took down the painting Monday after a Washington Post reporter explained that its subject, Nathan Bedford Forrest, was a Confederate general and slave trader who became the KKK's first figure-head in 1868. He said he was unaware of Forrest's affiliation with the hate group, which formed after the Civil War to maintain white control over newly freed blacks through violence and intimidation.

A basic Google search of Forrest's name returns various biographies detailing his role in the Confederacy and the white-supremacist strains of its aftermath.

"It was just a beautiful print that I had purchased, and I thought it was very nice," Thomas said. He said he knew of Forrest only "as a Southern general in the Civil War" and kept the portrait in his basement before decorating a new and larger office at VA's administrative headquarters a few months ago.

Thomas, who has worked at VA since 2013, is a civil servant employed by the federal government — not a political appointee posted there by President Trump, whose supporters include members of white-nationalist groups. Trump was criticized for his tepid reaction to last year's deadly protest of white nationalists in Charlottesville.

The painting, by artist Don Stivers, shows Forrest wearing a gray military uniform and astride a horse. It is titled "No Surrender" and depicts the general fleeing a snowy Tennessee battlefield in 1862.

"I don't know what to do with this thing," Thomas told The Post, "except to destroy it."

A manager who reports to Thomas disputed part of his account, saying the Forrest portrait was displayed in Thomas's previous office also, starting in 2015. When he moved offices in recent months, Thomas directed VA's maintenance staff to install an electrical outlet high on the wall so he could illuminate the portrait, said the manager, Michelle Gardner-Ince.

Thomas's staff includes 14 managers, nine of whom are black.

Racial tensions have flared between Thomas and several of his employees, at least three of whom have pending claims of racial discrimination against him. An attorney representing two of

these employees said the portrait is evidence that Thomas is not comfortable around African Americans.

“You don’t hire someone who puts a picture of the Klan in his office unless you’re” racially insensitive, said the lawyer, John Rigby.

Gardner-Ince, a program manager with a case against Thomas pending before the Equal Employment Opportunity Commission alleging he retaliated against her for complaining about a poor performance review, said she spoke with Thomas several years ago about the art in his office, which also includes a portrait of George Washington praying next to his horse during the Revolutionary War at his encampment at Valley Forge.

“He said, ‘My wife told me I shouldn’t put this picture up,’

He said, however, that Thomas “received no complaints from his fellow employees and only learned about these concerns from The Washington Post,” adding, “Mr. Thomas immediately took down the print in question .

The rebuffed candidates were not given a reason. But their rejection has raised alarms among former and current officials at the Department of Veterans Affairs, where the appeals board — with about 90 judges and 800 attorneys — has always been viewed as nonpolitical.

“During my tenure, the White House approval was considered pro forma,” said Anthony Principi, who led the agency during George W. Bush’s first term.

“I certainly remember the chairman [of the appeals board] being political,” Principi said, “but the judges were career civil servants. They’re adjudicators.”

Ninio Fetalvo, a White House spokesman, referred questions to VA.

In an email, VA spokesman Curt Cashour said the rejections were part of an effort to improve the vetting of board candidates, after two judges and three board attorneys were discovered in 2016 to have sent racist and sexist emails.

“Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board,” Cashour said in an email. “This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting.”

He did not address whether party affiliation was a factor in the selection of the recent group of judges or whether the White House discovered any past misconduct.

The Trump administration has shown a zeal for installing loyalists in the nonpartisan civil service — for example, reassigning senior executives at the Interior Department, transferring dozens of career diplomats at the State Department to clerical work, installing loyalists in positions previously held by experts at a federal aid agency called the Millennium Challenge Corporation.

Employees in other offices at VA have faced transfers or reassignment because they were deemed to be out of step with the president’s priorities.

All eight candidates for the veterans appeals board were attorneys with years of experience in leadership roles at the appeals board. They were already serving as acting judges and were heavily vetted and recommended by the board chairwoman, Cheryl L. Mason, who was appointed by President Trump.

The rejections come as the board is steadily adding judges and attorneys to ease delays and fend off criticism and scrutiny from Congress for lengthy backlogs. Agency data show that veterans waited an average of three years for appeals to resolve in fiscal 2017 and that more-complex cases required an average of seven years.

“I’ve never seen these positions politicized,” said Douglas Massey, president of Local 17 of the American Federation of Government Employees, which represents attorneys and other appeals board employees. Before leading the local full time, he was one of the many attorneys who supported the appeals board judges.

During that time, “I had no idea who was a Democrat and who was a Republican,” Massey said. “To adjudicate these claims, you need the best and the brightest.”

In an announcement last week, VA Secretary Robert Wilkie said the four judges who were accepted would contribute to “better and faster service to veterans.”

“Bringing on additional judges means the Board will be better staffed to conduct hearings and decide appeals properly in a timely manner,” he said.

The new approach at VA comes as the White House for the first time turned another class of administrative judges from civil servants into political appointees, reflecting an emerging conservative legal movement to involve the president in naming government adjudicators.

Citing a Supreme Court decision, the Trump administration announced in July that administrative law judges, most of whom rule on disability claims for the Social Security Administration, would now be appointed by the president.

Veterans law judges, as the administrative judges are formally known, are coveted jobs, drawing a senior executive salary of between \$150,000 and \$174,000. The vast majority are hired from within the appeals board because the work is so specialized. Some attorneys make multiple attempts at promotion.

The Board of Veterans' Appeals started in 1933 to handle appeals from veterans who were denied cash benefits connected to their military service. The judges are appointed by the VA secretary and approved by the president, but they are not considered political appointees and are supposed to be independent.

For decades, the White House has given the go-ahead to thousands of judge candidates sent over by the secretary. But that process apparently changed this year as the Trump administration prepared to hire its first group of judges.

As is customary, the eight attorneys were given background checks, submitted an extensive written application and were vetted by multiple interviewers, including the board chairwoman, Mason — a longtime board attorney and veterans law judge confirmed by the Senate in November 2017.

But before Wilkie could sign off on the candidates, the White House personnel office interceded, sending them the questionnaire. It asked, among other things, about the applicants' party affiliation and their address on Election Day in 2016.

Veterans groups said that they were alarmed that the talent pool of potential judges could be shrinking and that they were concerned about further delays in adjudications.

“The idea that these judges may have been selected based on a political litmus test when we're talking about taking care of veterans is very worrisome,” said John Hoellwarth, a spokesman for AMVETS. “The concern is that veterans are being denied qualified judges for purely political reasons while the VA suffers from a massive case backlog in appeals.”

Louis Celli, executive director of the American Legion, the country's largest veterans group, said appeals board judges must be “career employees based on strong ethical standards who are highly qualified regardless of political affiliation.” The Legion has two dozen employees who work as advocates to help veterans navigate the appeals system.

Current and former board staff members and former VA secretaries said they could not recall a time when such inquiries into partisan affiliation during the application process were made.

Robert McDonald, a Republican before he was chosen by then-President Barack Obama as his second VA secretary, oversaw the hiring of 26 judges at the end of the administration. “I never thought of this as a politically appointed position, just because they’re sent through the White House,” he said.

“Our priority was serving veterans,” McDonald said. “The only way to get appeals down was to hire more judges, and the best available regardless of political affiliation.”

The judges who survived the White House gantlet — William Donnelly, Evan Weichert, Cynthia Skow and Lauren Cryan — and those who did not — Karen Kennerly, David Gratz, John Hutcheson and Jebby Rasputnis — were senior board attorneys with six to 12 years of experience in veterans law.

They all were serving as acting judges because of the shortage. Kennerly, one of the rejected applicants, had for years been in charge of training attorneys at the board.

“I have no idea why the others didn’t make it through,” said Donnelly, who was accepted, “but I have the highest respect for their legal acumen.”

He said, though, that ultimately the decision was the president’s.

“It’s a very specialized area and we have a more limited pool of resources now, but the fact is we work for the president and he has the responsibility and duty to select the people most qualified to pursue the vision for the department he sets forth.”

Most of the others declined to comment or did not return phone calls.

Donnelly said the board is now considering new candidates.

In recent years, the board has seen a crush of new appeals as claims generated as a result of rules changes and as department turmoil piled up.

VA paid about \$72 billion a year to about 4.5 million veterans in fiscal year 2017. But more than 400,000 veterans whose claims were denied in whole or in part have flooded the antiquated appeals system, where claims involving simple and complex cases are mixed together.

The growing wait times prompted Congress to pass broad overhauls in 2017 that will divide up the cases by their level of complexity to streamline the approval process and stem the delays. The changes take effect in February.

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1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

A team of independent Pentagon investigators gave another poor grade to the MHS Genesis electronic health record implementation in the Pacific Northwest, according to sources familiar with an executive briefing on the report.

The Initial Operational Test and Evaluation at Madigan Army Medical Center, just outside Lakewood, Wash., found MHS Genesis remains "not effective and not suitable" — conclusions similar to those reached in an April report on three other sites, in Spokane and the Puget Sound. The latest report also said MHS Genesis was "not interoperable," according to two individuals who saw a summary briefing provided to Stacy Cummings, the DoD official in charge of the project.

Despite the negative assessment, the surgeons-general of the four military branches have signed off on moving forward with MHS Genesis, which is running at the four Northwest sites and is planned to go live at three additional bases in California and one in Idaho next year, the two sources said.

A Pentagon official said that while Cummings has been briefed on the findings, the final report was not finished. "I expect the report to recognize significant system improvement" in response to problems that were broadcast in the April report, said David Norley, Cummings' executive assistant.

Officials planning the next stage of the implementation are increasing training of clinicians and will have more Cerner experts on site to assist with problems. Already, officials running the implementation have reduced the average time required to respond to complaints from 84 days to fewer than six, Norley said.

But one Pacific Northwest doctor, speaking on condition of anonymity, said the fixes still required too much time. Military clinicians who attended Cerner's annual conference in Kansas City earlier this month were impressed by the company's capabilities, the doctor said, "but we're lagging way behind where we should be because our processes aren't agile enough. We'll get there, but it's going to take time and money."

It isn't clear how much the military intends to change MHS Genesis in response to complaints about usability and other issues, but Norley said the current version will be improved. In any case, he said, "the baseline solution allows more data sharing, greater patient safety features, and more cyber security protection than the legacy system it replaces."

A Cerner spokesperson declined to comment on the report.

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

It's not clear how much the systems will be allowed to diverge. More similarity could mean easier transmission of patient data between DoD and VA facilities. Yet the two services meet drastically different needs for active-duty troops and veterans.

To this point, the chief of the House Veterans' Affairs subcommittee overseeing the EHR deal complained in an Oct. 10 letter to acting VA Deputy Secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house project to create an open API platform into the VA's health system.

Rep. Jim Banks (R-Ind.) wrote that it was important for the VA to "future-proof" its Cerner acquisition with the technology so it can import software and apps that may go beyond what Cerner can provide.

VA spokesman Curt Cashour said the agency would respond to Banks' request for information about whether the agency was still committed to the open API pledge.

VA recently issued a list comparing the Cerner modules in its contract with those in MHS Genesis.

Notably, the VA has enhanced specialty services like radiology, labs and cardiology, more interoperability functions as well as prescription drug monitoring, population health and administrative software, largely absent from MHS Genesis.

The VA contract with Cerner and its partners is approximately \$10 billion, while the DoD contract currently is \$4.3 billion.

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1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

BROOKLYN, N.Y. — After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management.

Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

Last June at a Brooklyn Film Festival screening of "Fail State" — a new documentary by Alex Shebanow that highlights ways for-profit colleges have exploited veterans and vulnerable students — Andrews spoke about his experiences at the University of Phoenix, the for-profit school where he received a degree in business management. He chose the school because his Walmart colleagues taught there, and university administrators encouraged him to use the GI bill, which covered some of his costs. They even helped him fill out required paperwork.

"You can tell there was a focus that I get approved," said Andrews. When the GI bill did not cover all his tuition, Andrews applied for federal student loans, graduating six years later with his business management degree — and more debt than he could handle.

"The level of harm that is being done [to] students is just staggering," said filmmaker Shebanow. "The tragedy of this is, if for-profits had done what they said they were doing, we wouldn't have to make this film."

A spokesperson for the University of Phoenix did not respond to interview requests. Steve Gunderson, president of the Career Education Colleges and Universities, a membership organization of for-profit schools, called the film "disappointing."

“Veterans continue to come to our schools because they can get an accelerated, focused, academic program that moves them quickly from the battlefield into the workplace in a career of their choosing,” Gunderson said. “That would not happen if we destroyed veterans’ careers.”

A Century Foundation report in May found that college fraud claims have increased 29 percent from August of last year. Ninety-eight percent of those claims involve for-profit colleges.

Veterans Education Success, a nonprofit providing free legal assistance to student veterans, also released a report last year showing that for-profit schools are targeting student veterans even as these institutions’ non-military enrollment has declined.

In order to capitalize on GI bill dollars, these schools took advantage of a loophole in a federal law that bars for-profit institutions from obtaining more than 90 percent of their revenue from federal aid. Under the loophole, the schools were able to count GI bill money as private dollars, meaning they disproportionately profited from enrolling veterans.

“That regulation alone provided a perverse incentive for schools to really target veterans,” said Tyson Manker, an attorney at Veterans Education Success who attended the screening. “They wanted to get [the veterans] in classes because the most important thing to them was to collect the federal education benefit, the GI bill for veterans.”

Indeed, that’s what a Senate report from 2014 found: Some 66 percent of veterans who attended for-profit colleges using their GI bill benefits left the program without a degree. Four of the 10 schools described in the report failed to provide job placement services that allowed students to repay loans they took out to supplement the GI bill.

Like Andrews, Navy veteran Milo Jones, 46, also found himself heavily in debt after completing a degree in information technology from the now-defunct ITT Tech. The school made a point of helping him apply for GI bill benefits and loan applications and promised to help him find a good job. He was working full time to support his family and thought he’d chosen the fastest and best route.

“At the time I thought ‘OK, they’re really going to help me maneuver it,’” said Jones. “But once you have your GI bill, they know they’re going to get paid.”

Jones completed his degree in 2015, graduating with both bad debt — his loans total \$40,000 — and bad credit. “Unfortunately, when you take the easy way out, those are the consequences,” Jones said. He is now a data analyst at Rikers Island.

The film also follows the collapse of the for-profit chain Corinthian Colleges by tracing the Obama administration’s establishment of an investigative team to look into wrongdoings of for-profits. Any crackdown on such schools ended with President Donald Trump’s appointment of Betsy DeVos; the new U.S. secretary of education has dramatically scaled back such regulations. Noted attorney Manker, DeVos “turns it back into the Wild, Wild West.”

DeVos has defended for-profit schools, maintaining that the U.S. needs to “expand, not limit, paths to higher education for students, while also continuing to hold accountable those institutions that do not serve students well.”

Shebanow said he plans to screen his film in veteran communities across the country.

"A lot of people who are well-intentioned are getting ruined by these institutions," he said. "We need a public outcry to put an end to this."

Jones, the Navy veteran, agrees. After the screening, he went home to warn his high-school son about for-profit schools.

"I wish he could have seen this film because he is about to start his college search," said Jones. "I let him know, 'We're not going to do that, you're going to a regular college.'"

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2. Improving Customer Service

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers.

Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

Merritt's parents, Carol and Steven Merritt, sued the hospital in 2016, claiming negligence after VA doctors failed to monitor his reaction to prescribed medication.

The settlement, set out in court papers filed this month in U.S. District Court in Nashville four years after Merritt's death, is a compromise of disputed claims, done to avoid the expenses and risks of further litigation.

"No amount of money will ever replace Aaron," Carol Merritt said in an interview with USA TODAY NETWORK - Tennessee. "We struggled through a lot of bureaucracy. A part of our lives and the grieving process were put on hold. But we didn't want Aaron to be forgotten and we knew what happened to him wasn't right."

Nashville VA doctors prescribed Merritt azathioprine, an anti-inflammatory drug that often decreases white blood cell and platelet counts, according to the lawsuit.

Merritt had a pre-existing condition that suppressed his immune system, leaving him more susceptible to the medicine's effects. And despite doctors' recommending frequent monitoring of his blood cell counts, the lawsuit alleges that never happened.

Doctors had only ordered one blood count in a nearly six-month span, causing Merritt's condition to flare up. He ended up in the emergency room critically ill with low blood counts. He died Oct. 28, 2014.

The Nashville VA is a part of the Tennessee Valley Healthcare System. Spokeswoman Sandra Glover said she could not comment on the case and deferred to the Department of Justice, per the VA's attorneys

Sgt. Aaron M. Merritt's death 'a tragic case'

The lawsuit filed by the Merritts targeted the already troubled veterans healthcare system at a time when its campuses in Nashville and Murfreesboro had a one-star rating – among the worst VA hospitals in the country when considering quality of care, according to the VA's own rankings.

In the most recent rankings this year, both hospitals improved with two-star ratings.

According to Mark Molos, a gastroenterologist in Missouri hired by the Merritts to review their son's case, standard of care required 11 blood count tests from the time Merritt was initially prescribed the medication in May 2014. But VA doctors conducted just one, records show.

His dose also was increased 50 percent in August 2014, without a blood test, Molos reported.

"This is a tragic case involving numerous, continuing, and seemingly systemic failures of care by the clinical gastroenterologists at the Nashville VA. There were multiple deviations from the standard of care each time Aaron was seen...", Molos wrote in his report.

Frank "Trey" Thacher, a Memphis lawyer representing the Merritts, said what stood out to him was Merritt's own concern about his condition and the medication.

According to court documents, Merritt's ulcerative colitis had been flaring up for several days in October 2014. He had high temperatures, ulcers in his mouth that made eating and drinking painful and hard to keep food and water down.

"I was wondering if this was something I should be seen for or if I could get new medication to treat this or improve my quality of life," Merritt wrote to his primary care physician and the VA, records show.

"He had some questions so he called in to the VA hospital but they essentially told him not to worry about it. So he really felt like they were going to watch out for him," Thacher said.

'Who protected him?'

Unlike his three older brothers who work for their family's woodworking business, Merritt "got an itch" to serve after the Sept. 11, 2001, terrorist attacks. He was also impressed with his grandfather's service in World War II, according to the Merritts.

One day he came home and told them he was going to enlist. He graduated from Lake Havasu City High School in Arizona in May 2006 and left the next month to serve.

"He was our son, our brother, our uncle," Carol Merritt said. "It was sudden but we were very proud of him."

In his eight years of service, Merritt did three tours in the Middle East. First as a mechanic in Iraq and then as an explosive ordnance disposal specialist in Afghanistan. He received two commendation medals, one for protecting an injured Afghan soldier.

Once, he was part of a unit that was tasked to protect then-President Barack Obama on a visit, his parents said.

Merritt's diagnosis of the inflammatory bowel disease came at Fort Campbell in January 2014. He was discharged the same month.

"Aaron protected our country and our freedom," Carol Merritt said. "But who protected Aaron?"

The Merritts said the VA was slow to provide information in their son's death, including access to medical records. It wasn't until they wrote a letter to Sen. John McCain that they finally got any answers.

That's when they learned that their son wasn't given vital blood tests.

'Learning experience' for VA

Merritt's death certificate states his immediate cause of death was refractory acidosis (an increase of acid production in the body), septic shock, a deficiency in all blood components and immunosuppression for ulcerative colitis.

Thacher cites the "bad lines of communication" between VA doctors that resulted in negligent care and, ultimately, Merritt's death.

But there is some good that has come out of his client's case, he said.

"The doctors are all very contrite. They told me that Aaron's story is being used to teach medical students at Vanderbilt," Thacher said. "This is a learning experience for the VA."

Carol Merritt said she hopes her son's "sacrifice though this medical tragedy" will mean better VA care for veterans and that "nothing like this will ever happen again."

"We all felt the pain when he died," Steven Merritt said, describing his family as "tight knit." His sons were especially close and they had all purchased land together "in the middle of nowhere" in the Arizona desert where they each planned to build homes.

Their boys, he said, will "remember Aaron" through their ongoing project. The Merritts will continue to rely on the support of their community and their son's fellow service members. And again, on Oct. 28, the anniversary of his death, a photo of Merritt will appear in the local paper as it has the past three years.

"Now this is settled. We will go on with our lives. But we'll never be the same," Carol Merritt said. "The pain is just as strong as it was the day Aaron died."

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2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#)
(23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

At the event, set up inside a midtown sports bar, McSally sat shoulder-to-shoulder with veterans from various branches of the military, including Deborah Martinez-Garibay, an army combat veteran, who told the three Republicans that she felt let down by the Department of Veterans Affairs.

The active duty reservist explained that as a service-related injury grew worse, she said was let go from her job. Martinez-Garibay said she hadn't been employed in three years.

The VA still offers her medical care, but her husband and her daughter have not had insurance for quite some time.

Martinez-Garibay said that she had sought help from both state legislators and McSally's office to make headway at the Tucson VA.

Local businessman Shaun McClusky pressed on why some veterans who served couldn't receive care because they had jobs in the private sector.

Throwing out an example of a veteran making \$24,000 a year, McClusky said \$2,000 a month wasn't enough to afford private insurance.

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2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#) (23 October, Alison Wickline, 169k uvm; Roanoke, VA)

SALEM, Va. - The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base.

"Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

Last year, VA Medical Center staff began looking at ways to maximize transportation options and not overlap with other community transportation agencies. Now the VA offers two transportation programs for veterans in need.

Some veterans may find themselves eligible for beneficiary travel. By meeting ability and income requirements, veterans can either be transported or reimbursed for mileage if their appointment is approved.

"If it's deemed medically justified by a VA health care provider for specialized transportation such as a wheelchair van or stretcher, we can also set up that transportation for our eligible veterans, as well," said Ashley Bradley, social work supervisor for the Salem VA.

But the main overhaul is the new fixed route bus system. The Salem VA runs routes to four different clinic locations -- Wytheville, Danville, Lynchburg and Staunton -- during the week. The

buses can hold up to 32 passengers and, with that space, allow caregivers to ride along. VA staff members say the program has received a positive response so far, but they are still in the transition and trial period. They recommend that veterans with questions about the new system contact them.

"Any veteran who needs assistance with transportation should go through a social worker. We can help them find out if they're eligible for transportation," said Megan Spence, a social worker at the Salem VA.

If you have questions about the transportation options, you can reach the Salem VA Medical Center at 540-982-2463 or [click here to visit the website](#).

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2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#) (23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)

As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville.

What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

If you have serious health care needs such as X-rays, surgery, rehab, follow-up heart health care, etc., you definitely will be getting appointments in Richmond. You're not doing well, but you can expect having to make a round trip of almost 200 miles.

When you finally get to McGuire, you can expect a parking lot filled with cars, so you'd better arrive at least two hours early. They do provide valet parking at McGuire, but you'll probably find yourself in a long line of cars for this service, with as much as a 45-minute wait. So much for a timely arrival for the appointment.

I have experienced all of this firsthand.

I have been hearing that the government has said that long waits to see a doctor will be resolved. That a veteran waiting too long for care can go to a local hospital or medical center.

I'm still waiting for health assistance.

Brent Ruffner, Charlottesville

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2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#) (23 October, Jami Seymore, 55k uvm; Amarillo, TX)

From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

"We're hiring for OR, ED which is emergency department, ICU, med-surg, the community living center which is our long-term care facility and outpatient clinic," said Jeanette Williams, a VA nurse recruiter.

Those departments can be filled by qualified candidates of all levels, from those just starting out to those in the field for years.

"We are looking for OR nurses with OR experience, and we're also looking for the beginning student," said Williams. "We can accommodate anyone from a recent graduate to 20 years' experience."

One nurse applying for the openings says she heard from friends about their experiences at the VA and wanted to check it out.

"I am a nurse, I'm an RN," said applicant Valerie Mullin. "I have a lot of friends who have worked here at the VA and they absolutely love it so I figured I would go give this a shot and see what it's all about." Mullin also noted the extra care needed in this particular position. "We need that extra special care for them," said Mullin. "It's just so much more than a physical thing because we're dealing with their emotions, their spiritual, will their families, as well."

Williams says she is a nurse with the VA in order to give back.

"Myself, I was not in the military but this is my way to give back to my country and to my heroes so I think a lot of nurses feel that way and it's a great draw," said Williams. "We love having them." It's an opportunity to serve those who served our country.

For a full list of openings at the Amarillo VA, visit [USAJobs.gov](https://www.usajobs.gov).

Those interested can also contact Williams directly at 806-468-1540 or Jeanette.williams2@va.gov.

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2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#) (24 October, Joe Vaccrelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments.

Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

Whole health includes a pathway to wellness through well-being programs. The VA hopes to introduce veterans to its whole health course offered twice a month. There is also a six-week "taking charge" health course, in which veterans can learn about complementary and integrative programs. Those interested in more information can speak with their health-care provider or call the Grand Junction VA.

"Clinical care is still a part of the veterans health plan, but we also want to start engaging veterans in self-care opportunities and complementary and integrative health opportunities," Grand Junction VA Whole Health Coordinator Bree Ferrell said.

Veterans can learn about self-care tools such as diet education. Ferrell helped develop the program within the hospital and is overseeing pilot programs. The VA also recently started offering yoga and tai chi classes, and hopes to eventually hire an acupuncturist and a massage therapist.

"Whole health can benefit all veterans," Ferrell said. "We also see that veterans with mental health conditions will benefit using whole health."

Ferrell said the staff will try to find out what is important to patients when it comes to their health.

"It's not what is the matter with you, it's what matters to you," she said.

The VA launched the system in one city in each of its 18 integrative service networks. The flagship site in this region is Salt Lake City. But Ferrell said even though Grand Junction is not a flagship site, the hospital is working closely with Salt Lake City and is on the same path as that VA facility.

Ferrell also works with the Veterans Affairs new comprehensive wellness center. The center, which seeks to get patients off opioids and onto other forms of treatment, among other things, will refer patients into the whole health system.

"It is not about taking away effective pain management, It's about providing effective pain management," said Grand Junction VA Education Program Manager Beth Roten.

The program is geared to involve veterans more in their care and personalize the approach.

The introduction classes will be run by veterans and are available to veterans enrolled at the VA, non-enrolled veterans and family members.

"The idea is to get veterans to start engaging in their care," Ferrell said.

While the initiative is new, Roten said the concept is an old one, especially in Grand Junction, where the facility has consistently ranked high in mental health care.

"It really is simply returning to the roots of high-quality care," Roten said. "It's something we've done for a long time."

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2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#) (23 October, Evan Hensley, 32k uvm; Tupelo, MS)

The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available.

Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

Meeting like this are scheduled so the executive leadership team can work with veterans one on one when addressing issues.

"Many of them here don't come to Memphis all the time to see a doctor, they see clinics here in Tupelo and the surrounding areas," said Willie Logan, the Public Affair officer. "When we come here to tell them about changes and different things that's going on with VA and their healthcare, they're happy to be here and know what's going on."

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2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

The Legion is the voice of veterans. They're authorized by congress to advocate for its members and with five American Legion groups in Grand Junction, it's important for their members to be represented.

Laurie Kuntz, President of the American Legion Auxiliary Department said, "We kind of check and see where they're at. We check on them every year. We donate a lot of money to them so, we want to make sure they're servicing our veterans the way they told us they were going to be servicing our veterans."

Another big focus for The American Legion and the Grand Junction VA is getting more women veteran's into the VA Health Care Center as Grand Junction actually has a higher percentage of women in its care than the national average.

For more information on The American Legion, you can visit their website, and click here for more information on the Grand Junction VA Medical Center.

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2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community.

On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

“Attending the event offers the opportunity for veterans in the LGBT community to meet one another and to meet one-on-one with VA professionals in a safe space that is positive and inclusive,” says Gloria Hairston, director of public affairs at the D.C. VA Medical Center. “The healthcare team at the DC VA Medical center is hopeful that veterans will attend the event without fear or shame.”

Additionally, there will be an opportunity for community partners to offer resources for veterans and their families.

Hairston adds that the DC VA is committed to providing safe, quality health care for all veterans who enroll, including those who are lesbian, gay, bisexual and transgender.

And the event will feature a drag performance from Andrea Anderson, a transgender Army veteran.

All who wish to come are welcome.

The resource fair will take place Friday, October 26, at DC Live Performance Space at 1015 Half Street, S.E. Washington, D.C. 20003. Anyone interested can RSVP by calling (202) 745-4037.

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3. Business Transformation

3.1- Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week.

The van at New Hyde Park’s Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

The mobile unit will have a “tremendous positive impact for our local veterans,” Town Supervisor Judi Bosworth said at a Monday news conference.

“We are so grateful to our veterans for their service and it’s our responsibility to make sure that they have medical care as close to home as possible,” Bosworth added. “The arrival of the mobile unit, as well as the continued push for a more permanent CBOC [community based outpatient clinic], are steps in the right direction.”

The state-of-the-art mobile van is essentially a doctor’s “examination room on wheels,” said Joann DeMarco, the Northport VA’s outreach coordinator. The handicap-accessible vehicle is equipped with all the traditional diagnostic equipment and curtains to ensure patient privacy.

Local veterans said the unit is a much-needed addition to the VA center network, offering physical therapy, podiatry and primary care services.

Matty Falcone, 81, a former Marine, said he's "ecstatic" about the mobile unit's arrival. He said he hopes to get a flu shot there this week.

"We don't use it, we lose it," he said. "We have to get the word out. ... Let's really try to get a lot of people there," Falcone said, addressing fellow veterans on the town's advisory committee.

Sen. Chuck Schumer (D-N.Y.) and other federal representatives such as Rep. Kathleen Rice (D-Garden City) and Rep. Thomas Suozzi (D-Glen Cove) said they are still committed to the push for a permanent clinic in the town.

New York has 47 community-based outpatient clinics, according to the VA website. Nassau County has two clinics, one each in Valley Stream and East Meadow. There are three clinics in Suffolk County, in Riverhead, Patchogue and Bay Shore. The Northport VA is the only veterans hospital on Long Island.

Rice said that the clinic was addressing a "desperate need."

"Do you know that there is between Montauk and New York City one VA hospital that services over 100,000 veterans?" Rice said. "The stress that it puts on veterans to have travel 100 miles, 200 miles to get to the nearest VA center. ... It's just wrong."

Schumer said in a statement that the case for the mobile center was "compelling given the critical mass of veterans here who served to preserve this country's freedom."

"They deserve efficient access to top-quality health care much closer to home while we continue to make the case for a permanent Community Based Outpatient Clinic," he added.

Robert Bernstein, 79, who served in the Navy for nearly 30 years, said veterans should visit the mobile unit to show the need for a permanent clinic.

"Nobody thought we'd get this far," said Bernstein, of Lake Success, adding veterans will keep pushing for a permanent facility.

Veteran Administration Medical Center's Mobile Unit in North Hempstead
Stationed three days a week in the parking lot at Clinton G. Martin Park, at New Hyde Park Rd. and Marcus Ave.

Monday: physical therapy
Wednesday: podiatry
Thursday: primary care
Hours vary but appointments begin at 8 a.m.

Staffed with a doctor and nurses
Open to all veterans, not just town residents

Appointments are required; veterans can call (631) 261-4400 ext. 4590 for an appointment and the town's 311 line for additional information.

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3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear.

The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

If built in Casper, the facility would cost \$21.88 million in 2021, according to a Military Department report. In Sheridan, it would cost \$21.69 million, and in Buffalo, \$19.92 million. The state match for those costs is highest in Casper, at \$7.7 million. It's slightly lower in Sheridan (\$7.6 million) and a good chunk less expensive in Buffalo (a \$7 million state match).

Rep. Bunky Loucks, a Casper Republican, put forward a motion to recommend Casper be the home for the facility. He argued that the city had the best chance to fully staff the facility with health care workers and that it was most accessible to veterans and their families.

Plus, fellow Casper Republican Sen. Jim Anderson said, the state Military Department needed a location so they could move forward on working with the federal Veterans Administration.

But the two Casper lawmakers failed to convince their colleagues. Sen. Curt Meier said he wanted to study the issue more, and Rep. Stan Blake said that though he thought Casper was a good fit, he wanted the committee to be careful.

So Loucks' attempt failed, with just the two Casper legislators voting in favor of it. The committee will consider a location at its December meeting. The recommendation will be just that; it will almost certainly be heavily debated in both the House and Senate during the 2019 session.

The location of Tuesday's meeting at the Oil and Gas Commission was fortuitous for those who want the facility built in Casper. Local Sen. Bill Landen and Reps. Joe MacGuire, Pat Sweeney, Steve Harshman, Jerry Obermueller and Chuck Gray all attended parts of the meeting. MacGuire and Sweeney both testified in favor of building the facility here.

But they weren't alone in lobbying the committee. A contingent from a facility in Buffalo urged the committee to select somewhere other than the Johnson County town; they warned that they wouldn't be able to compete with the veterans home if it received a higher federal reimbursement.

Ron Nading Jr., a retired Navy chief petty officer, lives in Casper and advocated for building the facility here. He said the town has a large veteran community and the largest medical system — Wyoming Medical Center — in the state. He spoke emotionally about losing "my friends, my buddies, my teammates" and taking care of their children.

"It's not about me, as much as it's about this community and the veterans that it serves," Nading, who served as a combat medic and an underwater demolition diver, told lawmakers. "Casper, in my opinion, is the best location for this facility."

In its report, the Health Department listed a number of strengths and weaknesses for Casper, Buffalo and Sheridan. Casper would serve the largest number of veterans because of its central location, had a large existing certified nursing assistant workforce and had access to medical specialists, among other pros. But it had no nearby VA facility, and its pools of CNA graduates "have below-average pass rates."

Buffalo, meanwhile, had good access to VA care, had a good location (Buffalo's mayor would later note that Casper's facility would look out onto a cemetery), and could continue care for veterans who currently live in the Veterans Home there. But it had a small pool of CNAs and a higher cost of living.

Sheridan checked similar boxes: There's a VA hospital in town and there's potential to work with a facility there. But it has a high cost of living and has a "below-average number of veterans served due to location in the far north of the State," according to the report.

A contingent from Buffalo, including Johnson County Commissioner Bill Novotny and Buffalo Mayor Michael Johnson, testified in favor of moving the facility to their town.

Novotny asked the committee to name an industry in Wyoming that didn't struggle for workforce; he said the local college could help "scale up" programs, and that it would be cheaper to build in Buffalo than in Casper.

According to the Military Department's presentation, the facility would include three buildings, each with 12 beds. There are roughly 300 veterans in the state who would need the care, a number that will remain steady in the coming years, according to the Health Department. The plan would start small, with just the 36 beds but would eventually expand.

If built in Casper, the facility would be set on the corner of 12th and South Conwell streets. The land has been donated to the state from the city.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute.

The VA currently operates out of a temporary clinic behind the Honey Creek Mall.

Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

From there, it's expected to take roughly two years to build.

After that, the VA will take over the clinic with patients being scheduled about three months later.

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3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

Normal operations at the PCB VA Clinics resumed Oct. 16. The GCVHCS Medical Station has been in operation since Oct. 15, helping hundreds of Veterans during this time period with holistic medical services, readjustment counseling, pharmacy, food, homeless support and much more. Since Oct. 16, Veterans with scheduled appointments have been seen in both PCB VA locations (2600 Veterans Way, (along Magnolia Beach Road), and 140 Richard Jackson Boulevard) between the hours of 8 a.m. and 4:30 p.m., Monday through Friday. Veterans who walk-in for care will be seen, too.

Sonya Stokes-Sumrall, Veterans Integrated Service Network 16's Emergency Management Officer, who has served as the Medical Station's incident commander, offered a moment of reflection about the operation.

"It has been a tremendous honor serving those who served us here in Panama City," Stokes-Sumrall said. "What has happened here is a true tragedy, and we've seen a lot of heart-breaking circumstances from the Veterans we've served. "I'm eternally grateful to have had such a fabulous team of VA professionals here to support this community in need."

GCVHCS Director Bryan C. Matthews, echoed Stokes-Sumrall's sentiments.

"Sonya and the dedicated Medical Station team has been a godsend," Matthews said. "I'd like to offer my deepest thanks to all members of the team, who came from all over the country to help our Veteran community in Northwest Florida. I'm also thankful for our Panama City VA employees who have showed tremendous resiliency as they continue to recover from Hurricane Michael and return to work."

For Veterans who cannot get to the PCB VA Clinics, a toll-free number, 1-800-507-4571, has been established for Veterans to get updated information on where to go for care, how to receive prescription drugs, or any other concerns they may have about their care. The phone line is open 24 hours a day, seven days a week.

Veterans in need of Pharmacy Customer Care may call 1-855-574-7288; the toll-free number is operational 8 a.m. – 4:30 p.m. (EST) to assist Veterans with medication.

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3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday.

"Our veterans advisory committee," Bosworth said, "they've been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need."

The van will be stationed at Clinton G. Martin Park in New Hyde Park three days a week. Mondays will be dedicated to physical therapy, Wednesdays to podiatry and Thursdays will focus on primary care.

Bosworth and other speakers took turns stressing the importance of spreading awareness of the new mobile unit to those in need.

"If you know a veteran or have a family member that is a veteran please let them know about this wonderful opportunity," Bosworth said. "We're going to do everything we can to make sure people know about this."

Bosworth explained that the new mobile unit ties into the town's Project Independence, a program of the Department of Services for the Aging.

"If you are a member of Project Independence in the town, you get very reduced taxi service rates for medical appointments and this qualifies," Bosworth said. "We have in place a way for our veterans to get here that doesn't entail family members to take them and gives them a sense of independence that allows them to get the help they deserve."

"Between Montauk and New York City there is only one VA hospital that services over 100,000 veterans," U.S. Rep. Kathleen Rice (D-Garden City). "Mobile units like this, it is incredibly important that they get used."

Rice said that ultimately there is a desire to establish community based outpatient clinics, or CBOCs, so veterans do not have to travel hundreds of miles to the nearest Veterans Affairs hospital.

"If we don't use this, we're going to lose it," Rice said.

"It's really sad that something like this has taken so long," Anthony Catalano, of Mineola, said. "But it's a step in the right direction."

Catalano, who tuned 98 on Tuesday, served in Gen. George Patton's 3rd Army, 70th Infantry Division in World War II.

"A lot of us World War II guys are getting up there in our 80s and 90s," Catalano said. "It's really something that we don't have to be reliant on our families or others to bring us here now."

"If there's one way to get a permanent clinic to be located in the Town of North Hempstead it's for people to use this van," U.S. Rep. Tom Suozzi (D-Glen Cove) said. "When the VA reports back to Washington D.C., they can show there is a tremendous need for this in the community."

"I've been speaking with the VA since January about permanent clinics and with Northwell Health, and they've agreed that they will provide free space in the town of North Hempstead if we can get the VA to place a CBOC in this community," Suozzi said.

Hours for the VA medical center's mobile unit are currently unlisted. Appointments and unit hours are available at (631) 261-4400, ext. 4590.

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3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for.

Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

The van will be owned by the VA hospital, which will maintain it and keep insurance coverage on it, but it will be based at the VA clinic in Lowndes County, where it will transport veterans five days a week for appointments at the hospital.

"The van they had has right at 250,000 miles on it," Hutson said. "It's wore out. It was breaking down regularly on them going back and forth to Lake City."

The van is unrelated to the Veterans Express Bus, which picks up veterans throughout the area for a trip to the Lake City VA hospital each Thursday. The bus is operated by the South Georgia Veterans Activities Committee, based in Moultrie.

Hutson began soliciting and receiving donations right after he became involved with the project earlier this year. He said he soon realized he needed some help with it and joined up with Darlene Cox, whose family owns CTV (formerly Cox Truck and Van).

Cox is on the board of directors of a charitable foundation called Fishes and Loaves that until that time had been focused on small-scale local projects, such as providing help for someone who couldn't pay a utility bill one month or who needed help to get to a doctor's appointment. Fishes and Loaves — whose name is a reference to Matthew 14:15-21, where Jesus used five loaves of bread and two fishes to feed a multitude of people — is a 501(3)c nonprofit agency; that means donations to it — whether for the veterans van or any other purpose — are fully tax-deductible.

The effort has currently raised \$37,000 for the van, Cox said.

Hutson did not say what the van costs, but he said whatever overage there might be would be donated to other veterans groups, including the Veterans Express Bus.

"Our veterans have done so much for us through the years to keep us safe and free," Hutson said. "We should never forget what they've done."

The veterans van will be available for any veteran, regardless of where they live, Hutson said, although it will be based in Valdosta, so the veteran would have to get to the VA clinic there by departure time. The implication is that Lowndes County veterans would have better access, and as it turned out, more than half the donations did come from Lowndes County donors, he said.

The rest of the donations came from Colquitt, Cook, Mitchell and Worth counties and even from outside of South Georgia, he said.

"A veteran is a veteran," Cox said. "They had a need, and we helped meet that need."

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3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Sprit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

"What's really wonderful is, you look out in the parking lot, and you've got plates from South Dakota, Minnesota and Iowa," Ann Miller, Dickinson County Veterans Affairs director, said. "This serves a lot of people from a lot of areas, and we're so proud. It really touches me."

The new 10,000 square-foot facility is expected to be capable of serving 4,000 veterans. The medical facility was formerly housed about a half-mile away on Lake Street and saw an estimated 2,500 veterans. Miller said around 1,400 veterans call Dickinson County home, and not all of them are in the VA's healthcare system.

"That's an indication of how many are coming from out-of-county to Dickinson County for services some from out-of-state," Miller said before construction began. "It's a real asset to the community."

Miller said the clinic serves veterans from southwest Minnesota as well as northwest Iowa. She feels the Dickinson County location is a centralized location for the patients.

Several sites outside the county were considered for the new clinic, but the building was ultimately constructed near the intersection of Highway 9 and Royal Avenue west of the Great Lakes Mall. It's been a little more than a year since it was announced the clinic would not be changing cities.

Spirit Lake City Administrator Gregg Owens said Lee Seemann Jr. partnered with the city to develop the area the VA would eventually call home. Owens said the development was focused on making space available for multi-family housing, with the prospect of commercial development on the highway frontage. Since the clinic was a federal bid project, Owens said the city was not involved in any direct incentives for the clinic. He said it was simply a case of an investment coming to fruition.

"The key, as it turned out, was having just the right spot available for the clinic, and this location suited the VA's requirements for access, visibility, nearby amenities and the like," Owens said last year.

The clinic falls under the umbrella of the Sioux Falls Medical Center, and VA officials had initially expected the \$2.4 million facility to be complete by spring of 2019, but things wrapped up even sooner.

"I think it went very well," Sara Ackert, acting director of the Sioux Falls Medical Center, said. "We spend about three to five years in advance preparing for a project like this. This clinic was actually started on time and finished on time. It went very smoothly. We couldn't be more pleased."

Staff at the new clinic will have an additional five consultation rooms to work with as well as two telehealth rooms for online video appointments with doctors or specialists at other sites. Staff said the twin telehealth set ups are particularly helpful, as the equipment was wheeled back and forth when needed in the previous building.

Staff told visitors the general layout of the clinic will be more efficient as well. The patient rooms form a U-shape around the central office, and staff can move from room to room easily, rather than moving the patient. Currently, the clinic offers primary care, mental health services, home-based care, dietary care and pharmacy services. Ackert said the VA is continually expanding the services offered via telehealth.

Miller said she's thankful services in the area will continue to improve now that the building is open.

"So many people see how important this facility is, and it's only going to get bigger and better," Miller said. "We are lucky."

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Bill Geiger tried everything to get help for his post-traumatic stress disorder and the panic attacks, anxiety and anger issues that came with it — civilian doctors, Veterans Affairs hospitals, "you name it," he said in a recent interview.

"I was just kind of floundering," he said. "There was something that just wasn't working."

Then in 2015, after medically retiring from the Army, he heard about a new program through the Wounded Warrior Project that would provide two to three weeks of intense therapy. He was one of the first ones to try it and was amazed by the results.

"The Warrior Care Network was like no place that I've ever been; the treatment was like nothing I'd ever seen," he said. "Now I'm standing here today. I'm still alive and kicking."

The Wounded Warrior Project announced Tuesday that it will be putting \$160 million more toward the Warrior Care Network that Geiger went through. That represents a significant expansion of the \$100 million already invested in the program, and the nonprofit hopes the additional funding will allow them to reach more than 5,000 veterans and service members over the next five years.

The Network is a partnership with four academic medical centers, including UCLA, Emory Healthcare, Rush University Medical Center and Massachusetts General Hospital. It started as a pilot program three years ago. The hospitals work together but also have particular specialties and treat veterans from all over the country — not just those from their local communities.

Geiger, from Tallahassee, Florida, attended the program at Massachusetts General in Boston. For eight hours a day over two weeks, he received multiple forms of therapy through one-on-one counseling, group sessions, art and stress-relieving exercises, such as yoga and Tai chi. He also learned about mindfulness and resilience, which have helped him the most, he said.

“Not everything sticks with everybody, but every time you do something new ... you pick a little bit here and a little bit there, and it builds to the point where you’re like, ‘OK, I think I got it now,’” he said.

“I’m not perfect. I still fall off the wagon. I still get mad. But I learned that I get back up again and I try harder next time.”

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it.

“What we’ve seen is amazing, great reductions in PTSD symptoms,” as well as notable overall improvements in wounded warriors, he said.

In addition to helping treat more than 5,000 veterans directly through the intensive therapy program, the additional funding will provide other services for more than 16,000 veterans, service members and their families.

“I’m glad it’s expanding because I know how much it helped me,” Geiger said. “Hopefully (others can) come out on the other side as well as myself and the other people I know that have gone through it.”

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4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem’s IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

Potentially at stake is \$15.4 million in annual revenue, the Journal's Richard Craver reported last week.

On one side is the IFB, which has a contract to provide visual products, including eyeglasses, to the Veterans Administration. On the other is PDS Consultants Inc., a small New Jersey business owned by a disabled service veteran. PDS has sued to get IFB's contract, claiming it should have preference in government contracts for the visual products.

It's a complicated case that pits one worthy business against another.

IFB's eyeglass-manufacturing department has 140 employees in Winston-Salem, including 70 who are blind.

This won't be IFB's last chance to argue its case. "We are currently reviewing the full decision, but I can tell you that IFB Solutions remains 100 percent committed to our mission of creating life-changing jobs and opportunities for people who are blind," David Horton, IFB's chief executive and president, said in a statement. He added that IFB would fight the decision all the way to the Supreme Court if necessary.

We believe they will. And we hope they win.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

"I'll tell you what I've learned: in my big data journey over the last six years, we've had a pretty robust set of users on it. Users are smarter than they think. They're a lot smarter than they think," said Leonel Garciga, CTO at the Joint Improvised Threat Defense Organization within the Department of Defense.

He stressed the importance of building platforms that accommodate and support users and how they use the platform, instead of building it around expected uses. Garciga also emphasized the importance of not ignoring "cutting room floor data," a mindset he attributed to his experience with the intelligence community. He noted that it helped shrink the time to deployment, and that the agency's philosophy is to let users "build out the analytics they need," while his office works to push those analytics out to the edge.

"I will tell you, I don't think there is this thing called shadow IT. I know every CIO just cringed, (but) I think it is my job to deliver a platform that lets the user do what they need to do. Shadow IT is a lack of capability to innovate," said Garciga. "The big part about how you get the security piece and the policy piece around it, that really is building out an ecosystem that's specifically built to provide the maximum amount of support and capability to the user," he added, likening the ideal ecosystem to Apple's app developer ecosystem.

Harnessing data can also help improve government efficiency, a major component of the President's Management Agenda (PMA), especially when it comes to IT.

"One of my challenges is to help manage the spend across IT," said Bill Spencer, an IT category management program manager at the General Services Administration (GSA). "For those of you who go onto OMB's (the Office of Management and Budget's) website and take a look at what the IT budget is, it says about 58 billion dollars. That's a planned budget, that's not actually spent. What I specifically do is dissect that information in such a manner to help address and integrate specific questions for CIOs to be more efficient in their IT acquisitions."

Spencer noted that his role is to support Cross-Agency Priority Goal 7, which aims to reduce fragmentation in government spending. He said that GSA is working to create a simple framework and questions that need to be answered to help understand the landscape of IT. He noted the importance of having interoperable data to find what different agencies are doing and compare the information, but that it remains a complex issue.

"We are the single largest IT buyer on the globe, but we buy like we are thousands upon thousands of small companies," Spencer said. "The ability to make sense of all those base contracts and help decisionmakers with a level of confidence, and those of you in IT know that happens to be through executive language..., that's what I do, is create language in such a manner with data to allow those people making decisions to actually give them the information they need to make decisions," he added.

Spencer shared some insights that GSA has found along the way, both through data and discussions.

"People are generating data through acquisitions in very diverse manners," he said. "It varies from collecting no data, to using PDFs, to very finite data elements. We're finding various anomalies that result in different price points for commodities. What we find in the data is (bulk) is not generally the best indicator," he added, citing a conversation with an executive who told him that late fiscal year orders disrupt the supply chain and add cost.

While some agencies may be fast movers in the race to build big data platforms, others are carefully laying the groundwork for truly impactful initiatives.

When it comes to electronic health records (EHR) at the Pentagon, "we haven't been able to aggregate, make interoperable, or do machine learning on that data. My job is to try and help fix that," said Colonel John Scott, data manager at the Defense Health Agency. As a clinician himself, Scott noted the frustration around those lack of deeper insights. "The biggest challenge is to get all of the data in an integrated data platform, where we really understand it and make it work together. We're doing that in the DoD, and the Veterans Administration (VA) is also doing that, and if we can do that very smartly together, we'll have one of the largest, most powerful clinical datasets in the world...but we're struggling to do that."

Scott emphasized that DoD was not helpless at the moment. "It's much better than it would appear if you only watched the congressional hearings," he said. He pointed to the capabilities of the common standards in the department's Joint Legacy Viewer, and the common electronic filing cabinet standards. "But what we can't do, which is really important, is that we don't have big data analytics."

The potential of an interoperable DoD-VA EHR database presents some extremely compelling use cases.

“We are going to study everybody who has had to leave the military because of healthcare concerns, look at their records, look at what might have been in their medical records that could have predicted that, and then we get into prevention and emerging risk,” said Scott. “We were asked, based on an executive order, to do a better job of identifying veterans who are at risk of negative outcomes after leaving the military. We collaborated with VA trying to link all of our data together, and looking at those persons’ records and finding out what we can in their military record and target for prevention in their last year in the military and in the transition. We have a lot of promise.”

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

“Suicide is a significant national public health problem, especially among [people with lung cancer] and among veterans. As a result, manifestations of this impact — like social isolation, depression and anxiety — can go undiagnosed and untreated,” Donald Sullivan, MD, MA, MCR, assistant professor of medicine at Oregon Health & Science University School of Medicine and core investigator at Center to Improve Veteran Involvement in Care at Veterans Affairs Portland Health Care System, said in a press release.

Sullivan and colleagues assessed the impact of palliative care, which aims to relieve physical pain and address psychological issues, on suicide rates among 20,900 veterans diagnosed with stage IIIB or stage IV lung cancer included in the VA Central Cancer Registry.

Results showed 30 patients (0.14%) committed suicide, a rate more than five times greater than the average among all age- and sex-matched veterans who use VA health care.

Patients who received at least one palliative care visit after diagnoses were 81% less likely to die by suicide.

HemOnc Today spoke with Sullivan about why the risk for suicide among veterans with lung cancer is so great, how he and his colleagues conducted the study, the potential implications of the results, and ways clinicians can respond in their practice.

Question: Can you explain the prevalence of suicide among veterans with lung cancer?

Answer: Among patients with lung cancer in my study, it was about 210 per 100,000 person-years. In the general population, the suicide rate is about 13 per 100,000 person-years.

Q: Why is the risk so much higher in this subgroup?

A: Patients with lung cancer — compared with those who have other types of cancer — have high symptom burden, including both psychological and physical symptoms that impact their quality of life. Additionally, patients with advanced-stage lung cancer have a poor prognosis, which can spur feelings of hopelessness. There is a lot of stigma around a lung cancer diagnosis because, in most cases, it is a self-inflicted disease and patients with lung cancer tend to not share their diagnosis until the very end of life. They, therefore, do not have a lot of support.

Q: How did this study come about?

A: I am a health services outcomes researcher, and more recently I have been focusing on how to improve the quality of care among patients with lung cancer, especially in the VA. I had been looking at use of palliative care in our database and I found remarkable and unexpected results.

Q: How did you conduct the study?

A: These data — which come from a large, retrospective, observational study — were derived from a database of about 25,000 patients with advanced-stage lung cancer treated across the national VA health system from 2007 to 2013. This database was devised from a VA cancer registry, a well-validated source. I connected it with some other data registries, one of which is a suicide data repository within the VA.

Q: What did you find?

A: The incidence of suicide among patients with advanced-stage lung cancer is very high. Compared with the general U.S. population, and with other veterans within the VA who do not have advanced-stage lung cancer, the suicide rate is about 5.8 times higher among those with advanced lung cancer. The other main finding was the association between receipt of palliative care and a reduced risk for suicide. This has not been looked at before.

Q: What are the clinical implications of the findings?

A: It is not routine to screen patients diagnosed with lung cancer for suicidal ideation. Depressive symptoms are common among individuals with lung cancer, and we should be screening for them. However, suicide is not always linked to depression. If we just screen for depression, we are going to miss a subset of patients who are contemplating suicide. I think we will miss patients with screening for suicide ideation, but I think the realization that this is a significant problem is the first important step in how to devise solutions. Another major implication is the importance of palliative care, which is underutilized within this patient population. Realizing how important this is for advanced cancers and serious illness is key.

Q: What is the take-home message for clinicians?

A: I think we need to realize that patients with advanced disease are potentially at high risk for suicide, and we need to start thinking about ways to help these folks. We need to do a better job identifying the physical and psychological symptoms and addressing those with our patients when treating these diseases. Earlier initiation and utilization of palliative care is needed because it could offer tremendous benefit to our patients. — by Jennifer Southall

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday.

The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

"If it were not for our state and tribal cemeteries we would not be able to reach the number of veterans we do across the country in providing dignified burial options for veterans and their families within 75 miles of their homes," said Randy Reeves, Under Secretary for Memorial Affairs for the National Cemetery Administration.

"Just last year over 22 percent of total internments across the nation were done by state and tribal cemeteries. We wouldn't have that access for veterans and their families if it weren't for professionals just like these who do this work each and every day."

Every day, four internments take place at the cemetery, where staff prepare the grounds, lower the caskets, replace the earth and even sod over the area so a visitor would never know an internment has just taken place.

In 2016, the VA awarded a \$3.67 million expansion grant for the Bear cemetery, which provides a final resting place for 45,000 Delaware veterans and their eligible family members.

"This (award) means our cemetery employees are being recognized for the hard work they do on a daily basis," said Larence Kirby, executive director of the Delaware Commission of Veterans Affairs.

"It's not easy dealing with the sadness, and the physical labor of maintaining a cemetery, and unfortunately, a lot of folks overlook that. So the award reflects their ability to comfort loved ones and prepare a site for eternal rest."

Gov. John Carney also attended the ceremony.

"This space, there's something very peaceful and restful about it. It is often the case a slight breeze blows from the west to the east, and somehow you can feel the spirit of the veterans who are buried here and for what they represented," he said. "We couldn't be prouder, I couldn't be prouder as governor, of the individuals who carry out this responsibility so well here at our veterans cemetery."

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6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

The subcommittee on economic opportunity will hold an oversight hearing on Wednesday, Nov. 14 at 2:00 p.m. in Washington, D.C. in what will be a highly anticipated hearing for anyone still owed money.

"It is of great concern to me that there continues to be excessive GI Bill payment delays and that VA remains unable to properly implement the necessary changes to the system that were outlined in the Forever GI Bill," Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, said in a statement.

"It is of utmost importance that we hold this oversight hearing to get to the bottom this problem and ensure that VA is working to swiftly correct these errors."

More information, including a witness list, will be made available in the coming weeks. For now, hundreds of thousands of student veterans have had delayed GI Bill housing payments, forcing many to take out emergency loans, borrow money from friends and family, or fall behind on their bills.

The issue stems from a series of technological glitches in implementing The Harry W. Colmery Veterans Educational Assistance Act, dubbed the "Forever GI Bill," signed into law last year.

Roe's announcement comes the same day as the VFW called for a hearing on the matter. In a letter to the leadership of the VA Congressional committees, the group's national legislative director Carlos Fuentes writes, "VA officials repeatedly vowed that students and schools would receive payments on time and, while the amounts may not be correct, veterans would not be harmed."

He continues, "Yet, VA has consistently missed its deadlines and has failed to properly notify stakeholders and affected beneficiaries."

"Our top priority continues to be helping those students facing a financial hardship because of delayed (monthly housing allowance) payments connect with VA or other resources that might be able to assist them to alleviate their hardship," Barrett Bogue, vice president for public relations of Student Veterans of America, tells Connecting Vets.

The VA, along with several veterans' organizations, urge affected veterans to contact VA's customer service number at 888-442-4551.

Terrence Hayes, a spokesman for the VA, said as of Oct. 22, their continuing processing of educational claims is 132,108, which is a 48 percent increase over the same time last year. "While the inventory has been decreasing in recent days, VA expects to experience higher than normal inventory through the remainder of the year," says Hayes.

To combat this swell of pending claims, Hayes says some VA employees are working mandatory overtime and added more than 200 additional workers to reduce the processing

times. "With these measures in place we are processing an average of more than 16,000 claims per day," he adds.

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7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting.

David J. Thomas Sr., deputy executive director of the Department of Veteran Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

"It was just a beautiful print that I had purchased, and I thought it was very nice," he told her Monday.

Curt Cashour, a VA spokesperson, said: "Thomas immediately took down the print in question — a work by noted historical artist Don Stivers — and the matter is resolved."

What's the point of noting that it is a "work by noted historical artist Don Stivers"? That does not weaken the umbrage. The print would be just as offensive in a government office if it were a Michelangelo.

How clueless, or indifferent, Thomas must be to his colleagues, including those who have filed discrimination and retaliation complaints against him, though not because of the print. Those colleagues include African Americans, whose ancestors would have suffered even longer in slavery had Forrest and his troops won the Civil War. After their defeat, the domestic terrorism of intimidation, violence and lynching against black Americans were the proud calling cards of his KKK.

But it is not just black people who oppose Confederate glorification. All patriotic Americans should reject honoring those who attacked and killed U.S. troops in defense of slavery, secession and white supremacy. Forrest and his colleagues were not tried as traitors, as they could have been, but their actions certainly fit the constitutional definition of treason: "Treason against the United States, shall consist only in levying War against them, or in adhering to their Enemies, giving them Aid and Comfort."

That's a major reason it is insane for the U.S. government to honor Confederates by naming Army bases for those who attacked and killed U.S. troops.

A 2015 Time magazine article talked about the "historical amnesia" that allows the Pentagon to have 10 Army bases named for Confederate officers. All are in the South. Three are in neighboring Virginia. The 10 are:

- Camp Beauregard, La., honoring Gen. Pierre-Gustave Toutant Beauregard
- Fort Benning, Ga., honoring Brig. Gen. Henry Benning
- Fort Bragg, N.C., honoring Gen. Braxton Bragg
- Fort Gordon, Ga., honoring Lt. Gen. John Brown Gordon
- Fort A.P. Hill, Va., honoring Lt. Gen. A.P. Hill
- Fort Hood, Tex., honoring Gen. John Bell Hood
- Fort Lee, Va., honoring Gen. Robert E. Lee
- Fort Pickett, Va., honoring Maj. Gen. George Pickett
- Fort Polk, La., honoring Lt. Gen. Leonidas Polk
- Fort Rucker, Ala., honoring Col. Edmund Rucker

Asked why the Pentagon would honor people who killed U.S. soldiers, Heather Babb, a Defense Department spokesperson, said “at this time, there is no discussion of renaming any DOD installations.”

Rep. Yvette D. Clarke (D-N.Y.) tried to get the discussion going last year, when she introduced the appropriately named “Honoring Real Patriots Act of 2017.” It would require the Defense Department to change the names of military installations “currently named after any individual who took up arms against the United States during the American Civil War or any individual or entity that supported such efforts.”

Clarke said “the time has come for the Army ... to remove the disgraced names of men who waged war against the United States to preserve the evil institution of slavery. Monuments to the Confederacy and its leaders have always represented white supremacy and a continuing attempt to deny the basic human rights of African Americans.”

Her legislation went nowhere in a Republican-controlled Congress.

Two years ago, VA acted, announcing that “Confederate flags will not be displayed from any permanently fixed flagpole in a national cemetery at any time.” Small rebel flags on individual graves are permitted on the U.S. and Confederate memorial days.

“We are aware of the concerns of those who wish to see Confederate flags removed from public venues because they are perceived by many as a symbol of racial intolerance,” said VA’s letter to Rep. Jared Huffman, a California Democrat, who sponsored legislation calling on VA to remove the flags.

Confederate symbols do represent white supremacy, as Clarke said, and are symbols of racial intolerance, as VA’s letter indicated.

But defining opposition to the names and flags as a racial thing, as important as that is, does not go far enough.

The names and flags honoring the Confederacy venerate traitors. The Pentagon should know better.

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7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday.

David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

Thomas, who is deputy executive director of the department's Office of Small and Disadvantaged Business Utilization, a unit that certifies veteran-owned businesses for government contracts, told the newspaper that he knew Forrest only as "a southern general in the Civil War."

Several of Thomas's colleagues have accused him of racism. Three of them have pending racial discrimination charges against him, the Post reported.

John Rigby, the lawyer representing two of those employees, told the Post that they believe the portrait shows Thomas is hostile towards African Americans.

"You don't hire someone who puts a picture of the Klan in his office unless you're [racist]," Rigby told the newspaper.

VA spokesman Curt Cashour in an email to the Post wrote that the VA "strives to create a workplace that is comfortable and welcoming to all employees."

"[Thomas] received no complaints from his fellow employees and only learned about these concerns from The Washington Post ... Thomas immediately took down the print in question," Cashour said. "The matter is resolved."

A petition demanding the portrait's removal had 75 signatures as of Monday, according to the Post. The petition was started by the local VA chapter of the American Federation of Government Employees, which represents employees the agency.

"We employees denounce the display of this offensive picture and believe appropriate action should be taken," the petition says.

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7.3 - The Hill: [White House rejected Democratic candidates for nonpartisan board: report](#) (23 October, Michael Burke, 11.4M uvm; Washington, DC)

The White House this summer rejected half of the candidates for the nonpartisan Board of Veterans' Appeals after asking for the candidates' party affiliations, The Washington Post reported Tuesday.

The Post, citing documents, reported that the White House required candidates for the board to disclose their party affiliations "and other details of their political leanings" before determining whether to accept them. The candidates were nominated to serve as administrative judges on the board.

The Board of Veterans' Appeals, which is part of the Department of Veterans Affairs, determines whether injured veterans are entitled to benefits.

The questions the White House asked about the candidates' party affiliation and political leanings had not been asked of candidates in the past, according to the Post.

The rejected candidates consisted of three Democrats and one independent, according to the newspaper. The accepted candidates, who were sworn in last week, were made up of three Republicans and one person who isn't registered with a party but has voted in Republican primaries, the Post reported.

One candidate told the Post that candidates were required to submit links to their social media pages and say whether they had ever given a speech to Congress, spoken at a political convention, appeared on talk radio or published an opinion piece in either a conservative or liberal outlet.

Although the denied candidates weren't told why they were turned away, their rejections have caused concern among current and former officials in the Department of Veterans Affairs, according to the Post.

VA spokesman Curt Cashour told the Post that the rejections were part of a vetting process of candidates, noting that in 2016 two judges on the board and three attorneys were found to have sent racist and sexist emails.

"Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board," Cashour told the newspaper in an email. "This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting."

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7.4 - WEWS (ABC-5, Video): [Cleveland man arrested again for illegally scrapping at former Veterans Affairs hospital complex](#) (23 October, Jordan Vandenberg, 24k uvd; Cleveland, OH)

BRECKSVILLE, Ohio - A 42-year-old Cleveland man is facing charges after Brecksville police allegedly caught him scrapping at a former Veterans Affairs hospital for the second time.

For more than five decades, the former VA hospital complex in Brecksville provided care for soldiers returning home from war. However, since it closed in 2011 keeping illegal scrappers and trespassers out of the massive property has been a battle in itself for Brecksville police.

On Sunday, officers arrested Paul Stanbaugh — a man with prior convictions for illegal scrapping after he allegedly tried to steal thousands of dollars' worth of insulated copper wiring.

Stanbaugh is being held on a \$500,000 bond on charges of theft, breaking and entering, possession of criminal tools and trespassing.

Police arrested Stanbaugh on Sunday night after officers reported finding several coils of insulated copper wiring in his trunk, which was parked near a building on the expansive property, according to a Brecksville police report.

A patrol officer was conducting a special attention check on the property due to prior occasions in which people had been trespassing and stealing copper, the report states. When the officer pulled onto the property, he reported seeing Stanbaugh's vehicle parked behind the tall grass, the report states.

Stanbaugh allegedly told the officer that he was bow hunting on what he believed was private property. However, the officer stated that Stanbaugh did not have any hunting equipment in his vehicle. Instead, the officer reportedly found the large coils of copper wiring, estimated to be worth thousands of dollars. The report states the responding officer also found two additional copper wire coils hidden in the tall grass.

Stanbaugh had been previously arrested and convicted of breaking and entering the complex several years ago, according to police records.

"Paul stated that he was on hard times and came back to the property to retrieve what he had previously stashed," the report states. "Paul stated that he and his father are near poverty... He doesn't like stealing from people. He's was there [Sunday] just to get by."

Sergio Digeronimo, the prosecutor for the City of Brecksville, said he could not comment on the case because it is still an active investigation. However, Digeronimo said the 103-acre former VA hospital complex has been a frequent target for copper thieves and thrill-seekers looking to explore the vacant buildings that dot the property.

"It's been a challenge. The past several years there have been numerous attempts to bring precious metals out of the building to be scrapped, things like copper," Digeronimo said. "Police have been very successful in the interdiction of that scrapping activity."

Not only is the scrapping activity illegal but it is also extremely dangerous, Digeronimo said.

"There's zero tolerance for any trespassing on the property, principally because it is simply too dangerous to be there," Digeronimo said.

After years of negotiations, the City of Brecksville finally obtained ownership of the property earlier this year as part of a massive redevelopment effort of the entire complex. The multi-million dollar endeavor will turn the historic hospital site into a mixed-use development, featuring office, retail and restaurant space. All of the buildings on the property will be demolished over the next two years as part of the Valor Acres project.

Some demolition work is already underway, placing a greater emphasis on trying to keep people out, Digeronimo said.

"It's very dangerous to be on those premises now that there are construction crews. The buildings are in a grave state of disrepair. They present a significant danger to anybody," Digeronimo said. "There are hazardous materials in there that have been exposed to the elements for a period of time. Because of the scrapping activity, there are a lot of voids that would not be detectable."

Police will continue their specialized patrols around the area while demolition and construction work continues. There is also concern that ghost hunters may try to enter the property for paranormal investigations with Halloween just around the corner. However, the zero-tolerance policy will still apply.

"It's going to be a fantastic asset to the City of Brecksville but until then, the public is asked to enjoy the development from a distance," Digeronimo said.

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7.5 - Nevada Current: [Heller misses more than half of Veterans Affairs hearings](#) (23 October, Dana Gentry, 2k uvm; NV)

U.S. Senator Dean Heller, who has made support of veterans a prominent part of his reelection campaign and its advertising, has missed more than half of the Senate Veterans Affairs Committee hearings at which his presence or absence can be determined during his Senate tenure.

From 2013 through today, Heller missed 48 out of 86 hearings in which his attendance is apparent through transcripts and videos.

Heller's attendance cannot be ruled out or substantiated at an additional 22 hearings. His Senate office did not respond to questions from the Current regarding his attendance.

Heller's attendance record is not unusual; transcripts and videos show that the committee hearings are routinely sparsely attended.

And Veterans Affairs Committee hearings aren't the only hearings that routinely attract light attendance from senators. Committee hearings often only have a few members present, especially when senators have competing committee work scheduled the same day.

Heller missed Veterans Affairs hearings on pending healthcare legislation and more.

On September 10, 2013, Heller missed a joint hearing of the House and Senate Veterans Affairs committee at which the American Legion, the nation's largest veterans service organization, laid out its legislative priorities, including health care, Post-Traumatic Stress Disorder, suicide prevention and job training.

Heller failed to attend the annual presentation again in 2014, 2015, 2016 and 2018. It's unknown whether he attended in 2017.

"For us on the House and Senate Veterans committee, to do our jobs well, we need to hear from you and the other veteran organizations," U.S. Senator Bernie Sanders, the chairman of the

committee at the time, told those testifying at the hearing in 2013. “You are on the ground. You deal every day with veterans who know what’s working in the VA and who know what’s not working. You work with veterans who have ideas on how to improve the system.”

In March of 2013, Heller missed a hearing on ensuring access to high-quality mental health care.

In April of 2014, Heller missed a hearing on the problems and solutions associated with over-medicating veterans.

In March of 2015, Heller missed a hearing on VA prescribing of opioids.

In May of the same year he missed a hearing on the care of paralyzed and blind veterans.

He missed the legislative priorities presentation from paralyzed veterans in May of 2015.

This year, on February 27 and 28, Heller missed consecutive Veterans Affairs hearings but met in his D.C. office with officials from the Nevada Broadcasters Association, Nevada Public Television and the Reno Chamber of Commerce.

On March 21, Heller failed to attend a hearing on the Veterans Programs Budget, but met in his D.C. office with representatives of an air ambulance company from Henderson, an official from the ALS chapter of Nevada, who shared the organization’s legislative priorities, and with Rossi Ralenkotter of the Las Vegas Convention and Visitors Authority.

Heller, a Republican, is running ads criticizing his opponent, U.S. Rep. Jacky Rosen, a Democrat, for missing a vote on veterans to attend a “photo op” at the U.S. and Mexican border. Rosen did miss the vote, which was on the suspension calendar, meaning it was already expected to garner overwhelming support. Heller also distributed a news release claiming Rosen “skipped out” of work. On the day of the vote, Rosen was visiting a facility for unaccompanied minors who immigrated to America.

Politifact rates Heller’s claim Mostly False.

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Veterans Affairs Media Summary and News Clips

24 October 2018

1. [Top Stories](#)

1.1 - The Washington Post: [‘I thought it was very nice’: VA official showcased portrait of KKK’s first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan’s first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

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1.2 - The Washington Post: [‘I’ve never seen these positions politicized’: White House rejection of veterans judges raises concerns of partisanship](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

The Board of Veterans’ Appeals has long filled a nonpartisan role in the federal government, run by dozens of judges charged with sorting through a thicket of regulations to determine whether an injured veteran is entitled to lifetime benefits.

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1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

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1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management. Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

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2. [Improving Customer Service](#)

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers. Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

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2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#) (23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

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2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#) (23 October, Alison Wickline, 169k uvm; Roanoke, VA)

The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base. "Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

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2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#) (23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)

As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville. What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

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2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#) (23 October, Jami Seymore, 55k uvm; Amarillo, TX)

From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

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2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#) (24 October, Joe Vaccarelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments. Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

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2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#) (23 October, Evan Hensley, 32k uvm; Tupelo, MS)

The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available. Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

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2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

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2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community. On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

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3. [Business Transformation](#)

3.1 - Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week. The van at New Hyde Park's Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

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3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear. The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute. The VA currently operates out of a temporary clinic behind the Honey Creek Mall.

Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

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3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

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3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday. "Our veterans advisory committee," Bosworth said, "they've been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need."

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3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for. Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

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3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Spirit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it. "What we've seen is amazing, great reductions in PTSD symptoms," as well as notable overall improvements in wounded warriors, he said.

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4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem's IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday. The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

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6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

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7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting. David J. Thomas Sr., deputy executive director of the Department of Veteran Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

[Hyperlink to Above](#)

7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday. David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

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7.3 - The Hill: [White House rejected Democratic candidates for nonpartisan board: report](#) (23 October, Michael Burke, 11.4M uvm; Washington, DC)

The White House this summer rejected half of the candidates for the nonpartisan Board of Veterans' Appeals after asking for the candidates' party affiliations, The Washington Post reported Tuesday.

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7.4 - WEWS (ABC-5, Video): [Cleveland man arrested again for illegally scrapping at former Veterans Affairs hospital complex](#) (23 October, Jordan Vandenberg, 24k uvd; Cleveland, OH)

A 42-year-old Cleveland man is facing charges after Brecksville police allegedly caught him scrapping at a former Veterans Affairs hospital for the second time. For more than five decades, the former VA hospital complex in Brecksville provided care for soldiers returning home from war. However, since it closed in 2011 keeping illegal scrappers and trespassers out of the massive property has been a battle in itself for Brecksville police.

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7.5 - Nevada Current: [Heller misses more than half of Veterans Affairs hearings](#) (23 October, Dana Gentry, 2k uvm; NV)

U.S. Senator Dean Heller, who has made support of veterans a prominent part of his reelection campaign and its advertising, has missed more than half of the Senate Veterans Affairs Committee hearings at which his presence or absence can be determined during his Senate tenure. From 2013 through today, Heller missed 48 out of 86 hearings in which his attendance is apparent through transcripts and videos.

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1. [Top Stories](#)

1.1 - The Washington Post: [‘I thought it was very nice’: VA official showcased portrait of KKK’s first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan’s first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

David J. Thomas Sr. is deputy executive director of VA’s Office of Small and Disadvantaged Business Utilization, which certifies veteran-owned businesses seeking government contracts. His senior staff is mostly African American.

Thomas said he took down the painting Monday after a Washington Post reporter explained that its subject, Nathan Bedford Forrest, was a Confederate general and slave trader who became the KKK’s first figure-head in 1868. He said he was unaware of Forrest’s affiliation with the hate group, which formed after the Civil War to maintain white control over newly freed blacks through violence and intimidation.

A basic Google search of Forrest’s name returns various biographies detailing his role in the Confederacy and the white-supremacist strains of its aftermath.

“It was just a beautiful print that I had purchased, and I thought it was very nice,” Thomas said. He said he knew of Forrest only “as a Southern general in the Civil War” and kept the portrait in his basement before decorating a new and larger office at VA’s administrative headquarters a few months ago.

Thomas, who has worked at VA since 2013, is a civil servant employed by the federal government — not a political appointee posted there by President Trump, whose supporters include members of white-nationalist groups. Trump was criticized for his tepid reaction to last year’s deadly protest of white nationalists in Charlottesville.

The painting, by artist Don Stivers, shows Forrest wearing a gray military uniform and astride a horse. It is titled “No Surrender” and depicts the general fleeing a snowy Tennessee battlefield in 1862.

“I don’t know what to do with this thing,” Thomas told The Post, “except to destroy it.”

A manager who reports to Thomas disputed part of his account, saying the Forrest portrait was displayed in Thomas’s previous office also, starting in 2015. When he moved offices in recent months, Thomas directed VA’s maintenance staff to install an electrical outlet high on the wall so he could illuminate the portrait, said the manager, Michelle Gardner-Ince.

Thomas’s staff includes 14 managers, nine of whom are black.

Racial tensions have flared between Thomas and several of his employees, at least three of whom have pending claims of racial discrimination against him. An attorney representing two of

these employees said the portrait is evidence that Thomas is not comfortable around African Americans.

"You don't hire someone who puts a picture of the Klan in his office unless you're" racially insensitive, said the lawyer, John Rigby.

Gardner-Ince, a program manager with a case against Thomas pending before the Equal Employment Opportunity Commission alleging he retaliated against her for complaining about a poor performance review, said she spoke with Thomas several years ago about the art in his office, which also includes a portrait of George Washington praying next to his horse during the Revolutionary War at his encampment at Valley Forge.

"He said, 'My wife told me I shouldn't put this picture up,' " pointing to the Forrest portrait," Gardner-Ince recalled, " 'but I said, I don't care; I like it.' "

"It's been there for a long time," she said.

Thomas did not respond to follow-up questions about his conversation with Gardner-Ince.

The portrait's significance apparently had not come to the attention of Gardner-Ince or the other managers Thomas supervises until last week, when a union steward attending a meeting in Thomas's office recognized Forrest as a founding member of the KKK. The union steward was aghast, a colleague told The Post, as VA has thousands of black employees who care for an increasingly diverse population of military veterans.

The local VA chapter of American Federation of Government Employees, which represents employees at VA's central offices, drew up the petition this week demanding the portrait's removal.

"We employees denounce the display of this offensive picture and believe appropriate action should be taken," the petition says, describing Forrest as not only the KKK's first grand wizard but also the commander of an 1864 massacre of Union troops, most of them black, who surrendered after the Battle of Fort Pillow in Tennessee.

Douglas Massey, president of AFGE's Local 17, said he gathered 75 signatures on Monday in the headquarters cafeteria and plans to continue until he has 200, even though Thomas told The Post he took down the portrait. Massey said he found Thomas's explanation offensive and "hard to believe."

He described the decor in Thomas's office as "very deliberate and fastidious."

"That office could be a museum. There seems to be so much thought that went into decorating it," he said. "If I had a picture in my office of someone, I would want to know who it is."

VA spokesman Curt Cashour said in an email that the agency "strives to create a workplace that is comfortable and welcoming to all employees" and noted that in his first month as secretary, Wilkie signed a policy that ensures that VA "does not tolerate behaviors that interfere with an individual's work performance or that create an intimidating, offensive, or hostile environment."

"Achieving the secretary's goal relies in large part on individual judgment and common sense of employees at all levels," Cashour said.

He said, however, that Thomas “received no complaints from his fellow employees and only learned about these concerns from The Washington Post,” adding, “Mr. Thomas immediately took down the print in question . . . and the matter is resolved.”

Thomas questioned why the union official did not tell him that some people might find the portrait offensive and said that none of his employees ever complained about the portrait. “You know how many people I’ve had in and out of my office?” he said. “They say, ‘That’s a nice print.’”

A group of former Confederate soldiers formed the Ku Klux Klan in Tennessee in 1865 and later asked Forrest to be the first grand wizard. Forrest was recognized as a military strategist and in the last years of his life publicly denounced the violence and racism practiced by the Klan. During Reconstruction, he received a pardon from President Andrew Johnson, but he remains one of the most controversial figures of the Civil War era for his role in the Fort Pillow massacre.

Although public memorials were erected throughout the South to honor Forrest, many have been taken down amid the recent national furor over such statues.

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1.2 - The Washington Post: [‘I’ve never seen these positions politicized’: White House rejection of veterans judges raises concerns of partisanship](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

The Board of Veterans’ Appeals has long filled a nonpartisan role in the federal government, run by dozens of judges charged with sorting through a thicket of regulations to determine whether an injured veteran is entitled to lifetime benefits.

But this summer, the White House rejected half of the candidates selected by the board chairwoman to serve as administrative judges, who make rulings on the disability claims. The rejections came after the White House required them to disclose their party affiliation and other details of their political leanings, according to documents viewed by The Washington Post.

Such questions had not been asked of judge candidates in the past, according to former judges and board staff.

As part of the process, the candidates were asked to provide links to their social media profiles and disclose whether they had ever given a speech to Congress, spoken at a political convention, appeared on talk radio, or published an opinion piece in a conservative forum such as Breitbart News or a liberal one such as Mother Jones, according to one candidate, who requested anonymity because the person is not authorized to speak to the media.

The rejected applicants are three Democrats and an independent. Of the four accepted by the White House and sworn in last week, three are Republicans, and one has no party affiliation but has voted in GOP primaries, according to documents and interviews.

The rebuffed candidates were not given a reason. But their rejection has raised alarms among former and current officials at the Department of Veterans Affairs, where the appeals board — with about 90 judges and 800 attorneys — has always been viewed as nonpolitical.

“During my tenure, the White House approval was considered pro forma,” said Anthony Principi, who led the agency during George W. Bush’s first term.

“I certainly remember the chairman [of the appeals board] being political,” Principi said, “but the judges were career civil servants. They’re adjudicators.”

Ninio Fetalvo, a White House spokesman, referred questions to VA.

In an email, VA spokesman Curt Cashour said the rejections were part of an effort to improve the vetting of board candidates, after two judges and three board attorneys were discovered in 2016 to have sent racist and sexist emails.

“Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board,” Cashour said in an email. “This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting.”

He did not address whether party affiliation was a factor in the selection of the recent group of judges or whether the White House discovered any past misconduct.

The Trump administration has shown a zeal for installing loyalists in the nonpartisan civil service — for example, reassigning senior executives at the Interior Department, transferring dozens of career diplomats at the State Department to clerical work, installing loyalists in positions previously held by experts at a federal aid agency called the Millennium Challenge Corporation.

Employees in other offices at VA have faced transfers or reassignment because they were deemed to be out of step with the president’s priorities.

All eight candidates for the veterans appeals board were attorneys with years of experience in leadership roles at the appeals board. They were already serving as acting judges and were heavily vetted and recommended by the board chairwoman, Cheryl L. Mason, who was appointed by President Trump.

The rejections come as the board is steadily adding judges and attorneys to ease delays and fend off criticism and scrutiny from Congress for lengthy backlogs. Agency data show that veterans waited an average of three years for appeals to resolve in fiscal 2017 and that more-complex cases required an average of seven years.

“I’ve never seen these positions politicized,” said Douglas Massey, president of Local 17 of the American Federation of Government Employees, which represents attorneys and other appeals board employees. Before leading the local full time, he was one of the many attorneys who supported the appeals board judges.

During that time, “I had no idea who was a Democrat and who was a Republican,” Massey said. “To adjudicate these claims, you need the best and the brightest.”

In an announcement last week, VA Secretary Robert Wilkie said the four judges who were accepted would contribute to “better and faster service to veterans.”

“Bringing on additional judges means the Board will be better staffed to conduct hearings and decide appeals properly in a timely manner,” he said.

The new approach at VA comes as the White House for the first time turned another class of administrative judges from civil servants into political appointees, reflecting an emerging conservative legal movement to involve the president in naming government adjudicators.

Citing a Supreme Court decision, the Trump administration announced in July that administrative law judges, most of whom rule on disability claims for the Social Security Administration, would now be appointed by the president.

Veterans law judges, as the administrative judges are formally known, are coveted jobs, drawing a senior executive salary of between \$150,000 and \$174,000. The vast majority are hired from within the appeals board because the work is so specialized. Some attorneys make multiple attempts at promotion.

The Board of Veterans’ Appeals started in 1933 to handle appeals from veterans who were denied cash benefits connected to their military service. The judges are appointed by the VA secretary and approved by the president, but they are not considered political appointees and are supposed to be independent.

For decades, the White House has given the go-ahead to thousands of judge candidates sent over by the secretary. But that process apparently changed this year as the Trump administration prepared to hire its first group of judges.

As is customary, the eight attorneys were given background checks, submitted an extensive written application and were vetted by multiple interviewers, including the board chairwoman, Mason — a longtime board attorney and veterans law judge confirmed by the Senate in November 2017.

But before Wilkie could sign off on the candidates, the White House personnel office interceded, sending them the questionnaire. It asked, among other things, about the applicants’ party affiliation and their address on Election Day in 2016.

Veterans groups said that they were alarmed that the talent pool of potential judges could be shrinking and that they were concerned about further delays in adjudications.

“The idea that these judges may have been selected based on a political litmus test when we’re talking about taking care of veterans is very worrisome,” said John Hoellwarth, a spokesman for AMVETS. “The concern is that veterans are being denied qualified judges for purely political reasons while the VA suffers from a massive case backlog in appeals.”

Louis Celli, executive director of the American Legion, the country’s largest veterans group, said appeals board judges must be “career employees based on strong ethical standards who are highly qualified regardless of political affiliation.” The Legion has two dozen employees who work as advocates to help veterans navigate the appeals system.

Current and former board staff members and former VA secretaries said they could not recall a time when such inquiries into partisan affiliation during the application process were made.

Robert McDonald, a Republican before he was chosen by then-President Barack Obama as his second VA secretary, oversaw the hiring of 26 judges at the end of the administration. “I never thought of this as a politically appointed position, just because they’re sent through the White House,” he said.

“Our priority was serving veterans,” McDonald said. “The only way to get appeals down was to hire more judges, and the best available regardless of political affiliation.”

The judges who survived the White House gantlet — William Donnelly, Evan Weichert, Cynthia Skow and Lauren Cryan — and those who did not — Karen Kennerly, David Gratz, John Hutcheson and Jebby Rasputnis — were senior board attorneys with six to 12 years of experience in veterans law.

They all were serving as acting judges because of the shortage. Kennerly, one of the rejected applicants, had for years been in charge of training attorneys at the board.

“I have no idea why the others didn’t make it through,” said Donnelly, who was accepted, “but I have the highest respect for their legal acumen.”

He said, though, that ultimately the decision was the president’s.

“It’s a very specialized area and we have a more limited pool of resources now, but the fact is we work for the president and he has the responsibility and duty to select the people most qualified to pursue the vision for the department he sets forth.”

Most of the others declined to comment or did not return phone calls.

Donnelly said the board is now considering new candidates.

In recent years, the board has seen a crush of new appeals as claims generated as a result of rules changes and as department turmoil piled up.

VA paid about \$72 billion a year to about 4.5 million veterans in fiscal year 2017. But more than 400,000 veterans whose claims were denied in whole or in part have flooded the antiquated appeals system, where claims involving simple and complex cases are mixed together.

The growing wait times prompted Congress to pass broad overhauls in 2017 that will divide up the cases by their level of complexity to streamline the approval process and stem the delays. The changes take effect in February.

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1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

A team of independent Pentagon investigators gave another poor grade to the MHS Genesis electronic health record implementation in the Pacific Northwest, according to sources familiar with an executive briefing on the report.

The Initial Operational Test and Evaluation at Madigan Army Medical Center, just outside Lakewood, Wash., found MHS Genesis remains "not effective and not suitable" — conclusions similar to those reached in an April report on three other sites, in Spokane and the Puget Sound. The latest report also said MHS Genesis was "not interoperable," according to two individuals who saw a summary briefing provided to Stacy Cummings, the DoD official in charge of the project.

Despite the negative assessment, the surgeons-general of the four military branches have signed off on moving forward with MHS Genesis, which is running at the four Northwest sites and is planned to go live at three additional bases in California and one in Idaho next year, the two sources said.

A Pentagon official said that while Cummings has been briefed on the findings, the final report was not finished. "I expect the report to recognize significant system improvement" in response to problems that were broadcast in the April report, said David Norley, Cummings' executive assistant.

Officials planning the next stage of the implementation are increasing training of clinicians and will have more Cerner experts on site to assist with problems. Already, officials running the implementation have reduced the average time required to respond to complaints from 84 days to fewer than six, Norley said.

But one Pacific Northwest doctor, speaking on condition of anonymity, said the fixes still required too much time. Military clinicians who attended Cerner's annual conference in Kansas City earlier this month were impressed by the company's capabilities, the doctor said, "but we're lagging way behind where we should be because our processes aren't agile enough. We'll get there, but it's going to take time and money."

It isn't clear how much the military intends to change MHS Genesis in response to complaints about usability and other issues, but Norley said the current version will be improved. In any case, he said, "the baseline solution allows more data sharing, greater patient safety features, and more cyber security protection than the legacy system it replaces."

A Cerner spokesperson declined to comment on the report.

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

It's not clear how much the systems will be allowed to diverge. More similarity could mean easier transmission of patient data between DoD and VA facilities. Yet the two services meet drastically different needs for active-duty troops and veterans.

To this point, the chief of the House Veterans' Affairs subcommittee overseeing the EHR deal complained in an Oct. 10 letter to acting VA Deputy Secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house project to create an open API platform into the VA's health system.

Rep. Jim Banks (R-Ind.) wrote that it was important for the VA to "future-proof" its Cerner acquisition with the technology so it can import software and apps that may go beyond what Cerner can provide.

VA spokesman Curt Cashour said the agency would respond to Banks' request for information about whether the agency was still committed to the open API pledge.

VA recently issued a list comparing the Cerner modules in its contract with those in MHS Genesis.

Notably, the VA has enhanced specialty services like radiology, labs and cardiology, more interoperability functions as well as prescription drug monitoring, population health and administrative software, largely absent from MHS Genesis.

The VA contract with Cerner and its partners is approximately \$10 billion, while the DoD contract currently is \$4.3 billion.

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1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

BROOKLYN, N.Y. — After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management.

Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

Last June at a Brooklyn Film Festival screening of "Fail State" — a new documentary by Alex Shebanow that highlights ways for-profit colleges have exploited veterans and vulnerable students — Andrews spoke about his experiences at the University of Phoenix, the for-profit school where he received a degree in business management. He chose the school because his Walmart colleagues taught there, and university administrators encouraged him to use the GI bill, which covered some of his costs. They even helped him fill out required paperwork.

"You can tell there was a focus that I get approved," said Andrews. When the GI bill did not cover all his tuition, Andrews applied for federal student loans, graduating six years later with his business management degree — and more debt than he could handle.

"The level of harm that is being done [to] students is just staggering," said filmmaker Shebanow. "The tragedy of this is, if for-profits had done what they said they were doing, we wouldn't have to make this film."

A spokesperson for the University of Phoenix did not respond to interview requests. Steve Gunderson, president of the Career Education Colleges and Universities, a membership organization of for-profit schools, called the film "disappointing."

“Veterans continue to come to our schools because they can get an accelerated, focused, academic program that moves them quickly from the battlefield into the workplace in a career of their choosing,” Gunderson said. “That would not happen if we destroyed veterans’ careers.”

A Century Foundation report in May found that college fraud claims have increased 29 percent from August of last year. Ninety-eight percent of those claims involve for-profit colleges.

Veterans Education Success, a nonprofit providing free legal assistance to student veterans, also released a report last year showing that for-profit schools are targeting student veterans even as these institutions’ non-military enrollment has declined.

In order to capitalize on GI bill dollars, these schools took advantage of a loophole in a federal law that bars for-profit institutions from obtaining more than 90 percent of their revenue from federal aid. Under the loophole, the schools were able to count GI bill money as private dollars, meaning they disproportionately profited from enrolling veterans.

“That regulation alone provided a perverse incentive for schools to really target veterans,” said Tyson Manker, an attorney at Veterans Education Success who attended the screening. “They wanted to get [the veterans] in classes because the most important thing to them was to collect the federal education benefit, the GI bill for veterans.”

Indeed, that’s what a Senate report from 2014 found: Some 66 percent of veterans who attended for-profit colleges using their GI bill benefits left the program without a degree. Four of the 10 schools described in the report failed to provide job placement services that allowed students to repay loans they took out to supplement the GI bill.

Like Andrews, Navy veteran Milo Jones, 46, also found himself heavily in debt after completing a degree in information technology from the now-defunct ITT Tech. The school made a point of helping him apply for GI bill benefits and loan applications and promised to help him find a good job. He was working full time to support his family and thought he’d chosen the fastest and best route.

“At the time I thought ‘OK, they’re really going to help me maneuver it,’” said Jones. “But once you have your GI bill, they know they’re going to get paid.”

Jones completed his degree in 2015, graduating with both bad debt — his loans total \$40,000 — and bad credit. “Unfortunately, when you take the easy way out, those are the consequences,” Jones said. He is now a data analyst at Rikers Island.

The film also follows the collapse of the for-profit chain Corinthian Colleges by tracing the Obama administration’s establishment of an investigative team to look into wrongdoings of for-profits. Any crackdown on such schools ended with President Donald Trump’s appointment of Betsy DeVos; the new U.S. secretary of education has dramatically scaled back such regulations. Noted attorney Manker, DeVos “turns it back into the Wild, Wild West.”

DeVos has defended for-profit schools, maintaining that the U.S. needs to “expand, not limit, paths to higher education for students, while also continuing to hold accountable those institutions that do not serve students well.”

Shebanow said he plans to screen his film in veteran communities across the country.

"A lot of people who are well-intentioned are getting ruined by these institutions," he said. "We need a public outcry to put an end to this."

Jones, the Navy veteran, agrees. After the screening, he went home to warn his high-school son about for-profit schools.

"I wish he could have seen this film because he is about to start his college search," said Jones. "I let him know, 'We're not going to do that, you're going to a regular college.'"

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2. Improving Customer Service

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers.

Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

Merritt's parents, Carol and Steven Merritt, sued the hospital in 2016, claiming negligence after VA doctors failed to monitor his reaction to prescribed medication.

The settlement, set out in court papers filed this month in U.S. District Court in Nashville four years after Merritt's death, is a compromise of disputed claims, done to avoid the expenses and risks of further litigation.

"No amount of money will ever replace Aaron," Carol Merritt said in an interview with USA TODAY NETWORK - Tennessee. "We struggled through a lot of bureaucracy. A part of our lives and the grieving process were put on hold. But we didn't want Aaron to be forgotten and we knew what happened to him wasn't right."

Nashville VA doctors prescribed Merritt azathioprine, an anti-inflammatory drug that often decreases white blood cell and platelet counts, according to the lawsuit.

Merritt had a pre-existing condition that suppressed his immune system, leaving him more susceptible to the medicine's effects. And despite doctors' recommending frequent monitoring of his blood cell counts, the lawsuit alleges that never happened.

Doctors had only ordered one blood count in a nearly six-month span, causing Merritt's condition to flare up. He ended up in the emergency room critically ill with low blood counts. He died Oct. 28, 2014.

The Nashville VA is a part of the Tennessee Valley Healthcare System. Spokeswoman Sandra Glover said she could not comment on the case and deferred to the Department of Justice, per the VA's attorneys

Sgt. Aaron M. Merritt's death 'a tragic case'

The lawsuit filed by the Merritts targeted the already troubled veterans healthcare system at a time when its campuses in Nashville and Murfreesboro had a one-star rating – among the worst VA hospitals in the country when considering quality of care, according to the VA's own rankings.

In the most recent rankings this year, both hospitals improved with two-star ratings.

According to Mark Molos, a gastroenterologist in Missouri hired by the Merritts to review their son's case, standard of care required 11 blood count tests from the time Merritt was initially prescribed the medication in May 2014. But VA doctors conducted just one, records show.

His dose also was increased 50 percent in August 2014, without a blood test, Molos reported.

"This is a tragic case involving numerous, continuing, and seemingly systemic failures of care by the clinical gastroenterologists at the Nashville VA. There were multiple deviations from the standard of care each time Aaron was seen...,” Molos wrote in his report.

Frank “Trey” Thacher, a Memphis lawyer representing the Merritts, said what stood out to him was Merritt's own concern about his condition and the medication.

According to court documents, Merritt's ulcerative colitis had been flaring up for several days in October 2014. He had high temperatures, ulcers in his mouth that made eating and drinking painful and hard to keep food and water down.

"I was wondering if this was something I should be seen for or if I could get new medication to treat this or improve my quality of life," Merritt wrote to his primary care physician and the VA, records show.

"He had some questions so he called in to the VA hospital but they essentially told him not to worry about it. So he really felt like they were going to watch out for him," Thacher said.

'Who protected him?'

Unlike his three older brothers who work for their family's woodworking business, Merritt "got an itch" to serve after the Sept. 11, 2001, terrorist attacks. He was also impressed with his grandfather's service in World War II, according to the Merritts.

One day he came home and told them he was going to enlist. He graduated from Lake Havasu City High School in Arizona in May 2006 and left the next month to serve.

"He was our son, our brother, our uncle," Carol Merritt said. "It was sudden but we were very proud of him."

In his eight years of service, Merritt did three tours in the Middle East. First as a mechanic in Iraq and then as an explosive ordnance disposal specialist in Afghanistan. He received two commendation medals, one for protecting an injured Afghan soldier.

Once, he was part of a unit that was tasked to protect then-President Barack Obama on a visit, his parents said.

Merritt's diagnosis of the inflammatory bowel disease came at Fort Campbell in January 2014. He was discharged the same month.

"Aaron protected our country and our freedom," Carol Merritt said. "But who protected Aaron?"

The Merritts said the VA was slow to provide information in their son's death, including access to medical records. It wasn't until they wrote a letter to Sen. John McCain that they finally got any answers.

That's when they learned that their son wasn't given vital blood tests.

'Learning experience' for VA

Merritt's death certificate states his immediate cause of death was refractory acidosis (an increase of acid production in the body), septic shock, a deficiency in all blood components and immunosuppression for ulcerative colitis.

Thacher cites the "bad lines of communication" between VA doctors that resulted in negligent care and, ultimately, Merritt's death.

But there is some good that has come out of his client's case, he said.

"The doctors are all very contrite. They told me that Aaron's story is being used to teach medical students at Vanderbilt," Thacher said. "This is a learning experience for the VA."

Carol Merritt said she hopes her son's "sacrifice though this medical tragedy" will mean better VA care for veterans and that "nothing like this will ever happen again."

"We all felt the pain when he died," Steven Merritt said, describing his family as "tight knit." His sons were especially close and they had all purchased land together "in the middle of nowhere" in the Arizona desert where they each planned to build homes.

Their boys, he said, will "remember Aaron" through their ongoing project. The Merritts will continue to rely on the support of their community and their son's fellow service members. And again, on Oct. 28, the anniversary of his death, a photo of Merritt will appear in the local paper as it has the past three years.

"Now this is settled. We will go on with our lives. But we'll never be the same," Carol Merritt said. "The pain is just as strong as it was the day Aaron died."

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2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#)
(23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

At the event, set up inside a midtown sports bar, McSally sat shoulder-to-shoulder with veterans from various branches of the military, including Deborah Martinez-Garibay, an army combat veteran, who told the three Republicans that she felt let down by the Department of Veterans Affairs.

The active duty reservist explained that as a service-related injury grew worse, she said was let go from her job. Martinez-Garibay said she hadn't been employed in three years.

The VA still offers her medical care, but her husband and her daughter have not had insurance for quite some time.

Martinez-Garibay said that she had sought help from both state legislators and McSally's office to make headway at the Tucson VA.

Local businessman Shaun McClusky pressed on why some veterans who served couldn't receive care because they had jobs in the private sector.

Throwing out an example of a veteran making \$24,000 a year, McClusky said \$2,000 a month wasn't enough to afford private insurance.

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2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#) (23 October, Alison Wickline, 169k uvm; Roanoke, VA)

SALEM, Va. - The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base.

"Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

Last year, VA Medical Center staff began looking at ways to maximize transportation options and not overlap with other community transportation agencies. Now the VA offers two transportation programs for veterans in need.

Some veterans may find themselves eligible for beneficiary travel. By meeting ability and income requirements, veterans can either be transported or reimbursed for mileage if their appointment is approved.

"If it's deemed medically justified by a VA health care provider for specialized transportation such as a wheelchair van or stretcher, we can also set up that transportation for our eligible veterans, as well," said Ashley Bradley, social work supervisor for the Salem VA.

But the main overhaul is the new fixed route bus system. The Salem VA runs routes to four different clinic locations -- Wytheville, Danville, Lynchburg and Staunton -- during the week. The

buses can hold up to 32 passengers and, with that space, allow caregivers to ride along. VA staff members say the program has received a positive response so far, but they are still in the transition and trial period. They recommend that veterans with questions about the new system contact them.

"Any veteran who needs assistance with transportation should go through a social worker. We can help them find out if they're eligible for transportation," said Megan Spence, a social worker at the Salem VA.

If you have questions about the transportation options, you can reach the Salem VA Medical Center at 540-982-2463 or [click here to visit the website](#).

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2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#) (23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)

As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville.

What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

If you have serious health care needs such as X-rays, surgery, rehab, follow-up heart health care, etc., you definitely will be getting appointments in Richmond. You're not doing well, but you can expect having to make a round trip of almost 200 miles.

When you finally get to McGuire, you can expect a parking lot filled with cars, so you'd better arrive at least two hours early. They do provide valet parking at McGuire, but you'll probably find yourself in a long line of cars for this service, with as much as a 45-minute wait. So much for a timely arrival for the appointment.

I have experienced all of this firsthand.

I have been hearing that the government has said that long waits to see a doctor will be resolved. That a veteran waiting too long for care can go to a local hospital or medical center.

I'm still waiting for health assistance.

Brent Ruffner, Charlottesville

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2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#) (23 October, Jami Seymore, 55k uvm; Amarillo, TX)

From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

"We're hiring for OR, ED which is emergency department, ICU, med-surg, the community living center which is our long-term care facility and outpatient clinic," said Jeanette Williams, a VA nurse recruiter.

Those departments can be filled by qualified candidates of all levels, from those just starting out to those in the field for years.

"We are looking for OR nurses with OR experience, and we're also looking for the beginning student," said Williams. "We can accommodate anyone from a recent graduate to 20 years' experience."

One nurse applying for the openings says she heard from friends about their experiences at the VA and wanted to check it out.

"I am a nurse, I'm an RN," said applicant Valerie Mullin. "I have a lot of friends who have worked here at the VA and they absolutely love it so I figured I would go give this a shot and see what it's all about." Mullin also noted the extra care needed in this particular position. "We need that extra special care for them," said Mullin. "It's just so much more than a physical thing because we're dealing with their emotions, their spiritual, will their families, as well."

Williams says she is a nurse with the VA in order to give back.

"Myself, I was not in the military but this is my way to give back to my country and to my heroes so I think a lot of nurses feel that way and it's a great draw," said Williams. "We love having them." It's an opportunity to serve those who served our country.

For a full list of openings at the Amarillo VA, visit [USAJobs.gov](https://www.usajobs.gov).

Those interested can also contact Williams directly at 806-468-1540 or Jeanette.williams2@va.gov.

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2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#) (24 October, Joe Vaccrelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments.

Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

Whole health includes a pathway to wellness through well-being programs. The VA hopes to introduce veterans to its whole health course offered twice a month. There is also a six-week "taking charge" health course, in which veterans can learn about complementary and integrative programs. Those interested in more information can speak with their health-care provider or call the Grand Junction VA.

"Clinical care is still a part of the veterans health plan, but we also want to start engaging veterans in self-care opportunities and complementary and integrative health opportunities," Grand Junction VA Whole Health Coordinator Bree Ferrell said.

Veterans can learn about self-care tools such as diet education. Ferrell helped develop the program within the hospital and is overseeing pilot programs. The VA also recently started offering yoga and tai chi classes, and hopes to eventually hire an acupuncturist and a massage therapist.

"Whole health can benefit all veterans," Ferrell said. "We also see that veterans with mental health conditions will benefit using whole health."

Ferrell said the staff will try to find out what is important to patients when it comes to their health.

"It's not what is the matter with you, it's what matters to you," she said.

The VA launched the system in one city in each of its 18 integrative service networks. The flagship site in this region is Salt Lake City. But Ferrell said even though Grand Junction is not a flagship site, the hospital is working closely with Salt Lake City and is on the same path as that VA facility.

Ferrell also works with the Veterans Affairs new comprehensive wellness center. The center, which seeks to get patients off opioids and onto other forms of treatment, among other things, will refer patients into the whole health system.

"It is not about taking away effective pain management, It's about providing effective pain management," said Grand Junction VA Education Program Manager Beth Roten.

The program is geared to involve veterans more in their care and personalize the approach.

The introduction classes will be run by veterans and are available to veterans enrolled at the VA, non-enrolled veterans and family members.

"The idea is to get veterans to start engaging in their care," Ferrell said.

While the initiative is new, Roten said the concept is an old one, especially in Grand Junction, where the facility has consistently ranked high in mental health care.

"It really is simply returning to the roots of high-quality care," Roten said. "It's something we've done for a long time."

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2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#) (23 October, Evan Hensley, 32k uvm; Tupelo, MS)

The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available.

Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

Meeting like this are scheduled so the executive leadership team can work with veterans one on one when addressing issues.

"Many of them here don't come to Memphis all the time to see a doctor, they see clinics here in Tupelo and the surrounding areas," said Willie Logan, the Public Affair officer. "When we come here to tell them about changes and different things that's going on with VA and their healthcare, they're happy to be here and know what's going on."

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2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

The Legion is the voice of veterans. They're authorized by congress to advocate for its members and with five American Legion groups in Grand Junction, it's important for their members to be represented.

Laurie Kuntz, President of the American Legion Auxiliary Department said, "We kind of check and see where they're at. We check on them every year. We donate a lot of money to them so, we want to make sure they're servicing our veterans the way they told us they were going to be servicing our veterans."

Another big focus for The American Legion and the Grand Junction VA is getting more women veteran's into the VA Health Care Center as Grand Junction actually has a higher percentage of women in its care than the national average.

For more information on The American Legion, you can visit their website, and click here for more information on the Grand Junction VA Medical Center.

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2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community.

On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

“Attending the event offers the opportunity for veterans in the LGBT community to meet one another and to meet one-on-one with VA professionals in a safe space that is positive and inclusive,” says Gloria Hairston, director of public affairs at the D.C. VA Medical Center. “The healthcare team at the DC VA Medical center is hopeful that veterans will attend the event without fear or shame.”

Additionally, there will be an opportunity for community partners to offer resources for veterans and their families.

Hairston adds that the DC VA is committed to providing safe, quality health care for all veterans who enroll, including those who are lesbian, gay, bisexual and transgender.

And the event will feature a drag performance from Andrea Anderson, a transgender Army veteran.

All who wish to come are welcome.

The resource fair will take place Friday, October 26, at DC Live Performance Space at 1015 Half Street, S.E. Washington, D.C. 20003. Anyone interested can RSVP by calling (202) 745-4037.

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3. Business Transformation

3.1- Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week.

The van at New Hyde Park’s Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

The mobile unit will have a “tremendous positive impact for our local veterans,” Town Supervisor Judi Bosworth said at a Monday news conference.

“We are so grateful to our veterans for their service and it’s our responsibility to make sure that they have medical care as close to home as possible,” Bosworth added. “The arrival of the mobile unit, as well as the continued push for a more permanent CBOC [community based outpatient clinic], are steps in the right direction.”

The state-of-the-art mobile van is essentially a doctor’s “examination room on wheels,” said Joann DeMarco, the Northport VA’s outreach coordinator. The handicap-accessible vehicle is equipped with all the traditional diagnostic equipment and curtains to ensure patient privacy.

Local veterans said the unit is a much-needed addition to the VA center network, offering physical therapy, podiatry and primary care services.

Matty Falcone, 81, a former Marine, said he's "ecstatic" about the mobile unit's arrival. He said he hopes to get a flu shot there this week.

"We don't use it, we lose it," he said. "We have to get the word out. ... Let's really try to get a lot of people there," Falcone said, addressing fellow veterans on the town's advisory committee.

Sen. Chuck Schumer (D-N.Y.) and other federal representatives such as Rep. Kathleen Rice (D-Garden City) and Rep. Thomas Suozzi (D-Glen Cove) said they are still committed to the push for a permanent clinic in the town.

New York has 47 community-based outpatient clinics, according to the VA website. Nassau County has two clinics, one each in Valley Stream and East Meadow. There are three clinics in Suffolk County, in Riverhead, Patchogue and Bay Shore. The Northport VA is the only veterans hospital on Long Island.

Rice said that the clinic was addressing a "desperate need."

"Do you know that there is between Montauk and New York City one VA hospital that services over 100,000 veterans?" Rice said. "The stress that it puts on veterans to have travel 100 miles, 200 miles to get to the nearest VA center. ... It's just wrong."

Schumer said in a statement that the case for the mobile center was "compelling given the critical mass of veterans here who served to preserve this country's freedom."

"They deserve efficient access to top-quality health care much closer to home while we continue to make the case for a permanent Community Based Outpatient Clinic," he added.

Robert Bernstein, 79, who served in the Navy for nearly 30 years, said veterans should visit the mobile unit to show the need for a permanent clinic.

"Nobody thought we'd get this far," said Bernstein, of Lake Success, adding veterans will keep pushing for a permanent facility.

Veteran Administration Medical Center's Mobile Unit in North Hempstead
Stationed three days a week in the parking lot at Clinton G. Martin Park, at New Hyde Park Rd. and Marcus Ave.

Monday: physical therapy
Wednesday: podiatry
Thursday: primary care
Hours vary but appointments begin at 8 a.m.

Staffed with a doctor and nurses
Open to all veterans, not just town residents

Appointments are required; veterans can call (631) 261-4400 ext. 4590 for an appointment and the town's 311 line for additional information.

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3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear.

The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

If built in Casper, the facility would cost \$21.88 million in 2021, according to a Military Department report. In Sheridan, it would cost \$21.69 million, and in Buffalo, \$19.92 million. The state match for those costs is highest in Casper, at \$7.7 million. It's slightly lower in Sheridan (\$7.6 million) and a good chunk less expensive in Buffalo (a \$7 million state match).

Rep. Bunky Loucks, a Casper Republican, put forward a motion to recommend Casper be the home for the facility. He argued that the city had the best chance to fully staff the facility with health care workers and that it was most accessible to veterans and their families.

Plus, fellow Casper Republican Sen. Jim Anderson said, the state Military Department needed a location so they could move forward on working with the federal Veterans Administration.

But the two Casper lawmakers failed to convince their colleagues. Sen. Curt Meier said he wanted to study the issue more, and Rep. Stan Blake said that though he thought Casper was a good fit, he wanted the committee to be careful.

So Loucks' attempt failed, with just the two Casper legislators voting in favor of it. The committee will consider a location at its December meeting. The recommendation will be just that; it will almost certainly be heavily debated in both the House and Senate during the 2019 session.

The location of Tuesday's meeting at the Oil and Gas Commission was fortuitous for those who want the facility built in Casper. Local Sen. Bill Landen and Reps. Joe MacGuire, Pat Sweeney, Steve Harshman, Jerry Obermueller and Chuck Gray all attended parts of the meeting. MacGuire and Sweeney both testified in favor of building the facility here.

But they weren't alone in lobbying the committee. A contingent from a facility in Buffalo urged the committee to select somewhere other than the Johnson County town; they warned that they wouldn't be able to compete with the veterans home if it received a higher federal reimbursement.

Ron Nading Jr., a retired Navy chief petty officer, lives in Casper and advocated for building the facility here. He said the town has a large veteran community and the largest medical system — Wyoming Medical Center — in the state. He spoke emotionally about losing "my friends, my buddies, my teammates" and taking care of their children.

"It's not about me, as much as it's about this community and the veterans that it serves," Nading, who served as a combat medic and an underwater demolition diver, told lawmakers. "Casper, in my opinion, is the best location for this facility."

In its report, the Health Department listed a number of strengths and weaknesses for Casper, Buffalo and Sheridan. Casper would serve the largest number of veterans because of its central location, had a large existing certified nursing assistant workforce and had access to medical specialists, among other pros. But it had no nearby VA facility, and its pools of CNA graduates "have below-average pass rates."

Buffalo, meanwhile, had good access to VA care, had a good location (Buffalo's mayor would later note that Casper's facility would look out onto a cemetery), and could continue care for veterans who currently live in the Veterans Home there. But it had a small pool of CNAs and a higher cost of living.

Sheridan checked similar boxes: There's a VA hospital in town and there's potential to work with a facility there. But it has a high cost of living and has a "below-average number of veterans served due to location in the far north of the State," according to the report.

A contingent from Buffalo, including Johnson County Commissioner Bill Novotny and Buffalo Mayor Michael Johnson, testified in favor of moving the facility to their town.

Novotny asked the committee to name an industry in Wyoming that didn't struggle for workforce; he said the local college could help "scale up" programs, and that it would be cheaper to build in Buffalo than in Casper.

According to the Military Department's presentation, the facility would include three buildings, each with 12 beds. There are roughly 300 veterans in the state who would need the care, a number that will remain steady in the coming years, according to the Health Department. The plan would start small, with just the 36 beds but would eventually expand.

If built in Casper, the facility would be set on the corner of 12th and South Conwell streets. The land has been donated to the state from the city.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute.

The VA currently operates out of a temporary clinic behind the Honey Creek Mall.

Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

From there, it's expected to take roughly two years to build.

After that, the VA will take over the clinic with patients being scheduled about three months later.

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3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

Normal operations at the PCB VA Clinics resumed Oct. 16. The GCVHCS Medical Station has been in operation since Oct. 15, helping hundreds of Veterans during this time period with holistic medical services, readjustment counseling, pharmacy, food, homeless support and much more. Since Oct. 16, Veterans with scheduled appointments have been seen in both PCB VA locations (2600 Veterans Way, (along Magnolia Beach Road), and 140 Richard Jackson Boulevard) between the hours of 8 a.m. and 4:30 p.m., Monday through Friday. Veterans who walk-in for care will be seen, too.

Sonya Stokes-Sumrall, Veterans Integrated Service Network 16's Emergency Management Officer, who has served as the Medical Station's incident commander, offered a moment of reflection about the operation.

"It has been a tremendous honor serving those who served us here in Panama City," Stokes-Sumrall said. "What has happened here is a true tragedy, and we've seen a lot of heart-breaking circumstances from the Veterans we've served. "I'm eternally grateful to have had such a fabulous team of VA professionals here to support this community in need."

GCVHCS Director Bryan C. Matthews, echoed Stokes-Sumrall's sentiments.

"Sonya and the dedicated Medical Station team has been a godsend," Matthews said. "I'd like to offer my deepest thanks to all members of the team, who came from all over the country to help our Veteran community in Northwest Florida. I'm also thankful for our Panama City VA employees who have showed tremendous resiliency as they continue to recover from Hurricane Michael and return to work."

For Veterans who cannot get to the PCB VA Clinics, a toll-free number, 1-800-507-4571, has been established for Veterans to get updated information on where to go for care, how to receive prescription drugs, or any other concerns they may have about their care. The phone line is open 24 hours a day, seven days a week.

Veterans in need of Pharmacy Customer Care may call 1-855-574-7288; the toll-free number is operational 8 a.m. – 4:30 p.m. (EST) to assist Veterans with medication.

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3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday.

“Our veterans advisory committee,” Bosworth said, “they’ve been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need.”

The van will be stationed at Clinton G. Martin Park in New Hyde Park three days a week. Mondays will be dedicated to physical therapy, Wednesdays to podiatry and Thursdays will focus on primary care.

Bosworth and other speakers took turns stressing the importance of spreading awareness of the new mobile unit to those in need.

“If you know a veteran or have a family member that is a veteran please let them know about this wonderful opportunity,” Bosworth said. “We’re going to do everything we can to make sure people know about this.”

Bosworth explained that the new mobile unit ties into the town’s Project Independence, a program of the Department of Services for the Aging.

“If you are a member of Project Independence in the town, you get very reduced taxi service rates for medical appointments and this qualifies,” Bosworth said. “We have in place a way for our veterans to get here that doesn’t entail family members to take them and gives them a sense of independence that allows them to get the help they deserve.”

“Between Montauk and New York City there is only one VA hospital that services over 100,000 veterans,” U.S. Rep. Kathleen Rice (D-Garden City). “Mobile units like this, it is incredibly important that they get used.”

Rice said that ultimately there is a desire to establish community based outpatient clinics, or CBOCs, so veterans do not have to travel hundreds of miles to the nearest Veterans Affairs hospital.

“If we don’t use this, we’re going to lose it,” Rice said.

“It’s really sad that something like this has taken so long,” Anthony Catalano, of Mineola, said. “But it’s a step in the right direction.”

Catalano, who tuned 98 on Tuesday, served in Gen. George Patton’s 3rd Army, 70th Infantry Division in World War II.

“A lot of us World War II guys are getting up there in our 80s and 90s,” Catalano said. “It’s really something that we don’t have to be reliant on our families or others to bring us here now.”

“If there’s one way to get a permanent clinic to be located in the Town of North Hempstead it’s for people to use this van,” U.S. Rep. Tom Suozzi (D-Glen Cove) said. “When the VA reports back to Washington D.C., they can show there is a tremendous need for this in the community.”

"I've been speaking with the VA since January about permanent clinics and with Northwell Health, and they've agreed that they will provide free space in the town of North Hempstead if we can get the VA to place a CBOC in this community," Suozzi said.

Hours for the VA medical center's mobile unit are currently unlisted. Appointments and unit hours are available at (631) 261-4400, ext. 4590.

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3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for.

Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

The van will be owned by the VA hospital, which will maintain it and keep insurance coverage on it, but it will be based at the VA clinic in Lowndes County, where it will transport veterans five days a week for appointments at the hospital.

"The van they had has right at 250,000 miles on it," Hutson said. "It's wore out. It was breaking down regularly on them going back and forth to Lake City."

The van is unrelated to the Veterans Express Bus, which picks up veterans throughout the area for a trip to the Lake City VA hospital each Thursday. The bus is operated by the South Georgia Veterans Activities Committee, based in Moultrie.

Hutson began soliciting and receiving donations right after he became involved with the project earlier this year. He said he soon realized he needed some help with it and joined up with Darlene Cox, whose family owns CTV (formerly Cox Truck and Van).

Cox is on the board of directors of a charitable foundation called Fishes and Loaves that until that time had been focused on small-scale local projects, such as providing help for someone who couldn't pay a utility bill one month or who needed help to get to a doctor's appointment. Fishes and Loaves — whose name is a reference to Matthew 14:15-21, where Jesus used five loaves of bread and two fishes to feed a multitude of people — is a 501(3)c nonprofit agency; that means donations to it — whether for the veterans van or any other purpose — are fully tax-deductible.

The effort has currently raised \$37,000 for the van, Cox said.

Hutson did not say what the van costs, but he said whatever overage there might be would be donated to other veterans groups, including the Veterans Express Bus.

"Our veterans have done so much for us through the years to keep us safe and free," Hutson said. "We should never forget what they've done."

The veterans van will be available for any veteran, regardless of where they live, Hutson said, although it will be based in Valdosta, so the veteran would have to get to the VA clinic there by departure time. The implication is that Lowndes County veterans would have better access, and as it turned out, more than half the donations did come from Lowndes County donors, he said.

The rest of the donations came from Colquitt, Cook, Mitchell and Worth counties and even from outside of South Georgia, he said.

"A veteran is a veteran," Cox said. "They had a need, and we helped meet that need."

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3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Spirit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

"What's really wonderful is, you look out in the parking lot, and you've got plates from South Dakota, Minnesota and Iowa," Ann Miller, Dickinson County Veterans Affairs director, said. "This serves a lot of people from a lot of areas, and we're so proud. It really touches me."

The new 10,000 square-foot facility is expected to be capable of serving 4,000 veterans. The medical facility was formerly housed about a half-mile away on Lake Street and saw an estimated 2,500 veterans. Miller said around 1,400 veterans call Dickinson County home, and not all of them are in the VA's healthcare system.

"That's an indication of how many are coming from out-of-county to Dickinson County for services some from out-of-state," Miller said before construction began. "It's a real asset to the community."

Miller said the clinic serves veterans from southwest Minnesota as well as northwest Iowa. She feels the Dickinson County location is a centralized location for the patients.

Several sites outside the county were considered for the new clinic, but the building was ultimately constructed near the intersection of Highway 9 and Royal Avenue west of the Great Lakes Mall. It's been a little more than a year since it was announced the clinic would not be changing cities.

Spirit Lake City Administrator Gregg Owens said Lee Seemann Jr. partnered with the city to develop the area the VA would eventually call home. Owens said the development was focused on making space available for multi-family housing, with the prospect of commercial development on the highway frontage. Since the clinic was a federal bid project, Owens said the city was not involved in any direct incentives for the clinic. He said it was simply a case of an investment coming to fruition.

"The key, as it turned out, was having just the right spot available for the clinic, and this location suited the VA's requirements for access, visibility, nearby amenities and the like," Owens said last year.

The clinic falls under the umbrella of the Sioux Falls Medical Center, and VA officials had initially expected the \$2.4 million facility to be complete by spring of 2019, but things wrapped up even sooner.

"I think it went very well," Sara Ackert, acting director of the Sioux Falls Medical Center, said. "We spend about three to five years in advance preparing for a project like this. This clinic was actually started on time and finished on time. It went very smoothly. We couldn't be more pleased."

Staff at the new clinic will have an additional five consultation rooms to work with as well as two telehealth rooms for online video appointments with doctors or specialists at other sites. Staff said the twin telehealth set ups are particularly helpful, as the equipment was wheeled back and forth when needed in the previous building.

Staff told visitors the general layout of the clinic will be more efficient as well. The patient rooms form a U-shape around the central office, and staff can move from room to room easily, rather than moving the patient. Currently, the clinic offers primary care, mental health services, home-based care, dietary care and pharmacy services. Ackert said the VA is continually expanding the services offered via telehealth.

Miller said she's thankful services in the area will continue to improve now that the building is open.

"So many people see how important this facility is, and it's only going to get bigger and better," Miller said. "We are lucky."

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Bill Geiger tried everything to get help for his post-traumatic stress disorder and the panic attacks, anxiety and anger issues that came with it — civilian doctors, Veterans Affairs hospitals, "you name it," he said in a recent interview.

"I was just kind of floundering," he said. "There was something that just wasn't working."

Then in 2015, after medically retiring from the Army, he heard about a new program through the Wounded Warrior Project that would provide two to three weeks of intense therapy. He was one of the first ones to try it and was amazed by the results.

"The Warrior Care Network was like no place that I've ever been; the treatment was like nothing I'd ever seen," he said. "Now I'm standing here today. I'm still alive and kicking."

The Wounded Warrior Project announced Tuesday that it will be putting \$160 million more toward the Warrior Care Network that Geiger went through. That represents a significant expansion of the \$100 million already invested in the program, and the nonprofit hopes the additional funding will allow them to reach more than 5,000 veterans and service members over the next five years.

The Network is a partnership with four academic medical centers, including UCLA, Emory Healthcare, Rush University Medical Center and Massachusetts General Hospital. It started as a pilot program three years ago. The hospitals work together but also have particular specialties and treat veterans from all over the country — not just those from their local communities.

Geiger, from Tallahassee, Florida, attended the program at Massachusetts General in Boston. For eight hours a day over two weeks, he received multiple forms of therapy through one-on-one counseling, group sessions, art and stress-relieving exercises, such as yoga and Tai chi. He also learned about mindfulness and resilience, which have helped him the most, he said.

“Not everything sticks with everybody, but every time you do something new ... you pick a little bit here and a little bit there, and it builds to the point where you’re like, ‘OK, I think I got it now,’” he said.

“I’m not perfect. I still fall off the wagon. I still get mad. But I learned that I get back up again and I try harder next time.”

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it.

“What we’ve seen is amazing, great reductions in PTSD symptoms,” as well as notable overall improvements in wounded warriors, he said.

In addition to helping treat more than 5,000 veterans directly through the intensive therapy program, the additional funding will provide other services for more than 16,000 veterans, service members and their families.

“I’m glad it’s expanding because I know how much it helped me,” Geiger said. “Hopefully (others can) come out on the other side as well as myself and the other people I know that have gone through it.”

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4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem’s IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

Potentially at stake is \$15.4 million in annual revenue, the Journal's Richard Craver reported last week.

On one side is the IFB, which has a contract to provide visual products, including eyeglasses, to the Veterans Administration. On the other is PDS Consultants Inc., a small New Jersey business owned by a disabled service veteran. PDS has sued to get IFB's contract, claiming it should have preference in government contracts for the visual products.

It's a complicated case that pits one worthy business against another.

IFB's eyeglass-manufacturing department has 140 employees in Winston-Salem, including 70 who are blind.

This won't be IFB's last chance to argue its case. "We are currently reviewing the full decision, but I can tell you that IFB Solutions remains 100 percent committed to our mission of creating life-changing jobs and opportunities for people who are blind," David Horton, IFB's chief executive and president, said in a statement. He added that IFB would fight the decision all the way to the Supreme Court if necessary.

We believe they will. And we hope they win.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

"I'll tell you what I've learned: in my big data journey over the last six years, we've had a pretty robust set of users on it. Users are smarter than they think. They're a lot smarter than they think," said Leonel Garciga, CTO at the Joint Improvised Threat Defense Organization within the Department of Defense.

He stressed the importance of building platforms that accommodate and support users and how they use the platform, instead of building it around expected uses. Garciga also emphasized the importance of not ignoring "cutting room floor data," a mindset he attributed to his experience with the intelligence community. He noted that it helped shrink the time to deployment, and that the agency's philosophy is to let users "build out the analytics they need," while his office works to push those analytics out to the edge.

"I will tell you, I don't think there is this thing called shadow IT. I know every CIO just cringed, (but) I think it is my job to deliver a platform that lets the user do what they need to do. Shadow IT is a lack of capability to innovate," said Garciga. "The big part about how you get the security piece and the policy piece around it, that really is building out an ecosystem that's specifically built to provide the maximum amount of support and capability to the user," he added, likening the ideal ecosystem to Apple's app developer ecosystem.

Harnessing data can also help improve government efficiency, a major component of the President's Management Agenda (PMA), especially when it comes to IT.

"One of my challenges is to help manage the spend across IT," said Bill Spencer, an IT category management program manager at the General Services Administration (GSA). "For those of you who go onto OMB's (the Office of Management and Budget's) website and take a look at what the IT budget is, it says about 58 billion dollars. That's a planned budget, that's not actually spent. What I specifically do is dissect that information in such a manner to help address and integrate specific questions for CIOs to be more efficient in their IT acquisitions."

Spencer noted that his role is to support Cross-Agency Priority Goal 7, which aims to reduce fragmentation in government spending. He said that GSA is working to create a simple framework and questions that need to be answered to help understand the landscape of IT. He noted the importance of having interoperable data to find what different agencies are doing and compare the information, but that it remains a complex issue.

"We are the single largest IT buyer on the globe, but we buy like we are thousands upon thousands of small companies," Spencer said. "The ability to make sense of all those base contracts and help decisionmakers with a level of confidence, and those of you in IT know that happens to be through executive language..., that's what I do, is create language in such a manner with data to allow those people making decisions to actually give them the information they need to make decisions," he added.

Spencer shared some insights that GSA has found along the way, both through data and discussions.

"People are generating data through acquisitions in very diverse manners," he said. "It varies from collecting no data, to using PDFs, to very finite data elements. We're finding various anomalies that result in different price points for commodities. What we find in the data is (bulk) is not generally the best indicator," he added, citing a conversation with an executive who told him that late fiscal year orders disrupt the supply chain and add cost.

While some agencies may be fast movers in the race to build big data platforms, others are carefully laying the groundwork for truly impactful initiatives.

When it comes to electronic health records (EHR) at the Pentagon, "we haven't been able to aggregate, make interoperable, or do machine learning on that data. My job is to try and help fix that," said Colonel John Scott, data manager at the Defense Health Agency. As a clinician himself, Scott noted the frustration around those lack of deeper insights. "The biggest challenge is to get all of the data in an integrated data platform, where we really understand it and make it work together. We're doing that in the DoD, and the Veterans Administration (VA) is also doing that, and if we can do that very smartly together, we'll have one of the largest, most powerful clinical datasets in the world...but we're struggling to do that."

Scott emphasized that DoD was not helpless at the moment. "It's much better than it would appear if you only watched the congressional hearings," he said. He pointed to the capabilities of the common standards in the department's Joint Legacy Viewer, and the common electronic filing cabinet standards. "But what we can't do, which is really important, is that we don't have big data analytics."

The potential of an interoperable DoD-VA EHR database presents some extremely compelling use cases.

“We are going to study everybody who has had to leave the military because of healthcare concerns, look at their records, look at what might have been in their medical records that could have predicted that, and then we get into prevention and emerging risk,” said Scott. “We were asked, based on an executive order, to do a better job of identifying veterans who are at risk of negative outcomes after leaving the military. We collaborated with VA trying to link all of our data together, and looking at those persons’ records and finding out what we can in their military record and target for prevention in their last year in the military and in the transition. We have a lot of promise.”

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

“Suicide is a significant national public health problem, especially among [people with lung cancer] and among veterans. As a result, manifestations of this impact — like social isolation, depression and anxiety — can go undiagnosed and untreated,” Donald Sullivan, MD, MA, MCR, assistant professor of medicine at Oregon Health & Science University School of Medicine and core investigator at Center to Improve Veteran Involvement in Care at Veterans Affairs Portland Health Care System, said in a press release.

Sullivan and colleagues assessed the impact of palliative care, which aims to relieve physical pain and address psychological issues, on suicide rates among 20,900 veterans diagnosed with stage IIIB or stage IV lung cancer included in the VA Central Cancer Registry.

Results showed 30 patients (0.14%) committed suicide, a rate more than five times greater than the average among all age- and sex-matched veterans who use VA health care.

Patients who received at least one palliative care visit after diagnoses were 81% less likely to die by suicide.

HemOnc Today spoke with Sullivan about why the risk for suicide among veterans with lung cancer is so great, how he and his colleagues conducted the study, the potential implications of the results, and ways clinicians can respond in their practice.

Question: Can you explain the prevalence of suicide among veterans with lung cancer?

Answer: Among patients with lung cancer in my study, it was about 210 per 100,000 person-years. In the general population, the suicide rate is about 13 per 100,000 person-years.

Q: Why is the risk so much higher in this subgroup?

A: Patients with lung cancer — compared with those who have other types of cancer — have high symptom burden, including both psychological and physical symptoms that impact their quality of life. Additionally, patients with advanced-stage lung cancer have a poor prognosis, which can spur feelings of hopelessness. There is a lot of stigma around a lung cancer diagnosis because, in most cases, it is a self-inflicted disease and patients with lung cancer tend to not share their diagnosis until the very end of life. They, therefore, do not have a lot of support.

Q: How did this study come about?

A: I am a health services outcomes researcher, and more recently I have been focusing on how to improve the quality of care among patients with lung cancer, especially in the VA. I had been looking at use of palliative care in our database and I found remarkable and unexpected results.

Q: How did you conduct the study?

A: These data — which come from a large, retrospective, observational study — were derived from a database of about 25,000 patients with advanced-stage lung cancer treated across the national VA health system from 2007 to 2013. This database was devised from a VA cancer registry, a well-validated source. I connected it with some other data registries, one of which is a suicide data repository within the VA.

Q: What did you find?

A: The incidence of suicide among patients with advanced-stage lung cancer is very high. Compared with the general U.S. population, and with other veterans within the VA who do not have advanced-stage lung cancer, the suicide rate is about 5.8 times higher among those with advanced lung cancer. The other main finding was the association between receipt of palliative care and a reduced risk for suicide. This has not been looked at before.

Q: What are the clinical implications of the findings?

A: It is not routine to screen patients diagnosed with lung cancer for suicidal ideation. Depressive symptoms are common among individuals with lung cancer, and we should be screening for them. However, suicide is not always linked to depression. If we just screen for depression, we are going to miss a subset of patients who are contemplating suicide. I think we will miss patients with screening for suicide ideation, but I think the realization that this is a significant problem is the first important step in how to devise solutions. Another major implication is the importance of palliative care, which is underutilized within this patient population. Realizing how important this is for advanced cancers and serious illness is key.

Q: What is the take-home message for clinicians?

A: I think we need to realize that patients with advanced disease are potentially at high risk for suicide, and we need to start thinking about ways to help these folks. We need to do a better job identifying the physical and psychological symptoms and addressing those with our patients when treating these diseases. Earlier initiation and utilization of palliative care is needed because it could offer tremendous benefit to our patients. — by Jennifer Southall

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday.

The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

"If it were not for our state and tribal cemeteries we would not be able to reach the number of veterans we do across the country in providing dignified burial options for veterans and their families within 75 miles of their homes," said Randy Reeves, Under Secretary for Memorial Affairs for the National Cemetery Administration.

"Just last year over 22 percent of total internments across the nation were done by state and tribal cemeteries. We wouldn't have that access for veterans and their families if it weren't for professionals just like these who do this work each and every day."

Every day, four internments take place at the cemetery, where staff prepare the grounds, lower the caskets, replace the earth and even sod over the area so a visitor would never know an internment has just taken place.

In 2016, the VA awarded a \$3.67 million expansion grant for the Bear cemetery, which provides a final resting place for 45,000 Delaware veterans and their eligible family members.

"This (award) means our cemetery employees are being recognized for the hard work they do on a daily basis," said Larence Kirby, executive director of the Delaware Commission of Veterans Affairs.

"It's not easy dealing with the sadness, and the physical labor of maintaining a cemetery, and unfortunately, a lot of folks overlook that. So the award reflects their ability to comfort loved ones and prepare a site for eternal rest."

Gov. John Carney also attended the ceremony.

"This space, there's something very peaceful and restful about it. It is often the case a slight breeze blows from the west to the east, and somehow you can feel the spirit of the veterans who are buried here and for what they represented," he said. "We couldn't be prouder, I couldn't be prouder as governor, of the individuals who carry out this responsibility so well here at our veterans cemetery."

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6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

The subcommittee on economic opportunity will hold an oversight hearing on Wednesday, Nov. 14 at 2:00 p.m. in Washington, D.C. in what will be a highly anticipated hearing for anyone still owed money.

"It is of great concern to me that there continues to be excessive GI Bill payment delays and that VA remains unable to properly implement the necessary changes to the system that were outlined in the Forever GI Bill," Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, said in a statement.

"It is of utmost importance that we hold this oversight hearing to get to the bottom this problem and ensure that VA is working to swiftly correct these errors."

More information, including a witness list, will be made available in the coming weeks. For now, hundreds of thousands of student veterans have had delayed GI Bill housing payments, forcing many to take out emergency loans, borrow money from friends and family, or fall behind on their bills.

The issue stems from a series of technological glitches in implementing The Harry W. Colmery Veterans Educational Assistance Act, dubbed the "Forever GI Bill," signed into law last year.

Roe's announcement comes the same day as the VFW called for a hearing on the matter. In a letter to the leadership of the VA Congressional committees, the group's national legislative director Carlos Fuentes writes, "VA officials repeatedly vowed that students and schools would receive payments on time and, while the amounts may not be correct, veterans would not be harmed."

He continues, "Yet, VA has consistently missed its deadlines and has failed to properly notify stakeholders and affected beneficiaries."

"Our top priority continues to be helping those students facing a financial hardship because of delayed (monthly housing allowance) payments connect with VA or other resources that might be able to assist them to alleviate their hardship," Barrett Bogue, vice president for public relations of Student Veterans of America, tells Connecting Vets.

The VA, along with several veterans' organizations, urge affected veterans to contact VA's customer service number at 888-442-4551.

Terrence Hayes, a spokesman for the VA, said as of Oct. 22, their continuing processing of educational claims is 132,108, which is a 48 percent increase over the same time last year. "While the inventory has been decreasing in recent days, VA expects to experience higher than normal inventory through the remainder of the year," says Hayes.

To combat this swell of pending claims, Hayes says some VA employees are working mandatory overtime and added more than 200 additional workers to reduce the processing

times. "With these measures in place we are processing an average of more than 16,000 claims per day," he adds.

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7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting.

David J. Thomas Sr., deputy executive director of the Department of Veteran Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

"It was just a beautiful print that I had purchased, and I thought it was very nice," he told her Monday.

Curt Cashour, a VA spokesperson, said: "Thomas immediately took down the print in question — a work by noted historical artist Don Stivers — and the matter is resolved."

What's the point of noting that it is a "work by noted historical artist Don Stivers"? That does not weaken the umbrage. The print would be just as offensive in a government office if it were a Michelangelo.

How clueless, or indifferent, Thomas must be to his colleagues, including those who have filed discrimination and retaliation complaints against him, though not because of the print. Those colleagues include African Americans, whose ancestors would have suffered even longer in slavery had Forrest and his troops won the Civil War. After their defeat, the domestic terrorism of intimidation, violence and lynching against black Americans were the proud calling cards of his KKK.

But it is not just black people who oppose Confederate glorification. All patriotic Americans should reject honoring those who attacked and killed U.S. troops in defense of slavery, secession and white supremacy. Forrest and his colleagues were not tried as traitors, as they could have been, but their actions certainly fit the constitutional definition of treason: "Treason against the United States, shall consist only in levying War against them, or in adhering to their Enemies, giving them Aid and Comfort."

That's a major reason it is insane for the U.S. government to honor Confederates by naming Army bases for those who attacked and killed U.S. troops.

A 2015 Time magazine article talked about the "historical amnesia" that allows the Pentagon to have 10 Army bases named for Confederate officers. All are in the South. Three are in neighboring Virginia. The 10 are:

- Camp Beauregard, La., honoring Gen. Pierre-Gustave Toutant Beauregard
- Fort Benning, Ga., honoring Brig. Gen. Henry Benning
- Fort Bragg, N.C., honoring Gen. Braxton Bragg
- Fort Gordon, Ga., honoring Lt. Gen. John Brown Gordon
- Fort A.P. Hill, Va., honoring Lt. Gen. A.P. Hill
- Fort Hood, Tex., honoring Gen. John Bell Hood
- Fort Lee, Va., honoring Gen. Robert E. Lee
- Fort Pickett, Va., honoring Maj. Gen. George Pickett
- Fort Polk, La., honoring Lt. Gen. Leonidas Polk
- Fort Rucker, Ala., honoring Col. Edmund Rucker

Asked why the Pentagon would honor people who killed U.S. soldiers, Heather Babb, a Defense Department spokesperson, said “at this time, there is no discussion of renaming any DOD installations.”

Rep. Yvette D. Clarke (D-N.Y.) tried to get the discussion going last year, when she introduced the appropriately named “Honoring Real Patriots Act of 2017.” It would require the Defense Department to change the names of military installations “currently named after any individual who took up arms against the United States during the American Civil War or any individual or entity that supported such efforts.”

Clarke said “the time has come for the Army ... to remove the disgraced names of men who waged war against the United States to preserve the evil institution of slavery. Monuments to the Confederacy and its leaders have always represented white supremacy and a continuing attempt to deny the basic human rights of African Americans.”

Her legislation went nowhere in a Republican-controlled Congress.

Two years ago, VA acted, announcing that “Confederate flags will not be displayed from any permanently fixed flagpole in a national cemetery at any time.” Small rebel flags on individual graves are permitted on the U.S. and Confederate memorial days.

“We are aware of the concerns of those who wish to see Confederate flags removed from public venues because they are perceived by many as a symbol of racial intolerance,” said VA’s letter to Rep. Jared Huffman, a California Democrat, who sponsored legislation calling on VA to remove the flags.

Confederate symbols do represent white supremacy, as Clarke said, and are symbols of racial intolerance, as VA’s letter indicated.

But defining opposition to the names and flags as a racial thing, as important as that is, does not go far enough.

The names and flags honoring the Confederacy venerate traitors. The Pentagon should know better.

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7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday.

David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

Thomas, who is deputy executive director of the department's Office of Small and Disadvantaged Business Utilization, a unit that certifies veteran-owned businesses for government contracts, told the newspaper that he knew Forrest only as "a southern general in the Civil War."

Several of Thomas's colleagues have accused him of racism. Three of them have pending racial discrimination charges against him, the Post reported.

John Rigby, the lawyer representing two of those employees, told the Post that they believe the portrait shows Thomas is hostile towards African Americans.

"You don't hire someone who puts a picture of the Klan in his office unless you're [racist]," Rigby told the newspaper.

VA spokesman Curt Cashour in an email to the Post wrote that the VA "strives to create a workplace that is comfortable and welcoming to all employees."

"[Thomas] received no complaints from his fellow employees and only learned about these concerns from The Washington Post ... Thomas immediately took down the print in question," Cashour said. "The matter is resolved."

A petition demanding the portrait's removal had 75 signatures as of Monday, according to the Post. The petition was started by the local VA chapter of the American Federation of Government Employees, which represents employees the agency.

"We employees denounce the display of this offensive picture and believe appropriate action should be taken," the petition says.

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7.3 - The Hill: [White House rejected Democratic candidates for nonpartisan board: report](#) (23 October, Michael Burke, 11.4M uvm; Washington, DC)

The White House this summer rejected half of the candidates for the nonpartisan Board of Veterans' Appeals after asking for the candidates' party affiliations, The Washington Post reported Tuesday.

The Post, citing documents, reported that the White House required candidates for the board to disclose their party affiliations "and other details of their political leanings" before determining whether to accept them. The candidates were nominated to serve as administrative judges on the board.

The Board of Veterans' Appeals, which is part of the Department of Veterans Affairs, determines whether injured veterans are entitled to benefits.

The questions the White House asked about the candidates' party affiliation and political leanings had not been asked of candidates in the past, according to the Post.

The rejected candidates consisted of three Democrats and one independent, according to the newspaper. The accepted candidates, who were sworn in last week, were made up of three Republicans and one person who isn't registered with a party but has voted in Republican primaries, the Post reported.

One candidate told the Post that candidates were required to submit links to their social media pages and say whether they had ever given a speech to Congress, spoken at a political convention, appeared on talk radio or published an opinion piece in either a conservative or liberal outlet.

Although the denied candidates weren't told why they were turned away, their rejections have caused concern among current and former officials in the Department of Veterans Affairs, according to the Post.

VA spokesman Curt Cashour told the Post that the rejections were part of a vetting process of candidates, noting that in 2016 two judges on the board and three attorneys were found to have sent racist and sexist emails.

"Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board," Cashour told the newspaper in an email. "This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting."

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7.4 - WEWS (ABC-5, Video): [Cleveland man arrested again for illegally scrapping at former Veterans Affairs hospital complex](#) (23 October, Jordan Vandenberg, 24k uvd; Cleveland, OH)

BRECKSVILLE, Ohio - A 42-year-old Cleveland man is facing charges after Brecksville police allegedly caught him scrapping at a former Veterans Affairs hospital for the second time.

For more than five decades, the former VA hospital complex in Brecksville provided care for soldiers returning home from war. However, since it closed in 2011 keeping illegal scrappers and trespassers out of the massive property has been a battle in itself for Brecksville police.

On Sunday, officers arrested Paul Stanbaugh — a man with prior convictions for illegal scrapping after he allegedly tried to steal thousands of dollars' worth of insulated copper wiring.

Stanbaugh is being held on a \$500,000 bond on charges of theft, breaking and entering, possession of criminal tools and trespassing.

Police arrested Stanbaugh on Sunday night after officers reported finding several coils of insulated copper wiring in his trunk, which was parked near a building on the expansive property, according to a Brecksville police report.

A patrol officer was conducting a special attention check on the property due to prior occasions in which people had been trespassing and stealing copper, the report states. When the officer pulled onto the property, he reported seeing Stanbaugh's vehicle parked behind the tall grass, the report states.

Stanbaugh allegedly told the officer that he was bow hunting on what he believed was private property. However, the officer stated that Stanbaugh did not have any hunting equipment in his vehicle. Instead, the officer reportedly found the large coils of copper wiring, estimated to be worth thousands of dollars. The report states the responding officer also found two additional copper wire coils hidden in the tall grass.

Stanbaugh had been previously arrested and convicted of breaking and entering the complex several years ago, according to police records.

"Paul stated that he was on hard times and came back to the property to retrieve what he had previously stashed," the report states. "Paul stated that he and his father are near poverty... He doesn't like stealing from people. He's was there [Sunday] just to get by."

Sergio Digeronimo, the prosecutor for the City of Brecksville, said he could not comment on the case because it is still an active investigation. However, Digeronimo said the 103-acre former VA hospital complex has been a frequent target for copper thieves and thrill-seekers looking to explore the vacant buildings that dot the property.

"It's been a challenge. The past several years there have been numerous attempts to bring precious metals out of the building to be scrapped, things like copper," Digeronimo said. "Police have been very successful in the interdiction of that scrapping activity."

Not only is the scrapping activity illegal but it is also extremely dangerous, Digeronimo said.

"There's zero tolerance for any trespassing on the property, principally because it is simply too dangerous to be there," Digeronimo said.

After years of negotiations, the City of Brecksville finally obtained ownership of the property earlier this year as part of a massive redevelopment effort of the entire complex. The multi-million dollar endeavor will turn the historic hospital site into a mixed-use development, featuring office, retail and restaurant space. All of the buildings on the property will be demolished over the next two years as part of the Valor Acres project.

Some demolition work is already underway, placing a greater emphasis on trying to keep people out, Digeronimo said.

"It's very dangerous to be on those premises now that there are construction crews. The buildings are in a grave state of disrepair. They present a significant danger to anybody," Digeronimo said. "There are hazardous materials in there that have been exposed to the elements for a period of time. Because of the scrapping activity, there are a lot of voids that would not be detectable."

Police will continue their specialized patrols around the area while demolition and construction work continues. There is also concern that ghost hunters may try to enter the property for paranormal investigations with Halloween just around the corner. However, the zero-tolerance policy will still apply.

"It's going to be a fantastic asset to the City of Brecksville but until then, the public is asked to enjoy the development from a distance," Digeronimo said.

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7.5 - Nevada Current: [Heller misses more than half of Veterans Affairs hearings](#) (23 October, Dana Gentry, 2k uvm; NV)

U.S. Senator Dean Heller, who has made support of veterans a prominent part of his reelection campaign and its advertising, has missed more than half of the Senate Veterans Affairs Committee hearings at which his presence or absence can be determined during his Senate tenure.

From 2013 through today, Heller missed 48 out of 86 hearings in which his attendance is apparent through transcripts and videos.

Heller's attendance cannot be ruled out or substantiated at an additional 22 hearings. His Senate office did not respond to questions from the Current regarding his attendance.

Heller's attendance record is not unusual; transcripts and videos show that the committee hearings are routinely sparsely attended.

And Veterans Affairs Committee hearings aren't the only hearings that routinely attract light attendance from senators. Committee hearings often only have a few members present, especially when senators have competing committee work scheduled the same day.

Heller missed Veterans Affairs hearings on pending healthcare legislation and more.

On September 10, 2013, Heller missed a joint hearing of the House and Senate Veterans Affairs committee at which the American Legion, the nation's largest veterans service organization, laid out its legislative priorities, including health care, Post-Traumatic Stress Disorder, suicide prevention and job training.

Heller failed to attend the annual presentation again in 2014, 2015, 2016 and 2018. It's unknown whether he attended in 2017.

"For us on the House and Senate Veterans committee, to do our jobs well, we need to hear from you and the other veteran organizations," U.S. Senator Bernie Sanders, the chairman of

the committee at the time, told those testifying at the hearing in 2013. “You are on the ground. You deal every day with veterans who know what’s working in the VA and who know what’s not working. You work with veterans who have ideas on how to improve the system.”

In March of 2013, Heller missed a hearing on ensuring access to high-quality mental health care.

In April of 2014, Heller missed a hearing on the problems and solutions associated with over-medicating veterans.

In March of 2015, Heller missed a hearing on VA prescribing of opioids.

In May of the same year he missed a hearing on the care of paralyzed and blind veterans.

He missed the legislative priorities presentation from paralyzed veterans in May of 2015.

This year, on February 27 and 28, Heller missed consecutive Veterans Affairs hearings but met in his D.C. office with officials from the Nevada Broadcasters Association, Nevada Public Television and the Reno Chamber of Commerce.

On March 21, Heller failed to attend a hearing on the Veterans Programs Budget, but met in his D.C. office with representatives of an air ambulance company from Henderson, an official from the ALS chapter of Nevada, who shared the organization’s legislative priorities, and with Rossi Ralenkotter of the Las Vegas Convention and Visitors Authority.

Heller, a Republican, is running ads criticizing his opponent, U.S. Rep. Jacky Rosen, a Democrat, for missing a vote on veterans to attend a “photo op” at the U.S. and Mexican border. Rosen did miss the vote, which was on the suspension calendar, meaning it was already expected to garner overwhelming support. Heller also distributed a news release claiming Rosen “skipped out” of work. On the day of the vote, Rosen was visiting a facility for unaccompanied minors who immigrated to America.

Politifact rates Heller’s claim Mostly False.

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From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 24 October Veterans Affairs Media Summary and News Clips

Date: Wed Oct 24 2018 05:16:54 CDT

Attachments: 181024_Veterans Affairs Media Summary and News Clips.docx
181024_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.50504-000001

Owner: VA Media Analysis (b) (6) >

Filename: 181024_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Wed Oct 24 04:16:54 CDT 2018



Veterans Affairs Media Summary and News Clips

24 October 2018

1. [Top Stories](#)

1.1 - The Washington Post: [‘I thought it was very nice’: VA official showcased portrait of KKK’s first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan’s first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

[Hyperlink to Above](#)

1.2 - The Washington Post: [‘I’ve never seen these positions politicized’: White House rejection of veterans judges raises concerns of partisanship](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

The Board of Veterans’ Appeals has long filled a nonpartisan role in the federal government, run by dozens of judges charged with sorting through a thicket of regulations to determine whether an injured veteran is entitled to lifetime benefits.

[Hyperlink to Above](#)

1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

[Hyperlink to Above](#)

1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management. Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers. Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

[Hyperlink to Above](#)

2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#)

(23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

[Hyperlink to Above](#)

2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#)

(23 October, Alison Wickline, 169k uvm; Roanoke, VA)
The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base. "Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

[Hyperlink to Above](#)

2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#)

(23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)
As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville. What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

[Hyperlink to Above](#)

2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#)

(23 October, Jami Seymore, 55k uvm; Amarillo, TX)
From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

[Hyperlink to Above](#)

2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#)

(24 October, Joe Vaccrelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments. Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

[Hyperlink to Above](#)

2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#)

(23 October, Evan Hensley, 32k uvm; Tupelo, MS)
The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available. Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

[Hyperlink to Above](#)

2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

[Hyperlink to Above](#)

2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community. On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week. The van at New Hyde Park's Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

[Hyperlink to Above](#)

3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear. The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute. The VA currently operates out of a temporary clinic behind the Honey Creek Mall. Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

[Hyperlink to Above](#)

3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

[Hyperlink to Above](#)

3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday. "Our veterans advisory committee," Bosworth said, "they've been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need."

[Hyperlink to Above](#)

3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for. Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

[Hyperlink to Above](#)

3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Spirit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

[Hyperlink to Above](#)

[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it. "What we've seen is amazing, great reductions in PTSD symptoms," as well as notable overall improvements in wounded warriors, he said.

[Hyperlink to Above](#)

4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem's IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday. The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

[Hyperlink to Above](#)

6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

[Hyperlink to Above](#)

7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting. David J. Thomas Sr., deputy executive director of the Department of Veterans Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

[Hyperlink to Above](#)

7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday. David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

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1. [Top Stories](#)

1.1 - [The Washington Post: 'I thought it was very nice': VA official showcased portrait of KKK's first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan's first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

David J. Thomas Sr. is deputy executive director of VA's Office of Small and Disadvantaged Business Utilization, which certifies veteran-owned businesses seeking government contracts. His senior staff is mostly African American.

Thomas said he took down the painting Monday after a Washington Post reporter explained that its subject, Nathan Bedford Forrest, was a Confederate general and slave trader who became the KKK's first figure-head in 1868. He said he was unaware of Forrest's affiliation with the hate group, which formed after the Civil War to maintain white control over newly freed blacks through violence and intimidation.

A basic Google search of Forrest's name returns various biographies detailing his role in the Confederacy and the white-supremacist strains of its aftermath.

"It was just a beautiful print that I had purchased, and I thought it was very nice," Thomas said. He said he knew of Forrest only "as a Southern general in the Civil War" and kept the portrait in his basement before decorating a new and larger office at VA's administrative headquarters a few months ago.

Thomas, who has worked at VA since 2013, is a civil servant employed by the federal government — not a political appointee posted there by President Trump, whose supporters include members of white-nationalist groups. Trump was criticized for his tepid reaction to last year's deadly protest of white nationalists in Charlottesville.

The painting, by artist Don Stivers, shows Forrest wearing a gray military uniform and astride a horse. It is titled "No Surrender" and depicts the general fleeing a snowy Tennessee battlefield in 1862.

"I don't know what to do with this thing," Thomas told The Post, "except to destroy it."

A manager who reports to Thomas disputed part of his account, saying the Forrest portrait was displayed in Thomas's previous office also, starting in 2015. When he moved offices in recent months, Thomas directed VA's maintenance staff to install an electrical outlet high on the wall so he could illuminate the portrait, said the manager, Michelle Gardner-Ince.

Thomas's staff includes 14 managers, nine of whom are black.

Racial tensions have flared between Thomas and several of his employees, at least three of whom have pending claims of racial discrimination against him. An attorney representing two of

these employees said the portrait is evidence that Thomas is not comfortable around African Americans.

“You don’t hire someone who puts a picture of the Klan in his office unless you’re” racially insensitive, said the lawyer, John Rigby.

Gardner-Ince, a program manager with a case against Thomas pending before the Equal Employment Opportunity Commission alleging he retaliated against her for complaining about a poor performance review, said she spoke with Thomas several years ago about the art in his office, which also includes a portrait of George Washington praying next to his horse during the Revolutionary War at his encampment at Valley Forge.

“He said, ‘My wife told me I shouldn’t put this picture up,’

He said, however, that Thomas “received no complaints from his fellow employees and only learned about these concerns from The Washington Post,” adding, “Mr. Thomas immediately took down the print in question .

The rebuffed candidates were not given a reason. But their rejection has raised alarms among former and current officials at the Department of Veterans Affairs, where the appeals board — with about 90 judges and 800 attorneys — has always been viewed as nonpolitical.

“During my tenure, the White House approval was considered pro forma,” said Anthony Principi, who led the agency during George W. Bush’s first term.

“I certainly remember the chairman [of the appeals board] being political,” Principi said, “but the judges were career civil servants. They’re adjudicators.”

Ninio Fetalvo, a White House spokesman, referred questions to VA.

In an email, VA spokesman Curt Cashour said the rejections were part of an effort to improve the vetting of board candidates, after two judges and three board attorneys were discovered in 2016 to have sent racist and sexist emails.

“Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board,” Cashour said in an email. “This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting.”

He did not address whether party affiliation was a factor in the selection of the recent group of judges or whether the White House discovered any past misconduct.

The Trump administration has shown a zeal for installing loyalists in the nonpartisan civil service — for example, reassigning senior executives at the Interior Department, transferring dozens of career diplomats at the State Department to clerical work, installing loyalists in positions previously held by experts at a federal aid agency called the Millennium Challenge Corporation.

Employees in other offices at VA have faced transfers or reassignment because they were deemed to be out of step with the president’s priorities.

All eight candidates for the veterans appeals board were attorneys with years of experience in leadership roles at the appeals board. They were already serving as acting judges and were heavily vetted and recommended by the board chairwoman, Cheryl L. Mason, who was appointed by President Trump.

The rejections come as the board is steadily adding judges and attorneys to ease delays and fend off criticism and scrutiny from Congress for lengthy backlogs. Agency data show that veterans waited an average of three years for appeals to resolve in fiscal 2017 and that more-complex cases required an average of seven years.

“I’ve never seen these positions politicized,” said Douglas Massey, president of Local 17 of the American Federation of Government Employees, which represents attorneys and other appeals board employees. Before leading the local full time, he was one of the many attorneys who supported the appeals board judges.

During that time, “I had no idea who was a Democrat and who was a Republican,” Massey said. “To adjudicate these claims, you need the best and the brightest.”

In an announcement last week, VA Secretary Robert Wilkie said the four judges who were accepted would contribute to “better and faster service to veterans.”

“Bringing on additional judges means the Board will be better staffed to conduct hearings and decide appeals properly in a timely manner,” he said.

The new approach at VA comes as the White House for the first time turned another class of administrative judges from civil servants into political appointees, reflecting an emerging conservative legal movement to involve the president in naming government adjudicators.

Citing a Supreme Court decision, the Trump administration announced in July that administrative law judges, most of whom rule on disability claims for the Social Security Administration, would now be appointed by the president.

Veterans law judges, as the administrative judges are formally known, are coveted jobs, drawing a senior executive salary of between \$150,000 and \$174,000. The vast majority are hired from within the appeals board because the work is so specialized. Some attorneys make multiple attempts at promotion.

The Board of Veterans' Appeals started in 1933 to handle appeals from veterans who were denied cash benefits connected to their military service. The judges are appointed by the VA secretary and approved by the president, but they are not considered political appointees and are supposed to be independent.

For decades, the White House has given the go-ahead to thousands of judge candidates sent over by the secretary. But that process apparently changed this year as the Trump administration prepared to hire its first group of judges.

As is customary, the eight attorneys were given background checks, submitted an extensive written application and were vetted by multiple interviewers, including the board chairwoman, Mason — a longtime board attorney and veterans law judge confirmed by the Senate in November 2017.

But before Wilkie could sign off on the candidates, the White House personnel office interceded, sending them the questionnaire. It asked, among other things, about the applicants' party affiliation and their address on Election Day in 2016.

Veterans groups said that they were alarmed that the talent pool of potential judges could be shrinking and that they were concerned about further delays in adjudications.

“The idea that these judges may have been selected based on a political litmus test when we're talking about taking care of veterans is very worrisome,” said John Hoellwarth, a spokesman for AMVETS. “The concern is that veterans are being denied qualified judges for purely political reasons while the VA suffers from a massive case backlog in appeals.”

Louis Celli, executive director of the American Legion, the country's largest veterans group, said appeals board judges must be “career employees based on strong ethical standards who are highly qualified regardless of political affiliation.” The Legion has two dozen employees who work as advocates to help veterans navigate the appeals system.

Current and former board staff members and former VA secretaries said they could not recall a time when such inquiries into partisan affiliation during the application process were made.

Robert McDonald, a Republican before he was chosen by then-President Barack Obama as his second VA secretary, oversaw the hiring of 26 judges at the end of the administration. “I never thought of this as a politically appointed position, just because they’re sent through the White House,” he said.

“Our priority was serving veterans,” McDonald said. “The only way to get appeals down was to hire more judges, and the best available regardless of political affiliation.”

The judges who survived the White House gantlet — William Donnelly, Evan Weichert, Cynthia Skow and Lauren Cryan — and those who did not — Karen Kennerly, David Gratz, John Hutcheson and Jebby Rasputnis — were senior board attorneys with six to 12 years of experience in veterans law.

They all were serving as acting judges because of the shortage. Kennerly, one of the rejected applicants, had for years been in charge of training attorneys at the board.

“I have no idea why the others didn’t make it through,” said Donnelly, who was accepted, “but I have the highest respect for their legal acumen.”

He said, though, that ultimately the decision was the president’s.

“It’s a very specialized area and we have a more limited pool of resources now, but the fact is we work for the president and he has the responsibility and duty to select the people most qualified to pursue the vision for the department he sets forth.”

Most of the others declined to comment or did not return phone calls.

Donnelly said the board is now considering new candidates.

In recent years, the board has seen a crush of new appeals as claims generated as a result of rules changes and as department turmoil piled up.

VA paid about \$72 billion a year to about 4.5 million veterans in fiscal year 2017. But more than 400,000 veterans whose claims were denied in whole or in part have flooded the antiquated appeals system, where claims involving simple and complex cases are mixed together.

The growing wait times prompted Congress to pass broad overhauls in 2017 that will divide up the cases by their level of complexity to streamline the approval process and stem the delays. The changes take effect in February.

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1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

A team of independent Pentagon investigators gave another poor grade to the MHS Genesis electronic health record implementation in the Pacific Northwest, according to sources familiar with an executive briefing on the report.

The Initial Operational Test and Evaluation at Madigan Army Medical Center, just outside Lakewood, Wash., found MHS Genesis remains "not effective and not suitable" — conclusions similar to those reached in an April report on three other sites, in Spokane and the Puget Sound. The latest report also said MHS Genesis was "not interoperable," according to two individuals who saw a summary briefing provided to Stacy Cummings, the DoD official in charge of the project.

Despite the negative assessment, the surgeons-general of the four military branches have signed off on moving forward with MHS Genesis, which is running at the four Northwest sites and is planned to go live at three additional bases in California and one in Idaho next year, the two sources said.

A Pentagon official said that while Cummings has been briefed on the findings, the final report was not finished. "I expect the report to recognize significant system improvement" in response to problems that were broadcast in the April report, said David Norley, Cummings' executive assistant.

Officials planning the next stage of the implementation are increasing training of clinicians and will have more Cerner experts on site to assist with problems. Already, officials running the implementation have reduced the average time required to respond to complaints from 84 days to fewer than six, Norley said.

But one Pacific Northwest doctor, speaking on condition of anonymity, said the fixes still required too much time. Military clinicians who attended Cerner's annual conference in Kansas City earlier this month were impressed by the company's capabilities, the doctor said, "but we're lagging way behind where we should be because our processes aren't agile enough. We'll get there, but it's going to take time and money."

It isn't clear how much the military intends to change MHS Genesis in response to complaints about usability and other issues, but Norley said the current version will be improved. In any case, he said, "the baseline solution allows more data sharing, greater patient safety features, and more cyber security protection than the legacy system it replaces."

A Cerner spokesperson declined to comment on the report.

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

It's not clear how much the systems will be allowed to diverge. More similarity could mean easier transmission of patient data between DoD and VA facilities. Yet the two services meet drastically different needs for active-duty troops and veterans.

To this point, the chief of the House Veterans' Affairs subcommittee overseeing the EHR deal complained in an Oct. 10 letter to acting VA Deputy Secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house project to create an open API platform into the VA's health system.

Rep. Jim Banks (R-Ind.) wrote that it was important for the VA to "future-proof" its Cerner acquisition with the technology so it can import software and apps that may go beyond what Cerner can provide.

VA spokesman Curt Cashour said the agency would respond to Banks' request for information about whether the agency was still committed to the open API pledge.

VA recently issued a list comparing the Cerner modules in its contract with those in MHS Genesis.

Notably, the VA has enhanced specialty services like radiology, labs and cardiology, more interoperability functions as well as prescription drug monitoring, population health and administrative software, largely absent from MHS Genesis.

The VA contract with Cerner and its partners is approximately \$10 billion, while the DoD contract currently is \$4.3 billion.

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1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

BROOKLYN, N.Y. — After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management.

Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

Last June at a Brooklyn Film Festival screening of "Fail State" — a new documentary by Alex Shebanow that highlights ways for-profit colleges have exploited veterans and vulnerable students — Andrews spoke about his experiences at the University of Phoenix, the for-profit school where he received a degree in business management. He chose the school because his Walmart colleagues taught there, and university administrators encouraged him to use the GI bill, which covered some of his costs. They even helped him fill out required paperwork.

"You can tell there was a focus that I get approved," said Andrews. When the GI bill did not cover all his tuition, Andrews applied for federal student loans, graduating six years later with his business management degree — and more debt than he could handle.

"The level of harm that is being done [to] students is just staggering," said filmmaker Shebanow. "The tragedy of this is, if for-profits had done what they said they were doing, we wouldn't have to make this film."

A spokesperson for the University of Phoenix did not respond to interview requests. Steve Gunderson, president of the Career Education Colleges and Universities, a membership organization of for-profit schools, called the film "disappointing."

“Veterans continue to come to our schools because they can get an accelerated, focused, academic program that moves them quickly from the battlefield into the workplace in a career of their choosing,” Gunderson said. “That would not happen if we destroyed veterans’ careers.”

A Century Foundation report in May found that college fraud claims have increased 29 percent from August of last year. Ninety-eight percent of those claims involve for-profit colleges.

Veterans Education Success, a nonprofit providing free legal assistance to student veterans, also released a report last year showing that for-profit schools are targeting student veterans even as these institutions’ non-military enrollment has declined.

In order to capitalize on GI bill dollars, these schools took advantage of a loophole in a federal law that bars for-profit institutions from obtaining more than 90 percent of their revenue from federal aid. Under the loophole, the schools were able to count GI bill money as private dollars, meaning they disproportionately profited from enrolling veterans.

“That regulation alone provided a perverse incentive for schools to really target veterans,” said Tyson Manker, an attorney at Veterans Education Success who attended the screening. “They wanted to get [the veterans] in classes because the most important thing to them was to collect the federal education benefit, the GI bill for veterans.”

Indeed, that’s what a Senate report from 2014 found: Some 66 percent of veterans who attended for-profit colleges using their GI bill benefits left the program without a degree. Four of the 10 schools described in the report failed to provide job placement services that allowed students to repay loans they took out to supplement the GI bill.

Like Andrews, Navy veteran Milo Jones, 46, also found himself heavily in debt after completing a degree in information technology from the now-defunct ITT Tech. The school made a point of helping him apply for GI bill benefits and loan applications and promised to help him find a good job. He was working full time to support his family and thought he’d chosen the fastest and best route.

“At the time I thought ‘OK, they’re really going to help me maneuver it,’” said Jones. “But once you have your GI bill, they know they’re going to get paid.”

Jones completed his degree in 2015, graduating with both bad debt — his loans total \$40,000 — and bad credit. “Unfortunately, when you take the easy way out, those are the consequences,” Jones said. He is now a data analyst at Rikers Island.

The film also follows the collapse of the for-profit chain Corinthian Colleges by tracing the Obama administration’s establishment of an investigative team to look into wrongdoings of for-profits. Any crackdown on such schools ended with President Donald Trump’s appointment of Betsy DeVos; the new U.S. secretary of education has dramatically scaled back such regulations. Noted attorney Manker, DeVos “turns it back into the Wild, Wild West.”

DeVos has defended for-profit schools, maintaining that the U.S. needs to “expand, not limit, paths to higher education for students, while also continuing to hold accountable those institutions that do not serve students well.”

Shebanow said he plans to screen his film in veteran communities across the country.

“A lot of people who are well-intentioned are getting ruined by these institutions,” he said. “We need a public outcry to put an end to this.”

Jones, the Navy veteran, agrees. After the screening, he went home to warn his high-school son about for-profit schools.

“I wish he could have seen this film because he is about to start his college search,” said Jones. “I let him know, ‘We’re not going to do that, you’re going to a regular college.’”

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2. Improving Customer Service

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers.

Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

Merritt’s parents, Carol and Steven Merritt, sued the hospital in 2016, claiming negligence after VA doctors failed to monitor his reaction to prescribed medication.

The settlement, set out in court papers filed this month in U.S. District Court in Nashville four years after Merritt’s death, is a compromise of disputed claims, done to avoid the expenses and risks of further litigation.

“No amount of money will ever replace Aaron,” Carol Merritt said in an interview with USA TODAY NETWORK - Tennessee. “We struggled through a lot of bureaucracy. A part of our lives and the grieving process were put on hold. But we didn’t want Aaron to be forgotten and we knew what happened to him wasn’t right.”

Nashville VA doctors prescribed Merritt azathioprine, an anti-inflammatory drug that often decreases white blood cell and platelet counts, according to the lawsuit.

Merritt had a pre-existing condition that suppressed his immune system, leaving him more susceptible to the medicine’s effects. And despite doctors’ recommending frequent monitoring of his blood cell counts, the lawsuit alleges that never happened.

Doctors had only ordered one blood count in a nearly six-month span, causing Merritt’s condition to flare up. He ended up in the emergency room critically ill with low blood counts. He died Oct. 28, 2014.

The Nashville VA is a part of the Tennessee Valley Healthcare System. Spokeswoman Sandra Glover said she could not comment on the case and deferred to the Department of Justice, per the VA's attorneys

Sgt. Aaron M. Merritt's death 'a tragic case'

The lawsuit filed by the Merritts targeted the already troubled veterans healthcare system at a time when its campuses in Nashville and Murfreesboro had a one-star rating – among the worst VA hospitals in the country when considering quality of care, according to the VA's own rankings.

In the most recent rankings this year, both hospitals improved with two-star ratings.

According to Mark Molos, a gastroenterologist in Missouri hired by the Merritts to review their son's case, standard of care required 11 blood count tests from the time Merritt was initially prescribed the medication in May 2014. But VA doctors conducted just one, records show.

His dose also was increased 50 percent in August 2014, without a blood test, Molos reported.

"This is a tragic case involving numerous, continuing, and seemingly systemic failures of care by the clinical gastroenterologists at the Nashville VA. There were multiple deviations from the standard of care each time Aaron was seen....," Molos wrote in his report.

Frank "Trey" Thacher, a Memphis lawyer representing the Merritts, said what stood out to him was Merritt's own concern about his condition and the medication.

According to court documents, Merritt's ulcerative colitis had been flaring up for several days in October 2014. He had high temperatures, ulcers in his mouth that made eating and drinking painful and hard to keep food and water down.

"I was wondering if this was something I should be seen for or if I could get new medication to treat this or improve my quality of life," Merritt wrote to his primary care physician and the VA, records show.

"He had some questions so he called in to the VA hospital but they essentially told him not to worry about it. So he really felt like they were going to watch out for him," Thacher said.

'Who protected him?'

Unlike his three older brothers who work for their family's woodworking business, Merritt "got an itch" to serve after the Sept. 11, 2001, terrorist attacks. He was also impressed with his grandfather's service in World War II, according to the Merritts.

One day he came home and told them he was going to enlist. He graduated from Lake Havasu City High School in Arizona in May 2006 and left the next month to serve.

"He was our son, our brother, our uncle," Carol Merritt said. "It was sudden but we were very proud of him."

In his eight years of service, Merritt did three tours in the Middle East. First as a mechanic in Iraq and then as an explosive ordnance disposal specialist in Afghanistan. He received two commendation medals, one for protecting an injured Afghan soldier.

Once, he was part of a unit that was tasked to protect then-President Barack Obama on a visit, his parents said.

Merritt's diagnosis of the inflammatory bowel disease came at Fort Campbell in January 2014. He was discharged the same month.

"Aaron protected our country and our freedom," Carol Merritt said. "But who protected Aaron?"

The Merritts said the VA was slow to provide information in their son's death, including access to medical records. It wasn't until they wrote a letter to Sen. John McCain that they finally got any answers.

That's when they learned that their son wasn't given vital blood tests.

'Learning experience' for VA

Merritt's death certificate states his immediate cause of death was refractory acidosis (an increase of acid production in the body), septic shock, a deficiency in all blood components and immunosuppression for ulcerative colitis.

Thacher cites the "bad lines of communication" between VA doctors that resulted in negligent care and, ultimately, Merritt's death.

But there is some good that has come out of his client's case, he said.

"The doctors are all very contrite. They told me that Aaron's story is being used to teach medical students at Vanderbilt," Thacher said. "This is a learning experience for the VA."

Carol Merritt said she hopes her son's "sacrifice though this medical tragedy" will mean better VA care for veterans and that "nothing like this will ever happen again."

"We all felt the pain when he died," Steven Merritt said, describing his family as "tight knit." His sons were especially close and they had all purchased land together "in the middle of nowhere" in the Arizona desert where they each planned to build homes.

Their boys, he said, will "remember Aaron" through their ongoing project. The Merritts will continue to rely on the support of their community and their son's fellow service members. And again, on Oct. 28, the anniversary of his death, a photo of Merritt will appear in the local paper as it has the past three years.

"Now this is settled. We will go on with our lives. But we'll never be the same," Carol Merritt said. "The pain is just as strong as it was the day Aaron died."

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2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#)
(23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

At the event, set up inside a midtown sports bar, McSally sat shoulder-to-shoulder with veterans from various branches of the military, including Deborah Martinez-Garibay, an army combat veteran, who told the three Republicans that she felt let down by the Department of Veterans Affairs.

The active duty reservist explained that as a service-related injury grew worse, she said was let go from her job. Martinez-Garibay said she hadn't been employed in three years.

The VA still offers her medical care, but her husband and her daughter have not had insurance for quite some time.

Martinez-Garibay said that she had sought help from both state legislators and McSally's office to make headway at the Tucson VA.

Local businessman Shaun McClusky pressed on why some veterans who served couldn't receive care because they had jobs in the private sector.

Throwing out an example of a veteran making \$24,000 a year, McClusky said \$2,000 a month wasn't enough to afford private insurance.

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2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#) (23 October, Alison Wickline, 169k uvm; Roanoke, VA)

SALEM, Va. - The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base.

"Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

Last year, VA Medical Center staff began looking at ways to maximize transportation options and not overlap with other community transportation agencies. Now the VA offers two transportation programs for veterans in need.

Some veterans may find themselves eligible for beneficiary travel. By meeting ability and income requirements, veterans can either be transported or reimbursed for mileage if their appointment is approved.

"If it's deemed medically justified by a VA health care provider for specialized transportation such as a wheelchair van or stretcher, we can also set up that transportation for our eligible veterans, as well," said Ashley Bradley, social work supervisor for the Salem VA.

But the main overhaul is the new fixed route bus system. The Salem VA runs routes to four different clinic locations -- Wytheville, Danville, Lynchburg and Staunton -- during the week. The

buses can hold up to 32 passengers and, with that space, allow caregivers to ride along. VA staff members say the program has received a positive response so far, but they are still in the transition and trial period. They recommend that veterans with questions about the new system contact them.

"Any veteran who needs assistance with transportation should go through a social worker. We can help them find out if they're eligible for transportation," said Megan Spence, a social worker at the Salem VA.

If you have questions about the transportation options, you can reach the Salem VA Medical Center at 540-982-2463 or [click here to visit the website](#).

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2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#) (23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)

As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville.

What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

If you have serious health care needs such as X-rays, surgery, rehab, follow-up heart health care, etc., you definitely will be getting appointments in Richmond. You're not doing well, but you can expect having to make a round trip of almost 200 miles.

When you finally get to McGuire, you can expect a parking lot filled with cars, so you'd better arrive at least two hours early. They do provide valet parking at McGuire, but you'll probably find yourself in a long line of cars for this service, with as much as a 45-minute wait. So much for a timely arrival for the appointment.

I have experienced all of this firsthand.

I have been hearing that the government has said that long waits to see a doctor will be resolved. That a veteran waiting too long for care can go to a local hospital or medical center.

I'm still waiting for health assistance.

Brent Ruffner, Charlottesville

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2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#) (23 October, Jami Seymore, 55k uvm; Amarillo, TX)

From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

"We're hiring for OR, ED which is emergency department, ICU, med-surg, the community living center which is our long-term care facility and outpatient clinic," said Jeanette Williams, a VA nurse recruiter.

Those departments can be filled by qualified candidates of all levels, from those just starting out to those in the field for years.

"We are looking for OR nurses with OR experience, and we're also looking for the beginning student," said Williams. "We can accommodate anyone from a recent graduate to 20 years' experience."

One nurse applying for the openings says she heard from friends about their experiences at the VA and wanted to check it out.

"I am a nurse, I'm an RN," said applicant Valerie Mullin. "I have a lot of friends who have worked here at the VA and they absolutely love it so I figured I would go give this a shot and see what it's all about." Mullin also noted the extra care needed in this particular position. "We need that extra special care for them," said Mullin. "It's just so much more than a physical thing because we're dealing with their emotions, their spiritual, will their families, as well."

Williams says she is a nurse with the VA in order to give back.

"Myself, I was not in the military but this is my way to give back to my country and to my heroes so I think a lot of nurses feel that way and it's a great draw," said Williams. "We love having them." It's an opportunity to serve those who served our country.

For a full list of openings at the Amarillo VA, visit [USAJobs.gov](https://www.usajobs.gov).

Those interested can also contact Williams directly at 806-468-1540 or Jeanette.williams2@va.gov.

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2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#) (24 October, Joe Vaccrelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments.

Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

Whole health includes a pathway to wellness through well-being programs. The VA hopes to introduce veterans to its whole health course offered twice a month. There is also a six-week "taking charge" health course, in which veterans can learn about complementary and integrative programs. Those interested in more information can speak with their health-care provider or call the Grand Junction VA.

"Clinical care is still a part of the veterans health plan, but we also want to start engaging veterans in self-care opportunities and complementary and integrative health opportunities," Grand Junction VA Whole Health Coordinator Bree Ferrell said.

Veterans can learn about self-care tools such as diet education. Ferrell helped develop the program within the hospital and is overseeing pilot programs. The VA also recently started offering yoga and tai chi classes, and hopes to eventually hire an acupuncturist and a massage therapist.

"Whole health can benefit all veterans," Ferrell said. "We also see that veterans with mental health conditions will benefit using whole health."

Ferrell said the staff will try to find out what is important to patients when it comes to their health.

"It's not what is the matter with you, it's what matters to you," she said.

The VA launched the system in one city in each of its 18 integrative service networks. The flagship site in this region is Salt Lake City. But Ferrell said even though Grand Junction is not a flagship site, the hospital is working closely with Salt Lake City and is on the same path as that VA facility.

Ferrell also works with the Veterans Affairs new comprehensive wellness center. The center, which seeks to get patients off opioids and onto other forms of treatment, among other things, will refer patients into the whole health system.

"It is not about taking away effective pain management, It's about providing effective pain management," said Grand Junction VA Education Program Manager Beth Roten.

The program is geared to involve veterans more in their care and personalize the approach.

The introduction classes will be run by veterans and are available to veterans enrolled at the VA, non-enrolled veterans and family members.

"The idea is to get veterans to start engaging in their care," Ferrell said.

While the initiative is new, Roten said the concept is an old one, especially in Grand Junction, where the facility has consistently ranked high in mental health care.

"It really is simply returning to the roots of high-quality care," Roten said. "It's something we've done for a long time."

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2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#) (23 October, Evan Hensley, 32k uvm; Tupelo, MS)

The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available.

Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

Meeting like this are scheduled so the executive leadership team can work with veterans one on one when addressing issues.

"Many of them here don't come to Memphis all the time to see a doctor, they see clinics here in Tupelo and the surrounding areas," said Willie Logan, the Public Affair officer. "When we come here to tell them about changes and different things that's going on with VA and their healthcare, they're happy to be here and know what's going on."

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2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

The Legion is the voice of veterans. They're authorized by congress to advocate for its members and with five American Legion groups in Grand Junction, it's important for their members to be represented.

Laurie Kuntz, President of the American Legion Auxiliary Department said, "We kind of check and see where they're at. We check on them every year. We donate a lot of money to them so, we want to make sure they're servicing our veterans the way they told us they were going to be servicing our veterans."

Another big focus for The American Legion and the Grand Junction VA is getting more women veteran's into the VA Health Care Center as Grand Junction actually has a higher percentage of women in its care than the national average.

For more information on The American Legion, you can visit their website, and click here for more information on the Grand Junction VA Medical Center.

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2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community.

On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

“Attending the event offers the opportunity for veterans in the LGBT community to meet one another and to meet one-on-one with VA professionals in a safe space that is positive and inclusive,” says Gloria Hairston, director of public affairs at the D.C. VA Medical Center. “The healthcare team at the DC VA Medical center is hopeful that veterans will attend the event without fear or shame.”

Additionally, there will be an opportunity for community partners to offer resources for veterans and their families.

Hairston adds that the DC VA is committed to providing safe, quality health care for all veterans who enroll, including those who are lesbian, gay, bisexual and transgender.

And the event will feature a drag performance from Andrea Anderson, a transgender Army veteran.

All who wish to come are welcome.

The resource fair will take place Friday, October 26, at DC Live Performance Space at 1015 Half Street, S.E. Washington, D.C. 20003. Anyone interested can RSVP by calling (202) 745-4037.

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3. Business Transformation

3.1- Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week.

The van at New Hyde Park’s Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

The mobile unit will have a “tremendous positive impact for our local veterans,” Town Supervisor Judi Bosworth said at a Monday news conference.

“We are so grateful to our veterans for their service and it’s our responsibility to make sure that they have medical care as close to home as possible,” Bosworth added. “The arrival of the mobile unit, as well as the continued push for a more permanent CBOC [community based outpatient clinic], are steps in the right direction.”

The state-of-the-art mobile van is essentially a doctor’s “examination room on wheels,” said Joann DeMarco, the Northport VA’s outreach coordinator. The handicap-accessible vehicle is equipped with all the traditional diagnostic equipment and curtains to ensure patient privacy.

Local veterans said the unit is a much-needed addition to the VA center network, offering physical therapy, podiatry and primary care services.

Matty Falcone, 81, a former Marine, said he's "ecstatic" about the mobile unit's arrival. He said he hopes to get a flu shot there this week.

"We don't use it, we lose it," he said. "We have to get the word out. ... Let's really try to get a lot of people there," Falcone said, addressing fellow veterans on the town's advisory committee.

Sen. Chuck Schumer (D-N.Y.) and other federal representatives such as Rep. Kathleen Rice (D-Garden City) and Rep. Thomas Suozzi (D-Glen Cove) said they are still committed to the push for a permanent clinic in the town.

New York has 47 community-based outpatient clinics, according to the VA website. Nassau County has two clinics, one each in Valley Stream and East Meadow. There are three clinics in Suffolk County, in Riverhead, Patchogue and Bay Shore. The Northport VA is the only veterans hospital on Long Island.

Rice said that the clinic was addressing a "desperate need."

"Do you know that there is between Montauk and New York City one VA hospital that services over 100,000 veterans?" Rice said. "The stress that it puts on veterans to have travel 100 miles, 200 miles to get to the nearest VA center. ... It's just wrong."

Schumer said in a statement that the case for the mobile center was "compelling given the critical mass of veterans here who served to preserve this country's freedom."

"They deserve efficient access to top-quality health care much closer to home while we continue to make the case for a permanent Community Based Outpatient Clinic," he added.

Robert Bernstein, 79, who served in the Navy for nearly 30 years, said veterans should visit the mobile unit to show the need for a permanent clinic.

"Nobody thought we'd get this far," said Bernstein, of Lake Success, adding veterans will keep pushing for a permanent facility.

Veteran Administration Medical Center's Mobile Unit in North Hempstead
Stationed three days a week in the parking lot at Clinton G. Martin Park, at New Hyde Park Rd. and Marcus Ave.

Monday: physical therapy
Wednesday: podiatry
Thursday: primary care
Hours vary but appointments begin at 8 a.m.

Staffed with a doctor and nurses
Open to all veterans, not just town residents

Appointments are required; veterans can call (631) 261-4400 ext. 4590 for an appointment and the town's 311 line for additional information.

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3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear.

The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

If built in Casper, the facility would cost \$21.88 million in 2021, according to a Military Department report. In Sheridan, it would cost \$21.69 million, and in Buffalo, \$19.92 million. The state match for those costs is highest in Casper, at \$7.7 million. It's slightly lower in Sheridan (\$7.6 million) and a good chunk less expensive in Buffalo (a \$7 million state match).

Rep. Bunky Loucks, a Casper Republican, put forward a motion to recommend Casper be the home for the facility. He argued that the city had the best chance to fully staff the facility with health care workers and that it was most accessible to veterans and their families.

Plus, fellow Casper Republican Sen. Jim Anderson said, the state Military Department needed a location so they could move forward on working with the federal Veterans Administration.

But the two Casper lawmakers failed to convince their colleagues. Sen. Curt Meier said he wanted to study the issue more, and Rep. Stan Blake said that though he thought Casper was a good fit, he wanted the committee to be careful.

So Loucks' attempt failed, with just the two Casper legislators voting in favor of it. The committee will consider a location at its December meeting. The recommendation will be just that; it will almost certainly be heavily debated in both the House and Senate during the 2019 session.

The location of Tuesday's meeting at the Oil and Gas Commission was fortuitous for those who want the facility built in Casper. Local Sen. Bill Landen and Reps. Joe MacGuire, Pat Sweeney, Steve Harshman, Jerry Obermueller and Chuck Gray all attended parts of the meeting. MacGuire and Sweeney both testified in favor of building the facility here.

But they weren't alone in lobbying the committee. A contingent from a facility in Buffalo urged the committee to select somewhere other than the Johnson County town; they warned that they wouldn't be able to compete with the veterans home if it received a higher federal reimbursement.

Ron Nading Jr., a retired Navy chief petty officer, lives in Casper and advocated for building the facility here. He said the town has a large veteran community and the largest medical system — Wyoming Medical Center — in the state. He spoke emotionally about losing "my friends, my buddies, my teammates" and taking care of their children.

"It's not about me, as much as it's about this community and the veterans that it serves," Nading, who served as a combat medic and an underwater demolition diver, told lawmakers. "Casper, in my opinion, is the best location for this facility."

In its report, the Health Department listed a number of strengths and weaknesses for Casper, Buffalo and Sheridan. Casper would serve the largest number of veterans because of its central location, had a large existing certified nursing assistant workforce and had access to medical specialists, among other pros. But it had no nearby VA facility, and its pools of CNA graduates "have below-average pass rates."

Buffalo, meanwhile, had good access to VA care, had a good location (Buffalo's mayor would later note that Casper's facility would look out onto a cemetery), and could continue care for veterans who currently live in the Veterans Home there. But it had a small pool of CNAs and a higher cost of living.

Sheridan checked similar boxes: There's a VA hospital in town and there's potential to work with a facility there. But it has a high cost of living and has a "below-average number of veterans served due to location in the far north of the State," according to the report.

A contingent from Buffalo, including Johnson County Commissioner Bill Novotny and Buffalo Mayor Michael Johnson, testified in favor of moving the facility to their town.

Novotny asked the committee to name an industry in Wyoming that didn't struggle for workforce; he said the local college could help "scale up" programs, and that it would be cheaper to build in Buffalo than in Casper.

According to the Military Department's presentation, the facility would include three buildings, each with 12 beds. There are roughly 300 veterans in the state who would need the care, a number that will remain steady in the coming years, according to the Health Department. The plan would start small, with just the 36 beds but would eventually expand.

If built in Casper, the facility would be set on the corner of 12th and South Conwell streets. The land has been donated to the state from the city.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute.

The VA currently operates out of a temporary clinic behind the Honey Creek Mall.

Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

From there, it's expected to take roughly two years to build.

After that, the VA will take over the clinic with patients being scheduled about three months later.

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3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

Normal operations at the PCB VA Clinics resumed Oct. 16. The GCVHCS Medical Station has been in operation since Oct. 15, helping hundreds of Veterans during this time period with holistic medical services, readjustment counseling, pharmacy, food, homeless support and much more. Since Oct. 16, Veterans with scheduled appointments have been seen in both PCB VA locations (2600 Veterans Way, (along Magnolia Beach Road), and 140 Richard Jackson Boulevard) between the hours of 8 a.m. and 4:30 p.m., Monday through Friday. Veterans who walk-in for care will be seen, too.

Sonya Stokes-Sumrall, Veterans Integrated Service Network 16's Emergency Management Officer, who has served as the Medical Station's incident commander, offered a moment of reflection about the operation.

"It has been a tremendous honor serving those who served us here in Panama City," Stokes-Sumrall said. "What has happened here is a true tragedy, and we've seen a lot of heart-breaking circumstances from the Veterans we've served. "I'm eternally grateful to have had such a fabulous team of VA professionals here to support this community in need."

GCVHCS Director Bryan C. Matthews, echoed Stokes-Sumrall's sentiments.

"Sonya and the dedicated Medical Station team has been a godsend," Matthews said. "I'd like to offer my deepest thanks to all members of the team, who came from all over the country to help our Veteran community in Northwest Florida. I'm also thankful for our Panama City VA employees who have showed tremendous resiliency as they continue to recover from Hurricane Michael and return to work."

For Veterans who cannot get to the PCB VA Clinics, a toll-free number, 1-800-507-4571, has been established for Veterans to get updated information on where to go for care, how to receive prescription drugs, or any other concerns they may have about their care. The phone line is open 24 hours a day, seven days a week.

Veterans in need of Pharmacy Customer Care may call 1-855-574-7288; the toll-free number is operational 8 a.m. – 4:30 p.m. (EST) to assist Veterans with medication.

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3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday.

“Our veterans advisory committee,” Bosworth said, “they’ve been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need.”

The van will be stationed at Clinton G. Martin Park in New Hyde Park three days a week. Mondays will be dedicated to physical therapy, Wednesdays to podiatry and Thursdays will focus on primary care.

Bosworth and other speakers took turns stressing the importance of spreading awareness of the new mobile unit to those in need.

“If you know a veteran or have a family member that is a veteran please let them know about this wonderful opportunity,” Bosworth said. “We’re going to do everything we can to make sure people know about this.”

Bosworth explained that the new mobile unit ties into the town’s Project Independence, a program of the Department of Services for the Aging.

“If you are a member of Project Independence in the town, you get very reduced taxi service rates for medical appointments and this qualifies,” Bosworth said. “We have in place a way for our veterans to get here that doesn’t entail family members to take them and gives them a sense of independence that allows them to get the help they deserve.”

“Between Montauk and New York City there is only one VA hospital that services over 100,000 veterans,” U.S. Rep. Kathleen Rice (D-Garden City). “Mobile units like this, it is incredibly important that they get used.”

Rice said that ultimately there is a desire to establish community based outpatient clinics, or CBOCs, so veterans do not have to travel hundreds of miles to the nearest Veterans Affairs hospital.

“If we don’t use this, we’re going to lose it,” Rice said.

“It’s really sad that something like this has taken so long,” Anthony Catalano, of Mineola, said. “But it’s a step in the right direction.”

Catalano, who tuned 98 on Tuesday, served in Gen. George Patton’s 3rd Army, 70th Infantry Division in World War II.

“A lot of us World War II guys are getting up there in our 80s and 90s,” Catalano said. “It’s really something that we don’t have to be reliant on our families or others to bring us here now.”

“If there’s one way to get a permanent clinic to be located in the Town of North Hempstead it’s for people to use this van,” U.S. Rep. Tom Suozzi (D-Glen Cove) said. “When the VA reports back to Washington D.C., they can show there is a tremendous need for this in the community.”

"I've been speaking with the VA since January about permanent clinics and with Northwell Health, and they've agreed that they will provide free space in the town of North Hempstead if we can get the VA to place a CBOC in this community," Suozzi said.

Hours for the VA medical center's mobile unit are currently unlisted. Appointments and unit hours are available at (631) 261-4400, ext. 4590.

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3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for.

Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

The van will be owned by the VA hospital, which will maintain it and keep insurance coverage on it, but it will be based at the VA clinic in Lowndes County, where it will transport veterans five days a week for appointments at the hospital.

"The van they had has right at 250,000 miles on it," Hutson said. "It's wore out. It was breaking down regularly on them going back and forth to Lake City."

The van is unrelated to the Veterans Express Bus, which picks up veterans throughout the area for a trip to the Lake City VA hospital each Thursday. The bus is operated by the South Georgia Veterans Activities Committee, based in Moultrie.

Hutson began soliciting and receiving donations right after he became involved with the project earlier this year. He said he soon realized he needed some help with it and joined up with Darlene Cox, whose family owns CTV (formerly Cox Truck and Van).

Cox is on the board of directors of a charitable foundation called Fishes and Loaves that until that time had been focused on small-scale local projects, such as providing help for someone who couldn't pay a utility bill one month or who needed help to get to a doctor's appointment. Fishes and Loaves — whose name is a reference to Matthew 14:15-21, where Jesus used five loaves of bread and two fishes to feed a multitude of people — is a 501(3)c nonprofit agency; that means donations to it — whether for the veterans van or any other purpose — are fully tax-deductible.

The effort has currently raised \$37,000 for the van, Cox said.

Hutson did not say what the van costs, but he said whatever overage there might be would be donated to other veterans groups, including the Veterans Express Bus.

"Our veterans have done so much for us through the years to keep us safe and free," Hutson said. "We should never forget what they've done."

The veterans van will be available for any veteran, regardless of where they live, Hutson said, although it will be based in Valdosta, so the veteran would have to get to the VA clinic there by departure time. The implication is that Lowndes County veterans would have better access, and as it turned out, more than half the donations did come from Lowndes County donors, he said.

The rest of the donations came from Colquitt, Cook, Mitchell and Worth counties and even from outside of South Georgia, he said.

"A veteran is a veteran," Cox said. "They had a need, and we helped meet that need."

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3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Sprit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

"What's really wonderful is, you look out in the parking lot, and you've got plates from South Dakota, Minnesota and Iowa," Ann Miller, Dickinson County Veterans Affairs director, said. "This serves a lot of people from a lot of areas, and we're so proud. It really touches me."

The new 10,000 square-foot facility is expected to be capable of serving 4,000 veterans. The medical facility was formerly housed about a half-mile away on Lake Street and saw an estimated 2,500 veterans. Miller said around 1,400 veterans call Dickinson County home, and not all of them are in the VA's healthcare system.

"That's an indication of how many are coming from out-of-county to Dickinson County for services some from out-of-state," Miller said before construction began. "It's a real asset to the community."

Miller said the clinic serves veterans from southwest Minnesota as well as northwest Iowa. She feels the Dickinson County location is a centralized location for the patients.

Several sites outside the county were considered for the new clinic, but the building was ultimately constructed near the intersection of Highway 9 and Royal Avenue west of the Great Lakes Mall. It's been a little more than a year since it was announced the clinic would not be changing cities.

Spirit Lake City Administrator Gregg Owens said Lee Seemann Jr. partnered with the city to develop the area the VA would eventually call home. Owens said the development was focused on making space available for multi-family housing, with the prospect of commercial development on the highway frontage. Since the clinic was a federal bid project, Owens said the city was not involved in any direct incentives for the clinic. He said it was simply a case of an investment coming to fruition.

"The key, as it turned out, was having just the right spot available for the clinic, and this location suited the VA's requirements for access, visibility, nearby amenities and the like," Owens said last year.

The clinic falls under the umbrella of the Sioux Falls Medical Center, and VA officials had initially expected the \$2.4 million facility to be complete by spring of 2019, but things wrapped up even sooner.

"I think it went very well," Sara Ackert, acting director of the Sioux Falls Medical Center, said. "We spend about three to five years in advance preparing for a project like this. This clinic was actually started on time and finished on time. It went very smoothly. We couldn't be more pleased."

Staff at the new clinic will have an additional five consultation rooms to work with as well as two telehealth rooms for online video appointments with doctors or specialists at other sites. Staff said the twin telehealth set ups are particularly helpful, as the equipment was wheeled back and forth when needed in the previous building.

Staff told visitors the general layout of the clinic will be more efficient as well. The patient rooms form a U-shape around the central office, and staff can move from room to room easily, rather than moving the patient. Currently, the clinic offers primary care, mental health services, home-based care, dietary care and pharmacy services. Ackert said the VA is continually expanding the services offered via telehealth.

Miller said she's thankful services in the area will continue to improve now that the building is open.

"So many people see how important this facility is, and it's only going to get bigger and better," Miller said. "We are lucky."

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Bill Geiger tried everything to get help for his post-traumatic stress disorder and the panic attacks, anxiety and anger issues that came with it — civilian doctors, Veterans Affairs hospitals, "you name it," he said in a recent interview.

"I was just kind of floundering," he said. "There was something that just wasn't working."

Then in 2015, after medically retiring from the Army, he heard about a new program through the Wounded Warrior Project that would provide two to three weeks of intense therapy. He was one of the first ones to try it and was amazed by the results.

"The Warrior Care Network was like no place that I've ever been; the treatment was like nothing I'd ever seen," he said. "Now I'm standing here today. I'm still alive and kicking."

The Wounded Warrior Project announced Tuesday that it will be putting \$160 million more toward the Warrior Care Network that Geiger went through. That represents a significant expansion of the \$100 million already invested in the program, and the nonprofit hopes the additional funding will allow them to reach more than 5,000 veterans and service members over the next five years.

The Network is a partnership with four academic medical centers, including UCLA, Emory Healthcare, Rush University Medical Center and Massachusetts General Hospital. It started as a pilot program three years ago. The hospitals work together but also have particular specialties and treat veterans from all over the country — not just those from their local communities.

Geiger, from Tallahassee, Florida, attended the program at Massachusetts General in Boston. For eight hours a day over two weeks, he received multiple forms of therapy through one-on-one counseling, group sessions, art and stress-relieving exercises, such as yoga and Tai chi. He also learned about mindfulness and resilience, which have helped him the most, he said.

“Not everything sticks with everybody, but every time you do something new ... you pick a little bit here and a little bit there, and it builds to the point where you’re like, ‘OK, I think I got it now,’” he said.

“I’m not perfect. I still fall off the wagon. I still get mad. But I learned that I get back up again and I try harder next time.”

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it.

“What we’ve seen is amazing, great reductions in PTSD symptoms,” as well as notable overall improvements in wounded warriors, he said.

In addition to helping treat more than 5,000 veterans directly through the intensive therapy program, the additional funding will provide other services for more than 16,000 veterans, service members and their families.

“I’m glad it’s expanding because I know how much it helped me,” Geiger said. “Hopefully (others can) come out on the other side as well as myself and the other people I know that have gone through it.”

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4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem’s IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

Potentially at stake is \$15.4 million in annual revenue, the Journal's Richard Craver reported last week.

On one side is the IFB, which has a contract to provide visual products, including eyeglasses, to the Veterans Administration. On the other is PDS Consultants Inc., a small New Jersey business owned by a disabled service veteran. PDS has sued to get IFB's contract, claiming it should have preference in government contracts for the visual products.

It's a complicated case that pits one worthy business against another.

IFB's eyeglass-manufacturing department has 140 employees in Winston-Salem, including 70 who are blind.

This won't be IFB's last chance to argue its case. "We are currently reviewing the full decision, but I can tell you that IFB Solutions remains 100 percent committed to our mission of creating life-changing jobs and opportunities for people who are blind," David Horton, IFB's chief executive and president, said in a statement. He added that IFB would fight the decision all the way to the Supreme Court if necessary.

We believe they will. And we hope they win.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

"I'll tell you what I've learned: in my big data journey over the last six years, we've had a pretty robust set of users on it. Users are smarter than they think. They're a lot smarter than they think," said Leonel Garciga, CTO at the Joint Improvised Threat Defense Organization within the Department of Defense.

He stressed the importance of building platforms that accommodate and support users and how they use the platform, instead of building it around expected uses. Garciga also emphasized the importance of not ignoring "cutting room floor data," a mindset he attributed to his experience with the intelligence community. He noted that it helped shrink the time to deployment, and that the agency's philosophy is to let users "build out the analytics they need," while his office works to push those analytics out to the edge.

"I will tell you, I don't think there is this thing called shadow IT. I know every CIO just cringed, (but) I think it is my job to deliver a platform that lets the user do what they need to do. Shadow IT is a lack of capability to innovate," said Garciga. "The big part about how you get the security piece and the policy piece around it, that really is building out an ecosystem that's specifically built to provide the maximum amount of support and capability to the user," he added, likening the ideal ecosystem to Apple's app developer ecosystem.

Harnessing data can also help improve government efficiency, a major component of the President's Management Agenda (PMA), especially when it comes to IT.

"One of my challenges is to help manage the spend across IT," said Bill Spencer, an IT category management program manager at the General Services Administration (GSA). "For those of you who go onto OMB's (the Office of Management and Budget's) website and take a look at what the IT budget is, it says about 58 billion dollars. That's a planned budget, that's not actually spent. What I specifically do is dissect that information in such a manner to help address and integrate specific questions for CIOs to be more efficient in their IT acquisitions."

Spencer noted that his role is to support Cross-Agency Priority Goal 7, which aims to reduce fragmentation in government spending. He said that GSA is working to create a simple framework and questions that need to be answered to help understand the landscape of IT. He noted the importance of having interoperable data to find what different agencies are doing and compare the information, but that it remains a complex issue.

"We are the single largest IT buyer on the globe, but we buy like we are thousands upon thousands of small companies," Spencer said. "The ability to make sense of all those base contracts and help decisionmakers with a level of confidence, and those of you in IT know that happens to be through executive language..., that's what I do, is create language in such a manner with data to allow those people making decisions to actually give them the information they need to make decisions," he added.

Spencer shared some insights that GSA has found along the way, both through data and discussions.

"People are generating data through acquisitions in very diverse manners," he said. "It varies from collecting no data, to using PDFs, to very finite data elements. We're finding various anomalies that result in different price points for commodities. What we find in the data is (bulk) is not generally the best indicator," he added, citing a conversation with an executive who told him that late fiscal year orders disrupt the supply chain and add cost.

While some agencies may be fast movers in the race to build big data platforms, others are carefully laying the groundwork for truly impactful initiatives.

When it comes to electronic health records (EHR) at the Pentagon, "we haven't been able to aggregate, make interoperable, or do machine learning on that data. My job is to try and help fix that," said Colonel John Scott, data manager at the Defense Health Agency. As a clinician himself, Scott noted the frustration around those lack of deeper insights. "The biggest challenge is to get all of the data in an integrated data platform, where we really understand it and make it work together. We're doing that in the DoD, and the Veterans Administration (VA) is also doing that, and if we can do that very smartly together, we'll have one of the largest, most powerful clinical datasets in the world...but we're struggling to do that."

Scott emphasized that DoD was not helpless at the moment. "It's much better than it would appear if you only watched the congressional hearings," he said. He pointed to the capabilities of the common standards in the department's Joint Legacy Viewer, and the common electronic filing cabinet standards. "But what we can't do, which is really important, is that we don't have big data analytics."

The potential of an interoperable DoD-VA EHR database presents some extremely compelling use cases.

“We are going to study everybody who has had to leave the military because of healthcare concerns, look at their records, look at what might have been in their medical records that could have predicted that, and then we get into prevention and emerging risk,” said Scott. “We were asked, based on an executive order, to do a better job of identifying veterans who are at risk of negative outcomes after leaving the military. We collaborated with VA trying to link all of our data together, and looking at those persons’ records and finding out what we can in their military record and target for prevention in their last year in the military and in the transition. We have a lot of promise.”

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

“Suicide is a significant national public health problem, especially among [people with lung cancer] and among veterans. As a result, manifestations of this impact — like social isolation, depression and anxiety — can go undiagnosed and untreated,” Donald Sullivan, MD, MA, MCR, assistant professor of medicine at Oregon Health & Science University School of Medicine and core investigator at Center to Improve Veteran Involvement in Care at Veterans Affairs Portland Health Care System, said in a press release.

Sullivan and colleagues assessed the impact of palliative care, which aims to relieve physical pain and address psychological issues, on suicide rates among 20,900 veterans diagnosed with stage IIIB or stage IV lung cancer included in the VA Central Cancer Registry.

Results showed 30 patients (0.14%) committed suicide, a rate more than five times greater than the average among all age- and sex-matched veterans who use VA health care.

Patients who received at least one palliative care visit after diagnoses were 81% less likely to die by suicide.

HemOnc Today spoke with Sullivan about why the risk for suicide among veterans with lung cancer is so great, how he and his colleagues conducted the study, the potential implications of the results, and ways clinicians can respond in their practice.

Question: Can you explain the prevalence of suicide among veterans with lung cancer?

Answer: Among patients with lung cancer in my study, it was about 210 per 100,000 person-years. In the general population, the suicide rate is about 13 per 100,000 person-years.

Q: Why is the risk so much higher in this subgroup?

A: Patients with lung cancer — compared with those who have other types of cancer — have high symptom burden, including both psychological and physical symptoms that impact their quality of life. Additionally, patients with advanced-stage lung cancer have a poor prognosis, which can spur feelings of hopelessness. There is a lot of stigma around a lung cancer diagnosis because, in most cases, it is a self-inflicted disease and patients with lung cancer tend to not share their diagnosis until the very end of life. They, therefore, do not have a lot of support.

Q: How did this study come about?

A: I am a health services outcomes researcher, and more recently I have been focusing on how to improve the quality of care among patients with lung cancer, especially in the VA. I had been looking at use of palliative care in our database and I found remarkable and unexpected results.

Q: How did you conduct the study?

A: These data — which come from a large, retrospective, observational study — were derived from a database of about 25,000 patients with advanced-stage lung cancer treated across the national VA health system from 2007 to 2013. This database was devised from a VA cancer registry, a well-validated source. I connected it with some other data registries, one of which is a suicide data repository within the VA.

Q: What did you find?

A: The incidence of suicide among patients with advanced-stage lung cancer is very high. Compared with the general U.S. population, and with other veterans within the VA who do not have advanced-stage lung cancer, the suicide rate is about 5.8 times higher among those with advanced lung cancer. The other main finding was the association between receipt of palliative care and a reduced risk for suicide. This has not been looked at before.

Q: What are the clinical implications of the findings?

A: It is not routine to screen patients diagnosed with lung cancer for suicidal ideation. Depressive symptoms are common among individuals with lung cancer, and we should be screening for them. However, suicide is not always linked to depression. If we just screen for depression, we are going to miss a subset of patients who are contemplating suicide. I think we will miss patients with screening for suicide ideation, but I think the realization that this is a significant problem is the first important step in how to devise solutions. Another major implication is the importance of palliative care, which is underutilized within this patient population. Realizing how important this is for advanced cancers and serious illness is key.

Q: What is the take-home message for clinicians?

A: I think we need to realize that patients with advanced disease are potentially at high risk for suicide, and we need to start thinking about ways to help these folks. We need to do a better job identifying the physical and psychological symptoms and addressing those with our patients when treating these diseases. Earlier initiation and utilization of palliative care is needed because it could offer tremendous benefit to our patients. — by Jennifer Southall

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday.

The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

"If it were not for our state and tribal cemeteries we would not be able to reach the number of veterans we do across the country in providing dignified burial options for veterans and their families within 75 miles of their homes," said Randy Reeves, Under Secretary for Memorial Affairs for the National Cemetery Administration.

"Just last year over 22 percent of total internments across the nation were done by state and tribal cemeteries. We wouldn't have that access for veterans and their families if it weren't for professionals just like these who do this work each and every day."

Every day, four internments take place at the cemetery, where staff prepare the grounds, lower the caskets, replace the earth and even sod over the area so a visitor would never know an internment has just taken place.

In 2016, the VA awarded a \$3.67 million expansion grant for the Bear cemetery, which provides a final resting place for 45,000 Delaware veterans and their eligible family members.

"This (award) means our cemetery employees are being recognized for the hard work they do on a daily basis," said Larence Kirby, executive director of the Delaware Commission of Veterans Affairs.

"It's not easy dealing with the sadness, and the physical labor of maintaining a cemetery, and unfortunately, a lot of folks overlook that. So the award reflects their ability to comfort loved ones and prepare a site for eternal rest."

Gov. John Carney also attended the ceremony.

"This space, there's something very peaceful and restful about it. It is often the case a slight breeze blows from the west to the east, and somehow you can feel the spirit of the veterans who are buried here and for what they represented," he said. "We couldn't be prouder, I couldn't be prouder as governor, of the individuals who carry out this responsibility so well here at our veterans cemetery."

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6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

The subcommittee on economic opportunity will hold an oversight hearing on Wednesday, Nov. 14 at 2:00 p.m. in Washington, D.C. in what will be a highly anticipated hearing for anyone still owed money.

"It is of great concern to me that there continues to be excessive GI Bill payment delays and that VA remains unable to properly implement the necessary changes to the system that were outlined in the Forever GI Bill," Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, said in a statement.

"It is of utmost importance that we hold this oversight hearing to get to the bottom this problem and ensure that VA is working to swiftly correct these errors."

More information, including a witness list, will be made available in the coming weeks. For now, hundreds of thousands of student veterans have had delayed GI Bill housing payments, forcing many to take out emergency loans, borrow money from friends and family, or fall behind on their bills.

The issue stems from a series of technological glitches in implementing The Harry W. Colmery Veterans Educational Assistance Act, dubbed the "Forever GI Bill," signed into law last year.

Roe's announcement comes the same day as the VFW called for a hearing on the matter. In a letter to the leadership of the VA Congressional committees, the group's national legislative director Carlos Fuentes writes, "VA officials repeatedly vowed that students and schools would receive payments on time and, while the amounts may not be correct, veterans would not be harmed."

He continues, "Yet, VA has consistently missed its deadlines and has failed to properly notify stakeholders and affected beneficiaries."

"Our top priority continues to be helping those students facing a financial hardship because of delayed (monthly housing allowance) payments connect with VA or other resources that might be able to assist them to alleviate their hardship," Barrett Bogue, vice president for public relations of Student Veterans of America, tells Connecting Vets.

The VA, along with several veterans' organizations, urge affected veterans to contact VA's customer service number at 888-442-4551.

Terrence Hayes, a spokesman for the VA, said as of Oct. 22, their continuing processing of educational claims is 132,108, which is a 48 percent increase over the same time last year. "While the inventory has been decreasing in recent days, VA expects to experience higher than normal inventory through the remainder of the year," says Hayes.

To combat this swell of pending claims, Hayes says some VA employees are working mandatory overtime and added more than 200 additional workers to reduce the processing

times. "With these measures in place we are processing an average of more than 16,000 claims per day," he adds.

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7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting.

David J. Thomas Sr., deputy executive director of the Department of Veteran Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

"It was just a beautiful print that I had purchased, and I thought it was very nice," he told her Monday.

Curt Cashour, a VA spokesperson, said: "Thomas immediately took down the print in question — a work by noted historical artist Don Stivers — and the matter is resolved."

What's the point of noting that it is a "work by noted historical artist Don Stivers"? That does not weaken the umbrage. The print would be just as offensive in a government office if it were a Michelangelo.

How clueless, or indifferent, Thomas must be to his colleagues, including those who have filed discrimination and retaliation complaints against him, though not because of the print. Those colleagues include African Americans, whose ancestors would have suffered even longer in slavery had Forrest and his troops won the Civil War. After their defeat, the domestic terrorism of intimidation, violence and lynching against black Americans were the proud calling cards of his KKK.

But it is not just black people who oppose Confederate glorification. All patriotic Americans should reject honoring those who attacked and killed U.S. troops in defense of slavery, secession and white supremacy. Forrest and his colleagues were not tried as traitors, as they could have been, but their actions certainly fit the constitutional definition of treason: "Treason against the United States, shall consist only in levying War against them, or in adhering to their Enemies, giving them Aid and Comfort."

That's a major reason it is insane for the U.S. government to honor Confederates by naming Army bases for those who attacked and killed U.S. troops.

A 2015 Time magazine article talked about the "historical amnesia" that allows the Pentagon to have 10 Army bases named for Confederate officers. All are in the South. Three are in neighboring Virginia. The 10 are:

- Camp Beauregard, La., honoring Gen. Pierre-Gustave Toutant Beauregard
- Fort Benning, Ga., honoring Brig. Gen. Henry Benning
- Fort Bragg, N.C., honoring Gen. Braxton Bragg
- Fort Gordon, Ga., honoring Lt. Gen. John Brown Gordon
- Fort A.P. Hill, Va., honoring Lt. Gen. A.P. Hill
- Fort Hood, Tex., honoring Gen. John Bell Hood
- Fort Lee, Va., honoring Gen. Robert E. Lee
- Fort Pickett, Va., honoring Maj. Gen. George Pickett
- Fort Polk, La., honoring Lt. Gen. Leonidas Polk
- Fort Rucker, Ala., honoring Col. Edmund Rucker

Asked why the Pentagon would honor people who killed U.S. soldiers, Heather Babb, a Defense Department spokesperson, said “at this time, there is no discussion of renaming any DOD installations.”

Rep. Yvette D. Clarke (D-N.Y.) tried to get the discussion going last year, when she introduced the appropriately named “Honoring Real Patriots Act of 2017.” It would require the Defense Department to change the names of military installations “currently named after any individual who took up arms against the United States during the American Civil War or any individual or entity that supported such efforts.”

Clarke said “the time has come for the Army ... to remove the disgraced names of men who waged war against the United States to preserve the evil institution of slavery. Monuments to the Confederacy and its leaders have always represented white supremacy and a continuing attempt to deny the basic human rights of African Americans.”

Her legislation went nowhere in a Republican-controlled Congress.

Two years ago, VA acted, announcing that “Confederate flags will not be displayed from any permanently fixed flagpole in a national cemetery at any time.” Small rebel flags on individual graves are permitted on the U.S. and Confederate memorial days.

“We are aware of the concerns of those who wish to see Confederate flags removed from public venues because they are perceived by many as a symbol of racial intolerance,” said VA’s letter to Rep. Jared Huffman, a California Democrat, who sponsored legislation calling on VA to remove the flags.

Confederate symbols do represent white supremacy, as Clarke said, and are symbols of racial intolerance, as VA’s letter indicated.

But defining opposition to the names and flags as a racial thing, as important as that is, does not go far enough.

The names and flags honoring the Confederacy venerate traitors. The Pentagon should know better.

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7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday.

David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

Thomas, who is deputy executive director of the department's Office of Small and Disadvantaged Business Utilization, a unit that certifies veteran-owned businesses for government contracts, told the newspaper that he knew Forrest only as "a southern general in the Civil War."

Several of Thomas's colleagues have accused him of racism. Three of them have pending racial discrimination charges against him, the Post reported.

John Rigby, the lawyer representing two of those employees, told the Post that they believe the portrait shows Thomas is hostile towards African Americans.

"You don't hire someone who puts a picture of the Klan in his office unless you're [racist]," Rigby told the newspaper.

VA spokesman Curt Cashour in an email to the Post wrote that the VA "strives to create a workplace that is comfortable and welcoming to all employees."

"[Thomas] received no complaints from his fellow employees and only learned about these concerns from The Washington Post ... Thomas immediately took down the print in question," Cashour said. "The matter is resolved."

A petition demanding the portrait's removal had 75 signatures as of Monday, according to the Post. The petition was started by the local VA chapter of the American Federation of Government Employees, which represents employees the agency.

"We employees denounce the display of this offensive picture and believe appropriate action should be taken," the petition says.

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7.3 - The Hill: [White House rejected Democratic candidates for nonpartisan board: report](#) (23 October, Michael Burke, 11.4M uvm; Washington, DC)

The White House this summer rejected half of the candidates for the nonpartisan Board of Veterans' Appeals after asking for the candidates' party affiliations, The Washington Post reported Tuesday.

The Post, citing documents, reported that the White House required candidates for the board to disclose their party affiliations "and other details of their political leanings" before determining whether to accept them. The candidates were nominated to serve as administrative judges on the board.

The Board of Veterans' Appeals, which is part of the Department of Veterans Affairs, determines whether injured veterans are entitled to benefits.

The questions the White House asked about the candidates' party affiliation and political leanings had not been asked of candidates in the past, according to the Post.

The rejected candidates consisted of three Democrats and one independent, according to the newspaper. The accepted candidates, who were sworn in last week, were made up of three Republicans and one person who isn't registered with a party but has voted in Republican primaries, the Post reported.

One candidate told the Post that candidates were required to submit links to their social media pages and say whether they had ever given a speech to Congress, spoken at a political convention, appeared on talk radio or published an opinion piece in either a conservative or liberal outlet.

Although the denied candidates weren't told why they were turned away, their rejections have caused concern among current and former officials in the Department of Veterans Affairs, according to the Post.

VA spokesman Curt Cashour told the Post that the rejections were part of a vetting process of candidates, noting that in 2016 two judges on the board and three attorneys were found to have sent racist and sexist emails.

"Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board," Cashour told the newspaper in an email. "This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting."

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7.4 - WEWS (ABC-5, Video): [Cleveland man arrested again for illegally scrapping at former Veterans Affairs hospital complex](#) (23 October, Jordan Vandenberg, 24k uvd; Cleveland, OH)

BRECKSVILLE, Ohio - A 42-year-old Cleveland man is facing charges after Brecksville police allegedly caught him scrapping at a former Veterans Affairs hospital for the second time.

For more than five decades, the former VA hospital complex in Brecksville provided care for soldiers returning home from war. However, since it closed in 2011 keeping illegal scrappers and trespassers out of the massive property has been a battle in itself for Brecksville police.

On Sunday, officers arrested Paul Stanbaugh — a man with prior convictions for illegal scrapping after he allegedly tried to steal thousands of dollars' worth of insulated copper wiring.

Stanbaugh is being held on a \$500,000 bond on charges of theft, breaking and entering, possession of criminal tools and trespassing.

Police arrested Stanbaugh on Sunday night after officers reported finding several coils of insulated copper wiring in his trunk, which was parked near a building on the expansive property, according to a Brecksville police report.

A patrol officer was conducting a special attention check on the property due to prior occasions in which people had been trespassing and stealing copper, the report states. When the officer pulled onto the property, he reported seeing Stanbaugh's vehicle parked behind the tall grass, the report states.

Stanbaugh allegedly told the officer that he was bow hunting on what he believed was private property. However, the officer stated that Stanbaugh did not have any hunting equipment in his vehicle. Instead, the officer reportedly found the large coils of copper wiring, estimated to be worth thousands of dollars. The report states the responding officer also found two additional copper wire coils hidden in the tall grass.

Stanbaugh had been previously arrested and convicted of breaking and entering the complex several years ago, according to police records.

"Paul stated that he was on hard times and came back to the property to retrieve what he had previously stashed," the report states. "Paul stated that he and his father are near poverty... He doesn't like stealing from people. He's was there [Sunday] just to get by."

Sergio Digeronimo, the prosecutor for the City of Brecksville, said he could not comment on the case because it is still an active investigation. However, Digeronimo said the 103-acre former VA hospital complex has been a frequent target for copper thieves and thrill-seekers looking to explore the vacant buildings that dot the property.

"It's been a challenge. The past several years there have been numerous attempts to bring precious metals out of the building to be scrapped, things like copper," Digeronimo said. "Police have been very successful in the interdiction of that scrapping activity."

Not only is the scrapping activity illegal but it is also extremely dangerous, Digeronimo said.

"There's zero tolerance for any trespassing on the property, principally because it is simply too dangerous to be there," Digeronimo said.

After years of negotiations, the City of Brecksville finally obtained ownership of the property earlier this year as part of a massive redevelopment effort of the entire complex. The multi-million dollar endeavor will turn the historic hospital site into a mixed-use development, featuring office, retail and restaurant space. All of the buildings on the property will be demolished over the next two years as part of the Valor Acres project.

Some demolition work is already underway, placing a greater emphasis on trying to keep people out, Digeronimo said.

"It's very dangerous to be on those premises now that there are construction crews. The buildings are in a grave state of disrepair. They present a significant danger to anybody," Digeronimo said. "There are hazardous materials in there that have been exposed to the elements for a period of time. Because of the scrapping activity, there are a lot of voids that would not be detectable."

Police will continue their specialized patrols around the area while demolition and construction work continues. There is also concern that ghost hunters may try to enter the property for paranormal investigations with Halloween just around the corner. However, the zero-tolerance policy will still apply.

"It's going to be a fantastic asset to the City of Brecksville but until then, the public is asked to enjoy the development from a distance," Digeronimo said.

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7.5 - Nevada Current: [Heller misses more than half of Veterans Affairs hearings](#) (23 October, Dana Gentry, 2k uvm; NV)

U.S. Senator Dean Heller, who has made support of veterans a prominent part of his reelection campaign and its advertising, has missed more than half of the Senate Veterans Affairs Committee hearings at which his presence or absence can be determined during his Senate tenure.

From 2013 through today, Heller missed 48 out of 86 hearings in which his attendance is apparent through transcripts and videos.

Heller's attendance cannot be ruled out or substantiated at an additional 22 hearings. His Senate office did not respond to questions from the Current regarding his attendance.

Heller's attendance record is not unusual; transcripts and videos show that the committee hearings are routinely sparsely attended.

And Veterans Affairs Committee hearings aren't the only hearings that routinely attract light attendance from senators. Committee hearings often only have a few members present, especially when senators have competing committee work scheduled the same day.

Heller missed Veterans Affairs hearings on pending healthcare legislation and more.

On September 10, 2013, Heller missed a joint hearing of the House and Senate Veterans Affairs committee at which the American Legion, the nation's largest veterans service organization, laid out its legislative priorities, including health care, Post-Traumatic Stress Disorder, suicide prevention and job training.

Heller failed to attend the annual presentation again in 2014, 2015, 2016 and 2018. It's unknown whether he attended in 2017.

"For us on the House and Senate Veterans committee, to do our jobs well, we need to hear from you and the other veteran organizations," U.S. Senator Bernie Sanders, the chairman of the

committee at the time, told those testifying at the hearing in 2013. “You are on the ground. You deal every day with veterans who know what’s working in the VA and who know what’s not working. You work with veterans who have ideas on how to improve the system.”

In March of 2013, Heller missed a hearing on ensuring access to high-quality mental health care.

In April of 2014, Heller missed a hearing on the problems and solutions associated with over-medicating veterans.

In March of 2015, Heller missed a hearing on VA prescribing of opioids.

In May of the same year he missed a hearing on the care of paralyzed and blind veterans.

He missed the legislative priorities presentation from paralyzed veterans in May of 2015.

This year, on February 27 and 28, Heller missed consecutive Veterans Affairs hearings but met in his D.C. office with officials from the Nevada Broadcasters Association, Nevada Public Television and the Reno Chamber of Commerce.

On March 21, Heller failed to attend a hearing on the Veterans Programs Budget, but met in his D.C. office with representatives of an air ambulance company from Henderson, an official from the ALS chapter of Nevada, who shared the organization’s legislative priorities, and with Rossi Ralenkotter of the Las Vegas Convention and Visitors Authority.

Heller, a Republican, is running ads criticizing his opponent, U.S. Rep. Jacky Rosen, a Democrat, for missing a vote on veterans to attend a “photo op” at the U.S. and Mexican border. Rosen did miss the vote, which was on the suspension calendar, meaning it was already expected to garner overwhelming support. Heller also distributed a news release claiming Rosen “skipped out” of work. On the day of the vote, Rosen was visiting a facility for unaccompanied minors who immigrated to America.

Politifact rates Heller’s claim Mostly False.

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Veterans Affairs Media Summary and News Clips

24 October 2018

1. [Top Stories](#)

1.1 - The Washington Post: [‘I thought it was very nice’: VA official showcased portrait of KKK’s first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan’s first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

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1.2 - The Washington Post: [‘I’ve never seen these positions politicized’: White House rejection of veterans judges raises concerns of partisanship](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

The Board of Veterans’ Appeals has long filled a nonpartisan role in the federal government, run by dozens of judges charged with sorting through a thicket of regulations to determine whether an injured veteran is entitled to lifetime benefits.

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1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

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1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management. Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

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2. [Improving Customer Service](#)

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers. Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

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2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#) (23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

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2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#) (23 October, Alison Wickline, 169k uvm; Roanoke, VA)

The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base. "Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

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2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#) (23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)

As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville. What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

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2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#) (23 October, Jami Seymore, 55k uvm; Amarillo, TX)

From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

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2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#) (24 October, Joe Vaccarelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments. Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

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2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#) (23 October, Evan Hensley, 32k uvm; Tupelo, MS)

The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available. Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

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2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

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2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community. On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

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3. [Business Transformation](#)

3.1 - Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week. The van at New Hyde Park's Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

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3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear. The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute. The VA currently operates out of a temporary clinic behind the Honey Creek Mall.

Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

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3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

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3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday. "Our veterans advisory committee," Bosworth said, "they've been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need."

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3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for. Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

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3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Spirit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

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[4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it. "What we've seen is amazing, great reductions in PTSD symptoms," as well as notable overall improvements in wounded warriors, he said.

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4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem's IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

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6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday. The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

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6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

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7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting. David J. Thomas Sr., deputy executive director of the Department of Veteran Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

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7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday. David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

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7.3 - The Hill: [White House rejected Democratic candidates for nonpartisan board: report](#) (23 October, Michael Burke, 11.4M uvm; Washington, DC)

The White House this summer rejected half of the candidates for the nonpartisan Board of Veterans' Appeals after asking for the candidates' party affiliations, The Washington Post reported Tuesday.

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7.4 - WEWS (ABC-5, Video): [Cleveland man arrested again for illegally scrapping at former Veterans Affairs hospital complex](#) (23 October, Jordan Vandenberg, 24k uvd; Cleveland, OH)

A 42-year-old Cleveland man is facing charges after Brecksville police allegedly caught him scrapping at a former Veterans Affairs hospital for the second time. For more than five decades, the former VA hospital complex in Brecksville provided care for soldiers returning home from war. However, since it closed in 2011 keeping illegal scrappers and trespassers out of the massive property has been a battle in itself for Brecksville police.

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7.5 - Nevada Current: [Heller misses more than half of Veterans Affairs hearings](#) (23 October, Dana Gentry, 2k uvm; NV)

U.S. Senator Dean Heller, who has made support of veterans a prominent part of his reelection campaign and its advertising, has missed more than half of the Senate Veterans Affairs Committee hearings at which his presence or absence can be determined during his Senate tenure. From 2013 through today, Heller missed 48 out of 86 hearings in which his attendance is apparent through transcripts and videos.

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1. [Top Stories](#)

1.1 - The Washington Post: [‘I thought it was very nice’: VA official showcased portrait of KKK’s first grand wizard](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

A senior official at the Department of Veterans Affairs said he removed a portrait of the Ku Klux Klan’s first grand wizard from his Washington, D.C., office after offended employees began signing a petition to present to VA Secretary Robert Wilkie.

David J. Thomas Sr. is deputy executive director of VA’s Office of Small and Disadvantaged Business Utilization, which certifies veteran-owned businesses seeking government contracts. His senior staff is mostly African American.

Thomas said he took down the painting Monday after a Washington Post reporter explained that its subject, Nathan Bedford Forrest, was a Confederate general and slave trader who became the KKK’s first figure-head in 1868. He said he was unaware of Forrest’s affiliation with the hate group, which formed after the Civil War to maintain white control over newly freed blacks through violence and intimidation.

A basic Google search of Forrest’s name returns various biographies detailing his role in the Confederacy and the white-supremacist strains of its aftermath.

“It was just a beautiful print that I had purchased, and I thought it was very nice,” Thomas said. He said he knew of Forrest only “as a Southern general in the Civil War” and kept the portrait in his basement before decorating a new and larger office at VA’s administrative headquarters a few months ago.

Thomas, who has worked at VA since 2013, is a civil servant employed by the federal government — not a political appointee posted there by President Trump, whose supporters include members of white-nationalist groups. Trump was criticized for his tepid reaction to last year’s deadly protest of white nationalists in Charlottesville.

The painting, by artist Don Stivers, shows Forrest wearing a gray military uniform and astride a horse. It is titled “No Surrender” and depicts the general fleeing a snowy Tennessee battlefield in 1862.

“I don’t know what to do with this thing,” Thomas told The Post, “except to destroy it.”

A manager who reports to Thomas disputed part of his account, saying the Forrest portrait was displayed in Thomas’s previous office also, starting in 2015. When he moved offices in recent months, Thomas directed VA’s maintenance staff to install an electrical outlet high on the wall so he could illuminate the portrait, said the manager, Michelle Gardner-Ince.

Thomas’s staff includes 14 managers, nine of whom are black.

Racial tensions have flared between Thomas and several of his employees, at least three of whom have pending claims of racial discrimination against him. An attorney representing two of

these employees said the portrait is evidence that Thomas is not comfortable around African Americans.

“You don’t hire someone who puts a picture of the Klan in his office unless you’re” racially insensitive, said the lawyer, John Rigby.

Gardner-Ince, a program manager with a case against Thomas pending before the Equal Employment Opportunity Commission alleging he retaliated against her for complaining about a poor performance review, said she spoke with Thomas several years ago about the art in his office, which also includes a portrait of George Washington praying next to his horse during the Revolutionary War at his encampment at Valley Forge.

“He said, ‘My wife told me I shouldn’t put this picture up,’ ” pointing to the Forrest portrait,” Gardner-Ince recalled, “ ‘but I said, I don’t care; I like it.’ ”

“It’s been there for a long time,” she said.

Thomas did not respond to follow-up questions about his conversation with Gardner-Ince.

The portrait’s significance apparently had not come to the attention of Gardner-Ince or the other managers Thomas supervises until last week, when a union steward attending a meeting in Thomas’s office recognized Forrest as a founding member of the KKK. The union steward was aghast, a colleague told The Post, as VA has thousands of black employees who care for an increasingly diverse population of military veterans.

The local VA chapter of American Federation of Government Employees, which represents employees at VA’s central offices, drew up the petition this week demanding the portrait’s removal.

“We employees denounce the display of this offensive picture and believe appropriate action should be taken,” the petition says, describing Forrest as not only the KKK’s first grand wizard but also the commander of an 1864 massacre of Union troops, most of them black, who surrendered after the Battle of Fort Pillow in Tennessee.

Douglas Massey, president of AFGE’s Local 17, said he gathered 75 signatures on Monday in the headquarters cafeteria and plans to continue until he has 200, even though Thomas told The Post he took down the portrait. Massey said he found Thomas’s explanation offensive and “hard to believe.”

He described the decor in Thomas’s office as “very deliberate and fastidious.”

“That office could be a museum. There seems to be so much thought that went into decorating it,” he said. “If I had a picture in my office of someone, I would want to know who it is.”

VA spokesman Curt Cashour said in an email that the agency “strives to create a workplace that is comfortable and welcoming to all employees” and noted that in his first month as secretary, Wilkie signed a policy that ensures that VA “does not tolerate behaviors that interfere with an individual’s work performance or that create an intimidating, offensive, or hostile environment.”

“Achieving the secretary’s goal relies in large part on individual judgment and common sense of employees at all levels,” Cashour said.

He said, however, that Thomas “received no complaints from his fellow employees and only learned about these concerns from The Washington Post,” adding, “Mr. Thomas immediately took down the print in question . . . and the matter is resolved.”

Thomas questioned why the union official did not tell him that some people might find the portrait offensive and said that none of his employees ever complained about the portrait. “You know how many people I’ve had in and out of my office?” he said. “They say, ‘That’s a nice print.’”

A group of former Confederate soldiers formed the Ku Klux Klan in Tennessee in 1865 and later asked Forrest to be the first grand wizard. Forrest was recognized as a military strategist and in the last years of his life publicly denounced the violence and racism practiced by the Klan. During Reconstruction, he received a pardon from President Andrew Johnson, but he remains one of the most controversial figures of the Civil War era for his role in the Fort Pillow massacre.

Although public memorials were erected throughout the South to honor Forrest, many have been taken down amid the recent national furor over such statues.

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1.2 - The Washington Post: [‘I’ve never seen these positions politicized’: White House rejection of veterans judges raises concerns of partisanship](#) (23 October, Lisa Rein, 30.6M uvm; Washington, DC)

The Board of Veterans’ Appeals has long filled a nonpartisan role in the federal government, run by dozens of judges charged with sorting through a thicket of regulations to determine whether an injured veteran is entitled to lifetime benefits.

But this summer, the White House rejected half of the candidates selected by the board chairwoman to serve as administrative judges, who make rulings on the disability claims. The rejections came after the White House required them to disclose their party affiliation and other details of their political leanings, according to documents viewed by The Washington Post.

Such questions had not been asked of judge candidates in the past, according to former judges and board staff.

As part of the process, the candidates were asked to provide links to their social media profiles and disclose whether they had ever given a speech to Congress, spoken at a political convention, appeared on talk radio, or published an opinion piece in a conservative forum such as Breitbart News or a liberal one such as Mother Jones, according to one candidate, who requested anonymity because the person is not authorized to speak to the media.

The rejected applicants are three Democrats and an independent. Of the four accepted by the White House and sworn in last week, three are Republicans, and one has no party affiliation but has voted in GOP primaries, according to documents and interviews.

The rebuffed candidates were not given a reason. But their rejection has raised alarms among former and current officials at the Department of Veterans Affairs, where the appeals board — with about 90 judges and 800 attorneys — has always been viewed as nonpolitical.

“During my tenure, the White House approval was considered pro forma,” said Anthony Principi, who led the agency during George W. Bush’s first term.

“I certainly remember the chairman [of the appeals board] being political,” Principi said, “but the judges were career civil servants. They’re adjudicators.”

Ninio Fetalvo, a White House spokesman, referred questions to VA.

In an email, VA spokesman Curt Cashour said the rejections were part of an effort to improve the vetting of board candidates, after two judges and three board attorneys were discovered in 2016 to have sent racist and sexist emails.

“Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board,” Cashour said in an email. “This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting.”

He did not address whether party affiliation was a factor in the selection of the recent group of judges or whether the White House discovered any past misconduct.

The Trump administration has shown a zeal for installing loyalists in the nonpartisan civil service — for example, reassigning senior executives at the Interior Department, transferring dozens of career diplomats at the State Department to clerical work, installing loyalists in positions previously held by experts at a federal aid agency called the Millennium Challenge Corporation.

Employees in other offices at VA have faced transfers or reassignment because they were deemed to be out of step with the president’s priorities.

All eight candidates for the veterans appeals board were attorneys with years of experience in leadership roles at the appeals board. They were already serving as acting judges and were heavily vetted and recommended by the board chairwoman, Cheryl L. Mason, who was appointed by President Trump.

The rejections come as the board is steadily adding judges and attorneys to ease delays and fend off criticism and scrutiny from Congress for lengthy backlogs. Agency data show that veterans waited an average of three years for appeals to resolve in fiscal 2017 and that more-complex cases required an average of seven years.

“I’ve never seen these positions politicized,” said Douglas Massey, president of Local 17 of the American Federation of Government Employees, which represents attorneys and other appeals board employees. Before leading the local full time, he was one of the many attorneys who supported the appeals board judges.

During that time, “I had no idea who was a Democrat and who was a Republican,” Massey said. “To adjudicate these claims, you need the best and the brightest.”

In an announcement last week, VA Secretary Robert Wilkie said the four judges who were accepted would contribute to “better and faster service to veterans.”

“Bringing on additional judges means the Board will be better staffed to conduct hearings and decide appeals properly in a timely manner,” he said.

The new approach at VA comes as the White House for the first time turned another class of administrative judges from civil servants into political appointees, reflecting an emerging conservative legal movement to involve the president in naming government adjudicators.

Citing a Supreme Court decision, the Trump administration announced in July that administrative law judges, most of whom rule on disability claims for the Social Security Administration, would now be appointed by the president.

Veterans law judges, as the administrative judges are formally known, are coveted jobs, drawing a senior executive salary of between \$150,000 and \$174,000. The vast majority are hired from within the appeals board because the work is so specialized. Some attorneys make multiple attempts at promotion.

The Board of Veterans’ Appeals started in 1933 to handle appeals from veterans who were denied cash benefits connected to their military service. The judges are appointed by the VA secretary and approved by the president, but they are not considered political appointees and are supposed to be independent.

For decades, the White House has given the go-ahead to thousands of judge candidates sent over by the secretary. But that process apparently changed this year as the Trump administration prepared to hire its first group of judges.

As is customary, the eight attorneys were given background checks, submitted an extensive written application and were vetted by multiple interviewers, including the board chairwoman, Mason — a longtime board attorney and veterans law judge confirmed by the Senate in November 2017.

But before Wilkie could sign off on the candidates, the White House personnel office interceded, sending them the questionnaire. It asked, among other things, about the applicants’ party affiliation and their address on Election Day in 2016.

Veterans groups said that they were alarmed that the talent pool of potential judges could be shrinking and that they were concerned about further delays in adjudications.

“The idea that these judges may have been selected based on a political litmus test when we’re talking about taking care of veterans is very worrisome,” said John Hoellwarth, a spokesman for AMVETS. “The concern is that veterans are being denied qualified judges for purely political reasons while the VA suffers from a massive case backlog in appeals.”

Louis Celli, executive director of the American Legion, the country’s largest veterans group, said appeals board judges must be “career employees based on strong ethical standards who are highly qualified regardless of political affiliation.” The Legion has two dozen employees who work as advocates to help veterans navigate the appeals system.

Current and former board staff members and former VA secretaries said they could not recall a time when such inquiries into partisan affiliation during the application process were made.

Robert McDonald, a Republican before he was chosen by then-President Barack Obama as his second VA secretary, oversaw the hiring of 26 judges at the end of the administration. “I never thought of this as a politically appointed position, just because they’re sent through the White House,” he said.

“Our priority was serving veterans,” McDonald said. “The only way to get appeals down was to hire more judges, and the best available regardless of political affiliation.”

The judges who survived the White House gantlet — William Donnelly, Evan Weichert, Cynthia Skow and Lauren Cryan — and those who did not — Karen Kennerly, David Gratz, John Hutcheson and Jebby Rasputnis — were senior board attorneys with six to 12 years of experience in veterans law.

They all were serving as acting judges because of the shortage. Kennerly, one of the rejected applicants, had for years been in charge of training attorneys at the board.

“I have no idea why the others didn’t make it through,” said Donnelly, who was accepted, “but I have the highest respect for their legal acumen.”

He said, though, that ultimately the decision was the president’s.

“It’s a very specialized area and we have a more limited pool of resources now, but the fact is we work for the president and he has the responsibility and duty to select the people most qualified to pursue the vision for the department he sets forth.”

Most of the others declined to comment or did not return phone calls.

Donnelly said the board is now considering new candidates.

In recent years, the board has seen a crush of new appeals as claims generated as a result of rules changes and as department turmoil piled up.

VA paid about \$72 billion a year to about 4.5 million veterans in fiscal year 2017. But more than 400,000 veterans whose claims were denied in whole or in part have flooded the antiquated appeals system, where claims involving simple and complex cases are mixed together.

The growing wait times prompted Congress to pass broad overhauls in 2017 that will divide up the cases by their level of complexity to streamline the approval process and stem the delays. The changes take effect in February.

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1.3 - Politico: [Initial report shows Pentagon EHR rollout still has big problems](#) (23 October, Arthur Allen, 8.7M uvm; Arlington, VA)

A team of independent Pentagon investigators gave another poor grade to the MHS Genesis electronic health record implementation in the Pacific Northwest, according to sources familiar with an executive briefing on the report.

The Initial Operational Test and Evaluation at Madigan Army Medical Center, just outside Lakewood, Wash., found MHS Genesis remains "not effective and not suitable" — conclusions similar to those reached in an April report on three other sites, in Spokane and the Puget Sound. The latest report also said MHS Genesis was "not interoperable," according to two individuals who saw a summary briefing provided to Stacy Cummings, the DoD official in charge of the project.

Despite the negative assessment, the surgeons-general of the four military branches have signed off on moving forward with MHS Genesis, which is running at the four Northwest sites and is planned to go live at three additional bases in California and one in Idaho next year, the two sources said.

A Pentagon official said that while Cummings has been briefed on the findings, the final report was not finished. "I expect the report to recognize significant system improvement" in response to problems that were broadcast in the April report, said David Norley, Cummings' executive assistant.

Officials planning the next stage of the implementation are increasing training of clinicians and will have more Cerner experts on site to assist with problems. Already, officials running the implementation have reduced the average time required to respond to complaints from 84 days to fewer than six, Norley said.

But one Pacific Northwest doctor, speaking on condition of anonymity, said the fixes still required too much time. Military clinicians who attended Cerner's annual conference in Kansas City earlier this month were impressed by the company's capabilities, the doctor said, "but we're lagging way behind where we should be because our processes aren't agile enough. We'll get there, but it's going to take time and money."

It isn't clear how much the military intends to change MHS Genesis in response to complaints about usability and other issues, but Norley said the current version will be improved. In any case, he said, "the baseline solution allows more data sharing, greater patient safety features, and more cyber security protection than the legacy system it replaces."

A Cerner spokesperson declined to comment on the report.

VA and Defense secretaries on Sept. 26 signed an agreement pledging to "align their plans, strategies and structures as they roll out a EHR system that will allow VA and DoD to share patient data seamlessly" for 18 million people covered by the two systems. They also promised to create a new organizational structure that will put the power to resolve differences in a single office.

It's not clear how much the systems will be allowed to diverge. More similarity could mean easier transmission of patient data between DoD and VA facilities. Yet the two services meet drastically different needs for active-duty troops and veterans.

To this point, the chief of the House Veterans' Affairs subcommittee overseeing the EHR deal complained in an Oct. 10 letter to acting VA Deputy Secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house project to create an open API platform into the VA's health system.

Rep. Jim Banks (R-Ind.) wrote that it was important for the VA to "future-proof" its Cerner acquisition with the technology so it can import software and apps that may go beyond what Cerner can provide.

VA spokesman Curt Cashour said the agency would respond to Banks' request for information about whether the agency was still committed to the open API pledge.

VA recently issued a list comparing the Cerner modules in its contract with those in MHS Genesis.

Notably, the VA has enhanced specialty services like radiology, labs and cardiology, more interoperability functions as well as prescription drug monitoring, population health and administrative software, largely absent from MHS Genesis.

The VA contract with Cerner and its partners is approximately \$10 billion, while the DoD contract currently is \$4.3 billion.

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1.4 - PBS (The Hechinger Report): [Why these veterans regret their for-profit college degrees — and debt](#) (23 October, Karina Hernandez, 6.7M uvm; Arlington, VA)

BROOKLYN, N.Y. — After serving four years in the military, John Andrews, 42, adjusted to civilian life by working at his local Walmart in Arkansas. Encouraged by co-workers, he also went back to school, hoping to move up in management.

Instead, he ended up \$40,000 in debt, with a useless diploma. "I got this degree that I don't even hang on my wall anymore," Andrews said.

Last June at a Brooklyn Film Festival screening of "Fail State" — a new documentary by Alex Shebanow that highlights ways for-profit colleges have exploited veterans and vulnerable students — Andrews spoke about his experiences at the University of Phoenix, the for-profit school where he received a degree in business management. He chose the school because his Walmart colleagues taught there, and university administrators encouraged him to use the GI bill, which covered some of his costs. They even helped him fill out required paperwork.

"You can tell there was a focus that I get approved," said Andrews. When the GI bill did not cover all his tuition, Andrews applied for federal student loans, graduating six years later with his business management degree — and more debt than he could handle.

"The level of harm that is being done [to] students is just staggering," said filmmaker Shebanow. "The tragedy of this is, if for-profits had done what they said they were doing, we wouldn't have to make this film."

A spokesperson for the University of Phoenix did not respond to interview requests. Steve Gunderson, president of the Career Education Colleges and Universities, a membership organization of for-profit schools, called the film "disappointing."

“Veterans continue to come to our schools because they can get an accelerated, focused, academic program that moves them quickly from the battlefield into the workplace in a career of their choosing,” Gunderson said. “That would not happen if we destroyed veterans’ careers.”

A Century Foundation report in May found that college fraud claims have increased 29 percent from August of last year. Ninety-eight percent of those claims involve for-profit colleges.

Veterans Education Success, a nonprofit providing free legal assistance to student veterans, also released a report last year showing that for-profit schools are targeting student veterans even as these institutions’ non-military enrollment has declined.

In order to capitalize on GI bill dollars, these schools took advantage of a loophole in a federal law that bars for-profit institutions from obtaining more than 90 percent of their revenue from federal aid. Under the loophole, the schools were able to count GI bill money as private dollars, meaning they disproportionately profited from enrolling veterans.

“That regulation alone provided a perverse incentive for schools to really target veterans,” said Tyson Manker, an attorney at Veterans Education Success who attended the screening. “They wanted to get [the veterans] in classes because the most important thing to them was to collect the federal education benefit, the GI bill for veterans.”

Indeed, that’s what a Senate report from 2014 found: Some 66 percent of veterans who attended for-profit colleges using their GI bill benefits left the program without a degree. Four of the 10 schools described in the report failed to provide job placement services that allowed students to repay loans they took out to supplement the GI bill.

Like Andrews, Navy veteran Milo Jones, 46, also found himself heavily in debt after completing a degree in information technology from the now-defunct ITT Tech. The school made a point of helping him apply for GI bill benefits and loan applications and promised to help him find a good job. He was working full time to support his family and thought he’d chosen the fastest and best route.

“At the time I thought ‘OK, they’re really going to help me maneuver it,’” said Jones. “But once you have your GI bill, they know they’re going to get paid.”

Jones completed his degree in 2015, graduating with both bad debt — his loans total \$40,000 — and bad credit. “Unfortunately, when you take the easy way out, those are the consequences,” Jones said. He is now a data analyst at Rikers Island.

The film also follows the collapse of the for-profit chain Corinthian Colleges by tracing the Obama administration’s establishment of an investigative team to look into wrongdoings of for-profits. Any crackdown on such schools ended with President Donald Trump’s appointment of Betsy DeVos; the new U.S. secretary of education has dramatically scaled back such regulations. Noted attorney Manker, DeVos “turns it back into the Wild, Wild West.”

DeVos has defended for-profit schools, maintaining that the U.S. needs to “expand, not limit, paths to higher education for students, while also continuing to hold accountable those institutions that do not serve students well.”

Shebanow said he plans to screen his film in veteran communities across the country.

"A lot of people who are well-intentioned are getting ruined by these institutions," he said. "We need a public outcry to put an end to this."

Jones, the Navy veteran, agrees. After the screening, he went home to warn his high-school son about for-profit schools.

"I wish he could have seen this film because he is about to start his college search," said Jones. "I let him know, 'We're not going to do that, you're going to a regular college.'"

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2. Improving Customer Service

2.1 - The Tennessean: [VA to pay \\$2.5 million in wrongful death settlement at Nashville VA hospital](#) (23 October, Yihyun Jeong, 1M uvm; Nashville, TN)

The parents of a U.S. Army veteran will receive \$2.5 million in a wrongful death settlement after their 26-year-old son died from a treatable condition at the Department of Veterans Affairs medical center in Nashville, according to court papers.

Staff Sgt. Aaron M. Merritt died in October 2014, just nine months after he was honorably discharged at Fort Campbell and less than 10 months after he was diagnosed with ulcerative colitis at the Nashville VA.

Merritt's parents, Carol and Steven Merritt, sued the hospital in 2016, claiming negligence after VA doctors failed to monitor his reaction to prescribed medication.

The settlement, set out in court papers filed this month in U.S. District Court in Nashville four years after Merritt's death, is a compromise of disputed claims, done to avoid the expenses and risks of further litigation.

"No amount of money will ever replace Aaron," Carol Merritt said in an interview with USA TODAY NETWORK - Tennessee. "We struggled through a lot of bureaucracy. A part of our lives and the grieving process were put on hold. But we didn't want Aaron to be forgotten and we knew what happened to him wasn't right."

Nashville VA doctors prescribed Merritt azathioprine, an anti-inflammatory drug that often decreases white blood cell and platelet counts, according to the lawsuit.

Merritt had a pre-existing condition that suppressed his immune system, leaving him more susceptible to the medicine's effects. And despite doctors' recommending frequent monitoring of his blood cell counts, the lawsuit alleges that never happened.

Doctors had only ordered one blood count in a nearly six-month span, causing Merritt's condition to flare up. He ended up in the emergency room critically ill with low blood counts. He died Oct. 28, 2014.

The Nashville VA is a part of the Tennessee Valley Healthcare System. Spokeswoman Sandra Glover said she could not comment on the case and deferred to the Department of Justice, per the VA's attorneys

Sgt. Aaron M. Merritt's death 'a tragic case'

The lawsuit filed by the Merritts targeted the already troubled veterans healthcare system at a time when its campuses in Nashville and Murfreesboro had a one-star rating – among the worst VA hospitals in the country when considering quality of care, according to the VA's own rankings.

In the most recent rankings this year, both hospitals improved with two-star ratings.

According to Mark Molos, a gastroenterologist in Missouri hired by the Merritts to review their son's case, standard of care required 11 blood count tests from the time Merritt was initially prescribed the medication in May 2014. But VA doctors conducted just one, records show.

His dose also was increased 50 percent in August 2014, without a blood test, Molos reported.

"This is a tragic case involving numerous, continuing, and seemingly systemic failures of care by the clinical gastroenterologists at the Nashville VA. There were multiple deviations from the standard of care each time Aaron was seen...,” Molos wrote in his report.

Frank “Trey” Thacher, a Memphis lawyer representing the Merritts, said what stood out to him was Merritt's own concern about his condition and the medication.

According to court documents, Merritt's ulcerative colitis had been flaring up for several days in October 2014. He had high temperatures, ulcers in his mouth that made eating and drinking painful and hard to keep food and water down.

"I was wondering if this was something I should be seen for or if I could get new medication to treat this or improve my quality of life," Merritt wrote to his primary care physician and the VA, records show.

"He had some questions so he called in to the VA hospital but they essentially told him not to worry about it. So he really felt like they were going to watch out for him," Thacher said.

'Who protected him?'

Unlike his three older brothers who work for their family's woodworking business, Merritt "got an itch" to serve after the Sept. 11, 2001, terrorist attacks. He was also impressed with his grandfather's service in World War II, according to the Merritts.

One day he came home and told them he was going to enlist. He graduated from Lake Havasu City High School in Arizona in May 2006 and left the next month to serve.

"He was our son, our brother, our uncle," Carol Merritt said. "It was sudden but we were very proud of him."

In his eight years of service, Merritt did three tours in the Middle East. First as a mechanic in Iraq and then as an explosive ordnance disposal specialist in Afghanistan. He received two commendation medals, one for protecting an injured Afghan soldier.

Once, he was part of a unit that was tasked to protect then-President Barack Obama on a visit, his parents said.

Merritt's diagnosis of the inflammatory bowel disease came at Fort Campbell in January 2014. He was discharged the same month.

"Aaron protected our country and our freedom," Carol Merritt said. "But who protected Aaron?"

The Merritts said the VA was slow to provide information in their son's death, including access to medical records. It wasn't until they wrote a letter to Sen. John McCain that they finally got any answers.

That's when they learned that their son wasn't given vital blood tests.

'Learning experience' for VA

Merritt's death certificate states his immediate cause of death was refractory acidosis (an increase of acid production in the body), septic shock, a deficiency in all blood components and immunosuppression for ulcerative colitis.

Thacher cites the "bad lines of communication" between VA doctors that resulted in negligent care and, ultimately, Merritt's death.

But there is some good that has come out of his client's case, he said.

"The doctors are all very contrite. They told me that Aaron's story is being used to teach medical students at Vanderbilt," Thacher said. "This is a learning experience for the VA."

Carol Merritt said she hopes her son's "sacrifice though this medical tragedy" will mean better VA care for veterans and that "nothing like this will ever happen again."

"We all felt the pain when he died," Steven Merritt said, describing his family as "tight knit." His sons were especially close and they had all purchased land together "in the middle of nowhere" in the Arizona desert where they each planned to build homes.

Their boys, he said, will "remember Aaron" through their ongoing project. The Merritts will continue to rely on the support of their community and their son's fellow service members. And again, on Oct. 28, the anniversary of his death, a photo of Merritt will appear in the local paper as it has the past three years.

"Now this is settled. We will go on with our lives. But we'll never be the same," Carol Merritt said. "The pain is just as strong as it was the day Aaron died."

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2.2 - Arizona Daily Star: [McSally, Kyl get earful on problems at the VA from local veterans](#)
(23 October, Joe Ferguson, 364k uvm; Tucson, AZ)

Sounding off on the challenges faced after leaving military service, a group of about 30 Tucson veterans dominated an hour-long roundtable with U.S. Congresswoman Martha McSally, U.S. Senator Jon Kyl and Republican Congressional candidate Lea Marquez Peterson on Tuesday.

At the event, set up inside a midtown sports bar, McSally sat shoulder-to-shoulder with veterans from various branches of the military, including Deborah Martinez-Garibay, an army combat veteran, who told the three Republicans that she felt let down by the Department of Veterans Affairs.

The active duty reservist explained that as a service-related injury grew worse, she said was let go from her job. Martinez-Garibay said she hadn't been employed in three years.

The VA still offers her medical care, but her husband and her daughter have not had insurance for quite some time.

Martinez-Garibay said that she had sought help from both state legislators and McSally's office to make headway at the Tucson VA.

Local businessman Shaun McClusky pressed on why some veterans who served couldn't receive care because they had jobs in the private sector.

Throwing out an example of a veteran making \$24,000 a year, McClusky said \$2,000 a month wasn't enough to afford private insurance.

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2.3 - WSLS (NBC-10, Video): [Salem VA Medical Center hoping to serve more veterans with new transportation program](#) (23 October, Alison Wickline, 169k uvm; Roanoke, VA)

SALEM, Va. - The Salem Veterans Affairs Medical Center has a new battle plan to help veterans get to and from home base.

"Since we started the project, we have noticed that we are definitely providing transportation to an increased number of veterans than we were ever able to previously provide it to," said Katelyn Peters, a social worker at the Salem VA.

Last year, VA Medical Center staff began looking at ways to maximize transportation options and not overlap with other community transportation agencies. Now the VA offers two transportation programs for veterans in need.

Some veterans may find themselves eligible for beneficiary travel. By meeting ability and income requirements, veterans can either be transported or reimbursed for mileage if their appointment is approved.

"If it's deemed medically justified by a VA health care provider for specialized transportation such as a wheelchair van or stretcher, we can also set up that transportation for our eligible veterans, as well," said Ashley Bradley, social work supervisor for the Salem VA.

But the main overhaul is the new fixed route bus system. The Salem VA runs routes to four different clinic locations -- Wytheville, Danville, Lynchburg and Staunton -- during the week. The

buses can hold up to 32 passengers and, with that space, allow caregivers to ride along. VA staff members say the program has received a positive response so far, but they are still in the transition and trial period. They recommend that veterans with questions about the new system contact them.

"Any veteran who needs assistance with transportation should go through a social worker. We can help them find out if they're eligible for transportation," said Megan Spence, a social worker at the Salem VA.

If you have questions about the transportation options, you can reach the Salem VA Medical Center at 540-982-2463 or [click here to visit the website](#).

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2.4 - The Daily Progress: [Opinion/Letter: Veterans' care still problematic](#) (23 October, Brent Ruffner, 153k uvm; Charlottesville, VA)

As a Vietnam service veteran of the U.S. Army (1968-70), I find myself often wondering why we do not have full medical care here in Charlottesville.

What we do have is a veterans' outpatient clinic, basically a sub-clinic for the Hunter Holmes McGuire Veterans Administration Medical Center in Richmond.

If you have serious health care needs such as X-rays, surgery, rehab, follow-up heart health care, etc., you definitely will be getting appointments in Richmond. You're not doing well, but you can expect having to make a round trip of almost 200 miles.

When you finally get to McGuire, you can expect a parking lot filled with cars, so you'd better arrive at least two hours early. They do provide valet parking at McGuire, but you'll probably find yourself in a long line of cars for this service, with as much as a 45-minute wait. So much for a timely arrival for the appointment.

I have experienced all of this firsthand.

I have been hearing that the government has said that long waits to see a doctor will be resolved. That a veteran waiting too long for care can go to a local hospital or medical center.

I'm still waiting for health assistance.

Brent Ruffner, Charlottesville

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2.5 - KFDA (CBS-10, Video): [Amarillo VA sees need for registered nurses following internal and external growth](#) (23 October, Jami Seymore, 55k uvm; Amarillo, TX)

From new additions like the VA's Primary Care Center to internal growth and promotions, Thomas E. Creek VA Medical Center in Amarillo is seeing a need for registered nurses with more than a dozen positions available.

"We're hiring for OR, ED which is emergency department, ICU, med-surg, the community living center which is our long-term care facility and outpatient clinic," said Jeanette Williams, a VA nurse recruiter.

Those departments can be filled by qualified candidates of all levels, from those just starting out to those in the field for years.

"We are looking for OR nurses with OR experience, and we're also looking for the beginning student," said Williams. "We can accommodate anyone from a recent graduate to 20 years' experience."

One nurse applying for the openings says she heard from friends about their experiences at the VA and wanted to check it out.

"I am a nurse, I'm an RN," said applicant Valerie Mullin. "I have a lot of friends who have worked here at the VA and they absolutely love it so I figured I would go give this a shot and see what it's all about." Mullin also noted the extra care needed in this particular position. "We need that extra special care for them," said Mullin. "It's just so much more than a physical thing because we're dealing with their emotions, their spiritual, will their families, as well."

Williams says she is a nurse with the VA in order to give back.

"Myself, I was not in the military but this is my way to give back to my country and to my heroes so I think a lot of nurses feel that way and it's a great draw," said Williams. "We love having them." It's an opportunity to serve those who served our country.

For a full list of openings at the Amarillo VA, visit [USAJobs.gov](https://www.usajobs.gov).

Those interested can also contact Williams directly at 806-468-1540 or Jeanette.williams2@va.gov.

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2.6 - The Daily Sentinel: [Grand Junction VA embracing new whole health system model](#) (24 October, Joe Vaccrelli, 32k uvm; Grand Junction, CO)

A new initiative at the Grand Junction Veterans Affairs Medical Center aims to determine what is important to a veteran's overall health, rather than simply treating pain and ailments.

Veterans Affairs' "Whole Health System" is a new model of health care with the goal to switch the focus from traditional care to overall wellness. The Grand Junction hospital is embracing this model and has hired a whole health coordinator to bring the system to fruition.

Whole health includes a pathway to wellness through well-being programs. The VA hopes to introduce veterans to its whole health course offered twice a month. There is also a six-week "taking charge" health course, in which veterans can learn about complementary and integrative programs. Those interested in more information can speak with their health-care provider or call the Grand Junction VA.

"Clinical care is still a part of the veterans health plan, but we also want to start engaging veterans in self-care opportunities and complementary and integrative health opportunities," Grand Junction VA Whole Health Coordinator Bree Ferrell said.

Veterans can learn about self-care tools such as diet education. Ferrell helped develop the program within the hospital and is overseeing pilot programs. The VA also recently started offering yoga and tai chi classes, and hopes to eventually hire an acupuncturist and a massage therapist.

"Whole health can benefit all veterans," Ferrell said. "We also see that veterans with mental health conditions will benefit using whole health."

Ferrell said the staff will try to find out what is important to patients when it comes to their health.

"It's not what is the matter with you, it's what matters to you," she said.

The VA launched the system in one city in each of its 18 integrative service networks. The flagship site in this region is Salt Lake City. But Ferrell said even though Grand Junction is not a flagship site, the hospital is working closely with Salt Lake City and is on the same path as that VA facility.

Ferrell also works with the Veterans Affairs new comprehensive wellness center. The center, which seeks to get patients off opioids and onto other forms of treatment, among other things, will refer patients into the whole health system.

"It is not about taking away effective pain management, It's about providing effective pain management," said Grand Junction VA Education Program Manager Beth Roten.

The program is geared to involve veterans more in their care and personalize the approach.

The introduction classes will be run by veterans and are available to veterans enrolled at the VA, non-enrolled veterans and family members.

"The idea is to get veterans to start engaging in their care," Ferrell said.

While the initiative is new, Roten said the concept is an old one, especially in Grand Junction, where the facility has consistently ranked high in mental health care.

"It really is simply returning to the roots of high-quality care," Roten said. "It's something we've done for a long time."

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2.7 - WTVA (NBC-8): [Memphis VA Holds Town Hall In Tupelo](#) (23 October, Evan Hensley, 32k uvm; Tupelo, MS)

The Memphis Veterans Affairs Medical Center held a town hall meeting on Tuesday to talk to veterans about resources they have available.

Veterans and their families were able to hear about patient experience, mental health, benefits and preventing veteran suicide.

Meeting like this are scheduled so the executive leadership team can work with veterans one on one when addressing issues.

"Many of them here don't come to Memphis all the time to see a doctor, they see clinics here in Tupelo and the surrounding areas," said Willie Logan, the Public Affair officer. "When we come here to tell them about changes and different things that's going on with VA and their healthcare, they're happy to be here and know what's going on."

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2.8 - KREX (CBS-5, Video): [The American Legion Visits the VA](#) (22 October, Shelby Bracho, 12k uvm; Grand Junction, CO)

State leaders for The American Legion tour and take an in-depth look at the VA Grand Junction Medical Center as part of a yearly visit where they check up on the level of care and improvements at the Department of Veteran's Affairs Hospitals.

The Legion is the voice of veterans. They're authorized by congress to advocate for its members and with five American Legion groups in Grand Junction, it's important for their members to be represented.

Laurie Kuntz, President of the American Legion Auxiliary Department said, "We kind of check and see where they're at. We check on them every year. We donate a lot of money to them so, we want to make sure they're servicing our veterans the way they told us they were going to be servicing our veterans."

Another big focus for The American Legion and the Grand Junction VA is getting more women veteran's into the VA Health Care Center as Grand Junction actually has a higher percentage of women in its care than the national average.

For more information on The American Legion, you can visit their website, and click here for more information on the Grand Junction VA Medical Center.

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2.9 - ConnectingVets.com (CBS Radio): [Check out this resource fair for LGBT veterans in the D.C. area](#) (23 October, Matt Saintsing, New York, NY)

Veterans in Washington, D.C., Maryland, and Virginia are invited to a wellness outreach and resource fair to learn more about the health services available to the LGBT veteran community.

On October 26, 2018, from 10:00 a.m. to 1:00 p.m., veterans and allies can check out what the Washington, D.C. VA Medical Center has to offer. Representatives focusing on women's health, mental health and chaplain services will be in attendance.

“Attending the event offers the opportunity for veterans in the LGBT community to meet one another and to meet one-on-one with VA professionals in a safe space that is positive and inclusive,” says Gloria Hairston, director of public affairs at the D.C. VA Medical Center. “The healthcare team at the DC VA Medical center is hopeful that veterans will attend the event without fear or shame.”

Additionally, there will be an opportunity for community partners to offer resources for veterans and their families.

Hairston adds that the DC VA is committed to providing safe, quality health care for all veterans who enroll, including those who are lesbian, gay, bisexual and transgender.

And the event will feature a drag performance from Andrea Anderson, a transgender Army veteran.

All who wish to come are welcome.

The resource fair will take place Friday, October 26, at DC Live Performance Space at 1015 Half Street, S.E. Washington, D.C. 20003. Anyone interested can RSVP by calling (202) 745-4037.

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3. Business Transformation

3.1- Newsday: [North Hempstead persistence pays off: Town gets mobile VA medical clinic](#) (23 October, Christine Chung, 1.4M uvm; Melville, NY)

Veterans in North Hempstead no longer have to make the drive to the Northport Veterans Affairs Center for basic health care needs, now that a mobile unit is stationed in the town three days a week.

The van at New Hyde Park’s Clinton G. Martin Park is the result of a petition started in the summer by town officials and veterans to get a permanent, community-based outpatient clinic closer to home.

The mobile unit will have a “tremendous positive impact for our local veterans,” Town Supervisor Judi Bosworth said at a Monday news conference.

“We are so grateful to our veterans for their service and it’s our responsibility to make sure that they have medical care as close to home as possible,” Bosworth added. “The arrival of the mobile unit, as well as the continued push for a more permanent CBOC [community based outpatient clinic], are steps in the right direction.”

The state-of-the-art mobile van is essentially a doctor’s “examination room on wheels,” said Joann DeMarco, the Northport VA’s outreach coordinator. The handicap-accessible vehicle is equipped with all the traditional diagnostic equipment and curtains to ensure patient privacy.

Local veterans said the unit is a much-needed addition to the VA center network, offering physical therapy, podiatry and primary care services.

Matty Falcone, 81, a former Marine, said he's "ecstatic" about the mobile unit's arrival. He said he hopes to get a flu shot there this week.

"We don't use it, we lose it," he said. "We have to get the word out. ... Let's really try to get a lot of people there," Falcone said, addressing fellow veterans on the town's advisory committee.

Sen. Chuck Schumer (D-N.Y.) and other federal representatives such as Rep. Kathleen Rice (D-Garden City) and Rep. Thomas Suozzi (D-Glen Cove) said they are still committed to the push for a permanent clinic in the town.

New York has 47 community-based outpatient clinics, according to the VA website. Nassau County has two clinics, one each in Valley Stream and East Meadow. There are three clinics in Suffolk County, in Riverhead, Patchogue and Bay Shore. The Northport VA is the only veterans hospital on Long Island.

Rice said that the clinic was addressing a "desperate need."

"Do you know that there is between Montauk and New York City one VA hospital that services over 100,000 veterans?" Rice said. "The stress that it puts on veterans to have travel 100 miles, 200 miles to get to the nearest VA center. ... It's just wrong."

Schumer said in a statement that the case for the mobile center was "compelling given the critical mass of veterans here who served to preserve this country's freedom."

"They deserve efficient access to top-quality health care much closer to home while we continue to make the case for a permanent Community Based Outpatient Clinic," he added.

Robert Bernstein, 79, who served in the Navy for nearly 30 years, said veterans should visit the mobile unit to show the need for a permanent clinic.

"Nobody thought we'd get this far," said Bernstein, of Lake Success, adding veterans will keep pushing for a permanent facility.

Veteran Administration Medical Center's Mobile Unit in North Hempstead
Stationed three days a week in the parking lot at Clinton G. Martin Park, at New Hyde Park Rd. and Marcus Ave.

Monday: physical therapy
Wednesday: podiatry
Thursday: primary care
Hours vary but appointments begin at 8 a.m.

Staffed with a doctor and nurses
Open to all veterans, not just town residents

Appointments are required; veterans can call (631) 261-4400 ext. 4590 for an appointment and the town's 311 line for additional information.

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3.2 - Casper Star-Tribune: [Lawmakers move ahead with proposed veterans nursing facility, but its location remains in the air](#) (23 October, Seth Klamann, 100k uvm; Casper, WY)

Lawmakers moved forward Tuesday on a push to build a skilled nursing home for Wyoming veterans, but where exactly that facility would be built remains unclear.

The future location has been effectively narrowed to three towns: Casper, Buffalo and Sheridan. According to a state assessment, Casper fits the bill best, and a number of people — including City Manager Carter Napier and two Casper lawmakers — testified to the Transportation, Highways and Military Affairs Committee that the Oil City should be the choice for the 36-bed facility.

If built in Casper, the facility would cost \$21.88 million in 2021, according to a Military Department report. In Sheridan, it would cost \$21.69 million, and in Buffalo, \$19.92 million. The state match for those costs is highest in Casper, at \$7.7 million. It's slightly lower in Sheridan (\$7.6 million) and a good chunk less expensive in Buffalo (a \$7 million state match).

Rep. Bunky Loucks, a Casper Republican, put forward a motion to recommend Casper be the home for the facility. He argued that the city had the best chance to fully staff the facility with health care workers and that it was most accessible to veterans and their families.

Plus, fellow Casper Republican Sen. Jim Anderson said, the state Military Department needed a location so they could move forward on working with the federal Veterans Administration.

But the two Casper lawmakers failed to convince their colleagues. Sen. Curt Meier said he wanted to study the issue more, and Rep. Stan Blake said that though he thought Casper was a good fit, he wanted the committee to be careful.

So Loucks' attempt failed, with just the two Casper legislators voting in favor of it. The committee will consider a location at its December meeting. The recommendation will be just that; it will almost certainly be heavily debated in both the House and Senate during the 2019 session.

The location of Tuesday's meeting at the Oil and Gas Commission was fortuitous for those who want the facility built in Casper. Local Sen. Bill Landen and Reps. Joe MacGuire, Pat Sweeney, Steve Harshman, Jerry Obermueller and Chuck Gray all attended parts of the meeting. MacGuire and Sweeney both testified in favor of building the facility here.

But they weren't alone in lobbying the committee. A contingent from a facility in Buffalo urged the committee to select somewhere other than the Johnson County town; they warned that they wouldn't be able to compete with the veterans home if it received a higher federal reimbursement.

Ron Nading Jr., a retired Navy chief petty officer, lives in Casper and advocated for building the facility here. He said the town has a large veteran community and the largest medical system — Wyoming Medical Center — in the state. He spoke emotionally about losing "my friends, my buddies, my teammates" and taking care of their children.

"It's not about me, as much as it's about this community and the veterans that it serves," Nading, who served as a combat medic and an underwater demolition diver, told lawmakers. "Casper, in my opinion, is the best location for this facility."

In its report, the Health Department listed a number of strengths and weaknesses for Casper, Buffalo and Sheridan. Casper would serve the largest number of veterans because of its central location, had a large existing certified nursing assistant workforce and had access to medical specialists, among other pros. But it had no nearby VA facility, and its pools of CNA graduates "have below-average pass rates."

Buffalo, meanwhile, had good access to VA care, had a good location (Buffalo's mayor would later note that Casper's facility would look out onto a cemetery), and could continue care for veterans who currently live in the Veterans Home there. But it had a small pool of CNAs and a higher cost of living.

Sheridan checked similar boxes: There's a VA hospital in town and there's potential to work with a facility there. But it has a high cost of living and has a "below-average number of veterans served due to location in the far north of the State," according to the report.

A contingent from Buffalo, including Johnson County Commissioner Bill Novotny and Buffalo Mayor Michael Johnson, testified in favor of moving the facility to their town.

Novotny asked the committee to name an industry in Wyoming that didn't struggle for workforce; he said the local college could help "scale up" programs, and that it would be cheaper to build in Buffalo than in Casper.

According to the Military Department's presentation, the facility would include three buildings, each with 12 beds. There are roughly 300 veterans in the state who would need the care, a number that will remain steady in the coming years, according to the Health Department. The plan would start small, with just the 36 beds but would eventually expand.

If built in Casper, the facility would be set on the corner of 12th and South Conwell streets. The land has been donated to the state from the city.

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3.3 - WTHI (FOX-10, Video): [All Of The Bids Are In For New Terre Haute VA Clinic](#) (23 October, 37k uvm; Terre Haute, IN)

All of the bids from potential developers are now in to build the next permanent VA Clinic in Terre Haute.

The VA currently operates out of a temporary clinic behind the Honey Creek Mall.

Although an actual location has yet to be announced...officials plan to award bids and begin building early next year.

From there, it's expected to take roughly two years to build.

After that, the VA will take over the clinic with patients being scheduled about three months later.

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3.4 - WMBB (ABC-13): [Panama City Beach VA clinic to open on Thursday](#) (23 October, Ken McVay, 30k uvm; Panama City, FL)

The Department of Veterans Affairs Gulf Coast Veterans Health Care System's Hurricane Michael Medical Station that has been operating from a Walmart parking lot will transition Veteran services back to the Panama City Beach VA Clinic Thursday.

Normal operations at the PCB VA Clinics resumed Oct. 16. The GCVHCS Medical Station has been in operation since Oct. 15, helping hundreds of Veterans during this time period with holistic medical services, readjustment counseling, pharmacy, food, homeless support and much more. Since Oct. 16, Veterans with scheduled appointments have been seen in both PCB VA locations (2600 Veterans Way, (along Magnolia Beach Road), and 140 Richard Jackson Boulevard) between the hours of 8 a.m. and 4:30 p.m., Monday through Friday. Veterans who walk-in for care will be seen, too.

Sonya Stokes-Sumrall, Veterans Integrated Service Network 16's Emergency Management Officer, who has served as the Medical Station's incident commander, offered a moment of reflection about the operation.

"It has been a tremendous honor serving those who served us here in Panama City," Stokes-Sumrall said. "What has happened here is a true tragedy, and we've seen a lot of heart-breaking circumstances from the Veterans we've served. "I'm eternally grateful to have had such a fabulous team of VA professionals here to support this community in need."

GCVHCS Director Bryan C. Matthews, echoed Stokes-Sumrall's sentiments.

"Sonya and the dedicated Medical Station team has been a godsend," Matthews said. "I'd like to offer my deepest thanks to all members of the team, who came from all over the country to help our Veteran community in Northwest Florida. I'm also thankful for our Panama City VA employees who have showed tremendous resiliency as they continue to recover from Hurricane Michael and return to work."

For Veterans who cannot get to the PCB VA Clinics, a toll-free number, 1-800-507-4571, has been established for Veterans to get updated information on where to go for care, how to receive prescription drugs, or any other concerns they may have about their care. The phone line is open 24 hours a day, seven days a week.

Veterans in need of Pharmacy Customer Care may call 1-855-574-7288; the toll-free number is operational 8 a.m. – 4:30 p.m. (EST) to assist Veterans with medication.

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3.5 - Island Now: [Veterans care mobile unit to be stationed in NHP three times a week](#) (23 October, Jed Hendrixson, 17k uvm; Williston Park, NY)

North Hempstead Town Supervisor Judi Bosworth, local elected officials and veterans cut the ribbon on a new mobile care unit for veterans Monday.

"Our veterans advisory committee," Bosworth said, "they've been the backbone behind this. When we talked about what we needed to see in the Town of North Hempstead they said this was an absolute need."

The van will be stationed at Clinton G. Martin Park in New Hyde Park three days a week. Mondays will be dedicated to physical therapy, Wednesdays to podiatry and Thursdays will focus on primary care.

Bosworth and other speakers took turns stressing the importance of spreading awareness of the new mobile unit to those in need.

"If you know a veteran or have a family member that is a veteran please let them know about this wonderful opportunity," Bosworth said. "We're going to do everything we can to make sure people know about this."

Bosworth explained that the new mobile unit ties into the town's Project Independence, a program of the Department of Services for the Aging.

"If you are a member of Project Independence in the town, you get very reduced taxi service rates for medical appointments and this qualifies," Bosworth said. "We have in place a way for our veterans to get here that doesn't entail family members to take them and gives them a sense of independence that allows them to get the help they deserve."

"Between Montauk and New York City there is only one VA hospital that services over 100,000 veterans," U.S. Rep. Kathleen Rice (D-Garden City). "Mobile units like this, it is incredibly important that they get used."

Rice said that ultimately there is a desire to establish community based outpatient clinics, or CBOCs, so veterans do not have to travel hundreds of miles to the nearest Veterans Affairs hospital.

"If we don't use this, we're going to lose it," Rice said.

"It's really sad that something like this has taken so long," Anthony Catalano, of Mineola, said. "But it's a step in the right direction."

Catalano, who tuned 98 on Tuesday, served in Gen. George Patton's 3rd Army, 70th Infantry Division in World War II.

"A lot of us World War II guys are getting up there in our 80s and 90s," Catalano said. "It's really something that we don't have to be reliant on our families or others to bring us here now."

"If there's one way to get a permanent clinic to be located in the Town of North Hempstead it's for people to use this van," U.S. Rep. Tom Suozzi (D-Glen Cove) said. "When the VA reports back to Washington D.C., they can show there is a tremendous need for this in the community."

"I've been speaking with the VA since January about permanent clinics and with Northwell Health, and they've agreed that they will provide free space in the town of North Hempstead if we can get the VA to place a CBOC in this community," Suozzi said.

Hours for the VA medical center's mobile unit are currently unlisted. Appointments and unit hours are available at (631) 261-4400, ext. 4590.

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3.6 - The Moultrie Observer: [Van will help veterans get to Lake City VA hospital](#) (22 October, Kevin C. Hall, 8k uvm; Moultrie, GA)

A new 12-passenger van to carry veterans to the Lake City, Fla., Veterans Administration Hospital is now paid for.

Robert Hutson Jr., of the Moultrie car dealership that bears his name, helped arrange the purchase of the 2018 Ford Transit van, and he's been instrumental in helping to get donations to pay for it.

The van will be owned by the VA hospital, which will maintain it and keep insurance coverage on it, but it will be based at the VA clinic in Lowndes County, where it will transport veterans five days a week for appointments at the hospital.

"The van they had has right at 250,000 miles on it," Hutson said. "It's wore out. It was breaking down regularly on them going back and forth to Lake City."

The van is unrelated to the Veterans Express Bus, which picks up veterans throughout the area for a trip to the Lake City VA hospital each Thursday. The bus is operated by the South Georgia Veterans Activities Committee, based in Moultrie.

Hutson began soliciting and receiving donations right after he became involved with the project earlier this year. He said he soon realized he needed some help with it and joined up with Darlene Cox, whose family owns CTV (formerly Cox Truck and Van).

Cox is on the board of directors of a charitable foundation called Fishes and Loaves that until that time had been focused on small-scale local projects, such as providing help for someone who couldn't pay a utility bill one month or who needed help to get to a doctor's appointment. Fishes and Loaves — whose name is a reference to Matthew 14:15-21, where Jesus used five loaves of bread and two fishes to feed a multitude of people — is a 501(3)c nonprofit agency; that means donations to it — whether for the veterans van or any other purpose — are fully tax-deductible.

The effort has currently raised \$37,000 for the van, Cox said.

Hutson did not say what the van costs, but he said whatever overage there might be would be donated to other veterans groups, including the Veterans Express Bus.

"Our veterans have done so much for us through the years to keep us safe and free," Hutson said. "We should never forget what they've done."

The veterans van will be available for any veteran, regardless of where they live, Hutson said, although it will be based in Valdosta, so the veteran would have to get to the VA clinic there by departure time. The implication is that Lowndes County veterans would have better access, and as it turned out, more than half the donations did come from Lowndes County donors, he said.

The rest of the donations came from Colquitt, Cook, Mitchell and Worth counties and even from outside of South Georgia, he said.

"A veteran is a veteran," Cox said. "They had a need, and we helped meet that need."

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3.7 - The Dickinson County News: [Crowds gather as VA clinic settles in to new home](#) (23 October, Seth Boyes, 4k uvm; Spirit Lake, IA)

Yellow filigree on the brim of baseball caps occasionally bobbed above the crowd in Spirit Lake's new Veterans Affairs Clinic Friday afternoon. Veterans of various conflicts and the general public had gathered as the VA held its official ribbon cutting. The lobby, despite having more than 60 chairs, quickly became standing room only.

"What's really wonderful is, you look out in the parking lot, and you've got plates from South Dakota, Minnesota and Iowa," Ann Miller, Dickinson County Veterans Affairs director, said. "This serves a lot of people from a lot of areas, and we're so proud. It really touches me."

The new 10,000 square-foot facility is expected to be capable of serving 4,000 veterans. The medical facility was formerly housed about a half-mile away on Lake Street and saw an estimated 2,500 veterans. Miller said around 1,400 veterans call Dickinson County home, and not all of them are in the VA's healthcare system.

"That's an indication of how many are coming from out-of-county to Dickinson County for services some from out-of-state," Miller said before construction began. "It's a real asset to the community."

Miller said the clinic serves veterans from southwest Minnesota as well as northwest Iowa. She feels the Dickinson County location is a centralized location for the patients.

Several sites outside the county were considered for the new clinic, but the building was ultimately constructed near the intersection of Highway 9 and Royal Avenue west of the Great Lakes Mall. It's been a little more than a year since it was announced the clinic would not be changing cities.

Spirit Lake City Administrator Gregg Owens said Lee Seemann Jr. partnered with the city to develop the area the VA would eventually call home. Owens said the development was focused on making space available for multi-family housing, with the prospect of commercial development on the highway frontage. Since the clinic was a federal bid project, Owens said the city was not involved in any direct incentives for the clinic. He said it was simply a case of an investment coming to fruition.

"The key, as it turned out, was having just the right spot available for the clinic, and this location suited the VA's requirements for access, visibility, nearby amenities and the like," Owens said last year.

The clinic falls under the umbrella of the Sioux Falls Medical Center, and VA officials had initially expected the \$2.4 million facility to be complete by spring of 2019, but things wrapped up even sooner.

"I think it went very well," Sara Ackert, acting director of the Sioux Falls Medical Center, said. "We spend about three to five years in advance preparing for a project like this. This clinic was actually started on time and finished on time. It went very smoothly. We couldn't be more pleased."

Staff at the new clinic will have an additional five consultation rooms to work with as well as two telehealth rooms for online video appointments with doctors or specialists at other sites. Staff said the twin telehealth set ups are particularly helpful, as the equipment was wheeled back and forth when needed in the previous building.

Staff told visitors the general layout of the clinic will be more efficient as well. The patient rooms form a U-shape around the central office, and staff can move from room to room easily, rather than moving the patient. Currently, the clinic offers primary care, mental health services, home-based care, dietary care and pharmacy services. Ackert said the VA is continually expanding the services offered via telehealth.

Miller said she's thankful services in the area will continue to improve now that the building is open.

"So many people see how important this facility is, and it's only going to get bigger and better," Miller said. "We are lucky."

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Military Times: [This PTSD program is getting a \\$160 million boost](#) (23 October, Natalie Gross, 471k uvm; Springfield, VA)

Bill Geiger tried everything to get help for his post-traumatic stress disorder and the panic attacks, anxiety and anger issues that came with it — civilian doctors, Veterans Affairs hospitals, "you name it," he said in a recent interview.

"I was just kind of floundering," he said. "There was something that just wasn't working."

Then in 2015, after medically retiring from the Army, he heard about a new program through the Wounded Warrior Project that would provide two to three weeks of intense therapy. He was one of the first ones to try it and was amazed by the results.

"The Warrior Care Network was like no place that I've ever been; the treatment was like nothing I'd ever seen," he said. "Now I'm standing here today. I'm still alive and kicking."

The Wounded Warrior Project announced Tuesday that it will be putting \$160 million more toward the Warrior Care Network that Geiger went through. That represents a significant expansion of the \$100 million already invested in the program, and the nonprofit hopes the additional funding will allow them to reach more than 5,000 veterans and service members over the next five years.

The Network is a partnership with four academic medical centers, including UCLA, Emory Healthcare, Rush University Medical Center and Massachusetts General Hospital. It started as a pilot program three years ago. The hospitals work together but also have particular specialties and treat veterans from all over the country — not just those from their local communities.

Geiger, from Tallahassee, Florida, attended the program at Massachusetts General in Boston. For eight hours a day over two weeks, he received multiple forms of therapy through one-on-one counseling, group sessions, art and stress-relieving exercises, such as yoga and Tai chi. He also learned about mindfulness and resilience, which have helped him the most, he said.

“Not everything sticks with everybody, but every time you do something new ... you pick a little bit here and a little bit there, and it builds to the point where you’re like, ‘OK, I think I got it now,’” he said.

“I’m not perfect. I still fall off the wagon. I still get mad. But I learned that I get back up again and I try harder next time.”

Rob Louis, a spokesman for Wounded Warrior Project, said the program has had high completion and success rates, and early signs point to both the military and the Veterans Affairs Department embracing it.

“What we’ve seen is amazing, great reductions in PTSD symptoms,” as well as notable overall improvements in wounded warriors, he said.

In addition to helping treat more than 5,000 veterans directly through the intensive therapy program, the additional funding will provide other services for more than 16,000 veterans, service members and their families.

“I’m glad it’s expanding because I know how much it helped me,” Geiger said. “Hopefully (others can) come out on the other side as well as myself and the other people I know that have gone through it.”

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4.2 - Winston-Salem Journal: [Our view: A disappointing ruling](#) (23 October, Editorial Board, 235k uvm; Winston Salem, NC)

We respect a federal appeals court that recently ruled against Winston-Salem’s IFB Solutions Inc., which has been a source of eyeglasses for the U.S. Department of Veterans Affairs. But we think the ruling was in error. It stands to harm local workers, many of whom are blind but have been earning their living through a government contract procured by IFB, formerly known as Winston-Salem Industries for the Blind Inc.

Potentially at stake is \$15.4 million in annual revenue, the Journal's Richard Craver reported last week.

On one side is the IFB, which has a contract to provide visual products, including eyeglasses, to the Veterans Administration. On the other is PDS Consultants Inc., a small New Jersey business owned by a disabled service veteran. PDS has sued to get IFB's contract, claiming it should have preference in government contracts for the visual products.

It's a complicated case that pits one worthy business against another.

IFB's eyeglass-manufacturing department has 140 employees in Winston-Salem, including 70 who are blind.

This won't be IFB's last chance to argue its case. "We are currently reviewing the full decision, but I can tell you that IFB Solutions remains 100 percent committed to our mission of creating life-changing jobs and opportunities for people who are blind," David Horton, IFB's chief executive and president, said in a statement. He added that IFB would fight the decision all the way to the Supreme Court if necessary.

We believe they will. And we hope they win.

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4.3 - MeriTalk: [Big Data Faces Big Challenges, But Offers Big Potential](#) (23 October, 11k uvm; Alexandria, VA)

Big data analytics are helping Federal agencies enable their users to do more to serve citizens, but agencies have yet to harness the vast amount of data in the Federal space, said IT leaders during a panel at the ATARC Data & Analytics Summit on Tuesday.

"I'll tell you what I've learned: in my big data journey over the last six years, we've had a pretty robust set of users on it. Users are smarter than they think. They're a lot smarter than they think," said Leonel Garciga, CTO at the Joint Improvised Threat Defense Organization within the Department of Defense.

He stressed the importance of building platforms that accommodate and support users and how they use the platform, instead of building it around expected uses. Garciga also emphasized the importance of not ignoring "cutting room floor data," a mindset he attributed to his experience with the intelligence community. He noted that it helped shrink the time to deployment, and that the agency's philosophy is to let users "build out the analytics they need," while his office works to push those analytics out to the edge.

"I will tell you, I don't think there is this thing called shadow IT. I know every CIO just cringed, (but) I think it is my job to deliver a platform that lets the user do what they need to do. Shadow IT is a lack of capability to innovate," said Garciga. "The big part about how you get the security piece and the policy piece around it, that really is building out an ecosystem that's specifically built to provide the maximum amount of support and capability to the user," he added, likening the ideal ecosystem to Apple's app developer ecosystem.

Harnessing data can also help improve government efficiency, a major component of the President's Management Agenda (PMA), especially when it comes to IT.

"One of my challenges is to help manage the spend across IT," said Bill Spencer, an IT category management program manager at the General Services Administration (GSA). "For those of you who go onto OMB's (the Office of Management and Budget's) website and take a look at what the IT budget is, it says about 58 billion dollars. That's a planned budget, that's not actually spent. What I specifically do is dissect that information in such a manner to help address and integrate specific questions for CIOs to be more efficient in their IT acquisitions."

Spencer noted that his role is to support Cross-Agency Priority Goal 7, which aims to reduce fragmentation in government spending. He said that GSA is working to create a simple framework and questions that need to be answered to help understand the landscape of IT. He noted the importance of having interoperable data to find what different agencies are doing and compare the information, but that it remains a complex issue.

"We are the single largest IT buyer on the globe, but we buy like we are thousands upon thousands of small companies," Spencer said. "The ability to make sense of all those base contracts and help decisionmakers with a level of confidence, and those of you in IT know that happens to be through executive language..., that's what I do, is create language in such a manner with data to allow those people making decisions to actually give them the information they need to make decisions," he added.

Spencer shared some insights that GSA has found along the way, both through data and discussions.

"People are generating data through acquisitions in very diverse manners," he said. "It varies from collecting no data, to using PDFs, to very finite data elements. We're finding various anomalies that result in different price points for commodities. What we find in the data is (bulk) is not generally the best indicator," he added, citing a conversation with an executive who told him that late fiscal year orders disrupt the supply chain and add cost.

While some agencies may be fast movers in the race to build big data platforms, others are carefully laying the groundwork for truly impactful initiatives.

When it comes to electronic health records (EHR) at the Pentagon, "we haven't been able to aggregate, make interoperable, or do machine learning on that data. My job is to try and help fix that," said Colonel John Scott, data manager at the Defense Health Agency. As a clinician himself, Scott noted the frustration around those lack of deeper insights. "The biggest challenge is to get all of the data in an integrated data platform, where we really understand it and make it work together. We're doing that in the DoD, and the Veterans Administration (VA) is also doing that, and if we can do that very smartly together, we'll have one of the largest, most powerful clinical datasets in the world...but we're struggling to do that."

Scott emphasized that DoD was not helpless at the moment. "It's much better than it would appear if you only watched the congressional hearings," he said. He pointed to the capabilities of the common standards in the department's Joint Legacy Viewer, and the common electronic filing cabinet standards. "But what we can't do, which is really important, is that we don't have big data analytics."

The potential of an interoperable DoD-VA EHR database presents some extremely compelling use cases.

“We are going to study everybody who has had to leave the military because of healthcare concerns, look at their records, look at what might have been in their medical records that could have predicted that, and then we get into prevention and emerging risk,” said Scott. “We were asked, based on an executive order, to do a better job of identifying veterans who are at risk of negative outcomes after leaving the military. We collaborated with VA trying to link all of our data together, and looking at those persons’ records and finding out what we can in their military record and target for prevention in their last year in the military and in the transition. We have a lot of promise.”

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5. [Suicide Prevention](#)

5.1 - Healio: [Palliative care could reduce suicide risk among veterans with advanced lung cancer](#) (23 October, Donald Sullivan, 475k uvm; Thorofare, NJ)

Palliative care appeared to reduce the risk for suicide among a cohort of more than 20,000 U.S. veterans with advanced-stage lung cancer, according to study results published in Annals of the American Thoracic Society.

“Suicide is a significant national public health problem, especially among [people with lung cancer] and among veterans. As a result, manifestations of this impact — like social isolation, depression and anxiety — can go undiagnosed and untreated,” Donald Sullivan, MD, MA, MCR, assistant professor of medicine at Oregon Health & Science University School of Medicine and core investigator at Center to Improve Veteran Involvement in Care at Veterans Affairs Portland Health Care System, said in a press release.

Sullivan and colleagues assessed the impact of palliative care, which aims to relieve physical pain and address psychological issues, on suicide rates among 20,900 veterans diagnosed with stage IIIB or stage IV lung cancer included in the VA Central Cancer Registry.

Results showed 30 patients (0.14%) committed suicide, a rate more than five times greater than the average among all age- and sex-matched veterans who use VA health care.

Patients who received at least one palliative care visit after diagnoses were 81% less likely to die by suicide.

HemOnc Today spoke with Sullivan about why the risk for suicide among veterans with lung cancer is so great, how he and his colleagues conducted the study, the potential implications of the results, and ways clinicians can respond in their practice.

Question: Can you explain the prevalence of suicide among veterans with lung cancer?

Answer: Among patients with lung cancer in my study, it was about 210 per 100,000 person-years. In the general population, the suicide rate is about 13 per 100,000 person-years.

Q: Why is the risk so much higher in this subgroup?

A: Patients with lung cancer — compared with those who have other types of cancer — have high symptom burden, including both psychological and physical symptoms that impact their quality of life. Additionally, patients with advanced-stage lung cancer have a poor prognosis, which can spur feelings of hopelessness. There is a lot of stigma around a lung cancer diagnosis because, in most cases, it is a self-inflicted disease and patients with lung cancer tend to not share their diagnosis until the very end of life. They, therefore, do not have a lot of support.

Q: How did this study come about?

A: I am a health services outcomes researcher, and more recently I have been focusing on how to improve the quality of care among patients with lung cancer, especially in the VA. I had been looking at use of palliative care in our database and I found remarkable and unexpected results.

Q: How did you conduct the study?

A: These data — which come from a large, retrospective, observational study — were derived from a database of about 25,000 patients with advanced-stage lung cancer treated across the national VA health system from 2007 to 2013. This database was devised from a VA cancer registry, a well-validated source. I connected it with some other data registries, one of which is a suicide data repository within the VA.

Q: What did you find?

A: The incidence of suicide among patients with advanced-stage lung cancer is very high. Compared with the general U.S. population, and with other veterans within the VA who do not have advanced-stage lung cancer, the suicide rate is about 5.8 times higher among those with advanced lung cancer. The other main finding was the association between receipt of palliative care and a reduced risk for suicide. This has not been looked at before.

Q: What are the clinical implications of the findings?

A: It is not routine to screen patients diagnosed with lung cancer for suicidal ideation. Depressive symptoms are common among individuals with lung cancer, and we should be screening for them. However, suicide is not always linked to depression. If we just screen for depression, we are going to miss a subset of patients who are contemplating suicide. I think we will miss patients with screening for suicide ideation, but I think the realization that this is a significant problem is the first important step in how to devise solutions. Another major implication is the importance of palliative care, which is underutilized within this patient population. Realizing how important this is for advanced cancers and serious illness is key.

Q: What is the take-home message for clinicians?

A: I think we need to realize that patients with advanced disease are potentially at high risk for suicide, and we need to start thinking about ways to help these folks. We need to do a better job identifying the physical and psychological symptoms and addressing those with our patients when treating these diseases. Earlier initiation and utilization of palliative care is needed because it could offer tremendous benefit to our patients. — by Jennifer Southall

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - WHYY (NPR-90.9): [Delaware veterans ceremony receives national honor](#) (23 October, Zoe Read, 170k uvm; Philadelphia, PA)

The individuals who run the Delaware Veterans Memorial Cemetery in Bear were honored with an award from the U.S. Department of Veterans Affairs Tuesday.

The cemetery is one of only four state and tribal cemeteries out of 111 in the U.S. to receive this year's Operational Excellence Award for achievement in internment operations, grounds maintenance, and headstone, marker and niche cover operations.

"If it were not for our state and tribal cemeteries we would not be able to reach the number of veterans we do across the country in providing dignified burial options for veterans and their families within 75 miles of their homes," said Randy Reeves, Under Secretary for Memorial Affairs for the National Cemetery Administration.

"Just last year over 22 percent of total internments across the nation were done by state and tribal cemeteries. We wouldn't have that access for veterans and their families if it weren't for professionals just like these who do this work each and every day."

Every day, four internments take place at the cemetery, where staff prepare the grounds, lower the caskets, replace the earth and even sod over the area so a visitor would never know an internment has just taken place.

In 2016, the VA awarded a \$3.67 million expansion grant for the Bear cemetery, which provides a final resting place for 45,000 Delaware veterans and their eligible family members.

"This (award) means our cemetery employees are being recognized for the hard work they do on a daily basis," said Larence Kirby, executive director of the Delaware Commission of Veterans Affairs.

"It's not easy dealing with the sadness, and the physical labor of maintaining a cemetery, and unfortunately, a lot of folks overlook that. So the award reflects their ability to comfort loved ones and prepare a site for eternal rest."

Gov. John Carney also attended the ceremony.

"This space, there's something very peaceful and restful about it. It is often the case a slight breeze blows from the west to the east, and somehow you can feel the spirit of the veterans who are buried here and for what they represented," he said. "We couldn't be prouder, I couldn't be prouder as governor, of the individuals who carry out this responsibility so well here at our veterans cemetery."

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6.2 - ConnectingVets.com (CBS Radio): [In a few short weeks, we'll know more about delayed GI Bill payments](#) (23 October, Matt Saintsing, New York, NY)

Student veterans and Congress may finally get to the bottom of why so many GI Bill users are experiencing incredibly long delays in receiving prompt payments as the chairman of the House Veterans Affairs committee announced a hearing on the issue.

The subcommittee on economic opportunity will hold an oversight hearing on Wednesday, Nov. 14 at 2:00 p.m. in Washington, D.C. in what will be a highly anticipated hearing for anyone still owed money.

"It is of great concern to me that there continues to be excessive GI Bill payment delays and that VA remains unable to properly implement the necessary changes to the system that were outlined in the Forever GI Bill," Rep. Phil Roe (R-Tenn.), chairman of the House Veterans Affairs Committee, said in a statement.

"It is of utmost importance that we hold this oversight hearing to get to the bottom this problem and ensure that VA is working to swiftly correct these errors."

More information, including a witness list, will be made available in the coming weeks. For now, hundreds of thousands of student veterans have had delayed GI Bill housing payments, forcing many to take out emergency loans, borrow money from friends and family, or fall behind on their bills.

The issue stems from a series of technological glitches in implementing The Harry W. Colmery Veterans Educational Assistance Act, dubbed the "Forever GI Bill," signed into law last year.

Roe's announcement comes the same day as the VFW called for a hearing on the matter. In a letter to the leadership of the VA Congressional committees, the group's national legislative director Carlos Fuentes writes, "VA officials repeatedly vowed that students and schools would receive payments on time and, while the amounts may not be correct, veterans would not be harmed."

He continues, "Yet, VA has consistently missed its deadlines and has failed to properly notify stakeholders and affected beneficiaries."

"Our top priority continues to be helping those students facing a financial hardship because of delayed (monthly housing allowance) payments connect with VA or other resources that might be able to assist them to alleviate their hardship," Barrett Bogue, vice president for public relations of Student Veterans of America, tells Connecting Vets.

The VA, along with several veterans' organizations, urge affected veterans to contact VA's customer service number at 888-442-4551.

Terrence Hayes, a spokesman for the VA, said as of Oct. 22, their continuing processing of educational claims is 132,108, which is a 48 percent increase over the same time last year. "While the inventory has been decreasing in recent days, VA expects to experience higher than normal inventory through the remainder of the year," says Hayes.

To combat this swell of pending claims, Hayes says some VA employees are working mandatory overtime and added more than 200 additional workers to reduce the processing

times. "With these measures in place we are processing an average of more than 16,000 claims per day," he adds.

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7. [Other](#)

7.1 - The Washington Post: [Painting in VA office, names of Army bases honor traitors](#) (23 October, Joe Davidson, 30.6M uvm; Washington, DC)

As offensive as it is for a federal official to have a print on his government office wall of a Confederate general and Ku Klux Klan leader, naming U.S. Army bases after traitors is beyond revolting.

David J. Thomas Sr., deputy executive director of the Department of Veteran Affairs' Office of Small and Disadvantaged Business Utilization, had the picture of Gen. Nathan Bedford Forrest, a major slave trader, in his VA office until asked about it by my colleague Lisa Rein.

"It was just a beautiful print that I had purchased, and I thought it was very nice," he told her Monday.

Curt Cashour, a VA spokesperson, said: "Thomas immediately took down the print in question — a work by noted historical artist Don Stivers — and the matter is resolved."

What's the point of noting that it is a "work by noted historical artist Don Stivers"? That does not weaken the umbrage. The print would be just as offensive in a government office if it were a Michelangelo.

How clueless, or indifferent, Thomas must be to his colleagues, including those who have filed discrimination and retaliation complaints against him, though not because of the print. Those colleagues include African Americans, whose ancestors would have suffered even longer in slavery had Forrest and his troops won the Civil War. After their defeat, the domestic terrorism of intimidation, violence and lynching against black Americans were the proud calling cards of his KKK.

But it is not just black people who oppose Confederate glorification. All patriotic Americans should reject honoring those who attacked and killed U.S. troops in defense of slavery, secession and white supremacy. Forrest and his colleagues were not tried as traitors, as they could have been, but their actions certainly fit the constitutional definition of treason: "Treason against the United States, shall consist only in levying War against them, or in adhering to their Enemies, giving them Aid and Comfort."

That's a major reason it is insane for the U.S. government to honor Confederates by naming Army bases for those who attacked and killed U.S. troops.

A 2015 Time magazine article talked about the "historical amnesia" that allows the Pentagon to have 10 Army bases named for Confederate officers. All are in the South. Three are in neighboring Virginia. The 10 are:

- Camp Beauregard, La., honoring Gen. Pierre-Gustave Toutant Beauregard
- Fort Benning, Ga., honoring Brig. Gen. Henry Benning
- Fort Bragg, N.C., honoring Gen. Braxton Bragg
- Fort Gordon, Ga., honoring Lt. Gen. John Brown Gordon
- Fort A.P. Hill, Va., honoring Lt. Gen. A.P. Hill
- Fort Hood, Tex., honoring Gen. John Bell Hood
- Fort Lee, Va., honoring Gen. Robert E. Lee
- Fort Pickett, Va., honoring Maj. Gen. George Pickett
- Fort Polk, La., honoring Lt. Gen. Leonidas Polk
- Fort Rucker, Ala., honoring Col. Edmund Rucker

Asked why the Pentagon would honor people who killed U.S. soldiers, Heather Babb, a Defense Department spokesperson, said “at this time, there is no discussion of renaming any DOD installations.”

Rep. Yvette D. Clarke (D-N.Y.) tried to get the discussion going last year, when she introduced the appropriately named “Honoring Real Patriots Act of 2017.” It would require the Defense Department to change the names of military installations “currently named after any individual who took up arms against the United States during the American Civil War or any individual or entity that supported such efforts.”

Clarke said “the time has come for the Army ... to remove the disgraced names of men who waged war against the United States to preserve the evil institution of slavery. Monuments to the Confederacy and its leaders have always represented white supremacy and a continuing attempt to deny the basic human rights of African Americans.”

Her legislation went nowhere in a Republican-controlled Congress.

Two years ago, VA acted, announcing that “Confederate flags will not be displayed from any permanently fixed flagpole in a national cemetery at any time.” Small rebel flags on individual graves are permitted on the U.S. and Confederate memorial days.

“We are aware of the concerns of those who wish to see Confederate flags removed from public venues because they are perceived by many as a symbol of racial intolerance,” said VA’s letter to Rep. Jared Huffman, a California Democrat, who sponsored legislation calling on VA to remove the flags.

Confederate symbols do represent white supremacy, as Clarke said, and are symbols of racial intolerance, as VA’s letter indicated.

But defining opposition to the names and flags as a racial thing, as important as that is, does not go far enough.

The names and flags honoring the Confederacy venerate traitors. The Pentagon should know better.

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7.2 - The Hill: [Senior VA official criticized for displaying portrait of KKK's first grand wizard](#) (23 October, Emily Birnbaum, 11.4M uvm; Washington, DC)

A senior official with the Department of Veterans Affairs (VA) is facing allegations of racism for hanging a portrait of the Ku Klux Klan's first grand wizard in his office, The Washington Post reported on Tuesday.

David J. Thomas Sr. told the Post that he was not aware that the man in the portrait, Nathan Bedford Forrest, was the white supremacist organization's first figurehead. He said he removed the portrait after a Post reporter explained Forrest's significance.

Thomas, who is deputy executive director of the department's Office of Small and Disadvantaged Business Utilization, a unit that certifies veteran-owned businesses for government contracts, told the newspaper that he knew Forrest only as "a southern general in the Civil War."

Several of Thomas's colleagues have accused him of racism. Three of them have pending racial discrimination charges against him, the Post reported.

John Rigby, the lawyer representing two of those employees, told the Post that they believe the portrait shows Thomas is hostile towards African Americans.

"You don't hire someone who puts a picture of the Klan in his office unless you're [racist]," Rigby told the newspaper.

VA spokesman Curt Cashour in an email to the Post wrote that the VA "strives to create a workplace that is comfortable and welcoming to all employees."

"[Thomas] received no complaints from his fellow employees and only learned about these concerns from The Washington Post ... Thomas immediately took down the print in question," Cashour said. "The matter is resolved."

A petition demanding the portrait's removal had 75 signatures as of Monday, according to the Post. The petition was started by the local VA chapter of the American Federation of Government Employees, which represents employees the agency.

"We employees denounce the display of this offensive picture and believe appropriate action should be taken," the petition says.

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7.3 - The Hill: [White House rejected Democratic candidates for nonpartisan board: report](#) (23 October, Michael Burke, 11.4M uvm; Washington, DC)

The White House this summer rejected half of the candidates for the nonpartisan Board of Veterans' Appeals after asking for the candidates' party affiliations, The Washington Post reported Tuesday.

The Post, citing documents, reported that the White House required candidates for the board to disclose their party affiliations "and other details of their political leanings" before determining whether to accept them. The candidates were nominated to serve as administrative judges on the board.

The Board of Veterans' Appeals, which is part of the Department of Veterans Affairs, determines whether injured veterans are entitled to benefits.

The questions the White House asked about the candidates' party affiliation and political leanings had not been asked of candidates in the past, according to the Post.

The rejected candidates consisted of three Democrats and one independent, according to the newspaper. The accepted candidates, who were sworn in last week, were made up of three Republicans and one person who isn't registered with a party but has voted in Republican primaries, the Post reported.

One candidate told the Post that candidates were required to submit links to their social media pages and say whether they had ever given a speech to Congress, spoken at a political convention, appeared on talk radio or published an opinion piece in either a conservative or liberal outlet.

Although the denied candidates weren't told why they were turned away, their rejections have caused concern among current and former officials in the Department of Veterans Affairs, according to the Post.

VA spokesman Curt Cashour told the Post that the rejections were part of a vetting process of candidates, noting that in 2016 two judges on the board and three attorneys were found to have sent racist and sexist emails.

"Vetting failures of past administrations allowed judges who held racist and sexist views to be appointed to the Board," Cashour told the newspaper in an email. "This administration refuses to be a rubber stamp and is committed to doing a much better job of vetting."

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7.4 - WEWS (ABC-5, Video): [Cleveland man arrested again for illegally scrapping at former Veterans Affairs hospital complex](#) (23 October, Jordan Vandenberg, 24k uvd; Cleveland, OH)

BRECKSVILLE, Ohio - A 42-year-old Cleveland man is facing charges after Brecksville police allegedly caught him scrapping at a former Veterans Affairs hospital for the second time.

For more than five decades, the former VA hospital complex in Brecksville provided care for soldiers returning home from war. However, since it closed in 2011 keeping illegal scrappers and trespassers out of the massive property has been a battle in itself for Brecksville police.

On Sunday, officers arrested Paul Stanbaugh — a man with prior convictions for illegal scrapping after he allegedly tried to steal thousands of dollars' worth of insulated copper wiring.

Stanbaugh is being held on a \$500,000 bond on charges of theft, breaking and entering, possession of criminal tools and trespassing.

Police arrested Stanbaugh on Sunday night after officers reported finding several coils of insulated copper wiring in his trunk, which was parked near a building on the expansive property, according to a Brecksville police report.

A patrol officer was conducting a special attention check on the property due to prior occasions in which people had been trespassing and stealing copper, the report states. When the officer pulled onto the property, he reported seeing Stanbaugh's vehicle parked behind the tall grass, the report states.

Stanbaugh allegedly told the officer that he was bow hunting on what he believed was private property. However, the officer stated that Stanbaugh did not have any hunting equipment in his vehicle. Instead, the officer reportedly found the large coils of copper wiring, estimated to be worth thousands of dollars. The report states the responding officer also found two additional copper wire coils hidden in the tall grass.

Stanbaugh had been previously arrested and convicted of breaking and entering the complex several years ago, according to police records.

"Paul stated that he was on hard times and came back to the property to retrieve what he had previously stashed," the report states. "Paul stated that he and his father are near poverty... He doesn't like stealing from people. He's was there [Sunday] just to get by."

Sergio Digeronimo, the prosecutor for the City of Brecksville, said he could not comment on the case because it is still an active investigation. However, Digeronimo said the 103-acre former VA hospital complex has been a frequent target for copper thieves and thrill-seekers looking to explore the vacant buildings that dot the property.

"It's been a challenge. The past several years there have been numerous attempts to bring precious metals out of the building to be scrapped, things like copper," Digeronimo said. "Police have been very successful in the interdiction of that scrapping activity."

Not only is the scrapping activity illegal but it is also extremely dangerous, Digeronimo said.

"There's zero tolerance for any trespassing on the property, principally because it is simply too dangerous to be there," Digeronimo said.

After years of negotiations, the City of Brecksville finally obtained ownership of the property earlier this year as part of a massive redevelopment effort of the entire complex. The multi-million dollar endeavor will turn the historic hospital site into a mixed-use development, featuring office, retail and restaurant space. All of the buildings on the property will be demolished over the next two years as part of the Valor Acres project.

Some demolition work is already underway, placing a greater emphasis on trying to keep people out, Digeronimo said.

"It's very dangerous to be on those premises now that there are construction crews. The buildings are in a grave state of disrepair. They present a significant danger to anybody," Digeronimo said. "There are hazardous materials in there that have been exposed to the elements for a period of time. Because of the scrapping activity, there are a lot of voids that would not be detectable."

Police will continue their specialized patrols around the area while demolition and construction work continues. There is also concern that ghost hunters may try to enter the property for paranormal investigations with Halloween just around the corner. However, the zero-tolerance policy will still apply.

"It's going to be a fantastic asset to the City of Brecksville but until then, the public is asked to enjoy the development from a distance," Digeronimo said.

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7.5 - Nevada Current: [Heller misses more than half of Veterans Affairs hearings](#) (23 October, Dana Gentry, 2k uvm; NV)

U.S. Senator Dean Heller, who has made support of veterans a prominent part of his reelection campaign and its advertising, has missed more than half of the Senate Veterans Affairs Committee hearings at which his presence or absence can be determined during his Senate tenure.

From 2013 through today, Heller missed 48 out of 86 hearings in which his attendance is apparent through transcripts and videos.

Heller's attendance cannot be ruled out or substantiated at an additional 22 hearings. His Senate office did not respond to questions from the Current regarding his attendance.

Heller's attendance record is not unusual; transcripts and videos show that the committee hearings are routinely sparsely attended.

And Veterans Affairs Committee hearings aren't the only hearings that routinely attract light attendance from senators. Committee hearings often only have a few members present, especially when senators have competing committee work scheduled the same day.

Heller missed Veterans Affairs hearings on pending healthcare legislation and more.

On September 10, 2013, Heller missed a joint hearing of the House and Senate Veterans Affairs committee at which the American Legion, the nation's largest veterans service organization, laid out its legislative priorities, including health care, Post-Traumatic Stress Disorder, suicide prevention and job training.

Heller failed to attend the annual presentation again in 2014, 2015, 2016 and 2018. It's unknown whether he attended in 2017.

"For us on the House and Senate Veterans committee, to do our jobs well, we need to hear from you and the other veteran organizations," U.S. Senator Bernie Sanders, the chairman of

the committee at the time, told those testifying at the hearing in 2013. “You are on the ground. You deal every day with veterans who know what’s working in the VA and who know what’s not working. You work with veterans who have ideas on how to improve the system.”

In March of 2013, Heller missed a hearing on ensuring access to high-quality mental health care.

In April of 2014, Heller missed a hearing on the problems and solutions associated with over-medicating veterans.

In March of 2015, Heller missed a hearing on VA prescribing of opioids.

In May of the same year he missed a hearing on the care of paralyzed and blind veterans.

He missed the legislative priorities presentation from paralyzed veterans in May of 2015.

This year, on February 27 and 28, Heller missed consecutive Veterans Affairs hearings but met in his D.C. office with officials from the Nevada Broadcasters Association, Nevada Public Television and the Reno Chamber of Commerce.

On March 21, Heller failed to attend a hearing on the Veterans Programs Budget, but met in his D.C. office with representatives of an air ambulance company from Henderson, an official from the ALS chapter of Nevada, who shared the organization’s legislative priorities, and with Rossi Ralenkotter of the Las Vegas Convention and Visitors Authority.

Heller, a Republican, is running ads criticizing his opponent, U.S. Rep. Jacky Rosen, a Democrat, for missing a vote on veterans to attend a “photo op” at the U.S. and Mexican border. Rosen did miss the vote, which was on the suspension calendar, meaning it was already expected to garner overwhelming support. Heller also distributed a news release claiming Rosen “skipped out” of work. On the day of the vote, Rosen was visiting a facility for unaccompanied minors who immigrated to America.

Politifact rates Heller’s claim Mostly False.

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From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 23 October Veterans Affairs Media Summary and News Clips

Date: Tue Oct 23 2018 05:15:13 CDT

Attachments: 181023_Veterans Affairs Media Summary and News Clips.docx
181023_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1043677-000001

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Filename: 181023_Veterans Affairs Media Summary and News Clips.docx

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Veterans Affairs Media Summary and News Clips

23 October 2018

1. [Top Stories](#)

1.1 - NPR (Audio): [Antipsychotic Drugs Don't Ease ICU Delirium Or Dementia](#) (22 October, Richard Harris, 15.5M uvm; Washington, DC)

"This is huge!" says Dr. Juliana Barr, an anesthesiologist and intensive care specialist at Stanford University and the VA Palo Alto Medical Center who was not involved in the study. She has helped craft guidelines for appropriate drug use in the intensive care unit. "I think the main take-home message is that providers really need to think differently about managing delirium in their patients in the ICU," she says. "A pill or an injection is really not a magic bullet for this devastating illness."

[Hyperlink to Above](#)

1.2 - CNN (Video): [Trump rallies to push Montana Senate toss-up into the red](#) (22 October, Brian Rokus, 15.1M uvm; Atlanta, GA)

President Donald Trump visited Montana last week to campaign for Republican Senate hopeful Matt Rosendale. But during his rally at Missoula International Airport, it became clear the trip might have been more about who he was campaigning against. "Your senator is a disgrace," Trump said, referring to two-term Democrat Jon Tester.

[Hyperlink to Above](#)

1.3 - Politico: [MHS Genesis gets a bad review](#) (22 October, Arthur Allen, 8.7M uvm; Arlington, VA)

Meanwhile, the chief of the House Veterans Affairs subcommittee overseeing the VA's part of the EHR deal complained in an Oct. 10 letter to acting deputy secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house initiative to create an open API platform into the VA's health system.

[Hyperlink to Above](#)

1.4 - The State: [Democrat Smith loses special VA business status after not cooperating with audit](#) (22 October, Tom Barton, 349k uvm; Columbia, SC)

A business run by the Democrat running to be South Carolina's next governor has lost its ability to win U.S. Department of Veterans Affairs contracts after declining to cooperate with inspectors. The VA has removed state Rep. James Smith's firm, the Congaree Group, from its list of approved veteran-owned businesses.

[Hyperlink to Above](#)

1.5 - Alaska Public Media: [Alaska senators address AFN on convention's final day](#) (22 October, Zachariah Hughes, 27k uvd; Anchorage, AK)

The secretary mentioned was Robert Wilkie, head of the Department of Veterans Affairs. It was Wilkie's first visit to Alaska since taking over the VA, though he told the audience about living in the state as a child. "When I come here now and see the astounding growth, the continued patriotism, and the beauty of this state, it is very obvious that America's future points to the north and to the west," he said. "So thank you very much."

[Hyperlink to Above](#)

1.6 - ConnectingVets.com: [VA targets scammers who try to rip off aging veterans](#) (22

October, Matt Saintsing, New York, NY)

The VA is adding more protections to strengthen aging veterans from scammers who target their pensions and push them to apply for benefits they aren't eligible to receive. Known as "pension poachers," the scammers pose as "advisors" who then try to make an easy buck by selling elderly vets unnecessary financial services and products they don't need while convincing them to apply for VA benefits they probably will never see.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)**2.1 - The Blade: [Looking outside the bottle for pain relief](#)** (22 October, Editorial Board, 180k uvm; Toledo, OH)

The Veterans Health Administration is moving the needle in the search for alternatives to pharmaceuticals for pain relief. The single largest integrated health care system in the country, the VA has loosened restrictions involving acupuncture for patients with chronic pain. While some VA hospitals have offered the ancient Chinese practice for decades, there were limited locations and providers.

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2.2 - NEWSREP: [October is Agent Orange awareness month, yet some Vietnam veterans are still fighting for compensation and recognition](#) (22 October, Joseph LaFave, 6k uvd)

During the Vietnam war, the US military launched Operation Ranch Hand, in which it employed several herbicides to kill the dense tree canopies that concealed the North Vietnamese supply routes, nicknamed the Ho Chi Min trail. One of the most infamous chemicals used was Agent Orange, a potent defoliant which contains the harmful chemical dioxin.

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2.3 - The Pantagraph: [Veterans Corner: Treatment court info coming soon 10/22/18](#) (22 October, Jerry Vogler Sr., 82k uvm; Bloomington, IL)

Q: I am a veteran but I live in a small rural town more than 75 miles and hours of travel from the nearest VA Health Care Clinic or medical center. What good is VA medical care if I have to travel for miles and hours to access it? A: The VA Office of Rural Health is working to increase access for the 2.8 million veterans living in rural communities who rely on VA for health care.

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2.4 - KJZZ (NPR-91.5, The Show, Audio): [Phoenix VA Medical Center Chief Of Staff: Hospital Getting Better Despite Low Score](#) (22 October, Mark Brodie, 45k uvm; Tempe, AZ)

Officials say things are getting better. To talk about where the hospital is now, The Show spoke with Maureen McCarthy, chief of staff at the Phoenix VA Medical Center.

[Hyperlink to Above](#)

2.5 - Hickory Daily Record: [Neighboring notable Alex Oppen: 'Our whole family was trained that if you do something, then do some form of service'](#) (22 October, Kristen Hart, 31k uvm; Hickory, NC)

Hope. We all need it. Alex Oppen, his wife says, offers it. "One thing he gives to people is hope," Paula Oppen said. "Even in the worst cases in the VA, the young men that came in that were so lost, angry, hurt, but Alex always finds some way to give hope to whomever he is speaking with. No matter how bad things are, he always finds a way to give someone hope."

[Hyperlink to Above](#)

2.6 - KPAC (NPR-90.1, Audio): [VA Delays Force Disabled Veterans To Seek Alternatives For Essential Equipment](#) (22 October, Carson Frame, 27k uvm; San Antonio, TX)

For veterans who need things like wheelchairs, walkers, and artificial limbs, getting them from the Department of Veterans Affairs can be a difficult, lengthy process. According to the agency's own numbers, thousands have waited longer than 30 days for their requests to be fulfilled. Nearly 3.4 million veterans received approximately 21 million prosthetic devices, sensory aids, items, and services from the VA in 2017.

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2.7 - Columbia Chronicle: [Veterans face hurdles when seeking access to on medical marijuana](#) (22 October, Jermaine Nolen, 5k uvm; Chicago, IL)

"Veterans are forced to go outside their standard health care practitioners in order to have these discussions and obtain the paperwork necessary to register for the state's medical marijuana access program." The VA was unable to be reached for comment as of time of press, but according to the Veterans Affairs Public Health website, despite several U.S. states' approval of the use of medical marijuana, the VA is required to follow federal laws.

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3. [Business Transformation](#)

3.1 - The Daily Courier: [VA work - \\$30M and counting - in progress as facilities upgraded, renovated and expanded](#) (22 October, Nanci Hutson, 490k uvm; Prescott, AZ)

Effort is to meet health needs of veterans. The local VA campus on Highway 89 is a historic icon — its service to area veterans dates back to 1930...

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3.2 - Mountain Xpress: [Charles George VA Medical Center celebrates its centennial](#) (22 October, Thomas Calder, 34k uvm; Asheville, NC)

Over the years, its name has changed. What began in 1918 as the U.S.A. General Hospital No. 19 is today the Charles George VA Medical Center. The facility's treatment focus has shifted as well. During World War I, tuberculosis drove the site's initial construction. These days, the center treats physical and mental health issues impacting the 48,000 veterans it serves each year.

[Hyperlink to Above](#)

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Federal News Network (Audio): Fraud is not a four-letter word, a new playbook is striving to prove that (22 October, Jason Miller, 100k uvm; Washington, D.C.)

“We have been working over the course of the last year with VA to look at how we could improve their anti-fraud efforts. As we were doing that, we were taking those lessons learned and talking to the other agencies about what are their needs, what’s working well and what are the gaps?” said Tammie Johnson, a program and management analyst at the Bureau of Fiscal Service, in an interview with Federal News Network at the ACT-IAC 2018 ImagineNation ELC conference.

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4.2 - The Journal Gazette: Regional VA officials don't see privatization in future (23

October, Brian Francisco, 57k uvm; Fort Wayne, IN)

“The resources for refreshing and modernizing our facilities are coming, so I think that goes contrary to some of the concerns,” Michael Hershman, director of the VA Northern Indiana Health Care System, said during a town hall forum at the system's Fort Wayne medical center. Hershman said VA plans to spend \$150 million on improvements to the local campus in coming years. “We are making the investments to make this a state-of-the-art facility,” he said.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Care2: Your Tax Dollars Pay for Private Security at Confederate Cemeteries (21

October, S.E. Smith, 660k uvm; Redwood City, CA)

After white supremacist violence boiled over in Charlottesville last year, Confederate monuments started falling across the country — some by official decree, and others at the hands of activists tired of waiting. In this era, keeping monuments that glorify slaveholders and the men who fought for them feels especially violating.

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6.2 - The Roanoke Times: Veterans winning, and healing, through the arts (23 October, Mike Allen, 222k uvm; Roanoke, VA)

One by one, the military veterans came up to the podium to receive their medals. This particular ceremony took place in the auditorium of the Salem Veterans Affairs Medical Center, and the honors bestowed were for bronze, silver and gold achievements in the National Veterans Creative Arts Competition, specifically in the categories of art, creative writing, drama and dance.

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6.3 - Denverite: Colorado Coalition for the Homeless steers determined veterans to permanent housing (22 October, Donna Bryson, 85k uvm; Denver, CO)

Perhaps the volunteers sprucing up the Colorado Coalition for the Homeless facility for veterans were putting out vibes of optimism. Or perhaps, as Vietnam vet and retired teacher and coach Lamont M. Shannon says, it's because pessimism is not his nature. Whatever the reason, he was hoping to move to permanent housing by Christmas, leaving the studio in a transitional housing facility that has been his home since May 2017.

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6.4 - KELO (CMN-1320/107.9, Video): [SD's First State Veterans Cemetery](#) (22 October, Matt Holsen, 85k uvm; Sioux Falls, SD)

A piece of land meant for a proposed Veterans cemetery in northern Sioux Falls will soon be in the state's hands. The City of Sioux Falls approved an ordinance gifting 60 acres of land to the South Dakota Department of Veterans Affairs this past week. The National Cemetery Administration has also notified the state that it may be awarded grant funds for construction costs.

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6.5 - KLKN (ABC-8, Video): [Lincoln earns national recognition for work with homeless veterans](#) (22 October, Zach Worthington, 34k uvm; Lincoln, NE)

The city of Lincoln has been recognized for its work in helping to end homelessness for area veterans. Lincoln became nationally recognized for achieving a "functional zero" designation, which means the city has the ability to house any veteran who identifies as homeless. Jana Langhorst started working at the Lincoln VA 8 years ago.

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6.6 - WOAY (ABC-50): [Beckley VA Holding 3rd Annual Veterans' Hospice & Palliative Care Conference](#) (22 October, Daniella Hankey, 900 uvd; Oak Hill, WV)

This year's conference will focus on the importance of providing quality care through the life span, with emphasis on early identification of end-of-life goals. Hospice is a philosophy of care that values life from the moment it begins to the moment it ends. The Beckley VAMC Hospice team has been recognized in the past by the Bereaved Family Survey for their dedication in ensuring all Veterans are treated with dignity and respect at the end of their life.

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6.7 - Woodbury Bulletin: [DAV MN will make vans available for volunteers to transport veterans](#) (22 October, 6k uvm; Woodbury, MN)

The Minneapolis Veterans Affairs Health Care System provides for the health care needs of veterans in Minnesota. DAV MN is a nonprofit charity and veterans service organization that provides lifetime support for veterans and their families. In a joint partnership, these two organizations have teamed up to enhance the quality of life for veterans...

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7. [Other](#)

7.1 - The New York Times: [Jon Tester Is a Big Guy in Big Sky Country. He Hopes That's Enough](#) (22 October, Matt Flegenheimer, 48.7M uvm; New York, NY)

Jon Tester, the senator who looks least like a senator, sized up a crowd of dozens and got to talking about history. He joined local veterans last week in a creaky hotel ballroom, with his \$12 flattop haircut and scuffed black shoes, and spoke of the copper mines up the road, sustaining the nation in wartimes. He saluted Montana's tradition of bipartisanship, recalling his work, as a Democrat, with President Trump. "The key word is 'together,'" Mr. Tester said.

[Hyperlink to Above](#)

7.2 - USA Today: [Midterms \(Video\): These Senate races will decide control in President Trump's Washington](#) (22 October, Maureen Groppe and John Fritze, 26.5M uvm; McLean, VA) Even before the midterm election season was in full swing, Tester drew barbed and personal attacks from Trump because of the controversy surrounding Ronny Jackson, the White House physician whose nomination to head the Department of Veterans Affairs was withdrawn over allegations of the freewheeling prescriptions and other misconduct.

[Hyperlink to Above](#)

7.3 - The Post and Courier: [VA suspends SC governor candidate James Smith's firm after not cooperating with inspection](#) (22 October, Joseph Cranney, 314k uvm; Charleston, SC) South Carolina Democratic gubernatorial candidate James Smith is no longer eligible to win lucrative U.S. Department of Veterans Affairs contracts after declining to cooperate with an inspection of his disabled veteran-owned business this year. Smith, whose company has received millions in government work over the past seven years, said Monday he didn't have time to produce business documents requested by inspectors while running his campaign for governor.

[Hyperlink to Above](#)

7.4 - Erie Times-News: [Streetcar system could strengthen, connect Erie: Letters to the editor](#) (22 October, Cloyd J. Rose, 59k uvm; Erie, PA) A few years ago, the Republicans tried to close/privatize the Erie Veterans Affairs Medical Center. The Democrats stopped it. We now have one of the best veterans hospitals in the country, lacking only emergency service due to a shortage of doctors.

[Hyperlink to Above](#)

7.5 - The Times: [LETTER: State spending getting ridiculous](#) (22 October, Ray Eich, 20k uvm; Ottawa, IL) The federal government is no different. In the year 2000, the Colorado University offered the Denver V.A. free land for a medical facility at Fitzsimons. The V.A. did not take the offer. In 2009 the V.A. held a groundbreaking ceremony for the new Denver V.A. Medical center on Fitzsimons land it purchased for \$60.4 million. The V.A. also had a chance to save \$400 million in cost-saving changes for the facility recommended by contractors.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - NPR (Audio): [Antipsychotic Drugs Don't Ease ICU Delirium Or Dementia](#) (22 October, Richard Harris, 15.5M uvm; Washington, DC)

Powerful drugs that have been used for decades to treat delirium are ineffective for that purpose, according to a study published online Monday in the New England Journal of Medicine.

Antipsychotic medications, such as haloperidol (brand name, Haldol), are widely used in intensive care units, emergency rooms, hospital wards and nursing homes.

"In some surveys up to 70 percent of patients [in the ICU] get these antipsychotics," says Dr. E. Wesley "Wes" Ely, an intensive care specialist at Vanderbilt University Medical Center. They're prescribed by "very good doctors at extremely good medical centers," he says. "Millions of people worldwide are getting these drugs to treat their delirium."

But the drugs can have serious side effects. And Ely says there is no solid research showing that they are effective at treating delirium.

Patients with delirium are often confused and incoherent and sometimes can suffer hallucinations. This condition can lead to long-term cognitive problems, including a form of dementia.

Ely and colleagues at 16 U.S. medical centers decided to put antipsychotic drugs to a rigorous test. They divided nearly 600 patients who were suffering from delirium into three groups. One group got the powerful antipsychotic haloperidol. A second group got ziprasidone, which is a related medication from a class of drugs called "atypical antipsychotics." A third group got a placebo.

"The three groups did exactly the same," Ely says. There was no change in the duration of delirium, or the number of coma-free days. "They stayed in the ICU the same amount of time. They stayed on the mechanical ventilator the same amount of time. They didn't get out of the hospital any sooner."

"There's not a shred of evidence in this entire investigation that this aggressive approach to treating delirium with antipsychotics, which is commonplace and usual care, did anything for the patients," he concludes.

Ely was to present his results of the study, called MIND-USA, at the European Society of Intensive Care Medicine meeting in Paris today. Timed with that presentation, the New England Journal of Medicine published the paper online.

Ely says the drugs can calm patients down, and he still uses them at times for that purpose. They are also prescribed for severe depression, post-traumatic stress disorder, obsessive compulsive disorder and other mental health conditions. The new study only assessed the value of these drugs for treating delirium.

"This is huge!" says Dr. Juliana Barr, an anesthesiologist and intensive care specialist at Stanford University and the VA Palo Alto Medical Center who was not involved in the study. She has helped craft guidelines for appropriate drug use in the intensive care unit.

"I think the main take-home message is that providers really need to think differently about managing delirium in their patients in the ICU," she says. "A pill or an injection is really not a magic bullet for this devastating illness."

Barr expects the new study will change medical practice. "It's going to generate a sea change in how we think about best practices for managing delirium in the ICU," she says.

Both she and Ely advocate for a more holistic approach to treating delirium — getting patients off drugs and off breathing machines as soon as possible and getting them up and about as soon as they're able.

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1.2 - CNN (Video): [Trump rallies to push Montana Senate toss-up into the red](#) (22 October, Brian Rokus, 15.1M uvm; Atlanta, GA)

President Donald Trump visited Montana last week to campaign for Republican Senate hopeful Matt Rosendale. But during his rally at Missoula International Airport, it became clear the trip might have been more about who he was campaigning against.

"Your senator is a disgrace," Trump said, referring to two-term Democrat Jon Tester.

Tester earlier this year was one of the lawmakers responsible for torpedoing Trump's nominee to head the Department of Veterans Affairs, White House physician Dr. Ronny Jackson.

"He hands out prescriptions like candy," Tester said in April. "In fact, in the White House, they call him the 'candy man.'"

Trump hasn't forgotten.

"They made up a series of lies that were horrible. And Jon Tester led the group," Trump told the crowd. "And that's really why I'm here. It's not that we need the votes so badly. I think we're going to do very nicely in the Senate and pick up seats. I can never forget what Jon Tester did to a man of the highest quality."

Jackson said on withdrawing his nomination for the position in April that several allegations made against him were "completely false and fabricated."

Tester's treatment of Jackson, a Navy rear admiral, is a key issue in a state with the second-highest per-capita population of veterans in the country.

Rosendale supporters see Tester as making an unfounded character attack on a doctor who served presidents of both parties. Tester's supporters say it was an effort to stop an unqualified nominee from taking over an agency with 370,000 employees -- an opinion given a surprise endorsement from Trump himself at his rally: "He might not have been qualified, but he was a doctor at a very high level," Trump said of Jackson.

Dirt farmer vs. real estate developer

Tester and Rosendale are as different as their supporters.

Tester has lived his entire life in Montana, a third-generation dirt farmer who brags about his \$10 flattop haircut (including the tip, his website notes).

Rosendale became wealthy as a real estate developer in Maryland and -- despite moving to Montana in 2002 and serving as a state senator and state auditor -- is still trying to shake a carpetbagger reputation.

"He's an East Coast developer who came to the state, bought a ranch, claims to be a rancher but has no cows," Tester told CNN's Gloria Borger in an interview. Ads attacking Rosendale have termed him "all hat and no cattle."

Despite multiple requests, Rosendale's campaign did not make him available for an interview. The lack of Montana roots isn't a concern for Rosendale supporter Rudy Koestner who waited for hours to attend Trump's rally.

"Quite frankly, he's an American. That's what's important," Koestner said. "If he's not a Montanan then why was he in the Montana legislature? He was elected from this district as a Montanan legislator. That proves he's got to be a Montanan."

Tester has also attacked Rosendale for his stance on the ownership of public lands, health care and funding for veterans.

Rosendale, for his part, has tied himself closely to Trump -- and attacked Tester for being too liberal for Montana.

"We need to send President Trump some conservative reinforcements who will end the liberal obstruction and work with him to pass his agenda," Rosendale told supporters after his primary win.

Voters looking beyond party

With the Senate race in Montana -- a state that Trump won by 20 points -- up for grabs, Tester is relying on more than a decade spent forging a personal connection with voters -- and their history of not voting a straight party-line ticket.

"Montana has a history of splitting tickets," said Tester supporter Mick Ringsack before speaking at a Tester rally last week. "We've got a Democratic governor, a Republican attorney general, one Democratic senator, one Republican senator."

Ringsack, a Vietnam veteran and also a Trump supporter, said he would vote for Trump again today, but added, "Jon has done so much for Montana and veterans that we can't afford to lose him."

But Montana's overall political complexion is deep red -- giving Tester a fine line to walk. He's made a reputation of bipartisanship and declines to attack the President as Democrats elsewhere have done.

"I think it's about him loving Montana," Tester said with a chuckle when asked about the President making his third visit to the state this campaign season to support his opponent. "Look, he has an opportunity to come to the state and we appreciate him coming." Still, when Montanans choose between him and his opponent, many will be looking beyond party.

"I don't think I've ever really thought of myself as just a Democrat or Republican," said Kelli Neumayer, who said she was still undecided on her Senate vote as she waited for Trump to take the stage. "I really kind of look to see the see who is going to do the best job."

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1.3 - Politico: [MHS Genesis gets a bad review](#) (22 October, Arthur Allen, 8.7M uvm; Arlington, VA)

MHS GENESIS PROBLEMS REMAIN: A team of independent Pentagon investigators gave another poor grade to the MHS Genesis electronic health record implementation in the Pacific Northwest in a preliminary briefing, according to sources familiar with it. The Initial Operation Test and Evaluation at Madigan Army Medical Center found that MHS Genesis remains “not effective and not suitable” — conclusions similar to those reached in an April report on three other sites, in Spokane and the Puget Sound. The latest report also said MHS Genesis was “not interoperable,” according to two individuals who saw a summary provided to Stacy Cummings, the DoD official in charge of the project.

A Pentagon official said that while Cummings has been briefed on the early findings, the final report was not done. “I expect the report to recognize significant system improvement” in response to problems that were documented in April, said David Norley, Cummings’ executive assistant. The Leidos-led team implementing the Cerner EHR is getting better at training clinicians and has reduced the average time required to respond to complaints from 84 days to fewer than six, Norley said.

It isn’t clear how much the military intends to change MHS Genesis in response to complaints about usability and other issues, but it is following through with the next wave of implementations at three bases in California and one in Idaho. Norley said the current version will be improved, and in any case, “the baseline solution allows more data sharing, greater patient safety features, and more cyber security protection than the legacy system it replaces.”

... Meanwhile, the chief of the House Veterans Affairs subcommittee overseeing the VA's part of the EHR deal complained in an Oct. 10 letter to acting deputy secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house initiative to create an open API platform into the VA's health system. Rep. Jim Banks wrote that it was important for the VA to “future-proof” its Cerner acquisition with the technology so it can import software and apps that may go beyond what Cerner can provide. VA spokesman Curt Cashour said the agency would respond to Banks’ request for information about whether the agency was still committed to the open API pledge. More details here.

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1.4 - The State: Democrat Smith loses special VA business status after not cooperating with audit (22 October, Tom Barton, 349k uvm; Columbia, SC)

A business run by the Democrat running to be South Carolina's next governor has lost its ability to win U.S. Department of Veterans Affairs contracts after declining to cooperate with inspectors.

The VA has removed state Rep. James Smith's firm, the Congaree Group, from its list of approved veteran-owned businesses.

Smith, a Columbia lawyer, is running against Republican Gov. Henry McMaster in the Nov. 6 general election.

The VA said it made an unannounced visit to the Congaree Group on May 17. It was not clear Monday why that visit was triggered.

Smith's company has received lucrative government contracts since 2010, mostly from the VA, to provide valet services for veterans who are treated at Veterans Administration hospitals. Smith's status as a service-disabled veteran allowed him access to the federal contracts, reserved specifically for veteran-owned small businesses.

Smith started the business after his year-long combat deployment to Afghanistan in 2007 as an infantry officer, where he was injured by an improvised explosive device while on deployment.

The Columbia attorney has made his combat service a focal point of his campaign.

The VA requested business documents from the Congaree Group to review, which it said the firm failed to provide. Subsequently, the business was removed from the VA's vendor information database on July 11 because it "could not determine compliance" with its veteran-owned contracting business program.

Smith said Monday he did not have time to produce the documents requested by VA inspectors while running for governor. He said he has plans to wind down the business, closing it, if he is elected governor.

"I simply let it go and was not going to pursue the certification," Smith said.

The Congaree Group has four current agreements with the VA to provide valet services that Smith said will be unaffected by the ban.

"I can't pursue any new contracts and don't have any intention of doing that anyway," Smith said.

The Daily Caller first reported the Congaree Group being banned by the VA.

Smith's company briefly lost its special status previously with the VA because it missed a deadline to provide the federal agency with several documents during a review, Smith has said. The company's status was restored after Smith appealed and provided the documents, and the VA has affirmed its special status twice since then.

In 2013, a complaint alleged Smith used his status as a disabled veteran to obtain contracts and then passed the actual work off to non-veteran-owned companies. Smith vehemently denied that allegation.

In 2014, the VA denied a protest filed by a veteran-owned Pennsylvania-based valet company that argued Smith improperly used his disability status to win a contract.

The Congaree Group provides a valet service for veterans who go to Veterans Administration hospitals. The valets greet the veterans, park their cars for them and help them with other services once inside the hospital.

“A normal business desiring to leave the program, or to get out of the federal contracting business, that’s one thing, but the timing of it being on the heels of the VA asking to review the company raises questions,” said Scott Amey, general counsel for the Project On Government Oversight, a nonpartisan independent watchdog.

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1.5 - Alaska Public Media: [Alaska senators address AFN on convention’s final day](#) (22 October, Zachariah Hughes, 27k uvd; Anchorage, AK)

The 52nd annual Alaska Federation of Natives convention concluded Oct. 20 in Anchorage with high-level addresses from Alaska’s senators, and AFN delegates still reeling from the news that Gov. Bill Walker is suspending his re-election campaign.

Delivering her invocation at the Dena’ina Civic and Convention Center, Rev. Shirley Lee referenced what a lot of people were talking about Saturday morning: Walker departing the election.

“Heavenly father, yesterday we witnessed your most humble servant place service before self,” Lee said. “May we all be like that servant.”

The shake-ups in the governor’s race reached all the way to Iceland, where Sen. Lisa Murkowski was attending a conference on the Arctic. During a video address to the AFN convention, Murkowski gave a brief overview of her legislative priorities on behalf of Alaska Natives in Washington. Her remarks returned repeatedly to a theme that has dominated much of this year’s AFN: how to reduce Alaska’s high rates of violence against women.

“Indigenous women have a fundamental right to live without fear of assault in their lifetime,” she said.

Addressing a recent federal court ruling challenging the constitutionality of the Indian Child Welfare Act – or ICWA – Murkowski said she’s committed to protecting the law’s status.

“ICWA may be the most single significant piece of Indian legislation that congress has passed. So know that we are not going down without a fight on this,” she said. “I am in this with you, and we will work to ensure that our native families remain together.”

Her remarks were followed by an appearance by Alaska's junior Sen. Dan Sullivan. He highlighted his legislative efforts to bring more resources to survivors of sexual assault, and his ongoing advocacy on behalf of Alaska veterans.

"That the statistics, whether its World War Two, or Korea, or Vietnam, or even the wars today, where Alaska Natives serve at higher rates in the military than any other ethnic group," he said. "What I like to refer to, as the secretary mentioned, as special patriotism."

The secretary mentioned was Robert Wilkie, head of the Department of Veterans Affairs. It was Wilkie's first visit to Alaska since taking over the VA, though he told the audience about living in the state as a child.

"When I come here now and see the astounding growth, the continued patriotism, and the beauty of this state, it is very obvious that America's future points to the north and to the west," he said. "So thank you very much."

The convention passed a number of resolutions, but avoided weighing in on two controversial measures. There was no endorsement in the governor's race, and the body did not take a stance on ballot measure one.

Next year's AFN is scheduled to take place in Fairbanks.

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1.6 - ConnectingVets.com: [VA targets scammers who try to rip off aging veterans](#) (22 October, Matt Saintsing, New York, NY)

The VA is adding more protections to strengthen aging veterans from scammers who target their pensions and push them to apply for benefits they aren't eligible to receive.

Known as "pension poachers," the scammers pose as "advisors" who then try to make an easy buck by selling elderly vets unnecessary financial services and products they don't need while convincing them to apply for VA benefits they probably will never see.

The regulations that went into effect Oct. 18 guarantees the "Aid and Attendance" benefit for pensions will stay out of the hands of crooked financial planners.

Oregon Democrat Sen. Ron Wyden commended the move by the VA.

"These changes are long overdue but a welcome step forward in the fight to protect our veterans from greedy scammers," he said in a statement.

"It is imperative that veterans who need this benefit have access."

The issue was brought to Wyden's attention after a 2012 undercover investigation by the Government Accountability Office (GAO) identified more than 200 organizations nationwide that advised potential pension claimants to go after unnecessary benefits, and charged the targets as much as \$10,000 along the way.

VA regulations include a provision from Wyden that requires a three-year glance at an applicant's financial history when applying for the pension.

In extreme cases, the VA rejected the targeted veterans for the benefit, but only after the poachers tucked away the assets in places that aren't easily assessable money-wise.

This type of dishonest business guiding can impact a senior vet's ability to qualify for Medicaid and other government assistance programs.

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2. [Improving Customer Service](#)

2.1 - The Blade: [Looking outside the bottle for pain relief](#) (22 October, Editorial Board, 180k uvm; Toledo, OH)

The Veterans Health Administration is moving the needle in the search for alternatives to pharmaceuticals for pain relief.

The single largest integrated health care system in the country, the VA has loosened restrictions involving acupuncture for patients with chronic pain.

While some VA hospitals have offered the ancient Chinese practice for decades, there were limited locations and providers. Now, the VA no longer requires that acupuncturists have a medical degree to practice the procedure (though board-certification by the Commission for Acupuncture and Oriental Medicine is required). Evidence of the burgeoning acceptance of the practice and the practitioner came earlier this year when the VA Health Administration revised its standards to name "acupuncturist" as a recognized caregiver employment position. And the 2018 Standard Occupational Classification Manual, published by the U.S. Office of Management and Budget, gives "acupuncturist" its own federally recognized labor category.

These moves should help shift the alt-med treatment (which involves the use of sterilized ultra-thin needles at specific points in the body) into the mainstream. And that should help catalog its efficacy, which has been inconclusive in the U.S., though the treatment is widespread throughout the Eastern world and history.

There should be a sense of urgency in the search for alternatives to patches and pills. The opioid epidemic in the U.S. has reached crisis proportions. More than 49,000 people suffered fatal overdoses in 2017 and many of those overdoses involved medication prescribed by doctors for pain relief.

Options that once would have been considered fringe should be given fresh eyes. Acupuncture is one of those options.

There are on-site facilities at VA hospitals in Pittsburgh and Butler, Dayton and Cincinnati.

Society stands to benefit from the VA's wisdom in helping to make acupuncture more available to patients.

Now, health insurers must be pressed to offer coverage for the procedure. Few health insurers do. This is reminiscent of mainstream medicine's dubious regard for chiropractic treatment. What is now standard operating procedure for many patients, spinal manipulations by chiropractors is widely covered by health insurance plans though they had been viewed skeptically just 25 years ago.

The U.S. health care system — doctors and hospitals and insurers — must look for pain relief options that don't come in a bottle.

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2.2 - NEWSREP: [October is Agent Orange awareness month, yet some Vietnam veterans are still fighting for compensation and recognition](#) (22 October, Joseph LaFave, 6k uvd)

During the Vietnam war, the US military launched Operation Ranch Hand, in which it employed several herbicides to kill the dense tree canopies that concealed the North Vietnamese supply routes, nicknamed the Ho Chi Min trail. One of the most infamous chemicals used was Agent Orange, a potent defoliant which contains the harmful chemical dioxin.

Unbeknownst to the Soldiers, Sailors, and Airmen who handled the chemical or who were exposed to it, Agent Orange and dioxin are now known to cause "reproductive and developmental problems, cancer, as well as damage to the immune system, and can interfere with hormones," according to a report from the World Health Organization (WHO). In total, 20 million gallons of the herbicide were dropped over 4.5 million acres of Vietnam between 1961 and 1971, according to a report from History.com.

Several Vietnam veterans have developed illnesses that are directly related to their exposure to Agent Orange. According to the Veterans Administration (VA) any service member who served in Vietnam "between January 9, 1962 and May 7, 1975" is automatically assumed by the federal government to have come into contact with either Agent Orange or other similarly harmful herbicides.

Although the chemical, manufactured by Monsanto, is no longer used by the military, many veterans are still fighting for compensation for illnesses they say are related to Agent Orange exposure.

According to Business Insider, more than 10,000 US Navy veterans who served aboard ships off the coast of Vietnam during the war are currently claiming that they were exposed to the chemical, and are asking for compensation. The VA, however, has thus far determined that their medical conditions are not related to Agent Orange, and that they were not exposed to the herbicide during their wartime deployments.

"Science does not support the presumption that blue water Navy veterans were exposed to Agent Orange," said Robert Wilkie, the current Secretary of the Department of Veterans Affairs.

However, a new bill sponsored by David Valadao, a Republican Congressman from California, is hoping to bring Navy veterans who served off the coast of Vietnam under the protection of the VA. According to Business Insider, the bill, H.R.299 – Blue Water Navy Vietnam Veterans Act of 2017, has widespread support in the house, as well as support from former VA Secretary Dr. David Shulkin.

“As Secretary, I was faced with the dilemma of what to do when there was insufficient evidence to make a reasonable conclusion,” Shulkin stated in a letter addressed to Senate. “I stated then — and continue to believe — that in the absence of reliable data to guide a decision, the answer must not be to simply deny benefits. When there is a deadlock, my personal belief is that the tie should be broken in favor of the brave men and women that put their lives on the line for all of us.”

If the bill passes the Senate and eventually becomes law, it is expected to cost the VA around \$5.5 billion to provide benefits to the affected veterans. The department has spent hundreds of millions of dollars over the last two decades on Agent Orange disability claims.

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2.3 - The Pantagraph: [Veterans Corner: Treatment court info coming soon 10/22/18](#) (22 October, Jerry Vogler Sr., 82k uvm; Bloomington, IL)

[...]

Q: I am a veteran but I live in a small rural town more than 75 miles and hours of travel from the nearest VA Health Care Clinic or medical center. What good is VA medical care if I have to travel for miles and hours to access it?

A: The VA Office of Rural Health is working to increase access for the 2.8 million veterans living in rural communities who rely on VA for health care. The office is partnering with other federal partners, state partners, and rural communities to make sure that veterans with mental health issues and other problems have access to proper care and resources. Additionally, ORH is using emerging technologies and telehealth to bring treatment closer to home. Visit www.ruralhealth.va.gov for more details. If you live in a rural area, discuss with your primary care physician and PACT team to determine if the ORH programs will fit your needs.

SHINGLES VACCINATION

There is a national shortage of the enhanced vaccine for shingles. The new vaccine protocol requires two shots from two to six months apart and is nearly twice as effective as the old vaccine. Veterans who have already received the first dosage will be given priority access to the remaining vaccine. Those beginning the protocol will be served later. Major pharmacies also are running short. The VA indicates it will receive an adequate supply of the vaccine during the first two weeks of November.

Q: I served in Iraq during the Gulf War. Where can I search for information about the infectious diseases that were prevalent in Southwest Asia during my service?

A: VA presumes that nine infectious diseases are related to military service in the Southwest Asia Theater of military operations during the Gulf War and in Afghanistan. Time frames apply. The diseases are malaria, brucellosis, campylobacter jejuni, coxiella burnetii (Q fever), mycobacterium tuberculosis, nontyphoid salmonella, shigella, visceral leishmaniasis, and West Nile virus. Visit www.publichealth.va.gov/exposures/infectious-diseases/index.asp for more detailed information and/or consult with your PACT team or primary care physician.

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2.4 - KJZZ (NPR-91.5, Audio): [Phoenix VA Medical Center Chief Of Staff: Hospital Getting Better Despite Low Score](#) (22 October, Mark Brodie, 45k uvm; Tempe, AZ)

The Phoenix VA Medical Center got the lowest score possible on an annual ranking of VA facilities.

The Strategic Analytics for Improvement and Learning (SAIL) rating, looks at areas including access to care and overall efficiency; patient perception of the hospital is also a big component of the ranking.

Phoenix's score of one out of five essentially matches its score from 2017, and puts the hospital in the "high risk" category.

The Phoenix VA, of course, was the epicenter of the VA scandal several years ago, which mainly centered around wait times for appointments.

Officials say things are getting better. To talk about where the hospital is now, The Show spoke with Maureen McCarthy, chief of staff at the Phoenix VA Medical Center.

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2.5 - Hickory Daily Record: [Neighboring notable Alex Oppen: 'Our whole family was trained that if you do something, then do some form of service'](#) (22 October, Kristen Hart, 31k uvm; Hickory, NC)

Hope. We all need it.

Alex Oppen, his wife says, offers it. "One thing he gives to people is hope," Paula Oppen said. "Even in the worst cases in the VA, the young men that came in that were so lost, angry, hurt, but Alex always finds some way to give hope to whomever he is speaking with. No matter how bad things are, he always finds a way to give someone hope."

Alex Oppen was meant to help people in need. He worked for four different agencies and 45 years -- all as a social worker. The agencies were Catawba County Social Services, Catawba County Mental Health, Catawba County Behavioral Services and the U.S. Department of Veterans Affairs.

He retired on Sept. 28 at the age of 69 from the VA.

During his career, Oppen worked with those looking to adopt a child, investigated neglect and abuse and met with people who just needed someone to talk to. Oppen always made himself available to people who needed him.

"My favorite part was getting people approved for adoptions, place babies with them," Oppen said. "How awesome is that?"

Opper stays in contact with some of the families he helped find a child to adopt. “He’s the best social worker in the world,” wife Paula, said. “He can accomplish more in a day than most can in weeks. He’s very goal oriented.”

“I don’t like working in discontent,” Alex Opper said.

In 2008, Alex Opper started a job at the U.S. Department of Veterans Affairs working with soldiers returning from war with PTSD (post-traumatic stress disorder) or other issues. He helped them to reintegrate into society.

Alex Opper’s father was a Canadian immigrant and World War II veteran, Leonard Opper. He also has a son, Steven Opper, who is in the U.S. Army.

“Our whole family was trained that if you do something, then do some form of service,” Alex Opper said.

Alex Opper and his wife both love collecting. There isn’t much rhyme or reason behind the items they choose to collect, but they both love to travel and are always sure to bring items home with them to remember the trip. For example, the Oppers have handmade dishes and glasses from the Czech Republic.

In other cases, Alex Opper will find items in shops and restore them if they aren’t too damaged.

Alex Opper uses everything he and his wife collect as décor in the house and the yard.

“We say we’re done [collecting] because we’re full,” Alex Opper said. “We don’t buy stuff we like and then leave it in a box. We want it out so we can enjoy it.”

Alex Opper also enjoys tending to his yard. Behind his suburban home is four acres of land he maintains and gardens. In the garden is a small shed he designed himself where he stores many of the items he’s collected.

“I have a green thumb,” Alex Opper said.

Next year, Alex and Paula Opper will be taking an ocean cruise around Europe.

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2.6 - KPAC (NPR-90.1, Audio): [VA Delays Force Disabled Veterans To Seek Alternatives For Essential Equipment](#) (22 October, Carson Frame, 27k uvm; San Antonio, TX)

For veterans who need things like wheelchairs, walkers, and artificial limbs, getting them from the Department of Veterans Affairs can be a difficult, lengthy process. According to the agency’s own numbers, thousands have waited longer than 30 days for their requests to be fulfilled.

Nearly 3.4 million veterans received approximately 21 million prosthetic devices, sensory aids, items, and services from the VA in 2017. The department receives, on average, 657,000 new requests each month for prosthetic items and medical devices.

A VA spokesperson said the agency's goal is to review and fulfill requests as soon as possible, ideally within 30 days. The department now processes them within five days on average nationwide.

But the VA reports that about 8,500 equipment requests across its system have waited longer than 30 days. More than 2,500 have been pending for two months or more. The VA says it's improved its processes and cut down on delays. But some patients, like 24-year-old Navy veteran Whitney Hardin, still await medical devices and equipment.

Last year, Hardin was diagnosed with Rasmussen's encephalitis, a rare neurological disorder that inflames her brain and causes near-constant seizures. Doctors later concluded that the condition was related to injections she got when joining the Navy in 2011.

Hardin recently underwent her third brain surgery to relieve the symptoms. While it helped manage the seizures, it limited her mobility. She now relies on a host of assistive technologies, including a wheelchair, ramps, shower modifications, a leg brace, and a specialized walker.

"The walker is a huge part of my rehab," Hardin said. "It helps me start to be able to get more mobilization on my own around the house and out and about — anywhere that I can — outside of therapy."

Getting the walker wasn't easy. Hardin's doctor ordered it from the VA in April, right after she began outpatient rehabilitation. But the VA had trouble getting one of the parts and couldn't immediately fill the order.

"All they said was: 'We have it on order for you,' " Hardin said. "But I'm just kind of used to it — I guess, at this point — to know that I'm just going to have to wait."

As of mid-October, the VA still had not come through with the equipment. Hardin ended up getting the same walker from Project Mend, a San Antonio-based nonprofit group that refurbishes medical equipment and offers it to people at a cost saving. In 2017, it served nearly 400 veterans and expects to serve upwards of 500 this year. Fulfilling Hardin's walker order took just a few days.

According to Project Mend CEO Cathy Valdez, veteran clients sometimes face delays at the VA.

"When the veteran comes to us, oftentimes the story that we hear is that the veteran might be eligible to receive, for example, a scooter or a wheelchair from the VA," she said. "But they're gonna have to wait to be able to get that — maybe a month. Two. Three. And they need that right away. They don't need to wait— or maybe can't wait that long."

The Process Behind Prosthetics

Fred Downs, a prosthetics consultant with Paralyzed Veterans of America, said lengthy delays in fulfilling about 8,500 medical equipment requests is cause for concern.

"I'm not comfortable with that number," he said. "I need to know more facts. What's it composed of? What type of orders?"

Downs was the national director of the VA's prosthetic and sensory aids service for 30 years and has also worked with the department's procurement and logistics arm. He said there are

legitimate reasons why some cases drag on. Equipment might require special fabrication, multiple fittings, or coordination with outside vendors.

But according to Downs, complex cases are one thing while bureaucratic obstacles are another. He said he isn't sure which category the VA delays fall into.

As it turns out, VA isn't either.

Downs said the department is still analyzing the data.

"The thing that we all worry about are those cases where a veteran needs a wheelchair. It's prescribed. And so the veteran goes home and doesn't hear anything from the VA," he said. "This is where we hear a lot of problems. Like, 'Well what happened to it? He's still sitting home after two, three, four months and it's not there.' What the heck? Somebody's dropped the ball big time."

A History of Delays

Last year the VA Inspector general found a host of problems with the way some medical centers were handling prosthetics cases. Understaffing, lack of accountability, and issues with logistics and warehousing often played a role.

VA Secretary Robert Wilkie said that this year's numbers actually represent a marked improvement.

"Across the country, last year, 64,000 prosthetic requests were 30 days old or older. We've now gotten that down to 8,500," he said.

Since then, the department has changed some of its processes. They've made it easier to track equipment requests and are holding medical center directors more accountable for fulfilling them. The agency is now trying to determine how many delayed requests are acceptable.

Wilkie said he's proud of the VA's progress so far.

"That is certainly a case where we have moved out, and it shows America that the department does have the potential for agility and adaptability," he said.

Back in Texas, veteran Whitney Hardin continues to adapt as well. She's made strides with her rehab and mastered the track at her physical therapy center.

"I'm doing 336 feet twice," she said. "Two laps — on the walker."

Hardin believes there's a chance her VA walker will still come in. If it does, she plans to donate the one she's using now to Project Mend so that it might help someone else.

This story was produced by the American Homefront Project, a public media collaboration that reports on American military life and veterans. Funding comes from the Corporation for Public Broadcasting.

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2.7 - Columbia Chronicle: [Veterans face hurdles when seeking access to on medical marijuana](#) (22 October, Jermaine Nolen, 5k uvm; Chicago, IL)

Illinois military veterans are being left behind in the war on opioid addiction, even though Illinois permits doctors to recommend medical marijuana as an alternative to other drugs.

Post-traumatic stress disorder—a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event—is now on the list of most commonly treated conditions by patients who use medical marijuana in Illinois, according to a new Illinois Department of Public Health report. The report states between July 2017 and June 2018, of 21,000 qualifying patients who applied for a medical cannabis card, 20 percent indicated PTSD as their debilitating condition, equating to 4,151 applicants.

The increase in users is due in part to a commitment from Gov. Bruce Rauner to end opioid addiction in Illinois. On Aug. 28, Rauner signed the Alternative to Opioids Act, allowing physicians the authority to recommend medical marijuana prescriptions to any patient with a condition that would be otherwise treated with an opioid painkiller.

“It is unfortunate that veterans face unique hurdles in obtaining medical cannabis in states like Illinois that permit it, unlike other patients who can simply go to their primary care physician and obtain a recommendation,” said deputy director of the National Organization for the Reform of Marijuana Laws Paul Armentano. “Veterans are forced to go outside their standard health care practitioners in order to have these discussions and obtain the paperwork necessary to register for the state’s medical marijuana access program.”

The VA was unable to be reached for comment as of time of press, but according to the Veterans Affairs Public Health website, despite several U.S. states’ approval of the use of medical marijuana, the VA is required to follow federal laws.

Federal law classifies marijuana and all derivative products as a Schedule One controlled substance, making it illegal to the federal government.

“With the VA, they give you a lot of anti-depressants and a lot of synthetic medications to treat your conditions,” said United States Navy veteran Calvin Harris. “I was in the medical field for 14 years. All the Xanax, Adderall and things they typically give [these] guys have a lot of side effects.”

Harris said some people become addicted to prescription pain killers and may even overdose. For this reason, he thinks a natural alternative would be positive.

Lawmakers acknowledged in the Alternative to Opioids Act that drug overdoses have become the leading cause of death nationwide for people under the age of 50. At the current rate, more than 2,700 Illinoisans will die because of opioid use by 2020.

“It’s like they want to keep you medicated. Even recently, I went to the doctor, and I told her, ‘I don’t want to take all these pills anymore, what can I do?’” said United States Navy veteran Malikah Boyd.

Boyd, a full-time student, is considered 90 percent disabled and has been out of the military for a year. Boyd, who has experience as a rehabilitation counselor, said opioid addiction can take hold within a week's time.

"The opiate is more addicting," she said. "However, if you are openly telling [the VA] that you smoke marijuana as a release, then they will cut off your pain pills. Say you broke your neck while in service and did not heal properly so you need [the pills] for that injury, but you like to smoke because you have anxiety or PTSD, [the VA] will cut you off because you smoke marijuana."

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3. Business Transformation

3.1 - The Daily Courier: [VA work - \\$30M and counting - in progress as facilities upgraded, renovated and expanded](#) (22 October, Nanci Hutson, 490k uvm; Prescott, AZ)

Effort is to meet health needs of veterans. The local VA campus on Highway 89 is a historic icon — its service to area veterans dates back to 1930...

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3.2 - Mountain Xpress: [Charles George VA Medical Center celebrates its centennial](#) (22 October, Thomas Calder, 34k uvm; Asheville, NC)

Over the years, its name has changed. What began in 1918 as the U.S.A. General Hospital No. 19 is today the Charles George VA Medical Center. The facility's treatment focus has shifted as well. During World War I, tuberculosis drove the site's initial construction. These days, the center treats physical and mental health issues impacting the 48,000 veterans it serves each year.

On Friday, Oct. 26, at 11 a.m. the Charles George VA will celebrate its centennial at its grand reopening of building No. 9. Formerly the white nurses' dormitory, the 1932 structure sat vacant for the last 44 years. But in 2016, a \$9 million restoration project paved the way for the building's latest rendition as the Hope and Recovery Center. With a focus on mental health, the site's top priority is suicide prevention.

The ribbon-cutting, says Armenthis Lester, the medical center's public affairs officer, will include remarks from VA leadership, as well as information on available programs. The gathering will also feature a Cherokee warrior dance, along with displays and exhibits of historical images and artifacts from the site's former days.

The N.C. Department of Natural and Cultural Resources Western Office, which occupies the former black nurses' dormitory adjacent to the Hope and Recovery Center, will also participate in the grand reopening.

Heather South, lead archivist at the Western Regional Archives, says she and her colleagues have had the unique opportunity to watch the former sister dormitory slowly be brought back to

life. “To see it go from abandoned shambles to revived services has been an amazing transformation,” she notes.

Early unrest

“There’s a lot history here,” says Rod Doty, the VA’s digital library technician. Not surprisingly, he adds, the facility has seen plenty of change. The original wood-frame structures once scattered across the site’s former 346 total acres have all been razed, although a few relics do remain, including an original foundation on the southern slope of Bull Mountain.

In 1918, Doty says, that entire section of the mountain was clear-cut. Since then, Mother Nature has gradually reclaimed parts of the VA’s former property (which today totals a much-reduced 64 acres). “What you’re seeing now [on Bull Mountain] is 100 years’ worth of growth,” he explains.

While Doty’s historical knowledge stretches the entirety of the hospital’s 100 years, his focus for the centennial has been on the site’s earliest days. A completion report from June 1, 1919, has provided him with a detailed account of the original project’s scope, as well as some of the challenges faced during constructions initial stages.

Work officially began on March 25, 1918. Local construction crews were hired, and local car owners were solicited to transport these men to and from the site. Compensation began at 15 cents per passenger, but disgruntled drivers soon demanded and received increased pay.

Unrest quickly spread beyond the weary drivers. Carpenters, electricians, plumbers, steamfitters, sheet metal workers, plasterers and painters all demanded higher wages. In each case, the government eventually acquiesced to avoid labor shortages that might impede the site’s timely completion.

By August, the original project’s 1,000-bed enterprise was 97 percent done. That November, all remaining duties — including completion of the remaining dorms, sewage system, water supply, heating distribution, outside electric wiring and vehicle roads — were wrapped up. Additional wards were built in 1919. Upon their completion, the site had 102 total structures, including offices for the YMCA, Red Cross and Knights of Columbus (see “Asheville Archives: Construction begins on U.S.A. General Hospital No.9, Oct. 17, Xpress).

“They had everything,” Doty exclaims. But only after the infirm soldiers arrived did the city within a city truly take shape.

‘An unseen enemy’

“It begins to look like most of us have been chosen to help our country by fighting tuberculosis rather than by fighting the Germans,” wrote Maj. W.G. Turnball, in the Nov. 9, 1918, debut publication of *The Oteen*, a weekly paper published by General Hospital No.19. “To many this has been a disappointment. The glamor, the excitement, the hero-worship are lacking, and we feel we are not having a direct part in the great victory that is being won. We do not deny that this work is necessary and that someone must do it, but it is not exactly what we wanted to do ourselves.”

For a year, *The Oteen* sought to keep patients and staff motivated and up to date on the latest news both on and off the General Hospital No. 19 campus. The publication included hospital

gossip and previews of upcoming social activities, as well as pertinent information regarding their illness, treatment options and Army benefits.

For contemporary readers, the publication also provides unique insight into the daily lives and worries surrounding the VA's original patients. Time and again, the paper seeks to address and reassure soldiers of their latest mission: recovery.

Unlike German foes, tuberculosis was "an unseen enemy." No vaccine existed at the time. Instead, hospital doctors called for plenty of rest, air, food and exercise, or as The Oteen put it, "the quartet of legs that the cure for tuberculosis rests so securely upon."

The war was over by the time The Oteen published its second issue. Germany surrendered on Nov. 11, 1918. But in keeping with its motif, the paper asserted that the battle against tuberculosis carried on. "It is just as deadly and to some of you it means that you will have to fight as hard as though you were or had been in the front line trench," the paper declared.

Although Doty believes the publication was limited to on-site distribution, some of its articles suggest a broader audience. One piece, published in the issue of Dec. 7, 1918, implores family members to help establish a more positive outlook among patients through their letters.

"It is a difficult problem to care for men in a hospital whose one great desire is to go home," the article states. "This problem is too often made doubly difficult by the nature of the letters which the men receive from home. If, instead of thinking up every possible home trouble to write these men, the people at home would write cheerful letters, it would do much toward maintaining a cheerful atmosphere in the Hospital and thereby helping each man on to a cure."

In another issue, contributing writer Capt. B.L. Hayes offers a detailed account of the daily activities and duties for those enrolled. The piece, titled "A Letter for the Folks at Home," concludes with an assessment of the men's overall attitude toward the institution.

"It is not unlike that of the pupils in a boarding school," Hayes writes. "It has been well summed up in the following words: 'Taking things as they find them. Vaguely understanding. Caring less. Grumbling by custom. Cheerful by nature. Ever anxious to be somewhere they are not. Ever anxious to be somewhere else when they get there.' Living through a period which in after years will be remembered as the happiest of their lives."

Warrior's legacy

The images and artifacts at the Oct. 26 ribbon-cutting for the Hope and Recovery Center will focus primarily on the VA's original days as U.S.A. General Hospital No. 19. But the ceremonial Cherokee warrior dance will call attention to the region's original inhabitants, as well as the medical center's namesake, Charles George.

George, a member of the Eastern Band of Cherokee Indians, served in the Army during the Korean War. On Nov. 30, 1952, the private first class died in battle after throwing himself onto a live grenade to save the lives of two fellow infantrymen, Marion Santo and Armando Ruiz. Two years later, George was posthumously awarded the Medal of Honor — one of only 32 Native Americans to have received the highest personal military decoration.

On Nov. 15, 2007, the former VA Medical Center was officially renamed the Charles George VA Medical Center. Warren DuPree, an enrolled member of the Eastern Band of Cherokee and a

retired Navy veteran who served in both Vietnam and Operation Desert Storm, remembers the day. "Native Americans have always been a warrior society," he says. "So naturally the Cherokee people were extremely proud ... to have [Charles George's] name remembered forever in a medical facility that provides services to the men and women of the United States Armed Forces."

Eight years later, DuPree helped establish the Charles George Memorial Project Committee. Over the course of several months, the organization raised \$50,000 for the creation of two life-size bronze statues of the fallen hero. Throughout the process, the project's sculptor, James Spratt (a retired Vietnam veteran), was undergoing treatment for bone cancer at the VA.

On Sept. 24, 2016, the first sculpture was unveiled at the medical center. At that time, Spratt was receiving hospice care at the facility's Community Living Center. "He passed away 10 minutes after we began the dedication," DuPree remembers. "It was very emotional."

That November, on Veterans Day, the second sculpture was dedicated at Cherokee Veterans Memorial Park. "We now have these two bronze sculptures of a tribal treasure and a national hero that are facing each other," DuPree explains. "There is tremendous power in that." Both statues, he adds, look from a great distance toward the Yellow Hill Veterans Cemetery, where both George and Spratt are interred.

The next 100 years

As Doty approaches the recently completed Hope and Recovery Center, he takes a moment to consider what the building once was compared to what it now is. Not that long ago, he remembers, parts of the structure's slated roof were caving in. Vines climbed down from the building's gutters, gathering at its center to create a sort of widow's peak. But these days, Doty observes, "it's pretty majestic."

The new facility, notes Lester, will help the Charles George VA continue to serve the approximately 8,000 veterans who seek treatment each year through its outpatient mental health clinic. According to the latest available VA National Suicide Data Report, the suicide rate among veterans in 2016 was 1.5 times greater than that of nonveteran adults. That year, 7,298 current and former service members took their own lives, and suicide rates among veterans ages 18-34 years old continue to increase.

Treatment for those struggling with suicidal thoughts is available through the Charles George VA, Lester emphasizes. The ongoing goal for the organization, she says, "is to get to zero suicides." Information on enrollment and eligibility will be available at the ribbon-cutting ceremony.

Lester sees the day's events as a bridge between the site's past, present and future. "We're really excited about the connection that we have with the Cherokee Nation and the history of the area," she says. The Hope and Recovery Center, she adds, is simply the latest in the organization's long-standing effort to improve the lives of service members. "The building cares for our current warriors and those who will come in the future," she says.

For South, a similar connection exists. "They built what amounts to a small city from sprawling farmland in a matter of months," notes South. "Veterans are still being served 100 years later on the same grounds. Nurses, doctors, visitors — think about the number of people that have had a

connection to this exact place. It is impressive. I am just glad that I can be part of that continued history and help preserve some of the story for the next century.”

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Federal News Network (Audio): [Fraud is not a four-letter word, a new playbook is striving to prove that](#) (22 October, Jason Miller, 100k uvm; Washington, D.C.)

PHILADELPHIA — “The deceptive nature of fraud makes it difficult to measure in a reliable way.”

“[GAO’s] work has shown that opportunities exist for federal managers to take a more strategic, risk-based approach to managing fraud risks and developing effective anti-fraud controls.”

Both of these comments, which came from the 2015 compendium, “A Framework for Managing Fraud Risks in Federal Programs” from the Government Accountability Office, are just as true today as they were three years, or for that matter 20 years ago.

When it comes to measuring, mitigating and combating fraud in federal programs, agencies are struggling.

The struggle comes despite the fact that GAO issued the framework three years ago, which detailed four broad steps for agencies to implement to combat fraud, few agencies have made any real, measurable progress.

In July, GAO testified before the House Ways and Means Committee that there is no reliable measurement of fraud in the Medicare program despite more than \$52 billion in improper payments. The same is true for Medicaid, for the Social Security Administration’s retirement, survivors and disability insurance program and for nearly every other of the 16 high priority programs.

Add to the fact that Congress and the White House have made stopping fraud a major focus area over the last decade, and the shortcomings are even more disheartening. Lawmakers passed multiple pieces of legislation, including the Fraud Enforcement and Recovery Act of 2009 and the Fraud Reduction and Data Analytics Act of 2015. Meanwhile, the Office of Management and Budget updated Circular A-123 to focus on enterprise risk management and included controls to mitigate fraud and approaches to use data analytics.

Basically what all of this means is the real impact of fraud in federal programs is unknown and agencies are unclear about how to stop it, so therefore billions of dollars are going to people and/or organizations that don’t deserve it.

For all of these reasons, and many others, the CFO Council and the Treasury Department’s Bureau of Fiscal Service took a small effort with the Veterans Affairs Department and turned it into a governmentwide initiative to help agencies start identifying and reducing fraud in programs.

The council and BFS released the anti-fraud playbook on Oct. 18 to provide practical guidance, leading practices and helpful resources.

“We have been working over the course of the last year with VA to look at how we could improve their anti-fraud efforts. As we were doing that, we were taking those lessons learned and talking to the other agencies about what are their needs, what’s working well and what are the gaps?” said Tammie Johnson, a program and management analyst at the Bureau of Fiscal Service, in an interview with Federal News Network at the ACT-IAC 2018 ImagineNation ELC conference. “We also collaborated with OMB, GAO and the inspectors general community to see what their thoughts were so we could build an actionable playbook that agencies can use to build their program out. They don’t need to start from beginning to end. They can actually pick and choose based on where they are in the anti-fraud journey and take action on those items.”

The playbook breaks down 16 plays across four areas:

Create a culture

Miller said part of the challenge is agencies tend to think they don't have any fraud, or if their programs do, they think it's the IG's responsibility.

"One of the big plays we really focus on is building your fraud awareness. I think the play is called 'Fraud is not a four-letter word,'" she said. "Agencies are starting to realize it is their responsibility."

Johnson added another play that is trying to change agency perspective: "Think like a fraudster."

"Generally, when you ask people if they have fraud, they think of what they would do, but not what a fraudster would do. So we give them a map of how you think like a fraudster to see where those entry points are. That will be key to developing their action," she said.

Miller said agencies shouldn't get overwhelmed by the playbook and should just get started looking for and mitigating fraud.

"The key is you start somewhere. Ideally, you'd start with a fraud risk assessment because there really where all the exciting work like analytics can come from and guide your investment of resources," she said.

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4.2 - The Journal Gazette: [Regional VA officials don't see privatization in future](#) (23

October, Brian Francisco, 57k uvm; Fort Wayne, IN)

Local and regional officials for the U.S. Department of Veterans Affairs said Monday they see no signs the agency is heading toward totally privatized health care.

"The resources for refreshing and modernizing our facilities are coming, so I think that goes contrary to some of the concerns," Michael Hershman, director of the VA Northern Indiana Health Care System, said during a town hall forum at the system's Fort Wayne medical center.

Hershman said VA plans to spend \$150 million on improvements to the local campus in coming years.

"We are making the investments to make this a state-of-the-art facility," he said.

Denise Deitzen, acting director of the VA network for Ohio, most of Indiana and Michigan's Lower Peninsula, told the town hall audience that 36 percent of the department's health services nationwide is performed by private providers.

VA leaders "are committed to providing care where veterans are and where veterans need their care," Deitzen said. "And will that be with our community partners? Sometimes, yes. Will it all be with (private providers)? From what I hear from Washington is no, that's not the direction we're going in."

Speculation about increased privatization has been rampant since spring, when Congress passed the VA Mission Act to replace the Veterans Access, Choice and Accountability Act of 2014.

The original Choice program paid private medical expenses for military veterans who had to wait at least 30 days for a VA medical appointment or travel at least 40 miles to a VA facility. The new version gives veterans more flexibility to see private physicians, including when patients require treatment not supplied by a VA clinic.

“We’re never going to be able to provide everything in the VA. What I don’t hear people saying is that everything is going to be provided in the community” by private physicians and hospitals, Deitzen said.

Hershman, the local director, said the Fort Wayne medical center does not offer orthopedic care. It also refers patients to community hospitals when the medical center has no inpatient beds available.

“We rely on our partners. But it’s a partnership. The right place, right care and right time for veterans is our goal,” he said.

Aside from a question about privatization, the queries from veterans attending the town hall session were about specific medical procedures and treatments they require.

Hershman gave an update on new programs and projects at the Lake Avenue medical center. A “director’s hotline” will be available Nov. 1 for veterans to call with questions and concerns, and the campus will add 40 surface parking spots this year and 90 more next summer.

Hershman said VA has dropped plans drafted in 2015 to build a parking garage in Fort Wayne.

Phil Shealey, assistant director of VA Northern Indiana, said \$65 million will be spent on local construction during the fiscal year that started Oct. 1.

Projects include the continuing renovation of inpatient areas, remodeling of the pharmacy, and preparing for construction of a west tower for primary and emergency care.

Fiscal 2018 upgrades included the west wing remodel, basement renovations, and the replacement of boilers and underground utilities. Shealey said VA Northern Indiana also has opened food pantries at its Fort Wayne and Marion campuses.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Care2: [Your Tax Dollars Pay for Private Security at Confederate Cemeteries](#) (22 October, S.E. Smith, 660k uvm; Redwood City, CA)

After white supremacist violence boiled over in Charlottesville last year, Confederate monuments started falling across the country — some by official decree, and others at the hands of activists tired of waiting.

In this era, keeping monuments that glorify slaveholders and the men who fought for them feels especially violating. And for black residents of the South, being forced to walk past such monuments on the way to work, school and other destinations served as a painful reminder of a historical era the United States has yet to fully reckon with.

The controversy over Confederate memorials sparked concerns across the country that said monuments might be vandalized — which they were. Cities took various measures to address this concern, including moving or covering monuments, posting guards or taking them down altogether.

The Department of Veterans Affairs took this to extremes, as a Freedom of Information Act request filed by the AP reveals.

And the VA didn't just post guards — it paid millions to a private security company to provide 24/7 monitoring in at least eight Confederate cemeteries, most of which were located in the North. These cemeteries are small and primarily contain the graves of prisoners of war who died in custody, with modest markers that commemorate the dead but certainly don't glorify the Civil War. In other words, they weren't exactly high-value targets.

VA officials told NPR that the agency has an “obligation to protect the federal property it administers, along with cemetery staff and visitors paying respect to those interred at our sites.” Okay, sure, but that doesn't explain the use of private security rather than government employees to provide that security. After all, private security is generally much more expensive — and much less accountable.

The money to cover this added security is coming from the National Cemetery Administration, which is funded with public money. This entity is responsible for maintaining, improving and protecting 136 national cemeteries. In case you're curious, the NCA doesn't oversee the country's most famous military cemetery, Arlington — that facility is administered by the Department of Defense.

The first year's contract with the security company was \$2.3 million, and the agency says it may add security to other sites to address concerns about vandalism.

While the necessity of these guards is definitely arguable — there haven't been any incidents at the cemeteries involved since guards were posted, but that may just mean no one was interested in vandalizing those cemeteries — the potential for cost overruns is the bigger concern. Private security services are costly, but they also like to rack up more money on their contracts; does this mean that the contract will expand to more cemeteries? How long should the government pay for guards?

Cemeteries should certainly be protected from desecration, and it should be noted that of the vandalism — or editorial, depending on how you look at it — incidents following Charlottesville, the vast majority did not involve cemeteries. Those incidents that did primarily targeted statues and monuments, not actual graves.

And if you've spent much time in your local cemetery, you might be surprised — there are often a few Confederate graves lurking in any cemetery dating back to the mid-late 1800s!

Is posting private security the best use of these resources, or would it be more appropriate to revisit the value of having prominent Confederate monuments at sites where people may be visiting for peace and contemplation?

TAKE ACTION

Sign our petition asking the VA to explain why it's wasting millions guarding Confederate graves.

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6.2 - The Roanoke Times: [Veterans winning, and healing, through the arts](#) (23 October, Mike Allen, 222k uvm; Roanoke, VA)

One by one, the military veterans came up to the podium to receive their medals.

This particular ceremony took place in the auditorium of the Salem Veterans Affairs Medical Center, and the honors bestowed were for bronze, silver and gold achievements in the National Veterans Creative Arts Competition, specifically in the categories of art, creative writing, drama and dance.

"I know it takes a lot of courage to get up there and put yourself out there," said Salem VA Director Rebecca Stackhouse, adding that the results demonstrate to other Veterans Affairs centers "just how much Salem rocks."

The ceremony earlier this month concluded the 10th year the Salem VA has participated in the national creative arts program. Veterans registered for treatment at the Salem VA first enter a regional competition. Then winners from the regionals are forwarded to the national competition. In the past, some Salem VA winners have been invited to participate in a variety show featuring winners from all over the country. That didn't happen this year, but the medal winners were happy regardless.

"It's just like having a job that you love to do and they're going to pay you," said Maria Quillin, a 70-year-old Army and Navy veteran from Lexington. She won a gold medal in dance and shared a gold in drama. "It's so wide open, all the creative things people can do."

Quillin has been involved in the arts in some way even when she was an Army brat. Yet that's not true of many of the veterans who entered, such as her partner in the gold-winning drama performance, 45-year-old Peter Holm, and his father, John Holm, 71, who won a silver medal for solo dramatic prose.

Both Holms, who pronounce their last name "Hollum," served in the Navy. "It's a family tradition," Peter Holm said. A Roanoke social worker, he has participated in the competition for two years now. "I kind of went kicking and screaming both years," he said. "I've won both years."

John Holm, who attended the award ceremony with his service dog, an English setter named Madee, said he never thought of himself as a creative person. "Having been in combat ... as a medic, I experienced a lot of death around me," he said. "Exercising my creativity seems to help me to cope with the stress that I went through with my military experience. You take a negative energy and turn it into something creative."

"It's something I can do with my dad," Peter Holm said. "It kind of connects our service."

“There’s incredible healing power in the arts,” Stackhouse said. “We see this as an extension of the comprehensive package that we provide to our patients. Engaging in this kind of activity is very therapeutic for them.” As for the awards won, and the chance to give them out, “It’s extremely gratifying for us as a facility, and certainly for the veterans.”

Salem writer and Army veteran John Koelsch, an enthusiastic participant in and promoter of the program, stretched his horizons earlier this year by entering the “wheelchair novelty dance” category. His partner in the performance, Air Force veteran Suzie Glass, 61, was a first-time entrant. The pair shared a bronze medal in the national competition.

Glass said she was amazed she was a winner. “I’m hooked for life,” she said.

Next year, she plans to enter in the dance division again, this time in partnership with her younger sister, also an Air Force veteran.

Koelsch vowed he won’t do another dance, but he’s already making plans for next year’s entries. He has won many writing medals through the competition and traveled to take part in the national showcase multiple times. He also helps organize the Salem VA entries as a volunteer strategist, doing his best to maximize the possibilities for participants to win.

Koelsch works with creative arts therapist Lisbeth Woodward, who administrates the program as part of the medical center’s music therapy program.

“It means a lot to be able to help our veterans help themselves,” Woodward said.

Koelsch, who has entered every year for 10 years, told Woodward, “Thanks to you, I have four medals a year hanging on my wall.”

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6.3 - Denverite: [Colorado Coalition for the Homeless steers determined veterans to permanent housing](#) (22 October, Donna Bryson, 85k uvm; Denver, CO)

Perhaps the volunteers sprucing up the Colorado Coalition for the Homeless facility for veterans were putting out vibes of optimism.

Or perhaps, as Vietnam vet and retired teacher and coach Lamont M. Shannon says, it’s because pessimism is not his nature.

Whatever the reason, he was hoping to move to permanent housing by Christmas, leaving the studio in a transitional housing facility that has been his home since May 2017. Shannon had recently learned he was sixth on the waiting list for an affordable housing complex for seniors in Montbello, the neighborhood where he once lived and taught.

“I imagine if I didn’t have that religious conviction, I would feel sorry for myself, drown in my miseries,” said Shannon, an energetic 66-year-old who also is an ordained minister. “But that’s not in my character.”

Victory House on a leafy street in Uptown provides transitional housing and mental health and other support for people experiencing homelessness, especially homeless veterans.

The point-in-time survey, taken earlier this year in an annual attempt to understand the problem, found 427 veterans on Denver streets. That was 12 percent of the 3,445 people who were experiencing homelessness on Jan. 29. Nationally, according to the most recent annual point-in-time survey released by the Department of Housing and Urban Development, 40,056 veterans were homeless in the United States, just over nine percent of all homeless adults.

Nicole Miera, a veterans housing specialist for the Colorado Coalition for the Homeless, said the goal is to get residents out of Victory House's eight studios and four one-bedrooms into permanent housing within two years. She said that has become more difficult as housing prices climbed in Denver. In the past, veterans and other residents would have a few months to settle in at Victory House. Now, Miera gets them started helping with their house-hunting immediately. They also have to pledge to stay off drugs and alcohol and find ways to participate in their community.

Many Victory House residents have come straight from the streets on referrals from Veterans Affairs. Shannon came close to homelessness when he realized he was going to lose the Montbello basement apartment where he had been staying while caring for his frail landlord. The landlord's family was moving back from out of state. Shannon couldn't afford a market-rate apartment.

"I called the VA and explained to them that in two weeks I would be homeless," he said. "When the bottom falls out, you're looking to see if there's a lifeline that you can grab hold of."

Shannon will acknowledge only that it is "humbling" to be in need of help to find a home. But he said moving into Victory House had forced him to confront PTSD that dates from his Vietnam experiences as a field medic. Since moving to the transitional project he has been given a diagnosis and awarded disability benefits.

"You cannot have been in anybody's war and not have something," he said. "I'm sure there are a lot of homeless vets out there who don't know about these programs."

The Missouri native went to school on the GI Bill almost as soon as he returned from Vietnam in 1973, earning a bachelor's in journalism and a master's in history from Lincoln University in Jefferson City, Mo. In 1983 he came to Denver, where he taught social studies and math and coached at Martin Luther King Middle School and Manuel, Montbello and Thomas Jefferson high schools and the Love Christian Fellowship church school. Swimming was his speciality, but he's also coached basketball.

Shannon said he had always dealt with trauma by keeping busy and never missed work because of illness. These days he's the volunteer coach for a step team at Florida Pitt Waller Elementary School. He teaches Sunday school at a nearby church and records a weekly video sermon for another church. He cycles from Victory House to the nearby Carla Madison Recreation Center to lift weights five times a week and swim twice.

He's hoping his Montbello apartment will have space for a weight room. He praises Miera, the veterans housing specialist, for helping him find a home.

Miera said Victory House residents are screened to ensure they are ready to work to stay housed and to be part of their community.

She looks for apartments renting for under \$1,000 a month. She can steer clients toward property managers with whom she has worked before and who understand her mission.

"You say veteran and people, they want to do their duty in helping those that have served us," Miera said.

Joe Lundy, himself a veteran, has come to Miera's aid the past three years as part of a volunteer team from Lockheed Martin that arrives annually to help maintain Victory House. Last year, Lundy and his co-workers also furnished a community room in the basement. Last week, he and a team painted, organized the donation closet and cleared out the garden.

Lundy retired from Buckley in 2004 after 21 years in the Air Force and has since been with Lockheed, which directs much of its philanthropy to veterans. Lundy lives in Aurora and said he has seen the growing homelessness problem in metro Denver.

"Being military, my heart's with the vets and the military," he said.

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6.4 - KELO (CMN-1320/107.9, Video): [SD's First State Veterans Cemetery](#) (22 October, Matt Holsen, 85k uvm; Sioux Falls, SD)

A piece of land meant for a proposed Veterans cemetery in northern Sioux Falls will soon be in the state's hands.

The City of Sioux Falls approved an ordinance gifting 60 acres of land to the South Dakota Department of Veterans Affairs this past week. The National Cemetery Administration has also notified the state that it may be awarded grant funds for construction costs.

This plot of land, north of where Interstates 90 and 229 meet, could soon be the final resting place for many South Dakota heroes.

"I stand out here and it's so breathtaking. The location couldn't be more perfect," Veteran Erin Bultje said.

Bultje served in the Army with the First Armored Division out of Germany. She says the cemetery will not only be a memorial to service members who have passed away, it will be a place of reflection for many who are still alive.

"I'm very proud to have served my country. I'm very proud of the friendships that I've made that have turned into lifelong friendships and just to be able to stand tall with that 1-percent of the population that has served," Bultje said.

Bultje, who's also the Executive Director of South Dakota Joining Forces, says Veterans cemeteries can bring out a lot of emotions. While she was in Luxembourg years ago, she sought out her great uncle's grave. He died serving in Europe during World War II. After the visit, she brought pictures back for her grandfather.

Matt Holsen: What did that mean to your Grandpa?

Erin Bultje: I think his tears said it all because he was never able to and that was his favorite uncle.

If South Dakota gets its way, Sioux Falls will be the next city to gain a Veterans cemetery. South Dakota Department of Veterans Affairs Deputy Secretary Aaron Pollard says the state is waiting on a \$6 million federal grant before it can start construction hopefully sometime late next year.

"Making big steps. Next week we meet with the National Cemetery Administration and our design team to hopefully narrow down the design concept and go over some other things that would involve construction of the cemetery," Pollard said.

If you're wondering what the facility could look like, check out this video. Minnesota has two state Veterans cemeteries. This is video of a new one that just opened in Preston in 2016.

"The thing that strikes you anytime you enter one of these cemeteries is just the grand entrance and the avenue of flags and you know, you know when you enter that it's a sacred place. It's important. It's a place where heroes and their families can go and be laid to rest," Pollard said.

Minnesota also has another state cemetery being built in Duluth.

While South Dakota boasts the Black Hills National Cemetery in Sturgis, Bultje says Veterans on the east side of South Dakota have been underserved.

"Now they don't have to make that decision. They can be buried close to home with their fellow Veterans, comrades in arms and their family," Bultje said.

Matt Holsen: Is this a place that you would like to be buried yourself.

Erin Bultje: Absolutely. I'd be honored to.

A finish line for the project is in sight. Pollard says it's taken a lot of help to get to this point.

"It's been a true collaborative effort and the support that's gotten behind Veterans and their families is just, it's great to see. That's why we live in South Dakota," Pollard said.

The state has already provided \$600,000 for the project. An additional \$3 million needs to be raised in five years for the cemetery's endowment fund.

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6.5 - KLKN (ABC-8, Video): [Lincoln earns national recognition for work with homeless veterans](#) (22 October, Zach Worthington, 34k uvm; Lincoln, NE)

The city of Lincoln has been recognized for its work in helping to end homelessness for area veterans.

Lincoln became nationally recognized for achieving a "functional zero" designation, which means the city has the ability to house any veteran who identifies as homeless.

Jana Langhorst started working at the Lincoln VA 8 years ago.

She says in that time, the city has raised its commitment to giving aid to homeless vets.

"When I started I think we only had about 25 vouchers here in Lincoln for homeless veterans and since that time we have grown to 162, which has had a huge impact on our ability to effectively end homelessness for veterans here in Lincoln," said Langhorst.

Lincoln is the 62nd community in the country to achieve this benchmark.

Nebraska's Center on Children, Families and the Law helps the VA by working to attain federal, state and local grants to fund veteran services.

"We have a community and support system in place that will quickly identify any veteran that becomes homeless in our community, we have a system in place that can then assess and identify the most appropriate housing solution for their particular situation," said program director Jeff Chambers.

Nearly a year ago, the Victory Park Residence Home became the first in Lincoln to offer a voucher program for homeless veterans.

"A lot of our veterans who are living here at Victory find it really convenient because it is so close to the medical outpatient clinic here at the VA so they can come up for their medical and mental health appointments or other services that they are seeking," said Langhorst.

The apartment complex helps to subsidize the rent for veterans who live on fixed incomes.

In 2013, 7% of the homeless population in Lincoln was veterans.

That has since been reduced to 3%.

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6.6 - WOAY (ABC-50): [Beckley VA Holding 3rd Annual Veterans' Hospice & Palliative Care Conference](#) (22 October, Daniella Hankey, 900 uvd; Oak Hill, WV)

BECKLEY, WV - The Beckley VA Medical Center is holding its 3rd Annual Veterans' Hospice and Palliative Care Conference on November 16, 2018 from 9 a.m. to 4 p.m. in the main facility's auditorium.

This year's conference will focus on the importance of providing quality care through the life span, with emphasis on early identification of end-of-life goals.

Hospice is a philosophy of care that values life from the moment it begins to the moment it ends.

The Beckley VAMC Hospice team has been recognized in the past by the Bereaved Family Survey for their dedication in ensuring all Veterans are treated with dignity and respect at the end of their life.

Speakers will include employees from the Beckley VAMC and Hospice of Southern West Virginia.

There will also be a community partners presentation which will provide information about the region's top providers in home hospice care.

The 2018 Conference has been approved for the following Continuing Education Units/Continuing Medical Education (CEU/CMU): Medical Providers – 7.5 hours; Social Work – 7.25 hours; Nursing – 8 hours; OT/OTA – 7 hours.

The event and education units are free. Lunch is provided for all attendees. Due to limited space, pre-registration is encouraged.

For more information and to register, please contact Trish Tolliver, Hospice & Palliative Care Coordinator.

The coordinator can be reached at 304-255-2121 ext. 4750 or at patricia.tolliver@va.gov.

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6.7 - Woodbury Bulletin: [DAV MN will make vans available for volunteers to transport veterans](#) (22 October, 6k uvm; Woodbury, MN)

Veterans in Washington County will soon have two vans, provided by the Disabled American Veterans of Minnesota, that will be used by volunteers to transport military veterans to Veterans Affairs medical facilities for free.

The Minneapolis Veterans Affairs Health Care System provides for the health care needs of veterans in Minnesota. DAV MN is a nonprofit charity and veterans service organization that provides lifetime support for veterans and their families.

In a joint partnership, these two organizations have teamed up to enhance the quality of life for veterans living in Washington County. DAV MN operates a fleet of vehicles to provide free transportation to VA medical facilities. The fleet vehicles are operated by DAV MN volunteers, but are owned and maintained by MVAHCS.

The Washington County Board of Commissioners recently agreed to provide 24-hour access to one parking space at the Washington County Government Center in Stillwater and one parking space at the Headwaters Transit Center in Forest Lake for VA transportation volunteers to park the vans and to park the volunteer's personal vehicle when the van is in use.

Washington County Veterans Services, DAV MN and MVAHCS are seeking volunteers to operate the vehicles that will be parked in both Forest Lake and Stillwater. For additional information or to volunteer, call the DAV MN at 612-467-2768.

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7. [Other](#)

7.1 - The New York Times: [Jon Tester Is a Big Guy in Big Sky Country. He Hopes That's Enough.](#) (22 October, Matt Flegenheimer, 48.7M uvm; New York, NY)

BUTTE, Mont. — Jon Tester, the senator who looks least like a senator, sized up a crowd of dozens and got to talking about history.

He joined local veterans last week in a creaky hotel ballroom, with his \$12 flattop haircut and scuffed black shoes, and spoke of the copper mines up the road, sustaining the nation in wartimes. He saluted Montana's tradition of bipartisanship, recalling his work, as a Democrat, with President Trump. "The key word is 'together,'" Mr. Tester said.

Mr. Trump, the president who behaves least like a president, stood hours later before a crowd of thousands in Missoula, Mont., and got to talking about himself.

He mocked Hillary Clinton's 2016 slogan ("Come Together' or something"). He commended a Montana congressman for having assaulted a reporter ("my kind of guy"). Occasionally, he drifted to the point.

"The Democrats have truly turned into an angry mob," Mr. Trump thundered. "And your senator is one of them."

Then came a shout from the audience. "You love my hair?" Mr. Trump called back, losing the thread again. "Thank you. She knows what to say."

For decades, "all politics is local" has been the most overworked electoral cliché, well-worn mostly because it was so often true. But in critical Senate races across the country — with vulnerable Democratic incumbents in states that Mr. Trump won easily, like North Dakota, Indiana and this one — Republicans have made a different calculation: In an age of tribal fury and presidential ubiquity in the public consciousness, they believe, all politics is effectively national now. Even in a politically eccentric rural state with an abiding emphasis on local individualism and multigenerational credentials in its elected leaders.

Mr. Tester is a Montana lifer. His opponent, Matt Rosendale, the state auditor, is a former Maryland developer who moved here in 2002.

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7.2 - USA Today: [Midterms \(Video\): These Senate races will decide control in President Trump's Washington](#) (22 October, Maureen Groppe and John Fritze, 26.5M uvm; McLean, VA)

WASHINGTON — In a midterm election that is rallying Democrats across the nation, the bitterly fought battle for control of the Senate may be President Donald Trump's best hope for a bright spot when voters head to the polls.

After months of Trump rallies and millions raised and spent, the fundamentals have not changed: Democrats are counting on a fired-up base still seething over the 2016 election to push their candidates over the edge. Republicans note that Democrats are playing defense, with 10 incumbents fighting to survive in states Trump won big.

"All things considered, not that much has changed," said Larry Sabato, director of the University of Virginia's Center for Politics. "This is one of the worst maps, if not the worse map, that Democrats have ever faced since the beginning of popular elections."

The humming economy, the visceral debate over Justice Brett Kavanaugh's confirmation and the country's lingering challenges in immigration and health care will play into the 35 Senate races on the ballot. Overriding all of that is Trump himself, a president who calls attention to – and critics say exacerbates – partisan divisions.

Unlike in the House, Republicans are favored to hold the Senate. Despite the GOP's thin 51-49-seat margin, the map and the math have long looked tough for Democrats.

Endangered incumbent Democrats like North Dakota's Heidi Heitkamp and Indiana's Joe Donnelly are strong campaigners who have eschewed the party label and portrayed themselves as populists. But their states have also become increasingly Republican and both face strong, well-funded candidates.

Democrats are forcing Republicans to sweat out races in Arizona, Nevada and Tennessee. But the path for Democrats to pick up the two new seats they'd need to win control remains narrow.

Here's a race-by-race look at the nation's key Senate contests, with ratings from Inside Elections, which provides nonpartisan analysis.

[...]

Even before the midterm election season was in full swing, Tester drew barbed and personal attacks from Trump because of the controversy surrounding Ronny Jackson, the White House physician whose nomination to head the Department of Veterans Affairs was withdrawn over allegations of the freewheeling prescriptions and other misconduct. It was Tester, the 62-year-old ranking Democrat on the Senate Veterans Affairs Committee, who aired many of those allegations.

Trump warned Tester would "have a big price to pay" over the controversy.

Now Tester is running for a third term with a razor-thin polling lead over Republican Matt Rosendale, the 58-year-old state auditor. Rosendale, who initially supported Texas Sen. Ted Cruz for president, has embraced Trump enthusiastically.

[...]

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7.3 - The Post and Courier: [VA suspends SC governor candidate James Smith's firm after not cooperating with inspection](#) (22 October, Joseph Cranney, 314k uvm; Charleston, SC)

COLUMBIA — South Carolina Democratic gubernatorial candidate James Smith is no longer eligible to win lucrative U.S. Department of Veterans Affairs contracts after declining to cooperate with an inspection of his disabled veteran-owned business this year.

Smith, whose company has received millions in government work over the past seven years, said Monday he didn't have time to produce business documents requested by inspectors while running his campaign for governor. And if he wins the election next month, Smith said he plans to close his company, The Congaree Group.

Despite the Veterans Affairs ban, Smith said he remains eligible for contracts from other federal agencies. His company had contracted with the Department of Defense.

He has four current agreements with Veterans Affairs that he said he is allowed to keep despite the ban.

"If I wanted to seek (contracts), I would have no problem getting approved," Smith said. "Without a doubt."

Smith is facing Republican Gov. Henry McMaster in the Nov. 6 race. Smith, an S.C. National Guard major, has put his combat service at the forefront of his campaign.

At age 37, he traded his job as a military attorney to re-enter boot camp and become a combat officer. He was wounded by a bomb during a year-long deployment in Afghanistan a decade ago.

Smith formed The Congaree Group in 2011 and won government contracts where, at different times, he offered pharmaceutical services, medical supplies, valet parking and data analytics.

Congaree is a money maker for Smith. He earned \$151,000 from the company last year, accounting for more than 40 percent of his family's \$357,000 total income, Smith said.

But in July, Veterans Affairs revoked Congaree's special contracting status that Smith had as a disabled veteran, federal officials confirmed.

Federal officials "could not determine compliance" with its veteran-owned business contracting program because Smith declined for more than a month to produce business documents requested by inspectors, said Susan Carter, a Veterans Affairs spokeswoman.

Smith's ban by Veterans Affairs was first reported by The Daily Caller.

Veteran Affairs did not respond to a question Monday about what triggered the agency's inspection of Congaree this year. Smith blamed a Daily Caller report this spring about an earlier contracting dispute.

A 2013 complaint alleged Smith used his company's status as a service-disabled veteran-owned small business to obtain the contracts and passed the work to companies unaffiliated with veterans.

Smith said that allegation was unfounded, but Congaree was suspended temporarily by Veteran Affairs.

Asked how his company was still allowed to pursue VA contracts after the 2013 dispute, the Smith campaign provided The Post and Courier with a letter from the federal agency confirming Congaree's reinstatement.

The correspondence didn't detail why the agency had reversed its decision.

Smith said in an interview that he shared work with non-veteran companies, which he says was allowed under federal subcontracting laws.

For instance, in a large job providing valet service at the Ralph H. Johnson Veterans Affairs Medical Center in Charleston, Smith after winning the contract in June 2013 gave some of the work to a non-veteran company, Arkansas-based Ambassadors Plus, according to interviews and public records.

Federal law requires disabled-veteran owned businesses to perform more than half of the actual work of the contract.

Ambassadors Plus had as many as five employees working at the VA hospital that June, according to a June 2013 news release. Congaree at the time had just two employees, according to its 2013 entry in a federal contracting database. Congaree handled the valet contract by paying Ambassador's employees in a lease agreement, Smith said.

"They leased their employees to me, and I was 100 percent responsible for them," Smith said.

Paying leased employees flouts the federal requirement that disabled veteran-owned businesses handle contract work directly, said Charles Tiefer, a professor of government contracting at the University of Baltimore School of Law.

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7.4 - Erie Times-News: [Streetcar system could strengthen, connect Erie: Letters to the editor](#) (22 October, Cloyd J. Rose, 59k uvm; Erie, PA)

[...]

GOP Congress is doing

real damage, pay attention

I am truly hopeful that President Donald Trump is successful in this peace effort with North Korea and with his trade wars. However, I have read that the new version of the North American Free Trade Agreement is mostly a change in name.

The problem is that everything that comes out of his mouth and those of his cohorts are outright lies or exaggerations. Trump truly exceeds President Ronald Reagan when it comes to slapping his own back. He also may have exceeded Reagan in putting the country in debt with trillion-dollar tax cut for the rich.

Trump is riding on the coattails of President Barack Obama's financial recovery — eight straight years of increased employment. Remember when they ridiculed Obama for loaning the auto

industry millions to save it? The government got paid back with interest and an industry was saved.

The banking industry paid billions of dollars in finds for causing the worldwide recession and causing millions to lose their homes. The Republicans just repealed some of the Dodd-Frank law. So now the banks are able to repeat their fraudulent loans.

A few years ago, the Republicans tried to close/privatize the Erie Veterans Affairs Medical Center. The Democrats stopped it. We now have one of the best veterans hospitals in the country, lacking only emergency service due to a shortage of doctors.

The Republican-controlled Congress wasted months trying to repeal Obamacare. This would take health care from millions. I just received notice that we will now only pay for the first day of hospital and co-pays have been reduced. Insurance policies' costs have been stabilized.

If you read in the Erie Times-News every Sunday the way Congress has voted the previous week, you will throw them all out.

— Cloyd J. Rose, Erie

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7.5 - The Times: [LETTER: State spending getting ridiculous](#) (22 October, Ray Eich, 20k uvm; Ottawa, IL)

Wasteful spending is out of control in the state. Wheaton-Warrenville School District 200 requested and will receive \$688,798 per year from Illinois taxpayers. This amounts to \$17,220 per student for it's 40 child "Pre-school Development Extension Program." This is an increase of 49 percent since 2015. The average age of the 40 students is four years old. The program was previously funded by a grant from the U.S. Department of Health and Human Services under the Obama administration. The program is operated by the Metropolitan Family Services of Chicago, a nonprofit that received \$29.5 million in grants in 2017. The Preschool Program for Wheaton-Warrenville operates 6.25 hours daily, running 165 days per year. It is administered by the staff of Jefferson Early Childhood Center whose Principle made \$143,216 in 2017.

The federal government is no different. In the year 2000, the Colorado University offered the Denver V.A. free land for a medical facility at Fitzsimons. The V.A. did not take the offer. In 2009 the V.A. held a groundbreaking ceremony for the new Denver V.A. Medical center on Fitzsimons land it purchased for \$60.4 million. The V.A. also had a chance to save \$400 million in cost-saving changes for the facility recommended by contractors.

Since our politicians and bureaucrats in state and federal government could care less about how they waste our money, I think we should help them spend more of theirs. A good friend of mine suggested this, and I think it's a great idea. All the campaign fund money that they receive should be considered income and taxed as such. Maybe then they would be more responsible with our tax dollars. Why aren't the professional protesters that travel to where ever there's a protest going on in our country, protesting about government wasting our tax dollars?

RAY EICH, of Marseilles

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Veterans Affairs Media Summary and News Clips

23 October 2018

1. [Top Stories](#)

1.1 - NPR (Audio): [Antipsychotic Drugs Don't Ease ICU Delirium Or Dementia](#) (22 October, Richard Harris, 15.5M uvm; Washington, DC)

"This is huge!" says Dr. Juliana Barr, an anesthesiologist and intensive care specialist at Stanford University and the VA Palo Alto Medical Center who was not involved in the study. She has helped craft guidelines for appropriate drug use in the intensive care unit. "I think the main take-home message is that providers really need to think differently about managing delirium in their patients in the ICU," she says. "A pill or an injection is really not a magic bullet for this devastating illness."

[Hyperlink to Above](#)

1.2 - CNN (Video): [Trump rallies to push Montana Senate toss-up into the red](#) (22 October, Brian Rokus, 15.1M uvm; Atlanta, GA)

President Donald Trump visited Montana last week to campaign for Republican Senate hopeful Matt Rosendale. But during his rally at Missoula International Airport, it became clear the trip might have been more about who he was campaigning against. "Your senator is a disgrace," Trump said, referring to two-term Democrat Jon Tester.

[Hyperlink to Above](#)

1.3 - Politico: [MHS Genesis gets a bad review](#) (22 October, Arthur Allen, 8.7M uvm; Arlington, VA)

Meanwhile, the chief of the House Veterans Affairs subcommittee overseeing the VA's part of the EHR deal complained in an Oct. 10 letter to acting deputy secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house initiative to create an open API platform into the VA's health system.

[Hyperlink to Above](#)

1.4 - The State: [Democrat Smith loses special VA business status after not cooperating with audit](#) (22 October, Tom Barton, 349k uvm; Columbia, SC)

A business run by the Democrat running to be South Carolina's next governor has lost its ability to win U.S. Department of Veterans Affairs contracts after declining to cooperate with inspectors. The VA has removed state Rep. James Smith's firm, the Congaree Group, from its list of approved veteran-owned businesses.

[Hyperlink to Above](#)

1.5 - Alaska Public Media: [Alaska senators address AFN on convention's final day](#) (22 October, Zachariah Hughes, 27k uvd; Anchorage, AK)

The secretary mentioned was Robert Wilkie, head of the Department of Veterans Affairs. It was Wilkie's first visit to Alaska since taking over the VA, though he told the audience about living in the state as a child. "When I come here now and see the astounding growth, the continued patriotism, and the beauty of this state, it is very obvious that America's future points to the north and to the west," he said. "So thank you very much."

[Hyperlink to Above](#)

1.6 - ConnectingVets.com: [VA targets scammers who try to rip off aging veterans](#) (22 October, Matt Saintsing, New York, NY)

The VA is adding more protections to strengthen aging veterans from scammers who target their pensions and push them to apply for benefits they aren't eligible to receive. Known as "pension poachers," the scammers pose as "advisors" who then try to make an easy buck by selling elderly vets unnecessary financial services and products they don't need while convincing them to apply for VA benefits they probably will never see.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - The Blade: [Looking outside the bottle for pain relief](#) (22 October, Editorial Board, 180k uvm; Toledo, OH)

The Veterans Health Administration is moving the needle in the search for alternatives to pharmaceuticals for pain relief. The single largest integrated health care system in the country, the VA has loosened restrictions involving acupuncture for patients with chronic pain. While some VA hospitals have offered the ancient Chinese practice for decades, there were limited locations and providers.

[Hyperlink to Above](#)

2.2 - NEWSREP: [October is Agent Orange awareness month, yet some Vietnam veterans are still fighting for compensation and recognition](#) (22 October, Joseph LaFave, 6k uvd)

During the Vietnam war, the US military launched Operation Ranch Hand, in which it employed several herbicides to kill the dense tree canopies that concealed the North Vietnamese supply routes, nicknamed the Ho Chi Min trail. One of the most infamous chemicals used was Agent Orange, a potent defoliant which contains the harmful chemical dioxin.

[Hyperlink to Above](#)

2.3 - The Pantagraph: [Veterans Corner: Treatment court info coming soon 10/22/18](#) (22 October, Jerry Vogler Sr., 82k uvm; Bloomington, IL)

Q: I am a veteran but I live in a small rural town more than 75 miles and hours of travel from the nearest VA Health Care Clinic or medical center. What good is VA medical care if I have to travel for miles and hours to access it? A: The VA Office of Rural Health is working to increase access for the 2.8 million veterans living in rural communities who rely on VA for health care.

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2.4 - KJZZ (NPR-91.5, The Show, Audio): [Phoenix VA Medical Center Chief Of Staff: Hospital Getting Better Despite Low Score](#) (22 October, Mark Brodie, 45k uvm; Tempe, AZ)
Officials say things are getting better. To talk about where the hospital is now, The Show spoke with Maureen McCarthy, chief of staff at the Phoenix VA Medical Center.

[Hyperlink to Above](#)

2.5 - Hickory Daily Record: [Neighboring notable Alex Oppen: 'Our whole family was trained that if you do something, then do some form of service'](#) (22 October, Kristen Hart, 31k uvm; Hickory, NC)

Hope. We all need it. Alex Oppen, his wife says, offers it. "One thing he gives to people is hope," Paula Oppen said. "Even in the worst cases in the VA, the young men that came in that were so lost, angry, hurt, but Alex always finds some way to give hope to whomever he is speaking with. No matter how bad things are, he always finds a way to give someone hope."

[Hyperlink to Above](#)

2.6 - KPAC (NPR-90.1, Audio): [VA Delays Force Disabled Veterans To Seek Alternatives For Essential Equipment](#) (22 October, Carson Frame, 27k uvm; San Antonio, TX)

For veterans who need things like wheelchairs, walkers, and artificial limbs, getting them from the Department of Veterans Affairs can be a difficult, lengthy process. According to the agency's own numbers, thousands have waited longer than 30 days for their requests to be fulfilled. Nearly 3.4 million veterans received approximately 21 million prosthetic devices, sensory aids, items, and services from the VA in 2017.

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2.7 - Columbia Chronicle: [Veterans face hurdles when seeking access to on medical marijuana](#) (22 October, Jermaine Nolen, 5k uvm; Chicago, IL)

"Veterans are forced to go outside their standard health care practitioners in order to have these discussions and obtain the paperwork necessary to register for the state's medical marijuana access program." The VA was unable to be reached for comment as of time of press, but according to the Veterans Affairs Public Health website, despite several U.S. states' approval of the use of medical marijuana, the VA is required to follow federal laws.

[Hyperlink to Above](#)

3. [Business Transformation](#)

3.1 - The Daily Courier: [VA work - \\$30M and counting - in progress as facilities upgraded, renovated and expanded](#) (22 October, Nanci Hutson, 490k uvm; Prescott, AZ)

Effort is to meet health needs of veterans. The local VA campus on Highway 89 is a historic icon — its service to area veterans dates back to 1930...

[Hyperlink to Above](#)

3.2 - Mountain Xpress: [Charles George VA Medical Center celebrates its centennial](#) (22 October, Thomas Calder, 34k uvm; Asheville, NC)

Over the years, its name has changed. What began in 1918 as the U.S.A. General Hospital No. 19 is today the Charles George VA Medical Center. The facility's treatment focus has shifted as well. During World War I, tuberculosis drove the site's initial construction. These days, the center treats physical and mental health issues impacting the 48,000 veterans it serves each year.

[Hyperlink to Above](#)

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Federal News Network (Audio): Fraud is not a four-letter word, a new playbook is striving to prove that (22 October, Jason Miller, 100k uvm; Washington, D.C.)

"We have been working over the course of the last year with VA to look at how we could improve their anti-fraud efforts. As we were doing that, we were taking those lessons learned and talking to the other agencies about what are their needs, what's working well and what are the gaps?" said Tammie Johnson, a program and management analyst at the Bureau of Fiscal Service, in an interview with Federal News Network at the ACT-IAC 2018 ImagineNation ELC conference.

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4.2 - The Journal Gazette: Regional VA officials don't see privatization in future (23

October, Brian Francisco, 57k uvm; Fort Wayne, IN)

"The resources for refreshing and modernizing our facilities are coming, so I think that goes contrary to some of the concerns," Michael Hershman, director of the VA Northern Indiana Health Care System, said during a town hall forum at the system's Fort Wayne medical center. Hershman said VA plans to spend \$150 million on improvements to the local campus in coming years. "We are making the investments to make this a state-of-the-art facility," he said.

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5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Care2: Your Tax Dollars Pay for Private Security at Confederate Cemeteries (21

October, S.E. Smith, 660k uvm; Redwood City, CA)

After white supremacist violence boiled over in Charlottesville last year, Confederate monuments started falling across the country — some by official decree, and others at the hands of activists tired of waiting. In this era, keeping monuments that glorify slaveholders and the men who fought for them feels especially violating.

[Hyperlink to Above](#)

6.2 - The Roanoke Times: Veterans winning, and healing, through the arts (23 October, Mike Allen, 222k uvm; Roanoke, VA)

One by one, the military veterans came up to the podium to receive their medals. This particular ceremony took place in the auditorium of the Salem Veterans Affairs Medical Center, and the honors bestowed were for bronze, silver and gold achievements in the National Veterans Creative Arts Competition, specifically in the categories of art, creative writing, drama and dance.

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6.3 - Denverite: Colorado Coalition for the Homeless steers determined veterans to permanent housing (22 October, Donna Bryson, 85k uvm; Denver, CO)

Perhaps the volunteers sprucing up the Colorado Coalition for the Homeless facility for veterans were putting out vibes of optimism. Or perhaps, as Vietnam vet and retired teacher and coach Lamont M. Shannon says, it's because pessimism is not his nature. Whatever the reason, he was hoping to move to permanent housing by Christmas, leaving the studio in a transitional housing facility that has been his home since May 2017.

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6.4 - KELO (CMN-1320/107.9, Video): [SD's First State Veterans Cemetery](#) (22 October, Matt Holsen, 85k uvm; Sioux Falls, SD)

A piece of land meant for a proposed Veterans cemetery in northern Sioux Falls will soon be in the state's hands. The City of Sioux Falls approved an ordinance gifting 60 acres of land to the South Dakota Department of Veterans Affairs this past week. The National Cemetery Administration has also notified the state that it may be awarded grant funds for construction costs.

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6.5 - KLKN (ABC-8, Video): [Lincoln earns national recognition for work with homeless veterans](#) (22 October, Zach Worthington, 34k uvm; Lincoln, NE)

The city of Lincoln has been recognized for its work in helping to end homelessness for area veterans. Lincoln became nationally recognized for achieving a "functional zero" designation, which means the city has the ability to house any veteran who identifies as homeless. Jana Langhorst started working at the Lincoln VA 8 years ago.

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6.6 - WOAY (ABC-50): [Beckley VA Holding 3rd Annual Veterans' Hospice & Palliative Care Conference](#) (22 October, Daniella Hankey, 900 uvd; Oak Hill, WV)

This year's conference will focus on the importance of providing quality care through the life span, with emphasis on early identification of end-of-life goals. Hospice is a philosophy of care that values life from the moment it begins to the moment it ends. The Beckley VAMC Hospice team has been recognized in the past by the Bereaved Family Survey for their dedication in ensuring all Veterans are treated with dignity and respect at the end of their life.

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1. [Top Stories](#)

1.1 - NPR (Audio): [Antipsychotic Drugs Don't Ease ICU Delirium Or Dementia](#) (22 October, Richard Harris, 15.5M uvm; Washington, DC)

Powerful drugs that have been used for decades to treat delirium are ineffective for that purpose, according to a study published online Monday in the New England Journal of Medicine.

Antipsychotic medications, such as haloperidol (brand name, Haldol), are widely used in intensive care units, emergency rooms, hospital wards and nursing homes.

"In some surveys up to 70 percent of patients [in the ICU] get these antipsychotics," says Dr. E. Wesley "Wes" Ely, an intensive care specialist at Vanderbilt University Medical Center. They're prescribed by "very good doctors at extremely good medical centers," he says. "Millions of people worldwide are getting these drugs to treat their delirium."

But the drugs can have serious side effects. And Ely says there is no solid research showing that they are effective at treating delirium.

Patients with delirium are often confused and incoherent and sometimes can suffer hallucinations. This condition can lead to long-term cognitive problems, including a form of dementia.

Ely and colleagues at 16 U.S. medical centers decided to put antipsychotic drugs to a rigorous test. They divided nearly 600 patients who were suffering from delirium into three groups. One group got the powerful antipsychotic haloperidol. A second group got ziprasidone, which is a related medication from a class of drugs called "atypical antipsychotics." A third group got a placebo.

"The three groups did exactly the same," Ely says. There was no change in the duration of delirium, or the number of coma-free days. "They stayed in the ICU the same amount of time. They stayed on the mechanical ventilator the same amount of time. They didn't get out of the hospital any sooner."

"There's not a shred of evidence in this entire investigation that this aggressive approach to treating delirium with antipsychotics, which is commonplace and usual care, did anything for the patients," he concludes.

Ely was to present his results of the study, called MIND-USA, at the European Society of Intensive Care Medicine meeting in Paris today. Timed with that presentation, the New England Journal of Medicine published the paper online.

Ely says the drugs can calm patients down, and he still uses them at times for that purpose. They are also prescribed for severe depression, post-traumatic stress disorder, obsessive compulsive disorder and other mental health conditions. The new study only assessed the value of these drugs for treating delirium.

"This is huge!" says Dr. Juliana Barr, an anesthesiologist and intensive care specialist at Stanford University and the VA Palo Alto Medical Center who was not involved in the study. She has helped craft guidelines for appropriate drug use in the intensive care unit.

"I think the main take-home message is that providers really need to think differently about managing delirium in their patients in the ICU," she says. "A pill or an injection is really not a magic bullet for this devastating illness."

Barr expects the new study will change medical practice. "It's going to generate a sea change in how we think about best practices for managing delirium in the ICU," she says.

Both she and Ely advocate for a more holistic approach to treating delirium — getting patients off drugs and off breathing machines as soon as possible and getting them up and about as soon as they're able.

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1.2 - CNN (Video): [Trump rallies to push Montana Senate toss-up into the red](#) (22 October, Brian Rokus, 15.1M uvm; Atlanta, GA)

President Donald Trump visited Montana last week to campaign for Republican Senate hopeful Matt Rosendale. But during his rally at Missoula International Airport, it became clear the trip might have been more about who he was campaigning against.

"Your senator is a disgrace," Trump said, referring to two-term Democrat Jon Tester.

Tester earlier this year was one of the lawmakers responsible for torpedoing Trump's nominee to head the Department of Veterans Affairs, White House physician Dr. Ronny Jackson.

"He hands out prescriptions like candy," Tester said in April. "In fact, in the White House, they call him the 'candy man.'"

Trump hasn't forgotten.

"They made up a series of lies that were horrible. And Jon Tester led the group," Trump told the crowd. "And that's really why I'm here. It's not that we need the votes so badly. I think we're going to do very nicely in the Senate and pick up seats. I can never forget what Jon Tester did to a man of the highest quality."

Jackson said on withdrawing his nomination for the position in April that several allegations made against him were "completely false and fabricated."

Tester's treatment of Jackson, a Navy rear admiral, is a key issue in a state with the second-highest per-capita population of veterans in the country.

Rosendale supporters see Tester as making an unfounded character attack on a doctor who served presidents of both parties. Tester's supporters say it was an effort to stop an unqualified nominee from taking over an agency with 370,000 employees -- an opinion given a surprise endorsement from Trump himself at his rally: "He might not have been qualified, but he was a doctor at a very high level," Trump said of Jackson.

Dirt farmer vs. real estate developer

Tester and Rosendale are as different as their supporters.

Tester has lived his entire life in Montana, a third-generation dirt farmer who brags about his \$10 flattop haircut (including the tip, his website notes).

Rosendale became wealthy as a real estate developer in Maryland and -- despite moving to Montana in 2002 and serving as a state senator and state auditor -- is still trying to shake a carpetbagger reputation.

"He's an East Coast developer who came to the state, bought a ranch, claims to be a rancher but has no cows," Tester told CNN's Gloria Borger in an interview. Ads attacking Rosendale have termed him "all hat and no cattle."

Despite multiple requests, Rosendale's campaign did not make him available for an interview. The lack of Montana roots isn't a concern for Rosendale supporter Rudy Koestner who waited for hours to attend Trump's rally.

"Quite frankly, he's an American. That's what's important," Koestner said. "If he's not a Montanan then why was he in the Montana legislature? He was elected from this district as a Montanan legislator. That proves he's got to be a Montanan."

Tester has also attacked Rosendale for his stance on the ownership of public lands, health care and funding for veterans.

Rosendale, for his part, has tied himself closely to Trump -- and attacked Tester for being too liberal for Montana.

"We need to send President Trump some conservative reinforcements who will end the liberal obstruction and work with him to pass his agenda," Rosendale told supporters after his primary win.

Voters looking beyond party

With the Senate race in Montana -- a state that Trump won by 20 points -- up for grabs, Tester is relying on more than a decade spent forging a personal connection with voters -- and their history of not voting a straight party-line ticket.

"Montana has a history of splitting tickets," said Tester supporter Mick Ringsack before speaking at a Tester rally last week. "We've got a Democratic governor, a Republican attorney general, one Democratic senator, one Republican senator."

Ringsack, a Vietnam veteran and also a Trump supporter, said he would vote for Trump again today, but added, "Jon has done so much for Montana and veterans that we can't afford to lose him."

But Montana's overall political complexion is deep red -- giving Tester a fine line to walk. He's made a reputation of bipartisanship and declines to attack the President as Democrats elsewhere have done.

"I think it's about him loving Montana," Tester said with a chuckle when asked about the President making his third visit to the state this campaign season to support his opponent. "Look, he has an opportunity to come to the state and we appreciate him coming."

Still, when Montanans choose between him and his opponent, many will be looking beyond party.

"I don't think I've ever really thought of myself as just a Democrat or Republican," said Kelli Neumayer, who said she was still undecided on her Senate vote as she waited for Trump to take the stage. "I really kind of look to see the see who is going to do the best job."

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1.3 - Politico: [MHS Genesis gets a bad review](#) (22 October, Arthur Allen, 8.7M uvm; Arlington, VA)

MHS GENESIS PROBLEMS REMAIN: A team of independent Pentagon investigators gave another poor grade to the MHS Genesis electronic health record implementation in the Pacific Northwest in a preliminary briefing, according to sources familiar with it. The Initial Operation Test and Evaluation at Madigan Army Medical Center found that MHS Genesis remains “not effective and not suitable” — conclusions similar to those reached in an April report on three other sites, in Spokane and the Puget Sound. The latest report also said MHS Genesis was “not interoperable,” according to two individuals who saw a summary provided to Stacy Cummings, the DoD official in charge of the project.

A Pentagon official said that while Cummings has been briefed on the early findings, the final report was not done. “I expect the report to recognize significant system improvement” in response to problems that were documented in April, said David Norley, Cummings’ executive assistant. The Leidos-led team implementing the Cerner EHR is getting better at training clinicians and has reduced the average time required to respond to complaints from 84 days to fewer than six, Norley said.

It isn’t clear how much the military intends to change MHS Genesis in response to complaints about usability and other issues, but it is following through with the next wave of implementations at three bases in California and one in Idaho. Norley said the current version will be improved, and in any case, “the baseline solution allows more data sharing, greater patient safety features, and more cyber security protection than the legacy system it replaces.”

... Meanwhile, the chief of the House Veterans Affairs subcommittee overseeing the VA's part of the EHR deal complained in an Oct. 10 letter to acting deputy secretary James Byrne that the VA appeared to have abandoned its Lighthouse project, an in-house initiative to create an open API platform into the VA’s health system. Rep. Jim Banks wrote that it was important for the VA to “future-proof” its Cerner acquisition with the technology so it can import software and apps that may go beyond what Cerner can provide. VA spokesman Curt Cashour said the agency would respond to Banks’ request for information about whether the agency was still committed to the open API pledge. More details here.

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1.4 - The State: [Democrat Smith loses special VA business status after not cooperating with audit](#) (22 October, Tom Barton, 349k uvm; Columbia, SC)

A business run by the Democrat running to be South Carolina's next governor has lost its ability to win U.S. Department of Veterans Affairs contracts after declining to cooperate with inspectors.

The VA has removed state Rep. James Smith's firm, the Congaree Group, from its list of approved veteran-owned businesses.

Smith, a Columbia lawyer, is running against Republican Gov. Henry McMaster in the Nov. 6 general election.

The VA said it made an unannounced visit to the Congaree Group on May 17. It was not clear Monday why that visit was triggered.

Smith's company has received lucrative government contracts since 2010, mostly from the VA, to provide valet services for veterans who are treated at Veterans Administration hospitals. Smith's status as a service-disabled veteran allowed him access to the federal contracts, reserved specifically for veteran-owned small businesses.

Smith started the business after his year-long combat deployment to Afghanistan in 2007 as an infantry officer, where he was injured by an improvised explosive device while on deployment.

The Columbia attorney has made his combat service a focal point of his campaign.

The VA requested business documents from the Congaree Group to review, which it said the firm failed to provide. Subsequently, the business was removed from the VA's vendor information database on July 11 because it "could not determine compliance" with its veteran-owned contracting business program.

Smith said Monday he did not have time to produce the documents requested by VA inspectors while running for governor. He said he has plans to wind down the business, closing it, if he is elected governor.

"I simply let it go and was not going to pursue the certification," Smith said.

The Congaree Group has four current agreements with the VA to provide valet services that Smith said will be unaffected by the ban.

"I can't pursue any new contracts and don't have any intention of doing that anyway," Smith said.

The Daily Caller first reported the Congaree Group being banned by the VA.

Smith's company briefly lost its special status previously with the VA because it missed a deadline to provide the federal agency with several documents during a review, Smith has said. The company's status was restored after Smith appealed and provided the documents, and the VA has affirmed its special status twice since then.

In 2013, a complaint alleged Smith used his status as a disabled veteran to obtain contracts and then passed the actual work off to non-veteran-owned companies. Smith vehemently denied that allegation.

In 2014, the VA denied a protest filed by a veteran-owned Pennsylvania-based valet company that argued Smith improperly used his disability status to win a contract.

The Congaree Group provides a valet service for veterans who go to Veterans Administration hospitals. The valets greet the veterans, park their cars for them and help them with other services once inside the hospital.

“A normal business desiring to leave the program, or to get out of the federal contracting business, that’s one thing, but the timing of it being on the heels of the VA asking to review the company raises questions,” said Scott Amey, general counsel for the Project On Government Oversight, a nonpartisan independent watchdog.

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1.5 - Alaska Public Media: [Alaska senators address AFN on convention’s final day](#) (22 October, Zachariah Hughes, 27k uvd; Anchorage, AK)

The 52nd annual Alaska Federation of Natives convention concluded Oct. 20 in Anchorage with high-level addresses from Alaska’s senators, and AFN delegates still reeling from the news that Gov. Bill Walker is suspending his re-election campaign.

Delivering her invocation at the Dena’ina Civic and Convention Center, Rev. Shirley Lee referenced what a lot of people were talking about Saturday morning: Walker departing the election.

“Heavenly father, yesterday we witnessed your most humble servant place service before self,” Lee said. “May we all be like that servant.”

The shake-ups in the governor’s race reached all the way to Iceland, where Sen. Lisa Murkowski was attending a conference on the Arctic. During a video address to the AFN convention, Murkowski gave a brief overview of her legislative priorities on behalf of Alaska Natives in Washington. Her remarks returned repeatedly to a theme that has dominated much of this year’s AFN: how to reduce Alaska’s high rates of violence against women.

“Indigenous women have a fundamental right to live without fear of assault in their lifetime,” she said.

Addressing a recent federal court ruling challenging the constitutionality of the Indian Child Welfare Act – or ICWA – Murkowski said she’s committed to protecting the law’s status.

“ICWA may be the most single significant piece of Indian legislation that congress has passed. So know that we are not going down without a fight on this,” she said. “I am in this with you, and we will work to ensure that our native families remain together.”

Her remarks were followed by an appearance by Alaska’s junior Sen. Dan Sullivan. He highlighted his legislative efforts to bring more resources to survivors of sexual assault, and his ongoing advocacy on behalf of Alaska veterans.

“That the statistics, whether its World War Two, or Korea, or Vietnam, or even the wars today, where Alaska Natives serve at higher rates in the military than any other ethnic group,” he said. “What I like to refer to, as the secretary mentioned, as special patriotism.”

The secretary mentioned was Robert Wilkie, head of the Department of Veterans Affairs. It was Wilkie’s first visit to Alaska since taking over the VA, though he told the audience about living in the state as a child.

“When I come here now and see the astounding growth, the continued patriotism, and the beauty of this state, it is very obvious that America’s future points to the north and to the west,” he said. “So thank you very much.”

The convention passed a number of resolutions, but avoided weighing in on two controversial measures. There was no endorsement in the governor’s race, and the body did not take a stance on ballot measure one.

Next year’s AFN is scheduled to take place in Fairbanks.

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1.6 - ConnectingVets.com: [VA targets scammers who try to rip off aging veterans](#) (22 October, Matt Saintsing, New York, NY)

The VA is adding more protections to strengthen aging veterans from scammers who target their pensions and push them to apply for benefits they aren’t eligible to receive.

Known as “pension poachers,” the scammers pose as “advisors” who then try to make an easy buck by selling elderly vets unnecessary financial services and products they don’t need while convincing them to apply for VA benefits they probably will never see.

The regulations that went into effect Oct. 18 guarantees the “Aid and Attendance” benefit for pensions will stay out of the hands of crooked financial planners.

Oregon Democrat Sen. Ron Wyden commended the move by the VA.

“These changes are long overdue but a welcome step forward in the fight to protect our veterans from greedy scammers,” he said in a statement.

“It is imperative that veterans who need this benefit have access.”

The issue was brought to Wyden’s attention after a 2012 undercover investigation by the Government Accountability Office (GAO) identified more than 200 organizations nationwide that advised potential pension claimants to go after unnecessary benefits, and charged the targets as much as \$10,000 along the way.

VA regulations include a provision from Wyden that requires a three-year glance at an applicant’s financial history when applying for the pension.

In extreme cases, the VA rejected the targeted veterans for the benefit, but only after the poachers tucked away the assets in places that aren’t easily assessable money-wise.

This type of dishonest business guiding can impact a senior vet's ability to qualify for Medicaid and other government assistance programs.

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2. Improving Customer Service

2.1 - The Blade: [Looking outside the bottle for pain relief](#) (22 October, Editorial Board, 180k uvm; Toledo, OH)

The Veterans Health Administration is moving the needle in the search for alternatives to pharmaceuticals for pain relief.

The single largest integrated health care system in the country, the VA has loosened restrictions involving acupuncture for patients with chronic pain.

While some VA hospitals have offered the ancient Chinese practice for decades, there were limited locations and providers. Now, the VA no longer requires that acupuncturists have a medical degree to practice the procedure (though board-certification by the Commission for Acupuncture and Oriental Medicine is required). Evidence of the burgeoning acceptance of the practice and the practitioner came earlier this year when the VA Health Administration revised its standards to name "acupuncturist" as a recognized caregiver employment position. And the 2018 Standard Occupational Classification Manual, published by the U.S. Office of Management and Budget, gives "acupuncturist" its own federally recognized labor category.

These moves should help shift the alt-med treatment (which involves the use of sterilized ultra-thin needles at specific points in the body) into the mainstream. And that should help catalog its efficacy, which has been inconclusive in the U.S., though the treatment is widespread throughout the Eastern world and history.

There should be a sense of urgency in the search for alternatives to patches and pills. The opioid epidemic in the U.S. has reached crisis proportions. More than 49,000 people suffered fatal overdoses in 2017 and many of those overdoses involved medication prescribed by doctors for pain relief.

Options that once would have been considered fringe should be given fresh eyes. Acupuncture is one of those options.

There are on-site facilities at VA hospitals in Pittsburgh and Butler, Dayton and Cincinnati.

Society stands to benefit from the VA's wisdom in helping to make acupuncture more available to patients.

Now, health insurers must be pressed to offer coverage for the procedure. Few health insurers do. This is reminiscent of mainstream medicine's dubious regard for chiropractic treatment. What is now standard operating procedure for many patients, spinal manipulations by chiropractors is widely covered by health insurance plans though they had been viewed skeptically just 25 years ago.

The U.S. health care system — doctors and hospitals and insurers — must look for pain relief options that don't come in a bottle.

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2.2 - NEWSREP: [October is Agent Orange awareness month, yet some Vietnam veterans are still fighting for compensation and recognition](#) (22 October, Joseph LaFave, 6k uvd)

During the Vietnam war, the US military launched Operation Ranch Hand, in which it employed several herbicides to kill the dense tree canopies that concealed the North Vietnamese supply routes, nicknamed the Ho Chi Min trail. One of the most infamous chemicals used was Agent Orange, a potent defoliant which contains the harmful chemical dioxin.

Unbeknownst to the Soldiers, Sailors, and Airmen who handled the chemical or who were exposed to it, Agent Orange and dioxin are now known to cause “reproductive and developmental problems, cancer, as well as damage to the immune system, and can interfere with hormones,” according to a report from the World Health Organization (WHO). In total, 20 million gallons of the herbicide were dropped over 4.5 million acres of Vietnam between 1961 and 1971, according to a report from History.com.

Several Vietnam veterans have developed illnesses that are directly related to their exposure to Agent Orange. According to the Veterans Administration (VA) any service member who served in Vietnam “between January 9, 1962 and May 7, 1975” is automatically assumed by the federal government to have come into contact with either Agent Orange or other similarly harmful herbicides.

Although the chemical, manufactured by Monsanto, is no longer used by the military, many veterans are still fighting for compensation for illnesses they say are related to Agent Orange exposure.

According to Business Insider, more than 10,000 US Navy veterans who served aboard ships off the coast of Vietnam during the war are currently claiming that they were exposed to the chemical, and are asking for compensation. The VA, however, has thus far determined that their medical conditions are not related to Agent Orange, and that they were not exposed to the herbicide during their wartime deployments.

“Science does not support the presumption that blue water Navy veterans were exposed to Agent Orange,” said Robert Wilkie, the current Secretary of the Department of Veterans Affairs.

However, a new bill sponsored by David Valadao, a Republican Congressman from California, is hoping to bring Navy veterans who served off the coast of Vietnam under the protection of the VA. According to Business Insider, the bill, H.R.299 – Blue Water Navy Vietnam Veterans Act of 2017, has widespread support in the house, as well as support from former VA Secretary Dr. David Shulkin.

“As Secretary, I was faced with the dilemma of what to do when there was insufficient evidence to make a reasonable conclusion,” Shulkin stated in a letter addressed to Senate. “I stated then — and continue to believe — that in the absence of reliable data to guide a decision, the answer must not be to simply deny benefits. When there is a deadlock, my personal belief is that the tie

should be broken in favor of the brave men and women that put their lives on the line for all of us.”

If the bill passes the Senate and eventually becomes law, it is expected to cost the VA around \$5.5 billion to provide benefits to the affected veterans. The department has spent hundreds of millions of dollars over the last two decades on Agent Orange disability claims.

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2.3 - The Pantagraph: [Veterans Corner: Treatment court info coming soon 10/22/18](#) (22 October, Jerry Vogler Sr., 82k uvm; Bloomington, IL)

[...]

Q: I am a veteran but I live in a small rural town more than 75 miles and hours of travel from the nearest VA Health Care Clinic or medical center. What good is VA medical care if I have to travel for miles and hours to access it?

A: The VA Office of Rural Health is working to increase access for the 2.8 million veterans living in rural communities who rely on VA for health care. The office is partnering with other federal partners, state partners, and rural communities to make sure that veterans with mental health issues and other problems have access to proper care and resources. Additionally, ORH is using emerging technologies and telehealth to bring treatment closer to home. Visit www.ruralhealth.va.gov for more details. If you live in a rural area, discuss with your primary care physician and PACT team to determine if the ORH programs will fit your needs.

SHINGLES VACCINATION

There is a national shortage of the enhanced vaccine for shingles. The new vaccine protocol requires two shots from two to six months apart and is nearly twice as effective as the old vaccine. Veterans who have already received the first dosage will be given priority access to the remaining vaccine. Those beginning the protocol will be served later. Major pharmacies also are running short. The VA indicates it will receive an adequate supply of the vaccine during the first two weeks of November.

Q: I served in Iraq during the Gulf War. Where can I search for information about the infectious diseases that were prevalent in Southwest Asia during my service?

A: VA presumes that nine infectious diseases are related to military service in the Southwest Asia Theater of military operations during the Gulf War and in Afghanistan. Time frames apply. The diseases are malaria, brucellosis, campylobacter jejuni, coxiella burnetii (Q fever), mycobacterium tuberculosis, nontyphoid salmonella, shigella, visceral leishmaniasis, and West Nile virus. Visit www.publichealth.va.gov/exposures/infectious-diseases/index.asp for more detailed information and/or consult with your PACT team or primary care physician.

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2.4 - KJZZ (NPR-91.5, Audio): [Phoenix VA Medical Center Chief Of Staff: Hospital Getting Better Despite Low Score](#) (22 October, Mark Brodie, 45k uvm; Tempe, AZ)

The Phoenix VA Medical Center got the lowest score possible on an annual ranking of VA facilities.

The Strategic Analytics for Improvement and Learning (SAIL) rating, looks at areas including access to care and overall efficiency; patient perception of the hospital is also a big component of the ranking.

Phoenix's score of one out of five essentially matches its score from 2017, and puts the hospital in the "high risk" category.

The Phoenix VA, of course, was the epicenter of the VA scandal several years ago, which mainly centered around wait times for appointments.

Officials say things are getting better. To talk about where the hospital is now, The Show spoke with Maureen McCarthy, chief of staff at the Phoenix VA Medical Center.

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2.5 - Hickory Daily Record: [Neighboring notable Alex Oppen: 'Our whole family was trained that if you do something, then do some form of service'](#) (22 October, Kristen Hart, 31k uvm; Hickory, NC)

Hope. We all need it.

Alex Oppen, his wife says, offers it. "One thing he gives to people is hope," Paula Oppen said. "Even in the worst cases in the VA, the young men that came in that were so lost, angry, hurt, but Alex always finds some way to give hope to whomever he is speaking with. No matter how bad things are, he always finds a way to give someone hope."

Alex Oppen was meant to help people in need. He worked for four different agencies and 45 years -- all as a social worker. The agencies were Catawba County Social Services, Catawba County Mental Health, Catawba County Behavioral Services and the U.S. Department of Veterans Affairs.

He retired on Sept. 28 at the age of 69 from the VA.

During his career, Oppen worked with those looking to adopt a child, investigated neglect and abuse and met with people who just needed someone to talk to. Oppen always made himself available to people who needed him.

"My favorite part was getting people approved for adoptions, place babies with them," Oppen said. "How awesome is that?"

Oppen stays in contact with some of the families he helped find a child to adopt. "He's the best social worker in the world," wife Paula, said. "He can accomplish more in a day than most can in weeks. He's very goal oriented."

"I don't like working in discontent," Alex Oppen said.

In 2008, Alex Oppen started a job at the U.S. Department of Veterans Affairs working with soldiers returning from war with PTSD (post-traumatic stress disorder) or other issues. He helped them to reintegrate into society.

Alex Oppen's father was a Canadian immigrant and World War II veteran, Leonard Oppen. He also has a son, Steven Oppen, who is in the U.S. Army.

"Our whole family was trained that if you do something, then do some form of service," Alex Oppen said.

Alex Oppen and his wife both love collecting. There isn't much rhyme or reason behind the items they choose to collect, but they both love to travel and are always sure to bring items home with them to remember the trip. For example, the Oppens have handmade dishes and glasses from the Czech Republic.

In other cases, Alex Oppen will find items in shops and restore them if they aren't too damaged.

Alex Oppen uses everything he and his wife collect as décor in the house and the yard.

"We say we're done [collecting] because we're full," Alex Oppen said. "We don't buy stuff we like and then leave it in a box. We want it out so we can enjoy it."

Alex Oppen also enjoys tending to his yard. Behind his suburban home is four acres of land he maintains and gardens. In the garden is a small shed he designed himself where he stores many of the items he's collected.

"I have a green thumb," Alex Oppen said.

Next year, Alex and Paula Oppen will be taking an ocean cruise around Europe.

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2.6 - KPAC (NPR-90.1, Audio): [VA Delays Force Disabled Veterans To Seek Alternatives For Essential Equipment](#) (22 October, Carson Frame, 27k uvm; San Antonio, TX)

For veterans who need things like wheelchairs, walkers, and artificial limbs, getting them from the Department of Veterans Affairs can be a difficult, lengthy process. According to the agency's own numbers, thousands have waited longer than 30 days for their requests to be fulfilled.

Nearly 3.4 million veterans received approximately 21 million prosthetic devices, sensory aids, items, and services from the VA in 2017. The department receives, on average, 657,000 new requests each month for prosthetic items and medical devices.

A VA spokesperson said the agency's goal is to review and fulfill requests as soon as possible, ideally within 30 days. The department now processes them within five days on average nationwide.

But the VA reports that about 8,500 equipment requests across its system have waited longer than 30 days. More than 2,500 have been pending for two months or more. The VA says it's

improved its processes and cut down on delays. But some patients, like 24-year-old Navy veteran Whitney Hardin, still await medical devices and equipment.

Last year, Hardin was diagnosed with Rasmussen's encephalitis, a rare neurological disorder that inflames her brain and causes near-constant seizures. Doctors later concluded that the condition was related to injections she got when joining the Navy in 2011.

Hardin recently underwent her third brain surgery to relieve the symptoms. While it helped manage the seizures, it limited her mobility. She now relies on a host of assistive technologies, including a wheelchair, ramps, shower modifications, a leg brace, and a specialized walker.

"The walker is a huge part of my rehab," Hardin said. "It helps me start to be able to get more mobilization on my own around the house and out and about — anywhere that I can — outside of therapy."

Getting the walker wasn't easy. Hardin's doctor ordered it from the VA in April, right after she began outpatient rehabilitation. But the VA had trouble getting one of the parts and couldn't immediately fill the order.

"All they said was: 'We have it on order for you,' " Hardin said. "But I'm just kind of used to it — I guess, at this point — to know that I'm just going to have to wait."

As of mid-October, the VA still had not come through with the equipment. Hardin ended up getting the same walker from Project Mend, a San Antonio-based nonprofit group that refurbishes medical equipment and offers it to people at a cost saving. In 2017, it served nearly 400 veterans and expects to serve upwards of 500 this year. Fulfilling Hardin's walker order took just a few days.

According to Project Mend CEO Cathy Valdez, veteran clients sometimes face delays at the VA.

"When the veteran comes to us, oftentimes the story that we hear is that the veteran might be eligible to receive, for example, a scooter or a wheelchair from the VA," she said. "But they're gonna have to wait to be able to get that — maybe a month. Two. Three. And they need that right away. They don't need to wait— or maybe can't wait that long."

The Process Behind Prosthetics

Fred Downs, a prosthetics consultant with Paralyzed Veterans of America, said lengthy delays in fulfilling about 8,500 medical equipment requests is cause for concern.

"I'm not comfortable with that number," he said. "I need to know more facts. What's it composed of? What type of orders?"

Downs was the national director of the VA's prosthetic and sensory aids service for 30 years and has also worked with the department's procurement and logistics arm. He said there are legitimate reasons why some cases drag on. Equipment might require special fabrication, multiple fittings, or coordination with outside vendors.

But according to Downs, complex cases are one thing while bureaucratic obstacles are another. He said he isn't sure which category the VA delays fall into.

As it turns out, VA isn't either.

Downs said the department is still analyzing the data.

"The thing that we all worry about are those cases where a veteran needs a wheelchair. It's prescribed. And so the veteran goes home and doesn't hear anything from the VA," he said. "This is where we hear a lot of problems. Like, 'Well what happened to it? He's still sitting home after two, three, four months and it's not there.' What the heck? Somebody's dropped the ball big time."

A History of Delays

Last year the VA Inspector general found a host of problems with the way some medical centers were handling prosthetics cases. Understaffing, lack of accountability, and issues with logistics and warehousing often played a role.

VA Secretary Robert Wilkie said that this year's numbers actually represent a marked improvement.

"Across the country, last year, 64,000 prosthetic requests were 30 days old or older. We've now gotten that down to 8,500," he said.

Since then, the department has changed some of its processes. They've made it easier to track equipment requests and are holding medical center directors more accountable for fulfilling them. The agency is now trying to determine how many delayed requests are acceptable.

Wilkie said he's proud of the VA's progress so far.

"That is certainly a case where we have moved out, and it shows America that the department does have the potential for agility and adaptability," he said.

Back in Texas, veteran Whitney Hardin continues to adapt as well. She's made strides with her rehab and mastered the track at her physical therapy center.

"I'm doing 336 feet twice," she said. "Two laps — on the walker."

Hardin believes there's a chance her VA walker will still come in. If it does, she plans to donate the one she's using now to Project Mend so that it might help someone else.

This story was produced by the American Homefront Project, a public media collaboration that reports on American military life and veterans. Funding comes from the Corporation for Public Broadcasting.

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2.7 - Columbia Chronicle: [Veterans face hurdles when seeking access to on medical marijuana](#) (22 October, Jermaine Nolen, 5k uvm; Chicago, IL)

Illinois military veterans are being left behind in the war on opioid addiction, even though Illinois permits doctors to recommend medical marijuana as an alternative to other drugs.

Post-traumatic stress disorder—a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event—is now on the list of most commonly treated conditions by patients who use medical marijuana in Illinois, according to a new Illinois Department of Public Health report. The report states between July 2017 and June 2018, of 21,000 qualifying patients who applied for a medical cannabis card, 20 percent indicated PTSD as their debilitating condition, equating to 4,151 applicants.

The increase in users is due in part to a commitment from Gov. Bruce Rauner to end opioid addiction in Illinois. On Aug. 28, Rauner signed the Alternative to Opioids Act, allowing physicians the authority to recommend medical marijuana prescriptions to any patient with a condition that would be otherwise treated with an opioid painkiller.

“It is unfortunate that veterans face unique hurdles in obtaining medical cannabis in states like Illinois that permit it, unlike other patients who can simply go to their primary care physician and obtain a recommendation,” said deputy director of the National Organization for the Reform of Marijuana Laws Paul Armentano. “Veterans are forced to go outside their standard health care practitioners in order to have these discussions and obtain the paperwork necessary to register for the state’s medical marijuana access program.”

The VA was unable to be reached for comment as of time of press, but according to the Veterans Affairs Public Health website, despite several U.S. states’ approval of the use of medical marijuana, the VA is required to follow federal laws.

Federal law classifies marijuana and all derivative products as a Schedule One controlled substance, making it illegal to the federal government.

“With the VA, they give you a lot of anti-depressants and a lot of synthetic medications to treat your conditions,” said United States Navy veteran Calvin Harris. “I was in the medical field for 14 years. All the Xanax, Adderall and things they typically give [these] guys have a lot of side effects.”

Harris said some people become addicted to prescription pain killers and may even overdose. For this reason, he thinks a natural alternative would be positive.

Lawmakers acknowledged in the Alternative to Opioids Act that drug overdoses have become the leading cause of death nationwide for people under the age of 50. At the current rate, more than 2,700 Illinoisans will die because of opioid use by 2020.

“It’s like they want to keep you medicated. Even recently, I went to the doctor, and I told her, ‘I don’t want to take all these pills anymore, what can I do?’” said United States Navy veteran Malika Boyd.

Boyd, a full-time student, is considered 90 percent disabled and has been out of the military for a year. Boyd, who has experience as a rehabilitation counselor, said opioid addiction can take hold within a week’s time.

“The opiate is more addicting,” she said. “However, if you are openly telling [the VA] that you smoke marijuana as a release, then they will cut off your pain pills. Say you broke your neck while in service and did not heal properly so you need [the pills] for that injury, but you like to

smoke because you have anxiety or PTSD, [the VA] will cut you off because you smoke marijuana.”

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3. Business Transformation

3.1 - The Daily Courier: VA work - \$30M and counting - in progress as facilities upgraded, renovated and expanded (22 October, Nanci Hutson, 490k uvm; Prescott, AZ)

Effort is to meet health needs of veterans. The local VA campus on Highway 89 is a historic icon — its service to area veterans dates back to 1930...

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3.2 - Mountain Xpress: Charles George VA Medical Center celebrates its centennial (22 October, Thomas Calder, 34k uvm; Asheville, NC)

Over the years, its name has changed. What began in 1918 as the U.S.A. General Hospital No. 19 is today the Charles George VA Medical Center. The facility's treatment focus has shifted as well. During World War I, tuberculosis drove the site's initial construction. These days, the center treats physical and mental health issues impacting the 48,000 veterans it serves each year.

On Friday, Oct. 26, at 11 a.m. the Charles George VA will celebrate its centennial at its grand reopening of building No. 9. Formerly the white nurses' dormitory, the 1932 structure sat vacant for the last 44 years. But in 2016, a \$9 million restoration project paved the way for the building's latest rendition as the Hope and Recovery Center. With a focus on mental health, the site's top priority is suicide prevention.

The ribbon-cutting, says Armenthis Lester, the medical center's public affairs officer, will include remarks from VA leadership, as well as information on available programs. The gathering will also feature a Cherokee warrior dance, along with displays and exhibits of historical images and artifacts from the site's former days.

The N.C. Department of Natural and Cultural Resources Western Office, which occupies the former black nurses' dormitory adjacent to the Hope and Recovery Center, will also participate in the grand reopening.

Heather South, lead archivist at the Western Regional Archives, says she and her colleagues have had the unique opportunity to watch the former sister dormitory slowly be brought back to life. “To see it go from abandoned shambles to revived services has been an amazing transformation,” she notes.

Early unrest

“There's a lot history here,” says Rod Doty, the VA's digital library technician. Not surprisingly, he adds, the facility has seen plenty of change. The original wood-frame structures once

scattered across the site's former 346 total acres have all been razed, although a few relics do remain, including an original foundation on the southern slope of Bull Mountain.

In 1918, Doty says, that entire section of the mountain was clear-cut. Since then, Mother Nature has gradually reclaimed parts of the VA's former property (which today totals a much-reduced 64 acres). "What you're seeing now [on Bull Mountain] is 100 years' worth of growth," he explains.

While Doty's historical knowledge stretches the entirety of the hospital's 100 years, his focus for the centennial has been on the site's earliest days. A completion report from June 1, 1919, has provided him with a detailed account of the original project's scope, as well as some of the challenges faced during constructions initial stages.

Work officially began on March 25, 1918. Local construction crews were hired, and local car owners were solicited to transport these men to and from the site. Compensation began at 15 cents per passenger, but disgruntled drivers soon demanded and received increased pay.

Unrest quickly spread beyond the weary drivers. Carpenters, electricians, plumbers, steamfitters, sheet metal workers, plasterers and painters all demanded higher wages. In each case, the government eventually acquiesced to avoid labor shortages that might impede the site's timely completion.

By August, the original project's 1,000-bed enterprise was 97 percent done. That November, all remaining duties — including completion of the remaining dorms, sewage system, water supply, heating distribution, outside electric wiring and vehicle roads — were wrapped up. Additional wards were built in 1919. Upon their completion, the site had 102 total structures, including offices for the YMCA, Red Cross and Knights of Columbus (see "Asheville Archives: Construction begins on U.S.A. General Hospital No.9, Oct. 17, Xpress).

"They had everything," Doty exclaims. But only after the infirm soldiers arrived did the city within a city truly take shape.

'An unseen enemy'

"It begins to look like most of us have been chosen to help our country by fighting tuberculosis rather than by fighting the Germans," wrote Maj. W.G. Turnball, in the Nov. 9, 1918, debut publication of *The Oteen*, a weekly paper published by General Hospital No.19. "To many this has been a disappointment. The glamor, the excitement, the hero-worship are lacking, and we feel we are not having a direct part in the great victory that is being won. We do not deny that this work is necessary and that someone must do it, but it is not exactly what we wanted to do ourselves."

For a year, *The Oteen* sought to keep patients and staff motivated and up to date on the latest news both on and off the General Hospital No. 19 campus. The publication included hospital gossip and previews of upcoming social activities, as well as pertinent information regarding their illness, treatment options and Army benefits.

For contemporary readers, the publication also provides unique insight into the daily lives and worries surrounding the VA's original patients. Time and again, the paper seeks to address and reassure soldiers of their latest mission: recovery.

Unlike German foes, tuberculosis was “an unseen enemy.” No vaccine existed at the time. Instead, hospital doctors called for plenty of rest, air, food and exercise, or as The Oteen put it, “the quartet of legs that the cure for tuberculosis rests so securely upon.”

The war was over by the time The Oteen published its second issue. Germany surrendered on Nov. 11, 1918. But in keeping with its motif, the paper asserted that the battle against tuberculosis carried on. “It is just as deadly and to some of you it means that you will have to fight as hard as though you were or had been in the front line trench,” the paper declared.

Although Doty believes the publication was limited to on-site distribution, some of its articles suggest a broader audience. One piece, published in the issue of Dec. 7, 1918, implores family members to help establish a more positive outlook among patients through their letters.

“It is a difficult problem to care for men in a hospital whose one great desire is to go home,” the article states. “This problem is too often made doubly difficult by the nature of the letters which the men receive from home. If, instead of thinking up every possible home trouble to write these men, the people at home would write cheerful letters, it would do much toward maintaining a cheerful atmosphere in the Hospital and thereby helping each man on to a cure.”

In another issue, contributing writer Capt. B.L. Hayes offers a detailed account of the daily activities and duties for those enrolled. The piece, titled “A Letter for the Folks at Home,” concludes with an assessment of the men’s overall attitude toward the institution.

“It is not unlike that of the pupils in a boarding school,” Hayes writes. “It has been well summed up in the following words: ‘Taking things as they find them. Vaguely understanding. Caring less. Grumbling by custom. Cheerful by nature. Ever anxious to be somewhere they are not. Ever anxious to be somewhere else when they get there.’ Living through a period which in after years will be remembered as the happiest of their lives.”

Warrior’s legacy

The images and artifacts at the Oct. 26 ribbon-cutting for the Hope and Recovery Center will focus primarily on the VA’s original days as U.S.A. General Hospital No.19. But the ceremonial Cherokee warrior dance will call attention to the region’s original inhabitants, as well as the medical center’s namesake, Charles George.

George, a member of the Eastern Band of Cherokee Indians, served in the Army during the Korean War. On Nov. 30, 1952, the private first class died in battle after throwing himself onto a live grenade to save the lives of two fellow infantrymen, Marion Santo and Armando Ruiz. Two years later, George was posthumously awarded the Medal of Honor — one of only 32 Native Americans to have received the highest personal military decoration.

On Nov. 15, 2007, the former VA Medical Center was officially renamed the Charles George VA Medical Center. Warren DuPree, an enrolled member of the Eastern Band of Cherokee and a retired Navy veteran who served in both Vietnam and Operation Desert Storm, remembers the day. “Native Americans have always been a warrior society,” he says. “So naturally the Cherokee people were extremely proud ... to have [Charles George’s] name remembered forever in a medical facility that provides services to the men and women of the United States Armed Forces.”

Eight years later, DuPree helped establish the Charles George Memorial Project Committee. Over the course of several months, the organization raised \$50,000 for the creation of two life-size bronze statues of the fallen hero. Throughout the process, the project's sculptor, James Spratt (a retired Vietnam veteran), was undergoing treatment for bone cancer at the VA.

On Sept. 24, 2016, the first sculpture was unveiled at the medical center. At that time, Spratt was receiving hospice care at the facility's Community Living Center. "He passed away 10 minutes after we began the dedication," DuPree remembers. "It was very emotional."

That November, on Veterans Day, the second sculpture was dedicated at Cherokee Veterans Memorial Park. "We now have these two bronze sculptures of a tribal treasure and a national hero that are facing each other," DuPree explains. "There is tremendous power in that." Both statues, he adds, look from a great distance toward the Yellow Hill Veterans Cemetery, where both George and Spratt are interred.

The next 100 years

As Doty approaches the recently completed Hope and Recovery Center, he takes a moment to consider what the building once was compared to what it now is. Not that long ago, he remembers, parts of the structure's slated roof were caving in. Vines climbed down from the building's gutters, gathering at its center to create a sort of widow's peak. But these days, Doty observes, "it's pretty majestic."

The new facility, notes Lester, will help the Charles George VA continue to serve the approximately 8,000 veterans who seek treatment each year through its outpatient mental health clinic. According to the latest available VA National Suicide Data Report, the suicide rate among veterans in 2016 was 1.5 times greater than that of nonveteran adults. That year, 7,298 current and former service members took their own lives, and suicide rates among veterans ages 18-34 years old continue to increase.

Treatment for those struggling with suicidal thoughts is available through the Charles George VA, Lester emphasizes. The ongoing goal for the organization, she says, "is to get to zero suicides." Information on enrollment and eligibility will be available at the ribbon-cutting ceremony.

Lester sees the day's events as a bridge between the site's past, present and future. "We're really excited about the connection that we have with the Cherokee Nation and the history of the area," she says. The Hope and Recovery Center, she adds, is simply the latest in the organization's long-standing effort to improve the lives of service members. "The building cares for our current warriors and those who will come in the future," she says.

For South, a similar connection exists. "They built what amounts to a small city from sprawling farmland in a matter of months," notes South. "Veterans are still being served 100 years later on the same grounds. Nurses, doctors, visitors — think about the number of people that have had a connection to this exact place. It is impressive. I am just glad that I can be part of that continued history and help preserve some of the story for the next century."

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Federal News Network (Audio): Fraud is not a four-letter word, a new playbook is striving to prove that (22 October, Jason Miller, 100k uvm; Washington, D.C.)

PHILADELPHIA — “The deceptive nature of fraud makes it difficult to measure in a reliable way.”

“[GAO’s] work has shown that opportunities exist for federal managers to take a more strategic, risk-based approach to managing fraud risks and developing effective anti-fraud controls.”

Both of these comments, which came from the 2015 compendium, “A Framework for Managing Fraud Risks in Federal Programs” from the Government Accountability Office, are just as true today as they were three years, or for that matter 20 years ago.

When it comes to measuring, mitigating and combating fraud in federal programs, agencies are struggling.

The struggle comes despite the fact that GAO issued the framework three years ago, which detailed four broad steps for agencies to implement to combat fraud, few agencies have made any real, measurable progress.

In July, GAO testified before the House Ways and Means Committee that there is no reliable measurement of fraud in the Medicare program despite more than \$52 billion in improper payments. The same is true for Medicaid, for the Social Security Administration’s retirement, survivors and disability insurance program and for nearly every other of the 16 high priority programs.

Add to the fact that Congress and the White House have made stopping fraud a major focus area over the last decade, and the shortcomings are even more disheartening. Lawmakers passed multiple pieces of legislation, including the Fraud Enforcement and Recovery Act of 2009 and the Fraud Reduction and Data Analytics Act of 2015. Meanwhile, the Office of Management and Budget updated Circular A-123 to focus on enterprise risk management and included controls to mitigate fraud and approaches to use data analytics.

Basically what all of this means is the real impact of fraud in federal programs is unknown and agencies are unclear about how to stop it, so therefore billions of dollars are going to people and/or organizations that don’t deserve it.

For all of these reasons, and many others, the CFO Council and the Treasury Department’s Bureau of Fiscal Service took a small effort with the Veterans Affairs Department and turned it into a governmentwide initiative to help agencies start identifying and reducing fraud in programs.

The council and BFS released the anti-fraud playbook on Oct. 18 to provide practical guidance, leading practices and helpful resources.

“We have been working over the course of the last year with VA to look at how we could improve their anti-fraud efforts. As we were doing that, we were taking those lessons learned and talking to the other agencies about what are their needs, what’s working well and what are the gaps?” said Tammie Johnson, a program and management analyst at the Bureau of Fiscal

Service, in an interview with Federal News Network at the ACT-IAC 2018 ImagineNation ELC conference. “We also collaborated with OMB, GAO and the inspectors general community to see what their thoughts were so we could build an actionable playbook that agencies can use to build their program out. They don’t need to start from beginning to end. They can actually pick and choose based on where they are in the anti-fraud journey and take action on those items.”

The playbook breaks down 16 plays across four areas:

- Create a culture
- Identify and assess
- Prevent and detect
- Insight into action

Johnson said the playbook is meant to be actionable and based on current resources agencies have on hand. She said BFS and the CFO Council makes it clear in the playbook that part of the implementation is to share what you know, borrow tools and practices from others and take advantage of tools and capabilities agencies already are using.

Playbook serves as GPS to GAO fraud framework map

Linda Miller, a director and the fraud risk management practice lead with Grant Thornton, said the playbook can be considered the GPS to the GAO fraud framework map.

Miller, who helped draft the GAO fraud framework, said the playbook helps bring the concepts down to an implementation level.

“A lot of agencies were struggling in assessing their fraud risk, where would they use data analytics and where would they start,” Miller said in an interview. “The great thing about the playbook is it really has a paint-by-numbers approach. We really broke out by plays, which are written in a vernacular that is easy to understand and has a lot of graphics and checklists. We really wanted agencies to pick up the playbook, look at one play and say, ‘I’m going to do these three or four things. This is what I’m going to try to get accomplished in the next quarter,’ and not try to bite off a huge amount of work that there is no way they could get done and feel overwhelmed.”

Johnson said the bureau plans on holding training sessions so other agencies can understand how to use the playbook and learn from VA’s experiences. BFS and other agencies have tools they also can share, which eventually will be listed on a single website, and agencies can always hire contractor services.

“The plays all apply, but it’s how you apply them to particular types of fraud,” she said. “At the beginning, you are assessing what your fraud is, what your fraud risk is and where you are in that journey, and where you need to be.”

Miller said part of the challenge is agencies tend to think they don’t have any fraud, or if their programs do, they think it’s the IG’s responsibility.

“One of the big plays we really focus on is building your fraud awareness. I think the play is called ‘Fraud is not a four-letter word,’” she said. “Agencies are starting to realize it is their responsibility.”

Johnson added another play that is trying to change agency perspective: “Think like a fraudster.”

“Generally, when you ask people if they have fraud, they think of what they would do, but not what a fraudster would do. So we give them a map of how you think like a fraudster to see where those entry points are. That will be key to developing their action,” she said.

Miller said agencies shouldn’t get overwhelmed by the playbook and should just get started looking for and mitigating fraud.

“The key is you start somewhere. Ideally, you’d start with a fraud risk assessment because there really where all the exciting work like analytics can come from and guide your investment of resources,” she said.

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4.2 - The Journal Gazette: [Regional VA officials don't see privatization in future](#) (23 October, Brian Francisco, 57k uvm; Fort Wayne, IN)

Local and regional officials for the U.S. Department of Veterans Affairs said Monday they see no signs the agency is heading toward totally privatized health care.

“The resources for refreshing and modernizing our facilities are coming, so I think that goes contrary to some of the concerns,” Michael Hershman, director of the VA Northern Indiana Health Care System, said during a town hall forum at the system's Fort Wayne medical center.

Hershman said VA plans to spend \$150 million on improvements to the local campus in coming years.

“We are making the investments to make this a state-of-the-art facility,” he said.

Denise Deitzen, acting director of the VA network for Ohio, most of Indiana and Michigan's Lower Peninsula, told the town hall audience that 36 percent of the department's health services nationwide is performed by private providers.

VA leaders “are committed to providing care where veterans are and where veterans need their care,” Deitzen said. “And will that be with our community partners? Sometimes, yes. Will it all be with (private providers)? From what I hear from Washington is no, that's not the direction we're going in.”

Speculation about increased privatization has been rampant since spring, when Congress passed the VA Mission Act to replace the Veterans Access, Choice and Accountability Act of 2014.

The original Choice program paid private medical expenses for military veterans who had to wait at least 30 days for a VA medical appointment or travel at least 40 miles to a VA facility. The new version gives veterans more flexibility to see private physicians, including when patients require treatment not supplied by a VA clinic.

"We're never going to be able to provide everything in the VA. What I don't hear people saying is that everything is going to be provided in the community" by private physicians and hospitals, Deitzen said.

Hershman, the local director, said the Fort Wayne medical center does not offer orthopedic care. It also refers patients to community hospitals when the medical center has no inpatient beds available.

"We rely on our partners. But it's a partnership. The right place, right care and right time for veterans is our goal," he said.

Aside from a question about privatization, the queries from veterans attending the town hall session were about specific medical procedures and treatments they require.

Hershman gave an update on new programs and projects at the Lake Avenue medical center. A "director's hotline" will be available Nov. 1 for veterans to call with questions and concerns, and the campus will add 40 surface parking spots this year and 90 more next summer.

Hershman said VA has dropped plans drafted in 2015 to build a parking garage in Fort Wayne.

Phil Shealey, assistant director of VA Northern Indiana, said \$65 million will be spent on local construction during the fiscal year that started Oct. 1.

Projects include the continuing renovation of inpatient areas, remodeling of the pharmacy, and preparing for construction of a west tower for primary and emergency care.

Fiscal 2018 upgrades included the west wing remodel, basement renovations, and the replacement of boilers and underground utilities. Shealey said VA Northern Indiana also has opened food pantries at its Fort Wayne and Marion campuses.

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - Care2: [Your Tax Dollars Pay for Private Security at Confederate Cemeteries](#) (22 October, S.E. Smith, 660k uvm; Redwood City, CA)

After white supremacist violence boiled over in Charlottesville last year, Confederate monuments started falling across the country — some by official decree, and others at the hands of activists tired of waiting.

In this era, keeping monuments that glorify slaveholders and the men who fought for them feels especially violating. And for black residents of the South, being forced to walk past such monuments on the way to work, school and other destinations served as a painful reminder of a historical era the United States has yet to fully reckon with.

The controversy over Confederate memorials sparked concerns across the country that said monuments might be vandalized — which they were. Cities took various measures to address this concern, including moving or covering monuments, posting guards or taking them down altogether.

The Department of Veterans Affairs took this to extremes, as a Freedom of Information Act request filed by the AP reveals.

And the VA didn't just post guards — it paid millions to a private security company to provide 24/7 monitoring in at least eight Confederate cemeteries, most of which were located in the North. These cemeteries are small and primarily contain the graves of prisoners of war who died in custody, with modest markers that commemorate the dead but certainly don't glorify the Civil War. In other words, they weren't exactly high-value targets.

VA officials told NPR that the agency has an “obligation to protect the federal property it administers, along with cemetery staff and visitors paying respect to those interred at our sites.” Okay, sure, but that doesn't explain the use of private security rather than government employees to provide that security. After all, private security is generally much more expensive — and much less accountable.

The money to cover this added security is coming from the National Cemetery Administration, which is funded with public money. This entity is responsible for maintaining, improving and protecting 136 national cemeteries. In case you're curious, the NCA doesn't oversee the country's most famous military cemetery, Arlington — that facility is administered by the Department of Defense.

The first year's contract with the security company was \$2.3 million, and the agency says it may add security to other sites to address concerns about vandalism.

While the necessity of these guards is definitely arguable — there haven't been any incidents at the cemeteries involved since guards were posted, but that may just mean no one was interested in vandalizing those cemeteries — the potential for cost overruns is the bigger concern. Private security services are costly, but they also like to rack up more money on their contracts; does this mean that the contract will expand to more cemeteries? How long should the government pay for guards?

Cemeteries should certainly be protected from desecration, and it should be noted that of the vandalism — or editorial, depending on how you look at it — incidents following Charlottesville, the vast majority did not involve cemeteries. Those incidents that did primarily targeted statues and monuments, not actual graves.

And if you've spent much time in your local cemetery, you might be surprised — there are often a few Confederate graves lurking in any cemetery dating back to the mid-late 1800s!

Is posting private security the best use of these resources, or would it be more appropriate to revisit the value of having prominent Confederate monuments at sites where people may be visiting for peace and contemplation?

TAKE ACTION

Sign our petition asking the VA to explain why it's wasting millions guarding Confederate graves.

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6.2 - The Roanoke Times: [Veterans winning, and healing, through the arts](#) (23 October, Mike Allen, 222k uvm; Roanoke, VA)

One by one, the military veterans came up to the podium to receive their medals.

This particular ceremony took place in the auditorium of the Salem Veterans Affairs Medical Center, and the honors bestowed were for bronze, silver and gold achievements in the National Veterans Creative Arts Competition, specifically in the categories of art, creative writing, drama and dance.

"I know it takes a lot of courage to get up there and put yourself out there," said Salem VA Director Rebecca Stackhouse, adding that the results demonstrate to other Veterans Affairs centers "just how much Salem rocks."

The ceremony earlier this month concluded the 10th year the Salem VA has participated in the national creative arts program. Veterans registered for treatment at the Salem VA first enter a regional competition. Then winners from the regionals are forwarded to the national competition. In the past, some Salem VA winners have been invited to participate in a variety show featuring winners from all over the country. That didn't happen this year, but the medal winners were happy regardless.

"It's just like having a job that you love to do and they're going to pay you," said Maria Quillin, a 70-year-old Army and Navy veteran from Lexington. She won a gold medal in dance and shared a gold in drama. "It's so wide open, all the creative things people can do."

Quillin has been involved in the arts in some way even when she was an Army brat. Yet that's not true of many of the veterans who entered, such as her partner in the gold-winning drama performance, 45-year-old Peter Holm, and his father, John Holm, 71, who won a silver medal for solo dramatic prose.

Both Holms, who pronounce their last name "Hollum," served in the Navy. "It's a family tradition," Peter Holm said. A Roanoke social worker, he has participated in the competition for two years now. "I kind of went kicking and screaming both years," he said. "I've won both years."

John Holm, who attended the award ceremony with his service dog, an English setter named Madee, said he never thought of himself as a creative person. "Having been in combat ... as a medic, I experienced a lot of death around me," he said. "Exercising my creativity seems to help me to cope with the stress that I went through with my military experience. You take a negative energy and turn it into something creative."

"It's something I can do with my dad," Peter Holm said. "It kind of connects our service."

"There's incredible healing power in the arts," Stackhouse said. "We see this as an extension of the comprehensive package that we provide to our patients. Engaging in this kind of activity is

very therapeutic for them.” As for the awards won, and the chance to give them out, “It’s extremely gratifying for us as a facility, and certainly for the veterans.”

Salem writer and Army veteran John Koelsch, an enthusiastic participant in and promoter of the program, stretched his horizons earlier this year by entering the “wheelchair novelty dance” category. His partner in the performance, Air Force veteran Suzie Glass, 61, was a first-time entrant. The pair shared a bronze medal in the national competition.

Glass said she was amazed she was a winner. “I’m hooked for life,” she said.

Next year, she plans to enter in the dance division again, this time in partnership with her younger sister, also an Air Force veteran.

Koelsch vowed he won’t do another dance, but he’s already making plans for next year’s entries. He has won many writing medals through the competition and traveled to take part in the national showcase multiple times. He also helps organize the Salem VA entries as a volunteer strategist, doing his best to maximize the possibilities for participants to win.

Koelsch works with creative arts therapist Lisbeth Woodward, who administrates the program as part of the medical center’s music therapy program.

“It means a lot to be able to help our veterans help themselves,” Woodward said.

Koelsch, who has entered every year for 10 years, told Woodward, “Thanks to you, I have four medals a year hanging on my wall.”

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6.3 - Denverite: [Colorado Coalition for the Homeless steers determined veterans to permanent housing](#) (22 October, Donna Bryson, 85k uvm; Denver, CO)

Perhaps the volunteers sprucing up the Colorado Coalition for the Homeless facility for veterans were putting out vibes of optimism.

Or perhaps, as Vietnam vet and retired teacher and coach Lamont M. Shannon says, it’s because pessimism is not his nature.

Whatever the reason, he was hoping to move to permanent housing by Christmas, leaving the studio in a transitional housing facility that has been his home since May 2017. Shannon had recently learned he was sixth on the waiting list for an affordable housing complex for seniors in Montbello, the neighborhood where he once lived and taught.

“I imagine if I didn’t have that religious conviction, I would feel sorry for myself, drown in my miseries,” said Shannon, an energetic 66-year-old who also is an ordained minister. “But that’s not in my character.”

Victory House on a leafy street in Uptown provides transitional housing and mental health and other support for people experiencing homelessness, especially homeless veterans.

The point-in-time survey, taken earlier this year in an annual attempt to understand the problem, found 427 veterans on Denver streets. That was 12 percent of the 3,445 people who were experiencing homelessness on Jan. 29. Nationally, according to the most recent annual point-in-time survey released by the Department of Housing and Urban Development, 40,056 veterans were homeless in the United States, just over nine percent of all homeless adults.

Nicole Miera, a veterans housing specialist for the Colorado Coalition for the Homeless, said the goal is to get residents out of Victory House's eight studios and four one-bedrooms into permanent housing within two years. She said that has become more difficult as housing prices climbed in Denver. In the past, veterans and other residents would have a few months to settle in at Victory House. Now, Miera gets them started helping with their house-hunting immediately. They also have to pledge to stay off drugs and alcohol and find ways to participate in their community.

Many Victory House residents have come straight from the streets on referrals from Veterans Affairs. Shannon came close to homelessness when he realized he was going to lose the Montbello basement apartment where he had been staying while caring for his frail landlord. The landlord's family was moving back from out of state. Shannon couldn't afford a market-rate apartment.

"I called the VA and explained to them that in two weeks I would be homeless," he said. "When the bottom falls out, you're looking to see if there's a lifeline that you can grab hold of."

Shannon will acknowledge only that it is "humbling" to be in need of help to find a home. But he said moving into Victory House had forced him to confront PTSD that dates from his Vietnam experiences as a field medic. Since moving to the transitional project he has been given a diagnosis and awarded disability benefits.

"You cannot have been in anybody's war and not have something," he said. "I'm sure there are a lot of homeless vets out there who don't know about these programs."

The Missouri native went to school on the GI Bill almost as soon as he returned from Vietnam in 1973, earning a bachelor's in journalism and a master's in history from Lincoln University in Jefferson City, Mo. In 1983 he came to Denver, where he taught social studies and math and coached at Martin Luther King Middle School and Manuel, Montbello and Thomas Jefferson high schools and the Love Christian Fellowship church school. Swimming was his speciality, but he's also coached basketball.

Shannon said he had always dealt with trauma by keeping busy and never missed work because of illness. These days he's the volunteer coach for a step team at Florida Pitt Waller Elementary School. He teaches Sunday school at a nearby church and records a weekly video sermon for another church. He cycles from Victory House to the nearby Carla Madison Recreation Center to lift weights five times a week and swim twice.

He's hoping his Montbello apartment will have space for a weight room. He praises Miera, the veterans housing specialist, for helping him find a home.

Miera said Victory House residents are screened to ensure they are ready to work to stay housed and to be part of their community.

She looks for apartments renting for under \$1,000 a month. She can steer clients toward property managers with whom she has worked before and who understand her mission.

"You say veteran and people, they want to do their duty in helping those that have served us," Miera said.

Joe Lundy, himself a veteran, has come to Miera's aid the past three years as part of a volunteer team from Lockheed Martin that arrives annually to help maintain Victory House. Last year, Lundy and his co-workers also furnished a community room in the basement. Last week, he and a team painted, organized the donation closet and cleared out the garden.

Lundy retired from Buckley in 2004 after 21 years in the Air Force and has since been with Lockheed, which directs much of its philanthropy to veterans. Lundy lives in Aurora and said he has seen the growing homelessness problem in metro Denver.

"Being military, my heart's with the vets and the military," he said.

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6.4 - KELO (CMN-1320/107.9, Video): [SD's First State Veterans Cemetery](#) (22 October, Matt Holsen, 85k uvm; Sioux Falls, SD)

A piece of land meant for a proposed Veterans cemetery in northern Sioux Falls will soon be in the state's hands.

The City of Sioux Falls approved an ordinance gifting 60 acres of land to the South Dakota Department of Veterans Affairs this past week. The National Cemetery Administration has also notified the state that it may be awarded grant funds for construction costs.

This plot of land, north of where Interstates 90 and 229 meet, could soon be the final resting place for many South Dakota heroes.

"I stand out here and it's so breathtaking. The location couldn't be more perfect," Veteran Erin Bultje said.

Bultje served in the Army with the First Armored Division out of Germany. She says the cemetery will not only be a memorial to service members who have passed away, it will be a place of reflection for many who are still alive.

"I'm very proud to have served my country. I'm very proud of the friendships that I've made that have turned into lifelong friendships and just to be able to stand tall with that 1-percent of the population that has served," Bultje said.

Bultje, who's also the Executive Director of South Dakota Joining Forces, says Veterans cemeteries can bring out a lot of emotions. While she was in Luxembourg years ago, she sought out her great uncle's grave. He died serving in Europe during World War II. After the visit, she brought pictures back for her grandfather.

Matt Holsen: What did that mean to your Grandpa?

Erin Bultje: I think his tears said it all because he was never able to and that was his favorite uncle.

If South Dakota gets its way, Sioux Falls will be the next city to gain a Veterans cemetery. South Dakota Department of Veterans Affairs Deputy Secretary Aaron Pollard says the state is waiting on a \$6 million federal grant before it can start construction hopefully sometime late next year.

"Making big steps. Next week we meet with the National Cemetery Administration and our design team to hopefully narrow down the design concept and go over some other things that would involve construction of the cemetery," Pollard said.

If you're wondering what the facility could look like, check out this video. Minnesota has two state Veterans cemeteries. This is video of a new one that just opened in Preston in 2016.

"The thing that strikes you anytime you enter one of these cemeteries is just the grand entrance and the avenue of flags and you know, you know when you enter that it's a sacred place. It's important. It's a place where heroes and their families can go and be laid to rest," Pollard said.

Minnesota also has another state cemetery being built in Duluth.

While South Dakota boasts the Black Hills National Cemetery in Sturgis, Bultje says Veterans on the east side of South Dakota have been underserved.

"Now they don't have to make that decision. They can be buried close to home with their fellow Veterans, comrades in arms and their family," Bultje said.

Matt Holsen: Is this a place that you would like to be buried yourself.

Erin Bultje: Absolutely. I'd be honored to.

A finish line for the project is in sight. Pollard says it's taken a lot of help to get to this point.

"It's been a true collaborative effort and the support that's gotten behind Veterans and their families is just, it's great to see. That's why we live in South Dakota," Pollard said.

The state has already provided \$600,000 for the project. An additional \$3 million needs to be raised in five years for the cemetery's endowment fund.

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6.5 - KLKN (ABC-8, Video): [Lincoln earns national recognition for work with homeless veterans](#) (22 October, Zach Worthington, 34k uvm; Lincoln, NE)

The city of Lincoln has been recognized for its work in helping to end homelessness for area veterans.

Lincoln became nationally recognized for achieving a "functional zero" designation, which means the city has the ability to house any veteran who identifies as homeless.

Jana Langhorst started working at the Lincoln VA 8 years ago.

She says in that time, the city has raised its commitment to giving aid to homeless vets.

"When I started I think we only had about 25 vouchers here in Lincoln for homeless veterans and since that time we have grown to 162, which has had a huge impact on our ability to effectively end homelessness for veterans here in Lincoln," said Langhorst.

Lincoln is the 62nd community in the country to achieve this benchmark.

Nebraska's Center on Children, Families and the Law helps the VA by working to attain federal, state and local grants to fund veteran services.

"We have a community and support system in place that will quickly identify any veteran that becomes homeless in our community, we have a system in place that can then assess and identify the most appropriate housing solution for their particular situation," said program director Jeff Chambers.

Nearly a year ago, the Victory Park Residence Home became the first in Lincoln to offer a voucher program for homeless veterans.

"A lot of our veterans who are living here at Victory find it really convenient because it is so close to the medical outpatient clinic here at the VA so they can come up for their medical and mental health appointments or other services that they are seeking," said Langhorst.

The apartment complex helps to subsidize the rent for veterans who live on fixed incomes.

In 2013, 7% of the homeless population in Lincoln was veterans.

That has since been reduced to 3%.

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6.6 - WOAY (ABC-50): [Beckley VA Holding 3rd Annual Veterans' Hospice & Palliative Care Conference](#) (22 October, Daniella Hankey, 900 uvd; Oak Hill, WV)

BECKLEY, WV - The Beckley VA Medical Center is holding its 3rd Annual Veterans' Hospice and Palliative Care Conference on November 16, 2018 from 9 a.m. to 4 p.m. in the main facility's auditorium.

This year's conference will focus on the importance of providing quality care through the life span, with emphasis on early identification of end-of-life goals.

Hospice is a philosophy of care that values life from the moment it begins to the moment it ends.

The Beckley VAMC Hospice team has been recognized in the past by the Bereaved Family Survey for their dedication in ensuring all Veterans are treated with dignity and respect at the end of their life.

Speakers will include employees from the Beckley VAMC and Hospice of Southern West Virginia.

There will also be a community partners presentation which will provide information about the region's top providers in home hospice care.

The 2018 Conference has been approved for the following Continuing Education Units/Continuing Medical Education (CEU/CMU): Medical Providers – 7.5 hours; Social Work – 7.25 hours; Nursing – 8 hours; OT/OTA – 7 hours.

The event and education units are free. Lunch is provided for all attendees. Due to limited space, pre-registration is encouraged.

For more information and to register, please contact Trish Tolliver, Hospice & Palliative Care Coordinator.

The coordinator can be reached at 304-255-2121 ext. 4750 or at patricia.tolliver@va.gov.

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6.7 - Woodbury Bulletin: [DAV MN will make vans available for volunteers to transport veterans](#) (22 October, 6k uvm; Woodbury, MN)

Veterans in Washington County will soon have two vans, provided by the Disabled American Veterans of Minnesota, that will be used by volunteers to transport military veterans to Veterans Affairs medical facilities for free.

The Minneapolis Veterans Affairs Health Care System provides for the health care needs of veterans in Minnesota. DAV MN is a nonprofit charity and veterans service organization that provides lifetime support for veterans and their families.

In a joint partnership, these two organizations have teamed up to enhance the quality of life for veterans living in Washington County. DAV MN operates a fleet of vehicles to provide free transportation to VA medical facilities. The fleet vehicles are operated by DAV MN volunteers, but are owned and maintained by MVAHCS.

The Washington County Board of Commissioners recently agreed to provide 24-hour access to one parking space at the Washington County Government Center in Stillwater and one parking space at the Headwaters Transit Center in Forest Lake for VA transportation volunteers to park the vans and to park the volunteer's personal vehicle when the van is in use.

Washington County Veterans Services, DAV MN and MVAHCS are seeking volunteers to operate the vehicles that will be parked in both Forest Lake and Stillwater. For additional information or to volunteer, call the DAV MN at 612-467-2768.

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7. [Other](#)

7.1 - The New York Times: [Jon Tester Is a Big Guy in Big Sky Country. He Hopes That's Enough.](#) (22 October, Matt Flegenheimer, 48.7M uvm; New York, NY)

BUTTE, Mont. — Jon Tester, the senator who looks least like a senator, sized up a crowd of dozens and got to talking about history.

He joined local veterans last week in a creaky hotel ballroom, with his \$12 flattop haircut and scuffed black shoes, and spoke of the copper mines up the road, sustaining the nation in wartimes. He saluted Montana's tradition of bipartisanship, recalling his work, as a Democrat, with President Trump. "The key word is 'together,'" Mr. Tester said.

Mr. Trump, the president who behaves least like a president, stood hours later before a crowd of thousands in Missoula, Mont., and got to talking about himself.

He mocked Hillary Clinton's 2016 slogan ("Come Together' or something"). He commended a Montana congressman for having assaulted a reporter ("my kind of guy"). Occasionally, he drifted to the point.

"The Democrats have truly turned into an angry mob," Mr. Trump thundered. "And your senator is one of them."

Then came a shout from the audience. "You love my hair?" Mr. Trump called back, losing the thread again. "Thank you. She knows what to say."

For decades, "all politics is local" has been the most overworked electoral cliché, well-worn mostly because it was so often true. But in critical Senate races across the country — with vulnerable Democratic incumbents in states that Mr. Trump won easily, like North Dakota, Indiana and this one — Republicans have made a different calculation: In an age of tribal fury and presidential ubiquity in the public consciousness, they believe, all politics is effectively national now. Even in a politically eccentric rural state with an abiding emphasis on local individualism and multigenerational credentials in its elected leaders.

Mr. Tester is a Montana lifer. His opponent, Matt Rosendale, the state auditor, is a former Maryland developer who moved here in 2002.

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7.2 - USA Today: [Midterms \(Video\): These Senate races will decide control in President Trump's Washington](#) (22 October, Maureen Groppe and John Fritze, 26.5M uvm; McLean, VA)

WASHINGTON — In a midterm election that is rallying Democrats across the nation, the bitterly fought battle for control of the Senate may be President Donald Trump's best hope for a bright spot when voters head to the polls.

After months of Trump rallies and millions raised and spent, the fundamentals have not changed: Democrats are counting on a fired-up base still seething over the 2016 election to push their candidates over the edge. Republicans note that Democrats are playing defense, with 10 incumbents fighting to survive in states Trump won big.

"All things considered, not that much has changed," said Larry Sabato, director of the University of Virginia's Center for Politics. "This is one of the worst maps, if not the worse map, that Democrats have ever faced since the beginning of popular elections."

The humming economy, the visceral debate over Justice Brett Kavanaugh's confirmation and the country's lingering challenges in immigration and health care will play into the 35 Senate races on the ballot. Overriding all of that is Trump himself, a president who calls attention to – and critics say exacerbates – partisan divisions.

Unlike in the House, Republicans are favored to hold the Senate. Despite the GOP's thin 51-49-seat margin, the map and the math have long looked tough for Democrats.

Endangered incumbent Democrats like North Dakota's Heidi Heitkamp and Indiana's Joe Donnelly are strong campaigners who have eschewed the party label and portrayed themselves as populists. But their states have also become increasingly Republican and both face strong, well-funded candidates.

Democrats are forcing Republicans to sweat out races in Arizona, Nevada and Tennessee. But the path for Democrats to pick up the two new seats they'd need to win control remains narrow.

Here's a race-by-race look at the nation's key Senate contests, with ratings from Inside Elections, which provides nonpartisan analysis.

[...]

Even before the midterm election season was in full swing, Tester drew barbed and personal attacks from Trump because of the controversy surrounding Ronny Jackson, the White House physician whose nomination to head the Department of Veterans Affairs was withdrawn over allegations of the freewheeling prescriptions and other misconduct. It was Tester, the 62-year-old ranking Democrat on the Senate Veterans Affairs Committee, who aired many of those allegations.

Trump warned Tester would "have a big price to pay" over the controversy.

Now Tester is running for a third term with a razor-thin polling lead over Republican Matt Rosendale, the 58-year-old state auditor. Rosendale, who initially supported Texas Sen. Ted Cruz for president, has embraced Trump enthusiastically.

[...]

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7.3 - The Post and Courier: [VA suspends SC governor candidate James Smith's firm after not cooperating with inspection](#) (22 October, Joseph Cranney, 314k uvm; Charleston, SC)

COLUMBIA — South Carolina Democratic gubernatorial candidate James Smith is no longer eligible to win lucrative U.S. Department of Veterans Affairs contracts after declining to cooperate with an inspection of his disabled veteran-owned business this year.

Smith, whose company has received millions in government work over the past seven years, said Monday he didn't have time to produce business documents requested by inspectors while running his campaign for governor. And if he wins the election next month, Smith said he plans to close his company, The Congaree Group.

Despite the Veterans Affairs ban, Smith said he remains eligible for contracts from other federal agencies. His company had contracted with the Department of Defense.

He has four current agreements with Veterans Affairs that he said he is allowed to keep despite the ban.

"If I wanted to seek (contracts), I would have no problem getting approved," Smith said. "Without a doubt."

Smith is facing Republican Gov. Henry McMaster in the Nov. 6 race. Smith, an S.C. National Guard major, has put his combat service at the forefront of his campaign.

At age 37, he traded his job as a military attorney to re-enter boot camp and become a combat officer. He was wounded by a bomb during a year-long deployment in Afghanistan a decade ago.

Smith formed The Congaree Group in 2011 and won government contracts where, at different times, he offered pharmaceutical services, medical supplies, valet parking and data analytics.

Congaree is a money maker for Smith. He earned \$151,000 from the company last year, accounting for more than 40 percent of his family's \$357,000 total income, Smith said.

But in July, Veterans Affairs revoked Congaree's special contracting status that Smith had as a disabled veteran, federal officials confirmed.

Federal officials "could not determine compliance" with its veteran-owned business contracting program because Smith declined for more than a month to produce business documents requested by inspectors, said Susan Carter, a Veterans Affairs spokeswoman.

Smith's ban by Veterans Affairs was first reported by The Daily Caller.

Veteran Affairs did not respond to a question Monday about what triggered the agency's inspection of Congaree this year. Smith blamed a Daily Caller report this spring about an earlier contracting dispute.

A 2013 complaint alleged Smith used his company's status as a service-disabled veteran-owned small business to obtain the contracts and passed the work to companies unaffiliated with veterans.

Smith said that allegation was unfounded, but Congaree was suspended temporarily by Veteran Affairs.

Asked how his company was still allowed to pursue VA contracts after the 2013 dispute, the Smith campaign provided The Post and Courier with a letter from the federal agency confirming Congaree's reinstatement.

The correspondence didn't detail why the agency had reversed its decision.

Smith said in an interview that he shared work with non-veteran companies, which he says was allowed under federal subcontracting laws.

For instance, in a large job providing valet service at the Ralph H. Johnson Veterans Affairs Medical Center in Charleston, Smith after winning the contract in June 2013 gave some of the work to a non-veteran company, Arkansas-based Ambassadors Plus, according to interviews and public records.

Federal law requires disabled-veteran owned businesses to perform more than half of the actual work of the contract.

Ambassadors Plus had as many as five employees working at the VA hospital that June, according to a June 2013 news release. Congaree at the time had just two employees, according to its 2013 entry in a federal contracting database. Congaree handled the valet contract by paying Ambassador's employees in a lease agreement, Smith said.

"They leased their employees to me, and I was 100 percent responsible for them," Smith said.

Paying leased employees flouts the federal requirement that disabled veteran-owned businesses handle contract work directly, said Charles Tiefer, a professor of government contracting at the University of Baltimore School of Law.

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7.4 - Erie Times-News: [Streetcar system could strengthen, connect Erie: Letters to the editor](#) (22 October, Cloyd J. Rose, 59k uvm; Erie, PA)

[...]

GOP Congress is doing

real damage, pay attention

I am truly hopeful that President Donald Trump is successful in this peace effort with North Korea and with his trade wars. However, I have read that the new version of the North American Free Trade Agreement is mostly a change in name.

The problem is that everything that comes out of his mouth and those of his cohorts are outright lies or exaggerations. Trump truly exceeds President Ronald Reagan when it comes to slapping his own back. He also may have exceeded Reagan in putting the country in debt with trillion-dollar tax cut for the rich.

Trump is riding on the coattails of President Barack Obama's financial recovery — eight straight years of increased employment. Remember when they ridiculed Obama for loaning the auto industry millions to save it? The government got paid back with interest and an industry was saved.

The banking industry paid billions of dollars in finds for causing the worldwide recession and causing millions to lose their homes. The Republicans just repealed some of the Dodd-Frank law. So now the banks are able to repeat their fraudulent loans.

A few years ago, the Republicans tried to close/privatize the Erie Veterans Affairs Medical Center. The Democrats stopped it. We now have one of the best veterans hospitals in the country, lacking only emergency service due to a shortage of doctors.

The Republican-controlled Congress wasted months trying to repeal Obamacare. This would take health care from millions. I just received notice that we will now only pay for the first day of hospital and co-pays have been reduced. Insurance policies' costs have been stabilized.

If you read in the Erie Times-News every Sunday the way Congress has voted the previous week, you will throw them all out.

— Cloyd J. Rose, Erie

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7.5 - The Times: [LETTER: State spending getting ridiculous](#) (22 October, Ray Eich, 20k uvm; Ottawa, IL)

Wasteful spending is out of control in the state. Wheaton-Warrenville School District 200 requested and will receive \$688,798 per year from Illinois taxpayers. This amounts to \$17,220 per student for it's 40 child "Pre-school Development Extension Program." This is an increase of 49 percent since 2015. The average age of the 40 students is four years old. The program was previously funded by a grant from the U.S. Department of Health and Human Services under the Obama administration. The program is operated by the Metropolitan Family Services of Chicago, a nonprofit that received \$29.5 million in grants in 2017. The Preschool Program for Wheaton-Warrenville operates 6.25 hours daily, running 165 days per year. It is administered by the staff of Jefferson Early Childhood Center whose Principle made \$143,216 in 2017.

The federal government is no different. In the year 2000, the Colorado University offered the Denver V.A. free land for a medical facility at Fitzsimons. The V.A. did not take the offer. In 2009 the V.A. held a groundbreaking ceremony for the new Denver V.A. Medical center on Fitzsimons land it purchased for \$60.4 million. The V.A. also had a chance to save \$400 million in cost-saving changes for the facility recommended by contractors.

Since our politicians and bureaucrats in state and federal government could care less about how they waste our money, I think we should help them spend more of theirs. A good friend of mine suggested this, and I think it's a great idea. All the campaign fund money that they receive should be considered income and taxed as such. Maybe then they would be more responsible with our tax dollars. Why aren't the professional protesters that travel to where ever there's a protest going on in our country, protesting about government wasting our tax dollars?

RAY EICH, of Marseilles

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From: Isaac Arnsdorf
<isaac.arnsdorf@propublica.org>
To: (b) (6)
Cc: Cashour, Curtis (b) (6)
Bcc:
Subject: [EXTERNAL] Interview with Secretary Wilkie about EHR implementation
Date: Mon Oct 22 2018 09:50:53 CDT
Attachments:

Hi,

I'm writing to request an interview with Secretary Wilkie about the EHR implementation. I'm preparing an in-depth article based on extensive reporting, and I'm eager to discuss my findings with the Secretary. I hope you will grant this request since the EHR is one of the department's top priorities.

Thanks,

Isaac

Isaac Arnsdorf

ProPublica

917.512.0256

203.464.1409

isaac@propublica.org

From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 22 October Veterans Affairs Media Summary and News Clips

Date: Mon Oct 22 2018 05:15:31 CDT

Attachments: 181022_Veterans Affairs Media Summary and News Clips.docx
181022_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1039504-000001

Owner: VA Media Analysis (b) (6)

Filename: 181022_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Mon Oct 22 04:15:31 CDT 2018



Veterans Affairs Media Summary and News Clips

22 October 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Agent Orange Concerns Joined by Worry Over Modern-Era 'Burn Pits'](#) (21 October, Ben Kesling and Stephanie Armour, 13.3M uvm; New York, NY)

Members of Congress and veterans advocates are mounting a push to get the Department of Veterans Affairs to increase aid to former service members with health problems blamed on toxic exposures, a move the VA secretary has publicly fought since taking over the department.

[Hyperlink to Above](#)

1.2 - The Boston Globe: [Left in cold by VA medical center, homeless veteran finds kindness in strangers](#) (22 October, Brian MacQuarrie, 4M uvm; Dorchester, MA)

At 2 a.m. on a chilly May morning, Norman Franks sat slumped in a chair in a TV lounge at the Department of Veterans Affairs medical center, fighting for snatches of sleep under the glare of ceiling lights, he said. A Navy veteran of the late 1970s, Franks had led a troubled life. His addiction to crack cocaine led to a long series of armed robberies, which led to 15 years in prison. Now, he found himself homeless.

[Hyperlink to Above](#)

1.3 - Kitsap Sun: [Olympic College students feeling the pinch from delayed GI Bill benefit payments](#) (21 October, Julianne Stanford, 111k uvm; Bremerton, WA)

Student veterans across the country have been left in the lurch as the Department of Veterans Affairs works to sift through a backlog of GI Bill payments, including a number of students at Olympic College who are still waiting for their benefits payout a month after the start of the new school year.

[Hyperlink to Above](#)

2. [Improving Customer Service](#)

2.1 - Guam Pacific Daily News (Video): [Guam EPA investigates drums in relation to Agent Orange, to clean up site](#) (21 October, Haidee V. Eugenio, 12k uvd; Hagatna, GU)

Guam Environmental Protection Agency on Sunday said it had been investigating, since the summer, abandoned drums found in an area leading to San Carlos Falls in Piti, and the agency is also working on having the site cleaned up.

[Hyperlink to Above](#)

3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Watertown Daily Times: [Green Party's Kahn talks government, farmers, veterans](#) (21 October, Abraham Kenmore, 86k uvm; Watertown, NY)

For veterans, Ms. Kahn thinks there should be more programs with veterans supporting veterans and she supports the Veteran's Choice program, which helps veterans get care locally

if they live far from a Veterans Administration hospital. She is highly critical of the VA, but thinks it still serves an important role.

[Hyperlink to Above](#)

4.2 - The Journal Gazette: [Letters: Care privatization would hurt veterans](#) (22 October, Tom Hayhurst, 57k uvm; Fort Wayne, IN)

Attention all veterans: the VA health care system is under assault by President Donald Trump, and Rep. Jim Banks is part of the problem. The VA has been rated highly in several independent studies. VA health care providers have special knowledge in treating patients with conditions such as PTSD and Agent Orange exposure. Despite this, an effort is under way to shrink the VA hospital system and to force vets to obtain health care from the private sector.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WSVN (FOX-7, Video): [Baby shower held for 50 veteran mothers at Miami VA hospital](#) (21 October, 316k uvm; Miami, FL)

United Way of Miami-Dade held the mother of all baby showers. Fifty veteran mothers were honored at the Miami VA Medical Center, Saturday. The honorees received gift baskets, newborn essentials, onesies, diapers and more. There was also a raffle for some items donated by the Coral Gables Women's Club.

[Hyperlink to Above](#)

6.2 - WJBF (ABC-6, Video): [Local Group to Help VA Hospital with Homeless Veterans](#) (21 October, Dawn Wise, 37k uvm; Augusta, GA)

DolphinMentality has been asked to help the VA Hospital with local homeless veterans. The group is a local non-profit and promotes empowerment, spiritual well-being, celebration of life, infinite love and acceptance regardless of sexual preference, religious preference, or social economic class. The VA requested DolphinMentality to help with it's 2018 Stand-Down Event.

[Hyperlink to Above](#)

6.3 - Courier Express: [Veterans Resource Fair and Job Expo offers something for everyone](#) (21 October, Joy Norwood, 13k uvm; Du Bois, PA)

The idea of a Veterans Resource Fair and Job Expo began with a request to the Jefferson County Veterans Affairs Office from Gene Young, the veterans rep for CareerLink. "He wanted to do something similar to what Clearfield County" did on Oct. 16, a career fair. "Shortly after that I was approached Rhonda Hessler, from OVR, and she wanted to do a veterans event," Krupa Steele, Jefferson County VA director, said. Both Hessler and Young wanted to do the events in October, so Steele said, "why don't we do this together and make it one big event."

[Hyperlink to Above](#)

6.4 - Long Island Weekly: [Helping Homeless Veterans On Long Island](#) (21 October, Kimberly Dijkstra, 8k uvm; New York, NY)

The U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Veterans Affairs (VA) recently announced the award of \$35 million in rental assistance vouchers to public housing agencies (PHAs) to combat homelessness among veterans.

[Hyperlink to Above](#)

7. [Other](#)

7.1 - NPR (All Things Considered, Audio): [Troll Watch: Why Veterans Are Targeted By Spreaders Of Misinformation](#) (21 October, 15.5M uvm; Washington, DC)

NPR's Michel Martin speaks with army veteran Kris Goldsmith about his efforts to eliminate Facebook pages that spread disinformation and target veterans.

[Hyperlink to Above](#)

7.2 - The Wall Street Journal: [A Billionaire Pledges to Fight High Drug Prices, and the Industry Is Rattled](#) (21 October, Peter Loftus, 13.3M uvm; New York, NY)

Last year the U.S. Department of Veterans Affairs' pharmacy-benefit program began incorporating ICER's reports into its price negotiations with the industry. Some insurers are using the data in their contracts, and CVS Corp.'s pharmacy-benefit management division said in August it would give its clients—health insurers and employers—the option not to pay for certain drugs if their prices exceed ICER's cost-effectiveness threshold.

[Hyperlink to Above](#)

7.3 - The Daily Caller: [Democratic Governor Candidate Blacklisted By Veterans Affairs After Evidence He Sold His Disabled-Vet Status](#) (21 October, Luke Rosiak, 3.9M uvm; Washington, DC)

A company owned and run by South Carolina's Democratic candidate for governor was blacklisted as a contractor for the Department of Veterans Affairs following allegations that he was selling his veteran status to corporations so they could tap into federal contracting dollars intended to help disabled vets.

[Hyperlink to Above](#)

7.4 - The Arizona Republic (Video): [Kyrsten Sinema says food bank event not about politics while showcasing veteran support](#) (19 October, Pamela Ren Larson, 3.5M uvm; Phoenix, AZ)

Rep. Kyrsten Sinema spent Friday morning packaging food at a north Phoenix food bank, joined by about 10 military veterans. The Democratic congresswoman and candidate for U.S. Senate, insisted the event wasn't about politics.

[Hyperlink to Above](#)

7.5 - Raw Story: [‘God help us’: Paul Krugman warns Trump just tipped off what he’ll do if Dems take the House — and it’s infuriating](#) (21 October, Tom Boggioni, 1.8M uvm; Washington, DC)

Initially responding to a tweet from President Donald Trump accusing early voters of “voting fraud,” before adding “Cheat at your own peril,” New York Times columnist Paul Krugman predicted how Trump will react if the GOP loses big in the midterms.

[Hyperlink to Above](#)

7.6 - Stars and Stripes (Los Angeles Times): [A record number of female veterans vie to ride military experience into Congress — as men long have](#) (21 October, Jennifer

Haberkorn, 532k uvm; Washington, DC)

A record number of female combat veterans are on the ballot in congressional races this fall, a test of whether women can repeat the success American men have long enjoyed of by turning military experience into political careers.

[Hyperlink to Above](#)

7.7 - The Spokesman-Review: [Return McMorris Rodgers to the House of Representatives](#) (21 October, 408k uvm; Spokane, WA)

McMorris Rodgers and her staff continually work with veterans trying to navigate the bureaucracy that is the Department of Veterans Affairs. That ground-level work informs her efforts to improve the VA, making the Spokane VA medical center a teaching hospital and a flagship part of a pilot program for an electronic filing system, an important step to modernizing health care for veterans.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Agent Orange Concerns Joined by Worry Over Modern-Era 'Burn Pits'](#) (21 October, Ben Kesling and Stephanie Armour, 13.3M uvm; New York, NY)

WASHINGTON — Members of Congress and veterans advocates are mounting a push to get the Department of Veterans Affairs to increase aid to former service members with health problems blamed on toxic exposures, a move the VA secretary has publicly fought since taking over the department.

Secretary Robert Wilkie opposes legislative proposals to expand benefits to thousands of Vietnam War veterans who served at sea and claim exposure to Agent Orange, a toxic defoliant. The VA also opposes new benefits for Iraq and Afghanistan troops exposed to burn pits until the issue can be studied in depth.

The House of Representatives unanimously passed legislation in June to provide Vietnam veterans with benefits, and senators said they would push Mr. Wilkie to revise his position. Fueling the push, 45 members of the House last week sent an open letter to the Senate VA committee urging it to pass legislation on the matter.

The congressional action on the Vietnam veterans' benefits is the first major policy challenge to Mr. Wilkie, who took over the VA in July after being nominated by President Trump in May.

Many Vietnam veterans already are eligible for benefits related to disease assumed to be linked to Agent Orange exposure. But these benefits don't extend to many veterans who served on ships off the Vietnam coastline; they are among those now claiming a right to the assistance.

The outcome of the standoff will decide whether about 90,000 of the Vietnam-era veterans will receive new benefits, according to some estimates.

More than 150,000 modern-era vets also could be affected. They have added their names to a congressionally mandated burn-pit registry.

The Congressional Budget Office estimates benefits for the Vietnam-era veterans could cost some \$900 million over the next decade. There is no comprehensive estimate of what coverage for more recent burn-pit exposure could cost.

At his first congressional hearing since his confirmation, Mr. Wilkie was urged by senators from both parties to act on the issue. In an opening statement at that September hearing, Mr. Wilkie omitted a section of his prepared remarks outlining his position on benefits for so-called Blue Water Navy, which is how policy makers refer to aid to the Vietnam-era vets.

Mr. Wilkie left the section out of his oral statement because of time concerns, said VA spokesman Curt Cashour, who said written testimony that included the Blue Water section was submitted for the record.

The House measure on Agent Orange exposure includes a provision that increases fees on VA home loans to pay for coverage, one reason Mr. Wilkie says he opposes it.

“The secretary looks forward to working with Congress on Blue Water Navy, but the current House bill is based on insufficient science and contains a funding source that levies home loan fees on active duty service members and disabled Veterans,” said VA spokesman James Hutton in a statement.

Many in Congress advocate fast-tracking the Vietnam veterans’ bill in part because scientific data on their exposure can no longer be gathered because the alleged exposure occurred decades ago, and contemporary records largely don’t exist.

But because burn pits are a more recent issue, scientific study of the matter is still possible. Existing policy allows veterans from either era to make claims on a case-by-case basis.

The VA has received 76,378 Blue Water Navy claims, of which 39,447, or 52%, of those cases have been granted benefits, according to Mr. Cashour.

Mr. Wilkie implied he would follow the congressional lead on the matter when asked about the Agent Orange veterans at his confirmation hearing in June.

“The House has spoken and it’s my understanding that the issue will be taken up by the Senate and I stand ready to answer any questions or go down any avenue this committee wants in terms of how we address Blue Water,” Mr. Wilkie said in the June hearing.

The VA is contracting with the National Academy of Medicine to provide a comprehensive study of burn pit effects. The study is expected to be issued in 2020, said Mr. Hutton.

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1.2 - The Boston Globe: [Left in cold by VA medical center, homeless veteran finds kindness in strangers](#) (22 October, Brian MacQuarrie, 4M uvm; Dorchester, MA)

BEDFORD — At 2 a.m. on a chilly May morning, Norman Franks sat slumped in a chair in a TV lounge at the Department of Veterans Affairs medical center, fighting for snatches of sleep under the glare of ceiling lights, he said.

A Navy veteran of the late 1970s, Franks had led a troubled life. His addiction to crack cocaine led to a long series of armed robberies, which led to 15 years in prison. Now, he found himself homeless.

Franks wanted a clean start, but first he needed a place to live. With no good options, he made his way to the Bedford veterans complex, an outpost of a sprawling federal agency that takes its motto from Abraham Lincoln’s promise “to care for him who shall have borne the battle.”

They had to take him in, Franks thought.

Instead, he spent the night in the woods, shivering under a tarp. He stayed there for four of the next five nights, then spent the next four months in a cramped tent in a campsite on the grounds of Hanscom Air Force Base.

As the weeks passed, Franks fell deeper into despair. But slowly, unexpectedly, he was reclaiming some of his life, thanks to a devoted group of strangers — members of an American Legion post, volunteers from a Catholic parish, even from a congressman's staff — who felt obliged to aid a veteran in need.

"We had to help this man," said Catherine Giorato, an auxiliary member at American Legion Post 221 in Bedford. "If we turn away a veteran at the American Legion, we should be ashamed of ourselves."

Franks, 58, is angry at how the VA handled his case, arguing that he never should have been turned away that May night when the temperature fell into the 40s, or to have lived at a campground for so long.

When he arrived at the hospital that May evening, Franks said, he was told by a VA social worker that he might be able to sleep undisturbed in the TV lounge. But in the middle of the night, Franks said, he was awoken by a rap on the chair and ordered to leave.

"I don't have any place to go," he mumbled.

"I don't give a [expletive]. You're out," the VA security officer answered, according to Franks.

Wearing only a T-shirt and shorts, Franks stumbled into the night and dropped to the ground at the half-hidden edge of the VA property, resting against a tree and wrapped in the tarp he had taken from a small VA dump truck.

VA officials said they have no record of an encounter that night between Franks and VA security officers. Under the Bedford VA's policy, any veteran who turns up homeless can be sheltered in the urgent-care area if no other beds are available, agency officials said.

Franks did contact the VA by phone three days later and discuss housing options, officials added. The next day, Franks declined an offer to be placed in a Haverhill facility affiliated with the VA, according to Ken Link, chief of social work services at the Bedford VA.

"Mr. Franks was offered multiple shelter options, but he did not care for the shelter options we were offering him," Link said.

Those options included transportation to the New England Center and Home for Veterans in Boston and other facilities closer to Bedford. But Franks said he declined because posttraumatic stress from his years in the Navy and prison have made living in close quarters nearly impossible.

As it turned out, Franks was not on his own. Help came from the American Legion, where Franks's first, desperate call in the following days was answered by Giorato, a Massachusetts Institute of Technology locksmith who tends bar at the post.

"He explained he had no place to stay, and he asked if we could do anything," Giorato said. "So, I spoke with everybody at the bar. People started taking \$20 bills out of their wallets, and we probably raised \$200" for a night's stay in a hotel across the street.

A few days later, Franks called again.

"It was pouring rain. It was terrible. He had no food," Giorato said. "I picked him up and took him to Stop & Shop, where we bought about \$120 of food. I kept saying, 'Get this, get this, get this.' He was very proud and very embarrassed and kept saying, 'That's too much money.' "

The post also pitched in with blankets and other basic comforts.

"I found him very sincere, a nice man, and down on his luck," Giorato said. "He couldn't have been more apologetic."

Franks said he soon was directed to the Hanscom campsite and helped by a local chapter of the St. Vincent de Paul Society, a Catholic organization that assists people in need. Its members took him shopping for camping equipment, bought him gift cards for groceries, and paid the \$18 daily fee charged by FamCamp, the Air Force campsite, Franks said.

Through it all, Franks said, he regularly called VA officials and caseworkers. In the summer, he was approved for placement at Bedford Green, a VA-linked development of 69 furnished apartments for older veterans who are homeless or at imminent risk of becoming so.

But that approval was suspended after the VA determined Franks had behavioral issues that might affect other residents at the complex, Link said.

"He was not ready, and there was concern it would not be conducive to the overall health of the environment," according to the social work chief.

Franks said he became increasingly distraught.

"I was thinking about going back to my old ways, robbing somebody," Franks said. "But I couldn't do it. People were taking care of me. They were stepping up. They've been unbelievable."

Yet with cold weather only a few months away, Franks wondered anew where he would live. Help arrived once more, this time from the office of US Representative Seth Moulton of Salem, a Marine Corps veteran whose staff made calls on his behalf, Franks said.

Finally, Franks found a federally subsidized apartment on his own in Acton, where he moved Sept. 26. The VA provided a tenant voucher for the new apartment, helped with the application, and referred him to movers.

"We really do want to help homeless veterans, and we want homeless veterans to feel encouraged to come here," Link said.

When Franks moved to his new apartment, following a stop at a furniture bank that helps the poor and homeless, the two-bedroom unit felt like a palace. Giorato, the post auxiliary member who answered his plea, said she is thrilled.

"I hope we continue to keep in touch," Giorato said. "I still want to help him with whatever he needs — dishes, glasses. Between all of us girls, we have extra things in our basements."

For his part, Franks said he hopes to be licensed soon to operate heavy equipment in Massachusetts. He has been trained for the job, he said, and wants to move ahead and leave his past behind.

"I did my time. I'm not going back. I'm focused on going forward," Franks said.

He also does not want to be homeless again.

"If I can help just one other vet from being in this position, then this has been worth it," Franks said. "No one should be living in the woods for four months."

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1.3 - Kitsap Sun: [Olympic College students feeling the pinch from delayed GI Bill benefit payments](#) (21 October, Julianne Stanford, 111k uvm; Bremerton, WA)

Student veterans across the country have been left in the lurch as the Department of Veterans Affairs works to sift through a backlog of GI Bill payments, including a number of students at Olympic College who are still waiting for their benefits payout a month after the start of the new school year.

Sean Delaire, a full-time student studying organizational leadership, has been waiting weeks for his stipend to process, although classes started on Sept. 17.

For the most part, he's been able to stay afloat while he waits for his benefits to arrive.

"Luckily, I have money to pay my rent, but I still have other bills that are going to come calling soon," he said. "I haven't been able to buy my books, so now I'm struggling to do my assignments. Some teachers are receptive to it, and some teachers are like 'Well, figure it out, man.'"

The GI Bill provides student veterans with tuition coverage, as well as a monthly housing stipend and a yearly stipend for books and supplies.

Delaire, a Bremerton native, served in the Marine Corps from 2007 to 2011. He's also the co-founder of Left Right Straight, a Bremerton-based nonprofit that seeks to foster a sense of community for veterans through outdoor activities.

The financial hardship caused by the delayed payments has started to take a mental toll on veterans who are worried about making ends meet, Delaire said.

"It affects their mood, their disposition because they're worried about having a roof over their head," he said. "It's just setting people up to fail and they shouldn't have to worry about that as veterans. They're going to school to further their education, to contribute the community and they shouldn't have to worry if they're going to get paid by the GI Bill."

The VA has been working to process an unusually high number of pending claims this fall as a result of the slow rollout of policy changes made to the GI Bill under the Harry W. Colmery Veterans Educational Assistance Act of 2017, known as the Forever GI Bill.

The VA currently has to process some 140,000 claims for students across the country, which is almost 50 percent higher than the amount it processed at this time last year, according to an email from Veterans Affairs.

Although the delays have been caused by a number of factors, the VA has run into a few roadblocks in implementing a change to how monthly housing stipends are calculated, which has had a direct impact on getting checks out on time.

Under the new law, students are now supposed to be paid the Basic Allowance for Housing rates for the area where they physically attend classes, such as at a satellite campus in a different town, rather than based off the location of their school's main campus.

Although that change was supposed to go into effect on Aug. 1, that deadline passed without implementation of the new policy after the VA experienced problems updating its computer systems. As a result, many of the students who have received their benefits this fall have been paid out at their old housing stipend rates.

As of Oct. 19, the VA estimates first-time applicants are currently experiencing an average wait time of 33 days to receive their stipends, and those re-enrolling in their benefits are having to wait about 24 days for their claims to be processed.

"We've seen delays before, but not to this extent," said Casey Reed, director of Military and Veteran Programs at Olympic College. "This quarter, the impact is larger than we've seen before."

To get through the backlog, VA employees are working mandatory overtime with the help of 200 additional employees to process the claims. On average, they're able to process some 16,000 claims a day with the extra hours and workforce, according to an email from Veterans Affairs.

Despite recent gains in getting through stacks of claims, the VA anticipates having to work through a higher volume of pending payments for the rest of the year. Under normal circumstances, the VA aims to process re-applications for benefits in 14 days and new claims in 28 days.

A real impact to students

In the past, Reed said it was common for payment to a student's bank account to be delayed about a week after the start of school. But a month into the fall quarter this year, there are still a number of students waiting to receive their stipends.

Out of 920 veterans studying at Olympic College, about 650 are using benefits from the GI Bill to attend classes. About 25 of those students have not yet received their monthly housing allowance or their monthly tuition stipend, said OC spokesman Shawn Devine.

"The financial impact on these students is real," Reed said. "Some are in jeopardy of losing their home or their rental. Some have had to decide whether to buy books or get groceries for the week. They're worried about making their childcare payments."

Olympic College has worked with each of the impacted students to make sure they stay enrolled in classes and get the resources they need to stay afloat in the interim until their payments post, Reed said.

In some cases, that meant processing pending financial aid awards a bit ahead of schedule, helping students borrow needed textbooks from the lending library or donating a bus pass.

Veteran Daniel Jose, owner of the Cascadia Strength and Conditioning gym in downtown Bremerton, is currently working on finishing up some prerequisite coursework for Olympic College's physical therapy assistant program. He served in the Air Force from 2004 to 2014.

He had to wait three weeks before he finally received his benefits, which affected his ability to get through his classwork since he wasn't able to purchase needed course materials.

"I didn't have the book for two weeks of the class, and it definitely impacted my studies," he said. "I didn't have the materials I needed. I know my study style, and I need to have something in front of me."

When the money didn't show up for a few weeks, he felt the pinch outside of the classroom as well.

"I built the benefits I was going to get in my budget," Jose said. "I own a brick-and-mortar small business, and my margins aren't very big, so I have to budget almost everything."

Jose estimates he had to pay about \$60 worth of late payment fees for bills he had to push down the road as he waited for the deposit to show up in his bank account for "small stuff that added up."

For some of the larger bills coming due, he said he found many local businesses were flexible and understanding.

"I was super upfront about it. I wasn't coy or beating around the bush. I'm willing to pay the late fee, that's on me," he said. "They were more than willing to work with me."

For others who don't have a safety net, Delaire said there's a number of resources in the community available to help student veterans get along until they receive their payments.

The VA said students experiencing a "genuine hardship" from the delays can call their customer service number at 888-442-4551 for assistance.

Kitsap Community Resources runs a veteran assistance program under contract with the Kitsap County Veterans Program to provide veterans in need with emergency financial assistance for things like rent, utilities, food and transportation costs.

The federal Department of Veterans Affairs and the Washington State Department of Veterans Affairs also have programs to provide financial assistance to veterans who might be in imminent danger of being evicted.

For those in the community who might be waiting for payment from someone waiting for their benefits to arrive, Delaire asked for a bit of patience and understanding while things get sorted out.

"Know it's not their fault," he said. "If you're waiting for payment from a veteran, it really isn't the veteran's fault they're not paying you, because they're relying on the GI Bill to fulfill its end of the agreement, and it's not."

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2. Improving Customer Service

2.1 - Guam Pacific Daily News (Video): Guam EPA investigates drums in relation to Agent Orange, to clean up site (21 October, Haidee V. Eugenio, 12k uvd; Hagatna, GU)

Guam Environmental Protection Agency on Sunday said it had been investigating, since the summer, abandoned drums found in an area leading to San Carlos Falls in Piti, and the agency is also working on having the site cleaned up.

A group called Agent Survivors of Guam asked Guam EPA Administrator Walter Leon Guerrero this weekend to have his agency thoroughly investigate whether the abandoned barrels are linked to the use of Agent Orange on the island.

Brian Moyer, organizer for the group, sent Leon Guerrero an investigation request letter with an attached contributed photo of some of the abandoned barrels in what appears to be an old Quonset-style shed or bunker.

"We are all aware of the issues revolving around Agent Orange being used on Guam and lack of transparency on the military's part," Moyer wrote. "We are hoping that you and your agency will be able to conduct a thorough investigation complete with testing of those barrels and soil for possible 2,4-D/ 2,4,5-T/ 2,4,5-TP (Silvex) and 2,3,7,8-TCDD dioxin from the leaking barrels that have been photographed but a private citizen of Guam."

Investigation started around summer

Nic Rupley, acting deputy administrator for Guam EPA, on Sunday said the agency started investigating the site around the summer when Vice Speaker Therese Terlaje reached out with photos of the drums and their approximate location.

"We are in the process of identifying the property owner and we are trying to secure funding for the removal of these drums and the other solid waste in the photo," Rupley said.

It is unlikely that these drums are related to Agent Orange, he said, but the agency continues its investigation. Guam EPA is working on getting these drums removed as well, Rupley said.

Group recently lost another veteran

Moyer, in his letter to the Guam EPA administrator, said the group recently lost another veteran, M/Sgt. Leroy G. Foster, who was approved by the Veterans Administration for direct Agent Orange exposure on Guam while serving on Andersen Andersen Air Force Base for 10 years in the 60's and 70's.

Foster had said he routinely sprayed Agent Orange on Guam.

"I hope you can understand and appreciate the overt concerns of all whether they be Chamorro or veterans who served on Guam," Moyer told Guam EPA's Leon Guerrero.

An Oct. 20 obituary on the website of Post-Journal confirms Foster's death.

"Leroy G. 'Roy' Foster, 69, of Lakeland, Fla., and Westfield, N.Y., passed away Thursday, Oct. 18, 2018, in his home in Westfield. He was a retired U.S. Air Force veteran. Arrangements will be announced by the Lind Funeral Home," the obituary reads.

A Florida congressman in 2017 introduced a bill named after Foster. The bill seeks to allow Vietnam War veterans who served on Guam and other areas easier access to federal benefits for Agent Orange exposure, but the bill has yet to pass.

Rep. Dennis Ross, R-Florida, called the bill, "Fighting for Orange-Stricken Territories in Eastern Regions (FOSTER) Act."

'Great debt of gratitude'

Terlaje, now the acting speaker of the Guam Legislature, on Saturday morning issued a statement, citing Foster's "relentless fight to expose the truth of Agent Orange use on Guam and obtain justice for his fellow veterans and the people of Guam."

"Master Sgt. Foster served at Andersen Air Force base in Guam during the Vietnam War, where he says he sprayed tens of thousands of gallons of Agent Orange in and around the base and along the fuel lines that run through the island from the Navy's Sasa Valley Fuel Farm to Anderson Air Force Base," Terlaje said.

The senator said Foster was later diagnosed with five different cancers and 28 autoimmune diseases that he attributes to his exposure to Agent Orange while stationed on Guam.

"We owe him a great debt of gratitude for his courage to speak the truth and pave the way to achieving justice for our veterans and our people. I send my deepest condolences to the Foster family during this very difficult time," Terlaje, chairwoman of the Committee on Culture and Justice, wrote.

DOD denies using Agent Orange

The Department of Defense denies Agent Orange was ever used outside of Vietnam and Thailand during the Vietnam War, despite the influx of veterans coming forth with claims of exposure outside of these areas, including Guam, according to the Agent Orange Survivors of Guam.

Agent Orange was used by the U.S. military as part of its herbicidal warfare program, Operation Ranch Hand, during the Vietnam War from 1961 to 1971. Traces of dioxin found in the mixture have caused major health problems for many exposed to it.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Watertown Daily Times: [Green Party's Kahn talks government, farmers, veterans](#) (21 October, Abraham Kenmore, 86k uvm; Watertown, NY)

WATERTOWN — Green Party candidate Lynn S. Kahn moves easily from the technocratic — streamlining inefficient government job training programs — to the idealistic — changing from hydrocarbons to hydrogen fuel — in her platforms.

During her conversation with the Times editorial board on Friday, she covered the whole spectrum in her third-party bid to represent the 21st Congressional District.

“I’m running because I’m hearing a lot of pain, I understand the waste and dysfunction of government, I have 32 years of building partnerships that deliver results to complicated problems,” Ms. Kahn said. “I think the two-party system is broken and the Republicans and Democrats can’t get past hating each other enough to solve real problems, and we’ve run out of time.”

Ms. Kahn spent those years in government as an organizational psychologist, much of it with the Federal Aviation Administration trying to smooth out system reforms.

“One thing I really started to understand is how much money we spend on waste,” she said.

She points to duplicative programs, unnecessary research, and excessive spending on military contracting.

“It’s at least a trillion dollars of waste,” she said.

The total expenditure of the federal government this year will be around \$4 trillion.

Ms. Kahn’s solution — form a Congressional caucus for a “war on waste” and make programs prove they are delivering results. If not, reassign the employees working on them to other areas where they are needed more.

“I want to cut programs, not people,” Ms. Kahn said.

Ms. Kahn has been particularly focused on the issues of farmers and veterans.

“The dairy farmers are having a huge problem,” Ms. Kahn said. “The federal government hasn’t set a floor price at the cost of production.”

Ms. Kahn said the federal government should set the floor at \$20 per hundredweight, close to the cost of production. Prices have been low, sometimes dipping below the cost of production, for the past several years.

Ms. Kahn supports year-round immigration visas, but does not think the labor shortage is much of an issue.

“Most of the (dairy farmers) I’ve talked to are keeping it in the family,” she said.

For veterans, Ms. Kahn thinks there should be more programs with veterans supporting veterans and she supports the Veteran’s Choice program, which helps veterans get care locally if they live far from a Veterans Administration hospital.

She is highly critical of the VA, but thinks it still serves an important role.

"The veterans I've talked to do not want to privatize the VA," she said. She is also concerned about infrastructure issues, especially water systems and broadband.

Ms. Kahn worries especially about perfluorooctane sulfonate and perfluorooctanoic acid, both chemicals used in firefighting foam that are considered highly toxic.

"It's seeping into the water systems, it's causing all kinds of issues," she said.

As the Green Party candidate, Ms. Kahn is also concerned with environmental issues, particularly climate change.

"I believe we have run out of time on climate change," she said.

Ms. Kahn said warmer weather could change all kinds of things in the 21st Congressional District, from extending the growing season to allowing ticks to spread Lyme disease further north.

"What we have to look at is the production of hydrogen fuel," she said.

Ms. Kahn imagines a corridor of hydrogen fuel along the St. Lawrence Seaway, using the cheap hydroelectric power to split off hydrogen from oxygen atoms in water.

"You can turn it into liquid, you can turn it into compressed air," she said — it might even be able to be distributed using the same pipe infrastructure as natural gas.

And when hydrogen is burned, it oxidizes to water

"There's a huge number of developed nations that are moving to hydrogen," Ms. Kahn said.

Especially in places like Massena, she thinks there is huge opportunity. Asked about the potential conflict in electrical use between the Alcoa-Arconic aluminum plant and hydrogen plants, Ms. Kahn said, incorrectly, that the plant would be closing next year.

But she also thinks an all-of-the-above approach to renewable energy is necessary when it comes to climate change. She is skeptical of claims that wind turbines would interfere with Fort Drum's radar after talking to people she knew from working in the FAA, although she acknowledges it could be an issue.

"The people I talk to say it's more of a political issue than a technical issue," she said.

Ms. Kahn thinks subsidies for renewable energy make sense.

"The subsidies for wind and solar are visible, the subsidies from gas and oil are less visible," she said. "There's far more grants and subsidies for oil, gas and coal."

Regardless of the issue, Ms. Kahn returned to her experience in the federal government. She also ran as an independent candidate for president in 2016, and said she still has advisers from that.

"I get how it works," she said. "I'm good to go on day one."

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4.2 - The Journal Gazette: [Letters: Care privatization would hurt veterans](#) (22 October, Tom Hayhurst, 57k uvm; Fort Wayne, IN)

Attention all veterans: the VA health care system is under assault by President Donald Trump, and Rep. Jim Banks is part of the problem.

The VA has been rated highly in several independent studies. VA health care providers have special knowledge in treating patients with conditions such as PTSD and Agent Orange exposure. Despite this, an effort is under way to shrink the VA hospital system and to force vets to obtain health care from the private sector. Last year, Trump fired VA Secretary David Shulkin because Shulkin was actively opposing VA privatization. Banks supported this decision.

I served in the U.S. Air Force. A few years ago, I joined the successful effort to save Fort Wayne's VA hospital. Fellow veterans: Tell Banks to support our VA hospital and to end his and Trump's efforts to "privatize" the VA.

Tom Hayhurst

Fort Wayne

[...]

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WSVN (FOX-7, Video): [Baby shower held for 50 veteran mothers at Miami VA hospital](#) (21 October, 316k uvm; Miami, FL)

United Way of Miami-Dade held the mother of all baby showers.

Fifty veteran mothers were honored at the Miami VA Medical Center, Saturday.

The honorees received gift baskets, newborn essentials, onesies, diapers and more. There was also a raffle for some items donated by the Coral Gables Women's Club.

The veteran mothers were also provided with information about services available for them and their babies.

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6.2 - WJBF (ABC-6, Video): [Local Group to Help VA Hospital with Homeless Veterans](#) (21 October, Dawn Wise, 37k uvm; Augusta, GA)

DolphinMentality has been asked to help the VA Hospital with local homeless veterans.

The group is a local non-profit and promotes empowerment, spiritual well-being, celebration of life, infinite love and acceptance regardless of sexual preference, religious preference, or social economic class.

The VA requested DolphinMentality to help with it's 2018 Stand-Down Event.

Stand Downs are typically one to three day events providing supplies and services to homeless Veterans, such as food, shelter, clothing, health screenings and VA Social Security benefits counseling.

Veterans can also receive referrals to other assistance such as health care, housing solutions, employment, substance use treatment and mental health counseling.

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6.3 - Courier Express: [Veterans Resource Fair and Job Expo offers something for everyone](#) (21 October, Joy Norwood, 13k uvm; Du Bois, PA)

BROOKVILLE — The idea of a Veterans Resource Fair and Job Expo began with a request to the Jefferson County Veterans Affairs Office from Gene Young, the veterans rep for CareerLink. “He wanted to do something similar to what Clearfield County” did on Oct. 16, a career fair. “Shortly after that I was approached Rhonda Hessler, from OVR, and she wanted to do a veterans event,” Krupa Steele, Jefferson County VA director, said. Both Hessler and Young wanted to do the events in October, so Steele said, “why don’t we do this together and make it one big event.”

Both Young and Hessler were for it. “I talked to my commissioners and they were on board with it. All three of the commissioners (Jack Matson, Jeff Pisarcik and Herb Bullers) are very supportive of veterans,” Steele said. So the planning began, just about a month ago.

“I pulled as many veterans resources as possible, including kind of phone a friend,” Steele says with a laugh. She had served with a master sergeant (Martin Duarte) in the Marine Corp” and he is now the program director of Wounded Warriors Family Support. “It was a lot of networking. I kept having one of my master sergeants telling me ‘You need to get ahold of Master Sgt. Duarte because he works with vets too.’ So I called him up and told him what we were doing and he said, ‘Sure’ and he’s coming from Texas.”

And the networking continued. Steele says they got ahold of Altoona and someone from Pittsburgh from the Veterans Benefits Administration contacted Steele and he wanted to come to the event. “He literally called me yesterday (Wednesday) midday and said ‘Hey, can I come to your event?’” Steele’s response: “Sure, the more the merrier.”

“He told me what he does so it will be great to have someone from the VA, someone who does eligibilities for health benefits. A lot of people have questions about that and we’re just trying to connect them all with these resources, including surviving spouses. There are benefits out there

and I see it a lot here in this office in particular where I have family members coming in because they heard at the nursing homes in Jefferson County that they might be eligible for it. And they come in and they're like 'I wish mom or dad would have know about this long ago. We've been self paid for years and it's just draining them.' So there are things that are there for widows that they maybe wouldn't know about," Steele says. "I welcomed them to come in because we see it way too often – not just with widows but with veterans or dependents. They just don't know what's out there or if there is a benefit they qualify for."

So Steele began gathering as many resources as she could think of including organizations. "That's a big thing. You've got your county benefits; you've got state benefits. Obviously you have federal benefits, which is what most people think about. I and my assistant Taylor are able to help with county benefits. We're able to help you with state benefits. And we pulled in people for the federal benefits and then the other organizations that are coming."

The Wounded Warriors Family Support provides support for families of those who have been wounded, injured or killed in combat situations.

She noted that the Jefferson County Area Agency on Aging definitely has a veteran friendly aspect to it and Community Action is a really great resource for veterans and families who are possibly facing homeless or are at risk. "They have really great programs," Steele says.

We have the Blind and Visual Bureau is coming. Brants Driving School will enable those attending to see what a modified vehicle looks like. "If you're a person with a disability it doesn't hurt to come and ask and see what types of adaptations are there for you," Steele says.

Several schools will be represented as well, offering higher education as well as trade skills.

Hessler contacted all the schools and all three – Steele, Hessler and Young – have all worked on setting up resources for the event. So far they have 39 confirmed employers coming to the job fair.

"If you're looking for a job bring your ID, bring your resume, dress appropriately," she said. Even if you're looking for a volunteer opportunity, or you want to help out a vet, Steele says come to the event to talk to her, adding that Community Action offers a lot of volunteer opportunities. "There is going to be something for everyone."

"If you're wondering about benefits, even if you think you don't qualify or have been told in the past that you don't," Steele says come and find out from the source itself. "The VA is always, always changing. You don't know they may have open something up or made changes to guidelines." She added that the event is also good for those who may be in the service now and transitioning out to come and see what services are available.

Steele says it's just going to be a warm and inviting atmosphere.

Resource Vendors

Jefferson County Area Agency on Aging

civilian life/ family members of all veterans of eligible war period are also eligible for Vet Center services as well/also provides MST counseling for all eras)
Suicide Prevention Altoona Veterans Affairs Medical Center

7. [Other](#)

7.1 - NPR (All Things Considered, Audio): [Troll Watch: Why Veterans Are Targeted By Spreaders Of Misinformation](#) (21 October, 15.5M uvm; Washington, DC)

NPR's Michel Martin speaks with army veteran Kris Goldsmith about his efforts to eliminate Facebook pages that spread disinformation and target veterans.

Transcript:

MICHEL MARTIN, HOST:

And now another story in our Troll Watch series.

(SOUNDBITE OF MUSIC)

MARTIN: In this program, we've been trying to keep track of the ways that Internet trolls, especially those directed by foreign governments, have been trying to influence American voters by pushing fake stories or hyping up stories with a partisan or mean-spirited edge. Now we've heard about an Army veteran who's trying to eliminate disinformation on Facebook that targets service members and veterans. He's flagged about 100 Facebook pages that have millions of followers, and he's with us now.

Kris Goldsmith is the assistant director for policy and government affairs at Vietnam Veterans of America, and he's also founder and president of High Ground Veterans Advocacy, and he's with us from NPR's bureau in New York.

Kris Goldsmith, thanks so much for talking to us.

KRIS GOLDSMITH: Hey. Thanks for having me.

MARTIN: So let me - I'm going to ask you to walk me through this. Now, this started because you were trying to understand how well your legitimate Facebook pages were doing. And then you realized that somebody had - what? - stolen your logo and was pushing content with it and had more followers than you? Tell me about that.

GOLDSMITH: Correct. Yes. So I was just helping my communications team manage our social media pages, and I typed in Vietnam Veterans of America. And, one day, I noticed that there was another page that came up before ours, and it had an even larger following. So I investigated the page, found out that they had been using our logo, pretending to be us. But they were sending everyone to a European website - vvets.eu. But that was the first red flag, where it's - you know, these people aren't just trying to sell T-shirts or something. They're creating an entire environment to support the fake Facebook pages.

MARTIN: Yeah. Tell me about that. What kinds of things were they using their page to say?

GOLDSMITH: So most of the stuff that this particular group of trolls was pushing - we eventually located them in Bulgaria. One particular incident was there was a legitimate news story in rural Massachusetts. There was a Vietnam veterans monument that had been defaced. Some kid took some berries and rubbed it on it. But what they did was they took that local news story and

looped the 58-second video for four hours as a Facebook Live video. And, over that, they put a phrase that said, do you think the criminals must suffer and encouraged people to respond.

Now, it was based in truth, but it was made to look more urgent, and it looked like it was happening live. This wasn't just, you know, one person in Bulgaria, you know, trying to build a following. This was a conspiracy. What I'm basically doing is leaving a trail of breadcrumbs so that Facebook's threat intelligence team can take the actual experts to analyze the data that I've found so that they can get more information about who's behind it.

MARTIN: What is it that you think is attracting people? Is it because they could combine it with this kind of deep patriotic sentiment? I mean, what's the appeal?

GOLDSMITH: So the reason why they are going to the right is because that's the type of content that the extreme right is producing organically, so it blends in. Their goal is to blend in with and amplify the extremes in this country. The ultimate goal here is not veterans. It is to make the United States in a permanent condition of paralysis. They want for us to not be able to function as a democracy, and the way that they do that is they sabotage any idea of bipartisanship - not just for our elected members of Congress but for the electorate.

And we, as a society, need to start educating ourselves on the issue of cyber-hygiene. We need to understand that it's very important. Everything that we share we need to make sure that the source is reliable. And, when it comes to politics, we need to make sure that it's generated from inside the United States.

MARTIN: That was Kris Goldsmith, the assistant director for policy and government affairs at Vietnam Veterans of America speaking to us from our bureau in New York.

Kris Goldsmith, thank you so much for talking to us.

GOLDSMITH: Thank you so much for having me.

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7.2 - The Wall Street Journal: [A Billionaire Pledges to Fight High Drug Prices, and the Industry Is Rattled](#) (21 October, Peter Loftus, 13.3M uvm; New York, NY)

HOUSTON — Billionaire John D. Arnold is spending a chunk of his fortune to campaign against America's high drug prices. The drug industry is spending a chunk of its fortune to counter him.

Mr. Arnold is the biggest single spender on his side of the battle. He made his money placing bets on price swings in the natural-gas market, first as an energy trader at Enron, then at his own hedge fund after Enron's collapse. Now retired, the 44-year-old Texan with an estimated \$3.3 billion in assets is dedicating himself to the topic of the U.S.'s ballooning health care costs.

He has spent more than \$100 million in health-care-related grants since 2014. A million dollars went to Civica Rx, a nonprofit formed by seven U.S. hospital systems to make generic drugs. Up to \$5.7 million is pledged to Initiative for Medicines, Access & Knowledge Inc., which files legal challenges to the validity of certain U.S. drug patents, to clear the way for lower-cost generics.

He funded research about the relationship between pharmaceutical packaging and drug costs, leading Medicare to pass new rules that took effect in 2017. The state of California, advised by an Arnold-funded group, passed a law in 2017 requiring drugmakers to justify steep price increases.

“Everybody thinks that the pharma industry is abusive in their tactics and doesn’t price drugs fairly,” he said in an interview in his Houston office.

For drugmakers, Mr. Arnold is a new and powerful opponent—and somewhat of a mystery. His profile as a critic has sharpened in the past year through his funding of a political action group active in the midterm elections, on behalf of candidates from both parties. Few pharmaceutical executives have ever had personal contact with him.

Several said that based on Mr. Arnold’s funding and choice of projects they are wary of his influence, and take issue with his findings and approach.

“My complaint with them is they seem to be positioning it as, ‘We’re pointing fingers at drugs companies, and we’re going to do everything possible to make them look bad without having a balanced view,’ ” said Ron Cohen, chief executive of drugmaker Acorda Therapeutics Inc.

In a tweet last month criticizing Mr. Arnold’s comments about “broken pharma pricing,” Dr. Cohen said pricing is “far more complicated, with far more competing interests, than your outlook acknowledges.”

Unlike in the energy market, where many buyers and sellers create market competition and monopolies face government regulations, Mr. Arnold contends there are no meaningful checks on the drug industry’s power to set prices. Health spending “is large and growing, and the trend line is going in the wrong direction in terms of financial sustainability,” he said.

The pharmaceutical industry says a free hand on pricing helps fund risky research and development in the hunt for new and better drugs, and that prices reflect the benefit that drugs provide to many patients. Drugmakers also say middlemen in the industry’s supply chain contribute to higher prices by taking cuts of the list price.

The foundation set up by the trader and his wife, Laura, a former corporate attorney, has assets of \$2.2 billion—that’s more than the American Red Cross, which had net assets of about \$1.2 billion in 2017—and more than 70 staffers working in offices in Houston, New York and Washington. It also funds causes related to criminal justice, education and public-employee pension systems.

Mr. Arnold has given \$19 million to Boston-based Institute for Clinical and Economic Review to evaluate whether the prices of various drugs reflect their health benefits. ICER often concludes they don’t; for example, it says that some opioid pain drugs marketed as having “abuse-deterrent” formulations, such as capsules resistant to crushing into powder that can be snorted, aren’t cost-effective.

Last year the U.S. Department of Veterans Affairs’ pharmacy-benefit program began incorporating ICER’s reports into its price negotiations with the industry. Some insurers are using the data in their contracts, and CVS Corp.’s pharmacy-benefit management division said in August it would give its clients—health insurers and employers—the option not to pay for certain drugs if their prices exceed ICER’s cost-effectiveness threshold.

Drugmakers have funded groups to counter ICER, including Patients Rising. The group, which has received \$435,000 in the past 12 months from drug companies including Amgen Inc. and Celgene Corp. , said ICER uses flawed methodology and its reports are causing insurers to restrict patients' access to drugs because of their price.

ICER is promoting the idea "that some patients are too costly to treat and too expensive to save," said Terry Wilcox, executive director and co-founder of Patients Rising.

Spokespeople for Amgen and Celgene said they support organizations that work to ensure patients' access to treatments.

Steven Pearson, head of ICER, said patients deserve access to the medicines they need, and ICER's methods help reveal what fair prices would be for those medicines, not whether some patients are too costly to treat.

Industry lobbying group Biotechnology Innovation Organization has raised alarm about "an increasingly coordinated effort" by Mr. Arnold to focus on prices. It handed out a paper at a meeting of executives from its member companies in May titled "The Arnold Foundation's \$49 million Web of Influence," listing groups that received funding for drug-price projects.

While project-funding details are available on the Arnold website, BIO spokesman Brian Newell said the page was distributed "to understand where the money was coming from and how many of these efforts are coordinated through a single entity."

He said the Arnold foundation is "putting tens of millions of dollars behind a network of activists in order to shape how the media reports on the biotech industry, influence which medicines patients have access to and undermine the intellectual property rights of innovators."

Mr. Arnold said the foundation also funds academic researchers, and it doesn't direct the content of news coverage it helps fund, including Kaiser Health News, to which it provided about \$1.2 million for coverage of drug development and pricing. Mr. Arnold said the ideas generated by foundation-funded researchers wouldn't undermine intellectual property and would inject competition into the marketplace.

For Mr. Arnold, personal or emotional reasons aren't driving his fight against high prices—making him a confounding opponent, drugmakers said. Instead, it is the intellectual challenge of tackling a seemingly intractable problem.

He said he became interested in drug pricing after hearing about steep price increases and high starting prices for new drugs, such as Gilead Sciences Inc.'s hepatitis C treatment Sovaldi, which went on sale in late 2013 at a list price of \$1,000 per pill. Mr. Arnold called the price arbitrary.

"That made it clear normal market tensions didn't exist in this market and existing regulation was deeply flawed," he said. Gilead declined to comment.

Buyers and sellers in the health-care industry are vastly unequal, he said. For brand-name, patented drugs, companies can charge what they wish because no competing generics can enter the market.

“In any other industry where you have some type of monopoly, where the good that’s being sold is viewed as a necessity and there aren’t close substitutes, there has to be a strong regulatory environment on how to ensure access, and ensure affordability,” he said.

People in the drug industry counter that monopolies afforded by patents allow companies to recoup the sizeable cost of R&D before a drug goes generic, and that health insurers and pharmacy-benefit managers act as a check on pricing.

Another reason Mr. Arnold got involved: Drug pricing was an issue no other philanthropist had claimed.

As a hedge-fund manager, Mr. Arnold had a reputation for keeping a cool head in volatile trading, confident in his bets because he carefully studied workish data such as weather trends, according to Bill Perkins, who worked for Mr. Arnold and now has his own trading firm in Houston. Mr. Arnold closed his hedge fund in 2012.

Mr. Arnold said he draws graphs in his head to identify parts of the market with the most egregious pricing. He said he imagines a 3-D grid with different factors he believes affect pricing.

“John loves solving puzzles,” said Mr. Perkins, the former trading colleague. “This is a big giant hairy puzzle. It’s easy for me to see John in the weeds” on the issue.

At the foundation, the Arnolds work in adjacent offices with their contemporary art collection scattered around the building.

Employees say Mr. Arnold is sometimes at the office before anyone else arrives, and can often be spotted reading in an office library stocked with titles including “Unhealthy Politics: The Battle Over Evidence-Based Medicine.”

He could never be called effusive. “They’re not the backslapping kind,” ICER’s Dr. Pearson said of the Arnolds. Priti Krishtel, co-executive director of the Initiative for Medicines, Access & Knowledge, said meeting with the Arnolds was like “sitting with patent lawyers from a law firm.”

A \$2.2 million grant went to cancer specialist Dr. Vinay Prasad to study health-care practices that turn out to be ineffective. Last year, Dr. Prasad co-wrote research contending it costs less than drug companies say to bring a cancer drug to market.

He asked questions “like he could be a reporter,” Dr. Prasad said of Mr. Arnold. “He pushed me on a lot of my thoughts: ‘Aren’t there some advantages to some of these things? Things you’re not thinking about?’”

The industry said Dr. Prasad’s report ignored necessary spending on drugs that don’t make it to market.

Jim Greenwood, president and CEO of BIO, said in a blog post responding to the report that a majority of experimental cancer drugs that enter clinical trials end up failing. He said there should be “compensating upside” for the few drugs that do make it to market to ensure investors continue to fund companies’ uncertain R&D efforts.

At an Arnold foundation board meeting in March, David Mitchell described how his group, the Arnold-funded Patients for Affordable Drugs, brings patients to Washington to meet with members of Congress and administration officials, and trains them to use personal stories in meetings, appearances and letters.

On a screen at one end of the conference room, Mr. Mitchell played for the Arnolds a CBS News interview with a patient his group has coached. Taking notes on a white pad, Mr. Arnold homed in on key points to press with lawmakers.

Near the end of the hourlong meeting, Kelli Rhee, the foundation's president and CEO, made a pitch to Mr. Mitchell to moderate his public discourse.

"Some of the language around pharma is becoming more entrenched and dug in, and I wonder if there are opportunities for you guys to think about where there can be constructive dialogue," she said.

Mr. Mitchell said it was too soon to be conciliatory. "More than 80% of Americans believe we should be doing something to lower drug prices," he responded. "We are angry about it, and we have hot rhetoric."

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7.3 - The Daily Caller: [Democratic Governor Candidate Blacklisted By Veterans Affairs After Evidence He Sold His Disabled-Vet Status](#) (21 October, Luke Rosiak, 3.9M uvm; Washington, DC)

A company owned and run by South Carolina's Democratic candidate for governor was blacklisted as a contractor for the Department of Veterans Affairs following allegations that he was selling his veteran status to corporations so they could tap into federal contracting dollars intended to help disabled vets.

James Smith works as a state legislator and lawyer, and also runs the Congaree Group, which has received millions of dollars in federal government contracts. The company operates out of Smith's law firm suite, and he once told the VA he was its only employee.

On paper, the company has done everything from manufacturing pharmaceuticals to mopping floors and from parking cars to conducting advanced mathematical analysis.

On May 17, VA officials arrived for a surprise inspection, VA deputy assistant Secretary James Hutton told The Daily Caller News Foundation. The purpose was to find out if Smith was running a middleman company used to win lucrative federal contracts earmarked for disabled veterans, then passing all the work off to non-veteran companies in exchange for a cut for himself. Such so-called rent-a-vet scams are forbidden.

Smith's company declined to cooperate with the VA and failed to provide evidence that the business was legitimate, Hutton said. On May 31, the VA's Center for Verification and Evaluation issued a "Notice of Proposed Cancellation," which would lead to the Congaree Group being stripped of its preferred, disabled-veteran contractor status if not resolved, according to Hutton. The Congaree Group still "did not provide the requested documents" explaining itself, he said.

On July 11, one month after Smith won the primary election, the VA banned the company from its preferential status, according to Hutton. The Congaree Group no longer appears on the VA's list of approved veteran-owned businesses.

A 2013 VA audit concluded that "it appears that [Smith] uses his [disabled veteran] status to secure VA set-aside contracts and pass the performance of such contracts to various non-Veteran entities. Such conduct is prohibited." (RELATED: Dem Candidate May Have Used Veteran Status To 'Broker' Set-Aside Federal Contracts For Non-Vets)

Smith "does not have the specialty skills required to perform on several of the contracts he has secured," the audit said, noting that the Congaree Group holds contracts across a variety of industries worth over \$1 million. "It is reasonable to conclude that the Congaree Group functions as a middleman to enable various non-Veteran entities like BDI Pharma to secure the actual contract" in violation of rules.

"As a result, the Congaree Group is ineligible for the SDVOSB program," the audit ruled, referring to the program that reserves a portion of VA contracts for veteran-owned businesses.

The company was banned after that 2013 audit, but Smith appealed and the VA re-instated it.

Smith is running for governor relying heavily on his war record. Eight out of the 11 paragraphs in his campaign biography relate to his family's military service dating back to the Revolutionary War. It mentions that he is a "small business owner" on top of being a lawyer, without saying what line of work he is in.

Smith's multi-million dollar business has rarely been mentioned in the local media. His spokesman, Brad Warthen, declined to say a single word about the Congaree Group to TheDCNF and would not discuss the VA's removal of it from the agency's program.

On the Congaree Group's website, Smith has said that if a large, non-veteran owned corporation wants a government contract, it can partner with his company. He'll win the contract by relying on his disabled-veteran status and government connections and the non-veteran company will do the work.

The site advertised opportunities for "strategic alliances" to help meet "government mandates" that set aside contracts for disabled veterans, as the 2013 audit noted. The Congaree Group said it would "broker" contracts for "synergistic partners."

"The Congaree Group, Congaree Pharma, has the ability through our Service Disabled Veteran Owned Small Business (SDVOSB) designation to broker the government contracts that will ensure your company's future stronghold in the marketplace," the website said.

The Congaree Group's website used language that showed it wasn't involved in the order fulfillment processes: "You can order these products from Congaree Pharma ... but the product is drop-shipped from BDI Pharma's warehouse directly to you."

That language has since been scrubbed.

The Congaree Group now offers a variety of services ranging from parking cars to conducting high-tech data analysis.

As recently as March 2018, the VA said it intended to award the company a valet-parking contract at the Augusta, Georgia, hospital.

TheDCNF became aware of the issue in the course of its reporting on the VA. A disabled veteran who spent years specializing in automobile services complained that he was not able to get work at the VA because non-veterans had taken it and pointed to Congaree.

The Charleston, South Carolina, VA's public affairs office said its parking services were offered by a joint venture between "The Congaree Group and Ambassadors Plus," TheDCNF reported on May 10. A detailed profile of the operation put out by hospital public affairs staff made no mention of Smith and said the valet services were run by Ambassador's Alex Latsko.

In an interview for TheDCNF's May story, Smith's then-spokeswoman Alyssa Miller was evasive about the company's basic operations, such as how many people worked there.

The VA's surprise inspection followed one week later.

Until 2014, Smith also ran another company, HM Congaree LLC, that sold massive Case Construction equipment to other government agencies all around the country. Its website acknowledges that it merely fulfilled orders through Case's existing network of local dealers.

"HM Congaree can help federal government agencies meet requirements under Executive Order 13360, which mandates that 3% of all federal agencies' contracting dollars go to businesses owned by service-disabled veterans," it said.

Smith's staff declined to say what would become of the Congaree Group if he is elected governor or what value he added for customers receiving these goods and products.

Congaree Group has made \$7 million since 2010, and HM Congaree made an additional \$650,000, according to contracting records.

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7.4 - The Arizona Republic (Video): [Kyrsten Sinema says food bank event not about politics while showcasing veteran support](#) (19 October, Pamela Ren Larson, 3.5M uvm; Phoenix, AZ)

Rep. Kyrsten Sinema spent Friday morning packaging food at a north Phoenix food bank, joined by about 10 military veterans.

The Democratic congresswoman and candidate for U.S. Senate, insisted the event wasn't about politics.

But the implied message for the Sinema campaign, which is squaring off against Republican and former fighter pilot Martha McSally, was clear: Sinema may not have served in the military, but she knows veterans issues.

Several veterans at the event said Sinema's efforts to resolve the crisis at the Phoenix VA Health Care System and her ability to bring together veterans with different points of view had attracted them to her campaign.

Terry Araman is an Army veteran who operates a transitional living shelter for veterans called MANA House — which stands for Marines, Army, Navy, Air Force. Speaking to a reporter while he packaged "snack packs" that the Desert Mission Food Bank distributes to schools, libraries and community centers, Araman said Sinema has been at the forefront of local veterans issues.

"She was the first one to bring all the non-profits and the VA together off-site and have veterans who were having trouble getting benefits, or having trouble accessing their benefits and so forth, and bring all those folks together," Araman said.

The volunteers, including Sinema, formed an assembly line of sorts: Each grabbed clear plastic bags and moved along milk crates filled with food, putting one of each item in the bag until they were filled with canned fruits and vegetables, fruit juice, cereal and oatmeal. They dropped each bag on a table where Tom Solnit, a Marine Corps vet, closed them.

Sinema's previous work as a social worker in the mid-1990s prompted the food bank to develop the snack packs to help students who don't have access to school-provided snacks over the weekend.

"Kyrsten was one of the social workers at Washington Elementary that saw kids were hoarding food Monday and Fridays," Sue Sadecki, the executive director of HonorHealth Desert Mission, said.

Solnit mentioned Sinema's work with homeless veterans, her response to the Phoenix VA scandal and support for legislation benefiting veterans, including protecting military service dogs.

"She stands for honor and dignity, and she listens to everybody and then makes the best decision," Solnit said.

In a written statement, Sinema said: "I come from a military family, so fulfilling our commitment to Arizona veterans is personal for me and it has always been my highest priority. I'm honored that so many veterans are supporting my campaign and I'll never stop fighting to improve veterans' health care, ensure veterans have access to quality education and good-paying jobs, and bring accountability and transparency to the VA."

Veterans said they respect McSally, but added that she does not get into the "nitty-gritty" issues for veterans and has a "narrow" focus.

"We lost a great policy person on behalf of veterans when we lost John McCain, and we need that support in the Senate," Araman said. "I know I can trust Kyrsten Sinema to carry on that legacy."

"I've been around Martha McSally, I've talked to her, she goes with the current administration and what they want to do," Solnit said. "She does say a lot, and actions speak louder than words."

Leo Hintz, an Air Force veteran and Levine resident, one of the first volunteers to arrive at the food bank, related the "well organized" service project to his time in the military.

Hintz began volunteering with Sinema's campaign after seeing one of her television ads with her brother who is in the military. He said that he is proud of McSally's years of service and being the first female fighter pilot, but he campaigns for Sinema.

"I just feel that Kyrsten will do more for the veterans than a vet," Hintz said.

Sinema dodged questions about President Donald Trump's visit to the Valley to campaign for McSally, as well as McSally's allegation that Sinema's response in a 2003 interview amounts to treason.

Sinema told reporters her campaign will stay focused on Arizonans, not Trump's visit. By noon, the volunteers were more than halfway to their goal of assembling 400 snack bags.

"Well today, we're here focused on this issue, taking care of Arizona families and giving back to our communities," Sinema said.

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7.5 - Raw Story: [‘God help us’: Paul Krugman warns Trump just tipped off what he’ll do if Dems take the House — and it’s infuriating](#) (21 October, Tom Boggioni, 1.8M uvm; Washington, DC)

Initially responding to a tweet from President Donald Trump accusing early voters of "voting fraud," before adding "Cheat at your own peril," New York Times columnist Paul Krugman predicted how Trump will react if the GOP loses big in the midterms.

In a short tweet storm, the Nobel Prize-winning economist warned that — along with Trump already beating the drum over what he will inevitably call election fraud — the president will also commit illegal acts to remain in power if the Democrats take the House.

In the first tweet, Krugman wrote, "If Democrats don't at least take the House, God help us. But even if they do, we'll be facing a nightmarish political scene. Republicans will claim that the election was stolen, and deny the majority's legitimacy."

He then noted that Trump appointee, VA Secretary Robert Wilkie, is refusing to turn over documents to Congress with Trump's blessing, adding Wilkie's defiance is a preview of what is to come.

"Democrats will gain subpoena power — but expect the Trump administration to simply defy requests for information, the way they already are on issues like the Mar a Lago crowd's influence on the Veterans Administration," he tweeted, "They'll also probably abuse executive power in many other ways. And they'll use claims of voter fraud to justify their disregard of the law and Constitution. If you don't think this is going to happen, you haven't been paying attention."

He then warned, “In the very near future, many government officials will probably face hard decisions about whether to defy illegal orders from their political superiors. And remember, this is the good scenario.”

You can see the tweets below:

[...]

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7.6 - Stars and Stripes (Los Angeles Times): [A record number of female veterans vie to ride military experience into Congress — as men long have](#) (21 October, Jennifer Haberkorn, 532k uvm; Washington, DC)

A record number of female combat veterans are on the ballot in congressional races this fall, a test of whether women can repeat the success American men have long enjoyed of by turning military experience into political careers.

The nine candidates have the potential to more than double the number of female combat veterans in Congress, the first two of whom were elected only six years ago. And while six of the nine candidates are Democrats, their success or failure could be a trial run for both parties in future elections.

“There has been this long tradition of men leveraging their military service into political service,” said Sen. Tammy Duckworth, D-Ill., who was elected to the House in 2012. “And now you’re seeing women do that. ... They’re doing just what the men have done.”

The increase traces directly back to the military’s decision to open combat roles to women in 1993, when many of the current candidates were just starting their careers. A quarter-century later, those women have retired from the military and see Congress as a logical next step.

“I flew 89 combat missions in the U.S. Marine Corps and my 90th mission is running for Congress,” Amy McGrath, a retired lieutenant colonel who is running in the 6th Congressional District in Kentucky, says in a campaign ad.

The candidates also represent a part of what has become a monumental election cycle with record numbers of Democratic female candidates, many of whom say they were inspired by the 2017 Women’s March and are running to be a check on President Donald Trump.

“A lot of the things I worked so hard for as a member of the military and as a citizen ... I really feel they are in jeopardy,” said Chrissy Houlahan, a Democratic retired Air Force captain who is running in a district outside Philadelphia. She said she’s driven in part by concern for people like her father, who was a refugee to the United States, and her daughter, who is gay.

Elaine Luria, who is hoping to unseat freshman Republican Rep. Scott Taylor in a Virginia Beach, Va., area district, said running for office as a continuation of the commitment she made on her first day at the U.S. Naval Academy — a sentiment many of the candidates have repeated in campaign advertising.

“I can’t sit on the sidelines in our current political climate,” she said.

Each candidate has made her military service a leading part of the biography they've presented to voters, with images of them in uniform on their websites and in television ads. Rep. Martha McSally, R-Ariz., — the only female Republican female veteran on the ballot in a Senate race — has used it to draw a contrast with her Democratic opponent in their contest.

"I put my life on the line for our country, I flew 325 combat hours protecting our freedoms and our way of life," McSally said, one of several military references she made in a debate with Kyrsten Sinema this week.

And they've combined their military service with other issues, such as an ad in which Democrat Gina Ortiz Jones — who is hoping to unseat Rep. Will Hurd, R-Texas — spoke about her mother's cancer while Ortiz Jones was serving in Iraq.

Many of the candidates lean on their military backgrounds to frame why they decided to run.

"I have been pretty much serving the country my entire adult life," said Mikie Sherrill, a retired Navy lieutenant commander running in New Jersey. "To see a lot of the things I had worked so hard for, all the values that I believed in, to come under attack ... I decided it was [time] to run for office."

Three of the candidates are Republicans. McSally's race is neck and neck. Two other Republican candidates face an uphill battle in Democratic-leaning House districts in a year that is unlikely to trend their way: four-time candidate Wendy Rogers, an Air Force pilot seeking to unseat Democratic Rep. Tom O'Halleran in Arizona; and Aja Smith, an Air Force veteran hoping to unseat Democratic Rep. Mark Takano in California.

Six of the veterans are first-time Democratic candidates pursuing House seats — half of them are predicted to win their races or are keeping the polls tight a few weeks ahead of Election Day. The six women are reshaping what has been an area of strength for the Republicans: military service.

Veteran status helps blunt a frequent stereotype that female politicians face on the campaign trail: that they're not tough enough to take on significant responsibility, lead others or confront opponents.

"Female candidates ran into that, but military women have that advantage where we don't get as much question about whether we're as tough as men," Duckworth said. "As a woman running for office, having a military background is a real political advantage and it negates the perception that women are not as strong on defense and military issues."

Several of the candidates have striking similarities in their biographies. Most of them are in their early 40s; three of them — Luria, McGrath and Sherrill — overlapped at the U.S. Naval Academy. Several of them are mothers — a point they made in their campaigns.

Rogers, McGrath, McSally, Sherrill and MJ Hegar, who received a Purple Heart for her service in the Air Force and is now running for a Texas seat, were all military pilots, a coincidence that Duckworth attributes to the fact that helicopter pilot was one of the first combat jobs made available to women.

The six Democratic candidates have formed an alliance. They — and with two former CIA officers who are also running for office for the first time — have the backing of the Serve America PAC, a political action committee organized by Rep. Seth Moulton, D-Mass., with the goal of electing Democratic veterans to Congress.

The nine veterans who made the ballot in November represent a small fraction of the 43 female veterans — 29 Democrats, 11 Republicans — who decided to run for office year, this election cycle according to With Honor, a super PAC that backs veterans of both parties in House races, including all six of the Democratic female veteran candidates. Others lost in primaries or dropped out of their races.

While Democrats strongly embrace the candidates now, in at least one case they have supported other candidates. McGrath criticized the Democratic Congressional Campaign Committee for touting a different Democratic candidate over her before the primary, though the group did not make a formal endorsement.

Historically, most military veteran lawmakers have been Republicans. Duckworth speculates that the increase in Democratic veterans is likely to continue, given that people in the military today have been surrounded by women in combat roles, LGBTQ soldiers and men and women who are paid equally.

“It has made the military more progressive on a lot those values, and at the same time, the older generation, the Vietnam vets, are all retiring,” Duckworth said. “I personally think the military is undergoing a major demographic shift that I think will make it far less conservative.”

Female veterans are still significantly outpaced by the number of male veterans in Congress or pursuing elected office. According to the With Honor PAC, 198 veterans — including incumbents — are running in House races this fall, including 102 Republicans and 65 Democrats. The rest are third-party or write-in candidates.

There are 81 veterans currently in Congress, according to the Brookings Institution. Only four are women: Duckworth, McSally, Sen. Joni Ernst, R-Iowa, and Rep. Tulsi Gabbard, D-Hawaii.

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7.7 - The Spokesman-Review: [Return McMorris Rodgers to the House of Representatives](#) (21 October, 408k uvm; Spokane, WA)

In Congress, experience equals power. Cathy McMorris Rodgers has that experience. She’s been a powerful representative for Eastern Washington and deserves re-election to an eighth term.

The Republican incumbent faces a formidable opponent in Democrat Lisa Brown, who left her job as chancellor of Washington State University Spokane to seek the 5th Congressional District seat. The contest is being closely watched nationally, as it is the district’s most competitive race since McMorris Rodgers first won election in 2004.

That competition is good for Eastern Washington. Voters have a distinct choice between two good candidates with strong records of public service but different philosophies.

Brown has a stellar record of getting things done for the Spokane area. As Senate majority leader, she was instrumental in securing the new medical school at WSU Spokane and, as chancellor, oversaw the creation of that program. Her demonstrated leadership speaks volumes about her potential in Congress.

Yet the 5th District is a geographically and politically diverse region – a mix of urban, semi-urban and rural – and Brown’s progressive politics are less in tune with the overall district than those of McMorris Rodgers.

McMorris Rodgers is unabashedly pro-business and pro-agriculture. The Eastern Washington economy has benefitted from the tax cuts pushed by congressional Republicans and President Donald Trump. Trade is an essential aspect of the regional economy, and McMorris Rodgers lauds Trump for confronting unfair trade practices by China.

McMorris Rodgers embraces the American Dream and sees herself as a product of that. The self-described “farm kid” believes in helping people who are in need but also in creating an environment in which people can prosper and provide for themselves. She supports Medicare and Social Security, despite accusations that she does not.

As far as leadership, McMorris Rodgers is the highest-ranking Republican woman in the U.S. House and the fourth-highest Republican leader. She chairs the House Republican Conference. Regardless of which party controls Congress, it would take years for a newcomer, even as skillful a politician as Brown, to achieve that level of influence.

Her influence counts not only in legislating but in helping constituents deal with federal agencies, an under-appreciated but critical part of a representative’s job.

McMorris Rodgers and her staff continually work with veterans trying to navigate the bureaucracy that is the Department of Veterans Affairs. That ground-level work informs her efforts to improve the VA, making the Spokane VA medical center a teaching hospital and a flagship part of a pilot program for an electronic filing system, an important step to modernizing health care for veterans.

She also secured funding for medical students in Eastern Washington, voted for the Children’s Health Insurance Program and, as an advocate for medical innovation, supported the 21st Century Cures Act.

However, as Republicans pointed out before the Affordable Care Act became law, Obamacare remains deeply flawed despite its good points. It is long past time for Congress to pass bipartisan improvements, many advocated by McMorris Rodgers.

Because of McMorris Rodgers’ political influence, top federal officials come to Eastern Washington to understand our challenges and assets firsthand. Fairchild Air Force Base hosts the Congressional Military Family Summit and VA Secretary Robert Wilkie on Oct. 17.

She believes that the Snake and Columbia river dams continue to benefit the region and she opposes environmental regulations that overreach. That includes her criticism of the federal standard on PCB discharges into waterways – a standard that is now being re-examined but that is 25 times more restrictive than the guideline agreed to by Washington state officials. We, along with many local and statewide businesses and organizations, believe the less-strictive standard is better policy. Meeting EPA’s standard would cost municipal sewer users hundreds of

millions of dollars and could eliminate recycling at Inland Empire Paper, a subsidiary of Cowles Co., which also owns this newspaper.

McMorris Rodgers also is a champion for improved forest management, a Western issue often misunderstood by East Coast politicians.

In these midterm congressional elections, the specter of national politics hangs over the Brown-McMorris Rodgers race. But regardless of which political party gains or loses seats in Congress on Nov. 6, what should matter to voters here is which candidate would best represent Eastern Washington.

That person is Cathy McMorris Rodgers.

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Veterans Affairs Media Summary and News Clips

22 October 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Agent Orange Concerns Joined by Worry Over Modern-Era 'Burn Pits'](#) (21 October, Ben Kesling and Stephanie Armour, 13.3M uvm; New York, NY)

Members of Congress and veterans advocates are mounting a push to get the Department of Veterans Affairs to increase aid to former service members with health problems blamed on toxic exposures, a move the VA secretary has publicly fought since taking over the department.

[Hyperlink to Above](#)

1.2 - The Boston Globe: [Left in cold by VA medical center, homeless veteran finds kindness in strangers](#) (22 October, Brian MacQuarrie, 4M uvm; Dorchester, MA)

At 2 a.m. on a chilly May morning, Norman Franks sat slumped in a chair in a TV lounge at the Department of Veterans Affairs medical center, fighting for snatches of sleep under the glare of ceiling lights, he said. A Navy veteran of the late 1970s, Franks had led a troubled life. His addiction to crack cocaine led to a long series of armed robberies, which led to 15 years in prison. Now, he found himself homeless.

[Hyperlink to Above](#)

1.3 - Kitsap Sun: [Olympic College students feeling the pinch from delayed GI Bill benefit payments](#) (21 October, Julianne Stanford, 111k uvm; Bremerton, WA)

Student veterans across the country have been left in the lurch as the Department of Veterans Affairs works to sift through a backlog of GI Bill payments, including a number of students at Olympic College who are still waiting for their benefits payout a month after the start of the new school year.

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2. [Improving Customer Service](#)

2.1 - Guam Pacific Daily News (Video): [Guam EPA investigates drums in relation to Agent Orange, to clean up site](#) (21 October, Haidee V. Eugenio, 12k uvd; Hagatna, GU)

Guam Environmental Protection Agency on Sunday said it had been investigating, since the summer, abandoned drums found in an area leading to San Carlos Falls in Piti, and the agency is also working on having the site cleaned up.

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3. [Business Transformation](#)

4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Watertown Daily Times: [Green Party's Kahn talks government, farmers, veterans](#) (21 October, Abraham Kenmore, 86k uvm; Watertown, NY)

For veterans, Ms. Kahn thinks there should be more programs with veterans supporting veterans and she supports the Veteran's Choice program, which helps veterans get care locally

if they live far from a Veterans Administration hospital. She is highly critical of the VA, but thinks it still serves an important role.

[Hyperlink to Above](#)

4.2 - The Journal Gazette: [Letters: Care privatization would hurt veterans](#) (22 October, Tom Hayhurst, 57k uvm; Fort Wayne, IN)

Attention all veterans: the VA health care system is under assault by President Donald Trump, and Rep. Jim Banks is part of the problem. The VA has been rated highly in several independent studies. VA health care providers have special knowledge in treating patients with conditions such as PTSD and Agent Orange exposure. Despite this, an effort is under way to shrink the VA hospital system and to force vets to obtain health care from the private sector.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WSVN (FOX-7, Video): [Baby shower held for 50 veteran mothers at Miami VA hospital](#) (21 October, 316k uvm; Miami, FL)

United Way of Miami-Dade held the mother of all baby showers. Fifty veteran mothers were honored at the Miami VA Medical Center, Saturday. The honorees received gift baskets, newborn essentials, onesies, diapers and more. There was also a raffle for some items donated by the Coral Gables Women's Club.

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6.2 - WJBF (ABC-6, Video): [Local Group to Help VA Hospital with Homeless Veterans](#) (21 October, Dawn Wise, 37k uvm; Augusta, GA)

DolphinMentality has been asked to help the VA Hospital with local homeless veterans. The group is a local non-profit and promotes empowerment, spiritual well-being, celebration of life, infinite love and acceptance regardless of sexual preference, religious preference, or social economic class. The VA requested DolphinMentality to help with it's 2018 Stand-Down Event.

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6.3 - Courier Express: [Veterans Resource Fair and Job Expo offers something for everyone](#) (21 October, Joy Norwood, 13k uvm; Du Bois, PA)

The idea of a Veterans Resource Fair and Job Expo began with a request to the Jefferson County Veterans Affairs Office from Gene Young, the veterans rep for CareerLink. "He wanted to do something similar to what Clearfield County" did on Oct. 16, a career fair. "Shortly after that I was approached Rhonda Hessler, from OVR, and she wanted to do a veterans event," Krupa Steele, Jefferson County VA director, said. Both Hessler and Young wanted to do the events in October, so Steele said, "why don't we do this together and make it one big event."

[Hyperlink to Above](#)

6.4 - Long Island Weekly: [Helping Homeless Veterans On Long Island](#) (21 October, Kimberly Dijkstra, 8k uvm; New York, NY)
The U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Veterans Affairs (VA) recently announced the award of \$35 million in rental assistance vouchers to public housing agencies (PHAs) to combat homelessness among veterans.

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7. [Other](#)

7.1 - NPR (All Things Considered, Audio): [Troll Watch: Why Veterans Are Targeted By Spreaders Of Misinformation](#) (21 October, 15.5M uvm; Washington, DC)
NPR's Michel Martin speaks with army veteran Kris Goldsmith about his efforts to eliminate Facebook pages that spread disinformation and target veterans.

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7.2 - The Wall Street Journal: [A Billionaire Pledges to Fight High Drug Prices, and the Industry Is Rattled](#) (21 October, Peter Loftus, 13.3M uvm; New York, NY)
Last year the U.S. Department of Veterans Affairs' pharmacy-benefit program began incorporating ICER's reports into its price negotiations with the industry. Some insurers are using the data in their contracts, and CVS Corp.'s pharmacy-benefit management division said in August it would give its clients—health insurers and employers—the option not to pay for certain drugs if their prices exceed ICER's cost-effectiveness threshold.

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7.3 - The Daily Caller: [Democratic Governor Candidate Blacklisted By Veterans Affairs After Evidence He Sold His Disabled-Vet Status](#) (21 October, Luke Rosiak, 3.9M uvm; Washington, DC)
A company owned and run by South Carolina's Democratic candidate for governor was blacklisted as a contractor for the Department of Veterans Affairs following allegations that he was selling his veteran status to corporations so they could tap into federal contracting dollars intended to help disabled vets.

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7.4 - The Arizona Republic (Video): [Kyrsten Sinema says food bank event not about politics while showcasing veteran support](#) (19 October, Pamela Ren Larson, 3.5M uvm; Phoenix, AZ)
Rep. Kyrsten Sinema spent Friday morning packaging food at a north Phoenix food bank, joined by about 10 military veterans. The Democratic congresswoman and candidate for U.S. Senate, insisted the event wasn't about politics.

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7.5 - Raw Story: [‘God help us’: Paul Krugman warns Trump just tipped off what he’ll do if Dems take the House — and it’s infuriating](#) (21 October, Tom Boggioni, 1.8M uvm; Washington, DC)

Initially responding to a tweet from President Donald Trump accusing early voters of “voting fraud,” before adding “Cheat at your own peril,” New York Times columnist Paul Krugman predicted how Trump will react if the GOP loses big in the midterms.

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7.6 - Stars and Stripes (Los Angeles Times): [A record number of female veterans vie to ride military experience into Congress — as men long have](#) (21 October, Jennifer Haberkorn, 532k uvm; Washington, DC)

A record number of female combat veterans are on the ballot in congressional races this fall, a test of whether women can repeat the success American men have long enjoyed of by turning military experience into political careers.

[Hyperlink to Above](#)

7.7 - The Spokesman-Review: [Return McMorris Rodgers to the House of Representatives](#) (21 October, 408k uvm; Spokane, WA)

McMorris Rodgers and her staff continually work with veterans trying to navigate the bureaucracy that is the Department of Veterans Affairs. That ground-level work informs her efforts to improve the VA, making the Spokane VA medical center a teaching hospital and a flagship part of a pilot program for an electronic filing system, an important step to modernizing health care for veterans.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Agent Orange Concerns Joined by Worry Over Modern-Era 'Burn Pits'](#) (21 October, Ben Kesling and Stephanie Armour, 13.3M uvm; New York, NY)

WASHINGTON — Members of Congress and veterans advocates are mounting a push to get the Department of Veterans Affairs to increase aid to former service members with health problems blamed on toxic exposures, a move the VA secretary has publicly fought since taking over the department.

Secretary Robert Wilkie opposes legislative proposals to expand benefits to thousands of Vietnam War veterans who served at sea and claim exposure to Agent Orange, a toxic defoliant. The VA also opposes new benefits for Iraq and Afghanistan troops exposed to burn pits until the issue can be studied in depth.

The House of Representatives unanimously passed legislation in June to provide Vietnam veterans with benefits, and senators said they would push Mr. Wilkie to revise his position. Fueling the push, 45 members of the House last week sent an open letter to the Senate VA committee urging it to pass legislation on the matter.

The congressional action on the Vietnam veterans' benefits is the first major policy challenge to Mr. Wilkie, who took over the VA in July after being nominated by President Trump in May.

Many Vietnam veterans already are eligible for benefits related to disease assumed to be linked to Agent Orange exposure. But these benefits don't extend to many veterans who served on ships off the Vietnam coastline; they are among those now claiming a right to the assistance.

The outcome of the standoff will decide whether about 90,000 of the Vietnam-era veterans will receive new benefits, according to some estimates.

More than 150,000 modern-era vets also could be affected. They have added their names to a congressionally mandated burn-pit registry.

The Congressional Budget Office estimates benefits for the Vietnam-era veterans could cost some \$900 million over the next decade. There is no comprehensive estimate of what coverage for more recent burn-pit exposure could cost.

At his first congressional hearing since his confirmation, Mr. Wilkie was urged by senators from both parties to act on the issue. In an opening statement at that September hearing, Mr. Wilkie omitted a section of his prepared remarks outlining his position on benefits for so-called Blue Water Navy, which is how policy makers refer to aid to the Vietnam-era vets.

Mr. Wilkie left the section out of his oral statement because of time concerns, said VA spokesman Curt Cashour, who said written testimony that included the Blue Water section was submitted for the record.

The House measure on Agent Orange exposure includes a provision that increases fees on VA home loans to pay for coverage, one reason Mr. Wilkie says he opposes it.

“The secretary looks forward to working with Congress on Blue Water Navy, but the current House bill is based on insufficient science and contains a funding source that levies home loan fees on active duty service members and disabled Veterans,” said VA spokesman James Hutton in a statement.

Many in Congress advocate fast-tracking the Vietnam veterans’ bill in part because scientific data on their exposure can no longer be gathered because the alleged exposure occurred decades ago, and contemporary records largely don’t exist.

But because burn pits are a more recent issue, scientific study of the matter is still possible. Existing policy allows veterans from either era to make claims on a case-by-case basis.

The VA has received 76,378 Blue Water Navy claims, of which 39,447, or 52%, of those cases have been granted benefits, according to Mr. Cashour.

Mr. Wilkie implied he would follow the congressional lead on the matter when asked about the Agent Orange veterans at his confirmation hearing in June.

“The House has spoken and it’s my understanding that the issue will be taken up by the Senate and I stand ready to answer any questions or go down any avenue this committee wants in terms of how we address Blue Water,” Mr. Wilkie said in the June hearing.

The VA is contracting with the National Academy of Medicine to provide a comprehensive study of burn pit effects. The study is expected to be issued in 2020, said Mr. Hutton.

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1.2 - The Boston Globe: [Left in cold by VA medical center, homeless veteran finds kindness in strangers](#) (22 October, Brian MacQuarrie, 4M uvm; Dorchester, MA)

BEDFORD — At 2 a.m. on a chilly May morning, Norman Franks sat slumped in a chair in a TV lounge at the Department of Veterans Affairs medical center, fighting for snatches of sleep under the glare of ceiling lights, he said.

A Navy veteran of the late 1970s, Franks had led a troubled life. His addiction to crack cocaine led to a long series of armed robberies, which led to 15 years in prison. Now, he found himself homeless.

Franks wanted a clean start, but first he needed a place to live. With no good options, he made his way to the Bedford veterans complex, an outpost of a sprawling federal agency that takes its motto from Abraham Lincoln’s promise “to care for him who shall have borne the battle.”

They had to take him in, Franks thought.

Instead, he spent the night in the woods, shivering under a tarp. He stayed there for four of the next five nights, then spent the next four months in a cramped tent in a campsite on the grounds of Hanscom Air Force Base.

As the weeks passed, Franks fell deeper into despair. But slowly, unexpectedly, he was reclaiming some of his life, thanks to a devoted group of strangers — members of an American Legion post, volunteers from a Catholic parish, even from a congressman's staff — who felt obliged to aid a veteran in need.

"We had to help this man," said Catherine Giorato, an auxiliary member at American Legion Post 221 in Bedford. "If we turn away a veteran at the American Legion, we should be ashamed of ourselves."

Franks, 58, is angry at how the VA handled his case, arguing that he never should have been turned away that May night when the temperature fell into the 40s, or to have lived at a campground for so long.

When he arrived at the hospital that May evening, Franks said, he was told by a VA social worker that he might be able to sleep undisturbed in the TV lounge. But in the middle of the night, Franks said, he was awoken by a rap on the chair and ordered to leave.

"I don't have any place to go," he mumbled.

"I don't give a [expletive]. You're out," the VA security officer answered, according to Franks.

Wearing only a T-shirt and shorts, Franks stumbled into the night and dropped to the ground at the half-hidden edge of the VA property, resting against a tree and wrapped in the tarp he had taken from a small VA dump truck.

VA officials said they have no record of an encounter that night between Franks and VA security officers. Under the Bedford VA's policy, any veteran who turns up homeless can be sheltered in the urgent-care area if no other beds are available, agency officials said.

Franks did contact the VA by phone three days later and discuss housing options, officials added. The next day, Franks declined an offer to be placed in a Haverhill facility affiliated with the VA, according to Ken Link, chief of social work services at the Bedford VA.

"Mr. Franks was offered multiple shelter options, but he did not care for the shelter options we were offering him," Link said.

Those options included transportation to the New England Center and Home for Veterans in Boston and other facilities closer to Bedford. But Franks said he declined because posttraumatic stress from his years in the Navy and prison have made living in close quarters nearly impossible.

As it turned out, Franks was not on his own. Help came from the American Legion, where Franks's first, desperate call in the following days was answered by Giorato, a Massachusetts Institute of Technology locksmith who tends bar at the post.

"He explained he had no place to stay, and he asked if we could do anything," Giorato said. "So, I spoke with everybody at the bar. People started taking \$20 bills out of their wallets, and we probably raised \$200" for a night's stay in a hotel across the street.

A few days later, Franks called again.

"It was pouring rain. It was terrible. He had no food," Giorato said. "I picked him up and took him to Stop & Shop, where we bought about \$120 of food. I kept saying, 'Get this, get this, get this.' He was very proud and very embarrassed and kept saying, 'That's too much money.' "

The post also pitched in with blankets and other basic comforts.

"I found him very sincere, a nice man, and down on his luck," Giorato said. "He couldn't have been more apologetic."

Franks said he soon was directed to the Hanscom campsite and helped by a local chapter of the St. Vincent de Paul Society, a Catholic organization that assists people in need. Its members took him shopping for camping equipment, bought him gift cards for groceries, and paid the \$18 daily fee charged by FamCamp, the Air Force campsite, Franks said.

Through it all, Franks said, he regularly called VA officials and caseworkers. In the summer, he was approved for placement at Bedford Green, a VA-linked development of 69 furnished apartments for older veterans who are homeless or at imminent risk of becoming so.

But that approval was suspended after the VA determined Franks had behavioral issues that might affect other residents at the complex, Link said.

"He was not ready, and there was concern it would not be conducive to the overall health of the environment," according to the social work chief.

Franks said he became increasingly distraught.

"I was thinking about going back to my old ways, robbing somebody," Franks said. "But I couldn't do it. People were taking care of me. They were stepping up. They've been unbelievable."

Yet with cold weather only a few months away, Franks wondered anew where he would live. Help arrived once more, this time from the office of US Representative Seth Moulton of Salem, a Marine Corps veteran whose staff made calls on his behalf, Franks said.

Finally, Franks found a federally subsidized apartment on his own in Acton, where he moved Sept. 26. The VA provided a tenant voucher for the new apartment, helped with the application, and referred him to movers.

"We really do want to help homeless veterans, and we want homeless veterans to feel encouraged to come here," Link said.

When Franks moved to his new apartment, following a stop at a furniture bank that helps the poor and homeless, the two-bedroom unit felt like a palace. Giorato, the post auxiliary member who answered his plea, said she is thrilled.

"I hope we continue to keep in touch," Giorato said. "I still want to help him with whatever he needs — dishes, glasses. Between all of us girls, we have extra things in our basements."

For his part, Franks said he hopes to be licensed soon to operate heavy equipment in Massachusetts. He has been trained for the job, he said, and wants to move ahead and leave his past behind.

"I did my time. I'm not going back. I'm focused on going forward," Franks said.

He also does not want to be homeless again.

"If I can help just one other vet from being in this position, then this has been worth it," Franks said. "No one should be living in the woods for four months."

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1.3 - Kitsap Sun: [Olympic College students feeling the pinch from delayed GI Bill benefit payments](#) (21 October, Julianne Stanford, 111k uvm; Bremerton, WA)

Student veterans across the country have been left in the lurch as the Department of Veterans Affairs works to sift through a backlog of GI Bill payments, including a number of students at Olympic College who are still waiting for their benefits payout a month after the start of the new school year.

Sean Delaire, a full-time student studying organizational leadership, has been waiting weeks for his stipend to process, although classes started on Sept. 17.

For the most part, he's been able to stay afloat while he waits for his benefits to arrive.

"Luckily, I have money to pay my rent, but I still have other bills that are going to come calling soon," he said. "I haven't been able to buy my books, so now I'm struggling to do my assignments. Some teachers are receptive to it, and some teachers are like 'Well, figure it out, man.'"

The GI Bill provides student veterans with tuition coverage, as well as a monthly housing stipend and a yearly stipend for books and supplies.

Delaire, a Bremerton native, served in the Marine Corps from 2007 to 2011. He's also the co-founder of Left Right Straight, a Bremerton-based nonprofit that seeks to foster a sense of community for veterans through outdoor activities.

The financial hardship caused by the delayed payments has started to take a mental toll on veterans who are worried about making ends meet, Delaire said.

"It affects their mood, their disposition because they're worried about having a roof over their head," he said. "It's just setting people up to fail and they shouldn't have to worry about that as veterans. They're going to school to further their education, to contribute the community and they shouldn't have to worry if they're going to get paid by the GI Bill."

The VA has been working to process an unusually high number of pending claims this fall as a result of the slow rollout of policy changes made to the GI Bill under the Harry W. Colmery Veterans Educational Assistance Act of 2017, known as the Forever GI Bill.

The VA currently has to process some 140,000 claims for students across the country, which is almost 50 percent higher than the amount it processed at this time last year, according to an email from Veterans Affairs.

Although the delays have been caused by a number of factors, the VA has run into a few roadblocks in implementing a change to how monthly housing stipends are calculated, which has had a direct impact on getting checks out on time.

Under the new law, students are now supposed to be paid the Basic Allowance for Housing rates for the area where they physically attend classes, such as at a satellite campus in a different town, rather than based off the location of their school's main campus.

Although that change was supposed to go into effect on Aug. 1, that deadline passed without implementation of the new policy after the VA experienced problems updating its computer systems. As a result, many of the students who have received their benefits this fall have been paid out at their old housing stipend rates.

As of Oct. 19, the VA estimates first-time applicants are currently experiencing an average wait time of 33 days to receive their stipends, and those re-enrolling in their benefits are having to wait about 24 days for their claims to be processed.

"We've seen delays before, but not to this extent," said Casey Reed, director of Military and Veteran Programs at Olympic College. "This quarter, the impact is larger than we've seen before."

To get through the backlog, VA employees are working mandatory overtime with the help of 200 additional employees to process the claims. On average, they're able to process some 16,000 claims a day with the extra hours and workforce, according to an email from Veterans Affairs.

Despite recent gains in getting through stacks of claims, the VA anticipates having to work through a higher volume of pending payments for the rest of the year. Under normal circumstances, the VA aims to process re-applications for benefits in 14 days and new claims in 28 days.

A real impact to students

In the past, Reed said it was common for payment to a student's bank account to be delayed about a week after the start of school. But a month into the fall quarter this year, there are still a number of students waiting to receive their stipends.

Out of 920 veterans studying at Olympic College, about 650 are using benefits from the GI Bill to attend classes. About 25 of those students have not yet received their monthly housing allowance or their monthly tuition stipend, said OC spokesman Shawn Devine.

"The financial impact on these students is real," Reed said. "Some are in jeopardy of losing their home or their rental. Some have had to decide whether to buy books or get groceries for the week. They're worried about making their childcare payments."

Olympic College has worked with each of the impacted students to make sure they stay enrolled in classes and get the resources they need to stay afloat in the interim until their payments post, Reed said.

In some cases, that meant processing pending financial aid awards a bit ahead of schedule, helping students borrow needed textbooks from the lending library or donating a bus pass.

Veteran Daniel Jose, owner of the Cascadia Strength and Conditioning gym in downtown Bremerton, is currently working on finishing up some prerequisite coursework for Olympic College's physical therapy assistant program. He served in the Air Force from 2004 to 2014.

He had to wait three weeks before he finally received his benefits, which affected his ability to get through his classwork since he wasn't able to purchase needed course materials.

"I didn't have the book for two weeks of the class, and it definitely impacted my studies," he said. "I didn't have the materials I needed. I know my study style, and I need to have something in front of me."

When the money didn't show up for a few weeks, he felt the pinch outside of the classroom as well.

"I built the benefits I was going to get in my budget," Jose said. "I own a brick-and-mortar small business, and my margins aren't very big, so I have to budget almost everything."

Jose estimates he had to pay about \$60 worth of late payment fees for bills he had to push down the road as he waited for the deposit to show up in his bank account for "small stuff that added up."

For some of the larger bills coming due, he said he found many local businesses were flexible and understanding.

"I was super upfront about it. I wasn't coy or beating around the bush. I'm willing to pay the late fee, that's on me," he said. "They were more than willing to work with me."

For others who don't have a safety net, Delaire said there's a number of resources in the community available to help student veterans get along until they receive their payments.

The VA said students experiencing a "genuine hardship" from the delays can call their customer service number at 888-442-4551 for assistance.

Kitsap Community Resources runs a veteran assistance program under contract with the Kitsap County Veterans Program to provide veterans in need with emergency financial assistance for things like rent, utilities, food and transportation costs.

The federal Department of Veterans Affairs and the Washington State Department of Veterans Affairs also have programs to provide financial assistance to veterans who might be in imminent danger of being evicted.

For those in the community who might be waiting for payment from someone waiting for their benefits to arrive, Delaire asked for a bit of patience and understanding while things get sorted out.

"Know it's not their fault," he said. "If you're waiting for payment from a veteran, it really isn't the veteran's fault they're not paying you, because they're relying on the GI Bill to fulfill its end of the agreement, and it's not."

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2. Improving Customer Service

2.1 - Guam Pacific Daily News (Video): [Guam EPA investigates drums in relation to Agent Orange, to clean up site](#) (21 October, Haidee V. Eugenio, 12k uvd; Hagatna, GU)

Guam Environmental Protection Agency on Sunday said it had been investigating, since the summer, abandoned drums found in an area leading to San Carlos Falls in Piti, and the agency is also working on having the site cleaned up.

A group called Agent Survivors of Guam asked Guam EPA Administrator Walter Leon Guerrero this weekend to have his agency thoroughly investigate whether the abandoned barrels are linked to the use of Agent Orange on the island.

Brian Moyer, organizer for the group, sent Leon Guerrero an investigation request letter with an attached contributed photo of some of the abandoned barrels in what appears to be an old Quonset-style shed or bunker.

"We are all aware of the issues revolving around Agent Orange being used on Guam and lack of transparency on the military's part," Moyer wrote. "We are hoping that you and your agency will be able to conduct a thorough investigation complete with testing of those barrels and soil for possible 2,4-D/ 2,4,5-T/ 2,4,5-TP (Silvex) and 2,3,7,8-TCDD dioxin from the leaking barrels that have been photographed but a private citizen of Guam."

Investigation started around summer

Nic Rupley, acting deputy administrator for Guam EPA, on Sunday said the agency started investigating the site around the summer when Vice Speaker Therese Terlaje reached out with photos of the drums and their approximate location.

"We are in the process of identifying the property owner and we are trying to secure funding for the removal of these drums and the other solid waste in the photo," Rupley said.

It is unlikely that these drums are related to Agent Orange, he said, but the agency continues its investigation. Guam EPA is working on getting these drums removed as well, Rupley said.

Group recently lost another veteran

Moyer, in his letter to the Guam EPA administrator, said the group recently lost another veteran, M/Sgt. Leroy G. Foster, who was approved by the Veterans Administration for direct Agent Orange exposure on Guam while serving on Andersen Andersen Air Force Base for 10 years in the 60's and 70's.

Foster had said he routinely sprayed Agent Orange on Guam.

"I hope you can understand and appreciate the overt concerns of all whether they be Chamorro or veterans who served on Guam," Moyer told Guam EPA's Leon Guerrero.

An Oct. 20 obituary on the website of Post-Journal confirms Foster's death.

"Leroy G. 'Roy' Foster, 69, of Lakeland, Fla., and Westfield, N.Y., passed away Thursday, Oct. 18, 2018, in his home in Westfield. He was a retired U.S. Air Force veteran. Arrangements will be announced by the Lind Funeral Home," the obituary reads.

A Florida congressman in 2017 introduced a bill named after Foster. The bill seeks to allow Vietnam War veterans who served on Guam and other areas easier access to federal benefits for Agent Orange exposure, but the bill has yet to pass.

Rep. Dennis Ross, R-Florida, called the bill, "Fighting for Orange-Stricken Territories in Eastern Regions (FOSTER) Act."

'Great debt of gratitude'

Terlaje, now the acting speaker of the Guam Legislature, on Saturday morning issued a statement, citing Foster's "relentless fight to expose the truth of Agent Orange use on Guam and obtain justice for his fellow veterans and the people of Guam."

"Master Sgt. Foster served at Andersen Air Force base in Guam during the Vietnam War, where he says he sprayed tens of thousands of gallons of Agent Orange in and around the base and along the fuel lines that run through the island from the Navy's Sasa Valley Fuel Farm to Anderson Air Force Base," Terlaje said.

The senator said Foster was later diagnosed with five different cancers and 28 autoimmune diseases that he attributes to his exposure to Agent Orange while stationed on Guam.

"We owe him a great debt of gratitude for his courage to speak the truth and pave the way to achieving justice for our veterans and our people. I send my deepest condolences to the Foster family during this very difficult time," Terlaje, chairwoman of the Committee on Culture and Justice, wrote.

DOD denies using Agent Orange

The Department of Defense denies Agent Orange was ever used outside of Vietnam and Thailand during the Vietnam War, despite the influx of veterans coming forth with claims of exposure outside of these areas, including Guam, according to the Agent Orange Survivors of Guam.

Agent Orange was used by the U.S. military as part of its herbicidal warfare program, Operation Ranch Hand, during the Vietnam War from 1961 to 1971. Traces of dioxin found in the mixture have caused major health problems for many exposed to it.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Watertown Daily Times: [Green Party's Kahn talks government, farmers, veterans](#) (21 October, Abraham Kenmore, 86k uvm; Watertown, NY)

WATERTOWN — Green Party candidate Lynn S. Kahn moves easily from the technocratic — streamlining inefficient government job training programs — to the idealistic — changing from hydrocarbons to hydrogen fuel — in her platforms.

During her conversation with the Times editorial board on Friday, she covered the whole spectrum in her third-party bid to represent the 21st Congressional District.

“I’m running because I’m hearing a lot of pain, I understand the waste and dysfunction of government, I have 32 years of building partnerships that deliver results to complicated problems,” Ms. Kahn said. “I think the two-party system is broken and the Republicans and Democrats can’t get past hating each other enough to solve real problems, and we’ve run out of time.”

Ms. Kahn spent those years in government as an organizational psychologist, much of it with the Federal Aviation Administration trying to smooth out system reforms.

“One thing I really started to understand is how much money we spend on waste,” she said.

She points to duplicative programs, unnecessary research, and excessive spending on military contracting.

“It’s at least a trillion dollars of waste,” she said.

The total expenditure of the federal government this year will be around \$4 trillion.

Ms. Kahn’s solution — form a Congressional caucus for a “war on waste” and make programs prove they are delivering results. If not, reassign the employees working on them to other areas where they are needed more.

“I want to cut programs, not people,” Ms. Kahn said.

Ms. Kahn has been particularly focused on the issues of farmers and veterans.

“The dairy farmers are having a huge problem,” Ms. Kahn said. “The federal government hasn’t set a floor price at the cost of production.”

Ms. Kahn said the federal government should set the floor at \$20 per hundredweight, close to the cost of production. Prices have been low, sometimes dipping below the cost of production, for the past several years.

Ms. Kahn supports year-round immigration visas, but does not think the labor shortage is much of an issue.

“Most of the (dairy farmers) I’ve talked to are keeping it in the family,” she said.

For veterans, Ms. Kahn thinks there should be more programs with veterans supporting veterans and she supports the Veteran’s Choice program, which helps veterans get care locally if they live far from a Veterans Administration hospital.

She is highly critical of the VA, but thinks it still serves an important role.

"The veterans I've talked to do not want to privatize the VA," she said. She is also concerned about infrastructure issues, especially water systems and broadband.

Ms. Kahn worries especially about perfluorooctane sulfonate and perfluorooctanoic acid, both chemicals used in firefighting foam that are considered highly toxic.

"It's seeping into the water systems, it's causing all kinds of issues," she said.

As the Green Party candidate, Ms. Kahn is also concerned with environmental issues, particularly climate change.

"I believe we have run out of time on climate change," she said.

Ms. Kahn said warmer weather could change all kinds of things in the 21st Congressional District, from extending the growing season to allowing ticks to spread Lyme disease further north.

"What we have to look at is the production of hydrogen fuel," she said.

Ms. Kahn imagines a corridor of hydrogen fuel along the St. Lawrence Seaway, using the cheap hydroelectric power to split off hydrogen from oxygen atoms in water.

"You can turn it into liquid, you can turn it into compressed air," she said — it might even be able to be distributed using the same pipe infrastructure as natural gas.

And when hydrogen is burned, it oxidizes to water

"There's a huge number of developed nations that are moving to hydrogen," Ms. Kahn said.

Especially in places like Massena, she thinks there is huge opportunity. Asked about the potential conflict in electrical use between the Alcoa-Arconic aluminum plant and hydrogen plants, Ms. Kahn said, incorrectly, that the plant would be closing next year.

But she also thinks an all-of-the-above approach to renewable energy is necessary when it comes to climate change. She is skeptical of claims that wind turbines would interfere with Fort Drum's radar after talking to people she knew from working in the FAA, although she acknowledges it could be an issue.

"The people I talk to say it's more of a political issue than a technical issue," she said.

Ms. Kahn thinks subsidies for renewable energy make sense.

"The subsidies for wind and solar are visible, the subsidies from gas and oil are less visible," she said. "There's far more grants and subsidies for oil, gas and coal."

Regardless of the issue, Ms. Kahn returned to her experience in the federal government. She also ran as an independent candidate for president in 2016, and said she still has advisers from that.

"I get how it works," she said. "I'm good to go on day one."

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4.2 - The Journal Gazette: [Letters: Care privatization would hurt veterans](#) (22 October, Tom Hayhurst, 57k uvm; Fort Wayne, IN)

Attention all veterans: the VA health care system is under assault by President Donald Trump, and Rep. Jim Banks is part of the problem.

The VA has been rated highly in several independent studies. VA health care providers have special knowledge in treating patients with conditions such as PTSD and Agent Orange exposure. Despite this, an effort is under way to shrink the VA hospital system and to force vets to obtain health care from the private sector. Last year, Trump fired VA Secretary David Shulkin because Shulkin was actively opposing VA privatization. Banks supported this decision.

I served in the U.S. Air Force. A few years ago, I joined the successful effort to save Fort Wayne's VA hospital. Fellow veterans: Tell Banks to support our VA hospital and to end his and Trump's efforts to "privatize" the VA.

Tom Hayhurst

Fort Wayne

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WSVN (FOX-7, Video): [Baby shower held for 50 veteran mothers at Miami VA hospital](#) (21 October, 316k uvm; Miami, FL)

United Way of Miami-Dade held the mother of all baby showers.

Fifty veteran mothers were honored at the Miami VA Medical Center, Saturday.

The honorees received gift baskets, newborn essentials, onesies, diapers and more. There was also a raffle for some items donated by the Coral Gables Women's Club.

The veteran mothers were also provided with information about services available for them and their babies.

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6.2 - WJBF (ABC-6, Video): [Local Group to Help VA Hospital with Homeless Veterans](#) (21 October, Dawn Wise, 37k uvm; Augusta, GA)

DolphinMentality has been asked to help the VA Hospital with local homeless veterans.

The group is a local non-profit and promotes empowerment, spiritual well-being, celebration of life, infinite love and acceptance regardless of sexual preference, religious preference, or social economic class.

The VA requested DolphinMentality to help with it's 2018 Stand-Down Event.

Stand Downs are typically one to three day events providing supplies and services to homeless Veterans, such as food, shelter, clothing, health screenings and VA Social Security benefits counseling.

Veterans can also receive referrals to other assistance such as health care, housing solutions, employment, substance use treatment and mental health counseling.

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6.3 - Courier Express: [Veterans Resource Fair and Job Expo offers something for everyone](#) (21 October, Joy Norwood, 13k uvm; Du Bois, PA)

BROOKVILLE — The idea of a Veterans Resource Fair and Job Expo began with a request to the Jefferson County Veterans Affairs Office from Gene Young, the veterans rep for CareerLink. “He wanted to do something similar to what Clearfield County” did on Oct. 16, a career fair. “Shortly after that I was approached Rhonda Hessler, from OVR, and she wanted to do a veterans event,” Krupa Steele, Jefferson County VA director, said. Both Hessler and Young wanted to do the events in October, so Steele said, “why don’t we do this together and make it one big event.”

Both Young and Hessler were for it. “I talked to my commissioners and they were on board with it. All three of the commissioners (Jack Matson, Jeff Pisarcik and Herb Bullers) are very supportive of veterans,” Steele said. So the planning began, just about a month ago.

“I pulled as many veterans resources as possible, including kind of phone a friend,” Steele says with a laugh. She had served with a master sergeant (Martin Duarte) in the Marine Corp” and he is now the program director of Wounded Warriors Family Support. “It was a lot of networking. I kept having one of my master sergeants telling me ‘You need to get ahold of Master Sgt. Duarte because he works with vets too.’ So I called him up and told him what we were doing and he said, ‘Sure’ and he’s coming from Texas.”

And the networking continued. Steele says they got ahold of Altoona and someone from Pittsburgh from the Veterans Benefits Administration contacted Steele and he wanted to come to the event. “He literally called me yesterday (Wednesday) midday and said ‘Hey, can I come to your event?’” Steele’s response: “Sure, the more the merrier.”

“He told me what he does so it will be great to have someone from the VA, someone who does eligibilities for health benefits. A lot of people have questions about that and we’re just trying to

connect them all with these resources, including surviving spouses. There are benefits out there and I see it a lot here in this office in particular where I have family members coming in because they heard at the nursing homes in Jefferson County that they might be eligible for it. And they come in and they're like 'I wish mom or dad would have know about this long ago. We've been self paid for years and it's just draining them.' So there are things that are there for widows that they maybe wouldn't know about," Steele says. "I welcomed them to come in because we see it way too often – not just with widows but with veterans or dependents. They just don't know what's out there or if there is a benefit they qualify for."

So Steele began gathering as many resources as she could think of including organizations. "That's a big thing. You've got your county benefits; you've got state benefits. Obviously you have federal benefits, which is what most people think about. I and my assistant Taylor are able to help with county benefits. We're able to help you with state benefits. And we pulled in people for the federal benefits and then the other organizations that are coming."

The Wounded Warriors Family Support provides support for families of those who have been wounded, injured or killed in combat situations.

She noted that the Jefferson County Area Agency on Aging definitely has a veteran friendly aspect to it and Community Action is a really great resource for veterans and families who are possibly facing homeless or are at risk. "They have really great programs," Steele says.

We have the Blind and Visual Bureau is coming. Brants Driving School will enable those attending to see what a modified vehicle looks like. "If you're a person with a disability it doesn't hurt to come and ask and see what types of adaptations are there for you," Steele says.

Several schools will be represented as well, offering higher education as well as trade skills.

Hessler contacted all the schools and all three – Steele, Hessler and Young – have all worked on setting up resources for the event. So far they have 39 confirmed employers coming to the job fair.

"If you're looking for a job bring your ID, bring your resume, dress appropriately," she said. Even if you're looking for a volunteer opportunity, or you want to help out a vet, Steele says come to the event to talk to her, adding that Community Action offers a lot of volunteer opportunities. "There is going to be something for everyone."

"If you're wondering about benefits, even if you think you don't qualify or have been told in the past that you don't," Steele says come and find out from the source itself. "The VA is always, always changing. You don't know they may have open something up or made changes to guidelines." She added that the event is also good for those who may be in the service now and transitioning out to come and see what services are available.

Steele says it's just going to be a warm and inviting atmosphere.

Resource Vendors

- Jefferson County Area Agency on Aging
- Veterans Benefits Administration Public Contact Representative from VA
- Vet Center DuBois (provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to

civilian life/ family members of all veterans of eligible war period are also eligible for Vet Center services as well/also provides MST counseling for all eras)

- Suicide Prevention Altoona Veterans Affairs Medical Center

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6.4 - Long Island Weekly: [Helping Homeless Veterans On Long Island](#) (21 October, Kimberly Dijkstra, 8k uvm; New York, NY)

The U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Veterans Affairs (VA) recently announced the award of \$35 million in rental assistance vouchers to public housing agencies (PHAs) to combat homelessness among veterans.

These rental assistance vouchers, awarded through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, will allow 212 PHAs across the country to provide permanent supportive housing for more than 4,000 homeless veterans. Locally, the New York State Housing Trust Fund Corporation received \$244,946 to support 25 rental assistance vouchers through this voucher allocation, bringing the total number of HUD-VASH vouchers in Nassau and Suffolk Counties to more than 500.

The HUD-VASH program combines rental assistance vouchers from HUD with case management and clinical services provided by VA. Since 2008, more than 93,000 vouchers have been awarded and approximately 150,000 homeless veterans have been served through the HUD-VASH program. The vouchers have contributed to the 46 percent decline in homelessness among veterans nationally since the Federal Strategic Plan to Prevent and End Homelessness was launched in 2010.

“We are fortunate in our strong relationships with HUD, Long Island elected officials, and all of the other organizations dedicated to addressing the issue of veteran homelessness,” said Dr. Cathy Cruise, the interim director of the Northport VA Medical Center. “We are proudly working together to fulfill our nation’s promise to our veterans.”

In the HUD-VASH program, VA medical centers (VAMCs) assess veterans experiencing homelessness before referring them to local housing agencies for these vouchers. Decisions are based on a variety of factors, most importantly the duration of homelessness and the need for long-term, intensive support in obtaining and maintaining permanent housing.

Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico and the Virgin Islands.

Visit www.va.gov/homeless/hud-vash.asp to learn more about the HUD-VASH program.

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7. Other

7.1 - NPR (All Things Considered, Audio): [Troll Watch: Why Veterans Are Targeted By Spreaders Of Misinformation](#) (21 October, 15.5M uvm; Washington, DC)

NPR's Michel Martin speaks with army veteran Kris Goldsmith about his efforts to eliminate Facebook pages that spread disinformation and target veterans.

Transcript:

MICHEL MARTIN, HOST:

And now another story in our Troll Watch series.

(SOUNDBITE OF MUSIC)

MARTIN: In this program, we've been trying to keep track of the ways that Internet trolls, especially those directed by foreign governments, have been trying to influence American voters by pushing fake stories or hyping up stories with a partisan or mean-spirited edge. Now we've heard about an Army veteran who's trying to eliminate disinformation on Facebook that targets service members and veterans. He's flagged about 100 Facebook pages that have millions of followers, and he's with us now.

Kris Goldsmith is the assistant director for policy and government affairs at Vietnam Veterans of America, and he's also founder and president of High Ground Veterans Advocacy, and he's with us from NPR's bureau in New York.

Kris Goldsmith, thanks so much for talking to us.

KRIS GOLDSMITH: Hey. Thanks for having me.

MARTIN: So let me - I'm going to ask you to walk me through this. Now, this started because you were trying to understand how well your legitimate Facebook pages were doing. And then you realized that somebody had - what? - stolen your logo and was pushing content with it and had more followers than you? Tell me about that.

GOLDSMITH: Correct. Yes. So I was just helping my communications team manage our social media pages, and I typed in Vietnam Veterans of America. And, one day, I noticed that there was another page that came up before ours, and it had an even larger following. So I investigated the page, found out that they had been using our logo, pretending to be us. But they were sending everyone to a European website - vvets.eu. But that was the first red flag, where it's - you know, these people aren't just trying to sell T-shirts or something. They're creating an entire environment to support the fake Facebook pages.

MARTIN: Yeah. Tell me about that. What kinds of things were they using their page to say?

GOLDSMITH: So most of the stuff that this particular group of trolls was pushing - we eventually located them in Bulgaria. One particular incident was there was a legitimate news story in rural Massachusetts. There was a Vietnam veterans monument that had been defaced. Some kid took some berries and rubbed it on it. But what they did was they took that local news story and

looped the 58-second video for four hours as a Facebook Live video. And, over that, they put a phrase that said, do you think the criminals must suffer and encouraged people to respond.

Now, it was based in truth, but it was made to look more urgent, and it looked like it was happening live. This wasn't just, you know, one person in Bulgaria, you know, trying to build a following. This was a conspiracy. What I'm basically doing is leaving a trail of breadcrumbs so that Facebook's threat intelligence team can take the actual experts to analyze the data that I've found so that they can get more information about who's behind it.

MARTIN: What is it that you think is attracting people? Is it because they could combine it with this kind of deep patriotic sentiment? I mean, what's the appeal?

GOLDSMITH: So the reason why they are going to the right is because that's the type of content that the extreme right is producing organically, so it blends in. Their goal is to blend in with and amplify the extremes in this country. The ultimate goal here is not veterans. It is to make the United States in a permanent condition of paralysis. They want for us to not be able to function as a democracy, and the way that they do that is they sabotage any idea of bipartisanship - not just for our elected members of Congress but for the electorate.

And we, as a society, need to start educating ourselves on the issue of cyber-hygiene. We need to understand that it's very important. Everything that we share we need to make sure that the source is reliable. And, when it comes to politics, we need to make sure that it's generated from inside the United States.

MARTIN: That was Kris Goldsmith, the assistant director for policy and government affairs at Vietnam Veterans of America speaking to us from our bureau in New York.

Kris Goldsmith, thank you so much for talking to us.

GOLDSMITH: Thank you so much for having me.

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7.2 - The Wall Street Journal: [A Billionaire Pledges to Fight High Drug Prices, and the Industry Is Rattled](#) (21 October, Peter Loftus, 13.3M uvm; New York, NY)

HOUSTON — Billionaire John D. Arnold is spending a chunk of his fortune to campaign against America's high drug prices. The drug industry is spending a chunk of its fortune to counter him.

Mr. Arnold is the biggest single spender on his side of the battle. He made his money placing bets on price swings in the natural-gas market, first as an energy trader at Enron, then at his own hedge fund after Enron's collapse. Now retired, the 44-year-old Texan with an estimated \$3.3 billion in assets is dedicating himself to the topic of the U.S.'s ballooning health care costs.

He has spent more than \$100 million in health-care-related grants since 2014. A million dollars went to Civica Rx, a nonprofit formed by seven U.S. hospital systems to make generic drugs. Up to \$5.7 million is pledged to Initiative for Medicines, Access & Knowledge Inc., which files legal challenges to the validity of certain U.S. drug patents, to clear the way for lower-cost generics.

He funded research about the relationship between pharmaceutical packaging and drug costs, leading Medicare to pass new rules that took effect in 2017. The state of California, advised by an Arnold-funded group, passed a law in 2017 requiring drugmakers to justify steep price increases.

“Everybody thinks that the pharma industry is abusive in their tactics and doesn’t price drugs fairly,” he said in an interview in his Houston office.

For drugmakers, Mr. Arnold is a new and powerful opponent—and somewhat of a mystery. His profile as a critic has sharpened in the past year through his funding of a political action group active in the midterm elections, on behalf of candidates from both parties. Few pharmaceutical executives have ever had personal contact with him.

Several said that based on Mr. Arnold’s funding and choice of projects they are wary of his influence, and take issue with his findings and approach.

“My complaint with them is they seem to be positioning it as, ‘We’re pointing fingers at drugs companies, and we’re going to do everything possible to make them look bad without having a balanced view,’ ” said Ron Cohen, chief executive of drugmaker Acorda Therapeutics Inc.

In a tweet last month criticizing Mr. Arnold’s comments about “broken pharma pricing,” Dr. Cohen said pricing is “far more complicated, with far more competing interests, than your outlook acknowledges.”

Unlike in the energy market, where many buyers and sellers create market competition and monopolies face government regulations, Mr. Arnold contends there are no meaningful checks on the drug industry’s power to set prices. Health spending “is large and growing, and the trend line is going in the wrong direction in terms of financial sustainability,” he said.

The pharmaceutical industry says a free hand on pricing helps fund risky research and development in the hunt for new and better drugs, and that prices reflect the benefit that drugs provide to many patients. Drugmakers also say middlemen in the industry’s supply chain contribute to higher prices by taking cuts of the list price.

The foundation set up by the trader and his wife, Laura, a former corporate attorney, has assets of \$2.2 billion—that’s more than the American Red Cross, which had net assets of about \$1.2 billion in 2017—and more than 70 staffers working in offices in Houston, New York and Washington. It also funds causes related to criminal justice, education and public-employee pension systems.

Mr. Arnold has given \$19 million to Boston-based Institute for Clinical and Economic Review to evaluate whether the prices of various drugs reflect their health benefits. ICER often concludes they don’t; for example, it says that some opioid pain drugs marketed as having “abuse-deterrent” formulations, such as capsules resistant to crushing into powder that can be snorted, aren’t cost-effective.

Last year the U.S. Department of Veterans Affairs’ pharmacy-benefit program began incorporating ICER’s reports into its price negotiations with the industry. Some insurers are using the data in their contracts, and CVS Corp.’s pharmacy-benefit management division said in August it would give its clients—health insurers and employers—the option not to pay for certain drugs if their prices exceed ICER’s cost-effectiveness threshold.

Drugmakers have funded groups to counter ICER, including Patients Rising. The group, which has received \$435,000 in the past 12 months from drug companies including Amgen Inc. and Celgene Corp. , said ICER uses flawed methodology and its reports are causing insurers to restrict patients' access to drugs because of their price.

ICER is promoting the idea "that some patients are too costly to treat and too expensive to save," said Terry Wilcox, executive director and co-founder of Patients Rising.

Spokespeople for Amgen and Celgene said they support organizations that work to ensure patients' access to treatments.

Steven Pearson, head of ICER, said patients deserve access to the medicines they need, and ICER's methods help reveal what fair prices would be for those medicines, not whether some patients are too costly to treat.

Industry lobbying group Biotechnology Innovation Organization has raised alarm about "an increasingly coordinated effort" by Mr. Arnold to focus on prices. It handed out a paper at a meeting of executives from its member companies in May titled "The Arnold Foundation's \$49 million Web of Influence," listing groups that received funding for drug-price projects.

While project-funding details are available on the Arnold website, BIO spokesman Brian Newell said the page was distributed "to understand where the money was coming from and how many of these efforts are coordinated through a single entity."

He said the Arnold foundation is "putting tens of millions of dollars behind a network of activists in order to shape how the media reports on the biotech industry, influence which medicines patients have access to and undermine the intellectual property rights of innovators."

Mr. Arnold said the foundation also funds academic researchers, and it doesn't direct the content of news coverage it helps fund, including Kaiser Health News, to which it provided about \$1.2 million for coverage of drug development and pricing. Mr. Arnold said the ideas generated by foundation-funded researchers wouldn't undermine intellectual property and would inject competition into the marketplace.

For Mr. Arnold, personal or emotional reasons aren't driving his fight against high prices—making him a confounding opponent, drugmakers said. Instead, it is the intellectual challenge of tackling a seemingly intractable problem.

He said he became interested in drug pricing after hearing about steep price increases and high starting prices for new drugs, such as Gilead Sciences Inc.'s hepatitis C treatment Sovaldi, which went on sale in late 2013 at a list price of \$1,000 per pill. Mr. Arnold called the price arbitrary.

"That made it clear normal market tensions didn't exist in this market and existing regulation was deeply flawed," he said. Gilead declined to comment.

Buyers and sellers in the health-care industry are vastly unequal, he said. For brand-name, patented drugs, companies can charge what they wish because no competing generics can enter the market.

“In any other industry where you have some type of monopoly, where the good that’s being sold is viewed as a necessity and there aren’t close substitutes, there has to be a strong regulatory environment on how to ensure access, and ensure affordability,” he said.

People in the drug industry counter that monopolies afforded by patents allow companies to recoup the sizeable cost of R&D before a drug goes generic, and that health insurers and pharmacy-benefit managers act as a check on pricing.

Another reason Mr. Arnold got involved: Drug pricing was an issue no other philanthropist had claimed.

As a hedge-fund manager, Mr. Arnold had a reputation for keeping a cool head in volatile trading, confident in his bets because he carefully studied wonkish data such as weather trends, according to Bill Perkins, who worked for Mr. Arnold and now has his own trading firm in Houston. Mr. Arnold closed his hedge fund in 2012.

Mr. Arnold said he draws graphs in his head to identify parts of the market with the most egregious pricing. He said he imagines a 3-D grid with different factors he believes affect pricing.

“John loves solving puzzles,” said Mr. Perkins, the former trading colleague. “This is a big giant hairy puzzle. It’s easy for me to see John in the weeds” on the issue.

At the foundation, the Arnolds work in adjacent offices with their contemporary art collection scattered around the building.

Employees say Mr. Arnold is sometimes at the office before anyone else arrives, and can often be spotted reading in an office library stocked with titles including “Unhealthy Politics: The Battle Over Evidence-Based Medicine.”

He could never be called effusive. “They’re not the backslapping kind,” ICER’s Dr. Pearson said of the Arnolds. Priti Krishtel, co-executive director of the Initiative for Medicines, Access & Knowledge, said meeting with the Arnolds was like “sitting with patent lawyers from a law firm.”

A \$2.2 million grant went to cancer specialist Dr. Vinay Prasad to study health-care practices that turn out to be ineffective. Last year, Dr. Prasad co-wrote research contending it costs less than drug companies say to bring a cancer drug to market.

He asked questions “like he could be a reporter,” Dr. Prasad said of Mr. Arnold. “He pushed me on a lot of my thoughts: ‘Aren’t there some advantages to some of these things? Things you’re not thinking about?’”

The industry said Dr. Prasad’s report ignored necessary spending on drugs that don’t make it to market.

Jim Greenwood, president and CEO of BIO, said in a blog post responding to the report that a majority of experimental cancer drugs that enter clinical trials end up failing. He said there should be “compensating upside” for the few drugs that do make it to market to ensure investors continue to fund companies’ uncertain R&D efforts.

At an Arnold foundation board meeting in March, David Mitchell described how his group, the Arnold-funded Patients for Affordable Drugs, brings patients to Washington to meet with members of Congress and administration officials, and trains them to use personal stories in meetings, appearances and letters.

On a screen at one end of the conference room, Mr. Mitchell played for the Arnolds a CBS News interview with a patient his group has coached. Taking notes on a white pad, Mr. Arnold homed in on key points to press with lawmakers.

Near the end of the hourlong meeting, Kelli Rhee, the foundation's president and CEO, made a pitch to Mr. Mitchell to moderate his public discourse.

"Some of the language around pharma is becoming more entrenched and dug in, and I wonder if there are opportunities for you guys to think about where there can be constructive dialogue," she said.

Mr. Mitchell said it was too soon to be conciliatory. "More than 80% of Americans believe we should be doing something to lower drug prices," he responded. "We are angry about it, and we have hot rhetoric."

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7.3 - The Daily Caller: [Democratic Governor Candidate Blacklisted By Veterans Affairs After Evidence He Sold His Disabled-Vet Status](#) (21 October, Luke Rosiak, 3.9M uvm; Washington, DC)

A company owned and run by South Carolina's Democratic candidate for governor was blacklisted as a contractor for the Department of Veterans Affairs following allegations that he was selling his veteran status to corporations so they could tap into federal contracting dollars intended to help disabled vets.

James Smith works as a state legislator and lawyer, and also runs the Congaree Group, which has received millions of dollars in federal government contracts. The company operates out of Smith's law firm suite, and he once told the VA he was its only employee.

On paper, the company has done everything from manufacturing pharmaceuticals to mopping floors and from parking cars to conducting advanced mathematical analysis.

On May 17, VA officials arrived for a surprise inspection, VA deputy assistant Secretary James Hutton told The Daily Caller News Foundation. The purpose was to find out if Smith was running a middleman company used to win lucrative federal contracts earmarked for disabled veterans, then passing all the work off to non-veteran companies in exchange for a cut for himself. Such so-called rent-a-vet scams are forbidden.

Smith's company declined to cooperate with the VA and failed to provide evidence that the business was legitimate, Hutton said. On May 31, the VA's Center for Verification and Evaluation issued a "Notice of Proposed Cancellation," which would lead to the Congaree Group being stripped of its preferred, disabled-veteran contractor status if not resolved, according to Hutton. The Congaree Group still "did not provide the requested documents" explaining itself, he said.

On July 11, one month after Smith won the primary election, the VA banned the company from its preferential status, according to Hutton. The Congaree Group no longer appears on the VA's list of approved veteran-owned businesses.

A 2013 VA audit concluded that "it appears that [Smith] uses his [disabled veteran] status to secure VA set-aside contracts and pass the performance of such contracts to various non-Veteran entities. Such conduct is prohibited." (RELATED: Dem Candidate May Have Used Veteran Status To 'Broker' Set-Aside Federal Contracts For Non-Vets)

Smith "does not have the specialty skills required to perform on several of the contracts he has secured," the audit said, noting that the Congaree Group holds contracts across a variety of industries worth over \$1 million. "It is reasonable to conclude that the Congaree Group functions as a middleman to enable various non-Veteran entities like BDI Pharma to secure the actual contract" in violation of rules.

"As a result, the Congaree Group is ineligible for the SDVOSB program," the audit ruled, referring to the program that reserves a portion of VA contracts for veteran-owned businesses.

The company was banned after that 2013 audit, but Smith appealed and the VA re-instated it.

Smith is running for governor relying heavily on his war record. Eight out of the 11 paragraphs in his campaign biography relate to his family's military service dating back to the Revolutionary War. It mentions that he is a "small business owner" on top of being a lawyer, without saying what line of work he is in.

Smith's multi-million dollar business has rarely been mentioned in the local media. His spokesman, Brad Warthen, declined to say a single word about the Congaree Group to TheDCNF and would not discuss the VA's removal of it from the agency's program.

On the Congaree Group's website, Smith has said that if a large, non-veteran owned corporation wants a government contract, it can partner with his company. He'll win the contract by relying on his disabled-veteran status and government connections and the non-veteran company will do the work.

The site advertised opportunities for "strategic alliances" to help meet "government mandates" that set aside contracts for disabled veterans, as the 2013 audit noted. The Congaree Group said it would "broker" contracts for "synergistic partners."

"The Congaree Group, Congaree Pharma, has the ability through our Service Disabled Veteran Owned Small Business (SDVOSB) designation to broker the government contracts that will ensure your company's future stronghold in the marketplace," the website said.

The Congaree Group's website used language that showed it wasn't involved in the order fulfillment processes: "You can order these products from Congaree Pharma ... but the product is drop-shipped from BDI Pharma's warehouse directly to you."

That language has since been scrubbed.

The Congaree Group now offers a variety of services ranging from parking cars to conducting high-tech data analysis.

As recently as March 2018, the VA said it intended to award the company a valet-parking contract at the Augusta, Georgia, hospital.

TheDCNF became aware of the issue in the course of its reporting on the VA. A disabled veteran who spent years specializing in automobile services complained that he was not able to get work at the VA because non-veterans had taken it and pointed to Congaree.

The Charleston, South Carolina, VA's public affairs office said its parking services were offered by a joint venture between "The Congaree Group and Ambassadors Plus," TheDCNF reported on May 10. A detailed profile of the operation put out by hospital public affairs staff made no mention of Smith and said the valet services were run by Ambassador's Alex Latsko.

In an interview for TheDCNF's May story, Smith's then-spokeswoman Alyssa Miller was evasive about the company's basic operations, such as how many people worked there.

The VA's surprise inspection followed one week later.

Until 2014, Smith also ran another company, HM Congaree LLC, that sold massive Case Construction equipment to other government agencies all around the country. Its website acknowledges that it merely fulfilled orders through Case's existing network of local dealers.

"HM Congaree can help federal government agencies meet requirements under Executive Order 13360, which mandates that 3% of all federal agencies' contracting dollars go to businesses owned by service-disabled veterans," it said.

Smith's staff declined to say what would become of the Congaree Group if he is elected governor or what value he added for customers receiving these goods and products.

Congaree Group has made \$7 million since 2010, and HM Congaree made an additional \$650,000, according to contracting records.

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7.4 - The Arizona Republic (Video): [Kyrsten Sinema says food bank event not about politics while showcasing veteran support](#) (19 October, Pamela Ren Larson, 3.5M uvm; Phoenix, AZ)

Rep. Kyrsten Sinema spent Friday morning packaging food at a north Phoenix food bank, joined by about 10 military veterans.

The Democratic congresswoman and candidate for U.S. Senate, insisted the event wasn't about politics.

But the implied message for the Sinema campaign, which is squaring off against Republican and former fighter pilot Martha McSally, was clear: Sinema may not have served in the military, but she knows veterans issues.

Several veterans at the event said Sinema's efforts to resolve the crisis at the Phoenix VA Health Care System and her ability to bring together veterans with different points of view had attracted them to her campaign.

Terry Araman is an Army veteran who operates a transitional living shelter for veterans called MANA House — which stands for Marines, Army, Navy, Air Force. Speaking to a reporter while he packaged "snack packs" that the Desert Mission Food Bank distributes to schools, libraries and community centers, Araman said Sinema has been at the forefront of local veterans issues.

"She was the first one to bring all the non-profits and the VA together off-site and have veterans who were having trouble getting benefits, or having trouble accessing their benefits and so forth, and bring all those folks together," Araman said.

The volunteers, including Sinema, formed an assembly line of sorts: Each grabbed clear plastic bags and moved along milk crates filled with food, putting one of each item in the bag until they were filled with canned fruits and vegetables, fruit juice, cereal and oatmeal. They dropped each bag on a table where Tom Solnit, a Marine Corps vet, closed them.

Sinema's previous work as a social worker in the mid-1990s prompted the food bank to develop the snack packs to help students who don't have access to school-provided snacks over the weekend.

"Kyrsten was one of the social workers at Washington Elementary that saw kids were hoarding food Monday and Fridays," Sue Sadecki, the executive director of HonorHealth Desert Mission, said.

Solnit mentioned Sinema's work with homeless veterans, her response to the Phoenix VA scandal and support for legislation benefiting veterans, including protecting military service dogs.

"She stands for honor and dignity, and she listens to everybody and then makes the best decision," Solnit said.

In a written statement, Sinema said: "I come from a military family, so fulfilling our commitment to Arizona veterans is personal for me and it has always been my highest priority. I'm honored that so many veterans are supporting my campaign and I'll never stop fighting to improve veterans' health care, ensure veterans have access to quality education and good-paying jobs, and bring accountability and transparency to the VA."

Veterans said they respect McSally, but added that she does not get into the "nitty-gritty" issues for veterans and has a "narrow" focus.

"We lost a great policy person on behalf of veterans when we lost John McCain, and we need that support in the Senate," Araman said. "I know I can trust Kyrsten Sinema to carry on that legacy."

"I've been around Martha McSally, I've talked to her, she goes with the current administration and what they want to do," Solnit said. "She does say a lot, and actions speak louder than words."

Leo Hintz, an Air Force veteran and Levine resident, one of the first volunteers to arrive at the food bank, related the "well organized" service project to his time in the military.

Hintz began volunteering with Sinema's campaign after seeing one of her television ads with her brother who is in the military. He said that he is proud of McSally's years of service and being the first female fighter pilot, but he campaigns for Sinema.

"I just feel that Kyrsten will do more for the veterans than a vet," Hintz said.

Sinema dodged questions about President Donald Trump's visit to the Valley to campaign for McSally, as well as McSally's allegation that Sinema's response in a 2003 interview amounts to treason.

Sinema told reporters her campaign will stay focused on Arizonans, not Trump's visit. By noon, the volunteers were more than halfway to their goal of assembling 400 snack bags.

"Well today, we're here focused on this issue, taking care of Arizona families and giving back to our communities," Sinema said.

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7.5 - Raw Story: [‘God help us’: Paul Krugman warns Trump just tipped off what he’ll do if Dems take the House — and it’s infuriating](#) (21 October, Tom Boggioni, 1.8M uvm; Washington, DC)

Initially responding to a tweet from President Donald Trump accusing early voters of "voting fraud," before adding "Cheat at your own peril," New York Times columnist Paul Krugman predicted how Trump will react if the GOP loses big in the midterms.

In a short tweet storm, the Nobel Prize-winning economist warned that — along with Trump already beating the drum over what he will inevitably call election fraud — the president will also commit illegal acts to remain in power if the Democrats take the House.

In the first tweet, Krugman wrote, "If Democrats don't at least take the House, God help us. But even if they do, we'll be facing a nightmarish political scene. Republicans will claim that the election was stolen, and deny the majority's legitimacy."

He then noted that Trump appointee, VA Secretary Robert Wilkie, is refusing to turn over documents to Congress with Trump's blessing, adding Wilkie's defiance is a preview of what is to come.

"Democrats will gain subpoena power — but expect the Trump administration to simply defy requests for information, the way they already are on issues like the Mar a Lago crowd's influence on the Veterans Administration," he tweeted, "They'll also probably abuse executive power in many other ways. And they'll use claims of voter fraud to justify their disregard of the law and Constitution. If you don't think this is going to happen, you haven't been paying attention."

He then warned, “In the very near future, many government officials will probably face hard decisions about whether to defy illegal orders from their political superiors. And remember, this is the good scenario.”

You can see the tweets below:

[...]

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7.6 - Stars and Stripes (Los Angeles Times): [A record number of female veterans vie to ride military experience into Congress — as men long have](#) (21 October, Jennifer Haberkorn, 532k uvm; Washington, DC)

A record number of female combat veterans are on the ballot in congressional races this fall, a test of whether women can repeat the success American men have long enjoyed of by turning military experience into political careers.

The nine candidates have the potential to more than double the number of female combat veterans in Congress, the first two of whom were elected only six years ago. And while six of the nine candidates are Democrats, their success or failure could be a trial run for both parties in future elections.

“There has been this long tradition of men leveraging their military service into political service,” said Sen. Tammy Duckworth, D-Ill., who was elected to the House in 2012. “And now you’re seeing women do that. ... They’re doing just what the men have done.”

The increase traces directly back to the military’s decision to open combat roles to women in 1993, when many of the current candidates were just starting their careers. A quarter-century later, those women have retired from the military and see Congress as a logical next step.

“I flew 89 combat missions in the U.S. Marine Corps and my 90th mission is running for Congress,” Amy McGrath, a retired lieutenant colonel who is running in the 6th Congressional District in Kentucky, says in a campaign ad.

The candidates also represent a part of what has become a monumental election cycle with record numbers of Democratic female candidates, many of whom say they were inspired by the 2017 Women’s March and are running to be a check on President Donald Trump.

“A lot of the things I worked so hard for as a member of the military and as a citizen ... I really feel they are in jeopardy,” said Chrissy Houlahan, a Democratic retired Air Force captain who is running in a district outside Philadelphia. She said she’s driven in part by concern for people like her father, who was a refugee to the United States, and her daughter, who is gay.

Elaine Luria, who is hoping to unseat freshman Republican Rep. Scott Taylor in a Virginia Beach, Va., area district, said running for office as a continuation of the commitment she made on her first day at the U.S. Naval Academy — a sentiment many of the candidates have repeated in campaign advertising.

“I can’t sit on the sidelines in our current political climate,” she said.

Each candidate has made her military service a leading part of the biography they've presented to voters, with images of them in uniform on their websites and in television ads. Rep. Martha McSally, R-Ariz., — the only female Republican female veteran on the ballot in a Senate race — has used it to draw a contrast with her Democratic opponent in their contest.

"I put my life on the line for our country, I flew 325 combat hours protecting our freedoms and our way of life," McSally said, one of several military references she made in a debate with Kyrsten Sinema this week.

And they've combined their military service with other issues, such as an ad in which Democrat Gina Ortiz Jones — who is hoping to unseat Rep. Will Hurd, R-Texas — spoke about her mother's cancer while Ortiz Jones was serving in Iraq.

Many of the candidates lean on their military backgrounds to frame why they decided to run.

"I have been pretty much serving the country my entire adult life," said Mikie Sherrill, a retired Navy lieutenant commander running in New Jersey. "To see a lot of the things I had worked so hard for, all the values that I believed in, to come under attack ... I decided it was [time] to run for office."

Three of the candidates are Republicans. McSally's race is neck and neck. Two other Republican candidates face an uphill battle in Democratic-leaning House districts in a year that is unlikely to trend their way: four-time candidate Wendy Rogers, an Air Force pilot seeking to unseat Democratic Rep. Tom O'Halleran in Arizona; and Aja Smith, an Air Force veteran hoping to unseat Democratic Rep. Mark Takano in California.

Six of the veterans are first-time Democratic candidates pursuing House seats — half of them are predicted to win their races or are keeping the polls tight a few weeks ahead of Election Day. The six women are reshaping what has been an area of strength for the Republicans: military service.

Veteran status helps blunt a frequent stereotype that female politicians face on the campaign trail: that they're not tough enough to take on significant responsibility, lead others or confront opponents.

"Female candidates ran into that, but military women have that advantage where we don't get as much question about whether we're as tough as men," Duckworth said. "As a woman running for office, having a military background is a real political advantage and it negates the perception that women are not as strong on defense and military issues."

Several of the candidates have striking similarities in their biographies. Most of them are in their early 40s; three of them — Luria, McGrath and Sherrill — overlapped at the U.S. Naval Academy. Several of them are mothers — a point they made in their campaigns.

Rogers, McGrath, McSally, Sherrill and MJ Hegar, who received a Purple Heart for her service in the Air Force and is now running for a Texas seat, were all military pilots, a coincidence that Duckworth attributes to the fact that helicopter pilot was one of the first combat jobs made available to women.

The six Democratic candidates have formed an alliance. They — and with two former CIA officers who are also running for office for the first time — have the backing of the Serve America PAC, a political action committee organized by Rep. Seth Moulton, D-Mass., with the goal of electing Democratic veterans to Congress.

The nine veterans who made the ballot in November represent a small fraction of the 43 female veterans — 29 Democrats, 11 Republicans — who decided to run for office year, this election cycle according to With Honor, a super PAC that backs veterans of both parties in House races, including all six of the Democratic female veteran candidates. Others lost in primaries or dropped out of their races.

While Democrats strongly embrace the candidates now, in at least one case they have supported other candidates. McGrath criticized the Democratic Congressional Campaign Committee for touting a different Democratic candidate over her before the primary, though the group did not make a formal endorsement.

Historically, most military veteran lawmakers have been Republicans. Duckworth speculates that the increase in Democratic veterans is likely to continue, given that people in the military today have been surrounded by women in combat roles, LGBTQ soldiers and men and women who are paid equally.

“It has made the military more progressive on a lot those values, and at the same time, the older generation, the Vietnam vets, are all retiring,” Duckworth said. “I personally think the military is undergoing a major demographic shift that I think will make it far less conservative.”

Female veterans are still significantly outpaced by the number of male veterans in Congress or pursuing elected office. According to the With Honor PAC, 198 veterans — including incumbents — are running in House races this fall, including 102 Republicans and 65 Democrats. The rest are third-party or write-in candidates.

There are 81 veterans currently in Congress, according to the Brookings Institution. Only four are women: Duckworth, McSally, Sen. Joni Ernst, R-Iowa, and Rep. Tulsi Gabbard, D-Hawaii.

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7.7 - The Spokesman-Review: [Return McMorris Rodgers to the House of Representatives](#) (21 October, 408k uvm; Spokane, WA)

In Congress, experience equals power. Cathy McMorris Rodgers has that experience. She's been a powerful representative for Eastern Washington and deserves re-election to an eighth term.

The Republican incumbent faces a formidable opponent in Democrat Lisa Brown, who left her job as chancellor of Washington State University Spokane to seek the 5th Congressional District seat. The contest is being closely watched nationally, as it is the district's most competitive race since McMorris Rodgers first won election in 2004.

That competition is good for Eastern Washington. Voters have a distinct choice between two good candidates with strong records of public service but different philosophies.

Brown has a stellar record of getting things done for the Spokane area. As Senate majority leader, she was instrumental in securing the new medical school at WSU Spokane and, as chancellor, oversaw the creation of that program. Her demonstrated leadership speaks volumes about her potential in Congress.

Yet the 5th District is a geographically and politically diverse region – a mix of urban, semi-urban and rural – and Brown’s progressive politics are less in tune with the overall district than those of McMorris Rodgers.

McMorris Rodgers is unabashedly pro-business and pro-agriculture. The Eastern Washington economy has benefitted from the tax cuts pushed by congressional Republicans and President Donald Trump. Trade is an essential aspect of the regional economy, and McMorris Rodgers lauds Trump for confronting unfair trade practices by China.

McMorris Rodgers embraces the American Dream and sees herself as a product of that. The self-described “farm kid” believes in helping people who are in need but also in creating an environment in which people can prosper and provide for themselves. She supports Medicare and Social Security, despite accusations that she does not.

As far as leadership, McMorris Rodgers is the highest-ranking Republican woman in the U.S. House and the fourth-highest Republican leader. She chairs the House Republican Conference. Regardless of which party controls Congress, it would take years for a newcomer, even as skillful a politician as Brown, to achieve that level of influence.

Her influence counts not only in legislating but in helping constituents deal with federal agencies, an under-appreciated but critical part of a representative’s job.

McMorris Rodgers and her staff continually work with veterans trying to navigate the bureaucracy that is the Department of Veterans Affairs. That ground-level work informs her efforts to improve the VA, making the Spokane VA medical center a teaching hospital and a flagship part of a pilot program for an electronic filing system, an important step to modernizing health care for veterans.

She also secured funding for medical students in Eastern Washington, voted for the Children’s Health Insurance Program and, as an advocate for medical innovation, supported the 21st Century Cures Act.

However, as Republicans pointed out before the Affordable Care Act became law, Obamacare remains deeply flawed despite its good points. It is long past time for Congress to pass bipartisan improvements, many advocated by McMorris Rodgers.

Because of McMorris Rodgers’ political influence, top federal officials come to Eastern Washington to understand our challenges and assets firsthand. Fairchild Air Force Base hosts the Congressional Military Family Summit and VA Secretary Robert Wilkie on Oct. 17.

She believes that the Snake and Columbia river dams continue to benefit the region and she opposes environmental regulations that overreach. That includes her criticism of the federal standard on PCB discharges into waterways – a standard that is now being re-examined but that is 25 times more restrictive than the guideline agreed to by Washington state officials. We, along with many local and statewide businesses and organizations, believe the less-strictive standard is better policy. Meeting EPA’s standard would cost municipal sewer users hundreds

of millions of dollars and could eliminate recycling at Inland Empire Paper, a subsidiary of Cowles Co., which also owns this newspaper.

McMorris Rodgers also is a champion for improved forest management, a Western issue often misunderstood by East Coast politicians.

In these midterm congressional elections, the specter of national politics hangs over the Brown-McMorris Rodgers race. But regardless of which political party gains or loses seats in Congress on Nov. 6, what should matter to voters here is which candidate would best represent Eastern Washington.

That person is Cathy McMorris Rodgers.

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From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 21 October Veterans Affairs Media Summary and News Clips

Date: Sun Oct 21 2018 05:15:20 CDT

Attachments: 181021_Veterans Affairs Media Summary and News Clips.docx
181021_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1038587-000001

Owner: VA Media Analysis (b) (6)

Filename: 181021_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Sun Oct 21 04:15:20 CDT 2018



Veterans Affairs Media Summary and News Clips

21 October 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [AP Fact Check: Trump Inflates Jobs Impact of Saudi Arms Deal](#) (20 October, Hope Yen and Calvin Woodward, 14M uvm; Washington, DC)

Trump, speaking about the failed nomination of White House doctor Ronny Jackson to be Veterans Affairs secretary: "Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!" — tweet Wednesday.

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1.2 - Anchorage Daily News: [At AFN, U.S. Veteran Affairs secretary promises permanent grave markers, other benefits for Alaska](#) (21 October, Alex DeMarban, 301k uvm; Anchorage, AK)

Veterans Affairs Secretary Robert Wilkie told the Alaska Federation of Natives convention on Saturday that the agency is expanding benefits for veterans and families of service members in Alaska. Speaking before hundreds of Alaska Natives, and later in a listening circle with dozens of veterans, Wilkie said he was impressed with the longtime military service of Alaska Natives, with the highest enrollment rates in the nation.

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1.3 - FedSmith: [VA Says Morale is Improving Among its Employees](#) (19 October, Ian Smith, 276k uvm; Washington, DC)

Morale among federal employees working for the Department of Veterans Affairs is moving in a positive direction according to survey results just released by the agency. The VA announced the results this week of the 2018 All Employee Survey (AES) issued in June to its workforce of more than 375,000 employees. 62% completed the survey, a response rate that VA said surpassed the national response rate goal of 60% for this voluntary workplace survey.

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1.4 - UMSL Daily: [Telehealth traumatic brain injury project prepares DNP graduate for stroke care leadership](#) (19 October, Jessica Rogen, 17k uvd; Saint Louis, MO)

The doctoral program integrates leadership with clinical practice. For her clinical scholarship project, Dickman helped implement a telehealth program for Veterans Affairs St. Louis Health Care System. The experience leading the project gave her skills and knowledge that she's continued to apply to similar quality improvement projects in her current role as stroke coordinator at SSM Health Saint Louis University Hospital.

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2. [Improving Customer Service](#)

2.1 - Patch.com (Lakewood): [Puget Sound VA Facilities Get Low Rating In Annual Report](#) (19 October, Neal McNamara, 4.6M uvm; New York, NY)

The Department of Veterans Affairs released its annual ratings for VA medical centers across the country. In a press release, the department said the ratings for the end of fiscal year 2018 "evaluate and benchmark quality of care delivery" at 146 VA facilities, including all the facilities in the Puget Sound area.

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2.2 - Stars and Stripes (Yakima Herald-Republic): [Selah veteran Evan Mettie dies 12 years after he was paralyzed on duty in Iraq](#) (20 October, Phil Ferolito, 532k uvm; Washington, DC)
Army Spc. Evan Mettie was a quirky, fun-loving person who enjoyed making people laugh, his family said. "He was just a great kid," said his father, Dave Mettie. "It's too bad that he didn't get a chance to share that with more people." Evan Mettie, whose combat injury in Iraq brought light to the military's lack of treatment for traumatic brain injury, died of pneumonia Sunday. He was 34.

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2.3 - Federal News Network (Audio): [New playbook to help agencies battle fraud](#) (19 October, Eric White, 100k uvm; Washington, DC)
Fifty-seven percent of employees at the Veterans Affairs Department said they were satisfied with their jobs, in an employee engagement survey implemented separately from the Office of Personnel Management's governmentwide Federal Employee Viewpoint Survey. Secretary Robert Wilkie said the survey shows improvement, but workers continue to give senior leadership low marks.

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2.4 - Killeen Daily Herald: [O'Rourke, Dikeman tell Herald readers where they stand](#) (20 October, Matt Payne, 45k uvm; Killeen, TX)
Q: In recent years, the Department of Veterans Affairs established a national registry for veterans and service members exposed to "burn pits" in theaters of war. Yet, researchers say it will take years to investigate a connection between the toxins burned and those who have died or are suffering long-term serious health problems. What do you propose doing to close the gap between documented health ailments and medical help?

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2.5 - KTVA (CBS-11, Video): [Senator Dan Sullivan talks bringing federal officials to Alaska](#) (19 October, Jeff Bridges, 65k uvm; Anchorage, AK)
Alaska's Sen. Dan Sullivan was with the Secretary of Veteran Affairs Robert Wilkie in Anchorage today. He's the latest of several high profile guests that the senator has welcomed into the state. "I think it's a big part of my job, actually," Sullivan told KTVA.

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2.6 - The Daily News: [Corfu native is founder of Operation Backbone](#) (20 October, Jessica Dillon, 22k uvm; Batavia, NY)
Though a far-fetched proposal, this is the reality faced by the thousands of veterans attempting to navigate the tangled red tape of the U.S. Department of Veterans Affairs said Mike Sformo, a Corfu native, Gulf War veteran and founder of Operation Backbone. They aren't receiving the

help they need and too many — Sformo, not shying away from a truth he sees daily, said — opt for a fate sealed on the railroad tracks or by shotgun. He had the gruesome pictures to prove it.

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2.7 - AZBigMedia: [3 veteran-owned businesses to know in Scottsdale](#) (20 October, 900 uvd; Phoenix, AZ)

“I believe in the mission,” she said. “For every bad story you hear, there are thousands of good people that are just doing a great job taking care of our veterans. I think our Department of Veterans Affairs needs to do more to tell those good stories and get them out there.”

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3. [Business Transformation](#)

3.1 - U.S. News & World Report (AP): [New Veterans Affairs Medical Clinic Planned for Muncie](#) (20 October, 14M uvm; Washington, DC)

Plans are in the works for construction of a new Veterans Affairs medical clinic in the central Indiana city of Muncie. A developer is seeking a zoning board's approval to build a nearly 28,000-square-foot clinic near Indiana 332 on the city's northwest side. The Star Press reports it would replace the current smaller VA clinic in Muncie that occupies a former Osco Drug store.

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3.2 - KNIA (AM-1320): [Knoxville Sharpening Plan for VA Site Redevelopment](#) (19 October, Brian Adams, 10k uvm; Knoxville, IA)

Although discussion of the City of Knoxville's plan for redevelopment of the Veterans Administration property has been delayed, the extra time will give the city time to coordinate with everyone concerned.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Burlington County Times (Video): [New model for behavioral health care coming to Burlington County](#) (20 October, Kelly Kultys, 35k uvm; Willingboro, NJ)

In Burlington County, Torres-O'Conner said the group plans to reach two specific underserved populations with expansion funding: those struggling with addiction and veterans. In New Jersey, the CCBHC requires providers to offer medication-assisted treatment to help curb a person's need to use as well as ambulatory detox to clear substances from a person's system, Loughery said.

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WGN (AM-720, Video): [Missing WWII veteran laid to rest at Abraham Lincoln National Cemetery](#) (19 October, 743k uvm; Chicago, IL)

A WWII veteran disappeared without a trace in the 1960s. For more than five decades, the man's daughters fought to find the truth. Now, they've solved the mystery. But it only raised more questions. Sisters Margaret Sloan and Catherine Ann Basten were young girls when a mystery began to unravel.

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6.2 - The Daily World: [This and that: Medicare, VA and Home Health services](#) (20 October, Mark Harvey, 17k uvm; Aberdeen, WA)

Here's another "this," having to do with Veterans Administration benefits — but allow me to confess that I am not a pro when it comes to the VA. There are a number of reasons for that lack of expertise, none of which are sufficiently entertaining to articulate here. But here's what I know; and if you have questions about any of it, you'll get much further, much faster, by addressing them to someone who knows what they're talking about.

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7. [Other](#)

7.1 - The Missoulian: [Tester among most effective senators](#) (20 October, David James, 125k uvm; Missoula, MT)

In a political race that has brought millions of dollars of campaign ads into our state on YouTube, TV, radio, etc., it is difficult to ascertain truthfulness or accuracy. Consequently, to those who are ambivalent about their choice for Montana's U.S. senator, I would like to present some facts related to his advocacy of Veterans Affairs and the committee of which he is a ranking member.

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7.2 - The Missoulian: [Tester uses anonymous accusations](#) (20 October, Robert E. Rice, 125k uvm; Missoula, MT)

Tester brags about all he does for veterans and hangs his hat on that. As a 30-year Navy veteran and user of the Veterans Administration, I find he has little to brag about. The VA clinic in Missoula has been called toxic by some doctors at the VA hospital. I waited 18 months to get an annual physical; I was told it was due to lack of personnel and funding.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [AP Fact Check: Trump Inflates Jobs Impact of Saudi Arms Deal](#) (20 October, Hope Yen and Calvin Woodward, 14M uvm; Washington, DC)

President Donald Trump inflated the projected benefits of an arms deal with the Saudis as he defended his wait-and-see attitude about Saudi complicity in the disappearance of a journalist whose apparent murder has sparked world outrage.

On immigration enforcement, the president made the unsubstantiated claim that migrants are being paid to mass at the border and somehow disrupt the Nov. 6 elections in the United States. This claim followed his distortions in an Associated Press interview about climate change and the Russia investigation.

A look at how some of his words over the past week stack up with the facts:

[...]

MONTANA SENATE RACE

TRUMP, speaking about the failed nomination of White House doctor Ronny Jackson to be Veterans Affairs secretary: "Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!" — tweet Wednesday.

THE FACTS: Trump misleads by seeking to place the blame for Jackson's failed nomination entirely on Tester, the top Democrat on the Senate Veterans Affairs Committee. It also remains unclear whether the late-surfacing allegations against Jackson are "totally false" because the Pentagon inspector general is continuing to review some of them.

Jackson, a Navy rear admiral, withdrew his nomination in April after Tester released results of committee interviews he conducted with military personnel who raised questions about Jackson's prescribing practices and leadership ability. The interviews were done with the knowledge and support of Sen. Johnny Isakson, R-Ga., chairman of the committee considering Jackson's nomination.

The time period covered Jackson's tenure as a White House physician dating to 2006 and involved his current and former colleagues who served in both Republican and Democratic administrations.

Jackson, who broadly denied allegations of bad behavior, had already faced tough questions from several committee Republicans about whether he had the experience to manage the massive VA.

The allegations were referred to the Pentagon's inspector general for evaluation. After an initial assessment and review, the inspector general's office in June decided a formal investigation was warranted. That probe is continuing, according to the office.

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1.2 - Anchorage Daily News: [At AFN, U.S. Veteran Affairs secretary promises permanent grave markers, other benefits for Alaska](#) (21 October, Alex DeMarban, 301k uvm; Anchorage, AK)

Veterans Affairs Secretary Robert Wilkie told the Alaska Federation of Natives convention on Saturday that the agency is expanding benefits for veterans and families of service members in Alaska.

Speaking before hundreds of Alaska Natives, and later in a listening circle with dozens of veterans, Wilkie said he was impressed with the longtime military service of Alaska Natives, with the highest enrollment rates in the nation.

"It is what Sen. Sullivan calls Alaska's special kind of patriotism," Wilkie said, referring to Dan Sullivan, R-Alaska, who had urged Wilkie to visit Alaska before he was confirmed in July.

Wilkie's comments helped cap AFN's 52nd annual convention, a three-day spectacle of culture, art and politics. On Saturday, thousands of delegates from around Alaska called for new efforts to combat sexual assault in Native communities. In a remarkable moment Friday, Gov. Bill Walker announced he was ending his re-election bid with weeks left.

Speaking on Saturday, Wilkie said the agency will use Alaska as a testing ground for an electronic medical-records program that will smooth the transition from military to post-service life as veterans pursue health care.

Wilkie also complimented Alaska's unusual health system, with tribally run clinics in villages providing care to veterans in villages.

Over the last few days, Wilkie said he'd visited the Alaska Native Medical Center, providing health care in Anchorage, and the group's that manage the center, Southcentral Foundation and the Alaska Native Tribal Health Consortium.

Wilkie said the agency was renewing reimbursement agreements with tribes through 2022, as part of the program. Since 2012, the agency had reimbursed tribal-care providers \$21 million, he said.

"The greatest lesson I learned is you help Veterans Affairs more than I help you," he told the convention.

Speaking in a more intimate listening session after his speech, seated in a circle with some 30 Alaska Native veterans, Wilkie said the agency will provide permanent grave markers across Alaska, for families with deceased veterans.

A lieutenant colonel in the U.S. Air Force Reserve, Wilkie said Sullivan had leaned on him to take that step, and other efforts in Alaska.

Sullivan, a colonel in the U.S. Army Marine Corps Reserve, sat beside Wilkie.

Sullivan said the grave markers will replace old markers crumbling in Alaska's rugged weather.

"We pressed hard for that," Sullivan told the veterans.

Sullivan told a reporter after the hearing that work is underway to bring other benefits to Alaska, including the creation of a Veterans Affairs residency pilot program.

The goal is that physicians in training will conduct residency programs in Alaska and base their careers here, combating a shortage of doctors.

Sullivan had inserted that language into the VA modernization bill signed earlier this year.

On Friday, Wilkie attended the annual Stand Down Anchorage event where homeless veterans are able to access social services and other help.

At the AFN listening session on Saturday, George Shoogukuwrk, 67 and a U.S. Army Vietnam-era veteran, said the Veteran Affairs agency helped him get into his own home, after he had been homeless.

"Today, I'm good," he said.

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1.3 - FedSmith: [VA Says Morale is Improving Among its Employees](#) (19 October, Ian Smith, 276k uvm; Washington, DC)

Morale among federal employees working for the Department of Veterans Affairs is moving in a positive direction according to survey results just released by the agency.

The VA announced the results this week of the 2018 All Employee Survey (AES) issued in June to its workforce of more than 375,000 employees. 62% completed the survey, a response rate that VA said surpassed the national response rate goal of 60% for this voluntary workplace survey.

The survey indicated progress in a number of key areas: satisfaction with one's job (+8.8 percent); satisfaction with VA (+11.1 percent); and willingness to recommend VA as a good place to work (+10.9 percent).

62% of VA employees said in the 2017 Federal Employee Viewpoint survey that they recommended their agency as a good place to work (rating this question as either "agree" or "strongly agree").

Employees also reported seeing the results of employee surveys more often (+33.2 percent from 2014 to 2018), and employees reported improvements were being made based on survey results (+53.7 percent). Employees were also more likely to respond positively to items related to supervisor goal setting (+25.6 percent) and supervisor addressing employee concerns (+11.8 percent).

Agency employees listed the following areas as being the ones of greatest importance to them: having a civil and respectful work environment, having their concerns addressed by supervisors and having their talents used well in the workplace.

VA Secretary Robert Wilkie called the results positive, saying he remains committed to improving employee engagement, a critical precursor for strong customer service, one of his key priorities.

“VA employees are talented and committed professionals who rally behind a great mission,” said VA Secretary Robert Wilkie. “Veterans deserve a VA workforce that demonstrates pride in its work that results in strong customer service, and the survey shows we are making important progress in that direction.”

The VA also said that the morale improvement is directly correlated with employee retention and noted that VA employee turnover rates average 9% which is better than comparable private-sector rates in health care that average between 20-30%.

The VA noted, however, that while officials are happy to see the trend in the survey results, there are still areas for continued improvement.

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1.4 - UMSL Daily: [Telehealth traumatic brain injury project prepares DNP graduate for stroke care leadership](#) (19 October, Jessica Rogen, 17k uvd; Saint Louis, MO)

Jessica Dickman spent her first year as a nurse as part of a small pediatric unit at a community hospital.

One day, she was tending to a patient when he had had an adverse reaction to medication and was having difficulty breathing. Dickman was not initially sure what was going on, and the patient’s mental handicap prevented him from communicating clearly.

She called for an emergency nurse response team, and they ultimately called in a physician to give the order for medication to reverse his breathing difficulties.

That near-death experience galvanized Dickman to get back into education.

“In that moment, even though the patient didn’t die, I felt that I’d never know enough because the patients rely on me to always continue my learning,” she said. “I would have to be an eternal student in the nursing profession and obtain an advanced degree so that I can be the person who makes the judgment calls and saves lives while improving patient’s lives on a holistic level through compassionate care.”

Dickman has since earned a master’s in nurse leadership, and in August, she completed a DNP from the University of Missouri–St. Louis College of Nursing.

The doctoral program integrates leadership with clinical practice. For her clinical scholarship project, Dickman helped implement a telehealth program for Veterans Affairs St. Louis Health Care System. The experience leading the project gave her skills and knowledge that she’s

continued to apply to similar quality improvement projects in her current role as stroke coordinator at SSM Health Saint Louis University Hospital.

Dickman's interest in veterans' health grew out of her connection to The Jonas Philanthropies, a foundation devoted to improving health care, which supported Dickman's advanced nurse training with a scholarship that included a commitment to veterans' health care.

Patty Hendrickson, VA St. Louis associate director for patient care services, approached Dickman and asked her to help roll out telehealth care. The VA St. Louis already had a telemedicine system called VA Video Connect – but only a couple of coastal hub centers were using it. With a background in neuroscience, Dickman approached the challenge in the St. Louis Polytrauma Network Site, the VA's traumatic brain injury clinic.

"It sounded like their outpatient follow-up rates were very, very poor," said Dickman, explaining that more than one in four patients did not show at appointments due to depression, forgetfulness due to TBI, socioeconomic disadvantage or other commitments.

She attended the TBI clinic twice a week for two hours to discuss the VA's goals and design the telehealth test. If patients were not present within five minutes of their scheduled appointments, VA doctors called and offered to do 10-minute telehealth appointments. TBI clinic doctors in the area of speech therapy, clinical care, case management and psychology used the technology, and suicide prevention decided to adopt it later.

"The trauma exposure from war affects veterans all individually in so many different ways psychologically," Dickman said. "A lot of vets struggle with substance abuse, and they are undiagnosed with TBI. When you see a veteran who is homeless or something like that, they could have a TBI that's very treatable and not be aware of it."

She spent 10 months designing the program, educating staff, synthesizing research, getting institutional review board approval, implementing a two-month test run and contemplating results. During the test period, VA doctors offered the telehealth alternative to all of their "missed opportunity" patients and dropped the no-show rate by 7 percent.

Since the end of her test period, the VA has retained the program and expanded it to include on-demand appointments for primary care, emergency care and psychology.

Dickman, on the other hand, rolled up her clinical project experience with the DNP's teachings on quality improvement to elevate her role as stroke coordinator at SLU Hospital.

From June 2013 until April, Dickman was the stroke coordinator at SSM Health St. Mary's Hospital – St. Louis and started at SLU Hospital in April. Her new employer was agreeable toward evolving the once exclusively leadership role to include clinical practice. She manages the internal aspects of the stroke program and coordinates the operations of all the disciplines using evidence-based leadership strategies in conjunction with clinical skills.

"I am constantly trying to improve outcomes by using data to support process-improvement goals," Dickman said.

One area that Dickman is working on is ischemic stroke care response time. She helped create a "standard work," a series of actions for the many players in stroke emergency care. Dickman lives by the mantra "time is brain" and made an easily comprehensible chart that quantified brain

damage sustained during strokes that she uses to motivate her peers. She has seen strides in providing emergency surgery known as endovascular clot retrieval, in which doctors retrieve a clot obstructing blood flow to the brain that could lead to lifetime disability.

“We were in the 150-ish minute range when I started, and we’re down to the 40s,” she said. “We have some cases that are 110 or higher, but we want to make sure all cases are below 60 minutes, and we are working really hard to do that.”

Coordinating care in a chaotic code situation is difficult, but Dickman is heartened by SLU Hospital’s response time in administering the gold-standard stroke drug, Alteplase IV r-tPA, which, at an average 35 minutes, is well below the American Stroke Association’s recommendation of 45 minutes.

Though she loves neuroscience and her current role, Dickman’s time in the VA inspired her to work on increasing access to care for vulnerable populations, and she would eventually like to move into family health.

“Long term, I would love to work in an outpatient clinic promoting health or improving access to care,” she said. “I really would like to be able to go somewhere in a rural community and really be able to be there for a community that can rely on me to diagnose them appropriately.”

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2. Improving Customer Service

2.1 - Patch.com (Lakewood): [Puget Sound VA Facilities Get Low Rating In Annual Report](#)
(19 October, Neal McNamara, 4.6M uvm; New York, NY)

LAKEWOOD, WA - The Department of Veterans Affairs released its annual ratings for VA medical centers across the country. In a press release, the department said the ratings for the end of fiscal year 2018 "evaluate and benchmark quality of care delivery" at 146 VA facilities, including all the facilities in the Puget Sound area.

According to the VA, compared with data for the same period for 2017, 66 percent of its facilities had an improvement in overall quality in the third quarter. Six VA facilities had a decline in quality and the department says improvement activities are underway at those centers.

The star rating system (1-5) used by the VA measures a facility's relative performance compared to other VA medical centers. Each center is also assessed for quality based on improvement compared to its own performance from the past year.

The Puget Sound facilities scored a 2 out of 5 stars. The facilities were rated as a group instead of individually. Although still a low score, the local facilities improved over the previous year's rankings.

The Spokane VA fared slight better, scoring a 3 out of 5.

As The Huffington Post noted, nine hospitals earned the lowest possible one-star rating compared to 14 last year. The number of hospitals that received a five-star rating dropped by two compared to 2017 as just 17 hospitals achieved that score.

"With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities," VA Secretary Robert Wilkie said in the press release. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

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2.2 - Stars and Stripes (Yakima Herald-Republic): [Selah veteran Evan Mettie dies 12 years after he was paralyzed on duty in Iraq](#) (20 October, Phil Ferolito, 532k uvm; Washington, DC)

Army Spc. Evan Mettie was a quirky, fun-loving person who enjoyed making people laugh, his family said.

"He was just a great kid," said his father, Dave Mettie. "It's too bad that he didn't get a chance to share that with more people."

Evan Mettie, whose combat injury in Iraq brought light to the military's lack of treatment for traumatic brain injury, died of pneumonia Sunday. He was 34.

Mettie, 22 at the time, was on his second tour in Iraq when a roadside bomb changed his life. On New Year's Day 2005, with his unit under attack, shrapnel from an improvised explosive device pierced his head and damaged his brainstem. He was left paralyzed, although he remained cognitively aware.

He was quickly removed from active duty, and lost some military benefits as a result. The Department of Veterans Affairs wouldn't cover private rehabilitation services, and the military lacked enough understanding of traumatic brain injuries to offer effective treatment.

His mother, Denise Mettie, testified about her son's medical treatment before a U.S. Senate Committee on Veterans Affairs.

She had already quit her job at U.S. Bank in Selah to care for Mettie, who had bounced through a series of hospitals, connected to breathing machines, before finally coming home to Selah.

Her testimony caught the attention of the director of Kessler Institute, a renowned medical rehab center in New Jersey.

"We got a call a couple days later and the director said they wanted Evan at his rehab," Dave said. "After Evan got there, other soldiers were starting to show up. He kind of pushed the door open for private rehab."

Fun-loving

Mettie was kind of a nerdy kid, a goofball at times, Dave said, and he didn't get the best of grades.

"He was smart as a whip. He just didn't find the necessity to excel in class," his father said.

Mettie liked video games and enjoyed hiking and camping. He participated in Cub Scouts and Boy Scouts, and in high school he competed in the triple jump.

But most of all, he was jokester and a prankster, Denise said.

One year in high school, he spent two weeks watching “Monty Python and the Holy Grail,” writing down every word spoken in the movie. He then transferred the dialog to flashcards.

“Then when he was on the school bus, he’d pass out the cards to all the kids so they could act all the parts,” Denise said.

Once before his triple jump event, he woofed down two hot dogs. “The coach was livid. ‘You don’t eat before your event,’” she recalled the coach saying.

He ended up posting a personal best.

When he came home from the war, badly injured, the high school held a fundraiser for him. They sold hot dogs.

As a kid, Mettie often watched his two younger sisters, Kira and Breanne, and he had a silly way of punishing them for misbehaving, Breanne said.

He made a paper wheel he called “the wheel of torture” they’d have to spin when they got in trouble.

“And we had to do what it landed on,” she said. “Whatever punishment he made up for us.”

They included standing nose-to-the wall or sitting in an invisible chair — basically an air-squat — for a few minutes, she said.

Breanne eventually told their mom about the paper wheel, and he was happy to show it off.

“He was proud of his invention,” Breanne recalled with a laugh.

Decision to serve

Before graduating from Selah High School in 2002, Mettie wasn’t sure what to do with his life, but he showed interest in the military.

“We discussed it and knew that was something he was kind a of looking at,” Dave said.

That was before 9/11.

But it wasn’t until after Mettie graduated that Dave and Denise learned he had enlisted.

“He actually put his name on the line without our knowledge,” Dave said. “We wanted to help him go through the process.”

Dave said that at the time, Mettie was told by recruiters that Army troops wouldn’t be deployed to Iraq.

Dave wasn't surprised when his son was actually sent.

"At that time, a lot of people were being sent to Iraq — I didn't like it," Dave said somberly.

Jim Gonzalez, team leader in his platoon, described Mettie as a giving man.

"He always had everybody else's needs in mind," Gonzalez said. "He would make sure the people who didn't get packages would get packages from his family. This guy was a ray of light in a dark place."

'Contributing to everyone'

When the bomb went off, Mettie had no pulse and he was reported dead, Gonzalez recalled.

"We tried to work on him. We couldn't pick up a pulse," he said.

Moments later, another unit arrived with a medic who revived Mettie.

"He fought for 12 years," Gonzalez said of Mettie. "In our world, he's having a cold one at Fiddler's Green. That's where he's at, holding down the fort for us until we arrive."

Men from across the country who served with Mettie are expected at his funeral, Gonzalez said.

"These guys have not seen each other for 12 or more years," Gonzalez said. "Even in his final act, he's contributing to everyone."

A visitation will be from 4 to 8 p.m. Oct. 26 at Keith & Keith Funeral Home at 902 W. Yakima Ave. A funeral will be at 11 a.m. Oct. 27 at Yakima Foursquare Church at 700 N. 40th Ave. in Yakima. Concluding services with full military honors will be at Tahoma Cemetery at 1802 Tahoma Ave. in Yakima.

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2.3 - Federal News Network (Audio): [New playbook to help agencies battle fraud](#) (19 October, Eric White, 100k uvm; Washington, DC)

[...]

Fifty-seven percent of employees at the Veterans Affairs Department said they were satisfied with their jobs, in an employee engagement survey implemented separately from the Office of Personnel Management's governmentwide Federal Employee Viewpoint Survey. Secretary Robert Wilkie said the survey shows improvement, but workers continue to give senior leadership low marks. Forty-nine percent said senior leaders generate high levels of motivation in the workplace. (Department of Veterans Affairs)

[...]

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2.4 - Killeen Daily Herald: [O'Rourke, Dikeman tell Herald readers where they stand](#) (20 October, Matt Payne, 45k uvm; Killeen, TX)

The 2018 Texas U.S. Senate race has attracted two candidates calling for change against Republican incumbent Sen. Ted Cruz.

According to October campaign fund figures, Cruz has raised \$13,207,771 in his bid for re-election, hoping to continue his GOP representation for the state.

Democrat Beto O'Rourke, the U.S. representative for Texas' 16th Congressional District since 2013, has raised \$23.6 million in his campaign for Senate, a record amount for any candidate to run for Senate.

Cruz is also challenged by Neal Dikeman, the Texas Libertarian candidate for the U.S. Senate. The venture capitalist has raised a \$13,546 campaign for the Senate seat.

After multiple attempts made by the Herald, Cruz could not be reached for comment. The Herald sent four emails to multiple campaign staff.

Jessica Skaggs with the Cruz campaign referred the Herald to Catherine Frazier and Emily Miller for press requests. At 3:17 p.m. Saturday, Frazier replied, and said Cruz could not answer the questions before deadline.

Question: Would you retain the current tax brackets or change them. If so, how would you change them?

Dikeman: Regardless of your views on the level and progressiveness of taxation, we need dramatically simpler taxes, fewer brackets, fewer deductions and loopholes, less regulation of behavior through the tax code. No American should have to hire an accountant to pay or understand their taxes.

O'Rourke: The decisions we make as a country about taxing and spending matter for moral reasons. Congress should spend less on tax cuts for corporations and the wealthy. Instead, we should invest in education, health care, jobs, and infrastructure — investments that not only benefit working Texans, but pay dividends over the long term and contribute to the economic success for everyone in our country. For these reasons, I would change our current tax brackets to restore the top individual tax rate and make sure any tax cuts benefit everyday Texans.

Q: Many local police departments are cash strapped. What sort of federal assistance would you propose or endorse to help local police departments serve their communities?

Dikeman: I believe in local control, and local funding. Running tax dollars through Washington and Austin and back to local police forces makes little sense. Especially as we spend as a country one of the highest amounts on law enforcement of any developed nation, and have correspondingly one of the highest incarceration rates. Far and away the largest load on our criminal justice system comes from drug laws, immigration laws, and traffic laws - many of them poorly designed decades old laws that should not be on the books. If we're feeling the financial pinch at local law enforcement level, perhaps we should look to de-scope unneeded laws, not increasing even more spending for more expensive enforcement that never seems to end.

O'Rourke: Police officers have some of the most important jobs I could imagine, and we owe them the support and resources they need to keep our communities safe. In Congress, I have been proud to vote for hundreds of millions of dollars in appropriations that go directly to Texas state and local law enforcement. Using these federal funds allows more state dollars to go where they're needed and permits us to teach de-escalation techniques, community policing, and measures to keep citizens out of prisons while supporting local initiatives that help improve safety.

Q: In recent years, the Department of Veterans Affairs established a national registry for veterans and service members exposed to "burn pits" in theaters of war. Yet, researchers say it will take years to investigate a connection between the toxins burned and those who have died or are suffering long-term serious health problems. What do you propose doing to close the gap between documented health ailments and medical help?

Dikeman: We have a responsibility to soldiers that we send into harm's way to treat them with respect, and provide transparency and accountability, and make sure they have opportunities and support to re-establish themselves in their community and our workforce when they come home. I do not know why the Department of Veterans Affairs has found this particular issue challenging.

O'Rourke: I believe we must commit to providing every veteran the care, benefits, and support they've earned and that needs to include those affected by burn pits. We must do better and take a proactive role in caring for those who are suffering and dying. That's why I co-sponsored legislation including the Helping Veterans Exposed to Burn Pits Act, which includes provisions President Trump recently signed into law that create a research center specifically designed to study the effects of burn pit exposure and allow us to accelerate our response to the phenomenon.

Q: The Killeen area has a large population of veterans who rely on the Department of Veterans Affairs for health care coverage and other benefits. In recent years, long backlogs at the VA have prevented some veterans from receiving the coverage they need. How will you work to decrease the backlog at the VA and ensure that certain veterans receive the benefits and coverage they have earned?

Dikeman: See below. When we try to address price instead of cost, we see degradation in service or quality, and eventually price as well.

O'Rourke: As a member of the House Veterans' Affairs Committee, I have pushed the VA to address the claims backlog. The VA appeals process has been a major driver of the backlog and so last spring, I worked with members from both parties to pass a bill to reform and modernize the appeals process. Congress needs to ensure those reforms are implemented successfully and that the VA is diligent in managing legacy appeals. I'll use my experience of increasing access to mental health care for veterans as the example for how to continue delivering for those who served our country.

Q: What measures do you support to ensure your constituents have access to affordable health care? Do you support continuing or strengthening the Affordable Care Act, or do you believe there is a more effective way to ensure that coverage?

Dikeman: I've talked about this extensively, healthcare is tied your job (including as a veteran) by a bad 1940s tax deal that has caused costs to spiral upwards at twice the rate of GDP

growth, when like any tech industry they should have been falling every year. We only need the VA because we have failed to put in place a good healthcare funding system for all. The ACA had good intentions, but has completely failed to address costs, and true to form when through the ACA, VA, or single payer we try to address price without addressing cost, we see degradation in service or quality, and eventually prices rise anyway as costs continue to creep. We have called for a Million Payer system, unwinding the corporate tax deal, and breaking up the vertical integration of insurance companies and private networks. Today the insurance company works for your employer or your government, medical providers for the insurance company, and no one works for you, so the system doesn't work.

O'Rourke: Every single Texan should be able to see a doctor, afford their prescriptions, and be well enough to work a job, finish their education, and contribute to their full potential. I want Texas – the least insured state in the country – to take the lead on this. That means defending the Affordable Care Act's protections for those with pre-existing conditions, strengthening the ACA in Texas by expanding Medicaid, and achieving guaranteed, high quality, universal health care for every man, every woman, and every child in Texas and in this country.

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2.5 - KTVA (CBS-11, Video): [Senator Dan Sullivan talks bringing federal officials to Alaska](#) (19 October, Jeff Bridges, 65k uvm; Anchorage, AK)

Alaska's Sen. Dan Sullivan was with the Secretary of Veteran Affairs Robert Wilkie in Anchorage today. He's the latest of several high profile guests that the senator has welcomed into the state.

"I think it's a big part of my job, actually," Sullivan told KTVA. "You mentioned we also had Secretary Mattis up here recently, Secretary of Defense. I hosted all of them and Commandant of the Coast Guard. I get a commitment from everybody, come to Alaska, see my constituents and unique attributes. I say Alaska sells itself."

Friday he and the Secretary attended the 26th annual Anchorage Stand Down, an event to help homeless veterans. Saturday the two plan to attend the Alaska Federation of Natives Convention. After, they plan a town hall for Alaska Native veterans.

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2.6 - The Daily News: [Corfu native is founder of Operation Backbone](#) (20 October, Jessica Dillon, 22k uvm; Batavia, NY)

CORFU — Imagine you're at a stop sign, eyes on the road and obeying all traffic laws, when a car barrels into you at 125 mph. Your mouth is full of broken teeth, your body full of broken bones, and the pain far more than you can bear — but somehow you're still alive, your heart heaving against your fractured chest.

An ambulance is called, and soon, its sirens blare, the flashing red and blue lights screaming into your bloodied view. But it doesn't stop where your body lies, careening instead around the corner, its urgency fading.

It won't return for 18 years. And this time, it's likely come to retrieve your lifeless body — not to save an ailing man.

Though a far-fetched proposal, this is the reality faced by the thousands of veterans attempting to navigate the tangled red tape of the U.S. Department of Veterans Affairs said Mike Sformo, a Corfu native, Gulf War veteran and founder of Operation Backbone. They aren't receiving the help they need and too many — Sformo, not shying away from a truth he sees daily, said — opt for a fate sealed on the railroad tracks or by shotgun. He had the gruesome pictures to prove it.

"So here's how it works," Sformo said from the comfort of his childhood living room — the walls plastered in framed photographs of loved ones from bygone eras — on Friday morning. Sporting faded Buffalo Sabres sweats and sipping cheap McCafe coffee from a paper cup, he'd allowed himself a brief respite from the work that's consumed his life since the fateful day eight years ago when he injured his neck and his world view changed forever. He was, his wife Maria said with a grateful smile, taking a chance to breathe.

But she was not to be fooled — his I-Phone still dinged with the dozens of emails and messages he receives by the hour, and there was, she knew, still important work to be done. But first, Sformo would share his story. And he would not mince his words.

"Eight years ago, I'm working out and hurt my back severely," Sformo, now based in Annapolis, said. "It has nothing to do with the military. I get a bill for \$127 and I take it to the Washington, D.C. V.A. Basically, they laugh at me and tell me to go to hell."

It wasn't much, Sformo admitted — a \$127 copay he had the resources to take care of — but even so, the implications of the denial made him sick.

"I asked, 'What do you do if you don't have insurance, if you don't have money, if you don't have family supports or the contacts to get it taken care of?'" Sformo said. "What do you do? And the (V.A. officials) said, 'Well, there's nothing you can do. That's how the system works.'"

Enter Operation Backbone, the not-for-profit organization with a goal of changing the way medicine is delivered through the military. Since its founding in 2010, it's helped hundreds of veterans unable to receive the care they need from V.A. hospitals lessen their pain, reduce their dependence on pain medications and improve their quality of life.

But there are thousands more who go without help because of the barriers put in place by the government, Sformo said, and every day is a new battle.

"Years ago, the Department of Defense finally put me in touch with a soldier in need," Sformo said. "The first one was a tremendous success out of Fort Bragg, North Carolina. I said if I can do it with one, we can do it with thousands. And how wrong I was."

It was beginner's luck, he said — he went up to the plate, hit a home run, and then struck out three years in a row.

"I had to dig in and really understand all the aspects," Sformo said. "Brain surgery, spine surgery, pain management, radiology — it was just a massive, never-ending learning process. I'm still learning."

But even still, Operation Backbone, funded by corporate sponsorships and donations, is offering the best help veterans can find, matching patients with private doctors and surgeons willing to perform pro bono medical procedures, Sformo said.

“When you come to us, I put your information in front of the best talent you can find,” Sformo said. “I’ve found the best surgeons in every discipline across three countries, and they’re all looking at your details to come up with a solution. Some people wait nine months just to get an appointment with the V.A. when I can have their answer on my phone in 18 minutes.”

And that’s not to mention the treatment, which he said is, when rarely offered by the V.A., inadequate at best. He referred to the procedures as “chop shop jobs” that render many veterans permanently disabled, leaving once viable members of society in chronic, agonizing pain, depressed beyond belief and addicted to opioid medications.

“The V.A. officials drug these guys out to the point where they become zombies,” Sformo said. “The wives become terrified. Their families don’t know who they are anymore.”

The dependency leads to further isolation, further trauma, further pain. In the end, many veterans end up with “a gun in their mouth,” Sformo said.

“We have one wife who put plastic all over the walls of her bedroom, because it’s easier to pull the plastic down than it is to wipe the blood off the walls when her husband finally tries to kill himself,” Sformo said. “I’ve seen fathers sit in front of their kids to try and figure out how to find a way to make their death look accidental so their family can get the insurance money.”

So he lobbies at every level — the Capitol, the Pentagon, the White House — to get things done. And in his years serving as CEO of the organization, he’s seen the good — “(Congressman) Brian Higgins has been a great friend of mine and a great supporter,” Sformo said — and the ugly — “A lot of members of Congress are absolutely horrible individuals who couldn’t care less,” he went on — and has discovered an unsatisfactory truth that comes straight from the mouths of those we’ve elected to serve us.

And so he texts senators at 9 o’clock at night and calls them at 5 in the morning regardless. Because if he doesn’t, it’s another early grave for another man who could have gone on to lead a fruitful life if he’d only gotten the treatment he deserved.

“I blame the Trump administration, I blame the Obama administration, Bush, Clinton, Reagan,” Sformo said. “All these people had the ability to do something and none of them have. And the reason is it’s just not a priority to do anything for the one or two percent that have been buried and left and stuck in the corner because they probably aren’t going to get any votes from them, and what’s the point?”

So Sformo drinks coffee. A lot of it. And goes two steps forward only to be pushed three steps back.

“I get soldiers that come to me from Germany, Africa, Italy, Spain, Saudi Arabia, Special Forces, every branch,” Sformo said. “The sad part is I could help the majority of them, it’s just so time consuming to work through the paperwork and the bureaucracy. I can only do what I can do, work as fast and efficiently as I can.”

And when he helps a man like Kurt Santini — a Virginia resident and U.S. Army veteran who underwent surgery at Kenmore Mercy Hospital earlier this week — it's all worth it, Sformo said,

"Parachute didn't open. Hit the ground at about 125 mph. Smashed into the ground," came Sformo's quick, to-the-point highlights of Santini's condition, and the reason for his debilitating pain. "That was 18 years ago. Yesterday, he went home."

"The V.A. denied everything for almost 17 years," Sformo continued. "His teeth were bashed out. He hasn't had solid food in years — the V.A. broke off his wisdom teeth and left them impacted. We had to bring him up, and we had to bring him to an oral maxillofacial surgeon in Buffalo — Dr. Jack Campbell, an incredible guy at UB. He jumped in right away, did all his teeth, took out all the infections and the very next day, (Santini's) face went from being swelled up like a balloon to hardly any swelling at all, and he had the biggest smile on his face."

Sformo remembers telling Santini, as he's told so many before, "Look, don't kill yourself yet. Hang in there, hang in there, hang in there."

And Santini did.

Three hours after an operation performed by Dr. Franco Vigna, an orthopedic surgeon affiliated with Catholic Health, Santini was almost 100 percent pain free, moving his fingers, moving his legs, with happy tears in his eyes, Sformo said.

"And now, after 18 years, he's home."

That's all Sformo could ask for, he said — for veterans to receive treatment so that they are free to go be a good father and a good husband, so that they are able to come down the stairs at Christmas time, and, in the summer, to take their sons fishing.

But without direct referral access to the V.A., he said, that's an elusive reality afforded to too few men.

"I have a tremendous amount of respect for the V.A. nurses and doctors who are trying their best, but they're stuck," Sformo said. "There are some great, great people in the V.A. and the V.A. is extremely important to have. They're just not equipped to do what we do."

The core problem is ugly and scary, he said, but each day that goes by without reform is "irritating, upsetting, and disappointing."

And his family — wife Maria, daughters Sophia Maria and Giada Maria, and son Rocco, ages 10, 8 and 6 — just hope he sees the good he's done every once in awhile.

"After Kurt I said (to Sformo), look at what you did," Maria said from across the living room. "You brought him to the surgeon that fixed him. I'm always trying to get him to take a breath, or acknowledge what he's done...But he looked at me and said, 'It just makes me so mad that for 18 years he's lived like this.' He is the truest guy I've ever seen in action."

And he knows there's still a long road ahead.

“I am not looking for a thank you,” Sformo said. “I am not looking for a thank you for your service. I am looking for financial donations and leadership from CEOs and other businesses that have something tangible that they can contribute to move this agenda forward.”

And as he finished up his cup of coffee — though it was not yet 10 a.m., he admitted it certainly wasn’t his first of the day — the gears in his head began picking up speed.

“I’ve got to go back to Washington,” Sformo said, standing. “I’ve got to fight the V.A. It’s just a massive, massive process, and to see this machine just sit on the sidelines and watch the world go by is sad and pathetic.”

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2.7 - AZBigMedia: [3 veteran-owned businesses to know in Scottsdale](#) (20 October, 900 uvd; Phoenix, AZ)

They gave everything for their country, but veterans continue serving their community through their businesses.

Roughly 9.1 percent of U.S. businesses are veteran-owned, and there is no shortage of them in Arizona. Here are three veteran-owned businesses thriving in the Scottsdale area.

[...]

Paula Pedene and Associates

Paula Pedene, a Navy veteran who served for 12 years, has worked in the public relations department the V.A. Hospitals for years and also runs her firm part-time.

She was also one of the whistleblowers exposing the actions of the leaders and of the wait times at the Phoenix V.A. Hospital, the former causing her to lose her status in the PR department and be placed as a library clerk for two years.

“When I was in the library, I was trying to rebuild my reputation, and I thought, ‘I could do PR on the side and I can open my own business,’” she said.

Though her situation with the hospital finally came to an end, she had already moved forward in 2013 with running her own firm after her corporate work hours, donating her time to the Honoring Arizona’s Veterans and serving as the Phoenix Veterans Day Parade event coordinator. But she still works with the V.A.

“I believe in the mission,” she said. “For every bad story you hear, there are thousands of good people that are just doing a great job taking care of our veterans. I think our Department of Veterans Affairs needs to do more to tell those good stories and get them out there.”

Though the business has faced some hurdles and bumps in the road like many small businesses starting out, it has won three Silver Anvil Awards from the Public Relations Society of America, and Pedene has found herself at the crossroads of whether she will take the firm full-time.

“The reason I’m at the crossroads is because I love what I do with the V.A.,” she said. “I am just so proud to serve our veterans, and I am very passionate about that. That makes it hard to leave. For right now, the base that I have is just fine.”

[...]

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3. Business Transformation

3.1 - U.S. News & World Report (AP): [New Veterans Affairs Medical Clinic Planned for Muncie](#) (20 October, 14M uvm; Washington, DC)

MUNCIE, Ind. (AP) — Plans are in the works for construction of a new Veterans Affairs medical clinic in the central Indiana city of Muncie.

A developer is seeking a zoning board's approval to build a nearly 28,000-square-foot clinic near Indiana 332 on the city's northwest side. The Star Press reports it would replace the current smaller VA clinic in Muncie that occupies a former Osco Drug store.

Delaware County veterans affairs service officer Nate Jones says the VA is looking to expand services with the new clinic.

The plans from Burns Development of Indianapolis include about 20 exam rooms and spaces for radiology, physical therapy and group therapy. The developer aims to complete the clinic construction next year and would lease it to the VA.

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3.2 - KNIA (AM-1320): [Knoxville Sharpening Plan for VA Site Redevelopment](#) (19 October, Brian Adams, 10k uvm; Knoxville, IA)

Although discussion of the City of Knoxville's plan for redevelopment of the Veterans Administration property has been delayed, the extra time will give the city time to coordinate with everyone concerned.

That's according to Knoxville City Manager Aaron Adams, who says the city wants to ensure the old VA campus is put to the best possible use or uses for the benefit of residents. He tells KNIA/KRLS News one potential usage involves providing housing; even with a two percent unemployment rate in Marion County, attracting workers here is problematic due in part to lack of housing.

“Housing is such a huge challenge; it's difficult to recruit employees, sometimes to retain employees, and with housing being one of those key issues,” Adams says. “So that's definitely going to be a key component for us; we're also very interested in growing and diversifying our tax base, and so, residential's a big part of that.”

There are a number of potential uses available for the VA site; Adams says there's enough room there to potentially accommodate one or more of these usages, as long as they all prove beneficial in the long run.

He says even a large business or industrial proposal would be considered; there are existing industrial parks in town, but the city could give serious consideration to using the VA property if the right one comes along.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Burlington County Times (Video): [New model for behavioral health care coming to Burlington County](#) (20 October, Kelly Kultys, 35k uvm; Willingboro, NJ)

WESTAMPTON — Lawrence V. wasn't sure where to go after spending almost 15 years of his life struggling with hard drugs.

"I had burned a lot of bridges in my using days and I couldn't go to anybody anymore," he said. "The only people that never gave up on me were my mom and my grandmother, but everybody else had."

Lawrence, who declined to provide his last name, had been to a variety of treatment programs, but none of them seemed to stick. His mother, however, was determined to get him help, and she came across Catholic Charities, Diocese of Trenton, which serves Burlington, Mercer, Ocean and Monmouth counties, where it offers a wide variety of services for mental health and addiction needs.

For Lawrence, a range of programs from medication-assisted treatment to employment help was exactly what he needed.

[...]

Specific targets in Burlington County

In Burlington County, Torres-O'Conner said the group plans to reach two specific underserved populations with expansion funding: those struggling with addiction and veterans.

In New Jersey, the CCBHC requires providers to offer medication-assisted treatment to help curb a person's need to use as well as ambulatory detox to clear substances from a person's system, Loughery said.

"We have our outpatient detox program, medication-assisted treatment, with medication that can really help some of these individuals that maybe haven't been as successful with traditional models, to really engage in care now that this will be available to them in the community," said Gustavo Mejia, director of addiction recovery services for Catholic Charities, Diocese of Trenton.

Officials also are planning to target the county's large veteran population to address needs slipping through the cracks, Loughery said.

“There’s a significant veteran population in Burlington County that we’ll now be able to work directly with the (U.S. Department of Veterans Affairs) on providing services and filling in the gaps for the VA system and the access to the VA system by providing services like transportation for veterans,” Loughery said.

But transportation issues aren’t limited to veterans, as others in Burlington County have found it difficult to reach the services they need, officials said.

“There is a huge deficit in transportation in Burlington, especially on the eastern side,” Torres-O’Connor said. “The transportation will be able to expand so that we’re able to provide medical transportation to these individuals to help get them to mental health and addiction services.”

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WGN (AM-720, Video): [Missing WWII veteran laid to rest at Abraham Lincoln National Cemetery](#) (19 October, 743k uvm; Chicago, IL)

ELWOOD, III. — A WWII veteran disappeared without a trace in the 1960s. For more than five decades, the man's daughters fought to find the truth. Now, they've solved the mystery. But it only raised more questions. Sisters Margaret Sloan and Catherine Ann Basten were young girls when a mystery began to unravel.

“We found out the man we had been calling ‘Dad’ was not our biological father,” Sloan said.

Their mother told them she wouldn’t speak of it — which only added to the intrigue for the two girls. They wanted to know the identity of their father, Raymond Woodrow Bell, and why he disappeared.

“We went to our grandparents and our aunts,” Sloan said, “and they gave us bits and pieces. He had been in the war, he had been put in a V.A. mental institution, and he kind of disappeared in 1966.”

In 1980, the sisters tracked down his mother — their paternal grandmother — in North Carolina.

“When we went to North Carolina,” Sloan said, “needless to say, we were welcomed, but nobody had any information.”

But his mother had filed a missing persons report with the V.A. and with the Cook County Sheriff’s police in 1968. The investigation stalled.

As the years passed, the yearning persisted.

“Something was just nagging at me,” Sloan said. “I started looking through the John Doe network.”

The sisters were referred to the National Missing and Unidentified Persons System, which agreed to review the case. That led to a Social Security number.

With that critical identifier, Cook County Sheriff's police Det. Jason Moran — a veteran of complex missing persons cases, including the John Wayne Gacy investigation to the Burr Oak Cemetery scandal — agreed to take the case. He tracked Bell to a Chicago-area nursing home, where he had lived a few years ago.

“It led me to another nursing home,” Moran said, “then it led me to a hospital, and then to another hospital, and then I learned that Mr. Bell had just passed away of natural causes a couple of weeks before I was assigned the case.”

The sisters and their decades-long quest had fallen just a few weeks short.

“We found him after he died,” Basten said.

She added, “I have a period at the end of a sentence, but now I have more questions.”

There is a sense of closure. Bell was laid to rest Friday at the Abraham Lincoln National Cemetery with full military honors. His daughters were there to witness it.

“We have a father,” Basten said. “His name is Raymond Woodrow Bell. We can say it out loud, we can say it with pride.”

The sisters said they wanted to share their story so that no other elderly veterans, especially those who may have had mental health issues that weren't properly treated, have to experience such loneliness and loss.

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6.2 - The Daily World: [This and that: Medicare, VA and Home Health services](#) (20 October, Mark Harvey, 17k uvm; Aberdeen, WA)

I think today is a good day for a bit of this and that, so let's jump right into a “this.”

An alert reader, who not only reads my ramblings but actually reads Medicare paperwork, reacted to a recent column about the new Medicare cards, which many of us have already received, or will be receiving shortly. In that column, I made the statement that we really didn't need to do anything.

I can't say it any better than she did, so here's what she said:

“I'm just a kid, 59 1/2, but I watch out for my husband and in-laws. One thing that I thought of after reading your article about the arrival of the new cards is that if you pay your Medicare premiums with your online bill pay service, you'll need to update your account to use your new

Medicare number. If you pay by check or money order, you'll need to write your new Medicare number on your check or money order."

Smart lady. Thank you!

Ready for a "that"? Now that we're actually in the Medicare Part D "open enrollment" period, there seems to be some confusion about, so let's back up.

If you already have a Part D plan, you are not required to find and purchase different one; in fact, you are not required to do anything. I always advise shopping because, as previously noted, premiums and formularies can (and do!) change, and most of us aren't pleased by discovering that fact when it's too late to do anything about it; however, you are not required to do anything.

If you do nothing, your current plan will continue into 2019 and, hopefully, all will be well.

Remember, too, that if you are signing up for Medicare for the first time, you are always eligible to purchase a Part D plan, regardless of when in the year that is. Also, anytime you move to a new area (like, a different state/county), you are eligible to purchase a new Part D plan.

Here's another "this," having to do with Veterans Administration benefits — but allow me to confess that I am not a pro when it comes to the VA. There are a number of reasons for that lack of expertise, none of which are sufficiently entertaining to articulate here. But here's what I know; and if you have questions about any of it, you'll get much further, much faster, by addressing them to someone who knows what they're talking about.

Apparently, way back in 2012, the VA began a process to stop financial companies from offering free assistance to veterans seeking benefits in order to sell financial services and products; thus, eight years later, we see the culmination of said process, effective Sept. 18, 2018:

- The "gifting provision," allowing gifts of property to be made, has been eliminated entirely.
- A "bright line" of \$123,600 in total net worth has been implemented. For pension purposes, any amount of assets less than that figure will be automatically allowed; any amount above it will make the claimant ineligible until the assets are spent down below that figure. "Assets" generally include bank accounts, retirement accounts, investment accounts, property other than the home, etc.
- A three-year "look back" has been implemented. This means assets over \$123,600 cannot be given away or reduced to meet eligibility for the 36-month period prior to filing a pension claim.
- A penalty period has been created. "Any funds improperly transferred to reduce net worth to \$123,600 are referred to as 'covered assets.' Any covered asset transfers discovered by VA will be divided by \$1,830. This equals the number of months a claimant will be ineligible to receive benefits up to a maximum of five years."

You now know what I know.

Here's the last one for today, so I guess it's a "that."

In response to several questions: Yes, Medicare covers Home Health services, but a Medicare beneficiary still has to meet Home Health criteria. That means (a) you need skilled services (i.e. nursing, therapies, etc.), and (b) it has to be difficult for you to get to a clinic or provider to receive said skilled services. The simple fact that you have Medicare isn't enough.

Had enough? Me, too.

Mark Harvey is the director of information and assistance for the Olympic Area Agency on Aging. He can be reached by email at harvemb@dshs.wa.gov; by phone at 360-532-0520 in Aberdeen, 360-942-2177 in Raymond, or 360-642-3634; or through Facebook at Olympic Area Agency on Aging-Information & Assistance.

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7. [Other](#)

7.1 - The Missoulian: [Tester among most effective senators](#) (20 October, David James, 125k uvm; Missoula, MT)

U.S. Sen. Jon Tester is one of the most productive senators in Congress. When the public has an abysmal view of Congress in general because of their inability to get anything done, Montana's Ranking Senator Tester is the exception.

In a political race that has brought millions of dollars of campaign ads into our state on YouTube, TV, radio, etc., it is difficult to ascertain truthfulness or accuracy. Consequently, to those who are ambivalent about their choice for Montana's U.S. senator, I would like to present some facts related to his advocacy of Veterans Affairs and the committee of which he is a ranking member.

On April 19, 2017, President Trump signed the VA Choice Improvement Act, which allows veterans who would face long waiting lines or long-distance traveling (as in Montana) to receive health care at private providers. Military.com says this new law is the beginning of needed reforms that would make a huge difference in the lives of veterans.

On June 23, 2017, President Trump signed the VA Accountability and Whistleblower Act, which brought needed reform that gives managers the ability to fire poor workers and protect people who bring fraud, neglect and abuse cases to light. The acting secretary of the Department of Veteran Affairs commented that this was important because it helps to improve quality of care and benefits to our veterans.

On August 12, 2017, the president signed the VA Choice and Quality Employment Act which allocated nearly \$2 billion for new health clinics for veterans and to hire qualified medical staff for veterans.

On August 16, 2017, the president signed the Veterans Education Assistance Act, which expanded access to the G.I. Bill and provided additional funding for veterans to seek careers in science, technology, engineering and math.

And this past June 6, the president signed the VA Mission Act that will lead to modernizing the VA in order to improve the care of every U.S. veteran. According to the president, “This system will strengthen the VA and provide timely care to VA patients, modernize VA health care by making investments in VA assets and provide \$5.2 billion in urgently needed funds in order to prevent interruption of Veterans currently using the Choice Program.”

Just a few weeks ago, Tester secured a raise for the troops and \$4.3 million to help rural health centers in Montana combat drug abuse and addiction — an issue important to many veterans, as well as rural Montanans.

It is well known that President Trump has campaigned against Tester. But it is not because he was not effective in his job; it is because he scuttled the president’s pick for VA secretary. The senator felt the candidate was unfit for the job.

Tester has spearheaded or cosigned 19 bills that were signed by the president into law. His report card indicates he is able to work with Republicans as well as Democrats to move bills through the Senate on a variety of issues, including suicide prevention, campaign finance, rural banking (as in Montana) and violence against women.

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7.2 - The Missoulian: [Tester uses anonymous accusations](#) (20 October, Robert E. Rice, 125k uvm; Missoula, MT)

U.S. Sen. Jon Tester has convinced me that his MO is to do a character assassination on those he opposes or runs against him. He did it to U.S. Sen. Conrad Burns, Rear Admiral Ronny Jackson and now Matt Rosendale. Usually his accusations are anonymous and can’t be verified but they create doubt, which is his intent.

Tester brags about all he does for veterans and hangs his hat on that. As a 30-year Navy veteran and user of the Veterans Administration, I find he has little to brag about. The VA clinic in Missoula has been called toxic by some doctors at the VA hospital. I waited 18 months to get an annual physical; I was told it was due to lack of personnel and funding.

I hope Tester doesn’t break his arm patting himself on the back. If my memory serves me, he said he would do two terms and he was not a career politician. It appears that’s also not true. When Burns did the same thing, Jon Tester used it against him in his run for the Senate.

Robert E. Rice

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Veterans Affairs Media Summary and News Clips

21 October 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [AP Fact Check: Trump Inflates Jobs Impact of Saudi Arms Deal](#) (20 October, Hope Yen and Calvin Woodward, 14M uvm; Washington, DC)

Trump, speaking about the failed nomination of White House doctor Ronny Jackson to be Veterans Affairs secretary: "Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!" — tweet Wednesday.

[Hyperlink to Above](#)

1.2 - Anchorage Daily News: [At AFN, U.S. Veteran Affairs secretary promises permanent grave markers, other benefits for Alaska](#) (21 October, Alex DeMarban, 301k uvm; Anchorage, AK)

Veterans Affairs Secretary Robert Wilkie told the Alaska Federation of Natives convention on Saturday that the agency is expanding benefits for veterans and families of service members in Alaska. Speaking before hundreds of Alaska Natives, and later in a listening circle with dozens of veterans, Wilkie said he was impressed with the longtime military service of Alaska Natives, with the highest enrollment rates in the nation.

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1.3 - FedSmith: [VA Says Morale is Improving Among its Employees](#) (19 October, Ian Smith, 276k uvm; Washington, DC)

Morale among federal employees working for the Department of Veterans Affairs is moving in a positive direction according to survey results just released by the agency. The VA announced the results this week of the 2018 All Employee Survey (AES) issued in June to its workforce of more than 375,000 employees. 62% completed the survey, a response rate that VA said surpassed the national response rate goal of 60% for this voluntary workplace survey.

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1.4 - UMSL Daily: [Telehealth traumatic brain injury project prepares DNP graduate for stroke care leadership](#) (19 October, Jessica Rogen, 17k uvd; Saint Louis, MO)

The doctoral program integrates leadership with clinical practice. For her clinical scholarship project, Dickman helped implement a telehealth program for Veterans Affairs St. Louis Health Care System. The experience leading the project gave her skills and knowledge that she's continued to apply to similar quality improvement projects in her current role as stroke coordinator at SSM Health Saint Louis University Hospital.

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2. [Improving Customer Service](#)

2.1 - Patch.com (Lakewood): [Puget Sound VA Facilities Get Low Rating In Annual Report](#) (19 October, Neal McNamara, 4.6M uvm; New York, NY)

The Department of Veterans Affairs released its annual ratings for VA medical centers across the country. In a press release, the department said the ratings for the end of fiscal year 2018 "evaluate and benchmark quality of care delivery" at 146 VA facilities, including all the facilities in the Puget Sound area.

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2.2 - Stars and Stripes (Yakima Herald-Republic): [Selah veteran Evan Mettie dies 12 years after he was paralyzed on duty in Iraq](#) (20 October, Phil Ferolito, 532k uvm; Washington, DC)
Army Spc. Evan Mettie was a quirky, fun-loving person who enjoyed making people laugh, his family said. "He was just a great kid," said his father, Dave Mettie. "It's too bad that he didn't get a chance to share that with more people." Evan Mettie, whose combat injury in Iraq brought light to the military's lack of treatment for traumatic brain injury, died of pneumonia Sunday. He was 34.

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2.3 - Federal News Network (Audio): [New playbook to help agencies battle fraud](#) (19 October, Eric White, 100k uvm; Washington, DC)
Fifty-seven percent of employees at the Veterans Affairs Department said they were satisfied with their jobs, in an employee engagement survey implemented separately from the Office of Personnel Management's governmentwide Federal Employee Viewpoint Survey. Secretary Robert Wilkie said the survey shows improvement, but workers continue to give senior leadership low marks.

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2.4 - Killeen Daily Herald: [O'Rourke, Dikeman tell Herald readers where they stand](#) (20 October, Matt Payne, 45k uvm; Killeen, TX)
Q: In recent years, the Department of Veterans Affairs established a national registry for veterans and service members exposed to "burn pits" in theaters of war. Yet, researchers say it will take years to investigate a connection between the toxins burned and those who have died or are suffering long-term serious health problems. What do you propose doing to close the gap between documented health ailments and medical help?

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2.5 - KTVA (CBS-11, Video): [Senator Dan Sullivan talks bringing federal officials to Alaska](#) (19 October, Jeff Bridges, 65k uvm; Anchorage, AK)
Alaska's Sen. Dan Sullivan was with the Secretary of Veteran Affairs Robert Wilkie in Anchorage today. He's the latest of several high profile guests that the senator has welcomed into the state. "I think it's a big part of my job, actually," Sullivan told KTVA.

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2.6 - The Daily News: [Corfu native is founder of Operation Backbone](#) (20 October, Jessica Dillon, 22k uvm; Batavia, NY)
Though a far-fetched proposal, this is the reality faced by the thousands of veterans attempting to navigate the tangled red tape of the U.S. Department of Veterans Affairs said Mike Sformo, a Corfu native, Gulf War veteran and founder of Operation Backbone. They aren't receiving the

help they need and too many — Sformo, not shying away from a truth he sees daily, said — opt for a fate sealed on the railroad tracks or by shotgun. He had the gruesome pictures to prove it.

[Hyperlink to Above](#)

2.7 - AZBigMedia: [3 veteran-owned businesses to know in Scottsdale](#) (20 October, 900 uvd; Phoenix, AZ)

“I believe in the mission,” she said. “For every bad story you hear, there are thousands of good people that are just doing a great job taking care of our veterans. I think our Department of Veterans Affairs needs to do more to tell those good stories and get them out there.”

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3. [Business Transformation](#)

3.1 - U.S. News & World Report (AP): [New Veterans Affairs Medical Clinic Planned for Muncie](#) (20 October, 14M uvm; Washington, DC)

Plans are in the works for construction of a new Veterans Affairs medical clinic in the central Indiana city of Muncie. A developer is seeking a zoning board's approval to build a nearly 28,000-square-foot clinic near Indiana 332 on the city's northwest side. The Star Press reports it would replace the current smaller VA clinic in Muncie that occupies a former Osco Drug store.

[Hyperlink to Above](#)

3.2 - KNIA (AM-1320): [Knoxville Sharpening Plan for VA Site Redevelopment](#) (19 October, Brian Adams, 10k uvm; Knoxville, IA)

Although discussion of the City of Knoxville's plan for redevelopment of the Veterans Administration property has been delayed, the extra time will give the city time to coordinate with everyone concerned.

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4. [DOD Cooperation / Electronic Health Records / MISSION Act Implementation](#)

4.1 - Burlington County Times (Video): [New model for behavioral health care coming to Burlington County](#) (20 October, Kelly Kultys, 35k uvm; Willingboro, NJ)

In Burlington County, Torres-O'Conner said the group plans to reach two specific underserved populations with expansion funding: those struggling with addiction and veterans. In New Jersey, the CCBHC requires providers to offer medication-assisted treatment to help curb a person's need to use as well as ambulatory detox to clear substances from a person's system, Loughery said.

[Hyperlink to Above](#)

5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WGN (AM-720, Video): [Missing WWII veteran laid to rest at Abraham Lincoln National Cemetery](#) (19 October, 743k uvm; Chicago, IL)

A WWII veteran disappeared without a trace in the 1960s. For more than five decades, the man's daughters fought to find the truth. Now, they've solved the mystery. But it only raised more questions. Sisters Margaret Sloan and Catherine Ann Basten were young girls when a mystery began to unravel.

[Hyperlink to Above](#)

6.2 - The Daily World: [This and that: Medicare, VA and Home Health services](#) (20 October, Mark Harvey, 17k uvm; Aberdeen, WA)

Here's another "this," having to do with Veterans Administration benefits — but allow me to confess that I am not a pro when it comes to the VA. There are a number of reasons for that lack of expertise, none of which are sufficiently entertaining to articulate here. But here's what I know; and if you have questions about any of it, you'll get much further, much faster, by addressing them to someone who knows what they're talking about.

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7. [Other](#)

7.1 - The Missoulian: [Tester among most effective senators](#) (20 October, David James, 125k uvm; Missoula, MT)

In a political race that has brought millions of dollars of campaign ads into our state on YouTube, TV, radio, etc., it is difficult to ascertain truthfulness or accuracy. Consequently, to those who are ambivalent about their choice for Montana's U.S. senator, I would like to present some facts related to his advocacy of Veterans Affairs and the committee of which he is a ranking member.

[Hyperlink to Above](#)

7.2 - The Missoulian: [Tester uses anonymous accusations](#) (20 October, Robert E. Rice, 125k uvm; Missoula, MT)

Tester brags about all he does for veterans and hangs his hat on that. As a 30-year Navy veteran and user of the Veterans Administration, I find he has little to brag about. The VA clinic in Missoula has been called toxic by some doctors at the VA hospital. I waited 18 months to get an annual physical; I was told it was due to lack of personnel and funding.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [AP Fact Check: Trump Inflates Jobs Impact of Saudi Arms Deal](#) (20 October, Hope Yen and Calvin Woodward, 14M uvm; Washington, DC)

President Donald Trump inflated the projected benefits of an arms deal with the Saudis as he defended his wait-and-see attitude about Saudi complicity in the disappearance of a journalist whose apparent murder has sparked world outrage.

On immigration enforcement, the president made the unsubstantiated claim that migrants are being paid to mass at the border and somehow disrupt the Nov. 6 elections in the United States. This claim followed his distortions in an Associated Press interview about climate change and the Russia investigation.

A look at how some of his words over the past week stack up with the facts:

[...]

MONTANA SENATE RACE

TRUMP, speaking about the failed nomination of White House doctor Ronny Jackson to be Veterans Affairs secretary: "Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!" — tweet Wednesday.

THE FACTS: Trump misleads by seeking to place the blame for Jackson's failed nomination entirely on Tester, the top Democrat on the Senate Veterans Affairs Committee. It also remains unclear whether the late-surfacing allegations against Jackson are "totally false" because the Pentagon inspector general is continuing to review some of them.

Jackson, a Navy rear admiral, withdrew his nomination in April after Tester released results of committee interviews he conducted with military personnel who raised questions about Jackson's prescribing practices and leadership ability. The interviews were done with the knowledge and support of Sen. Johnny Isakson, R-Ga., chairman of the committee considering Jackson's nomination.

The time period covered Jackson's tenure as a White House physician dating to 2006 and involved his current and former colleagues who served in both Republican and Democratic administrations.

Jackson, who broadly denied allegations of bad behavior, had already faced tough questions from several committee Republicans about whether he had the experience to manage the massive VA.

The allegations were referred to the Pentagon's inspector general for evaluation. After an initial assessment and review, the inspector general's office in June decided a formal investigation was warranted. That probe is continuing, according to the office.

[...]

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1.2 - Anchorage Daily News: [At AFN, U.S. Veteran Affairs secretary promises permanent grave markers, other benefits for Alaska](#) (21 October, Alex DeMarban, 301k uvm; Anchorage, AK)

Veterans Affairs Secretary Robert Wilkie told the Alaska Federation of Natives convention on Saturday that the agency is expanding benefits for veterans and families of service members in Alaska.

Speaking before hundreds of Alaska Natives, and later in a listening circle with dozens of veterans, Wilkie said he was impressed with the longtime military service of Alaska Natives, with the highest enrollment rates in the nation.

"It is what Sen. Sullivan calls Alaska's special kind of patriotism," Wilkie said, referring to Dan Sullivan, R-Alaska, who had urged Wilkie to visit Alaska before he was confirmed in July.

Wilkie's comments helped cap AFN's 52nd annual convention, a three-day spectacle of culture, art and politics. On Saturday, thousands of delegates from around Alaska called for new efforts to combat sexual assault in Native communities. In a remarkable moment Friday, Gov. Bill Walker announced he was ending his re-election bid with weeks left.

Speaking on Saturday, Wilkie said the agency will use Alaska as a testing ground for an electronic medical-records program that will smooth the transition from military to post-service life as veterans pursue health care.

Wilkie also complimented Alaska's unusual health system, with tribally run clinics in villages providing care to veterans in villages.

Over the last few days, Wilkie said he'd visited the Alaska Native Medical Center, providing health care in Anchorage, and the group's that manage the center, Southcentral Foundation and the Alaska Native Tribal Health Consortium.

Wilkie said the agency was renewing reimbursement agreements with tribes through 2022, as part of the program. Since 2012, the agency had reimbursed tribal-care providers \$21 million, he said.

"The greatest lesson I learned is you help Veterans Affairs more than I help you," he told the convention.

Speaking in a more intimate listening session after his speech, seated in a circle with some 30 Alaska Native veterans, Wilkie said the agency will provide permanent grave markers across Alaska, for families with deceased veterans.

A lieutenant colonel in the U.S. Air Force Reserve, Wilkie said Sullivan had leaned on him to take that step, and other efforts in Alaska.

Sullivan, a colonel in the U.S. Army Marine Corps Reserve, sat beside Wilkie.

Sullivan said the grave markers will replace old markers crumbling in Alaska's rugged weather.

"We pressed hard for that," Sullivan told the veterans.

Sullivan told a reporter after the hearing that work is underway to bring other benefits to Alaska, including the creation of a Veterans Affairs residency pilot program.

The goal is that physicians in training will conduct residency programs in Alaska and base their careers here, combating a shortage of doctors.

Sullivan had inserted that language into the VA modernization bill signed earlier this year.

On Friday, Wilkie attended the annual Stand Down Anchorage event where homeless veterans are able to access social services and other help.

At the AFN listening session on Saturday, George Shoogukuwrk, 67 and a U.S. Army Vietnam-era veteran, said the Veteran Affairs agency helped him get into his own home, after he had been homeless.

"Today, I'm good," he said.

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1.3 - FedSmith: [VA Says Morale is Improving Among its Employees](#) (19 October, Ian Smith, 276k uvm; Washington, DC)

Morale among federal employees working for the Department of Veterans Affairs is moving in a positive direction according to survey results just released by the agency.

The VA announced the results this week of the 2018 All Employee Survey (AES) issued in June to its workforce of more than 375,000 employees. 62% completed the survey, a response rate that VA said surpassed the national response rate goal of 60% for this voluntary workplace survey.

The survey indicated progress in a number of key areas: satisfaction with one's job (+8.8 percent); satisfaction with VA (+11.1 percent); and willingness to recommend VA as a good place to work (+10.9 percent).

62% of VA employees said in the 2017 Federal Employee Viewpoint survey that they recommended their agency as a good place to work (rating this question as either "agree" or "strongly agree").

Employees also reported seeing the results of employee surveys more often (+33.2 percent from 2014 to 2018), and employees reported improvements were being made based on survey results (+53.7 percent). Employees were also more likely to respond positively to items related to supervisor goal setting (+25.6 percent) and supervisor addressing employee concerns (+11.8 percent).

Agency employees listed the following areas as being the ones of greatest importance to them: having a civil and respectful work environment, having their concerns addressed by supervisors and having their talents used well in the workplace.

VA Secretary Robert Wilkie called the results positive, saying he remains committed to improving employee engagement, a critical precursor for strong customer service, one of his key priorities.

“VA employees are talented and committed professionals who rally behind a great mission,” said VA Secretary Robert Wilkie. “Veterans deserve a VA workforce that demonstrates pride in its work that results in strong customer service, and the survey shows we are making important progress in that direction.”

The VA also said that the morale improvement is directly correlated with employee retention and noted that VA employee turnover rates average 9% which is better than comparable private-sector rates in health care that average between 20-30%.

The VA noted, however, that while officials are happy to see the trend in the survey results, there are still areas for continued improvement.

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1.4 - UMSL Daily: [Telehealth traumatic brain injury project prepares DNP graduate for stroke care leadership](#) (19 October, Jessica Rogen, 17k uvd; Saint Louis, MO)

Jessica Dickman spent her first year as a nurse as part of a small pediatric unit at a community hospital.

One day, she was tending to a patient when he had had an adverse reaction to medication and was having difficulty breathing. Dickman was not initially sure what was going on, and the patient’s mental handicap prevented him from communicating clearly.

She called for an emergency nurse response team, and they ultimately called in a physician to give the order for medication to reverse his breathing difficulties.

That near-death experience galvanized Dickman to get back into education.

“In that moment, even though the patient didn’t die, I felt that I’d never know enough because the patients rely on me to always continue my learning,” she said. “I would have to be an eternal student in the nursing profession and obtain an advanced degree so that I can be the person who makes the judgment calls and saves lives while improving patient’s lives on a holistic level through compassionate care.”

Dickman has since earned a master’s in nurse leadership, and in August, she completed a DNP from the University of Missouri–St. Louis College of Nursing.

The doctoral program integrates leadership with clinical practice. For her clinical scholarship project, Dickman helped implement a telehealth program for Veterans Affairs St. Louis Health Care System. The experience leading the project gave her skills and knowledge that she’s

continued to apply to similar quality improvement projects in her current role as stroke coordinator at SSM Health Saint Louis University Hospital.

Dickman's interest in veterans' health grew out of her connection to The Jonas Philanthropies, a foundation devoted to improving health care, which supported Dickman's advanced nurse training with a scholarship that included a commitment to veterans' health care.

Patty Hendrickson, VA St. Louis associate director for patient care services, approached Dickman and asked her to help roll out telehealth care. The VA St. Louis already had a telemedicine system called VA Video Connect – but only a couple of coastal hub centers were using it. With a background in neuroscience, Dickman approached the challenge in the St. Louis Polytrauma Network Site, the VA's traumatic brain injury clinic.

"It sounded like their outpatient follow-up rates were very, very poor," said Dickman, explaining that more than one in four patients did not show at appointments due to depression, forgetfulness due to TBI, socioeconomic disadvantage or other commitments.

She attended the TBI clinic twice a week for two hours to discuss the VA's goals and design the telehealth test. If patients were not present within five minutes of their scheduled appointments, VA doctors called and offered to do 10-minute telehealth appointments. TBI clinic doctors in the area of speech therapy, clinical care, case management and psychology used the technology, and suicide prevention decided to adopt it later.

"The trauma exposure from war affects veterans all individually in so many different ways psychologically," Dickman said. "A lot of vets struggle with substance abuse, and they are undiagnosed with TBI. When you see a veteran who is homeless or something like that, they could have a TBI that's very treatable and not be aware of it."

She spent 10 months designing the program, educating staff, synthesizing research, getting institutional review board approval, implementing a two-month test run and contemplating results. During the test period, VA doctors offered the telehealth alternative to all of their "missed opportunity" patients and dropped the no-show rate by 7 percent.

Since the end of her test period, the VA has retained the program and expanded it to include on-demand appointments for primary care, emergency care and psychology.

Dickman, on the other hand, rolled up her clinical project experience with the DNP's teachings on quality improvement to elevate her role as stroke coordinator at SLU Hospital.

From June 2013 until April, Dickman was the stroke coordinator at SSM Health St. Mary's Hospital – St. Louis and started at SLU Hospital in April. Her new employer was agreeable toward evolving the once exclusively leadership role to include clinical practice. She manages the internal aspects of the stroke program and coordinates the operations of all the disciplines using evidence-based leadership strategies in conjunction with clinical skills.

"I am constantly trying to improve outcomes by using data to support process-improvement goals," Dickman said.

One area that Dickman is working on is ischemic stroke care response time. She helped create a "standard work," a series of actions for the many players in stroke emergency care. Dickman lives by the mantra "time is brain" and made an easily comprehensible chart that quantified

brain damage sustained during strokes that she uses to motivate her peers. She has seen strides in providing emergency surgery known as endovascular clot retrieval, in which doctors retrieve a clot obstructing blood flow to the brain that could lead to lifetime disability.

"We were in the 150-ish minute range when I started, and we're down to the 40s," she said. "We have some cases that are 110 or higher, but we want to make sure all cases are below 60 minutes, and we are working really hard to do that."

Coordinating care in a chaotic code situation is difficult, but Dickman is heartened by SLU Hospital's response time in administering the gold-standard stroke drug, Alteplase IV r-tPA, which, at an average 35 minutes, is well below the American Stroke Association's recommendation of 45 minutes.

Though she loves neuroscience and her current role, Dickman's time in the VA inspired her to work on increasing access to care for vulnerable populations, and she would eventually like to move into family health.

"Long term, I would love to work in an outpatient clinic promoting health or improving access to care," she said. "I really would like to be able to go somewhere in a rural community and really be able to be there for a community that can rely on me to diagnose them appropriately."

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2. Improving Customer Service

2.1 - Patch.com (Lakewood): [Puget Sound VA Facilities Get Low Rating In Annual Report](#)
(19 October, Neal McNamara, 4.6M uvm; New York, NY)

LAKEWOOD, WA - The Department of Veterans Affairs released its annual ratings for VA medical centers across the country. In a press release, the department said the ratings for the end of fiscal year 2018 "evaluate and benchmark quality of care delivery" at 146 VA facilities, including all the facilities in the Puget Sound area.

According to the VA, compared with data for the same period for 2017, 66 percent of its facilities had an improvement in overall quality in the third quarter. Six VA facilities had a decline in quality and the department says improvement activities are underway at those centers.

The star rating system (1-5) used by the VA measures a facility's relative performance compared to other VA medical centers. Each center is also assessed for quality based on improvement compared to its own performance from the past year.

The Puget Sound facilities scored a 2 out of 5 stars. The facilities were rated as a group instead of individually. Although still a low score, the local facilities improved over the previous year's rankings.

The Spokane VA fared slight better, scoring a 3 out of 5.

As The Huffington Post noted, nine hospitals earned the lowest possible one-star rating compared to 14 last year. The number of hospitals that received a five-star rating dropped by two compared to 2017 as just 17 hospitals achieved that score.

"With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities," VA Secretary Robert Wilkie said in the press release. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

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2.2 - Stars and Stripes (Yakima Herald-Republic): [Selah veteran Evan Mettie dies 12 years after he was paralyzed on duty in Iraq](#) (20 October, Phil Ferolito, 532k uvm; Washington, DC)

Army Spc. Evan Mettie was a quirky, fun-loving person who enjoyed making people laugh, his family said.

"He was just a great kid," said his father, Dave Mettie. "It's too bad that he didn't get a chance to share that with more people."

Evan Mettie, whose combat injury in Iraq brought light to the military's lack of treatment for traumatic brain injury, died of pneumonia Sunday. He was 34.

Mettie, 22 at the time, was on his second tour in Iraq when a roadside bomb changed his life. On New Year's Day 2005, with his unit under attack, shrapnel from an improvised explosive device pierced his head and damaged his brainstem. He was left paralyzed, although he remained cognitively aware.

He was quickly removed from active duty, and lost some military benefits as a result. The Department of Veterans Affairs wouldn't cover private rehabilitation services, and the military lacked enough understanding of traumatic brain injuries to offer effective treatment.

His mother, Denise Mettie, testified about her son's medical treatment before a U.S. Senate Committee on Veterans Affairs.

She had already quit her job at U.S. Bank in Selah to care for Mettie, who had bounced through a series of hospitals, connected to breathing machines, before finally coming home to Selah.

Her testimony caught the attention of the director of Kessler Institute, a renowned medical rehab center in New Jersey.

"We got a call a couple days later and the director said they wanted Evan at his rehab," Dave said. "After Evan got there, other soldiers were starting to show up. He kind of pushed the door open for private rehab."

Fun-loving

Mettie was kind of a nerdy kid, a goofball at times, Dave said, and he didn't get the best of grades.

"He was smart as a whip. He just didn't find the necessity to excel in class," his father said.

Mettie liked video games and enjoyed hiking and camping. He participated in Cub Scouts and Boy Scouts, and in high school he competed in the triple jump.

But most of all, he was jokester and a prankster, Denise said.

One year in high school, he spent two weeks watching “Monty Python and the Holy Grail,” writing down every word spoken in the movie. He then transferred the dialog to flashcards.

“Then when he was on the school bus, he’d pass out the cards to all the kids so they could act all the parts,” Denise said.

Once before his triple jump event, he woofed down two hot dogs. “The coach was livid. ‘You don’t eat before your event,’” she recalled the coach saying.

He ended up posting a personal best.

When he came home from the war, badly injured, the high school held a fundraiser for him. They sold hot dogs.

As a kid, Mettie often watched his two younger sisters, Kira and Breanne, and he had a silly way of punishing them for misbehaving, Breanne said.

He made a paper wheel he called “the wheel of torture” they’d have to spin when they got in trouble.

“And we had to do what it landed on,” she said. “Whatever punishment he made up for us.”

They included standing nose-to-the wall or sitting in an invisible chair — basically an air-squat — for a few minutes, she said.

Breanne eventually told their mom about the paper wheel, and he was happy to show it off.

“He was proud of his invention,” Breanne recalled with a laugh.

Decision to serve

Before graduating from Selah High School in 2002, Mettie wasn’t sure what to do with his life, but he showed interest in the military.

“We discussed it and knew that was something he was kind a of looking at,” Dave said.

That was before 9/11.

But it wasn’t until after Mettie graduated that Dave and Denise learned he had enlisted.

“He actually put his name on the line without our knowledge,” Dave said. “We wanted to help him go through the process.”

Dave said that at the time, Mettie was told by recruiters that Army troops wouldn’t be deployed to Iraq.

Dave wasn't surprised when his son was actually sent.

"At that time, a lot of people were being sent to Iraq — I didn't like it," Dave said somberly.

Jim Gonzalez, team leader in his platoon, described Mettie as a giving man.

"He always had everybody else's needs in mind," Gonzalez said. "He would make sure the people who didn't get packages would get packages from his family. This guy was a ray of light in a dark place."

'Contributing to everyone'

When the bomb went off, Mettie had no pulse and he was reported dead, Gonzalez recalled.

"We tried to work on him. We couldn't pick up a pulse," he said.

Moments later, another unit arrived with a medic who revived Mettie.

"He fought for 12 years," Gonzalez said of Mettie. "In our world, he's having a cold one at Fiddler's Green. That's where he's at, holding down the fort for us until we arrive."

Men from across the country who served with Mettie are expected at his funeral, Gonzalez said.

"These guys have not seen each other for 12 or more years," Gonzalez said. "Even in his final act, he's contributing to everyone."

A visitation will be from 4 to 8 p.m. Oct. 26 at Keith & Keith Funeral Home at 902 W. Yakima Ave. A funeral will be at 11 a.m. Oct. 27 at Yakima Foursquare Church at 700 N. 40th Ave. in Yakima. Concluding services with full military honors will be at Tahoma Cemetery at 1802 Tahoma Ave. in Yakima.

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2.3 - Federal News Network (Audio): [New playbook to help agencies battle fraud](#) (19 October, Eric White, 100k uvm; Washington, DC)

[...]

Fifty-seven percent of employees at the Veterans Affairs Department said they were satisfied with their jobs, in an employee engagement survey implemented separately from the Office of Personnel Management's governmentwide Federal Employee Viewpoint Survey. Secretary Robert Wilkie said the survey shows improvement, but workers continue to give senior leadership low marks. Forty-nine percent said senior leaders generate high levels of motivation in the workplace. (Department of Veterans Affairs)

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2.4 - Killeen Daily Herald: [O'Rourke, Dikeman tell Herald readers where they stand](#) (20 October, Matt Payne, 45k uvm; Killeen, TX)

The 2018 Texas U.S. Senate race has attracted two candidates calling for change against Republican incumbent Sen. Ted Cruz.

According to October campaign fund figures, Cruz has raised \$13,207,771 in his bid for re-election, hoping to continue his GOP representation for the state.

Democrat Beto O'Rourke, the U.S. representative for Texas' 16th Congressional District since 2013, has raised \$23.6 million in his campaign for Senate, a record amount for any candidate to run for Senate.

Cruz is also challenged by Neal Dikeman, the Texas Libertarian candidate for the U.S. Senate. The venture capitalist has raised a \$13,546 campaign for the Senate seat.

After multiple attempts made by the Herald, Cruz could not be reached for comment. The Herald sent four emails to multiple campaign staff.

Jessica Skaggs with the Cruz campaign referred the Herald to Catherine Frazier and Emily Miller for press requests. At 3:17 p.m. Saturday, Frazier replied, and said Cruz could not answer the questions before deadline.

Question: Would you retain the current tax brackets or change them. If so, how would you change them?

Dikeman: Regardless of your views on the level and progressiveness of taxation, we need dramatically simpler taxes, fewer brackets, fewer deductions and loopholes, less regulation of behavior through the tax code. No American should have to hire an accountant to pay or understand their taxes.

O'Rourke: The decisions we make as a country about taxing and spending matter for moral reasons. Congress should spend less on tax cuts for corporations and the wealthy. Instead, we should invest in education, health care, jobs, and infrastructure — investments that not only benefit working Texans, but pay dividends over the long term and contribute to the economic success for everyone in our country. For these reasons, I would change our current tax brackets to restore the top individual tax rate and make sure any tax cuts benefit everyday Texans.

Q: Many local police departments are cash strapped. What sort of federal assistance would you propose or endorse to help local police departments serve their communities?

Dikeman: I believe in local control, and local funding. Running tax dollars through Washington and Austin and back to local police forces makes little sense. Especially as we spend as a country one of the highest amounts on law enforcement of any developed nation, and have correspondingly one of the highest incarceration rates. Far and away the largest load on our criminal justice system comes from drug laws, immigration laws, and traffic laws - many of them poorly designed decades old laws that should not be on the books. If we're feeling the financial pinch at local law enforcement level, perhaps we should look to de-scope unneeded laws, not increasing even more spending for more expensive enforcement that never seems to end.

O'Rourke: Police officers have some of the most important jobs I could imagine, and we owe them the support and resources they need to keep our communities safe. In Congress, I have been proud to vote for hundreds of millions of dollars in appropriations that go directly to Texas state and local law enforcement. Using these federal funds allows more state dollars to go where they're needed and permits us to teach de-escalation techniques, community policing, and measures to keep citizens out of prisons while supporting local initiatives that help improve safety.

Q: In recent years, the Department of Veterans Affairs established a national registry for veterans and service members exposed to "burn pits" in theaters of war. Yet, researchers say it will take years to investigate a connection between the toxins burned and those who have died or are suffering long-term serious health problems. What do you propose doing to close the gap between documented health ailments and medical help?

Dikeman: We have a responsibility to soldiers that we send into harm's way to treat them with respect, and provide transparency and accountability, and make sure they have opportunities and support to re-establish themselves in their community and our workforce when they come home. I do not know why the Department of Veterans Affairs has found this particular issue challenging.

O'Rourke: I believe we must commit to providing every veteran the care, benefits, and support they've earned and that needs to include those affected by burn pits. We must do better and take a proactive role in caring for those who are suffering and dying. That's why I co-sponsored legislation including the Helping Veterans Exposed to Burn Pits Act, which includes provisions President Trump recently signed into law that create a research center specifically designed to study the effects of burn pit exposure and allow us to accelerate our response to the phenomenon.

Q: The Killeen area has a large population of veterans who rely on the Department of Veterans Affairs for health care coverage and other benefits. In recent years, long backlogs at the VA have prevented some veterans from receiving the coverage they need. How will you work to decrease the backlog at the VA and ensure that certain veterans receive the benefits and coverage they have earned?

Dikeman: See below. When we try to address price instead of cost, we see degradation in service or quality, and eventually price as well.

O'Rourke: As a member of the House Veterans' Affairs Committee, I have pushed the VA to address the claims backlog. The VA appeals process has been a major driver of the backlog and so last spring, I worked with members from both parties to pass a bill to reform and modernize the appeals process. Congress needs to ensure those reforms are implemented successfully and that the VA is diligent in managing legacy appeals. I'll use my experience of increasing access to mental health care for veterans as the example for how to continue delivering for those who served our country.

Q: What measures do you support to ensure your constituents have access to affordable health care? Do you support continuing or strengthening the Affordable Care Act, or do you believe there is a more effective way to ensure that coverage?

Dikeman: I've talked about this extensively, healthcare is tied your job (including as a veteran) by a bad 1940s tax deal that has caused costs to spiral upwards at twice the rate of GDP

growth, when like any tech industry they should have been falling every year. We only need the VA because we have failed to put in place a good healthcare funding system for all. The ACA had good intentions, but has completely failed to address costs, and true to form when through the ACA, VA, or single payer we try to address price without addressing cost, we see degradation in service or quality, and eventually prices rise anyway as costs continue to creep. We have called for a Million Payer system, unwinding the corporate tax deal, and breaking up the vertical integration of insurance companies and private networks. Today the insurance company works for your employer or your government, medical providers for the insurance company, and no one works for you, so the system doesn't work.

O'Rourke: Every single Texan should be able to see a doctor, afford their prescriptions, and be well enough to work a job, finish their education, and contribute to their full potential. I want Texas – the least insured state in the country – to take the lead on this. That means defending the Affordable Care Act's protections for those with pre-existing conditions, strengthening the ACA in Texas by expanding Medicaid, and achieving guaranteed, high quality, universal health care for every man, every woman, and every child in Texas and in this country.

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2.5 - KTVA (CBS-11, Video): [Senator Dan Sullivan talks bringing federal officials to Alaska](#) (19 October, Jeff Bridges, 65k uvm; Anchorage, AK)

Alaska's Sen. Dan Sullivan was with the Secretary of Veteran Affairs Robert Wilkie in Anchorage today. He's the latest of several high profile guests that the senator has welcomed into the state.

"I think it's a big part of my job, actually," Sullivan told KTVA. "You mentioned we also had Secretary Mattis up here recently, Secretary of Defense. I hosted all of them and Commandant of the Coast Guard. I get a commitment from everybody, come to Alaska, see my constituents and unique attributes. I say Alaska sells itself."

Friday he and the Secretary attended the 26th annual Anchorage Stand Down, an event to help homeless veterans. Saturday the two plan to attend the Alaska Federation of Natives Convention. After, they plan a town hall for Alaska Native veterans.

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2.6 - The Daily News: [Corfu native is founder of Operation Backbone](#) (20 October, Jessica Dillon, 22k uvm; Batavia, NY)

CORFU — Imagine you're at a stop sign, eyes on the road and obeying all traffic laws, when a car barrels into you at 125 mph. Your mouth is full of broken teeth, your body full of broken bones, and the pain far more than you can bear — but somehow you're still alive, your heart heaving against your fractured chest.

An ambulance is called, and soon, its sirens blare, the flashing red and blue lights screaming into your bloodied view. But it doesn't stop where your body lies, careening instead around the corner, its urgency fading.

It won't return for 18 years. And this time, it's likely come to retrieve your lifeless body — not to save an ailing man.

Though a far-fetched proposal, this is the reality faced by the thousands of veterans attempting to navigate the tangled red tape of the U.S. Department of Veterans Affairs said Mike Sformo, a Corfu native, Gulf War veteran and founder of Operation Backbone. They aren't receiving the help they need and too many — Sformo, not shying away from a truth he sees daily, said — opt for a fate sealed on the railroad tracks or by shotgun. He had the gruesome pictures to prove it.

"So here's how it works," Sformo said from the comfort of his childhood living room — the walls plastered in framed photographs of loved ones from bygone eras — on Friday morning. Sporting faded Buffalo Sabres sweats and sipping cheap McCafe coffee from a paper cup, he'd allowed himself a brief respite from the work that's consumed his life since the fateful day eight years ago when he injured his neck and his world view changed forever. He was, his wife Maria said with a grateful smile, taking a chance to breathe.

But she was not to be fooled — his I-Phone still dinged with the dozens of emails and messages he receives by the hour, and there was, she knew, still important work to be done. But first, Sformo would share his story. And he would not mince his words.

"Eight years ago, I'm working out and hurt my back severely," Sformo, now based in Annapolis, said. "It has nothing to do with the military. I get a bill for \$127 and I take it to the Washington, D.C. V.A. Basically, they laugh at me and tell me to go to hell."

It wasn't much, Sformo admitted — a \$127 copay he had the resources to take care of — but even so, the implications of the denial made him sick.

"I asked, 'What do you do if you don't have insurance, if you don't have money, if you don't have family supports or the contacts to get it taken care of?'" Sformo said. "What do you do? And the (V.A. officials) said, 'Well, there's nothing you can do. That's how the system works.'"

Enter Operation Backbone, the not-for-profit organization with a goal of changing the way medicine is delivered through the military. Since its founding in 2010, it's helped hundreds of veterans unable to receive the care they need from V.A. hospitals lessen their pain, reduce their dependence on pain medications and improve their quality of life.

But there are thousands more who go without help because of the barriers put in place by the government, Sformo said, and every day is a new battle.

"Years ago, the Department of Defense finally put me in touch with a soldier in need," Sformo said. "The first one was a tremendous success out of Fort Bragg, North Carolina. I said if I can do it with one, we can do it with thousands. And how wrong I was."

It was beginner's luck, he said — he went up to the plate, hit a home run, and then struck out three years in a row.

"I had to dig in and really understand all the aspects," Sformo said. "Brain surgery, spine surgery, pain management, radiology — it was just a massive, never-ending learning process. I'm still learning."

But even still, Operation Backbone, funded by corporate sponsorships and donations, is offering the best help veterans can find, matching patients with private doctors and surgeons willing to perform pro bono medical procedures, Sformo said.

“When you come to us, I put your information in front of the best talent you can find,” Sformo said. “I’ve found the best surgeons in every discipline across three countries, and they’re all looking at your details to come up with a solution. Some people wait nine months just to get an appointment with the V.A. when I can have their answer on my phone in 18 minutes.”

And that’s not to mention the treatment, which he said is, when rarely offered by the V.A., inadequate at best. He referred to the procedures as “chop shop jobs” that render many veterans permanently disabled, leaving once viable members of society in chronic, agonizing pain, depressed beyond belief and addicted to opioid medications.

“The V.A. officials drug these guys out to the point where they become zombies,” Sformo said. “The wives become terrified. Their families don’t know who they are anymore.”

The dependency leads to further isolation, further trauma, further pain. In the end, many veterans end up with “a gun in their mouth,” Sformo said.

“We have one wife who put plastic all over the walls of her bedroom, because it’s easier to pull the plastic down than it is to wipe the blood off the walls when her husband finally tries to kill himself,” Sformo said. “I’ve seen fathers sit in front of their kids to try and figure out how to find a way to make their death look accidental so their family can get the insurance money.”

So he lobbies at every level — the Capitol, the Pentagon, the White House — to get things done. And in his years serving as CEO of the organization, he’s seen the good — “(Congressman) Brian Higgins has been a great friend of mine and a great supporter,” Sformo said — and the ugly — “A lot of members of Congress are absolutely horrible individuals who couldn’t care less,” he went on — and has discovered an unsatisfactory truth that comes straight from the mouths of those we’ve elected to serve us.

And so he texts senators at 9 o’clock at night and calls them at 5 in the morning regardless. Because if he doesn’t, it’s another early grave for another man who could have gone on to lead a fruitful live if he’d only gotten the treatment he deserved.

“I blame the Trump administration, I blame the Obama administration, Bush, Clinton, Reagan,” Sformo said. “All these people had the ability to do something and none of them have. And the reason is it’s just not a priority to do anything for the one or two percent that have been buried and left and stuck in the corner because they probably aren’t going to get any votes from them, and what’s the point?”

So Sformo drinks coffee. A lot of it. And goes two steps forward only to be pushed three steps back.

“I get soldiers that come to me from Germany, Africa, Italy, Spain, Saudi Arabia, Special Forces, every branch,” Sformo said. “The sad part is I could help the majority of them, it’s just so time consuming to work through the paperwork and the bureaucracy. I can only do what I can do, work as fast and efficiently as I can.”

And when he helps a man like Kurt Santini — a Virginia resident and U.S. Army veteran who underwent surgery at Kenmore Mercy Hospital earlier this week — it's all worth it, Sformo said,

"Parachute didn't open. Hit the ground at about 125 mph. Smashed into the ground," came Sformo's quick, to-the-point highlights of Santini's condition, and the reason for his debilitating pain. "That was 18 years ago. Yesterday, he went home."

"The V.A. denied everything for almost 17 years," Sformo continued. "His teeth were bashed out. He hasn't had solid food in years — the V.A. broke off his wisdom teeth and left them impacted. We had to bring him up, and we had to bring him to an oral maxillofacial surgeon in Buffalo — Dr. Jack Campbell, an incredible guy at UB. He jumped in right away, did all his teeth, took out all the infections and the very next day, (Santini's) face went from being swelled up like a balloon to hardly any swelling at all, and he had the biggest smile on his face."

Sformo remembers telling Santini, as he's told so many before, "Look, don't kill yourself yet. Hang in there, hang in there, hang in there."

And Santini did.

Three hours after an operation performed by Dr. Franco Vigna, an orthopedic surgeon affiliated with Catholic Health, Santini was almost 100 percent pain free, moving his fingers, moving his legs, with happy tears in his eyes, Sformo said.

"And now, after 18 years, he's home."

That's all Sformo could ask for, he said — for veterans to receive treatment so that they are free to go be a good father and a good husband, so that they are able to come down the stairs at Christmas time, and, in the summer, to take their sons fishing.

But without direct referral access to the V.A., he said, that's an elusive reality afforded to too few men.

"I have a tremendous amount of respect for the V.A. nurses and doctors who are trying their best, but they're stuck," Sformo said. "There are some great, great people in the V.A. and the V.A. is extremely important to have. They're just not equipped to do what we do."

The core problem is ugly and scary, he said, but each day that goes by without reform is "irritating, upsetting, and disappointing."

And his family — wife Maria, daughters Sophia Maria and Giada Maria, and son Rocco, ages 10, 8 and 6 — just hope he sees the good he's done every once in awhile.

"After Kurt I said (to Sformo), look at what you did," Maria said from across the living room. "You brought him to the surgeon that fixed him. I'm always trying to get him to take a breath, or acknowledge what he's done...But he looked at me and said, 'It just makes me so mad that for 18 years he's lived like this.' He is the truest guy I've ever seen in action."

And he knows there's still a long road ahead.

“I am not looking for a thank you,” Sformo said. “I am not looking for a thank you for your service. I am looking for financial donations and leadership from CEOs and other businesses that have something tangible that they can contribute to move this agenda forward.”

And as he finished up his cup of coffee — though it was not yet 10 a.m., he admitted it certainly wasn’t his first of the day — the gears in his head began picking up speed.

“I’ve got to go back to Washington,” Sformo said, standing. “I’ve got to fight the V.A. It’s just a massive, massive process, and to see this machine just sit on the sidelines and watch the world go by is sad and pathetic.”

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2.7 - AZBigMedia: [3 veteran-owned businesses to know in Scottsdale](#) (20 October, 900 uvd; Phoenix, AZ)

They gave everything for their country, but veterans continue serving their community through their businesses.

Roughly 9.1 percent of U.S. businesses are veteran-owned, and there is no shortage of them in Arizona. Here are three veteran-owned businesses thriving in the Scottsdale area.

[...]

Paula Pedene and Associates

Paula Pedene, a Navy veteran who served for 12 years, has worked in the public relations department the V.A. Hospitals for years and also runs her firm part-time.

She was also one of the whistleblowers exposing the actions of the leaders and of the wait times at the Phoenix V.A. Hospital, the former causing her to lose her status in the PR department and be placed as a library clerk for two years.

“When I was in the library, I was trying to rebuild my reputation, and I thought, ‘I could do PR on the side and I can open my own business,’” she said.

Though her situation with the hospital finally came to an end, she had already moved forward in 2013 with running her own firm after her corporate work hours, donating her time to the Honoring Arizona’s Veterans and serving as the Phoenix Veterans Day Parade event coordinator. But she still works with the V.A.

“I believe in the mission,” she said. “For every bad story you hear, there are thousands of good people that are just doing a great job taking care of our veterans. I think our Department of Veterans Affairs needs to do more to tell those good stories and get them out there.”

Though the business has faced some hurdles and bumps in the road like many small businesses starting out, it has won three Silver Anvil Awards from the Public Relations Society of America, and Pedene has found herself at the crossroads of whether she will take the firm full-time.

“The reason I’m at the crossroads is because I love what I do with the V.A.,” she said. “I am just so proud to serve our veterans, and I am very passionate about that. That makes it hard to leave. For right now, the base that I have is just fine.”

[...]

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3. Business Transformation

3.1 - U.S. News & World Report (AP): [New Veterans Affairs Medical Clinic Planned for Muncie](#) (20 October, 14M uvm; Washington, DC)

MUNCIE, Ind. (AP) — Plans are in the works for construction of a new Veterans Affairs medical clinic in the central Indiana city of Muncie.

A developer is seeking a zoning board's approval to build a nearly 28,000-square-foot clinic near Indiana 332 on the city's northwest side. The Star Press reports it would replace the current smaller VA clinic in Muncie that occupies a former Osco Drug store.

Delaware County veterans affairs service officer Nate Jones says the VA is looking to expand services with the new clinic.

The plans from Burns Development of Indianapolis include about 20 exam rooms and spaces for radiology, physical therapy and group therapy. The developer aims to complete the clinic construction next year and would lease it to the VA.

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3.2 - KNIA (AM-1320): [Knoxville Sharpening Plan for VA Site Redevelopment](#) (19 October, Brian Adams, 10k uvm; Knoxville, IA)

Although discussion of the City of Knoxville’s plan for redevelopment of the Veterans Administration property has been delayed, the extra time will give the city time to coordinate with everyone concerned.

That’s according to Knoxville City Manager Aaron Adams, who says the city wants to ensure the old VA campus is put to the best possible use or uses for the benefit of residents. He tells KNIA/KRLS News one potential usage involves providing housing; even with a two percent unemployment rate in Marion County, attracting workers here is problematic due in part to lack of housing.

“Housing is such a huge challenge; it’s difficult to recruit employees, sometimes to retain employees, and with housing being one of those key issues,” Adams says. “So that’s definitely going to be a key component for us; we’re also very interested in growing and diversifying our tax base, and so, residential’s a big part of that.”

There are a number of potential uses available for the VA site; Adams says there's enough room there to potentially accommodate one or more of these usages, as long as they all prove beneficial in the long run.

He says even a large business or industrial proposal would be considered; there are existing industrial parks in town, but the city could give serious consideration to using the VA property if the right one comes along.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Burlington County Times (Video): [New model for behavioral health care coming to Burlington County](#) (20 October, Kelly Kultys, 35k uvm; Willingboro, NJ)

WESTAMPTON — Lawrence V. wasn't sure where to go after spending almost 15 years of his life struggling with hard drugs.

"I had burned a lot of bridges in my using days and I couldn't go to anybody anymore," he said. "The only people that never gave up on me were my mom and my grandmother, but everybody else had."

Lawrence, who declined to provide his last name, had been to a variety of treatment programs, but none of them seemed to stick. His mother, however, was determined to get him help, and she came across Catholic Charities, Diocese of Trenton, which serves Burlington, Mercer, Ocean and Monmouth counties, where it offers a wide variety of services for mental health and addiction needs.

For Lawrence, a range of programs from medication-assisted treatment to employment help was exactly what he needed.

[...]

Specific targets in Burlington County

In Burlington County, Torres-O'Conner said the group plans to reach two specific underserved populations with expansion funding: those struggling with addiction and veterans.

In New Jersey, the CCBHC requires providers to offer medication-assisted treatment to help curb a person's need to use as well as ambulatory detox to clear substances from a person's system, Loughery said.

"We have our outpatient detox program, medication-assisted treatment, with medication that can really help some of these individuals that maybe haven't been as successful with traditional models, to really engage in care now that this will be available to them in the community," said Gustavo Mejia, director of addiction recovery services for Catholic Charities, Diocese of Trenton.

Officials also are planning to target the county's large veteran population to address needs slipping through the cracks, Loughery said.

"There's a significant veteran population in Burlington County that we'll now be able to work directly with the (U.S. Department of Veterans Affairs) on providing services and filling in the gaps for the VA system and the access to the VA system by providing services like transportation for veterans," Loughery said.

But transportation issues aren't limited to veterans, as others in Burlington County have found it difficult to reach the services they need, officials said.

"There is a huge deficit in transportation in Burlington, especially on the eastern side," Torres-O'Connor said. "The transportation will be able to expand so that we're able to provide medical transportation to these individuals to help get them to mental health and addiction services."

[...]

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5. [Suicide Prevention](#)

6. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

6.1 - WGN (AM-720, Video): [Missing WWII veteran laid to rest at Abraham Lincoln National Cemetery](#) (19 October, 743k uvm; Chicago, IL)

ELWOOD, Ill. — A WWII veteran disappeared without a trace in the 1960s. For more than five decades, the man's daughters fought to find the truth. Now, they've solved the mystery. But it only raised more questions. Sisters Margaret Sloan and Catherine Ann Basten were young girls when a mystery began to unravel.

"We found out the man we had been calling 'Dad' was not our biological father," Sloan said.

Their mother told them she wouldn't speak of it — which only added to the intrigue for the two girls. They wanted to know the identity of their father, Raymond Woodrow Bell, and why he disappeared.

"We went to our grandparents and our aunts," Sloan said, "and they gave us bits and pieces. He had been in the war, he had been put in a V.A. mental institution, and he kind of disappeared in 1966."

In 1980, the sisters tracked down his mother — their paternal grandmother — in North Carolina.

"When we went to North Carolina," Sloan said, "needless to say, we were welcomed, but nobody had any information."

But his mother had filed a missing persons report with the V.A. and with the Cook County Sheriff's police in 1968. The investigation stalled.

As the years passed, the yearning persisted.

"Something was just nagging at me," Sloan said. "I started looking through the John Doe network."

The sisters were referred to the National Missing and Unidentified Persons System, which agreed to review the case. That led to a Social Security number.

With that critical identifier, Cook County Sheriff's police Det. Jason Moran — a veteran of complex missing persons cases, including the John Wayne Gacy investigation to the Burr Oak Cemetery scandal — agreed to take the case. He tracked Bell to a Chicago-area nursing home, where he had lived a few years ago.

"It led me to another nursing home," Moran said, "then it led me to a hospital, and then to another hospital, and then I learned that Mr. Bell had just passed away of natural causes a couple of weeks before I was assigned the case."

The sisters and their decades-long quest had fallen just a few weeks short.

"We found him after he died," Basten said.

She added, "I have a period at the end of a sentence, but now I have more questions."

There is a sense of closure. Bell was laid to rest Friday at the Abraham Lincoln National Cemetery with full military honors. His daughters were there to witness it.

"We have a father," Basten said. "His name is Raymond Woodrow Bell. We can say it out loud, we can say it with pride."

The sisters said they wanted to share their story so that no other elderly veterans, especially those who may have had mental health issues that weren't properly treated, have to experience such loneliness and loss.

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6.2 - The Daily World: [This and that: Medicare, VA and Home Health services](#) (20 October, Mark Harvey, 17k uvm; Aberdeen, WA)

I think today is a good day for a bit of this and that, so let's jump right into a "this."

An alert reader, who not only reads my ramblings but actually reads Medicare paperwork, reacted to a recent column about the new Medicare cards, which many of us have already received, or will be receiving shortly. In that column, I made the statement that we really didn't need to do anything.

I can't say it any better than she did, so here's what she said:

"I'm just a kid, 59 1/2, but I watch out for my husband and in-laws. One thing that I thought of after reading your article about the arrival of the new cards is that if you pay your Medicare premiums with your online bill pay service, you'll need to update your account to use your new Medicare number. If you pay by check or money order, you'll need to write your new Medicare number on your check or money order."

Smart lady. Thank you!

Ready for a "that"? Now that we're actually in the Medicare Part D "open enrollment" period, there seems to be some confusion about, so let's back up.

If you already have a Part D plan, you are not required to find and purchase different one; in fact, you are not required to do anything. I always advise shopping because, as previously noted, premiums and formularies can (and do!) change, and most of us aren't pleased by discovering that fact when it's too late to do anything about it; however, you are not required to do anything.

If you do nothing, your current plan will continue into 2019 and, hopefully, all will be well.

Remember, too, that if you are signing up for Medicare for the first time, you are always eligible to purchase a Part D plan, regardless of when in the year that is. Also, anytime you move to a new area (like, a different state/county), you are eligible to purchase a new Part D plan.

Here's another "this," having to do with Veterans Administration benefits — but allow me to confess that I am not a pro when it comes to the VA. There are a number of reasons for that lack of expertise, none of which are sufficiently entertaining to articulate here. But here's what I know; and if you have questions about any of it, you'll get much further, much faster, by addressing them to someone who knows what they're talking about.

Apparently, way back in 2012, the VA began a process to stop financial companies from offering free assistance to veterans seeking benefits in order to sell financial services and products; thus, eight years later, we see the culmination of said process, effective Sept. 18, 2018:

- The "gifting provision," allowing gifts of property to be made, has been eliminated entirely.
- A "bright line" of \$123,600 in total net worth has been implemented. For pension purposes, any amount of assets less than that figure will be automatically allowed; any amount above it will make the claimant ineligible until the assets are spent down below that figure. "Assets" generally include bank accounts, retirement accounts, investment accounts, property other than the home, etc.
- A three-year "look back" has been implemented. This means assets over \$123,600 cannot be given away or reduced to meet eligibility for the 36-month period prior to filing a pension claim.
- A penalty period has been created. "Any funds improperly transferred to reduce net worth to \$123,600 are referred to as 'covered assets.' Any covered asset transfers discovered by VA will be divided by \$1,830. This equals the number of months a claimant will be ineligible to receive benefits up to a maximum of five years."

You now know what I know.

Here's the last one for today, so I guess it's a "that."

In response to several questions: Yes, Medicare covers Home Health services, but a Medicare beneficiary still has to meet Home Health criteria. That means (a) you need skilled services (i.e. nursing, therapies, etc.), and (b) it has to be difficult for you to get to a clinic or provider to receive said skilled services. The simple fact that you have Medicare isn't enough.

Had enough? Me, too.

Mark Harvey is the director of information and assistance for the Olympic Area Agency on Aging. He can be reached by email at harvemb@dshs.wa.gov; by phone at 360-532-0520 in Aberdeen, 360-942-2177 in Raymond, or 360-642-3634; or through Facebook at Olympic Area Agency on Aging-Information & Assistance.

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7. [Other](#)

7.1 - The Missoulian: [Tester among most effective senators](#) (20 October, David James, 125k uvm; Missoula, MT)

U.S. Sen. Jon Tester is one of the most productive senators in Congress. When the public has an abysmal view of Congress in general because of their inability to get anything done, Montana's Ranking Senator Tester is the exception.

In a political race that has brought millions of dollars of campaign ads into our state on YouTube, TV, radio, etc., it is difficult to ascertain truthfulness or accuracy. Consequently, to those who are ambivalent about their choice for Montana's U.S. senator, I would like to present some facts related to his advocacy of Veterans Affairs and the committee of which he is a ranking member.

On April 19, 2017, President Trump signed the VA Choice Improvement Act, which allows veterans who would face long waiting lines or long-distance traveling (as in Montana) to receive health care at private providers. Military.com says this new law is the beginning of needed reforms that would make a huge difference in the lives of veterans.

On June 23, 2017, President Trump signed the VA Accountability and Whistleblower Act, which brought needed reform that gives managers the ability to fire poor workers and protect people who bring fraud, neglect and abuse cases to light. The acting secretary of the Department of Veteran Affairs commented that this was important because it helps to improve quality of care and benefits to our veterans.

On August 12, 2017, the president signed the VA Choice and Quality Employment Act which allocated nearly \$2 billion for new health clinics for veterans and to hire qualified medical staff for veterans.

On August 16, 2017, the president signed the Veterans Education Assistance Act, which expanded access to the G.I. Bill and provided additional funding for veterans to seek careers in science, technology, engineering and math.

And this past June 6, the president signed the VA Mission Act that will lead to modernizing the VA in order to improve the care of every U.S. veteran. According to the president, “This system will strengthen the VA and provide timely care to VA patients, modernize VA health care by making investments in VA assets and provide \$5.2 billion in urgently needed funds in order to prevent interruption of Veterans currently using the Choice Program.”

Just a few weeks ago, Tester secured a raise for the troops and \$4.3 million to help rural health centers in Montana combat drug abuse and addiction — an issue important to many veterans, as well as rural Montanans.

It is well known that President Trump has campaigned against Tester. But it is not because he was not effective in his job; it is because he scuttled the president’s pick for VA secretary. The senator felt the candidate was unfit for the job.

Tester has spearheaded or cosigned 19 bills that were signed by the president into law. His report card indicates he is able to work with Republicans as well as Democrats to move bills through the Senate on a variety of issues, including suicide prevention, campaign finance, rural banking (as in Montana) and violence against women.

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7.2 - The Missoulian: [Tester uses anonymous accusations](#) (20 October, Robert E. Rice, 125k uvm; Missoula, MT)

U.S. Sen. Jon Tester has convinced me that his MO is to do a character assassination on those he opposes or runs against him. He did it to U.S. Sen. Conrad Burns, Rear Admiral Ronny Jackson and now Matt Rosendale. Usually his accusations are anonymous and can’t be verified but they create doubt, which is his intent.

Tester brags about all he does for veterans and hangs his hat on that. As a 30-year Navy veteran and user of the Veterans Administration, I find he has little to brag about. The VA clinic in Missoula has been called toxic by some doctors at the VA hospital. I waited 18 months to get an annual physical; I was told it was due to lack of personnel and funding.

I hope Tester doesn’t break his arm patting himself on the back. If my memory serves me, he said he would do two terms and he was not a career politician. It appears that’s also not true. When Burns did the same thing, Jon Tester used it against him in his run for the Senate.

Robert E. Rice

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From: Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=spero, casin.d.f32>
To: Jake Leinenkugel <jakeleinie@gmail.com>
Cc:
Bcc:
Subject: FW: [EXTERNAL] 18 October Veterans Affairs Media Summary and News Clips
Date: Thu Oct 18 2018 07:16:56 CDT
Attachments: 181018_Veterans Affairs Media Summary and News Clips.docx
181018_Veterans Affairs Media Summary and News Clips.pdf

Ignore the pro publica piece, but read 8.4 and 8.5.

From: VA Media Analysis
Sent: Thursday, October 18, 2018 2:15:29 AM
To: Barbaricum VA Media Analysis
Subject: [EXTERNAL] 18 October Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1757536-000001

Owner: Spero, Casin D. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=spero, casin d.f32>

Filename: 181018_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Thu Oct 18 06:16:56 CDT 2018



Veterans Affairs Media Summary and News Clips

18 October 2018

1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)
President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit. "We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

[Hyperlink to Above](#)

1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)
New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle. After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

[Hyperlink to Above](#)

1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven "Brainwave Frequency" Treatment](#) (17 October, Isaac Amsdorf, 1.1M uvm; New York, NY)
Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office. On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans' Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare.

[Hyperlink to Above](#)

1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)
One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA's request, citing violations to intellectual property.

[Hyperlink to Above](#)

1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)
After Bob Simonovich's post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he'd be able to handle in his post-military life. So his therapists lined up a job for him with a baseball team.

[Hyperlink to Above](#)

1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane. "Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla's VA medical center is a key figure in the future of veterans health care, said the country's top Veterans Affairs official after touring the facility Tuesday. Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

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2. [Greater Choice for Veterans](#)

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#) (17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey. Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

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3. [Modernize Our System](#)

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#) (17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive. Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbestael, spokesperson for the Ralph H. Johnson VAMC.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvm; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village. All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

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3.3 - Fremont Tribune: [New state-of-the art VA clinic is an important victory](#) (17 October, Jeff Fortenberry (R-Neb.), 19k uvm; Fremont, NE)

From the interstate highway system to the Erie Canal, the transcontinental railroad to the Hoover Dam, infrastructure projects have transformed our nation, lifted our spirits, and caused the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#) (17 October, 2k uvd; Sioux City, IA)

A major construction project impacting Siouxland veterans is nearly complete. After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs. John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPB (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain. VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment. But he says they are scheduling clinics at VA facilities... "

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked “Broken Arrow” cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case. Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran’s Affairs Medical Center is hoping a special celebrity will visit while she’s in town next month. “Only I can change my life. No one can do it for me.” That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County. More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry. Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center’s first “Give Thanks Celebration.” Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends. Monthly housing stipends and tuition assistance funds are among those being disbursed late.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#)

(17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search. He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent. The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind. President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uvd; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York's 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

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1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)

President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit.

"We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

The president's request is likely for his fiscal 2020 budget proposal, which is due to Congress early next year.

Although Trump can ask his Cabinet secretaries to cut their budget proposals, the federal budget is approved by Congress. Lawmakers are free to draw up their own spending plans for federal agencies and the rest of the government.

The president does have the leverage of his veto. After approving the \$1.3 trillion budget plan Congress sent him in March, Trump threatened he would "never sign another bill like this again."

The Treasury Department reported that the federal budget deficit rose this year to \$779 billion. That amounts to a 17 percent increase over the previous year, and it's the highest deficit in six years.

Trump has called for deep, double-digit-percentage reductions for federal departments that were rejected by Congress. His first proposed budget last year included the elimination of 62 agencies, which lawmakers ignored.

Conservatives are increasingly restive about budget deficits, which have received far less attention from Republicans lately than they did during the Obama administration.

Trump blamed Democrats in Congress for seeking increased spending on domestic programs in exchange for his desire to build up the military. Unwilling to threaten a shutdown before the midterm election, Trump indicated that he felt compelled to go along with spending bills to secure his desired increases for the Pentagon.

He attributed a spike in federal spending to the needs of the military.

"Military was falling apart, it was depleted, it was in very bad shape," he said Wednesday.

This year's deficit could have been higher, the Treasury said, but the timing of certain payments was shifted.

This week, Treasury Secretary Steven Mnuchin suggested that deficit increases were the "dire consequences of irresponsible and unnecessary spending."

A report from the nonpartisan Congressional Budget Office, released this month, said tax cuts Congress approved last year partially led to the deficit jump.

Budget analysts said Trump's cuts are very unlikely and would have little impact on the budget deficit in any event.

Stan Collender, a professor of public policy at Georgetown University, said that if the entire annual federal budget was cut by 5%, it would be \$200 billion to \$300 billion – and the federal budget deficit for next year is projected at \$1.1 trillion.

Trump bragged about his defense hikes and presumably isn't interested in cutting that budget, Collender said. He hasn't said anything about reducing the drivers of federal spending, programs such as Social Security and Medicare.

"This really shows Trump is not ready for prime time," Collender said.

Chris Lu, a former deputy Cabinet secretary under President Barack Obama, mocked Trump's request.

"That's a 5% cut for veterans, national security, law enforcement, healthcare, farmers, roads/bridges, workers, environment, food and housing aid. Everything," he wrote on Twitter. "And it would still only amount to \$60 billion a year – a fraction of \$1.5 trillion Trump/GOP tax cut."

Maya MacGuineas, president of the Committee for a Responsible Federal Budget, said even a 5 percent cut would cost money because next year's plan would bring back budget caps that equal a 10 percent cut. So even a 5 percent Cabinet cut would still leave \$63 billion in deficits.

"So while it sounds tough and responsible, it allows for bloated budgets and higher deficits compared to where we were supposed to be," she said.

Even so, MacGuineas said lawmakers should be able to cut the budget by at least 5 percent.

"Certainly, we should be able to realize at least this much in savings, but we should go much further," she said.

It's unclear where the cuts would come from, department to department.

Three-quarters of the federal government has been funded through the end of September 2019. The remaining agencies, which include the Departments of Agriculture, Justice, Transportation and Homeland Security, are funded through Dec. 7.

Congress will try to avoid a partial government shutdown and pass a budget for those agencies before the end of the year.

Lawmakers debate spending for the Transportation Department for the year that started Oct. 1. The House approved \$71.8 billion and the Senate \$71.4 billion for the Departments of Transportation and Housing and Urban Development, which are each more than \$1 billion above current spending and more than \$23 billion above what the Trump administration requested.

The Department of Veterans Affairs, which is second in size only to the Pentagon among federal agencies, has a budget of roughly \$200 billion for the coming fiscal 2019 year. That includes \$8 billion for mental health care services, \$400 million for opioid abuse prevention and \$200 million for suicide prevention efforts.

The Environmental Protection Agency's \$7.96 billion budget is \$100 million less than the previous year.

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1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle.

After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

He said he attempted suicide, resulting in a general discharge in 2007. But he was still able to get many of his Department of Veterans Affairs benefits while he battled depression and post-traumatic stress disorder.

"The VA really saved my life," he said. "I was pretty much unemployable."

As a civilian, he threw himself into veterans issues, starting with a campaign on behalf of fellow veterans ejected from the military because of mental-health issues brought on by service. His efforts helped change federal policy to better help veterans ensure they get mental health care at the VA regardless of their discharge status, and his reputation grew as an advocate for veterans on Capitol Hill.

He also lobbied for an upgrade to an honorable discharge for himself; he's still awaiting a decision.

He's now the assistant director for policy and government relations at Vietnam Veterans of America and, with his cybersleuthing, also has taken on a new title as the group's investigator.

Mr. Goldsmith is using veteran benefits to attend Columbia University, where he is pursuing a bachelor's degree. But without an honorable discharge, he can't access full benefits through the GI Bill—so his work as a veterans advocate also helps pay the bills.

"My eyes are crossing from staring at a screen and books for 95% of my waking hours," he said as the midterm elections neared and he continued to implore Facebook to take action on bogus pages.

Mr. Goldsmith is aware of the risk that some will consider him a conspiracy theorist, and in meetings with veterans groups and congressional staffers he lugs a briefcase filled with binders documenting evidence he's gathered to prove he isn't unhinged. He favors a beige three-piece

suit and can often be found taking notes at cybersecurity events around Washington, where he hopes to meet officials who might listen to his concerns.

On a recent afternoon, while wolfing down a slice of pepperoni pizza in Washington, he clicked on a new link on his laptop, leading him to yet another suspicious Facebook page. “Oh, man, that’s another rabbit hole I have to go down,” he joked, before rushing out the door to jump on a train back to New York so he could return to classes.

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1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven “Brainwave Frequency” Treatment](#) (17 October, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office.

On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans’ Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare. The company markets an “off-label” method of treating addiction and post-traumatic stress, using electromagnetic brain stimulation.

The meeting came about because two of CereCare’s partners had a business connection to Heller’s senior aide in Reno. “We’ve known her for years,” one of the partners, Nino Pedrini, said of the aide, Glenna Smith. Pedrini and his partner have a separate joint venture with Smith’s former employer. “This was Glenna reaching out to us, knowing what we were doing, saying we think there’s a fit here where you folks can help our veterans,” Pedrini said.

Smith declined to answer questions about her role in arranging the meeting; she said she has never had a financial interest in Pedrini’s companies.

The Trump administration is encouraging the VA to use more alternative treatments, even though doctors and mental health experts caution against steering patients to procedures that haven’t been scientifically demonstrated to be safe and effective. The administration’s enthusiasm for such experimental treatments has opened the door to a flood of hopeful vendors like CereCare.

Heller declined to answer specific questions about the meeting. In a statement, he said he “will never apologize for supporting policies that could lead to additional treatment options for Nevada veterans because no one who has served this country should be waiting for care once they return from combat.”

Heller co-sponsored a bill directing the VA to start a pilot program on CereCare’s procedure. Another of CereCare’s partners, Judi Kosterman, participated in drafting the legislation, she said in an interview. Kosterman described herself as CereCare’s expert on the procedure, and her business card identified her as “Dr.” She is not a physician and her doctorate is in education, according to official records.

The bill says it provides no additional funding, so the pilot program would come at the expense of other treatments that are already proven to be effective. For that reason, it drew opposition

from Veterans of Foreign Wars, which represents 1.6 million members. “The VFW believes that VA must spend its already scarce health care resources on therapies that have shown promise or have a proven track record,” the organization told Congress. Other veterans groups, such as Amvets and Vietnam Veterans of America, supported the bill because they said the treatment is worth trying. The Senate veterans committee hasn’t voted on the bill.

The procedure that CereCare was pitching to the VA uses electrical scans of the brain and heart to detect a patient’s “intrinsic brainwave frequency” and find “the area of the brain in need of restoration,” according to materials brought to the meeting. CereCare then uses that data to apply electromagnetic pulses from a machine called a transcranial magnetic stimulator.

This procedure is off-label, meaning it uses equipment approved by the Food and Drug Administration, but in a way that is not approved by the agency. Off-label procedures are not uncommon or illegal, but the FDA has not signed off on their safety or effectiveness.

Pedrini brushed off concerns about FDA approval. “The thing we all have to get over is FDA approval on some things,” he said. “You’ve got to try things. We can’t get hung up on 20 years of the FDA trying to approve something because of the bureaucracy and red tape.”

Many mental health professionals oppose pushing patients into experimental procedures. They urge treatments that are scientifically validated or, under certain circumstances, that are part of a well-run clinical trial. “Physicians in the VA, and any other health care setting, should not be forced to disclose treatment options for which there is no scientific basis for safety and efficacy,” the National Alliance on Mental Illness told Congress in 2016.

But these experimental treatments have found favor with political appointees in the Trump administration. Two of Trump’s policy priorities for the VA — letting more veterans go to private doctors, and reducing suicide among veterans — have combined to lead officials to embrace private companies pitching unconventional treatments.

The president appointed Jake Leinenkugel, a Wisconsin beer baron turned senior adviser at the VA, to chair a commission studying nontraditional treatments like the one CereCare sells. The commission’s congressional charter says its members should have a background in treating mental health and experience working with veterans; Leinenkugel has neither. (He didn’t respond to requests for comment.)

At the commission’s first meeting, in July, Leinenkugel encouraged deploying hyperbaric chambers — not because of any scientific evidence, but because of companies’ lobbying. Two large organizations had contacted him over the previous 12 or 13 months, he said. “They’re becoming much more proactive. They’re gaining resonance on the Hill and also in states,” he said. “So, whether or not we think that treatment works or has any evidence based to it at this point in time, it is not relevant to me.”

At the Reno meeting, Heller’s staff and CereCare talked about four veterans with mental health issues who could receive the treatment, according to meeting notes provided to ProPublica. A local veterans nonprofit group was offering to cover the cost of the four veterans’ treatment so the VA wouldn’t have to pay, according to Pedrini.

CereCare could have used that money to treat those patients without the VA’s involvement. But Heller wanted the VA to bless CereCare’s procedure as a pilot program to put it on a path to widespread adoption, according to the meeting notes. “Dean Heller wanted their endorsement,”

said Walter A. “Del” Marting, another of CereCare’s partners. (Marting donated \$500 to Heller’s re-election campaign in 2015, according to Federal Election Commission records.)

At the meeting, a VA representative suggested that if CereCare or Heller’s office know of four veterans needing mental health care, they should be sent to the VA for evaluation and treatment. Kosterman, who was present, said the VA officials appeared skeptical of CereCare’s procedure. She described the VA’s position as, “Veterans are a protected class, and we are responsible to protect them from being experimented with or being involved in something we haven’t validated.”

It’s not clear what happened to the four veterans. But the pilot program never moved forward, much to CereCare’s frustration. “The whole thing got bogged down in clearances and approvals and reviews,” Marting said.

Heller put a positive spin on the meeting, posing for a photo and tweeting, “Thank you to the Reno VA, Reno Vet Center, Renown Health, CereCare, the Nevada Military Support Alliance, & Northern #NV community members for joining me for a productive discussion about ways to reduce suicide among veterans and improve mental health care for them.”

Help Us Investigate: Do you know what’s going on at the VA? Are you a VA employee or a veteran who receives VA benefits and services? Contact Isaac Arnsdorf at 917-512-0256 or isaac@propublica.org.

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1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)

One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA’s request, citing violations to intellectual property.

The incident sparked an effort at VVA, a congressionally chartered veterans service organization, to find more social media pages that target veterans and servicemembers with sensationalized news and hyper-partisan political content.

Led by Kristofer Goldsmith, the group’s assistant director for policy, VVA analyzed hundreds of Facebook pages and Twitter profiles in the past year. VVA shared what it found with Facebook’s threat intelligence team, and the information led to 24 pages being disabled.

The group believes that’s only a fraction of the problem. It’s now calling on the U.S. government to get involved with stopping the spread of disinformation aimed at veterans and servicemembers, calling it a national security threat.

“We have concluded that despite recent purges of hostile actors from, and reforms to, these online platforms — our community remains a vulnerable target for exploitation and manipulation by foreign entities,” VVA President John Rowan said in a statement.

A study from Oxford University in 2017 found Russian operatives used Twitter and Facebook during the 2016 presidential election to disseminate “junk news” to veterans and servicemembers, who were a target because of the trust the public places in them.

Congress has questioned Twitter and Facebook CEOs on Capitol Hill about election interference, and the companies said they’re launching major efforts to guard against attempts by foreign actors to disrupt the upcoming midterm elections in November.

Facebook vowed to make its pages more transparent. In June, it released a new “Info and Ads” tab. If a page has a large number of followers or bought political ads, it shows the country where administrators of the page are based.

Despite the attempts to stop disinformation, VVA thinks it’s a problem that shouldn’t be left up to the private sector to fix. The group asked the Department of Veterans Affairs and Department of Defense get involved.

“This is an issue of national security, and affects the well-being of American troops and veterans,” Rowan said. “That’s why we’re asking for the blame game to end, and for America’s government to step up and protect our population from being targeting by foreign elements who seek to do us harm.”

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1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After Bob Simonovich’s post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he’d be able to handle in his post-military life.

So his therapists lined up a job for him with a baseball team.

“I loved baseball my whole life,” said Simonovich, a former Army staff sergeant injured in a bomb blast in Iraq 11 years ago. “But when I got back, I didn’t know if I’d ever be able to go to a game again. The crowds, the fireworks, it’s just something I didn’t think I’d be able to do.

“When I could go back there, it meant everything to me.”

Simonovich’s job as a datacaster for the Akron RubberDucks (a minor league affiliate of the Cleveland Indians) came through the Individual Placement and Support program, designed to match individuals with mental health challenges to potential job opportunities built around their workplace needs.

Earlier this month, Department of Veterans Affairs officials announced plans to partner with nonprofit Social Finance to expand use of the program in VA medical centers. Nearly 500 veterans in the New York and Boston region will take part in what officials hope is the first wave of a broader deployment of the resource.

“We want to make sure our veterans not only have better employment but also better overall health outcomes,” said Melissa Glynn, VA assistant secretary for enterprise integration.

The partnership, dubbed Veterans Coordinated Approach to Recovery and Employment (or Vets CARE), will bring employment experts into VA medical offices to find potential job matches for veterans.

In cases like Simonovich's, both medical professionals and the outside specialists evaluate the veterans' strengths, limitations and job goals before speaking to local businesses about openings.

"It's kind of like having an agent," said Simonovich, 42, who admits he had doubts about returning to full-time work after four years of therapy.

"I didn't think I was ready to start work again at all," he said. "But my doctors felt like it was time for a push. They could see it even if I couldn't."

Simonovich said he was excited by the prospect of working at a baseball stadium but worried about the constant activity of the ballpark. He started last spring, and team officials eased him in by giving him a quiet space during the game for his work and time to familiarize himself with the stadium.

Before games, he would spend a few minutes walking along the crowded concourse to "push myself, make myself a little uncomfortable." When it became too overwhelming, he'd retreat to the press box and his small group of supportive co-workers.

This summer's work included meetings with the players and fill-in work at Progressive Field in Cleveland, tracking the big-league team he grew up rooting for. When the regular season ended, Simonovich transitioned to a similar data job with a baseball academy, confident he could walk into a new workplace and succeed.

Program officials said they've already established a network of business contacts to provide similar matches to other veterans. For some, family and lifestyle demands may require part-time work or limits on their availability. For others, employers may need better education or support resources to help new veteran employees start working.

"Guys who are at that point may not even know they're ready to hold a job," Simonovich said. "I didn't know what I could do. So this program was the key."

More information on the new partnership is available on the Social Finance web site.

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1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane.

"Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said. "So what we are doing here in Washington, we are

testing out the medical health records, which is the largest program the VA has ever undertaken. We are going to test it here in Spokane. That will be the template for the entire country.”

Wilkie, who was confirmed as VA secretary in July, arrived at Fairchild Air Force Base for the Military Family Summit. During his speech, he highlighted how President Dwight Eisenhower addressed a group of 40 Korean War veterans just after his inauguration in 1953. Some of the veterans were missing limbs or were “horribly disfigured.”

“He looked at them as only a man of Eisenhower’s stature could and he said, ‘Gentlemen. You can never be repaid for what you have given your country. But, you have a charge from me. You never put your uniforms away. You live to remind your fellow Americans that they sleep soundly at night because of your sacrifices.’ ”

“That is the message that I try to convey as the leader, the temporary custodian of the flame of America’s veterans,” Wilkie said.

With more than 100 years of family members serving in the military, Wilkie appeared at Fairchild at the invitation of U.S Rep. Cathy McMorris Rodgers, who has been organizing the Family Military Summits since 2009.

“I’ve said before, in order for America to be a diplomatic power, it needs to be a military power,” McMorris Rodgers said. “In order to be a military power, it needs to be an economic power. It’s all connected. And the military families are the basis behind every part.”

Wilkie’s late father, Robert L. Wilkie Sr., retired from the Army as a lieutenant colonel and was wounded fighting in the Vietnam War.

“When my father was commissioned two months before President (John F.) Kennedy was inaugurated, less than 9 percent of the force had families,” Wilkie said. “Today, it’s 75 percent. The bottom line is the men and women who support our warriors are the foundation of everything that we do.”

Wilkie also said he supports efforts to begin a long-promised 24-hour urgent care at Mann-Grandstaff VA Medical Center. It currently operates from 7 a.m. to 7 p.m.

“I’m gong to do my best,” Wilkie said of supporting the upgrade.

“I’ve also advocated for a 24-hour urgent care at the Spokane VA,” she continued. “I’m pleased that we are on track to get that open next year, early next year.”

When pressed for a date, McMorris Rodgers acknowledged that the opening remains a “goal.”

“It’s not an issue of funding. It’s more an issue of recruiting the doctors enough to staff it,” she said. “They are having a challenge recruiting the doctors. So getting the doctors in place is going to be the key to being able to open the 24-hour urgent care.”

Promises of updated care at Mann-Grandstaff with very little to show for it has been a campaign issue for her Democratic challenger, Lisa Brown. In an interview earlier this week, Brown criticized McMorris Rodgers for promises of around-the-clock emergency care that haven’t produced.

"It's not about what you say. It's about how you accomplish it," Brown said.

As for Wilkie, he also visited the VA facility in Walla Walla, which he also said figures into the national plan to update services for veterans.

"The other part is taking a facility like Walla Walla and making that facility stronger so it can be a template for how we deliver health care to veterans in rural areas, veterans who drive hundreds of miles," he said. "Washington has all those components that come together to make this the testing ground for the 21st-century VA. That's why I wanted to come."

He said even in 2018, many officials from the South or East do not understand the scale of the American West.

"You can see it here in Washington state. Some places out west, veterans and their families have to travel 700 or 800 miles round trip just to get to a VA center," he said. "With our transformation, we will give you the opportunity to choose the care that is close to your home, the care that makes you and your family most comfortable."

Wilkie ended his speech by repeating Eisenhower's promise to those veterans some 65 years ago.

"We will do our best to make sure that the government of the United States never lets you down because you have never let us down," he said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla's VA medical center is a key figure in the future of veterans health care, said the country's top Veterans Affairs official after touring the facility Tuesday.

Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

Following a smooth Senate confirmation and about two months on the job, Wilkie said the stories of turmoil at the VA have not reflected his experience so far. He said he has been astounded at the dedication of employees and is looking forward to new electronic records, telehealth programs and partnerships with the Department of Defense.

Wilkie said Washington state, with its significant military presence, universities and tech industries, can be thought of as a proving ground for things the VA is planning to focus on in the coming years.

"Washington state really is how we are going to put together the future, and I'm not saying that simply because I'm sitting here," Wilkie said. "If we can't get things right here in Washington state, it is going to be problems for other parts of the country."

He said everything in Washington exists in microcosm, and Walla Walla represents where the VA is headed in terms of providing care for veterans living in rural areas.

Veterans Affairs is spending between \$10 billion and \$16 billion in a partnership with the Department of Defense — which is led by Pullman-native Gen. Jim Mattis — to create an electronic health record system to give both departments a complete picture of a veteran's health, starting when they first begin their service. How that program plays out in Washington will serve as a template when they are ready to roll it out nationwide, Wilkie said.

The system can give health care providers “signs in a patient's progress that could alert us to opioid problems, alert us to mental health issues and allow for an intervention when the red flags appear,” Wilkie said. “It will revolutionize the way we do things.”

Serving patients hundreds of miles away and being just as far from surgery centers in major cities, Walla Walla's VA medical center shows how one campus can reach across enormous distances in rural America, he said.

“In order to serve that population, we have to make these facilities more robust, but we have to be innovative too,” Wilkie said, “and that's why what they're doing here with telehealth is so important.”

The Walla Walla VA medical center has been offering telehealth services for a bit over a year now. Through telehealth programs, patients can use their smartphone or computer to essentially attend an appointment from home. Among replacing other in-person appointments, it could be a general checkup, steps toward a diagnosis or mental health counseling.

“The ability of that veteran to sit in a room and not worry about the pressures of an institution and talk to that health care professional is revolutionary,” Wilkie said.

The VA will also ramp up its efforts to connect with patients in rural areas, where they are less likely to have access to high-speed internet, he said.

Apart from tech-driven initiatives, Wilkie said the VA still must reckon with staff shortages. The Department of Veterans Affairs is facing around 45,000 vacancies nationwide, and medical center acting director Keith Allen has said Walla Walla has a 28-percent vacancy rate among its 600 employees.

At Wilkie's confirmation hearing, he said a “blunderbuss approach to filling vacancies” would not get the best results, but more flexibility was needed.

“For rural America, what I want to see is the VA, if it applies here, be more aggressive in offering nurses, mental health professionals, doctors more help with loan relief in exchange for serving America's veterans,” Wilkie said.

He said a program akin to ROTC, which helps pay for school in exchange for military service, could attract more employees. He also said the VA and the Department of Defense must make clear to active duty doctors and nurses that they can find work at a VA medical center when they return home.

While financial incentives could help, Wilkie said there is another factor that will always attract potential VA health care employees.

“Just pure desire to serve people in uniform,” he said. “It’s a special calling.”

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2. Greater Choice for Veterans

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#)
(17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey.

Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

Thanks to the new contract, eligible veterans in South Jersey will have increased access to care, including sub-acute rehabilitation, respite care, end-of-life care, and long-term nursing home care.

If you are a veteran interested in VA services, please contact a member of the Wilmington VA Medical Center outreach team at 302-304-5509.

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3. Modernize Our System

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#)
(17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive.

Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbestael, spokesperson for the Ralph H. Johnson VAMC.

With 84,000-square-feet at the Myrtle Beach location, services including primary care, mental health, physical therapy, prosthetics, blood collection, CT, ultrasounds and more. There is also space to add MRI, the release states.

The space will also feature a women’s clinic. Construction is scheduled to begin in 2019, located off of Farrow Parkway near The Market Common and Myrtle Beach International Airport.

In July 2016, the VA’s headquarters in Washington, D.C. said they are close to soliciting bids for the project. At the time, a contractor was expected to be picked between April and June 2017.

The medical system currently operates two outpatient locations in the city: one at 3381 Phillis Blvd., and another a few blocks away at 1101 Johnson Ave.

The development will be one of the first businesses to build in the International Technology and Aerospace Park off Farrow Parkway. The land has sat mostly vacant since roads and other infrastructure were completed in 2012.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvm; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village.

All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

Known as a CBOC, the clinic has doubled its size and offers clinic-based video telehealth.

Subject matter experts are expected to be on-hand from services across the medical center and the Veterans Benefits Administration.

the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained. Robust, reliable, innovative, cost-effective, and often aesthetically breathtaking infrastructure plays a critical role in achieving these ends.

Our government recently initiated some necessary infrastructure projects that directly affect Nebraska. After a long process, including intense interactions with various heads of the U.S. Department of Veterans Affairs (VA) across several administrations, I'm happy to report that Lincoln's historic VA campus has been chosen as the location for a new state-of-the art VA clinic. This is an important victory for the economic regeneration of a unique historic property. It arrives subsequent to a similarly successful public-private partnership to expand, improve, and innovate at the Omaha VA Medical Center. Nebraska continues to lead the nation with creative public-private partnerships to assist our veterans.

As a critical part of our national defense infrastructure, the Air Force's 55th Wing conducts surveillance, intelligence, reconnaissance, and United States Strategic Command cyber missions from the Offutt Air Force Base in Bellevue. Among its several dozen airplanes is the OC-135B, which fly in critical support of the Open Skies Treaty, a 34-member global agreement that enables unarmed observation of signatory compliance with international nuclear arms agreements, particularly that of the Russian Federation. To ensure continued successful oversight of treaty compliance, I recently joined with members of the Nebraska Congressional delegation to secure funding for the OC-135B Aircraft Replacement Program as part of the 2019 Defense Appropriations Act. One plane is funded for 2019; another will be funded in 2020. The replacement of these aircraft is vital to our national defense strategy. Their advanced age and maintenance issues had impacted the Air Force's ability to fully execute the mission of the Open Skies Treaty—one of the last remaining functional arms control regimes between the U.S. and the Russian Federation.

On the heels of a new headquarters for United States Strategic Command at Offutt Air Force Base, work is also underway to repair the Offutt runway. As part of this effort, the Lincoln Airport will soon begin infrastructure improvements to pave the way for intelligence-gathering aircraft from the Air Force's 55th Wing while the Offutt runway is rebuilt. Along with other improvements, the Lincoln Airport's maintenance hangar will be expanded to accommodate the larger military aircraft. Once the Offutt runway project is completed in December, 2020, the improved facilities will be returned to the Lincoln Airport for its ongoing use.

Other recent infrastructure accomplishments concern civilian aviation. Late last week, the President signed into law the Federal Aviation Administration (FAA) Reauthorization Act, which the House passed late last month. The bill authorized funding for the FAA for five years and makes several changes designed to help airline passengers. This is a big bill, but even small things can matter in it. The community of Columbus brought to my attention a particularly local problem. And we offered an amendment that allowed the Columbus Airport to use their fair share of federal funding to fix something that seems silly: Snow removal equipment bought with local funds could not be housed in federal financed facilities. Now the Columbus Airport has access to funding for a new, much larger storage facility.

One of the more colorful characters in our nation, Elon Musk, who sort of runs Tesla I guess, and has all kinds of other Iron Man visions for the world, spends a lot of sleepless nights dreaming about the future of infrastructure. In the meantime, as Mr. Musk figures out a way to get us to the moon, let's make sure the everyday stuff works well on earth.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#)
(17 October, 2k uvd; Sioux City, IA)

DAKOTA DUNES, S.D. - A major construction project impacting Siouxland veterans is nearly complete.

After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

Along with primary care and mental health services currently being offered, the new clinic is adding an on-site pharmacist, dietitian and audiology lab.

"I forget the exact number but there are still quite a few veterans who are not being seen at the VA. This should draw some people from Yankton, and other parts of the area as well and it will unload some of that traffic from Sioux Falls as well, said Dr. Ray Mangulabnan.

An open house is set for November 16th at the clinic located at 365 West Anchor Drive in Dakota Dunes.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs.

John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

Prevette said he's in a lot of pain and is barely able to eat hard foods. Our On Your Side team tried to find him some answers regarding the delay.

"It's just been an ongoing troublesome thing, and I know that I'm not the only one," he said, frustrated. "There was a promise, 'We will take care of you.'"

After 22 years of service in the Navy and a purple heart, he's a 100 percent disabled veteran who's eligible for dental benefits.

"I walked into the dentist's office, said I'm a veteran and I need a tooth extracted," Prevette recalled, "and before I could go any further she said, 'We haven't got any paperwork from you.'"

First Coast News called the VA and asked why there was a holdup, but they couldn't comment on his medical information because of HIPAA. "I was told the paperwork was in," Prevette said.

Prevette said he was told he needed an implant six months ago, but ever since, he's been waiting for the procedure.

He said he's worried the hole could cause more trouble for him. "Without having it totally covered, you run the risk of an infection," he said.

First Coast News is still working to find answers for Prevette, but the VA's Public Affairs Officer said they're looking into the issue and will find out if they can expedite the service he's eligible for.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPR (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain.

VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment.

But he says they are scheduling clinics at VA facilities... "

....They are free walk-in clinics. In your listening area we have a clinic at Rhinelander VA Clinic and that's each Friday from Oct. 26-Nov. 23 from 1:00 p.m. to 3:30 p.m. each day. In Ironwood, we're going to have flu shot clinics on Monday, October 29 and Friday Nov. 6 from 8:30 a.m. to 3:30 p.m. Central time..."

Nelson says there are two misconceptions about the flu shots...

"...We do often hear about people getting the flu shot and getting the flu. That is a myth. Flu shots contain either inactivated flu viruses or no viruses at all. Another misconception is the flu shot prevents the stomach flu. Often we say, 'well, I got the flu anyway it was the stomach flu'. It really wasn't the flu and that's not what the flu shot is for....."

More information is at the Oscar G. Johnson VA Medical Center or online at their website.

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked “Broken Arrow” cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case.

Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant. Skaar filed a request with the U.S. Court of Appeals for Veterans Claims in Washington, challenging the U.S. Department of Veterans Affairs’ refusal to provide disability compensation to veterans exposed to ionizing radiation.

“The message is not about this veteran,” Skaar recently told the Headliner News, pointing to himself. “The message is why were 600, 700, 800—up to 1,600 veterans—totally ignored by the VA?”

The court will decide whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

Cleaning up chaos

Radioactive plutonium was released near Palomares, Spain, in January 1966, after a U.S. B-52 bomber and a refueling aircraft collided and crashed. Four hydrogen bombs accidentally crashed to the ground, but did not explode or detonate.

Skaar was one of an estimated 1,600 American servicemen sent in to clean up the aftermath of the accident in Spain, and the radiative remains of the bombs. The job lasted 10 days, Skaar said, in which 5,400 steel barrels of harmful dirt and rock were collected.

The legal complaint explains Skaar’s involvement. Skarr, 29 at the time, was a medical disaster control technician in the Air Force. He was part of a team that collected urine samples from the airmen working at the site of the incident.

“He recalls that it was impossible to follow proper laboratory protocols in the team’s haste to respond to the disaster in difficult field conditions,” the complaint reads.

Skaar’s responsibilities also included using measuring radioactivity with an instrument called a PAC-1 on site of the cleanup.

“This instrument was the highest technology that the United States had to offer to detect radiation,” Skaar said.

The instrument had its issues, however, Skaar said. Designed to detect radiation over flat surfaces like paved asphalt, the (blank) faced accuracy difficulties over Spain’s rugged terrain.

Still, it gave Skaar and the rest of the crew the best idea of the level of radiation surrounding them.

“This peaked out, pegged if you will, at one million counts per minute,” Skaar said. “There were rocks that would measure—that had been irradiated—punctured with enough energy to be radioactive themselves. It was scary.”

The men’s protection was scary, too. Skaar shared several photos with the Headliner depicting men in white coveralls and surgeon’s masks. Only a handful of the crew, he added, were privileged with respiratory masks.

“We did everything we could, given the circumstances, to protect public health, but the statement has been made, and I can’t dispute that, that they were not given adequate—we were not provided adequate treatment to provide 100 percent protection,” Skaar said.

Further, the men also did not have time to educate themselves regarding radiation’s dangers.

“Sure, they were concerned, but we had to do what we had to do,” Skaar said. “It was, ‘Just watch your hands and make sure you’re trying to not breath that stuff.’”

Detrimental risks

Over 50 years later, Skaar believes many of his health complications, and possibly other veterans’, are due to the radiation exposure during the cleanup.

“Mr. Skaar has battled leukopenia, skin cancer, and prostate cancer since Palomares,” the complaint states.

But while the U.S. Department of Veterans Affairs recognizes certain cancers being links to radiogenic conditions, it does not recognize the cleanup operations at Palomares as a “radiation-risk activity,” thereby stopping veterans from demonstrating the link between diseases and the Palomares cleanup.

“No one’s listening to us about it and taking our word for what happened,” Skaar said in a 2017 interview with the Headliner about the veterans who worked the Palomares site. “There’s no question about the fact we were there and no question about the fact we were exposed.”

In 1997, the doctors at the Cancer Institute diagnosed Skaar with leukopenia, which is a low white blood cell count.

The doctor “said it was caused by exposure to radiation,” Skaar said. “But the VA would not accept that.”

Waiting period

For now, Skaar and the rest of the veterans he’s fighting for are stuck in a waiting period following a Sept. 25 hearing before the U.S. Court of Appeals of Veterans Claims.

Skaar further addressed the case, which he hopes will see additional action in the next three to four months. He knows it can go one of two ways.

“Hopefully, it won’t be remanded, because I already told my attorneys I’m not interested in going back to the VA system. The second thing is they may adjudicate, and that’s what we hope,” Skaar said. “I suspect that my particular claim, which brought us to that level, will be denied because of my age. ... That’s okay with me, because I’m not into this thing for any kind of compensation, but I want out of this and what they want to focus on is this class action, and that’s why the court is really asking the VA ... why won’t you accept this small group of veterans?”

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran’s Affairs Medical Center is hoping a special celebrity will visit while she’s in town next month.

“Only I can change my life. No one can do it for me.”

That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

“People can provide you help and support all day long, but unless you do something for yourself — somebody can hand you everything in the world, but unless you take that opportunity, nothing else is going to happen,” veteran Heather Cafferty said.

Veterans like Cafferty said it’s comforting to see the quote on the wall of the clinic as soon as you walk in.

“It’s extremely inspiring, and it gives you that opportunity, that self-worth that sometimes you lose, especially veterans, because once you get out of the service, it’s kind of losing that purpose, that camaraderie. So it kind of brings back into perspective that only you are in control of your life,” Cafferty added.

It’s something they see every single day while they’re here.

“Our veterans are very inspired by the quote. When they walk in our doors, it’s the first thing they see,” said Casaundra Harbaugh, the staff psychologist at the Kansas City VA.

Burnett, the person behind the inspiring quote, is coming to Kansas City on Nov. 6, and the staff and patients are hoping she’ll make an appearance.

“Having her come here and give the veterans some humor and giving her insight — she’s been a lot of places and seen a lot of things, so it’s always a good boost in morale for everybody,”

Cafferty said. “Just to better myself. Twenty-two veterans a day commit suicide, and not taking care of mental health and not taking care of yourself is one of the big things and this program really provides that.”

“Knowing that is the perspective our staff takes, that they are in control of their lives, they are the ones that can make this change, I think that empowers them,” Harbaugh said.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

MARTINSBURG, W.Va. - The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County.

More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry.

Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

"Being here right now is a good opportunity for the veterans that are here to see somebody that they saw in the program here actually integrated into the community and bring back with them, you know, an opportunity for them to be employed," Hogan said.

If you know of a veteran who is looking for work or if you are one, you can contact the Community Employment Coordinator Anna Stead at (304) 263-0811 ext. 1916.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

HARKER HEIGHTS — Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center's first “Give Thanks Celebration.”

Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs. Bush's Chicken set up their sweet and ice tea station near the dessert table.

By 11:45, most veteran outreach agencies were ready to discuss their services with attendees.

Since the festival started at noon, some veterans arrived early for information and freebies from local organizations. Others waited under the tents near the pavilion.

Five organizations sent outreach coordinators to the event because of the Vet Center's work in the community.

“We think it’s awesome, because it supports veterans. We are all veterans. As a veteran, your supposed to give back. You are not supposed to leave anyone one behind,” said Delta Phi Chi member Michelle Cunningham.

Delta Phi Chi is a military sorority that welcomes active, reserve and veteran women. Their nonprofit organization raises funds for PTSD. Currently, they are in the planning phase of their second 5K for PTSD Awareness. The fall festival was its first Vet Center event. Bring Everyone in the Zone is another agency that focuses on PTSD. Outreach coordinators provide services at multiple events across Central Texas.

“We support all organizations that have something going on. Our organization is spread out between three events today,” said outreach coordinator Bill Barker.

Bring Everyone in the Zone had a variety of freebies as well as a raffle. The organization provides free peer to peer support for veterans with PTSD. Trained volunteers were on-site for counseling. Interested participants paid \$2 per ticket or \$10 for six chances to win a bow and stand.

At noon, Vet Center staff and sponsors welcomed attendees to the festival. After opening prayer and the national anthem, attendees lined up for food and beverages.

Veterans and their families steadily arrived for food and fellowship for the four-hour events. All food was served in to-go containers. Attendees were not required to stay and eat.

Vet Center plans to make “Give Thanks Celebration” an annual event.

“We will be here every year — there is a need for it in Killeen,” said Cunningham.

For more information on the Killeen-Harker Heights Vet Center, contact Lori Spencer at 254-953-7100 or email lori.spencer@va.gov.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends.

Monthly housing stipends and tuition assistance funds are among those being disbursed late. This has forced veterans to spend their own money or take on debt to pay their educational expenses in the meantime, even though they are legally entitled to those benefits. There has been little communication from the VA.

“We are kind of left playing the waiting game,” said architecture junior Kyle Scallan, a 32-year-old Navy veteran.

Scallan said he has received some of his housing payments but has not received his tuition assistance from the VA, requiring him to take out an emergency deferment loan that's building up interest while he waits.

Program Director of UH Veteran Services Celina Dugas explained how the VA's calculations for housing stipends changed this year. Before, it was based on the ZIP code where the student's university is located. Now, it is based on where they are taking most of their classes physically.

For example, before the change a UH student would receive their housing allowance based on the UH main campus ZIP code, even if they took classes at Sugar Land. Now it would be calculated based on UH Sugar Land's ZIP code.

The VA has to update ZIP codes for more than 950,000 veteran students for a total of \$13.7 billion in aid, causing the delays, Dugas said.

Dugas spoke with a VA official last weekend, and he said workers have mandatory overtime to complete the transition.

For Scallan, this delay means working as much as he can — in addition to his time-intensive architecture major — to have money saved up.

"I've got financial aid," Scallan said. "I can't imagine the VA students that have an emergency deferment loan. They got no safety net like a loan or scholarship to help them out."

On the University side, how UH verifies students who should receive GI Bill aid changed from a one- step process to a two-step, Dugas said.

Before, tuition, housing and a book stipend were all paid out at the beginning of a semester after a student filled out the right paperwork, Dugas said. They would be verified by the University and payments would be processed.

Now, housing and book stipends are processed at the start of the semester like before, but tuition isn't processed until after the Official Reporting Day, the last day to drop a class. Then students are verified for tuition assistance.

Dugas said the VA recommends processing payments with two steps because if a students adds or drops a course after the semester starts, they could have a balance or a debt to pay back to the VA.

Every veteran student at UH has been verified, Dugas said. It's now just about waiting for the VA to hand out those payments.

Scallan said he has had a hard time reaching the VA for answers during this time, because the numbers he used to call are no longer available.

Only a handful of students who need assistance have come into the UH Veteran Services office asking for financial assistance, Dugas said. The office connects students with resources to help veterans.

"Veterans are interesting," Dugas said. "They don't often like having to ask for help."

Robert M. Worley, director of Education Service with the VA, sent a letter out to students Oct. 10 and said they are 35 days behind on processing first-time applicants and 25 for re-enrollments.

"I shouldn't have to be counting my blessings," Scallan said. "I've earned these benefits."

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

CHARLESTON, W.Va. — U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

The West Virginia Democrat's views have appeared from time to time in newspapers, particularly in his home state, but perhaps not in as rapid fashion as this.

The five opinion pieces appeared in West Virginia newspapers over the past week and focus on the Affordable Care Act along with energy and national security, veterans' issues and the opioid epidemic. Manchin co-wrote them with Republican Sens. Susan Collins of Maine, Lisa Murkowski and Dan Sullivan of Alaska, Johnny Isakson of Georgia and Marco Rubio of Florida.

"West Virginians elected me to put their interests above politics and they know I have always done that," Manchin said in a statement. "Part of that is working with my colleagues on both sides of the aisle to find areas we agree."

"We've worked together to make sure coal is part of our all-of-the-above energy portfolio, legislation to end the opioid epidemic, repair our broken healthcare system, provide for our veterans and fully fund our military. These are not Democratic or Republican issues, they're American issues and my colleagues recognize this."

Manchin is running against Republican state Attorney General Patrick Morrisey on Nov. 6.

In a statement Wednesday, Morrisey campaign spokesman Nathan Brand called Manchin "a dishonest Washington liberal who only acts bipartisan around election day ..."

Murkowski is the Republican chair of the Senate Energy and Natural Resources Committee, of which Manchin is a member. Their op-ed piece notes "we have found many ways we can work in a bipartisan manner to improve our nation's energy policy."

In the piece on attempts to make changes to the Affordable Care Act, Collins and Manchin wrote that "we must stop allowing partisanship to be the pre-existing condition that prevents meaningful health care reform."

An op-ed also points out the work of the Senate Committee on Veterans' Affairs, which is chaired by Isakson and Manchin is a member. "There are no Republican soldiers or Democratic soldiers on the battlefield — only American soldiers," the piece reads.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone. In a study in a 2018 issue of the Indian Journal of Endocrinology and Metabolism, researchers screened bone mass in 200 men visiting an endocrine outpatient department at a hospital and found that 40 percent of those over age 55 had low bone mass and 9 percent had osteoporosis.

Even more worrisome: "In a single year, men over 75 have a greater chance of having an osteoporotic fracture than a heart attack," says Dr. Robert A. Adler, chief of endocrinology at the McGuire Veterans Affairs Medical Center in Richmond, Virginia, and a professor of internal medicine at Virginia Commonwealth University. This is particularly alarming because osteoporosis is often silent until a fracture occurs (most commonly in the spine, the hip, the wrist or forearm), at which point there can be serious consequences, especially for men. Indeed, men typically have a worse prognosis for recovery after a fracture. "After a hip fracture, older women have a 15 to 20 percent mortality rate in the next year; by contrast, older men have a 33 percent mortality rate in the year after a hip fracture," Adler notes.

And yet, osteoporosis is frequently overlooked as even a possibility in men. In a 2017 study, researchers assessed knowledge about osteoporosis among men, ages 36 to 55, and found that on average the men received failing scores on their total knowledge about the disease, their perceived susceptibility and their beliefs about the seriousness of the condition. This may be partly due to the fact that "men are born with greater bone mass, and men do not have a menopause that gives them a large bone loss in the five years following the onset of menopause," explains Dr. Robert R. Recker, professor of medicine and director of the Osteoporosis Research Center at the Creighton University School of Medicine in Omaha, Nebraska.

But health professionals aren't as attentive as they could or should be to the disease in men, either, experts say. "If a woman goes to the ER with a hip fracture, 49 percent of the time she will have some sort of follow-up with a doctor," says Dr. Laura Ryan, an associate clinical professor of internal medicine and director of the endocrine, diabetes and metabolism department at Ohio State University in Columbus, Ohio. By contrast, "men's likelihood of getting any sort of follow-up – to discuss the [possibility] of having osteoporosis, the need for bone density testing or medications – is less than 5 percent."

Missing the Diagnosis

Most studies on osteoporosis have focused on the development, diagnosis and treatment of the bone disease in women. And screening for the disease in men is woefully inadequate, experts say. In fact, no standard screening guidelines exist. As a result, "men are less likely to have their bone mineral density measured," Adler says, and "getting Medicare reimbursement for bone density screening is more difficult for men."

The major risk factors for osteoporosis are the same for women and men: older age, a family history of the disease, long-term use of corticosteroids and certain chronic diseases, such as rheumatoid arthritis and chronic obstructive pulmonary disorder. In addition, lifestyle factors, such as inadequate physical activity, insufficient vitamin D and calcium intake, smoking and high alcohol consumption, can increase the risk, says Dr. Smita Nayak, a physician and senior research scientist at Berkeley Madonna, Inc. in Berkeley, California.

"Unique risk factors for men include low testosterone levels and use of androgen deprivation therapy for prostate cancer," Nayak notes. A 2015 study from Turkey found men with erectile dysfunction have lower bone mineral density, and as a result they are at greater risk for osteoporosis. Low testosterone levels are associated with decreased libido and erectile dysfunction, Ryan says, as well as decreased muscle mass and strength in men.

If you're a man with any of these conditions or risk factors, talk to your doctor about having your bone mineral density measured with DEXA, or dual-energy X-ray absorptiometry, which is the gold standard scan for measuring bone density in men and women. The same is true if you've lost some of your height, which can result from a compression fracture in the spine, or if you've broken a bone while falling from a standing level, Ryan says.

It's a mistake to count on being referred for screening automatically. In a 2016 study at a Veterans Affairs Medical Center in Cleveland, researchers investigated the osteoporosis screening rate among men over 50 who were considered at high risk because they had prolonged use of steroids, low testosterone levels or autoimmune diseases (like rheumatoid arthritis, inflammatory bowel disease or lupus): Only 11 percent of these high-risk men had been screened.

Tending to the Bones

Given this underscreening, it's not surprising that osteoporosis also is undertreated in men, though that's true in women, too, Recker says. "It's scandalous how poorly we're doing with osteoporosis – it's worse than with any other disease, maybe even more so with men."

That needs to change, experts say, and one of the best ways to make that happen is for men to discuss their bone health with their physicians. "At age 50 or so, get screened with densitometry, especially if you have a family history of osteoporosis," Recker says. Another way is to take preventive steps to protect your bone mineral density by getting adequate amounts of calcium (1,000-1,200 mg per day) and vitamin D (600 to 800 iu per day) and weight-bearing exercise (such as walking or lifting weights). Also, quit smoking and limit your alcohol consumption.

While osteoporosis medications have been more closely tested in women, commonly used medications (such as bisphosphonates and denosumab) are believed to be equally effective in men. "If a man has low testosterone, adding testosterone [through replacement therapy] improves bone density and reduces the risk of falls," Ryan says.

The first step, of course, is to identify osteoporosis in men, which isn't currently happening the way it should. As life expectancies continue to increase, the need to prevent, diagnose and treat osteoporosis in men will become even more paramount. "On average, men have fractures 10 years later in life than women do – men are now living long enough to have fracture risk," Adler

says. Taking steps (literally and figuratively) to mitigate that risk can improve the quality of men's lives as well as their longevity.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#)

(17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search.

He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

Mr. Goldsmith, a 33-year-old Army veteran, sent Facebook what he thought was a straightforward request to take down the bogus page. At first, Facebook told him to try to work it out with the authors of the fake page, whom he was never able to track down. Then, after two months, Facebook deleted it.

The experience launched him on a hunt for other suspicious Facebook pages that target military personnel and veterans by using patriotic messages and fomenting political divisions. It has become a full-time job.

Working from offices, coffee shops, and his apartment, he has cataloged and flagged to Facebook about 100 questionable pages that have millions of followers. He sits for hours and clicks links, keeping extensive notes and compiling elaborate spreadsheets on how pages are interconnected, and tracing them back, when possible, to roots in Russia, Eastern Europe or the Middle East.

"The more I look, the more patterns I see," he said.

Facebook's response to his work has been tepid, he said. Company officials initially refused to talk with him, so he used a personal contact at Facebook to share his findings. Lately, the company has been more active.

Facebook didn't respond directly to a list of questions about Mr. Goldsmith's research, but a spokesman said the company had 14,000 people working on security and safety—double the amount last year—and a goal of expanding that team to 20,000 by next year.

In a statement, the spokesman said the company relied on "a combination of automated detection systems, as well as reports from the community, to help identify suspicious activity on the platform and ensure compliance with our policies."

About two dozen of the pages Mr. Goldsmith flagged, with a combined following of some 20 million, have been deleted, often coinciding with Facebook's purges of Russian- and Iranian-linked disinformation pages—including a separate crackdown by the company last week on domestic actors.

The most recent suspensions included the page “Vets Before Illegals,” with nearly 1.4 million followers, which Mr. Goldsmith’s research showed had five page administrators in the U.S. as well as three in the Philippines, and DcGazette, a page pushing conservative news that had attracted more than 400,000 followers.

Several of the pages Mr. Goldsmith has studied expressly catered to conservative audiences and frequently promoted divisive memes depicting President Trump favorably on issues involving veterans, illegal immigration and the National Football League. While posts didn’t specifically discuss congressional candidates seeking election in next month’s midterms, they often promoted Mr. Trump’s 2020 re-election bid while disparaging Hillary Clinton as a criminal who deserved jail time.

But, based on his own research, he says the company needs to do much more. “They have a responsibility” to deal with manipulative accounts, Mr. Goldsmith says. “What you see on Facebook is your reality.”

Mr. Goldsmith is part of a cottage industry of digital detectives investigating malfeasance on social media that extends beyond internet firms, journalists and academics to include ordinary citizens.

“They see me as a novice cybervigilante, and not someone with the reputation of a research university to back me up,” Mr. Goldsmith said of Facebook. “Which, to be fair, is exactly the case.”

What U.S. intelligence agencies say was a widespread effort by the Kremlin to influence the 2016 presidential elections—and renewed warnings about attempts to influence the midterms—have added urgency to their cause.

Facebook has vowed repeatedly to counter disinformation. Chief Executive Mark Zuckerberg has called the effort an arms race, and said the company is banking on artificial intelligence to better detect manipulation campaigns.

The inner workings of Facebook’s detection and takedown system remain opaque, making it hard to evaluate the effectiveness of its efforts—even for those like Mr. Goldsmith, who has made it a mission to track webs of connected pages.

Lee Foster, who manages the internet firm FireEye’s information operations intelligence analysis unit, a misinformation-tracking team, said his team of investigators often struggles to discern whether a Facebook page that appears fraudulent is a foreign-influence campaign, a financially motivated click farm, or something else.

Mr. Goldsmith’s persistence and some help from congressional aides led to a phone call among him, Facebook and House Intelligence Committee staffers, and then a meeting at Facebook’s office in Washington, D.C. Facebook has responded to some of his emails, but hasn’t explained why some pages he has identified were removed while others remain or whether his research contributed to decisions to suspend certain pages.

The Facebook spokesman said veterans are among those who may be especially appealing targets to bad actors.

“Financially motivated scams, including romance scams, commonly rely on impersonating members of the public who are more likely to be considered trustworthy—including members of the military, veterans, and other professionals,” the spokesman said. “As a result, organizations like Vietnam Veterans of America are more likely to be targets of impersonation than most people on Facebook. We recognize this and are working to combat impersonation in a variety of ways.”

One of Mr. Goldsmith’s top concerns is that bad actors are determined to try to exploit veteran and law-enforcement communities. Mr. Goldsmith served more than three years in the Army, including combat in Iraq.

Researchers have identified veterans as a particular target of disinformation campaigns. A study from the University of Oxford in October 2017 found accounts tied to the Kremlin were targeting veterans and active military personnel on Facebook and Twitter with divisive political propaganda, likely because of their status as “influential voters and community leaders.”

To Mr. Goldsmith’s dismay, he has noticed that even friends and colleagues follow some of the pages he most distrusts.

One was Maureen Elias, who works on outreach and advocacy at Vietnam Veterans of America and unwittingly followed and then shared content from a page Mr. Goldsmith has pegged as bogus. She said she had followed the page only after seeing her own acquaintances following it.

“It makes me sick to my stomach to think I’ve shared content from these sites that target veterans and don’t have our country’s best interests in mind,” said Ms. Elias, a 41-year-old Army veteran who specialized in counterintelligence. “It makes me feel even more foolish because I fell for this crap. Of all people, I should know better.”

In addition to Facebook, Mr. Goldsmith has contacted at least 10 congressional committees and several federal agencies requesting help to investigate social media use by foreign actors that target veterans. The overtures largely were met with silence, though Mr. Goldsmith said he did hear back from some congressional committee staffers.

Mr. Goldsmith also has begun to examine suspect Twitter accounts. A Twitter representative told Mr. Goldsmith this month it had removed one account he had tracked, due to inactivity.

The representative declined to share information with Mr. Goldsmith about the origin of the account, but Twitter said to Mr. Goldsmith that his findings were promising and the company was interested in learning more. Twitter declined to comment.

After his initial discovery of the fake Vietnam veterans account on Facebook in August 2017, Mr. Goldsmith began noticing other Facebook pages that had no original content, that appealed to veterans, and that shared divisive memes, like one about African-Americans vandalizing veteran memorials. He logged examples of multiple pages sharing the same image and message—minutes apart.

Some accounts have changed their names over time, testing what approaches garnered the most “likes” and follows. One he identified was named “Support Police Officer.” It has more than 20,000 followers and posts American military and law-enforcement memes.

Using a Facebook feature that shows the history of a page's names, Mr. Goldsmith found that the page began in 2015 as "Europe, Balkan—Military Power" before changing to "Police & Military" and then "Support Police" before settling on its current name.

Another page, called "Nam Vets," links to a website whose domain is registered to a user in Plovdiv, Bulgaria, according to publicly available data.

Facebook in early September launched a new feature allowing users to see the country of origin for many, but not all, pages. Using this tool, Mr. Goldsmith found that of more than 100 suspicious, veteran-focused pages he had been following, over half had begun in a foreign country, and many in Vietnam, targeting Vietnam veterans.

"I've identified dozens of these pages, but it's already too late," Mr. Goldsmith said. "They're not just targeting the midterm election, they're targeting the electorate."

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent.

The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana!" Trump wrote in a tweet, misspelling Tester's first name.

He went on to compare Tester's actions to Democrats' behavior when Supreme Court Justice Brett Kavanaugh was accused of sexual assault, suggesting the Montana Democrat's actions were worse.

Trump's renewed criticism of Tester came on the eve of a campaign rally in Missoula, Mont., for Tester's Senate opponent, Matt Rosendale (R).

After Jackson was nominated to head the VA in April, Tester's office released allegations that the White House doctor fostered a hostile work environment, improperly dispensed prescription drugs and drank on the job. The claims were based on interviews with colleagues of Jackson's.

Jackson and the White House both denied the allegations, but the doctor ultimately withdrew his nomination.

While Trump launched a barrage of attacks on Tester in response, Sen. Johnny Isakson (R-Ga.), the top Republican on the Veterans' Affairs Committee, broke with Trump and his blistering criticism of Tester to come to the Democrat's defense, saying he did not have a problem with how the allegations were handled.

Tester is among the most vulnerable Democrats up for re-election next month, as Trump won Montana by more than 20 percentage points in the 2016 election.

The Cook Political Report, a nonpartisan election forecaster, rates the Montana Senate election as a "toss-up," and a RealClearPolitics average of polls in the race shows Tester with a 3-point lead.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind.

President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

While both parties try to gauge the electoral fallout of the recent confirmation battle over Supreme Court Brett Kavanaugh, Mr. Trump's focus here is on an earlier battle — Mr. Tester's prominent role in torpedoing the nomination of Adm. Ronny Jackson, Mr. Trump's White House doctor, to run the Department of Veterans Affairs this spring.

Mr. Trump fumed repeatedly on Twitter over the 62-year-old Mr. Tester's tactics in the Jackson nomination fight, which included airing accusations of personal misconduct and excessive drinking and led Adm. Jackson to withdraw.

He repeated those charges on Twitter on Wednesday night and even compared Mr. Tester unfavorably to Justice Kavanaugh opponents.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator [Jon] Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!," he wrote.

Even before Wednesday night's attack, Phil Drake, a longtime reporter for the Great Falls Tribune who is covering the race, noted the unusually personal tack Mr. Trump has taken.

"I don't know how it is in other states, but it clearly sounds personal when the president is out here," he said. "It's like President Trump has put a bounty on Sen. Tester's head."

With three electoral votes and barely a million residents, Montanans aren't used to the national attention, which on the Republican side has included stops by Vice President Mike Pence and first son Donald Trump Jr. this midterm campaign.

"Before President Trump started coming here, the last president I covered personally was Bush," Mr. Drake said, then clarifying: "George H.W. Bush."

Presidential pique aside, both Democrats and Republicans have some very practical reasons for the obsession with Montana.

Mr. Tester is one of 10 Democratic senators running this cycle in a state easily carried by Mr. Trump. A Republican pick-up in Montana would almost certainly kill any Democratic hopes of taking control of the chamber next month. Throw in a tight race for the state's only U.S. House seat in which freshman Republican Rep. Greg Gianforte is trying to hold off a well-funded Democratic challenger, former state Rep. Kathleen Williams, and the stakes in Montana grow even higher.

A third-generation Montanan with a folksy manner and a relatively moderate voting record, Mr. Tester was not thought to be among the more vulnerable Democratic incumbents this cycle. But the few polls taken to date give him only a slight lead over Mr. Rosendale, and no surveys have been taken since Mr. Tester joined fellow Democrats in voting against Justice Kavanaugh earlier this month.

Mr. Tester has far outraised his challenger, but more than \$45 million in out-of-state money on both sides has flooded into Montana, negating at least some of the incumbent's advantage and making for wall-to-wall political advertising in the state's very affordable media markets.

Mr. Trump appears so determined to put his imprimatur on the race that his campaign made the unusual decision to move Thursday night's rally to a smaller venue — a hangar near the Missoula International Airport — because organizers wanted to be able to park Air Force One directly behind the president as he spoke.

Both sides acknowledge Mr. Tester may be vulnerable, but that knocking him off will not be easy. Despite Mr. Trump's popularity, the state has a history of supporting moderate Democrats and boasts a union movement much stronger than in many other Western states.

His stump speech cites his work for veterans in the Senate, his support for gun rights, his deep roots in the state, his advocacy for Montana's extensive public lands, and his ability to work across the aisle.

Ironically, given the president's interest in the race, Mr. Tester may be the only Democrat on the ballot this cycle to run a full-page "Thank You Mr. President" ad in 14 state newspapers — to highlight what the ad said were 16 bills Mr. Trump signed on veterans, government waste and other topics that Mr. Tester sponsored or co-sponsored.

"One challenge for Tester is Montana's getting more polarized, just like the rest of the nation, and also becoming more Republican," Jeremy Johnson, a political analyst at Carroll College in Helena, told the Associated Press. "But it's also a Democratic year. I'm not sure if that will balance out or not."

Mr. Tester, the ranking Democrat on the Senate Veterans Affairs Committee, makes no apologies for his role in blocking Adm. Jackson's VA nomination, noting he voted for Mr. Trump's second choice to fill the post, current Secretary Robert Wilkie.

"I wouldn't do anything different from what I did before," he told the Great Falls Tribune recently. "Veterans are too important to me and I will fight for them every day."

Mr. Rosendale, a Maryland transplant who moved to the state a decade ago, sports the same close-cropped “flat-top” hairstyle as his Democratic rival, but insists the resemblance ends there. In addition to hewing close to Mr. Trump at his massive rallies, the 58-year-old Mr. Rosendale argues a vote for Mr. Tester is a vote for the national Democratic Party and its agenda, on issues ranging from gun control and the appointment of judges to health care.

“That’s what happens when you spend too much time in the federal government,” Mr. Rosendale argued at Saturday’s final candidates’ debate. Mr. Tester “has been there for 12 years and he thinks he can determine what is best for you and what is best for your family.”

Strikingly, while GOP surrogates have flooded the state, Mr. Tester has largely fought on his own. One advocate he did draft to campaign for him was far outside the circle of House Minority Leader Nancy Pelosi and Senate counterpart Chuck Schumer — actor Jeff Bridges, the mellow, abiding “Dude” from the movie “The Big Lebowski.”

Libertarian Party candidate Rick Breckenridge also went after Mr. Tester for forgetting his roots at Saturday’s debate, noting, “I think Jon’s starting to look more like Washington than he does Montana.”

The third-party candidate may have an outsized impact on the final result: Mr. Tester won in both 2006 and 2012 without getting 50 percent of the vote statewide, with analysts saying the Libertarian vote cut into the GOP totals.

Mr. Drake, the reporter, says it’s hard to say whether Mr. Trump’s ability to excite his base at massive rallies will overcome Mr. Tester’s edge as an incumbent, but says he can already declare one winner in the race.

“The local TV stations must be having a hard time figuring out what they’ll do with all the money they’re making from ads these days,” he said. “I wish some of that would go to the newspapers too.”

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uvd; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York’s 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

If veterans have turned to their federal elected representatives for help, they also know how disconnected our federal representatives are with their veteran constituents.

As a voter, I am concerned about the Nov. 6 election for New York’s 21st Congressional seat presently filled by Rep. Elise Stefanik, who has been airing her TV propaganda advertisements by stating that she helps us veterans obtain our benefits.

That is the furthest thing from the truth.

I can state this because for the past two terms, she has failed to help me in my request for her help.

What she has told me is to file an appeal on the VA decisions about my health care.

Any veteran who has filed an appeal with the VA knows it can take up to 17 years to win an appeal. I will most likely be dead in 17 years, and that was how Stefanik addressed my VA health care needs.

I am asking my brother veterans and the residents in New York's 21st Congressional District to register and vote for someone other than Stefanik on Nov. 6 because we veterans need a person in Congress who will represent us without waver.

The other two candidates are Tedra Cobb (D) and Lynn S. Kahn (G).

Both have assured me that they will help their constituent veterans when elected, but please if you want to thank a veteran for his service, do it by not voting for Stefanik.

- Thomas Campanile, Broadalbin

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Veterans Affairs Media Summary and News Clips

18 October 2018

1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)
President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit. "We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

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1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)
New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle. After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

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1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven "Brainwave Frequency" Treatment](#) (17 October, Isaac Arnsdorf, 1.1M uvm; New York, NY)
Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office. On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans' Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare.

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1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)
One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA's request, citing violations to intellectual property.

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1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)
After Bob Simonovich's post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he'd be able to handle in his post-military life. So his therapists lined up a job for him with a baseball team.

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1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane. "Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla's VA medical center is a key figure in the future of veterans health care, said the country's top Veterans Affairs official after touring the facility Tuesday. Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

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2. [Greater Choice for Veterans](#)

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#) (17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey. Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

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3. [Modernize Our System](#)

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#) (17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive. Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbestael, spokesperson for the Ralph H. Johnson VAMC.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvm; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village. All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

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3.3 - Fremont Tribune: [New state-of-the art VA clinic is an important victory](#) (17 October, Jeff Fortenberry (R-Neb.), 19k uvm; Fremont, NE)

From the interstate highway system to the Erie Canal, the transcontinental railroad to the Hoover Dam, infrastructure projects have transformed our nation, lifted our spirits, and caused the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#) (17 October, 2k uvd; Sioux City, IA)

A major construction project impacting Siouxland veterans is nearly complete. After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs. John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPR (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain. VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment. But he says they are scheduling clinics at VA facilities... "

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked “Broken Arrow” cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case. Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran’s Affairs Medical Center is hoping a special celebrity will visit while she’s in town next month. “Only I can change my life. No one can do it for me.” That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County. More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry. Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center’s first “Give Thanks Celebration.” Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends. Monthly housing stipends and tuition assistance funds are among those being disbursed late.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#)

(17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search. He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent. The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind. President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uvd; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York's 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

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1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)

President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit.

"We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

The president's request is likely for his fiscal 2020 budget proposal, which is due to Congress early next year.

Although Trump can ask his Cabinet secretaries to cut their budget proposals, the federal budget is approved by Congress. Lawmakers are free to draw up their own spending plans for federal agencies and the rest of the government.

The president does have the leverage of his veto. After approving the \$1.3 trillion budget plan Congress sent him in March, Trump threatened he would "never sign another bill like this again."

The Treasury Department reported that the federal budget deficit rose this year to \$779 billion. That amounts to a 17 percent increase over the previous year, and it's the highest deficit in six years.

Trump has called for deep, double-digit-percentage reductions for federal departments that were rejected by Congress. His first proposed budget last year included the elimination of 62 agencies, which lawmakers ignored.

Conservatives are increasingly restive about budget deficits, which have received far less attention from Republicans lately than they did during the Obama administration.

Trump blamed Democrats in Congress for seeking increased spending on domestic programs in exchange for his desire to build up the military. Unwilling to threaten a shutdown before the midterm election, Trump indicated that he felt compelled to go along with spending bills to secure his desired increases for the Pentagon.

He attributed a spike in federal spending to the needs of the military.

"Military was falling apart, it was depleted, it was in very bad shape," he said Wednesday.

This year's deficit could have been higher, the Treasury said, but the timing of certain payments was shifted.

This week, Treasury Secretary Steven Mnuchin suggested that deficit increases were the "dire consequences of irresponsible and unnecessary spending."

A report from the nonpartisan Congressional Budget Office, released this month, said tax cuts Congress approved last year partially led to the deficit jump.

Budget analysts said Trump's cuts are very unlikely and would have little impact on the budget deficit in any event.

Stan Collender, a professor of public policy at Georgetown University, said that if the entire annual federal budget was cut by 5%, it would be \$200 billion to \$300 billion – and the federal budget deficit for next year is projected at \$1.1 trillion.

Trump bragged about his defense hikes and presumably isn't interested in cutting that budget, Collender said. He hasn't said anything about reducing the drivers of federal spending, programs such as Social Security and Medicare.

"This really shows Trump is not ready for prime time," Collender said.

Chris Lu, a former deputy Cabinet secretary under President Barack Obama, mocked Trump's request.

"That's a 5% cut for veterans, national security, law enforcement, healthcare, farmers, roads/bridges, workers, environment, food and housing aid. Everything," he wrote on Twitter. "And it would still only amount to \$60 billion a year – a fraction of \$1.5 trillion Trump/GOP tax cut."

Maya MacGuineas, president of the Committee for a Responsible Federal Budget, said even a 5 percent cut would cost money because next year's plan would bring back budget caps that equal a 10 percent cut. So even a 5 percent Cabinet cut would still leave \$63 billion in deficits.

"So while it sounds tough and responsible, it allows for bloated budgets and higher deficits compared to where we were supposed to be," she said.

Even so, MacGuineas said lawmakers should be able to cut the budget by at least 5 percent.

"Certainly, we should be able to realize at least this much in savings, but we should go much further," she said.

It's unclear where the cuts would come from, department to department.

Three-quarters of the federal government has been funded through the end of September 2019. The remaining agencies, which include the Departments of Agriculture, Justice, Transportation and Homeland Security, are funded through Dec. 7.

Congress will try to avoid a partial government shutdown and pass a budget for those agencies before the end of the year.

Lawmakers debate spending for the Transportation Department for the year that started Oct. 1. The House approved \$71.8 billion and the Senate \$71.4 billion for the Departments of Transportation and Housing and Urban Development, which are each more than \$1 billion above current spending and more than \$23 billion above what the Trump administration requested.

The Department of Veterans Affairs, which is second in size only to the Pentagon among federal agencies, has a budget of roughly \$200 billion for the coming fiscal 2019 year. That includes \$8 billion for mental health care services, \$400 million for opioid abuse prevention and \$200 million for suicide prevention efforts.

The Environmental Protection Agency's \$7.96 billion budget is \$100 million less than the previous year.

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1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle.

After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

He said he attempted suicide, resulting in a general discharge in 2007. But he was still able to get many of his Department of Veterans Affairs benefits while he battled depression and post-traumatic stress disorder.

"The VA really saved my life," he said. "I was pretty much unemployable."

As a civilian, he threw himself into veterans issues, starting with a campaign on behalf of fellow veterans ejected from the military because of mental-health issues brought on by service. His efforts helped change federal policy to better help veterans ensure they get mental health care at the VA regardless of their discharge status, and his reputation grew as an advocate for veterans on Capitol Hill.

He also lobbied for an upgrade to an honorable discharge for himself; he's still awaiting a decision.

He's now the assistant director for policy and government relations at Vietnam Veterans of America and, with his cybersleuthing, also has taken on a new title as the group's investigator.

Mr. Goldsmith is using veteran benefits to attend Columbia University, where he is pursuing a bachelor's degree. But without an honorable discharge, he can't access full benefits through the GI Bill—so his work as a veterans advocate also helps pay the bills.

"My eyes are crossing from staring at a screen and books for 95% of my waking hours," he said as the midterm elections neared and he continued to implore Facebook to take action on bogus pages.

Mr. Goldsmith is aware of the risk that some will consider him a conspiracy theorist, and in meetings with veterans groups and congressional staffers he lugs a briefcase filled with binders

documenting evidence he's gathered to prove he isn't unhinged. He favors a beige three-piece suit and can often be found taking notes at cybersecurity events around Washington, where he hopes to meet officials who might listen to his concerns.

On a recent afternoon, while wolfing down a slice of pepperoni pizza in Washington, he clicked on a new link on his laptop, leading him to yet another suspicious Facebook page. "Oh, man, that's another rabbit hole I have to go down," he joked, before rushing out the door to jump on a train back to New York so he could return to classes.

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1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven "Brainwave Frequency" Treatment](#) (17 October, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office.

On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans' Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare. The company markets an "off-label" method of treating addiction and post-traumatic stress, using electromagnetic brain stimulation.

The meeting came about because two of CereCare's partners had a business connection to Heller's senior aide in Reno. "We've known her for years," one of the partners, Nino Pedrini, said of the aide, Glenna Smith. Pedrini and his partner have a separate joint venture with Smith's former employer. "This was Glenna reaching out to us, knowing what we were doing, saying we think there's a fit here where you folks can help our veterans," Pedrini said.

Smith declined to answer questions about her role in arranging the meeting; she said she has never had a financial interest in Pedrini's companies.

The Trump administration is encouraging the VA to use more alternative treatments, even though doctors and mental health experts caution against steering patients to procedures that haven't been scientifically demonstrated to be safe and effective. The administration's enthusiasm for such experimental treatments has opened the door to a flood of hopeful vendors like CereCare.

Heller declined to answer specific questions about the meeting. In a statement, he said he "will never apologize for supporting policies that could lead to additional treatment options for Nevada veterans because no one who has served this country should be waiting for care once they return from combat."

Heller co-sponsored a bill directing the VA to start a pilot program on CereCare's procedure. Another of CereCare's partners, Judi Kosterman, participated in drafting the legislation, she said in an interview. Kosterman described herself as CereCare's expert on the procedure, and her business card identified her as "Dr." She is not a physician and her doctorate is in education, according to official records.

The bill says it provides no additional funding, so the pilot program would come at the expense of other treatments that are already proven to be effective. For that reason, it drew opposition from Veterans of Foreign Wars, which represents 1.6 million members. “The VFW believes that VA must spend its already scarce health care resources on therapies that have shown promise or have a proven track record,” the organization told Congress. Other veterans groups, such as Amvets and Vietnam Veterans of America, supported the bill because they said the treatment is worth trying. The Senate veterans committee hasn’t voted on the bill.

The procedure that CereCare was pitching to the VA uses electrical scans of the brain and heart to detect a patient’s “intrinsic brainwave frequency” and find “the area of the brain in need of restoration,” according to materials brought to the meeting. CereCare then uses that data to apply electromagnetic pulses from a machine called a transcranial magnetic stimulator.

This procedure is off-label, meaning it uses equipment approved by the Food and Drug Administration, but in a way that is not approved by the agency. Off-label procedures are not uncommon or illegal, but the FDA has not signed off on their safety or effectiveness.

Pedrini brushed off concerns about FDA approval. “The thing we all have to get over is FDA approval on some things,” he said. “You’ve got to try things. We can’t get hung up on 20 years of the FDA trying to approve something because of the bureaucracy and red tape.”

Many mental health professionals oppose pushing patients into experimental procedures. They urge treatments that are scientifically validated or, under certain circumstances, that are part of a well-run clinical trial. “Physicians in the VA, and any other health care setting, should not be forced to disclose treatment options for which there is no scientific basis for safety and efficacy,” the National Alliance on Mental Illness told Congress in 2016.

But these experimental treatments have found favor with political appointees in the Trump administration. Two of Trump’s policy priorities for the VA — letting more veterans go to private doctors, and reducing suicide among veterans — have combined to lead officials to embrace private companies pitching unconventional treatments.

The president appointed Jake Leinenkugel, a Wisconsin beer baron turned senior adviser at the VA, to chair a commission studying nontraditional treatments like the one CereCare sells. The commission’s congressional charter says its members should have a background in treating mental health and experience working with veterans; Leinenkugel has neither. (He didn’t respond to requests for comment.)

At the commission’s first meeting, in July, Leinenkugel encouraged deploying hyperbaric chambers — not because of any scientific evidence, but because of companies’ lobbying. Two large organizations had contacted him over the previous 12 or 13 months, he said. “They’re becoming much more proactive. They’re gaining resonance on the Hill and also in states,” he said. “So, whether or not we think that treatment works or has any evidence based to it at this point in time, it is not relevant to me.”

At the Reno meeting, Heller’s staff and CereCare talked about four veterans with mental health issues who could receive the treatment, according to meeting notes provided to ProPublica. A local veterans nonprofit group was offering to cover the cost of the four veterans’ treatment so the VA wouldn’t have to pay, according to Pedrini.

CereCare could have used that money to treat those patients without the VA's involvement. But Heller wanted the VA to bless CereCare's procedure as a pilot program to put it on a path to widespread adoption, according to the meeting notes. "Dean Heller wanted their endorsement," said Walter A. "Del" Marting, another of CereCare's partners. (Marting donated \$500 to Heller's re-election campaign in 2015, according to Federal Election Commission records.)

At the meeting, a VA representative suggested that if CereCare or Heller's office know of four veterans needing mental health care, they should be sent to the VA for evaluation and treatment. Kosterman, who was present, said the VA officials appeared skeptical of CereCare's procedure. She described the VA's position as, "Veterans are a protected class, and we are responsible to protect them from being experimented with or being involved in something we haven't validated."

It's not clear what happened to the four veterans. But the pilot program never moved forward, much to CereCare's frustration. "The whole thing got bogged down in clearances and approvals and reviews," Marting said.

Heller put a positive spin on the meeting, posing for a photo and tweeting, "Thank you to the Reno VA, Reno Vet Center, Renown Health, CereCare, the Nevada Military Support Alliance, & Northern #NV community members for joining me for a productive discussion about ways to reduce suicide among veterans and improve mental health care for them."

Help Us Investigate: Do you know what's going on at the VA? Are you a VA employee or a veteran who receives VA benefits and services? Contact Isaac Arnsdorf at 917-512-0256 or isaac@propublica.org.

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1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)

One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA's request, citing violations to intellectual property.

The incident sparked an effort at VVA, a congressionally chartered veterans service organization, to find more social media pages that target veterans and servicemembers with sensationalized news and hyper-partisan political content.

Led by Kristofer Goldsmith, the group's assistant director for policy, VVA analyzed hundreds of Facebook pages and Twitter profiles in the past year. VVA shared what it found with Facebook's threat intelligence team, and the information led to 24 pages being disabled.

The group believes that's only a fraction of the problem. It's now calling on the U.S. government to get involved with stopping the spread of disinformation aimed at veterans and servicemembers, calling it a national security threat.

"We have concluded that despite recent purges of hostile actors from, and reforms to, these online platforms — our community remains a vulnerable target for exploitation and manipulation by foreign entities," VVA President John Rowan said in a statement.

A study from Oxford University in 2017 found Russian operatives used Twitter and Facebook during the 2016 presidential election to disseminate “junk news” to veterans and servicemembers, who were a target because of the trust the public places in them.

Congress has questioned Twitter and Facebook CEOs on Capitol Hill about election interference, and the companies said they’re launching major efforts to guard against attempts by foreign actors to disrupt the upcoming midterm elections in November.

Facebook vowed to make its pages more transparent. In June, it released a new “Info and Ads” tab. If a page has a large number of followers or bought political ads, it shows the country where administrators of the page are based.

Despite the attempts to stop disinformation, VVA thinks it’s a problem that shouldn’t be left up to the private sector to fix. The group asked the Department of Veterans Affairs and Department of Defense get involved.

“This is an issue of national security, and affects the well-being of American troops and veterans,” Rowan said. “That’s why we’re asking for the blame game to end, and for America’s government to step up and protect our population from being targeting by foreign elements who seek to do us harm.”

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1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After Bob Simonovich’s post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he’d be able to handle in his post-military life.

So his therapists lined up a job for him with a baseball team.

“I loved baseball my whole life,” said Simonovich, a former Army staff sergeant injured in a bomb blast in Iraq 11 years ago. “But when I got back, I didn’t know if I’d ever be able to go to a game again. The crowds, the fireworks, it’s just something I didn’t think I’d be able to do.

“When I could go back there, it meant everything to me.”

Simonovich’s job as a datacaster for the Akron RubberDucks (a minor league affiliate of the Cleveland Indians) came through the Individual Placement and Support program, designed to match individuals with mental health challenges to potential job opportunities built around their workplace needs.

Earlier this month, Department of Veterans Affairs officials announced plans to partner with nonprofit Social Finance to expand use of the program in VA medical centers. Nearly 500 veterans in the New York and Boston region will take part in what officials hope is the first wave of a broader deployment of the resource.

“We want to make sure our veterans not only have better employment but also better overall health outcomes,” said Melissa Glynn, VA assistant secretary for enterprise integration.

The partnership, dubbed Veterans Coordinated Approach to Recovery and Employment (or Vets CARE), will bring employment experts into VA medical offices to find potential job matches for veterans.

In cases like Simonovich’s, both medical professionals and the outside specialists evaluate the veterans’ strengths, limitations and job goals before speaking to local businesses about openings.

“It’s kind of like having an agent,” said Simonovich, 42, who admits he had doubts about returning to full-time work after four years of therapy.

“I didn’t think I was ready to start work again at all,” he said. “But my doctors felt like it was time for a push. They could see it even if I couldn’t.”

Simonovich said he was excited by the prospect of working at a baseball stadium but worried about the constant activity of the ballpark. He started last spring, and team officials eased him in by giving him a quiet space during the game for his work and time to familiarize himself with the stadium.

Before games, he would spend a few minutes walking along the crowded concourse to “push myself, make myself a little uncomfortable.” When it became too overwhelming, he’d retreat to the press box and his small group of supportive co-workers.

This summer’s work included meetings with the players and fill-in work at Progressive Field in Cleveland, tracking the big-league team he grew up rooting for. When the regular season ended, Simonovich transitioned to a similar data job with a baseball academy, confident he could walk into a new workplace and succeed.

Program officials said they’ve already established a network of business contacts to provide similar matches to other veterans. For some, family and lifestyle demands may require part-time work or limits on their availability. For others, employers may need better education or support resources to help new veteran employees start working.

“Guys who are at that point may not even know they’re ready to hold a job,” Simonovich said. “I didn’t know what I could do. So this program was the key.”

More information on the new partnership is available on the Social Finance web site.

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1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane.

"Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said. "So what we are doing here in Washington, we are testing out the medical health records, which is the largest program the VA has ever undertaken. We are going to test it here in Spokane. That will be the template for the entire country."

Wilkie, who was confirmed as VA secretary in July, arrived at Fairchild Air Force Base for the Military Family Summit. During his speech, he highlighted how President Dwight Eisenhower addressed a group of 40 Korean War veterans just after his inauguration in 1953. Some of the veterans were missing limbs or were "horribly disfigured."

"He looked at them as only a man of Eisenhower's stature could and he said, 'Gentlemen. You can never be repaid for what you have given your country. But, you have a charge from me. You never put your uniforms away. You live to remind your fellow Americans that they sleep soundly at night because of your sacrifices.' "

"That is the message that I try to convey as the leader, the temporary custodian of the flame of America's veterans," Wilkie said.

With more than 100 years of family members serving in the military, Wilkie appeared at Fairchild at the invitation of U.S Rep. Cathy McMorris Rodgers, who has been organizing the Family Military Summits since 2009.

"I've said before, in order for America to be a diplomatic power, it needs to be a military power," McMorris Rodgers said. "In order to be a military power, it needs to be an economic power. It's all connected. And the military families are the basis behind every part."

Wilkie's late father, Robert L. Wilkie Sr., retired from the Army as a lieutenant colonel and was wounded fighting in the Vietnam War.

"When my father was commissioned two months before President (John F.) Kennedy was inaugurated, less than 9 percent of the force had families," Wilkie said. "Today, it's 75 percent. The bottom line is the men and women who support our warriors are the foundation of everything that we do."

Wilkie also said he supports efforts to begin a long-promised 24-hour urgent care at Mann-Grandstaff VA Medical Center. It currently operates from 7 a.m. to 7 p.m.

"I'm gong to do my best," Wilkie said of supporting the upgrade.

"I've also advocated for a 24-hour urgent care at the Spokane VA," she continued. "I'm pleased that we are on track to get that open next year, early next year."

When pressed for a date, McMorris Rodgers acknowledged that the opening remains a "goal."

"It's not an issue of funding. It's more an issue of recruiting the doctors enough to staff it," she said. "They are having a challenge recruiting the doctors. So getting the doctors in place is going to be the key to being able to open the 24-hour urgent care."

Promises of updated care at Mann-Grandstaff with very little to show for it has been a campaign issue for her Democratic challenger, Lisa Brown. In an interview earlier this week, Brown

criticized McMorris Rodgers for promises of around-the-clock emergency care that haven't produced.

"It's not about what you say. It's about how you accomplish it," Brown said.

As for Wilkie, he also visited the VA facility in Walla Walla, which he also said figures into the national plan to update services for veterans.

"The other part is taking a facility like Walla Walla and making that facility stronger so it can be a template for how we deliver health care to veterans in rural areas, veterans who drive hundreds of miles," he said. "Washington has all those components that come together to make this the testing ground for the 21st-century VA. That's why I wanted to come."

He said even in 2018, many officials from the South or East do not understand the scale of the American West.

"You can see it here in Washington state. Some places out west, veterans and their families have to travel 700 or 800 miles round trip just to get to a VA center," he said. "With our transformation, we will give you the opportunity to choose the care that is close to your home, the care that makes you and your family most comfortable."

Wilkie ended his speech by repeating Eisenhower's promise to those veterans some 65 years ago.

"We will do our best to make sure that the government of the United States never lets you down because you have never let us down," he said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla's VA medical center is a key figure in the future of veterans health care, said the country's top Veterans Affairs official after touring the facility Tuesday.

Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

Following a smooth Senate confirmation and about two months on the job, Wilkie said the stories of turmoil at the VA have not reflected his experience so far. He said he has been astounded at the dedication of employees and is looking forward to new electronic records, telehealth programs and partnerships with the Department of Defense.

Wilkie said Washington state, with its significant military presence, universities and tech industries, can be thought of as a proving ground for things the VA is planning to focus on in the coming years.

“Washington state really is how we are going to put together the future, and I’m not saying that simply because I’m sitting here,” Wilkie said. “If we can’t get things right here in Washington state, it is going to be problems for other parts of the country.”

He said everything in Washington exists in microcosm, and Walla Walla represents where the VA is headed in terms of providing care for veterans living in rural areas.

Veterans Affairs is spending between \$10 billion and \$16 billion in a partnership with the Department of Defense — which is led by Pullman-native Gen. Jim Mattis — to create an electronic health record system to give both departments a complete picture of a veteran’s health, starting when they first begin their service. How that program plays out in Washington will serve as a template when they are ready to roll it out nationwide, Wilkie said.

The system can give health care providers “signs in a patient’s progress that could alert us to opioid problems, alert us to mental health issues and allow for an intervention when the red flags appear,” Wilkie said. “It will revolutionize the way we do things.”

Serving patients hundreds of miles away and being just as far from surgery centers in major cities, Walla Walla’s VA medical center shows how one campus can reach across enormous distances in rural America, he said.

“In order to serve that population, we have to make these facilities more robust, but we have to be innovative too,” Wilkie said, “and that’s why what they’re doing here with telehealth is so important.”

The Walla Walla VA medical center has been offering telehealth services for a bit over a year now. Through telehealth programs, patients can use their smartphone or computer to essentially attend an appointment from home. Among replacing other in-person appointments, it could be a general checkup, steps toward a diagnosis or mental health counseling.

“The ability of that veteran to sit in a room and not worry about the pressures of an institution and talk to that health care professional is revolutionary,” Wilkie said.

The VA will also ramp up its efforts to connect with patients in rural areas, where they are less likely to have access to high-speed internet, he said.

Apart from tech-driven initiatives, Wilkie said the VA still must reckon with staff shortages. The Department of Veterans Affairs is facing around 45,000 vacancies nationwide, and medical center acting director Keith Allen has said Walla Walla has a 28-percent vacancy rate among its 600 employees.

At Wilkie’s confirmation hearing, he said a “blunderbuss approach to filling vacancies” would not get the best results, but more flexibility was needed.

“For rural America, what I want to see is the VA, if it applies here, be more aggressive in offering nurses, mental health professionals, doctors more help with loan relief in exchange for serving America’s veterans,” Wilkie said.

He said a program akin to ROTC, which helps pay for school in exchange for military service, could attract more employees. He also said the VA and the Department of Defense must make

clear to active duty doctors and nurses that they can find work at a VA medical center when they return home.

While financial incentives could help, Wilkie said there is another factor that will always attract potential VA health care employees.

“Just pure desire to serve people in uniform,” he said. “It’s a special calling.”

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2. Greater Choice for Veterans

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#) (17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey.

Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

Thanks to the new contract, eligible veterans in South Jersey will have increased access to care, including sub-acute rehabilitation, respite care, end-of-life care, and long-term nursing home care.

If you are a veteran interested in VA services, please contact a member of the Wilmington VA Medical Center outreach team at 302-304-5509.

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3. Modernize Our System

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#) (17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive.

Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbstaël, spokesperson for the Ralph H. Johnson VAMC.

With 84,000-square-feet at the Myrtle Beach location, services including primary care, mental health, physical therapy, prosthetics, blood collection, CT, ultrasounds and more. There is also space to add MRI, the release states.

The space will also feature a women's clinic. Construction is scheduled to begin in 2019, located off of Farrow Parkway near The Market Common and Myrtle Beach International Airport.

In July 2016, the VA's headquarters in Washington, D.C. said they are close to soliciting bids for the project. At the time, a contractor was expected to be picked between April and June 2017.

The medical system currently operates two outpatient locations in the city: one at 3381 Phillis Blvd., and another a few blocks away at 1101 Johnson Ave.

The development will be one of the first businesses to build in the International Technology and Aerospace Park off Farrow Parkway. The land has sat mostly vacant since roads and other infrastructure were completed in 2012.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvm; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village.

All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

Known as a CBOC, the clinic has doubled its size and offers clinic-based video telehealth.

Subject matter experts are expected to be on-hand from services across the medical center and the Veterans Benefits Administration.

Veterans interested in enrolling should bring their DD-214.

People are also invited to help the Manchester VA Medical Center keep veterans warm this winter season with a generous donation of new winter coats, gloves, hats, socks and scarves.

For those donating new coats, large, extra-large and XX-large sizes are most needed.

You can drop off the clothing at the volunteer services office of the VA Medical Center in Manchester (Room 103 on the first floor), between 8:30 a.m.-4 p.m., Monday-Friday, Oct. 22-Nov. 30.

Not able to donate new cold weather gear? You can still help by contributing to the Emergency Food Pantry for Veterans in Crisis. The program has been used by veterans who truly don't know what their next meal will be.

For more information, call the Voluntary Service Office at (603) 624-4366, Ext. 6422 or email debra.krinsky2@va.gov.

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3.3 - Fremont Tribune: [New state-of-the art VA clinic is an important victory](#) (17 October, Jeff Fortenberry (R-Neb.), 19k uvm; Fremont, NE)

From the interstate highway system to the Erie Canal, the transcontinental railroad to the Hoover Dam, infrastructure projects have transformed our nation, lifted our spirits, and caused the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained. Robust, reliable, innovative, cost-effective, and often aesthetically breathtaking infrastructure plays a critical role in achieving these ends.

Our government recently initiated some necessary infrastructure projects that directly affect Nebraska. After a long process, including intense interactions with various heads of the U.S. Department of Veterans Affairs (VA) across several administrations, I'm happy to report that Lincoln's historic VA campus has been chosen as the location for a new state-of-the art VA clinic. This is an important victory for the economic regeneration of a unique historic property. It arrives subsequent to a similarly successful public-private partnership to expand, improve, and innovate at the Omaha VA Medical Center. Nebraska continues to lead the nation with creative public-private partnerships to assist our veterans.

As a critical part of our national defense infrastructure, the Air Force's 55th Wing conducts surveillance, intelligence, reconnaissance, and United States Strategic Command cyber missions from the Offutt Air Force Base in Bellevue. Among its several dozen airplanes is the OC-135B, which fly in critical support of the Open Skies Treaty, a 34-member global agreement that enables unarmed observation of signatory compliance with international nuclear arms agreements, particularly that of the Russian Federation. To ensure continued successful oversight of treaty compliance, I recently joined with members of the Nebraska Congressional delegation to secure funding for the OC-135B Aircraft Replacement Program as part of the 2019 Defense Appropriations Act. One plane is funded for 2019; another will be funded in 2020. The replacement of these aircraft is vital to our national defense strategy. Their advanced age and maintenance issues had impacted the Air Force's ability to fully execute the mission of the Open Skies Treaty—one of the last remaining functional arms control regimes between the U.S. and the Russian Federation.

On the heels of a new headquarters for United States Strategic Command at Offutt Air Force Base, work is also underway to repair the Offutt runway. As part of this effort, the Lincoln Airport will soon begin infrastructure improvements to pave the way for intelligence-gathering aircraft from the Air Force's 55th Wing while the Offutt runway is rebuilt. Along with other improvements, the Lincoln Airport's maintenance hangar will be expanded to accommodate the larger military aircraft. Once the Offutt runway project is completed in December, 2020, the improved facilities will be returned to the Lincoln Airport for its ongoing use.

Other recent infrastructure accomplishments concern civilian aviation. Late last week, the President signed into law the Federal Aviation Administration (FAA) Reauthorization Act, which the House passed late last month. The bill authorized funding for the FAA for five years and makes several changes designed to help airline passengers. This is a big bill, but even small things can matter in it. The community of Columbus brought to my attention a particularly local problem. And we offered an amendment that allowed the Columbus Airport to use their fair share of federal funding to fix something that seems silly: Snow removal equipment bought with local funds could not be housed in federal financed facilities. Now the Columbus Airport has access to funding for a new, much larger storage facility.

One of the more colorful characters in our nation, Elon Musk, who sort of runs Tesla I guess, and has all kinds of other Iron Man visions for the world, spends a lot of sleepless nights dreaming about the future of infrastructure. In the meantime, as Mr. Musk figures out a way to get us to the moon, let's make sure the everyday stuff works well on earth.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#) (17 October, 2k uvd; Sioux City, IA)

DAKOTA DUNES, S.D. - A major construction project impacting Siouxland veterans is nearly complete.

After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

Along with primary care and mental health services currently being offered, the new clinic is adding an on-site pharmacist, dietitian and audiology lab.

"I forget the exact number but there are still quite a few veterans who are not being seen at the VA. This should draw some people from Yankton, and other parts of the area as well and it will unload some of that traffic from Sioux Falls as well, said Dr. Ray Mangulabnan.

An open house is set for November 16th at the clinic located at 365 West Anchor Drive in Dakota Dunes.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs.

John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

Prevette said he's in a lot of pain and is barely able to eat hard foods. Our On Your Side team tried to find him some answers regarding the delay.

"It's just been an ongoing troublesome thing, and I know that I'm not the only one," he said, frustrated. "There was a promise, 'We will take care of you.'"

After 22 years of service in the Navy and a purple heart, he's a 100 percent disabled veteran who's eligible for dental benefits.

"I walked into the dentist's office, said I'm a veteran and I need a tooth extracted," Prevette recalled, "and before I could go any further she said, 'We haven't got any paperwork from you.'"

First Coast News called the VA and asked why there was a holdup, but they couldn't comment on his medical information because of HIPAA. "I was told the paperwork was in," Prevette said.

Prevette said he was told he needed an implant six months ago, but ever since, he's been waiting for the procedure.

He said he's worried the hole could cause more trouble for him. "Without having it totally covered, you run the risk of an infection," he said.

First Coast News is still working to find answers for Prevette, but the VA's Public Affairs Officer said they're looking into the issue and will find out if they can expedite the service he's eligible for.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPB (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain.

VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment.

But he says they are scheduling clinics at VA facilities... "

....They are free walk-in clinics. In your listening area we have a clinic at Rhinelander VA Clinic and that's each Friday from Oct. 26-Nov. 23 from 1:00 p.m. to 3:30 p.m. each day. In Ironwood, we're going to have flu shot clinics on Monday, October 29 and Friday Nov. 6 from 8:30 a.m. to 3:30 p.m. Central time..."

Nelson says there are two misconceptions about the flu shots...

"...We do often hear about people getting the flu shot and getting the flu. That is a myth. Flu shots contain either inactivated flu viruses or no viruses at all. Another misconception is the flu shot prevents the stomach flu. Often we say, 'well, I got the flu anyway it was the stomach flu'. It really wasn't the flu and that's not what the flu shot is for....."

More information is at the Oscar G. Johnson VA Medical Center or online at their website.

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked "Broken Arrow" cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case.

Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant. Skaar filed a request with the U.S. Court of Appeals for Veterans Claims in Washington, challenging the U.S. Department of Veterans Affairs' refusal to provide disability compensation to veterans exposed to ionizing radiation.

"The message is not about this veteran," Skaar recently told the Headliner News, pointing to himself. "The message is why were 600, 700, 800—up to 1,600 veterans—totally ignored by the VA?"

The court will decide whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

Cleaning up chaos

Radioactive plutonium was released near Palomares, Spain, in January 1966, after a U.S. B-52 bomber and a refueling aircraft collided and crashed. Four hydrogen bombs accidentally crashed to the ground, but did not explode or detonate.

Skaar was one of an estimated 1,600 American servicemen sent in to clean up the aftermath of the accident in Spain, and the radiative remains of the bombs. The job lasted 10 days, Skaar said, in which 5,400 steel barrels of harmful dirt and rock were collected.

The legal complaint explains Skaar's involvement. Skarr, 29 at the time, was a medical disaster control technician in the Air Force. He was part of a team that collected urine samples from the airmen working at the site of the incident.

"He recalls that it was impossible to follow proper laboratory protocols in the team's haste to respond to the disaster in difficult field conditions," the complaint reads.

Skaar's responsibilities also included using measuring radioactivity with an instrument called a PAC-1 on site of the cleanup.

"This instrument was the highest technology that the United States had to offer to detect radiation," Skaar said.

The instrument had its issues, however, Skaar said. Designed to detect radiation over flat surfaces like paved asphalt, the (blank) faced accuracy difficulties over Spain's rugged terrain. Still, it gave Skaar and the rest of the crew the best idea of the level of radiation surrounding them.

"This peaked out, pegged if you will, at one million counts per minute," Skaar said. "There were rocks that would measure—that had been irradiated—punctured with enough energy to be radioactive themselves. It was scary."

The men's protection was scary, too. Skaar shared several photos with the Headliner depicting men in white coveralls and surgeon's masks. Only a handful of the crew, he added, were privileged with respiratory masks.

"We did everything we could, given the circumstances, to protect public health, but the statement has been made, and I can't dispute that, that they were not given adequate—we were not provided adequate treatment to provide 100 percent protection," Skaar said.

Further, the men also did not have time to educate themselves regarding radiation's dangers.

"Sure, they were concerned, but we had to do what we had to do," Skaar said. "It was, 'Just watch your hands and make sure you're trying to not breath that stuff.'"

Detrimental risks

Over 50 years later, Skaar believes many of his health complications, and possibly other veterans', are due to the radiation exposure during the cleanup.

"Mr. Skaar has battled leukopenia, skin cancer, and prostate cancer since Palomares," the complaint states.

But while the U.S. Department of Veterans Affairs recognizes certain cancers being links to radiogenic conditions, it does not recognize the cleanup operations at Palomares as a "radiation-risk activity," thereby stopping veterans from demonstrating the link between diseases and the Palomares cleanup.

"No one's listening to us about it and taking our word for what happened," Skaar said in a 2017 interview with the Headliner about the veterans who worked the Palomares site. "There's no question about the fact we were there and no question about the fact we were exposed."

In 1997, the doctors at the Cancer Institute diagnosed Skaar with leukopenia, which is a low white blood cell count.

The doctor "said it was caused by exposure to radiation," Skaar said. "But the VA would not accept that."

Waiting period

For now, Skaar and the rest of the veterans he's fighting for are stuck in a waiting period following a Sept. 25 hearing before the U.S. Court of Appeals of Veterans Claims.

Skaar further addressed the case, which he hopes will see additional action in the next three to four months. He knows it can go one of two ways.

"Hopefully, it won't be remanded, because I already told my attorneys I'm not interested in going back to the VA system. The second thing is they may adjudicate, and that's what we hope," Skaar said. "I suspect that my particular claim, which brought us to that level, will be denied because of my age. ... That's okay with me, because I'm not into this thing for any kind of compensation, but I want out of this and what they want to focus on is this class action, and that's why the court is really asking the VA ... why won't you accept this small group of veterans?"

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran's Affairs Medical Center is hoping a special celebrity will visit while she's in town next month.

"Only I can change my life. No one can do it for me."

That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

"People can provide you help and support all day long, but unless you do something for yourself — somebody can hand you everything in the world, but unless you take that opportunity, nothing else is going to happen," veteran Heather Cafferty said.

Veterans like Cafferty said it's comforting to see the quote on the wall of the clinic as soon as you walk in.

"It's extremely inspiring, and it gives you that opportunity, that self-worth that sometimes you lose, especially veterans, because once you get out of the service, it's kind of losing that purpose, that camaraderie. So it kind of brings back into perspective that only you are in control of your life," Cafferty added.

It's something they see every single day while they're here.

“Our veterans are very inspired by the quote. When they walk in our doors, it’s the first thing they see,” said Casaundra Harbaugh, the staff psychologist at the Kansas City VA.

Burnett, the person behind the inspiring quote, is coming to Kansas City on Nov. 6, and the staff and patients are hoping she’ll make an appearance.

“Having her come here and give the veterans some humor and giving her insight — she’s been a lot of places and seen a lot of things, so it’s always a good boost in morale for everybody,” Cafferty said. “Just to better myself. Twenty-two veterans a day commit suicide, and not taking care of mental health and not taking care of yourself is one of the big things and this program really provides that.”

“Knowing that is the perspective our staff takes, that they are in control of their lives, they are the ones that can make this change, I think that empowers them,” Harbaugh said.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

MARTINSBURG, W.Va. - The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County.

More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry.

Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

"Being here right now is a good opportunity for the veterans that are here to see somebody that they saw in the program here actually integrated into the community and bring back with them, you know, an opportunity for them to be employed," Hogan said.

If you know of a veteran who is looking for work or if you are one, you can contact the Community Employment Coordinator Anna Stead at (304) 263-0811 ext. 1916.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

HARKER HEIGHTS — Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center’s first “Give Thanks Celebration.”

Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs. Bush’s Chicken set up their sweet and ice tea station near the dessert table.

By 11:45, most veteran outreach agencies were ready to discuss their services with attendees.

Since the festival started at noon, some veterans arrived early for information and freebies from local organizations. Others waited under the tents near the pavilion.

Five organizations sent outreach coordinators to the event because of the Vet Center's work in the community.

"We think it's awesome, because it supports veterans. We are all veterans. As a veteran, your supposed to give back. You are not supposed to leave anyone one behind," said Delta Phi Chi member Michelle Cunningham.

Delta Phi Chi is a military sorority that welcomes active, reserve and veteran women. Their nonprofit organization raises funds for PTSD. Currently, they are in the planning phase of their second 5K for PTSD Awareness. The fall festival was its first Vet Center event. Bring Everyone in the Zone is another agency that focuses on PTSD. Outreach coordinators provide services at multiple events across Central Texas.

"We support all organizations that have something going on. Our organization is spread out between three events today," said outreach coordinator Bill Barker.

Bring Everyone in the Zone had a variety of freebies as well as a raffle. The organization provides free peer to peer support for veterans with PTSD. Trained volunteers were on-site for counseling. Interested participants paid \$2 per ticket or \$10 for six chances to win a bow and stand.

At noon, Vet Center staff and sponsors welcomed attendees to the festival. After opening prayer and the national anthem, attendees lined up for food and beverages.

Veterans and their families steadily arrived for food and fellowship for the four-hour events. All food was served in to-go containers. Attendees were not required to stay and eat.

Vet Center plans to make "Give Thanks Celebration" an annual event.

"We will be here every year — there is a need for it in Killeen," said Cunningham.

For more information on the Killeen-Harker Heights Vet Center, contact Lori Spencer at 254-953-7100 or email lori.spencer@va.gov.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends.

Monthly housing stipends and tuition assistance funds are among those being disbursed late. This has forced veterans to spend their own money or take on debt to pay their educational expenses in the meantime, even though they are legally entitled to those benefits. There has been little communication from the VA.

“We are kind of left playing the waiting game,” said architecture junior Kyle Scallan, a 32-year-old Navy veteran.

Scallan said he has received some of his housing payments but has not received his tuition assistance from the VA, requiring him to take out an emergency deferment loan that’s building up interest while he waits.

Program Director of UH Veteran Services Celina Dugas explained how the VA’s calculations for housing stipends changed this year. Before, it was based on the ZIP code where the student’s university is located. Now, it is based on where they are taking most of their classes physically.

For example, before the change a UH student would receive their housing allowance based on the UH main campus ZIP code, even if they took classes at Sugar Land. Now it would be calculated based on UH Sugar Land’s ZIP code.

The VA has to update ZIP codes for more than 950,000 veteran students for a total of \$13.7 billion in aid, causing the delays, Dugas said.

Dugas spoke with a VA official last weekend, and he said workers have mandatory overtime to complete the transition.

For Scallan, this delay means working as much as he can — in addition to his time-intensive architecture major — to have money saved up.

“I’ve got financial aid,” Scallan said. “I can’t imagine the VA students that have an emergency deferment loan. They got no safety net like a loan or scholarship to help them out.”

On the University side, how UH verifies students who should receive GI Bill aid changed from a one- step process to a two-step, Dugas said.

Before, tuition, housing and a book stipend were all paid out at the beginning of a semester after a student filled out the right paperwork, Dugas said. They would be verified by the University and payments would be processed.

Now, housing and book stipends are processed at the start of the semester like before, but tuition isn’t processed until after the Official Reporting Day, the last day to drop a class. Then students are verified for tuition assistance.

Dugas said the VA recommends processing payments with two steps because if a students adds or drops a course after the semester starts, they could have a balance or a debt to pay back to the VA.

Every veteran student at UH has been verified, Dugas said. It’s now just about waiting for the VA to hand out those payments.

Scallan said he has had a hard time reaching the VA for answers during this time, because the numbers he used to call are no longer available.

Only a handful of students who need assistance have come into the UH Veteran Services office asking for financial assistance, Dugas said. The office connects students with resources to help veterans.

"Veterans are interesting," Dugas said. "They don't often like having to ask for help."

Robert M. Worley, director of Education Service with the VA, sent a letter out to students Oct. 10 and said they are 35 days behind on processing first-time applicants and 25 for re-enrollments.

"I shouldn't have to be counting my blessings," Scallan said. "I've earned these benefits."

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

CHARLESTON, W.Va. — U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

The West Virginia Democrat's views have appeared from time to time in newspapers, particularly in his home state, but perhaps not in as rapid fashion as this.

The five opinion pieces appeared in West Virginia newspapers over the past week and focus on the Affordable Care Act along with energy and national security, veterans' issues and the opioid epidemic. Manchin co-wrote them with Republican Sens. Susan Collins of Maine, Lisa Murkowski and Dan Sullivan of Alaska, Johnny Isakson of Georgia and Marco Rubio of Florida.

"West Virginians elected me to put their interests above politics and they know I have always done that," Manchin said in a statement. "Part of that is working with my colleagues on both sides of the aisle to find areas we agree.

"We've worked together to make sure coal is part of our all-of-the-above energy portfolio, legislation to end the opioid epidemic, repair our broken healthcare system, provide for our veterans and fully fund our military. These are not Democratic or Republican issues, they're American issues and my colleagues recognize this."

Manchin is running against Republican state Attorney General Patrick Morrisey on Nov. 6.

In a statement Wednesday, Morrisey campaign spokesman Nathan Brand called Manchin "a dishonest Washington liberal who only acts bipartisan around election day ..."

Murkowski is the Republican chair of the Senate Energy and Natural Resources Committee, of which Manchin is a member. Their op-ed piece notes "we have found many ways we can work in a bipartisan manner to improve our nation's energy policy."

In the piece on attempts to make changes to the Affordable Care Act, Collins and Manchin wrote that "we must stop allowing partisanship to be the pre-existing condition that prevents meaningful health care reform."

An op-ed also points out the work of the Senate Committee on Veterans' Affairs, which is chaired by Isakson and Manchin is a member. "There are no Republican soldiers or Democratic soldiers on the battlefield — only American soldiers," the piece reads.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone. In a study in a 2018 issue of the Indian Journal of Endocrinology and Metabolism, researchers screened bone mass in 200 men visiting an endocrine outpatient department at a hospital and found that 40 percent of those over age 55 had low bone mass and 9 percent had osteoporosis.

Even more worrisome: "In a single year, men over 75 have a greater chance of having an osteoporotic fracture than a heart attack," says Dr. Robert A. Adler, chief of endocrinology at the McGuire Veterans Affairs Medical Center in Richmond, Virginia, and a professor of internal medicine at Virginia Commonwealth University. This is particularly alarming because osteoporosis is often silent until a fracture occurs (most commonly in the spine, the hip, the wrist or forearm), at which point there can be serious consequences, especially for men. Indeed, men typically have a worse prognosis for recovery after a fracture. "After a hip fracture, older women have a 15 to 20 percent mortality rate in the next year; by contrast, older men have a 33 percent mortality rate in the year after a hip fracture," Adler notes.

And yet, osteoporosis is frequently overlooked as even a possibility in men. In a 2017 study, researchers assessed knowledge about osteoporosis among men, ages 36 to 55, and found that on average the men received failing scores on their total knowledge about the disease, their perceived susceptibility and their beliefs about the seriousness of the condition. This may be partly due to the fact that "men are born with greater bone mass, and men do not have a menopause that gives them a large bone loss in the five years following the onset of menopause," explains Dr. Robert R. Recker, professor of medicine and director of the Osteoporosis Research Center at the Creighton University School of Medicine in Omaha, Nebraska.

But health professionals aren't as attentive as they could or should be to the disease in men, either, experts say. "If a woman goes to the ER with a hip fracture, 49 percent of the time she will have some sort of follow-up with a doctor," says Dr. Laura Ryan, an associate clinical professor of internal medicine and director of the endocrine, diabetes and metabolism

department at Ohio State University in Columbus, Ohio. By contrast, "men's likelihood of getting any sort of follow-up – to discuss the [possibility] of having osteoporosis, the need for bone density testing or medications – is less than 5 percent."

Missing the Diagnosis

Most studies on osteoporosis have focused on the development, diagnosis and treatment of the bone disease in women. And screening for the disease in men is woefully inadequate, experts say. In fact, no standard screening guidelines exist. As a result, "men are less likely to have their bone mineral density measured," Adler says, and "getting Medicare reimbursement for bone density screening is more difficult for men."

The major risk factors for osteoporosis are the same for women and men: older age, a family history of the disease, long-term use of corticosteroids and certain chronic diseases, such as rheumatoid arthritis and chronic obstructive pulmonary disorder. In addition, lifestyle factors, such as inadequate physical activity, insufficient vitamin D and calcium intake, smoking and high alcohol consumption, can increase the risk, says Dr. Smita Nayak, a physician and senior research scientist at Berkeley Madonna, Inc. in Berkeley, California.

"Unique risk factors for men include low testosterone levels and use of androgen deprivation therapy for prostate cancer," Nayak notes. A 2015 study from Turkey found men with erectile dysfunction have lower bone mineral density, and as a result they are at greater risk for osteoporosis. Low testosterone levels are associated with decreased libido and erectile dysfunction, Ryan says, as well as decreased muscle mass and strength in men.

If you're a man with any of these conditions or risk factors, talk to your doctor about having your bone mineral density measured with DEXA, or dual-energy X-ray absorptiometry, which is the gold standard scan for measuring bone density in men and women. The same is true if you've lost some of your height, which can result from a compression fracture in the spine, or if you've broken a bone while falling from a standing level, Ryan says.

It's a mistake to count on being referred for screening automatically. In a 2016 study at a Veterans Affairs Medical Center in Cleveland, researchers investigated the osteoporosis screening rate among men over 50 who were considered at high risk because they had prolonged use of steroids, low testosterone levels or autoimmune diseases (like rheumatoid arthritis, inflammatory bowel disease or lupus): Only 11 percent of these high-risk men had been screened.

Tending to the Bones

Given this underscreening, it's not surprising that osteoporosis also is undertreated in men, though that's true in women, too, Recker says. "It's scandalous how poorly we're doing with osteoporosis – it's worse than with any other disease, maybe even more so with men."

That needs to change, experts say, and one of the best ways to make that happen is for men to discuss their bone health with their physicians. "At age 50 or so, get screened with densitometry, especially if you have a family history of osteoporosis," Recker says. Another way is to take preventive steps to protect your bone mineral density by getting adequate amounts of calcium (1,000-1,200 mg per day) and vitamin D (600 to 800 iu per day) and weight-bearing exercise (such as walking or lifting weights). Also, quit smoking and limit your alcohol consumption.

While osteoporosis medications have been more closely tested in women, commonly used medications (such as bisphosphonates and denosumab) are believed to be equally effective in men. "If a man has low testosterone, adding testosterone [through replacement therapy] improves bone density and reduces the risk of falls," Ryan says.

The first step, of course, is to identify osteoporosis in men, which isn't currently happening the way it should. As life expectancies continue to increase, the need to prevent, diagnose and treat osteoporosis in men will become even more paramount. "On average, men have fractures 10 years later in life than women do – men are now living long enough to have fracture risk," Adler says. Taking steps (literally and figuratively) to mitigate that risk can improve the quality of men's lives as well as their longevity.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search.

He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

Mr. Goldsmith, a 33-year-old Army veteran, sent Facebook what he thought was a straightforward request to take down the bogus page. At first, Facebook told him to try to work it out with the authors of the fake page, whom he was never able to track down. Then, after two months, Facebook deleted it.

The experience launched him on a hunt for other suspicious Facebook pages that target military personnel and veterans by using patriotic messages and fomenting political divisions. It has become a full-time job.

Working from offices, coffee shops, and his apartment, he has cataloged and flagged to Facebook about 100 questionable pages that have millions of followers. He sits for hours and clicks links, keeping extensive notes and compiling elaborate spreadsheets on how pages are interconnected, and tracing them back, when possible, to roots in Russia, Eastern Europe or the Middle East.

"The more I look, the more patterns I see," he said.

Facebook's response to his work has been tepid, he said. Company officials initially refused to talk with him, so he used a personal contact at Facebook to share his findings. Lately, the company has been more active.

Facebook didn't respond directly to a list of questions about Mr. Goldsmith's research, but a spokesman said the company had 14,000 people working on security and safety—double the amount last year—and a goal of expanding that team to 20,000 by next year.

In a statement, the spokesman said the company relied on “a combination of automated detection systems, as well as reports from the community, to help identify suspicious activity on the platform and ensure compliance with our policies.”

About two dozen of the pages Mr. Goldsmith flagged, with a combined following of some 20 million, have been deleted, often coinciding with Facebook’s purges of Russian- and Iranian-linked disinformation pages—including a separate crackdown by the company last week on domestic actors.

The most recent suspensions included the page “Vets Before Illegals,” with nearly 1.4 million followers, which Mr. Goldsmith’s research showed had five page administrators in the U.S. as well as three in the Philippines, and DcGazette, a page pushing conservative news that had attracted more than 400,000 followers.

Several of the pages Mr. Goldsmith has studied expressly catered to conservative audiences and frequently promoted divisive memes depicting President Trump favorably on issues involving veterans, illegal immigration and the National Football League. While posts didn’t specifically discuss congressional candidates seeking election in next month’s midterms, they often promoted Mr. Trump’s 2020 re-election bid while disparaging Hillary Clinton as a criminal who deserved jail time.

But, based on his own research, he says the company needs to do much more. “They have a responsibility” to deal with manipulative accounts, Mr. Goldsmith says. “What you see on Facebook is your reality.”

Mr. Goldsmith is part of a cottage industry of digital detectives investigating malfeasance on social media that extends beyond internet firms, journalists and academics to include ordinary citizens.

“They see me as a novice cybervigilante, and not someone with the reputation of a research university to back me up,” Mr. Goldsmith said of Facebook. “Which, to be fair, is exactly the case.”

What U.S. intelligence agencies say was a widespread effort by the Kremlin to influence the 2016 presidential elections—and renewed warnings about attempts to influence the midterms—have added urgency to their cause.

Facebook has vowed repeatedly to counter disinformation. Chief Executive Mark Zuckerberg has called the effort an arms race, and said the company is banking on artificial intelligence to better detect manipulation campaigns.

The inner workings of Facebook’s detection and takedown system remain opaque, making it hard to evaluate the effectiveness of its efforts—even for those like Mr. Goldsmith, who has made it a mission to track webs of connected pages.

Lee Foster, who manages the internet firm FireEye’s information operations intelligence analysis unit, a misinformation-tracking team, said his team of investigators often struggles to discern whether a Facebook page that appears fraudulent is a foreign-influence campaign, a financially motivated click farm, or something else.

Mr. Goldsmith's persistence and some help from congressional aides led to a phone call among him, Facebook and House Intelligence Committee staffers, and then a meeting at Facebook's office in Washington, D.C. Facebook has responded to some of his emails, but hasn't explained why some pages he has identified were removed while others remain or whether his research contributed to decisions to suspend certain pages.

The Facebook spokesman said veterans are among those who may be especially appealing targets to bad actors.

"Financially motivated scams, including romance scams, commonly rely on impersonating members of the public who are more likely to be considered trustworthy—including members of the military, veterans, and other professionals," the spokesman said. "As a result, organizations like Vietnam Veterans of America are more likely to be targets of impersonation than most people on Facebook. We recognize this and are working to combat impersonation in a variety of ways."

One of Mr. Goldsmith's top concerns is that bad actors are determined to try to exploit veteran and law-enforcement communities. Mr. Goldsmith served more than three years in the Army, including combat in Iraq.

Researchers have identified veterans as a particular target of disinformation campaigns. A study from the University of Oxford in October 2017 found accounts tied to the Kremlin were targeting veterans and active military personnel on Facebook and Twitter with divisive political propaganda, likely because of their status as "influential voters and community leaders."

To Mr. Goldsmith's dismay, he has noticed that even friends and colleagues follow some of the pages he most distrusts.

One was Maureen Elias, who works on outreach and advocacy at Vietnam Veterans of America and unwittingly followed and then shared content from a page Mr. Goldsmith has pegged as bogus. She said she had followed the page only after seeing her own acquaintances following it.

"It makes me sick to my stomach to think I've shared content from these sites that target veterans and don't have our country's best interests in mind," said Ms. Elias, a 41-year-old Army veteran who specialized in counterintelligence. "It makes me feel even more foolish because I fell for this crap. Of all people, I should know better."

In addition to Facebook, Mr. Goldsmith has contacted at least 10 congressional committees and several federal agencies requesting help to investigate social media use by foreign actors that target veterans. The overtures largely were met with silence, though Mr. Goldsmith said he did hear back from some congressional committee staffers.

Mr. Goldsmith also has begun to examine suspect Twitter accounts. A Twitter representative told Mr. Goldsmith this month it had removed one account he had tracked, due to inactivity.

The representative declined to share information with Mr. Goldsmith about the origin of the account, but Twitter said to Mr. Goldsmith that his findings were promising and the company was interested in learning more. Twitter declined to comment.

After his initial discovery of the fake Vietnam veterans account on Facebook in August 2017, Mr. Goldsmith began noticing other Facebook pages that had no original content, that appealed to

veterans, and that shared divisive memes, like one about African-Americans vandalizing veteran memorials. He logged examples of multiple pages sharing the same image and message—minutes apart.

Some accounts have changed their names over time, testing what approaches garnered the most “likes” and follows. One he identified was named “Support Police Officer.” It has more than 20,000 followers and posts American military and law-enforcement memes.

Using a Facebook feature that shows the history of a page’s names, Mr. Goldsmith found that the page began in 2015 as “Europe, Balkan—Military Power” before changing to “Police & Military” and then “Support Police” before settling on its current name.

Another page, called “Nam Vets,” links to a website whose domain is registered to a user in Plovdiv, Bulgaria, according to publicly available data.

Facebook in early September launched a new feature allowing users to see the country of origin for many, but not all, pages. Using this tool, Mr. Goldsmith found that of more than 100 suspicious, veteran-focused pages he had been following, over half had begun in a foreign country, and many in Vietnam, targeting Vietnam veterans.

“I’ve identified dozens of these pages, but it’s already too late,” Mr. Goldsmith said. “They’re not just targeting the midterm election, they’re targeting the electorate.”

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent.

The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana!" Trump wrote in a tweet, misspelling Tester's first name.

He went on to compare Tester's actions to Democrats' behavior when Supreme Court Justice Brett Kavanaugh was accused of sexual assault, suggesting the Montana Democrat's actions were worse.

Trump's renewed criticism of Tester came on the eve of a campaign rally in Missoula, Mont., for Tester's Senate opponent, Matt Rosendale (R).

After Jackson was nominated to head the VA in April, Tester's office released allegations that the White House doctor fostered a hostile work environment, improperly dispensed prescription drugs and drank on the job. The claims were based on interviews with colleagues of Jackson's.

Jackson and the White House both denied the allegations, but the doctor ultimately withdrew his nomination.

While Trump launched a barrage of attacks on Tester in response, Sen. Johnny Isakson (R-Ga.), the top Republican on the Veterans' Affairs Committee, broke with Trump and his blistering criticism of Tester to come to the Democrat's defense, saying he did not have a problem with how the allegations were handled.

Tester is among the most vulnerable Democrats up for re-election next month, as Trump won Montana by more than 20 percentage points in the 2016 election.

The Cook Political Report, a nonpartisan election forecaster, rates the Montana Senate election as a "toss-up," and a RealClearPolitics average of polls in the race shows Tester with a 3-point lead.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind.

President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

While both parties try to gauge the electoral fallout of the recent confirmation battle over Supreme Court Brett Kavanaugh, Mr. Trump's focus here is on an earlier battle — Mr. Tester's prominent role in torpedoing the nomination of Adm. Ronny Jackson, Mr. Trump's White House doctor, to run the Department of Veterans Affairs this spring.

Mr. Trump fumed repeatedly on Twitter over the 62-year-old Mr. Tester's tactics in the Jackson nomination fight, which included airing accusations of personal misconduct and excessive drinking and led Adm. Jackson to withdraw.

He repeated those charges on Twitter on Wednesday night and even compared Mr. Tester unfavorably to Justice Kavanaugh opponents.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator [Jon] Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!," he wrote.

Even before Wednesday night's attack, Phil Drake, a longtime reporter for the Great Falls Tribune who is covering the race, noted the unusually personal tack Mr. Trump has taken.

"I don't know how it is in other states, but it clearly sounds personal when the president is out here," he said. "It's like President Trump has put a bounty on Sen. Tester's head."

With three electoral votes and barely a million residents, Montanans aren't used to the national attention, which on the Republican side has included stops by Vice President Mike Pence and first son Donald Trump Jr. this midterm campaign.

"Before President Trump started coming here, the last president I covered personally was Bush," Mr. Drake said, then clarifying: "George H.W. Bush."

Presidential pique aside, both Democrats and Republicans have some very practical reasons for the obsession with Montana.

Mr. Tester is one of 10 Democratic senators running this cycle in a state easily carried by Mr. Trump. A Republican pick-up in Montana would almost certainly kill any Democratic hopes of taking control of the chamber next month. Throw in a tight race for the state's only U.S. House seat in which freshman Republican Rep. Greg Gianforte is trying to hold off a well-funded Democratic challenger, former state Rep. Kathleen Williams, and the stakes in Montana grow even higher.

A third-generation Montanan with a folksy manner and a relatively moderate voting record, Mr. Tester was not thought to be among the more vulnerable Democratic incumbents this cycle. But the few polls taken to date give him only a slight lead over Mr. Rosendale, and no surveys have been taken since Mr. Tester joined fellow Democrats in voting against Justice Kavanaugh earlier this month.

Mr. Tester has far outraised his challenger, but more than \$45 million in out-of-state money on both sides has flooded into Montana, negating at least some of the incumbent's advantage and making for wall-to-wall political advertising in the state's very affordable media markets.

Mr. Trump appears so determined to put his imprimatur on the race that his campaign made the unusual decision to move Thursday night's rally to a smaller venue — a hangar near the Missoula International Airport — because organizers wanted to be able to park Air Force One directly behind the president as he spoke.

Both sides acknowledge Mr. Tester may be vulnerable, but that knocking him off will not be easy. Despite Mr. Trump's popularity, the state has a history of supporting moderate Democrats and boasts a union movement much stronger than in many other Western states.

His stump speech cites his work for veterans in the Senate, his support for gun rights, his deep roots in the state, his advocacy for Montana's extensive public lands, and his ability to work across the aisle.

Ironically, given the president's interest in the race, Mr. Tester may be the only Democrat on the ballot this cycle to run a full-page "Thank You Mr. President" ad in 14 state newspapers — to highlight what the ad said were 16 bills Mr. Trump signed on veterans, government waste and other topics that Mr. Tester sponsored or co-sponsored.

"One challenge for Tester is Montana's getting more polarized, just like the rest of the nation, and also becoming more Republican," Jeremy Johnson, a political analyst at Carroll College in Helena, told the Associated Press. "But it's also a Democratic year. I'm not sure if that will balance out or not."

Mr. Tester, the ranking Democrat on the Senate Veterans Affairs Committee, makes no apologies for his role in blocking Adm. Jackson's VA nomination, noting he voted for Mr. Trump's second choice to fill the post, current Secretary Robert Wilkie.

"I wouldn't do anything different from what I did before," he told the Great Falls Tribune recently. "Veterans are too important to me and I will fight for them every day."

Mr. Rosendale, a Maryland transplant who moved to the state a decade ago, sports the same close-cropped "flat-top" hairstyle as his Democratic rival, but insists the resemblance ends there. In addition to hewing close to Mr. Trump at his massive rallies, the 58-year-old Mr. Rosendale argues a vote for Mr. Tester is a vote for the national Democratic Party and its agenda, on issues ranging from gun control and the appointment of judges to health care.

"That's what happens when you spend too much time in the federal government," Mr. Rosendale argued at Saturday's final candidates' debate. Mr. Tester "has been there for 12 years and he thinks he can determine what is best for you and what is best for your family."

Strikingly, while GOP surrogates have flooded the state, Mr. Tester has largely fought on his own. One advocate he did draft to campaign for him was far outside the circle of House Minority Leader Nancy Pelosi and Senate counterpart Chuck Schumer — actor Jeff Bridges, the mellow, abiding "Dude" from the movie "The Big Lebowski."

Libertarian Party candidate Rick Breckenridge also went after Mr. Tester for forgetting his roots at Saturday's debate, noting, "I think Jon's starting to look more like Washington than he does Montana."

The third-party candidate may have an outsized impact on the final result: Mr. Tester won in both 2006 and 2012 without getting 50 percent of the vote statewide, with analysts saying the Libertarian vote cut into the GOP totals.

Mr. Drake, the reporter, says it's hard to say whether Mr. Trump's ability to excite his base at massive rallies will overcome Mr. Tester's edge as an incumbent, but says he can already declare one winner in the race.

"The local TV stations must be having a hard time figuring out what they'll do with all the money they're making from ads these days," he said. "I wish some of that would go to the newspapers too."

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uvd; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York's 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

If veterans have turned to their federal elected representatives for help, they also know how disconnected our federal representatives are with their veteran constituents.

As a voter, I am concerned about the Nov. 6 election for New York's 21st Congressional seat presently filled by Rep. Elise Stefanik, who has been airing her TV propaganda advertisements by stating that she helps us veterans obtain our benefits.

That is the furthest thing from the truth.

I can state this because for the past two terms, she has failed to help me in my request for her help.

What she has told me is to file an appeal on the VA decisions about my health care.

Any veteran who has filed an appeal with the VA knows it can take up to 17 years to win an appeal. I will most likely be dead in 17 years, and that was how Stefanik addressed my VA health care needs.

I am asking my brother veterans and the residents in New York's 21st Congressional District to register and vote for someone other than Stefanik on Nov. 6 because we veterans need a person in Congress who will represent us without waver.

The other two candidates are Tedra Cobb (D) and Lynn S. Kahn (G).

Both have assured me that they will help their constituent veterans when elected, but please if you want to thank a veteran for his service, do it by not voting for Stefanik.

- Thomas Campanile, Broadalbin

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From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 18 October Veterans Affairs Media Summary and News Clips

Date: Thu Oct 18 2018 05:15:29 CDT

Attachments: 181018_Veterans Affairs Media Summary and News Clips.docx
181018_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1029656-000001

Owner: VA Media Analysis (b) (6)

Filename: 181018_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Thu Oct 18 04:15:29 CDT 2018



Veterans Affairs Media Summary and News Clips

18 October 2018

1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)
President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit. "We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

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1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)
New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle. After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

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1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven "Brainwave Frequency" Treatment](#) (17 October, Isaac Amsdorf, 1.1M uvm; New York, NY)
Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office. On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans' Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare.

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1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)
One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA's request, citing violations to intellectual property.

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1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)
After Bob Simonovich's post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he'd be able to handle in his post-military life. So his therapists lined up a job for him with a baseball team.

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1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane. "Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla's VA medical center is a key figure in the future of veterans health care, said the country's top Veterans Affairs official after touring the facility Tuesday. Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

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2. [Greater Choice for Veterans](#)

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#) (17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey. Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

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3. [Modernize Our System](#)

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#) (17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive. Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbestael, spokesperson for the Ralph H. Johnson VAMC.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvm; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village. All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

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3.3 - Fremont Tribune: [New state-of-the art VA clinic is an important victory](#) (17 October, Jeff Fortenberry (R-Neb.), 19k uvm; Fremont, NE)

From the interstate highway system to the Erie Canal, the transcontinental railroad to the Hoover Dam, infrastructure projects have transformed our nation, lifted our spirits, and caused the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#) (17 October, 2k uvd; Sioux City, IA)

A major construction project impacting Siouxland veterans is nearly complete. After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs. John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPR (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain. VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment. But he says they are scheduling clinics at VA facilities... "

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked “Broken Arrow” cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case. Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran’s Affairs Medical Center is hoping a special celebrity will visit while she’s in town next month. “Only I can change my life. No one can do it for me.” That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County. More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry. Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center’s first “Give Thanks Celebration.” Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends. Monthly housing stipends and tuition assistance funds are among those being disbursed late.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#)

(17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search. He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent. The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind. President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uv; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York's 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

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1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)

President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit.

"We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

The president's request is likely for his fiscal 2020 budget proposal, which is due to Congress early next year.

Although Trump can ask his Cabinet secretaries to cut their budget proposals, the federal budget is approved by Congress. Lawmakers are free to draw up their own spending plans for federal agencies and the rest of the government.

The president does have the leverage of his veto. After approving the \$1.3 trillion budget plan Congress sent him in March, Trump threatened he would "never sign another bill like this again."

The Treasury Department reported that the federal budget deficit rose this year to \$779 billion. That amounts to a 17 percent increase over the previous year, and it's the highest deficit in six years.

Trump has called for deep, double-digit-percentage reductions for federal departments that were rejected by Congress. His first proposed budget last year included the elimination of 62 agencies, which lawmakers ignored.

Conservatives are increasingly restive about budget deficits, which have received far less attention from Republicans lately than they did during the Obama administration.

Trump blamed Democrats in Congress for seeking increased spending on domestic programs in exchange for his desire to build up the military. Unwilling to threaten a shutdown before the midterm election, Trump indicated that he felt compelled to go along with spending bills to secure his desired increases for the Pentagon.

He attributed a spike in federal spending to the needs of the military.

"Military was falling apart, it was depleted, it was in very bad shape," he said Wednesday.

This year's deficit could have been higher, the Treasury said, but the timing of certain payments was shifted.

This week, Treasury Secretary Steven Mnuchin suggested that deficit increases were the "dire consequences of irresponsible and unnecessary spending."

A report from the nonpartisan Congressional Budget Office, released this month, said tax cuts Congress approved last year partially led to the deficit jump.

Budget analysts said Trump's cuts are very unlikely and would have little impact on the budget deficit in any event.

Stan Collender, a professor of public policy at Georgetown University, said that if the entire annual federal budget was cut by 5%, it would be \$200 billion to \$300 billion – and the federal budget deficit for next year is projected at \$1.1 trillion.

Trump bragged about his defense hikes and presumably isn't interested in cutting that budget, Collender said. He hasn't said anything about reducing the drivers of federal spending, programs such as Social Security and Medicare.

"This really shows Trump is not ready for prime time," Collender said.

Chris Lu, a former deputy Cabinet secretary under President Barack Obama, mocked Trump's request.

"That's a 5% cut for veterans, national security, law enforcement, healthcare, farmers, roads/bridges, workers, environment, food and housing aid. Everything," he wrote on Twitter. "And it would still only amount to \$60 billion a year – a fraction of \$1.5 trillion Trump/GOP tax cut."

Maya MacGuineas, president of the Committee for a Responsible Federal Budget, said even a 5 percent cut would cost money because next year's plan would bring back budget caps that equal a 10 percent cut. So even a 5 percent Cabinet cut would still leave \$63 billion in deficits.

"So while it sounds tough and responsible, it allows for bloated budgets and higher deficits compared to where we were supposed to be," she said.

Even so, MacGuineas said lawmakers should be able to cut the budget by at least 5 percent.

"Certainly, we should be able to realize at least this much in savings, but we should go much further," she said.

It's unclear where the cuts would come from, department to department.

Three-quarters of the federal government has been funded through the end of September 2019. The remaining agencies, which include the Departments of Agriculture, Justice, Transportation and Homeland Security, are funded through Dec. 7.

Congress will try to avoid a partial government shutdown and pass a budget for those agencies before the end of the year.

Lawmakers debate spending for the Transportation Department for the year that started Oct. 1. The House approved \$71.8 billion and the Senate \$71.4 billion for the Departments of Transportation and Housing and Urban Development, which are each more than \$1 billion above current spending and more than \$23 billion above what the Trump administration requested.

The Department of Veterans Affairs, which is second in size only to the Pentagon among federal agencies, has a budget of roughly \$200 billion for the coming fiscal 2019 year. That includes \$8 billion for mental health care services, \$400 million for opioid abuse prevention and \$200 million for suicide prevention efforts.

The Environmental Protection Agency's \$7.96 billion budget is \$100 million less than the previous year.

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1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle.

After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

He said he attempted suicide, resulting in a general discharge in 2007. But he was still able to get many of his Department of Veterans Affairs benefits while he battled depression and post-traumatic stress disorder.

"The VA really saved my life," he said. "I was pretty much unemployable."

As a civilian, he threw himself into veterans issues, starting with a campaign on behalf of fellow veterans ejected from the military because of mental-health issues brought on by service. His efforts helped change federal policy to better help veterans ensure they get mental health care at the VA regardless of their discharge status, and his reputation grew as an advocate for veterans on Capitol Hill.

He also lobbied for an upgrade to an honorable discharge for himself; he's still awaiting a decision.

He's now the assistant director for policy and government relations at Vietnam Veterans of America and, with his cybersleuthing, also has taken on a new title as the group's investigator.

Mr. Goldsmith is using veteran benefits to attend Columbia University, where he is pursuing a bachelor's degree. But without an honorable discharge, he can't access full benefits through the GI Bill—so his work as a veterans advocate also helps pay the bills.

"My eyes are crossing from staring at a screen and books for 95% of my waking hours," he said as the midterm elections neared and he continued to implore Facebook to take action on bogus pages.

Mr. Goldsmith is aware of the risk that some will consider him a conspiracy theorist, and in meetings with veterans groups and congressional staffers he lugs a briefcase filled with binders documenting evidence he's gathered to prove he isn't unhinged. He favors a beige three-piece

suit and can often be found taking notes at cybersecurity events around Washington, where he hopes to meet officials who might listen to his concerns.

On a recent afternoon, while wolfing down a slice of pepperoni pizza in Washington, he clicked on a new link on his laptop, leading him to yet another suspicious Facebook page. “Oh, man, that’s another rabbit hole I have to go down,” he joked, before rushing out the door to jump on a train back to New York so he could return to classes.

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1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven “Brainwave Frequency” Treatment](#) (17 October, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office.

On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans’ Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare. The company markets an “off-label” method of treating addiction and post-traumatic stress, using electromagnetic brain stimulation.

The meeting came about because two of CereCare’s partners had a business connection to Heller’s senior aide in Reno. “We’ve known her for years,” one of the partners, Nino Pedrini, said of the aide, Glenna Smith. Pedrini and his partner have a separate joint venture with Smith’s former employer. “This was Glenna reaching out to us, knowing what we were doing, saying we think there’s a fit here where you folks can help our veterans,” Pedrini said.

Smith declined to answer questions about her role in arranging the meeting; she said she has never had a financial interest in Pedrini’s companies.

The Trump administration is encouraging the VA to use more alternative treatments, even though doctors and mental health experts caution against steering patients to procedures that haven’t been scientifically demonstrated to be safe and effective. The administration’s enthusiasm for such experimental treatments has opened the door to a flood of hopeful vendors like CereCare.

Heller declined to answer specific questions about the meeting. In a statement, he said he “will never apologize for supporting policies that could lead to additional treatment options for Nevada veterans because no one who has served this country should be waiting for care once they return from combat.”

Heller co-sponsored a bill directing the VA to start a pilot program on CereCare’s procedure. Another of CereCare’s partners, Judi Kosterman, participated in drafting the legislation, she said in an interview. Kosterman described herself as CereCare’s expert on the procedure, and her business card identified her as “Dr.” She is not a physician and her doctorate is in education, according to official records.

The bill says it provides no additional funding, so the pilot program would come at the expense of other treatments that are already proven to be effective. For that reason, it drew opposition

from Veterans of Foreign Wars, which represents 1.6 million members. “The VFW believes that VA must spend its already scarce health care resources on therapies that have shown promise or have a proven track record,” the organization told Congress. Other veterans groups, such as Amvets and Vietnam Veterans of America, supported the bill because they said the treatment is worth trying. The Senate veterans committee hasn’t voted on the bill.

The procedure that CereCare was pitching to the VA uses electrical scans of the brain and heart to detect a patient’s “intrinsic brainwave frequency” and find “the area of the brain in need of restoration,” according to materials brought to the meeting. CereCare then uses that data to apply electromagnetic pulses from a machine called a transcranial magnetic stimulator.

This procedure is off-label, meaning it uses equipment approved by the Food and Drug Administration, but in a way that is not approved by the agency. Off-label procedures are not uncommon or illegal, but the FDA has not signed off on their safety or effectiveness.

Pedrini brushed off concerns about FDA approval. “The thing we all have to get over is FDA approval on some things,” he said. “You’ve got to try things. We can’t get hung up on 20 years of the FDA trying to approve something because of the bureaucracy and red tape.”

Many mental health professionals oppose pushing patients into experimental procedures. They urge treatments that are scientifically validated or, under certain circumstances, that are part of a well-run clinical trial. “Physicians in the VA, and any other health care setting, should not be forced to disclose treatment options for which there is no scientific basis for safety and efficacy,” the National Alliance on Mental Illness told Congress in 2016.

But these experimental treatments have found favor with political appointees in the Trump administration. Two of Trump’s policy priorities for the VA — letting more veterans go to private doctors, and reducing suicide among veterans — have combined to lead officials to embrace private companies pitching unconventional treatments.

The president appointed Jake Leinenkugel, a Wisconsin beer baron turned senior adviser at the VA, to chair a commission studying nontraditional treatments like the one CereCare sells. The commission’s congressional charter says its members should have a background in treating mental health and experience working with veterans; Leinenkugel has neither. (He didn’t respond to requests for comment.)

At the commission’s first meeting, in July, Leinenkugel encouraged deploying hyperbaric chambers — not because of any scientific evidence, but because of companies’ lobbying. Two large organizations had contacted him over the previous 12 or 13 months, he said. “They’re becoming much more proactive. They’re gaining resonance on the Hill and also in states,” he said. “So, whether or not we think that treatment works or has any evidence based to it at this point in time, it is not relevant to me.”

At the Reno meeting, Heller’s staff and CereCare talked about four veterans with mental health issues who could receive the treatment, according to meeting notes provided to ProPublica. A local veterans nonprofit group was offering to cover the cost of the four veterans’ treatment so the VA wouldn’t have to pay, according to Pedrini.

CereCare could have used that money to treat those patients without the VA’s involvement. But Heller wanted the VA to bless CereCare’s procedure as a pilot program to put it on a path to widespread adoption, according to the meeting notes. “Dean Heller wanted their endorsement,”

said Walter A. “Del” Marting, another of CereCare’s partners. (Marting donated \$500 to Heller’s re-election campaign in 2015, according to Federal Election Commission records.)

At the meeting, a VA representative suggested that if CereCare or Heller’s office know of four veterans needing mental health care, they should be sent to the VA for evaluation and treatment. Kosterman, who was present, said the VA officials appeared skeptical of CereCare’s procedure. She described the VA’s position as, “Veterans are a protected class, and we are responsible to protect them from being experimented with or being involved in something we haven’t validated.”

It’s not clear what happened to the four veterans. But the pilot program never moved forward, much to CereCare’s frustration. “The whole thing got bogged down in clearances and approvals and reviews,” Marting said.

Heller put a positive spin on the meeting, posing for a photo and tweeting, “Thank you to the Reno VA, Reno Vet Center, Renown Health, CereCare, the Nevada Military Support Alliance, & Northern #NV community members for joining me for a productive discussion about ways to reduce suicide among veterans and improve mental health care for them.”

Help Us Investigate: Do you know what’s going on at the VA? Are you a VA employee or a veteran who receives VA benefits and services? Contact Isaac Arnsdorf at 917-512-0256 or isaac@propublica.org.

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1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)

One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA’s request, citing violations to intellectual property.

The incident sparked an effort at VVA, a congressionally chartered veterans service organization, to find more social media pages that target veterans and servicemembers with sensationalized news and hyper-partisan political content.

Led by Kristofer Goldsmith, the group’s assistant director for policy, VVA analyzed hundreds of Facebook pages and Twitter profiles in the past year. VVA shared what it found with Facebook’s threat intelligence team, and the information led to 24 pages being disabled.

The group believes that’s only a fraction of the problem. It’s now calling on the U.S. government to get involved with stopping the spread of disinformation aimed at veterans and servicemembers, calling it a national security threat.

“We have concluded that despite recent purges of hostile actors from, and reforms to, these online platforms — our community remains a vulnerable target for exploitation and manipulation by foreign entities,” VVA President John Rowan said in a statement.

A study from Oxford University in 2017 found Russian operatives used Twitter and Facebook during the 2016 presidential election to disseminate “junk news” to veterans and servicemembers, who were a target because of the trust the public places in them.

Congress has questioned Twitter and Facebook CEOs on Capitol Hill about election interference, and the companies said they’re launching major efforts to guard against attempts by foreign actors to disrupt the upcoming midterm elections in November.

Facebook vowed to make its pages more transparent. In June, it released a new “Info and Ads” tab. If a page has a large number of followers or bought political ads, it shows the country where administrators of the page are based.

Despite the attempts to stop disinformation, VVA thinks it’s a problem that shouldn’t be left up to the private sector to fix. The group asked the Department of Veterans Affairs and Department of Defense get involved.

“This is an issue of national security, and affects the well-being of American troops and veterans,” Rowan said. “That’s why we’re asking for the blame game to end, and for America’s government to step up and protect our population from being targeting by foreign elements who seek to do us harm.”

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1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After Bob Simonovich’s post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he’d be able to handle in his post-military life.

So his therapists lined up a job for him with a baseball team.

“I loved baseball my whole life,” said Simonovich, a former Army staff sergeant injured in a bomb blast in Iraq 11 years ago. “But when I got back, I didn’t know if I’d ever be able to go to a game again. The crowds, the fireworks, it’s just something I didn’t think I’d be able to do.

“When I could go back there, it meant everything to me.”

Simonovich’s job as a datacaster for the Akron RubberDucks (a minor league affiliate of the Cleveland Indians) came through the Individual Placement and Support program, designed to match individuals with mental health challenges to potential job opportunities built around their workplace needs.

Earlier this month, Department of Veterans Affairs officials announced plans to partner with nonprofit Social Finance to expand use of the program in VA medical centers. Nearly 500 veterans in the New York and Boston region will take part in what officials hope is the first wave of a broader deployment of the resource.

“We want to make sure our veterans not only have better employment but also better overall health outcomes,” said Melissa Glynn, VA assistant secretary for enterprise integration.

The partnership, dubbed Veterans Coordinated Approach to Recovery and Employment (or Vets CARE), will bring employment experts into VA medical offices to find potential job matches for veterans.

In cases like Simonovich's, both medical professionals and the outside specialists evaluate the veterans' strengths, limitations and job goals before speaking to local businesses about openings.

"It's kind of like having an agent," said Simonovich, 42, who admits he had doubts about returning to full-time work after four years of therapy.

"I didn't think I was ready to start work again at all," he said. "But my doctors felt like it was time for a push. They could see it even if I couldn't."

Simonovich said he was excited by the prospect of working at a baseball stadium but worried about the constant activity of the ballpark. He started last spring, and team officials eased him in by giving him a quiet space during the game for his work and time to familiarize himself with the stadium.

Before games, he would spend a few minutes walking along the crowded concourse to "push myself, make myself a little uncomfortable." When it became too overwhelming, he'd retreat to the press box and his small group of supportive co-workers.

This summer's work included meetings with the players and fill-in work at Progressive Field in Cleveland, tracking the big-league team he grew up rooting for. When the regular season ended, Simonovich transitioned to a similar data job with a baseball academy, confident he could walk into a new workplace and succeed.

Program officials said they've already established a network of business contacts to provide similar matches to other veterans. For some, family and lifestyle demands may require part-time work or limits on their availability. For others, employers may need better education or support resources to help new veteran employees start working.

"Guys who are at that point may not even know they're ready to hold a job," Simonovich said. "I didn't know what I could do. So this program was the key."

More information on the new partnership is available on the Social Finance web site.

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1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane.

"Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said. "So what we are doing here in Washington, we are

testing out the medical health records, which is the largest program the VA has ever undertaken. We are going to test it here in Spokane. That will be the template for the entire country.”

Wilkie, who was confirmed as VA secretary in July, arrived at Fairchild Air Force Base for the Military Family Summit. During his speech, he highlighted how President Dwight Eisenhower addressed a group of 40 Korean War veterans just after his inauguration in 1953. Some of the veterans were missing limbs or were “horribly disfigured.”

“He looked at them as only a man of Eisenhower’s stature could and he said, ‘Gentlemen. You can never be repaid for what you have given your country. But, you have a charge from me. You never put your uniforms away. You live to remind your fellow Americans that they sleep soundly at night because of your sacrifices.’ ”

“That is the message that I try to convey as the leader, the temporary custodian of the flame of America’s veterans,” Wilkie said.

With more than 100 years of family members serving in the military, Wilkie appeared at Fairchild at the invitation of U.S Rep. Cathy McMorris Rodgers, who has been organizing the Family Military Summits since 2009.

“I’ve said before, in order for America to be a diplomatic power, it needs to be a military power,” McMorris Rodgers said. “In order to be a military power, it needs to be an economic power. It’s all connected. And the military families are the basis behind every part.”

Wilkie’s late father, Robert L. Wilkie Sr., retired from the Army as a lieutenant colonel and was wounded fighting in the Vietnam War.

“When my father was commissioned two months before President (John F.) Kennedy was inaugurated, less than 9 percent of the force had families,” Wilkie said. “Today, it’s 75 percent. The bottom line is the men and women who support our warriors are the foundation of everything that we do.”

Wilkie also said he supports efforts to begin a long-promised 24-hour urgent care at Mann-Grandstaff VA Medical Center. It currently operates from 7 a.m. to 7 p.m.

“I’m gong to do my best,” Wilkie said of supporting the upgrade.

“I’ve also advocated for a 24-hour urgent care at the Spokane VA,” she continued. “I’m pleased that we are on track to get that open next year, early next year.”

When pressed for a date, McMorris Rodgers acknowledged that the opening remains a “goal.”

“It’s not an issue of funding. It’s more an issue of recruiting the doctors enough to staff it,” she said. “They are having a challenge recruiting the doctors. So getting the doctors in place is going to be the key to being able to open the 24-hour urgent care.”

Promises of updated care at Mann-Grandstaff with very little to show for it has been a campaign issue for her Democratic challenger, Lisa Brown. In an interview earlier this week, Brown criticized McMorris Rodgers for promises of around-the-clock emergency care that haven’t produced.

“It’s not about what you say. It’s about how you accomplish it,” Brown said.

As for Wilkie, he also visited the VA facility in Walla Walla, which he also said figures into the national plan to update services for veterans.

“The other part is taking a facility like Walla Walla and making that facility stronger so it can be a template for how we deliver health care to veterans in rural areas, veterans who drive hundreds of miles,” he said. “Washington has all those components that come together to make this the testing ground for the 21st-century VA. That’s why I wanted to come.”

He said even in 2018, many officials from the South or East do not understand the scale of the American West.

“You can see it here in Washington state. Some places out west, veterans and their families have to travel 700 or 800 miles round trip just to get to a VA center,” he said. “With our transformation, we will give you the opportunity to choose the care that is close to your home, the care that makes you and your family most comfortable.”

Wilkie ended his speech by repeating Eisenhower’s promise to those veterans some 65 years ago.

“We will do our best to make sure that the government of the United States never lets you down because you have never let us down,” he said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla’s VA medical center is a key figure in the future of veterans health care, said the country’s top Veterans Affairs official after touring the facility Tuesday.

Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

Following a smooth Senate confirmation and about two months on the job, Wilkie said the stories of turmoil at the VA have not reflected his experience so far. He said he has been astounded at the dedication of employees and is looking forward to new electronic records, telehealth programs and partnerships with the Department of Defense.

Wilkie said Washington state, with its significant military presence, universities and tech industries, can be thought of as a proving ground for things the VA is planning to focus on in the coming years.

“Washington state really is how we are going to put together the future, and I’m not saying that simply because I’m sitting here,” Wilkie said. “If we can’t get things right here in Washington state, it is going to be problems for other parts of the country.”

He said everything in Washington exists in microcosm, and Walla Walla represents where the VA is headed in terms of providing care for veterans living in rural areas.

Veterans Affairs is spending between \$10 billion and \$16 billion in a partnership with the Department of Defense — which is led by Pullman-native Gen. Jim Mattis — to create an electronic health record system to give both departments a complete picture of a veteran's health, starting when they first begin their service. How that program plays out in Washington will serve as a template when they are ready to roll it out nationwide, Wilkie said.

The system can give health care providers “signs in a patient's progress that could alert us to opioid problems, alert us to mental health issues and allow for an intervention when the red flags appear,” Wilkie said. “It will revolutionize the way we do things.”

Serving patients hundreds of miles away and being just as far from surgery centers in major cities, Walla Walla's VA medical center shows how one campus can reach across enormous distances in rural America, he said.

“In order to serve that population, we have to make these facilities more robust, but we have to be innovative too,” Wilkie said, “and that's why what they're doing here with telehealth is so important.”

The Walla Walla VA medical center has been offering telehealth services for a bit over a year now. Through telehealth programs, patients can use their smartphone or computer to essentially attend an appointment from home. Among replacing other in-person appointments, it could be a general checkup, steps toward a diagnosis or mental health counseling.

“The ability of that veteran to sit in a room and not worry about the pressures of an institution and talk to that health care professional is revolutionary,” Wilkie said.

The VA will also ramp up its efforts to connect with patients in rural areas, where they are less likely to have access to high-speed internet, he said.

Apart from tech-driven initiatives, Wilkie said the VA still must reckon with staff shortages. The Department of Veterans Affairs is facing around 45,000 vacancies nationwide, and medical center acting director Keith Allen has said Walla Walla has a 28-percent vacancy rate among its 600 employees.

At Wilkie's confirmation hearing, he said a “blunderbuss approach to filling vacancies” would not get the best results, but more flexibility was needed.

“For rural America, what I want to see is the VA, if it applies here, be more aggressive in offering nurses, mental health professionals, doctors more help with loan relief in exchange for serving America's veterans,” Wilkie said.

He said a program akin to ROTC, which helps pay for school in exchange for military service, could attract more employees. He also said the VA and the Department of Defense must make clear to active duty doctors and nurses that they can find work at a VA medical center when they return home.

While financial incentives could help, Wilkie said there is another factor that will always attract potential VA health care employees.

“Just pure desire to serve people in uniform,” he said. “It’s a special calling.”

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[2. Greater Choice for Veterans](#)

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#)
(17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey.

Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

Thanks to the new contract, eligible veterans in South Jersey will have increased access to care, including sub-acute rehabilitation, respite care, end-of-life care, and long-term nursing home care.

If you are a veteran interested in VA services, please contact a member of the Wilmington VA Medical Center outreach team at 302-304-5509.

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[3. Modernize Our System](#)

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#)
(17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive.

Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbestael, spokesperson for the Ralph H. Johnson VAMC.

With 84,000-square-feet at the Myrtle Beach location, services including primary care, mental health, physical therapy, prosthetics, blood collection, CT, ultrasounds and more. There is also space to add MRI, the release states.

The space will also feature a women’s clinic. Construction is scheduled to begin in 2019, located off of Farrow Parkway near The Market Common and Myrtle Beach International Airport.

In July 2016, the VA’s headquarters in Washington, D.C. said they are close to soliciting bids for the project. At the time, a contractor was expected to be picked between April and June 2017.

The medical system currently operates two outpatient locations in the city: one at 3381 Phillis Blvd., and another a few blocks away at 1101 Johnson Ave.

The development will be one of the first businesses to build in the International Technology and Aerospace Park off Farrow Parkway. The land has sat mostly vacant since roads and other infrastructure were completed in 2012.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvm; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village.

All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

Known as a CBOC, the clinic has doubled its size and offers clinic-based video telehealth.

Subject matter experts are expected to be on-hand from services across the medical center and the Veterans Benefits Administration.

the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained. Robust, reliable, innovative, cost-effective, and often aesthetically breathtaking infrastructure plays a critical role in achieving these ends.

Our government recently initiated some necessary infrastructure projects that directly affect Nebraska. After a long process, including intense interactions with various heads of the U.S. Department of Veterans Affairs (VA) across several administrations, I'm happy to report that Lincoln's historic VA campus has been chosen as the location for a new state-of-the-art VA clinic. This is an important victory for the economic regeneration of a unique historic property. It arrives subsequent to a similarly successful public-private partnership to expand, improve, and innovate at the Omaha VA Medical Center. Nebraska continues to lead the nation with creative public-private partnerships to assist our veterans.

As a critical part of our national defense infrastructure, the Air Force's 55th Wing conducts surveillance, intelligence, reconnaissance, and United States Strategic Command cyber missions from the Offutt Air Force Base in Bellevue. Among its several dozen airplanes is the OC-135B, which fly in critical support of the Open Skies Treaty, a 34-member global agreement that enables unarmed observation of signatory compliance with international nuclear arms agreements, particularly that of the Russian Federation. To ensure continued successful oversight of treaty compliance, I recently joined with members of the Nebraska Congressional delegation to secure funding for the OC-135B Aircraft Replacement Program as part of the 2019 Defense Appropriations Act. One plane is funded for 2019; another will be funded in 2020. The replacement of these aircraft is vital to our national defense strategy. Their advanced age and maintenance issues had impacted the Air Force's ability to fully execute the mission of the Open Skies Treaty—one of the last remaining functional arms control regimes between the U.S. and the Russian Federation.

On the heels of a new headquarters for United States Strategic Command at Offutt Air Force Base, work is also underway to repair the Offutt runway. As part of this effort, the Lincoln Airport will soon begin infrastructure improvements to pave the way for intelligence-gathering aircraft from the Air Force's 55th Wing while the Offutt runway is rebuilt. Along with other improvements, the Lincoln Airport's maintenance hangar will be expanded to accommodate the larger military aircraft. Once the Offutt runway project is completed in December, 2020, the improved facilities will be returned to the Lincoln Airport for its ongoing use.

Other recent infrastructure accomplishments concern civilian aviation. Late last week, the President signed into law the Federal Aviation Administration (FAA) Reauthorization Act, which the House passed late last month. The bill authorized funding for the FAA for five years and makes several changes designed to help airline passengers. This is a big bill, but even small things can matter in it. The community of Columbus brought to my attention a particularly local problem. And we offered an amendment that allowed the Columbus Airport to use their fair share of federal funding to fix something that seems silly: Snow removal equipment bought with local funds could not be housed in federal financed facilities. Now the Columbus Airport has access to funding for a new, much larger storage facility.

One of the more colorful characters in our nation, Elon Musk, who sort of runs Tesla I guess, and has all kinds of other Iron Man visions for the world, spends a lot of sleepless nights dreaming about the future of infrastructure. In the meantime, as Mr. Musk figures out a way to get us to the moon, let's make sure the everyday stuff works well on earth.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#)
(17 October, 2k uvd; Sioux City, IA)

DAKOTA DUNES, S.D. - A major construction project impacting Siouxland veterans is nearly complete.

After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

Along with primary care and mental health services currently being offered, the new clinic is adding an on-site pharmacist, dietitian and audiology lab.

"I forget the exact number but there are still quite a few veterans who are not being seen at the VA. This should draw some people from Yankton, and other parts of the area as well and it will unload some of that traffic from Sioux Falls as well, said Dr. Ray Mangulabnan.

An open house is set for November 16th at the clinic located at 365 West Anchor Drive in Dakota Dunes.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs.

John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

Prevette said he's in a lot of pain and is barely able to eat hard foods. Our On Your Side team tried to find him some answers regarding the delay.

"It's just been an ongoing troublesome thing, and I know that I'm not the only one," he said, frustrated. "There was a promise, 'We will take care of you.'"

After 22 years of service in the Navy and a purple heart, he's a 100 percent disabled veteran who's eligible for dental benefits.

"I walked into the dentist's office, said I'm a veteran and I need a tooth extracted," Prevette recalled, "and before I could go any further she said, 'We haven't got any paperwork from you.'"

First Coast News called the VA and asked why there was a holdup, but they couldn't comment on his medical information because of HIPAA. "I was told the paperwork was in," Prevette said.

Prevette said he was told he needed an implant six months ago, but ever since, he's been waiting for the procedure.

He said he's worried the hole could cause more trouble for him. "Without having it totally covered, you run the risk of an infection," he said.

First Coast News is still working to find answers for Prevette, but the VA's Public Affairs Officer said they're looking into the issue and will find out if they can expedite the service he's eligible for.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPR (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain.

VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment.

But he says they are scheduling clinics at VA facilities... "

....They are free walk-in clinics. In your listening area we have a clinic at Rhinelander VA Clinic and that's each Friday from Oct. 26-Nov. 23 from 1:00 p.m. to 3:30 p.m. each day. In Ironwood, we're going to have flu shot clinics on Monday, October 29 and Friday Nov. 6 from 8:30 a.m. to 3:30 p.m. Central time..."

Nelson says there are two misconceptions about the flu shots...

"...We do often hear about people getting the flu shot and getting the flu. That is a myth. Flu shots contain either inactivated flu viruses or no viruses at all. Another misconception is the flu shot prevents the stomach flu. Often we say, 'well, I got the flu anyway it was the stomach flu'. It really wasn't the flu and that's not what the flu shot is for....."

More information is at the Oscar G. Johnson VA Medical Center or online at their website.

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked “Broken Arrow” cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case.

Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant. Skaar filed a request with the U.S. Court of Appeals for Veterans Claims in Washington, challenging the U.S. Department of Veterans Affairs’ refusal to provide disability compensation to veterans exposed to ionizing radiation.

“The message is not about this veteran,” Skaar recently told the Headliner News, pointing to himself. “The message is why were 600, 700, 800—up to 1,600 veterans—totally ignored by the VA?”

The court will decide whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

Cleaning up chaos

Radioactive plutonium was released near Palomares, Spain, in January 1966, after a U.S. B-52 bomber and a refueling aircraft collided and crashed. Four hydrogen bombs accidentally crashed to the ground, but did not explode or detonate.

Skaar was one of an estimated 1,600 American servicemen sent in to clean up the aftermath of the accident in Spain, and the radiative remains of the bombs. The job lasted 10 days, Skaar said, in which 5,400 steel barrels of harmful dirt and rock were collected.

The legal complaint explains Skaar’s involvement. Skarr, 29 at the time, was a medical disaster control technician in the Air Force. He was part of a team that collected urine samples from the airmen working at the site of the incident.

“He recalls that it was impossible to follow proper laboratory protocols in the team’s haste to respond to the disaster in difficult field conditions,” the complaint reads.

Skaar’s responsibilities also included using measuring radioactivity with an instrument called a PAC-1 on site of the cleanup.

“This instrument was the highest technology that the United States had to offer to detect radiation,” Skaar said.

The instrument had its issues, however, Skaar said. Designed to detect radiation over flat surfaces like paved asphalt, the (blank) faced accuracy difficulties over Spain’s rugged terrain.

Still, it gave Skaar and the rest of the crew the best idea of the level of radiation surrounding them.

“This peaked out, pegged if you will, at one million counts per minute,” Skaar said. “There were rocks that would measure—that had been irradiated—punctured with enough energy to be radioactive themselves. It was scary.”

The men’s protection was scary, too. Skaar shared several photos with the Headliner depicting men in white coveralls and surgeon’s masks. Only a handful of the crew, he added, were privileged with respiratory masks.

“We did everything we could, given the circumstances, to protect public health, but the statement has been made, and I can’t dispute that, that they were not given adequate—we were not provided adequate treatment to provide 100 percent protection,” Skaar said.

Further, the men also did not have time to educate themselves regarding radiation’s dangers.

“Sure, they were concerned, but we had to do what we had to do,” Skaar said. “It was, ‘Just watch your hands and make sure you’re trying to not breath that stuff.’”

Detrimental risks

Over 50 years later, Skaar believes many of his health complications, and possibly other veterans’, are due to the radiation exposure during the cleanup.

“Mr. Skaar has battled leukopenia, skin cancer, and prostate cancer since Palomares,” the complaint states.

But while the U.S. Department of Veterans Affairs recognizes certain cancers being links to radiogenic conditions, it does not recognize the cleanup operations at Palomares as a “radiation-risk activity,” thereby stopping veterans from demonstrating the link between diseases and the Palomares cleanup.

“No one’s listening to us about it and taking our word for what happened,” Skaar said in a 2017 interview with the Headliner about the veterans who worked the Palomares site. “There’s no question about the fact we were there and no question about the fact we were exposed.”

In 1997, the doctors at the Cancer Institute diagnosed Skaar with leukopenia, which is a low white blood cell count.

The doctor “said it was caused by exposure to radiation,” Skaar said. “But the VA would not accept that.”

Waiting period

For now, Skaar and the rest of the veterans he’s fighting for are stuck in a waiting period following a Sept. 25 hearing before the U.S. Court of Appeals of Veterans Claims.

Skaar further addressed the case, which he hopes will see additional action in the next three to four months. He knows it can go one of two ways.

“Hopefully, it won’t be remanded, because I already told my attorneys I’m not interested in going back to the VA system. The second thing is they may adjudicate, and that’s what we hope,” Skaar said. “I suspect that my particular claim, which brought us to that level, will be denied because of my age. ... That’s okay with me, because I’m not into this thing for any kind of compensation, but I want out of this and what they want to focus on is this class action, and that’s why the court is really asking the VA ... why won’t you accept this small group of veterans?”

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran’s Affairs Medical Center is hoping a special celebrity will visit while she’s in town next month.

“Only I can change my life. No one can do it for me.”

That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

“People can provide you help and support all day long, but unless you do something for yourself — somebody can hand you everything in the world, but unless you take that opportunity, nothing else is going to happen,” veteran Heather Cafferty said.

Veterans like Cafferty said it’s comforting to see the quote on the wall of the clinic as soon as you walk in.

“It’s extremely inspiring, and it gives you that opportunity, that self-worth that sometimes you lose, especially veterans, because once you get out of the service, it’s kind of losing that purpose, that camaraderie. So it kind of brings back into perspective that only you are in control of your life,” Cafferty added.

It’s something they see every single day while they’re here.

“Our veterans are very inspired by the quote. When they walk in our doors, it’s the first thing they see,” said Casaundra Harbaugh, the staff psychologist at the Kansas City VA.

Burnett, the person behind the inspiring quote, is coming to Kansas City on Nov. 6, and the staff and patients are hoping she’ll make an appearance.

“Having her come here and give the veterans some humor and giving her insight — she’s been a lot of places and seen a lot of things, so it’s always a good boost in morale for everybody,”

Cafferty said. “Just to better myself. Twenty-two veterans a day commit suicide, and not taking care of mental health and not taking care of yourself is one of the big things and this program really provides that.”

“Knowing that is the perspective our staff takes, that they are in control of their lives, they are the ones that can make this change, I think that empowers them,” Harbaugh said.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

MARTINSBURG, W.Va. - The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County.

More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry.

Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

"Being here right now is a good opportunity for the veterans that are here to see somebody that they saw in the program here actually integrated into the community and bring back with them, you know, an opportunity for them to be employed," Hogan said.

If you know of a veteran who is looking for work or if you are one, you can contact the Community Employment Coordinator Anna Stead at (304) 263-0811 ext. 1916.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

HARKER HEIGHTS — Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center's first “Give Thanks Celebration.”

Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs. Bush's Chicken set up their sweet and ice tea station near the dessert table.

By 11:45, most veteran outreach agencies were ready to discuss their services with attendees.

Since the festival started at noon, some veterans arrived early for information and freebies from local organizations. Others waited under the tents near the pavilion.

Five organizations sent outreach coordinators to the event because of the Vet Center's work in the community.

“We think it’s awesome, because it supports veterans. We are all veterans. As a veteran, your supposed to give back. You are not supposed to leave anyone one behind,” said Delta Phi Chi member Michelle Cunningham.

Delta Phi Chi is a military sorority that welcomes active, reserve and veteran women. Their nonprofit organization raises funds for PTSD. Currently, they are in the planning phase of their second 5K for PTSD Awareness. The fall festival was its first Vet Center event. Bring Everyone in the Zone is another agency that focuses on PTSD. Outreach coordinators provide services at multiple events across Central Texas.

“We support all organizations that have something going on. Our organization is spread out between three events today,” said outreach coordinator Bill Barker.

Bring Everyone in the Zone had a variety of freebies as well as a raffle. The organization provides free peer to peer support for veterans with PTSD. Trained volunteers were on-site for counseling. Interested participants paid \$2 per ticket or \$10 for six chances to win a bow and stand.

At noon, Vet Center staff and sponsors welcomed attendees to the festival. After opening prayer and the national anthem, attendees lined up for food and beverages.

Veterans and their families steadily arrived for food and fellowship for the four-hour events. All food was served in to-go containers. Attendees were not required to stay and eat.

Vet Center plans to make “Give Thanks Celebration” an annual event.

“We will be here every year — there is a need for it in Killeen,” said Cunningham.

For more information on the Killeen-Harker Heights Vet Center, contact Lori Spencer at 254-953-7100 or email lori.spencer@va.gov.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends.

Monthly housing stipends and tuition assistance funds are among those being disbursed late. This has forced veterans to spend their own money or take on debt to pay their educational expenses in the meantime, even though they are legally entitled to those benefits. There has been little communication from the VA.

“We are kind of left playing the waiting game,” said architecture junior Kyle Scallan, a 32-year-old Navy veteran.

Scallan said he has received some of his housing payments but has not received his tuition assistance from the VA, requiring him to take out an emergency deferment loan that's building up interest while he waits.

Program Director of UH Veteran Services Celina Dugas explained how the VA's calculations for housing stipends changed this year. Before, it was based on the ZIP code where the student's university is located. Now, it is based on where they are taking most of their classes physically.

For example, before the change a UH student would receive their housing allowance based on the UH main campus ZIP code, even if they took classes at Sugar Land. Now it would be calculated based on UH Sugar Land's ZIP code.

The VA has to update ZIP codes for more than 950,000 veteran students for a total of \$13.7 billion in aid, causing the delays, Dugas said.

Dugas spoke with a VA official last weekend, and he said workers have mandatory overtime to complete the transition.

For Scallan, this delay means working as much as he can — in addition to his time-intensive architecture major — to have money saved up.

"I've got financial aid," Scallan said. "I can't imagine the VA students that have an emergency deferment loan. They got no safety net like a loan or scholarship to help them out."

On the University side, how UH verifies students who should receive GI Bill aid changed from a one- step process to a two-step, Dugas said.

Before, tuition, housing and a book stipend were all paid out at the beginning of a semester after a student filled out the right paperwork, Dugas said. They would be verified by the University and payments would be processed.

Now, housing and book stipends are processed at the start of the semester like before, but tuition isn't processed until after the Official Reporting Day, the last day to drop a class. Then students are verified for tuition assistance.

Dugas said the VA recommends processing payments with two steps because if a students adds or drops a course after the semester starts, they could have a balance or a debt to pay back to the VA.

Every veteran student at UH has been verified, Dugas said. It's now just about waiting for the VA to hand out those payments.

Scallan said he has had a hard time reaching the VA for answers during this time, because the numbers he used to call are no longer available.

Only a handful of students who need assistance have come into the UH Veteran Services office asking for financial assistance, Dugas said. The office connects students with resources to help veterans.

"Veterans are interesting," Dugas said. "They don't often like having to ask for help."

Robert M. Worley, director of Education Service with the VA, sent a letter out to students Oct. 10 and said they are 35 days behind on processing first-time applicants and 25 for re-enrollments.

"I shouldn't have to be counting my blessings," Scallan said. "I've earned these benefits."

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

CHARLESTON, W.Va. — U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

The West Virginia Democrat's views have appeared from time to time in newspapers, particularly in his home state, but perhaps not in as rapid fashion as this.

The five opinion pieces appeared in West Virginia newspapers over the past week and focus on the Affordable Care Act along with energy and national security, veterans' issues and the opioid epidemic. Manchin co-wrote them with Republican Sens. Susan Collins of Maine, Lisa Murkowski and Dan Sullivan of Alaska, Johnny Isakson of Georgia and Marco Rubio of Florida.

"West Virginians elected me to put their interests above politics and they know I have always done that," Manchin said in a statement. "Part of that is working with my colleagues on both sides of the aisle to find areas we agree."

"We've worked together to make sure coal is part of our all-of-the-above energy portfolio, legislation to end the opioid epidemic, repair our broken healthcare system, provide for our veterans and fully fund our military. These are not Democratic or Republican issues, they're American issues and my colleagues recognize this."

Manchin is running against Republican state Attorney General Patrick Morrisey on Nov. 6.

In a statement Wednesday, Morrisey campaign spokesman Nathan Brand called Manchin "a dishonest Washington liberal who only acts bipartisan around election day ..."

Murkowski is the Republican chair of the Senate Energy and Natural Resources Committee, of which Manchin is a member. Their op-ed piece notes "we have found many ways we can work in a bipartisan manner to improve our nation's energy policy."

In the piece on attempts to make changes to the Affordable Care Act, Collins and Manchin wrote that "we must stop allowing partisanship to be the pre-existing condition that prevents meaningful health care reform."

An op-ed also points out the work of the Senate Committee on Veterans' Affairs, which is chaired by Isakson and Manchin is a member. "There are no Republican soldiers or Democratic soldiers on the battlefield — only American soldiers," the piece reads.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone. In a study in a 2018 issue of the Indian Journal of Endocrinology and Metabolism, researchers screened bone mass in 200 men visiting an endocrine outpatient department at a hospital and found that 40 percent of those over age 55 had low bone mass and 9 percent had osteoporosis.

Even more worrisome: "In a single year, men over 75 have a greater chance of having an osteoporotic fracture than a heart attack," says Dr. Robert A. Adler, chief of endocrinology at the McGuire Veterans Affairs Medical Center in Richmond, Virginia, and a professor of internal medicine at Virginia Commonwealth University. This is particularly alarming because osteoporosis is often silent until a fracture occurs (most commonly in the spine, the hip, the wrist or forearm), at which point there can be serious consequences, especially for men. Indeed, men typically have a worse prognosis for recovery after a fracture. "After a hip fracture, older women have a 15 to 20 percent mortality rate in the next year; by contrast, older men have a 33 percent mortality rate in the year after a hip fracture," Adler notes.

And yet, osteoporosis is frequently overlooked as even a possibility in men. In a 2017 study, researchers assessed knowledge about osteoporosis among men, ages 36 to 55, and found that on average the men received failing scores on their total knowledge about the disease, their perceived susceptibility and their beliefs about the seriousness of the condition. This may be partly due to the fact that "men are born with greater bone mass, and men do not have a menopause that gives them a large bone loss in the five years following the onset of menopause," explains Dr. Robert R. Recker, professor of medicine and director of the Osteoporosis Research Center at the Creighton University School of Medicine in Omaha, Nebraska.

But health professionals aren't as attentive as they could or should be to the disease in men, either, experts say. "If a woman goes to the ER with a hip fracture, 49 percent of the time she will have some sort of follow-up with a doctor," says Dr. Laura Ryan, an associate clinical professor of internal medicine and director of the endocrine, diabetes and metabolism department at Ohio State University in Columbus, Ohio. By contrast, "men's likelihood of getting any sort of follow-up – to discuss the [possibility] of having osteoporosis, the need for bone density testing or medications – is less than 5 percent."

Missing the Diagnosis

Most studies on osteoporosis have focused on the development, diagnosis and treatment of the bone disease in women. And screening for the disease in men is woefully inadequate, experts say. In fact, no standard screening guidelines exist. As a result, "men are less likely to have their bone mineral density measured," Adler says, and "getting Medicare reimbursement for bone density screening is more difficult for men."

The major risk factors for osteoporosis are the same for women and men: older age, a family history of the disease, long-term use of corticosteroids and certain chronic diseases, such as rheumatoid arthritis and chronic obstructive pulmonary disorder. In addition, lifestyle factors, such as inadequate physical activity, insufficient vitamin D and calcium intake, smoking and high alcohol consumption, can increase the risk, says Dr. Smita Nayak, a physician and senior research scientist at Berkeley Madonna, Inc. in Berkeley, California.

"Unique risk factors for men include low testosterone levels and use of androgen deprivation therapy for prostate cancer," Nayak notes. A 2015 study from Turkey found men with erectile dysfunction have lower bone mineral density, and as a result they are at greater risk for osteoporosis. Low testosterone levels are associated with decreased libido and erectile dysfunction, Ryan says, as well as decreased muscle mass and strength in men.

If you're a man with any of these conditions or risk factors, talk to your doctor about having your bone mineral density measured with DEXA, or dual-energy X-ray absorptiometry, which is the gold standard scan for measuring bone density in men and women. The same is true if you've lost some of your height, which can result from a compression fracture in the spine, or if you've broken a bone while falling from a standing level, Ryan says.

It's a mistake to count on being referred for screening automatically. In a 2016 study at a Veterans Affairs Medical Center in Cleveland, researchers investigated the osteoporosis screening rate among men over 50 who were considered at high risk because they had prolonged use of steroids, low testosterone levels or autoimmune diseases (like rheumatoid arthritis, inflammatory bowel disease or lupus): Only 11 percent of these high-risk men had been screened.

Tending to the Bones

Given this underscreening, it's not surprising that osteoporosis also is undertreated in men, though that's true in women, too, Recker says. "It's scandalous how poorly we're doing with osteoporosis – it's worse than with any other disease, maybe even more so with men."

That needs to change, experts say, and one of the best ways to make that happen is for men to discuss their bone health with their physicians. "At age 50 or so, get screened with densitometry, especially if you have a family history of osteoporosis," Recker says. Another way is to take preventive steps to protect your bone mineral density by getting adequate amounts of calcium (1,000-1,200 mg per day) and vitamin D (600 to 800 iu per day) and weight-bearing exercise (such as walking or lifting weights). Also, quit smoking and limit your alcohol consumption.

While osteoporosis medications have been more closely tested in women, commonly used medications (such as bisphosphonates and denosumab) are believed to be equally effective in men. "If a man has low testosterone, adding testosterone [through replacement therapy] improves bone density and reduces the risk of falls," Ryan says.

The first step, of course, is to identify osteoporosis in men, which isn't currently happening the way it should. As life expectancies continue to increase, the need to prevent, diagnose and treat osteoporosis in men will become even more paramount. "On average, men have fractures 10 years later in life than women do – men are now living long enough to have fracture risk," Adler

says. Taking steps (literally and figuratively) to mitigate that risk can improve the quality of men's lives as well as their longevity.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#)

(17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search.

He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

Mr. Goldsmith, a 33-year-old Army veteran, sent Facebook what he thought was a straightforward request to take down the bogus page. At first, Facebook told him to try to work it out with the authors of the fake page, whom he was never able to track down. Then, after two months, Facebook deleted it.

The experience launched him on a hunt for other suspicious Facebook pages that target military personnel and veterans by using patriotic messages and fomenting political divisions. It has become a full-time job.

Working from offices, coffee shops, and his apartment, he has cataloged and flagged to Facebook about 100 questionable pages that have millions of followers. He sits for hours and clicks links, keeping extensive notes and compiling elaborate spreadsheets on how pages are interconnected, and tracing them back, when possible, to roots in Russia, Eastern Europe or the Middle East.

"The more I look, the more patterns I see," he said.

Facebook's response to his work has been tepid, he said. Company officials initially refused to talk with him, so he used a personal contact at Facebook to share his findings. Lately, the company has been more active.

Facebook didn't respond directly to a list of questions about Mr. Goldsmith's research, but a spokesman said the company had 14,000 people working on security and safety—double the amount last year—and a goal of expanding that team to 20,000 by next year.

In a statement, the spokesman said the company relied on "a combination of automated detection systems, as well as reports from the community, to help identify suspicious activity on the platform and ensure compliance with our policies."

About two dozen of the pages Mr. Goldsmith flagged, with a combined following of some 20 million, have been deleted, often coinciding with Facebook's purges of Russian- and Iranian-linked disinformation pages—including a separate crackdown by the company last week on domestic actors.

The most recent suspensions included the page “Vets Before Illegals,” with nearly 1.4 million followers, which Mr. Goldsmith’s research showed had five page administrators in the U.S. as well as three in the Philippines, and DcGazette, a page pushing conservative news that had attracted more than 400,000 followers.

Several of the pages Mr. Goldsmith has studied expressly catered to conservative audiences and frequently promoted divisive memes depicting President Trump favorably on issues involving veterans, illegal immigration and the National Football League. While posts didn’t specifically discuss congressional candidates seeking election in next month’s midterms, they often promoted Mr. Trump’s 2020 re-election bid while disparaging Hillary Clinton as a criminal who deserved jail time.

But, based on his own research, he says the company needs to do much more. “They have a responsibility” to deal with manipulative accounts, Mr. Goldsmith says. “What you see on Facebook is your reality.”

Mr. Goldsmith is part of a cottage industry of digital detectives investigating malfeasance on social media that extends beyond internet firms, journalists and academics to include ordinary citizens.

“They see me as a novice cybervigilante, and not someone with the reputation of a research university to back me up,” Mr. Goldsmith said of Facebook. “Which, to be fair, is exactly the case.”

What U.S. intelligence agencies say was a widespread effort by the Kremlin to influence the 2016 presidential elections—and renewed warnings about attempts to influence the midterms—have added urgency to their cause.

Facebook has vowed repeatedly to counter disinformation. Chief Executive Mark Zuckerberg has called the effort an arms race, and said the company is banking on artificial intelligence to better detect manipulation campaigns.

The inner workings of Facebook’s detection and takedown system remain opaque, making it hard to evaluate the effectiveness of its efforts—even for those like Mr. Goldsmith, who has made it a mission to track webs of connected pages.

Lee Foster, who manages the internet firm FireEye’s information operations intelligence analysis unit, a misinformation-tracking team, said his team of investigators often struggles to discern whether a Facebook page that appears fraudulent is a foreign-influence campaign, a financially motivated click farm, or something else.

Mr. Goldsmith’s persistence and some help from congressional aides led to a phone call among him, Facebook and House Intelligence Committee staffers, and then a meeting at Facebook’s office in Washington, D.C. Facebook has responded to some of his emails, but hasn’t explained why some pages he has identified were removed while others remain or whether his research contributed to decisions to suspend certain pages.

The Facebook spokesman said veterans are among those who may be especially appealing targets to bad actors.

“Financially motivated scams, including romance scams, commonly rely on impersonating members of the public who are more likely to be considered trustworthy—including members of the military, veterans, and other professionals,” the spokesman said. “As a result, organizations like Vietnam Veterans of America are more likely to be targets of impersonation than most people on Facebook. We recognize this and are working to combat impersonation in a variety of ways.”

One of Mr. Goldsmith’s top concerns is that bad actors are determined to try to exploit veteran and law-enforcement communities. Mr. Goldsmith served more than three years in the Army, including combat in Iraq.

Researchers have identified veterans as a particular target of disinformation campaigns. A study from the University of Oxford in October 2017 found accounts tied to the Kremlin were targeting veterans and active military personnel on Facebook and Twitter with divisive political propaganda, likely because of their status as “influential voters and community leaders.”

To Mr. Goldsmith’s dismay, he has noticed that even friends and colleagues follow some of the pages he most distrusts.

One was Maureen Elias, who works on outreach and advocacy at Vietnam Veterans of America and unwittingly followed and then shared content from a page Mr. Goldsmith has pegged as bogus. She said she had followed the page only after seeing her own acquaintances following it.

“It makes me sick to my stomach to think I’ve shared content from these sites that target veterans and don’t have our country’s best interests in mind,” said Ms. Elias, a 41-year-old Army veteran who specialized in counterintelligence. “It makes me feel even more foolish because I fell for this crap. Of all people, I should know better.”

In addition to Facebook, Mr. Goldsmith has contacted at least 10 congressional committees and several federal agencies requesting help to investigate social media use by foreign actors that target veterans. The overtures largely were met with silence, though Mr. Goldsmith said he did hear back from some congressional committee staffers.

Mr. Goldsmith also has begun to examine suspect Twitter accounts. A Twitter representative told Mr. Goldsmith this month it had removed one account he had tracked, due to inactivity.

The representative declined to share information with Mr. Goldsmith about the origin of the account, but Twitter said to Mr. Goldsmith that his findings were promising and the company was interested in learning more. Twitter declined to comment.

After his initial discovery of the fake Vietnam veterans account on Facebook in August 2017, Mr. Goldsmith began noticing other Facebook pages that had no original content, that appealed to veterans, and that shared divisive memes, like one about African-Americans vandalizing veteran memorials. He logged examples of multiple pages sharing the same image and message—minutes apart.

Some accounts have changed their names over time, testing what approaches garnered the most “likes” and follows. One he identified was named “Support Police Officer.” It has more than 20,000 followers and posts American military and law-enforcement memes.

Using a Facebook feature that shows the history of a page's names, Mr. Goldsmith found that the page began in 2015 as "Europe, Balkan—Military Power" before changing to "Police & Military" and then "Support Police" before settling on its current name.

Another page, called "Nam Vets," links to a website whose domain is registered to a user in Plovdiv, Bulgaria, according to publicly available data.

Facebook in early September launched a new feature allowing users to see the country of origin for many, but not all, pages. Using this tool, Mr. Goldsmith found that of more than 100 suspicious, veteran-focused pages he had been following, over half had begun in a foreign country, and many in Vietnam, targeting Vietnam veterans.

"I've identified dozens of these pages, but it's already too late," Mr. Goldsmith said. "They're not just targeting the midterm election, they're targeting the electorate."

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent.

The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana!" Trump wrote in a tweet, misspelling Tester's first name.

He went on to compare Tester's actions to Democrats' behavior when Supreme Court Justice Brett Kavanaugh was accused of sexual assault, suggesting the Montana Democrat's actions were worse.

Trump's renewed criticism of Tester came on the eve of a campaign rally in Missoula, Mont., for Tester's Senate opponent, Matt Rosendale (R).

After Jackson was nominated to head the VA in April, Tester's office released allegations that the White House doctor fostered a hostile work environment, improperly dispensed prescription drugs and drank on the job. The claims were based on interviews with colleagues of Jackson's.

Jackson and the White House both denied the allegations, but the doctor ultimately withdrew his nomination.

While Trump launched a barrage of attacks on Tester in response, Sen. Johnny Isakson (R-Ga.), the top Republican on the Veterans' Affairs Committee, broke with Trump and his blistering criticism of Tester to come to the Democrat's defense, saying he did not have a problem with how the allegations were handled.

Tester is among the most vulnerable Democrats up for re-election next month, as Trump won Montana by more than 20 percentage points in the 2016 election.

The Cook Political Report, a nonpartisan election forecaster, rates the Montana Senate election as a "toss-up," and a RealClearPolitics average of polls in the race shows Tester with a 3-point lead.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind.

President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

While both parties try to gauge the electoral fallout of the recent confirmation battle over Supreme Court Brett Kavanaugh, Mr. Trump's focus here is on an earlier battle — Mr. Tester's prominent role in torpedoing the nomination of Adm. Ronny Jackson, Mr. Trump's White House doctor, to run the Department of Veterans Affairs this spring.

Mr. Trump fumed repeatedly on Twitter over the 62-year-old Mr. Tester's tactics in the Jackson nomination fight, which included airing accusations of personal misconduct and excessive drinking and led Adm. Jackson to withdraw.

He repeated those charges on Twitter on Wednesday night and even compared Mr. Tester unfavorably to Justice Kavanaugh opponents.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator [Jon] Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!," he wrote.

Even before Wednesday night's attack, Phil Drake, a longtime reporter for the Great Falls Tribune who is covering the race, noted the unusually personal tack Mr. Trump has taken.

"I don't know how it is in other states, but it clearly sounds personal when the president is out here," he said. "It's like President Trump has put a bounty on Sen. Tester's head."

With three electoral votes and barely a million residents, Montanans aren't used to the national attention, which on the Republican side has included stops by Vice President Mike Pence and first son Donald Trump Jr. this midterm campaign.

"Before President Trump started coming here, the last president I covered personally was Bush," Mr. Drake said, then clarifying: "George H.W. Bush."

Presidential pique aside, both Democrats and Republicans have some very practical reasons for the obsession with Montana.

Mr. Tester is one of 10 Democratic senators running this cycle in a state easily carried by Mr. Trump. A Republican pick-up in Montana would almost certainly kill any Democratic hopes of taking control of the chamber next month. Throw in a tight race for the state's only U.S. House seat in which freshman Republican Rep. Greg Gianforte is trying to hold off a well-funded Democratic challenger, former state Rep. Kathleen Williams, and the stakes in Montana grow even higher.

A third-generation Montanan with a folksy manner and a relatively moderate voting record, Mr. Tester was not thought to be among the more vulnerable Democratic incumbents this cycle. But the few polls taken to date give him only a slight lead over Mr. Rosendale, and no surveys have been taken since Mr. Tester joined fellow Democrats in voting against Justice Kavanaugh earlier this month.

Mr. Tester has far outraised his challenger, but more than \$45 million in out-of-state money on both sides has flooded into Montana, negating at least some of the incumbent's advantage and making for wall-to-wall political advertising in the state's very affordable media markets.

Mr. Trump appears so determined to put his imprimatur on the race that his campaign made the unusual decision to move Thursday night's rally to a smaller venue — a hangar near the Missoula International Airport — because organizers wanted to be able to park Air Force One directly behind the president as he spoke.

Both sides acknowledge Mr. Tester may be vulnerable, but that knocking him off will not be easy. Despite Mr. Trump's popularity, the state has a history of supporting moderate Democrats and boasts a union movement much stronger than in many other Western states.

His stump speech cites his work for veterans in the Senate, his support for gun rights, his deep roots in the state, his advocacy for Montana's extensive public lands, and his ability to work across the aisle.

Ironically, given the president's interest in the race, Mr. Tester may be the only Democrat on the ballot this cycle to run a full-page "Thank You Mr. President" ad in 14 state newspapers — to highlight what the ad said were 16 bills Mr. Trump signed on veterans, government waste and other topics that Mr. Tester sponsored or co-sponsored.

"One challenge for Tester is Montana's getting more polarized, just like the rest of the nation, and also becoming more Republican," Jeremy Johnson, a political analyst at Carroll College in Helena, told the Associated Press. "But it's also a Democratic year. I'm not sure if that will balance out or not."

Mr. Tester, the ranking Democrat on the Senate Veterans Affairs Committee, makes no apologies for his role in blocking Adm. Jackson's VA nomination, noting he voted for Mr. Trump's second choice to fill the post, current Secretary Robert Wilkie.

"I wouldn't do anything different from what I did before," he told the Great Falls Tribune recently. "Veterans are too important to me and I will fight for them every day."

Mr. Rosendale, a Maryland transplant who moved to the state a decade ago, sports the same close-cropped “flat-top” hairstyle as his Democratic rival, but insists the resemblance ends there. In addition to hewing close to Mr. Trump at his massive rallies, the 58-year-old Mr. Rosendale argues a vote for Mr. Tester is a vote for the national Democratic Party and its agenda, on issues ranging from gun control and the appointment of judges to health care.

“That’s what happens when you spend too much time in the federal government,” Mr. Rosendale argued at Saturday’s final candidates’ debate. Mr. Tester “has been there for 12 years and he thinks he can determine what is best for you and what is best for your family.”

Strikingly, while GOP surrogates have flooded the state, Mr. Tester has largely fought on his own. One advocate he did draft to campaign for him was far outside the circle of House Minority Leader Nancy Pelosi and Senate counterpart Chuck Schumer — actor Jeff Bridges, the mellow, abiding “Dude” from the movie “The Big Lebowski.”

Libertarian Party candidate Rick Breckenridge also went after Mr. Tester for forgetting his roots at Saturday’s debate, noting, “I think Jon’s starting to look more like Washington than he does Montana.”

The third-party candidate may have an outsized impact on the final result: Mr. Tester won in both 2006 and 2012 without getting 50 percent of the vote statewide, with analysts saying the Libertarian vote cut into the GOP totals.

Mr. Drake, the reporter, says it’s hard to say whether Mr. Trump’s ability to excite his base at massive rallies will overcome Mr. Tester’s edge as an incumbent, but says he can already declare one winner in the race.

“The local TV stations must be having a hard time figuring out what they’ll do with all the money they’re making from ads these days,” he said. “I wish some of that would go to the newspapers too.”

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uvd; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York’s 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

If veterans have turned to their federal elected representatives for help, they also know how disconnected our federal representatives are with their veteran constituents.

As a voter, I am concerned about the Nov. 6 election for New York’s 21st Congressional seat presently filled by Rep. Elise Stefanik, who has been airing her TV propaganda advertisements by stating that she helps us veterans obtain our benefits.

That is the furthest thing from the truth.

I can state this because for the past two terms, she has failed to help me in my request for her help.

What she has told me is to file an appeal on the VA decisions about my health care.

Any veteran who has filed an appeal with the VA knows it can take up to 17 years to win an appeal. I will most likely be dead in 17 years, and that was how Stefanik addressed my VA health care needs.

I am asking my brother veterans and the residents in New York's 21st Congressional District to register and vote for someone other than Stefanik on Nov. 6 because we veterans need a person in Congress who will represent us without waver.

The other two candidates are Tedra Cobb (D) and Lynn S. Kahn (G).

Both have assured me that they will help their constituent veterans when elected, but please if you want to thank a veteran for his service, do it by not voting for Stefanik.

- Thomas Campanile, Broadalbin

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Veterans Affairs Media Summary and News Clips

18 October 2018

1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)
President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit. "We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

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1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)
New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle. After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

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1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven "Brainwave Frequency" Treatment](#) (17 October, Isaac Arnsdorf, 1.1M uvm; New York, NY)
Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office. On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans' Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare.

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1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)
One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA's request, citing violations to intellectual property.

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1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)
After Bob Simonovich's post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he'd be able to handle in his post-military life. So his therapists lined up a job for him with a baseball team.

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1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane. "Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla's VA medical center is a key figure in the future of veterans health care, said the country's top Veterans Affairs official after touring the facility Tuesday. Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

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2. [Greater Choice for Veterans](#)

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#) (17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey. Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

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3. [Modernize Our System](#)

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#) (17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive. Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbestael, spokesperson for the Ralph H. Johnson VAMC.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvm; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village. All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

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3.3 - Fremont Tribune: [New state-of-the art VA clinic is an important victory](#) (17 October, Jeff Fortenberry (R-Neb.), 19k uvm; Fremont, NE)

From the interstate highway system to the Erie Canal, the transcontinental railroad to the Hoover Dam, infrastructure projects have transformed our nation, lifted our spirits, and caused the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#) (17 October, 2k uvd; Sioux City, IA)

A major construction project impacting Siouxland veterans is nearly complete. After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

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[4. Focus Resources More Efficiently](#)

[5. Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs. John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPR (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain. VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment. But he says they are scheduling clinics at VA facilities...

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked “Broken Arrow” cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case. Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran’s Affairs Medical Center is hoping a special celebrity will visit while she’s in town next month. “Only I can change my life. No one can do it for me.” That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County. More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry. Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center’s first “Give Thanks Celebration.” Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends. Monthly housing stipends and tuition assistance funds are among those being disbursed late.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#)

(17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search. He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent. The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind. President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uvd; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York's 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

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1. [Top Stories](#)

1.1 - USA Today: [President Donald Trump says he'll ask Cabinet to cut department budgets by 5 percent](#) (17 October, David Jackson and John Fritze, 26.5M uvm; McLean, VA)

President Donald Trump said Wednesday he would cut the federal budget with the help of his Cabinet, a proposal that analysts said was aspirational at best and unlikely to affect the skyrocketing federal deficit.

"We're going to ask every Cabinet secretary to cut 5 percent for next year," Trump said before a Cabinet meeting at the White House.

The president's request is likely for his fiscal 2020 budget proposal, which is due to Congress early next year.

Although Trump can ask his Cabinet secretaries to cut their budget proposals, the federal budget is approved by Congress. Lawmakers are free to draw up their own spending plans for federal agencies and the rest of the government.

The president does have the leverage of his veto. After approving the \$1.3 trillion budget plan Congress sent him in March, Trump threatened he would "never sign another bill like this again."

The Treasury Department reported that the federal budget deficit rose this year to \$779 billion. That amounts to a 17 percent increase over the previous year, and it's the highest deficit in six years.

Trump has called for deep, double-digit-percentage reductions for federal departments that were rejected by Congress. His first proposed budget last year included the elimination of 62 agencies, which lawmakers ignored.

Conservatives are increasingly restive about budget deficits, which have received far less attention from Republicans lately than they did during the Obama administration.

Trump blamed Democrats in Congress for seeking increased spending on domestic programs in exchange for his desire to build up the military. Unwilling to threaten a shutdown before the midterm election, Trump indicated that he felt compelled to go along with spending bills to secure his desired increases for the Pentagon.

He attributed a spike in federal spending to the needs of the military.

"Military was falling apart, it was depleted, it was in very bad shape," he said Wednesday.

This year's deficit could have been higher, the Treasury said, but the timing of certain payments was shifted.

This week, Treasury Secretary Steven Mnuchin suggested that deficit increases were the "dire consequences of irresponsible and unnecessary spending."

A report from the nonpartisan Congressional Budget Office, released this month, said tax cuts Congress approved last year partially led to the deficit jump.

Budget analysts said Trump's cuts are very unlikely and would have little impact on the budget deficit in any event.

Stan Collender, a professor of public policy at Georgetown University, said that if the entire annual federal budget was cut by 5%, it would be \$200 billion to \$300 billion – and the federal budget deficit for next year is projected at \$1.1 trillion.

Trump bragged about his defense hikes and presumably isn't interested in cutting that budget, Collender said. He hasn't said anything about reducing the drivers of federal spending, programs such as Social Security and Medicare.

"This really shows Trump is not ready for prime time," Collender said.

Chris Lu, a former deputy Cabinet secretary under President Barack Obama, mocked Trump's request.

"That's a 5% cut for veterans, national security, law enforcement, healthcare, farmers, roads/bridges, workers, environment, food and housing aid. Everything," he wrote on Twitter. "And it would still only amount to \$60 billion a year – a fraction of \$1.5 trillion Trump/GOP tax cut."

Maya MacGuineas, president of the Committee for a Responsible Federal Budget, said even a 5 percent cut would cost money because next year's plan would bring back budget caps that equal a 10 percent cut. So even a 5 percent Cabinet cut would still leave \$63 billion in deficits.

"So while it sounds tough and responsible, it allows for bloated budgets and higher deficits compared to where we were supposed to be," she said.

Even so, MacGuineas said lawmakers should be able to cut the budget by at least 5 percent.

"Certainly, we should be able to realize at least this much in savings, but we should go much further," she said.

It's unclear where the cuts would come from, department to department.

Three-quarters of the federal government has been funded through the end of September 2019. The remaining agencies, which include the Departments of Agriculture, Justice, Transportation and Homeland Security, are funded through Dec. 7.

Congress will try to avoid a partial government shutdown and pass a budget for those agencies before the end of the year.

Lawmakers debate spending for the Transportation Department for the year that started Oct. 1. The House approved \$71.8 billion and the Senate \$71.4 billion for the Departments of Transportation and Housing and Urban Development, which are each more than \$1 billion above current spending and more than \$23 billion above what the Trump administration requested.

The Department of Veterans Affairs, which is second in size only to the Pentagon among federal agencies, has a budget of roughly \$200 billion for the coming fiscal 2019 year. That includes \$8 billion for mental health care services, \$400 million for opioid abuse prevention and \$200 million for suicide prevention efforts.

The Environmental Protection Agency's \$7.96 billion budget is \$100 million less than the previous year.

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1.2 - The Wall Street Journal: [Before Fighting Fake Social Media Sites, Veteran Faced Deadlier Foes](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

New York native Kris Goldsmith says he has always been a bit obsessive, and his fight against apparently bogus news on Facebook isn't the first time the 33-year-old has fought a seemingly unwinnable battle.

After serving more than three years in the Army, including combat in Iraq, Mr. Goldsmith learned that he was about to be redeployed because of "stop-loss" policies that would have forced him to remain in the service and quickly redeploy.

He said he attempted suicide, resulting in a general discharge in 2007. But he was still able to get many of his Department of Veterans Affairs benefits while he battled depression and post-traumatic stress disorder.

"The VA really saved my life," he said. "I was pretty much unemployable."

As a civilian, he threw himself into veterans issues, starting with a campaign on behalf of fellow veterans ejected from the military because of mental-health issues brought on by service. His efforts helped change federal policy to better help veterans ensure they get mental health care at the VA regardless of their discharge status, and his reputation grew as an advocate for veterans on Capitol Hill.

He also lobbied for an upgrade to an honorable discharge for himself; he's still awaiting a decision.

He's now the assistant director for policy and government relations at Vietnam Veterans of America and, with his cybersleuthing, also has taken on a new title as the group's investigator.

Mr. Goldsmith is using veteran benefits to attend Columbia University, where he is pursuing a bachelor's degree. But without an honorable discharge, he can't access full benefits through the GI Bill—so his work as a veterans advocate also helps pay the bills.

"My eyes are crossing from staring at a screen and books for 95% of my waking hours," he said as the midterm elections neared and he continued to implore Facebook to take action on bogus pages.

Mr. Goldsmith is aware of the risk that some will consider him a conspiracy theorist, and in meetings with veterans groups and congressional staffers he lugs a briefcase filled with binders

documenting evidence he's gathered to prove he isn't unhinged. He favors a beige three-piece suit and can often be found taking notes at cybersecurity events around Washington, where he hopes to meet officials who might listen to his concerns.

On a recent afternoon, while wolfing down a slice of pepperoni pizza in Washington, he clicked on a new link on his laptop, leading him to yet another suspicious Facebook page. "Oh, man, that's another rabbit hole I have to go down," he joked, before rushing out the door to jump on a train back to New York so he could return to classes.

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1.3 - ProPublica and The Nevada Independent: [GOP Senator Pushed VA to Use Unproven "Brainwave Frequency" Treatment](#) (17 October, Isaac Arnsdorf, 1.1M uvm; New York, NY)

Sen. Dean Heller, a Nevada Republican, pushed doctors at the Veterans Affairs medical center in Reno to adopt an experimental mental health treatment marketed by a company with ties to his office.

On a Friday night last December in his Reno office, Heller, a member of the Senate Veterans' Affairs Committee, introduced VA officials to representatives from a health care startup called CereCare. The company markets an "off-label" method of treating addiction and post-traumatic stress, using electromagnetic brain stimulation.

The meeting came about because two of CereCare's partners had a business connection to Heller's senior aide in Reno. "We've known her for years," one of the partners, Nino Pedrini, said of the aide, Glenna Smith. Pedrini and his partner have a separate joint venture with Smith's former employer. "This was Glenna reaching out to us, knowing what we were doing, saying we think there's a fit here where you folks can help our veterans," Pedrini said.

Smith declined to answer questions about her role in arranging the meeting; she said she has never had a financial interest in Pedrini's companies.

The Trump administration is encouraging the VA to use more alternative treatments, even though doctors and mental health experts caution against steering patients to procedures that haven't been scientifically demonstrated to be safe and effective. The administration's enthusiasm for such experimental treatments has opened the door to a flood of hopeful vendors like CereCare.

Heller declined to answer specific questions about the meeting. In a statement, he said he "will never apologize for supporting policies that could lead to additional treatment options for Nevada veterans because no one who has served this country should be waiting for care once they return from combat."

Heller co-sponsored a bill directing the VA to start a pilot program on CereCare's procedure. Another of CereCare's partners, Judi Kosterman, participated in drafting the legislation, she said in an interview. Kosterman described herself as CereCare's expert on the procedure, and her business card identified her as "Dr." She is not a physician and her doctorate is in education, according to official records.

The bill says it provides no additional funding, so the pilot program would come at the expense of other treatments that are already proven to be effective. For that reason, it drew opposition from Veterans of Foreign Wars, which represents 1.6 million members. “The VFW believes that VA must spend its already scarce health care resources on therapies that have shown promise or have a proven track record,” the organization told Congress. Other veterans groups, such as Amvets and Vietnam Veterans of America, supported the bill because they said the treatment is worth trying. The Senate veterans committee hasn’t voted on the bill.

The procedure that CereCare was pitching to the VA uses electrical scans of the brain and heart to detect a patient’s “intrinsic brainwave frequency” and find “the area of the brain in need of restoration,” according to materials brought to the meeting. CereCare then uses that data to apply electromagnetic pulses from a machine called a transcranial magnetic stimulator.

This procedure is off-label, meaning it uses equipment approved by the Food and Drug Administration, but in a way that is not approved by the agency. Off-label procedures are not uncommon or illegal, but the FDA has not signed off on their safety or effectiveness.

Pedrini brushed off concerns about FDA approval. “The thing we all have to get over is FDA approval on some things,” he said. “You’ve got to try things. We can’t get hung up on 20 years of the FDA trying to approve something because of the bureaucracy and red tape.”

Many mental health professionals oppose pushing patients into experimental procedures. They urge treatments that are scientifically validated or, under certain circumstances, that are part of a well-run clinical trial. “Physicians in the VA, and any other health care setting, should not be forced to disclose treatment options for which there is no scientific basis for safety and efficacy,” the National Alliance on Mental Illness told Congress in 2016.

But these experimental treatments have found favor with political appointees in the Trump administration. Two of Trump’s policy priorities for the VA — letting more veterans go to private doctors, and reducing suicide among veterans — have combined to lead officials to embrace private companies pitching unconventional treatments.

The president appointed Jake Leinenkugel, a Wisconsin beer baron turned senior adviser at the VA, to chair a commission studying nontraditional treatments like the one CereCare sells. The commission’s congressional charter says its members should have a background in treating mental health and experience working with veterans; Leinenkugel has neither. (He didn’t respond to requests for comment.)

At the commission’s first meeting, in July, Leinenkugel encouraged deploying hyperbaric chambers — not because of any scientific evidence, but because of companies’ lobbying. Two large organizations had contacted him over the previous 12 or 13 months, he said. “They’re becoming much more proactive. They’re gaining resonance on the Hill and also in states,” he said. “So, whether or not we think that treatment works or has any evidence based to it at this point in time, it is not relevant to me.”

At the Reno meeting, Heller’s staff and CereCare talked about four veterans with mental health issues who could receive the treatment, according to meeting notes provided to ProPublica. A local veterans nonprofit group was offering to cover the cost of the four veterans’ treatment so the VA wouldn’t have to pay, according to Pedrini.

CereCare could have used that money to treat those patients without the VA's involvement. But Heller wanted the VA to bless CereCare's procedure as a pilot program to put it on a path to widespread adoption, according to the meeting notes. "Dean Heller wanted their endorsement," said Walter A. "Del" Marting, another of CereCare's partners. (Marting donated \$500 to Heller's re-election campaign in 2015, according to Federal Election Commission records.)

At the meeting, a VA representative suggested that if CereCare or Heller's office know of four veterans needing mental health care, they should be sent to the VA for evaluation and treatment. Kosterman, who was present, said the VA officials appeared skeptical of CereCare's procedure. She described the VA's position as, "Veterans are a protected class, and we are responsible to protect them from being experimented with or being involved in something we haven't validated."

It's not clear what happened to the four veterans. But the pilot program never moved forward, much to CereCare's frustration. "The whole thing got bogged down in clearances and approvals and reviews," Marting said.

Heller put a positive spin on the meeting, posing for a photo and tweeting, "Thank you to the Reno VA, Reno Vet Center, Renown Health, CereCare, the Nevada Military Support Alliance, & Northern #NV community members for joining me for a productive discussion about ways to reduce suicide among veterans and improve mental health care for them."

Help Us Investigate: Do you know what's going on at the VA? Are you a VA employee or a veteran who receives VA benefits and services? Contact Isaac Arnsdorf at 917-512-0256 or isaac@propublica.org.

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1.4 - Stars and Stripes: [Vets group calls on DOD, VA to help stop fake news targeting veterans, troops](#) (17 October, Nikki Wentling, 532k uvm; Washington, DC)

One year ago, Vietnam Veterans of America discovered a Facebook page was using its name to spread disinformation to nearly 200,000 followers. Facebook disabled the site at VVA's request, citing violations to intellectual property.

The incident sparked an effort at VVA, a congressionally chartered veterans service organization, to find more social media pages that target veterans and servicemembers with sensationalized news and hyper-partisan political content.

Led by Kristofer Goldsmith, the group's assistant director for policy, VVA analyzed hundreds of Facebook pages and Twitter profiles in the past year. VVA shared what it found with Facebook's threat intelligence team, and the information led to 24 pages being disabled.

The group believes that's only a fraction of the problem. It's now calling on the U.S. government to get involved with stopping the spread of disinformation aimed at veterans and servicemembers, calling it a national security threat.

"We have concluded that despite recent purges of hostile actors from, and reforms to, these online platforms — our community remains a vulnerable target for exploitation and manipulation by foreign entities," VVA President John Rowan said in a statement.

A study from Oxford University in 2017 found Russian operatives used Twitter and Facebook during the 2016 presidential election to disseminate “junk news” to veterans and servicemembers, who were a target because of the trust the public places in them.

Congress has questioned Twitter and Facebook CEOs on Capitol Hill about election interference, and the companies said they’re launching major efforts to guard against attempts by foreign actors to disrupt the upcoming midterm elections in November.

Facebook vowed to make its pages more transparent. In June, it released a new “Info and Ads” tab. If a page has a large number of followers or bought political ads, it shows the country where administrators of the page are based.

Despite the attempts to stop disinformation, VVA thinks it’s a problem that shouldn’t be left up to the private sector to fix. The group asked the Department of Veterans Affairs and Department of Defense get involved.

“This is an issue of national security, and affects the well-being of American troops and veterans,” Rowan said. “That’s why we’re asking for the blame game to end, and for America’s government to step up and protect our population from being targeting by foreign elements who seek to do us harm.”

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1.5 - Military Times: [Actors and athletes have agents to help them find work. Now vets with PTSD can too](#) (17 October, Leo Shane III, 471k uvm; Springfield, VA)

WASHINGTON — After Bob Simonovich’s post-traumatic stress disorder left him anxious around large groups, loud noises and unpredictable environments, he was unsure what type of career he’d be able to handle in his post-military life.

So his therapists lined up a job for him with a baseball team.

“I loved baseball my whole life,” said Simonovich, a former Army staff sergeant injured in a bomb blast in Iraq 11 years ago. “But when I got back, I didn’t know if I’d ever be able to go to a game again. The crowds, the fireworks, it’s just something I didn’t think I’d be able to do.

“When I could go back there, it meant everything to me.”

Simonovich’s job as a datacaster for the Akron RubberDucks (a minor league affiliate of the Cleveland Indians) came through the Individual Placement and Support program, designed to match individuals with mental health challenges to potential job opportunities built around their workplace needs.

Earlier this month, Department of Veterans Affairs officials announced plans to partner with nonprofit Social Finance to expand use of the program in VA medical centers. Nearly 500 veterans in the New York and Boston region will take part in what officials hope is the first wave of a broader deployment of the resource.

“We want to make sure our veterans not only have better employment but also better overall health outcomes,” said Melissa Glynn, VA assistant secretary for enterprise integration.

The partnership, dubbed Veterans Coordinated Approach to Recovery and Employment (or Vets CARE), will bring employment experts into VA medical offices to find potential job matches for veterans.

In cases like Simonovich’s, both medical professionals and the outside specialists evaluate the veterans’ strengths, limitations and job goals before speaking to local businesses about openings.

“It’s kind of like having an agent,” said Simonovich, 42, who admits he had doubts about returning to full-time work after four years of therapy.

“I didn’t think I was ready to start work again at all,” he said. “But my doctors felt like it was time for a push. They could see it even if I couldn’t.”

Simonovich said he was excited by the prospect of working at a baseball stadium but worried about the constant activity of the ballpark. He started last spring, and team officials eased him in by giving him a quiet space during the game for his work and time to familiarize himself with the stadium.

Before games, he would spend a few minutes walking along the crowded concourse to “push myself, make myself a little uncomfortable.” When it became too overwhelming, he’d retreat to the press box and his small group of supportive co-workers.

This summer’s work included meetings with the players and fill-in work at Progressive Field in Cleveland, tracking the big-league team he grew up rooting for. When the regular season ended, Simonovich transitioned to a similar data job with a baseball academy, confident he could walk into a new workplace and succeed.

Program officials said they’ve already established a network of business contacts to provide similar matches to other veterans. For some, family and lifestyle demands may require part-time work or limits on their availability. For others, employers may need better education or support resources to help new veteran employees start working.

“Guys who are at that point may not even know they’re ready to hold a job,” Simonovich said. “I didn’t know what I could do. So this program was the key.”

More information on the new partnership is available on the Social Finance web site.

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1.6 - The Spokesman-Review: [Secretary Wilkie announces Spokane to lead VA records changes during visit to Fairchild](#) (17 October, Thomas Clouse, 159k uvm; Spokane, WA)

Washington will be a test location for a \$10 billion project to convert all Veterans Affairs medical records into electronic form, Department of Veterans Affairs Secretary Robert Wilkie said Wednesday in Spokane.

"Washington state has the perfect mix of active duty, technical infrastructure, rural components, and a large number of veterans," Wilkie said. "So what we are doing here in Washington, we are testing out the medical health records, which is the largest program the VA has ever undertaken. We are going to test it here in Spokane. That will be the template for the entire country."

Wilkie, who was confirmed as VA secretary in July, arrived at Fairchild Air Force Base for the Military Family Summit. During his speech, he highlighted how President Dwight Eisenhower addressed a group of 40 Korean War veterans just after his inauguration in 1953. Some of the veterans were missing limbs or were "horribly disfigured."

"He looked at them as only a man of Eisenhower's stature could and he said, 'Gentlemen. You can never be repaid for what you have given your country. But, you have a charge from me. You never put your uniforms away. You live to remind your fellow Americans that they sleep soundly at night because of your sacrifices.' "

"That is the message that I try to convey as the leader, the temporary custodian of the flame of America's veterans," Wilkie said.

With more than 100 years of family members serving in the military, Wilkie appeared at Fairchild at the invitation of U.S Rep. Cathy McMorris Rodgers, who has been organizing the Family Military Summits since 2009.

"I've said before, in order for America to be a diplomatic power, it needs to be a military power," McMorris Rodgers said. "In order to be a military power, it needs to be an economic power. It's all connected. And the military families are the basis behind every part."

Wilkie's late father, Robert L. Wilkie Sr., retired from the Army as a lieutenant colonel and was wounded fighting in the Vietnam War.

"When my father was commissioned two months before President (John F.) Kennedy was inaugurated, less than 9 percent of the force had families," Wilkie said. "Today, it's 75 percent. The bottom line is the men and women who support our warriors are the foundation of everything that we do."

Wilkie also said he supports efforts to begin a long-promised 24-hour urgent care at Mann-Grandstaff VA Medical Center. It currently operates from 7 a.m. to 7 p.m.

"I'm gong to do my best," Wilkie said of supporting the upgrade.

"I've also advocated for a 24-hour urgent care at the Spokane VA," she continued. "I'm pleased that we are on track to get that open next year, early next year."

When pressed for a date, McMorris Rodgers acknowledged that the opening remains a "goal."

"It's not an issue of funding. It's more an issue of recruiting the doctors enough to staff it," she said. "They are having a challenge recruiting the doctors. So getting the doctors in place is going to be the key to being able to open the 24-hour urgent care."

Promises of updated care at Mann-Grandstaff with very little to show for it has been a campaign issue for her Democratic challenger, Lisa Brown. In an interview earlier this week, Brown

criticized McMorris Rodgers for promises of around-the-clock emergency care that haven't produced.

"It's not about what you say. It's about how you accomplish it," Brown said.

As for Wilkie, he also visited the VA facility in Walla Walla, which he also said figures into the national plan to update services for veterans.

"The other part is taking a facility like Walla Walla and making that facility stronger so it can be a template for how we deliver health care to veterans in rural areas, veterans who drive hundreds of miles," he said. "Washington has all those components that come together to make this the testing ground for the 21st-century VA. That's why I wanted to come."

He said even in 2018, many officials from the South or East do not understand the scale of the American West.

"You can see it here in Washington state. Some places out west, veterans and their families have to travel 700 or 800 miles round trip just to get to a VA center," he said. "With our transformation, we will give you the opportunity to choose the care that is close to your home, the care that makes you and your family most comfortable."

Wilkie ended his speech by repeating Eisenhower's promise to those veterans some 65 years ago.

"We will do our best to make sure that the government of the United States never lets you down because you have never let us down," he said.

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1.7 - Union-Bulletin: [Top Veterans Affairs official notes value of Walla Walla medical center](#) (17 October, Forrest Holt, 21k uvm; Walla Walla, WA)

Boasting new facilities, services and a recent improvement in its overall rating, Walla Walla's VA medical center is a key figure in the future of veterans health care, said the country's top Veterans Affairs official after touring the facility Tuesday.

Secretary of Veterans Affairs Robert Wilkie stopped by the Jonathan M. Wainwright Memorial VA Medical Center as part of a tour of facilities in the Northwest.

Following a smooth Senate confirmation and about two months on the job, Wilkie said the stories of turmoil at the VA have not reflected his experience so far. He said he has been astounded at the dedication of employees and is looking forward to new electronic records, telehealth programs and partnerships with the Department of Defense.

Wilkie said Washington state, with its significant military presence, universities and tech industries, can be thought of as a proving ground for things the VA is planning to focus on in the coming years.

“Washington state really is how we are going to put together the future, and I’m not saying that simply because I’m sitting here,” Wilkie said. “If we can’t get things right here in Washington state, it is going to be problems for other parts of the country.”

He said everything in Washington exists in microcosm, and Walla Walla represents where the VA is headed in terms of providing care for veterans living in rural areas.

Veterans Affairs is spending between \$10 billion and \$16 billion in a partnership with the Department of Defense — which is led by Pullman-native Gen. Jim Mattis — to create an electronic health record system to give both departments a complete picture of a veteran’s health, starting when they first begin their service. How that program plays out in Washington will serve as a template when they are ready to roll it out nationwide, Wilkie said.

The system can give health care providers “signs in a patient’s progress that could alert us to opioid problems, alert us to mental health issues and allow for an intervention when the red flags appear,” Wilkie said. “It will revolutionize the way we do things.”

Serving patients hundreds of miles away and being just as far from surgery centers in major cities, Walla Walla’s VA medical center shows how one campus can reach across enormous distances in rural America, he said.

“In order to serve that population, we have to make these facilities more robust, but we have to be innovative too,” Wilkie said, “and that’s why what they’re doing here with telehealth is so important.”

The Walla Walla VA medical center has been offering telehealth services for a bit over a year now. Through telehealth programs, patients can use their smartphone or computer to essentially attend an appointment from home. Among replacing other in-person appointments, it could be a general checkup, steps toward a diagnosis or mental health counseling.

“The ability of that veteran to sit in a room and not worry about the pressures of an institution and talk to that health care professional is revolutionary,” Wilkie said.

The VA will also ramp up its efforts to connect with patients in rural areas, where they are less likely to have access to high-speed internet, he said.

Apart from tech-driven initiatives, Wilkie said the VA still must reckon with staff shortages. The Department of Veterans Affairs is facing around 45,000 vacancies nationwide, and medical center acting director Keith Allen has said Walla Walla has a 28-percent vacancy rate among its 600 employees.

At Wilkie’s confirmation hearing, he said a “blunderbuss approach to filling vacancies” would not get the best results, but more flexibility was needed.

“For rural America, what I want to see is the VA, if it applies here, be more aggressive in offering nurses, mental health professionals, doctors more help with loan relief in exchange for serving America’s veterans,” Wilkie said.

He said a program akin to ROTC, which helps pay for school in exchange for military service, could attract more employees. He also said the VA and the Department of Defense must make

clear to active duty doctors and nurses that they can find work at a VA medical center when they return home.

While financial incentives could help, Wilkie said there is another factor that will always attract potential VA health care employees.

“Just pure desire to serve people in uniform,” he said. “It’s a special calling.”

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2. Greater Choice for Veterans

2.1 - SNJ Today (Video): [Veterans to Receive Increased Access to Care in South Jersey](#) (17 October, 16k uvm; Millville, NJ)

More long-term care options for veterans are coming to South Jersey.

Officials with the Department of Veterans Affairs and the Wilmington VA Medical Center announced that they have awarded a nursing home contract to Golden Rehabilitation and Nursing Center in Salem to expand available options for long-term care to better meet the needs of veterans.

Thanks to the new contract, eligible veterans in South Jersey will have increased access to care, including sub-acute rehabilitation, respite care, end-of-life care, and long-term nursing home care.

If you are a veteran interested in VA services, please contact a member of the Wilmington VA Medical Center outreach team at 302-304-5509.

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3. Modernize Our System

3.1 - The Sun News: [A new Veterans Affairs office is one step closer to coming to Myrtle Beach](#) (17 October, Megan Tomasic, 32k uvm; Myrtle Beach, SC)

A Veterans Affairs office is heading to Myrtle Beach, located at the intersection of Howard Avenue and Airpark Drive.

Earlier this month, the Ralph H. Johnson VA Medical Center was granted leases in Myrtle Beach and Charleston, allowing a consolidated facility for outpatient care in Myrtle Beach, a release from Tonya Lobbstaël, spokesperson for the Ralph H. Johnson VAMC.

With 84,000-square-feet at the Myrtle Beach location, services including primary care, mental health, physical therapy, prosthetics, blood collection, CT, ultrasounds and more. There is also space to add MRI, the release states.

The space will also feature a women's clinic. Construction is scheduled to begin in 2019, located off of Farrow Parkway near The Market Common and Myrtle Beach International Airport.

In July 2016, the VA's headquarters in Washington, D.C. said they are close to soliciting bids for the project. At the time, a contractor was expected to be picked between April and June 2017.

The medical system currently operates two outpatient locations in the city: one at 3381 Phillis Blvd., and another a few blocks away at 1101 Johnson Ave.

The development will be one of the first businesses to build in the International Technology and Aerospace Park off Farrow Parkway. The land has sat mostly vacant since roads and other infrastructure were completed in 2012.

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3.2 - The Conway Daily Sun: [Open house at VA clinic in Conway on Oct. 23](#) (17 October, 23k uvw; North Conway, NH)

The Manchester Veteran's Affairs Medical Center will hold an open house on Tuesday, Oct. 23, from noon-3 p.m., at its Conway Community Based Outpatient Clinic located at 71 Hobbs St. in Conway Village.

All are welcome to visit the clinic during the open house, where you can meet new staff in social work, mental health, nursing and peer support services, and learn about the expanded facility.

Known as a CBOC, the clinic has doubled its size and offers clinic-based video telehealth.

Subject matter experts are expected to be on-hand from services across the medical center and the Veterans Benefits Administration.

Veterans interested in enrolling should bring their DD-214.

People are also invited to help the Manchester VA Medical Center keep veterans warm this winter season with a generous donation of new winter coats, gloves, hats, socks and scarves.

For those donating new coats, large, extra-large and XX-large sizes are most needed.

You can drop off the clothing at the volunteer services office of the VA Medical Center in Manchester (Room 103 on the first floor), between 8:30 a.m.-4 p.m., Monday-Friday, Oct. 22-Nov. 30.

Not able to donate new cold weather gear? You can still help by contributing to the Emergency Food Pantry for Veterans in Crisis. The program has been used by veterans who truly don't know what their next meal will be.

For more information, call the Voluntary Service Office at (603) 624-4366, Ext. 6422 or email debra.krinsky2@va.gov.

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3.3 - Fremont Tribune: [New state-of-the art VA clinic is an important victory](#) (17 October, Jeff Fortenberry (R-Neb.), 19k uvm; Fremont, NE)

From the interstate highway system to the Erie Canal, the transcontinental railroad to the Hoover Dam, infrastructure projects have transformed our nation, lifted our spirits, and caused the world to marvel at the incredible ingenuity of America. As your representative, it is my duty to ensure that the guardrails of community, prosperity, health, and security are maintained. Robust, reliable, innovative, cost-effective, and often aesthetically breathtaking infrastructure plays a critical role in achieving these ends.

Our government recently initiated some necessary infrastructure projects that directly affect Nebraska. After a long process, including intense interactions with various heads of the U.S. Department of Veterans Affairs (VA) across several administrations, I'm happy to report that Lincoln's historic VA campus has been chosen as the location for a new state-of-the art VA clinic. This is an important victory for the economic regeneration of a unique historic property. It arrives subsequent to a similarly successful public-private partnership to expand, improve, and innovate at the Omaha VA Medical Center. Nebraska continues to lead the nation with creative public-private partnerships to assist our veterans.

As a critical part of our national defense infrastructure, the Air Force's 55th Wing conducts surveillance, intelligence, reconnaissance, and United States Strategic Command cyber missions from the Offutt Air Force Base in Bellevue. Among its several dozen airplanes is the OC-135B, which fly in critical support of the Open Skies Treaty, a 34-member global agreement that enables unarmed observation of signatory compliance with international nuclear arms agreements, particularly that of the Russian Federation. To ensure continued successful oversight of treaty compliance, I recently joined with members of the Nebraska Congressional delegation to secure funding for the OC-135B Aircraft Replacement Program as part of the 2019 Defense Appropriations Act. One plane is funded for 2019; another will be funded in 2020. The replacement of these aircraft is vital to our national defense strategy. Their advanced age and maintenance issues had impacted the Air Force's ability to fully execute the mission of the Open Skies Treaty—one of the last remaining functional arms control regimes between the U.S. and the Russian Federation.

On the heels of a new headquarters for United States Strategic Command at Offutt Air Force Base, work is also underway to repair the Offutt runway. As part of this effort, the Lincoln Airport will soon begin infrastructure improvements to pave the way for intelligence-gathering aircraft from the Air Force's 55th Wing while the Offutt runway is rebuilt. Along with other improvements, the Lincoln Airport's maintenance hangar will be expanded to accommodate the larger military aircraft. Once the Offutt runway project is completed in December, 2020, the improved facilities will be returned to the Lincoln Airport for its ongoing use.

Other recent infrastructure accomplishments concern civilian aviation. Late last week, the President signed into law the Federal Aviation Administration (FAA) Reauthorization Act, which the House passed late last month. The bill authorized funding for the FAA for five years and makes several changes designed to help airline passengers. This is a big bill, but even small things can matter in it. The community of Columbus brought to my attention a particularly local problem. And we offered an amendment that allowed the Columbus Airport to use their fair share of federal funding to fix something that seems silly: Snow removal equipment bought with local funds could not be housed in federal financed facilities. Now the Columbus Airport has access to funding for a new, much larger storage facility.

One of the more colorful characters in our nation, Elon Musk, who sort of runs Tesla I guess, and has all kinds of other Iron Man visions for the world, spends a lot of sleepless nights dreaming about the future of infrastructure. In the meantime, as Mr. Musk figures out a way to get us to the moon, let's make sure the everyday stuff works well on earth.

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3.4 - KCAU (ABC-9, Video): [New Sioux City VA Clinic nears completion in Dakota Dunes](#) (17 October, 2k uvd; Sioux City, IA)

DAKOTA DUNES, S.D. - A major construction project impacting Siouxland veterans is nearly complete.

After more than five years of planning and construction, a new Sioux City Veterans Administration Clinic will open later this month in Dakota Dunes. The 25,000 square foot outpatient clinic will replace the current facility in Indian Hills.

Along with primary care and mental health services currently being offered, the new clinic is adding an on-site pharmacist, dietitian and audiology lab.

"I forget the exact number but there are still quite a few veterans who are not being seen at the VA. This should draw some people from Yankton, and other parts of the area as well and it will unload some of that traffic from Sioux Falls as well, said Dr. Ray Mangulabnan.

An open house is set for November 16th at the clinic located at 365 West Anchor Drive in Dakota Dunes.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTLV (NBC-12, Video): [Disabled veteran says VA delaying his dental work](#) (17 October, Crystal Bailey, 186k uvm; Jacksonville, FL)

A disabled Navy veteran says for the last six months, he's had a hole in his mouth that needs to be filled, but he's still waiting on the paperwork from the Veteran Affairs.

John Prevette said it started with a tooth he chipped back in 2017. After a few cosmetic procedures, the Jacksonville VA Outpatient Clinic referred Prevette to a dentist who could extract his tooth and put in an implant. Six months later, he's waiting on an implant to be put in.

Prevette said he's in a lot of pain and is barely able to eat hard foods. Our On Your Side team tried to find him some answers regarding the delay.

"It's just been an ongoing troublesome thing, and I know that I'm not the only one," he said, frustrated. "There was a promise, 'We will take care of you.'"

After 22 years of service in the Navy and a purple heart, he's a 100 percent disabled veteran who's eligible for dental benefits.

"I walked into the dentist's office, said I'm a veteran and I need a tooth extracted," Prevette recalled, "and before I could go any further she said, 'We haven't got any paperwork from you.'"

First Coast News called the VA and asked why there was a holdup, but they couldn't comment on his medical information because of HIPAA. "I was told the paperwork was in," Prevette said.

Prevette said he was told he needed an implant six months ago, but ever since, he's been waiting for the procedure.

He said he's worried the hole could cause more trouble for him. "Without having it totally covered, you run the risk of an infection," he said.

First Coast News is still working to find answers for Prevette, but the VA's Public Affairs Officer said they're looking into the issue and will find out if they can expedite the service he's eligible for.

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5.2 - WFXR (FOX-27, Video): [The Salem VA helps veterans understand how to take medication and supplements](#) (17 October, Casey Wright, 13k uvm; Roanoke, VA)

Four-minute video: Understanding how medications and supplements interact with the body can be confusing, and the Salem VA medical center has resources to help.

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5.3 - WXPB (NPR-91.7, Audio): [VA Offering Free Flu Shots For Area Veterans](#) (17 October, Ken Krall, 3k uvm; Rhinelander, WI)

Flu shots are being offered to Northwoods veterans by the Oscar G. Johnson VA Medical Center in Iron Mountain.

VA spokesperson Brad Nelson says flu shots are available to all veterans enrolled right now. He says they can get a flu shot during any regularly scheduled appointment.

But he says they are scheduling clinics at VA facilities... "

....They are free walk-in clinics. In your listening area we have a clinic at Rhinelander VA Clinic and that's each Friday from Oct. 26-Nov. 23 from 1:00 p.m. to 3:30 p.m. each day. In Ironwood, we're going to have flu shot clinics on Monday, October 29 and Friday Nov. 6 from 8:30 a.m. to 3:30 p.m. Central time..."

Nelson says there are two misconceptions about the flu shots...

"...We do often hear about people getting the flu shot and getting the flu. That is a myth. Flu shots contain either inactivated flu viruses or no viruses at all. Another misconception is the flu shot prevents the stomach flu. Often we say, 'well, I got the flu anyway it was the stomach flu'. It really wasn't the flu and that's not what the flu shot is for....."

More information is at the Oscar G. Johnson VA Medical Center or online at their website.

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5.4 - Christian County Headliner News: [Federal court hears case of Nixa veteran who worked "Broken Arrow" cleanup in 1966](#) (17 October, Rance Burger and Sydni Moore, 3k uvm; Ozark, MO)

A federal appeals court heard arguments in the case of U.S. veterans who claim they were denied disability benefits after falling ill to radiation exposure. An 81-year-old Nixa man is a key player in the case.

Yale Law School students with the Veterans Legal Services Clinic in Connecticut represent Victor Skaar, a retired U.S. Air Force chief master sergeant. Skaar filed a request with the U.S. Court of Appeals for Veterans Claims in Washington, challenging the U.S. Department of Veterans Affairs' refusal to provide disability compensation to veterans exposed to ionizing radiation.

"The message is not about this veteran," Skaar recently told the Headliner News, pointing to himself. "The message is why were 600, 700, 800—up to 1,600 veterans—totally ignored by the VA?"

The court will decide whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

Cleaning up chaos

Radioactive plutonium was released near Palomares, Spain, in January 1966, after a U.S. B-52 bomber and a refueling aircraft collided and crashed. Four hydrogen bombs accidentally crashed to the ground, but did not explode or detonate.

Skaar was one of an estimated 1,600 American servicemen sent in to clean up the aftermath of the accident in Spain, and the radiative remains of the bombs. The job lasted 10 days, Skaar said, in which 5,400 steel barrels of harmful dirt and rock were collected.

The legal complaint explains Skaar's involvement. Skarr, 29 at the time, was a medical disaster control technician in the Air Force. He was part of a team that collected urine samples from the airmen working at the site of the incident.

"He recalls that it was impossible to follow proper laboratory protocols in the team's haste to respond to the disaster in difficult field conditions," the complaint reads.

Skaar's responsibilities also included using measuring radioactivity with an instrument called a PAC-1 on site of the cleanup.

"This instrument was the highest technology that the United States had to offer to detect radiation," Skaar said.

The instrument had its issues, however, Skaar said. Designed to detect radiation over flat surfaces like paved asphalt, the (blank) faced accuracy difficulties over Spain's rugged terrain. Still, it gave Skaar and the rest of the crew the best idea of the level of radiation surrounding them.

"This peaked out, pegged if you will, at one million counts per minute," Skaar said. "There were rocks that would measure—that had been irradiated—punctured with enough energy to be radioactive themselves. It was scary."

The men's protection was scary, too. Skaar shared several photos with the Headliner depicting men in white coveralls and surgeon's masks. Only a handful of the crew, he added, were privileged with respiratory masks.

"We did everything we could, given the circumstances, to protect public health, but the statement has been made, and I can't dispute that, that they were not given adequate—we were not provided adequate treatment to provide 100 percent protection," Skaar said.

Further, the men also did not have time to educate themselves regarding radiation's dangers.

"Sure, they were concerned, but we had to do what we had to do," Skaar said. "It was, 'Just watch your hands and make sure you're trying to not breath that stuff.'"

Detrimental risks

Over 50 years later, Skaar believes many of his health complications, and possibly other veterans', are due to the radiation exposure during the cleanup.

"Mr. Skaar has battled leukopenia, skin cancer, and prostate cancer since Palomares," the complaint states.

But while the U.S. Department of Veterans Affairs recognizes certain cancers being links to radiogenic conditions, it does not recognize the cleanup operations at Palomares as a "radiation-risk activity," thereby stopping veterans from demonstrating the link between diseases and the Palomares cleanup.

"No one's listening to us about it and taking our word for what happened," Skaar said in a 2017 interview with the Headliner about the veterans who worked the Palomares site. "There's no question about the fact we were there and no question about the fact we were exposed."

In 1997, the doctors at the Cancer Institute diagnosed Skaar with leukopenia, which is a low white blood cell count.

The doctor "said it was caused by exposure to radiation," Skaar said. "But the VA would not accept that."

Waiting period

For now, Skaar and the rest of the veterans he's fighting for are stuck in a waiting period following a Sept. 25 hearing before the U.S. Court of Appeals of Veterans Claims.

Skaar further addressed the case, which he hopes will see additional action in the next three to four months. He knows it can go one of two ways.

"Hopefully, it won't be remanded, because I already told my attorneys I'm not interested in going back to the VA system. The second thing is they may adjudicate, and that's what we hope," Skaar said. "I suspect that my particular claim, which brought us to that level, will be denied because of my age. ... That's okay with me, because I'm not into this thing for any kind of compensation, but I want out of this and what they want to focus on is this class action, and that's why the court is really asking the VA ... why won't you accept this small group of veterans?"

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WDAF (FOX-4, Video): [Staff, patients hoping Carol Burnett will visit Kansas City VA to share inspiring message](#) (17 October, Melissa Stern, 274k uvm; Kansas City, MO)

The mental health team at the Kansas City Veteran's Affairs Medical Center is hoping a special celebrity will visit while she's in town next month.

"Only I can change my life. No one can do it for me."

That quote from actress Carol Burnett greets patients in the entrance to the substance abuse and rehabilitation clinic.

"People can provide you help and support all day long, but unless you do something for yourself — somebody can hand you everything in the world, but unless you take that opportunity, nothing else is going to happen," veteran Heather Cafferty said.

Veterans like Cafferty said it's comforting to see the quote on the wall of the clinic as soon as you walk in.

"It's extremely inspiring, and it gives you that opportunity, that self-worth that sometimes you lose, especially veterans, because once you get out of the service, it's kind of losing that purpose, that camaraderie. So it kind of brings back into perspective that only you are in control of your life," Cafferty added.

It's something they see every single day while they're here.

“Our veterans are very inspired by the quote. When they walk in our doors, it’s the first thing they see,” said Casaundra Harbaugh, the staff psychologist at the Kansas City VA.

Burnett, the person behind the inspiring quote, is coming to Kansas City on Nov. 6, and the staff and patients are hoping she’ll make an appearance.

“Having her come here and give the veterans some humor and giving her insight — she’s been a lot of places and seen a lot of things, so it’s always a good boost in morale for everybody,” Cafferty said. “Just to better myself. Twenty-two veterans a day commit suicide, and not taking care of mental health and not taking care of yourself is one of the big things and this program really provides that.”

“Knowing that is the perspective our staff takes, that they are in control of their lives, they are the ones that can make this change, I think that empowers them,” Harbaugh said.

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7.2 - WDVM (TV-25, Video): [Veterans career fair draws hundreds to Berkeley County](#) (17 October, Thao Ta, 52k uvm; Hagerstown, MD)

MARTINSBURG, W.Va. - The Martinsburg VA Medical Center hosted a job fair just for veterans on Wednesday in Berkeley County.

More than 60 businesses were there looking to fill job openings. This includes individuals from the medical field, manufacturing and even the trucking industry.

Navy Veteran Darius Hogan has been employed with Proctor & Gamble for less than a month. He came back to help out veterans on the job hunt.

"Being here right now is a good opportunity for the veterans that are here to see somebody that they saw in the program here actually integrated into the community and bring back with them, you know, an opportunity for them to be employed," Hogan said.

If you know of a veteran who is looking for work or if you are one, you can contact the Community Employment Coordinator Anna Stead at (304) 263-0811 ext. 1916.

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7.3 - Killeen Daily Herald: [Give Thanks Celebration brings PTSD supporters to Carl Levin Park](#) (17 October, Patricia Streeter, 45k uvm; Killeen, TX)

HARKER HEIGHTS — Killeen-Harker Heights Vet Center honored female veterans and veterans of the Persian Gulf War with a fall festival at Carl Levin Park on Friday. It was the center’s first “Give Thanks Celebration.”

Friday morning, center staff — alongside the Temple and Waco Veterans Affairs engineer department — unloaded and set up shaded seating areas at 7:30. Volunteers grilled food sponsored by nine rotary clubs. Bush’s Chicken set up their sweet and ice tea station near the dessert table.

By 11:45, most veteran outreach agencies were ready to discuss their services with attendees.

Since the festival started at noon, some veterans arrived early for information and freebies from local organizations. Others waited under the tents near the pavilion.

Five organizations sent outreach coordinators to the event because of the Vet Center's work in the community.

"We think it's awesome, because it supports veterans. We are all veterans. As a veteran, your supposed to give back. You are not supposed to leave anyone one behind," said Delta Phi Chi member Michelle Cunningham.

Delta Phi Chi is a military sorority that welcomes active, reserve and veteran women. Their nonprofit organization raises funds for PTSD. Currently, they are in the planning phase of their second 5K for PTSD Awareness. The fall festival was its first Vet Center event. Bring Everyone in the Zone is another agency that focuses on PTSD. Outreach coordinators provide services at multiple events across Central Texas.

"We support all organizations that have something going on. Our organization is spread out between three events today," said outreach coordinator Bill Barker.

Bring Everyone in the Zone had a variety of freebies as well as a raffle. The organization provides free peer to peer support for veterans with PTSD. Trained volunteers were on-site for counseling. Interested participants paid \$2 per ticket or \$10 for six chances to win a bow and stand.

At noon, Vet Center staff and sponsors welcomed attendees to the festival. After opening prayer and the national anthem, attendees lined up for food and beverages.

Veterans and their families steadily arrived for food and fellowship for the four-hour events. All food was served in to-go containers. Attendees were not required to stay and eat.

Vet Center plans to make "Give Thanks Celebration" an annual event.

"We will be here every year — there is a need for it in Killeen," said Cunningham.

For more information on the Killeen-Harker Heights Vet Center, contact Lori Spencer at 254-953-7100 or email lori.spencer@va.gov.

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7.4 - The Daily Cougar: [Veteran students suffer as VA falls more than a month behind in payments](#) (17 October, Michael Slaten, 12k uvm; Houston, TX)

A change this year in how the U.S. Department of Veterans Affairs processes payments to college students who are entitled to the Forever GI Bill benefits has caused delays for those expecting their stipends.

Monthly housing stipends and tuition assistance funds are among those being disbursed late. This has forced veterans to spend their own money or take on debt to pay their educational expenses in the meantime, even though they are legally entitled to those benefits. There has been little communication from the VA.

“We are kind of left playing the waiting game,” said architecture junior Kyle Scallan, a 32-year-old Navy veteran.

Scallan said he has received some of his housing payments but has not received his tuition assistance from the VA, requiring him to take out an emergency deferment loan that’s building up interest while he waits.

Program Director of UH Veteran Services Celina Dugas explained how the VA’s calculations for housing stipends changed this year. Before, it was based on the ZIP code where the student’s university is located. Now, it is based on where they are taking most of their classes physically.

For example, before the change a UH student would receive their housing allowance based on the UH main campus ZIP code, even if they took classes at Sugar Land. Now it would be calculated based on UH Sugar Land’s ZIP code.

The VA has to update ZIP codes for more than 950,000 veteran students for a total of \$13.7 billion in aid, causing the delays, Dugas said.

Dugas spoke with a VA official last weekend, and he said workers have mandatory overtime to complete the transition.

For Scallan, this delay means working as much as he can — in addition to his time-intensive architecture major — to have money saved up.

“I’ve got financial aid,” Scallan said. “I can’t imagine the VA students that have an emergency deferment loan. They got no safety net like a loan or scholarship to help them out.”

On the University side, how UH verifies students who should receive GI Bill aid changed from a one- step process to a two-step, Dugas said.

Before, tuition, housing and a book stipend were all paid out at the beginning of a semester after a student filled out the right paperwork, Dugas said. They would be verified by the University and payments would be processed.

Now, housing and book stipends are processed at the start of the semester like before, but tuition isn’t processed until after the Official Reporting Day, the last day to drop a class. Then students are verified for tuition assistance.

Dugas said the VA recommends processing payments with two steps because if a students adds or drops a course after the semester starts, they could have a balance or a debt to pay back to the VA.

Every veteran student at UH has been verified, Dugas said. It’s now just about waiting for the VA to hand out those payments.

Scallan said he has had a hard time reaching the VA for answers during this time, because the numbers he used to call are no longer available.

Only a handful of students who need assistance have come into the UH Veteran Services office asking for financial assistance, Dugas said. The office connects students with resources to help veterans.

"Veterans are interesting," Dugas said. "They don't often like having to ask for help."

Robert M. Worley, director of Education Service with the VA, sent a letter out to students Oct. 10 and said they are 35 days behind on processing first-time applicants and 25 for re-enrollments.

"I shouldn't have to be counting my blessings," Scallan said. "I've earned these benefits."

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8. Other

8.1 - U.S. News & World Report (AP): [Sen. Joe Manchin Extols Bipartisan Work in Op-Ed Pieces](#) (17 October, John Raby, 14M uvm; Washington, DC)

CHARLESTON, W.Va. — U.S. Sen. Joe Manchin of West Virginia, facing a tough re-election in three weeks in a state President Trump won by 42 percentage points in 2016, has co-written a series of op-ed pieces with Republican senators in an effort to demonstrate his bipartisan chops.

The West Virginia Democrat's views have appeared from time to time in newspapers, particularly in his home state, but perhaps not in as rapid fashion as this.

The five opinion pieces appeared in West Virginia newspapers over the past week and focus on the Affordable Care Act along with energy and national security, veterans' issues and the opioid epidemic. Manchin co-wrote them with Republican Sens. Susan Collins of Maine, Lisa Murkowski and Dan Sullivan of Alaska, Johnny Isakson of Georgia and Marco Rubio of Florida.

"West Virginians elected me to put their interests above politics and they know I have always done that," Manchin said in a statement. "Part of that is working with my colleagues on both sides of the aisle to find areas we agree.

"We've worked together to make sure coal is part of our all-of-the-above energy portfolio, legislation to end the opioid epidemic, repair our broken healthcare system, provide for our veterans and fully fund our military. These are not Democratic or Republican issues, they're American issues and my colleagues recognize this."

Manchin is running against Republican state Attorney General Patrick Morrisey on Nov. 6.

In a statement Wednesday, Morrisey campaign spokesman Nathan Brand called Manchin "a dishonest Washington liberal who only acts bipartisan around election day ..."

Murkowski is the Republican chair of the Senate Energy and Natural Resources Committee, of which Manchin is a member. Their op-ed piece notes "we have found many ways we can work in a bipartisan manner to improve our nation's energy policy."

In the piece on attempts to make changes to the Affordable Care Act, Collins and Manchin wrote that "we must stop allowing partisanship to be the pre-existing condition that prevents meaningful health care reform."

An op-ed also points out the work of the Senate Committee on Veterans' Affairs, which is chaired by Isakson and Manchin is a member. "There are no Republican soldiers or Democratic soldiers on the battlefield — only American soldiers," the piece reads.

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8.2 - U.S. News & World Report: [Osteoporosis in Men: Undertreated and Overlooked](#) (17 October, Stacey Colino, 14M uvm; Washington, DC)

OSTEOPOROSIS IS generally viewed as a woman's disease, but men get it, too. While this fragile bone disease is indeed more common in women, there is increasing recognition that it strikes men more frequently than previously believed. Whereas 1 in 2 women will break a bone during their lifetime due to osteoporosis, according to the National Osteoporosis Foundation, 1 in 4 men will have an osteoporosis-related broken bone. In a study in a 2018 issue of the Indian Journal of Endocrinology and Metabolism, researchers screened bone mass in 200 men visiting an endocrine outpatient department at a hospital and found that 40 percent of those over age 55 had low bone mass and 9 percent had osteoporosis.

Even more worrisome: "In a single year, men over 75 have a greater chance of having an osteoporotic fracture than a heart attack," says Dr. Robert A. Adler, chief of endocrinology at the McGuire Veterans Affairs Medical Center in Richmond, Virginia, and a professor of internal medicine at Virginia Commonwealth University. This is particularly alarming because osteoporosis is often silent until a fracture occurs (most commonly in the spine, the hip, the wrist or forearm), at which point there can be serious consequences, especially for men. Indeed, men typically have a worse prognosis for recovery after a fracture. "After a hip fracture, older women have a 15 to 20 percent mortality rate in the next year; by contrast, older men have a 33 percent mortality rate in the year after a hip fracture," Adler notes.

And yet, osteoporosis is frequently overlooked as even a possibility in men. In a 2017 study, researchers assessed knowledge about osteoporosis among men, ages 36 to 55, and found that on average the men received failing scores on their total knowledge about the disease, their perceived susceptibility and their beliefs about the seriousness of the condition. This may be partly due to the fact that "men are born with greater bone mass, and men do not have a menopause that gives them a large bone loss in the five years following the onset of menopause," explains Dr. Robert R. Recker, professor of medicine and director of the Osteoporosis Research Center at the Creighton University School of Medicine in Omaha, Nebraska.

But health professionals aren't as attentive as they could or should be to the disease in men, either, experts say. "If a woman goes to the ER with a hip fracture, 49 percent of the time she will have some sort of follow-up with a doctor," says Dr. Laura Ryan, an associate clinical professor of internal medicine and director of the endocrine, diabetes and metabolism

department at Ohio State University in Columbus, Ohio. By contrast, "men's likelihood of getting any sort of follow-up – to discuss the [possibility] of having osteoporosis, the need for bone density testing or medications – is less than 5 percent."

Missing the Diagnosis

Most studies on osteoporosis have focused on the development, diagnosis and treatment of the bone disease in women. And screening for the disease in men is woefully inadequate, experts say. In fact, no standard screening guidelines exist. As a result, "men are less likely to have their bone mineral density measured," Adler says, and "getting Medicare reimbursement for bone density screening is more difficult for men."

The major risk factors for osteoporosis are the same for women and men: older age, a family history of the disease, long-term use of corticosteroids and certain chronic diseases, such as rheumatoid arthritis and chronic obstructive pulmonary disorder. In addition, lifestyle factors, such as inadequate physical activity, insufficient vitamin D and calcium intake, smoking and high alcohol consumption, can increase the risk, says Dr. Smita Nayak, a physician and senior research scientist at Berkeley Madonna, Inc. in Berkeley, California.

"Unique risk factors for men include low testosterone levels and use of androgen deprivation therapy for prostate cancer," Nayak notes. A 2015 study from Turkey found men with erectile dysfunction have lower bone mineral density, and as a result they are at greater risk for osteoporosis. Low testosterone levels are associated with decreased libido and erectile dysfunction, Ryan says, as well as decreased muscle mass and strength in men.

If you're a man with any of these conditions or risk factors, talk to your doctor about having your bone mineral density measured with DEXA, or dual-energy X-ray absorptiometry, which is the gold standard scan for measuring bone density in men and women. The same is true if you've lost some of your height, which can result from a compression fracture in the spine, or if you've broken a bone while falling from a standing level, Ryan says.

It's a mistake to count on being referred for screening automatically. In a 2016 study at a Veterans Affairs Medical Center in Cleveland, researchers investigated the osteoporosis screening rate among men over 50 who were considered at high risk because they had prolonged use of steroids, low testosterone levels or autoimmune diseases (like rheumatoid arthritis, inflammatory bowel disease or lupus): Only 11 percent of these high-risk men had been screened.

Tending to the Bones

Given this underscreening, it's not surprising that osteoporosis also is undertreated in men, though that's true in women, too, Recker says. "It's scandalous how poorly we're doing with osteoporosis – it's worse than with any other disease, maybe even more so with men."

That needs to change, experts say, and one of the best ways to make that happen is for men to discuss their bone health with their physicians. "At age 50 or so, get screened with densitometry, especially if you have a family history of osteoporosis," Recker says. Another way is to take preventive steps to protect your bone mineral density by getting adequate amounts of calcium (1,000-1,200 mg per day) and vitamin D (600 to 800 iu per day) and weight-bearing exercise (such as walking or lifting weights). Also, quit smoking and limit your alcohol consumption.

While osteoporosis medications have been more closely tested in women, commonly used medications (such as bisphosphonates and denosumab) are believed to be equally effective in men. "If a man has low testosterone, adding testosterone [through replacement therapy] improves bone density and reduces the risk of falls," Ryan says.

The first step, of course, is to identify osteoporosis in men, which isn't currently happening the way it should. As life expectancies continue to increase, the need to prevent, diagnose and treat osteoporosis in men will become even more paramount. "On average, men have fractures 10 years later in life than women do – men are now living long enough to have fracture risk," Adler says. Taking steps (literally and figuratively) to mitigate that risk can improve the quality of men's lives as well as their longevity.

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8.3 - The Wall Street Journal: [Army Veteran Wages War on Social-Media Disinformation](#) (17 October, Ben Kesling and Dustin Volz, 13.3M uvm; New York, NY)

Kris Goldsmith's campaign to get Facebook Inc. to close fake accounts targeting U.S. veterans started with a simple search.

He was seeking last year to gauge the popularity of the Facebook page for his employer, Vietnam Veterans of America. The first listing was an impostor account called "Vietnam Vets of America" that had stolen his group's logo and had more than twice as many followers.

Mr. Goldsmith, a 33-year-old Army veteran, sent Facebook what he thought was a straightforward request to take down the bogus page. At first, Facebook told him to try to work it out with the authors of the fake page, whom he was never able to track down. Then, after two months, Facebook deleted it.

The experience launched him on a hunt for other suspicious Facebook pages that target military personnel and veterans by using patriotic messages and fomenting political divisions. It has become a full-time job.

Working from offices, coffee shops, and his apartment, he has cataloged and flagged to Facebook about 100 questionable pages that have millions of followers. He sits for hours and clicks links, keeping extensive notes and compiling elaborate spreadsheets on how pages are interconnected, and tracing them back, when possible, to roots in Russia, Eastern Europe or the Middle East.

"The more I look, the more patterns I see," he said.

Facebook's response to his work has been tepid, he said. Company officials initially refused to talk with him, so he used a personal contact at Facebook to share his findings. Lately, the company has been more active.

Facebook didn't respond directly to a list of questions about Mr. Goldsmith's research, but a spokesman said the company had 14,000 people working on security and safety—double the amount last year—and a goal of expanding that team to 20,000 by next year.

In a statement, the spokesman said the company relied on “a combination of automated detection systems, as well as reports from the community, to help identify suspicious activity on the platform and ensure compliance with our policies.”

About two dozen of the pages Mr. Goldsmith flagged, with a combined following of some 20 million, have been deleted, often coinciding with Facebook’s purges of Russian- and Iranian-linked disinformation pages—including a separate crackdown by the company last week on domestic actors.

The most recent suspensions included the page “Vets Before Illegals,” with nearly 1.4 million followers, which Mr. Goldsmith’s research showed had five page administrators in the U.S. as well as three in the Philippines, and DcGazette, a page pushing conservative news that had attracted more than 400,000 followers.

Several of the pages Mr. Goldsmith has studied expressly catered to conservative audiences and frequently promoted divisive memes depicting President Trump favorably on issues involving veterans, illegal immigration and the National Football League. While posts didn’t specifically discuss congressional candidates seeking election in next month’s midterms, they often promoted Mr. Trump’s 2020 re-election bid while disparaging Hillary Clinton as a criminal who deserved jail time.

But, based on his own research, he says the company needs to do much more. “They have a responsibility” to deal with manipulative accounts, Mr. Goldsmith says. “What you see on Facebook is your reality.”

Mr. Goldsmith is part of a cottage industry of digital detectives investigating malfeasance on social media that extends beyond internet firms, journalists and academics to include ordinary citizens.

“They see me as a novice cybervigilante, and not someone with the reputation of a research university to back me up,” Mr. Goldsmith said of Facebook. “Which, to be fair, is exactly the case.”

What U.S. intelligence agencies say was a widespread effort by the Kremlin to influence the 2016 presidential elections—and renewed warnings about attempts to influence the midterms—have added urgency to their cause.

Facebook has vowed repeatedly to counter disinformation. Chief Executive Mark Zuckerberg has called the effort an arms race, and said the company is banking on artificial intelligence to better detect manipulation campaigns.

The inner workings of Facebook’s detection and takedown system remain opaque, making it hard to evaluate the effectiveness of its efforts—even for those like Mr. Goldsmith, who has made it a mission to track webs of connected pages.

Lee Foster, who manages the internet firm FireEye’s information operations intelligence analysis unit, a misinformation-tracking team, said his team of investigators often struggles to discern whether a Facebook page that appears fraudulent is a foreign-influence campaign, a financially motivated click farm, or something else.

Mr. Goldsmith's persistence and some help from congressional aides led to a phone call among him, Facebook and House Intelligence Committee staffers, and then a meeting at Facebook's office in Washington, D.C. Facebook has responded to some of his emails, but hasn't explained why some pages he has identified were removed while others remain or whether his research contributed to decisions to suspend certain pages.

The Facebook spokesman said veterans are among those who may be especially appealing targets to bad actors.

"Financially motivated scams, including romance scams, commonly rely on impersonating members of the public who are more likely to be considered trustworthy—including members of the military, veterans, and other professionals," the spokesman said. "As a result, organizations like Vietnam Veterans of America are more likely to be targets of impersonation than most people on Facebook. We recognize this and are working to combat impersonation in a variety of ways."

One of Mr. Goldsmith's top concerns is that bad actors are determined to try to exploit veteran and law-enforcement communities. Mr. Goldsmith served more than three years in the Army, including combat in Iraq.

Researchers have identified veterans as a particular target of disinformation campaigns. A study from the University of Oxford in October 2017 found accounts tied to the Kremlin were targeting veterans and active military personnel on Facebook and Twitter with divisive political propaganda, likely because of their status as "influential voters and community leaders."

To Mr. Goldsmith's dismay, he has noticed that even friends and colleagues follow some of the pages he most distrusts.

One was Maureen Elias, who works on outreach and advocacy at Vietnam Veterans of America and unwittingly followed and then shared content from a page Mr. Goldsmith has pegged as bogus. She said she had followed the page only after seeing her own acquaintances following it.

"It makes me sick to my stomach to think I've shared content from these sites that target veterans and don't have our country's best interests in mind," said Ms. Elias, a 41-year-old Army veteran who specialized in counterintelligence. "It makes me feel even more foolish because I fell for this crap. Of all people, I should know better."

In addition to Facebook, Mr. Goldsmith has contacted at least 10 congressional committees and several federal agencies requesting help to investigate social media use by foreign actors that target veterans. The overtures largely were met with silence, though Mr. Goldsmith said he did hear back from some congressional committee staffers.

Mr. Goldsmith also has begun to examine suspect Twitter accounts. A Twitter representative told Mr. Goldsmith this month it had removed one account he had tracked, due to inactivity.

The representative declined to share information with Mr. Goldsmith about the origin of the account, but Twitter said to Mr. Goldsmith that his findings were promising and the company was interested in learning more. Twitter declined to comment.

After his initial discovery of the fake Vietnam veterans account on Facebook in August 2017, Mr. Goldsmith began noticing other Facebook pages that had no original content, that appealed to

veterans, and that shared divisive memes, like one about African-Americans vandalizing veteran memorials. He logged examples of multiple pages sharing the same image and message—minutes apart.

Some accounts have changed their names over time, testing what approaches garnered the most “likes” and follows. One he identified was named “Support Police Officer.” It has more than 20,000 followers and posts American military and law-enforcement memes.

Using a Facebook feature that shows the history of a page’s names, Mr. Goldsmith found that the page began in 2015 as “Europe, Balkan—Military Power” before changing to “Police & Military” and then “Support Police” before settling on its current name.

Another page, called “Nam Vets,” links to a website whose domain is registered to a user in Plovdiv, Bulgaria, according to publicly available data.

Facebook in early September launched a new feature allowing users to see the country of origin for many, but not all, pages. Using this tool, Mr. Goldsmith found that of more than 100 suspicious, veteran-focused pages he had been following, over half had begun in a foreign country, and many in Vietnam, targeting Vietnam veterans.

“I’ve identified dozens of these pages, but it’s already too late,” Mr. Goldsmith said. “They’re not just targeting the midterm election, they’re targeting the electorate.”

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8.4 - The Hill: [Trump renews attacks against Tester over VA nominee on eve of Montana rally](#) (17 October, Brett Samuels, 11.4M uvm; Washington, DC)

President Trump on Wednesday revived his attacks on Sen. Jon Tester (D-Mont.), one day before the president is set to hold a rally for Tester's political opponent.

The president lambasted Tester over his handling of workplace misconduct allegations against White House doctor and Trump's one-time Secretary of Veterans' Affairs nominee, Adm. Ronny Jackson.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator John Tester looks to be in big trouble in the Great State of Montana!" Trump wrote in a tweet, misspelling Tester's first name.

He went on to compare Tester's actions to Democrats' behavior when Supreme Court Justice Brett Kavanaugh was accused of sexual assault, suggesting the Montana Democrat's actions were worse.

Trump's renewed criticism of Tester came on the eve of a campaign rally in Missoula, Mont., for Tester's Senate opponent, Matt Rosendale (R).

After Jackson was nominated to head the VA in April, Tester's office released allegations that the White House doctor fostered a hostile work environment, improperly dispensed prescription drugs and drank on the job. The claims were based on interviews with colleagues of Jackson's.

Jackson and the White House both denied the allegations, but the doctor ultimately withdrew his nomination.

While Trump launched a barrage of attacks on Tester in response, Sen. Johnny Isakson (R-Ga.), the top Republican on the Veterans' Affairs Committee, broke with Trump and his blistering criticism of Tester to come to the Democrat's defense, saying he did not have a problem with how the allegations were handled.

Tester is among the most vulnerable Democrats up for re-election next month, as Trump won Montana by more than 20 percentage points in the 2016 election.

The Cook Political Report, a nonpartisan election forecaster, rates the Montana Senate election as a "toss-up," and a RealClearPolitics average of polls in the race shows Tester with a 3-point lead.

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8.5 - The Washington Times: ['It's like Trump has put a bounty on Tester's head': Ronny Jackson looms over Montana Senate race](#) (17 October, David R. Sands, 3.6M uvm; Washington, DC)

A messy, partisan Senate confirmation fight may play the deciding role in Montana's too-close-to-call U.S. Senate race, but it may not be the fight that first comes to mind.

President Trump on Thursday will be making his third trip to the sparsely populated state, stumping in Missoula for the Republican challenger, State Auditor Matt Rosendale, or, to put it another way, stumping against two-term incumbent Democratic Sen. Jon Tester.

While both parties try to gauge the electoral fallout of the recent confirmation battle over Supreme Court Brett Kavanaugh, Mr. Trump's focus here is on an earlier battle — Mr. Tester's prominent role in torpedoing the nomination of Adm. Ronny Jackson, Mr. Trump's White House doctor, to run the Department of Veterans Affairs this spring.

Mr. Trump fumed repeatedly on Twitter over the 62-year-old Mr. Tester's tactics in the Jackson nomination fight, which included airing accusations of personal misconduct and excessive drinking and led Adm. Jackson to withdraw.

He repeated those charges on Twitter on Wednesday night and even compared Mr. Tester unfavorably to Justice Kavanaugh opponents.

"Ever since his vicious and totally false statements about Admiral Ron Jackson, the highly respected White House Doctor for Obama, Bush & me, Senator [Jon] Tester looks to be in big trouble in the Great State of Montana! He behaved worse than the Democrat Mob did with Justice K!," he wrote.

Even before Wednesday night's attack, Phil Drake, a longtime reporter for the Great Falls Tribune who is covering the race, noted the unusually personal tack Mr. Trump has taken.

"I don't know how it is in other states, but it clearly sounds personal when the president is out here," he said. "It's like President Trump has put a bounty on Sen. Tester's head."

With three electoral votes and barely a million residents, Montanans aren't used to the national attention, which on the Republican side has included stops by Vice President Mike Pence and first son Donald Trump Jr. this midterm campaign.

"Before President Trump started coming here, the last president I covered personally was Bush," Mr. Drake said, then clarifying: "George H.W. Bush."

Presidential pique aside, both Democrats and Republicans have some very practical reasons for the obsession with Montana.

Mr. Tester is one of 10 Democratic senators running this cycle in a state easily carried by Mr. Trump. A Republican pick-up in Montana would almost certainly kill any Democratic hopes of taking control of the chamber next month. Throw in a tight race for the state's only U.S. House seat in which freshman Republican Rep. Greg Gianforte is trying to hold off a well-funded Democratic challenger, former state Rep. Kathleen Williams, and the stakes in Montana grow even higher.

A third-generation Montanan with a folksy manner and a relatively moderate voting record, Mr. Tester was not thought to be among the more vulnerable Democratic incumbents this cycle. But the few polls taken to date give him only a slight lead over Mr. Rosendale, and no surveys have been taken since Mr. Tester joined fellow Democrats in voting against Justice Kavanaugh earlier this month.

Mr. Tester has far outraised his challenger, but more than \$45 million in out-of-state money on both sides has flooded into Montana, negating at least some of the incumbent's advantage and making for wall-to-wall political advertising in the state's very affordable media markets.

Mr. Trump appears so determined to put his imprimatur on the race that his campaign made the unusual decision to move Thursday night's rally to a smaller venue — a hangar near the Missoula International Airport — because organizers wanted to be able to park Air Force One directly behind the president as he spoke.

Both sides acknowledge Mr. Tester may be vulnerable, but that knocking him off will not be easy. Despite Mr. Trump's popularity, the state has a history of supporting moderate Democrats and boasts a union movement much stronger than in many other Western states.

His stump speech cites his work for veterans in the Senate, his support for gun rights, his deep roots in the state, his advocacy for Montana's extensive public lands, and his ability to work across the aisle.

Ironically, given the president's interest in the race, Mr. Tester may be the only Democrat on the ballot this cycle to run a full-page "Thank You Mr. President" ad in 14 state newspapers — to highlight what the ad said were 16 bills Mr. Trump signed on veterans, government waste and other topics that Mr. Tester sponsored or co-sponsored.

"One challenge for Tester is Montana's getting more polarized, just like the rest of the nation, and also becoming more Republican," Jeremy Johnson, a political analyst at Carroll College in Helena, told the Associated Press. "But it's also a Democratic year. I'm not sure if that will balance out or not."

Mr. Tester, the ranking Democrat on the Senate Veterans Affairs Committee, makes no apologies for his role in blocking Adm. Jackson's VA nomination, noting he voted for Mr. Trump's second choice to fill the post, current Secretary Robert Wilkie.

"I wouldn't do anything different from what I did before," he told the Great Falls Tribune recently. "Veterans are too important to me and I will fight for them every day."

Mr. Rosendale, a Maryland transplant who moved to the state a decade ago, sports the same close-cropped "flat-top" hairstyle as his Democratic rival, but insists the resemblance ends there. In addition to hewing close to Mr. Trump at his massive rallies, the 58-year-old Mr. Rosendale argues a vote for Mr. Tester is a vote for the national Democratic Party and its agenda, on issues ranging from gun control and the appointment of judges to health care.

"That's what happens when you spend too much time in the federal government," Mr. Rosendale argued at Saturday's final candidates' debate. Mr. Tester "has been there for 12 years and he thinks he can determine what is best for you and what is best for your family."

Strikingly, while GOP surrogates have flooded the state, Mr. Tester has largely fought on his own. One advocate he did draft to campaign for him was far outside the circle of House Minority Leader Nancy Pelosi and Senate counterpart Chuck Schumer — actor Jeff Bridges, the mellow, abiding "Dude" from the movie "The Big Lebowski."

Libertarian Party candidate Rick Breckenridge also went after Mr. Tester for forgetting his roots at Saturday's debate, noting, "I think Jon's starting to look more like Washington than he does Montana."

The third-party candidate may have an outsized impact on the final result: Mr. Tester won in both 2006 and 2012 without getting 50 percent of the vote statewide, with analysts saying the Libertarian vote cut into the GOP totals.

Mr. Drake, the reporter, says it's hard to say whether Mr. Trump's ability to excite his base at massive rallies will overcome Mr. Tester's edge as an incumbent, but says he can already declare one winner in the race.

"The local TV stations must be having a hard time figuring out what they'll do with all the money they're making from ads these days," he said. "I wish some of that would go to the newspapers too."

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8.6 - The Sun: [Stefanik claims of helping veterans are propaganda](#) (17 October, Thomas Campanile, 2k uvd; Elizabethtown, NY)

Being an honorably discharged, disabled veteran who is service-connected and who has found it extremely difficult to rely on the Veterans Affairs (VA) Health Care system for my health care needs, I am sure that there are many other veterans in New York's 21st Congressional District that have found it very difficult to receive their health care from the VA that we need and earned.

If veterans have turned to their federal elected representatives for help, they also know how disconnected our federal representatives are with their veteran constituents.

As a voter, I am concerned about the Nov. 6 election for New York's 21st Congressional seat presently filled by Rep. Elise Stefanik, who has been airing her TV propaganda advertisements by stating that she helps us veterans obtain our benefits.

That is the furthest thing from the truth.

I can state this because for the past two terms, she has failed to help me in my request for her help.

What she has told me is to file an appeal on the VA decisions about my health care.

Any veteran who has filed an appeal with the VA knows it can take up to 17 years to win an appeal. I will most likely be dead in 17 years, and that was how Stefanik addressed my VA health care needs.

I am asking my brother veterans and the residents in New York's 21st Congressional District to register and vote for someone other than Stefanik on Nov. 6 because we veterans need a person in Congress who will represent us without waver.

The other two candidates are Tedra Cobb (D) and Lynn S. Kahn (G).

Both have assured me that they will help their constituent veterans when elected, but please if you want to thank a veteran for his service, do it by not voting for Stefanik.

- Thomas Campanile, Broadalbin

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From: Eason, William J. (b) (6)

Cc: Ulyot, John (b) (6)

Bcc:
Subject: VA Comms Update - October 12, 2018
Date: Fri Oct 12 2018 13:55:01 CDT
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Tallman, Gary

Inquiries – New York Times is working on a story alleging that VA's SAIL hospital ranking system is flawed. We are providing the Times info, but expect the piece to be negative.

Top Stories

*Military.com: Hedge Fund Billionaire Plans 25 Mental Health Clinics for Veterans by 2020

*Stars and Stripes: Lawsuit filed against VA for withholding information about 'Mar-a-Lago Crowd'

*Dayton Daily News: From homeless veteran and addict to helping others at the Dayton VA

Top Issues and Accomplishments

*October 13 – Secretary Wilkie will join Senators Bob and Elizabeth Dole at the World War II Memorial to visit Honor Flight individuals.

*October 15 – 21 - Secretary Wilkie will travel to Washington State and Alaska for VA site visits with Congresswoman Cathy McMorris Rogers, Senator Dan Sullivan and Governor Bill Walker. Media engagements are being developed for Seattle, Spokane, Walla Walla and Alaska.

*October 30 – Secretary Wilkie will travel to New Orleans, LA for the Veterans Small Business Conference. Media engagements TBD.

*November 2 – Secretary Wilkie will travel to Mississippi to provide remarks to the Trent Lott Leadership Institute and meet with representatives from the University of Mississippi Medical Center and Jackson VAMC.

*November 9 – Secretary Wilkie will provide remarks at the National Press Club Headliner Luncheon as a lead up to Veterans Day 2018 to tell the American people about the goals for VA.

Jordan Eason

Deputy Press Secretary

U.S. Department of Veterans Affairs

(b) (6)

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To: Spero, Casin D. (b) (6)
Cc:
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Subject: [EXTERNAL] Google Alert - Veterans Affairs
Date: Wed Oct 10 2018 08:06:13 CDT
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Veterans Affairs
Daily update · October 10, 2018

NEWS

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ThinkProgress

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VA won't turn over documents related to outside businessmen's influence on department policy -

Military Times

VA Balks at Request for Documents Tied to Trump Pals' Influence - Newsmax

Full Coverage

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KGO-TV

Severe back pain, night sweats - he made urgent phone calls to his primary care doctor through the Department of Veterans Affairs. She prescribed ...

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(WSVN) - A former Veterans Affairs police officer and his brother are now admitting they took more than \$100,000 from the VA. It was money for ...

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DANVILLE — Suicide prevention is the No. 1 mental health priority for the Department of Veterans Affairs, including the Illiana Health Care System.

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Cerner reveals long list of US Veterans Affairs EHR modernisation partners

Healthcare IT News Au

Health IT giant Cerner has shared the list of 24 vendors that will support the US Department of Veterans Affairs' transition from its legacy VistA EHR, ...

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Feds looking at longer deadlines for answering veterans' requests for service

Ottawa Citizen

Veterans Affairs Canada says it wants to give veterans a more “realistic” idea of when they can expect to hear back when they request assistance, and ...

Ottawa looking at longer deadlines for answering veterans' requests for service - The Globe and Mail

Liberals could extend deadlines for responding to veterans seeking benefits - Globalnews.ca

Full Coverage

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New Stephanie Murphy ad focuses on veteran's family

Orlando Sentinel

The new ad, “Sarah,” features Sarah Barton, “whose family Murphy helped cut through the red tape at the Department of Veterans Affairs to get ...

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Fall River Herald News

SALEM, Ore. — Fall River native Kelly Fitzpatrick has been recently appointed as the director of the Oregon Department of Veterans' Affairs, effective ...

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Waterloo Cedar Falls Courier

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Wilkes Journal Patriot

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(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 9 October Veterans Affairs Media Summary and News Clips

Date: Tue Oct 09 2018 05:23:19 CDT

Attachments: 181009_Veterans Affairs Media Summary and News Clips.docx
181009_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.892543-000001

Owner: VA Media Analysis (b) (6)

Filename: 181009_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Tue Oct 09 04:23:19 CDT 2018



Veterans Affairs Media Summary and News Clips

9 October 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [AP Fact Check: Trump fudges history on black vote, drug cost](#) (8 October, Hope Yen and Calvin Woodward, 24.1M uvm; New York, NY)

Facing pivotal November elections, President Donald Trump is misrepresenting the history of African-American voting and exaggerating his influence in boosting income and controlling prescription drug prices.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Vukmir, Baldwin Clash in Sometimes Combative First Debate](#) (8 October, Scott Bauer, 23.9M uvm; Washington, DC)

Vukmir, waving papers and referencing an ethics complaint that was filed against Baldwin, said that she "turned her back on the veterans" at the Tomah Veterans Affairs Medical Center that led to the death of Marine veteran Jason Simcakoski in 2014. Vukmir said Baldwin was too slow to respond to a report delivered to her office in August 2014 detailing problems at the facility.

[Hyperlink to Above](#)

1.3 - NPR (Morning Edition, Audio): [Some Apps May Help Curb Insomnia, Others Just Put You To Sleep](#) (8 October, Rhitu Chatterjee, 22M uvm; Washington, DC)

Paige Thesing has struggled with insomnia since high school. "It takes me a really long time to fall asleep — about four hours," she says. For years, her mornings were groggy and involved a "lot of coffee." After a year of trying sleep medication prescribed by her doctor, she turned to the internet for alternate solutions. About four months ago, she settled on a mobile phone meditation app called INSCAPE.

[Hyperlink to Above](#)

1.4 - NBC News: [VA owes veterans housing allowances under the GI Bill, forcing some into debt](#) (7 October, Phil McCausland, 9.6M uvm; New York, NY)

If Jane Wiley and her husband Ryan Wiley, both discharged from the Marines, don't receive the housing allowance they get through the GI Bill by November 1, she expects that they will run out of money for food and rent. The two former Marines would also have to stop attending school if they can't afford childcare for their two kids.

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1.5 - The Kansas City Star: [Why aren't there more Jason Kander moments in politics? Because PTSD is so feared](#) (7 October, Bill Turque, 4.8M uvm; Kansas City, MO)

Arizona Congressman Ruben Gallego is a rarity in American politics. The two-term Democrat has spoken openly about his struggles with post-traumatic stress disorder (PTSD), the result of his service as a Marine in the Iraq War. Even then, he only revealed his symptoms — heightened anxiety and difficulty sleeping — after he was first elected in 2014.

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1.6 - Democrat & Chronicle (Video): [Ratings show Canandaigua medical center has improved, VA says](#) (7 October, Steve Orr, 1.5M uvm; Rochester, NY)

The VA medical center in Canandaigua has improved markedly over the last year, according to new ratings by the agency that operates it. The Canandaigua center has made "large improvements" and now has earned four stars out of five, according to ratings released last week by the the U.S. Department of Veterans Affairs. A year ago, the center was rated three stars.

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1.7 - Dayton Daily News (Video): [Vets twice as likely to fatally OD – what the Dayton VA is doing about it](#) (7 October, Katie Wedell, 1.1M uvm; Dayton, OH)

One of the state's largest drug rehabilitation facilities sits on the west side of Dayton but many local residents — including those who could qualify for free care there — are unaware of its existence. With 99 residential beds, an outpatient clinic, and programs to help recovering addicts find housing and employment, the Dayton Veterans Affairs Hospital has developed the kind of comprehensive addiction treatment program other agencies serving the general population strive to duplicate.

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1.8 - GovernmentCIO: [USDS Builds One-Stop Shop on the New VA.Gov](#) (6 October, Amanda Ziadeh, 300 uvd)

The U.S. Digital Service team at the Veterans Affairs Department is making it even easier for veterans to access their benefits and health information with a brand consolidation effort that puts Vets.Gov and VA.Gov on one site, set to launch on Veteran's Day.

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2. [Greater Choice for Veterans](#)

2.1 - The Missoulian: [Rosendale hears concerns from local veterans in Missoula](#) (8 October, David Erickson, 839k uvm; Missoula, MT)

A group of veterans and concerned citizens described the problems they see in the nation's military healthcare system on Monday during a roundtable discussion with Republican U.S. Senate candidate Matt Rosendale. They spoke of long wait times, too much travel, bureaucratic stalemates, high doctor turnover and a lack of leadership within the U.S. Department of Veterans Affairs and at local VA clinics.

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3. [Modernize Our System](#)

3.1 - Health Data Management: [Cerner creates VA EHR modernization team](#) (8 October, Greg Slabodkin, 143k uvm; Chicago, IL)

Healthcare IT vendor Cerner has created a team of more than 20 technology innovators to help the company modernize the Department of Veterans Affairs' electronic health record system. The VA EHR modernization team will outline its strategy this week at the annual Cerner Health Conference held in Kansas City, Mo. In May, the agency awarded the vendor a \$10 billion contract—one of the largest IT contracts ever issued by the federal government.

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3.2 - mHealth Intelligence: [Congress Mulls Expanding Telehealth to Help Veterans With PTSD](#) (8 October, Eric Wicklund, 53k uvm; Danvers, MA)

Congress is taking aim at veteran healthcare with a proposal to expand access to telehealth and telemedicine for those dealing with mental health issues like PTSD. The Enhancing Veterans Experience with Telehealth Services (eVETS) Act, introduced last week by U.S. Reps. Bruce Poliquin (R-Maine) and Ann Kuster (D-N.H.), would create a demonstration program to give veterans in 10 states access to at least a dozen virtual care sessions with Department of Veterans' Affairs healthcare providers.

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3.3 - Power Engineering: [VA Hospitals Invest in Boiler System Upgrades for Money and Energy Savings](#) (8 October, Dan Wallace, 6k uvd; Plymouth, MN)

Upgrading or replacing a boiler system presents one of the most daunting and expensive challenges a large facility can undertake. When the time comes—whether the current system is outdated and inefficient or it fails outright—facility management must understand the process in order to set facility management goals and make the right decisions to fulfill their energy and efficiency needs.

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4. [Focus Resources More Efficiently](#)

4.1 - WECT (NBC-6): [Congressman Jones wants VA to try to recoup wasted tax money](#) (8 October, Ann McAdams, 466k uvm; Wilmington, NC)

Congressman Walter Jones is trying to get your tax money back. The VA's inspector general found the government overpaid by \$2.3 million to lease land for Wilmington's VA clinic from the New Hanover County Airport Authority. Jones is asking the new VA secretary to see if the lease agreement can be amended to recoup some of the wasted tax money.

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4.2 - New Haven Register: [Blumenthal asks VA Inspector General to investigate sterile procedures at hospital](#) (8 October, Mark Zaretsky, 437k uvm; New Haven, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is calling for a VA Inspector General's Office investigation of the West Haven VA hospital's sterilization procedures in the face of continued whistle-blower complaints even as the VA works to improve.

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4.3 - The Daily Advertiser (Video): [Here's the latest on a veteran's lawsuit against the Louisiana VA director](#) (8 October, Leigh Guidry, 230k uvm; Lafayette, LA)

A United States Attorney is saying a Vietnam veteran's lawsuit against the Louisiana director of Veterans Affairs should be dismissed. George Jackson, 76, filed a civil lawsuit in August in the U.S. District Court Western District of Louisiana against Mark Bologna, director of the Veterans Affairs Regional Office in New Orleans.

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5. [Improve Timeliness of Service](#)

5.1 - The Guardian: [Joint support: left and right in rare agreement on cannabis](#) (8 October, Alex Halperin, 14.7M uvm; New York, NY)

With the US weeks away from the most contentious midterm election in at least a generation, Americans of all political persuasions increasingly want marijuana to be legal. Two-thirds of the country favor recreational legalization and polls consistently show support for medical use well above 80%. In 1996 when California became the first state to allow medical use, roughly one in four Americans wanted to legalize the drug.

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5.2 - The Commercial Appeal: [Editorial | Why is Memphis VA still among the worst?](#) (8 October, Editorial Board, 1.1M uvm; Memphis, TN)

There are 146 government-run veterans' hospitals in America, land of the free and home of millions of brave and wounded warriors. Only five of those hospitals have received the system's lowest rating (one-star) three years in a row. The Memphis VA Medical Center is one of the failing five.

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5.3 - The Fayetteville Observer: [Our View: Fast storm recovery at VA](#) (6 October, 439k uvm; Fayetteville, NC)

The governor's been talking a lot lately about "resiliency" as one of his goals for recovery from Hurricane Florence. He wants people and places that can more easily withstand massive flooding and other storm-related problems, ways to prevent a massive recurring expense for rebuilding after a storm.

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5.4 - Union-Bulletin: [Walla Walla VA shows improvement. It's getting a better handle on management, but staffing problems remain an issue](#) (7 October, Forrest Holt, 60k uvm; Walla Walla, WA)

Management of the veterans medical center in Walla Walla has moved up a notch, according to recently released numbers from the Department of Veterans Affairs. In the second quarter of this year, the Jonathan M. Wainwright VA Medical Center was one of 10 VA medical centers in the U.S. in the one-star, "high risk" category on a scale of five stars. Since then, it has earned another star, joining 95 others nationwide that have improved in the past year.

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5.5 - KURV (FOX-710): [Harlingen V-A Center Sees Health Care Improvements](#) (8 October, 1k uvd; Edinburg, TX)

Top officials at the V-A Health Care Center in Harlingen are pointing to a number of changes made in just the last year for the ratings upgrade the facility received this year. The Veterans Administration upgraded the Harlingen facility from the lowest 1-star rating last year to a 2-star rating this year. Of the eight V-A health care facilities in Texas, the Harlingen V-A Center was the only one to improve its score, based on the 5-star system.

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6. Suicide Prevention

6.1 - KMOX (CBS-1120, Audio): [Veteran Suicide with Dr. Keita Franklin](#) (7 October, 25.2M uvm; Saint Louis, MO)

Six-minute broadcast: Brian talks with Dr. Keita Franklin Executive director of suicide prevention for the department of veteran affairs about the VA's new anti-suicide program.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Boston Globe: [Sailor who died in the attack on Pearl Harbor in 1941 finally laid to rest at Mass. Cemetery](#) (8 October, Katie Camero, 8.8M uvm; Dorchester, MA)

Flags were lowered to half-staff in Connecticut from sunrise to sunset in honor of a sailor from that state who died in the Japanese surprise attack on Pearl Harbor and was laid to rest Monday at the Massachusetts National Cemetery in Bourne.

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7.2 - Patch.com (Palo Alto): [Secretaries Of State Honored By Foundation For VA Work](#) (9 October, Sue Wood, 1.2M uvd; New York, NY)

Anyone seeking a dose of patriotism could have cut it with a knife at the Four Seasons in Palo Alto Monday night. The PenFed Foundation honored in its dinner two U.S. Secretaries of State George Shultz and Condoleezza Rice as well as Veterans Administration leader Lisa Freeman for their work with building the Defenders Lodge.

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7.3 - WFTV (ABC-9, Video): [Action 9 helps veteran get benefits after life-altering injury](#) (8 October, 1.1M uvm; Orlando, FL)

A Navy veteran contacted Action 9 claiming the Department of Veterans Affairs had refused to pay his disability claim after he suffered a life-altering injury as a teenager.

After winning an appeal nearly 40 years later, the government still didn't pay his \$90,000 settlement. Consumer investigator Todd Ulrich went to work on his case and his congresswoman was also there to help.

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7.4 - WVEC (ABC-13): [Elder Law Experts: V.A. pension program changes could hurt veterans](#) (8 October, Mike Gooding, 609k uvm; Norfolk, VA)

Big changes are in the works for the nation's 20 million military veterans. In recent days, the Department of Veterans Affairs has published new rules that enhance a vet's capability to qualify for long-term care benefits. However, elder law experts said the changes make things more difficult

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7.5 - KCTV (CBS-5, Video): [Veteran finally wins claim after 10-year battle with VA](#) (8 October, Zoe Brown and Angie Ricono, 598k uvm; Fairway, KS)

There may finally be some hope for veterans battling appeals with the V.A. "RAMP", or the Rapid Appeals Modernization Program, started about a year ago. Steve Fischer is a veteran who began his battle for benefits back in 2007. He has spent a decade fighting a bureaucratic paperwork war with the U.S. Department of Veterans Affairs.

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7.6 - KRON (MNT-4, Video): [Nonprofit tackles problem of homeless veterans sleeping in their cars](#) (8 October, Michelle Kingston, 437k uvm; San Francisco, CA)

People are living out of their cars and RVs on streets in so many Bay Area communities. A nonprofit organization teamed up with the VA to make sure that no veteran sleeps in their car when in need of medical treatment. "I'm not sleeping in my car," veteran Billy Bryels said. "I'm not sleeping in the lobby. "I'm not sitting out there for a half a day because conditions dictate that."

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7.7 - Providence Business News: [Resnik awarded \\$600K for research study on female veteran amputees](#) (8 October, Rob Borkowski, 262k uvm; Providence, RI)

Linda Resnik, a research scientist at the Center for Neurorestoration and Neurotechnology at the Providence VA Medical Center, has been awarded nearly \$600,000 by the Department of Veterans Affairs Rehabilitation Research and Development Service to conduct a three-year research study to improve upper-limb prostheses for women veteran amputees.

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7.8 - KPLC (NBC-7, Video): [Veterans forced to leave local care facility](#) (8 October, Theresa Schmidt, 192k uvm; Lake Charles, LA)

A local residential facility that has housed veterans for many years won't after this week. We found out after being contacted by a veteran who was very upset to be forced to leave Lake Charles. Other residents say the decision on where they go is determined by those who have guardians.

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7.9 - WTXL (ABC-27, Video): [Maclay students' art displayed at Tallahassee National Cemetery](#) (8 October, 60k uvm; Midway, FL)

A group of local high school students are showing their patriotism to the family of veterans. WTXL ABC's Jada Williams talked with the people adding a "pop of color" in a seemingly unusual place. High school students at Maclay now have artwork prominently displayed at the Tallahassee National Cemetery, adding a little more depth to the final resting place for the men and women who have served our country.

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7.10 - Hudson Valley 360: [Gillibrand, VA clash over funds for off-shore Navy veterans](#) (8 October, Richard Moody, 1k uvd; Hudson, NY)

The sponsor of legislation that would help certain naval veterans who served in the Vietnam War obtain compensation for health complications caused by Agent Orange exposure is hopeful the legislation will move forward, despite expressed opposition from the U.S. Department of Veterans Affairs.

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7.11 - East Tennessean: [‘Veterans Stand Down’ At Carver Park](#) (8 October, Jonathan Roberts, 400 uvd; Johnson City, TN)

On Oct. 5, the Department of Veterans Affairs and the Appalachian Coalition of Homelessness hosted the sixth annual “Veterans Stand Down” at Carver Park. The event, which saw over 130 homeless and struggling veterans come through, offered free clothing, food, haircuts and personal care items. All of that in addition to free counseling and substance abuse referrals, employment training, housing resources, legal resources and healthcare services.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - ABC News (AP): [AP Fact Check: Trump fudges history on black vote, drug cost](#) (8 October, Hope Yen and Calvin Woodward, 24.1M uvm; New York, NY)

Facing pivotal November elections, President Donald Trump is misrepresenting the history of African-American voting and exaggerating his influence in boosting income and controlling prescription drug prices.

He laments in campaign speeches on behalf of Republican candidates that blacks' support for Democrats had become "habit," having voted for them "for 100 years," and insists his administration's policies are changing that. In fact, most African-Americans were effectively blocked from the right to vote until 1965. Much of the income gains he claims for blacks and other minorities came during the Obama administration.

On drug costs, Trump says he is "bringing them down." But few drugmakers have actually lowered prices as a result of his pressure.

And in remarks at the hot core of the debate over his new Supreme Court justice, Trump distorted the testimony of Brett Kavanaugh's accuser in a mocking turn on a rally stage before the Senate elevated the judge to the high court on the weekend.

A look at the past week's claims:

[...]

VETERANS

TRUMP: "We just passed Choice. That was 44 years they've been trying to pass Choice, so that if you have to wait in line for 9 days, 30 days, 21 days, months, you don't do that anymore. If the line's big, and if you're unhappy with it, you go to a private doctor, they take care of you, and we paid the bill. It's better. They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed." — Tennessee rally on Oct. 1.

TRUMP: "We also passed Veterans' Choice. Forty-four years they tried to do it."— Mississippi rally Tuesday.

THE FACTS: He's exaggerating improvements to the Department of Veterans Affairs by incorrectly stating a private-sector health care program was never passed by Congress before him. He also falsely suggests the newly expanded program will have immediate effect.

Congress first approved the Veterans Choice program in 2014 in the wake of a scandal at the Phoenix VA medical center in which some veterans died while waiting months for appointments. The program allows veterans to see doctors outside the VA system if they must wait more than 30 days for an appointment or drive more than 40 miles to a VA facility.

Trump signed legislation in June to expand the Choice program by giving veterans even wider access to private-sector doctors at government expense, subject to yet-to-be-finalized rules that will determine eligibility as well as available funding.

Contrary to what Trump suggests, the effects of the newly expanded program are not immediate. Key to its success is an overhaul of the VA's electronic medical records to allow seamless sharing of medical records not only with the Pentagon but also private physicians, a process expected to take up to 10 years. The VA also has yet to resolve long-term financing for the program due to congressional budget caps that could put funding for VA or other domestic programs at risk of shortfalls next year.

At a Senate hearing last month, VA Secretary Robert Wilkie made clear that full implementation of the expanded Choice program was "years" away.

[...]

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1.2 - U.S. News & World Report (AP): [Vukmir, Baldwin Clash in Sometimes Combative First Debate](#) (8 October, Scott Bauer, 23.9M uvm; Washington, DC)

MILWAUKEE — Republican Leah Vukmir, down in the polls a month before the Nov. 6 election, clashed with Democratic Sen. Tammy Baldwin on Monday, in a debate that turned combative at times as they presented starkly different positions on health care, abortion, immigration and a host of other issues.

Here are the takeaways:

[...]

TOMAH

Vukmir, waving papers and referencing an ethics complaint that was filed against Baldwin, said that she "turned her back on the veterans" at the Tomah Veterans Affairs Medical Center that led to the death of Marine veteran Jason Simcakoski in 2014. Vukmir said Baldwin was too slow to respond to a report delivered to her office in August 2014 detailing problems at the facility.

Baldwin said Vukmir "should be ashamed of herself for using a Marine veteran's death for her own political gain."

Baldwin noted that she worked with Simcakoski's widow and parents to pass a law in 2015 that toughened guidelines for prescribing drugs at VA facilities, including requiring VA employees prescribing opioids to be better trained and to follow Centers for Disease Control and Prevention protocol.

Simcakoski's widow and parents cut two campaign ads for Baldwin in the election, while Tomah whistleblower Ryan Honl supports Vukmir and said it would be "immoral" to vote for Baldwin. An ethics complaint filed against Baldwin by a staff member she fired because of how the Tomah issue was handled was dismissed.

[...]

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1.3 - NPR (Morning Edition, Audio): [Some Apps May Help Curb Insomnia, Others Just Put You To Sleep](#) (8 October, Rhitu Chatterjee, 22M uvm; Washington, DC)

Paige Thesing has struggled with insomnia since high school. "It takes me a really long time to fall asleep — about four hours," she says. For years, her mornings were groggy and involved a "lot of coffee."

After a year of trying sleep medication prescribed by her doctor, she turned to the internet for alternate solutions. About four months ago, she settled on a mobile phone meditation app called INSCAPE.

"It's about a 30-minute soundtrack, and it starts with a woman kind of telling you to relax and instructing your breathing," explains Thesing. "Then it goes into sounds — relaxing noises. There's wind chimes, some atmospheric music playing..."

She uses the app every night and falls asleep within 15 or 20 minutes. "So, definitely a big improvement from four hours," she says.

Thesing is not alone. Chronic insomnia affects an estimated 10-15 percent of adults, and another 25-35 percent struggle with sleep issues occasionally. And like Thesing, a growing number of insomniacs are turning to mobile phone apps to lull them to sleep.

On Twitter and Facebook, NPR asked its audience if they have used a mobile phone app to help manage insomnia. Nearly 100 people wrote back suggesting a range of apps, including podcasts created to put a listener to sleep.

"These are usually relaxation strategies, white noise, meditation," Jason Ong, an associate professor of neurology specializing in sleep at Northwestern University's Feinberg School of Medicine. He studies non-pharmacological treatments for various sleep disorders and treats patients at the university's Sleep Medicine clinic. "It's not that there's something wrong with those apps. It's a reasonable first thing to try."

But, he adds, these kinds of apps aren't based on scientifically-proven solutions, and they don't really fix the problem of why someone is not sleeping.

Ong wanted to do something about that, so a few years ago, he consulted for a team that developed an app that uses a science-based approach to address insomnia called Sleepio. (However, he doesn't have any ongoing financial interest in the product, he says.)

Sleepio and a few other apps like SHUT-i and a free one developed by the Veterans Administration use the most sustainable and evidence-based solution for insomnia. It's a kind of therapy called Cognitive Behavioral Therapy for Insomnia — CBT-I for short, he says. It helps the patient understand the biology of sleep and gives them a bag of tools and tricks to change their own thought patterns and behaviors to treat their underlying sleep issues.

"CBT for insomnia is a specific package ... [that] includes different techniques like spending less time in bed [and] what to do if you are in bed and can't sleep," says Ong. "It's teaching you how to change your behavior to better work with your brain to give you confidence that you're going to be able to sleep on a regular basis."

It may be surprising to us, but our own thought patterns and sleep habits affect our biology, in this case how our brains regulate sleep. "If you modify some of your behaviors, you can work better with how your brain regulates sleep and wake," he says.

The American College of Physicians first recommended Cognitive Behavioral Therapy for Insomnia as the first-line treatment for insomnia in 2016. "The evidence is quite strong to support the effectiveness of CBT-I treatment and there really aren't a lot of side effects," says Ong. And, because it changes behavior, "in the long run CBT-I tends to perform quite well in maintaining the benefits."

In the past the only way for people to get Cognitive Behavioral Therapy for Insomnia was to see a therapist, now they can access the therapy on their mobile phones.

"In Sleepio, it's like an avatar of a real therapist that's walking the patient through that process," explains Ong. Sleepio also allows users to keep a sleep diary so the app can use its algorithm to suggest a better bedtime schedule. It also reminds people to get up when they've spent too much time in bed trying to fall asleep, for example.

Like a real therapist, the apps that use Cognitive Behavior Therapy for Insomnia also provide practical tools to help the user worry less about their sleep and over time, be less anxious and more confident about their ability get a good night's rest. "It's very similar to what we do face-to-face with patients," adds Ong.

Studies show that CBT-I delivered digitally through mobile phone apps is effective in treating insomnia. And a recent study of Sleepio by Ong and the team that developed the product found that participants who used the product reported an improvement in insomnia symptoms and overall wellbeing.

"It's an impressive study in size and scope," says John Torous, the director of digital psychiatry at Beth Israel Deaconess Medical Center. "But like any study, we have to interpret it within reason."

The participants in the study were mostly white and female, he notes, and so it's hard to generalize the findings to the larger population. And, he adds that the study was designed and funded by Big Health, the company that created the app and is now marketing it.

Also, Sleepio is only available on a limited basis. You can get it through employers, health insurance and national health systems at the moment, says Mike Radocchia, the marketing and business development lead at Big Health. Although the company does give it to researchers and charities for free.

And while apps that use Cognitive Behavior Therapy for Insomnia cost less than in-person therapy, they can be pricey. A 26-week subscription of SHUTi costs \$149.

That's why Torous often directs his patients with insomnia to a free app developed by the Veterans Administration called CBT-I Coach.

"Anyone can access it. You don't have to be a veteran," Torous says.

Jake Hanks, a mental health counselor based in Glenwood Springs, Colorado, agrees. "CBT-I Coach would be my absolute favorite," he says. "It includes a lot of the cognitive restructuring, the true things about sleep that we want patients to keep in mind." And so, he too, recommends the free app to his patients.

However, Torous notes that these apps don't work for everyone. The recent study by Ong and his colleagues hints at why.

"Even in this clinical study, less than 50 percent [of people who were assigned to use the app in a randomized controlled trial] are able to make it through the entire course of CBT delivered through digital platforms," he notes. "For some people it may be hard to make it through all the sessions of CBT."

This is true of most health and wellness apps, he says. Torous has studied this and found that of the 10,000 mental health apps out there, very few are actually being used. "I don't think we really understand how people are using technology towards their health and recovery," he notes.

But in some ways, he says, people with insomnia may be ahead of scientists in figuring out what works well for them.

"If you find something that works [for you], I think that's always a good first step," he says. "Quick fixes or simple solutions may get you feeling better right away."

But, he notes, insomnia is a complex disorder with many underlying causes. Sometimes it can be caused by a medical condition that's easily treatable, like a thyroid problem, he adds.

So, no matter what app you are considering, always talk to your doctor about your sleep issues, he advises. "Until you know the diagnosis or what you're working with, you don't want to start treating something that's not what you think it is."

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1.4 - NBC News: [VA owes veterans housing allowances under the GI Bill, forcing some into debt](#) (7 October, Phil McCausland, 9.6M uvm; New York, NY)

If Jane Wiley and her husband Ryan Wiley, both discharged from the Marines, don't receive the housing allowance they get through the GI Bill by November 1, she expects that they will run out of money for food and rent. The two former Marines would also have to stop attending school if they can't afford childcare for their two kids.

The Wiley family is not alone. Because of a software issue, the Department of Veteran Affairs is struggling to pay student veterans the housing allowance and other benefits provided to them via the GI Bill.

The federal agency has paid some veterans too much, too little, or nothing at all. It is up to two months late on payments in some cases, forcing potentially thousands of former service members to spiral financially.

The Wileys depended on those checks and included them in their monthly budget. Without them, they instead have a handful of maxed out credit cards and no expectations of when they might be paid.

NBC News spoke to 10 veterans who had to borrow money from family, take out loans, or open new credit cards — and watch their bank accounts trend steadily toward zero — because their payments were delayed.

“People are homeless and starving because they can’t rely on getting their benefits,” said Jane Wiley, who left the Marines in June 2016 and now serves as a reservist in the Air Force. “If it means making [VA] employees stay all night, then get it done because it’s better than putting families in crisis.”

Wiley said she is frustrated because she sent in the paperwork to be certified to receive her benefits nearly two months ago, but has no idea when or if she’ll receive a check. The VA has provided her — and the other veterans NBC News spoke to — few answers.

“You can count on us to serve,” said Wiley, 31, who attends Texas A&M San Antonio, “but we can’t count on the VA to make a deadline.”

The VA said the problem currently stems from an IT problem caused by changes to the law when President Donald Trump signed the Forever GI Act last year. New standards for calculating housing stipends were to be implemented on August 1, but it caused “severe critical errors” during testing that “resulted in incorrect payments,” VA spokesman Terrence Hayes said.

As a result, the VA decided to postpone the deployment of the system. It is now paying students under 2017 rates — ignoring the 1 percent increase for 2018 — and plans to reimburse students the difference they are owed at some point in the future.

As of now, the agency does not know how many veterans are impacted but expects that 360,000 veterans will have to be paid the 2017 rate. It will be “unable to identify the number of Veterans solely impacted by delayed payments” until they are able to process every veterans’ enrollment documents, Hayes said.

“Education Service has placed the Regional Processing Offices in a mandatory overtime status and have 202 temporary employees on hand to assist with the pending inventory,” he said in a statement. “With these measures in place we are processing over 16,000 claims per day.”

Hayes did not respond for comment when asked how much the additional 202 temporary employees would cost the VA.

The VA’s Office of Information Technology and Veterans Benefits Administration believe the problem could be solved by the end of the year, but many veterans said none of this has been conveyed to them, leaving them directionless.

The lack of communication has only exacerbated the problem, said veteran Jarid Watson, 37. He faults what he called “toxic leadership” at the VA for these ongoing issues. Watson said he

has fallen behind on his mortgage payments because of the delay and added that, at the very least, the VA could have explained the problem.

“It would at least show there was some sort of strategy, some sort of plan, some sort of organization,” said Watson, who received a medical discharge from the Air Force as a tech sergeant in 2016 after 12 years of service. “It’s just another example of how the VA, in this capacity, does not have their s--- together, and that comes from the very top.”

Rep. David Roe, R-Tenn., the chairman of the Committee on Veterans’ Affairs, began looking into the matter in mid-September after two veterans in his district sent their information within a minute of each other to be certified. One received his housing allowance, but the VA couldn’t find the other man in the system at all.

In a letter to Under Secretary for Benefits Paul Lawrence on Sept. 28, Roe wrote that the problem appeared to stem from student certifications not properly transferring from one system to another, causing “students’ certification [to be] lost and not making it to the payment program that provides the monthly living stipend.” He also noted that this was particularly concerning as the VA’s workload for education claims increased by 52 percent between Sept. 22, 2017, to Sept. 21, 2018 — from 163,771 to 248,396.

“They have to upgrade their system to a modern, working system,” Roe told NBC News. “This should not be this hard. If this was happening at [Amazon], this problem would be fixed or somebody would be fired.”

“You can’t have these young people going homeless,” he said of veterans who were now struggling to meet their rent. “They can’t be doing that. They have to pay their bills. Congress has provided the money; taxpayers have provided the money. It’s time for the VA to do their job.”

Veterans were open about how much this would affect their budgets. The apparent software snafu is costing former service members living on a tight budget a great deal as they are now faced with banking fees, interest on loans or on credit cards and other late charges for unpaid bills.

Matt Downie, 35, who served over four years in the Army before being discharged as a corporal in 2007, interns at a law office, studies pre-law at Southern New Hampshire University and works as a personal trainer in his free time. Because of how busy he is and the need to also support his wife and three kids, the money provided by the GI Bill is essential to his family’s monthly budget.

To pay his bills, Downie said he had to borrow \$1,100 from his sister and her husband. This week, he finally received \$2,500 from the VA, but he said the delay has cost his family more than \$300 in overdraft fees.

“To be honest, if we didn’t get that money, I don’t know what we would have done come Monday,” said Downie. “We were down to \$15 in our bank account and have three kids, two car payments and our house that we rent.”

Joe Davis, the director of communications for the Veterans of Foreign Wars, said the organization was attempting to evaluate the impact of the delayed payments on members.

“We just hope all creditors and landlords cut some slack to the veteran,” he said. “It’s the system, not the veteran, because they will be paid.”

Of the veterans interviewed, each shared how they sat on hold with the VA’s education helpline for up to 90 minutes in hopes of receiving an answer. But once they were finally able to speak to a VA employee, the veteran would be told there was no new information or that call volumes were so high that they would have to call back later.

But the greatest frustration for many is that this is a benefit that isn’t exactly new — the GI bill was signed into law by President Franklin Roosevelt in 1944. The VA should be able to anticipate the need, they said.

“I’m glad I served and I’d do it again, but what bothered me is that I was doing my job: taking classes, passing my classes and submitting my certification,” Downie said. “They’re totally failing their jobs and they still get paid. It just seemed like no one cared. I often was told a lot of people weren’t getting paid besides me. I understand that, but that doesn’t help me at all.”

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1.5 - The Kansas City Star: [Why aren’t there more Jason Kander moments in politics? Because PTSD is so feared](#) (7 October, Bill Turque, 4.8M uvm; Kansas City, MO)

Arizona Congressman Ruben Gallego is a rarity in American politics. The two-term Democrat has spoken openly about his struggles with post-traumatic stress disorder (PTSD), the result of his service as a Marine in the Iraq War.

Even then, he only revealed his symptoms — heightened anxiety and difficulty sleeping — after he was first elected in 2014.

“There is such a stigma that has been created by society,” said Gallego, 38. “Somehow if you have PTSD you can’t be trusted to hold your emotions together.”

Jason Kander, Gallego’s friend and brother veteran, joined that group this week when he dropped out of Kansas City’s 2019 mayoral race.

The former Missouri Secretary of State, widely considered an overwhelming favorite to win, stunned the city with the announcement that he was suffering from untreated PTSD and depression, a result of his 2006 deployment to Afghanistan as an Army intelligence officer.

In his Facebook post, Kander, 37, said that a week earlier, instead of celebrating a record fundraising haul, “I found myself on the phone with the VA’s Veteran’s Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn’t the first time.”

His decision to stand down and seek help drew praise from tens of thousands on social media, including former Vice President Joe Biden.

“Jason — public service takes many forms, and bravely stepping forward today is exactly that,” Biden tweeted Tuesday. “By sharing your story, you are saving lives. Others will get the help they need because of you.”

The disclosure also raised a question: Why haven't there been more Jason Kanders and Ruben Gallegos?

The numbers suggest that they exist.

'Shamefully neglected'

Politics at every level is filling with veterans of the first Gulf War, Iraq and Afghanistan. Twenty-seven serve in the House and Senate. More than 200 have entered Congressional races in the 2018 cycle, according to With Honor, a bipartisan group that runs two political action committees to support "principled next-generation veterans."

The Department of Veterans Affairs estimates that as many as 12 of every 100 Gulf War veterans and 20 of every 100 who served in Iraq or Afghanistan experience PTSD in a given year.

The politics of medical disclosure have slowly evolved in the 46 years since Missouri's Senator Thomas Eagleton was dropped from the vice-presidential spot on the 1972 Democratic ticket after reports surfaced that he had been hospitalized for depression and received electroshock therapy.

Candidates over the last quarter century have been elected — and re-elected — after revealing illnesses like alcoholism, depression or bipolar disorder.

But PTSD remains almost entirely in the political shadows, misunderstood and feared by voters.

And while many ex-service members in office are outspoken proponents of increased spending to treat veterans with PTSD, discussion on a personal level is virtually non-existent.

Advocates and experts said the public's perception of the disorder still remains largely fueled by popular stereotypes: Veterans consumed by homicidal rage or crippled by terrifying flashbacks.

Gallego said it means that ordinary expressions of emotion can be treated with suspicion.

"I've had people say things to me like, 'Hey, you seem angry about something. Is that your PTSD coming out?'" he said. "It's like we're a hair trigger away from blowing up."

PTSD and politics rarely mix.

Delaware Democrat Sean Barney, a Purple Heart Army veteran of Iraq shot in the neck by a sniper in Fallujah in 2006, is one of the outliers. Against the advice of consultants, he spoke openly about his sleep disorders and social triggers — both treated with medication and therapy — during his 2016 campaign for Congress.

Barney, who finished third in a six-candidate primary field, did not respond to an interview request.

"You don't get kudos for acknowledging a mental disorder, particularly if it's a psychological injury incurred during military service," said Dr. Jeffrey Lieberman, chairman of the department of psychiatry at Columbia University College of Physicians and Surgeons.

"PTSD is a very real, common and shamefully neglected area of psychiatric medicine."

Surviving PTSD

PTSD can be caused by witnessing or surviving any kind of life-threatening event. It could be combat, sexual assault, a flood or an earthquake.

According to the National Center for PTSD at Veterans Affairs, it can present with a range of symptoms: reliving the trauma through nightmares, flashbacks or social triggers; becoming quick to anger or unaccountably negative to loved ones; experiencing troubles with sleep or concentration, or being startled by loud noises or surprises.

Police, firefighters and other first responders are vulnerable, as are children who experience violence at home, in their neighborhood or at school.

About 8 percent of the U.S. population will experience it at some point in their lives. Women are more susceptible than men.

Kander, who volunteered for the Army National Guard after 9/11, never saw action during his three months at Camp Eggers from 2006-07. But the fear he experienced was nevertheless life-changing.

In his new book, "Outside the Wire," Kander described the moments before taking his first Humvee trip outside Eggers, over roads riddled with improvised explosive devices (IEDs).

"I felt fearful, beyond anything I'd ever felt before," he wrote. "This was, for the first time in my life, the raw physical fear of being killed."

His meetings with Afghan intelligence contacts kindled anxiety about being kidnapped.

He exhibited classic symptoms soon after returning home to Kansas City, including uncharacteristic anger and intense, paralyzing nightmares. They were marked by an "intense sensation of whatever was threatening me being in the room and moving toward me, so I'd panic and become desperate to sit up and defend myself."

Although he was back in his own bed, "it seemed that the Taliban captured me every night."

But Kander wrote that he did not have PTSD and said his symptoms had dissipated. Last week, he acknowledged that he had been in denial.

"I was just trying to convince myself. And I wasn't sharing the full picture," he said in his Facebook post. "I still have nightmares. I am depressed."

That admission came after 11 years of untreated PTSD, during which he established himself as one of the brightest young stars in the Democratic party, serving as state legislator, secretary of state and coming close to unseating Republican incumbent Sen. Roy Blunt in 2016.

Lieberman said Kander's story "is very plausible," likening it to an untreated sports injury. While one can remain competitive through grit and determination, he said, the aging process and a declining threshold for pain eventually make it impossible to continue.

Kander's denial started to waver shortly before he sprang his surprise decision to run for mayor. According to his Facebook message, about a month before he announced his candidacy in June, he contacted the VA for help, but was still unable to disclose his symptoms.

A deep sense of unworthiness fueled some of his hesitancy. Friends like Gallego — whose company lost 46 Marines and two Navy corpsmen between January 2005 and 2006 — had “earned” their PTSD.

“So many men and women who served our country did so much more than me and were in some much more danger than I was,” Kander said.

It seems in retrospect that Kander's decision to enter the mayor's race — an abrupt reversal of course after devoting all of his energy to becoming a player in national politics — was a kind of self-medication. He said as much on Facebook.

“I thought that if I could come home and work for the city I love so much as its mayor, I could finally solve my problems ... that I could fill the hole inside of me. But it's just getting worse.”

For the time being, Kander said he will undergo treatment, which will likely be one of several forms of psychotherapy, medication or a combination of both. Success rates vary with the kind of treatment. There is no “cure,” just effective control of the symptoms. New approaches are emerging, including equine therapy. The healing power of interacting with horses has shown promising results in some studies.

For Gallego, it means dealing with a sense of danger: always sitting with his back to the wall in a public place, or making sure doors are locked in certain situations. He said he has a strong support system, and that his life is good, but “there are moments that pop up and I'm reminded of things.”

Is there a path back to politics for Kander, it that's what he wants? There are no guarantees. But Gallego likes his chances.

“Absolutely. He's one of the smartest, most talented politicians I've met,” he said of Kander. “He's doing this to make himself whole again, to be the person he wants to be and not be owned by this. He'll definitely be back.”

To get help
Veterans Administration crisis line, 800-273-8255.

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1.6 - Democrat & Chronicle (Video): [Ratings show Canandaigua medical center has improved, VA says](#) (7 October, Steve Orr, 1.5M uvm; Rochester, NY)

The VA medical center in Canandaigua has improved markedly over the last year, according to new ratings by the agency that operates it.

The Canandaigua center has made “large improvements” and now has earned four stars out of five, according to ratings released last week by the the U.S. Department of Veterans Affairs. A year ago, the center was rated three stars.

In other new VA-generated ratings, the medical centers in Buffalo had four stars and those in Syracuse and Albany earned three, the agency said.

The VA medical center in Bath, Steuben County was rated one of 18 hospitals nationwide to be given a five-star rating.

Overall, the VA said its ratings show improvement at 96 of its 146 medical centers. The ratings are based on selected metrics intended to measure quality of care. Ratings had been done for years but were never released publicly until USA Today obtained a set in 2016.

The information released last week by the VA included no specifics on what the various hospitals did to improve their ratings.

The Canandaigua center, like many operated by the VA, has had its share of problems in recent years.

In February 2016, USA Today reported that calls to a highly touted suicide prevention hotline at the Canandaigua VA center sometimes were not answered or went to voicemail. An internal investigation at the VA also had found inadequate training.

A follow-up investigation found some problems persisted a year later, though officials in Canandaigua asserted in mid-2017 that the suicide-prevention center was on track to greatly improve its performance.

In June of this year, the Democrat and Chronicle reported that the Canandaigua nursing home was one of many VA long-term care facilities with sub-standard internal ratings. Those rates had never been made public before.

The Canandaigua VA hospital was established in 1933 to help veterans with mental-health problems. Today it provides general care and continues to specialize in treatment for psychiatric issues, post-traumatic stress disorder and drug and alcohol abuse. It has 200 inpatient beds and provides outpatient services as well.

The complex is located on the eastern boundary of the city of Canandaigua, partly on the grounds of the estate known as Sonnenberg. A portion of the property, including the estate's mansion, were conveyed by the VA to a nonprofit in 1972 and are operated today as the state historic park known as Sonnenberg Gardens.

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1.7 - Dayton Daily News (Video): [Vets twice as likely to fatally OD – what the Dayton VA is doing about it](#) (7 October, Katie Wedell, 1.1M uvm; Dayton, OH)

One of the state's largest drug rehabilitation facilities sits on the west side of Dayton but many local residents — including those who could qualify for free care there — are unaware of its existence.

With 99 residential beds, an outpatient clinic, and programs to help recovering addicts find housing and employment, the Dayton Veterans Affairs Hospital has developed the kind of

comprehensive addiction treatment program other agencies serving the general population strive to duplicate.

The Miami Valley is home to more than 83,400 veterans from all branches of the military, which equals about 10 percent of the total local population.

Historically military personnel have been more likely to be prescribed prescription pain medication than the general population and more likely to abuse opioids, according to VA studies. Some reports have shown veterans are twice as likely to die from an accidental opioid overdose as non-veterans.

The VA is aware of these issues and has developed new prescribing and prevention practices, as well as a wrap-around system of care for those who have become addicted to drugs or alcohol.

The Dayton Daily News' Path Forward initiative looks for solutions to how the region can shed its national reputation as ground zero for overdoses and recover from the addiction crisis. We examined the VA's programs to see if outside organizations can emulate its best practices. Some barriers exist, however, including restrictions on what services Medicaid will cover.

"It's really, really changed me," Marine Corps veteran Mason Brubaker said of the VA's inpatient treatment program, which he just completed for alcohol addiction. "I'm not typically one that will spill my life story to anybody, but the way that they can communicate and talk to you and make you feel comfortable, it's unbelievable."

The Dayton VA wants to reach more veterans like Brubaker, many of whom might not know about their addiction services or that they may qualify for help.

"I thought the VA was for someone who had lost a leg in battle," said Ted Froats, who is the public affairs officer for the Dayton VA and a veteran himself. "Folks don't realize that it really is for a wide array of things."

Crisis crosses the fence line

The VA campus — 334 acres of federal property that houses a hospital, numerous outpatient clinics and medical offices, a nursing home, residential housing and the Dayton National Cemetery — hasn't been immune to the opioid crisis raging outside its fence line.

In 2017, VA campus police conducted 67 drug-related investigations, up from 28 the year before. Twelve people overdosed on the VA grounds last year, including two deaths. Campus police carry the overdose-reversing drug naloxone, also known as Narcan, like many local police and fire departments.

A recent Inspector General report cleared the Dayton VA's Mental Health Residential Rehabilitation Program of blame in one of those deaths. A veteran with a history of opioid use disorder was found unconscious in a locked bathroom stall on the campus in early 2017.

The VA police department is utilizing all of the resources on campus to resolve drug cases when they arise. When a defendant appears in a local veteran's court, a social worker and a representative from Goodwill Easterseals job placement program are there to support them.

“It’s not about writing a veteran a ticket or putting them in jail, it’s about getting a veteran the services they need,” VA Police Chief Earl Burkhart said. “Officers on the outside don’t have all of the resources that are available (at the VA) to get the people what they need.”

Continuum of care

One of those unique resources is the veterans health benefit that covers services not paid for by Medicaid or private insurance. The national VA budget calls for \$382 million to be spent on opioid treatment for veterans in 2019, an increase of \$15 million from 2018.

Many veterans whose conditions are service related can qualify for free care at the VA, while some will be required to pay co-payments or other costs, based on their years of service, level of income and disability.

In fiscal year 2018, the Dayton VA identified 1,236 patients with opioid use disorder, treated 521 with medically assisted treatment, and 371 with residential and outpatient treatment. The VA wasn’t able to provide any data to compare patients success rates with other VA facilities or non-veteran programs.

The VA system allows for many different types of services to be covered under one benefit plan — including prescriptions, medical care, addiction treatment, counseling, and programs for homeless and jobless vets.

Medicaid or private insurance often will pay for a certain amount of inpatient or outpatient substance abuse disorder treatment, but usually doesn’t cover other services like a stay in a sober living home, ongoing counseling, transportation or job training.

“Once we get people stabilized with treatment, then what?” said Helen Jones-Kelley, executive director of Montgomery County Alcohol Drug Addiction and Mental Health Services.

The county would like to be able to give people more access to things like peer support and employment training, Jones-Kelley said. ADAMHS hopes to use money coming from the 21st Century Cures Act to cover those other services so that all those recovering from addiction have the same kind of wrap-around support that’s available at the VA.

Currently ADAMHS administers state, federal and local dollars to dozens of different agencies that provide various treatment services, Jones-Kelley said. But it wants to create more of a seamless one-stop shop system.

“I really think that’s what we’re building,” she said. “We’re trying to build a regional response so that we can create this continuum of care.”

Montgomery County’s Community Overdose Action Team (COAT) model has been praised by the White House for bringing together more than 100 different agencies to work collaboratively on attacking the opioid crisis and the VA has a member on that team.

One obstacle to providing more comprehensive services on the size and scale of the VA has been Medicaid rules. Current law prohibits using Medicaid dollars to pay for treatment at residential mental health or substance abuse facilities with more than 16 beds.

But U.S. Sens. Rob Portman, R-Ohio, and Sherrod Brown, D-Ohio, secured a provision in the recently passed House-Senate opioid package that would lift that limit.

The rule dubbed the Institutions for Mental Disease exclusion has been in place since the creation of Medicaid in 1965. It was intended to ensure that states, rather than the federal government, continued to bear responsibility for paying for inpatient psychiatric services.

“The IMD exclusion has posed a significant obstacle to Medicaid patients with substance use disorder accessing the full continuum of care,” said American Society of Addiction Medicine President Kelly Clark in a Sept. 18 news release announcing the legislation.

The bill would lift the cap for five years.

Another provision in the opioids package would take existing grant programs at the U.S. Department of Labor and the U.S. Department of Health and Human Services and create a six-year pilot project to combine job training and addiction recovery services.

‘Thankful that I found this place’

A common thread in the stories of many veterans seeking help for addiction at the VA is that it wasn’t the first place they turned. Brubaker is from London, Ohio, and said he never thought of the Dayton VA as a resource available to him.

“I knew that I had a problem and I was trying to address it, but I just simply didn’t know how to,” he said.

It took prodding from several friends to get him to check out the VA’s services and learn that he could do inpatient treatment there. Now that he’s been sober more than two months, he’s getting help with finding a job, an apartment and setting up ongoing support so he can continue to go to meetings.

“I’m just so thankful that I found this place and had this opportunity,” he said. “Where I’m from, those resources just simply aren’t there.”

The VA is looking for ways to better inform those who qualify for benefits about the mental health and drug addiction services they offer because many local veterans don’t know they can use outpatient services, 12-step programs and more at the VA campus or in their own community with VA benefits coverage.

Froats encouraged anyone who knows a veteran with substance abuse or other mental health issues to call 937-262-2159 because that person might be eligible for benefits.

Moving away from opioids

When a 2011 VA Health Systems study showed veterans were more likely to be prescribed opioids than non-veterans, the VA launched an opioid reduction initiative in 2012. Since then, 99 percent of VA facilities nationwide have decreased their prescribing rates, according to a 2018 VA report.

The VA said doctors work to taper the dosage of patients who were on opioids as well as provide alternatives like non-opiate pain medication, medical massage, acupuncture, hypnosis, epidural steroids and nerve replacement.

"We live in a society where the idea is everybody should be pain free and that is an unrealistic expectation," said Dr. Thomas Hardy, medical director at the Dayton VA Medical Center.

The Dayton facility has reduced the number of local veterans using opioids daily from about 3,500 during fiscal year 2017 to 2,000 in fiscal year 2018, he said.

Some veterans are unhappy their pain medication has been cut back, Hardy said, and it's an ongoing education process.

John Langley, an Army veteran who's a patient at the Dayton VA's Springfield Community Based Outpatient Clinic, said his oxycodone prescription for back pain was recently cut in half.

"There's days that I'm in such pain that I don't know what I'm going to do," Langley said.

The 78-year-old served in South Korea in the early 1960s and has multiple back conditions that he said began with injuries during his service. He now uses a wheelchair and had to retire from his job at the post office due to disability.

At one point he was prescribed 240 milligrams of opioid pain medication per day. It made him sleepy, he said, and he would bring extra pills back to the doctor.

"I told them I didn't need that much medication," he said. His dose was dropped to 120 milligrams per day, which he said worked for him.

But on his last visit to the doctor, he said his dosage was cut in half again to 60 milligrams per day. The doctor told him it was because they were working to prevent overdoses, Langley said.

"I wake up at 2 o'clock in the morning suffering from pain," he said. "I don't think they're doing some of the veterans justice."

People have offered to buy pills from Langley before and he believes cutting doses will only lead to veterans seeking out drugs illegally.

"How many of those veterans that aren't getting what they need are out buying it from the streets?" he said.

In health care settings across the nation, providers are moving away from managing pain with opioid prescriptions, Froats said.

"Opiates are not as beneficial for pain as the health care community once believed," he said. "In addition, up to 40 percent of those on opioids develop an addiction."

The Dayton VA has reduced its opioid prescription rate by 44 percent since 2012, Froats said.

"To accomplish this reduction, we have slowly tapered opioid dosages while also offering more effective evidence-based alternatives for pain treatment," he said.

VA guidelines call for a tapering of opioid dosage by 10 percent per month and Froats said guidelines were followed in Langley's case. After the Dayton Daily News asked about Langley's treatment, the VA assigned a patient advocate to reach out to him about his concerns, Froats said.

Any veterans prescribed a regimen that equals at least 100 milligrams morphine equivalent a day are considered at high risk for overdose by the VA and are given naloxone to take home, plus training on how to administer it, along with their family members. In the past fiscal year the Dayton VA administered more than 600 such kits.

"We have testimonials of people whose lives have been saved," Hardy said.

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1.8 - GovernmentCIO: [USDS Builds One-Stop Shop on the New VA.Gov](#) (6 October, Amanda Ziadeh, 300 uvd)

The U.S. Digital Service team at the Veterans Affairs Department is making it even easier for veterans to access their benefits and health information with a brand consolidation effort that puts Vets.Gov and VA.Gov on one site, set to launch on Veteran's Day.

The team has been at this for years, since the creation of USDS in 2014. First, it built Vets.gov, an eBenefits online portal that consolidated the hundreds of websites, forms and passwords vets had to go through to access their benefits, and launched it on Veteran's Day in 2015. The site has been iteratively progressing through veteran-testing, user-centered design and feedback ever since.

In fact, it's been progressing so well, that Marcy Jacobs, executive director of the Digital Service team at Veterans Affairs, received a Service to America Medal for Management Excellence award on Oct. 2 for the team's efforts in connecting veterans with benefits.

"It would be great to not be in a model of forms and to be more in a model of, we're using data to make it much easier for veterans to engage," Jacobs said in an interview with GovernmentCIO Media.

But the team — and Jacobs — aren't stopping there. They're using research and data to continue to understand what veterans want, need and expect out of these online services, and then develop capabilities and designs from that. That's why on Veteran's Day, users can expect Va.gov to look differently, perhaps more in-tune with what they actually are visiting the site for.

What led the digital service team at VA to consolidate Va.gov and Vets.gov? Let's start from the top.

The Problem

In order to understand user frustration, the team pulls from formative research, call center calls, one-on-one user research and simply talking to users. In short, veterans were confused and frustrated with the more than 400 veteran websites, dozens of forms, numbers of passwords, and a disorganized customer experience.

“Originally, the goal of building everything on Vets.gov was to make one single place for all of these transactions that veterans need to engage with, and there’s, right now, lots of places,” Jacobs said.

And while the team has seen lots of success with Vets.gov, as well as 1.8 million users a month, Jacobs said Va.gov still gets the majority of the traffic — about 10 million visitors.

“The next evolution of Vets.gov is to take all the goodness that’s been built over the last two and a half, close to three years, and put that where people are looking,” Jacobs said. Veterans should be able to visit one website and find what they need.

The Capabilities

When Jacobs joined the team in 2017, she said it was “very much in this posture of migrating functionality over from lots of other places, and we’re still doing that, we’re tackling a lot of the harder systems.”

Jacobs said there were a lot of forms that were migrated over to Vets.gov that weren’t as complicated. But right now, the team is working on modernizing the claims form, which is “enormous,” and has a bunch of children forms with it. The claims process is such a critical piece of the puzzle, and Jacobs said they hope to have a minimum viable product for that by the end of this year or early next year.

And notably, one of the things Jacobs said has gained a lot of traction and is a step in the direction the team is going with VA, is the personalization suit of products. “So, this is who you are, this is what we know about you, that’s a criticism that VA gets a lot, is its lack of transparency,” Jacobs said, “we have information in lots of siloes.”

This personalization is powered by an effort that the Veterans Experience Office (VEO) has been doing called Vet360, to bring together all this data on vets that live in different systems. For example, a veteran’s address and contact information lives in 87 different systems. So, if the contact information is updated at one medical center, it used to be that it was changed in only that medical center — not in their pensions portfolio, or for prescriptions, etc.

The Vet360 team pulled all that data together, as it’s connected to the various medical centers and providers, so that when a vet updates his or her contact information, it’ll propagate to all the places where it should — even the medical center a vet visits on vacation.

And in the nearly three months since this capability has been in place, 60,000 people have updated their contact information, reducing call center volume. Because what the team didn’t know at the time, was that updating contact information is the second most called about thing to the contact centers.

This will pull from more datasets in the future, too. It starts with contact information, but Jacobs said it’ll evolve into discharge status and other records pulled from the Defense Department to make it more transparent and easier for veterans to find.

Another part of this effort is the personal dashboard, which Jacobs compared to signing into a Bank of America or USAA account. When you log into these accounts, “you don’t hangout on the homepage . . . you come to a website to do something,” she said. Previously, a veteran would have to log in on the benefits side to see benefits information, on the health side to see health information, and so on.

Now, users can log in from the homepage and see everything related to them — benefits, claim status, if a document is needed for an appeal, a scheduled doctor appointment, if a prescription refill is in the mail, a message from the doctor, etc. “It just aggregates everything,” Jacobs said.

And people are using it. Jacobs said the dashboard receives 40,000 people a day. “All these things have been built in all these places, on Vets.gov. We’ve been building this functionality, and what the personalized dashboard does, is really curate that into much more of an experience,” she added.

Though many of these capabilities, including the personal dashboard, aren’t new, putting them on VA.gov makes them much more accessible.

Customer Expectations

The private sector sets the bar pretty high for citizens, but Jacobs said the government should be upping its game to be on par with it.

This personalization effort is important, because the VA knows so much information about a veteran because of their time in service, and it’s something the VA hears from its call center often. “They say, ‘why are you asking me all these questions, I was just in the military for two decades.’”

The hope is that this leads to a paradigm where the VA doesn’t ask the same question about a vet twice. And then, to be able to notify vets of the benefits they are eligible for based on all the information, so they can opt into whatever they want without filling out dozens of forms. Vets aren’t always aware of what’s available to them, especially since they have to look in various places to find out.

“We want to make that more visible and more transparent for people,” Jacobs said. Similar to Amazon’s model of alerting customers of what they might be interested in based on previous purchases or searches. “We have enough information, and we’re continuing to refine and improve that data to be able to do much more, kind of predictive recommendations with that.”

Design With Users, Not For Them

This happens to be one of USDS’ six values, and it’s particularly relevant to what the team at VA is doing. Along with remote usability testing over the phone or Skype, online testing techniques and surveys, members of the team actually sat with vets in person to watch them navigate Vets.gov. Overall, they conducted some sort of usability testing with more than 1,700 people.

“We sat with people, we sat with veterans, in medical centers and watched and talked to them. Gave them a task and said, ‘schedule an appointment with your doctor or refill your prescription,’ and they were like, ‘I don’t know where to go,’ or they were like, ‘oh, this is totally easy,’” Jacobs said.

The VEO also uses a social customer engagement tool called Medallia that has a social media listening component. “We will be able to, hopefully soon, hear what people are talking about in Facebook groups or on Reddit or in other channels, which may inform problems that we should focus on, or things that aren’t working well,” Jacobs said.

This could be directed at specific veteran groups that the team doesn’t have access to. “If we can understand what the sentiment is, and have that analysis, that’s really helpful,” she added.

And user research and understanding the customer are what's driving the consolidation of Vets.gov and Va.gov. "I think what we're doing is almost like scaling up the success that we've had on Vets.gov, to make that something that really impacts the 10 million people a month that come to our various properties," Jacobs said.

Brand Consolidation

The new site will highlight the top tasks that 80 percent of vets are coming to the site to do, based on what the team has gathered and seen through data. Right now, that's scattered across lots of different places, and the consolidation of Vets.gov and VA.gov to just VA.gov will pull that all in one place.

As is, Va.gov is designed administratively and around its organizational charts, so it feels very much for internal VA employees, Jacobs explained. This consolidation shifts focus onto customer experience, making it a customer-first website.

In the process, the team redesigned the VA.gov to make sure certain content wasn't derailing vets from what they came to the site to do or find information on, like a giant PDF about scheduling appointments, "which doesn't actually help people schedule an appointment," Jacobs said. "We put that, maybe, in a different place on the site or potentially retire it if it's not helpful."

And this rebranding hasn't been a solo effort. The Digital Service team leveraged its partners in Veterans Benefits Administration, Office of Information Technology, VEO, and other components with a vested interest in serving veterans.

"The buy-in has been kind of amazing and surprising," Jacobs said. Digital Service is running the VA.gov site and has been the convening body pulling in ideas from across the administration, ensuring that whether it's content and functionality on Vets.Gov or My HealtheVet or on other sites, all the "goodness" that exists is easy for people to find.

But managing content with the brand consolidation is challenging. So, the Digital Service team is working with the folks that provide content to VA.gov to figure out the best governance structure of either eliminating or adding content to the new site, and making sure it's all in plain language.

And, of course, deciding what goes where on the new site is all based on user research, testing data and many, many iterations of designs to figure out what works, and what doesn't.

Security

Users can login with any existing credentials they already have with the VA, like the My HealtheVet username and password, a DS Logon from DOD and the military ID.me login (the securist credential, as its government sanctioned). It's similar to how websites allow users to login with multiple different accounts, like Facebook or Google. And if a user doesn't already have one of these accounts, they can create a new account. And for accounts with more protected health information and personally identifiable information, users can upgrade from a basic account to the premium account.

A basic account allows users fill out forms and pick up where they left off, and a premium account provides much more "rich functionality," as Jacobs put it. She said there's also an

option to add two-factor authentication, and the team is currently discussing with the VA where and when this should be enforced.

But still, credentials need a long-term strategy. “Does having three credentials forever make sense?” Jacobs asked, and “how do we make sure that the credentials you get when you join the military can ideally follow you all the way through?”

The New VA.Gov and its Impact

USDS is efficient. Another one of their six values is, after all, is to create momentum; to focus on delivery of better digital services above all else. And with the brand consolidation efforts, it shows. The team began in February and plan to launch Nov. 11.

But the site won't be done. “There's a long tail of this,” Jacobs said. “There's a lot more work that will have to happen,” especially in terms of determining what to keep or kill on the website, ensuring content fits the overall style, and that it's understandable and written in plain language for visitors.

And making the VA.gov all about the veterans is working. “Somebody actually cried in a user research session,” Jacobs said. “It's great to see the impact of what we're doing, and to be able to help people . . . the scale of this is really potentially huge.”

Because ultimately, USDS is a people-first organization, not technology-first. “I think a lot of it is about our process. And our process is listening and working with the actual people who are engaging with those services,” Jacobs said.

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2. [Greater Choice for Veterans](#)

2.1 - The Missoulian: [Rosendale hears concerns from local veterans in Missoula](#) (8 October, David Erickson, 839k uvm; Missoula, MT)

A group of veterans and concerned citizens described the problems they see in the nation's military healthcare system on Monday during a roundtable discussion with Republican U.S. Senate candidate Matt Rosendale.

They spoke of long wait times, too much travel, bureaucratic stalemates, high doctor turnover and a lack of leadership within the U.S. Department of Veterans Affairs and at local VA clinics.

Rosendale is facing off against incumbent Sen. Jon Tester, a Democrat, in the upcoming November election, and veterans' issues have been one of his signature policy drivers. The ranking member of the Senate Veterans' Affairs Committee, Tester has joined with Republicans and passed the Veterans Choice Program Improvement Act, the VA Accountability and Whistleblower Protection Act, the Veterans Appeals Improvement and Modernization Act and other legislation.

Some of the bills Tester has worked on have been signed into law by President Trump, who has campaigned in Montana on behalf of Rosendale. Rosendale, the son and brother of U.S.

Marines, is Montana's state auditor and was a member of the Montana Legislature starting in 2010.

Rosendale told the crowd he's holding listening sessions with veterans all over the state to hear their concerns, and has said the VA is in "abysmal" shape.

"You've delivered on your promises," he said. "Now it's time for the nation to deliver promises back to you."

Iraq war veteran Glen Heaton described the VA clinics nationwide and here in Missoula as part of a "broken system."

"The biggest problem is no leadership," he said.

Walt Briggs, who spent time in Vietnam as an engineer officer, said elderly veterans in rural areas have to spend too much time and energy driving to cities to go to VA clinics.

"A lot of veterans I see have normal old people problems," he said. "I don't see why we can't allow them to go to resources that exist, rather than travel clear across the state for normal problems. It's not cost-effective. I don't see any reason why they can't go to a normal clinic close to where they live and relieve that pressure and burden. I don't think it's being managed correctly."

Briggs said there are towns of just a few hundred people with veterans, and he realizes it doesn't make sense to build a whole new Veterans Affairs clinic in all those places.

"Why not utilize the resources that are already in communities?" he said. "For them to drive hundreds of miles doesn't make sense."

Ed Lesofski, the executive director of the Rural Institute for Veterans Education and Research, said there's too much "tribalism" among veterans services providers.

"Senator Tester uses this tribalism to support his position within the U.S. Senate," Lesofski said. "His position is more bureaucracy and more things coming out of Washington, D.C. We are not seeing the veterans' suicide rate go down in Montana, we're seeing it go up."

Lesofski has a natural phenomenon he likes to use as an analogy.

"From what I've seen of Tester, it's like virga rain," he said. "That's rain you see off in the distance that's supposed to water fields, but it hasn't appeared here in Montana. The vast majority of funding goes to his pet programs."

Lesofski said Tester wants "Washington, D.C. to be the solution for everything" but Montanans would rather come up with solutions.

Tester has said that about half of the cases his office works on are related to veterans. Since being elected to the Senate, Tester's caseworkers have helped 5,100 veterans through a formal casework process, which ranges from helping veterans find a job or home to appealing disability ratings or even helping a suicidal veteran access immediate help. Thirteen staff members in Montana help with casework.

He also is pushing changes to the program designed to let veterans seek treatment from local doctors. The first version of the program, called Choice, did not work well, he said. But the concept of allowing vets to see local doctors is important.

Rosendale and Tester will debate on Oct. 13 on the Montana Television Network.

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3. Modernize Our System

3.1 - Health Data Management: [Cerner creates VA EHR modernization team](#) (8 October, Greg Slabodkin, 143k uvm; Chicago, IL)

Healthcare IT vendor Cerner has created a team of more than 20 technology innovators to help the company modernize the Department of Veterans Affairs' electronic health record system.

The VA EHR modernization team will outline its strategy this week at the annual Cerner Health Conference held in Kansas City, Mo. In May, the agency awarded the vendor a \$10 billion contract—one of the largest IT contracts ever issued by the federal government.

“Cerner has brought together some of this country’s brightest industry leaders to transform veteran healthcare delivery,” said VA Secretary Robert Wilkie in a written statement. “This team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care.”

Among the members of Cerner’s newly established VA EHR modernization team are Leidos, which was awarded a \$4.3 billion contract in 2015 to serve as prime contractor to modernize the Department of Defense EHR system. The Leidos-led team includes Cerner to provide the core Millennium capability for DoD as a software-as-a-service hosted in the vendor’s data center.

The VA intends to create a single common EHR system with the U.S. military by leveraging a shared Cerner Millennium platform. The agency is aligning the deployment of the VA’s Cerner system with DoD’s ongoing rollout of its own system—called MHS GENESIS, which has been deployed at four military sites in the Pacific Northwest. The VA initial operating capability (IOC) site is slated to begin this month, with an estimated completion date of March 2020 for all IOC sites.

Cerner’s VA EHR modernization team includes consultancy Accenture and dental software vendor Henry Schein—both of whom are subcontractors on the Leidos-led DoD contract for MHS GENESIS.

“We have formed a world-class team that has the best interest of veterans at heart,” said Travis Dalton, president of Cerner Government Services, in a written statement. “This is the beginning of a long transformational journey. We will continue to seek and bring the best talent available to the VA. Our nation’s veterans deserve the highest quality care and we are confident we have brought the right players to this team to succeed in our collective mission.”

Other members of Cerner's VA EHR modernization team include: AbleVets LLC, ACI Federal, B3 Group Inc., Blue Sky Innovative Solutions, Clarus Group LLC, Forward Thinking Innovations LLC, Guidehouse, HCTec, Holland Square Group, HRG Technologies, KRM Associates Inc., Liberty IT Solutions, MedicaSoft, MedSys Group, MicroHealth, PM Solutions, Point Solutions Group, ProSource360, Sharpe Medical Consulting, Signature Performance and ThomasRiley Strategies.

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3.2 - mHealth Intelligence: [Congress Mulls Expanding Telehealth to Help Veterans With PTSD](#) (8 October, Eric Wicklund, 53k uvm; Danvers, MA)

Congress is taking aim at veteran healthcare with a proposal to expand access to telehealth and telemedicine for those dealing with mental health issues like PTSD.

The Enhancing Veterans Experience with Telehealth Services (eVETS) Act, introduced last week by U.S. Reps. Bruce Poliquin (R-Maine) and Ann Kuster (D-N.H.), would create a demonstration program to give veterans in 10 states access to at least a dozen virtual care sessions with Department of Veterans' Affairs healthcare providers. The bill would also allow veterans to choose between two evidence-based treatments: prolonged exposure therapy or cognitive processing therapy.

"This bill is designed to improve access to treatment and help save the lives of veterans who are feeling discouraged and hopeless," Kuster said in a joint press release. "In rural communities in New Hampshire, the nearest VA facility can be an hour's drive away, deterring many from obtaining help."

"For these veterans, qualified private therapists are few and far between," she added. "By rapidly expanding the VA's offering of telehealth to these areas, we hope to address obstacles that have kept far too many veterans from receiving care."

If passed, the bill would take advantage of a connected care platform championed this past year by former VA Secretary David Shulkin. The Anywhere to Anywhere VA Health Care Initiative, put into place this past May, enables VA-sanctioned healthcare providers to provide telehealth treatment to veterans no matter where either the veteran or the provider are located.

Poliquin and Kuster said this service is vital in rural states like Maine and New Hampshire – and at a time when veteran suicides are increasing at an alarming rate. The bill – whose wording has not yet been processed – would expand access to telemental health services to veterans in rural areas of the 10 states with the highest per-capita rural veteran populations.

"Tragically, the rate of Veteran suicide in Maine - which is home to more than 114,000 veterans - is significantly higher than the national level," Poliquin said in the release.

Poliquin added that the program would also take advantage of public-private initiatives to increase broadband access in rural parts of the country, such as Microsoft's Rural Airband Program.

The bill, whose co-sponsors are Reps. Alex Mooney (R-W.Va.), Greg Gianforte (R-Mont.), Bruce Westerman, (R-Ark.) and Carol Shea-Porter (D.N.H.), has been referred to the House Veterans Affairs Committee.

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3.3 - Power Engineering: [VA Hospitals Invest in Boiler System Upgrades for Money and Energy Savings](#) (8 October, Dan Wallace, 6k uvd; Plymouth, MN)

Upgrading or replacing a boiler system presents one of the most daunting and expensive challenges a large facility can undertake. When the time comes—whether the current system is outdated and inefficient or it fails outright—facility management must understand the process in order to set facility management goals and make the right decisions to fulfill their energy and efficiency needs. More than 1,200 Veterans Administration medical centers and outpatient sites across the country are undertaking system overhauls like this.

Driven primarily by environmental concerns, the VA has undertaken boiler system upgrades in all their facilities. Most of the facilities will need to update their equipment, but some will require a full-system replacement. With more than a thousand facilities in need of evaluation, it's a huge undertaking—but administrators believe that the long-term savings will make the effort worthwhile.

Why make the change now?

One of the driving factors in getting this change implemented right away is regulatory. California, Texas, and New Jersey have implemented air quality standards that will not be met by older boiler systems. They must be upgraded or replaced.

These old systems often used technology that sacrificed environmental safety in favor of cost savings. Some systems incorporated metal mesh burners, which utilized filters that clog easily. The gradual clogging of air filters leads to less excess air, which leads to higher NOx emissions. NOx emissions are a combination of nitric oxide (NO) and oxygen. Nitric oxide is the result of fuel combustion and alone is not considered hazardous; however, combined with oxygen it is the source of fog, acid rain, and ground level ozone, which has been linked to myriad health issues. And while some other systems might have utilized technology to reduce overall NOx, these systems had increased electricity costs.

A second reason for the VA system upgrade, therefore, is to address these cost concerns. Today's upgrades do not require air filters, which used to add to operation costs. Upgraded systems also offer quick-change, dual-fuel capabilities, switching between gas and oil firing in less than three minutes. This saves on service costs, since multiple people are no longer needed to make the changeover. The greatest cost reduction, however, is in the demand for electricity. There is a reduction of up to 60 percent in electric consumption.

One way to realize a cost savings is by employing a system that allows one to adjust the output according to the demand. This adjustment is achieved via what is called the unit's "boiler turndown ratio," which is the ratio of the maximum heat output to the minimum heat output at which the boiler will operate both efficiently and controllably. As the desired temperature/pressure point is reached, the heat source is turned down, and if the temperature/pressure falls, the heat is turned up. In applications like the VA centers, which

require boilers to operate at a low proportion of their maximum output, a high turndown ratio is desired, and that can be achieved with modern upgrades. Traditional burners using fiber metal mesh provide a 3:1 turndown; however, with recent advancements in the field, there are now systems that can provide a 9:1 turndown or higher depending on NOx requirement. These systems can achieve ultra-low NOx emissions without the use of FGR (flue gas recirculation).

In addition to the cost savings realized through a 9:1 turndown, there is also the reduction in required maintenance. Not only are multiple people no longer needed for a dual-fuel changeover, but operating and monitoring the systems are also simplified. Older systems require constant maintenance to ensure fuel efficiency and emission control. For example, many older systems include jackshaft linkage. Due to the complexity of these systems, they require constant fine-tuning and maintenance by highly skilled operators. Maintenance of an upgraded or new system is far less complex.

Newer monitoring equipment also means fewer people are needed for hands-on examination of the system. Typically, with an older system, there was a boiler in each building—and that meant someone needed to be on location to monitor those systems. The ability to house the entire system in one location, or to upgrade the system to monitor from one location, results in lower maintenance costs.

Upgrade or replace? A case study

Determining whether to upgrade or replace a system depends on two things: the age of the existing boiler(s) and the application for the new system. Generally, systems that have been in service for 25 to 30 years would require replacement instead of an upgrade. This was the case for the V.A. Erie Medical Center in Erie, Pennsylvania. Their system had been in place for three decades and required complete replacement. In order to make the most impact with this important project, they built an entirely new boiler plant from the ground up.

The engineering team at the VA determined that existing system had met its lifespan, and they wanted to replace with latest technology. Any short-term replacement would have simply been a Band-Aid. They realized, however, that a project of this magnitude would take time to do properly. The engineering team at the VA chose Greenland Enterprises, Inc. to handle the entire project based on their central plant expertise and track-record at other healthcare facilities.

Based on the campus steam load, they determined that the replacement equipment would consist of two 400-horsepower boilers and one 200-horsepower boiler. Installation of the new boiler system took four months. From the ground up (including the new construction), the work on the project took 14 months to complete.

This new plant will provide at least a 60 percent reduction in electricity consumption, which will be accomplished using a variable frequency drive. This technology can run with fan speed at a lower rate. For example, changing the power from 60hz to 30hz speed can cut the horsepower by eight times. Therefore, a 400-horsepower system would be cut to 60-horsepower. According to Steve Seckler, Vice President of Operations at Greenland Enterprises, “Most systems can go from 60hz to 40hz easily. We chose a system that can efficiently go all the way from 60hz to 15hz for additional savings.”

Fuel reduction provides cost savings over the life of the new system. Newer boiler systems can offer a savings of two to five percent. This means that one 400-horsepower boiler with a fuel cost of \$500,000 annually can save between \$10,000 and \$25,000 a year. This new Erie plant,

with its two 400-horsepower boilers and one 200-horsepower boiler, will save the hospital between \$25,000 and \$62,500 in fuel costs annually.

Is it time for an upgrade at your facility?

A boiler upgrade project like the one undertaken at the VA Erie Medical Center is clearly something that takes significant time and money to complete. But in the end, management determined that the expense and effort will pay off in the long run. Could it be time for you to look at a similar project for your facility? Here are some points to consider when making your decision.

Sustainability

In large facilities, sustainability can be neglected when considering boiler systems. Facilities like hospitals often rely on older boilers and choose the “Band-Aid” approach of patching and maintaining them out of necessity. This method is not sustainable. Upgrading to a new boiler is the best option for long-term, sustainable improvement.

Sustainability also refers to the environmental impact of a system. With ever-changing state requirements, it is important to choose a system with enough flexibility to face these new demands as well as future ones.

Fuel-efficiency

To sufficiently meet the heating and energy load demands of healthcare facilities, old boilers burn an inordinate amount of fuel. New boilers bring added efficiency and substantial fuel savings. There is also much being done in the realm of alternative fuels for boiler systems. Bio-fuels and liquid wood are two segments of the alternative fuel market that are making great strides.

Operations and Maintenance

New boilers are streamlined to operate more smoothly and efficiently than old boilers, which can be challenging to operate and maintain. The older boilers often take much longer to heat up, and they are often kept running to meet heating needs. New boilers are designed to heat up quickly and can be adjusted to handle variable loads to ensure less energy consumption.

When considering an upgrade or replacement, no matter what the reason may be, all factors of the operation need to be addressed in preparation for a system shut-down. A project of this magnitude, from the initial bid process to completion, will require a minimum of several months (for an upgrade) up to a year or more (for a complete boiler replacement). The impact of this change, and thus the importance of the decisions made during the process, are why so many V.A. hospitals and medical centers are carefully reviewing their future energy options.

Dan Wallace is Vice President of Research & Development at Preferred Utilities Manufacturing Corporation, an engineering-based manufacturer of products for commercial, institutional, industrial and nuclear power facilities.

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4. [Focus Resources More Efficiently](#)

4.1 - WECT (NBC-6): [Congressman Jones wants VA to try to recoup wasted tax money](#) (8 October, Ann McAdams, 466k uvm; Wilmington, NC)

Congressman Walter Jones is trying to get your tax money back.

The VA's inspector general found the government overpaid by \$2.3 million to lease land for Wilmington's VA clinic from the New Hanover County Airport Authority. Jones is asking the new VA secretary to see if the lease agreement can be amended to recoup some of the wasted tax money.

Before leasing the land from the New Hanover County Airport Authority, the VA had an appraisal done, showing the fair market value to lease the land underneath the clinic was \$4 million over 20 years.

For reasons unclear, the VA agreed to pay the New Hanover County Airport Authority \$6.3 million instead.

"It's over \$2 million in 20 years, and the impropriety of the contract...what we're trying to do is find out where the skeletons are in this agreement," Jones said of the ongoing investigation into the lease agreement for the Wilmington VA clinic.

When asked last week, Airport Authority Attorney Wanda Copley said former Airport Finance Director Jim Morton negotiated the terms of the land lease with the VA, and she was not familiar with the details on why the Airport Authority was charged more than the appraised fair market value. She said the Federal Aviation Administration requires the Airport Authority to charge fair market value regardless of the tenant, but allows it to take more than the minimum determined value.

After his initial probe, the VA inspector general asked for a criminal investigation in September to look further into red flags he found with the lease agreement. In addition to the land lease concerns, he found "potential fraud" involving the lease for the clinic itself.

The VA originally entered into a lease with Summit Smith Healthcare in Wisconsin in which the VA agreed to pay nearly \$300,000 a month to lease the 80,000 square foot clinic. Commercial real estate brokers tell us that's about twice the going rate for prime medical office space in Wilmington.

Summit Smith Healthcare later transferred the lease to an LLC, which is also based out of Wisconsin. Shortly after the criminal investigation was announced, WECT learned the LLC is trying to sell the facility to a new buyer. It would still be operated as a VA clinic.

Jones has written a letter to new VA Secretary Robert Wilkie asking Wilkie to look into this.

"There are too many questions that need to be answered," Jones said. "That's why I want the Secretary of the VA, Robert Wilkie, to take a personal interest in this situation."

Jones says he plans to make a follow up call to Wilkie later this week, and request that Wilkie personally meet with the IG to get briefed on concerns about contracts for the VA clinic in Wilmington.

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4.2 - New Haven Register: [Blumenthal asks VA Inspector General to investigate sterile procedures at hospital](#) (8 October, Mark Zaretsky, 437k uvm; New Haven, CT)

WEST HAVEN — U.S. Sen. Richard Blumenthal, D-Conn., is calling for a VA Inspector General's Office investigation of the West Haven VA hospital's sterilization procedures in the face of continued whistle-blower complaints even as the VA works to improve.

Whistleblowers have told Blumenthal's office that problems persist — causing medical procedures to be postponed or moved elsewhere at the last minute — while monthly procedures at the West Haven VA have “plummeted” as the hospital addresses the problems.

Among other ramifications of the West Haven VA's problems have been an inordinate number of VA medical procedures “outsourced” to Yale New Haven Hospital, Blumenthal, ranking member of the Senate Committee on Veterans Affairs, wrote in a recent letter.

“I write to request a review of the policies and procedures for sterile processing operations at the VA Connecticut Health System in West Haven ... to identify and and all problems that are preventing medical professionals from delivering quality and timely care to patients,” he wrote in an Oct. 3 letter to VA Inspector General Michael J. Missal.

“I am surprised — in fact, even somewhat stunned — by the apparent magnitude of cancellations and other issues that could impact the timeliness and quality and safety of surgical care,” Blumenthal said in an interview Monday.

“These impacts are plainly unacceptable — such as the number of monthly procedures plummeting from 360 to between 50 and 90,” as well as the number of surgeries transferred to Yale New Haven, Blumenthal said.

“Frankly, we're receiving whistleblower calls indicating the deficiencies in sterile procedures are resulting in so much ... outsourcing to Yale New Haven,” he said. “So what we're asking is that the Office of Inspector General do its oversight, as seems very necessary at this point.

“We want to know whether patients are being placed at risk, what improvements are necessary and what the VA is doing about these,” he said.

Blumenthal said he also mentioned the issue directly to the VA secretary at a recent hearing.

“I'm raising these issues at the highest level of the VA, as well as asking for an Inspector General report,” he said. “We need to know what will be done to assure that all the equipment and procedures meet the highest standards of safety, quality and cleanliness.

Blumenthal's call for an investigation comes in the wake of redoubled efforts to tighten VA procedures in West Haven after a VA triannual survey earlier this year found approximately 50 shortcomings in the facility's sterilization department.

But while Blumenthal's staff was told during a Sept. 5 visit that the hospital was implementing recommendations from two VA panels, "whistleblower reports continue to contradict that claim and question the effectiveness of these new policies and practices," Blumenthal wrote.

"These conflicting reports warrant an investigation to ensure the safety and well-being of patients while the West Haven VA addresses the deficiencies in their sterilization department," he wrote.

According to one West Haven VA medical professional, "the number of monthly procedures carried out has plummeted from 360 to between 50 and 90, with many cancellations occurring shortly before scheduled procedures," Blumenthal wrote.

"The West Haven VA leadership explained that they are operating at a limited capacity in order to address the Joint Commission's and VA's recommendation," the letter says. "However, whistleblower reports claim these cancellations are due to sterile processing operations and are resulting in a disproportionate number of patients being outsourced to Yale New Haven Hospital."

Among other problems, the West Haven VA disclosed "in response to Congressional inquiry" that on Aug. 10, two surgical trays were found to be contaminated, resulting in the last-minute cancellation of two surgical procedures, and "surgical diversion" resulted in the cancellation of nine procedures planned for Aug. 13, Blumenthal wrote.

He said it was "particularly important" that the Inspector General's office "conduct oversight on the implementation of Standard Operating Procedures ... for sterilizing surgical equipment" because, while the West Haven VA has hired new leadership to ensure compliance, "my office continues to receive reports that employees are following their own set of standards..."

The West Haven VA recently has hired about 30 new sterilization employees, but "it is crucial that new hires possess the appropriate credentials for sterilizing equipment," Blumenthal wrote.

He said by phone that "generally, I find that veterans are pleased and satisfied with the care that they receive at the West Haven facility, so I'm hoping that the management there is working hard on improvements. But this OIG scrutiny may help provide additional insight.

"I'm hoping that this will be sort of a temporary aberration ...and that the highly-dedicated staff and management at the VA," will correct the issues, Blumenthal said.

A VA team specializing in the maintenance of sterile conditions spent four days at the VA Connecticut Healthcare System hospital in West Haven in May, followed by a six-day visit by the national director of the program.

The team from the National VA Sterile Processing Services, or SPS, program visited "to review the local program and offer recommendations for improvement and education to SPS staff," the VA said at the time.

Since then, Blumenthal has asked the U.S. Department of Veterans Affairs' acting chief to approve \$17 million for a project to build a new sterilization plant at the West Haven VA hospital.

The West Haven VA was cited by the VA Inspector General's office in 2014 for having dirty operating rooms as well as inadequate supervision and a high absentee rate.

At that time, the VA Inspector General concluded that “terminal cleaning procedures in the (VA operating room) are not performed appropriately” and the hospital’s Environmental Management Services “has insufficient staff resources assigned to the OR.”

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4.3 - The Daily Advertiser (Video): [Here's the latest on a veteran's lawsuit against the Louisiana VA director](#) (8 October, Leigh Guidry, 230k uvm; Lafayette, LA)

A United States Attorney is saying a Vietnam veteran's lawsuit against the Louisiana director of Veterans Affairs should be dismissed.

George Jackson, 76, filed a civil lawsuit in August in the U.S. District Court Western District of Louisiana against Mark Bologna, director of the Veterans Affairs Regional Office in New Orleans.

Jackson is considered tetraplegic and is basically bedridden, so his wife Helene and veterans advocate Paul Labbe went to the Lake Charles court to file the suit for him.

On Sept. 6 U.S. Attorney David C. Joseph responded with a motion to dismiss the lawsuit on behalf of Bologna, claiming the federal court does not have jurisdiction over the matter and that the case should be decided before the VA.

The motion also claims that the case isn't against government employee Bologna, but against the government.

Requests for comment from Veterans Affairs officials were not returned.

Labbe alleges in his original filing that Bologna, not the VA, violated the veteran's constitutional and statutory rights. Jackson demands \$150,000 in damages from the director.

The federal attorney claims the suit does not provide enough evidence to show Bologna is legally liable for this.

"The United States is the real party at interest in an action such as this proceeding challenging a VA benefit decision," the motion states. "The United States has not waived sovereign immunity for this action."

Jackson responded with a filing Sept. 21, restating his claims that Bologna and the VA violated Jackson's rights by delaying the process and eventually denying the veteran's request for disability pay, despite his service in combat and medical records.

He also alleges that "Bologna and his staff (under his direction) are deliberately delaying [his] claim due to [his] age and the likelihood of [him] dying before proper award can be made," which the defendant points out in his motion to dismiss.

The 30-year Navy veteran doesn't expect to benefit personally from this suit, but hopes it helps other veterans.

"Maybe my suit'll make it better for somebody else," Jackson said when he filed the original complaint. "... If we can stop them from doing it to me, we can stop them from doing it to other folks. ... If they see they can be held accountable maybe they'll stop doing it."

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5. [Improve Timeliness of Service](#)

5.1 - The Guardian: [Joint support: left and right in rare agreement on cannabis](#) (8 October, Alex Halperin, 14.7M uvm; New York, NY)

With the US weeks away from the most contentious midterm election in at least a generation, Americans of all political persuasions increasingly want marijuana to be legal.

Two-thirds of the country favor recreational legalization and polls consistently show support for medical use well above 80%. In 1996 when California became the first state to allow medical use, roughly one in four Americans wanted to legalize the drug. Since then there has been a seismic shift, and today, according to the data site FiveThirtyEight, support for legalization is among the least divisive issues in the country.

Refreshingly, public opinion on marijuana policy refuses to conform to the country's familiar red state/blue state divide. While legalization is somewhat more popular with Democrats, it has long attracted supporters from the libertarian right.

With public opinion strongly in favor of legalization, it has become the default position for Democrats, while political realities have pushed Republicans in the same direction.

Now that 31 states allow medical use, support for legalization has climbed amid perceptions that cannabis may be a treatment option for veterans with post-traumatic stress disorder and could be an "exit drug" for people addicted to opioids. The evidence that marijuana relieves these overlapping scourges is still more anecdotal than scientific, but both have been hard-felt in conservative, rural areas. Hope for relief has led veterans, a traditionally right-leaning constituency, to overwhelmingly support medical marijuana research.

The dynamic was apparent in June, when voters in deep-red Oklahoma approved a permissive medical marijuana law. Polls suggest voters in conservative Utah will comfortably pass a stricter medical marijuana law on election day, despite initial opposition from the Mormon church, the state's most important institution. The religion, which doesn't permit consumption of alcohol or caffeine, has become comfortable with doctor-supervised medical marijuana use but not recreational use, whether legal or not.

In November, legalization proponents hope to unseat Congressman Pete Sessions, a Texas Republican who has blocked votes on modest measures like allowing Veterans Administration doctors to recommend medical marijuana in states where it's legal. Sessions (no relation to the anti-legalization US attorney general, Jeff Sessions) is in a competitive race and recently met with mothers who advocate for research into cannabis as a treatment for autism.

Sessions' opponent, Colin Allred, is a civil rights attorney and former NFL player who supports medical marijuana legalization. (Former NFL players who suffer severe chronic health problems, are a small but influential constituency that has advanced acceptance of medical marijuana.)

One unusual aspect of the legalization debate as it plays politically is that with few exceptions, neither supporters nor opponents are especially eager to discuss marijuana and the consequences of legalization.

The cannabis industry sees itself as an engine for creating jobs and offering the public a safer alternative to alcohol, but very few public officials are willing to go that far. Instead both Democrats and Republicans emphasize the potential benefits for veterans, and oppose harsh penalties for minor marijuana offenses. I've yet to hear a politician say it will be a net benefit to society when every American adult has access to weed. Substantial campaign donations await whoever is willing to make the case.

Legal, commercial marijuana may yet prove to be beneficial. But as access becomes easier, it's also likely to become clear that there are drawbacks to many more Americans spending much more of their lives high. When that happens it's possible to imagine Democrats calling for tighter control of legal cannabis and the industry gravitating to the anti-regulation GOP.

Until then, politicians of both parties have absorbed the lesson: no one wins votes by taking away the people's weed.

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5.2 - The Commercial Appeal: [Editorial | Why is Memphis VA still among the worst?](#) (8 October, Editorial Board, 1.1M uvm; Memphis, TN)

There are 146 government-run veterans' hospitals in America, land of the free and home of millions of brave and wounded warriors.

Only five of those hospitals have received the system's lowest rating (one-star) three years in a row.

The Memphis VA Medical Center is one of the failing five.

That despite the U.S. Department of Veterans Affairs announcement in January that it was taking "an aggressive new approach to produce rapid improvements at VA's low-performing medical facilities nationwide."

That despite the fact that the chairman of the powerful U.S. House Veterans Affairs Committee is Phil Roe, Republican from Tennessee, a physician and Army veteran.

That despite the hiring 18 months ago of Memphis VA Medical Director David K. Dunning, a Memphis-born 30-year Army veteran.

That despite the recent progress made by VA medical centers in Nashville and Murfreesboro, which were upgraded this year from one-star to two-star ratings.

The VA began releasing its annual quality ratings (1-5 stars) to the public in 2016 -- and only after USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The only highly rated (four stars) VA medical center in the state of Tennessee happens to be in Johnson City, where Roe lives, the area he represents in Congress and the city he led as mayor.

"As the chairman of the House Committee on Veterans Affairs and the Congressman representing West Tennessee veterans who seek care at the Memphis VA Medical Center, we are concerned and outraged by the recent abysmal failures at the Memphis facility," Roe and U.S. Rep. David Kustoff of Memphis wrote in a joint guest column published in this newspaper more than a year ago.

"We are encouraged to see swift action from the Department of Veterans Affairs (VA) to get the Memphis facility on track -- and will continue to closely monitor progress."

Perhaps the words "swift" and "progress" mean something different at the federal government level.

The newest VA ratings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

When it comes to uncommonly high levels of patient death and medical complications, "small improvements" aren't swift enough or big enough.

Perhaps it's time our wounded warriors to take a knee -- and pray for the high-quality health care they all deserve and have earned, and that we all have promised.

As Roe and Kustoff stated in this newspaper a year ago: "The men and women who put on a uniform and fought for this country made a promise to serve; a promise to defend the United States against all enemies foreign and domestic. In return, this country made a promise to care for the men and women who have borne the battle and to provide for their families."

Why hasn't the President or Congress done more to "produce rapid improvements" at the Memphis VA Medical Center?

Why aren't all VA medical centers five-star facilities?

Why aren't our military veterans receiving the very best quality health care everywhere from Johnson City to Memphis, from sea to shining sea?

Viewpoint Editor David Waters wrote this editorial on behalf of The Commercial Appeal Editorial Board [...]

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5.3 - The Fayetteville Observer: [Our View: Fast storm recovery at VA](#) (6 October, 439k uvm; Fayetteville, NC)

The governor's been talking a lot lately about "resiliency" as one of his goals for recovery from Hurricane Florence. He wants people and places that can more easily withstand massive flooding and other storm-related problems, ways to prevent a massive recurring expense for rebuilding after a storm.

Resiliency is something Veterans Affairs Secretary Robert Wilkie saw when he toured VA facilities impacted by Florence in Fayetteville and Wilmington.

Even before the flooding fully receded, VA officials in this region were getting the department's health-care operations up and running. Clinics that had been shut down by the storm had at least partially reopened. Mobile medical units were providing care until regular facilities could reopen. VA medical and administrative staff from as far away as Alaska were in town, helping out.

Nearly 17,000 appointments were canceled because of the hurricane, Fayetteville VA Director James Laterza said, but by the beginning of last week, more than half of them were already rescheduled.

Wilkie, a Fayetteville native who grew up on and around Fort Bragg, said, "We are the ultimate good news story" when he saw his staff's recovery successes.

Is this is an early sign of can-do spirit and innovation in the nation's second-largest bureaucracy? We hope that's exactly what it is. Wilkie took the VA's reins at an already-difficult time, with the agency roiled by controversy and hurt by the departure of many high-level managers. But the way the department is dealing with a hurricane and major flooding in its fastest-growing region — well, it's as encouraging a sign as we could imagine.

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5.4 - Union-Bulletin: [Walla Walla VA shows improvement. It's getting a better handle on management, but staffing problems remain an issue](#) (7 October, Forrest Holt, 60k uvm; Walla Walla, WA)

Management of the veterans medical center in Walla Walla has moved up a notch, according to recently released numbers from the Department of Veterans Affairs.

In the second quarter of this year, the Jonathan M. Wainwright VA Medical Center was one of 10 VA medical centers in the U.S. in the one-star, "high risk" category on a scale of five stars. Since then, it has earned another star, joining 95 others nationwide that have improved in the past year.

"(The one-star rating) was a big black eye for us and I think it was a wake-up call as well," said Keith Allen, the medical center's acting director. "I told staff we need to celebrate but we need to get back to work because that third star is on the horizon."

While two out of five stars may not seem particularly good, Allen said those ratings are for comparing VA medical centers with each other,

The metrics do not draw a direct parallel to the private sectors, he added, but “when you compare us to the UWs, the Virginia Masons, the Harborviews, we are right there, if not better than our counterparts on the private side.”

Allen traced the rating change to the VA’s efforts in identifying areas for improvement, rather than punishing facilities that did not meet benchmarks. He compared it to navigating an unfamiliar room in the dark. They were bumping into things they did not know were there, but concrete measurements brought to light what needed to change.

Since 2015, the VA has worked to improve oversight of quality management by tracking data more closely, offering the medical center a more comprehensive view of the its progress.

Improving communication across the entire facility was one of the biggest improvements, Allen said. Additionally, the amount of people returning the hospital after a recent visit has fallen and employees reported being more satisfied with their jobs.

Still, the medical center has about a 28-percent job vacancy rate, he said. With about 600 employees, Walla Walla is relatively small facility, so those shortages hit the remaining staff harder than at larger facilities.

It is also more difficult to attract and retain primary care providers, Allen said. Many choose to take jobs in the private sector, which often pay more, and some would simply prefer to live in a bigger city. And once they are in the job, many providers show signs of burnout.

Allen said the medical center is showing improvement in this area as it focuses more on training and mentorship. The medical center has also recently hired a chief of staff for primary care, a position that has been vacant for a while, he said.

The medical center is filling positions in its Patient Aligned Care Teams — groups of employees who bring care to the patients all at once rather than, for example, sending them to a doctor, then a specialist, and then a pharmacist. The teams still have vacancies, Allen said, but the pace of hiring is picking up.

Suzanne Gordon, author of “Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation’s Veterans,” said a variety of forces beyond an individual hospital’s influence affect veterans’ health care.

The shortages at Walla Walla’s medical center mirror those at others around the country. Gordon said the VA has about 45,000 job vacancies nationwide and there have been efforts to reduce retirement plans and bonuses for federal employees, including those working in the VA, which further makes moving to the private sector more attractive.

As a government agency, the VA can be caught in the crossfire of the politicians that control its budget and policies, she said.

The nature of the care needed also poses a challenge, Gordon said. In general, veterans are less likely to show up to their appointments, but are more likely to have needs specific to their population.

She said there is a lot of stigma among veterans when it comes to mental health care although they are more likely to need it.

Despite all the shortages, Gordon said it is important to recognize how the VA health care system compares to the private sector.

While there are thousands of private hospitals, the VA is an integrated network that can benefit veterans no matter their location.

According to the third quarter measurements, almost 75 percent of VA medical centers nationwide have shown improvements since this time last year.

“Better things are out there and we just need to go get them,” said Allen. “There are a lot of people here that pour their heart and soul in the facility.”

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5.5 - KURV (FOX-710): [Harlingen V-A Center Sees Health Care Improvements](#) (8 October, 1k uvd; Edinburg, TX)

Top officials at the V-A Health Care Center in Harlingen are pointing to a number of changes made in just the last year for the ratings upgrade the facility received this year.

The Veterans Administration upgraded the Harlingen facility from the lowest 1-star rating last year to a 2-star rating this year. Of the eight V-A health care facilities in Texas, the Harlingen V-A Center was the only one to improve its score, based on the 5-star system.

Officials say leadership and policy changes resulted in lowering the turnover rate among nurses, improvements in mental health care, faster response times to veterans' phone calls, and shorter appointment wait times.

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[6. Suicide Prevention](#)

6.1 - KMOX (CBS-1120, Audio): [Veteran Suicide with Dr. Keita Franklin](#) (7 October, 25.2M uvm; Saint Louis, MO)

Six-minute broadcast: Brian talks with Dr. Keita Franklin Executive director of suicide prevention for the department of veteran affairs about the VA's new anti-suicide program.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Boston Globe: [Sailor who died in the attack on Pearl Harbor in 1941 finally laid to rest at Mass. Cemetery](#) (8 October, Katie Camero, 8.8M uvm; Dorchester, MA)

Flags were lowered to half-staff in Connecticut from sunrise to sunset in honor of a sailor from that state who died in the Japanese surprise attack on Pearl Harbor and was laid to rest Monday at the Massachusetts National Cemetery in Bourne.

Stephen Pepe of Bridgeport, Conn., was 43 years old when his battleship the USS Oklahoma was attacked by Japanese aircraft on Dec. 7, 1941. The ship sustained multiple torpedo hits, which caused it to quickly capsize.

“Navy Water Tender 1st Class Stephen Pepe gave his life for our country, and we will be forever grateful for his service,” Connecticut Governor Dannel P. Malloy said in a statement. “Over seven decades after he made the ultimate sacrifice in a battle that marked one of the darkest days in American history, he is returning to his family and will receive a proper burial.”

The attack took the lives of 429 crewmen on the ship, including Pepe, according to a statement from The Defense POW/MIA Accounting Agency.

Pepe’s body was finally identified and accounted for on March 19, 2018, the defense department said.

At least 2,403 people died as a result of the Pearl Harbor attack, including navy and army members, marines, and civilians.

In 1947, members of the Graves Registration Service — now known as Mortuary Affairs — disinterred the remains of the unidentified sailors to transfer them to a laboratory with the hopes of identifying the members who fought bravely for their country, the DPAA said.

The laboratory staff was only able to identify 35 men who died onboard the USS Oklahoma that day.

The remaining bodies, including Pepe’s, were buried at the National Memorial Cemetery of the Pacific in Honolulu, otherwise known as the Punchbowl, DPAA said.

A military board classified those who could not be identified as non-recoverable.

More than six decades later, DPAA personnel began exhuming the remains from the Punchbowl for analysis.

The second attempt to identify the soldiers came after the Deputy Secretary of Defense issued a policy in 2015 directing the disinterment of unknown crewmen associated with the USS Oklahoma, DPAA said.

Pepe’s remains were identified using mitochondrial DNA analysis, anthropological analysis, as well as circumstantial and material evidence, DPAA said.

Pepe’s name is recorded on the Walls of the Missing at the Punchbowl. A rosette will be placed next to Pepe’s name to indicate he has been accounted for, DPAA said.

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7.2 - Patch.com (Palo Alto): [Secretaries Of State Honored By Foundation For VA Work](#) (9 October, Sue Wood, 1.2M uvd; New York, NY)

PALO ALTO, CA -- Anyone seeking a dose of patriotism could have cut it with a knife at the Four Seasons in Palo Alto Monday night. The PenFed Foundation honored in its dinner two U.S. Secretaries of State George Shultz and Condoleezza Rice as well as Veterans Administration leader Lisa Freeman for their work with building the Defenders Lodge.

The evening was launched with a hair raising audio of "America the Beautiful," as Shultz, 98, sat stoically near the podium to pledge his dedication to the honoring of the home developed through his efforts with Rice and the nonprofit PenFed Foundation.

"The words say everything -- Defenders Lodge," said Shultz, a longtime federal public servant who served under U.S. President Ronald Reagan. As secretary, he played a key role in thwarting a foreign policy that led to the successful conclusion of the Cold War. Remember Reagan's famous utterance: "Mr. Gorbachev, tear down this wall." These days, the feds want to build one.

The baby-blue bow tie clad Shultz has the unique distinction of owning careers in government, academia and business. The public dignitary provided a very personal account of why a veteran needs space to feel comfortable with family members present.

"Have you tried to get a room in Palo Alto?" he quipped. "The Defenders Lodge provides free lodging. It makes a gigantic difference."

For when veterans need care, he called the hospital a "very lonely place."

He characterized the Defenders Lodge as "a brilliant idea turned into a reality that works."

Shultz went to work with Rice to secure over \$10 million in funding to build the sprawling center. Rice made a video PenFed shared with the group.

Palo Alto Mayor Liz Kniss told the gathering of about 50 people she is proud of the accomplishment in her city.

"It is a terrific public-private entrepreneur partnership," she said.

Kniss pointed out how unlike other sterile-feeling medical facilities the Lee & Penny Anderson Defenders Lodge has a "warm" yet "extremely efficient" feel that makes the home functional.

Many in the audience toured the facility located off Miranda Avenue in Palo Alto.

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7.3 - WFTV (ABC-9, Video): [Action 9 helps veteran get benefits after life-altering injury](#) (8 October, 1.1M uvm; Orlando, FL)

A Navy veteran contacted Action 9 claiming the Department of Veterans Affairs had refused to pay his disability claim after he suffered a life-altering injury as a teenager.

After winning an appeal nearly 40 years later, the government still didn't pay his \$90,000 settlement.

Consumer investigator Todd Ulrich went to work on his case and his congresswoman was also there to help.

August 20th, 1974, was the last day Navy veteran John Lewis could breathe without damaged lungs.

He was on board the USS Sumter. While he was using a torch, the ventilation failed, and zinc fumes burned his lungs.

"That one incident affected my whole life. Yeah, you never know. You never know," Lewis said. He was diagnosed with permanent loss of full lung function and he was honorably discharged.

But Lewis, who was 18 at the time, was denied disability benefits despite his injury, which was at times crippling.

"I end up passing out or almost passing out after five to 10 minutes of exertion," Lewis said.

As a teenager, Lewis didn't appeal the decision. But 37 years later, he was unable to work, and friends who were veterans convinced him to try to an appeal. That took another seven years. He sent a petition to the court of appeals for his veteran claims.

The court granted Lewis the benefits because it found that the government had made a clear and unmistakable error.

"I was denied because of a document that didn't even exist," Lewis said.

He got a monthly retroactive benefit. And the VA also owed him an additional \$90,000 in disability pay. But weeks, then months, passed and he did not receive a check.

"When it didn't happen, it crushed me financially," Lewis said.

He contacted Action 9, asking for help. Ulrich reached out to U.S. Rep. Stephanie Murphy. Her office had contacted the VA about his case last year.

"He was caught up in the red tape that exists with federal agencies," Murphy said.

She said her office has handled 1,200 cases to help constituents recover earned benefits.

"We work alongside them to make sure they receive what they have earned," Murphy said.

Lewis got his check for \$90,000 last month. "I feel like I'm getting my life back," he said.

This year, the Quicker Veterans Benefits Delivery Act became law. It's supposed to ease a huge backlog of benefit claim appeals that drag on for years. And yet, paying resolved claims can still take months, or even years.

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7.4 - WVEC (ABC-13): [Elder Law Experts: V.A. pension program changes could hurt veterans](#) (8 October, Mike Gooding, 609k uvm; Norfolk, VA)

VIRGINIA BEACH, Va. — Big changes are in the works for the nation's 20 million military veterans.

In recent days, the Department of Veterans Affairs has published new rules that enhance a vet's capability to qualify for long-term care benefits. However, elder law experts said the changes make things more difficult

The "V.A. Pension Program" provides monthly payments to certain wartime Veterans with financial need and their survivors. To qualify, generally, a veteran must have at least 90 days of active-duty service, with at least one day during a wartime period.

What is possibly at risk is a tax-free \$2,170 per month "Aid and Attendance" benefit that assists vets that have a disability that is not service-connected. The benefit can help defray care costs so veterans can get the care they need at home or in assisted living.

"It's a significant re-write," said elder law attorney Andrew Hook. "Continuing to do the planning out would've recommended even 30 days ago would cause significant hardship and problems for them."

The new regulations go into effect October 18 and set a net worth limit of \$123,600. That number will include both the applicant's assets and income.

Additionally, under the new rules, any gifts made in the past 36 months, either to a family member or to an irrevocable trust, would be penalized.

Hook Law Center will host a free seminar this Wednesday to explain what these new pension law changes mean to veterans, spouses and their families, to help them plan ahead and avoid impacts to their estate and long-term care plans.

"We owe a duty to our veterans to try and get the word out," said Hook.

The Veterans Benefits seminar is free and open to the public. It's scheduled for Wednesday, October 10, at 10 a.m., at TowneBank, 984 First Colonial Road, Virginia Beach.

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7.5 - KCTV (CBS-5, Video): [Veteran finally wins claim after 10-year battle with VA](#) (8 October, Zoe Brown and Angie Ricono, 598k uvm; Fairway, KS)

KANSAS CITY, MO -- There may finally be some hope for veterans battling appeals with the V.A.

"RAMP", or the Rapid Appeals Modernization Program, started about a year ago.

Steve Fischer is a veteran who began his battle for benefits back in 2007. He has spent a decade fighting a bureaucratic paperwork war with the U.S. Department of Veterans Affairs.

To put it in perspective, his fight for benefits lasted longer than the war he served in.

Fischer served three tours in Iraq and has survived three roadside bombs.

"I heard a big boom, lots of smoke, ringing," he recalled. "Everyone was rushing to get us out of there."

One roadside bomb was the worst one.

"It separated the entire truck in half," he said. "Luckily, everyone survived, but we were all knocked unconscious and medevacked to Fallujah Medical."

He suffers from PTSD, a traumatic brain injury, hearing and vision loss, and nerve damage -- especially in his back.

Fischer said his life changed after that blast. So, he applied for benefits when he finished his tours.

The V.A. approved some, but not all, of his claims. He has been in appeals since 2009.

"This has all been going on since then," he said. "Here it is -- 2018."

He first applied in 2007. It took two years for the V.A. to approve some of the claims. Then, that kicked off the long appeals process as his file bounced from Washington back to the regional level twice. As time passed, his medical reports became outdated.

"I had to go to new exams," he explained, "do all the exams again."

Fischer describes a frustrating, bureaucratic, never-ending process.

"Every time I get a new letter from the V.A., it's a sinking feeling," he said. "My heart drops and then I open it. Every time I opened it, it hasn't been a positive outcome; it's been a nightmare."

He's not alone. Many veterans across the nation report similar problems.

Last year, KCTV5 News reported on Phil Nash who is battling the V.A. for benefits, as well as cancer.

"We have to fight for the compensation we are entitled to," Nash said.

In pictures from his service, one can see planes spraying Agent Orange

The V.A. originally approved his disability benefits because his cancer was directly connected to his exposure to Agent Orange.

Then, he had surgery and was considered cured, so the benefits stopped

However, when his prostate cancer came back, the benefits did not. Since then, the cancer has spread.

Nash's case is on appeal. It has taken years, it is still not resolved, and he is losing hope

"I'll probably be dead," he said.

"I have several friends who have given up and these are friends in heavy combat," Fischer said. "They are missing limbs, organs from mortar attacks. They are having the same issues I'm having."

The V.A. has promised things will improve and, for Fischer, he's finally seeing results.

KCTV5 News first spoke to Fischer when he was concerned the new rapid appeals process wasn't working. We followed his story and the program did resolve his claim in the promised time frame.

"I'm just glad it's over," he said. "It still hasn't hit me yet. It's still really new to me, definitely. When I wake up in the morning, now I have a smile. This is great!"

However, one has to remember this was a 10-year battle that lasted through three presidencies. So, only time will tell how well the program will work overall for veterans across the nation.

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7.6 - KRON (MNT-4, Video): [Nonprofit tackles problem of homeless veterans sleeping in their cars](#) (8 October, Michelle Kingston, 437k uvm; San Francisco, CA)

PALO ALTO - People are living out of their cars and RVs on streets in so many Bay Area communities.

A nonprofit organization teamed up with the VA to make sure that no veteran sleeps in their car when in need of medical treatment.

"I'm not sleeping in my car," veteran Billy Bryels said. "I'm not sleeping in the lobby. "I'm not sitting out there for a half a day because conditions dictate that."

Bryels was hit with grenade shrapnel in Vietnam and has needed medical attention since he returned home from war.

He's thankful to now have the Lee and Penny Anderson Defenders Lodge in Palo Alto where he can stay overnight for free when getting treated at the VA medical center.

Since opening in 2014, the Defenders Lodge has provided 115,000 free nights of healing for veterans receiving critical health care.

"They had two choices--either sleep in their car or not come and not get the care they so richly deserve at all," said Lisa Freeman, who is the former director of VA Palo Alto Healthcare System.

The lodge is like a hotel with 104 beds, a cafe, and library--and most importantly, a room to rest.

"I just met a veteran this morning who traveled 180 miles this morning to get here, and that's an expense in itself just to travel, but if you got to rent a room, a decent room, you're going to pay a couple hundred bucks or more," Bryels said.

It's an expense some veterans can't afford, but skipping the treatments they need is something the PenFed Foundation says is unacceptable.

"Men and women who went into harm's way to fight and win in our nation's wars to give them a safe place to sleep in order to get their medical treatment they so truly deserve and earned," PenFed CEO James Schenck said. "It's a great feeling for me. It's a warm facility. It's a great place for them to stay."

The Defender's Lodge has saved veterans almost \$35 million since opening its doors in 2014.

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7.7 - Providence Business News: [Resnik awarded \\$600K for research study on female veteran amputees](#) (8 October, Rob Borkowski, 262k uvm; Providence, RI)

Linda Resnik, a research scientist at the Center for Neurorestoration and Neurotechnology at the Providence VA Medical Center, has been awarded nearly \$600,000 by the Department of Veterans Affairs Rehabilitation Research and Development Service to conduct a three-year research study to improve upper-limb prostheses for women veteran amputees.

Titled "Validation of Patient Reported Outcomes for Female Veterans with Upper Limb Amputation," the study will not only develop measures sensitive to the needs of women with upper-limb amputation but will allow Resnik and her team to develop and use new measures that compare outcomes of male and female amputees, as well as identify disparities and unmet needs.

"Women are more likely to reject or abandon upper-limb prostheses, in part due to dissatisfaction with devices and lack of appropriately gendered prostheses," said Resnik, who also serves as a professor in the Department of Health Services, Policy and Practice at Brown University, in a statement. "Currently available measures of prosthesis satisfaction and function were developed for men, and may not reflect the issues or concerns most important to women."

Melissa Clark and the Office of Survey Research at the University of Massachusetts Medical School will participate in the study.

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7.8 - KPLC (NBC-7, Video): [Veterans forced to leave local care facility](#) (8 October, Theresa Schmidt, 192k uvm; Lake Charles, LA)

A local residential facility that has housed veterans for many years won't after this week.

We found out after being contacted by a veteran who was very upset to be forced to leave Lake Charles. Other residents say the decision on where they go is determined by those who have guardians.

Every Christmas and throughout the year a number of charitable organizations and veterans groups come to Chennault Place to spread cheer to veterans who live here. One resident was Frank Giaccone, who loved to talk about many things from current events to old cars.

"I rebuilt a 1954 Chevrolet pickup truck. Me and my dad built it. Four speed," he said in a 2016 interview.

And Frank enjoyed taking buses around town and being part of the community.

"I love the bus system, I love the people, I love the cuisine, the food. I love everything about Lake Chuck," he said.

But Giaccone and about 20 others are being sent to other facilities out of town because Chennault Place will no longer be a veterans care facility. Giaccone, who's already been sent to Alexandria, was very upset. Sandy Morgan is a volunteer with Post 1 of the American Legion.

"Frank cried on my shoulder last week. He's scared, he's very afraid. He doesn't know anything in Alexandria. He's having to readjust and Frank doesn't readjust very well," said Sandy.

The owner of Chennault Place says he was losing more than \$10,000 a month and that the Veterans Administration was not sending them additional veterans, which would have made it more financially stable- so it's going to become a rental facility.

Wade Trahan is one of five veterans who will soon join Giaccone at Canterbury House in Alexandria. He says he doesn't blame the owner, if he's losing money.

"I don't mind moving. Things happen that way. You just gotta go with the flow," said Trahan.

And despite how upset Giaccone was, Trahan figures he'll be okay once some of his friends join him in Alexandria.

"Aw, he'll get used to it. Once we get over there, and we be with him, he gonna be all calmed down," said Trahan.

Still, those here who know and care about the 21 veterans leaving will miss them. Sandy says it breaks her heart.

"The guys that I love are moving. They're going away."

We reached out to the VA to see if they had any comment on the local veterans being sent out of the area. As yet, we have not received a response. The state also has a Veterans Affairs Office.

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7.9 - WTXL (ABC-27, Video): [Maclay students' art displayed at Tallahassee National Cemetery](#) (8 October, 60k uvm; Midway, FL)

TALLAHASSEE, Fla. - A group of local high school students are showing their patriotism to the family of veterans.

WTXL ABC's Jada Williams talked with the people adding a "pop of color" in a seemingly unusual place.

High school students at Maclay now have artwork prominently displayed at the Tallahassee National Cemetery, adding a little more depth to the final resting place for the men and women who have served our country.

When you think of a cemetery, you think of flowers adorning caskets, but what about works of art?

"It's not a good situation to be here, but to have something to take their mind off is great," said Lucy Smith, a Maclay Student.

Maclay High School students like Smith are bringing more red, white and blue to the Tallahassee National Cemetery.

Raymond Miller, the Tallahassee National Cemetery director: "When you have people come in and they're able to walk in, now all of sudden now not only do they know they're loved ones are here, but people in the community are caring and they've taken the time to come out here."

Maclay art teacher Kyle Maurey says when Miller reached out, the opportunity seemed too good to pass on.

Kyle Maurey, a Maclay Upper School art teacher, said that "This was a perfect opportunity, space, time to use artwork to connect to the community and add something beautiful."

The cemetery regularly displays artwork from the community.

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7.10 - Hudson Valley 360: [Gillibrand, VA clash over funds for off-shore Navy veterans](#) (8 October, Richard Moody, 1k uvd; Hudson, NY)

WASHINGTON — The sponsor of legislation that would help certain naval veterans who served in the Vietnam War obtain compensation for health complications caused by Agent Orange exposure is hopeful the legislation will move forward, despite expressed opposition from the U.S. Department of Veterans Affairs.

Naval veterans who served on the shore of Vietnam do not get compensation from the Veterans Administration for complications caused by exposure to the herbicide Agent Orange, said U.S. Sen. Kirsten Gillibrand, D-N.Y.

The Agent Orange Act of 1991 only allowed compensation for soldiers who served, boots on the ground, inland or sailors who served on inland water ways, but veteran organizations are pushing Congress to pass legislation that would add sailors stationed just off-shore during the war, arguing it is possible those sailors could have been exposed.

"I have known Navy veterans who have died waiting for this legislation to pass," said Command Sgt. Maj. Gary Flaherty, director of Columbia County Veterans Services. "There are a lot of unhappy veterans. There is no question in our minds when those planes flew over spraying Agent Orange it affected the sailors on the deck of ships on the shoreline."

In the past, Flaherty said the cancer-causing herbicide could have been carried to ships anchored offshore by wind or into ships' potable water drawn from the ocean and filtered.

The House of Representatives passed the Blue Water Navy Vietnam Veterans Act on June 25 with a 382-0 vote.

The Senate Committee on Veterans Affairs has held the bill since June 28.

"Senator Gillibrand has had productive conversations with Committee on Veterans Affairs Chairman U.S. Sen. Johnny Isakson, R-Ga., about his concerns and they have discussed ideas for modifications," according to a statement from Gillibrand's office. "We are hopeful that Chairman Isakson will produce a bill with small modifications very soon and that the Senate would be able to vote on it without any further delay."

The committee held a hearing on the bill Aug. 1 and VA Undersecretary for Benefits Administration Paul Lawrence told members of the committee the department opposes the legislation.

"We oppose this bill," Lawrence said. "We know it is incredibly difficult to hear from groups of veterans who are ailing and ill. There is no conclusive science from the institute of medicine to support claims of exposure."

Lawrence argued the bill would set a precedent that the department would have to pay veterans' claims regardless of the scientific evidence.

The VA is conducting a health study that compares the health effects on Vietnam veterans who did not serve inland, including nearly 1,000 Blue Water Navy veterans, with non-veteran populations, which will start to be published in 2019, Lawrence said.

"They have been studying this for 50 years," Flaherty said. "This is the closest this bill has ever been. It is time to stop stalling, stop studying and give these veterans what they deserve."

Agent Orange exposure can cause many health complications including chronic B-cell leukemias, Hodgkin lymphoma, ischemic heart disease, multiple myeloma, Non-Hodgkin lymphoma, Parkinson's disease, peripheral neuropathy, porphyria cutanea tarda — characterized by liver dysfunction — prostate cancer, respiratory cancers and soft tissue sarcomas, which attacks muscle, fat, blood and lymph vessels and connective tissues, and diabetes according to the website for the U.S. Department of Veterans Affairs.

Randy Staats, of Hudson, served as a deckhand on the USS New Jersey from 1967 to 1969 and was anchored off the Vietnam shore during that time at points all along the coast. Staats suffers from diabetes, a condition he has requested compensation for more than 10 times since 1992 and has been denied every time, he said.

“They just told me I wasn’t going to get it because Blue Water Navy veterans are not entitled to it,” Staats said. “They are waiting for most of us to die and then they will give it to us. If it was their kids over there, they would have this thing passed already.”

FUNDING THE BLUE WATER NAVY BILL

Lawrence also told committee members in August that the VA opposes the way Congress plans to pay for the bill through increasing fees charged as part of the VA Home Loan programs. Veterans with disabilities are exempt from funding fees.

“The funding plan for [the bill] is unfortunate,” said Greene County Veterans Service Agency Director Michelle Romalin Deyo. “It is disconcerting that the funding for benefits payable to our Blue Water could be at the expense of other veterans.”

Under the bill passed by the House rates for veterans using the loan programs would be as follows:

From 2.15 percent to 2.40 percent of the loan amount for loans with no down payment

said. "So, I am very hopeful that Congress will find another resource, outside of existing VA programs, to make sure our Blue Water Veterans are finally compensated, and all of the corresponding benefits are extended to them and their dependents, without further delay."

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7.11 - East Tennessean: [‘Veterans Stand Down’ At Carver Park](#) (8 October, Jonathan Roberts, 400 uvd; Johnson City, TN)

On Oct. 5, the Department of Veterans Affairs and the Appalachian Coalition of Homelessness hosted the sixth annual "Veterans Stand Down" at Carver Park.

The event, which saw over 130 homeless and struggling veterans come through, offered free clothing, food, haircuts and personal care items. All of that in addition to free counseling and substance abuse referrals, employment training, housing resources, legal resources and healthcare services.

Over 20 volunteers and over 40 organizations and various agencies showed up to Carver Park to provide assistance where they could, as did Tennessee Congressional Representative Phil Roe (R-TN).

"It's just something I like doing," Rep. Roe said. "I like meeting people, and there's also quite a few things we found out we want to do for homeless veterans just standing here."

While there's still a way to go in order to eliminate homelessness among the veterans in the area, the number of homeless veterans coming through has steadily decreased since 2013. Last year the 2017 Veterans Stand Down helped serve over 180 veterans, a number that dropped over 50 this year.

"We may decide at some point that because of the numbers dropping off that we go to every other year, but we don't know," said David Shields, Community Employment Specialist in the Homeless Program at the VA.

While the drop off in the total number of veterans has been a positive, there has been an uptick in homelessness among female veterans as well as LGBT veterans. The uptick in women in the Armed Forces has led to the Dept. of Veterans Affairs increasing the number of programs designed to help assist women as well as the implementation of a Military Sexual-Trauma (MST) program.

"We have a whole MST program, and it's a shame that we have to have that, but that's the reality of it," Shields said. "And it's not to say that men do not experience that, because they do, but it's not to the extent women do."

On the LGBT-side of things, there was a booth set up to help provide services to those veterans identifying as LGBT. A pamphlet distributed by the James H. Quillen VA Medical Center noted that 13 percent of all transgender people are veterans.

Regardless of gender or sexual orientation, however, the need to help assist the nations struggling veterans is something people across the area were quick to respond to.

"It's absolutely incredible for me," one veteran volunteer, Chad Berry, said, "Really, the first year we had this stand down I came out just to lend a hand, and that's when I started getting a passion [to help] homeless veterans."

Rep. Roe was glad to experience Veterans Stand Down in the area.

"We're so blessed to have a great VA facility here [in Johnson City]," he said. "My job is to be sure we raise the quality for all veterans hospitals."

Something as simple as having a local representative attend one of these events is seen as a huge benefit by those hosting these events.

"When we're having these events, [Rep. Roe] shows up," Shields said. "He always does, and the veterans always like to see that, and it's good for them to know that they have that voice that's willing to come out and be here."

As Chair of the House Veterans Affairs Committee, Roe noted how much going to these events and supporting veterans means to him.

"Homelessness is a sore spot for me because in this year's budget we approved \$7.5 billion to homeless veterans and I don't think that money is getting to the veterans," Rep. Roe said. "I want to follow that money and find out why."

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

9 October 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [AP Fact Check: Trump fudges history on black vote, drug cost](#) (8 October, Hope Yen and Calvin Woodward, 24.1M uvm; New York, NY)
Facing pivotal November elections, President Donald Trump is misrepresenting the history of African-American voting and exaggerating his influence in boosting income and controlling prescription drug prices.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Vukmir, Baldwin Clash in Sometimes Combative First Debate](#) (8 October, Scott Bauer, 23.9M uvm; Washington, DC)

Vukmir, waving papers and referencing an ethics complaint that was filed against Baldwin, said that she "turned her back on the veterans" at the Tomah Veterans Affairs Medical Center that led to the death of Marine veteran Jason Simcakoski in 2014. Vukmir said Baldwin was too slow to respond to a report delivered to her office in August 2014 detailing problems at the facility.

[Hyperlink to Above](#)

1.3 - NPR (Morning Edition, Audio): [Some Apps May Help Curb Insomnia, Others Just Put You To Sleep](#) (8 October, Rhitu Chatterjee, 22M uvm; Washington, DC)

Paige Thesing has struggled with insomnia since high school. "It takes me a really long time to fall asleep — about four hours," she says. For years, her mornings were groggy and involved a "lot of coffee." After a year of trying sleep medication prescribed by her doctor, she turned to the internet for alternate solutions. About four months ago, she settled on a mobile phone meditation app called INSCAPE.

[Hyperlink to Above](#)

1.4 - NBC News: [VA owes veterans housing allowances under the GI Bill, forcing some into debt](#) (7 October, Phil McCausland, 9.6M uvm; New York, NY)

If Jane Wiley and her husband Ryan Wiley, both discharged from the Marines, don't receive the housing allowance they get through the GI Bill by November 1, she expects that they will run out of money for food and rent. The two former Marines would also have to stop attending school if they can't afford childcare for their two kids.

[Hyperlink to Above](#)

1.5 - The Kansas City Star: [Why aren't there more Jason Kander moments in politics? Because PTSD is so feared](#) (7 October, Bill Turque, 4.8M uvm; Kansas City, MO)

Arizona Congressman Ruben Gallego is a rarity in American politics. The two-term Democrat has spoken openly about his struggles with post-traumatic stress disorder (PTSD), the result of his service as a Marine in the Iraq War. Even then, he only revealed his symptoms — heightened anxiety and difficulty sleeping — after he was first elected in 2014.

[Hyperlink to Above](#)

1.6 - Democrat & Chronicle (Video): [Ratings show Canandaigua medical center has improved, VA says](#) (7 October, Steve Orr, 1.5M uvm; Rochester, NY)

The VA medical center in Canandaigua has improved markedly over the last year, according to new ratings by the agency that operates it. The Canandaigua center has made "large improvements" and now has earned four stars out of five, according to ratings released last week by the the U.S. Department of Veterans Affairs. A year ago, the center was rated three stars.

[Hyperlink to Above](#)

1.7 - Dayton Daily News (Video): [Vets twice as likely to fatally OD – what the Dayton VA is doing about it](#) (7 October, Katie Wedell, 1.1M uvm; Dayton, OH)

One of the state's largest drug rehabilitation facilities sits on the west side of Dayton but many local residents — including those who could qualify for free care there — are unaware of its existence. With 99 residential beds, an outpatient clinic, and programs to help recovering addicts find housing and employment, the Dayton Veterans Affairs Hospital has developed the kind of comprehensive addiction treatment program other agencies serving the general population strive to duplicate.

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1.8 - GovernmentCIO: [USDS Builds One-Stop Shop on the New VA.Gov](#) (6 October, Amanda Ziadeh, 300 uvd)

The U.S. Digital Service team at the Veterans Affairs Department is making it even easier for veterans to access their benefits and health information with a brand consolidation effort that puts Vets.Gov and VA.Gov on one site, set to launch on Veteran's Day.

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2. [Greater Choice for Veterans](#)

2.1 - The Missoulian: [Rosendale hears concerns from local veterans in Missoula](#) (8 October, David Erickson, 839k uvm; Missoula, MT)

A group of veterans and concerned citizens described the problems they see in the nation's military healthcare system on Monday during a roundtable discussion with Republican U.S. Senate candidate Matt Rosendale. They spoke of long wait times, too much travel, bureaucratic stalemates, high doctor turnover and a lack of leadership within the U.S. Department of Veterans Affairs and at local VA clinics.

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3. [Modernize Our System](#)

3.1 - Health Data Management: [Cerner creates VA EHR modernization team](#) (8 October, Greg Slabodkin, 143k uvm; Chicago, IL)

Healthcare IT vendor Cerner has created a team of more than 20 technology innovators to help the company modernize the Department of Veterans Affairs' electronic health record system. The VA EHR modernization team will outline its strategy this week at the annual Cerner Health Conference held in Kansas City, Mo. In May, the agency awarded the vendor a \$10 billion contract—one of the largest IT contracts ever issued by the federal government.

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3.2 - mHealth Intelligence: [Congress Mulls Expanding Telehealth to Help Veterans With PTSD](#) (8 October, Eric Wicklund, 53k uvm; Danvers, MA)

Congress is taking aim at veteran healthcare with a proposal to expand access to telehealth and telemedicine for those dealing with mental health issues like PTSD. The Enhancing Veterans Experience with Telehealth Services (eVETS) Act, introduced last week by U.S. Reps. Bruce Poliquin (R-Maine) and Ann Kuster (D-N.H.), would create a demonstration program to give veterans in 10 states access to at least a dozen virtual care sessions with Department of Veterans' Affairs healthcare providers.

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3.3 - Power Engineering: [VA Hospitals Invest in Boiler System Upgrades for Money and Energy Savings](#) (8 October, Dan Wallace, 6k uvd; Plymouth, MN)

Upgrading or replacing a boiler system presents one of the most daunting and expensive challenges a large facility can undertake. When the time comes—whether the current system is outdated and inefficient or it fails outright—facility management must understand the process in order to set facility management goals and make the right decisions to fulfill their energy and efficiency needs.

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4. [Focus Resources More Efficiently](#)

4.1 - WECT (NBC-6): [Congressman Jones wants VA to try to recoup wasted tax money](#) (8 October, Ann McAdams, 466k uvm; Wilmington, NC)

Congressman Walter Jones is trying to get your tax money back. The VA's inspector general found the government overpaid by \$2.3 million to lease land for Wilmington's VA clinic from the New Hanover County Airport Authority. Jones is asking the new VA secretary to see if the lease agreement can be amended to recoup some of the wasted tax money.

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4.2 - New Haven Register: [Blumenthal asks VA Inspector General to investigate sterile procedures at hospital](#) (8 October, Mark Zaretsky, 437k uvm; New Haven, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is calling for a VA Inspector General's Office investigation of the West Haven VA hospital's sterilization procedures in the face of continued whistle-blower complaints even as the VA works to improve.

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4.3 - The Daily Advertiser (Video): [Here's the latest on a veteran's lawsuit against the Louisiana VA director](#) (8 October, Leigh Guidry, 230k uvm; Lafayette, LA)

A United States Attorney is saying a Vietnam veteran's lawsuit against the Louisiana director of Veterans Affairs should be dismissed. George Jackson, 76, filed a civil lawsuit in August in the U.S. District Court Western District of Louisiana against Mark Bologna, director of the Veterans Affairs Regional Office in New Orleans.

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5. [Improve Timeliness of Service](#)

5.1 - The Guardian: [Joint support: left and right in rare agreement on cannabis](#) (8 October, Alex Halperin, 14.7M uvm; New York, NY)

With the US weeks away from the most contentious midterm election in at least a generation, Americans of all political persuasions increasingly want marijuana to be legal. Two-thirds of the country favor recreational legalization and polls consistently show support for medical use well above 80%. In 1996 when California became the first state to allow medical use, roughly one in four Americans wanted to legalize the drug.

[Hyperlink to Above](#)

5.2 - The Commercial Appeal: [Editorial | Why is Memphis VA still among the worst?](#) (8 October, Editorial Board, 1.1M uvm; Memphis, TN)

There are 146 government-run veterans' hospitals in America, land of the free and home of millions of brave and wounded warriors. Only five of those hospitals have received the system's lowest rating (one-star) three years in a row. The Memphis VA Medical Center is one of the failing five.

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5.3 - The Fayetteville Observer: [Our View: Fast storm recovery at VA](#) (6 October, 439k uvm; Fayetteville, NC)

The governor's been talking a lot lately about "resiliency" as one of his goals for recovery from Hurricane Florence. He wants people and places that can more easily withstand massive flooding and other storm-related problems, ways to prevent a massive recurring expense for rebuilding after a storm.

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5.4 - Union-Bulletin: [Walla Walla VA shows improvement. It's getting a better handle on management, but staffing problems remain an issue](#) (7 October, Forrest Holt, 60k uvm; Walla Walla, WA)

Management of the veterans medical center in Walla Walla has moved up a notch, according to recently released numbers from the Department of Veterans Affairs. In the second quarter of this year, the Jonathan M. Wainwright VA Medical Center was one of 10 VA medical centers in the U.S. in the one-star, "high risk" category on a scale of five stars. Since then, it has earned another star, joining 95 others nationwide that have improved in the past year.

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5.5 - KURV (FOX-710): [Harlingen V-A Center Sees Health Care Improvements](#) (8 October, 1k uvd; Edinburg, TX)

Top officials at the V-A Health Care Center in Harlingen are pointing to a number of changes made in just the last year for the ratings upgrade the facility received this year. The Veterans Administration upgraded the Harlingen facility from the lowest 1-star rating last year to a 2-star rating this year. Of the eight V-A health care facilities in Texas, the Harlingen V-A Center was the only one to improve its score, based on the 5-star system.

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6. Suicide Prevention

6.1 - KMOX (CBS-1120, Audio): [Veteran Suicide with Dr. Keita Franklin](#) (7 October, 25.2M uvm; Saint Louis, MO)

Six-minute broadcast: Brian talks with Dr. Keita Franklin Executive director of suicide prevention for the department of veteran affairs about the VA's new anti-suicide program.

[Hyperlink to Above](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Boston Globe: [Sailor who died in the attack on Pearl Harbor in 1941 finally laid to rest at Mass. Cemetery](#) (8 October, Katie Camero, 8.8M uvm; Dorchester, MA)

Flags were lowered to half-staff in Connecticut from sunrise to sunset in honor of a sailor from that state who died in the Japanese surprise attack on Pearl Harbor and was laid to rest Monday at the Massachusetts National Cemetery in Bourne.

[Hyperlink to Above](#)

7.2 - Patch.com (Palo Alto): [Secretaries Of State Honored By Foundation For VA Work](#) (9 October, Sue Wood, 1.2M uvd; New York, NY)

Anyone seeking a dose of patriotism could have cut it with a knife at the Four Seasons in Palo Alto Monday night. The PenFed Foundation honored in its dinner two U.S. Secretaries of State George Shultz and Condoleezza Rice as well as Veterans Administration leader Lisa Freeman for their work with building the Defenders Lodge.

[Hyperlink to Above](#)

7.3 - WFTV (ABC-9, Video): [Action 9 helps veteran get benefits after life-altering injury](#) (8 October, 1.1M uvm; Orlando, FL)

A Navy veteran contacted Action 9 claiming the Department of Veterans Affairs had refused to pay his disability claim after he suffered a life-altering injury as a teenager.

After winning an appeal nearly 40 years later, the government still didn't pay his \$90,000 settlement. Consumer investigator Todd Ulrich went to work on his case and his congresswoman was also there to help.

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7.4 - WVEC (ABC-13): [Elder Law Experts: V.A. pension program changes could hurt veterans](#) (8 October, Mike Gooding, 609k uvm; Norfolk, VA)

Big changes are in the works for the nation's 20 million military veterans. In recent days, the Department of Veterans Affairs has published new rules that enhance a vet's capability to qualify for long-term care benefits. However, elder law experts said the changes make things more difficult

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7.5 - KCTV (CBS-5, Video): [Veteran finally wins claim after 10-year battle with VA](#) (8 October, Zoe Brown and Angie Ricono, 598k uvm; Fairway, KS)

There may finally be some hope for veterans battling appeals with the V.A. "RAMP", or the Rapid Appeals Modernization Program, started about a year ago. Steve Fischer is a veteran who began his battle for benefits back in 2007. He has spent a decade fighting a bureaucratic paperwork war with the U.S. Department of Veterans Affairs.

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7.6 - KRON (MNT-4, Video): [Nonprofit tackles problem of homeless veterans sleeping in their cars](#) (8 October, Michelle Kingston, 437k uvm; San Francisco, CA)

People are living out of their cars and RVs on streets in so many Bay Area communities. A nonprofit organization teamed up with the VA to make sure that no veteran sleeps in their car when in need of medical treatment. "I'm not sleeping in my car," veteran Billy Bryels said. "I'm not sleeping in the lobby. "I'm not sitting out there for a half a day because conditions dictate that."

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7.7 - Providence Business News: [Resnik awarded \\$600K for research study on female veteran amputees](#) (8 October, Rob Borkowski, 262k uvm; Providence, RI)

Linda Resnik, a research scientist at the Center for Neurorestoration and Neurotechnology at the Providence VA Medical Center, has been awarded nearly \$600,000 by the Department of Veterans Affairs Rehabilitation Research and Development Service to conduct a three-year research study to improve upper-limb prostheses for women veteran amputees.

[Hyperlink to Above](#)

7.8 - KPLC (NBC-7, Video): [Veterans forced to leave local care facility](#) (8 October, Theresa Schmidt, 192k uvm; Lake Charles, LA)

A local residential facility that has housed veterans for many years won't after this week. We found out after being contacted by a veteran who was very upset to be forced to leave Lake Charles. Other residents say the decision on where they go is determined by those who have guardians.

[Hyperlink to Above](#)

7.9 - WTXL (ABC-27, Video): [Maclay students' art displayed at Tallahassee National Cemetery](#) (8 October, 60k uvm; Midway, FL)

A group of local high school students are showing their patriotism to the family of veterans. WTXL ABC's Jada Williams talked with the people adding a "pop of color" in a seemingly unusual place. High school students at Maclay now have artwork prominently displayed at the Tallahassee National Cemetery, adding a little more depth to the final resting place for the men and women who have served our country.

[Hyperlink to Above](#)

7.10 - Hudson Valley 360: [Gillibrand, VA clash over funds for off-shore Navy veterans](#) (8 October, Richard Moody, 1k uvd; Hudson, NY)

The sponsor of legislation that would help certain naval veterans who served in the Vietnam War obtain compensation for health complications caused by Agent Orange exposure is hopeful

the legislation will move forward, despite expressed opposition from the U.S. Department of Veterans Affairs.

[Hyperlink to Above](#)

7.11 - East Tennessean: [‘Veterans Stand Down’ At Carver Park](#) (8 October, Jonathan Roberts, 400 uvd; Johnson City, TN)

On Oct. 5, the Department of Veterans Affairs and the Appalachian Coalition of Homelessness hosted the sixth annual “Veterans Stand Down” at Carver Park. The event, which saw over 130 homeless and struggling veterans come through, offered free clothing, food, haircuts and personal care items. All of that in addition to free counseling and substance abuse referrals, employment training, housing resources, legal resources and healthcare services.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - ABC News (AP): [AP Fact Check: Trump fudges history on black vote, drug cost](#) (8 October, Hope Yen and Calvin Woodward, 24.1M uvm; New York, NY)

Facing pivotal November elections, President Donald Trump is misrepresenting the history of African-American voting and exaggerating his influence in boosting income and controlling prescription drug prices.

He laments in campaign speeches on behalf of Republican candidates that blacks' support for Democrats had become "habit," having voted for them "for 100 years," and insists his administration's policies are changing that. In fact, most African-Americans were effectively blocked from the right to vote until 1965. Much of the income gains he claims for blacks and other minorities came during the Obama administration.

On drug costs, Trump says he is "bringing them down." But few drugmakers have actually lowered prices as a result of his pressure.

And in remarks at the hot core of the debate over his new Supreme Court justice, Trump distorted the testimony of Brett Kavanaugh's accuser in a mocking turn on a rally stage before the Senate elevated the judge to the high court on the weekend.

A look at the past week's claims:

[...]

VETERANS

TRUMP: "We just passed Choice. That was 44 years they've been trying to pass Choice, so that if you have to wait in line for 9 days, 30 days, 21 days, months, you don't do that anymore. If the line's big, and if you're unhappy with it, you go to a private doctor, they take care of you, and we paid the bill. It's better. They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed." — Tennessee rally on Oct. 1.

TRUMP: "We also passed Veterans' Choice. Forty-four years they tried to do it." — Mississippi rally Tuesday.

THE FACTS: He's exaggerating improvements to the Department of Veterans Affairs by incorrectly stating a private-sector health care program was never passed by Congress before him. He also falsely suggests the newly expanded program will have immediate effect.

Congress first approved the Veterans Choice program in 2014 in the wake of a scandal at the Phoenix VA medical center in which some veterans died while waiting months for appointments. The program allows veterans to see doctors outside the VA system if they must wait more than 30 days for an appointment or drive more than 40 miles to a VA facility.

Trump signed legislation in June to expand the Choice program by giving veterans even wider access to private-sector doctors at government expense, subject to yet-to-be-finalized rules that will determine eligibility as well as available funding.

Contrary to what Trump suggests, the effects of the newly expanded program are not immediate. Key to its success is an overhaul of the VA's electronic medical records to allow seamless sharing of medical records not only with the Pentagon but also private physicians, a process expected to take up to 10 years. The VA also has yet to resolve long-term financing for the program due to congressional budget caps that could put funding for VA or other domestic programs at risk of shortfalls next year.

At a Senate hearing last month, VA Secretary Robert Wilkie made clear that full implementation of the expanded Choice program was "years" away.

[...]

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1.2 - U.S. News & World Report (AP): [Vukmir, Baldwin Clash in Sometimes Combative First Debate](#) (8 October, Scott Bauer, 23.9M uvm; Washington, DC)

MILWAUKEE — Republican Leah Vukmir, down in the polls a month before the Nov. 6 election, clashed with Democratic Sen. Tammy Baldwin on Monday, in a debate that turned combative at times as they presented starkly different positions on health care, abortion, immigration and a host of other issues.

Here are the takeaways:

[...]

TOMAH

Vukmir, waving papers and referencing an ethics complaint that was filed against Baldwin, said that she "turned her back on the veterans" at the Tomah Veterans Affairs Medical Center that led to the death of Marine veteran Jason Simcakoski in 2014. Vukmir said Baldwin was too slow to respond to a report delivered to her office in August 2014 detailing problems at the facility.

Baldwin said Vukmir "should be ashamed of herself for using a Marine veteran's death for her own political gain."

Baldwin noted that she worked with Simcakoski's widow and parents to pass a law in 2015 that toughened guidelines for prescribing drugs at VA facilities, including requiring VA employees prescribing opioids to be better trained and to follow Centers for Disease Control and Prevention protocol.

Simcakoski's widow and parents cut two campaign ads for Baldwin in the election, while Tomah whistleblower Ryan Honl supports Vukmir and said it would be "immoral" to vote for Baldwin. An ethics complaint filed against Baldwin by a staff member she fired because of how the Tomah issue was handled was dismissed.

[...]

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1.3 - NPR (Morning Edition, Audio): [Some Apps May Help Curb Insomnia, Others Just Put You To Sleep](#) (8 October, Rihitu Chatterjee, 22M uvm; Washington, DC)

Paige Thesing has struggled with insomnia since high school. "It takes me a really long time to fall asleep — about four hours," she says. For years, her mornings were groggy and involved a "lot of coffee."

After a year of trying sleep medication prescribed by her doctor, she turned to the internet for alternate solutions. About four months ago, she settled on a mobile phone meditation app called INSCAPE.

"It's about a 30-minute soundtrack, and it starts with a woman kind of telling you to relax and instructing your breathing," explains Thesing. "Then it goes into sounds — relaxing noises. There's wind chimes, some atmospheric music playing..."

She uses the app every night and falls asleep within 15 or 20 minutes. "So, definitely a big improvement from four hours," she says.

Thesing is not alone. Chronic insomnia affects an estimated 10-15 percent of adults, and another 25-35 percent struggle with sleep issues occasionally. And like Thesing, a growing number of insomniacs are turning to mobile phone apps to lull them to sleep.

On Twitter and Facebook, NPR asked its audience if they have used a mobile phone app to help manage insomnia. Nearly 100 people wrote back suggesting a range of apps, including podcasts created to put a listener to sleep.

"These are usually relaxation strategies, white noise, meditation," Jason Ong, an associate professor of neurology specializing in sleep at Northwestern University's Feinberg School of Medicine. He studies non-pharmacological treatments for various sleep disorders and treats patients at the university's Sleep Medicine clinic. "It's not that there's something wrong with those apps. It's a reasonable first thing to try."

But, he adds, these kinds of apps aren't based on scientifically-proven solutions, and they don't really fix the problem of why someone is not sleeping.

Ong wanted to do something about that, so a few years ago, he consulted for a team that developed an app that uses a science-based approach to address insomnia called Sleepio. (However, he doesn't have any ongoing financial interest in the product, he says.)

Sleepio and a few other apps like SHUT-i and a free one developed by the Veterans Administration use the most sustainable and evidence-based solution for insomnia. It's a kind of therapy called Cognitive Behavioral Therapy for Insomnia — CBT-I for short, he says. It helps the patient understand the biology of sleep and gives them a bag of tools and tricks to change their own thought patterns and behaviors to treat their underlying sleep issues.

"CBT for insomnia is a specific package ... [that] includes different techniques like spending less time in bed [and] what to do if you are in bed and can't sleep," says Ong. "It's teaching you how to change your behavior to better work with your brain to give you confidence that you're going to be able to sleep on a regular basis."

It may be surprising to us, but our own thought patterns and sleep habits affect our biology, in this case how our brains regulate sleep. "If you modify some of your behaviors, you can work better with how your brain regulates sleep and wake," he says.

The American College of Physicians first recommended Cognitive Behavioral Therapy for Insomnia as the first-line treatment for insomnia in 2016. "The evidence is quite strong to support the effectiveness of CBT-I treatment and there really aren't a lot of side effects," says Ong. And, because it changes behavior, "in the long run CBT-I tends to perform quite well in maintaining the benefits."

In the past the only way for people to get Cognitive Behavioral Therapy for Insomnia was to see a therapist, now they can access the therapy on their mobile phones.

"In Sleepio, it's like an avatar of a real therapist that's walking the patient through that process," explains Ong. Sleepio also allows users to keep a sleep diary so the app can use its algorithm to suggest a better bedtime schedule. It also reminds people to get up when they've spent too much time in bed trying to fall asleep, for example.

Like a real therapist, the apps that use Cognitive Behavior Therapy for Insomnia also provide practical tools to help the user worry less about their sleep and over time, be less anxious and more confident about their ability get a good night's rest. "It's very similar to what we do face-to-face with patients," adds Ong.

Studies show that CBT-I delivered digitally through mobile phone apps is effective in treating insomnia. And a recent study of Sleepio by Ong and the team that developed the product found that participants who used the product reported an improvement in insomnia symptoms and overall wellbeing.

"It's an impressive study in size and scope," says John Torous, the director of digital psychiatry at Beth Israel Deaconess Medical Center. "But like any study, we have to interpret it within reason."

The participants in the study were mostly white and female, he notes, and so it's hard to generalize the findings to the larger population. And, he adds that the study was designed and funded by Big Health, the company that created the app and is now marketing it.

Also, Sleepio is only available on a limited basis. You can get it through employers, health insurance and national health systems at the moment, says Mike Radocchia, the marketing and business development lead at Big Health. Although the company does give it to researchers and charities for free.

And while apps that use Cognitive Behavior Therapy for Insomnia cost less than in-person therapy, they can be pricey. A 26-week subscription of SHUTi costs \$149.

That's why Torous often directs his patients with insomnia to a free app developed by the Veterans Administration called CBT-I Coach.

"Anyone can access it. You don't have to be a veteran," Torous says.

Jake Hanks, a mental health counselor based in Glenwood Springs, Colorado, agrees. "CBT-I Coach would be my absolute favorite," he says. "It includes a lot of the cognitive restructuring, the true things about sleep that we want patients to keep in mind." And so, he too, recommends the free app to his patients.

However, Torous notes that these apps don't work for everyone. The recent study by Ong and his colleagues hints at why.

"Even in this clinical study, less than 50 percent [of people who were assigned to use the app in a randomized controlled trial] are able to make it through the entire course of CBT delivered through digital platforms," he notes. "For some people it may be hard to make it through all the sessions of CBT."

This is true of most health and wellness apps, he says. Torous has studied this and found that of the 10,000 mental health apps out there, very few are actually being used. "I don't think we really understand how people are using technology towards their health and recovery," he notes.

But in some ways, he says, people with insomnia may be ahead of scientists in figuring out what works well for them.

"If you find something that works [for you], I think that's always a good first step," he says. "Quick fixes or simple solutions may get you feeling better right away."

But, he notes, insomnia is a complex disorder with many underlying causes. Sometimes it can be caused by a medical condition that's easily treatable, like a thyroid problem, he adds.

So, no matter what app you are considering, always talk to your doctor about your sleep issues, he advises. "Until you know the diagnosis or what you're working with, you don't want to start treating something that's not what you think it is."

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1.4 - NBC News: [VA owes veterans housing allowances under the GI Bill, forcing some into debt](#) (7 October, Phil McCausland, 9.6M uvm; New York, NY)

If Jane Wiley and her husband Ryan Wiley, both discharged from the Marines, don't receive the housing allowance they get through the GI Bill by November 1, she expects that they will run out of money for food and rent. The two former Marines would also have to stop attending school if they can't afford childcare for their two kids.

The Wiley family is not alone. Because of a software issue, the Department of Veteran Affairs is struggling to pay student veterans the housing allowance and other benefits provided to them via the GI Bill.

The federal agency has paid some veterans too much, too little, or nothing at all. It is up to two months late on payments in some cases, forcing potentially thousands of former service members to spiral financially.

The Wileys depended on those checks and included them in their monthly budget. Without them, they instead have a handful of maxed out credit cards and no expectations of when they might be paid.

NBC News spoke to 10 veterans who had to borrow money from family, take out loans, or open new credit cards — and watch their bank accounts trend steadily toward zero — because their payments were delayed.

“People are homeless and starving because they can’t rely on getting their benefits,” said Jane Wiley, who left the Marines in June 2016 and now serves as a reservist in the Air Force. “If it means making [VA] employees stay all night, then get it done because it’s better than putting families in crisis.”

Wiley said she is frustrated because she sent in the paperwork to be certified to receive her benefits nearly two months ago, but has no idea when or if she’ll receive a check. The VA has provided her — and the other veterans NBC News spoke to — few answers.

“You can count on us to serve,” said Wiley, 31, who attends Texas A&M San Antonio, “but we can’t count on the VA to make a deadline.”

The VA said the problem currently stems from an IT problem caused by changes to the law when President Donald Trump signed the Forever GI Act last year. New standards for calculating housing stipends were to be implemented on August 1, but it caused “severe critical errors” during testing that “resulted in incorrect payments,” VA spokesman Terrence Hayes said.

As a result, the VA decided to postpone the deployment of the system. It is now paying students under 2017 rates — ignoring the 1 percent increase for 2018 — and plans to reimburse students the difference they are owed at some point in the future.

As of now, the agency does not know how many veterans are impacted but expects that 360,000 veterans will have to be paid the 2017 rate. It will be “unable to identify the number of Veterans solely impacted by delayed payments” until they are able to process every veterans’ enrollment documents, Hayes said.

“Education Service has placed the Regional Processing Offices in a mandatory overtime status and have 202 temporary employees on hand to assist with the pending inventory,” he said in a statement. “With these measures in place we are processing over 16,000 claims per day.”

Hayes did not respond for comment when asked how much the additional 202 temporary employees would cost the VA.

The VA’s Office of Information Technology and Veterans Benefits Administration believe the problem could be solved by the end of the year, but many veterans said none of this has been conveyed to them, leaving them directionless.

The lack of communication has only exacerbated the problem, said veteran Jarid Watson, 37. He faults what he called “toxic leadership” at the VA for these ongoing issues. Watson said he

has fallen behind on his mortgage payments because of the delay and added that, at the very least, the VA could have explained the problem.

“It would at least show there was some sort of strategy, some sort of plan, some sort of organization,” said Watson, who received a medical discharge from the Air Force as a tech sergeant in 2016 after 12 years of service. “It’s just another example of how the VA, in this capacity, does not have their s--- together, and that comes from the very top.”

Rep. David Roe, R-Tenn., the chairman of the Committee on Veterans’ Affairs, began looking into the matter in mid-September after two veterans in his district sent their information within a minute of each other to be certified. One received his housing allowance, but the VA couldn’t find the other man in the system at all.

In a letter to Under Secretary for Benefits Paul Lawrence on Sept. 28, Roe wrote that the problem appeared to stem from student certifications not properly transferring from one system to another, causing “students’ certification [to be] lost and not making it to the payment program that provides the monthly living stipend.” He also noted that this was particularly concerning as the VA’s workload for education claims increased by 52 percent between Sept. 22, 2017, to Sept. 21, 2018 — from 163,771 to 248,396.

“They have to upgrade their system to a modern, working system,” Roe told NBC News. “This should not be this hard. If this was happening at [Amazon], this problem would be fixed or somebody would be fired.”

“You can’t have these young people going homeless,” he said of veterans who were now struggling to meet their rent. “They can’t be doing that. They have to pay their bills. Congress has provided the money; taxpayers have provided the money. It’s time for the VA to do their job.”

Veterans were open about how much this would affect their budgets. The apparent software snafu is costing former service members living on a tight budget a great deal as they are now faced with banking fees, interest on loans or on credit cards and other late charges for unpaid bills.

Matt Downie, 35, who served over four years in the Army before being discharged as a corporal in 2007, interns at a law office, studies pre-law at Southern New Hampshire University and works as a personal trainer in his free time. Because of how busy he is and the need to also support his wife and three kids, the money provided by the GI Bill is essential to his family’s monthly budget.

To pay his bills, Downie said he had to borrow \$1,100 from his sister and her husband. This week, he finally received \$2,500 from the VA, but he said the delay has cost his family more than \$300 in overdraft fees.

“To be honest, if we didn’t get that money, I don’t know what we would have done come Monday,” said Downie. “We were down to \$15 in our bank account and have three kids, two car payments and our house that we rent.”

Joe Davis, the director of communications for the Veterans of Foreign Wars, said the organization was attempting to evaluate the impact of the delayed payments on members.

“We just hope all creditors and landlords cut some slack to the veteran,” he said. “It’s the system, not the veteran, because they will be paid.”

Of the veterans interviewed, each shared how they sat on hold with the VA’s education helpline for up to 90 minutes in hopes of receiving an answer. But once they were finally able to speak to a VA employee, the veteran would be told there was no new information or that call volumes were so high that they would have to call back later.

But the greatest frustration for many is that this is a benefit that isn’t exactly new — the GI bill was signed into law by President Franklin Roosevelt in 1944. The VA should be able to anticipate the need, they said.

“I’m glad I served and I’d do it again, but what bothered me is that I was doing my job: taking classes, passing my classes and submitting my certification,” Downie said. “They’re totally failing their jobs and they still get paid. It just seemed like no one cared. I often was told a lot of people weren’t getting paid besides me. I understand that, but that doesn’t help me at all.”

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1.5 - The Kansas City Star: [Why aren’t there more Jason Kander moments in politics? Because PTSD is so feared](#) (7 October, Bill Turque, 4.8M uvm; Kansas City, MO)

Arizona Congressman Ruben Gallego is a rarity in American politics. The two-term Democrat has spoken openly about his struggles with post-traumatic stress disorder (PTSD), the result of his service as a Marine in the Iraq War.

Even then, he only revealed his symptoms — heightened anxiety and difficulty sleeping — after he was first elected in 2014.

“There is such a stigma that has been created by society,” said Gallego, 38. “Somehow if you have PTSD you can’t be trusted to hold your emotions together.”

Jason Kander, Gallego’s friend and brother veteran, joined that group this week when he dropped out of Kansas City’s 2019 mayoral race.

The former Missouri Secretary of State, widely considered an overwhelming favorite to win, stunned the city with the announcement that he was suffering from untreated PTSD and depression, a result of his 2006 deployment to Afghanistan as an Army intelligence officer.

In his Facebook post, Kander, 37, said that a week earlier, instead of celebrating a record fundraising haul, “I found myself on the phone with the VA’s Veteran’s Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn’t the first time.”

His decision to stand down and seek help drew praise from tens of thousands on social media, including former Vice President Joe Biden.

“Jason — public service takes many forms, and bravely stepping forward today is exactly that,” Biden tweeted Tuesday. “By sharing your story, you are saving lives. Others will get the help they need because of you.”

The disclosure also raised a question: Why haven't there been more Jason Kanders and Ruben Gallegos?

The numbers suggest that they exist.

'Shamefully neglected'

Politics at every level is filling with veterans of the first Gulf War, Iraq and Afghanistan. Twenty-seven serve in the House and Senate. More than 200 have entered Congressional races in the 2018 cycle, according to With Honor, a bipartisan group that runs two political action committees to support "principled next-generation veterans."

The Department of Veterans Affairs estimates that as many as 12 of every 100 Gulf War veterans and 20 of every 100 who served in Iraq or Afghanistan experience PTSD in a given year.

The politics of medical disclosure have slowly evolved in the 46 years since Missouri's Senator Thomas Eagleton was dropped from the vice-presidential spot on the 1972 Democratic ticket after reports surfaced that he had been hospitalized for depression and received electroshock therapy.

Candidates over the last quarter century have been elected — and re-elected — after revealing illnesses like alcoholism, depression or bipolar disorder.

But PTSD remains almost entirely in the political shadows, misunderstood and feared by voters.

And while many ex-service members in office are outspoken proponents of increased spending to treat veterans with PTSD, discussion on a personal level is virtually non-existent.

Advocates and experts said the public's perception of the disorder still remains largely fueled by popular stereotypes: Veterans consumed by homicidal rage or crippled by terrifying flashbacks.

Gallego said it means that ordinary expressions of emotion can be treated with suspicion.

"I've had people say things to me like, 'Hey, you seem angry about something. Is that your PTSD coming out?'" he said. "It's like we're a hair trigger away from blowing up."

PTSD and politics rarely mix.

Delaware Democrat Sean Barney, a Purple Heart Army veteran of Iraq shot in the neck by a sniper in Fallujah in 2006, is one of the outliers. Against the advice of consultants, he spoke openly about his sleep disorders and social triggers — both treated with medication and therapy — during his 2016 campaign for Congress.

Barney, who finished third in a six-candidate primary field, did not respond to an interview request.

"You don't get kudos for acknowledging a mental disorder, particularly if it's a psychological injury incurred during military service," said Dr. Jeffrey Lieberman, chairman of the department of psychiatry at Columbia University College of Physicians and Surgeons.

"PTSD is a very real, common and shamefully neglected area of psychiatric medicine."

Surviving PTSD

PTSD can be caused by witnessing or surviving any kind of life-threatening event. It could be combat, sexual assault, a flood or an earthquake.

According to the National Center for PTSD at Veterans Affairs, it can present with a range of symptoms: reliving the trauma through nightmares, flashbacks or social triggers; becoming quick to anger or unaccountably negative to loved ones; experiencing troubles with sleep or concentration, or being startled by loud noises or surprises.

Police, firefighters and other first responders are vulnerable, as are children who experience violence at home, in their neighborhood or at school.

About 8 percent of the U.S. population will experience it at some point in their lives. Women are more susceptible than men.

Kander, who volunteered for the Army National Guard after 9/11, never saw action during his three months at Camp Eggers from 2006-07. But the fear he experienced was nevertheless life-changing.

In his new book, "Outside the Wire," Kander described the moments before taking his first Humvee trip outside Eggers, over roads riddled with improvised explosive devices (IEDs).

"I felt fearful, beyond anything I'd ever felt before," he wrote. "This was, for the first time in my life, the raw physical fear of being killed."

His meetings with Afghan intelligence contacts kindled anxiety about being kidnapped.

He exhibited classic symptoms soon after returning home to Kansas City, including uncharacteristic anger and intense, paralyzing nightmares. They were marked by an "intense sensation of whatever was threatening me being in the room and moving toward me, so I'd panic and become desperate to sit up and defend myself."

Although he was back in his own bed, "it seemed that the Taliban captured me every night."

But Kander wrote that he did not have PTSD and said his symptoms had dissipated. Last week, he acknowledged that he had been in denial.

"I was just trying to convince myself. And I wasn't sharing the full picture," he said in his Facebook post. "I still have nightmares. I am depressed."

That admission came after 11 years of untreated PTSD, during which he established himself as one of the brightest young stars in the Democratic party, serving as state legislator, secretary of state and coming close to unseating Republican incumbent Sen. Roy Blunt in 2016.

Lieberman said Kander's story "is very plausible," likening it to an untreated sports injury. While one can remain competitive through grit and determination, he said, the aging process and a declining threshold for pain eventually make it impossible to continue.

Kander's denial started to waver shortly before he sprang his surprise decision to run for mayor. According to his Facebook message, about a month before he announced his candidacy in June, he contacted the VA for help, but was still unable to disclose his symptoms.

A deep sense of unworthiness fueled some of his hesitancy. Friends like Gallego — whose company lost 46 Marines and two Navy corpsmen between January 2005 and 2006 — had “earned” their PTSD.

“So many men and women who served our country did so much more than me and were in some much more danger than I was,” Kander said.

It seems in retrospect that Kander's decision to enter the mayor's race — an abrupt reversal of course after devoting all of his energy to becoming a player in national politics — was a kind of self-medication. He said as much on Facebook.

“I thought that if I could come home and work for the city I love so much as its mayor, I could finally solve my problems ... that I could fill the hole inside of me. But it's just getting worse.”

For the time being, Kander said he will undergo treatment, which will likely be one of several forms of psychotherapy, medication or a combination of both. Success rates vary with the kind of treatment. There is no “cure,” just effective control of the symptoms. New approaches are emerging, including equine therapy. The healing power of interacting with horses has shown promising results in some studies.

For Gallego, it means dealing with a sense of danger: always sitting with his back to the wall in a public place, or making sure doors are locked in certain situations. He said he has a strong support system, and that his life is good, but “there are moments that pop up and I'm reminded of things.”

Is there a path back to politics for Kander, it that's what he wants? There are no guarantees. But Gallego likes his chances.

“Absolutely. He's one of the smartest, most talented politicians I've met,” he said of Kander. “He's doing this to make himself whole again, to be the person he wants to be and not be owned by this. He'll definitely be back.”

To get help
Veterans Administration crisis line, 800-273-8255.

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1.6 - Democrat & Chronicle (Video): [Ratings show Canandaigua medical center has improved, VA says](#) (7 October, Steve Orr, 1.5M uvm; Rochester, NY)

The VA medical center in Canandaigua has improved markedly over the last year, according to new ratings by the agency that operates it.

The Canandaigua center has made “large improvements” and now has earned four stars out of five, according to ratings released last week by the the U.S. Department of Veterans Affairs. A year ago, the center was rated three stars.

In other new VA-generated ratings, the medical centers in Buffalo had four stars and those in Syracuse and Albany earned three, the agency said.

The VA medical center in Bath, Steuben County was rated one of 18 hospitals nationwide to be given a five-star rating.

Overall, the VA said its ratings show improvement at 96 of its 146 medical centers. The ratings are based on selected metrics intended to measure quality of care. Ratings had been done for years but were never released publicly until USA Today obtained a set in 2016.

The information released last week by the VA included no specifics on what the various hospitals did to improve their ratings.

The Canandaigua center, like many operated by the VA, has had its share of problems in recent years.

In February 2016, USA Today reported that calls to a highly touted suicide prevention hotline at the Canandaigua VA center sometimes were not answered or went to voicemail. An internal investigation at the VA also had found inadequate training.

A follow-up investigation found some problems persisted a year later, though officials in Canandaigua asserted in mid-2017 that the suicide-prevention center was on track to greatly improve its performance.

In June of this year, the Democrat and Chronicle reported that the Canandaigua nursing home was one of many VA long-term care facilities with sub-standard internal ratings. Those rates had never been made public before.

The Canandaigua VA hospital was established in 1933 to help veterans with mental-health problems. Today it provides general care and continues to specialize in treatment for psychiatric issues, post-traumatic stress disorder and drug and alcohol abuse. It has 200 inpatient beds and provides outpatient services as well.

The complex is located on the eastern boundary of the city of Canandaigua, partly on the grounds of the estate known as Sonnenberg. A portion of the property, including the estate's mansion, were conveyed by the VA to a nonprofit in 1972 and are operated today as the state historic park known as Sonnenberg Gardens.

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1.7 - Dayton Daily News (Video): [Vets twice as likely to fatally OD – what the Dayton VA is doing about it](#) (7 October, Katie Wedell, 1.1M uvm; Dayton, OH)

One of the state's largest drug rehabilitation facilities sits on the west side of Dayton but many local residents — including those who could qualify for free care there — are unaware of its existence.

With 99 residential beds, an outpatient clinic, and programs to help recovering addicts find housing and employment, the Dayton Veterans Affairs Hospital has developed the kind of

comprehensive addiction treatment program other agencies serving the general population strive to duplicate.

The Miami Valley is home to more than 83,400 veterans from all branches of the military, which equals about 10 percent of the total local population.

Historically military personnel have been more likely to be prescribed prescription pain medication than the general population and more likely to abuse opioids, according to VA studies. Some reports have shown veterans are twice as likely to die from an accidental opioid overdose as non-veterans.

The VA is aware of these issues and has developed new prescribing and prevention practices, as well as a wrap-around system of care for those who have become addicted to drugs or alcohol.

The Dayton Daily News' Path Forward initiative looks for solutions to how the region can shed its national reputation as ground zero for overdoses and recover from the addiction crisis. We examined the VA's programs to see if outside organizations can emulate its best practices. Some barriers exist, however, including restrictions on what services Medicaid will cover.

"It's really, really changed me," Marine Corps veteran Mason Brubaker said of the VA's inpatient treatment program, which he just completed for alcohol addiction. "I'm not typically one that will spill my life story to anybody, but the way that they can communicate and talk to you and make you feel comfortable, it's unbelievable."

The Dayton VA wants to reach more veterans like Brubaker, many of whom might not know about their addiction services or that they may qualify for help.

"I thought the VA was for someone who had lost a leg in battle," said Ted Froats, who is the public affairs officer for the Dayton VA and a veteran himself. "Folks don't realize that it really is for a wide array of things."

Crisis crosses the fence line

The VA campus — 334 acres of federal property that houses a hospital, numerous outpatient clinics and medical offices, a nursing home, residential housing and the Dayton National Cemetery — hasn't been immune to the opioid crisis raging outside its fence line.

In 2017, VA campus police conducted 67 drug-related investigations, up from 28 the year before. Twelve people overdosed on the VA grounds last year, including two deaths. Campus police carry the overdose-reversing drug naloxone, also known as Narcan, like many local police and fire departments.

A recent Inspector General report cleared the Dayton VA's Mental Health Residential Rehabilitation Program of blame in one of those deaths. A veteran with a history of opioid use disorder was found unconscious in a locked bathroom stall on the campus in early 2017.

The VA police department is utilizing all of the resources on campus to resolve drug cases when they arise. When a defendant appears in a local veteran's court, a social worker and a representative from Goodwill Easterseals job placement program are there to support them.

“It’s not about writing a veteran a ticket or putting them in jail, it’s about getting a veteran the services they need,” VA Police Chief Earl Burkhart said. “Officers on the outside don’t have all of the resources that are available (at the VA) to get the people what they need.”

Continuum of care

One of those unique resources is the veterans health benefit that covers services not paid for by Medicaid or private insurance. The national VA budget calls for \$382 million to be spent on opioid treatment for veterans in 2019, an increase of \$15 million from 2018.

Many veterans whose conditions are service related can qualify for free care at the VA, while some will be required to pay co-payments or other costs, based on their years of service, level of income and disability.

In fiscal year 2018, the Dayton VA identified 1,236 patients with opioid use disorder, treated 521 with medically assisted treatment, and 371 with residential and outpatient treatment. The VA wasn’t able to provide any data to compare patients success rates with other VA facilities or non-veteran programs.

The VA system allows for many different types of services to be covered under one benefit plan — including prescriptions, medical care, addiction treatment, counseling, and programs for homeless and jobless vets.

Medicaid or private insurance often will pay for a certain amount of inpatient or outpatient substance abuse disorder treatment, but usually doesn’t cover other services like a stay in a sober living home, ongoing counseling, transportation or job training.

“Once we get people stabilized with treatment, then what?” said Helen Jones-Kelley, executive director of Montgomery County Alcohol Drug Addiction and Mental Health Services.

The county would like to be able to give people more access to things like peer support and employment training, Jones-Kelley said. ADAMHS hopes to use money coming from the 21st Century Cures Act to cover those other services so that all those recovering from addiction have the same kind of wrap-around support that’s available at the VA.

Currently ADAMHS administers state, federal and local dollars to dozens of different agencies that provide various treatment services, Jones-Kelley said. But it wants to create more of a seamless one-stop shop system.

“I really think that’s what we’re building,” she said. “We’re trying to build a regional response so that we can create this continuum of care.”

Montgomery County’s Community Overdose Action Team (COAT) model has been praised by the White House for bringing together more than 100 different agencies to work collaboratively on attacking the opioid crisis and the VA has a member on that team.

One obstacle to providing more comprehensive services on the size and scale of the VA has been Medicaid rules. Current law prohibits using Medicaid dollars to pay for treatment at residential mental health or substance abuse facilities with more than 16 beds.

But U.S. Sens. Rob Portman, R-Ohio, and Sherrod Brown, D-Ohio, secured a provision in the recently passed House-Senate opioid package that would lift that limit.

The rule dubbed the Institutions for Mental Disease exclusion has been in place since the creation of Medicaid in 1965. It was intended to ensure that states, rather than the federal government, continued to bear responsibility for paying for inpatient psychiatric services.

“The IMD exclusion has posed a significant obstacle to Medicaid patients with substance use disorder accessing the full continuum of care,” said American Society of Addiction Medicine President Kelly Clark in a Sept. 18 news release announcing the legislation.

The bill would lift the cap for five years.

Another provision in the opioids package would take existing grant programs at the U.S. Department of Labor and the U.S. Department of Health and Human Services and create a six-year pilot project to combine job training and addiction recovery services.

‘Thankful that I found this place’

A common thread in the stories of many veterans seeking help for addiction at the VA is that it wasn’t the first place they turned. Brubaker is from London, Ohio, and said he never thought of the Dayton VA as a resource available to him.

“I knew that I had a problem and I was trying to address it, but I just simply didn’t know how to,” he said.

It took prodding from several friends to get him to check out the VA’s services and learn that he could do inpatient treatment there. Now that he’s been sober more than two months, he’s getting help with finding a job, an apartment and setting up ongoing support so he can continue to go to meetings.

“I’m just so thankful that I found this place and had this opportunity,” he said. “Where I’m from, those resources just simply aren’t there.”

The VA is looking for ways to better inform those who qualify for benefits about the mental health and drug addiction services they offer because many local veterans don’t know they can use outpatient services, 12-step programs and more at the VA campus or in their own community with VA benefits coverage.

Froats encouraged anyone who knows a veteran with substance abuse or other mental health issues to call 937-262-2159 because that person might be eligible for benefits.

Moving away from opioids

When a 2011 VA Health Systems study showed veterans were more likely to be prescribed opioids than non-veterans, the VA launched an opioid reduction initiative in 2012. Since then, 99 percent of VA facilities nationwide have decreased their prescribing rates, according to a 2018 VA report.

The VA said doctors work to taper the dosage of patients who were on opioids as well as provide alternatives like non-opiate pain medication, medical massage, acupuncture, hypnosis, epidural steroids and nerve replacement.

"We live in a society where the idea is everybody should be pain free and that is an unrealistic expectation," said Dr. Thomas Hardy, medical director at the Dayton VA Medical Center.

The Dayton facility has reduced the number of local veterans using opioids daily from about 3,500 during fiscal year 2017 to 2,000 in fiscal year 2018, he said.

Some veterans are unhappy their pain medication has been cut back, Hardy said, and it's an ongoing education process.

John Langley, an Army veteran who's a patient at the Dayton VA's Springfield Community Based Outpatient Clinic, said his oxycodone prescription for back pain was recently cut in half.

"There's days that I'm in such pain that I don't know what I'm going to do," Langley said.

The 78-year-old served in South Korea in the early 1960s and has multiple back conditions that he said began with injuries during his service. He now uses a wheelchair and had to retire from his job at the post office due to disability.

At one point he was prescribed 240 milligrams of opioid pain medication per day. It made him sleepy, he said, and he would bring extra pills back to the doctor.

"I told them I didn't need that much medication," he said. His dose was dropped to 120 milligrams per day, which he said worked for him.

But on his last visit to the doctor, he said his dosage was cut in half again to 60 milligrams per day. The doctor told him it was because they were working to prevent overdoses, Langley said.

"I wake up at 2 o'clock in the morning suffering from pain," he said. "I don't think they're doing some of the veterans justice."

People have offered to buy pills from Langley before and he believes cutting doses will only lead to veterans seeking out drugs illegally.

"How many of those veterans that aren't getting what they need are out buying it from the streets?" he said.

In health care settings across the nation, providers are moving away from managing pain with opioid prescriptions, Froats said.

"Opiates are not as beneficial for pain as the health care community once believed," he said. "In addition, up to 40 percent of those on opioids develop an addiction."

The Dayton VA has reduced its opioid prescription rate by 44 percent since 2012, Froats said.

"To accomplish this reduction, we have slowly tapered opioid dosages while also offering more effective evidence-based alternatives for pain treatment," he said.

VA guidelines call for a tapering of opioid dosage by 10 percent per month and Froats said guidelines were followed in Langley's case. After the Dayton Daily News asked about Langley's treatment, the VA assigned a patient advocate to reach out to him about his concerns, Froats said.

Any veterans prescribed a regimen that equals at least 100 milligrams morphine equivalent a day are considered at high risk for overdose by the VA and are given naloxone to take home, plus training on how to administer it, along with their family members. In the past fiscal year the Dayton VA administered more than 600 such kits.

"We have testimonials of people whose lives have been saved," Hardy said.

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1.8 - GovernmentCIO: [USDS Builds One-Stop Shop on the New VA.Gov](#) (6 October, Amanda Ziadeh, 300 uvd)

The U.S. Digital Service team at the Veterans Affairs Department is making it even easier for veterans to access their benefits and health information with a brand consolidation effort that puts Vets.Gov and VA.Gov on one site, set to launch on Veteran's Day.

The team has been at this for years, since the creation of USDS in 2014. First, it built Vets.gov, an eBenefits online portal that consolidated the hundreds of websites, forms and passwords vets had to go through to access their benefits, and launched it on Veteran's Day in 2015. The site has been iteratively progressing through veteran-testing, user-centered design and feedback ever since.

In fact, it's been progressing so well, that Marcy Jacobs, executive director of the Digital Service team at Veterans Affairs, received a Service to America Medal for Management Excellence award on Oct. 2 for the team's efforts in connecting veterans with benefits.

"It would be great to not be in a model of forms and to be more in a model of, we're using data to make it much easier for veterans to engage," Jacobs said in an interview with GovernmentCIO Media.

But the team — and Jacobs — aren't stopping there. They're using research and data to continue to understand what veterans want, need and expect out of these online services, and then develop capabilities and designs from that. That's why on Veteran's Day, users can expect Va.gov to look differently, perhaps more in-tune with what they actually are visiting the site for.

What led the digital service team at VA to consolidate Va.gov and Vets.gov? Let's start from the top.

The Problem

In order to understand user frustration, the team pulls from formative research, call center calls, one-on-one user research and simply talking to users. In short, veterans were confused and frustrated with the more than 400 veteran websites, dozens of forms, numbers of passwords, and a disorganized customer experience.

“Originally, the goal of building everything on Vets.gov was to make one single place for all of these transactions that veterans need to engage with, and there’s, right now, lots of places,” Jacobs said.

And while the team has seen lots of success with Vets.gov, as well as 1.8 million users a month, Jacobs said Va.gov still gets the majority of the traffic — about 10 million visitors.

“The next evolution of Vets.gov is to take all the goodness that’s been built over the last two and a half, close to three years, and put that where people are looking,” Jacobs said. Veterans should be able to visit one website and find what they need.

The Capabilities

When Jacobs joined the team in 2017, she said it was “very much in this posture of migrating functionality over from lots of other places, and we’re still doing that, we’re tackling a lot of the harder systems.”

Jacobs said there were a lot of forms that were migrated over to Vets.gov that weren’t as complicated. But right now, the team is working on modernizing the claims form, which is “enormous,” and has a bunch of children forms with it. The claims process is such a critical piece of the puzzle, and Jacobs said they hope to have a minimum viable product for that by the end of this year or early next year.

And notably, one of the things Jacobs said has gained a lot of traction and is a step in the direction the team is going with VA, is the personalization suit of products. “So, this is who you are, this is what we know about you, that’s a criticism that VA gets a lot, is its lack of transparency,” Jacobs said, “we have information in lots of siloes.”

This personalization is powered by an effort that the Veterans Experience Office (VEO) has been doing called Vet360, to bring together all this data on vets that live in different systems. For example, a veteran’s address and contact information lives in 87 different systems. So, if the contact information is updated at one medical center, it used to be that it was changed in only that medical center — not in their pensions portfolio, or for prescriptions, etc.

The Vet360 team pulled all that data together, as it’s connected to the various medical centers and providers, so that when a vet updates his or her contact information, it’ll propagate to all the places where it should — even the medical center a vet visits on vacation.

And in the nearly three months since this capability has been in place, 60,000 people have updated their contact information, reducing call center volume. Because what the team didn’t know at the time, was that updating contact information is the second most called about thing to the contact centers.

This will pull from more datasets in the future, too. It starts with contact information, but Jacobs said it’ll evolve into discharge status and other records pulled from the Defense Department to make it more transparent and easier for veterans to find.

Another part of this effort is the personal dashboard, which Jacobs compared to signing into a Bank of America or USAA account. When you log into these accounts, “you don’t hangout on the homepage . . . you come to a website to do something,” she said. Previously, a veteran would have to log in on the benefits side to see benefits information, on the health side to see health information, and so on.

Now, users can log in from the homepage and see everything related to them — benefits, claim status, if a document is needed for an appeal, a scheduled doctor appointment, if a prescription refill is in the mail, a message from the doctor, etc. “It just aggregates everything,” Jacobs said.

And people are using it. Jacobs said the dashboard receives 40,000 people a day. “All these things have been built in all these places, on Vets.gov. We’ve been building this functionality, and what the personalized dashboard does, is really curate that into much more of an experience,” she added.

Though many of these capabilities, including the personal dashboard, aren’t new, putting them on VA.gov makes them much more accessible.

Customer Expectations

The private sector sets the bar pretty high for citizens, but Jacobs said the government should be upping its game to be on par with it.

This personalization effort is important, because the VA knows so much information about a veteran because of their time in service, and it’s something the VA hears from its call center often. “They say, ‘why are you asking me all these questions, I was just in the military for two decades.’”

The hope is that this leads to a paradigm where the VA doesn’t ask the same question about a vet twice. And then, to be able to notify vets of the benefits they are eligible for based on all the information, so they can opt into whatever they want without filling out dozens of forms. Vets aren’t always aware of what’s available to them, especially since they have to look in various places to find out.

“We want to make that more visible and more transparent for people,” Jacobs said. Similar to Amazon’s model of alerting customers of what they might be interested in based on previous purchases or searches. “We have enough information, and we’re continuing to refine and improve that data to be able to do much more, kind of predictive recommendations with that.”

Design With Users, Not For Them

This happens to be one of USDS’ six values, and it’s particularly relevant to what the team at VA is doing. Along with remote usability testing over the phone or Skype, online testing techniques and surveys, members of the team actually sat with vets in person to watch them navigate Vets.gov. Overall, they conducted some sort of usability testing with more than 1,700 people.

“We sat with people, we sat with veterans, in medical centers and watched and talked to them. Gave them a task and said, ‘schedule an appointment with your doctor or refill your prescription,’ and they were like, ‘I don’t know where to go,’ or they were like, ‘oh, this is totally easy,’” Jacobs said.

The VEO also uses a social customer engagement tool called Medallia that has a social media listening component. “We will be able to, hopefully soon, hear what people are talking about in Facebook groups or on Reddit or in other channels, which may inform problems that we should focus on, or things that aren’t working well,” Jacobs said.

This could be directed at specific veteran groups that the team doesn't have access to. "If we can understand what the sentiment is, and have that analysis, that's really helpful," she added.

And user research and understanding the customer are what's driving the consolidation of Vets.gov and Va.gov. "I think what we're doing is almost like scaling up the success that we've had on Vets.gov, to make that something that really impacts the 10 million people a month that come to our various properties," Jacobs said.

Brand Consolidation

The new site will highlight the top tasks that 80 percent of vets are coming to the site to do, based on what the team has gathered and seen through data. Right now, that's scattered across lots of different places, and the consolidation of Vets.gov and VA.gov to just VA.gov will pull that all in one place.

As is, Va.gov is designed administratively and around its organizational charts, so it feels very much for internal VA employees, Jacobs explained. This consolidation shifts focus onto customer experience, making it a customer-first website.

In the process, the team redesigned the VA.gov to make sure certain content wasn't derailing vets from what they came to the site to do or find information on, like a giant PDF about scheduling appointments, "which doesn't actually help people schedule an appointment," Jacobs said. "We put that, maybe, in a different place on the site or potentially retire it if it's not helpful."

And this rebranding hasn't been a solo effort. The Digital Service team leveraged its partners in Veterans Benefits Administration, Office of Information Technology, VEO, and other components with a vested interest in serving veterans.

"The buy-in has been kind of amazing and surprising," Jacobs said. Digital Service is running the VA.gov site and has been the convening body pulling in ideas from across the administration, ensuring that whether it's content and functionality on Vets.Gov or My HealtheVet or on other sites, all the "goodness" that exists is easy for people to find.

But managing content with the brand consolidation is challenging. So, the Digital Service team is working with the folks that provide content to VA.gov to figure out the best governance structure of either eliminating or adding content to the new site, and making sure it's all in plain language.

And, of course, deciding what goes where on the new site is all based on user research, testing data and many, many iterations of designs to figure out what works, and what doesn't.

Security

Users can login with any existing credentials they already have with the VA, like the My HealtheVet username and password, a DS Logon from DOD and the military ID.me login (the securist credential, as its government sanctioned). It's similar to how websites allow users to login with multiple different accounts, like Facebook or Google. And if a user doesn't already have one of these accounts, they can create a new account. And for accounts with more protected health information and personally identifiable information, users can upgrade from a basic account to the premium account.

A basic account allows users fill out forms and pick up where they left off, and a premium account provides much more “rich functionality,” as Jacobs put it. She said there’s also an option to add two-factor authentication, and the team is currently discussing with the VA where and when this should be enforced.

But still, credentials need a long-term strategy. “Does having three credentials forever make sense?” Jacobs asked, and “how do we make sure that the credentials you get when you join the military can ideally follow you all the way through?”

The New VA.Gov and its Impact

USDS is efficient. Another one of their six values is, after all, is to create momentum; to focus on delivery of better digital services above all else. And with the brand consolidation efforts, it shows. The team began in February and plan to launch Nov. 11.

But the site won’t be done. “There’s a long tail of this,” Jacobs said. “There’s a lot more work that will have to happen,” especially in terms of determining what to keep or kill on the website, ensuring content fits the overall style, and that it’s understandable and written in plain language for visitors.

And making the VA.gov all about the veterans is working. “Somebody actually cried in a user research session,” Jacobs said. “It’s great to see the impact of what we’re doing, and to be able to help people . . . the scale of this is really potentially huge.”

Because ultimately, USDS is a people-first organization, not technology-first. “I think a lot of it is about our process. And our process is listening and working with the actual people who are engaging with those services,” Jacobs said.

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2. [Greater Choice for Veterans](#)

2.1 - The Missoulian: [Rosendale hears concerns from local veterans in Missoula](#) (8 October, David Erickson, 839k uvm; Missoula, MT)

A group of veterans and concerned citizens described the problems they see in the nation’s military healthcare system on Monday during a roundtable discussion with Republican U.S. Senate candidate Matt Rosendale.

They spoke of long wait times, too much travel, bureaucratic stalemates, high doctor turnover and a lack of leadership within the U.S. Department of Veterans Affairs and at local VA clinics.

Rosendale is facing off against incumbent Sen. Jon Tester, a Democrat, in the upcoming November election, and veterans' issues have been one of his signature policy drivers. The ranking member of the Senate Veterans’ Affairs Committee, Tester has joined with Republicans and passed the Veterans Choice Program Improvement Act, the VA Accountability and Whistleblower Protection Act, the Veterans Appeals Improvement and Modernization Act and other legislation.

Some of the bills Tester has worked on have been signed into law by President Trump, who has campaigned in Montana on behalf of Rosendale. Rosendale, the son and brother of U.S. Marines, is Montana's state auditor and was a member of the Montana Legislature starting in 2010.

Rosendale told the crowd he's holding listening sessions with veterans all over the state to hear their concerns, and has said the VA is in "abysmal" shape.

"You've delivered on your promises," he said. "Now it's time for the nation to deliver promises back to you."

Iraq war veteran Glen Heaton described the VA clinics nationwide and here in Missoula as part of a "broken system."

"The biggest problem is no leadership," he said.

Walt Briggs, who spent time in Vietnam as an engineer officer, said elderly veterans in rural areas have to spend too much time and energy driving to cities to go to VA clinics.

"A lot of veterans I see have normal old people problems," he said. "I don't see why we can't allow them to go to resources that exist, rather than travel clear across the state for normal problems. It's not cost-effective. I don't see any reason why they can't go to a normal clinic close to where they live and relieve that pressure and burden. I don't think it's being managed correctly."

Briggs said there are towns of just a few hundred people with veterans, and he realizes it doesn't make sense to build a whole new Veterans Affairs clinic in all those places.

"Why not utilize the resources that are already in communities?" he said. "For them to drive hundreds of miles doesn't make sense."

Ed Lesofski, the executive director of the Rural Institute for Veterans Education and Research, said there's too much "tribalism" among veterans services providers.

"Senator Tester uses this tribalism to support his position within the U.S. Senate," Lesofski said. "His position is more bureaucracy and more things coming out of Washington, D.C. We are not seeing the veterans' suicide rate go down in Montana, we're seeing it go up."

Lesofski has a natural phenomenon he likes to use as an analogy.

"From what I've seen of Tester, it's like virga rain," he said. "That's rain you see off in the distance that's supposed to water fields, but it hasn't appeared here in Montana. The vast majority of funding goes to his pet programs."

Lesofski said Tester wants "Washington, D.C. to be the solution for everything" but Montanans would rather come up with solutions.

Tester has said that about half of the cases his office works on are related to veterans. Since being elected to the Senate, Tester's caseworkers have helped 5,100 veterans through a formal casework process, which ranges from helping veterans find a job or home to appealing disability

ratings or even helping a suicidal veteran access immediate help. Thirteen staff members in Montana help with casework.

He also is pushing changes to the program designed to let veterans seek treatment from local doctors. The first version of the program, called Choice, did not work well, he said. But the concept of allowing vets to see local doctors is important.

Rosendale and Tester will debate on Oct. 13 on the Montana Television Network.

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3. Modernize Our System

3.1 - Health Data Management: [Cerner creates VA EHR modernization team](#) (8 October, Greg Slabodkin, 143k uvm; Chicago, IL)

Healthcare IT vendor Cerner has created a team of more than 20 technology innovators to help the company modernize the Department of Veterans Affairs' electronic health record system.

The VA EHR modernization team will outline its strategy this week at the annual Cerner Health Conference held in Kansas City, Mo. In May, the agency awarded the vendor a \$10 billion contract—one of the largest IT contracts ever issued by the federal government.

“Cerner has brought together some of this country’s brightest industry leaders to transform veteran healthcare delivery,” said VA Secretary Robert Wilkie in a written statement. “This team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care.”

Among the members of Cerner’s newly established VA EHR modernization team are Leidos, which was awarded a \$4.3 billion contract in 2015 to serve as prime contractor to modernize the Department of Defense EHR system. The Leidos-led team includes Cerner to provide the core Millennium capability for DoD as a software-as-a-service hosted in the vendor’s data center.

The VA intends to create a single common EHR system with the U.S. military by leveraging a shared Cerner Millennium platform. The agency is aligning the deployment of the VA’s Cerner system with DoD’s ongoing rollout of its own system—called MHS GENESIS, which has been deployed at four military sites in the Pacific Northwest. The VA initial operating capability (IOC) site is slated to begin this month, with an estimated completion date of March 2020 for all IOC sites.

Cerner’s VA EHR modernization team includes consultancy Accenture and dental software vendor Henry Schein—both of whom are subcontractors on the Leidos-led DoD contract for MHS GENESIS.

“We have formed a world-class team that has the best interest of veterans at heart,” said Travis Dalton, president of Cerner Government Services, in a written statement. “This is the beginning of a long transformational journey. We will continue to seek and bring the best talent available to

the VA. Our nation's veterans deserve the highest quality care and we are confident we have brought the right players to this team to succeed in our collective mission.”

Other members of Cerner's VA EHR modernization team include: AbleVets LLC, ACI Federal, B3 Group Inc., Blue Sky Innovative Solutions, Clarus Group LLC, Forward Thinking Innovations LLC, Guidehouse, HCTec, Holland Square Group, HRG Technologies, KRM Associates Inc., Liberty IT Solutions, MedicaSoft, MedSys Group, MicroHealth, PM Solutions, Point Solutions Group, ProSource360, Sharpe Medical Consulting, Signature Performance and ThomasRiley Strategies.

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3.2 - mHealth Intelligence: [Congress Mulls Expanding Telehealth to Help Veterans With PTSD](#) (8 October, Eric Wicklund, 53k uvm; Danvers, MA)

Congress is taking aim at veteran healthcare with a proposal to expand access to telehealth and telemedicine for those dealing with mental health issues like PTSD.

The Enhancing Veterans Experience with Telehealth Services (eVETS) Act, introduced last week by U.S. Reps. Bruce Poliquin (R-Maine) and Ann Kuster (D-N.H.), would create a demonstration program to give veterans in 10 states access to at least a dozen virtual care sessions with Department of Veterans' Affairs healthcare providers. The bill would also allow veterans to choose between two evidence-based treatments: prolonged exposure therapy or cognitive processing therapy.

“This bill is designed to improve access to treatment and help save the lives of veterans who are feeling discouraged and hopeless,” Kuster said in a joint press release. “In rural communities in New Hampshire, the nearest VA facility can be an hour's drive away, deterring many from obtaining help.”

“For these veterans, qualified private therapists are few and far between,” she added. “By rapidly expanding the VA's offering of telehealth to these areas, we hope to address obstacles that have kept far too many veterans from receiving care.”

If passed, the bill would take advantage of a connected care platform championed this past year by former VA Secretary David Shulkin. The Anywhere to Anywhere VA Health Care Initiative, put into place this past May, enables VA-sanctioned healthcare providers to provide telehealth treatment to veterans no matter where either the veteran or the provider are located.

Poliquin and Kuster said this service is vital in rural states like Maine and New Hampshire – and at a time when veteran suicides are increasing at an alarming rate. The bill – whose wording has not yet been processed – would expand access to telemental health services to veterans in rural areas of the 10 states with the highest per-capita rural veteran populations.

“Tragically, the rate of Veteran suicide in Maine - which is home to more than 114,000 veterans - is significantly higher than the national level,” Poliquin said in the release.

Poliquin added that the program would also take advantage of public-private initiatives to increase broadband access in rural parts of the country, such as Microsoft's Rural Airband Program.

The bill, whose co-sponsors are Reps. Alex Mooney (R-W.Va.), Greg Gianforte (R-Mont.), Bruce Westerman, (R-Ark.) and Carol Shea-Porter (D.N.H.), has been referred to the House Veterans Affairs Committee.

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3.3 - Power Engineering: [VA Hospitals Invest in Boiler System Upgrades for Money and Energy Savings](#) (8 October, Dan Wallace, 6k uvd; Plymouth, MN)

Upgrading or replacing a boiler system presents one of the most daunting and expensive challenges a large facility can undertake. When the time comes—whether the current system is outdated and inefficient or it fails outright—facility management must understand the process in order to set facility management goals and make the right decisions to fulfill their energy and efficiency needs. More than 1,200 Veterans Administration medical centers and outpatient sites across the country are undertaking system overhauls like this.

Driven primarily by environmental concerns, the VA has undertaken boiler system upgrades in all their facilities. Most of the facilities will need to update their equipment, but some will require a full-system replacement. With more than a thousand facilities in need of evaluation, it's a huge undertaking—but administrators believe that the long-term savings will make the effort worthwhile.

Why make the change now?

One of the driving factors in getting this change implemented right away is regulatory. California, Texas, and New Jersey have implemented air quality standards that will not be met by older boiler systems. They must be upgraded or replaced.

These old systems often used technology that sacrificed environmental safety in favor of cost savings. Some systems incorporated metal mesh burners, which utilized filters that clog easily. The gradual clogging of air filters leads to less excess air, which leads to higher NOx emissions. NOx emissions are a combination of nitric oxide (NO) and oxygen. Nitric oxide is the result of fuel combustion and alone is not considered hazardous; however, combined with oxygen it is the source of fog, acid rain, and ground level ozone, which has been linked to myriad health issues. And while some other systems might have utilized technology to reduce overall NOx, these systems had increased electricity costs.

A second reason for the VA system upgrade, therefore, is to address these cost concerns. Today's upgrades do not require air filters, which used to add to operation costs. Upgraded systems also offer quick-change, dual-fuel capabilities, switching between gas and oil firing in less than three minutes. This saves on service costs, since multiple people are no longer needed to make the changeover. The greatest cost reduction, however, is in the demand for electricity. There is a reduction of up to 60 percent in electric consumption.

One way to realize a cost savings is by employing a system that allows one to adjust the output according to the demand. This adjustment is achieved via what is called the unit's "boiler turndown ratio," which is the ratio of the maximum heat output to the minimum heat output at which the boiler will operate both efficiently and controllably. As the desired temperature/pressure point is reached, the heat source is turned down, and if the

temperature/pressure falls, the heat is turned up. In applications like the VA centers, which require boilers to operate at a low proportion of their maximum output, a high turndown ratio is desired, and that can be achieved with modern upgrades. Traditional burners using fiber metal mesh provide a 3:1 turndown; however, with recent advancements in the field, there are now systems that can provide a 9:1 turndown or higher depending on NOx requirement. These systems can achieve ultra-low NOx emissions without the use of FGR (flue gas recirculation).

In addition to the cost savings realized through a 9:1 turndown, there is also the reduction in required maintenance. Not only are multiple people no longer needed for a dual-fuel changeover, but operating and monitoring the systems are also simplified. Older systems require constant maintenance to ensure fuel efficiency and emission control. For example, many older systems include jackshaft linkage. Due to the complexity of these systems, they require constant fine-tuning and maintenance by highly skilled operators. Maintenance of an upgraded or new system is far less complex.

Newer monitoring equipment also means fewer people are needed for hands-on examination of the system. Typically, with an older system, there was a boiler in each building—and that meant someone needed to be on location to monitor those systems. The ability to house the entire system in one location, or to upgrade the system to monitor from one location, results in lower maintenance costs.

Upgrade or replace? A case study

Determining whether to upgrade or replace a system depends on two things: the age of the existing boiler(s) and the application for the new system. Generally, systems that have been in service for 25 to 30 years would require replacement instead of an upgrade. This was the case for the V.A. Erie Medical Center in Erie, Pennsylvania. Their system had been in place for three decades and required complete replacement. In order to make the most impact with this important project, they built an entirely new boiler plant from the ground up.

The engineering team at the VA determined that existing system had met its lifespan, and they wanted to replace with latest technology. Any short-term replacement would have simply been a Band-Aid. They realized, however, that a project of this magnitude would take time to do properly. The engineering team at the VA chose Greenland Enterprises, Inc. to handle the entire project based on their central plant expertise and track-record at other healthcare facilities.

Based on the campus steam load, they determined that the replacement equipment would consist of two 400-horsepower boilers and one 200-horsepower boiler. Installation of the new boiler system took four months. From the ground up (including the new construction), the work on the project took 14 months to complete.

This new plant will provide at least a 60 percent reduction in electricity consumption, which will be accomplished using a variable frequency drive. This technology can run with fan speed at a lower rate. For example, changing the power from 60hz to 30hz speed can cut the horsepower by eight times. Therefore, a 400-horsepower system would be cut to 60-horsepower. According to Steve Seckler, Vice President of Operations at Greenland Enterprises, “Most systems can go from 60hz to 40hz easily. We chose a system that can efficiently go all the way from 60hz to 15hz for additional savings.”

Fuel reduction provides cost savings over the life of the new system. Newer boiler systems can offer a savings of two to five percent. This means that one 400-horsepower boiler with a fuel

cost of \$500,000 annually can save between \$10,000 and \$25,000 a year. This new Erie plant, with its two 400-horsepower boilers and one 200-horsepower boiler, will save the hospital between \$25,000 and \$62,500 in fuel costs annually.

Is it time for an upgrade at your facility?

A boiler upgrade project like the one undertaken at the VA Erie Medical Center is clearly something that takes significant time and money to complete. But in the end, management determined that the expense and effort will pay off in the long run. Could it be time for you to look at a similar project for your facility? Here are some points to consider when making your decision.

Sustainability

In large facilities, sustainability can be neglected when considering boiler systems. Facilities like hospitals often rely on older boilers and choose the “Band-Aid” approach of patching and maintaining them out of necessity. This method is not sustainable. Upgrading to a new boiler is the best option for long-term, sustainable improvement.

Sustainability also refers to the environmental impact of a system. With ever-changing state requirements, it is important to choose a system with enough flexibility to face these new demands as well as future ones.

Fuel-efficiency

To sufficiently meet the heating and energy load demands of healthcare facilities, old boilers burn an inordinate amount of fuel. New boilers bring added efficiency and substantial fuel savings. There is also much being done in the realm of alternative fuels for boiler systems. Bio-fuels and liquid wood are two segments of the alternative fuel market that are making great strides.

Operations and Maintenance

New boilers are streamlined to operate more smoothly and efficiently than old boilers, which can be challenging to operate and maintain. The older boilers often take much longer to heat up, and they are often kept running to meet heating needs. New boilers are designed to heat up quickly and can be adjusted to handle variable loads to ensure less energy consumption.

When considering an upgrade or replacement, no matter what the reason may be, all factors of the operation need to be addressed in preparation for a system shut-down. A project of this magnitude, from the initial bid process to completion, will require a minimum of several months (for an upgrade) up to a year or more (for a complete boiler replacement). The impact of this change, and thus the importance of the decisions made during the process, are why so many V.A. hospitals and medical centers are carefully reviewing their future energy options.

Dan Wallace is Vice President of Research & Development at Preferred Utilities Manufacturing Corporation, an engineering-based manufacturer of products for commercial, institutional, industrial and nuclear power facilities.

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4. Focus Resources More Efficiently

4.1 - WECT (NBC-6): Congressman Jones wants VA to try to recoup wasted tax money (8 October, Ann McAdams, 466k uvm; Wilmington, NC)

Congressman Walter Jones is trying to get your tax money back.

The VA's inspector general found the government overpaid by \$2.3 million to lease land for Wilmington's VA clinic from the New Hanover County Airport Authority. Jones is asking the new VA secretary to see if the lease agreement can be amended to recoup some of the wasted tax money.

Before leasing the land from the New Hanover County Airport Authority, the VA had an appraisal done, showing the fair market value to lease the land underneath the clinic was \$4 million over 20 years.

For reasons unclear, the VA agreed to pay the New Hanover County Airport Authority \$6.3 million instead.

"It's over \$2 million in 20 years, and the impropriety of the contract...what we're trying to do is find out where the skeletons are in this agreement," Jones said of the ongoing investigation into the lease agreement for the Wilmington VA clinic.

When asked last week, Airport Authority Attorney Wanda Copley said former Airport Finance Director Jim Morton negotiated the terms of the land lease with the VA, and she was not familiar with the details on why the Airport Authority was charged more than the appraised fair market value. She said the Federal Aviation Administration requires the Airport Authority to charge fair market value regardless of the tenant, but allows it to take more than the minimum determined value.

After his initial probe, the VA inspector general asked for a criminal investigation in September to look further into red flags he found with the lease agreement. In addition to the land lease concerns, he found "potential fraud" involving the lease for the clinic itself.

The VA originally entered into a lease with Summit Smith Healthcare in Wisconsin in which the VA agreed to pay nearly \$300,000 a month to lease the 80,000 square foot clinic. Commercial real estate brokers tell us that's about twice the going rate for prime medical office space in Wilmington.

Summit Smith Healthcare later transferred the lease to an LLC, which is also based out of Wisconsin. Shortly after the criminal investigation was announced, WECT learned the LLC is trying to sell the facility to a new buyer. It would still be operated as a VA clinic.

Jones has written a letter to new VA Secretary Robert Wilkie asking Wilkie to look into this.

"There are too many questions that need to be answered," Jones said. "That's why I want the Secretary of the VA, Robert Wilkie, to take a personal interest in this situation."

Jones says he plans to make a follow up call to Wilkie later this week, and request that Wilkie personally meet with the IG to get briefed on concerns about contracts for the VA clinic in Wilmington.

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4.2 - New Haven Register: [Blumenthal asks VA Inspector General to investigate sterile procedures at hospital](#) (8 October, Mark Zaretsky, 437k uvm; New Haven, CT)

WEST HAVEN — U.S. Sen. Richard Blumenthal, D-Conn., is calling for a VA Inspector General's Office investigation of the West Haven VA hospital's sterilization procedures in the face of continued whistle-blower complaints even as the VA works to improve.

Whistleblowers have told Blumenthal's office that problems persist — causing medical procedures to be postponed or moved elsewhere at the last minute — while monthly procedures at the West Haven VA have “plummeted” as the hospital addresses the problems.

Among other ramifications of the West Haven VA's problems have been an inordinate number of VA medical procedures “outsourced” to Yale New Haven Hospital, Blumenthal, ranking member of the Senate Committee on Veterans Affairs, wrote in a recent letter.

“I write to request a review of the policies and procedures for sterile processing operations at the VA Connecticut Health System in West Haven ... to identify and and all problems that are preventing medical professionals from delivering quality and timely care to patients,” he wrote in an Oct. 3 letter to VA Inspector General Michael J. Missal.

“I am surprised — in fact, even somewhat stunned — by the apparent magnitude of cancellations and other issues that could impact the timeliness and quality and safety of surgical care,” Blumenthal said in an interview Monday.

“These impacts are plainly unacceptable — such as the number of monthly procedures plummeting from 360 to between 50 and 90,” as well as the number of surgeries transferred to Yale New Haven, Blumenthal said.

“Frankly, we're receiving whistleblower calls indicating the deficiencies in sterile procedures are resulting in so much ... outsourcing to Yale New Haven,” he said. “So what we're asking is that the Office of Inspector General do its oversight, as seems very necessary at this point.

“We want to know whether patients are being placed at risk, what improvements are necessary and what the VA is doing about these,” he said.

Blumenthal said he also mentioned the issue directly to the VA secretary at a recent hearing.

“I'm raising these issues at the highest level of the VA, as well as asking for an Inspector General report,” he said. “We need to know what will be done to assure that all the equipment and procedures meet the highest standards of safety, quality and cleanliness.

Blumenthal's call for an investigation comes in the wake of redoubled efforts to tighten VA procedures in West Haven after a VA triannual survey earlier this year found approximately 50 shortcomings in the facility's sterilization department.

But while Blumenthal's staff was told during a Sept. 5 visit that the hospital was implementing recommendations from two VA panels, "whistleblower reports continue to contradict that claim and question the effectiveness of these new policies and practices," Blumenthal wrote.

"These conflicting reports warrant an investigation to ensure the safety and well-being of patients while the West Haven VA addresses the deficiencies in their sterilization department," he wrote.

According to one West Haven VA medical professional, "the number of monthly procedures carried out has plummeted from 360 to between 50 and 90, with many cancellations occurring shortly before scheduled procedures," Blumenthal wrote.

"The West Haven VA leadership explained that they are operating at a limited capacity in order to address the Joint Commission's and VA's recommendation," the letter says. "However, whistleblower reports claim these cancellations are due to sterile processing operations and are resulting in a disproportionate number of patients being outsourced to Yale New Haven Hospital."

Among other problems, the West Haven VA disclosed "in response to Congressional inquiry" that on Aug. 10, two surgical trays were found to be contaminated, resulting in the last-minute cancellation of two surgical procedures, and "surgical diversion" resulted in the cancellation of nine procedures planned for Aug. 13, Blumenthal wrote.

He said it was "particularly important" that the Inspector General's office "conduct oversight on the implementation of Standard Operating Procedures ... for sterilizing surgical equipment" because, while the West Haven VA has hired new leadership to ensure compliance, "my office continues to receive reports that employees are following their own set of standards..."

The West Haven VA recently has hired about 30 new sterilization employees, but "it is crucial that new hires possess the appropriate credentials for sterilizing equipment," Blumenthal wrote.

He said by phone that "generally, I find that veterans are pleased and satisfied with the care that they receive at the West Haven facility, so I'm hoping that the management there is working hard on improvements. But this OIG scrutiny may help provide additional insight.

"I'm hoping that this will be sort of a temporary aberration ...and that the highly-dedicated staff and management at the VA," will correct the issues, Blumenthal said.

A VA team specializing in the maintenance of sterile conditions spent four days at the VA Connecticut Healthcare System hospital in West Haven in May, followed by a six-day visit by the national director of the program.

The team from the National VA Sterile Processing Services, or SPS, program visited "to review the local program and offer recommendations for improvement and education to SPS staff," the VA said at the time.

Since then, Blumenthal has asked the U.S. Department of Veterans Affairs' acting chief to approve \$17 million for a project to build a new sterilization plant at the West Haven VA hospital.

The West Haven VA was cited by the VA Inspector General's office in 2014 for having dirty operating rooms as well as inadequate supervision and a high absentee rate.

At that time, the VA Inspector General concluded that "terminal cleaning procedures in the (VA operating room) are not performed appropriately" and the hospital's Environmental Management Services "has insufficient staff resources assigned to the OR."

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4.3 - The Daily Advertiser (Video): [Here's the latest on a veteran's lawsuit against the Louisiana VA director](#) (8 October, Leigh Guidry, 230k uvm; Lafayette, LA)

A United States Attorney is saying a Vietnam veteran's lawsuit against the Louisiana director of Veterans Affairs should be dismissed.

George Jackson, 76, filed a civil lawsuit in August in the U.S. District Court Western District of Louisiana against Mark Bologna, director of the Veterans Affairs Regional Office in New Orleans.

Jackson is considered tetraplegic and is basically bedridden, so his wife Helene and veterans advocate Paul Labbe went to the Lake Charles court to file the suit for him.

On Sept. 6 U.S. Attorney David C. Joseph responded with a motion to dismiss the lawsuit on behalf of Bologna, claiming the federal court does not have jurisdiction over the matter and that the case should be decided before the VA.

The motion also claims that the case isn't against government employee Bologna, but against the government.

Requests for comment from Veterans Affairs officials were not returned.

Labbe alleges in his original filing that Bologna, not the VA, violated the veteran's constitutional and statutory rights. Jackson demands \$150,000 in damages from the director.

The federal attorney claims the suit does not provide enough evidence to show Bologna is legally liable for this.

"The United States is the real party at interest in an action such as this proceeding challenging a VA benefit decision," the motion states. "The United States has not waived sovereign immunity for this action."

Jackson responded with a filing Sept. 21, restating his claims that Bologna and the VA violated Jackson's rights by delaying the process and eventually denying the veteran's request for disability pay, despite his service in combat and medical records.

He also alleges that "Bologna and his staff (under his direction) are deliberately delaying [his] claim due to [his] age and the likelihood of [him] dying before proper award can be made," which the defendant points out in his motion to dismiss.

The 30-year Navy veteran doesn't expect to benefit personally from this suit, but hopes it helps other veterans.

"Maybe my suit'll make it better for somebody else," Jackson said when he filed the original complaint. "... If we can stop them from doing it to me, we can stop them from doing it to other folks. ... If they see they can be held accountable maybe they'll stop doing it."

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5. [Improve Timeliness of Service](#)

5.1 - The Guardian: [Joint support: left and right in rare agreement on cannabis](#) (8 October, Alex Halperin, 14.7M uvm; New York, NY)

With the US weeks away from the most contentious midterm election in at least a generation, Americans of all political persuasions increasingly want marijuana to be legal.

Two-thirds of the country favor recreational legalization and polls consistently show support for medical use well above 80%. In 1996 when California became the first state to allow medical use, roughly one in four Americans wanted to legalize the drug. Since then there has been a seismic shift, and today, according to the data site FiveThirtyEight, support for legalization is among the least divisive issues in the country.

Refreshingly, public opinion on marijuana policy refuses to conform to the country's familiar red state/blue state divide. While legalization is somewhat more popular with Democrats, it has long attracted supporters from the libertarian right.

With public opinion strongly in favor of legalization, it has become the default position for Democrats, while political realities have pushed Republicans in the same direction.

Now that 31 states allow medical use, support for legalization has climbed amid perceptions that cannabis may be a treatment option for veterans with post-traumatic stress disorder and could be an "exit drug" for people addicted to opioids. The evidence that marijuana relieves these overlapping scourges is still more anecdotal than scientific, but both have been hard-felt in conservative, rural areas. Hope for relief has led veterans, a traditionally right-leaning constituency, to overwhelmingly support medical marijuana research.

The dynamic was apparent in June, when voters in deep-red Oklahoma approved a permissive medical marijuana law. Polls suggest voters in conservative Utah will comfortably pass a stricter medical marijuana law on election day, despite initial opposition from the Mormon church, the state's most important institution. The religion, which doesn't permit consumption of alcohol or caffeine, has become comfortable with doctor-supervised medical marijuana use but not recreational use, whether legal or not.

In November, legalization proponents hope to unseat Congressman Pete Sessions, a Texas Republican who has blocked votes on modest measures like allowing Veterans Administration doctors to recommend medical marijuana in states where it's legal. Sessions (no relation to the anti-legalization US attorney general, Jeff Sessions) is in a competitive race and recently met with mothers who advocate for research into cannabis as a treatment for autism.

Sessions' opponent, Colin Allred, is a civil rights attorney and former NFL player who supports medical marijuana legalization. (Former NFL players who suffer severe chronic health problems, are a small but influential constituency that has advanced acceptance of medical marijuana.)

One unusual aspect of the legalization debate as it plays politically is that with few exceptions, neither supporters nor opponents are especially eager to discuss marijuana and the consequences of legalization.

The cannabis industry sees itself as an engine for creating jobs and offering the public a safer alternative to alcohol, but very few public officials are willing to go that far. Instead both Democrats and Republicans emphasize the potential benefits for veterans, and oppose harsh penalties for minor marijuana offenses. I've yet to hear a politician say it will be a net benefit to society when every American adult has access to weed. Substantial campaign donations await whoever is willing to make the case.

Legal, commercial marijuana may yet prove to be beneficial. But as access becomes easier, it's also likely to become clear that there are drawbacks to many more Americans spending much more of their lives high. When that happens it's possible to imagine Democrats calling for tighter control of legal cannabis and the industry gravitating to the anti-regulation GOP.

Until then, politicians of both parties have absorbed the lesson: no one wins votes by taking away the people's weed.

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5.2 - The Commercial Appeal: [Editorial | Why is Memphis VA still among the worst?](#) (8 October, Editorial Board, 1.1M uvm; Memphis, TN)

There are 146 government-run veterans' hospitals in America, land of the free and home of millions of brave and wounded warriors.

Only five of those hospitals have received the system's lowest rating (one-star) three years in a row.

The Memphis VA Medical Center is one of the failing five.

That despite the U.S. Department of Veterans Affairs announcement in January that it was taking "an aggressive new approach to produce rapid improvements at VA's low-performing medical facilities nationwide."

That despite the fact that the chairman of the powerful U.S. House Veterans Affairs Committee is Phil Roe, Republican from Tennessee, a physician and Army veteran.

That despite the hiring 18 months ago of Memphis VA Medical Director David K. Dunning, a Memphis-born 30-year Army veteran.

That despite the recent progress made by VA medical centers in Nashville and Murfreesboro, which were upgraded this year from one-star to two-star ratings.

The VA began releasing its annual quality ratings (1-5 stars) to the public in 2016 -- and only after USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The only highly rated (four stars) VA medical center in the state of Tennessee happens to be in Johnson City, where Roe lives, the area he represents in Congress and the city he led as mayor.

"As the chairman of the House Committee on Veterans Affairs and the Congressman representing West Tennessee veterans who seek care at the Memphis VA Medical Center, we are concerned and outraged by the recent abysmal failures at the Memphis facility," Roe and U.S. Rep. David Kustoff of Memphis wrote in a joint guest column published in this newspaper more than a year ago.

"We are encouraged to see swift action from the Department of Veterans Affairs (VA) to get the Memphis facility on track -- and will continue to closely monitor progress."

Perhaps the words "swift" and "progress" mean something different at the federal government level.

The newest VA ratings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

When it comes to uncommonly high levels of patient death and medical complications, "small improvements" aren't swift enough or big enough.

Perhaps it's time our wounded warriors to take a knee -- and pray for the high-quality health care they all deserve and have earned, and that we all have promised.

As Roe and Kustoff stated in this newspaper a year ago: "The men and women who put on a uniform and fought for this country made a promise to serve; a promise to defend the United States against all enemies foreign and domestic. In return, this country made a promise to care for the men and women who have borne the battle and to provide for their families."

Why hasn't the President or Congress done more to "produce rapid improvements" at the Memphis VA Medical Center?

Why aren't all VA medical centers five-star facilities?

Why aren't our military veterans receiving the very best quality health care everywhere from Johnson City to Memphis, from sea to shining sea?

Viewpoint Editor David Waters wrote this editorial on behalf of The Commercial Appeal Editorial Board [...]

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5.3 - The Fayetteville Observer: [Our View: Fast storm recovery at VA](#) (6 October, 439k uvm; Fayetteville, NC)

The governor's been talking a lot lately about "resiliency" as one of his goals for recovery from Hurricane Florence. He wants people and places that can more easily withstand massive flooding and other storm-related problems, ways to prevent a massive recurring expense for rebuilding after a storm.

Resiliency is something Veterans Affairs Secretary Robert Wilkie saw when he toured VA facilities impacted by Florence in Fayetteville and Wilmington.

Even before the flooding fully receded, VA officials in this region were getting the department's health-care operations up and running. Clinics that had been shut down by the storm had at least partially reopened. Mobile medical units were providing care until regular facilities could reopen. VA medical and administrative staff from as far away as Alaska were in town, helping out.

Nearly 17,000 appointments were canceled because of the hurricane, Fayetteville VA Director James Laterza said, but by the beginning of last week, more than half of them were already rescheduled.

Wilkie, a Fayetteville native who grew up on and around Fort Bragg, said, "We are the ultimate good news story" when he saw his staff's recovery successes.

Is this is an early sign of can-do spirit and innovation in the nation's second-largest bureaucracy? We hope that's exactly what it is. Wilkie took the VA's reins at an already-difficult time, with the agency roiled by controversy and hurt by the departure of many high-level managers. But the way the department is dealing with a hurricane and major flooding in its fastest-growing region — well, it's as encouraging a sign as we could imagine.

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5.4 - Union-Bulletin: [Walla Walla VA shows improvement. It's getting a better handle on management, but staffing problems remain an issue](#) (7 October, Forrest Holt, 60k uvm; Walla Walla, WA)

Management of the veterans medical center in Walla Walla has moved up a notch, according to recently released numbers from the Department of Veterans Affairs.

In the second quarter of this year, the Jonathan M. Wainwright VA Medical Center was one of 10 VA medical centers in the U.S. in the one-star, "high risk" category on a scale of five stars. Since then, it has earned another star, joining 95 others nationwide that have improved in the past year.

"(The one-star rating) was a big black eye for us and I think it was a wake-up call as well," said Keith Allen, the medical center's acting director. "I told staff we need to celebrate but we need to get back to work because that third star is on the horizon."

While two out of five stars may not seem particularly good, Allen said those ratings are for comparing VA medical centers with each other,

The metrics do not draw a direct parallel to the private sectors, he added, but “when you compare us to the UWs, the Virginia Masons, the Harborviews, we are right there, if not better than our counterparts on the private side.”

Allen traced the rating change to the VA’s efforts in identifying areas for improvement, rather than punishing facilities that did not meet benchmarks. He compared it to navigating an unfamiliar room in the dark. They were bumping into things they did not know were there, but concrete measurements brought to light what needed to change.

Since 2015, the VA has worked to improve oversight of quality management by tracking data more closely, offering the medical center a more comprehensive view of the its progress.

Improving communication across the entire facility was one of the biggest improvements, Allen said. Additionally, the amount of people returning the hospital after a recent visit has fallen and employees reported being more satisfied with their jobs.

Still, the medical center has about a 28-percent job vacancy rate, he said. With about 600 employees, Walla Walla is relatively small facility, so those shortages hit the remaining staff harder than at larger facilities.

It is also more difficult to attract and retain primary care providers, Allen said. Many choose to take jobs in the private sector, which often pay more, and some would simply prefer to live in a bigger city. And once they are in the job, many providers show signs of burnout.

Allen said the medical center is showing improvement in this area as it focuses more on training and mentorship. The medical center has also recently hired a chief of staff for primary care, a position that has been vacant for a while, he said.

The medical center is filling positions in its Patient Aligned Care Teams — groups of employees who bring care to the patients all at once rather than, for example, sending them to a doctor, then a specialist, and then a pharmacist. The teams still have vacancies, Allen said, but the pace of hiring is picking up.

Suzanne Gordon, author of “Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation’s Veterans,” said a variety of forces beyond an individual hospital’s influence affect veterans’ health care.

The shortages at Walla Walla’s medical center mirror those at others around the country. Gordon said the VA has about 45,000 job vacancies nationwide and there have been efforts to reduce retirement plans and bonuses for federal employees, including those working in the VA, which further makes moving to the private sector more attractive.

As a government agency, the VA can be caught in the crossfire of the politicians that control its budget and policies, she said.

The nature of the care needed also poses a challenge, Gordon said. In general, veterans are less likely to show up to their appointments, but are more likely to have needs specific to their population.

She said there is a lot of stigma among veterans when it comes to mental health care although they are more likely to need it.

Despite all the shortages, Gordon said it is important to recognize how the VA health care system compares to the private sector.

While there are thousands of private hospitals, the VA is an integrated network that can benefit veterans no matter their location.

According to the third quarter measurements, almost 75 percent of VA medical centers nationwide have shown improvements since this time last year.

“Better things are out there and we just need to go get them,” said Allen. “There are a lot of people here that pour their heart and soul in the facility.”

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5.5 - KURV (FOX-710): [Harlingen V-A Center Sees Health Care Improvements](#) (8 October, 1k uvd; Edinburg, TX)

Top officials at the V-A Health Care Center in Harlingen are pointing to a number of changes made in just the last year for the ratings upgrade the facility received this year.

The Veterans Administration upgraded the Harlingen facility from the lowest 1-star rating last year to a 2-star rating this year. Of the eight V-A health care facilities in Texas, the Harlingen V-A Center was the only one to improve its score, based on the 5-star system.

Officials say leadership and policy changes resulted in lowering the turnover rate among nurses, improvements in mental health care, faster response times to veterans' phone calls, and shorter appointment wait times.

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6. [Suicide Prevention](#)

6.1 - KMOX (CBS-1120, Audio): [Veteran Suicide with Dr. Keita Franklin](#) (7 October, 25.2M uvm; Saint Louis, MO)

Six-minute broadcast: Brian talks with Dr. Keita Franklin Executive director of suicide prevention for the department of veteran affairs about the VA's new anti-suicide program.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Boston Globe: [Sailor who died in the attack on Pearl Harbor in 1941 finally laid to rest at Mass. Cemetery](#) (8 October, Katie Camero, 8.8M uvm; Dorchester, MA)

Flags were lowered to half-staff in Connecticut from sunrise to sunset in honor of a sailor from that state who died in the Japanese surprise attack on Pearl Harbor and was laid to rest Monday at the Massachusetts National Cemetery in Bourne.

Stephen Pepe of Bridgeport, Conn., was 43 years old when his battleship the USS Oklahoma was attacked by Japanese aircraft on Dec. 7, 1941. The ship sustained multiple torpedo hits, which caused it to quickly capsized.

“Navy Water Tender 1st Class Stephen Pepe gave his life for our country, and we will be forever grateful for his service,” Connecticut Governor Dannel P. Malloy said in a statement. “Over seven decades after he made the ultimate sacrifice in a battle that marked one of the darkest days in American history, he is returning to his family and will receive a proper burial.”

The attack took the lives of 429 crewmen on the ship, including Pepe, according to a statement from The Defense POW/MIA Accounting Agency.

Pepe’s body was finally identified and accounted for on March 19, 2018, the defense department said.

At least 2,403 people died as a result of the Pearl Harbor attack, including navy and army members, marines, and civilians.

In 1947, members of the Graves Registration Service — now known as Mortuary Affairs — disinterred the remains of the unidentified sailors to transfer them to a laboratory with the hopes of identifying the members who fought bravely for their country, the DPAA said.

The laboratory staff was only able to identify 35 men who died onboard the USS Oklahoma that day.

The remaining bodies, including Pepe’s, were buried at the National Memorial Cemetery of the Pacific in Honolulu, otherwise known as the Punchbowl, DPAA said.

A military board classified those who could not be identified as non-recoverable.

More than six decades later, DPAA personnel began exhuming the remains from the Punchbowl for analysis.

The second attempt to identify the soldiers came after the Deputy Secretary of Defense issued a policy in 2015 directing the disinterment of unknown crewmen associated with the USS Oklahoma, DPAA said.

Pepe’s remains were identified using mitochondrial DNA analysis, anthropological analysis, as well as circumstantial and material evidence, DPAA said.

Pepe’s name is recorded on the Walls of the Missing at the Punchbowl. A rosette will be placed next to Pepe’s name to indicate he has been accounted for, DPAA said.

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7.2 - Patch.com (Palo Alto): [Secretaries Of State Honored By Foundation For VA Work](#) (9 October, Sue Wood, 1.2M uvd; New York, NY)

PALO ALTO, CA -- Anyone seeking a dose of patriotism could have cut it with a knife at the Four Seasons in Palo Alto Monday night. The PenFed Foundation honored in its dinner two U.S. Secretaries of State George Shultz and Condoleezza Rice as well as Veterans Administration leader Lisa Freeman for their work with building the Defenders Lodge.

The evening was launched with a hair raising audio of "America the Beautiful," as Shultz, 98, sat stoically near the podium to pledge his dedication to the honoring of the home developed through his efforts with Rice and the nonprofit PenFed Foundation.

"The words say everything -- Defenders Lodge," said Shultz, a longtime federal public servant who served under U.S. President Ronald Reagan. As secretary, he played a key role in thwarting a foreign policy that led to the successful conclusion of the Cold War. Remember Reagan's famous utterance: "Mr. Gorbachev, tear down this wall." These days, the feds want to build one.

The baby-blue bow tie clad Shultz has the unique distinction of owning careers in government, academia and business. The public dignitary provided a very personal account of why a veteran needs space to feel comfortable with family members present.

"Have you tried to get a room in Palo Alto?" he quipped. "The Defenders Lodge provides free lodging. It makes a gigantic difference."

For when veterans need care, he called the hospital a "very lonely place."

He characterized the Defenders Lodge as "a brilliant idea turned into a reality that works."

Shultz went to work with Rice to secure over \$10 million in funding to build the sprawling center. Rice made a video PenFed shared with the group.

Palo Alto Mayor Liz Kniss told the gathering of about 50 people she is proud of the accomplishment in her city.

"It is a terrific public-private entrepreneur partnership," she said.

Kniss pointed out how unlike other sterile-feeling medical facilities the Lee & Penny Anderson Defenders Lodge has a "warm" yet "extremely efficient" feel that makes the home functional.

Many in the audience toured the facility located off Miranda Avenue in Palo Alto.

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7.3 - WFTV (ABC-9, Video): [Action 9 helps veteran get benefits after life-altering injury](#) (8 October, 1.1M uvm; Orlando, FL)

A Navy veteran contacted Action 9 claiming the Department of Veterans Affairs had refused to pay his disability claim after he suffered a life-altering injury as a teenager.

After winning an appeal nearly 40 years later, the government still didn't pay his \$90,000 settlement.

Consumer investigator Todd Ulrich went to work on his case and his congresswoman was also there to help.

August 20th, 1974, was the last day Navy veteran John Lewis could breathe without damaged lungs.

He was on board the USS Sumter. While he was using a torch, the ventilation failed, and zinc fumes burned his lungs.

"That one incident affected my whole life. Yeah, you never know. You never know," Lewis said. He was diagnosed with permanent loss of full lung function and he was honorably discharged.

But Lewis, who was 18 at the time, was denied disability benefits despite his injury, which was at times crippling.

"I end up passing out or almost passing out after five to 10 minutes of exertion," Lewis said.

As a teenager, Lewis didn't appeal the decision. But 37 years later, he was unable to work, and friends who were veterans convinced him to try to an appeal. That took another seven years. He sent a petition to the court of appeals for his veteran claims.

The court granted Lewis the benefits because it found that the government had made a clear and unmistakable error.

"I was denied because of a document that didn't even exist," Lewis said.

He got a monthly retroactive benefit. And the VA also owed him an additional \$90,000 in disability pay. But weeks, then months, passed and he did not receive a check.

"When it didn't happen, it crushed me financially," Lewis said.

He contacted Action 9, asking for help. Ulrich reached out to U.S. Rep. Stephanie Murphy. Her office had contacted the VA about his case last year.

"He was caught up in the red tape that exists with federal agencies," Murphy said.

She said her office has handled 1,200 cases to help constituents recover earned benefits.

"We work alongside them to make sure they receive what they have earned," Murphy said.

Lewis got his check for \$90,000 last month. "I feel like I'm getting my life back," he said.

This year, the Quicker Veterans Benefits Delivery Act became law. It's supposed to ease a huge backlog of benefit claim appeals that drag on for years. And yet, paying resolved claims can still take months, or even years.

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7.4 - WVEC (ABC-13): [Elder Law Experts: V.A. pension program changes could hurt veterans](#) (8 October, Mike Gooding, 609k uvm; Norfolk, VA)

VIRGINIA BEACH, Va. — Big changes are in the works for the nation's 20 million military veterans.

In recent days, the Department of Veterans Affairs has published new rules that enhance a vet's capability to qualify for long-term care benefits. However, elder law experts said the changes make things more difficult

The "V.A. Pension Program" provides monthly payments to certain wartime Veterans with financial need and their survivors. To qualify, generally, a veteran must have at least 90 days of active-duty service, with at least one day during a wartime period.

What is possibly at risk is a tax-free \$2,170 per month "Aid and Attendance" benefit that assists vets that have a disability that is not service-connected. The benefit can help defray care costs so veterans can get the care they need at home or in assisted living.

"It's a significant re-write," said elder law attorney Andrew Hook. "Continuing to do the planning out would've recommended even 30 days ago would cause significant hardship and problems for them."

The new regulations go into effect October 18 and set a net worth limit of \$123,600. That number will include both the applicant's assets and income.

Additionally, under the new rules, any gifts made in the past 36 months, either to a family member or to an irrevocable trust, would be penalized.

Hook Law Center will host a free seminar this Wednesday to explain what these new pension law changes mean to veterans, spouses and their families, to help them plan ahead and avoid impacts to their estate and long-term care plans.

"We owe a duty to our veterans to try and get the word out," said Hook.

The Veterans Benefits seminar is free and open to the public. It's scheduled for Wednesday, October 10, at 10 a.m., at TowneBank, 984 First Colonial Road, Virginia Beach.

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7.5 - KCTV (CBS-5, Video): [Veteran finally wins claim after 10-year battle with VA](#) (8 October, Zoe Brown and Angie Ricono, 598k uvm; Fairway, KS)

KANSAS CITY, MO -- There may finally be some hope for veterans battling appeals with the V.A.

"RAMP", or the Rapid Appeals Modernization Program, started about a year ago.

Steve Fischer is a veteran who began his battle for benefits back in 2007. He has spent a decade fighting a bureaucratic paperwork war with the U.S. Department of Veterans Affairs.

To put it in perspective, his fight for benefits lasted longer than the war he served in.

Fischer served three tours in Iraq and has survived three roadside bombs.

"I heard a big boom, lots of smoke, ringing," he recalled. "Everyone was rushing to get us out of there."

One roadside bomb was the worst one.

"It separated the entire truck in half," he said. "Luckily, everyone survived, but we were all knocked unconscious and medevacked to Fallujah Medical."

He suffers from PTSD, a traumatic brain injury, hearing and vision loss, and nerve damage -- especially in his back.

Fischer said his life changed after that blast. So, he applied for benefits when he finished his tours.

The V.A. approved some, but not all, of his claims. He has been in appeals since 2009.

"This has all been going on since then," he said. "Here it is -- 2018."

He first applied in 2007. It took two years for the V.A. to approve some of the claims. Then, that kicked off the long appeals process as his file bounced from Washington back to the regional level twice. As time passed, his medical reports became outdated.

"I had to go to new exams," he explained, "do all the exams again."

Fischer describes a frustrating, bureaucratic, never-ending process.

"Every time I get a new letter from the V.A., it's a sinking feeling," he said. "My heart drops and then I open it. Every time I opened it, it hasn't been a positive outcome; it's been a nightmare."

He's not alone. Many veterans across the nation report similar problems.

Last year, KCTV5 News reported on Phil Nash who is battling the V.A. for benefits, as well as cancer.

"We have to fight for the compensation we are entitled to," Nash said.

In pictures from his service, one can see planes spraying Agent Orange

The V.A. originally approved his disability benefits because his cancer was directly connected to his exposure to Agent Orange.

Then, he had surgery and was considered cured, so the benefits stopped

However, when his prostate cancer came back, the benefits did not. Since then, the cancer has spread.

Nash's case is on appeal. It has taken years, it is still not resolved, and he is losing hope

"I'll probably be dead," he said.

"I have several friends who have given up and these are friends in heavy combat," Fischer said. "They are missing limbs, organs from mortar attacks. They are having the same issues I'm having."

The V.A. has promised things will improve and, for Fischer, he's finally seeing results.

KCTV5 News first spoke to Fischer when he was concerned the new rapid appeals process wasn't working. We followed his story and the program did resolve his claim in the promised time frame.

"I'm just glad it's over," he said. "It still hasn't hit me yet. It's still really new to me, definitely. When I wake up in the morning, now I have a smile. This is great!"

However, one has to remember this was a 10-year battle that lasted through three presidencies. So, only time will tell how well the program will work overall for veterans across the nation.

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7.6 - KRON (MNT-4, Video): [Nonprofit tackles problem of homeless veterans sleeping in their cars](#) (8 October, Michelle Kingston, 437k uvm; San Francisco, CA)

PALO ALTO - People are living out of their cars and RVs on streets in so many Bay Area communities.

A nonprofit organization teamed up with the VA to make sure that no veteran sleeps in their car when in need of medical treatment.

"I'm not sleeping in my car," veteran Billy Bryels said. "I'm not sleeping in the lobby. I'm not sitting out there for a half a day because conditions dictate that."

Bryels was hit with grenade shrapnel in Vietnam and has needed medical attention since he returned home from war.

He's thankful to now have the Lee and Penny Anderson Defenders Lodge in Palo Alto where he can stay overnight for free when getting treated at the VA medical center.

Since opening in 2014, the Defenders Lodge has provided 115,000 free nights of healing for veterans receiving critical health care.

"They had two choices--either sleep in their car or not come and not get the care they so richly deserve at all," said Lisa Freeman, who is the former director of VA Palo Alto Healthcare System.

The lodge is like a hotel with 104 beds, a cafe, and library--and most importantly, a room to rest.

"I just met a veteran this morning who traveled 180 miles this morning to get here, and that's an expense in itself just to travel, but if you got to rent a room, a decent room, you're going to pay a couple hundred bucks or more," Bryels said.

It's an expense some veterans can't afford, but skipping the treatments they need is something the PenFed Foundation says is unacceptable.

"Men and women who went into harm's way to fight and win in our nation's wars to give them a safe place to sleep in order to get their medical treatment they so truly deserve and earned," PenFed CEO James Schenck said. "It's a great feeling for me. It's a warm facility. It's a great place for them to stay."

The Defender's Lodge has saved veterans almost \$35 million since opening its doors in 2014.

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7.7 - Providence Business News: [Resnik awarded \\$600K for research study on female veteran amputees](#) (8 October, Rob Borkowski, 262k uvm; Providence, RI)

Linda Resnik, a research scientist at the Center for Neurorestoration and Neurotechnology at the Providence VA Medical Center, has been awarded nearly \$600,000 by the Department of Veterans Affairs Rehabilitation Research and Development Service to conduct a three-year research study to improve upper-limb prostheses for women veteran amputees.

Titled "Validation of Patient Reported Outcomes for Female Veterans with Upper Limb Amputation," the study will not only develop measures sensitive to the needs of women with upper-limb amputation but will allow Resnik and her team to develop and use new measures that compare outcomes of male and female amputees, as well as identify disparities and unmet needs.

"Women are more likely to reject or abandon upper-limb prostheses, in part due to dissatisfaction with devices and lack of appropriately gendered prostheses," said Resnik, who also serves as a professor in the Department of Health Services, Policy and Practice at Brown University, in a statement. "Currently available measures of prosthesis satisfaction and function were developed for men, and may not reflect the issues or concerns most important to women."

Melissa Clark and the Office of Survey Research at the University of Massachusetts Medical School will participate in the study.

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7.8 - KPLC (NBC-7, Video): [Veterans forced to leave local care facility](#) (8 October, Theresa Schmidt, 192k uvm; Lake Charles, LA)

A local residential facility that has housed veterans for many years won't after this week.

We found out after being contacted by a veteran who was very upset to be forced to leave Lake Charles. Other residents say the decision on where they go is determined by those who have guardians.

Every Christmas and throughout the year a number of charitable organizations and veterans groups come to Chennault Place to spread cheer to veterans who live here. One resident was Frank Giaccone, who loved to talk about many things from current events to old cars.

"I rebuilt a 1954 Chevrolet pickup truck. Me and my dad built it. Four speed," he said in a 2016 interview.

And Frank enjoyed taking buses around town and being part of the community.

"I love the bus system, I love the people, I love the cuisine, the food. I love everything about Lake Chuck," he said.

But Giaccone and about 20 others are being sent to other facilities out of town because Chennault Place will no longer be a veterans care facility. Giaccone, who's already been sent to Alexandria, was very upset. Sandy Morgan is a volunteer with Post 1 of the American Legion.

"Frank cried on my shoulder last week. He's scared, he's very afraid. He doesn't know anything in Alexandria. He's having to readjust and Frank doesn't readjust very well," said Sandy.

The owner of Chennault Place says he was losing more than \$10,000 a month and that the Veterans Administration was not sending them additional veterans, which would have made it more financially stable- so it's going to become a rental facility.

Wade Trahan is one of five veterans who will soon join Giaccone at Canterbury House in Alexandria. He says he doesn't blame the owner, if he's losing money.

"I don't mind moving. Things happen that way. You just gotta go with the flow," said Trahan.

And despite how upset Giaccone was, Trahan figures he'll be okay once some of his friends join him in Alexandria.

"Aw, he'll get used to it. Once we get over there, and we be with him, he gonna be all calmed down," said Trahan.

Still, those here who know and care about the 21 veterans leaving will miss them. Sandy says it breaks her heart.

"The guys that I love are moving. They're going away."

We reached out to the VA to see if they had any comment on the local veterans being sent out of the area. As yet, we have not received a response. The state also has a Veterans Affairs Office.

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7.9 - WTXL (ABC-27, Video): [Maclay students' art displayed at Tallahassee National Cemetery](#) (8 October, 60k uvm; Midway, FL)

TALLAHASSEE, Fla. - A group of local high school students are showing their patriotism to the family of veterans.

WTXL ABC's Jada Williams talked with the people adding a "pop of color" in a seemingly unusual place.

High school students at Maclay now have artwork prominently displayed at the Tallahassee National Cemetery, adding a little more depth to the final resting place for the men and women who have served our country.

When you think of a cemetery, you think of flowers adorning caskets, but what about works of art?

"It's not a good situation to be here, but to have something to take their mind off is great," said Lucy Smith, a Maclay Student.

Maclay High School students like Smith are bringing more red, white and blue to the Tallahassee National Cemetery.

Raymond Miller, the Tallahassee National Cemetery director: "When you have people come in and they're able to walk in, now all of sudden now not only do they know they're loved ones are here, but people in the community are caring and they've taken the time to come out here."

Maclay art teacher Kyle Maurey says when Miller reached out, the opportunity seemed too good to pass on.

Kyle Maurey, a Maclay Upper School art teacher, said that "This was a perfect opportunity, space, time to use artwork to connect to the community and add something beautiful."

The cemetery regularly displays artwork from the community.

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7.10 - Hudson Valley 360: [Gillibrand, VA clash over funds for off-shore Navy veterans](#) (8 October, Richard Moody, 1k uvd; Hudson, NY)

WASHINGTON — The sponsor of legislation that would help certain naval veterans who served in the Vietnam War obtain compensation for health complications caused by Agent Orange exposure is hopeful the legislation will move forward, despite expressed opposition from the U.S. Department of Veterans Affairs.

Naval veterans who served on the shore of Vietnam do not get compensation from the Veterans Administration for complications caused by exposure to the herbicide Agent Orange, said U.S. Sen. Kirsten Gillibrand, D-N.Y.

The Agent Orange Act of 1991 only allowed compensation for soldiers who served, boots on the ground, inland or sailors who served on inland water ways, but veteran organizations are

pushing Congress to pass legislation that would add sailors stationed just off-shore during the war, arguing it is possible those sailors could have been exposed.

“I have known Navy veterans who have died waiting for this legislation to pass,” said Command Sgt. Maj. Gary Flaherty, director of Columbia County Veterans Services. “There are a lot of unhappy veterans. There is no question in our minds when those planes flew over spraying Agent Orange it affected the sailors on the deck of ships on the shoreline.”

In the past, Flaherty said the cancer-causing herbicide could have been carried to ships anchored offshore by wind or into ships’ potable water drawn from the ocean and filtered.

The House of Representatives passed the Blue Water Navy Vietnam Veterans Act on June 25 with a 382-0 vote.

The Senate Committee on Veterans Affairs has held the bill since June 28.

“Senator Gillibrand has had productive conversations with Committee on Veterans Affairs Chairman U.S. Sen. Johnny Isakson, R-Ga., about his concerns and they have discussed ideas for modifications,” according to a statement from Gillibrand’s office. “We are hopeful that Chairman Isakson will produce a bill with small modifications very soon and that the Senate would be able to vote on it without any further delay.”

The committee held a hearing on the bill Aug. 1 and VA Undersecretary for Benefits Administration Paul Lawrence told members of the committee the department opposes the legislation.

“We oppose this bill,” Lawrence said. “We know it is incredibly difficult to hear from groups of veterans who are ailing and ill. There is no conclusive science from the institute of medicine to support claims of exposure.”

Lawrence argued the bill would set a precedent that the department would have to pay veterans’ claims regardless of the scientific evidence.

The VA is conducting a health study that compares the health effects on Vietnam veterans who did not serve inland, including nearly 1,000 Blue Water Navy veterans, with non-veteran populations, which will start to be published in 2019, Lawrence said.

“They have been studying this for 50 years,” Flaherty said. “This is the closest this bill has ever been. It is time to stop stalling, stop studying and give these veterans what they deserve.”

Agent Orange exposure can cause many health complications including chronic B-cell leukemias, Hodgkin lymphoma, ischemic heart disease, multiple myeloma, Non-Hodgkin lymphoma, Parkinson’s disease, peripheral neuropathy, porphyria cutanea tarda — characterized by liver dysfunction — prostate cancer, respiratory cancers and soft tissue sarcomas, which attacks muscle, fat, blood and lymph vessels and connective tissues, and diabetes according to the website for the U.S. Department of Veterans Affairs.

Randy Staats, of Hudson, served as a deckhand on the USS New Jersey from 1967 to 1969 and was anchored off the Vietnam shore during that time at points all along the coast. Staats suffers from diabetes, a condition he has requested compensation for more than 10 times since 1992 and has been denied every time, he said.

“They just told me I wasn’t going to get it because Blue Water Navy veterans are not entitled to it,” Staats said. “They are waiting for most of us to die and then they will give it to us. If it was their kids over there, they would have this thing passed already.”

FUNDING THE BLUE WATER NAVY BILL

Lawrence also told committee members in August that the VA opposes the way Congress plans to pay for the bill through increasing fees charged as part of the VA Home Loan programs. Veterans with disabilities are exempt from funding fees.

“The funding plan for [the bill] is unfortunate,” said Greene County Veterans Service Agency Director Michelle Romalin Deyo. “It is disconcerting that the funding for benefits payable to our Blue Water could be at the expense of other veterans.”

Under the bill passed by the House rates for veterans using the loan programs would be as follows:

- From 2.15 percent to 2.40 percent of the loan amount for loans with no down payment and first-use of the VA guarantee benefit.
- From 3.3 percent to 3.8 percent of the loan amount for loans with no down payment on subsequent use of the loan benefit.
- From 1.50 percent to 1.75 percent of the loan amount for loans with a 5 percent down payment.
- From 1.25 percent to 1.45 percent of the loan amount for loans with a 10 percent down payment.

“Though the VA Home Loan Guarantee Funding Fee is only collected from veterans who are not rated by the VA with a service-connected disability with certain exceptions; that doesn’t mean it won’t affect our disabled veterans,” Deyo said. “Veterans with pending original claims, will generally not be eligible for the funding fee waiver — not until they have a VA Rating Decision of 10 percent service-connected disabled or greater. The funding fee is already a sizable fee.”

The increases would take effect Jan. 1 next year and return to current levels after Sept. 30, 2026.

Funding fees haven’t been raised since 2004.

“In June, the House unanimously approved the Blue Water Navy Vietnam Veterans Act 382-0 and the Senate should follow suit immediately to get these veterans the benefits they deserve,” said U.S. Rep. John Faso, R-19, who voted for the bill. “After enactment of the Agent Orange Act of 1991, the VA determined that benefits for veterans made sick by agent orange would only be available to those with “boots on the ground” or served on inland waterways. I believe this determination was wrong.”

Deyo works with many Blue Water Navy veterans, and hopes the bill passes soon.

“We do have a significant population of Blue Water veterans affected by herbicide exposure-related illnesses considered presumptive for so-called ‘Boots on the Ground’ veterans,” Deyo said. “So, I am very hopeful that Congress will find another resource, outside of existing VA programs, to make sure our Blue Water Veterans are finally compensated, and all of the corresponding benefits are extended to them and their dependents, without further delay.”

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7.11 - East Tennessean: [‘Veterans Stand Down’ At Carver Park](#) (8 October, Jonathan Roberts, 400 uvd; Johnson City, TN)

On Oct. 5, the Department of Veterans Affairs and the Appalachian Coalition of Homelessness hosted the sixth annual “Veterans Stand Down” at Carver Park.

The event, which saw over 130 homeless and struggling veterans come through, offered free clothing, food, haircuts and personal care items. All of that in addition to free counseling and substance abuse referrals, employment training, housing resources, legal resources and healthcare services.

Over 20 volunteers and over 40 organizations and various agencies showed up to Carver Park to provide assistance where they could, as did Tennessee Congressional Representative Phil Roe (R-TN).

“It’s just something I like doing,” Rep. Roe said. “I like meeting people, and there’s also quite a few things we found out we want to do for homeless veterans just standing here.”

While there’s still a way to go in order to eliminate homelessness among the veterans in the area, the number of homeless veterans coming through has steadily decreased since 2013. Last year the 2017 Veterans Stand Down helped serve over 180 veterans, a number that dropped over 50 this year.

“We may decide at some point that because of the numbers dropping off that we go to every other year, but we don’t know,” said David Shields, Community Employment Specialist in the Homeless Program at the VA.

While the drop off in the total number of veterans has been a positive, there has been an uptick in homelessness among female veterans as well as LGBT veterans. The uptick in women in the Armed Forces has led to the Dept. of Veterans Affairs increasing the number of programs designed to help assist women as well as the implementation of a Military Sexual-Trauma (MST) program.

“We have a whole MST program, and it’s a shame that we have to have that, but that’s the reality of it,” Shields said. “And it’s not to say that men do not experience that, because they do, but it’s not to the extent women do.”

On the LGBT-side of things, there was a booth set up to help provide services to those veterans identifying as LGBT. A pamphlet distributed by the James H. Quillen VA Medical Center noted that 13 percent of all transgender people are veterans.

Regardless of gender or sexual orientation, however, the need to help assist the nations struggling veterans is something people across the area were quick to respond to.

"It's absolutely incredible for me," one veteran volunteer, Chad Berry, said, "Really, the first year we had this stand down I came out just to lend a hand, and that's when I started getting a passion [to help] homeless veterans."

Rep. Roe was glad to experience Veterans Stand Down in the area.

"We're so blessed to have a great VA facility here [in Johnson City]," he said. "My job is to be sure we raise the quality for all veterans hospitals."

Something as simple as having a local representative attend one of these events is seen as a huge benefit by those hosting these events.

"When we're having these events, [Rep. Roe] shows up," Shields said. "He always does, and the veterans always like to see that, and it's good for them to know that they have that voice that's willing to come out and be here."

As Chair of the House Veterans Affairs Committee, Roe noted how much going to these events and supporting veterans means to him.

"Homelessness is a sore spot for me because in this year's budget we approved \$7.5 billion to homeless veterans and I don't think that money is getting to the veterans," Rep. Roe said. "I want to follow that money and find out why."

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8. [Other](#)

From: VA Media Analysis

(b) (6)

Cc:

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Subject: [EXTERNAL] 7 October Veterans Affairs Media Summary and News Clips

Date: Sun Oct 07 2018 05:11:17 CDT

Attachments: 181007_Veterans Affairs Media Summary and News Clips.docx
181007_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.891606-000001

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Veterans Affairs Media Summary and News Clips

7 October 2018

1. [Top Stories](#)

1.1 - Tahlequah Daily Press: [VA SAIL Report shows improvement for VA Health Care](#) (6 October, 10.9k uvm; Tahlequah, OK)

Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs recently released data that showed significant improvements at the majority of its health care facilities. Compared with data from the same period a year ago, the July 2018 release of VA's Strategic Analytics for Improvement and Learning report showed improvement for the Eastern Oklahoma VA Health Care System, with the largest gains in areas such as Primary Care and access to care.

[Hyperlink to Above](#)

1.2 - Texas Medical Center: [Houston Stand Down helps homeless veterans with services and supplies](#) (6 October, Maggie Galehouse; Houston, TX)

Lauren Williams was homeless for 30 months. She lived in her car, mostly. After a knee replacement, she couldn't return to her security job. That's one reason she found herself with no place to live. Still, she managed. "It was all just ingenuity," said Williams, 66, a United States Army veteran who spent part of Friday morning selecting a few pieces of donated clothes at Houston Stand Down, an annual event to help the city's homeless veterans. "I worked in security for several years. That's how I know where to park and sleep and be safe all night."

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 – Pensacola News Journal: [Isakson vows 'Blue Water relief'; Trump inflates choice reform](#) (6 October, Tom Philpott, 106.3k uvm; Pensacola, FL)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for "Blue Water Navy" Vietnam War veterans who have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private sector physicians and hospitals.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

6.1 - The Guardian: ['A national emergency': suicide rate spikes among young US veterans](#) (6 October; UK)

Suicide rates have jumped substantially among young military veterans, according to new data from the US Department of Veterans Affairs. Veterans aged 18 to 34 have higher rates of suicide than any other age group, the VA says in its National Suicide Data Report. The rate for those young veterans increased to 45 suicide deaths per 100,000 population in 2016, up from 40.4 in 2015, even as the overall veteran suicide rate decreased slightly, according to a copy of the report reviewed by the Guardian.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Garden Island: [Help for homeless vets](#) (6 October, 33.3K uvm; Lihue, HI)

To help end veteran homelessness, the U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs awarded \$887,278 to provide permanent homes to an estimated 88 veterans enduring homelessness in Guam and Hawaii. The rental assistance announced this week is provided through the HUD-Veterans Affairs Supportive Housing Program, which combines rental assistance from HUD with case management and clinical services provided by VA.

[Hyperlink to Above](#)

7.2 - AllonGeorgia: [VA sustains high customer satisfaction in burial and memorial services for Veterans and families](#) (6 October)

The results of a recent VA customer survey indicates Veterans and their families continue to experience high customer satisfaction in burial and memorial services for Veterans and families from the U.S. Department of Veterans Affairs (VA)'s National Cemetery Administration (NCA). NCA's annual survey to Veterans, families and funeral directors, which was released at the end of September and covers fiscal year 2018, revealed the following:

[Hyperlink to Above](#)

8. [Other](#)

8.1 – The St. Thomas Source: [VA Notifies Patients of Incorrect Mailings of Medications, Letters](#) (6 October, 8.6k uvm; St Thomas, Virgin Islands, United States)

The Veterans Administration Caribbean Healthcare System (VACHS) recently contracted services with Data Base Marketing to update veterans' mailing addresses to conform with U.S. Postal Service requirements and the VA computerized record system format. On Sept. 11, the contractor updated the VACHS database for approximately 89,000 patient addresses in the computerized system. On Oct. 1, the VA confirmed that some addresses were unintentionally updated incorrectly.

[Hyperlink to Above](#)

8.2 - The Daily News: [Organizations coordinate for Veterans Resource Fair on Oct. 13 in Belding](#) (6 October, Meghan Nelson, 8k uvm; Greenville, MI)

When Angela Baldwin became started working for Volunteers of America a year ago, she remembers being told Ionia County didn't have a large population of at-risk veterans. Local organizations are looking for donations of warm weather gear, such as coats, to give to veterans during the Ionia County Veterans Resource Fair on Oct. 13 at the Belding VFW Post. Not believing the statement, she went to Veterans Affairs and looked at other community organization looking for veterans, but she was still struggling to find veterans she could connect to her resources.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - Tahlequah Daily Press: [VA SAIL Report shows improvement for VA Health Care](#) (6 October, 10.9k uvm; Tahlequah, OK)

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Compared with data from the same period a year ago, the July 2018 release of VA's Strategic Analytics for Improvement and Learning report showed improvement for the Eastern Oklahoma VA Health Care System, with the largest gains in areas such as Primary Care and access to care.

EOVAHCS has formed a new partnership with the Tele-ICU Monitoring Center at the Cincinnati VA Medical Center, opened a new outpatient clinic in Idabel, redesigned the Tulsa Women Veterans Clinic, increased hours for MRI, leased additional space for the Tulsa VA Behavioral Medicine Clinic, opened a new call center, and launched new text message appointment reminders.

"We were able to identify areas where we could improve over the past year," said Mark E. Morgan, director, Eastern Oklahoma VA Health Care System. "I'm extremely proud of my dedicated staff and the progress they have made to raise VA's performance for our nation's heroes"

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help facilities improve.

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1.2 - Texas Medical Center: [Houston Stand Down helps homeless veterans with services and supplies](#) (6 October, Maggie Galehouse; Houston, TX)

Lauren Williams was homeless for 30 months. She lived in her car, mostly.

After a knee replacement, she couldn't return to her security job. That's one reason she found herself with no place to live. Still, she managed.

"It was all just ingenuity," said Williams, 66, a United States Army veteran who spent part of Friday morning selecting a few pieces of donated clothes at Houston Stand Down, an annual event to help the city's homeless veterans. "I worked in security for several years. That's how I know where to park and sleep and be safe all night."

But some time over the next few days, Williams will move into her own place at Uvalde Ranch Apartments. She got help from the U.S. Department of Housing and Urban Development-VA

Supportive Housing (HUD-VASH) program, one of many initiatives that help homeless veterans and one of several represented at Houston Stand Down, held in MacGregor Park.

The goal of the event, sponsored by the U.S. Department of Veterans Affairs and the City of Houston, is to deliver more success stories like Williams’.

On Friday, under tents and in trailers around the park, veterans received free meals, clothing, haircuts, chaplaincy services, legal advice, rental assistance, vocational training and more. Many of the services were delivered on the spot, including HIV tests that took about 20 minutes and engraved medical ID bracelets—courtesy of American Medical ID, a local employee-owned business.

A steady stream of veterans moved between nearly two dozen help stations in the park.

“This is a low turnout—which is good,” said Emilio Herrera, a social worker at the Michael E. DeBakey VA Medical Center, one of the event’s key organizers. “Last year we served 657 vets. The goal is to shrink the numbers. It’s kind of counterintuitive.”

Homeless or transitioning veterans were transported to Houston Stand Down in a variety of ways, Hererra said, including Houston MetroLift—a shared-ride public transit service that offers assistance to disabled individuals—and shuttles from the nearby VA Medical Center.

Tyler Mitchell, who arrived via public transportation, got a shave and a haircut.

An Army veteran, Mitchell, 50, worked in mobile supply and was stationed in Vilseck, Germany between 1988 and 1992—during the time the Berlin Wall came down.

“The Army wasn’t for me,” he said, “but learning about mobile supply prepared me for jobs in the real world.”

At the moment, Mitchell resides in transitional housing. He was homeless for a time, living with his dog, Trigger, near U.S. Highway 59 and Bissonnet Street. A medical condition that makes it hard for him to stand and walk has made finding work tough.

“I’m looking for a job,” Mitchell said. “I’m going to visit a friend here today who thinks he might have work for me.”

Student barber Kiahna Ralph of the Franklin Barber Institute donated her time to Mitchell’s grooming. When she was finished, he had a tight haircut and the trimmed sides of his beard created a tidy goatee.

U.S. Rep. Shelia Jackson Lee was on hand to distribute Vietnam War pins to veterans who served in that era. She pinned several veterans in the midday sun, including Rueben Hill, a former Army cook who served from 1969 to 1976 and came to the event specifically to receive his pin.

“I still cook,” said Hill, 69, who lives in an apartment in Houston. “I’m trying to get a catering truck where I can cook and bake.”

Stand Down events, which are held across the country, are typically stretch one to three days each providing supplies and services to homeless veterans. The term “stand down” refers to the

brief period of time a soldier leaves an active combat area to rest and regain strength before returning.

In Houston, event organizers were focused on outreach—which is getting homeless veterans access to multiple programs including health care and medical benefits via Health Care for Homeless Veterans and the Veterans Benefits Administration.

“We expect a lot of folks are off the VA grid,” said Herrera, the social worker. “But here, services are taking place. We’re not educating and hoping. We’re getting veterans enrolled. We’re getting them on the VA radar.”

For veterans like Lauren Williams, who left the clothes tables with colorful print tunics and a crisp white button-down to wear when she ushers at Greater Mt. Lebanon Baptist Church, the VA programs have changed her outlook.

“I want to give back,” Williams said. “I want to find work that’s more about service and less about money.”

Williams remembers a time when veterans weren’t treated so well, particularly servicemen and servicewomen returning from Vietnam.

Gesturing to all the volunteers and organizers working at stations around the park, she said: “This is a miracle to see in my lifetime.”

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2. Greater Choice for Veterans

2.1 – Pensacola News Journal: [Isakson vows 'Blue Water relief'; Trump inflates choice reform](#) (6 October, Tom Philpott, 106.3k uvm; Pensacola, FL)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for “Blue Water Navy” Vietnam War veterans who have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private sector physicians and hospitals.

Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans Affairs Committee, insisted throughout a hearing last week that he and VA Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

But Wilkie, the only witness at the “State of the VA” hearing, wasn’t prepared to echo the chairman’s assurances. Wilkie didn’t even mention the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in his oral statement highlighting priorities for improving VA’s organization and services.

If HR 299 is enacted absent stronger scientific evidence that shipboard veterans were exposed to wartime defoliants, Wilkie wrote, it “would erode confidence in the soundness and fairness of

the veterans' disability benefits system, creating the impression that the system can be gamed by political activism."

Also, he argued, it would increase pressure on VA to "expand additional presumptions administratively, under a similarly liberal approach, favoring less deserving but politically demanding veterans over more deserving veterans who trust VA to do the right thing for all veterans."

VA estimates HR 299 would cost \$6.7 billion over 10 years and impact efforts to reduce its backlog of claims and claim appeals. VA would have to reopen 30,000 previously denied claims and 230,000 additional claims over the next decade.

Despite Wilkie's official hardline, Isakson said his talks with the secretary over the past month left him hopeful VA will cooperate with Congress on finding a solution. Why he thought so was hard to decipher throughout the hearing.

"The Secretary is right in the reasons he's been opposed to just doing Blue Water period. But he's not wrong about how we get to" a solution, Isakson said. That path, he suggested, is that his committee keeps working with VA. "The veterans who think they deserve that benefit ought to get it," he insisted.

"So, I really want to set the table at this hearing with the secretary present. Thank him for giving me the time...to talk about this. And appreciate what his attitude is, about customer service being the principle foundation of his administration at the VA."

Veteran service organizations and Blue Water Navy advocates should know, Isakson continued, that this "committee and VA will tackle your problems and try and do it as fairly and equitably and as right for everybody as we can. But we are not going to get bulldozed into a corner. And we're not going to bulldoze somebody into a corner either. So, I want to bring that up because that's going to take care of a lot of questions."

It didn't. Committee colleagues still pressed Wilkie to support HR 299, citing supportive language in a 2008 Institute of Medicine report and noting that Vietnam veterans in their states who served off Vietnam, have Agent Orange-related illnesses, continue to be turned down for VA care and compensation.

The closest Wilkie came to a concession was telling Sen. Dean Heller (R-Nev.), that he had pledged to work with Isakson "to make sure that we get it right...for all of our veterans." But Wilkie then referred to concerns raised by The American Legion, Veterans of Foreign Wars, Disabled American Veterans and Paralyzed Veterans of American that the House-passed bill would pay for Blue Water Navy benefits by raising VA home loan fees, including, for the first time, imposing fees on some disabled veterans who buy higher priced homes.

Wilkie said he agreed with those concerns. He assured Heller that Nevada veterans exposed to Agent Orange would qualify for compensation. But he didn't concede that VA is ready to presume all Blue Water Navy veterans were exposed.

Isakson interjected that Heller had missed the chairman's opening statement in which he explained the "issue of dealing with Blue Water Navy is no longer going to be a question. How we do it is going to be the question."

Pointing to Wilkie, Isakson said he “has agreed to work with us to make that happen.” Isakson gave similar assurances to four more colleagues critical of VA’s opposition to HR 299. Finally, Sen. Richard Blumenthal (D-Conn.) told Isakson, “I know what the conversations have been, Mr. Chairman. And I’m really looking for a somewhat less equivocal answer.” He didn’t get it, not at this hearing.

REAL CHOICE OR NOT?

President Trump, at a signing ceremony for funding bill for VA and military construction projects (HR 5895), made some unfounded claims about Veterans Choice, confusing a troubled program in effect since 2014 with reforms to VA community care programs set to kick in next year.

Thanks to him, Trump said to applause at North Las Vegas VA Medical Center Sept. 21, “we have now VA Choice. So now if a veteran can’t get the care they need from the VA in a timely fashion, they have the right to go see a private doctor. Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice.”

His declaration didn’t match details or nuances of statutory changes enacted that day or earlier this year. HR 5895 does provide, through 2021, billions of dollars more to fund sweeping reforms to VA community care programs as authorized in the VA Mission Act signed in June. But the impact of the reforms on veterans seeking outside care won’t be known until VA develops and publishes new access standards for VA-paid community care. That won’t occur until next summer.

“We had people waiting in line with a simple problem that, by the time they saw a [VA] doctor, they were terminally ill,” said Trump. “No more of that. If you have a line [at VA] you go see a [private sector] doctor.”

No responsible VA official would make that claim. The Mission Act will end two current triggers under the Choice program for granting access to outside care: waits longer than 30 days for a VA appointment or trips longer than 40 miles from home to be seen by a VA primary care provider. Those will go away.

But Trump and veterans don’t yet know what will replace them. The new law mandates that VA schedule more timely appointments at its facilities, improve staffing, establishment of a network of commercial walk-in clinics and ensure prompt payment of outside providers. It also requires that veterans have access to community care if the VA is unable to provide timely care as needed.

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Those are details veterans must understand and hyperbolic politicians ignore.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

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“We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own,” said HUD Secretary Dr. Ben Carson. “The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA.”

Since 2008, more than 93,000 vouchers have been awarded and approximately 150,000 homeless veterans have been served through the HUD-VASH program.

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On Sept. 11, the contractor updated the VACHS database for approximately 89,000 patient addresses in the computerized system. On Oct. 1, the VA confirmed that some addresses were unintentionally updated incorrectly.

Due to this computer system update, some individuals may have received medication(s), correspondence or other items addressed to and intended for another individual.

If an individual received medication(s), correspondence or items addressed to another individual from the U.S. Department of Veterans Affairs between Sept. 11 and Oct. 15, they are urged to immediately contact the Customer Call Center at (787) 641-5252 for further instruction.

If a VA patient ordered prescription medications that they have not yet received, they are urged to immediately contact our Customer Call Center at (787) 641-5252 for further instruction.

Clinical staff from the VA Caribbean Healthcare System is making contact, by phone where possible and through certified letter, to all impacted individuals to explain the situation and to inform them about actions to be taken.

The VA Caribbean Healthcare System sincerely apologizes for this error and has taken measures to ensure the issue has been corrected and will not happen in the future.

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8.2 - The Daily News: [Organizations coordinate for Veterans Resource Fair on Oct. 13 in Belding](#) (6 October, Meghan Nelson, 8k uvm; Greenville, MI)

When Angela Baldwin became started working for Volunteers of America a year ago, she remembers being told Ionia County didn't have a large population of at-risk veterans.

Local organizations are looking for donations of warm weather gear, such as coats, to give to veterans during the Ionia County Veterans Resource Fair on Oct. 13 at the Belding VFW Post.

Not believing the statement, she went to Veterans Affairs and looked at other community organization looking for veterans, but she was still struggling to find veterans she could connect to her resources.

Eventually, she decided to start disseminating her information across Ionia County in hopes of finding veterans in need of help.

"I went business to business handing out flyers I created, meeting with people, and telling them about the (Homeless Veterans Reintegration) Program," Baldwin said.

After connecting with Michigan Works, she was able to start finding some leads on veterans who could benefit from the program. Finally connecting with veterans led her to another discovery, though.

"I realized there is such a disconnect between veteran resources. They were in abundance, but they don't know where to make a referral," Baldwin said.

She then started working on creating a partnership between the veterans resources organizations.

"I'm finding these veterans are so much better off now that we're connecting them with all these resources no one knew about," she said.

To do that, Baldwin, Susan Richards with The Right Door and Brandy Walkington with Michigan Veterans Affairs Agency, along with many others have planned an Ionia County Veterans Resource Fair.

The event will take place from 9 a.m. to 1 p.m. on Oct. 13 at the Belding VFW Post, 114 N. Bridge St. Veterans should bring their DD214 or military ID.

"This is a great event for local veterans because they will know where to go and connect with people who can help with jobs, health care, benefits and community and receive gear for the cold weather," Richards said.

Walkington said Veteran Service Officers, Volunteers of America, EightCap Inc., Ionia County Soldiers and Sailors Relief Commission are some of the organizations that will be represented at the Veterans Resource Fair.

"The event will be a great opportunity for veterans that have never taken that step to apply for benefits that they may be eligible for — whether it be Veterans Affairs or otherwise — to learn how to apply and receive assistance in applying," she continued.

Along with information and potential assistance, at the resource fair, veterans can receive winter gear as well as free haircuts.

This is the first year for the Veterans Resource Fair, but organizers have high hopes they'll be able to reach those who can benefit from it.

“My goal is to let them know there are resources and make it public. We are concerned and willing to partner and collaborate and put them in as many programs as they qualify for,” Richards said.

Along with veterans, Richards is also looking for volunteers to donate warm weather gear for the event and join the veterans forum, which meets every other month. Those looking to help in either capacity can contact Richards by emailing her at srichards@rightdoor.org.

Ron Huff, Ionia County Habitat for Humanity Restore development director and resale shop manager, has volunteered to provide transportation from the resale shop at 113 S. Depot St. in Ionia to the Veterans Resource Fair for those who need. Baldwin asked those who would like to utilize the transportation service to call her at (616) 841-5111 to reserve a spot.

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Veterans Affairs Media Summary and News Clips

7 October 2018

1. [Top Stories](#)

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Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs recently released data that showed significant improvements at the majority of its health care facilities. Compared with data from the same period a year ago, the July 2018 release of VA's Strategic Analytics for Improvement and Learning report showed improvement for the Eastern Oklahoma VA Health Care System, with the largest gains in areas such as Primary Care and access to care.

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Compared with data from the same period a year ago, the July 2018 release of VA's Strategic Analytics for Improvement and Learning report showed improvement for the Eastern Oklahoma VA Health Care System, with the largest gains in areas such as Primary Care and access to care.

EOVAHCS has formed a new partnership with the Tele-ICU Monitoring Center at the Cincinnati VA Medical Center, opened a new outpatient clinic in Idabel, redesigned the Tulsa Women Veterans Clinic, increased hours for MRI, leased additional space for the Tulsa VA Behavioral Medicine Clinic, opened a new call center, and launched new text message appointment reminders.

"We were able to identify areas where we could improve over the past year," said Mark E. Morgan, director, Eastern Oklahoma VA Health Care System. "I'm extremely proud of my dedicated staff and the progress they have made to raise VA's performance for our nation's heroes"

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help facilities improve.

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After a knee replacement, she couldn't return to her security job. That's one reason she found herself with no place to live. Still, she managed.

"It was all just ingenuity," said Williams, 66, a United States Army veteran who spent part of Friday morning selecting a few pieces of donated clothes at Houston Stand Down, an annual event to help the city's homeless veterans. "I worked in security for several years. That's how I know where to park and sleep and be safe all night."

But some time over the next few days, Williams will move into her own place at Uvalde Ranch Apartments. She got help from the U.S. Department of Housing and Urban Development-VA

Supportive Housing (HUD-VASH) program, one of many initiatives that help homeless veterans and one of several represented at Houston Stand Down, held in MacGregor Park.

The goal of the event, sponsored by the U.S. Department of Veterans Affairs and the City of Houston, is to deliver more success stories like Williams’.

On Friday, under tents and in trailers around the park, veterans received free meals, clothing, haircuts, chaplaincy services, legal advice, rental assistance, vocational training and more. Many of the services were delivered on the spot, including HIV tests that took about 20 minutes and engraved medical ID bracelets—courtesy of American Medical ID, a local employee-owned business.

A steady stream of veterans moved between nearly two dozen help stations in the park.

“This is a low turnout—which is good,” said Emilio Herrera, a social worker at the Michael E. DeBakey VA Medical Center, one of the event’s key organizers. “Last year we served 657 vets. The goal is to shrink the numbers. It’s kind of counterintuitive.”

Homeless or transitioning veterans were transported to Houston Stand Down in a variety of ways, Hererra said, including Houston MetroLift—a shared-ride public transit service that offers assistance to disabled individuals—and shuttles from the nearby VA Medical Center.

Tyler Mitchell, who arrived via public transportation, got a shave and a haircut.

An Army veteran, Mitchell, 50, worked in mobile supply and was stationed in Vilseck, Germany between 1988 and 1992—during the time the Berlin Wall came down.

“The Army wasn’t for me,” he said, “but learning about mobile supply prepared me for jobs in the real world.”

At the moment, Mitchell resides in transitional housing. He was homeless for a time, living with his dog, Trigger, near U.S. Highway 59 and Bissonnet Street. A medical condition that makes it hard for him to stand and walk has made finding work tough.

“I’m looking for a job,” Mitchell said. “I’m going to visit a friend here today who thinks he might have work for me.”

Student barber Kiahna Ralph of the Franklin Barber Institute donated her time to Mitchell’s grooming. When she was finished, he had a tight haircut and the trimmed sides of his beard created a tidy goatee.

U.S. Rep. Shelia Jackson Lee was on hand to distribute Vietnam War pins to veterans who served in that era. She pinned several veterans in the midday sun, including Rueben Hill, a former Army cook who served from 1969 to 1976 and came to the event specifically to receive his pin.

“I still cook,” said Hill, 69, who lives in an apartment in Houston. “I’m trying to get a catering truck where I can cook and bake.”

Stand Down events, which are held across the country, are typically stretch one to three days each providing supplies and services to homeless veterans. The term “stand down” refers to the

brief period of time a soldier leaves an active combat area to rest and regain strength before returning.

In Houston, event organizers were focused on outreach—which is getting homeless veterans access to multiple programs including health care and medical benefits via Health Care for Homeless Veterans and the Veterans Benefits Administration.

“We expect a lot of folks are off the VA grid,” said Herrera, the social worker. “But here, services are taking place. We’re not educating and hoping. We’re getting veterans enrolled. We’re getting them on the VA radar.”

For veterans like Lauren Williams, who left the clothes tables with colorful print tunics and a crisp white button-down to wear when she ushers at Greater Mt. Lebanon Baptist Church, the VA programs have changed her outlook.

“I want to give back,” Williams said. “I want to find work that’s more about service and less about money.”

Williams remembers a time when veterans weren’t treated so well, particularly servicemen and servicewomen returning from Vietnam.

Gesturing to all the volunteers and organizers working at stations around the park, she said: “This is a miracle to see in my lifetime.”

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2. Greater Choice for Veterans

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Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans Affairs Committee, insisted throughout a hearing last week that he and VA Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

But Wilkie, the only witness at the “State of the VA” hearing, wasn’t prepared to echo the chairman’s assurances. Wilkie didn’t even mention the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in his oral statement highlighting priorities for improving VA’s organization and services.

If HR 299 is enacted absent stronger scientific evidence that shipboard veterans were exposed to wartime defoliants, Wilkie wrote, it “would erode confidence in the soundness and fairness of

the veterans' disability benefits system, creating the impression that the system can be gamed by political activism."

Also, he argued, it would increase pressure on VA to "expand additional presumptions administratively, under a similarly liberal approach, favoring less deserving but politically demanding veterans over more deserving veterans who trust VA to do the right thing for all veterans."

VA estimates HR 299 would cost \$6.7 billion over 10 years and impact efforts to reduce its backlog of claims and claim appeals. VA would have to reopen 30,000 previously denied claims and 230,000 additional claims over the next decade.

Despite Wilkie's official hardline, Isakson said his talks with the secretary over the past month left him hopeful VA will cooperate with Congress on finding a solution. Why he thought so was hard to decipher throughout the hearing.

"The Secretary is right in the reasons he's been opposed to just doing Blue Water period. But he's not wrong about how we get to" a solution, Isakson said. That path, he suggested, is that his committee keeps working with VA. "The veterans who think they deserve that benefit ought to get it," he insisted.

"So, I really want to set the table at this hearing with the secretary present. Thank him for giving me the time...to talk about this. And appreciate what his attitude is, about customer service being the principle foundation of his administration at the VA."

Veteran service organizations and Blue Water Navy advocates should know, Isakson continued, that this "committee and VA will tackle your problems and try and do it as fairly and equitably and as right for everybody as we can. But we are not going to get bulldozed into a corner. And we're not going to bulldoze somebody into a corner either. So, I want to bring that up because that's going to take care of a lot of questions."

It didn't. Committee colleagues still pressed Wilkie to support HR 299, citing supportive language in a 2008 Institute of Medicine report and noting that Vietnam veterans in their states who served off Vietnam, have Agent Orange-related illnesses, continue to be turned down for VA care and compensation.

The closest Wilkie came to a concession was telling Sen. Dean Heller (R-Nev.), that he had pledged to work with Isakson "to make sure that we get it right...for all of our veterans." But Wilkie then referred to concerns raised by The American Legion, Veterans of Foreign Wars, Disabled American Veterans and Paralyzed Veterans of American that the House-passed bill would pay for Blue Water Navy benefits by raising VA home loan fees, including, for the first time, imposing fees on some disabled veterans who buy higher priced homes.

Wilkie said he agreed with those concerns. He assured Heller that Nevada veterans exposed to Agent Orange would qualify for compensation. But he didn't concede that VA is ready to presume all Blue Water Navy veterans were exposed.

Isakson interjected that Heller had missed the chairman's opening statement in which he explained the "issue of dealing with Blue Water Navy is no longer going to be a question. How we do it is going to be the question."

Pointing to Wilkie, Isakson said he “has agreed to work with us to make that happen.” Isakson gave similar assurances to four more colleagues critical of VA’s opposition to HR 299. Finally, Sen. Richard Blumenthal (D-Conn.) told Isakson, “I know what the conversations have been, Mr. Chairman. And I’m really looking for a somewhat less equivocal answer.” He didn’t get it, not at this hearing.

REAL CHOICE OR NOT?

President Trump, at a signing ceremony for funding bill for VA and military construction projects (HR 5895), made some unfounded claims about Veterans Choice, confusing a troubled program in effect since 2014 with reforms to VA community care programs set to kick in next year.

Thanks to him, Trump said to applause at North Las Vegas VA Medical Center Sept. 21, “we have now VA Choice. So now if a veteran can’t get the care they need from the VA in a timely fashion, they have the right to go see a private doctor. Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice.”

His declaration didn’t match details or nuances of statutory changes enacted that day or earlier this year. HR 5895 does provide, through 2021, billions of dollars more to fund sweeping reforms to VA community care programs as authorized in the VA Mission Act signed in June. But the impact of the reforms on veterans seeking outside care won’t be known until VA develops and publishes new access standards for VA-paid community care. That won’t occur until next summer.

“We had people waiting in line with a simple problem that, by the time they saw a [VA] doctor, they were terminally ill,” said Trump. “No more of that. If you have a line [at VA] you go see a [private sector] doctor.”

No responsible VA official would make that claim. The Mission Act will end two current triggers under the Choice program for granting access to outside care: waits longer than 30 days for a VA appointment or trips longer than 40 miles from home to be seen by a VA primary care provider. Those will go away.

But Trump and veterans don’t yet know what will replace them. The new law mandates that VA schedule more timely appointments at its facilities, improve staffing, establishment of a network of commercial walk-in clinics and ensure prompt payment of outside providers. It also requires that veterans have access to community care if the VA is unable to provide timely care as needed.

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For Veterans not buried in a VA national cemetery, VA provides headstones, markers or medallions to commemorate their service. In 2017, VA honored more than 361,892 Veterans and their loved ones with memorial benefits in national, state, tribal and private cemeteries.

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8. [Other](#)

8.1 – The St. Thomas Source: [VA Notifies Patients of Incorrect Mailings of Medications, Letters](#) (6 October, 8.6k uvm; St Thomas, Virgin Islands, United States)

The Veterans Administration Caribbean Healthcare System (VACHS) recently contracted services with Data Base Marketing to update veterans' mailing addresses to conform with U.S. Postal Service requirements and the VA computerized record system format.

On Sept. 11, the contractor updated the VACHS database for approximately 89,000 patient addresses in the computerized system. On Oct. 1, the VA confirmed that some addresses were unintentionally updated incorrectly.

Due to this computer system update, some individuals may have received medication(s), correspondence or other items addressed to and intended for another individual.

If an individual received medication(s), correspondence or items addressed to another individual from the U.S. Department of Veterans Affairs between Sept. 11 and Oct. 15, they are urged to immediately contact the Customer Call Center at (787) 641-5252 for further instruction.

If a VA patient ordered prescription medications that they have not yet received, they are urged to immediately contact our Customer Call Center at (787) 641-5252 for further instruction.

Clinical staff from the VA Caribbean Healthcare System is making contact, by phone where possible and through certified letter, to all impacted individuals to explain the situation and to inform them about actions to be taken.

The VA Caribbean Healthcare System sincerely apologizes for this error and has taken measures to ensure the issue has been corrected and will not happen in the future.

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8.2 - The Daily News: [Organizations coordinate for Veterans Resource Fair on Oct. 13 in Belding](#) (6 October, Meghan Nelson, 8k uvm; Greenville, MI)

When Angela Baldwin became started working for Volunteers of America a year ago, she remembers being told Ionia County didn't have a large population of at-risk veterans.

Local organizations are looking for donations of warm weather gear, such as coats, to give to veterans during the Ionia County Veterans Resource Fair on Oct. 13 at the Belding VFW Post.

Not believing the statement, she went to Veterans Affairs and looked at other community organization looking for veterans, but she was still struggling to find veterans she could connect to her resources.

Eventually, she decided to start disseminating her information across Ionia County in hopes of finding veterans in need of help.

"I went business to business handing out flyers I created, meeting with people, and telling them about the (Homeless Veterans Reintegration) Program," Baldwin said.

After connecting with Michigan Works, she was able to start finding some leads on veterans who could benefit from the program. Finally connecting with veterans led her to another discovery, though.

"I realized there is such a disconnect between veteran resources. They were in abundance, but they don't know where to make a referral," Baldwin said.

She then started working on creating a partnership between the veterans resources organizations.

"I'm finding these veterans are so much better off now that we're connecting them with all these resources no one knew about," she said.

To do that, Baldwin, Susan Richards with The Right Door and Brandy Walkington with Michigan Veterans Affairs Agency, along with many others have planned an Ionia County Veterans Resource Fair.

The event will take place from 9 a.m. to 1 p.m. on Oct. 13 at the Belding VFW Post, 114 N. Bridge St. Veterans should bring their DD214 or military ID.

"This is a great event for local veterans because they will know where to go and connect with people who can help with jobs, health care, benefits and community and receive gear for the cold weather," Richards said.

Walkington said Veteran Service Officers, Volunteers of America, EightCap Inc., Ionia County Soldiers and Sailors Relief Commission are some of the organizations that will be represented at the Veterans Resource Fair.

"The event will be a great opportunity for veterans that have never taken that step to apply for benefits that they may be eligible for — whether it be Veterans Affairs or otherwise — to learn how to apply and receive assistance in applying," she continued.

Along with information and potential assistance, at the resource fair, veterans can receive winter gear as well as free haircuts.

This is the first year for the Veterans Resource Fair, but organizers have high hopes they'll be able to reach those who can benefit from it.

“My goal is to let them know there are resources and make it public. We are concerned and willing to partner and collaborate and put them in as many programs as they qualify for,” Richards said.

Along with veterans, Richards is also looking for volunteers to donate warm weather gear for the event and join the veterans forum, which meets every other month. Those looking to help in either capacity can contact Richards by emailing her at srichards@rightdoor.org.

Ron Huff, Ionia County Habitat for Humanity Restore development director and resale shop manager, has volunteered to provide transportation from the resale shop at 113 S. Depot St. in Ionia to the Veterans Resource Fair for those who need. Baldwin asked those who would like to utilize the transportation service to call her at (616) 841-5111 to reserve a spot.

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To: Barbaricum VA Media Analysis
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analysis4d9>
Cc:
Bcc:
Subject: [EXTERNAL] 6 October Veterans Affairs Media Summary and News Clips
Date: Sat Oct 06 2018 05:23:44 CDT
Attachments: 181006_Veterans Affairs Media Summary and News Clips.docx
181006_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

6 October 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [MiMedx Kept Cheaper Products Out of Its Offerings to VA Hospitals](#) (5 October, Gretchen Morgenson, 43.6M uvm; New York, NY)

The MiMedx Group, MDXG -12.40% a maker of amniotic-tissue products, is a major supplier to government-run hospitals and says its products help heal wounded service members and veterans. But an examination of the embattled company's dealings with Veterans Affairs hospitals and those run by the Defense Department shows that MiMedx's sales to these entities came at a high cost to taxpayers. According to former employees and company product lists, MiMedx limited the range of products it offered to federal buyers, forcing the government to buy more expensive products than it needed for some very common treatments.

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1.2 - NextGov: [VA's National Cemetery Administration Continues High Customer Satisfaction Scores](#) (5 October, Frank Konkel, 137k uvm; Washington, DC)

In recent years, no organization in the country has been able to top the National Cemetery Administration in delivering customer satisfaction, and new internal survey data concludes the small agency within the Veterans Affairs Department continues to deliver superior results. On Oct. 4, results from the National Cemetery Administration's Survey of Satisfaction with National Cemeteries indicated more than 98 percent of its customers agreed or strongly agreed they were satisfied with their experiences.

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1.3 - Stars and Stripes: [Student veterans, schools frustrated over lack of housing payments from VA](#) (5 October, Nikki Wentling, 300k uvm; Washington, DC)

The Department of Veterans Affairs has acknowledged technical issues are causing 340,000 student veterans to receive incorrect housing stipends to begin the new school year, but now lawmakers and advocates contend the problem is bigger – many veterans are not receiving the payments at all. Veterans going to school using the GI Bill were supposed to receive their second housing payment for the semester on Oct. 1. In the days since, veterans have been contacting the VA, veterans groups, their lawmakers and schools to question them about their missing money. Some of them haven't received any money, and others received amounts far less than what they're owed.

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1.4 - Dayton Daily News (VIDEO): [Q&A: The Dayton VA Medical Center's first female director on its role, culture and response to big challenges](#) (5 October, 271k uvm; Dayton, OH)

The center here has 486 beds for acute care, community living and mental health residential rehabilitation, plus four outpatient clinics in Richmond, Springfield, Middletown and Lima. She arrived at a time when the community, and many veterans, are dealing with the ongoing opioid epidemic. The VA's program for treating those patients is featured on today's front page as the latest part of the newspaper's Path Forward project, which focuses on several of the region's biggest challenges. Dietrich is a member of the Dayton Daily News Community Advisory Council formed as part of the Path Forward project. We met with her in her office on the VA campus

recently. This is a condensed, edited version of our interview. — Ron Rollins, community impact editor

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1.5 - WFED-AM (AUDIO): [VA launches new suicide prevention campaign](#) (5 October, Tom Temin, 99.8 uvm; Washington, DC)

The Veterans Affairs Department recently released numbers from its National Suicide Data Report. While it showed an overall decrease throughout the department, the number of suicides by young veterans between ages 18 and 34 increased. In hopes of spreading more information about veteran suicides and ways people can help, VA is launching the Be There campaign. Dr. Keita Franklin, executive director of suicide prevention at VA, joined Eric White on Federal Drive with Tom Temin, to talk about the initiative.

[Hyperlink to Above](#)

1.6 - MyNewsLA.com: [Temporary Homeless Shelter at VA Approved by L.A. City Council](#) (5 October, 32.7k uvm; Los Angeles, CA)

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by the Los Angeles City Council Friday. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

[Hyperlink to Above](#)

1.7 - Florida Daily: [Ben Carson, HUD, VA Go to Bat for Homeless Veterans in Florida](#) (5 October, Kevin Derby)

This week, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) announced they were awarding almost \$1.25 million to help homeless veterans in South Florida. The departments awarded \$1,249,455 to more than 180 homeless veterans in the southern part of the Sunshine State. The funds came from the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program.

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2. [Greater Choice for Veterans](#)

2.1 - The Daily Press: [Senator vows 'Blue Water' relief; Trump inflates Choice reform](#) (5 October, Tom Philpott, 162k uvm; Newport News, VA)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for "Blue Water Navy" Vietnam War veterans who might have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private sector physicians and hospitals. Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans Affairs Committee, insisted throughout a hearing recently that he and VA Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

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3. [Modernize Our System](#)

3.1 - FedScoop: [Cerner taps 24 subcontractors to support \\$10B Veterans EHR modernization](#) (5 October, Billy Mitchell, 180k uvm; Washington, DC)

Cerner has called upon a team of 24 health and technology companies to support its work on the \$10 billion modernization of the Department of Veterans Affairs' electronic health record system. "We have formed a world class team that has the best interest of Veterans at heart," Travis Dalton, president of Cerner Government Services, said in a statement Wednesday. "This is the beginning of a long transformational journey. We will continue to seek and bring the best talent available to the VA. Our nation's Veterans deserve the highest quality care and we are confident we have brought the right players to this team to succeed in our collective mission."

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3.2 - ExecutiveBiz: [Cerner Forms Industry Team for VA Electronic Health Care Record Modernization Effort](#) (5 October, Monica Jackson, 17k uvm; Tysons Corner, VA)

Cerner has formed an organization of private firms that will help perform a potential 10-year, \$10B contract to modernize the Department of Veterans Affairs' electronic health care record. The EHR modernization team will resume the health information technology company's work in meeting the medical needs of veterans, Cerner said Wednesday. VA Secretary Robert Wilkie said the team will help military care facilities, VA clinics and civilian health care providers to exchange data with one another through a single longitudinal health record.

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3.3 - The Ripon Advance: [Poliquin aims to help U.S. military veterans access better telehealth services](#) (5 October, 3.7k uvm; Washington, DC)

U.S. Rep. Bruce Poliquin (R-ME) this week helped introduce the bipartisan Enhancing Veterans Experience with Telehealth Services Act, also known as the eVETS Act, in an effort to tackle rising suicide rates among veterans. H.R. 7017, introduced on Oct. 2 with U.S. Rep. Ann Kuster (D-NH), would improve access to post-traumatic stress disorder (PTSD) treatment via telemedicine.

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3.4 - Savanda: [VA and DoD Cannot Agree on EHR Interoperability](#) (5 October, Seth Horowitz)

While advancements in technology within the health sector are a welcomed sight, one major issue is figuring out how these advancements should be monitored. One example of this was brought to light roughly two weeks ago during the first hearing of the House VA Subcommittee on Technology Modernization. The focus was to determine who is responsible, the DoD or the VA, regarding EHR interoperability; unfortunately, both officials and lawmakers were unable to agree.

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4. [Focus Resources More Efficiently](#)

4.1 - Task & Purpose: [These Are The Worst VA Medical Centers In The United States](#) (5 October, James Clark, 580k uvm; New York, NY)

Nine Veterans Affairs medical facilities received the lowest possible rating in newly released data, essentially crowning them as the worst VA hospitals for veterans. Cue awkward celebratory music and balloon release. The data comes from an end of the year review of 146 medical facilities, which ranked the best and worst with a rating of one to five stars (one being the lowest). As part of the review, VA medical centers and facilities were judged on things such as mortality rates, patient and employee satisfaction, quality of care, efficiency, and capacity.

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4.2 - KOLD-TV: [Tucson VA hospital gets low ranking from federal government](#) (5 October, Emily Biehl, 136k uvm; Tucson, AZ)

Ratings recently out from the U.S. Department of Veterans Affairs show that the Tucson VA has the lowest possible rating for its hospital's quality of care, with a one-star rating. The ratings cover two areas, relative performance compared with other VA medical centers and improvement compared to each VA's performance from the past year. The ratings are then used to help each VA with improvements, according the U.S. Department of Veterans Affairs.

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4.3 - WEWS-TV: [Cleveland VA hospital under audit](#) (5 October, Mike Brookbank; Cleveland, OH)

There's growing concern that some veterans in Northeast Ohio may have fallen through the cracks after reports of some VA hospitals that have canceled critical tests for patients. Right now, the VA hospital in Cleveland is being audited. It's one of nearly a dozen sites nationwide called into question after the review of hundreds of thousands of radiology orders.

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4.4 - KWTX-TV: [Temple: VA shows improvement in latest VA rankings](#) (5 October, 75k uvm; Waco, TX)

The Temple VA Medical Center showed some improvement in the latest Veterans Administration Quality of Service Ratings, but a Central Texas congressman says there's "a lot more work to do." The Temple VA was given a 3 on a 1-5 scale and showed slight improvement, according to the ratings for fiscal 2018.

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4.5 - KSLA-TV: [Overton Brooks VA Medical Center showing improved care for veterans](#) (5 October, Marie Waxel, 56k uvm; Shreveport, LA)

Good news for ArkLaTex veterans, an annual Veterans Affairs report shows Overton Brooks VA Medical Center (OBVAMC) improved over the last year in quality of services provided to veterans. The findings were measured on an annual web-based report scorecard from the U.S. Department of Veterans Affairs (VA).

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4.6 - KFDA-TV: [Amarillo VA improves to 4 Star rating](#) (4 October, Cassie Stafford, 55k uvm; Amarillo, TX)

The Amarillo VA Health Care System is now a four star facility. The whole rating system by the Department of Veteran Affairs aims to help all VA's ultimately identify what they are doing right

and what they need to improve on. The end goal: ensuring the men and women who served our country receive the best possible experience.

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4.7 - KLBK-TV (VIDEO): [Congressman Jodey Arrington talks about new Lubbock Veteran Clinic](#) (5 October, Mari Salazar, 34.5k uvm; Lubbock, TX)

Congressman Jodey Arrington made his way to Lubbock and talked about the new Veterans Administration Outpatient Clinic coming to West Texas. The nearest VA clinic is in Amarillo, and it would take almost two hours for a veteran to get to the Amarillo clinic. "Our veterans get the care that they need without having to drive long distances," said retired Air Force Colonel Dave Lewis. He said only good will come from the new VA clinic.

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4.8 - Cincinnati Business Courier: [Cincinnati VA hospital ranks among best in nation](#) (5 October, Barrett J. Brunsman, 24k uvm; Cincinnati, OH)

The Cincinnati VA Medical Center improved in the latest ranking by the U.S. Department of Veterans Affairs, scoring the No. 7 position in the nation out of the VA's 130 acute care facilities in a measure of patient access and quality of care. The hospital based in Corryville previously was rated No. 9. The current ranking was for its performance from October 2017 through this September.

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4.9 - Temple Daily Telegram: [Carter: More work ahead for Temple VA](#) (5 October, Jacob Sanchez, 10k uvm; Temple, TX)

Although the Olin E. Teague Veterans' Medical Center in Temple is seeing some slight improvements, U.S. Rep. John Carter, R-Round Rock, said there is still more work ahead. The Department of Veterans Affairs on Thursday announced that the Temple VA maintained a 3-star rating, showing positive strides in its benchmarks. The rating is on a 5-star scale. "We can't rest until the Temple VA is a 5-star facility," Carter said in a news release on Friday. "With the policy reforms we've made here in Washington, we will continue to improve our capacity to serve those who have sacrificed so much for us."

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4.10 - Hometown Focus: [VA researchers work to create artificial lung](#) (5 October, 2.6k uvm; Virginia, MN)

U.S. Department of Veteran Affairs (VA) scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3D-printed artificial lung that could potentially revolutionize treatment of veterans affected by lung disease. Though still in its infancy, VA researchers hope to build what they call the first artificial lung that closely replicates the natural lung, resulting in compatibility with living cells and a very small size for portable or wearable short- and long-term respiratory support.

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4.11 - Newton County Times: [End of fiscal year hospital Star rating shows large improvement in overall quality of services of VA medical centers across nation](#) (5 October, 2.2k uvm; Jasper, AR)

As part of the U.S. Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation. "With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities," said VA Secretary Robert Wilkie. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

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4.12 - White Mountain Independent: [Annual VA report shows Phoenix VA Health Care System has improved](#) (5 October; Show Low, AZ)

Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs recently released data that showed improvement within the Phoenix VA Health Care System. Compared with data from the same period a year ago, the July release of VA's Strategic Analytics for Improvement and Learning (SAIL) report showed that of the 15 VA Medical Centers considered "high risk," 11 of those have shown improvement, including the Phoenix VA Health Care System.

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5. [Improve Timeliness of Service](#)

5.1 - Arizona Public Media: [Tucson VA Medical Center Drops to Lowest Ranking](#) (5

October, Steve Jess; Tucson, AZ)

Tucson's VA health care center dropped two levels to the government's lowest ranking in results released by the VA this week. The chief doctor at the hospital says that's not as bad as it sounds. The Southern Arizona VA Health Care Center is now ranked alongside the Phoenix VA Hospital at the lowest tier of the government's rankings: one star, down from three stars a year ago.

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6. [Suicide Prevention](#)

6.1 - WBRC-TV (VIDEO): [New VA stats show AL veteran suicide rate higher than national average](#) (5 October, Bree Sison, 131k uvm; Birmingham, AL)

The most recent data on veteran suicide rates from the U.S. Department of Veterans Affairs (VA) finds Alabama veterans are dying by suicide at a higher rate than the national average. An estimated 34.2 Alabama veterans per 100,000 died by suicide in 2016, compared to the national veteran suicide rate of 30.1 per 100,000. Among the civilian population, the national suicide rate drops to 17.5.

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6.2 - FEDweek: [VA Releases Suicide Data](#) (5 October, 32k uvm; Glen Allen, VA)

While veteran suicides have declined in recent years, the latest statistics show that persons between 18 and 34 are killing themselves at an increasing rate. Younger veterans accounted for the highest percentage of suicides. The Department of Veterans Affairs released the statistics of an internal study of suicides, conducted between 2005 and 2016, on Sept. 26.

[Hyperlink to Above](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Los Angeles Times: More than 60% of leases on the VA's West L.A. campus are illegal or improper, audit finds (5 October, Gale Holland, 691k uvm; El Segundo, CA)

More than 60% of the U.S. Department of Veterans Affairs' land-use agreements on its West Los Angeles campus are illegal or improper, a federal audit found, including leases for a Los Angeles city dog park and ballfields, Red Cross offices, a Shakespeare festival, a parrot sanctuary and the private Brentwood School. The VA inspector general audit also found that housing construction for veterans on the sprawling property has fallen behind schedule, with the initial deadline of 490 units by March 2019 now out of reach.

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7.2 - Lincoln Journal Star: Lincoln has effectively ended homelessness of veterans, mayor says (5 October, Nancy Hicks, 272k uvm; Lincoln, NE)

Lincoln has effectively ended homelessness among veterans, Mayor Chris Beutler said. The city's designation as "functional zero" by a federal coalition indicates its homeless response system has the capacity and coordination to immediately house any veteran who identifies as homeless, the mayor said at a Friday news conference.

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7.3 - KOLN-TV: Mayor says veteran homelessness at 'functional zero', announces veterans parade (5 October, 100.7k uvm; Lincoln, NE)

Federal officials have informed Mayor Chris Beutler that the city of Lincoln is a designation of "functional zero" when it comes to veteran homelessness. The confirmation came from the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) and the United States Interagency Council on Homelessness (USICH), which coordinates the federal response to homelessness in partnership with 19 federal member agencies.

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7.4 - KFTA-TV (VIDEO): Fayetteville VA Homeless Program Receives Food Donation (5 October, Katie Davila, 45.8k uvm; Fayetteville, AR)

The VA's Homeless Veterans Programs of Northwest Arkansas received four pallets of food to help feed the hungry. The donations were gifted by both FEMA and the NWA Food Bank. Items included non-perishables like beans, applesauce and trail mix. The project plays a big part in the continued support of homeless programs in the area.

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7.5 - Record-Journal: VA's Mobile Vet Center to be at Apple Harvest Festival (5 October, 31.5k uvm; Meriden, CT)

The U.S. Department of Veterans Affairs plans to will send its regional Mobile Vet Center to the Southington Apple Harvest Festival Saturday, Oct. 6 and Sunday, Oct. 7 to assist all military veterans and their family members with connecting with VA benefits and services. Vet Centers

are community based and part of the Vet Center Program of the U.S. Department of Veterans Affairs.

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7.6 - Newton County Times: [VA, partner organizations to improve lives of Veterans with PTSD](#) (5 October, 2.2k uvm; Jasper, AR)

With research showing that Veterans with post-traumatic stress disorder (PTSD) face significant barriers to employment, the U.S. Department of Veterans Affairs (VA) and several state, city and nonprofit organizations recently created a first-of-its-kind “Pay for-Success” project to improve employment outcomes for such Veterans.

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8. [Other](#)

8.1 - Seeking Alpha: [MiMedx down 6% premarket on critical WSJ article](#) (5 October, Douglas W. House, 4.5M uvm; New York, NY)

Embattled MiMedx Group (NASDAQ:MDXG) slips 6% premarket on light volume in apparent reaction to a WSJ article saying the company limited the range of products it offered to federal customers, including the Veterans Administration, to its most expensive offerings.

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8.2 - Orlando Sentinel: [Post 9-11 veterans group pushing Congress to allow VA research on medical marijuana](#) (5 October, Kate Santich, 1.7M uvm; Orlando, FL)

"Antiquated" federal policies are preventing military veterans' access to medical marijuana, a prominent veterans advocacy group says — despite the drug's potential to lessen pain and PTSD. In a #CannabisForVets campaign launched this week, the nonpartisan advocacy group Iraq and Afghanistan Veterans of America is calling on “all patriotic Americans” to urge Congress to pass the VA Medicinal Cannabis Research Act of 2018, which would authorize the U.S. Department of Veterans Affairs to study the efficacy of cannabis for soldiers enrolled in the VA system and diagnosed with such conditions as chronic pain or post-traumatic stress disorder.

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8.3 - WTLV-TV: [WWII veteran cites radiation exposure at Nagasaki as reason for skin cancer, VA has yet to agree](#) (5 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

Anyone who has seen the grainy image of an atomic bomb exploding over the cities of Hiroshima and Nagasaki will never forget it. It changed World War two and it revealed the explosive power of the atomic bomb

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8.4 - The Fresno Bee: [Time is running out to help the Blue Water Navy vets](#) (5 October, Jim Doyle, 110k uvm; Fresno, CA)

In 1991, Congress passed the Agent Orange Act. The act presumed certain diseases were tied to Agent Orange exposure during a veteran's military service, and would make them eligible for VA benefits. In the 27 years since the law was enacted, the list of diseases associated with

exposure to Agent Orange has grown and includes various cancers, diabetes, Parkinson's Disease, peripheral neuropathy, and heart disease among others.

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8.5 - WGNS-FM: [Local VA seeks participants, volunteers for Veterans Day parade](#) (5 October, 15k uvm; Murfreesboro, TN)

The Tennessee Valley Healthcare System (TVHS) will honor the residents of its Community Living Centers and all Veterans with a parade Saturday, November 10th at 11 a.m. at its Alvin C. York campus at 3400 Lebanon Road. This annual event "brings the show" to more than 150 Veterans who live or are temporarily staying at the York facility.

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8.6 - Fort Campbell Courier: [Veterans affairs: Up to \\$9 million awarded to adaptive sports programs](#) (5 October, Fort Campbell, KY)

The U.S. Department of Veterans Affairs recently awarded up to \$9 million in grants to eligible recipients for adaptive sports programs that will benefit disabled veterans and disabled members of the armed forces. Grant recipients may use the funds for planning, developing, managing and implementing adaptive sports programs. This year, \$1 million was used to support organizations that offer equine assisted therapy to support mental health.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - The Wall Street Journal: [MiMedx Kept Cheaper Products Out of Its Offerings to VA Hospitals](#) (5 October, Gretchen Morgenson, 43.6M uvm; New York, NY)

The MiMedx Group , MDXG -12.40% a maker of amniotic-tissue products, is a major supplier to government-run hospitals and says its products help heal wounded service members and veterans.

But an examination of the embattled company's dealings with Veterans Affairs hospitals and those run by the Defense Department shows that MiMedx's sales to these entities came at a high cost to taxpayers. According to former employees and company product lists, MiMedx limited the range of products it offered to federal buyers, forcing the government to buy more expensive products than it needed for some very common treatments.

Once a fast-growing company, MiMedx has faced headwinds this year; it is restating its financial results since 2012 and ousted Parker H. Petit, its founder and former chief executive.

The company, based in Marietta, Ga., manufactures skin grafts and injectable products from donated placental tissues. The company's practices are under investigation by the Justice Department, the Department of Veterans Affairs and the Securities and Exchange Commission, The Wall Street Journal has previously reported.

The company's relationships with health-care providers at government-run hospitals are also under scrutiny. Last month, a grand jury in Savannah, Ga., heard testimony about financial ties between MiMedx and a surgeon at the Dwight D. Eisenhower Army Medical Center in Fort Gordon, according to a person familiar with the matter. The investigation, which hasn't been previously reported, is being conducted by the Defense Criminal Investigative Service, a unit of the Defense Department.

Mr. Petit and three other former executives engaged in "conduct detrimental to the business or reputation of the company," MiMedx said last month, noting that it has acted to recover the executives' previously paid compensation and stock awards.

In a statement, William Weinreb, a lawyer for the executives, said: "the company effectively accused, tried, and convicted them of unspecified inappropriate conduct without first giving them notice of the 'charges' or a fair and meaningful opportunity to respond."

The U.S. government was a big purchaser of MiMedx products; in 2015, the most recent year in which the company broke out federal sales, it reported that 26% of its revenues came from these sources.

Former employees say the company's questionable practices toward federal hospitals were more extensive than previously known.

For example, MiMedx had one set of product offerings for federal customers and others for private hospitals and doctors' offices, internal documents show. At Veterans Affairs and Department of Defense hospitals, for example, MiMedx didn't offer the small sizes of two

popular products it offered elsewhere; as a result, these accounts had to buy bigger, more expensive offerings for smaller treatments, former employees said.

To treat the smallest wounds, MiMedx offered government hospitals nothing smaller than a 16-millimeter disk-shaped EpiFix graft costing \$895. Private hospitals, however, were offered a 14-millimeter disk for \$313.

MiMedx marketing materials say the 14-millimeter graft fits more than half of all diabetic foot ulcers, a common wound. Not offering the 14-millimeter graft to federal hospitals increased product waste and raised taxpayers' costs, former employees said.

Federal contractors are supposed to offer government buyers more advantageous pricing than commercial customers receive.

A similar dynamic governs the sales of another MiMedx product, a dehydrated EpiFix injectable. The smallest size offered to federal hospitals is 40 milligrams, costing \$725. Private doctors, meanwhile, were offered a 20-milligram unit of EpiFix for \$225, internal documents show.

MiMedx declined to comment on these examples. Former employees say government-run hospitals were unaware of the company's pricing practices.

MiMedx has long courted the VA and the Defense Department. Clyde A. Hennies, a retired U.S. Army major general, is a consultant for MiMedx and has promoted its products in federal hospitals. In an interview he said he works for the company because "regenerative medicine has a terrific positive impact on military readiness." He declined to say how much the company pays him.

In Savannah the grand jury has heard testimony about MiMedx's ties to Dr. Eric D. Martin, a vascular surgeon at the Eisenhower Army Medical Center near Augusta, Ga. Investigators are trying to determine whether Dr. Martin received compensation from the company without proper clearance.

Dr. Martin has made presentations promoting MiMedx products, according to former employees and internal documents reviewed by the Journal. In recent years, Dr. Martin has been a big user of MiMedx products, especially its injectables, former employees said. In one month he used almost \$1 million of the products, they added.

A person answering the phone at Dr. Martin's office referred a request for the surgeon's comment to a medical-center spokesman, who said in an email: "we are not involved with any aspect of the investigation." A Defense Department spokesman said the existence of an investigation is neither confirmed nor denied unless a person or company has been charged.

MiMedx declined to comment about its relationship with Dr. Martin.

Unlike other manufacturers of amniotic-tissue products, MiMedx doesn't report its financial arrangements with health-care providers like Dr. Martin. Under a 2013 law, drug companies must report to a government agency payments made to medical professionals for research, consulting, speaking fees and travel costs.

Earlier this year, the Journal identified at least 20 doctors who had recently received money, MiMedx shares or stock options from the company for research, consulting or other activities.

The company has said it doesn't need to disclose its payments under the law, citing the nature of its products.

Company sales representatives were required by Mr. Petit to host lunches and dinners with doctors, meetings he called "healing reviews." An internal MiMedx spreadsheet reviewed by the Journal and provided to federal investigators shows hundreds of company meals hosting thousands of doctors over 10 months in 2016.

VA rules note that accepting meals from companies or fees to speak about a product are among the "financial relationships that may be incompatible" with health-care providers' obligations to put patients first.

MiMedx and Mr. Petit declined to comment on the healing reviews.

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1.2 - NextGov: [VA's National Cemetery Administration Continues High Customer Satisfaction Scores](#) (5 October, Frank Konkel, 137k uvm; Washington, DC)

<https://www.nextgov.com/cio-briefing/2018/10/vas-national-cemetery-administration-continues-high-customer-satisfaction-scores/151829/>

In recent years, no organization in the country has been able to top the National Cemetery Administration in delivering customer satisfaction, and new internal survey data concludes the small agency within the Veterans Affairs Department continues to deliver superior results.

On Oct. 4, results from the National Cemetery Administration's Survey of Satisfaction with National Cemeteries indicated more than 98 percent of its customers agreed or strongly agreed they were satisfied with their experiences.

The numbers are similar to the agency's performance in 2016, when it topped the American Customer Satisfaction Index, achieving the highest score ever in the third-party organization's customer satisfaction rankings.

"National Cemetery Administration staff continue to provide world-class burial and memorial services at VA cemeteries, delivering, earning and sustaining the trust of Veterans and families," VA Secretary Robert Wilkie said in a statement. "The employees' commitment to excellence in customer service results in an experience that is consistently positive for Veterans and their families in terms of ease, effectiveness and emotional resonance."

The survey was mailed to more than 52,000 next of kin who interred a loved one in 2017 in one of the more than 120 cemeteries the National Cemetery Administration maintains. In addition, more than 12,000 funeral directors who worked with the national cemeteries over that time also received the survey.

Among the other notable results:

98.7 percent of respondents said they could recommend VA national cemeteries to veteran families in their time of need.

99 percent of respondents said the appearance of their VA national cemetery was "excellent."

96.9 percent of all respondents agreed or strongly agreed the quality of service they received from cemetery staff was “excellent.”

98.4 percent of respondents agreed or strongly agreed they are willing to rely on VA and the National Cemetery Administration to maintain national cemeteries as national shrines in the future.

96.8 percent of respondents reported they were very or somewhat satisfied with the information they were provided throughout their experiences with their national cemeteries. The same percentage agreed or strongly agreed the appearance of their loved one’s grave site was excellent.

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1.3 - Stars and Stripes: [Student veterans, schools frustrated over lack of housing payments from VA](#) (5 October, Nikki Wentling, 300k uvm; Washington, DC)
<https://www.stripes.com/news/student-veterans-schools-frustrated-over-lack-of-housing-payments-from-va-1.550640>

The Department of Veterans Affairs has acknowledged technical issues are causing 340,000 student veterans to receive incorrect housing stipends to begin the new school year, but now lawmakers and advocates contend the problem is bigger – many veterans are not receiving the payments at all.

Veterans going to school using the GI Bill were supposed to receive their second housing payment for the semester on Oct. 1. In the days since, veterans have been contacting the VA, veterans groups, their lawmakers and schools to question them about their missing money. Some of them haven’t received any money, and others received amounts far less than what they’re owed.

Stars and Stripes heard from 14 veterans in 14 states who received either the wrong amount or no housing allowance at all. Some of them called the VA and waited on hold until they gave up, and others reached out to their elected representatives. Six mentioned the lack of payment affected their ability to pay their rent or other bills.

Leo Cheng, a Navy veteran who attends Columbia University in New York City, hadn’t been paid as of Friday, and he knows of other veterans at the school who are in the same situation.

“New York is an extremely expensive city to live in, so the VA falling behind by even a month for our [housing allowance] payments can be very stressful for most to try and float expenses out of our savings,” Cheng wrote in an email. “Nearly all of us here do not live in the dorms, we don’t get any leeway for not paying rent on time.”

Incorrect payments

The VA said last month about 340,000 veterans would get incorrect housing payments because of IT issues.

Last year, Congress approved the Forever GI Bill, which included numerous changes to veterans’ education benefits. One change calls for calculating veterans’ housing allowances based on the ZIP codes of the campus where they attend classes, rather than defaulting to the main campuses.

When the VA went to make the change, its IT systems failed, VA Secretary Robert Wilkie told senators at a Sept. 27 hearing.

“We received instructions from Congress, and those instructions, they attempted to implement them on a 50-year-old computer system,” Wilkie said at the time. “Even something as simple as changing the percentages broke the system.”

It’s uncertain exactly when the problem will be fixed. In a letter to the House Committee on Veterans’ Affairs last month, VA Undersecretary of Benefits Paul Lawrence wrote he expected the agency to develop its software by the end of September, followed by “several weeks of testing.”

VA officials have repeatedly said the problem caused only a small difference – about 1 percent – in veterans’ housing allowances. Veterans are receiving allowances based on 2017 rates that don’t account for cost-of-living increases in 2018, they said.

However, some veterans are citing more drastic problems.

Widespread delays

Navy veteran Michael Krause, who attends Kansas State Polytechnic, said his payment was off by about \$700.

“I realize these things are hard to solve, but it’s frustrating when students are relying on this money to pay for housing,” Krause wrote in a message. “My landlord is willing to work with me a little, luckily. But others might not be so lucky.”

Air Force veteran Bryce Remkes said his wife Catherine, who is using his GI Bill benefits for a master’s program at Georgia State University, has received “random amounts.” Nick Sorenson, an Army veteran attending Utah Valley University, said he received only a partial payment. Army veteran Jay Kirell, who attends Ivy Tech Community College in Indiana, received a payment that was about \$200 short.

At Colorado State University, veterans flooded into the school’s veteran services office last month to complain of incorrect payments, said Marc Barker, director of the office. Barker said Friday that he has more recently seen a large number of veterans who haven’t received their payments at all. He added the situation was “very challenging.”

Navy veteran Robert Epps lives in Washington state and is working toward an electrical engineering degree through American Public University. The monthly housing allowance “makes it possible to make ends meet and take care of my wife and two children,” he said. He and his wife have a third child on the way.

Epps wrote Sen. Patty Murray, D-Wash., because he could not reach anyone at the VA about the lack of payment.

“Suffice it to say, this is not happening at a good time for my family,” Epps wrote Murray. “What savings we did have are now gone.”

When Army veteran William Miller, a student at Loyola University in New Orleans, didn’t receive his housing payment Oct. 1, he called the offices of his elected representatives in the House

and Senate, as well as Louisiana Gov. John Bel Edwards. He then applied for financial help from the Veterans of Foreign Wars, which provides grants for veterans facing unexpected financial difficulties.

VFW spokesman Joe Davis said the organization is “evaluating the magnitude of the problem and seeing how we may be able to assist some veterans.”

Representatives from schools nationwide are contacting the nonprofit Student Veterans of America, which has chapters at colleges across the country. On Friday, SVA heard from Middle Tennessee State University and East Tennessee State University, both of which reported student veterans at their schools were experiencing “significant delays” in payments.

There are 550 students at East Tennessee State who use the GI Bill, 30 of whom told Antonio Banchs, the school’s director of veterans affairs, that they haven’t received their housing allowances.

Banchs said the VA is only sharing “bits and pieces” of information.

“I belong to a message board that is nationwide, and we’ve been communicating with each other for months now, asking each other, ‘Are you seeing this problem,’” Banchs said. “As it turns out, yes, everyone is experiencing this problem. Something is happening, and I guess the worst part about it is the VA is not talking to us. My students come to us for help, and I don’t know what to tell them.”

A growing workload

The VA conceded in a statement Friday that processing times for veterans’ education benefits are longer than normal because of the IT issues related to the Forever GI Bill.

The VA brought on 202 more employees to help process the claims and is requiring employees to work overtime, said VA Press Secretary Curt Cashour. He said the VA is now working through 16,000 claims daily.

In a letter dated Sept. 28, Rep. Phil Roe, R-Tenn., brought up the issue to the VA. Roe is the chairman of the House Committee on Veterans’ Affairs.

Roe cited the workload of veterans’ claims for education benefits, which was 248,396 claims as of Sept. 21. During the same week in 2017, the workload was nearly 85,000 fewer, at 163,771.

By Sept. 29, the workload had decreased to 226,568, though it’s still higher than the same week last year, when the VA was working on 146,971 claims for education benefits. Cashour said the workload was about 183,000 as of Friday.

“I continue to be concerned about the current workload of education claims pending at VA regional processing offices,” Roe wrote. “This increased workload is likely to result in processing delays for living stipend payments and other benefits for students.”

In a statement Friday, Roe said, “Veterans not getting their living stipends creates an incredible hardship.” He said the issue is “unacceptable” and “must be urgently addressed.”

Cashour said the VA hasn't been able to calculate how many student veterans have yet to receive their housing allowances.

SVA is encouraging veterans experiencing problems to contact the VA's GI Bill hotline at 855-948-5273. Cashour said veterans "experiencing a genuine hardship" should call the VA customer service number, 888-442-4551.

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1.4 - Dayton Daily News (VIDEO): [Q&A: The Dayton VA Medical Center's first female director on its role, culture and response to big challenges](#) (5 October, 271k uvm; Dayton, OH)

Editor's Note: Last April, Jill Dietrich became the first female director of the Dayton VA Medical Center, which cares for more than 40,000 veterans and their families a year in 15 southwest Ohio counties and Wayne County, Ind.

The center here has 486 beds for acute care, community living and mental health residential rehabilitation, plus four outpatient clinics in Richmond, Springfield, Middletown and Lima. She arrived at a time when the community, and many veterans, are dealing with the ongoing opioid epidemic.

The VA's program for treating those patients is featured on today's front page as the latest part of the newspaper's Path Forward project, which focuses on several of the region's biggest challenges.

Dietrich is a member of the Dayton Daily News Community Advisory Council formed as part of the Path Forward project. We met with her in her office on the VA campus recently. This is a condensed, edited version of our interview. — Ron Rollins, community impact editor

Dayton Daily News: Most people in town are aware of the VA Medical Center, but most probably don't know that much about all that goes on here. Can you give us an overview?

Jill Dietrich: We're a tertiary health care center that takes care of 42,000 veterans a year, offering the full range of care from primary to surgery – the only thing we don't handle here is neuro and cardiac; we work with our community and sister facilities to take care of those needs.

DDN: Which partners are those?

Dietrich: The Cleveland VA is one of the highest complexity care centers in the VA system, so we will send patients to them. We also have a tight partnership with Wright-Patterson's Medical Center, and in emergencies we can refer patients to the local community, as well.

DDN: Talk about the campus.

Dietrich: It's 151 years old – originally built in 1865, and opening in 1867 as a state veterans home, one of the first three signed into law by Abraham Lincoln to take care of wounded veterans after the Civil War. It was really cool for them to be able to live together and not have to be discharged – they worked in the gardens, kitchens and helped to feed and care for one another. It was a very good environment, and unique for its time. Also rare for that time was that

it was racially integrated from the very beginning. It was originally supposed to be located in Columbus, but Dayton raised \$20,000 to get it here – the community coming together.

It's 382 acres, including the National Cemetery Administration, which is co-located with us. You'll see multiple historical buildings here, two churches – Protestant and Catholic, the old Putnam Library, where the quartermaster was once housed. The whole campus is on the National Register of Historic Places.

DDN: So the cemetery is not under your administration?

Dietrich: Right. The overall Big VA was established in 1930, and under it you have three administrations – the Veterans Health Administration, under which all medical centers and clinics are located. That's where the Dayton VA leadership resides. The National Cemetery Administration is separate, and runs most of the national cemeteries in the nation. Then you have the VBA, the Veterans Benefits Administration, where veterans file claims for service-connected disabilities. The VBA is one of your first stops to connect all the dots to get all the benefits you're eligible for.

DDN: Do they work well together?

Dietrich: Overall, I think so. Cemetery administration has some of the highest satisfaction scores in the nation – when a veteran dies, they're there to meet and greet and family and smoothly work out whatever intervention is needed. Sometimes where you may have an issue is when a veteran doesn't understand the difference between the VBA and the VHA, and they may come to us with questions about their service, and we have to refer them over to clear it up. We have great partnerships here, and multiple veteran service officers to help the veterans and work closely with them.

DDN: Do you get much opportunity to interact with veterans and patients?

Dietrich: Yes, all the time, and what I hear is overwhelmingly positive. They're happy to have this benefit and choose the VA because they like the care they receive here. I have regular Veterans Advisory Council meetings to check the pulse of what's going on. The veterans here really take ownership of having a voice here, are very involved.

I also meet a lot with the staff. I love our employees. When I got here six months ago, normally a director would have transition meetings with the chiefs. I also met with frontline employees to hear what they were doing, their challenges, what their satisfaction level is with the VA. It was so important to them that the director was meeting them on a personal basis – I had people hug me in the hallway, saying they were so glad to have a woman here, after 150 years of male leaders – that it was possible for them to see that women could attain this level of leadership. I got to see how happy they are to be here, and how committed they are to our veterans. They're devoted to our mission, which was laid out by President Lincoln: "To care for him who shall have borne the battle, and for his widow and his orphan."

DDN: How is this operation different from others where you've worked?

Dietrich: This organization is like a family. There's a lot of "Good morning" and "Hello." The culture here is tangible – I felt it immediately, and it's the warmest I've felt since I began with the VA. I attribute much of that to the dedication of the staff, but also to Midwestern values and that attitude in general. I have to say that Dayton is the most Midwestern city I've encountered in that

way, and I mean that as a positive thing. I take pride in our staff at being excellent servants for our veterans here. I've not seen a better culture anywhere else.

And even though our historical significance puts the Dayton VA on the map, we also have clinical care of note to talk about — we're a center of excellence for orthopedics for hips and joints, the only VA in the nation and the only hospital in the Dayton region with that designation. We're very proud of that here.

I was surprised, too, how important this facility is to the rest of the community — that's not the case in many other cities. But so many people wanted to meet me and help acclimate me when I arrived. My calendar was full. This community is very veteran-centric, very supportive. It wants to find the solutions to the issues it faces. It's a very caring community, and I couldn't have found a better place.

DDN: There's a great deal of buzzy activity in the building — more than what you may find in other hospitals. We were surprised, for instance, by how busy the main lobby is.

Dietrich: Yes, it's like Grand Central Station — it shows the pulse of the organization, and how happy people are to be here. It's wonderful to have an entrance like that, that allows the veterans to meet and greet each other — it's part of the experience of being at the VA to connect to other veterans, the support and compassion they receive from each other, the fact that they understand each other. They can talk, chit-chat and build a support network here. The canteen's right off the lobby, you can eat with a buddy, and then the VSOs are located right there to help with anything they need.

DDN: We have a story on the front page about how you're treating veterans caught in the opioid epidemic. Talk about what you're doing.

Dietrich: We can offer a patient comprehensive, wrap-around services, for opioid as well as for mental health issues in general. Veterans are trained to be these strong individuals who hide mental health issues, which may lay dormant until our specialists see and deal with them. We can offer a patient a complete package of care based on their needs — outpatient treatment, residential rehab treatment. We know there's a high recidivism rate, and we know how to provide for that. We have groups to touch base with a patient on continued care and make sure after they're discharged, they have the job skills they need to be gainfully employed — if you're in poverty and have no job, you're hopeless, it's much more likely that you'll abuse drugs than if you're clean, hopeful, busy providing for your family.

We're one big organization, and once the veteran trusts us, they'll want to come back to us rather than experience the fractured care in the community, where you have one doctor here, one there, different facilities that may not be connected, different payment structures. Our team works very collaboratively to deal with the veteran as a whole.

The VA has been dealing with this issue for some time and is a leader nationally — working to get veterans off opioids and being proactive with prescribing practices. We've seen a lot of overprescribing of opioids after surgery, and the VA has taken a strong stance on that — working on alternatives to pain control such as acupuncture, massage and a variety of other treatments. We've been working on reducing the amount of opioids given to veterans, and have been very successful at it — from 2012 to 2018, we reduced those numbers by 48 percent, and got publicity for our success.

DDN: How would you judge the community response?

Dietrich: It's getting better. The VA was out front very early on this. All our police officers carry Narcan, and it's on the walls at our residential rehab center so that the staff can take immediate action. I do think the entire community has been helped by getting Narcan to the local police forces in general. It may not have reduced the amount of ODs, but it has raised the survival rate.

DDN: What was your career path till now?

Dietrich: I was born in Bremen, Ind., a small two-stoplight town near South Bend. Undergrad at Indiana University in political science and psychology, and got my law degree and MBA at Case Western. I really wanted to go into hospital administration. I got a Presidential Management Fellowship and was allowed to interview with all the federal agencies — I sought out the VA because I knew I could work more in health care services there. I have family connections to the service; both my grandfathers and my great-grandfather were in the military. Before this, I worked at VA medical centers in Columbus, Columbia, S.C., Chicago and Long Beach, Calif.

DDN: What challenges do you face?

Dietrich: Overall, we as the VA want to help as many veterans as possible. We try to do that through enrollment fairs, community outreach, advertising, going to Wright-Patterson Air Force Base to reach those being discharged from the military. But a definite challenge is that many people still don't know they're eligible for VA care. So, getting the word out is a very big thing for us. One issue is that we don't have direct enrollment for benefits at discharge, so that a veteran has to come into the VA to enroll; it would be great to have a seamless transition, and I feel like we're missing a lot of veterans that way.

DDN: Goals?

Dietrich: Short term, and we've already achieved this, living within the budget we get from Congress every year — having a balanced budget and also being able to sustain the level of employees we need to take care of our veterans. Down the road, I'm looking forward to employee engagement. Glenn Costie, my predecessor, was out in the community a lot, and I'm looking forward to taking advantage of and building on those relationships as well, but I want to take good care of our staff, too — everything from quarterly town hall meetings to book clubs on servant leadership to employee picnics and celebrations. I think having informed, engaged employees is the best way to care for our veterans. Also, I want to have a seamless opening of the Fisher House — it's opening on the campus in late October. Sixteen beds, like a Ronald McDonald House for veteran families who need a place to stay while their loved one is in the hospital. We've needed it for a long time.

DDN: Thoughts on what women face these days in leadership roles such as yours?

Dietrich: Well, the VA in general over the last 10 or 15 years has done a good job promoting qualified women into leadership positions, so I was surprised to find I'd be the first female director here. But I've felt overwhelming support, not just from women but also men who say it's a nice change. Being female doesn't make me a better leader, but it does show females can get to this level and we can continue to burst through that glass ceiling. I try to be personable, approachable — not because I'm female, but because I'm very engaged in this job and I want everyone to know that I'm here for them as a leader.

DDN: What do you like best about the job so far?

Dietrich: Being able to come into organization so well established and well functioning, with a great culture and this exquisite leadership team — that makes me comfortable to get into the community and work on partnerships, knowing I don't have to be in the medical center all day to know things are going right. I feel extremely lucky to be at a VA medical center this well run.

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1.5 - WFED-AM (AUDIO): [VA launches new suicide prevention campaign](#) (5 October, Tom Temin, 99.8 uvm; Washington, DC)
<https://federalnewsradio.com/federal-drive/2018/10/va-launches-new-suicide-prevention-campaign/>

The Veterans Affairs Department recently released numbers from its National Suicide Data Report. While it showed an overall decrease throughout the department, the number of suicides by young veterans between ages 18 and 34 increased. In hopes of spreading more information about veteran suicides and ways people can help, VA is launching the Be There campaign. Dr. Keita Franklin, executive director of suicide prevention at VA, joined Eric White on Federal Drive with Tom Temin, to talk about the initiative.

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1.6 - MyNewsLA.com: [Temporary Homeless Shelter at VA Approved by L.A. City Council](#) (5 October, 32.7k uvm; Los Angeles, CA)
<https://mynews1a.com/business/2018/10/05/temporary-homeless-shelter-at-va-approved-by-l-a-city-council-3/>

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by the Los Angeles City Council Friday.

Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

The City Council unanimously approved a motion seeking funding for the facility, which is to be located on the grounds of the VA campus.

It will provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services.

"This is a really bit deal for veterans that the VA is finally starting to deliver, and I'm really glad that the city of Los Angeles and the county are helping them deliver," Councilman Mike Bonin said earlier this week at a Homelessness and Poverty Committee meeting before it moved the motion forward.

The facility is scheduled to open in early 2019, and will be one of several new programs and facilities at the site aimed at helping homeless vets.

The VA also is working on its Draft Master Plan, which calls for 1,200 units of permanent supportive housing on the Westside campus.

The VA additionally has opened a “safe parking” program for veterans living in their vehicles, and started providing permanent supportive housing for homeless veterans in existing buildings, with 54 veterans currently housed in Building 209.

With financial support from the city through HHH bond funds, two other buildings are being converted into permanent supportive housing for veterans.

The facility will be part of Mayor Eric Garcetti’s “A Bridge Home” program, which calls for temporary homeless facilities in each of the city’s 15 council districts. One temporary facility in Councilman Jose Huizar’s district near the El Pueblo Historic Monument has already opened, with other sites at various stages of development.

The VA bridge housing site will include two tension membrane structures along with modular trailers that will not be visible from the exterior of the VA campus, according to Bonin’s motion.

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1.7 - Florida Daily: [Ben Carson, HUD, VA Go to Bat for Homeless Veterans in Florida](#) (5 October, Kevin Derby)

<https://www.floridadaily.com/ben-carson-hud-va-go-to-bat-for-homeless-veterans-in-florida/>

This week, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) announced they were awarding almost \$1.25 million to help homeless veterans in South Florida.

The departments awarded \$1,249,455 to more than 180 homeless veterans in the southern part of the Sunshine State. The funds came from the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program. According to HUD, the program “combines rental assistance from HUD with case management and clinical services provided by VA” and “reduces veteran homelessness because it provides funding for both the housing and supportive services that are essential for ending homelessness for veterans, many of whom are living in unsheltered locations.”

“These vouchers are critical tools in helping communities effectively end homelessness among veterans,” HUD insisted.

U.S. HUD Sec. Ben Carson weighed in on the program.

“We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own,” said Carson. “The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA.”

“Every day we work to eliminate homelessness for these brave men and women who served in the defense of our nation,” said HUD Southeast Regional Administrator Denise Cleveland-Leggett. “By providing housing assistance and case management services, we honor them and are significantly reducing the number of veterans living on the streets or in our shelters.”

HUD showcased the success of the program over the past decade.

“Since 2008, more than 93,000 vouchers have been awarded and approximately 150,000 homeless veterans have been served through the HUD-VASH program. More than 600 PHAs administer the HUD-VASH program, and this most recent award includes 22 additional PHAs, increasing HUD-VASH coverage to many communities. Rental assistance and supportive services provided through HUD-VASH are a critical resource for local communities in ending homelessness among our nation’s veterans,” HUD noted.

“In the HUD-VASH program, VA Medical Centers (VAMCs) assess veterans experiencing homelessness before referring them to local housing agencies for these vouchers. Decisions are based on a variety of factors, most importantly the duration of homelessness and the need for longer term, more intensive support in obtaining and maintaining permanent housing. The HUD-VASH program includes both the rental assistance the voucher provides and the comprehensive case management that VAMC staff offers,” HUD added. “Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico and the Virgin Islands.”

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2. Greater Choice for Veterans

2.1 - The Daily Press: [Senator vows 'Blue Water' relief; Trump inflates Choice reform](#) (5 October, Tom Philpott, 162k uvm; Newport News, VA)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for “Blue Water Navy” Vietnam War veterans who might have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private sector physicians and hospitals.

Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans Affairs Committee, insisted throughout a hearing recently that he and VA Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

But Wilkie, the only witness at the “State of the VA” hearing, wasn’t prepared to echo the chairman’s assurances. Wilkie didn’t even mention the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in his oral statement highlighting priorities for improving VA’s organization and services.

In his written testimony, he reiterated VA opposition to extending benefits for up to 90,000 aging Blue Water Navy veterans and survivors, saying VA’s “commitment to science and an evidence-based approach to creating or expanding (Agent Orange) presumptions should be maintained.”

If HR 299 is enacted absent stronger scientific evidence that shipboard veterans were exposed to wartime defoliants, Wilkie wrote, it “would erode confidence in the soundness and fairness of

the veterans' disability benefits system, creating the impression that the system can be gamed by political activism."

Also, he argued, it would increase pressure on VA to "expand additional presumptions administratively, under a similarly liberal approach, favoring less deserving but politically demanding veterans over more deserving veterans who trust VA to do the right thing for all veterans."

VA estimates HR 299 would cost \$6.7 billion over 10 years and impact efforts to reduce its backlog of claims and claim appeals. VA would have to reopen 30,000 previously denied claims and 230,000 additional claims over the next decade.

Despite Wilkie's official hardline, Isakson said his talks with the secretary over the past month left him hopeful VA will cooperate with Congress on finding a solution.

"The secretary is right in the reasons he's been opposed to just doing Blue Water period. But he's not wrong about how we get to" a solution, Isakson said. That path, he suggested, is that his committee keeps working with VA. "The veterans who think they deserve that benefit ought to get it," he insisted.

"So, I really want to set the table at this hearing with the secretary present. Thank him for giving me the time ... to talk about this," Isakson said. "And appreciate what his attitude is, about customer service being the principle foundation of his administration at the VA."

Veteran service organizations and Blue Water Navy advocates should know, Isakson continued, that this "committee and VA will tackle your problems and try and do it as fairly and equitably and as right for everybody as we can. But we are not going to get bulldozed into a corner. And we're not going to bulldoze somebody into a corner either. So, I want to bring that up because that's going to take care of a lot of questions."

It didn't. Committee colleagues still pressed Wilkie to support HR 299, citing supportive language in a 2008 Institute of Medicine report and noting that Vietnam veterans in their states who served off Vietnam have Agent Orange-related illnesses and continue to be turned down for VA care and compensation.

The closest Wilkie came to a concession was telling Sen. Dean Heller (R-Nev.), that he had pledged to work with Isakson "to make sure that we get it right ... for all of our veterans." But Wilkie then referred to concerns raised by The American Legion, Veterans of Foreign Wars, Disabled American Veterans and Paralyzed Veterans of American that the House-passed bill would pay for Blue Water Navy benefits by raising VA home loan fees, including, for the first time, imposing fees on some disabled veterans who buy higher priced homes.

Wilkie said he agreed with those concerns. He assured Heller that Nevada veterans exposed to Agent Orange would qualify for compensation. But he didn't concede that VA is ready to presume all Blue Water Navy veterans were exposed.

Isakson interjected that Heller had missed the chairman's opening statement in which he explained the "issue of dealing with Blue Water Navy is no longer going to be a question. How we do it is going to be the question."

Pointing to Wilkie, Isakson said he “has agreed to work with us to make that happen.” Isakson gave similar assurances to four more colleagues critical of VA’s opposition to HR 299. Finally, Sen. Richard Blumenthal (D-Conn.) told Isakson, “I know what the conversations have been, Mr. Chairman. And I’m really looking for a somewhat less equivocal answer.” He didn’t get it, not at this hearing.

Real Choice or not?

President Trump, at a signing ceremony for funding bill for VA and military construction projects (HR 5895), made some unfounded claims about Veterans Choice, confusing a troubled program in effect since 2014 with reforms to VA community care programs set to kick in next year.

Thanks to him, Trump said to applause at North Las Vegas VA Medical Center Sept. 21, “we have now VA Choice. So now if a veteran can’t get the care they need from the VA in a timely fashion, they have the right to go see a private doctor. Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice.”

His declaration didn’t match details or nuances of statutory changes enacted that day or earlier this year. HR 5895 does provide, through 2021, billions of dollars more to fund sweeping reforms to VA community care programs as authorized in the VA Mission Act signed in June. But the impact of the reforms on veterans seeking outside care won’t be known until VA develops and publishes new access standards for VA-paid community care. That won’t occur until next summer.

“We had people waiting in line with a simple problem that, by the time they saw a (VA) doctor, they were terminally ill,” said Trump. “No more of that. If you have a line (at VA), you go see a (private sector) doctor.”

No responsible VA official would make that claim. The Mission Act will end two current triggers under the Choice program for granting access to outside care: waits longer than 30 days for a VA appointment or trips longer than 40 miles from home to be seen by a VA primary care provider. Those will go away.

But Trump and veterans don’t yet know what will replace them. The new law mandates that VA schedule more timely appointments at its facilities, improve staffing, establishment of a network of commercial walk-in clinics and ensure prompt payment of outside providers. It also requires that veterans have access to community care if the VA is unable to provide timely care as needed.

The Mission Act, however, allows VA more leeway than under Choice to set access standards and decide how to use them. Whether patients are referred to outside provider networks will depend on “clinical needs” as determined by their VA health-care providers in consultation with the patients. Factors to be considered will include distance to VA facilities, type of care required, timeliness of appointments and whether patients face an excessive burden if forced to rely on VA care.

Those are details veterans must understand and hyperbolic politicians ignore.

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3. Modernize Our System

3.1 - FedScoop: Cerner taps 24 subcontractors to support \$10B Veterans EHR modernization (5 October, Billy Mitchell, 180k uvm; Washington, DC)

Cerner has called upon a team of 24 health and technology companies to support its work on the \$10 billion modernization of the Department of Veterans Affairs' electronic health record system.

"We have formed a world class team that has the best interest of Veterans at heart," Travis Dalton, president of Cerner Government Services, said in a statement Wednesday. "This is the beginning of a long transformational journey. We will continue to seek and bring the best talent available to the VA. Our nation's Veterans deserve the highest quality care and we are confident we have brought the right players to this team to succeed in our collective mission."

Cerner has brought in seven "core team" companies — Leidos, Guidehouse, Accenture, Henry Schein Inc., AbleVets LLC, MicroHealth and ProSource360 — as well as 17 additional businesses, many of which are veteran-owned, to "provide experience and expertise to the VA implementation," it said in a release.

"Cerner has brought together some of this country's brightest industry leaders to transform veteran health care delivery," VA Secretary Robert Wilkie said. "This team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian health care providers where current and former service members receive care."

The news comes as Cerner and the VA are set to soon kick off implementation of the new EHR in the Pacific Northwest, where the program office leading the project's rollout expects to have the modernized EHR working at three sites by March 2020. VA's rollout of its new EHR is following that of the Defense Department's, which is also developed by Cerner, so that it can build off of DOD's progress and provide seamless interoperability between the two systems.

Cerner and VA will outline the team's modernization strategy at the Cerner Health Conference Oct. 8-11 in Kansas City, Missouri, the company said in the release.

The additional partners on Cerner's team are ACI Federal, B3 Group Inc., Blue Sky Innovative Solutions, Clarus Group LLC, Forward Thinking Innovations LLC, HCTec, HRG Technologies, KRM Associates Inc., Liberty IT Solutions, MedicaSoft, MedSys Group, Holland Square Group, PM Solutions, Point Solutions Group, Sharpe Medical Consulting, Signature Performance and ThomasRiley Strategies.

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3.2 - ExecutiveBiz: Cerner Forms Industry Team for VA Electronic Health Care Record Modernization Effort (5 October, Monica Jackson, 17k uvm; Tysons Corner, VA)

Cerner has formed an organization of private firms that will help perform a potential 10-year, \$10B contract to modernize the Department of Veterans Affairs' electronic health care record.

The EHR modernization team will resume the health information technology company's work in meeting the medical needs of veterans, Cerner said Wednesday.

VA Secretary Robert Wilkie said the team will help military care facilities, VA clinics and civilian health care providers to exchange data with one another through a single longitudinal health record.

The members of the Cerner-led team are:

AbleVets
Accenture
ACI Federal
B3 Group
Blue Sky Innovative
Clarus Group
Forward Thinking Innovations
GuideHouse
HCTec
Henry Schein
Holland Square Group
HRG Technologies
KRM Associates
Leidos
Liberty IT Solutions
MedicaSoft
MedSys Group
MicroHealth
PM Solutions
Point Solutions Group
ProSource360
Sharpe Medical Consulting
Signature Performance
Thomas Riley Strategies

The EHR modernization group will present their strategy for the program during the Cerner Health Conference from Oct. 8 to 11 in Kansas, Miss.

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3.3 - The Ripon Advance: [Poliquin aims to help U.S. military veterans access better telehealth services](#) (5 October, 3.7k uvm; Washington, DC)

U.S. Rep. Bruce Poliquin (R-ME) this week helped introduce the bipartisan Enhancing Veterans Experience with Telehealth Services Act, also known as the eVETS Act, in an effort to tackle rising suicide rates among veterans.

H.R. 7017, introduced on Oct. 2 with U.S. Rep. Ann Kuster (D-NH), would improve access to post-traumatic stress disorder (PTSD) treatment via telemedicine.

“Tragically, the rate of Veteran suicide in Maine — which is home to more than 114,000 veterans — is significantly higher than the national level,” said Rep. Poliquin, a new member of the U.S. House Veterans’ Affairs Committee.

Since joining the committee, the congressman said he’s made the issue a top priority to help tackle the nationwide crisis.

“I’m proud to work across the aisle with Democratic Congresswoman Ann Kuster of New Hampshire to introduce this important piece of legislation, which will help Maine veterans living in rural areas receive treatment for post-traumatic stress disorder,” he said.

Introduction of H.R. 7017 follows release of the recent report by the U.S. Department of Veterans Affairs (VA) of the significant spike in the rates of suicide among U.S. military veterans, according to an Oct. 3 statement from Rep. Poliquin’s office.

H.R. 7017 aims to strengthen evidence-based treatments for veterans with PTSD, the statement said.

Additionally, H.R. 7017 encourages partnerships like Microsoft’s Rural Airband program, which is currently underway in Rep. Poliquin’s home state of Maine to increase online access for veterans to receive essential treatments, he said.

Such improved access, said Rep. Kuster, also would improve veterans’ access to treatment, especially those who may be feeling discouraged and hopeless.

In rural communities, for instance, she said the nearest VA facility might be hours away from where veterans reside, in turn deterring many of them from seeking needed medical attention.

“For these veterans, qualified, private therapists are few and far between,” Kuster said. “By rapidly expanding the VA’s offering of telehealth to these areas, we hope to address obstacles that have kept far too many veterans from receiving care.”

H.R. 7017 would permit veterans to choose between two researched methods of treatment: prolonged exposure therapy and cognitive processing therapy, according to Poliquin’s statement, and also would ensure that each patient has access to at least a dozen therapy sessions that would be delivered via the VA’s video conferencing software.

H.R. 7017 is under consideration by the House Veterans’ Affairs Committee.

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3.4 - Savanda: [VA and DoD Cannot Agree on EHR Interoperability](#) (5 October, Seth Horowitz)

While advancements in technology within the health sector are a welcomed sight, one major issue is figuring out how these advancements should be monitored. One example of this was brought to light roughly two weeks ago during the first hearing of the House VA Subcommittee on Technology Modernization. The focus was to determine who is responsible, the DoD or the VA, regarding EHR interoperability; unfortunately, both officials and lawmakers were unable to agree.

First House VA Subcommittee Hearing Has More Questions

The purpose of most hearings is to generate more answers than questions to a topic. According to an article by Jessica Davis that appeared in Healthcare IT News, this was not the case when the first House VA Subcommittee on Technology Modernization hearing concluded that congressional members and officials are at odds regarding governance of Electronic Health Records (EHR) interoperability.

There is an issue regarding how the Interagency Program Office (IPO) has complied with its legal mandate of being the single point of accountability between the efforts of the Department of Veterans Affairs Interoperability and the Department of Defense. However, both lawmakers and officials are unable to determine who is responsible for reconciling the differences.

Several weeks ago, it was not surprisingly revealed at a hearing of the inaugural House Veterans Affairs Subcommittee on Technology Modernization that accountability and governance for the project are still vital points of contention. Carol Harris, the Government Accountability Office Director of Management Issues, testified the VA and Cerner had signed a contract, designed an office for program management, and drafted governance plans at a high-level; however, there has been no designation by program officials of what role, if any, IPO is to have in the governance process.

Supporting Harris, Rep. Jim Banks, R-Indiana, remarked that the IPO is one of the few aspects of EHR modernization mandated by law. Also, he stressed how the role in the IPO's governance within the projects was more than important but a permanent one.

Clarifying the role of the IPO

Banks feels that the departments should clarify the powers of the IPO, which was not only to oversee the original collaboration of the EHR but also allowed to have the authority to look at these differences and resolve them; this was established back in 2008. Banks said that my hope is DoD and VA will hash out what that looks like and come to mutual agreement. I am willing to give them additional time to do that, but I will not wait forever.

The recommendation of the GAO to the VA I for them outline clearly the IPO's role will have regarding the EHR project, specifically regarding governance; Harris said that focusing on a single point of accountability is critical in moving forward to make sure that interoperability is functional.

Meanwhile, John Windom, the VA Office of EHR Modernization Office's acting Chief Information Officer, stated to the committee how he believes that the IPO doesn't have the authority to make decisions regarding his office. Also, Lauren Thompson, the IPO Director, stated that her office lacks the resources to be the only point of accountability for the VA-EHR interoperability; her reasons were a lack of staff, authority and resources. Thompson said that at this point in time, we do not have the decision-making authority.

The testimonies of both Thompson and Windom are conflicted with the expectations of the statute, as Harris continued to emphasize how the law makes the IPO the single point of accountability, so that would include responsibility, authority and decision-making. Harris went on further to say that both the VA and the DoD ignored the advice of the GAO over the years on empowering the IPO.

She feels that the role must be defined clearly that can relieve the legal responsibilities of the office; this can be done through Congress. According to Harris, if the IPO continues the way that it is operating today, we are going to continue to have dysfunction in moving forward.

The hearing ended with no clear decision was made as Rep. Scott Peters, D-California, stated that this issue may have to be resolved either by the president or Congress considering this cannot be resolved without any help.

Sadly, the VA has struggled for the past year with both governance and leadership issues. Since the dismissal back in March of former VA Secretary David Shulkin, MD, roughly forty-two senior staffers are no longer with the VA. Notably, the most recent occurred within the EHR project office that saw the departure of its CMO and CHIO Genevieve Morris.

Officials in the VA are continuing to double down with their own pilot EHRs in the Pacific Northwest that is projected to go live in 2020. Interestingly, the DoD project may also be investigated by the GAO, resulting from an audit which felt the new system was not operationally suitable.

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4. Focus Resources More Efficiently

4.1 - Task & Purpose: [These Are The Worst VA Medical Centers In The United States](#) (5 October, James Clark, 580k uvm; New York, NY)

Nine Veterans Affairs medical facilities received the lowest possible rating in newly released data, essentially crowning them as the worst VA hospitals for veterans.

Cue awkward celebratory music and balloon release.

By the VA's own assessment, its lowest performing medical centers were:

Atlanta, Georgia
Big Spring, Texas
El Paso, Texas
Loma Linda, California
Memphis, Tennessee
Montgomery, Alabama
Phoenix, Arizona
Tucson, Arizona
Seattle, Washington

The data comes from an end of the year review of 146 medical facilities, which ranked the best and worst with a rating of one to five stars (one being the lowest). As part of the review, VA medical centers and facilities were judged on things such as mortality rates, patient and employee satisfaction, quality of care, efficiency, and capacity.

On the whole, 66% of facilities showed improvement compared to the previous year, according to the review which went online Wednesday.

When it came to the decision to award a facility a single star, VA spokesman Curt Cashour told Task & Purpose that medical centers were evaluated on “relative performance; that is, a medical center’s relative performance against other medical centers” and whether they showed large, small, or trivial improvement from the year prior, or whether their performance declined altogether.

This might explain why some facilities, like those in Big Spring and El Paso, Texas, which both received one-star ratings last year, were judged to have improved significantly this time around, yet still ranked lowest compared to other VA facilities.

The Atlanta, Montgomery, Phoenix, Tucson, and Washington medical centers all showed trivial improvement, while those in Loma Linda and Memphis showed small improvement.

If your VA medical center has a one-star rating, however, the department says that doesn’t necessarily mean the care is terrible, just that “one-star facilities will benefit from adopting successful practices from five-star facilities,” according to a fact sheet on the review process the VA provided to Task & Purpose.

As to what the difference is between the worst performers and the best, well, that’s not altogether clear based on the top-level data that came out yesterday. Neither is the difference between a one-star medical center like Loma Linda, compared to other facilities in the same state, like Long Beach which has two stars and Los Angeles, which has three.

You can see how the rest of VA medical centers scored [here](#).

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4.2 - KOLD-TV: [Tucson VA hospital gets low ranking from federal government](#) (5 October, Emily Biehl, 136k uvm; Tucson, AZ)

Ratings recently out from the U.S. Department of Veterans Affairs show that the Tucson VA has the lowest possible rating for its hospital’s quality of care, with a one-star rating.

The ratings cover two areas, relative performance compared with other VA medical centers and improvement compared to each VA’s performance from the past year. The ratings are then used to help each VA with improvements, according the U.S. Department of Veterans Affairs.

The Tucson VA is one of nine hospitals on the list of 146 VA hospitals to receive one star out of a possible five.

In response to that the Tucson VA shared a statement with Tucson News Now that says in part, “Remembering that quality is far more than a star rating, the SAIL report is one of many tools we use to help guide our health-care system to improve the quality of services we provide to our Veterans.”

The Tucson VA’s response to receiving a one-star rating in the VA’s Strategic Analytics for Improvement and Learning ratings. (Source: KOLD News 13)

Meanwhile some veterans say that the one-star rating is indicative of problems they deal with often at the VA.

"Everybody I talk to over at the VA says we're short three staff, we're short four staff, we're short two staff. My mental health nurse (practitioner) is filling in for another one that left. She was supposed to be here for a month and I've been seeing her for the last six months. So, and don't get me wrong, I really like the care from her, but that just means she has double the case load to deal with," veteran and advocate of care for veterans Cliff Wade said.

He went on to say that problems he typically sees at the VA and often hears about are long wait times for appointments and in some cases the length of time it takes to even make an appointment.

On the other hand, Wade has had multiple experiences that he says have been very positive at the Tucson VA, ranging from surgery to doctor visits. He shares that in his experience a part of what helped to make things go smoothly was his behavior and mindset which he advises other veterans to be bear in mind when they go to the Tucson VA.

"You need to understand the system. You need to be patient with them. If you raise your voice at them they're not going to jump like what you would think that they would. Sit down, work with them. Try to figure out what's the best line of care for you," Wade said.

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4.3 - WEWS-TV: [Cleveland VA hospital under audit](#) (5 October, Mike Brookbank; Cleveland, OH)

There's growing concern that some veterans in Northeast Ohio may have fallen through the cracks after reports of some VA hospitals that have canceled critical tests for patients.

Right now, the VA hospital in Cleveland is being audited.

It's one of nearly a dozen sites nationwide called into question after the review of hundreds of thousands of radiology orders.

According to USA Today, some medical centers may not have followed correct procedures when getting rid of outdated and duplicate test requests.

The Department of Veterans Affairs said up until now, it didn't have a system for canceling them regularly.

In total, about 300,000 were found to be obsolete.

In Cleveland, a physician-led team reviewed all outdated orders and will take clinical action based on national guidance.

Moving forward, providers will be notified if a patient doesn't complete a test within 60 days of it being scheduled.

The test will then be canceled, and the veteran's care will continue to be reassessed.

If need be, they will return to care.

The VA at both the regional and national levels are monitoring the rollout of this new process.

Cleveland is home to the third largest VA in the country.

There are about 3,200 radiology orders placed at the medical facility each week.

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4.4 - KWTX-TV: [Temple: VA shows improvement in latest VA rankings](#) (5 October, 75k uvm; Waco, TX)

The Temple VA Medical Center showed some improvement in the latest Veterans Administration Quality of Service Ratings, but a Central Texas congressman says there's "a lot more work to do."

The Temple VA was given a 3 on a 1-5 scale and showed slight improvement, according to the ratings for fiscal 2018.

"I have worked to hold the Temple VA accountable, including ordering an FBI investigation on the medical center," U.S. Rep. John Carter, R-Round Rock, said Friday.

"I am encouraged to see a slight improvement, but there is a lot more work to do. We can't rest until the Temple VA is a 5-star facility," he said.

Carter called for an FBI investigation in November 2017 after a newspaper reported allegations of misuse of authority and other possible criminal activity at the Temple VA.

On Sept. 26, Christopher Sebek, 55, of Temple, his wife Melissa, 55, and Killeen business owner Jeffrey Pearson were charged Wednesday for their roles in a scheme to defraud the Department of Veterans Affairs of about \$250,000.

Sebek, an operations supervisor in the Engineer Department of the Temple VA and Pearson, the owner of Whitetail Industries, which contracted to provide goods and services to the Temple VA, were both charged with one count of conspiracy to defraud the government and one count of theft of government property.

Melissa Sebek, who owns MS Bookkeeping Services, was charged with one count of theft of government property.

Court records show that Christopher Sebek and Pearson entered into an agreement in February 2012 to steal money from the Temple VA, allegedly by submitting fraudulent invoices for payment for goods and services.

Sebek also allegedly presented bogus invoices to the hospital from his wife's company.

"Those invoices, however, were used by Sebek to pay for personal items and to cover Pearson's 30 percent commission on each invoice. Court records also allege that Sebek stole

two VAMC credit cards and used them to pay for personal expenses,” the U.S. Attorney’s Office said in a press release.

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4.5 - KSLA-TV: [Overton Brooks VA Medical Center showing improved care for veterans](#) (5 October, Marie Waxel, 56k uvm; Shreveport, LA)

Good news for ArkLaTex veterans, an annual Veterans Affairs report shows Overton Brooks VA Medical Center (OBVAMC) improved over the last year in quality of services provided to veterans.

The findings were measured on an annual web-based report scorecard from the U.S. Department of Veterans Affairs (VA) .

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help troubled facilities improve.

OBVAMC was one of the facilities that made positive strides in the benchmarks and is striving to continue progress. The medical facility believes its recent attention placed on Veteran experience, communication, care coordination and continued access improvements have made a difference.

“We are proud of the hard work these improvements represent and the positive impact it has on our over 48,000 enrolled veterans we serve in Northwest Louisiana, Southwest Arkansas, and East Texas,” said Richard Crockett, Medical Center Director.

To view the recent report click [here](#).

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4.6 - KFDA-TV: [Amarillo VA improves to 4 Star rating](#) (4 October, Cassie Stafford, 55k uvm; Amarillo, TX)

The Amarillo VA Health Care System is now a four star facility.

The whole rating system by the Department of Veteran Affairs aims to help all VA’s ultimately identify what they are doing right and what they need to improve on.

The end goal: ensuring the men and women who served our country receive the best possible experience.

It’s an ongoing goal of the Amarillo VA to provide pristine service to our nation’s heroes. The Star ratings help them do just that.

"We have people working literally in every single department on a quality improvement project at all times," said Erica Perry, RN quality consultant at the Amarillo VA.

"We benchmark ourselves against the entire VA system [meaning] every facility in the nation and the private sector as well," said Perry.

They are rated on a variety of metrics, ranging from their clinical performance, to staff and patient reviews. But at the end of the day, it's all about the veterans.

"We are trying to improve our veteran experience here," said Perry. "So we know we do really well clinically but our survey scores don't always indicate that the veterans have the best experience when they come here. So we've been doing little customer service classes, and things to try to improve our engagement with the veteran."

There continue to be various projects in the works to expand the Amarillo VA to improve that veteran experience.

"We've gotten our parking lots completely repaved, we are expanding our primary care facilities and we have a brand new primary care building so we are able to see more veterans with more space," said Perry.

"Refurbished inpatient services where we're allowing our patients to have a room all to themselves," said Joel Mease, public affairs officer at the Amarillo VA. "Down in Lubbock, we're having a new clinic which will be based on Texas Tech... that will more than double the size of the current clinic in Lubbock."

They will soon begin construction on a new prosthetics and rehab wing as well.

With a five star rating on their mind, the Amarillo VA hopes to constantly improving to provide quality care in the Panhandle.

The VA's Strategic Analytics for Improvement and Learning (SAIL) report also shows that 66 percent of VA medical centers have improved overall in the third quarter, with the largest gains seen in mortality, length of stay and avoidable adverse events.

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4.7 - KLBK-TV (VIDEO): [Congressman Jodey Arrington talks about new Lubbock Veteran Clinic](#) (5 October, Mari Salazar, 34.5k uvm; Lubbock, TX)

Congressman Jodey Arrington made his way to Lubbock and talked about the new Veterans Administration Outpatient Clinic coming to West Texas. The nearest VA clinic is in Amarillo, and it would take almost two hours for a veteran to get to the Amarillo clinic.

"Our veterans get the care that they need without having to drive long distances," said retired Air Force Colonel Dave Lewis. He said only good will come from the new VA clinic.

"The neat thing about this partnership is that the Texas Tech Health Sciences Center will be able to provide specialty care when the veterans need that," said Lewis.

Arrington also looks forward to the clinic breaking ground within the next couple of years.

"Our veterans are the very best of us, and they deserve the very best from us and so I'm ecstatic that West Texas is getting this tremendous asset for the veterans," said Arrington.

There are more than 40,000 veterans who will greatly benefit from this clinic, Arrington said. Right now, veterans in the 29 counties he represents have to go to Amarillo for treatment.

"I think that the quality of life for our veterans in West Texas will be dramatically improved as a result," said Arrington.

This \$12.3 million project will provide nearly 94,000 square feet of usable clinic space, which more than doubles the footprint of the current clinic off Avenue Q.

"Expansion of capacity here means that we'll have the ability hopefully to serve and try to recruit those veterans to come in and get the care that they earned," said Lewis.

The new facility will be on the Tech campus, just north of the Health Sciences Center, and it's expected to open in 2021.

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4.8 - Cincinnati Business Courier: [Cincinnati VA hospital ranks among best in nation](#) (5 October, Barrett J. Brunsman, 24k uvm; Cincinnati, OH)

The Cincinnati VA Medical Center improved in the latest ranking by the U.S. Department of Veterans Affairs, scoring the No. 7 position in the nation out of the VA's 130 acute care facilities in a measure of patient access and quality of care.

The hospital based in Corryville previously was rated No. 9. The current ranking was for its performance from October 2017 through this September.

Cincinnati received a 5 Star rating, which designates the top 10 percent of VA medical centers in the country. That was an improvement from the hospital's previous 4 Star rating.

"The Cincinnati VA Medical Center is made up of 2,300 dedicated and tremendously skilled professionals who are committed to serving veterans," said Vivian Hutson, director of the hospital since October 2016. "We are pleased with these results, which reflect the staff's hard work to ensure our veterans are receiving the best possible care."

Before Hutson's arrival, there were ongoing concerns about how the hospital was managed, particularly in regard to understaffing and long patient wait times.

The VA Medical Center is the seventh-largest hospital in Greater Cincinnati based on total expenses of nearly \$444 million, according to Business Courier research. It logs more than 23,000 visits to the emergency department and has 288 licensed beds.

The hospital treats about 43,000 veterans who live in 17 counties in Southwest Ohio, Northern Kentucky and Southeast Indiana. It operates a medical center in Fort Thomas as well outpatient

clinics in Bellevue, Florence, Lawrenceburg, the city of Hamilton, Clermont County's Union Township and the Brown County village of Georgetown.

The Veterans Health Administration, which is part of the Department of Veterans Affairs, is the largest health care system in the country. With a budget of \$186.5 billion and more than 366,000 employees, the VA cares for more than 9 million veterans enrolled in the health care program.

About 66 percent of VA medical centers improved in overall quality in the recent quarter, with the largest gains seen in areas such as mortality, length of stay and avoidable adverse events. Six VA hospitals had a decrease in quality, and improvement efforts are underway at each of them.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers," said VA Secretary Robert Wilkie.

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4.9 - Temple Daily Telegram: [Carter: More work ahead for Temple VA](#) (5 October, Jacob Sanchez, 10k uvm; Temple, TX)

Although the Olin E. Teague Veterans' Medical Center in Temple is seeing some slight improvements, U.S. Rep. John Carter, R-Round Rock, said there is still more work ahead.

The Department of Veterans Affairs on Thursday announced that the Temple VA maintained a 3-star rating, showing positive strides in its benchmarks. The rating is on a 5-star scale.

"We can't rest until the Temple VA is a 5-star facility," Carter said in a news release on Friday. "With the policy reforms we've made here in Washington, we will continue to improve our capacity to serve those who have sacrificed so much for us."

Carter — who is the middle of a re-election bid against Democrat and Air Force veteran MJ Hegar — stressed that he will continue to hold the Temple VA accountable. He said he plans to order an FBI investigation in the medical center.

Federal authorities in late September filed charges against Temple residents Christopher Sebek and Melissa Sebek and Killeen resident Jeffrey Pearson for their alleged roles to defraud the VA of an estimated \$250,000.

According to a preliminary report obtained by the Austin American-Statesman in November, investigators claimed they uncovered a complex scheme involving the VA motor pool that had funneled business to a Killeen firm, Whitetail Industrial Parts and Service, that made at least \$400,000 by padding purchases with 30 percent surcharges. More than \$1.3 million reportedly was funneled through Whitetail.

Carter said he looks forward to working with Christopher Sandles, the Central Texas Veterans Health Care System director, to "root out wrong doers" and improve service to veterans.

"We owe it to our veterans to ensure they receive the best care," the congressman said.

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4.10 - Hometown Focus: [VA researchers work to create artificial lung](#) (5 October, 2.6k uvm; Virginia, MN)

U.S. Department of Veteran Affairs (VA) scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3D-printed artificial lung that could potentially revolutionize treatment of veterans affected by lung disease.

Though still in its infancy, VA researchers hope to build what they call the first artificial lung that closely replicates the natural lung, resulting in compatibility with living cells and a very small size for portable or wearable short- and long-term respiratory support.

In the near term, the device could be used as a temporary measure—a bridge to help patients waiting lung transplant or an aid for veterans with recovering lungs. According to researchers, future versions could have longer-term applications.

“Our veterans deserve the highest quality of care and the latest breakthroughs in medical science,” said VA Secretary Robert Wilkie. “This exciting project is the latest in a long string of incredible research and medical advancements developed by VA researchers over the years. The results of this project could change millions of lives for the better.”

Exposure to burn pits, sand, diesel exhaust and chemicals are some of the most commonly cited factors that lead to lung problems for active-duty military. About 20 percent of patients with severe traumatic brain injury also have acute lung injury.

One lung disorder VA researchers hope to tackle someday with the 3D-printed artificial lung is chronic obstructive pulmonary disease (COPD), regarded as one of the most prevalent and costliest ailments in the veteran population.

COPD affects 5 percent of American adults and 16 percent of the veteran population. Most people with COPD have emphysema, in which the air sacs of the lung are damaged and enlarged, and chronic bronchitis, a long-lasting cough caused by chronic inflammation of the bronchial tubes. The disease is characterized by an airflow limitation that is often linked to an abnormal response of the lungs to noxious particles or gases, such as those in cigarette smoke.

For additional information about this study, visit www.research.va.gov/currents/0818-Researchers-strive-to-make-3D-printed-artificial-lung-to-help-Vets-with-respiratory-disease.cfm.

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4.11 - Newton County Times: [End of fiscal year hospital Star rating shows large improvement in overall quality of services of VA medical centers across nation](#) (5 October, 2.2k uvm; Jasper, AR)

As part of the U.S. Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” said VA Secretary Robert Wilkie. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA’s health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter — with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs experienced a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

“There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers,” Wilkie said.

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4.12 - White Mountain Independent: [Annual VA report shows Phoenix VA Health Care System has improved](#) (5 October; Show Low, AZ)

Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs recently released data that showed improvement within the Phoenix VA Health Care System.

Compared with data from the same period a year ago, the July release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report showed that of the 15 VA Medical Centers considered “high risk,” 11 of those have shown improvement, including the Phoenix VA Health Care System.

“We’re moving in the right direction, but we still have a lot of work to do,” said Rima Nelson, Director of the Phoenix VA Health Care System. “We’re making strides in our quality measures, but there is more work to be done with perception measures, which account for more than one-fourth of the SAIL score.”

Phoenix has made meaningful progress on the SAIL measure set. Overall 14 SAIL measures improved in the second quarter of Fiscal Year 2018 compared to the third quarter of Fiscal Year 2017, and 7 of those measures improved a quintile or more. Most significantly:

Phoenix is ranked #19 nationally in the VA in Performance Measures (HEDIS/ORYX). HEDIS and ORYX are widely-used measure sets that analyze core aspects of healthcare including

diabetes management, hypertension management, and tobacco cessation. These measures compare favorably to the private sector since your VA outscored the metro market in 8 of 9 outpatient performance measures.

We have made significant strides in Standardized Mortality Ratio (SMR). A score below 1 is considered “better than expected” by the VA, and the lower the score the better the performance. Our SMR improved from 0.934 to 0.769 and 30-day SMR improved from 1.071 to 0.974.

We continue to focus on improving Mental Health care and preventing suicide. Our Mental Health scores reflect significant improvement in providing appropriate disease-specific care and in the continuity of that care.

Other SAIL results include Call Center speed to answer, which improved from 144.63 to 121.5; Call Center abandonment rate improved from 12.849 to 8.744; Adjusted Length of Stay improved from 4.9 to 4.55 and your VA maintained a top score in Hospital-wide readmission rate which still improved from 11.629 to 11.24.

The Why Not the Best VA report indicated the Phoenix VA Health Care System outscored our local private sector metro market in 8 of 12 patient safety indicators, 3 of 4 mortality measures, and 8 of 9 outpatient performance measures.

The Phoenix VA Health Care System continues to actively engage with the Strategic Action for Transformation program (StAT). We had 5 site visits during Fiscal Year 2018 that provided clinical expertise, best practices, and data interpretation.

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics, and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs.

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5. Improve Timeliness of Service

5.1 - Arizona Public Media: [Tucson VA Medical Center Drops to Lowest Ranking](#) (5 October, Steve Jess; Tucson, AZ)

Tucson's VA health care center dropped two levels to the government's lowest ranking in results released by the VA this week. The chief doctor at the hospital says that's not as bad as it sounds.

The Southern Arizona VA Health Care Center is now ranked alongside the Phoenix VA Hospital at the lowest tier of the government's rankings: one star, down from three stars a year ago.

Doctor Anthony Stazzone, the Tucson center's chief of staff, says that's not a measure of the care veterans receive, but rather how well the hospital is improving its services compared to other facilities.

"Our overall metrics had a trivial change from last year to this year. However, other VAs went up, so it automatically will drop you down in your star rankings, and we're a one star based on that," Stazzone said.

The Phoenix VA Center was the source of a scandal several years ago, when staff members were found to have falsified reports about patient wait times.

Stazzone says reducing clinic wait times and shortening hospital stays at the Tucson VA are among his staff's highest priorities.

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6. [Suicide Prevention](#)

6.1 - WBRC-TV (VIDEO): [New VA stats show AL veteran suicide rate higher than national average](#) (5 October, Bree Sison, 131k uvm; Birmingham, AL)

The most recent data on veteran suicide rates from the U.S. Department of Veterans Affairs (VA) finds Alabama veterans are dying by suicide at a higher rate than the national average.

An estimated 34.2 Alabama veterans per 100,000 died by suicide in 2016, compared to the national veteran suicide rate of 30.1 per 100,000. Among the civilian population, the national suicide rate drops to 17.5.

"Suicide is a public health issue. It's the tenth leading cause of death in the United States. It is the number two killer of male veterans. It is the number one killer of female veterans," Richard Beatty of the Tuscaloosa VA tells WBRC. "With that awareness, and knowing that it is such a significant issue, we realize that suicide prevention is everyone's business."

In fact, the numbers show that every veteran is at risk. More veterans over the age of 55 died by suicide, but veterans younger than 55 died at a higher rate. One accounting for the increased number of veteran suicides among older populations is that there are simply more veterans who served in the Vietnam, Korea, and WWII eras than the Gulf wars.

The state of Alabama boasts a higher percentage of its population as veterans. In 2016, the VA found 9.8 percent of the adult population of Alabama to be veterans, compared to 6.6 percent nationally. A total of 373,761 veterans live in our state.

With a higher number of veterans in our families and social circles, Beatty stresses each of us must pay closer attention to warning signs in the people we love.

"A lot of times those [suicidal] individuals aren't aware of what's going on," said Beatty. "They're not really paying attention to how they're doing on a daily basis but other people are seeing that and they can recognize when they're not doing so well."

Another reason for Alabama's higher rate is that our veterans are choosing the most lethal method for suicide. In the 2016 numbers analyzed by the most recent report, 81.3 percent of

Alabama veterans died by firearm. Nationally, only 51.4 percent of suicides were completed using a gun.

The VA notes the average number of veterans who died by suicide each day remains constant at 20. Over the past 10-15 years, Beatty says the VA has devoted many efforts towards identifying suicide risk factors and making sure the public has a better understanding of those factors.

As the Suicide Prevention Coordinator at the Tuscaloosa VA, at any given point in time Beatty is tracking and monitoring about 25 veterans who are at a high risk of suicide. Those veterans can be flagged and referred for mental health services through a number of different ways, such as self-reporting or by a primary care physician at the VA.

Click [here](#) for a list of suicide warning signs from the American Foundation for Suicide Prevention.

A support group in Tuscaloosa is interested in helping anyone affected by suicide. The Survivors of Suicide group meets the second Thursday of each month from 7:00- 8:30 p.m. in the Rotary Room of the Tuscaloosa Public Library.

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6.2 - FEDweek: [VA Releases Suicide Data](#) (5 October, 32k uvm; Glen Allen, VA)

While veteran suicides have declined in recent years, the latest statistics show that persons between 18 and 34 are killing themselves at an increasing rate. Younger veterans accounted for the highest percentage of suicides.

The Department of Veterans Affairs released the statistics of an internal study of suicides, conducted between 2005 and 2016, on Sept. 26. Other relevant figures show:

- The number of current and former service members who killed themselves declined to 7,298 from 7,663 between 2015 and 2016.
- During that same time, veteran-specific suicides declined to 6,079 from 6,281.
- An average of 20 current or former service members commit suicide every day. Six of those 20 have used the VA health-care system.
- Firearms accounted for 67 percent of all suicides in 2015 and 69.4 percent in 2016.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Los Angeles Times: [More than 60% of leases on the VA's West L.A. campus are illegal or improper, audit finds](#) (5 October, Gale Holland, 691k uvm; El Segundo, CA)

More than 60% of the U.S. Department of Veterans Affairs' land-use agreements on its West Los Angeles campus are illegal or improper, a federal audit found, including leases for a Los Angeles city dog park and ballfields, Red Cross offices, a Shakespeare festival, a parrot sanctuary and the private Brentwood School.

The VA inspector general audit also found that housing construction for veterans on the sprawling property has fallen behind schedule, with the initial deadline of 490 units by March 2019 now out of reach.

Although the VA is making progress on its building plans, “it will not meet its initial milestone,” the inspector general said in the report, adding that environmental review could push the goal of housing homeless veterans even further into the future. The audit also faulted the VA for failing to include veterans in oversight of the campus project.

In a groundbreaking 2016 legal settlement, the VA promised to open the agency's long-contested campus to housing as part of a broader campaign to end the county's long reign as the nation's homeless veterans capital.

A single building was renovated in 2017 and currently houses 54 veterans. No new construction has been green-lighted or funded, either by the Obama or Trump administrations, although two other building rehabs have advanced in the planning process. They will be funded with the city's voter-approved bonds from Proposition HHH, not federal funds.

“In the Iraq War, the government delivered \$12 billion in cash on pallets in cargo planes,” said retired law professor Gary Blasi, who was involved in the litigation, “but the VA is still prioritizing to renovate three buildings for housing for veterans.”

The VA also agreed to end commercial leases on the 388-acre property that did not substantially benefit ex-service members. A handful of leases were terminated, the VA said in a September status report.

But in a review of 40 land-use agreements, the audit found that 11 other leases either violated federal law or the draft master plan for the campus. Among those tenants were the 1887 Fund, which raises money for renovation of the Wadsworth Chapel and four other historic buildings; the Barrington parking lots; Breitburn slant drilling operations; and the Westside Breakers youth soccer.

Fourteen other renters were operating under expired contracts or had no documented agreements, the audit found.

“The investigation pointed out things we’ve been saying for years: UCLA had a sweetheart lease, the dog park lease is absurd on its face,” said former Santa Monica Mayor Bobby Shriver, who long lobbied for veteran housing on the property. “But what’s important is where’s the frigging housing?”

In response to the audit, the VA agreed to renegotiate or terminate land-use agreements with the city of L.A., the Shakespeare Center of Los Angeles, the Westside soccer club and the parrot sanctuary.

But it disputed the inspector general's condemnation of its deal with the Brentwood School, which agreed to pay \$850,000 in annual rent and provide in-kind services worth \$918,000. The services included access for 67 veterans to the Brentwood School's athletic facilities and summer school scholarships for veterans' children.

The inspector general said the in-kind compensation was legally dubious and found that neither the Brentwood School nor the VA provided adequate documentation of its benefits.

The audit also found that lease rates the VA renegotiated with the city of L.A.'s Barrington Park ballfields and dog park, UCLA's Jackie Robinson Stadium and the Brentwood School athletic complex were lower than the appraised rental values — of \$2.7 million each for UCLA and the Brentwood School and \$2 million for the city.

Rep. Ted Lieu (D-Torrance) said he was working with the VA and veterans groups to make sure campus development "is collaborative and effective."

"There's an urgent need to guarantee more veterans facing homelessness have housing," Lieu said in an email.

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7.2 - Lincoln Journal Star: [Lincoln has effectively ended homelessness of veterans, mayor says](#) (5 October, Nancy Hicks, 272k uvm; Lincoln, NE)

Lincoln has effectively ended homelessness among veterans, Mayor Chris Beutler said.

The city's designation as "functional zero" by a federal coalition indicates its homeless response system has the capacity and coordination to immediately house any veteran who identifies as homeless, the mayor said at a Friday news conference.

And the work in Lincoln is a team effort of dozens of agencies.

"There are probably close to 20 agencies that are working on this every day because it takes a village," said Denise Packard, coordinated entry manager at the University of Nebraska-Lincoln Center on Children, Families and the Law.

"We cast our net wide to make sure we don't have any gaps," she said.

Every week, the coordinated entry team runs a report, naming the veterans who have entered a shelter or are on the street.

Then the agencies review the list, determine what housing opportunities each person might be eligible for and develop a housing plan to get them off the streets as quickly as possible, Packard said.

Veterans often find housing through one of three organizations: CenterPointe's permanent supportive housing program for veterans, the Central Nebraska Community Action Program or the Veterans Affairs Supportive Housing apartments that opened early this year on the VA campus near 70th and O streets.

That new apartment complex for homeless and near-homeless veterans "has been a huge asset in getting people connected with housing," Packard said.

The Lincoln agencies have the capacity to get the veterans housed as fast as possible, said Lee A. Heflebower, director of housing and supported living with Region V Systems.

“It’s a very personalized service,” Heflebower said.

Lincoln is the 62nd community in the country to achieve the benchmark.

The certification came from the federal Departments of Housing and Urban Development and Veterans Affairs and the United States Interagency Council on Homelessness, which coordinates the federal response to homelessness in partnership with 19 federal agencies.

Certification does not mean that no veteran in Lincoln will ever again experience homelessness, but those events will be rare, said Jeff Chambers, project director at the UNL Center on Children, Families and the Law and a member of Lincoln's Homeless Coalition.

A collaborative group of 45 organizations developed a continuum of care plan to provide what individuals — veterans and others — need as they move from homelessness to self-sufficiency, Beutler said at Friday's news conference.

“This is a very proud milestone for our entire community,” he said.

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7.3 - KOLN-TV: [Mayor says veteran homelessness at 'functional zero', announces veterans parade](#) (5 October, 100.7k uvm; Lincoln, NE)

Federal officials have informed Mayor Chris Beutler that the city of Lincoln is a designation of “functional zero” when it comes to veteran homelessness.

The confirmation came from the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) and the United States Interagency Council on Homelessness (USICH), which coordinates the federal response to homelessness in partnership with 19 federal member agencies.

The designation of “functional zero” means a community’s homeless response system has the capacity and coordination to immediately house any Veteran who identifies as homeless. Lincoln is the 62nd community in the country to achieve the benchmark.

In addition, Beutler called on all residents to support Lincoln’s Veterans Parade set for Saturday, November 3 in the area around the State Capitol.

Opening ceremonies begin at 11 a.m. on the Capitol’s north steps, and the half-mile parade will move down “K” Street from South 21st to South 14th streets.

More information and a parade entry form can be found [here](#).

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7.4 - KFTA-TV (VIDEO): [Fayetteville VA Homeless Program Receives Food Donation](#) (5 October, Katie Davila, 45.8k uvm; Fayetteville, AR)

The VA's Homeless Veterans Programs of Northwest Arkansas received four pallets of food to help feed the hungry.

The donations were gifted by both FEMA and the NWA Food Bank. Items included non-perishables like beans, applesauce and trail mix. The project plays a big part in the continued support of homeless programs in the area.

"We would like to see continuation of the partnership. Northwest Arkansas has been very generous to the homeless veterans population and to the VA on donations with food and assistance with moving items," said Brian Mcanally, Healthcare for Homeless Veterans Program manager.

Each family enrolled in the program will be given specific food items to meet their individual needs.

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7.5 - Record-Journal: [VA's Mobile Vet Center to be at Apple Harvest Festival](#) (5 October, 31.5k uvm; Meriden, CT)

The U.S. Department of Veterans Affairs plans to will send its regional Mobile Vet Center to the Southington Apple Harvest Festival Saturday, Oct. 6 and Sunday, Oct. 7 to assist all military veterans and their family members with connecting with VA benefits and services.

Vet Centers are community based and part of the Vet Center Program of the U.S. Department of Veterans Affairs.

The Mobile Vet Center, or "MVC," is a 38-foot "office on wheels" equipped with satellite communications hosting audio-visual equipment, encrypted phone and fax lines, computers and wireless Internet. Information on VA health care and benefits will be along Center Street.

Veterans should bring a copy of the DD Form 214, Certificate of Release of Discharge from Active Duty, to access information on benefits and services, to include an opportunity to apply for VA health care.

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7.6 - Newton County Times: [VA, partner organizations to improve lives of Veterans with PTSD](#) (5 October, 2.2k uvm; Jasper, AR)

With research showing that Veterans with post-traumatic stress disorder (PTSD) face significant barriers to employment, the U.S. Department of Veterans Affairs (VA) and several state, city and nonprofit organizations recently created a first-of-its-kind "Pay for-Success" project to improve employment outcomes for such Veterans.

The Veterans Coordinated Approach to Recovery and Employment (Veterans CARE) project was launched Oct. 3 by the Commonwealth of Massachusetts, the City of Boston, New York City partners and the nonprofit organization Social Finance, which stemmed from VA's grant award to the organization, and will serve 480 Veterans over three years in New York City; Boston and Brockton, Massachusetts; and Central and Western Massachusetts.

“This project demonstrates that supporting Veterans depends on networks of collaborative partnerships, as well as great research and innovative ideas,” said VA Secretary Robert Wilkie. “Research and innovation are fundamental to improving the health care and benefits for our nation’s Veterans.”

According to research, PTSD interferes with a person’s ability to thrive in the workforce, and has been found to impact sustained employment and income negatively. In addition, a negative cycle exists between unemployment and PTSD — persistent unemployment often is linked to negative health conditions, including depression, which can exacerbate PTSD symptoms.

Further, VA research noted that up to 20 percent of Veterans from recent tours of duty have PTSD, and a 2015 analysis found that Veterans’ labor force participation had declined over the previous 35 years, in close correlation with a growth in service-connected disability.

The Veterans CARE project will involve local VA medical centers to deliver Individual Placement and Support (IPS), an evidence-based approach to supported employment, to program participants. The Tuscaloosa VA Medical Center (TVAMC) will oversee and monitor the project.

“The Veterans CARE project will take our work from the research arena into real-world settings where we plan to achieve the highest level of impact of IPS at full scale,” said Veterans CARE Study Chair Dr. Lori Davis. “Sustained meaningful work is a key part of the recovery plan for Veterans living with PTSD.”

Pay for Success is a public finance model that harnesses the power of the capital markets to address critical social and environmental challenges and improve the lives of those in need. In this Pay for Success project, BNP Paribas, Northern Trust, The Dakota Foundation, Deutsche Bank and Robin Hood Foundation provided \$5.1 million in impact capital to fund the project.

“We are excited to launch the first Pay for Success project globally to support Veterans, who have served our nation so honorably,” said Tracy Palandjian, CEO and co-founder of Social Finance. “The Veterans CARE project is about bringing the public, private and social sectors together to help Veterans with PTSD secure meaningful employment and lead healthier, happier lives.”

VA’s Center for Innovation and the Corporation for National and Community Service’s Social Innovation Fund are providing \$3 million, which is matched by local government partners, to repay project investors if the project achieves measurable results for Veterans.

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8. [Other](#)

8.1 - Seeking Alpha: [MiMedx down 6% premarket on critical WSJ article](#) (5 October, Douglas W. House, 4.5M uvm; New York, NY)

Embattled MiMedx Group (NASDAQ:MDXG) slips 6% premarket on light volume in apparent reaction to a WSJ article saying the company limited the range of products it offered to federal customers, including the Veterans Administration, to its most expensive offerings.

The company allegedly had one set of products for federal customers and another set for private buyers. At the VA, the company did not offer the smaller sizes of two popular products it offered elsewhere, forcing the VA to purchase larger, more expensive versions. Its EpiFix injectable is one example. The smallest size for federal customers is 40 mg costing \$725 while private doctors can acquire the 20 mg size for \$225.

The company's dealings with healthcare providers at government-run hospitals are also under scrutiny. Last month, a grand jury in Georgia heard testimony about its financial ties to a surgeon at the Army's medical center at Fort Gordon.

Former CEO Parker Petit and several other former executives were forced out due "conduct detrimental to the business."

Previously: MiMedx to treat executive terminations as "for cause" - shares down 11% premarket (Sept. 21)

See all stocks on the move »

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8.2 - Orlando Sentinel: [Post 9-11 veterans group pushing Congress to allow VA research on medical marijuana](#) (5 October, Kate Santich, 1.7M uvm; Orlando, FL)

"Antiquated" federal policies are preventing military veterans' access to medical marijuana, a prominent veterans advocacy group says — despite the drug's potential to lessen pain and PTSD.

In a #CannabisForVets campaign launched this week, the nonpartisan advocacy group Iraq and Afghanistan Veterans of America is calling on "all patriotic Americans" to urge Congress to pass the VA Medicinal Cannabis Research Act of 2018, which would authorize the U.S. Department of Veterans Affairs to study the efficacy of cannabis for soldiers enrolled in the VA system and diagnosed with such conditions as chronic pain or post-traumatic stress disorder.

"Our government allowed our men and women to handle weapons, warships and the most incredible technology in the world, but it prohibits them from having access to cannabis to treat their wounds," IAVA said in a news release. "It's backward and harmful that regressive federal policies still ridiculously prohibit our veterans from having access to something that can lessen their pain, treat their symptoms and improve their lives."

The VA Medicinal Cannabis Research Act, introduced last spring, has stalled despite bipartisan support in Congress and what IAVA says is widespread support for medical cannabis among veterans.

Some 31 states now permit the drug when prescribed by a physician. But early this year, then VA Secretary Dr. David J. Shulkin announced that the VA would not conduct research into whether medical cannabis could help veterans suffering from PTSD and chronic pain, though Shulkin did ease rules to allow VA doctors to talk to veterans about the drug. Still, VA physicians cannot refer patients to medical marijuana programs in the states where the drug is legal.

IAVA said getting the cannabis research act passed is one of its top priorities.

"Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war," the group said.

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8.3 - WTLV-TV: [WWII veteran cites radiation exposure at Nagasaki as reason for skin cancer, VA has yet to agree](#) (5 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

Anyone who has seen the grainy image of an atomic bomb exploding over the cities of Hiroshima and Nagasaki will never forget it.

It changed World War two and it revealed the explosive power of the atomic bomb

"The government told us nothing about radiation," said James Snellen.

Snellen was stationed on the USS Cofer.

Nagasaki was bombed August 9, 1945. He said on September 17 his ship was sent to the city to pick up prisoners of war.

"We spent five days in Nagasaki before we left," he said.

Snellen, now 92, is trying to convince the VA that his skin cancer is related to his radiation exposure.

"I've had Basal and the second stage," he said. "My first cancer was in 1983 found in Oklahoma City."

His dermatologist told him and the VA that there is a greater than 50% likelihood that his cancer is related to Nagasaki and the weeks spent in the Pacific.

Snellen said in 2006 he filed a appeal with the VA to make his cancer service connected.

"Not too long ago they found forty places on top of my head," he said

The gunner's mate has kept up with the most of those who served on the USS Cofer and said he noticed a common thread in their passing.

"Most of them died from cancer, various forms of station," he said.

A few months ago Congressman John Rutherford's office stepped in to help the decorated veteran.

In August, the appeals board promised priority processing because of his age, but his status remains unchanged.

"I have suffered with them back and forth I just feel like I have been mistreated," he said.

On Your Side reached out to the VA and so far, no response. The congressman's office told us it is actively working the case.

"Congressman Rutherford's office regularly helps constituents with interactions they have with federal agencies, including the VA, to ensure that citizens receive due process and help them get fair and timely responses. It is our policy, however, to refrain from sharing information relating to individuals and their cases given our obligation to protect their privacy. The Privacy Act requires that we obtain consent from a constituent to contact a federal agency on their behalf, and that consent does not extend beyond the agency in question."

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8.4 - The Fresno Bee: [Time is running out to help the Blue Water Navy vets](#) (5 October, Jim Doyle, 110k uvm; Fresno, CA)

"When there is a deadlock, my personal belief is that the tie should be broken in favor of the brave men and women that put their lives on the line for all of us." Former Veterans Administration Secretary Dr. David Shulkin

In 1991, Congress passed the Agent Orange Act. The act presumed certain diseases were tied to Agent Orange exposure during a veteran's military service, and would make them eligible for VA benefits.

In the 27 years since the law was enacted, the list of diseases associated with exposure to Agent Orange has grown and includes various cancers, diabetes, Parkinson's Disease, peripheral neuropathy, and heart disease among others.

The VA website states the following: "For the purposes of VA compensation benefits, veterans who served anywhere in Vietnam between January 9, 1962 and May 7, 1975 are presumed to have been exposed to herbicides, as specified in the Agent Orange Act of 1991. These veterans do not need to show that they were exposed to Agent Orange or other herbicides in order to get disability compensation for diseases related to Agent Orange exposure."

To get these benefits, though, veterans "must have actually set foot on Vietnamese soil or served on a craft in its rivers (also known as 'brown water' Navy)," the Congressional Research Service wrote. Those who instead spent time on deep-water Navy ships (called "Blue Water Navy" veterans) do not qualify unless they can show that they spent time on Vietnam land or rivers, the report said.

HR 299, the Blue Water Navy Vietnam Veterans Act of 2018, a bill whose original sponsor is Rep. David Valadao, R-Hanford, would restore benefits to nearly 90,000 veterans of the Navy who served off the coast of Vietnam during the war and were subject to the same exposure to Agent Orange as their dry land and Brown Water Navy comrades.

These benefits, arbitrarily rescinded in 2002, included medical and disability treatment and compensation. Valadao's bill, HR 299 passed in the House 382 – 0 and was sent on to the Senate where it was also expected to pass without opposition.

Now, an openly hostile Secretary of Veterans Affairs, Robert Wilkie, has urged senators to reject legislation that would make health care and disability compensation available to approximately

90,000 “Blue Water” Navy veterans – those sailors aboard aircraft carriers, destroyers and other ships who contend they were exposed to Agent Orange through the ships’ water systems. The dioxin-laden herbicide has been found to cause respiratory cancers, Parkinson’s disease, and heart disease, as well as other conditions.

Wilkie, who came from the Pentagon where he was deputy secretary for personnel and readiness, has staked his tent in the far territory, beyond reason and in opposition to objective facts.

These are our neighbors, friends, co-workers, and fellow retirees who face the daily challenge of fighting illnesses directly associated with their military service, nearly 50 years after that honorable service ended.

And the VA, at its highest administrative level, refuses to extend the hand pledged on the bronze plaque next to the front door at 801 Vermont St. in Washington, the Department of Veterans Affairs: “To care for him who shall have borne the battle and for his widow and his orphan.”

Is it any wonder less than half of 1 percent of our 330 million fellow Americans choose to join the military, when confronted with the knowledge that previous generations in their families have been refused treatment and compensation for health issues directly related to their service?

Many of our Blue Water Navy veterans will not survive Wilkie’s tenure in office. It is unconscionable that an individual who has expressed open hostility to veterans was even nominated, much less confirmed as secretary of the Department of Veterans Affairs.

Veterans might expect better from an administration that claims to support our men and women who have served, but as we’ve seen with much out of this administration, it is so much smoke being blown up our skirts.

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8.5 - WGNS-FM: [Local VA seeks participants, volunteers for Veterans Day parade](#) (5 October, 15k uvm; Murfreesboro, TN)

The Tennessee Valley Healthcare System (TVHS) will honor the residents of its Community Living Centers and all Veterans with a parade Saturday, November 10th at 11 a.m. at its Alvin C. York campus at 3400 Lebanon Road.

This annual event “brings the show” to more than 150 Veterans who live or are temporarily staying at the York facility.

“This is the only parade our residents will get to see, so we like to make it special,” said event organizer Annette Allen, who also serves as administrative officer for the TVHS geriatrics and extended care service. “These are Veterans - some of whom served in World War II and in Vietnam - and they deserve the absolute best we can give them,” she said.

Allen said TVHS needs help to do that. She said she’s looking for groups, clubs and individuals who want to participate in the parade by walking, driving, or otherwise moving along the parade

route along the perimeter of the campus. Allen said the parade committee is also looking for volunteers to help with event logistics, spectator safety, and various other tasks.

Anyone interested in being in the parade or volunteering to work behind the scenes should contact Annette Allen atannette.allen@va.gov or at 615-225-3786.

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8.6 - Fort Campbell Courier: [Veterans affairs: Up to \\$9 million awarded to adaptive sports programs](#) (5 October, Fort Campbell, KY)

The U.S. Department of Veterans Affairs recently awarded up to \$9 million in grants to eligible recipients for adaptive sports programs that will benefit disabled veterans and disabled members of the armed forces.

Grant recipients may use the funds for planning, developing, managing and implementing adaptive sports programs. This year, \$1 million was used to support organizations that offer equine assisted therapy to support mental health.

“We are proud to provide these grants to 103 community organizations across the country that are dedicated to sports and recreational opportunities for our nation’s veterans,” said VA Secretary Robert Wilkie. “At VA, we know firsthand that adaptive sports have changed the lives of many of our injured veterans. They have relearned not only to participate in life again, but to compete, to thrive, to inspire and drive themselves, their fellow warriors, their Families and all Americans.”

VA is awarding the grants to national governing bodies, which prepare high-level athletes for Paralympic competition; Veterans Service Organizations; city and regional municipalities; and other community groups to provide a wide range of adaptive sports opportunities for eligible veterans and service members. The grants will support activities such as kayaking, sailing, cycling, archery, hockey, skiing, fencing and equine therapy.

VA will distribute the grants to 103 national, regional and community programs with reach to all 50 states, the District of Columbia and Puerto Rico. About 11,000 veterans and service members are expected to benefit from the programs.

Information about the awardees and details of the program may be found at www.va.gov/adaptivesports and [@Sports4Vets](#) on social media.

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Veterans Affairs Media Summary and News Clips

6 October 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [MiMedx Kept Cheaper Products Out of Its Offerings to VA Hospitals](#) (5 October, Gretchen Morgenson, 43.6M uvm; New York, NY)

The MiMedx Group, MDXG -12.40% a maker of amniotic-tissue products, is a major supplier to government-run hospitals and says its products help heal wounded service members and veterans. But an examination of the embattled company's dealings with Veterans Affairs hospitals and those run by the Defense Department shows that MiMedx's sales to these entities came at a high cost to taxpayers. According to former employees and company product lists, MiMedx limited the range of products it offered to federal buyers, forcing the government to buy more expensive products than it needed for some very common treatments.

[Hyperlink to Above](#)

1.2 - NextGov: [VA's National Cemetery Administration Continues High Customer Satisfaction Scores](#) (5 October, Frank Konkel, 137k uvm; Washington, DC)

In recent years, no organization in the country has been able to top the National Cemetery Administration in delivering customer satisfaction, and new internal survey data concludes the small agency within the Veterans Affairs Department continues to deliver superior results. On Oct. 4, results from the National Cemetery Administration's Survey of Satisfaction with National Cemeteries indicated more than 98 percent of its customers agreed or strongly agreed they were satisfied with their experiences.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [Student veterans, schools frustrated over lack of housing payments from VA](#) (5 October, Nikki Wentling, 300k uvm; Washington, DC)

The Department of Veterans Affairs has acknowledged technical issues are causing 340,000 student veterans to receive incorrect housing stipends to begin the new school year, but now lawmakers and advocates contend the problem is bigger – many veterans are not receiving the payments at all. Veterans going to school using the GI Bill were supposed to receive their second housing payment for the semester on Oct. 1. In the days since, veterans have been contacting the VA, veterans groups, their lawmakers and schools to question them about their missing money. Some of them haven't received any money, and others received amounts far less than what they're owed.

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1.4 - Dayton Daily News (VIDEO): [Q&A: The Dayton VA Medical Center's first female director on its role, culture and response to big challenges](#) (5 October, 271k uvm; Dayton, OH)

The center here has 486 beds for acute care, community living and mental health residential rehabilitation, plus four outpatient clinics in Richmond, Springfield, Middletown and Lima. She arrived at a time when the community, and many veterans, are dealing with the ongoing opioid epidemic. The VA's program for treating those patients is featured on today's front page as the latest part of the newspaper's Path Forward project, which focuses on several of the region's biggest challenges. Dietrich is a member of the Dayton Daily News Community Advisory Council formed as part of the Path Forward project. We met with her in her office on the VA

campus recently. This is a condensed, edited version of our interview. — Ron Rollins, community impact editor

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1.5 - WFED-AM (AUDIO): [VA launches new suicide prevention campaign](#) (5 October, Tom Temin, 99.8 uvm; Washington, DC)

The Veterans Affairs Department recently released numbers from its National Suicide Data Report. While it showed an overall decrease throughout the department, the number of suicides by young veterans between ages 18 and 34 increased. In hopes of spreading more information about veteran suicides and ways people can help, VA is launching the Be There campaign. Dr. Keita Franklin, executive director of suicide prevention at VA, joined Eric White on Federal Drive with Tom Temin, to talk about the initiative.

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1.6 - MyNewsLA.com: [Temporary Homeless Shelter at VA Approved by L.A. City Council](#) (5 October, 32.7k uvm; Los Angeles, CA)

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by the Los Angeles City Council Friday. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

[Hyperlink to Above](#)

1.7 - Florida Daily: [Ben Carson, HUD, VA Go to Bat for Homeless Veterans in Florida](#) (5 October, Kevin Derby)

This week, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) announced they were awarding almost \$1.25 million to help homeless veterans in South Florida. The departments awarded \$1,249,455 to more than 180 homeless veterans in the southern part of the Sunshine State. The funds came from the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program.

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2. [Greater Choice for Veterans](#)

2.1 - The Daily Press: [Senator vows 'Blue Water' relief; Trump inflates Choice reform](#) (5 October, Tom Philpott, 162k uvm; Newport News, VA)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for "Blue Water Navy" Vietnam War veterans who might have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private sector physicians and hospitals. Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans Affairs Committee, insisted throughout a hearing recently that he and VA Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

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3. [Modernize Our System](#)

3.1 - FedScoop: [Cerner taps 24 subcontractors to support \\$10B Veterans EHR modernization](#) (5 October, Billy Mitchell, 180k uvm; Washington, DC)

Cerner has called upon a team of 24 health and technology companies to support its work on the \$10 billion modernization of the Department of Veterans Affairs' electronic health record system. "We have formed a world class team that has the best interest of Veterans at heart," Travis Dalton, president of Cerner Government Services, said in a statement Wednesday. "This is the beginning of a long transformational journey. We will continue to seek and bring the best talent available to the VA. Our nation's Veterans deserve the highest quality care and we are confident we have brought the right players to this team to succeed in our collective mission."

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3.2 - ExecutiveBiz: [Cerner Forms Industry Team for VA Electronic Health Care Record Modernization Effort](#) (5 October, Monica Jackson, 17k uvm; Tysons Corner, VA)

Cerner has formed an organization of private firms that will help perform a potential 10-year, \$10B contract to modernize the Department of Veterans Affairs' electronic health care record. The EHR modernization team will resume the health information technology company's work in meeting the medical needs of veterans, Cerner said Wednesday. VA Secretary Robert Wilkie said the team will help military care facilities, VA clinics and civilian health care providers to exchange data with one another through a single longitudinal health record.

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3.3 - The Ripon Advance: [Poliquin aims to help U.S. military veterans access better telehealth services](#) (5 October, 3.7k uvm; Washington, DC)

U.S. Rep. Bruce Poliquin (R-ME) this week helped introduce the bipartisan Enhancing Veterans Experience with Telehealth Services Act, also known as the eVETS Act, in an effort to tackle rising suicide rates among veterans. H.R. 7017, introduced on Oct. 2 with U.S. Rep. Ann Kuster (D-NH), would improve access to post-traumatic stress disorder (PTSD) treatment via telemedicine.

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3.4 - Savanda: [VA and DoD Cannot Agree on EHR Interoperability](#) (5 October, Seth Horowitz)

While advancements in technology within the health sector are a welcomed sight, one major issue is figuring out how these advancements should be monitored. One example of this was brought to light roughly two weeks ago during the first hearing of the House VA Subcommittee on Technology Modernization. The focus was to determine who is responsible, the DoD or the VA, regarding EHR interoperability; unfortunately, both officials and lawmakers were unable to agree.

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4. [Focus Resources More Efficiently](#)

4.1 - Task & Purpose: [These Are The Worst VA Medical Centers In The United States](#) (5 October, James Clark, 580k uvm; New York, NY)

Nine Veterans Affairs medical facilities received the lowest possible rating in newly released data, essentially crowning them as the worst VA hospitals for veterans. Cue awkward celebratory music and balloon release. The data comes from an end of the year review of 146 medical facilities, which ranked the best and worst with a rating of one to five stars (one being the lowest). As part of the review, VA medical centers and facilities were judged on things such as mortality rates, patient and employee satisfaction, quality of care, efficiency, and capacity.

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4.2 - KOLD-TV: [Tucson VA hospital gets low ranking from federal government](#) (5 October, Emily Biehl, 136k uvm; Tucson, AZ)

Ratings recently out from the U.S. Department of Veterans Affairs show that the Tucson VA has the lowest possible rating for its hospital's quality of care, with a one-star rating. The ratings cover two areas, relative performance compared with other VA medical centers and improvement compared to each VA's performance from the past year. The ratings are then used to help each VA with improvements, according the U.S. Department of Veterans Affairs.

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4.3 - WEWS-TV: [Cleveland VA hospital under audit](#) (5 October, Mike Brookbank; Cleveland, OH)

There's growing concern that some veterans in Northeast Ohio may have fallen through the cracks after reports of some VA hospitals that have canceled critical tests for patients. Right now, the VA hospital in Cleveland is being audited. It's one of nearly a dozen sites nationwide called into question after the review of hundreds of thousands of radiology orders.

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4.4 - KWTX-TV: [Temple: VA shows improvement in latest VA rankings](#) (5 October, 75k uvm; Waco, TX)

The Temple VA Medical Center showed some improvement in the latest Veterans Administration Quality of Service Ratings, but a Central Texas congressman says there's "a lot more work to do." The Temple VA was given a 3 on a 1-5 scale and showed slight improvement, according to the ratings for fiscal 2018.

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4.5 - KSLA-TV: [Overton Brooks VA Medical Center showing improved care for veterans](#) (5 October, Marie Waxel, 56k uvm; Shreveport, LA)

Good news for ArkLaTex veterans, an annual Veterans Affairs report shows Overton Brooks VA Medical Center (OBVAMC) improved over the last year in quality of services provided to veterans. The findings were measured on an annual web-based report scorecard from the U.S. Department of Veterans Affairs (VA).

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4.6 - KFDA-TV: [Amarillo VA improves to 4 Star rating](#) (4 October, Cassie Stafford, 55k uvm; Amarillo, TX)

The Amarillo VA Health Care System is now a four star facility. The whole rating system by the Department of Veteran Affairs aims to help all VA's ultimately identify what they are doing right

and what they need to improve on. The end goal: ensuring the men and women who served our country receive the best possible experience.

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4.7 - KLBK-TV (VIDEO): [Congressman Jodey Arrington talks about new Lubbock Veteran Clinic](#) (5 October, Mari Salazar, 34.5k uvm; Lubbock, TX)

Congressman Jodey Arrington made his way to Lubbock and talked about the new Veterans Administration Outpatient Clinic coming to West Texas. The nearest VA clinic is in Amarillo, and it would take almost two hours for a veteran to get to the Amarillo clinic. "Our veterans get the care that they need without having to drive long distances," said retired Air Force Colonel Dave Lewis. He said only good will come from the new VA clinic.

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4.8 - Cincinnati Business Courier: [Cincinnati VA hospital ranks among best in nation](#) (5 October, Barrett J. Brunsman, 24k uvm; Cincinnati, OH)

The Cincinnati VA Medical Center improved in the latest ranking by the U.S. Department of Veterans Affairs, scoring the No. 7 position in the nation out of the VA's 130 acute care facilities in a measure of patient access and quality of care. The hospital based in Corryville previously was rated No. 9. The current ranking was for its performance from October 2017 through this September.

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4.9 - Temple Daily Telegram: [Carter: More work ahead for Temple VA](#) (5 October, Jacob Sanchez, 10k uvm; Temple, TX)

Although the Olin E. Teague Veterans' Medical Center in Temple is seeing some slight improvements, U.S. Rep. John Carter, R-Round Rock, said there is still more work ahead. The Department of Veterans Affairs on Thursday announced that the Temple VA maintained a 3-star rating, showing positive strides in its benchmarks. The rating is on a 5-star scale. "We can't rest until the Temple VA is a 5-star facility," Carter said in a news release on Friday. "With the policy reforms we've made here in Washington, we will continue to improve our capacity to serve those who have sacrificed so much for us."

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4.10 - Hometown Focus: [VA researchers work to create artificial lung](#) (5 October, 2.6k uvm; Virginia, MN)

U.S. Department of Veteran Affairs (VA) scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3D-printed artificial lung that could potentially revolutionize treatment of veterans affected by lung disease. Though still in its infancy, VA researchers hope to build what they call the first artificial lung that closely replicates the natural lung, resulting in compatibility with living cells and a very small size for portable or wearable short- and long-term respiratory support.

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4.11 - Newton County Times: [End of fiscal year hospital Star rating shows large improvement in overall quality of services of VA medical centers across nation](#) (5 October, 2.2k uvm; Jasper, AR)

As part of the U.S. Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation. "With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities," said VA Secretary Robert Wilkie. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

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4.12 - White Mountain Independent: [Annual VA report shows Phoenix VA Health Care System has improved](#) (5 October; Show Low, AZ)

Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs recently released data that showed improvement within the Phoenix VA Health Care System. Compared with data from the same period a year ago, the July release of VA's Strategic Analytics for Improvement and Learning (SAIL) report showed that of the 15 VA Medical Centers considered "high risk," 11 of those have shown improvement, including the Phoenix VA Health Care System.

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5. [Improve Timeliness of Service](#)

5.1 - Arizona Public Media: [Tucson VA Medical Center Drops to Lowest Ranking](#) (5

October, Steve Jess; Tucson, AZ)

Tucson's VA health care center dropped two levels to the government's lowest ranking in results released by the VA this week. The chief doctor at the hospital says that's not as bad as it sounds. The Southern Arizona VA Health Care Center is now ranked alongside the Phoenix VA Hospital at the lowest tier of the government's rankings: one star, down from three stars a year ago.

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6. [Suicide Prevention](#)

6.1 - WBRC-TV (VIDEO): [New VA stats show AL veteran suicide rate higher than national average](#) (5 October, Bree Sison, 131k uvm; Birmingham, AL)

The most recent data on veteran suicide rates from the U.S. Department of Veterans Affairs (VA) finds Alabama veterans are dying by suicide at a higher rate than the national average. An estimated 34.2 Alabama veterans per 100,000 died by suicide in 2016, compared to the national veteran suicide rate of 30.1 per 100,000. Among the civilian population, the national suicide rate drops to 17.5.

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6.2 - FEDweek: [VA Releases Suicide Data](#) (5 October, 32k uvm; Glen Allen, VA)

While veteran suicides have declined in recent years, the latest statistics show that persons between 18 and 34 are killing themselves at an increasing rate. Younger veterans accounted for

the highest percentage of suicides. The Department of Veterans Affairs released the statistics of an internal study of suicides, conducted between 2005 and 2016, on Sept. 26.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Los Angeles Times: More than 60% of leases on the VA's West L.A. campus are illegal or improper, audit finds (5 October, Gale Holland, 691k uvm; El Segundo, CA)

More than 60% of the U.S. Department of Veterans Affairs' land-use agreements on its West Los Angeles campus are illegal or improper, a federal audit found, including leases for a Los Angeles city dog park and ballfields, Red Cross offices, a Shakespeare festival, a parrot sanctuary and the private Brentwood School. The VA inspector general audit also found that housing construction for veterans on the sprawling property has fallen behind schedule, with the initial deadline of 490 units by March 2019 now out of reach.

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7.2 - Lincoln Journal Star: Lincoln has effectively ended homelessness of veterans, mayor says (5 October, Nancy Hicks, 272k uvm; Lincoln, NE)

Lincoln has effectively ended homelessness among veterans, Mayor Chris Beutler said. The city's designation as "functional zero" by a federal coalition indicates its homeless response system has the capacity and coordination to immediately house any veteran who identifies as homeless, the mayor said at a Friday news conference.

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7.3 - KOLN-TV: Mayor says veteran homelessness at 'functional zero', announces veterans parade (5 October, 100.7k uvm; Lincoln, NE)

Federal officials have informed Mayor Chris Beutler that the city of Lincoln is a designation of "functional zero" when it comes to veteran homelessness. The confirmation came from the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) and the United States Interagency Council on Homelessness (USICH), which coordinates the federal response to homelessness in partnership with 19 federal member agencies.

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7.4 - KFTA-TV (VIDEO): Fayetteville VA Homeless Program Receives Food Donation (5 October, Katie Davila, 45.8k uvm; Fayetteville, AR)

The VA's Homeless Veterans Programs of Northwest Arkansas received four pallets of food to help feed the hungry. The donations were gifted by both FEMA and the NWA Food Bank. Items included non-perishables like beans, applesauce and trail mix. The project plays a big part in the continued support of homeless programs in the area.

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7.5 - Record-Journal: VA's Mobile Vet Center to be at Apple Harvest Festival (5 October, 31.5k uvm; Meriden, CT)

The U.S. Department of Veterans Affairs plans to will send its regional Mobile Vet Center to the Southington Apple Harvest Festival Saturday, Oct. 6 and Sunday, Oct. 7 to assist all military

veterans and their family members with connecting with VA benefits and services. Vet Centers are community based and part of the Vet Center Program of the U.S. Department of Veterans Affairs.

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7.6 - Newton County Times: [VA, partner organizations to improve lives of Veterans with PTSD](#) (5 October, 2.2k uvm; Jasper, AR)

With research showing that Veterans with post-traumatic stress disorder (PTSD) face significant barriers to employment, the U.S. Department of Veterans Affairs (VA) and several state, city and nonprofit organizations recently created a first-of-its-kind “Pay for-Success” project to improve employment outcomes for such Veterans.

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8. [Other](#)

8.1 - Seeking Alpha: [MiMedx down 6% premarket on critical WSJ article](#) (5 October, Douglas W. House, 4.5M uvm; New York, NY)

Embattled MiMedx Group (NASDAQ:MDXG) slips 6% premarket on light volume in apparent reaction to a WSJ article saying the company limited the range of products it offered to federal customers, including the Veterans Administration, to its most expensive offerings.

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8.2 - Orlando Sentinel: [Post 9-11 veterans group pushing Congress to allow VA research on medical marijuana](#) (5 October, Kate Santich, 1.7M uvm; Orlando, FL)

"Antiquated" federal policies are preventing military veterans' access to medical marijuana, a prominent veterans advocacy group says — despite the drug's potential to lessen pain and PTSD. In a #CannabisForVets campaign launched this week, the nonpartisan advocacy group Iraq and Afghanistan Veterans of America is calling on “all patriotic Americans” to urge Congress to pass the VA Medicinal Cannabis Research Act of 2018, which would authorize the U.S. Department of Veterans Affairs to study the efficacy of cannabis for soldiers enrolled in the VA system and diagnosed with such conditions as chronic pain or post-traumatic stress disorder.

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8.3 - WTLV-TV: [WWII veteran cites radiation exposure at Nagasaki as reason for skin cancer, VA has yet to agree](#) (5 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

Anyone who has seen the grainy image of an atomic bomb exploding over the cities of Hiroshima and Nagasaki will never forget it. It changed World War two and it revealed the explosive power of the atomic bomb

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8.4 - The Fresno Bee: [Time is running out to help the Blue Water Navy vets](#) (5 October, Jim Doyle, 110k uvm; Fresno, CA)

In 1991, Congress passed the Agent Orange Act. The act presumed certain diseases were tied to Agent Orange exposure during a veteran's military service, and would make them eligible for

VA benefits. In the 27 years since the law was enacted, the list of diseases associated with exposure to Agent Orange has grown and includes various cancers, diabetes, Parkinson's Disease, peripheral neuropathy, and heart disease among others.

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8.5 - WGNS-FM: [Local VA seeks participants, volunteers for Veterans Day parade](#) (5 October, 15k uvm; Murfreesboro, TN)

The Tennessee Valley Healthcare System (TVHS) will honor the residents of its Community Living Centers and all Veterans with a parade Saturday, November 10th at 11 a.m. at its Alvin C. York campus at 3400 Lebanon Road. This annual event "brings the show" to more than 150 Veterans who live or are temporarily staying at the York facility.

[Hyperlink to Above](#)

8.6 - Fort Campbell Courier: [Veterans affairs: Up to \\$9 million awarded to adaptive sports programs](#) (5 October, Fort Campbell, KY)

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1. [Top Stories](#)

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But an examination of the embattled company's dealings with Veterans Affairs hospitals and those run by the Defense Department shows that MiMedx's sales to these entities came at a high cost to taxpayers. According to former employees and company product lists, MiMedx limited the range of products it offered to federal buyers, forcing the government to buy more expensive products than it needed for some very common treatments.

Once a fast-growing company, MiMedx has faced headwinds this year; it is restating its financial results since 2012 and ousted Parker H. Petit, its founder and former chief executive.

The company, based in Marietta, Ga., manufactures skin grafts and injectable products from donated placental tissues. The company's practices are under investigation by the Justice Department, the Department of Veterans Affairs and the Securities and Exchange Commission, The Wall Street Journal has previously reported.

The company's relationships with health-care providers at government-run hospitals are also under scrutiny. Last month, a grand jury in Savannah, Ga., heard testimony about financial ties between MiMedx and a surgeon at the Dwight D. Eisenhower Army Medical Center in Fort Gordon, according to a person familiar with the matter. The investigation, which hasn't been previously reported, is being conducted by the Defense Criminal Investigative Service, a unit of the Defense Department.

Mr. Petit and three other former executives engaged in "conduct detrimental to the business or reputation of the company," MiMedx said last month, noting that it has acted to recover the executives' previously paid compensation and stock awards.

In a statement, William Weinreb, a lawyer for the executives, said: "the company effectively accused, tried, and convicted them of unspecified inappropriate conduct without first giving them notice of the 'charges' or a fair and meaningful opportunity to respond."

The U.S. government was a big purchaser of MiMedx products; in 2015, the most recent year in which the company broke out federal sales, it reported that 26% of its revenues came from these sources.

Former employees say the company's questionable practices toward federal hospitals were more extensive than previously known.

For example, MiMedx had one set of product offerings for federal customers and others for private hospitals and doctors' offices, internal documents show. At Veterans Affairs and Department of Defense hospitals, for example, MiMedx didn't offer the small sizes of two

popular products it offered elsewhere; as a result, these accounts had to buy bigger, more expensive offerings for smaller treatments, former employees said.

To treat the smallest wounds, MiMedx offered government hospitals nothing smaller than a 16-millimeter disk-shaped EpiFix graft costing \$895. Private hospitals, however, were offered a 14-millimeter disk for \$313.

MiMedx marketing materials say the 14-millimeter graft fits more than half of all diabetic foot ulcers, a common wound. Not offering the 14-millimeter graft to federal hospitals increased product waste and raised taxpayers' costs, former employees said.

Federal contractors are supposed to offer government buyers more advantageous pricing than commercial customers receive.

A similar dynamic governs the sales of another MiMedx product, a dehydrated EpiFix injectable. The smallest size offered to federal hospitals is 40 milligrams, costing \$725. Private doctors, meanwhile, were offered a 20-milligram unit of EpiFix for \$225, internal documents show.

MiMedx declined to comment on these examples. Former employees say government-run hospitals were unaware of the company's pricing practices.

MiMedx has long courted the VA and the Defense Department. Clyde A. Hennies, a retired U.S. Army major general, is a consultant for MiMedx and has promoted its products in federal hospitals. In an interview he said he works for the company because "regenerative medicine has a terrific positive impact on military readiness." He declined to say how much the company pays him.

In Savannah the grand jury has heard testimony about MiMedx's ties to Dr. Eric D. Martin, a vascular surgeon at the Eisenhower Army Medical Center near Augusta, Ga. Investigators are trying to determine whether Dr. Martin received compensation from the company without proper clearance.

Dr. Martin has made presentations promoting MiMedx products, according to former employees and internal documents reviewed by the Journal. In recent years, Dr. Martin has been a big user of MiMedx products, especially its injectables, former employees said. In one month he used almost \$1 million of the products, they added.

A person answering the phone at Dr. Martin's office referred a request for the surgeon's comment to a medical-center spokesman, who said in an email: "we are not involved with any aspect of the investigation." A Defense Department spokesman said the existence of an investigation is neither confirmed nor denied unless a person or company has been charged.

MiMedx declined to comment about its relationship with Dr. Martin.

Unlike other manufacturers of amniotic-tissue products, MiMedx doesn't report its financial arrangements with health-care providers like Dr. Martin. Under a 2013 law, drug companies must report to a government agency payments made to medical professionals for research, consulting, speaking fees and travel costs.

Earlier this year, the Journal identified at least 20 doctors who had recently received money, MiMedx shares or stock options from the company for research, consulting or other activities.

The company has said it doesn't need to disclose its payments under the law, citing the nature of its products.

Company sales representatives were required by Mr. Petit to host lunches and dinners with doctors, meetings he called "healing reviews." An internal MiMedx spreadsheet reviewed by the Journal and provided to federal investigators shows hundreds of company meals hosting thousands of doctors over 10 months in 2016.

VA rules note that accepting meals from companies or fees to speak about a product are among the "financial relationships that may be incompatible" with health-care providers' obligations to put patients first.

MiMedx and Mr. Petit declined to comment on the healing reviews.

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1.2 - NextGov: [VA's National Cemetery Administration Continues High Customer Satisfaction Scores](#) (5 October, Frank Konkel, 137k uvm; Washington, DC)

<https://www.nextgov.com/cio-briefing/2018/10/vas-national-cemetery-administration-continues-high-customer-satisfaction-scores/151829/>

In recent years, no organization in the country has been able to top the National Cemetery Administration in delivering customer satisfaction, and new internal survey data concludes the small agency within the Veterans Affairs Department continues to deliver superior results.

On Oct. 4, results from the National Cemetery Administration's Survey of Satisfaction with National Cemeteries indicated more than 98 percent of its customers agreed or strongly agreed they were satisfied with their experiences.

The numbers are similar to the agency's performance in 2016, when it topped the American Customer Satisfaction Index, achieving the highest score ever in the third-party organization's customer satisfaction rankings.

"National Cemetery Administration staff continue to provide world-class burial and memorial services at VA cemeteries, delivering, earning and sustaining the trust of Veterans and families," VA Secretary Robert Wilkie said in a statement. "The employees' commitment to excellence in customer service results in an experience that is consistently positive for Veterans and their families in terms of ease, effectiveness and emotional resonance."

The survey was mailed to more than 52,000 next of kin who interred a loved one in 2017 in one of the more than 120 cemeteries the National Cemetery Administration maintains. In addition, more than 12,000 funeral directors who worked with the national cemeteries over that time also received the survey.

Among the other notable results:

98.7 percent of respondents said they could recommend VA national cemeteries to veteran families in their time of need.

99 percent of respondents said the appearance of their VA national cemetery was "excellent."

96.9 percent of all respondents agreed or strongly agreed the quality of service they received from cemetery staff was “excellent.”

98.4 percent of respondents agreed or strongly agreed they are willing to rely on VA and the National Cemetery Administration to maintain national cemeteries as national shrines in the future.

96.8 percent of respondents reported they were very or somewhat satisfied with the information they were provided throughout their experiences with their national cemeteries. The same percentage agreed or strongly agreed the appearance of their loved one’s grave site was excellent.

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1.3 - Stars and Stripes: [Student veterans, schools frustrated over lack of housing payments from VA](#) (5 October, Nikki Wentling, 300k uvm; Washington, DC)
<https://www.stripes.com/news/student-veterans-schools-frustrated-over-lack-of-housing-payments-from-va-1.550640>

The Department of Veterans Affairs has acknowledged technical issues are causing 340,000 student veterans to receive incorrect housing stipends to begin the new school year, but now lawmakers and advocates contend the problem is bigger – many veterans are not receiving the payments at all.

Veterans going to school using the GI Bill were supposed to receive their second housing payment for the semester on Oct. 1. In the days since, veterans have been contacting the VA, veterans groups, their lawmakers and schools to question them about their missing money. Some of them haven’t received any money, and others received amounts far less than what they’re owed.

Stars and Stripes heard from 14 veterans in 14 states who received either the wrong amount or no housing allowance at all. Some of them called the VA and waited on hold until they gave up, and others reached out to their elected representatives. Six mentioned the lack of payment affected their ability to pay their rent or other bills.

Leo Cheng, a Navy veteran who attends Columbia University in New York City, hadn’t been paid as of Friday, and he knows of other veterans at the school who are in the same situation.

“New York is an extremely expensive city to live in, so the VA falling behind by even a month for our [housing allowance] payments can be very stressful for most to try and float expenses out of our savings,” Cheng wrote in an email. “Nearly all of us here do not live in the dorms, we don’t get any leeway for not paying rent on time.”

Incorrect payments

The VA said last month about 340,000 veterans would get incorrect housing payments because of IT issues.

Last year, Congress approved the Forever GI Bill, which included numerous changes to veterans’ education benefits. One change calls for calculating veterans’ housing allowances based on the ZIP codes of the campus where they attend classes, rather than defaulting to the main campuses.

When the VA went to make the change, its IT systems failed, VA Secretary Robert Wilkie told senators at a Sept. 27 hearing.

“We received instructions from Congress, and those instructions, they attempted to implement them on a 50-year-old computer system,” Wilkie said at the time. “Even something as simple as changing the percentages broke the system.”

It’s uncertain exactly when the problem will be fixed. In a letter to the House Committee on Veterans’ Affairs last month, VA Undersecretary of Benefits Paul Lawrence wrote he expected the agency to develop its software by the end of September, followed by “several weeks of testing.”

VA officials have repeatedly said the problem caused only a small difference – about 1 percent – in veterans’ housing allowances. Veterans are receiving allowances based on 2017 rates that don’t account for cost-of-living increases in 2018, they said.

However, some veterans are citing more drastic problems.

Widespread delays

Navy veteran Michael Krause, who attends Kansas State Polytechnic, said his payment was off by about \$700.

“I realize these things are hard to solve, but it’s frustrating when students are relying on this money to pay for housing,” Krause wrote in a message. “My landlord is willing to work with me a little, luckily. But others might not be so lucky.”

Air Force veteran Bryce Remkes said his wife Catherine, who is using his GI Bill benefits for a master’s program at Georgia State University, has received “random amounts.” Nick Sorenson, an Army veteran attending Utah Valley University, said he received only a partial payment. Army veteran Jay Kirell, who attends Ivy Tech Community College in Indiana, received a payment that was about \$200 short.

At Colorado State University, veterans flooded into the school’s veteran services office last month to complain of incorrect payments, said Marc Barker, director of the office. Barker said Friday that he has more recently seen a large number of veterans who haven’t received their payments at all. He added the situation was “very challenging.”

Navy veteran Robert Epps lives in Washington state and is working toward an electrical engineering degree through American Public University. The monthly housing allowance “makes it possible to make ends meet and take care of my wife and two children,” he said. He and his wife have a third child on the way.

Epps wrote Sen. Patty Murray, D-Wash., because he could not reach anyone at the VA about the lack of payment.

“Suffice it to say, this is not happening at a good time for my family,” Epps wrote Murray. “What savings we did have are now gone.”

When Army veteran William Miller, a student at Loyola University in New Orleans, didn’t receive his housing payment Oct. 1, he called the offices of his elected representatives in the House

and Senate, as well as Louisiana Gov. John Bel Edwards. He then applied for financial help from the Veterans of Foreign Wars, which provides grants for veterans facing unexpected financial difficulties.

VFW spokesman Joe Davis said the organization is “evaluating the magnitude of the problem and seeing how we may be able to assist some veterans.”

Representatives from schools nationwide are contacting the nonprofit Student Veterans of America, which has chapters at colleges across the country. On Friday, SVA heard from Middle Tennessee State University and East Tennessee State University, both of which reported student veterans at their schools were experiencing “significant delays” in payments.

There are 550 students at East Tennessee State who use the GI Bill, 30 of whom told Antonio Banchs, the school’s director of veterans affairs, that they haven’t received their housing allowances.

Banchs said the VA is only sharing “bits and pieces” of information.

“I belong to a message board that is nationwide, and we’ve been communicating with each other for months now, asking each other, ‘Are you seeing this problem,’” Banchs said. “As it turns out, yes, everyone is experiencing this problem. Something is happening, and I guess the worst part about it is the VA is not talking to us. My students come to us for help, and I don’t know what to tell them.”

A growing workload

The VA conceded in a statement Friday that processing times for veterans’ education benefits are longer than normal because of the IT issues related to the Forever GI Bill.

The VA brought on 202 more employees to help process the claims and is requiring employees to work overtime, said VA Press Secretary Curt Cashour. He said the VA is now working through 16,000 claims daily.

In a letter dated Sept. 28, Rep. Phil Roe, R-Tenn., brought up the issue to the VA. Roe is the chairman of the House Committee on Veterans’ Affairs.

Roe cited the workload of veterans’ claims for education benefits, which was 248,396 claims as of Sept. 21. During the same week in 2017, the workload was nearly 85,000 fewer, at 163,771.

By Sept. 29, the workload had decreased to 226,568, though it’s still higher than the same week last year, when the VA was working on 146,971 claims for education benefits. Cashour said the workload was about 183,000 as of Friday.

“I continue to be concerned about the current workload of education claims pending at VA regional processing offices,” Roe wrote. “This increased workload is likely to result in processing delays for living stipend payments and other benefits for students.”

In a statement Friday, Roe said, “Veterans not getting their living stipends creates an incredible hardship.” He said the issue is “unacceptable” and “must be urgently addressed.”

Cashour said the VA hasn't been able to calculate how many student veterans have yet to receive their housing allowances.

SVA is encouraging veterans experiencing problems to contact the VA's GI Bill hotline at 855-948-5273. Cashour said veterans "experiencing a genuine hardship" should call the VA customer service number, 888-442-4551.

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1.4 - Dayton Daily News (VIDEO): [Q&A: The Dayton VA Medical Center's first female director on its role, culture and response to big challenges](#) (5 October, 271k uvm; Dayton, OH)

Editor's Note: Last April, Jill Dietrich became the first female director of the Dayton VA Medical Center, which cares for more than 40,000 veterans and their families a year in 15 southwest Ohio counties and Wayne County, Ind.

The center here has 486 beds for acute care, community living and mental health residential rehabilitation, plus four outpatient clinics in Richmond, Springfield, Middletown and Lima. She arrived at a time when the community, and many veterans, are dealing with the ongoing opioid epidemic.

The VA's program for treating those patients is featured on today's front page as the latest part of the newspaper's Path Forward project, which focuses on several of the region's biggest challenges.

Dietrich is a member of the Dayton Daily News Community Advisory Council formed as part of the Path Forward project. We met with her in her office on the VA campus recently. This is a condensed, edited version of our interview. — Ron Rollins, community impact editor

Dayton Daily News: Most people in town are aware of the VA Medical Center, but most probably don't know that much about all that goes on here. Can you give us an overview?

Jill Dietrich: We're a tertiary health care center that takes care of 42,000 veterans a year, offering the full range of care from primary to surgery – the only thing we don't handle here is neuro and cardiac; we work with our community and sister facilities to take care of those needs.

DDN: Which partners are those?

Dietrich: The Cleveland VA is one of the highest complexity care centers in the VA system, so we will send patients to them. We also have a tight partnership with Wright-Patterson's Medical Center, and in emergencies we can refer patients to the local community, as well.

DDN: Talk about the campus.

Dietrich: It's 151 years old – originally built in 1865, and opening in 1867 as a state veterans home, one of the first three signed into law by Abraham Lincoln to take care of wounded veterans after the Civil War. It was really cool for them to be able to live together and not have to be discharged – they worked in the gardens, kitchens and helped to feed and care for one another. It was a very good environment, and unique for its time. Also rare for that time was that

it was racially integrated from the very beginning. It was originally supposed to be located in Columbus, but Dayton raised \$20,000 to get it here – the community coming together.

It's 382 acres, including the National Cemetery Administration, which is co-located with us. You'll see multiple historical buildings here, two churches – Protestant and Catholic, the old Putnam Library, where the quartermaster was once housed. The whole campus is on the National Register of Historic Places.

DDN: So the cemetery is not under your administration?

Dietrich: Right. The overall Big VA was established in 1930, and under it you have three administrations – the Veterans Health Administration, under which all medical centers and clinics are located. That's where the Dayton VA leadership resides. The National Cemetery Administration is separate, and runs most of the national cemeteries in the nation. Then you have the VBA, the Veterans Benefits Administration, where veterans file claims for service-connected disabilities. The VBA is one of your first stops to connect all the dots to get all the benefits you're eligible for.

DDN: Do they work well together?

Dietrich: Overall, I think so. Cemetery administration has some of the highest satisfaction scores in the nation – when a veteran dies, they're there to meet and greet and family and smoothly work out whatever intervention is needed. Sometimes where you may have an issue is when a veteran doesn't understand the difference between the VBA and the VHA, and they may come to us with questions about their service, and we have to refer them over to clear it up. We have great partnerships here, and multiple veteran service officers to help the veterans and work closely with them.

DDN: Do you get much opportunity to interact with veterans and patients?

Dietrich: Yes, all the time, and what I hear is overwhelmingly positive. They're happy to have this benefit and choose the VA because they like the care they receive here. I have regular Veterans Advisory Council meetings to check the pulse of what's going on. The veterans here really take ownership of having a voice here, are very involved.

I also meet a lot with the staff. I love our employees. When I got here six months ago, normally a director would have transition meetings with the chiefs. I also met with frontline employees to hear what they were doing, their challenges, what their satisfaction level is with the VA. It was so important to them that the director was meeting them on a personal basis – I had people hug me in the hallway, saying they were so glad to have a woman here, after 150 years of male leaders – that it was possible for them to see that women could attain this level of leadership. I got to see how happy they are to be here, and how committed they are to our veterans. They're devoted to our mission, which was laid out by President Lincoln: "To care for him who shall have borne the battle, and for his widow and his orphan."

DDN: How is this operation different from others where you've worked?

Dietrich: This organization is like a family. There's a lot of "Good morning" and "Hello." The culture here is tangible – I felt it immediately, and it's the warmest I've felt since I began with the VA. I attribute much of that to the dedication of the staff, but also to Midwestern values and that attitude in general. I have to say that Dayton is the most Midwestern city I've encountered in that

way, and I mean that as a positive thing. I take pride in our staff at being excellent servants for our veterans here. I've not seen a better culture anywhere else.

And even though our historical significance puts the Dayton VA on the map, we also have clinical care of note to talk about — we're a center of excellence for orthopedics for hips and joints, the only VA in the nation and the only hospital in the Dayton region with that designation. We're very proud of that here.

I was surprised, too, how important this facility is to the rest of the community — that's not the case in many other cities. But so many people wanted to meet me and help acclimate me when I arrived. My calendar was full. This community is very veteran-centric, very supportive. It wants to find the solutions to the issues it faces. It's a very caring community, and I couldn't have found a better place.

DDN: There's a great deal of buzzy activity in the building — more than what you may find in other hospitals. We were surprised, for instance, by how busy the main lobby is.

Dietrich: Yes, it's like Grand Central Station — it shows the pulse of the organization, and how happy people are to be here. It's wonderful to have an entrance like that, that allows the veterans to meet and greet each other — it's part of the experience of being at the VA to connect to other veterans, the support and compassion they receive from each other, the fact that they understand each other. They can talk, chit-chat and build a support network here. The canteen's right off the lobby, you can eat with a buddy, and then the VSOs are located right there to help with anything they need.

DDN: We have a story on the front page about how you're treating veterans caught in the opioid epidemic. Talk about what you're doing.

Dietrich: We can offer a patient comprehensive, wrap-around services, for opioid as well as for mental health issues in general. Veterans are trained to be these strong individuals who hide mental health issues, which may lay dormant until our specialists see and deal with them. We can offer a patient a complete package of care based on their needs — outpatient treatment, residential rehab treatment. We know there's a high recidivism rate, and we know how to provide for that. We have groups to touch base with a patient on continued care and make sure after they're discharged, they have the job skills they need to be gainfully employed — if you're in poverty and have no job, you're hopeless, it's much more likely that you'll abuse drugs than if you're clean, hopeful, busy providing for your family.

We're one big organization, and once the veteran trusts us, they'll want to come back to us rather than experience the fractured care in the community, where you have one doctor here, one there, different facilities that may not be connected, different payment structures. Our team works very collaboratively to deal with the veteran as a whole.

The VA has been dealing with this issue for some time and is a leader nationally — working to get veterans off opioids and being proactive with prescribing practices. We've seen a lot of overprescribing of opioids after surgery, and the VA has taken a strong stance on that — working on alternatives to pain control such as acupuncture, massage and a variety of other treatments. We've been working on reducing the amount of opioids given to veterans, and have been very successful at it — from 2012 to 2018, we reduced those numbers by 48 percent, and got publicity for our success.

DDN: How would you judge the community response?

Dietrich: It's getting better. The VA was out front very early on this. All our police officers carry Narcan, and it's on the walls at our residential rehab center so that the staff can take immediate action. I do think the entire community has been helped by getting Narcan to the local police forces in general. It may not have reduced the amount of ODs, but it has raised the survival rate.

DDN: What was your career path till now?

Dietrich: I was born in Bremen, Ind., a small two-stoplight town near South Bend. Undergrad at Indiana University in political science and psychology, and got my law degree and MBA at Case Western. I really wanted to go into hospital administration. I got a Presidential Management Fellowship and was allowed to interview with all the federal agencies — I sought out the VA because I knew I could work more in health care services there. I have family connections to the service; both my grandfathers and my great-grandfather were in the military. Before this, I worked at VA medical centers in Columbus, Columbia, S.C., Chicago and Long Beach, Calif.

DDN: What challenges do you face?

Dietrich: Overall, we as the VA want to help as many veterans as possible. We try to do that through enrollment fairs, community outreach, advertising, going to Wright-Patterson Air Force Base to reach those being discharged from the military. But a definite challenge is that many people still don't know they're eligible for VA care. So, getting the word out is a very big thing for us. One issue is that we don't have direct enrollment for benefits at discharge, so that a veteran has to come into the VA to enroll; it would be great to have a seamless transition, and I feel like we're missing a lot of veterans that way.

DDN: Goals?

Dietrich: Short term, and we've already achieved this, living within the budget we get from Congress every year — having a balanced budget and also being able to sustain the level of employees we need to take care of our veterans. Down the road, I'm looking forward to employee engagement. Glenn Costie, my predecessor, was out in the community a lot, and I'm looking forward to taking advantage of and building on those relationships as well, but I want to take good care of our staff, too — everything from quarterly town hall meetings to book clubs on servant leadership to employee picnics and celebrations. I think having informed, engaged employees is the best way to care for our veterans. Also, I want to have a seamless opening of the Fisher House — it's opening on the campus in late October. Sixteen beds, like a Ronald McDonald House for veteran families who need a place to stay while their loved one is in the hospital. We've needed it for a long time.

DDN: Thoughts on what women face these days in leadership roles such as yours?

Dietrich: Well, the VA in general over the last 10 or 15 years has done a good job promoting qualified women into leadership positions, so I was surprised to find I'd be the first female director here. But I've felt overwhelming support, not just from women but also men who say it's a nice change. Being female doesn't make me a better leader, but it does show females can get to this level and we can continue to burst through that glass ceiling. I try to be personable, approachable — not because I'm female, but because I'm very engaged in this job and I want everyone to know that I'm here for them as a leader.

DDN: What do you like best about the job so far?

Dietrich: Being able to come into organization so well established and well functioning, with a great culture and this exquisite leadership team — that makes me comfortable to get into the community and work on partnerships, knowing I don't have to be in the medical center all day to know things are going right. I feel extremely lucky to be at a VA medical center this well run.

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1.5 - WFED-AM (AUDIO): [VA launches new suicide prevention campaign](#) (5 October, Tom Temin, 99.8 uvm; Washington, DC)
<https://federalnewsradio.com/federal-drive/2018/10/va-launches-new-suicide-prevention-campaign/>

The Veterans Affairs Department recently released numbers from its National Suicide Data Report. While it showed an overall decrease throughout the department, the number of suicides by young veterans between ages 18 and 34 increased. In hopes of spreading more information about veteran suicides and ways people can help, VA is launching the Be There campaign. Dr. Keita Franklin, executive director of suicide prevention at VA, joined Eric White on Federal Drive with Tom Temin, to talk about the initiative.

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1.6 - MyNewsLA.com: [Temporary Homeless Shelter at VA Approved by L.A. City Council](#) (5 October, 32.7k uvm; Los Angeles, CA)
<https://mynews1a.com/business/2018/10/05/temporary-homeless-shelter-at-va-approved-by-l-a-city-council-3/>

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by the Los Angeles City Council Friday.

Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

The City Council unanimously approved a motion seeking funding for the facility, which is to be located on the grounds of the VA campus.

It will provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services.

"This is a really bit deal for veterans that the VA is finally starting to deliver, and I'm really glad that the city of Los Angeles and the county are helping them deliver," Councilman Mike Bonin said earlier this week at a Homelessness and Poverty Committee meeting before it moved the motion forward.

The facility is scheduled to open in early 2019, and will be one of several new programs and facilities at the site aimed at helping homeless vets.

The VA also is working on its Draft Master Plan, which calls for 1,200 units of permanent supportive housing on the Westside campus.

The VA additionally has opened a “safe parking” program for veterans living in their vehicles, and started providing permanent supportive housing for homeless veterans in existing buildings, with 54 veterans currently housed in Building 209.

With financial support from the city through HHH bond funds, two other buildings are being converted into permanent supportive housing for veterans.

The facility will be part of Mayor Eric Garcetti’s “A Bridge Home” program, which calls for temporary homeless facilities in each of the city’s 15 council districts. One temporary facility in Councilman Jose Huizar’s district near the El Pueblo Historic Monument has already opened, with other sites at various stages of development.

The VA bridge housing site will include two tension membrane structures along with modular trailers that will not be visible from the exterior of the VA campus, according to Bonin’s motion.

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1.7 - Florida Daily: [Ben Carson, HUD, VA Go to Bat for Homeless Veterans in Florida](#) (5 October, Kevin Derby)

<https://www.floridadaily.com/ben-carson-hud-va-go-to-bat-for-homeless-veterans-in-florida/>

This week, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) announced they were awarding almost \$1.25 million to help homeless veterans in South Florida.

The departments awarded \$1,249,455 to more than 180 homeless veterans in the southern part of the Sunshine State. The funds came from the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program. According to HUD, the program “combines rental assistance from HUD with case management and clinical services provided by VA” and “reduces veteran homelessness because it provides funding for both the housing and supportive services that are essential for ending homelessness for veterans, many of whom are living in unsheltered locations.”

“These vouchers are critical tools in helping communities effectively end homelessness among veterans,” HUD insisted.

U.S. HUD Sec. Ben Carson weighed in on the program.

“We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own,” said Carson. “The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA.”

“Every day we work to eliminate homelessness for these brave men and women who served in the defense of our nation,” said HUD Southeast Regional Administrator Denise Cleveland-Leggett. “By providing housing assistance and case management services, we honor them and are significantly reducing the number of veterans living on the streets or in our shelters.”

HUD showcased the success of the program over the past decade.

“Since 2008, more than 93,000 vouchers have been awarded and approximately 150,000 homeless veterans have been served through the HUD-VASH program. More than 600 PHAs administer the HUD-VASH program, and this most recent award includes 22 additional PHAs, increasing HUD-VASH coverage to many communities. Rental assistance and supportive services provided through HUD-VASH are a critical resource for local communities in ending homelessness among our nation’s veterans,” HUD noted.

“In the HUD-VASH program, VA Medical Centers (VAMCs) assess veterans experiencing homelessness before referring them to local housing agencies for these vouchers. Decisions are based on a variety of factors, most importantly the duration of homelessness and the need for longer term, more intensive support in obtaining and maintaining permanent housing. The HUD-VASH program includes both the rental assistance the voucher provides and the comprehensive case management that VAMC staff offers,” HUD added. “Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico and the Virgin Islands.”

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2. Greater Choice for Veterans

2.1 - The Daily Press: [Senator vows 'Blue Water' relief; Trump inflates Choice reform](#) (5 October, Tom Philpott, 162k uvm; Newport News, VA)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for “Blue Water Navy” Vietnam War veterans who might have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private sector physicians and hospitals.

Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans Affairs Committee, insisted throughout a hearing recently that he and VA Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

But Wilkie, the only witness at the “State of the VA” hearing, wasn’t prepared to echo the chairman’s assurances. Wilkie didn’t even mention the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in his oral statement highlighting priorities for improving VA’s organization and services.

In his written testimony, he reiterated VA opposition to extending benefits for up to 90,000 aging Blue Water Navy veterans and survivors, saying VA’s “commitment to science and an evidence-based approach to creating or expanding (Agent Orange) presumptions should be maintained.”

If HR 299 is enacted absent stronger scientific evidence that shipboard veterans were exposed to wartime defoliants, Wilkie wrote, it “would erode confidence in the soundness and fairness of the veterans’ disability benefits system, creating the impression that the system can be gamed by political activism.”

Also, he argued, it would increase pressure on VA to “expand additional presumptions administratively, under a similarly liberal approach, favoring less deserving but politically demanding veterans over more deserving veterans who trust VA to do the right thing for all veterans.”

VA estimates HR 299 would cost \$6.7 billion over 10 years and impact efforts to reduce its backlog of claims and claim appeals. VA would have to reopen 30,000 previously denied claims and 230,000 additional claims over the next decade.

Despite Wilkie’s official hardline, Isakson said his talks with the secretary over the past month left him hopeful VA will cooperate with Congress on finding a solution.

“The secretary is right in the reasons he’s been opposed to just doing Blue Water period. But he’s not wrong about how we get to” a solution, Isakson said. That path, he suggested, is that his committee keeps working with VA. “The veterans who think they deserve that benefit ought to get it,” he insisted.

“So, I really want to set the table at this hearing with the secretary present. Thank him for giving me the time ... to talk about this,” Isakson said. “And appreciate what his attitude is, about customer service being the principle foundation of his administration at the VA.”

Veteran service organizations and Blue Water Navy advocates should know, Isakson continued, that this “committee and VA will tackle your problems and try and do it as fairly and equitably and as right for everybody as we can. But we are not going to get bulldozed into a corner. And we’re not going to bulldoze somebody into a corner either. So, I want to bring that up because that’s going to take care of a lot of questions.”

It didn’t. Committee colleagues still pressed Wilkie to support HR 299, citing supportive language in a 2008 Institute of Medicine report and noting that Vietnam veterans in their states who served off Vietnam have Agent Orange-related illnesses and continue to be turned down for VA care and compensation.

The closest Wilkie came to a concession was telling Sen. Dean Heller (R-Nev.), that he had pledged to work with Isakson “to make sure that we get it right ... for all of our veterans.” But Wilkie then referred to concerns raised by The American Legion, Veterans of Foreign Wars, Disabled American Veterans and Paralyzed Veterans of American that the House-passed bill would pay for Blue Water Navy benefits by raising VA home loan fees, including, for the first time, imposing fees on some disabled veterans who buy higher priced homes.

Wilkie said he agreed with those concerns. He assured Heller that Nevada veterans exposed to Agent Orange would qualify for compensation. But he didn’t concede that VA is ready to presume all Blue Water Navy veterans were exposed.

Isakson interjected that Heller had missed the chairman’s opening statement in which he explained the “issue of dealing with Blue Water Navy is no longer going to be a question. How we do it is going to be the question.”

Pointing to Wilkie, Isakson said he “has agreed to work with us to make that happen.” Isakson gave similar assurances to four more colleagues critical of VA’s opposition to HR 299. Finally, Sen. Richard Blumenthal (D-Conn.) told Isakson, “I know what the conversations have been, Mr. Chairman. And I’m really looking for a somewhat less equivocal answer.” He didn’t get it, not at this hearing.

Real Choice or not?

President Trump, at a signing ceremony for funding bill for VA and military construction projects (HR 5895), made some unfounded claims about Veterans Choice, confusing a troubled program in effect since 2014 with reforms to VA community care programs set to kick in next year.

Thanks to him, Trump said to applause at North Las Vegas VA Medical Center Sept. 21, “we have now VA Choice. So now if a veteran can’t get the care they need from the VA in a timely fashion, they have the right to go see a private doctor. Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice.”

His declaration didn’t match details or nuances of statutory changes enacted that day or earlier this year. HR 5895 does provide, through 2021, billions of dollars more to fund sweeping reforms to VA community care programs as authorized in the VA Mission Act signed in June. But the impact of the reforms on veterans seeking outside care won’t be known until VA develops and publishes new access standards for VA-paid community care. That won’t occur until next summer.

“We had people waiting in line with a simple problem that, by the time they saw a (VA) doctor, they were terminally ill,” said Trump. “No more of that. If you have a line (at VA), you go see a (private sector) doctor.”

No responsible VA official would make that claim. The Mission Act will end two current triggers under the Choice program for granting access to outside care: waits longer than 30 days for a VA appointment or trips longer than 40 miles from home to be seen by a VA primary care provider. Those will go away.

But Trump and veterans don’t yet know what will replace them. The new law mandates that VA schedule more timely appointments at its facilities, improve staffing, establishment of a network of commercial walk-in clinics and ensure prompt payment of outside providers. It also requires that veterans have access to community care if the VA is unable to provide timely care as needed.

The Mission Act, however, allows VA more leeway than under Choice to set access standards and decide how to use them. Whether patients are referred to outside provider networks will depend on “clinical needs” as determined by their VA health-care providers in consultation with the patients. Factors to be considered will include distance to VA facilities, type of care required, timeliness of appointments and whether patients face an excessive burden if forced to rely on VA care.

Those are details veterans must understand and hyperbolic politicians ignore.

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3. Modernize Our System

3.1 - FedScoop: Cerner taps 24 subcontractors to support \$10B Veterans EHR modernization (5 October, Billy Mitchell, 180k uvm; Washington, DC)

Cerner has called upon a team of 24 health and technology companies to support its work on the \$10 billion modernization of the Department of Veterans Affairs' electronic health record system.

"We have formed a world class team that has the best interest of Veterans at heart," Travis Dalton, president of Cerner Government Services, said in a statement Wednesday. "This is the beginning of a long transformational journey. We will continue to seek and bring the best talent available to the VA. Our nation's Veterans deserve the highest quality care and we are confident we have brought the right players to this team to succeed in our collective mission."

Cerner has brought in seven "core team" companies — Leidos, Guidehouse, Accenture, Henry Schein Inc., AbleVets LLC, MicroHealth and ProSource360 — as well as 17 additional businesses, many of which are veteran-owned, to "provide experience and expertise to the VA implementation," it said in a release.

"Cerner has brought together some of this country's brightest industry leaders to transform veteran health care delivery," VA Secretary Robert Wilkie said. "This team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian health care providers where current and former service members receive care."

The news comes as Cerner and the VA are set to soon kick off implementation of the new EHR in the Pacific Northwest, where the program office leading the project's rollout expects to have the modernized EHR working at three sites by March 2020. VA's rollout of its new EHR is following that of the Defense Department's, which is also developed by Cerner, so that it can build off of DOD's progress and provide seamless interoperability between the two systems.

Cerner and VA will outline the team's modernization strategy at the Cerner Health Conference Oct. 8-11 in Kansas City, Missouri, the company said in the release.

The additional partners on Cerner's team are ACI Federal, B3 Group Inc., Blue Sky Innovative Solutions, Clarus Group LLC, Forward Thinking Innovations LLC, HCTec, HRG Technologies, KRM Associates Inc., Liberty IT Solutions, MedicaSoft, MedSys Group, Holland Square Group, PM Solutions, Point Solutions Group, Sharpe Medical Consulting, Signature Performance and ThomasRiley Strategies.

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3.2 - ExecutiveBiz: Cerner Forms Industry Team for VA Electronic Health Care Record Modernization Effort (5 October, Monica Jackson, 17k uvm; Tysons Corner, VA)

Cerner has formed an organization of private firms that will help perform a potential 10-year, \$10B contract to modernize the Department of Veterans Affairs' electronic health care record.

The EHR modernization team will resume the health information technology company's work in meeting the medical needs of veterans, Cerner said Wednesday.

VA Secretary Robert Wilkie said the team will help military care facilities, VA clinics and civilian health care providers to exchange data with one another through a single longitudinal health record.

The members of the Cerner-led team are:

AbleVets
Accenture
ACI Federal
B3 Group
Blue Sky Innovative
Clarus Group
Forward Thinking Innovations
GuideHouse
HCTec
Henry Schein
Holland Square Group
HRG Technologies
KRM Associates
Leidos
Liberty IT Solutions
MedicaSoft
MedSys Group
MicroHealth
PM Solutions
Point Solutions Group
ProSource360
Sharpe Medical Consulting
Signature Performance
Thomas Riley Strategies

The EHR modernization group will present their strategy for the program during the Cerner Health Conference from Oct. 8 to 11 in Kansas, Miss.

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3.3 - The Ripon Advance: [Poliquin aims to help U.S. military veterans access better telehealth services](#) (5 October, 3.7k uvm; Washington, DC)

U.S. Rep. Bruce Poliquin (R-ME) this week helped introduce the bipartisan Enhancing Veterans Experience with Telehealth Services Act, also known as the eVETS Act, in an effort to tackle rising suicide rates among veterans.

H.R. 7017, introduced on Oct. 2 with U.S. Rep. Ann Kuster (D-NH), would improve access to post-traumatic stress disorder (PTSD) treatment via telemedicine.

“Tragically, the rate of Veteran suicide in Maine — which is home to more than 114,000 veterans — is significantly higher than the national level,” said Rep. Poliquin, a new member of the U.S. House Veterans’ Affairs Committee.

Since joining the committee, the congressman said he’s made the issue a top priority to help tackle the nationwide crisis.

“I’m proud to work across the aisle with Democratic Congresswoman Ann Kuster of New Hampshire to introduce this important piece of legislation, which will help Maine veterans living in rural areas receive treatment for post-traumatic stress disorder,” he said.

Introduction of H.R. 7017 follows release of the recent report by the U.S. Department of Veterans Affairs (VA) of the significant spike in the rates of suicide among U.S. military veterans, according to an Oct. 3 statement from Rep. Poliquin’s office.

H.R. 7017 aims to strengthen evidence-based treatments for veterans with PTSD, the statement said.

Additionally, H.R. 7017 encourages partnerships like Microsoft’s Rural Airband program, which is currently underway in Rep. Poliquin’s home state of Maine to increase online access for veterans to receive essential treatments, he said.

Such improved access, said Rep. Kuster, also would improve veterans’ access to treatment, especially those who may be feeling discouraged and hopeless.

In rural communities, for instance, she said the nearest VA facility might be hours away from where veterans reside, in turn deterring many of them from seeking needed medical attention.

“For these veterans, qualified, private therapists are few and far between,” Kuster said. “By rapidly expanding the VA’s offering of telehealth to these areas, we hope to address obstacles that have kept far too many veterans from receiving care.”

H.R. 7017 would permit veterans to choose between two researched methods of treatment: prolonged exposure therapy and cognitive processing therapy, according to Poliquin’s statement, and also would ensure that each patient has access to at least a dozen therapy sessions that would be delivered via the VA’s video conferencing software.

H.R. 7017 is under consideration by the House Veterans’ Affairs Committee.

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3.4 - Savanda: [VA and DoD Cannot Agree on EHR Interoperability](#) (5 October, Seth Horowitz)

While advancements in technology within the health sector are a welcomed sight, one major issue is figuring out how these advancements should be monitored. One example of this was brought to light roughly two weeks ago during the first hearing of the House VA Subcommittee on Technology Modernization. The focus was to determine who is responsible, the DoD or the VA, regarding EHR interoperability; unfortunately, both officials and lawmakers were unable to agree.

First House VA Subcommittee Hearing Has More Questions

The purpose of most hearings is to generate more answers than questions to a topic. According to an article by Jessica Davis that appeared in Healthcare IT News, this was not the case when the first House VA Subcommittee on Technology Modernization hearing concluded that congressional members and officials are at odds regarding governance of Electronic Health Records (EHR) interoperability.

There is an issue regarding how the Interagency Program Office (IPO) has complied with its legal mandate of being the single point of accountability between the efforts of the Department of Veterans Affairs Interoperability and the Department of Defense. However, both lawmakers and officials are unable to determine who is responsible for reconciling the differences.

Several weeks ago, it was not surprisingly revealed at a hearing of the inaugural House Veterans Affairs Subcommittee on Technology Modernization that accountability and governance for the project are still vital points of contention. Carol Harris, the Government Accountability Office Director of Management Issues, testified the VA and Cerner had signed a contract, designed an office for program management, and drafted governance plans at a high-level; however, there has been no designation by program officials of what role, if any, IPO is to have in the governance process.

Supporting Harris, Rep. Jim Banks, R-Indiana, remarked that the IPO is one of the few aspects of EHR modernization mandated by law. Also, he stressed how the role in the IPO's governance within the projects was more than important but a permanent one.

Clarifying the role of the IPO

Banks feels that the departments should clarify the powers of the IPO, which was not only to oversee the original collaboration of the EHR but also allowed to have the authority to look at these differences and resolve them; this was established back in 2008. Banks said that my hope is DoD and VA will hash out what that looks like and come to mutual agreement. I am willing to give them additional time to do that, but I will not wait forever.

The recommendation of the GAO to the VA I for them outline clearly the IPO's role will have regarding the EHR project, specifically regarding governance; Harris said that focusing on a single point of accountability is critical in moving forward to make sure that interoperability is functional.

Meanwhile, John Windom, the VA Office of EHR Modernization Office's acting Chief Information Officer, stated to the committee how he believes that the IPO doesn't have the authority to make decisions regarding his office. Also, Lauren Thompson, the IPO Director, stated that her office lacks the resources to be the only point of accountability for the VA-EHR interoperability; her reasons were a lack of staff, authority and resources. Thompson said that at this point in time, we do not have the decision-making authority.

The testimonies of both Thompson and Windom are conflicted with the expectations of the statute, as Harris continued to emphasize how the law makes the IPO the single point of accountability, so that would include responsibility, authority and decision-making. Harris went on further to say that both the VA and the DoD ignored the advice of the GAO over the years on empowering the IPO.

She feels that the role must be defined clearly that can relieve the legal responsibilities of the office; this can be done through Congress. According to Harris, if the IPO continues the way that it is operating today, we are going to continue to have dysfunction in moving forward.

The hearing ended with no clear decision was made as Rep. Scott Peters, D-California, stated that this issue may have to be resolved either by the president or Congress considering this cannot be resolved without any help.

Sadly, the VA has struggled for the past year with both governance and leadership issues. Since the dismissal back in March of former VA Secretary David Shulkin, MD, roughly forty-two senior staffers are no longer with the VA. Notably, the most recent occurred within the EHR project office that saw the departure of its CMO and CHIO Genevieve Morris.

Officials in the VA are continuing to double down with their own pilot EHRs in the Pacific Northwest that is projected to go live in 2020. Interestingly, the DoD project may also be investigated by the GAO, resulting from an audit which felt the new system was not operationally suitable.

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4. Focus Resources More Efficiently

4.1 - Task & Purpose: [These Are The Worst VA Medical Centers In The United States](#) (5 October, James Clark, 580k uvm; New York, NY)

Nine Veterans Affairs medical facilities received the lowest possible rating in newly released data, essentially crowning them as the worst VA hospitals for veterans.

Cue awkward celebratory music and balloon release.

By the VA's own assessment, its lowest performing medical centers were:

Atlanta, Georgia
Big Spring, Texas
El Paso, Texas
Loma Linda, California
Memphis, Tennessee
Montgomery, Alabama
Phoenix, Arizona
Tucson, Arizona
Seattle, Washington

The data comes from an end of the year review of 146 medical facilities, which ranked the best and worst with a rating of one to five stars (one being the lowest). As part of the review, VA medical centers and facilities were judged on things such as mortality rates, patient and employee satisfaction, quality of care, efficiency, and capacity.

On the whole, 66% of facilities showed improvement compared to the previous year, according to the review which went online Wednesday.

When it came to the decision to award a facility a single star, VA spokesman Curt Cashour told Task & Purpose that medical centers were evaluated on “relative performance; that is, a medical center’s relative performance against other medical centers” and whether they showed large, small, or trivial improvement from the year prior, or whether their performance declined altogether.

This might explain why some facilities, like those in Big Spring and El Paso, Texas, which both received one-star ratings last year, were judged to have improved significantly this time around, yet still ranked lowest compared to other VA facilities.

The Atlanta, Montgomery, Phoenix, Tucson, and Washington medical centers all showed trivial improvement, while those in Loma Linda and Memphis showed small improvement.

If your VA medical center has a one-star rating, however, the department says that doesn’t necessarily mean the care is terrible, just that “one-star facilities will benefit from adopting successful practices from five-star facilities,” according to a fact sheet on the review process the VA provided to Task & Purpose.

As to what the difference is between the worst performers and the best, well, that’s not altogether clear based on the top-level data that came out yesterday. Neither is the difference between a one-star medical center like Loma Linda, compared to other facilities in the same state, like Long Beach which has two stars and Los Angeles, which has three.

You can see how the rest of VA medical centers scored here.

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4.2 - KOLD-TV: [Tucson VA hospital gets low ranking from federal government](#) (5 October, Emily Biehl, 136k uvm; Tucson, AZ)

Ratings recently out from the U.S. Department of Veterans Affairs show that the Tucson VA has the lowest possible rating for its hospital’s quality of care, with a one-star rating.

The ratings cover two areas, relative performance compared with other VA medical centers and improvement compared to each VA’s performance from the past year. The ratings are then used to help each VA with improvements, according the U.S. Department of Veterans Affairs.

The Tucson VA is one of nine hospitals on the list of 146 VA hospitals to receive one star out of a possible five.

In response to that the Tucson VA shared a statement with Tucson News Now that says in part, “Remembering that quality is far more than a star rating, the SAIL report is one of many tools we use to help guide our health-care system to improve the quality of services we provide to our Veterans.”

The Tucson VA’s response to receiving a one-star rating in the VA’s Strategic Analytics for Improvement and Learning ratings. (Source: KOLD News 13)

Meanwhile some veterans say that the one-star rating is indicative of problems they deal with often at the VA.

"Everybody I talk to over at the VA says we're short three staff, we're short four staff, we're short two staff. My mental health nurse (practitioner) is filling in for another one that left. She was supposed to be here for a month and I've been seeing her for the last six months. So, and don't get me wrong, I really like the care from her, but that just means she has double the case load to deal with," veteran and advocate of care for veterans Cliff Wade said.

He went on to say that problems he typically sees at the VA and often hears about are long wait times for appointments and in some cases the length of time it takes to even make an appointment.

On the other hand, Wade has had multiple experiences that he says have been very positive at the Tucson VA, ranging from surgery to doctor visits. He shares that in his experience a part of what helped to make things go smoothly was his behavior and mindset which he advises other veterans to be bear in mind when they go to the Tucson VA.

"You need to understand the system. You need to be patient with them. If you raise your voice at them they're not going to jump like what you would think that they would. Sit down, work with them. Try to figure out what's the best line of care for you," Wade said.

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4.3 - WEWS-TV: [Cleveland VA hospital under audit](#) (5 October, Mike Brookbank; Cleveland, OH)

There's growing concern that some veterans in Northeast Ohio may have fallen through the cracks after reports of some VA hospitals that have canceled critical tests for patients.

Right now, the VA hospital in Cleveland is being audited.

It's one of nearly a dozen sites nationwide called into question after the review of hundreds of thousands of radiology orders.

According to USA Today, some medical centers may not have followed correct procedures when getting rid of outdated and duplicate test requests.

The Department of Veterans Affairs said up until now, it didn't have a system for canceling them regularly.

In total, about 300,000 were found to be obsolete.

In Cleveland, a physician-led team reviewed all outdated orders and will take clinical action based on national guidance.

Moving forward, providers will be notified if a patient doesn't complete a test within 60 days of it being scheduled.

The test will then be canceled, and the veteran's care will continue to be reassessed.

If need be, they will return to care.

The VA at both the regional and national levels are monitoring the rollout of this new process.

Cleveland is home to the third largest VA in the country.

There are about 3,200 radiology orders placed at the medical facility each week.

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4.4 - KWTX-TV: [Temple: VA shows improvement in latest VA rankings](#) (5 October, 75k uvm; Waco, TX)

The Temple VA Medical Center showed some improvement in the latest Veterans Administration Quality of Service Ratings, but a Central Texas congressman says there's "a lot more work to do."

The Temple VA was given a 3 on a 1-5 scale and showed slight improvement, according to the ratings for fiscal 2018.

"I have worked to hold the Temple VA accountable, including ordering an FBI investigation on the medical center," U.S. Rep. John Carter, R-Round Rock, said Friday.

"I am encouraged to see a slight improvement, but there is a lot more work to do. We can't rest until the Temple VA is a 5-star facility," he said.

Carter called for an FBI investigation in November 2017 after a newspaper reported allegations of misuse of authority and other possible criminal activity at the Temple VA.

On Sept. 26, Christopher Sebek, 55, of Temple, his wife Melissa, 55, and Killeen business owner Jeffrey Pearson were charged Wednesday for their roles in a scheme to defraud the Department of Veterans Affairs of about \$250,000.

Sebek, an operations supervisor in the Engineer Department of the Temple VA and Pearson, the owner of Whitetail Industries, which contracted to provide goods and services to the Temple VA, were both charged with one count of conspiracy to defraud the government and one count of theft of government property.

Melissa Sebek, who owns MS Bookkeeping Services, was charged with one count of theft of government property.

Court records show that Christopher Sebek and Pearson entered into an agreement in February 2012 to steal money from the Temple VA, allegedly by submitting fraudulent invoices for payment for goods and services.

Sebek also allegedly presented bogus invoices to the hospital from his wife's company.

"Those invoices, however, were used by Sebek to pay for personal items and to cover Pearson's 30 percent commission on each invoice. Court records also allege that Sebek stole

two VAMC credit cards and used them to pay for personal expenses,” the U.S. Attorney's Office said in a press release.

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4.5 - KSLA-TV: [Overton Brooks VA Medical Center showing improved care for veterans](#) (5 October, Marie Waxel, 56k uvm; Shreveport, LA)

Good news for ArkLaTex veterans, an annual Veterans Affairs report shows Overton Brooks VA Medical Center (OBVAMC) improved over the last year in quality of services provided to veterans.

The findings were measured on an annual web-based report scorecard from the U.S. Department of Veterans Affairs (VA) .

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help troubled facilities improve.

OBVAMC was one of the facilities that made positive strides in the benchmarks and is striving to continue progress. The medical facility believes its recent attention placed on Veteran experience, communication, care coordination and continued access improvements have made a difference.

“We are proud of the hard work these improvements represent and the positive impact it has on our over 48,000 enrolled veterans we serve in Northwest Louisiana, Southwest Arkansas, and East Texas,” said Richard Crockett, Medical Center Director.

To view the recent report click [here](#).

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4.6 - KFDA-TV: [Amarillo VA improves to 4 Star rating](#) (4 October, Cassie Stafford, 55k uvm; Amarillo, TX)

The Amarillo VA Health Care System is now a four star facility.

The whole rating system by the Department of Veteran Affairs aims to help all VA's ultimately identify what they are doing right and what they need to improve on.

The end goal: ensuring the men and women who served our country receive the best possible experience.

It's an ongoing goal of the Amarillo VA to provide pristine service to our nation's heroes. The Star ratings help them do just that.

"We have people working literally in every single department on a quality improvement project at all times," said Erica Perry, RN quality consultant at the Amarillo VA.

"We benchmark ourselves against the entire VA system [meaning] every facility in the nation and the private sector as well," said Perry.

They are rated on a variety of metrics, ranging from their clinical performance, to staff and patient reviews. But at the end of the day, it's all about the veterans.

"We are trying to improve our veteran experience here," said Perry. "So we know we do really well clinically but our survey scores don't always indicate that the veterans have the best experience when they come here. So we've been doing little customer service classes, and things to try to improve our engagement with the veteran."

There continue to be various projects in the works to expand the Amarillo VA to improve that veteran experience.

"We've gotten our parking lots completely repaved, we are expanding our primary care facilities and we have a brand new primary care building so we are able to see more veterans with more space," said Perry.

"Refurbished inpatient services where we're allowing our patients to have a room all to themselves," said Joel Mease, public affairs officer at the Amarillo VA. "Down in Lubbock, we're having a new clinic which will be based on Texas Tech... that will more than double the size of the current clinic in Lubbock."

They will soon begin construction on a new prosthetics and rehab wing as well.

With a five star rating on their mind, the Amarillo VA hopes to constantly improving to provide quality care in the Panhandle.

The VA's Strategic Analytics for Improvement and Learning (SAIL) report also shows that 66 percent of VA medical centers have improved overall in the third quarter, with the largest gains seen in mortality, length of stay and avoidable adverse events.

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4.7 - KLBK-TV (VIDEO): [Congressman Jodey Arrington talks about new Lubbock Veteran Clinic](#) (5 October, Mari Salazar, 34.5k uvm; Lubbock, TX)

Congressman Jodey Arrington made his way to Lubbock and talked about the new Veterans Administration Outpatient Clinic coming to West Texas. The nearest VA clinic is in Amarillo, and it would take almost two hours for a veteran to get to the Amarillo clinic.

"Our veterans get the care that they need without having to drive long distances," said retired Air Force Colonel Dave Lewis. He said only good will come from the new VA clinic.

"The neat thing about this partnership is that the Texas Tech Health Sciences Center will be able to provide specialty care when the veterans need that," said Lewis.

Arrington also looks forward to the clinic breaking ground within the next couple of years.

"Our veterans are the very best of us, and they deserve the very best from us and so I'm ecstatic that West Texas is getting this tremendous asset for the veterans," said Arrington.

There are more than 40,000 veterans who will greatly benefit from this clinic, Arrington said. Right now, veterans in the 29 counties he represents have to go to Amarillo for treatment.

"I think that the quality of life for our veterans in West Texas will be dramatically improved as a result," said Arrington.

This \$12.3 million project will provide nearly 94,000 square feet of usable clinic space, which more than doubles the footprint of the current clinic off Avenue Q.

"Expansion of capacity here means that we'll have the ability hopefully to serve and try to recruit those veterans to come in and get the care that they earned," said Lewis.

The new facility will be on the Tech campus, just north of the Health Sciences Center, and it's expected to open in 2021.

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4.8 - Cincinnati Business Courier: [Cincinnati VA hospital ranks among best in nation](#) (5 October, Barrett J. Brunsman, 24k uvm; Cincinnati, OH)

The Cincinnati VA Medical Center improved in the latest ranking by the U.S. Department of Veterans Affairs, scoring the No. 7 position in the nation out of the VA's 130 acute care facilities in a measure of patient access and quality of care.

The hospital based in Corryville previously was rated No. 9. The current ranking was for its performance from October 2017 through this September.

Cincinnati received a 5 Star rating, which designates the top 10 percent of VA medical centers in the country. That was an improvement from the hospital's previous 4 Star rating.

"The Cincinnati VA Medical Center is made up of 2,300 dedicated and tremendously skilled professionals who are committed to serving veterans," said Vivian Hutson, director of the hospital since October 2016. "We are pleased with these results, which reflect the staff's hard work to ensure our veterans are receiving the best possible care."

Before Hutson's arrival, there were ongoing concerns about how the hospital was managed, particularly in regard to understaffing and long patient wait times.

The VA Medical Center is the seventh-largest hospital in Greater Cincinnati based on total expenses of nearly \$444 million, according to Business Courier research. It logs more than 23,000 visits to the emergency department and has 288 licensed beds.

The hospital treats about 43,000 veterans who live in 17 counties in Southwest Ohio, Northern Kentucky and Southeast Indiana. It operates a medical center in Fort Thomas as well outpatient

clinics in Bellevue, Florence, Lawrenceburg, the city of Hamilton, Clermont County's Union Township and the Brown County village of Georgetown.

The Veterans Health Administration, which is part of the Department of Veterans Affairs, is the largest health care system in the country. With a budget of \$186.5 billion and more than 366,000 employees, the VA cares for more than 9 million veterans enrolled in the health care program.

About 66 percent of VA medical centers improved in overall quality in the recent quarter, with the largest gains seen in areas such as mortality, length of stay and avoidable adverse events. Six VA hospitals had a decrease in quality, and improvement efforts are underway at each of them.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers," said VA Secretary Robert Wilkie.

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4.9 - Temple Daily Telegram: [Carter: More work ahead for Temple VA](#) (5 October, Jacob Sanchez, 10k uvm; Temple, TX)

Although the Olin E. Teague Veterans' Medical Center in Temple is seeing some slight improvements, U.S. Rep. John Carter, R-Round Rock, said there is still more work ahead.

The Department of Veterans Affairs on Thursday announced that the Temple VA maintained a 3-star rating, showing positive strides in its benchmarks. The rating is on a 5-star scale.

"We can't rest until the Temple VA is a 5-star facility," Carter said in a news release on Friday. "With the policy reforms we've made here in Washington, we will continue to improve our capacity to serve those who have sacrificed so much for us."

Carter — who is the middle of a re-election bid against Democrat and Air Force veteran MJ Hegar — stressed that he will continue to hold the Temple VA accountable. He said he plans to order an FBI investigation in the medical center.

Federal authorities in late September filed charges against Temple residents Christopher Sebek and Melissa Sebek and Killeen resident Jeffrey Pearson for their alleged roles to defraud the VA of an estimated \$250,000.

According to a preliminary report obtained by the Austin American-Statesman in November, investigators claimed they uncovered a complex scheme involving the VA motor pool that had funneled business to a Killeen firm, Whitetail Industrial Parts and Service, that made at least \$400,000 by padding purchases with 30 percent surcharges. More than \$1.3 million reportedly was funneled through Whitetail.

Carter said he looks forward to working with Christopher Sandles, the Central Texas Veterans Health Care System director, to "root out wrong doers" and improve service to veterans.

"We owe it to our veterans to ensure they receive the best care," the congressman said.

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4.10 - Hometown Focus: [VA researchers work to create artificial lung](#) (5 October, 2.6k uvm; Virginia, MN)

U.S. Department of Veteran Affairs (VA) scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3D-printed artificial lung that could potentially revolutionize treatment of veterans affected by lung disease.

Though still in its infancy, VA researchers hope to build what they call the first artificial lung that closely replicates the natural lung, resulting in compatibility with living cells and a very small size for portable or wearable short- and long-term respiratory support.

In the near term, the device could be used as a temporary measure—a bridge to help patients waiting lung transplant or an aid for veterans with recovering lungs. According to researchers, future versions could have longer-term applications.

“Our veterans deserve the highest quality of care and the latest breakthroughs in medical science,” said VA Secretary Robert Wilkie. “This exciting project is the latest in a long string of incredible research and medical advancements developed by VA researchers over the years. The results of this project could change millions of lives for the better.”

Exposure to burn pits, sand, diesel exhaust and chemicals are some of the most commonly cited factors that lead to lung problems for active-duty military. About 20 percent of patients with severe traumatic brain injury also have acute lung injury.

One lung disorder VA researchers hope to tackle someday with the 3D-printed artificial lung is chronic obstructive pulmonary disease (COPD), regarded as one of the most prevalent and costliest ailments in the veteran population.

COPD affects 5 percent of American adults and 16 percent of the veteran population. Most people with COPD have emphysema, in which the air sacs of the lung are damaged and enlarged, and chronic bronchitis, a long-lasting cough caused by chronic inflammation of the bronchial tubes. The disease is characterized by an airflow limitation that is often linked to an abnormal response of the lungs to noxious particles or gases, such as those in cigarette smoke.

For additional information about this study, visit www.research.va.gov/currents/0818-Researchers-strive-to-make-3D-printed-artificial-lung-to-help-Vets-with-respiratory-disease.cfm.

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4.11 - Newton County Times: [End of fiscal year hospital Star rating shows large improvement in overall quality of services of VA medical centers across nation](#) (5 October, 2.2k uvm; Jasper, AR)

As part of the U.S. Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released end of fiscal year 2018 (FY2018) hospital Star ratings,

which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” said VA Secretary Robert Wilkie. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA’s health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter — with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs experienced a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

“There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers,” Wilkie said.

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4.12 - White Mountain Independent: [Annual VA report shows Phoenix VA Health Care System has improved](#) (5 October; Show Low, AZ)

Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs recently released data that showed improvement within the Phoenix VA Health Care System.

Compared with data from the same period a year ago, the July release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report showed that of the 15 VA Medical Centers considered “high risk,” 11 of those have shown improvement, including the Phoenix VA Health Care System.

“We’re moving in the right direction, but we still have a lot of work to do,” said Rima Nelson, Director of the Phoenix VA Health Care System. “We’re making strides in our quality measures, but there is more work to be done with perception measures, which account for more than one-fourth of the SAIL score.”

Phoenix has made meaningful progress on the SAIL measure set. Overall 14 SAIL measures improved in the second quarter of Fiscal Year 2018 compared to the third quarter of Fiscal Year 2017, and 7 of those measures improved a quintile or more. Most significantly:

Phoenix is ranked #19 nationally in the VA in Performance Measures (HEDIS/ORYX). HEDIS and ORYX are widely-used measure sets that analyze core aspects of healthcare including diabetes management, hypertension management, and tobacco cessation. These measures compare favorably to the private sector since your VA outscored the metro market in 8 of 9 outpatient performance measures.

We have made significant strides in Standardized Mortality Ratio (SMR). A score below 1 is considered “better than expected” by the VA, and the lower the score the better the performance. Our SMR improved from 0.934 to 0.769 and 30-day SMR improved from 1.071 to 0.974.

We continue to focus on improving Mental Health care and preventing suicide. Our Mental Health scores reflect significant improvement in providing appropriate disease-specific care and in the continuity of that care.

Other SAIL results include Call Center speed to answer, which improved from 144.63 to 121.5; Call Center abandonment rate improved from 12.849 to 8.744; Adjusted Length of Stay improved from 4.9 to 4.55 and your VA maintained a top score in Hospital-wide readmission rate which still improved from 11.629 to 11.24.

The Why Not the Best VA report indicated the Phoenix VA Health Care System outscored our local private sector metro market in 8 of 12 patient safety indicators, 3 of 4 mortality measures, and 8 of 9 outpatient performance measures.

The Phoenix VA Health Care System continues to actively engage with the Strategic Action for Transformation program (StAT). We had 5 site visits during Fiscal Year 2018 that provided clinical expertise, best practices, and data interpretation.

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics, and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs.

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5. Improve Timeliness of Service

5.1 - Arizona Public Media: [Tucson VA Medical Center Drops to Lowest Ranking](#) (5 October, Steve Jess; Tucson, AZ)

Tucson's VA health care center dropped two levels to the government's lowest ranking in results released by the VA this week. The chief doctor at the hospital says that's not as bad as it sounds.

The Southern Arizona VA Health Care Center is now ranked alongside the Phoenix VA Hospital at the lowest tier of the government's rankings: one star, down from three stars a year ago.

Doctor Anthony Stazzone, the Tucson center's chief of staff, says that's not a measure of the care veterans receive, but rather how well the hospital is improving its services compared to other facilities.

"Our overall metrics had a trivial change from last year to this year. However, other VAs went up, so it automatically will drop you down in your star rankings, and we're a one star based on that," Stazzone said.

The Phoenix VA Center was the source of a scandal several years ago, when staff members were found to have falsified reports about patient wait times.

Stazzone says reducing clinic wait times and shortening hospital stays at the Tucson VA are among his staff's highest priorities.

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6. [Suicide Prevention](#)

6.1 - WBRC-TV (VIDEO): [New VA stats show AL veteran suicide rate higher than national average](#) (5 October, Bree Sison, 131k uvm; Birmingham, AL)

The most recent data on veteran suicide rates from the U.S. Department of Veterans Affairs (VA) finds Alabama veterans are dying by suicide at a higher rate than the national average.

An estimated 34.2 Alabama veterans per 100,000 died by suicide in 2016, compared to the national veteran suicide rate of 30.1 per 100,000. Among the civilian population, the national suicide rate drops to 17.5.

"Suicide is a public health issue. It's the tenth leading cause of death in the United States. It is the number two killer of male veterans. It is the number one killer of female veterans," Richard Beatty of the Tuscaloosa VA tells WBRC. "With that awareness, and knowing that it is such a significant issue, we realize that suicide prevention is everyone's business."

In fact, the numbers show that every veteran is at risk. More veterans over the age of 55 died by suicide, but veterans younger than 55 died at a higher rate. One accounting for the increased number of veteran suicides among older populations is that there are simply more veterans who served in the Vietnam, Korea, and WWII eras than the Gulf wars.

The state of Alabama boasts a higher percentage of its population as veterans. In 2016, the VA found 9.8 percent of the adult population of Alabama to be veterans, compared to 6.6 percent nationally. A total of 373,761 veterans live in our state.

With a higher number of veterans in our families and social circles, Beatty stresses each of us must pay closer attention to warning signs in the people we love.

"A lot of times those [suicidal] individuals aren't aware of what's going on," said Beatty. "They're not really paying attention to how they're doing on a daily basis but other people are seeing that and they can recognize when they're not doing so well."

Another reason for Alabama's higher rate is that our veterans are choosing the most lethal method for suicide. In the 2016 numbers analyzed by the most recent report, 81.3 percent of

Alabama veterans died by firearm. Nationally, only 51.4 percent of suicides were completed using a gun.

The VA notes the average number of veterans who died by suicide each day remains constant at 20. Over the past 10-15 years, Beatty says the VA has devoted many efforts towards identifying suicide risk factors and making sure the public has a better understanding of those factors.

As the Suicide Prevention Coordinator at the Tuscaloosa VA, at any given point in time Beatty is tracking and monitoring about 25 veterans who are at a high risk of suicide. Those veterans can be flagged and referred for mental health services through a number of different ways, such as self-reporting or by a primary care physician at the VA.

Click [here](#) for a list of suicide warning signs from the American Foundation for Suicide Prevention.

A support group in Tuscaloosa is interested in helping anyone affected by suicide. The Survivors of Suicide group meets the second Thursday of each month from 7:00- 8:30 p.m. in the Rotary Room of the Tuscaloosa Public Library.

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6.2 - FEDweek: [VA Releases Suicide Data](#) (5 October, 32k uvm; Glen Allen, VA)

While veteran suicides have declined in recent years, the latest statistics show that persons between 18 and 34 are killing themselves at an increasing rate. Younger veterans accounted for the highest percentage of suicides.

The Department of Veterans Affairs released the statistics of an internal study of suicides, conducted between 2005 and 2016, on Sept. 26. Other relevant figures show:

- The number of current and former service members who killed themselves declined to 7,298 from 7,663 between 2015 and 2016.
- During that same time, veteran-specific suicides declined to 6,079 from 6,281.
- An average of 20 current or former service members commit suicide every day. Six of those 20 have used the VA health-care system.
- Firearms accounted for 67 percent of all suicides in 2015 and 69.4 percent in 2016.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Los Angeles Times: [More than 60% of leases on the VA's West L.A. campus are illegal or improper, audit finds](#) (5 October, Gale Holland, 691k uvm; El Segundo, CA)

More than 60% of the U.S. Department of Veterans Affairs' land-use agreements on its West Los Angeles campus are illegal or improper, a federal audit found, including leases for a Los Angeles city dog park and ballfields, Red Cross offices, a Shakespeare festival, a parrot sanctuary and the private Brentwood School.

The VA inspector general audit also found that housing construction for veterans on the sprawling property has fallen behind schedule, with the initial deadline of 490 units by March 2019 now out of reach.

Although the VA is making progress on its building plans, “it will not meet its initial milestone,” the inspector general said in the report, adding that environmental review could push the goal of housing homeless veterans even further into the future. The audit also faulted the VA for failing to include veterans in oversight of the campus project.

In a groundbreaking 2016 legal settlement, the VA promised to open the agency's long-contested campus to housing as part of a broader campaign to end the county's long reign as the nation's homeless veterans capital.

A single building was renovated in 2017 and currently houses 54 veterans. No new construction has been green-lighted or funded, either by the Obama or Trump administrations, although two other building rehabs have advanced in the planning process. They will be funded with the city's voter-approved bonds from Proposition HHH, not federal funds.

“In the Iraq War, the government delivered \$12 billion in cash on pallets in cargo planes,” said retired law professor Gary Blasi, who was involved in the litigation, “but the VA is still prioritizing to renovate three buildings for housing for veterans.”

The VA also agreed to end commercial leases on the 388-acre property that did not substantially benefit ex-service members. A handful of leases were terminated, the VA said in a September status report.

But in a review of 40 land-use agreements, the audit found that 11 other leases either violated federal law or the draft master plan for the campus. Among those tenants were the 1887 Fund, which raises money for renovation of the Wadsworth Chapel and four other historic buildings; the Barrington parking lots; Breitburn slant drilling operations; and the Westside Breakers youth soccer.

Fourteen other renters were operating under expired contracts or had no documented agreements, the audit found.

“The investigation pointed out things we’ve been saying for years: UCLA had a sweetheart lease, the dog park lease is absurd on its face,” said former Santa Monica Mayor Bobby Shriver, who long lobbied for veteran housing on the property. “But what’s important is where’s the frigging housing?”

In response to the audit, the VA agreed to renegotiate or terminate land-use agreements with the city of L.A., the Shakespeare Center of Los Angeles, the Westside soccer club and the parrot sanctuary.

But it disputed the inspector general's condemnation of its deal with the Brentwood School, which agreed to pay \$850,000 in annual rent and provide in-kind services worth \$918,000. The services included access for 67 veterans to the Brentwood School's athletic facilities and summer school scholarships for veterans' children.

The inspector general said the in-kind compensation was legally dubious and found that neither the Brentwood School nor the VA provided adequate documentation of its benefits.

The audit also found that lease rates the VA renegotiated with the city of L.A.'s Barrington Park ballfields and dog park, UCLA's Jackie Robinson Stadium and the Brentwood School athletic complex were lower than the appraised rental values — of \$2.7 million each for UCLA and the Brentwood School and \$2 million for the city.

Rep. Ted Lieu (D-Torrance) said he was working with the VA and veterans groups to make sure campus development "is collaborative and effective."

"There's an urgent need to guarantee more veterans facing homelessness have housing," Lieu said in an email.

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7.2 - Lincoln Journal Star: [Lincoln has effectively ended homelessness of veterans, mayor says](#) (5 October, Nancy Hicks, 272k uvm; Lincoln, NE)

Lincoln has effectively ended homelessness among veterans, Mayor Chris Beutler said.

The city's designation as "functional zero" by a federal coalition indicates its homeless response system has the capacity and coordination to immediately house any veteran who identifies as homeless, the mayor said at a Friday news conference.

And the work in Lincoln is a team effort of dozens of agencies.

"There are probably close to 20 agencies that are working on this every day because it takes a village," said Denise Packard, coordinated entry manager at the University of Nebraska-Lincoln Center on Children, Families and the Law.

"We cast our net wide to make sure we don't have any gaps," she said.

Every week, the coordinated entry team runs a report, naming the veterans who have entered a shelter or are on the street.

Then the agencies review the list, determine what housing opportunities each person might be eligible for and develop a housing plan to get them off the streets as quickly as possible, Packard said.

Veterans often find housing through one of three organizations: CenterPointe's permanent supportive housing program for veterans, the Central Nebraska Community Action Program or the Veterans Affairs Supportive Housing apartments that opened early this year on the VA campus near 70th and O streets.

That new apartment complex for homeless and near-homeless veterans "has been a huge asset in getting people connected with housing," Packard said.

The Lincoln agencies have the capacity to get the veterans housed as fast as possible, said Lee A. Heflebower, director of housing and supported living with Region V Systems.

“It’s a very personalized service,” Heflebower said.

Lincoln is the 62nd community in the country to achieve the benchmark.

The certification came from the federal Departments of Housing and Urban Development and Veterans Affairs and the United States Interagency Council on Homelessness, which coordinates the federal response to homelessness in partnership with 19 federal agencies.

Certification does not mean that no veteran in Lincoln will ever again experience homelessness, but those events will be rare, said Jeff Chambers, project director at the UNL Center on Children, Families and the Law and a member of Lincoln's Homeless Coalition.

A collaborative group of 45 organizations developed a continuum of care plan to provide what individuals — veterans and others — need as they move from homelessness to self-sufficiency, Beutler said at Friday's news conference.

“This is a very proud milestone for our entire community,” he said.

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7.3 - KOLN-TV: [Mayor says veteran homelessness at 'functional zero', announces veterans parade](#) (5 October, 100.7k uvm; Lincoln, NE)

Federal officials have informed Mayor Chris Beutler that the city of Lincoln is a designation of “functional zero” when it comes to veteran homelessness.

The confirmation came from the U.S. Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA) and the United States Interagency Council on Homelessness (USICH), which coordinates the federal response to homelessness in partnership with 19 federal member agencies.

The designation of “functional zero” means a community’s homeless response system has the capacity and coordination to immediately house any Veteran who identifies as homeless. Lincoln is the 62nd community in the country to achieve the benchmark.

In addition, Beutler called on all residents to support Lincoln’s Veterans Parade set for Saturday, November 3 in the area around the State Capitol.

Opening ceremonies begin at 11 a.m. on the Capitol’s north steps, and the half-mile parade will move down “K” Street from South 21st to South 14th streets.

More information and a parade entry form can be found [here](#).

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7.4 - KFTA-TV (VIDEO): [Fayetteville VA Homeless Program Receives Food Donation](#) (5 October, Katie Davila, 45.8k uvm; Fayetteville, AR)

The VA's Homeless Veterans Programs of Northwest Arkansas received four pallets of food to help feed the hungry.

The donations were gifted by both FEMA and the NWA Food Bank. Items included non-perishables like beans, applesauce and trail mix. The project plays a big part in the continued support of homeless programs in the area.

"We would like to see continuation of the partnership. Northwest Arkansas has been very generous to the homeless veterans population and to the VA on donations with food and assistance with moving items," said Brian Mcanally, Healthcare for Homeless Veterans Program manager.

Each family enrolled in the program will be given specific food items to meet their individual needs.

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7.5 - Record-Journal: [VA's Mobile Vet Center to be at Apple Harvest Festival](#) (5 October, 31.5k uvm; Meriden, CT)

The U.S. Department of Veterans Affairs plans to will send its regional Mobile Vet Center to the Southington Apple Harvest Festival Saturday, Oct. 6 and Sunday, Oct. 7 to assist all military veterans and their family members with connecting with VA benefits and services.

Vet Centers are community based and part of the Vet Center Program of the U.S. Department of Veterans Affairs.

The Mobile Vet Center, or "MVC," is a 38-foot "office on wheels" equipped with satellite communications hosting audio-visual equipment, encrypted phone and fax lines, computers and wireless Internet. Information on VA health care and benefits will be along Center Street.

Veterans should bring a copy of the DD Form 214, Certificate of Release of Discharge from Active Duty, to access information on benefits and services, to include an opportunity to apply for VA health care.

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7.6 - Newton County Times: [VA, partner organizations to improve lives of Veterans with PTSD](#) (5 October, 2.2k uvm; Jasper, AR)

With research showing that Veterans with post-traumatic stress disorder (PTSD) face significant barriers to employment, the U.S. Department of Veterans Affairs (VA) and several state, city and nonprofit organizations recently created a first-of-its-kind "Pay for-Success" project to improve employment outcomes for such Veterans.

The Veterans Coordinated Approach to Recovery and Employment (Veterans CARE) project was launched Oct. 3 by the Commonwealth of Massachusetts, the City of Boston, New York City partners and the nonprofit organization Social Finance, which stemmed from VA's grant award to the organization, and will serve 480 Veterans over three years in New York City; Boston and Brockton, Massachusetts; and Central and Western Massachusetts.

“This project demonstrates that supporting Veterans depends on networks of collaborative partnerships, as well as great research and innovative ideas,” said VA Secretary Robert Wilkie. “Research and innovation are fundamental to improving the health care and benefits for our nation’s Veterans.”

According to research, PTSD interferes with a person’s ability to thrive in the workforce, and has been found to impact sustained employment and income negatively. In addition, a negative cycle exists between unemployment and PTSD — persistent unemployment often is linked to negative health conditions, including depression, which can exacerbate PTSD symptoms.

Further, VA research noted that up to 20 percent of Veterans from recent tours of duty have PTSD, and a 2015 analysis found that Veterans’ labor force participation had declined over the previous 35 years, in close correlation with a growth in service-connected disability.

The Veterans CARE project will involve local VA medical centers to deliver Individual Placement and Support (IPS), an evidence-based approach to supported employment, to program participants. The Tuscaloosa VA Medical Center (TVAMC) will oversee and monitor the project.

“The Veterans CARE project will take our work from the research arena into real-world settings where we plan to achieve the highest level of impact of IPS at full scale,” said Veterans CARE Study Chair Dr. Lori Davis. “Sustained meaningful work is a key part of the recovery plan for Veterans living with PTSD.”

Pay for Success is a public finance model that harnesses the power of the capital markets to address critical social and environmental challenges and improve the lives of those in need. In this Pay for Success project, BNP Paribas, Northern Trust, The Dakota Foundation, Deutsche Bank and Robin Hood Foundation provided \$5.1 million in impact capital to fund the project.

“We are excited to launch the first Pay for Success project globally to support Veterans, who have served our nation so honorably,” said Tracy Palandjian, CEO and co-founder of Social Finance. “The Veterans CARE project is about bringing the public, private and social sectors together to help Veterans with PTSD secure meaningful employment and lead healthier, happier lives.”

VA’s Center for Innovation and the Corporation for National and Community Service’s Social Innovation Fund are providing \$3 million, which is matched by local government partners, to repay project investors if the project achieves measurable results for Veterans.

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8. [Other](#)

8.1 - Seeking Alpha: [MiMedx down 6% premarket on critical WSJ article](#) (5 October, Douglas W. House, 4.5M uvm; New York, NY)

Embattled MiMedx Group (NASDAQ:MDXG) slips 6% premarket on light volume in apparent reaction to a WSJ article saying the company limited the range of products it offered to federal customers, including the Veterans Administration, to its most expensive offerings.

The company allegedly had one set of products for federal customers and another set for private buyers. At the VA, the company did not offer the smaller sizes of two popular products it offered elsewhere, forcing the VA to purchase larger, more expensive versions. Its EpiFix injectable is one example. The smallest size for federal customers is 40 mg costing \$725 while private doctors can acquire the 20 mg size for \$225.

The company's dealings with healthcare providers at government-run hospitals are also under scrutiny. Last month, a grand jury in Georgia heard testimony about its financial ties to a surgeon at the Army's medical center at Fort Gordon.

Former CEO Parker Petit and several other former executives were forced out due "conduct detrimental to the business."

Previously: MiMedx to treat executive terminations as "for cause" - shares down 11% premarket (Sept. 21)

See all stocks on the move »

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8.2 - Orlando Sentinel: [Post 9-11 veterans group pushing Congress to allow VA research on medical marijuana](#) (5 October, Kate Santich, 1.7M uvm; Orlando, FL)

"Antiquated" federal policies are preventing military veterans' access to medical marijuana, a prominent veterans advocacy group says — despite the drug's potential to lessen pain and PTSD.

In a #CannabisForVets campaign launched this week, the nonpartisan advocacy group Iraq and Afghanistan Veterans of America is calling on "all patriotic Americans" to urge Congress to pass the VA Medicinal Cannabis Research Act of 2018, which would authorize the U.S. Department of Veterans Affairs to study the efficacy of cannabis for soldiers enrolled in the VA system and diagnosed with such conditions as chronic pain or post-traumatic stress disorder.

"Our government allowed our men and women to handle weapons, warships and the most incredible technology in the world, but it prohibits them from having access to cannabis to treat their wounds," IAVA said in a news release. "It's backward and harmful that regressive federal policies still ridiculously prohibit our veterans from having access to something that can lessen their pain, treat their symptoms and improve their lives."

The VA Medicinal Cannabis Research Act, introduced last spring, has stalled despite bipartisan support in Congress and what IAVA says is widespread support for medical cannabis among veterans.

Some 31 states now permit the drug when prescribed by a physician. But early this year, then VA Secretary Dr. David J. Shulkin announced that the VA would not conduct research into whether medical cannabis could help veterans suffering from PTSD and chronic pain, though Shulkin did ease rules to allow VA doctors to talk to veterans about the drug. Still, VA physicians cannot refer patients to medical marijuana programs in the states where the drug is legal.

IAVA said getting the cannabis research act passed is one of its top priorities.

"Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war," the group said.

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8.3 - WTLV-TV: [WWII veteran cites radiation exposure at Nagasaki as reason for skin cancer, VA has yet to agree](#) (5 October, Kenneth Amaro, 186k uvm; Jacksonville, FL)

Anyone who has seen the grainy image of an atomic bomb exploding over the cities of Hiroshima and Nagasaki will never forget it.

It changed World War two and it revealed the explosive power of the atomic bomb

"The government told us nothing about radiation," said James Snellen.

Snellen was stationed on the USS Cofer.

Nagasaki was bombed August 9, 1945. He said on September 17 his ship was sent to the city to pick up prisoners of war.

"We spent five days in Nagasaki before we left," he said.

Snellen, now 92, is trying to convince the VA that his skin cancer is related to his radiation exposure.

"I've had Basal and the second stage," he said. "My first cancer was in 1983 found in Oklahoma City."

His dermatologist told him and the VA that there is a greater than 50% likelihood that his cancer is related to Nagasaki and the weeks spent in the Pacific.

Snellen said in 2006 he filed a appeal with the VA to make his cancer service connected.

"Not too long ago they found forty places on top of my head," he said

The gunner's mate has kept up with the most of those who served on the USS Cofer and said he noticed a common thread in their passing.

"Most of them died from cancer, various forms of station," he said.

A few months ago Congressman John Rutherford's office stepped in to help the decorated veteran.

In August, the appeals board promised priority processing because of his age, but his status remains unchanged.

"I have suffered with them back and forth I just feel like I have been mistreated," he said.

On Your Side reached out to the VA and so far, no response. The congressman's office told us it is actively working the case.

"Congressman Rutherford's office regularly helps constituents with interactions they have with federal agencies, including the VA, to ensure that citizens receive due process and help them get fair and timely responses. It is our policy, however, to refrain from sharing information relating to individuals and their cases given our obligation to protect their privacy. The Privacy Act requires that we obtain consent from a constituent to contact a federal agency on their behalf, and that consent does not extend beyond the agency in question."

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8.4 - The Fresno Bee: [Time is running out to help the Blue Water Navy vets](#) (5 October, Jim Doyle, 110k uvw; Fresno, CA)

"When there is a deadlock, my personal belief is that the tie should be broken in favor of the brave men and women that put their lives on the line for all of us." Former Veterans Administration Secretary Dr. David Shulkin

In 1991, Congress passed the Agent Orange Act. The act presumed certain diseases were tied to Agent Orange exposure during a veteran's military service, and would make them eligible for VA benefits.

In the 27 years since the law was enacted, the list of diseases associated with exposure to Agent Orange has grown and includes various cancers, diabetes, Parkinson's Disease, peripheral neuropathy, and heart disease among others.

The VA website states the following: "For the purposes of VA compensation benefits, veterans who served anywhere in Vietnam between January 9, 1962 and May 7, 1975 are presumed to have been exposed to herbicides, as specified in the Agent Orange Act of 1991. These veterans do not need to show that they were exposed to Agent Orange or other herbicides in order to get disability compensation for diseases related to Agent Orange exposure."

To get these benefits, though, veterans "must have actually set foot on Vietnamese soil or served on a craft in its rivers (also known as 'brown water' Navy)," the Congressional Research Service wrote. Those who instead spent time on deep-water Navy ships (called "Blue Water Navy" veterans) do not qualify unless they can show that they spent time on Vietnam land or rivers, the report said.

HR 299, the Blue Water Navy Vietnam Veterans Act of 2018, a bill whose original sponsor is Rep. David Valadao, R-Hanford, would restore benefits to nearly 90,000 veterans of the Navy who served off the coast of Vietnam during the war and were subject to the same exposure to Agent Orange as their dry land and Brown Water Navy comrades.

These benefits, arbitrarily rescinded in 2002, included medical and disability treatment and compensation. Valadao's bill, HR 299 passed in the House 382 – 0 and was sent on to the Senate where it was also expected to pass without opposition.

Now, an openly hostile Secretary of Veterans Affairs, Robert Wilkie, has urged senators to reject legislation that would make health care and disability compensation available to

approximately 90,000 “Blue Water” Navy veterans – those sailors aboard aircraft carriers, destroyers and other ships who contend they were exposed to Agent Orange through the ships’ water systems. The dioxin-laden herbicide has been found to cause respiratory cancers, Parkinson’s disease, and heart disease, as well as other conditions.

Wilkie, who came from the Pentagon where he was deputy secretary for personnel and readiness, has staked his tent in the far territory, beyond reason and in opposition to objective facts.

These are our neighbors, friends, co-workers, and fellow retirees who face the daily challenge of fighting illnesses directly associated with their military service, nearly 50 years after that honorable service ended.

And the VA, at its highest administrative level, refuses to extend the hand pledged on the bronze plaque next to the front door at 801 Vermont St. in Washington, the Department of Veterans Affairs: “To care for him who shall have borne the battle and for his widow and his orphan.”

Is it any wonder less than half of 1 percent of our 330 million fellow Americans choose to join the military, when confronted with the knowledge that previous generations in their families have been refused treatment and compensation for health issues directly related to their service?

Many of our Blue Water Navy veterans will not survive Wilkie’s tenure in office. It is unconscionable that an individual who has expressed open hostility to veterans was even nominated, much less confirmed as secretary of the Department of Veterans Affairs.

Veterans might expect better from an administration that claims to support our men and women who have served, but as we’ve seen with much out of this administration, it is so much smoke being blown up our skirts.

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8.5 - WGNS-FM: [Local VA seeks participants, volunteers for Veterans Day parade](#) (5 October, 15k uvm; Murfreesboro, TN)

The Tennessee Valley Healthcare System (TVHS) will honor the residents of its Community Living Centers and all Veterans with a parade Saturday, November 10th at 11 a.m. at its Alvin C. York campus at 3400 Lebanon Road.

This annual event “brings the show” to more than 150 Veterans who live or are temporarily staying at the York facility.

“This is the only parade our residents will get to see, so we like to make it special,” said event organizer Annette Allen, who also serves as administrative officer for the TVHS geriatrics and extended care service. “These are Veterans - some of whom served in World War II and in Vietnam - and they deserve the absolute best we can give them,” she said.

Allen said TVHS needs help to do that. She said she’s looking for groups, clubs and individuals who want to participate in the parade by walking, driving, or otherwise moving along the parade

route along the perimeter of the campus. Allen said the parade committee is also looking for volunteers to help with event logistics, spectator safety, and various other tasks.

Anyone interested in being in the parade or volunteering to work behind the scenes should contact Annette Allen atannette.allen@va.gov or at 615-225-3786.

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8.6 - Fort Campbell Courier: [Veterans affairs: Up to \\$9 million awarded to adaptive sports programs](#) (5 October, Fort Campbell, KY)

The U.S. Department of Veterans Affairs recently awarded up to \$9 million in grants to eligible recipients for adaptive sports programs that will benefit disabled veterans and disabled members of the armed forces.

Grant recipients may use the funds for planning, developing, managing and implementing adaptive sports programs. This year, \$1 million was used to support organizations that offer equine assisted therapy to support mental health.

“We are proud to provide these grants to 103 community organizations across the country that are dedicated to sports and recreational opportunities for our nation’s veterans,” said VA Secretary Robert Wilkie. “At VA, we know firsthand that adaptive sports have changed the lives of many of our injured veterans. They have relearned not only to participate in life again, but to compete, to thrive, to inspire and drive themselves, their fellow warriors, their Families and all Americans.”

VA is awarding the grants to national governing bodies, which prepare high-level athletes for Paralympic competition; Veterans Service Organizations; city and regional municipalities; and other community groups to provide a wide range of adaptive sports opportunities for eligible veterans and service members. The grants will support activities such as kayaking, sailing, cycling, archery, hockey, skiing, fencing and equine therapy.

VA will distribute the grants to 103 national, regional and community programs with reach to all 50 states, the District of Columbia and Puerto Rico. About 11,000 veterans and service members are expected to benefit from the programs.

Information about the awardees and details of the program may be found at www.va.gov/adaptivesports and @Sports4Vets on social media.

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From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 5 October Veterans Affairs Media Summary and News Clips

Date: Fri Oct 05 2018 05:17:32 CDT

Attachments: 181005_Veterans Affairs Media Summary and News Clips.docx
181005_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.758017-000001

Owner: VA Media Analysis (b) (6)

Filename: 181005_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Fri Oct 05 04:17:32 CDT 2018



Veterans Affairs Media Summary and News Clips

5 October 2018

1. [Top Stories](#)

1.1 - Politico: [Opioids package passes \(and what it means\)](#) (4 October, Darius Tahir, 23.9M uvm; Arlington, VA)

Cerner today released the names of 24 businesses that will be part of the team implementing its EHR for the VA. They include Leidos, Accenture and Henry Schein, Cerner's three largest partners on the military's MHS Genesis project. The VA EHR modernization team will outline its strategy during Cerner's annual conference next week in Kansas City, Mo., according to a Cerner release.

[Hyperlink to Above](#)

1.2 - The Plain Dealer: [Cleveland VA medical center under review for cancellation of patients' tests](#) (4 October, Julie Washington, 11.5M uvm; Cleveland, OH)

The Louis Stokes Cleveland VA Medical Center is among several Veterans Affairs hospitals in the country that are under review for claims they are improperly canceling a large number of patients' diagnostic tests.

[Hyperlink to Above](#)

1.3 - Military Times: [Here are the best and worst VA medical centers](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials claimed improvements at 66 percent of their medical centers across the country last fiscal year, with 18 earning the highest level of excellence in the department's internal ratings system. But nine others remain on the VA's list of underperforming facilities after getting the lowest possible rating. They include the embattled Washington VA Medical Center, which sits just a few miles from the White House and has seen a series of leadership shake-ups in recent years.

[Hyperlink to Above](#)

1.4 - Military Times: [Efforts to help homeless veterans showing progress, VA, HUD leaders say](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

After the first increase in annual homeless veterans estimates in seven years, the leaders of Veterans Affairs and Housing and Urban Development say they are confident in improvements made on the issue in recent months. "Across the country in general, we're getting a lot more proclamations about the end of homelessness, not just veterans homelessness but homelessness in general" said HUD Secretary Ben Carson in an interview with Military Times on Wednesday.

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1.5 - Stars and Stripes (Military Update): [Isakson vows 'Blue Water' relief; Trump inflates Choice reform](#) (4 October, Tom Philpott, 1.5M uvm; Washington, DC)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for "Blue Water Navy" Vietnam War veterans who have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private-sector physicians and hospitals.

[Hyperlink to Above](#)

1.6 - Stars and Stripes: [Senator: VA missed deadline to inform vets with 'bad paper' about access to mental health care](#) (4 October, Nikki Wentling, 1.5M uvm; Washington, DC)

A senator who championed legislation earlier this year to increase access to mental and behavioral health care for veterans with other-than-honorable discharges is worried the word isn't getting out to the thousands of veterans now eligible for care they were previously denied. The Honor Our Commitment Act, approved as part of large appropriations bill in March, requires the Department of Veterans Affairs to provide veterans with mental health screenings and care, even if they received other-than-honorable discharges.

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1.7 - WFED (AM-1500, Audio): [VA digital service team not resting on laurels, plans to continue to simplify online experience](#) (4 October, Jason Miller, 854k uvm; Washington, DC)

Calling it a surreal moment, Marcy Jacobs, the executive director of the digital service at the Veterans Affairs Department, accepted her Service to America Medal Tuesday night. Jacobs started the effort three years ago to change the way more than 40 million veterans and their families interact online with the VA. Jacobs said the SAMMIES recognition is about more than just improving the Vets.gov site.

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1.8 - Healthcare IT News: [Cerner reveals long list of VA EHR modernization partners](#) (4 October, Jessica Davis, 438k uvm; Chicago, IL)

"This is the beginning of a long transformational journey," Travis Dalton, president of Cerner Government Services, said in a statement. "We'll continue to seek and bring the best talent available to the VA." "Our nation's Veterans deserve the highest quality care," he added. "And we're confident we've brought the right players to this team to succeed in our collective mission."

[Hyperlink to Above](#)

1.9 - Bloomberg Government: [Post-9/11 Vets Look to Vietnam Veterans' Agent Orange Fight](#) (4 October, Megan Howard, 197k uvm; Washington, DC)

Iraq and Afghanistan veterans are looking to a Vietnam group's fight for health coverage for guidance on their fight for care after burn pit exposure. Vietnam's Blue Water Navy Veterans, a group who served on ships miles off the coast, are embroiled in a battle with the Department of Veterans Affairs over disability benefits related to Agent Orange exposure.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Becker's Hospital Review: [VA appoints physician to lead integration for its EHR project](#) (4 October, Julie Spitzer, 441k uvm; Chicago, IL)

The Veterans Affairs Department appointed Paul Tibbits, MD, to a key leadership post charged with overseeing its EHR modernization project, shortly after Cerner unveiled its team of 24 technology businesses tasked with supporting the project on Oct. 3.

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3.2 - Nextgov: [24 Companies Join VA's Health Record Modernization Team](#) (4 October, Jack Corrigan, 193k uvm; Washington, DC)

The vendor responsible for modernizing the Veterans Affairs Department's electronic health record system recruited 24 more companies to assist with the massive overhaul. Cerner Corp. on Wednesday announced it teamed up with a lengthy list of subcontractors as the multi-billion dollar overhaul of VA's health record platform gets underway.

[Hyperlink to Above](#)

3.3 - Springfield News-Sun (Video): [VA on new Springfield outpatient clinic: 'It shows our commitment to the Springfield community'](#) (4 October, Jenna Lawson 6k uvd; Springfield, OH)

The Dayton VA Medical Center announced Wednesday it has chosen a new site for the Springfield VA outpatient clinic. The new clinic will be located at 1620 N. Limestone St. Construction is expected to be finished in 2019. The clinic has been located on Burnett Road since the early 2000s, but Dayton VA officials said a new space is necessary to accommodate the growing veteran population.

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3.4 - MedCity News: [24 businesses will help Cerner with VA EHR modernization process](#) (4 October, Erin Dietsche, 114k uvm; Cleveland, OH)

A cohort of 24 companies has agreed to join Cerner as it implements its EHR system for the Department of Veterans Affairs. The core group of seven businesses assisting the Kansas City, Missouri-based EHR vendor include AbleVets, Accenture, Guidehouse, Henry Schein, Leidos, MicroHealth and ProSource360.

[Hyperlink to Above](#)

3.5 - Cincinnati Business Courier: [Downtown federal building now home to Tele-Intensive Care Unit](#) (4 October, Barrett J. Brunsman, 28k uvm; Cincinnati, OH)

The Tele-Intensive Care Unit that had been based at the Cincinnati VA Medical Center has been moved to the John Weld Peck Federal Building downtown. The Veterans Health Administration's Tele-ICU, which helps provide remote critical care to patients in 19 VA hospitals throughout the nation, had been located in the Cincinnati VA Medical Center in Corryville since its inception in 2012 but outgrew the space.

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3.6 - KELO (CMN-1320/107.9): [Talking robots help veterans in Sioux Falls](#) (4 October, Mark Russo, Sioux Falls, SD)

Three tireless robots are helping veterans at the Sioux Falls VA Medical Center. Lyle, Nemo, and Rob-b (yes, they have names) deliver medical supplies around the facility. The chunky metallic messengers on wheels free up the nurses and other medical staff to focus on other needs.

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4. Focus Resources More Efficiently

4.1 - The Wall Street Journal: Peter O'Rourke, Top VA Official Who Clashed With Lawmakers, Poised to Leave

(4 October, Ben Kesling, 43.6M uvm; New York, NY)
A former Trump-campaign staffer who became acting secretary of the Department of Veterans Affairs is expected to leave the agency as soon as this week following a contentious tenure, according to an administration official familiar with the matter. Peter O'Rourke served as acting secretary from May 29 to July 30, clashing with lawmakers, the agency's inspector general's office and other VA officials, according to current and former officials interviewed about the matter.

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4.2 - WECT (NBC-6, Video): Landlord moves to sell Wilmington VA clinic amidst criminal investigation

(4 October, Ann McAdams, 466k uvm; Wilmington, NC)
WECT has learned the private owners of the Wilmington VA clinic are looking to sell the facility to a new buyer. These developments come just days after news first broke about a criminal investigation by the VA inspector general into the leasing procedures and bidding process used when the Wilmington VA clinic was built. The clinic opened in 2013.

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4.3 - KTAR (CMN-92.3, Video): Arizona congressman introduces federal bill to reform Phoenix VA

(4 October, 446k uvm; Phoenix, AZ)
An Arizona congressman has introduced legislation to reform the Phoenix Veterans Affairs office at the federal level. The Phoenix VA Congressional Oversight Act, introduced by U.S. Rep. Andy Biggs, would direct VA Secretary Robert Wilkie to launch a pilot program that would improve lawmakers' ability to assist their constituents.

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4.4 - The Auburn Villager: State Nurses Association gathers locally for annual convention

(4 October, Allison Blankenship, 200 uvd; Auburn, AL)
From all over the state, about 100 delegates of the Alabama State Nursing Association as well as others in the nursing profession will gather locally for the ASNA's 105th annual convention starting today through Saturday.

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5. Improve Timeliness of Service

5.1 - U.S. News & World Report: Joining the Opioid Battle

(4 October, Linda Marsa, 23.9M uvm; Washington, DC)
When Francis Arment walked into the emergency room at Massachusetts General Hospital, he had hit "rock bottom." It was 3 a.m., and he'd been driving all over in search of an addiction treatment center. Earlier that day in 2017, he'd been fired from his insurance job when his boss discovered he'd stolen \$40, which he'd used to buy black-market prescription opioids.

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5.2 - The Huffington Post (Video): [VA 2018 Hospital Rankings Show Fewer Top-Rated Medical Centers](#) (4 October, Nina Golgowski, 22.9M uvm; New York, NY)

The government's 2018 ranking of Veterans Affairs medical centers shows the number of top-rated facilities declined, even though overall service improved. The annual list, released by the VA on Wednesday, shows that nine of the VA's 146 ranked hospitals earned the lowest possible one-star rating — down from 14 hospitals last year. Seventeen hospitals received the highest five-star rating, compared with 19 last year.

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5.3 - WFED (AM-1500, Audio): [IRS questioned about the accuracy of its customer satisfaction reports](#) (4 October, Terry Wing, 854k uvm; Washington, DC)

Veterans Affairs (VA) has unveiled a new program to study whether long-term employment can be used to treat post-traumatic stress disorder (PTSD). The VA is partnering with multiple cities, states and non-governmental organizations to offer individual placement and support for employment to veterans. VA research has found that PTSD negatively affects veterans' ability to hold a job, and veteran participation in the workforce has declined in the past 35 years.

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5.4 - WMC (NBC-5, Video): [Memphis VA again ranks among worst in country](#) (4 October, Jessica Holley, 592k uvm; Memphis, TN)

The Memphis Veterans Affairs Medical Center once again received bad ratings. The hospital remained on the list of the worst VA facilities in the county, one of only five VA facilities receiving the lowest ranking for the past three years. In a new VA release, Memphis received just one out of five stars, joining facilities in Atlanta, El Paso, Montgomery, Phoenix and others.

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5.5 - KVIA (ABC-7): [El Paso VA Hospital Improves, still has one star rating](#) (4 October, 529k uvm; El Paso, TX)

The VA released its end of fiscal year 2018 hospital star ratings Wednesday, and while the El Paso VA saw improvements, it still remains at a one star rating. "There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5.6 - WSFA (NBC-12, Video): [American Legion Dept. of AL reacts to Montgomery VA 1-star Rating](#) (4 October, Rosanna Smith, 439k uvm; Montgomery, AL)

A local veterans service organization is reacting along with others to the Montgomery VA Hospital's 1 star rating. This score was handed down by the The United States Department of Veterans Affairs as part of its hospital ratings for the 2018 Fiscal Year. Greg Akers spent more than 20 years in the Army. For him, the decision to serve was easy.

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5.7 - WENY (TV-36): [Bath VA Medical Center Maintains 5 Star Rating](#) (4 October, Caitlin Murphy, Horseheads, NY)

The Department of Veterans Affairs had released its end of fiscal year 2018 VA hospital Star ratings. These ratings evaluate and benchmark quality of care delivery at VA medical centers across the nation. According to the report, the Bath VA Medical Center maintained a 5-star rating in Fiscal Year 2018.

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5.8 - The Day: [Murphy questions whether VA informed 500,000 vets of their eligibility for benefits](#) (4 October, Julia Bergman, 440k uvm; New London, CT)

More than 500,000 veterans now are eligible for mental and behavioral health care at the Department of Veterans Affairs, but U.S. Sen. Chris Murphy, D-Conn., is questioning whether the VA has informed them of their eligibility. "I have received no information regarding any efforts by the VA to notify the more than 500,000 veterans who are now eligible for care," Murphy said in a letter sent Tuesday to VA Secretary Robert Wilkie.

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5.9 - KJZZ (NPR-91.5): [Phoenix VA Medical Center Still A 1-Star Facility](#) (4 October, Kathy Ritchie, 165k uvm; Tempe, AZ)

The Department of Veterans Affairs released its end of fiscal year 2018 hospital star ratings, which looks at quality of care at VA Medical Centers across the country. Several centers made significant improvements, but Phoenix wasn't one of them.

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5.10 - Temple Daily Telegram: [Report: Temple VA shows service improvements](#) (4 October, Janice Gibbs, 157k uvm; Temple, TX)

The Olin E. Teague Veterans' Medical Center in Temple, part of the Central Texas Veterans Health Care System, showed improvement in quality of care delivery, according to a new report. On Thursday, the Department of Veterans Affairs released its end of fiscal year 2018 hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers across the nation.

[Hyperlink to Above](#)

5.11 - Lebanon Daily News (Video): [Lebanon VA Medical Center improves to 5-star rating](#) (4 October, 75k uvm; Lebanon, PA)

The Lebanon VA Medical Center improved from a 3-star rating to a 5-star rating over the past year, one of only a handful of VA Medical Centers nationwide to make such an improvement in star ratings. The 5-star rating, for fiscal year 2018, is the highest number a VA facility can receive. The rating system is designed to evaluate and benchmark quality of care delivered at VA medical centers across the nation. The newest ratings were released Wednesday.

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5.12 - WATN (ABC-24, Video): [For Third Year In Row, Memphis VA Hospital Gets Just One-Star Rating](#) (4 October, Mike Matthews, 55k uvm; Memphis TN)

Nobody is happy. There are big problems at the Memphis VA Hospital, and those problems concern people. For three years in a row, this hospital only received a one-star rating. Only five

VA hospitals in the country have that dubious distinction. Too many people die at the Memphis VA Hospital, according to a survey done by the Veterans Administration. There is also a problem with infections.

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5.13 - KVII (ABC-7, Video): [Amarillo Veterans Affairs Hospital ranks best in Texas](#) (4

October, Jala Washington, 53k uvm; Amarillo, TX)

Out of several VA Hospitals across the lone star state, Amarillo's is ranked the best. This comes from the 2018 end of the year, federal hospital rankings. The Thomas E. Creek VA Medical Center in Amarillo has earned four out of five stars for their quality healthcare. There are a number of categories the hospital has been graded on to judge its true quality.

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5.14 - Alabama Today: [Montgomery VA Medical Center earns 1-star facility rating, others improve](#) (4 October, Elizabeth Patton, 51k uvm; Birmingham, AL)

A new report from the Veterans Administration shows two Alabama VA medical centers have made some improvements in its quality of services over the past year, while another remains stagnant.

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6. [Suicide Prevention](#)

6.1 - WTVW (FOX-7, Video): [Flags placed on National Mall to bring attention to veteran suicides](#) (3 October, 202k uvm; Henderson, KY)

VA officials said steps include improving access to same-day mental health care and outreach programs like the department's new "Be There" campaign. Dr. Keita Franklin, Executive Director of Suicide Prevention for the VA, said the campaign highlights risk factors and warning signs of suicide.' The public service campaign includes this video from Secretary Wilkie encouraging open conversation about mental health.

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6.2 - Faithwire: [5,520 Flags Placed at Capitol to Spread Awareness of Veteran Suicide as Rates Among Young Vets Soar](#) (4 October, Carly Hoilman, 9k uvd; New York, NY)

On Wednesday, veterans advocates placed 5,520 flags placed along the National Mall to call attention to the growing problem of veteran suicide. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," Melissa Bryant, chief policy officer for Iraq and Afghanistan Veterans of America, told the Military Times. "Some of us standing here could have been one of these flags, but for an intervention."

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6.3 - WZDX (FOX-54, Video): [Flags on the National Mall call attention to military suicides](#)

(4 October, Brie Jackson, 600 uvd; Huntsville, AL)

The Department of Veterans Affairs says it is boosting efforts to prevent veteran suicides. VA officials say steps include improving access to same day mental health care and outreach programs like the department's new "Be There" campaign. Keita Franklin, Executive Director of

Suicide Prevention for the U.S. Department of Veterans Affairs, says "Be There" highlights risk factors and warning signs of suicide, and that it's really a call to action...

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Denver Post: Federal agencies provide nearly \$783,000 to help Colorado homeless vets (4 October, Judith Kohler, 4.8M uvm; Denver, CO)

Funding from the U.S. Housing and Urban Development and the Veterans Affairs departments will help provide permanent homes to about 100 homeless veterans in Colorado. The \$782,869 in rental assistance announced this week comes from the HUD-Veteran Affairs Supportive Housing program, which combines rental assistance from HUD with case management and clinical services by the VA.

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7.2 - Tampa Bay Times: Florida National Cemetery, so often passed by, can take a visitor's breath away (4 October, Joe Henderson, 4.8M uvm; Saint Petersburg, FL)

Exit 309 off Interstate 75 in Bushnell is about an hour north of Tampa, and I have driven by it many more times than anyone can count, past the sign pointing to the Florida National Cemetery. Never paid much attention to it, to tell you the truth. I mean, who wants to go to a cemetery before you have to?

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7.3 - KNBC (NBC-4): Temporary Homeless Shelter at VA Approved by LA City Council (4 October, 2.1M uvm; Los Angeles, CA)

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by a Los Angeles City Council committee Wednesday. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

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7.4 - WCSC (CBS-5, Video): Garden at Charleston VA to help veterans going through treatment (4 October, 827k uvm; Charleston, SC)

As part of a partnership between the Lowcountry Food Bank and Clemson University, veterans at the Ralph H. Johnson VA medical center in downtown Charleston will have a place to go where they can take their mind off treatment and make their minds sharper.

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7.5 - KRCR (ABC-7): HUD and VA to help homeless veterans in Redding and Shasta County (5 October, Mindy Schack, 198k uvm; Redding, CA)

To help end veteran homelessness, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) awarded \$293,814 to provide a permanent home to an estimated 60 veterans enduring homelessness in Sacramento and the San Joaquin Valley.

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7.6 - WOAI (NBC-4, Video): [Big money coming to San Antonio for homeless veterans](#) (4 October, Robert Price, 163k uvm; San Antonio, TX)

Some much-needed money is coming to San Antonio to help homeless veterans. The money is coming from the Department of Veterans Affairs and the Department of Housing and Urban Development. More than four-thousand homeless veterans will be getting a permanent home thanks to 35 million dollars worth of rental assistance vouchers nationwide. That includes 38 veterans in Bexar County.

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7.7 - Guam Pacific Daily News (Video): [Our View: Program will help get homeless veterans off the streets](#) (4 October, 141k uvm; Hagatna, GU)

Homeless military veterans living in Guam and Hawaii will be eligible for rental assistance to get them into safe housing, thanks to funding from the U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs. The agencies announced that they've awarded \$887,278 to help 88 homeless veterans in Guam and Hawaii, with the funding provided through the HUD-Veterans Affairs Supportive Housing Program.

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7.8 - Daily Bruin: [Temporary West LA housing facility to open doors to homeless veterans](#) (4 October, Armando Carrillo, 3.4k uvd; Los Angeles, CA)

A temporary housing facility in West Los Angeles is expected to open in early 2019 and house up to 100 homeless veterans. The \$5 million facility will be located on the West Los Angeles Veterans Administration campus and will provide on-site services such as 24-hour security, case managers and mental health services.

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7.9 - Leavenworth Times: [Bark for Life slated for Saturday](#) (4 October, Mark Rountree, 49k uvm; Leavenworth, KS)

A fundraiser will be held Saturday to raise money for the American Cancer Society. And dogs will be the stars of the show. Registration is under way for Bark For Life, a benefit for Leavenworth County Relay for Life and the American Cancer Society. The event will include a 5K run/walk or a one-mile run/walk on the campus of the Eisenhower VA Medical Center.

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7.10 - ConnectingVets.com: [Like countless student veterans, he's owed thousands in late GI Bill payments](#) (4 October, Matt Saintsing, New York, NY)

\$3,659. That's how much the VA owes a student veteran in Florida. Due to an upsurge in technical problems, an unknown number of vets using the GI Bill are have received late payments, the wrong amounts, or, in the case of Erin Lagos, no money at all so far this semester. "You have to be prepared to have enough money for a month-and-a-half (for payment delays)," he tells Connecting Vets. "And no one tells you that."

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8. [Other](#)

8.1 - The Washington Post: [Congressional Republicans tentatively agree to raise federal worker pay, rebuffing Trump](#) (4 October, Erica Werner and Lisa Rein, 43.9M uvm; Washington, DC)

Congressional Republicans have tentatively agreed to a 1.9 percent pay raise for the nation's 2 million civilian federal workers, overruling President Trump who sought to freeze their pay. The preliminary deal between House and Senate Republicans is also likely to lift a salary freeze affecting hundreds of executive-level employees and appointees including Vice President Pence and members of the Trump Cabinet, according to lawmakers and aides.

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8.2 - The Wall Street Journal: [Trump Administration to Step Up Oversight of Hospital Watchdogs](#) (4 October, Stephanie Armour, 43.6M uvm; New York, NY)

The Trump administration on Thursday announced increased oversight of organizations that accredit and inspect most U.S. hospitals, following a report last year in The Wall Street Journal focusing on problem-plagued facilities that kept their accreditation status.

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8.3 - U.S. News & World Report (AP): [Tomah Whistleblower, Veteran's Widow Disagree Over Baldwin](#) (4 October, Scott Bauer, 23.9M uvm; Washington, DC)

A Gulf War veteran who blew the whistle on the prescription drug crisis at the Tomah Veterans Affairs Medical Center said he thinks it would be "immoral" to vote for Democratic Sen. Tammy Baldwin. The comments from Ryan Honl, a Libertarian, drew a sharp rebuke Thursday from Heather Simcakoski, the widow of veteran Jason Simcakoski who died in 2014 due to "mixed use toxicity" while being treated at Tomah.

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8.4 - Milwaukee Journal Sentinel: [Tomah VA whistleblower says it would be 'immoral' to support Sen. Tammy Baldwin](#) (4 October, Daniel Brice, 4.8M uvm; Milwaukee, WI)

Tomah whistleblower Ryan Honl is putting himself front and center in the U.S. Senate race. Honl, who helped shine the spotlight on the problems at the Tomah Veterans Affairs Medical Center, is urging voters to oppose Democratic U.S. Sen. Tammy Baldwin. She is being challenged by GOP state Sen. Leah Vukmir.

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8.5 - WFED (AM-1500): [DHS cyber office name change more likely, USDS offers advice](#) (4 October, Amelia Brust, 854k uvm; Washington, DC)

But Marcy Jacobs, executive director of digital services at the Veterans Affairs Department, noted that some agencies may be afraid to open themselves up. They may fear vulnerability is spotted for which they lack the funds or expertise to address. "I would just say start small," said Jacobs, who spent three years working on the brand consolidation of VA.gov and Vets.gov and even won a Service to America Medal on Tuesday night for her work.

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1. [Top Stories](#)

1.1 - Politico: [Opioids package passes \(and what it means\)](#) (4 October, Darius Tahir, 23.9M uvm; Arlington, VA)

[...]

LATEST AT THE VA: Cerner today released the names of 24 businesses that will be part of the team implementing its EHR for the VA. They include Leidos, Accenture and Henry Schein, Cerner's three largest partners on the military's MHS Genesis project. The VA EHR modernization team will outline its strategy during Cerner's annual conference next week in Kansas City, Mo., according to a Cerner release.

— Personnel matters: Meanwhile, the VA has named veteran IT specialist Paul Tibbits to head efforts by its Office of Information and Technology in support of the EHR modernization. Tibbits will report to incoming CIO James Gfrerer and work closely with EHR project leader John Windom on designing and implementing the EHR system, Press Secretary Curt Cashour said in a statement to POLITICO. Tibbits, a physician, served in the military for 26 years and at the VA in senior IT positions since 2006. He was previously leader of the VA's Financial Management Business Transformation Special Program Office.

— The fine print: On a related note, a source drew our attention to a section of the VA appropriations bill, H.R. 5895 (115), signed by President Donald Trump on Sept. 21 that we previously missed.

The passage urges the VA to quickly decide whether to continue an Epic-Leidos patient-scheduling project that's being piloted in Columbus, Ohio. The language gives the VA 90 days to decide whether to stick with the project while implementing Cerner software elsewhere. Should the VA drop the Epic scheduling work — which is under budget and expected to be finished within three years — “conferees are disturbed that some regions of the country will not benefit from the scheduling system for a decade,” despite “the continuing problem of delayed appointments.”

At least a half-dozen health systems across the country have Cerner EHRs and Epic scheduling software, according to Epic officials we quoted in July.

[...]

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1.2 - The Plain Dealer: [Cleveland VA medical center under review for cancellation of patients' tests](#) (4 October, Julie Washington, 11.5M uvm; Cleveland, OH)

The Louis Stokes Cleveland VA Medical Center is among several Veterans Affairs hospitals in the country that are under review for claims they are improperly canceling a large number of patients' diagnostic tests.

About 300,000 canceled radiology tests at VA medical centers across the United States since 2016 has raised questions about whether some medically important tests were canceled

improperly, according to USA Today. Some facilities may not have followed correct procedures when getting rid of outdated and duplicate test orders, the newspaper said.

Cancelling necessary tests could jeopardize the care of veterans who have conditions that need to be watched closely.

The VA declined to comment, said Michael Nacincik, public affairs officer in the Office of Inspector General at the U.S. Department of Veterans Affairs.

In an email, Nacincik confirmed that a national audit is ongoing to look at how radiology requests are processed and how canceled requests are managed. He also confirmed that Cleveland's VA medical center is part of that audit.

A Cleveland VA spokesperson would not elaborate on specifics of the local audit.

The nationwide audit also includes VA facilities in Bay Pines, Florida; Dallas, Texas; Denver, Colorado; Iowa City, Iowa; Las Vegas, Nevada; Los Angeles, California; Salisbury, North Carolina; and Tampa, Florida, Nacincik said.

A statement from the U.S. Department of Veterans Affairs explained that starting in 2016, the national VA began to look at a backlog of about 300,000 old radiology consults or exam orders, some dating to the 1980s.

The orders accumulated because the national VA didn't have a system for cancelling tests that were no longer necessary or were duplicates, the Veterans Affairs statement said.

"VA officials at both the regional and national levels have been monitoring the implementation of this policy closely for compliance and have worked with the (Department of Veterans Affairs' Office of) Inspector General to oversee the process," a Veterans Affairs statement said.

Nationally, the VA has instituted new procedures calling for health care providers to be notified if a test has not been completed within 60 days of the clinically indicated date. The test will then be canceled, the need for the test will be reassessed, and the patient will be contacted if necessary, the Department of Veterans Affairs said.

What happened in Cleveland?

A physician-led team in Cleveland reviewed all outdated and obsolete orders and "took appropriate action" based on national guidance, said Cleveland VA public affairs specialist Sarah Jane Phillips.

Cleveland, the third-largest VA medical center in the country, handles 3,200 radiology orders weekly, Phillips added.

Cleveland had 21,657 outstanding radiology orders in January 2017, second only to Columbia, South Carolina, which had 29,512, according to Veterans Health Administration numbers published in USA Today. No further information regarding the local 21,657 outstanding orders was available from local sources.

Details are emerging about diagnostic order cancellations in Iowa City and Tampa Bay, both part of the VA's nationwide audit of radiology practices.

A spokesman for the Iowa City VA hospital acknowledged it did not follow national VA guidelines for diagnostic order cancellations, but added that only a small number of tests were affected, according to USA Today.

U.S. Senators Joni Ernst and Chuck Grassley recently wrote to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams, according to the Gazette newspaper in Iowa.

In July, the Tampa Bay Times reported that federal investigators were looking into allegations that the James A. Haley Veterans' Hospital canceled hundreds of patient radiology exams without following safety guidelines and then tried to cover it up.

The allegations were made by four Haley radiology technicians who filed a sexual harassment and intimidation lawsuit against the hospital. The exams had been left undone for more than 60 days.

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1.3 - Military Times: [Here are the best and worst VA medical centers](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials claimed improvements at 66 percent of their medical centers across the country last fiscal year, with 18 earning the highest level of excellence in the department's internal ratings system.

But nine others remain on the VA's list of underperforming facilities after getting the lowest possible rating. They include the embattled Washington VA Medical Center, which sits just a few miles from the White House and has seen a series of leadership shake-ups in recent years.

The VA ratings — made public in 2016 after a USA Today report on the internal scorecards — grade each of the locations on metrics like patient mortality, patient length of stay, reported accidents and patient satisfaction. Officials have said the system is used to collect best practices from high-performing facilities to use in underperforming ones.

In a statement, VA Secretary Robert Wilkie touted improvements across the 146 medical centers.

"With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities," he said. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

The number of one-star facilities dropped by six from the start of fiscal 2018 to the end. Of the nine medical centers still at that level, four were cited for significant improvements: El Paso and Big Spring in Texas, Memphis in Tennessee, and Loma Linda in California.

The five others — Washington, Phoenix and Tucson in Arizona, Montgomery in Alabama, and Atlanta in Georgia — saw no overall change.

Earlier this year, VA placed 12 medical centers on a high-risk list for “aggressive” management intervention. Of those, eight were removed from the program after showing sufficient improvement by the end of last month.

Wilkie said while he is pleased with the results thus far “there’s no doubt that there’s still plenty of work to do.”

The full ratings list is available on the VA web site or in the chart below:

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1.4 - Military Times: [Efforts to help homeless veterans showing progress, VA, HUD leaders say](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — After the first increase in annual homeless veterans estimates in seven years, the leaders of Veterans Affairs and Housing and Urban Development say they are confident in improvements made on the issue in recent months.

“Across the country in general, we’re getting a lot more proclamations about the end of homelessness, not just veterans homelessness but homelessness in general” said HUD Secretary Ben Carson in an interview with Military Times on Wednesday.

“Then you have big urban centers like Los Angeles, Seattle and New York which can really skew the numbers. But we’ve seen progress there as well.”

Exactly how much progress won’t be known for a few more weeks, when federal officials release their annual point-in-time count statistics, the standard by which many advocates judge how effective their efforts to help destitute veterans have been.

This year’s data will be particularly significant because the 2017 release showed the first increase in the number of homeless veterans in seven years. The estimate of 40,000 veterans was up less than 2 percent from the previous year’s figures, but still represented a disappointing setback for groups who had seen historic progress in the recent past.

The 2018 homeless estimate (based largely on data collected in January and earlier) will also be the first to fully encompass the policies of President Donald Trump. Both Carson and VA Secretary Robert Wilkie said they are confident the administration is on the right track, refining existing assistance programs while expanding into even more community partnerships.

“We still have to get our arms around how to get as many people into the system as possible,” Wilkie said in the interview. “But there are certain states — Delaware, Connecticut — where the governors will tell you they no longer have a veterans homeless problem. So that is the good news.”

On Wednesday, the two Cabinet officials toured the Washington, D.C., VA Community Resource and Referral Center, the type of facility both men say will be key in preventing homelessness and providing assistance to veterans taken off the streets.

The center — one of 31 spread across the nation — is not a shelter but does provide mental health, benefits and occupational assistance as well as showers and laundry services for veterans in the area.

The secretaries said partnerships between federal facilities like those centers and local charities create a network that can help veterans avoid living on the street.

“You can track a lot of these problems to a lack of mental health care,” Wilkie said. “That is where I want to make our resources more robust ... For our particular population, because of the unique nature of their lives and service, it’s absolutely vital we improve that.”

“We hear about telehealth, but I need people on the ground too. We have social workers here who have mental health training. We need more of that.”

The two departments on Wednesday announced the latest round of HUD-VA Supportive Housing grants to 212 public housing agencies, expected to help house more than 4,000 veterans over the coming year.

The program has been praised by both government officials and outside advocates as a critical tool in the effort to help those veterans by giving money directly to local charities. More than 93,000 vouchers have been awarded over the last decade, helping find permanent homes for 150,000 individuals.

The secretaries also announced a \$7.4 million boost to the Veterans Housing Rehabilitation and Modification Pilot Program launched earlier this year, which assist disabled veterans who need to make modifications to stay in their homes, thereby preventing them from ending up without reliable housing.

Wilkie said boosting mental health and other support services will similarly stem problems before they arise. Carson said he is focused on finding ways to “incentivize (cities) to remove the barriers to building affordable housing,” and creating more options for low-income families.

“Providing housing alone doesn’t work,” he said. “Providing wrap-around services alone doesn’t work. But when you provide both, (veterans) stand a very good chance of achieving their goals.”

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1.5 - Stars and Stripes (Military Update): [Isakson vows 'Blue Water' relief; Trump inflates Choice reform](#) (4 October, Tom Philpott, 1.5M uvm; Washington, DC)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for “Blue Water Navy” Vietnam War veterans who have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private-sector physicians and hospitals.

Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans’ Affairs Committee, insisted throughout a hearing last week that he and Department of Veterans Affairs Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

But Wilkie, the only witness at the “State of the VA” hearing, wasn’t prepared to echo the chairman’s assurances. Wilkie didn’t even mention the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in his oral statement highlighting priorities for improving VA’s organization and services.

In his written testimony, he reiterated VA opposition to extending benefits for up to 90,000 aging Blue Water Navy veterans and survivors, saying VA’s “commitment to science and an evidence-based approach to creating or expanding [Agent Orange] presumptions should be maintained.”

If HR 299 is enacted absent stronger scientific evidence that shipboard veterans were exposed to wartime defoliants, Wilkie wrote, it “would erode confidence in the soundness and fairness of the veterans’ disability benefits system, creating the impression that the system can be gamed by political activism.”

Also, he argued, it would increase pressure on VA to “expand additional presumptions administratively, under a similarly liberal approach, favoring less deserving but politically demanding veterans over more deserving veterans who trust VA to do the right thing for all veterans.”

VA estimates HR 299 would cost \$6.7 billion over 10 years and affect efforts to reduce its backlog of claims and claim appeals. VA would have to reopen 30,000 previously denied claims and 230,000 additional claims over the next decade.

Despite Wilkie’s official hard line, Isakson said his talks with the secretary over the past month left him hopeful VA will cooperate with Congress on finding a solution. Why he thought so was hard to decipher throughout the hearing.

“The Secretary is right in the reasons he’s been opposed to just doing Blue Water period. But he’s not wrong about how we get to” a solution, Isakson said. That path, he suggested, is that his committee keeps working with VA. “The veterans who think they deserve that benefit ought to get it,” he insisted.

“So, I really want to set the table at this hearing with the secretary present. Thank him for giving me the time ... to talk about this. And appreciate what his attitude is, about customer service being the principal foundation of his administration at the VA.”

Veteran service organizations and Blue Water Navy advocates should know, Isakson continued, that this “committee and VA will tackle your problems and try and do it as fairly and equitably and as right for everybody as we can. But we are not going to get bulldozed into a corner. And we’re not going to bulldoze somebody into a corner either. So, I want to bring that up because that’s going to take care of a lot of questions.”

It didn’t. Committee colleagues still pressed Wilkie to support HR 299, citing supportive language in a 2008 Institute of Medicine report and noting that Vietnam veterans in their states who served off Vietnam have Agent Orange-related illnesses, and continue to be turned down for VA care and compensation.

The closest Wilkie came to a concession was telling Sen. Dean Heller, R-Nev., that he had pledged to work with Isakson “to make sure that we get it right ... for all of our veterans.” But Wilkie then referred to concerns raised by The American Legion, Veterans of Foreign Wars,

Disabled American Veterans and Paralyzed Veterans of American that the House-passed bill would pay for Blue Water Navy benefits by raising VA home loan fees, including, for the first time, imposing fees on some disabled veterans who buy higher priced homes.

Wilkie said he agreed with those concerns. He assured Heller that Nevada veterans exposed to Agent Orange would qualify for compensation. But he didn't concede that VA is ready to presume all Blue Water Navy veterans were exposed.

Isakson interjected that Heller had missed the chairman's opening statement in which he explained the "issue of dealing with Blue Water Navy is no longer going to be a question. How we do it is going to be the question."

Pointing to Wilkie, Isakson said he "has agreed to work with us to make that happen." Isakson gave similar assurances to four more colleagues critical of VA's opposition to HR 299. Finally, Sen. Richard Blumenthal, D-Conn., told Isakson, "I know what the conversations have been, Mr. Chairman. And I'm really looking for a somewhat less equivocal answer." He didn't get it, not at this hearing.

Real choice or not? President Donald Trump, at a signing ceremony for a funding bill for VA and military construction projects (HR 5895), made some unfounded claims about Veterans Choice, confusing a troubled program in effect since 2014 with reforms to VA community care programs set to kick in next year.

Thanks to him, Trump said to applause at North Las Vegas VA Medical Center on Sept. 21, "we have now VA Choice. So now if a veteran can't get the care they need from the VA in a timely fashion, they have the right to go see a private doctor. Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice."

His declaration didn't match details or nuances of statutory changes enacted that day or earlier this year. HR 5895 does provide, through 2021, billions of dollars more to fund sweeping reforms to VA community care programs as authorized in the VA Mission Act signed in June. But the impact of the reforms on veterans seeking outside care won't be known until VA develops and publishes new access standards for VA-paid community care. That won't occur until next summer.

"We had people waiting in line with a simple problem that, by the time they saw a [VA] doctor, they were terminally ill," said Trump. "No more of that. If you have a line [at VA] you go see a [private-sector] doctor."

No responsible VA official would make that claim. The Mission Act will end two current triggers under the Choice program for granting access to outside care: waits longer than 30 days for a VA appointment or trips longer than 40 miles from home to be seen by a VA primary care provider. Those will go away.

But Trump and veterans don't yet know what will replace them. The new law mandates that VA schedule more timely appointments at its facilities, improve staffing, establish a network of commercial walk-in clinics and ensure prompt payment of outside providers. It also requires that veterans have access to community care if the VA is unable to provide timely care as needed.

The Mission Act, however, allows VA more leeway than under Choice to set access standards and decide how to use them. Whether patients are referred to outside provider networks will depend on “clinical needs” as determined by their VA health care providers in consultation with the patients. Factors to be considered will include distance to VA facilities, type of care required, timeliness of appointments and whether patients face an excessive burden if forced to rely on VA care.

Those are details veterans must understand and hyperbolic politicians ignore.

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1.6 - Stars and Stripes: [Senator: VA missed deadline to inform vets with 'bad paper' about access to mental health care](#) (4 October, Nikki Wentling, 1.5M uvm; Washington, DC)

A senator who championed legislation earlier this year to increase access to mental and behavioral health care for veterans with other-than-honorable discharges is worried the word isn't getting out to the thousands of veterans now eligible for care they were previously denied.

The Honor Our Commitment Act, approved as part of large appropriations bill in March, requires the Department of Veterans Affairs to provide veterans with mental health screenings and care, even if they received other-than-honorable discharges. Veterans who served in a combat zone or area of hostilities, worked as drone operators in combat zones or experienced sexual abuse or assault are eligible.

The law required the VA to inform eligible veterans of the change by Sept. 18 – 180 days after the bill passed. Sen. Chris Murphy, D-Conn., who introduced the measure, said he's unaware of any efforts the VA has made to spread the word.

In a letter to VA Secretary Robert Wilkie on Tuesday, Murphy said he's inquired with the VA multiple times about it and received no response.

“Our priority needs to be providing needed care to the veterans who have earned it, and I am gravely concerned that the department's apparent failure to notify them in accordance with the law puts them at increased risk for mental and behavioral health problems,” Murphy wrote.

Some lawmakers and veterans advocates have long argued servicemembers with other-than-honorable discharges, known as bad paper, were in many cases unjustly released from the military because of mental health issues. Their discharge status prevents them from getting certain VA benefits.

Kristofer Goldsmith, who has an other-than-honorable discharge and advocates for others in the same situation, said in March that Murphy's measure “marks a major shift towards justice for those veterans who have for so long been denied it.”

On Thursday, Goldsmith said it's “extremely frustrating” the VA hasn't reached veterans to let them know of the change.

“I'm glad the VA opened up services to veterans with other-than-honorable [discharges], but right now it seems like VA is doing it in name only,” he said.

Murphy's Honor Our Commitment Act builds upon a program that former VA Secretary David Shulkin started in July 2017 allowing veterans with bad paper to receive emergency mental health services for up to 90 days. During the 90 days, the VA determines whether a veteran's mental health condition is the result of their military service and decides if they're eligible for continued VA care.

According to statistics the VA shared with lawmakers in June, only 115 veterans nationwide sought to use the program in its first year, though thousands are eligible. In 42 of those cases, the VA reviewed veterans' military discharges and determined they were eligible for ongoing VA health care.

Rep. Scott Peters, D-Calif., mentioned the issue last week at a House Committee on Veterans' Affairs hearing on veteran suicide. He asked VA representatives how they've been informing veterans of the 90-day program. Keita Franklin, the national director of the VA suicide prevention office, said veterans with other-than-honorable discharges were "at the top of our minds" in her office.

"When this first got passed out, we made great strides to put the word out," Franklin said. "We brought in all of the veterans service organizations and asked for help to reach out to their membership. We did all of this great work. Some time has gone by now... we need to refresh it."

In his letter Tuesday, Murphy blamed the VA for not notifying veterans about the program, calling it a "critical failure." He's worried it's happening again, with the Honor Our Commitment Act.

"The VA must not make the same mistake twice," he wrote.

The VA did not respond to questions Thursday about their outreach efforts.

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1.7 - WFED (AM-1500, Audio): [VA digital service team not resting on laurels, plans to continue to simplify online experience](#) (4 October, Jason Miller, 854k uvm; Washington, DC)

Calling it a surreal moment, Marcy Jacobs, the executive director of the digital service at the Veterans Affairs Department, accepted her Service to America Medal Tuesday night.

Jacobs started the effort three years ago to change the way more than 40 million veterans and their families interact online with the VA.

Jacobs said the SAMMIES recognition is about more than just improving the Vets.gov site.

"What's really cool about getting this type of recognition is that it shines a light on what is possible in government. Really all of these SAMMIES shine a light on these great stories," Jacobs said in an interview. "I think especially with technology projects and thinking about what the digital service has been able to accomplish, it really highlights that a very small group of people can have a really big impact that affects 22 million veterans."

VA Secretary Robert Wilkie said at the awards gala, sponsored by the Partnership for Public Service in Washington, D.C. that as customer service is the agency's prime directive, the Vets.gov digital service team has embodied that call by making the users their top priority.

Over the course of the last three years, Jacobs said a team of 80 people across the VA have talked to more than 6,000 customers to simplify the way veterans find and apply for benefits and services.

"It's amazing how much user research we've been able to do. It's actually harder than you would think to recruit the right people. We are constantly looking for people to participate," she said. "Our research takes a lot of different flavors. Some of it is looking through web logs and call centers what are the questions or pain points they have. Some of it is looking at a specific tool and seeing where they are getting stuck, frustrated or confused. Did they even know where to find the tool when we said fill out this form? Some of it is really formative research in talking to people and understanding the pain points they are having and that may come out in lots of different ways."

The digital services team also does "tree" testing where users move through taxonomies of information or navigation structures to make sure they are providing information in the best way possible.

VA says that research has led to a host of better user experiences:

40,000 veterans view their personalized homepage per day;

“We are really trying to simplify the digital ecosystem. There are way too many sites. It’s confusing for people to navigate. They really have to understand how VA is structured to understand which site to go to and figure out which form to fill out. That’s not what we want to be asking of our veterans,” Jacobs said. “We are shifting the paradigm and taking the VA site and making it much more of a veteran first, customer first web property.”

Jacobs said the end goal is to bring the services and information from the Veterans Health Administration, Veterans Benefits Administration and the National Cemetery Administration into one place so a veteran or their family member doesn’t have to go to multiple sites, log-on many times and potentially miss services.

“What we are trying to do is have a curated experience, provide a holistic, single front door where the things people are looking for are easy to find and we provide that personalized experience that pulls together everything you are doing from whichever administration,” she said. “What we’d like to do is use what we already know about you and not ask you the same questions. Right now, as you transition from military to veteran status, we ask you a lot of things that we already have the answer to. We can use that data in a future state to say ‘you are already eligible for these six things, do you want any of them? If so, we’ve already filled out the form in the background so just click here if you want it.’”

Jacobs said after the November upgrade, the digital service office is developing a roadmap for future updates that focus on the back-end infrastructure to complete a full service information exchange with veterans and their families.

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1.8 - Healthcare IT News: [Cerner reveals long list of VA EHR modernization partners](#) (4 October, Jessica Davis, 438k uvm; Chicago, IL)

Cerner shared the list of the 24 health IT vendors that will support the U.S. Department of Veterans Affairs’ transition to from its legacy VistA EHR to the Cerner platform.

THE IMPACT

Accenture, Leidos and AbleVets are among the leading names of vendors that will support the project throughout the projected 10-year timeframe. Many of the vendors are veteran-owned, which will provide insight into the massive undertaking, officials said.

“This is the beginning of a long transformational journey,” Travis Dalton, president of Cerner Government Services, said in a statement. “We’ll continue to seek and bring the best talent available to the VA.”

“Our nation’s Veterans deserve the highest quality care,” he added. “And we’re confident we’ve brought the right players to this team to succeed in our collective mission.”

The complete list of vendors can be found [here](#). Officials said that both the Cerner and VA EHR modernization team will outline the strategy for the project during Cerner’s conference from Oct. 8 to 11.

THE TREND

This is just the latest step forward for what will be the largest EHR undertaking in the country. Officials said the EHR is scheduled to roll out in line with the Department of Defense's own Cerner EHR rollout. The VA has repeatedly projected their rollout will go live in the Pacific Northwest in 2020.

Just last week, VA and DoD officials said they intend to create a single point of governance for the project, following a hearing where Congress blasted the agencies for not leveraging the Interagency Program Office.

The IPO was established by Congress during the first DoD-VA attempt at a shared EHR platform -- but officials said they lack authority, staff and funding for the undertaking.

During the Sept. 26 hearing, the agencies also announced the first pilot site will be the Veterans Integrated Service Network 20 in the Pacific Northwest. The site will act as the initial operating capability pilot site to test the Cerner project.

Given the number of challenges the Cerner project has faced at the DoD, the agencies are exercising an abundance of caution and working closely with the appropriate parties to ensure the VA's rollout goes off without a hitch.

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1.9 - Bloomberg Government: [Post-9/11 Vets Look to Vietnam Veterans' Agent Orange Fight](#) (4 October, Megan Howard, 197k uvm; Washington, DC)

Iraq and Afghanistan veterans are looking to a Vietnam group's fight for health coverage for guidance on their fight for care after burn pit exposure.

Vietnam's Blue Water Navy Veterans, a group who served on ships miles off the coast, are embroiled in a battle with the Department of Veterans Affairs over disability benefits related to Agent Orange exposure. VA Secretary Robert Wilkie says there is not enough scientific evidence to back up claims that their illnesses were caused by the toxic herbicide, while veterans say there is a clear link.

Advocates say the denial of claims for Blue Water vets could also be an issue for Iraq and Afghanistan veterans who were affected by burn pits.

"It's very similar," Iraq and Afghanistan Veterans of America Legislative Director Tom Porter told Bloomberg Government. "We're going to be facing the same challenges as the Blue Water Navy Veterans from Vietnam if we don't solve their problem."

'WE'RE NOT GOING TO GET BULLDOZED INTO A CORNER'

Lawmakers are working to overrule VA officials who oppose a presumption of benefits for Blue Water Navy veterans. But House-passed legislation (H.R. 299) has stalled in the Senate as members attempt to find a compromise with VA officials.

"The issue of dealing with Blue Water Navy is no longer a question, it's a matter of how we deal with Blue Water Navy," Senate Veterans' Affairs Committee Chairman Johnny Isakson (R-Ga.)

said at a hearing last week. “We’re not going to get bulldozed into a corner, and we’re not going to bulldoze someone into a corner.”

Isakson’s panel has not yet taken up the House bill, which would require the VA to provide a presumption of benefits to Blue Water Navy veterans. That standard is already applied to Vietnam veterans who had “boots on the ground” but excludes service members who served solely on ships. Blue Water Navy veterans say this frequently results in a denial of benefits.

Four former VA secretaries opposed the legislation because of “inconclusive scientific evidence” and urged the committee to defer action until a study was completed, according to a letter sent to Isakson and ranking member Jon Tester (D-Mont.) in September.

Tester still supports the legislation despite the opposition.

“I think we need to get this done, these people deserve it,” Tester told Bloomberg Government.

IRAQ AND AFGHANISTAN VETS CONCERNED

Burn pits were commonly used at military sites in Iraq and Afghanistan to dispose of trash including chemicals, paints and human waste. Veterans groups are pushing the department to collect more data on service members who were exposed to toxic waste via the burn pits, but officials have struggled to enroll former service members via a Burn Pit Registry.

The lack of data could lead to problems evaluating burn pit exposure — the same challenge Vietnam veterans are facing today, Porter said.

That is why veterans groups are supporting legislation (H.R. 5671), sponsored by Rep. Tulsi Gabbard (D-Hawaii), which would require the Defense Department to conduct health assessments for service members who were exposed to burn pits now so they’re able to make service-related disability connections sooner. The bill has not been considered in committee, and it is not clear if it will be taken up this year.

Wilkie said the agency has “our registry working and we’re working on the science” in order to get ahead of the issue.

“We don’t want to let the time go on this like we let on Agent Orange,” Wilkie told reporters last week.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Becker's Hospital Review: [VA appoints physician to lead integration for its EHR project](#) (4 October, Julie Spitzer, 441k uvm; Chicago, IL)

The Veterans Affairs Department appointed Paul Tibbits, MD, to a key leadership post charged with overseeing its EHR modernization project, shortly after Cerner unveiled its team of 24 technology businesses tasked with supporting the project on Oct. 3.

Dr. Tibbits, a veteran IT specialist at the VA, will head up the agency's Office of Information and Technology as the executive director of EHR modernization integration, according to the Politico Morning eHealth newsletter and an update on his LinkedIn page. He will report to the incoming CIO James Gfrerer, and work with John Windom, EHR project leader, to design and implement the system.

Dr. Tibbits boasts a 26-year career in the military and has held several senior IT positions at the VA since 2006. Most recently, he served as the program executive officer of financial management business transformation.

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3.2 - Nextgov: [24 Companies Join VA's Health Record Modernization Team](#) (4 October, Jack Corrigan, 193k uvm; Washington, DC)

The vendor responsible for modernizing the Veterans Affairs Department's electronic health record system recruited 24 more companies to assist with the massive overhaul.

Cerner Corp. on Wednesday announced it teamed up with a lengthy list of subcontractors as the multi-billion dollar overhaul of VA's health record platform gets underway.

"[The VA project] is the largest health IT modernization effort in history and to succeed we knew we needed the most innovative companies in the private sector to join us," Misti Preston, Cerner's head of public relations, told Nextgov. "We chose partners to address areas specific to their expertise to supplement our staffing capabilities."

The newly formed syndicate includes seven "core" partners—Leidos, Guidehouse, Accenture, Henry Schein Inc., AbleVets, MicroHealth and ProSource360—and 17 additional "premier" partners, many of which are veteran-owned, according to the announcement. Leidos announced it would participate in the contract back in July.

"Cerner has brought together some of this country's brightest industry leaders to transform veteran health care delivery," VA Secretary Robert Wilkie said in a statement. "This team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian health care providers where current and former service members receive care."

The announcement comes as Cerner moves forward with the 10-year, \$10 billion effort to put VA on the same health record system at the Pentagon. The project would ideally enable the two largest federal agencies to "seamlessly" share medical records on some 9 million veterans, but technical troubles and leadership changes have threatened to derail the effort before it gets off the ground.

The Pentagon temporarily halted the platform's rollout after officials recently declared the system "neither operationally effective nor operationally suitable" after tests at three of its four

pilot facilities. Department officials said they've since worked out some of the kinks in the system.

VA too faced a setback when both the director and chief medical officer of its electronic health record modernization office abruptly resigned.

Lawmakers, aiming to prevent the project from meeting the same fate as previous failed overhaul attempts, created a special House Veterans' Affairs subcommittee to keep tabs on the VA's progress. In its inaugural hearing, witnesses told lawmakers there needs to be increased accountability within both VA and the Pentagon or the project will likely fail.

Veterans' Affairs Committee Chairman Phil Roe, R-Tenn., told Nextgov he's "pleased" Cerner has begun to assemble a team of subcontractors.

"It indicates VA's EHR modernization program is moving from its preliminary phase into detailed planning," he said. "The most impactful decisions that will determine the program's prospects for success are beginning to be made, and the size of this team is a testament of the enormity of the work ahead."

Given the scale of the overhaul, both VA and Defense need to enlist all the industry "EHR talent and manpower" they can find, said Technology Modernization subcommittee Chairman Jim Banks, R-Ind.

"There is no doubt that the largest electronic health record transition in the country requires an all-hands-on-deck effort," he said in an email to Nextgov.

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3.3 - Springfield News-Sun (Video): [VA on new Springfield outpatient clinic: 'It shows our commitment to the Springfield community'](#) (4 October, Jenna Lawson 6k uvd; Springfield, OH)

The Dayton VA Medical Center announced Wednesday it has chosen a new site for the Springfield VA outpatient clinic.

The new clinic will be located at 1620 N. Limestone St. Construction is expected to be finished in 2019.

The clinic has been located on Burnett Road since the early 2000s, but Dayton VA officials said a new space is necessary to accommodate the growing veteran population.

"It shows our commitment to the Springfield community and the veterans that we serve there that we're looking to do this," said Philip Kirk, chief of engineering at the Dayton VA.

Kirk said a cost for construction hasn't been finalized.

The Springfield News-Sun previously reported the estimated cost at \$1 million.

According to a news release, the Springfield clinic has served more than 3,600 veterans with more than 21,000 outpatient clinics. Kirk said there's been an increase in the number of

veterans served due to additional wars, such as the War in Afghanistan, and an aging veteran population.

Kirk said the new location will be an expansion of nearly 3,000 sq. ft. and will have more examination rooms and providers. There are currently 34 employees at the Springfield clinic. The Dayton VA said there are plans to hire more staff, but wasn't able to provide exact numbers.

"There's plenty of room to build the size clinic that we want," Kirk said. "It's located very close to Route 72 and Route 68. It's in an ideal part of town to allow the easiest access for the veterans to be able to get there."

Kirk said the new location will also have a blueprint that's easy to navigate.

"While (the Burnett Road) location has served us well, we've added onto the original size of the clinic twice — so the layout and flow of the building is a little bit less than ideal."

Air Force and Air National Guard veteran, Eliza Ricks said she lives about 10 miles away from the current site, and said the new location would be much more convenient for her.

"(N. Limestone) is more populated than (East Springfield) and I think it would be more accessible to the majority of people who come here," she said.

Army veteran Randy Ark is heavily involved in veteran's affairs in the area and said he's excited for the new space.

"I just think it's gonna be handier for people to get to and that's really important for veterans, you know — a lot of us are getting up there in years," he said. "There are a lot of good people that work at the clinic and they go beyond what they have to or what they're supposed to do to help service veterans."

The 512 Burnett Rd. location will continue to serve patients until the new location opens in 2019. The Dayton VA says at that time, all veterans' medical information and appointment schedules will be seamlessly transferred to the new clinic.

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3.4 - MedCity News: [24 businesses will help Cerner with VA EHR modernization process](#) (4 October, Erin Dietsche, 114k uvm; Cleveland, OH)

A cohort of 24 companies has agreed to join Cerner as it implements its EHR system for the Department of Veterans Affairs.

The core group of seven businesses assisting the Kansas City, Missouri-based EHR vendor include AbleVets, Accenture, Guidehouse, Henry Schein, Leidos, MicroHealth and ProSource360.

Seventeen other organizations are considered premier partners in the process. They are:

ACI Federal

B3 Group

The Veterans Health Administration's Tele-ICU, which helps provide remote critical care to patients in 19 VA hospitals throughout the nation, had been located in the Cincinnati VA Medical Center in Corryville since its inception in 2012 but outgrew the space.

When the Tele-ICU opened, the staff consisted of six registered nurses and three physicians as well as a part-time biomedical engineer. The unit now includes 47 registered nurses, five advanced practice RNs, 14 doctors and six admin/technical workers.

The Tele-ICU's new base is Room I-512 at the Peck Federal Building, 550 Main St. The space was previously a call center for the IRS. Now, nurses and doctors there remotely keep tabs on 287 ICU beds at the 19 hospitals.

A Tele-ICU doctor who spots a problem can intervene to help a patient if necessary. In addition, the bedside nurse, resident, fellow or doctor at the hospital can consult via camera with the Tele-ICU doctor, who can work directly with the bedside clinician to solve the problem.

The Tele-ICU is electronically connected to streaming bedside electrocardiograms and provides instant access to patients' electronic medical records.

The approximate cost is \$36,000 per bed per year, or about \$200 per patient per day in the ICU. Average costs for care in an ICU is \$4,004 per day, so the Tele-ICU is about 5 percent of the cost. The overall Tele-ICU budget is about \$9 million annually, with 90 percent of the cost for physicians, nurses and advanced practice nurses.

It offers coordinated care that uses technology to bridge large geographic distances to provide real-time, patient-centric care, according to Michael Torok, a registered nurse who is Tele-ICU coordinator.

The Tele-ICU operated by Veterans Integrated Service Network 10 began by providing clinical services for VA hospitals in Cincinnati, Chillicothe, Cleveland and Dayton.

The VISN 10 Tele-ICU is now one of the largest in the nation with main operations at the Peck Federal Building and physician satellite offices in Cleveland, Baltimore and Atlanta.

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3.6 - KELO (CMN-1320/107.9): [Talking robots help veterans in Sioux Falls](#) (4 October, Mark Russo, Sioux Falls, SD)

Three tireless robots are helping veterans at the Sioux Falls VA Medical Center.

Lyle, Nemo, and Rob-b (yes, they have names) deliver medical supplies around the facility. The chunky metallic messengers on wheels free up the nurses and other medical staff to focus on other needs.

The robots are pretty smart. They talk (At least, in pre-recorded phrases). They ride elevators on their own. They 'watch' where they're going, sensing and stopping when humans and other obstacles are in their path. Sometimes, they are decked out for special holidays.

Lyle is the busiest of the three robots. He completed 3,350 trips for the pharmacy last year and has put on thousands of miles on his wheeled shoes delivering items of all kinds.

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[4. Focus Resources More Efficiently](#)

4.1 - The Wall Street Journal: [Peter O'Rourke, Top VA Official Who Clashed With Lawmakers, Poised to Leave](#) (4 October, Ben Kesling, 43.6M uvm; New York, NY)

A former Trump-campaign staffer who became acting secretary of the Department of Veterans Affairs is expected to leave the agency as soon as this week following a contentious tenure, according to an administration official familiar with the matter.

Peter O'Rourke served as acting secretary from May 29 to July 30, clashing with lawmakers, the agency's inspector general's office and other VA officials, according to current and former officials interviewed about the matter. He then became a senior adviser to new VA Secretary Robert Wilkie.

A dispute with the VA inspector general's office drew criticism from lawmakers.

The VA didn't respond to a request for comment. Mr. O'Rourke, who still works for the department, also didn't respond to a request for comment. Mr. O'Rourke is expected to end his tenure Friday, according to the administration official familiar with the matter.

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4.2 - WECT (NBC-6, Video): [Landlord moves to sell Wilmington VA clinic amidst criminal investigation](#) (4 October, Ann McAdams, 466k uvm; Wilmington, NC)

WECT has learned the private owners of the Wilmington VA clinic are looking to sell the facility to a new buyer. These developments come just days after news first broke about a criminal investigation by the VA inspector general into the leasing procedures and bidding process used when the Wilmington VA clinic was built. The clinic opened in 2013.

In 2015, after a plumbing issue at the new clinic rendered the tap water undrinkable and suspended some patient services for an extended period of time, WECT reported the VA was paying nearly \$300,000 a month in rent for the 80,000 square foot clinic. Local commercial real estate brokers told us that was more than twice the going rate to lease prime medical office space in Wilmington.

We also learned that the VA was locked into a 20-year lease at that rate, which would cost tax payers \$68 million over the life of the contract.

Congressman Walter Jones saw the story, and was concerned about apparent taxpayer waste. He called for a federal investigation into the lease arrangement and bidding process. That investigation took two years, and was released to the public Sept. 12.

Among other things, the VA inspector general found the VA's Office of Construction and Facilities Management (CFM) overpaid by millions to lease the land from the New Hanover County Airport Authority.

The appraiser CFM hired estimated the fair market rate for the airport site at \$198,000 per year. For reasons that remain unclear, CFM then entered into a contract with the Airport Authority to lease the land underneath the clinic for \$218,000 a year, plus a built-in annual price escalation.

"By CFM's contracting officer entering into a lease with significantly higher costs than the prevailing market rate, CFM failed to comply with federal regulation, and the VA will pay about \$2.35 million more than the appraised fair market rent over for the land over the 20-year lease," the VA Inspector General wrote in his report, which determined the land selection was not in the best interest of the taxpayer.

Federal Aviation Administration (FAA) regulations prohibit the Airport Authority from selling its land, which is why the land for the VA clinic was leased instead of purchased. A copy of the land lease obtained by WECT shows that Jim Morton, the former airport finance director and current president of Cape Fear Community College, signed the lease on behalf of the airport.

Airport Authority Attorney Wanda Copley said Morton also negotiated the terms, and she did not know why the VA was charged more than the appraised value for the land.

"We are in the business of leasing land to benefit the Airport Authority," Copley said, "because the Airport Authority does not receive any direct tax dollars from the county. So we do what is called a land lease and we charge for the land lease depending on the location. The FAA requires us to charge fair market value.

"Now, that fair market value doesn't mean you give a deal to someone. They want it to be fair. Not that you can't exceed what may be the minimum, but you can't cut a deal for someone."

On Wednesday night, the Airport Authority extended the clinic's 20-year land lease under the current terms by an additional 30 years. While there were some initial concerns about the timing of this lease extension locking in the arguably inflated lease rate, Copley said the lease was being extended to accommodate a new buyer, National Government Properties.

"We checked out the background of the new landlord. They buy a lot of government properties," Copley said of the pending ownership change. "They are definitely in the market, have a good reputation, so we felt very secure in agreeing to the assignment. Either the original landlord felt that they no longer needed hold onto the property and were looking for a buyer. ... We were not privy to any of that information as to why [the clinic is being sold]."

Copley said the new buyer will continue to operate the facility as a VA clinic.

While the inspector general found the VA overpaid for the land, he also found "potential fraud" involving the assignment of the lease for the building itself. CFM said it received 14 competing offers to build and lease the VA clinic, but it could only produce two of those offers for investigators, despite federal regulations requiring the company to keep copies of all offers, including unsuccessful bids.

The VA initially entered into the lease with Summit Smith Healthcare, a private company out of Wisconsin. At some point, Summit Smith transferred ownership at the Wilmington NC VA, LLC, also based out of Wisconsin.

“What happens between the VA and the original landlord, whether they were to get in some sort of disagreement, I don’t know. We would not be privy to that,” Copley said of the ongoing criminal investigation. “I just want to make sure that the folks in New Hanover County know that the Airport Authority has had nothing to do with any dealings with this investigation. No one here benefited inappropriately. All we have done is leased land. ... New Hanover County is not, or the Airport Authority is not price gouging. We are not doing anything. Whatever criminal investigation is going on, we have absolutely no information on that.”

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4.3 - KTAR (CMN-92.3, Video): [Arizona congressman introduces federal bill to reform Phoenix VA](#) (4 October, 446k uvm; Phoenix, AZ)

An Arizona congressman has introduced legislation to reform the Phoenix Veterans Affairs office at the federal level.

The Phoenix VA Congressional Oversight Act, introduced by U.S. Rep. Andy Biggs, would direct VA Secretary Robert Wilkie to launch a pilot program that would improve lawmakers’ ability to assist their constituents.

“We’re doing better, but it’s still a one-star facility,” Biggs told KTAR News 92.3 FM’s Arizona’s Morning News on Thursday. “Something still has to happen.”

The pilot program would include allowing lawmakers to assist with casework inside the facility. The bill would also require Wilkie to submit a report to the House VA committee on the effectiveness of the pilot program two years after the bill is enacted and whether it should be expanded.

Biggs said that the bill would expedite veterans’ paperwork and reduce bureaucratic mismanagement by providing a dedicated office within the VA to “deal with casework that is flowing through congressional offices.

“People shouldn’t have to go to their congressman to have issues resolved in the VA,” Biggs said.

“We’re making changes, but it’s going slowly. There are some serious issues that need to be addressed.”

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4.4 - The Auburn Villager: [State Nurses Association gathers locally for annual convention](#) (4 October, Allison Blankenship, 200 uvd; Auburn, AL)

From all over the state, about 100 delegates of the Alabama State Nursing Association as well as others in the nursing profession will gather locally for the ASNA's 105th annual convention starting today through Saturday.

The convention is a time for conducting business, continuing education and connecting with other nurses in the field, among other things. Keynote speakers are Gov. Kay Ivey and Dr. Terri Poe, chief nursing officer, senior vice president at UAB Hospital and an Opelika native.

The ASNA, founded in 1913, advocates for nurses in Alabama, acting as "the professional voice for nursing in the state," said ASNA President Rebecca Huie, who works as the director of primary care at Birmingham VA Medical Center.

One way ASNA does this is by being involved in the political arena and working with other organizations with similar goals. The association has been successful in getting legislation passed that promotes the safety of nurses.

"We did, years ago, get a law passed in the state of Alabama that attacking a nurse is a felony charge," Huie said. "So, we look at violence against nursing and we look at any other issues that may be impacting the nursing profession.

"We have to be involved in the political arena; we have to be aware of what's going on in that area because it does impact how we deliver care to patients and impacts things regarding our profession, like health care, insurance and access to care."

And the more that nurses reach out to ASNA or become a member, the more aware ASNA delegates and officers can be of what issues nurses face on a daily basis, Huie said.

"We want to hear from nurses that are really at the bedside doing the work every day," she said. "It's very important for nurses to bring issues to us. We encourage that on our social media ... It's very easy to contact us, let us know if you're having issues. We as an organization can't take on issues if we're not aware of them."

The annual convention is a time when ASNA delegates from all over the state can bring forward any issues their area faces, and certain issues will be voted on in a resolution. In the past, resolutions were approved to bring more awareness to the opioid crisis and to mental health access in the state.

"It's the official business going forward of the association," said John Ziegler, executive director of ASNA, who stressed the importance of the association's work. "People sometimes assume that nursing care has advanced to such high levels by accident or osmosis, just the demand of the marketplace, so to speak. But truthfully, it's a combination of the needs of the public and the advocacy of nurse leaders, nurse advocates who see a need and they fight for those improvements."

ASNA also provides nurses with leadership development and mentor opportunities as well as ways to connect with others in the field.

"(ASNA) really connects you to so many things and opens so many doors that it's unbelievable," Huie said.

While there are close to 96,000 registered nurses in the state, Huie said ASNA has just shy of 2,000 members. She said that increasing membership has been a goal of hers since becoming president in 2016 because she feels ASNA provides a needed service to nurses in Alabama. She also said ASNA could make more of an impact if it were to grow.

"Sadly, that is why we don't have more power and a bigger voice in the state of Alabama," she said of the membership numbers. "If every nurse was a member, ASNA would have a huge voice which could influence change in health care delivery, policy and legislation related to the health care system."

Those wishing to find out more information about ASNA can visit its website, www.alabamanurses.org. Membership for RNs is \$15 a month.

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5. [Improve Timeliness of Service](#)

5.1 - U.S. News & World Report: [Joining the Opioid Battle](#) (4 October, Linda Marsa, 23.9M uvm; Washington, DC)

WHEN FRANCIS ARMENT walked into the emergency room at Massachusetts General Hospital, he had hit "rock bottom."

It was 3 a.m., and he'd been driving all over in search of an addiction treatment center. Earlier that day in 2017, he'd been fired from his insurance job when his boss discovered he'd stolen \$40, which he'd used to buy black-market prescription opioids. But at Mass General, the Rhode Island resident found the supportive environment he needed to get well, mainly because he could enter a treatment program right away without having to get sober first.

"The nurse was very empathetic," says Arment, who became hooked on Percocet pills a few years after college. She referred him to the hospital's Bridge Clinic, which enrolled him in an outpatient recovery program within hours.

The Bridge Clinic suited Arment because he was immediately put on Suboxone (buprenorphine) to stop withdrawal symptoms and curb cravings. He spent the next few months attending support groups, meeting with doctors and psychiatrists, and getting peer counseling from a recovery coach and former addict.

"It was incredibly helpful to have someone to talk with who has been in my shoes," says Arment, who remains clean and manages the wire transfer department at a bank's corporate office. The clinic "literally saved my life."

Even after patients like Arment have detoxed and been stabilized, they still need more help. But they and others in different stages of treatment often face lengthy waitlists for programs designed to sustain their recovery – at a time when they are particularly vulnerable to relapse or overdose – and many such programs are so highly structured that people with active addiction can't meet the requirements, experts say.

The Bridge Clinic, founded in 2016, is intended to fill that gap. It uses a flexible, immediate-access approach that welcomes walk-ins at any stage of illness or readiness, removing a barrier to treatment. No one is turned away.

The Bridge team also provides same-day access to medications. (Patients also get individualized medical care and other support services, including peer support, clothing and transportation assistance.) Although critics say using medication for the treatment of substance use disorders merely substitutes one addiction for another, it has become the standard of care because strong evidence indicates these medications are effective in helping prevent relapse and enable many people to return to normal functioning.

"A lot of the work we do is simply treating people with respect and compassion and letting them start wherever they think they can," says Laura Kehoe, the clinic's medical director. "If we don't treat the acute craving and withdrawal, they'll self-treat and relapse. But no one is ever kicked out of this clinic for active drug use."

The Bridge Clinic is part of an innovative Mass General initiative to identify people with substance use disorders, treat them and transition them to community programs for ongoing addiction care. It's just one way hospital systems nationwide are working to combat the opioid crisis, which kills more than 115 Americans through overdoses every day.

Still, hundreds of thousands of people who are desperate to quit lack the resources to get better.

"There just aren't enough facilities – detox or opioid treatment programs – or enough beds in this country for patients with addictions," says neurologist Joanna Katzman, director of the University of New Mexico Pain Center. "There aren't enough outpatient centers that have methadone or buprenorphine for long-term aftercare and not enough trained doctors who can actually help those who are severely addicted."

Taking Pills Off the Streets

Several hospitals have launched aggressive programs to curb opioid prescriptions and reduce the number of pills flooding the black market.

"Most people who misuse opioids start out by getting them from the medicine cabinet of someone they know," says Margaret Jarvis, a psychiatrist and chief of addiction medicine for Pennsylvania's Geisinger health system.

The region around Geisinger has an opioid death rate that eclipses New York City's. Over the past three years, the health system has rolled out several initiatives that have reduced opioid prescriptions from 60,000 to 31,000 per month. Pharmacists and addiction specialists are embedded at 15 primary care and specialty sites across the system to ensure safe and appropriate prescribing of painkillers and to monitor addiction risks among patients.

"To prevent addiction, we write opioid prescriptions for a brief period – maybe for seven to 14 days, rather than a 30-day supply," says Gerard Greskovic, director of Geisinger's ambulatory clinical pharmacy programs. The goal, he says, is to get patients off of opioids as soon as possible.

Utah's Intermountain Healthcare, which spans 22 hospitals and 170 clinics, has set an ambitious goal to achieve by the end of 2018: Cut the number of opioid pills prescribed for acute

conditions by 40 percent (5 million pills annually) at its hospitals and community clinics through tracking of prescriptions and providing patients with other pain management methods, such as physical therapy.

Similarly, UCHealth University of Colorado Hospital launched a one-click tool in 2017 that allows busy ER docs to instantly see how many prescriptions a patient has filled at other locations. In the past three years, the hospital has trimmed the number of opioid prescriptions from about 20 percent of patients to about 8 percent.

"Previously, it took three to five minutes and up to 35 clicks" to get into the system, versus about one second and one click now, says Jason Hoppe, an emergency medicine physician who helped integrate the statewide drug-monitoring program at UCHealth. (The program, used by most states, has been lauded by FDA Commissioner Scott Gottlieb.)

Treating the Youngest Casualties

Children's hospitals in hard-hit regions of the country – including Yale New Haven Children's Hospital, West Virginia's Cabell Huntington Hospital and East Tennessee Children's Hospital in Knoxville – have created special programs for babies born drug dependent to mothers who used opioids or other drugs during pregnancy. They suffer from neonatal abstinence syndrome, or NAS, which involves tremors, trouble sleeping and eating, and uncontrollable shaking and crying, among other problems. From 2004 to 2013, admission rates to U.S. neonatal intensive care units for NAS nearly quadrupled, and in 2012, nearly 22,000 babies were born drug dependent.

At the University of Vermont Medical Center in Burlington, the emphasis is on using medication to wean babies off of opioids, combined with parental bonding and empowerment. Parents are taught to administer methadone at home and receive ongoing support through follow-up calls and regular office visits.

As a partner organization in the CHARM Team (Children and Recovering Mothers) collaborative, UVM Medical Center treats parent and child using a multidisciplinary approach that includes the obstetrical team, social workers, public health nurses, and child and family services agencies. A major CHARM goal is to create a supportive atmosphere and relieve the stigma, shame and guilt that can prevent women from seeking help.

"Most of these mothers want to do whatever is best for their babies," says Anne Johnston, a neonatologist and director of UVM Medical Center's Neonatal Abstinence Clinic. "We try to give them appropriate support and treat them medically – and create a community of recovery, which is so important for long-lasting sobriety."

When Skyler Browder gave birth to Cree in 2014, he weighed 4 pounds, 14 ounces and required a two-week stay at UVM Medical Center's NICU. There, he was given tiny doses of methadone to wean him off the drugs he'd absorbed in the womb.

Browder, who had abused prescription opioids and graduated to heroin because it was cheaper and more accessible, detoxed before becoming pregnant. But she relapsed and was put on methadone to get her off street drugs.

"I felt completely demoralized that I could potentially damage my child – I was a hot mess," Browder recalls. She was able to stay at the hospital for extended periods so she could bond

with her baby, giving him the skin-to-skin contact that helped them both overcome their addictions.

"Cree and I got clean together," says Browder, who remains sober and is working to finish college.

Offering Comprehensive Care

Some hospitals provide a full continuum of care to smooth the path to recovery. At UCHealth University of Colorado Hospital in Aurora, that path starts in the emergency department, where, with the help of its one-click tool, staff can see a patient's history of pain medication prescriptions and determine if the individual is high risk. Should abuse be suspected, doctors can adjust their treatment plan accordingly, say by prescribing someone fewer pills and less often.

"We want to identify them before they switch to IV drug use," Hoppe says. "That's where they fall off the cliff."

Then, patients have several treatment options, based on their addiction severity. One is the Center for Dependency, Addiction and Rehabilitation, or CeDAR, the inpatient residential facility that treats adults and their families for up to 90 days and includes detox, therapy, 12-step groups and psychiatric care. Once in recovery, patients can transition to outpatient community programs that combine medication-based approaches with behavioral treatments to help them maintain sobriety.

Blair Hubbard needed intensive therapy to get clean after a 12-year opioid dependency. After having her wisdom teeth pulled as a high school senior, she was prescribed hydrocodone. She got hooked, eventually turning to OxyContin, then heroin. "I ran out of veins in my arms and started shooting up in my legs," Hubbard says.

After passing out from an infection caused by her IV drug use, she was hospitalized for 10 weeks. Hubbard had sepsis. Open-heart surgery was needed when one of her valves became badly infected. A bright spot? Hubbard's life-threatening emergency connected her to a medical team that helped her get treatment, housing and medical insurance.

"It was a blessing in disguise," says Hubbard, who still receives care for complications but has nonetheless earned her master's in professional counseling and is now a behavioral health specialist helping people in recovery at CeDAR. "I was desperate to kick – and sick of this lifestyle."

Tapping Telemedicine to Help Rural Communities

In rural New Mexico – as in so many pockets of the U.S. – patients in impoverished, isolated communities are cut off from addiction specialists. But through the Project ECHO Pain and Opioid Management program, the UNM Health System is connecting doctors in rural communities with its Albuquerque-based team of pain specialists. During weekly teleconferences, as many as 20 medical teams in remote regions can discuss patient cases with specialists in Albuquerque – and learn from each other's experiences through this hub-and-spoke model.

Say a primary care clinician from Sand Springs, Oklahoma, wants advice on how to switch a substance-abusing patient with multiple issues – severe facial pain, depression and post-traumatic stress disorder – from high-dose opioids to withdrawal-blocking Suboxone. The (hub) team in Albuquerque can offer guidance while (spoke) doctors in nearby Oklahoma can point the physician to local resources that may benefit the patient, according to Katzman.

Since its inception a decade ago, ECHO Pain has helped greatly reduce the rate of overdose deaths in New Mexico, which had been among the highest in the nation. It's been adopted by the Indian Health Service and more than two dozen institutions nationwide. The Veterans Health Administration, the Army and the Navy now have ECHO hubs, and in 2016, the U.S. Department of Health and Human Services earmarked \$9 million in grants to improve opioid addiction treatment in rural counties in Oklahoma, Colorado and Pennsylvania using the ECHO model.

"Many local doctors don't have the time to keep up with what we know works for treating addiction," says Katzman, who launched ECHO Pain. "This model enables us to share evidence-based practices with them so everyone gets better care."

Adding Boot Camps for Pain Management

Many hospitals, including Stanford Health Care, Cleveland Clinic, Mayo Clinic and Johns Hopkins, have launched pain management boot camps that provide alternatives to painkillers for people suffering from chronic pain. These outpatient programs integrate traditional and complementary medicine techniques. The Mayo Clinic's intensive rehabilitation program, for instance, entails daily seven-hour sessions for three weeks.

Part of the treatment is the schedule," says Wesley Gilliam, clinical director of Mayo's Pain Rehabilitation Center. "Many of our participants have been struggling with their addictions for so long that they've lost track of time and their whole clock has been thrown off."

Sessions include mindfulness meditation, yoga, cognitive behavioral therapy, physical and occupational therapy – even breathing exercises to ease the anxiety triggered by chronic pain.

Greg McLaughlin's experience was typical. After back surgery, the Minnesotan became reliant on pain pills and muscle relaxants. Because of a family history of addiction, he worried about his own risk.

"The medications and the pain changed me completely," he says. He became increasingly isolated, spending his days in physical agony, struggling with depression and anxiety.

When his doctor suggested Mayo's pain clinic, he was skeptical but willing. Slowly, he stopped taking his meds and began moving again, doing physical therapy and cardio exercises, and yoga and deep-breathing when he felt anxious.

"The tools I learned in rehab are an entirely different way of keeping the pain at bay," says McLaughlin, who no longer takes drugs. "Chronic pain is now a small part of my life, which is full of purpose and amazing people."

Excerpted from U.S. News' "Best Hospitals 2019," the definitive consumer guidebook to U.S. hospitals.

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5.2 - The Huffington Post (Video): [VA 2018 Hospital Rankings Show Fewer Top-Rated Medical Centers](#) (4 October, Nina Golgowski, 22.9M uvm; New York, NY)

The government's 2018 ranking of Veterans Affairs medical centers shows the number of top-rated facilities declined, even though overall service improved.

The annual list, released by the VA on Wednesday, shows that nine of the VA's 146 ranked hospitals earned the lowest possible one-star rating — down from 14 hospitals last year. Seventeen hospitals received the highest five-star rating, compared with 19 last year.

Three of this year's lowest-ranked hospitals — in El Paso, Texas; Phoenix and Memphis, Tennessee — showed no change in their one-star ranking since 2016, when the VA first started releasing the annual reports. Two other hospitals — in Big Spring, Texas and Loma Linda, California — received a one-star rating for the second straight year.

Still, the VA said 66 percent of its hospitals, or 96 of the 146, showed improvements from last year's findings. Those gains included rates of mortality, length of stay and avoidable adverse events, the VA said.

"With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities," VA Secretary Robert Wilkie said in a statement. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

Wilkie added: "There's no doubt that there's still plenty of work to do."

Hospitals that received a one-star rating will undergo "improvement activities," the VA said.

The VA announced in February a four-step improvement plan for one-star rated facilities overseen by Dr. Peter Almenoff. The program would identify weaknesses, set performance targets, dispatch "expert improvement coaches" and make leadership changes if necessary, the VA said.

The VA on Wednesday credited the new program with knocking eight hospitals off the high-risk list and leading to "measurable improvements" in 12 others.

"Improvement activities" are underway at the six hospitals that declined in this year's rankings, the VA added.

This year's list of one-star-rated hospitals are:

Atlanta

Tucson

Just in time for Veterans Day, VA said it will make its vets.gov platform even more user friendly. VA said it will integrate several disparate websites to give veterans and their families a better user experience. It involves VA's plans to bring together all the services the department offers under one platform. The current set up is confusing and forces veterans to understand how the agency is structured to understand which site to go to. VA's digital service team first began modernizing the website three years ago. Since then, it has seen tremendous growth and user satisfaction. (Federal News Radio)

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5.4 - WMC (NBC-5, Video): [Memphis VA again ranks among worst in country](#) (4 October, Jessica Holley, 592k uvm; Memphis, TN)

The Memphis Veterans Affairs Medical Center once again received bad ratings.

The hospital remained on the list of the worst VA facilities in the county, one of only five VA facilities receiving the lowest ranking for the past three years.

In a new VA release, Memphis received just one out of five stars, joining facilities in Atlanta, El Paso, Montgomery, Phoenix and others.

Memphis is, however, trending upward in their rankings, making some improvement.

In light of the news, Memphis Congressman Steve Cohen said he is asking the VA secretary to intervene immediately to ensure improvements are made. He issued the following statement:

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings. It is unconscionable that the rate of death is so high. I will continue monitoring this situation closely with Secretary Wilkie and Director Dunning to make sure everything possible is being done to ensure veterans receive high quality care at the Memphis VA." Steve Cohen

[Click here to read the full report.](#)

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5.5 - KVIA (ABC-7): [El Paso VA Hospital Improves, still has one star rating](#) (4 October, 529k uvm; El Paso, TX)

The VA released its end of fiscal year 2018 hospital star ratings Wednesday, and while the El Paso VA saw improvements, it still remains at a one star rating.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

The star designation is used to identify the best practices of top performing VA hospitals and share them across the whole VA health care system.

“The El Paso VA health care system has shown marked improvement in most areas. We are actually in the Top 5 in the country for our ‘Call Responsiveness’ and ‘Mental Health Population Coverage’ metrics,” said Mr. Michael Amaral, Director of the El Paso VAHCS.

“Our patient satisfaction and employee satisfaction ratings continue to improve as well. We still have work to do. Like I have always said, I don’t particularly care about the Star Rating; I care about the metrics that lead up to that rating and the processes that drive those metrics.”

The VA says that 66 percent of VA Medical Centers have improved in overall quality in the third quarter. Areas where VA-wide improvement initiatives were put in place saw the largest gains in quality.

Eight medical centers that were placed under the Strategic Action for Transformation program in January 2018 are no longer considered high risk and 80 percent saw measurable improvements.

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5.6 - WSFA (NBC-12, Video): [American Legion Dept. of AL reacts to Montgomery VA 1-star Rating](#) (4 October, Rosanna Smith, 439k uvm; Montgomery, AL)

A local veterans service organization is reacting along with others to the Montgomery VA Hospital’s 1 star rating. This score was handed down by the The United States Department of Veterans Affairs as part of its hospital ratings for the 2018 Fiscal Year.

Greg Akers spent more than 20 years in the Army. For him, the decision to serve was easy.

“My father is a veteran, my grandfather veteran, great grandfather is a veteran, great great great uncle is a veteran. Every man in my family served in some capacity,” said Akers.

Akers now finds great pride in serving his fellow veterans.

“It can be as simple as going over and sitting with a veteran for the day,” said Akers.

As the American Legion department of Alabama adjutant, it’s a mission he takes seriously.

“We are the nations largest veterans service organization. Our main priority is advocating for the rights of veterans,” said Akers.

Akers said the veterans service organization learned of 1-star rating Montgomery’s VA hospital received in a letter sent to them from the Central Alabama Veterans Health Care System Director, Dr. Linda Boyle.

“We knew it was coming. It has been a process working with the VA. We work very closely with Director Boyle. We knew what kind of challenges she has had and what progress she has made over the year she has been there,” said Akers.

In 2016, Montgomery's VA received a 2-star rating. In 2017 a 3-star rating, but dropped to 1 star out of 5 in 2018. Akers believes there were a number of factors that weighed into this score from the United States Department of Veterans Affairs.

"It is not necessarily the care the veteran gets, it is getting access to the care. That seems to be the biggest hurdle," said Akers. "No one is going to say the lowest rating you can get is acceptable."

The American Legion Department of Alabama plans to continue its work with Director Boyle. With a unified focus on the care of the veterans. Akers is confident things will turn around with a community approach.

"I think working with DAV, VFW, American Legion Marine Corps leagues all the service organizations. If we pitch in a little bit more than 110 percent, then we can help that facility grow. Director Boyle is not a one woman army so she needs help from all of us," said Akers.

The Central Alabama Veterans Health Care System sent us this statement:

"Central Alabama Veterans Health Care System (CAVHCS) is continuing to refine and improve the way health care is delivered to Veterans. The focus is on patient-centered care. We are utilizing the Strategic Analytics for Improvement and Learning (SAIL) data and analytic supporting resources to guide process improvement to enhance the quality and efficiency of care. CAVHCS has improved quality care in mental health, in-hospital complications, utilization management, call-center responsiveness, and wait times. However, considering the current SAIL 1-Star rating, we are working closely with our VISN and Central Office experts as we develop strategies to continue addressing the opportunities to improve. We take pride in serving our Veterans – achieving the best possible outcomes for them is our top priority."

Alabama Rep. Martha Roby also responded to the 1-star rating in a statement:

"The news that the Central Alabama VA has dropped from a 3-star rating to a 1-star rating is completely unacceptable. Our veterans represent the very best of this country, and it is incumbent upon us to ensure they receive the best possible care we can provide. Significant work is needed to achieve this goal. I have been and will remain actively engaged with CAVHCS Director Dr. Linda Boyle and other VA leadership to improve care for our veterans so that it is easily accessible and of the highest quality. As always, I encourage veterans in Alabama's Second District to contact my office with problems related to VA casework. I am deeply disappointed in this rating, and my top priority continues to be that we treat our veterans properly."

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5.7 - WENY (TV-36): [Bath VA Medical Center Maintains 5 Star Rating](#) (4 October, Caitlin Murphy, Horseheads, NY)

BATH, N.Y. – The Department of Veterans Affairs had released its end of fiscal year 2018 VA hospital Star ratings.

These ratings evaluate and benchmark quality of care delivery at VA medical centers across the nation.

According to the report, the Bath VA Medical Center maintained a 5-star rating in Fiscal Year 2018.

"The Bath VA continuously strides to improve the quality of care and health care outcomes for Veterans living in the Southern Tier area we have the privilege of caring for. We are proud of our employees' efforts that have led to the improvements made in mental health services, inpatient quality measures and mortality rates and we are committed to sustaining these results," said Bruce Tucker, interim medical center director.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter — with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

5.8 - The Day: [Murphy questions whether VA informed 500,000 vets of their eligibility for benefits](#) (4 October, Julia Bergman, 440k uvm; New London, CT)

More than 500,000 veterans now are eligible for mental and behavioral health care at the Department of Veterans Affairs, but U.S. Sen. Chris Murphy, D-Conn., is questioning whether the VA has informed them of their eligibility.

"I have received no information regarding any efforts by the VA to notify the more than 500,000 veterans who are now eligible for care," Murphy said in a letter sent Tuesday to VA Secretary Robert Wilkie.

Murphy's proposal to require the VA to provide mental and behavioral health care to former service members with at least 100 days of active duty service, who served in combat and were discharged "under conditions other than honorable," was included as part of the massive federal spending package signed into law by President Donald Trump in late March. His proposal also applies to vets with other than honorable discharges who were sexually assaulted.

The proposal affects between 800 and 1,000 Connecticut veterans, according to an estimate from Yale University's Veterans Legal Services Clinic.

The VA was required to inform eligible veterans no later than 180 days after the law's enactment, which was Sept. 18, but has yet to confirm it notified veterans before that deadline, according to Murphy.

"I am extremely troubled that it appears the VA has failed to follow the law and properly inform newly eligible veterans of the care available to them," he said to Wilkie.

A request for comment sent to the VA last Friday had not been returned by Wednesday. A VA spokeswoman said by email Tuesday evening that the department was working on the request.

The U.S. military discharges more than 20,000 service members annually with one of five discharge statuses ranging from honorable to dishonorable. An other-than-honorable, commonly referred to as "bad paper," discharge is classified as an administrative discharge and makes those veterans ineligible for health and other benefits available to veterans with honorable discharges.

Many of these bad paper veterans have argued that they were separated for behavior related to undiagnosed post-traumatic stress disorder and other mental health issues as a result of their military service. Connecticut became the first state to offer benefits to this group of vets. That law became effective at the start of this week.

A 2017 report from the Government Accountability Office found that nearly two-thirds of the 92,000 service members discharged for misconduct between 2011 and 2015, were diagnosed with PTSD, a traumatic brain injury "or certain other conditions that could be associated with misconduct" at least two years before being discharged. Of those, 23 percent received an other-than-honorable discharge.

Murphy said the VA similarly failed to notify these veterans in 2017 that it expanded its emergency medical care policies to allow them to receive 90 days of mental health care.

"The VA must not make the same mistake twice," Murphy said, noting that only 115 veterans took advantage of the program because the VA "failed to properly notify, advertise, or inform" them of their eligibility.

That's what spurred Murphy's decision to include the provision in the 2018 law requiring VA notification.

"I am gravely concerned that the department's apparent failure to notify them in accordance with the law puts them at increased risk for mental and behavioral health problems," he said to Wilkie.

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5.9 - KJZZ (NPR-91.5): [Phoenix VA Medical Center Still A 1-Star Facility](#) (4 October, Kathy Ritchie, 165k uvm; Tempe, AZ)

The Department of Veterans Affairs released its end of fiscal year 2018 hospital star ratings, which looks at quality of care at VA Medical Centers across the country. Several centers made significant improvements, but Phoenix wasn't one of them.

The ratings are part of what the VA calls its Strategic Analytics for Improvement and Learning (SAIL). The goal is to assess things like access to care, nursing turnover and patient perception. And the perception of the Phoenix VA isn't good.

Cindy Dorfner with the Phoenix VA said a survey is randomly sent out to people who have received in- or out-patient services.

"So perception is 28 percent of our overall score and the perception of our hospital is still low and so it really drags us down," said Dorfner.

Phoenix again received one star out of five. It was also one of 15 medical centers nationwide that was placed under a program to monitor high risk centers. She said 11 medical centers have shown improvement, including Phoenix.

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5.10 - Temple Daily Telegram: [Report: Temple VA shows service improvements](#) (4 October, Janice Gibbs, 157k uvm; Temple, TX)

The Olin E. Teague Veterans' Medical Center in Temple, part of the Central Texas Veterans Health Care System, showed improvement in quality of care delivery, according to a new report.

On Thursday, the Department of Veterans Affairs released its end of fiscal year 2018 hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers across the nation.

This effort is part of the VA efforts to remain transparent and hold VA facilities accountable.

The Teague center in Temple was one of the facilities that made positive strides in the benchmarks and is striving to continue progress. Although the health care system showed improvement, the Temple VA maintained a 3 Star rating.

"Central Texas VA continues a path to delivering veterans high quality health care," Christopher Sandles, Central Texas Veterans Health Care System director, said in a release. "We continue to excel in variety of areas in this performance evaluation model. The most exciting news is that a 3 out of 5 Star rating shows we can, and will, continue to improve. We'll keep reviewing key processes, staffing-levels, and leadership to continue our quest for excellence."

The Star rating designation is designed to help VA identify best practices of its top-performing hospitals and share them across VA's health care system to achieve system-wide improvements, the release said.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning shows 66 percent of VA medical centers have improved in overall quality in the third quarter — with the largest gains seen in areas where there were VA-wide improvement initiatives — mortality, length of stay and avoidable adverse events.

Six VA medical centers had a decrease in quality, and improvement activities are underway at each of these facilities, the release said.

Additionally, of the medical centers placed under the Strategic Action for Transformation program, an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent, 12 medical centers, show measurable improvements since being placed under Strategic Action for Transformation program in January 2018.

“There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers,” VA Secretary Robert Wilkie said.

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5.11 - Lebanon Daily News (Video): [Lebanon VA Medical Center improves to 5-star rating](#)
(4 October, 75k uvm; Lebanon, PA)

The Lebanon VA Medical Center improved from a 3-star rating to a 5-star rating over the past year, one of only a handful of VA Medical Centers nationwide to make such an improvement in star ratings.

The 5-star rating, for fiscal year 2018, is the highest number a VA facility can receive. The rating system is designed to evaluate and benchmark quality of care delivered at VA medical centers across the nation. The newest ratings were released Wednesday.

Compared with data from the same period a year ago, the release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter, according to a news release.

The largest gains were seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

“There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers,” said VA Secretary Robert Wilkie.

Lebanon VAMC was one of seven medical centers nationwide, out of 146, to improve by 2 stars. One, in Hot Springs, South Dakota, improved by 3 stars, from a 2 to a 5.

Nationwide, the number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings.

Lebanon VA Medical Center is one of 170 medical centers in the nation with the sole purpose of providing world-class medical care to America's Veterans. Lebanon VAMC serves a nine-county area in South Central Pennsylvania covering Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Perry, Schuylkill and York counties. Lebanon VAMC also oversees community clinics located in Mechanicsburg, Lancaster, Pottsville, Wyomissing, York and Fort Indiantown Gap.

If you are veteran, you may be eligible to receive care and benefits from VA. To learn more, call 717-228-6000.

For more information about the Lebanon VA Medical Center, visit www.lebanon.va.gov, like us on Facebook at www.facebook.com/VALebanon, or follow us on Twitter at www.twitter.com/VALebanon.

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5.12 - WATN (ABC-24, Video): [For Third Year In Row, Memphis VA Hospital Gets Just One-Star Rating](#) (4 October, Mike Matthews, 55k uvm; Memphis TN)

Nobody is happy.

There are big problems at the Memphis VA Hospital, and those problems concern people. For three years in a row, this hospital only received a one-star rating. Only five VA hospitals in the country have that dubious distinction.

Too many people die at the Memphis VA Hospital, according to a survey done by the Veterans Administration. There is also a problem with infections.

Hospitals are protected places. From the outside, the only thing people can see is that the Veterans Administration Hospital now offers free valet parking. It's the inside of a hospital that is important. There have been stories of bad operations, of waiting for hours for an appointment, of getting the wrong treatment.

Iraqi war veteran John Benson says, "I heard those stories before I came to Memphis." John was at the end of his rope, a drug addict who was sick and tired of being sick and tired, and he voluntarily entered rehab at the VA. "They were great while I was there," he said. "I did a 45-day rehab and the peer counselors were really passionate and the doctors were really helpful." Former Marine Robin Greer has been in quite a few VA hospitals. "I am a Vietnam-era veteran," he says.

Greer is not the kind of guy who will be told what to say. He says what he feels - good, bad, whatever - if it's on his mind, he says it. And for Greer, the Memphis VA Hospital has been good to him. Not to say they couldn't stand some improvements. He's been to other VA Hospitals, in Wisconsin, and yes, they were different. "On a scale of one to ten," Greer says, "... I would give Milwaukee an eight and a half, Madison, Wisconsin an eight, and I would give this one (Memphis) a six and a half or seven."

The man in charge of Alpha Omega Veterans Services in Memphis has been working with vets for more than 30 years. Cordell Walker says he has seen improvements. "We have seen changes," he says. "The waiting lists are not as long. Our clients have been treated pretty well at the VA. We've seen an uptick in appointments being more timely."

There are other stories. Of being refused treatment, and needing to call Congressman Steve Cohen for help. He says the mortality rate at the Memphis VA Hospital is, in his words, "unconscionable." But Cohen says there have been improvements, and is impressed, so far, by the recent hiring of David Dunning. "The problems have festered," he says, "and he's got a tough job. But VA employees now rate the Memphis Hospital the fourth best in the system to work at, when it was about 100 in the previous report. And even the mortality rate, while still much too high, has gone down by half since he's been there."

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5.13 - KVII (ABC-7, Video): [Amarillo Veterans Affairs Hospital ranks best in Texas](#) (4 October, Jala Washington, 53k uvm; Amarillo, TX)

Out of several VA Hospitals across the lone star state, Amarillo's is ranked the best.

This comes from the 2018 end of the year, federal hospital rankings.

The Thomas E. Creek VA Medical Center in Amarillo has earned four out of five stars for their quality healthcare. There are a number of categories the hospital has been graded on to judge its true quality.

"Within the last two weeks, I've got appointments with audio for hearing, eye glasses," said veteran, George Snyder.

Snyder said he just moved to Amarillo two months ago, and has gotten better service from the VA here than anywhere he's been before.

"I've got more things done here in two weeks, than I have in two years," Snyder said.

The Amarillo VA going from a three-star rating to five in just a year, has taken hard work and dedication, according to Erica Perry, an RN quality consultant for the hospital.

"We have hundreds of data points that we collect on everything that we do clinically," said Perry.

VA hospitals across the country are graded on access to care, quality of mental health care, employee perception, nursing turnover and efficiency and capacity. Perry said they've gotten to where they are by really listening to veterans.

"Often times a veteran's perception is not as good as what we hear in the community," said Perry.

Perry said one big thing they've focused on is implementing survey feedback, and aligning veteran perception to match the reality. But she said they aren't done improving.

"Access, veteran experience," said Perry listing off areas that the hospital needs to grow. "There's some things that really need work, and we understand that. But that's the beauty of this system."

Striving to serve veterans may keep this growth alive.

"I'm amazed, I wish every VA in the states operated like that," said Snyder.

The Amarillo VA said it plans to continue listening to veterans' input and tracking data numbers to keep being the best it can for patients.

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5.14 - Alabama Today: [Montgomery VA Medical Center earns 1-star facility rating, others improve](#) (4 October, Elizabeth Patton, 51k uvm; Birmingham, AL)

A new report from the Veterans Administration shows two Alabama VA medical centers have made some improvements in its quality of services over the past year, while another remains stagnant.

As part of their efforts to remain transparent and hold VA facilities accountable, the U.S. Department of Veterans Affairs' (VA) on Wednesday released end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

In Alabama, on a 1 through 5 star scale, they rated:

Birmingham: 4-star (score went up)

In 2015, the director of the Central Alabama Veterans Healthcare System (CAVHCS), or Montgomery VA, was removed from his post when a pattern of gross mismanagement and systemic malfeasance was exposed. Weeks later he became the first VA official in the country fired under our new VA accountability law. Since that time the Montgomery VA has been under a federal microscope and was making many improvements.

However, after improving from 2015 to 2017 and receiving a 3-star rating for two years in a row, the state's capital city VA hospital dropped to a 1-star, out of 5, in 2018.

Someone who has been working hard to hold the Montgomery VA accountable and improve their service is Alabama 2nd District Rep. Martha Roby. She calls the newly released rating "unacceptable."

"The news that the Central Alabama VA has dropped from a 3-star rating to a 1-star rating is completely unacceptable," Roby told Alabama Today. "Our veterans represent the very best of this country, and it is incumbent upon us to ensure they receive the best possible care we can provide. Significant work is needed to achieve this goal.

She continued, "I have been and will remain actively engaged with CAVHCS Director Dr. Linda Boyle and other VA leadership to improve care for our veterans so that it is easily accessible and of the highest quality. As always, I encourage veterans in Alabama's Second District to contact my office with problems related to VA casework. I am deeply disappointed in this rating, and my top priority continues to be that we treat our veterans properly."

Rating methodology

The VA uses a comprehensive performance improvement tool called Strategic Analytics for Improvement and Learning (SAIL) that includes key metrics used by the private sector as well as additional metrics that are important for addressing access to care, quality of mental health care, employee perception about the organization, nursing turnover, efficiency and capacity.

The metrics are organized into 9 Quality domains and one Efficiency and Capacity domain. The Quality domains are combined to represent overall Quality. Each VA medical center is assessed for overall Quality from two perspectives:

1. Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5.
2. Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts.

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6. [Suicide Prevention](#)

6.1 - WTVW (FOX-7, Video): [Flags placed on National Mall to bring attention to veteran suicides](#) (3 October, 202k uvm; Henderson, KY)

Wednesday, more than 5,000 American flags were placed on the National Mall to draw attention to the epidemic of veteran suicide.

Organizers say servicemembers are battling a hidden war with mental health issues.

Stephanie Keegan is the mother of a veteran who died of an overdose.

"This is a very strong reminder that we are still in war. Every single day the results of this war cause 20 or so to kill their lives," Keegan said.

Keegan's son Daniel died from a drug overdose.

While he didn't commit suicide, Keegan said it's important to raise awareness about PTSD and its impact on those who serve.

"We are sending our children out there they are coming back broken hearted and in need of help," she said.

The Department of Veterans Affairs said it's boosting efforts to prevent veteran suicides.

VA officials said steps include improving access to same-day mental health care and outreach programs like the department's new "Be There" campaign.

Dr. Keita Franklin, Executive Director of Suicide Prevention for the VA, said the campaign highlights risk factors and warning signs of suicide.'

The public service campaign includes this video from Secretary Wilkie encouraging open conversation about mental health.

The National Suicide Prevention Lifeline is 1-800-273-8255.

[Click here for information on the Veterans Crisis Line.](#)

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6.2 - Faithwire: 5,520 Flags Placed at Capitol to Spread Awareness of Veteran Suicide as Rates Among Young Vets Soar (4 October, Carly Hoilman, 9k uvd; New York, NY)

On Wednesday, veterans advocates placed 5,520 flags placed along the National Mall to call attention to the growing problem of veteran suicide.

"When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," Melissa Bryant, chief policy officer for Iraq and Afghanistan Veterans of America, told the Military Times. "Some of us standing here could have been one of these flags, but for an intervention."

The annual event took on new meaning this year following new data published last month. According to the latest Veterans Affairs' National Suicide Data Report, suicide among young U.S. military veterans has risen significantly in recent years. In 2016, there were 45 recorded

veteran suicides per 100,000 population ages 18-34 — an increase of more than 10 percent, compared to the 40.4 recorded in 2015.

The latest report comes amid fresh VA initiatives to curb the problem. During a time of widespread mental health deterioration, the suicide epidemic appears to have hit service members particularly hard — veterans are now 1.5 times more likely to take their lives than Americans who have never served in the military.

Even in the wake of the concerning suicide report, VA officials have celebrated “great strides in crisis intervention,” including the expansion of mental health services available to veterans.

From the Military Times:

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans' Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Bryant explained Wednesday how suicide among veterans relates to the broader mental health crisis facing other Americans. She noted the case of Army veteran and former Kansas City mayoral candidate Jason Kander, who announced Tuesday that he would be dropping out of the race to receive treatment for post-traumatic stress disorder.

“We need to de-stigmatize and allow for better mental health care to be provided for citizens everywhere,” Bryant said, as reported by WTOP.

Stephanie Keegan, whose son Daniel took his own life in 2016 after experiencing delays in treatment for post-traumatic stress disorder he developed after serving in Afghanistan, shared that she was thankful for the public event recognizing something that has affected her so personally.

“It absolutely makes a difference,” she told the Military Times. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

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6.3 - WZDX (FOX-54, Video): [Flags on the National Mall call attention to military suicides](#)
(4 October, Brie Jackson, 600 uvd; Huntsville, AL)

On Wednesday, more than 5,000 American flags were placed on the National Mall to draw attention to the epidemic of veteran suicide. Organizers say servicemembers are battling a hidden war with mental health issues.

Participants say it represents the number of active duty servicemembers and veterans who have taken their own lives this year.

Stephanie Keegan's son died from a drug overdose. While he didn't commit suicide, Keegan says it's important to raise awareness about PTSD and its impact on those who serve. She says, "This is a very strong reminder that we are still in war. Every single day the results of this

war cause 20 or so to kill their lives. We are sending our children out there. They are coming back broken hearted and in need of help."

The Department of Veterans Affairs says it is boosting efforts to prevent veteran suicides.

VA officials say steps include improving access to same day mental health care and outreach programs like the department's new "Be There" campaign.

Keita Franklin, Executive Director of Suicide Prevention for the U.S. Department of Veterans Affairs, says "Be There" highlights risk factors and warning signs of suicide, and that it's really a call to action to every citizen in America to make sure everybody knows that they do have a role to play when it comes to saving veterans lives.

The public service campaign includes a video from Secretary Wilkie encouraging open conversations about mental health.

People hope showing their support will help save a servicemember's life.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Denver Post: Federal agencies provide nearly \$783,000 to help Colorado homeless vets (4 October, Judith Kohler, 4.8M uvm; Denver, CO)

Funding from the U.S. Housing and Urban Development and the Veterans Affairs departments will help provide permanent homes to about 100 homeless veterans in Colorado.

The \$782,869 in rental assistance announced this week comes from the HUD-Veteran Affairs Supportive Housing program, which combines rental assistance from HUD with case management and clinical services by the VA.

"We are lucky to have such strong partnerships with the VA and housing authorities throughout the state and the Rocky Mountain region, all of whom work together to build on the success of the HUD-VASH Program," HUD Rocky Mountain Deputy Regional Administrator Eric Cobb said in a statement.

As part of the program, VA medical centers assess veterans experiencing homelessness before referring them to local housing agencies for vouchers. The decisions are based on a variety of factors, including the duration of homelessness and the need for longer term, more intensive support.

Veterans participating in the HUD-VA housing program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. The VA offers eligible homeless veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico and the Virgin Islands.

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7.2 - Tampa Bay Times: [Florida National Cemetery, so often passed by, can take a visitor's breath away](#) (4 October, Joe Henderson, 4.8M uvm; Saint Petersburg, FL)

Exit 309 off Interstate 75 in Bushnell is about an hour north of Tampa, and I have driven by it many more times than anyone can count, past the sign pointing to the Florida National Cemetery.

Never paid much attention to it, to tell you the truth. I mean, who wants to go to a cemetery before you have to?

Plenty of people have said how beautiful and serene it is there, tucked a short hop off the highway amid the rolling hills of the Withlacoochee State Forest. People say a visit can give you a renewed respect for life and the sacrifices veterans and their families made for this country. As I learned Monday, they are correct.

The cemetery is breathtaking in its simplicity but overwhelming at the same time. Row after row of white headstones stretches over the 517-acre site, with plans to expand. It reminds everyone that we're in this together.

I was there with immediate family members to say goodbye to Grace Patterson, my wife's mother. She was 90 when she died on Sept. 17, having never quite recovered from surgery to repair a broken hip.

Her husband, Gerald Patterson, served honorably in the U.S. Navy during World War II and Korea. He is 93 and still with us. A benefit from his military service is a guaranteed spot in one of our national cemeteries. As his wife, Grace could go there too.

Her formal funeral was last Saturday. On Monday, we brought the urn carrying her ashes to be interred in a grave with a headstone. Honestly, everyone was worn out and we all just wanted to get through this, but that changed when we arrived and prepared to let Grace go for good.

They are extremely well organized at the cemetery, which helped a lot.

We were given an 11:30 a.m. appointment for a 30-minute slot. You check in and are given a lane number for your car. Later, an escort from the cemetery will lead you to a committal shelter where you can say your last goodbye. It is respectful and discreet.

Before that, though, we went to the visitor's center, where a volunteer told us the facility handles about 7,000 final services each year. An estimated 130,000 people are interred there, including Leonard T. "Max" Schroeder Jr., who as a 25-year-old captain in World War II was the first American to come ashore at Normandy on D-Day.

Mike Holovak, who was the skipper of a PT boat credited with sinking nine Japanese ships during World War II and later coached football for many years in college and the NFL, rests there.

Three medal of honor recipients are there.

But mostly, what you see on the headstones are stories of gallantry by people known only to their family and friends. They speak to devoted wives and mothers who kept families together while their husbands were overseas.

Grace Patterson was one of these.

As we were wrapping up our brief farewell to her, our escort said we were free to bring flowers by any day of the year as long as the cemetery was open, but cautioned, "The deer come out at night and eat them."

Somehow, I think Grace would like to know she's in a place of serenity and nature, and if some of the native wildlife want to stop by for a visit and snack, well, that's OK.

It's healthy to be reminded of the sacrifices people made so that a nation could endure. Our guide said to come back anytime and just walk around, and I will do that because a place of peace and beauty lies just to the west off exit 309 and it's worth slowing down to take a look.

I heard about it before, but now I really understand.

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7.3 - KNBC (NBC-4): [Temporary Homeless Shelter at VA Approved by LA City Council](#) (4 October, 2.1M uvm; Los Angeles, CA)

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by a Los Angeles City Council committee Wednesday.

Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

The Homelessness and Poverty Committee approved a motion seeking funding for the facility, which is to be located on the grounds of the VA campus, will provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services.

"This is a really bit deal for veterans that the VA is finally starting to deliver, and I'm really glad that the city of Los Angeles and the county are helping them deliver," Councilman Mike Bonin said.

The facility is scheduled to open in early 2019, and will be one of several new programs and facilities at the site aimed at helping homeless vets.

The VA also is working on its Draft Master Plan, which calls for 1,200 units of permanent supportive housing on the Westside campus.

The VA additionally has opened a "safe parking" program for veterans living in their vehicles, and started providing permanent supportive housing for homeless veterans in existing buildings, with 54 veterans currently housed in Building 209.

With financial support from the city through HHH bond funds, two other buildings are being converted into permanent supportive housing for veterans.

The facility will be part of Mayor Eric Garcetti's "A Bridge Home" program, which calls for temporary homeless facilities in each of the city's 15 council districts. One temporary facility in Councilman Jose Huizar's district near the El Pueblo Historic Monument has already opened, with other sites at various stages of development.

The VA bridge housing site will include two tension membrane structures along with modular trailers that will not be visible from the exterior of the VA campus, according to Bonin's motion.

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7.4 - WCSC (CBS-5, Video): [Garden at Charleston VA to help veterans going through treatment](#) (4 October, 827k uvm; Charleston, SC)

As part of a partnership between the Lowcountry Food Bank and Clemson University, veterans at the Ralph H. Johnson VA medical center in downtown Charleston will have a place to go where they can take their mind off treatment and make their minds sharper.

A garden will be installed on the patio area of the Veterans Enrichment Center on Thursday morning and will be maintained by veterans going through mental health treatment as part of their care.

It started with a smaller group of veterans who found gardening to be one of the most useful tools in growth.

"It increased their cognitive ability," Enrichment Center Coordinator Fredrica Hughes said. "It increased their confidence in each other, even language skills got better and definitely socialization."

The installation will take place from 11 a.m. to 4 p.m. on Thursday. The Lowcountry food bank will also use the garden as a training site to help veterans and other organizations who want to install Gardens at home.

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7.5 - KRCR (ABC-7): [HUD and VA to help homeless veterans in Redding and Shasta County](#) (5 October, Mindy Schack, 198k uvm; Redding, CA)

SHASTA COUNTY, Calif. — To help end veteran homelessness, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) awarded \$293,814 to provide a permanent home to an estimated 60 veterans enduring homelessness in Sacramento and the San Joaquin Valley. The rental assistance announced Wednesday is provided through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program, which combines rental assistance from HUD with case management and clinical services provided by VA.

HUD-VASH funds both housing and supportive services that are essential to helping homeless veterans, many of whom are living in unsheltered locations. These vouchers are critical tools in helping communities effectively end homelessness among veterans.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said HUD Secretary Carson. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

"When our neighbors answer our country's call to service, we must answer their call when they return home," said HUD Deputy Regional Administrator Wayne Sauseda. "Together with the VA, HUD remains committed to meeting the supportive housing needs of veterans, so that, one day, we end veteran homelessness in Redding and Shasta County."

Since 2008, more than 93,000 vouchers have been awarded and approximately 150,000 homeless veterans have been served through the HUD-VASH program. More than 600 Public Housing Agencies (PHAs) administer the HUD-VASH program, and this most recent award includes 22 additional PHAs, increasing HUD-VASH coverage to many communities.

In the HUD-VASH program, VA Medical Centers (VAMCs) assess veterans experiencing homelessness before referring them to local housing agencies for these vouchers. Decisions are based on a variety of factors, most importantly the duration of homelessness and the need for longer term, more intensive support in obtaining and maintaining permanent housing. The HUD-VASH program includes both the rental assistance the voucher provides and the comprehensive case management that VAMC staff offers.

Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico and the Virgin Islands.

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7.6 - WOAI (NBC-4, Video): [Big money coming to San Antonio for homeless veterans](#) (4 October, Robert Price, 163k uvm; San Antonio, TX)

Some much-needed money is coming to San Antonio to help homeless veterans.

The money is coming from the Department of Veterans Affairs and the Department of Housing and Urban Development.

More than four-thousand homeless veterans will be getting a permanent home thanks to 35 million dollars worth of rental assistance vouchers nationwide. That includes 38 veterans in Bexar County.

"Literally people have bled for us to make sure that we have a life that's better," says David Nisivoccia, president and CEO of San Antonio Housing Authority. "So anytime that we can attain these vouchers and this funding, we apply for it and we've been rather successful."

Nisivoccia says Bexar County has the sixth largest population of homeless veterans in the country.

Many are considered chronically homeless.

"What we're seeing is veterans who have been on the street four, five, six times," says Tom Shaw, director of client services for housing programs with the American GI Forum National Veterans Outreach Program.

The American GI Forum provides services to an average of fifty homeless veterans every month.

"A veteran comes through our door, they're going to get help in our programs," says Shaw. "Education, housing."

"That stable house means a lot to everything else that you have going on in your life," Nisivoccia adds.

And that's where the San Antonio Housing Authority can help, through rental assistance vouchers.

"They get the voucher and they have to go through the process of locating that housing," Nisivoccia says. "And then we sign off on that housing and then they're housed."

Housing vouchers from HUD combined with case management and clinical services from the VA.

"It's not as simple as finding a place and putting that veteran into that place," Shaw says. "You really have to tailor the approach to the individual."

This go-around, federal grant money will cover a permanent home, along with wraparound services, for 38 homeless veterans in San Antonio and Bexar County.

"So as long as we can provide that stability," Nisivoccia says, "And as long as the veterans can get the service they need, their lives improve greatly quickly."

HUD expects this grant money to provide homes to 177 homeless veterans across the state of Texas.

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7.7 - Guam Pacific Daily News (Video): [Our View: Program will help get homeless veterans off the streets](#) (4 October, 141k uvm; Hagatna, GU)

Homeless military veterans living in Guam and Hawaii will be eligible for rental assistance to get them into safe housing, thanks to funding from the U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs.

The agencies announced that they've awarded \$887,278 to help 88 homeless veterans in Guam and Hawaii, with the funding provided through the HUD-Veterans Affairs Supportive Housing

Program. The program combines rental assistance from HUD with case management and clinical services provided by VA, according to a news release.

These rental assistance vouchers are critical tools to help communities effectively end homelessness among veterans, the news release stated. Veterans Affairs is committed to ending homelessness among veterans.

“We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own,” said HUD Secretary Ben Carson. “The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA.”

Wayne Sauseda, HUD deputy regional administrator said when men and women answer the call to service, it’s up to the community answer their call when they come home.

“Together with the VA, HUD remains committed to meeting the supportive housing needs of veterans, so that, one day, we end veteran homelessness in Guam and Hawaii.”

Veterans participating in the program rent privately owned housing. They generally contribute no more than 30 percent of their income for rent, the news release stated.

VA Medical Centers assess homeless veterans before referring them to local housing agencies for the vouchers. The program provides no just rental assistance, but comprehensive case management as well.

More than 93,000 vouchers have helped serve about 150,000 homeless veterans since 2008, and now Hawaii and Guam will be among the jurisdictions offering the program.

The nation owes the men and women who have faithfully served in the military, protecting the American way of life. It’s important we live up to the promises we make to veterans and ensure they get the benefits they’ve earned. It’s good to know that homeless veterans in our community will get the help they need to get off the streets.

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7.8 - Daily Bruin: [Temporary West LA housing facility to open doors to homeless veterans](#) (4 October, Armando Carrillo, 3.4k uvd; Los Angeles, CA)

A temporary housing facility in West Los Angeles is expected to open in early 2019 and house up to 100 homeless veterans.

The \$5 million facility will be located on the West Los Angeles Veterans Administration campus and will provide on-site services such as 24-hour security, case managers and mental health services.

The new facility is a part of Mayor Eric Garcetti’s “A Bridge Home” initiative, which aims to address the homelessness crisis in LA. The initiative is expected to launch 15 temporary housing facilities, one in each district, in order to offer a total of 1,500 beds for homeless people across Los Angeles.

The City of Los Angeles has a homeless population of over 31,000 but can accommodate only about 8,000 of these people on a given night, according to the Los Angeles Homeless Services Authority.

Philippe Bourgois, a distinguished sociology professor who studies homelessness, said he thinks the lack of affordable housing in LA is a fundamental human rights violation the city needs to acknowledge in order to properly address homelessness.

“The state really has to come in and take responsibility for this because if they just leave it to market forces and to real estate owners, there will never be an end to the homelessness problem,” Bourgois said.

Bourgois said he thinks the solution to homelessness involves building new housing and expanding rent control in order to make housing accessible to everyone.

Alex Comisar, Garcetti’s press secretary, said Garcetti led a campaign in 2016 to pass Proposition HHH, which gave the city \$1.2 billion to build up to 10,000 permanent housing units over the span of 10 years. Comisar said the city is building this housing as quickly as possible.

As of April, 615 permanent housing units have been built, and 1,517 units are still being proposed, according to Garcetti’s website.

Comisar said Garcetti’s “A Bridge Home” plan is intended to get homeless residents off the streets as quickly as possible while they wait for permanent housing options. Comisar said the city plans to have 15 bridge facilities open or under construction by the end of the fiscal year.

Comisar said people are homeless for a myriad of reasons and therefore have different needs. He added outreach workers are reaching out to homeless people in order to assess their needs and connect them with temporary housing or other options.

Rick Coca, a spokesman for Councilmember Jose Huizar, said the shelter by El Pueblo Historic Monument can house up to 45 people and hosted its first residents Sept. 10.

“It’s extremely important that the El Pueblo shelter succeeds because it’s the first one and acts as a model that will be replicated across the city,” Coca said.

Coca said homelessness in Los Angeles is no longer just concentrated in particular areas, but is now a citywide issue.

Coca added that the implementation of these shelters has been met with some backlash by community members who think these shelters will lead to more homelessness in the area.

However, he said he thinks people will be more willing to support these facilities once the program is expanded and people see that these shelters will help get people off the streets.

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7.9 - Leavenworth Times: [Bark for Life slated for Saturday](#) (4 October, Mark Rountree, 49k uvm; Leavenworth, KS)

A fundraiser will be held Saturday to raise money for the American Cancer Society.

And dogs will be the stars of the show.

Registration is under way for Bark For Life, a benefit for Leavenworth County Relay for Life and the American Cancer Society.

The event will include a 5K run/walk or a one-mile run/walk on the campus of the Eisenhower VA Medical Center.

Check-in begins at 11 a.m. and the event will begin at 11:30 a.m. near the Waggin' Tails Dog Park adjacent to the VA.

"You don't have to have a dog to participate," said Katherine de la Cruz, co-chairperson of Leavenworth County Relay for Life each spring. "You just have to like dogs."

Saturday's event begins with the run or walk, which will be on the VA campus.

It will also include pet-friendly events, including a skills contest and a costume contest for dogs.

Several representatives from dog grooming businesses and kennels will be on site to distribute information.

Riverview Rescue in Leavenworth will have several dogs available for adoption.

De la Cruz said the event is designed to celebrate the caregiving qualities of dogs for people with cancer.

"And remember, dogs get cancer too," she said.

Entry fee is \$20 per person and \$5 for each dog or \$50 for a family. Participants can register on the day of the event.

De la Cruz said 100 percent of the proceeds from the event will go to Leavenworth County Relay for Life and the American Cancer Society.

Leavenworth County Relay for Life is slated for April 27 at Lansing Middle School.

For more information, visit www.relayforlife.org/barklvcocks or call 913-240-8172. Send email to RelayLVCO@gmail.com

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7.10 - ConnectingVets.com: [Like countless student veterans, he's owed thousands in late GI Bill payments](#) (4 October, Matt Saintsing, New York, NY)

\$3,659.

That's how much the VA owes a student veteran in Florida. Due to an upsurge in technical problems, an unknown number of vets using the GI Bill are have received late payments, the wrong amounts, or, in the case of Erin Lagos, no money at all so far this semester.

"You have to be prepared to have enough money for a month-and-a-half (for payment delays)," he tells Connecting Vets. "And no one tells you that."

A former Navy damage controlman previously assigned to the destroyer USS Farragut, Lagos left the Navy in 2013 after five years, but he knew he wanted to stay on the water. So, he enrolled in the Marine Mechanic Institute in Orlando, Fla. to learn how to repair boats.

Wanting to expand on his studies there, he moved to Miami to study electronics at Miami Lakes Educational Center.

Lagos is owed housing allowance (BAH) payments for the entire month of September, and one half of August. Lagos is also missing his \$500 book stipend each student veteran receives at the beginning of the semester.

Having lived through delays in BAH payments during government shutdowns of years past, Lagos has a financial cushion, saving a bit. Still, the money he was expecting has yet to hit his account. Luckily for him, he lives at home and gets a break from his parents on rent and other expenses, especially since the mistake is due to no fault of his own.

"I have a little leeway, but two years ago I was going to marine mechanics school...that's how I learned you need to have some money saved," he says. "But even if they're late your landlord doesn't care at the first of the month."

Where it stands now, Lagos says he's resorting to borrowing money from family so he can pay for food, his rent and phone bill, and other expenses.

Miami Lakes tells Lagos they have submitted all the required paperwork, but have offered little guidance to him and others in the same situation. "It's a technical college, and they don't have that many veterans," adds Lagos. His tuition bills aren't in question, as the VA has reimbursed that amount. What they haven't paid is the stipend he depends on for his living expenses in his last semester

It became clear that something was up this semester when he started seeing news reports at the end of September about the overabundance of GI Bill mistakes. Lagos has called the VA educational benefits line for any information, but "they don't really tell you anything," he says.

Neither officials at the VA nor at his school have been able to provide him a timeline of when he can expect the \$3,659.

VA spokesperson Terrence Hays tells Connecting Vets in an email "VA's educational claim processing times are slightly higher than normal," because of an increased volume and technology changes to implement the Harry W. Colmery Veterans Educational Assistance Act —dubbed the Forever GI Bill, which was signed into law last year.

"VA's goal is to process original education claims in 28 days and supplemental education claims in 14 days, while VA's current Fiscal Year To Date (FYTD) timeliness is 33.1 days for original claims and 23.7 days for supplemental claims," says Hayes.

Officials say employees are working “mandatory overtime” and the agency had added 202 people to reduce processing times.

“VA recognizes timely receipt of the housing allowance is crucial for Post-9/11 GI Bill students and makes every effort to provide these payments quickly,” adds Hayes. “A student will not receive a housing payment for enrollments beginning in August until September, and the stipend for September is not paid until the beginning of October.”

Lagos is missing payments for August and September. Hayes declined to say how many student veterans are affected.

Student Veterans of America sent VA Secretary Wilkie a letter last month expressing urgency to get student veterans their delayed GI Bill payments.

When he graduates, Lagos hopes to combine his two degrees to work in the boating industry in South Florida. “I joined the Navy, I love being on the water, I love the boats, so this is just kind of my thing.”

Like other veterans right now, he’s just waiting to get the cash that’s rightfully his.

Veterans experiencing financial hardship can call VA’s customer service line at 888-442-4551.

To learn more about the Post-9/11 GI Bill, click here, or call 1-888-442-4551 to speak to a VA educational counselor.

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8. [Other](#)

8.1 - The Washington Post: [Congressional Republicans tentatively agree to raise federal worker pay, rebuffing Trump](#) (4 October, Erica Werner and Lisa Rein, 43.9M uvm; Washington, DC)

Congressional Republicans have tentatively agreed to a 1.9 percent pay raise for the nation’s 2 million civilian federal workers, overruling President Trump who sought to freeze their pay.

The preliminary deal between House and Senate Republicans is also likely to lift a salary freeze affecting hundreds of executive-level employees and appointees including Vice President Pence and members of the Trump Cabinet, according to lawmakers and aides.

Democrats oppose that element of the deal, and the package could change when lawmakers return to Capitol Hill following the midterm elections and complete negotiations.

Republicans who had been pushing to give civilian federal workers a raise hailed the outcome. GOP lawmakers including Rep. Barbara Comstock (R-Va.) had pushed Trump to reverse his initial decision in August to deny the raise.

Rep. Tom Graves (R-Ga.), who chairs the spending subcommittee that handles the issue, credited Comstock for pushing for the result. Comstock is in a tough campaign to hang on to her Northern Virginia House seat, and the salaries of the tens of thousands of federal employees in her district had become an important issue in her race.

"Thanks to Barbara Comstock's tireless advocacy, there is an agreement in place on pay raises," Graves said in a statement to The Washington Post. "This wouldn't be resolved without her help, or without President Trump's booming economy."

Comstock said in an interview she lobbied Vice President Pence for a raise for the civilian workforce, and he was receptive. But the White House, citing budget constraints, never reversed its opposition.

"I've been making the case for the rank-and-file side," Comstock said. "I'm confident we will get it. We need to retain talent in the federal government."

A White House spokesman did not respond to a request for comment, and a spokesperson for Pence said the vice president's office was not involved in negotiations on the raise.

The average federal worker salary is around \$85,000, according to the federal Office of Personnel Management. But the American Federation of Government Employees, representing about 750,000 federal workers, says that number is inflated by the high salaries of some doctors and scientists, and that the bulk of federal workers make between \$33,000 and \$55,000 a year.

Around 15 percent of the nation's 2.1 million federal workforce live in and around Washington, D.C. The majority of the 2.1 million work all over the nation at military bases, federal labs, national parks, veterans hospitals and other facilities scattered throughout the states.

Most federal civilian employees received a 1.9 percent raise in 2018 and would be in line for another 1.9 percent raise in January 2019 under the congressional deal. Members of the military are on track to receive a 2.6 percent raise in January.

The question of government worker pay was among the final issues being negotiated as lawmakers rushed to finish a package of congressional spending bills last month, including the one funding federal salaries. Because no agreement was reached before the end of the fiscal year Sept. 30, the bills were wrapped into a short-term spending measure that runs through Dec. 7.

The House has already adjourned through the midterm elections, so lawmakers will resume talks when they return to the Capitol following the elections.

Democrats support the pay raise for civilian workers, but are opposed to lifting the pay freeze for executive-level appointees that was in place throughout much of the Obama administration. It is uncertain whether that element of the GOP deal will survive final talks.

"There is no reason that the Trump administration, which boasts the wealthiest Cabinet in modern history, should be held to a different standard than the Obama administration when it comes to pay increases," Rep. Nita M. Lowey (D-N.Y.), the top Democrat on the House Appropriations Committee, said in a statement. "If Republicans were really focused on fiscal responsibility for America's kids and grandkids, they wouldn't be trying to increase pay for the vice president and senior Trump officials."

The executive-level employees in question include political appointees tapped by the White House who fill the top rungs of Cabinet agencies as well as dozens of smaller federal agencies and ambassadors who are not career members of the Foreign Service.

All have seen their pay frozen under language that has carried over in annual appropriations bills since the Obama administration, following the two-year government-wide pay freeze President Obama put in place in 2011 following the recession.

The provision affecting them would lift the freeze and reinstate the salary limits at where they would have been, had the freeze not gone into effect, according to Democratic aides.

For about 1,100 senior political appointees — whose annual salaries now range from \$155,500 to \$199,700 — that could mean a substantial bump in pay, with some getting raises of more than 5 percent, although the raises would not be automatic in all cases.

Pence, whose vice presidential salary has been frozen at \$230,700, could be eligible for an increase bringing his salary up to \$243,500.

Randy L. Erwin, national president of the National Federation of Federal Employees, which represents more than 100,000 employees, called it “an insult to civil service federal employees across the country that President Trump had advocated for yet another pay freeze for federal workers in 2019.”

He said he is pleased to see Congress “challenge the White House” on the issue.

But Erwin said the union does not oppose a lifting of the cap for higher paid appointees as well, because “federal employees across the board are significantly underpaid.”

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8.2 - The Wall Street Journal: [Trump Administration to Step Up Oversight of Hospital Watchdogs](#) (4 October, Stephanie Armour, 43.6M uvm; New York, NY)

The Trump administration on Thursday announced increased oversight of organizations that accredit and inspect most U.S. hospitals, following a report last year in The Wall Street Journal focusing on problem-plagued facilities that kept their accreditation status.

The Centers for Medicare and Medicaid Services, which grants accrediting authority, said it will change the way it measures the performance of accrediting organizations in a pilot project and will provide the public with new information about accreditors’ and hospitals’ performance.

A Journal database investigation in 2017 found that the Joint Commission, which accredits almost 80% of U.S. hospitals, typically takes no action to revoke or modify its accreditation when state inspectors find serious safety violations. Hospitals kept their full accreditation even in cases where they had been ousted from the Medicaid program for safety violations.

“Because of that article, we’ve taken a lot of action, and we’re just getting started on the issue,” said CMS Administrator Seema Verma. “We’re trying to bolster our efforts to have oversight and to also have our reviews of [accreditors] transparent.”

Additional federal action is expected in the fall, she said, but that could require new regulations, which can take time to enact. The agency is concerned about potential conflicts of interest in the industry, she said.

The actions are aimed at the nation's 10 federally approved health-care accreditors, which play a little known but critical role in ensuring patient safety.

The House Energy and Commerce Committee in March launched an investigation into the organizations, following the Journal report. That work is ongoing.

Sen. Chuck Grassley (R., Iowa) last year asked CMS to outline statutory changes that would be needed to end the confidentiality of inspection reports written by accreditors. CMS officials have been talking with Mr. Grassley's office about that.

Under the changes announced Thursday, CMS will begin publicly posting performance data on accrediting organizations, such as safety problems they may potentially have missed, and will test a redesigned process for checking up on accreditors' results.

Currently, states conduct inspections on CMS's behalf at some hospitals 60 days after an accreditor's survey. They can sometimes reveal violations that weren't identified in the earlier scrutiny.

Under pilot projects in Texas, Ohio and Georgia, state inspectors on behalf of CMS will work alongside accreditors to assess their compliance with safety and health standards, the agency said. CMS will also analyze state investigations of complaints at accredited facilities as part of a strengthened oversight of accreditors.

New details will also be posted on the CMS website, including a list of hospitals and health organizations that have been found out of compliance with safety standards, along with the name of their accreditor.

Accreditors are often the frontline safety watchdogs at U.S. hospitals and health organizations. Most hospitals get accredited in order to receive Medicare funding, though some forgo the process in favor of state inspections. Nearly all states recognize accreditors in some part of their hospital licensing process.

The Joint Commission, the largest accrediting entity, inspects hospitals including medical centers for veterans, the Federal Bureau of Prisons and the Indian Health Service, giving it a sweeping quasigovernmental role.

The Wall Street Journal investigation found the Joint Commission had revoked the accreditation of fewer than 1% of the hospitals that were out of Medicare compliance in 2014. In more than 30 instances, hospitals retained their full accreditation even when their violations were deemed by CMS so significant that they presented, or were likely to present, a risk of serious injury or death to patients.

The accreditation system is closely tied to the industry it oversees. Twenty of the Joint Commission's 32 board members are executives at health systems accredited by the group or work at parent organizations of those health systems, the Journal found.

Other board members are chosen by health-care industry groups, such as the American Hospital Association and the American Medical Association. Hospitals pay the Joint Commission for inspections, which occur at least every three years and cost an average of about \$18,000 in 2015.

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8.3 - U.S. News & World Report (AP): [Tomah Whistleblower, Veteran's Widow Disagree Over Baldwin](#) (4 October, Scott Bauer, 23.9M uvm; Washington, DC)

MADISON, Wis. — A Gulf War veteran who blew the whistle on the prescription drug crisis at the Tomah Veterans Affairs Medical Center said he thinks it would be "immoral" to vote for Democratic Sen. Tammy Baldwin.

The comments from Ryan Honl, a Libertarian, drew a sharp rebuke Thursday from Heather Simcakoski, the widow of veteran Jason Simcakoski who died in 2014 due to "mixed use toxicity" while being treated at Tomah.

Baldwin's reaction to the Tomah scandal has been an issue in her re-election campaign, with her Republican opponent Leah Vukmir saying she failed to adequately respond. Outside conservative groups have also attacked Baldwin on the issue.

Baldwin has defended her reaction by pointing to the passage of a law she introduced named after Simcakoski and designed to increase oversight of opioid prescriptions issued at VA facilities.

Honl, in comments first reported by the Milwaukee Journal Sentinel, said he felt compelled to speak out now after Heather Simcakoski and her in-laws cut a pair of campaign ads for Baldwin. Honl claimed that Baldwin had "used" the Simcakoski family when she produced the ads.

Honl, in an interview with The Associated Press, said he was surprised by the ads because Jason Simcakoski's parents told him in 2016 they didn't plan to get involved in politics. Marvin and Linda Simcakoski did not immediately return a message seeking comment.

Heather Simcakoski told AP that Honl was lying and said his comments were "incredibly upsetting."

Honl said he didn't want to argue with the family and he has no plans to cut an ad or do anything to help Vukmir's campaign, even though he intends to vote for her.

"My sole focus is calling out Tammy Baldwin," he said.

Honl is a 46-year-old West Point graduate who worked at Tomah as a secretary in the hospital's mental health clinic before resigning in 2014 and filing a federal whistleblower complaint on his way out.

He is also a longtime critic of Baldwin and briefly considered running as a Republican against Democratic U.S. Rep. Ron Kind, of La Crosse. Honl said he's since "buried the hatchet" with Kind and endorsed him for re-election this year.

Heather Simcakoski and her in-laws praised Baldwin in the ads , saying it is "shameful" that Jason Simcakoski's death was being used against Baldwin.

She reiterated that on Thursday.

"Either work with us to fix the VA like Tammy has or stop talking about my husband's death," she said.

Vukmir seized on Honl's statement, saying voters in November will hold Baldwin accountable for what happened at Tomah.

"As a military mom, it pains me to know Baldwin knew about the opioid crisis at Tomah and refused to take action to help our veterans because she had more concern for her political career," Vukmir said.

Baldwin has been criticized for not making public a report from the Department of Veterans Affairs' inspector general that said physicians at Tomah were over-prescribing opioids.

Baldwin later said her office had made mistakes, leading her to fire one staffer, demote another and cut the pay of her chief of staff.

There is no evidence that Baldwin took steps to cover up what was happening at Tomah and a Senate committee that investigated it determined she had not engaged in a cover up.

"Veterans from across the state and the Simcakoski family have spoken out to stop the politicization of veterans and support Tammy Baldwin for her work to hold the VA accountable and improve veterans' health care," said Baldwin's spokesman Bill Neidhardt. "Senator Baldwin has worked with the Simcakoski family to craft and pass Jason's Law, and she has worked across party lines to secure vital investments to support America's veterans."

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8.4 - Milwaukee Journal Sentinel: [Tomah VA whistleblower says it would be 'immoral' to support Sen. Tammy Baldwin](#) (4 October, Daniel Brice, 4.8M uvm; Milwaukee, WI)

Tomah whistleblower Ryan Honl is putting himself front and center in the U.S. Senate race.

Honl, who helped shine the spotlight on the problems at the Tomah Veterans Affairs Medical Center, is urging voters to oppose Democratic U.S. Sen. Tammy Baldwin. She is being challenged by GOP state Sen. Leah Vukmir.

"It is immoral to vote for Tammy Baldwin in this year's election," Honl, a 46-year-old Gulf War veteran and West Point graduate, said in a statement to the Journal Sentinel.

Honl's intervention in the race caused a stir in the two campaigns, with Vukmir saluting his remarks while Baldwin all but dismissed them.

In an interview, Honl accused Baldwin of mishandling the response to the 2015 scandal at the Tomah VA, which had been dubbed "Candy Land" for its widespread distribution of opioids.

Honl said he is letting his opinion be known now in response to two new TV spots in which the parents and widow of U.S. Marine veteran Jason Simcakoski, who died at the Tomah VA facility, come out in support of Baldwin. His death in August 2014 was due to "mixed use toxicity" while being treated by doctors at the Tomah VA.

"It really bothers me that (Baldwin) used the family," Honl said, adding that members of the Simcakoski family earlier told him they would be sitting out the race. Honl said he believes Baldwin will probably be re-elected given her double-digit lead in the polls, but he said, "I thought the public needed an alternative point of view."

Reached Wednesday, Heather Simcakoski, Jason's widow, said she has not talked to Honl and said she is unaware of any other family member who has.

In the ad, Heather Simcakoski praises Baldwin for working with the family for the passage of a bill known as "Jason's Law," which toughened opioid prescription guidelines at the VA and pushed for other reforms in pain management.

"My ad speaks for itself," Heather Simcakoski said Wednesday.

The problems at the 266-bed facility in rural Tomah bubbled beneath the surface for years but burst into public view with a January 2015 series by the Center for Investigative Reporting, which was tipped off by Honl, a former Tomah VA employee.

The series accused the Tomah VA of rampant overmedication of patients, retaliatory management practices and preventable overdose deaths. The number of opiates prescribed at the Tomah medical center more than quintupled over the past decade, despite a drop in patients.

Honl was one of several whistleblowers to raise concerns with members of the Wisconsin congressional delegation over problems at the facility. He spoke with staffers for Baldwin, U.S. Sen. Ron Johnson and U.S. Rep. Ron Kind, a Republican and a Democrat, respectively.

Baldwin came under intense criticism because she did not make public a report from the Department of Veterans Affairs' inspector general that said particular physicians at the medical center were "prescribing an unusually high total opioid amount."

Later, after nearly two months of silence, Baldwin acknowledged her office had made mistakes, leading her to fire one staffer, demote another and dock the pay of her chief of staff.

In his statement, Honl said he is upset that the U.S. senator fired Marquette Baylor, her former deputy state director and chief of her Milwaukee office, in early 2015 for a range of issues, including her handling of the Tomah crisis.

Honl was extremely critical of Baylor at the time, noting that she even discouraged him in late 2014 from going to the press with his concerns.

But he said this week that Baylor's later ethics complaint to the U.S. Senate showed she tried to alert Baldwin and her chief of staff to the Tomah VA problems. Baylor's complaint was dismissed.

Honl also chided Baldwin in his statement for leaving the Senate Homeland Security & Governmental Affairs Committee, which has been investigating problems at VA hospitals and medical centers.

"She didn't want to be a part of a committee investigating other VA scandals because it would keep her failures front and center," Honl wrote. "Too big of a minefield for an impending political campaign."

Baldwin did move to the Senate Committee on Commerce, Science, and Transportation. But as a member of the Appropriations Committee, she has remained on the subcommittee dealing with veterans affairs.

Honl asserted Baldwin's staff wouldn't meet with him in 2017 when he visited Washington, D.C., to testify on a veterans bill named for a Tomah psychologist who committed suicide after raising concerns about the medical facility.

"In Ryan Honl's opinion, having been there directly involved, it's been a political cleanup from day one for Tammy Baldwin," Honl said Tuesday, referring to himself in the third person.

Baldwin aides disputed Honl's account of his visit to her D.C. office.

They said he stopped by unannounced and that the staffer he wanted to speak to was not in the office. Honl was able, they said, to speak with the staffer by phone about the topics that he came to discuss.

Honl has said he did meet with aides to Kind and Johnson on his visit. He has endorsed both incumbents in their re-election bids. He briefly considered running against Kind.

Vukmir said in a statement that Honl's remarks confirm what she's been saying.

"As a military mom, it pains me to know Baldwin knew about the opioid crisis at Tomah and refused to take action to help our veterans because she had more concern for her political career," Vukmir said.

By contrast, Baldwin campaign spokesman Bill Neidhardt brushed aside Honl's comments while emphasizing the incumbent's support from Simcakoski's family.

"Senator Baldwin has worked with the Simcakoski family to craft and pass Jason's Law, and she has worked across party lines to secure vital investments to support America's veterans," Neidhardt said in a statement.

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8.5 - WFED (AM-1500): [DHS cyber office name change more likely, USDS offers advice](#) (4 October, Amelia Brust, 854k uvm; Washington, DC)

Cybersecurity at the Homeland Security Department has a new urgency with the upcoming midterm elections and, possibly, a new umbrella under which to group its mission areas.

Undersecretary Christopher Krebs is excited by the prospect that one month from now he will no longer refer to his agency's cybersecurity effort as the "incomprehensible and unpronounceable" National Protection and Programs Directorate. That's because Wednesday evening the Senate approved legislation to rename that office as the Cybersecurity and Infrastructure Security Agency.

The change is years in the making. Reacting to the vote Thursday morning, in the presence of federal cybersecurity stakeholders, Krebs said why this rebranding and reorganization is more than cosmetic.

"It clarifies and clearly signifies our mission," he said at the CXO Tech Forum in Rosslyn, Virginia. "It also is going to help significantly in terms of recruiting. There have been a number of job fairs where we have signs saying DHS, or National Protection and Programs Directorate — nobody knows what that means."

It also streamlines NPPD, which was created as a conglomerate of programs that did not fit neatly under other agencies and whose missions did not align. Currently NPPD houses the Federal Protective Service, Office of Biometric Identity Management, Office of Cyber and Infrastructure Analysis, Office of Cybersecurity and Communications, and the Office of Infrastructure Protection.

According to the amended Cybersecurity and Infrastructure Security Agency Act of 2017 (H.R. 3359), CISA would be comprised of a Cybersecurity Division, and Infrastructure Security Division and an Emergency Communications Division.

The bill would move the Office of Biometric Identity Management under DHS's Management Directorate, while the Federal Protective Service would also be relocated, though that destination is yet to be determined by DHS.

Although Krebs said that DHS was not ready to uncork the champagne bottles just yet, he felt confident things were nearing the finish line. The Senate passed the bill with two amendments and the House Committee on Homeland Security press office said the bill would have to return to the House for another vote.

Election cybersecurity an 'awakening' for DHS, country

Cybersecurity is also driving DHS to improve its relationship with state and local governments when it comes to elections security. Krebs said when Homeland Security initially learned of hacking attempts on election systems by Russian actors in 2016, officials did not know they should reach out to secretaries of state offices for elections administrations.

"There was an agency within the U.S. federal government that had a very deep understanding of that and that's the Election Assistance Commission," Krebs said. "The problem is no one at DHS knew that the Election Assistance Commission actually existed in and of itself."

Since then, DHS has established partnerships and communications protocols to share elections security intel to every state regardless of whether that state office or official has a security clearance, he said.

It speaks to how DHS' scope and mission has changed since its post-9/11 inception when terrorism was the No. 1 focus.

“[Cyber attacks] had always been this kind of ephemeral, intangible threat,” he said. “The 2016 elections, it was an awakening because it was the first time I think people actually realized that cybersecurity could destabilize our government. And it really shook people to the core.”

How other agencies can bolster cybersecurity

Krebs said he cannot expect to ask for something legislatively and see fast results — the CISA name change took about four years, after all. Other organizations need to work out cybersecurity problems with the IC and Defense Department, which he said has increased with vigor.

For agencies who do not know where to begin with digital solutions, DHS’ Executive Director for the Digital Service Stephanie Neill recommended referring to U.S. Digital Services Playbook and the office’s values set. She and other panelists from USDS said first identify a problem to be solved, rather than a “technology first” mindset.

USDS expert Alexander Romero said agencies should not be afraid to open themselves up for evaluation. He is working on the “Hack the Pentagon” program to entice private citizens to find and report vulnerabilities in DoD’s websites and applications. The prize-awarding “bug-bounties,” such as Wednesday’s Hack The Marines event which spotted 150 vulnerabilities, are ways to crowdsource cyber know-how.

“If we put money behind a bug that is found that is brought to us we get some really good results,” Romero said.

But advice can be got for free. He said that many researchers are willing to offer tips on open ports which should be closed, or bugged applications. After launching the Vulnerability Disclosure Policy, Romero said about 7,500 vulnerabilities for various DoD applications have been reported.

But Marcy Jacobs, executive director of digital services at the Veterans Affairs Department, noted that some agencies may be afraid to open themselves up. They may fear vulnerability is spotted for which they lack the funds or expertise to address.

“I would just say start small,” said Jacobs, who spent three years working on the brand consolidation of VA.gov and Vets.gov and even won a Service to America Medal on Tuesday night for her work. “Figure out what is the most broken part of the problem or what is something that is solvable, and build some momentum from that and be iterative.”

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Veterans Affairs Media Summary and News Clips

5 October 2018

1. [Top Stories](#)

1.1 - Politico: [Opioids package passes \(and what it means\)](#) (4 October, Darius Tahir, 23.9M uvm; Arlington, VA)

Cerner today released the names of 24 businesses that will be part of the team implementing its EHR for the VA. They include Leidos, Accenture and Henry Schein, Cerner's three largest partners on the military's MHS Genesis project. The VA EHR modernization team will outline its strategy during Cerner's annual conference next week in Kansas City, Mo., according to a Cerner release.

[Hyperlink to Above](#)

1.2 - The Plain Dealer: [Cleveland VA medical center under review for cancellation of patients' tests](#) (4 October, Julie Washington, 11.5M uvm; Cleveland, OH)

The Louis Stokes Cleveland VA Medical Center is among several Veterans Affairs hospitals in the country that are under review for claims they are improperly canceling a large number of patients' diagnostic tests.

[Hyperlink to Above](#)

1.3 - Military Times: [Here are the best and worst VA medical centers](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials claimed improvements at 66 percent of their medical centers across the country last fiscal year, with 18 earning the highest level of excellence in the department's internal ratings system. But nine others remain on the VA's list of underperforming facilities after getting the lowest possible rating. They include the embattled Washington VA Medical Center, which sits just a few miles from the White House and has seen a series of leadership shake-ups in recent years.

[Hyperlink to Above](#)

1.4 - Military Times: [Efforts to help homeless veterans showing progress, VA, HUD leaders say](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

After the first increase in annual homeless veterans estimates in seven years, the leaders of Veterans Affairs and Housing and Urban Development say they are confident in improvements made on the issue in recent months. "Across the country in general, we're getting a lot more proclamations about the end of homelessness, not just veterans homelessness but homelessness in general" said HUD Secretary Ben Carson in an interview with Military Times on Wednesday.

[Hyperlink to Above](#)

1.5 - Stars and Stripes (Military Update): [Isakson vows 'Blue Water' relief; Trump inflates Choice reform](#) (4 October, Tom Philpott, 1.5M uvm; Washington, DC)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for "Blue Water Navy" Vietnam War veterans who have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private-sector physicians and hospitals.

[Hyperlink to Above](#)

1.6 - Stars and Stripes: [Senator: VA missed deadline to inform vets with 'bad paper' about access to mental health care](#) (4 October, Nikki Wentling, 1.5M uvm; Washington, DC)

A senator who championed legislation earlier this year to increase access to mental and behavioral health care for veterans with other-than-honorable discharges is worried the word isn't getting out to the thousands of veterans now eligible for care they were previously denied. The Honor Our Commitment Act, approved as part of large appropriations bill in March, requires the Department of Veterans Affairs to provide veterans with mental health screenings and care, even if they received other-than-honorable discharges.

[Hyperlink to Above](#)

1.7 - WFED (AM-1500, Audio): [VA digital service team not resting on laurels, plans to continue to simplify online experience](#) (4 October, Jason Miller, 854k uvm; Washington, DC)

Calling it a surreal moment, Marcy Jacobs, the executive director of the digital service at the Veterans Affairs Department, accepted her Service to America Medal Tuesday night. Jacobs started the effort three years ago to change the way more than 40 million veterans and their families interact online with the VA. Jacobs said the SAMMIES recognition is about more than just improving the Vets.gov site.

[Hyperlink to Above](#)

1.8 - Healthcare IT News: [Cerner reveals long list of VA EHR modernization partners](#) (4 October, Jessica Davis, 438k uvm; Chicago, IL)

"This is the beginning of a long transformational journey," Travis Dalton, president of Cerner Government Services, said in a statement. "We'll continue to seek and bring the best talent available to the VA." "Our nation's Veterans deserve the highest quality care," he added. "And we're confident we've brought the right players to this team to succeed in our collective mission."

[Hyperlink to Above](#)

1.9 - Bloomberg Government: [Post-9/11 Vets Look to Vietnam Veterans' Agent Orange Fight](#) (4 October, Megan Howard, 197k uvm; Washington, DC)

Iraq and Afghanistan veterans are looking to a Vietnam group's fight for health coverage for guidance on their fight for care after burn pit exposure. Vietnam's Blue Water Navy Veterans, a group who served on ships miles off the coast, are embroiled in a battle with the Department of Veterans Affairs over disability benefits related to Agent Orange exposure.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Becker's Hospital Review: [VA appoints physician to lead integration for its EHR project](#) (4 October, Julie Spitzer, 441k uvm; Chicago, IL)

The Veterans Affairs Department appointed Paul Tibbits, MD, to a key leadership post charged with overseeing its EHR modernization project, shortly after Cerner unveiled its team of 24 technology businesses tasked with supporting the project on Oct. 3.

[Hyperlink to Above](#)

3.2 - Nextgov: [24 Companies Join VA's Health Record Modernization Team](#) (4 October, Jack Corrigan, 193k uvm; Washington, DC)

The vendor responsible for modernizing the Veterans Affairs Department's electronic health record system recruited 24 more companies to assist with the massive overhaul. Cerner Corp. on Wednesday announced it teamed up with a lengthy list of subcontractors as the multi-billion dollar overhaul of VA's health record platform gets underway.

[Hyperlink to Above](#)

3.3 - Springfield News-Sun (Video): [VA on new Springfield outpatient clinic: 'It shows our commitment to the Springfield community'](#) (4 October, Jenna Lawson 6k uvd; Springfield, OH)

The Dayton VA Medical Center announced Wednesday it has chosen a new site for the Springfield VA outpatient clinic. The new clinic will be located at 1620 N. Limestone St. Construction is expected to be finished in 2019. The clinic has been located on Burnett Road since the early 2000s, but Dayton VA officials said a new space is necessary to accommodate the growing veteran population.

[Hyperlink to Above](#)

3.4 - MedCity News: [24 businesses will help Cerner with VA EHR modernization process](#) (4 October, Erin Dietsche, 114k uvm; Cleveland, OH)

A cohort of 24 companies has agreed to join Cerner as it implements its EHR system for the Department of Veterans Affairs. The core group of seven businesses assisting the Kansas City, Missouri-based EHR vendor include AbleVets, Accenture, Guidehouse, Henry Schein, Leidos, MicroHealth and ProSource360.

[Hyperlink to Above](#)

3.5 - Cincinnati Business Courier: [Downtown federal building now home to Tele-Intensive Care Unit](#) (4 October, Barrett J. Brunsman, 28k uvm; Cincinnati, OH)

The Tele-Intensive Care Unit that had been based at the Cincinnati VA Medical Center has been moved to the John Weld Peck Federal Building downtown. The Veterans Health Administration's Tele-ICU, which helps provide remote critical care to patients in 19 VA hospitals throughout the nation, had been located in the Cincinnati VA Medical Center in Corryville since its inception in 2012 but outgrew the space.

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3.6 - KELO (CMN-1320/107.9): [Talking robots help veterans in Sioux Falls](#) (4 October, Mark Russo, Sioux Falls, SD)

Three tireless robots are helping veterans at the Sioux Falls VA Medical Center. Lyle, Nemo, and Rob-b (yes, they have names) deliver medical supplies around the facility. The chunky metallic messengers on wheels free up the nurses and other medical staff to focus on other needs.

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4. Focus Resources More Efficiently

4.1 - The Wall Street Journal: [Peter O'Rourke, Top VA Official Who Clashed With Lawmakers, Poised to Leave](#) (4 October, Ben Kesling, 43.6M uvm; New York, NY)

A former Trump-campaign staffer who became acting secretary of the Department of Veterans Affairs is expected to leave the agency as soon as this week following a contentious tenure, according to an administration official familiar with the matter. Peter O'Rourke served as acting secretary from May 29 to July 30, clashing with lawmakers, the agency's inspector general's office and other VA officials, according to current and former officials interviewed about the matter.

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4.2 - WECT (NBC-6, Video): [Landlord moves to sell Wilmington VA clinic amidst criminal investigation](#) (4 October, Ann McAdams, 466k uvm; Wilmington, NC)

WECT has learned the private owners of the Wilmington VA clinic are looking to sell the facility to a new buyer. These developments come just days after news first broke about a criminal investigation by the VA inspector general into the leasing procedures and bidding process used when the Wilmington VA clinic was built. The clinic opened in 2013.

[Hyperlink to Above](#)

4.3 - KTAR (CMN-92.3, Video): [Arizona congressman introduces federal bill to reform Phoenix VA](#) (4 October, 446k uvm; Phoenix, AZ)

An Arizona congressman has introduced legislation to reform the Phoenix Veterans Affairs office at the federal level. The Phoenix VA Congressional Oversight Act, introduced by U.S. Rep. Andy Biggs, would direct VA Secretary Robert Wilkie to launch a pilot program that would improve lawmakers' ability to assist their constituents.

[Hyperlink to Above](#)

4.4 - The Auburn Villager: [State Nurses Association gathers locally for annual convention](#) (4 October, Allison Blankenship, 200 uvd; Auburn, AL)

From all over the state, about 100 delegates of the Alabama State Nursing Association as well as others in the nursing profession will gather locally for the ASNA's 105th annual convention starting today through Saturday.

[Hyperlink to Above](#)

5. Improve Timeliness of Service

5.1 - U.S. News & World Report: [Joining the Opioid Battle](#) (4 October, Linda Marsa, 23.9M uvm; Washington, DC)

When Francis Arment walked into the emergency room at Massachusetts General Hospital, he had hit "rock bottom." It was 3 a.m., and he'd been driving all over in search of an addiction

treatment center. Earlier that day in 2017, he'd been fired from his insurance job when his boss discovered he'd stolen \$40, which he'd used to buy black-market prescription opioids.

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5.2 - The Huffington Post (Video): [VA 2018 Hospital Rankings Show Fewer Top-Rated Medical Centers](#) (4 October, Nina Golgowski, 22.9M uvm; New York, NY)

The government's 2018 ranking of Veterans Affairs medical centers shows the number of top-rated facilities declined, even though overall service improved. The annual list, released by the VA on Wednesday, shows that nine of the VA's 146 ranked hospitals earned the lowest possible one-star rating — down from 14 hospitals last year. Seventeen hospitals received the highest five-star rating, compared with 19 last year.

[Hyperlink to Above](#)

5.3 - WFED (AM-1500, Audio): [IRS questioned about the accuracy of its customer satisfaction reports](#) (4 October, Terry Wing, 854k uvm; Washington, DC)

Veterans Affairs (VA) has unveiled a new program to study whether long-term employment can be used to treat post-traumatic stress disorder (PTSD). The VA is partnering with multiple cities, states and non-governmental organizations to offer individual placement and support for employment to veterans. VA research has found that PTSD negatively affects veterans' ability to hold a job, and veteran participation in the workforce has declined in the past 35 years.

[Hyperlink to Above](#)

5.4 - WMC (NBC-5, Video): [Memphis VA again ranks among worst in country](#) (4 October, Jessica Holley, 592k uvm; Memphis, TN)

The Memphis Veterans Affairs Medical Center once again received bad ratings. The hospital remained on the list of the worst VA facilities in the county, one of only five VA facilities receiving the lowest ranking for the past three years. In a new VA release, Memphis received just one out of five stars, joining facilities in Atlanta, El Paso, Montgomery, Phoenix and others.

[Hyperlink to Above](#)

5.5 - KVIA (ABC-7): [El Paso VA Hospital Improves, still has one star rating](#) (4 October, 529k uvm; El Paso, TX)

The VA released its end of fiscal year 2018 hospital star ratings Wednesday, and while the El Paso VA saw improvements, it still remains at a one star rating. "There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5.6 - WSFA (NBC-12, Video): [American Legion Dept. of AL reacts to Montgomery VA 1-star Rating](#) (4 October, Rosanna Smith, 439k uvm; Montgomery, AL)

A local veterans service organization is reacting along with others to the Montgomery VA Hospital's 1 star rating. This score was handed down by the The United States Department of Veterans Affairs as part of its hospital ratings for the 2018 Fiscal Year. Greg Akers spent more than 20 years in the Army. For him, the decision to serve was easy.

[Hyperlink to Above](#)

5.7 - WENY (TV-36): [Bath VA Medical Center Maintains 5 Star Rating](#) (4 October, Caitlin Murphy, Horseheads, NY)

The Department of Veterans Affairs had released its end of fiscal year 2018 VA hospital Star ratings. These ratings evaluate and benchmark quality of care delivery at VA medical centers across the nation. According to the report, the Bath VA Medical Center maintained a 5-star rating in Fiscal Year 2018.

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5.8 - The Day: [Murphy questions whether VA informed 500,000 vets of their eligibility for benefits](#) (4 October, Julia Bergman, 440k uvm; New London, CT)

More than 500,000 veterans now are eligible for mental and behavioral health care at the Department of Veterans Affairs, but U.S. Sen. Chris Murphy, D-Conn., is questioning whether the VA has informed them of their eligibility. "I have received no information regarding any efforts by the VA to notify the more than 500,000 veterans who are now eligible for care," Murphy said in a letter sent Tuesday to VA Secretary Robert Wilkie.

[Hyperlink to Above](#)

5.9 - KJZZ (NPR-91.5): [Phoenix VA Medical Center Still A 1-Star Facility](#) (4 October, Kathy Ritchie, 165k uvm; Tempe, AZ)

The Department of Veterans Affairs released its end of fiscal year 2018 hospital star ratings, which looks at quality of care at VA Medical Centers across the country. Several centers made significant improvements, but Phoenix wasn't one of them.

[Hyperlink to Above](#)

5.10 - Temple Daily Telegram: [Report: Temple VA shows service improvements](#) (4 October, Janice Gibbs, 157k uvm; Temple, TX)

The Olin E. Teague Veterans' Medical Center in Temple, part of the Central Texas Veterans Health Care System, showed improvement in quality of care delivery, according to a new report. On Thursday, the Department of Veterans Affairs released its end of fiscal year 2018 hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers across the nation.

[Hyperlink to Above](#)

5.11 - Lebanon Daily News (Video): [Lebanon VA Medical Center improves to 5-star rating](#) (4 October, 75k uvm; Lebanon, PA)

The Lebanon VA Medical Center improved from a 3-star rating to a 5-star rating over the past year, one of only a handful of VA Medical Centers nationwide to make such an improvement in star ratings. The 5-star rating, for fiscal year 2018, is the highest number a VA facility can receive. The rating system is designed to evaluate and benchmark quality of care delivered at VA medical centers across the nation. The newest ratings were released Wednesday.

[Hyperlink to Above](#)

5.12 - WATN (ABC-24, Video): [For Third Year In Row, Memphis VA Hospital Gets Just One-Star Rating](#) (4 October, Mike Matthews, 55k uvm; Memphis TN)

Nobody is happy. There are big problems at the Memphis VA Hospital, and those problems concern people. For three years in a row, this hospital only received a one-star rating. Only five VA hospitals in the country have that dubious distinction. Too many people die at the Memphis VA Hospital, according to a survey done by the Veterans Administration. There is also a problem with infections.

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5.13 - KVII (ABC-7, Video): [Amarillo Veterans Affairs Hospital ranks best in Texas](#) (4 October, Jala Washington, 53k uvm; Amarillo, TX)

Out of several VA Hospitals across the lone star state, Amarillo's is ranked the best. This comes from the 2018 end of the year, federal hospital rankings. The Thomas E. Creek VA Medical Center in Amarillo has earned four out of five stars for their quality healthcare. There are a number of categories the hospital has been graded on to judge its true quality.

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5.14 - Alabama Today: [Montgomery VA Medical Center earns 1-star facility rating, others improve](#) (4 October, Elizabeth Patton, 51k uvm; Birmingham, AL)

A new report from the Veterans Administration shows two Alabama VA medical centers have made some improvements in its quality of services over the past year, while another remains stagnant.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - WTVW (FOX-7, Video): [Flags placed on National Mall to bring attention to veteran suicides](#) (3 October, 202k uvm; Henderson, KY)

VA officials said steps include improving access to same-day mental health care and outreach programs like the department's new "Be There" campaign. Dr. Keita Franklin, Executive Director of Suicide Prevention for the VA, said the campaign highlights risk factors and warning signs of suicide.' The public service campaign includes this video from Secretary Wilkie encouraging open conversation about mental health.

[Hyperlink to Above](#)

6.2 - Faithwire: [5,520 Flags Placed at Capitol to Spread Awareness of Veteran Suicide as Rates Among Young Vets Soar](#) (4 October, Carly Hoilman, 9k uvd; New York, NY)

On Wednesday, veterans advocates placed 5,520 flags placed along the National Mall to call attention to the growing problem of veteran suicide. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," Melissa Bryant, chief policy officer for Iraq and Afghanistan Veterans of America, told the Military Times. "Some of us standing here could have been one of these flags, but for an intervention."

[Hyperlink to Above](#)

6.3 - WZDX (FOX-54, Video): [Flags on the National Mall call attention to military suicides](#) (4 October, Brie Jackson, 600 uvd; Huntsville, AL)

The Department of Veterans Affairs says it is boosting efforts to prevent veteran suicides. VA officials say steps include improving access to same day mental health care and outreach programs like the department's new "Be There" campaign. Keita Franklin, Executive Director of Suicide Prevention for the U.S. Department of Veterans Affairs, says "Be There" highlights risk factors and warning signs of suicide, and that it's really a call to action...

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Denver Post: Federal agencies provide nearly \$783,000 to help Colorado homeless vets

(4 October, Judith Kohler, 4.8M uvm; Denver, CO)

Funding from the U.S. Housing and Urban Development and the Veterans Affairs departments will help provide permanent homes to about 100 homeless veterans in Colorado. The \$782,869 in rental assistance announced this week comes from the HUD-Veteran Affairs Supportive Housing program, which combines rental assistance from HUD with case management and clinical services by the VA.

[Hyperlink to Above](#)

7.2 - Tampa Bay Times: Florida National Cemetery, so often passed by, can take a visitor's breath away

(4 October, Joe Henderson, 4.8M uvm; Saint Petersburg, FL)

Exit 309 off Interstate 75 in Bushnell is about an hour north of Tampa, and I have driven by it many more times than anyone can count, past the sign pointing to the Florida National Cemetery. Never paid much attention to it, to tell you the truth. I mean, who wants to go to a cemetery before you have to?

[Hyperlink to Above](#)

7.3 - KNBC (NBC-4): Temporary Homeless Shelter at VA Approved by LA City Council

(4 October, 2.1M uvm; Los Angeles, CA)

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by a Los Angeles City Council committee Wednesday. Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

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7.4 - WCSC (CBS-5, Video): Garden at Charleston VA to help veterans going through treatment

(4 October, 827k uvm; Charleston, SC)

As part of a partnership between the Lowcountry Food Bank and Clemson University, veterans at the Ralph H. Johnson VA medical center in downtown Charleston will have a place to go where they can take their mind off treatment and make their minds sharper.

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7.5 - KRCR (ABC-7): HUD and VA to help homeless veterans in Redding and Shasta County

(5 October, Mindy Schack, 198k uvm; Redding, CA)

To help end veteran homelessness, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) awarded \$293,814 to provide a permanent home to an estimated 60 veterans enduring homelessness in Sacramento and the San Joaquin Valley.

[Hyperlink to Above](#)

7.6 - WOAI (NBC-4, Video): [Big money coming to San Antonio for homeless veterans](#) (4 October, Robert Price, 163k uvm; San Antonio, TX)

Some much-needed money is coming to San Antonio to help homeless veterans. The money is coming from the Department of Veterans Affairs and the Department of Housing and Urban Development. More than four-thousand homeless veterans will be getting a permanent home thanks to 35 million dollars worth of rental assistance vouchers nationwide. That includes 38 veterans in Bexar County.

[Hyperlink to Above](#)

7.7 - Guam Pacific Daily News (Video): [Our View: Program will help get homeless veterans off the streets](#) (4 October, 141k uvm; Hagatna, GU)

Homeless military veterans living in Guam and Hawaii will be eligible for rental assistance to get them into safe housing, thanks to funding from the U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs. The agencies announced that they've awarded \$887,278 to help 88 homeless veterans in Guam and Hawaii, with the funding provided through the HUD-Veterans Affairs Supportive Housing Program.

[Hyperlink to Above](#)

7.8 - Daily Bruin: [Temporary West LA housing facility to open doors to homeless veterans](#) (4 October, Armando Carrillo, 3.4k uvd; Los Angeles, CA)

A temporary housing facility in West Los Angeles is expected to open in early 2019 and house up to 100 homeless veterans. The \$5 million facility will be located on the West Los Angeles Veterans Administration campus and will provide on-site services such as 24-hour security, case managers and mental health services.

[Hyperlink to Above](#)

7.9 - Leavenworth Times: [Bark for Life slated for Saturday](#) (4 October, Mark Rountree, 49k uvm; Leavenworth, KS)

A fundraiser will be held Saturday to raise money for the American Cancer Society. And dogs will be the stars of the show. Registration is under way for Bark For Life, a benefit for Leavenworth County Relay for Life and the American Cancer Society. The event will include a 5K run/walk or a one-mile run/walk on the campus of the Eisenhower VA Medical Center.

[Hyperlink to Above](#)

7.10 - ConnectingVets.com: [Like countless student veterans, he's owed thousands in late GI Bill payments](#) (4 October, Matt Saintsing, New York, NY)

\$3,659. That's how much the VA owes a student veteran in Florida. Due to an upsurge in technical problems, an unknown number of vets using the GI Bill are have received late payments, the wrong amounts, or, in the case of Erin Lagos, no money at all so far this

semester. “You have to be prepared to have enough money for a month-and-a-half (for payment delays),” he tells Connecting Vets. “And no one tells you that.”

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8. [Other](#)

8.1 - The Washington Post: [Congressional Republicans tentatively agree to raise federal worker pay, rebuffing Trump](#) (4 October, Erica Werner and Lisa Rein, 43.9M uvm; Washington, DC)

Congressional Republicans have tentatively agreed to a 1.9 percent pay raise for the nation’s 2 million civilian federal workers, overruling President Trump who sought to freeze their pay. The preliminary deal between House and Senate Republicans is also likely to lift a salary freeze affecting hundreds of executive-level employees and appointees including Vice President Pence and members of the Trump Cabinet, according to lawmakers and aides.

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8.2 - The Wall Street Journal: [Trump Administration to Step Up Oversight of Hospital Watchdogs](#) (4 October, Stephanie Armour, 43.6M uvm; New York, NY)

The Trump administration on Thursday announced increased oversight of organizations that accredit and inspect most U.S. hospitals, following a report last year in The Wall Street Journal focusing on problem-plagued facilities that kept their accreditation status.

[Hyperlink to Above](#)

8.3 - U.S. News & World Report (AP): [Tomah Whistleblower, Veteran's Widow Disagree Over Baldwin](#) (4 October, Scott Bauer, 23.9M uvm; Washington, DC)

A Gulf War veteran who blew the whistle on the prescription drug crisis at the Tomah Veterans Affairs Medical Center said he thinks it would be “immoral” to vote for Democratic Sen. Tammy Baldwin. The comments from Ryan Honl, a Libertarian, drew a sharp rebuke Thursday from Heather Simcakoski, the widow of veteran Jason Simcakoski who died in 2014 due to “mixed use toxicity” while being treated at Tomah.

[Hyperlink to Above](#)

8.4 - Milwaukee Journal Sentinel: [Tomah VA whistleblower says it would be 'immoral' to support Sen. Tammy Baldwin](#) (4 October, Daniel Brice, 4.8M uvm; Milwaukee, WI)

Tomah whistleblower Ryan Honl is putting himself front and center in the U.S. Senate race. Honl, who helped shine the spotlight on the problems at the Tomah Veterans Affairs Medical Center, is urging voters to oppose Democratic U.S. Sen. Tammy Baldwin. She is being challenged by GOP state Sen. Leah Vukmir.

[Hyperlink to Above](#)

8.5 - WFED (AM-1500): [DHS cyber office name change more likely, USDS offers advice](#) (4 October, Amelia Brust, 854k uvm; Washington, DC)

But Marcy Jacobs, executive director of digital services at the Veterans Affairs Department, noted that some agencies may be afraid to open themselves up. They may fear vulnerability is spotted for which they lack the funds or expertise to address. “I would just say start small,” said

Jacobs, who spent three years working on the brand consolidation of VA.gov and Vets.gov and even won a Service to America Medal on Tuesday night for her work.

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1. [Top Stories](#)

1.1 - Politico: [Opioids package passes \(and what it means\)](#) (4 October, Darius Tahir, 23.9M uvm; Arlington, VA)

[...]

LATEST AT THE VA: Cerner today released the names of 24 businesses that will be part of the team implementing its EHR for the VA. They include Leidos, Accenture and Henry Schein, Cerner's three largest partners on the military's MHS Genesis project. The VA EHR modernization team will outline its strategy during Cerner's annual conference next week in Kansas City, Mo., according to a Cerner release.

— Personnel matters: Meanwhile, the VA has named veteran IT specialist Paul Tibbits to head efforts by its Office of Information and Technology in support of the EHR modernization. Tibbits will report to incoming CIO James Gfrerer and work closely with EHR project leader John Windom on designing and implementing the EHR system, Press Secretary Curt Cashour said in a statement to POLITICO. Tibbits, a physician, served in the military for 26 years and at the VA in senior IT positions since 2006. He was previously leader of the VA's Financial Management Business Transformation Special Program Office.

— The fine print: On a related note, a source drew our attention to a section of the VA appropriations bill, H.R. 5895 (115), signed by President Donald Trump on Sept. 21 that we previously missed.

The passage urges the VA to quickly decide whether to continue an Epic-Leidos patient-scheduling project that's being piloted in Columbus, Ohio. The language gives the VA 90 days to decide whether to stick with the project while implementing Cerner software elsewhere. Should the VA drop the Epic scheduling work — which is under budget and expected to be finished within three years — “conferees are disturbed that some regions of the country will not benefit from the scheduling system for a decade,” despite “the continuing problem of delayed appointments.”

At least a half-dozen health systems across the country have Cerner EHRs and Epic scheduling software, according to Epic officials we quoted in July.

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1.2 - The Plain Dealer: [Cleveland VA medical center under review for cancellation of patients' tests](#) (4 October, Julie Washington, 11.5M uvm; Cleveland, OH)

The Louis Stokes Cleveland VA Medical Center is among several Veterans Affairs hospitals in the country that are under review for claims they are improperly canceling a large number of patients' diagnostic tests.

About 300,000 canceled radiology tests at VA medical centers across the United States since 2016 has raised questions about whether some medically important tests were canceled

improperly, according to USA Today. Some facilities may not have followed correct procedures when getting rid of outdated and duplicate test orders, the newspaper said.

Cancelling necessary tests could jeopardize the care of veterans who have conditions that need to be watched closely.

The VA declined to comment, said Michael Nacincik, public affairs officer in the Office of Inspector General at the U.S. Department of Veterans Affairs.

In an email, Nacincik confirmed that a national audit is ongoing to look at how radiology requests are processed and how canceled requests are managed. He also confirmed that Cleveland's VA medical center is part of that audit.

A Cleveland VA spokesperson would not elaborate on specifics of the local audit.

The nationwide audit also includes VA facilities in Bay Pines, Florida; Dallas, Texas; Denver, Colorado; Iowa City, Iowa; Las Vegas, Nevada; Los Angeles, California; Salisbury, North Carolina; and Tampa, Florida, Nacincik said.

A statement from the U.S. Department of Veterans Affairs explained that starting in 2016, the national VA began to look at a backlog of about 300,000 old radiology consults or exam orders, some dating to the 1980s.

The orders accumulated because the national VA didn't have a system for cancelling tests that were no longer necessary or were duplicates, the Veterans Affairs statement said.

"VA officials at both the regional and national levels have been monitoring the implementation of this policy closely for compliance and have worked with the (Department of Veterans Affairs' Office of) Inspector General to oversee the process," a Veterans Affairs statement said.

Nationally, the VA has instituted new procedures calling for health care providers to be notified if a test has not been completed within 60 days of the clinically indicated date. The test will then be canceled, the need for the test will be reassessed, and the patient will be contacted if necessary, the Department of Veterans Affairs said.

What happened in Cleveland?

A physician-led team in Cleveland reviewed all outdated and obsolete orders and "took appropriate action" based on national guidance, said Cleveland VA public affairs specialist Sarah Jane Phillips.

Cleveland, the third-largest VA medical center in the country, handles 3,200 radiology orders weekly, Phillips added.

Cleveland had 21,657 outstanding radiology orders in January 2017, second only to Columbia, South Carolina, which had 29,512, according to Veterans Health Administration numbers published in USA Today. No further information regarding the local 21,657 outstanding orders was available from local sources.

Details are emerging about diagnostic order cancellations in Iowa City and Tampa Bay, both part of the VA's nationwide audit of radiology practices.

A spokesman for the Iowa City VA hospital acknowledged it did not follow national VA guidelines for diagnostic order cancellations, but added that only a small number of tests were affected, according to USA Today.

U.S. Senators Joni Ernst and Chuck Grassley recently wrote to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams, according to the Gazette newspaper in Iowa.

In July, the Tampa Bay Times reported that federal investigators were looking into allegations that the James A. Haley Veterans' Hospital canceled hundreds of patient radiology exams without following safety guidelines and then tried to cover it up.

The allegations were made by four Haley radiology technicians who filed a sexual harassment and intimidation lawsuit against the hospital. The exams had been left undone for more than 60 days.

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1.3 - Military Times: [Here are the best and worst VA medical centers](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials claimed improvements at 66 percent of their medical centers across the country last fiscal year, with 18 earning the highest level of excellence in the department's internal ratings system.

But nine others remain on the VA's list of underperforming facilities after getting the lowest possible rating. They include the embattled Washington VA Medical Center, which sits just a few miles from the White House and has seen a series of leadership shake-ups in recent years.

The VA ratings — made public in 2016 after a USA Today report on the internal scorecards — grade each of the locations on metrics like patient mortality, patient length of stay, reported accidents and patient satisfaction. Officials have said the system is used to collect best practices from high-performing facilities to use in underperforming ones.

In a statement, VA Secretary Robert Wilkie touted improvements across the 146 medical centers.

"With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities," he said. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

The number of one-star facilities dropped by six from the start of fiscal 2018 to the end. Of the nine medical centers still at that level, four were cited for significant improvements: El Paso and Big Spring in Texas, Memphis in Tennessee, and Loma Linda in California.

The five others — Washington, Phoenix and Tucson in Arizona, Montgomery in Alabama, and Atlanta in Georgia — saw no overall change.

Earlier this year, VA placed 12 medical centers on a high-risk list for “aggressive” management intervention. Of those, eight were removed from the program after showing sufficient improvement by the end of last month.

Wilkie said while he is pleased with the results thus far “there’s no doubt that there’s still plenty of work to do.”

The full ratings list is available on the VA web site or in the chart below:

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1.4 - Military Times: [Efforts to help homeless veterans showing progress, VA, HUD leaders say](#) (4 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — After the first increase in annual homeless veterans estimates in seven years, the leaders of Veterans Affairs and Housing and Urban Development say they are confident in improvements made on the issue in recent months.

“Across the country in general, we’re getting a lot more proclamations about the end of homelessness, not just veterans homelessness but homelessness in general” said HUD Secretary Ben Carson in an interview with Military Times on Wednesday.

“Then you have big urban centers like Los Angeles, Seattle and New York which can really skew the numbers. But we’ve seen progress there as well.”

Exactly how much progress won’t be known for a few more weeks, when federal officials release their annual point-in-time count statistics, the standard by which many advocates judge how effective their efforts to help destitute veterans have been.

This year’s data will be particularly significant because the 2017 release showed the first increase in the number of homeless veterans in seven years. The estimate of 40,000 veterans was up less than 2 percent from the previous year’s figures, but still represented a disappointing setback for groups who had seen historic progress in the recent past.

The 2018 homeless estimate (based largely on data collected in January and earlier) will also be the first to fully encompass the policies of President Donald Trump. Both Carson and VA Secretary Robert Wilkie said they are confident the administration is on the right track, refining existing assistance programs while expanding into even more community partnerships.

“We still have to get our arms around how to get as many people into the system as possible,” Wilkie said in the interview. “But there are certain states — Delaware, Connecticut — where the governors will tell you they no longer have a veterans homeless problem. So that is the good news.”

On Wednesday, the two Cabinet officials toured the Washington, D.C., VA Community Resource and Referral Center, the type of facility both men say will be key in preventing homelessness and providing assistance to veterans taken off the streets.

The center — one of 31 spread across the nation — is not a shelter but does provide mental health, benefits and occupational assistance as well as showers and laundry services for veterans in the area.

The secretaries said partnerships between federal facilities like those centers and local charities create a network that can help veterans avoid living on the street.

“You can track a lot of these problems to a lack of mental health care,” Wilkie said. “That is where I want to make our resources more robust ... For our particular population, because of the unique nature of their lives and service, it’s absolutely vital we improve that.

“We hear about telehealth, but I need people on the ground too. We have social workers here who have mental health training. We need more of that.”

The two departments on Wednesday announced the latest round of HUD-VA Supportive Housing grants to 212 public housing agencies, expected to help house more than 4,000 veterans over the coming year.

The program has been praised by both government officials and outside advocates as a critical tool in the effort to help those veterans by giving money directly to local charities. More than 93,000 vouchers have been awarded over the last decade, helping find permanent homes for 150,000 individuals.

The secretaries also announced a \$7.4 million boost to the Veterans Housing Rehabilitation and Modification Pilot Program launched earlier this year, which assist disabled veterans who need to make modifications to stay in their homes, thereby preventing them from ending up without reliable housing.

Wilkie said boosting mental health and other support services will similarly stem problems before they arise. Carson said he is focused on finding ways to “incentivize (cities) to remove the barriers to building affordable housing,” and creating more options for low-income families.

“Providing housing alone doesn’t work,” he said. “Providing wrap-around services alone doesn’t work. But when you provide both, (veterans) stand a very good chance of achieving their goals.”

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1.5 - Stars and Stripes (Military Update): [Isakson vows 'Blue Water' relief; Trump inflates Choice reform](#) (4 October, Tom Philpott, 1.5M uvm; Washington, DC)

Veterans have reason to be uncertain over what Congress and the Trump administration plan both for “Blue Water Navy” Vietnam War veterans who have Agent Orange-related ailments, and for veterans seeking smoother access to more convenient and timely health care from private-sector physicians and hospitals.

Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans’ Affairs Committee, insisted throughout a hearing last week that he and Department of Veterans Affairs Secretary Robert Wilkie will deliver a solution to extend VA disability benefits and health care to veterans who served on ships off the coast of Vietnam during that war and today have conditions VA presumes are linked to toxic defoliants sprayed on land.

But Wilkie, the only witness at the “State of the VA” hearing, wasn’t prepared to echo the chairman’s assurances. Wilkie didn’t even mention the House-passed Blue Water Navy Vietnam Veterans Act (HR 299) in his oral statement highlighting priorities for improving VA’s organization and services.

In his written testimony, he reiterated VA opposition to extending benefits for up to 90,000 aging Blue Water Navy veterans and survivors, saying VA’s “commitment to science and an evidence-based approach to creating or expanding [Agent Orange] presumptions should be maintained.”

If HR 299 is enacted absent stronger scientific evidence that shipboard veterans were exposed to wartime defoliants, Wilkie wrote, it “would erode confidence in the soundness and fairness of the veterans’ disability benefits system, creating the impression that the system can be gamed by political activism.”

Also, he argued, it would increase pressure on VA to “expand additional presumptions administratively, under a similarly liberal approach, favoring less deserving but politically demanding veterans over more deserving veterans who trust VA to do the right thing for all veterans.”

VA estimates HR 299 would cost \$6.7 billion over 10 years and affect efforts to reduce its backlog of claims and claim appeals. VA would have to reopen 30,000 previously denied claims and 230,000 additional claims over the next decade.

Despite Wilkie’s official hard line, Isakson said his talks with the secretary over the past month left him hopeful VA will cooperate with Congress on finding a solution. Why he thought so was hard to decipher throughout the hearing.

“The Secretary is right in the reasons he’s been opposed to just doing Blue Water period. But he’s not wrong about how we get to” a solution, Isakson said. That path, he suggested, is that his committee keeps working with VA. “The veterans who think they deserve that benefit ought to get it,” he insisted.

“So, I really want to set the table at this hearing with the secretary present. Thank him for giving me the time ... to talk about this. And appreciate what his attitude is, about customer service being the principal foundation of his administration at the VA.”

Veteran service organizations and Blue Water Navy advocates should know, Isakson continued, that this “committee and VA will tackle your problems and try and do it as fairly and equitably and as right for everybody as we can. But we are not going to get bulldozed into a corner. And we’re not going to bulldoze somebody into a corner either. So, I want to bring that up because that’s going to take care of a lot of questions.”

It didn’t. Committee colleagues still pressed Wilkie to support HR 299, citing supportive language in a 2008 Institute of Medicine report and noting that Vietnam veterans in their states who served off Vietnam have Agent Orange-related illnesses, and continue to be turned down for VA care and compensation.

The closest Wilkie came to a concession was telling Sen. Dean Heller, R-Nev., that he had pledged to work with Isakson “to make sure that we get it right ... for all of our veterans.” But Wilkie then referred to concerns raised by The American Legion, Veterans of Foreign Wars,

Disabled American Veterans and Paralyzed Veterans of American that the House-passed bill would pay for Blue Water Navy benefits by raising VA home loan fees, including, for the first time, imposing fees on some disabled veterans who buy higher priced homes.

Wilkie said he agreed with those concerns. He assured Heller that Nevada veterans exposed to Agent Orange would qualify for compensation. But he didn't concede that VA is ready to presume all Blue Water Navy veterans were exposed.

Isakson interjected that Heller had missed the chairman's opening statement in which he explained the "issue of dealing with Blue Water Navy is no longer going to be a question. How we do it is going to be the question."

Pointing to Wilkie, Isakson said he "has agreed to work with us to make that happen." Isakson gave similar assurances to four more colleagues critical of VA's opposition to HR 299. Finally, Sen. Richard Blumenthal, D-Conn., told Isakson, "I know what the conversations have been, Mr. Chairman. And I'm really looking for a somewhat less equivocal answer." He didn't get it, not at this hearing.

Real choice or not? President Donald Trump, at a signing ceremony for a funding bill for VA and military construction projects (HR 5895), made some unfounded claims about Veterans Choice, confusing a troubled program in effect since 2014 with reforms to VA community care programs set to kick in next year.

Thanks to him, Trump said to applause at North Las Vegas VA Medical Center on Sept. 21, "we have now VA Choice. So now if a veteran can't get the care they need from the VA in a timely fashion, they have the right to go see a private doctor. Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice."

His declaration didn't match details or nuances of statutory changes enacted that day or earlier this year. HR 5895 does provide, through 2021, billions of dollars more to fund sweeping reforms to VA community care programs as authorized in the VA Mission Act signed in June. But the impact of the reforms on veterans seeking outside care won't be known until VA develops and publishes new access standards for VA-paid community care. That won't occur until next summer.

"We had people waiting in line with a simple problem that, by the time they saw a [VA] doctor, they were terminally ill," said Trump. "No more of that. If you have a line [at VA] you go see a [private-sector] doctor."

No responsible VA official would make that claim. The Mission Act will end two current triggers under the Choice program for granting access to outside care: waits longer than 30 days for a VA appointment or trips longer than 40 miles from home to be seen by a VA primary care provider. Those will go away.

But Trump and veterans don't yet know what will replace them. The new law mandates that VA schedule more timely appointments at its facilities, improve staffing, establish a network of commercial walk-in clinics and ensure prompt payment of outside providers. It also requires that veterans have access to community care if the VA is unable to provide timely care as needed.

The Mission Act, however, allows VA more leeway than under Choice to set access standards and decide how to use them. Whether patients are referred to outside provider networks will depend on “clinical needs” as determined by their VA health care providers in consultation with the patients. Factors to be considered will include distance to VA facilities, type of care required, timeliness of appointments and whether patients face an excessive burden if forced to rely on VA care.

Those are details veterans must understand and hyperbolic politicians ignore.

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1.6 - Stars and Stripes: [Senator: VA missed deadline to inform vets with 'bad paper' about access to mental health care](#) (4 October, Nikki Wentling, 1.5M uvm; Washington, DC)

A senator who championed legislation earlier this year to increase access to mental and behavioral health care for veterans with other-than-honorable discharges is worried the word isn't getting out to the thousands of veterans now eligible for care they were previously denied.

The Honor Our Commitment Act, approved as part of large appropriations bill in March, requires the Department of Veterans Affairs to provide veterans with mental health screenings and care, even if they received other-than-honorable discharges. Veterans who served in a combat zone or area of hostilities, worked as drone operators in combat zones or experienced sexual abuse or assault are eligible.

The law required the VA to inform eligible veterans of the change by Sept. 18 – 180 days after the bill passed. Sen. Chris Murphy, D-Conn., who introduced the measure, said he's unaware of any efforts the VA has made to spread the word.

In a letter to VA Secretary Robert Wilkie on Tuesday, Murphy said he's inquired with the VA multiple times about it and received no response.

“Our priority needs to be providing needed care to the veterans who have earned it, and I am gravely concerned that the department's apparent failure to notify them in accordance with the law puts them at increased risk for mental and behavioral health problems,” Murphy wrote.

Some lawmakers and veterans advocates have long argued servicemembers with other-than-honorable discharges, known as bad paper, were in many cases unjustly released from the military because of mental health issues. Their discharge status prevents them from getting certain VA benefits.

Kristofer Goldsmith, who has an other-than-honorable discharge and advocates for others in the same situation, said in March that Murphy's measure “marks a major shift towards justice for those veterans who have for so long been denied it.”

On Thursday, Goldsmith said it's “extremely frustrating” the VA hasn't reached veterans to let them know of the change.

“I'm glad the VA opened up services to veterans with other-than-honorable [discharges], but right now it seems like VA is doing it in name only,” he said.

Murphy's Honor Our Commitment Act builds upon a program that former VA Secretary David Shulkin started in July 2017 allowing veterans with bad paper to receive emergency mental health services for up to 90 days. During the 90 days, the VA determines whether a veteran's mental health condition is the result of their military service and decides if they're eligible for continued VA care.

According to statistics the VA shared with lawmakers in June, only 115 veterans nationwide sought to use the program in its first year, though thousands are eligible. In 42 of those cases, the VA reviewed veterans' military discharges and determined they were eligible for ongoing VA health care.

Rep. Scott Peters, D-Calif., mentioned the issue last week at a House Committee on Veterans' Affairs hearing on veteran suicide. He asked VA representatives how they've been informing veterans of the 90-day program. Keita Franklin, the national director of the VA suicide prevention office, said veterans with other-than-honorable discharges were "at the top of our minds" in her office.

"When this first got passed out, we made great strides to put the word out," Franklin said. "We brought in all of the veterans service organizations and asked for help to reach out to their membership. We did all of this great work. Some time has gone by now... we need to refresh it."

In his letter Tuesday, Murphy blamed the VA for not notifying veterans about the program, calling it a "critical failure." He's worried it's happening again, with the Honor Our Commitment Act.

"The VA must not make the same mistake twice," he wrote.

The VA did not respond to questions Thursday about their outreach efforts.

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1.7 - WFED (AM-1500, Audio): [VA digital service team not resting on laurels, plans to continue to simplify online experience](#) (4 October, Jason Miller, 854k uvm; Washington, DC)

Calling it a surreal moment, Marcy Jacobs, the executive director of the digital service at the Veterans Affairs Department, accepted her Service to America Medal Tuesday night.

Jacobs started the effort three years ago to change the way more than 40 million veterans and their families interact online with the VA.

Jacobs said the SAMMIES recognition is about more than just improving the Vets.gov site.

"What's really cool about getting this type of recognition is that it shines a light on what is possible in government. Really all of these SAMMIES shine a light on these great stories," Jacobs said in an interview. "I think especially with technology projects and thinking about what the digital service has been able to accomplish, it really highlights that a very small group of people can have a really big impact that affects 22 million veterans."

VA Secretary Robert Wilkie said at the awards gala, sponsored by the Partnership for Public Service in Washington, D.C. that as customer service is the agency's prime directive, the Vets.gov digital service team has embodied that call by making the users their top priority.

Over the course of the last three years, Jacobs said a team of 80 people across the VA have talked to more than 6,000 customers to simplify the way veterans find and apply for benefits and services.

"It's amazing how much user research we've been able to do. It's actually harder than you would think to recruit the right people. We are constantly looking for people to participate," she said. "Our research takes a lot of different flavors. Some of it is looking through web logs and call centers what are the questions or pain points they have. Some of it is looking at a specific tool and seeing where they are getting stuck, frustrated or confused. Did they even know where to find the tool when we said fill out this form? Some of it is really formative research in talking to people and understanding the pain points they are having and that may come out in lots of different ways."

The digital services team also does "tree" testing where users move through taxonomies of information or navigation structures to make sure they are providing information in the best way possible.

VA says that research has led to a host of better user experiences:

- 40,000 veterans view their personalized homepage per day;
- 180,000 veterans have used their personalized homepage to check the status of their claims and appeals (as of July 2018);
- 700 percent increase in online scheduling of appointments;
- 18 million text message appointment reminders distributed;
- 100,000 missed appointments avoided;
- 4 million My HealtheVet account holders accessing benefits for the first time with this new login;
- 340,000 veteran views of personalized homepage in just two months;
- 50,000 contact information on updates processed digitally in two months;
- 53,000 veterans viewing the new appeals status tracker.

"A lot of what we do is start with what is the thing that already exists and how is that making sense or not making sense to the people. There are a lot of times we think we have iterated in a good direction and then we put that in front of people," Jacobs said. "There is something around the disability question that is currently part of the claims process where there is a pick list of 800 different disabilities to pick from. It's not a great experience. We thought that we'd come up with something better, and it did not test better. So we did a disability claims workshop with veteran service organizations, with people who adjudicate claims and really tried to sort and make sense of 800 different contentions. How do you organize that into something that makes sense?"

The digital service team at VA now is getting ready to take the vets.gov modernization effort one step further.

By Veterans Day, VA plans to integrate and continue to simplify all of its websites into VA.gov portal.

“We are really trying to simplify the digital ecosystem. There are way too many sites. It’s confusing for people to navigate. They really have to understand how VA is structured to understand which site to go to and figure out which form to fill out. That’s not what we want to be asking of our veterans,” Jacobs said. “We are shifting the paradigm and taking the VA site and making it much more of a veteran first, customer first web property.”

Jacobs said the end goal is to bring the services and information from the Veterans Health Administration, Veterans Benefits Administration and the National Cemetery Administration into one place so a veteran or their family member doesn’t have to go to multiple sites, log-on many times and potentially miss services.

“What we are trying to do is have a curated experience, provide a holistic, single front door where the things people are looking for are easy to find and we provide that personalized experience that pulls together everything you are doing from whichever administration,” she said. “What we’d like to do is use what we already know about you and not ask you the same questions. Right now, as you transition from military to veteran status, we ask you a lot of things that we already have the answer to. We can use that data in a future state to say ‘you are already eligible for these six things, do you want any of them? If so, we’ve already filled out the form in the background so just click here if you want it.’”

Jacobs said after the November upgrade, the digital service office is developing a roadmap for future updates that focus on the back-end infrastructure to complete a full service information exchange with veterans and their families.

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1.8 - Healthcare IT News: [Cerner reveals long list of VA EHR modernization partners](#) (4 October, Jessica Davis, 438k uvm; Chicago, IL)

Cerner shared the list of the 24 health IT vendors that will support the U.S. Department of Veterans Affairs’ transition to from its legacy VistA EHR to the Cerner platform.

THE IMPACT

Accenture, Leidos and AbleVets are among the leading names of vendors that will support the project throughout the projected 10-year timeframe. Many of the vendors are veteran-owned, which will provide insight into the massive undertaking, officials said.

“This is the beginning of a long transformational journey,” Travis Dalton, president of Cerner Government Services, said in a statement. “We’ll continue to seek and bring the best talent available to the VA.”

“Our nation’s Veterans deserve the highest quality care,” he added. “And we’re confident we’ve brought the right players to this team to succeed in our collective mission.”

The complete list of vendors can be found [here](#). Officials said that both the Cerner and VA EHR modernization team will outline the strategy for the project during Cerner’s conference from Oct. 8 to 11.

THE TREND

This is just the latest step forward for what will be the largest EHR undertaking in the country. Officials said the EHR is scheduled to roll out in line with the Department of Defense's own Cerner EHR rollout. The VA has repeatedly projected their rollout will go live in the Pacific Northwest in 2020.

Just last week, VA and DoD officials said they intend to create a single point of governance for the project, following a hearing where Congress blasted the agencies for not leveraging the Interagency Program Office.

The IPO was established by Congress during the first DoD-VA attempt at a shared EHR platform -- but officials said they lack authority, staff and funding for the undertaking.

During the Sept. 26 hearing, the agencies also announced the first pilot site will be the Veterans Integrated Service Network 20 in the Pacific Northwest. The site will act as the initial operating capability pilot site to test the Cerner project.

Given the number of challenges the Cerner project has faced at the DoD, the agencies are exercising an abundance of caution and working closely with the appropriate parties to ensure the VA's rollout goes off without a hitch.

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1.9 - Bloomberg Government: [Post-9/11 Vets Look to Vietnam Veterans' Agent Orange Fight](#) (4 October, Megan Howard, 197k uvm; Washington, DC)

Iraq and Afghanistan veterans are looking to a Vietnam group's fight for health coverage for guidance on their fight for care after burn pit exposure.

Vietnam's Blue Water Navy Veterans, a group who served on ships miles off the coast, are embroiled in a battle with the Department of Veterans Affairs over disability benefits related to Agent Orange exposure. VA Secretary Robert Wilkie says there is not enough scientific evidence to back up claims that their illnesses were caused by the toxic herbicide, while veterans say there is a clear link.

Advocates say the denial of claims for Blue Water vets could also be an issue for Iraq and Afghanistan veterans who were affected by burn pits.

"It's very similar," Iraq and Afghanistan Veterans of America Legislative Director Tom Porter told Bloomberg Government. "We're going to be facing the same challenges as the Blue Water Navy Veterans from Vietnam if we don't solve their problem."

'WE'RE NOT GOING TO GET BULLDOZED INTO A CORNER'

Lawmakers are working to overrule VA officials who oppose a presumption of benefits for Blue Water Navy veterans. But House-passed legislation (H.R. 299) has stalled in the Senate as members attempt to find a compromise with VA officials.

“The issue of dealing with Blue Water Navy is no longer a question, it’s a matter of how we deal with Blue Water Navy,” Senate Veterans’ Affairs Committee Chairman Johnny Isakson (R-Ga.) said at a hearing last week. “We’re not going to get bulldozed into a corner, and we’re not going to bulldoze someone into a corner.”

Isakson’s panel has not yet taken up the House bill, which would require the VA to provide a presumption of benefits to Blue Water Navy veterans. That standard is already applied to Vietnam veterans who had “boots on the ground” but excludes service members who served solely on ships. Blue Water Navy veterans say this frequently results in a denial of benefits.

Four former VA secretaries opposed the legislation because of “inconclusive scientific evidence” and urged the committee to defer action until a study was completed, according to a letter sent to Isakson and ranking member Jon Tester (D-Mont.) in September.

Tester still supports the legislation despite the opposition.

“I think we need to get this done, these people deserve it,” Tester told Bloomberg Government.

IRAQ AND AFGHANISTAN VETS CONCERNED

Burn pits were commonly used at military sites in Iraq and Afghanistan to dispose of trash including chemicals, paints and human waste. Veterans groups are pushing the department to collect more data on service members who were exposed to toxic waste via the burn pits, but officials have struggled to enroll former service members via a Burn Pit Registry.

The lack of data could lead to problems evaluating burn pit exposure — the same challenge Vietnam veterans are facing today, Porter said.

That is why veterans groups are supporting legislation (H.R. 5671), sponsored by Rep. Tulsi Gabbard (D-Hawaii), which would require the Defense Department to conduct health assessments for service members who were exposed to burn pits now so they’re able to make service-related disability connections sooner. The bill has not been considered in committee, and it is not clear if it will be taken up this year.

Wilkie said the agency has “our registry working and we’re working on the science” in order to get ahead of the issue.

“We don’t want to let the time go on this like we let on Agent Orange,” Wilkie told reporters last week.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Becker's Hospital Review: [VA appoints physician to lead integration for its EHR project](#) (4 October, Julie Spitzer, 441k uvm; Chicago, IL)

The Veterans Affairs Department appointed Paul Tibbits, MD, to a key leadership post charged with overseeing its EHR modernization project, shortly after Cerner unveiled its team of 24 technology businesses tasked with supporting the project on Oct. 3.

Dr. Tibbits, a veteran IT specialist at the VA, will head up the agency's Office of Information and Technology as the executive director of EHR modernization integration, according to the Politico Morning eHealth newsletter and an update on his LinkedIn page. He will report to the incoming CIO James Gfrerer, and work with John Windom, EHR project leader, to design and implement the system.

Dr. Tibbits boasts a 26-year career in the military and has held several senior IT positions at the VA since 2006. Most recently, he served as the program executive officer of financial management business transformation.

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3.2 - Nextgov: [24 Companies Join VA's Health Record Modernization Team](#) (4 October, Jack Corrigan, 193k uvm; Washington, DC)

The vendor responsible for modernizing the Veterans Affairs Department's electronic health record system recruited 24 more companies to assist with the massive overhaul.

Cerner Corp. on Wednesday announced it teamed up with a lengthy list of subcontractors as the multi-billion dollar overhaul of VA's health record platform gets underway.

"[The VA project] is the largest health IT modernization effort in history and to succeed we knew we needed the most innovative companies in the private sector to join us," Misti Preston, Cerner's head of public relations, told Nextgov. "We chose partners to address areas specific to their expertise to supplement our staffing capabilities."

The newly formed syndicate includes seven "core" partners—Leidos, Guidehouse, Accenture, Henry Schein Inc., AbleVets, MicroHealth and ProSource360—and 17 additional "premier" partners, many of which are veteran-owned, according to the announcement. Leidos announced it would participate in the contract back in July.

"Cerner has brought together some of this country's brightest industry leaders to transform veteran health care delivery," VA Secretary Robert Wilkie said in a statement. "This team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian health care providers where current and former service members receive care."

The announcement comes as Cerner moves forward with the 10-year, \$10 billion effort to put VA on the same health record system at the Pentagon. The project would ideally enable the two largest federal agencies to "seamlessly" share medical records on some 9 million veterans, but technical troubles and leadership changes have threatened to derail the effort before it gets off the ground.

The Pentagon temporarily halted the platform's rollout after officials recently declared the system "neither operationally effective nor operationally suitable" after tests at three of its four pilot facilities. Department officials said they've since worked out some of the kinks in the system.

VA too faced a setback when both the director and chief medical officer of its electronic health record modernization office abruptly resigned.

Lawmakers, aiming to prevent the project from meeting the same fate as previous failed overhaul attempts, created a special House Veterans' Affairs subcommittee to keep tabs on the VA's progress. In its inaugural hearing, witnesses told lawmakers there needs to be increased accountability within both VA and the Pentagon or the project will likely fail.

Veterans' Affairs Committee Chairman Phil Roe, R-Tenn., told Nextgov he's "pleased" Cerner has begun to assemble a team of subcontractors.

"It indicates VA's EHR modernization program is moving from its preliminary phase into detailed planning," he said. "The most impactful decisions that will determine the program's prospects for success are beginning to be made, and the size of this team is a testament of the enormity of the work ahead."

Given the scale of the overhaul, both VA and Defense need to enlist all the industry "EHR talent and manpower" they can find, said Technology Modernization subcommittee Chairman Jim Banks, R-Ind.

"There is no doubt that the largest electronic health record transition in the country requires an all-hands-on-deck effort," he said in an email to Nextgov.

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3.3 - Springfield News-Sun (Video): [VA on new Springfield outpatient clinic: 'It shows our commitment to the Springfield community'](#) (4 October, Jenna Lawson 6k uvd; Springfield, OH)

The Dayton VA Medical Center announced Wednesday it has chosen a new site for the Springfield VA outpatient clinic.

The new clinic will be located at 1620 N. Limestone St. Construction is expected to be finished in 2019.

The clinic has been located on Burnett Road since the early 2000s, but Dayton VA officials said a new space is necessary to accommodate the growing veteran population.

"It shows our commitment to the Springfield community and the veterans that we serve there that we're looking to do this," said Philip Kirk, chief of engineering at the Dayton VA.

Kirk said a cost for construction hasn't been finalized.

The Springfield News-Sun previously reported the estimated cost at \$1 million.

According to a news release, the Springfield clinic has served more than 3,600 veterans with more than 21,000 outpatient clinics. Kirk said there's been an increase in the number of veterans served due to additional wars, such as the War in Afghanistan, and an aging veteran population.

Kirk said the new location will be an expansion of nearly 3,000 sq. ft. and will have more examination rooms and providers. There are currently 34 employees at the Springfield clinic. The Dayton VA said there are plans to hire more staff, but wasn't able to provide exact numbers.

"There's plenty of room to build the size clinic that we want," Kirk said. "It's located very close to Route 72 and Route 68. It's in an ideal part of town to allow the easiest access for the veterans to be able to get there."

Kirk said the new location will also have a blueprint that's easy to navigate.

"While (the Burnett Road) location has served us well, we've added onto the original size of the clinic twice — so the layout and flow of the building is a little bit less than ideal."

Air Force and Air National Guard veteran, Eliza Ricks said she lives about 10 miles away from the current site, and said the new location would be much more convenient for her.

"(N. Limestone) is more populated than (East Springfield) and I think it would be more accessible to the majority of people who come here," she said.

Army veteran Randy Ark is heavily involved in veteran's affairs in the area and said he's excited for the new space.

"I just think it's gonna be handier for people to get to and that's really important for veterans, you know — a lot of us are getting up there in years," he said. "There are a lot of good people that work at the clinic and they go beyond what they have to or what they're supposed to do to help service veterans."

The 512 Burnett Rd. location will continue to serve patients until the new location opens in 2019. The Dayton VA says at that time, all veterans' medical information and appointment schedules will be seamlessly transferred to the new clinic.

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3.4 - MedCity News: [24 businesses will help Cerner with VA EHR modernization process](#) (4 October, Erin Dietsche, 114k uvm; Cleveland, OH)

A cohort of 24 companies has agreed to join Cerner as it implements its EHR system for the Department of Veterans Affairs.

The core group of seven businesses assisting the Kansas City, Missouri-based EHR vendor include AbleVets, Accenture, Guidehouse, Henry Schein, Leidos, MicroHealth and ProSource360.

Seventeen other organizations are considered premier partners in the process. They are:

- ACI Federal
- B3 Group
- Blue Sky Innovative Solutions
- Clarus Group
- Forward Thinking Innovations
- HCTec
- HRG Technologies
- KRM Associates
- Liberty IT Solutions
- MedicaSoft
- MedSys Group
- Holland Square Group
- PM Solutions
- Point Solutions Group
- Sharpe Medical Consulting
- Signature Performance
- Thomas Rile Strategies

A number of the businesses are owned by veterans, according to a Cerner news release.

“We have formed a world-class team that has the best interest of veterans at heart,” Travis Dalton, president of Cerner government services, said in a statement. “This is the beginning of a long transformational journey. We will continue to seek and bring the best talent available to the VA.”

The VA inked a contract with Cerner in May to update its legacy electronic medical record system called VistA.

But lately, the path to modernization seems to have been rocky. In late August, Genevieve Morris, who served as interim chief health information officer for the Office of EHR Modernization at the VA, abruptly resigned from her position. On Twitter, she shared a bit of insight into her decision to step down, noting that the “VA’s leadership intends to take the EHR modernization effort in a different direction than we were headed.”

When reached via email in September, the VA said her departure would not delay or impact the EHR modernization timeline.

More recently, Politico reported the department has named IT specialist and physician Paul Tibbits to lead efforts by its Office of Information and Technology in support of the EHR modernization.

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3.5 - Cincinnati Business Courier: [Downtown federal building now home to Tele-Intensive Care Unit](#) (4 October, Barrett J. Brunzman, 28k uvm; Cincinnati, OH)

The Tele-Intensive Care Unit that had been based at the Cincinnati VA Medical Center has been moved to the John Weld Peck Federal Building downtown.

The Veterans Health Administration's Tele-ICU, which helps provide remote critical care to patients in 19 VA hospitals throughout the nation, had been located in the Cincinnati VA Medical Center in Corryville since its inception in 2012 but outgrew the space.

When the Tele-ICU opened, the staff consisted of six registered nurses and three physicians as well as a part-time biomedical engineer. The unit now includes 47 registered nurses, five advanced practice RNs, 14 doctors and six admin/technical workers.

The Tele-ICU's new base is Room I-512 at the Peck Federal Building, 550 Main St. The space was previously a call center for the IRS. Now, nurses and doctors there remotely keep tabs on 287 ICU beds at the 19 hospitals.

A Tele-ICU doctor who spots a problem can intervene to help a patient if necessary. In addition, the bedside nurse, resident, fellow or doctor at the hospital can consult via camera with the Tele-ICU doctor, who can work directly with the bedside clinician to solve the problem.

The Tele-ICU is electronically connected to streaming bedside electrocardiograms and provides instant access to patients' electronic medical records.

The approximate cost is \$36,000 per bed per year, or about \$200 per patient per day in the ICU. Average costs for care in an ICU is \$4,004 per day, so the Tele-ICU is about 5 percent of the cost. The overall Tele-ICU budget is about \$9 million annually, with 90 percent of the cost for physicians, nurses and advanced practice nurses.

It offers coordinated care that uses technology to bridge large geographic distances to provide real-time, patient-centric care, according to Michael Torok, a registered nurse who is Tele-ICU coordinator.

The Tele-ICU operated by Veterans Integrated Service Network 10 began by providing clinical services for VA hospitals in Cincinnati, Chillicothe, Cleveland and Dayton.

The VISN 10 Tele-ICU is now one of the largest in the nation with main operations at the Peck Federal Building and physician satellite offices in Cleveland, Baltimore and Atlanta.

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3.6 - KELO (CMN-1320/107.9): [Talking robots help veterans in Sioux Falls](#) (4 October, Mark Russo, Sioux Falls, SD)

Three tireless robots are helping veterans at the Sioux Falls VA Medical Center.

Lyle, Nemo, and Rob-b (yes, they have names) deliver medical supplies around the facility. The chunky metallic messengers on wheels free up the nurses and other medical staff to focus on other needs.

The robots are pretty smart. They talk (At least, in pre-recorded phrases). They ride elevators on their own. They 'watch' where they're going, sensing and stopping when humans and other obstacles are in their path. Sometimes, they are decked out for special holidays.

Lyle is the busiest of the three robots. He completed 3,350 trips for the pharmacy last year and has put on thousands of miles on his wheeled shoes delivering items of all kinds.

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4. Focus Resources More Efficiently

4.1 - The Wall Street Journal: [Peter O'Rourke, Top VA Official Who Clashed With Lawmakers, Poised to Leave](#) (4 October, Ben Kesling, 43.6M uvm; New York, NY)

A former Trump-campaign staffer who became acting secretary of the Department of Veterans Affairs is expected to leave the agency as soon as this week following a contentious tenure, according to an administration official familiar with the matter.

Peter O'Rourke served as acting secretary from May 29 to July 30, clashing with lawmakers, the agency's inspector general's office and other VA officials, according to current and former officials interviewed about the matter. He then became a senior adviser to new VA Secretary Robert Wilkie.

A dispute with the VA inspector general's office drew criticism from lawmakers.

The VA didn't respond to a request for comment. Mr. O'Rourke, who still works for the department, also didn't respond to a request for comment. Mr. O'Rourke is expected to end his tenure Friday, according to the administration official familiar with the matter.

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4.2 - WECT (NBC-6, Video): [Landlord moves to sell Wilmington VA clinic amidst criminal investigation](#) (4 October, Ann McAdams, 466k uvm; Wilmington, NC)

WECT has learned the private owners of the Wilmington VA clinic are looking to sell the facility to a new buyer. These developments come just days after news first broke about a criminal investigation by the VA inspector general into the leasing procedures and bidding process used when the Wilmington VA clinic was built. The clinic opened in 2013.

In 2015, after a plumbing issue at the new clinic rendered the tap water undrinkable and suspended some patient services for an extended period of time, WECT reported the VA was paying nearly \$300,000 a month in rent for the 80,000 square foot clinic. Local commercial real estate brokers told us that was more than twice the going rate to lease prime medical office space in Wilmington.

We also learned that the VA was locked into a 20-year lease at that rate, which would cost tax payers \$68 million over the life of the contract.

Congressman Walter Jones saw the story, and was concerned about apparent taxpayer waste. He called for a federal investigation into the lease arrangement and bidding process. That investigation took two years, and was released to the public Sept. 12.

Among other things, the VA inspector general found the VA's Office of Construction and Facilities Management (CFM) overpaid by millions to lease the land from the New Hanover County Airport Authority.

The appraiser CFM hired estimated the fair market rate for the airport site at \$198,000 per year. For reasons that remain unclear, CFM then entered into a contract with the Airport Authority to lease the land underneath the clinic for \$218,000 a year, plus a built-in annual price escalation.

"By CFM's contracting officer entering into a lease with significantly higher costs than the prevailing market rate, CFM failed to comply with federal regulation, and the VA will pay about \$2.35 million more than the appraised fair market rent over for the land over the 20-year lease," the VA Inspector General wrote in his report, which determined the land selection was not in the best interest of the taxpayer.

Federal Aviation Administration (FAA) regulations prohibit the Airport Authority from selling its land, which is why the land for the VA clinic was leased instead of purchased. A copy of the land lease obtained by WECT shows that Jim Morton, the former airport finance director and current president of Cape Fear Community College, signed the lease on behalf of the airport.

Airport Authority Attorney Wanda Copley said Morton also negotiated the terms, and she did not know why the VA was charged more than the appraised value for the land.

"We are in the business of leasing land to benefit the Airport Authority," Copley said, "because the Airport Authority does not receive any direct tax dollars from the county. So we do what is called a land lease and we charge for the land lease depending on the location. The FAA requires us to charge fair market value.

"Now, that fair market value doesn't mean you give a deal to someone. They want it to be fair. Not that you can't exceed what may be the minimum, but you can't cut a deal for someone."

On Wednesday night, the Airport Authority extended the clinic's 20-year land lease under the current terms by an additional 30 years. While there were some initial concerns about the timing of this lease extension locking in the arguably inflated lease rate, Copley said the lease was being extended to accommodate a new buyer, National Government Properties.

"We checked out the background of the new landlord. They buy a lot of government properties," Copley said of the pending ownership change. "They are definitely in the market, have a good reputation, so we felt very secure in agreeing to the assignment. Either the original landlord felt that they no longer needed hold onto the property and were looking for a buyer. ... We were not privy to any of that information as to why [the clinic is being sold]."

Copley said the new buyer will continue to operate the facility as a VA clinic.

While the inspector general found the VA overpaid for the land, he also found "potential fraud" involving the assignment of the lease for the building itself. CFM said it received 14 competing offers to build and lease the VA clinic, but it could only produce two of those offers for investigators, despite federal regulations requiring the company to keep copies of all offers, including unsuccessful bids.

The VA initially entered into the lease with Summit Smith Healthcare, a private company out of Wisconsin. At some point, Summit Smith transferred ownership at the Wilmington NC VA, LLC, also based out of Wisconsin.

“What happens between the VA and the original landlord, whether they were to get in some sort of disagreement, I don’t know. We would not be privy to that,” Copley said of the ongoing criminal investigation. “I just want to make sure that the folks in New Hanover County know that the Airport Authority has had nothing to do with any dealings with this investigation. No one here benefited inappropriately. All we have done is leased land. ... New Hanover County is not, or the Airport Authority is not price gouging. We are not doing anything. Whatever criminal investigation is going on, we have absolutely no information on that.”

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4.3 - KTAR (CMN-92.3, Video): [Arizona congressman introduces federal bill to reform Phoenix VA](#) (4 October, 446k uvm; Phoenix, AZ)

An Arizona congressman has introduced legislation to reform the Phoenix Veterans Affairs office at the federal level.

The Phoenix VA Congressional Oversight Act, introduced by U.S. Rep. Andy Biggs, would direct VA Secretary Robert Wilkie to launch a pilot program that would improve lawmakers’ ability to assist their constituents.

“We’re doing better, but it’s still a one-star facility,” Biggs told KTAR News 92.3 FM’s Arizona’s Morning News on Thursday. “Something still has to happen.”

The pilot program would include allowing lawmakers to assist with casework inside the facility. The bill would also require Wilkie to submit a report to the House VA committee on the effectiveness of the pilot program two years after the bill is enacted and whether it should be expanded.

Biggs said that the bill would expedite veterans’ paperwork and reduce bureaucratic mismanagement by providing a dedicated office within the VA to “deal with casework that is flowing through congressional offices.

“People shouldn’t have to go to their congressman to have issues resolved in the VA,” Biggs said.

“We’re making changes, but it’s going slowly. There are some serious issues that need to be addressed.”

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4.4 - The Auburn Villager: [State Nurses Association gathers locally for annual convention](#) (4 October, Allison Blankenship, 200 uvd; Auburn, AL)

From all over the state, about 100 delegates of the Alabama State Nursing Association as well as others in the nursing profession will gather locally for the ASNA's 105th annual convention starting today through Saturday.

The convention is a time for conducting business, continuing education and connecting with other nurses in the field, among other things. Keynote speakers are Gov. Kay Ivey and Dr. Terri Poe, chief nursing officer, senior vice president at UAB Hospital and an Opelika native.

The ASNA, founded in 1913, advocates for nurses in Alabama, acting as "the professional voice for nursing in the state," said ASNA President Rebecca Huie, who works as the director of primary care at Birmingham VA Medical Center.

One way ASNA does this is by being involved in the political arena and working with other organizations with similar goals. The association has been successful in getting legislation passed that promotes the safety of nurses.

"We did, years ago, get a law passed in the state of Alabama that attacking a nurse is a felony charge," Huie said. "So, we look at violence against nursing and we look at any other issues that may be impacting the nursing profession.

"We have to be involved in the political arena; we have to be aware of what's going on in that area because it does impact how we deliver care to patients and impacts things regarding our profession, like health care, insurance and access to care."

And the more that nurses reach out to ASNA or become a member, the more aware ASNA delegates and officers can be of what issues nurses face on a daily basis, Huie said.

"We want to hear from nurses that are really at the bedside doing the work every day," she said. "It's very important for nurses to bring issues to us. We encourage that on our social media ... It's very easy to contact us, let us know if you're having issues. We as an organization can't take on issues if we're not aware of them."

The annual convention is a time when ASNA delegates from all over the state can bring forward any issues their area faces, and certain issues will be voted on in a resolution. In the past, resolutions were approved to bring more awareness to the opioid crisis and to mental health access in the state.

"It's the official business going forward of the association," said John Ziegler, executive director of ASNA, who stressed the importance of the association's work. "People sometimes assume that nursing care has advanced to such high levels by accident or osmosis, just the demand of the marketplace, so to speak. But truthfully, it's a combination of the needs of the public and the advocacy of nurse leaders, nurse advocates who see a need and they fight for those improvements."

ASNA also provides nurses with leadership development and mentor opportunities as well as ways to connect with others in the field.

"(ASNA) really connects you to so many things and opens so many doors that it's unbelievable," Huie said.

While there are close to 96,000 registered nurses in the state, Huie said ASNA has just shy of 2,000 members. She said that increasing membership has been a goal of hers since becoming president in 2016 because she feels ASNA provides a needed service to nurses in Alabama. She also said ASNA could make more of an impact if it were to grow.

"Sadly, that is why we don't have more power and a bigger voice in the state of Alabama," she said of the membership numbers. "If every nurse was a member, ASNA would have a huge voice which could influence change in health care delivery, policy and legislation related to the health care system."

Those wishing to find out more information about ASNA can visit its website, www.alabamannurses.org. Membership for RNs is \$15 a month.

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5. Improve Timeliness of Service

5.1 - U.S. News & World Report: [Joining the Opioid Battle](#) (4 October, Linda Marsa, 23.9M uvm; Washington, DC)

WHEN FRANCIS ARMENT walked into the emergency room at Massachusetts General Hospital, he had hit "rock bottom."

It was 3 a.m., and he'd been driving all over in search of an addiction treatment center. Earlier that day in 2017, he'd been fired from his insurance job when his boss discovered he'd stolen \$40, which he'd used to buy black-market prescription opioids. But at Mass General, the Rhode Island resident found the supportive environment he needed to get well, mainly because he could enter a treatment program right away without having to get sober first.

"The nurse was very empathetic," says Arment, who became hooked on Percocet pills a few years after college. She referred him to the hospital's Bridge Clinic, which enrolled him in an outpatient recovery program within hours.

The Bridge Clinic suited Arment because he was immediately put on Suboxone (buprenorphine) to stop withdrawal symptoms and curb cravings. He spent the next few months attending support groups, meeting with doctors and psychiatrists, and getting peer counseling from a recovery coach and former addict.

"It was incredibly helpful to have someone to talk with who has been in my shoes," says Arment, who remains clean and manages the wire transfer department at a bank's corporate office. The clinic "literally saved my life."

Even after patients like Arment have detoxed and been stabilized, they still need more help. But they and others in different stages of treatment often face lengthy waitlists for programs designed to sustain their recovery – at a time when they are particularly vulnerable to relapse or overdose – and many such programs are so highly structured that people with active addiction can't meet the requirements, experts say.

The Bridge Clinic, founded in 2016, is intended to fill that gap. It uses a flexible, immediate-access approach that welcomes walk-ins at any stage of illness or readiness, removing a barrier to treatment. No one is turned away.

The Bridge team also provides same-day access to medications. (Patients also get individualized medical care and other support services, including peer support, clothing and transportation assistance.) Although critics say using medication for the treatment of substance use disorders merely substitutes one addiction for another, it has become the standard of care because strong evidence indicates these medications are effective in helping prevent relapse and enable many people to return to normal functioning.

"A lot of the work we do is simply treating people with respect and compassion and letting them start wherever they think they can," says Laura Kehoe, the clinic's medical director. "If we don't treat the acute craving and withdrawal, they'll self-treat and relapse. But no one is ever kicked out of this clinic for active drug use."

The Bridge Clinic is part of an innovative Mass General initiative to identify people with substance use disorders, treat them and transition them to community programs for ongoing addiction care. It's just one way hospital systems nationwide are working to combat the opioid crisis, which kills more than 115 Americans through overdoses every day.

Still, hundreds of thousands of people who are desperate to quit lack the resources to get better.

"There just aren't enough facilities – detox or opioid treatment programs – or enough beds in this country for patients with addictions," says neurologist Joanna Katzman, director of the University of New Mexico Pain Center. "There aren't enough outpatient centers that have methadone or buprenorphine for long-term aftercare and not enough trained doctors who can actually help those who are severely addicted."

Taking Pills Off the Streets

Several hospitals have launched aggressive programs to curb opioid prescriptions and reduce the number of pills flooding the black market.

"Most people who misuse opioids start out by getting them from the medicine cabinet of someone they know," says Margaret Jarvis, a psychiatrist and chief of addiction medicine for Pennsylvania's Geisinger health system.

The region around Geisinger has an opioid death rate that eclipses New York City's. Over the past three years, the health system has rolled out several initiatives that have reduced opioid prescriptions from 60,000 to 31,000 per month. Pharmacists and addiction specialists are embedded at 15 primary care and specialty sites across the system to ensure safe and appropriate prescribing of painkillers and to monitor addiction risks among patients.

"To prevent addiction, we write opioid prescriptions for a brief period – maybe for seven to 14 days, rather than a 30-day supply," says Gerard Greskovic, director of Geisinger's ambulatory clinical pharmacy programs. The goal, he says, is to get patients off of opioids as soon as possible.

Utah's Intermountain Healthcare, which spans 22 hospitals and 170 clinics, has set an ambitious goal to achieve by the end of 2018: Cut the number of opioid pills prescribed for acute conditions by 40 percent (5 million pills annually) at its hospitals and community clinics through tracking of prescriptions and providing patients with other pain management methods, such as physical therapy.

Similarly, UCHealth University of Colorado Hospital launched a one-click tool in 2017 that allows busy ER docs to instantly see how many prescriptions a patient has filled at other locations. In the past three years, the hospital has trimmed the number of opioid prescriptions from about 20 percent of patients to about 8 percent.

"Previously, it took three to five minutes and up to 35 clicks" to get into the system, versus about one second and one click now, says Jason Hoppe, an emergency medicine physician who helped integrate the statewide drug-monitoring program at UCHealth. (The program, used by most states, has been lauded by FDA Commissioner Scott Gottlieb.)

Treating the Youngest Casualties

Children's hospitals in hard-hit regions of the country – including Yale New Haven Children's Hospital, West Virginia's Cabell Huntington Hospital and East Tennessee Children's Hospital in Knoxville – have created special programs for babies born drug dependent to mothers who used opioids or other drugs during pregnancy. They suffer from neonatal abstinence syndrome, or NAS, which involves tremors, trouble sleeping and eating, and uncontrollable shaking and crying, among other problems. From 2004 to 2013, admission rates to U.S. neonatal intensive care units for NAS nearly quadrupled, and in 2012, nearly 22,000 babies were born drug dependent.

At the University of Vermont Medical Center in Burlington, the emphasis is on using medication to wean babies off of opioids, combined with parental bonding and empowerment. Parents are taught to administer methadone at home and receive ongoing support through follow-up calls and regular office visits.

As a partner organization in the CHARM Team (Children and Recovering Mothers) collaborative, UVM Medical Center treats parent and child using a multidisciplinary approach that includes the obstetrical team, social workers, public health nurses, and child and family services agencies. A major CHARM goal is to create a supportive atmosphere and relieve the stigma, shame and guilt that can prevent women from seeking help.

"Most of these mothers want to do whatever is best for their babies," says Anne Johnston, a neonatologist and director of UVM Medical Center's Neonatal Abstinence Clinic. "We try to give them appropriate support and treat them medically – and create a community of recovery, which is so important for long-lasting sobriety."

When Skyler Browder gave birth to Cree in 2014, he weighed 4 pounds, 14 ounces and required a two-week stay at UVM Medical Center's NICU. There, he was given tiny doses of methadone to wean him off the drugs he'd absorbed in the womb.

Browder, who had abused prescription opioids and graduated to heroin because it was cheaper and more accessible, detoxed before becoming pregnant. But she relapsed and was put on methadone to get her off street drugs.

"I felt completely demoralized that I could potentially damage my child – I was a hot mess," Browder recalls. She was able to stay at the hospital for extended periods so she could bond with her baby, giving him the skin-to-skin contact that helped them both overcome their addictions.

"Cree and I got clean together," says Browder, who remains sober and is working to finish college.

Offering Comprehensive Care

Some hospitals provide a full continuum of care to smooth the path to recovery. At UCHealth University of Colorado Hospital in Aurora, that path starts in the emergency department, where, with the help of its one-click tool, staff can see a patient's history of pain medication prescriptions and determine if the individual is high risk. Should abuse be suspected, doctors can adjust their treatment plan accordingly, say by prescribing someone fewer pills and less often.

"We want to identify them before they switch to IV drug use," Hoppe says. "That's where they fall off the cliff."

Then, patients have several treatment options, based on their addiction severity. One is the Center for Dependency, Addiction and Rehabilitation, or CeDAR, the inpatient residential facility that treats adults and their families for up to 90 days and includes detox, therapy, 12-step groups and psychiatric care. Once in recovery, patients can transition to outpatient community programs that combine medication-based approaches with behavioral treatments to help them maintain sobriety.

Blair Hubbard needed intensive therapy to get clean after a 12-year opioid dependency. After having her wisdom teeth pulled as a high school senior, she was prescribed hydrocodone. She got hooked, eventually turning to OxyContin, then heroin. "I ran out of veins in my arms and started shooting up in my legs," Hubbard says.

After passing out from an infection caused by her IV drug use, she was hospitalized for 10 weeks. Hubbard had sepsis. Open-heart surgery was needed when one of her valves became badly infected. A bright spot? Hubbard's life-threatening emergency connected her to a medical team that helped her get treatment, housing and medical insurance.

"It was a blessing in disguise," says Hubbard, who still receives care for complications but has nonetheless earned her master's in professional counseling and is now a behavioral health specialist helping people in recovery at CeDAR. "I was desperate to kick – and sick of this lifestyle."

Tapping Telemedicine to Help Rural Communities

In rural New Mexico – as in so many pockets of the U.S. – patients in impoverished, isolated communities are cut off from addiction specialists. But through the Project ECHO Pain and Opioid Management program, the UNM Health System is connecting doctors in rural communities with its Albuquerque-based team of pain specialists. During weekly teleconferences, as many as 20 medical teams in remote regions can discuss patient cases with specialists in Albuquerque – and learn from each other's experiences through this hub-and-spoke model.

Say a primary care clinician from Sand Springs, Oklahoma, wants advice on how to switch a substance-abusing patient with multiple issues – severe facial pain, depression and post-traumatic stress disorder – from high-dose opioids to withdrawal-blocking Suboxone. The (hub) team in Albuquerque can offer guidance while (spoke) doctors in nearby Oklahoma can point the physician to local resources that may benefit the patient, according to Katzman.

Since its inception a decade ago, ECHO Pain has helped greatly reduce the rate of overdose deaths in New Mexico, which had been among the highest in the nation. It's been adopted by the Indian Health Service and more than two dozen institutions nationwide. The Veterans Health Administration, the Army and the Navy now have ECHO hubs, and in 2016, the U.S. Department of Health and Human Services earmarked \$9 million in grants to improve opioid addiction treatment in rural counties in Oklahoma, Colorado and Pennsylvania using the ECHO model.

"Many local doctors don't have the time to keep up with what we know works for treating addiction," says Katzman, who launched ECHO Pain. "This model enables us to share evidence-based practices with them so everyone gets better care."

Adding Boot Camps for Pain Management

Many hospitals, including Stanford Health Care, Cleveland Clinic, Mayo Clinic and Johns Hopkins, have launched pain management boot camps that provide alternatives to painkillers for people suffering from chronic pain. These outpatient programs integrate traditional and complementary medicine techniques. The Mayo Clinic's intensive rehabilitation program, for instance, entails daily seven-hour sessions for three weeks.

Part of the treatment is the schedule," says Wesley Gilliam, clinical director of Mayo's Pain Rehabilitation Center. "Many of our participants have been struggling with their addictions for so long that they've lost track of time and their whole clock has been thrown off."

Sessions include mindfulness meditation, yoga, cognitive behavioral therapy, physical and occupational therapy – even breathing exercises to ease the anxiety triggered by chronic pain.

Greg McLaughlin's experience was typical. After back surgery, the Minnesotan became reliant on pain pills and muscle relaxants. Because of a family history of addiction, he worried about his own risk.

"The medications and the pain changed me completely," he says. He became increasingly isolated, spending his days in physical agony, struggling with depression and anxiety.

When his doctor suggested Mayo's pain clinic, he was skeptical but willing. Slowly, he stopped taking his meds and began moving again, doing physical therapy and cardio exercises, and yoga and deep-breathing when he felt anxious.

"The tools I learned in rehab are an entirely different way of keeping the pain at bay," says McLaughlin, who no longer takes drugs. "Chronic pain is now a small part of my life, which is full of purpose and amazing people."

Excerpted from U.S. News' "Best Hospitals 2019," the definitive consumer guidebook to U.S. hospitals.

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5.2 - The Huffington Post (Video): [VA 2018 Hospital Rankings Show Fewer Top-Rated Medical Centers](#) (4 October, Nina Golgowski, 22.9M uvm; New York, NY)

The government's 2018 ranking of Veterans Affairs medical centers shows the number of top-rated facilities declined, even though overall service improved.

The annual list, released by the VA on Wednesday, shows that nine of the VA's 146 ranked hospitals earned the lowest possible one-star rating — down from 14 hospitals last year. Seventeen hospitals received the highest five-star rating, compared with 19 last year.

Three of this year's lowest-ranked hospitals — in El Paso, Texas; Phoenix and Memphis, Tennessee — showed no change in their one-star ranking since 2016, when the VA first started releasing the annual reports. Two other hospitals — in Big Spring, Texas and Loma Linda, California — received a one-star rating for the second straight year.

Still, the VA said 66 percent of its hospitals, or 96 of the 146, showed improvements from last year's findings. Those gains included rates of mortality, length of stay and avoidable adverse events, the VA said.

"With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities," VA Secretary Robert Wilkie said in a statement. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

Wilkie added: "There's no doubt that there's still plenty of work to do."

Hospitals that received a one-star rating will undergo "improvement activities," the VA said.

The VA announced in February a four-step improvement plan for one-star rated facilities overseen by Dr. Peter Almenoff. The program would identify weaknesses, set performance targets, dispatch "expert improvement coaches" and make leadership changes if necessary, the VA said.

The VA on Wednesday credited the new program with knocking eight hospitals off the high-risk list and leading to "measurable improvements" in 12 others.

"Improvement activities" are underway at the six hospitals that declined in this year's rankings, the VA added.

This year's list of one-star-rated hospitals are:

- Atlanta
- Big Spring
- El Paso
- Loma Linda
- Memphis

- Montgomery
- Phoenix
- Tucson
- Washington

This year's list of five-star-rated hospitals are:

- Asheville
- Bath
- Butler
- Cincinnati
- Cleveland
- Coatesville
- Connecticut
- Erie
- Hot Springs
- Iron Mountain
- Lebanon
- Madison
- Northampton
- Saginaw
- Salem
- St Cloud
- Togus

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5.3 - WFED (AM-1500, Audio): [IRS questioned about the accuracy of its customer satisfaction reports](#) (4 October, Terry Wing, 854k uvm; Washington, DC)

[...]

Volunteers placed 5,520 American flags across the National Mall yesterday to raise awareness of veteran suicide. Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of the year. VA released a report last week showing veterans account for 14 percent of all suicides in the United States, yet make up only 8 percent of the population. (Stars and Stripes)

Veterans Affairs (VA) has unveiled a new program to study whether long-term employment can be used to treat post-traumatic stress disorder (PTSD). The VA is partnering with multiple cities, states and non-governmental organizations to offer individual placement and support for employment to veterans. VA research has found that PTSD negatively affects veterans' ability to hold a job, and veteran participation in the workforce has declined in the past 35 years. (VA)

Veterans Affairs has awarded 13 new leases for medical facilities across the country. It's part of VA's ongoing effort to improve how it works with the private sector to lease new space. VA stood up a new business transformation effort earlier this year, designed to speed up

procurement time, and increase competition, cost savings and time to market. New legislation authorized VA to begin to a comprehensive review of all of its facilities. (VA)

Just in time for Veterans Day, VA said it will make its vets.gov platform even more user friendly. VA said it will integrate several disparate websites to give veterans and their families a better user experience. It involves VA's plans to bring together all the services the department offers under one platform. The current set up is confusing and forces veterans to understand how the agency is structured to understand which site to go to. VA's digital service team first began modernizing the website three years ago. Since then, it has seen tremendous growth and user satisfaction. (Federal News Radio)

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5.4 - WMC (NBC-5, Video): [Memphis VA again ranks among worst in country](#) (4 October, Jessica Holley, 592k uvm; Memphis, TN)

The Memphis Veterans Affairs Medical Center once again received bad ratings.

The hospital remained on the list of the worst VA facilities in the county, one of only five VA facilities receiving the lowest ranking for the past three years.

In a new VA release, Memphis received just one out of five stars, joining facilities in Atlanta, El Paso, Montgomery, Phoenix and others.

Memphis is, however, trending upward in their rankings, making some improvement.

In light of the news, Memphis Congressman Steve Cohen said he is asking the VA secretary to intervene immediately to ensure improvements are made. He issued the following statement:

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings. It is unconscionable that the rate of death is so high. I will continue monitoring this situation closely with Secretary Wilkie and Director Dunning to make sure everything possible is being done to ensure veterans receive high quality care at the Memphis VA." Steve Cohen

[Click here to read the full report.](#)

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5.5 - KVIA (ABC-7): [El Paso VA Hospital Improves, still has one star rating](#) (4 October, 529k uvm; El Paso, TX)

The VA released its end of fiscal year 2018 hospital star ratings Wednesday, and while the El Paso VA saw improvements, it still remains at a one star rating.

“There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers,” said VA Secretary Robert Wilkie.

The star designation is used to identify the best practices of top performing VA hospitals and share them across the whole VA health care system.

“The El Paso VA health care system has shown marked improvement in most areas. We are actually in the Top 5 in the country for our ‘Call Responsiveness’ and ‘Mental Health Population Coverage’ metrics,” said Mr. Michael Amaral, Director of the El Paso VAHCS.

“Our patient satisfaction and employee satisfaction ratings continue to improve as well. We still have work to do. Like I have always said, I don’t particularly care about the Star Rating; I care about the metrics that lead up to that rating and the processes that drive those metrics.”

The VA says that 66 percent of VA Medical Centers have improved in overall quality in the third quarter. Areas where VA-wide improvement initiatives were put in place saw the largest gains in quality.

Eight medical centers that were placed under the Strategic Action for Transformation program in January 2018 are no longer considered high risk and 80 percent saw measurable improvements.

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5.6 - WSFA (NBC-12, Video): [American Legion Dept. of AL reacts to Montgomery VA 1-star Rating](#) (4 October, Rosanna Smith, 439k uvm; Montgomery, AL)

A local veterans service organization is reacting along with others to the Montgomery VA Hospital’s 1 star rating. This score was handed down by the The United States Department of Veterans Affairs as part of its hospital ratings for the 2018 Fiscal Year.

Greg Akers spent more than 20 years in the Army. For him, the decision to serve was easy.

“My father is a veteran, my grandfather veteran, great grandfather is a veteran, great great great uncle is a veteran. Every man in my family served in some capacity,” said Akers.

Akers now finds great pride in serving his fellow veterans.

“It can be as simple as going over and sitting with a veteran for the day,” said Akers.

As the American Legion department of Alabama adjutant, it’s a mission he takes seriously.

“We are the nations largest veterans service organization. Our main priority is advocating for the rights of veterans,” said Akers.

Akers said the veterans service organization learned of 1-star rating Montgomery’s VA hospital received in a letter sent to them from the Central Alabama Veterans Health Care System Director, Dr. Linda Boyle.

"We knew it was coming. It has been a process working with the VA. We work very closely with Director Boyle. We knew what kind of challenges she has had and what progress she has made over the year she has been there," said Akers.

In 2016, Montgomery's VA received a 2-star rating. In 2017 a 3-star rating, but dropped to 1 star out of 5 in 2018. Akers believes there were a number of factors that weighed into this score from the United States Department of Veterans Affairs.

"It is not necessarily the care the veteran gets, it is getting access to the care. That seems to be the biggest hurdle," said Akers. "No one is going to say the lowest rating you can get is acceptable."

The American Legion Department of Alabama plans to continue its work with Director Boyle. With a unified focus on the care of the veterans. Akers is confident things will turn around with a community approach.

"I think working with DAV, VFW, American Legion Marine Corps leagues all the service organizations. If we pitch in a little bit more than 110 percent, then we can help that facility grow. Director Boyle is not a one woman army so she needs help from all of us," said Akers.

The Central Alabama Veterans Health Care System sent us this statement:

"Central Alabama Veterans Health Care System (CAVHCS) is continuing to refine and improve the way health care is delivered to Veterans. The focus is on patient-centered care. We are utilizing the Strategic Analytics for Improvement and Learning (SAIL) data and analytic supporting resources to guide process improvement to enhance the quality and efficiency of care. CAVHCS has improved quality care in mental health, in-hospital complications, utilization management, call-center responsiveness, and wait times. However, considering the current SAIL 1-Star rating, we are working closely with our VISN and Central Office experts as we develop strategies to continue addressing the opportunities to improve. We take pride in serving our Veterans – achieving the best possible outcomes for them is our top priority."

Alabama Rep. Martha Roby also responded to the 1-star rating in a statement:

"The news that the Central Alabama VA has dropped from a 3-star rating to a 1-star rating is completely unacceptable. Our veterans represent the very best of this country, and it is incumbent upon us to ensure they receive the best possible care we can provide. Significant work is needed to achieve this goal. I have been and will remain actively engaged with CAVHCS Director Dr. Linda Boyle and other VA leadership to improve care for our veterans so that it is easily accessible and of the highest quality. As always, I encourage veterans in Alabama's Second District to contact my office with problems related to VA casework. I am deeply disappointed in this rating, and my top priority continues to be that we treat our veterans properly."

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5.7 - WENY (TV-36): [Bath VA Medical Center Maintains 5 Star Rating](#) (4 October, Caitlin Murphy, Horseheads, NY)

BATH, N.Y. – The Department of Veterans Affairs had released its end of fiscal year 2018 VA hospital Star ratings.

These ratings evaluate and benchmark quality of care delivery at VA medical centers across the nation.

According to the report, the Bath VA Medical Center maintained a 5-star rating in Fiscal Year 2018.

“The Bath VA continuously strides to improve the quality of care and health care outcomes for Veterans living in the Southern Tier area we have the privilege of caring for. We are proud of our employees’ efforts that have led to the improvements made in mental health services, inpatient quality measures and mortality rates and we are committed to sustaining these results.” said Bruce Tucker, interim medical center director.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA’s health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter — with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

“There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers,” said VA Secretary Robert Wilkie.

5.8 - The Day: [Murphy questions whether VA informed 500,000 vets of their eligibility for benefits](#) (4 October, Julia Bergman, 440k uvm; New London, CT)

More than 500,000 veterans now are eligible for mental and behavioral health care at the Department of Veterans Affairs, but U.S. Sen. Chris Murphy, D-Conn., is questioning whether the VA has informed them of their eligibility.

"I have received no information regarding any efforts by the VA to notify the more than 500,000 veterans who are now eligible for care," Murphy said in a letter sent Tuesday to VA Secretary Robert Wilkie.

Murphy's proposal to require the VA to provide mental and behavioral health care to former service members with at least 100 days of active duty service, who served in combat and were discharged "under conditions other than honorable," was included as part of the massive federal

spending package signed into law by President Donald Trump in late March. His proposal also applies to vets with other than honorable discharges who were sexually assaulted.

The proposal affects between 800 and 1,000 Connecticut veterans, according to an estimate from Yale University's Veterans Legal Services Clinic.

The VA was required to inform eligible veterans no later than 180 days after the law's enactment, which was Sept. 18, but has yet to confirm it notified veterans before that deadline, according to Murphy.

"I am extremely troubled that it appears the VA has failed to follow the law and properly inform newly eligible veterans of the care available to them," he said to Wilkie.

A request for comment sent to the VA last Friday had not been returned by Wednesday. A VA spokeswoman said by email Tuesday evening that the department was working on the request.

The U.S. military discharges more than 20,000 service members annually with one of five discharge statuses ranging from honorable to dishonorable. An other-than-honorable, commonly referred to as "bad paper," discharge is classified as an administrative discharge and makes those veterans ineligible for health and other benefits available to veterans with honorable discharges.

Many of these bad paper veterans have argued that they were separated for behavior related to undiagnosed post-traumatic stress disorder and other mental health issues as a result of their military service. Connecticut became the first state to offer benefits to this group of vets. That law became effective at the start of this week.

A 2017 report from the Government Accountability Office found that nearly two-thirds of the 92,000 service members discharged for misconduct between 2011 and 2015, were diagnosed with PTSD, a traumatic brain injury "or certain other conditions that could be associated with misconduct" at least two years before being discharged. Of those, 23 percent received an other-than-honorable discharge.

Murphy said the VA similarly failed to notify these veterans in 2017 that it expanded its emergency medical care policies to allow them to receive 90 days of mental health care.

"The VA must not make the same mistake twice," Murphy said, noting that only 115 veterans took advantage of the program because the VA "failed to properly notify, advertise, or inform" them of their eligibility.

That's what spurred Murphy's decision to include the provision in the 2018 law requiring VA notification.

"I am gravely concerned that the department's apparent failure to notify them in accordance with the law puts them at increased risk for mental and behavioral health problems," he said to Wilkie.

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5.9 - KJZZ (NPR-91.5): [Phoenix VA Medical Center Still A 1-Star Facility](#) (4 October, Kathy Ritchie, 165k uvm; Tempe, AZ)

The Department of Veterans Affairs released its end of fiscal year 2018 hospital star ratings, which looks at quality of care at VA Medical Centers across the country. Several centers made significant improvements, but Phoenix wasn't one of them.

The ratings are part of what the VA calls its Strategic Analytics for Improvement and Learning (SAIL). The goal is to assess things like access to care, nursing turnover and patient perception. And the perception of the Phoenix VA isn't good.

Cindy Dorfner with the Phoenix VA said a survey is randomly sent out to people who have received in- or out-patient services.

"So perception is 28 percent of our overall score and the perception of our hospital is still low and so it really drags us down," said Dorfner.

Phoenix again received one star out of five. It was also one of 15 medical centers nationwide that was placed under a program to monitor high risk centers. She said 11 medical centers have shown improvement, including Phoenix.

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5.10 - Temple Daily Telegram: [Report: Temple VA shows service improvements](#) (4 October, Janice Gibbs, 157k uvm; Temple, TX)

The Olin E. Teague Veterans' Medical Center in Temple, part of the Central Texas Veterans Health Care System, showed improvement in quality of care delivery, according to a new report.

On Thursday, the Department of Veterans Affairs released its end of fiscal year 2018 hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers across the nation.

This effort is part of the VA efforts to remain transparent and hold VA facilities accountable.

The Teague center in Temple was one of the facilities that made positive strides in the benchmarks and is striving to continue progress. Although the health care system showed improvement, the Temple VA maintained a 3 Star rating.

"Central Texas VA continues a path to delivering veterans high quality health care," Christopher Sandles, Central Texas Veterans Health Care System director, said in a release. "We continue to excel in variety of areas in this performance evaluation model. The most exciting news is that a 3 out of 5 Star rating shows we can, and will, continue to improve. We'll keep reviewing key processes, staffing-levels, and leadership to continue our quest for excellence."

The Star rating designation is designed to help VA identify best practices of its top-performing hospitals and share them across VA's health care system to achieve system-wide improvements, the release said.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning shows 66 percent of VA medical centers have improved in overall quality in the third quarter — with the largest gains seen in areas where there were VA-wide improvement initiatives — mortality, length of stay and avoidable adverse events.

Six VA medical centers had a decrease in quality, and improvement activities are underway at each of these facilities, the release said.

Additionally, of the medical centers placed under the Strategic Action for Transformation program, an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent, 12 medical centers, show measurable improvements since being placed under Strategic Action for Transformation program in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," VA Secretary Robert Wilkie said.

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5.11 - Lebanon Daily News (Video): [Lebanon VA Medical Center improves to 5-star rating](#)
(4 October, 75k uvm; Lebanon, PA)

The Lebanon VA Medical Center improved from a 3-star rating to a 5-star rating over the past year, one of only a handful of VA Medical Centers nationwide to make such an improvement in star ratings.

The 5-star rating, for fiscal year 2018, is the highest number a VA facility can receive. The rating system is designed to evaluate and benchmark quality of care delivered at VA medical centers across the nation. The newest ratings were released Wednesday.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter, according to a news release.

The largest gains were seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers," said VA Secretary Robert Wilkie.

Lebanon VAMC was one of seven medical centers nationwide, out of 146, to improve by 2 stars. One, in Hot Springs, South Dakota, improved by 3 stars, from a 2 to a 5.

Nationwide, the number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings.

Lebanon VA Medical Center is one of 170 medical centers in the nation with the sole purpose of providing world-class medical care to America's Veterans. Lebanon VAMC serves a nine-county area in South Central Pennsylvania covering Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Perry, Schuylkill and York counties. Lebanon VAMC also oversees community clinics located in Mechanicsburg, Lancaster, Pottsville, Wyomissing, York and Fort Indiantown Gap.

If you are veteran, you may be eligible to receive care and benefits from VA. To learn more, call 717-228-6000.

For more information about the Lebanon VA Medical Center, visit www.lebanon.va.gov, like us on Facebook at www.facebook.com/VALebanon, or follow us on Twitter at www.twitter.com/VALebanon.

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5.12 - WATN (ABC-24, Video): [For Third Year In Row, Memphis VA Hospital Gets Just One-Star Rating](#) (4 October, Mike Matthews, 55k uvm; Memphis TN)

Nobody is happy.

There are big problems at the Memphis VA Hospital, and those problems concern people. For three years in a row, this hospital only received a one-star rating. Only five VA hospitals in the country have that dubious distinction.

Too many people die at the Memphis VA Hospital, according to a survey done by the Veterans Administration. There is also a problem with infections.

Hospitals are protected places. From the outside, the only thing people can see is that the Veterans Administration Hospital now offers free valet parking. It's the inside of a hospital that is important. There have been stories of bad operations, of waiting for hours for an appointment, of getting the wrong treatment.

Iraqi war veteran John Benson says, "I heard those stories before I came to Memphis." John was at the end of his rope, a drug addict who was sick and tired of being sick and tired, and he voluntarily entered rehab at the VA. "They were great while I was there," he said. "I did a 45-day rehab and the peer counselors were really passionate and the doctors were really helpful." Former Marine Robin Greer has been in quite a few VA hospitals. "I am a Vietnam-era veteran," he says.

Greer is not the kind of guy who will be told what to say. He says what he feels - good, bad, whatever - if it's on his mind, he says it. And for Greer, the Memphis VA Hospital has been good to him. Not to say they couldn't stand some improvements. He's been to other VA Hospitals, in Wisconsin, and yes, they were different. "On a scale of one to ten," Greer says, "... I would give Milwaukee an eight and a half, Madison, Wisconsin an eight, and I would give this one (Memphis) a six and a half or seven."

The man in charge of Alpha Omega Veterans Services in Memphis has been working with vets for more than 30 years. Cordell Walker says he has seen improvements. "We have seen changes," he says. "The waiting lists are not as long. Our clients have been treated pretty well at the VA. We've seen an uptick in appointments being more timely."

There are other stories. Of being refused treatment, and needing to call Congressman Steve Cohen for help. He says the mortality rate at the Memphis VA Hospital is, in his words, "unconscionable." But Cohen says there have been improvements, and is impressed, so far, by the recent hiring of David Dunning. "The problems have festered," he says, "and he's got a tough job. But VA employees now rate the Memphis Hospital the fourth best in the system to work at, when it was about 100 in the previous report. And even the mortality rate, while still much too high, has gone down by half since he's been there."

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5.13 - KVII (ABC-7, Video): [Amarillo Veterans Affairs Hospital ranks best in Texas](#) (4 October, Jala Washington, 53k uvm; Amarillo, TX)

Out of several VA Hospitals across the lone star state, Amarillo's is ranked the best.

This comes from the 2018 end of the year, federal hospital rankings.

The Thomas E. Creek VA Medical Center in Amarillo has earned four out of five stars for their quality healthcare. There are a number of categories the hospital has been graded on to judge its true quality.

"Within the last two weeks, I've got appointments with audio for hearing, eye glasses," said veteran, George Snyder.

Snyder said he just moved to Amarillo two months ago, and has gotten better service from the VA here than anywhere he's been before.

"I've got more things done here in two weeks, than I have in two years," Snyder said.

The Amarillo VA going from a three-star rating to five in just a year, has taken hard work and dedication, according to Erica Perry, an RN quality consultant for the hospital.

"We have hundreds of data points that we collect on everything that we do clinically," said Perry.

VA hospitals across the country are graded on access to care, quality of mental health care, employee perception, nursing turnover and efficiency and capacity. Perry said they've gotten to where they are by really listening to veterans.

"Often times a veteran's perception is not as good as what we hear in the community," said Perry.

Perry said one big thing they've focused on is implementing survey feedback, and aligning veteran perception to match the reality. But she said they aren't done improving.

"Access, veteran experience," said Perry listing off areas that the hospital needs to grow. "There's some things that really need work, and we understand that. But that's the beauty of this system."

Striving to serve veterans may keep this growth alive.

"I'm amazed, I wish every VA in the states operated like that," said Snyder.

The Amarillo VA said it plans to continue listening to veterans' input and tracking data numbers to keep being the best it can for patients.

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5.14 - Alabama Today: [Montgomery VA Medical Center earns 1-star facility rating, others improve](#) (4 October, Elizabeth Patton, 51k uvm; Birmingham, AL)

A new report from the Veterans Administration shows two Alabama VA medical centers have made some improvements in its quality of services over the past year, while another remains stagnant.

As part of their efforts to remain transparent and hold VA facilities accountable, the U.S. Department of Veterans Affairs' (VA) on Wednesday released end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

In Alabama, on a 1 through 5 star scale, they rated:

- Birmingham: 4-star (score went up)
- Montgomery: 1-star (trivial change, did not improve)
- Tuscaloosa: 3-star (score went up)

"With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities," said VA Secretary Robert Wilkie. "Even our highest performing facilities are getting better, and that is driving up our quality standards across the country."

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," Wilkie added.

Birmingham

Birmingham remains a bright spot for veterans within the Alabama care system. Over the past three years it has steadily improved having received a 3-star rating in 2016, going up to a 4-star in 2017 and now pulling another 4-star with additional signs of improvement.

Montgomery

In 2015, the director of the Central Alabama Veterans Healthcare System (CAVHCS), or Montgomery VA, was removed from his post when a pattern of gross mismanagement and systemic malfeasance was exposed. Weeks later he became the first VA official in the country fired under our new VA accountability law. Since that time the Montgomery VA has been under a federal microscope and was making many improvements.

However, after improving from 2015 to 2017 and receiving a 3-star rating for two years in a row, the state's capital city VA hospital dropped to a 1-star, out of 5, in 2018.

Someone who has been working hard to hold the Montgomery VA accountable and improve their service is Alabama 2nd District Rep. Martha Roby. She calls the newly released rating "unacceptable."

"The news that the Central Alabama VA has dropped from a 3-star rating to a 1-star rating is completely unacceptable," Roby told Alabama Today. "Our veterans represent the very best of this country, and it is incumbent upon us to ensure they receive the best possible care we can provide. Significant work is needed to achieve this goal.

She continued, "I have been and will remain actively engaged with CAVHCS Director Dr. Linda Boyle and other VA leadership to improve care for our veterans so that it is easily accessible and of the highest quality. As always, I encourage veterans in Alabama's Second District to contact my office with problems related to VA casework. I am deeply disappointed in this rating, and my top priority continues to be that we treat our veterans properly."

Rating methodology

The VA uses a comprehensive performance improvement tool called Strategic Analytics for Improvement and Learning (SAIL) that includes key metrics used by the private sector as well as additional metrics that are important for addressing access to care, quality of mental health care, employee perception about the organization, nursing turnover, efficiency and capacity.

The metrics are organized into 9 Quality domains and one Efficiency and Capacity domain. The Quality domains are combined to represent overall Quality. Each VA medical center is assessed for overall Quality from two perspectives:

1. Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5.
2. Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts.

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6. Suicide Prevention

6.1 - WTVW (FOX-7, Video): Flags placed on National Mall to bring attention to veteran suicides (3 October, 202k uvm; Henderson, KY)

Wednesday, more than 5,000 American flags were placed on the National Mall to draw attention to the epidemic of veteran suicide.

Organizers say servicemembers are battling a hidden war with mental health issues.

Stephanie Keegan is the mother of a veteran who died of an overdose.

"This is a very strong reminder that we are still in war. Every single day the results of this war cause 20 or so to kill their lives," Keegan said.

Keegan's son Daniel died from a drug overdose.

While he didn't commit suicide, Keegan said it's important to raise awareness about PTSD and its impact on those who serve.

"We are sending our children out there they are coming back broken hearted and in need of help," she said.

The Department of Veterans Affairs said it's boosting efforts to prevent veteran suicides.

VA officials said steps include improving access to same-day mental health care and outreach programs like the department's new "Be There" campaign.

Dr. Keita Franklin, Executive Director of Suicide Prevention for the VA, said the campaign highlights risk factors and warning signs of suicide.'

The public service campaign includes this video from Secretary Wilkie encouraging open conversation about mental health.

The National Suicide Prevention Lifeline is 1-800-273-8255.

Click here for information on the Veterans Crisis Line.

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6.2 - Faithwire: 5,520 Flags Placed at Capitol to Spread Awareness of Veteran Suicide as Rates Among Young Vets Soar (4 October, Carly Hoilman, 9k uvd; New York, NY)

On Wednesday, veterans advocates placed 5,520 flags placed along the National Mall to call attention to the growing problem of veteran suicide.

"When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," Melissa Bryant, chief policy officer for Iraq and Afghanistan Veterans of America, told the Military Times. "Some of us standing here could have been one of these flags, but for an intervention."

The annual event took on new meaning this year following new data published last month. According to the latest Veterans Affairs' National Suicide Data Report, suicide among young U.S. military veterans has risen significantly in recent years. In 2016, there were 45 recorded veteran suicides per 100,000 population ages 18-34 — an increase of more than 10 percent, compared to the 40.4 recorded in 2015.

The latest report comes amid fresh VA initiatives to curb the problem. During a time of widespread mental health deterioration, the suicide epidemic appears to have hit service members particularly hard — veterans are now 1.5 times more likely to take their lives than Americans who have never served in the military.

Even in the wake of the concerning suicide report, VA officials have celebrated “great strides in crisis intervention,” including the expansion of mental health services available to veterans.

From the Military Times:

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans' Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Bryant explained Wednesday how suicide among veterans relates to the broader mental health crisis facing other Americans. She noted the case of Army veteran and former Kansas City mayoral candidate Jason Kander, who announced Tuesday that he would be dropping out of the race to receive treatment for post-traumatic stress disorder.

“We need to de-stigmatize and allow for better mental health care to be provided for citizens everywhere,” Bryant said, as reported by WTOP.

Stephanie Keegan, whose son Daniel took his own life in 2016 after experiencing delays in treatment for post-traumatic stress disorder he developed after serving in Afghanistan, shared that she was thankful for the public event recognizing something that has affected her so personally.

“It absolutely makes a difference,” she told the Military Times. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

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6.3 - WZDX (FOX-54, Video): [Flags on the National Mall call attention to military suicides](#)
(4 October, Brie Jackson, 600 uvd; Huntsville, AL)

On Wednesday, more than 5,000 American flags were placed on the National Mall to draw attention to the epidemic of veteran suicide. Organizers say servicemembers are battling a hidden war with mental health issues.

Participants say it represents the number of active duty servicemembers and veterans who have taken their own lives this year.

Stephanie Keegan's son died from a drug overdose. While he didn't commit suicide, Keegan says it's important to raise awareness about PTSD and its impact on those who serve. She says, "This is a very strong reminder that we are still in war. Every single day the results of this war cause 20 or so to kill their lives. We are sending our children out there. They are coming back broken hearted and in need of help."

The Department of Veterans Affairs says it is boosting efforts to prevent veteran suicides.

VA officials say steps include improving access to same day mental health care and outreach programs like the department's new "Be There" campaign.

Keita Franklin, Executive Director of Suicide Prevention for the U.S. Department of Veterans Affairs, says "Be There" highlights risk factors and warning signs of suicide, and that it's really a call to action to every citizen in America to make sure everybody knows that they do have a role to play when it comes to saving veterans lives.

The public service campaign includes a video from Secretary Wilkie encouraging open conversations about mental health.

People hope showing their support will help save a servicemember's life.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Denver Post: [Federal agencies provide nearly \\$783,000 to help Colorado homeless vets](#) (4 October, Judith Kohler, 4.8M uvm; Denver, CO)

Funding from the U.S. Housing and Urban Development and the Veterans Affairs departments will help provide permanent homes to about 100 homeless veterans in Colorado.

The \$782,869 in rental assistance announced this week comes from the HUD-Veteran Affairs Supportive Housing program, which combines rental assistance from HUD with case management and clinical services by the VA.

"We are lucky to have such strong partnerships with the VA and housing authorities throughout the state and the Rocky Mountain region, all of whom work together to build on the success of the HUD-VASH Program," HUD Rocky Mountain Deputy Regional Administrator Eric Cobb said in a statement.

As part of the program, VA medical centers assess veterans experiencing homelessness before referring them to local housing agencies for vouchers. The decisions are based on a variety of factors, including the duration of homelessness and the need for longer term, more intensive support.

Veterans participating in the HUD-VA housing program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. The VA offers eligible homeless veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico and the Virgin Islands.

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7.2 - Tampa Bay Times: [Florida National Cemetery, so often passed by, can take a visitor's breath away](#) (4 October, Joe Henderson, 4.8M uvm; Saint Petersburg, FL)

Exit 309 off Interstate 75 in Bushnell is about an hour north of Tampa, and I have driven by it many more times than anyone can count, past the sign pointing to the Florida National Cemetery.

Never paid much attention to it, to tell you the truth. I mean, who wants to go to a cemetery before you have to?

Plenty of people have said how beautiful and serene it is there, tucked a short hop off the highway amid the rolling hills of the Withlacoochee State Forest. People say a visit can give you a renewed respect for life and the sacrifices veterans and their families made for this country. As I learned Monday, they are correct.

The cemetery is breathtaking in its simplicity but overwhelming at the same time. Row after row of white headstones stretches over the 517-acre site, with plans to expand. It reminds everyone that we're in this together.

I was there with immediate family members to say goodbye to Grace Patterson, my wife's mother. She was 90 when she died on Sept. 17, having never quite recovered from surgery to repair a broken hip.

Her husband, Gerald Patterson, served honorably in the U.S. Navy during World War II and Korea. He is 93 and still with us. A benefit from his military service is a guaranteed spot in one of our national cemeteries. As his wife, Grace could go there too.

Her formal funeral was last Saturday. On Monday, we brought the urn carrying her ashes to be interred in a grave with a headstone. Honestly, everyone was worn out and we all just wanted to get through this, but that changed when we arrived and prepared to let Grace go for good.

They are extremely well organized at the cemetery, which helped a lot.

We were given an 11:30 a.m. appointment for a 30-minute slot. You check in and are given a lane number for your car. Later, an escort from the cemetery will lead you to a committal shelter where you can say your last goodbye. It is respectful and discreet.

Before that, though, we went to the visitor's center, where a volunteer told us the facility handles about 7,000 final services each year. An estimated 130,000 people are interred there, including Leonard T. "Max" Schroeder Jr., who as a 25-year-old captain in World War II was the first American to come ashore at Normandy on D-Day.

Mike Holovak, who was the skipper of a PT boat credited with sinking nine Japanese ships during World War II and later coached football for many years in college and the NFL, rests there.

Three medal of honor recipients are there.

But mostly, what you see on the headstones are stories of gallantry by people known only to their family and friends. They speak to devoted wives and mothers who kept families together while their husbands were overseas.

Grace Patterson was one of these.

As we were wrapping up our brief farewell to her, our escort said we were free to bring flowers by any day of the year as long as the cemetery was open, but cautioned, "The deer come out at night and eat them."

Somehow, I think Grace would like to know she's in a place of serenity and nature, and if some of the native wildlife want to stop by for a visit and snack, well, that's OK.

It's healthy to be reminded of the sacrifices people made so that a nation could endure. Our guide said to come back anytime and just walk around, and I will do that because a place of peace and beauty lies just to the west off exit 309 and it's worth slowing down to take a look.

I heard about it before, but now I really understand.

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7.3 - KNBC (NBC-4): [Temporary Homeless Shelter at VA Approved by LA City Council](#) (4 October, 2.1M uvm; Los Angeles, CA)

A proposal to fund the city's portion of a temporary homeless shelter to be located on the West Los Angeles Veterans Administration campus was approved by a Los Angeles City Council committee Wednesday.

Under a partnership, the city and county of Los Angeles will split the cost of the construction of the \$5 million facility, and the Department of Veterans Affairs will provide on-site services.

The Homelessness and Poverty Committee approved a motion seeking funding for the facility, which is to be located on the grounds of the VA campus, will provide transitional housing beds for up to 100 homeless veterans, along with laundry facilities, personal hygiene centers, 24-hour security and supportive services.

"This is a really bit deal for veterans that the VA is finally starting to deliver, and I'm really glad that the city of Los Angeles and the county are helping them deliver," Councilman Mike Bonin said.

The facility is scheduled to open in early 2019, and will be one of several new programs and facilities at the site aimed at helping homeless vets.

The VA also is working on its Draft Master Plan, which calls for 1,200 units of permanent supportive housing on the Westside campus.

The VA additionally has opened a "safe parking" program for veterans living in their vehicles, and started providing permanent supportive housing for homeless veterans in existing buildings, with 54 veterans currently housed in Building 209.

With financial support from the city through HHH bond funds, two other buildings are being converted into permanent supportive housing for veterans.

The facility will be part of Mayor Eric Garcetti's "A Bridge Home" program, which calls for temporary homeless facilities in each of the city's 15 council districts. One temporary facility in Councilman Jose Huizar's district near the El Pueblo Historic Monument has already opened, with other sites at various stages of development.

The VA bridge housing site will include two tension membrane structures along with modular trailers that will not be visible from the exterior of the VA campus, according to Bonin's motion.

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7.4 - WCSC (CBS-5, Video): [Garden at Charleston VA to help veterans going through treatment](#) (4 October, 827k uvm; Charleston, SC)

As part of a partnership between the Lowcountry Food Bank and Clemson University, veterans at the Ralph H. Johnson VA medical center in downtown Charleston will have a place to go where they can take their mind off treatment and make their minds sharper.

A garden will be installed on the patio area of the Veterans Enrichment Center on Thursday morning and will be maintained by veterans going through mental health treatment as part of their care.

It started with a smaller group of veterans who found gardening to be one of the most useful tools in growth.

"It increased their cognitive ability," Enrichment Center Coordinator Fredrica Hughes said. "It increased their confidence in each other, even language skills got better and definitely socialization."

The installation will take place from 11 a.m. to 4 p.m. on Thursday. The Lowcountry food bank will also use the garden as a training site to help veterans and other organizations who want to install Gardens at home.

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7.5 - KRCR (ABC-7): [HUD and VA to help homeless veterans in Redding and Shasta County](#) (5 October, Mindy Schack, 198k uvm; Redding, CA)

SHASTA COUNTY, Calif. — To help end veteran homelessness, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) awarded \$293,814 to provide a permanent home to an estimated 60 veterans enduring homelessness in Sacramento and the San Joaquin Valley. The rental assistance announced Wednesday is provided through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program, which combines rental assistance from HUD with case management and clinical services provided by VA.

HUD-VASH funds both housing and supportive services that are essential to helping homeless veterans, many of whom are living in unsheltered locations. These vouchers are critical tools in helping communities effectively end homelessness among veterans.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said HUD Secretary Carson. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

"When our neighbors answer our country's call to service, we must answer their call when they return home," said HUD Deputy Regional Administrator Wayne Sauseda. "Together with the VA, HUD remains committed to meeting the supportive housing needs of veterans, so that, one day, we end veteran homelessness in Redding and Shasta County."

Since 2008, more than 93,000 vouchers have been awarded and approximately 150,000 homeless veterans have been served through the HUD-VASH program. More than 600 Public Housing Agencies (PHAs) administer the HUD-VASH program, and this most recent award includes 22 additional PHAs, increasing HUD-VASH coverage to many communities.

In the HUD-VASH program, VA Medical Centers (VAMCs) assess veterans experiencing homelessness before referring them to local housing agencies for these vouchers. Decisions are based on a variety of factors, most importantly the duration of homelessness and the need for longer term, more intensive support in obtaining and maintaining permanent housing. The HUD-VASH program includes both the rental assistance the voucher provides and the comprehensive case management that VAMC staff offers.

Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless veterans clinical and supportive services through its medical centers across the U.S., Guam, Puerto Rico and the Virgin Islands.

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7.6 - WOAI (NBC-4, Video): [Big money coming to San Antonio for homeless veterans](#) (4 October, Robert Price, 163k uvm; San Antonio, TX)

Some much-needed money is coming to San Antonio to help homeless veterans.

The money is coming from the Department of Veterans Affairs and the Department of Housing and Urban Development.

More than four-thousand homeless veterans will be getting a permanent home thanks to 35 million dollars worth of rental assistance vouchers nationwide. That includes 38 veterans in Bexar County.

"Literally people have bled for us to make sure that we have a life that's better," says David Nisivoccia, president and CEO of San Antonio Housing Authority. "So anytime that we can attain these vouchers and this funding, we apply for it and we've been rather successful."

Nisivoccia says Bexar County has the sixth largest population of homeless veterans in the country.

Many are considered chronically homeless.

"What we're seeing is veterans who have been on the street four, five, six times," says Tom Shaw, director of client services for housing programs with the American GI Forum National Veterans Outreach Program.

The American GI Forum provides services to an average of fifty homeless veterans every month.

"A veteran comes through our door, they're going to get help in our programs," says Shaw. "Education, housing."

"That stable house means a lot to everything else that you have going on in your life," Nisivoccia adds.

And that's where the San Antonio Housing Authority can help, through rental assistance vouchers.

"They get the voucher and they have to go through the process of locating that housing," Nisivoccia says. "And then we sign off on that housing and then they're housed."

Housing vouchers from HUD combined with case management and clinical services from the VA.

"It's not as simple as finding a place and putting that veteran into that place," Shaw says. "You really have to tailor the approach to the individual."

This go-around, federal grant money will cover a permanent home, along with wraparound services, for 38 homeless veterans in San Antonio and Bexar County.

"So as long as we can provide that stability," Nisivoccia says, "And as long as the veterans can get the service they need, their lives improve greatly quickly."

HUD expects this grant money to provide homes to 177 homeless veterans across the state of Texas.

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7.7 - Guam Pacific Daily News (Video): [Our View: Program will help get homeless veterans off the streets](#) (4 October, 141k uvm; Hagatna, GU)

Homeless military veterans living in Guam and Hawaii will be eligible for rental assistance to get them into safe housing, thanks to funding from the U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs.

The agencies announced that they've awarded \$887,278 to help 88 homeless veterans in Guam and Hawaii, with the funding provided through the HUD-Veterans Affairs Supportive

Housing Program. The program combines rental assistance from HUD with case management and clinical services provided by VA, according to a news release.

These rental assistance vouchers are critical tools to help communities effectively end homelessness among veterans, the news release stated. Veterans Affairs is committed to ending homelessness among veterans.

“We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own,” said HUD Secretary Ben Carson. “The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA.”

Wayne Sauseda, HUD deputy regional administrator said when men and women answer the call to service, it’s up to the community answer their call when they come home.

“Together with the VA, HUD remains committed to meeting the supportive housing needs of veterans, so that, one day, we end veteran homelessness in Guam and Hawaii.”

Veterans participating in the program rent privately owned housing. They generally contribute no more than 30 percent of their income for rent, the news release stated.

VA Medical Centers assess homeless veterans before referring them to local housing agencies for the vouchers. The program provides no just rental assistance, but comprehensive case management as well.

More than 93,000 vouchers have helped serve about 150,000 homeless veterans since 2008, and now Hawaii and Guam will be among the jurisdictions offering the program.

The nation owes the men and women who have faithfully served in the military, protecting the American way of life. It’s important we live up to the promises we make to veterans and ensure they get the benefits they’ve earned. It’s good to know that homeless veterans in our community will get the help they need to get off the streets.

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7.8 - Daily Bruin: [Temporary West LA housing facility to open doors to homeless veterans](#) (4 October, Armando Carrillo, 3.4k uvd; Los Angeles, CA)

A temporary housing facility in West Los Angeles is expected to open in early 2019 and house up to 100 homeless veterans.

The \$5 million facility will be located on the West Los Angeles Veterans Administration campus and will provide on-site services such as 24-hour security, case managers and mental health services.

The new facility is a part of Mayor Eric Garcetti’s “A Bridge Home” initiative, which aims to address the homelessness crisis in LA. The initiative is expected to launch 15 temporary housing facilities, one in each district, in order to offer a total of 1,500 beds for homeless people across Los Angeles.

The City of Los Angeles has a homeless population of over 31,000 but can accommodate only about 8,000 of these people on a given night, according to the Los Angeles Homeless Services Authority.

Philippe Bourgois, a distinguished sociology professor who studies homelessness, said he thinks the lack of affordable housing in LA is a fundamental human rights violation the city needs to acknowledge in order to properly address homelessness.

“The state really has to come in and take responsibility for this because if they just leave it to market forces and to real estate owners, there will never be an end to the homelessness problem,” Bourgois said.

Bourgois said he thinks the solution to homelessness involves building new housing and expanding rent control in order to make housing accessible to everyone.

Alex Comisar, Garcetti’s press secretary, said Garcetti led a campaign in 2016 to pass Proposition HHH, which gave the city \$1.2 billion to build up to 10,000 permanent housing units over the span of 10 years. Comisar said the city is building this housing as quickly as possible.

As of April, 615 permanent housing units have been built, and 1,517 units are still being proposed, according to Garcetti’s website.

Comisar said Garcetti’s “A Bridge Home” plan is intended to get homeless residents off the streets as quickly as possible while they wait for permanent housing options. Comisar said the city plans to have 15 bridge facilities open or under construction by the end of the fiscal year.

Comisar said people are homeless for a myriad of reasons and therefore have different needs. He added outreach workers are reaching out to homeless people in order to assess their needs and connect them with temporary housing or other options.

Rick Coca, a spokesman for Councilmember Jose Huizar, said the shelter by El Pueblo Historic Monument can house up to 45 people and hosted its first residents Sept. 10.

“It’s extremely important that the El Pueblo shelter succeeds because it’s the first one and acts as a model that will be replicated across the city,” Coca said.

Coca said homelessness in Los Angeles is no longer just concentrated in particular areas, but is now a citywide issue.

Coca added that the implementation of these shelters has been met with some backlash by community members who think these shelters will lead to more homelessness in the area.

However, he said he thinks people will be more willing to support these facilities once the program is expanded and people see that these shelters will help get people off the streets.

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7.9 - Leavenworth Times: [Bark for Life slated for Saturday](#) (4 October, Mark Rountree, 49k uvm; Leavenworth, KS)

A fundraiser will be held Saturday to raise money for the American Cancer Society.

And dogs will be the stars of the show.

Registration is under way for Bark For Life, a benefit for Leavenworth County Relay for Life and the American Cancer Society.

The event will include a 5K run/walk or a one-mile run/walk on the campus of the Eisenhower VA Medical Center.

Check-in begins at 11 a.m. and the event will begin at 11:30 a.m. near the Waggin' Tails Dog Park adjacent to the VA.

"You don't have to have a dog to participate," said Katherine de la Cruz, co-chairperson of Leavenworth County Relay for Life each spring. "You just have to like dogs."

Saturday's event begins with the run or walk, which will be on the VA campus.

It will also include pet-friendly events, including a skills contest and a costume contest for dogs.

Several representatives from dog grooming businesses and kennels will be on site to distribute information.

Riverview Rescue in Leavenworth will have several dogs available for adoption.

De la Cruz said the event is designed to celebrate the caregiving qualities of dogs for people with cancer.

"And remember, dogs get cancer too," she said.

Entry fee is \$20 per person and \$5 for each dog or \$50 for a family. Participants can register on the day of the event.

De la Cruz said 100 percent of the proceeds from the event will go to Leavenworth County Relay for Life and the American Cancer Society.

Leavenworth County Relay for Life is slated for April 27 at Lansing Middle School.

For more information, visit www.relayforlife.org/barklvcocks or call 913-240-8172. Send email to RelayLVCO@gmail.com

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7.10 - ConnectingVets.com: [Like countless student veterans, he's owed thousands in late GI Bill payments](#) (4 October, Matt Saintsing, New York, NY)

\$3,659.

That's how much the VA owes a student veteran in Florida. Due to an upsurge in technical problems, an unknown number of vets using the GI Bill are have received late payments, the wrong amounts, or, in the case of Erin Lagos, no money at all so far this semester.

"You have to be prepared to have enough money for a month-and-a-half (for payment delays)," he tells Connecting Vets. "And no one tells you that."

A former Navy damage controlman previously assigned to the destroyer USS Farragut, Lagos left the Navy in 2013 after five years, but he knew he wanted to stay on the water. So, he enrolled in the Marine Mechanic Institute in Orlando, Fla. to learn how to repair boats.

Wanting to expand on his studies there, he moved to Miami to study electronics at Miami Lakes Educational Center.

Lagos is owed housing allowance (BAH) payments for the entire month of September, and one half of August. Lagos is also missing his \$500 book stipend each student veteran receives at the beginning of the semester.

Having lived through delays in BAH payments during government shutdowns of years past, Lagos has a financial cushion, saving a bit. Still, the money he was expecting has yet to hit his account. Luckily for him, he lives at home and gets a break from his parents on rent and other expenses, especially since the mistake is due to no fault of his own.

"I have a little leeway, but two years ago I was going to marine mechanics school...that's how I learned you need to have some money saved," he says. "But even if they're late your landlord doesn't care at the first of the month."

Where it stands now, Lagos says he's resorting to borrowing money from family so he can pay for food, his rent and phone bill, and other expenses.

Miami Lakes tells Lagos they have submitted all the required paperwork, but have offered little guidance to him and others in the same situation. "It's a technical college, and they don't have that many veterans," adds Lagos. His tuition bills aren't in question, as the VA has reimbursed that amount. What they haven't paid is the stipend he depends on for his living expenses in his last semester

It became clear that something was up this semester when he started seeing news reports at the end of September about the overabundance of GI Bill mistakes. Lagos has called the VA educational benefits line for any information, but "they don't really tell you anything," he says.

Neither officials at the VA nor at his school have been able to provide him a timeline of when he can expect the \$3,659.

VA spokesperson Terrence Hays tells Connecting Vets in an email "VA's educational claim processing times are slightly higher than normal," because of an increased volume and technology changes to implement the Harry W. Colmery Veterans Educational Assistance Act —dubbed the Forever GI Bill, which was signed into law last year.

"VA's goal is to process original education claims in 28 days and supplemental education claims in 14 days, while VA's current Fiscal Year To Date (FYTD) timeliness is 33.1 days for original claims and 23.7 days for supplemental claims," says Hayes.

Officials say employees are working “mandatory overtime” and the agency had added 202 people to reduce processing times.

“VA recognizes timely receipt of the housing allowance is crucial for Post-9/11 GI Bill students and makes every effort to provide these payments quickly,” adds Hayes. “A student will not receive a housing payment for enrollments beginning in August until September, and the stipend for September is not paid until the beginning of October.”

Lagos is missing payments for August and September. Hayes declined to say how many student veterans are affected.

Student Veterans of America sent VA Secretary Wilkie a letter last month expressing urgency to get student veterans their delayed GI Bill payments.

When he graduates, Lagos hopes to combine his two degrees to work in the boating industry in South Florida. “I joined the Navy, I love being on the water, I love the boats, so this is just kind of my thing.”

Like other veterans right now, he’s just waiting to get the cash that’s rightfully his.

Veterans experiencing financial hardship can call VA’s customer service line at 888-442-4551.

To learn more about the Post-9/11 GI Bill, click here, or call 1-888-442-4551 to speak to a VA educational counselor.

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8. [Other](#)

8.1 - The Washington Post: [Congressional Republicans tentatively agree to raise federal worker pay, rebuffing Trump](#) (4 October, Erica Werner and Lisa Rein, 43.9M uvm; Washington, DC)

Congressional Republicans have tentatively agreed to a 1.9 percent pay raise for the nation’s 2 million civilian federal workers, overruling President Trump who sought to freeze their pay.

The preliminary deal between House and Senate Republicans is also likely to lift a salary freeze affecting hundreds of executive-level employees and appointees including Vice President Pence and members of the Trump Cabinet, according to lawmakers and aides.

Democrats oppose that element of the deal, and the package could change when lawmakers return to Capitol Hill following the midterm elections and complete negotiations.

Republicans who had been pushing to give civilian federal workers a raise hailed the outcome. GOP lawmakers including Rep. Barbara Comstock (R-Va.) had pushed Trump to reverse his initial decision in August to deny the raise.

Rep. Tom Graves (R-Ga.), who chairs the spending subcommittee that handles the issue, credited Comstock for pushing for the result. Comstock is in a tough campaign to hang on to her Northern Virginia House seat, and the salaries of the tens of thousands of federal employees in her district had become an important issue in her race.

"Thanks to Barbara Comstock's tireless advocacy, there is an agreement in place on pay raises," Graves said in a statement to The Washington Post. "This wouldn't be resolved without her help, or without President Trump's booming economy."

Comstock said in an interview she lobbied Vice President Pence for a raise for the civilian workforce, and he was receptive. But the White House, citing budget constraints, never reversed its opposition.

"I've been making the case for the rank-and-file side," Comstock said. "I'm confident we will get it. We need to retain talent in the federal government."

A White House spokesman did not respond to a request for comment, and a spokesperson for Pence said the vice president's office was not involved in negotiations on the raise.

The average federal worker salary is around \$85,000, according to the federal Office of Personnel Management. But the American Federation of Government Employees, representing about 750,000 federal workers, says that number is inflated by the high salaries of some doctors and scientists, and that the bulk of federal workers make between \$33,000 and \$55,000 a year.

Around 15 percent of the nation's 2.1 million federal workforce live in and around Washington, D.C. The majority of the 2.1 million work all over the nation at military bases, federal labs, national parks, veterans hospitals and other facilities scattered throughout the states.

Most federal civilian employees received a 1.9 percent raise in 2018 and would be in line for another 1.9 percent raise in January 2019 under the congressional deal. Members of the military are on track to receive a 2.6 percent raise in January.

The question of government worker pay was among the final issues being negotiated as lawmakers rushed to finish a package of congressional spending bills last month, including the one funding federal salaries. Because no agreement was reached before the end of the fiscal year Sept. 30, the bills were wrapped into a short-term spending measure that runs through Dec. 7.

The House has already adjourned through the midterm elections, so lawmakers will resume talks when they return to the Capitol following the elections.

Democrats support the pay raise for civilian workers, but are opposed to lifting the pay freeze for executive-level appointees that was in place throughout much of the Obama administration. It is uncertain whether that element of the GOP deal will survive final talks.

"There is no reason that the Trump administration, which boasts the wealthiest Cabinet in modern history, should be held to a different standard than the Obama administration when it comes to pay increases," Rep. Nita M. Lowey (D-N.Y.), the top Democrat on the House Appropriations Committee, said in a statement. "If Republicans were really focused on fiscal responsibility for America's kids and grandkids, they wouldn't be trying to increase pay for the vice president and senior Trump officials."

The executive-level employees in question include political appointees tapped by the White House who fill the top rungs of Cabinet agencies as well as dozens of smaller federal agencies and ambassadors who are not career members of the Foreign Service.

All have seen their pay frozen under language that has carried over in annual appropriations bills since the Obama administration, following the two-year government-wide pay freeze President Obama put in place in 2011 following the recession.

The provision affecting them would lift the freeze and reinstate the salary limits at where they would have been, had the freeze not gone into effect, according to Democratic aides.

For about 1,100 senior political appointees — whose annual salaries now range from \$155,500 to \$199,700 — that could mean a substantial bump in pay, with some getting raises of more than 5 percent, although the raises would not be automatic in all cases.

Pence, whose vice presidential salary has been frozen at \$230,700, could be eligible for an increase bringing his salary up to \$243,500.

Randy L. Erwin, national president of the National Federation of Federal Employees, which represents more than 100,000 employees, called it “an insult to civil service federal employees across the country that President Trump had advocated for yet another pay freeze for federal workers in 2019.”

He said he is pleased to see Congress “challenge the White House” on the issue.

But Erwin said the union does not oppose a lifting of the cap for higher paid appointees as well, because “federal employees across the board are significantly underpaid.”

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8.2 - The Wall Street Journal: [Trump Administration to Step Up Oversight of Hospital Watchdogs](#) (4 October, Stephanie Armour, 43.6M uvm; New York, NY)

The Trump administration on Thursday announced increased oversight of organizations that accredit and inspect most U.S. hospitals, following a report last year in The Wall Street Journal focusing on problem-plagued facilities that kept their accreditation status.

The Centers for Medicare and Medicaid Services, which grants accrediting authority, said it will change the way it measures the performance of accrediting organizations in a pilot project and will provide the public with new information about accreditors’ and hospitals’ performance.

A Journal database investigation in 2017 found that the Joint Commission, which accredits almost 80% of U.S. hospitals, typically takes no action to revoke or modify its accreditation when state inspectors find serious safety violations. Hospitals kept their full accreditation even in cases where they had been ousted from the Medicaid program for safety violations.

“Because of that article, we’ve taken a lot of action, and we’re just getting started on the issue,” said CMS Administrator Seema Verma. “We’re trying to bolster our efforts to have oversight and to also have our reviews of [accreditors] transparent.”

Additional federal action is expected in the fall, she said, but that could require new regulations, which can take time to enact. The agency is concerned about potential conflicts of interest in the industry, she said.

The actions are aimed at the nation's 10 federally approved health-care accreditors, which play a little known but critical role in ensuring patient safety.

The House Energy and Commerce Committee in March launched an investigation into the organizations, following the Journal report. That work is ongoing.

Sen. Chuck Grassley (R., Iowa) last year asked CMS to outline statutory changes that would be needed to end the confidentiality of inspection reports written by accreditors. CMS officials have been talking with Mr. Grassley's office about that.

Under the changes announced Thursday, CMS will begin publicly posting performance data on accrediting organizations, such as safety problems they may potentially have missed, and will test a redesigned process for checking up on accreditors' results.

Currently, states conduct inspections on CMS's behalf at some hospitals 60 days after an accreditor's survey. They can sometimes reveal violations that weren't identified in the earlier scrutiny.

Under pilot projects in Texas, Ohio and Georgia, state inspectors on behalf of CMS will work alongside accreditors to assess their compliance with safety and health standards, the agency said. CMS will also analyze state investigations of complaints at accredited facilities as part of a strengthened oversight of accreditors.

New details will also be posted on the CMS website, including a list of hospitals and health organizations that have been found out of compliance with safety standards, along with the name of their accreditor.

Accreditors are often the frontline safety watchdogs at U.S. hospitals and health organizations. Most hospitals get accredited in order to receive Medicare funding, though some forgo the process in favor of state inspections. Nearly all states recognize accreditors in some part of their hospital licensing process.

The Joint Commission, the largest accrediting entity, inspects hospitals including medical centers for veterans, the Federal Bureau of Prisons and the Indian Health Service, giving it a sweeping quasigovernmental role.

The Wall Street Journal investigation found the Joint Commission had revoked the accreditation of fewer than 1% of the hospitals that were out of Medicare compliance in 2014. In more than 30 instances, hospitals retained their full accreditation even when their violations were deemed by CMS so significant that they presented, or were likely to present, a risk of serious injury or death to patients.

The accreditation system is closely tied to the industry it oversees. Twenty of the Joint Commission's 32 board members are executives at health systems accredited by the group or work at parent organizations of those health systems, the Journal found.

Other board members are chosen by health-care industry groups, such as the American Hospital Association and the American Medical Association. Hospitals pay the Joint Commission for inspections, which occur at least every three years and cost an average of about \$18,000 in 2015.

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8.3 - U.S. News & World Report (AP): [Tomah Whistleblower, Veteran's Widow Disagree Over Baldwin](#) (4 October, Scott Bauer, 23.9M uvm; Washington, DC)

MADISON, Wis. — A Gulf War veteran who blew the whistle on the prescription drug crisis at the Tomah Veterans Affairs Medical Center said he thinks it would be "immoral" to vote for Democratic Sen. Tammy Baldwin.

The comments from Ryan Honl, a Libertarian, drew a sharp rebuke Thursday from Heather Simcakoski, the widow of veteran Jason Simcakoski who died in 2014 due to "mixed use toxicity" while being treated at Tomah.

Baldwin's reaction to the Tomah scandal has been an issue in her re-election campaign, with her Republican opponent Leah Vukmir saying she failed to adequately respond. Outside conservative groups have also attacked Baldwin on the issue.

Baldwin has defended her reaction by pointing to the passage of a law she introduced named after Simcakoski and designed to increase oversight of opioid prescriptions issued at VA facilities.

Honl, in comments first reported by the Milwaukee Journal Sentinel, said he felt compelled to speak out now after Heather Simcakoski and her in-laws cut a pair of campaign ads for Baldwin. Honl claimed that Baldwin had "used" the Simcakoski family when she produced the ads.

Honl, in an interview with The Associated Press, said he was surprised by the ads because Jason Simcakoski's parents told him in 2016 they didn't plan to get involved in politics. Marvin and Linda Simcakoski did not immediately return a message seeking comment.

Heather Simcakoski told AP that Honl was lying and said his comments were "incredibly upsetting."

Honl said he didn't want to argue with the family and he has no plans to cut an ad or do anything to help Vukmir's campaign, even though he intends to vote for her.

"My sole focus is calling out Tammy Baldwin," he said.

Honl is a 46-year-old West Point graduate who worked at Tomah as a secretary in the hospital's mental health clinic before resigning in 2014 and filing a federal whistleblower complaint on his way out.

He is also a longtime critic of Baldwin and briefly considered running as a Republican against Democratic U.S. Rep. Ron Kind, of La Crosse. Honl said he's since "buried the hatchet" with Kind and endorsed him for re-election this year.

Heather Simcakoski and her in-laws praised Baldwin in the ads , saying it is "shameful" that Jason Simcakoski's death was being used against Baldwin.

She reiterated that on Thursday.

"Either work with us to fix the VA like Tammy has or stop talking about my husband's death," she said.

Vukmir seized on Honl's statement, saying voters in November will hold Baldwin accountable for what happened at Tomah.

"As a military mom, it pains me to know Baldwin knew about the opioid crisis at Tomah and refused to take action to help our veterans because she had more concern for her political career," Vukmir said.

Baldwin has been criticized for not making public a report from the Department of Veterans Affairs' inspector general that said physicians at Tomah were over-prescribing opioids.

Baldwin later said her office had made mistakes, leading her to fire one staffer, demote another and cut the pay of her chief of staff.

There is no evidence that Baldwin took steps to cover up what was happening at Tomah and a Senate committee that investigated it determined she had not engaged in a cover up.

"Veterans from across the state and the Simcakoski family have spoken out to stop the politicization of veterans and support Tammy Baldwin for her work to hold the VA accountable and improve veterans' health care," said Baldwin's spokesman Bill Neidhardt. "Senator Baldwin has worked with the Simcakoski family to craft and pass Jason's Law, and she has worked across party lines to secure vital investments to support America's veterans."

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8.4 - Milwaukee Journal Sentinel: [Tomah VA whistleblower says it would be 'immoral' to support Sen. Tammy Baldwin](#) (4 October, Daniel Brice, 4.8M uvm; Milwaukee, WI)

Tomah whistleblower Ryan Honl is putting himself front and center in the U.S. Senate race.

Honl, who helped shine the spotlight on the problems at the Tomah Veterans Affairs Medical Center, is urging voters to oppose Democratic U.S. Sen. Tammy Baldwin. She is being challenged by GOP state Sen. Leah Vukmir.

"It is immoral to vote for Tammy Baldwin in this year's election," Honl, a 46-year-old Gulf War veteran and West Point graduate, said in a statement to the Journal Sentinel.

Honl's intervention in the race caused a stir in the two campaigns, with Vukmir saluting his remarks while Baldwin all but dismissed them.

In an interview, Honl accused Baldwin of mishandling the response to the 2015 scandal at the Tomah VA, which had been dubbed "Candy Land" for its widespread distribution of opioids.

Honl said he is letting his opinion be known now in response to two new TV spots in which the parents and widow of U.S. Marine veteran Jason Simcakoski, who died at the Tomah VA facility, come out in support of Baldwin. His death in August 2014 was due to "mixed use toxicity" while being treated by doctors at the Tomah VA.

"It really bothers me that (Baldwin) used the family," Honl said, adding that members of the Simcakoski family earlier told him they would be sitting out the race. Honl said he believes Baldwin will probably be re-elected given her double-digit lead in the polls, but he said, "I thought the public needed an alternative point of view."

Reached Wednesday, Heather Simcakoski, Jason's widow, said she has not talked to Honl and said she is unaware of any other family member who has.

In the ad, Heather Simcakoski praises Baldwin for working with the family for the passage of a bill known as "Jason's Law," which toughened opioid prescription guidelines at the VA and pushed for other reforms in pain management.

"My ad speaks for itself," Heather Simcakoski said Wednesday.

The problems at the 266-bed facility in rural Tomah bubbled beneath the surface for years but burst into public view with a January 2015 series by the Center for Investigative Reporting, which was tipped off by Honl, a former Tomah VA employee.

The series accused the Tomah VA of rampant overmedication of patients, retaliatory management practices and preventable overdose deaths. The number of opiates prescribed at the Tomah medical center more than quintupled over the past decade, despite a drop in patients.

Honl was one of several whistleblowers to raise concerns with members of the Wisconsin congressional delegation over problems at the facility. He spoke with staffers for Baldwin, U.S. Sen. Ron Johnson and U.S. Rep. Ron Kind, a Republican and a Democrat, respectively.

Baldwin came under intense criticism because she did not make public a report from the Department of Veterans Affairs' inspector general that said particular physicians at the medical center were "prescribing an unusually high total opioid amount."

Later, after nearly two months of silence, Baldwin acknowledged her office had made mistakes, leading her to fire one staffer, demote another and dock the pay of her chief of staff.

In his statement, Honl said he is upset that the U.S. senator fired Marquette Baylor, her former deputy state director and chief of her Milwaukee office, in early 2015 for a range of issues, including her handling of the Tomah crisis.

Honl was extremely critical of Baylor at the time, noting that she even discouraged him in late 2014 from going to the press with his concerns.

But he said this week that Baylor's later ethics complaint to the U.S. Senate showed she tried to alert Baldwin and her chief of staff to the Tomah VA problems. Baylor's complaint was dismissed.

Honl also chided Baldwin in his statement for leaving the Senate Homeland Security & Governmental Affairs Committee, which has been investigating problems at VA hospitals and medical centers.

"She didn't want to be a part of a committee investigating other VA scandals because it would keep her failures front and center," Honl wrote. "Too big of a minefield for an impending political campaign."

Baldwin did move to the Senate Committee on Commerce, Science, and Transportation. But as a member of the Appropriations Committee, she has remained on the subcommittee dealing with veterans affairs.

Honl asserted Baldwin's staff wouldn't meet with him in 2017 when he visited Washington, D.C., to testify on a veterans bill named for a Tomah psychologist who committed suicide after raising concerns about the medical facility.

"In Ryan Honl's opinion, having been there directly involved, it's been a political cleanup from day one for Tammy Baldwin," Honl said Tuesday, referring to himself in the third person.

Baldwin aides disputed Honl's account of his visit to her D.C. office.

They said he stopped by unannounced and that the staffer he wanted to speak to was not in the office. Honl was able, they said, to speak with the staffer by phone about the topics that he came to discuss.

Honl has said he did meet with aides to Kind and Johnson on his visit. He has endorsed both incumbents in their re-election bids. He briefly considered running against Kind.

Vukmir said in a statement that Honl's remarks confirm what she's been saying.

"As a military mom, it pains me to know Baldwin knew about the opioid crisis at Tomah and refused to take action to help our veterans because she had more concern for her political career," Vukmir said.

By contrast, Baldwin campaign spokesman Bill Neidhardt brushed aside Honl's comments while emphasizing the incumbent's support from Simcakoski's family.

"Senator Baldwin has worked with the Simcakoski family to craft and pass Jason's Law, and she has worked across party lines to secure vital investments to support America's veterans," Neidhardt said in a statement.

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8.5 - WFED (AM-1500): [DHS cyber office name change more likely, USDS offers advice](#) (4 October, Amelia Brust, 854k uvm; Washington, DC)

Cybersecurity at the Homeland Security Department has a new urgency with the upcoming midterm elections and, possibly, a new umbrella under which to group its mission areas.

Undersecretary Christopher Krebs is excited by the prospect that one month from now he will no longer refer to his agency's cybersecurity effort as the "incomprehensible and unpronounceable" National Protection and Programs Directorate. That's because Wednesday evening the Senate approved legislation to rename that office as the Cybersecurity and Infrastructure Security Agency.

The change is years in the making. Reacting to the vote Thursday morning, in the presence of federal cybersecurity stakeholders, Krebs said why this rebranding and reorganization is more than cosmetic.

"It clarifies and clearly signifies our mission," he said at the CXO Tech Forum in Rosslyn, Virginia. "It also is going to help significantly in terms of recruiting. There have been a number of job fairs where we have signs saying DHS, or National Protection and Programs Directorate — nobody knows what that means."

It also streamlines NPPD, which was created as a conglomerate of programs that did not fit neatly under other agencies and whose missions did not align. Currently NPPD houses the Federal Protective Service, Office of Biometric Identity Management, Office of Cyber and Infrastructure Analysis, Office of Cybersecurity and Communications, and the Office of Infrastructure Protection.

According to the amended Cybersecurity and Infrastructure Security Agency Act of 2017 (H.R. 3359), CISA would be comprised of a Cybersecurity Division, and Infrastructure Security Division and an Emergency Communications Division.

The bill would move the Office of Biometric Identity Management under DHS's Management Directorate, while the Federal Protective Service would also be relocated, though that destination is yet to be determined by DHS.

Although Krebs said that DHS was not ready to uncork the champagne bottles just yet, he felt confident things were nearing the finish line. The Senate passed the bill with two amendments and the House Committee on Homeland Security press office said the bill would have to return to the House for another vote.

Election cybersecurity an 'awakening' for DHS, country

Cybersecurity is also driving DHS to improve its relationship with state and local governments when it comes to elections security. Krebs said when Homeland Security initially learned of hacking attempts on election systems by Russian actors in 2016, officials did not know they should reach out to secretaries of state offices for elections administrations.

"There was an agency within the U.S. federal government that had a very deep understanding of that and that's the Election Assistance Commission," Krebs said. "The problem is no one at DHS knew that the Election Assistance Commission actually existed in and of itself."

Since then, DHS has established partnerships and communications protocols to share elections security intel to every state regardless of whether that state office or official has a security clearance, he said.

It speaks to how DHS' scope and mission has changed since its post-9/11 inception when terrorism was the No. 1 focus.

“[Cyber attacks] had always been this kind of ephemeral, intangible threat,” he said. “The 2016 elections, it was an awakening because it was the first time I think people actually realized that cybersecurity could destabilize our government. And it really shook people to the core.”

How other agencies can bolster cybersecurity

Krebs said he cannot expect to ask for something legislatively and see fast results — the CISA name change took about four years, after all. Other organizations need to work out cybersecurity problems with the IC and Defense Department, which he said has increased with vigor.

For agencies who do not know where to begin with digital solutions, DHS’ Executive Director for the Digital Service Stephanie Neill recommended referring to U.S. Digital Services Playbook and the office’s values set. She and other panelists from USDS said first identify a problem to be solved, rather than a “technology first” mindset.

USDS expert Alexander Romero said agencies should not be afraid to open themselves up for evaluation. He is working on the “Hack the Pentagon” program to entice private citizens to find and report vulnerabilities in DoD’s websites and applications. The prize-awarding “bug-bounties,” such as Wednesday’s Hack The Marines event which spotted 150 vulnerabilities, are ways to crowdsource cyber know-how.

“If we put money behind a bug that is found that is brought to us we get some really good results,” Romero said.

But advice can be got for free. He said that many researchers are willing to offer tips on open ports which should be closed, or bugged applications. After launching the Vulnerability Disclosure Policy, Romero said about 7,500 vulnerabilities for various DoD applications have been reported.

But Marcy Jacobs, executive director of digital services at the Veterans Affairs Department, noted that some agencies may be afraid to open themselves up. They may fear vulnerability is spotted for which they lack the funds or expertise to address.

“I would just say start small,” said Jacobs, who spent three years working on the brand consolidation of VA.gov and Vets.gov and even won a Service to America Medal on Tuesday night for her work. “Figure out what is the most broken part of the problem or what is something that is solvable, and build some momentum from that and be iterative.”

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From: Barbaricum VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 4 October Veterans Affairs Media Summary and News Clips (numbering corrected)

Date: Thu Oct 04 2018 05:45:47 CDT

Attachments: 181004_Veterans Affairs Media Summary and News Clips.docx
181004_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find attached the corrected Veterans Affairs Media Summary and News Clips.

Numbering has been corrected in these documents.

Document ID: 0.7.1705.1751301-000001

Owner: (b) (6)

Filename: 181004_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Thu Oct 04 04:45:47 CDT 2018



Veterans Affairs Media Summary and News Clips

4 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday. Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

[Hyperlink to Above](#)

1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

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1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities. The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far. Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA. An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

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1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

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2. [Greater Choice for Veterans](#)

2.1 - PolitiFact: [Donald Trump: GOP just passed veteran’s Choice after 44-year wait. Actually, it’s 4 years old](#) (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy. He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield. The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road. The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans. The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations. The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach. Construction on the new facilities will begin next year.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#) (3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home. The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project. The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth. "The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock. The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

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3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)
The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding. The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)
Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records. Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense.

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)
While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record. Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)
Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)
Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies. Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

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[4. Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#)

(3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit. Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#)

(3 October, Eric White, 854k uvm; Washington, DC)

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works.

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#)

(3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System. It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#)

(2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending.

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4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#)

(3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#)

(3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs. Helping veterans is not simple, but the

American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries.

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5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls. The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far. During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week. The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams. "Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve. Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney. The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year. Our friends at the Xenia Daily

Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities. Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD. However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country. This comes after the hospital received a one-star rating out of a possible five stars. Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

[Hyperlink to Above](#)

5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable. That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

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6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis. The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder. Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide. Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Advocate (New Orleans): [VFW and Aktion Club contribute gifts for VA baby shower](#) (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

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7.2 - KOB (TV-4): [HUD and VA award nearly \\$400,000 toward housing homeless veterans in NM](#) (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico. The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday. The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD.

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing. The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring. Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past. The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

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77 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week. This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges. A council committee heard those on both sides then voted to delay making a decision.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War. For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness. Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

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7.11 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

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7.12 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again. A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala. The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died. Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents. However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space. He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

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1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

WASHINGTON – The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings. The largest improvement was in Hot Springs, South Dakota, which went from two stars to five.

“With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale on which one is the worst and five the best.

The rankings compare VA hospitals against each other, but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The VA also rates 133 agency nursing homes on a one-to-five star scale and kept those ratings from the public until learning this year that USA TODAY and The Boston Globe planned to publish them.

Those ratings, unlike the hospital rankings, take private-sector nursing home averages into account. As of March 31, nearly half of VA nursing homes – 58 – received the lowest one-star rating.

Use the column heads below to sort by city, state or star rating or to see how this year’s hospital ratings compare with last year.

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1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

Staffers assessed Miller's suicide risk as "intermediate/moderate" before he walked out the door. They were wrong. Miller never left the hospital's parking lot, where he was found less than 24 hours later, dead from a self-inflicted gunshot wound.

Recently released findings from the VA Office of Inspector General, which investigated Miller's death, are careful to say that documentation and follow-up failures were not "causal" in Miller's death. But the "deficits" uncovered in his care are deeply disturbing. In particular, how did the risk assessment go so wrong?

There are no easy answers, but another heartbreaking VA report released in late September underscored the urgency of finding answers. In plain language, the newest VA National Suicide Data Report makes it clear that there are many veterans struggling with mental health on the homefront, and far too many are taking their lives.

The report analyzed data from 2005 to 2016. During that time, the number of veterans lost to suicide has frustratingly hovered close to about 6,000 a year. Veterans as a whole, from those who served in Korea to the latest conflict, remain at higher risk of suicide than the general population. "In 2016, the age- and gender-adjusted rates of suicide were 26.1 per 100,000 for Veterans and 17.4 per 100,000 for non-Veteran adults," the report said.

The rate is highest for those in Miller's age group, and sadly it rose substantially from 2005 to 2016. In 2015, there were 40.4 suicide deaths per 100,000 veterans ages 18-34. In 2016, the figure was 45 suicide deaths per 100,000. The report also offered state breakdowns. A look at Minnesota's is chilling. An older group of veterans here — those ages 35-54 — are far more likely than veterans nationally or in the Midwest to take their own lives. The suicide rate for this group is 45.6 per 100,000, compared with 33.4 in the Midwest and 33.1 nationally.

A Sept. 27 congressional hearing led by U.S. Reps. Phil Roe, R-Tenn., and Tim Walz, D-Minn., should have put a bright spotlight on both reports. Roe is the chairman of the House Committee on Veterans' Affairs. Walz, who is a Minnesota gubernatorial candidate, is the committee's ranking member and requested the investigation of Miller's death.

The full committee hearing unfortunately was overshadowed by another event on Capitol Hill that day — the Senate Judiciary Committee hearing on Supreme Court nominee Brett Kavanaugh. Coverage of the public health crisis among veterans fell disappointingly short, jeopardizing the awareness needed to build support for change.

Improvements are underway at the Minneapolis VA medical center, but broader fixes are needed. Among them:

- The VA needs to fill staff vacancies, particularly those for mental health care providers.
- The agency should study medical marijuana use to treat post-traumatic stress disorder and chronic pain. Passage of Walz's VA Medicinal Cannabis Research Act would kick-start that work.
- Congress should sufficiently fund previously passed legislation, the Clay Hunt SAV Act, to help veterans struggling with mental health.
- A national three-digit number should be considered to encourage use of the Veterans Crisis Line and the National Suicide Prevention Lifeline.

Sadly, there is no panacea to what experts have accurately called a suicide "epidemic" among veterans. But if implemented, these measures would work in concert to begin closing the cracks that Miller so tragically fell through.

To reach the Veterans Crisis Line, call 1-800-273-8255 and press 1. It is open to those not enrolled in VA health care. The National Suicide Prevention Lifeline uses the same main number: 1-800-273-8255.

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1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem.

"When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

The event — which has become an unfortunately annual occurrence for veterans advocates — is part of a broader push in recent weeks by lawmakers, veterans groups and Veterans Affairs officials to bring the issue of suicide among former military members back into public consciousness.

Last month, VA officials released new data that showed the overall rate of suicides among veterans has held steady at around 20 a day for roughly a decade, but researchers are seeing a troubling increase in the rate of younger veterans taking their lives.

Those realities come despite a concerned push in recent years by policy makers who have increased crisis intervention and mental health treatment resources for veterans.

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans' Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Last week, in a hearing before that committee, health experts said they see a gap in integrating those lessons learned into local community services, to provide a broader safety net for veterans in distress.

But to help fix that gap that, advocates said, they need to remind the public of the problem.

“I have seen far too many veterans and members of my community fall to suicide,” Said Kristen Rouse, founding director of the New York City Veterans Alliance, at Wednesday’s event. “What we see behind us represents a national crisis ... These are veterans from your home state, from your hometown, from your home city.”

During Wednesday’s event — held between the Capitol building and the Washington Monument, in an area with heavy tourist foot traffic — dozens of onlookers stopped to take pictures of the display and talk to the advocates involved.

Stephanie Keegan, whose son Daniel served in Afghanistan but died in 2016 because of delays in receiving treatment for his post-traumatic stress disorder, said she was grateful to share her families struggles with those visitors.

“It absolutely makes a difference,” she said. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities.

The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

The ratings indicate each hospital’s quality of care and are based on data such as death rates, patient satisfaction and efficiency. In years past, the VA had withheld the data from the public. In 2016, the performance ratings were released under pressure that followed a USA Today investigation.

Overall, 38 hospitals improved their star ratings in 2018, 40 dropped in the ratings and 68 stayed the same as last year.

Five VA hospitals received one-star ratings in 2017 and 2018: Big Springs and El Paso, Texas; Loma Linda, Calif; Memphis, and Phoenix. Four other hospitals were added to the worst-rated this year: Montgomery, Ala.; Tucson, Ariz.; Washington, D.C., and Atlanta.

VA hospitals in Dublin, Ga.; Fresno, Calif.; Roseburg and White City, Ore.; Walla Walla, Wash.; Harlingen, Texas; Nashville and Murfreesboro, Tenn., and Biloxi, Miss., improved enough from 2017 to get off the list of lowest-rated hospitals.

Eighteen hospitals received 5 stars in 2018, the best possible. Four of them are located in Pennsylvania.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers.”

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far.

Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

A couple of years ago, after serving three deployments in Iraq, she contemplated suicide herself.

“Each of these flags is a name, a person. Three of them are my friends, and one could’ve been me,” said Altamirano, now a suicide prevention liaison in the Reserve. “I hope this helps people see how vast of an issue this is. It’s overwhelming. It’s a crisis.”

The flags were placed on the Mall by Iraq and Afghanistan Veterans for America, an advocacy group trying to draw awareness to the issue of veteran suicide.

On Wednesday, the scene grabbed the attention of tourists, who took photos of the small flags with the Washington Monument in the background.

A new report released last week by the Department of Veterans Affairs shows suicide among veterans and servicemembers continues to be higher than the rest of the U.S. population. Veterans accounted for 14 percent of all suicides in the United States in 2016, yet they make up 8 percent of the population.

The rate of suicide among young veterans substantially increased from 2015 to 2016. For every 100,000 veterans age 18 to 34, 45 committed suicide in 2016 – up from 40.4 for every 100,000 in 2015.

Rates have also increased among women veterans and some members of the National Guard and Reserve.

The release of the report last week coincided with a hearing of the House Committee on Veterans' Affairs. Several lawmakers questioned why there hasn't been significant improvement, given Congress has increased the amount of money that it allots for VA mental health programs.

"I'm beyond frustrated about the numbers and data," said Keita Franklin, executive director of the VA's suicide prevention program. "Having worked in this field as long as I have, it's frustrating. When I try to think about what we're missing ... we tend to do a lot of one thing at a time and do it very well, full throttle. Preventing suicide takes a bundle of 10 to 12 things done at full throttle, all the time."

Of the approximately 20 veterans who commit suicide every day, 14 are not receiving health care from the VA. Part of the VA's effort is getting veterans to seek help.

Stephanie Keegan traveled from New York to help plant flags Wednesday morning. Her son Daniel was a veteran of the war in Afghanistan who died of a drug overdose in 2016 while struggling with post-traumatic stress disorder. He had waited 16 months to get into a VA mental health program, Keegan said. He was supposed to be admitted Jan. 23. He died Jan. 8.

Daniel Keegan had wanted to become involved in veterans advocacy. So now, Stephanie Keegan is dedicating her life to it. She has left her son's photo in every House lawmaker's office, met with VA secretaries and is involved with IAVA, in addition to other advocacy efforts.

"I get to do the work that he wanted to do, and I feel like he's sitting on my shoulder all the time," Keegan said. "It's been an opportunity to educate people on what a really struggling veteran looks like because he didn't look like anything you would expect. He was healthy as could be, but he was catastrophically ill for the last two years of his life."

To reach the Veterans Crisis Line, text 838255 or dial 1-800-273-8255 and press 1.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

The Strategic Analytics for Improvement and Learning, or SAIL, for this year shows only nine VA hospitals in the country got a 1-star rating and the one in Phoenix – where all the whistleblowing started four years ago – is still one of them.

Army veteran David Lucier has been getting treatment for post-traumatic stress and diabetes at the Phoenix VA for about 10 years. He's not surprised the place still has a 1-star rating.

"A lot of those numbers are based on a 12-month, rolling average. So it takes forever if you're gonna move up the scale," he said.

But according to SAIL, the hospital is showing small improvement, even though it still has the same overall score. Lucier says he's seen improvements in the care he gets, including the overall culture at the medical center.

"I'm just absolutely amazed. I've seen a stark improvement over people's attitudes who are just the everyday people at the VA," he said.

He also says doctors have helped him manage his diabetes very precisely and effectively. But he knows he's lucky to have good care; some of his friends have been misdiagnosed and others have waited a long time for appointments at all.

Lucier attends monthly advisory board meetings that are open to veterans in the community. From what he's gathered, the problems that pull the Phoenix VA's numbers down are mostly administrative.

In a statement to Arizona's Family, the VA touted upgraded clinical space to serve the nearly 100,000 veterans that come through each year. The center also improved in areas of mental health scores and call center answer speeds. But so far the sail rating shows the problems that have famously plagued the Phoenix VA haven't fully healed.

"This is like flying a jet plane at 50,000 feet and half your engine is gone and you gotta fix it," Lucier said. "The only way to get to your goal is to fix it while you're still flying. And that's where they are."

On the whole SAIL shows good things for the VA system. Sixty-six percent of the 146 hospitals have shown improvements since last year, and 11 of the 15 "high risk" locations, including Phoenix, have also improved.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

Of particular concern was a dismal rating as of Dec. 31, 2017, showing the Canandaigua Living Center that provides nursing home care had received the lowest ranking possible, one out of five stars. An updated star rating for the period October 2017 through March 2018 showed the nursing home inched up to two stars. In several categories the center rated below both the VA average as well as the national average for private sector nursing homes.

The End of Year Hospital Star rating for fiscal year 2018, shows 96 out of 146 VA medical centers nationwide improved their baseline scores from the previous year. "Each VA medical center is assessed for overall Quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5 and (2)

Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts,” according to the VA.

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1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

Kander has been the figure to watch for progressives, thanks to his founding of Let America Vote, which prevents voter suppression, in 2017, and his tenure as Missouri’s secretary of state from 2013 until last year.

Kander announced he was withdrawing from the race in an emotional Facebook post on Tuesday.

“About four months ago, I contacted the [Veterans Affairs Department] to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day,” the father of one began. “So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it. But, on some level, I knew something was deeply wrong, and that it hadn’t felt that way before my deployment.”

Kander says he went as far as filling out VA forms online — but not accurately because he was “too scared to acknowledge my true symptoms...”

“I was afraid of the stigma,” he wrote. “I was thinking about what it could mean for my political future if someone found out. That was stupid, and things have gotten even worse since.”

Despite his past few months being packed with accomplishments, from a New York Times best-selling book to raising “more money than any Kansas City mayoral campaign ever has in a single quarter,” Kander said he’s still had “suicidal thoughts” and that he’s finally “done hiding this from myself and from the world.” He added, “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander also revealed that he decided to run for mayor as a way to temporarily “fix the hole inside me,” and to “outrun his symptoms,” but unfortunately, he explained, “it’s faster than me... I have to stop running, turn around, and confront it.”

He’s now planning to seek help at a local Veterans Affairs office and has conceded that he can’t run a thorough, impactful mayoral campaign at the same time. “So I’m choosing to work on my depression,” he stated simply.

Kander says he debated whether to reveal his true reason for dropping out, and he shared that he ultimately made his decision because he believes honesty will help both himself and others.

"Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have," he wrote. "If you're struggling with something similar, it's OK. That doesn't make you less of a person. I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me."

He also posted the number for the VA Crisis Line, 1-800-273-8255, which non-veterans can call, too, and reminded supporters that he hasn't dropped his political aspirations. "I'm passing my oar to you for a bit," he said. "I hope you'll grab it and fight like hell to make this country the place we know it can be."

According to the National Center for PTSD, about 7 to 8 percent of the population will struggle with the condition at some point in their lives, with about 8 million adults living through PTSD every year. Rates of this type of mental illness are higher among women than men — 10 percent as compared to 4 percent.

Up to 20 percent of veterans who served in the Iraq War have experienced some degree of PTSD. This rate is higher than that of Gulf War survivors, about 12 percent, but lower than Vietnam vets', about 30 percent. The New York Times reported that suicide is a growing problem in young veterans.

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

2. Greater Choice for Veterans

2.1 - PolitiFact: Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy.

He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

"We just passed Choice," Trump said. "That was 44 years, they've been trying to pass Choice. So that if you have to wait for nine days, 30 days, 21 days, months, you don't do that anymore. If the line is big, and you're unhappy, you go to a private doctor, they take care of you and we pay the bill."

Trump repeated the point, saying, "They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed. We're good at passing things, right?"

Trump is wrong that Choice wasn't passed until he came into office.

Congress passed a new version of a Choice program in June 2018 — but the program itself has been around since 2014.

After the scandal of long waits and the efforts of administrators at some facilities to cover that up, Congress and the Obama administration passed the Veterans Access, Choice and Accountability Act of 2014.

For veterans who couldn't be given appointments quickly enough, or who lived more than 40 miles from a Veterans Health Administration hospital, the government would pay for private care. In four years, Washington spent \$12 billion on the program.

The bill signed by Trump, the VA Mission Act, is a major effort to fold a variety of community care programs at the VA into one integrated whole. That change won't take place for at least a year. Until then, the law provides \$5.2 billion to continue the Choice program in its present form.

We reached out to the Trump administration but did not hear back.

Our ruling

Trump said that he and his fellow Republican "passed Choice," something that others had been trying to do for 44 years. He described the program as one that allowed veterans to get private care at government expense.

The program to do exactly that has been around for four years. And it's always been referred to as Choice.

We rate this claim False.

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3. Modernize Our System

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield.

The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road.

The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

It is projected to open in 2019.

The new site, located just north of downtown Springfield, will be designed to "best serve the needs of the veterans," the VA says.

"This move will improve access to care, efficiency of facility operations, a state-of-the-art infrastructure layout, parking, and care coordination between all services," the VA stated in a press release.

The organization says the relocation was necessary to serve the growing veteran population in Springfield. The Springfield CBOC served more than 3,600 veterans in the last year, with over 21,000 outpatient visits.

The site at South Burnett Road will remain open for all existing services until the new site is ready next year. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

WIESBADEN, Germany — A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans.

The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

"This type of wheelchair gives you independence, to reach something on a high shelf for example, and to keep the rider safe indoors and outdoors," said Sivashankar Sivakanthan, a graduate researcher at Pitt. "The benefits add up very quickly."

The Mobility Enhancement Robotic wheelchair, or MEBot, draws on new developments in robotics and pneumatics to enable wheels and other parts to change configuration with the flick of a switch.

The wheels, for example, can slide forward or backward to negotiate a curb that a normal electric wheelchair couldn't handle. And by tilting forward, backward and from side to side, the chair can prevent a rider from falling out of the chair.

The movements also make the chair less likely to topple over, which is the No. 1 reason people in wheelchairs go to the emergency room, said Rory Cooper, director of Pitt's Human Engineering Research Laboratories.

Development of the chair is a joint project of the laboratory, Walter Reed National Military Medical Center and the Department of Veterans Affairs.

The projected cost of the chair — about \$30,000 — puts it on par with current electric wheelchairs, Cooper said. The MEBot is expected to be available for purchase in about five years, he said.

Also at Clay Kaserne on Monday, the Pitt scientists demonstrated a wheelchair powered by compressed air. Besides the environmental advantages, the pneumatic chair can be driven in swimming pools, giving disabled veterans greater access.

Another wheelchair they displayed is designed for racing. It uses hand cranks and woven composite graphite for areas that would normally succumb to the strains sustained during racing.

According to the Paralyzed Veterans of America, there are 100,000 veterans who suffer from spinal cord injury or disease.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations.

The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach.

Construction on the new facilities will begin next year.

The Charleston VA was ranked as the second fastest growing VA for the 2017 fiscal year.

“Space has been our biggest challenge with our rapid growth rate,” said Charleston VAMC Director and CEO Scott Isaacks. “Being able to increase our physical footprint with these two leases will give us the space we need to continue providing high quality health care services to our veterans.”

The local clinical care annex will be located at the corner of Rivers Avenue and Hanahan Road in North Charleston. It will be 75,000 square feet.

The Ralph Johnson VA Medical Center says this location's main focus will be on primary care and dental services.

It will also have mental health services, select specialty care, blood collection and radiology.

That includes CT scans, ultrasounds, bone density tests and the capability to add MRIs.

The Myrtle Beach VA Outpatient Clinic will be 84,000 square feet and will be located on the northwest corner of Howard Avenue and Airpark Drive.

Medical center officials say the lease gives ample space to expand existing services in the area including primary care, mental health, tele-mental health, tele-health, dermatology, podiatry, physical therapy, occupational therapy, prosthetics, optometry, audiology, compensation and pension, blood collection, an optical shop and radiology.

The space also allows for expansion of specialty services.

Both the Charleston and Myrtle Beach sites will feature a women's clinic and provide plenty of parking spaces for veterans and visitors.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#)
(3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home.

The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge health care technology and the home-like comforts of a modern facility," David R. Stockwell, director of the VA Northern California Health Care System, said in the news release.

The new clinic will include 520 parking spaces and nearly 30,000 more square feet of usable space.

That will be enough to accommodate significant growth in primary care, mental health and existing specialty services, VA officials said. It will also allow for additional telemedicine rooms for new specialty services, including allergy and immunology, nephrology and rheumatology.

The design, construction and opening of the clinic is expected to take about 32 months with its opening set for May 2021.

Congress authorized construction of the project as part of the 2014 Choice Act.

The project includes about \$3.4 million in annual unserviced rent and about \$14.4 million in tenant improvement costs.

The expanded space allows for an additional 17 mental health providers, a mammography division and a second X-ray unit at the facility.

In a news release issued Wednesday by Rep. Doug LaMalfa, he said he worked on the House Transportation and Infrastructure Committee to authorize the lease.

"I'm please the VA is moving forward," he said, "This is a significant, if overdue, upgrade to the types of care and services available to our veterans in Redding. Now we must ensure the facility is staffed with high-quality doctors and health providers in order for it to deliver on its considerable promise."

LaMalfa said his 1st Congressional District is home to nearly 60,000 men and women who have served in the military.

Former state Sen. Maurice Johannessen, who owns the Knighton Road property and proposed the health care facility years ago, was also pleased about the lease.

"I've been working on this thing six to 10 years," he said. "I'm happy with it."

Johannessen, also a former secretary of the California Department of Veterans Affairs, bought the 15.9-acre Knighton Road property in 2011.

He has said his proposal is a dream he's had, and he wants to see to it that it is built, noting it would complement other services for veterans, such as the California Veterans Home also on Knighton Road and the Northern California Veterans Cemetery, he said.

"This has been a long time coming," he has said. "The idea behind this is, we're making a center for veterans in this part of the world."

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project.

The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth.

"The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

The companies will lend their "experience and expertise" to Cerner's efforts to bring "seamless care" to veterans, according to a Cerner Facebook post.

Cerner did not say specifically how the team will work with other groups working on the EHR. Those include the Office of Electronic Health Record Modernization, which the VA established this summer to guide preparation, deployment and maintenance of the new EHR. Overseen by John Windom, the office is collaborating with the Defense Department to make sure the new EHR is "fully interoperable," Wilkie told the Senate Veterans' Affairs Committee last week.

Interoperability has been a sticking point for the project since nearly the beginning, and it was one of the reasons the VA-Cerner contract was delayed for so long.

As negative press swirled around the negotiations, Cerner President Zane Burke attributed some of it to "fake news." Last month, Burke announced he would be leaving the company on Nov. 2. Cerner's executive vice president of worldwide client relationships will take over his duties and become chief client officer.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock.

The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

“This project shows the commitment the U.S. Department of Veteran Affairs has for our Veterans in the Lubbock area, and the outstanding support by our community partners to provide a fully-modern clinic to meet the needs of Veteran health care in the Hub City,” said Mike Kiefer, Amarillo VA Health Care System Director. “I am beyond excited to see this project come to fruition, as I understand how important this facility is to our veterans, veteran family members and our staff in Lubbock.”

The clinic will be near the Texas Tech Health Sciences Center and University Medical Center, where an added partnership between the VA and TTUHSC will help provide for more specialty needs and social services.

Data provided by the VA show about 323,000 veterans in the West Texas and New Mexico market in 2016, but only 167,000 are enrolled in the VA. It's often said there are about 30,000 veterans in the Lubbock area, but the current clinic says only about 8,000 use its services.

The new facility is aimed at addressing a few key, and significant, issues: location, space, treatment and, maybe just as important, perception.

A new VA clinic in Lubbock is a long time coming. Among the criticisms of the current clinic is the location, the size, and it doesn't provide enough services, often forcing veterans to drive to Amarillo or Albuquerque, New Mexico, for treatment.

Back in 2009, four retired generals in Lubbock created a 16-member committee to look at improving veteran health care in this area: Mitemeyer, Maj. Gen. Walter Huffman, Maj. Gen. Edgar Murphy and Brig. Gen. Gary Harber. After the committee met, they said it was obvious that a new location was needed, preferably close to Tech's Health Sciences Center to take advantage of specialty doctors, students and equipment.

A-J Media spoke with these four generals last year for a story about the new clinic. By partnering with TTUHSC, Huffman said more medical and social services will be available to vets. He said it also eliminates the need for redundant services or equipment because they'll be available at TTUHSC, thus saving money. More physicians and students will also be trained in treating veterans' medical issues.

The proposed two-story new clinic will put particular emphasis on treating traumatic brain injuries and post-traumatic stress disorder, Murphy said. About 30,000 square feet will be dedicated toward mental and behavioral health, and the rest for general medical needs.

In late 2013, the U.S. House passed HR 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act, that provided funding for the creation of several major veterans facilities in states including Texas, New Mexico and Oklahoma.

In that was the Amarillo VA Health Care System's request for a new clinic in Lubbock. The proposal is for the building to have approximately 94,000 square feet of usable space, which is about three times more than the current VA clinic. The project description says it will allow the VA to provide primary care, mental health care, physical therapy, dermatology, podiatry, orthopedics, dental and special care services among other things.

The generals said many people helped out tremendously in making this happen, including former U.S. Rep. Randy Neugebauer, U.S. Rep. Jeff Miller, Chairman of the House Veterans Affairs Committee, U.S. Sen. John Cornyn, Tech Chancellor Kent Hance, TTUHSC President Tedd Mitchell, and the leaders at the Amarillo VA.

Mease said the Lubbock clinic will continue to operate under the Amarillo VA umbrella. But he said this facility will allow for better care for the veterans in the Lubbock area.

"These people were willing to serve their country," retired Lt. Gen. Bernhard Mitemmeyer said last year. "They'll see probably for the first time a place that's theirs. They'll be in a sense honored for their service; it'll be part of a major medical center instead of out amongst the motels. These people will see that they're appreciated. The VA has done a great job in letting us go ahead with this."

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3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding.

The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

The new 77,000-square-foot center will replace the city's current 48,000-square-foot clinic located on Hartnell Avenue. The new location will be at 3455 Knighton Road and it will include 520 parking spaces.

The project will cost around \$50 million, \$1.5 million of that being personally funded.

It will also have 30,000 more square feet of usable space, which can accommodate growth in primary care, mental health and existing specialty services.

"We wanted a place where they are secure, they are safe, we can support them, we can hold their hand when they need it and help financially when they have too," said Former State Senator Marice Johannessen CA District 4.

It will also allow for additional telemedicine rooms for new specialty services including allergy and immunology, nephrology and rheumatology.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge healthcare technology and the home-like comforts," said David Stockwell, director of CA northern California.

Design and construction of the clinic are expected to take more than two years, with the opening projected for 2022.

"When seeing all of this stuff come together, it is amazing," Johannessen said. "I am glad I have lived long enough to complete the things that I promised."

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)

Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records.

Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense. The project, designed to enable seamless data sharing between the agency and community providers, is estimated to cost \$10 billion over the next 10 years.

The core team includes Leidos (NYSE: LDOS) as well as Guidehouse LLP (the former PricewaterhouseCoopers U.S. public sector business that spun out earlier this year), Arlington-based Accenture Federal Services, Chantilly-based AbleVets LLC (which we recently featured), Vienna-based MicroHealth LLC, D.C.-based ProSource360 Consulting Services Inc., Henry Schein Inc. out of Melville, New York, and 17 additional businesses, many of them veteran-owned, including Herndon-based B3 Group Inc.

Travis Dalton, president of Cerner's government services business, called the program "the beginning of a long transformational journey."

Leidos acknowledged during its second-quarter earnings call in July that it had signed on with Cerner as a subcontractor, doing program management work, deploying the system and providing help desk and security support.

Leidos is the lead systems integrator for the Department of Defense's Defense Healthcare Management Systems Modernization (DHMSM) program, another project with Cerner and one that faced significant rollout challenges at four sites in the Pacific Northwest.

Several leadership changes have shaken the VA this year and resulted in delays to the deal getting done. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, was expected to leave Sept. 4. Genevieve Morris, who served as chief health information officer for

the VA's Office of EHR Modernization, stepped down in August. And acting CIO Scott Blackburn resigned in April.

Leidos CEO Roger Krone sketched out the company's different EHR roles for analysts over the summer, because Leidos recognizes significantly more revenue from the DHMSM program as a prime contractor than it will on the VA program.

"We don't have contract performance responsibility as the prime integrator," Krone told analysts. "But we're going to be fully supportive of Cerner and we're committed to the success of the program and to make sure that the vets get the best electronic health care records system that industry can possibly provide."

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record.

Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

But other notable names on Cerner's team include:

Accenture

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)

Federal CIO Suzette Kent called today's first official test of the National Wireless Emergency Alert System a "historic event," highlighting the test as evidence of the expanding role of mobile technologies and their impact on a broader effort toward digital transformation in the Federal government.

If you own a mobile phone, chances are you noticed the test of the system that occurred just after 2 p.m. ET today. Most are likely familiar with the system's use by local authorities to send alerts for severe weather and missing children. But today marked the first time the system had been tested by the Federal government on a national level.

"That in itself is a testament to how digital and mobile is a connectivity point between citizens and government," Kent said this morning at a Dell Technologies Summit. Kent cited the test as an example of the administration's responsibility to create digital technologies that augment citizens' everyday lives.

"On the digital side, the focus is delivering high quality services to American citizens, and we are tasked every day to be effective stewards of taxpayer money," she said.

Kent echoed a speech she made last month, referencing a key "nexus" across the executive and legislative branches of government and private industry "to make technology transformation a priority" and "citizen services a priority."

She also cited the President's Management Agenda, and its fourth cross-agency priority (CAP) goal, "Improving Customer Experience," as evidence of how the executive branch is placing "aggressive focus" on better digital experiences for citizens.

Kent's comments regarding that focus also seem to be reflected in actions on the part of the legislative branch. A proposed bill, the 21st Century Integrated Digital Experience Act, would push Federal agencies toward better citizen services—creating minimum standards for website functionality and "digital options" for any in-person government service.

Last week the bill was approved by the Senate Homeland Security and Governmental Affairs Committee, after a companion bill had been introduced in the House earlier in the year.

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

Kent mentioned these accomplishments in the context of broader modernization efforts spearheaded by the administration, such as the release of a new White House cyber strategy on Sept. 20 and the new Federal Cloud Smart strategy on Sept. 24.

"That's just the last two weeks. That's not stopping. We have more coming in the near future," Kent said, making good on comments she made at the end of August that the administration would be rolling out various updates to Federal IT policies.

Among those near-future updates, Kent again highlighted the forthcoming changes to Federal Information Security Modernization Act reporting, and hinted at progress on reforming the Trusted Internet Connections initiative.

She closed her speech with a call to action for the assembled crowd of IT professionals, framed by the soon-to-arrive emergency alert.

“So when your phone beeps today and you get the text message from the president, pause and think about what that means about how important digital channels are in the lives of every American, and think about what your role is in continuing to deliver services much more quickly and more impactfully,” Kent said.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies.

Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

The department heads said they plan to come up with a more streamlined and comprehensive EHR system that provides for unified decision-making and oversight functions; harmonized operations, data management and technology tools; and a single implementation schedule.

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4. [Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit.

Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

Wilkie will take part in the activities at the base, which run from 8:30 a.m. to 1:30 p.m. at the Armed Forces Reserve Center, 300 E. Eaker Ave., at Fairchild Air Force Base.

The summit was held last year Fort Benning, Georgia, which is the home district of U.S. Rep. Sanford Bishop, Jr., D-Georgia.

“The Military Family Summit allows us to better understand the unique challenges facing our military families,” Bishop said in the release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

[...]

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works. (House Science, Space, and Technology Committee)

[...]

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System.

It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma. It is my aim to ensure the organization continues to pursue performance excellence while delivering health care services and veteran experiences that meet our 5-star expectations.

I committed myself to federal service 36 years ago because I believe VA's mission, particularly that of the Veterans Health Administration, is the most noble in government and all of health care. We only exist for one core reason – provide exceptional healthcare to veterans and support their caregivers. From this core springs our important role in research and education/training of physicians, nurses and many other health professionals.

I spent the early years of my career as a clinician before making the switch to hospital administration about 15 years ago – so I understand health care from both the clinical and administrative perspectives. Although I am not a veteran, I am the proud son of my father, a Korean War Navy Veteran. My uncles, Army and Marine Corps veterans, served in Korea, and more recently, my nephew served in the Marines in Afghanistan.

Many of our employees are veterans, and like me, some are the sons, daughters, husbands or wives, fathers or mothers of veterans who want to give back in their names. Regardless of why

we come to work for veterans each day, our mission and focus is the same: “to care for those who shall have borne the battle and for his widow and his orphan.”

As director of the Bay Pines VA Healthcare System it is my promise to veterans that my commitment to the mission will not waver. Our healthcare system will strive to deliver state-of-the-art, accessible, high-quality health care services to the men and women we have the honor and privilege to serve across Southwest Florida. America’s heroes deserve nothing less. However, we are not infallible. Hospitals are complex organizations with 24/7 operations and constantly moving parts. When things go awry, we will work to improve and take responsibility accordingly. We will be measured by our achievements, not our promises.

To close, I would like to personally thank all the veterans who trust Bay Pines for their care. We are indebted to them, and it is my goal to uphold our nation’s promise by delivering exceptional health care services they have earned through their service to our great nation.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending. A third FOIA request for additional records was recently filed by Judicial Watch after gathering new details pertinent to the case. Conducted by the VA Office of Inspector General (OIG), the investigation vindicates vets embroiled in a long and nasty fight against the abuse and misappropriation of VA property.

For nearly a decade a group called the Old Veterans Guard has filed complaints against rampant corruption at the Los Angeles VA for misusing VA property. The 338-acre parcel in West L.A., which includes the National Veterans Park and Veterans Home, was deeded to the federal government in 1888 for the specific purpose of caring for disabled veterans. Instead, the property is also used for many unrelated causes. Among them is a stadium for the University of California, Los Angeles (UCLA) baseball team, an athletic complex for a nearby private high school, laundry facilities for a local hotel, storage and maintenance of production sets for 20th Century Fox Television, the Brentwood Theatre, soccer practice and match fields for a private girls’ soccer club, a dog park, and a farmer’s market. The new VA OIG report lists many others, including a parrot sanctuary, two parking lots spanning 3.9 acres and oil drilling.

Members of the Old Veterans Guard say federal authorities retaliated against them for denouncing the fraudulent use of the facility by sending VA police to harass and intimidate them at weekly rallies. Since 2008 the group has assembled at the “Great Lawn Gate” that marks the entrance to the L.A. National Veterans Park to protest the VA’s failure to make full use of the property to benefit veterans, particularly those who are homeless. Among the group leaders is Robert Rosebrock, an elderly Army vet who got criminally charged for posting a pair of four-by-six-inch American Flags on the outside fence on Memorial Day in 2016. Judicial Watch represented Rosebrock in the federal case, which was tried in U.S. District Court for the Central District of California. Last year, the court ruled that Rosebrock was not guilty of violating federal law for displaying the flags above the VA fence. Rosebrock’s absurd case was filed during the Obama administration, but the Trump Department of Justice (DOJ) moved forward with it.

Earlier this year an official at the same L.A. VA facility where Rosebrock got prosecuted for posting American Flags got charged for taking hundreds of thousands of dollars in bribes from a vendor that defrauded the VA out of millions. While the feds went on a witch hunt against the 75-year-old vet for affixing Old Glory at a site honoring those who served their country, the VA director was committing the real crime. In January the corrupt VA official, Ralph Tillman, agreed to plead guilty to two felony offenses for taking over a quarter of a million dollars in bribes from a parking lot operator at the VA Greater Los Angeles Healthcare System in southern California.

As part of its investigation, the VA OIG reviewed 40 land use agreements and determined that 11 did not comply with the law. Additionally, the VA watchdog found that 14 entities unaffiliated with the VA were operating on the West L.A. campus with either an expired or no documented agreement. “The OIG determined these noncompliant arrangements resulted from insufficient veteran input on land use, unclear VA policies on what constituted appropriate use of “out leases” and revocable licenses, and incomplete capital asset inventory land use agreement records maintained by GLAHS (Greater Los Angeles Healthcare System),” the report states. The VA watchdog directs the agency to implement a plan that complies with federal laws and create a process to obtain input from the veteran community on land use. The Old Veterans Guard has been fighting for this for a decade.

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4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center’s four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients “at a higher risk for adverse events.”

In one case, federal investigators found a nurse’s assistant worked double shifts for six straight days — more than 96 hours in a single week – while expected to diligently oversee a patient requiring one-on-one care.

As the Northport facility is the only VA Medical Center on Long Island it serves more than 31,000 patients per year and oversees several outpatient clinical sites. Its four nursing homes are located in two buildings, with an approximate capacity of 170 beds.

The Office of Inspector General, a division of U.S. Department of Health & Human Services, charged with independent oversight of Department of Veterans Affairs programs, received several anonymous complaints about the quality of care received at Northport VAMC in 2017 following the deaths of two patients.

In September 2017, the OIG launched a year-long investigation into staffing shortages after receiving two further emails: the first from an employee at Northport VAMC, the second from a liaison to the House Committee on Veterans’ Affairs. The investigation produced a Sept. 18 report ([click here to read the full report](#)) that found Northport VAMC’s leadership knew about the staff shortages, forced administrative level nurses to care for patients, and yet still continued to accept new patients despite knowing they wouldn’t have the staff needed to provide the expected level of care.

Federal investigators recognized in August 2017 there was significant turnover in the leadership at the Northport VAMC, affecting key positions such as its director, acting chief of staff and acting nurse executive, who were cited “as catalysts for this change.” Staff members’ remarks indicated it’s given them hope for a better future.

The agency recommended a series of changes for the Northport VAMC pertaining to the nursing staff currently being enacted, and the facility says is bringing immediate tangible results.

Two patient deaths

Anonymous complaints about two patient deaths at the Northport VAMC in 2017 started the series of federal investigations into the facility.

The first death was a male patient in his late 60s who died as a result of choking on his food. Federal inspectors found insufficient evidence the man’s death was due to a lack of nurse oversight, as alleged in the complaints, but did conclude Northport VAMC had ongoing challenges in maintaining basic necessary staffing levels.

“Conditions such as staffing shortages could create an environment where the increased workload assigned to each staff member was such that it became more difficult to remain vigilant,” the report reads.

A forum was held for the Northport VA nursing homes staff to voice their concerns with the facility and its operation while an investigation of the first patient’s death was ongoing.

“Many [staff members] shared a concern about staffing levels being too low,” the report reads.

A second death raised claims of poor quality of care in the Northport vets nursing homes, after a patient in his mid-60s slipped, fell and fractured his hip. He underwent surgery and six days later stopped breathing. Allegations included the VA staff failed to protect the patient from falling and failed to properly provide one-on-one observation post surgery, neither of which was substantiated by federal investigators.

The investigation into the second death showed the nurse’s assistant caring for him was on her sixth consecutive day of double shifts — 16 hours at a stretch. Investigators again cited “concern that working extra hours with double shifts could lead to staff becoming tired and less vigilant.”

A staff member working double shifts was not common practice, according to Northport VAMC spokesman Levi Spellman, who said union workers are contractually required to have 10 to 12 hours off between nursing shifts.

Closer look at staffing numbers

Records pulled by the federal investigators showed Northport VAMC has been chronically short of nursing staff dating back to at least 2016. Allegations were made that understaffing could lead to a higher rate of “nurse-sensitive outcomes,” such as surgical wounds getting infected, urinary tract infections, ulcers and pneumonia.

Northport's four nursing homes were found to be short approximately 6.3 full-time employees in 2016 needed to meet VA's recommended number of nursing hours spent with patients per day. By 2017, the facility's staffing shortage had more than doubled, with 15.3 additional full-time employees needed. Northport VAMC's nursing homes were only staffed at 60 to 80 percent of recommended levels over the two years, according to federal investigators.

Northport VAMC's leadership attempted to tackle the short staffing issue by using "floating" shifts and overtime — sometimes mandatory, according to the federal report. Floating shifts meant staff from other areas of the VAMC were brought in to assist with patients in the nursing homes.

In 2016, Northport VAMC's nursing home employees put in a total of 19,991 hours of overtime. It nearly doubled by the end of 2017 as only 107.9 of the facility's authorized 128 full-time positions were filled, according to Spellman, causing the facility's overtime costs to skyrocket to nearly \$1.5 million.

"Nurse managers had no mechanism to alert them if one of their unit nursing personnel worked excessive OT," the report reads.

Federal investigators found part of the nursing homes' staffing issues were due to an inability to hire and retain the members of its nursing staff. Northport VAMC got approval to hire 10 additional registered nurses and 10 nurse assistants as intermittent staff in November 2016, though the team wasn't assembled until August 2017.

Often the process of hiring new nursing staff was delayed. In one instance, Northport's leadership said two applicants interviewed and hired in January 2017 were told they would not start working until July.

"This delay in hiring often resulted in the loss of selected applicants who took other jobs," the report reads.

The leadership of Northport VAMC said the high cost of living on Long Island has also made finding and maintaining a full-time staff difficult.

"Not only does this affect our ability to retain talent, but to recruit it as well," spokesman Spellman said.

Steps to improvement

The federal investigators made three recommendations to Northport VAMC in order to ensure it has adequate nursing care for its patients and improve quality of care for residents.

First, that the VAMC's acting director, Dr. Cathy Cruise, completes a review of the nursing homes to ensure staffing levels align with the needs of its current residents. More staff should be recruited and hired to fill the current vacancies "until optimal staffing is attained," reads the report.

Spellman said leadership of Northport VAMC, including Cruise, have already started taking action, implementing changes to improve the quality of care and working conditions.

A registered nurse clinical coordination position has been added in order to streamline nursing staff's efficiency, according to Spellman. At the beginning of 2018, the facility was given approval to hire 2.6 more full-time employees and another 10 staff members were recently approved to bring the total nursing staff to the equivalent 140.6 positions.

"A staffing methodology is in the process of being completed, with additional staff expected," Spellman said.

The Northport VA has received approval to directly hire its nursing staff and is giving new employees immediate start dates, according to him. It also had plans to expand its nursing floating pool, and to cross train other VAMC nurses in long-term care to continue to grow the available number of staff who can provide residents with care.

Third, Northport's leadership was also told to improve its management of staff's overtime hours and make sure of future responsible use of financial resources, citing the \$1.5 million in 2017 overtime.

"Federal employees are expected to be good stewards of government funds," the report reads. "The OIG found a lack of accountability for managing OT expenditures."

Spellman said the nursing homes staff had a total weekly average of 437.3 hours of overtime for the 2018 fiscal year, which ended Sept. 30. This indicates a significant drop from last year, where the total weekly average of overtime exceeded 750 hours.

"All of this is to say that, while the OIG has helped Northport identify areas in which we can improve, we have implemented measures to make those improvements — and we are already seeing results," Spellman said.

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs.

Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries. Many more need reasonable support of career goals through the unencumbered use of their earned education benefits, which help them seek careers in corporate, civic, and entrepreneurial ventures.

Our goal as a nation should be to ensure that the help we provide veterans, regardless of the programmatic form or government agency, is effective and never hurtful. Considering this goal, political leaders are starting to investigate what has become a systemic problem — a trend of veteran entrepreneurs being harmed by the U.S. Department of Veterans Affairs (VA).

Often overlooked is the fact that the American veteran entrepreneur is critical to our nation's economy and security. As our military prepares for the future, such as the Army Futures Command, we are looking to our veteran entrepreneurs to lead empathetic networks and

economic opportunities for veterans and reservists. Likewise, veteran entrepreneurs are bold and industrious leaders who build businesses throughout America's diverse communities.

Obviously, many VA employees are dedicated to serving veterans very well, but there are those who get away with abusing veterans. The regular scandalous abuses include patients dying from treatment delays, neglect, and horrible medical errors. A notable case in the Obama administration is the 1,700 veterans who waited many months for medical appointments and the delays that created horrible outcomes, including deaths.

Typically, the response by VA leaders is to invest more taxpayer dollars into employee training, which leads to another case of abuse — of a veteran entrepreneur.

Ironically, a recent case in which VA employees abused a veteran entrepreneur is the project to fix the Obama-era conference spending scandal, justified as employee training. As reported earlier, VA employees abused a veteran entrepreneur by taking credit for his innovative services to seek their promotions without paying the veteran entrepreneur for the services or proprietary software:

“To make matters worse, after declining to pay the bills for these veteran entrepreneurs, hired to solve the agencies’ spending scandal and management errors, the VA then acts as an agitator and adversary to the very veterans it exists to support.”

In an email to a veteran, Dr. Eric Hannel, former staff director for the Subcommittee on Oversight and Investigations, House Committee on Veteran Affairs, said:

“VA lacks the ability and desire of real transparency when measuring many facets of contracts made with Service Disabled Veteran Owned Small Businesses (SDVOSBs) and Veteran Owned Small Businesses (VOSBs). During my time as a congressional investigator, with VA as my primary focus, a number of veteran entrepreneurs reported inappropriate VA conduct bordering on misfeasance, malfeasance or fraud, which was subsequently substantiated by evidence. The Government Accountability Office (GAO) has also identified numerous shortcomings with VA's efforts towards Veteran Entrepreneurs over the years.”

The systemic problem warrants continuous congressional attention.

Corrupt VA employees should not abuse veteran entrepreneurs — it is shameful and an embarrassment to all Americans. Thankfully, President Donald Trump nominated — and Congress will hopefully approve — two key leaders who will play a major role in stopping the abuse of veteran entrepreneurs.

Dr. Tamara Bonzanto is nominated to be the next assistant secretary for the VA Office of Accountability & Whistleblower Protection. She can establish an ombudsman who has the authority to monitor and report to Congress VA employees’ abuses that veteran entrepreneurs have seen or experienced.

Mr. James Paul Gfrerer is nominated to be the next assistant secretary for the VA Office of Information and Technology. He can manage and report to Congress from a single data inventory of all VA expenditures that are used to acquire or customize software, especially as this seems to be where VA employees are most likely to abuse veteran entrepreneurs.

Meanwhile, Rep. Randy Hultgren (R-Ill.) argued on the House floor that VA needs to manage, verify, and report the measurable returns on investments (ROIs) for all expenditures. These ROIs are very appropriate requirements for the VA training business cases and all other discretionary spending by VA. Employee training and its reinforcing software are two of the largest investments taxpayers make to ensure that veterans are treated effectively.

Veterans are confident that the new VA secretary, Robert Wilkie, will stop the abuse of veteran entrepreneurs. And to ensure that taxpayers' investments are not wasted, he will make public the ROI analyses for the discretionary programs — ensuring that these programs are not used to hurt veteran entrepreneurs but rather that they are accountable for their positive effects on our American veterans.

Christopher Neiweem is the founder of Neiweem Group and an Iraq War veteran who has testified in front of both the House of Representatives and U.S. Senate committees on issues impacting veterans' health benefits and education as an expert witness. He has directed multiple legislative campaigns aimed at the VA to improve care for veterans and has been featured on dozens of media print and television platforms to include Fox News Channel, CNN, and Headline News.

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5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls.

The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

The rankings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

In a written statement responding to the new rankings, Medical Center Director David Dunning said the hospital was making "significant improvements."

Dunning said the hospital was "among the faster improving medical centers" in the country. At least 29 other VA hospitals made larger improvements, according to the rating system.

"Some of our biggest strides were in the areas of mental health, including suicide prevention, hospital complications and sepsis recognition," Dunning said in the statement. "Our staff are

fully engaged in improving our Veterans' experience and our hospital is far safer in every aspect than we were one, two or three years ago."

Memphis' low ranking comes about a year after a USA TODAY investigation into the hospital revealed a series of botched surgeries inside the facility, including a patient who mistakenly had 10 inches of packaging tubing implanted into an artery in his leg, ultimately forcing an amputation.

VA officials said at the time that a new director had taken over the Memphis facility, then quickly identified problems in the surgery, research, nursing, engineering and human resources departments.

"When we determine facilities need extra attention — such as those in Memphis and Marion, Ill. — they are receiving it," said Curt Cashour, a spokesman for the VA system, last year. "And we are not hesitating to take swift accountability actions when warranted."

U.S. Rep Steve Cohen released a statement after the report was released, expressing his "extreme disappointment."

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings," Cohen said. "It is unconscionable that the rate of death is so high."

The congressman said he wrote VA Secretary Robert Wilkie Wednesday afternoon, asking that needed improvements be made immediately.

Other Tennessee VA hospitals fared better in the new rankings. Facilities in Nashville and Murfreesboro made enough improvements to be upgraded from one-star to two-star ratings. The Mountain Home VA remains a four-star facility.

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death, infection rates and wait times, but used to keep these rankings secret.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far.

During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week.

The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

"It's very important for the veterans because even if they don't have an appointment, the convenience is so great. They don't have to look for parking, they don't have to go in and wait. They can just drive through," said Suzette Hile, R.N. and care coordinator for the Salem VA.

The clinic at the Salem VA Medical Center is open 8 a.m. to 4 p.m. Monday through Friday until the end of the month.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

IOWA CITY — U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams.

"Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

The letter follows news reports about the Iowa City VA being audited, along with eight other VA hospitals nationwide, to determine whether radiology requests were processed in a timely manner and canceled appropriately.

Jeff Dettbarn, a former X-ray technician at the Iowa City hospital, told The Gazette earlier this week thousands of exams were canceled, many without the required physician signoff. After repeatedly expressing concern about the cancellations, Dettbarn was transferred to a lower-paying job at the VA, he said.

In Tuesday's letter to Judith Johnson-Mekota, director of the Iowa City VA, Ernst and Grassley asked for responses by Oct. 16 to the following questions:

- How many total cancellations occurred?
- How many of these cancellations were determined to have been made in error?
- How did the Iowa City VA determine that a radiology appointment was improperly canceled?

The U.S. senators also asked hospital staff to detail the process the VA used to follow up with veterans to make sure they are receiving proper imaging care.

"While we are glad to see corrective action by the Iowa City VA, this and similar issues over the past few years continue to raise questions regarding the level of care our veterans in Iowa are receiving," the letter states.

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered but not performed within two months. VA officials said many of the overdue tests weren't necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams — including CT scans, MRIs, ultrasounds and mammographies, weren't needed — the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor's permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

Iowa City VA spokesman Bryan Clark told The Gazette on Monday most canceled orders were "obsolete, outdated and/or duplicates" but noted some exams were canceled without following proper policies or procedures.

He acknowledged one incident in which a patient showed up for an appointment that had been canceled, but said the "staff reacted quickly to ensure the patient got the care they needed immediately."

Clark said he could not comment on Dettbarn's specific allegations about retaliation by VA staff, but said the "VA does not tolerate retaliation."

Grassley's staff exchanged several emails with Dettbarn in September and October 2017, providing information on who he needed to contact regarding his claims against the VA, Grassley spokesman Michael Zona said Wednesday. The Gazette attempted to contact Grassley's staff Monday and Tuesday for a previous story about the VA but had outdated email addresses that did not bounce back or reach the appropriate contact.

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve.

Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney.

The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

KRGV's Frank McCaffrey reached out to the VA office in Harlingen in regards to De Leon's case.

A spokesperson for the group says they recently extended a contract that will allow veterans to get treatment where they choose.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

DAYTON, Ohio – The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year.

Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

The 2018 data says that 71 percent of VA Medical Centers have improved in overall quality.

The VA uses a web-based report scorecard to measure, evaluate, and benchmark the quality of its healthcare facilities.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities.

Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

In recent years, staff morale has been low at the VA, in part due to a pattern of whistle-blower retaliation and harassment. Patient morale has been low, too, due to high doctor turnover and long wait lists.

Former director Doug Paxton inherited those conditions in 2014, and set out to improve the ratings. At first, he seemed to be delivering, as the VA's one-star rating jumped to two in 2016. That two-star rating slipped through his fingers, dropping back to one star in 2017, and then, following allegations he was at the head of a toxic management culture, his job slipped through his fingers, too.

Interim Director Dave Whitmer has been able to get things headed in the right direction again. But what the future holds for the Roseburg VA is anyone's guess.

It still has a long way to go to receive the four- or five-star rating that would indicate it's performing at the level of excellence our veterans deserve.

Perhaps nothing is more critical at this juncture than the decision-making process currently underway to find a permanent director for the facility. Whitmer always said his time here would be short, and it's nearing an end.

When a permanent replacement is chosen, we need him or her to be the kind of director who will avoid all the tired, old excuses of directors past. Plenty of medical professionals want to work here, as long as they're not driven off by poor management. Keeping them here will keep wait lists shorter. Having competent leadership and keeping well-qualified staff will boost everything from patient and staff morale to safety and best treatment for veterans. That's the path toward many stars.

Next year, two stars could become one, or three, depending on what happens next.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD.

However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

"You are alone when you are dealing with PTSD," he said. "We do talk about it in groups here at the Legion with other veterans, but everybody's experience was different, and even though we relate to each other, I think the PTSD is pretty much an individual problem."

McMillan joined the United States Army in 1967. He was sent to Vietnam, to join the first cavalry division, from early 1968 until June 1970. After coming back from Vietnam, he was discharged from the Army.

He said he saw a lot of combat during his service which contributed to his PTSD.

"When I came back from Vietnam, of course we weren't well treated, we weren't well thought of," he said. "We almost had to hide our service and I think that contributed to the PTSD almost as much as anything not being accepted back in the United States."

With the help of specialist from the Harry S. Truman Memorial Veterans' Hospital, McMillan said he was able to overcome his hypersensitivity of being surrounded by large groups of people.

However, McMillan said some of his symptoms remain.

"The biggest problem is the nightmares," he said. "The nightmares still continue to this day. I've received quite a bit of treatment from the local VA hospital, which I appreciate, but the nightmares just don't go away."

Jessica Tappana, trauma and PTSD therapist, said the effects of PTSD cannot be completely cured, but they can be controlled with effective treatment.

"You can get to the point where you don't meet what we called the diagnostic criteria for PTSD," she said. "On paper, you don't technically have PTSD but the memories themselves never go away, you incorporate this as part of your life."

McMillan said he is proud that with his decision, Kander brought up an issue affecting veterans.

"I am glad that he is bringing the subject of PTSD and how it affects so many of us after our service in the military," he said. "My father and my uncle, who were both WWII veterans never received any help from the VA or anything else and they suffered their entire life from PTSD."

According to statistics from the U.S. Department of Veterans Affairs: "It is estimated that about 30 out of every 100 of Vietnam Veterans have had PTSD in their lifetime."

Tappana said there are some symptoms every person can identify when suffering from PTSD.

"Feeling like you are almost re-experiencing the trauma," she said. "It's very common for people to have nightmares flashbacks from something smalls in their day-to-day life trigger something."

She said the harder people try to convince themselves they don't have PTSD, the worse the disorder gets.

"Often people have the misconception that it's somehow weak to seek treatment, to seek help," she said. "They think that I can just change my attitude and think happy thoughts and I'd feel better. Unfortunately, that's not often the way it works."

Tappana said the best way to deal with PTSD is to look for professional counseling.

"I strongly encourage you to reach out and ask for help. The good news is that we have very effective counseling, people can get better, people do get better," she said. "You don't have to suffer and the sooner you reach out and ask for help, and start really dedicating yourself to that healing process, the sooner you are going to get unstuck and are going to be able to move forward with your life."

As for McMillan, he said people can help veterans overcome PTSD.

"When you see the veteran, in the restaurant, on the street, at the parade, whatever, wearing that bold cap that indicates they're a veteran, or maybe the t-shirt, or holding the flag, tell them thank you," he said. "That means so much to us, especially from the younger generations."

The VA Crisis Line is 1-800-273-8255. Both veterans and non-veterans can call that number.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country.

This comes after the hospital received a one-star rating out of a possible five stars.

Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

"Our veterans who need mental health care are engaged with our mental health team. The other two metric(s) we are working on is our appointments times and our ability to get them in on a timely manner," said Amural.

Amural said the VA needs to improve in treating a certain category of patients, along with making sure they are diagnosed and treated with minimum wait time.

"These are things like COPD, (or chronic obstructive) pulmonary disease, CHF, (or) congestive heart failure, diabetes," said Amural.

Veterans like Brandon Duzman said he doesn't agree with the ratings.

"Ratings, they don't really mean much to me personally. I think it's about the individual experience," said Guzman.

While El Paso may be ranked low, one veteran tells KFOX14 he would rank it much higher.

"They seem like they're really concerned to work with us, to help us with our needs and coping skills," said local veteran Nate Chaney.

As the El Paso VA hospital works to improve its rating, Guzman said they need to do better at marketing their services.

"Improve communication, kind of just informing them what's out there and kind of getting them enrolled in the VA," said Guzman.

The director tells KFOX14 he has a team who is working on the metrics in hopes of improving the star rating for the El Paso VA.

Overall, Amural said it's all about the individual experience and how the veterans feel when they leave the hospital, even if the ratings say otherwise.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

Tennessee Valley Healthcare System's (TVHS) Nashville facility and Alvin C. York facility in Murfreesboro were both among the facilities that made positive strides in the benchmarks and is striving to continue progress. Both Nashville and York facilities improved from a 1 Star rating to a 2 Star rating.

"We are thrilled to see our hard work paying off for our Veterans," said TVHS Director, Jennifer Vedral-Baron. "We are working to improve the whole health of our Veterans and boost employee satisfaction. We can feel our culture changing for the better, so it's exciting to see the data reflect positive change as well," she said.

Vedral-Baron said focus and accountability played big roles in the improvements. Weekly SAIL meetings help service chiefs and other leaders better zero-in on their goals and allow them to share their progress with others.

"It feels good to know our efforts are moving us in the right direction, and we're going to keep that momentum going. I am happy with the improved ratings; however, the work is far from done. Our Veterans deserve the absolute best care we can offer," Vedral-Baron said.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter -- with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable.

That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

“Research, in general, has found that mammography is the number one way of saving a woman’s life from dying from breast cancer,” said Dr. Mahdiah Parezi, Chief of the Breast Imaging Section at the Michael E. DeBakey VA Medical Center in Houston, Texas. “Since the 1980s and 1990s when more women started getting a mammogram, we started seeing a decrease nationally in the number of women dying from breast cancer by about 40 percent.”

A mammogram is an x-ray picture of the breast that doctors can use to detect early signs of breast cancer, but the fear itself of the mammogram results will sometimes prevent women from getting a screening.

And myths about breast cancer don’t just stop the possibility of test results. Dr. Parezi says there are a few obstacles that often prevent women from paying attention to breast health.

“75 percent of breast cancers that occur across the nation are in women who have no family history of breast cancer, and that’s because the number one risk factor for breast cancer is gender—just being a woman,” said Dr. Parezi.

Starting annual mammograms at age 40 is recommended by American College of Radiology and whether or not women think they have it, the exam should be part of their annual care routine, especially if a woman has a family history of breast cancer.

Read Also: MVP needs women vets for new cancer screening.

For many women, conducting a self-exam is sometimes thought of as an alternative measure, but self-checks are only one part of overall breast health.

“More recently many physicians don’t think there is a benefit to getting a self-breast exam or having a clinical exam, where the physician does the exam on the patient,” said Dr. Parezi. But she does say this three-pronged approach should be used when thinking about over breast health for woman veterans.

1. Annual Mammogram.
2. Being aware of your body.
3. Have a clinical breast exam by your clinician.

The number two risk factor after gender for breast cancer is getting older. Although gender and aging are risk factors woman veterans cannot change, there are methods they can take towards all-around health. Moderating exercise, reducing the amount of alcohol intake and having a healthy BMI are great preventative measures to integrate within a woman's routine.

For woman veterans who have breast cancer, keeping consistent face-to-face communication with your physician and team is important. Joining a local support group can also be helpful, check if your local VA center has one for breast cancer patients.

At the VA clinic in Houston, for example, patients have the option of going to a support group to talk to each other and ask questions in a space that’s led by an oncology social worker and oncology psychologist.

Recently, the VA created a Breast Cancer Registry that includes data from multiple sources within the VA to offer patients the best information about breast cancer screening, test results, and treatment options

“Across many of the VAs, as care is being more focused on woman veterans, we’re trying to provide the kind of care that’s top-notch where we can compete with the private sector so that veterans come to us not because they have to, but because they want to.”

For more information about Breast Cancer resources at the VA, click [here](#).

To learn about the different stages of Breast Cancer and what breast changes look like, click [here](#) to check out the Veterans Health Library.

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6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis.

The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

“He was my little baby brother,” Alissa Harrington said.

To say Alissa Harrington and her brother Justin Miller were close is an understatement.

“I am extremely proud of him for his military service and for him deciding to serve our country,” said Harrington.

Justin was an artist, a trumpet player with the Marine Corp Band. But he was a Marine first.

“In 2005 in that summer his unit was deployed to Iraq to the Al Asaad air base. He wasn’t the same when he came back,” Harrington said.

Alissa says Justin reached out for help, first from a private therapist before reaching out to the VA.

“He kind of had a crisis and at that point he reached out to the VA crisis hotline. The crisis line told him to go into the emergency department,” Harrington said.

Justin was admitted for four days and was discharged. He killed himself 24 hours later.

“An investigation by the Federal government found several problems with the care Justin got at the VA mostly importantly there was no follow up plan.

"It's maddening to see a bureaucracy having all these checks and balances and these safeguards in place and have them not used appropriately and with amazingly devastating consequences," Harrington said.

The Office of Inspector General's report provided recommendations to the VA, like improving care collaboration across departments and engaging family members in Veteran's mental health treatment plans.

"And we'll never know if they had followed the rules and know why they were following the rules and those sets of regulations if he would still be alive today," Harrington said.

The VA is starting to implement the recommendations. All but one will be completed this year.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder.

Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

"I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly," Kander wrote. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression."

Kander will also be stepping away from his nonprofit, Let America Vote, which he formed in February 2017 to increase voter turnout and end voter suppression. He's served as president since its founding.

"I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward," he said. "We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond."

The former Army captain and former Missouri Secretary of State announced he would be running for mayor of Kansas City in July at a press conference from the Negro Leagues Baseball Museum. Election day is not until June 25, 2019.

Kander joined the Army immediately following the Sept. 11 attacks. He said he first contacted Veterans Affairs looking for help four months ago, saying he knew something was "deeply

wrong," but wrote in Tuesday's letter he did not admit to the true seriousness of his symptoms in paperwork he filled out.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour," he wrote. "I can't have PTSD, I told myself, because I didn't earn it."

The 37-year-old actually wrote a book, "Outside the Wire," which was released in August and he said he was lucky not to suffer from PTSD. He admitted Tuesday the claim was to prevent a stigma and avoid a negative impact on his political career.

Kander ran unsuccessfully for the U.S. Senate in 2016, losing to Republican Roy Blunt by fewer than 3 percentage points in the typically red state.

Former President Barack Obama singled out Kander as a future presidential candidate in a January 2017 interview with "Pod Saves America."

"I'll close by saying this isn't goodbye," Kander wrote Tuesday. "Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be."

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide.

Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

The last 20 flags were placed after a noon news conference, meant to highlight the 20 military and veteran suicides that occur across the country each day. The rate of suicide among the military and veteran population is 1.5 times higher than it is for the non-veteran population, IAVA said.

"Too many of our men and women are dying," Paul Rieckhoff, IAVA Founder and CEO, said in a statement. "Every day, IAVA and our partners and allies are working to support hundreds of thousands of veterans facing transitional challenges after combat."

"We can't fight this problem alone," he continued. "We need reinforcements of the greatest magnitude. We need a national call to action from the top that mobilizes all Americans. In response to this ongoing crisis, we need immediate action from the Commander-In-Chief, Secretaries of Defense and VA, and all Americans."

In a survey of its more than 400,000 members in 2017, IAVA found that 58 percent of respondents knew a post-9/11-veteran who had died from suicide.

"There's plenty of urgent news out of Washington this week dominating headlines," Paul Rieckhoff said. "This news is a matter of life and death and must not be overlooked. And unlike almost every other issue in Washington, this one could unite leaders of all parties."

"We invite the president and all concerned citizens to join us on the National Mall to focus awareness, support and action on this silent enemy that is taking the lives of our fellow Americans every single day," he added.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Advocate (New Orleans): VFW and Aktion Club contribute gifts for VA baby shower (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

VFW Davis-Moran Post 8290, of Lacombe, Homer Williams Post 8720, of Abita Springs, and Boyet-Brannon Post 5174, of Pearl River, and their auxiliaries purchased unisex baby items and put together bags and boxes of gifts for the shower.

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7.2 - KOB (TV-4): HUD and VA award nearly \$400,000 toward housing homeless veterans in NM (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico.

The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

The program provides funding for vouchers for housing and supportive services that help to end homelessness for veterans.

"It's our duty and responsibility to support the men and women who gave so much for our country," said HUD Secretary Ben Carson. "The housing vouchers awarded today ensures homeless veterans nationwide have access to affordable housing and the critical supportive services from the VA. It's an honor to work with our dedicated partners on the ground who make certain every veteran has a place to call home."

Veterans will be assessed by local VA Medical Centers before they are referred to local housing agencies for vouchers from the program. Decisions on who is considered are based on a variety

of factors including how long the veteran has experienced homelessness and the need for longer-term housing.

"Veterans have put their lives on the line for the freedoms we all enjoy," said Beth Van Duyne, HUD Regional Administrator. "The HUD/VA partnership has helped tens of thousands of those veterans get off the streets and into decent housing, with important medical and case management that helps them remain housed and keeps them on the path for independent living."

Those who are a part of the program rent privately owned housing and contribute no more than 30-percent of their income toward rent.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday.

The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD. The funds are expected to help 343 veterans get housing vouchers.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said Ben Carson, the secretary of the HUD. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

As part of the voucher allocation process, officials at VA facilities are tasked with reviewing how long each veteran has experienced homelessness, and determining how much "intensive support" is required for the individual to obtain and maintain permanent housing "before referring them to local housing agencies for these vouchers," officials said.

"Decisions are based on a variety of factors," officials said in a statement Wednesday.

The monetary assistance was provided through the HUD-Veteran Affairs Supportive Housing program, which provides rental assistance, individual case management and clinical services through the Department of Veteran Affairs.

The Santa Clara County Housing Authority received the largest amount of funding, garnering \$2.8 million to provide 140 vouchers for permanent housing and services, HUD said.

The San Francisco Housing Authority received \$343,723 for 21 vouchers.

More than 93,000 housing and services vouchers have been awarded and roughly 150,000 homeless veterans were served throughout the United States through the joint program since 2008, officials said.

Veterans participating in the program typically rent privately owned residences and use 30 percent or less of their income toward rent, officials said.

“When our neighbors answer our country’s call to service, we must answer their call when they return home,” said Wayne Sauseda, HUD’s deputy regional administrator.

Here’s how the money was dispersed in the Bay Area and Central Valley:

- San Francisco Housing Authority: \$343,723 (21 vouchers)
- Contra Costa County Housing Authority: \$284,891 (20 vouchers)
- San Mateo County Housing Authority, Palo Alto-based VA medical facility: \$162,949 (12 vouchers)
- San Mateo County Housing Authority, San Francisco-based VA medical facility: \$67,895 (5 vouchers)
- San Joaquin County Housing Authority: \$116,648 (20 vouchers)
- Stanislaus County Housing Authority: \$138,880 (25 vouchers)
- Marin County Housing Authority: \$76,965 (5 vouchers)
- Berkeley Housing Authority: \$248,181 (15 vouchers)
- Santa Clara County Housing Authority: \$2,816,567 (140 vouchers)
- Pittsburg Housing Authority: \$62,903 (5 vouchers)
- City of Alameda Housing Authority: \$131,188 (5 vouchers)
- Alameda County Housing Authority, VA Northern California Health Care System: \$278,986 (20 vouchers)
- Alameda County Housing Authority, Palo Alto-based VA medical facility: \$209,240 (15 vouchers)
- City of Napa Housing Authority: \$40,182 (5 vouchers)
- Livermore Housing Authority: \$75,849 (5 vouchers)
- County of Sonoma: \$51,983 (5 vouchers)
- City of Santa Rosa: \$112,874 (10 vouchers)
- City of Vacaville: \$43,805 (5 vouchers)

•Solano County Housing Authority: \$40,118 (5 vouchers)

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing.

The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

The legislation, the Homes for Our Heroes Act, would ensure reports are submitted to Congress on the Veterans Affairs Supportive Housing program, a joint initiative administered by the Department of Housing and Urban Development and the Department of Veterans' Affairs.

Veterans can receive rental assistance vouchers for privately owned housing if they are eligible for VA health care services and are homeless, according to HUD's website.

Other services, including mental health treatment and substance use counseling, are offered through the program. At the end of the 2015 fiscal year, there were more than 78,000 vouchers allocated by HUD to assist veterans.

Peters' bill would require a study on the use of the vouchers in high-cost housing markets and provide greater disclosure of how the vouchers are allocated.

"We need to better understand, and quantify, the challenges veterans face as they seek to use HUD-VASH vouchers for housing, particularly in high-cost regions like San Diego; to do that, we need greater transparency about the program from both HUD and the VA," Peters said in a statement. "Equipped with that data, Congress can make better policy decisions that get our veterans the housing and care they need."

The legislation follows the revelation that the number of homeless veterans increased nationwide for the first time since 2010. In New York, there were 1,244 homeless veterans in 2017. That's down slightly from 1,248 two years ago.

Nationally, there were 40,056 homeless veterans last year, up from 39,471 in 2016.

Katko, R-Camillus, said the bill will ensure Congress has the information needed to help address homelessness among veterans.

"Over the past few years, our country has made tremendous strides in protecting our veterans from homelessness," he said. "However, overworked VA employees and a higher cost of living have led to certain programs becoming less effective."

Peters' bill is supported by two organizations, the National Alliance to End Homelessness and the National Coalition for Homeless Veterans.

Kathryn Monet, CEO of the National Coalition for Homeless Veterans, said the voucher program is one of the most effective tools in use to reduce veteran homelessness.

"Finding out where we can improve this key program is crucial to the long-term success of national efforts to place veterans experiencing homelessness into housing," she said.

The legislation has been referred to the House Financial Services and Veterans' Affairs

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

HARWOOD, N.D. — Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring.

Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

"Everything is on schedule and we anticipate in our fiscal year 2019, probably late spring to early summer, we should be ready for burials," said John G. Knapp, deputy director of the Fort Snelling National Cemetery in Minneapolis.

The Harwood cemetery will be operated remotely by officials at Fort Snelling National Cemetery and will serve more than 24,000 veterans in the surrounding area.

Crews are building a road, flagpoles and entry features to the cemetery that will be home to about 3,204 gravesites when finished.

Knapp said an opening date has not been determined, as finishing construction will depend on weather.

"We of course want to make sure the construction is completed to specification and ensure the cemetery is ready with established turf before we open," he said.

North Dakota was one of 10 states without a national veterans cemetery.

A state veterans cemetery is located near Mandan.

All members and veterans of the armed forces are eligible to be buried in a VA national cemetery as long as they have met minimum active-duty service requirements and were not dishonorably discharged.

Members of the reserve armed forces who die while on active duty, while on training duty or were eligible for retired pay, or were called to active duty and served the full term of service, may also be eligible for burial. Their spouse, widow or widower, minor children and, under some conditions, adult unmarried children with disabilities can be buried in the VA cemetery.

Knapp said eligible veterans can be relocated to the new cemetery, but costs for relocation is the responsibility of the family.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past.

The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

Another change in the event is that the Appalachian Regional Coalition on Homelessness is the lead agency involved in organizing the Stand Down with assistance from Shields' office, the Tri-Cities Military Affairs Council, Vietnam Veterans of America 979 and the American Job Center of Tennessee.

"This event will provide homeless veterans and veterans at risk of being homeless with information regarding: substance abuse counseling, employment and training, housing resources, legal resources, haircuts, food, refreshments, clothing and more," Shields said. "There are anywhere from 150 to 180 veterans that come out. We don't restrict it just homeless veterans ... we open it up to those who are precariously housed."

He said bringing services together under one roof helps provide assistance more efficiently. The event also now includes a RAM clinic, he said.

For more information or to arrange for transportation, call 979-2871 or 557-2294.

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7.7 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week.

This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

"The opening of the Men's Shelter has been long awaited by the Temple community and we are thrilled to be able to finally open our doors to men in need," said Lt. Chantel Millin, commanding officer of The Salvation Army in Temple. "We are grateful to our local supporters and donors, and particularly to our Divisional Headquarters, for its financial support in helping us to not only continue operation of our Women and Family Shelter, but to also permanently open the Men's Shelter in time for the upcoming winter season."

In addition to support from the Divisional Headquarters, a Veterans Affairs contract for 15 beds in the Men's and Women and Children and Families shelter will enable the men's shelter to open.

To support the expanding range of programs in Temple, The Salvation Army recognizes the importance of community and corporate involvement and the need to generate consistent donations.

"We feel blessed to be a part of such a giving community and pray that many individuals, groups and businesses will be moved and motivated to come alongside The Salvation Army and provide the financial support to fund our life-changing programs," Millin said.

The individuals in the VA program will be held to the same standards as Salvation Army residents.

The expectations, as far as behavior, are the same for all who live in the Salvation Army facilities. The VA residents will have their own case manager, which will be supplemented by the Salvation Army case managers as needed.

The beds allotted to the VA are available to veterans awaiting permanent housing through the VA.

"We are delighted that The Salvation Army will be able to provide a safe and nurturing place for veterans, a group often overlooked in society today. And it is within close proximity to the veterans hospital in Temple," said Lt. Aaron Millin, Commanding Officer at The Salvation Army in Temple. "It is truly an ideal partnership."

The Salvation Army Divisional Headquarters recognized the McLane Center of Hope would continue to have fundraising problems while the men's shelter remained closed, Chantel Millin said.

Additional monitors have been hired, along with a case manager and possibly another cook.

A formal dedication ceremony is planned for November in conjunction with the Red Kettle and Angel Tree Kick-Off. The iconic red kettle represents The Salvation Army's major annual fundraiser in Temple and throughout the country. The much-loved Angel Tree program, which provides Christmas gifts to children from low-income families and the elderly, is made possible by the generous donations of community members and local businesses.

"We're excited to get the news out there," she said. "We have to focus on getting our fundraising to a level to support the programs we offer. We aren't at a place where our programs are funded. We know this community has a heart to give and we're confident that once people know we're operating at the level that was initially pledged, we'll be successful."

The Salvation Army is considering how much it can help with emergency shelter during cold weather. There will be fewer beds available, Chantel Millin said.

"We may be able to put overflow on cots, but that still has to be worked out," she said.

The community's support is crucial to supporting the ongoing operation of the Women's, Men's, and Family shelters and all other programs offered by The Salvation Army in Temple.

Donations can be mailed to P.O. Box 1884 Temple, Texas 76503 or dropped off at 419 W. Ave. G, Temple, Texas, 76502. Online donations can be made at <https://give.salvationarmyusa.org>.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

LA CROSSE, Wis. – Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges.

A council committee heard those on both sides then voted to delay making a decision.

Dave and Barb Erickson planned to donate the house at 3120 Farnam Street to the Tomah Veterans Affairs Medical Center to be used as a transition home for veterans.

Some opponents felt the facility would cause traffic concerns for families and children in the area,

While others raised concerns about neighborhood safety.

"Right next door to the house in question has a very elderly person who can't see," Neighbor Carolyn Barlow said. "I don't feel comfortable having these people living next door to them."

"What's to say one of these people aren't going to walk up and do something to one of these little kids," David Barlow said. "I mean security is a big issue with me."

A Tomah VA representative said the veterans living there would be screened and approved for the home. Known pedophiles or sex offenders would not be allowed.

Barb Erickson said this group of residents need compassion from neighbors as they work back into society.

"I really believe that this house can help the veterans," Erickson explained. "I think the veterans can help our community. They can make our neighborhood even better than what it is now."

"I can guarantee that this community has plenty of people willing and able to provide peer-to-peer mentorship to any of these veterans in also keep a watch on them," David Schultz with La Crosse Area Veterans Mentor Program added.

Again, the committee voted to delay a decision for 60 days at the request of the Tomah VA. They wanted to gather more data to present to the council and neighbors on the program.

Also at the meeting, the committee voted to suspend the wheel tax indefinitely. This measure effectively kills the tax, but must first be voted on by the full common council.

Members said after the city was awarded a federal grant to help with some infrastructure improvements the need for the tax will not be seen next year. Mayor Tim Kabat warns this only kicks the can down the road as it will become an issue again in 2020 and beyond.

The group also voted to recommend changing Columbus Day to Indigenous Peoples Day in the city. This would be to help honor Native Americans. It goes to council for final approval.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War.

For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

The family contacted News 5 Investigates after they felt they were getting the run-around with obtaining the records needed to process their claim. The VA says the records the family is looking for are in the possession of the Department of Defense.

We learned those records do not auto transfer from one agency to the other. Therefore, if the VA doesn't have the information on file needed to process a claim, it's up to the Veteran's family to manually request official records from the Department of Defense be transferred to the VA.

It's unclear if the family was made aware of this.

A VA spokesperson said they would never purposely delay or deny benefits to Veterans and their families. This issue ultimately comes down to the VA requesting verify specific, service-related information the family has spent months trying to track down, but cannot produce.

"Jimmy was my stepfather but he's the only father I knew," Rosa Machado said.

She and her mother, Josefa, describe the father and husband as a hard working man who did everything he could for his family.

"He was the only one working to support the family," Williams' wife, Josefa said.

Williams served in the Navy during the Vietnam War era. He passed away in 2012 after battling lung cancer, according to his death certificate News 5 Investigates obtained.

"It's difficult," Josefa said. "We kind of live in poverty."

In the years following Williams' death, the family struggled both mentally and financially.

"My father was receiving social security benefits at the time of his death," Rosa, Williams' stepdaughter said. "We notified them of his passing and they (Social Security Administration) stripped my mother of his benefits for a couple of years because she was not at that age where she could claim his benefits."

In August 2017, the family filed for “DIC” benefits, or Dependency and Indemnity compensation. This benefit is a tax-free payment given to eligible survivors of military service members who died in the line of duty, or to eligible survivors of veterans whose death resulted from a service-related injury or disease.

The family believes Williams’ lung cancer was linked to exposure from Agent Orange during the Vietnam War.

The VA acknowledges certain cancers and other health problems are associated with Agent Orange and says veterans and their survivors “may” be eligible for benefits for the diseases.

“May” is the key word here, because the family says getting the required proof has been a challenge. Rosa says she’s had to file open records requests just to obtain documents regarding her stepfather’s service.

“My mother really feels that she is just being shuffled to different services in the area but no one really has any information on how to proceed with gathering evidence,” Rosa said.

The information the family says they’ve received hasn’t helped them with their benefits claim.

According to this letter from September 2017, the VA told the family it needs the following evidence/documentation:

- Proof that the Veteran’s ship entered Vietnam’s inland waterways while they were aboard or that they went ashore while the ship was docked or at anchorage.

- Identity/name of the ship and the approximate dates the ship entered the inland waterways, docked, or otherwise sent the Veteran ashore

- If the ship was docked, the VA requests the family state whether or not the Veteran went ashore.

- If the Veteran went ashore from a ship at anchorage, the family must explain the circumstances.

The family has grown so desperate for answers more than 40 years after the war ended, they’ve even purchased Vietnam War and Navy ship books to search for information.

“My mom doesn’t feel like she has the support system she needs to provide the evidence requested,” Rosa said.

Rosa says she’s spoken with numerous VA organizations and family members, but finding the detailed information has been impossible.

She even reached out to Congressman Doug Lamborn’s office, which confirmed to News 5 that they are trying to help the family locate records.

The family has until the end of January 2019 to file an appeal related to the denial of DIC benefits.

"The obstacles at this point is finding the necessary information to prove that he set foot in Vietnam," Rosa said.

Loss of records:

The family says many of Williams' service records were destroyed when his house fell during a natural disaster in California back in 1982.

Unfortunately, some veterans keep information about their service from their family and ultimately take that information to their grave.

Official statement from the VA concerning this case:

"The VA strives to provide Veterans and their dependents with the benefits and services they have earned. In this case, VA was unable to approve Mrs. Williams' DIC claim because Mr. Williams' military service records do not show that his death was relative to his military service. We will reach out to Mrs. Williams directly to ensure she fully understands our decision, her rights to appeal or reopen her claim and provide her information on other VA benefits and services to which she may be entitled."

Update from Congressman Lamborn's Office:

Savannah Fraiser, a spokesperson for Rep. Lamborn (R-Colorado) said the caseworker reviewing this matter on Williams' behalf has just located 400 pages of ship records.

It's unclear at this point in time whether any of those records will help with the appeals process or whether these records are the same documents the VA already obtained through the Department of Defense.

News 5 Investigates will keep you updated with any new developments as they become available.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness.

Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

The award will fund an estimated 177 vouchers throughout Texas. Veterans participating in the HUD-VASH program contribute no more than 30 percent of their income toward rent.

"Essentially, housing authorities request from us these vouchers. Since rents are different in different communities, the amount of money it takes to cover those rents varies," said Scott Hudman of HUD's regional office in Dallas.

He said the HUD-VASH program takes a three-pronged approach, combining housing with medical and case management.

"In the homeless population, you'll find people that are in and out of shelters, in and out of housing," he said. "A lot of that is due to the fact that they just don't have solid medical care and a support net underneath them lifting them up."

As part of the program, VA provides case management and clinical services at VA medical centers and community-based outreach clinics.

HUD-VASH also provides life-skills training in financial literacy, with a focus on keeping people housed.

"We not only get them off the streets," Hudman said. "We can help keep them off the streets."

HUD-VASH vouchers are limited to those who are homeless or at risk of homelessness. Those interested can apply through their local V.A. system.

38 vouchers in total were awarded to the San Antonio and Bexar County housing authorities.

More than 6,000 vouchers are already active in the state.

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7.11 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

The El Paso VA Health Care System will honor Veterans who passed from July 1, 2018 to September 30, 2018 with the Last Roll Call Ceremony of Remembrance.

Michael L. Amaral, Director of the El Paso VA Health Care System will speak, and Chaplain Linda McKnight will deliver the Remarks of Faith.

What: Memorial Service for Unaccompanied Veterans buried at Fort Bliss National Cemetery July through September 2018 & Last Roll Call Ceremony of Remembrance
Who: Fort Bliss National Cemetery Staff, Veteran Hospital Administration and local Veteran Support Organizations
When: Thursday, October 4, 2018 at 2:30 p.m.
Where: Fort Bliss National Cemetery West Shelter | 5200 Fred Wilson Avenue | Fort Bliss

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7.12 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

"The VA and its vocational rehabilitation programs have given me the opportunity to succeed. Literally and figuratively, I say they have saved my life," said Jackson, who admits he got mixed up with the wrong crowd and has made some mistakes in the past. "With VA's support, I've changed my priorities and my outlook on life."

Jackson was one of the first graduates of the National Cemetery Administration's Cemetery Caretaker Apprenticeship Program in 2012.

As part of VA's initiative to end veteran homelessness, the NCA works with VA's Homeless Veteran and Compensated Work Therapy programs to identify potential program candidates from sites throughout the country.

"We are pleased to have dedicated employees like Curtis at the Fort Bliss National Cemetery," said Jamie Porter, Fort Bliss National Cemetery director. "Graduates of the Cemetery Caretaker program are not only veterans themselves and understand the importance of our mission, but are extremely proud to have such a noble job."

In the Cemetery Caretaker Apprenticeship Program, veteran students spend a year learning their trade and receive advanced instruction in areas such as professionalism and conflict management. Leading up to graduation, each student completes more than 1,300 hours of classroom and on-the-job training.

Upon graduation, they can elect to remain at their training cemetery, compete for positions at other federal facilities, or take their skills to the private sector.

"I was at the El Paso VA Medical Center when I heard about VA's Compensated Work Therapy Program and the opportunity at the National Cemetery," said Jackson, who first learned about VA services at a Miami VA Healthcare System outreach event in 2001. "It's a privilege to work at the Fort Bliss National Cemetery and use my skills where they can do the most good. The best part is seeing how much the families of fellow veterans appreciate what you do."

Last month, VA presented the Fort Bliss National Cemetery with the Award of Excellence for meeting or exceeding National Shrine standards in 68 of 74 categories.

These include customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facing facilities, equipment and facility maintenance, and safety of visitors and employees.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again.

A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

"At any given age, if you drink daily -- even just one or two drinks -- you have a 20 percent increased risk of death compared to someone who drinks the same amount two to three times a week," said study author Dr. Sarah Hartz. She's an assistant professor in the department of psychiatry at Washington University School of Medicine in St. Louis.

"We should no longer say that it's healthy to drink. It's a vice that's not great for us," she added.

Hartz noted that how significant a 20 percent increased risk of death is depends on your age. She explained that since very few people die in their 20s, a 20 percent increased risk of premature death is less significant at that age than it would be for someone in their 70s.

Although the study did find an association, it did not prove that light drinking caused early death risk to rise.

But how might alcohol boost that risk?

Hartz said most of the increased risk of early death comes from an increased risk of cancer. She said that people often underestimate how much drinking can increase the risk of some cancers, such as breast cancer. And drinking more than four times a week can also increase the risk of heart attack and stroke.

But what of all the studies that have suggested a health benefit from moderate drinking?

Hartz said that there have been several studies this year that have concluded that drinking generally isn't good for health. And the populations in these studies and the latest one are larger than in previous ones. More importantly, she noted, the newer studies have been able to parse out the lowest levels of drinking.

"We have access to data we haven't had access to before," Hartz explained.

The study included information from more than 400,000 people. More than 340,000 (aged 18 to 85) had participated in a national health survey. Another group of nearly 94,000 were between the ages of 40 and 60 and had been treated as outpatients at Veterans Health Administration clinics.

"The lowest risk group was people who drank one or two drinks just two to three times weekly," she said.

Still, not everyone is convinced that this study is the last word on alcohol and health.

According to Dr. Guy Mintz, director of cardiovascular health and lipidology at North Shore University Hospital in Manhasset, N.Y., "The jury is still out with regard to frequency and quantity of alcohol use."

Mintz said, "This is an interesting study. One to two drinks four days a week seemed to protect against cardiovascular disease, but drinking every day eliminated those benefits."

He pointed out that "one of the study's conclusions was that, as medicine becomes more personalized, some patients with a history of cardiovascular disease may benefit from drinking two or three days a week, but those with a higher risk of cancer may not benefit."

Mintz tells his patients to drink anything but beer because it has a lot of calories and salt, and can contribute to obesity and high triglycerides (an unhealthy type of blood fat). "I would stress alcohol consumption in moderation, both in frequency and quantity," he said.

The study was published online Oct. 3 in the journal *Alcoholism: Clinical and Experimental Research*.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala.

The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

This year, the Partnership for Public Service, which hosts the awards, presented their first Spirit of Service award to Bezos. The award is intended to honor individuals outside of government who also contribute to public service.

The group said Bezos received the award for "the countless ways he and his companies work to advance important fields such as space exploration and national security, as well as help government deliver services more effectively and efficiently."

Bezos said he was proud to share the stage with so many other notable recipients and praised their work in government.

"The people I saw up on stage tonight are all missionaries," he said.

The award recipients were a diverse group, including scientists who sought cures to rare genetic diseases, as well as government attorneys who worked to bring justice to people who were defrauded by scams.

Dr. Daniel Kastner of the National Institutes of Health received the evening's top prize, Federal Employee of the Year. Kastner's research uncovered the genetic causes of seven rare autoimmune inflammatory diseases.

The Career Achievement Medal went to Dr. Marshalyn YeARGIN-Allsopp of the Centers for Disease Control and Prevention, who worked on improving support and resources for those with autism.

Among the many other winners were Karen Dodge and Margaret Moeser at the Department of Homeland Security, who cracked down on fraudsters who used Western Union to illegally obtain hundreds of millions from unsuspecting victims.

The gala was emceed by Judy Woodruff, anchor of PBS's "Newshour." Woodruff told attendees that the Sammys were her favorite event and attributed its success to the honorees.

"It is because of the honorees remarkable achievements. They care deeply," she said.

Among the distinguished guests at the event were Secretary of Veterans Affairs Robert Wilkie; Federal Trade Commission Chairman Joseph Simons; National Institutes of Health Director Francis Collins, Reps. Mark Meadows (R-N.C.), Rick Nolan (D-Minn.) and Phil Roe (R-Tenn.), as well as Del. Stacey Plaskett (D) of the U.S. Virgin Islands.

Max Stier, president and CEO of the Partnership for Public Service, said the contributions of public servants was essential to the country.

"Helping our government do its job better will have enormous impact on the health and prosperity of our country," he said.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

But as the Nov. 6, 2018, election draws nearer, the Republican challenger's attacks on the Democratic incumbent are reaching a crescendo.

Vukmir hammered Baldwin again over the Tomah VA scandal on TV public affairs programs that aired Sept. 23, 2018 in Green Bay and in Madison. They were something of a prelude to a TV attack ad on the scandal that Vukmir aired three days later.

So, let's take a look at one of the attacks.

Vukmir was asked on "Capital City Sunday" on WKOW-TV in Madison how she would have handled the Tomah VA matter differently.

She responded by claiming that Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Let's break down the three-part attack, starting with a quick review about what we know about Tomah.

The scandal

Problems at the Tomah VA first made news in January 2015, when the California-based Center for Investigative Reporting exposed the overprescription of opioid drugs by the facility. Doctors were handing out so many narcotic painkillers that some veterans had taken to calling the place "Candy Land."

The attacks on Baldwin began in early 2017 from a super PAC largely funded by Republican Richard Uihlein, co-founder of Uline, a Wisconsin shipping and packaging supplies distributor. The group claimed in a radio ad that Baldwin was told by a whistleblower about "overmedicated veterans," she made "deadly mistakes" and "three veterans died."

We rated that False, based on how and when the deaths occurred and the "deadly mistakes" part of the claim.

Now to Vukmir's claim, which doesn't go so far as to blame Baldwin for a death.

1. Baldwin 'only one' to have a report

The first part of Vukmir's claim is that, among the Wisconsin members of the U.S. House and Senate, only Baldwin received a report "outlining that a doctor was overprescribing opioids" at the Tomah VA."

The report was done by the Department of Veterans Affairs' Office of Inspector General following a 2½-year investigation of Tomah. Baldwin's office received it on Aug. 29, 2014.

Baldwin did not make the report public, though she shared it with a constituent who had complained to her about what was happening at Tomah. The report was not given to any other member of Congress at the time.

So, Baldwin had been informed about the problems at the Tomah VA before they were exposed publicly. And she doesn't dispute that she was the first member of the Wisconsin congressional delegation to get the report.

2. 'Later a veteran died'

Former Marine Jason Simcakoski died of a "mixed use toxicity" overdose at the Tomah VA while being treated by doctors there. Simcakoski had checked himself into the facility citing an addiction to painkillers and severe anxiety. He was prescribed 15 drugs, including anti-psychotics, tranquilizers, muscle relaxants and the opioid painkiller tramadol.

Simcakoski death, however, occurred Aug. 30, 2014 — just one day after Baldwin received the VA inspector general's report about Tomah that Vukmir highlights.

So, it's misleading to say "later a veteran died," given that Baldwin had not had time to act on the report.

3. Baldwin 'covered it up'

The third part of Vukmir's claim is that Baldwin "covered it up" — a reference to the entire Tomah VA matter, not solely to Simcakoski's death. In the interview, Vukmir elaborates by saying Baldwin tried to "fire one of her aides that brought the issue forward, offering the aide "taxpayer hush money" and hiring "Hillary Clinton's attorneys" to "cover this up." Let's break down these sub-points.

An important point: It's clear Baldwin did not take steps publicly on the scandal until the Center for Investigative Reporting's expose — months after she received the inspector general's report and Simcakoski's death. At the same time, there is no evidence that she took active steps to cover up the matter.

Firing: Baldwin did fire an aide, but it's not entirely clear she did so because the aide "brought the issue forward."

In January 2015, after the Center for Investigative Reporting's expose, Baldwin had called for the VA to investigate Tomah but remained under fire for inaction on the scandal. Baldwin then fired Marquette Baylor, her deputy state director, without explanation, the Milwaukee Journal Sentinel revealed. Whistleblower and former Tomah VA employee Ryan Honl told the newspaper he had talked with Baylor for two hours in late November 2014 about the Tomah VA and that she discouraged him from going public with his concerns, saying that doing so might get her and others fired. Baylor later said she had prepared three memos on the Tomah situation for Baldwin's review and forwarded them to her supervisors; she alleged they were either not delivered to Baldwin or were ignored by Baldwin.

'Hush money', Clinton lawyer: Baldwin did offer a severance payment to the fired aide and did hire a Hillary Clinton campaign lawyer. But this needs further explanation.

As part of the firing, Baldwin's office offered a severance package to Baylor that would have included a confidentiality agreement and a payment, the Journal Sentinel reported. Attorney Marc Elias, who was the top lawyer in Hillary Clinton's 2016 presidential campaign, was hired by Baldwin with campaign funds to review how her office handled the Tomah VA matter. He said the U.S. Senate's chief employment lawyer had helped put together the offer and described the confidentiality clause as routine.

Baldwin later said the deal would have included a payment of about \$17,000, which would have been from Senate funds. Baylor later rejected the offer and, according to Baldwin, sought more than four times that amount.

Elias said Baylor's handling of the Tomah VA matter was only one reason she was fired.

'Cover up': In addition to not releasing the inspector general report, Baldwin was slow to address the Tomah VA matter publicly. But ethics complaints filed against her alleging a cover up were found to have no merit.

Baldwin avoided questions about the matter for weeks after the Center for Investigative Reporting's expose; and it took attorney Elias nearly a month to confirm Baylor's firing.

After being fired, Baylor filed an ethics complaint accusing Baldwin of engaging in a political cover up by firing her for her alleged role in the mishandling of a whistleblower complaint. The complaint asked the U.S. Senate Ethics Select Committee to investigate Baldwin. The committee dismissed Baylor's complaint and two similar complaints filed by groups, saying they lacked merit.

Our rating

Vukmir says Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Baldwin was the only one, and she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died.

On the cover up part of the claim, there was on inaction on Baldwin's part -- not releasing the report, declining for weeks to answer questions and to confirm that she had fired a top aide. But there is no evidence Baldwin took active steps to cover up the matter, and a Senate committee determined that Baldwin had not engaged in a cover up.

For a statement that contains elements of truth but ignores critical facts that would give a different impression, our rating is Mostly False.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

White House Press Secretary Sarah Sanders announced the donation at a White House briefing on Wednesday. Linda McMahon, head of the Small Business Administration, accepted the \$100,000 check, saying the funds “would be put to good use.”

Agency officials plan to use the money to launch a new seven-month training program for transitioning troops looking at starting their own businesses. The program will be based on the existing Emerging Leaders Initiative, but tailored to veteran-specific needs.

The existing program includes classroom instruction as well as “opportunities for small business owners to work with experienced coaches and mentors, attend workshops, and develop connections.” McMahon called it a significant resource for veterans shifting from military to civilian life.

White House officials requested a fiscal 2019 budget for the SBA of nearly \$840 million, but McMahon said the \$100,000 donation from the president represented an important contribution to their work.

During his 2016 presidential campaign, Trump promised to forgo the traditional Oval Office salary and instead donate that money to various federal departments.

Earlier this year, White House officials announced Trump's first quarter salary for 2018 would be given to the Department of Veterans Affairs for caregiver support programs focused on “mental health, peer support, financial aid, education and research.”

Previous donations by Trump went to the Department of Transportation for infrastructure repair, the National Park Service for battlefield preservation, the Department of Education for support programs and the Department of Health and Human Services for opioid management programs.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

RICHLAND, WA - A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died.

Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents.

However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

She pleaded guilty this week in Richland's U.S. District Court to obtaining a controlled substance by fraud, misrepresentation, deception and subterfuge.

Two additional charges for the same crime will be dismissed at her sentencing March 5.

The felony charge can bring up to four years in a federal prison, though prosecutors said they will recommend three years of probation.

McAuliffe is free to argue for less time.

"I'm not telling you I may give you probation, I may give you prison, but that's what it looks like the parties are agreeing to," said Senior Judge Ed Shea.

Under terms of the plea agreement, Shea can divert from the recommendation and it will not be grounds for McAuliffe to withdraw her plea.

McAuliffe was indicted April 3 by a federal grand jury on the three charges.

Court documents show that her father was a veteran who received medical benefits from the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla. He died in September 2016.

McAuliffe "continued to misrepresent" to the medical center that her father was alive and needed the refills, documents said.

The VA's Office of Inspector General started investigating McAuliffe after discovering her conduct.

A year after he died, she placed a refill order for 168 pills of the addictive opioid. She was confronted by an investigator in October 2017, when she went to the pharmacy to pick up the prescription, court documents said.

The agent showed McAuliffe her father's death certificate, and said they had documents and audio and video recordings to show the fraud and deception.

The 168 pills were seized by the agent after the interview, documents said.

Judge Shea, in taking McAuliffe's guilty plea, asked what she said on the phone call to the VA pharmacy.

"That basically my father needed a refill on his medication," McAuliffe replied.

"And so you asked them to send you the refill, which was the 168 tablets of hydrocodone/acetaminophen. And in fact you knew that was false, that your father was dead and that he didn't need those. Is that correct?" asked Shea.

"Yes, your honor," McAuliffe told the judge.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space.

He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

One of the most notable things Shulkin achieved during his time in the VA was an attempt to compromise between the wants of those screaming for privatization and those that believed in a single-payer system.

As the health care industry continues to be pulled in the direction of an all-payer system, in hopes to curb costs, Shulkin shared his insights on the issue.

"The reason why I think it's an interesting model is because as you know so much of what happens in health care is limited by the reimbursement system and the financial barriers," he said.

In the VA, there's appropriated funding at the start of the year, which allows care to be provided without barriers.

But it also lacks incentives.

"So, the reimbursement challenges weren't there, and the incentives weren't there," he said. "So, at the end of the year, if we had extra money, we gave it back to the Treasury. It wasn't like we had the stockholders or even that there were bonuses that (drove) any of those decisions."

But identifying how to best care for patients was not easy in this environment.

"Where I'm coming from is, it's not surprising that we have political spectrums and differences in this country, almost on every issue. My answer was, if you're really focused on the right thing for the veterans, you come out somewhere in the middle," Shulkin said. "There are things that the private sector clearly does better and more efficiently, and, when that's the case, that's where

veterans should get the care. But there were clearly things that veterans had specialized needs for that the private sector isn't doing well. Without that, veterans would suffer."

Shulkin said the VA did integrated medical records, transparency of quality metrics and mental health better than the private sector. Meanwhile, the private sector does specialties like neurosurgery or cancer care better than the VA can.

Which is where the voucher system originated from.

"So, I was driving towards an integrated system, in the middle, that took the best of the private and the best of what the VA can do. And of course, being in the middle in Washington (D.C.) is not a great place to be, unfortunately. Because, essentially, no one likes you," Shulkin said.

In New Jersey, he said, there is a lot of innovation happening in the private sector, but it isn't receiving the attention it deserves.

"It sits in the shadows between New York and Philadelphia," Shulkin said. "New Jersey is actually ahead, but people haven't necessarily recognized it. This is not an advertisement, but I do give credit to Horizon because they have been relatively, and I say relatively, open to partnering with physicians in ways that some managed care plans haven't done. In order to change health care, you can't just do it from the clinical side or the business side. It has to be both sides that take interest. That's not happening in other parts of country, and New Jersey is ahead in that."

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Veterans Affairs Media Summary and News Clips

4 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday. Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

[Hyperlink to Above](#)

1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

[Hyperlink to Above](#)

1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities. The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far. Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

[Hyperlink to Above](#)

1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA. An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

[Hyperlink to Above](#)

1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - PolitiFact: [Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old](#) (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy. He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield. The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road. The building will offer

significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans. The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations. The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach. Construction on the new facilities will begin next year.

[Hyperlink to Above](#)

3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#) (3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home. The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

[Hyperlink to Above](#)

3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project. The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth. "The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

[Hyperlink to Above](#)

3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock. The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at

the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

[Hyperlink to Above](#)

3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3

October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding. The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

[Hyperlink to Above](#)

3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)

Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records. Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense.

[Hyperlink to Above](#)

3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#)

(3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record. Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

[Hyperlink to Above](#)

3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3

October, 35k uvm; Alexandria, VA)

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

[Hyperlink to Above](#)

3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies. Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

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4. [Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit. Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works.

[Hyperlink to Above](#)

4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System. It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma.

[Hyperlink to Above](#)

4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending.

[Hyperlink to Above](#)

4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3

October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

[Hyperlink to Above](#)

4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs. Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls. The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far. During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week. The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

[Hyperlink to Above](#)

5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3

October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams. "Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

[Hyperlink to Above](#)

5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve. Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney. The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

[Hyperlink to Above](#)

5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year. Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

[Hyperlink to Above](#)

5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities. Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD. However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

[Hyperlink to Above](#)

5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country. This comes after the hospital received a one-star rating out of a possible five stars. Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

[Hyperlink to Above](#)

5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

[Hyperlink to Above](#)

5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

[Hyperlink to Above](#)

5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable. That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis. The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

[Hyperlink to Above](#)

6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder. Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

[Hyperlink to Above'](#)

6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide. Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Advocate (New Orleans): [VFW and Aktion Club contribute gifts for VA baby shower](#) (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

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7.2 - KOB (TV-4): [HUD and VA award nearly \\$400,000 toward housing homeless veterans in NM](#) (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)
Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico. The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

[Hyperlink to Above](#)

7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)
More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday. The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD.

[Hyperlink to Above](#)

7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)
A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing. The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)
Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring. Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

[Hyperlink to Above](#)

7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)
The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past. The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist

in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

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77 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week. This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges. A council committee heard those on both sides then voted to delay making a decision.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War. For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness. Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

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7.11 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

[Hyperlink to Above](#)

7.12 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again. A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

[Hyperlink to Above](#)

8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala. The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

[Hyperlink to Above](#)

8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

[Hyperlink to Above](#)

8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

[Hyperlink to Above](#)

8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died. Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents. However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

[Hyperlink to Above](#)

8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space. He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

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1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

WASHINGTON – The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings. The largest improvement was in Hot Springs, South Dakota, which went from two stars to five.

“With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale on which one is the worst and five the best.

The rankings compare VA hospitals against each other, but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The VA also rates 133 agency nursing homes on a one-to-five star scale and kept those ratings from the public until learning this year that USA TODAY and The Boston Globe planned to publish them.

Those ratings, unlike the hospital rankings, take private-sector nursing home averages into account. As of March 31, nearly half of VA nursing homes – 58 – received the lowest one-star rating.

Use the column heads below to sort by city, state or star rating or to see how this year’s hospital ratings compare with last year.

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1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

Staffers assessed Miller's suicide risk as "intermediate/moderate" before he walked out the door. They were wrong. Miller never left the hospital's parking lot, where he was found less than 24 hours later, dead from a self-inflicted gunshot wound.

Recently released findings from the VA Office of Inspector General, which investigated Miller's death, are careful to say that documentation and follow-up failures were not "causal" in Miller's death. But the "deficits" uncovered in his care are deeply disturbing. In particular, how did the risk assessment go so wrong?

There are no easy answers, but another heartbreaking VA report released in late September underscored the urgency of finding answers. In plain language, the newest VA National Suicide Data Report makes it clear that there are many veterans struggling with mental health on the homefront, and far too many are taking their lives.

The report analyzed data from 2005 to 2016. During that time, the number of veterans lost to suicide has frustratingly hovered close to about 6,000 a year. Veterans as a whole, from those who served in Korea to the latest conflict, remain at higher risk of suicide than the general population. "In 2016, the age- and gender-adjusted rates of suicide were 26.1 per 100,000 for Veterans and 17.4 per 100,000 for non-Veteran adults," the report said.

The rate is highest for those in Miller's age group, and sadly it rose substantially from 2005 to 2016. In 2015, there were 40.4 suicide deaths per 100,000 veterans ages 18-34. In 2016, the figure was 45 suicide deaths per 100,000. The report also offered state breakdowns. A look at Minnesota's is chilling. An older group of veterans here — those ages 35-54 — are far more likely than veterans nationally or in the Midwest to take their own lives. The suicide rate for this group is 45.6 per 100,000, compared with 33.4 in the Midwest and 33.1 nationally.

A Sept. 27 congressional hearing led by U.S. Reps. Phil Roe, R-Tenn., and Tim Walz, D-Minn., should have put a bright spotlight on both reports. Roe is the chairman of the House Committee on Veterans' Affairs. Walz, who is a Minnesota gubernatorial candidate, is the committee's ranking member and requested the investigation of Miller's death.

The full committee hearing unfortunately was overshadowed by another event on Capitol Hill that day — the Senate Judiciary Committee hearing on Supreme Court nominee Brett Kavanaugh. Coverage of the public health crisis among veterans fell disappointingly short, jeopardizing the awareness needed to build support for change.

Improvements are underway at the Minneapolis VA medical center, but broader fixes are needed. Among them:

- The VA needs to fill staff vacancies, particularly those for mental health care providers.
- The agency should study medical marijuana use to treat post-traumatic stress disorder and chronic pain. Passage of Walz's VA Medicinal Cannabis Research Act would kick-start that work.
- Congress should sufficiently fund previously passed legislation, the Clay Hunt SAV Act, to help veterans struggling with mental health.
- A national three-digit number should be considered to encourage use of the Veterans Crisis Line and the National Suicide Prevention Lifeline.

Sadly, there is no panacea to what experts have accurately called a suicide "epidemic" among veterans. But if implemented, these measures would work in concert to begin closing the cracks that Miller so tragically fell through.

To reach the Veterans Crisis Line, call 1-800-273-8255 and press 1. It is open to those not enrolled in VA health care. The National Suicide Prevention Lifeline uses the same main number: 1-800-273-8255.

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1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem.

"When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

The event — which has become an unfortunately annual occurrence for veterans advocates — is part of a broader push in recent weeks by lawmakers, veterans groups and Veterans Affairs officials to bring the issue of suicide among former military members back into public consciousness.

Last month, VA officials released new data that showed the overall rate of suicides among veterans has held steady at around 20 a day for roughly a decade, but researchers are seeing a troubling increase in the rate of younger veterans taking their lives.

Those realities come despite a concerned push in recent years by policy makers who have increased crisis intervention and mental health treatment resources for veterans.

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans' Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Last week, in a hearing before that committee, health experts said they see a gap in integrating those lessons learned into local community services, to provide a broader safety net for veterans in distress.

But to help fix that gap that, advocates said, they need to remind the public of the problem.

“I have seen far too many veterans and members of my community fall to suicide,” Said Kristen Rouse, founding director of the New York City Veterans Alliance, at Wednesday’s event. “What we see behind us represents a national crisis ... These are veterans from your home state, from your hometown, from your home city.”

During Wednesday’s event — held between the Capitol building and the Washington Monument, in an area with heavy tourist foot traffic — dozens of onlookers stopped to take pictures of the display and talk to the advocates involved.

Stephanie Keegan, whose son Daniel served in Afghanistan but died in 2016 because of delays in receiving treatment for his post-traumatic stress disorder, said she was grateful to share her families struggles with those visitors.

“It absolutely makes a difference,” she said. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities.

The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

The ratings indicate each hospital’s quality of care and are based on data such as death rates, patient satisfaction and efficiency. In years past, the VA had withheld the data from the public. In 2016, the performance ratings were released under pressure that followed a USA Today investigation.

Overall, 38 hospitals improved their star ratings in 2018, 40 dropped in the ratings and 68 stayed the same as last year.

Five VA hospitals received one-star ratings in 2017 and 2018: Big Springs and El Paso, Texas; Loma Linda, Calif; Memphis, and Phoenix. Four other hospitals were added to the worst-rated this year: Montgomery, Ala.; Tucson, Ariz.; Washington, D.C., and Atlanta.

VA hospitals in Dublin, Ga.; Fresno, Calif.; Roseburg and White City, Ore.; Walla Walla, Wash.; Harlingen, Texas; Nashville and Murfreesboro, Tenn., and Biloxi, Miss., improved enough from 2017 to get off the list of lowest-rated hospitals.

Eighteen hospitals received 5 stars in 2018, the best possible. Four of them are located in Pennsylvania.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers.”

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far.

Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

A couple of years ago, after serving three deployments in Iraq, she contemplated suicide herself.

“Each of these flags is a name, a person. Three of them are my friends, and one could’ve been me,” said Altamirano, now a suicide prevention liaison in the Reserve. “I hope this helps people see how vast of an issue this is. It’s overwhelming. It’s a crisis.”

The flags were placed on the Mall by Iraq and Afghanistan Veterans for America, an advocacy group trying to draw awareness to the issue of veteran suicide.

On Wednesday, the scene grabbed the attention of tourists, who took photos of the small flags with the Washington Monument in the background.

A new report released last week by the Department of Veterans Affairs shows suicide among veterans and servicemembers continues to be higher than the rest of the U.S. population. Veterans accounted for 14 percent of all suicides in the United States in 2016, yet they make up 8 percent of the population.

The rate of suicide among young veterans substantially increased from 2015 to 2016. For every 100,000 veterans age 18 to 34, 45 committed suicide in 2016 – up from 40.4 for every 100,000 in 2015.

Rates have also increased among women veterans and some members of the National Guard and Reserve.

The release of the report last week coincided with a hearing of the House Committee on Veterans' Affairs. Several lawmakers questioned why there hasn't been significant improvement, given Congress has increased the amount of money that it allots for VA mental health programs.

"I'm beyond frustrated about the numbers and data," said Keita Franklin, executive director of the VA's suicide prevention program. "Having worked in this field as long as I have, it's frustrating. When I try to think about what we're missing ... we tend to do a lot of one thing at a time and do it very well, full throttle. Preventing suicide takes a bundle of 10 to 12 things done at full throttle, all the time."

Of the approximately 20 veterans who commit suicide every day, 14 are not receiving health care from the VA. Part of the VA's effort is getting veterans to seek help.

Stephanie Keegan traveled from New York to help plant flags Wednesday morning. Her son Daniel was a veteran of the war in Afghanistan who died of a drug overdose in 2016 while struggling with post-traumatic stress disorder. He had waited 16 months to get into a VA mental health program, Keegan said. He was supposed to be admitted Jan. 23. He died Jan. 8.

Daniel Keegan had wanted to become involved in veterans advocacy. So now, Stephanie Keegan is dedicating her life to it. She has left her son's photo in every House lawmaker's office, met with VA secretaries and is involved with IAVA, in addition to other advocacy efforts.

"I get to do the work that he wanted to do, and I feel like he's sitting on my shoulder all the time," Keegan said. "It's been an opportunity to educate people on what a really struggling veteran looks like because he didn't look like anything you would expect. He was healthy as could be, but he was catastrophically ill for the last two years of his life."

To reach the Veterans Crisis Line, text 838255 or dial 1-800-273-8255 and press 1.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

The Strategic Analytics for Improvement and Learning, or SAIL, for this year shows only nine VA hospitals in the country got a 1-star rating and the one in Phoenix – where all the whistleblowing started four years ago – is still one of them.

Army veteran David Lucier has been getting treatment for post-traumatic stress and diabetes at the Phoenix VA for about 10 years. He's not surprised the place still has a 1-star rating.

"A lot of those numbers are based on a 12-month, rolling average. So it takes forever if you're gonna move up the scale," he said.

But according to SAIL, the hospital is showing small improvement, even though it still has the same overall score. Lucier says he's seen improvements in the care he gets, including the overall culture at the medical center.

"I'm just absolutely amazed. I've seen a stark improvement over people's attitudes who are just the everyday people at the VA," he said.

He also says doctors have helped him manage his diabetes very precisely and effectively. But he knows he's lucky to have good care; some of his friends have been misdiagnosed and others have waited a long time for appointments at all.

Lucier attends monthly advisory board meetings that are open to veterans in the community. From what he's gathered, the problems that pull the Phoenix VA's numbers down are mostly administrative.

In a statement to Arizona's Family, the VA touted upgraded clinical space to serve the nearly 100,000 veterans that come through each year. The center also improved in areas of mental health scores and call center answer speeds. But so far the sail rating shows the problems that have famously plagued the Phoenix VA haven't fully healed.

"This is like flying a jet plane at 50,000 feet and half your engine is gone and you gotta fix it," Lucier said. "The only way to get to your goal is to fix it while you're still flying. And that's where they are."

On the whole SAIL shows good things for the VA system. Sixty-six percent of the 146 hospitals have shown improvements since last year, and 11 of the 15 "high risk" locations, including Phoenix, have also improved.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

Of particular concern was a dismal rating as of Dec. 31, 2017, showing the Canandaigua Living Center that provides nursing home care had received the lowest ranking possible, one out of five stars. An updated star rating for the period October 2017 through March 2018 showed the nursing home inched up to two stars. In several categories the center rated below both the VA average as well as the national average for private sector nursing homes.

The End of Year Hospital Star rating for fiscal year 2018, shows 96 out of 146 VA medical centers nationwide improved their baseline scores from the previous year. "Each VA medical center is assessed for overall Quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5 and (2)

Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts,” according to the VA.

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1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

Kander has been the figure to watch for progressives, thanks to his founding of Let America Vote, which prevents voter suppression, in 2017, and his tenure as Missouri’s secretary of state from 2013 until last year.

Kander announced he was withdrawing from the race in an emotional Facebook post on Tuesday.

“About four months ago, I contacted the [Veterans Affairs Department] to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day,” the father of one began. “So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it. But, on some level, I knew something was deeply wrong, and that it hadn’t felt that way before my deployment.”

Kander says he went as far as filling out VA forms online — but not accurately because he was “too scared to acknowledge my true symptoms...”

“I was afraid of the stigma,” he wrote. “I was thinking about what it could mean for my political future if someone found out. That was stupid, and things have gotten even worse since.”

Despite his past few months being packed with accomplishments, from a New York Times best-selling book to raising “more money than any Kansas City mayoral campaign ever has in a single quarter,” Kander said he’s still had “suicidal thoughts” and that he’s finally “done hiding this from myself and from the world.” He added, “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander also revealed that he decided to run for mayor as a way to temporarily “fix the hole inside me,” and to “outrun his symptoms,” but unfortunately, he explained, “it’s faster than me... I have to stop running, turn around, and confront it.”

He’s now planning to seek help at a local Veterans Affairs office and has conceded that he can’t run a thorough, impactful mayoral campaign at the same time. “So I’m choosing to work on my depression,” he stated simply.

Kander says he debated whether to reveal his true reason for dropping out, and he shared that he ultimately made his decision because he believes honesty will help both himself and others.

"Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have," he wrote. "If you're struggling with something similar, it's OK. That doesn't make you less of a person. I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me."

He also posted the number for the VA Crisis Line, 1-800-273-8255, which non-veterans can call, too, and reminded supporters that he hasn't dropped his political aspirations. "I'm passing my oar to you for a bit," he said. "I hope you'll grab it and fight like hell to make this country the place we know it can be."

According to the National Center for PTSD, about 7 to 8 percent of the population will struggle with the condition at some point in their lives, with about 8 million adults living through PTSD every year. Rates of this type of mental illness are higher among women than men — 10 percent as compared to 4 percent.

Up to 20 percent of veterans who served in the Iraq War have experienced some degree of PTSD. This rate is higher than that of Gulf War survivors, about 12 percent, but lower than Vietnam vets', about 30 percent. The New York Times reported that suicide is a growing problem in young veterans.

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

2. Greater Choice for Veterans

2.1 - PolitiFact: Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy.

He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

"We just passed Choice," Trump said. "That was 44 years, they've been trying to pass Choice. So that if you have to wait for nine days, 30 days, 21 days, months, you don't do that anymore. If the line is big, and you're unhappy, you go to a private doctor, they take care of you and we pay the bill."

Trump repeated the point, saying, "They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed. We're good at passing things, right?"

Trump is wrong that Choice wasn't passed until he came into office.

Congress passed a new version of a Choice program in June 2018 — but the program itself has been around since 2014.

After the scandal of long waits and the efforts of administrators at some facilities to cover that up, Congress and the Obama administration passed the Veterans Access, Choice and Accountability Act of 2014.

For veterans who couldn't be given appointments quickly enough, or who lived more than 40 miles from a Veterans Health Administration hospital, the government would pay for private care. In four years, Washington spent \$12 billion on the program.

The bill signed by Trump, the VA Mission Act, is a major effort to fold a variety of community care programs at the VA into one integrated whole. That change won't take place for at least a year. Until then, the law provides \$5.2 billion to continue the Choice program in its present form.

We reached out to the Trump administration but did not hear back.

Our ruling

Trump said that he and his fellow Republican "passed Choice," something that others had been trying to do for 44 years. He described the program as one that allowed veterans to get private care at government expense.

The program to do exactly that has been around for four years. And it's always been referred to as Choice.

We rate this claim False.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield.

The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road.

The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

It is projected to open in 2019.

The new site, located just north of downtown Springfield, will be designed to "best serve the needs of the veterans," the VA says.

"This move will improve access to care, efficiency of facility operations, a state-of-the-art infrastructure layout, parking, and care coordination between all services," the VA stated in a press release.

The organization says the relocation was necessary to serve the growing veteran population in Springfield. The Springfield CBOC served more than 3,600 veterans in the last year, with over 21,000 outpatient visits.

The site at South Burnett Road will remain open for all existing services until the new site is ready next year. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

WIESBADEN, Germany — A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans.

The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

"This type of wheelchair gives you independence, to reach something on a high shelf for example, and to keep the rider safe indoors and outdoors," said Sivashankar Sivakanthan, a graduate researcher at Pitt. "The benefits add up very quickly."

The Mobility Enhancement Robotic wheelchair, or MEBot, draws on new developments in robotics and pneumatics to enable wheels and other parts to change configuration with the flick of a switch.

The wheels, for example, can slide forward or backward to negotiate a curb that a normal electric wheelchair couldn't handle. And by tilting forward, backward and from side to side, the chair can prevent a rider from falling out of the chair.

The movements also make the chair less likely to topple over, which is the No. 1 reason people in wheelchairs go to the emergency room, said Rory Cooper, director of Pitt's Human Engineering Research Laboratories.

Development of the chair is a joint project of the laboratory, Walter Reed National Military Medical Center and the Department of Veterans Affairs.

The projected cost of the chair — about \$30,000 — puts it on par with current electric wheelchairs, Cooper said. The MEBot is expected to be available for purchase in about five years, he said.

Also at Clay Kaserne on Monday, the Pitt scientists demonstrated a wheelchair powered by compressed air. Besides the environmental advantages, the pneumatic chair can be driven in swimming pools, giving disabled veterans greater access.

Another wheelchair they displayed is designed for racing. It uses hand cranks and woven composite graphite for areas that would normally succumb to the strains sustained during racing.

According to the Paralyzed Veterans of America, there are 100,000 veterans who suffer from spinal cord injury or disease.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations.

The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach.

Construction on the new facilities will begin next year.

The Charleston VA was ranked as the second fastest growing VA for the 2017 fiscal year.

“Space has been our biggest challenge with our rapid growth rate,” said Charleston VAMC Director and CEO Scott Isaacks. “Being able to increase our physical footprint with these two leases will give us the space we need to continue providing high quality health care services to our veterans.”

The local clinical care annex will be located at the corner of Rivers Avenue and Hanahan Road in North Charleston. It will be 75,000 square feet.

The Ralph Johnson VA Medical Center says this location's main focus will be on primary care and dental services.

It will also have mental health services, select specialty care, blood collection and radiology.

That includes CT scans, ultrasounds, bone density tests and the capability to add MRIs.

The Myrtle Beach VA Outpatient Clinic will be 84,000 square feet and will be located on the northwest corner of Howard Avenue and Airpark Drive.

Medical center officials say the lease gives ample space to expand existing services in the area including primary care, mental health, tele-mental health, tele-health, dermatology, podiatry, physical therapy, occupational therapy, prosthetics, optometry, audiology, compensation and pension, blood collection, an optical shop and radiology.

The space also allows for expansion of specialty services.

Both the Charleston and Myrtle Beach sites will feature a women's clinic and provide plenty of parking spaces for veterans and visitors.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#)
(3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home.

The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge health care technology and the home-like comforts of a modern facility," David R. Stockwell, director of the VA Northern California Health Care System, said in the news release.

The new clinic will include 520 parking spaces and nearly 30,000 more square feet of usable space.

That will be enough to accommodate significant growth in primary care, mental health and existing specialty services, VA officials said. It will also allow for additional telemedicine rooms for new specialty services, including allergy and immunology, nephrology and rheumatology.

The design, construction and opening of the clinic is expected to take about 32 months with its opening set for May 2021.

Congress authorized construction of the project as part of the 2014 Choice Act.

The project includes about \$3.4 million in annual unserviced rent and about \$14.4 million in tenant improvement costs.

The expanded space allows for an additional 17 mental health providers, a mammography division and a second X-ray unit at the facility.

In a news release issued Wednesday by Rep. Doug LaMalfa, he said he worked on the House Transportation and Infrastructure Committee to authorize the lease.

"I'm please the VA is moving forward," he said, "This is a significant, if overdue, upgrade to the types of care and services available to our veterans in Redding. Now we must ensure the facility is staffed with high-quality doctors and health providers in order for it to deliver on its considerable promise."

LaMalfa said his 1st Congressional District is home to nearly 60,000 men and women who have served in the military.

Former state Sen. Maurice Johannessen, who owns the Knighton Road property and proposed the health care facility years ago, was also pleased about the lease.

"I've been working on this thing six to 10 years," he said. "I'm happy with it."

Johannessen, also a former secretary of the California Department of Veterans Affairs, bought the 15.9-acre Knighton Road property in 2011.

He has said his proposal is a dream he's had, and he wants to see to it that it is built, noting it would complement other services for veterans, such as the California Veterans Home also on Knighton Road and the Northern California Veterans Cemetery, he said.

"This has been a long time coming," he has said. "The idea behind this is, we're making a center for veterans in this part of the world."

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project.

The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth.

"The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

The companies will lend their "experience and expertise" to Cerner's efforts to bring "seamless care" to veterans, according to a Cerner Facebook post.

Cerner did not say specifically how the team will work with other groups working on the EHR. Those include the Office of Electronic Health Record Modernization, which the VA established this summer to guide preparation, deployment and maintenance of the new EHR. Overseen by John Windom, the office is collaborating with the Defense Department to make sure the new EHR is "fully interoperable," Wilkie told the Senate Veterans' Affairs Committee last week.

Interoperability has been a sticking point for the project since nearly the beginning, and it was one of the reasons the VA-Cerner contract was delayed for so long.

As negative press swirled around the negotiations, Cerner President Zane Burke attributed some of it to "fake news." Last month, Burke announced he would be leaving the company on Nov. 2. Cerner's executive vice president of worldwide client relationships will take over his duties and become chief client officer.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock.

The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

“This project shows the commitment the U.S. Department of Veteran Affairs has for our Veterans in the Lubbock area, and the outstanding support by our community partners to provide a fully-modern clinic to meet the needs of Veteran health care in the Hub City,” said Mike Kiefer, Amarillo VA Health Care System Director. “I am beyond excited to see this project come to fruition, as I understand how important this facility is to our veterans, veteran family members and our staff in Lubbock.”

The clinic will be near the Texas Tech Health Sciences Center and University Medical Center, where an added partnership between the VA and TTUHSC will help provide for more specialty needs and social services.

Data provided by the VA show about 323,000 veterans in the West Texas and New Mexico market in 2016, but only 167,000 are enrolled in the VA. It's often said there are about 30,000 veterans in the Lubbock area, but the current clinic says only about 8,000 use its services.

The new facility is aimed at addressing a few key, and significant, issues: location, space, treatment and, maybe just as important, perception.

A new VA clinic in Lubbock is a long time coming. Among the criticisms of the current clinic is the location, the size, and it doesn't provide enough services, often forcing veterans to drive to Amarillo or Albuquerque, New Mexico, for treatment.

Back in 2009, four retired generals in Lubbock created a 16-member committee to look at improving veteran health care in this area: Mitemeyer, Maj. Gen. Walter Huffman, Maj. Gen. Edgar Murphy and Brig. Gen. Gary Harber. After the committee met, they said it was obvious that a new location was needed, preferably close to Tech's Health Sciences Center to take advantage of specialty doctors, students and equipment.

A-J Media spoke with these four generals last year for a story about the new clinic. By partnering with TTUHSC, Huffman said more medical and social services will be available to vets. He said it also eliminates the need for redundant services or equipment because they'll be available at TTUHSC, thus saving money. More physicians and students will also be trained in treating veterans' medical issues.

The proposed two-story new clinic will put particular emphasis on treating traumatic brain injuries and post-traumatic stress disorder, Murphy said. About 30,000 square feet will be dedicated toward mental and behavioral health, and the rest for general medical needs.

In late 2013, the U.S. House passed HR 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act, that provided funding for the creation of several major veterans facilities in states including Texas, New Mexico and Oklahoma.

In that was the Amarillo VA Health Care System's request for a new clinic in Lubbock. The proposal is for the building to have approximately 94,000 square feet of usable space, which is about three times more than the current VA clinic. The project description says it will allow the VA to provide primary care, mental health care, physical therapy, dermatology, podiatry, orthopedics, dental and special care services among other things.

The generals said many people helped out tremendously in making this happen, including former U.S. Rep. Randy Neugebauer, U.S. Rep. Jeff Miller, Chairman of the House Veterans Affairs Committee, U.S. Sen. John Cornyn, Tech Chancellor Kent Hance, TTUHSC President Tedd Mitchell, and the leaders at the Amarillo VA.

Mease said the Lubbock clinic will continue to operate under the Amarillo VA umbrella. But he said this facility will allow for better care for the veterans in the Lubbock area.

"These people were willing to serve their country," retired Lt. Gen. Bernhard Mitemeyer said last year. "They'll see probably for the first time a place that's theirs. They'll be in a sense honored for their service; it'll be part of a major medical center instead of out amongst the motels. These people will see that they're appreciated. The VA has done a great job in letting us go ahead with this."

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3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding.

The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

The new 77,000-square-foot center will replace the city's current 48,000-square-foot clinic located on Hartnell Avenue. The new location will be at 3455 Knighton Road and it will include 520 parking spaces.

The project will cost around \$50 million, \$1.5 million of that being personally funded.

It will also have 30,000 more square feet of usable space, which can accommodate growth in primary care, mental health and existing specialty services.

"We wanted a place where they are secure, they are safe, we can support them, we can hold their hand when they need it and help financially when they have too," said Former State Senator Marice Johannessen CA District 4.

It will also allow for additional telemedicine rooms for new specialty services including allergy and immunology, nephrology and rheumatology.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge healthcare technology and the home-like comforts," said David Stockwell, director of CA northern California.

Design and construction of the clinic are expected to take more than two years, with the opening projected for 2022.

"When seeing all of this stuff come together, it is amazing," Johannessen said. "I am glad I have lived long enough to complete the things that I promised."

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)

Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records.

Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense. The project, designed to enable seamless data sharing between the agency and community providers, is estimated to cost \$10 billion over the next 10 years.

The core team includes Leidos (NYSE: LDOS) as well as Guidehouse LLP (the former PricewaterhouseCoopers U.S. public sector business that spun out earlier this year), Arlington-based Accenture Federal Services, Chantilly-based AbleVets LLC (which we recently featured), Vienna-based MicroHealth LLC, D.C.-based ProSource360 Consulting Services Inc., Henry Schein Inc. out of Melville, New York, and 17 additional businesses, many of them veteran-owned, including Herndon-based B3 Group Inc.

Travis Dalton, president of Cerner's government services business, called the program "the beginning of a long transformational journey."

Leidos acknowledged during its second-quarter earnings call in July that it had signed on with Cerner as a subcontractor, doing program management work, deploying the system and providing help desk and security support.

Leidos is the lead systems integrator for the Department of Defense's Defense Healthcare Management Systems Modernization (DHMSM) program, another project with Cerner and one that faced significant rollout challenges at four sites in the Pacific Northwest.

Several leadership changes have shaken the VA this year and resulted in delays to the deal getting done. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, was expected to leave Sept. 4. Genevieve Morris, who served as chief health information officer for

the VA's Office of EHR Modernization, stepped down in August. And acting CIO Scott Blackburn resigned in April.

Leidos CEO Roger Krone sketched out the company's different EHR roles for analysts over the summer, because Leidos recognizes significantly more revenue from the DHMSM program as a prime contractor than it will on the VA program.

"We don't have contract performance responsibility as the prime integrator," Krone told analysts. "But we're going to be fully supportive of Cerner and we're committed to the success of the program and to make sure that the vets get the best electronic health care records system that industry can possibly provide."

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record.

Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

But other notable names on Cerner's team include:

- Accenture
- Guidehouse (the former PwC U.S. public sector business)
- Henry Schein
- AbleVets
- MicroHealth
- ProSource360

There also are 17 other partners that include many veteran-owned businesses, Cerner said in their statement.

Leidos is the prime for the Defense Department's "Genesis" electronic health record project to implement Cerner's EHR across the Military Health System.

This time however, the roles are flipped as Cerner holds the prime role for the VA effort.

Both teams include several of the same companies including Accenture and Henry Schein as core teammates.

Both projects for the DOD and VA are valued in the billions. The DOD project was originally pegged at \$4.3 billion and had another \$1.2 billion added earlier this year as VA began working on their project.

The VA project is valued at \$10 billion over 10 years, which reflects how that effort will serve a much larger network of patients and providers.

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)

Federal CIO Suzette Kent called today's first official test of the National Wireless Emergency Alert System a "historic event," highlighting the test as evidence of the expanding role of mobile technologies and their impact on a broader effort toward digital transformation in the Federal government.

If you own a mobile phone, chances are you noticed the test of the system that occurred just after 2 p.m. ET today. Most are likely familiar with the system's use by local authorities to send alerts for severe weather and missing children. But today marked the first time the system had been tested by the Federal government on a national level.

"That in itself is a testament to how digital and mobile is a connectivity point between citizens and government," Kent said this morning at a Dell Technologies Summit. Kent cited the test as an example of the administration's responsibility to create digital technologies that augment citizens' everyday lives.

"On the digital side, the focus is delivering high quality services to American citizens, and we are tasked every day to be effective stewards of taxpayer money," she said.

Kent echoed a speech she made last month, referencing a key "nexus" across the executive and legislative branches of government and private industry "to make technology transformation a priority" and "citizen services a priority."

She also cited the President's Management Agenda, and its fourth cross-agency priority (CAP) goal, "Improving Customer Experience," as evidence of how the executive branch is placing "aggressive focus" on better digital experiences for citizens.

Kent's comments regarding that focus also seem to be reflected in actions on the part of the legislative branch. A proposed bill, the 21st Century Integrated Digital Experience Act, would push Federal agencies toward better citizen services—creating minimum standards for website functionality and "digital options" for any in-person government service.

Last week the bill was approved by the Senate Homeland Security and Governmental Affairs Committee, after a companion bill had been introduced in the House earlier in the year.

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

Kent mentioned these accomplishments in the context of broader modernization efforts spearheaded by the administration, such as the release of a new White House cyber strategy on Sept. 20 and the new Federal Cloud Smart strategy on Sept. 24.

“That’s just the last two weeks. That’s not stopping. We have more coming in the near future,” Kent said, making good on comments she made at the end of August that the administration would be rolling out various updates to Federal IT policies.

Among those near-future updates, Kent again highlighted the forthcoming changes to Federal Information Security Modernization Act reporting, and hinted at progress on reforming the Trusted Internet Connections initiative.

She closed her speech with a call to action for the assembled crowd of IT professionals, framed by the soon-to-arrive emergency alert.

“So when your phone beeps today and you get the text message from the president, pause and think about what that means about how important digital channels are in the lives of every American, and think about what your role is in continuing to deliver services much more quickly and more impactfully,” Kent said.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies.

Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

The department heads said they plan to come up with a more streamlined and comprehensive EHR system that provides for unified decision-making and oversight functions; harmonized operations, data management and technology tools; and a single implementation schedule.

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[4. Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs’ Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit.

Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

Wilkie will take part in the activities at the base, which run from 8:30 a.m. to 1:30 p.m. at the Armed Forces Reserve Center, 300 E. Eaker Ave., at Fairchild Air Force Base.

The summit was held last year Fort Benning, Georgia, which is the home district of U.S. Rep. Sanford Bishop, Jr., D-Georgia.

“The Military Family Summit allows us to better understand the unique challenges facing our military families,” Bishop said in the release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

[...]

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works. (House Science, Space, and Technology Committee)

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System.

It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma. It is my aim to ensure the organization continues to pursue performance excellence while delivering health care services and veteran experiences that meet our 5-star expectations.

I committed myself to federal service 36 years ago because I believe VA's mission, particularly that of the Veterans Health Administration, is the most noble in government and all of health care. We only exist for one core reason – provide exceptional healthcare to veterans and support their caregivers. From this core springs our important role in research and education/training of physicians, nurses and many other health professionals.

I spent the early years of my career as a clinician before making the switch to hospital administration about 15 years ago – so I understand health care from both the clinical and administrative perspectives. Although I am not a veteran, I am the proud son of my father, a Korean War Navy Veteran. My uncles, Army and Marine Corps veterans, served in Korea, and more recently, my nephew served in the Marines in Afghanistan.

Many of our employees are veterans, and like me, some are the sons, daughters, husbands or wives, fathers or mothers of veterans who want to give back in their names. Regardless of why we come to work for veterans each day, our mission and focus is the same: “to care for those who shall have borne the battle and for his widow and his orphan.”

As director of the Bay Pines VA Healthcare System it is my promise to veterans that my commitment to the mission will not waver. Our healthcare system will strive to deliver state-of-the-art, accessible, high-quality health care services to the men and women we have the honor and privilege to serve across Southwest Florida. America’s heroes deserve nothing less. However, we are not infallible. Hospitals are complex organizations with 24/7 operations and constantly moving parts. When things go awry, we will work to improve and take responsibility accordingly. We will be measured by our achievements, not our promises.

To close, I would like to personally thank all the veterans who trust Bay Pines for their care. We are indebted to them, and it is my goal to uphold our nation’s promise by delivering exceptional health care services they have earned through their service to our great nation.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending. A third FOIA request for additional records was recently filed by Judicial Watch after gathering new details pertinent to the case. Conducted by the VA Office of Inspector General (OIG), the investigation vindicates vets embroiled in a long and nasty fight against the abuse and misappropriation of VA property.

For nearly a decade a group called the Old Veterans Guard has filed complaints against rampant corruption at the Los Angeles VA for misusing VA property. The 338-acre parcel in West L.A., which includes the National Veterans Park and Veterans Home, was deeded to the federal government in 1888 for the specific purpose of caring for disabled veterans. Instead, the property is also used for many unrelated causes. Among them is a stadium for the University of California, Los Angeles (UCLA) baseball team, an athletic complex for a nearby private high school, laundry facilities for a local hotel, storage and maintenance of production sets for 20th Century Fox Television, the Brentwood Theatre, soccer practice and match fields for a private girls’ soccer club, a dog park, and a farmer’s market. The new VA OIG report lists many others, including a parrot sanctuary, two parking lots spanning 3.9 acres and oil drilling.

Members of the Old Veterans Guard say federal authorities retaliated against them for denouncing the fraudulent use of the facility by sending VA police to harass and intimidate them at weekly rallies. Since 2008 the group has assembled at the “Great Lawn Gate” that marks the entrance to the L.A. National Veterans Park to protest the VA’s failure to make full use of the property to benefit veterans, particularly those who are homeless. Among the group leaders is Robert Rosebrock, an elderly Army vet who got criminally charged for posting a pair of four-by-six-inch American Flags on the outside fence on Memorial Day in 2016. Judicial Watch represented Rosebrock in the federal case, which was tried in U.S. District Court for the Central

District of California. Last year, the court ruled that Rosebrock was not guilty of violating federal law for displaying the flags above the VA fence. Rosebrock's absurd case was filed during the Obama administration, but the Trump Department of Justice (DOJ) moved forward with it.

Earlier this year an official at the same L.A. VA facility where Rosebrock got prosecuted for posting American Flags got charged for taking hundreds of thousands of dollars in bribes from a vendor that defrauded the VA out of millions. While the feds went on a witch hunt against the 75-year-old vet for affixing Old Glory at a site honoring those who served their country, the VA director was committing the real crime. In January the corrupt VA official, Ralph Tillman, agreed to plead guilty to two felony offenses for taking over a quarter of a million dollars in bribes from a parking lot operator at the VA Greater Los Angeles Healthcare System in southern California.

As part of its investigation, the VA OIG reviewed 40 land use agreements and determined that 11 did not comply with the law. Additionally, the VA watchdog found that 14 entities unaffiliated with the VA were operating on the West L.A. campus with either an expired or no documented agreement. "The OIG determined these noncompliant arrangements resulted from insufficient veteran input on land use, unclear VA policies on what constituted appropriate use of "out leases" and revocable licenses, and incomplete capital asset inventory land use agreement records maintained by GLAHS (Greater Los Angeles Healthcare System)," the report states. The VA watchdog directs the agency to implement a plan that complies with federal laws and create a process to obtain input from the veteran community on land use. The Old Veterans Guard has been fighting for this for a decade.

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4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

In one case, federal investigators found a nurse's assistant worked double shifts for six straight days — more than 96 hours in a single week — while expected to diligently oversee a patient requiring one-on-one care.

As the Northport facility is the only VA Medical Center on Long Island it serves more than 31,000 patients per year and oversees several outpatient clinical sites. Its four nursing homes are located in two buildings, with an approximate capacity of 170 beds.

The Office of Inspector General, a division of U.S. Department of Health & Human Services, charged with independent oversight of Department of Veterans Affairs programs, received several anonymous complaints about the quality of care received at Northport VAMC in 2017 following the deaths of two patients.

In September 2017, the OIG launched a year-long investigation into staffing shortages after receiving two further emails: the first from an employee at Northport VAMC, the second from a liaison to the House Committee on Veterans' Affairs. The investigation produced a Sept. 18 report ([click here to read the full report](#)) that found Northport VAMC's leadership knew about the staff shortages, forced administrative level nurses to care for patients, and yet still continued to

accept new patients despite knowing they wouldn't have the staff needed to provide the expected level of care.

Federal investigators recognized in August 2017 there was significant turnover in the leadership at the Northport VAMC, affecting key positions such as its director, acting chief of staff and acting nurse executive, who were cited "as catalysts for this change." Staff members' remarks indicated it's given them hope for a better future.

The agency recommended a series of changes for the Northport VAMC pertaining to the nursing staff currently being enacted, and the facility says is bringing immediate tangible results.

Two patient deaths

Anonymous complaints about two patient deaths at the Northport VAMC in 2017 started the series of federal investigations into the facility.

The first death was a male patient in his late 60s who died as a result of choking on his food. Federal inspectors found insufficient evidence the man's death was due to a lack of nurse oversight, as alleged in the complaints, but did conclude Northport VAMC had ongoing challenges in maintaining basic necessary staffing levels.

"Conditions such as staffing shortages could create an environment where the increased workload assigned to each staff member was such that it became more difficult to remain vigilant," the report reads.

A forum was held for the Northport VA nursing homes staff to voice their concerns with the facility and its operation while an investigation of the first patient's death was ongoing.

"Many [staff members] shared a concern about staffing levels being too low," the report reads.

A second death raised claims of poor quality of care in the Northport vets nursing homes, after a patient in his mid-60s slipped, fell and fractured his hip. He underwent surgery and six days later stopped breathing. Allegations included the VA staff failed to protect the patient from falling and failed to properly provide one-on-one observation post surgery, neither of which was substantiated by federal investigators.

The investigation into the second death showed the nurse's assistant caring for him was on her sixth consecutive day of double shifts — 16 hours at a stretch. Investigators again cited "concern that working extra hours with double shifts could lead to staff becoming tired and less vigilant."

A staff member working double shifts was not common practice, according to Northport VAMC spokesman Levi Spellman, who said union workers are contractually required to have 10 to 12 hours off between nursing shifts.

Closer look at staffing numbers

Records pulled by the federal investigators showed Northport VAMC has been chronically short of nursing staff dating back to at least 2016. Allegations were made that understaffing could

lead to a higher rate of “nurse-sensitive outcomes,” such as surgical wounds getting infected, urinary tract infections, ulcers and pneumonia.

Northport’s four nursing homes were found to be short approximately 6.3 full-time employees in 2016 needed to meet VA’s recommended number of nursing hours spent with patients per day. By 2017, the facility’s staffing shortage had more than doubled, with 15.3 additional full-time employees needed. Northport VAMC’s nursing homes were only staffed at 60 to 80 percent of recommended levels over the two years, according to federal investigators.

Northport VAMC’s leadership attempted to tackle the short staffing issue by using “floating” shifts and overtime — sometimes mandatory, according to the federal report. Floating shifts meant staff from other areas of the VAMC were brought in to assist with patients in the nursing homes.

In 2016, Northport VAMC’s nursing home employees put in a total of 19,991 hours of overtime. It nearly doubled by the end of 2017 as only 107.9 of the facility’s authorized 128 full-time positions were filled, according to Spellman, causing the facility’s overtime costs to skyrocket to nearly \$1.5 million.

“Nurse managers had no mechanism to alert them if one of their unit nursing personnel worked excessive OT,” the report reads.

Federal investigators found part of the nursing homes’ staffing issues were due to an inability to hire and retain the members of its nursing staff. Northport VAMC got approval to hire 10 additional registered nurses and 10 nurse assistants as intermittent staff in November 2016, though the team wasn’t assembled until August 2017.

Often the process of hiring new nursing staff was delayed. In one instance, Northport’s leadership said two applicants interviewed and hired in January 2017 were told they would not start working until July.

“This delay in hiring often resulted in the loss of selected applicants who took other jobs,” the report reads.

The leadership of Northport VAMC said the high cost of living on Long Island has also made finding and maintaining a full-time staff difficult.

“Not only does this affect our ability to retain talent, but to recruit it as well,” spokesman Spellman said.

Steps to improvement

The federal investigators made three recommendations to Northport VAMC in order to ensure it has adequate nursing care for its patients and improve quality of care for residents.

First, that the VAMC’s acting director, Dr. Cathy Cruise, completes a review of the nursing homes to ensure staffing levels align with the needs of its current residents. More staff should be recruited and hired to fill the current vacancies “until optimal staffing is attained,” reads the report.

Spellman said leadership of Northport VAMC, including Cruise, have already started taking action, implementing changes to improve the quality of care and working conditions.

A registered nurse clinical coordination position has been added in order to streamline nursing staff's efficiency, according to Spellman. At the beginning of 2018, the facility was given approval to hire 2.6 more full-time employees and another 10 staff members were recently approved to bring the total nursing staff to the equivalent 140.6 positions.

"A staffing methodology is in the process of being completed, with additional staff expected," Spellman said.

The Northport VA has received approval to directly hire its nursing staff and is giving new employees immediate start dates, according to him. It also had plans to expand its nursing floating pool, and to cross train other VAMC nurses in long-term care to continue to grow the available number of staff who can provide residents with care.

Third, Northport's leadership was also told to improve its management of staff's overtime hours and make sure of future responsible use of financial resources, citing the \$1.5 million in 2017 overtime.

"Federal employees are expected to be good stewards of government funds," the report reads. "The OIG found a lack of accountability for managing OT expenditures."

Spellman said the nursing homes staff had a total weekly average of 437.3 hours of overtime for the 2018 fiscal year, which ended Sept. 30. This indicates a significant drop from last year, where the total weekly average of overtime exceeded 750 hours.

"All of this is to say that, while the OIG has helped Northport identify areas in which we can improve, we have implemented measures to make those improvements — and we are already seeing results," Spellman said.

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs.

Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries. Many more need reasonable support of career goals through the unencumbered use of their earned education benefits, which help them seek careers in corporate, civic, and entrepreneurial ventures.

Our goal as a nation should be to ensure that the help we provide veterans, regardless of the programmatic form or government agency, is effective and never hurtful. Considering this goal, political leaders are starting to investigate what has become a systemic problem — a trend of veteran entrepreneurs being harmed by the U.S. Department of Veterans Affairs (VA).

Often overlooked is the fact that the American veteran entrepreneur is critical to our nation's economy and security. As our military prepares for the future, such as the Army Futures Command, we are looking to our veteran entrepreneurs to lead empathetic networks and economic opportunities for veterans and reservists. Likewise, veteran entrepreneurs are bold and industrious leaders who build businesses throughout America's diverse communities.

Obviously, many VA employees are dedicated to serving veterans very well, but there are those who get away with abusing veterans. The regular scandalous abuses include patients dying from treatment delays, neglect, and horrible medical errors. A notable case in the Obama administration is the 1,700 veterans who waited many months for medical appointments and the delays that created horrible outcomes, including deaths.

Typically, the response by VA leaders is to invest more taxpayer dollars into employee training, which leads to another case of abuse — of a veteran entrepreneur.

Ironically, a recent case in which VA employees abused a veteran entrepreneur is the project to fix the Obama-era conference spending scandal, justified as employee training. As reported earlier, VA employees abused a veteran entrepreneur by taking credit for his innovative services to seek their promotions without paying the veteran entrepreneur for the services or proprietary software:

“To make matters worse, after declining to pay the bills for these veteran entrepreneurs, hired to solve the agencies' spending scandal and management errors, the VA then acts as an agitator and adversary to the very veterans it exists to support.”

In an email to a veteran, Dr. Eric Hannel, former staff director for the Subcommittee on Oversight and Investigations, House Committee on Veteran Affairs, said:

“VA lacks the ability and desire of real transparency when measuring many facets of contracts made with Service Disabled Veteran Owned Small Businesses (SDVOSBs) and Veteran Owned Small Businesses (VOSBs). During my time as a congressional investigator, with VA as my primary focus, a number of veteran entrepreneurs reported inappropriate VA conduct bordering on misfeasance, malfeasance or fraud, which was subsequently substantiated by evidence. The Government Accountability Office (GAO) has also identified numerous shortcomings with VA's efforts towards Veteran Entrepreneurs over the years.”

The systemic problem warrants continuous congressional attention.

Corrupt VA employees should not abuse veteran entrepreneurs — it is shameful and an embarrassment to all Americans. Thankfully, President Donald Trump nominated — and Congress will hopefully approve — two key leaders who will play a major role in stopping the abuse of veteran entrepreneurs.

Dr. Tamara Bonzanto is nominated to be the next assistant secretary for the VA Office of Accountability & Whistleblower Protection. She can establish an ombudsman who has the authority to monitor and report to Congress VA employees' abuses that veteran entrepreneurs have seen or experienced.

Mr. James Paul Gfrerer is nominated to be the next assistant secretary for the VA Office of Information and Technology. He can manage and report to Congress from a single data

inventory of all VA expenditures that are used to acquire or customize software, especially as this seems to be where VA employees are most likely to abuse veteran entrepreneurs.

Meanwhile, Rep. Randy Hultgren (R-Ill.) argued on the House floor that VA needs to manage, verify, and report the measurable returns on investments (ROIs) for all expenditures. These ROIs are very appropriate requirements for the VA training business cases and all other discretionary spending by VA. Employee training and its reinforcing software are two of the largest investments taxpayers make to ensure that veterans are treated effectively.

Veterans are confident that the new VA secretary, Robert Wilkie, will stop the abuse of veteran entrepreneurs. And to ensure that taxpayers' investments are not wasted, he will make public the ROI analyses for the discretionary programs — ensuring that these programs are not used to hurt veteran entrepreneurs but rather that they are accountable for their positive effects on our American veterans.

Christopher Neiweem is the founder of Neiweem Group and an Iraq War veteran who has testified in front of both the House of Representatives and U.S. Senate committees on issues impacting veterans' health benefits and education as an expert witness. He has directed multiple legislative campaigns aimed at the VA to improve care for veterans and has been featured on dozens of media print and television platforms to include Fox News Channel, CNN, and Headline News.

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5. Improve Timeliness of Service

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls.

The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

The rankings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

In a written statement responding to the new rankings, Medical Center Director David Dunning said the hospital was making "significant improvements."

Dunning said the hospital was "among the faster improving medical centers" in the country. At least 29 other VA hospitals made larger improvements, according to the rating system.

"Some of our biggest strides were in the areas of mental health, including suicide prevention, hospital complications and sepsis recognition," Dunning said in the statement. "Our staff are fully engaged in improving our Veterans' experience and our hospital is far safer in every aspect than we were one, two or three years ago."

Memphis' low ranking comes about a year after a USA TODAY investigation into the hospital revealed a series of botched surgeries inside the facility, including a patient who mistakenly had 10 inches of packaging tubing implanted into an artery in his leg, ultimately forcing an amputation.

VA officials said at the time that a new director had taken over the Memphis facility, then quickly identified problems in the surgery, research, nursing, engineering and human resources departments.

"When we determine facilities need extra attention — such as those in Memphis and Marion, Ill. — they are receiving it," said Curt Cashour, a spokesman for the VA system, last year. "And we are not hesitating to take swift accountability actions when warranted."

U.S. Rep Steve Cohen released a statement after the report was released, expressing his "extreme disappointment."

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings," Cohen said. "It is unconscionable that the rate of death is so high."

The congressman said he wrote VA Secretary Robert Wilkie Wednesday afternoon, asking that needed improvements be made immediately.

Other Tennessee VA hospitals fared better in the new rankings. Facilities in Nashville and Murfreesboro made enough improvements to be upgraded from one-star to two-star ratings. The Mountain Home VA remains a four-star facility.

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death, infection rates and wait times, but used to keep these rankings secret.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far.

During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week.

The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

"It's very important for the veterans because even if they don't have an appointment, the convenience is so great. They don't have to look for parking, they don't have to go in and wait. They can just drive through," said Suzette Hile, R.N. and care coordinator for the Salem VA.

The clinic at the Salem VA Medical Center is open 8 a.m. to 4 p.m. Monday through Friday until the end of the month.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

IOWA CITY — U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams.

"Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

The letter follows news reports about the Iowa City VA being audited, along with eight other VA hospitals nationwide, to determine whether radiology requests were processed in a timely manner and canceled appropriately.

Jeff Dettbarn, a former X-ray technician at the Iowa City hospital, told The Gazette earlier this week thousands of exams were canceled, many without the required physician signoff. After repeatedly expressing concern about the cancellations, Dettbarn was transferred to a lower-paying job at the VA, he said.

In Tuesday's letter to Judith Johnson-Mekota, director of the Iowa City VA, Ernst and Grassley asked for responses by Oct. 16 to the following questions:

- How many total cancellations occurred?
- How many of these cancellations were determined to have been made in error?
- How did the Iowa City VA determine that a radiology appointment was improperly canceled?

The U.S. senators also asked hospital staff to detail the process the VA used to follow up with veterans to make sure they are receiving proper imaging care.

"While we are glad to see corrective action by the Iowa City VA, this and similar issues over the past few years continue to raise questions regarding the level of care our veterans in Iowa are receiving," the letter states.

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered but not performed within two months. VA officials said many of the overdue tests weren't necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams — including CT scans, MRIs, ultrasounds and mammographies, weren't needed — the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor's permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

Iowa City VA spokesman Bryan Clark told The Gazette on Monday most canceled orders were "obsolete, outdated and/or duplicates" but noted some exams were canceled without following proper policies or procedures.

He acknowledged one incident in which a patient showed up for an appointment that had been canceled, but said the "staff reacted quickly to ensure the patient got the care they needed immediately."

Clark said he could not comment on Dettbarn's specific allegations about retaliation by VA staff, but said the "VA does not tolerate retaliation."

Grassley's staff exchanged several emails with Dettbarn in September and October 2017, providing information on who he needed to contact regarding his claims against the VA, Grassley spokesman Michael Zona said Wednesday. The Gazette attempted to contact Grassley's staff Monday and Tuesday for a previous story about the VA but had outdated email addresses that did not bounce back or reach the appropriate contact.

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve.

Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney.

The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

KRGV's Frank McCaffrey reached out to the VA office in Harlingen in regards to De Leon's case.

A spokesperson for the group says they recently extended a contract that will allow veterans to get treatment where they choose.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

DAYTON, Ohio – The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year.

Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

The 2018 data says that 71 percent of VA Medical Centers have improved in overall quality.

The VA uses a web-based report scorecard to measure, evaluate, and benchmark the quality of its healthcare facilities.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities.

Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

In recent years, staff morale has been low at the VA, in part due to a pattern of whistle-blower retaliation and harassment. Patient morale has been low, too, due to high doctor turnover and long wait lists.

Former director Doug Paxton inherited those conditions in 2014, and set out to improve the ratings. At first, he seemed to be delivering, as the VA's one-star rating jumped to two in 2016. That two-star rating slipped through his fingers, dropping back to one star in 2017, and then, following allegations he was at the head of a toxic management culture, his job slipped through his fingers, too.

Interim Director Dave Whitmer has been able to get things headed in the right direction again. But what the future holds for the Roseburg VA is anyone's guess.

It still has a long way to go to receive the four- or five-star rating that would indicate it's performing at the level of excellence our veterans deserve.

Perhaps nothing is more critical at this juncture than the decision-making process currently underway to find a permanent director for the facility. Whitmer always said his time here would be short, and it's nearing an end.

When a permanent replacement is chosen, we need him or her to be the kind of director who will avoid all the tired, old excuses of directors past. Plenty of medical professionals want to work here, as long as they're not driven off by poor management. Keeping them here will keep wait lists shorter. Having competent leadership and keeping well-qualified staff will boost everything from patient and staff morale to safety and best treatment for veterans. That's the path toward many stars.

Next year, two stars could become one, or three, depending on what happens next.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD.

However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

"You are alone when you are dealing with PTSD," he said. "We do talk about it in groups here at the Legion with other veterans, but everybody's experience was different, and even though we relate to each other, I think the PTSD is pretty much an individual problem."

McMillan joined the United States Army in 1967. He was sent to Vietnam, to join the first cavalry division, from early 1968 until June 1970. After coming back from Vietnam, he was discharged from the Army.

He said he saw a lot of combat during his service which contributed to his PTSD.

"When I came back from Vietnam, of course we weren't well treated, we weren't well thought of," he said. "We almost had to hide our service and I think that contributed to the PTSD almost as much as anything not being accepted back in the United States."

With the help of specialist from the Harry S. Truman Memorial Veterans' Hospital, McMillan said he was able to overcome his hypersensitivity of being surrounded by large groups of people.

However, McMillan said some of his symptoms remain.

"The biggest problem is the nightmares," he said. "The nightmares still continue to this day. I've received quite a bit of treatment from the local VA hospital, which I appreciate, but the nightmares just don't go away."

Jessica Tappana, trauma and PTSD therapist, said the effects of PTSD cannot be completely cured, but they can be controlled with effective treatment.

"You can get to the point where you don't meet what we called the diagnostic criteria for PTSD," she said. "On paper, you don't technically have PTSD but the memories themselves never go away, you incorporate this as part of your life."

McMillan said he is proud that with his decision, Kander brought up an issue affecting veterans.

"I am glad that he is bringing the subject of PTSD and how it affects so many of us after our service in the military," he said. "My father and my uncle, who were both WWII veterans never received any help from the VA or anything else and they suffered their entire life from PTSD."

According to statistics from the U.S. Department of Veterans Affairs: "It is estimated that about 30 out of every 100 of Vietnam Veterans have had PTSD in their lifetime."

Tappana said there are some symptoms every person can identify when suffering from PTSD.

"Feeling like you are almost re-experiencing the trauma," she said. "It's very common for people to have nightmares flashbacks from something small in their day-to-day life trigger something."

She said the harder people try to convince themselves they don't have PTSD, the worse the disorder gets.

"Often people have the misconception that it's somehow weak to seek treatment, to seek help," she said. "They think that I can just change my attitude and think happy thoughts and I'd feel better. Unfortunately, that's not often the way it works."

Tappana said the best way to deal with PTSD is to look for professional counseling.

"I strongly encourage you to reach out and ask for help. The good news is that we have very effective counseling, people can get better, people do get better," she said. "You don't have to suffer and the sooner you reach out and ask for help, and start really dedicating yourself to that healing process, the sooner you are going to get unstuck and are going to be able to move forward with your life."

As for McMillan, he said people can help veterans overcome PTSD.

"When you see the veteran, in the restaurant, on the street, at the parade, whatever, wearing that bold cap that indicates they're a veteran, or maybe the t-shirt, or holding the flag, tell them thank you," he said. "That means so much to us, especially from the younger generations."

The VA Crisis Line is 1-800-273-8255. Both veterans and non-veterans can call that number.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country.

This comes after the hospital received a one-star rating out of a possible five stars.

Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

"Our veterans who need mental health care are engaged with our mental health team. The other two metric(s) we are working on is our appointments times and our ability to get them in on a timely manner," said Amural.

Amural said the VA needs to improve in treating a certain category of patients, along with making sure they are diagnosed and treated with minimum wait time.

"These are things like COPD, (or chronic obstructive) pulmonary disease, CHF, (or) congestive heart failure, diabetes," said Amural.

Veterans like Brandon Duzman said he doesn't agree with the ratings.

"Ratings, they don't really mean much to me personally. I think it's about the individual experience," said Guzman.

While El Paso may be ranked low, one veteran tells KFOX14 he would rank it much higher.

"They seem like they're really concerned to work with us, to help us with our needs and coping skills," said local veteran Nate Chaney.

As the El Paso VA hospital works to improve its rating, Guzman said they need to do better at marketing their services.

"Improve communication, kind of just informing them what's out there and kind of getting them enrolled in the VA," said Guzman.

The director tells KFOX14 he has a team who is working on the metrics in hopes of improving the star rating for the El Paso VA.

Overall, Amural said it's all about the individual experience and how the veterans feel when they leave the hospital, even if the ratings say otherwise.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

Tennessee Valley Healthcare System's (TVHS) Nashville facility and Alvin C. York facility in Murfreesboro were both among the facilities that made positive strides in the benchmarks and is striving to continue progress. Both Nashville and York facilities improved from a 1 Star rating to a 2 Star rating.

"We are thrilled to see our hard work paying off for our Veterans," said TVHS Director, Jennifer Vedral-Baron. "We are working to improve the whole health of our Veterans and boost employee satisfaction. We can feel our culture changing for the better, so it's exciting to see the data reflect positive change as well," she said.

Vedral-Baron said focus and accountability played big roles in the improvements. Weekly SAIL meetings help service chiefs and other leaders better zero-in on their goals and allow them to share their progress with others.

"It feels good to know our efforts are moving us in the right direction, and we're going to keep that momentum going. I am happy with the improved ratings; however, the work is far from done. Our Veterans deserve the absolute best care we can offer," Vedral-Baron said.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter -- with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable.

That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

“Research, in general, has found that mammography is the number one way of saving a woman’s life from dying from breast cancer,” said Dr. Mahdiah Parezi, Chief of the Breast Imaging Section at the Michael E. DeBakey VA Medical Center in Houston, Texas. “Since the 1980s and 1990s when more women started getting a mammogram, we started seeing a decrease nationally in the number of women dying from breast cancer by about 40 percent.”

A mammogram is an x-ray picture of the breast that doctors can use to detect early signs of breast cancer, but the fear itself of the mammogram results will sometimes prevent women from getting a screening.

And myths about breast cancer don’t just stop the possibility of test results. Dr. Parezi says there are a few obstacles that often prevent women from paying attention to breast health.

“75 percent of breast cancers that occur across the nation are in women who have no family history of breast cancer, and that’s because the number one risk factor for breast cancer is gender—just being a woman,” said Dr. Parezi.

Starting annual mammograms at age 40 is recommended by American College of Radiology and whether or not women think they have it, the exam should be part of their annual care routine, especially if a woman has a family history of breast cancer.

Read Also: MVP needs women vets for new cancer screening.

For many women, conducting a self-exam is sometimes thought of as an alternative measure, but self-checks are only one part of overall breast health.

“More recently many physicians don’t think there is a benefit to getting a self-breast exam or having a clinical exam, where the physician does the exam on the patient,” said Dr. Parezi. But she does say this three-pronged approach should be used when thinking about over breast health for woman veterans.

1. Annual Mammogram.
2. Being aware of your body.
3. Have a clinical breast exam by your clinician.

The number two risk factor after gender for breast cancer is getting older. Although gender and aging are risk factors woman veterans cannot change, there are methods they can take towards all-around health. Moderating exercise, reducing the amount of alcohol intake and having a healthy BMI are great preventative measures to integrate within a woman's routine.

For woman veterans who have breast cancer, keeping consistent face-to-face communication with your physician and team is important. Joining a local support group can also be helpful, check if your local VA center has one for breast cancer patients.

At the VA clinic in Houston, for example, patients have the option of going to a support group to talk to each other and ask questions in a space that’s led by an oncology social worker and oncology psychologist.

Recently, the VA created a Breast Cancer Registry that includes data from multiple sources within the VA to offer patients the best information about breast cancer screening, test results, and treatment options

“Across many of the VAs, as care is being more focused on woman veterans, we’re trying to provide the kind of care that’s top-notch where we can compete with the private sector so that veterans come to us not because they have to, but because they want to.”

For more information about Breast Cancer resources at the VA, click [here](#).

To learn about the different stages of Breast Cancer and what breast changes look like, click [here](#) to check out the Veterans Health Library.

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6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis.

The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

“He was my little baby brother,” Alissa Harrington said.

To say Alissa Harrington and her brother Justin Miller were close is an understatement.

“I am extremely proud of him for his military service and for him deciding to serve our country,” said Harrington.

Justin was an artist, a trumpet player with the Marine Corp Band. But he was a Marine first.

“In 2005 in that summer his unit was deployed to Iraq to the Al Asaad air base. He wasn’t the same when he came back,” Harrington said.

Alissa says Justin reached out for help, first from a private therapist before reaching out to the VA.

“He kind of had a crisis and at that point he reached out to the VA crisis hotline. The crisis line told him to go into the emergency department,” Harrington said.

Justin was admitted for four days and was discharged. He killed himself 24 hours later.

“An investigation by the Federal government found several problems with the care Justin got at the VA mostly importantly there was no follow up plan.

"It's maddening to see a bureaucracy having all these checks and balances and these safeguards in place and have them not used appropriately and with amazingly devastating consequences," Harrington said.

The Office of Inspector General's report provided recommendations to the VA, like improving care collaboration across departments and engaging family members in Veteran's mental health treatment plans.

"And we'll never know if they had followed the rules and know why they were following the rules and those sets of regulations if he would still be alive today," Harrington said.

The VA is starting to implement the recommendations. All but one will be completed this year.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder.

Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

"I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly," Kander wrote. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression."

Kander will also be stepping away from his nonprofit, Let America Vote, which he formed in February 2017 to increase voter turnout and end voter suppression. He's served as president since its founding.

"I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward," he said. "We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond."

The former Army captain and former Missouri Secretary of State announced he would be running for mayor of Kansas City in July at a press conference from the Negro Leagues Baseball Museum. Election day is not until June 25, 2019.

Kander joined the Army immediately following the Sept. 11 attacks. He said he first contacted Veterans Affairs looking for help four months ago, saying he knew something was "deeply

wrong," but wrote in Tuesday's letter he did not admit to the true seriousness of his symptoms in paperwork he filled out.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour," he wrote. "I can't have PTSD, I told myself, because I didn't earn it."

The 37-year-old actually wrote a book, "Outside the Wire," which was released in August and he said he was lucky not to suffer from PTSD. He admitted Tuesday the claim was to prevent a stigma and avoid a negative impact on his political career.

Kander ran unsuccessfully for the U.S. Senate in 2016, losing to Republican Roy Blunt by fewer than 3 percentage points in the typically red state.

Former President Barack Obama singled out Kander as a future presidential candidate in a January 2017 interview with "Pod Saves America."

"I'll close by saying this isn't goodbye," Kander wrote Tuesday. "Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be."

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide.

Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

The last 20 flags were placed after a noon news conference, meant to highlight the 20 military and veteran suicides that occur across the country each day. The rate of suicide among the military and veteran population is 1.5 times higher than it is for the non-veteran population, IAVA said.

"Too many of our men and women are dying," Paul Rieckhoff, IAVA Founder and CEO, said in a statement. "Every day, IAVA and our partners and allies are working to support hundreds of thousands of veterans facing transitional challenges after combat."

"We can't fight this problem alone," he continued. "We need reinforcements of the greatest magnitude. We need a national call to action from the top that mobilizes all Americans. In response to this ongoing crisis, we need immediate action from the Commander-In-Chief, Secretaries of Defense and VA, and all Americans."

In a survey of its more than 400,000 members in 2017, IAVA found that 58 percent of respondents knew a post-9/11-veteran who had died from suicide.

"There's plenty of urgent news out of Washington this week dominating headlines," Paul Rieckhoff said. "This news is a matter of life and death and must not be overlooked. And unlike almost every other issue in Washington, this one could unite leaders of all parties."

"We invite the president and all concerned citizens to join us on the National Mall to focus awareness, support and action on this silent enemy that is taking the lives of our fellow Americans every single day," he added.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Advocate (New Orleans): VFW and Aktion Club contribute gifts for VA baby shower (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

VFW Davis-Moran Post 8290, of Lacombe, Homer Williams Post 8720, of Abita Springs, and Boyet-Brannon Post 5174, of Pearl River, and their auxiliaries purchased unisex baby items and put together bags and boxes of gifts for the shower.

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7.2 - KOB (TV-4): HUD and VA award nearly \$400,000 toward housing homeless veterans in NM (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico.

The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

The program provides funding for vouchers for housing and supportive services that help to end homelessness for veterans.

"It's our duty and responsibility to support the men and women who gave so much for our country," said HUD Secretary Ben Carson. "The housing vouchers awarded today ensures homeless veterans nationwide have access to affordable housing and the critical supportive services from the VA. It's an honor to work with our dedicated partners on the ground who make certain every veteran has a place to call home."

Veterans will be assessed by local VA Medical Centers before they are referred to local housing agencies for vouchers from the program. Decisions on who is considered are based on a variety

of factors including how long the veteran has experienced homelessness and the need for longer-term housing.

"Veterans have put their lives on the line for the freedoms we all enjoy," said Beth Van Duyne, HUD Regional Administrator. "The HUD/VA partnership has helped tens of thousands of those veterans get off the streets and into decent housing, with important medical and case management that helps them remain housed and keeps them on the path for independent living."

Those who are a part of the program rent privately owned housing and contribute no more than 30-percent of their income toward rent.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday.

The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD. The funds are expected to help 343 veterans get housing vouchers.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said Ben Carson, the secretary of the HUD. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

As part of the voucher allocation process, officials at VA facilities are tasked with reviewing how long each veteran has experienced homelessness, and determining how much "intensive support" is required for the individual to obtain and maintain permanent housing "before referring them to local housing agencies for these vouchers," officials said.

"Decisions are based on a variety of factors," officials said in a statement Wednesday.

The monetary assistance was provided through the HUD-Veteran Affairs Supportive Housing program, which provides rental assistance, individual case management and clinical services through the Department of Veteran Affairs.

The Santa Clara County Housing Authority received the largest amount of funding, garnering \$2.8 million to provide 140 vouchers for permanent housing and services, HUD said.

The San Francisco Housing Authority received \$343,723 for 21 vouchers.

More than 93,000 housing and services vouchers have been awarded and roughly 150,000 homeless veterans were served throughout the United States through the joint program since 2008, officials said.

Veterans participating in the program typically rent privately owned residences and use 30 percent or less of their income toward rent, officials said.

“When our neighbors answer our country’s call to service, we must answer their call when they return home,” said Wayne Sauseda, HUD’s deputy regional administrator.

Here’s how the money was dispersed in the Bay Area and Central Valley:

- San Francisco Housing Authority: \$343,723 (21 vouchers)
- Contra Costa County Housing Authority: \$284,891 (20 vouchers)
- San Mateo County Housing Authority, Palo Alto-based VA medical facility: \$162,949 (12 vouchers)
- San Mateo County Housing Authority, San Francisco-based VA medical facility: \$67,895 (5 vouchers)
- San Joaquin County Housing Authority: \$116,648 (20 vouchers)
- Stanislaus County Housing Authority: \$138,880 (25 vouchers)
- Marin County Housing Authority: \$76,965 (5 vouchers)
- Berkeley Housing Authority: \$248,181 (15 vouchers)
- Santa Clara County Housing Authority: \$2,816,567 (140 vouchers)
- Pittsburg Housing Authority: \$62,903 (5 vouchers)
- City of Alameda Housing Authority: \$131,188 (5 vouchers)
- Alameda County Housing Authority, VA Northern California Health Care System: \$278,986 (20 vouchers)
- Alameda County Housing Authority, Palo Alto-based VA medical facility: \$209,240 (15 vouchers)
- City of Napa Housing Authority: \$40,182 (5 vouchers)
- Livermore Housing Authority: \$75,849 (5 vouchers)
- County of Sonoma: \$51,983 (5 vouchers)
- City of Santa Rosa: \$112,874 (10 vouchers)
- City of Vacaville: \$43,805 (5 vouchers)

•Solano County Housing Authority: \$40,118 (5 vouchers)

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing.

The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

The legislation, the Homes for Our Heroes Act, would ensure reports are submitted to Congress on the Veterans Affairs Supportive Housing program, a joint initiative administered by the Department of Housing and Urban Development and the Department of Veterans' Affairs.

Veterans can receive rental assistance vouchers for privately owned housing if they are eligible for VA health care services and are homeless, according to HUD's website.

Other services, including mental health treatment and substance use counseling, are offered through the program. At the end of the 2015 fiscal year, there were more than 78,000 vouchers allocated by HUD to assist veterans.

Peters' bill would require a study on the use of the vouchers in high-cost housing markets and provide greater disclosure of how the vouchers are allocated.

"We need to better understand, and quantify, the challenges veterans face as they seek to use HUD-VASH vouchers for housing, particularly in high-cost regions like San Diego; to do that, we need greater transparency about the program from both HUD and the VA," Peters said in a statement. "Equipped with that data, Congress can make better policy decisions that get our veterans the housing and care they need."

The legislation follows the revelation that the number of homeless veterans increased nationwide for the first time since 2010. In New York, there were 1,244 homeless veterans in 2017. That's down slightly from 1,248 two years ago.

Nationally, there were 40,056 homeless veterans last year, up from 39,471 in 2016.

Katko, R-Camillus, said the bill will ensure Congress has the information needed to help address homelessness among veterans.

"Over the past few years, our country has made tremendous strides in protecting our veterans from homelessness," he said. "However, overworked VA employees and a higher cost of living have led to certain programs becoming less effective."

Peters' bill is supported by two organizations, the National Alliance to End Homelessness and the National Coalition for Homeless Veterans.

Kathryn Monet, CEO of the National Coalition for Homeless Veterans, said the voucher program is one of the most effective tools in use to reduce veteran homelessness.

"Finding out where we can improve this key program is crucial to the long-term success of national efforts to place veterans experiencing homelessness into housing," she said.

The legislation has been referred to the House Financial Services and Veterans' Affairs

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

HARWOOD, N.D. — Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring.

Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

"Everything is on schedule and we anticipate in our fiscal year 2019, probably late spring to early summer, we should be ready for burials," said John G. Knapp, deputy director of the Fort Snelling National Cemetery in Minneapolis.

The Harwood cemetery will be operated remotely by officials at Fort Snelling National Cemetery and will serve more than 24,000 veterans in the surrounding area.

Crews are building a road, flagpoles and entry features to the cemetery that will be home to about 3,204 gravesites when finished.

Knapp said an opening date has not been determined, as finishing construction will depend on weather.

"We of course want to make sure the construction is completed to specification and ensure the cemetery is ready with established turf before we open," he said.

North Dakota was one of 10 states without a national veterans cemetery.

A state veterans cemetery is located near Mandan.

All members and veterans of the armed forces are eligible to be buried in a VA national cemetery as long as they have met minimum active-duty service requirements and were not dishonorably discharged.

Members of the reserve armed forces who die while on active duty, while on training duty or were eligible for retired pay, or were called to active duty and served the full term of service, may also be eligible for burial. Their spouse, widow or widower, minor children and, under some conditions, adult unmarried children with disabilities can be buried in the VA cemetery.

Knapp said eligible veterans can be relocated to the new cemetery, but costs for relocation is the responsibility of the family.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past.

The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

Another change in the event is that the Appalachian Regional Coalition on Homelessness is the lead agency involved in organizing the Stand Down with assistance from Shields' office, the Tri-Cities Military Affairs Council, Vietnam Veterans of America 979 and the American Job Center of Tennessee.

"This event will provide homeless veterans and veterans at risk of being homeless with information regarding: substance abuse counseling, employment and training, housing resources, legal resources, haircuts, food, refreshments, clothing and more," Shields said. "There are anywhere from 150 to 180 veterans that come out. We don't restrict it just homeless veterans ... we open it up to those who are precariously housed."

He said bringing services together under one roof helps provide assistance more efficiently. The event also now includes a RAM clinic, he said.

For more information or to arrange for transportation, call 979-2871 or 557-2294.

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7.7 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week.

This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

"The opening of the Men's Shelter has been long awaited by the Temple community and we are thrilled to be able to finally open our doors to men in need," said Lt. Chantel Millin, commanding officer of The Salvation Army in Temple. "We are grateful to our local supporters and donors, and particularly to our Divisional Headquarters, for its financial support in helping us to not only

continue operation of our Women and Family Shelter, but to also permanently open the Men's Shelter in time for the upcoming winter season."

In addition to support from the Divisional Headquarters, a Veterans Affairs contract for 15 beds in the Men's and Women and Children and Families shelter will enable the men's shelter to open.

To support the expanding range of programs in Temple, The Salvation Army recognizes the importance of community and corporate involvement and the need to generate consistent donations.

"We feel blessed to be a part of such a giving community and pray that many individuals, groups and businesses will be moved and motivated to come alongside The Salvation Army and provide the financial support to fund our life-changing programs," Millin said.

The individuals in the VA program will be held to the same standards as Salvation Army residents.

The expectations, as far as behavior, are the same for all who live in the Salvation Army facilities. The VA residents will have their own case manager, which will be supplemented by the Salvation Army case managers as needed.

The beds allotted to the VA are available to veterans awaiting permanent housing through the VA.

"We are delighted that The Salvation Army will be able to provide a safe and nurturing place for veterans, a group often overlooked in society today. And it is within close proximity to the veterans hospital in Temple," said Lt. Aaron Millin, Commanding Officer at The Salvation Army in Temple. "It is truly an ideal partnership."

The Salvation Army Divisional Headquarters recognized the McLane Center of Hope would continue to have fundraising problems while the men's shelter remained closed, Chantel Millin said.

Additional monitors have been hired, along with a case manager and possibly another cook.

A formal dedication ceremony is planned for November in conjunction with the Red Kettle and Angel Tree Kick-Off. The iconic red kettle represents The Salvation Army's major annual fundraiser in Temple and throughout the country. The much-loved Angel Tree program, which provides Christmas gifts to children from low-income families and the elderly, is made possible by the generous donations of community members and local businesses.

"We're excited to get the news out there," she said. "We have to focus on getting our fundraising to a level to support the programs we offer. We aren't at a place where our programs are funded. We know this community has a heart to give and we're confident that once people know we're operating at the level that was initially pledged, we'll be successful."

The Salvation Army is considering how much it can help with emergency shelter during cold weather. There will be fewer beds available, Chantel Millin said.

"We may be able to put overflow on cots, but that still has to be worked out," she said.

The community's support is crucial to supporting the ongoing operation of the Women's, Men's, and Family shelters and all other programs offered by The Salvation Army in Temple.

Donations can be mailed to P.O. Box 1884 Temple, Texas 76503 or dropped off at 419 W. Ave. G, Temple, Texas, 76502. Online donations can be made at <https://give.salvationarmyusa.org>.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

LA CROSSE, Wis. – Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges.

A council committee heard those on both sides then voted to delay making a decision.

Dave and Barb Erickson planned to donate the house at 3120 Farnam Street to the Tomah Veterans Affairs Medical Center to be used as a transition home for veterans.

Some opponents felt the facility would cause traffic concerns for families and children in the area,

While others raised concerns about neighborhood safety.

"Right next door to the house in question has a very elderly person who can't see," Neighbor Carolyn Barlow said. "I don't feel comfortable having these people living next door to them."

"What's to say one of these people aren't going to walk up and do something to one of these little kids," David Barlow said. "I mean security is a big issue with me."

A Tomah VA representative said the veterans living there would be screened and approved for the home. Known pedophiles or sex offenders would not be allowed.

Barb Erickson said this group of residents need compassion from neighbors as they work back into society.

"I really believe that this house can help the veterans," Erickson explained. "I think the veterans can help our community. They can make our neighborhood even better than what it is now."

"I can guarantee that this community has plenty of people willing and able to provide peer-to-peer mentorship to any of these veterans in also keep a watch on them," David Schultz with La Crosse Area Veterans Mentor Program added.

Again, the committee voted to delay a decision for 60 days at the request of the Tomah VA. They wanted to gather more data to present to the council and neighbors on the program.

Also at the meeting, the committee voted to suspend the wheel tax indefinitely. This measure effectively kills the tax, but must first be voted on by the full common council.

Members said after the city was awarded a federal grant to help with some infrastructure improvements the need for the tax will not be seen next year. Mayor Tim Kabat warns this only kicks the can down the road as it will become an issue again in 2020 and beyond.

The group also voted to recommend changing Columbus Day to Indigenous Peoples Day in the city. This would be to help honor Native Americans. It goes to council for final approval.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War.

For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

The family contacted News 5 Investigates after they felt they were getting the run-around with obtaining the records needed to process their claim. The VA says the records the family is looking for are in the possession of the Department of Defense.

We learned those records do not auto transfer from one agency to the other. Therefore, if the VA doesn't have the information on file needed to process a claim, it's up to the Veteran's family to manually request official records from the Department of Defense be transferred to the VA.

It's unclear if the family was made aware of this.

A VA spokesperson said they would never purposely delay or deny benefits to Veterans and their families. This issue ultimately comes down to the VA requesting verify specific, service-related information the family has spent months trying to track down, but cannot produce.

"Jimmy was my stepfather but he's the only father I knew," Rosa Machado said.

She and her mother, Josefa, describe the father and husband as a hard working man who did everything he could for his family.

"He was the only one working to support the family," Williams' wife, Josefa said.

Williams served in the Navy during the Vietnam War era. He passed away in 2012 after battling lung cancer, according to his death certificate News 5 Investigates obtained.

"It's difficult," Josefa said. "We kind of live in poverty."

In the years following Williams' death, the family struggled both mentally and financially.

"My father was receiving social security benefits at the time of his death," Rosa, Williams' stepdaughter said. "We notified them of his passing and they (Social Security Administration) stripped my mother of his benefits for a couple of years because she was not at that age where she could claim his benefits."

In August 2017, the family filed for “DIC” benefits, or Dependency and Indemnity compensation. This benefit is a tax-free payment given to eligible survivors of military service members who died in the line of duty, or to eligible survivors of veterans whose death resulted from a service-related injury or disease.

The family believes Williams’ lung cancer was linked to exposure from Agent Orange during the Vietnam War.

The VA acknowledges certain cancers and other health problems are associated with Agent Orange and says veterans and their survivors “may” be eligible for benefits for the diseases.

“May” is the key word here, because the family says getting the required proof has been a challenge. Rosa says she’s had to file open records requests just to obtain documents regarding her stepfather’s service.

“My mother really feels that she is just being shuffled to different services in the area but no one really has any information on how to proceed with gathering evidence,” Rosa said.

The information the family says they’ve received hasn’t helped them with their benefits claim.

According to this letter from September 2017, the VA told the family it needs the following evidence/documentation:

- Proof that the Veteran’s ship entered Vietnam’s inland waterways while they were aboard or that they went ashore while the ship was docked or at anchorage.

- Identity/name of the ship and the approximate dates the ship entered the inland waterways, docked, or otherwise sent the Veteran ashore

- If the ship was docked, the VA requests the family state whether or not the Veteran went ashore.

- If the Veteran went ashore from a ship at anchorage, the family must explain the circumstances.

The family has grown so desperate for answers more than 40 years after the war ended, they’ve even purchased Vietnam War and Navy ship books to search for information.

“My mom doesn’t feel like she has the support system she needs to provide the evidence requested,” Rosa said.

Rosa says she’s spoken with numerous VA organizations and family members, but finding the detailed information has been impossible.

She even reached out to Congressman Doug Lamborn’s office, which confirmed to News 5 that they are trying to help the family locate records.

The family has until the end of January 2019 to file an appeal related to the denial of DIC benefits.

"The obstacles at this point is finding the necessary information to prove that he set foot in Vietnam," Rosa said.

Loss of records:

The family says many of Williams' service records were destroyed when his house fell during a natural disaster in California back in 1982.

Unfortunately, some veterans keep information about their service from their family and ultimately take that information to their grave.

Official statement from the VA concerning this case:

"The VA strives to provide Veterans and their dependents with the benefits and services they have earned. In this case, VA was unable to approve Mrs. Williams' DIC claim because Mr. Williams' military service records do not show that his death was relative to his military service. We will reach out to Mrs. Williams directly to ensure she fully understands our decision, her rights to appeal or reopen her claim and provide her information on other VA benefits and services to which she may be entitled."

Update from Congressman Lamborn's Office:

Savannah Fraiser, a spokesperson for Rep. Lamborn (R-Colorado) said the caseworker reviewing this matter on Williams' behalf has just located 400 pages of ship records.

It's unclear at this point in time whether any of those records will help with the appeals process or whether these records are the same documents the VA already obtained through the Department of Defense.

News 5 Investigates will keep you updated with any new developments as they become available.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness.

Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

The award will fund an estimated 177 vouchers throughout Texas. Veterans participating in the HUD-VASH program contribute no more than 30 percent of their income toward rent.

"Essentially, housing authorities request from us these vouchers. Since rents are different in different communities, the amount of money it takes to cover those rents varies," said Scott Hudman of HUD's regional office in Dallas.

He said the HUD-VASH program takes a three-pronged approach, combining housing with medical and case management.

"In the homeless population, you'll find people that are in and out of shelters, in and out of housing," he said. "A lot of that is due to the fact that they just don't have solid medical care and a support net underneath them lifting them up."

As part of the program, VA provides case management and clinical services at VA medical centers and community-based outreach clinics.

HUD-VASH also provides life-skills training in financial literacy, with a focus on keeping people housed.

"We not only get them off the streets," Hudman said. "We can help keep them off the streets."

HUD-VASH vouchers are limited to those who are homeless or at risk of homelessness. Those interested can apply through their local V.A. system.

38 vouchers in total were awarded to the San Antonio and Bexar County housing authorities.

More than 6,000 vouchers are already active in the state.

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7.11 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

The El Paso VA Health Care System will honor Veterans who passed from July 1, 2018 to September 30, 2018 with the Last Roll Call Ceremony of Remembrance.

Michael L. Amaral, Director of the El Paso VA Health Care System will speak, and Chaplain Linda McKnight will deliver the Remarks of Faith.

What: Memorial Service for Unaccompanied Veterans buried at Fort Bliss National Cemetery July through September 2018 & Last Roll Call Ceremony of Remembrance
Who: Fort Bliss National Cemetery Staff, Veteran Hospital Administration and local Veteran Support Organizations
When: Thursday, October 4, 2018 at 2:30 p.m.
Where: Fort Bliss National Cemetery West Shelter | 5200 Fred Wilson Avenue | Fort Bliss

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7.12 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

"The VA and its vocational rehabilitation programs have given me the opportunity to succeed. Literally and figuratively, I say they have saved my life," said Jackson, who admits he got mixed up with the wrong crowd and has made some mistakes in the past. "With VA's support, I've changed my priorities and my outlook on life."

Jackson was one of the first graduates of the National Cemetery Administration's Cemetery Caretaker Apprenticeship Program in 2012.

As part of VA's initiative to end veteran homelessness, the NCA works with VA's Homeless Veteran and Compensated Work Therapy programs to identify potential program candidates from sites throughout the country.

"We are pleased to have dedicated employees like Curtis at the Fort Bliss National Cemetery," said Jamie Porter, Fort Bliss National Cemetery director. "Graduates of the Cemetery Caretaker program are not only veterans themselves and understand the importance of our mission, but are extremely proud to have such a noble job."

In the Cemetery Caretaker Apprenticeship Program, veteran students spend a year learning their trade and receive advanced instruction in areas such as professionalism and conflict management. Leading up to graduation, each student completes more than 1,300 hours of classroom and on-the-job training.

Upon graduation, they can elect to remain at their training cemetery, compete for positions at other federal facilities, or take their skills to the private sector.

"I was at the El Paso VA Medical Center when I heard about VA's Compensated Work Therapy Program and the opportunity at the National Cemetery," said Jackson, who first learned about VA services at a Miami VA Healthcare System outreach event in 2001. "It's a privilege to work at the Fort Bliss National Cemetery and use my skills where they can do the most good. The best part is seeing how much the families of fellow veterans appreciate what you do."

Last month, VA presented the Fort Bliss National Cemetery with the Award of Excellence for meeting or exceeding National Shrine standards in 68 of 74 categories.

These include customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facing facilities, equipment and facility maintenance, and safety of visitors and employees.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again.

A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

"At any given age, if you drink daily -- even just one or two drinks -- you have a 20 percent increased risk of death compared to someone who drinks the same amount two to three times a week," said study author Dr. Sarah Hartz. She's an assistant professor in the department of psychiatry at Washington University School of Medicine in St. Louis.

"We should no longer say that it's healthy to drink. It's a vice that's not great for us," she added.

Hartz noted that how significant a 20 percent increased risk of death is depends on your age. She explained that since very few people die in their 20s, a 20 percent increased risk of premature death is less significant at that age than it would be for someone in their 70s.

Although the study did find an association, it did not prove that light drinking caused early death risk to rise.

But how might alcohol boost that risk?

Hartz said most of the increased risk of early death comes from an increased risk of cancer. She said that people often underestimate how much drinking can increase the risk of some cancers, such as breast cancer. And drinking more than four times a week can also increase the risk of heart attack and stroke.

But what of all the studies that have suggested a health benefit from moderate drinking?

Hartz said that there have been several studies this year that have concluded that drinking generally isn't good for health. And the populations in these studies and the latest one are larger than in previous ones. More importantly, she noted, the newer studies have been able to parse out the lowest levels of drinking.

"We have access to data we haven't had access to before," Hartz explained.

The study included information from more than 400,000 people. More than 340,000 (aged 18 to 85) had participated in a national health survey. Another group of nearly 94,000 were between the ages of 40 and 60 and had been treated as outpatients at Veterans Health Administration clinics.

"The lowest risk group was people who drank one or two drinks just two to three times weekly," she said.

Still, not everyone is convinced that this study is the last word on alcohol and health.

According to Dr. Guy Mintz, director of cardiovascular health and lipidology at North Shore University Hospital in Manhasset, N.Y., "The jury is still out with regard to frequency and quantity of alcohol use."

Mintz said, "This is an interesting study. One to two drinks four days a week seemed to protect against cardiovascular disease, but drinking every day eliminated those benefits."

He pointed out that "one of the study's conclusions was that, as medicine becomes more personalized, some patients with a history of cardiovascular disease may benefit from drinking two or three days a week, but those with a higher risk of cancer may not benefit."

Mintz tells his patients to drink anything but beer because it has a lot of calories and salt, and can contribute to obesity and high triglycerides (an unhealthy type of blood fat). "I would stress alcohol consumption in moderation, both in frequency and quantity," he said.

The study was published online Oct. 3 in the journal *Alcoholism: Clinical and Experimental Research*.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala.

The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

This year, the Partnership for Public Service, which hosts the awards, presented their first Spirit of Service award to Bezos. The award is intended to honor individuals outside of government who also contribute to public service.

The group said Bezos received the award for "the countless ways he and his companies work to advance important fields such as space exploration and national security, as well as help government deliver services more effectively and efficiently."

Bezos said he was proud to share the stage with so many other notable recipients and praised their work in government.

"The people I saw up on stage tonight are all missionaries," he said.

The award recipients were a diverse group, including scientists who sought cures to rare genetic diseases, as well as government attorneys who worked to bring justice to people who were defrauded by scams.

Dr. Daniel Kastner of the National Institutes of Health received the evening's top prize, Federal Employee of the Year. Kastner's research uncovered the genetic causes of seven rare autoimmune inflammatory diseases.

The Career Achievement Medal went to Dr. Marshalyn Yeargin-Allsopp of the Centers for Disease Control and Prevention, who worked on improving support and resources for those with autism.

Among the many other winners were Karen Dodge and Margaret Moeser at the Department of Homeland Security, who cracked down on fraudsters who used Western Union to illegally obtain hundreds of millions from unsuspecting victims.

The gala was emceed by Judy Woodruff, anchor of PBS's "Newshour." Woodruff told attendees that the Sammys were her favorite event and attributed its success to the honorees.

"It is because of the honorees remarkable achievements. They care deeply," she said.

Among the distinguished guests at the event were Secretary of Veterans Affairs Robert Wilkie; Federal Trade Commission Chairman Joseph Simons; National Institutes of Health Director Francis Collins, Reps. Mark Meadows (R-N.C.), Rick Nolan (D-Minn.) and Phil Roe (R-Tenn.), as well as Del. Stacey Plaskett (D) of the U.S. Virgin Islands.

Max Stier, president and CEO of the Partnership for Public Service, said the contributions of public servants was essential to the country.

"Helping our government do its job better will have enormous impact on the health and prosperity of our country," he said.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

But as the Nov. 6, 2018, election draws nearer, the Republican challenger's attacks on the Democratic incumbent are reaching a crescendo.

Vukmir hammered Baldwin again over the Tomah VA scandal on TV public affairs programs that aired Sept. 23, 2018 in Green Bay and in Madison. They were something of a prelude to a TV attack ad on the scandal that Vukmir aired three days later.

So, let's take a look at one of the attacks.

Vukmir was asked on "Capital City Sunday" on WKOW-TV in Madison how she would have handled the Tomah VA matter differently.

She responded by claiming that Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Let's break down the three-part attack, starting with a quick review about what we know about Tomah.

The scandal

Problems at the Tomah VA first made news in January 2015, when the California-based Center for Investigative Reporting exposed the overprescription of opioid drugs by the facility. Doctors were handing out so many narcotic painkillers that some veterans had taken to calling the place "Candy Land."

The attacks on Baldwin began in early 2017 from a super PAC largely funded by Republican Richard Uihlein, co-founder of Uline, a Wisconsin shipping and packaging supplies distributor. The group claimed in a radio ad that Baldwin was told by a whistleblower about "overmedicated veterans," she made "deadly mistakes" and "three veterans died."

We rated that False, based on how and when the deaths occurred and the "deadly mistakes" part of the claim.

Now to Vukmir's claim, which doesn't go so far as to blame Baldwin for a death.

1. Baldwin 'only one' to have a report

The first part of Vukmir's claim is that, among the Wisconsin members of the U.S. House and Senate, only Baldwin received a report "outlining that a doctor was overprescribing opioids" at the Tomah VA."

The report was done by the Department of Veterans Affairs' Office of Inspector General following a 2½-year investigation of Tomah. Baldwin's office received it on Aug. 29, 2014.

Baldwin did not make the report public, though she shared it with a constituent who had complained to her about what was happening at Tomah. The report was not given to any other member of Congress at the time.

So, Baldwin had been informed about the problems at the Tomah VA before they were exposed publicly. And she doesn't dispute that she was the first member of the Wisconsin congressional delegation to get the report.

2. 'Later a veteran died'

Former Marine Jason Simcakoski died of a "mixed use toxicity" overdose at the Tomah VA while being treated by doctors there. Simcakoski had checked himself into the facility citing an addiction to painkillers and severe anxiety. He was prescribed 15 drugs, including anti-psychotics, tranquilizers, muscle relaxants and the opioid painkiller tramadol.

Simcakoski death, however, occurred Aug. 30, 2014 — just one day after Baldwin received the VA inspector general's report about Tomah that Vukmir highlights.

So, it's misleading to say "later a veteran died," given that Baldwin had not had time to act on the report.

3. Baldwin 'covered it up'

The third part of Vukmir's claim is that Baldwin "covered it up" — a reference to the entire Tomah VA matter, not solely to Simcakoski's death. In the interview, Vukmir elaborates by saying Baldwin tried to "fire one of her aides that brought the issue forward, offering the aide "taxpayer hush money" and hiring "Hillary Clinton's attorneys" to "cover this up." Let's break down these sub-points.

An important point: It's clear Baldwin did not take steps publicly on the scandal until the Center for Investigative Reporting's expose — months after she received the inspector general's report and Simcakoski's death. At the same time, there is no evidence that she took active steps to cover up the matter.

Firing: Baldwin did fire an aide, but it's not entirely clear she did so because the aide "brought the issue forward."

In January 2015, after the Center for Investigative Reporting's expose, Baldwin had called for the VA to investigate Tomah but remained under fire for inaction on the scandal. Baldwin then fired Marquette Baylor, her deputy state director, without explanation, the Milwaukee Journal Sentinel revealed. Whistleblower and former Tomah VA employee Ryan Honl told the newspaper he had talked with Baylor for two hours in late November 2014 about the Tomah VA and that she discouraged him from going public with his concerns, saying that doing so might get her and others fired. Baylor later said she had prepared three memos on the Tomah situation for Baldwin's review and forwarded them to her supervisors; she alleged they were either not delivered to Baldwin or were ignored by Baldwin.

'Hush money', Clinton lawyer: Baldwin did offer a severance payment to the fired aide and did hire a Hillary Clinton campaign lawyer. But this needs further explanation.

As part of the firing, Baldwin's office offered a severance package to Baylor that would have included a confidentiality agreement and a payment, the Journal Sentinel reported. Attorney Marc Elias, who was the top lawyer in Hillary Clinton's 2016 presidential campaign, was hired by Baldwin with campaign funds to review how her office handled the Tomah VA matter. He said the U.S. Senate's chief employment lawyer had helped put together the offer and described the confidentiality clause as routine.

Baldwin later said the deal would have included a payment of about \$17,000, which would have been from Senate funds. Baylor later rejected the offer and, according to Baldwin, sought more than four times that amount.

Elias said Baylor's handling of the Tomah VA matter was only one reason she was fired.

'Cover up': In addition to not releasing the inspector general report, Baldwin was slow to address the Tomah VA matter publicly. But ethics complaints filed against her alleging a cover up were found to have no merit.

Baldwin avoided questions about the matter for weeks after the Center for Investigative Reporting's expose; and it took attorney Elias nearly a month to confirm Baylor's firing.

After being fired, Baylor filed an ethics complaint accusing Baldwin of engaging in a political cover up by firing her for her alleged role in the mishandling of a whistleblower complaint. The complaint asked the U.S. Senate Ethics Select Committee to investigate Baldwin. The committee dismissed Baylor's complaint and two similar complaints filed by groups, saying they lacked merit.

Our rating

Vukmir says Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Baldwin was the only one, and she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died.

On the cover up part of the claim, there was on inaction on Baldwin's part -- not releasing the report, declining for weeks to answer questions and to confirm that she had fired a top aide. But there is no evidence Baldwin took active steps to cover up the matter, and a Senate committee determined that Baldwin had not engaged in a cover up.

For a statement that contains elements of truth but ignores critical facts that would give a different impression, our rating is Mostly False.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

White House Press Secretary Sarah Sanders announced the donation at a White House briefing on Wednesday. Linda McMahon, head of the Small Business Administration, accepted the \$100,000 check, saying the funds "would be put to good use."

Agency officials plan to use the money to launch a new seven-month training program for transitioning troops looking at starting their own businesses. The program will be based on the existing Emerging Leaders Initiative, but tailored to veteran-specific needs.

The existing program includes classroom instruction as well as "opportunities for small business owners to work with experienced coaches and mentors, attend workshops, and develop connections." McMahon called it a significant resource for veterans shifting from military to civilian life.

White House officials requested a fiscal 2019 budget for the SBA of nearly \$840 million, but McMahon said the \$100,000 donation from the president represented an important contribution to their work.

During his 2016 presidential campaign, Trump promised to forgo the traditional Oval Office salary and instead donate that money to various federal departments.

Earlier this year, White House officials announced Trump's first quarter salary for 2018 would be given to the Department of Veterans Affairs for caregiver support programs focused on "mental health, peer support, financial aid, education and research."

Previous donations by Trump went to the Department of Transportation for infrastructure repair, the National Park Service for battlefield preservation, the Department of Education for support programs and the Department of Health and Human Services for opioid management programs.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

RICHLAND, WA - A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died.

Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents.

However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

She pleaded guilty this week in Richland's U.S. District Court to obtaining a controlled substance by fraud, misrepresentation, deception and subterfuge.

Two additional charges for the same crime will be dismissed at her sentencing March 5.

The felony charge can bring up to four years in a federal prison, though prosecutors said they will recommend three years of probation.

McAuliffe is free to argue for less time.

"I'm not telling you I may give you probation, I may give you prison, but that's what it looks like the parties are agreeing to," said Senior Judge Ed Shea.

Under terms of the plea agreement, Shea can divert from the recommendation and it will not be grounds for McAuliffe to withdraw her plea.

McAuliffe was indicted April 3 by a federal grand jury on the three charges.

Court documents show that her father was a veteran who received medical benefits from the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla. He died in September 2016.

McAuliffe "continued to misrepresent" to the medical center that her father was alive and needed the refills, documents said.

The VA's Office of Inspector General started investigating McAuliffe after discovering her conduct.

A year after he died, she placed a refill order for 168 pills of the addictive opioid. She was confronted by an investigator in October 2017, when she went to the pharmacy to pick up the prescription, court documents said.

The agent showed McAuliffe her father's death certificate, and said they had documents and audio and video recordings to show the fraud and deception.

The 168 pills were seized by the agent after the interview, documents said.

Judge Shea, in taking McAuliffe's guilty plea, asked what she said on the phone call to the VA pharmacy.

"That basically my father needed a refill on his medication," McAuliffe replied.

"And so you asked them to send you the refill, which was the 168 tablets of hydrocodone/acetaminophen. And in fact you knew that was false, that your father was dead and that he didn't need those. Is that correct?" asked Shea.

"Yes, your honor," McAuliffe told the judge.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space.

He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

One of the most notable things Shulkin achieved during his time in the VA was an attempt to compromise between the wants of those screaming for privatization and those that believed in a single-payer system.

As the health care industry continues to be pulled in the direction of an all-payer system, in hopes to curb costs, Shulkin shared his insights on the issue.

"The reason why I think it's an interesting model is because as you know so much of what happens in health care is limited by the reimbursement system and the financial barriers," he said.

In the VA, there's appropriated funding at the start of the year, which allows care to be provided without barriers.

But it also lacks incentives.

"So, the reimbursement challenges weren't there, and the incentives weren't there," he said.

"So, at the end of the year, if we had extra money, we gave it back to the Treasury. It wasn't like we had the stockholders or even that there were bonuses that (drove) any of those decisions."

But identifying how to best care for patients was not easy in this environment.

"Where I'm coming from is, it's not surprising that we have political spectrums and differences in this country, almost on every issue. My answer was, if you're really focused on the right thing for the veterans, you come out somewhere in the middle," Shulkin said. "There are things that the

private sector clearly does better and more efficiently, and, when that's the case, that's where veterans should get the care. But there were clearly things that veterans had specialized needs for that the private sector isn't doing well. Without that, veterans would suffer."

Shulkin said the VA did integrated medical records, transparency of quality metrics and mental health better than the private sector. Meanwhile, the private sector does specialties like neurosurgery or cancer care better than the VA can.

Which is where the voucher system originated from.

"So, I was driving towards an integrated system, in the middle, that took the best of the private and the best of what the VA can do. And of course, being in the middle in Washington (D.C.) is not a great place to be, unfortunately. Because, essentially, no one likes you," Shulkin said.

In New Jersey, he said, there is a lot of innovation happening in the private sector, but it isn't receiving the attention it deserves.

"It sits in the shadows between New York and Philadelphia," Shulkin said. "New Jersey is actually ahead, but people haven't necessarily recognized it. This is not an advertisement, but I do give credit to Horizon because they have been relatively, and I say relatively, open to partnering with physicians in ways that some managed care plans haven't done. In order to change health care, you can't just do it from the clinical side or the business side. It has to be both sides that take interest. That's not happening in other parts of country, and New Jersey is ahead in that."

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From: VA Media Analysis

(b) (6)

Cc:

Bcc:

Subject: [EXTERNAL] 4 October Veterans Affairs Media Summary and News Clips (numbering corrected)

Date: Thu Oct 04 2018 05:45:47 CDT

Attachments: 181004_Veterans Affairs Media Summary and News Clips.docx
181004_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find attached the corrected Veterans Affairs Media Summary and News Clips.

Numbering has been corrected in these documents.

Document ID: 0.7.1705.755288-000001

Owner: (b) (6)

Filename: 181004_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Thu Oct 04 04:45:47 CDT 2018



Veterans Affairs Media Summary and News Clips

4 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday. Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

[Hyperlink to Above](#)

1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

[Hyperlink to Above](#)

1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities. The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far. Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA. An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

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1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

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2. [Greater Choice for Veterans](#)

2.1 - PolitiFact: [Donald Trump: GOP just passed veteran’s Choice after 44-year wait. Actually, it’s 4 years old](#) (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy. He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield. The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road. The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans. The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations. The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach. Construction on the new facilities will begin next year.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#) (3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home. The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project. The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth. "The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock. The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

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3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)
The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding. The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)
Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records. Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense.

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)
While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record. Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)
Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)
Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies. Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

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4. [Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit. Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works.

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System. It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending.

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4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs. Helping veterans is not simple, but the

American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries.

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5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls. The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far. During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week. The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams. "Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve. Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney. The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year. Our friends at the Xenia Daily

Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities. Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD. However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country. This comes after the hospital received a one-star rating out of a possible five stars. Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

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5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable. That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

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6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis. The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder. Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide. Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Advocate (New Orleans): [VFW and Aktion Club contribute gifts for VA baby shower](#) (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

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7.2 - KOB (TV-4): [HUD and VA award nearly \\$400,000 toward housing homeless veterans in NM](#) (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico. The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday. The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD.

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing. The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring. Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past. The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

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77 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week. This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges. A council committee heard those on both sides then voted to delay making a decision.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War. For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness. Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

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7.11 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

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7.12 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again. A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala. The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died. Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents. However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space. He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

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1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

WASHINGTON – The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings. The largest improvement was in Hot Springs, South Dakota, which went from two stars to five.

“With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale on which one is the worst and five the best.

The rankings compare VA hospitals against each other, but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The VA also rates 133 agency nursing homes on a one-to-five star scale and kept those ratings from the public until learning this year that USA TODAY and The Boston Globe planned to publish them.

Those ratings, unlike the hospital rankings, take private-sector nursing home averages into account. As of March 31, nearly half of VA nursing homes – 58 – received the lowest one-star rating.

Use the column heads below to sort by city, state or star rating or to see how this year’s hospital ratings compare with last year.

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1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

Staffers assessed Miller's suicide risk as "intermediate/moderate" before he walked out the door. They were wrong. Miller never left the hospital's parking lot, where he was found less than 24 hours later, dead from a self-inflicted gunshot wound.

Recently released findings from the VA Office of Inspector General, which investigated Miller's death, are careful to say that documentation and follow-up failures were not "causal" in Miller's death. But the "deficits" uncovered in his care are deeply disturbing. In particular, how did the risk assessment go so wrong?

There are no easy answers, but another heartbreaking VA report released in late September underscored the urgency of finding answers. In plain language, the newest VA National Suicide Data Report makes it clear that there are many veterans struggling with mental health on the homefront, and far too many are taking their lives.

The report analyzed data from 2005 to 2016. During that time, the number of veterans lost to suicide has frustratingly hovered close to about 6,000 a year. Veterans as a whole, from those who served in Korea to the latest conflict, remain at higher risk of suicide than the general population. "In 2016, the age- and gender-adjusted rates of suicide were 26.1 per 100,000 for Veterans and 17.4 per 100,000 for non-Veteran adults," the report said.

The rate is highest for those in Miller's age group, and sadly it rose substantially from 2005 to 2016. In 2015, there were 40.4 suicide deaths per 100,000 veterans ages 18-34. In 2016, the figure was 45 suicide deaths per 100,000. The report also offered state breakdowns. A look at Minnesota's is chilling. An older group of veterans here — those ages 35-54 — are far more likely than veterans nationally or in the Midwest to take their own lives. The suicide rate for this group is 45.6 per 100,000, compared with 33.4 in the Midwest and 33.1 nationally.

A Sept. 27 congressional hearing led by U.S. Reps. Phil Roe, R-Tenn., and Tim Walz, D-Minn., should have put a bright spotlight on both reports. Roe is the chairman of the House Committee on Veterans' Affairs. Walz, who is a Minnesota gubernatorial candidate, is the committee's ranking member and requested the investigation of Miller's death.

The full committee hearing unfortunately was overshadowed by another event on Capitol Hill that day — the Senate Judiciary Committee hearing on Supreme Court nominee Brett Kavanaugh. Coverage of the public health crisis among veterans fell disappointingly short, jeopardizing the awareness needed to build support for change.

Improvements are underway at the Minneapolis VA medical center, but broader fixes are needed. Among them:

- The VA needs to fill staff vacancies, particularly those for mental health care providers.
- The agency should study medical marijuana use to treat post-traumatic stress disorder and chronic pain. Passage of Walz’s VA Medicinal Cannabis Research Act would kick-start that work.
- Congress should sufficiently fund previously passed legislation, the Clay Hunt SAV Act, to help veterans struggling with mental health.
- A national three-digit number should be considered to encourage use of the Veterans Crisis Line and the National Suicide Prevention Lifeline.

Sadly, there is no panacea to what experts have accurately called a suicide “epidemic” among veterans. But if implemented, these measures would work in concert to begin closing the cracks that Miller so tragically fell through.

To reach the Veterans Crisis Line, call 1-800-273-8255 and press 1. It is open to those not enrolled in VA health care. The National Suicide Prevention Lifeline uses the same main number: 1-800-273-8255.

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1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem.

“When we came out here this morning to plant these flags, every one of us had a friend or family member in mind,” said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. “Some of us standing here could have been one of these flags, but for an intervention.”

The event — which has become an unfortunately annual occurrence for veterans advocates — is part of a broader push in recent weeks by lawmakers, veterans groups and Veterans Affairs officials to bring the issue of suicide among former military members back into public consciousness.

Last month, VA officials released new data that showed the overall rate of suicides among veterans has held steady at around 20 a day for roughly a decade, but researchers are seeing a troubling increase in the rate of younger veterans taking their lives.

Those realities come despite a concerned push in recent years by policy makers who have increased crisis intervention and mental health treatment resources for veterans.

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans’ Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Last week, in a hearing before that committee, health experts said they see a gap in integrating those lessons learned into local community services, to provide a broader safety net for veterans in distress.

But to help fix that gap that, advocates said, they need to remind the public of the problem.

“I have seen far too many veterans and members of my community fall to suicide,” Said Kristen Rouse, founding director of the New York City Veterans Alliance, at Wednesday’s event. “What we see behind us represents a national crisis ... These are veterans from your home state, from your hometown, from your home city.”

During Wednesday’s event — held between the Capitol building and the Washington Monument, in an area with heavy tourist foot traffic — dozens of onlookers stopped to take pictures of the display and talk to the advocates involved.

Stephanie Keegan, whose son Daniel served in Afghanistan but died in 2016 because of delays in receiving treatment for his post-traumatic stress disorder, said she was grateful to share her families struggles with those visitors.

“It absolutely makes a difference,” she said. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities.

The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

The ratings indicate each hospital’s quality of care and are based on data such as death rates, patient satisfaction and efficiency. In years past, the VA had withheld the data from the public. In 2016, the performance ratings were released under pressure that followed a USA Today investigation.

Overall, 38 hospitals improved their star ratings in 2018, 40 dropped in the ratings and 68 stayed the same as last year.

Five VA hospitals received one-star ratings in 2017 and 2018: Big Springs and El Paso, Texas; Loma Linda, Calif; Memphis, and Phoenix. Four other hospitals were added to the worst-rated this year: Montgomery, Ala.; Tucson, Ariz.; Washington, D.C., and Atlanta.

VA hospitals in Dublin, Ga.; Fresno, Calif.; Roseburg and White City, Ore.; Walla Walla, Wash.; Harlingen, Texas; Nashville and Murfreesboro, Tenn., and Biloxi, Miss., improved enough from 2017 to get off the list of lowest-rated hospitals.

Eighteen hospitals received 5 stars in 2018, the best possible. Four of them are located in Pennsylvania.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers.”

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far.

Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

A couple of years ago, after serving three deployments in Iraq, she contemplated suicide herself.

“Each of these flags is a name, a person. Three of them are my friends, and one could’ve been me,” said Altamirano, now a suicide prevention liaison in the Reserve. “I hope this helps people see how vast of an issue this is. It’s overwhelming. It’s a crisis.”

The flags were placed on the Mall by Iraq and Afghanistan Veterans for America, an advocacy group trying to draw awareness to the issue of veteran suicide.

On Wednesday, the scene grabbed the attention of tourists, who took photos of the small flags with the Washington Monument in the background.

A new report released last week by the Department of Veterans Affairs shows suicide among veterans and servicemembers continues to be higher than the rest of the U.S. population. Veterans accounted for 14 percent of all suicides in the United States in 2016, yet they make up 8 percent of the population.

The rate of suicide among young veterans substantially increased from 2015 to 2016. For every 100,000 veterans age 18 to 34, 45 committed suicide in 2016 – up from 40.4 for every 100,000 in 2015.

Rates have also increased among women veterans and some members of the National Guard and Reserve.

The release of the report last week coincided with a hearing of the House Committee on Veterans' Affairs. Several lawmakers questioned why there hasn't been significant improvement, given Congress has increased the amount of money that it allots for VA mental health programs.

"I'm beyond frustrated about the numbers and data," said Keita Franklin, executive director of the VA's suicide prevention program. "Having worked in this field as long as I have, it's frustrating. When I try to think about what we're missing ... we tend to do a lot of one thing at a time and do it very well, full throttle. Preventing suicide takes a bundle of 10 to 12 things done at full throttle, all the time."

Of the approximately 20 veterans who commit suicide every day, 14 are not receiving health care from the VA. Part of the VA's effort is getting veterans to seek help.

Stephanie Keegan traveled from New York to help plant flags Wednesday morning. Her son Daniel was a veteran of the war in Afghanistan who died of a drug overdose in 2016 while struggling with post-traumatic stress disorder. He had waited 16 months to get into a VA mental health program, Keegan said. He was supposed to be admitted Jan. 23. He died Jan. 8.

Daniel Keegan had wanted to become involved in veterans advocacy. So now, Stephanie Keegan is dedicating her life to it. She has left her son's photo in every House lawmaker's office, met with VA secretaries and is involved with IAVA, in addition to other advocacy efforts.

"I get to do the work that he wanted to do, and I feel like he's sitting on my shoulder all the time," Keegan said. "It's been an opportunity to educate people on what a really struggling veteran looks like because he didn't look like anything you would expect. He was healthy as could be, but he was catastrophically ill for the last two years of his life."

To reach the Veterans Crisis Line, text 838255 or dial 1-800-273-8255 and press 1.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

The Strategic Analytics for Improvement and Learning, or SAIL, for this year shows only nine VA hospitals in the country got a 1-star rating and the one in Phoenix – where all the whistleblowing started four years ago – is still one of them.

Army veteran David Lucier has been getting treatment for post-traumatic stress and diabetes at the Phoenix VA for about 10 years. He's not surprised the place still has a 1-star rating.

"A lot of those numbers are based on a 12-month, rolling average. So it takes forever if you're gonna move up the scale," he said.

But according to SAIL, the hospital is showing small improvement, even though it still has the same overall score. Lucier says he's seen improvements in the care he gets, including the overall culture at the medical center.

"I'm just absolutely amazed. I've seen a stark improvement over people's attitudes who are just the everyday people at the VA," he said.

He also says doctors have helped him manage his diabetes very precisely and effectively. But he knows he's lucky to have good care; some of his friends have been misdiagnosed and others have waited a long time for appointments at all.

Lucier attends monthly advisory board meetings that are open to veterans in the community. From what he's gathered, the problems that pull the Phoenix VA's numbers down are mostly administrative.

In a statement to Arizona's Family, the VA touted upgraded clinical space to serve the nearly 100,000 veterans that come through each year. The center also improved in areas of mental health scores and call center answer speeds. But so far the sail rating shows the problems that have famously plagued the Phoenix VA haven't fully healed.

"This is like flying a jet plane at 50,000 feet and half your engine is gone and you gotta fix it," Lucier said. "The only way to get to your goal is to fix it while you're still flying. And that's where they are."

On the whole SAIL shows good things for the VA system. Sixty-six percent of the 146 hospitals have shown improvements since last year, and 11 of the 15 "high risk" locations, including Phoenix, have also improved.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

Of particular concern was a dismal rating as of Dec. 31, 2017, showing the Canandaigua Living Center that provides nursing home care had received the lowest ranking possible, one out of five stars. An updated star rating for the period October 2017 through March 2018 showed the nursing home inched up to two stars. In several categories the center rated below both the VA average as well as the national average for private sector nursing homes.

The End of Year Hospital Star rating for fiscal year 2018, shows 96 out of 146 VA medical centers nationwide improved their baseline scores from the previous year. "Each VA medical center is assessed for overall Quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5 and (2)

Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts,” according to the VA.

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1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

Kander has been the figure to watch for progressives, thanks to his founding of Let America Vote, which prevents voter suppression, in 2017, and his tenure as Missouri’s secretary of state from 2013 until last year.

Kander announced he was withdrawing from the race in an emotional Facebook post on Tuesday.

“About four months ago, I contacted the [Veterans Affairs Department] to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day,” the father of one began. “So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it. But, on some level, I knew something was deeply wrong, and that it hadn’t felt that way before my deployment.”

Kander says he went as far as filling out VA forms online — but not accurately because he was “too scared to acknowledge my true symptoms...”

“I was afraid of the stigma,” he wrote. “I was thinking about what it could mean for my political future if someone found out. That was stupid, and things have gotten even worse since.”

Despite his past few months being packed with accomplishments, from a New York Times best-selling book to raising “more money than any Kansas City mayoral campaign ever has in a single quarter,” Kander said he’s still had “suicidal thoughts” and that he’s finally “done hiding this from myself and from the world.” He added, “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander also revealed that he decided to run for mayor as a way to temporarily “fix the hole inside me,” and to “outrun his symptoms,” but unfortunately, he explained, “it’s faster than me... I have to stop running, turn around, and confront it.”

He’s now planning to seek help at a local Veterans Affairs office and has conceded that he can’t run a thorough, impactful mayoral campaign at the same time. “So I’m choosing to work on my depression,” he stated simply.

Kander says he debated whether to reveal his true reason for dropping out, and he shared that he ultimately made his decision because he believes honesty will help both himself and others.

"Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have," he wrote. "If you're struggling with something similar, it's OK. That doesn't make you less of a person. I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me."

He also posted the number for the VA Crisis Line, 1-800-273-8255, which non-veterans can call, too, and reminded supporters that he hasn't dropped his political aspirations. "I'm passing my oar to you for a bit," he said. "I hope you'll grab it and fight like hell to make this country the place we know it can be."

According to the National Center for PTSD, about 7 to 8 percent of the population will struggle with the condition at some point in their lives, with about 8 million adults living through PTSD every year. Rates of this type of mental illness are higher among women than men — 10 percent as compared to 4 percent.

Up to 20 percent of veterans who served in the Iraq War have experienced some degree of PTSD. This rate is higher than that of Gulf War survivors, about 12 percent, but lower than Vietnam vets', about 30 percent. The New York Times reported that suicide is a growing problem in young veterans.

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

2. Greater Choice for Veterans

2.1 - PolitiFact: Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy.

He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

"We just passed Choice," Trump said. "That was 44 years, they've been trying to pass Choice. So that if you have to wait for nine days, 30 days, 21 days, months, you don't do that anymore. If the line is big, and you're unhappy, you go to a private doctor, they take care of you and we pay the bill."

Trump repeated the point, saying, "They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed. We're good at passing things, right?"

Trump is wrong that Choice wasn't passed until he came into office.

Congress passed a new version of a Choice program in June 2018 — but the program itself has been around since 2014.

After the scandal of long waits and the efforts of administrators at some facilities to cover that up, Congress and the Obama administration passed the Veterans Access, Choice and Accountability Act of 2014.

For veterans who couldn't be given appointments quickly enough, or who lived more than 40 miles from a Veterans Health Administration hospital, the government would pay for private care. In four years, Washington spent \$12 billion on the program.

The bill signed by Trump, the VA Mission Act, is a major effort to fold a variety of community care programs at the VA into one integrated whole. That change won't take place for at least a year. Until then, the law provides \$5.2 billion to continue the Choice program in its present form.

We reached out to the Trump administration but did not hear back.

Our ruling

Trump said that he and his fellow Republican "passed Choice," something that others had been trying to do for 44 years. He described the program as one that allowed veterans to get private care at government expense.

The program to do exactly that has been around for four years. And it's always been referred to as Choice.

We rate this claim False.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield.

The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road.

The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

It is projected to open in 2019.

The new site, located just north of downtown Springfield, will be designed to "best serve the needs of the veterans," the VA says.

"This move will improve access to care, efficiency of facility operations, a state-of-the-art infrastructure layout, parking, and care coordination between all services," the VA stated in a press release.

The organization says the relocation was necessary to serve the growing veteran population in Springfield. The Springfield CBOC served more than 3,600 veterans in the last year, with over 21,000 outpatient visits.

The site at South Burnett Road will remain open for all existing services until the new site is ready next year. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

WIESBADEN, Germany — A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans.

The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

"This type of wheelchair gives you independence, to reach something on a high shelf for example, and to keep the rider safe indoors and outdoors," said Sivashankar Sivakanthan, a graduate researcher at Pitt. "The benefits add up very quickly."

The Mobility Enhancement Robotic wheelchair, or MEBot, draws on new developments in robotics and pneumatics to enable wheels and other parts to change configuration with the flick of a switch.

The wheels, for example, can slide forward or backward to negotiate a curb that a normal electric wheelchair couldn't handle. And by tilting forward, backward and from side to side, the chair can prevent a rider from falling out of the chair.

The movements also make the chair less likely to topple over, which is the No. 1 reason people in wheelchairs go to the emergency room, said Rory Cooper, director of Pitt's Human Engineering Research Laboratories.

Development of the chair is a joint project of the laboratory, Walter Reed National Military Medical Center and the Department of Veterans Affairs.

The projected cost of the chair — about \$30,000 — puts it on par with current electric wheelchairs, Cooper said. The MEBot is expected to be available for purchase in about five years, he said.

Also at Clay Kaserne on Monday, the Pitt scientists demonstrated a wheelchair powered by compressed air. Besides the environmental advantages, the pneumatic chair can be driven in swimming pools, giving disabled veterans greater access.

Another wheelchair they displayed is designed for racing. It uses hand cranks and woven composite graphite for areas that would normally succumb to the strains sustained during racing.

According to the Paralyzed Veterans of America, there are 100,000 veterans who suffer from spinal cord injury or disease.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations.

The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach.

Construction on the new facilities will begin next year.

The Charleston VA was ranked as the second fastest growing VA for the 2017 fiscal year.

“Space has been our biggest challenge with our rapid growth rate,” said Charleston VAMC Director and CEO Scott Isaacks. “Being able to increase our physical footprint with these two leases will give us the space we need to continue providing high quality health care services to our veterans.”

The local clinical care annex will be located at the corner of Rivers Avenue and Hanahan Road in North Charleston. It will be 75,000 square feet.

The Ralph Johnson VA Medical Center says this location's main focus will be on primary care and dental services.

It will also have mental health services, select specialty care, blood collection and radiology.

That includes CT scans, ultrasounds, bone density tests and the capability to add MRIs.

The Myrtle Beach VA Outpatient Clinic will be 84,000 square feet and will be located on the northwest corner of Howard Avenue and Airpark Drive.

Medical center officials say the lease gives ample space to expand existing services in the area including primary care, mental health, tele-mental health, tele-health, dermatology, podiatry, physical therapy, occupational therapy, prosthetics, optometry, audiology, compensation and pension, blood collection, an optical shop and radiology.

The space also allows for expansion of specialty services.

Both the Charleston and Myrtle Beach sites will feature a women's clinic and provide plenty of parking spaces for veterans and visitors.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#)
(3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home.

The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge health care technology and the home-like comforts of a modern facility," David R. Stockwell, director of the VA Northern California Health Care System, said in the news release.

The new clinic will include 520 parking spaces and nearly 30,000 more square feet of usable space.

That will be enough to accommodate significant growth in primary care, mental health and existing specialty services, VA officials said. It will also allow for additional telemedicine rooms for new specialty services, including allergy and immunology, nephrology and rheumatology.

The design, construction and opening of the clinic is expected to take about 32 months with its opening set for May 2021.

Congress authorized construction of the project as part of the 2014 Choice Act.

The project includes about \$3.4 million in annual unserviced rent and about \$14.4 million in tenant improvement costs.

The expanded space allows for an additional 17 mental health providers, a mammography division and a second X-ray unit at the facility.

In a news release issued Wednesday by Rep. Doug LaMalfa, he said he worked on the House Transportation and Infrastructure Committee to authorize the lease.

"I'm please the VA is moving forward," he said, "This is a significant, if overdue, upgrade to the types of care and services available to our veterans in Redding. Now we must ensure the facility is staffed with high-quality doctors and health providers in order for it to deliver on its considerable promise."

LaMalfa said his 1st Congressional District is home to nearly 60,000 men and women who have served in the military.

Former state Sen. Maurice Johannessen, who owns the Knighton Road property and proposed the health care facility years ago, was also pleased about the lease.

"I've been working on this thing six to 10 years," he said. "I'm happy with it."

Johannessen, also a former secretary of the California Department of Veterans Affairs, bought the 15.9-acre Knighton Road property in 2011.

He has said his proposal is a dream he's had, and he wants to see to it that it is built, noting it would complement other services for veterans, such as the California Veterans Home also on Knighton Road and the Northern California Veterans Cemetery, he said.

"This has been a long time coming," he has said. "The idea behind this is, we're making a center for veterans in this part of the world."

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project.

The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth.

"The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

The companies will lend their "experience and expertise" to Cerner's efforts to bring "seamless care" to veterans, according to a Cerner Facebook post.

Cerner did not say specifically how the team will work with other groups working on the EHR. Those include the Office of Electronic Health Record Modernization, which the VA established this summer to guide preparation, deployment and maintenance of the new EHR. Overseen by John Windom, the office is collaborating with the Defense Department to make sure the new EHR is "fully interoperable," Wilkie told the Senate Veterans' Affairs Committee last week.

Interoperability has been a sticking point for the project since nearly the beginning, and it was one of the reasons the VA-Cerner contract was delayed for so long.

As negative press swirled around the negotiations, Cerner President Zane Burke attributed some of it to "fake news." Last month, Burke announced he would be leaving the company on Nov. 2. Cerner's executive vice president of worldwide client relationships will take over his duties and become chief client officer.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock.

The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

“This project shows the commitment the U.S. Department of Veteran Affairs has for our Veterans in the Lubbock area, and the outstanding support by our community partners to provide a fully-modern clinic to meet the needs of Veteran health care in the Hub City,” said Mike Kiefer, Amarillo VA Health Care System Director. “I am beyond excited to see this project come to fruition, as I understand how important this facility is to our veterans, veteran family members and our staff in Lubbock.”

The clinic will be near the Texas Tech Health Sciences Center and University Medical Center, where an added partnership between the VA and TTUHSC will help provide for more specialty needs and social services.

Data provided by the VA show about 323,000 veterans in the West Texas and New Mexico market in 2016, but only 167,000 are enrolled in the VA. It's often said there are about 30,000 veterans in the Lubbock area, but the current clinic says only about 8,000 use its services.

The new facility is aimed at addressing a few key, and significant, issues: location, space, treatment and, maybe just as important, perception.

A new VA clinic in Lubbock is a long time coming. Among the criticisms of the current clinic is the location, the size, and it doesn't provide enough services, often forcing veterans to drive to Amarillo or Albuquerque, New Mexico, for treatment.

Back in 2009, four retired generals in Lubbock created a 16-member committee to look at improving veteran health care in this area: Mitemeyer, Maj. Gen. Walter Huffman, Maj. Gen. Edgar Murphy and Brig. Gen. Gary Harber. After the committee met, they said it was obvious that a new location was needed, preferably close to Tech's Health Sciences Center to take advantage of specialty doctors, students and equipment.

A-J Media spoke with these four generals last year for a story about the new clinic. By partnering with TTUHSC, Huffman said more medical and social services will be available to vets. He said it also eliminates the need for redundant services or equipment because they'll be available at TTUHSC, thus saving money. More physicians and students will also be trained in treating veterans' medical issues.

The proposed two-story new clinic will put particular emphasis on treating traumatic brain injuries and post-traumatic stress disorder, Murphy said. About 30,000 square feet will be dedicated toward mental and behavioral health, and the rest for general medical needs.

In late 2013, the U.S. House passed HR 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act, that provided funding for the creation of several major veterans facilities in states including Texas, New Mexico and Oklahoma.

In that was the Amarillo VA Health Care System's request for a new clinic in Lubbock. The proposal is for the building to have approximately 94,000 square feet of usable space, which is about three times more than the current VA clinic. The project description says it will allow the VA to provide primary care, mental health care, physical therapy, dermatology, podiatry, orthopedics, dental and special care services among other things.

The generals said many people helped out tremendously in making this happen, including former U.S. Rep. Randy Neugebauer, U.S. Rep. Jeff Miller, Chairman of the House Veterans Affairs Committee, U.S. Sen. John Cornyn, Tech Chancellor Kent Hance, TTUHSC President Tedd Mitchell, and the leaders at the Amarillo VA.

Mease said the Lubbock clinic will continue to operate under the Amarillo VA umbrella. But he said this facility will allow for better care for the veterans in the Lubbock area.

"These people were willing to serve their country," retired Lt. Gen. Bernhard Mitemeyer said last year. "They'll see probably for the first time a place that's theirs. They'll be in a sense honored for their service; it'll be part of a major medical center instead of out amongst the motels. These people will see that they're appreciated. The VA has done a great job in letting us go ahead with this."

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3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding.

The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

The new 77,000-square-foot center will replace the city's current 48,000-square-foot clinic located on Hartnell Avenue. The new location will be at 3455 Knighton Road and it will include 520 parking spaces.

The project will cost around \$50 million, \$1.5 million of that being personally funded.

It will also have 30,000 more square feet of usable space, which can accommodate growth in primary care, mental health and existing specialty services.

"We wanted a place where they are secure, they are safe, we can support them, we can hold their hand when they need it and help financially when they have too," said Former State Senator Marice Johannessen CA District 4.

It will also allow for additional telemedicine rooms for new specialty services including allergy and immunology, nephrology and rheumatology.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge healthcare technology and the home-like comforts," said David Stockwell, director of CA northern California.

Design and construction of the clinic are expected to take more than two years, with the opening projected for 2022.

"When seeing all of this stuff come together, it is amazing," Johannessen said. "I am glad I have lived long enough to complete the things that I promised."

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)

Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records.

Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense. The project, designed to enable seamless data sharing between the agency and community providers, is estimated to cost \$10 billion over the next 10 years.

The core team includes Leidos (NYSE: LDOS) as well as Guidehouse LLP (the former PricewaterhouseCoopers U.S. public sector business that spun out earlier this year), Arlington-based Accenture Federal Services, Chantilly-based AbleVets LLC (which we recently featured), Vienna-based MicroHealth LLC, D.C.-based ProSource360 Consulting Services Inc., Henry Schein Inc. out of Melville, New York, and 17 additional businesses, many of them veteran-owned, including Herndon-based B3 Group Inc.

Travis Dalton, president of Cerner's government services business, called the program "the beginning of a long transformational journey."

Leidos acknowledged during its second-quarter earnings call in July that it had signed on with Cerner as a subcontractor, doing program management work, deploying the system and providing help desk and security support.

Leidos is the lead systems integrator for the Department of Defense's Defense Healthcare Management Systems Modernization (DHMSM) program, another project with Cerner and one that faced significant rollout challenges at four sites in the Pacific Northwest.

Several leadership changes have shaken the VA this year and resulted in delays to the deal getting done. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, was expected to leave Sept. 4. Genevieve Morris, who served as chief health information officer for

the VA's Office of EHR Modernization, stepped down in August. And acting CIO Scott Blackburn resigned in April.

Leidos CEO Roger Krone sketched out the company's different EHR roles for analysts over the summer, because Leidos recognizes significantly more revenue from the DHMSM program as a prime contractor than it will on the VA program.

"We don't have contract performance responsibility as the prime integrator," Krone told analysts. "But we're going to be fully supportive of Cerner and we're committed to the success of the program and to make sure that the vets get the best electronic health care records system that industry can possibly provide."

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record.

Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

But other notable names on Cerner's team include:

Accenture

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)

Federal CIO Suzette Kent called today's first official test of the National Wireless Emergency Alert System a "historic event," highlighting the test as evidence of the expanding role of mobile technologies and their impact on a broader effort toward digital transformation in the Federal government.

If you own a mobile phone, chances are you noticed the test of the system that occurred just after 2 p.m. ET today. Most are likely familiar with the system's use by local authorities to send alerts for severe weather and missing children. But today marked the first time the system had been tested by the Federal government on a national level.

"That in itself is a testament to how digital and mobile is a connectivity point between citizens and government," Kent said this morning at a Dell Technologies Summit. Kent cited the test as an example of the administration's responsibility to create digital technologies that augment citizens' everyday lives.

"On the digital side, the focus is delivering high quality services to American citizens, and we are tasked every day to be effective stewards of taxpayer money," she said.

Kent echoed a speech she made last month, referencing a key "nexus" across the executive and legislative branches of government and private industry "to make technology transformation a priority" and "citizen services a priority."

She also cited the President's Management Agenda, and its fourth cross-agency priority (CAP) goal, "Improving Customer Experience," as evidence of how the executive branch is placing "aggressive focus" on better digital experiences for citizens.

Kent's comments regarding that focus also seem to be reflected in actions on the part of the legislative branch. A proposed bill, the 21st Century Integrated Digital Experience Act, would push Federal agencies toward better citizen services—creating minimum standards for website functionality and "digital options" for any in-person government service.

Last week the bill was approved by the Senate Homeland Security and Governmental Affairs Committee, after a companion bill had been introduced in the House earlier in the year.

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

Kent mentioned these accomplishments in the context of broader modernization efforts spearheaded by the administration, such as the release of a new White House cyber strategy on Sept. 20 and the new Federal Cloud Smart strategy on Sept. 24.

"That's just the last two weeks. That's not stopping. We have more coming in the near future," Kent said, making good on comments she made at the end of August that the administration would be rolling out various updates to Federal IT policies.

Among those near-future updates, Kent again highlighted the forthcoming changes to Federal Information Security Modernization Act reporting, and hinted at progress on reforming the Trusted Internet Connections initiative.

She closed her speech with a call to action for the assembled crowd of IT professionals, framed by the soon-to-arrive emergency alert.

“So when your phone beeps today and you get the text message from the president, pause and think about what that means about how important digital channels are in the lives of every American, and think about what your role is in continuing to deliver services much more quickly and more impactfully,” Kent said.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies.

Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

The department heads said they plan to come up with a more streamlined and comprehensive EHR system that provides for unified decision-making and oversight functions; harmonized operations, data management and technology tools; and a single implementation schedule.

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4. [Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit.

Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

Wilkie will take part in the activities at the base, which run from 8:30 a.m. to 1:30 p.m. at the Armed Forces Reserve Center, 300 E. Eaker Ave., at Fairchild Air Force Base.

The summit was held last year Fort Benning, Georgia, which is the home district of U.S. Rep. Sanford Bishop, Jr., D-Georgia.

“The Military Family Summit allows us to better understand the unique challenges facing our military families,” Bishop said in the release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

[...]

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works. (House Science, Space, and Technology Committee)

[...]

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System.

It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma. It is my aim to ensure the organization continues to pursue performance excellence while delivering health care services and veteran experiences that meet our 5-star expectations.

I committed myself to federal service 36 years ago because I believe VA's mission, particularly that of the Veterans Health Administration, is the most noble in government and all of health care. We only exist for one core reason – provide exceptional healthcare to veterans and support their caregivers. From this core springs our important role in research and education/training of physicians, nurses and many other health professionals.

I spent the early years of my career as a clinician before making the switch to hospital administration about 15 years ago – so I understand health care from both the clinical and administrative perspectives. Although I am not a veteran, I am the proud son of my father, a Korean War Navy Veteran. My uncles, Army and Marine Corps veterans, served in Korea, and more recently, my nephew served in the Marines in Afghanistan.

Many of our employees are veterans, and like me, some are the sons, daughters, husbands or wives, fathers or mothers of veterans who want to give back in their names. Regardless of why

we come to work for veterans each day, our mission and focus is the same: “to care for those who shall have borne the battle and for his widow and his orphan.”

As director of the Bay Pines VA Healthcare System it is my promise to veterans that my commitment to the mission will not waver. Our healthcare system will strive to deliver state-of-the-art, accessible, high-quality health care services to the men and women we have the honor and privilege to serve across Southwest Florida. America’s heroes deserve nothing less. However, we are not infallible. Hospitals are complex organizations with 24/7 operations and constantly moving parts. When things go awry, we will work to improve and take responsibility accordingly. We will be measured by our achievements, not our promises.

To close, I would like to personally thank all the veterans who trust Bay Pines for their care. We are indebted to them, and it is my goal to uphold our nation’s promise by delivering exceptional health care services they have earned through their service to our great nation.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending. A third FOIA request for additional records was recently filed by Judicial Watch after gathering new details pertinent to the case. Conducted by the VA Office of Inspector General (OIG), the investigation vindicates vets embroiled in a long and nasty fight against the abuse and misappropriation of VA property.

For nearly a decade a group called the Old Veterans Guard has filed complaints against rampant corruption at the Los Angeles VA for misusing VA property. The 338-acre parcel in West L.A., which includes the National Veterans Park and Veterans Home, was deeded to the federal government in 1888 for the specific purpose of caring for disabled veterans. Instead, the property is also used for many unrelated causes. Among them is a stadium for the University of California, Los Angeles (UCLA) baseball team, an athletic complex for a nearby private high school, laundry facilities for a local hotel, storage and maintenance of production sets for 20th Century Fox Television, the Brentwood Theatre, soccer practice and match fields for a private girls’ soccer club, a dog park, and a farmer’s market. The new VA OIG report lists many others, including a parrot sanctuary, two parking lots spanning 3.9 acres and oil drilling.

Members of the Old Veterans Guard say federal authorities retaliated against them for denouncing the fraudulent use of the facility by sending VA police to harass and intimidate them at weekly rallies. Since 2008 the group has assembled at the “Great Lawn Gate” that marks the entrance to the L.A. National Veterans Park to protest the VA’s failure to make full use of the property to benefit veterans, particularly those who are homeless. Among the group leaders is Robert Rosebrock, an elderly Army vet who got criminally charged for posting a pair of four-by-six-inch American Flags on the outside fence on Memorial Day in 2016. Judicial Watch represented Rosebrock in the federal case, which was tried in U.S. District Court for the Central District of California. Last year, the court ruled that Rosebrock was not guilty of violating federal law for displaying the flags above the VA fence. Rosebrock’s absurd case was filed during the Obama administration, but the Trump Department of Justice (DOJ) moved forward with it.

Earlier this year an official at the same L.A. VA facility where Rosebrock got prosecuted for posting American Flags got charged for taking hundreds of thousands of dollars in bribes from a vendor that defrauded the VA out of millions. While the feds went on a witch hunt against the 75-year-old vet for affixing Old Glory at a site honoring those who served their country, the VA director was committing the real crime. In January the corrupt VA official, Ralph Tillman, agreed to plead guilty to two felony offenses for taking over a quarter of a million dollars in bribes from a parking lot operator at the VA Greater Los Angeles Healthcare System in southern California.

As part of its investigation, the VA OIG reviewed 40 land use agreements and determined that 11 did not comply with the law. Additionally, the VA watchdog found that 14 entities unaffiliated with the VA were operating on the West L.A. campus with either an expired or no documented agreement. “The OIG determined these noncompliant arrangements resulted from insufficient veteran input on land use, unclear VA policies on what constituted appropriate use of “out leases” and revocable licenses, and incomplete capital asset inventory land use agreement records maintained by GLAHS (Greater Los Angeles Healthcare System),” the report states. The VA watchdog directs the agency to implement a plan that complies with federal laws and create a process to obtain input from the veteran community on land use. The Old Veterans Guard has been fighting for this for a decade.

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4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3

October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center’s four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients “at a higher risk for adverse events.”

In one case, federal investigators found a nurse’s assistant worked double shifts for six straight days — more than 96 hours in a single week – while expected to diligently oversee a patient requiring one-on-one care.

As the Northport facility is the only VA Medical Center on Long Island it serves more than 31,000 patients per year and oversees several outpatient clinical sites. Its four nursing homes are located in two buildings, with an approximate capacity of 170 beds.

The Office of Inspector General, a division of U.S. Department of Health & Human Services, charged with independent oversight of Department of Veterans Affairs programs, received several anonymous complaints about the quality of care received at Northport VAMC in 2017 following the deaths of two patients.

In September 2017, the OIG launched a year-long investigation into staffing shortages after receiving two further emails: the first from an employee at Northport VAMC, the second from a liaison to the House Committee on Veterans’ Affairs. The investigation produced a Sept. 18 report ([click here to read the full report](#)) that found Northport VAMC’s leadership knew about the staff shortages, forced administrative level nurses to care for patients, and yet still continued to accept new patients despite knowing they wouldn’t have the staff needed to provide the expected level of care.

Federal investigators recognized in August 2017 there was significant turnover in the leadership at the Northport VAMC, affecting key positions such as its director, acting chief of staff and acting nurse executive, who were cited “as catalysts for this change.” Staff members’ remarks indicated it’s given them hope for a better future.

The agency recommended a series of changes for the Northport VAMC pertaining to the nursing staff currently being enacted, and the facility says is bringing immediate tangible results.

Two patient deaths

Anonymous complaints about two patient deaths at the Northport VAMC in 2017 started the series of federal investigations into the facility.

The first death was a male patient in his late 60s who died as a result of choking on his food. Federal inspectors found insufficient evidence the man’s death was due to a lack of nurse oversight, as alleged in the complaints, but did conclude Northport VAMC had ongoing challenges in maintaining basic necessary staffing levels.

“Conditions such as staffing shortages could create an environment where the increased workload assigned to each staff member was such that it became more difficult to remain vigilant,” the report reads.

A forum was held for the Northport VA nursing homes staff to voice their concerns with the facility and its operation while an investigation of the first patient’s death was ongoing.

“Many [staff members] shared a concern about staffing levels being too low,” the report reads.

A second death raised claims of poor quality of care in the Northport vets nursing homes, after a patient in his mid-60s slipped, fell and fractured his hip. He underwent surgery and six days later stopped breathing. Allegations included the VA staff failed to protect the patient from falling and failed to properly provide one-on-one observation post surgery, neither of which was substantiated by federal investigators.

The investigation into the second death showed the nurse’s assistant caring for him was on her sixth consecutive day of double shifts — 16 hours at a stretch. Investigators again cited “concern that working extra hours with double shifts could lead to staff becoming tired and less vigilant.”

A staff member working double shifts was not common practice, according to Northport VAMC spokesman Levi Spellman, who said union workers are contractually required to have 10 to 12 hours off between nursing shifts.

Closer look at staffing numbers

Records pulled by the federal investigators showed Northport VAMC has been chronically short of nursing staff dating back to at least 2016. Allegations were made that understaffing could lead to a higher rate of “nurse-sensitive outcomes,” such as surgical wounds getting infected, urinary tract infections, ulcers and pneumonia.

Northport's four nursing homes were found to be short approximately 6.3 full-time employees in 2016 needed to meet VA's recommended number of nursing hours spent with patients per day. By 2017, the facility's staffing shortage had more than doubled, with 15.3 additional full-time employees needed. Northport VAMC's nursing homes were only staffed at 60 to 80 percent of recommended levels over the two years, according to federal investigators.

Northport VAMC's leadership attempted to tackle the short staffing issue by using "floating" shifts and overtime — sometimes mandatory, according to the federal report. Floating shifts meant staff from other areas of the VAMC were brought in to assist with patients in the nursing homes.

In 2016, Northport VAMC's nursing home employees put in a total of 19,991 hours of overtime. It nearly doubled by the end of 2017 as only 107.9 of the facility's authorized 128 full-time positions were filled, according to Spellman, causing the facility's overtime costs to skyrocket to nearly \$1.5 million.

"Nurse managers had no mechanism to alert them if one of their unit nursing personnel worked excessive OT," the report reads.

Federal investigators found part of the nursing homes' staffing issues were due to an inability to hire and retain the members of its nursing staff. Northport VAMC got approval to hire 10 additional registered nurses and 10 nurse assistants as intermittent staff in November 2016, though the team wasn't assembled until August 2017.

Often the process of hiring new nursing staff was delayed. In one instance, Northport's leadership said two applicants interviewed and hired in January 2017 were told they would not start working until July.

"This delay in hiring often resulted in the loss of selected applicants who took other jobs," the report reads.

The leadership of Northport VAMC said the high cost of living on Long Island has also made finding and maintaining a full-time staff difficult.

"Not only does this affect our ability to retain talent, but to recruit it as well," spokesman Spellman said.

Steps to improvement

The federal investigators made three recommendations to Northport VAMC in order to ensure it has adequate nursing care for its patients and improve quality of care for residents.

First, that the VAMC's acting director, Dr. Cathy Cruise, completes a review of the nursing homes to ensure staffing levels align with the needs of its current residents. More staff should be recruited and hired to fill the current vacancies "until optimal staffing is attained," reads the report.

Spellman said leadership of Northport VAMC, including Cruise, have already started taking action, implementing changes to improve the quality of care and working conditions.

A registered nurse clinical coordination position has been added in order to streamline nursing staff's efficiency, according to Spellman. At the beginning of 2018, the facility was given approval to hire 2.6 more full-time employees and another 10 staff members were recently approved to bring the total nursing staff to the equivalent 140.6 positions.

"A staffing methodology is in the process of being completed, with additional staff expected," Spellman said.

The Northport VA has received approval to directly hire its nursing staff and is giving new employees immediate start dates, according to him. It also had plans to expand its nursing floating pool, and to cross train other VAMC nurses in long-term care to continue to grow the available number of staff who can provide residents with care.

Third, Northport's leadership was also told to improve its management of staff's overtime hours and make sure of future responsible use of financial resources, citing the \$1.5 million in 2017 overtime.

"Federal employees are expected to be good stewards of government funds," the report reads. "The OIG found a lack of accountability for managing OT expenditures."

Spellman said the nursing homes staff had a total weekly average of 437.3 hours of overtime for the 2018 fiscal year, which ended Sept. 30. This indicates a significant drop from last year, where the total weekly average of overtime exceeded 750 hours.

"All of this is to say that, while the OIG has helped Northport identify areas in which we can improve, we have implemented measures to make those improvements — and we are already seeing results," Spellman said.

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs.

Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries. Many more need reasonable support of career goals through the unencumbered use of their earned education benefits, which help them seek careers in corporate, civic, and entrepreneurial ventures.

Our goal as a nation should be to ensure that the help we provide veterans, regardless of the programmatic form or government agency, is effective and never hurtful. Considering this goal, political leaders are starting to investigate what has become a systemic problem — a trend of veteran entrepreneurs being harmed by the U.S. Department of Veterans Affairs (VA).

Often overlooked is the fact that the American veteran entrepreneur is critical to our nation's economy and security. As our military prepares for the future, such as the Army Futures Command, we are looking to our veteran entrepreneurs to lead empathetic networks and

economic opportunities for veterans and reservists. Likewise, veteran entrepreneurs are bold and industrious leaders who build businesses throughout America's diverse communities.

Obviously, many VA employees are dedicated to serving veterans very well, but there are those who get away with abusing veterans. The regular scandalous abuses include patients dying from treatment delays, neglect, and horrible medical errors. A notable case in the Obama administration is the 1,700 veterans who waited many months for medical appointments and the delays that created horrible outcomes, including deaths.

Typically, the response by VA leaders is to invest more taxpayer dollars into employee training, which leads to another case of abuse — of a veteran entrepreneur.

Ironically, a recent case in which VA employees abused a veteran entrepreneur is the project to fix the Obama-era conference spending scandal, justified as employee training. As reported earlier, VA employees abused a veteran entrepreneur by taking credit for his innovative services to seek their promotions without paying the veteran entrepreneur for the services or proprietary software:

"To make matters worse, after declining to pay the bills for these veteran entrepreneurs, hired to solve the agencies' spending scandal and management errors, the VA then acts as an agitator and adversary to the very veterans it exists to support."

In an email to a veteran, Dr. Eric Hannel, former staff director for the Subcommittee on Oversight and Investigations, House Committee on Veteran Affairs, said:

"VA lacks the ability and desire of real transparency when measuring many facets of contracts made with Service Disabled Veteran Owned Small Businesses (SDVOSBs) and Veteran Owned Small Businesses (VOSBs). During my time as a congressional investigator, with VA as my primary focus, a number of veteran entrepreneurs reported inappropriate VA conduct bordering on misfeasance, malfeasance or fraud, which was subsequently substantiated by evidence. The Government Accountability Office (GAO) has also identified numerous shortcomings with VA's efforts towards Veteran Entrepreneurs over the years."

The systemic problem warrants continuous congressional attention.

Corrupt VA employees should not abuse veteran entrepreneurs — it is shameful and an embarrassment to all Americans. Thankfully, President Donald Trump nominated — and Congress will hopefully approve — two key leaders who will play a major role in stopping the abuse of veteran entrepreneurs.

Dr. Tamara Bonzanto is nominated to be the next assistant secretary for the VA Office of Accountability & Whistleblower Protection. She can establish an ombudsman who has the authority to monitor and report to Congress VA employees' abuses that veteran entrepreneurs have seen or experienced.

Mr. James Paul Gfrerer is nominated to be the next assistant secretary for the VA Office of Information and Technology. He can manage and report to Congress from a single data inventory of all VA expenditures that are used to acquire or customize software, especially as this seems to be where VA employees are most likely to abuse veteran entrepreneurs.

Meanwhile, Rep. Randy Hultgren (R-Ill.) argued on the House floor that VA needs to manage, verify, and report the measurable returns on investments (ROIs) for all expenditures. These ROIs are very appropriate requirements for the VA training business cases and all other discretionary spending by VA. Employee training and its reinforcing software are two of the largest investments taxpayers make to ensure that veterans are treated effectively.

Veterans are confident that the new VA secretary, Robert Wilkie, will stop the abuse of veteran entrepreneurs. And to ensure that taxpayers' investments are not wasted, he will make public the ROI analyses for the discretionary programs — ensuring that these programs are not used to hurt veteran entrepreneurs but rather that they are accountable for their positive effects on our American veterans.

Christopher Neiweem is the founder of Neiweem Group and an Iraq War veteran who has testified in front of both the House of Representatives and U.S. Senate committees on issues impacting veterans' health benefits and education as an expert witness. He has directed multiple legislative campaigns aimed at the VA to improve care for veterans and has been featured on dozens of media print and television platforms to include Fox News Channel, CNN, and Headline News.

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5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls.

The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

The rankings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

In a written statement responding to the new rankings, Medical Center Director David Dunning said the hospital was making "significant improvements."

Dunning said the hospital was "among the faster improving medical centers" in the country. At least 29 other VA hospitals made larger improvements, according to the rating system.

"Some of our biggest strides were in the areas of mental health, including suicide prevention, hospital complications and sepsis recognition," Dunning said in the statement. "Our staff are

fully engaged in improving our Veterans' experience and our hospital is far safer in every aspect than we were one, two or three years ago."

Memphis' low ranking comes about a year after a USA TODAY investigation into the hospital revealed a series of botched surgeries inside the facility, including a patient who mistakenly had 10 inches of packaging tubing implanted into an artery in his leg, ultimately forcing an amputation.

VA officials said at the time that a new director had taken over the Memphis facility, then quickly identified problems in the surgery, research, nursing, engineering and human resources departments.

"When we determine facilities need extra attention — such as those in Memphis and Marion, Ill. — they are receiving it," said Curt Cashour, a spokesman for the VA system, last year. "And we are not hesitating to take swift accountability actions when warranted."

U.S. Rep Steve Cohen released a statement after the report was released, expressing his "extreme disappointment."

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings," Cohen said. "It is unconscionable that the rate of death is so high."

The congressman said he wrote VA Secretary Robert Wilkie Wednesday afternoon, asking that needed improvements be made immediately.

Other Tennessee VA hospitals fared better in the new rankings. Facilities in Nashville and Murfreesboro made enough improvements to be upgraded from one-star to two-star ratings. The Mountain Home VA remains a four-star facility.

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death, infection rates and wait times, but used to keep these rankings secret.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far.

During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week.

The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

"It's very important for the veterans because even if they don't have an appointment, the convenience is so great. They don't have to look for parking, they don't have to go in and wait. They can just drive through," said Suzette Hile, R.N. and care coordinator for the Salem VA.

The clinic at the Salem VA Medical Center is open 8 a.m. to 4 p.m. Monday through Friday until the end of the month.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

IOWA CITY — U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams.

"Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

The letter follows news reports about the Iowa City VA being audited, along with eight other VA hospitals nationwide, to determine whether radiology requests were processed in a timely manner and canceled appropriately.

Jeff Dettbarn, a former X-ray technician at the Iowa City hospital, told The Gazette earlier this week thousands of exams were canceled, many without the required physician signoff. After repeatedly expressing concern about the cancellations, Dettbarn was transferred to a lower-paying job at the VA, he said.

In Tuesday's letter to Judith Johnson-Mekota, director of the Iowa City VA, Ernst and Grassley asked for responses by Oct. 16 to the following questions:

- How many total cancellations occurred?
- How many of these cancellations were determined to have been made in error?
- How did the Iowa City VA determine that a radiology appointment was improperly canceled?

The U.S. senators also asked hospital staff to detail the process the VA used to follow up with veterans to make sure they are receiving proper imaging care.

"While we are glad to see corrective action by the Iowa City VA, this and similar issues over the past few years continue to raise questions regarding the level of care our veterans in Iowa are receiving," the letter states.

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered but not performed within two months. VA officials said many of the overdue tests weren't necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams — including CT scans, MRIs, ultrasounds and mammographies, weren't needed — the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor's permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

Iowa City VA spokesman Bryan Clark told The Gazette on Monday most canceled orders were "obsolete, outdated and/or duplicates" but noted some exams were canceled without following proper policies or procedures.

He acknowledged one incident in which a patient showed up for an appointment that had been canceled, but said the "staff reacted quickly to ensure the patient got the care they needed immediately."

Clark said he could not comment on Dettbarn's specific allegations about retaliation by VA staff, but said the "VA does not tolerate retaliation."

Grassley's staff exchanged several emails with Dettbarn in September and October 2017, providing information on who he needed to contact regarding his claims against the VA, Grassley spokesman Michael Zona said Wednesday. The Gazette attempted to contact Grassley's staff Monday and Tuesday for a previous story about the VA but had outdated email addresses that did not bounce back or reach the appropriate contact.

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve.

Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney.

The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

KRGV's Frank McCaffrey reached out to the VA office in Harlingen in regards to De Leon's case.

A spokesperson for the group says they recently extended a contract that will allow veterans to get treatment where they choose.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

DAYTON, Ohio – The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year.

Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

The 2018 data says that 71 percent of VA Medical Centers have improved in overall quality.

The VA uses a web-based report scorecard to measure, evaluate, and benchmark the quality of its healthcare facilities.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities.

Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

In recent years, staff morale has been low at the VA, in part due to a pattern of whistle-blower retaliation and harassment. Patient morale has been low, too, due to high doctor turnover and long wait lists.

Former director Doug Paxton inherited those conditions in 2014, and set out to improve the ratings. At first, he seemed to be delivering, as the VA's one-star rating jumped to two in 2016. That two-star rating slipped through his fingers, dropping back to one star in 2017, and then, following allegations he was at the head of a toxic management culture, his job slipped through his fingers, too.

Interim Director Dave Whitmer has been able to get things headed in the right direction again. But what the future holds for the Roseburg VA is anyone's guess.

It still has a long way to go to receive the four- or five-star rating that would indicate it's performing at the level of excellence our veterans deserve.

Perhaps nothing is more critical at this juncture than the decision-making process currently underway to find a permanent director for the facility. Whitmer always said his time here would be short, and it's nearing an end.

When a permanent replacement is chosen, we need him or her to be the kind of director who will avoid all the tired, old excuses of directors past. Plenty of medical professionals want to work here, as long as they're not driven off by poor management. Keeping them here will keep wait lists shorter. Having competent leadership and keeping well-qualified staff will boost everything from patient and staff morale to safety and best treatment for veterans. That's the path toward many stars.

Next year, two stars could become one, or three, depending on what happens next.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD.

However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

"You are alone when you are dealing with PTSD," he said. "We do talk about it in groups here at the Legion with other veterans, but everybody's experience was different, and even though we relate to each other, I think the PTSD is pretty much an individual problem."

McMillan joined the United States Army in 1967. He was sent to Vietnam, to join the first cavalry division, from early 1968 until June 1970. After coming back from Vietnam, he was discharged from the Army.

He said he saw a lot of combat during his service which contributed to his PTSD.

"When I came back from Vietnam, of course we weren't well treated, we weren't well thought of," he said. "We almost had to hide our service and I think that contributed to the PTSD almost as much as anything not being accepted back in the United States."

With the help of specialist from the Harry S. Truman Memorial Veterans' Hospital, McMillan said he was able to overcome his hypersensitivity of being surrounded by large groups of people.

However, McMillan said some of his symptoms remain.

"The biggest problem is the nightmares," he said. "The nightmares still continue to this day. I've received quite a bit of treatment from the local VA hospital, which I appreciate, but the nightmares just don't go away."

Jessica Tappana, trauma and PTSD therapist, said the effects of PTSD cannot be completely cured, but they can be controlled with effective treatment.

"You can get to the point where you don't meet what we called the diagnostic criteria for PTSD," she said. "On paper, you don't technically have PTSD but the memories themselves never go away, you incorporate this as part of your life."

McMillan said he is proud that with his decision, Kander brought up an issue affecting veterans.

"I am glad that he is bringing the subject of PTSD and how it affects so many of us after our service in the military," he said. "My father and my uncle, who were both WWII veterans never received any help from the VA or anything else and they suffered their entire life from PTSD."

According to statistics from the U.S. Department of Veterans Affairs: "It is estimated that about 30 out of every 100 of Vietnam Veterans have had PTSD in their lifetime."

Tappana said there are some symptoms every person can identify when suffering from PTSD.

"Feeling like you are almost re-experiencing the trauma," she said. "It's very common for people to have nightmares flashbacks from something smalls in their day-to-day life trigger something."

She said the harder people try to convince themselves they don't have PTSD, the worse the disorder gets.

"Often people have the misconception that it's somehow weak to seek treatment, to seek help," she said. "They think that I can just change my attitude and think happy thoughts and I'd feel better. Unfortunately, that's not often the way it works."

Tappana said the best way to deal with PTSD is to look for professional counseling.

"I strongly encourage you to reach out and ask for help. The good news is that we have very effective counseling, people can get better, people do get better," she said. "You don't have to suffer and the sooner you reach out and ask for help, and start really dedicating yourself to that healing process, the sooner you are going to get unstuck and are going to be able to move forward with your life."

As for McMillan, he said people can help veterans overcome PTSD.

"When you see the veteran, in the restaurant, on the street, at the parade, whatever, wearing that bold cap that indicates they're a veteran, or maybe the t-shirt, or holding the flag, tell them thank you," he said. "That means so much to us, especially from the younger generations."

The VA Crisis Line is 1-800-273-8255. Both veterans and non-veterans can call that number.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country.

This comes after the hospital received a one-star rating out of a possible five stars.

Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

"Our veterans who need mental health care are engaged with our mental health team. The other two metric(s) we are working on is our appointments times and our ability to get them in on a timely manner," said Amural.

Amural said the VA needs to improve in treating a certain category of patients, along with making sure they are diagnosed and treated with minimum wait time.

"These are things like COPD, (or chronic obstructive) pulmonary disease, CHF, (or) congestive heart failure, diabetes," said Amural.

Veterans like Brandon Duzman said he doesn't agree with the ratings.

"Ratings, they don't really mean much to me personally. I think it's about the individual experience," said Guzman.

While El Paso may be ranked low, one veteran tells KFOX14 he would rank it much higher.

"They seem like they're really concerned to work with us, to help us with our needs and coping skills," said local veteran Nate Chaney.

As the El Paso VA hospital works to improve its rating, Guzman said they need to do better at marketing their services.

"Improve communication, kind of just informing them what's out there and kind of getting them enrolled in the VA," said Guzman.

The director tells KFOX14 he has a team who is working on the metrics in hopes of improving the star rating for the El Paso VA.

Overall, Amural said it's all about the individual experience and how the veterans feel when they leave the hospital, even if the ratings say otherwise.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

Tennessee Valley Healthcare System's (TVHS) Nashville facility and Alvin C. York facility in Murfreesboro were both among the facilities that made positive strides in the benchmarks and is striving to continue progress. Both Nashville and York facilities improved from a 1 Star rating to a 2 Star rating.

"We are thrilled to see our hard work paying off for our Veterans," said TVHS Director, Jennifer Vedral-Baron. "We are working to improve the whole health of our Veterans and boost employee satisfaction. We can feel our culture changing for the better, so it's exciting to see the data reflect positive change as well," she said.

Vedral-Baron said focus and accountability played big roles in the improvements. Weekly SAIL meetings help service chiefs and other leaders better zero-in on their goals and allow them to share their progress with others.

"It feels good to know our efforts are moving us in the right direction, and we're going to keep that momentum going. I am happy with the improved ratings; however, the work is far from done. Our Veterans deserve the absolute best care we can offer," Vedral-Baron said.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter -- with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable.

That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

“Research, in general, has found that mammography is the number one way of saving a woman’s life from dying from breast cancer,” said Dr. Mahdiah Parezi, Chief of the Breast Imaging Section at the Michael E. DeBakey VA Medical Center in Houston, Texas. “Since the 1980s and 1990s when more women started getting a mammogram, we started seeing a decrease nationally in the number of women dying from breast cancer by about 40 percent.”

A mammogram is an x-ray picture of the breast that doctors can use to detect early signs of breast cancer, but the fear itself of the mammogram results will sometimes prevent women from getting a screening.

And myths about breast cancer don’t just stop the possibility of test results. Dr. Parezi says there are a few obstacles that often prevent women from paying attention to breast health.

“75 percent of breast cancers that occur across the nation are in women who have no family history of breast cancer, and that’s because the number one risk factor for breast cancer is gender—just being a woman,” said Dr. Parezi.

Starting annual mammograms at age 40 is recommended by American College of Radiology and whether or not women think they have it, the exam should be part of their annual care routine, especially if a woman has a family history of breast cancer.

Read Also: MVP needs women vets for new cancer screening.

For many women, conducting a self-exam is sometimes thought of as an alternative measure, but self-checks are only one part of overall breast health.

“More recently many physicians don’t think there is a benefit to getting a self-breast exam or having a clinical exam, where the physician does the exam on the patient,” said Dr. Parezi. But she does say this three-pronged approach should be used when thinking about over breast health for woman veterans.

1. Annual Mammogram.
2. Being aware of your body.
3. Have a clinical breast exam by your clinician.

The number two risk factor after gender for breast cancer is getting older. Although gender and aging are risk factors woman veterans cannot change, there are methods they can take towards all-around health. Moderating exercise, reducing the amount of alcohol intake and having a healthy BMI are great preventative measures to integrate within a woman's routine.

For woman veterans who have breast cancer, keeping consistent face-to-face communication with your physician and team is important. Joining a local support group can also be helpful, check if your local VA center has one for breast cancer patients.

At the VA clinic in Houston, for example, patients have the option of going to a support group to talk to each other and ask questions in a space that’s led by an oncology social worker and oncology psychologist.

Recently, the VA created a Breast Cancer Registry that includes data from multiple sources within the VA to offer patients the best information about breast cancer screening, test results, and treatment options

“Across many of the VAs, as care is being more focused on woman veterans, we’re trying to provide the kind of care that’s top-notch where we can compete with the private sector so that veterans come to us not because they have to, but because they want to.”

For more information about Breast Cancer resources at the VA, click [here](#).

To learn about the different stages of Breast Cancer and what breast changes look like, click [here](#) to check out the Veterans Health Library.

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6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis.

The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

“He was my little baby brother,” Alissa Harrington said.

To say Alissa Harrington and her brother Justin Miller were close is an understatement.

“I am extremely proud of him for his military service and for him deciding to serve our country,” said Harrington.

Justin was an artist, a trumpet player with the Marine Corp Band. But he was a Marine first.

“In 2005 in that summer his unit was deployed to Iraq to the Al Asaad air base. He wasn’t the same when he came back,” Harrington said.

Alissa says Justin reached out for help, first from a private therapist before reaching out to the VA.

“He kind of had a crisis and at that point he reached out to the VA crisis hotline. The crisis line told him to go into the emergency department,” Harrington said.

Justin was admitted for four days and was discharged. He killed himself 24 hours later.

“An investigation by the Federal government found several problems with the care Justin got at the VA mostly importantly there was no follow up plan.

"It's maddening to see a bureaucracy having all these checks and balances and these safeguards in place and have them not used appropriately and with amazingly devastating consequences," Harrington said.

The Office of Inspector General's report provided recommendations to the VA, like improving care collaboration across departments and engaging family members in Veteran's mental health treatment plans.

"And we'll never know if they had followed the rules and know why they were following the rules and those sets of regulations if he would still be alive today," Harrington said.

The VA is starting to implement the recommendations. All but one will be completed this year.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder.

Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

"I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly," Kander wrote. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression."

Kander will also be stepping away from his nonprofit, Let America Vote, which he formed in February 2017 to increase voter turnout and end voter suppression. He's served as president since its founding.

"I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward," he said. "We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond."

The former Army captain and former Missouri Secretary of State announced he would be running for mayor of Kansas City in July at a press conference from the Negro Leagues Baseball Museum. Election day is not until June 25, 2019.

Kander joined the Army immediately following the Sept. 11 attacks. He said he first contacted Veterans Affairs looking for help four months ago, saying he knew something was "deeply

wrong," but wrote in Tuesday's letter he did not admit to the true seriousness of his symptoms in paperwork he filled out.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour," he wrote. "I can't have PTSD, I told myself, because I didn't earn it."

The 37-year-old actually wrote a book, "Outside the Wire," which was released in August and he said he was lucky not to suffer from PTSD. He admitted Tuesday the claim was to prevent a stigma and avoid a negative impact on his political career.

Kander ran unsuccessfully for the U.S. Senate in 2016, losing to Republican Roy Blunt by fewer than 3 percentage points in the typically red state.

Former President Barack Obama singled out Kander as a future presidential candidate in a January 2017 interview with "Pod Saves America."

"I'll close by saying this isn't goodbye," Kander wrote Tuesday. "Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be."

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide.

Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

The last 20 flags were placed after a noon news conference, meant to highlight the 20 military and veteran suicides that occur across the country each day. The rate of suicide among the military and veteran population is 1.5 times higher than it is for the non-veteran population, IAVA said.

"Too many of our men and women are dying," Paul Rieckhoff, IAVA Founder and CEO, said in a statement. "Every day, IAVA and our partners and allies are working to support hundreds of thousands of veterans facing transitional challenges after combat."

"We can't fight this problem alone," he continued. "We need reinforcements of the greatest magnitude. We need a national call to action from the top that mobilizes all Americans. In response to this ongoing crisis, we need immediate action from the Commander-In-Chief, Secretaries of Defense and VA, and all Americans."

In a survey of its more than 400,000 members in 2017, IAVA found that 58 percent of respondents knew a post-9/11-veteran who had died from suicide.

"There's plenty of urgent news out of Washington this week dominating headlines," Paul Rieckhoff said. "This news is a matter of life and death and must not be overlooked. And unlike almost every other issue in Washington, this one could unite leaders of all parties."

"We invite the president and all concerned citizens to join us on the National Mall to focus awareness, support and action on this silent enemy that is taking the lives of our fellow Americans every single day," he added.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Advocate (New Orleans): VFW and Aktion Club contribute gifts for VA baby shower (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

VFW Davis-Moran Post 8290, of Lacombe, Homer Williams Post 8720, of Abita Springs, and Boyet-Brannon Post 5174, of Pearl River, and their auxiliaries purchased unisex baby items and put together bags and boxes of gifts for the shower.

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7.2 - KOB (TV-4): HUD and VA award nearly \$400,000 toward housing homeless veterans in NM (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico.

The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

The program provides funding for vouchers for housing and supportive services that help to end homelessness for veterans.

"It's our duty and responsibility to support the men and women who gave so much for our country," said HUD Secretary Ben Carson. "The housing vouchers awarded today ensures homeless veterans nationwide have access to affordable housing and the critical supportive services from the VA. It's an honor to work with our dedicated partners on the ground who make certain every veteran has a place to call home."

Veterans will be assessed by local VA Medical Centers before they are referred to local housing agencies for vouchers from the program. Decisions on who is considered are based on a variety

of factors including how long the veteran has experienced homelessness and the need for longer-term housing.

"Veterans have put their lives on the line for the freedoms we all enjoy," said Beth Van Duyne, HUD Regional Administrator. "The HUD/VA partnership has helped tens of thousands of those veterans get off the streets and into decent housing, with important medical and case management that helps them remain housed and keeps them on the path for independent living."

Those who are a part of the program rent privately owned housing and contribute no more than 30-percent of their income toward rent.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday.

The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD. The funds are expected to help 343 veterans get housing vouchers.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said Ben Carson, the secretary of the HUD. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

As part of the voucher allocation process, officials at VA facilities are tasked with reviewing how long each veteran has experienced homelessness, and determining how much "intensive support" is required for the individual to obtain and maintain permanent housing "before referring them to local housing agencies for these vouchers," officials said.

"Decisions are based on a variety of factors," officials said in a statement Wednesday.

The monetary assistance was provided through the HUD-Veteran Affairs Supportive Housing program, which provides rental assistance, individual case management and clinical services through the Department of Veteran Affairs.

The Santa Clara County Housing Authority received the largest amount of funding, garnering \$2.8 million to provide 140 vouchers for permanent housing and services, HUD said.

The San Francisco Housing Authority received \$343,723 for 21 vouchers.

More than 93,000 housing and services vouchers have been awarded and roughly 150,000 homeless veterans were served throughout the United States through the joint program since 2008, officials said.

Veterans participating in the program typically rent privately owned residences and use 30 percent or less of their income toward rent, officials said.

“When our neighbors answer our country’s call to service, we must answer their call when they return home,” said Wayne Sauseda, HUD’s deputy regional administrator.

Here’s how the money was dispersed in the Bay Area and Central Valley:

- San Francisco Housing Authority: \$343,723 (21 vouchers)
- Contra Costa County Housing Authority: \$284,891 (20 vouchers)
- San Mateo County Housing Authority, Palo Alto-based VA medical facility: \$162,949 (12 vouchers)
- San Mateo County Housing Authority, San Francisco-based VA medical facility: \$67,895 (5 vouchers)
- San Joaquin County Housing Authority: \$116,648 (20 vouchers)
- Stanislaus County Housing Authority: \$138,880 (25 vouchers)
- Marin County Housing Authority: \$76,965 (5 vouchers)
- Berkeley Housing Authority: \$248,181 (15 vouchers)
- Santa Clara County Housing Authority: \$2,816,567 (140 vouchers)
- Pittsburg Housing Authority: \$62,903 (5 vouchers)
- City of Alameda Housing Authority: \$131,188 (5 vouchers)
- Alameda County Housing Authority, VA Northern California Health Care System: \$278,986 (20 vouchers)
- Alameda County Housing Authority, Palo Alto-based VA medical facility: \$209,240 (15 vouchers)
- City of Napa Housing Authority: \$40,182 (5 vouchers)
- Livermore Housing Authority: \$75,849 (5 vouchers)
- County of Sonoma: \$51,983 (5 vouchers)
- City of Santa Rosa: \$112,874 (10 vouchers)
- City of Vacaville: \$43,805 (5 vouchers)

•Solano County Housing Authority: \$40,118 (5 vouchers)

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing.

The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

The legislation, the Homes for Our Heroes Act, would ensure reports are submitted to Congress on the Veterans Affairs Supportive Housing program, a joint initiative administered by the Department of Housing and Urban Development and the Department of Veterans' Affairs.

Veterans can receive rental assistance vouchers for privately owned housing if they are eligible for VA health care services and are homeless, according to HUD's website.

Other services, including mental health treatment and substance use counseling, are offered through the program. At the end of the 2015 fiscal year, there were more than 78,000 vouchers allocated by HUD to assist veterans.

Peters' bill would require a study on the use of the vouchers in high-cost housing markets and provide greater disclosure of how the vouchers are allocated.

"We need to better understand, and quantify, the challenges veterans face as they seek to use HUD-VASH vouchers for housing, particularly in high-cost regions like San Diego; to do that, we need greater transparency about the program from both HUD and the VA," Peters said in a statement. "Equipped with that data, Congress can make better policy decisions that get our veterans the housing and care they need."

The legislation follows the revelation that the number of homeless veterans increased nationwide for the first time since 2010. In New York, there were 1,244 homeless veterans in 2017. That's down slightly from 1,248 two years ago.

Nationally, there were 40,056 homeless veterans last year, up from 39,471 in 2016.

Katko, R-Camillus, said the bill will ensure Congress has the information needed to help address homelessness among veterans.

"Over the past few years, our country has made tremendous strides in protecting our veterans from homelessness," he said. "However, overworked VA employees and a higher cost of living have led to certain programs becoming less effective."

Peters' bill is supported by two organizations, the National Alliance to End Homelessness and the National Coalition for Homeless Veterans.

Kathryn Monet, CEO of the National Coalition for Homeless Veterans, said the voucher program is one of the most effective tools in use to reduce veteran homelessness.

"Finding out where we can improve this key program is crucial to the long-term success of national efforts to place veterans experiencing homelessness into housing," she said.

The legislation has been referred to the House Financial Services and Veterans' Affairs

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

HARWOOD, N.D. — Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring.

Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

"Everything is on schedule and we anticipate in our fiscal year 2019, probably late spring to early summer, we should be ready for burials," said John G. Knapp, deputy director of the Fort Snelling National Cemetery in Minneapolis.

The Harwood cemetery will be operated remotely by officials at Fort Snelling National Cemetery and will serve more than 24,000 veterans in the surrounding area.

Crews are building a road, flagpoles and entry features to the cemetery that will be home to about 3,204 gravesites when finished.

Knapp said an opening date has not been determined, as finishing construction will depend on weather.

"We of course want to make sure the construction is completed to specification and ensure the cemetery is ready with established turf before we open," he said.

North Dakota was one of 10 states without a national veterans cemetery.

A state veterans cemetery is located near Mandan.

All members and veterans of the armed forces are eligible to be buried in a VA national cemetery as long as they have met minimum active-duty service requirements and were not dishonorably discharged.

Members of the reserve armed forces who die while on active duty, while on training duty or were eligible for retired pay, or were called to active duty and served the full term of service, may also be eligible for burial. Their spouse, widow or widower, minor children and, under some conditions, adult unmarried children with disabilities can be buried in the VA cemetery.

Knapp said eligible veterans can be relocated to the new cemetery, but costs for relocation is the responsibility of the family.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past.

The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

Another change in the event is that the Appalachian Regional Coalition on Homelessness is the lead agency involved in organizing the Stand Down with assistance from Shields' office, the Tri-Cities Military Affairs Council, Vietnam Veterans of America 979 and the American Job Center of Tennessee.

"This event will provide homeless veterans and veterans at risk of being homeless with information regarding: substance abuse counseling, employment and training, housing resources, legal resources, haircuts, food, refreshments, clothing and more," Shields said. "There are anywhere from 150 to 180 veterans that come out. We don't restrict it just homeless veterans ... we open it up to those who are precariously housed."

He said bringing services together under one roof helps provide assistance more efficiently. The event also now includes a RAM clinic, he said.

For more information or to arrange for transportation, call 979-2871 or 557-2294.

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7.7 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week.

This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

"The opening of the Men's Shelter has been long awaited by the Temple community and we are thrilled to be able to finally open our doors to men in need," said Lt. Chantel Millin, commanding officer of The Salvation Army in Temple. "We are grateful to our local supporters and donors, and particularly to our Divisional Headquarters, for its financial support in helping us to not only continue operation of our Women and Family Shelter, but to also permanently open the Men's Shelter in time for the upcoming winter season."

In addition to support from the Divisional Headquarters, a Veterans Affairs contract for 15 beds in the Men's and Women and Children and Families shelter will enable the men's shelter to open.

To support the expanding range of programs in Temple, The Salvation Army recognizes the importance of community and corporate involvement and the need to generate consistent donations.

"We feel blessed to be a part of such a giving community and pray that many individuals, groups and businesses will be moved and motivated to come alongside The Salvation Army and provide the financial support to fund our life-changing programs," Millin said.

The individuals in the VA program will be held to the same standards as Salvation Army residents.

The expectations, as far as behavior, are the same for all who live in the Salvation Army facilities. The VA residents will have their own case manager, which will be supplemented by the Salvation Army case managers as needed.

The beds allotted to the VA are available to veterans awaiting permanent housing through the VA.

"We are delighted that The Salvation Army will be able to provide a safe and nurturing place for veterans, a group often overlooked in society today. And it is within close proximity to the veterans hospital in Temple," said Lt. Aaron Millin, Commanding Officer at The Salvation Army in Temple. "It is truly an ideal partnership."

The Salvation Army Divisional Headquarters recognized the McLane Center of Hope would continue to have fundraising problems while the men's shelter remained closed, Chantel Millin said.

Additional monitors have been hired, along with a case manager and possibly another cook.

A formal dedication ceremony is planned for November in conjunction with the Red Kettle and Angel Tree Kick-Off. The iconic red kettle represents The Salvation Army's major annual fundraiser in Temple and throughout the country. The much-loved Angel Tree program, which provides Christmas gifts to children from low-income families and the elderly, is made possible by the generous donations of community members and local businesses.

"We're excited to get the news out there," she said. "We have to focus on getting our fundraising to a level to support the programs we offer. We aren't at a place where our programs are funded. We know this community has a heart to give and we're confident that once people know we're operating at the level that was initially pledged, we'll be successful."

The Salvation Army is considering how much it can help with emergency shelter during cold weather. There will be fewer beds available, Chantel Millin said.

"We may be able to put overflow on cots, but that still has to be worked out," she said.

The community's support is crucial to supporting the ongoing operation of the Women's, Men's, and Family shelters and all other programs offered by The Salvation Army in Temple.

Donations can be mailed to P.O. Box 1884 Temple, Texas 76503 or dropped off at 419 W. Ave. G, Temple, Texas, 76502. Online donations can be made at <https://give.salvationarmyusa.org>.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

LA CROSSE, Wis. – Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges.

A council committee heard those on both sides then voted to delay making a decision.

Dave and Barb Erickson planned to donate the house at 3120 Farnam Street to the Tomah Veterans Affairs Medical Center to be used as a transition home for veterans.

Some opponents felt the facility would cause traffic concerns for families and children in the area,

While others raised concerns about neighborhood safety.

"Right next door to the house in question has a very elderly person who can't see," Neighbor Carolyn Barlow said. "I don't feel comfortable having these people living next door to them."

"What's to say one of these people aren't going to walk up and do something to one of these little kids," David Barlow said. "I mean security is a big issue with me."

A Tomah VA representative said the veterans living there would be screened and approved for the home. Known pedophiles or sex offenders would not be allowed.

Barb Erickson said this group of residents need compassion from neighbors as they work back into society.

"I really believe that this house can help the veterans," Erickson explained. "I think the veterans can help our community. They can make our neighborhood even better than what it is now."

"I can guarantee that this community has plenty of people willing and able to provide peer-to-peer mentorship to any of these veterans in also keep a watch on them," David Schultz with La Crosse Area Veterans Mentor Program added.

Again, the committee voted to delay a decision for 60 days at the request of the Tomah VA. They wanted to gather more data to present to the council and neighbors on the program.

Also at the meeting, the committee voted to suspend the wheel tax indefinitely. This measure effectively kills the tax, but must first be voted on by the full common council.

Members said after the city was awarded a federal grant to help with some infrastructure improvements the need for the tax will not be seen next year. Mayor Tim Kabat warns this only kicks the can down the road as it will become an issue again in 2020 and beyond.

The group also voted to recommend changing Columbus Day to Indigenous Peoples Day in the city. This would be to help honor Native Americans. It goes to council for final approval.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War.

For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

The family contacted News 5 Investigates after they felt they were getting the run-around with obtaining the records needed to process their claim. The VA says the records the family is looking for are in the possession of the Department of Defense.

We learned those records do not auto transfer from one agency to the other. Therefore, if the VA doesn't have the information on file needed to process a claim, it's up to the Veteran's family to manually request official records from the Department of Defense be transferred to the VA.

It's unclear if the family was made aware of this.

A VA spokesperson said they would never purposely delay or deny benefits to Veterans and their families. This issue ultimately comes down to the VA requesting verify specific, service-related information the family has spent months trying to track down, but cannot produce.

"Jimmy was my stepfather but he's the only father I knew," Rosa Machado said.

She and her mother, Josefa, describe the father and husband as a hard working man who did everything he could for his family.

"He was the only one working to support the family," Williams' wife, Josefa said.

Williams served in the Navy during the Vietnam War era. He passed away in 2012 after battling lung cancer, according to his death certificate News 5 Investigates obtained.

"It's difficult," Josefa said. "We kind of live in poverty."

In the years following Williams' death, the family struggled both mentally and financially.

"My father was receiving social security benefits at the time of his death," Rosa, Williams' stepdaughter said. "We notified them of his passing and they (Social Security Administration) stripped my mother of his benefits for a couple of years because she was not at that age where she could claim his benefits."

In August 2017, the family filed for “DIC” benefits, or Dependency and Indemnity compensation. This benefit is a tax-free payment given to eligible survivors of military service members who died in the line of duty, or to eligible survivors of veterans whose death resulted from a service-related injury or disease.

The family believes Williams’ lung cancer was linked to exposure from Agent Orange during the Vietnam War.

The VA acknowledges certain cancers and other health problems are associated with Agent Orange and says veterans and their survivors “may” be eligible for benefits for the diseases.

“May” is the key word here, because the family says getting the required proof has been a challenge. Rosa says she’s had to file open records requests just to obtain documents regarding her stepfather’s service.

“My mother really feels that she is just being shuffled to different services in the area but no one really has any information on how to proceed with gathering evidence,” Rosa said.

The information the family says they’ve received hasn’t helped them with their benefits claim.

According to this letter from September 2017, the VA told the family it needs the following evidence/documentation:

- Proof that the Veteran’s ship entered Vietnam’s inland waterways while they were aboard or that they went ashore while the ship was docked or at anchorage.

- Identity/name of the ship and the approximate dates the ship entered the inland waterways, docked, or otherwise sent the Veteran ashore

- If the ship was docked, the VA requests the family state whether or not the Veteran went ashore.

- If the Veteran went ashore from a ship at anchorage, the family must explain the circumstances.

The family has grown so desperate for answers more than 40 years after the war ended, they’ve even purchased Vietnam War and Navy ship books to search for information.

“My mom doesn’t feel like she has the support system she needs to provide the evidence requested,” Rosa said.

Rosa says she’s spoken with numerous VA organizations and family members, but finding the detailed information has been impossible.

She even reached out to Congressman Doug Lamborn’s office, which confirmed to News 5 that they are trying to help the family locate records.

The family has until the end of January 2019 to file an appeal related to the denial of DIC benefits.

"The obstacles at this point is finding the necessary information to prove that he set foot in Vietnam," Rosa said.

Loss of records:

The family says many of Williams' service records were destroyed when his house fell during a natural disaster in California back in 1982.

Unfortunately, some veterans keep information about their service from their family and ultimately take that information to their grave.

Official statement from the VA concerning this case:

"The VA strives to provide Veterans and their dependents with the benefits and services they have earned. In this case, VA was unable to approve Mrs. Williams' DIC claim because Mr. Williams' military service records do not show that his death was relative to his military service. We will reach out to Mrs. Williams directly to ensure she fully understands our decision, her rights to appeal or reopen her claim and provide her information on other VA benefits and services to which she may be entitled."

Update from Congressman Lamborn's Office:

Savannah Fraiser, a spokesperson for Rep. Lamborn (R-Colorado) said the caseworker reviewing this matter on Williams' behalf has just located 400 pages of ship records.

It's unclear at this point in time whether any of those records will help with the appeals process or whether these records are the same documents the VA already obtained through the Department of Defense.

News 5 Investigates will keep you updated with any new developments as they become available.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness.

Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

The award will fund an estimated 177 vouchers throughout Texas. Veterans participating in the HUD-VASH program contribute no more than 30 percent of their income toward rent.

"Essentially, housing authorities request from us these vouchers. Since rents are different in different communities, the amount of money it takes to cover those rents varies," said Scott Hudman of HUD's regional office in Dallas.

He said the HUD-VASH program takes a three-pronged approach, combining housing with medical and case management.

"In the homeless population, you'll find people that are in and out of shelters, in and out of housing," he said. "A lot of that is due to the fact that they just don't have solid medical care and a support net underneath them lifting them up."

As part of the program, VA provides case management and clinical services at VA medical centers and community-based outreach clinics.

HUD-VASH also provides life-skills training in financial literacy, with a focus on keeping people housed.

"We not only get them off the streets," Hudman said. "We can help keep them off the streets."

HUD-VASH vouchers are limited to those who are homeless or at risk of homelessness. Those interested can apply through their local V.A. system.

38 vouchers in total were awarded to the San Antonio and Bexar County housing authorities.

More than 6,000 vouchers are already active in the state.

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7.11 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

The El Paso VA Health Care System will honor Veterans who passed from July 1, 2018 to September 30, 2018 with the Last Roll Call Ceremony of Remembrance.

Michael L. Amaral, Director of the El Paso VA Health Care System will speak, and Chaplain Linda McKnight will deliver the Remarks of Faith.

What: Memorial Service for Unaccompanied Veterans buried at Fort Bliss National Cemetery July through September 2018 & Last Roll Call Ceremony of Remembrance

Who: Fort Bliss National Cemetery Staff, Veteran Hospital Administration and local Veteran Support Organizations

When: Thursday, October 4, 2018 at 2:30 p.m.

Where: Fort Bliss National Cemetery West Shelter | 5200 Fred Wilson Avenue | Fort Bliss

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7.12 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

"The VA and its vocational rehabilitation programs have given me the opportunity to succeed. Literally and figuratively, I say they have saved my life," said Jackson, who admits he got mixed up with the wrong crowd and has made some mistakes in the past. "With VA's support, I've changed my priorities and my outlook on life."

Jackson was one of the first graduates of the National Cemetery Administration's Cemetery Caretaker Apprenticeship Program in 2012.

As part of VA's initiative to end veteran homelessness, the NCA works with VA's Homeless Veteran and Compensated Work Therapy programs to identify potential program candidates from sites throughout the country.

"We are pleased to have dedicated employees like Curtis at the Fort Bliss National Cemetery," said Jamie Porter, Fort Bliss National Cemetery director. "Graduates of the Cemetery Caretaker program are not only veterans themselves and understand the importance of our mission, but are extremely proud to have such a noble job."

In the Cemetery Caretaker Apprenticeship Program, veteran students spend a year learning their trade and receive advanced instruction in areas such as professionalism and conflict management. Leading up to graduation, each student completes more than 1,300 hours of classroom and on-the-job training.

Upon graduation, they can elect to remain at their training cemetery, compete for positions at other federal facilities, or take their skills to the private sector.

"I was at the El Paso VA Medical Center when I heard about VA's Compensated Work Therapy Program and the opportunity at the National Cemetery," said Jackson, who first learned about VA services at a Miami VA Healthcare System outreach event in 2001. "It's a privilege to work at the Fort Bliss National Cemetery and use my skills where they can do the most good. The best part is seeing how much the families of fellow veterans appreciate what you do."

Last month, VA presented the Fort Bliss National Cemetery with the Award of Excellence for meeting or exceeding National Shrine standards in 68 of 74 categories.

These include customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facing facilities, equipment and facility maintenance, and safety of visitors and employees.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again.

A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

"At any given age, if you drink daily -- even just one or two drinks -- you have a 20 percent increased risk of death compared to someone who drinks the same amount two to three times a week," said study author Dr. Sarah Hartz. She's an assistant professor in the department of psychiatry at Washington University School of Medicine in St. Louis.

"We should no longer say that it's healthy to drink. It's a vice that's not great for us," she added.

Hartz noted that how significant a 20 percent increased risk of death is depends on your age. She explained that since very few people die in their 20s, a 20 percent increased risk of premature death is less significant at that age than it would be for someone in their 70s.

Although the study did find an association, it did not prove that light drinking caused early death risk to rise.

But how might alcohol boost that risk?

Hartz said most of the increased risk of early death comes from an increased risk of cancer. She said that people often underestimate how much drinking can increase the risk of some cancers, such as breast cancer. And drinking more than four times a week can also increase the risk of heart attack and stroke.

But what of all the studies that have suggested a health benefit from moderate drinking?

Hartz said that there have been several studies this year that have concluded that drinking generally isn't good for health. And the populations in these studies and the latest one are larger than in previous ones. More importantly, she noted, the newer studies have been able to parse out the lowest levels of drinking.

"We have access to data we haven't had access to before," Hartz explained.

The study included information from more than 400,000 people. More than 340,000 (aged 18 to 85) had participated in a national health survey. Another group of nearly 94,000 were between the ages of 40 and 60 and had been treated as outpatients at Veterans Health Administration clinics.

"The lowest risk group was people who drank one or two drinks just two to three times weekly," she said.

Still, not everyone is convinced that this study is the last word on alcohol and health.

According to Dr. Guy Mintz, director of cardiovascular health and lipidology at North Shore University Hospital in Manhasset, N.Y., "The jury is still out with regard to frequency and quantity of alcohol use."

Mintz said, "This is an interesting study. One to two drinks four days a week seemed to protect against cardiovascular disease, but drinking every day eliminated those benefits."

He pointed out that "one of the study's conclusions was that, as medicine becomes more personalized, some patients with a history of cardiovascular disease may benefit from drinking two or three days a week, but those with a higher risk of cancer may not benefit."

Mintz tells his patients to drink anything but beer because it has a lot of calories and salt, and can contribute to obesity and high triglycerides (an unhealthy type of blood fat). "I would stress alcohol consumption in moderation, both in frequency and quantity," he said.

The study was published online Oct. 3 in the journal *Alcoholism: Clinical and Experimental Research*.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala.

The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

This year, the Partnership for Public Service, which hosts the awards, presented their first Spirit of Service award to Bezos. The award is intended to honor individuals outside of government who also contribute to public service.

The group said Bezos received the award for "the countless ways he and his companies work to advance important fields such as space exploration and national security, as well as help government deliver services more effectively and efficiently."

Bezos said he was proud to share the stage with so many other notable recipients and praised their work in government.

"The people I saw up on stage tonight are all missionaries," he said.

The award recipients were a diverse group, including scientists who sought cures to rare genetic diseases, as well as government attorneys who worked to bring justice to people who were defrauded by scams.

Dr. Daniel Kastner of the National Institutes of Health received the evening's top prize, Federal Employee of the Year. Kastner's research uncovered the genetic causes of seven rare autoimmune inflammatory diseases.

The Career Achievement Medal went to Dr. Marshalyn YeARGIN-Allsopp of the Centers for Disease Control and Prevention, who worked on improving support and resources for those with autism.

Among the many other winners were Karen Dodge and Margaret Moeser at the Department of Homeland Security, who cracked down on fraudsters who used Western Union to illegally obtain hundreds of millions from unsuspecting victims.

The gala was emceed by Judy Woodruff, anchor of PBS's "Newshour." Woodruff told attendees that the Sammys were her favorite event and attributed its success to the honorees.

"It is because of the honorees remarkable achievements. They care deeply," she said.

Among the distinguished guests at the event were Secretary of Veterans Affairs Robert Wilkie; Federal Trade Commission Chairman Joseph Simons; National Institutes of Health Director Francis Collins, Reps. Mark Meadows (R-N.C.), Rick Nolan (D-Minn.) and Phil Roe (R-Tenn.), as well as Del. Stacey Plaskett (D) of the U.S. Virgin Islands.

Max Stier, president and CEO of the Partnership for Public Service, said the contributions of public servants was essential to the country.

"Helping our government do its job better will have enormous impact on the health and prosperity of our country," he said.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

But as the Nov. 6, 2018, election draws nearer, the Republican challenger's attacks on the Democratic incumbent are reaching a crescendo.

Vukmir hammered Baldwin again over the Tomah VA scandal on TV public affairs programs that aired Sept. 23, 2018 in Green Bay and in Madison. They were something of a prelude to a TV attack ad on the scandal that Vukmir aired three days later.

So, let's take a look at one of the attacks.

Vukmir was asked on "Capital City Sunday" on WKOW-TV in Madison how she would have handled the Tomah VA matter differently.

She responded by claiming that Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Let's break down the three-part attack, starting with a quick review about what we know about Tomah.

The scandal

Problems at the Tomah VA first made news in January 2015, when the California-based Center for Investigative Reporting exposed the overprescription of opioid drugs by the facility. Doctors were handing out so many narcotic painkillers that some veterans had taken to calling the place "Candy Land."

The attacks on Baldwin began in early 2017 from a super PAC largely funded by Republican Richard Uihlein, co-founder of Uline, a Wisconsin shipping and packaging supplies distributor. The group claimed in a radio ad that Baldwin was told by a whistleblower about "overmedicated veterans," she made "deadly mistakes" and "three veterans died."

We rated that False, based on how and when the deaths occurred and the "deadly mistakes" part of the claim.

Now to Vukmir's claim, which doesn't go so far as to blame Baldwin for a death.

1. Baldwin 'only one' to have a report

The first part of Vukmir's claim is that, among the Wisconsin members of the U.S. House and Senate, only Baldwin received a report "outlining that a doctor was overprescribing opioids" at the Tomah VA."

The report was done by the Department of Veterans Affairs' Office of Inspector General following a 2½-year investigation of Tomah. Baldwin's office received it on Aug. 29, 2014.

Baldwin did not make the report public, though she shared it with a constituent who had complained to her about what was happening at Tomah. The report was not given to any other member of Congress at the time.

So, Baldwin had been informed about the problems at the Tomah VA before they were exposed publicly. And she doesn't dispute that she was the first member of the Wisconsin congressional delegation to get the report.

2. 'Later a veteran died'

Former Marine Jason Simcakoski died of a "mixed use toxicity" overdose at the Tomah VA while being treated by doctors there. Simcakoski had checked himself into the facility citing an addiction to painkillers and severe anxiety. He was prescribed 15 drugs, including anti-psychotics, tranquilizers, muscle relaxants and the opioid painkiller tramadol.

Simcakoski death, however, occurred Aug. 30, 2014 — just one day after Baldwin received the VA inspector general's report about Tomah that Vukmir highlights.

So, it's misleading to say "later a veteran died," given that Baldwin had not had time to act on the report.

3. Baldwin 'covered it up'

The third part of Vukmir's claim is that Baldwin "covered it up" — a reference to the entire Tomah VA matter, not solely to Simcakoski's death. In the interview, Vukmir elaborates by saying Baldwin tried to "fire one of her aides that brought the issue forward, offering the aide "taxpayer hush money" and hiring "Hillary Clinton's attorneys" to "cover this up." Let's break down these sub-points.

An important point: It's clear Baldwin did not take steps publicly on the scandal until the Center for Investigative Reporting's expose — months after she received the inspector general's report and Simcakoski's death. At the same time, there is no evidence that she took active steps to cover up the matter.

Firing: Baldwin did fire an aide, but it's not entirely clear she did so because the aide "brought the issue forward."

In January 2015, after the Center for Investigative Reporting's expose, Baldwin had called for the VA to investigate Tomah but remained under fire for inaction on the scandal. Baldwin then fired Marquette Baylor, her deputy state director, without explanation, the Milwaukee Journal Sentinel revealed. Whistleblower and former Tomah VA employee Ryan Honl told the newspaper he had talked with Baylor for two hours in late November 2014 about the Tomah VA and that she discouraged him from going public with his concerns, saying that doing so might get her and others fired. Baylor later said she had prepared three memos on the Tomah situation for Baldwin's review and forwarded them to her supervisors; she alleged they were either not delivered to Baldwin or were ignored by Baldwin.

'Hush money', Clinton lawyer: Baldwin did offer a severance payment to the fired aide and did hire a Hillary Clinton campaign lawyer. But this needs further explanation.

As part of the firing, Baldwin's office offered a severance package to Baylor that would have included a confidentiality agreement and a payment, the Journal Sentinel reported. Attorney Marc Elias, who was the top lawyer in Hillary Clinton's 2016 presidential campaign, was hired by Baldwin with campaign funds to review how her office handled the Tomah VA matter. He said the U.S. Senate's chief employment lawyer had helped put together the offer and described the confidentiality clause as routine.

Baldwin later said the deal would have included a payment of about \$17,000, which would have been from Senate funds. Baylor later rejected the offer and, according to Baldwin, sought more than four times that amount.

Elias said Baylor's handling of the Tomah VA matter was only one reason she was fired.

'Cover up': In addition to not releasing the inspector general report, Baldwin was slow to address the Tomah VA matter publicly. But ethics complaints filed against her alleging a cover up were found to have no merit.

Baldwin avoided questions about the matter for weeks after the Center for Investigative Reporting's expose; and it took attorney Elias nearly a month to confirm Baylor's firing.

After being fired, Baylor filed an ethics complaint accusing Baldwin of engaging in a political cover up by firing her for her alleged role in the mishandling of a whistleblower complaint. The complaint asked the U.S. Senate Ethics Select Committee to investigate Baldwin. The committee dismissed Baylor's complaint and two similar complaints filed by groups, saying they lacked merit.

Our rating

Vukmir says Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Baldwin was the only one, and she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died.

On the cover up part of the claim, there was on inaction on Baldwin's part -- not releasing the report, declining for weeks to answer questions and to confirm that she had fired a top aide. But there is no evidence Baldwin took active steps to cover up the matter, and a Senate committee determined that Baldwin had not engaged in a cover up.

For a statement that contains elements of truth but ignores critical facts that would give a different impression, our rating is Mostly False.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

White House Press Secretary Sarah Sanders announced the donation at a White House briefing on Wednesday. Linda McMahon, head of the Small Business Administration, accepted the \$100,000 check, saying the funds “would be put to good use.”

Agency officials plan to use the money to launch a new seven-month training program for transitioning troops looking at starting their own businesses. The program will be based on the existing Emerging Leaders Initiative, but tailored to veteran-specific needs.

The existing program includes classroom instruction as well as “opportunities for small business owners to work with experienced coaches and mentors, attend workshops, and develop connections.” McMahon called it a significant resource for veterans shifting from military to civilian life.

White House officials requested a fiscal 2019 budget for the SBA of nearly \$840 million, but McMahon said the \$100,000 donation from the president represented an important contribution to their work.

During his 2016 presidential campaign, Trump promised to forgo the traditional Oval Office salary and instead donate that money to various federal departments.

Earlier this year, White House officials announced Trump's first quarter salary for 2018 would be given to the Department of Veterans Affairs for caregiver support programs focused on “mental health, peer support, financial aid, education and research.”

Previous donations by Trump went to the Department of Transportation for infrastructure repair, the National Park Service for battlefield preservation, the Department of Education for support programs and the Department of Health and Human Services for opioid management programs.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

RICHLAND, WA - A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died.

Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents.

However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

She pleaded guilty this week in Richland's U.S. District Court to obtaining a controlled substance by fraud, misrepresentation, deception and subterfuge.

Two additional charges for the same crime will be dismissed at her sentencing March 5.

The felony charge can bring up to four years in a federal prison, though prosecutors said they will recommend three years of probation.

McAuliffe is free to argue for less time.

"I'm not telling you I may give you probation, I may give you prison, but that's what it looks like the parties are agreeing to," said Senior Judge Ed Shea.

Under terms of the plea agreement, Shea can divert from the recommendation and it will not be grounds for McAuliffe to withdraw her plea.

McAuliffe was indicted April 3 by a federal grand jury on the three charges.

Court documents show that her father was a veteran who received medical benefits from the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla. He died in September 2016.

McAuliffe "continued to misrepresent" to the medical center that her father was alive and needed the refills, documents said.

The VA's Office of Inspector General started investigating McAuliffe after discovering her conduct.

A year after he died, she placed a refill order for 168 pills of the addictive opioid. She was confronted by an investigator in October 2017, when she went to the pharmacy to pick up the prescription, court documents said.

The agent showed McAuliffe her father's death certificate, and said they had documents and audio and video recordings to show the fraud and deception.

The 168 pills were seized by the agent after the interview, documents said.

Judge Shea, in taking McAuliffe's guilty plea, asked what she said on the phone call to the VA pharmacy.

"That basically my father needed a refill on his medication," McAuliffe replied.

"And so you asked them to send you the refill, which was the 168 tablets of hydrocodone/acetaminophen. And in fact you knew that was false, that your father was dead and that he didn't need those. Is that correct?" asked Shea.

"Yes, your honor," McAuliffe told the judge.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space.

He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

One of the most notable things Shulkin achieved during his time in the VA was an attempt to compromise between the wants of those screaming for privatization and those that believed in a single-payer system.

As the health care industry continues to be pulled in the direction of an all-payer system, in hopes to curb costs, Shulkin shared his insights on the issue.

"The reason why I think it's an interesting model is because as you know so much of what happens in health care is limited by the reimbursement system and the financial barriers," he said.

In the VA, there's appropriated funding at the start of the year, which allows care to be provided without barriers.

But it also lacks incentives.

"So, the reimbursement challenges weren't there, and the incentives weren't there," he said. "So, at the end of the year, if we had extra money, we gave it back to the Treasury. It wasn't like we had the stockholders or even that there were bonuses that (drove) any of those decisions."

But identifying how to best care for patients was not easy in this environment.

"Where I'm coming from is, it's not surprising that we have political spectrums and differences in this country, almost on every issue. My answer was, if you're really focused on the right thing for the veterans, you come out somewhere in the middle," Shulkin said. "There are things that the private sector clearly does better and more efficiently, and, when that's the case, that's where

veterans should get the care. But there were clearly things that veterans had specialized needs for that the private sector isn't doing well. Without that, veterans would suffer."

Shulkin said the VA did integrated medical records, transparency of quality metrics and mental health better than the private sector. Meanwhile, the private sector does specialties like neurosurgery or cancer care better than the VA can.

Which is where the voucher system originated from.

"So, I was driving towards an integrated system, in the middle, that took the best of the private and the best of what the VA can do. And of course, being in the middle in Washington (D.C.) is not a great place to be, unfortunately. Because, essentially, no one likes you," Shulkin said.

In New Jersey, he said, there is a lot of innovation happening in the private sector, but it isn't receiving the attention it deserves.

"It sits in the shadows between New York and Philadelphia," Shulkin said. "New Jersey is actually ahead, but people haven't necessarily recognized it. This is not an advertisement, but I do give credit to Horizon because they have been relatively, and I say relatively, open to partnering with physicians in ways that some managed care plans haven't done. In order to change health care, you can't just do it from the clinical side or the business side. It has to be both sides that take interest. That's not happening in other parts of country, and New Jersey is ahead in that."

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Veterans Affairs Media Summary and News Clips

4 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday. Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

[Hyperlink to Above](#)

1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

[Hyperlink to Above](#)

1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

[Hyperlink to Above](#)

1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities. The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far. Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

[Hyperlink to Above](#)

1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA. An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

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1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - PolitiFact: [Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old](#) (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy. He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield. The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road. The building will offer

significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans. The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations. The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach. Construction on the new facilities will begin next year.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#) (3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home. The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

[Hyperlink to Above](#)

3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project. The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth. "The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

[Hyperlink to Above](#)

3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock. The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at

the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

[Hyperlink to Above](#)

3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3

October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding. The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

[Hyperlink to Above](#)

3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)

Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records. Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense.

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#)

(3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record. Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

[Hyperlink to Above](#)

3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3

October, 35k uvm; Alexandria, VA)

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

[Hyperlink to Above](#)

3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies. Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

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4. Focus Resources More Efficiently

4.1 - The Spokesman-Review: Veterans Affairs' Wilkie coming to Spokane for family military summit

(3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit. Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

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4.2 - WFED (AM-1500, Audio): Pentagon pulls back performance-based contract payment rule

(3 October, Eric White, 854k uvm; Washington, DC)

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works.

[Hyperlink to Above](#)

4.3 - Tampa Bay Newspapers: Paul Russo: Honored to serve as Bay Pines VA Healthcare system director

(3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System. It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma.

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4.4 - Judicial Watch: Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility

(2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending.

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4.5 - TBR News Media: Chronic nurse shortage at Northport VA raises red flags

(3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

[Hyperlink to Above](#)

4.6 - Independent Journal Review: Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington

(3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs. Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls. The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far. During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week. The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

[Hyperlink to Above](#)

5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams. "Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve. Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney. The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

[Hyperlink to Above](#)

5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year. Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities. Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD. However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country. This comes after the hospital received a one-star rating out of a possible five stars. Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

[Hyperlink to Above](#)

5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

[Hyperlink to Above](#)

5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable. That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis. The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

[Hyperlink to Above](#)

6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder. Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide. Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Advocate (New Orleans): [VFW and Aktion Club contribute gifts for VA baby shower](#) (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

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7.2 - KOB (TV-4): [HUD and VA award nearly \\$400,000 toward housing homeless veterans in NM](#) (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico. The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday. The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD.

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing. The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring. Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past. The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist

in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

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77 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week. This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges. A council committee heard those on both sides then voted to delay making a decision.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War. For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness. Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

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7.11 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

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7.12 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again. A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala. The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

[Hyperlink to Above](#)

8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died. Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents. However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space. He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

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1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

WASHINGTON – The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings. The largest improvement was in Hot Springs, South Dakota, which went from two stars to five.

“With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale on which one is the worst and five the best.

The rankings compare VA hospitals against each other, but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The VA also rates 133 agency nursing homes on a one-to-five star scale and kept those ratings from the public until learning this year that USA TODAY and The Boston Globe planned to publish them.

Those ratings, unlike the hospital rankings, take private-sector nursing home averages into account. As of March 31, nearly half of VA nursing homes – 58 – received the lowest one-star rating.

Use the column heads below to sort by city, state or star rating or to see how this year’s hospital ratings compare with last year.

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1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

Staffers assessed Miller's suicide risk as "intermediate/moderate" before he walked out the door. They were wrong. Miller never left the hospital's parking lot, where he was found less than 24 hours later, dead from a self-inflicted gunshot wound.

Recently released findings from the VA Office of Inspector General, which investigated Miller's death, are careful to say that documentation and follow-up failures were not "causal" in Miller's death. But the "deficits" uncovered in his care are deeply disturbing. In particular, how did the risk assessment go so wrong?

There are no easy answers, but another heartbreaking VA report released in late September underscored the urgency of finding answers. In plain language, the newest VA National Suicide Data Report makes it clear that there are many veterans struggling with mental health on the homefront, and far too many are taking their lives.

The report analyzed data from 2005 to 2016. During that time, the number of veterans lost to suicide has frustratingly hovered close to about 6,000 a year. Veterans as a whole, from those who served in Korea to the latest conflict, remain at higher risk of suicide than the general population. "In 2016, the age- and gender-adjusted rates of suicide were 26.1 per 100,000 for Veterans and 17.4 per 100,000 for non-Veteran adults," the report said.

The rate is highest for those in Miller's age group, and sadly it rose substantially from 2005 to 2016. In 2015, there were 40.4 suicide deaths per 100,000 veterans ages 18-34. In 2016, the figure was 45 suicide deaths per 100,000. The report also offered state breakdowns. A look at Minnesota's is chilling. An older group of veterans here — those ages 35-54 — are far more likely than veterans nationally or in the Midwest to take their own lives. The suicide rate for this group is 45.6 per 100,000, compared with 33.4 in the Midwest and 33.1 nationally.

A Sept. 27 congressional hearing led by U.S. Reps. Phil Roe, R-Tenn., and Tim Walz, D-Minn., should have put a bright spotlight on both reports. Roe is the chairman of the House Committee on Veterans' Affairs. Walz, who is a Minnesota gubernatorial candidate, is the committee's ranking member and requested the investigation of Miller's death.

The full committee hearing unfortunately was overshadowed by another event on Capitol Hill that day — the Senate Judiciary Committee hearing on Supreme Court nominee Brett Kavanaugh. Coverage of the public health crisis among veterans fell disappointingly short, jeopardizing the awareness needed to build support for change.

Improvements are underway at the Minneapolis VA medical center, but broader fixes are needed. Among them:

- The VA needs to fill staff vacancies, particularly those for mental health care providers.
- The agency should study medical marijuana use to treat post-traumatic stress disorder and chronic pain. Passage of Walz's VA Medicinal Cannabis Research Act would kick-start that work.
- Congress should sufficiently fund previously passed legislation, the Clay Hunt SAV Act, to help veterans struggling with mental health.
- A national three-digit number should be considered to encourage use of the Veterans Crisis Line and the National Suicide Prevention Lifeline.

Sadly, there is no panacea to what experts have accurately called a suicide "epidemic" among veterans. But if implemented, these measures would work in concert to begin closing the cracks that Miller so tragically fell through.

To reach the Veterans Crisis Line, call 1-800-273-8255 and press 1. It is open to those not enrolled in VA health care. The National Suicide Prevention Lifeline uses the same main number: 1-800-273-8255.

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1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem.

"When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

The event — which has become an unfortunately annual occurrence for veterans advocates — is part of a broader push in recent weeks by lawmakers, veterans groups and Veterans Affairs officials to bring the issue of suicide among former military members back into public consciousness.

Last month, VA officials released new data that showed the overall rate of suicides among veterans has held steady at around 20 a day for roughly a decade, but researchers are seeing a troubling increase in the rate of younger veterans taking their lives.

Those realities come despite a concerned push in recent years by policy makers who have increased crisis intervention and mental health treatment resources for veterans.

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans' Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Last week, in a hearing before that committee, health experts said they see a gap in integrating those lessons learned into local community services, to provide a broader safety net for veterans in distress.

But to help fix that gap that, advocates said, they need to remind the public of the problem.

“I have seen far too many veterans and members of my community fall to suicide,” Said Kristen Rouse, founding director of the New York City Veterans Alliance, at Wednesday’s event. “What we see behind us represents a national crisis ... These are veterans from your home state, from your hometown, from your home city.”

During Wednesday’s event — held between the Capitol building and the Washington Monument, in an area with heavy tourist foot traffic — dozens of onlookers stopped to take pictures of the display and talk to the advocates involved.

Stephanie Keegan, whose son Daniel served in Afghanistan but died in 2016 because of delays in receiving treatment for his post-traumatic stress disorder, said she was grateful to share her families struggles with those visitors.

“It absolutely makes a difference,” she said. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities.

The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

The ratings indicate each hospital’s quality of care and are based on data such as death rates, patient satisfaction and efficiency. In years past, the VA had withheld the data from the public. In 2016, the performance ratings were released under pressure that followed a USA Today investigation.

Overall, 38 hospitals improved their star ratings in 2018, 40 dropped in the ratings and 68 stayed the same as last year.

Five VA hospitals received one-star ratings in 2017 and 2018: Big Springs and El Paso, Texas; Loma Linda, Calif; Memphis, and Phoenix. Four other hospitals were added to the worst-rated this year: Montgomery, Ala.; Tucson, Ariz.; Washington, D.C., and Atlanta.

VA hospitals in Dublin, Ga.; Fresno, Calif.; Roseburg and White City, Ore.; Walla Walla, Wash.; Harlingen, Texas; Nashville and Murfreesboro, Tenn., and Biloxi, Miss., improved enough from 2017 to get off the list of lowest-rated hospitals.

Eighteen hospitals received 5 stars in 2018, the best possible. Four of them are located in Pennsylvania.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers.”

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far.

Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

A couple of years ago, after serving three deployments in Iraq, she contemplated suicide herself.

“Each of these flags is a name, a person. Three of them are my friends, and one could’ve been me,” said Altamirano, now a suicide prevention liaison in the Reserve. “I hope this helps people see how vast of an issue this is. It’s overwhelming. It’s a crisis.”

The flags were placed on the Mall by Iraq and Afghanistan Veterans for America, an advocacy group trying to draw awareness to the issue of veteran suicide.

On Wednesday, the scene grabbed the attention of tourists, who took photos of the small flags with the Washington Monument in the background.

A new report released last week by the Department of Veterans Affairs shows suicide among veterans and servicemembers continues to be higher than the rest of the U.S. population. Veterans accounted for 14 percent of all suicides in the United States in 2016, yet they make up 8 percent of the population.

The rate of suicide among young veterans substantially increased from 2015 to 2016. For every 100,000 veterans age 18 to 34, 45 committed suicide in 2016 – up from 40.4 for every 100,000 in 2015.

Rates have also increased among women veterans and some members of the National Guard and Reserve.

The release of the report last week coincided with a hearing of the House Committee on Veterans' Affairs. Several lawmakers questioned why there hasn't been significant improvement, given Congress has increased the amount of money that it allots for VA mental health programs.

"I'm beyond frustrated about the numbers and data," said Keita Franklin, executive director of the VA's suicide prevention program. "Having worked in this field as long as I have, it's frustrating. When I try to think about what we're missing ... we tend to do a lot of one thing at a time and do it very well, full throttle. Preventing suicide takes a bundle of 10 to 12 things done at full throttle, all the time."

Of the approximately 20 veterans who commit suicide every day, 14 are not receiving health care from the VA. Part of the VA's effort is getting veterans to seek help.

Stephanie Keegan traveled from New York to help plant flags Wednesday morning. Her son Daniel was a veteran of the war in Afghanistan who died of a drug overdose in 2016 while struggling with post-traumatic stress disorder. He had waited 16 months to get into a VA mental health program, Keegan said. He was supposed to be admitted Jan. 23. He died Jan. 8.

Daniel Keegan had wanted to become involved in veterans advocacy. So now, Stephanie Keegan is dedicating her life to it. She has left her son's photo in every House lawmaker's office, met with VA secretaries and is involved with IAVA, in addition to other advocacy efforts.

"I get to do the work that he wanted to do, and I feel like he's sitting on my shoulder all the time," Keegan said. "It's been an opportunity to educate people on what a really struggling veteran looks like because he didn't look like anything you would expect. He was healthy as could be, but he was catastrophically ill for the last two years of his life."

To reach the Veterans Crisis Line, text 838255 or dial 1-800-273-8255 and press 1.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

The Strategic Analytics for Improvement and Learning, or SAIL, for this year shows only nine VA hospitals in the country got a 1-star rating and the one in Phoenix – where all the whistleblowing started four years ago – is still one of them.

Army veteran David Lucier has been getting treatment for post-traumatic stress and diabetes at the Phoenix VA for about 10 years. He's not surprised the place still has a 1-star rating.

"A lot of those numbers are based on a 12-month, rolling average. So it takes forever if you're gonna move up the scale," he said.

But according to SAIL, the hospital is showing small improvement, even though it still has the same overall score. Lucier says he's seen improvements in the care he gets, including the overall culture at the medical center.

"I'm just absolutely amazed. I've seen a stark improvement over people's attitudes who are just the everyday people at the VA," he said.

He also says doctors have helped him manage his diabetes very precisely and effectively. But he knows he's lucky to have good care; some of his friends have been misdiagnosed and others have waited a long time for appointments at all.

Lucier attends monthly advisory board meetings that are open to veterans in the community. From what he's gathered, the problems that pull the Phoenix VA's numbers down are mostly administrative.

In a statement to Arizona's Family, the VA touted upgraded clinical space to serve the nearly 100,000 veterans that come through each year. The center also improved in areas of mental health scores and call center answer speeds. But so far the sail rating shows the problems that have famously plagued the Phoenix VA haven't fully healed.

"This is like flying a jet plane at 50,000 feet and half your engine is gone and you gotta fix it," Lucier said. "The only way to get to your goal is to fix it while you're still flying. And that's where they are."

On the whole SAIL shows good things for the VA system. Sixty-six percent of the 146 hospitals have shown improvements since last year, and 11 of the 15 "high risk" locations, including Phoenix, have also improved.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

Of particular concern was a dismal rating as of Dec. 31, 2017, showing the Canandaigua Living Center that provides nursing home care had received the lowest ranking possible, one out of five stars. An updated star rating for the period October 2017 through March 2018 showed the nursing home inched up to two stars. In several categories the center rated below both the VA average as well as the national average for private sector nursing homes.

The End of Year Hospital Star rating for fiscal year 2018, shows 96 out of 146 VA medical centers nationwide improved their baseline scores from the previous year. "Each VA medical center is assessed for overall Quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5 and (2)

Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts,” according to the VA.

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1.8 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

Kander has been the figure to watch for progressives, thanks to his founding of Let America Vote, which prevents voter suppression, in 2017, and his tenure as Missouri’s secretary of state from 2013 until last year.

Kander announced he was withdrawing from the race in an emotional Facebook post on Tuesday.

“About four months ago, I contacted the [Veterans Affairs Department] to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day,” the father of one began. “So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it. But, on some level, I knew something was deeply wrong, and that it hadn’t felt that way before my deployment.”

Kander says he went as far as filling out VA forms online — but not accurately because he was “too scared to acknowledge my true symptoms...”

“I was afraid of the stigma,” he wrote. “I was thinking about what it could mean for my political future if someone found out. That was stupid, and things have gotten even worse since.”

Despite his past few months being packed with accomplishments, from a New York Times best-selling book to raising “more money than any Kansas City mayoral campaign ever has in a single quarter,” Kander said he’s still had “suicidal thoughts” and that he’s finally “done hiding this from myself and from the world.” He added, “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander also revealed that he decided to run for mayor as a way to temporarily “fix the hole inside me,” and to “outrun his symptoms,” but unfortunately, he explained, “it’s faster than me... I have to stop running, turn around, and confront it.”

He’s now planning to seek help at a local Veterans Affairs office and has conceded that he can’t run a thorough, impactful mayoral campaign at the same time. “So I’m choosing to work on my depression,” he stated simply.

Kander says he debated whether to reveal his true reason for dropping out, and he shared that he ultimately made his decision because he believes honesty will help both himself and others.

"Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have," he wrote. "If you're struggling with something similar, it's OK. That doesn't make you less of a person. I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me."

He also posted the number for the VA Crisis Line, 1-800-273-8255, which non-veterans can call, too, and reminded supporters that he hasn't dropped his political aspirations. "I'm passing my oar to you for a bit," he said. "I hope you'll grab it and fight like hell to make this country the place we know it can be."

According to the National Center for PTSD, about 7 to 8 percent of the population will struggle with the condition at some point in their lives, with about 8 million adults living through PTSD every year. Rates of this type of mental illness are higher among women than men — 10 percent as compared to 4 percent.

Up to 20 percent of veterans who served in the Iraq War have experienced some degree of PTSD. This rate is higher than that of Gulf War survivors, about 12 percent, but lower than Vietnam vets', about 30 percent. The New York Times reported that suicide is a growing problem in young veterans.

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

2. Greater Choice for Veterans

2.1 - PolitiFact: Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy.

He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

"We just passed Choice," Trump said. "That was 44 years, they've been trying to pass Choice. So that if you have to wait for nine days, 30 days, 21 days, months, you don't do that anymore. If the line is big, and you're unhappy, you go to a private doctor, they take care of you and we pay the bill."

Trump repeated the point, saying, "They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed. We're good at passing things, right?"

Trump is wrong that Choice wasn't passed until he came into office.

Congress passed a new version of a Choice program in June 2018 — but the program itself has been around since 2014.

After the scandal of long waits and the efforts of administrators at some facilities to cover that up, Congress and the Obama administration passed the Veterans Access, Choice and Accountability Act of 2014.

For veterans who couldn't be given appointments quickly enough, or who lived more than 40 miles from a Veterans Health Administration hospital, the government would pay for private care. In four years, Washington spent \$12 billion on the program.

The bill signed by Trump, the VA Mission Act, is a major effort to fold a variety of community care programs at the VA into one integrated whole. That change won't take place for at least a year. Until then, the law provides \$5.2 billion to continue the Choice program in its present form.

We reached out to the Trump administration but did not hear back.

Our ruling

Trump said that he and his fellow Republican "passed Choice," something that others had been trying to do for 44 years. He described the program as one that allowed veterans to get private care at government expense.

The program to do exactly that has been around for four years. And it's always been referred to as Choice.

We rate this claim False.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield.

The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road.

The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

It is projected to open in 2019.

The new site, located just north of downtown Springfield, will be designed to "best serve the needs of the veterans," the VA says.

"This move will improve access to care, efficiency of facility operations, a state-of-the-art infrastructure layout, parking, and care coordination between all services," the VA stated in a press release.

The organization says the relocation was necessary to serve the growing veteran population in Springfield. The Springfield CBOC served more than 3,600 veterans in the last year, with over 21,000 outpatient visits.

The site at South Burnett Road will remain open for all existing services until the new site is ready next year. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

WIESBADEN, Germany — A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans.

The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

"This type of wheelchair gives you independence, to reach something on a high shelf for example, and to keep the rider safe indoors and outdoors," said Sivashankar Sivakanthan, a graduate researcher at Pitt. "The benefits add up very quickly."

The Mobility Enhancement Robotic wheelchair, or MEBot, draws on new developments in robotics and pneumatics to enable wheels and other parts to change configuration with the flick of a switch.

The wheels, for example, can slide forward or backward to negotiate a curb that a normal electric wheelchair couldn't handle. And by tilting forward, backward and from side to side, the chair can prevent a rider from falling out of the chair.

The movements also make the chair less likely to topple over, which is the No. 1 reason people in wheelchairs go to the emergency room, said Rory Cooper, director of Pitt's Human Engineering Research Laboratories.

Development of the chair is a joint project of the laboratory, Walter Reed National Military Medical Center and the Department of Veterans Affairs.

The projected cost of the chair — about \$30,000 — puts it on par with current electric wheelchairs, Cooper said. The MEBot is expected to be available for purchase in about five years, he said.

Also at Clay Kaserne on Monday, the Pitt scientists demonstrated a wheelchair powered by compressed air. Besides the environmental advantages, the pneumatic chair can be driven in swimming pools, giving disabled veterans greater access.

Another wheelchair they displayed is designed for racing. It uses hand cranks and woven composite graphite for areas that would normally succumb to the strains sustained during racing.

According to the Paralyzed Veterans of America, there are 100,000 veterans who suffer from spinal cord injury or disease.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations.

The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach.

Construction on the new facilities will begin next year.

The Charleston VA was ranked as the second fastest growing VA for the 2017 fiscal year.

“Space has been our biggest challenge with our rapid growth rate,” said Charleston VAMC Director and CEO Scott Isaacks. “Being able to increase our physical footprint with these two leases will give us the space we need to continue providing high quality health care services to our veterans.”

The local clinical care annex will be located at the corner of Rivers Avenue and Hanahan Road in North Charleston. It will be 75,000 square feet.

The Ralph Johnson VA Medical Center says this location's main focus will be on primary care and dental services.

It will also have mental health services, select specialty care, blood collection and radiology.

That includes CT scans, ultrasounds, bone density tests and the capability to add MRIs.

The Myrtle Beach VA Outpatient Clinic will be 84,000 square feet and will be located on the northwest corner of Howard Avenue and Airpark Drive.

Medical center officials say the lease gives ample space to expand existing services in the area including primary care, mental health, tele-mental health, tele-health, dermatology, podiatry, physical therapy, occupational therapy, prosthetics, optometry, audiology, compensation and pension, blood collection, an optical shop and radiology.

The space also allows for expansion of specialty services.

Both the Charleston and Myrtle Beach sites will feature a women's clinic and provide plenty of parking spaces for veterans and visitors.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#)
(3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home.

The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge health care technology and the home-like comforts of a modern facility," David R. Stockwell, director of the VA Northern California Health Care System, said in the news release.

The new clinic will include 520 parking spaces and nearly 30,000 more square feet of usable space.

That will be enough to accommodate significant growth in primary care, mental health and existing specialty services, VA officials said. It will also allow for additional telemedicine rooms for new specialty services, including allergy and immunology, nephrology and rheumatology.

The design, construction and opening of the clinic is expected to take about 32 months with its opening set for May 2021.

Congress authorized construction of the project as part of the 2014 Choice Act.

The project includes about \$3.4 million in annual unserviced rent and about \$14.4 million in tenant improvement costs.

The expanded space allows for an additional 17 mental health providers, a mammography division and a second X-ray unit at the facility.

In a news release issued Wednesday by Rep. Doug LaMalfa, he said he worked on the House Transportation and Infrastructure Committee to authorize the lease.

"I'm please the VA is moving forward," he said, "This is a significant, if overdue, upgrade to the types of care and services available to our veterans in Redding. Now we must ensure the facility is staffed with high-quality doctors and health providers in order for it to deliver on its considerable promise."

LaMalfa said his 1st Congressional District is home to nearly 60,000 men and women who have served in the military.

Former state Sen. Maurice Johannessen, who owns the Knighton Road property and proposed the health care facility years ago, was also pleased about the lease.

"I've been working on this thing six to 10 years," he said. "I'm happy with it."

Johannessen, also a former secretary of the California Department of Veterans Affairs, bought the 15.9-acre Knighton Road property in 2011.

He has said his proposal is a dream he's had, and he wants to see to it that it is built, noting it would complement other services for veterans, such as the California Veterans Home also on Knighton Road and the Northern California Veterans Cemetery, he said.

"This has been a long time coming," he has said. "The idea behind this is, we're making a center for veterans in this part of the world."

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project.

The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth.

"The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

The companies will lend their "experience and expertise" to Cerner's efforts to bring "seamless care" to veterans, according to a Cerner Facebook post.

Cerner did not say specifically how the team will work with other groups working on the EHR. Those include the Office of Electronic Health Record Modernization, which the VA established this summer to guide preparation, deployment and maintenance of the new EHR. Overseen by John Windom, the office is collaborating with the Defense Department to make sure the new EHR is "fully interoperable," Wilkie told the Senate Veterans' Affairs Committee last week.

Interoperability has been a sticking point for the project since nearly the beginning, and it was one of the reasons the VA-Cerner contract was delayed for so long.

As negative press swirled around the negotiations, Cerner President Zane Burke attributed some of it to "fake news." Last month, Burke announced he would be leaving the company on Nov. 2. Cerner's executive vice president of worldwide client relationships will take over his duties and become chief client officer.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock.

The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

“This project shows the commitment the U.S. Department of Veteran Affairs has for our Veterans in the Lubbock area, and the outstanding support by our community partners to provide a fully-modern clinic to meet the needs of Veteran health care in the Hub City,” said Mike Kiefer, Amarillo VA Health Care System Director. “I am beyond excited to see this project come to fruition, as I understand how important this facility is to our veterans, veteran family members and our staff in Lubbock.”

The clinic will be near the Texas Tech Health Sciences Center and University Medical Center, where an added partnership between the VA and TTUHSC will help provide for more specialty needs and social services.

Data provided by the VA show about 323,000 veterans in the West Texas and New Mexico market in 2016, but only 167,000 are enrolled in the VA. It's often said there are about 30,000 veterans in the Lubbock area, but the current clinic says only about 8,000 use its services.

The new facility is aimed at addressing a few key, and significant, issues: location, space, treatment and, maybe just as important, perception.

A new VA clinic in Lubbock is a long time coming. Among the criticisms of the current clinic is the location, the size, and it doesn't provide enough services, often forcing veterans to drive to Amarillo or Albuquerque, New Mexico, for treatment.

Back in 2009, four retired generals in Lubbock created a 16-member committee to look at improving veteran health care in this area: Mitemeyer, Maj. Gen. Walter Huffman, Maj. Gen. Edgar Murphy and Brig. Gen. Gary Harber. After the committee met, they said it was obvious that a new location was needed, preferably close to Tech's Health Sciences Center to take advantage of specialty doctors, students and equipment.

A-J Media spoke with these four generals last year for a story about the new clinic. By partnering with TTUHSC, Huffman said more medical and social services will be available to vets. He said it also eliminates the need for redundant services or equipment because they'll be available at TTUHSC, thus saving money. More physicians and students will also be trained in treating veterans' medical issues.

The proposed two-story new clinic will put particular emphasis on treating traumatic brain injuries and post-traumatic stress disorder, Murphy said. About 30,000 square feet will be dedicated toward mental and behavioral health, and the rest for general medical needs.

In late 2013, the U.S. House passed HR 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act, that provided funding for the creation of several major veterans facilities in states including Texas, New Mexico and Oklahoma.

In that was the Amarillo VA Health Care System's request for a new clinic in Lubbock. The proposal is for the building to have approximately 94,000 square feet of usable space, which is about three times more than the current VA clinic. The project description says it will allow the VA to provide primary care, mental health care, physical therapy, dermatology, podiatry, orthopedics, dental and special care services among other things.

The generals said many people helped out tremendously in making this happen, including former U.S. Rep. Randy Neugebauer, U.S. Rep. Jeff Miller, Chairman of the House Veterans Affairs Committee, U.S. Sen. John Cornyn, Tech Chancellor Kent Hance, TTUHSC President Tedd Mitchell, and the leaders at the Amarillo VA.

Mease said the Lubbock clinic will continue to operate under the Amarillo VA umbrella. But he said this facility will allow for better care for the veterans in the Lubbock area.

"These people were willing to serve their country," retired Lt. Gen. Bernhard Mitemmeyer said last year. "They'll see probably for the first time a place that's theirs. They'll be in a sense honored for their service; it'll be part of a major medical center instead of out amongst the motels. These people will see that they're appreciated. The VA has done a great job in letting us go ahead with this."

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3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding.

The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

The new 77,000-square-foot center will replace the city's current 48,000-square-foot clinic located on Hartnell Avenue. The new location will be at 3455 Knighton Road and it will include 520 parking spaces.

The project will cost around \$50 million, \$1.5 million of that being personally funded.

It will also have 30,000 more square feet of usable space, which can accommodate growth in primary care, mental health and existing specialty services.

"We wanted a place where they are secure, they are safe, we can support them, we can hold their hand when they need it and help financially when they have too," said Former State Senator Marice Johannessen CA District 4.

It will also allow for additional telemedicine rooms for new specialty services including allergy and immunology, nephrology and rheumatology.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge healthcare technology and the home-like comforts," said David Stockwell, director of CA northern California.

Design and construction of the clinic are expected to take more than two years, with the opening projected for 2022.

"When seeing all of this stuff come together, it is amazing," Johannessen said. "I am glad I have lived long enough to complete the things that I promised."

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)

Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records.

Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense. The project, designed to enable seamless data sharing between the agency and community providers, is estimated to cost \$10 billion over the next 10 years.

The core team includes Leidos (NYSE: LDOS) as well as Guidehouse LLP (the former PricewaterhouseCoopers U.S. public sector business that spun out earlier this year), Arlington-based Accenture Federal Services, Chantilly-based AbleVets LLC (which we recently featured), Vienna-based MicroHealth LLC, D.C.-based ProSource360 Consulting Services Inc., Henry Schein Inc. out of Melville, New York, and 17 additional businesses, many of them veteran-owned, including Herndon-based B3 Group Inc.

Travis Dalton, president of Cerner's government services business, called the program "the beginning of a long transformational journey."

Leidos acknowledged during its second-quarter earnings call in July that it had signed on with Cerner as a subcontractor, doing program management work, deploying the system and providing help desk and security support.

Leidos is the lead systems integrator for the Department of Defense's Defense Healthcare Management Systems Modernization (DHMSM) program, another project with Cerner and one that faced significant rollout challenges at four sites in the Pacific Northwest.

Several leadership changes have shaken the VA this year and resulted in delays to the deal getting done. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, was expected to leave Sept. 4. Genevieve Morris, who served as chief health information officer for

the VA's Office of EHR Modernization, stepped down in August. And acting CIO Scott Blackburn resigned in April.

Leidos CEO Roger Krone sketched out the company's different EHR roles for analysts over the summer, because Leidos recognizes significantly more revenue from the DHMSM program as a prime contractor than it will on the VA program.

"We don't have contract performance responsibility as the prime integrator," Krone told analysts. "But we're going to be fully supportive of Cerner and we're committed to the success of the program and to make sure that the vets get the best electronic health care records system that industry can possibly provide."

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record.

Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

But other notable names on Cerner's team include:

- Accenture
- Guidehouse (the former PwC U.S. public sector business)
- Henry Schein
- AbleVets
- MicroHealth
- ProSource360

There also are 17 other partners that include many veteran-owned businesses, Cerner said in their statement.

Leidos is the prime for the Defense Department's "Genesis" electronic health record project to implement Cerner's EHR across the Military Health System.

This time however, the roles are flipped as Cerner holds the prime role for the VA effort.

Both teams include several of the same companies including Accenture and Henry Schein as core teammates.

Both projects for the DOD and VA are valued in the billions. The DOD project was originally pegged at \$4.3 billion and had another \$1.2 billion added earlier this year as VA began working on their project.

The VA project is valued at \$10 billion over 10 years, which reflects how that effort will serve a much larger network of patients and providers.

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)

Federal CIO Suzette Kent called today's first official test of the National Wireless Emergency Alert System a "historic event," highlighting the test as evidence of the expanding role of mobile technologies and their impact on a broader effort toward digital transformation in the Federal government.

If you own a mobile phone, chances are you noticed the test of the system that occurred just after 2 p.m. ET today. Most are likely familiar with the system's use by local authorities to send alerts for severe weather and missing children. But today marked the first time the system had been tested by the Federal government on a national level.

"That in itself is a testament to how digital and mobile is a connectivity point between citizens and government," Kent said this morning at a Dell Technologies Summit. Kent cited the test as an example of the administration's responsibility to create digital technologies that augment citizens' everyday lives.

"On the digital side, the focus is delivering high quality services to American citizens, and we are tasked every day to be effective stewards of taxpayer money," she said.

Kent echoed a speech she made last month, referencing a key "nexus" across the executive and legislative branches of government and private industry "to make technology transformation a priority" and "citizen services a priority."

She also cited the President's Management Agenda, and its fourth cross-agency priority (CAP) goal, "Improving Customer Experience," as evidence of how the executive branch is placing "aggressive focus" on better digital experiences for citizens.

Kent's comments regarding that focus also seem to be reflected in actions on the part of the legislative branch. A proposed bill, the 21st Century Integrated Digital Experience Act, would push Federal agencies toward better citizen services—creating minimum standards for website functionality and "digital options" for any in-person government service.

Last week the bill was approved by the Senate Homeland Security and Governmental Affairs Committee, after a companion bill had been introduced in the House earlier in the year.

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

Kent mentioned these accomplishments in the context of broader modernization efforts spearheaded by the administration, such as the release of a new White House cyber strategy on Sept. 20 and the new Federal Cloud Smart strategy on Sept. 24.

“That’s just the last two weeks. That’s not stopping. We have more coming in the near future,” Kent said, making good on comments she made at the end of August that the administration would be rolling out various updates to Federal IT policies.

Among those near-future updates, Kent again highlighted the forthcoming changes to Federal Information Security Modernization Act reporting, and hinted at progress on reforming the Trusted Internet Connections initiative.

She closed her speech with a call to action for the assembled crowd of IT professionals, framed by the soon-to-arrive emergency alert.

“So when your phone beeps today and you get the text message from the president, pause and think about what that means about how important digital channels are in the lives of every American, and think about what your role is in continuing to deliver services much more quickly and more impactfully,” Kent said.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies.

Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

The department heads said they plan to come up with a more streamlined and comprehensive EHR system that provides for unified decision-making and oversight functions; harmonized operations, data management and technology tools; and a single implementation schedule.

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[4. Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs’ Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit.

Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

Wilkie will take part in the activities at the base, which run from 8:30 a.m. to 1:30 p.m. at the Armed Forces Reserve Center, 300 E. Eaker Ave., at Fairchild Air Force Base.

The summit was held last year Fort Benning, Georgia, which is the home district of U.S. Rep. Sanford Bishop, Jr., D-Georgia.

“The Military Family Summit allows us to better understand the unique challenges facing our military families,” Bishop said in the release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

[...]

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works. (House Science, Space, and Technology Committee)

[...]

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System.

It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma. It is my aim to ensure the organization continues to pursue performance excellence while delivering health care services and veteran experiences that meet our 5-star expectations.

I committed myself to federal service 36 years ago because I believe VA's mission, particularly that of the Veterans Health Administration, is the most noble in government and all of health care. We only exist for one core reason – provide exceptional healthcare to veterans and support their caregivers. From this core springs our important role in research and education/training of physicians, nurses and many other health professionals.

I spent the early years of my career as a clinician before making the switch to hospital administration about 15 years ago – so I understand health care from both the clinical and administrative perspectives. Although I am not a veteran, I am the proud son of my father, a Korean War Navy Veteran. My uncles, Army and Marine Corps veterans, served in Korea, and more recently, my nephew served in the Marines in Afghanistan.

Many of our employees are veterans, and like me, some are the sons, daughters, husbands or wives, fathers or mothers of veterans who want to give back in their names. Regardless of why we come to work for veterans each day, our mission and focus is the same: “to care for those who shall have borne the battle and for his widow and his orphan.”

As director of the Bay Pines VA Healthcare System it is my promise to veterans that my commitment to the mission will not waver. Our healthcare system will strive to deliver state-of-the-art, accessible, high-quality health care services to the men and women we have the honor and privilege to serve across Southwest Florida. America’s heroes deserve nothing less. However, we are not infallible. Hospitals are complex organizations with 24/7 operations and constantly moving parts. When things go awry, we will work to improve and take responsibility accordingly. We will be measured by our achievements, not our promises.

To close, I would like to personally thank all the veterans who trust Bay Pines for their care. We are indebted to them, and it is my goal to uphold our nation’s promise by delivering exceptional health care services they have earned through their service to our great nation.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending. A third FOIA request for additional records was recently filed by Judicial Watch after gathering new details pertinent to the case. Conducted by the VA Office of Inspector General (OIG), the investigation vindicates vets embroiled in a long and nasty fight against the abuse and misappropriation of VA property.

For nearly a decade a group called the Old Veterans Guard has filed complaints against rampant corruption at the Los Angeles VA for misusing VA property. The 338-acre parcel in West L.A., which includes the National Veterans Park and Veterans Home, was deeded to the federal government in 1888 for the specific purpose of caring for disabled veterans. Instead, the property is also used for many unrelated causes. Among them is a stadium for the University of California, Los Angeles (UCLA) baseball team, an athletic complex for a nearby private high school, laundry facilities for a local hotel, storage and maintenance of production sets for 20th Century Fox Television, the Brentwood Theatre, soccer practice and match fields for a private girls’ soccer club, a dog park, and a farmer’s market. The new VA OIG report lists many others, including a parrot sanctuary, two parking lots spanning 3.9 acres and oil drilling.

Members of the Old Veterans Guard say federal authorities retaliated against them for denouncing the fraudulent use of the facility by sending VA police to harass and intimidate them at weekly rallies. Since 2008 the group has assembled at the “Great Lawn Gate” that marks the entrance to the L.A. National Veterans Park to protest the VA’s failure to make full use of the property to benefit veterans, particularly those who are homeless. Among the group leaders is Robert Rosebrock, an elderly Army vet who got criminally charged for posting a pair of four-by-six-inch American Flags on the outside fence on Memorial Day in 2016. Judicial Watch represented Rosebrock in the federal case, which was tried in U.S. District Court for the Central

District of California. Last year, the court ruled that Rosebrock was not guilty of violating federal law for displaying the flags above the VA fence. Rosebrock's absurd case was filed during the Obama administration, but the Trump Department of Justice (DOJ) moved forward with it.

Earlier this year an official at the same L.A. VA facility where Rosebrock got prosecuted for posting American Flags got charged for taking hundreds of thousands of dollars in bribes from a vendor that defrauded the VA out of millions. While the feds went on a witch hunt against the 75-year-old vet for affixing Old Glory at a site honoring those who served their country, the VA director was committing the real crime. In January the corrupt VA official, Ralph Tillman, agreed to plead guilty to two felony offenses for taking over a quarter of a million dollars in bribes from a parking lot operator at the VA Greater Los Angeles Healthcare System in southern California.

As part of its investigation, the VA OIG reviewed 40 land use agreements and determined that 11 did not comply with the law. Additionally, the VA watchdog found that 14 entities unaffiliated with the VA were operating on the West L.A. campus with either an expired or no documented agreement. "The OIG determined these noncompliant arrangements resulted from insufficient veteran input on land use, unclear VA policies on what constituted appropriate use of "out leases" and revocable licenses, and incomplete capital asset inventory land use agreement records maintained by GLAHS (Greater Los Angeles Healthcare System)," the report states. The VA watchdog directs the agency to implement a plan that complies with federal laws and create a process to obtain input from the veteran community on land use. The Old Veterans Guard has been fighting for this for a decade.

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4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

In one case, federal investigators found a nurse's assistant worked double shifts for six straight days — more than 96 hours in a single week — while expected to diligently oversee a patient requiring one-on-one care.

As the Northport facility is the only VA Medical Center on Long Island it serves more than 31,000 patients per year and oversees several outpatient clinical sites. Its four nursing homes are located in two buildings, with an approximate capacity of 170 beds.

The Office of Inspector General, a division of U.S. Department of Health & Human Services, charged with independent oversight of Department of Veterans Affairs programs, received several anonymous complaints about the quality of care received at Northport VAMC in 2017 following the deaths of two patients.

In September 2017, the OIG launched a year-long investigation into staffing shortages after receiving two further emails: the first from an employee at Northport VAMC, the second from a liaison to the House Committee on Veterans' Affairs. The investigation produced a Sept. 18 report ([click here to read the full report](#)) that found Northport VAMC's leadership knew about the staff shortages, forced administrative level nurses to care for patients, and yet still continued to

accept new patients despite knowing they wouldn't have the staff needed to provide the expected level of care.

Federal investigators recognized in August 2017 there was significant turnover in the leadership at the Northport VAMC, affecting key positions such as its director, acting chief of staff and acting nurse executive, who were cited "as catalysts for this change." Staff members' remarks indicated it's given them hope for a better future.

The agency recommended a series of changes for the Northport VAMC pertaining to the nursing staff currently being enacted, and the facility says is bringing immediate tangible results.

Two patient deaths

Anonymous complaints about two patient deaths at the Northport VAMC in 2017 started the series of federal investigations into the facility.

The first death was a male patient in his late 60s who died as a result of choking on his food. Federal inspectors found insufficient evidence the man's death was due to a lack of nurse oversight, as alleged in the complaints, but did conclude Northport VAMC had ongoing challenges in maintaining basic necessary staffing levels.

"Conditions such as staffing shortages could create an environment where the increased workload assigned to each staff member was such that it became more difficult to remain vigilant," the report reads.

A forum was held for the Northport VA nursing homes staff to voice their concerns with the facility and its operation while an investigation of the first patient's death was ongoing.

"Many [staff members] shared a concern about staffing levels being too low," the report reads.

A second death raised claims of poor quality of care in the Northport vets nursing homes, after a patient in his mid-60s slipped, fell and fractured his hip. He underwent surgery and six days later stopped breathing. Allegations included the VA staff failed to protect the patient from falling and failed to properly provide one-on-one observation post surgery, neither of which was substantiated by federal investigators.

The investigation into the second death showed the nurse's assistant caring for him was on her sixth consecutive day of double shifts — 16 hours at a stretch. Investigators again cited "concern that working extra hours with double shifts could lead to staff becoming tired and less vigilant."

A staff member working double shifts was not common practice, according to Northport VAMC spokesman Levi Spellman, who said union workers are contractually required to have 10 to 12 hours off between nursing shifts.

Closer look at staffing numbers

Records pulled by the federal investigators showed Northport VAMC has been chronically short of nursing staff dating back to at least 2016. Allegations were made that understaffing could

lead to a higher rate of “nurse-sensitive outcomes,” such as surgical wounds getting infected, urinary tract infections, ulcers and pneumonia.

Northport’s four nursing homes were found to be short approximately 6.3 full-time employees in 2016 needed to meet VA’s recommended number of nursing hours spent with patients per day. By 2017, the facility’s staffing shortage had more than doubled, with 15.3 additional full-time employees needed. Northport VAMC’s nursing homes were only staffed at 60 to 80 percent of recommended levels over the two years, according to federal investigators.

Northport VAMC’s leadership attempted to tackle the short staffing issue by using “floating” shifts and overtime — sometimes mandatory, according to the federal report. Floating shifts meant staff from other areas of the VAMC were brought in to assist with patients in the nursing homes.

In 2016, Northport VAMC’s nursing home employees put in a total of 19,991 hours of overtime. It nearly doubled by the end of 2017 as only 107.9 of the facility’s authorized 128 full-time positions were filled, according to Spellman, causing the facility’s overtime costs to skyrocket to nearly \$1.5 million.

“Nurse managers had no mechanism to alert them if one of their unit nursing personnel worked excessive OT,” the report reads.

Federal investigators found part of the nursing homes’ staffing issues were due to an inability to hire and retain the members of its nursing staff. Northport VAMC got approval to hire 10 additional registered nurses and 10 nurse assistants as intermittent staff in November 2016, though the team wasn’t assembled until August 2017.

Often the process of hiring new nursing staff was delayed. In one instance, Northport’s leadership said two applicants interviewed and hired in January 2017 were told they would not start working until July.

“This delay in hiring often resulted in the loss of selected applicants who took other jobs,” the report reads.

The leadership of Northport VAMC said the high cost of living on Long Island has also made finding and maintaining a full-time staff difficult.

“Not only does this affect our ability to retain talent, but to recruit it as well,” spokesman Spellman said.

Steps to improvement

The federal investigators made three recommendations to Northport VAMC in order to ensure it has adequate nursing care for its patients and improve quality of care for residents.

First, that the VAMC’s acting director, Dr. Cathy Cruise, completes a review of the nursing homes to ensure staffing levels align with the needs of its current residents. More staff should be recruited and hired to fill the current vacancies “until optimal staffing is attained,” reads the report.

Spellman said leadership of Northport VAMC, including Cruise, have already started taking action, implementing changes to improve the quality of care and working conditions.

A registered nurse clinical coordination position has been added in order to streamline nursing staff's efficiency, according to Spellman. At the beginning of 2018, the facility was given approval to hire 2.6 more full-time employees and another 10 staff members were recently approved to bring the total nursing staff to the equivalent 140.6 positions.

"A staffing methodology is in the process of being completed, with additional staff expected," Spellman said.

The Northport VA has received approval to directly hire its nursing staff and is giving new employees immediate start dates, according to him. It also had plans to expand its nursing floating pool, and to cross train other VAMC nurses in long-term care to continue to grow the available number of staff who can provide residents with care.

Third, Northport's leadership was also told to improve its management of staff's overtime hours and make sure of future responsible use of financial resources, citing the \$1.5 million in 2017 overtime.

"Federal employees are expected to be good stewards of government funds," the report reads. "The OIG found a lack of accountability for managing OT expenditures."

Spellman said the nursing homes staff had a total weekly average of 437.3 hours of overtime for the 2018 fiscal year, which ended Sept. 30. This indicates a significant drop from last year, where the total weekly average of overtime exceeded 750 hours.

"All of this is to say that, while the OIG has helped Northport identify areas in which we can improve, we have implemented measures to make those improvements — and we are already seeing results," Spellman said.

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs.

Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries. Many more need reasonable support of career goals through the unencumbered use of their earned education benefits, which help them seek careers in corporate, civic, and entrepreneurial ventures.

Our goal as a nation should be to ensure that the help we provide veterans, regardless of the programmatic form or government agency, is effective and never hurtful. Considering this goal, political leaders are starting to investigate what has become a systemic problem — a trend of veteran entrepreneurs being harmed by the U.S. Department of Veterans Affairs (VA).

Often overlooked is the fact that the American veteran entrepreneur is critical to our nation's economy and security. As our military prepares for the future, such as the Army Futures Command, we are looking to our veteran entrepreneurs to lead empathetic networks and economic opportunities for veterans and reservists. Likewise, veteran entrepreneurs are bold and industrious leaders who build businesses throughout America's diverse communities.

Obviously, many VA employees are dedicated to serving veterans very well, but there are those who get away with abusing veterans. The regular scandalous abuses include patients dying from treatment delays, neglect, and horrible medical errors. A notable case in the Obama administration is the 1,700 veterans who waited many months for medical appointments and the delays that created horrible outcomes, including deaths.

Typically, the response by VA leaders is to invest more taxpayer dollars into employee training, which leads to another case of abuse — of a veteran entrepreneur.

Ironically, a recent case in which VA employees abused a veteran entrepreneur is the project to fix the Obama-era conference spending scandal, justified as employee training. As reported earlier, VA employees abused a veteran entrepreneur by taking credit for his innovative services to seek their promotions without paying the veteran entrepreneur for the services or proprietary software:

“To make matters worse, after declining to pay the bills for these veteran entrepreneurs, hired to solve the agencies' spending scandal and management errors, the VA then acts as an agitator and adversary to the very veterans it exists to support.”

In an email to a veteran, Dr. Eric Hannel, former staff director for the Subcommittee on Oversight and Investigations, House Committee on Veteran Affairs, said:

“VA lacks the ability and desire of real transparency when measuring many facets of contracts made with Service Disabled Veteran Owned Small Businesses (SDVOSBs) and Veteran Owned Small Businesses (VOSBs). During my time as a congressional investigator, with VA as my primary focus, a number of veteran entrepreneurs reported inappropriate VA conduct bordering on misfeasance, malfeasance or fraud, which was subsequently substantiated by evidence. The Government Accountability Office (GAO) has also identified numerous shortcomings with VA's efforts towards Veteran Entrepreneurs over the years.”

The systemic problem warrants continuous congressional attention.

Corrupt VA employees should not abuse veteran entrepreneurs — it is shameful and an embarrassment to all Americans. Thankfully, President Donald Trump nominated — and Congress will hopefully approve — two key leaders who will play a major role in stopping the abuse of veteran entrepreneurs.

Dr. Tamara Bonzanto is nominated to be the next assistant secretary for the VA Office of Accountability & Whistleblower Protection. She can establish an ombudsman who has the authority to monitor and report to Congress VA employees' abuses that veteran entrepreneurs have seen or experienced.

Mr. James Paul Gfrerer is nominated to be the next assistant secretary for the VA Office of Information and Technology. He can manage and report to Congress from a single data

inventory of all VA expenditures that are used to acquire or customize software, especially as this seems to be where VA employees are most likely to abuse veteran entrepreneurs.

Meanwhile, Rep. Randy Hultgren (R-Ill.) argued on the House floor that VA needs to manage, verify, and report the measurable returns on investments (ROIs) for all expenditures. These ROIs are very appropriate requirements for the VA training business cases and all other discretionary spending by VA. Employee training and its reinforcing software are two of the largest investments taxpayers make to ensure that veterans are treated effectively.

Veterans are confident that the new VA secretary, Robert Wilkie, will stop the abuse of veteran entrepreneurs. And to ensure that taxpayers' investments are not wasted, he will make public the ROI analyses for the discretionary programs — ensuring that these programs are not used to hurt veteran entrepreneurs but rather that they are accountable for their positive effects on our American veterans.

Christopher Neiweem is the founder of Neiweem Group and an Iraq War veteran who has testified in front of both the House of Representatives and U.S. Senate committees on issues impacting veterans' health benefits and education as an expert witness. He has directed multiple legislative campaigns aimed at the VA to improve care for veterans and has been featured on dozens of media print and television platforms to include Fox News Channel, CNN, and Headline News.

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5. Improve Timeliness of Service

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls.

The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

The rankings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

In a written statement responding to the new rankings, Medical Center Director David Dunning said the hospital was making "significant improvements."

Dunning said the hospital was "among the faster improving medical centers" in the country. At least 29 other VA hospitals made larger improvements, according to the rating system.

"Some of our biggest strides were in the areas of mental health, including suicide prevention, hospital complications and sepsis recognition," Dunning said in the statement. "Our staff are fully engaged in improving our Veterans' experience and our hospital is far safer in every aspect than we were one, two or three years ago."

Memphis' low ranking comes about a year after a USA TODAY investigation into the hospital revealed a series of botched surgeries inside the facility, including a patient who mistakenly had 10 inches of packaging tubing implanted into an artery in his leg, ultimately forcing an amputation.

VA officials said at the time that a new director had taken over the Memphis facility, then quickly identified problems in the surgery, research, nursing, engineering and human resources departments.

"When we determine facilities need extra attention — such as those in Memphis and Marion, Ill. — they are receiving it," said Curt Cashour, a spokesman for the VA system, last year. "And we are not hesitating to take swift accountability actions when warranted."

U.S. Rep Steve Cohen released a statement after the report was released, expressing his "extreme disappointment."

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings," Cohen said. "It is unconscionable that the rate of death is so high."

The congressman said he wrote VA Secretary Robert Wilkie Wednesday afternoon, asking that needed improvements be made immediately.

Other Tennessee VA hospitals fared better in the new rankings. Facilities in Nashville and Murfreesboro made enough improvements to be upgraded from one-star to two-star ratings. The Mountain Home VA remains a four-star facility.

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death, infection rates and wait times, but used to keep these rankings secret.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far.

During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week.

The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

"It's very important for the veterans because even if they don't have an appointment, the convenience is so great. They don't have to look for parking, they don't have to go in and wait. They can just drive through," said Suzette Hile, R.N. and care coordinator for the Salem VA.

The clinic at the Salem VA Medical Center is open 8 a.m. to 4 p.m. Monday through Friday until the end of the month.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

IOWA CITY — U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams.

"Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

The letter follows news reports about the Iowa City VA being audited, along with eight other VA hospitals nationwide, to determine whether radiology requests were processed in a timely manner and canceled appropriately.

Jeff Dettbarn, a former X-ray technician at the Iowa City hospital, told The Gazette earlier this week thousands of exams were canceled, many without the required physician signoff. After repeatedly expressing concern about the cancellations, Dettbarn was transferred to a lower-paying job at the VA, he said.

In Tuesday's letter to Judith Johnson-Mekota, director of the Iowa City VA, Ernst and Grassley asked for responses by Oct. 16 to the following questions:

- How many total cancellations occurred?
- How many of these cancellations were determined to have been made in error?
- How did the Iowa City VA determine that a radiology appointment was improperly canceled?

The U.S. senators also asked hospital staff to detail the process the VA used to follow up with veterans to make sure they are receiving proper imaging care.

"While we are glad to see corrective action by the Iowa City VA, this and similar issues over the past few years continue to raise questions regarding the level of care our veterans in Iowa are receiving," the letter states.

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered but not performed within two months. VA officials said many of the overdue tests weren't necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams — including CT scans, MRIs, ultrasounds and mammographies, weren't needed — the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor's permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

Iowa City VA spokesman Bryan Clark told The Gazette on Monday most canceled orders were "obsolete, outdated and/or duplicates" but noted some exams were canceled without following proper policies or procedures.

He acknowledged one incident in which a patient showed up for an appointment that had been canceled, but said the "staff reacted quickly to ensure the patient got the care they needed immediately."

Clark said he could not comment on Dettbarn's specific allegations about retaliation by VA staff, but said the "VA does not tolerate retaliation."

Grassley's staff exchanged several emails with Dettbarn in September and October 2017, providing information on who he needed to contact regarding his claims against the VA, Grassley spokesman Michael Zona said Wednesday. The Gazette attempted to contact Grassley's staff Monday and Tuesday for a previous story about the VA but had outdated email addresses that did not bounce back or reach the appropriate contact.

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve.

Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney.

The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

KRGV's Frank McCaffrey reached out to the VA office in Harlingen in regards to De Leon's case.

A spokesperson for the group says they recently extended a contract that will allow veterans to get treatment where they choose.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

DAYTON, Ohio – The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year.

Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

The 2018 data says that 71 percent of VA Medical Centers have improved in overall quality.

The VA uses a web-based report scorecard to measure, evaluate, and benchmark the quality of its healthcare facilities.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities.

Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

In recent years, staff morale has been low at the VA, in part due to a pattern of whistle-blower retaliation and harassment. Patient morale has been low, too, due to high doctor turnover and long wait lists.

Former director Doug Paxton inherited those conditions in 2014, and set out to improve the ratings. At first, he seemed to be delivering, as the VA's one-star rating jumped to two in 2016. That two-star rating slipped through his fingers, dropping back to one star in 2017, and then, following allegations he was at the head of a toxic management culture, his job slipped through his fingers, too.

Interim Director Dave Whitmer has been able to get things headed in the right direction again. But what the future holds for the Roseburg VA is anyone's guess.

It still has a long way to go to receive the four- or five-star rating that would indicate it's performing at the level of excellence our veterans deserve.

Perhaps nothing is more critical at this juncture than the decision-making process currently underway to find a permanent director for the facility. Whitmer always said his time here would be short, and it's nearing an end.

When a permanent replacement is chosen, we need him or her to be the kind of director who will avoid all the tired, old excuses of directors past. Plenty of medical professionals want to work here, as long as they're not driven off by poor management. Keeping them here will keep wait lists shorter. Having competent leadership and keeping well-qualified staff will boost everything from patient and staff morale to safety and best treatment for veterans. That's the path toward many stars.

Next year, two stars could become one, or three, depending on what happens next.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD.

However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

"You are alone when you are dealing with PTSD," he said. "We do talk about it in groups here at the Legion with other veterans, but everybody's experience was different, and even though we relate to each other, I think the PTSD is pretty much an individual problem."

McMillan joined the United States Army in 1967. He was sent to Vietnam, to join the first cavalry division, from early 1968 until June 1970. After coming back from Vietnam, he was discharged from the Army.

He said he saw a lot of combat during his service which contributed to his PTSD.

"When I came back from Vietnam, of course we weren't well treated, we weren't well thought of," he said. "We almost had to hide our service and I think that contributed to the PTSD almost as much as anything not being accepted back in the United States."

With the help of specialist from the Harry S. Truman Memorial Veterans' Hospital, McMillan said he was able to overcome his hypersensitivity of being surrounded by large groups of people.

However, McMillan said some of his symptoms remain.

"The biggest problem is the nightmares," he said. "The nightmares still continue to this day. I've received quite a bit of treatment from the local VA hospital, which I appreciate, but the nightmares just don't go away."

Jessica Tappana, trauma and PTSD therapist, said the effects of PTSD cannot be completely cured, but they can be controlled with effective treatment.

"You can get to the point where you don't meet what we called the diagnostic criteria for PTSD," she said. "On paper, you don't technically have PTSD but the memories themselves never go away, you incorporate this as part of your life."

McMillan said he is proud that with his decision, Kander brought up an issue affecting veterans.

"I am glad that he is bringing the subject of PTSD and how it affects so many of us after our service in the military," he said. "My father and my uncle, who were both WWII veterans never received any help from the VA or anything else and they suffered their entire life from PTSD."

According to statistics from the U.S. Department of Veterans Affairs: "It is estimated that about 30 out of every 100 of Vietnam Veterans have had PTSD in their lifetime."

Tappana said there are some symptoms every person can identify when suffering from PTSD.

"Feeling like you are almost re-experiencing the trauma," she said. "It's very common for people to have nightmares flashbacks from something smalls in their day-to-day life trigger something."

She said the harder people try to convince themselves they don't have PTSD, the worse the disorder gets.

"Often people have the misconception that it's somehow weak to seek treatment, to seek help," she said. "They think that I can just change my attitude and think happy thoughts and I'd feel better. Unfortunately, that's not often the way it works."

Tappana said the best way to deal with PTSD is to look for professional counseling.

"I strongly encourage you to reach out and ask for help. The good news is that we have very effective counseling, people can get better, people do get better," she said. "You don't have to suffer and the sooner you reach out and ask for help, and start really dedicating yourself to that healing process, the sooner you are going to get unstuck and are going to be able to move forward with your life."

As for McMillan, he said people can help veterans overcome PTSD.

"When you see the veteran, in the restaurant, on the street, at the parade, whatever, wearing that bold cap that indicates they're a veteran, or maybe the t-shirt, or holding the flag, tell them thank you," he said. "That means so much to us, especially from the younger generations."

The VA Crisis Line is 1-800-273-8255. Both veterans and non-veterans can call that number.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country.

This comes after the hospital received a one-star rating out of a possible five stars.

Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

"Our veterans who need mental health care are engaged with our mental health team. The other two metric(s) we are working on is our appointments times and our ability to get them in on a timely manner," said Amural.

Amural said the VA needs to improve in treating a certain category of patients, along with making sure they are diagnosed and treated with minimum wait time.

"These are things like COPD, (or chronic obstructive) pulmonary disease, CHF, (or) congestive heart failure, diabetes," said Amural.

Veterans like Brandon Duzman said he doesn't agree with the ratings.

"Ratings, they don't really mean much to me personally. I think it's about the individual experience," said Guzman.

While El Paso may be ranked low, one veteran tells KFOX14 he would rank it much higher.

"They seem like they're really concerned to work with us, to help us with our needs and coping skills," said local veteran Nate Chaney.

As the El Paso VA hospital works to improve its rating, Guzman said they need to do better at marketing their services.

"Improve communication, kind of just informing them what's out there and kind of getting them enrolled in the VA," said Guzman.

The director tells KFOX14 he has a team who is working on the metrics in hopes of improving the star rating for the El Paso VA.

Overall, Amural said it's all about the individual experience and how the veterans feel when they leave the hospital, even if the ratings say otherwise.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

Tennessee Valley Healthcare System's (TVHS) Nashville facility and Alvin C. York facility in Murfreesboro were both among the facilities that made positive strides in the benchmarks and is striving to continue progress. Both Nashville and York facilities improved from a 1 Star rating to a 2 Star rating.

"We are thrilled to see our hard work paying off for our Veterans," said TVHS Director, Jennifer Vedral-Baron. "We are working to improve the whole health of our Veterans and boost employee satisfaction. We can feel our culture changing for the better, so it's exciting to see the data reflect positive change as well," she said.

Vedral-Baron said focus and accountability played big roles in the improvements. Weekly SAIL meetings help service chiefs and other leaders better zero-in on their goals and allow them to share their progress with others.

"It feels good to know our efforts are moving us in the right direction, and we're going to keep that momentum going. I am happy with the improved ratings; however, the work is far from done. Our Veterans deserve the absolute best care we can offer," Vedral-Baron said.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter -- with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable.

That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

“Research, in general, has found that mammography is the number one way of saving a woman’s life from dying from breast cancer,” said Dr. Mahdiah Parezi, Chief of the Breast Imaging Section at the Michael E. DeBakey VA Medical Center in Houston, Texas. “Since the 1980s and 1990s when more women started getting a mammogram, we started seeing a decrease nationally in the number of women dying from breast cancer by about 40 percent.”

A mammogram is an x-ray picture of the breast that doctors can use to detect early signs of breast cancer, but the fear itself of the mammogram results will sometimes prevent women from getting a screening.

And myths about breast cancer don’t just stop the possibility of test results. Dr. Parezi says there are a few obstacles that often prevent women from paying attention to breast health.

“75 percent of breast cancers that occur across the nation are in women who have no family history of breast cancer, and that’s because the number one risk factor for breast cancer is gender—just being a woman,” said Dr. Parezi.

Starting annual mammograms at age 40 is recommended by American College of Radiology and whether or not women think they have it, the exam should be part of their annual care routine, especially if a woman has a family history of breast cancer.

Read Also: MVP needs women vets for new cancer screening.

For many women, conducting a self-exam is sometimes thought of as an alternative measure, but self-checks are only one part of overall breast health.

“More recently many physicians don’t think there is a benefit to getting a self-breast exam or having a clinical exam, where the physician does the exam on the patient,” said Dr. Parezi. But she does say this three-pronged approach should be used when thinking about over breast health for woman veterans.

1. Annual Mammogram.
2. Being aware of your body.
3. Have a clinical breast exam by your clinician.

The number two risk factor after gender for breast cancer is getting older. Although gender and aging are risk factors woman veterans cannot change, there are methods they can take towards all-around health. Moderating exercise, reducing the amount of alcohol intake and having a healthy BMI are great preventative measures to integrate within a woman's routine.

For woman veterans who have breast cancer, keeping consistent face-to-face communication with your physician and team is important. Joining a local support group can also be helpful, check if your local VA center has one for breast cancer patients.

At the VA clinic in Houston, for example, patients have the option of going to a support group to talk to each other and ask questions in a space that’s led by an oncology social worker and oncology psychologist.

Recently, the VA created a Breast Cancer Registry that includes data from multiple sources within the VA to offer patients the best information about breast cancer screening, test results, and treatment options

“Across many of the VAs, as care is being more focused on woman veterans, we’re trying to provide the kind of care that’s top-notch where we can compete with the private sector so that veterans come to us not because they have to, but because they want to.”

For more information about Breast Cancer resources at the VA, click [here](#).

To learn about the different stages of Breast Cancer and what breast changes look like, click [here](#) to check out the Veterans Health Library.

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6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis.

The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

“He was my little baby brother,” Alissa Harrington said.

To say Alissa Harrington and her brother Justin Miller were close is an understatement.

“I am extremely proud of him for his military service and for him deciding to serve our country,” said Harrington.

Justin was an artist, a trumpet player with the Marine Corp Band. But he was a Marine first.

“In 2005 in that summer his unit was deployed to Iraq to the Al Asaad air base. He wasn’t the same when he came back,” Harrington said.

Alissa says Justin reached out for help, first from a private therapist before reaching out to the VA.

“He kind of had a crisis and at that point he reached out to the VA crisis hotline. The crisis line told him to go into the emergency department,” Harrington said.

Justin was admitted for four days and was discharged. He killed himself 24 hours later.

“An investigation by the Federal government found several problems with the care Justin got at the VA mostly importantly there was no follow up plan.

"It's maddening to see a bureaucracy having all these checks and balances and these safeguards in place and have them not used appropriately and with amazingly devastating consequences," Harrington said.

The Office of Inspector General's report provided recommendations to the VA, like improving care collaboration across departments and engaging family members in Veteran's mental health treatment plans.

"And we'll never know if they had followed the rules and know why they were following the rules and those sets of regulations if he would still be alive today," Harrington said.

The VA is starting to implement the recommendations. All but one will be completed this year.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder.

Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

"I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly," Kander wrote. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression."

Kander will also be stepping away from his nonprofit, Let America Vote, which he formed in February 2017 to increase voter turnout and end voter suppression. He's served as president since its founding.

"I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward," he said. "We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond."

The former Army captain and former Missouri Secretary of State announced he would be running for mayor of Kansas City in July at a press conference from the Negro Leagues Baseball Museum. Election day is not until June 25, 2019.

Kander joined the Army immediately following the Sept. 11 attacks. He said he first contacted Veterans Affairs looking for help four months ago, saying he knew something was "deeply

wrong," but wrote in Tuesday's letter he did not admit to the true seriousness of his symptoms in paperwork he filled out.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour," he wrote. "I can't have PTSD, I told myself, because I didn't earn it."

The 37-year-old actually wrote a book, "Outside the Wire," which was released in August and he said he was lucky not to suffer from PTSD. He admitted Tuesday the claim was to prevent a stigma and avoid a negative impact on his political career.

Kander ran unsuccessfully for the U.S. Senate in 2016, losing to Republican Roy Blunt by fewer than 3 percentage points in the typically red state.

Former President Barack Obama singled out Kander as a future presidential candidate in a January 2017 interview with "Pod Saves America."

"I'll close by saying this isn't goodbye," Kander wrote Tuesday. "Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be."

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide.

Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

The last 20 flags were placed after a noon news conference, meant to highlight the 20 military and veteran suicides that occur across the country each day. The rate of suicide among the military and veteran population is 1.5 times higher than it is for the non-veteran population, IAVA said.

"Too many of our men and women are dying," Paul Rieckhoff, IAVA Founder and CEO, said in a statement. "Every day, IAVA and our partners and allies are working to support hundreds of thousands of veterans facing transitional challenges after combat."

"We can't fight this problem alone," he continued. "We need reinforcements of the greatest magnitude. We need a national call to action from the top that mobilizes all Americans. In response to this ongoing crisis, we need immediate action from the Commander-In-Chief, Secretaries of Defense and VA, and all Americans."

In a survey of its more than 400,000 members in 2017, IAVA found that 58 percent of respondents knew a post-9/11-veteran who had died from suicide.

"There's plenty of urgent news out of Washington this week dominating headlines," Paul Rieckhoff said. "This news is a matter of life and death and must not be overlooked. And unlike almost every other issue in Washington, this one could unite leaders of all parties."

"We invite the president and all concerned citizens to join us on the National Mall to focus awareness, support and action on this silent enemy that is taking the lives of our fellow Americans every single day," he added.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Advocate (New Orleans): VFW and Aktion Club contribute gifts for VA baby shower (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

VFW Davis-Moran Post 8290, of Lacombe, Homer Williams Post 8720, of Abita Springs, and Boyet-Brannon Post 5174, of Pearl River, and their auxiliaries purchased unisex baby items and put together bags and boxes of gifts for the shower.

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7.2 - KOB (TV-4): HUD and VA award nearly \$400,000 toward housing homeless veterans in NM (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico.

The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

The program provides funding for vouchers for housing and supportive services that help to end homelessness for veterans.

"It's our duty and responsibility to support the men and women who gave so much for our country," said HUD Secretary Ben Carson. "The housing vouchers awarded today ensures homeless veterans nationwide have access to affordable housing and the critical supportive services from the VA. It's an honor to work with our dedicated partners on the ground who make certain every veteran has a place to call home."

Veterans will be assessed by local VA Medical Centers before they are referred to local housing agencies for vouchers from the program. Decisions on who is considered are based on a variety

of factors including how long the veteran has experienced homelessness and the need for longer-term housing.

"Veterans have put their lives on the line for the freedoms we all enjoy," said Beth Van Duyne, HUD Regional Administrator. "The HUD/VA partnership has helped tens of thousands of those veterans get off the streets and into decent housing, with important medical and case management that helps them remain housed and keeps them on the path for independent living."

Those who are a part of the program rent privately owned housing and contribute no more than 30-percent of their income toward rent.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday.

The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD. The funds are expected to help 343 veterans get housing vouchers.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said Ben Carson, the secretary of the HUD. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

As part of the voucher allocation process, officials at VA facilities are tasked with reviewing how long each veteran has experienced homelessness, and determining how much "intensive support" is required for the individual to obtain and maintain permanent housing "before referring them to local housing agencies for these vouchers," officials said.

"Decisions are based on a variety of factors," officials said in a statement Wednesday.

The monetary assistance was provided through the HUD-Veteran Affairs Supportive Housing program, which provides rental assistance, individual case management and clinical services through the Department of Veteran Affairs.

The Santa Clara County Housing Authority received the largest amount of funding, garnering \$2.8 million to provide 140 vouchers for permanent housing and services, HUD said.

The San Francisco Housing Authority received \$343,723 for 21 vouchers.

More than 93,000 housing and services vouchers have been awarded and roughly 150,000 homeless veterans were served throughout the United States through the joint program since 2008, officials said.

Veterans participating in the program typically rent privately owned residences and use 30 percent or less of their income toward rent, officials said.

“When our neighbors answer our country’s call to service, we must answer their call when they return home,” said Wayne Sauseda, HUD’s deputy regional administrator.

Here’s how the money was dispersed in the Bay Area and Central Valley:

- San Francisco Housing Authority: \$343,723 (21 vouchers)
- Contra Costa County Housing Authority: \$284,891 (20 vouchers)
- San Mateo County Housing Authority, Palo Alto-based VA medical facility: \$162,949 (12 vouchers)
- San Mateo County Housing Authority, San Francisco-based VA medical facility: \$67,895 (5 vouchers)
- San Joaquin County Housing Authority: \$116,648 (20 vouchers)
- Stanislaus County Housing Authority: \$138,880 (25 vouchers)
- Marin County Housing Authority: \$76,965 (5 vouchers)
- Berkeley Housing Authority: \$248,181 (15 vouchers)
- Santa Clara County Housing Authority: \$2,816,567 (140 vouchers)
- Pittsburg Housing Authority: \$62,903 (5 vouchers)
- City of Alameda Housing Authority: \$131,188 (5 vouchers)
- Alameda County Housing Authority, VA Northern California Health Care System: \$278,986 (20 vouchers)
- Alameda County Housing Authority, Palo Alto-based VA medical facility: \$209,240 (15 vouchers)
- City of Napa Housing Authority: \$40,182 (5 vouchers)
- Livermore Housing Authority: \$75,849 (5 vouchers)
- County of Sonoma: \$51,983 (5 vouchers)
- City of Santa Rosa: \$112,874 (10 vouchers)
- City of Vacaville: \$43,805 (5 vouchers)

•Solano County Housing Authority: \$40,118 (5 vouchers)

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing.

The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

The legislation, the Homes for Our Heroes Act, would ensure reports are submitted to Congress on the Veterans Affairs Supportive Housing program, a joint initiative administered by the Department of Housing and Urban Development and the Department of Veterans' Affairs.

Veterans can receive rental assistance vouchers for privately owned housing if they are eligible for VA health care services and are homeless, according to HUD's website.

Other services, including mental health treatment and substance use counseling, are offered through the program. At the end of the 2015 fiscal year, there were more than 78,000 vouchers allocated by HUD to assist veterans.

Peters' bill would require a study on the use of the vouchers in high-cost housing markets and provide greater disclosure of how the vouchers are allocated.

"We need to better understand, and quantify, the challenges veterans face as they seek to use HUD-VASH vouchers for housing, particularly in high-cost regions like San Diego; to do that, we need greater transparency about the program from both HUD and the VA," Peters said in a statement. "Equipped with that data, Congress can make better policy decisions that get our veterans the housing and care they need."

The legislation follows the revelation that the number of homeless veterans increased nationwide for the first time since 2010. In New York, there were 1,244 homeless veterans in 2017. That's down slightly from 1,248 two years ago.

Nationally, there were 40,056 homeless veterans last year, up from 39,471 in 2016.

Katko, R-Camillus, said the bill will ensure Congress has the information needed to help address homelessness among veterans.

"Over the past few years, our country has made tremendous strides in protecting our veterans from homelessness," he said. "However, overworked VA employees and a higher cost of living have led to certain programs becoming less effective."

Peters' bill is supported by two organizations, the National Alliance to End Homelessness and the National Coalition for Homeless Veterans.

Kathryn Monet, CEO of the National Coalition for Homeless Veterans, said the voucher program is one of the most effective tools in use to reduce veteran homelessness.

"Finding out where we can improve this key program is crucial to the long-term success of national efforts to place veterans experiencing homelessness into housing," she said.

The legislation has been referred to the House Financial Services and Veterans' Affairs

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

HARWOOD, N.D. — Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring.

Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

"Everything is on schedule and we anticipate in our fiscal year 2019, probably late spring to early summer, we should be ready for burials," said John G. Knapp, deputy director of the Fort Snelling National Cemetery in Minneapolis.

The Harwood cemetery will be operated remotely by officials at Fort Snelling National Cemetery and will serve more than 24,000 veterans in the surrounding area.

Crews are building a road, flagpoles and entry features to the cemetery that will be home to about 3,204 gravesites when finished.

Knapp said an opening date has not been determined, as finishing construction will depend on weather.

"We of course want to make sure the construction is completed to specification and ensure the cemetery is ready with established turf before we open," he said.

North Dakota was one of 10 states without a national veterans cemetery.

A state veterans cemetery is located near Mandan.

All members and veterans of the armed forces are eligible to be buried in a VA national cemetery as long as they have met minimum active-duty service requirements and were not dishonorably discharged.

Members of the reserve armed forces who die while on active duty, while on training duty or were eligible for retired pay, or were called to active duty and served the full term of service, may also be eligible for burial. Their spouse, widow or widower, minor children and, under some conditions, adult unmarried children with disabilities can be buried in the VA cemetery.

Knapp said eligible veterans can be relocated to the new cemetery, but costs for relocation is the responsibility of the family.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past.

The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

Another change in the event is that the Appalachian Regional Coalition on Homelessness is the lead agency involved in organizing the Stand Down with assistance from Shields' office, the Tri-Cities Military Affairs Council, Vietnam Veterans of America 979 and the American Job Center of Tennessee.

"This event will provide homeless veterans and veterans at risk of being homeless with information regarding: substance abuse counseling, employment and training, housing resources, legal resources, haircuts, food, refreshments, clothing and more," Shields said. "There are anywhere from 150 to 180 veterans that come out. We don't restrict it just homeless veterans ... we open it up to those who are precariously housed."

He said bringing services together under one roof helps provide assistance more efficiently. The event also now includes a RAM clinic, he said.

For more information or to arrange for transportation, call 979-2871 or 557-2294.

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7.7 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week.

This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

"The opening of the Men's Shelter has been long awaited by the Temple community and we are thrilled to be able to finally open our doors to men in need," said Lt. Chantel Millin, commanding officer of The Salvation Army in Temple. "We are grateful to our local supporters and donors, and particularly to our Divisional Headquarters, for its financial support in helping us to not only

continue operation of our Women and Family Shelter, but to also permanently open the Men's Shelter in time for the upcoming winter season."

In addition to support from the Divisional Headquarters, a Veterans Affairs contract for 15 beds in the Men's and Women and Children and Families shelter will enable the men's shelter to open.

To support the expanding range of programs in Temple, The Salvation Army recognizes the importance of community and corporate involvement and the need to generate consistent donations.

"We feel blessed to be a part of such a giving community and pray that many individuals, groups and businesses will be moved and motivated to come alongside The Salvation Army and provide the financial support to fund our life-changing programs," Millin said.

The individuals in the VA program will be held to the same standards as Salvation Army residents.

The expectations, as far as behavior, are the same for all who live in the Salvation Army facilities. The VA residents will have their own case manager, which will be supplemented by the Salvation Army case managers as needed.

The beds allotted to the VA are available to veterans awaiting permanent housing through the VA.

"We are delighted that The Salvation Army will be able to provide a safe and nurturing place for veterans, a group often overlooked in society today. And it is within close proximity to the veterans hospital in Temple," said Lt. Aaron Millin, Commanding Officer at The Salvation Army in Temple. "It is truly an ideal partnership."

The Salvation Army Divisional Headquarters recognized the McLane Center of Hope would continue to have fundraising problems while the men's shelter remained closed, Chantel Millin said.

Additional monitors have been hired, along with a case manager and possibly another cook.

A formal dedication ceremony is planned for November in conjunction with the Red Kettle and Angel Tree Kick-Off. The iconic red kettle represents The Salvation Army's major annual fundraiser in Temple and throughout the country. The much-loved Angel Tree program, which provides Christmas gifts to children from low-income families and the elderly, is made possible by the generous donations of community members and local businesses.

"We're excited to get the news out there," she said. "We have to focus on getting our fundraising to a level to support the programs we offer. We aren't at a place where our programs are funded. We know this community has a heart to give and we're confident that once people know we're operating at the level that was initially pledged, we'll be successful."

The Salvation Army is considering how much it can help with emergency shelter during cold weather. There will be fewer beds available, Chantel Millin said.

"We may be able to put overflow on cots, but that still has to be worked out," she said.

The community's support is crucial to supporting the ongoing operation of the Women's, Men's, and Family shelters and all other programs offered by The Salvation Army in Temple.

Donations can be mailed to P.O. Box 1884 Temple, Texas 76503 or dropped off at 419 W. Ave. G, Temple, Texas, 76502. Online donations can be made at <https://give.salvationarmyusa.org>.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

LA CROSSE, Wis. – Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges.

A council committee heard those on both sides then voted to delay making a decision.

Dave and Barb Erickson planned to donate the house at 3120 Farnam Street to the Tomah Veterans Affairs Medical Center to be used as a transition home for veterans.

Some opponents felt the facility would cause traffic concerns for families and children in the area,

While others raised concerns about neighborhood safety.

"Right next door to the house in question has a very elderly person who can't see," Neighbor Carolyn Barlow said. "I don't feel comfortable having these people living next door to them."

"What's to say one of these people aren't going to walk up and do something to one of these little kids," David Barlow said. "I mean security is a big issue with me."

A Tomah VA representative said the veterans living there would be screened and approved for the home. Known pedophiles or sex offenders would not be allowed.

Barb Erickson said this group of residents need compassion from neighbors as they work back into society.

"I really believe that this house can help the veterans," Erickson explained. "I think the veterans can help our community. They can make our neighborhood even better than what it is now."

"I can guarantee that this community has plenty of people willing and able to provide peer-to-peer mentorship to any of these veterans in also keep a watch on them," David Schultz with La Crosse Area Veterans Mentor Program added.

Again, the committee voted to delay a decision for 60 days at the request of the Tomah VA. They wanted to gather more data to present to the council and neighbors on the program.

Also at the meeting, the committee voted to suspend the wheel tax indefinitely. This measure effectively kills the tax, but must first be voted on by the full common council.

Members said after the city was awarded a federal grant to help with some infrastructure improvements the need for the tax will not be seen next year. Mayor Tim Kabat warns this only kicks the can down the road as it will become an issue again in 2020 and beyond.

The group also voted to recommend changing Columbus Day to Indigenous Peoples Day in the city. This would be to help honor Native Americans. It goes to council for final approval.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War.

For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

The family contacted News 5 Investigates after they felt they were getting the run-around with obtaining the records needed to process their claim. The VA says the records the family is looking for are in the possession of the Department of Defense.

We learned those records do not auto transfer from one agency to the other. Therefore, if the VA doesn't have the information on file needed to process a claim, it's up to the Veteran's family to manually request official records from the Department of Defense be transferred to the VA.

It's unclear if the family was made aware of this.

A VA spokesperson said they would never purposely delay or deny benefits to Veterans and their families. This issue ultimately comes down to the VA requesting verify specific, service-related information the family has spent months trying to track down, but cannot produce.

"Jimmy was my stepfather but he's the only father I knew," Rosa Machado said.

She and her mother, Josefa, describe the father and husband as a hard working man who did everything he could for his family.

"He was the only one working to support the family," Williams' wife, Josefa said.

Williams served in the Navy during the Vietnam War era. He passed away in 2012 after battling lung cancer, according to his death certificate News 5 Investigates obtained.

"It's difficult," Josefa said. "We kind of live in poverty."

In the years following Williams' death, the family struggled both mentally and financially.

"My father was receiving social security benefits at the time of his death," Rosa, Williams' stepdaughter said. "We notified them of his passing and they (Social Security Administration) stripped my mother of his benefits for a couple of years because she was not at that age where she could claim his benefits."

In August 2017, the family filed for “DIC” benefits, or Dependency and Indemnity compensation. This benefit is a tax-free payment given to eligible survivors of military service members who died in the line of duty, or to eligible survivors of veterans whose death resulted from a service-related injury or disease.

The family believes Williams’ lung cancer was linked to exposure from Agent Orange during the Vietnam War.

The VA acknowledges certain cancers and other health problems are associated with Agent Orange and says veterans and their survivors “may” be eligible for benefits for the diseases.

“May” is the key word here, because the family says getting the required proof has been a challenge. Rosa says she’s had to file open records requests just to obtain documents regarding her stepfather’s service.

“My mother really feels that she is just being shuffled to different services in the area but no one really has any information on how to proceed with gathering evidence,” Rosa said.

The information the family says they’ve received hasn’t helped them with their benefits claim.

According to this letter from September 2017, the VA told the family it needs the following evidence/documentation:

- Proof that the Veteran’s ship entered Vietnam’s inland waterways while they were aboard or that they went ashore while the ship was docked or at anchorage.

- Identity/name of the ship and the approximate dates the ship entered the inland waterways, docked, or otherwise sent the Veteran ashore

- If the ship was docked, the VA requests the family state whether or not the Veteran went ashore.

- If the Veteran went ashore from a ship at anchorage, the family must explain the circumstances.

The family has grown so desperate for answers more than 40 years after the war ended, they’ve even purchased Vietnam War and Navy ship books to search for information.

“My mom doesn’t feel like she has the support system she needs to provide the evidence requested,” Rosa said.

Rosa says she’s spoken with numerous VA organizations and family members, but finding the detailed information has been impossible.

She even reached out to Congressman Doug Lamborn’s office, which confirmed to News 5 that they are trying to help the family locate records.

The family has until the end of January 2019 to file an appeal related to the denial of DIC benefits.

"The obstacles at this point is finding the necessary information to prove that he set foot in Vietnam," Rosa said.

Loss of records:

The family says many of Williams' service records were destroyed when his house fell during a natural disaster in California back in 1982.

Unfortunately, some veterans keep information about their service from their family and ultimately take that information to their grave.

Official statement from the VA concerning this case:

"The VA strives to provide Veterans and their dependents with the benefits and services they have earned. In this case, VA was unable to approve Mrs. Williams' DIC claim because Mr. Williams' military service records do not show that his death was relative to his military service. We will reach out to Mrs. Williams directly to ensure she fully understands our decision, her rights to appeal or reopen her claim and provide her information on other VA benefits and services to which she may be entitled."

Update from Congressman Lamborn's Office:

Savannah Fraiser, a spokesperson for Rep. Lamborn (R-Colorado) said the caseworker reviewing this matter on Williams' behalf has just located 400 pages of ship records.

It's unclear at this point in time whether any of those records will help with the appeals process or whether these records are the same documents the VA already obtained through the Department of Defense.

News 5 Investigates will keep you updated with any new developments as they become available.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness.

Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

The award will fund an estimated 177 vouchers throughout Texas. Veterans participating in the HUD-VASH program contribute no more than 30 percent of their income toward rent.

"Essentially, housing authorities request from us these vouchers. Since rents are different in different communities, the amount of money it takes to cover those rents varies," said Scott Hudman of HUD's regional office in Dallas.

He said the HUD-VASH program takes a three-pronged approach, combining housing with medical and case management.

"In the homeless population, you'll find people that are in and out of shelters, in and out of housing," he said. "A lot of that is due to the fact that they just don't have solid medical care and a support net underneath them lifting them up."

As part of the program, VA provides case management and clinical services at VA medical centers and community-based outreach clinics.

HUD-VASH also provides life-skills training in financial literacy, with a focus on keeping people housed.

"We not only get them off the streets," Hudman said. "We can help keep them off the streets."

HUD-VASH vouchers are limited to those who are homeless or at risk of homelessness. Those interested can apply through their local V.A. system.

38 vouchers in total were awarded to the San Antonio and Bexar County housing authorities.

More than 6,000 vouchers are already active in the state.

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7.11 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

The El Paso VA Health Care System will honor Veterans who passed from July 1, 2018 to September 30, 2018 with the Last Roll Call Ceremony of Remembrance.

Michael L. Amaral, Director of the El Paso VA Health Care System will speak, and Chaplain Linda McKnight will deliver the Remarks of Faith.

What: Memorial Service for Unaccompanied Veterans buried at Fort Bliss National Cemetery July through September 2018 & Last Roll Call Ceremony of Remembrance
Who: Fort Bliss National Cemetery Staff, Veteran Hospital Administration and local Veteran Support Organizations
When: Thursday, October 4, 2018 at 2:30 p.m.
Where: Fort Bliss National Cemetery West Shelter | 5200 Fred Wilson Avenue | Fort Bliss

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7.12 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

"The VA and its vocational rehabilitation programs have given me the opportunity to succeed. Literally and figuratively, I say they have saved my life," said Jackson, who admits he got mixed up with the wrong crowd and has made some mistakes in the past. "With VA's support, I've changed my priorities and my outlook on life."

Jackson was one of the first graduates of the National Cemetery Administration's Cemetery Caretaker Apprenticeship Program in 2012.

As part of VA's initiative to end veteran homelessness, the NCA works with VA's Homeless Veteran and Compensated Work Therapy programs to identify potential program candidates from sites throughout the country.

"We are pleased to have dedicated employees like Curtis at the Fort Bliss National Cemetery," said Jamie Porter, Fort Bliss National Cemetery director. "Graduates of the Cemetery Caretaker program are not only veterans themselves and understand the importance of our mission, but are extremely proud to have such a noble job."

In the Cemetery Caretaker Apprenticeship Program, veteran students spend a year learning their trade and receive advanced instruction in areas such as professionalism and conflict management. Leading up to graduation, each student completes more than 1,300 hours of classroom and on-the-job training.

Upon graduation, they can elect to remain at their training cemetery, compete for positions at other federal facilities, or take their skills to the private sector.

"I was at the El Paso VA Medical Center when I heard about VA's Compensated Work Therapy Program and the opportunity at the National Cemetery," said Jackson, who first learned about VA services at a Miami VA Healthcare System outreach event in 2001. "It's a privilege to work at the Fort Bliss National Cemetery and use my skills where they can do the most good. The best part is seeing how much the families of fellow veterans appreciate what you do."

Last month, VA presented the Fort Bliss National Cemetery with the Award of Excellence for meeting or exceeding National Shrine standards in 68 of 74 categories.

These include customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facing facilities, equipment and facility maintenance, and safety of visitors and employees.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again.

A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

"At any given age, if you drink daily -- even just one or two drinks -- you have a 20 percent increased risk of death compared to someone who drinks the same amount two to three times a week," said study author Dr. Sarah Hartz. She's an assistant professor in the department of psychiatry at Washington University School of Medicine in St. Louis.

"We should no longer say that it's healthy to drink. It's a vice that's not great for us," she added.

Hartz noted that how significant a 20 percent increased risk of death is depends on your age. She explained that since very few people die in their 20s, a 20 percent increased risk of premature death is less significant at that age than it would be for someone in their 70s.

Although the study did find an association, it did not prove that light drinking caused early death risk to rise.

But how might alcohol boost that risk?

Hartz said most of the increased risk of early death comes from an increased risk of cancer. She said that people often underestimate how much drinking can increase the risk of some cancers, such as breast cancer. And drinking more than four times a week can also increase the risk of heart attack and stroke.

But what of all the studies that have suggested a health benefit from moderate drinking?

Hartz said that there have been several studies this year that have concluded that drinking generally isn't good for health. And the populations in these studies and the latest one are larger than in previous ones. More importantly, she noted, the newer studies have been able to parse out the lowest levels of drinking.

"We have access to data we haven't had access to before," Hartz explained.

The study included information from more than 400,000 people. More than 340,000 (aged 18 to 85) had participated in a national health survey. Another group of nearly 94,000 were between the ages of 40 and 60 and had been treated as outpatients at Veterans Health Administration clinics.

"The lowest risk group was people who drank one or two drinks just two to three times weekly," she said.

Still, not everyone is convinced that this study is the last word on alcohol and health.

According to Dr. Guy Mintz, director of cardiovascular health and lipidology at North Shore University Hospital in Manhasset, N.Y., "The jury is still out with regard to frequency and quantity of alcohol use."

Mintz said, "This is an interesting study. One to two drinks four days a week seemed to protect against cardiovascular disease, but drinking every day eliminated those benefits."

He pointed out that "one of the study's conclusions was that, as medicine becomes more personalized, some patients with a history of cardiovascular disease may benefit from drinking two or three days a week, but those with a higher risk of cancer may not benefit."

Mintz tells his patients to drink anything but beer because it has a lot of calories and salt, and can contribute to obesity and high triglycerides (an unhealthy type of blood fat). "I would stress alcohol consumption in moderation, both in frequency and quantity," he said.

The study was published online Oct. 3 in the journal *Alcoholism: Clinical and Experimental Research*.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala.

The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

This year, the Partnership for Public Service, which hosts the awards, presented their first Spirit of Service award to Bezos. The award is intended to honor individuals outside of government who also contribute to public service.

The group said Bezos received the award for "the countless ways he and his companies work to advance important fields such as space exploration and national security, as well as help government deliver services more effectively and efficiently."

Bezos said he was proud to share the stage with so many other notable recipients and praised their work in government.

"The people I saw up on stage tonight are all missionaries," he said.

The award recipients were a diverse group, including scientists who sought cures to rare genetic diseases, as well as government attorneys who worked to bring justice to people who were defrauded by scams.

Dr. Daniel Kastner of the National Institutes of Health received the evening's top prize, Federal Employee of the Year. Kastner's research uncovered the genetic causes of seven rare autoimmune inflammatory diseases.

The Career Achievement Medal went to Dr. Marshalyn Yeargin-Allsopp of the Centers for Disease Control and Prevention, who worked on improving support and resources for those with autism.

Among the many other winners were Karen Dodge and Margaret Moeser at the Department of Homeland Security, who cracked down on fraudsters who used Western Union to illegally obtain hundreds of millions from unsuspecting victims.

The gala was emceed by Judy Woodruff, anchor of PBS's "Newshour." Woodruff told attendees that the Sammys were her favorite event and attributed its success to the honorees.

"It is because of the honorees remarkable achievements. They care deeply," she said.

Among the distinguished guests at the event were Secretary of Veterans Affairs Robert Wilkie; Federal Trade Commission Chairman Joseph Simons; National Institutes of Health Director Francis Collins, Reps. Mark Meadows (R-N.C.), Rick Nolan (D-Minn.) and Phil Roe (R-Tenn.), as well as Del. Stacey Plaskett (D) of the U.S. Virgin Islands.

Max Stier, president and CEO of the Partnership for Public Service, said the contributions of public servants was essential to the country.

"Helping our government do its job better will have enormous impact on the health and prosperity of our country," he said.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

But as the Nov. 6, 2018, election draws nearer, the Republican challenger's attacks on the Democratic incumbent are reaching a crescendo.

Vukmir hammered Baldwin again over the Tomah VA scandal on TV public affairs programs that aired Sept. 23, 2018 in Green Bay and in Madison. They were something of a prelude to a TV attack ad on the scandal that Vukmir aired three days later.

So, let's take a look at one of the attacks.

Vukmir was asked on "Capital City Sunday" on WKOW-TV in Madison how she would have handled the Tomah VA matter differently.

She responded by claiming that Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Let's break down the three-part attack, starting with a quick review about what we know about Tomah.

The scandal

Problems at the Tomah VA first made news in January 2015, when the California-based Center for Investigative Reporting exposed the overprescription of opioid drugs by the facility. Doctors were handing out so many narcotic painkillers that some veterans had taken to calling the place "Candy Land."

The attacks on Baldwin began in early 2017 from a super PAC largely funded by Republican Richard Uihlein, co-founder of Uline, a Wisconsin shipping and packaging supplies distributor. The group claimed in a radio ad that Baldwin was told by a whistleblower about "overmedicated veterans," she made "deadly mistakes" and "three veterans died."

We rated that False, based on how and when the deaths occurred and the "deadly mistakes" part of the claim.

Now to Vukmir's claim, which doesn't go so far as to blame Baldwin for a death.

1. Baldwin 'only one' to have a report

The first part of Vukmir's claim is that, among the Wisconsin members of the U.S. House and Senate, only Baldwin received a report "outlining that a doctor was overprescribing opioids" at the Tomah VA."

The report was done by the Department of Veterans Affairs' Office of Inspector General following a 2½-year investigation of Tomah. Baldwin's office received it on Aug. 29, 2014.

Baldwin did not make the report public, though she shared it with a constituent who had complained to her about what was happening at Tomah. The report was not given to any other member of Congress at the time.

So, Baldwin had been informed about the problems at the Tomah VA before they were exposed publicly. And she doesn't dispute that she was the first member of the Wisconsin congressional delegation to get the report.

2. 'Later a veteran died'

Former Marine Jason Simcakoski died of a "mixed use toxicity" overdose at the Tomah VA while being treated by doctors there. Simcakoski had checked himself into the facility citing an addiction to painkillers and severe anxiety. He was prescribed 15 drugs, including anti-psychotics, tranquilizers, muscle relaxants and the opioid painkiller tramadol.

Simcakoski death, however, occurred Aug. 30, 2014 — just one day after Baldwin received the VA inspector general's report about Tomah that Vukmir highlights.

So, it's misleading to say "later a veteran died," given that Baldwin had not had time to act on the report.

3. Baldwin 'covered it up'

The third part of Vukmir's claim is that Baldwin "covered it up" — a reference to the entire Tomah VA matter, not solely to Simcakoski's death. In the interview, Vukmir elaborates by saying Baldwin tried to "fire one of her aides that brought the issue forward, offering the aide "taxpayer hush money" and hiring "Hillary Clinton's attorneys" to "cover this up." Let's break down these sub-points.

An important point: It's clear Baldwin did not take steps publicly on the scandal until the Center for Investigative Reporting's expose — months after she received the inspector general's report and Simcakoski's death. At the same time, there is no evidence that she took active steps to cover up the matter.

Firing: Baldwin did fire an aide, but it's not entirely clear she did so because the aide "brought the issue forward."

In January 2015, after the Center for Investigative Reporting's expose, Baldwin had called for the VA to investigate Tomah but remained under fire for inaction on the scandal. Baldwin then fired Marquette Baylor, her deputy state director, without explanation, the Milwaukee Journal Sentinel revealed. Whistleblower and former Tomah VA employee Ryan Honl told the newspaper he had talked with Baylor for two hours in late November 2014 about the Tomah VA and that she discouraged him from going public with his concerns, saying that doing so might get her and others fired. Baylor later said she had prepared three memos on the Tomah situation for Baldwin's review and forwarded them to her supervisors; she alleged they were either not delivered to Baldwin or were ignored by Baldwin.

'Hush money', Clinton lawyer: Baldwin did offer a severance payment to the fired aide and did hire a Hillary Clinton campaign lawyer. But this needs further explanation.

As part of the firing, Baldwin's office offered a severance package to Baylor that would have included a confidentiality agreement and a payment, the Journal Sentinel reported. Attorney Marc Elias, who was the top lawyer in Hillary Clinton's 2016 presidential campaign, was hired by Baldwin with campaign funds to review how her office handled the Tomah VA matter. He said the U.S. Senate's chief employment lawyer had helped put together the offer and described the confidentiality clause as routine.

Baldwin later said the deal would have included a payment of about \$17,000, which would have been from Senate funds. Baylor later rejected the offer and, according to Baldwin, sought more than four times that amount.

Elias said Baylor's handling of the Tomah VA matter was only one reason she was fired.

'Cover up': In addition to not releasing the inspector general report, Baldwin was slow to address the Tomah VA matter publicly. But ethics complaints filed against her alleging a cover up were found to have no merit.

Baldwin avoided questions about the matter for weeks after the Center for Investigative Reporting's expose; and it took attorney Elias nearly a month to confirm Baylor's firing.

After being fired, Baylor filed an ethics complaint accusing Baldwin of engaging in a political cover up by firing her for her alleged role in the mishandling of a whistleblower complaint. The complaint asked the U.S. Senate Ethics Select Committee to investigate Baldwin. The committee dismissed Baylor's complaint and two similar complaints filed by groups, saying they lacked merit.

Our rating

Vukmir says Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Baldwin was the only one, and she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died.

On the cover up part of the claim, there was on inaction on Baldwin's part -- not releasing the report, declining for weeks to answer questions and to confirm that she had fired a top aide. But there is no evidence Baldwin took active steps to cover up the matter, and a Senate committee determined that Baldwin had not engaged in a cover up.

For a statement that contains elements of truth but ignores critical facts that would give a different impression, our rating is Mostly False.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

White House Press Secretary Sarah Sanders announced the donation at a White House briefing on Wednesday. Linda McMahon, head of the Small Business Administration, accepted the \$100,000 check, saying the funds "would be put to good use."

Agency officials plan to use the money to launch a new seven-month training program for transitioning troops looking at starting their own businesses. The program will be based on the existing Emerging Leaders Initiative, but tailored to veteran-specific needs.

The existing program includes classroom instruction as well as "opportunities for small business owners to work with experienced coaches and mentors, attend workshops, and develop connections." McMahon called it a significant resource for veterans shifting from military to civilian life.

White House officials requested a fiscal 2019 budget for the SBA of nearly \$840 million, but McMahon said the \$100,000 donation from the president represented an important contribution to their work.

During his 2016 presidential campaign, Trump promised to forgo the traditional Oval Office salary and instead donate that money to various federal departments.

Earlier this year, White House officials announced Trump's first quarter salary for 2018 would be given to the Department of Veterans Affairs for caregiver support programs focused on "mental health, peer support, financial aid, education and research."

Previous donations by Trump went to the Department of Transportation for infrastructure repair, the National Park Service for battlefield preservation, the Department of Education for support programs and the Department of Health and Human Services for opioid management programs.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

RICHLAND, WA - A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died.

Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents.

However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

She pleaded guilty this week in Richland's U.S. District Court to obtaining a controlled substance by fraud, misrepresentation, deception and subterfuge.

Two additional charges for the same crime will be dismissed at her sentencing March 5.

The felony charge can bring up to four years in a federal prison, though prosecutors said they will recommend three years of probation.

McAuliffe is free to argue for less time.

"I'm not telling you I may give you probation, I may give you prison, but that's what it looks like the parties are agreeing to," said Senior Judge Ed Shea.

Under terms of the plea agreement, Shea can divert from the recommendation and it will not be grounds for McAuliffe to withdraw her plea.

McAuliffe was indicted April 3 by a federal grand jury on the three charges.

Court documents show that her father was a veteran who received medical benefits from the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla. He died in September 2016.

McAuliffe "continued to misrepresent" to the medical center that her father was alive and needed the refills, documents said.

The VA's Office of Inspector General started investigating McAuliffe after discovering her conduct.

A year after he died, she placed a refill order for 168 pills of the addictive opioid. She was confronted by an investigator in October 2017, when she went to the pharmacy to pick up the prescription, court documents said.

The agent showed McAuliffe her father's death certificate, and said they had documents and audio and video recordings to show the fraud and deception.

The 168 pills were seized by the agent after the interview, documents said.

Judge Shea, in taking McAuliffe's guilty plea, asked what she said on the phone call to the VA pharmacy.

"That basically my father needed a refill on his medication," McAuliffe replied.

"And so you asked them to send you the refill, which was the 168 tablets of hydrocodone/acetaminophen. And in fact you knew that was false, that your father was dead and that he didn't need those. Is that correct?" asked Shea.

"Yes, your honor," McAuliffe told the judge.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space.

He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

One of the most notable things Shulkin achieved during his time in the VA was an attempt to compromise between the wants of those screaming for privatization and those that believed in a single-payer system.

As the health care industry continues to be pulled in the direction of an all-payer system, in hopes to curb costs, Shulkin shared his insights on the issue.

"The reason why I think it's an interesting model is because as you know so much of what happens in health care is limited by the reimbursement system and the financial barriers," he said.

In the VA, there's appropriated funding at the start of the year, which allows care to be provided without barriers.

But it also lacks incentives.

"So, the reimbursement challenges weren't there, and the incentives weren't there," he said.

"So, at the end of the year, if we had extra money, we gave it back to the Treasury. It wasn't like we had the stockholders or even that there were bonuses that (drove) any of those decisions."

But identifying how to best care for patients was not easy in this environment.

"Where I'm coming from is, it's not surprising that we have political spectrums and differences in this country, almost on every issue. My answer was, if you're really focused on the right thing for the veterans, you come out somewhere in the middle," Shulkin said. "There are things that the

private sector clearly does better and more efficiently, and, when that's the case, that's where veterans should get the care. But there were clearly things that veterans had specialized needs for that the private sector isn't doing well. Without that, veterans would suffer."

Shulkin said the VA did integrated medical records, transparency of quality metrics and mental health better than the private sector. Meanwhile, the private sector does specialties like neurosurgery or cancer care better than the VA can.

Which is where the voucher system originated from.

"So, I was driving towards an integrated system, in the middle, that took the best of the private and the best of what the VA can do. And of course, being in the middle in Washington (D.C.) is not a great place to be, unfortunately. Because, essentially, no one likes you," Shulkin said.

In New Jersey, he said, there is a lot of innovation happening in the private sector, but it isn't receiving the attention it deserves.

"It sits in the shadows between New York and Philadelphia," Shulkin said. "New Jersey is actually ahead, but people haven't necessarily recognized it. This is not an advertisement, but I do give credit to Horizon because they have been relatively, and I say relatively, open to partnering with physicians in ways that some managed care plans haven't done. In order to change health care, you can't just do it from the clinical side or the business side. It has to be both sides that take interest. That's not happening in other parts of country, and New Jersey is ahead in that."

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Veterans Affairs Media Summary and News Clips

4 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday. Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

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1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

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1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities. The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far. Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA. An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

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1.7 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

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2. [Greater Choice for Veterans](#)

2.1 - PolitiFact: [Donald Trump: GOP just passed veteran’s Choice after 44-year wait. Actually, it’s 4 years old](#) (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy. He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield. The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road. The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans. The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations. The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach. Construction on the new facilities will begin next year.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#) (3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home. The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project. The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth. "The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock. The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

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3.7 - KNNV (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)
The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding. The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)
Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records. Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense.

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)
While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record. Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)
Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)
Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies. Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

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[4. Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#)

(3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit. Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#)

(3 October, Eric White, 854k uvm; Washington, DC)

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works.

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#)

(3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System. It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#)

(2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending.

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4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#)

(3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#)

(3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs. Helping veterans is not simple, but the

American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries.

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5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls. The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

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5.2 - WSLN (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far. During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week. The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams. "Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve. Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney. The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year. Our friends at the Xenia Daily

Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities. Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD. However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country. This comes after the hospital received a one-star rating out of a possible five stars. Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

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5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable. That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis. The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder. Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide. Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Advocate (New Orleans): [VFW and Aktion Club contribute gifts for VA baby shower](#) (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

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7.2 - KOB (TV-4): [HUD and VA award nearly \\$400,000 toward housing homeless veterans in NM](#) (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico. The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday. The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD.

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing. The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring. Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past. The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

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77 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week. This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges. A council committee heard those on both sides then voted to delay making a decision.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War. For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness. Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

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7.11 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

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7.12 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again. A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala. The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died. Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents. However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space. He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

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1. [Top Stories](#)

1. - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

WASHINGTON – The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings. The largest improvement was in Hot Springs, South Dakota, which went from two stars to five.

“With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale on which one is the worst and five the best.

The rankings compare VA hospitals against each other, but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The VA also rates 133 agency nursing homes on a one-to-five star scale and kept those ratings from the public until learning this year that USA TODAY and The Boston Globe planned to publish them.

Those ratings, unlike the hospital rankings, take private-sector nursing home averages into account. As of March 31, nearly half of VA nursing homes – 58 – received the lowest one-star rating.

Use the column heads below to sort by city, state or star rating or to see how this year’s hospital ratings compare with last year.

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1. - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

Staffers assessed Miller's suicide risk as "intermediate/moderate" before he walked out the door. They were wrong. Miller never left the hospital's parking lot, where he was found less than 24 hours later, dead from a self-inflicted gunshot wound.

Recently released findings from the VA Office of Inspector General, which investigated Miller's death, are careful to say that documentation and follow-up failures were not "causal" in Miller's death. But the "deficits" uncovered in his care are deeply disturbing. In particular, how did the risk assessment go so wrong?

There are no easy answers, but another heartbreaking VA report released in late September underscored the urgency of finding answers. In plain language, the newest VA National Suicide Data Report makes it clear that there are many veterans struggling with mental health on the homefront, and far too many are taking their lives.

The report analyzed data from 2005 to 2016. During that time, the number of veterans lost to suicide has frustratingly hovered close to about 6,000 a year. Veterans as a whole, from those who served in Korea to the latest conflict, remain at higher risk of suicide than the general population. "In 2016, the age- and gender-adjusted rates of suicide were 26.1 per 100,000 for Veterans and 17.4 per 100,000 for non-Veteran adults," the report said.

The rate is highest for those in Miller's age group, and sadly it rose substantially from 2005 to 2016. In 2015, there were 40.4 suicide deaths per 100,000 veterans ages 18-34. In 2016, the figure was 45 suicide deaths per 100,000. The report also offered state breakdowns. A look at Minnesota's is chilling. An older group of veterans here — those ages 35-54 — are far more likely than veterans nationally or in the Midwest to take their own lives. The suicide rate for this group is 45.6 per 100,000, compared with 33.4 in the Midwest and 33.1 nationally.

A Sept. 27 congressional hearing led by U.S. Reps. Phil Roe, R-Tenn., and Tim Walz, D-Minn., should have put a bright spotlight on both reports. Roe is the chairman of the House Committee on Veterans' Affairs. Walz, who is a Minnesota gubernatorial candidate, is the committee's ranking member and requested the investigation of Miller's death.

The full committee hearing unfortunately was overshadowed by another event on Capitol Hill that day — the Senate Judiciary Committee hearing on Supreme Court nominee Brett Kavanaugh. Coverage of the public health crisis among veterans fell disappointingly short, jeopardizing the awareness needed to build support for change.

Improvements are underway at the Minneapolis VA medical center, but broader fixes are needed. Among them:

- The VA needs to fill staff vacancies, particularly those for mental health care providers.
- The agency should study medical marijuana use to treat post-traumatic stress disorder and chronic pain. Passage of Walz's VA Medicinal Cannabis Research Act would kick-start that work.
- Congress should sufficiently fund previously passed legislation, the Clay Hunt SAV Act, to help veterans struggling with mental health.
- A national three-digit number should be considered to encourage use of the Veterans Crisis Line and the National Suicide Prevention Lifeline.

Sadly, there is no panacea to what experts have accurately called a suicide "epidemic" among veterans. But if implemented, these measures would work in concert to begin closing the cracks that Miller so tragically fell through.

To reach the Veterans Crisis Line, call 1-800-273-8255 and press 1. It is open to those not enrolled in VA health care. The National Suicide Prevention Lifeline uses the same main number: 1-800-273-8255.

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1. - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#)
(3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem.

"When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

The event — which has become an unfortunately annual occurrence for veterans advocates — is part of a broader push in recent weeks by lawmakers, veterans groups and Veterans Affairs officials to bring the issue of suicide among former military members back into public consciousness.

Last month, VA officials released new data that showed the overall rate of suicides among veterans has held steady at around 20 a day for roughly a decade, but researchers are seeing a troubling increase in the rate of younger veterans taking their lives.

Those realities come despite a concerned push in recent years by policy makers who have increased crisis intervention and mental health treatment resources for veterans.

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans' Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Last week, in a hearing before that committee, health experts said they see a gap in integrating those lessons learned into local community services, to provide a broader safety net for veterans in distress.

But to help fix that gap that, advocates said, they need to remind the public of the problem.

“I have seen far too many veterans and members of my community fall to suicide,” Said Kristen Rouse, founding director of the New York City Veterans Alliance, at Wednesday’s event. “What we see behind us represents a national crisis ... These are veterans from your home state, from your hometown, from your home city.”

During Wednesday’s event — held between the Capitol building and the Washington Monument, in an area with heavy tourist foot traffic — dozens of onlookers stopped to take pictures of the display and talk to the advocates involved.

Stephanie Keegan, whose son Daniel served in Afghanistan but died in 2016 because of delays in receiving treatment for his post-traumatic stress disorder, said she was grateful to share her families struggles with those visitors.

“It absolutely makes a difference,” she said. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

1. - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities.

The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

The ratings indicate each hospital’s quality of care and are based on data such as death rates, patient satisfaction and efficiency. In years past, the VA had withheld the data from the public. In 2016, the performance ratings were released under pressure that followed a USA Today investigation.

Overall, 38 hospitals improved their star ratings in 2018, 40 dropped in the ratings and 68 stayed the same as last year.

Five VA hospitals received one-star ratings in 2017 and 2018: Big Springs and El Paso, Texas; Loma Linda, Calif; Memphis, and Phoenix. Four other hospitals were added to the worst-rated this year: Montgomery, Ala.; Tucson, Ariz.; Washington, D.C., and Atlanta.

VA hospitals in Dublin, Ga.; Fresno, Calif.; Roseburg and White City, Ore.; Walla Walla, Wash.; Harlingen, Texas; Nashville and Murfreesboro, Tenn., and Biloxi, Miss., improved enough from 2017 to get off the list of lowest-rated hospitals.

Eighteen hospitals received 5 stars in 2018, the best possible. Four of them are located in Pennsylvania.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers.”

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1. - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far.

Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

A couple of years ago, after serving three deployments in Iraq, she contemplated suicide herself.

“Each of these flags is a name, a person. Three of them are my friends, and one could’ve been me,” said Altamirano, now a suicide prevention liaison in the Reserve. “I hope this helps people see how vast of an issue this is. It’s overwhelming. It’s a crisis.”

The flags were placed on the Mall by Iraq and Afghanistan Veterans for America, an advocacy group trying to draw awareness to the issue of veteran suicide.

On Wednesday, the scene grabbed the attention of tourists, who took photos of the small flags with the Washington Monument in the background.

A new report released last week by the Department of Veterans Affairs shows suicide among veterans and servicemembers continues to be higher than the rest of the U.S. population. Veterans accounted for 14 percent of all suicides in the United States in 2016, yet they make up 8 percent of the population.

The rate of suicide among young veterans substantially increased from 2015 to 2016. For every 100,000 veterans age 18 to 34, 45 committed suicide in 2016 – up from 40.4 for every 100,000 in 2015.

Rates have also increased among women veterans and some members of the National Guard and Reserve.

The release of the report last week coincided with a hearing of the House Committee on Veterans’ Affairs. Several lawmakers questioned why there hasn’t been significant improvement, given Congress has increased the amount of money that it allots for VA mental health programs.

"I'm beyond frustrated about the numbers and data," said Keita Franklin, executive director of the VA's suicide prevention program. "Having worked in this field as long as I have, it's frustrating. When I try to think about what we're missing ... we tend to do a lot of one thing at a time and do it very well, full throttle. Preventing suicide takes a bundle of 10 to 12 things done at full throttle, all the time."

Of the approximately 20 veterans who commit suicide every day, 14 are not receiving health care from the VA. Part of the VA's effort is getting veterans to seek help.

Stephanie Keegan traveled from New York to help plant flags Wednesday morning. Her son Daniel was a veteran of the war in Afghanistan who died of a drug overdose in 2016 while struggling with post-traumatic stress disorder. He had waited 16 months to get into a VA mental health program, Keegan said. He was supposed to be admitted Jan. 23. He died Jan. 8.

Daniel Keegan had wanted to become involved in veterans advocacy. So now, Stephanie Keegan is dedicating her life to it. She has left her son's photo in every House lawmaker's office, met with VA secretaries and is involved with IAVA, in addition to other advocacy efforts.

"I get to do the work that he wanted to do, and I feel like he's sitting on my shoulder all the time," Keegan said. "It's been an opportunity to educate people on what a really struggling veteran looks like because he didn't look like anything you would expect. He was healthy as could be, but he was catastrophically ill for the last two years of his life."

To reach the Veterans Crisis Line, text 838255 or dial 1-800-273-8255 and press 1.

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1. - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

The Strategic Analytics for Improvement and Learning, or SAIL, for this year shows only nine VA hospitals in the country got a 1-star rating and the one in Phoenix – where all the whistleblowing started four years ago – is still one of them.

Army veteran David Lucier has been getting treatment for post-traumatic stress and diabetes at the Phoenix VA for about 10 years. He's not surprised the place still has a 1-star rating.

"A lot of those numbers are based on a 12-month, rolling average. So it takes forever if you're gonna move up the scale," he said.

But according to SAIL, the hospital is showing small improvement, even though it still has the same overall score. Lucier says he's seen improvements in the care he gets, including the overall culture at the medical center.

"I'm just absolutely amazed. I've seen a stark improvement over people's attitudes who are just the everyday people at the VA," he said.

He also says doctors have helped him manage his diabetes very precisely and effectively. But he knows he's lucky to have good care; some of his friends have been misdiagnosed and others have waited a long time for appointments at all.

Lucier attends monthly advisory board meetings that are open to veterans in the community. From what he's gathered, the problems that pull the Phoenix VA's numbers down are mostly administrative.

In a statement to Arizona's Family, the VA touted upgraded clinical space to serve the nearly 100,000 veterans that come through each year. The center also improved in areas of mental health scores and call center answer speeds. But so far the sail rating shows the problems that have famously plagued the Phoenix VA haven't fully healed.

"This is like flying a jet plane at 50,000 feet and half your engine is gone and you gotta fix it," Lucier said. "The only way to get to your goal is to fix it while you're still flying. And that's where they are."

On the whole SAIL shows good things for the VA system. Sixty-six percent of the 146 hospitals have shown improvements since last year, and 11 of the 15 "high risk" locations, including Phoenix, have also improved.

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1. - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

Of particular concern was a dismal rating as of Dec. 31, 2017, showing the Canandaigua Living Center that provides nursing home care had received the lowest ranking possible, one out of five stars. An updated star rating for the period October 2017 through March 2018 showed the nursing home inched up to two stars. In several categories the center rated below both the VA average as well as the national average for private sector nursing homes.

The End of Year Hospital Star rating for fiscal year 2018, shows 96 out of 146 VA medical centers nationwide improved their baseline scores from the previous year. "Each VA medical center is assessed for overall Quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5 and (2) Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts," according to the VA.

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1. - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

Kander has been the figure to watch for progressives, thanks to his founding of Let America Vote, which prevents voter suppression, in 2017, and his tenure as Missouri’s secretary of state from 2013 until last year.

Kander announced he was withdrawing from the race in an emotional Facebook post on Tuesday.

“About four months ago, I contacted the [Veterans Affairs Department] to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day,” the father of one began. “So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it. But, on some level, I knew something was deeply wrong, and that it hadn’t felt that way before my deployment.”

Kander says he went as far as filling out VA forms online — but not accurately because he was “too scared to acknowledge my true symptoms...”

“I was afraid of the stigma,” he wrote. “I was thinking about what it could mean for my political future if someone found out. That was stupid, and things have gotten even worse since.”

Despite his past few months being packed with accomplishments, from a New York Times best-selling book to raising “more money than any Kansas City mayoral campaign ever has in a single quarter,” Kander said he’s still had “suicidal thoughts” and that he’s finally “done hiding this from myself and from the world.” He added, “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander also revealed that he decided to run for mayor as a way to temporarily “fix the hole inside me,” and to “outrun his symptoms,” but unfortunately, he explained, “it’s faster than me... I have to stop running, turn around, and confront it.”

He’s now planning to seek help at a local Veterans Affairs office and has conceded that he can’t run a thorough, impactful mayoral campaign at the same time. “So I’m choosing to work on my depression,” he stated simply.

Kander says he debated whether to reveal his true reason for dropping out, and he shared that he ultimately made his decision because he believes honesty will help both himself and others.

“Most people probably didn’t see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have,” he wrote. “If you’re struggling with something

similar, it's OK. That doesn't make you less of a person. I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me."

He also posted the number for the VA Crisis Line, 1-800-273-8255, which non-veterans can call, too, and reminded supporters that he hasn't dropped his political aspirations. "I'm passing my oar to you for a bit," he said. "I hope you'll grab it and fight like hell to make this country the place we know it can be."

According to the National Center for PTSD, about 7 to 8 percent of the population will struggle with the condition at some point in their lives, with about 8 million adults living through PTSD every year. Rates of this type of mental illness are higher among women than men — 10 percent as compared to 4 percent.

Up to 20 percent of veterans who served in the Iraq War have experienced some degree of PTSD. This rate is higher than that of Gulf War survivors, about 12 percent, but lower than Vietnam vets', about 30 percent. The New York Times reported that suicide is a growing problem in young veterans.

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

2. [Greater Choice for Veterans](#)

2. - PolitiFact: [Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old](#) (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy.

He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

"We just passed Choice," Trump said. "That was 44 years, they've been trying to pass Choice. So that if you have to wait for nine days, 30 days, 21 days, months, you don't do that anymore. If the line is big, and you're unhappy, you go to a private doctor, they take care of you and we pay the bill."

Trump repeated the point, saying, "They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed. We're good at passing things, right?"

Trump is wrong that Choice wasn't passed until he came into office.

Congress passed a new version of a Choice program in June 2018 — but the program itself has been around since 2014.

After the scandal of long waits and the efforts of administrators at some facilities to cover that up, Congress and the Obama administration passed the Veterans Access, Choice and Accountability Act of 2014.

For veterans who couldn't be given appointments quickly enough, or who lived more than 40 miles from a Veterans Health Administration hospital, the government would pay for private care. In four years, Washington spent \$12 billion on the program.

The bill signed by Trump, the VA Mission Act, is a major effort to fold a variety of community care programs at the VA into one integrated whole. That change won't take place for at least a year. Until then, the law provides \$5.2 billion to continue the Choice program in its present form.

We reached out to the Trump administration but did not hear back.

Our ruling

Trump said that he and his fellow Republican "passed Choice," something that others had been trying to do for 44 years. He described the program as one that allowed veterans to get private care at government expense.

The program to do exactly that has been around for four years. And it's always been referred to as Choice.

We rate this claim False.

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3. Modernize Our System

3. - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield.

The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road.

The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

It is projected to open in 2019.

The new site, located just north of downtown Springfield, will be designed to "best serve the needs of the veterans," the VA says.

"This move will improve access to care, efficiency of facility operations, a state-of-the-art infrastructure layout, parking, and care coordination between all services," the VA stated in a press release.

The organization says the relocation was necessary to serve the growing veteran population in Springfield. The Springfield CBOC served more than 3,600 veterans in the last year, with over 21,000 outpatient visits.

The site at South Burnett Road will remain open for all existing services until the new site is ready next year. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

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3. - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

WIESBADEN, Germany — A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans.

The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

"This type of wheelchair gives you independence, to reach something on a high shelf for example, and to keep the rider safe indoors and outdoors," said Sivashankar Sivakanthan, a graduate researcher at Pitt. "The benefits add up very quickly."

The Mobility Enhancement Robotic wheelchair, or MEBot, draws on new developments in robotics and pneumatics to enable wheels and other parts to change configuration with the flick of a switch.

The wheels, for example, can slide forward or backward to negotiate a curb that a normal electric wheelchair couldn't handle. And by tilting forward, backward and from side to side, the chair can prevent a rider from falling out of the chair.

The movements also make the chair less likely to topple over, which is the No. 1 reason people in wheelchairs go to the emergency room, said Rory Cooper, director of Pitt's Human Engineering Research Laboratories.

Development of the chair is a joint project of the laboratory, Walter Reed National Military Medical Center and the Department of Veterans Affairs.

The projected cost of the chair — about \$30,000 — puts it on par with current electric wheelchairs, Cooper said. The MEBot is expected to be available for purchase in about five years, he said.

Also at Clay Kaserne on Monday, the Pitt scientists demonstrated a wheelchair powered by compressed air. Besides the environmental advantages, the pneumatic chair can be driven in swimming pools, giving disabled veterans greater access.

Another wheelchair they displayed is designed for racing. It uses hand cranks and woven composite graphite for areas that would normally succumb to the strains sustained during racing.

According to the Paralyzed Veterans of America, there are 100,000 veterans who suffer from spinal cord injury or disease.

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3. - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations.

The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach.

Construction on the new facilities will begin next year.

The Charleston VA was ranked as the second fastest growing VA for the 2017 fiscal year.

“Space has been our biggest challenge with our rapid growth rate,” said Charleston VAMC Director and CEO Scott Isaacks. “Being able to increase our physical footprint with these two leases will give us the space we need to continue providing high quality health care services to our veterans.”

The local clinical care annex will be located at the corner of Rivers Avenue and Hanahan Road in North Charleston. It will be 75,000 square feet.

The Ralph Johnson VA Medical Center says this location's main focus will be on primary care and dental services.

It will also have mental health services, select specialty care, blood collection and radiology.

That includes CT scans, ultrasounds, bone density tests and the capability to add MRIs.

The Myrtle Beach VA Outpatient Clinic will be 84,000 square feet and will be located on the northwest corner of Howard Avenue and Airpark Drive.

Medical center officials say the lease gives ample space to expand existing services in the area including primary care, mental health, tele-mental health, tele-health, dermatology, podiatry, physical therapy, occupational therapy, prosthetics, optometry, audiology, compensation and pension, blood collection, an optical shop and radiology.

The space also allows for expansion of specialty services.

Both the Charleston and Myrtle Beach sites will feature a women's clinic and provide plenty of parking spaces for veterans and visitors.

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3. - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#)
(3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home.

The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge health care technology and the home-like comforts of a modern facility," David R. Stockwell, director of the VA Northern California Health Care System, said in the news release.

The new clinic will include 520 parking spaces and nearly 30,000 more square feet of usable space.

That will be enough to accommodate significant growth in primary care, mental health and existing specialty services, VA officials said. It will also allow for additional telemedicine rooms for new specialty services, including allergy and immunology, nephrology and rheumatology.

The design, construction and opening of the clinic is expected to take about 32 months with its opening set for May 2021.

Congress authorized construction of the project as part of the 2014 Choice Act.

The project includes about \$3.4 million in annual unserved rent and about \$14.4 million in tenant improvement costs.

The expanded space allows for an additional 17 mental health providers, a mammography division and a second X-ray unit at the facility.

In a news release issued Wednesday by Rep. Doug LaMalfa, he said he worked on the House Transportation and Infrastructure Committee to authorize the lease.

"I'm please the VA is moving forward," he said, "This is a significant, if overdue, upgrade to the types of care and services available to our veterans in Redding. Now we must ensure the facility is staffed with high-quality doctors and health providers in order for it to deliver on its considerable promise."

LaMalfa said his 1st Congressional District is home to nearly 60,000 men and women who have served in the military.

Former state Sen. Maurice Johannessen, who owns the Knighton Road property and proposed the health care facility years ago, was also pleased about the lease.

"I've been working on this thing six to 10 years," he said. "I'm happy with it."

Johannessen, also a former secretary of the California Department of Veterans Affairs, bought the 15.9-acre Knighton Road property in 2011.

He has said his proposal is a dream he's had, and he wants to see to it that it is built, noting it would complement other services for veterans, such as the California Veterans Home also on Knighton Road and the Northern California Veterans Cemetery, he said.

"This has been a long time coming," he has said. "The idea behind this is, we're making a center for veterans in this part of the world."

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3. - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project.

The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth.

"The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

The companies will lend their "experience and expertise" to Cerner's efforts to bring "seamless care" to veterans, according to a Cerner Facebook post.

Cerner did not say specifically how the team will work with other groups working on the EHR. Those include the Office of Electronic Health Record Modernization, which the VA established this summer to guide preparation, deployment and maintenance of the new EHR. Overseen by John Windom, the office is collaborating with the Defense Department to make sure the new EHR is "fully interoperable," Wilkie told the Senate Veterans' Affairs Committee last week.

Interoperability has been a sticking point for the project since nearly the beginning, and it was one of the reasons the VA-Cerner contract was delayed for so long.

As negative press swirled around the negotiations, Cerner President Zane Burke attributed some of it to "fake news." Last month, Burke announced he would be leaving the company on Nov. 2. Cerner's executive vice president of worldwide client relationships will take over his duties and become chief client officer.

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3. - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock.

The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

“This project shows the commitment the U.S. Department of Veteran Affairs has for our Veterans in the Lubbock area, and the outstanding support by our community partners to provide a fully-modern clinic to meet the needs of Veteran health care in the Hub City,” said Mike Kiefer, Amarillo VA Health Care System Director. “I am beyond excited to see this project come to fruition, as I understand how important this facility is to our veterans, veteran family members and our staff in Lubbock.”

The clinic will be near the Texas Tech Health Sciences Center and University Medical Center, where an added partnership between the VA and TTUHSC will help provide for more specialty needs and social services.

Data provided by the VA show about 323,000 veterans in the West Texas and New Mexico market in 2016, but only 167,000 are enrolled in the VA. It's often said there are about 30,000 veterans in the Lubbock area, but the current clinic says only about 8,000 use its services.

The new facility is aimed at addressing a few key, and significant, issues: location, space, treatment and, maybe just as important, perception.

A new VA clinic in Lubbock is a long time coming. Among the criticisms of the current clinic is the location, the size, and it doesn't provide enough services, often forcing veterans to drive to Amarillo or Albuquerque, New Mexico, for treatment.

Back in 2009, four retired generals in Lubbock created a 16-member committee to look at improving veteran health care in this area: Mitemeyer, Maj. Gen. Walter Huffman, Maj. Gen. Edgar Murphy and Brig. Gen. Gary Harber. After the committee met, they said it was obvious that a new location was needed, preferably close to Tech's Health Sciences Center to take advantage of specialty doctors, students and equipment.

A-J Media spoke with these four generals last year for a story about the new clinic. By partnering with TTUHSC, Huffman said more medical and social services will be available to vets. He said it also eliminates the need for redundant services or equipment because they'll be available at TTUHSC, thus saving money. More physicians and students will also be trained in treating veterans' medical issues.

The proposed two-story new clinic will put particular emphasis on treating traumatic brain injuries and post-traumatic stress disorder, Murphy said. About 30,000 square feet will be dedicated toward mental and behavioral health, and the rest for general medical needs.

In late 2013, the U.S. House passed HR 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act, that provided funding for the creation of several major veterans facilities in states including Texas, New Mexico and Oklahoma.

In that was the Amarillo VA Health Care System's request for a new clinic in Lubbock. The proposal is for the building to have approximately 94,000 square feet of usable space, which is

about three times more than the current VA clinic. The project description says it will allow the VA to provide primary care, mental health care, physical therapy, dermatology, podiatry, orthopedics, dental and special care services among other things.

The generals said many people helped out tremendously in making this happen, including former U.S. Rep. Randy Neugebauer, U.S. Rep. Jeff Miller, Chairman of the House Veterans Affairs Committee, U.S. Sen. John Cornyn, Tech Chancellor Kent Hance, TTUHSC President Tedd Mitchell, and the leaders at the Amarillo VA.

Mease said the Lubbock clinic will continue to operate under the Amarillo VA umbrella. But he said this facility will allow for better care for the veterans in the Lubbock area.

"These people were willing to serve their country," retired Lt. Gen. Bernhard Mitemeyer said last year. "They'll see probably for the first time a place that's theirs. They'll be in a sense honored for their service; it'll be part of a major medical center instead of out amongst the motels. These people will see that they're appreciated. The VA has done a great job in letting us go ahead with this."

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3. - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding.

The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

The new 77,000-square-foot center will replace the city's current 48,000-square-foot clinic located on Hartnell Avenue. The new location will be at 3455 Knighton Road and it will include 520 parking spaces.

The project will cost around \$50 million, \$1.5 million of that being personally funded.

It will also have 30,000 more square feet of usable space, which can accommodate growth in primary care, mental health and existing specialty services.

"We wanted a place where they are secure, they are safe, we can support them, we can hold their hand when they need it and help financially when they have too," said Former State Senator Marice Johannessen CA District 4.

It will also allow for additional telemedicine rooms for new specialty services including allergy and immunology, nephrology and rheumatology.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge healthcare technology and the home-like comforts," said David Stockwell, director of CA northern California.

Design and construction of the clinic are expected to take more than two years, with the opening projected for 2022.

"When seeing all of this stuff come together, it is amazing," Johannessen said. "I am glad I have lived long enough to complete the things that I promised."

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3. - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record.

Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

But other notable names on Cerner's team include:

Accenture

Federal CIO Suzette Kent called today's first official test of the National Wireless Emergency Alert System a "historic event," highlighting the test as evidence of the expanding role of mobile technologies and their impact on a broader effort toward digital transformation in the Federal government.

If you own a mobile phone, chances are you noticed the test of the system that occurred just after 2 p.m. ET today. Most are likely familiar with the system's use by local authorities to send alerts for severe weather and missing children. But today marked the first time the system had been tested by the Federal government on a national level.

"That in itself is a testament to how digital and mobile is a connectivity point between citizens and government," Kent said this morning at a Dell Technologies Summit. Kent cited the test as an example of the administration's responsibility to create digital technologies that augment citizens' everyday lives.

"On the digital side, the focus is delivering high quality services to American citizens, and we are tasked every day to be effective stewards of taxpayer money," she said.

Kent echoed a speech she made last month, referencing a key "nexus" across the executive and legislative branches of government and private industry "to make technology transformation a priority" and "citizen services a priority."

She also cited the President's Management Agenda, and its fourth cross-agency priority (CAP) goal, "Improving Customer Experience," as evidence of how the executive branch is placing "aggressive focus" on better digital experiences for citizens.

Kent's comments regarding that focus also seem to be reflected in actions on the part of the legislative branch. A proposed bill, the 21st Century Integrated Digital Experience Act, would push Federal agencies toward better citizen services—creating minimum standards for website functionality and "digital options" for any in-person government service.

Last week the bill was approved by the Senate Homeland Security and Governmental Affairs Committee, after a companion bill had been introduced in the House earlier in the year.

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

Kent mentioned these accomplishments in the context of broader modernization efforts spearheaded by the administration, such as the release of a new White House cyber strategy on Sept. 20 and the new Federal Cloud Smart strategy on Sept. 24.

"That's just the last two weeks. That's not stopping. We have more coming in the near future," Kent said, making good on comments she made at the end of August that the administration would be rolling out various updates to Federal IT policies.

Among those near-future updates, Kent again highlighted the forthcoming changes to Federal Information Security Modernization Act reporting, and hinted at progress on reforming the Trusted Internet Connections initiative.

She closed her speech with a call to action for the assembled crowd of IT professionals, framed by the soon-to-arrive emergency alert.

“So when your phone beeps today and you get the text message from the president, pause and think about what that means about how important digital channels are in the lives of every American, and think about what your role is in continuing to deliver services much more quickly and more impactfully,” Kent said.

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3. - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies.

Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

The department heads said they plan to come up with a more streamlined and comprehensive EHR system that provides for unified decision-making and oversight functions; harmonized operations, data management and technology tools; and a single implementation schedule.

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4. [Focus Resources More Efficiently](#)

4. - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit.

Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

Wilkie will take part in the activities at the base, which run from 8:30 a.m. to 1:30 p.m. at the Armed Forces Reserve Center, 300 E. Eaker Ave., at Fairchild Air Force Base.

The summit was held last year Fort Benning, Georgia, which is the home district of U.S. Rep. Sanford Bishop, Jr., D-Georgia.

“The Military Family Summit allows us to better understand the unique challenges facing our military families,” Bishop said in the release.

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4. - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

[...]

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works. (House Science, Space, and Technology Committee)

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4. - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System.

It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma. It is my aim to ensure the organization continues to pursue performance excellence while delivering health care services and veteran experiences that meet our 5-star expectations.

I committed myself to federal service 36 years ago because I believe VA's mission, particularly that of the Veterans Health Administration, is the most noble in government and all of health care. We only exist for one core reason – provide exceptional healthcare to veterans and support their caregivers. From this core springs our important role in research and education/training of physicians, nurses and many other health professionals.

I spent the early years of my career as a clinician before making the switch to hospital administration about 15 years ago – so I understand health care from both the clinical and administrative perspectives. Although I am not a veteran, I am the proud son of my father, a Korean War Navy Veteran. My uncles, Army and Marine Corps veterans, served in Korea, and more recently, my nephew served in the Marines in Afghanistan.

Many of our employees are veterans, and like me, some are the sons, daughters, husbands or wives, fathers or mothers of veterans who want to give back in their names. Regardless of why we come to work for veterans each day, our mission and focus is the same: “to care for those who shall have borne the battle and for his widow and his orphan.”

As director of the Bay Pines VA Healthcare System it is my promise to veterans that my commitment to the mission will not waver. Our healthcare system will strive to deliver state-of-the-art, accessible, high-quality health care services to the men and women we have the honor

and privilege to serve across Southwest Florida. America's heroes deserve nothing less. However, we are not infallible. Hospitals are complex organizations with 24/7 operations and constantly moving parts. When things go awry, we will work to improve and take responsibility accordingly. We will be measured by our achievements, not our promises.

To close, I would like to personally thank all the veterans who trust Bay Pines for their care. We are indebted to them, and it is my goal to uphold our nation's promise by delivering exceptional health care services they have earned through their service to our great nation.

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4. - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending. A third FOIA request for additional records was recently filed by Judicial Watch after gathering new details pertinent to the case. Conducted by the VA Office of Inspector General (OIG), the investigation vindicates vets embroiled in a long and nasty fight against the abuse and misappropriation of VA property.

For nearly a decade a group called the Old Veterans Guard has filed complaints against rampant corruption at the Los Angeles VA for misusing VA property. The 338-acre parcel in West L.A., which includes the National Veterans Park and Veterans Home, was deeded to the federal government in 1888 for the specific purpose of caring for disabled veterans. Instead, the property is also used for many unrelated causes. Among them is a stadium for the University of California, Los Angeles (UCLA) baseball team, an athletic complex for a nearby private high school, laundry facilities for a local hotel, storage and maintenance of production sets for 20th Century Fox Television, the Brentwood Theatre, soccer practice and match fields for a private girls' soccer club, a dog park, and a farmer's market. The new VA OIG report lists many others, including a parrot sanctuary, two parking lots spanning 3.9 acres and oil drilling.

Members of the Old Veterans Guard say federal authorities retaliated against them for denouncing the fraudulent use of the facility by sending VA police to harass and intimidate them at weekly rallies. Since 2008 the group has assembled at the "Great Lawn Gate" that marks the entrance to the L.A. National Veterans Park to protest the VA's failure to make full use of the property to benefit veterans, particularly those who are homeless. Among the group leaders is Robert Rosebrock, an elderly Army vet who got criminally charged for posting a pair of four-by-six-inch American Flags on the outside fence on Memorial Day in 2016. Judicial Watch represented Rosebrock in the federal case, which was tried in U.S. District Court for the Central District of California. Last year, the court ruled that Rosebrock was not guilty of violating federal law for displaying the flags above the VA fence. Rosebrock's absurd case was filed during the Obama administration, but the Trump Department of Justice (DOJ) moved forward with it.

Earlier this year an official at the same L.A. VA facility where Rosebrock got prosecuted for posting American Flags got charged for taking hundreds of thousands of dollars in bribes from a vendor that defrauded the VA out of millions. While the feds went on a witch hunt against the 75-year-old vet for affixing Old Glory at a site honoring those who served their country, the VA director was committing the real crime. In January the corrupt VA official, Ralph Tillman, agreed

to plead guilty to two felony offenses for taking over a quarter of a million dollars in bribes from a parking lot operator at the VA Greater Los Angeles Healthcare System in southern California.

As part of its investigation, the VA OIG reviewed 40 land use agreements and determined that 11 did not comply with the law. Additionally, the VA watchdog found that 14 entities unaffiliated with the VA were operating on the West L.A. campus with either an expired or no documented agreement. “The OIG determined these noncompliant arrangements resulted from insufficient veteran input on land use, unclear VA policies on what constituted appropriate use of “out leases” and revocable licenses, and incomplete capital asset inventory land use agreement records maintained by GLAHS (Greater Los Angeles Healthcare System),” the report states. The VA watchdog directs the agency to implement a plan that complies with federal laws and create a process to obtain input from the veteran community on land use. The Old Veterans Guard has been fighting for this for a decade.

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4. - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center’s four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients “at a higher risk for adverse events.”

In one case, federal investigators found a nurse’s assistant worked double shifts for six straight days — more than 96 hours in a single week – while expected to diligently oversee a patient requiring one-on-one care.

As the Northport facility is the only VA Medical Center on Long Island it serves more than 31,000 patients per year and oversees several outpatient clinical sites. Its four nursing homes are located in two buildings, with an approximate capacity of 170 beds.

The Office of Inspector General, a division of U.S. Department of Health & Human Services, charged with independent oversight of Department of Veterans Affairs programs, received several anonymous complaints about the quality of care received at Northport VAMC in 2017 following the deaths of two patients.

In September 2017, the OIG launched a year-long investigation into staffing shortages after receiving two further emails: the first from an employee at Northport VAMC, the second from a liaison to the House Committee on Veterans’ Affairs. The investigation produced a Sept. 18 report (click here to read the full report) that found Northport VAMC’s leadership knew about the staff shortages, forced administrative level nurses to care for patients, and yet still continued to accept new patients despite knowing they wouldn’t have the staff needed to provide the expected level of care.

Federal investigators recognized in August 2017 there was significant turnover in the leadership at the Northport VAMC, affecting key positions such as its director, acting chief of staff and acting nurse executive, who were cited “as catalysts for this change.” Staff members’ remarks indicated it’s given them hope for a better future.

The agency recommended a series of changes for the Northport VAMC pertaining to the nursing staff currently being enacted, and the facility says is bringing immediate tangible results.

Two patient deaths

Anonymous complaints about two patient deaths at the Northport VAMC in 2017 started the series of federal investigations into the facility.

The first death was a male patient in his late 60s who died as a result of choking on his food. Federal inspectors found insufficient evidence the man's death was due to a lack of nurse oversight, as alleged in the complaints, but did conclude Northport VAMC had ongoing challenges in maintaining basic necessary staffing levels.

"Conditions such as staffing shortages could create an environment where the increased workload assigned to each staff member was such that it became more difficult to remain vigilant," the report reads.

A forum was held for the Northport VA nursing homes staff to voice their concerns with the facility and its operation while an investigation of the first patient's death was ongoing.

"Many [staff members] shared a concern about staffing levels being too low," the report reads.

A second death raised claims of poor quality of care in the Northport vets nursing homes, after a patient in his mid-60s slipped, fell and fractured his hip. He underwent surgery and six days later stopped breathing. Allegations included the VA staff failed to protect the patient from falling and failed to properly provide one-on-one observation post surgery, neither of which was substantiated by federal investigators.

The investigation into the second death showed the nurse's assistant caring for him was on her sixth consecutive day of double shifts — 16 hours at a stretch. Investigators again cited "concern that working extra hours with double shifts could lead to staff becoming tired and less vigilant."

A staff member working double shifts was not common practice, according to Northport VAMC spokesman Levi Spellman, who said union workers are contractually required to have 10 to 12 hours off between nursing shifts.

Closer look at staffing numbers

Records pulled by the federal investigators showed Northport VAMC has been chronically short of nursing staff dating back to at least 2016. Allegations were made that understaffing could lead to a higher rate of "nurse-sensitive outcomes," such as surgical wounds getting infected, urinary tract infections, ulcers and pneumonia.

Northport's four nursing homes were found to be short approximately 6.3 full-time employees in 2016 needed to meet VA's recommended number of nursing hours spent with patients per day. By 2017, the facility's staffing shortage had more than doubled, with 15.3 additional full-time employees needed. Northport VAMC's nursing homes were only staffed at 60 to 80 percent of recommended levels over the two years, according to federal investigators.

Northport VAMC's leadership attempted to tackle the short staffing issue by using "floating" shifts and overtime — sometimes mandatory, according to the federal report. Floating shifts meant staff from other areas of the VAMC were brought in to assist with patients in the nursing homes.

In 2016, Northport VAMC's nursing home employees put in a total of 19,991 hours of overtime. It nearly doubled by the end of 2017 as only 107.9 of the facility's authorized 128 full-time positions were filled, according to Spellman, causing the facility's overtime costs to skyrocket to nearly \$1.5 million.

"Nurse managers had no mechanism to alert them if one of their unit nursing personnel worked excessive OT," the report reads.

Federal investigators found part of the nursing homes' staffing issues were due to an inability to hire and retain the members of its nursing staff. Northport VAMC got approval to hire 10 additional registered nurses and 10 nurse assistants as intermittent staff in November 2016, though the team wasn't assembled until August 2017.

Often the process of hiring new nursing staff was delayed. In one instance, Northport's leadership said two applicants interviewed and hired in January 2017 were told they would not start working until July.

"This delay in hiring often resulted in the loss of selected applicants who took other jobs," the report reads.

The leadership of Northport VAMC said the high cost of living on Long Island has also made finding and maintaining a full-time staff difficult.

"Not only does this affect our ability to retain talent, but to recruit it as well," spokesman Spellman said.

Steps to improvement

The federal investigators made three recommendations to Northport VAMC in order to ensure it has adequate nursing care for its patients and improve quality of care for residents.

First, that the VAMC's acting director, Dr. Cathy Cruise, completes a review of the nursing homes to ensure staffing levels align with the needs of its current residents. More staff should be recruited and hired to fill the current vacancies "until optimal staffing is attained," reads the report.

Spellman said leadership of Northport VAMC, including Cruise, have already started taking action, implementing changes to improve the quality of care and working conditions.

A registered nurse clinical coordination position has been added in order to streamline nursing staff's efficiency, according to Spellman. At the beginning of 2018, the facility was given approval to hire 2.6 more full-time employees and another 10 staff members were recently approved to bring the total nursing staff to the equivalent 140.6 positions.

"A staffing methodology is in the process of being completed, with additional staff expected," Spellman said.

The Northport VA has received approval to directly hire its nursing staff and is giving new employees immediate start dates, according to him. It also had plans to expand its nursing floating pool, and to cross train other VAMC nurses in long-term care to continue to grow the available number of staff who can provide residents with care.

Third, Northport's leadership was also told to improve its management of staff's overtime hours and make sure of future responsible use of financial resources, citing the \$1.5 million in 2017 overtime.

"Federal employees are expected to be good stewards of government funds," the report reads. "The OIG found a lack of accountability for managing OT expenditures."

Spellman said the nursing homes staff had a total weekly average of 437.3 hours of overtime for the 2018 fiscal year, which ended Sept. 30. This indicates a significant drop from last year, where the total weekly average of overtime exceeded 750 hours.

"All of this is to say that, while the OIG has helped Northport identify areas in which we can improve, we have implemented measures to make those improvements — and we are already seeing results," Spellman said.

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4. - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs.

Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries. Many more need reasonable support of career goals through the unencumbered use of their earned education benefits, which help them seek careers in corporate, civic, and entrepreneurial ventures.

Our goal as a nation should be to ensure that the help we provide veterans, regardless of the programmatic form or government agency, is effective and never hurtful. Considering this goal, political leaders are starting to investigate what has become a systemic problem — a trend of veteran entrepreneurs being harmed by the U.S. Department of Veterans Affairs (VA).

Often overlooked is the fact that the American veteran entrepreneur is critical to our nation's economy and security. As our military prepares for the future, such as the Army Futures Command, we are looking to our veteran entrepreneurs to lead empathetic networks and economic opportunities for veterans and reservists. Likewise, veteran entrepreneurs are bold and industrious leaders who build businesses throughout America's diverse communities.

Obviously, many VA employees are dedicated to serving veterans very well, but there are those who get away with abusing veterans. The regular scandalous abuses include patients dying from treatment delays, neglect, and horrible medical errors. A notable case in the Obama

administration is the 1,700 veterans who waited many months for medical appointments and the delays that created horrible outcomes, including deaths.

Typically, the response by VA leaders is to invest more taxpayer dollars into employee training, which leads to another case of abuse — of a veteran entrepreneur.

Ironically, a recent case in which VA employees abused a veteran entrepreneur is the project to fix the Obama-era conference spending scandal, justified as employee training. As reported earlier, VA employees abused a veteran entrepreneur by taking credit for his innovative services to seek their promotions without paying the veteran entrepreneur for the services or proprietary software:

“To make matters worse, after declining to pay the bills for these veteran entrepreneurs, hired to solve the agencies’ spending scandal and management errors, the VA then acts as an agitator and adversary to the very veterans it exists to support.”

In an email to a veteran, Dr. Eric Hannel, former staff director for the Subcommittee on Oversight and Investigations, House Committee on Veteran Affairs, said:

“VA lacks the ability and desire of real transparency when measuring many facets of contracts made with Service Disabled Veteran Owned Small Businesses (SDVOSBs) and Veteran Owned Small Businesses (VOSBs). During my time as a congressional investigator, with VA as my primary focus, a number of veteran entrepreneurs reported inappropriate VA conduct bordering on misfeasance, malfeasance or fraud, which was subsequently substantiated by evidence. The Government Accountability Office (GAO) has also identified numerous shortcomings with VA’s efforts towards Veteran Entrepreneurs over the years.”

The systemic problem warrants continuous congressional attention.

Corrupt VA employees should not abuse veteran entrepreneurs — it is shameful and an embarrassment to all Americans. Thankfully, President Donald Trump nominated — and Congress will hopefully approve — two key leaders who will play a major role in stopping the abuse of veteran entrepreneurs.

Dr. Tamara Bonzanto is nominated to be the next assistant secretary for the VA Office of Accountability & Whistleblower Protection. She can establish an ombudsman who has the authority to monitor and report to Congress VA employees’ abuses that veteran entrepreneurs have seen or experienced.

Mr. James Paul Gfrerer is nominated to be the next assistant secretary for the VA Office of Information and Technology. He can manage and report to Congress from a single data inventory of all VA expenditures that are used to acquire or customize software, especially as this seems to be where VA employees are most likely to abuse veteran entrepreneurs.

Meanwhile, Rep. Randy Hultgren (R-Ill.) argued on the House floor that VA needs to manage, verify, and report the measurable returns on investments (ROIs) for all expenditures. These ROIs are very appropriate requirements for the VA training business cases and all other discretionary spending by VA. Employee training and its reinforcing software are two of the largest investments taxpayers make to ensure that veterans are treated effectively.

Veterans are confident that the new VA secretary, Robert Wilkie, will stop the abuse of veteran entrepreneurs. And to ensure that taxpayers' investments are not wasted, he will make public the ROI analyses for the discretionary programs — ensuring that these programs are not used to hurt veteran entrepreneurs but rather that they are accountable for their positive effects on our American veterans.

Christopher Neiweem is the founder of Neiweem Group and an Iraq War veteran who has testified in front of both the House of Representatives and U.S. Senate committees on issues impacting veterans' health benefits and education as an expert witness. He has directed multiple legislative campaigns aimed at the VA to improve care for veterans and has been featured on dozens of media print and television platforms to include Fox News Channel, CNN, and Headline News.

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5. [Improve Timeliness of Service](#)

5. - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls.

The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

The rankings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

In a written statement responding to the new rankings, Medical Center Director David Dunning said the hospital was making "significant improvements."

Dunning said the hospital was "among the faster improving medical centers" in the country. At least 29 other VA hospitals made larger improvements, according to the rating system.

"Some of our biggest strides were in the areas of mental health, including suicide prevention, hospital complications and sepsis recognition," Dunning said in the statement. "Our staff are fully engaged in improving our Veterans' experience and our hospital is far safer in every aspect than we were one, two or three years ago."

Memphis' low ranking comes about a year after a USA TODAY investigation into the hospital revealed a series of botched surgeries inside the facility, including a patient who mistakenly had 10 inches of packaging tubing implanted into an artery in his leg, ultimately forcing an amputation.

VA officials said at the time that a new director had taken over the Memphis facility, then quickly identified problems in the surgery, research, nursing, engineering and human resources departments.

"When we determine facilities need extra attention — such as those in Memphis and Marion, Ill. — they are receiving it," said Curt Cashour, a spokesman for the VA system, last year. "And we are not hesitating to take swift accountability actions when warranted."

U.S. Rep Steve Cohen released a statement after the report was released, expressing his "extreme disappointment."

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings," Cohen said. "It is unconscionable that the rate of death is so high."

The congressman said he wrote VA Secretary Robert Wilkie Wednesday afternoon, asking that needed improvements be made immediately.

Other Tennessee VA hospitals fared better in the new rankings. Facilities in Nashville and Murfreesboro made enough improvements to be upgraded from one-star to two-star ratings. The Mountain Home VA remains a four-star facility.

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death, infection rates and wait times, but used to keep these rankings secret.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

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5. - WSLS (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far.

During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week.

The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

"It's very important for the veterans because even if they don't have an appointment, the convenience is so great. They don't have to look for parking, they don't have to go in and wait. They can just drive through," said Suzette Hile, R.N. and care coordinator for the Salem VA.

The clinic at the Salem VA Medical Center is open 8 a.m. to 4 p.m. Monday through Friday until the end of the month.

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5. - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

IOWA CITY — U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams.

“Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests,” Ernst said in a prepared statement. “I remain concerned about the level of care that our veterans are receiving.”

The letter follows news reports about the Iowa City VA being audited, along with eight other VA hospitals nationwide, to determine whether radiology requests were processed in a timely manner and canceled appropriately.

Jeff Dettbarn, a former X-ray technician at the Iowa City hospital, told The Gazette earlier this week thousands of exams were canceled, many without the required physician signoff. After repeatedly expressing concern about the cancellations, Dettbarn was transferred to a lower-paying job at the VA, he said.

In Tuesday’s letter to Judith Johnson-Mekota, director of the Iowa City VA, Ernst and Grassley asked for responses by Oct. 16 to the following questions:

- How many total cancellations occurred?
- How many of these cancellations were determined to have been made in error?
- How did the Iowa City VA determine that a radiology appointment was improperly canceled?

The U.S. senators also asked hospital staff to detail the process the VA used to follow up with veterans to make sure they are receiving proper imaging care.

“While we are glad to see corrective action by the Iowa City VA, this and similar issues over the past few years continue to raise questions regarding the level of care our veterans in Iowa are receiving,” the letter states.

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered but not performed within two months. VA officials said many of the overdue tests weren’t necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams — including CT scans, MRIs, ultrasounds and mammographies, weren’t needed — the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor’s permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

Iowa City VA spokesman Bryan Clark told The Gazette on Monday most canceled orders were “obsolete, outdated and/or duplicates” but noted some exams were canceled without following proper policies or procedures.

He acknowledged one incident in which a patient showed up for an appointment that had been canceled, but said the “staff reacted quickly to ensure the patient got the care they needed immediately.”

Clark said he could not comment on Dettbarn’s specific allegations about retaliation by VA staff, but said the “VA does not tolerate retaliation.”

Grassley’s staff exchanged several emails with Dettbarn in September and October 2017, providing information on who he needed to contact regarding his claims against the VA, Grassley spokesman Michael Zona said Wednesday. The Gazette attempted to contact Grassley’s staff Monday and Tuesday for a previous story about the VA but had outdated email addresses that did not bounce back or reach the appropriate contact.

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5. - KRGV (ABC-5, Video): [Veteran Says VA’s Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve.

Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney.

The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

KRGV’s Frank McCaffrey reached out to the VA office in Harlingen in regards to De Leon’s case.

A spokesperson for the group says they recently extended a contract that will allow veterans to get treatment where they choose.

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5. - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

DAYTON, Ohio – The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year.

Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

The 2018 data says that 71 percent of VA Medical Centers have improved in overall quality.

The VA uses a web-based report scorecard to measure, evaluate, and benchmark the quality of its healthcare facilities.

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5. - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities.

Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

In recent years, staff morale has been low at the VA, in part due to a pattern of whistle-blower retaliation and harassment. Patient morale has been low, too, due to high doctor turnover and long wait lists.

Former director Doug Paxton inherited those conditions in 2014, and set out to improve the ratings. At first, he seemed to be delivering, as the VA's one-star rating jumped to two in 2016. That two-star rating slipped through his fingers, dropping back to one star in 2017, and then, following allegations he was at the head of a toxic management culture, his job slipped through his fingers, too.

Interim Director Dave Whitmer has been able to get things headed in the right direction again. But what the future holds for the Roseburg VA is anyone's guess.

It still has a long way to go to receive the four- or five-star rating that would indicate it's performing at the level of excellence our veterans deserve.

Perhaps nothing is more critical at this juncture than the decision-making process currently underway to find a permanent director for the facility. Whitmer always said his time here would be short, and it's nearing an end.

When a permanent replacement is chosen, we need him or her to be the kind of director who will avoid all the tired, old excuses of directors past. Plenty of medical professionals want to work here, as long as they're not driven off by poor management. Keeping them here will keep wait lists shorter. Having competent leadership and keeping well-qualified staff will boost everything from patient and staff morale to safety and best treatment for veterans. That's the path toward many stars.

Next year, two stars could become one, or three, depending on what happens next.

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5. - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD.

However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

"You are alone when you are dealing with PTSD," he said. "We do talk about it in groups here at the Legion with other veterans, but everybody's experience was different, and even though we relate to each other, I think the PTSD is pretty much an individual problem."

McMillan joined the United States Army in 1967. He was sent to Vietnam, to join the first cavalry division, from early 1968 until June 1970. After coming back from Vietnam, he was discharged from the Army.

He said he saw a lot of combat during his service which contributed to his PTSD.

"When I came back from Vietnam, of course we weren't well treated, we weren't well thought of," he said. "We almost had to hide our service and I think that contributed to the PTSD almost as much as anything not being accepted back in the United States."

With the help of specialist from the Harry S. Truman Memorial Veterans' Hospital, McMillan said he was able to overcome his hypersensitivity of being surrounded by large groups of people.

However, McMillan said some of his symptoms remain.

"The biggest problem is the nightmares," he said. "The nightmares still continue to this day. I've received quite a bit of treatment from the local VA hospital, which I appreciate, but the nightmares just don't go away."

Jessica Tappana, trauma and PTSD therapist, said the effects of PTSD cannot be completely cured, but they can be controlled with effective treatment.

"You can get to the point where you don't meet what we called the diagnostic criteria for PTSD," she said. "On paper, you don't technically have PTSD but the memories themselves never go away, you incorporate this as part of your life."

McMillan said he is proud that with his decision, Kander brought up an issue affecting veterans.

"I am glad that he is bringing the subject of PTSD and how it affects so many of us after our service in the military," he said. "My father and my uncle, who were both WWII veterans never received any help from the VA or anything else and they suffered their entire life from PTSD."

According to statistics from the U.S. Department of Veterans Affairs: "It is estimated that about 30 out of every 100 of Vietnam Veterans have had PTSD in their lifetime."

Tappana said there are some symptoms every person can identify when suffering from PTSD.

"Feeling like you are almost re-experiencing the trauma," she said. "It's very common for people to have nightmares flashbacks from something smalls in their day-to-day life trigger something."

She said the harder people try to convince themselves they don't have PTSD, the worst the disorder gets.

"Often people have the misconception that it's somehow weak to seek treatment, to seek help," she said. "They think that I can just change my attitude and think happy thoughts and I'd feel better. Unfortunately, that's not often the way it works."

Tappana said the best way to deal with PTSD is to look for professional counseling.

"I strongly encourage you to reach out and ask for help. The good news is that we have very effective counseling, people can get better, people do get better," she said. "You don't have to suffer and the sooner you reach out and ask for help, and start really dedicating yourself to that healing process, the sooner you are going to get unstuck and are going to be able to move forward with your life."

As for McMillan, he said people can help veterans overcome PTSD.

"When you see the veteran, in the restaurant, on the street, at the parade, whatever, wearing that bold cap that indicates they're a veteran, or maybe the t-shirt, or holding the flag, tell them thank you," he said. "That means so much to us, especially from the younger generations."

The VA Crisis Line is 1-800-273-8255. Both veterans and non-veterans can call that number.

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5. - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#)
(4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country.

This comes after the hospital received a one-star rating out of a possible five stars.

Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

"Our veterans who need mental health care are engaged with our mental health team. The other two metric(s) we are working on is our appointments times and our ability to get them in on a timely manner," said Amural.

Amural said the VA needs to improve in treating a certain category of patients, along with making sure they are diagnosed and treated with minimum wait time.

"These are things like COPD, (or chronic obstructive) pulmonary disease, CHF, (or) congestive heart failure, diabetes," said Amural.

Veterans like Brandon Duzman said he doesn't agree with the ratings.

"Ratings, they don't really mean much to me personally. I think it's about the individual experience," said Guzman.

While El Paso may be ranked low, one veteran tells KFOX14 he would rank it much higher.

"They seem like they're really concerned to work with us, to help us with our needs and coping skills," said local veteran Nate Chaney.

As the El Paso VA hospital works to improve its rating, Guzman said they need to do better at marketing their services.

"Improve communication, kind of just informing them what's out there and kind of getting them enrolled in the VA," said Guzman.

The director tells KFOX14 he has a team who is working on the metrics in hopes of improving the star rating for the El Paso VA.

Overall, Amural said it's all about the individual experience and how the veterans feel when they leave the hospital, even if the ratings say otherwise.

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5. - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

Tennessee Valley Healthcare System's (TVHS) Nashville facility and Alvin C. York facility in Murfreesboro were both among the facilities that made positive strides in the benchmarks and is striving to continue progress. Both Nashville and York facilities improved from a 1 Star rating to a 2 Star rating.

"We are thrilled to see our hard work paying off for our Veterans," said TVHS Director, Jennifer Vedral-Baron. "We are working to improve the whole health of our Veterans and boost employee satisfaction. We can feel our culture changing for the better, so it's exciting to see the data reflect positive change as well," she said.

Vedral-Baron said focus and accountability played big roles in the improvements. Weekly SAIL meetings help service chiefs and other leaders better zero-in on their goals and allow them to share their progress with others.

"It feels good to know our efforts are moving us in the right direction, and we're going to keep that momentum going. I am happy with the improved ratings; however, the work is far from done. Our Veterans deserve the absolute best care we can offer," Vedral-Baron said.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter -- with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5. - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5. - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable.

That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

"Research, in general, has found that mammography is the number one way of saving a woman's life from dying from breast cancer," said Dr. Mahdiah Parezi, Chief of the Breast Imaging Section at the Michael E. DeBakey VA Medical Center in Houston, Texas. "Since the 1980s and 1990s when more women started getting a mammogram, we started seeing a decrease nationally in the number of women dying from breast cancer by about 40 percent."

A mammogram is an x-ray picture of the breast that doctors can use to detect early signs of breast cancer, but the fear itself of the mammogram results will sometimes prevent women from getting a screening.

And myths about breast cancer don't just stop the possibility of test results. Dr. Parezi says there are a few obstacles that often prevent women from paying attention to breast health.

"75 percent of breast cancers that occur across the nation are in women who have no family history of breast cancer, and that's because the number one risk factor for breast cancer is gender—just being a woman," said Dr. Parezi.

Starting annual mammograms at age 40 is recommended by American College of Radiology and whether or not women think they have it, the exam should be part of their annual care routine, especially if a woman has a family history of breast cancer.

Read Also: MVP needs women vets for new cancer screening.

For many women, conducting a self-exam is sometimes thought of as an alternative measure, but self-checks are only one part of overall breast health.

"More recently many physicians don't think there is a benefit to getting a self-breast exam or having a clinical exam, where the physician does the exam on the patient," said Dr. Parezi. But she does say this three-pronged approach should be used when thinking about overall breast health for woman veterans.

1. Annual Mammogram.
2. Being aware of your body.
3. Have a clinical breast exam by your clinician.

The number two risk factor after gender for breast cancer is getting older. Although gender and aging are risk factors woman veterans cannot change, there are methods they can take towards all-around health. Moderating exercise, reducing the amount of alcohol intake and having a healthy BMI are great preventative measures to integrate within a woman's routine.

For woman veterans who have breast cancer, keeping consistent face-to-face communication with your physician and team is important. Joining a local support group can also be helpful, check if your local VA center has one for breast cancer patients.

At the VA clinic in Houston, for example, patients have the option of going to a support group to talk to each other and ask questions in a space that's led by an oncology social worker and oncology psychologist.

Recently, the VA created a Breast Cancer Registry that includes data from multiple sources within the VA to offer patients the best information about breast cancer screening, test results, and treatment options

"Across many of the VAs, as care is being more focused on woman veterans, we're trying to provide the kind of care that's top-notch where we can compete with the private sector so that veterans come to us not because they have to, but because they want to."

For more information about Breast Cancer resources at the VA, [click here](#).

To learn about the different stages of Breast Cancer and what breast changes look like, click [here](#) to check out the Veterans Health Library.

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6. Suicide Prevention

6. - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis.

The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

“He was my little baby brother,” Alissa Harrington said.

To say Alissa Harrington and her brother Justin Miller were close is an understatement.

“I am extremely proud of him for his military service and for him deciding to serve our country,” said Harrington.

Justin was an artist, a trumpet player with the Marine Corp Band. But he was a Marine first.

“In 2005 in that summer his unit was deployed to Iraq to the Al Asaad air base. He wasn’t the same when he came back,” Harrington said.

Alissa says Justin reached out for help, first from a private therapist before reaching out to the VA.

“He kind of had a crisis and at that point he reached out to the VA crisis hotline. The crisis line told him to go into the emergency department,” Harrington said.

Justin was admitted for four days and was discharged. He killed himself 24 hours later.

“An investigation by the Federal government found several problems with the care Justin got at the VA mostly importantly there was no follow up plan.

“It’s maddening to see a bureaucracy having all these checks and balances and these safeguards in place and have them not used appropriately and with amazingly devastating consequences,” Harrington said.

The Office of Inspector General’s report provided recommendations to the VA, like improving care collaboration across departments and engaging family members in Veteran’s mental health treatment plans.

"And we'll never know if they had followed the rules and know why they were following the rules and those sets of regulations if he would still be alive today," Harrington said.

The VA is starting to implement the recommendations. All but one will be completed this year.

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6. - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder.

Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

"I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly," Kander wrote. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression."

Kander will also be stepping away from his nonprofit, Let America Vote, which he formed in February 2017 to increase voter turnout and end voter suppression. He's served as president since its founding.

"I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward," he said. "We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond."

The former Army captain and former Missouri Secretary of State announced he would be running for mayor of Kansas City in July at a press conference from the Negro Leagues Baseball Museum. Election day is not until June 25, 2019.

Kander joined the Army immediately following the Sept. 11 attacks. He said he first contacted Veterans Affairs looking for help four months ago, saying he knew something was "deeply wrong," but wrote in Tuesday's letter he did not admit to the true seriousness of his symptoms in paperwork he filled out.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour," he wrote. "I can't have PTSD, I told myself, because I didn't earn it."

The 37-year-old actually wrote a book, "Outside the Wire," which was released in August and he said he was lucky not to suffer from PTSD. He admitted Tuesday the claim was to prevent a stigma and avoid a negative impact on his political career.

Kander ran unsuccessfully for the U.S. Senate in 2016, losing to Republican Roy Blunt by fewer than 3 percentage points in the typically red state.

Former President Barack Obama singled out Kander as a future presidential candidate in a January 2017 interview with "Pod Saves America."

"I'll close by saying this isn't goodbye," Kander wrote Tuesday. "Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be."

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6. - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide.

Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

The last 20 flags were placed after a noon news conference, meant to highlight the 20 military and veteran suicides that occur across the country each day. The rate of suicide among the military and veteran population is 1.5 times higher than it is for the non-veteran population, IAVA said.

"Too many of our men and women are dying," Paul Rieckhoff, IAVA Founder and CEO, said in a statement. "Every day, IAVA and our partners and allies are working to support hundreds of thousands of veterans facing transitional challenges after combat."

"We can't fight this problem alone," he continued. "We need reinforcements of the greatest magnitude. We need a national call to action from the top that mobilizes all Americans. In response to this ongoing crisis, we need immediate action from the Commander-In-Chief, Secretaries of Defense and VA, and all Americans."

In a survey of its more than 400,000 members in 2017, IAVA found that 58 percent of respondents knew a post-9/11-veteran who had died from suicide.

"There's plenty of urgent news out of Washington this week dominating headlines," Paul Rieckhoff said. "This news is a matter of life and death and must not be overlooked. And unlike almost every other issue in Washington, this one could unite leaders of all parties."

"We invite the president and all concerned citizens to join us on the National Mall to focus awareness, support and action on this silent enemy that is taking the lives of our fellow Americans every single day," he added.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7. - The Advocate (New Orleans): VFW and Aktion Club contribute gifts for VA baby shower (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

VFW Davis-Moran Post 8290, of Lacombe, Homer Williams Post 8720, of Abita Springs, and Boyet-Brannon Post 5174, of Pearl River, and their auxiliaries purchased unisex baby items and put together bags and boxes of gifts for the shower.

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7. - KOB (TV-4): HUD and VA award nearly \$400,000 toward housing homeless veterans in NM (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico.

The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

The program provides funding for vouchers for housing and supportive services that help to end homelessness for veterans.

"It's our duty and responsibility to support the men and women who gave so much for our country," said HUD Secretary Ben Carson. "The housing vouchers awarded today ensures homeless veterans nationwide have access to affordable housing and the critical supportive services from the VA. It's an honor to work with our dedicated partners on the ground who make certain every veteran has a place to call home."

Veterans will be assessed by local VA Medical Centers before they are referred to local housing agencies for vouchers from the program. Decisions on who is considered are based on a variety of factors including how long the veteran has experienced homelessness and the need for longer-term housing.

"Veterans have put their lives on the line for the freedoms we all enjoy," said Beth Van Duyne, HUD Regional Administrator. "The HUD/VA partnership has helped tens of thousands of those veterans get off the streets and into decent housing, with important medical and case

management that helps them remain housed and keeps them on the path for independent living."

Those who are a part of the program rent privately owned housing and contribute no more than 30-percent of their income toward rent.

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7. - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday.

The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD. The funds are expected to help 343 veterans get housing vouchers.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said Ben Carson, the secretary of the HUD. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

As part of the voucher allocation process, officials at VA facilities are tasked with reviewing how long each veteran has experienced homelessness, and determining how much "intensive support" is required for the individual to obtain and maintain permanent housing "before referring them to local housing agencies for these vouchers," officials said.

"Decisions are based on a variety of factors," officials said in a statement Wednesday.

The monetary assistance was provided through the HUD-Veteran Affairs Supportive Housing program, which provides rental assistance, individual case management and clinical services through the Department of Veteran Affairs.

The Santa Clara County Housing Authority received the largest amount of funding, garnering \$2.8 million to provide 140 vouchers for permanent housing and services, HUD said.

The San Francisco Housing Authority received \$343,723 for 21 vouchers.

More than 93,000 housing and services vouchers have been awarded and roughly 150,000 homeless veterans were served throughout the United States through the joint program since 2008, officials said.

Veterans participating in the program typically rent privately owned residences and use 30 percent or less of their income toward rent, officials said.

“When our neighbors answer our country’s call to service, we must answer their call when they return home,” said Wayne Sauseda, HUD’s deputy regional administrator.

Here’s how the money was dispersed in the Bay Area and Central Valley:

- San Francisco Housing Authority: \$343,723 (21 vouchers)
- Contra Costa County Housing Authority: \$284,891 (20 vouchers)
- San Mateo County Housing Authority, Palo Alto-based VA medical facility: \$162,949 (12 vouchers)
- San Mateo County Housing Authority, San Francisco-based VA medical facility: \$67,895 (5 vouchers)
- San Joaquin County Housing Authority: \$116,648 (20 vouchers)
- Stanislaus County Housing Authority: \$138,880 (25 vouchers)
- Marin County Housing Authority: \$76,965 (5 vouchers)
- Berkeley Housing Authority: \$248,181 (15 vouchers)
- Santa Clara County Housing Authority: \$2,816,567 (140 vouchers)
- Pittsburg Housing Authority: \$62,903 (5 vouchers)
- City of Alameda Housing Authority: \$131,188 (5 vouchers)
- Alameda County Housing Authority, VA Northern California Health Care System: \$278,986 (20 vouchers)
- Alameda County Housing Authority, Palo Alto-based VA medical facility: \$209,240 (15 vouchers)
- City of Napa Housing Authority: \$40,182 (5 vouchers)
- Livermore Housing Authority: \$75,849 (5 vouchers)
- County of Sonoma: \$51,983 (5 vouchers)
- City of Santa Rosa: \$112,874 (10 vouchers)
- City of Vacaville: \$43,805 (5 vouchers)
- Solano County Housing Authority: \$40,118 (5 vouchers)

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7. - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing.

The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

The legislation, the Homes for Our Heroes Act, would ensure reports are submitted to Congress on the Veterans Affairs Supportive Housing program, a joint initiative administered by the Department of Housing and Urban Development and the Department of Veterans' Affairs.

Veterans can receive rental assistance vouchers for privately owned housing if they are eligible for VA health care services and are homeless, according to HUD's website.

Other services, including mental health treatment and substance use counseling, are offered through the program. At the end of the 2015 fiscal year, there were more than 78,000 vouchers allocated by HUD to assist veterans.

Peters' bill would require a study on the use of the vouchers in high-cost housing markets and provide greater disclosure of how the vouchers are allocated.

"We need to better understand, and quantify, the challenges veterans face as they seek to use HUD-VASH vouchers for housing, particularly in high-cost regions like San Diego; to do that, we need greater transparency about the program from both HUD and the VA," Peters said in a statement. "Equipped with that data, Congress can make better policy decisions that get our veterans the housing and care they need."

The legislation follows the revelation that the number of homeless veterans increased nationwide for the first time since 2010. In New York, there were 1,244 homeless veterans in 2017. That's down slightly from 1,248 two years ago.

Nationally, there were 40,056 homeless veterans last year, up from 39,471 in 2016.

Katko, R-Camillus, said the bill will ensure Congress has the information needed to help address homelessness among veterans.

"Over the past few years, our country has made tremendous strides in protecting our veterans from homelessness," he said. "However, overworked VA employees and a higher cost of living have led to certain programs becoming less effective."

Peters' bill is supported by two organizations, the National Alliance to End Homelessness and the National Coalition for Homeless Veterans.

Kathryn Monet, CEO of the National Coalition for Homeless Veterans, said the voucher program is one of the most effective tools in use to reduce veteran homelessness.

"Finding out where we can improve this key program is crucial to the long-term success of national efforts to place veterans experiencing homelessness into housing," she said.

The legislation has been referred to the House Financial Services and Veterans' Affairs

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7. - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

HARWOOD, N.D. — Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring.

Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

"Everything is on schedule and we anticipate in our fiscal year 2019, probably late spring to early summer, we should be ready for burials," said John G. Knapp, deputy director of the Fort Snelling National Cemetery in Minneapolis.

The Harwood cemetery will be operated remotely by officials at Fort Snelling National Cemetery and will serve more than 24,000 veterans in the surrounding area.

Crews are building a road, flagpoles and entry features to the cemetery that will be home to about 3,204 gravesites when finished.

Knapp said an opening date has not been determined, as finishing construction will depend on weather.

"We of course want to make sure the construction is completed to specification and ensure the cemetery is ready with established turf before we open," he said.

North Dakota was one of 10 states without a national veterans cemetery.

A state veterans cemetery is located near Mandan.

All members and veterans of the armed forces are eligible to be buried in a VA national cemetery as long as they have met minimum active-duty service requirements and were not dishonorably discharged.

Members of the reserve armed forces who die while on active duty, while on training duty or were eligible for retired pay, or were called to active duty and served the full term of service, may also be eligible for burial. Their spouse, widow or widower, minor children and, under some conditions, adult unmarried children with disabilities can be buried in the VA cemetery.

Knapp said eligible veterans can be relocated to the new cemetery, but costs for relocation is the responsibility of the family.

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7. - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past.

The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

Another change in the event is that the Appalachian Regional Coalition on Homelessness is the lead agency involved in organizing the Stand Down with assistance from Shields' office, the Tri-Cities Military Affairs Council, Vietnam Veterans of America 979 and the American Job Center of Tennessee.

"This event will provide homeless veterans and veterans at risk of being homeless with information regarding: substance abuse counseling, employment and training, housing resources, legal resources, haircuts, food, refreshments, clothing and more," Shields said. "There are anywhere from 150 to 180 veterans that come out. We don't restrict it just homeless veterans ... we open it up to those who are precariously housed."

He said bringing services together under one roof helps provide assistance more efficiently. The event also now includes a RAM clinic, he said.

For more information or to arrange for transportation, call 979-2871 or 557-2294.

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7. - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week.

This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

"The opening of the Men's Shelter has been long awaited by the Temple community and we are thrilled to be able to finally open our doors to men in need," said Lt. Chantel Millin, commanding officer of The Salvation Army in Temple. "We are grateful to our local supporters and donors, and particularly to our Divisional Headquarters, for its financial support in helping us to not only continue operation of our Women and Family Shelter, but to also permanently open the Men's Shelter in time for the upcoming winter season."

In addition to support from the Divisional Headquarters, a Veterans Affairs contract for 15 beds in the Men's and Women and Children and Families shelter will enable the men's shelter to open.

To support the expanding range of programs in Temple, The Salvation Army recognizes the importance of community and corporate involvement and the need to generate consistent donations.

"We feel blessed to be a part of such a giving community and pray that many individuals, groups and businesses will be moved and motivated to come alongside The Salvation Army and provide the financial support to fund our life-changing programs," Millin said.

The individuals in the VA program will be held to the same standards as Salvation Army residents.

The expectations, as far as behavior, are the same for all who live in the Salvation Army facilities. The VA residents will have their own case manager, which will be supplemented by the Salvation Army case managers as needed.

The beds allotted to the VA are available to veterans awaiting permanent housing through the VA.

"We are delighted that The Salvation Army will be able to provide a safe and nurturing place for veterans, a group often overlooked in society today. And it is within close proximity to the veterans hospital in Temple," said Lt. Aaron Millin, Commanding Officer at The Salvation Army in Temple. "It is truly an ideal partnership."

The Salvation Army Divisional Headquarters recognized the McLane Center of Hope would continue to have fundraising problems while the men's shelter remained closed, Chantel Millin said.

Additional monitors have been hired, along with a case manager and possibly another cook.

A formal dedication ceremony is planned for November in conjunction with the Red Kettle and Angel Tree Kick-Off. The iconic red kettle represents The Salvation Army's major annual fundraiser in Temple and throughout the country. The much-loved Angel Tree program, which provides Christmas gifts to children from low-income families and the elderly, is made possible by the generous donations of community members and local businesses.

"We're excited to get the news out there," she said. "We have to focus on getting our fundraising to a level to support the programs we offer. We aren't at a place where our programs are funded. We know this community has a heart to give and we're confident that once people know we're operating at the level that was initially pledged, we'll be successful."

The Salvation Army is considering how much it can help with emergency shelter during cold weather. There will be fewer beds available, Chantel Millin said.

"We may be able to put overflow on cots, but that still has to be worked out," she said.

The community's support is crucial to supporting the ongoing operation of the Women's, Men's, and Family shelters and all other programs offered by The Salvation Army in Temple.

Donations can be mailed to P.O. Box 1884 Temple, Texas 76503 or dropped off at 419 W. Ave. G, Temple, Texas, 76502. Online donations can be made at <https://give.salvationarmyusa.org>.

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7. - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

LA CROSSE, Wis. – Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges.

A council committee heard those on both sides then voted to delay making a decision.

Dave and Barb Erickson planned to donate the house at 3120 Farnam Street to the Tomah Veterans Affairs Medical Center to be used as a transition home for veterans.

Some opponents felt the facility would cause traffic concerns for families and children in the area,

While others raised concerns about neighborhood safety.

"Right next door to the house in question has a very elderly person who can't see," Neighbor Carolyn Barlow said. "I don't feel comfortable having these people living next door to them."

"What's to say one of these people aren't going to walk up and do something to one of these little kids," David Barlow said. "I mean security is a big issue with me."

A Tomah VA representative said the veterans living there would be screened and approved for the home. Known pedophiles or sex offenders would not be allowed.

Barb Erickson said this group of residents need compassion from neighbors as they work back into society.

"I really believe that this house can help the veterans," Erickson explained. "I think the veterans can help our community. They can make our neighborhood even better than what it is now."

"I can guarantee that this community has plenty of people willing and able to provide peer-to-peer mentorship to any of these veterans in also keep a watch on them," David Schultz with La Crosse Area Veterans Mentor Program added.

Again, the committee voted to delay a decision for 60 days at the request of the Tomah VA. They wanted to gather more data to present to the council and neighbors on the program.

Also at the meeting, the committee voted to suspend the wheel tax indefinitely. This measure effectively kills the tax, but must first be voted on by the full common council.

Members said after the city was awarded a federal grant to help with some infrastructure improvements the need for the tax will not be seen next year. Mayor Tim Kabat warns this only kicks the can down the road as it will become an issue again in 2020 and beyond.

The group also voted to recommend changing Columbus Day to Indigenous Peoples Day in the city. This would be to help honor Native Americans. It goes to council for final approval.

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7. - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War.

For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

The family contacted News 5 Investigates after they felt they were getting the run-around with obtaining the records needed to process their claim. The VA says the records the family is looking for are in the possession of the Department of Defense.

We learned those records do not auto transfer from one agency to the other. Therefore, if the VA doesn't have the information on file needed to process a claim, it's up to the Veteran's family to manually request official records from the Department of Defense be transferred to the VA.

It's unclear if the family was made aware of this.

A VA spokesperson said they would never purposely delay or deny benefits to Veterans and their families. This issue ultimately comes down to the VA requesting verify specific, service-related information the family has spent months trying to track down, but cannot produce.

"Jimmy was my stepfather but he's the only father I knew," Rosa Machado said.

She and her mother, Josefa, describe the father and husband as a hard working man who did everything he could for his family.

"He was the only one working to support the family," Williams' wife, Josefa said.

Williams served in the Navy during the Vietnam War era. He passed away in 2012 after battling lung cancer, according to his death certificate News 5 Investigates obtained.

"It's difficult," Josefa said. "We kind of live in poverty."

In the years following Williams' death, the family struggled both mentally and financially.

"My father was receiving social security benefits at the time of his death," Rosa, Williams' stepdaughter said. "We notified them of his passing and they (Social Security Administration) stripped my mother of his benefits for a couple of years because she was not at that age where she could claim his benefits."

In August 2017, the family filed for "DIC" benefits, or Dependency and Indemnity compensation. This benefit is a tax-free payment given to eligible survivors of military service members who died in the line of duty, or to eligible survivors of veterans whose death resulted from a service-related injury or disease.

The family believes Williams' lung cancer was linked to exposure from Agent Orange during the Vietnam War.

The VA acknowledges certain cancers and other health problems are associated with Agent Orange and says veterans and their survivors "may" be eligible for benefits for the diseases.

"May" is the key word here, because the family says getting the required proof has been a challenge. Rosa says she's had to file open records requests just to obtain documents regarding her stepfather's service.

"My mother really feels that she is just being shuffled to different services in the area but no one really has any information on how to proceed with gathering evidence," Rosa said.

The information the family says they've received hasn't helped them with their benefits claim.

According to this letter from September 2017, the VA told the family it needs the following evidence/documentation:

- Proof that the Veteran's ship entered Vietnam's inland waterways while they were aboard or that they went ashore while the ship was docked or at anchorage.

- Identity/name of the ship and the approximate dates the ship entered the inland waterways, docked, or otherwise sent the Veteran ashore

- If the ship was docked, the VA requests the family state whether or not the Veteran went ashore.

- If the Veteran went ashore from a ship at anchorage, the family must explain the circumstances.

The family has grown so desperate for answers more than 40 years after the war ended, they've even purchased Vietnam War and Navy ship books to search for information.

"My mom doesn't feel like she has the support system she needs to provide the evidence requested," Rosa said.

Rosa says she's spoken with numerous VA organizations and family members, but finding the detailed information has been impossible.

She even reached out to Congressman Doug Lamborn's office, which confirmed to News 5 that they are trying to help the family locate records.

The family has until the end of January 2019 to file an appeal related to the denial of DIC benefits.

"The obstacles at this point is finding the necessary information to prove that he set foot in Vietnam," Rosa said.

Loss of records:

The family says many of Williams' service records were destroyed when his house fell during a natural disaster in California back in 1982.

Unfortunately, some veterans keep information about their service from their family and ultimately take that information to their grave.

Official statement from the VA concerning this case:

"The VA strives to provide Veterans and their dependents with the benefits and services they have earned. In this case, VA was unable to approve Mrs. Williams' DIC claim because Mr. Williams' military service records do not show that his death was relative to his military service. We will reach out to Mrs. Williams directly to ensure she fully understands our decision, her rights to appeal or reopen her claim and provide her information on other VA benefits and services to which she may be entitled."

Update from Congressman Lamborn's Office:

Savannah Fraiser, a spokesperson for Rep. Lamborn (R-Colorado) said the caseworker reviewing this matter on Williams' behalf has just located 400 pages of ship records.

It's unclear at this point in time whether any of those records will help with the appeals process or whether these records are the same documents the VA already obtained through the Department of Defense.

News 5 Investigates will keep you updated with any new developments as they become available.

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7. - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

The El Paso VA Health Care System will honor Veterans who passed from July 1, 2018 to September 30, 2018 with the Last Roll Call Ceremony of Remembrance.

Michael L. Amaral, Director of the El Paso VA Health Care System will speak, and Chaplain Linda McKnight will deliver the Remarks of Faith.

What: Memorial Service for Unaccompanied Veterans buried at Fort Bliss National Cemetery
July through September 2018 & Last Roll Call Ceremony of Remembrance
Who: Fort Bliss National Cemetery Staff, Veteran Hospital Administration and local Veteran Support Organizations
When: Thursday, October 4, 2018 at 2:30 p.m.
Where: Fort Bliss National Cemetery West Shelter | 5200 Fred Wilson Avenue | Fort Bliss

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7. - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness.

Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

The award will fund an estimated 177 vouchers throughout Texas. Veterans participating in the HUD-VASH program contribute no more than 30 percent of their income toward rent.

"Essentially, housing authorities request from us these vouchers. Since rents are different in different communities, the amount of money it takes to cover those rents varies," said Scott Hudman of HUD's regional office in Dallas.

He said the HUD-VASH program takes a three-pronged approach, combining housing with medical and case management.

"In the homeless population, you'll find people that are in and out of shelters, in and out of housing," he said. "A lot of that is due to the fact that they just don't have solid medical care and a support net underneath them lifting them up."

As part of the program, VA provides case management and clinical services at VA medical centers and community-based outreach clinics.

HUD-VASH also provides life-skills training in financial literacy, with a focus on keeping people housed.

"We not only get them off the streets," Hudman said. "We can help keep them off the streets."

HUD-VASH vouchers are limited to those who are homeless or at risk of homelessness. Those interested can apply through their local V.A. system.

38 vouchers in total were awarded to the San Antonio and Bexar County housing authorities.

More than 6,000 vouchers are already active in the state.

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7. - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

“The VA and its vocational rehabilitation programs have given me the opportunity to succeed. Literally and figuratively, I say they have saved my life,” said Jackson, who admits he got mixed up with the wrong crowd and has made some mistakes in the past. “With VA’s support, I’ve changed my priorities and my outlook on life.”

Jackson was one of the first graduates of the National Cemetery Administration’s Cemetery Caretaker Apprenticeship Program in 2012.

As part of VA’s initiative to end veteran homelessness, the NCA works with VA’s Homeless Veteran and Compensated Work Therapy programs to identify potential program candidates from sites throughout the country.

“We are pleased to have dedicated employees like Curtis at the Fort Bliss National Cemetery,” said Jamie Porter, Fort Bliss National Cemetery director. “Graduates of the Cemetery Caretaker program are not only veterans themselves and understand the importance of our mission, but are extremely proud to have such a noble job.”

In the Cemetery Caretaker Apprenticeship Program, veteran students spend a year learning their trade and receive advanced instruction in areas such as professionalism and conflict management. Leading up to graduation, each student completes more than 1,300 hours of classroom and on-the-job training.

Upon graduation, they can elect to remain at their training cemetery, compete for positions at other federal facilities, or take their skills to the private sector.

“I was at the El Paso VA Medical Center when I heard about VA’s Compensated Work Therapy Program and the opportunity at the National Cemetery,” said Jackson, who first learned about VA services at a Miami VA Healthcare System outreach event in 2001. “It’s a privilege to work at the Fort Bliss National Cemetery and use my skills where they can do the most good. The best part is seeing how much the families of fellow veterans appreciate what you do.”

Last month, VA presented the Fort Bliss National Cemetery with the Award of Excellence for meeting or exceeding National Shrine standards in 68 of 74 categories.

These include customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facing facilities, equipment and facility maintenance, and safety of visitors and employees.

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8. [Other](#)

8. - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again.

A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

"At any given age, if you drink daily -- even just one or two drinks -- you have a 20 percent increased risk of death compared to someone who drinks the same amount two to three times a week," said study author Dr. Sarah Hartz. She's an assistant professor in the department of psychiatry at Washington University School of Medicine in St. Louis.

"We should no longer say that it's healthy to drink. It's a vice that's not great for us," she added.

Hartz noted that how significant a 20 percent increased risk of death is depends on your age. She explained that since very few people die in their 20s, a 20 percent increased risk of premature death is less significant at that age than it would be for someone in their 70s.

Although the study did find an association, it did not prove that light drinking caused early death risk to rise.

But how might alcohol boost that risk?

Hartz said most of the increased risk of early death comes from an increased risk of cancer. She said that people often underestimate how much drinking can increase the risk of some cancers, such as breast cancer. And drinking more than four times a week can also increase the risk of heart attack and stroke.

But what of all the studies that have suggested a health benefit from moderate drinking?

Hartz said that there have been several studies this year that have concluded that drinking generally isn't good for health. And the populations in these studies and the latest one are larger than in previous ones. More importantly, she noted, the newer studies have been able to parse out the lowest levels of drinking.

"We have access to data we haven't had access to before," Hartz explained.

The study included information from more than 400,000 people. More than 340,000 (aged 18 to 85) had participated in a national health survey. Another group of nearly 94,000 were between the ages of 40 and 60 and had been treated as outpatients at Veterans Health Administration clinics.

"The lowest risk group was people who drank one or two drinks just two to three times weekly," she said.

Still, not everyone is convinced that this study is the last word on alcohol and health.

According to Dr. Guy Mintz, director of cardiovascular health and lipidology at North Shore University Hospital in Manhasset, N.Y., "The jury is still out with regard to frequency and quantity of alcohol use."

Mintz said, "This is an interesting study. One to two drinks four days a week seemed to protect against cardiovascular disease, but drinking every day eliminated those benefits."

He pointed out that "one of the study's conclusions was that, as medicine becomes more personalized, some patients with a history of cardiovascular disease may benefit from drinking two or three days a week, but those with a higher risk of cancer may not benefit."

Mintz tells his patients to drink anything but beer because it has a lot of calories and salt, and can contribute to obesity and high triglycerides (an unhealthy type of blood fat). "I would stress alcohol consumption in moderation, both in frequency and quantity," he said.

The study was published online Oct. 3 in the journal *Alcoholism: Clinical and Experimental Research*.

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8. - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala.

The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

This year, the Partnership for Public Service, which hosts the awards, presented their first Spirit of Service award to Bezos. The award is intended to honor individuals outside of government who also contribute to public service.

The group said Bezos received the award for "the countless ways he and his companies work to advance important fields such as space exploration and national security, as well as help government deliver services more effectively and efficiently."

Bezos said he was proud to share the stage with so many other notable recipients and praised their work in government.

"The people I saw up on stage tonight are all missionaries," he said.

The award recipients were a diverse group, including scientists who sought cures to rare genetic diseases, as well as government attorneys who worked to bring justice to people who were defrauded by scams.

Dr. Daniel Kastner of the National Institutes of Health received the evening's top prize, Federal Employee of the Year. Kastner's research uncovered the genetic causes of seven rare auto inflammatory diseases.

The Career Achievement Medal went to Dr. Marshalyn Yeargin-Allsopp of the Centers for Disease Control and Prevention, who worked on improving support and resources for those with autism.

Among the many other winners were Karen Dodge and Margaret Moeser at the Department of Homeland Security, who cracked down on fraudsters who used Western Union to illegally obtain hundreds of millions from unsuspecting victims.

The gala was emceed by Judy Woodruff, anchor of PBS's "Newshour." Woodruff told attendees that the Sammys were her favorite event and attributed its success to the honorees.

"It is because of the honorees remarkable achievements. They care deeply," she said.

Among the distinguished guests at the event were Secretary of Veterans Affairs Robert Wilkie; Federal Trade Commission Chairman Joseph Simons; National Institutes of Health Director Francis Collins, Reps. Mark Meadows (R-N.C.), Rick Nolan (D-Minn.) and Phil Roe (R-Tenn.), as well as Del. Stacey Plaskett (D) of the U.S. Virgin Islands.

Max Stier, president and CEO of the Partnership for Public Service, said the contributions of public servants was essential to the country.

"Helping our government do its job better will have enormous impact on the health and prosperity of our country," he said.

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8. - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

But as the Nov. 6, 2018, election draws nearer, the Republican challenger's attacks on the Democratic incumbent are reaching a crescendo.

Vukmir hammered Baldwin again over the Tomah VA scandal on TV public affairs programs that aired Sept. 23, 2018 in Green Bay and in Madison. They were something of a prelude to a TV attack ad on the scandal that Vukmir aired three days later.

So, let's take a look at one of the attacks.

Vukmir was asked on "Capital City Sunday" on WKOW-TV in Madison how she would have handled the Tomah VA matter differently.

She responded by claiming that Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Let's break down the three-part attack, starting with a quick review about what we know about Tomah.

The scandal

Problems at the Tomah VA first made news in January 2015, when the California-based Center for Investigative Reporting exposed the overprescription of opioid drugs by the facility. Doctors were handing out so many narcotic painkillers that some veterans had taken to calling the place "Candy Land."

The attacks on Baldwin began in early 2017 from a super PAC largely funded by Republican Richard Uihlein, co-founder of Uline, a Wisconsin shipping and packaging supplies distributor. The group claimed in a radio ad that Baldwin was told by a whistleblower about "overmedicated veterans," she made "deadly mistakes" and "three veterans died."

We rated that False, based on how and when the deaths occurred and the "deadly mistakes" part of the claim.

Now to Vukmir's claim, which doesn't go so far as to blame Baldwin for a death.

1. Baldwin 'only one' to have a report

The first part of Vukmir's claim is that, among the Wisconsin members of the U.S. House and Senate, only Baldwin received a report "outlining that a doctor was overprescribing opioids" at the Tomah VA."

The report was done by the Department of Veterans Affairs' Office of Inspector General following a 2½-year investigation of Tomah. Baldwin's office received it on Aug. 29, 2014.

Baldwin did not make the report public, though she shared it with a constituent who had complained to her about what was happening at Tomah. The report was not given to any other member of Congress at the time.

So, Baldwin had been informed about the problems at the Tomah VA before they were exposed publicly. And she doesn't dispute that she was the first member of the Wisconsin congressional delegation to get the report.

2. 'Later a veteran died'

Former Marine Jason Simcakoski died of a "mixed use toxicity" overdose at the Tomah VA while being treated by doctors there. Simcakoski had checked himself into the facility citing an addiction to painkillers and severe anxiety. He was prescribed 15 drugs, including anti-psychotics, tranquilizers, muscle relaxants and the opioid painkiller tramadol.

Simcakoski death, however, occurred Aug. 30, 2014 — just one day after Baldwin received the VA inspector general's report about Tomah that Vukmir highlights.

So, it's misleading to say "later a veteran died," given that Baldwin had not had time to act on the report.

3. Baldwin 'covered it up'

The third part of Vukmir's claim is that Baldwin "covered it up" — a reference to the entire Tomah VA matter, not solely to Simcakoski's death. In the interview, Vukmir elaborates by saying Baldwin tried to "fire one of her aides that brought the issue forward, offering the aide "taxpayer hush money" and hiring "Hillary Clinton's attorneys" to "cover this up." Let's break down these sub-points.

An important point: It's clear Baldwin did not take steps publicly on the scandal until the Center for Investigative Reporting's expose — months after she received the inspector general's report and Simcakoski's death. At the same time, there is no evidence that she took active steps to cover up the matter.

Firing: Baldwin did fire an aide, but it's not entirely clear she did so because the aide "brought the issue forward."

In January 2015, after the Center for Investigative Reporting's expose, Baldwin had called for the VA to investigate Tomah but remained under fire for inaction on the scandal. Baldwin then fired Marquette Baylor, her deputy state director, without explanation, the Milwaukee Journal Sentinel revealed. Whistleblower and former Tomah VA employee Ryan Honl told the newspaper he had talked with Baylor for two hours in late November 2014 about the Tomah VA and that she discouraged him from going public with his concerns, saying that doing so might get her and others fired. Baylor later said she had prepared three memos on the Tomah situation for Baldwin's review and forwarded them to her supervisors; she alleged they were either not delivered to Baldwin or were ignored by Baldwin.

'Hush money', Clinton lawyer: Baldwin did offer a severance payment to the fired aide and did hire a Hillary Clinton campaign lawyer. But this needs further explanation.

As part of the firing, Baldwin's office offered a severance package to Baylor that would have included a confidentiality agreement and a payment, the Journal Sentinel reported. Attorney Marc Elias, who was the top lawyer in Hillary Clinton's 2016 presidential campaign, was hired by Baldwin with campaign funds to review how her office handled the Tomah VA matter. He said the U.S. Senate's chief employment lawyer had helped put together the offer and described the confidentiality clause as routine.

Baldwin later said the deal would have included a payment of about \$17,000, which would have been from Senate funds. Baylor later rejected the offer and, according to Baldwin, sought more than four times that amount.

Elias said Baylor's handling of the Tomah VA matter was only one reason she was fired.

'Cover up': In addition to not releasing the inspector general report, Baldwin was slow to address the Tomah VA matter publicly. But ethics complaints filed against her alleging a cover up were found to have no merit.

Baldwin avoided questions about the matter for weeks after the Center for Investigative Reporting's expose; and it took attorney Elias nearly a month to confirm Baylor's firing.

After being fired, Baylor filed an ethics complaint accusing Baldwin of engaging in a political cover up by firing her for her alleged role in the mishandling of a whistleblower complaint. The complaint asked the U.S. Senate Ethics Select Committee to investigate Baldwin. The committee dismissed Baylor's complaint and two similar complaints filed by groups, saying they lacked merit.

Our rating

Vukmir says Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Baldwin was the only one, and she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died.

On the cover up part of the claim, there was on inaction on Baldwin's part -- not releasing the report, declining for weeks to answer questions and to confirm that she had fired a top aide. But there is no evidence Baldwin took active steps to cover up the matter, and a Senate committee determined that Baldwin had not engaged in a cover up.

For a statement that contains elements of truth but ignores critical facts that would give a different impression, our rating is Mostly False.

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8. - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

White House Press Secretary Sarah Sanders announced the donation at a White House briefing on Wednesday. Linda McMahon, head of the Small Business Administration, accepted the \$100,000 check, saying the funds “would be put to good use.”

Agency officials plan to use the money to launch a new seven-month training program for transitioning troops looking at starting their own businesses. The program will be based on the existing Emerging Leaders Initiative, but tailored to veteran-specific needs.

The existing program includes classroom instruction as well as “opportunities for small business owners to work with experienced coaches and mentors, attend workshops, and develop connections.” McMahon called it a significant resource for veterans shifting from military to civilian life.

White House officials requested a fiscal 2019 budget for the SBA of nearly \$840 million, but McMahon said the \$100,000 donation from the president represented an important contribution to their work.

During his 2016 presidential campaign, Trump promised to forgo the traditional Oval Office salary and instead donate that money to various federal departments.

Earlier this year, White House officials announced Trump's first quarter salary for 2018 would be given to the Department of Veterans Affairs for caregiver support programs focused on “mental health, peer support, financial aid, education and research.”

Previous donations by Trump went to the Department of Transportation for infrastructure repair, the National Park Service for battlefield preservation, the Department of Education for support programs and the Department of Health and Human Services for opioid management programs.

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8. - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

RICHLAND, WA - A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died.

Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents.

However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

She pleaded guilty this week in Richland's U.S. District Court to obtaining a controlled substance by fraud, misrepresentation, deception and subterfuge.

Two additional charges for the same crime will be dismissed at her sentencing March 5.

The felony charge can bring up to four years in a federal prison, though prosecutors said they will recommend three years of probation.

McAuliffe is free to argue for less time.

"I'm not telling you I may give you probation, I may give you prison, but that's what it looks like the parties are agreeing to," said Senior Judge Ed Shea.

Under terms of the plea agreement, Shea can divert from the recommendation and it will not be grounds for McAuliffe to withdraw her plea.

McAuliffe was indicted April 3 by a federal grand jury on the three charges.

Court documents show that her father was a veteran who received medical benefits from the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla. He died in September 2016.

McAuliffe "continued to misrepresent" to the medical center that her father was alive and needed the refills, documents said.

The VA's Office of Inspector General started investigating McAuliffe after discovering her conduct.

A year after he died, she placed a refill order for 168 pills of the addictive opioid. She was confronted by an investigator in October 2017, when she went to the pharmacy to pick up the prescription, court documents said.

The agent showed McAuliffe her father's death certificate, and said they had documents and audio and video recordings to show the fraud and deception.

The 168 pills were seized by the agent after the interview, documents said.

Judge Shea, in taking McAuliffe's guilty plea, asked what she said on the phone call to the VA pharmacy.

"That basically my father needed a refill on his medication," McAuliffe replied.

“And so you asked them to send you the refill, which was the 168 tablets of hydrocodone/acetaminophen. And in fact you knew that was false, that your father was dead and that he didn’t need those. Is that correct?” asked Shea.

“Yes, your honor,” McAuliffe told the judge.

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8. - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space.

He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

One of the most notable things Shulkin achieved during his time in the VA was an attempt to compromise between the wants of those screaming for privatization and those that believed in a single-payer system.

As the health care industry continues to be pulled in the direction of an all-payer system, in hopes to curb costs, Shulkin shared his insights on the issue.

“The reason why I think it’s an interesting model is because as you know so much of what happens in health care is limited by the reimbursement system and the financial barriers,” he said.

In the VA, there’s appropriated funding at the start of the year, which allows care to be provided without barriers.

But it also lacks incentives.

“So, the reimbursement challenges weren’t there, and the incentives weren’t there,” he said. “So, at the end of the year, if we had extra money, we gave it back to the Treasury. It wasn’t like we had the stockholders or even that there were bonuses that (drove) any of those decisions.”

But identifying how to best care for patients was not easy in this environment.

“Where I’m coming from is, it’s not surprising that we have political spectrums and differences in this country, almost on every issue. My answer was, if you’re really focused on the right thing for the veterans, you come out somewhere in the middle,” Shulkin said. “There are things that the private sector clearly does better and more efficiently, and, when that’s the case, that’s where veterans should get the care. But there were clearly things that veterans had specialized needs for that the private sector isn’t doing well. Without that, veterans would suffer.”

Shulkin said the VA did integrated medical records, transparency of quality metrics and mental health better than the private sector. Meanwhile, the private sector does specialties like neurosurgery or cancer care better than the VA can.

Which is where the voucher system originated from.

“So, I was driving towards an integrated system, in the middle, that took the best of the private and the best of what the VA can do. And of course, being in the middle in Washington (D.C.) is not a great place to be, unfortunately. Because, essentially, no one likes you,” Shulkin said.

In New Jersey, he said, there is a lot of innovation happening in the private sector, but it isn’t receiving the attention it deserves.

“It sits in the shadows between New York and Philadelphia,” Shulkin said. “New Jersey is actually ahead, but people haven’t necessarily recognized it. This is not an advertisement, but I do give credit to Horizon because they have been relatively, and I say relatively, open to partnering with physicians in ways that some managed care plans haven’t done. In order to change health care, you can’t just do it from the clinical side or the business side. It has to be both sides that take interest. That’s not happening in other parts of country, and New Jersey is ahead in that.”

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Veterans Affairs Media Summary and News Clips

4 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday. Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

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1.2 - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

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1.3 - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem. "When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

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1.4 - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities. The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

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1.5 - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far. Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

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1.6 - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

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1.7 - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA. An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

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1.7 - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

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2. [Greater Choice for Veterans](#)

2.1 - PolitiFact: [Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old](#) (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy. He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield. The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road. The building will offer

significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

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3.2 - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans. The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

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3.3 - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations. The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach. Construction on the new facilities will begin next year.

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3.4 - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#) (3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home. The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

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3.5 - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project. The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth. "The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

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3.6 - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock. The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at

the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

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3.7 - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)
The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding. The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

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3.8 - BizJournals.com (Washington Business Journal): [Leidos part of team bringing electronic health records to VA](#) (3 October, Robert J. Terry, 105k uvm; Charlotte, NC)
Leidos Holdings Inc. and other Greater Washington government contractors are among the two dozen companies tasked with a sweeping overhaul of the U.S. Department of Veterans Affairs' health care records. Kansas City-based Cerner Corp. (NASDAQ: CERN) won a contract in May — after a yearlong delay — to build an electronic health records system similar to one it's piloting for the Department of Defense.

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3.9 - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)
While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record. Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

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3.10 - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)
Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

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3.11 - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)
Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies. Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

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4. [Focus Resources More Efficiently](#)

4.1 - The Spokesman-Review: [Veterans Affairs' Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit. Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

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4.2 - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works.

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4.3 - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System. It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma.

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4.4 - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending.

[Hyperlink to Above](#)

4.5 - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3

October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

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4.6 - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs. Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries.

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5. [Improve Timeliness of Service](#)

5.1 - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls. The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

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5.2 - WSLs (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far. During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week. The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

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5.3 - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams. "Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

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5.4 - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve. Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney. The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

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5.5 - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year. Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

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5.6 - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities. Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

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5.7 - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD. However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

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5.8 - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#) (4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country. This comes after the hospital received a one-star rating out of a possible five stars. Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

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5.9 - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

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5.10 - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#) (3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5.11 - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable. That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

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6. [Suicide Prevention](#)

6.1 - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis. The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

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6.2 - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder. Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

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6.3 - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide. Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Advocate (New Orleans): [VFW and Aktion Club contribute gifts for VA baby shower](#) (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

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7.2 - KOB (TV-4): [HUD and VA award nearly \\$400,000 toward housing homeless veterans in NM](#) (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)
Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico. The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

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7.3 - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)
More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday. The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD.

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7.4 - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)
A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing. The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

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7.5 - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)
Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring. Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

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7.6 - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)
The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past. The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist

in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

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77 - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week. This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

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7.8 - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges. A council committee heard those on both sides then voted to delay making a decision.

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7.9 - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War. For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

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7.10 - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness. Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

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7.11 - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

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7.12 - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again. A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

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8.2 - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala. The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

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8.3 - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

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8.4 - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

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8.5 - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died. Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents. However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

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8.6 - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space. He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

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1. [Top Stories](#)

1. - USA Today (Video): [New VA rankings: Five hospitals get lowest one-star rating for third year](#) (3 October, Donovan Slack, 36.8M uvm; McLean, VA)

WASHINGTON – The number of one-star Veterans Affairs hospitals has dropped from 14 to nine since last year, according to star rankings the VA released Wednesday.

Five VA hospitals remain at the bottom of the rankings for the third straight year, including in Big Spring and El Paso, Texas; Loma Linda, California; and Phoenix, where a wait-time crisis in 2014 triggered a national scandal.

Also among the one-star hospitals for the third year in a row is the VA medical center in Memphis, Tennessee, where USA TODAY reported patient safety problems have soared in recent years.

Overall, 40 VA hospitals dropped one star or more, 68 stayed the same and 38 improved in the rankings. The largest improvement was in Hot Springs, South Dakota, which went from two stars to five.

“With closer monitoring and increased medical center leadership and support, we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “Even our highest performing facilities are getting better, and that is driving up our quality standards across the country.”

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death and infection rates, instances of avoidable complications and wait times. The agency uses a five-star scale on which one is the worst and five the best.

The rankings compare VA hospitals against each other, but the number of one-star hospitals is not constant. Medical centers in that bracket can be elevated to two stars based on quality-of-care factors.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

The VA also rates 133 agency nursing homes on a one-to-five star scale and kept those ratings from the public until learning this year that USA TODAY and The Boston Globe planned to publish them.

Those ratings, unlike the hospital rankings, take private-sector nursing home averages into account. As of March 31, nearly half of VA nursing homes – 58 – received the lowest one-star rating.

Use the column heads below to sort by city, state or star rating or to see how this year’s hospital ratings compare with last year.

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1. - Star Tribune: [Hearing on veterans suicide was too important to be overlooked](#) (3 October, Editorial Board, 10.8M uvm; Minneapolis, MN)

Justin Miller, a 33-year-old Minnesota veteran, took all the right steps when he began having suicidal thoughts in February. He reached out to the Veterans Affairs hotline. He promptly sought emergency treatment at the Minneapolis VA Health Care System. And he was a cooperative patient during his four-day stay, with staffers noting he grew more relaxed and was looking forward to his discharge.

Staffers assessed Miller's suicide risk as "intermediate/moderate" before he walked out the door. They were wrong. Miller never left the hospital's parking lot, where he was found less than 24 hours later, dead from a self-inflicted gunshot wound.

Recently released findings from the VA Office of Inspector General, which investigated Miller's death, are careful to say that documentation and follow-up failures were not "causal" in Miller's death. But the "deficits" uncovered in his care are deeply disturbing. In particular, how did the risk assessment go so wrong?

There are no easy answers, but another heartbreaking VA report released in late September underscored the urgency of finding answers. In plain language, the newest VA National Suicide Data Report makes it clear that there are many veterans struggling with mental health on the homefront, and far too many are taking their lives.

The report analyzed data from 2005 to 2016. During that time, the number of veterans lost to suicide has frustratingly hovered close to about 6,000 a year. Veterans as a whole, from those who served in Korea to the latest conflict, remain at higher risk of suicide than the general population. "In 2016, the age- and gender-adjusted rates of suicide were 26.1 per 100,000 for Veterans and 17.4 per 100,000 for non-Veteran adults," the report said.

The rate is highest for those in Miller's age group, and sadly it rose substantially from 2005 to 2016. In 2015, there were 40.4 suicide deaths per 100,000 veterans ages 18-34. In 2016, the figure was 45 suicide deaths per 100,000. The report also offered state breakdowns. A look at Minnesota's is chilling. An older group of veterans here — those ages 35-54 — are far more likely than veterans nationally or in the Midwest to take their own lives. The suicide rate for this group is 45.6 per 100,000, compared with 33.4 in the Midwest and 33.1 nationally.

A Sept. 27 congressional hearing led by U.S. Reps. Phil Roe, R-Tenn., and Tim Walz, D-Minn., should have put a bright spotlight on both reports. Roe is the chairman of the House Committee on Veterans' Affairs. Walz, who is a Minnesota gubernatorial candidate, is the committee's ranking member and requested the investigation of Miller's death.

The full committee hearing unfortunately was overshadowed by another event on Capitol Hill that day — the Senate Judiciary Committee hearing on Supreme Court nominee Brett Kavanaugh. Coverage of the public health crisis among veterans fell disappointingly short, jeopardizing the awareness needed to build support for change.

Improvements are underway at the Minneapolis VA medical center, but broader fixes are needed. Among them:

- The VA needs to fill staff vacancies, particularly those for mental health care providers.
- The agency should study medical marijuana use to treat post-traumatic stress disorder and chronic pain. Passage of Walz's VA Medicinal Cannabis Research Act would kick-start that work.
- Congress should sufficiently fund previously passed legislation, the Clay Hunt SAV Act, to help veterans struggling with mental health.
- A national three-digit number should be considered to encourage use of the Veterans Crisis Line and the National Suicide Prevention Lifeline.

Sadly, there is no panacea to what experts have accurately called a suicide "epidemic" among veterans. But if implemented, these measures would work in concert to begin closing the cracks that Miller so tragically fell through.

To reach the Veterans Crisis Line, call 1-800-273-8255 and press 1. It is open to those not enrolled in VA health care. The National Suicide Prevention Lifeline uses the same main number: 1-800-273-8255.

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1. - Military Times: [Advocates call for a renewed national conversation on veteran suicide](#)
(3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Melissa Bryant said the 5,520 flags placed along the National Mall Wednesday to illustrate the toll of veteran suicide this year alone were more than just a visual reminder of the scope of the problem.

"When we came out here this morning to plant these flags, every one of us had a friend or family member in mind," said Bryant, chief policy officer for Iraq and Afghanistan Veterans of America. "Some of us standing here could have been one of these flags, but for an intervention."

The event — which has become an unfortunately annual occurrence for veterans advocates — is part of a broader push in recent weeks by lawmakers, veterans groups and Veterans Affairs officials to bring the issue of suicide among former military members back into public consciousness.

Last month, VA officials released new data that showed the overall rate of suicides among veterans has held steady at around 20 a day for roughly a decade, but researchers are seeing a troubling increase in the rate of younger veterans taking their lives.

Those realities come despite a concerned push in recent years by policy makers who have increased crisis intervention and mental health treatment resources for veterans.

Rep. Mark Takano, D-Calif., and vice ranking member of the House Veterans' Affairs Committee, said the next step for Congress is to ensure that VA facilities are properly staffed to respond to the needs of suicidal veterans, and to better identify what programs are working to help stem the problem.

Last week, in a hearing before that committee, health experts said they see a gap in integrating those lessons learned into local community services, to provide a broader safety net for veterans in distress.

But to help fix that gap that, advocates said, they need to remind the public of the problem.

“I have seen far too many veterans and members of my community fall to suicide,” Said Kristen Rouse, founding director of the New York City Veterans Alliance, at Wednesday’s event. “What we see behind us represents a national crisis ... These are veterans from your home state, from your hometown, from your home city.”

During Wednesday’s event — held between the Capitol building and the Washington Monument, in an area with heavy tourist foot traffic — dozens of onlookers stopped to take pictures of the display and talk to the advocates involved.

Stephanie Keegan, whose son Daniel served in Afghanistan but died in 2016 because of delays in receiving treatment for his post-traumatic stress disorder, said she was grateful to share her families struggles with those visitors.

“It absolutely makes a difference,” she said. “Not enough people understand the problem and the consequences of our wars. As a country, we need to pay more attention.”

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

1. - Stars and Stripes: [VA releases 2018 performance ratings for its hospitals](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — The Department of Veterans Affairs released the newest performance ratings Wednesday for each of its 146 hospitals, citing improvements in the past year at some of its lowest-performing facilities.

The fiscal 2018 ratings include nine one-star hospitals, the lowest possible, down from 14 hospitals that received one-star ratings in 2017.

The ratings indicate each hospital’s quality of care and are based on data such as death rates, patient satisfaction and efficiency. In years past, the VA had withheld the data from the public. In 2016, the performance ratings were released under pressure that followed a USA Today investigation.

Overall, 38 hospitals improved their star ratings in 2018, 40 dropped in the ratings and 68 stayed the same as last year.

Five VA hospitals received one-star ratings in 2017 and 2018: Big Springs and El Paso, Texas; Loma Linda, Calif; Memphis, and Phoenix. Four other hospitals were added to the worst-rated this year: Montgomery, Ala.; Tucson, Ariz.; Washington, D.C., and Atlanta.

VA hospitals in Dublin, Ga.; Fresno, Calif.; Roseburg and White City, Ore.; Walla Walla, Wash.; Harlingen, Texas; Nashville and Murfreesboro, Tenn., and Biloxi, Miss., improved enough from 2017 to get off the list of lowest-rated hospitals.

Eighteen hospitals received 5 stars in 2018, the best possible. Four of them are located in Pennsylvania.

“With closer monitoring and increased medical center leadership and support we have seen solid improvements at most of our facilities,” VA Secretary Robert Wilkie said in a statement. “There’s no doubt that there’s still plenty of work to do, but I’m proud of our employees, who work tirelessly to move VA in the right direction for veterans and taxpayers.”

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1. - Stars and Stripes (Video): [Veterans group places thousands of flags on National Mall to draw attention to suicide crisis](#) (3 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Thousands of American flags filled a grassy expanse on the National Mall on Wednesday morning, each of them representing a veteran or a servicemember who died by suicide in 2018 so far.

Maj. Sandra Lee Altamirano of the Army Reserve said she took military leave to help place the 5,520 U.S. flags. She recently lost three friends to suicide, two of whom were veterans.

A couple of years ago, after serving three deployments in Iraq, she contemplated suicide herself.

“Each of these flags is a name, a person. Three of them are my friends, and one could’ve been me,” said Altamirano, now a suicide prevention liaison in the Reserve. “I hope this helps people see how vast of an issue this is. It’s overwhelming. It’s a crisis.”

The flags were placed on the Mall by Iraq and Afghanistan Veterans for America, an advocacy group trying to draw awareness to the issue of veteran suicide.

On Wednesday, the scene grabbed the attention of tourists, who took photos of the small flags with the Washington Monument in the background.

A new report released last week by the Department of Veterans Affairs shows suicide among veterans and servicemembers continues to be higher than the rest of the U.S. population. Veterans accounted for 14 percent of all suicides in the United States in 2016, yet they make up 8 percent of the population.

The rate of suicide among young veterans substantially increased from 2015 to 2016. For every 100,000 veterans age 18 to 34, 45 committed suicide in 2016 – up from 40.4 for every 100,000 in 2015.

Rates have also increased among women veterans and some members of the National Guard and Reserve.

The release of the report last week coincided with a hearing of the House Committee on Veterans' Affairs. Several lawmakers questioned why there hasn't been significant improvement, given Congress has increased the amount of money that it allots for VA mental health programs.

"I'm beyond frustrated about the numbers and data," said Keita Franklin, executive director of the VA's suicide prevention program. "Having worked in this field as long as I have, it's frustrating. When I try to think about what we're missing ... we tend to do a lot of one thing at a time and do it very well, full throttle. Preventing suicide takes a bundle of 10 to 12 things done at full throttle, all the time."

Of the approximately 20 veterans who commit suicide every day, 14 are not receiving health care from the VA. Part of the VA's effort is getting veterans to seek help.

Stephanie Keegan traveled from New York to help plant flags Wednesday morning. Her son Daniel was a veteran of the war in Afghanistan who died of a drug overdose in 2016 while struggling with post-traumatic stress disorder. He had waited 16 months to get into a VA mental health program, Keegan said. He was supposed to be admitted Jan. 23. He died Jan. 8.

Daniel Keegan had wanted to become involved in veterans advocacy. So now, Stephanie Keegan is dedicating her life to it. She has left her son's photo in every House lawmaker's office, met with VA secretaries and is involved with IAVA, in addition to other advocacy efforts.

"I get to do the work that he wanted to do, and I feel like he's sitting on my shoulder all the time," Keegan said. "It's been an opportunity to educate people on what a really struggling veteran looks like because he didn't look like anything you would expect. He was healthy as could be, but he was catastrophically ill for the last two years of his life."

To reach the Veterans Crisis Line, text 838255 or dial 1-800-273-8255 and press 1.

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1. - KTVK (CW-3)/KPHO (CBS-5): [Phoenix VA hospital gets 1-star rating for third year in a row](#) (4 October, Spencer Blake, 1.1M uvm; Phoenix, AZ)

For the third year in a row, the Phoenix VA Medical Center has gotten a 1-star rating on a 5-star scale. Those numbers come from the Veterans Health Administration and they look at access to care, quality of care, and efficiency, among other factors.

The Strategic Analytics for Improvement and Learning, or SAIL, for this year shows only nine VA hospitals in the country got a 1-star rating and the one in Phoenix – where all the whistleblowing started four years ago – is still one of them.

Army veteran David Lucier has been getting treatment for post-traumatic stress and diabetes at the Phoenix VA for about 10 years. He's not surprised the place still has a 1-star rating.

"A lot of those numbers are based on a 12-month, rolling average. So it takes forever if you're gonna move up the scale," he said.

But according to SAIL, the hospital is showing small improvement, even though it still has the same overall score. Lucier says he's seen improvements in the care he gets, including the overall culture at the medical center.

"I'm just absolutely amazed. I've seen a stark improvement over people's attitudes who are just the everyday people at the VA," he said.

He also says doctors have helped him manage his diabetes very precisely and effectively. But he knows he's lucky to have good care; some of his friends have been misdiagnosed and others have waited a long time for appointments at all.

Lucier attends monthly advisory board meetings that are open to veterans in the community. From what he's gathered, the problems that pull the Phoenix VA's numbers down are mostly administrative.

In a statement to Arizona's Family, the VA touted upgraded clinical space to serve the nearly 100,000 veterans that come through each year. The center also improved in areas of mental health scores and call center answer speeds. But so far the sail rating shows the problems that have famously plagued the Phoenix VA haven't fully healed.

"This is like flying a jet plane at 50,000 feet and half your engine is gone and you gotta fix it," Lucier said. "The only way to get to your goal is to fix it while you're still flying. And that's where they are."

On the whole SAIL shows good things for the VA system. Sixty-six percent of the 146 hospitals have shown improvements since last year, and 11 of the 15 "high risk" locations, including Phoenix, have also improved.

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1. - Wayne Post: [Canandaigua VA rating jumps to four stars](#) (3 October, Julie Sherwood, 13k uvm; Canandaigua, NY)

The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

An internal rating of the Canandaigua VA Medical Center shows a jump in improvement to four-out-of-five stars. The ranking by the VA for its health facilities nationwide shows significant improvement in overall quality of care at the Canandaigua VA.

Of particular concern was a dismal rating as of Dec. 31, 2017, showing the Canandaigua Living Center that provides nursing home care had received the lowest ranking possible, one out of five stars. An updated star rating for the period October 2017 through March 2018 showed the nursing home inched up to two stars. In several categories the center rated below both the VA average as well as the national average for private sector nursing homes.

The End of Year Hospital Star rating for fiscal year 2018, shows 96 out of 146 VA medical centers nationwide improved their baseline scores from the previous year. "Each VA medical center is assessed for overall Quality from two perspectives: (1) Relative Performance compared to other VA medical centers using a Star rating system from 1 to 5 and (2)

Improvement compared to its own performance from the past year. Both relative performance and size of improvement are used to guide improve efforts,” according to the VA.

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1. - People: [Rising Democratic Star Jason Kander Quits Mayoral Race, Citing PTSD and Suicidal Thoughts](#) (3 October, Maura Hohman, 43.5M uvm; New York, NY)

Kansas City mayoral candidate and Army veteran Jason Kander wants his supporters to “fight like hell” — because he can’t right now. The Jewish Democrat, 37, announced Tuesday that he is dropping out of the mayoral race, saying he’s choosing instead to focus on the post-traumatic stress disorder and depression he’s suffered from for more than 11 years after a tour Afghanistan.

Kander has been the figure to watch for progressives, thanks to his founding of Let America Vote, which prevents voter suppression, in 2017, and his tenure as Missouri’s secretary of state from 2013 until last year.

Kander announced he was withdrawing from the race in an emotional Facebook post on Tuesday.

“About four months ago, I contacted the [Veterans Affairs Department] to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day,” the father of one began. “So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it. But, on some level, I knew something was deeply wrong, and that it hadn’t felt that way before my deployment.”

Kander says he went as far as filling out VA forms online — but not accurately because he was “too scared to acknowledge my true symptoms...”

“I was afraid of the stigma,” he wrote. “I was thinking about what it could mean for my political future if someone found out. That was stupid, and things have gotten even worse since.”

Despite his past few months being packed with accomplishments, from a New York Times best-selling book to raising “more money than any Kansas City mayoral campaign ever has in a single quarter,” Kander said he’s still had “suicidal thoughts” and that he’s finally “done hiding this from myself and from the world.” He added, “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander also revealed that he decided to run for mayor as a way to temporarily “fix the hole inside me,” and to “outrun his symptoms,” but unfortunately, he explained, “it’s faster than me... I have to stop running, turn around, and confront it.”

He’s now planning to seek help at a local Veterans Affairs office and has conceded that he can’t run a thorough, impactful mayoral campaign at the same time. “So I’m choosing to work on my depression,” he stated simply.

Kander says he debated whether to reveal his true reason for dropping out, and he shared that he ultimately made his decision because he believes honesty will help both himself and others.

"Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have," he wrote. "If you're struggling with something similar, it's OK. That doesn't make you less of a person. I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me."

He also posted the number for the VA Crisis Line, 1-800-273-8255, which non-veterans can call, too, and reminded supporters that he hasn't dropped his political aspirations. "I'm passing my oar to you for a bit," he said. "I hope you'll grab it and fight like hell to make this country the place we know it can be."

According to the National Center for PTSD, about 7 to 8 percent of the population will struggle with the condition at some point in their lives, with about 8 million adults living through PTSD every year. Rates of this type of mental illness are higher among women than men — 10 percent as compared to 4 percent.

Up to 20 percent of veterans who served in the Iraq War have experienced some degree of PTSD. This rate is higher than that of Gulf War survivors, about 12 percent, but lower than Vietnam vets', about 30 percent. The New York Times reported that suicide is a growing problem in young veterans.

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

2. Greater Choice for Veterans

2. - PolitiFact: Donald Trump: GOP just passed veteran's Choice after 44-year wait. Actually, it's 4 years old (2 October, Jon Greenberg, 3.2M uvm; Saint Petersburg, FL)

President Donald Trump has been barnstorming for Republicans in the midterms. On Oct. 1 he landed in Johnson City, Tenn., to help U.S. Senate candidate Marsha Blackburn, covering familiar ground about the improving economy.

He touted securing \$716 billion for the military, and he gave Republicans credit for giving veterans a new health care option.

"We just passed Choice," Trump said. "That was 44 years, they've been trying to pass Choice. So that if you have to wait for nine days, 30 days, 21 days, months, you don't do that anymore. If the line is big, and you're unhappy, you go to a private doctor, they take care of you and we pay the bill."

Trump repeated the point, saying, "They've been trying to pass that one for many, many decades. They couldn't do it. We got it passed. We're good at passing things, right?"

Trump is wrong that Choice wasn't passed until he came into office.

Congress passed a new version of a Choice program in June 2018 — but the program itself has been around since 2014.

After the scandal of long waits and the efforts of administrators at some facilities to cover that up, Congress and the Obama administration passed the Veterans Access, Choice and Accountability Act of 2014.

For veterans who couldn't be given appointments quickly enough, or who lived more than 40 miles from a Veterans Health Administration hospital, the government would pay for private care. In four years, Washington spent \$12 billion on the program.

The bill signed by Trump, the VA Mission Act, is a major effort to fold a variety of community care programs at the VA into one integrated whole. That change won't take place for at least a year. Until then, the law provides \$5.2 billion to continue the Choice program in its present form.

We reached out to the Trump administration but did not hear back.

Our ruling

Trump said that he and his fellow Republican "passed Choice," something that others had been trying to do for 44 years. He described the program as one that allowed veterans to get private care at government expense.

The program to do exactly that has been around for four years. And it's always been referred to as Choice.

We rate this claim False.

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3. Modernize Our System

3. - BizJournals.com (Dayton Business Journal): [Dayton VA to build larger outpatient clinic in Springfield](#) (3 October, John Bush, 19.2M uvm; Charlotte, NC)

The Dayton VA Medical Center is opening a new outpatient clinic near downtown Springfield.

The Springfield Community Based Outpatient Clinic will be located at 1620 N. Limestone St. The new clinic will replace an existing facility at 512 S. Burnett Road.

The building will offer significantly more room than the existing clinic, according to the Dayton VA. At 12,500 square feet, it is larger than the current facility by more than 600 square feet.

It is projected to open in 2019.

The new site, located just north of downtown Springfield, will be designed to "best serve the needs of the veterans," the VA says.

"This move will improve access to care, efficiency of facility operations, a state-of-the-art infrastructure layout, parking, and care coordination between all services," the VA stated in a press release.

The organization says the relocation was necessary to serve the growing veteran population in Springfield. The Springfield CBOC served more than 3,600 veterans in the last year, with over 21,000 outpatient visits.

The site at South Burnett Road will remain open for all existing services until the new site is ready next year. At that time, veterans' medical information and appointment schedules will be transferred to the new CBOC.

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3. - Stars and Stripes: [Robotic wheelchair promises vets a better ride](#) (3 October, Will Morris, 1.5M uvm; Washington, DC)

WIESBADEN, Germany — A new robotic wheelchair that shifts its shape and wheel configuration to match terrain could help restore independence for thousands of catastrophically disabled veterans.

The chair, being developed by researchers at the University of Pittsburgh, was one of several new mobility technologies the scientists shared on Monday with medical professionals at Clay Kaserne's mission command center.

"This type of wheelchair gives you independence, to reach something on a high shelf for example, and to keep the rider safe indoors and outdoors," said Sivashankar Sivakanthan, a graduate researcher at Pitt. "The benefits add up very quickly."

The Mobility Enhancement Robotic wheelchair, or MEBot, draws on new developments in robotics and pneumatics to enable wheels and other parts to change configuration with the flick of a switch.

The wheels, for example, can slide forward or backward to negotiate a curb that a normal electric wheelchair couldn't handle. And by tilting forward, backward and from side to side, the chair can prevent a rider from falling out of the chair.

The movements also make the chair less likely to topple over, which is the No. 1 reason people in wheelchairs go to the emergency room, said Rory Cooper, director of Pitt's Human Engineering Research Laboratories.

Development of the chair is a joint project of the laboratory, Walter Reed National Military Medical Center and the Department of Veterans Affairs.

The projected cost of the chair — about \$30,000 — puts it on par with current electric wheelchairs, Cooper said. The MEBot is expected to be available for purchase in about five years, he said.

Also at Clay Kaserne on Monday, the Pitt scientists demonstrated a wheelchair powered by compressed air. Besides the environmental advantages, the pneumatic chair can be driven in swimming pools, giving disabled veterans greater access.

Another wheelchair they displayed is designed for racing. It uses hand cranks and woven composite graphite for areas that would normally succumb to the strains sustained during racing.

According to the Paralyzed Veterans of America, there are 100,000 veterans who suffer from spinal cord injury or disease.

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3. - WCSC (CBS-5, Video): [Charleston VA Medical Center to open clinics in N. Charleston and Myrtle Beach](#) (3 October, Alexis Simmons, 827k uvm; Charleston, SC)

The Ralph Johnson VA Medical Center in downtown Charleston is expanding its services for veterans with new clinical care locations.

The new leases will provide a Clinical Care Annex for outpatient services in North Charleston and a consolidated facility for outpatient care in Myrtle Beach.

Construction on the new facilities will begin next year.

The Charleston VA was ranked as the second fastest growing VA for the 2017 fiscal year.

“Space has been our biggest challenge with our rapid growth rate,” said Charleston VAMC Director and CEO Scott Isaacks. “Being able to increase our physical footprint with these two leases will give us the space we need to continue providing high quality health care services to our veterans.”

The local clinical care annex will be located at the corner of Rivers Avenue and Hanahan Road in North Charleston. It will be 75,000 square feet.

The Ralph Johnson VA Medical Center says this location's main focus will be on primary care and dental services.

It will also have mental health services, select specialty care, blood collection and radiology.

That includes CT scans, ultrasounds, bone density tests and the capability to add MRIs.

The Myrtle Beach VA Outpatient Clinic will be 84,000 square feet and will be located on the northwest corner of Howard Avenue and Airpark Drive.

Medical center officials say the lease gives ample space to expand existing services in the area including primary care, mental health, tele-mental health, tele-health, dermatology, podiatry, physical therapy, occupational therapy, prosthetics, optometry, audiology, compensation and pension, blood collection, an optical shop and radiology.

The space also allows for expansion of specialty services.

Both the Charleston and Myrtle Beach sites will feature a women's clinic and provide plenty of parking spaces for veterans and visitors.

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3. - Record Searchlight: [VA awards lease for new \\$14.4 million medical clinic in Redding](#)
(3 October, Jim Schultz, 816k uvm; Redding, CA)

The U.S. Department of Veterans Affairs has awarded a lease for a \$14.4 million medical clinic off Knighton Road in Redding near the California Veterans Home.

The lease was awarded to U.S. Federal Properties, LLC, for the construction of the new 77,000-square-foot VA outpatient clinic, replacing the current 48,000-square-foot outpatient clinic in Redding, the VA said in a news release.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge health care technology and the home-like comforts of a modern facility," David R. Stockwell, director of the VA Northern California Health Care System, said in the news release.

The new clinic will include 520 parking spaces and nearly 30,000 more square feet of usable space.

That will be enough to accommodate significant growth in primary care, mental health and existing specialty services, VA officials said. It will also allow for additional telemedicine rooms for new specialty services, including allergy and immunology, nephrology and rheumatology.

The design, construction and opening of the clinic is expected to take about 32 months with its opening set for May 2021.

Congress authorized construction of the project as part of the 2014 Choice Act.

The project includes about \$3.4 million in annual unserviced rent and about \$14.4 million in tenant improvement costs.

The expanded space allows for an additional 17 mental health providers, a mammography division and a second X-ray unit at the facility.

In a news release issued Wednesday by Rep. Doug LaMalfa, he said he worked on the House Transportation and Infrastructure Committee to authorize the lease.

"I'm please the VA is moving forward," he said, "This is a significant, if overdue, upgrade to the types of care and services available to our veterans in Redding. Now we must ensure the facility is staffed with high-quality doctors and health providers in order for it to deliver on its considerable promise."

LaMalfa said his 1st Congressional District is home to nearly 60,000 men and women who have served in the military.

Former state Sen. Maurice Johannessen, who owns the Knighton Road property and proposed the health care facility years ago, was also pleased about the lease.

"I've been working on this thing six to 10 years," he said. "I'm happy with it."

Johannessen, also a former secretary of the California Department of Veterans Affairs, bought the 15.9-acre Knighton Road property in 2011.

He has said his proposal is a dream he's had, and he wants to see to it that it is built, noting it would complement other services for veterans, such as the California Veterans Home also on Knighton Road and the Northern California Veterans Cemetery, he said.

"This has been a long time coming," he has said. "The idea behind this is, we're making a center for veterans in this part of the world."

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3. - Modern Healthcare: [Cerner gathers 24 businesses to help guide VA EHR implementation](#) (3 October, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Cerner has put together a team from 24 business to help with the \$16 billion VA electronic health record project.

The companies include Leidos, the contractor for the Defense Department's Cerner EHR, as well as Accenture, AbleVets and MicroHealth.

"The team will create a single longitudinal health record that can facilitate the efficient exchange of data among military care facilities, VA facilities and the thousands of civilian healthcare providers where current and former service members receive care," VA Secretary Robert Wilkie said in a news release.

The companies will lend their "experience and expertise" to Cerner's efforts to bring "seamless care" to veterans, according to a Cerner Facebook post.

Cerner did not say specifically how the team will work with other groups working on the EHR. Those include the Office of Electronic Health Record Modernization, which the VA established this summer to guide preparation, deployment and maintenance of the new EHR. Overseen by John Windom, the office is collaborating with the Defense Department to make sure the new EHR is "fully interoperable," Wilkie told the Senate Veterans' Affairs Committee last week.

Interoperability has been a sticking point for the project since nearly the beginning, and it was one of the reasons the VA-Cerner contract was delayed for so long.

As negative press swirled around the negotiations, Cerner President Zane Burke attributed some of it to "fake news." Last month, Burke announced he would be leaving the company on Nov. 2. Cerner's executive vice president of worldwide client relationships will take over his duties and become chief client officer.

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3. - Lubbock Avalanche-Journal: [VA moving forward on plan for new, \\$12.3M Lubbock clinic](#) (3 October, Matt Dotray, 194k uvm; Lubbock, TX)

The Department of Veteran Affairs announced Wednesday that it has awarded a contract to build a new VA Clinic in Lubbock.

The new clinic will have 94,000 square-feet of usable space, which is more than double the footprint of the current clinic. Joel Mease, public affairs officer at the Amarillo VA Healthcare System, said construction on the \$12.3 million project will likely begin in the summer of 2019.

“This project shows the commitment the U.S. Department of Veteran Affairs has for our Veterans in the Lubbock area, and the outstanding support by our community partners to provide a fully-modern clinic to meet the needs of Veteran health care in the Hub City,” said Mike Kiefer, Amarillo VA Health Care System Director. “I am beyond excited to see this project come to fruition, as I understand how important this facility is to our veterans, veteran family members and our staff in Lubbock.”

The clinic will be near the Texas Tech Health Sciences Center and University Medical Center, where an added partnership between the VA and TTUHSC will help provide for more specialty needs and social services.

Data provided by the VA show about 323,000 veterans in the West Texas and New Mexico market in 2016, but only 167,000 are enrolled in the VA. It's often said there are about 30,000 veterans in the Lubbock area, but the current clinic says only about 8,000 use its services.

The new facility is aimed at addressing a few key, and significant, issues: location, space, treatment and, maybe just as important, perception.

A new VA clinic in Lubbock is a long time coming. Among the criticisms of the current clinic is the location, the size, and it doesn't provide enough services, often forcing veterans to drive to Amarillo or Albuquerque, New Mexico, for treatment.

Back in 2009, four retired generals in Lubbock created a 16-member committee to look at improving veteran health care in this area: Mitemeyer, Maj. Gen. Walter Huffman, Maj. Gen. Edgar Murphy and Brig. Gen. Gary Harber. After the committee met, they said it was obvious that a new location was needed, preferably close to Tech's Health Sciences Center to take advantage of specialty doctors, students and equipment.

A-J Media spoke with these four generals last year for a story about the new clinic. By partnering with TTUHSC, Huffman said more medical and social services will be available to vets. He said it also eliminates the need for redundant services or equipment because they'll be available at TTUHSC, thus saving money. More physicians and students will also be trained in treating veterans' medical issues.

The proposed two-story new clinic will put particular emphasis on treating traumatic brain injuries and post-traumatic stress disorder, Murphy said. About 30,000 square feet will be dedicated toward mental and behavioral health, and the rest for general medical needs.

In late 2013, the U.S. House passed HR 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act, that provided funding for the creation of several major veterans facilities in states including Texas, New Mexico and Oklahoma.

In that was the Amarillo VA Health Care System's request for a new clinic in Lubbock. The proposal is for the building to have approximately 94,000 square feet of usable space, which is about three times more than the current VA clinic. The project description says it will allow the VA to provide primary care, mental health care, physical therapy, dermatology, podiatry, orthopedics, dental and special care services among other things.

The generals said many people helped out tremendously in making this happen, including former U.S. Rep. Randy Neugebauer, U.S. Rep. Jeff Miller, Chairman of the House Veterans Affairs Committee, U.S. Sen. John Cornyn, Tech Chancellor Kent Hance, TTUHSC President Tedd Mitchell, and the leaders at the Amarillo VA.

Mease said the Lubbock clinic will continue to operate under the Amarillo VA umbrella. But he said this facility will allow for better care for the veterans in the Lubbock area.

"These people were willing to serve their country," retired Lt. Gen. Bernhard Mitemeyer said last year. "They'll see probably for the first time a place that's theirs. They'll be in a sense honored for their service; it'll be part of a major medical center instead of out amongst the motels. These people will see that they're appreciated. The VA has done a great job in letting us go ahead with this."

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3. - KNVN (NBC-24, Video): [77,000-Square-Foot Va Clinic To Be Built In Redding](#) (3 October, Spencer Joseph and Stephanie Schmieding, 144 uvm; Chico, CA)

The nation's 11th largest VA health care system, VA NorCal, will have a brand new facility in Redding.

The Department of Veterans Administration announced that it will award a lease to U.S. Federal Properties for construction of a VA Community-Based Outpatient Clinic in Redding.

The new 77,000-square-foot center will replace the city's current 48,000-square-foot clinic located on Hartnell Avenue. The new location will be at 3455 Knighton Road and it will include 520 parking spaces.

The project will cost around \$50 million, \$1.5 million of that being personally funded.

It will also have 30,000 more square feet of usable space, which can accommodate growth in primary care, mental health and existing specialty services.

"We wanted a place where they are secure, they are safe, we can support them, we can hold their hand when they need it and help financially when they have too," said Former State Senator Marice Johannessen CA District 4.

It will also allow for additional telemedicine rooms for new specialty services including allergy and immunology, nephrology and rheumatology.

"This new clinic will ensure veterans in Redding and the surrounding communities have access to cutting-edge healthcare technology and the home-like comforts," said David Stockwell, director of CA northern California.

Design and construction of the clinic are expected to take more than two years, with the opening projected for 2022.

"When seeing all of this stuff come together, it is amazing," Johannessen said. "I am glad I have lived long enough to complete the things that I promised."

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3. - Washington Technology: [Cerner formally unveils team for VA health record project](#) (3 October, Nick Wakeman, 59k uvm; Vienna, VA)

While the contract has been in place for several months, Cerner today announced the team it has put together to help the Veterans Affairs Department implement a new electronic health record.

Leidos has been known as a primary teammate for a while and detailed its role on the effort during a July 26 earnings call with investors.

But other notable names on Cerner's team include:

- Accenture
- Guidehouse (the former PwC U.S. public sector business)
- Henry Schein
- AbleVets
- MicroHealth
- ProSource360

There also are 17 other partners that include many veteran-owned businesses, Cerner said in their statement.

Leidos is the prime for the Defense Department's "Genesis" electronic health record project to implement Cerner's EHR across the Military Health System.

This time however, the roles are flipped as Cerner holds the prime role for the VA effort.

Both teams include several of the same companies including Accenture and Henry Schein as core teammates.

Both projects for the DOD and VA are valued in the billions. The DOD project was originally pegged at \$4.3 billion and had another \$1.2 billion added earlier this year as VA began working on their project.

The VA project is valued at \$10 billion over 10 years, which reflects how that effort will serve a much larger network of patients and providers.

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3. - MeriTalk: [CIO Kent Hails Today's 'Historic' Example of Digital Transformation](#) (3 October, 35k uvm; Alexandria, VA)

Federal CIO Suzette Kent called today's first official test of the National Wireless Emergency Alert System a "historic event," highlighting the test as evidence of the expanding role of mobile technologies and their impact on a broader effort toward digital transformation in the Federal government.

If you own a mobile phone, chances are you noticed the test of the system that occurred just after 2 p.m. ET today. Most are likely familiar with the system's use by local authorities to send alerts for severe weather and missing children. But today marked the first time the system had been tested by the Federal government on a national level.

"That in itself is a testament to how digital and mobile is a connectivity point between citizens and government," Kent said this morning at a Dell Technologies Summit. Kent cited the test as an example of the administration's responsibility to create digital technologies that augment citizens' everyday lives.

"On the digital side, the focus is delivering high quality services to American citizens, and we are tasked every day to be effective stewards of taxpayer money," she said.

Kent echoed a speech she made last month, referencing a key "nexus" across the executive and legislative branches of government and private industry "to make technology transformation a priority" and "citizen services a priority."

She also cited the President's Management Agenda, and its fourth cross-agency priority (CAP) goal, "Improving Customer Experience," as evidence of how the executive branch is placing "aggressive focus" on better digital experiences for citizens.

Kent's comments regarding that focus also seem to be reflected in actions on the part of the legislative branch. A proposed bill, the 21st Century Integrated Digital Experience Act, would push Federal agencies toward better citizen services—creating minimum standards for website functionality and "digital options" for any in-person government service.

Last week the bill was approved by the Senate Homeland Security and Governmental Affairs Committee, after a companion bill had been introduced in the House earlier in the year.

Kent also lauded the Department of Veterans Affairs, the recipient of an award yesterday from the Partnership for Public Service for their work to improve veterans' access to online resources.

Kent mentioned these accomplishments in the context of broader modernization efforts spearheaded by the administration, such as the release of a new White House cyber strategy on Sept. 20 and the new Federal Cloud Smart strategy on Sept. 24.

“That’s just the last two weeks. That’s not stopping. We have more coming in the near future,” Kent said, making good on comments she made at the end of August that the administration would be rolling out various updates to Federal IT policies.

Among those near-future updates, Kent again highlighted the forthcoming changes to Federal Information Security Modernization Act reporting, and hinted at progress on reforming the Trusted Internet Connections initiative.

She closed her speech with a call to action for the assembled crowd of IT professionals, framed by the soon-to-arrive emergency alert.

“So when your phone beeps today and you get the text message from the president, pause and think about what that means about how important digital channels are in the lives of every American, and think about what your role is in continuing to deliver services much more quickly and more impactfully,” Kent said.

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3. - ExecutiveGov: [VA, DoD Heads: Departments to Collaborate on Single EHR System Implementation](#) (3 October, Peter Graham, 20k uvm; Tysons Corner, VA)

Defense Secretary James Mattis and Veterans Affairs Secretary Robert Wilkie have said the Defense and Veterans Affairs departments will release an integrated electronic health record system in an aim to share information between the two agencies.

Both department heads said in a statement published September 26 the agencies will work to store the medical information of U.S. warfighters, and their families, during and after military service.

The department heads said they plan to come up with a more streamlined and comprehensive EHR system that provides for unified decision-making and oversight functions; harmonized operations, data management and technology tools; and a single implementation schedule.

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4. [Focus Resources More Efficiently](#)

4. - The Spokesman-Review: [Veterans Affairs’ Wilkie coming to Spokane for family military summit](#) (3 October, Thomas Clouse, 874k uvm; Spokane, WA)

Fairchild Air Force Base will host Secretary of Veterans Affairs Robert Wilkie later this month as he takes part in the Congressional Military Family Summit.

Wilkie is coming on Oct. 17 on the invitation from U.S. Rep. Cathy McMorris Rodgers. The family summit brings service members, their families and Department of Defense officials to discuss pressing issues facing military families, according to a news release.

Wilkie will take part in the activities at the base, which run from 8:30 a.m. to 1:30 p.m. at the Armed Forces Reserve Center, 300 E. Eaker Ave., at Fairchild Air Force Base.

The summit was held last year Fort Benning, Georgia, which is the home district of U.S. Rep. Sanford Bishop, Jr., D-Georgia.

“The Military Family Summit allows us to better understand the unique challenges facing our military families,” Bishop said in the release.

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4. - WFED (AM-1500, Audio): [Pentagon pulls back performance-based contract payment rule](#) (3 October, Eric White, 854k uvm; Washington, DC)

[...]

A new bill to authorize the departments of Veterans Affairs and Energy to collaborate on big data research to benefit veterans' health passes the House. Rep Ralph Norman's (R-S.C.) bill would fund a new, two-year pilot program at DoE to advance research in AI, data analytics, machine learning and more. A Senate companion bill is in the works. (House Science, Space, and Technology Committee)

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4. - Tampa Bay Newspapers: [Paul Russo: Honored to serve as Bay Pines VA Healthcare system director](#) (3 October, Paul M. Russo, 67k uvm; Seminole, FL)

I wanted to take the opportunity to formally introduce myself to your readers and my role as the new director of the Bay Pines VA Healthcare System.

It is an absolute honor to serve as the director of one of the most highly regarded healthcare systems in the country. Bay Pines has a storied history, quality reputation, and is a veterans health care leader in many areas such as Military Sexual Trauma. It is my aim to ensure the organization continues to pursue performance excellence while delivering health care services and veteran experiences that meet our 5-star expectations.

I committed myself to federal service 36 years ago because I believe VA's mission, particularly that of the Veterans Health Administration, is the most noble in government and all of health care. We only exist for one core reason – provide exceptional healthcare to veterans and support their caregivers. From this core springs our important role in research and education/training of physicians, nurses and many other health professionals.

I spent the early years of my career as a clinician before making the switch to hospital administration about 15 years ago – so I understand health care from both the clinical and administrative perspectives. Although I am not a veteran, I am the proud son of my father, a Korean War Navy Veteran. My uncles, Army and Marine Corps veterans, served in Korea, and more recently, my nephew served in the Marines in Afghanistan.

Many of our employees are veterans, and like me, some are the sons, daughters, husbands or wives, fathers or mothers of veterans who want to give back in their names. Regardless of why we come to work for veterans each day, our mission and focus is the same: “to care for those who shall have borne the battle and for his widow and his orphan.”

As director of the Bay Pines VA Healthcare System it is my promise to veterans that my commitment to the mission will not waver. Our healthcare system will strive to deliver state-of-the-art, accessible, high-quality health care services to the men and women we have the honor and privilege to serve across Southwest Florida. America’s heroes deserve nothing less. However, we are not infallible. Hospitals are complex organizations with 24/7 operations and constantly moving parts. When things go awry, we will work to improve and take responsibility accordingly. We will be measured by our achievements, not our promises.

To close, I would like to personally thank all the veterans who trust Bay Pines for their care. We are indebted to them, and it is my goal to uphold our nation’s promise by delivering exceptional health care services they have earned through their service to our great nation.

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4. - Judicial Watch: [Fed Audit Exposes Corruption in Illegal VA Land Sharing Deals at LA Facility](#) (2 October, 14k uvd; Washington, DC)

In a huge victory for military vets fighting the illegal use of a Los Angeles Veterans Affairs (VA) facility, a federal audit exposes rampant fraud and corruption involving the illicit land sharing agreements made by crooked VA officials. Judicial Watch launched an investigation into the deals and has two Freedom of Information Act (FOIA) requests pending. A third FOIA request for additional records was recently filed by Judicial Watch after gathering new details pertinent to the case. Conducted by the VA Office of Inspector General (OIG), the investigation vindicates vets embroiled in a long and nasty fight against the abuse and misappropriation of VA property.

For nearly a decade a group called the Old Veterans Guard has filed complaints against rampant corruption at the Los Angeles VA for misusing VA property. The 338-acre parcel in West L.A., which includes the National Veterans Park and Veterans Home, was deeded to the federal government in 1888 for the specific purpose of caring for disabled veterans. Instead, the property is also used for many unrelated causes. Among them is a stadium for the University of California, Los Angeles (UCLA) baseball team, an athletic complex for a nearby private high school, laundry facilities for a local hotel, storage and maintenance of production sets for 20th Century Fox Television, the Brentwood Theatre, soccer practice and match fields for a private girls’ soccer club, a dog park, and a farmer’s market. The new VA OIG report lists many others, including a parrot sanctuary, two parking lots spanning 3.9 acres and oil drilling.

Members of the Old Veterans Guard say federal authorities retaliated against them for denouncing the fraudulent use of the facility by sending VA police to harass and intimidate them at weekly rallies. Since 2008 the group has assembled at the “Great Lawn Gate” that marks the entrance to the L.A. National Veterans Park to protest the VA’s failure to make full use of the property to benefit veterans, particularly those who are homeless. Among the group leaders is Robert Rosebrock, an elderly Army vet who got criminally charged for posting a pair of four-by-six-inch American Flags on the outside fence on Memorial Day in 2016. Judicial Watch represented Rosebrock in the federal case, which was tried in U.S. District Court for the Central

District of California. Last year, the court ruled that Rosebrock was not guilty of violating federal law for displaying the flags above the VA fence. Rosebrock's absurd case was filed during the Obama administration, but the Trump Department of Justice (DOJ) moved forward with it.

Earlier this year an official at the same L.A. VA facility where Rosebrock got prosecuted for posting American Flags got charged for taking hundreds of thousands of dollars in bribes from a vendor that defrauded the VA out of millions. While the feds went on a witch hunt against the 75-year-old vet for affixing Old Glory at a site honoring those who served their country, the VA director was committing the real crime. In January the corrupt VA official, Ralph Tillman, agreed to plead guilty to two felony offenses for taking over a quarter of a million dollars in bribes from a parking lot operator at the VA Greater Los Angeles Healthcare System in southern California.

As part of its investigation, the VA OIG reviewed 40 land use agreements and determined that 11 did not comply with the law. Additionally, the VA watchdog found that 14 entities unaffiliated with the VA were operating on the West L.A. campus with either an expired or no documented agreement. "The OIG determined these noncompliant arrangements resulted from insufficient veteran input on land use, unclear VA policies on what constituted appropriate use of "out leases" and revocable licenses, and incomplete capital asset inventory land use agreement records maintained by GLAHS (Greater Los Angeles Healthcare System)," the report states. The VA watchdog directs the agency to implement a plan that complies with federal laws and create a process to obtain input from the veteran community on land use. The Old Veterans Guard has been fighting for this for a decade.

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4. - TBR News Media: [Chronic nurse shortage at Northport VA raises red flags](#) (3 October, Sara-Megan Walsh, 900 uvd; East Setauket, NY)

A federal investigation into Northport Veterans Affairs Medical Center's four community living centers has shown a troubling trend of chronic nursing staff shortages and excessive overtime, issues that could have placed patients "at a higher risk for adverse events."

In one case, federal investigators found a nurse's assistant worked double shifts for six straight days — more than 96 hours in a single week — while expected to diligently oversee a patient requiring one-on-one care.

As the Northport facility is the only VA Medical Center on Long Island it serves more than 31,000 patients per year and oversees several outpatient clinical sites. Its four nursing homes are located in two buildings, with an approximate capacity of 170 beds.

The Office of Inspector General, a division of U.S. Department of Health & Human Services, charged with independent oversight of Department of Veterans Affairs programs, received several anonymous complaints about the quality of care received at Northport VAMC in 2017 following the deaths of two patients.

In September 2017, the OIG launched a year-long investigation into staffing shortages after receiving two further emails: the first from an employee at Northport VAMC, the second from a liaison to the House Committee on Veterans' Affairs. The investigation produced a Sept. 18 report ([click here to read the full report](#)) that found Northport VAMC's leadership knew about the staff shortages, forced administrative level nurses to care for patients, and yet still continued to

accept new patients despite knowing they wouldn't have the staff needed to provide the expected level of care.

Federal investigators recognized in August 2017 there was significant turnover in the leadership at the Northport VAMC, affecting key positions such as its director, acting chief of staff and acting nurse executive, who were cited "as catalysts for this change." Staff members' remarks indicated it's given them hope for a better future.

The agency recommended a series of changes for the Northport VAMC pertaining to the nursing staff currently being enacted, and the facility says is bringing immediate tangible results.

Two patient deaths

Anonymous complaints about two patient deaths at the Northport VAMC in 2017 started the series of federal investigations into the facility.

The first death was a male patient in his late 60s who died as a result of choking on his food. Federal inspectors found insufficient evidence the man's death was due to a lack of nurse oversight, as alleged in the complaints, but did conclude Northport VAMC had ongoing challenges in maintaining basic necessary staffing levels.

"Conditions such as staffing shortages could create an environment where the increased workload assigned to each staff member was such that it became more difficult to remain vigilant," the report reads.

A forum was held for the Northport VA nursing homes staff to voice their concerns with the facility and its operation while an investigation of the first patient's death was ongoing.

"Many [staff members] shared a concern about staffing levels being too low," the report reads.

A second death raised claims of poor quality of care in the Northport vets nursing homes, after a patient in his mid-60s slipped, fell and fractured his hip. He underwent surgery and six days later stopped breathing. Allegations included the VA staff failed to protect the patient from falling and failed to properly provide one-on-one observation post surgery, neither of which was substantiated by federal investigators.

The investigation into the second death showed the nurse's assistant caring for him was on her sixth consecutive day of double shifts — 16 hours at a stretch. Investigators again cited "concern that working extra hours with double shifts could lead to staff becoming tired and less vigilant."

A staff member working double shifts was not common practice, according to Northport VAMC spokesman Levi Spellman, who said union workers are contractually required to have 10 to 12 hours off between nursing shifts.

Closer look at staffing numbers

Records pulled by the federal investigators showed Northport VAMC has been chronically short of nursing staff dating back to at least 2016. Allegations were made that understaffing could

lead to a higher rate of “nurse-sensitive outcomes,” such as surgical wounds getting infected, urinary tract infections, ulcers and pneumonia.

Northport’s four nursing homes were found to be short approximately 6.3 full-time employees in 2016 needed to meet VA’s recommended number of nursing hours spent with patients per day. By 2017, the facility’s staffing shortage had more than doubled, with 15.3 additional full-time employees needed. Northport VAMC’s nursing homes were only staffed at 60 to 80 percent of recommended levels over the two years, according to federal investigators.

Northport VAMC’s leadership attempted to tackle the short staffing issue by using “floating” shifts and overtime — sometimes mandatory, according to the federal report. Floating shifts meant staff from other areas of the VAMC were brought in to assist with patients in the nursing homes.

In 2016, Northport VAMC’s nursing home employees put in a total of 19,991 hours of overtime. It nearly doubled by the end of 2017 as only 107.9 of the facility’s authorized 128 full-time positions were filled, according to Spellman, causing the facility’s overtime costs to skyrocket to nearly \$1.5 million.

“Nurse managers had no mechanism to alert them if one of their unit nursing personnel worked excessive OT,” the report reads.

Federal investigators found part of the nursing homes’ staffing issues were due to an inability to hire and retain the members of its nursing staff. Northport VAMC got approval to hire 10 additional registered nurses and 10 nurse assistants as intermittent staff in November 2016, though the team wasn’t assembled until August 2017.

Often the process of hiring new nursing staff was delayed. In one instance, Northport’s leadership said two applicants interviewed and hired in January 2017 were told they would not start working until July.

“This delay in hiring often resulted in the loss of selected applicants who took other jobs,” the report reads.

The leadership of Northport VAMC said the high cost of living on Long Island has also made finding and maintaining a full-time staff difficult.

“Not only does this affect our ability to retain talent, but to recruit it as well,” spokesman Spellman said.

Steps to improvement

The federal investigators made three recommendations to Northport VAMC in order to ensure it has adequate nursing care for its patients and improve quality of care for residents.

First, that the VAMC’s acting director, Dr. Cathy Cruise, completes a review of the nursing homes to ensure staffing levels align with the needs of its current residents. More staff should be recruited and hired to fill the current vacancies “until optimal staffing is attained,” reads the report.

Spellman said leadership of Northport VAMC, including Cruise, have already started taking action, implementing changes to improve the quality of care and working conditions.

A registered nurse clinical coordination position has been added in order to streamline nursing staff's efficiency, according to Spellman. At the beginning of 2018, the facility was given approval to hire 2.6 more full-time employees and another 10 staff members were recently approved to bring the total nursing staff to the equivalent 140.6 positions.

"A staffing methodology is in the process of being completed, with additional staff expected," Spellman said.

The Northport VA has received approval to directly hire its nursing staff and is giving new employees immediate start dates, according to him. It also had plans to expand its nursing floating pool, and to cross train other VAMC nurses in long-term care to continue to grow the available number of staff who can provide residents with care.

Third, Northport's leadership was also told to improve its management of staff's overtime hours and make sure of future responsible use of financial resources, citing the \$1.5 million in 2017 overtime.

"Federal employees are expected to be good stewards of government funds," the report reads. "The OIG found a lack of accountability for managing OT expenditures."

Spellman said the nursing homes staff had a total weekly average of 437.3 hours of overtime for the 2018 fiscal year, which ended Sept. 30. This indicates a significant drop from last year, where the total weekly average of overtime exceeded 750 hours.

"All of this is to say that, while the OIG has helped Northport identify areas in which we can improve, we have implemented measures to make those improvements — and we are already seeing results," Spellman said.

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4. - Independent Journal Review: [Obama-Era Mistreatment of Veteran Entrepreneurs Gaining Attention in Washington](#) (3 October, Christopher Neiweem; Alexandria, VA)

The Trump administration and members of Congress are taking notice of how the previous administration mistreated veteran entrepreneurs.

Helping veterans is not simple, but the American people have long supported the men and women who return home after military service. Many need immediate assistance recovering from life-changing injuries. Many more need reasonable support of career goals through the unencumbered use of their earned education benefits, which help them seek careers in corporate, civic, and entrepreneurial ventures.

Our goal as a nation should be to ensure that the help we provide veterans, regardless of the programmatic form or government agency, is effective and never hurtful. Considering this goal, political leaders are starting to investigate what has become a systemic problem — a trend of veteran entrepreneurs being harmed by the U.S. Department of Veterans Affairs (VA).

Often overlooked is the fact that the American veteran entrepreneur is critical to our nation's economy and security. As our military prepares for the future, such as the Army Futures Command, we are looking to our veteran entrepreneurs to lead empathetic networks and economic opportunities for veterans and reservists. Likewise, veteran entrepreneurs are bold and industrious leaders who build businesses throughout America's diverse communities.

Obviously, many VA employees are dedicated to serving veterans very well, but there are those who get away with abusing veterans. The regular scandalous abuses include patients dying from treatment delays, neglect, and horrible medical errors. A notable case in the Obama administration is the 1,700 veterans who waited many months for medical appointments and the delays that created horrible outcomes, including deaths.

Typically, the response by VA leaders is to invest more taxpayer dollars into employee training, which leads to another case of abuse — of a veteran entrepreneur.

Ironically, a recent case in which VA employees abused a veteran entrepreneur is the project to fix the Obama-era conference spending scandal, justified as employee training. As reported earlier, VA employees abused a veteran entrepreneur by taking credit for his innovative services to seek their promotions without paying the veteran entrepreneur for the services or proprietary software:

“To make matters worse, after declining to pay the bills for these veteran entrepreneurs, hired to solve the agencies' spending scandal and management errors, the VA then acts as an agitator and adversary to the very veterans it exists to support.”

In an email to a veteran, Dr. Eric Hannel, former staff director for the Subcommittee on Oversight and Investigations, House Committee on Veteran Affairs, said:

“VA lacks the ability and desire of real transparency when measuring many facets of contracts made with Service Disabled Veteran Owned Small Businesses (SDVOSBs) and Veteran Owned Small Businesses (VOSBs). During my time as a congressional investigator, with VA as my primary focus, a number of veteran entrepreneurs reported inappropriate VA conduct bordering on misfeasance, malfeasance or fraud, which was subsequently substantiated by evidence. The Government Accountability Office (GAO) has also identified numerous shortcomings with VA's efforts towards Veteran Entrepreneurs over the years.”

The systemic problem warrants continuous congressional attention.

Corrupt VA employees should not abuse veteran entrepreneurs — it is shameful and an embarrassment to all Americans. Thankfully, President Donald Trump nominated — and Congress will hopefully approve — two key leaders who will play a major role in stopping the abuse of veteran entrepreneurs.

Dr. Tamara Bonzanto is nominated to be the next assistant secretary for the VA Office of Accountability & Whistleblower Protection. She can establish an ombudsman who has the authority to monitor and report to Congress VA employees' abuses that veteran entrepreneurs have seen or experienced.

Mr. James Paul Gfrerer is nominated to be the next assistant secretary for the VA Office of Information and Technology. He can manage and report to Congress from a single data

inventory of all VA expenditures that are used to acquire or customize software, especially as this seems to be where VA employees are most likely to abuse veteran entrepreneurs.

Meanwhile, Rep. Randy Hultgren (R-Ill.) argued on the House floor that VA needs to manage, verify, and report the measurable returns on investments (ROIs) for all expenditures. These ROIs are very appropriate requirements for the VA training business cases and all other discretionary spending by VA. Employee training and its reinforcing software are two of the largest investments taxpayers make to ensure that veterans are treated effectively.

Veterans are confident that the new VA secretary, Robert Wilkie, will stop the abuse of veteran entrepreneurs. And to ensure that taxpayers' investments are not wasted, he will make public the ROI analyses for the discretionary programs — ensuring that these programs are not used to hurt veteran entrepreneurs but rather that they are accountable for their positive effects on our American veterans.

Christopher Neiweem is the founder of Neiweem Group and an Iraq War veteran who has testified in front of both the House of Representatives and U.S. Senate committees on issues impacting veterans' health benefits and education as an expert witness. He has directed multiple legislative campaigns aimed at the VA to improve care for veterans and has been featured on dozens of media print and television platforms to include Fox News Channel, CNN, and Headline News.

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5. [Improve Timeliness of Service](#)

5. - The Commercial Appeal (Video): [Memphis VA hospital ranked among the worst in the country — again](#) (3 October, Brett Kelman, 1.1M uvm; Memphis, TN)

The Memphis VA Medical Center has once again been listed among the worst veteran's hospitals in the country, at least in part because of the alarming amount of medical complications and death that occur within its walls.

The Memphis hospital is one of only five veteran's hospitals across the nation that have received a one-star rating three years in a row, according to new rankings released by the VA on Wednesday.

The rankings show that the Memphis facility has made "small improvements," but it remains one of the most persistently troubled facilities in the system.

VA records show that Memphis received its low rating because of uncommonly high levels of patient death and medical complications, including bloodstream infections and staph infections.

In a written statement responding to the new rankings, Medical Center Director David Dunning said the hospital was making "significant improvements."

Dunning said the hospital was "among the faster improving medical centers" in the country. At least 29 other VA hospitals made larger improvements, according to the rating system.

"Some of our biggest strides were in the areas of mental health, including suicide prevention, hospital complications and sepsis recognition," Dunning said in the statement. "Our staff are fully engaged in improving our Veterans' experience and our hospital is far safer in every aspect than we were one, two or three years ago."

Memphis' low ranking comes about a year after a USA TODAY investigation into the hospital revealed a series of botched surgeries inside the facility, including a patient who mistakenly had 10 inches of packaging tubing implanted into an artery in his leg, ultimately forcing an amputation.

VA officials said at the time that a new director had taken over the Memphis facility, then quickly identified problems in the surgery, research, nursing, engineering and human resources departments.

"When we determine facilities need extra attention — such as those in Memphis and Marion, Ill. — they are receiving it," said Curt Cashour, a spokesman for the VA system, last year. "And we are not hesitating to take swift accountability actions when warranted."

U.S. Rep Steve Cohen released a statement after the report was released, expressing his "extreme disappointment."

"Memphis veterans deserve better than this. My office continues to receive complaints about the poor performance of our VA facility and today's report indicates it is still mired at the bottom of the national rankings," Cohen said. "It is unconscionable that the rate of death is so high."

The congressman said he wrote VA Secretary Robert Wilkie Wednesday afternoon, asking that needed improvements be made immediately.

Other Tennessee VA hospitals fared better in the new rankings. Facilities in Nashville and Murfreesboro made enough improvements to be upgraded from one-star to two-star ratings. The Mountain Home VA remains a four-star facility.

The VA regularly scores 146 of its medical centers based on dozens of quality factors, including death, infection rates and wait times, but used to keep these rankings secret.

The agency did not start releasing the ratings until USA TODAY obtained and published them for the first time in 2016. The VA then committed to posting them annually.

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5. - WSLN (NBC-10): [Hundreds of veterans receiving free flu shots at Salem VA Medical Center](#) (3 October, Alison Wickline, 812k uvm; Roanoke, VA)

SALEM, Va. - The Salem VA Medical Center's drive-thru flu shot clinic is seeing major success so far.

During the month of October, veterans enrolled in the VA system can get the flu shot for free. More than 500 flu shots have been given so far since the program started this week.

The VA said the drive-thru clinic is designed to make the process easier for veterans of all ages.

"It's very important for the veterans because even if they don't have an appointment, the convenience is so great. They don't have to look for parking, they don't have to go in and wait. They can just drive through," said Suzette Hile, R.N. and care coordinator for the Salem VA.

The clinic at the Salem VA Medical Center is open 8 a.m. to 4 p.m. Monday through Friday until the end of the month.

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5. - The Gazette: [Ernst, Grassley question Iowa City VA about canceled exams](#) (3 October, Erin Jordan, 443k uvm; Cedar Rapids, IA)

IOWA CITY — U.S. Sens. Joni Ernst and Chuck Grassley sent a letter Tuesday to the Iowa City Veterans Affairs Health Care System with questions about allegations of improperly canceled diagnostic exams.

"Iowa veterans rightly expect the VA to properly manage crucial medical appointments, especially with follow-ups, lab or imaging tests," Ernst said in a prepared statement. "I remain concerned about the level of care that our veterans are receiving."

The letter follows news reports about the Iowa City VA being audited, along with eight other VA hospitals nationwide, to determine whether radiology requests were processed in a timely manner and canceled appropriately.

Jeff Dettbarn, a former X-ray technician at the Iowa City hospital, told The Gazette earlier this week thousands of exams were canceled, many without the required physician signoff. After repeatedly expressing concern about the cancellations, Dettbarn was transferred to a lower-paying job at the VA, he said.

In Tuesday's letter to Judith Johnson-Mekota, director of the Iowa City VA, Ernst and Grassley asked for responses by Oct. 16 to the following questions:

- How many total cancellations occurred?
- How many of these cancellations were determined to have been made in error?
- How did the Iowa City VA determine that a radiology appointment was improperly canceled?

The U.S. senators also asked hospital staff to detail the process the VA used to follow up with veterans to make sure they are receiving proper imaging care.

"While we are glad to see corrective action by the Iowa City VA, this and similar issues over the past few years continue to raise questions regarding the level of care our veterans in Iowa are receiving," the letter states.

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered but not performed within two months. VA officials said many of the overdue tests weren't necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams — including CT scans, MRIs, ultrasounds and mammographies, weren't needed — the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor's permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

Iowa City VA spokesman Bryan Clark told The Gazette on Monday most canceled orders were "obsolete, outdated and/or duplicates" but noted some exams were canceled without following proper policies or procedures.

He acknowledged one incident in which a patient showed up for an appointment that had been canceled, but said the "staff reacted quickly to ensure the patient got the care they needed immediately."

Clark said he could not comment on Dettbarn's specific allegations about retaliation by VA staff, but said the "VA does not tolerate retaliation."

Grassley's staff exchanged several emails with Dettbarn in September and October 2017, providing information on who he needed to contact regarding his claims against the VA, Grassley spokesman Michael Zona said Wednesday. The Gazette attempted to contact Grassley's staff Monday and Tuesday for a previous story about the VA but had outdated email addresses that did not bounce back or reach the appropriate contact.

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5. - KRGV (ABC-5, Video): [Veteran Says VA's Process to Receive Treatment Needs Improvements](#) (3 October, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Weslaco veteran says the process to receive treatment from the Department of Veterans Affairs could improve.

Vietnam veteran Francisco De Leon has symptoms of diabetes and blood pressure problems that cost him a kidney.

The 72-year-old says the process to get treated through the VA requires him to deal with burdensome paperwork.

KRGV's Frank McCaffrey reached out to the VA office in Harlingen in regards to De Leon's case.

A spokesperson for the group says they recently extended a contract that will allow veterans to get treatment where they choose.

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5. - WDTN (ABC-2, Video): [New data suggests Dayton VA Medical Center has shown improvements](#) (3 October, 194k uvm; Moraine, OH)

DAYTON, Ohio – The U.S. Department of Veterans Affairs released new data suggesting that the Dayton VA Medical Center has made quality improvements since last year.

Our friends at the Xenia Daily Gazette report that improvements were made in mental health measures, hospital mortality, 30-day readmission rates, and inpatient quality measures.

The 2018 data says that 71 percent of VA Medical Centers have improved in overall quality.

The VA uses a web-based report scorecard to measure, evaluate, and benchmark the quality of its healthcare facilities.

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5. - The News-Review: [Editorial: Two stars may be in Roseburg VA's near future, but what comes next?](#) (3 October, 160k uvm; Roseburg, OR)

Until last month, the Roseburg Veterans Affairs Medical Center was ranked one of the worst in the country by the Department of Veterans Affairs. It was one of 15 on a list of high-risk VA facilities.

Now, it's been taken off that high-risk list and appears to be well on its way to doubling its rating from one star to two.

In recent years, staff morale has been low at the VA, in part due to a pattern of whistle-blower retaliation and harassment. Patient morale has been low, too, due to high doctor turnover and long wait lists.

Former director Doug Paxton inherited those conditions in 2014, and set out to improve the ratings. At first, he seemed to be delivering, as the VA's one-star rating jumped to two in 2016. That two-star rating slipped through his fingers, dropping back to one star in 2017, and then, following allegations he was at the head of a toxic management culture, his job slipped through his fingers, too.

Interim Director Dave Whitmer has been able to get things headed in the right direction again. But what the future holds for the Roseburg VA is anyone's guess.

It still has a long way to go to receive the four- or five-star rating that would indicate it's performing at the level of excellence our veterans deserve.

Perhaps nothing is more critical at this juncture than the decision-making process currently underway to find a permanent director for the facility. Whitmer always said his time here would be short, and it's nearing an end.

When a permanent replacement is chosen, we need him or her to be the kind of director who will avoid all the tired, old excuses of directors past. Plenty of medical professionals want to work here, as long as they're not driven off by poor management. Keeping them here will keep wait lists shorter. Having competent leadership and keeping well-qualified staff will boost everything from patient and staff morale to safety and best treatment for veterans. That's the path toward many stars.

Next year, two stars could become one, or three, depending on what happens next.

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5. - KOMU (NBC-8, Video): [Veteran with PTSD reacts to Kander dropping out of KC mayoral race](#) (3 October, David Estrada, 154k uvm; Columbia, MO)

Army veteran Ron McMillan said he was surprised when Jason Kander announced he was leaving the Kansas City mayoral race because he is suffering from Post-traumatic Stress Disorder or PTSD.

However, McMillan said he understands how difficult it would be for Kander to be in a public position dealing with PTSD.

"You are alone when you are dealing with PTSD," he said. "We do talk about it in groups here at the Legion with other veterans, but everybody's experience was different, and even though we relate to each other, I think the PTSD is pretty much an individual problem."

McMillan joined the United States Army in 1967. He was sent to Vietnam, to join the first cavalry division, from early 1968 until June 1970. After coming back from Vietnam, he was discharged from the Army.

He said he saw a lot of combat during his service which contributed to his PTSD.

"When I came back from Vietnam, of course we weren't well treated, we weren't well thought of," he said. "We almost had to hide our service and I think that contributed to the PTSD almost as much as anything not being accepted back in the United States."

With the help of specialist from the Harry S. Truman Memorial Veterans' Hospital, McMillan said he was able to overcome his hypersensitivity of being surrounded by large groups of people.

However, McMillan said some of his symptoms remain.

"The biggest problem is the nightmares," he said. "The nightmares still continue to this day. I've received quite a bit of treatment from the local VA hospital, which I appreciate, but the nightmares just don't go away."

Jessica Tappana, trauma and PTSD therapist, said the effects of PTSD cannot be completely cured, but they can be controlled with effective treatment.

"You can get to the point where you don't meet what we called the diagnostic criteria for PTSD," she said. "On paper, you don't technically have PTSD but the memories themselves never go away, you incorporate this as part of your life."

McMillan said he is proud that with his decision, Kander brought up an issue affecting veterans.

"I am glad that he is bringing the subject of PTSD and how it affects so many of us after our service in the military," he said. "My father and my uncle, who were both WWII veterans never received any help from the VA or anything else and they suffered their entire life from PTSD."

According to statistics from the U.S. Department of Veterans Affairs: "It is estimated that about 30 out of every 100 of Vietnam Veterans have had PTSD in their lifetime."

Tappana said there are some symptoms every person can identify when suffering from PTSD.

"Feeling like you are almost re-experiencing the trauma," she said. "It's very common for people to have nightmares flashbacks from something smalls in their day-to-day life trigger something."

She said the harder people try to convince themselves they don't have PTSD, the worse the disorder gets.

"Often people have the misconception that it's somehow weak to seek treatment, to seek help," she said. "They think that I can just change my attitude and think happy thoughts and I'd feel better. Unfortunately, that's not often the way it works."

Tappana said the best way to deal with PTSD is to look for professional counseling.

"I strongly encourage you to reach out and ask for help. The good news is that we have very effective counseling, people can get better, people do get better," she said. "You don't have to suffer and the sooner you reach out and ask for help, and start really dedicating yourself to that healing process, the sooner you are going to get unstuck and are going to be able to move forward with your life."

As for McMillan, he said people can help veterans overcome PTSD.

"When you see the veteran, in the restaurant, on the street, at the parade, whatever, wearing that bold cap that indicates they're a veteran, or maybe the t-shirt, or holding the flag, tell them thank you," he said. "That means so much to us, especially from the younger generations."

The VA Crisis Line is 1-800-273-8255. Both veterans and non-veterans can call that number.

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5. - KFOX (FOX-14, Video): [El Paso VA continues to rank among the lowest in the country](#)
(4 October, Michael Ikahihifo, 92k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care system continues to be one of the lowest-ranking hospitals in the country.

This comes after the hospital received a one-star rating out of a possible five stars.

Director Michael Amural tells KFOX14 despite low ratings, El Paso VA hospital is ranked in the top 5 for mental health population coverage and call responsiveness.

"Our veterans who need mental health care are engaged with our mental health team. The other two metric(s) we are working on is our appointments times and our ability to get them in on a timely manner," said Amural.

Amural said the VA needs to improve in treating a certain category of patients, along with making sure they are diagnosed and treated with minimum wait time.

"These are things like COPD, (or chronic obstructive) pulmonary disease, CHF, (or) congestive heart failure, diabetes," said Amural.

Veterans like Brandon Duzman said he doesn't agree with the ratings.

"Ratings, they don't really mean much to me personally. I think it's about the individual experience," said Guzman.

While El Paso may be ranked low, one veteran tells KFOX14 he would rank it much higher.

"They seem like they're really concerned to work with us, to help us with our needs and coping skills," said local veteran Nate Chaney.

As the El Paso VA hospital works to improve its rating, Guzman said they need to do better at marketing their services.

"Improve communication, kind of just informing them what's out there and kind of getting them enrolled in the VA," said Guzman.

The director tells KFOX14 he has a team who is working on the metrics in hopes of improving the star rating for the El Paso VA.

Overall, Amural said it's all about the individual experience and how the veterans feel when they leave the hospital, even if the ratings say otherwise.

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5. - WGNS (CMN-1450): [End of fiscal year hospital Star rating shows large improvement in overall quality of services at Local VA Hospital](#) (3 October, 47k uvm; Murfreesboro, TN)

Today, as part of the Department of Veterans Affairs' (VA) efforts to remain transparent and hold VA facilities accountable, VA released its end of fiscal year 2018 (FY2018) hospital Star ratings, which evaluate and benchmark quality of care delivery at VA medical centers (VAMCs) across the nation.

Tennessee Valley Healthcare System's (TVHS) Nashville facility and Alvin C. York facility in Murfreesboro were both among the facilities that made positive strides in the benchmarks and is striving to continue progress. Both Nashville and York facilities improved from a 1 Star rating to a 2 Star rating.

"We are thrilled to see our hard work paying off for our Veterans," said TVHS Director, Jennifer Vedral-Baron. "We are working to improve the whole health of our Veterans and boost employee satisfaction. We can feel our culture changing for the better, so it's exciting to see the data reflect positive change as well," she said.

Vedral-Baron said focus and accountability played big roles in the improvements. Weekly SAIL meetings help service chiefs and other leaders better zero-in on their goals and allow them to share their progress with others.

"It feels good to know our efforts are moving us in the right direction, and we're going to keep that momentum going. I am happy with the improved ratings; however, the work is far from done. Our Veterans deserve the absolute best care we can offer," Vedral-Baron said.

The Star rating designation is designed to help VA identify best practices of its top performing hospitals and share them across VA's health care system to achieve system-wide improvements.

Compared with data from the same period a year ago, the release of VA's Strategic Analytics for Improvement and Learning (SAIL) report shows 66 percent of VA Medical Centers (VAMCs) have improved in overall quality in the third quarter -- with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Six VAMCs had a decrease in quality, and improvement activities are underway at each of these facilities.

Additionally, of the medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist them, eight are no longer considered high risk and 80 percent (12 medical centers) show measurable improvements since being placed under StAT in January 2018.

"There's no doubt that there's still plenty of work to do, but I'm proud of our employees, who work tirelessly to move VA in the right direction for Veterans and taxpayers," said VA Secretary Robert Wilkie.

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5. - WFXR (FOX-27, Video): [Learn the importance of mental health services for veterans](#)
(3 October, Casey Wright, 29k uvm; Roanoke, VA)

5-minute video: Chef of Mental Health Dr. Del Short at the Salem VA Medical Center talks about the importance of mental health and how it affects physical health.

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5. - ConnectingVets.com (CBS Radio): [Don't let fear stop you from getting a breast cancer screening](#) (28 September, Kaylah Jackson, New York, NY)

At the Michael E. DeBakey VA Medical Center in Houston, Texas, women veterans wear pink, comfortable, fluffy robes and enjoy drinks and snacks to make them comfortable.

That's the type of environment the Breast Imaging team in Texas and other VA centers create for women veterans. But even with a fluffy pink robe, many women aren't educated about what steps to take regarding their breast health. The best place to start is getting an accurate screening.

“Research, in general, has found that mammography is the number one way of saving a woman’s life from dying from breast cancer,” said Dr. Mahdiah Parezi, Chief of the Breast Imaging Section at the Michael E. DeBakey VA Medical Center in Houston, Texas. “Since the 1980s and 1990s when more women started getting a mammogram, we started seeing a decrease nationally in the number of women dying from breast cancer by about 40 percent.”

A mammogram is an x-ray picture of the breast that doctors can use to detect early signs of breast cancer, but the fear itself of the mammogram results will sometimes prevent women from getting a screening.

And myths about breast cancer don’t just stop the possibility of test results. Dr. Parezi says there are a few obstacles that often prevent women from paying attention to breast health.

“75 percent of breast cancers that occur across the nation are in women who have no family history of breast cancer, and that’s because the number one risk factor for breast cancer is gender—just being a woman,” said Dr. Parezi.

Starting annual mammograms at age 40 is recommended by American College of Radiology and whether or not women think they have it, the exam should be part of their annual care routine, especially if a woman has a family history of breast cancer.

Read Also: MVP needs women vets for new cancer screening.

For many women, conducting a self-exam is sometimes thought of as an alternative measure, but self-checks are only one part of overall breast health.

“More recently many physicians don’t think there is a benefit to getting a self-breast exam or having a clinical exam, where the physician does the exam on the patient,” said Dr. Parezi. But she does say this three-pronged approach should be used when thinking about over breast health for woman veterans.

1. Annual Mammogram.
2. Being aware of your body.
3. Have a clinical breast exam by your clinician.

The number two risk factor after gender for breast cancer is getting older. Although gender and aging are risk factors woman veterans cannot change, there are methods they can take towards all-around health. Moderating exercise, reducing the amount of alcohol intake and having a healthy BMI are great preventative measures to integrate within a woman's routine.

For woman veterans who have breast cancer, keeping consistent face-to-face communication with your physician and team is important. Joining a local support group can also be helpful, check if your local VA center has one for breast cancer patients.

At the VA clinic in Houston, for example, patients have the option of going to a support group to talk to each other and ask questions in a space that’s led by an oncology social worker and oncology psychologist.

Recently, the VA created a Breast Cancer Registry that includes data from multiple sources within the VA to offer patients the best information about breast cancer screening, test results, and treatment options

“Across many of the VAs, as care is being more focused on woman veterans, we’re trying to provide the kind of care that’s top-notch where we can compete with the private sector so that veterans come to us not because they have to, but because they want to.”

For more information about Breast Cancer resources at the VA, click [here](#).

To learn about the different stages of Breast Cancer and what breast changes look like, click [here](#) to check out the Veterans Health Library.

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6. [Suicide Prevention](#)

6. - WCCO (CBS-4, Video): [Inspection Finds Major Issues At VA Hospital](#) (3 October, Reg Chapman, 27.5M uvm; Minneapolis, MN)

A healthcare inspection of the VA hospital in Minneapolis found some major issues when it comes to dealing with veterans in crisis.

The probe came at the request of Representative Tim Walz, who is now running for Governor. Walz was contacted by a family of a veteran who killed himself after being released from the Minneapolis VA.

“He was my little baby brother,” Alissa Harrington said.

To say Alissa Harrington and her brother Justin Miller were close is an understatement.

“I am extremely proud of him for his military service and for him deciding to serve our country,” said Harrington.

Justin was an artist, a trumpet player with the Marine Corp Band. But he was a Marine first.

“In 2005 in that summer his unit was deployed to Iraq to the Al Asaad air base. He wasn’t the same when he came back,” Harrington said.

Alissa says Justin reached out for help, first from a private therapist before reaching out to the VA.

“He kind of had a crisis and at that point he reached out to the VA crisis hotline. The crisis line told him to go into the emergency department,” Harrington said.

Justin was admitted for four days and was discharged. He killed himself 24 hours later.

“An investigation by the Federal government found several problems with the care Justin got at the VA mostly importantly there was no follow up plan.

"It's maddening to see a bureaucracy having all these checks and balances and these safeguards in place and have them not used appropriately and with amazingly devastating consequences," Harrington said.

The Office of Inspector General's report provided recommendations to the VA, like improving care collaboration across departments and engaging family members in Veteran's mental health treatment plans.

"And we'll never know if they had followed the rules and know why they were following the rules and those sets of regulations if he would still be alive today," Harrington said.

The VA is starting to implement the recommendations. All but one will be completed this year.

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6. - ABC News (Video): [Rising Democratic star Jason Kander, former Army officer, exits Kansas City mayor race for depression, PTSD treatment](#) (3 October, Mark Osborne, 24.1M uvm; New York, NY)

A rising star in the Democratic Party announced suddenly he will be withdrawing from the race for mayor in Kansas City in order to seek further treatment for depression and post-traumatic stress disorder.

Jason Kander, 37, wrote a lengthy letter on his Facebook page Tuesday afternoon announcing the surprising departure and going into painful detail about his struggles dealing with his time spent in Afghanistan 11 years ago as an Army intelligence officer.

"I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly," Kander wrote. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression."

Kander will also be stepping away from his nonprofit, Let America Vote, which he formed in February 2017 to increase voter turnout and end voter suppression. He's served as president since its founding.

"I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward," he said. "We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond."

The former Army captain and former Missouri Secretary of State announced he would be running for mayor of Kansas City in July at a press conference from the Negro Leagues Baseball Museum. Election day is not until June 25, 2019.

Kander joined the Army immediately following the Sept. 11 attacks. He said he first contacted Veterans Affairs looking for help four months ago, saying he knew something was "deeply

wrong," but wrote in Tuesday's letter he did not admit to the true seriousness of his symptoms in paperwork he filled out.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour," he wrote. "I can't have PTSD, I told myself, because I didn't earn it."

The 37-year-old actually wrote a book, "Outside the Wire," which was released in August and he said he was lucky not to suffer from PTSD. He admitted Tuesday the claim was to prevent a stigma and avoid a negative impact on his political career.

Kander ran unsuccessfully for the U.S. Senate in 2016, losing to Republican Roy Blunt by fewer than 3 percentage points in the typically red state.

Former President Barack Obama singled out Kander as a future presidential candidate in a January 2017 interview with "Pod Saves America."

"I'll close by saying this isn't goodbye," Kander wrote Tuesday. "Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be."

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6. - ABC News (Video): [Veterans organization places 5,520 flags to raise awareness of veteran and military suicide this year](#) (3 October, Elizabeth McLaughlin, 24.1M uvm; New York, NY)

A veterans service organization placed 5,520 American flags across the National Mall in Washington, D.C., on Wednesday to raise awareness of veteran suicide.

Volunteers with Iraq & Afghanistan Veterans of America (IAVA) placed one flag for each military or veteran suicide since the start of this year, according to new data released by the Department of Veterans Affairs last week.

The last 20 flags were placed after a noon news conference, meant to highlight the 20 military and veteran suicides that occur across the country each day. The rate of suicide among the military and veteran population is 1.5 times higher than it is for the non-veteran population, IAVA said.

"Too many of our men and women are dying," Paul Rieckhoff, IAVA Founder and CEO, said in a statement. "Every day, IAVA and our partners and allies are working to support hundreds of thousands of veterans facing transitional challenges after combat."

"We can't fight this problem alone," he continued. "We need reinforcements of the greatest magnitude. We need a national call to action from the top that mobilizes all Americans. In response to this ongoing crisis, we need immediate action from the Commander-In-Chief, Secretaries of Defense and VA, and all Americans."

In a survey of its more than 400,000 members in 2017, IAVA found that 58 percent of respondents knew a post-9/11-veteran who had died from suicide.

"There's plenty of urgent news out of Washington this week dominating headlines," Paul Rieckhoff said. "This news is a matter of life and death and must not be overlooked. And unlike almost every other issue in Washington, this one could unite leaders of all parties."

"We invite the president and all concerned citizens to join us on the National Mall to focus awareness, support and action on this silent enemy that is taking the lives of our fellow Americans every single day," he added.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7. - The Advocate (New Orleans): VFW and Aktion Club contribute gifts for VA baby shower (3 October, 10.2M uvm; Baton Rouge, LA)

When the Veterans Administration women's health program held a baby shower for the mothers-to-be in its care, it did so with the support of the Veterans of Foreign War and VFW auxiliaries from St. Tammany Parish and the Aktion Club of Camellia City.

VFW Davis-Moran Post 8290, of Lacombe, Homer Williams Post 8720, of Abita Springs, and Boyet-Brannon Post 5174, of Pearl River, and their auxiliaries purchased unisex baby items and put together bags and boxes of gifts for the shower.

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7. - KOB (TV-4): HUD and VA award nearly \$400,000 toward housing homeless veterans in NM (3 October, Marian Camacho, 1.1M uvm; Albuquerque, NM)

Permanent housing is on the way for an estimated 70 homeless veterans in New Mexico.

The U.S. Department of Housing and Urban Development and Department of Veterans Affairs has just awarded the state \$388,318 through HUD's Veterans Affairs Supportive Housing Program, or HUD-VASH.

The program provides funding for vouchers for housing and supportive services that help to end homelessness for veterans.

"It's our duty and responsibility to support the men and women who gave so much for our country," said HUD Secretary Ben Carson. "The housing vouchers awarded today ensures homeless veterans nationwide have access to affordable housing and the critical supportive services from the VA. It's an honor to work with our dedicated partners on the ground who make certain every veteran has a place to call home."

Veterans will be assessed by local VA Medical Centers before they are referred to local housing agencies for vouchers from the program. Decisions on who is considered are based on a variety

of factors including how long the veteran has experienced homelessness and the need for longer-term housing.

"Veterans have put their lives on the line for the freedoms we all enjoy," said Beth Van Duyne, HUD Regional Administrator. "The HUD/VA partnership has helped tens of thousands of those veterans get off the streets and into decent housing, with important medical and case management that helps them remain housed and keeps them on the path for independent living."

Those who are a part of the program rent privately owned housing and contribute no more than 30-percent of their income toward rent.

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7. - San Francisco Chronicle: [Federal program spends \\$5.3 million to help homeless veterans in Bay Area, Central Valley get housing](#) (3 October, Lauren Hernandez, 841k uvm; San Francisco, CA)

More than 300 veterans experiencing homelessness in the Bay Area and Central Valley will soon move into permanent housing with the help of a joint federal program, officials announced Wednesday.

The U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs awarded \$5.3 million for rental assistance and support services to various HUD offices in the Bay Area and Central Valley, according to HUD. The funds are expected to help 343 veterans get housing vouchers.

"We have few responsibilities greater than making sure those who have sacrificed so much in service to their country have a home they can call their own," said Ben Carson, the secretary of the HUD. "The housing vouchers awarded today ensure homeless veterans nationwide have access to affordable housing and the critical support services from the VA."

As part of the voucher allocation process, officials at VA facilities are tasked with reviewing how long each veteran has experienced homelessness, and determining how much "intensive support" is required for the individual to obtain and maintain permanent housing "before referring them to local housing agencies for these vouchers," officials said.

"Decisions are based on a variety of factors," officials said in a statement Wednesday.

The monetary assistance was provided through the HUD-Veteran Affairs Supportive Housing program, which provides rental assistance, individual case management and clinical services through the Department of Veteran Affairs.

The Santa Clara County Housing Authority received the largest amount of funding, garnering \$2.8 million to provide 140 vouchers for permanent housing and services, HUD said.

The San Francisco Housing Authority received \$343,723 for 21 vouchers.

More than 93,000 housing and services vouchers have been awarded and roughly 150,000 homeless veterans were served throughout the United States through the joint program since 2008, officials said.

Veterans participating in the program typically rent privately owned residences and use 30 percent or less of their income toward rent, officials said.

“When our neighbors answer our country’s call to service, we must answer their call when they return home,” said Wayne Sauseda, HUD’s deputy regional administrator.

Here’s how the money was dispersed in the Bay Area and Central Valley:

- San Francisco Housing Authority: \$343,723 (21 vouchers)
- Contra Costa County Housing Authority: \$284,891 (20 vouchers)
- San Mateo County Housing Authority, Palo Alto-based VA medical facility: \$162,949 (12 vouchers)
- San Mateo County Housing Authority, San Francisco-based VA medical facility: \$67,895 (5 vouchers)
- San Joaquin County Housing Authority: \$116,648 (20 vouchers)
- Stanislaus County Housing Authority: \$138,880 (25 vouchers)
- Marin County Housing Authority: \$76,965 (5 vouchers)
- Berkeley Housing Authority: \$248,181 (15 vouchers)
- Santa Clara County Housing Authority: \$2,816,567 (140 vouchers)
- Pittsburg Housing Authority: \$62,903 (5 vouchers)
- City of Alameda Housing Authority: \$131,188 (5 vouchers)
- Alameda County Housing Authority, VA Northern California Health Care System: \$278,986 (20 vouchers)
- Alameda County Housing Authority, Palo Alto-based VA medical facility: \$209,240 (15 vouchers)
- City of Napa Housing Authority: \$40,182 (5 vouchers)
- Livermore Housing Authority: \$75,849 (5 vouchers)
- County of Sonoma: \$51,983 (5 vouchers)
- City of Santa Rosa: \$112,874 (10 vouchers)
- City of Vacaville: \$43,805 (5 vouchers)

•Solano County Housing Authority: \$40,118 (5 vouchers)

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7. - The Citizen: [Katko, Democrats want more data on housing vouchers for homeless veterans](#) (3 October, Robert Harding, 199k uvm; Auburn, NY)

A bipartisan proposal introduced Tuesday aims to gather more information about a voucher program designed to assist homeless veterans find housing.

The bill authored by U.S. Rep. Scott Peters, a California Democrat, is cosponsored by U.S. Rep. John Katko. Two other members of Congress, U.S. Rep. Mike Coffman, a Colorado Republican, and U.S. Rep. Mark Takano, another California Democrat, signed on as cosponsors.

The legislation, the Homes for Our Heroes Act, would ensure reports are submitted to Congress on the Veterans Affairs Supportive Housing program, a joint initiative administered by the Department of Housing and Urban Development and the Department of Veterans' Affairs.

Veterans can receive rental assistance vouchers for privately owned housing if they are eligible for VA health care services and are homeless, according to HUD's website.

Other services, including mental health treatment and substance use counseling, are offered through the program. At the end of the 2015 fiscal year, there were more than 78,000 vouchers allocated by HUD to assist veterans.

Peters' bill would require a study on the use of the vouchers in high-cost housing markets and provide greater disclosure of how the vouchers are allocated.

"We need to better understand, and quantify, the challenges veterans face as they seek to use HUD-VASH vouchers for housing, particularly in high-cost regions like San Diego; to do that, we need greater transparency about the program from both HUD and the VA," Peters said in a statement. "Equipped with that data, Congress can make better policy decisions that get our veterans the housing and care they need."

The legislation follows the revelation that the number of homeless veterans increased nationwide for the first time since 2010. In New York, there were 1,244 homeless veterans in 2017. That's down slightly from 1,248 two years ago.

Nationally, there were 40,056 homeless veterans last year, up from 39,471 in 2016.

Katko, R-Camillus, said the bill will ensure Congress has the information needed to help address homelessness among veterans.

"Over the past few years, our country has made tremendous strides in protecting our veterans from homelessness," he said. "However, overworked VA employees and a higher cost of living have led to certain programs becoming less effective."

Peters' bill is supported by two organizations, the National Alliance to End Homelessness and the National Coalition for Homeless Veterans.

Kathryn Monet, CEO of the National Coalition for Homeless Veterans, said the voucher program is one of the most effective tools in use to reduce veteran homelessness.

"Finding out where we can improve this key program is crucial to the long-term success of national efforts to place veterans experiencing homelessness into housing," she said.

The legislation has been referred to the House Financial Services and Veterans' Affairs

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7. - WDAY (ABC-6): [Veteran cemetery construction on track](#) (3 October, Wendy Reuer, 195k uvm; Fargo, ND)

HARWOOD, N.D. — Officials say construction of the state's first Department of Veterans Affairs national cemetery is on track and burials could begin as soon as spring.

Construction on the new cemetery began earlier this year on nearly five acres of land purchased by the VA east of Maple Sheyenne Lutheran Church, 8711 40th Ave. N., in Harwood.

"Everything is on schedule and we anticipate in our fiscal year 2019, probably late spring to early summer, we should be ready for burials," said John G. Knapp, deputy director of the Fort Snelling National Cemetery in Minneapolis.

The Harwood cemetery will be operated remotely by officials at Fort Snelling National Cemetery and will serve more than 24,000 veterans in the surrounding area.

Crews are building a road, flagpoles and entry features to the cemetery that will be home to about 3,204 gravesites when finished.

Knapp said an opening date has not been determined, as finishing construction will depend on weather.

"We of course want to make sure the construction is completed to specification and ensure the cemetery is ready with established turf before we open," he said.

North Dakota was one of 10 states without a national veterans cemetery.

A state veterans cemetery is located near Mandan.

All members and veterans of the armed forces are eligible to be buried in a VA national cemetery as long as they have met minimum active-duty service requirements and were not dishonorably discharged.

Members of the reserve armed forces who die while on active duty, while on training duty or were eligible for retired pay, or were called to active duty and served the full term of service, may also be eligible for burial. Their spouse, widow or widower, minor children and, under some conditions, adult unmarried children with disabilities can be buried in the VA cemetery.

Knapp said eligible veterans can be relocated to the new cemetery, but costs for relocation is the responsibility of the family.

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7. - Johnson City Press: [Veteran Stand Down set for Friday at Carver Rec](#) (3 October, Becky Campbell, 194k uvm; Johnson City, TN)

The annual community Veterans Stand Down event will be held Friday, but at a different location than in year's past.

The event will be held at Carver Park Recreation building instead of Munsey Memorial United Methodist Church. David Shields, a community employment specialist in the VA Homeless program, said the change made sense because the Carver building is on one level and easier for veterans seeking services to maneuver through the various booths.

Another change in the event is that the Appalachian Regional Coalition on Homelessness is the lead agency involved in organizing the Stand Down with assistance from Shields' office, the Tri-Cities Military Affairs Council, Vietnam Veterans of America 979 and the American Job Center of Tennessee.

"This event will provide homeless veterans and veterans at risk of being homeless with information regarding: substance abuse counseling, employment and training, housing resources, legal resources, haircuts, food, refreshments, clothing and more," Shields said. "There are anywhere from 150 to 180 veterans that come out. We don't restrict it just homeless veterans ... we open it up to those who are precariously housed."

He said bringing services together under one roof helps provide assistance more efficiently. The event also now includes a RAM clinic, he said.

For more information or to arrange for transportation, call 979-2871 or 557-2294.

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7. - Temple Daily Telegram: [Temple Salvation Army to open men's shelter next week](#) (3 October, Janice Gibbs, 157k uvm; Temple, TX)

The Men's Shelter at the Salvation Army McLane Center of Hope will open next week.

This 24-bed facility/program will open next Wednesday and offer single men shelter, daily meals, use of laundry facilities, access to a computer lab, and the case management needed to secure these men long-term income and housing.

"The opening of the Men's Shelter has been long awaited by the Temple community and we are thrilled to be able to finally open our doors to men in need," said Lt. Chantel Millin, commanding officer of The Salvation Army in Temple. "We are grateful to our local supporters and donors, and particularly to our Divisional Headquarters, for its financial support in helping us to not only

continue operation of our Women and Family Shelter, but to also permanently open the Men's Shelter in time for the upcoming winter season."

In addition to support from the Divisional Headquarters, a Veterans Affairs contract for 15 beds in the Men's and Women and Children and Families shelter will enable the men's shelter to open.

To support the expanding range of programs in Temple, The Salvation Army recognizes the importance of community and corporate involvement and the need to generate consistent donations.

"We feel blessed to be a part of such a giving community and pray that many individuals, groups and businesses will be moved and motivated to come alongside The Salvation Army and provide the financial support to fund our life-changing programs," Millin said.

The individuals in the VA program will be held to the same standards as Salvation Army residents.

The expectations, as far as behavior, are the same for all who live in the Salvation Army facilities. The VA residents will have their own case manager, which will be supplemented by the Salvation Army case managers as needed.

The beds allotted to the VA are available to veterans awaiting permanent housing through the VA.

"We are delighted that The Salvation Army will be able to provide a safe and nurturing place for veterans, a group often overlooked in society today. And it is within close proximity to the veterans hospital in Temple," said Lt. Aaron Millin, Commanding Officer at The Salvation Army in Temple. "It is truly an ideal partnership."

The Salvation Army Divisional Headquarters recognized the McLane Center of Hope would continue to have fundraising problems while the men's shelter remained closed, Chantel Millin said.

Additional monitors have been hired, along with a case manager and possibly another cook.

A formal dedication ceremony is planned for November in conjunction with the Red Kettle and Angel Tree Kick-Off. The iconic red kettle represents The Salvation Army's major annual fundraiser in Temple and throughout the country. The much-loved Angel Tree program, which provides Christmas gifts to children from low-income families and the elderly, is made possible by the generous donations of community members and local businesses.

"We're excited to get the news out there," she said. "We have to focus on getting our fundraising to a level to support the programs we offer. We aren't at a place where our programs are funded. We know this community has a heart to give and we're confident that once people know we're operating at the level that was initially pledged, we'll be successful."

The Salvation Army is considering how much it can help with emergency shelter during cold weather. There will be fewer beds available, Chantel Millin said.

"We may be able to put overflow on cots, but that still has to be worked out," she said.

The community's support is crucial to supporting the ongoing operation of the Women's, Men's, and Family shelters and all other programs offered by The Salvation Army in Temple.

Donations can be mailed to P.O. Box 1884 Temple, Texas 76503 or dropped off at 419 W. Ave. G, Temple, Texas, 76502. Online donations can be made at <https://give.salvationarmyusa.org>.

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7. - WXOW (ABC-19, Video): [Vote on proposed veterans transition home delayed, suspend wheel tax](#) (2 October, Jeremy Culver, 157k uvm; La Crescent, MN)

LA CROSSE, Wis. – Those opposed to the project emphasize they're not against veterans, just against this proposal to provide transitional housing to veterans facing medical and emotional challenges.

A council committee heard those on both sides then voted to delay making a decision.

Dave and Barb Erickson planned to donate the house at 3120 Farnam Street to the Tomah Veterans Affairs Medical Center to be used as a transition home for veterans.

Some opponents felt the facility would cause traffic concerns for families and children in the area,

While others raised concerns about neighborhood safety.

"Right next door to the house in question has a very elderly person who can't see," Neighbor Carolyn Barlow said. "I don't feel comfortable having these people living next door to them."

"What's to say one of these people aren't going to walk up and do something to one of these little kids," David Barlow said. "I mean security is a big issue with me."

A Tomah VA representative said the veterans living there would be screened and approved for the home. Known pedophiles or sex offenders would not be allowed.

Barb Erickson said this group of residents need compassion from neighbors as they work back into society.

"I really believe that this house can help the veterans," Erickson explained. "I think the veterans can help our community. They can make our neighborhood even better than what it is now."

"I can guarantee that this community has plenty of people willing and able to provide peer-to-peer mentorship to any of these veterans in also keep a watch on them," David Schultz with La Crosse Area Veterans Mentor Program added.

Again, the committee voted to delay a decision for 60 days at the request of the Tomah VA. They wanted to gather more data to present to the council and neighbors on the program.

Also at the meeting, the committee voted to suspend the wheel tax indefinitely. This measure effectively kills the tax, but must first be voted on by the full common council.

Members said after the city was awarded a federal grant to help with some infrastructure improvements the need for the tax will not be seen next year. Mayor Tim Kabat warns this only kicks the can down the road as it will become an issue again in 2020 and beyond.

The group also voted to recommend changing Columbus Day to Indigenous Peoples Day in the city. This would be to help honor Native Americans. It goes to council for final approval.

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7. - KOAA (NBC-5, Video): [News 5 Investigates: Family's struggle to obtain VA death benefits](#) (2 October, Eric Ross, 101k uvm; Colorado Springs, CO)

Jimmy Maurice Williams died 6 years ago from lung cancer, a known health issue connected to Agent Orange during the Vietnam War.

For more than a year, Williams' family says they have been trying to obtain death benefits through the Department of Veterans Affairs, but the claim was denied.

The family contacted News 5 Investigates after they felt they were getting the run-around with obtaining the records needed to process their claim. The VA says the records the family is looking for are in the possession of the Department of Defense.

We learned those records do not auto transfer from one agency to the other. Therefore, if the VA doesn't have the information on file needed to process a claim, it's up to the Veteran's family to manually request official records from the Department of Defense be transferred to the VA.

It's unclear if the family was made aware of this.

A VA spokesperson said they would never purposely delay or deny benefits to Veterans and their families. This issue ultimately comes down to the VA requesting verify specific, service-related information the family has spent months trying to track down, but cannot produce.

"Jimmy was my stepfather but he's the only father I knew," Rosa Machado said.

She and her mother, Josefa, describe the father and husband as a hard working man who did everything he could for his family.

"He was the only one working to support the family," Williams' wife, Josefa said.

Williams served in the Navy during the Vietnam War era. He passed away in 2012 after battling lung cancer, according to his death certificate News 5 Investigates obtained.

"It's difficult," Josefa said. "We kind of live in poverty."

In the years following Williams' death, the family struggled both mentally and financially.

"My father was receiving social security benefits at the time of his death," Rosa, Williams' stepdaughter said. "We notified them of his passing and they (Social Security Administration) stripped my mother of his benefits for a couple of years because she was not at that age where she could claim his benefits."

In August 2017, the family filed for “DIC” benefits, or Dependency and Indemnity compensation. This benefit is a tax-free payment given to eligible survivors of military service members who died in the line of duty, or to eligible survivors of veterans whose death resulted from a service-related injury or disease.

The family believes Williams’ lung cancer was linked to exposure from Agent Orange during the Vietnam War.

The VA acknowledges certain cancers and other health problems are associated with Agent Orange and says veterans and their survivors “may” be eligible for benefits for the diseases.

“May” is the key word here, because the family says getting the required proof has been a challenge. Rosa says she’s had to file open records requests just to obtain documents regarding her stepfather’s service.

“My mother really feels that she is just being shuffled to different services in the area but no one really has any information on how to proceed with gathering evidence,” Rosa said.

The information the family says they’ve received hasn’t helped them with their benefits claim.

According to this letter from September 2017, the VA told the family it needs the following evidence/documentation:

- Proof that the Veteran’s ship entered Vietnam’s inland waterways while they were aboard or that they went ashore while the ship was docked or at anchorage.

- Identity/name of the ship and the approximate dates the ship entered the inland waterways, docked, or otherwise sent the Veteran ashore

- If the ship was docked, the VA requests the family state whether or not the Veteran went ashore.

- If the Veteran went ashore from a ship at anchorage, the family must explain the circumstances.

The family has grown so desperate for answers more than 40 years after the war ended, they’ve even purchased Vietnam War and Navy ship books to search for information.

“My mom doesn’t feel like she has the support system she needs to provide the evidence requested,” Rosa said.

Rosa says she’s spoken with numerous VA organizations and family members, but finding the detailed information has been impossible.

She even reached out to Congressman Doug Lamborn’s office, which confirmed to News 5 that they are trying to help the family locate records.

The family has until the end of January 2019 to file an appeal related to the denial of DIC benefits.

"The obstacles at this point is finding the necessary information to prove that he set foot in Vietnam," Rosa said.

Loss of records:

The family says many of Williams' service records were destroyed when his house fell during a natural disaster in California back in 1982.

Unfortunately, some veterans keep information about their service from their family and ultimately take that information to their grave.

Official statement from the VA concerning this case:

"The VA strives to provide Veterans and their dependents with the benefits and services they have earned. In this case, VA was unable to approve Mrs. Williams' DIC claim because Mr. Williams' military service records do not show that his death was relative to his military service. We will reach out to Mrs. Williams directly to ensure she fully understands our decision, her rights to appeal or reopen her claim and provide her information on other VA benefits and services to which she may be entitled."

Update from Congressman Lamborn's Office:

Savannah Fraiser, a spokesperson for Rep. Lamborn (R-Colorado) said the caseworker reviewing this matter on Williams' behalf has just located 400 pages of ship records.

It's unclear at this point in time whether any of those records will help with the appeals process or whether these records are the same documents the VA already obtained through the Department of Defense.

News 5 Investigates will keep you updated with any new developments as they become available.

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7. - El Paso Herald-Post: [Ft. Bliss National Cemetery to Hold Memorial Service, Last Roll Call Ceremony of Remembrance](#) (2 October, 17k uvm; El Paso, TX)

To honor of Unaccompanied Veterans laid to rest this Summer, VA's Fort Bliss National Cemetery will conduct a memorial service on Thursday, October 4 at 2:30 p.m. The Marine Honor Unit will provide three rifle volleys, the rendering of "Taps," and the folding and presentation of our Nation's flag to Ms. Letty West in honor of Unaccompanied Veterans buried at Fort Bliss National Cemetery from July through September 2018.

The El Paso VA Health Care System will honor Veterans who passed from July 1, 2018 to September 30, 2018 with the Last Roll Call Ceremony of Remembrance.

Michael L. Amaral, Director of the El Paso VA Health Care System will speak, and Chaplain Linda McKnight will deliver the Remarks of Faith.

What: Memorial Service for Unaccompanied Veterans buried at Fort Bliss National Cemetery
July through September 2018 & Last Roll Call Ceremony of Remembrance
Who: Fort Bliss National Cemetery Staff, Veteran Hospital Administration and local Veteran
Support Organizations
When: Thursday, October 4, 2018 at 2:30 p.m.
Where: Fort Bliss National Cemetery West Shelter | 5200 Fred Wilson Avenue | Fort Bliss

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7. - KPAC (NPR-90.1, Audio): [Texas Awarded Funds For Veteran Housing Vouchers](#) (3 October, Carson Frame, 77k uvm; San Antonio, TX)

The Department of Housing and Urban Development and the Department of Veterans Affairs awarded just over \$1 million Wednesday to a program that tries to tackle veteran homelessness.

Started in 2008, the HUD-Veterans Affairs Supportive Housing program provides Housing Choice rental assistance vouchers to veterans, in addition to supportive services from V.A.

The award will fund an estimated 177 vouchers throughout Texas. Veterans participating in the HUD-VASH program contribute no more than 30 percent of their income toward rent.

"Essentially, housing authorities request from us these vouchers. Since rents are different in different communities, the amount of money it takes to cover those rents varies," said Scott Hudman of HUD's regional office in Dallas.

He said the HUD-VASH program takes a three-pronged approach, combining housing with medical and case management.

"In the homeless population, you'll find people that are in and out of shelters, in and out of housing," he said. "A lot of that is due to the fact that they just don't have solid medical care and a support net underneath them lifting them up."

As part of the program, VA provides case management and clinical services at VA medical centers and community-based outreach clinics.

HUD-VASH also provides life-skills training in financial literacy, with a focus on keeping people housed.

"We not only get them off the streets," Hudman said. "We can help keep them off the streets."

HUD-VASH vouchers are limited to those who are homeless or at risk of homelessness. Those interested can apply through their local V.A. system.

38 vouchers in total were awarded to the San Antonio and Bexar County housing authorities.

More than 6,000 vouchers are already active in the state.

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7. - El Paso Herald-Post: [Fort Bliss National Cemetery's Caretaker Apprenticeship Program Offers Veterans a "Way Back"](#) (3 October, 17k uvm; El Paso, TX)

Air Force veteran Curtis Jackson has lost his way a few times in the last 25 years, but knows his life is now firmly back on track. He attributes much of this to the Department of Veterans Affairs and its Cemetery Caretaker Apprenticeship Program.

"The VA and its vocational rehabilitation programs have given me the opportunity to succeed. Literally and figuratively, I say they have saved my life," said Jackson, who admits he got mixed up with the wrong crowd and has made some mistakes in the past. "With VA's support, I've changed my priorities and my outlook on life."

Jackson was one of the first graduates of the National Cemetery Administration's Cemetery Caretaker Apprenticeship Program in 2012.

As part of VA's initiative to end veteran homelessness, the NCA works with VA's Homeless Veteran and Compensated Work Therapy programs to identify potential program candidates from sites throughout the country.

"We are pleased to have dedicated employees like Curtis at the Fort Bliss National Cemetery," said Jamie Porter, Fort Bliss National Cemetery director. "Graduates of the Cemetery Caretaker program are not only veterans themselves and understand the importance of our mission, but are extremely proud to have such a noble job."

In the Cemetery Caretaker Apprenticeship Program, veteran students spend a year learning their trade and receive advanced instruction in areas such as professionalism and conflict management. Leading up to graduation, each student completes more than 1,300 hours of classroom and on-the-job training.

Upon graduation, they can elect to remain at their training cemetery, compete for positions at other federal facilities, or take their skills to the private sector.

"I was at the El Paso VA Medical Center when I heard about VA's Compensated Work Therapy Program and the opportunity at the National Cemetery," said Jackson, who first learned about VA services at a Miami VA Healthcare System outreach event in 2001. "It's a privilege to work at the Fort Bliss National Cemetery and use my skills where they can do the most good. The best part is seeing how much the families of fellow veterans appreciate what you do."

Last month, VA presented the Fort Bliss National Cemetery with the Award of Excellence for meeting or exceeding National Shrine standards in 68 of 74 categories.

These include customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facing facilities, equipment and facility maintenance, and safety of visitors and employees.

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8. [Other](#)

8. - U.S. News & World Report (HealthDay News): [Study Casts Doubt on Light Drinking's Benefits](#) (3 October, Serena Gordon, 23.9M uvm; Washington, DC)

If you think your nightly glass of vino is doing good things for your health, think again.

A new study suggests that folks who like to tip back a drink or two every day are more likely to die prematurely.

"At any given age, if you drink daily -- even just one or two drinks -- you have a 20 percent increased risk of death compared to someone who drinks the same amount two to three times a week," said study author Dr. Sarah Hartz. She's an assistant professor in the department of psychiatry at Washington University School of Medicine in St. Louis.

"We should no longer say that it's healthy to drink. It's a vice that's not great for us," she added.

Hartz noted that how significant a 20 percent increased risk of death is depends on your age. She explained that since very few people die in their 20s, a 20 percent increased risk of premature death is less significant at that age than it would be for someone in their 70s.

Although the study did find an association, it did not prove that light drinking caused early death risk to rise.

But how might alcohol boost that risk?

Hartz said most of the increased risk of early death comes from an increased risk of cancer. She said that people often underestimate how much drinking can increase the risk of some cancers, such as breast cancer. And drinking more than four times a week can also increase the risk of heart attack and stroke.

But what of all the studies that have suggested a health benefit from moderate drinking?

Hartz said that there have been several studies this year that have concluded that drinking generally isn't good for health. And the populations in these studies and the latest one are larger than in previous ones. More importantly, she noted, the newer studies have been able to parse out the lowest levels of drinking.

"We have access to data we haven't had access to before," Hartz explained.

The study included information from more than 400,000 people. More than 340,000 (aged 18 to 85) had participated in a national health survey. Another group of nearly 94,000 were between the ages of 40 and 60 and had been treated as outpatients at Veterans Health Administration clinics.

"The lowest risk group was people who drank one or two drinks just two to three times weekly," she said.

Still, not everyone is convinced that this study is the last word on alcohol and health.

According to Dr. Guy Mintz, director of cardiovascular health and lipidology at North Shore University Hospital in Manhasset, N.Y., "The jury is still out with regard to frequency and quantity of alcohol use."

Mintz said, "This is an interesting study. One to two drinks four days a week seemed to protect against cardiovascular disease, but drinking every day eliminated those benefits."

He pointed out that "one of the study's conclusions was that, as medicine becomes more personalized, some patients with a history of cardiovascular disease may benefit from drinking two or three days a week, but those with a higher risk of cancer may not benefit."

Mintz tells his patients to drink anything but beer because it has a lot of calories and salt, and can contribute to obesity and high triglycerides (an unhealthy type of blood fat). "I would stress alcohol consumption in moderation, both in frequency and quantity," he said.

The study was published online Oct. 3 in the journal *Alcoholism: Clinical and Experimental Research*.

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8. - The Hill: [Bezos honored for public service at DC gala](#) (3 October, Kenna Sturgeon, 11.8M uvm; Washington, DC)

Amazon CEO Jeff Bezos and the government's most innovative employees were honored Wednesday night at the 2018 Samuel J. Heyman Service to America Medals gala.

The awards, popularly known as "Sammies" are considered the "Oscars of government service" and recognize those civil servants who have stood out with their contributions.

This year, the Partnership for Public Service, which hosts the awards, presented their first Spirit of Service award to Bezos. The award is intended to honor individuals outside of government who also contribute to public service.

The group said Bezos received the award for "the countless ways he and his companies work to advance important fields such as space exploration and national security, as well as help government deliver services more effectively and efficiently."

Bezos said he was proud to share the stage with so many other notable recipients and praised their work in government.

"The people I saw up on stage tonight are all missionaries," he said.

The award recipients were a diverse group, including scientists who sought cures to rare genetic diseases, as well as government attorneys who worked to bring justice to people who were defrauded by scams.

Dr. Daniel Kastner of the National Institutes of Health received the evening's top prize, Federal Employee of the Year. Kastner's research uncovered the genetic causes of seven rare autoimmune inflammatory diseases.

The Career Achievement Medal went to Dr. Marshalyn Yeargin-Allsopp of the Centers for Disease Control and Prevention, who worked on improving support and resources for those with autism.

Among the many other winners were Karen Dodge and Margaret Moeser at the Department of Homeland Security, who cracked down on fraudsters who used Western Union to illegally obtain hundreds of millions from unsuspecting victims.

The gala was emceed by Judy Woodruff, anchor of PBS's "Newshour." Woodruff told attendees that the Sammys were her favorite event and attributed its success to the honorees.

"It is because of the honorees remarkable achievements. They care deeply," she said.

Among the distinguished guests at the event were Secretary of Veterans Affairs Robert Wilkie; Federal Trade Commission Chairman Joseph Simons; National Institutes of Health Director Francis Collins, Reps. Mark Meadows (R-N.C.), Rick Nolan (D-Minn.) and Phil Roe (R-Tenn.), as well as Del. Stacey Plaskett (D) of the U.S. Virgin Islands.

Max Stier, president and CEO of the Partnership for Public Service, said the contributions of public servants was essential to the country.

"Helping our government do its job better will have enormous impact on the health and prosperity of our country," he said.

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8. - PolitiFact: [Leah Vukmir cites Tammy Baldwin inaction on Tomah VA scandal, but lacks evidence of 'cover up'](#) (3 October, Tom Kertscher, 3.2M uvm; Saint Petersburg, FL)

On the campaign trail and in radio talk show interviews, Leah Vukmir has attacked U.S. Sen. Tammy Baldwin for months over the scandal at the Department of Veterans Affairs medical center in Tomah, Wis., where veterans were over prescribed opioid painkillers.

But as the Nov. 6, 2018, election draws nearer, the Republican challenger's attacks on the Democratic incumbent are reaching a crescendo.

Vukmir hammered Baldwin again over the Tomah VA scandal on TV public affairs programs that aired Sept. 23, 2018 in Green Bay and in Madison. They were something of a prelude to a TV attack ad on the scandal that Vukmir aired three days later.

So, let's take a look at one of the attacks.

Vukmir was asked on "Capital City Sunday" on WKOW-TV in Madison how she would have handled the Tomah VA matter differently.

She responded by claiming that Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Let's break down the three-part attack, starting with a quick review about what we know about Tomah.

The scandal

Problems at the Tomah VA first made news in January 2015, when the California-based Center for Investigative Reporting exposed the overprescription of opioid drugs by the facility. Doctors were handing out so many narcotic painkillers that some veterans had taken to calling the place "Candy Land."

The attacks on Baldwin began in early 2017 from a super PAC largely funded by Republican Richard Uihlein, co-founder of Uline, a Wisconsin shipping and packaging supplies distributor. The group claimed in a radio ad that Baldwin was told by a whistleblower about "overmedicated veterans," she made "deadly mistakes" and "three veterans died."

We rated that False, based on how and when the deaths occurred and the "deadly mistakes" part of the claim.

Now to Vukmir's claim, which doesn't go so far as to blame Baldwin for a death.

1. Baldwin 'only one' to have a report

The first part of Vukmir's claim is that, among the Wisconsin members of the U.S. House and Senate, only Baldwin received a report "outlining that a doctor was overprescribing opioids" at the Tomah VA."

The report was done by the Department of Veterans Affairs' Office of Inspector General following a 2½-year investigation of Tomah. Baldwin's office received it on Aug. 29, 2014.

Baldwin did not make the report public, though she shared it with a constituent who had complained to her about what was happening at Tomah. The report was not given to any other member of Congress at the time.

So, Baldwin had been informed about the problems at the Tomah VA before they were exposed publicly. And she doesn't dispute that she was the first member of the Wisconsin congressional delegation to get the report.

2. 'Later a veteran died'

Former Marine Jason Simcakoski died of a "mixed use toxicity" overdose at the Tomah VA while being treated by doctors there. Simcakoski had checked himself into the facility citing an addiction to painkillers and severe anxiety. He was prescribed 15 drugs, including anti-psychotics, tranquilizers, muscle relaxants and the opioid painkiller tramadol.

Simcakoski death, however, occurred Aug. 30, 2014 — just one day after Baldwin received the VA inspector general's report about Tomah that Vukmir highlights.

So, it's misleading to say "later a veteran died," given that Baldwin had not had time to act on the report.

3. Baldwin 'covered it up'

The third part of Vukmir's claim is that Baldwin "covered it up" — a reference to the entire Tomah VA matter, not solely to Simcakoski's death. In the interview, Vukmir elaborates by saying Baldwin tried to "fire one of her aides that brought the issue forward, offering the aide

"taxpayer hush money" and hiring "Hillary Clinton's attorneys" to "cover this up." Let's break down these sub-points.

An important point: It's clear Baldwin did not take steps publicly on the scandal until the Center for Investigative Reporting's expose — months after she received the inspector general's report and Simcakoski's death. At the same time, there is no evidence that she took active steps to cover up the matter.

Firing: Baldwin did fire an aide, but it's not entirely clear she did so because the aide "brought the issue forward."

In January 2015, after the Center for Investigative Reporting's expose, Baldwin had called for the VA to investigate Tomah but remained under fire for inaction on the scandal. Baldwin then fired Marquette Baylor, her deputy state director, without explanation, the Milwaukee Journal Sentinel revealed. Whistleblower and former Tomah VA employee Ryan Honl told the newspaper he had talked with Baylor for two hours in late November 2014 about the Tomah VA and that she discouraged him from going public with his concerns, saying that doing so might get her and others fired. Baylor later said she had prepared three memos on the Tomah situation for Baldwin's review and forwarded them to her supervisors; she alleged they were either not delivered to Baldwin or were ignored by Baldwin.

'Hush money', Clinton lawyer: Baldwin did offer a severance payment to the fired aide and did hire a Hillary Clinton campaign lawyer. But this needs further explanation.

As part of the firing, Baldwin's office offered a severance package to Baylor that would have included a confidentiality agreement and a payment, the Journal Sentinel reported. Attorney Marc Elias, who was the top lawyer in Hillary Clinton's 2016 presidential campaign, was hired by Baldwin with campaign funds to review how her office handled the Tomah VA matter. He said the U.S. Senate's chief employment lawyer had helped put together the offer and described the confidentiality clause as routine.

Baldwin later said the deal would have included a payment of about \$17,000, which would have been from Senate funds. Baylor later rejected the offer and, according to Baldwin, sought more than four times that amount.

Elias said Baylor's handling of the Tomah VA matter was only one reason she was fired.

'Cover up': In addition to not releasing the inspector general report, Baldwin was slow to address the Tomah VA matter publicly. But ethics complaints filed against her alleging a cover up were found to have no merit.

Baldwin avoided questions about the matter for weeks after the Center for Investigative Reporting's expose; and it took attorney Elias nearly a month to confirm Baylor's firing.

After being fired, Baylor filed an ethics complaint accusing Baldwin of engaging in a political cover up by firing her for her alleged role in the mishandling of a whistleblower complaint. The complaint asked the U.S. Senate Ethics Select Committee to investigate Baldwin. The committee dismissed Baylor's complaint and two similar complaints filed by groups, saying they lacked merit.

Our rating

Vukmir says Baldwin was the only member of the Wisconsin congressional delegation "to have a report outlining that a doctor was overprescribing opioids" at the Tomah VA, "later a veteran died" and Baldwin "covered it up."

Baldwin was the only one, and she didn't make the report public or go public with her concerns until the scandal made news. But she received the report only a day before the veteran died.

On the cover up part of the claim, there was an inaction on Baldwin's part -- not releasing the report, declining for weeks to answer questions and to confirm that she had fired a top aide. But there is no evidence Baldwin took active steps to cover up the matter, and a Senate committee determined that Baldwin had not engaged in a cover up.

For a statement that contains elements of truth but ignores critical facts that would give a different impression, our rating is Mostly False.

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8. - Military Times: [Trump donates salary for vet entrepreneurship](#) (3 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump on Wednesday donated his second quarter salary to a new Small Business Administration initiative to help veteran entrepreneurs, the second time this year he has given money to federal veterans initiatives, according to the White House.

White House Press Secretary Sarah Sanders announced the donation at a White House briefing on Wednesday. Linda McMahon, head of the Small Business Administration, accepted the \$100,000 check, saying the funds "would be put to good use."

Agency officials plan to use the money to launch a new seven-month training program for transitioning troops looking at starting their own businesses. The program will be based on the existing Emerging Leaders Initiative, but tailored to veteran-specific needs.

The existing program includes classroom instruction as well as "opportunities for small business owners to work with experienced coaches and mentors, attend workshops, and develop connections." McMahon called it a significant resource for veterans shifting from military to civilian life.

White House officials requested a fiscal 2019 budget for the SBA of nearly \$840 million, but McMahon said the \$100,000 donation from the president represented an important contribution to their work.

During his 2016 presidential campaign, Trump promised to forgo the traditional Oval Office salary and instead donate that money to various federal departments.

Earlier this year, White House officials announced Trump's first quarter salary for 2018 would be given to the Department of Veterans Affairs for caregiver support programs focused on "mental health, peer support, financial aid, education and research."

Previous donations by Trump went to the Department of Transportation for infrastructure repair, the National Park Service for battlefield preservation, the Department of Education for support programs and the Department of Health and Human Services for opioid management programs.

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8. - Tri-City Herald: [Woman admits lying to VA to get her dead father's opioids](#) (3 October, Kristin M. Kraemer, 821k uvm; Kennewick, WA)

RICHLAND, WA - A woman admitted calling the Walla Walla VA for refills of her father's pain pills a year after he died.

Karen McAuliffe initially tried to claim that her father was still alive and she was caring for him, according to court documents.

However, when federal investigators confronted her with a death certificate, McAuliffe confessed that the hydrocodone/acetaminophen pills were for her personal use, documents said.

She pleaded guilty this week in Richland's U.S. District Court to obtaining a controlled substance by fraud, misrepresentation, deception and subterfuge.

Two additional charges for the same crime will be dismissed at her sentencing March 5.

The felony charge can bring up to four years in a federal prison, though prosecutors said they will recommend three years of probation.

McAuliffe is free to argue for less time.

"I'm not telling you I may give you probation, I may give you prison, but that's what it looks like the parties are agreeing to," said Senior Judge Ed Shea.

Under terms of the plea agreement, Shea can divert from the recommendation and it will not be grounds for McAuliffe to withdraw her plea.

McAuliffe was indicted April 3 by a federal grand jury on the three charges.

Court documents show that her father was a veteran who received medical benefits from the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla. He died in September 2016.

McAuliffe "continued to misrepresent" to the medical center that her father was alive and needed the refills, documents said.

The VA's Office of Inspector General started investigating McAuliffe after discovering her conduct.

A year after he died, she placed a refill order for 168 pills of the addictive opioid. She was confronted by an investigator in October 2017, when she went to the pharmacy to pick up the prescription, court documents said.

The agent showed McAuliffe her father's death certificate, and said they had documents and audio and video recordings to show the fraud and deception.

The 168 pills were seized by the agent after the interview, documents said.

Judge Shea, in taking McAuliffe's guilty plea, asked what she said on the phone call to the VA pharmacy.

"That basically my father needed a refill on his medication," McAuliffe replied.

"And so you asked them to send you the refill, which was the 168 tablets of hydrocodone/acetaminophen. And in fact you knew that was false, that your father was dead and that he didn't need those. Is that correct?" asked Shea.

"Yes, your honor," McAuliffe told the judge.

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8. - ROI: [Shulkin shares challenges of his time at VA with N.J. audience](#) (3 October, Anjalee Khemlani, 3k uvd; NJ)

Former Department of Veterans Affairs Secretary Dr. David Shulkin returned to New Jersey on Tuesday evening to discuss his work at the VA, and commend New Jersey on some of its efforts in the health care space.

He was the keynote speaker, preceded by his former White House colleague and now commissioner of health in New Jersey, Dr. Shereef Elnahal, at an event hosted by Horizon Blue Cross Blue Shield of New Jersey in Woodbridge.

One of the most notable things Shulkin achieved during his time in the VA was an attempt to compromise between the wants of those screaming for privatization and those that believed in a single-payer system.

As the health care industry continues to be pulled in the direction of an all-payer system, in hopes to curb costs, Shulkin shared his insights on the issue.

"The reason why I think it's an interesting model is because as you know so much of what happens in health care is limited by the reimbursement system and the financial barriers," he said.

In the VA, there's appropriated funding at the start of the year, which allows care to be provided without barriers.

But it also lacks incentives.

"So, the reimbursement challenges weren't there, and the incentives weren't there," he said. "So, at the end of the year, if we had extra money, we gave it back to the Treasury. It wasn't like we had the stockholders or even that there were bonuses that (drove) any of those decisions."

But identifying how to best care for patients was not easy in this environment.

“Where I’m coming from is, it’s not surprising that we have political spectrums and differences in this country, almost on every issue. My answer was, if you’re really focused on the right thing for the veterans, you come out somewhere in the middle,” Shulkin said. “There are things that the private sector clearly does better and more efficiently, and, when that’s the case, that’s where veterans should get the care. But there were clearly things that veterans had specialized needs for that the private sector isn’t doing well. Without that, veterans would suffer.”

Shulkin said the VA did integrated medical records, transparency of quality metrics and mental health better than the private sector. Meanwhile, the private sector does specialties like neurosurgery or cancer care better than the VA can.

Which is where the voucher system originated from.

“So, I was driving towards an integrated system, in the middle, that took the best of the private and the best of what the VA can do. And of course, being in the middle in Washington (D.C.) is not a great place to be, unfortunately. Because, essentially, no one likes you,” Shulkin said.

In New Jersey, he said, there is a lot of innovation happening in the private sector, but it isn’t receiving the attention it deserves.

“It sits in the shadows between New York and Philadelphia,” Shulkin said. “New Jersey is actually ahead, but people haven’t necessarily recognized it. This is not an advertisement, but I do give credit to Horizon because they have been relatively, and I say relatively, open to partnering with physicians in ways that some managed care plans haven’t done. In order to change health care, you can’t just do it from the clinical side or the business side. It has to be both sides that take interest. That’s not happening in other parts of country, and New Jersey is ahead in that.”

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Veterans Affairs Media Summary and News Clips

3 October 2018

1. [Top Stories](#)

1.1 - The Washington Post: [‘I’m done hiding this’: Jason Kander pulls out of mayor’s race, citing PTSD and depression](#) (2 October, Eli Rosenberg, 43.9M uvm; Washington, DC)
Jason Kander, a former Army intelligence officer who is considered a rising star of the Democratic Party, announced Tuesday that he was pulling out of the race for mayor of Kansas City, saying that he was suffering from PTSD and depression from a stint in Afghanistan. Kander, 37, made the announcement in a letter he posted online, saying that he was done “trying to outrun depression and PTSD symptoms” that he traced back 11 years to a four-month tour in the Middle East.

[Hyperlink to Above](#)

1.2 - Bloomberg (AP): [Jason Kander, Citing Mental Health, Drops Out of Mayoral Race](#) (2 October, Margaret Stafford and Jim Salter, 43.7M uvm; New York, NY)
Jason Kander, a rising star in Democratic politics who narrowly lost a 2016 Senate bid, dropped out of the race for mayor of Kansas City, Missouri, on Tuesday so he could get help for post-traumatic stress and depression that he said he has suffered from more than a decade. Kander, 37, said in an announcement Tuesday that he has tried since leaving the military to ignore his symptoms or work hard enough to ignore his mental health issues but finally decided it was time to step away from politics and concentrate on becoming healthy.

[Hyperlink to Above](#)

1.3 - Medium: [I Suffer From Depression and Have PTSD Symptoms](#) (2 October, Jason Kander, 1.4M uvd; San Francisco, CA)
About four months ago, I contacted the VA to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day. So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it.

[Hyperlink to Above](#)

1.4 - The New York Times: [Jason Kander Withdraws From Kansas City Mayoral Race, Citing PTSD](#) (2 October, Dave Phillips, 29.8M uvm; New York, NY)
On Tuesday, though, he put political ambitions on hold, saying that his efforts to deal with lingering issues of war on his own had failed. “By all objective measures, things have been going well for me the past few months,” he wrote, noting that he had a best-selling book, an effective nonprofit, and was breaking records with his campaign’s fund-raising. “But instead of celebrating that accomplishment, I found myself on the phone with the VA’s Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn’t the first time.”

[Hyperlink to Above](#)

1.5 - Politico: [Problems with Post-9/11 GI Bill claims probed by House veterans’ panel](#) (2 October, Kimberly Hefling, 23.9M uvm; Arlington, VA)
House Veterans’ Affairs Chairman Phil Roe (R-Tenn.) says he’s hearing reports that some Post-9/11 GI Bill recipients’ monthly housing payments are being lost or delayed because of an IT-

related processing issue. The end result is that some veterans could be struggling to pay for housing as the fall semester gets going. Roe has asked the Veterans Affairs Department to investigate and respond by the end of the week.

[Hyperlink to Above](#)

1.6 - Military.com: [Vets Groups Urge Trump Administration to Keep Pressure on GI Bill Fraud](#) (2 October, Richard Sisk, 9M uvm; San Francisco, CA)

Twenty-eight veterans groups and military service organizations have called on the Trump administration to scrap deregulation proposals that they said would limit oversight of "bad actor" schools preying on veterans using the GI Bill. In a letter last month to Education Secretary Betsy DeVos, the organizations urged her "to strengthen, not discard, common-sense protections against waste, fraud and abuse by bad actor colleges."

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1.7 - The Kansas City Star: [‘You are saving lives’: Joe Biden joins outpouring of support for Jason Kander](#) (2 October, Eric Adler, 4.8M uvm; Kansas City, MO)

Only minutes after Jason Kander announced he was dropping out of Kansas City’s mayoral race because of war-related PTSD and depression, public reaction on social media was swift and sympathetic, including a message from former Vice President Joe Biden. “Jason — public service takes many forms, and bravely stepping forward today is exactly that. By sharing your story, you are saving lives. Others will get the help they need because of you,” Biden tweeted Tuesday.

[Hyperlink to Above](#)

1.8 - Military Times: [Rising Democratic star steps away from politics to treat his PTSD](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Afghanistan War veteran Jason Kander, a rising Democratic political star vying to become the next mayor of Kansas City, abruptly quit that race on Tuesday saying he needs time out of the spotlight to deal with his military-related depression and post-traumatic stress disorder. In a statement posted on Medium, Kander said he has been in contact with Veterans Affairs support services for months but worried that acknowledging his personal struggles could damage his political career.

[Hyperlink to Above](#)

1.9 - Military Times: [TriWest takes over VA community care programs nationwide](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials announced Tuesday that TriWest Health Care Alliance will take over nationwide operations for the department’s main community care programs despite concerns raised last month about overpayments to the company. For the last five years, operations for the department’s primary two outside care programs — Patient-Centered Community Care and Veterans Choice Program — had been operated by TriWest and Health Net Federal Services.

[Hyperlink to Above](#)

1.10 - WFED (AM-1500): [Trump admin requests expedited appeal of EO decision, as VA petitions accountability ruling](#) (2 October, Nicole Ogrysko, 854k uvm; Washington, DC)

The Trump administration is appealing two separate decisions that could impact how agencies discipline and remove poor performers. Both a federal district judge and an independent arbitrator independently ruled in favor of federal unions, but recent appeals and motions from the administration on two separate occasions show that unions' battles over the administration's efforts to more quickly fire poor performers are far from over.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Bakersfield Californian: [State-of-the-art Veterans Affairs clinic coming to Bakersfield](#) (2 October, Steven Mayer, 270k uvm; Bakersfield, CA)

After years of delays, local military veterans and their families learned Tuesday the U.S. Department of Veterans Affairs outpatient clinic on Westwind Drive in Bakersfield will be replaced with a new \$40 million, state-of-the-art facility.

[Hyperlink to Above](#)

3.2 - Social Work Today: [VA Telehealth Services — Reducing Health Care Disparities for Veterans With Mental Health Challenges](#) (2 October, Anna Panzo, MSW, LCSW, 4k uvd; Spring City, PA)

The VA has leveraged 21st century technological advances to assist in overcoming treatment barriers and decreasing disparities in mental health care provision for veterans. VA medical centers utilize telehealth video-to-home (VTH) services to provide care to veterans with mental health diagnoses. Through the use of this technology, VA clinicians are able to conduct at-home therapy and evaluation sessions with veterans.

[Hyperlink to Above](#)

3.3 - KSFY (ABC-13, Video): [Aberdeen VA outpatient clinic in early stages of moving](#) (2 October, Ryan Martin, 157k uvm; Sioux Falls, SD)

Aberdeen Veterans Affairs is one of four outpatient clinics in South Dakota that is moving to new locations. They will break ground on the building in the spring of 2019. "We wanted to expand a little bit and get more room so we could potentially provide more services, expand our services, and also take care of more Veterans," said Dr. Donna Small, Chief the Sioux Falls VA system in Aberdeen.

[Hyperlink to Above](#)

3.4 - FedScoop: [USDS' Marcy Jacobs on building a more customer-focused VA](#) (2 October, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The work of the U.S. Digital Service team at the Department of Veterans Affairs is all about improving the experience of interacting with the agency for the end customer: the veteran. This ethos can be seen across the work the team has done — the Appeals Status tool that went live in March, for example, aims to give veterans insight into and peace of mind about the very lengthy appeals process.

[Hyperlink to Above](#)

3.5 - KGET (NBC-17, Video): [New state-of-the-art clinic coming to Bakersfield](#) (2 October, Amber Frias, 55k uvm; Bakersfield, CA)

Congressman Kevin McCarthy unveiled plans for a new state-of-the-art clinic for veterans in Kern County on Tuesday. The future home of the \$39 million facility is located at Olive Drive and Knudsen. The current clinic on Westwind Drive is 26 years old and limited to what it offers patients. For many services, veterans have to head south.

[Hyperlink to Above](#)

[4. Focus Resources More Efficiently](#)

4.1 - Atlanta Journal-Constitution: [Atlanta VA fined \\$13,600 after hazardous waste storage violations](#) (2 October, Willoughby Mariano, 11.8M uvm; Atlanta, GA)

The Atlanta VA Medical Center suffered another setback after inspectors discovered more than one ton of hazardous waste packed floor to ceiling in unsafe conditions, recently-released records show. A portable building was stuffed so full of the hazardous waste that there was no room for inspectors to enter, much less firefighters or emergency equipment, an inspection report said.

[Hyperlink to Above](#)

4.2 - WFED (AM-1500, Audio): [GAO: USPS' retiree health benefits fund could be depleted by 2030](#) (2 October, Eric White, 854k uvm; Washington, DC)

Veterans Affairs is appealing an independent arbitrator's decision that ruled in the American Federation of Government Employee's favor. The arbitrator said VA violated the terms of its contract with AFGE while implementing certain provisions of the VA Accountability and Whistleblower Protection Act.

[Hyperlink to Above](#)

4.3 - The Daily News: [Volunteer drivers needed to help veterans get to VA appointments](#) (2 October, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center is seeking volunteer drivers to transport veterans who live in Dickinson and surrounding counties to and from their appointments at the Iron Mountain facility. Currently, there is a critical shortage of volunteer drivers.

[Hyperlink to Above](#)

4.4 - MeriTalk: [VA Digital Service Team Wins Sammie Award](#) (2 October, 35k uvm; Alexandria, VA)

The Partnership for Public Service announced nine award winners of The Samuel J. Heyman Award, known as the Sammies. The winners will be celebrated at a gala on Tuesday evening, including the digital service team at the Department of Veterans Affairs (VA). The Partnership for Public Service highlighted the work of the team and Executive Director Marcella Jacobs in creating the Vets.gov portal to help veterans access the resources they need.

[Hyperlink to Above](#)

[5. Improve Timeliness of Service](#)

5.1 - CNN: [Jason Kander withdraws from Kansas City mayoral race for PTSD treatment](#) (2 October, Sophie Tatum and Eric Bradner, 29.8M uvm; Atlanta, GA)

Jason Kander, a rising star within the Democratic Party, has announced he is ending his campaign for Kansas City mayor to seek treatment for post-traumatic stress disorder. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City," Kander wrote in a post on Medium.

[Hyperlink to Above](#)

5.2 - Politico: [Kander drops out of Kansas City mayoral race to seek treatment for PTSD](#) (2 October, Matthew Choi, 23.9M uvm; Arlington, VA)

Democratic Kansas City mayoral candidate Jason Kander announced in a Medium post on Tuesday that he will end his campaign to deal with his mental health. Kander, a former Missouri secretary of state and unsuccessful 2016 Senate candidate, will also back away from his role leading his political engagement group Let America Vote. Kander said his decision came after consulting with mental health resources at the VA — he served as an army intelligence officer in Afghanistan more than 10 years ago and said he continues to deal with PTSD.

[Hyperlink to Above](#)

5.3 - NBC News: [Kander, rising Democratic star, quits Kansas City mayor race citing PTSD/depression](#) (2 October, Mike Memoli, 9.6M uvm; New York, NY)

Jason Kander, whose future seemed boundless after he nearly upset a longtime Republican incumbent in the 2016 Missouri Senate race, abruptly put his political career on hold Tuesday as he made public his private battles with mental health. In a searingly honest first-person account, the former Missouri secretary of state and veteran of the war in Afghanistan said he was ending his bid for mayor of Kansas City to seek treatment for depression and post-traumatic stress disorder.

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5.4 - Becker's Hospital Review: [250K canceled diagnostic tests spark audit at 9 VA hospitals](#) (2 October, Harrison Cook, 441k uvm; Chicago, IL)

Since 2016, more than 250,000 radiology orders have been canceled at Veteran Affairs hospitals nationwide, raising questions whether VA facilities are following proper procedures for cancelling duplicate or outdated diagnostic orders, according to USA Today.

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5.5 - The Gazette: [Iowa City VA part of national audit of canceled diagnostic tests](#) (2 October, Erin Jordan, 433k uvm; Cedar Rapids, IA)

The Iowa City Veterans Affairs Medical Center is among nine VA hospitals nationally being audited after allegations staff canceled diagnostic tests without doctors' orders, which a whistleblower said could cause a veteran to miss a tumor or other ailment. "This has become an extremely dangerous situation as veterans are not receiving the diagnostic exams for treatment or follow up to prior illnesses," said Jeff Dettbarn, a former radiology technician at the Iowa City VA.

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5.6 - KDLT (NBC-46): [Veterans Are Holding Down The Fort By Protecting Themselves This Flu Season](#) (2 October, Christine Manika, 64k uvd; Sioux Falls, SD)

Nurses at the center say they hold these clinics because it's convenient for their patients. "It's nice to have them be able to be here and get their flu shots while they're here for other appointments. It's kind of a 'one stop shop.' If they're in for their eye glasses, they can get a flu shot. If they came in for hearing aid stuff, they can get a flu shot," says Registered Nurse Diana Albers.

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5.7 - KXLH (CBS-25, Video): [Veterans receive flu shots at VA drive thru clinic](#) (2 October, John Riley, 57k uvm; Helena, MT)

Hundreds of veterans and their family members participated in the VA Medical Center-Fort Harrison's annual Drive Thru Flu Clinic and Health Fair on Tuesday, October 2. Now in its eighth year, the clinic is put on by the VA and allows people to get their annual flu shot from the convenience of their own vehicle.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - USA Today: [Jason Kander, a star for Democrats, drops out of Kansas City mayoral race to treat PTSD](#) (2 October, Josh Hafner, 36.8M uvm; McLean, VA)

Jason Kander, a rising star of the Democratic party, will end his run for mayor of Kansas City, Missouri, to seek treatment for PTSD, he said Tuesday. Kander, an Army veteran once expected to run for president in 2020, revealed he's struggled with depression since returning from Afghanistan 11 years ago.

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6.2 - FOX News: [Jason Kander withdraws from Kansas City mayoral race to focus on treating depression, PTSD](#) (2 October, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Army veteran and Kansas City, Missouri, mayoral contender Jason Kander announced Tuesday that he is withdrawing his candidacy to focus on his mental health. Kander, a Democrat largely seen as the frontrunner for the 2019 election, said he's struggled with suicidal thoughts, depression and post-traumatic stress disorder.

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6.3 - NPR: [Kansas City, Mo., Mayoral Hopeful Withdraws From Race Citing PTSD](#) (2 October, Quil Lawrence, 22M uvm; Washington, DC)

Missouri Democrat Jason Kander abruptly withdrew from the race for Kansas City mayor on Tuesday, with a statement that he was suffering from PTSD and depression linked to his time in Afghanistan as an Army intelligence officer in 2006. Kander said he had been in denial about needing help, in part because he only did one tour in a war zone.

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6.4 - St. Louis Post-Dispatch: [Messenger: Veteran who helps others with PTSD says Kander's note will save lives](#) (2 October, Tony Messenger, 8.9M uvm; Saint Louis, MO)

On Tuesday, the same day Kander, founder of the voting-rights nonprofit “Let America Vote,” told the world about his depression, about his suicidal thoughts, Petersen checked in with his friend in Salt Lake City. He followed Petersen's advice. He checked in with the VA. He is seeking treatment.

[Hyperlink to Above](#)

6.5 - Stars and Stripes: [Afghan War vet ends bid for Kansas City mayor, citing PTSD and depression](#) (2 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Jason Kander, an Afghanistan War veteran widely praised as a rising star in the Democratic party, withdrew Tuesday from the Kansas City, Mo., mayoral race to seek help for depression and symptoms of post-traumatic stress disorder. Last week, Kander called the Veterans Crisis Line and told a crisis responder that he had suicidal thoughts. On Monday, he went to the Kansas City VA Medical Center, where he's planning to receive regular treatment.

[Hyperlink to Above](#)

6.6 - WDAF (FOX-4, Video): [Kander's exit from KC mayor race shines light on veterans' mental health challenges](#) (2 October, Alana Lafore, 441k uvm; Kansas City, MO)

The man thought to be the front-runner in the Kansas City mayor race has suddenly dropped out. Jason Kander said he needs to help himself first and get treatment for post-traumatic stress disorder, so he won't be running for mayor in 2019. In a statement, he said in part he knew something was deeply wrong and was scared to acknowledge his true symptoms of PTSD.

[Hyperlink to Above](#)

6.7 - MPR News (Audio): [Marine Corps veteran's family wants VA to learn from his suicide Health](#) (2 October, John Enger, 26k uvd; Saint Paul, MN)

The suicide of Marine Corps veteran Justin Miller earlier this year prompted a federal review of the Minneapolis VA system. The final report released last week criticizes a communications breakdown at the VA. Meanwhile, Miller's family is still wondering what happened to him, and why he didn't get the help he needed.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [1st North Dakota Veterans Cemetery on Pace to Open Next Year](#) (2 October, 23.9M uvm; Washington, DC)

Officials with the first Veterans National Cemetery in North Dakota say they should begin accepting burials by late spring or early summer of 2019. KFGO radio reports that construction on the cemetery started earlier this year on the 5-acre site near Harwood, north of Fargo. The VA purchased the property two years ago.

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7.2 - Argus Leader: [State-run vets cemetery gets early nod from federal government, city readying for land donation](#) (2 October, Joe Sneve, 439k uvm; Sioux Falls, SD)

U.S. Senator Mike Rounds in a statement Monday said he was personally told by VA Undersecretary Randy Reeves that the acceptance of the state's grant application puts the

South Dakota on the priority list for grant funding, and a grant could be awarded as early as next year.

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7.3 - WAAY-TV (ABC-31, Video): [WAAY 31 I-Team Investigation: VA Disability Claim Appeal Delays](#) (2 October, Greg Privett, 296k uvm; Huntsville, AL)

WAAY 31's I-Team investigated frustrations facing veterans here in the Tennessee Valley and across the country. Right now, nearly half-a-million of our military veterans have been waiting for years to have their disability claim appeals heard. We looked into the VA appeal delays for a Lawrence County man and what the Veterans Administration is doing to correct the problem for all vets.

[Hyperlink to Above](#)

7.4 - WKBT (CBS-8, Video): [Family donates home to Tomah VA treatment program: Neighbors want to make sure decision is safe](#) (2 October, Jordan Fremstad, 197k uvm; La Crosse, WI)

One La Crosse Family is donating their home to the Tomah VA to help struggling veterans get back on their feet. Dave and Barbara Erickson have called La Crosse home sweet home for 43 years. It's where they raised a family. "We've lived here," said Barbara Erickson said. "Our children have grown we now have 6 grand children and they are growing."

[Hyperlink to Above](#)

7.5 - KREX (CBS-5, Video): [Women Veterans Health Care at The VA](#) (1 October, Shelby Bracho, 34k uvm; Grand Junction, CO)

Pam Schultz with the Grand Junction VA Medical Center stopped by the studio to discuss their Breast Cancer Awareness Day event and health care services that they provide for women veterans. The pink ribbon event will include pink pumpkin decorating and a pink fire truck!

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8. [Other](#)

8.1 - The Hill: [Bolton's top deputy doesn't shy from 'intellectual knife fight'](#) (2 October, Ellen Mitchell, 11.8M uvm; Washington, DC)

"There's nobody I have more respect or admiration for than Mira," said Veterans Affairs Secretary Robert Wilkie, who worked with Ricardel in the mid-1990s when she was a legislative assistant in the office of then-Senate Majority Leader Bob Dole (R-Kan.). Wilkie at the time was a staffer for then-Sen. Trent Lott (R-Miss.), who succeeded Dole as majority leader.

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8.2 - Wicked Local – Easton: [Clinic for homeless dedicated to Easton native](#) (2 October, 1.9M uvm; Westford, MA)

Christine Loeber devoted her life to ill veterans and now a medical clinic at the New England Center and Home for Veterans (NECHV) has been named in her honor. Loeber, 48, an Easton native, was killed in March at the California veterans treatment program where she worked along with two of her colleagues in a hostage standoff.

[Hyperlink to Above](#)

8.3 - Daily Local News: [Drop off your drawers at East Fallowfield's annual Park Day Oct. 13](#) (2 October, 190k uvm; West Chester, PA)

David's Drive 831 was created in memory of David Turner, Jr. who was born and raised in East Fallowfield Township. David worked at the Coatesville VA where he learned many of the Veterans he served were homeless and didn't have necessities like underwear or socks. David wanted to buy every Veteran at the VA a pair of underwear, but he never had the chance.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - The Washington Post: [‘I’m done hiding this’: Jason Kander pulls out of mayor’s race, citing PTSD and depression](#) (2 October, Eli Rosenberg, 43.9M uvm; Washington, DC)

Jason Kander, a former Army intelligence officer who is considered a rising star of the Democratic Party, announced Tuesday that he was pulling out of the race for mayor of Kansas City, saying that he was suffering from PTSD and depression from a stint in Afghanistan.

Kander, 37, made the announcement in a letter he posted online, saying that he was done “trying to outrun depression and PTSD symptoms” that he traced back 11 years to a four-month tour in the Middle East.

“I’m done hiding this from myself and from the world,” Kander said. “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander, Missouri’s former secretary of state, rose to national prominence with a quirky campaign ad in a bid to unseat Sen. Roy Blunt (R) in 2016. According to The Post’s Ben Terris, “Kander was widely considered the best Democratic recruit running for Senate.”

He had the look: young and fit, a guy comfortable in a skinny tie or fatigues. He had the life story: Married to his high school sweetheart, he had joined the military after 9/11, served in Afghanistan and came home to enter politics, eventually becoming the first millennial to hold statewide office in the country.

He lost a close race but has remained in the limelight since. He founded Let America Vote, a nonprofit organization dedicated to ousting Republicans working for more restrictive voting laws around the country, and has been an active liberal presence on social media. Kander had previously said that he was considering a run for president in 2020.

Kander was a likely favorite in the 2019 mayoral race, according to the Associated Press. But he wrote that his achievements — a best-selling book, some early signs of success in his bid for mayor, the work of the nonprofit organization — had done little to alleviate his symptoms.

Despite finding out last week that he had raised more money in a quarter than any Kansas City mayoral candidate previously, Kander wrote that he found himself calling the Department of Veterans Affairs’ Veterans Crisis Line, “tearfully conceding that, yes, I have had suicidal thoughts.”

“Most recently, I thought that if I could come home and work for the city I love so much as its mayor, I could finally solve my problems,” he said. “I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it’s just getting worse.”

Kander said he would also be stepping back from day-to-day operations at Let America Vote. He said he has started the process of getting more regular help from VA in Kansas City, and wrote that he hoped sharing his story would inspire others to seek help for their own issues.

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1.2 - Bloomberg (AP): [Jason Kander, Citing Mental Health, Drops Out of Mayoral Race](#) (2 October, Margaret Stafford and Jim Salter, 43.7M uvm; New York, NY)

Kansas City, Mo. -- Jason Kander, a rising star in Democratic politics who narrowly lost a 2016 Senate bid, dropped out of the race for mayor of Kansas City, Missouri, on Tuesday so he could get help for post-traumatic stress and depression that he said he has suffered from more than a decade.

Kander, 37, said in an announcement Tuesday that he has tried since leaving the military to ignore his symptoms or work hard enough to ignore his mental health issues but finally decided it was time to step away from politics and concentrate on becoming healthy.

"So after 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me," Kander said. "That I have to stop running, turn around, and confront it."

Kander, a former Army intelligence officer, said he contacted the Veterans Administration for help about four months ago but his condition worsened and he recently called the VA hospital to say he has had suicidal thoughts. He said he went to the VA Monday and began the process of getting treatment.

Kander was considered a likely favorite in the 2019 Kansas City mayoral race. He lost by 3 percentage points to incumbent Republican Roy Blunt in Missouri's 2016 Senate race — a strong showing in a state Republican Donald Trump carried by 19 percentage points.

Blunt said in a statement Tuesday that it is important to talk about mental health issues.

"When people like former Secretary of State Kander are willing to do so, it moves the entire discussion in the right direction," Blunt said.

His decision to enter the mayoral race surprised many observers at the time because he was considered a strong candidate for national office. He said Tuesday he entered the mayoral race hoping it would help his mental health.

"I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me," Kander wrote. "But it's just getting worse."

Kander's 2016 campaign drew national attention both for his strong challenge to Blunt, a veteran politician with strong name recognition, and a TV ad that went viral. The ad showed a blindfolded Kander putting together a rifle while discussing his support for background checks for gun owners.

The 2016 campaign also gave Kander a national profile. Former President Barack Obama was asked on his last full day in office: "Who do you see out there in the Democratic Party today as a rising star?"

Obama replied: "My guy in Missouri. Kander."

Kander said he decided to be public about his mental health battle in part because he felt honesty would help him persevere.

"And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own," he said.

Since losing the election, Kander has written a book, "Outside the Wire: Ten Lessons I've Learned In Everyday Courage," and founded the nonprofit Let America Vote that seeks to ease restrictions borne by voter ID laws. He announced his mayoral bid in Missouri's largest city in June. He said Tuesday he will step away from day-to-day operation of Let America Vote while he focuses on his mental health.

Kander spent four years as Missouri's secretary of state and four years as a state House representative before that.

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1.3 - Medium: [I Suffer From Depression and Have PTSD Symptoms](#) (2 October, Jason Kander, 1.4M uvd; San Francisco, CA)

About four months ago, I contacted the VA to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day. So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can't have PTSD, I told myself, because I didn't earn it.

But, on some level, I knew something was deeply wrong, and that it hadn't felt that way before my deployment. After 11 years of this, I finally took a step toward dealing with it, but I didn't step far enough.

I went online and filled out the VA forms, but I left boxes unchecked

finally solve my problems. I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse.

So after 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it.

I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly. To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression.

I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward. We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond.

Having made the decision not to run for mayor, my next question was whether I would be public about the reason why. I decided to be public for two reasons: First, I think being honest will help me through this. And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own. Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have. If you're struggling with something similar, it's OK. That doesn't make you less of a person.

I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me. The VA Crisis Line is 1-800-273-8255, and non-veterans can use that number as well.

I'll close by saying this isn't goodbye. Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be.

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1.4 - The New York Times: [Jason Kander Withdraws From Kansas City Mayoral Race, Citing PTSD](#) (2 October, Dave Phillips, 29.8M uvm; New York, NY)

Jason Kander, a war veteran who became a rising star in the Democratic Party, abruptly dropped out of the Kansas City mayoral race Tuesday, saying he needed to focus on healing from post-traumatic stress disorder.

"After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it," he wrote in a lengthy and strikingly candid post on his Facebook page.

Mr. Kander, 37, who deployed to Afghanistan as an Army intelligence officer in 2006, was the clear front-runner in the race. He is best known for nearly beating Missouri's incumbent Republican senator, Roy Blunt, in a dark-horse campaign in 2016. In a year when Republicans in the state garnered huge wins, and Hillary Clinton lost by 19 points, Mr. Kander came within three points of taking the seat.

During the 2016 campaign, he also gained national attention for a viral ad in which he assembled an assault rifle blindfolded while criticizing Republicans who attacked him over his support for background checks for gun purchases. It got 1.6 million views, and earned Mr. Kander a reputation as a plain-talking, red state progressive who could have national appeal.

After losing the election, he formed Let America Vote, a nonprofit voting rights group, and began appearing at political gatherings in Iowa and New Hampshire, a signal that he was considering a presidential run.

On Tuesday, though, he put political ambitions on hold, saying that his efforts to deal with lingering issues of war on his own had failed.

“By all objective measures, things have been going well for me the past few months,” he wrote, noting that he had a best-selling book, an effective nonprofit, and was breaking records with his campaign’s fund-raising. “But instead of celebrating that accomplishment, I found myself on the phone with the VA’s Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn’t the first time.”

The United States has a long list of combat veterans, from George Washington to John McCain, who have built successful political careers, and many have talked openly about their struggles to put their war experience behind them. But Mr. Kander’s transparent acknowledgment of his struggles and decision to seek help is unprecedented, said Paul Rieckhoff, founder of Iraq and Afghanistan Veterans of America.

“Few people have the courage and vulnerability to admit the problem to themselves,” Mr. Rieckhoff said. “Mr. Kander is leading by example, and I think he will show veterans everywhere that it is O.K. to get help.”

Suicide is a growing problem in young veterans, Mr. Rieckhoff added. His group plans to help plant more than 5,000 flags on the National Mall on Wednesday to memorialize veterans who died by suicide just this year.

In his memoir, “Outside the Wire,” Mr. Kander said he was not in combat during his four-month tour in Afghanistan, but spent months driving deadly highways to investigate dangerous warlords and ostensible allies who sometimes hid rampant corruption through murder. Often he rode in unarmored S.U.V.s that offered no protection against roadside bombs.

“I felt fearful, way beyond anything I’d ever felt before,” he wrote. “This was, for the first time in my life, the raw, physical fear of being killed.”

When he returned to Kansas City, he wrote that he was ridden with guilt and anger, and plagued for years by nightmares. He minimized his symptoms, even to himself, because he felt nothing he experienced was harrowing enough to warrant professional treatment.

“Instead of dealing with these issues, I’ve always tried to find a way around them,” he wrote on Facebook. “I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it’s just getting worse.”

He said he went to a Veterans Affairs hospital Monday to begin regular treatment, and would curtail his voter registration efforts to focus on healing.

“Most people probably didn’t see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have. If you’re struggling with something similar, it’s OK. That doesn’t make you less of a person,” he concluded.

The mayoral race had drawn nine candidates, but many saw Mr. Kander as the clear favorite. The election will be held in June.

The current Kansas City mayor, Sly James, a Marine veteran who cannot run again because of term limits, voiced support for Mr. Kander in a statement.

“I’m proud of Jason for having the courage to share his struggle, and for doing what he needs to do to take care of his health,” Mr. James said. “I applaud his bravery, and will do all I can to help him through his healing process.”

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1.5 - Politico: [Problems with Post-9/11 GI Bill claims probed by House veterans’ panel](#) (2 October, Kimberly Hefling, 23.9M uvm; Arlington, VA)

POST-9/11 GI BILL PROCESSING PROBLEMS MOUNT: House Veterans’ Affairs Chairman Phil Roe (R-Tenn.) says he’s hearing reports that some Post-9/11 GI Bill recipients’ monthly housing payments are being lost or delayed because of an IT-related processing issue.

— The end result is that some veterans could be struggling to pay for housing as the fall semester gets going. Roe has asked the Veterans Affairs Department to investigate and respond by the end of the week.

— The complication appears to stem from student certifications getting lost internally as they move from one VA system to another during the claims processing process, according to a letter Roe sent Friday to the VA that was obtained by Morning Education.

— Notably, this problem appears to be separate from another IT-related problem that’s hampered processing this fall of the benefit, Roe said. That problem is tied to a law passed last year, H.R. 3218 (115), dubbed the “Forever GI Bill” that changed how the monthly housing benefit is calculated. Fifteen veterans’ service organizations recently told the VA its handling has created an “organizational and customer service failure at the highest level.”

— The end result is that the VA, as of Sept. 21, had 248,396 educational claims of all types to process — a 52 percent increase compared with a year ago at this time, Roe said in the letter. He “continues to be concerned” about the workload since it could result in more delays.

— A VA spokesman says the agency “appreciates Chairman Roe’s concerns and will respond to him directly.”

— Meanwhile, the VA acknowledged in a note to veterans on its Facebook page last week that the “pending inventory” of education claims is going up. The department says it’s taking about 35 days to work first-time applications for education benefits and 17 days for supplemental claims like a re-enrollment. “Our claims processors are working extra hours to get this work

done and are committed to getting the payments you've earned to you as quickly as possible," the message said.

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1.6 - Military.com: [Vets Groups Urge Trump Administration to Keep Pressure on GI Bill Fraud](#) (2 October, Richard Sisk, 9M uvm; San Francisco, CA)

Twenty-eight veterans groups and military service organizations have called on the Trump administration to scrap deregulation proposals that they said would limit oversight of "bad actor" schools preying on veterans using the GI Bill.

In a letter last month to Education Secretary Betsy DeVos, the organizations urged her "to strengthen, not discard, common-sense protections against waste, fraud and abuse by bad actor colleges."

The letter was aimed at proposed changes to regulations under the government's Title IV authorities of the Higher Education Act, part of the administration's overall deregulation drive, which the White House has touted as a main factor in the booming economy.

"Weakening or discarding these regulations would allow low-quality colleges to defraud service members, veterans, their families and survivors -- as well as taxpayers," the letter said.

The organizations signing the letter included AMVETS, Vietnam Veterans of America, Iraq and Afghanistan Veterans of America, the Military Order of the Purple Heart, Blue Star Families, the National Military Family Association and Veterans Education Success.

The groups called on DeVos to retain the requirement "that colleges have 'regular and substantive interaction' between instructors and students" to ensure that schools "do not skirt their educational duties and charge exorbitant tuition for what amounts to an online textbook or YouTube video."

The groups also argued against limiting the ability of state authorities to oversee the quality of higher education, which they said would "strip individual states of their long-held ability to protect their citizens' right to receive quality educations."

Carrie Wofford, president of Veterans Education Success, said the groups would also like to make sure there's a veteran or military representative on the panels that will decide on the rules changes following a period of public comment.

Of particular concern to the groups is the possibility that DeVos will eliminate regulations enacted during the administration of former President Barack Obama requiring for-profit colleges to show that they could provide reasonable access to "gainful employment" to the students they enroll.

Several veterans testified on the need for more oversight at public hearings held last month by the Education Department on the proposed rules changes.

At a public hearing in Washington, D.C., Army veteran Jarrod Thoma, of Colorado Springs, Colorado, told of his experiences in pursuing an engineering degree with the for-profit DeVry University, which was the target of a federal Trade Commission lawsuit in 2016 for deceptive advertising.

"Although DeVry was more than happy to cash in all of my GI Bill benefits, my complaints about the quality of materials and instructions fell on deaf ears," Thoma said. "When I tried to transfer, I was told by both a public university and a community college that they would accept only my general education credits -- even though DeVry had stated that their credits would transfer."

At the same public hearing, Tanya Ang, vice president of Veterans Education Success, testified that veterans, many of whom are the first in their families to try to earn a college degree, were particularly vulnerable to the deceptive advertising of predatory schools.

Weakening regulations would impact those veterans who "believe the federal government's stamp of approval for the school to offer Title IV funds means the school is a high-quality school," Ang said. "Unfortunately, we know all too well, this is not always the case. Unfortunately, students find out too late that this is not always the case."

The letter from the veterans and military service organizations to DeVos was the second recently in which it was alleged that the Trump administration's deregulation drive could impact negatively on service members.

In a letter to White House Office of Management and Budget (OMB) Director Mick Mulvaney in August, all 47 Democrats in the Senate and the two Independents who usually vote with them argued against rules changes that they said would ease up on oversight of predatory payday lenders.

In their letter, the senators said that easing up on routine examinations of firms by the Consumer Financial Protection Board under the Military Lending Act of 2006 could limit reviews of a lender's qualifications and expose troops to exorbitant interest rates.

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1.7 - The Kansas City Star: [‘You are saving lives’: Joe Biden joins outpouring of support for Jason Kander](#) (2 October, Eric Adler, 4.8M uvm; Kansas City, MO)

Only minutes after Jason Kander announced he was dropping out of Kansas City's mayoral race because of war-related PTSD and depression, public reaction on social media was swift and sympathetic, including a message from former Vice President Joe Biden.

"Jason — public service takes many forms, and bravely stepping forward today is exactly that. By sharing your story, you are saving lives. Others will get the help they need because of you," Biden tweeted Tuesday.

Many supporters lauded Kander, saying he was showing true leadership in admitting to suffering mental illness.

“Blessings for you as you struggle with this. Blessings for sharing and blessings for getting the help you need. We’ll be here when you hit the trail again,” Janet Osborn Knifong wrote on Kander’s Facebook page, where he posted his announcement shortly after 1 p.m. Tuesday.

“I wish I would have sought help sooner,” wrote Kander, who in 2006 began a three-month tour in Afghanistan as a U.S. Army intelligence officer, “so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me.”

He included the number for the Veterans Administration crisis line, 800-273-8255.

Within an hour, more than 1,000 comments of support flooded his Twitter page, and more than 500 comments were made on his Facebook page, many referencing Kander’s openness and honesty in addressing his post traumatic stress disorder.

“There are so many of us out there functioning after PTSD with associated conditions,” Lucia Harper tweeted. “Keep on keepin on Jason ...”

Wrote another in support, “Thank you for being open and publicly vulnerable. Even in working to take care of yourself, you’re helping others...”

On Facebook, Cara Coon wrote, “As the wife of a Marine Corps Veteran who suffers from PTSD, I thank you for your honesty, I thank you for your openness, and I thank you for your courage. You’re one of the few politicians that I have major respect for. I hope this is just a step back to pause on your political career, because our country needs more people like you!”

One Twitter commenter noted, “As a psychiatrist I can tell you that you likely saved at least one life today with your honesty and courage ...”

Other veterans suffering as Kander has are grateful that the politician came forward. “Right there with you, brother. Been going to therapy every week at the VA. Good on you for putting it out there to lessen the stigma for our sister and brothers who might be struggling too.”

Others thanked him for sending a message that goes beyond PTSD suffered by veterans.

“Thank you for sharing and breaking the stigma not just veterans face regarding mental health, but all Americans,” one wrote.

A repeated theme was the hope that Kander might return to politics after getting the help he believes he needs. He said he has experienced depression, nightmares and suicidal thoughts in the 11 years since leaving Afghanistan.

“I wish you full health, peace and happiness. And when you attain those, we’ll be eager for your return to politics,” well-wisher Michelle Hylton wrote.

Sarah Kendzior tweeted, “Take care of yourself, We will all be here for you when you are ready to come back.”

Supporter Rachelle Morgan’s Facebook post reflected the sentiments of many. “You are showing leadership right here, right now.”

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1.8 - Military Times: [Rising Democratic star steps away from politics to treat his PTSD](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Afghanistan War veteran Jason Kander, a rising Democratic political star vying to become the next mayor of Kansas City, abruptly quit that race on Tuesday saying he needs time out of the spotlight to deal with his military-related depression and post-traumatic stress disorder.

In a statement posted on Medium, Kander said he has been in contact with Veterans Affairs support services for months but worried that acknowledging his personal struggles could damage his political career.

"I knew I needed help and yet I still stopped short," he wrote. "I was afraid of the stigma. I was thinking about what it could mean for my political future if someone found out.

"That was stupid, and things have gotten even worse since."

Kander, 37, said he used the VA Crisis Line just last week after having suicidal thoughts, despite positive news about his mayoral campaign and a recent book deal. He said that he felt unworthy of claiming significant mental health problems "because I didn't earn it" during his time in the Army.

"I'm done hiding this from myself and from the world," he wrote.

"I decided to be public for two reasons: First, I think being honest will help me through this. And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own."

Kander narrowly lost the 2016 U.S. Senate election in Missouri to Republican Roy Blunt, but was praised by Democratic party leaders as a figure to watch given his strong performance in a predominantly Republican state. He was considered the front-runner in the mayoral contest.

Kander enlisted in the Army National Guard after the Sept. 11, 2001, attacks and volunteered for deployment to Afghanistan in 2005. His book about his time in the military — "Outside the Wire: Ten Lessons I've Learned in Everyday Courage" — was published this summer.

In his statement, Kander said that "when I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself."

VA and Pentagon officials over the last decade have worked to fight the stigma associated with seeking help for mental health challenges, both by expanding health services and discussing the importance of viewing the issues as treatable injuries.

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.9 - Military Times: [TriWest takes over VA community care programs nationwide](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials announced Tuesday that TriWest Health Care Alliance will take over nationwide operations for the department's main community care programs despite concerns raised last month about overpayments to the company.

For the last five years, operations for the department's primary two outside care programs — Patient-Centered Community Care and Veterans Choice Program — had been operated by TriWest and Health Net Federal Services.

The new contract extends TriWest's partnership and names them the sole provider until the two programs are replaced next year with a new overarching community care program mandated in the VA Mission Act, which President Donald Trump signed into law this summer.

VA officials praised the contract as ensuring that veterans will not see disruptions in their health care in the coming year.

"Extending the time and reach of our partnership with TriWest will ensure veterans get the care they need while the department transitions to delivering care under the Mission Act next year," VA Secretary Robert Wilkie said in a statement.

Last month, the VA inspector general found that over a one-year period, TriWest officials filed more than 111,000 duplicate claims for outside care services and made mistakes in nearly 300,000 others, resulting in department overpayments of more than \$45 million dollars.

Similar errors by Health Net officials resulted in \$56 million in overpayments, investigators said.

In response, VA officials implemented new payment controls and recovered about \$40 million of that money. Additional reimbursements are being reviewed.

Veterans' cases currently being handled by Health Net will be transitioned to the new program in a way department officials promise will not disrupt care. Details of how other cases will be transferred from existing community care programs to future ones have yet to be finalized.

Twitter Ads info and privacy

On Friday, congressional staffers received a briefing from VA officials on the Mission Act implementation, laying out future timelines for new community care rules and parameters for that work.

Last week, in an appearance before the Senate Veterans Affairs Committee, VA Secretary Robert Wilkie predicted the new community care rules will "revolutionize veterans' care" once implemented.

"My view of Congress' trust and mission is to ... give that veteran choice and allow that veteran to continue with the choice that he or she is most comfortable with," he said.

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1.10 - WFED (AM-1500): [Trump admin requests expedited appeal of EO decision, as VA petitions accountability ruling](#) (2 October, Nicole Ogrysko, 854k uvm; Washington, DC)

The Trump administration is appealing two separate decisions that could impact how agencies discipline and remove poor performers.

Both a federal district judge and an independent arbitrator independently ruled in favor of federal unions, but recent appeals and motions from the administration on two separate occasions show that unions' battles over the administration's efforts to more quickly fire poor performers are far from over.

The Trump administration last week announced its plans to appeal a federal district judge's Aug. 24 decision that invalidated nine key provisions of the president's executive orders on collective bargaining, official time and employee removals.

And late last week, attorneys at the Justice Department requested an expedited briefing schedule before the U.S. Court of Appeals for the District of Columbia Circuit. The court should more quickly consider the administration's appeal, the Justice Department argued, because the federal district court's injunction has "governmentwide reach."

"Prompt resolution is especially needed in light of the ongoing effects of the permanent injunction on agency management and collective bargaining throughout the federal government, and in light of the effect the injunction has on the president's ability to supervise the conduct of his subordinates in the executive branch," the attorneys wrote in a Sept. 27 motion.

The Justice Department attorneys want to submit their own briefing by Oct. 26 and give union attorneys until Dec. 7 to submit a consolidate response. Under DoJ's proposed schedule, the Court of Appeals would finish briefing between the Thanksgiving and Christmas holidays and would hear oral arguments sometime after the New Year.

Union lawyers told DoJ attorneys they opposed the expedited briefing, according to the government's motion.

VA appeals to FLRA over accountability act

Separately, the Veterans Affairs Department is appealing an independent arbitrator's decision, which recently determined the agency had violated the terms of its contract with the American Federation of Government Employees (AFGE).

Specifically, the arbitrator found merit in AFGE's grievance from last September. The union argued the agency used provisions in the VA Accountability and Whistleblower Protection Act to implement new performance management guidance. That guidance, AFGE said, contradicted the collective bargaining agreement VA signed with the agency back in 2011, because it eliminated the need to give employees a chance to improve with a performance improvement plan (PIP).

VA filed exceptions last week to the arbitrator's decision with the Federal Labor Relations Authority, the agency's spokesman, Curt Cashour, said.

Now, AFGE has until Oct. 24 to submit its own response to VA's exceptions, the union's spokesman said. After October, it's less clear when FLRA will issue a decision. AFGE said it could take up to a year.

Until then, the arbitrator's original award isn't final or binding, Cashour added.

VA's appeal is significant, because it essentially delays a potentially messy and complicated rehiring process. In its decision, the arbitrator told VA to begin complying with the terms of its collective bargaining agreement with AFGE. Specifically, the arbitrator instructed VA to rescind previously-taken adverse actions or removals that it took against employees for unacceptable performance who didn't receive a performance improvement plan.

Several VA employees, especially those at the Veterans Benefits Administration, have previously told Federal News Radio they weren't given an appropriate amount of time to improve their performance. One mistake, they said, could cost them their jobs.

Some members of Congress are paying special attention to the accountability act and its implementation at VA.

Democrats on the Senate VA Committee had expressed similar concerns with VA's implementation of the new authority and its performance management guidance, citing instances where managers attempted to remove employees for missing a deadline or moving slowly after a workplace injury.

Tamara Bonzanto, VA's nominee to lead the agency's new Office of Accountability and Whistleblower Protection (OAWP), told the Senate committee in her confirmation hearing that the office wasn't yet a trusted entity among employees at the department.

The House VA Committee heard from the department last month, which insisted it wasn't using the new accountability legislation to to disproportionately fire lower-ranking employees over senior managers and executives.

The VA inspector general is also reviewing the department's implementation of the accountability act.

Additional focus on VA's implementation of the accountability act may be critical in the coming months, especially as the Trump administration looks for best practices and considers new alternatives to discipline poor performers.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Bakersfield Californian: [State-of-the-art Veterans Affairs clinic coming to Bakersfield](#)
(2 October, Steven Mayer, 270k uvm; Bakersfield, CA)

After years of delays, local military veterans and their families learned Tuesday the U.S. Department of Veterans Affairs outpatient clinic on Westwind Drive in Bakersfield will be replaced with a new \$40 million, state-of-the-art facility.

In a press conference convened at his Bakersfield office, Rep. Kevin McCarthy, R-Bakersfield, flanked by veterans, veteran advocates and local politicians, announced that a new clinic will be built in northwest Bakersfield, near Olive and Knudsen drives.

"It says a lot about the character of a nation in the way it treats those who have defended its freedom," McCarthy said before a crowd gathered outside of his local office.

The VA's Community-Based Outpatient Clinics are not owned by the federal government, but are leased to private companies.

The VA was expected to make a lease award for the new Bakersfield CBOC in January 2016, but was informed by the California High Speed Rail Authority that the site selected for the proposed clinic was directly in the path of the newly revised high speed rail project alignment, forcing the VA to start over.

On Friday, the VA announced it awarded a \$39.7 million lease to San Diego-based SASD Development Group LLC to construct a new 30,100 square foot clinic in Bakersfield.

"It's taken a long time, but finally it looks like we're going to get'r done," said U.S. Air Force veteran Randall Dickow, a longtime volunteer with the Kern County Veterans Collaborative, a nonprofit veterans advocacy organization.

It was 2010 when Congress authorized replacing the aging structure, which opened in 1992.

After years of false starts and more waiting, the VA revealed in late August 2017 a solicitation for offers on local properties to build a replacement clinic. But advocates had seen that before and were skeptical.

Several plans to build a new facility have made their way through the bureaucratic process, only to be scrapped.

The VA has acknowledged the clinic on Westwind Drive lacks the capacity to provide all the services that are needed. As a result, some veterans must travel to VA hospitals in Southern California for treatment that should be available in Bakersfield.

Robert McKenrick, executive director of clinical care for the VA's Greater Los Angeles Healthcare System, said in a statement Tuesday that the contract better aligns the procurement with other federal agencies and the private sector, with an emphasis on increased competition, cost savings and speed to market.

The VA "is excited to move forward with a new clinic," McKenrick said, "where we will serve more veterans with some upgraded services to address key areas like mental health, women's health and homeless services."

The projected date to open the new clinic is still uncertain, but McCarthy said he expects ground to be broken on the 30,000-square-foot building within a couple of months.

Bakersfield Mayor Karen Goh said it's a great day for Bakersfield, Kern County and the tens of thousands of veterans who are served by the local clinic. According to the VA, by 2026 the new clinic will serve a projected veteran market of 208,722.

At Tuesday's press conference, several individuals were asked to say a few words, including former California Assembly Member and current state Senate candidate Shannon Grove; state Assembly Member Vince Fong; County Supervisor Mike Maggard; City Council Member Ken Weir; Afghanistan combat veteran Zachary Reese and others.

Vietnam veteran Tony Martinez, who said he was affected by spraying of the infamous Vietnam-era defoliant Agent Orange, said he must drive to Sepulveda in Southern California for much of his VA care.

"This new facility is not only going to help me, it's going to help all our veterans," he said.

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3.2 - Social Work Today: [VA Telehealth Services — Reducing Health Care Disparities for Veterans With Mental Health Challenges](#) (2 October, Anna Panzo, MSW, LCSW, 4k uvd; Spring City, PA)

In the 21st century, constant improvements in technology have reshaped the provision of mental health supports. With a plethora of apps, YouTube videos, and websites, there are a wide variety of self-help services and resources available to anyone with a smartphone or an internet connection. Nevertheless, these resources cannot replace the benefits of clinical treatment. Unfortunately, those with a mental health diagnosis often face multiple barriers to obtaining that treatment. Contributing factors preventing them from seeking mental health care can include social stigma, transportation or distance, and family responsibilities. Furthermore, symptoms caused by the diagnosis can also present a challenge—people with high anxiety, for example, could struggle to leave their home.

The VA has leveraged 21st century technological advances to assist in overcoming treatment barriers and decreasing disparities in mental health care provision for veterans. VA medical centers utilize telehealth video-to-home (VTH) services to provide care to veterans with mental health diagnoses. Through the use of this technology, VA clinicians are able to conduct at-home therapy and evaluation sessions with veterans.

Breaking Down Barriers

Jan Lindsay, PhD, director for TeleBehavioral Health at the South Central Mental Illness Research Education and Clinical Center, a licensed psychologist at the Michael E. DeBakey Veterans Administration Medical Center, and a research health scientist at the Center for Innovations in Quality, Effectiveness, and Safety, is on the frontier of telehealth implementation programming and research at the VA. Lindsay is based out of the VA Medical Center in Houston, which currently is a national leader in the provision of telehealth services. She is passionate about decreasing access disparities for veterans. "Roughly half of veterans who need mental health treatment don't access care, and those who do access mental health care do not receive an adequate dose," Lindsay says. Her work at the VA has helped to provide increased access to mental health care for veterans who are in crucial need of that support.

Terri Fletcher, PhD, a clinical research psychologist and the evaluation lead for Lindsay's team, speaks to some of the challenges veterans face when accessing in-person care at VA locations. "There are many logistical barriers to receiving psychotherapy services in person at the VA, such as travel time, parking, arranging child care and/or time off from work ... some female veterans, particularly those who experienced military sexual trauma, are uncomfortable coming in person to the VA and prefer to receive their care from home. Additionally, veterans with PTSD, obsessive-compulsive disorder, or anxiety disorders may experience severe anxiety in a large hospital setting which makes it difficult for them to receive in-person care." Recent research conducted by Fletcher and her colleagues found that VTH services had similar outcomes as in-person care for clinical effectiveness, patient and provider satisfaction, and treatment adherence, among others. By making therapy available through at-home video sessions, veterans who otherwise might not access treatment are able to receive high-quality care.

On the Telehealth Forefront

Currently, telehealth is considered standard practice within the VA; the majority of VA medical clinics have clinicians on staff who are trained in the use of video technologies to provide VTH mental health treatment services to veterans. Lindsay acknowledges that integrating a telehealth program into complex medical systems can have its challenges. Her interdisciplinary team facilitates the provision of telehealth services through offering support in developing infrastructure, providing training, and troubleshooting these challenges. "You need to have so much support to make these changes," she says.

Nevertheless, the changes are well worth it. In addition to increasing access to care, at-home treatment offers unique advantages and insights that traditional on-site treatment does not provide. "Psychotherapy delivered via video to the home offers patients an innovative way to engage in evidence-based mental health care they might not otherwise receive," Fletcher says.

Veronica Siffert, LCSW, who provides VTH psychotherapy services to veterans, describes working with a veteran who struggled with hoarding: "The use of a web-based camera helped the veteran feel that I was there with them during treatment as we worked together sorting, discarding, and cleaning." Video technology allows therapists to see and experience the veteran's home environment, giving them a window and opportunity to provide crucial support.

Telehealth is also being used by the Veteran's Justice Outreach (VJO) program in Houston. The VJO works with veterans who are involved in the legal system. Through the outreach program, veterans required by the veteran's court to obtain treatment are able to receive at-home care. "Many of these veterans live far distances from the VA or clinics and must maintain employment as part of their court agreements, which makes it difficult to attend in-person appointments that are also part of their agreements. VJO has used telehealth to address these requirements to attend case management and various mental health appointments," Lindsay says.

Mark Norris, LCSW, an outreach specialist in the program, describes telehealth as "very practical and effective." For him, "It's a much better assessment tool as far as my case management sessions in the veterans treatment courts, rather than a phone call ... it's much easier to remain treatment compliant using telemedicine." Norris uses video-on-demand, which can be conducted on any device with cellular data, such as iPads and smartphones. He says, "I've encouraged other social workers to utilize telehealth who are dealing with veterans in outlying areas. It's a tool to provide the services we do to veterans who cannot reasonably access the clinic or medical center here."

The Veteran's Health Administration (VHA) is the largest integrated health care system in the United States, and is a leader in providing telehealth services; however, less than 1% of all veterans are receiving telemental health services. However, Lindsay points out, "The VHA's telehealth infrastructure is far more developed than the private sector. The overall number of veterans being served through telehealth services grows by huge percentages annually."

Fletcher says, "We expect growth to continue as more providers begin to use telemedicine and more patients begin to request it."

For clinical social workers, providing therapy through virtual care resources such as telehealth services has its benefits. Siffert describes some of the advantages that telemedicine provides to both veterans and social workers. "It increases access to care, reduces burdens for the veteran, and reduces appointment no-shows ... it helps the social worker to 'meet them where they're at.'" Siffert shares that telemedicine also served as a bridge to in-person care for a veteran she worked with: "Behavioral activation over telehealth enabled the veteran to feel well enough to leave their home and come to the VA for appointments."

Telemedicine is valuable not only because it makes mental health treatment more accessible to veterans but also because it provides critical support for clinicians in more remote areas, who may not have access to their peers in the same way a clinician in a major city would. The VA in Houston uses video technology to connect clinicians in rural areas to other VA mental health care providers. The Houston VA offers what they call a virtual community of practice, where clinicians virtually connect for peer consultation and support, and discuss challenges and unexpected situations that they may face. This helps providers obtain access to the professional support they need to serve their patients. Lindsay views this as helping to reduce disparities not only for veterans but also for providers. "You can't do one without the other," she says.

On telehealth resistance, Lindsay says, "I think sometimes people are afraid of technology because they think it's going to take over, and rural providers will be replaced with telehealth. I do not use that approach at all; we know there's a value to sitting in person with someone." Instead, Lindsay sees telehealth technology as a means of augmenting the supports that rural social workers or clinicians have, and further empowering them to provide their services.

VTH telehealth care and virtual peer supports are expanding the capacity of the largest integrated health care system in America to provide crucial care to an extremely vulnerable population. As such, the VA sets a high standard for other providers seeking to reach individuals and clinicians who would not otherwise have access to mental health care or peer support. It is an exciting field and important step to providing services that are at the advancing frontier of 21st-century technology.

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3.3 - KSFY (ABC-13, Video): [Aberdeen VA outpatient clinic in early stages of moving](#) (2 October, Ryan Martin, 157k uvm; Sioux Falls, SD)

Aberdeen Veterans Affairs is one of four outpatient clinics in South Dakota that is moving to new locations. They will break ground on the building in the spring of 2019.

"We wanted to expand a little bit and get more room so we could potentially provide more services, expand our services, and also take care of more Veterans," said Dr. Donna Small, Chief the Sioux Falls VA system in Aberdeen.

The next phase is planning.

"And then we'll break ground and build this new clinic in the spring of 2019," said Small.

Steven Smith has been a patient at the Aberdeen Veterans Affairs for the past 14 years.

"You walk in and it's like you're at home, it really is," said Smith. I'm really excited about a new facility," Smith said.

Smith loves the VA clinic staff and the job they are doing.

"Once you have an appointment, once you arrive on time I can't think of a time I've had delays," Steven Smith, Patient.

He's happy to see their hard work noticed, and looks forward to seeing the completion of the new facility.

"They're growing so rapidly and it's going to be such a big step up from here to the new facility, I suspect anything they put in is just going to be wonderful," Smith said.

"To realize that the VA is serving the community here and doing such a wonderful job, it warms my heart," Smith said.

Small and her team do this for the same reason they always have.

"Our military men and women of America have taken great pride, dedication and passion, we as America also have to take that same pride, dedication and passion and provide superb medical care to them," Small said.

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3.4 - FedScoop: [USDS' Marcy Jacobs on building a more customer-focused VA](#) (2 October, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The work of the U.S. Digital Service team at the Department of Veterans Affairs is all about improving the experience of interacting with the agency for the end customer: the veteran.

This ethos can be seen across the work the team has done — the Appeals Status tool that went live in March, for example, aims to give veterans insight into and peace of mind about the very lengthy appeals process. And the vets.gov site, which houses this tool and others, is designed as a unified front door for veterans seeking benefits, housing assistance, burial information and much more. Veterans have noticed — vets.gov gets visited by 1.8 million users per month.

The ethos can also be seen in the team's workspace, where posters bearing excerpts from user interviews with veterans line one whole wall.

To Marcy Jacobs, recent winner of a Service to America Medal who's been leading the DSVa team since May 2017, this isn't just about a better website, though that's important too. It's about working to transform the whole agency into a customer-facing entity.

Because customer experience, Jacobs said in a recent conversation with FedScoop, isn't only the purview of the DSVa team or the Veterans Experience Office. It should be front of mind for everyone from the frontline doctor to the back office IT specialist, she argued. "It has to be that everyone here has that customer experience mindset," she said. At the end of the day, "we're a customer experience organization."

Jacobs has empathy for the challenges to adopting this mindset. As the largest federal civilian agency, VA has many employees who may rarely come into contact with veterans. The further one gets from the end user, the more difficult it is to "connect the dots," Jacobs acknowledged. An IT worker who repairs the computer of an appeals judge so that the judge in question can continue her work reviewing claims might not view himself as particularly integral to a veteran's experience, but Jacobs would argue he's critical.

Recent developments have Jacobs hopeful that the VA is beginning to internalize this value of customer service. Secretary Robert Wilkie, for example, recently called customer experience improvements a "prime directive" for his agency. And "improving customer experience with federal service" is one of the central cross-agency priority goals associated with the President's Management Agenda — the VA is among the agencies leading this initiative. Having these high-level directives is meaningful, Jacobs said.

Meanwhile, Jacobs and team will continue to identify "friction points" in the interaction between vets and the VA, and, when possible, design experiences that smooth these over. "A public sector experience should not be subpar to a private sector experience just because it's a government site," Jacobs said.

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3.5 - KGET (NBC-17, Video): [New state-of-the-art clinic coming to Bakersfield](#) (2 October, Amber Frias, 55k uvm; Bakersfield, CA)

Congressman Kevin McCarthy unveiled plans for a new state-of-the-art clinic for veterans in Kern County on Tuesday.

The future home of the \$39 million facility is located at Olive Drive and Knudsen. The current clinic on Westwind Drive is 26 years old and limited to what it offers patients. For many services, veterans have to head south.

"If you really want something more than just primary care, you have to go down to LA and driving over the hill a lot of times can be frustrating," said William Vurdick, veteran.

A drive that can be an emotional trigger for some.

"Driving on the freeway can be part of a combat role all over again, a traumatic experience," said Julio Torres, veteran with the Wounded Heroes Fund.

Keeping health care services local is the primary goal.

"One of the biggest challenges that we have here in Kern County is some of the more serious care you need you have to go down to LA," said McCarthy.

More than 40,000 veterans in Kern County will be able to focus on recovery rather than travel.

"This new state-of-the-art clinic is a blessing for us, for our Kern County veterans and community to bring us home and be closer," said Torres. "We don't have to worry about getting up at 4 a.m.. to make an 8 a.m.. appointment in Sepulveda or West LA."

The facility will be engineered to offer a more advanced regimen of services.

"The facility will be able to care for the modern look of our military," said McCarthy.

A modern look that focuses on women's healthcare and mental health services, along with a focus to help curb homelessness.

"It's going to be excellent for the people here in town," said Vurdick.

In 2010, congress approved the new structure, but wasn't until 2017 that the veterans administration revealed they were soliciting local properties. Today's announcement reassured veterans that the goal is in sight.

"There's no place better for veteran care than Kern County, in a few short months," said McCarthy.

Congressman McCarthy says he expects the groundbreaking to happen in a few months, but the finished facility date has yet to be determined.

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4. Focus Resources More Efficiently

4.1 - Atlanta Journal-Constitution: Atlanta VA fined \$13,600 after hazardous waste storage violations (2 October, Willoughby Mariano, 11.8M uvm; Atlanta, GA)

The Atlanta VA Medical Center suffered another setback after inspectors discovered more than one ton of hazardous waste packed floor to ceiling in unsafe conditions, recently-released records show.

A portable building was stuffed so full of the hazardous waste that there was no room for inspectors to enter, much less firefighters or emergency equipment, an inspection report said. Some of it was later classified it as "ignitable waste" a state Environmental Protection Division spokesman said — a designation that includes liquids that can catch fire at 140 degrees.

The violations are the latest in a series of troubles at the hospital, which serves 145,000 of the region's veterans annually and is one of the fastest-growing in the country. Through a spokesman, Atlanta VA director Annette P. Walker said the hospital has proper procedures in

place and is hiring a long-term contractor “to assure environmental wastes are properly disposed of timely.”

To experts, it’s troubling that hazardous waste disposal, a basic hospital function, has gone awry. The culture of the entire hospital may need to be reset, said William Custer, director for Georgia State University’s Center for Health Services Research.

“If you don’t have a good system for that, you’re probably not providing good quality care,” said Custer.

Veteran advocates said they’ve seen improvements in certain areas, but this and other recent problems show that the hospital has a long way to go.

“This is the kind of attention to detail and safety issue we’re always concerned about,” Amy Stevens, a former U.S. Navy officer and founder of veterans advocacy group Georgia Military Women, said of the waste violations. “They’ve got plenty of staff, they should be on top of it,” Stevens said.

The Atlanta VA dropped in a Veterans Affairs quality rating from three stars to one, the lowest out of five stars, The Atlanta Journal-Constitution reported last week. This means it ranks among the worst 10 percent VA hospital in the nation.

A Sept. 13 report by the VA’s Office of Inspector General found that the Women Veterans Health Program failed to complete mammograms for 42 patients over nearly three years. Another found it had the worst staffing shortages in the country.

A 2017 report found basic cleanliness and safety issues, including damaged furniture and dirty floors, ventilation grills, and kitchen ice machines.

“A given patient, no matter how simple their care, is touched by many parts of any health care organization,” Custer warned. “And if those parts aren’t working smoothly and together, you’re going to have errors and reduced quality of care.”

In the latest case, inspectors found a half-dozen violations during its unannounced inspection on May 30 and 31, which was prompted by a complaint. The VA stored the hazardous waste inside of a 1,050-cubic foot storage building installed on the ground floor of a parking deck. It had been moved from its former site to make room for construction of a new gas turbine power plant.

When inspectors peered inside, they could see no required labels on the containers warning that they held hazardous waste or describing the materials.

Only one of an estimated 600 containers had a label showing the date it entered storage, as required. The box, labeled “investigational chemo waste,” had been there since August 2016.

Other containers held lead, solvents and other hazardous materials. The waste was shipped off site in June, according to the settlement agreement.

The six environmental violations over more than a year cost the VA \$13,600 in fines. They could have been punishable by up to \$25,000 in fines per day.

Investigators found no other violations at the hospital.

In addition to the fine, the Atlanta VA must submit a written plan for managing it and document proper disposal in 90 days.

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4.2 - WFED (AM-1500, Audio): [GAO: USPS' retiree health benefits fund could be depleted by 2030](#) (2 October, Eric White, 854k uvm; Washington, DC)

[...]

Veterans Affairs is appealing an independent arbitrator's decision that ruled in the American Federation of Government Employee's favor. The arbitrator said VA violated the terms of its contract with AFGE while implementing certain provisions of the VA Accountability and Whistleblower Protection Act. It instructed VA to start re-hiring employees it had fired without a performance improvement plan. AFGE said it has until October 24 to submit its own arguments. The timeline on a decision from FLRA is less clear. AFGE said the decision could come within a year or so. (Federal News Radio)

Senate Veterans Affairs Ranking Member Jon Tester (D-Mont.) wants to know whether VA is actually using the hiring authorities Congress has given it in recent years to help fill some 45,000 vacancies. Tester said Congress has given VA 15 new hiring authorities since 2014, and VA's vacancy data shows the agency either isn't using the authorities, or the authorities themselves aren't having the intended impact. He asked VA for more detail about the kinds of positions that have mission-critical vacancies. (Senate Veterans Affairs Committee)

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4.3 - The Daily News: [Volunteer drivers needed to help veterans get to VA appointments](#) (2 October, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center is seeking volunteer drivers to transport veterans who live in Dickinson and surrounding counties to and from their appointments at the Iron Mountain facility.

Currently, there is a critical shortage of volunteer drivers.

"We are seeking people who would like to give back to those who served our country and are unable to drive themselves to their appointments," said Katie Maxon, the medical center's chief of voluntary services.

"Volunteers do not need to be veterans and can choose how often they would like to drive," she added.

Anyone desiring to volunteer as a driver may call 906-774-3300, ext. 32780 for more information.

The Veterans Transportation Network is comprised of volunteer drivers and vehicles purchased through Disabled American Veteran's transportation program and donated to the VA. In 2017, 93 volunteer drivers transported over 2,000 veterans from throughout the Upper Peninsula and northeast Wisconsin to their VA appointments in Iron Mountain at no charge to the veterans.

"The motivation for our volunteers is simply helping veterans in need," said Maxon.

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4.4 - MeriTalk: [VA Digital Service Team Wins Sammie Award](#) (2 October, 35k uvm; Alexandria, VA)

The Partnership for Public Service announced nine award winners of The Samuel J. Heyman Award, known as the Sammies. The winners will be celebrated at a gala on Tuesday evening, including the digital service team at the Department of Veterans Affairs (VA). The Partnership for Public Service highlighted the work of the team and Executive Director Marcella Jacobs in creating the Vets.gov portal to help veterans access the resources they need. "Marcy Jacobs became the leader of the VA Digital Service team in early 2017, and has added numerous features to the Vets.gov website that enable veterans to more easily discover, apply for, track and manage many of the benefits and services they have earned," the organization notes in its award description.

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5. [Improve Timeliness of Service](#)

5.1 - CNN: [Jason Kander withdraws from Kansas City mayoral race for PTSD treatment](#) (2 October, Sophie Tatum and Eric Bradner, 29.8M uvm; Atlanta, GA)

Washington - Jason Kander, a rising star within the Democratic Party, has announced he is ending his campaign for Kansas City mayor to seek treatment for post-traumatic stress disorder.

"To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City," Kander wrote in a post on Medium.

"I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression," he continued.

Kander served as an Army Intelligence Officer in Afghanistan and returned from his tour about 11 years ago. He said that his "tour over there still impacted me every day."

He said he went to the VA in Kansas City Monday and has decided to start getting help there regularly after initially reaching out to the VA about four months ago.

"I'm done hiding this from myself and from the world. When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn't sharing the full picture. I still have nightmares. I am depressed," Kander said.

Kander's decision is a stunning retreat from the political arena for a Democrat many party operatives see as among its rising stars.

In 2016, Kander lost a Senate race to incumbent Republican Roy Blunt. But the margin in the race was just 3 percentage points -- much closer than expected in a state Hillary Clinton lost by 19 points. He also won plaudits in the race for a television ad that went viral featuring Kander, rebutting attacks over his calls for gun control, assembling an assault rifle while blindfolded.

He then became one of the earliest and most frequent major Democrats to visit early primary states like New Hampshire and Iowa. He impressed Democrats there who saw him representing a generational shift and bringing a Midwestern appeal that Democrats lacked in 2016.

Kander, the former Missouri secretary of state, launched a political action committee called Let America Vote, which put him at the forefront of Democratic efforts to oppose President Donald Trump's commission to study voter fraud.

He then launched a campaign for Kansas City mayor at a time when several Democratic mayors -- Eric Garcetti of Los Angeles, Mitch Landrieu of New Orleans and Pete Buttigieg of South Bend, Indiana -- have been the subject of 2020 presidential buzz.

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5.2 - Politico: [Kander drops out of Kansas City mayoral race to seek treatment for PTSD](#) (2 October, Matthew Choi, 23.9M uvm; Arlington, VA)

Democratic Kansas City mayoral candidate Jason Kander announced in a Medium post on Tuesday that he will end his campaign to deal with his mental health.

Kander, a former Missouri secretary of state and unsuccessful 2016 Senate candidate, will also back away from his role leading his political engagement group Let America Vote. Kander said his decision came after consulting with mental health resources at the VA — he served as an army intelligence officer in Afghanistan more than 10 years ago and said he continues to deal with PTSD.

In his post, Kander said he ran for mayor as he constantly searched for ways around and denied his PTSD. He went to the Kansas City VA on Monday and has begun getting regular help for his mental health.

"I'm done hiding this from myself and from the world. When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself," Kander wrote, referring to his best-selling memoir "Outside the Wire: Ten Lessons I've Learned in Everyday Courage."

"And I wasn't sharing the full picture," he continued. "I still have nightmares. I am depressed."

"Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again," Kander wrote.

Before announcing his candidacy for mayor, Kander had traveled to several early primary states and met with national Democratic leaders, fueling suspicions of a 2020 presidential run. So his decision earlier this summer to run for mayor caught many by surprise.

Kander was a favorite for the Kansas City mayoral race and was slated to raise more money than any other Kansas City mayoral candidate in a single quarter. Kansas City Councilwoman Jolie Justus dropped out of the race to support Kander's bid.

Quinton Lucas, another mayoral candidate, tweeted his appreciation for Kander's public discussion of mental health.

"Jason and I have been friends for years. He's always been a leader and he's shown that even more clearly now. Thank you for telling other veterans, and all of us really, that we don't need to suffer in silence. The impact he made today on so many is profound and I'm proud of him," Lucas wrote.

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5.3 - NBC News: [Kander, rising Democratic star, quits Kansas City mayor race citing PTSD/depression](#) (2 October, Mike Memoli, 9.6M uvm; New York, NY)

Jason Kander, whose future seemed boundless after he nearly upset a longtime Republican incumbent in the 2016 Missouri Senate race, abruptly put his political career on hold Tuesday as he made public his private battles with mental health.

In a searingly honest first-person account, the former Missouri secretary of state and veteran of the war in Afghanistan said he was ending his bid for mayor of Kansas City to seek treatment for depression and post-traumatic stress disorder.

"I'm done hiding this from myself and from the world," Kander writes. "After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it."

At the start of the summer, the 37-year-old was talked about as a credible presidential candidate and had visited Iowa in New Hampshire under the auspices of a new organization, Let America Vote, that fought voter suppression efforts across the country.

Though he lost to Missouri Sen. Roy Blunt in 2016, the narrow margin in his race came despite President Trump beating Hillary Clinton there by double digits. His television ad, in which he assembled an assault weapon while blindfolded, went viral and put him on the radar with top Democrats including President Obama, who talked about him as one of a small group with the talent and ability to lead the party in the future.

But in June, he surprised many by announcing he would instead run for mayor of his home town. Kander now writes that his political efforts were in part a way for him to ignore his personal battles. Four months ago when he first considered seeking treatment through the Veterans Administration, he said he still found himself not being fully honest about his symptoms for fear that it could be used against him in the political arena.

"Instead of dealing with these issues, I've always tried to find a way around them," he said. "I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse."

Kander said he decided to share his full story now in part to help other veterans dealing with mental health issues realize they can and should seek treatment.

"Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have. If you're struggling with something similar, it's OK. That doesn't make you less of a person," he said.

In addition to leaving the mayoral race Kander said he would step back from day-to-day responsibilities at Let America Vote. But he said he fully intends to reengage in politics when he works through his mental health challenges.

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5.4 - Becker's Hospital Review: [250K canceled diagnostic tests spark audit at 9 VA hospitals](#) (2 October, Harrison Cook, 441k uvm; Chicago, IL)

Since 2016, more than 250,000 radiology orders have been canceled at Veteran Affairs hospitals nationwide, raising questions whether VA facilities are following proper procedures for cancelling duplicate or outdated diagnostic orders, according to USA Today.

Here are six things to know:

1. VA Inspector General Michael Missal is currently auditing mass radiology cancellations at nine VA hospitals in Tampa and Bay Pines, Fla., Salisbury, N.C., Cleveland, Dallas, Denver, Las Vegas, Los Angeles and Iowa City, Iowa.
2. The goal of the audit is "to determine whether VA processed radiology requests in a timely manner and appropriately managed canceled requests," Mr. Missal told USA Today.
3. Ultrasound technicians at the VA hospital in Tampa told USA Today that some veterans may have gone months, if not years, before they or their physicians realized the tests were not completed.
4. Lisa Bickford, an administrative staffer at the Iowa City VA hospital testified that the hospital's chief radiologist told her and other employees to "clean" up a backlog of incomplete diagnostic orders, with some orders dating back years.. The staff responded by "annihilating" thousands of orders in a matter of weeks, Ms. Bickford said, according to legal records cited by USA Today.
5. Bryan Clark, a spokesperson for the Iowa City hospital, acknowledged the facility failed to follow national VA guidelines for a small number of diagnostic order cancellations. Most cancellations were for orders from 2015, he said. For instances of improperly deleted orders, "appropriate personnel actions were taken to correct the behavior, and staff reviewed the cancellations to ensure every order that required action was appropriately reviewed by a radiology provider," Mr. Clark told USA Today.

6. The VA said it welcomes the Inspector General's oversight and is working to improve cancellation guidelines.

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5.5 - The Gazette: [Iowa City VA part of national audit of canceled diagnostic tests](#) (2 October, Erin Jordan, 433k uvm; Cedar Rapids, IA)

IOWA CITY — The Iowa City Veterans Affairs Medical Center is among nine VA hospitals nationally being audited after allegations staff canceled diagnostic tests without doctors' orders, which a whistleblower said could cause a veteran to miss a tumor or other ailment.

"This has become an extremely dangerous situation as veterans are not receiving the diagnostic exams for treatment or follow up to prior illnesses," said Jeff Dettbarn, a former radiology technician at the Iowa City VA.

The Iowa City allegations are part of a nationwide audit to "determine whether VHA processes radiology requests in a timely manner and appropriately managed canceled requests," said Mike Nacincik, public affairs officer for the VA Office of Inspector General, which is conducting the review.

The audit also includes VA facilities in Cleveland, Dallas, Denver, Las Vegas, Los Angeles, Tampa and near St. Petersburg, Fla., and Salisbury, N.C., Nacincik said. The story was first reported by USA Today.

Questions Raised

Dettbarn, 50, of North Liberty, had been an X-ray technician at the Iowa City VA for more than a decade in February 2017 when he started noticing a large number of canceled orders coming across the office printer in the radiology department. Physicians are the only ones allowed to issue or cancel orders for diagnostic tests, Dettbarn said.

He asked the patient safety department about the canceled orders and filed an electronic report.

But when the orders kept coming, Dettbarn raised the issue with the VA's compliance officer, who "gave me a song and dance," he said. "Once again, it kept going."

But on June 22, 2017, a patient came to the radiology department for a scan of a mass on his kidney, Dettbarn said. While the veteran had an appointment, there was no order so the patient had to wait nearly three hours for another order to be issued. Dettbarn pushed the issue with his supervisor, who eventually confirmed she'd canceled two orders for the patient, thinking they were duplicates, Dettbarn said.

He filed another electronic report on the issue. "The following Monday, they accused me of undermining authority," he said. "They sent me to a different job."

National Concern

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered, but not performed within two months. VA officials said many of the overdue tests weren't necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams, including CT scans, MRIs, ultrasounds and mammographies, weren't needed, the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor's permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

When Dettbarn read that story, he was relieved to know other people at VA facilities knew about this problem.

"I didn't know it was systemwide until that article in Tampa came out," he said. "I had no idea when I started it would turn into a nationwide issue."

Hospital Response

Iowa City VA spokesman Bryan Clark said the hospital recently had a visit from the Office of the Inspector General.

"While the OIG noted an increase in cancellations, it concurred that the Iowa City (VA Health Care System) is following national guidance in scheduling practices for radiology," Clark said.

Clark said orders were canceled because they were "obsolete, outdated, and/or duplicates, and the team did work diligently to remove these orders to improve quality and access to care in radiology."

However, he acknowledged some exams were canceled without following policies or procedure.

"In those instances, appropriate personnel actions were taken to correct the behavior and staff reviewed the cancellations to ensure every order that required action was reviewed appropriately by a radiology provider," he said.

He also said there was one incident in which a patient showed up for an appointment that had been canceled, but said the "staff reacted quickly to ensure the patient got the care they needed immediately."

U.S. Senators Contacted

Dettbarn, who still works for the VA but in a different position with lower pay, said he sought help from U.S. Sens. Chuck Grassley and Joni Ernst. Grassley's staff never responded to him, but it's Dettbarn's understanding they did inquire at the hospital. Ernst's staff got him in touch with the Office of the Inspector General, he said.

When asked about the allegations this week, Ernst, herself a veteran, told a reporter that based on what she was aware of, it wasn't clear to her whether it was case of VA staff just not following procedure.

Grassley's staff did not respond to The Gazette's requests for comment Monday or Tuesday.

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5.6 - KDLT (NBC-46): [Veterans Are Holding Down The Fort By Protecting Themselves This Flu Season](#) (2 October, Christine Manika, 64k uvd; Sioux Falls, SD)

It's that time of year people always fear: Flu Season. But leave it to the veterans to set an example.

"Do you think it's important that people get their flu shots?"

Korean War Veteran Eldon Snessby answers, "Oh definitely. Who likes to be sick?"

On Tuesday, over 200 veterans received their flu shots at the V.A Medical Center. Every flu season, the center offers free flu shots to veterans. Nurses at the center say they hold these clinics because it's convenient for their patients.

"It's nice to have them be able to be here and get their flu shots while they're here for other appointments. It's kind of a 'one stop shop.' If they're in for their eye glasses, they can get a flu shot. If they came in for hearing aid stuff, they can get a flu shot," says Registered Nurse Diana Albers.

Before you head over to the clinic, not everyone can receive a shot.

Albers explains, "Pretty much if you're a veteran and you seek care here, you're eligible to come on in and get a flu shot."

It's easy to get a flu shot from Walgreens or from CVS. However veterans say they wouldn't trust anyone else to take care of them like the V.A Medical Center.

"I don't use anybody else. I think they understand veterans better than anybody and it's the place to go," says Vietnam Veteran Larry Stanmmer.

Now these veterans have a new weapon to protect them until next flu season.

The V.A Medical Center's flu shot clinics will be happening until December 13th.

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5.7 - KXLH (CBS-25, Video): [Veterans receive flu shots at VA drive thru clinic](#) (2 October, John Riley, 57k uvm; Helena, MT)

Hundreds of veterans and their family members participated in the VA Medical Center-Fort Harrison's annual Drive Thru Flu Clinic and Health Fair on Tuesday, October 2.

Now in its eighth year, the clinic is put on by the VA and allows people to get their annual flu shot from the convenience of their own vehicle.

Veterans who spoke with MTN said they look forward to the event each year and greatly appreciate how quickly they receive their flu shot.

The flu shots were free to veterans and VA staff while Lewis and Clark County Public Health provided shots to the general public with assistance from Carroll College and Helena College students.

Organizer and VA nurse Katie Temple stressed the importance of getting vaccinated for influenza.

"It is very important for the young and the old, but also you know that middle-aged group because you can be a carrier of the virus," said Temple. "You might not get sick, but those elderly and young will get sick from you."

Temple added anyone who missed the clinic can get their flu shot at the VA or at Lewis and Clark Public Health.

Since the beginning of September, there have been four confirmed cases of influenza in Lewis and Clark County with one individual requiring hospitalization.

The Department of Public Health and Human Services (DPHHS) and local public health officials encourage all Montanans six months of age and older to get vaccinated now against influenza (flu) in order to decrease their risk of becoming ill.

Officials recommend getting vaccinated by the end of October before influenza starts circulating in a population.

Last flu season, DPHHS recorded over 10,000 cases, 979 hospitalizations, and 79 deaths related to influenza.

Of those hospitalized in the state, around half had not received an influenza vaccine.

For more information about the virus and how to protect yourself, visit [here](#).

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6. Suicide Prevention

6.1 - USA Today: Jason Kander, a star for Democrats, drops out of Kansas City mayoral race to treat PTSD (2 October, Josh Hafner, 36.8M uvm; McLean, VA)

Jason Kander, a rising star of the Democratic party, will end his run for mayor of Kansas City, Missouri, to seek treatment for PTSD, he said Tuesday.

Kander, an Army veteran once expected to run for president in 2020, revealed he's struggled with depression since returning from Afghanistan 11 years ago.

In a note published to Medium, Kander described himself "on the phone with the VA's Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn't the first time."

Kander, a former Missouri secretary of state and 2016 Senate candidate, is also founder of Let America Vote, the political engagement group he will step away from during his treatment process.

"I'm done hiding this from myself and from the world," wrote Kander, whose memoir, "Outside the Wire," released this year.

"When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn't sharing the full picture. I still have nightmares. I am depressed."

In the note, Kander says he first contacted the VA about four months ago, but wasn't honest with himself about his symptoms and what they could mean for his political aspirations.

Instead, he says, he dove into Kansas City's mayoral race, which he called an effort to "fill the hole inside of me" that was "just getting worse."

On Monday, Kander entered the VA in Kansas City to begin a regular treatment process, he says in the note.

"First, I think being honest will help me through this," Kander says in the note.

"And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own."

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6.2 - FOX News: [Jason Kander withdraws from Kansas City mayoral race to focus on treating depression, PTSD](#) (2 October, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Army veteran and Kansas City, Missouri, mayoral contender Jason Kander announced Tuesday that he is withdrawing his candidacy to focus on his mental health.

Kander, a Democrat largely seen as the frontrunner for the 2019 election, said he's struggled with suicidal thoughts, depression and post-traumatic stress disorder.

"Instead of dealing with these issues, I've always tried to find a way around them. Most recently, I thought that if I could come home and work for the city I love so much as its mayor, I could finally solve my problems," Kander, 37, said in a lengthy Facebook post. "I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse."

Kander will also be taking a step back from his political nonprofit, Let America Vote, as he seeks treatment from the Veterans Affairs facility in Kansas City, he said.

"After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it," Kander said.

Kander deployed to Afghanistan in 2006, where he served as an intelligence officer. He was tasked with investigating those suspected of espionage, drug trafficking and facilitating AI

Qaeda and the Taliban, according to an online biography. He later became a combat leadership instructor for the Missouri Army National Guard's Officer Candidate School.

He has served as Missouri's secretary of state and as a state legislator for a number of years. Kander also challenged GOP Sen. Roy Blunt last year, losing by less than 3 percentage points.

Quinton Lucas, a city councilman who has also launched a mayoral bid, praised Kander on social media following the announcement.

"Jason and I have been friends for years. He's always been a leader and he's shown that even more clearly now," Lucas said. "Thank you for telling other veterans, and all of us really, that we don't need to suffer in silence. The impact he made today on so many is profound and I'm proud of him."

Sen. Claire McCaskill, D-Mo., called Kander's decision to publicly address why he was dropping out of the race "very courageous" and said it could "help a lot of people."

"Obviously we are friends," McCaskill told the St. Louis Post-Dispatch. "He is a tremendous person, and he's got a great family, and I know he will have a great support system. A lot of us out here are rooting for him."

Kander concluded his post by letting his followers know that he "fully intend[s] to be working shoulder to shoulder with all of you again."

"But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be," Kander said.

Potential candidates still have until Jan. 8, 2019 to file to run for mayor, KSHB-TV reported.

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6.3 - NPR: [Kansas City, Mo., Mayoral Hopeful Withdraws From Race Citing PTSD](#) (2 October, Quil Lawrence, 22M uvm; Washington, DC)

Missouri Democrat Jason Kander abruptly withdrew from the race for Kansas City mayor on Tuesday, with a statement that he was suffering from PTSD and depression linked to his time in Afghanistan as an Army intelligence officer in 2006. Kander said he had been in denial about needing help, in part because he only did one tour in a war zone.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can't have PTSD, I told myself, because I didn't earn it," he said in the statement.

Kander served as Missouri secretary of state, but he drew national attention by making a better-than-expected showing in his attempt to unseat Republican Sen. Roy Blunt in 2016. Kander made an ad that featured him assembling an assault-style rifle while blindfolded as he spoke about his military experience and his position in favor of background checks for gun ownership.

After narrowly losing the election to Blunt, Kander wrote a best-selling book about lessons from war and state politics, and formed a group to combat voter suppression. This year he joined the

race to succeed Kansas City Mayor Sly James, and he quickly became a strong contender in the election set for 2019. Rumors even started about an eventual run for the White House. On Tuesday Kander said all the while he was suffering, but reluctant to get treatment, in part because of the political consequences if it became public. Kander said he was in crisis, despite good news about fundraising for his mayoral bid.

"... I found myself on the phone with the VA's Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn't the first time," he wrote.

Suicide is a growing problem among the youngest generation of veterans, according to data from the Department of Veterans Affairs released last week.

An official with Kander's organization said he was giving no interviews at this time. Kander said he plans to focus on treatment but hinted at a return to politics.

"I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me," Kander said in the statement.

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6.4 - St. Louis Post-Dispatch: [Messenger: Veteran who helps others with PTSD says Kander's note will save lives](#) (2 October, Tony Messenger, 8.9M uvm; Saint Louis, MO)

Peterson was in Iraq in 2004, at Abu Ghraib, the infamous prisoner-of-war site. On his first day on the ground, his unit was under attack.

"Body parts were everywhere," he told me two years ago when we met and I first wrote about him. Petersen was working toward a master's degree in social work at Washington University. Now he works for the Veterans Administration health care system in St. Louis, helping veterans overcome barriers to employment. Most of the veterans he helps have Post Traumatic Stress Syndrome, or PTSD, as Petersen did after he returned from his Marine deployment and later work as a civilian security contractor in Iraq from 2008 to 2013.

A rising star in American politics, Kander, a Democrat, pulled out of the Kansas City mayor's race on Tuesday with a dramatic personal statement.

"I'm done hiding this from myself and from the world. When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn't sharing the full picture. I still have nightmares. I am depressed," Kander wrote on his campaign website in a letter that went viral nearly immediately. "I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse. So after 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it."

Kander says he denied having PTSD in part because he said he hadn't done enough to "earn" it. That's a common soldier mentality, Petersen said. Soldiers think about their colleagues — like his friend who called this week talking about suicide — and they don't want to compare themselves to somebody who, perhaps, experienced more violence and mayhem during deployment than they did.

On Tuesday, the same day Kander, founder of the voting-rights nonprofit “Let America Vote,” told the world about his depression, about his suicidal thoughts, Petersen checked in with his friend in Salt Lake City. He followed Petersen's advice. He checked in with the VA. He is seeking treatment.

Petersen hopes treatment will prevent his friend, and Kander, from joining the 22 veterans a day in this country who kill themselves, often after failing to ask for help.

For Petersen, his PTSD manifested itself in little ways: the sound of a garbage truck banging around in the morning, the boom of fireworks. Fits of anger came and went. The treatment doesn't make the problems go away. There is no cure for PTSD. But talking about it, facing it, and learning to cope allowed Petersen to transition from the battlefield to the classroom. Now he's trying to help others do the same.

Kander's note, already shared thousands of times on social media sites as of Tuesday afternoon, will put his political life on hold. It might even limit his national ambitions. That's what happened to a similar up-and-comer from Missouri, Democratic Sen. Tom Eagleton, after revelation of his own battles with depression knocked him off the Democratic presidential ticket in 1972.

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6.5 - Stars and Stripes: [Afghan War vet ends bid for Kansas City mayor, citing PTSD and depression](#) (2 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Jason Kander, an Afghanistan War veteran widely praised as a rising star in the Democratic party, withdrew Tuesday from the Kansas City, Mo., mayoral race to seek help for depression and symptoms of post-traumatic stress disorder.

Last week, Kander called the Veterans Crisis Line and told a crisis responder that he had suicidal thoughts. On Monday, he went to the Kansas City VA Medical Center, where he's planning to receive regular treatment.

“To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City,” Kander wrote Tuesday.

Kander posted a letter on his campaign website and Facebook page explaining his mental health struggles. He hopes that being forthcoming will help veterans and others who are working through mental health issues, he said.

“I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me,” he wrote.

Kander, 37, was an Army intelligence officer in Afghanistan in 2005. When he returned home, he became involved in politics and won a seat in the Missouri House of Representatives in 2008. In 2012, he was elected to be Missouri Secretary of State, becoming the first millennial in the country elected to a statewide office. He was 32 at the time.

Kander entered the 2016 U.S. Senate election and won the Democratic primary, but he was defeated in the general election by Sen. Roy Blunt, the Republican incumbent. He entered the Kansas City mayoral race in June.

He detailed his wartime and political experience in a memoir, "Outside the Wire," which was published in August and is now a New York Times Bestseller.

Since 2005, his deployment in Afghanistan has affected him every day, he wrote Tuesday. For years, he rejected the notion of having PTSD because he felt he "didn't earn it."

"But on some level, I knew something was deeply wrong, and that it hadn't felt that way before my deployment," he wrote. "After 11 years of this, I finally took a step toward dealing with it, but I didn't step far enough."

Kander went to the Department of Veterans Affairs four months ago, but at the time was "too scared to acknowledge my true symptoms." He was afraid of the stigma and potential political fallout, he said.

His symptoms recently worsened.

"Last Tuesday, I found out that we were going to raise more money than any Kansas City mayoral campaign ever has in a single quarter," he wrote. "But instead of celebrating that accomplishment, I found myself on the phone with the VA's Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn't the first time."

In "Outside the Wire," Kander wrote he was lucky to not experience PTSD. On Tuesday, he said when he wrote that he was "just trying to convince myself."

According to the VA, 11 to 18 percent of veterans from the Afghanistan and Iraq wars will struggle with PTSD when they return. That's higher than the rest of the population, among which 7 to 8 percent experience PTSD.

Kander thought running to be mayor of Kansas City, his hometown, would "fill the hole inside of me."

"After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me," he said. "That I have to stop running, turn around and confront it."

In addition to dropping from the mayoral race, Kander said he'll step back from his work at Let America Vote, a voting rights advocacy organization that he founded.

In a statement posted on Twitter, Roy Blunt, Kander's former political opponent, praised Kander for speaking openly about his mental health issues.

"It's important to talk about mental health like all other health," Blunt said. "When people like former Secretary of State Kander are willing to do so, it moves the entire discussion in the right direction."

Kander ended his letter Tuesday by encouraging others to seek help.

"If you're struggling with something similar, it's OK," he wrote. "That doesn't make you less of a person."

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6.6 - WDAF (FOX-4, Video): [Kander's exit from KC mayor race shines light on veterans' mental health challenges](#) (2 October, Alana Lafore, 441k uvm; Kansas City, MO)

The man thought to be the front-runner in the Kansas City mayor race has suddenly dropped out.

Jason Kander said he needs to help himself first and get treatment for post-traumatic stress disorder, so he won't be running for mayor in 2019.

In a statement, he said in part he knew something was deeply wrong and was scared to acknowledge his true symptoms of PTSD.

"To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City," Kander wrote.

Kander said he struggled with the idea of going public with his mental health battle. He decided to go forward in part because he wants to help other veterans know they're not alone in solving their problems.

For years, Kander said he tried to convince himself he didn't have PTSD, depression or suicidal thoughts.

According to a study by the Department of Veterans Affairs, 20 veterans take their own lives every day.

In his letter withdrawing from the Kansas City mayoral race, he wrote, "So many men and women who served our country did so much more than me. I can't have PTSD, I told myself, because I didn't earn it."

VFW Program Manager Lynn Rolf got help for his PTSD after 14 years and said Kander's thought is common among veterans.

"A lot of veterans do marginalize their experience," Rolf said.

Kander wrote Tuesday that he was scared of the stigma around getting help.

His letter said in part, "After 11 years of trying to outrun PTSD, I have finally concluded that it's faster than me. I have to stop running."

"We try to deny it," Rolf said. "Or we try to act tougher than we really are. It usually takes a wake up call for us to reach out and ask for help."

Kander went to the VA on Monday and wrote that he's in the process of setting up regular treatment there.

Thomas Demark, a staff psychiatrist at the VA's PTSD Clinic, said practitioners use about five types of therapy to help veterans with PTSD like Kander.

"We have psychologists that can do different forms of talk therapy to help the veterans process their traumatic events and manage symptoms," he said.

Demark wants veterans to know there are several ways to get help. You can start by getting a referral from your primary care doctor. You can walk in at the main VA campus on Linwood Boulevard, and you can always call the VA Veterans Crisis Line at 1-800-273-8255.

Kander wrote that he tried to find his way around his issues without that kind of help and support. He thought a mayoral run and possible victory would fix everything -- but he said things only got worse.

Rolf said every veteran has different stressors and triggers.

"It could be just the sheer stress that's involved in the campaign," she said.

Rolf said he wishes Kander well in his treatment and also hopes others will be encouraged to seek help.

"I think it's very positive for someone as influential as him who had the spotlight, I think it's a great opportunity to keep the conversation out there," Rolf said. "Let veterans know they aren't the only one."

Read Kander's full statement [here](#).

If you are having suicidal thoughts, we urge you to get help immediately.

Go to a hospital, call 911 or call the National Suicide Hotline at 1-800-SUICIDE (1-800-784-2433).

Click on the boxes below for our FOX 4 You Matter reports and other helpful phone numbers and resources.

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6.7 - MPR News (Audio): [Marine Corps veteran's family wants VA to learn from his suicide Health](#) (2 October, John Enger, 26k uvd; Saint Paul, MN)

The suicide of Marine Corps veteran Justin Miller earlier this year prompted a federal review of the Minneapolis VA system. The final report released last week criticizes a communications breakdown at the VA. Meanwhile, Miller's family is still wondering what happened to him, and why he didn't get the help he needed.

Miller had his first piano lesson at 3 years old. He took to it so fast, pretty soon he outpaced his big sister, Alissa Harrington.

"The joke is that I'm the musical slouch of the family because I only play four instruments," she said.

By high school, Harrington said, her brother was leading the school marching band with his trumpet. At 17, the Marines recruited him to play in the military band.

He was proud when he knew that he was going to be a Marine, and was going to play music.

Harrington said the family wasn't all that nervous about Miller becoming a Marine. He was in the band. It was a guaranteed assignment.

They wanted to believe all he had to do was look sharp and blow those pretty high notes.

But the U.S. government doesn't train Marines just to play music. And in summer 2005, the Marines sent him to the Middle East.

"He was deployed to Iraq," said Harrington. "So he was in Iraq with his trumpet and a gun."

Miller was assigned guard duty, standing watch over the gates of an air base.

Something happened there that changed her brother, Harrington said. She's still piecing together the details.

"He would tell one of us that he had to shoot camels," she said. "He'd tell another one of us that sometimes those camels had riders."

And to the people he knew really well, he said sometimes the camels were wired with explosives. They blew up when he shot them.

"He was a soldier, but he was a musician. That type of trauma was not something he was expecting to have to process," Harrington said.

Miller finished his deployment and came home. He trained to become an electrician, like his dad. He played his trumpet for the Coon Rapids American Legion. He started playing piano again, as he'd done as a kid.

Then, in February of this year, he called a veterans crisis hotline, and checked himself into the mental health unit of the Minneapolis VA. He was having suicidal thoughts and needed help.

After four days of treatment, Miller was released. He walked to his car, climbed in and took his own life with a gun. He was 33.

Those last four days of Miller's life have become the subject of a federal review.

An exhaustive report released last week by the Office of the VA Inspector General shows a breakdown of communication across the Minneapolis VA system.

The facility employs suicide prevention coordinators who work with high-risk patients.

But Miller was never flagged as a high-level suicide risk, so he never got that help.

Miller told several nurses that he had easy access to guns, but denied that fact to others. No one noticed the inconsistency.

When his parents called the VA, looking for updates, some departments didn't even know Miller had been discharged.

It was only after that phone call when VA staff searched their parking lot and found Miller's body.

Harrington had none of this information until the Inspector General's report was released.

"And it was a lot of the same raw guttural emotions all over again. The same way when we found out that he had died in the first place," she said.

She doesn't blame the doctors or nurses for what happened. She says a lack resources and funding stopped them from helping her brother.

She hopes that telling his story will change things at the VA.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): 1st North Dakota Veterans Cemetery on Pace to Open Next Year (2 October, 23.9M uvm; Washington, DC)

FARGO, N.D. — Officials with the first Veterans National Cemetery in North Dakota say they should begin accepting burials by late spring or early summer of 2019.

KFGO radio reports that construction on the cemetery started earlier this year on the 5-acre site near Harwood, north of Fargo. The VA purchased the property two years ago.

The Fort Snelling National Cemetery in Minneapolis is overseeing the project. It will have more than 3,000 gravesites for eligible veterans and family members, as well as a memorial wall.

The VA is setting aside another 5 acres for expansion, which officials say is likely in about 10 years.

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7.2 - Argus Leader: State-run vets cemetery gets early nod from federal government, city readying for land donation (2 October, Joe Sneve, 439k uvm; Sioux Falls, SD)

South Dakota's first ever state-run veterans cemetery inched forward this week with organizers marking a pair of paramount milestones in getting a facility built near Sioux Falls.

According to South Dakota's Congressional delegation in Washington, D.C. the U.S. Department of Veterans Affairs (VA) has given a nod to South Dakota's efforts for a veterans cemetery east of the Missouri River and accepted an application from the state seeking the necessary funding to facilitate construction.

The project is a multi-million dollar endeavor that's been years in the making and relies on a one-time contribution of \$600,000 from the state Legislature and a land donation from the city of Sioux Falls.

The 60-acre land grant from the city to the state will be formalized in ordinance, which is slated for the first of two hearings Tuesday night.

But the veterans cemetery, which would be built along Slip Up Creek northeast of Sioux Falls, hinges also on a \$6 million grant from the federal government that would cover construction costs.

U.S. Senator Mike Rounds in a statement Monday said he was personally told by VA Undersecretary Randy Reeves that the acceptance of the state's grant application puts the South Dakota on the priority list for grant funding, and a grant could be awarded as early as next year.

For Councilor Rick Kiley, who's been the council's liaison to the state's veterans counsel overseeing the project, news of South Dakota's grant application being accepted and moved to the front of the line for public entities seeking federal help for new military cemeteries is a major win for both Sioux Falls and the project.

"It's very conceivable that if that funding is formalized on the federal side, it's possible that construction could begin as early as next summer," Kiley said.

Rounds, as well as Sen. John Thune and Congresswoman Krist Noem, aided in garnering federal support for the South Dakota Veterans Cemetery.

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7.3 - WAAY-TV (ABC-31, Video): [WAAY 31 I-Team Investigation: VA Disability Claim Appeal Delays](#) (2 October, Greg Privett, 296k uvm; Huntsville, AL)

WAAY 31's I-Team investigated frustrations facing veterans here in the Tennessee Valley and across the country. Right now, nearly half-a-million of our military veterans have been waiting for years to have their disability claim appeals heard.

We looked into the VA appeal delays for a Lawrence County man and what the Veterans Administration is doing to correct the problem for all vets.

"All this is a lot of noise," Mike Love told WAAY 31. Love was talking about his Army training. "And of course we trained with grenades." It was high decibel training for a potential high risk deployment to Vietnam.

"The whole time when we went through Airborne school, we jumped out of a C-141 jet that has jet engines." Love trained with the Army 101st Airborne in Kentucky. With the war ending, he missed out on going to Vietnam. Instead, he served at Fort Richardson in Anchorage, Alaska.

Love believes his Army training hurt his hearing.

"The older I got, the worse it got," he told us. "And still right now, sitting here right now, I've got ringing in this ear especially. And it's getting worse."

All Love wants from the Department of Veterans Affairs is a hearing aid. Instead, he's gotten rejection letters, one after another. "In this pack, I applied for disability on this form," Love showed us. "And then it was denied and I appealed it."

That's when Love's frustrating quagmire of appealing the VA's decision began. He's already been waiting more than three years. "In August of 2015, I filed this form for application for disability compensation. And then I was denied in December of 2015. And we appealed it in December of 2015. And I haven't had a hearing or anything," Love explained.

"VA Disability Claims: it's where a veteran has a service-connected disease or injury," Calvin Underwood told WAAY 31. Underwood is a veteran himself. Retired from the Navy, he now helps fellow vets navigate the disability claims appeal process.

For decades, that process has been mired in confusion. VA Secretary Robert Wilkie calls it "... a complicated appeals system that was buried in several layers of law."

Many local veterans have looked for help from VFW Post 4190 in Decatur. "Continually, we'll get two to three a week that calls or comes in," Underwood said. "It seems like the harder we try to get them done, the more keeps coming."

For veterans who died serving in the military, one way we pay tribute to them is by building monuments. Many of our living vets face the monumental problem of appealing their VA disability claims. It's battle after battle in a war that can last several years.

Underwood is eager about promised changes. "They're going to change their whole appeal process," he told us.

President Donald Trump signed the Veterans Appeals Improvement and Modernization Act just over a year ago: August 23, 2017. Congress mandated a February 2019 deadline. One snag in modernizing has been extensive computer system upgrades

To get ready, the VA has been training its employees and looking to hire hundreds more. Some critics are skeptical, but the VA vows it will meet the deadline.

To fill the gap until then, the VA says it's working to help veterans through RAMP, the Rapid Appeals Modernization Program. About 1,500 VA employees have been processing RAMP claims. Love filled out his paperwork for RAMP this past June.

Finally, last week, he received a letter acknowledging his claim is in the RAMP system. Love has no idea, though, when the VA will make its decision. "Whether our case is scheduled or nothing, you know."

Like Love, his fellow veterans continue to wait: six years on average. Other veterans never get an answer. According to the VA's data, since 2009, more than 35,000 veterans have died with their claims unresolved.

The problem makes Calvin Underwood heartsick. "They've given their youth and their health for this country that we all might be free," he told us. "And yet they're second-class citizens when it comes time they need some help back from the VA."

Mike Love is hopeful the VA will speed up its appeals process. That's what hundreds-of-thousands of veterans are hoping for, too: "That it gets someone's attention at the Veterans Administration -- that they will hear these claims of veterans quicker than what they're doing now."

WAAY 31 reached out to the Veterans Administration. But, we haven't heard back from the VA.

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7.4 - WKBT (CBS-8, Video): [Family donates home to Tomah VA treatment program: Neighbors want to make sure decision is safe](#) (2 October, Jordan Fremstad, 197k uvm; La Crosse, WI)

One La Crosse Family is donating their home to the Tomah VA to help struggling veterans get back on their feet.

Dave and Barbara Erickson have called La Crosse home sweet home for 43 years. It's where they raised a family.

"We've lived here," said Barbara Erickson said. "Our children have grown we now have 6 grand children and they are growing."

Their son Chad had a special place in his parents hearts.

"Chad was this little boy who loved all things outside," Erickson said.

But Chad's health was something that lingered over his life.

"He was born with a heart defect," Erickson said.

He would require open heart surgery, but the procedure went wrong.

"There was an incident with some of the machines that were hooked up backwards that left Chad with irreversible brain damage," Erickson said.

His family was left to take care of him.

"He couldn't walk, he couldn't talk, he couldn't use his hands, he was legally blind," Erickson said.

They built a handicap accessible house to fit what Chad would need for the rest of his life.

"We needed to build a home that would be safe and a place where he could grow," Erickson said.

Chad passed away right before his 16th birthday. The Erickson's other children have grown up and they no longer need the house.

"Because it was built out of love and out of need and for a specific reason we just felt that it was a great tribute," Erickson said.

They donated the home to the Tomah VA to help veterans who are struggling from their time in the service.

"They just want a place to call home," Erickson said. "They don't want to be in a hospital setting anymore and this would be a perfect step to help them succeed in life."

Some neighbors in the area are concerned how safe their neighborhood would be with those who have mental health problems.

Council member Gary Padesky told News 8 in a statement "I come from a family of veterans and I support veterans, but I don't think this is a good spot for that."

The Tomah VA said in a statement that the agency is requesting the city delay the application for a conditional use permit until the concerns from neighbors are addressed.

Erickson said she and her husband understand everyone's concerns for safety and she wants everyone's voice to be heard.

"We have lived here for almost 25 years and we would never put our neighbors into harms way," Erickson said. "Right now we are just asking everybody to ask those hard questions. We will go to the right place to get the right answer and see if we can come to an understanding where everybody is feeling good about it."

La Crosse's Judiciary and Administration Committees met this evening to listen to concerns like that. They decided to refer the final decision for 60 days.

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7.5 - KREX (CBS-5, Video): [Women Veterans Health Care at The VA](#) (1 October, Shelby Bracho, 34k uvm; Grand Junction, CO)

Pam Schultz with the Grand Junction VA Medical Center stopped by the studio to discuss their Breast Cancer Awareness Day event and health care services that they provide for women veterans. The pink ribbon event will include pink pumpkin decorating and a pink fire truck!

For more information on the event and the type of services that The VA offers for female veterans, you can visit their website, or call (970) 242-0731.

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8. [Other](#)

8.1 - The Hill: [Bolton's top deputy doesn't shy from 'intellectual knife fight'](#) (2 October, Ellen Mitchell, 11.8M uvm; Washington, DC)

National security adviser John Bolton's top deputy is described by some as a no-nonsense, tough-as-nails government official who doesn't suffer fools gladly.

But she has also rankled some administration officials since coming onboard earlier this year.

Mira Ricardel, who garnered attention recently for butting heads with Defense Secretary James Mattis, is a defense hawk in line with Bolton and a veteran of three administrations.

Beyond the Beltway, the 58-year-old is largely unknown. In Washington, her influence, expertise and strong personality are defining traits to those who have worked with her in various roles. "She does not suffer fools well," said Steven Bucci, who worked with Ricardel at the Pentagon in the early 2000s while he was the military assistant to then-Defense Secretary Donald Rumsfeld.

"She's pretty impatient with people who are unprepared or try to get into an intellectual knife fight with nothing in their hands," he added. "She's definitely not intimidated by anybody."

Now, the former Boeing executive is in the White House, and her star is rising at a time when the futures of some of her administration counterparts are in question.

Though she's kept a low public profile since Bolton brought her on in April — one of his first senior-level hires after becoming head of the National Security Council (NSC) — Ricardel found herself in the news recently when The New York Times reported that a tussle between her and Mattis over Pentagon appointments early in the Trump administration led to smoldering tensions ever since.

Ricardel, who prior to the 2016 election was named head of Pentagon appointments on Trump's transition team, reportedly stopped Mattis from hiring certain officials over concerns about their party affiliation or their earlier support for Democratic presidential nominee Hillary Clinton.

One defense expert who worked with Ricardel on the transition team said the disagreement with the Defense secretary stemmed from Mattis's goal of hiring nonpartisan officials, while the White House sought Republican loyalists.

"Mattis didn't want people that are overtly political ... and I think Mira's instincts were more toward, 'Look, it's the administration's team, the administration's people ought to be there,'" the expert said. "I don't think either one of them hold grudges or keep scores about that."

The dispute was over two potential hires who had worked under Democratic presidents: Michèle Flournoy, a Pentagon official under former Presidents Obama and Bill Clinton, and Anne Patterson, a career diplomat who served under Obama, Clinton and former President George W. Bush.

Some say the long-term effects of any such disagreement between the two officials have been exaggerated.

Bucci, who is now with the conservative Heritage Foundation, said the story has been "a little overblown."

"When Mattis came in he changed the plans that Mira, as the head of the transition team, had already begun," Bucci said. "They weren't radically different. If Mira picked 10 people to come in on the transition team, Secretary Mattis said, 'OK, let's do these five, but I've got five other people that I want to bring in instead.'"

Bucci described the Ricardel-Mattis relationship as professional and noted that such conflict is "kind of how governments work."

"I think there are probably some differences on specific policies," he added. "They are all going to have slightly different positions because of where they sit. That doesn't mean that there's rampant conflict between them."

One administration official described the situation this way: "It's not a secret that when [Ricardel] was the head of personnel there was some disagreement about who should come in. I don't think it was as bad as has been reported, but there was definitely a difference of opinion."

Media reports at the time of the transition also suggested Ricardel herself wanted a top job at the Pentagon but was blocked by Mattis.

A senior administration official pushed back on that account.

"Mira was designated to do transition staffing for the Department of Defense during the transition," the official told The Hill. "Her job was to identify candidates to fulfill the president's agenda, which she did."

"The narrative that she wanted the job and didn't get it is just not accurate," the official added.

In a statement to The Hill, the Pentagon indicated there was no ill will between Mattis and Bolton's NSC staff.

"Secretary Mattis has a good working relationship with Ambassador Bolton and his team," chief Pentagon spokeswoman Dana White said.

Ricardel offered a similar assessment.

"The NSC is coordinating across government agencies to implement the President's agenda, including with the Defense Department under the leadership of General Mattis, for whom I have great respect," she said.

But that level of coordination has led to consternation among some in the administration.

At the NSC, one of Ricardel's primary duties is interagency policy coordination between the NSC and places like the State Department, Pentagon and Commerce Department.

"There are people across the interagency with varying degrees of frustration about the current coordination process, given some of the outstanding issues that require NSC leadership," the administration official told The Hill.

One of those concerns involves getting the NSC and Defense Department on the same page when it comes to major policy issues like the administration's cyber strategy, the military's role in Syria and responding to Iranian aggression, according to some officials.

“Given some of the issues that have lingered — cyber, Syria, Iran — big issues out there that require NSC leadership to coordinate, they’re still kind of out there,” the administration official said.

The apparent disconnect was on display when Bolton said in a speech last week that the United States will keep troops in Syria until Iran withdraws its forces from the war-torn country.

Shortly after Bolton’s remarks, Mattis told reporters at the Pentagon that there was no change in policy and that the 2,200 U.S. troops inside Syria “are there for one purpose, and that’s under the U.N. authorization about defeating ISIS.”

Mattis insisted that he and Bolton were “on the same sheet of music.”

Complicating matters is the fact that principal meetings between the NSC and top national security officials that are meant to ensure consensus on major policies have decreased in frequency under Bolton.

But that’s not a bad thing, according to Russell Vought, who described Ricardel as “tough and very knowledgeable.”

The deputy director of the Office of Management and Budget told The Hill that while there have been “slightly” fewer meetings under Bolton, the new format has been helpful.

“It gives us the opportunity to really be intentional and use the time that we have,” he said. “It’s not because work is not being done on that process. It means, from my perspective, we’re able to focus on the big-ticket items and to really have a good discussion and make sure agencies aren’t coming in too many times to the White House.”

Ricardel has received high praise from other top officials, including a Cabinet member, who say her NSC position plays to her strengths.

“There’s nobody I have more respect or admiration for than Mira,” said Veterans Affairs Secretary Robert Wilkie, who worked with Ricardel in the mid-1990s when she was a legislative assistant in the office of then-Senate Majority Leader Bob Dole (R-Kan.).

Wilkie at the time was a staffer for then-Sen. Trent Lott (R-Miss.), who succeeded Dole as majority leader.

“As senator staffers, we were pretty much what you’d call singletons,” Wilkie said. “We were staffs unto ourselves. I was always impressed by her knowledge of my area, foreign policy and defense.”

That characterization was a common theme among her former colleagues.

Former Deputy Defense Secretary Paul Wolfowitz called her “tough in a very effective way.”

“She had an excellent reputation, except with people who lost to her, because she won a lot of battles, which I admire,” said Wolfowitz, who was an informal adviser to former Dole when Ricardel worked for the senator.

Arnold Punaro, a former staff director for the Senate Armed Services Committee who has known and frequently worked with Ricardel over the course of nearly 30 years, said her personality traits make her a good fit for the role she's in.

"She's a forceful individual, but that's what you need when you're running the deputy's committee because you're corralling a lot of disparate, high-level viewpoints," Punaro said. "She is not a shrinking violet by any stretch of the imagination. But, frankly, in the times we're in, you want somebody like that."

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8.2 - Wicked Local – Easton: [Clinic for homeless dedicated to Easton native](#) (2 October, 1.9M uvm; Westford, MA)

BOSTON - Christine Loeber devoted her life to ill veterans and now a medical clinic at the New England Center and Home for Veterans (NECHV) has been named in her honor.

Loeber, 48, an Easton native, was killed in March at the California veterans treatment program where she worked along with two of her colleagues in a hostage standoff.

"Christine and her life are now forever etched into the work of two of the best organizations in this field, anywhere," Governor Charlie Baker said at the recent standing-room-only dedication ceremony, held at NECHV in Boston.

"In the midst of tragedy, New England Center and Home for Veterans and Boston Health Care for the Homeless Program are speaking in a big way about how they feel about Christine and you should be very proud," Baker said, addressing Loeber's family.

Boston Health Care for the Homeless Program, Loeber's former employer, runs the NECHV clinic.

At the ceremony, Robert Santiago, Boston's deputy commissioner of the Department of Veterans Services, read a proclamation from Mayor Marty Walsh, declaring Sept. 21 Christine Marie Loeber Day.

Loeber, a 1987 graduate of Oliver Ames High School, first became interested in social work while working in BHCHP's development and research departments. She earned a master's degree in social work at Boston College and after graduation, worked at the VA Boston Healthcare System in Brockton. She moved to California for another job with the VA and in 2016 was recruited to be the executive director of the Pathway Home, working with veterans with post-traumatic stress disorder.

The Boston Health Care for the Homeless Program provides medical and behavioral health services to homeless individuals and families in Greater Boston. For more information, visit www.bhchp.org.

The New England Center and Home for Veterans is a multi-dimensional service and care provider that assists veterans who are facing challenges with a broad array of programs and services that enable success, meaningful employment, and dignified, independent living. For more information, visit nechv.org.

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8.3 - Daily Local News: [Drop off your drawers at East Fallowfield's annual Park Day Oct. 13](#) (2 October, 190k uvm; West Chester, PA)

EAST FALLOWFIELD—East Fallowfield Township officials want you to first ‘Drop off your drawers and then enjoy a fun day at East Fallowfield Township’s annual Park Day event on Saturday, Oct. 13 from 10 a.m. to 4 p.m. at the East Fallowfield Township Community Park at 900 Buck Run Road.

In an effort to collect new, unused underwear for homeless and hospitalized veterans, this year East Fallowfield Township has partnered with “David’s Drive 831” a local non-profit organization that provides comfort items and support to local veterans. Parking, admission, and rides are free all day long, but those attending are asked to bring a donation of new, adult underwear and drop them off at the David’s Drive booth.

“The organization will also accept donations of new, adult T-shirts and socks, said David Turner, Sr.,” the executive director of David’s Drive 831.

Park Day is East Fallowfield Township’s signature community event. Park Day will feature free kid- friendly activities such as pony rides, zip lining, and a children’s Halloween costume parade at 10:30am as well as an array of vendors and exhibitors. “We’re thrilled that David’s Drive 831, is returning as the presenting sponsor of Park Day this year,” said East Fallowfield Township Manager Scott Swichar. “For many homeless veterans, basic items like clean underwear or socks are considered a luxury item out of reach to them.

David’s Drive collection of unused underwear, t-shirts, and socks at the event will go a long way to improve the lives of struggling veterans in our community,” said Swichar.

David’s Drive 831 was created in memory of David Turner, Jr. who was born and raised in East Fallowfield Township. David worked at the Coatesville VA where he learned many of the Veterans he served were homeless and didn’t have necessities like underwear or socks. David wanted to buy every Veteran at the VA a pair of underwear, but he never had the chance. On December 16, 2009, David died of a suspected heart arrhythmia at the age of 20. In 2010, family and friends of David created a non-profit organization to fulfill his wish. Since then more than \$400,000 worth of underwear has been donated to the Coatesville VA.

“What started out as an underwear drive has turned into so much more,” said Turner. Donations of unwrapped socks, t-shirts, and underwear can also be dropped off at the East Fallowfield Township Building (2264 Strasburg Road) during the month of October.

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Veterans Affairs Media Summary and News Clips

3 October 2018

1. [Top Stories](#)

1.1 - The Washington Post: [‘I’m done hiding this’: Jason Kander pulls out of mayor’s race, citing PTSD and depression](#) (2 October, Eli Rosenberg, 43.9M uvm; Washington, DC)
Jason Kander, a former Army intelligence officer who is considered a rising star of the Democratic Party, announced Tuesday that he was pulling out of the race for mayor of Kansas City, saying that he was suffering from PTSD and depression from a stint in Afghanistan. Kander, 37, made the announcement in a letter he posted online, saying that he was done “trying to outrun depression and PTSD symptoms” that he traced back 11 years to a four-month tour in the Middle East.

[Hyperlink to Above](#)

1.2 - Bloomberg (AP): [Jason Kander, Citing Mental Health, Drops Out of Mayoral Race](#) (2 October, Margaret Stafford and Jim Salter, 43.7M uvm; New York, NY)
Jason Kander, a rising star in Democratic politics who narrowly lost a 2016 Senate bid, dropped out of the race for mayor of Kansas City, Missouri, on Tuesday so he could get help for post-traumatic stress and depression that he said he has suffered from more than a decade. Kander, 37, said in an announcement Tuesday that he has tried since leaving the military to ignore his symptoms or work hard enough to ignore his mental health issues but finally decided it was time to step away from politics and concentrate on becoming healthy.

[Hyperlink to Above](#)

1.3 - Medium: [I Suffer From Depression and Have PTSD Symptoms](#) (2 October, Jason Kander, 1.4M uvd; San Francisco, CA)
About four months ago, I contacted the VA to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day. So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can’t have PTSD, I told myself, because I didn’t earn it.

[Hyperlink to Above](#)

1.4 - The New York Times: [Jason Kander Withdraws From Kansas City Mayoral Race, Citing PTSD](#) (2 October, Dave Phillips, 29.8M uvm; New York, NY)
On Tuesday, though, he put political ambitions on hold, saying that his efforts to deal with lingering issues of war on his own had failed. “By all objective measures, things have been going well for me the past few months,” he wrote, noting that he had a best-selling book, an effective nonprofit, and was breaking records with his campaign’s fund-raising. “But instead of celebrating that accomplishment, I found myself on the phone with the VA’s Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn’t the first time.”

[Hyperlink to Above](#)

1.5 - Politico: [Problems with Post-9/11 GI Bill claims probed by House veterans’ panel](#) (2 October, Kimberly Hefling, 23.9M uvm; Arlington, VA)
House Veterans’ Affairs Chairman Phil Roe (R-Tenn.) says he’s hearing reports that some Post-9/11 GI Bill recipients’ monthly housing payments are being lost or delayed because of an IT-

related processing issue. The end result is that some veterans could be struggling to pay for housing as the fall semester gets going. Roe has asked the Veterans Affairs Department to investigate and respond by the end of the week.

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1.6 - Military.com: [Vets Groups Urge Trump Administration to Keep Pressure on GI Bill Fraud](#) (2 October, Richard Sisk, 9M uvm; San Francisco, CA)

Twenty-eight veterans groups and military service organizations have called on the Trump administration to scrap deregulation proposals that they said would limit oversight of "bad actor" schools preying on veterans using the GI Bill. In a letter last month to Education Secretary Betsy DeVos, the organizations urged her "to strengthen, not discard, common-sense protections against waste, fraud and abuse by bad actor colleges."

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1.7 - The Kansas City Star: [‘You are saving lives’: Joe Biden joins outpouring of support for Jason Kander](#) (2 October, Eric Adler, 4.8M uvm; Kansas City, MO)

Only minutes after Jason Kander announced he was dropping out of Kansas City’s mayoral race because of war-related PTSD and depression, public reaction on social media was swift and sympathetic, including a message from former Vice President Joe Biden. “Jason — public service takes many forms, and bravely stepping forward today is exactly that. By sharing your story, you are saving lives. Others will get the help they need because of you,” Biden tweeted Tuesday.

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1.8 - Military Times: [Rising Democratic star steps away from politics to treat his PTSD](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Afghanistan War veteran Jason Kander, a rising Democratic political star vying to become the next mayor of Kansas City, abruptly quit that race on Tuesday saying he needs time out of the spotlight to deal with his military-related depression and post-traumatic stress disorder. In a statement posted on Medium, Kander said he has been in contact with Veterans Affairs support services for months but worried that acknowledging his personal struggles could damage his political career.

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1.9 - Military Times: [TriWest takes over VA community care programs nationwide](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials announced Tuesday that TriWest Health Care Alliance will take over nationwide operations for the department’s main community care programs despite concerns raised last month about overpayments to the company. For the last five years, operations for the department’s primary two outside care programs — Patient-Centered Community Care and Veterans Choice Program — had been operated by TriWest and Health Net Federal Services.

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1.10 - WFED (AM-1500): [Trump admin requests expedited appeal of EO decision, as VA petitions accountability ruling](#) (2 October, Nicole Ogrysko, 854k uvm; Washington, DC)

The Trump administration is appealing two separate decisions that could impact how agencies discipline and remove poor performers. Both a federal district judge and an independent arbitrator independently ruled in favor of federal unions, but recent appeals and motions from the administration on two separate occasions show that unions' battles over the administration's efforts to more quickly fire poor performers are far from over.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Bakersfield Californian: [State-of-the-art Veterans Affairs clinic coming to Bakersfield](#) (2 October, Steven Mayer, 270k uvm; Bakersfield, CA)

After years of delays, local military veterans and their families learned Tuesday the U.S. Department of Veterans Affairs outpatient clinic on Westwind Drive in Bakersfield will be replaced with a new \$40 million, state-of-the-art facility.

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3.2 - Social Work Today: [VA Telehealth Services — Reducing Health Care Disparities for Veterans With Mental Health Challenges](#) (2 October, Anna Panzo, MSW, LCSW, 4k uvd; Spring City, PA)

The VA has leveraged 21st century technological advances to assist in overcoming treatment barriers and decreasing disparities in mental health care provision for veterans. VA medical centers utilize telehealth video-to-home (VTH) services to provide care to veterans with mental health diagnoses. Through the use of this technology, VA clinicians are able to conduct at-home therapy and evaluation sessions with veterans.

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3.3 - KSFY (ABC-13, Video): [Aberdeen VA outpatient clinic in early stages of moving](#) (2 October, Ryan Martin, 157k uvm; Sioux Falls, SD)

Aberdeen Veterans Affairs is one of four outpatient clinics in South Dakota that is moving to new locations. They will break ground on the building in the spring of 2019. "We wanted to expand a little bit and get more room so we could potentially provide more services, expand our services, and also take care of more Veterans," said Dr. Donna Small, Chief the Sioux Falls VA system in Aberdeen.

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3.4 - FedScoop: [USDS' Marcy Jacobs on building a more customer-focused VA](#) (2 October, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The work of the U.S. Digital Service team at the Department of Veterans Affairs is all about improving the experience of interacting with the agency for the end customer: the veteran. This ethos can be seen across the work the team has done — the Appeals Status tool that went live in March, for example, aims to give veterans insight into and peace of mind about the very lengthy appeals process.

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3.5 - KGET (NBC-17, Video): [New state-of-the-art clinic coming to Bakersfield](#) (2 October, Amber Frias, 55k uvm; Bakersfield, CA)

Congressman Kevin McCarthy unveiled plans for a new state-of-the-art clinic for veterans in Kern County on Tuesday. The future home of the \$39 million facility is located at Olive Drive and Knudsen. The current clinic on Westwind Drive is 26 years old and limited to what it offers patients. For many services, veterans have to head south.

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4. [Focus Resources More Efficiently](#)

4.1 - Atlanta Journal-Constitution: [Atlanta VA fined \\$13,600 after hazardous waste storage violations](#) (2 October, Willoughby Mariano, 11.8M uvm; Atlanta, GA)

The Atlanta VA Medical Center suffered another setback after inspectors discovered more than one ton of hazardous waste packed floor to ceiling in unsafe conditions, recently-released records show. A portable building was stuffed so full of the hazardous waste that there was no room for inspectors to enter, much less firefighters or emergency equipment, an inspection report said.

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4.2 - WFED (AM-1500, Audio): [GAO: USPS' retiree health benefits fund could be depleted by 2030](#) (2 October, Eric White, 854k uvm; Washington, DC)

Veterans Affairs is appealing an independent arbitrator's decision that ruled in the American Federation of Government Employee's favor. The arbitrator said VA violated the terms of its contract with AFGE while implementing certain provisions of the VA Accountability and Whistleblower Protection Act.

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4.3 - The Daily News: [Volunteer drivers needed to help veterans get to VA appointments](#) (2 October, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center is seeking volunteer drivers to transport veterans who live in Dickinson and surrounding counties to and from their appointments at the Iron Mountain facility. Currently, there is a critical shortage of volunteer drivers.

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4.4 - MeriTalk: [VA Digital Service Team Wins Sammie Award](#) (2 October, 35k uvm; Alexandria, VA)

The Partnership for Public Service announced nine award winners of The Samuel J. Heyman Award, known as the Sammies. The winners will be celebrated at a gala on Tuesday evening, including the digital service team at the Department of Veterans Affairs (VA). The Partnership for Public Service highlighted the work of the team and Executive Director Marcella Jacobs in creating the Vets.gov portal to help veterans access the resources they need.

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5. Improve Timeliness of Service

5.1 - CNN: Jason Kander withdraws from Kansas City mayoral race for PTSD treatment (2 October, Sophie Tatum and Eric Bradner, 29.8M uvm; Atlanta, GA)

Jason Kander, a rising star within the Democratic Party, has announced he is ending his campaign for Kansas City mayor to seek treatment for post-traumatic stress disorder. "To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City," Kander wrote in a post on Medium.

[Hyperlink to Above](#)

5.2 - Politico: Kander drops out of Kansas City mayoral race to seek treatment for PTSD (2 October, Matthew Choi, 23.9M uvm; Arlington, VA)

Democratic Kansas City mayoral candidate Jason Kander announced in a Medium post on Tuesday that he will end his campaign to deal with his mental health. Kander, a former Missouri secretary of state and unsuccessful 2016 Senate candidate, will also back away from his role leading his political engagement group Let America Vote. Kander said his decision came after consulting with mental health resources at the VA — he served as an army intelligence officer in Afghanistan more than 10 years ago and said he continues to deal with PTSD.

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5.3 - NBC News: Kander, rising Democratic star, quits Kansas City mayor race citing PTSD/depression (2 October, Mike Memoli, 9.6M uvm; New York, NY)

Jason Kander, whose future seemed boundless after he nearly upset a longtime Republican incumbent in the 2016 Missouri Senate race, abruptly put his political career on hold Tuesday as he made public his private battles with mental health. In a searingly honest first-person account, the former Missouri secretary of state and veteran of the war in Afghanistan said he was ending his bid for mayor of Kansas City to seek treatment for depression and post-traumatic stress disorder.

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5.4 - Becker's Hospital Review: 250K canceled diagnostic tests spark audit at 9 VA hospitals (2 October, Harrison Cook, 441k uvm; Chicago, IL)

Since 2016, more than 250,000 radiology orders have been canceled at Veteran Affairs hospitals nationwide, raising questions whether VA facilities are following proper procedures for cancelling duplicate or outdated diagnostic orders, according to USA Today.

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5.5 - The Gazette: Iowa City VA part of national audit of canceled diagnostic tests (2 October, Erin Jordan, 433k uvm; Cedar Rapids, IA)

The Iowa City Veterans Affairs Medical Center is among nine VA hospitals nationally being audited after allegations staff canceled diagnostic tests without doctors' orders, which a whistleblower said could cause a veteran to miss a tumor or other ailment. "This has become an extremely dangerous situation as veterans are not receiving the diagnostic exams for treatment or follow up to prior illnesses," said Jeff Dettbarn, a former radiology technician at the Iowa City VA.

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5.6 - KDLT (NBC-46): [Veterans Are Holding Down The Fort By Protecting Themselves This Flu Season](#) (2 October, Christine Manika, 64k uvd; Sioux Falls, SD)

Nurses at the center say they hold these clinics because it's convenient for their patients. "It's nice to have them be able to be here and get their flu shots while they're here for other appointments. It's kind of a 'one stop shop.' If they're in for their eye glasses, they can get a flu shot. If they came in for hearing aid stuff, they can get a flu shot," says Registered Nurse Diana Albers.

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5.7 - KXLH (CBS-25, Video): [Veterans receive flu shots at VA drive thru clinic](#) (2 October, John Riley, 57k uvm; Helena, MT)

Hundreds of veterans and their family members participated in the VA Medical Center-Fort Harrison's annual Drive Thru Flu Clinic and Health Fair on Tuesday, October 2. Now in its eighth year, the clinic is put on by the VA and allows people to get their annual flu shot from the convenience of their own vehicle.

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6. [Suicide Prevention](#)

6.1 - USA Today: [Jason Kander, a star for Democrats, drops out of Kansas City mayoral race to treat PTSD](#) (2 October, Josh Hafner, 36.8M uvm; McLean, VA)

Jason Kander, a rising star of the Democratic party, will end his run for mayor of Kansas City, Missouri, to seek treatment for PTSD, he said Tuesday. Kander, an Army veteran once expected to run for president in 2020, revealed he's struggled with depression since returning from Afghanistan 11 years ago.

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6.2 - FOX News: [Jason Kander withdraws from Kansas City mayoral race to focus on treating depression, PTSD](#) (2 October, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Army veteran and Kansas City, Missouri, mayoral contender Jason Kander announced Tuesday that he is withdrawing his candidacy to focus on his mental health. Kander, a Democrat largely seen as the frontrunner for the 2019 election, said he's struggled with suicidal thoughts, depression and post-traumatic stress disorder.

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6.3 - NPR: [Kansas City, Mo., Mayoral Hopeful Withdraws From Race Citing PTSD](#) (2 October, Quil Lawrence, 22M uvm; Washington, DC)

Missouri Democrat Jason Kander abruptly withdrew from the race for Kansas City mayor on Tuesday, with a statement that he was suffering from PTSD and depression linked to his time in Afghanistan as an Army intelligence officer in 2006. Kander said he had been in denial about needing help, in part because he only did one tour in a war zone.

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6.4 - St. Louis Post-Dispatch: [Messenger: Veteran who helps others with PTSD says Kander's note will save lives](#) (2 October, Tony Messenger, 8.9M uvm; Saint Louis, MO)

On Tuesday, the same day Kander, founder of the voting-rights nonprofit "Let America Vote," told the world about his depression, about his suicidal thoughts, Petersen checked in with his friend in Salt Lake City. He followed Petersen's advice. He checked in with the VA. He is seeking treatment.

[Hyperlink to Above](#)

6.5 - Stars and Stripes: [Afghan War vet ends bid for Kansas City mayor, citing PTSD and depression](#) (2 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Jason Kander, an Afghanistan War veteran widely praised as a rising star in the Democratic party, withdrew Tuesday from the Kansas City, Mo., mayoral race to seek help for depression and symptoms of post-traumatic stress disorder. Last week, Kander called the Veterans Crisis Line and told a crisis responder that he had suicidal thoughts. On Monday, he went to the Kansas City VA Medical Center, where he's planning to receive regular treatment.

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6.6 - WDAF (FOX-4, Video): [Kander's exit from KC mayor race shines light on veterans' mental health challenges](#) (2 October, Alana Lafore, 441k uvm; Kansas City, MO)

The man thought to be the front-runner in the Kansas City mayor race has suddenly dropped out. Jason Kander said he needs to help himself first and get treatment for post-traumatic stress disorder, so he won't be running for mayor in 2019. In a statement, he said in part he knew something was deeply wrong and was scared to acknowledge his true symptoms of PTSD.

[Hyperlink to Above](#)

6.7 - MPR News (Audio): [Marine Corps veteran's family wants VA to learn from his suicide](#) (2 October, John Enger, 26k uvd; Saint Paul, MN)

The suicide of Marine Corps veteran Justin Miller earlier this year prompted a federal review of the Minneapolis VA system. The final report released last week criticizes a communications breakdown at the VA. Meanwhile, Miller's family is still wondering what happened to him, and why he didn't get the help he needed.

[Hyperlink to Above](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): [1st North Dakota Veterans Cemetery on Pace to Open Next Year](#) (2 October, 23.9M uvm; Washington, DC)

Officials with the first Veterans National Cemetery in North Dakota say they should begin accepting burials by late spring or early summer of 2019. KFGO radio reports that construction on the cemetery started earlier this year on the 5-acre site near Harwood, north of Fargo. The VA purchased the property two years ago.

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7.2 - Argus Leader: [State-run vets cemetery gets early nod from federal government, city readying for land donation](#) (2 October, Joe Sneve, 439k uvm; Sioux Falls, SD)

U.S. Senator Mike Rounds in a statement Monday said he was personally told by VA Undersecretary Randy Reeves that the acceptance of the state's grant application puts the South Dakota on the priority list for grant funding, and a grant could be awarded as early as next year.

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7.3 - WAAY-TV (ABC-31, Video): [WAAY 31 I-Team Investigation: VA Disability Claim Appeal Delays](#) (2 October, Greg Privett, 296k uvm; Huntsville, AL)

WAAY 31's I-Team investigated frustrations facing veterans here in the Tennessee Valley and across the country. Right now, nearly half-a-million of our military veterans have been waiting for years to have their disability claim appeals heard. We looked into the VA appeal delays for a Lawrence County man and what the Veterans Administration is doing to correct the problem for all vets.

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7.4 - WKBT (CBS-8, Video): [Family donates home to Tomah VA treatment program: Neighbors want to make sure decision is safe](#) (2 October, Jordan Fremstad, 197k uvm; La Crosse, WI)

One La Crosse Family is donating their home to the Tomah VA to help struggling veterans get back on their feet. Dave and Barbara Erickson have called La Crosse home sweet home for 43 years. It's where they raised a family. "We've lived here," said Barbara Erickson said. "Our children have grown we now have 6 grand children and they are growing."

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7.5 - KREX (CBS-5, Video): [Women Veterans Health Care at The VA](#) (1 October, Shelby Bracho, 34k uvm; Grand Junction, CO)

Pam Schultz with the Grand Junction VA Medical Center stopped by the studio to discuss their Breast Cancer Awareness Day event and health care services that they provide for women veterans. The pink ribbon event will include pink pumpkin decorating and a pink fire truck!

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8. [Other](#)**8.1 - The Hill: [Bolton's top deputy doesn't shy from 'intellectual knife fight'](#)** (2 October, Ellen Mitchell, 11.8M uvm; Washington, DC)

"There's nobody I have more respect or admiration for than Mira," said Veterans Affairs Secretary Robert Wilkie, who worked with Ricardel in the mid-1990s when she was a legislative assistant in the office of then-Senate Majority Leader Bob Dole (R-Kan.). Wilkie at the time was a staffer for then-Sen. Trent Lott (R-Miss.), who succeeded Dole as majority leader.

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8.2 - Wicked Local – Easton: [Clinic for homeless dedicated to Easton native](#) (2 October, 1.9M uvm; Westford, MA)

Christine Loeber devoted her life to ill veterans and now a medical clinic at the New England Center and Home for Veterans (NECHV) has been named in her honor. Loeber, 48, an Easton native, was killed in March at the California veterans treatment program where she worked along with two of her colleagues in a hostage standoff.

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8.3 - Daily Local News: [Drop off your drawers at East Fallowfield's annual Park Day Oct. 13](#) (2 October, 190k uvm; West Chester, PA)

David's Drive 831 was created in memory of David Turner, Jr. who was born and raised in East Fallowfield Township. David worked at the Coatesville VA where he learned many of the Veterans he served were homeless and didn't have necessities like underwear or socks. David wanted to buy every Veteran at the VA a pair of underwear, but he never had the chance.

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1. [Top Stories](#)

1.1 - The Washington Post: [‘I’m done hiding this’: Jason Kander pulls out of mayor’s race, citing PTSD and depression](#) (2 October, Eli Rosenberg, 43.9M uvm; Washington, DC)

Jason Kander, a former Army intelligence officer who is considered a rising star of the Democratic Party, announced Tuesday that he was pulling out of the race for mayor of Kansas City, saying that he was suffering from PTSD and depression from a stint in Afghanistan.

Kander, 37, made the announcement in a letter he posted online, saying that he was done “trying to outrun depression and PTSD symptoms” that he traced back 11 years to a four-month tour in the Middle East.

“I’m done hiding this from myself and from the world,” Kander said. “When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn’t sharing the full picture. I still have nightmares. I am depressed.”

Kander, Missouri’s former secretary of state, rose to national prominence with a quirky campaign ad in a bid to unseat Sen. Roy Blunt (R) in 2016. According to The Post’s Ben Terris, “Kander was widely considered the best Democratic recruit running for Senate.”

He had the look: young and fit, a guy comfortable in a skinny tie or fatigues. He had the life story: Married to his high school sweetheart, he had joined the military after 9/11, served in Afghanistan and came home to enter politics, eventually becoming the first millennial to hold statewide office in the country.

He lost a close race but has remained in the limelight since. He founded Let America Vote, a nonprofit organization dedicated to ousting Republicans working for more restrictive voting laws around the country, and has been an active liberal presence on social media. Kander had previously said that he was considering a run for president in 2020.

Kander was a likely favorite in the 2019 mayoral race, according to the Associated Press. But he wrote that his achievements — a best-selling book, some early signs of success in his bid for mayor, the work of the nonprofit organization — had done little to alleviate his symptoms.

Despite finding out last week that he had raised more money in a quarter than any Kansas City mayoral candidate previously, Kander wrote that he found himself calling the Department of Veterans Affairs’ Veterans Crisis Line, “tearfully conceding that, yes, I have had suicidal thoughts.”

“Most recently, I thought that if I could come home and work for the city I love so much as its mayor, I could finally solve my problems,” he said. “I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it’s just getting worse.”

Kander said he would also be stepping back from day-to-day operations at Let America Vote. He said he has started the process of getting more regular help from VA in Kansas City, and wrote that he hoped sharing his story would inspire others to seek help for their own issues.

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1.2 - Bloomberg (AP): [Jason Kander, Citing Mental Health, Drops Out of Mayoral Race](#) (2 October, Margaret Stafford and Jim Salter, 43.7M uvm; New York, NY)

Kansas City, Mo. -- Jason Kander, a rising star in Democratic politics who narrowly lost a 2016 Senate bid, dropped out of the race for mayor of Kansas City, Missouri, on Tuesday so he could get help for post-traumatic stress and depression that he said he has suffered from more than a decade.

Kander, 37, said in an announcement Tuesday that he has tried since leaving the military to ignore his symptoms or work hard enough to ignore his mental health issues but finally decided it was time to step away from politics and concentrate on becoming healthy.

"So after 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me," Kander said. "That I have to stop running, turn around, and confront it."

Kander, a former Army intelligence officer, said he contacted the Veterans Administration for help about four months ago but his condition worsened and he recently called the VA hospital to say he has had suicidal thoughts. He said he went to the VA Monday and began the process of getting treatment.

Kander was considered a likely favorite in the 2019 Kansas City mayoral race. He lost by 3 percentage points to incumbent Republican Roy Blunt in Missouri's 2016 Senate race — a strong showing in a state Republican Donald Trump carried by 19 percentage points.

Blunt said in a statement Tuesday that it is important to talk about mental health issues.

"When people like former Secretary of State Kander are willing to do so, it moves the entire discussion in the right direction," Blunt said.

His decision to enter the mayoral race surprised many observers at the time because he was considered a strong candidate for national office. He said Tuesday he entered the mayoral race hoping it would help his mental health.

"I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me," Kander wrote. "But it's just getting worse."

Kander's 2016 campaign drew national attention both for his strong challenge to Blunt, a veteran politician with strong name recognition, and a TV ad that went viral. The ad showed a blindfolded Kander putting together a rifle while discussing his support for background checks for gun owners.

The 2016 campaign also gave Kander a national profile. Former President Barack Obama was asked on his last full day in office: "Who do you see out there in the Democratic Party today as a rising star?"

Obama replied: "My guy in Missouri. Kander."

Kander said he decided to be public about his mental health battle in part because he felt honesty would help him persevere.

"And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own," he said.

Since losing the election, Kander has written a book, "Outside the Wire: Ten Lessons I've Learned In Everyday Courage," and founded the nonprofit Let America Vote that seeks to ease restrictions borne by voter ID laws. He announced his mayoral bid in Missouri's largest city in June. He said Tuesday he will step away from day-to-day operation of Let America Vote while he focuses on his mental health.

Kander spent four years as Missouri's secretary of state and four years as a state House representative before that.

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1.3 - Medium: [I Suffer From Depression and Have PTSD Symptoms](#) (2 October, Jason Kander, 1.4M uvd; San Francisco, CA)

About four months ago, I contacted the VA to get help. It had been about 11 years since I left Afghanistan as an Army Intelligence Officer, and my tour over there still impacted me every day. So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can't have PTSD, I told myself, because I didn't earn it.

But, on some level, I knew something was deeply wrong, and that it hadn't felt that way before my deployment. After 11 years of this, I finally took a step toward dealing with it, but I didn't step far enough.

I went online and filled out the VA forms, but I left boxes unchecked—too scared to acknowledge my true symptoms. I knew I needed help and yet I still stopped short. I was afraid of the stigma. I was thinking about what it could mean for my political future if someone found out.

That was stupid, and things have gotten even worse since.

By all objective measures, things have been going well for me the past few months. My first book became a New York Times Bestseller in August. Let America Vote has been incredibly effective, knocking on hundreds of thousands of doors and making hundreds of thousands of phone calls. I know that our work is making a big difference. And last Tuesday, I found out that we were going to raise more money than any Kansas City mayoral campaign ever has in a single quarter. But instead of celebrating that accomplishment, I found myself on the phone with the VA's Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn't the first time.

I'm done hiding this from myself and from the world. When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn't sharing the full picture. I still have nightmares. I am depressed.

Instead of dealing with these issues, I've always tried to find a way around them. Most recently, I thought that if I could come home and work for the city I love so much as its mayor, I could

finally solve my problems. I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse.

So after 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it.

I finally went to the VA in Kansas City yesterday and have started the process to get help there regularly. To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City. I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression.

I'll also be taking a step back from day-to-day operations at Let America Vote for the time being, but the organization will continue moving forward. We are doing vital work across the country to stop voter suppression and will keep doing so through November and beyond.

Having made the decision not to run for mayor, my next question was whether I would be public about the reason why. I decided to be public for two reasons: First, I think being honest will help me through this. And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own. Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have. If you're struggling with something similar, it's OK. That doesn't make you less of a person.

I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me. The VA Crisis Line is 1-800-273-8255, and non-veterans can use that number as well.

I'll close by saying this isn't goodbye. Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again. But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be.

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1.4 - The New York Times: [Jason Kander Withdraws From Kansas City Mayoral Race, Citing PTSD](#) (2 October, Dave Phillips, 29.8M uvm; New York, NY)

Jason Kander, a war veteran who became a rising star in the Democratic Party, abruptly dropped out of the Kansas City mayoral race Tuesday, saying he needed to focus on healing from post-traumatic stress disorder.

"After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it," he wrote in a lengthy and strikingly candid post on his Facebook page.

Mr. Kander, 37, who deployed to Afghanistan as an Army intelligence officer in 2006, was the clear front-runner in the race. He is best known for nearly beating Missouri's incumbent Republican senator, Roy Blunt, in a dark-horse campaign in 2016. In a year when Republicans in the state garnered huge wins, and Hillary Clinton lost by 19 points, Mr. Kander came within three points of taking the seat.

During the 2016 campaign, he also gained national attention for a viral ad in which he assembled an assault rifle blindfolded while criticizing Republicans who attacked him over his support for background checks for gun purchases. It got 1.6 million views, and earned Mr. Kander a reputation as a plain-talking, red state progressive who could have national appeal.

After losing the election, he formed Let America Vote, a nonprofit voting rights group, and began appearing at political gatherings in Iowa and New Hampshire, a signal that he was considering a presidential run.

On Tuesday, though, he put political ambitions on hold, saying that his efforts to deal with lingering issues of war on his own had failed.

“By all objective measures, things have been going well for me the past few months,” he wrote, noting that he had a best-selling book, an effective nonprofit, and was breaking records with his campaign’s fund-raising. “But instead of celebrating that accomplishment, I found myself on the phone with the VA’s Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn’t the first time.”

The United States has a long list of combat veterans, from George Washington to John McCain, who have built successful political careers, and many have talked openly about their struggles to put their war experience behind them. But Mr. Kander’s transparent acknowledgment of his struggles and decision to seek help is unprecedented, said Paul Rieckhoff, founder of Iraq and Afghanistan Veterans of America.

“Few people have the courage and vulnerability to admit the problem to themselves,” Mr. Rieckhoff said. “Mr. Kander is leading by example, and I think he will show veterans everywhere that it is O.K. to get help.”

Suicide is a growing problem in young veterans, Mr. Rieckhoff added. His group plans to help plant more than 5,000 flags on the National Mall on Wednesday to memorialize veterans who died by suicide just this year.

In his memoir, “Outside the Wire,” Mr. Kander said he was not in combat during his four-month tour in Afghanistan, but spent months driving deadly highways to investigate dangerous warlords and ostensible allies who sometimes hid rampant corruption through murder. Often he rode in unarmored S.U.V.s that offered no protection against roadside bombs.

“I felt fearful, way beyond anything I’d ever felt before,” he wrote. “This was, for the first time in my life, the raw, physical fear of being killed.”

When he returned to Kansas City, he wrote that he was ridden with guilt and anger, and plagued for years by nightmares. He minimized his symptoms, even to himself, because he felt nothing he experienced was harrowing enough to warrant professional treatment.

“Instead of dealing with these issues, I’ve always tried to find a way around them,” he wrote on Facebook. “I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it’s just getting worse.”

He said he went to a Veterans Affairs hospital Monday to begin regular treatment, and would curtail his voter registration efforts to focus on healing.

“Most people probably didn’t see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have. If you’re struggling with something similar, it’s OK. That doesn’t make you less of a person,” he concluded.

The mayoral race had drawn nine candidates, but many saw Mr. Kander as the clear favorite. The election will be held in June.

The current Kansas City mayor, Sly James, a Marine veteran who cannot run again because of term limits, voiced support for Mr. Kander in a statement.

“I’m proud of Jason for having the courage to share his struggle, and for doing what he needs to do to take care of his health,” Mr. James said. “I applaud his bravery, and will do all I can to help him through his healing process.”

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1.5 - Politico: [Problems with Post-9/11 GI Bill claims probed by House veterans’ panel](#) (2 October, Kimberly Hefling, 23.9M uvm; Arlington, VA)

POST-9/11 GI BILL PROCESSING PROBLEMS MOUNT: House Veterans’ Affairs Chairman Phil Roe (R-Tenn.) says he’s hearing reports that some Post-9/11 GI Bill recipients’ monthly housing payments are being lost or delayed because of an IT-related processing issue.

— The end result is that some veterans could be struggling to pay for housing as the fall semester gets going. Roe has asked the Veterans Affairs Department to investigate and respond by the end of the week.

— The complication appears to stem from student certifications getting lost internally as they move from one VA system to another during the claims processing process, according to a letter Roe sent Friday to the VA that was obtained by Morning Education.

— Notably, this problem appears to be separate from another IT-related problem that’s hampered processing this fall of the benefit, Roe said. That problem is tied to a law passed last year, H.R. 3218 (115), dubbed the “Forever GI Bill” that changed how the monthly housing benefit is calculated. Fifteen veterans’ service organizations recently told the VA its handling has created an “organizational and customer service failure at the highest level.”

— The end result is that the VA, as of Sept. 21, had 248,396 educational claims of all types to process — a 52 percent increase compared with a year ago at this time, Roe said in the letter. He “continues to be concerned” about the workload since it could result in more delays.

— A VA spokesman says the agency “appreciates Chairman Roe’s concerns and will respond to him directly.”

— Meanwhile, the VA acknowledged in a note to veterans on its Facebook page last week that the “pending inventory” of education claims is going up. The department says it’s taking about 35 days to work first-time applications for education benefits and 17 days for supplemental claims like a re-enrollment. “Our claims processors are working extra hours to get this work

done and are committed to getting the payments you've earned to you as quickly as possible," the message said.

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1.6 - Military.com: [Vets Groups Urge Trump Administration to Keep Pressure on GI Bill Fraud](#) (2 October, Richard Sisk, 9M uvm; San Francisco, CA)

Twenty-eight veterans groups and military service organizations have called on the Trump administration to scrap deregulation proposals that they said would limit oversight of "bad actor" schools preying on veterans using the GI Bill.

In a letter last month to Education Secretary Betsy DeVos, the organizations urged her "to strengthen, not discard, common-sense protections against waste, fraud and abuse by bad actor colleges."

The letter was aimed at proposed changes to regulations under the government's Title IV authorities of the Higher Education Act, part of the administration's overall deregulation drive, which the White House has touted as a main factor in the booming economy.

"Weakening or discarding these regulations would allow low-quality colleges to defraud service members, veterans, their families and survivors -- as well as taxpayers," the letter said.

The organizations signing the letter included AMVETS, Vietnam Veterans of America, Iraq and Afghanistan Veterans of America, the Military Order of the Purple Heart, Blue Star Families, the National Military Family Association and Veterans Education Success.

The groups called on DeVos to retain the requirement "that colleges have 'regular and substantive interaction' between instructors and students" to ensure that schools "do not skirt their educational duties and charge exorbitant tuition for what amounts to an online textbook or YouTube video."

The groups also argued against limiting the ability of state authorities to oversee the quality of higher education, which they said would "strip individual states of their long-held ability to protect their citizens' right to receive quality educations."

Carrie Wofford, president of Veterans Education Success, said the groups would also like to make sure there's a veteran or military representative on the panels that will decide on the rules changes following a period of public comment.

Of particular concern to the groups is the possibility that DeVos will eliminate regulations enacted during the administration of former President Barack Obama requiring for-profit colleges to show that they could provide reasonable access to "gainful employment" to the students they enroll.

Several veterans testified on the need for more oversight at public hearings held last month by the Education Department on the proposed rules changes.

At a public hearing in Washington, D.C., Army veteran Jarrod Thoma, of Colorado Springs, Colorado, told of his experiences in pursuing an engineering degree with the for-profit DeVry University, which was the target of a federal Trade Commission lawsuit in 2016 for deceptive advertising.

"Although DeVry was more than happy to cash in all of my GI Bill benefits, my complaints about the quality of materials and instructions fell on deaf ears," Thoma said. "When I tried to transfer, I was told by both a public university and a community college that they would accept only my general education credits -- even though DeVry had stated that their credits would transfer."

At the same public hearing, Tanya Ang, vice president of Veterans Education Success, testified that veterans, many of whom are the first in their families to try to earn a college degree, were particularly vulnerable to the deceptive advertising of predatory schools.

Weakening regulations would impact those veterans who "believe the federal government's stamp of approval for the school to offer Title IV funds means the school is a high-quality school," Ang said. "Unfortunately, we know all too well, this is not always the case. Unfortunately, students find out too late that this is not always the case."

The letter from the veterans and military service organizations to DeVos was the second recently in which it was alleged that the Trump administration's deregulation drive could impact negatively on service members.

In a letter to White House Office of Management and Budget (OMB) Director Mick Mulvaney in August, all 47 Democrats in the Senate and the two Independents who usually vote with them argued against rules changes that they said would ease up on oversight of predatory payday lenders.

In their letter, the senators said that easing up on routine examinations of firms by the Consumer Financial Protection Board under the Military Lending Act of 2006 could limit reviews of a lender's qualifications and expose troops to exorbitant interest rates.

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1.7 - The Kansas City Star: [‘You are saving lives’: Joe Biden joins outpouring of support for Jason Kander](#) (2 October, Eric Adler, 4.8M uvm; Kansas City, MO)

Only minutes after Jason Kander announced he was dropping out of Kansas City's mayoral race because of war-related PTSD and depression, public reaction on social media was swift and sympathetic, including a message from former Vice President Joe Biden.

"Jason — public service takes many forms, and bravely stepping forward today is exactly that. By sharing your story, you are saving lives. Others will get the help they need because of you," Biden tweeted Tuesday.

Many supporters lauded Kander, saying he was showing true leadership in admitting to suffering mental illness.

“Blessings for you as you struggle with this. Blessings for sharing and blessings for getting the help you need. We’ll be here when you hit the trail again,” Janet Osborn Knifong wrote on Kander’s Facebook page, where he posted his announcement shortly after 1 p.m. Tuesday.

“I wish I would have sought help sooner,” wrote Kander, who in 2006 began a three-month tour in Afghanistan as a U.S. Army intelligence officer, “so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me.”

He included the number for the Veterans Administration crisis line, 800-273-8255.

Within an hour, more than 1,000 comments of support flooded his Twitter page, and more than 500 comments were made on his Facebook page, many referencing Kander’s openness and honesty in addressing his post traumatic stress disorder.

“There are so many of us out there functioning after PTSD with associated conditions,” Lucia Harper tweeted. “Keep on keepin on Jason ...”

Wrote another in support, “Thank you for being open and publicly vulnerable. Even in working to take care of yourself, you’re helping others...”

On Facebook, Cara Coon wrote, “As the wife of a Marine Corps Veteran who suffers from PTSD, I thank you for your honesty, I thank you for your openness, and I thank you for your courage. You’re one of the few politicians that I have major respect for. I hope this is just a step back to pause on your political career, because our country needs more people like you!”

One Twitter commenter noted, “As a psychiatrist I can tell you that you likely saved at least one life today with your honesty and courage ...”

Other veterans suffering as Kander has are grateful that the politician came forward. “Right there with you, brother. Been going to therapy every week at the VA. Good on you for putting it out there to lessen the stigma for our sister and brothers who might be struggling too.”

Others thanked him for sending a message that goes beyond PTSD suffered by veterans.

“Thank you for sharing and breaking the stigma not just veterans face regarding mental health, but all Americans,” one wrote.

A repeated theme was the hope that Kander might return to politics after getting the help he believes he needs. He said he has experienced depression, nightmares and suicidal thoughts in the 11 years since leaving Afghanistan.

“I wish you full health, peace and happiness. And when you attain those, we’ll be eager for your return to politics,” well-wisher Michelle Hylton wrote.

Sarah Kendzior tweeted, “Take care of yourself, We will all be here for you when you are ready to come back.”

Supporter Rachelle Morgan’s Facebook post reflected the sentiments of many. “You are showing leadership right here, right now.”

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1.8 - Military Times: [Rising Democratic star steps away from politics to treat his PTSD](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Afghanistan War veteran Jason Kander, a rising Democratic political star vying to become the next mayor of Kansas City, abruptly quit that race on Tuesday saying he needs time out of the spotlight to deal with his military-related depression and post-traumatic stress disorder.

In a statement posted on Medium, Kander said he has been in contact with Veterans Affairs support services for months but worried that acknowledging his personal struggles could damage his political career.

"I knew I needed help and yet I still stopped short," he wrote. "I was afraid of the stigma. I was thinking about what it could mean for my political future if someone found out.

"That was stupid, and things have gotten even worse since."

Kander, 37, said he used the VA Crisis Line just last week after having suicidal thoughts, despite positive news about his mayoral campaign and a recent book deal. He said that he felt unworthy of claiming significant mental health problems "because I didn't earn it" during his time in the Army.

"I'm done hiding this from myself and from the world," he wrote.

"I decided to be public for two reasons: First, I think being honest will help me through this. And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own."

Kander narrowly lost the 2016 U.S. Senate election in Missouri to Republican Roy Blunt, but was praised by Democratic party leaders as a figure to watch given his strong performance in a predominantly Republican state. He was considered the front-runner in the mayoral contest.

Kander enlisted in the Army National Guard after the Sept. 11, 2001, attacks and volunteered for deployment to Afghanistan in 2005. His book about his time in the military — "Outside the Wire: Ten Lessons I've Learned in Everyday Courage" — was published this summer.

In his statement, Kander said that "when I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself."

VA and Pentagon officials over the last decade have worked to fight the stigma associated with seeking help for mental health challenges, both by expanding health services and discussing the importance of viewing the issues as treatable injuries.

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.9 - Military Times: [TriWest takes over VA community care programs nationwide](#) (2 October, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials announced Tuesday that TriWest Health Care Alliance will take over nationwide operations for the department's main community care programs despite concerns raised last month about overpayments to the company.

For the last five years, operations for the department's primary two outside care programs — Patient-Centered Community Care and Veterans Choice Program — had been operated by TriWest and Health Net Federal Services.

The new contract extends TriWest's partnership and names them the sole provider until the two programs are replaced next year with a new overarching community care program mandated in the VA Mission Act, which President Donald Trump signed into law this summer.

VA officials praised the contract as ensuring that veterans will not see disruptions in their health care in the coming year.

"Extending the time and reach of our partnership with TriWest will ensure veterans get the care they need while the department transitions to delivering care under the Mission Act next year," VA Secretary Robert Wilkie said in a statement.

Last month, the VA inspector general found that over a one-year period, TriWest officials filed more than 111,000 duplicate claims for outside care services and made mistakes in nearly 300,000 others, resulting in department overpayments of more than \$45 million dollars.

Similar errors by Health Net officials resulted in \$56 million in overpayments, investigators said.

In response, VA officials implemented new payment controls and recovered about \$40 million of that money. Additional reimbursements are being reviewed.

Veterans' cases currently being handled by Health Net will be transitioned to the new program in a way department officials promise will not disrupt care. Details of how other cases will be transferred from existing community care programs to future ones have yet to be finalized.

Twitter Ads info and privacy

On Friday, congressional staffers received a briefing from VA officials on the Mission Act implementation, laying out future timelines for new community care rules and parameters for that work.

Last week, in an appearance before the Senate Veterans Affairs Committee, VA Secretary Robert Wilkie predicted the new community care rules will "revolutionize veterans' care" once implemented.

"My view of Congress' trust and mission is to ... give that veteran choice and allow that veteran to continue with the choice that he or she is most comfortable with," he said.

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1.10 - WFED (AM-1500): [Trump admin requests expedited appeal of EO decision, as VA petitions accountability ruling](#) (2 October, Nicole Ogrysko, 854k uvm; Washington, DC)

The Trump administration is appealing two separate decisions that could impact how agencies discipline and remove poor performers.

Both a federal district judge and an independent arbitrator independently ruled in favor of federal unions, but recent appeals and motions from the administration on two separate occasions show that unions' battles over the administration's efforts to more quickly fire poor performers are far from over.

The Trump administration last week announced its plans to appeal a federal district judge's Aug. 24 decision that invalidated nine key provisions of the president's executive orders on collective bargaining, official time and employee removals.

And late last week, attorneys at the Justice Department requested an expedited briefing schedule before the U.S. Court of Appeals for the District of Columbia Circuit. The court should more quickly consider the administration's appeal, the Justice Department argued, because the federal district court's injunction has "governmentwide reach."

"Prompt resolution is especially needed in light of the ongoing effects of the permanent injunction on agency management and collective bargaining throughout the federal government, and in light of the effect the injunction has on the president's ability to supervise the conduct of his subordinates in the executive branch," the attorneys wrote in a Sept. 27 motion.

The Justice Department attorneys want to submit their own briefing by Oct. 26 and give union attorneys until Dec. 7 to submit a consolidate response. Under DoJ's proposed schedule, the Court of Appeals would finish briefing between the Thanksgiving and Christmas holidays and would hear oral arguments sometime after the New Year.

Union lawyers told DoJ attorneys they opposed the expedited briefing, according to the government's motion.

VA appeals to FLRA over accountability act

Separately, the Veterans Affairs Department is appealing an independent arbitrator's decision, which recently determined the agency had violated the terms of its contract with the American Federation of Government Employees (AFGE).

Specifically, the arbitrator found merit in AFGE's grievance from last September. The union argued the agency used provisions in the VA Accountability and Whistleblower Protection Act to implement new performance management guidance. That guidance, AFGE said, contradicted the collective bargaining agreement VA signed with the agency back in 2011, because it eliminated the need to give employees a chance to improve with a performance improvement plan (PIP).

VA filed exceptions last week to the arbitrator's decision with the Federal Labor Relations Authority, the agency's spokesman, Curt Cashour, said.

Now, AFGE has until Oct. 24 to submit its own response to VA's exceptions, the union's spokesman said. After October, it's less clear when FLRA will issue a decision. AFGE said it could take up to a year.

Until then, the arbitrator's original award isn't final or binding, Cashour added.

VA's appeal is significant, because it essentially delays a potentially messy and complicated rehiring process. In its decision, the arbitrator told VA to begin complying with the terms of its collective bargaining agreement with AFGE. Specifically, the arbitrator instructed VA to rescind previously-taken adverse actions or removals that it took against employees for unacceptable performance who didn't receive a performance improvement plan.

Several VA employees, especially those at the Veterans Benefits Administration, have previously told Federal News Radio they weren't given an appropriate amount of time to improve their performance. One mistake, they said, could cost them their jobs.

Some members of Congress are paying special attention to the accountability act and its implementation at VA.

Democrats on the Senate VA Committee had expressed similar concerns with VA's implementation of the new authority and its performance management guidance, citing instances where managers attempted to remove employees for missing a deadline or moving slowly after a workplace injury.

Tamara Bonzanto, VA's nominee to lead the agency's new Office of Accountability and Whistleblower Protection (OAWP), told the Senate committee in her confirmation hearing that the office wasn't yet a trusted entity among employees at the department.

The House VA Committee heard from the department last month, which insisted it wasn't using the new accountability legislation to to disproportionately fire lower-ranking employees over senior managers and executives.

The VA inspector general is also reviewing the department's implementation of the accountability act.

Additional focus on VA's implementation of the accountability act may be critical in the coming months, especially as the Trump administration looks for best practices and considers new alternatives to discipline poor performers.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Bakersfield Californian: [State-of-the-art Veterans Affairs clinic coming to Bakersfield](#)
(2 October, Steven Mayer, 270k uvm; Bakersfield, CA)

After years of delays, local military veterans and their families learned Tuesday the U.S. Department of Veterans Affairs outpatient clinic on Westwind Drive in Bakersfield will be replaced with a new \$40 million, state-of-the-art facility.

In a press conference convened at his Bakersfield office, Rep. Kevin McCarthy, R-Bakersfield, flanked by veterans, veteran advocates and local politicians, announced that a new clinic will be built in northwest Bakersfield, near Olive and Knudsen drives.

"It says a lot about the character of a nation in the way it treats those who have defended its freedom," McCarthy said before a crowd gathered outside of his local office.

The VA's Community-Based Outpatient Clinics are not owned by the federal government, but are leased to private companies.

The VA was expected to make a lease award for the new Bakersfield CBOC in January 2016, but was informed by the California High Speed Rail Authority that the site selected for the proposed clinic was directly in the path of the newly revised high speed rail project alignment, forcing the VA to start over.

On Friday, the VA announced it awarded a \$39.7 million lease to San Diego-based SASD Development Group LLC to construct a new 30,100 square foot clinic in Bakersfield.

"It's taken a long time, but finally it looks like we're going to get'r done," said U.S. Air Force veteran Randall Dickow, a longtime volunteer with the Kern County Veterans Collaborative, a nonprofit veterans advocacy organization.

It was 2010 when Congress authorized replacing the aging structure, which opened in 1992.

After years of false starts and more waiting, the VA revealed in late August 2017 a solicitation for offers on local properties to build a replacement clinic. But advocates had seen that before and were skeptical.

Several plans to build a new facility have made their way through the bureaucratic process, only to be scrapped.

The VA has acknowledged the clinic on Westwind Drive lacks the capacity to provide all the services that are needed. As a result, some veterans must travel to VA hospitals in Southern California for treatment that should be available in Bakersfield.

Robert McKenrick, executive director of clinical care for the VA's Greater Los Angeles Healthcare System, said in a statement Tuesday that the contract better aligns the procurement with other federal agencies and the private sector, with an emphasis on increased competition, cost savings and speed to market.

The VA "is excited to move forward with a new clinic," McKenrick said, "where we will serve more veterans with some upgraded services to address key areas like mental health, women's health and homeless services."

The projected date to open the new clinic is still uncertain, but McCarthy said he expects ground to be broken on the 30,000-square-foot building within a couple of months.

Bakersfield Mayor Karen Goh said it's a great day for Bakersfield, Kern County and the tens of thousands of veterans who are served by the local clinic. According to the VA, by 2026 the new clinic will serve a projected veteran market of 208,722.

At Tuesday's press conference, several individuals were asked to say a few words, including former California Assembly Member and current state Senate candidate Shannon Grove; state Assembly Member Vince Fong; County Supervisor Mike Maggard; City Council Member Ken Weir; Afghanistan combat veteran Zachary Reese and others.

Vietnam veteran Tony Martinez, who said he was affected by spraying of the infamous Vietnam-era defoliant Agent Orange, said he must drive to Sepulveda in Southern California for much of his VA care.

"This new facility is not only going to help me, it's going to help all our veterans," he said.

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3.2 - Social Work Today: [VA Telehealth Services — Reducing Health Care Disparities for Veterans With Mental Health Challenges](#) (2 October, Anna Panzo, MSW, LCSW, 4k uvd; Spring City, PA)

In the 21st century, constant improvements in technology have reshaped the provision of mental health supports. With a plethora of apps, YouTube videos, and websites, there are a wide variety of self-help services and resources available to anyone with a smartphone or an internet connection. Nevertheless, these resources cannot replace the benefits of clinical treatment. Unfortunately, those with a mental health diagnosis often face multiple barriers to obtaining that treatment. Contributing factors preventing them from seeking mental health care can include social stigma, transportation or distance, and family responsibilities. Furthermore, symptoms caused by the diagnosis can also present a challenge—people with high anxiety, for example, could struggle to leave their home.

The VA has leveraged 21st century technological advances to assist in overcoming treatment barriers and decreasing disparities in mental health care provision for veterans. VA medical centers utilize telehealth video-to-home (VTH) services to provide care to veterans with mental health diagnoses. Through the use of this technology, VA clinicians are able to conduct at-home therapy and evaluation sessions with veterans.

Breaking Down Barriers

Jan Lindsay, PhD, director for TeleBehavioral Health at the South Central Mental Illness Research Education and Clinical Center, a licensed psychologist at the Michael E. DeBakey Veterans Administration Medical Center, and a research health scientist at the Center for Innovations in Quality, Effectiveness, and Safety, is on the frontier of telehealth implementation programming and research at the VA. Lindsay is based out of the VA Medical Center in Houston, which currently is a national leader in the provision of telehealth services. She is passionate about decreasing access disparities for veterans. "Roughly half of veterans who need mental health treatment don't access care, and those who do access mental health care do not receive an adequate dose," Lindsay says. Her work at the VA has helped to provide increased access to mental health care for veterans who are in crucial need of that support.

Terri Fletcher, PhD, a clinical research psychologist and the evaluation lead for Lindsay's team, speaks to some of the challenges veterans face when accessing in-person care at VA locations. "There are many logistical barriers to receiving psychotherapy services in person at the VA, such as travel time, parking, arranging child care and/or time off from work ... some female veterans, particularly those who experienced military sexual trauma, are uncomfortable coming in person to the VA and prefer to receive their care from home. Additionally, veterans with PTSD, obsessive-compulsive disorder, or anxiety disorders may experience severe anxiety in a large hospital setting which makes it difficult for them to receive in-person care." Recent research conducted by Fletcher and her colleagues found that VTH services had similar outcomes as in-person care for clinical effectiveness, patient and provider satisfaction, and treatment adherence, among others. By making therapy available through at-home video sessions, veterans who otherwise might not access treatment are able to receive high-quality care.

On the Telehealth Forefront

Currently, telehealth is considered standard practice within the VA; the majority of VA medical clinics have clinicians on staff who are trained in the use of video technologies to provide VTH mental health treatment services to veterans. Lindsay acknowledges that integrating a telehealth program into complex medical systems can have its challenges. Her interdisciplinary team facilitates the provision of telehealth services through offering support in developing infrastructure, providing training, and troubleshooting these challenges. "You need to have so much support to make these changes," she says.

Nevertheless, the changes are well worth it. In addition to increasing access to care, at-home treatment offers unique advantages and insights that traditional on-site treatment does not provide. "Psychotherapy delivered via video to the home offers patients an innovative way to engage in evidence-based mental health care they might not otherwise receive," Fletcher says.

Veronica Siffert, LCSW, who provides VTH psychotherapy services to veterans, describes working with a veteran who struggled with hoarding: "The use of a web-based camera helped the veteran feel that I was there with them during treatment as we worked together sorting, discarding, and cleaning." Video technology allows therapists to see and experience the veteran's home environment, giving them a window and opportunity to provide crucial support.

Telehealth is also being used by the Veteran's Justice Outreach (VJO) program in Houston. The VJO works with veterans who are involved in the legal system. Through the outreach program, veterans required by the veteran's court to obtain treatment are able to receive at-home care. "Many of these veterans live far distances from the VA or clinics and must maintain employment as part of their court agreements, which makes it difficult to attend in-person appointments that are also part of their agreements. VJO has used telehealth to address these requirements to attend case management and various mental health appointments," Lindsay says.

Mark Norris, LCSW, an outreach specialist in the program, describes telehealth as "very practical and effective." For him, "It's a much better assessment tool as far as my case management sessions in the veterans treatment courts, rather than a phone call ... it's much easier to remain treatment compliant using telemedicine." Norris uses video-on-demand, which can be conducted on any device with cellular data, such as iPads and smartphones. He says, "I've encouraged other social workers to utilize telehealth who are dealing with veterans in

outlying areas. It's a tool to provide the services we do to veterans who cannot reasonably access the clinic or medical center here."

The Veteran's Health Administration (VHA) is the largest integrated health care system in the United States, and is a leader in providing telehealth services; however, less than 1% of all veterans are receiving telemental health services. However, Lindsay points out, "The VHA's telehealth infrastructure is far more developed than the private sector. The overall number of veterans being served through telehealth services grows by huge percentages annually."

Fletcher says, "We expect growth to continue as more providers begin to use telemedicine and more patients begin to request it."

For clinical social workers, providing therapy through virtual care resources such as telehealth services has its benefits. Siffert describes some of the advantages that telemedicine provides to both veterans and social workers. "It increases access to care, reduces burdens for the veteran, and reduces appointment no-shows ... it helps the social worker to 'meet them where they're at.'" Siffert shares that telemedicine also served as a bridge to in-person care for a veteran she worked with: "Behavioral activation over telehealth enabled the veteran to feel well enough to leave their home and come to the VA for appointments."

Telemedicine is valuable not only because it makes mental health treatment more accessible to veterans but also because it provides critical support for clinicians in more remote areas, who may not have access to their peers in the same way a clinician in a major city would. The VA in Houston uses video technology to connect clinicians in rural areas to other VA mental health care providers. The Houston VA offers what they call a virtual community of practice, where clinicians virtually connect for peer consultation and support, and discuss challenges and unexpected situations that they may face. This helps providers obtain access to the professional support they need to serve their patients. Lindsay views this as helping to reduce disparities not only for veterans but also for providers. "You can't do one without the other," she says.

On telehealth resistance, Lindsay says, "I think sometimes people are afraid of technology because they think it's going to take over, and rural providers will be replaced with telehealth. I do not use that approach at all; we know there's a value to sitting in person with someone." Instead, Lindsay sees telehealth technology as a means of augmenting the supports that rural social workers or clinicians have, and further empowering them to provide their services.

VTH telehealth care and virtual peer supports are expanding the capacity of the largest integrated health care system in America to provide crucial care to an extremely vulnerable population. As such, the VA sets a high standard for other providers seeking to reach individuals and clinicians who would not otherwise have access to mental health care or peer support. It is an exciting field and important step to providing services that are at the advancing frontier of 21st-century technology.

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3.3 - KSFY (ABC-13, Video): [Aberdeen VA outpatient clinic in early stages of moving](#) (2 October, Ryan Martin, 157k uvm; Sioux Falls, SD)

Aberdeen Veterans Affairs is one of four outpatient clinics in South Dakota that is moving to new locations. They will break ground on the building in the spring of 2019.

"We wanted to expand a little bit and get more room so we could potentially provide more services, expand our services, and also take care of more Veterans," said Dr. Donna Small, Chief the Sioux Falls VA system in Aberdeen.

The next phase is planning.

"And then we'll break ground and build this new clinic in the spring of 2019," said Small.

Steven Smith has been a patient at the Aberdeen Veterans Affairs for the past 14 years.

"You walk in and it's like you're at home, it really is," said Smith. I'm really excited about a new facility," Smith said.

Smith loves the VA clinic staff and the job they are doing.

"Once you have an appointment, once you arrive on time I can't think of a time I've had delays," Steven Smith, Patient.

He's happy to see their hard work noticed, and looks forward to seeing the completion of the new facility.

"They're growing so rapidly and it's going to be such a big step up from here to the new facility, I suspect anything they put in is just going to be wonderful," Smith said.

"To realize that the VA is serving the community here and doing such a wonderful job, it warms my heart," Smith said.

Small and her team do this for the same reason they always have.

"Our military men and women of America have taken great pride, dedication and passion, we as America also have to take that same pride, dedication and passion and provide superb medical care to them," Small said.

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3.4 - FedScoop: [USDS' Marcy Jacobs on building a more customer-focused VA](#) (2 October, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The work of the U.S. Digital Service team at the Department of Veterans Affairs is all about improving the experience of interacting with the agency for the end customer: the veteran.

This ethos can be seen across the work the team has done — the Appeals Status tool that went live in March, for example, aims to give veterans insight into and peace of mind about the very lengthy appeals process. And the vets.gov site, which houses this tool and others, is designed as a unified front door for veterans seeking benefits, housing assistance, burial information and much more. Veterans have noticed — vets.gov gets visited by 1.8 million users per month.

The ethos can also be seen in the team's workspace, where posters bearing excerpts from user interviews with veterans line one whole wall.

To Marcy Jacobs, recent winner of a Service to America Medal who's been leading the DSVA team since May 2017, this isn't just about a better website, though that's important too. It's about working to transform the whole agency into a customer-facing entity.

Because customer experience, Jacobs said in a recent conversation with FedScoop, isn't only the purview of the DSVA team or the Veterans Experience Office. It should be front of mind for everyone from the frontline doctor to the back office IT specialist, she argued. "It has to be that everyone here has that customer experience mindset," she said. At the end of the day, "we're a customer experience organization."

Jacobs has empathy for the challenges to adopting this mindset. As the largest federal civilian agency, VA has many employees who may rarely come into contact with veterans. The further one gets from the end user, the more difficult it is to "connect the dots," Jacobs acknowledged. An IT worker who repairs the computer of an appeals judge so that the judge in question can continue her work reviewing claims might not view himself as particularly integral to a veteran's experience, but Jacobs would argue he's critical.

Recent developments have Jacobs hopeful that the VA is beginning to internalize this value of customer service. Secretary Robert Wilkie, for example, recently called customer experience improvements a "prime directive" for his agency. And "improving customer experience with federal service" is one of the central cross-agency priority goals associated with the President's Management Agenda — the VA is among the agencies leading this initiative. Having these high-level directives is meaningful, Jacobs said.

Meanwhile, Jacobs and team will continue to identify "friction points" in the interaction between vets and the VA, and, when possible, design experiences that smooth these over. "A public sector experience should not be subpar to a private sector experience just because it's a government site," Jacobs said.

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3.5 - KGET (NBC-17, Video): [New state-of-the-art clinic coming to Bakersfield](#) (2 October, Amber Frias, 55k uvm; Bakersfield, CA)

Congressman Kevin McCarthy unveiled plans for a new state-of-the-art clinic for veterans in Kern County on Tuesday.

The future home of the \$39 million facility is located at Olive Drive and Knudsen. The current clinic on Westwind Drive is 26 years old and limited to what it offers patients. For many services, veterans have to head south.

"If you really want something more than just primary care, you have to go down to LA and driving over the hill a lot of times can be frustrating," said William Vurdick, veteran.

A drive that can be an emotional trigger for some.

"Driving on the freeway can be part of a combat role all over again, a traumatic experience," said Julio Torres, veteran with the Wounded Heroes Fund.

Keeping health care services local is the primary goal.

"One of the biggest challenges that we have here in Kern County is some of the more serious care you need you have to go down to LA," said McCarthy.

More than 40,000 veterans in Kern County will be able to focus on recovery rather than travel.

"This new state-of-the-art clinic is a blessing for us, for our Kern County veterans and community to bring us home and be closer," said Torres. "We don't have to worry about getting up at 4 a.m.. to make an 8 a.m.. appointment in Sepulveda or West LA."

The facility will be engineered to offer a more advanced regimen of services.

"The facility will be able to care for the modern look of our military," said McCarthy.

A modern look that focuses on women's healthcare and mental health services, along with a focus to help curb homelessness.

"It's going to be excellent for the people here in town," said Vurdick.

In 2010, congress approved the new structure, but wasn't until 2017 that the veterans administration revealed they were soliciting local properties. Today's announcement reassured veterans that the goal is in sight.

"There's no place better for veteran care than Kern County, in a few short months," said McCarthy.

Congressman McCarthy says he expects the groundbreaking to happen in a few months, but the finished facility date has yet to be determined.

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4. Focus Resources More Efficiently

4.1 - Atlanta Journal-Constitution: [Atlanta VA fined \\$13,600 after hazardous waste storage violations](#) (2 October, Willoughby Mariano, 11.8M uvm; Atlanta, GA)

The Atlanta VA Medical Center suffered another setback after inspectors discovered more than one ton of hazardous waste packed floor to ceiling in unsafe conditions, recently-released records show.

A portable building was stuffed so full of the hazardous waste that there was no room for inspectors to enter, much less firefighters or emergency equipment, an inspection report said. Some of it was later classified it as "ignitable waste" a state Environmental Protection Division spokesman said — a designation that includes liquids that can catch fire at 140 degrees.

The violations are the latest in a series of troubles at the hospital, which serves 145,000 of the region's veterans annually and is one of the fastest-growing in the country. Through a spokesman, Atlanta VA director Annette P. Walker said the hospital has proper procedures in

place and is hiring a long-term contractor “to assure environmental wastes are properly disposed of timely.”

To experts, it’s troubling that hazardous waste disposal, a basic hospital function, has gone awry. The culture of the entire hospital may need to be reset, said William Custer, director for Georgia State University’s Center for Health Services Research.

“If you don’t have a good system for that, you’re probably not providing good quality care,” said Custer.

Veteran advocates said they’ve seen improvements in certain areas, but this and other recent problems show that the hospital has a long way to go.

“This is the kind of attention to detail and safety issue we’re always concerned about,” Amy Stevens, a former U.S. Navy officer and founder of veterans advocacy group Georgia Military Women, said of the waste violations. “They’ve got plenty of staff, they should be on top of it,” Stevens said.

The Atlanta VA dropped in a Veterans Affairs quality rating from three stars to one, the lowest out of five stars, The Atlanta Journal-Constitution reported last week. This means it ranks among the worst 10 percent VA hospital in the nation.

A Sept. 13 report by the VA’s Office of Inspector General found that the Women Veterans Health Program failed to complete mammograms for 42 patients over nearly three years. Another found it had the worst staffing shortages in the country.

A 2017 report found basic cleanliness and safety issues, including damaged furniture and dirty floors, ventilation grills, and kitchen ice machines.

“A given patient, no matter how simple their care, is touched by many parts of any health care organization,” Custer warned. “And if those parts aren’t working smoothly and together, you’re going to have errors and reduced quality of care.”

In the latest case, inspectors found a half-dozen violations during its unannounced inspection on May 30 and 31, which was prompted by a complaint. The VA stored the hazardous waste inside of a 1,050-cubic foot storage building installed on the ground floor of a parking deck. It had been moved from its former site to make room for construction of a new gas turbine power plant.

When inspectors peered inside, they could see no required labels on the containers warning that they held hazardous waste or describing the materials.

Only one of an estimated 600 containers had a label showing the date it entered storage, as required. The box, labeled “investigational chemo waste,” had been there since August 2016.

Other containers held lead, solvents and other hazardous materials. The waste was shipped off site in June, according to the settlement agreement.

The six environmental violations over more than a year cost the VA \$13,600 in fines. They could have been punishable by up to \$25,000 in fines per day.

Investigators found no other violations at the hospital.

In addition to the fine, the Atlanta VA must submit a written plan for managing it and document proper disposal in 90 days.

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4.2 - WFED (AM-1500, Audio): [GAO: USPS' retiree health benefits fund could be depleted by 2030](#) (2 October, Eric White, 854k uvm; Washington, DC)

[...]

Veterans Affairs is appealing an independent arbitrator's decision that ruled in the American Federation of Government Employee's favor. The arbitrator said VA violated the terms of its contract with AFGE while implementing certain provisions of the VA Accountability and Whistleblower Protection Act. It instructed VA to start re-hiring employees it had fired without a performance improvement plan. AFGE said it has until October 24 to submit its own arguments. The timeline on a decision from FLRA is less clear. AFGE said the decision could come within a year or so. (Federal News Radio)

Senate Veterans Affairs Ranking Member Jon Tester (D-Mont.) wants to know whether VA is actually using the hiring authorities Congress has given it in recent years to help fill some 45,000 vacancies. Tester said Congress has given VA 15 new hiring authorities since 2014, and VA's vacancy data shows the agency either isn't using the authorities, or the authorities themselves aren't having the intended impact. He asked VA for more detail about the kinds of positions that have mission-critical vacancies. (Senate Veterans Affairs Committee)

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4.3 - The Daily News: [Volunteer drivers needed to help veterans get to VA appointments](#) (2 October, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center is seeking volunteer drivers to transport veterans who live in Dickinson and surrounding counties to and from their appointments at the Iron Mountain facility.

Currently, there is a critical shortage of volunteer drivers.

"We are seeking people who would like to give back to those who served our country and are unable to drive themselves to their appointments," said Katie Maxon, the medical center's chief of voluntary services.

"Volunteers do not need to be veterans and can choose how often they would like to drive," she added.

Anyone desiring to volunteer as a driver may call 906-774-3300, ext. 32780 for more information.

The Veterans Transportation Network is comprised of volunteer drivers and vehicles purchased through Disabled American Veteran's transportation program and donated to the VA. In 2017, 93 volunteer drivers transported over 2,000 veterans from throughout the Upper Peninsula and northeast Wisconsin to their VA appointments in Iron Mountain at no charge to the veterans.

"The motivation for our volunteers is simply helping veterans in need," said Maxon.

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4.4 - MeriTalk: [VA Digital Service Team Wins Sammie Award](#) (2 October, 35k uvm; Alexandria, VA)

The Partnership for Public Service announced nine award winners of The Samuel J. Heyman Award, known as the Sammies. The winners will be celebrated at a gala on Tuesday evening, including the digital service team at the Department of Veterans Affairs (VA). The Partnership for Public Service highlighted the work of the team and Executive Director Marcella Jacobs in creating the Vets.gov portal to help veterans access the resources they need. "Marcy Jacobs became the leader of the VA Digital Service team in early 2017, and has added numerous features to the Vets.gov website that enable veterans to more easily discover, apply for, track and manage many of the benefits and services they have earned," the organization notes in its award description.

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5. [Improve Timeliness of Service](#)

5.1 - CNN: [Jason Kander withdraws from Kansas City mayoral race for PTSD treatment](#) (2 October, Sophie Tatum and Eric Bradner, 29.8M uvm; Atlanta, GA)

Washington - Jason Kander, a rising star within the Democratic Party, has announced he is ending his campaign for Kansas City mayor to seek treatment for post-traumatic stress disorder.

"To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City," Kander wrote in a post on Medium.

"I truly appreciate all the support so many people in Kansas City and across the country have shown me since I started this campaign. But I can't work on myself and run a campaign the way I want to at the same time, so I'm choosing to work on my depression," he continued.

Kander served as an Army Intelligence Officer in Afghanistan and returned from his tour about 11 years ago. He said that his "tour over there still impacted me every day."

He said he went to the VA in Kansas City Monday and has decided to start getting help there regularly after initially reaching out to the VA about four months ago.

"I'm done hiding this from myself and from the world. When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn't sharing the full picture. I still have nightmares. I am depressed," Kander said.

Kander's decision is a stunning retreat from the political arena for a Democrat many party operatives see as among its rising stars.

In 2016, Kander lost a Senate race to incumbent Republican Roy Blunt. But the margin in the race was just 3 percentage points -- much closer than expected in a state Hillary Clinton lost by 19 points. He also won plaudits in the race for a television ad that went viral featuring Kander, rebutting attacks over his calls for gun control, assembling an assault rifle while blindfolded.

He then became one of the earliest and most frequent major Democrats to visit early primary states like New Hampshire and Iowa. He impressed Democrats there who saw him representing a generational shift and bringing a Midwestern appeal that Democrats lacked in 2016.

Kander, the former Missouri secretary of state, launched a political action committee called Let America Vote, which put him at the forefront of Democratic efforts to oppose President Donald Trump's commission to study voter fraud.

He then launched a campaign for Kansas City mayor at a time when several Democratic mayors -- Eric Garcetti of Los Angeles, Mitch Landrieu of New Orleans and Pete Buttigieg of South Bend, Indiana -- have been the subject of 2020 presidential buzz.

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5.2 - Politico: [Kander drops out of Kansas City mayoral race to seek treatment for PTSD](#) (2 October, Matthew Choi, 23.9M uvm; Arlington, VA)

Democratic Kansas City mayoral candidate Jason Kander announced in a Medium post on Tuesday that he will end his campaign to deal with his mental health.

Kander, a former Missouri secretary of state and unsuccessful 2016 Senate candidate, will also back away from his role leading his political engagement group Let America Vote. Kander said his decision came after consulting with mental health resources at the VA — he served as an army intelligence officer in Afghanistan more than 10 years ago and said he continues to deal with PTSD.

In his post, Kander said he ran for mayor as he constantly searched for ways around and denied his PTSD. He went to the Kansas City VA on Monday and has begun getting regular help for his mental health.

"I'm done hiding this from myself and from the world. When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself," Kander wrote, referring to his best-selling memoir "Outside the Wire: Ten Lessons I've Learned in Everyday Courage."

"And I wasn't sharing the full picture," he continued. "I still have nightmares. I am depressed."

"Once I work through my mental health challenges, I fully intend to be working shoulder to shoulder with all of you again," Kander wrote.

Before announcing his candidacy for mayor, Kander had traveled to several early primary states and met with national Democratic leaders, fueling suspicions of a 2020 presidential run. So his decision earlier this summer to run for mayor caught many by surprise.

Kander was a favorite for the Kansas City mayoral race and was slated to raise more money than any other Kansas City mayoral candidate in a single quarter. Kansas City Councilwoman Jolie Justus dropped out of the race to support Kander's bid.

Quinton Lucas, another mayoral candidate, tweeted his appreciation for Kander's public discussion of mental health.

"Jason and I have been friends for years. He's always been a leader and he's shown that even more clearly now. Thank you for telling other veterans, and all of us really, that we don't need to suffer in silence. The impact he made today on so many is profound and I'm proud of him," Lucas wrote.

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5.3 - NBC News: [Kander, rising Democratic star, quits Kansas City mayor race citing PTSD/depression](#) (2 October, Mike Memoli, 9.6M uvm; New York, NY)

Jason Kander, whose future seemed boundless after he nearly upset a longtime Republican incumbent in the 2016 Missouri Senate race, abruptly put his political career on hold Tuesday as he made public his private battles with mental health.

In a searingly honest first-person account, the former Missouri secretary of state and veteran of the war in Afghanistan said he was ending his bid for mayor of Kansas City to seek treatment for depression and post-traumatic stress disorder.

"I'm done hiding this from myself and from the world," Kander writes. "After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it."

At the start of the summer, the 37-year-old was talked about as a credible presidential candidate and had visited Iowa in New Hampshire under the auspices of a new organization, Let America Vote, that fought voter suppression efforts across the country.

Though he lost to Missouri Sen. Roy Blunt in 2016, the narrow margin in his race came despite President Trump beating Hillary Clinton there by double digits. His television ad, in which he assembled an assault weapon while blindfolded, went viral and put him on the radar with top Democrats including President Obama, who talked about him as one of a small group with the talent and ability to lead the party in the future.

But in June, he surprised many by announcing he would instead run for mayor of his home town. Kander now writes that his political efforts were in part a way for him to ignore his personal battles. Four months ago when he first considered seeking treatment through the Veterans Administration, he said he still found himself not being fully honest about his symptoms for fear that it could be used against him in the political arena.

"Instead of dealing with these issues, I've always tried to find a way around them," he said. "I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse."

Kander said he decided to share his full story now in part to help other veterans dealing with mental health issues realize they can and should seek treatment.

"Most people probably didn't see me as someone that could be depressed and have had PTSD symptoms for over decade, but I am and I have. If you're struggling with something similar, it's OK. That doesn't make you less of a person," he said.

In addition to leaving the mayoral race Kander said he would step back from day-to-day responsibilities at Let America Vote. But he said he fully intends to reengage in politics when he works through his mental health challenges.

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5.4 - Becker's Hospital Review: [250K canceled diagnostic tests spark audit at 9 VA hospitals](#) (2 October, Harrison Cook, 441k uvm; Chicago, IL)

Since 2016, more than 250,000 radiology orders have been canceled at Veteran Affairs hospitals nationwide, raising questions whether VA facilities are following proper procedures for cancelling duplicate or outdated diagnostic orders, according to USA Today.

Here are six things to know:

1. VA Inspector General Michael Missal is currently auditing mass radiology cancellations at nine VA hospitals in Tampa and Bay Pines, Fla., Salisbury, N.C., Cleveland, Dallas, Denver, Las Vegas, Los Angeles and Iowa City, Iowa.
2. The goal of the audit is "to determine whether VA processed radiology requests in a timely manner and appropriately managed canceled requests," Mr. Missal told USA Today.
3. Ultrasound technicians at the VA hospital in Tampa told USA Today that some veterans may have gone months, if not years, before they or their physicians realized the tests were not completed.
4. Lisa Bickford, an administrative staffer at the Iowa City VA hospital testified that the hospital's chief radiologist told her and other employees to "clean" up a backlog of incomplete diagnostic orders, with some orders dating back years.. The staff responded by "annihilating" thousands of orders in a matter of weeks, Ms. Bickford said, according to legal records cited by USA Today.
5. Bryan Clark, a spokesperson for the Iowa City hospital, acknowledged the facility failed to follow national VA guidelines for a small number of diagnostic order cancellations. Most cancellations were for orders from 2015, he said. For instances of improperly deleted orders, "appropriate personnel actions were taken to correct the behavior, and staff reviewed the cancellations to ensure every order that required action was appropriately reviewed by a radiology provider," Mr. Clark told USA Today.

6. The VA said it welcomes the Inspector General's oversight and is working to improve cancellation guidelines.

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5.5 - The Gazette: [Iowa City VA part of national audit of canceled diagnostic tests](#) (2 October, Erin Jordan, 433k uvm; Cedar Rapids, IA)

IOWA CITY — The Iowa City Veterans Affairs Medical Center is among nine VA hospitals nationally being audited after allegations staff canceled diagnostic tests without doctors' orders, which a whistleblower said could cause a veteran to miss a tumor or other ailment.

"This has become an extremely dangerous situation as veterans are not receiving the diagnostic exams for treatment or follow up to prior illnesses," said Jeff Dettbarn, a former radiology technician at the Iowa City VA.

The Iowa City allegations are part of a nationwide audit to "determine whether VHA processes radiology requests in a timely manner and appropriately managed canceled requests," said Mike Nacincik, public affairs officer for the VA Office of Inspector General, which is conducting the review.

The audit also includes VA facilities in Cleveland, Dallas, Denver, Las Vegas, Los Angeles, Tampa and near St. Petersburg, Fla., and Salisbury, N.C., Nacincik said. The story was first reported by USA Today.

Questions Raised

Dettbarn, 50, of North Liberty, had been an X-ray technician at the Iowa City VA for more than a decade in February 2017 when he started noticing a large number of canceled orders coming across the office printer in the radiology department. Physicians are the only ones allowed to issue or cancel orders for diagnostic tests, Dettbarn said.

He asked the patient safety department about the canceled orders and filed an electronic report.

But when the orders kept coming, Dettbarn raised the issue with the VA's compliance officer, who "gave me a song and dance," he said. "Once again, it kept going."

But on June 22, 2017, a patient came to the radiology department for a scan of a mass on his kidney, Dettbarn said. While the veteran had an appointment, there was no order so the patient had to wait nearly three hours for another order to be issued. Dettbarn pushed the issue with his supervisor, who eventually confirmed she'd canceled two orders for the patient, thinking they were duplicates, Dettbarn said.

He filed another electronic report on the issue. "The following Monday, they accused me of undermining authority," he said. "They sent me to a different job."

National Concern

The Tampa Bay Times reported in July the VA had directed hospitals in January 2017 to reduce a backlog of more than 300,000 radiology exams ordered, but not performed within two months. VA officials said many of the overdue tests weren't necessary any longer.

But doctors were supposed to sign off on the cancellations to make sure the exams, including CT scans, MRIs, ultrasounds and mammographies, weren't needed, the Times reported.

Four radiology techs at the James A. Haley VA Hospital in Tampa alleged officials canceled orders without a doctor's permission and then tried to cover it up. The technicians also are involved in a sexual harassment and intimidation lawsuit against the hospital, the Times reported.

When Dettbarn read that story, he was relieved to know other people at VA facilities knew about this problem.

"I didn't know it was systemwide until that article in Tampa came out," he said. "I had no idea when I started it would turn into a nationwide issue."

Hospital Response

Iowa City VA spokesman Bryan Clark said the hospital recently had a visit from the Office of the Inspector General.

"While the OIG noted an increase in cancellations, it concurred that the Iowa City (VA Health Care System) is following national guidance in scheduling practices for radiology," Clark said.

Clark said orders were canceled because they were "obsolete, outdated, and/or duplicates, and the team did work diligently to remove these orders to improve quality and access to care in radiology."

However, he acknowledged some exams were canceled without following policies or procedure.

"In those instances, appropriate personnel actions were taken to correct the behavior and staff reviewed the cancellations to ensure every order that required action was reviewed appropriately by a radiology provider," he said.

He also said there was one incident in which a patient showed up for an appointment that had been canceled, but said the "staff reacted quickly to ensure the patient got the care they needed immediately."

U.S. Senators Contacted

Dettbarn, who still works for the VA but in a different position with lower pay, said he sought help from U.S. Sens. Chuck Grassley and Joni Ernst. Grassley's staff never responded to him, but it's Dettbarn's understanding they did inquire at the hospital. Ernst's staff got him in touch with the Office of the Inspector General, he said.

When asked about the allegations this week, Ernst, herself a veteran, told a reporter that based on what she was aware of, it wasn't clear to her whether it was case of VA staff just not following procedure.

Grassley's staff did not respond to The Gazette's requests for comment Monday or Tuesday.

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5.6 - KDLT (NBC-46): [Veterans Are Holding Down The Fort By Protecting Themselves This Flu Season](#) (2 October, Christine Manika, 64k uvd; Sioux Falls, SD)

It's that time of year people always fear: Flu Season. But leave it to the veterans to set an example.

"Do you think it's important that people get their flu shots?"

Korean War Veteran Eldon Snessby answers, "Oh definitely. Who likes to be sick?"

On Tuesday, over 200 veterans received their flu shots at the V.A Medical Center. Every flu season, the center offers free flu shots to veterans. Nurses at the center say they hold these clinics because it's convenient for their patients.

"It's nice to have them be able to be here and get their flu shots while they're here for other appointments. It's kind of a 'one stop shop.' If they're in for their eye glasses, they can get a flu shot. If they came in for hearing aid stuff, they can get a flu shot," says Registered Nurse Diana Albers.

Before you head over to the clinic, not everyone can receive a shot.

Albers explains, "Pretty much if you're a veteran and you seek care here, you're eligible to come on in and get a flu shot."

It's easy to get a flu shot from Walgreens or from CVS. However veterans say they wouldn't trust anyone else to take care of them like the V.A Medical Center.

"I don't use anybody else. I think they understand veterans better than anybody and it's the place to go," says Vietnam Veteran Larry Stanmmer.

Now these veterans have a new weapon to protect them until next flu season.

The V.A Medical Center's flu shot clinics will be happening until December 13th.

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5.7 - KXLH (CBS-25, Video): [Veterans receive flu shots at VA drive thru clinic](#) (2 October, John Riley, 57k uvm; Helena, MT)

Hundreds of veterans and their family members participated in the VA Medical Center-Fort Harrison's annual Drive Thru Flu Clinic and Health Fair on Tuesday, October 2.

Now in its eighth year, the clinic is put on by the VA and allows people to get their annual flu shot from the convenience of their own vehicle.

Veterans who spoke with MTN said they look forward to the event each year and greatly appreciate how quickly they receive their flu shot.

The flu shots were free to veterans and VA staff while Lewis and Clark County Public Health provided shots to the general public with assistance from Carroll College and Helena College students.

Organizer and VA nurse Katie Temple stressed the importance of getting vaccinated for influenza.

"It is very important for the young and the old, but also you know that middle-aged group because you can be a carrier of the virus," said Temple. "You might not get sick, but those elderly and young will get sick from you."

Temple added anyone who missed the clinic can get their flu shot at the VA or at Lewis and Clark Public Health.

Since the beginning of September, there have been four confirmed cases of influenza in Lewis and Clark County with one individual requiring hospitalization.

The Department of Public Health and Human Services (DPHHS) and local public health officials encourage all Montanans six months of age and older to get vaccinated now against influenza (flu) in order to decrease their risk of becoming ill.

Officials recommend getting vaccinated by the end of October before influenza starts circulating in a population.

Last flu season, DPHHS recorded over 10,000 cases, 979 hospitalizations, and 79 deaths related to influenza.

Of those hospitalized in the state, around half had not received an influenza vaccine.

For more information about the virus and how to protect yourself, visit [here](#).

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6. Suicide Prevention

6.1 - USA Today: [Jason Kander, a star for Democrats, drops out of Kansas City mayoral race to treat PTSD](#) (2 October, Josh Hafner, 36.8M uvm; McLean, VA)

Jason Kander, a rising star of the Democratic party, will end his run for mayor of Kansas City, Missouri, to seek treatment for PTSD, he said Tuesday.

Kander, an Army veteran once expected to run for president in 2020, revealed he's struggled with depression since returning from Afghanistan 11 years ago.

In a note published to Medium, Kander described himself "on the phone with the VA's Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn't the first time."

Kander, a former Missouri secretary of state and 2016 Senate candidate, is also founder of Let America Vote, the political engagement group he will step away from during his treatment process.

"I'm done hiding this from myself and from the world," wrote Kander, whose memoir, "Outside the Wire," released this year.

"When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn't sharing the full picture. I still have nightmares. I am depressed."

In the note, Kander says he first contacted the VA about four months ago, but wasn't honest with himself about his symptoms and what they could mean for his political aspirations.

Instead, he says, he dove into Kansas City's mayoral race, which he called an effort to "fill the hole inside of me" that was "just getting worse."

On Monday, Kander entered the VA in Kansas City to begin a regular treatment process, he says in the note.

"First, I think being honest will help me through this," Kander says in the note.

"And second, I hope it helps veterans and everyone else across the country working through mental health issues realize that you don't have to try to solve it on your own."

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6.2 - FOX News: [Jason Kander withdraws from Kansas City mayoral race to focus on treating depression, PTSD](#) (2 October, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Army veteran and Kansas City, Missouri, mayoral contender Jason Kander announced Tuesday that he is withdrawing his candidacy to focus on his mental health.

Kander, a Democrat largely seen as the frontrunner for the 2019 election, said he's struggled with suicidal thoughts, depression and post-traumatic stress disorder.

"Instead of dealing with these issues, I've always tried to find a way around them. Most recently, I thought that if I could come home and work for the city I love so much as its mayor, I could finally solve my problems," Kander, 37, said in a lengthy Facebook post. "I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse."

Kander will also be taking a step back from his political nonprofit, Let America Vote, as he seeks treatment from the Veterans Affairs facility in Kansas City, he said.

"After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it," Kander said.

Kander deployed to Afghanistan in 2006, where he served as an intelligence officer. He was tasked with investigating those suspected of espionage, drug trafficking and facilitating Al

Qaeda and the Taliban, according to an online biography. He later became a combat leadership instructor for the Missouri Army National Guard's Officer Candidate School.

He has served as Missouri's secretary of state and as a state legislator for a number of years. Kander also challenged GOP Sen. Roy Blunt last year, losing by less than 3 percentage points.

Quinton Lucas, a city councilman who has also launched a mayoral bid, praised Kander on social media following the announcement.

"Jason and I have been friends for years. He's always been a leader and he's shown that even more clearly now," Lucas said. "Thank you for telling other veterans, and all of us really, that we don't need to suffer in silence. The impact he made today on so many is profound and I'm proud of him."

Sen. Claire McCaskill, D-Mo., called Kander's decision to publicly address why he was dropping out of the race "very courageous" and said it could "help a lot of people."

"Obviously we are friends," McCaskill told the St. Louis Post-Dispatch. "He is a tremendous person, and he's got a great family, and I know he will have a great support system. A lot of us out here are rooting for him."

Kander concluded his post by letting his followers know that he "fully intend[s] to be working shoulder to shoulder with all of you again."

"But I'm passing my oar to you for a bit. I hope you'll grab it and fight like hell to make this country the place we know it can be," Kander said.

Potential candidates still have until Jan. 8, 2019 to file to run for mayor, KSHB-TV reported.

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6.3 - NPR: [Kansas City, Mo., Mayoral Hopeful Withdraws From Race Citing PTSD](#) (2 October, Quil Lawrence, 22M uvm; Washington, DC)

Missouri Democrat Jason Kander abruptly withdrew from the race for Kansas City mayor on Tuesday, with a statement that he was suffering from PTSD and depression linked to his time in Afghanistan as an Army intelligence officer in 2006. Kander said he had been in denial about needing help, in part because he only did one tour in a war zone.

"So many men and women who served our country did so much more than me and were in so much more danger than I was on my four-month tour. I can't have PTSD, I told myself, because I didn't earn it," he said in the statement.

Kander served as Missouri secretary of state, but he drew national attention by making a better-than-expected showing in his attempt to unseat Republican Sen. Roy Blunt in 2016. Kander made an ad that featured him assembling an assault-style rifle while blindfolded as he spoke about his military experience and his position in favor of background checks for gun ownership.

After narrowly losing the election to Blunt, Kander wrote a best-selling book about lessons from war and state politics, and formed a group to combat voter suppression. This year he joined the

race to succeed Kansas City Mayor Sly James, and he quickly became a strong contender in the election set for 2019. Rumors even started about an eventual run for the White House. On Tuesday Kander said all the while he was suffering, but reluctant to get treatment, in part because of the political consequences if it became public. Kander said he was in crisis, despite good news about fundraising for his mayoral bid.

"... I found myself on the phone with the VA's Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn't the first time," he wrote.

Suicide is a growing problem among the youngest generation of veterans, according to data from the Department of Veterans Affairs released last week.

An official with Kander's organization said he was giving no interviews at this time. Kander said he plans to focus on treatment but hinted at a return to politics.

"I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me," Kander said in the statement.

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6.4 - St. Louis Post-Dispatch: [Messenger: Veteran who helps others with PTSD says Kander's note will save lives](#) (2 October, Tony Messenger, 8.9M uvm; Saint Louis, MO)

Peterson was in Iraq in 2004, at Abu Ghraib, the infamous prisoner-of-war site. On his first day on the ground, his unit was under attack.

"Body parts were everywhere," he told me two years ago when we met and I first wrote about him. Petersen was working toward a master's degree in social work at Washington University. Now he works for the Veterans Administration health care system in St. Louis, helping veterans overcome barriers to employment. Most of the veterans he helps have Post Traumatic Stress Syndrome, or PTSD, as Petersen did after he returned from his Marine deployment and later work as a civilian security contractor in Iraq from 2008 to 2013.

A rising star in American politics, Kander, a Democrat, pulled out of the Kansas City mayor's race on Tuesday with a dramatic personal statement.

"I'm done hiding this from myself and from the world. When I wrote in my book that I was lucky to not have PTSD, I was just trying to convince myself. And I wasn't sharing the full picture. I still have nightmares. I am depressed," Kander wrote on his campaign website in a letter that went viral nearly immediately. "I thought if I focused exclusively on service to my neighbors in my hometown, that I could fill the hole inside of me. But it's just getting worse. So after 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me. That I have to stop running, turn around, and confront it."

Kander says he denied having PTSD in part because he said he hadn't done enough to "earn" it. That's a common soldier mentality, Petersen said. Soldiers think about their colleagues — like his friend who called this week talking about suicide — and they don't want to compare themselves to somebody who, perhaps, experienced more violence and mayhem during deployment than they did.

On Tuesday, the same day Kander, founder of the voting-rights nonprofit “Let America Vote,” told the world about his depression, about his suicidal thoughts, Petersen checked in with his friend in Salt Lake City. He followed Petersen's advice. He checked in with the VA. He is seeking treatment.

Petersen hopes treatment will prevent his friend, and Kander, from joining the 22 veterans a day in this country who kill themselves, often after failing to ask for help.

For Petersen, his PTSD manifested itself in little ways: the sound of a garbage truck banging around in the morning, the boom of fireworks. Fits of anger came and went. The treatment doesn't make the problems go away. There is no cure for PTSD. But talking about it, facing it, and learning to cope allowed Petersen to transition from the battlefield to the classroom. Now he's trying to help others do the same.

Kander's note, already shared thousands of times on social media sites as of Tuesday afternoon, will put his political life on hold. It might even limit his national ambitions. That's what happened to a similar up-and-comer from Missouri, Democratic Sen. Tom Eagleton, after revelation of his own battles with depression knocked him off the Democratic presidential ticket in 1972.

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6.5 - Stars and Stripes: [Afghan War vet ends bid for Kansas City mayor, citing PTSD and depression](#) (2 October, Nikki Wentling, 1.5M uvm; Washington, DC)

Jason Kander, an Afghanistan War veteran widely praised as a rising star in the Democratic party, withdrew Tuesday from the Kansas City, Mo., mayoral race to seek help for depression and symptoms of post-traumatic stress disorder.

Last week, Kander called the Veterans Crisis Line and told a crisis responder that he had suicidal thoughts. On Monday, he went to the Kansas City VA Medical Center, where he's planning to receive regular treatment.

“To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City,” Kander wrote Tuesday.

Kander posted a letter on his campaign website and Facebook page explaining his mental health struggles. He hopes that being forthcoming will help veterans and others who are working through mental health issues, he said.

“I wish I would have sought help sooner, so if me going public with my struggle makes just one person seek assistance, doing this publicly is worth it to me,” he wrote.

Kander, 37, was an Army intelligence officer in Afghanistan in 2005. When he returned home, he became involved in politics and won a seat in the Missouri House of Representatives in 2008. In 2012, he was elected to be Missouri Secretary of State, becoming the first millennial in the country elected to a statewide office. He was 32 at the time.

Kander entered the 2016 U.S. Senate election and won the Democratic primary, but he was defeated in the general election by Sen. Roy Blunt, the Republican incumbent. He entered the Kansas City mayoral race in June.

He detailed his wartime and political experience in a memoir, "Outside the Wire," which was published in August and is now a New York Times Bestseller.

Since 2005, his deployment in Afghanistan has affected him every day, he wrote Tuesday. For years, he rejected the notion of having PTSD because he felt he "didn't earn it."

"But on some level, I knew something was deeply wrong, and that it hadn't felt that way before my deployment," he wrote. "After 11 years of this, I finally took a step toward dealing with it, but I didn't step far enough."

Kander went to the Department of Veterans Affairs four months ago, but at the time was "too scared to acknowledge my true symptoms." He was afraid of the stigma and potential political fallout, he said.

His symptoms recently worsened.

"Last Tuesday, I found out that we were going to raise more money than any Kansas City mayoral campaign ever has in a single quarter," he wrote. "But instead of celebrating that accomplishment, I found myself on the phone with the VA's Veterans Crisis Line, tearfully conceding that, yes, I have had suicidal thoughts. And it wasn't the first time."

In "Outside the Wire," Kander wrote he was lucky to not experience PTSD. On Tuesday, he said when he wrote that he was "just trying to convince myself."

According to the VA, 11 to 18 percent of veterans from the Afghanistan and Iraq wars will struggle with PTSD when they return. That's higher than the rest of the population, among which 7 to 8 percent experience PTSD.

Kander thought running to be mayor of Kansas City, his hometown, would "fill the hole inside of me."

"After 11 years of trying to outrun depression and PTSD symptoms, I have finally concluded that it's faster than me," he said. "That I have to stop running, turn around and confront it."

In addition to dropping from the mayoral race, Kander said he'll step back from his work at Let America Vote, a voting rights advocacy organization that he founded.

In a statement posted on Twitter, Roy Blunt, Kander's former political opponent, praised Kander for speaking openly about his mental health issues.

"It's important to talk about mental health like all other health," Blunt said. "When people like former Secretary of State Kander are willing to do so, it moves the entire discussion in the right direction."

Kander ended his letter Tuesday by encouraging others to seek help.

"If you're struggling with something similar, it's OK," he wrote. "That doesn't make you less of a person."

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6.6 - WDAF (FOX-4, Video): [Kander's exit from KC mayor race shines light on veterans' mental health challenges](#) (2 October, Alana Lafore, 441k uvm; Kansas City, MO)

The man thought to be the front-runner in the Kansas City mayor race has suddenly dropped out.

Jason Kander said he needs to help himself first and get treatment for post-traumatic stress disorder, so he won't be running for mayor in 2019.

In a statement, he said in part he knew something was deeply wrong and was scared to acknowledge his true symptoms of PTSD.

"To allow me to concentrate on my mental health, I've decided that I will not be running for mayor of Kansas City," Kander wrote.

Kander said he struggled with the idea of going public with his mental health battle. He decided to go forward in part because he wants to help other veterans know they're not alone in solving their problems.

For years, Kander said he tried to convince himself he didn't have PTSD, depression or suicidal thoughts.

According to a study by the Department of Veterans Affairs, 20 veterans take their own lives every day.

In his letter withdrawing from the Kansas City mayoral race, he wrote, "So many men and women who served our country did so much more than me. I can't have PTSD, I told myself, because I didn't earn it."

VFW Program Manager Lynn Rolf got help for his PTSD after 14 years and said Kander's thought is common among veterans.

"A lot of veterans do marginalize their experience," Rolf said.

Kander wrote Tuesday that he was scared of the stigma around getting help.

His letter said in part, "After 11 years of trying to outrun PTSD, I have finally concluded that it's faster than me. I have to stop running."

"We try to deny it," Rolf said. "Or we try to act tougher than we really are. It usually takes a wake up call for us to reach out and ask for help."

Kander went to the VA on Monday and wrote that he's in the process of setting up regular treatment there.

Thomas Demark, a staff psychiatrist at the VA's PTSD Clinic, said practitioners use about five types of therapy to help veterans with PTSD like Kander.

"We have psychologists that can do different forms of talk therapy to help the veterans process their traumatic events and manage symptoms," he said.

Demark wants veterans to know there are several ways to get help. You can start by getting a referral from your primary care doctor. You can walk in at the main VA campus on Linwood Boulevard, and you can always call the VA Veterans Crisis Line at 1-800-273-8255.

Kander wrote that he tried to find his way around his issues without that kind of help and support. He thought a mayoral run and possible victory would fix everything -- but he said things only got worse.

Rolf said every veteran has different stressors and triggers.

"It could be just the sheer stress that's involved in the campaign," she said.

Rolf said he wishes Kander well in his treatment and also hopes others will be encouraged to seek help.

"I think it's very positive for someone as influential as him who had the spotlight, I think it's a great opportunity to keep the conversation out there," Rolf said. "Let veterans know they aren't the only one."

Read Kander's full statement [here](#).

If you are having suicidal thoughts, we urge you to get help immediately.

Go to a hospital, call 911 or call the National Suicide Hotline at 1-800-SUICIDE (1-800-784-2433).

Click on the boxes below for our FOX 4 You Matter reports and other helpful phone numbers and resources.

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6.7 - MPR News (Audio): [Marine Corps veteran's family wants VA to learn from his suicide](#)
[Health](#) (2 October, John Enger, 26k uvd; Saint Paul, MN)

The suicide of Marine Corps veteran Justin Miller earlier this year prompted a federal review of the Minneapolis VA system. The final report released last week criticizes a communications breakdown at the VA. Meanwhile, Miller's family is still wondering what happened to him, and why he didn't get the help he needed.

Miller had his first piano lesson at 3 years old. He took to it so fast, pretty soon he outpaced his big sister, Alissa Harrington.

"The joke is that I'm the musical slouch of the family because I only play four instruments," she said.

By high school, Harrington said, her brother was leading the school marching band with his trumpet. At 17, the Marines recruited him to play in the military band.

He was proud when he knew that he was going to be a Marine, and was going to play music.

Harrington said the family wasn't all that nervous about Miller becoming a Marine. He was in the band. It was a guaranteed assignment.

They wanted to believe all he had to do was look sharp and blow those pretty high notes.

But the U.S. government doesn't train Marines just to play music. And in summer 2005, the Marines sent him to the Middle East.

"He was deployed to Iraq," said Harrington. "So he was in Iraq with his trumpet and a gun."

Miller was assigned guard duty, standing watch over the gates of an air base.

Something happened there that changed her brother, Harrington said. She's still piecing together the details.

"He would tell one of us that he had to shoot camels," she said. "He'd tell another one of us that sometimes those camels had riders."

And to the people he knew really well, he said sometimes the camels were wired with explosives. They blew up when he shot them.

"He was a soldier, but he was a musician. That type of trauma was not something he was expecting to have to process," Harrington said.

Miller finished his deployment and came home. He trained to become an electrician, like his dad. He played his trumpet for the Coon Rapids American Legion. He started playing piano again, as he'd done as a kid.

Then, in February of this year, he called a veterans crisis hotline, and checked himself into the mental health unit of the Minneapolis VA. He was having suicidal thoughts and needed help.

After four days of treatment, Miller was released. He walked to his car, climbed in and took his own life with a gun. He was 33.

Those last four days of Miller's life have become the subject of a federal review.

An exhaustive report released last week by the Office of the VA Inspector General shows a breakdown of communication across the Minneapolis VA system.

The facility employs suicide prevention coordinators who work with high-risk patients.

But Miller was never flagged as a high-level suicide risk, so he never got that help.

Miller told several nurses that he had easy access to guns, but denied that fact to others. No one noticed the inconsistency.

When his parents called the VA, looking for updates, some departments didn't even know Miller had been discharged.

It was only after that phone call when VA staff searched their parking lot and found Miller's body.

Harrington had none of this information until the Inspector General's report was released.

"And it was a lot of the same raw guttural emotions all over again. The same way when we found out that he had died in the first place," she said.

She doesn't blame the doctors or nurses for what happened. She says a lack resources and funding stopped them from helping her brother.

She hopes that telling his story will change things at the VA.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): 1st North Dakota Veterans Cemetery on Pace to Open Next Year (2 October, 23.9M uvm; Washington, DC)

FARGO, N.D. — Officials with the first Veterans National Cemetery in North Dakota say they should begin accepting burials by late spring or early summer of 2019.

KFGO radio reports that construction on the cemetery started earlier this year on the 5-acre site near Harwood, north of Fargo. The VA purchased the property two years ago.

The Fort Snelling National Cemetery in Minneapolis is overseeing the project. It will have more than 3,000 gravesites for eligible veterans and family members, as well as a memorial wall.

The VA is setting aside another 5 acres for expansion, which officials say is likely in about 10 years.

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7.2 - Argus Leader: State-run vets cemetery gets early nod from federal government, city readying for land donation (2 October, Joe Sneve, 439k uvm; Sioux Falls, SD)

South Dakota's first ever state-run veterans cemetery inched forward this week with organizers marking a pair of paramount milestones in getting a facility built near Sioux Falls.

According to South Dakota's Congressional delegation in Washington, D.C. the U.S. Department of Veterans Affairs (VA) has given a nod to South Dakota's efforts for a veterans

cemetery east of the Missouri River and accepted an application from the state seeking the necessary funding to facilitate construction.

The project is a multi-million dollar endeavor that's been years in the making and relies on a one-time contribution of \$600,000 from the state Legislature and a land donation from the city of Sioux Falls.

The 60-acre land grant from the city to the state will be formalized in ordinance, which is slated for the first of two hearings Tuesday night.

But the veterans cemetery, which would be built along Slip Up Creek northeast of Sioux Falls, hinges also on a \$6 million grant from the federal government that would cover construction costs.

U.S. Senator Mike Rounds in a statement Monday said he was personally told by VA Undersecretary Randy Reeves that the acceptance of the state's grant application puts the South Dakota on the priority list for grant funding, and a grant could be awarded as early as next year.

For Councilor Rick Kiley, who's been the council's liaison to the state's veterans counsel overseeing the project, news of South Dakota's grant application being accepted and moved to the front of the line for public entities seeking federal help for new military cemeteries is a major win for both Sioux Falls and the project.

"It's very conceivable that if that funding is formalized on the federal side, it's possible that construction could begin as early as next summer," Kiley said.

Rounds, as well as Sen. John Thune and Congresswoman Krist Noem, aided in garnering federal support for the South Dakota Veterans Cemetery.

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7.3 - WAAY-TV (ABC-31, Video): [WAAY 31 I-Team Investigation: VA Disability Claim Appeal Delays](#) (2 October, Greg Privett, 296k uvm; Huntsville, AL)

WAAY 31's I-Team investigated frustrations facing veterans here in the Tennessee Valley and across the country. Right now, nearly half-a-million of our military veterans have been waiting for years to have their disability claim appeals heard.

We looked into the VA appeal delays for a Lawrence County man and what the Veterans Administration is doing to correct the problem for all vets.

"All this is a lot of noise," Mike Love told WAAY 31. Love was talking about his Army training. "And of course we trained with grenades." It was high decibel training for a potential high risk deployment to Vietnam.

"The whole time when we went through Airborne school, we jumped out of a C-141 jet that has jet engines." Love trained with the Army 101st Airborne in Kentucky. With the war ending, he missed out on going to Vietnam. Instead, he served at Fort Richardson in Anchorage, Alaska.

Love believes his Army training hurt his hearing.

"The older I got, the worse it got," he told us. "And still right now, sitting here right now, I've got ringing in this ear especially. And it's getting worse."

All Love wants from the Department of Veterans Affairs is a hearing aid. Instead, he's gotten rejection letters, one after another. "In this pack, I applied for disability on this form," Love showed us. "And then it was denied and I appealed it."

That's when Love's frustrating quagmire of appealing the VA's decision began. He's already been waiting more than three years. "In August of 2015, I filed this form for application for disability compensation. And then I was denied in December of 2015. And we appealed it in December of 2015. And I haven't had a hearing or anything," Love explained.

"VA Disability Claims: it's where a veteran has a service-connected disease or injury," Calvin Underwood told WAAY 31. Underwood is a veteran himself. Retired from the Navy, he now helps fellow vets navigate the disability claims appeal process.

For decades, that process has been mired in confusion. VA Secretary Robert Wilkie calls it "... a complicated appeals system that was buried in several layers of law."

Many local veterans have looked for help from VFW Post 4190 in Decatur. "Continually, we'll get two to three a week that calls or comes in," Underwood said. "It seems like the harder we try to get them done, the more keeps coming."

For veterans who died serving in the military, one way we pay tribute to them is by building monuments. Many of our living vets face the monumental problem of appealing their VA disability claims. It's battle after battle in a war that can last several years.

Underwood is eager about promised changes. "They're going to change their whole appeal process," he told us.

President Donald Trump signed the Veterans Appeals Improvement and Modernization Act just over a year ago: August 23, 2017. Congress mandated a February 2019 deadline. One snag in modernizing has been extensive computer system upgrades

To get ready, the VA has been training its employees and looking to hire hundreds more. Some critics are skeptical, but the VA vows it will meet the deadline.

To fill the gap until then, the VA says it's working to help veterans through RAMP, the Rapid Appeals Modernization Program. About 1,500 VA employees have been processing RAMP claims. Love filled out his paperwork for RAMP this past June.

Finally, last week, he received a letter acknowledging his claim is in the RAMP system. Love has no idea, though, when the VA will make its decision. "Whether our case is scheduled or nothing, you know."

Like Love, his fellow veterans continue to wait: six years on average. Other veterans never get an answer. According to the VA's data, since 2009, more than 35,000 veterans have died with their claims unresolved.

The problem makes Calvin Underwood heartsick. "They've given their youth and their health for this country that we all might be free," he told us. "And yet they're second-class citizens when it comes time they need some help back from the VA."

Mike Love is hopeful the VA will speed up its appeals process. That's what hundreds-of-thousands of veterans are hoping for, too: "That it gets someone's attention at the Veterans Administration -- that they will hear these claims of veterans quicker than what they're doing now."

WAAY 31 reached out to the Veterans Administration. But, we haven't heard back from the VA.

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7.4 - WKBT (CBS-8, Video): [Family donates home to Tomah VA treatment program: Neighbors want to make sure decision is safe](#) (2 October, Jordan Fremstad, 197k uvm; La Crosse, WI)

One La Crosse Family is donating their home to the Tomah VA to help struggling veterans get back on their feet.

Dave and Barbara Erickson have called La Crosse home sweet home for 43 years. It's where they raised a family.

"We've lived here," said Barbara Erickson said. "Our children have grown we now have 6 grand children and they are growing."

Their son Chad had a special place in his parents hearts.

"Chad was this little boy who loved all things outside," Erickson said.

But Chad's health was something that lingered over his life.

"He was born with a heart defect," Erickson said.

He would require open heart surgery, but the procedure went wrong.

"There was an incident with some of the machines that were hooked up backwards that left Chad with irreversible brain damage," Erickson said.

His family was left to take care of him.

"He couldn't walk, he couldn't talk, he couldn't use his hands, he was legally blind," Erickson said.

They built a handicap accessible house to fit what Chad would need for the rest of his life.

"We needed to build a home that would be safe and a place where he could grow," Erickson said.

Chad passed away right before his 16th birthday. The Erickson's other children have grown up and they no longer need the house.

"Because it was built out of love and out of need and for a specific reason we just felt that it was a great tribute," Erickson said.

They donated the home to the Tomah VA to help veterans who are struggling from their time in the service.

"They just want a place to call home," Erickson said. "They don't want to be in a hospital setting anymore and this would be a perfect step to help them succeed in life."

Some neighbors in the area are concerned how safe their neighborhood would be with those who have mental health problems.

Council member Gary Padesky told News 8 in a statement "I come from a family of veterans and I support veterans, but I don't think this is a good spot for that."

The Tomah VA said in a statement that the agency is requesting the city delay the application for a conditional use permit until the concerns from neighbors are addressed.

Erickson said she and her husband understand everyone's concerns for safety and she wants everyone's voice to be heard.

"We have lived here for almost 25 years and we would never put our neighbors into harms way," Erickson said. "Right now we are just asking everybody to ask those hard questions. We will go to the right place to get the right answer and see if we can come to an understanding where everybody is feeling good about it."

La Crosse's Judiciary and Administration Committees met this evening to listen to concerns like that. They decided to refer the final decision for 60 days.

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7.5 - KREX (CBS-5, Video): [Women Veterans Health Care at The VA](#) (1 October, Shelby Bracho, 34k uvm; Grand Junction, CO)

Pam Schultz with the Grand Junction VA Medical Center stopped by the studio to discuss their Breast Cancer Awareness Day event and health care services that they provide for women veterans. The pink ribbon event will include pink pumpkin decorating and a pink fire truck!

For more information on the event and the type of services that The VA offers for female veterans, you can visit their website, or call (970) 242-0731.

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8. [Other](#)

8.1 - The Hill: [Bolton's top deputy doesn't shy from 'intellectual knife fight'](#) (2 October, Ellen Mitchell, 11.8M uvm; Washington, DC)

National security adviser John Bolton's top deputy is described by some as a no-nonsense, tough-as-nails government official who doesn't suffer fools gladly.

But she has also rankled some administration officials since coming onboard earlier this year.

Mira Ricardel, who garnered attention recently for butting heads with Defense Secretary James Mattis, is a defense hawk in line with Bolton and a veteran of three administrations.

Beyond the Beltway, the 58-year-old is largely unknown. In Washington, her influence, expertise and strong personality are defining traits to those who have worked with her in various roles. "She does not suffer fools well," said Steven Bucci, who worked with Ricardel at the Pentagon in the early 2000s while he was the military assistant to then-Defense Secretary Donald Rumsfeld.

"She's pretty impatient with people who are unprepared or try to get into an intellectual knife fight with nothing in their hands," he added. "She's definitely not intimidated by anybody."

Now, the former Boeing executive is in the White House, and her star is rising at a time when the futures of some of her administration counterparts are in question.

Though she's kept a low public profile since Bolton brought her on in April — one of his first senior-level hires after becoming head of the National Security Council (NSC) — Ricardel found herself in the news recently when The New York Times reported that a tussle between her and Mattis over Pentagon appointments early in the Trump administration led to smoldering tensions ever since.

Ricardel, who prior to the 2016 election was named head of Pentagon appointments on Trump's transition team, reportedly stopped Mattis from hiring certain officials over concerns about their party affiliation or their earlier support for Democratic presidential nominee Hillary Clinton.

One defense expert who worked with Ricardel on the transition team said the disagreement with the Defense secretary stemmed from Mattis's goal of hiring nonpartisan officials, while the White House sought Republican loyalists.

"Mattis didn't want people that are overtly political ... and I think Mira's instincts were more toward, 'Look, it's the administration's team, the administration's people ought to be there,'" the expert said. "I don't think either one of them hold grudges or keep scores about that."

The dispute was over two potential hires who had worked under Democratic presidents: Michèle Flournoy, a Pentagon official under former Presidents Obama and Bill Clinton, and Anne Patterson, a career diplomat who served under Obama, Clinton and former President George W. Bush.

Some say the long-term effects of any such disagreement between the two officials have been exaggerated.

Bucci, who is now with the conservative Heritage Foundation, said the story has been "a little overblown."

"When Mattis came in he changed the plans that Mira, as the head of the transition team, had already begun," Bucci said. "They weren't radically different. If Mira picked 10 people to come in on the transition team, Secretary Mattis said, 'OK, let's do these five, but I've got five other people that I want to bring in instead.'"

Bucci described the Ricardel-Mattis relationship as professional and noted that such conflict is "kind of how governments work."

"I think there are probably some differences on specific policies," he added. "They are all going to have slightly different positions because of where they sit. That doesn't mean that there's rampant conflict between them."

One administration official described the situation this way: "It's not a secret that when [Ricardel] was the head of personnel there was some disagreement about who should come in. I don't think it was as bad as has been reported, but there was definitely a difference of opinion."

Media reports at the time of the transition also suggested Ricardel herself wanted a top job at the Pentagon but was blocked by Mattis.

A senior administration official pushed back on that account.

"Mira was designated to do transition staffing for the Department of Defense during the transition," the official told The Hill. "Her job was to identify candidates to fulfill the president's agenda, which she did."

"The narrative that she wanted the job and didn't get it is just not accurate," the official added.

In a statement to The Hill, the Pentagon indicated there was no ill will between Mattis and Bolton's NSC staff.

"Secretary Mattis has a good working relationship with Ambassador Bolton and his team," chief Pentagon spokeswoman Dana White said.

Ricardel offered a similar assessment.

"The NSC is coordinating across government agencies to implement the President's agenda, including with the Defense Department under the leadership of General Mattis, for whom I have great respect," she said.

But that level of coordination has led to consternation among some in the administration.

At the NSC, one of Ricardel's primary duties is interagency policy coordination between the NSC and places like the State Department, Pentagon and Commerce Department.

"There are people across the interagency with varying degrees of frustration about the current coordination process, given some of the outstanding issues that require NSC leadership," the administration official told The Hill.

One of those concerns involves getting the NSC and Defense Department on the same page when it comes to major policy issues like the administration's cyber strategy, the military's role in Syria and responding to Iranian aggression, according to some officials.

“Given some of the issues that have lingered — cyber, Syria, Iran — big issues out there that require NSC leadership to coordinate, they’re still kind of out there,” the administration official said.

The apparent disconnect was on display when Bolton said in a speech last week that the United States will keep troops in Syria until Iran withdraws its forces from the war-torn country.

Shortly after Bolton’s remarks, Mattis told reporters at the Pentagon that there was no change in policy and that the 2,200 U.S. troops inside Syria “are there for one purpose, and that’s under the U.N. authorization about defeating ISIS.”

Mattis insisted that he and Bolton were “on the same sheet of music.”

Complicating matters is the fact that principal meetings between the NSC and top national security officials that are meant to ensure consensus on major policies have decreased in frequency under Bolton.

But that’s not a bad thing, according to Russell Vought, who described Ricardel as “tough and very knowledgeable.”

The deputy director of the Office of Management and Budget told The Hill that while there have been “slightly” fewer meetings under Bolton, the new format has been helpful.

“It gives us the opportunity to really be intentional and use the time that we have,” he said. “It’s not because work is not being done on that process. It means, from my perspective, we’re able to focus on the big-ticket items and to really have a good discussion and make sure agencies aren’t coming in too many times to the White House.”

Ricardel has received high praise from other top officials, including a Cabinet member, who say her NSC position plays to her strengths.

“There’s nobody I have more respect or admiration for than Mira,” said Veterans Affairs Secretary Robert Wilkie, who worked with Ricardel in the mid-1990s when she was a legislative assistant in the office of then-Senate Majority Leader Bob Dole (R-Kan.).

Wilkie at the time was a staffer for then-Sen. Trent Lott (R-Miss.), who succeeded Dole as majority leader.

“As senator staffers, we were pretty much what you’d call singletons,” Wilkie said. “We were staffs unto ourselves. I was always impressed by her knowledge of my area, foreign policy and defense.”

That characterization was a common theme among her former colleagues.

Former Deputy Defense Secretary Paul Wolfowitz called her “tough in a very effective way.”

“She had an excellent reputation, except with people who lost to her, because she won a lot of battles, which I admire,” said Wolfowitz, who was an informal adviser to former Dole when Ricardel worked for the senator.

Arnold Punaro, a former staff director for the Senate Armed Services Committee who has known and frequently worked with Ricardel over the course of nearly 30 years, said her personality traits make her a good fit for the role she's in.

"She's a forceful individual, but that's what you need when you're running the deputy's committee because you're corralling a lot of disparate, high-level viewpoints," Punaro said. "She is not a shrinking violet by any stretch of the imagination. But, frankly, in the times we're in, you want somebody like that."

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8.2 - Wicked Local – Easton: [Clinic for homeless dedicated to Easton native](#) (2 October, 1.9M uvm; Westford, MA)

BOSTON - Christine Loeber devoted her life to ill veterans and now a medical clinic at the New England Center and Home for Veterans (NECHV) has been named in her honor.

Loeber, 48, an Easton native, was killed in March at the California veterans treatment program where she worked along with two of her colleagues in a hostage standoff.

"Christine and her life are now forever etched into the work of two of the best organizations in this field, anywhere," Governor Charlie Baker said at the recent standing-room-only dedication ceremony, held at NECHV in Boston.

"In the midst of tragedy, New England Center and Home for Veterans and Boston Health Care for the Homeless Program are speaking in a big way about how they feel about Christine and you should be very proud," Baker said, addressing Loeber's family.

Boston Health Care for the Homeless Program, Loeber's former employer, runs the NECHV clinic.

At the ceremony, Robert Santiago, Boston's deputy commissioner of the Department of Veterans Services, read a proclamation from Mayor Marty Walsh, declaring Sept. 21 Christine Marie Loeber Day.

Loeber, a 1987 graduate of Oliver Ames High School, first became interested in social work while working in BHCHP's development and research departments. She earned a master's degree in social work at Boston College and after graduation, worked at the VA Boston Healthcare System in Brockton. She moved to California for another job with the VA and in 2016 was recruited to be the executive director of the Pathway Home, working with veterans with post-traumatic stress disorder.

The Boston Health Care for the Homeless Program provides medical and behavioral health services to homeless individuals and families in Greater Boston. For more information, visit www.bhchp.org.

The New England Center and Home for Veterans is a multi-dimensional service and care provider that assists veterans who are facing challenges with a broad array of programs and services that enable success, meaningful employment, and dignified, independent living. For more information, visit nechv.org.

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8.3 - Daily Local News: [Drop off your drawers at East Fallowfield's annual Park Day Oct. 13](#) (2 October, 190k uvm; West Chester, PA)

EAST FALLOWFIELD—East Fallowfield Township officials want you to first ‘Drop off your drawers and then enjoy a fun day at East Fallowfield Township’s annual Park Day event on Saturday, Oct. 13 from 10 a.m. to 4 p.m. at the East Fallowfield Township Community Park at 900 Buck Run Road.

In an effort to collect new, unused underwear for homeless and hospitalized veterans, this year East Fallowfield Township has partnered with “David’s Drive 831” a local non-profit organization that provides comfort items and support to local veterans. Parking, admission, and rides are free all day long, but those attending are asked to bring a donation of new, adult underwear and drop them off at the David’s Drive booth.

“The organization will also accept donations of new, adult T-shirts and socks, said David Turner, Sr.,” the executive director of David’s Drive 831.

Park Day is East Fallowfield Township’s signature community event. Park Day will feature free kid- friendly activities such as pony rides, zip lining, and a children’s Halloween costume parade at 10:30am as well as an array of vendors and exhibitors. “We’re thrilled that David’s Drive 831, is returning as the presenting sponsor of Park Day this year,” said East Fallowfield Township Manager Scott Swichar. “For many homeless veterans, basic items like clean underwear or socks are considered a luxury item out of reach to them.

David’s Drive collection of unused underwear, t-shirts, and socks at the event will go a long way to improve the lives of struggling veterans in our community,” said Swichar.

David’s Drive 831 was created in memory of David Turner, Jr. who was born and raised in East Fallowfield Township. David worked at the Coatesville VA where he learned many of the Veterans he served were homeless and didn’t have necessities like underwear or socks. David wanted to buy every Veteran at the VA a pair of underwear, but he never had the chance. On December 16, 2009, David died of a suspected heart arrhythmia at the age of 20. In 2010, family and friends of David created a non-profit organization to fulfill his wish. Since then more than \$400,000 worth of underwear has been donated to the Coatesville VA.

“What started out as an underwear drive has turned into so much more,” said Turner. Donations of unwrapped socks, t-shirts, and underwear can also be dropped off at the East Fallowfield Township Building (2264 Strasburg Road) during the month of October.

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From: VA Media Analysis

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Cc:

Bcc:

Subject: [EXTERNAL] 2 October Veterans Affairs Media Summary and News Clips

Date: Tue Oct 02 2018 05:15:21 CDT

Attachments: 181002_Veterans Affairs Media Summary and News Clips.docx
181002_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Last Modified: Tue Oct 02 04:15:21 CDT 2018



Veterans Affairs Media Summary and News Clips

2 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [‘I knew something was not right’: Mass cancellations of diagnostic test orders at VA hospitals draw scrutiny](#) (1 October, Donovan Slack, 36.8M uvm; McLean, VA)

Radiology technologist Jeff Dettbarn said he knew something was wrong at the Department of Veterans Affairs hospital in Iowa City, Iowa, when a patient arrived in February 2017 for a CT scan, but the doctor's order for it had been canceled. "To have a patient show up for a scan and not have an order – you're like, 'What the heck is going on?' " he told USA TODAY in an interview.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Veteran on mission to combat suicide in military community](#) (1 October, Emily DeCiccio, 32.5M uvm; New York, NY)

For one Navy veteran, his obligation to serve and protect others did not end when he completed his active duty career. Veteran Navy officer Eric Golnick instead has dedicated his life's work to bettering veteran care. He is the CEO and co-founder of Veteran & First Responder (VFR) Health care, working to help fellow veterans with substance abuse issues and mental health care.

[Hyperlink to Above](#)

1.3 - WRAL (CBS-5, Video): [VA scrambles to reschedule veterans' appointments canceled because of Florence](#) (1 October, Gilbert Baez, 3.2M uvm; Raleigh, NC)

Facilities in eastern North Carolina that cater to veterans weren't spared from Hurricane Florence's wrath, and U.S. Secretary of Veterans Affairs Robert Wilkie toured the state Monday to assess the damage.

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1.4 - WTVD (ABC-11, Video): [VA secretary back home in Fayetteville, tours areas affected by Florence](#) (1 October, Morgan Norwood, 874k uvm; Durham, NC)

It's typically pretty stressful when the big boss comes to visit but during VA Secretary Robert Wilkie's visit, it was all smiles. The Fayetteville native returned home Monday to check in on health-care centers and hospitals affected by Hurricane Florence. "We had 17,000 appointments canceled by the storm; half of them have been rescheduled," Wilkie said.

[Hyperlink to Above](#)

1.5 - Government Executive: [VA Appeals Ruling That Could Force It to Rehire Fired Workers](#) (1 October, Eric Katz, 870k uvm; Washington, DC)

The Trump administration is challenging an arbitrator's decision that could force the Veterans Affairs Department to rehire many recently fired employees and deal a significant blow to one of President Trump's signature legislative achievements.

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1.6 - The Fayetteville Observer: [VA secretary tours veterans clinics hit by hurricane](#) (1 October, Drew Brooks, 439k uvm; Fayetteville, NC)

Fayetteville VA leaders said the region might need weeks to fully recover from last month's Hurricane Florence. The storm, which dumped dozens of inches of rain on southeastern North Carolina, caused clinics to close, canceled appointments and ravaged the homes of untold numbers of veterans from Fayetteville to the coast.

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1.7 - StarsNews (Video): [VA Secretary: Wilmington VA to open soon](#) (1 October, Tim Buckland, 193k uvm; Wilmington, NC)

The Wilmington Veterans Affairs clinic is recovering after being damaged during Hurricane Florence, U.S. Veterans Affairs Secretary Robert Wilkie said during a visit to Wilmington on Monday. "The VA here has done miraculous work to get this clinic open," Wilkie said after greeting employees and visiting with patients at the facility, which is at Wilmington International Airport.

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1.8 - Federal Computer Week: [VA.gov to relaunch as front door to benefits, services](#) (2 October, Adam Mazmanian, 189k uvm; Vienna, VA)

Amid a barrage of daily headlines about turnover, disarray and mismanagement, the Department of Veterans Affairs is looking to reinvent itself as an agile agency focused on customer service. The effort is paying off – without much in the way of publicity, a unified VA services website at Vets.gov has attracted 40,000 daily users and spurred a 700 percent increase in online appointment scheduling.

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1.9 - FierceHealthcare (Video): [Wilkie provides update on state of the VA 60 days into his tenure as secretary](#) (1 October, Paige Minemyer, 141k uvm; Washington, DC)

The Department of Veterans Affairs is rebounding from a tumultuous 2018, Secretary Robert Wilkie said. "After some turmoil in the first half of 2018, the state of our VA is better," Wilkie said at a virtual town hall meeting. "It's better because of the support of the president and Congress, and an unprecedented series of actions to reform care and benefits for veterans."

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[2. Greater Choice for Veterans](#)

2.1 - WFED (AM-1500, Audio): [GSA hires Ad Hoc, Fearless to upgrade search.gov portal](#) (1 October, Terry Wing, 854k uvm; Washington, DC)

The Government Accountability Office (GAO) said the Veterans Affairs Department (VA) is struggling to pay community providers on time. It also said VA is discouraging those providers from participating in the VA Choice Program. GAO said VA's third party administrators take anywhere from one to seven weeks to pay community providers' claims.

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[3. Modernize Our System](#)

3.1 - Lincoln Journal Star: [New VA clinic to be built at Lincoln VA campus, opening door to more development](#) (1 October, Nancy Hicks, 2M uvm; Lincoln, NE)

The U.S. Department of Veterans Affairs has decided to build the Lincoln clinic at the VA campus, a decision that opens the door to further development on the historic east Lincoln site. The VA told developers last week the department will locate the Lincoln clinic, part of the VA Nebraska/Western Iowa Health Care System, in new facilities at the VA hospital campus near 70th and O streets, ending a more than two-year selection process.

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3.2 - WRDW (CBS-12, Video): [Charlie Norwood VA Hospital opens new clinic on 15th Street](#) (1 October, Alexis Allen, 196k uvm; North Augusta, SC)

Recently, a new rapid care clinic opened at the hospital on 15th Street. The Charlie Norwood VA Medical Center is growing now more than ever. "Within the south-east region which includes Alabama Georgia and South Carolina, we have the biggest percentage growth of years within that area so we are seeing an increasing group and would like to see more of our veterans using our services," said Robert Reeder, VA Hospital.

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3.3 - Nextgov: [By the Numbers: Federal Agencies Face Uneven Struggle Hiring Young Tech Talent](#) (1 October, Jack Corrigan, 193k uvm; Washington, DC)

It's no secret the federal tech workforce is getting older, but some agencies are having a lot more difficulty recruiting young IT professionals than others, according to data from the Office of Personnel Management. And while civilian agencies generally face the most lopsided age disparities, the importance departments place on building a long-term talent pipeline varies greatly.

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3.4 - East Bay Times: [Alameda to press feds on stalled veterans clinic, cemetery project](#) (1 October, Peter Hegarty, 21k uvm; Walnut Creek, CA)

Four years ago, Alameda and federal officials stood on the stage of the Alameda Theatre & Cineplex and heralded plans to build a veterans clinic and a national cemetery at the city's former U.S. Navy base.

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4. [Focus Resources More Efficiently](#)

4.1 - The Washington Post: [‘Sammies’ honor government’s best and most innovative employees](#) (2 October, Lenny Bernstein, 43.9M uvm; Washington, DC)

Marcella Jacobs and the Digital Service team of the Department of Veterans Affairs, who will be given the Management Excellence Medal for streamlining online processes for veterans to simplify applying for and receiving benefits.

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4.2 - Government Executive: [Sammie Awards Honor NIH Genetics Pioneer and Other Exceptional Federal Employees](#)

(1 October, Charles S. Clark, 870k uvm; Washington, DC)
The 17th annual Service to America Medals (nicknamed the Sammys) will be awarded to eight standout federal employees on Tuesday night, providing some limelight to a pioneer disease geneticist, a team that foiled wire fraud schemes and designers of air traffic control systems for drones.

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4.3 - WECT (NBC-6, Video): [Inspector General finds potential fraud involving Wilmington VA Clinic](#)

(1 October, Ann McAdams, 466k uvm; Wilmington, NC)
There are major developments in the investigation into how the contract was awarded for Wilmington's VA Clinic. It's a story we've been following for more than three years, since WECT found out the VA was paying almost \$300,000 a month to rent the 80,000-square-foot facility at the Wilmington Airport.

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4.4 - WPRI (CBS-12, Video): [Feds move forward on RI 'whistleblower's' claim of harassment, hostility](#)

(1 October, Walt Buteau, 440k uvm; East Providence, RI)
A claim that harassment caused a hostile work environment in a Warwick combat veteran counseling office will be investigated further by federal authorities, the Target 12 Investigators have learned.

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4.5 - Legal Reader: [VA Pathologist Works While Intoxicated, 30,000 Files Reviewed for Errors](#)

(1 October, Sara E. Teller, 17k uvm)
Dr. Robert Morris Levy was a pathologist at a Veterans Affairs (VA) hospital in Veterans Health Care System of the Ozarks in Fayetteville, Arkansas. He was found to be drunk while at work in March 2016, and his intoxication was reported by an employee. However, after completing an inpatient program, Levy returned to work under the supervision of the Mississippi Physician Health Program in conjunction with the Arkansas Medical Foundation.

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5. [Improve Timeliness of Service](#)

5.1 - The Plain Dealer: [Flu season has started, after record cases last year](#)

(1 October, Julie Washington, 11.5M uvm; Cleveland, OH)
One of the most deadly flu seasons in decades ended this spring, and a new flu season is already here. Time to get a flu shot now. An estimated 80,000 Americans died from flu-related illness during last year's flu season, the highest number of deaths in at least four decades, according to the Centers for Disease Control and Prevention.

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5.2 - WECT (NBC-6): [VA Secretary pays visit to Wilmington](#)

(1 October, Ann McAdams, 466k uvm; Wilmington, NC)

Newly confirmed Secretary of the US Department of Veterans Affairs Robert Wilkie came to Wilmington Monday to tour the Wilmington VA Clinic, and see the ongoing effort to provide medical care to veterans in the wake of Hurricane Florence.

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5.3 - WMAZ (CBS-13, Video): [New data shows increased ranking for Dublin VA](#) (1 October, 446k uvm; Macon, GA)

The Carl Vinson VA Medical Center says they are making strides in improving their quality of services for veterans. According to recent data from the United States Department of Veterans Affairs, the Carl Vinson VA Medical Center was one of the many VA facilities that improved over the past year.

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5.4 - WWAY (ABC-3, Video): [New Veterans Affairs Secretary Visits Center After Hurricane Florence](#) (1 October, Basil John, 189k uvm; Wilmington, NC)

Hurricane Florence left it's mark on the Cape Fear and many veterans had their appointments pushed back. As veterans come in to get their appointments done at the Wilmington Health Care Center, they and medical staff were visited by the new Veteran Affairs Secretary, Robert Wilkie.

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5.5 - WFXR (FOX-27): [Salem VA Medical Center, surrounding clinics offering free flu shots to veterans](#) (1 October, Clay Ostarly, 29k uvm; Roanoke, VA)

It's an effort to raise awareness about the flu shot. The Salem VA Medical Center is offering drive-thru flu shots. The community clinics are giving flu shots in the clinic. One veteran WFXR spoke with Monday said he's very grateful for the service.

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5.6 - Delaware Public Media: [Wilmington VA officials cite improvement in quality metrics](#) (28 September, Nick Ciolino, 25k uvm; Dover, DE)

Officials at the Wilmington VA Medical Center say a recent overhaul of its leadership has led to improvements in the quality of care at the hospital. The VA based in Wilmington represents all of Delaware and some of southern New Jersey with five community-based health centers throughout the region.

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5.7 - WNCN (CBS-17, Video): [VA in Fayetteville rescheduling 17,000 appointments canceled by Florence](#) (1 October, Holden Kurwicki, 13k uvd; Raleigh, NC)

Veterans Affairs Secretary Robert Wilkie was briefed on how the system managed to keep the doors open while some sustained damage that will linger long after Hurricane Florence has passed. "This is my home," VA Secretary Robert Wilkie said Monday.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: Vote on veteran transitional housing in La Crosse delayed to address neighbor concerns

(1 October, Jourdan Vian, 822k uvm; La Crosse, WI)
Neighbors of the proposed Tomah Veterans Affairs Medical Center transitional residency facility on Farnam Street say they support veterans. They just don't want this facility for veterans in their neighborhood. "We are all in favor of our veterans. We have veterans living in our neighborhood. We're very proud of them and thankful for their service," said Lesley Patterson Monday.

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7.2 - Stillwater News Press: InterTribal Homeless Veterans Stand Down to provide aid during Friday event

(1 October, David Bitton, 68k uvm; Stillwater, OK)
Military veterans can get a free haircut, meal, clothes and get help in applying for VA benefits if they attend Friday's InterTribal Homeless Veterans Stand Down in Red Rock. The second-annual event is intended for rural, Native American and homeless veterans, but everyone who has served in the military is welcome to attend the 9 a.m.-3 p.m. Stand Down at the 7 Clans Paradise Event Center, 7500 U.S. Highway 177, about 25 miles north of Stillwater.

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7.3 - KFGO (AM-790): VA veterans national cemetery near Fargo to be ready by late spring

(1 October, Don Haney, 56k uvm; Fargo, ND)
By late spring-early summer of next year, the first VA Veterans National Cemetery in North Dakota will begin accepting burials at the site, north of Fargo. Two years ago, the VA purchased property near the Maple Sheyenne Lutheran Church near Harwood. Construction on the five acre site began earlier this year.

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7.4 - NJTV (PBS, Video): Workshop hopes to connect female veterans with resources

(1 October, Raven Santana, 49k uvm; Newark, NJ)
Most people don't immediately think of a woman when the image of a homeless veteran comes to mind. But according to the Department of Veterans Affairs, female veterans account for the fastest growing number of homeless veterans in the United States.

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8. Other

8.1 - U.S. News & World Report (HealthDay News): Three New Genes Linked to Chronic Back Pain

(1 October, Mary Elizabeth, 23.9M uvm; Washington, DC)
New research pinpoints three genes responsible for skeletal development that appear to be connected to chronic back pain. The study authors said their findings could shed new light on the biological factors involved in the development of the condition and lead to new treatments for back pain, which is the leading cause of disability around the world.

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8.2 - Medical Xpress (Stanford University Medical Center): [Genetics of cholesterol point to possible drug targets for heart disease, diabetes](#) (1 October, 1.5M uvm; New York, NY)

From the DNA of nearly 300,000 veterans, scientists have singled out a handful of genetic mutations that not only govern levels of cholesterol, but may also inform the development and use of drugs for cardiovascular disease and diabetes, according to researchers at the Stanford University School of Medicine and the Palo Alto Veteran Affairs Health Care System.

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8.3 - Medical Xpress (Brown University): [New tool will aid in understanding brain signals](#) (1 October, Mollie Rappe, 1.5M uvm; New York, NY)

The human brain contains about 90 billion neurons, but Stephanie Jones, an associate professor of neuroscience at Brown University, doesn't let that staggering number faze her. In fact, she just released a user-friendly software tool that models the neural circuits in the outer layers of the brain, which produce the electrical activity monitored by noninvasive techniques such as electroencephalography (EEG).

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8.4 - WEAR (ABC-3, Video): [Electrical fire prompts VA Clinic in Pensacola to close](#) (1 October, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The Veteran Affairs (VA), Outpatient Clinic in Pensacola, Florida has closed its doors on Monday, October 1 due to an electrical fire. According to a release statement, an electrical fire broke out in an isolated area of the clinic. The Veteran Affairs officials did not provide any further details about the electrical fire.

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8.5 - National Defense: [New Soldier Lethality Technologies on the Way](#) (1 October, Yasmin Tadjeh, 60k uvm; Arlington, VA)

In July, Robert Wilkie, then-undersecretary of defense for personnel and readiness, and now the head of the Department of Veterans Affairs, said more attention is needed for troops and small units. "This town gets wrapped around the axel worrying about the cost of a carrier or a new fighter. We have a nuclear posture review, a seapower review and now we're debating how to achieve supremacy in cyberspace. But nothing for the tip of the spear," he told members of industry.

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1. [Top Stories](#)

1.1 - USA Today (Video): [‘I knew something was not right’: Mass cancellations of diagnostic test orders at VA hospitals draw scrutiny](#) (1 October, Donovan Slack, 36.8M uvm; McLean, VA)

IOWA CITY, Iowa – Radiology technologist Jeff Dettbarn said he knew something was wrong at the Department of Veterans Affairs hospital in Iowa City, Iowa, when a patient arrived in February 2017 for a CT scan, but the doctor’s order for it had been canceled.

“To have a patient show up for a scan and not have an order – you’re like, ‘What the heck is going on?’ ” he told USA TODAY in an interview.

Dettbarn started collecting cancellation notices for diagnostic procedures such as CT scans, MRIs and ultrasounds.

“I knew something was not right,” he said. “Because none of them were canceled by a physician.”

Cancellations of more than 250,000 radiology orders at VA hospitals across the country since 2016 have raised questions about whether – in a rush to clear out outdated and duplicate diagnostic orders – some facilities failed to follow correct procedures. At issue is a concern over whether some medically necessary orders for CT scans and other imaging tests were canceled improperly.

The VA inspector general is auditing mass cancellations at eight VA medical centers “to determine whether VA processed radiology requests in a timely manner and appropriately managed canceled requests,” VA Inspector General Michael Missal said.

Those hospitals are in Tampa and Bay Pines, Florida; Salisbury, North Carolina; Cleveland; Dallas; Denver; Las Vegas; and Los Angeles.

After receiving inquiries from USA TODAY, a ninth was added – Iowa City.

In Iowa City, Dettbarn alerted the hospital’s compliance officer about his concerns. He is now facing disciplinary proceedings and contends they are an effort to retaliate against him.

The VA declined to comment on disciplinary proceedings without Dettbarn’s written consent to discuss personnel matters, which he did not provide.

This much is clear: in sworn testimony in the disciplinary proceedings against Dettbarn, Iowa City administrative staffer Lisa Bickford said she and other employees were told by the hospital’s chief radiologist that they needed to “clean” up a backlog of incomplete diagnostic orders, some dating back years.

The staff responded by “annihilating” thousands of orders in a matter of weeks, Bickford said.

Bryan Clark, a spokesman for the Iowa City hospital, acknowledged the facility failed to follow national VA guidelines for diagnostic order cancellations but said that happened in only a “small number of instances” and “anything closed improperly was reviewed” and actions were taken to try to ensure veterans received any needed exams. He said the process was intended to “ensure the quality and safety of the care delivered to veteran patients.”

The VA said many of the orders were outdated or duplicated. The agency said it welcomes the oversight and is working with the inspector general to improve cancellation guidelines. VA officials said efforts to close the loop on test orders with physicians and veterans surpass private-sector practices.

Laurence Meyer, the chief doctor overseeing specialty care for the national VA, told USA TODAY he didn't want to comment on how individual VA hospitals handled cancellations, but he acknowledged “we've received word that a few places haven't been following the directive as intended.”

“We've sent out teams and have reviewed and are aggressively working to fix that,” he said.

The VA's guidelines on order cancellations have undergone revisions in the past few years.

In 2016, hospitals were told to try contacting patients multiple times before cancellations. Last year, the rules required review by a radiologist or the ordering provider before canceling. If the tests were still needed, patients should be contacted to schedule them. Since last year, hospitals have been required to establish a fail-safe “triage” process, such as written verification of review by providers.

Concerns about diagnostic test order cancellations have also been raised at the VA hospital in Tampa. Employees estimated they canceled thousands of radiology orders without checking first with doctors or patients, according to depositions in a discrimination lawsuit brought by four ultrasound technicians.

Those technicians told USA TODAY they worry veterans may have gone months, if not a year or longer, before they or their doctors realized tests weren't performed – if they realized at all. Technologist Erin Tonkyro noted that risk factors for many veterans are higher than for other patients.

“Cancer grows very quickly, and our patients are not like those patients on the outside – it doesn't mean that cancer doesn't happen in private practice. But our veterans have been exposed to such a large amount of toxic environments like Agent Orange; now we're talking about the burn pits that have happened overseas,” Tonkyro said.

‘We knew it was bad’

At the Tampa facility, radiology managers began tackling outstanding orders in fall 2016.

As many as 10 people were tasked with the job, one administrative staffer testified in a deposition in the technicians' lawsuit. Multiple employees testified they canceled orders by date and did not consult any doctors before doing so, nor was there patient contact.

They disabled office printers because of the volume of cancellations – one employee estimated they canceled thousands of radiology orders, according to testimony.

“That’s when we really started getting worried,” said Tonkyro, who attended the depositions with her co-plaintiffs, ultrasound technologists Yenny Hernandez, Kara Mitchell-Davis and Dana Strauser. “We knew it was bad, but we had no idea the magnitude of how bad it was.”

Strauser told USA TODAY that administrators went beyond past orders and canceled future ones. Those could have been follow-up scans for veterans who might have been at risk of developing medical conditions, such as cancer recurrence.

“Doctors will put an order in for six months in advance and sometimes even a year in advance, and we were getting cancellations of those future orders,” she said.

In a statement issued by VA spokesman Curt Cashour, the VA declined to comment on what happened in Tampa, citing the litigation. “However, we are confident the James A. Haley Veterans’ Hospital has processes and procedures in place to provide the best care possible for our patients,” the statement said.

The Tampa Bay Times first reported the technicians’ concerns in July, and the hospital’s chief of staff, Colleen Jakey, wrote to providers the following month asking them to review canceled orders, according to a copy of the correspondence obtained by USA TODAY.

“We believe appropriate action was taken,” Jakey wrote, adding that a review of a random sample of cancellations did not turn up any cases of harm to veterans. “This is a second-level review of these orders to confirm that each of these patients received the appropriate care and/or follow up.”

The technicians told USA TODAY some doctors have since reordered canceled exams but won’t know whether veteran patients suffered any harm from the delays until they are performed and assessed.

‘An important patient safety issue’

VA hospitals came under increasing pressure to address outstanding diagnostic orders after a conference call that national officials convened with radiology managers across the country in January 2017. More than 325,000 orders for scans of veteran patients had not been completed nationwide.

The VA’s top radiologist, Robert Sherrier, called it “an important patient safety issue” in a presentation for the call.

“Ordered studies are not being performed on veterans, and providers may not be aware that the ordered study has not been completed,” he said.

In a dozen states, there were VA medical centers with more than 5,000 outstanding orders, his presentation said. The numbers reached 29,000 in Columbia, S.C.; 21,000 in Cleveland; and 12,000 in Washington.

Some dated back to the 1980s, but others were only months old. VA officials said that in some cases, staff may not have been able to contact veterans to schedule exams. In other cases, veterans may not have shown up, possibly because their ailments had gone away. Some orders may have been duplicates ordered by two different doctors.

Others may have been tests that were still needed – to monitor tumors or follow up on emergency room visits, for example.

A panel of medical and ethics specialists conducted thousands of chart reviews, Meyer said, and determined orders for exams due to be performed before June 2015 could be canceled outright without jeopardizing veteran health.

Orders due after that date required further steps to ensure patient safety.

The national call to action triggered a dramatic reduction in pending exam orders overdue by two months or longer. As of last month, the VA said, there were 31,000 nationwide.

‘We look terrible’

At the Iowa City VA hospital, Bickford said the chief of radiology – who also was the top radiology official in the Midwest for the VA – told her after the conference call in January 2017 that the facility had more outstanding orders than any other VA in the region.

“He came to (us) and said, ‘We’ve got to get this cleaned up now. I mean, we look terrible,’ ” Bickford said. So she and other staff “went through and started annihilating orders,” she testified in the disciplinary proceeding against Dettbarn.

Any radiology orders more than 60 days past due were considered “invalid” and “expired,” Bickford testified. That is at odds with VA guidelines at the time requiring doctor reviews.

Cancellation records reviewed by USA TODAY show that in some instances, she and other staff canceled future orders.

In one case, a nurse practitioner ordered an ultrasound for September 2017 as a six-month follow-up for a veteran with a history of kidney stones. An X-ray technician canceled it in June 2017, calling it an “expired” order.

That same month, records indicate, Bickford canceled an order for a follow-up CT scan to monitor a veteran’s lung nodules. The test wasn’t due to be performed until September 2017. Also in June, she canceled a CT to monitor fluid in a patient’s lung not due until November 2017. Records show Bickford selected “patient failed to contact clinic” in both cases. None of the records reviewed by USA TODAY contained personal information identifying patients.

In the disciplinary case against Dettbarn, his supervisors alleged he was “disruptive” and didn’t send one patient’s images to be interpreted – accusations he denied. The investigation was initiated soon after he reported his concerns about the order cancellations.

The Office of Special Counsel, a federal agency tasked with protecting whistle-blowers, is investigating, according to a letter from the office.

Bickford declined to comment and referred questions to the Iowa City VA. In her sworn testimony, she blamed scheduling clerks for not indicating on orders that exams were scheduled. That led employees to assume there was a “dead order” even though a patient had a future appointment, she said, but she estimated that occurred only “maybe a half a dozen times.” When patients arrived for appointments, the errors were discovered, new orders were created and the exams went ahead, she said.

The chief of radiology, Stanley Parker, did not respond to a message seeking comment at a number listed in public records. In his deposition in the case, he testified that he believed physician-review would have been done before canceling.

Clark, the hospital spokesman, said Bickford's testimony about "annihilating" orders was not in context and referred to the "success of the process to right size the number" of outstanding radiology orders at the hospital.

Clark said he doesn't know how many orders were canceled at the facility because officials didn't track it, but he said more than 4,000 were canceled in January and February 2017 in the southern part of the Midwest region.

Clark said "most" canceled orders were from before 2015, though he didn't know how many. He said "some" exam orders were "canceled without following proper policies or procedures."

In those instances, Clark said, "appropriate personnel actions were taken to correct the behavior, and staff reviewed the cancellations to ensure every order that required action was appropriately reviewed by a radiology provider."

Dettbarn has been detailed to a job collating VA records since July 2017. He said that whatever happens to him, he wants the public to know about what he called a "horrible shortcut" administrators took to improve the numbers. Dettbarn said Iowa City officials should do a clinical review like the Tampa VA to ensure veterans weren't harmed.

"It's so far beyond wrong what was done," he said. "This is someone's health care, this is their body, their life you're screwing with, and people are playing doctor that aren't physicians."

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1.2 - FOX News (Video): [Veteran on mission to combat suicide in military community](#) (1 October, Emily DeCiccio, 32.5M uvm; New York, NY)

For one Navy veteran, his obligation to serve and protect others did not end when he completed his active duty career. Veteran Navy officer Eric Golnick instead has dedicated his life's work to bettering veteran care. He is the CEO and co-founder of Veteran & First Responder (VFR) Health care, working to help fellow veterans with substance abuse issues and mental health care.

"I never imagined I would ever find any calling more worthwhile or important as my time in the Navy," Golnick told Fox News. "I consider myself still serving, and the opportunity to help fellow veterans coping with mental health and substance use issues has become my mission and has been – by far – the most rewarding."

VFR's mission has become even more critical in light of new statistics from the U.S. Department of Veterans Affairs (VA), which reported that the number of suicides among younger veterans has increased "substantially." The report reveals that 45 of every 100,000 veterans ages 18-34 committed suicide in 2016 – up from around 40 out of every 100,000 just one year earlier.

Golnick's firsthand experience with trauma and substance abuse prompted him to create VFR.

"I had a sailor die by suicide which, as a military officer, your sailors are like your kids," Golnick said. "I actually became self-medicated like a lot of vets do when they come back to get through things, and there were folks that didn't understand what we had gone through in the military, and I saw a gap area, which is why we started this company."

Golnick said VFR is focused on trauma. He said that veterans are not going to find a substance abuse problem, like drinking, without having some kind of prior mental health or trauma issue. VFR's focus has gotten the attention of the VA, which is now a partner of the organization. Golnick told Fox News that VFR helps the VA supplement outpatient treatment to veterans.

"When we started the discussion with the VA, we said 'Look, you know there are areas that we can not replace but assist in, like regions where there are high wait times,'" Golnick said. "VFR can fill that gap and help people immediately, and that's what we see with suicides and what we're trying to stop and gets vets care quickly."

Golnick's partner at VFR, Eric Frieman, also says their company fills another gap by providing help to the family members of veterans and first responders.

"It's important to note that family members of those deployed, or those of first responders, must also face the uncertainties associated with these lines of work," Frieman said. "My brother served overseas – I can speak to this firsthand. We're here to support family members as well and urge all families and loved ones in need to reach out and seek help."

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1.3 - WRAL (CBS-5, Video): [VA scrambles to reschedule veterans' appointments canceled because of Florence](#) (1 October, Gilbert Baez, 3.2M uvm; Raleigh, NC)

FAYETTEVILLE, N.C. — Facilities in eastern North Carolina that cater to veterans weren't spared from Hurricane Florence's wrath, and U.S. Secretary of Veterans Affairs Robert Wilkie toured the state Monday to assess the damage.

"Our clinic [in Wilmington] is partially open. Our cemetery is closed, as is the cemetery in New Bern," Wilkie said. "We will be taking a look at the state of our clinic in Wilmington. Right now, we have four mobile medical units on the ground, so our veterans are getting their service."

The cost of the storm's damage to VA facilities in the state is still being compiled, he said, and officials are focusing on making sure those that sustained physical damage are structurally safe to start see patients again.

The Fayetteville VA Medical Center didn't shut down, but the flooded roads caused by the storm forced officials to cancel about 17,000 medical appointments, making an already demanding schedule for veterans even more difficult.

Wilkie said teams of VA medical staffers were brought in from across the country so that appointments could be rescheduled with minimal wait times. More than half of the canceled appointments have already been reset, and VA officials are working on rescheduling the rest, he said.

"i just spoke to a group medical and administrative professionals, some of whom have come all the way from Juneau, Alaska, some from Arkansas, Texas and Tennessee to fill in the emergency gaps that are needed," he said.

Arcaster Philyaw said he couldn't make an appointment on Sept. 17 because of the storm and had to reschedule. But Leonard Brock said he was lucky because his appointments came just before Florence and more than a week after.

"[I had] eye surgery on the 10th, and I had to keep coming back after that. Then I had eye surgery on the 22th, and I was never was canceled," Brock said.

The out-of-state medical teams will continue to rotate in until the backlog of appointments is eliminated, Wilkie said.

A Fayetteville native, he said the area also faces waves of veterans seeking services. The Fayetteville VA is growing by about 2,000 veterans a month, and officials are working hard to ensure they all get the medical service they deserve and that was promised to them.

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1.4 - WTVD (ABC-11, Video): [VA secretary back home in Fayetteville, tours areas affected by Florence](#) (1 October, Morgan Norwood, 874k uvm; Durham, NC)

FAYETTEVILLE, N.C. -- It's typically pretty stressful when the big boss comes to visit but during VA Secretary Robert Wilkie's visit; it was all smiles.

The Fayetteville native returned home Monday to check in on health-care centers and hospitals affected by Hurricane Florence.

"We had 17,000 appointments canceled by the storm; half of them have been rescheduled," Wilkie said.

That was nothing compared to the damage done to the Wilmington locations, which are barely holding on

"The clinic is partially open. the cemetery is closed, as is the cemetery in New Bern," Wilkie said. "We will be taking a look at the state of our clinic in Wilmington. Right now, we have four mobile medical units on the ground so our veterans are getting their service."

That's where the Fayetteville location comes into play, acting as an emergency response center for the hardest-hit areas.

"Not only were we ahead of the storm in making sure that our most vulnerable patients were taken care of, we've been on the front line in following up to make sure that they're all right," Wilkie said.

Fayetteville was the first stop on Wilkie's schedule. He also toured the VA in Wilmington.

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1.5 - Government Executive: [VA Appeals Ruling That Could Force It to Rehire Fired Workers](#) (1 October, Eric Katz, 870k uvm; Washington, DC)

The Trump administration is challenging an arbitrator's decision that could force the Veterans Affairs Department to rehire many recently fired employees and deal a significant blow to one of President Trump's signature legislative achievements.

VA has filed exceptions to the Federal Labor Relations Authority to a third-party ruling that found the department had run afoul of its collective bargaining agreement in enforcing provisions of the 2017 VA Accountability and Whistleblower Protection Act that made it easier to fire employees. The arbitrator's decision would impact a portion of the employees represented by the American Federation of Government Employees who have faced an adverse action under the new authorities granted by the law. Trump, VA and lawmakers in both parties have heralded the law as a significant step in cracking down on misbehaving and poorly performing employees, but its enforcement has been mired in controversy since its passage.

Curt Cashour, a VA spokesman, said the department brought its appeal to the FLRA last week. While the case is under review by FLRA, Cashour said, the arbitrator's award is "not final or binding."

Cheston McGuire, an AFGE spokesman, said the union must respond to VA's challenge by Oct. 24. It's unclear how long FLRA will take to decide on the case, but McGuire expects it could take up to one year.

AFGE brought the case for mediation after VA issued a series of memoranda that said VA was no longer required to give employees 90 days to improve and performance improvement plans would not be used. The union said that violated specific clauses in its collective bargaining agreement requiring those steps for employees identified for poor performance.

VA argued the memos do not affect performance improvement plans, and even if they did, the accountability law supersedes the requirements of the collective bargaining agreement.

The arbitrator rejected that argument, saying the memos did affect performance improvement plans and the accountability law speaks only to the hastened timeline once the department decides to discipline an employee. It does not address what VA must do prior to firing someone, said Jerome Ross, the arbitrator, and therefore it cannot supersede the collective bargaining agreement. Ross noted that federal law requires that federal employees be afforded a "reasonable opportunity to demonstrate acceptable performance."

The arbitrator ruled that VA must resume compliance with its collective bargaining agreement, rescind any adverse action against AFGE-represented employees who did not first receive a performance improvement plan, and reinstate them at the department, including back pay, restored leave and other benefits. VA would pay AFGE's attorney fees if Ross' ruling holds.

Public data posted by VA shows about 1,700 employees were fired outside of their probationary periods between the time the department issued the memos last August and July 2018. It is unclear how many of those employees were denied opportunities to improve their performance and are represented by AFGE. The union represents more than two-thirds of the department's 383,000 workers.

Trump frequently cites the success of the accountability law as one of his proudest accomplishments as president, saying it has enabled the department to get rid of poorly behaving employees.

"That was something that was very important to me," Trump said last month. "There was no way you could hold them accountable. They could be sadists. You had some of them, too. It doesn't sound nice. They could be thieves. They could rob you blind. They could steal money, and you couldn't do anything about it. Now you can do whatever you want."

Lawmakers have for months accused VA of flouting congressional intent in implementing the accountability law. Earlier this year, a group of senators wrote a letter voicing concerns specifically about the elimination of performance improvement plans and lack of progressive discipline. The senators said new policies have led to employees being fired for "missing deadlines or moving slowly after an injury," even on first offenses. Such actions, they said, "are not the types of offenses that rise to the level of immediate termination," an authority provided in the 2017 law.

"This is unacceptable and runs counter to congressional intent and your previous comments," the lawmakers said. They noted then-VA Secretary David Shulkin had previously testified, "Every good manager works with their employees to make them better, to give them feedback," a practice which the new policies do not allow.

VA has also faced criticism for disproportionately firing low-level employees, such as housekeeping staff. A June letter asked VA's inspector general to investigate the law's enforcement, and while no Republican signed onto either letter, Republican leaders on the department's oversight committees have voiced concerns. The IG is currently probing the law's enforcement.

The department has stood by its actions.

"VA makes absolutely no apology for holding employees accountable when circumstances warrant," Cashour said in June. "If former employees feel their removal from federal employment is improper, they have a number of appeal options under federal law."

At a House hearing on the law in June, then-acting VA Secretary Peter O'Rourke defended the department's policies, but acknowledged it still had work to do to ensure consistent enforcement.

"Right now we're dealing with the first year of implementation," he said. "New rules, everyone's trying to figure that part of it out."

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1.6 - The Fayetteville Observer: [VA secretary tours veterans clinics hit by hurricane](#) (1 October, Drew Brooks, 439k uvm; Fayetteville, NC)

Fayetteville VA leaders said the region might need weeks to fully recover from last month's Hurricane Florence.

The storm, which dumped dozens of inches of rain on southeastern North Carolina, caused clinics to close, canceled appointments and ravaged the homes of untold numbers of veterans from Fayetteville to the coast.

Local Department of Veterans Affairs officials continue to play catch-up with thousands of rescheduled appointments, and the Wilmington Health Care Center — which partially reopened last week — might not be fully operational for another four to six weeks.

VA Secretary Robert Wilkie received an update on those recovery efforts on Monday, during a tour of VA facilities impacted by Florence in Fayetteville and Wilmington.

Afterward, the Fayetteville native, returning to his hometown for the first time post-hurricane, praised the efforts of local leaders and VA staff.

“We are the ultimate good news story,” Wilkie said after meeting with Fayetteville VA Director James Laterza and Mid-Atlantic Healthcare Network Director DeAnne Seekins.

Wilkie also met with emergency VA employees who responded to Fayetteville from across the country and who continue to work to help local officials cope with the storm’s affects. He toured the Fayetteville and Wilmington health care centers, as well as the Wilmington National Cemetery.

The Wilmington and New Bern national cemeteries were heavily damaged by the storm and remain closed, Wilkie said.

The Wilmington Health Care Center and a clinic in Morehead City also were severely damaged but have partially reopened.

Wilkie said local officials would have the resources they need to recover from the storm.

“This is my home. This is my wife’s family’s home,” he said. “We have had relatives and friends impacted by this hurricane. A lot of veterans I grew up watching as a child... their lives were impacted by this storm.”

The Fayetteville VA, which spans communities around Fort Bragg, Camp Lejeune, Marine Corps Air Station Cherry Point and Wilmington, is among the fastest growing regions in the VA, Wilkie said.

Fayetteville is the “fastest growing single area in the VA,” with 2,000 veterans added each month, he said.

Florence caused 17,000 appointments to be canceled, Laterza said. Half of those have already been rescheduled. Officials are working to reschedule the rest as soon as possible.

“We have been proactively calling them,” he said.

Emergency employees, part of the VA’s Disaster Employee Medical Program, are helping reduce wait times for those affected, Laterza said.

Seekins, who oversees VA facilities across North Carolina and in parts of Virginia, said 95 employees, including 72 in Fayetteville, Wilmington and Jacksonville, have traveled from out of state to assist.

Wilkie said those VA employees, including medical and administrative staff, came from as far as Juneau, Alaska, with others hailing from Arkansas, Texas and Tennessee.

And in Wilmington, he said, four mobile medical units are on the ground serving the veteran population until the health care center can fully reopen.

He said there is no dollar estimate yet for the cost of the damage wrought by Hurricane Florence, but said engineers have been in clinics in Wilmington and Morehead City to assess damage.

Wilkie praised local VA leaders for ensuring the safety of patients before, during and after the storm.

The VA Medical Center on Ramsey Street remained open during the hurricane, despite being located along the Cape Fear River.

Laterza said officials assessed the situation and determined the best course of action was to keep patients in the hospital, located more than 140 feet above the river's bank.

Wilkie said VA leaders had enough fuel, food and oxygen on hand before the storm hit to last through the end of September, if needed.

He said the Fayetteville VA has resources most other veterans communities don't have, citing support from Fort Bragg and Camp Lejeune. He also praised cooperation between the VA and community partners and said the response was a template for how the nation can response to a crisis.

"I could not be prouder of VA," Wilkie said. "I could not be prouder of my hometown."

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1.7 - StarsNews (Video): [VA Secretary: Wilmington VA to open soon](#) (1 October, Tim Buckland, 193k uvm; Wilmington, NC)

The Wilmington Veterans Affairs clinic is recovering after being damaged during Hurricane Florence, U.S. Veterans Affairs Secretary Robert Wilkie said during a visit to Wilmington on Monday.

"The VA here has done miraculous work to get this clinic open," Wilkie said after greeting employees and visiting with patients at the facility, which is at Wilmington International Airport.

Before, during and after the storm, Wilkie said, the Wilmington VA worked to ensure patients' needs were met. The secretary said about 11,000 patients were contacted by staff prior to the storm's Sept. 14 arrival, asking if patients had medication they needed and even arranged to provide generators to patients who needed electricity for lifesaving equipment to work.

Wilkie said that, during and after the storm, veterans needing acute care were able to be treated in Fayetteville VA center, while others needing more routine care were able to be treated either at the Wilmington VA -- most of it has reopened as of Monday, Wilkie said -- or at mobile medical units brought to the region during and after the storm. Several of those trucks were parked outside the Wilmington center during Wilkie's visit.

Failing that, he said, the VA is also enlisting the help of other facilities, including New Hanover Regional Medical Center.

"We are working on ways to ensure veterans get care, elsewhere if needed," he said.

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1.8 - Federal Computer Week: [VA.gov to relaunch as front door to benefits, services](#) (2 October, Adam Mazmanian, 189k uvm; Vienna, VA)

Amid a barrage of daily headlines about turnover, disarray and mismanagement, the Department of Veterans Affairs is looking to reinvent itself as an agile agency focused on customer service. The effort is paying off -- without much in the way of publicity, a unified VA services website at Vets.gov has attracted 40,000 daily users and spurred a 700 percent increase in online appointment scheduling.

Marcy Jacobs, the executive director of the digital services team at VA, is being honored with a Service to America Medal for Management Excellence on Oct. 2 for her work on Vets.gov. But if you want to see what all the fuss is about, you'll have to check before Veterans Day -- because despite the success of the Vets.gov deployment, the digital services team is pivoting to a new content plan.

As VA Secretary Robert Wilkie announced at a recent Senate hearing, on Veterans Day a new VA.gov website is launching. Instead of serving as a corporate front door for the VA organization, the reimagined VA.gov will be a portal for veterans to access a full suite of services available to them.

The new site is built along the ideas that drove the development of Vets.gov, including a plain-language approach and an action-oriented design, Jacobs told FCW in an interview.

"People don't come to government websites to read things," Jacobs said. "They come to get a task accomplished."

Right now, the VA hosts a "scattered landscape of hundreds of websites," generating 10 million visits monthly. VA.gov garners the most traffic, so developers decided to incorporate the content at these other silos under the umbrella of a single, obvious destination.

The Vets.gov site will be the first to be rolled up under the VA.gov umbrella, but more will follow. As is the case with Vets.gov, users will be able to access their data and services using credentials from the Myhealthvet e-health portal, the DS Logon offered in conjunction with the Department of Defense and via ID.me, a private sector identity proofing service that links your government-issued ID to a mobile device. Mobile users won't be able to use their fingerprint or facial recognition logins that are built into devices, but that is in the offing.

At launch, the redesigned VA.gov will focus on linking users to nine benefit hubs that cover "20 things that people are trying to do most of the time," Jacobs explained.

The login will take users to an aggregated view of their VA activity across the organizational silos of health and benefits. Veterans will see prescription refills, claims status, upcoming medical appointments and more all on a single screen. In the future, Jacobs is looking to use VA data to create a recommendation engine to suggest possible areas of interest to users, based on their age, location, military service and more.

"It's the Amazon model of benefits," she said.

Chris Johnston, a U.S. Digital Service team member detailed to VA, explained that research showed veterans "are super-frustrated to have to tell us the same thing over and over again." The goal of the new site is to collect data once, rather than have to keep asking for personal data for every transaction.

Work on the VA.gov redesign kicked off in February and proceeded quickly because of a "willingness of our organizations to say, 'We're not serving people, let's create one front door where 80 percent of things are quickly accessible,'" Johnston said.

After the Veterans Day launch, next steps for the revised VA.gov include building out a common content management system and looking to best practices to impose cross-agency governance on VA content, to avoid duplication, conflict and inconsistency.

"Right now we have two thousand people who write content for the site, and trying to get everyone to write in the same voice, in plain language, is not trivial," Jacobs said.

Currently Ad Hoc is the contractor for the Vets.gov site. Jacobs said that new contracts will be announced very soon to "support the longer tail" of the VA content effort.

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1.9 - FierceHealthcare (Video): [Wilkie provides update on state of the VA 60 days into his tenure as secretary](#) (1 October, Paige Minemyer, 141k uvm; Washington, DC)

The Department of Veterans Affairs is rebounding from a tumultuous 2018, Secretary Robert Wilkie said.

"After some turmoil in the first half of 2018, the state of our VA is better," Wilkie said at a virtual town hall meeting. "It's better because of the support of the president and Congress, and an unprecedented series of actions to reform care and benefits for veterans."

Wilkie hosted the town hall and spoke on Capitol Hill last week to offer an update on where the agency stands on a host of priorities about 60 days into his tenure as secretary.

He was confirmed to the post by the Senate in July, following former secretary David Shulkin's firing in March amid controversy over his travel expenses. Wilkie is the second successor to Shulkin appointed by President Donald Trump; the first, former White House doctor Ronny Jackson, bowed out after allegations surfaced about his conduct on the job.

Top of mind for the agency's leadership is the ongoing overhaul of its electronic health record system. The VA is working with the Department of Defense to build a joint governance structure for their EHRs, Wilkie told senators (PDF).

The two departments are working toward an oversight structure with a single point of accountability. They had planned, initially, for that to be the Interagency Program Office, but the Government Accountability Office warned that it's not built to operate in that way.

"We are committed to a timeline that makes sense and are also working with DOD to understand the challenges and obstacles they are encountering, adapt our approach to mitigate those issues, and identify efficiencies," Wilkie said.

Wilkie said Congress can expect a formal report on the governance talks in short order. Legislators have expressed concern that a leadership void at the VA on the EHR project could be hindering the process.

Genevieve Morris stepped down from her role as head of the office in late August, and John Windom has carried the load on an acting basis since. Rep. Jim Banks, R-Indiana, the subcommittee's chair, warned that "deteriorating and rudderless" leadership could be holding back progress on the program.

Wilkie also provided an update on the status of another crucial healthcare priority: implementation of the MISSION Act. The agency has created a management office to oversee the effort, with individual project teams to tackle specific elements of the law.

The MISSION Act sunsets the Veterans Choice program and allows veterans to seek care with doctors outside of its system if their VA physician recommends it or if it's hard to visit a VA facility.

The law also expands the VA's assistance program for family caregivers, and Wilkie said that will roll out in two phases: Veterans injured in the line of duty before 1975 will be eligible first, with those injured between 1975 and 2001 to follow in two years.

A timeline for the remaining veterans has not been set, Wilkie said, but he expects to report back to Congress on that in the near future.

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500, Audio): [GSA hires Ad Hoc, Fearless to upgrade search.gov portal](#)
(1 October, Terry Wing, 854k uvm; Washington, DC)

[...]

The Government Accountability Office (GAO) said the Veterans Affairs Department (VA) is struggling to pay community providers on time. It also said VA is discouraging those providers from participating in the VA Choice Program. GAO said VA's third party administrators take anywhere from one to seven weeks to pay community providers' claims. Community providers

are a key part of VA's Choice Program, and are expected to play an important role under VA's consolidated community care program under the MISSION Act. (GAO)

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3. Modernize Our System

3.1 - Lincoln Journal Star: [New VA clinic to be built at Lincoln VA campus, opening door to more development](#) (1 October, Nancy Hicks, 2M uvm; Lincoln, NE)

The U.S. Department of Veterans Affairs has decided to build the Lincoln clinic at the VA campus, a decision that opens the door to further development on the historic east Lincoln site.

The VA told developers last week the department will locate the Lincoln clinic, part of the VA Nebraska/Western Iowa Health Care System, in new facilities at the VA hospital campus near 70th and O streets, ending a more than two-year selection process.

Developers who hope to turn the VA campus into Victory Park, with apartments and condos for veterans and seniors, and private medical offices, had said they would not move ahead with development plans unless the VA selected the campus for the clinic.

It's been a long time coming, said George Achola, vice president of Burlington Capital. "But Friday we got positive news."

Johnson Development, partners with Burlington Capital, will take the lead in building the clinic. Building VA clinics is their specialty, said Achola.

Mayor Chris Beutler said the announcement "is an exciting step in the redevelopment of this historic site."

The city looks forward to working with the developers on this opportunity to preserve and enhance the VA campus, he said.

U.S. Sen. Deb Fischer, who voted to fund the leased clinics and encouraged the VA to move forward with the project, said she worked to advance the redevelopment of the Lincoln VA Clinic because "it's a vital project for Nebraska veterans."

The decision to move forward with the clinic and the announcement the new clinic will be constructed on the current VA campus "are two positive updates that show the project is moving forward in the right direction," Fischer said Monday.

The new clinic will replace the current clinic operated from the old VA hospital. Future development plans included renovating the old hospital for offices and apartments and building rental condos for seniors and veterans.

An apartment complex for homeless and near homeless veterans opened in December, but the rest of the development plans were on hold awaiting the VA clinic decision.

The redevelopment of the VA campus is a complicated arrangement with several partners.

The Seniors Foundation, a local nonprofit, has a long-term lease with the federal government for the campus. Burlington Capital is the developer for the Victory Park campus.

Achola said he doesn't expect construction to begin until next year and the clinic would likely open two years after construction begins.

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3.2 - WRDW (CBS-12, Video): [Charlie Norwood VA Hospital opens new clinic on 15th Street](#) (1 October, Alexis Allen, 196k uvm; North Augusta, SC)

AUGUSTA, Ga. -- Recently, a new rapid care clinic opened at the hospital on 15th Street.

The Charlie Norwood VA Medical Center is growing now more than ever.

"Within the south-east region which includes Alabama Georgia and South Carolina, we have the biggest percentage growth of years within that area so we are seeing an increasing group and would like to see more of our veterans using our services," said Robert Reeder, VA Hospital.

With a new clinic, they hope to bring faster service for those in need of same day service.

"Common cold they've had sniffles that have lasted for several days they can come in for bumps bruises sprains they just want to get their blood pressure checked it will be the same as any same-day care appointment they make with their primary care provider," said Bridgette McClarty, VA Hospital.

Reeder says this is an effort to ease the burden on the Emergency Room.

"The rapid clinic allows veterans to be seen pretty immediately they come in they can be seen they can be taken care of and they'll be followed up with her primary care provider where is in the ER when they go to the ER they are all other sorts of issues, all other sorts of patients that may cause delay just because there are other patients are more critical and need to be seen immediately," said Reeder.

A hospital spokesman says they cut down on wait times by offering 60 appointments a day with no appointments needed.

"If we are able to divert patients who have urgent needs versus those who have emergent needs then it limits the amount of time that we're spending on patients with the lower priority needs, we're able to give that time back to the patients with urgent care needs and that way it lowers the wait times."

Attendance was low on the first day, but they are hoping within a month more people will start using the new clinic.

The new location is at the VA's 15th Street location by the emergency department.

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3.3 - Nextgov: [By the Numbers: Federal Agencies Face Uneven Struggle Hiring Young Tech Talent](#) (1 October, Jack Corrigan, 193k uvm; Washington, DC)

It's no secret the federal tech workforce is getting older, but some agencies are having a lot more difficulty recruiting young IT professionals than others, according to data from the Office of Personnel Management.

And while civilian agencies generally face the most lopsided age disparities, the importance departments place on building a long-term talent pipeline varies greatly.

In March 2018, only 3 percent of the government's 84,097 tech specialists were less than 30 years old while some 14 percent of IT employees were over the age of 60. That means federal technologists at or approaching retirement age outnumbered their 20-something counterparts roughly 4.6 to 1.

But looking agency by agency, it's clear some are having have a much harder time attracting young workers.

The Air Force employs some 1.3 tech workers over 60 for every person under 30, and the Justice Department stood roughly at 2.2 to 1, the closest ratio of all civilian cabinet departments. At the same time, the ratio at the Treasury Department came in at 9.8 to 1, and at the Veteran Affairs Department, age 60-plus tech specialists outnumbered their under-30 colleagues nearly 19 to 1.

The Nextgov analysis used data from OPM's FedScope portal on government workers employed under series 2210 positions, designated as "Information Technology Management." Figures are not included for the Education, Energy, Housing and Urban Development, Labor and State departments. Each employs less than 1,000 IT specialists and there was not enough available data for an accurate calculation.

While the age-gap ratio itself isn't the problem—agencies probably wouldn't tap an entry-level worker to directly take over for a retiring senior official—it's a symptom of an unbalanced talent pipeline.

"We need to have that next generation of leaders primed and ready to work in the government," said Margot Conrad, director of federal workforce programs at the Partnership for Public Service. "If we experience a significant amount of retirements ... and we don't have that next generation that's ready to fill those critical missions, then we're going to have a problem."

The analysis found civilian agencies have more trouble recruiting young people than the Pentagon and the military services. Non-defense agencies employ some 7.4 IT specialists over 60 for every person under 30, roughly triple the figure for the Defense Department.

The workforce pipelines at the largest civilian agencies, the Homeland Security Department and VA, are in two very different states.

Homeland Security employs some 4,800 IT specialists, of whom 165 are in their 20s and 690 are age 60 or older. By contrast, the VA's tech workforce contains only 58 employees in their 20s and nearly 1,100 who are approaching retirement.

Looking at broader age breakdowns of government tech shops can help shed light on other workforce trends. Today, VA's age-gap ratio is worse than those of the Transportation and Treasury departments, but the latter two both have more tech workers in the 50 to 59 range. As those people age, the agencies' workforce could grow more lopsided if they don't bring on more young employees.

Washington, We Have a Problem

In March 2010, the ratio of 60-plus to under-30 IT specialists stood at about 1.9-to-1, and that figure more than doubled over the next eight years.

The reasons for the growing gap are twofold, Conrad told Nextgov. The federal workforce has a wave of baby boomers approaching retirement, and at the same time agencies are struggling to bring on the next generation of federal tech workers, she said.

Since 2010, the number of retirement-age federal IT specialists grew 64 percent and the number of young technologists in government shrunk 30 percent. There's no single cause for the decrease of young technologists in government, but Conrad said it stems from a handful of general obstacles agencies face when recruiting those employees.

One major factor is compensation. The government can't offer the high salaries tech-savvy 20-somethings might earn at startups and industry giants in Silicon Valley, she said. On top of pay, the private sector can often provide more flexible benefits packages than government organizations, something she said is very important to the younger generation of employees.

Additionally, the hiring process often takes significantly longer and is more opaque in government than commercial tech companies, which can turn off potential applicants, she said. And because it's difficult for job seekers to keep tabs on their application status, they might take jobs elsewhere while they're still in consideration.

Conrad also believes agencies don't do a great job marketing the work they do. If young people are unfamiliar with a specific group's mission, it's unlikely they'll consider applying to work there, she said.

Still, some agencies have done far better bringing young people on board as baby boomers age out.

Between 2007 and 2017, both Homeland Security and VA saw the number of 60-plus IT employees rise, but while the number young workers in Homeland Security tech shops grew more than 75 percent during that time, the number of 20-something IT specialists at VA fell nearly 75 percent.

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3.4 - East Bay Times: [Alameda to press feds on stalled veterans clinic, cemetery project](#) (1 October, Peter Hegarty, 21k uvm; Walnut Creek, CA)

ALAMEDA — Four years ago, Alameda and federal officials stood on the stage of the Alameda Theatre & Cineplex and heralded plans to build a veterans clinic and a national cemetery at the city's former U.S. Navy base.

But the \$240 million project has stalled, prompting the City Council to now look at jump-starting it. On Oct. 2, the council will consider approving a letter to the Department of Veterans Affairs, asking for an update on the plans and a response within 60 days.

The letter notes that in 2012, the city agreed to turn over 72 acres at the former Alameda Naval Air Station, now Alameda Point, for the clinic and cemetery, and that two years later more than 600 acres were turned over by the Navy to the V.A. The letter also highlights that Congress authorized \$80 million for the first phase of construction in 2016.

“Since then, the only new activity we have witnessed is Urban Shield emergency preparedness exercises, and those exercises were carried out in an area the V.A. said was to be for the benefit of wildlife,” the letter says. “We anxiously await a sign of progress in fulfilling the commitments that you made to the veterans in the Bay Area, city of Alameda and to the Navy, both of which gave you land for the public benefit.”

A detailed explanation for the slow pace from the V.A. was not available. But a representative said in an email that the design of the first phase of the project is underway and should be done by fiscal year 2019.

The Alameda project stalled after Congress approved a bill in February 2016 that requires the V.A. to allow the Army Corps of Engineers or other federal agencies to manage projects that cost more than \$100 million.

The action — which came just as Congress was authorizing cash for the ambitious project — is aimed at increasing oversight and was in response to a V.A. hospital in Aurora, Colorado, that cost nearly three times the original estimate.

Councilman Frank Matarrese put the letter on Tuesday’s agenda.

The letter asks for an update and a schedule for the infrastructure work at the former Alameda base and for a follow-up with the Bay Conservation and Development Commission over the project’s permit.

The future Alameda clinic, which supporters say will be a “one-stop shop” for veterans, is planned to include a regional V.A. benefits office, as well as a wildlife refuge to protect the endangered California least tern as it migrates along the California coast. The two-story, 158,000-square-foot clinic is to sit on 20 acres and replace the Department of Veterans Affairs’ current facility on Martin Luther King Jr. Way in Oakland.

The national cemetery, which is to be a columbarium only, will eventually house the remains of 300,000 veterans. The national cemeteries in San Bruno and at San Francisco’s Presidio are full and closed to new interments. Most Bay Area veterans are being interned at the Sacramento Valley National Cemetery in Dixon in Solano County, more than an hour’s drive from Alameda. The new clinic and columbarium would take up 112 acres of the overall site.

The remaining 512 acres are to remain as a nesting place for California least terns and include a conservation management office staffed by the U.S. Fish and Wildlife Service and the East Bay Regional Park District.

The City Council will meet at 7 p.m. Oct. 2 at City Hall, 2263 Santa Clara Ave., Alameda.

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[4. Focus Resources More Efficiently](#)

[4.1 - The Washington Post: 'Sammies' honor government's best and most innovative employees](#) (2 October, Lenny Bernstein, 43.9M uvm; Washington, DC)

Peggy Honein vividly remembers the day in 2016 when an obscure virus went from a curiosity to a major public health threat. There were disturbing reports out of Brazil of newborns with tiny heads, and the scientists at the Centers for Disease Control and Prevention were trying to determine why that was happening.

"One of the most important moments was when the CDC's lab first found evidence in some samples that Zika was destroying the brain tissue of newborns," Honein recalled in an interview.

Honein quickly assembled an emergency response team of nearly 200 people to monitor, study and respond to the Zika virus. The team eventually figured out that the virus was transmitted by mosquito bites as well as sexual contact.

The CDC released recommendations for travel by pregnant women and women of childbearing age across the Americas and is still monitoring 7,300 children in the United States and its territories for long-term health problems. Those include developmental delays, seizures and vision problems, among others.

"The Zika story really isn't over," said Honein, director of the CDC's congenital and developmental disorders division. "We still are following these children." And Zika remains a threat in nearly 100 countries, she said.

Honein will be awarded a Samuel J. Heyman Service to America Medal at a gala Tuesday night. Considered the "Oscars of government service," the "Sammies" are given by the Partnership for Public Service, a nonprofit, nonpartisan organization that tries to make government more effective.

The awards will be given to seven employees or teams from across the government, along with a first-ever "Spirit of Service" award to Jeffrey P. Bezos, founder of Amazon.com, for his work to advance space exploration and national security. His Amazon Web Services provides secure cloud computing used by the intelligence community, the military and first responders to collect, analyze and share information in real time, according to the award citation. (Bezos also owns The Washington Post.)

The awards come at a time of heightened friction between the federal workforce and President Trump, who has vowed to "drain the swamp" of ineffective government agencies and reduce the number of federal employees.

"These are not normal times for our nation's civil servants. Yet, they continue to serve in extraordinary ways, and we need to recognize and celebrate their important work," Max Stier, president and CEO of the Partnership for Public Service, said in a news release.

The top honor, Federal Employee of the Year, will be presented to Daniel L. Kastner, scientific director of the intramural research division of the National Institutes of Health's Human Genome Research Institute. Kastner discovered the genetic underpinnings of a family of debilitating "autoinflammatory" diseases using very early maps of the human genome more than 20 years ago.

"What we've discovered is a family of diseases that are inherited disorders of inflammation," Kastner said in an interview. Therapies based on this research have been used to treat strokes, fevers, arthritis and pain caused by these disorders.

The Career Achievement Medal will be given to Marshalyn Yeargin-Allsopp, who developed surveillance systems for the CDC that revealed the prevalence of autism, developmental disabilities and other conditions. In 1968, Yeargin-Allsopp became the first African American woman admitted to Emory University's medical school.

"I feel that I've done the best I can do with the gifts and talents that I've been given," she said. "That's what we all should do."

Other winners include:

- Karen D. Dodge of the Federal Trade Commission and Margaret Moeser of the Justice Department, who won the Homeland Security and Law Enforcement Medal. They led civil and criminal investigations that forced Western Union to admit it allowed con artists to use its service to collect payments related to scams. The company forfeited \$586 million to reimburse victims.

- Andrew M. Herscowitz and the Power Africa Team of the U.S. Agency for International Development, who will receive the National Security and International Affairs Medal. They brought together the private sector, financial institutions, 12 federal agencies and foreign governments to provide electricity to more than 50 million people in sub-Saharan Africa.

- Marcella Jacobs and the Digital Service team of the Department of Veterans Affairs, who will be given the Management Excellence Medal for streamlining online processes for veterans to simplify applying for and receiving benefits.

- Parimal Kopardekar and a team at NASA's Ames Research Center, who designed a traffic management system for drones, including rules and technologies that will allow commercial drones to safely deliver packages, monitor traffic and aid search-and-rescue operations.

An eighth award, the fourth annual Service to America Medals People's Choice Award, chosen by the public, was given in July to Alison Smith of the Naval Surface Warfare Center. Smith pioneered the use of nanomaterials to mark sensitive military equipment with a "fingerprint" to guard against the use of counterfeit products.

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4.2 - Government Executive: [Sammie Awards Honor NIH Genetics Pioneer and Other Exceptional Federal Employees](#) (1 October, Charles S. Clark, 870k uvm; Washington, DC)

The 17th annual Service to America Medals (nicknamed the Sammies) will be awarded to eight standout federal employees on Tuesday night, providing some limelight to a pioneer disease

geneticist, a team that foiled wire fraud schemes and designers of air traffic control systems for drones.

The winners, along with the other 27 finalists announced in May, will be honored at a banquet at the Andrew Mellon Auditorium in Washington that will also feature a special “fireside chat” between author Michael Lewis (whose new book “The Fifth Risk” analyzes President Trump’s unusual presidential transition) and Amazon.com founder Jeff Bezos.

Bezos, creator of the Blue Origin outer-space effort and owner of The Washington Post, will receive the Sammie organizers’ first- ever Spirit of Service award, which will go to individuals outside of government who make a key contribution to public service.

Emceed by PBS NewsHour Host Judy Woodruff, the gala for 600 guests will include Federal Trade Commission Chairman Joseph Simons, National Institutes of Health Director Francis Collins, Office of Management and Budget Deputy Director for Management Margaret Weichert, and Rep. Mark Meadows, R-N.C.

“These are not normal times for our nation’s civil servants,” said Max Stier, president and CEO of the Partnership for Public Service, the chief organizer. “Yet they continue to serve in extraordinary ways, and we need to recognize and celebrate their important work. The 2018 Service to America Medal recipients represent the best in government, the dedicated, smart and innovative public servants who work tirelessly behind-the-scenes to serve the public interest.”

For the 2018 class, the evening’s top honor, the Federal Employee of the Year, will be presented to Dr. Daniel Kastner of the National Institutes of Health. Kastner uncovered the genetic causes of seven rare, debilitating illnesses he categorized as auto inflammatory diseases, alleviating suffering for thousands of patients in the United States and around the world.

The Career Achievement Medal recipient is Dr. Marshalyn Yeargin-Allsopp of the Centers for Disease Control and Prevention. She pioneered ground-breaking research and surveillance systems that for the first time documented the prevalence of autism, intellectual disabilities, cerebral palsy, hearing loss, vision impairment and epilepsy among children.

The Homeland Security and Law Enforcement Medal winners are Karen Dodge of the Chicago office of the Federal Trade Commission and Margaret (Molly) Moeser of the Justice Department in Washington. They led parallel nationwide criminal and civil investigations into con artists that resulted in Western Union, the world’s largest money transfer company, admitting to allowing criminals to use its service to collect scam-related payments. The company forfeited \$586 million to reimburse victims.

The National Security and International Affairs Medal goes to Andrew Herscowitz and the Power Africa Team of the U.S. Agency for International Development (based in Pretoria, South Africa). They brought together technical and legal experts, the private sector, financial institutions, 12 federal agencies, and governments from around the world to provide electricity to more than 50 million people in this region. The team’s 117 electrification projects have spurred economic development while generating hundreds of millions of dollars in opportunities for U.S. exporters.

The Management Excellence Medal goes to Marcella (Marcy) Jacobs and the Digital Service Team of the Veterans Affairs Department (Washington, D.C.). They helped veterans access

their benefits through a simplified login system and new ways to apply for health and education benefits and monitor disability claims and appeals.

The Promising Innovations Medal winners are Parimal Kopardekar, and the UTM Team of NASA's Ames Research Center (Moffett Field, Calif.). They worked across agencies and with private-sector partners to design the first-of-its-kind traffic management system for unmanned aerial vehicles, which may number 700,000 by 2020 delivering packages, monitoring traffic and helping with search and rescue.

The Science and Environment Medal goes to Margaret (Peggy) Honein of the Centers for Disease Control and Prevention. She quickly assembled a team that collected and analyzed critical nationwide data on the mosquito-borne Zika virus in order to protect pregnant women and babies when it began spreading in 2015-16.

Finally, in a special category, the fourth annual Service to America Medals People's Choice award was presented in July to Alison Smith of the Naval Surface Warfare Center in Crane, Ind. She pioneered the use of nanoparticles to mark sensitive military equipment with a unique fingerprint to guard against counterfeit products and protect warfighters. The public voted for Smith out of all 27 Sammys finalists.

Named in 2010 for entrepreneur Samuel J. Heyman, who founded the nonprofit partnership, the Sammys began in 2002 as a way to spotlight public-sector talent. More than 500 have since won the awards. Winners are chosen by a selection committee of leaders from government, business, foundations, academia, entertainment and the media.

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4.3 - WECT (NBC-6, Video): [Inspector General finds potential fraud involving Wilmington VA Clinic](#) (1 October, Ann McAdams, 466k uvm; Wilmington, NC)

There are major developments in the investigation into how the contract was awarded for Wilmington's VA Clinic. It's a story we've been following for more than three years, since WECT found out the VA was paying almost \$300,000 a month to rent the 80,000-square-foot facility at the Wilmington Airport.

After seeing our reports, detailing how the VA was paying more than twice the going rate for prime medical office space in Wilmington, and was locked into a 20-year, \$69-million-dollar contract at this inflated rate, Congressman Walter Jones called for the investigation.

Two years later, the VA's Inspector General has released its findings, saying that there was potential fraud in the way the VA awarded the contract. The Inspector also found that the VA overpaid by millions to lease the land underneath the clinic from the airport authority, based on the fair market value of the land at the time the deal was made.

The transaction for the building was separate. The VA's Office of Construction and Facilities Management claims they got 14 competing offers to build the Wilmington VA Clinic, but they were only able to produce two of those offers for investigators, despite federal requirements to keep all of the paperwork in question.

According to the report, the VA Inspector General's Office requested copies of the bids 8 different times over the course of their investigation and never got them, which makes it impossible for them to determine if the VA chose the bid for the building that was in the taxpayers' best interest.

The Inspector General's report was released the same week Hurricane Florence made landfall, so we are just now having the opportunity to report on this, but we did ask the brand new secretary of the VA about this when he was in town Monday.

"We have 3 levels of investigative authority that move whenever we hear a lot of these things. One thing I will say is I am very proud of the movement VA has made, we've put a lot of the turmoil of the first half of this year behind us, I'll take a look at this, but coming online just as a major storm hits, so I have not seen that," Secretary Robert Wilkie told WECT when asked about his Inspector General's newly released findings.

Because of the red flags that potentially indicate fraudulent activity, the VA Inspector General has requested a criminal investigation into how the contracts for the Wilmington VA Clinic were awarded. As things continue to get back to normal after the storm, we hope to get more details for you.

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4.4 - WPRI (CBS-12, Video): [Feds move forward on RI 'whistleblower's' claim of harassment, hostility](#) (1 October, Walt Buteau, 440k uvm; East Providence, RI)

WARWICK, R.I. — A claim that harassment caused a hostile work environment in a Warwick combat veteran counseling office will be investigated further by federal authorities, the Target 12 Investigators have learned.

Ted Blickwedel, who was a counselor at the Warwick Veterans Affairs (VA) Vet Center for nine years, filed a complaint in June about several issues, including claims of unreasonable performance standards, unfair punishment and false accusations.

VA Readjustment Counseling Service (RCS) Vet Centers counsel combat veterans across the country, with three locations in Southern New England.

The letter to Blickwedel from the VA Office of Resolution Management states his claims, "if proven true, could create a hostile work environment."

"We have determined that your complaint passes the severe and pervasive requirement for further processing," the letter said.

Blickwedel, a Marine who's dealt with personal bouts with Post Traumatic Stress Disorder (PTSD), called the development "an important next step."

"It's vindication not only for the issues I raised, but for the retaliation I experienced from the RCS leadership," he said.

Blickwedel said he retired about three years early following claims his supervisor harassed him by turning off his email access after he raised concerns last year about a 2016 policy change that mandated "30 visits" a week per Vet Center counselor.

Blickwedel said his email access was blocked a short time after he sent a survey to the VA's 1,300 Vet Center counselors, that asked questions about the session counts and productivity standards.

While only a small percentage was able to reply before his email went dark, 85 percent who answered said the "visit count mandate" has adversely impacted the quality of care to veterans.

VA Press Secretary Curt Cashour has not responded to a request for comment on the decision to further investigate Blickwedel's complaint.

In April, he disagreed with the claim the weekly RCS session requirement put too much pressure on the counselors, saying they "manage their own schedules in consultation with their direct supervisor."

"And if a client needs extended services," Cashour said at the time, "staff have the flexibility to be able to provide that."

Blickwedel is hopeful investigators will further substantiate his claims to put pressure on "the leadership of RCS."

"So, they're compelled to have systemic change so that counselors are properly taken care of, aren't burning out and the quality of service for veterans is not being negatively impacted," Blickwedel said. "If the counselors are burning out, they're not going to be able to perform effectively and that's going to impact quality of service."

Blickwedel's Whistle-Blower Protection Act complaint was dismissed on grounds his claim did not result in official personnel action being taken against him.

Blickwedel said the VA Office of Inspector General (OIG) decided not to investigate the complaint he filed with that agency.

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4.5 - Legal Reader: [VA Pathologist Works While Intoxicated, 30,000 Files Reviewed for Errors](#) (1 October, Sara E. Teller, 17k uvm)

Dr. Robert Morris Levy was a pathologist at a Veterans Affairs (VA) hospital in Veterans Health Care System of the Ozarks in Fayetteville, Arkansas. He was found to be drunk while at work in March 2016, and his intoxication was reported by an employee. However, after completing an inpatient program, Levy returned to work under the supervision of the Mississippi Physician Health Program in conjunction with the Arkansas Medical Foundation. In October 2017 he was again found to be impaired while on the clock. Levy admits to being drunk in 2016 but said he had a complex migraine and was not impaired the following year. Patient files are now being reviewed for errors.

Levy was terminated after being arrested for a DUI, a case which was ultimately dismissed. The former pathologist said he was arrested during work hours on March 1. According to a police report, Levy's "speech was very slurred, and his balance was swayed" and he failed a field sobriety test. But Jacob DeYoung, a deputy city prosecutor for Fayetteville, said the case was dismissed after Levy's blood sample came back clean.

Levy continued to work as the hospital investigated. He said he saw a neurologist, who cleared him. Records also show Levy later visited a neuropsychologist who found "no major concerns."

Kelvin Parks, the interim medical center director for the hospital, wrote to the Mississippi board on June 7 that Levy "significantly failed to meet generally accepted standards of clinical practice that constituted an imminent threat to patient welfare." Two days later, the Arkansas physician program revoked its advocacy of Levy due to "non-compliance with daily check-in requirements and failure to return phone calls to the AMF."

Now, hospital officials are in the process of reviewing more than 30,000 cases dating as far back as 2005 in which Levy was treating patients and could have potentially caused significant errors resulting in serious injuries or death. So far, spokesperson Wanda Shull has indicated they've found eleven such errors which constitute "institutional disclosures." Shull said the veterans and their families have been notified. Previously, investigators had discovered one potential death among Dr. Robert Morris Levy's cases. Now, two others have now been connected to his care, and all three families have been notified.

Officials have also discovered 1,119 total errors thus far, although not all resulted in a change in care. All the while, Levy has denied working while impaired at the hospital in Fayetteville. Both internal and external pathologists are conducting the review, beginning with higher-priority and more complex cases, and the VA Office of Inspector General and the hospital are investigating whether the hospital acted properly after Levy was initially found to be impaired in 2016.

Levy was licensed to work in California, Florida, and Mississippi. VA doctors do not need to be licensed in the state in which they practice. In July, the hospital sent letters to veterans whose cases were being reviewed. Those whose cases have now been completed are being contacted regardless of whether errors were found or not. The VA Office intends to discuss the results with all families impacted.

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5. Improve Timeliness of Service

5.1 - The Plain Dealer: [Flu season has started, after record cases last year](#) (1 October, Julie Washington, 11.5M uvm; Cleveland, OH)

One of the most deadly flu seasons in decades ended this spring, and a new flu season is already here. Time to get a flu shot now.

An estimated 80,000 Americans died from flu-related illness during last year's flu season, the highest number of deaths in at least four decades, according to the Centers for Disease Control and Prevention. In an average year, the U.S. sees between 12,000-56,000 deaths, the CDC said at a press conference.

Cuyahoga County had a record number of hospitalizations, with 2,781 far surpassing the old record of 1,581 set during the 2014-2015 season. Cuyahoga County recorded 47 flu deaths, coming close to the record of 52 deaths recorded that same season.

The severe 2017-18 flu season was driven by a flu strain that tends to cause more hospitalizations and deaths, especially among young children and the elderly. Fatal complications from the flu can include pneumonia, stroke and heart attack.

Last season's flu vaccine was about 40 percent effective, said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. It wasn't a good match against the flu mutations that circulated.

There's no way to predict if the upcoming flu season, which runs October through spring, will be better or worse, experts say.

Symptoms of influenza include moderate to high fever, dry cough, headache, sore throat, chills, runny nose, loss of appetite, muscle aches, and tiredness. Signs that influenza is getting worse include fever, shaking chills, and shortness of breath.

Even though the flu vaccine is not 100 percent effective, doctors still recommend it because it makes illnesses less severe and saves lives. Pharmacies, clinics, county board of health and doctors across northeast Ohio stand ready to offer flu shots. (See accompanying story for a list of places to get the influenza vaccine.)

At a recent flu clinic inside the Louis Stokes Cleveland VA Medical Center in University Circle, volunteers guided veterans to nurses standing ready to administer the flu shot. About 500 veterans received free flu shots during the clinic's two days, a spokeswoman said.

Retired Navy veteran James Bowie, 66, took advantage of the free flu vaccine while getting physical therapy at the VA medical center. For years, Bowie got an annual flu shot to help protect his late mother, whom he cared for. He's decided to keep up the habit.

"I never got the flu, and when I did get a cold, it helped me from going under," said Bowie, who lives in Cleveland. "I recommend everybody get it."

It's important to get the influenza vaccine to protect yourself and people around you who might have weakened immune systems, said Liza Eckstein, a VA nurse and infection prevention specialist.

Eckstein listed other ways to protect against germs, such as staying away from sick people, coughing into your elbow, using tissues and washing hands before and after eating.

"Every little bit helps," Eckstein said.

People considered high-risk during flu season are those younger than age 6, older than 65, pregnant women and residents of nursing homes or long-term care facilities. Health issues that could complicate the flu are asthma, neurological conditions, chronic lung disease, heart disease, blood disorders, endocrine, kidney and liver disorders, and a weakened immune system.

Everyone six months and older should get vaccinated every year by the end of October, because it takes two to four weeks for the shot to reach full effectiveness.

Science hasn't cured the common cold, but it is getting closer to a universal flu vaccine that would work against multiple versions of the flu virus, and provide immunity for more than one year, making the days of the annual flu shot obsolete.

Researchers are working on a universal flu shot that would be followed by a seasonal vaccine, or "boost," to create a better vaccine. Other research is looking at a section of the flu virus that doesn't mutate from season to season, making it an ideal target for a universal flu vaccine.

There's also a new, fast-acting drug that appears to shorten the duration of flu symptoms. The FDA is reviewing the drug and a decision is expected soon, according to the online health publication STAT.

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5.2 - WECT (NBC-6): [VA Secretary pays visit to Wilmington](#) (1 October, Ann McAdams, 466k uvm; Wilmington, NC)

WILMINGTON, NC - Newly confirmed Secretary of the US Department of Veterans Affairs Robert Wilkie came to Wilmington Monday to tour the Wilmington VA Clinic, and see the ongoing effort to provide medical care to veterans in the wake of Hurricane Florence.

VA medical teams from all over the country came to Wilmington with mobile clinics so veterans could be seen, despite the fact that there is significant damage inside the main building.

Up and down the coast, Wilkie said the VA had to cancel 7,000 appointments because of the storm. They've managed to reschedule 3,000, so far.

"This clinic is being fixed as rapidly as possible. And in the meantime, those who need care that can't be delivered here until the repairs are done are going to Fayetteville and Durham, and we thank those facilities for their support," Wilkie said during a news conference.

Wilkie said the primary care offices, pharmacy, and other basic departments inside the Wilmington clinic are open for business, but more complicated medical procedures are not able to be performed in the Wilmington clinic until repairs are finished.

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5.3 - WMAZ (CBS-13, Video): [New data shows increased ranking for Dublin VA](#) (1 October, 446k uvm; Macon, GA)

DUBLIN, GA. — The Carl Vinson VA Medical Center says they are making strides in improving their quality of services for veterans.

According to recent data from the United States Department of Veterans Affairs, the Carl Vinson VA Medical Center was one of the many VA facilities that improved over the past year.

The data released measures overall efficiency, productivity and quality in areas such as death rate, complications and patient satisfaction.

Interim Medical Center Director Dr. Connie Hampton says the Dublin VAMC was ranked 128 out of 146 VA facilities, but has since risen to 102.

“Our staff at Dublin VAMC strives to provide the best health care for our nation’s heroes every day,” said Dr. Hampton.

As a whole, 71 percent of VA medical centers have improved in overall quality since the same time last year. Seven percent had a small decrease in quality.

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5.4 - WWAY (ABC-3, Video): [New Veterans Affairs Secretary Visits Center After Hurricane Florence](#) (1 October, Basil John, 189k uvm; Wilmington, NC)

NEW HANOVER COUNTY, NC — Hurricane Florence left it’s mark on the Cape Fear and many veterans had their appointments pushed back. As veterans come in to get their appointments done at the Wilmington Health Care Center, they and medical staff were visited by the new Veteran Affairs Secretary, Robert Wilkie.

“As always, it’s good to be back in Wilmington. But it’s equally proud to stand and talk to the wonderful people who’ve been on watch since we realized that a hurricane was head to our state,” Wilkie said.

Wilkie toured the facility to see the damage that was done and then came outside to the mobile clinics in the parking lot to speak with and thank the medical staff for helping the veterans. He also said that if for any reason, a veteran can not be helped at this facility, they will help certain veterans get help from outside the system, if necessary.

“If you can’t get it here because of this, we’ll be able to take care of them outside of the system if that’s what’s called for,” Wilkie said.

He also says it’s important to focus on these efforts before more veterans come to the state.

“By 2020, one in nine North Carolinians will be a veteran. So the more robust these facilities are the better they are able to take care of the massive influx of veterans who are coming to the southeast,” Wilkie said.

Even though veterans had to wait sometime for their appointments, some are just glad things are progressing.

“I got a call three four days before the hurricane hit telling me they were going to cancel it, and then I got a call I think last Thursday or Friday saying they had an appointment for today,” veteran Charles Cipolla said.

They say it’s a time they just have to be patient.

"Just give them a break, let them do what they have to do and if it takes a little longer, say thank you when they get it to you," Cipolla said.

Associate Chief of Staff Richard Trotta says the center had heavy water damage in the back of the facility and water got into air vents. He adds, they are working as fast as possible to make repairs.

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5.5 - WFXR (FOX-27): [Salem VA Medical Center, surrounding clinics offering free flu shots to veterans](#) (1 October, Clay Ostarly, 29k uvm; Roanoke, VA)

Salem VA Medical Center and its community clinics located in Danville, Tazewell, Wytheville, Lynchburg, & Staunton are offering free flu shots for veterans through the month of October.

It's an effort to raise awareness about the flu shot. The Salem VA Medical Center is offering drive-thru flu shots. The community clinics are giving flu shots in the clinic.

One veteran WFXR spoke with Monday said he's very grateful for the service.

"I enjoy these people. I like them. I'm really glad they have the CBOC here. I don't have to travel as far when I need things done," said Jesse Mayo.

If you are a veteran and would like to get your free flu shot, you can go to the Salem VA Medical Center Monday through Friday from 8:30 am to 4:00 pm, or to your closest VA Clinic from 8:30 am to 12:00 pm, and then from 1:00 pm to 4:00 pm.

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5.6 - Delaware Public Media: [Wilmington VA officials cite improvement in quality metrics](#) (28 September, Nick Ciolino, 25k uvm; Dover, DE)

Officials at the Wilmington VA Medical Center say a recent overhaul of its leadership has led to improvements in the quality of care at the hospital.

The VA based in Wilmington represents all of Delaware and some of southern New Jersey with five community-based health centers throughout the region.

It has replaced its Medical Center Director, Chief of Staff, Nurse Executive and Associate Director in the past year.

The new leadership is pointing to a quarterly scorecard measuring 25 quality metrics. They say the data indicates the Wilmington VA has advanced from 118th to 61st in the past year among the ranks of 146 VA facilities nationwide.

Medical Center Director Vince Kane says access to care has been an emphasis.

"Everything does really begin and end with how quickly you engage the veterans, how do you get them into appointments, how do you make sure those appointments are offered in a way that is closer to their home that is convenient to their healthcare needs," said Kane.

Director of Quality Management Christine Micek says since the quarterly scorecard's release Wilmington has advanced even further - reaching 35th overall nationwide.

"A very positive thing for us here in this medical center to see all the hard work that the staff have put in have really shown a significant result," said Micek. "What we do now is keep those changes we've already made in place and start looking to see our next steps in improvement."

The Wilmington VA did not, in fact, show improvement across the board according to the scorecard.

The acute care inpatient mortality ratio and 30-day readmission rate were among categories with higher ratings in last year's data.

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5.7 - WNCN (CBS-17, Video): [VA in Fayetteville rescheduling 17,000 appointments canceled by Florence](#) (1 October, Holden Kurwicki, 13k uvd; Raleigh, NC)

FAYETTEVILLE, N.C. - Veterans Affairs Secretary Robert Wilkie was briefed on how the system managed to keep the doors open while some sustained damage that will linger long after Hurricane Florence has passed.

"This is my home," VA Secretary Robert Wilkie said Monday.

Inside the doors of the Fayetteville VA Hospital, the veterans are always under a watchful eye.

"Their lives were impacted by this storm," Wilkie said during a visit to the facility. "Not only were we ahead of this storm and making sure our most vulnerable patients were taken care of, but we've been on the front line of following up to make sure that they're alright."

Now it's the hospital itself that is under the microscope.

"VA really is the foundational institutional response for the entire recovery effort," said Wilkie. "Our hospitals become emergency management centers for FEMA and other federal departments."

In the aftermath of Hurricane Florence, Wilkie made it a point to thank the worn out staff for how they weathered the storm.

"Emergency folks who were activated and are coming in to refresh the ones who came here on a moments notice when the hurricane hit," said Wilkie.

Now the health care system that has routinely been under fire for years has its hands full rescheduling the roughly 17,000 appointments canceled by Florence at the Fayetteville location alone.

The Wilmington VA location was also severely damaged.

"Our system, when we cancel an appointment, leaves an open action that prompts us to call the patient to make sure we bring the veteran in as soon possible," said Fayetteville VA director James Laterza.

"We do have contingency plans which haven't kicked in yet in case there's a problem which the engineers haven't discovered yet," said Wilkie. "We have four mobile medical units in Wilmington right now dealing with the problems that veterans have."

While it could be four to six weeks before things across the VA system in North Carolina are back to normal, a fresh wave of medical reinforcements on the way to ensure veterans get the care they need, officials said.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [Vote on veteran transitional housing in La Crosse delayed to address neighbor concerns](#) (1 October, Jourdan Vian, 822k uvm; La Crosse, WI)

Neighbors of the proposed Tomah Veterans Affairs Medical Center transitional residency facility on Farnam Street say they support veterans. They just don't want this facility for veterans in their neighborhood.

"We are all in favor of our veterans. We have veterans living in our neighborhood. We're very proud of them and thankful for their service," said Lesley Patterson Monday. "I don't think that's really the issue at hand, ultimately. Ultimately, the issue at hand is what's going to be safe."

Patterson was one of several people who spoke in opposition of the project during Monday's La Crosse Plan Commission meeting. La Crosse residents Dave and Barb Erickson contacted the Tomah VAMC to donate their seven-bedroom, four-bathroom home at 3120 Farnam St. to help veterans. The Plan Commission unanimously delayed a vote on a conditional-use permit to allow a community living arrangement within 2,500 feet of another until its December meeting to allow the Tomah VAMC to answer some of the questions raised by neighbors.

Patterson and others said they are concerned these veterans would be in treatment for severe substance abuse and mental health issues and one of the listed goals of the transitional residency program is to teach those veterans anger management skills. They raised concerns about having only one 24/7 staff member, who might not be licensed in mental health.

"If they are, I as a neighbor, want to be assured that they have the proper help available to them, all the time," Patterson said.

Patterson pointed out that some of the veterans could also be people with a record of violent offenses, which she said rightly scared people with small children.

"It's not about whether this home should be used for veterans, but what population it could serve best," she said.

She also raised objections to there being "a revolving door of 10 veterans," saying it was important to know they were safe and the neighborhood was safe.

Bonita Socha, who also lives in the neighborhood, asked what the move would do to the city's tax revenue — whether it being a federal facility would take it off the tax roles completely — and what the move would do to the neighboring property values. Others raised concerns about the VA's reputation after scandals in 2015, including a startling number of painkillers prescribed to patients.

Council member David Marshall, a 35-year member of the U.S. Army who returned Sunday from military duty in Arizona, said the issue was an emotional one for him.

"I can tell you from experience that I have friends who are very embarrassed to come back damaged as they are. They didn't choose that. They want to be whole again," Marshall said.

He referenced his own eight active-duty deployments, saying, "For six months, I have nightmares, I have flashbacks, I have issues. I thank my God that I have a wife who supports me, and I have a support system like no other. I can just imagine what it'd be like to not have that support system. This is the VA providing that support system."

Marshall begged the neighbors present to put aside their fears, saying he would be thrilled to have the facility on his street.

La Crosse County Supervisor Sharon Hampson, who represents the area on the county board, pointed out that peppered throughout the city are foster homes, halfway houses and other places meant to help people in recovery get on their own two feet.

Hampson added that she believes in helping people recover and that the facility would treat people who want to work and want to integrate back into the community.

"These are veterans that have been damaged because they voluntarily went to wars, and I think we owe them the decency to let this program help them," she concluded.

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7.2 - Stillwater News Press: [InterTribal Homeless Veterans Stand Down to provide aid during Friday event](#) (1 October, David Bitton, 68k uvm; Stillwater, OK)

Military veterans can get a free haircut, meal, clothes and get help in applying for VA benefits if they attend Friday's InterTribal Homeless Veterans Stand Down in Red Rock.

The second-annual event is intended for rural, Native American and homeless veterans, but everyone who has served in the military is welcome to attend the 9 a.m.-3 p.m. Stand Down at the 7 Clans Paradise Event Center, 7500 U.S. Highway 177, about 25 miles north of Stillwater.

Widows and widowers of military personnel are also encouraged to come.

“We want them to know we will help them get the ball rolling on whatever they need assistance with,” said Heather Payne, public information officer for the Otoe-Missouria Tribe, which partners with the U.S. Department of Veterans Affairs for the event.

Lunch will be served at noon.

Roughly 37 vendors are expected to be in attendance, offering a variety of free services from the flu shot and drug counseling to employment services and housing assistance.

At last year’s inaugural event, three homeless veterans got placed in housing, according to Payne.

Veterans are also eligible for free cold weather items like sleeping bags, wool socks and boots.

Veteran attendees will need to bring their DD Form 214 and any other documents necessary to file a claim.

Surviving spouses are asked to bring a copy of their marriage certificate, death certificate of the veteran and their spouses DD Form 214.

For more information visit omtribe.org or contact Heather Payne at 580-723-4466x217.

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7.3 - KFGO (AM-790): [VA veterans national cemetery near Fargo to be ready by late spring](#) (1 October, Don Haney, 56k uvm; Fargo, ND)

By late spring-early summer of next year, the first VA Veterans National Cemetery in North Dakota will begin accepting burials at the site, north of Fargo. Two years ago, the VA purchased property near the Maple Sheyenne Lutheran Church near Harwood. Construction on the five acre site began earlier this year.

Ame Callahan, Executive Director of the Ft. Snelling National Cemetery in Minneapolis, overseeing the project, says this is phase one of the project, with more than 3,000 gravesites for eligible veterans and their eligible family members.

Callahan says North Dakota is one of the few states that, up until now, to not have a national veterans cemetery. It will have a memorial wall, flagpoles and entry features. Another 5 acres is set aside for additional burial sites when this one reaches capacity which is likely in about 10 years. The new cemetery will complement the North Dakota Veterans Cemetery near Mandan, which is state operated.

The new National Cemetery will include:

1400 Preplaced crypts

40 Oversize preplaced crypts

800 Inground cremation sites

800 Columbarium niches

40 Private vault sites

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7.4 - NJTV (PBS, Video): [Workshop hopes to connect female veterans with resources](#) (1 October, Raven Santana, 49k uvm; Newark, NJ)

Most people don't immediately think of a woman when the image of a homeless veteran comes to mind. But according to the Department of Veterans Affairs, female veterans account for the fastest growing number of homeless veterans in the United States.

"A lot of times they don't know where to go because even though we have all these different organizations and everything else, they're afraid to just say, because a lot of times they feel they're going to be thrown in a shelter, and who wants to be thrown in a shelter," said Cheryl Turner, a veteran and president and founder of New Hope Village 4 Veterans, Inc.

The Department of Housing and Urban Development counted 40,000 homeless veterans on a single night in January last year. Of those, about 9 percent, or 3,600, identified themselves as female veterans.

The Department of Veteran Affairs says part of the reason why women don't self-identify as veterans is because they're confused about their status.

"They're not identifying as a veteran maybe because they believe that in order to be classified as a veteran they had to have served either in combat or overseas, and that not the case," said Department of Veterans Affairs Public Affairs Officer Jennifer Myers. "At least come to the VA to see what you're eligible for and really confirm your status as a veteran."

Myers' words resonated with fellow service members who attended a Women Veteran's workshop in Newark, where vendors provided help with employment, living arrangements and resources for survivors of sexual assault.

"You try to keep up with the guys, and you don't want to seem weak and say this happened to me or this occurred, so a lot of times people do. They don't say anything. They keep it to themselves and then later on down the line you have issues," said Airforce veteran Rasheedah Mayes.

The VA says about 1 in 5 women have been victims of sexual assault.

"Be reminded that some women coming into this building have been, are dealing with military sexual trauma. They're dealing with PTSD," said Verna Martin, co-director of the Vets Chat & Chew Program.

Vets Chat & Chew is designed for veterans and active military and focuses on how food can change your mood.

"It allowed me to be around women that had experienced that same thing I had experienced," Martin said.

There was one sentiment shared by most of the female veterans — when in uniform, they wish they were acknowledged for their service the same way men are.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Three New Genes Linked to Chronic Back Pain](#) (1 October, Mary Elizabeth, 23.9M uvm; Washington, DC)

New research pinpoints three genes responsible for skeletal development that appear to be connected to chronic back pain.

The study authors said their findings could shed new light on the biological factors involved in the development of the condition and lead to new treatments for back pain, which is the leading cause of disability around the world.

For the study, an international team of researchers conducted a genome-wide association to search for gene variants associated with back pain. The study involved 158,000 adults of European ancestry. Of these participants, more than 29,000 suffered from chronic back pain.

The scientists identified three new genetic variants linked to chronic back pain. The SOX5 gene, which is involved in nearly all phases of embryonic development, had the strongest link to the condition.

Previous animal studies have shown that deactivation of this variant is linked to defects in cartilage and skeleton formation in mice.

The study also showed that another gene, which has been associated with intervertebral disc herniation (commonly called a slipped disc), was also linked to back pain. The researchers also identified a third gene involved in spinal cord development, which could affect the risk for back pain due to its influence on pain sensation.

The findings were published Sept. 27 in the journal PLOS Genetics.

"The results of our genome-wide association study point to multiple pathways that may influence risk for chronic back pain," said study leader Dr. Pradeep Suri, of the U.S. Department of Veterans Affairs in Seattle.

"Chronic back pain is linked to changes in mood, and the role of the central nervous system in the transition from acute to chronic back pain is well-recognized," he said in a journal news release.

"However, the top two genetic variants we identified suggest causes implicating the peripheral structures, such as the spine," Suri added. "We expect that further large-scale genetic studies

will reveal the importance of both peripheral and central contributors to the complex experience of chronic back pain."

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8.2 - Medical Xpress (Stanford University Medical Center): [Genetics of cholesterol point to possible drug targets for heart disease, diabetes](#) (1 October, 1.5M uvm; New York, NY)

From the DNA of nearly 300,000 veterans, scientists have singled out a handful of genetic mutations that not only govern levels of cholesterol, but may also inform the development and use of drugs for cardiovascular disease and diabetes, according to researchers at the Stanford University School of Medicine and the Palo Alto Veteran Affairs Health Care System.

Scientists zeroed in on three mutations that disrupt the function of their respective genes. That might sound bad, but in this case, it's actually beneficial, as veterans who carried one of these mutations showed improved cholesterol profiles in their blood and a decreased risk of either heart disease, abdominal aortic aneurysms or diabetes, depending on the gene mutation.

"The idea is to use genetic data linked to electronic health records from a very large number of individuals to find genetic variants that simultaneously improve lipid profiles and protect against cardiovascular disease," said Tim Assimes, MD, Ph.D., associate professor of cardiovascular medicine. "From there, you can figure out what the best potential drug targets are."

All three of the main genes pinpointed in the study—PDE3B, PCSK9 and ANGPTL4—could one day be targets for the treatment of either heart disease, abdominal aortic aneurysm or diabetes, respectively. The mutation in PDE3B, however, is the most intriguing, Assimes said, because there's already a drug on the market, called cilostazol, that mimics the beneficial mutation in that gene. Assimes said cilostazol may now also be a strong candidate for treating heart disease.

The study will be published online Oct. 1 in Nature Genetics. Assimes is the senior author. Derek Klarin, MD, clinical fellow in surgery at Harvard, and Scott Damrauer, MD, assistant professor of surgery at the University of Pennsylvania and the Corporal Michael Crescenz VA Medical Center in Philadelphia, share lead authorship.

The power of many

To reliably identify the molecular factors that influence cholesterol levels in blood, Klarin, Damrauer and Assimes turned to the power of numbers. Through the Million Veteran Program, a national research initiative based at the Veterans Health Administration that aims to identify the genetic determinants of health and disease among U.S. veterans, the scientists pooled genetic information with cholesterol readouts from 297,626 veterans and looked for variants that play a role in cholesterol levels. The study confirmed 188 previously known genetic markers of cholesterol and identified 118 new ones.

The scientists subsequently chose to home in on a narrow sliver of rare genetic anomalies for further analysis through a technique called phenomewide screen, or PheWAS. They already knew these gene mutations affected cholesterol but wondered whether the mutations likewise could affect the risk of other diseases. The PheWAS technique gleans disease risk information from immense databases of genetic information linked to electronic health records.

Drugs as mutation copycats

Three gene mutations found through the screen piqued the investigators' curiosity. Each mutation swayed the veterans' cholesterol levels favorably, but differed in how it affected their risk for other diseases: the PDE3B mutation protected against heart disease; the mutation in PCSK9 not only decreased the risk for heart disease, something that was already known, but also the risk of abdominal aortic aneurysm; and ANGPTL4's mutation dampened the risk for Type 2 diabetes.

"All of these mutations are loss-of-function variants, meaning they either substantially diminish or stop the function of the gene altogether," Klarin said. That makes a good case for developing a drug that copies what the mutation does; if a faulty PDE3B gene decreases risk for heart disease, it could be promising pharmaceutical inspiration. In this study, the PDE3B mutation was associated with lower triglycerides, higher HDLs and a 20 percent lower risk of heart disease.

"Amazingly, there's a cheap, generic drug that I already use to treat my patients for vascular disease which also mimics the effects of the mutation in PDE3B on cholesterol levels, but no one has paid attention to these 'side effects,'" Damrauer said. The drug is typically only used to treat the symptoms of blockages in leg arteries to improve how far people with vascular disease can walk without pain. The next step is to investigate whether that same drug could wear multiple therapeutic hats.

'Misled before'

Although this work may help identify new targets to curb heart disease, Assimes cautions against requesting a prescription for cilostazol for solely that purpose.

"The genetics help suggest that this drug can decrease the risk of heart disease by lowering triglycerides, but it's not proof," he said. "I would not prescribe it until a large randomized trial is completed with cilostazol or a related drug looking specifically at heart disease outcomes.

"We've been misled before by drugs that had effects on cholesterol, but they turned out to be cosmetic," he added. "Better cholesterol profiles can look great, but if the drug doesn't affect the outcome you're aiming for, which is heart attack in this case, then it's useless."

Assimes is hoping that won't be the case with cilostazol.

As for the other two genes, PCSK9 and ANGPTL4, Assimes said that further investigation of those are also needed. Several inhibitor drugs that mimic the effects of the PCSK9 mutation are already on the market to reduce the risk of heart attacks. The question is whether their use will also lead to fewer aneurysms. Drugs that mimic the effects of the ANGPTL4 mutation are still under development, and large-scale testing in humans has not yet begun.

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8.3 - Medical Xpress (Brown University): [New tool will aid in understanding brain signals](#)
(1 October, Mollie Rappe, 1.5M uvm; New York, NY)

The human brain contains about 90 billion neurons, but Stephanie Jones, an associate professor of neuroscience at Brown University, doesn't let that staggering number faze her.

In fact, she just released a user-friendly software tool that models the neural circuits in the outer layers of the brain, which produce the electrical activity monitored by noninvasive techniques such as electroencephalography (EEG).

"This software is a hypothesis development and testing tool for neuroscience researchers and clinicians," said Jones, who is affiliated with Brown's Carney Institute for Brain Science and the Center for Neurorestoration and Neurotechnology, a collaboration led by the Providence V.A. Medical Center with Brown and other partners. "I hope it is transformative to medicine."

Jones said that despite prevalent use of EEG in clinical settings, the electrical activity the technique monitors is not currently established as a biomarker for any condition other than epilepsy.

"With our tool, EEG could be used to guide treatment for patients based on new knowledge of what's happening in the underlying neural circuits—defining biomarkers of disease states, discovering treatments and measuring if a treatment is working," Jones said. "We want to put it in the hands of a large user-base of researchers who are interested in having a tool like this but aren't interested in modeling thousands of coupled differential equations themselves."

The software, called the Human Neocortical Neurosolver, is free and open source and includes tutorials to help researchers use it to understand normal brain function and abnormal brain activity in patients and make predictions about the neural circuits. Researchers can upload EEG recordings from patients and then adjust various parameters of the neural circuits to match and explain the patient data.

A prior version of the model was used to identify an underlying cause of differences in sensory processing in autistic children, Jones said.

In addition to aiding clinicians with treatment development, the software will also advance neuroscience, Jones said.

"Ultimately what we want to do is bridge the gap between the genetic and molecular changes in rodent models of diseases to the neural circuit level, all the way up to the signals that can be recorded outside the head."

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8.4 - WEAR (ABC-3, Video): [Electrical fire prompts VA Clinic in Pensacola to close](#) (1 October, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The Veteran Affairs (VA), Outpatient Clinic in Pensacola, Florida has closed its doors on Monday, October 1 due to an electrical fire.

According to a release statement, an electrical fire broke out in an isolated area of the clinic.

The Veteran Affairs officials did not provide any further details about the electrical fire.

Veterans who have appointments on Monday at the Joint Ambulatory Care Center will be contacted by the administration staff to reschedule missed appointments.

The VA clinic will reopen on Tuesday, October 2 and resume normal business hours.

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8.5 - National Defense: [New Soldier Lethality Technologies on the Way](#) (1 October, Yasmin Tadjdeh, 60k uvm; Arlington, VA)

This is part 1 of a 6-part series covering the Army's modernization priorities leading up to the Association of the United States Army's annual meeting in Washington, D.C., Oct. 8-10. Today's focus: Soldier Lethality.

The Army is investing in a slew of new capabilities to make soldiers more effective.

"At the end of the day, the Army's people, they are our most important asset," said Vice Chief of Staff Gen. James C. McConville. "We are going to give our soldiers leap ahead technology that is going to make them much more capable and lethal on the battlefield as we move forward."

Soldier lethality is the service's sixth most important modernization priority going forward, he noted during remarks at the National Defense Industrial Association's Army Science and Technology Conference in Washington, D.C.

"What we've done is we've invested a tremendous amount of organizational and intellectual energy on this effort as we go forward," he said. "Our resources are aligned with our priorities and if you're out there in industry, you ought to check those priorities because that's where our resources are going, that's where we're spending money."

Soldier lethality encompasses a wide range of technologies that will enable troops to shoot, move, communicate, protect and sustain themselves better, according to Army documents.

Thomas Russell, deputy assistant secretary of the Army for research and technology, said that while soldier lethality is the last on the service's list of major modernization efforts, that doesn't mean it isn't as important.

"If I'm looking at trying to engage with a near-peer adversary, the first problem is really the long-range precision fires," he told National Defense in an interview. "If they're outshooting your distance, then my dismounted soldier may not get into the fight, right? So I wouldn't say that it's less of an importance, I would just say that you have to ... think about some of the sequencing of an operation."

The service's focus on soldier lethality ties in closely with work being done by the Defense Department's Close Combat Lethality Task Force, he said.

"We are linked in ... [and] we are working hand in hand," Russell said.

Secretary of Defense Jim Mattis announced the initiative earlier this year with a goal to develop, evaluate, recommend and implement improvements to U.S. squad-level infantry combat formations in order to ensure close combat overmatch against high-tech adversaries.

"I am committed to improving the combat preparedness, lethality, survivability and resiliency of our nation's ground close-combat formations," Mattis said in a memo. "These formations have historically accounted for almost 90 percent of our casualties and yet our personnel policies, advances in training methods and equipment have not kept pace with changes in available technology, human factors science and talent management best practices."

In July, Robert Wilkie, then-undersecretary of defense for personnel and readiness, and now the head of the Department of Veterans Affairs, said more attention is needed for troops and small units.

"This town gets wrapped around the axle worrying about the cost of a carrier or a new fighter. We have a nuclear posture review, a seapower review and now we're debating how to achieve supremacy in cyberspace. But nothing for the tip of the spear," he told members of industry.

"Because of America's technical restlessness, we are always looking for that silver bullet that can somehow change the nature of war ... [but success] relies not only on technical superiority but more importantly the human dimension," he added. "There is nothing more important than focusing our energy now on developing and nurturing new capabilities in human performance — that means bringing fresh vigor, renewing our sense of urgency and enhancing the lethality of our frontline Army and Marine Corps troops."

Wilkie noted that the task force is looking at answering a variety of questions, including how to provide troops with the best nutrition, how to employ cognitive and social science to make teams more lethal, and how to recruit the best people to serve in the military.

The United States faces an enemy today that is organized and adaptive, he said. Allied nations have faced similar challenges, he noted. For example, during the 2006 Lebanon War — a conflict between Israel and Hezbollah — the Israeli Defense Forces encountered sophisticated kill zones and advanced combined arms operations, he said.

"Ultimately, as they usually they do, they adapted ... but they paid a heavy price," he said. "The [close combat lethality] task force will aim to end that type of combat learning curve."

As part of its soldier lethality modernization effort, the Army is looking at a variety of technologies. Between fiscal years 2019 and 2023, the service plans to spend about \$1.25 billion in S&T investments on soldier lethality efforts, according to Russell's presentation slides.

There is a "big focus on the next-generation squad weapon," Russell said. "Can we actually produce a weapon that is beyond the carbine, the traditional M4, and can we create something that is more lethal?" he asked.

There hasn't been a major advancement in a carbine for decades, he said. "The dismounted soldier has ... been at parity for years."

The service is currently undertaking a number of demonstrations aimed at fielding a new weapon, Russell said.

"There's an opportunity now with some new technologies that have been developed in the carbine-like capabilities that give us the ability to potentially create a handheld weapon that is more lethal than the current capability," he said.

The Army is working closely with industry on the effort, he added. While not describing specific requirements, Russell said the service wants a carbine that can be more effective and provide greater range.

Firm requirements are still being formulated, he said. However, “the S&T piece of this is almost done and so it’s moving into the development and programs” phase, Russell added.

Karen N. Gregorczyk, biomechanics team and physical performance branch lead at the Army’s Natick Soldier Research, Development and Engineering Center, said the Army is making investments in exoskeleton systems as part of the soldier lethality initiative.

“It’s important for us to keep abreast of this technology, understand it’s current state and limitations,” she said during the Army S&T conference. Natick defines an exoskeleton as a rigid wearable device that augments, enhances or enables motion or physical activity.

“I’m not talking about movie exoskeletons that can do everything,” she said. “I’m talking about single joint exoskeletons that are meant to augment specific tasks such as walking tasks or lifting tasks.”

Exoskeletons have military, industrial and medical applications, she said. Within the military realm, they can be used for maneuvering, movement and sustainment tasks.

Over the past decade, the Army has assessed a number of systems designed to augment load carriage, Gregorczyk said. “We’ve seen improvements in metabolic reduction of using these systems for load carriage-type tasks,” she added. “But these are very controlled environments performing specific tasks, like walking on a treadmill.”

The Army has examined systems such as a bionic boot that could reduce the metabolic cost of carrying a load and potentially increase walking speed, she said. The service wants the system to provide a soldier with 25 percent metabolic reduction, an increased speed of 15 percent, a durability of 450 miles and be dust- and rain-proof.

Another system the Army is working with is Lockheed Martin’s ONYX, a knee augmentation exoskeleton that is designed for mountainous terrain or stairs, she said.

Onyx has already demonstrated that it can reduce the “cost of transport” for a soldier walking up an incline with a 40-pound load by four to six percent, according to Gregorczyk’s presentation slides.

In another test, a user performing a 185-pound squat without the system was able to complete 26 reps. With Onyx, that increased to 72 reps, the slide noted.

The service plans to acquire new systems with higher technology readiness levels and assess them, she added. However, “the actual application and use of these in the field is yet to be determined,” she said. For now, “we’re trying to show the efficacy of these devices to show that they are showing improvements.”

The Army is also working at enhancing body armor, said Kristopher D. Behler, a senior material scientist at the Army Research Laboratory.

“Increased soldier survivability depends on research and development for new armor ceramics for lighter weight soldier protection technologies,” he said. “We do this by focusing on engineering their structures from the Angstrom to the macro-scale.”

While the United States has kept pace with adversaries when it comes to body armor, it must begin to make more than just incremental advancements, he noted. “What happens if there are new threats? What happens if there is a paradigm shift?” he asked. “We’re already using some of the lightest and hardest materials possible for torso protection.”

Additionally, while the material used for body armor today performs well the first time it is hit, the material tends to fail after the second and subsequent shots, Behler noted.

To tackle the problem, ARL is looking at testing new ceramics, additives and blends that could improve systems, he said. For example, the lab is looking at blending current materials — usually silicon carbide or boron carbide — with diamonds, he noted.

The Army must also consider altering the process it uses to make body armor ceramics, he said. “We [can] do this through some newer technology such as, say, additive manufacturing,” Behler said.

“It’s already very well established in polymers [and] somewhat metals. Ceramics are still kind of in the infancy.”

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Veterans Affairs Media Summary and News Clips

2 October 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [‘I knew something was not right’: Mass cancellations of diagnostic test orders at VA hospitals draw scrutiny](#) (1 October, Donovan Slack, 36.8M uvm; McLean, VA)

Radiology technologist Jeff Dettbarn said he knew something was wrong at the Department of Veterans Affairs hospital in Iowa City, Iowa, when a patient arrived in February 2017 for a CT scan, but the doctor's order for it had been canceled. "To have a patient show up for a scan and not have an order – you're like, 'What the heck is going on?' " he told USA TODAY in an interview.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Veteran on mission to combat suicide in military community](#) (1 October, Emily DeCiccio, 32.5M uvm; New York, NY)

For one Navy veteran, his obligation to serve and protect others did not end when he completed his active duty career. Veteran Navy officer Eric Golnick instead has dedicated his life's work to bettering veteran care. He is the CEO and co-founder of Veteran & First Responder (VFR) Health care, working to help fellow veterans with substance abuse issues and mental health care.

[Hyperlink to Above](#)

1.3 - WRAL (CBS-5, Video): [VA scrambles to reschedule veterans' appointments canceled because of Florence](#) (1 October, Gilbert Baez, 3.2M uvm; Raleigh, NC)

Facilities in eastern North Carolina that cater to veterans weren't spared from Hurricane Florence's wrath, and U.S. Secretary of Veterans Affairs Robert Wilkie toured the state Monday to assess the damage.

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1.4 - WTVD (ABC-11, Video): [VA secretary back home in Fayetteville, tours areas affected by Florence](#) (1 October, Morgan Norwood, 874k uvm; Durham, NC)

It's typically pretty stressful when the big boss comes to visit but during VA Secretary Robert Wilkie's visit, it was all smiles. The Fayetteville native returned home Monday to check in on health-care centers and hospitals affected by Hurricane Florence. "We had 17,000 appointments canceled by the storm; half of them have been rescheduled," Wilkie said.

[Hyperlink to Above](#)

1.5 - Government Executive: [VA Appeals Ruling That Could Force It to Rehire Fired Workers](#) (1 October, Eric Katz, 870k uvm; Washington, DC)

The Trump administration is challenging an arbitrator's decision that could force the Veterans Affairs Department to rehire many recently fired employees and deal a significant blow to one of President Trump's signature legislative achievements.

[Hyperlink to Above](#)

1.6 - The Fayetteville Observer: [VA secretary tours veterans clinics hit by hurricane](#) (1 October, Drew Brooks, 439k uvm; Fayetteville, NC)

Fayetteville VA leaders said the region might need weeks to fully recover from last month's Hurricane Florence. The storm, which dumped dozens of inches of rain on southeastern North Carolina, caused clinics to close, canceled appointments and ravaged the homes of untold numbers of veterans from Fayetteville to the coast.

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1.7 - StarsNews (Video): [VA Secretary: Wilmington VA to open soon](#) (1 October, Tim Buckland, 193k uvm; Wilmington, NC)

The Wilmington Veterans Affairs clinic is recovering after being damaged during Hurricane Florence, U.S. Veterans Affairs Secretary Robert Wilkie said during a visit to Wilmington on Monday. "The VA here has done miraculous work to get this clinic open," Wilkie said after greeting employees and visiting with patients at the facility, which is at Wilmington International Airport.

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1.8 - Federal Computer Week: [VA.gov to relaunch as front door to benefits, services](#) (2 October, Adam Mazmanian, 189k uvm; Vienna, VA)

Amid a barrage of daily headlines about turnover, disarray and mismanagement, the Department of Veterans Affairs is looking to reinvent itself as an agile agency focused on customer service. The effort is paying off – without much in the way of publicity, a unified VA services website at Vets.gov has attracted 40,000 daily users and spurred a 700 percent increase in online appointment scheduling.

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1.9 - FierceHealthcare (Video): [Wilkie provides update on state of the VA 60 days into his tenure as secretary](#) (1 October, Paige Minemyer, 141k uvm; Washington, DC)

The Department of Veterans Affairs is rebounding from a tumultuous 2018, Secretary Robert Wilkie said. "After some turmoil in the first half of 2018, the state of our VA is better," Wilkie said at a virtual town hall meeting. "It's better because of the support of the president and Congress, and an unprecedented series of actions to reform care and benefits for veterans."

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500, Audio): [GSA hires Ad Hoc, Fearless to upgrade search.gov portal](#) (1 October, Terry Wing, 854k uvm; Washington, DC)

The Government Accountability Office (GAO) said the Veterans Affairs Department (VA) is struggling to pay community providers on time. It also said VA is discouraging those providers from participating in the VA Choice Program. GAO said VA's third party administrators take anywhere from one to seven weeks to pay community providers' claims.

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3. Modernize Our System

3.1 - Lincoln Journal Star: New VA clinic to be built at Lincoln VA campus, opening door to more development (1 October, Nancy Hicks, 2M uvm; Lincoln, NE)

The U.S. Department of Veterans Affairs has decided to build the Lincoln clinic at the VA campus, a decision that opens the door to further development on the historic east Lincoln site. The VA told developers last week the department will locate the Lincoln clinic, part of the VA Nebraska/Western Iowa Health Care System, in new facilities at the VA hospital campus near 70th and O streets, ending a more than two-year selection process.

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3.2 - WRDW (CBS-12, Video): Charlie Norwood VA Hospital opens new clinic on 15th Street (1 October, Alexis Allen, 196k uvm; North Augusta, SC)

Recently, a new rapid care clinic opened at the hospital on 15th Street. The Charlie Norwood VA Medical Center is growing now more than ever. "Within the south-east region which includes Alabama Georgia and South Carolina, we have the biggest percentage growth of years within that area so we are seeing an increasing group and would like to see more of our veterans using our services," said Robert Reeder, VA Hospital.

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3.3 - Nextgov: By the Numbers: Federal Agencies Face Uneven Struggle Hiring Young Tech Talent (1 October, Jack Corrigan, 193k uvm; Washington, DC)

It's no secret the federal tech workforce is getting older, but some agencies are having a lot more difficulty recruiting young IT professionals than others, according to data from the Office of Personnel Management. And while civilian agencies generally face the most lopsided age disparities, the importance departments place on building a long-term talent pipeline varies greatly.

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3.4 - East Bay Times: Alameda to press feds on stalled veterans clinic, cemetery project (1 October, Peter Hegarty, 21k uvm; Walnut Creek, CA)

Four years ago, Alameda and federal officials stood on the stage of the Alameda Theatre & Cineplex and heralded plans to build a veterans clinic and a national cemetery at the city's former U.S. Navy base.

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4. Focus Resources More Efficiently

4.1 - The Washington Post: 'Sammies' honor government's best and most innovative employees (2 October, Lenny Bernstein, 43.9M uvm; Washington, DC)

Marcella Jacobs and the Digital Service team of the Department of Veterans Affairs, who will be given the Management Excellence Medal for streamlining online processes for veterans to simplify applying for and receiving benefits.

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4.2 - Government Executive: [Sammie Awards Honor NIH Genetics Pioneer and Other Exceptional Federal Employees](#)

(1 October, Charles S. Clark, 870k uvm; Washington, DC)
The 17th annual Service to America Medals (nicknamed the Sammys) will be awarded to eight standout federal employees on Tuesday night, providing some limelight to a pioneer disease geneticist, a team that foiled wire fraud schemes and designers of air traffic control systems for drones.

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4.3 - WECT (NBC-6, Video): [Inspector General finds potential fraud involving Wilmington VA Clinic](#)

(1 October, Ann McAdams, 466k uvm; Wilmington, NC)
There are major developments in the investigation into how the contract was awarded for Wilmington's VA Clinic. It's a story we've been following for more than three years, since WECT found out the VA was paying almost \$300,000 a month to rent the 80,000-square-foot facility at the Wilmington Airport.

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4.4 - WPRI (CBS-12, Video): [Feds move forward on RI 'whistleblower's' claim of harassment, hostility](#)

(1 October, Walt Buteau, 440k uvm; East Providence, RI)
A claim that harassment caused a hostile work environment in a Warwick combat veteran counseling office will be investigated further by federal authorities, the Target 12 Investigators have learned.

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4.5 - Legal Reader: [VA Pathologist Works While Intoxicated, 30,000 Files Reviewed for Errors](#)

(1 October, Sara E. Teller, 17k uvm)
Dr. Robert Morris Levy was a pathologist at a Veterans Affairs (VA) hospital in Veterans Health Care System of the Ozarks in Fayetteville, Arkansas. He was found to be drunk while at work in March 2016, and his intoxication was reported by an employee. However, after completing an inpatient program, Levy returned to work under the supervision of the Mississippi Physician Health Program in conjunction with the Arkansas Medical Foundation.

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5. [Improve Timeliness of Service](#)

5.1 - The Plain Dealer: [Flu season has started, after record cases last year](#)

(1 October, Julie Washington, 11.5M uvm; Cleveland, OH)
One of the most deadly flu seasons in decades ended this spring, and a new flu season is already here. Time to get a flu shot now. An estimated 80,000 Americans died from flu-related illness during last year's flu season, the highest number of deaths in at least four decades, according to the Centers for Disease Control and Prevention.

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5.2 - WECT (NBC-6): [VA Secretary pays visit to Wilmington](#)

(1 October, Ann McAdams, 466k uvm; Wilmington, NC)

Newly confirmed Secretary of the US Department of Veterans Affairs Robert Wilkie came to Wilmington Monday to tour the Wilmington VA Clinic, and see the ongoing effort to provide medical care to veterans in the wake of Hurricane Florence.

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5.3 - WMAZ (CBS-13, Video): [New data shows increased ranking for Dublin VA](#) (1 October, 446k uvm; Macon, GA)

The Carl Vinson VA Medical Center says they are making strides in improving their quality of services for veterans. According to recent data from the United States Department of Veterans Affairs, the Carl Vinson VA Medical Center was one of the many VA facilities that improved over the past year.

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5.4 - WWAY (ABC-3, Video): [New Veterans Affairs Secretary Visits Center After Hurricane Florence](#) (1 October, Basil John, 189k uvm; Wilmington, NC)

Hurricane Florence left it's mark on the Cape Fear and many veterans had their appointments pushed back. As veterans come in to get their appointments done at the Wilmington Health Care Center, they and medical staff were visited by the new Veteran Affairs Secretary, Robert Wilkie.

[Hyperlink to Above](#)

5.5 - WFXR (FOX-27): [Salem VA Medical Center, surrounding clinics offering free flu shots to veterans](#) (1 October, Clay Ostarly, 29k uvm; Roanoke, VA)

It's an effort to raise awareness about the flu shot. The Salem VA Medical Center is offering drive-thru flu shots. The community clinics are giving flu shots in the clinic. One veteran WFXR spoke with Monday said he's very grateful for the service.

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5.6 - Delaware Public Media: [Wilmington VA officials cite improvement in quality metrics](#) (28 September, Nick Ciolino, 25k uvm; Dover, DE)

Officials at the Wilmington VA Medical Center say a recent overhaul of its leadership has led to improvements in the quality of care at the hospital. The VA based in Wilmington represents all of Delaware and some of southern New Jersey with five community-based health centers throughout the region.

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5.7 - WNCN (CBS-17, Video): [VA in Fayetteville rescheduling 17,000 appointments canceled by Florence](#) (1 October, Holden Kurwicki, 13k uvd; Raleigh, NC)

Veterans Affairs Secretary Robert Wilkie was briefed on how the system managed to keep the doors open while some sustained damage that will linger long after Hurricane Florence has passed. "This is my home," VA Secretary Robert Wilkie said Monday.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: [Vote on veteran transitional housing in La Crosse delayed to address neighbor concerns](#) (1 October, Jourdan Vian, 822k uvm; La Crosse, WI)

Neighbors of the proposed Tomah Veterans Affairs Medical Center transitional residency facility on Farnam Street say they support veterans. They just don't want this facility for veterans in their neighborhood. "We are all in favor of our veterans. We have veterans living in our neighborhood. We're very proud of them and thankful for their service," said Lesley Patterson Monday.

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7.2 - Stillwater News Press: [InterTribal Homeless Veterans Stand Down to provide aid during Friday event](#) (1 October, David Bitton, 68k uvm; Stillwater, OK)

Military veterans can get a free haircut, meal, clothes and get help in applying for VA benefits if they attend Friday's InterTribal Homeless Veterans Stand Down in Red Rock. The second-annual event is intended for rural, Native American and homeless veterans, but everyone who has served in the military is welcome to attend the 9 a.m.-3 p.m. Stand Down at the 7 Clans Paradise Event Center, 7500 U.S. Highway 177, about 25 miles north of Stillwater.

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7.3 - KFGO (AM-790): [VA veterans national cemetery near Fargo to be ready by late spring](#) (1 October, Don Haney, 56k uvm; Fargo, ND)

By late spring-early summer of next year, the first VA Veterans National Cemetery in North Dakota will begin accepting burials at the site, north of Fargo. Two years ago, the VA purchased property near the Maple Sheyenne Lutheran Church near Harwood. Construction on the five acre site began earlier this year.

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7.4 - NJTV (PBS, Video): [Workshop hopes to connect female veterans with resources](#) (1 October, Raven Santana, 49k uvm; Newark, NJ)

Most people don't immediately think of a woman when the image of a homeless veteran comes to mind. But according to the Department of Veterans Affairs, female veterans account for the fastest growing number of homeless veterans in the United States.

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8. Other

8.1 - U.S. News & World Report (HealthDay News): [Three New Genes Linked to Chronic Back Pain](#) (1 October, Mary Elizabeth, 23.9M uvm; Washington, DC)

New research pinpoints three genes responsible for skeletal development that appear to be connected to chronic back pain. The study authors said their findings could shed new light on the biological factors involved in the development of the condition and lead to new treatments for back pain, which is the leading cause of disability around the world.

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8.2 - Medical Xpress (Stanford University Medical Center): [Genetics of cholesterol point to possible drug targets for heart disease, diabetes](#) (1 October, 1.5M uvm; New York, NY)

From the DNA of nearly 300,000 veterans, scientists have singled out a handful of genetic mutations that not only govern levels of cholesterol, but may also inform the development and use of drugs for cardiovascular disease and diabetes, according to researchers at the Stanford University School of Medicine and the Palo Alto Veteran Affairs Health Care System.

[Hyperlink to Above](#)

8.3 - Medical Xpress (Brown University): [New tool will aid in understanding brain signals](#)

(1 October, Mollie Rappe, 1.5M uvm; New York, NY)

The human brain contains about 90 billion neurons, but Stephanie Jones, an associate professor of neuroscience at Brown University, doesn't let that staggering number faze her. In fact, she just released a user-friendly software tool that models the neural circuits in the outer layers of the brain, which produce the electrical activity monitored by noninvasive techniques such as electroencephalography (EEG).

[Hyperlink to Above](#)

8.4 - WEAR (ABC-3, Video): [Electrical fire prompts VA Clinic in Pensacola to close](#)

(1 October, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The Veteran Affairs (VA), Outpatient Clinic in Pensacola, Florida has closed its doors on Monday, October 1 due to an electrical fire. According to a release statement, an electrical fire broke out in an isolated area of the clinic. The Veteran Affairs officials did not provide any further details about the electrical fire.

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8.5 - National Defense: [New Soldier Lethality Technologies on the Way](#) (1 October, Yasmin Tadjdeh, 60k uvm; Arlington, VA)

In July, Robert Wilkie, then-undersecretary of defense for personnel and readiness, and now the head of the Department of Veterans Affairs, said more attention is needed for troops and small units. "This town gets wrapped around the axel worrying about the cost of a carrier or a new fighter. We have a nuclear posture review, a seapower review and now we're debating how to achieve supremacy in cyberspace. But nothing for the tip of the spear," he told members of industry.

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1. [Top Stories](#)

1.1 - USA Today (Video): [‘I knew something was not right’: Mass cancellations of diagnostic test orders at VA hospitals draw scrutiny](#) (1 October, Donovan Slack, 36.8M uvm; McLean, VA)

IOWA CITY, Iowa – Radiology technologist Jeff Dettbarn said he knew something was wrong at the Department of Veterans Affairs hospital in Iowa City, Iowa, when a patient arrived in February 2017 for a CT scan, but the doctor’s order for it had been canceled.

“To have a patient show up for a scan and not have an order – you’re like, ‘What the heck is going on?’ ” he told USA TODAY in an interview.

Dettbarn started collecting cancellation notices for diagnostic procedures such as CT scans, MRIs and ultrasounds.

“I knew something was not right,” he said. “Because none of them were canceled by a physician.”

Cancellations of more than 250,000 radiology orders at VA hospitals across the country since 2016 have raised questions about whether – in a rush to clear out outdated and duplicate diagnostic orders – some facilities failed to follow correct procedures. At issue is a concern over whether some medically necessary orders for CT scans and other imaging tests were canceled improperly.

The VA inspector general is auditing mass cancellations at eight VA medical centers “to determine whether VA processed radiology requests in a timely manner and appropriately managed canceled requests,” VA Inspector General Michael Missal said.

Those hospitals are in Tampa and Bay Pines, Florida; Salisbury, North Carolina; Cleveland; Dallas; Denver; Las Vegas; and Los Angeles.

After receiving inquiries from USA TODAY, a ninth was added – Iowa City.

In Iowa City, Dettbarn alerted the hospital’s compliance officer about his concerns. He is now facing disciplinary proceedings and contends they are an effort to retaliate against him.

The VA declined to comment on disciplinary proceedings without Dettbarn’s written consent to discuss personnel matters, which he did not provide.

This much is clear: in sworn testimony in the disciplinary proceedings against Dettbarn, Iowa City administrative staffer Lisa Bickford said she and other employees were told by the hospital’s chief radiologist that they needed to “clean” up a backlog of incomplete diagnostic orders, some dating back years.

The staff responded by “annihilating” thousands of orders in a matter of weeks, Bickford said.

Bryan Clark, a spokesman for the Iowa City hospital, acknowledged the facility failed to follow national VA guidelines for diagnostic order cancellations but said that happened in only a “small number of instances” and “anything closed improperly was reviewed” and actions were taken to try to ensure veterans received any needed exams. He said the process was intended to “ensure the quality and safety of the care delivered to veteran patients.”

The VA said many of the orders were outdated or duplicated. The agency said it welcomes the oversight and is working with the inspector general to improve cancellation guidelines. VA officials said efforts to close the loop on test orders with physicians and veterans surpass private-sector practices.

Laurence Meyer, the chief doctor overseeing specialty care for the national VA, told USA TODAY he didn't want to comment on how individual VA hospitals handled cancellations, but he acknowledged “we've received word that a few places haven't been following the directive as intended.”

“We've sent out teams and have reviewed and are aggressively working to fix that,” he said.

The VA's guidelines on order cancellations have undergone revisions in the past few years.

In 2016, hospitals were told to try contacting patients multiple times before cancellations. Last year, the rules required review by a radiologist or the ordering provider before canceling. If the tests were still needed, patients should be contacted to schedule them. Since last year, hospitals have been required to establish a fail-safe “triage” process, such as written verification of review by providers.

Concerns about diagnostic test order cancellations have also been raised at the VA hospital in Tampa. Employees estimated they canceled thousands of radiology orders without checking first with doctors or patients, according to depositions in a discrimination lawsuit brought by four ultrasound technicians.

Those technicians told USA TODAY they worry veterans may have gone months, if not a year or longer, before they or their doctors realized tests weren't performed – if they realized at all. Technologist Erin Tonkyro noted that risk factors for many veterans are higher than for other patients.

“Cancer grows very quickly, and our patients are not like those patients on the outside – it doesn't mean that cancer doesn't happen in private practice. But our veterans have been exposed to such a large amount of toxic environments like Agent Orange; now we're talking about the burn pits that have happened overseas,” Tonkyro said.

‘We knew it was bad’

At the Tampa facility, radiology managers began tackling outstanding orders in fall 2016.

As many as 10 people were tasked with the job, one administrative staffer testified in a deposition in the technicians' lawsuit. Multiple employees testified they canceled orders by date and did not consult any doctors before doing so, nor was there patient contact.

They disabled office printers because of the volume of cancellations – one employee estimated they canceled thousands of radiology orders, according to testimony.

“That’s when we really started getting worried,” said Tonkyro, who attended the depositions with her co-plaintiffs, ultrasound technologists Yenny Hernandez, Kara Mitchell-Davis and Dana Strauser. “We knew it was bad, but we had no idea the magnitude of how bad it was.”

Strauser told USA TODAY that administrators went beyond past orders and canceled future ones. Those could have been follow-up scans for veterans who might have been at risk of developing medical conditions, such as cancer recurrence.

“Doctors will put an order in for six months in advance and sometimes even a year in advance, and we were getting cancellations of those future orders,” she said.

In a statement issued by VA spokesman Curt Cashour, the VA declined to comment on what happened in Tampa, citing the litigation. “However, we are confident the James A. Haley Veterans’ Hospital has processes and procedures in place to provide the best care possible for our patients,” the statement said.

The Tampa Bay Times first reported the technicians’ concerns in July, and the hospital’s chief of staff, Colleen Jakey, wrote to providers the following month asking them to review canceled orders, according to a copy of the correspondence obtained by USA TODAY.

“We believe appropriate action was taken,” Jakey wrote, adding that a review of a random sample of cancellations did not turn up any cases of harm to veterans. “This is a second-level review of these orders to confirm that each of these patients received the appropriate care and/or follow up.”

The technicians told USA TODAY some doctors have since reordered canceled exams but won’t know whether veteran patients suffered any harm from the delays until they are performed and assessed.

‘An important patient safety issue’

VA hospitals came under increasing pressure to address outstanding diagnostic orders after a conference call that national officials convened with radiology managers across the country in January 2017. More than 325,000 orders for scans of veteran patients had not been completed nationwide.

The VA’s top radiologist, Robert Sherrier, called it “an important patient safety issue” in a presentation for the call.

“Ordered studies are not being performed on veterans, and providers may not be aware that the ordered study has not been completed,” he said.

In a dozen states, there were VA medical centers with more than 5,000 outstanding orders, his presentation said. The numbers reached 29,000 in Columbia, S.C.; 21,000 in Cleveland; and 12,000 in Washington.

Some dated back to the 1980s, but others were only months old. VA officials said that in some cases, staff may not have been able to contact veterans to schedule exams. In other cases, veterans may not have shown up, possibly because their ailments had gone away. Some orders may have been duplicates ordered by two different doctors.

Others may have been tests that were still needed – to monitor tumors or follow up on emergency room visits, for example.

A panel of medical and ethics specialists conducted thousands of chart reviews, Meyer said, and determined orders for exams due to be performed before June 2015 could be canceled outright without jeopardizing veteran health.

Orders due after that date required further steps to ensure patient safety.

The national call to action triggered a dramatic reduction in pending exam orders overdue by two months or longer. As of last month, the VA said, there were 31,000 nationwide.

‘We look terrible’

At the Iowa City VA hospital, Bickford said the chief of radiology – who also was the top radiology official in the Midwest for the VA – told her after the conference call in January 2017 that the facility had more outstanding orders than any other VA in the region.

“He came to (us) and said, ‘We’ve got to get this cleaned up now. I mean, we look terrible,’ ” Bickford said. So she and other staff “went through and started annihilating orders,” she testified in the disciplinary proceeding against Dettbarn.

Any radiology orders more than 60 days past due were considered “invalid” and “expired,” Bickford testified. That is at odds with VA guidelines at the time requiring doctor reviews.

Cancellation records reviewed by USA TODAY show that in some instances, she and other staff canceled future orders.

In one case, a nurse practitioner ordered an ultrasound for September 2017 as a six-month follow-up for a veteran with a history of kidney stones. An X-ray technician canceled it in June 2017, calling it an “expired” order.

That same month, records indicate, Bickford canceled an order for a follow-up CT scan to monitor a veteran’s lung nodules. The test wasn’t due to be performed until September 2017. Also in June, she canceled a CT to monitor fluid in a patient’s lung not due until November 2017. Records show Bickford selected “patient failed to contact clinic” in both cases. None of the records reviewed by USA TODAY contained personal information identifying patients.

In the disciplinary case against Dettbarn, his supervisors alleged he was “disruptive” and didn’t send one patient’s images to be interpreted – accusations he denied. The investigation was initiated soon after he reported his concerns about the order cancellations.

The Office of Special Counsel, a federal agency tasked with protecting whistle-blowers, is investigating, according to a letter from the office.

Bickford declined to comment and referred questions to the Iowa City VA. In her sworn testimony, she blamed scheduling clerks for not indicating on orders that exams were scheduled. That led employees to assume there was a “dead order” even though a patient had a future appointment, she said, but she estimated that occurred only “maybe a half a dozen times.” When patients arrived for appointments, the errors were discovered, new orders were created and the exams went ahead, she said.

The chief of radiology, Stanley Parker, did not respond to a message seeking comment at a number listed in public records. In his deposition in the case, he testified that he believed physician-review would have been done before canceling.

Clark, the hospital spokesman, said Bickford's testimony about "annihilating" orders was not in context and referred to the "success of the process to right size the number" of outstanding radiology orders at the hospital.

Clark said he doesn't know how many orders were canceled at the facility because officials didn't track it, but he said more than 4,000 were canceled in January and February 2017 in the southern part of the Midwest region.

Clark said "most" canceled orders were from before 2015, though he didn't know how many. He said "some" exam orders were "canceled without following proper policies or procedures."

In those instances, Clark said, "appropriate personnel actions were taken to correct the behavior, and staff reviewed the cancellations to ensure every order that required action was appropriately reviewed by a radiology provider."

Dettbarn has been detailed to a job collating VA records since July 2017. He said that whatever happens to him, he wants the public to know about what he called a "horrible shortcut" administrators took to improve the numbers. Dettbarn said Iowa City officials should do a clinical review like the Tampa VA to ensure veterans weren't harmed.

"It's so far beyond wrong what was done," he said. "This is someone's health care, this is their body, their life you're screwing with, and people are playing doctor that aren't physicians."

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1.2 - FOX News (Video): [Veteran on mission to combat suicide in military community](#) (1 October, Emily DeCiccio, 32.5M uvm; New York, NY)

For one Navy veteran, his obligation to serve and protect others did not end when he completed his active duty career. Veteran Navy officer Eric Golnick instead has dedicated his life's work to bettering veteran care. He is the CEO and co-founder of Veteran & First Responder (VFR) Health care, working to help fellow veterans with substance abuse issues and mental health care.

"I never imagined I would ever find any calling more worthwhile or important as my time in the Navy," Golnick told Fox News. "I consider myself still serving, and the opportunity to help fellow veterans coping with mental health and substance use issues has become my mission and has been – by far – the most rewarding."

VFR's mission has become even more critical in light of new statistics from the U.S. Department of Veterans Affairs (VA), which reported that the number of suicides among younger veterans has increased "substantially." The report reveals that 45 of every 100,000 veterans ages 18-34 committed suicide in 2016 – up from around 40 out of every 100,000 just one year earlier.

Golnick's firsthand experience with trauma and substance abuse prompted him to create VFR.

"I had a sailor die by suicide which, as a military officer, your sailors are like your kids," Golnick said. "I actually became self-medicated like a lot of vets do when they come back to get through things, and there were folks that didn't understand what we had gone through in the military, and I saw a gap area, which is why we started this company."

Golnick said VFR is focused on trauma. He said that veterans are not going to find a substance abuse problem, like drinking, without having some kind of prior mental health or trauma issue. VFR's focus has gotten the attention of the VA, which is now a partner of the organization. Golnick told Fox News that VFR helps the VA supplement outpatient treatment to veterans.

"When we started the discussion with the VA, we said 'Look, you know there are areas that we can not replace but assist in, like regions where there are high wait times,'" Golnick said. "VFR can fill that gap and help people immediately, and that's what we see with suicides and what we're trying to stop and gets vets care quickly."

Golnick's partner at VFR, Eric Frieman, also says their company fills another gap by providing help to the family members of veterans and first responders.

"It's important to note that family members of those deployed, or those of first responders, must also face the uncertainties associated with these lines of work," Frieman said. "My brother served overseas – I can speak to this firsthand. We're here to support family members as well and urge all families and loved ones in need to reach out and seek help."

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1.3 - WRAL (CBS-5, Video): [VA scrambles to reschedule veterans' appointments canceled because of Florence](#) (1 October, Gilbert Baez, 3.2M uvm; Raleigh, NC)

FAYETTEVILLE, N.C. — Facilities in eastern North Carolina that cater to veterans weren't spared from Hurricane Florence's wrath, and U.S. Secretary of Veterans Affairs Robert Wilkie toured the state Monday to assess the damage.

"Our clinic [in Wilmington] is partially open. Our cemetery is closed, as is the cemetery in New Bern," Wilkie said. "We will be taking a look at the state of our clinic in Wilmington. Right now, we have four mobile medical units on the ground, so our veterans are getting their service."

The cost of the storm's damage to VA facilities in the state is still being compiled, he said, and officials are focusing on making sure those that sustained physical damage are structurally safe to start see patients again.

The Fayetteville VA Medical Center didn't shut down, but the flooded roads caused by the storm forced officials to cancel about 17,000 medical appointments, making an already demanding schedule for veterans even more difficult.

Wilkie said teams of VA medical staffers were brought in from across the country so that appointments could be rescheduled with minimal wait times. More than half of the canceled appointments have already been reset, and VA officials are working on rescheduling the rest, he said.

"i just spoke to a group medical and administrative professionals, some of whom have come all the way from Juneau, Alaska, some from Arkansas, Texas and Tennessee to fill in the emergency gaps that are needed," he said.

Arcaster Philyaw said he couldn't make an appointment on Sept. 17 because of the storm and had to reschedule. But Leonard Brock said he was lucky because his appointments came just before Florence and more than a week after.

"[I had] eye surgery on the 10th, and I had to keep coming back after that. Then I had eye surgery on the 22th, and I was never was canceled," Brock said.

The out-of-state medical teams will continue to rotate in until the backlog of appointments is eliminated, Wilkie said.

A Fayetteville native, he said the area also faces waves of veterans seeking services. The Fayetteville VA is growing by about 2,000 veterans a month, and officials are working hard to ensure they all get the medical service they deserve and that was promised to them.

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1.4 - WTVD (ABC-11, Video): [VA secretary back home in Fayetteville, tours areas affected by Florence](#) (1 October, Morgan Norwood, 874k uvm; Durham, NC)

FAYETTEVILLE, N.C. -- It's typically pretty stressful when the big boss comes to visit but during VA Secretary Robert Wilkie's visit; it was all smiles.

The Fayetteville native returned home Monday to check in on health-care centers and hospitals affected by Hurricane Florence.

"We had 17,000 appointments canceled by the storm; half of them have been rescheduled," Wilkie said.

That was nothing compared to the damage done to the Wilmington locations, which are barely holding on

"The clinic is partially open. the cemetery is closed, as is the cemetery in New Bern," Wilkie said. "We will be taking a look at the state of our clinic in Wilmington. Right now, we have four mobile medical units on the ground so our veterans are getting their service."

That's where the Fayetteville location comes into play, acting as an emergency response center for the hardest-hit areas.

"Not only were we ahead of the storm in making sure that our most vulnerable patients were taken care of, we've been on the front line in following up to make sure that they're all right," Wilkie said.

Fayetteville was the first stop on Wilkie's schedule. He also toured the VA in Wilmington.

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1.5 - Government Executive: [VA Appeals Ruling That Could Force It to Rehire Fired Workers](#) (1 October, Eric Katz, 870k uvm; Washington, DC)

The Trump administration is challenging an arbitrator's decision that could force the Veterans Affairs Department to rehire many recently fired employees and deal a significant blow to one of President Trump's signature legislative achievements.

VA has filed exceptions to the Federal Labor Relations Authority to a third-party ruling that found the department had run afoul of its collective bargaining agreement in enforcing provisions of the 2017 VA Accountability and Whistleblower Protection Act that made it easier to fire employees. The arbitrator's decision would impact a portion of the employees represented by the American Federation of Government Employees who have faced an adverse action under the new authorities granted by the law. Trump, VA and lawmakers in both parties have heralded the law as a significant step in cracking down on misbehaving and poorly performing employees, but its enforcement has been mired in controversy since its passage.

Curt Cashour, a VA spokesman, said the department brought its appeal to the FLRA last week. While the case is under review by FLRA, Cashour said, the arbitrator's award is "not final or binding."

Cheston McGuire, an AFGE spokesman, said the union must respond to VA's challenge by Oct. 24. It's unclear how long FLRA will take to decide on the case, but McGuire expects it could take up to one year.

AFGE brought the case for mediation after VA issued a series of memoranda that said VA was no longer required to give employees 90 days to improve and performance improvement plans would not be used. The union said that violated specific clauses in its collective bargaining agreement requiring those steps for employees identified for poor performance.

VA argued the memos do not affect performance improvement plans, and even if they did, the accountability law supersedes the requirements of the collective bargaining agreement.

The arbitrator rejected that argument, saying the memos did affect performance improvement plans and the accountability law speaks only to the hastened timeline once the department decides to discipline an employee. It does not address what VA must do prior to firing someone, said Jerome Ross, the arbitrator, and therefore it cannot supersede the collective bargaining agreement. Ross noted that federal law requires that federal employees be afforded a "reasonable opportunity to demonstrate acceptable performance."

The arbitrator ruled that VA must resume compliance with its collective bargaining agreement, rescind any adverse action against AFGE-represented employees who did not first receive a performance improvement plan, and reinstate them at the department, including back pay, restored leave and other benefits. VA would pay AFGE's attorney fees if Ross' ruling holds.

Public data posted by VA shows about 1,700 employees were fired outside of their probationary periods between the time the department issued the memos last August and July 2018. It is unclear how many of those employees were denied opportunities to improve their performance and are represented by AFGE. The union represents more than two-thirds of the department's 383,000 workers.

Trump frequently cites the success of the accountability law as one of his proudest accomplishments as president, saying it has enabled the department to get rid of poorly behaving employees.

"That was something that was very important to me," Trump said last month. "There was no way you could hold them accountable. They could be sadists. You had some of them, too. It doesn't sound nice. They could be thieves. They could rob you blind. They could steal money, and you couldn't do anything about it. Now you can do whatever you want."

Lawmakers have for months accused VA of flouting congressional intent in implementing the accountability law. Earlier this year, a group of senators wrote a letter voicing concerns specifically about the elimination of performance improvement plans and lack of progressive discipline. The senators said new policies have led to employees being fired for "missing deadlines or moving slowly after an injury," even on first offenses. Such actions, they said, "are not the types of offenses that rise to the level of immediate termination," an authority provided in the 2017 law.

"This is unacceptable and runs counter to congressional intent and your previous comments," the lawmakers said. They noted then-VA Secretary David Shulkin had previously testified, "Every good manager works with their employees to make them better, to give them feedback," a practice which the new policies do not allow.

VA has also faced criticism for disproportionately firing low-level employees, such as housekeeping staff. A June letter asked VA's inspector general to investigate the law's enforcement, and while no Republican signed onto either letter, Republican leaders on the department's oversight committees have voiced concerns. The IG is currently probing the law's enforcement.

The department has stood by its actions.

"VA makes absolutely no apology for holding employees accountable when circumstances warrant," Cashour said in June. "If former employees feel their removal from federal employment is improper, they have a number of appeal options under federal law."

At a House hearing on the law in June, then-acting VA Secretary Peter O'Rourke defended the department's policies, but acknowledged it still had work to do to ensure consistent enforcement.

"Right now we're dealing with the first year of implementation," he said. "New rules, everyone's trying to figure that part of it out."

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1.6 - The Fayetteville Observer: [VA secretary tours veterans clinics hit by hurricane](#) (1 October, Drew Brooks, 439k uvm; Fayetteville, NC)

Fayetteville VA leaders said the region might need weeks to fully recover from last month's Hurricane Florence.

The storm, which dumped dozens of inches of rain on southeastern North Carolina, caused clinics to close, canceled appointments and ravaged the homes of untold numbers of veterans from Fayetteville to the coast.

Local Department of Veterans Affairs officials continue to play catch-up with thousands of rescheduled appointments, and the Wilmington Health Care Center — which partially reopened last week — might not be fully operational for another four to six weeks.

VA Secretary Robert Wilkie received an update on those recovery efforts on Monday, during a tour of VA facilities impacted by Florence in Fayetteville and Wilmington.

Afterward, the Fayetteville native, returning to his hometown for the first time post-hurricane, praised the efforts of local leaders and VA staff.

“We are the ultimate good news story,” Wilkie said after meeting with Fayetteville VA Director James Laterza and Mid-Atlantic Healthcare Network Director DeAnne Seekins.

Wilkie also met with emergency VA employees who responded to Fayetteville from across the country and who continue to work to help local officials cope with the storm’s affects. He toured the Fayetteville and Wilmington health care centers, as well as the Wilmington National Cemetery.

The Wilmington and New Bern national cemeteries were heavily damaged by the storm and remain closed, Wilkie said.

The Wilmington Health Care Center and a clinic in Morehead City also were severely damaged but have partially reopened.

Wilkie said local officials would have the resources they need to recover from the storm.

“This is my home. This is my wife’s family’s home,” he said. “We have had relatives and friends impacted by this hurricane. A lot of veterans I grew up watching as a child... their lives were impacted by this storm.”

The Fayetteville VA, which spans communities around Fort Bragg, Camp Lejeune, Marine Corps Air Station Cherry Point and Wilmington, is among the fastest growing regions in the VA, Wilkie said.

Fayetteville is the “fastest growing single area in the VA,” with 2,000 veterans added each month, he said.

Florence caused 17,000 appointments to be canceled, Laterza said. Half of those have already been rescheduled. Officials are working to reschedule the rest as soon as possible.

“We have been proactively calling them,” he said.

Emergency employees, part of the VA’s Disaster Employee Medical Program, are helping reduce wait times for those affected, Laterza said.

Seekins, who oversees VA facilities across North Carolina and in parts of Virginia, said 95 employees, including 72 in Fayetteville, Wilmington and Jacksonville, have traveled from out of state to assist.

Wilkie said those VA employees, including medical and administrative staff, came from as far as Juneau, Alaska, with others hailing from Arkansas, Texas and Tennessee.

And in Wilmington, he said, four mobile medical units are on the ground serving the veteran population until the health care center can fully reopen.

He said there is no dollar estimate yet for the cost of the damage wrought by Hurricane Florence, but said engineers have been in clinics in Wilmington and Morehead City to assess damage.

Wilkie praised local VA leaders for ensuring the safety of patients before, during and after the storm.

The VA Medical Center on Ramsey Street remained open during the hurricane, despite being located along the Cape Fear River.

Laterza said officials assessed the situation and determined the best course of action was to keep patients in the hospital, located more than 140 feet above the river's bank.

Wilkie said VA leaders had enough fuel, food and oxygen on hand before the storm hit to last through the end of September, if needed.

He said the Fayetteville VA has resources most other veterans communities don't have, citing support from Fort Bragg and Camp Lejeune. He also praised cooperation between the VA and community partners and said the response was a template for how the nation can response to a crisis.

"I could not be prouder of VA," Wilkie said. "I could not be prouder of my hometown."

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1.7 - StarsNews (Video): [VA Secretary: Wilmington VA to open soon](#) (1 October, Tim Buckland, 193k uvm; Wilmington, NC)

The Wilmington Veterans Affairs clinic is recovering after being damaged during Hurricane Florence, U.S. Veterans Affairs Secretary Robert Wilkie said during a visit to Wilmington on Monday.

"The VA here has done miraculous work to get this clinic open," Wilkie said after greeting employees and visiting with patients at the facility, which is at Wilmington International Airport.

Before, during and after the storm, Wilkie said, the Wilmington VA worked to ensure patients' needs were met. The secretary said about 11,000 patients were contacted by staff prior to the storm's Sept. 14 arrival, asking if patients had medication they needed and even arranged to provide generators to patients who needed electricity for lifesaving equipment to work.

Wilkie said that, during and after the storm, veterans needing acute care were able to be treated in Fayetteville VA center, while others needing more routine care were able to be treated either at the Wilmington VA -- most of it has reopened as of Monday, Wilkie said -- or at mobile medical units brought to the region during and after the storm. Several of those trucks were parked outside the Wilmington center during Wilkie's visit.

Failing that, he said, the VA is also enlisting the help of other facilities, including New Hanover Regional Medical Center.

"We are working on ways to ensure veterans get care, elsewhere if needed," he said.

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1.8 - Federal Computer Week: [VA.gov to relaunch as front door to benefits, services](#) (2 October, Adam Mazmanian, 189k uvm; Vienna, VA)

Amid a barrage of daily headlines about turnover, disarray and mismanagement, the Department of Veterans Affairs is looking to reinvent itself as an agile agency focused on customer service. The effort is paying off -- without much in the way of publicity, a unified VA services website at Vets.gov has attracted 40,000 daily users and spurred a 700 percent increase in online appointment scheduling.

Marcy Jacobs, the executive director of the digital services team at VA, is being honored with a Service to America Medal for Management Excellence on Oct. 2 for her work on Vets.gov. But if you want to see what all the fuss is about, you'll have to check before Veterans Day -- because despite the success of the Vets.gov deployment, the digital services team is pivoting to a new content plan.

As VA Secretary Robert Wilkie announced at a recent Senate hearing, on Veterans Day a new VA.gov website is launching. Instead of serving as a corporate front door for the VA organization, the reimagined VA.gov will be a portal for veterans to access a full suite of services available to them.

The new site is built along the ideas that drove the development of Vets.gov, including a plain-language approach and an action-oriented design, Jacobs told FCW in an interview.

"People don't come to government websites to read things," Jacobs said. "They come to get a task accomplished."

Right now, the VA hosts a "scattered landscape of hundreds of websites," generating 10 million visits monthly. VA.gov garners the most traffic, so developers decided to incorporate the content at these other silos under the umbrella of a single, obvious destination.

The Vets.gov site will be the first to be rolled up under the VA.gov umbrella, but more will follow. As is the case with Vets.gov, users will be able to access their data and services using credentials from the Myhealthvet e-health portal, the DS Logon offered in conjunction with the Department of Defense and via ID.me, a private sector identity proofing service that links your government-issued ID to a mobile device. Mobile users won't be able to use their fingerprint or facial recognition logins that are built into devices, but that is in the offing.

At launch, the redesigned VA.gov will focus on linking users to nine benefit hubs that cover "20 things that people are trying to do most of the time," Jacobs explained.

The login will take users to an aggregated view of their VA activity across the organizational silos of health and benefits. Veterans will see prescription refills, claims status, upcoming medical appointments and more all on a single screen. In the future, Jacobs is looking to use VA data to create a recommendation engine to suggest possible areas of interest to users, based on their age, location, military service and more.

"It's the Amazon model of benefits," she said.

Chris Johnston, a U.S. Digital Service team member detailed to VA, explained that research showed veterans "are super-frustrated to have to tell us the same thing over and over again." The goal of the new site is to collect data once, rather than have to keep asking for personal data for every transaction.

Work on the VA.gov redesign kicked off in February and proceeded quickly because of a "willingness of our organizations to say, 'We're not serving people, let's create one front door where 80 percent of things are quickly accessible,'" Johnston said.

After the Veterans Day launch, next steps for the revised VA.gov include building out a common content management system and looking to best practices to impose cross-agency governance on VA content, to avoid duplication, conflict and inconsistency.

"Right now we have two thousand people who write content for the site, and trying to get everyone to write in the same voice, in plain language, is not trivial," Jacobs said.

Currently Ad Hoc is the contractor for the Vets.gov site. Jacobs said that new contracts will be announced very soon to "support the longer tail" of the VA content effort.

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1.9 - FierceHealthcare (Video): [Wilkie provides update on state of the VA 60 days into his tenure as secretary](#) (1 October, Paige Minemyer, 141k uvm; Washington, DC)

The Department of Veterans Affairs is rebounding from a tumultuous 2018, Secretary Robert Wilkie said.

"After some turmoil in the first half of 2018, the state of our VA is better," Wilkie said at a virtual town hall meeting. "It's better because of the support of the president and Congress, and an unprecedented series of actions to reform care and benefits for veterans."

Wilkie hosted the town hall and spoke on Capitol Hill last week to offer an update on where the agency stands on a host of priorities about 60 days into his tenure as secretary.

He was confirmed to the post by the Senate in July, following former secretary David Shulkin's firing in March amid controversy over his travel expenses. Wilkie is the second successor to Shulkin appointed by President Donald Trump; the first, former White House doctor Ronny Jackson, bowed out after allegations surfaced about his conduct on the job.

Top of mind for the agency's leadership is the ongoing overhaul of its electronic health record system. The VA is working with the Department of Defense to build a joint governance structure for their EHRs, Wilkie told senators (PDF).

The two departments are working toward an oversight structure with a single point of accountability. They had planned, initially, for that to be the Interagency Program Office, but the Government Accountability Office warned that it's not built to operate in that way.

"We are committed to a timeline that makes sense and are also working with DOD to understand the challenges and obstacles they are encountering, adapt our approach to mitigate those issues, and identify efficiencies," Wilkie said.

Wilkie said Congress can expect a formal report on the governance talks in short order. Legislators have expressed concern that a leadership void at the VA on the EHR project could be hindering the process.

Genevieve Morris stepped down from her role as head of the office in late August, and John Windom has carried the load on an acting basis since. Rep. Jim Banks, R-Indiana, the subcommittee's chair, warned that "deteriorating and rudderless" leadership could be holding back progress on the program.

Wilkie also provided an update on the status of another crucial healthcare priority: implementation of the MISSION Act. The agency has created a management office to oversee the effort, with individual project teams to tackle specific elements of the law.

The MISSION Act sunsets the Veterans Choice program and allows veterans to seek care with doctors outside of its system if their VA physician recommends it or if it's hard to visit a VA facility.

The law also expands the VA's assistance program for family caregivers, and Wilkie said that will roll out in two phases: Veterans injured in the line of duty before 1975 will be eligible first, with those injured between 1975 and 2001 to follow in two years.

A timeline for the remaining veterans has not been set, Wilkie said, but he expects to report back to Congress on that in the near future.

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500, Audio): [GSA hires Ad Hoc, Fearless to upgrade search.gov portal](#)
(1 October, Terry Wing, 854k uvm; Washington, DC)

[...]

The Government Accountability Office (GAO) said the Veterans Affairs Department (VA) is struggling to pay community providers on time. It also said VA is discouraging those providers from participating in the VA Choice Program. GAO said VA's third party administrators take anywhere from one to seven weeks to pay community providers' claims. Community providers

are a key part of VA's Choice Program, and are expected to play an important role under VA's consolidated community care program under the MISSION Act. (GAO)

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3. Modernize Our System

3.1 - Lincoln Journal Star: [New VA clinic to be built at Lincoln VA campus, opening door to more development](#) (1 October, Nancy Hicks, 2M uvm; Lincoln, NE)

The U.S. Department of Veterans Affairs has decided to build the Lincoln clinic at the VA campus, a decision that opens the door to further development on the historic east Lincoln site.

The VA told developers last week the department will locate the Lincoln clinic, part of the VA Nebraska/Western Iowa Health Care System, in new facilities at the VA hospital campus near 70th and O streets, ending a more than two-year selection process.

Developers who hope to turn the VA campus into Victory Park, with apartments and condos for veterans and seniors, and private medical offices, had said they would not move ahead with development plans unless the VA selected the campus for the clinic.

It's been a long time coming, said George Achola, vice president of Burlington Capital. "But Friday we got positive news."

Johnson Development, partners with Burlington Capital, will take the lead in building the clinic. Building VA clinics is their specialty, said Achola.

Mayor Chris Beutler said the announcement "is an exciting step in the redevelopment of this historic site."

The city looks forward to working with the developers on this opportunity to preserve and enhance the VA campus, he said.

U.S. Sen. Deb Fischer, who voted to fund the leased clinics and encouraged the VA to move forward with the project, said she worked to advance the redevelopment of the Lincoln VA Clinic because "it's a vital project for Nebraska veterans."

The decision to move forward with the clinic and the announcement the new clinic will be constructed on the current VA campus "are two positive updates that show the project is moving forward in the right direction," Fischer said Monday.

The new clinic will replace the current clinic operated from the old VA hospital. Future development plans included renovating the old hospital for offices and apartments and building rental condos for seniors and veterans.

An apartment complex for homeless and near homeless veterans opened in December, but the rest of the development plans were on hold awaiting the VA clinic decision.

The redevelopment of the VA campus is a complicated arrangement with several partners.

The Seniors Foundation, a local nonprofit, has a long-term lease with the federal government for the campus. Burlington Capital is the developer for the Victory Park campus.

Achola said he doesn't expect construction to begin until next year and the clinic would likely open two years after construction begins.

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3.2 - WRDW (CBS-12, Video): [Charlie Norwood VA Hospital opens new clinic on 15th Street](#) (1 October, Alexis Allen, 196k uvm; North Augusta, SC)

AUGUSTA, Ga. -- Recently, a new rapid care clinic opened at the hospital on 15th Street.

The Charlie Norwood VA Medical Center is growing now more than ever.

"Within the south-east region which includes Alabama Georgia and South Carolina, we have the biggest percentage growth of years within that area so we are seeing an increasing group and would like to see more of our veterans using our services," said Robert Reeder, VA Hospital.

With a new clinic, they hope to bring faster service for those in need of same day service.

"Common cold they've had sniffles that have lasted for several days they can come in for bumps bruises sprains they just want to get their blood pressure checked it will be the same as any same-day care appointment they make with their primary care provider," said Bridgette McClarty, VA Hospital.

Reeder says this is an effort to ease the burden on the Emergency Room.

"The rapid clinic allows veterans to be seen pretty immediately they come in they can be seen they can be taken care of and they'll be followed up with her primary care provider where is in the ER when they go to the ER they are all other sorts of issues, all other sorts of patients that may cause delay just because there are other patients are more critical and need to be seen immediately," said Reeder.

A hospital spokesman says they cut down on wait times by offering 60 appointments a day with no appointments needed.

"If we are able to divert patients who have urgent needs versus those who have emergent needs then it limits the amount of time that we're spending on patients with the lower priority needs, we're able to give that time back to the patients with urgent care needs and that way it lowers the wait times."

Attendance was low on the first day, but they are hoping within a month more people will start using the new clinic.

The new location is at the VA's 15th Street location by the emergency department.

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3.3 - Nextgov: [By the Numbers: Federal Agencies Face Uneven Struggle Hiring Young Tech Talent](#) (1 October, Jack Corrigan, 193k uvm; Washington, DC)

It's no secret the federal tech workforce is getting older, but some agencies are having a lot more difficulty recruiting young IT professionals than others, according to data from the Office of Personnel Management.

And while civilian agencies generally face the most lopsided age disparities, the importance departments place on building a long-term talent pipeline varies greatly.

In March 2018, only 3 percent of the government's 84,097 tech specialists were less than 30 years old while some 14 percent of IT employees were over the age of 60. That means federal technologists at or approaching retirement age outnumbered their 20-something counterparts roughly 4.6 to 1.

But looking agency by agency, it's clear some are having have a much harder time attracting young workers.

The Air Force employs some 1.3 tech workers over 60 for every person under 30, and the Justice Department stood roughly at 2.2 to 1, the closest ratio of all civilian cabinet departments. At the same time, the ratio at the Treasury Department came in at 9.8 to 1, and at the Veteran Affairs Department, age 60-plus tech specialists outnumbered their under-30 colleagues nearly 19 to 1.

The Nextgov analysis used data from OPM's FedScope portal on government workers employed under series 2210 positions, designated as "Information Technology Management." Figures are not included for the Education, Energy, Housing and Urban Development, Labor and State departments. Each employs less than 1,000 IT specialists and there was not enough available data for an accurate calculation.

While the age-gap ratio itself isn't the problem—agencies probably wouldn't tap an entry-level worker to directly take over for a retiring senior official—it's a symptom of an unbalanced talent pipeline.

"We need to have that next generation of leaders primed and ready to work in the government," said Margot Conrad, director of federal workforce programs at the Partnership for Public Service. "If we experience a significant amount of retirements ... and we don't have that next generation that's ready to fill those critical missions, then we're going to have a problem."

The analysis found civilian agencies have more trouble recruiting young people than the Pentagon and the military services. Non-defense agencies employ some 7.4 IT specialists over 60 for every person under 30, roughly triple the figure for the Defense Department.

The workforce pipelines at the largest civilian agencies, the Homeland Security Department and VA, are in two very different states.

Homeland Security employs some 4,800 IT specialists, of whom 165 are in their 20s and 690 are age 60 or older. By contrast, the VA's tech workforce contains only 58 employees in their 20s and nearly 1,100 who are approaching retirement.

Looking at broader age breakdowns of government tech shops can help shed light on other workforce trends. Today, VA's age-gap ratio is worse than those of the Transportation and Treasury departments, but the latter two both have more tech workers in the 50 to 59 range. As those people age, the agencies' workforce could grow more lopsided if they don't bring on more young employees.

Washington, We Have a Problem

In March 2010, the ratio of 60-plus to under-30 IT specialists stood at about 1.9-to-1, and that figure more than doubled over the next eight years.

The reasons for the growing gap are twofold, Conrad told Nextgov. The federal workforce has a wave of baby boomers approaching retirement, and at the same time agencies are struggling to bring on the next generation of federal tech workers, she said.

Since 2010, the number of retirement-age federal IT specialists grew 64 percent and the number of young technologists in government shrunk 30 percent. There's no single cause for the decrease of young technologists in government, but Conrad said it stems from a handful of general obstacles agencies face when recruiting those employees.

One major factor is compensation. The government can't offer the high salaries tech-savvy 20-somethings might earn at startups and industry giants in Silicon Valley, she said. On top of pay, the private sector can often provide more flexible benefits packages than government organizations, something she said is very important to the younger generation of employees.

Additionally, the hiring process often takes significantly longer and is more opaque in government than commercial tech companies, which can turn off potential applicants, she said. And because it's difficult for job seekers to keep tabs on their application status, they might take jobs elsewhere while they're still in consideration.

Conrad also believes agencies don't do a great job marketing the work they do. If young people are unfamiliar with a specific group's mission, it's unlikely they'll consider applying to work there, she said.

Still, some agencies have done far better bringing young people on board as baby boomers age out.

Between 2007 and 2017, both Homeland Security and VA saw the number of 60-plus IT employees rise, but while the number young workers in Homeland Security tech shops grew more than 75 percent during that time, the number of 20-something IT specialists at VA fell nearly 75 percent.

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3.4 - East Bay Times: [Alameda to press feds on stalled veterans clinic, cemetery project](#) (1 October, Peter Hegarty, 21k uvm; Walnut Creek, CA)

ALAMEDA — Four years ago, Alameda and federal officials stood on the stage of the Alameda Theatre & Cineplex and heralded plans to build a veterans clinic and a national cemetery at the city's former U.S. Navy base.

But the \$240 million project has stalled, prompting the City Council to now look at jump-starting it. On Oct. 2, the council will consider approving a letter to the Department of Veterans Affairs, asking for an update on the plans and a response within 60 days.

The letter notes that in 2012, the city agreed to turn over 72 acres at the former Alameda Naval Air Station, now Alameda Point, for the clinic and cemetery, and that two years later more than 600 acres were turned over by the Navy to the V.A. The letter also highlights that Congress authorized \$80 million for the first phase of construction in 2016.

“Since then, the only new activity we have witnessed is Urban Shield emergency preparedness exercises, and those exercises were carried out in an area the V.A. said was to be for the benefit of wildlife,” the letter says. “We anxiously await a sign of progress in fulfilling the commitments that you made to the veterans in the Bay Area, city of Alameda and to the Navy, both of which gave you land for the public benefit.”

A detailed explanation for the slow pace from the V.A. was not available. But a representative said in an email that the design of the first phase of the project is underway and should be done by fiscal year 2019.

The Alameda project stalled after Congress approved a bill in February 2016 that requires the V.A. to allow the Army Corps of Engineers or other federal agencies to manage projects that cost more than \$100 million.

The action — which came just as Congress was authorizing cash for the ambitious project — is aimed at increasing oversight and was in response to a V.A. hospital in Aurora, Colorado, that cost nearly three times the original estimate.

Councilman Frank Matarrese put the letter on Tuesday’s agenda.

The letter asks for an update and a schedule for the infrastructure work at the former Alameda base and for a follow-up with the Bay Conservation and Development Commission over the project’s permit.

The future Alameda clinic, which supporters say will be a “one-stop shop” for veterans, is planned to include a regional V.A. benefits office, as well as a wildlife refuge to protect the endangered California least tern as it migrates along the California coast. The two-story, 158,000-square-foot clinic is to sit on 20 acres and replace the Department of Veterans Affairs’ current facility on Martin Luther King Jr. Way in Oakland.

The national cemetery, which is to be a columbarium only, will eventually house the remains of 300,000 veterans. The national cemeteries in San Bruno and at San Francisco’s Presidio are full and closed to new interments. Most Bay Area veterans are being interned at the Sacramento Valley National Cemetery in Dixon in Solano County, more than an hour’s drive from Alameda. The new clinic and columbarium would take up 112 acres of the overall site.

The remaining 512 acres are to remain as a nesting place for California least terns and include a conservation management office staffed by the U.S. Fish and Wildlife Service and the East Bay Regional Park District.

The City Council will meet at 7 p.m. Oct. 2 at City Hall, 2263 Santa Clara Ave., Alameda.

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4. Focus Resources More Efficiently

4.1 - The Washington Post: ‘Sammies’ honor government’s best and most innovative employees (2 October, Lenny Bernstein, 43.9M uvm; Washington, DC)

Peggy Honein vividly remembers the day in 2016 when an obscure virus went from a curiosity to a major public health threat. There were disturbing reports out of Brazil of newborns with tiny heads, and the scientists at the Centers for Disease Control and Prevention were trying to determine why that was happening.

“One of the most important moments was when the CDC’s lab first found evidence in some samples that Zika was destroying the brain tissue of newborns,” Honein recalled in an interview.

Honein quickly assembled an emergency response team of nearly 200 people to monitor, study and respond to the Zika virus. The team eventually figured out that the virus was transmitted by mosquito bites as well as sexual contact.

The CDC released recommendations for travel by pregnant women and women of childbearing age across the Americas and is still monitoring 7,300 children in the United States and its territories for long-term health problems. Those include developmental delays, seizures and vision problems, among others.

“The Zika story really isn’t over,” said Honein, director of the CDC’s congenital and developmental disorders division. “We still are following these children.” And Zika remains a threat in nearly 100 countries, she said.

Honein will be awarded a Samuel J. Heyman Service to America Medal at a gala Tuesday night. Considered the “Oscars of government service,” the “Sammies” are given by the Partnership for Public Service, a nonprofit, nonpartisan organization that tries to make government more effective.

The awards will be given to seven employees or teams from across the government, along with a first-ever “Spirit of Service” award to Jeffrey P. Bezos, founder of Amazon.com, for his work to advance space exploration and national security. His Amazon Web Services provides secure cloud computing used by the intelligence community, the military and first responders to collect, analyze and share information in real time, according to the award citation. (Bezos also owns The Washington Post.)

The awards come at a time of heightened friction between the federal workforce and President Trump, who has vowed to “drain the swamp” of ineffective government agencies and reduce the number of federal employees.

“These are not normal times for our nation’s civil servants. Yet, they continue to serve in extraordinary ways, and we need to recognize and celebrate their important work,” Max Stier, president and CEO of the Partnership for Public Service, said in a news release.

The top honor, Federal Employee of the Year, will be presented to Daniel L. Kastner, scientific director of the intramural research division of the National Institutes of Health's Human Genome Research Institute. Kastner discovered the genetic underpinnings of a family of debilitating "autoinflammatory" diseases using very early maps of the human genome more than 20 years ago.

"What we've discovered is a family of diseases that are inherited disorders of inflammation," Kastner said in an interview. Therapies based on this research have been used to treat strokes, fevers, arthritis and pain caused by these disorders.

The Career Achievement Medal will be given to Marshalyn Yeargin-Allsopp, who developed surveillance systems for the CDC that revealed the prevalence of autism, developmental disabilities and other conditions. In 1968, Yeargin-Allsopp became the first African American woman admitted to Emory University's medical school.

"I feel that I've done the best I can do with the gifts and talents that I've been given," she said. "That's what we all should do."

Other winners include:

- Karen D. Dodge of the Federal Trade Commission and Margaret Moeser of the Justice Department, who won the Homeland Security and Law Enforcement Medal. They led civil and criminal investigations that forced Western Union to admit it allowed con artists to use its service to collect payments related to scams. The company forfeited \$586 million to reimburse victims.
- Andrew M. Herscowitz and the Power Africa Team of the U.S. Agency for International Development, who will receive the National Security and International Affairs Medal. They brought together the private sector, financial institutions, 12 federal agencies and foreign governments to provide electricity to more than 50 million people in sub-Saharan Africa.
- Marcella Jacobs and the Digital Service team of the Department of Veterans Affairs, who will be given the Management Excellence Medal for streamlining online processes for veterans to simplify applying for and receiving benefits.
- Parimal Kopardekar and a team at NASA's Ames Research Center, who designed a traffic management system for drones, including rules and technologies that will allow commercial drones to safely deliver packages, monitor traffic and aid search-and-rescue operations.

An eighth award, the fourth annual Service to America Medals People's Choice Award, chosen by the public, was given in July to Alison Smith of the Naval Surface Warfare Center. Smith pioneered the use of nanomaterials to mark sensitive military equipment with a "fingerprint" to guard against the use of counterfeit products.

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4.2 - Government Executive: [Sammie Awards Honor NIH Genetics Pioneer and Other Exceptional Federal Employees](#) (1 October, Charles S. Clark, 870k uvm; Washington, DC)

The 17th annual Service to America Medals (nicknamed the Sammies) will be awarded to eight standout federal employees on Tuesday night, providing some limelight to a pioneer disease

geneticist, a team that foiled wire fraud schemes and designers of air traffic control systems for drones.

The winners, along with the other 27 finalists announced in May, will be honored at a banquet at the Andrew Mellon Auditorium in Washington that will also feature a special “fireside chat” between author Michael Lewis (whose new book “The Fifth Risk” analyzes President Trump’s unusual presidential transition) and Amazon.com founder Jeff Bezos.

Bezos, creator of the Blue Origin outer-space effort and owner of The Washington Post, will receive the Sammie organizers’ first- ever Spirit of Service award, which will go to individuals outside of government who make a key contribution to public service.

Emceed by PBS NewsHour Host Judy Woodruff, the gala for 600 guests will include Federal Trade Commission Chairman Joseph Simons, National Institutes of Health Director Francis Collins, Office of Management and Budget Deputy Director for Management Margaret Weichert, and Rep. Mark Meadows, R-N.C.

“These are not normal times for our nation’s civil servants,” said Max Stier, president and CEO of the Partnership for Public Service, the chief organizer. “Yet they continue to serve in extraordinary ways, and we need to recognize and celebrate their important work. The 2018 Service to America Medal recipients represent the best in government, the dedicated, smart and innovative public servants who work tirelessly behind-the-scenes to serve the public interest.”

For the 2018 class, the evening’s top honor, the Federal Employee of the Year, will be presented to Dr. Daniel Kastner of the National Institutes of Health. Kastner uncovered the genetic causes of seven rare, debilitating illnesses he categorized as auto inflammatory diseases, alleviating suffering for thousands of patients in the United States and around the world.

The Career Achievement Medal recipient is Dr. Marshalyn Yeargin-Allsopp of the Centers for Disease Control and Prevention. She pioneered ground-breaking research and surveillance systems that for the first time documented the prevalence of autism, intellectual disabilities, cerebral palsy, hearing loss, vision impairment and epilepsy among children.

The Homeland Security and Law Enforcement Medal winners are Karen Dodge of the Chicago office of the Federal Trade Commission and Margaret (Molly) Moeser of the Justice Department in Washington. They led parallel nationwide criminal and civil investigations into con artists that resulted in Western Union, the world’s largest money transfer company, admitting to allowing criminals to use its service to collect scam-related payments. The company forfeited \$586 million to reimburse victims.

The National Security and International Affairs Medal goes to Andrew Herscowitz and the Power Africa Team of the U.S. Agency for International Development (based in Pretoria, South Africa). They brought together technical and legal experts, the private sector, financial institutions, 12 federal agencies, and governments from around the world to provide electricity to more than 50 million people in this region. The team’s 117 electrification projects have spurred economic development while generating hundreds of millions of dollars in opportunities for U.S. exporters.

The Management Excellence Medal goes to Marcella (Marcy) Jacobs and the Digital Service Team of the Veterans Affairs Department (Washington, D.C.). They helped veterans access

their benefits through a simplified login system and new ways to apply for health and education benefits and monitor disability claims and appeals.

The Promising Innovations Medal winners are Parimal Kopardekar, and the UTM Team of NASA's Ames Research Center (Moffett Field, Calif.). They worked across agencies and with private-sector partners to design the first-of-its-kind traffic management system for unmanned aerial vehicles, which may number 700,000 by 2020 delivering packages, monitoring traffic and helping with search and rescue.

The Science and Environment Medal goes to Margaret (Peggy) Honein of the Centers for Disease Control and Prevention. She quickly assembled a team that collected and analyzed critical nationwide data on the mosquito-borne Zika virus in order to protect pregnant women and babies when it began spreading in 2015-16.

Finally, in a special category, the fourth annual Service to America Medals People's Choice award was presented in July to Alison Smith of the Naval Surface Warfare Center in Crane, Ind. She pioneered the use of nanoparticles to mark sensitive military equipment with a unique fingerprint to guard against counterfeit products and protect warfighters. The public voted for Smith out of all 27 Sammys finalists.

Named in 2010 for entrepreneur Samuel J. Heyman, who founded the nonprofit partnership, the Sammys began in 2002 as a way to spotlight public-sector talent. More than 500 have since won the awards. Winners are chosen by a selection committee of leaders from government, business, foundations, academia, entertainment and the media.

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4.3 - WECT (NBC-6, Video): [Inspector General finds potential fraud involving Wilmington VA Clinic](#) (1 October, Ann McAdams, 466k uvm; Wilmington, NC)

There are major developments in the investigation into how the contract was awarded for Wilmington's VA Clinic. It's a story we've been following for more than three years, since WECT found out the VA was paying almost \$300,000 a month to rent the 80,000-square-foot facility at the Wilmington Airport.

After seeing our reports, detailing how the VA was paying more than twice the going rate for prime medical office space in Wilmington, and was locked into a 20-year, \$69-million-dollar contract at this inflated rate, Congressman Walter Jones called for the investigation.

Two years later, the VA's Inspector General has released its findings, saying that there was potential fraud in the way the VA awarded the contract. The Inspector also found that the VA overpaid by millions to lease the land underneath the clinic from the airport authority, based on the fair market value of the land at the time the deal was made.

The transaction for the building was separate. The VA's Office of Construction and Facilities Management claims they got 14 competing offers to build the Wilmington VA Clinic, but they were only able to produce two of those offers for investigators, despite federal requirements to keep all of the paperwork in question.

According to the report, the VA Inspector General's Office requested copies of the bids 8 different times over the course of their investigation and never got them, which makes it impossible for them to determine if the VA chose the bid for the building that was in the taxpayers' best interest.

The Inspector General's report was released the same week Hurricane Florence made landfall, so we are just now having the opportunity to report on this, but we did ask the brand new secretary of the VA about this when he was in town Monday.

"We have 3 levels of investigative authority that move whenever we hear a lot of these things. One thing I will say is I am very proud of the movement VA has made, we've put a lot of the turmoil of the first half of this year behind us, I'll take a look at this, but coming online just as a major storm hits, so I have not seen that," Secretary Robert Wilkie told WECT when asked about his Inspector General's newly released findings.

Because of the red flags that potentially indicate fraudulent activity, the VA Inspector General has requested a criminal investigation into how the contracts for the Wilmington VA Clinic were awarded. As things continue to get back to normal after the storm, we hope to get more details for you.

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4.4 - WPRI (CBS-12, Video): [Feds move forward on RI 'whistleblower's' claim of harassment, hostility](#) (1 October, Walt Buteau, 440k uvm; East Providence, RI)

WARWICK, R.I. — A claim that harassment caused a hostile work environment in a Warwick combat veteran counseling office will be investigated further by federal authorities, the Target 12 Investigators have learned.

Ted Blickwedel, who was a counselor at the Warwick Veterans Affairs (VA) Vet Center for nine years, filed a complaint in June about several issues, including claims of unreasonable performance standards, unfair punishment and false accusations.

VA Readjustment Counseling Service (RCS) Vet Centers counsel combat veterans across the country, with three locations in Southern New England.

The letter to Blickwedel from the VA Office of Resolution Management states his claims, "if proven true, could create a hostile work environment."

"We have determined that your complaint passes the severe and pervasive requirement for further processing," the letter said.

Blickwedel, a Marine who's dealt with personal bouts with Post Traumatic Stress Disorder (PTSD), called the development "an important next step."

"It's vindication not only for the issues I raised, but for the retaliation I experienced from the RCS leadership," he said.

Blickwedel said he retired about three years early following claims his supervisor harassed him by turning off his email access after he raised concerns last year about a 2016 policy change that mandated "30 visits" a week per Vet Center counselor.

Blickwedel said his email access was blocked a short time after he sent a survey to the VA's 1,300 Vet Center counselors, that asked questions about the session counts and productivity standards.

While only a small percentage was able to reply before his email went dark, 85 percent who answered said the "visit count mandate" has adversely impacted the quality of care to veterans.

VA Press Secretary Curt Cashour has not responded to a request for comment on the decision to further investigate Blickwedel's complaint.

In April, he disagreed with the claim the weekly RCS session requirement put too much pressure on the counselors, saying they "manage their own schedules in consultation with their direct supervisor."

"And if a client needs extended services," Cashour said at the time, "staff have the flexibility to be able to provide that."

Blickwedel is hopeful investigators will further substantiate his claims to put pressure on "the leadership of RCS."

"So, they're compelled to have systemic change so that counselors are properly taken care of, aren't burning out and the quality of service for veterans is not being negatively impacted," Blickwedel said. "If the counselors are burning out, they're not going to be able to perform effectively and that's going to impact quality of service."

Blickwedel's Whistle-Blower Protection Act complaint was dismissed on grounds his claim did not result in official personnel action being taken against him.

Blickwedel said the VA Office of Inspector General (OIG) decided not to investigate the complaint he filed with that agency.

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4.5 - Legal Reader: [VA Pathologist Works While Intoxicated, 30,000 Files Reviewed for Errors](#) (1 October, Sara E. Teller, 17k uvm)

Dr. Robert Morris Levy was a pathologist at a Veterans Affairs (VA) hospital in Veterans Health Care System of the Ozarks in Fayetteville, Arkansas. He was found to be drunk while at work in March 2016, and his intoxication was reported by an employee. However, after completing an inpatient program, Levy returned to work under the supervision of the Mississippi Physician Health Program in conjunction with the Arkansas Medical Foundation. In October 2017 he was again found to be impaired while on the clock. Levy admits to being drunk in 2016 but said he had a complex migraine and was not impaired the following year. Patient files are now being reviewed for errors.

Levy was terminated after being arrested for a DUI, a case which was ultimately dismissed. The former pathologist said he was arrested during work hours on March 1. According to a police report, Levy's "speech was very slurred, and his balance was swayed" and he failed a field sobriety test. But Jacob DeYoung, a deputy city prosecutor for Fayetteville, said the case was dismissed after Levy's blood sample came back clean.

Levy continued to work as the hospital investigated. He said he saw a neurologist, who cleared him. Records also show Levy later visited a neuropsychologist who found "no major concerns."

Kelvin Parks, the interim medical center director for the hospital, wrote to the Mississippi board on June 7 that Levy "significantly failed to meet generally accepted standards of clinical practice that constituted an imminent threat to patient welfare." Two days later, the Arkansas physician program revoked its advocacy of Levy due to "non-compliance with daily check-in requirements and failure to return phone calls to the AMF."

Now, hospital officials are in the process of reviewing more than 30,000 cases dating as far back as 2005 in which Levy was treating patients and could have potentially caused significant errors resulting in serious injuries or death. So far, spokesperson Wanda Shull has indicated they've found eleven such errors which constitute "institutional disclosers." Shull said the veterans and their families have been notified. Previously, investigators had discovered one potential death among Dr. Robert Morris Levy's cases. Now, two others have now been connected to his care, and all three families have been notified.

Officials have also discovered 1,119 total errors thus far, although not all resulted in a change in care. All the while, Levy has denied working while impaired at the hospital in Fayetteville. Both internal and external pathologists are conducting the review, beginning with higher-priority and more complex cases, and the VA Office of Inspector General and the hospital are investigating whether the hospital acted properly after Levy was initially found to be impaired in 2016.

Levy was licensed to work in California, Florida, and Mississippi. VA doctors do not need to be licensed in the state in which they practice. In July, the hospital sent letters to veterans whose cases were being reviewed. Those whose cases have now been completed are being contacted regardless of whether errors were found or not. The VA Office intends to discuss the results with all families impacted.

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5. Improve Timeliness of Service

5.1 - The Plain Dealer: [Flu season has started, after record cases last year](#) (1 October, Julie Washington, 11.5M uvm; Cleveland, OH)

One of the most deadly flu seasons in decades ended this spring, and a new flu season is already here. Time to get a flu shot now.

An estimated 80,000 Americans died from flu-related illness during last year's flu season, the highest number of deaths in at least four decades, according to the Centers for Disease Control and Prevention. In an average year, the U.S. sees between 12,000-56,000 deaths, the CDC said at a press conference.

Cuyahoga County had a record number of hospitalizations, with 2,781 far surpassing the old record of 1,581 set during the 2014-2015 season. Cuyahoga County recorded 47 flu deaths, coming close to the record of 52 deaths recorded that same season.

The severe 2017-18 flu season was driven by a flu strain that tends to cause more hospitalizations and deaths, especially among young children and the elderly. Fatal complications from the flu can include pneumonia, stroke and heart attack.

Last season's flu vaccine was about 40 percent effective, said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. It wasn't a good match against the flu mutations that circulated.

There's no way to predict if the upcoming flu season, which runs October through spring, will be better or worse, experts say.

Symptoms of influenza include moderate to high fever, dry cough, headache, sore throat, chills, runny nose, loss of appetite, muscle aches, and tiredness. Signs that influenza is getting worse include fever, shaking chills, and shortness of breath.

Even though the flu vaccine is not 100 percent effective, doctors still recommend it because it makes illnesses less severe and saves lives. Pharmacies, clinics, county board of health and doctors across northeast Ohio stand ready to offer flu shots. (See accompanying story for a list of places to get the influenza vaccine.)

At a recent flu clinic inside the Louis Stokes Cleveland VA Medical Center in University Circle, volunteers guided veterans to nurses standing ready to administer the flu shot. About 500 veterans received free flu shots during the clinic's two days, a spokeswoman said.

Retired Navy veteran James Bowie, 66, took advantage of the free flu vaccine while getting physical therapy at the VA medical center. For years, Bowie got an annual flu shot to help protect his late mother, whom he cared for. He's decided to keep up the habit.

"I never got the flu, and when I did get a cold, it helped me from going under," said Bowie, who lives in Cleveland. "I recommend everybody get it."

It's important to get the influenza vaccine to protect yourself and people around you who might have weakened immune systems, said Liza Eckstein, a VA nurse and infection prevention specialist.

Eckstein listed other ways to protect against germs, such as staying away from sick people, coughing into your elbow, using tissues and washing hands before and after eating.

"Every little bit helps," Eckstein said.

People considered high-risk during flu season are those younger than age 6, older than 65, pregnant women and residents of nursing homes or long-term care facilities. Health issues that could complicate the flu are asthma, neurological conditions, chronic lung disease, heart disease, blood disorders, endocrine, kidney and liver disorders, and a weakened immune system.

Everyone six months and older should get vaccinated every year by the end of October, because it takes two to four weeks for the shot to reach full effectiveness.

Science hasn't cured the common cold, but it is getting closer to a universal flu vaccine that would work against multiple versions of the flu virus, and provide immunity for more than one year, making the days of the annual flu shot obsolete.

Researchers are working on a universal flu shot that would be followed by a seasonal vaccine, or "boost," to create a better vaccine. Other research is looking at a section of the flu virus that doesn't mutate from season to season, making it an ideal target for a universal flu vaccine.

There's also a new, fast-acting drug that appears to shorten the duration of flu symptoms. The FDA is reviewing the drug and a decision is expected soon, according to the online health publication STAT.

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5.2 - WECT (NBC-6): [VA Secretary pays visit to Wilmington](#) (1 October, Ann McAdams, 466k uvm; Wilmington, NC)

WILMINGTON, NC - Newly confirmed Secretary of the US Department of Veterans Affairs Robert Wilkie came to Wilmington Monday to tour the Wilmington VA Clinic, and see the ongoing effort to provide medical care to veterans in the wake of Hurricane Florence.

VA medical teams from all over the country came to Wilmington with mobile clinics so veterans could be seen, despite the fact that there is significant damage inside the main building.

Up and down the coast, Wilkie said the VA had to cancel 7,000 appointments because of the storm. They've managed to reschedule 3,000, so far.

"This clinic is being fixed as rapidly as possible. And in the meantime, those who need care that can't be delivered here until the repairs are done are going to Fayetteville and Durham, and we thank those facilities for their support," Wilkie said during a news conference.

Wilkie said the primary care offices, pharmacy, and other basic departments inside the Wilmington clinic are open for business, but more complicated medical procedures are not able to be performed in the Wilmington clinic until repairs are finished.

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5.3 - WMAZ (CBS-13, Video): [New data shows increased ranking for Dublin VA](#) (1 October, 446k uvm; Macon, GA)

DUBLIN, GA. — The Carl Vinson VA Medical Center says they are making strides in improving their quality of services for veterans.

According to recent data from the United States Department of Veterans Affairs, the Carl Vinson VA Medical Center was one of the many VA facilities that improved over the past year.

The data released measures overall efficiency, productivity and quality in areas such as death rate, complications and patient satisfaction.

Interim Medical Center Director Dr. Connie Hampton says the Dublin VAMC was ranked 128 out of 146 VA facilities, but has since risen to 102.

“Our staff at Dublin VAMC strives to provide the best health care for our nation’s heroes every day,” said Dr. Hampton.

As a whole, 71 percent of VA medical centers have improved in overall quality since the same time last year. Seven percent had a small decrease in quality.

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5.4 - WWAY (ABC-3, Video): [New Veterans Affairs Secretary Visits Center After Hurricane Florence](#) (1 October, Basil John, 189k uvm; Wilmington, NC)

NEW HANOVER COUNTY, NC — Hurricane Florence left it’s mark on the Cape Fear and many veterans had their appointments pushed back. As veterans come in to get their appointments done at the Wilmington Health Care Center, they and medical staff were visited by the new Veteran Affairs Secretary, Robert Wilkie.

“As always, it’s good to be back in Wilmington. But it’s equally proud to stand and talk to the wonderful people who’ve been on watch since we realized that a hurricane was head to our state,” Wilkie said.

Wilkie toured the facility to see the damage that was done and then came outside to the mobile clinics in the parking lot to speak with and thank the medical staff for helping the veterans. He also said that if for any reason, a veteran can not be helped at this facility, they will help certain veterans get help from outside the system, if necessary.

“If you can’t get it here because of this, we’ll be able to take care of them outside of the system if that’s what’s called for,” Wilkie said.

He also says it’s important to focus on these efforts before more veterans come to the state.

“By 2020, one in nine North Carolinians will be a veteran. So the more robust these facilities are the better they are able to take care of the massive influx of veterans who are coming to the southeast,” Wilkie said.

Even though veterans had to wait sometime for their appointments, some are just glad things are progressing.

“I got a call three four days before the hurricane hit telling me they were going to cancel it, and then I got a call I think last Thursday or Friday saying they had an appointment for today,” veteran Charles Cipolla said.

They say it’s a time they just have to be patient.

"Just give them a break, let them do what they have to do and if it takes a little longer, say thank you when they get it to you," Cipolla said.

Associate Chief of Staff Richard Trotta says the center had heavy water damage in the back of the facility and water got into air vents. He adds, they are working as fast as possible to make repairs.

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5.5 - WFXR (FOX-27): [Salem VA Medical Center, surrounding clinics offering free flu shots to veterans](#) (1 October, Clay Ostarly, 29k uvm; Roanoke, VA)

Salem VA Medical Center and its community clinics located in Danville, Tazewell, Wytheville, Lynchburg, & Staunton are offering free flu shots for veterans through the month of October.

It's an effort to raise awareness about the flu shot. The Salem VA Medical Center is offering drive-thru flu shots. The community clinics are giving flu shots in the clinic.

One veteran WFXR spoke with Monday said he's very grateful for the service.

"I enjoy these people. I like them. I'm really glad they have the CBOC here. I don't have to travel as far when I need things done," said Jesse Mayo.

If you are a veteran and would like to get your free flu shot, you can go to the Salem VA Medical Center Monday through Friday from 8:30 am to 4:00 pm, or to your closest VA Clinic from 8:30 am to 12:00 pm, and then from 1:00 pm to 4:00 pm.

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5.6 - Delaware Public Media: [Wilmington VA officials cite improvement in quality metrics](#) (28 September, Nick Ciolino, 25k uvm; Dover, DE)

Officials at the Wilmington VA Medical Center say a recent overhaul of its leadership has led to improvements in the quality of care at the hospital.

The VA based in Wilmington represents all of Delaware and some of southern New Jersey with five community-based health centers throughout the region.

It has replaced its Medical Center Director, Chief of Staff, Nurse Executive and Associate Director in the past year.

The new leadership is pointing to a quarterly scorecard measuring 25 quality metrics. They say the data indicates the Wilmington VA has advanced from 118th to 61st in the past year among the ranks of 146 VA facilities nationwide.

Medical Center Director Vince Kane says access to care has been an emphasis.

"Everything does really begin and end with how quickly you engage the veterans, how do you get them into appointments, how do you make sure those appointments are offered in a way that is closer to their home that is convenient to their healthcare needs," said Kane.

Director of Quality Management Christine Micek says since the quarterly scorecard's release Wilmington has advanced even further - reaching 35th overall nationwide.

"A very positive thing for us here in this medical center to see all the hard work that the staff have put in have really shown a significant result," said Micek. "What we do now is keep those changes we've already made in place and start looking to see our next steps in improvement."

The Wilmington VA did not, in fact, show improvement across the board according to the scorecard.

The acute care inpatient mortality ratio and 30-day readmission rate were among categories with higher ratings in last year's data.

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5.7 - WNCN (CBS-17, Video): [VA in Fayetteville rescheduling 17,000 appointments canceled by Florence](#) (1 October, Holden Kurwicki, 13k uvd; Raleigh, NC)

FAYETTEVILLE, N.C. - Veterans Affairs Secretary Robert Wilkie was briefed on how the system managed to keep the doors open while some sustained damage that will linger long after Hurricane Florence has passed.

"This is my home," VA Secretary Robert Wilkie said Monday.

Inside the doors of the Fayetteville VA Hospital, the veterans are always under a watchful eye.

"Their lives were impacted by this storm," Wilkie said during a visit to the facility. "Not only were we ahead of this storm and making sure our most vulnerable patients were taken care of, but we've been on the front line of following up to make sure that they're alright."

Now it's the hospital itself that is under the microscope.

"VA really is the foundational institutional response for the entire recovery effort," said Wilkie. "Our hospitals become emergency management centers for FEMA and other federal departments."

In the aftermath of Hurricane Florence, Wilkie made it a point to thank the worn out staff for how they weathered the storm.

"Emergency folks who were activated and are coming in to refresh the ones who came here on a moments notice when the hurricane hit," said Wilkie.

Now the health care system that has routinely been under fire for years has its hands full rescheduling the roughly 17,000 appointments canceled by Florence at the Fayetteville location alone.

The Wilmington VA location was also severely damaged.

"Our system, when we cancel an appointment, leaves an open action that prompts us to call the patient to make sure we bring the veteran in as soon possible," said Fayetteville VA director James Laterza.

"We do have contingency plans which haven't kicked in yet in case there's a problem which the engineers haven't discovered yet," said Wilkie. "We have four mobile medical units in Wilmington right now dealing with the problems that veterans have."

While it could be four to six weeks before things across the VA system in North Carolina are back to normal, a fresh wave of medical reinforcements on the way to ensure veterans get the care they need, officials said.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [Vote on veteran transitional housing in La Crosse delayed to address neighbor concerns](#) (1 October, Jourdan Vian, 822k uvm; La Crosse, WI)

Neighbors of the proposed Tomah Veterans Affairs Medical Center transitional residency facility on Farnam Street say they support veterans. They just don't want this facility for veterans in their neighborhood.

"We are all in favor of our veterans. We have veterans living in our neighborhood. We're very proud of them and thankful for their service," said Lesley Patterson Monday. "I don't think that's really the issue at hand, ultimately. Ultimately, the issue at hand is what's going to be safe."

Patterson was one of several people who spoke in opposition of the project during Monday's La Crosse Plan Commission meeting. La Crosse residents Dave and Barb Erickson contacted the Tomah VAMC to donate their seven-bedroom, four-bathroom home at 3120 Farnam St. to help veterans. The Plan Commission unanimously delayed a vote on a conditional-use permit to allow a community living arrangement within 2,500 feet of another until its December meeting to allow the Tomah VAMC to answer some of the questions raised by neighbors.

Patterson and others said they are concerned these veterans would be in treatment for severe substance abuse and mental health issues and one of the listed goals of the transitional residency program is to teach those veterans anger management skills. They raised concerns about having only one 24/7 staff member, who might not be licensed in mental health.

"If they are, I as a neighbor, want to be assured that they have the proper help available to them, all the time," Patterson said.

Patterson pointed out that some of the veterans could also be people with a record of violent offenses, which she said rightly scared people with small children.

“It’s not about whether this home should be used for veterans, but what population it could serve best,” she said.

She also raised objections to there being “a revolving door of 10 veterans,” saying it was important to know they were safe and the neighborhood was safe.

Bonita Socha, who also lives in the neighborhood, asked what the move would do to the city’s tax revenue — whether it being a federal facility would take it off the tax roles completely — and what the move would do to the neighboring property values. Others raised concerns about the VA’s reputation after scandals in 2015, including a startling number of painkillers prescribed to patients.

Council member David Marshall, a 35-year member of the U.S. Army who returned Sunday from military duty in Arizona, said the issue was an emotional one for him.

“I can tell you from experience that I have friends who are very embarrassed to come back damaged as they are. They didn’t choose that. They want to be whole again,” Marshall said.

He referenced his own eight active-duty deployments, saying, “For six months, I have nightmares, I have flashbacks, I have issues. I thank my God that I have a wife who supports me, and I have a support system like no other. I can just imagine what it’d be like to not have that support system. This is the VA providing that support system.”

Marshall begged the neighbors present to put aside their fears, saying he would be thrilled to have the facility on his street.

La Crosse County Supervisor Sharon Hampson, who represents the area on the county board, pointed out that peppered throughout the city are foster homes, halfway houses and other places meant to help people in recovery get on their own two feet.

Hampson added that she believes in helping people recover and that the facility would treat people who want to work and want to integrate back into the community.

“These are veterans that have been damaged because they voluntarily went to wars, and I think we owe them the decency to let this program help them,” she concluded.

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7.2 - Stillwater News Press: [InterTribal Homeless Veterans Stand Down to provide aid during Friday event](#) (1 October, David Bitton, 68k uvm; Stillwater, OK)

Military veterans can get a free haircut, meal, clothes and get help in applying for VA benefits if they attend Friday’s InterTribal Homeless Veterans Stand Down in Red Rock.

The second-annual event is intended for rural, Native American and homeless veterans, but everyone who has served in the military is welcome to attend the 9 a.m.-3 p.m. Stand Down at the 7 Clans Paradise Event Center, 7500 U.S. Highway 177, about 25 miles north of Stillwater.

Widows and widowers of military personnel are also encouraged to come.

“We want them to know we will help them get the ball rolling on whatever they need assistance with,” said Heather Payne, public information officer for the Otoe-Missouria Tribe, which partners with the U.S. Department of Veterans Affairs for the event.

Lunch will be served at noon.

Roughly 37 vendors are expected to be in attendance, offering a variety of free services from the flu shot and drug counseling to employment services and housing assistance.

At last year’s inaugural event, three homeless veterans got placed in housing, according to Payne.

Veterans are also eligible for free cold weather items like sleeping bags, wool socks and boots.

Veteran attendees will need to bring their DD Form 214 and any other documents necessary to file a claim.

Surviving spouses are asked to bring a copy of their marriage certificate, death certificate of the veteran and their spouses DD Form 214.

For more information visit omtribe.org or contact Heather Payne at 580-723-4466x217.

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7.3 - KFGO (AM-790): [VA veterans national cemetery near Fargo to be ready by late spring](#) (1 October, Don Haney, 56k uvm; Fargo, ND)

By late spring-early summer of next year, the first VA Veterans National Cemetery in North Dakota will begin accepting burials at the site, north of Fargo. Two years ago, the VA purchased property near the Maple Sheyenne Lutheran Church near Harwood. Construction on the five acre site began earlier this year.

Ame Callahan, Executive Director of the Ft. Snelling National Cemetery in Minneapolis, overseeing the project, says this is phase one of the project, with more than 3,000 gravesites for eligible veterans and their eligible family members.

Callahan says North Dakota is one of the few states that, up until now, to not have a national veterans cemetery. It will have a memorial wall, flagpoles and entry features. Another 5 acres is set aside for additional burial sites when this one reaches capacity which is likely in about 10 years. The new cemetery will complement the North Dakota Veterans Cemetery near Mandan, which is state operated.

The new National Cemetery will include:

1400 Preplaced crypts

40 Oversize preplaced crypts

800 Inground cremation sites

800 Columbarium niches

40 Private vault sites

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7.4 - NJTV (PBS, Video): [Workshop hopes to connect female veterans with resources](#) (1 October, Raven Santana, 49k uvm; Newark, NJ)

Most people don't immediately think of a woman when the image of a homeless veteran comes to mind. But according to the Department of Veterans Affairs, female veterans account for the fastest growing number of homeless veterans in the United States.

"A lot of times they don't know where to go because even though we have all these different organizations and everything else, they're afraid to just say, because a lot of times they feel they're going to be thrown in a shelter, and who wants to be thrown in a shelter," said Cheryl Turner, a veteran and president and founder of New Hope Village 4 Veterans, Inc.

The Department of Housing and Urban Development counted 40,000 homeless veterans on a single night in January last year. Of those, about 9 percent, or 3,600, identified themselves as female veterans.

The Department of Veteran Affairs says part of the reason why women don't self-identify as veterans is because they're confused about their status.

"They're not identifying as a veteran maybe because they believe that in order to be classified as a veteran they had to have served either in combat or overseas, and that not the case," said Department of Veterans Affairs Public Affairs Officer Jennifer Myers. "At least come to the VA to see what you're eligible for and really confirm your status as a veteran."

Myers' words resonated with fellow service members who attended a Women Veteran's workshop in Newark, where vendors provided help with employment, living arrangements and resources for survivors of sexual assault.

"You try to keep up with the guys, and you don't want to seem weak and say this happened to me or this occurred, so a lot of times people do. They don't say anything. They keep it to themselves and then later on down the line you have issues," said Airforce veteran Rasheedah Mayes.

The VA says about 1 in 5 women have been victims of sexual assault.

"Be reminded that some women coming into this building have been, are dealing with military sexual trauma. They're dealing with PTSD," said Verna Martin, co-director of the Vets Chat & Chew Program.

Vets Chat & Chew is designed for veterans and active military and focuses on how food can change your mood.

"It allowed me to be around women that had experienced that same thing I had experienced," Martin said.

There was one sentiment shared by most of the female veterans — when in uniform, they wish they were acknowledged for their service the same way men are.

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8. [Other](#)

8.1 - U.S. News & World Report (HealthDay News): [Three New Genes Linked to Chronic Back Pain](#) (1 October, Mary Elizabeth, 23.9M uvm; Washington, DC)

New research pinpoints three genes responsible for skeletal development that appear to be connected to chronic back pain.

The study authors said their findings could shed new light on the biological factors involved in the development of the condition and lead to new treatments for back pain, which is the leading cause of disability around the world.

For the study, an international team of researchers conducted a genome-wide association to search for gene variants associated with back pain. The study involved 158,000 adults of European ancestry. Of these participants, more than 29,000 suffered from chronic back pain.

The scientists identified three new genetic variants linked to chronic back pain. The SOX5 gene, which is involved in nearly all phases of embryonic development, had the strongest link to the condition.

Previous animal studies have shown that deactivation of this variant is linked to defects in cartilage and skeleton formation in mice.

The study also showed that another gene, which has been associated with intervertebral disc herniation (commonly called a slipped disc), was also linked to back pain. The researchers also identified a third gene involved in spinal cord development, which could affect the risk for back pain due to its influence on pain sensation.

The findings were published Sept. 27 in the journal PLOS Genetics.

"The results of our genome-wide association study point to multiple pathways that may influence risk for chronic back pain," said study leader Dr. Pradeep Suri, of the U.S. Department of Veterans Affairs in Seattle.

"Chronic back pain is linked to changes in mood, and the role of the central nervous system in the transition from acute to chronic back pain is well-recognized," he said in a journal news release.

"However, the top two genetic variants we identified suggest causes implicating the peripheral structures, such as the spine," Suri added. "We expect that further large-scale genetic studies

will reveal the importance of both peripheral and central contributors to the complex experience of chronic back pain."

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8.2 - Medical Xpress (Stanford University Medical Center): [Genetics of cholesterol point to possible drug targets for heart disease, diabetes](#) (1 October, 1.5M uvm; New York, NY)

From the DNA of nearly 300,000 veterans, scientists have singled out a handful of genetic mutations that not only govern levels of cholesterol, but may also inform the development and use of drugs for cardiovascular disease and diabetes, according to researchers at the Stanford University School of Medicine and the Palo Alto Veteran Affairs Health Care System.

Scientists zeroed in on three mutations that disrupt the function of their respective genes. That might sound bad, but in this case, it's actually beneficial, as veterans who carried one of these mutations showed improved cholesterol profiles in their blood and a decreased risk of either heart disease, abdominal aortic aneurysms or diabetes, depending on the gene mutation.

"The idea is to use genetic data linked to electronic health records from a very large number of individuals to find genetic variants that simultaneously improve lipid profiles and protect against cardiovascular disease," said Tim Assimes, MD, Ph.D., associate professor of cardiovascular medicine. "From there, you can figure out what the best potential drug targets are."

All three of the main genes pinpointed in the study—PDE3B, PCSK9 and ANGPTL4—could one day be targets for the treatment of either heart disease, abdominal aortic aneurysm or diabetes, respectively. The mutation in PDE3B, however, is the most intriguing, Assimes said, because there's already a drug on the market, called cilostazol, that mimics the beneficial mutation in that gene. Assimes said cilostazol may now also be a strong candidate for treating heart disease.

The study will be published online Oct. 1 in Nature Genetics. Assimes is the senior author. Derek Klarin, MD, clinical fellow in surgery at Harvard, and Scott Damrauer, MD, assistant professor of surgery at the University of Pennsylvania and the Corporal Michael Crescenz VA Medical Center in Philadelphia, share lead authorship.

The power of many

To reliably identify the molecular factors that influence cholesterol levels in blood, Klarin, Damrauer and Assimes turned to the power of numbers. Through the Million Veteran Program, a national research initiative based at the Veterans Health Administration that aims to identify the genetic determinants of health and disease among U.S. veterans, the scientists pooled genetic information with cholesterol readouts from 297,626 veterans and looked for variants that play a role in cholesterol levels. The study confirmed 188 previously known genetic markers of cholesterol and identified 118 new ones.

The scientists subsequently chose to home in on a narrow sliver of rare genetic anomalies for further analysis through a technique called phenomewide screen, or PheWAS. They already knew these gene mutations affected cholesterol but wondered whether the mutations likewise could affect the risk of other diseases. The PheWAS technique gleans disease risk information from immense databases of genetic information linked to electronic health records.

Drugs as mutation copycats

Three gene mutations found through the screen piqued the investigators' curiosity. Each mutation swayed the veterans' cholesterol levels favorably, but differed in how it affected their risk for other diseases: the PDE3B mutation protected against heart disease; the mutation in PCSK9 not only decreased the risk for heart disease, something that was already known, but also the risk of abdominal aortic aneurysm; and ANGPTL4's mutation dampened the risk for Type 2 diabetes.

"All of these mutations are loss-of-function variants, meaning they either substantially diminish or stop the function of the gene altogether," Klarin said. That makes a good case for developing a drug that copies what the mutation does; if a faulty PDE3B gene decreases risk for heart disease, it could be promising pharmaceutical inspiration. In this study, the PDE3B mutation was associated with lower triglycerides, higher HDLs and a 20 percent lower risk of heart disease.

"Amazingly, there's a cheap, generic drug that I already use to treat my patients for vascular disease which also mimics the effects of the mutation in PDE3B on cholesterol levels, but no one has paid attention to these 'side effects,'" Damrauer said. The drug is typically only used to treat the symptoms of blockages in leg arteries to improve how far people with vascular disease can walk without pain. The next step is to investigate whether that same drug could wear multiple therapeutic hats.

'Misled before'

Although this work may help identify new targets to curb heart disease, Assimes cautions against requesting a prescription for cilostazol for solely that purpose.

"The genetics help suggest that this drug can decrease the risk of heart disease by lowering triglycerides, but it's not proof," he said. "I would not prescribe it until a large randomized trial is completed with cilostazol or a related drug looking specifically at heart disease outcomes.

"We've been misled before by drugs that had effects on cholesterol, but they turned out to be cosmetic," he added. "Better cholesterol profiles can look great, but if the drug doesn't affect the outcome you're aiming for, which is heart attack in this case, then it's useless."

Assimes is hoping that won't be the case with cilostazol.

As for the other two genes, PCSK9 and ANGPTL4, Assimes said that further investigation of those are also needed. Several inhibitor drugs that mimic the effects of the PCSK9 mutation are already on the market to reduce the risk of heart attacks. The question is whether their use will also lead to fewer aneurysms. Drugs that mimic the effects of the ANGPTL4 mutation are still under development, and large-scale testing in humans has not yet begun.

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8.3 - Medical Xpress (Brown University): [New tool will aid in understanding brain signals](#)
(1 October, Mollie Rappe, 1.5M uvm; New York, NY)

The human brain contains about 90 billion neurons, but Stephanie Jones, an associate professor of neuroscience at Brown University, doesn't let that staggering number faze her.

In fact, she just released a user-friendly software tool that models the neural circuits in the outer layers of the brain, which produce the electrical activity monitored by noninvasive techniques such as electroencephalography (EEG).

"This software is a hypothesis development and testing tool for neuroscience researchers and clinicians," said Jones, who is affiliated with Brown's Carney Institute for Brain Science and the Center for Neurorestoration and Neurotechnology, a collaboration led by the Providence V.A. Medical Center with Brown and other partners. "I hope it is transformative to medicine."

Jones said that despite prevalent use of EEG in clinical settings, the electrical activity the technique monitors is not currently established as a biomarker for any condition other than epilepsy.

"With our tool, EEG could be used to guide treatment for patients based on new knowledge of what's happening in the underlying neural circuits—defining biomarkers of disease states, discovering treatments and measuring if a treatment is working," Jones said. "We want to put it in the hands of a large user-base of researchers who are interested in having a tool like this but aren't interested in modeling thousands of coupled differential equations themselves."

The software, called the Human Neocortical Neurosolver, is free and open source and includes tutorials to help researchers use it to understand normal brain function and abnormal brain activity in patients and make predictions about the neural circuits. Researchers can upload EEG recordings from patients and then adjust various parameters of the neural circuits to match and explain the patient data.

A prior version of the model was used to identify an underlying cause of differences in sensory processing in autistic children, Jones said.

In addition to aiding clinicians with treatment development, the software will also advance neuroscience, Jones said.

"Ultimately what we want to do is bridge the gap between the genetic and molecular changes in rodent models of diseases to the neural circuit level, all the way up to the signals that can be recorded outside the head."

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8.4 - WEAR (ABC-3, Video): [Electrical fire prompts VA Clinic in Pensacola to close](#) (1 October, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The Veteran Affairs (VA), Outpatient Clinic in Pensacola, Florida has closed its doors on Monday, October 1 due to an electrical fire.

According to a release statement, an electrical fire broke out in an isolated area of the clinic.

The Veteran Affairs officials did not provide any further details about the electrical fire.

Veterans who have appointments on Monday at the Joint Ambulatory Care Center will be contacted by the administration staff to reschedule missed appointments.

The VA clinic will reopen on Tuesday, October 2 and resume normal business hours.

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8.5 - National Defense: [New Soldier Lethality Technologies on the Way](#) (1 October, Yasmin Tadjdeh, 60k uvm; Arlington, VA)

This is part 1 of a 6-part series covering the Army's modernization priorities leading up to the Association of the United States Army's annual meeting in Washington, D.C., Oct. 8-10. Today's focus: Soldier Lethality.

The Army is investing in a slew of new capabilities to make soldiers more effective.

"At the end of the day, the Army's people, they are our most important asset," said Vice Chief of Staff Gen. James C. McConville. "We are going to give our soldiers leap ahead technology that is going to make them much more capable and lethal on the battlefield as we move forward."

Soldier lethality is the service's sixth most important modernization priority going forward, he noted during remarks at the National Defense Industrial Association's Army Science and Technology Conference in Washington, D.C.

"What we've done is we've invested a tremendous amount of organizational and intellectual energy on this effort as we go forward," he said. "Our resources are aligned with our priorities and if you're out there in industry, you ought to check those priorities because that's where our resources are going, that's where we're spending money."

Soldier lethality encompasses a wide range of technologies that will enable troops to shoot, move, communicate, protect and sustain themselves better, according to Army documents.

Thomas Russell, deputy assistant secretary of the Army for research and technology, said that while soldier lethality is the last on the service's list of major modernization efforts, that doesn't mean it isn't as important.

"If I'm looking at trying to engage with a near-peer adversary, the first problem is really the long-range precision fires," he told National Defense in an interview. "If they're outshooting your distance, then my dismounted soldier may not get into the fight, right? So I wouldn't say that it's less of an importance, I would just say that you have to ... think about some of the sequencing of an operation."

The service's focus on soldier lethality ties in closely with work being done by the Defense Department's Close Combat Lethality Task Force, he said.

"We are linked in ... [and] we are working hand in hand," Russell said.

Secretary of Defense Jim Mattis announced the initiative earlier this year with a goal to develop, evaluate, recommend and implement improvements to U.S. squad-level infantry combat formations in order to ensure close combat overmatch against high-tech adversaries.

"I am committed to improving the combat preparedness, lethality, survivability and resiliency of our nation's ground close-combat formations," Mattis said in a memo. "These formations have historically accounted for almost 90 percent of our casualties and yet our personnel policies, advances in training methods and equipment have not kept pace with changes in available technology, human factors science and talent management best practices."

In July, Robert Wilkie, then-undersecretary of defense for personnel and readiness, and now the head of the Department of Veterans Affairs, said more attention is needed for troops and small units.

"This town gets wrapped around the axle worrying about the cost of a carrier or a new fighter. We have a nuclear posture review, a seapower review and now we're debating how to achieve supremacy in cyberspace. But nothing for the tip of the spear," he told members of industry.

"Because of America's technical restlessness, we are always looking for that silver bullet that can somehow change the nature of war ... [but success] relies not only on technical superiority but more importantly the human dimension," he added. "There is nothing more important than focusing our energy now on developing and nurturing new capabilities in human performance — that means bringing fresh vigor, renewing our sense of urgency and enhancing the lethality of our frontline Army and Marine Corps troops."

Wilkie noted that the task force is looking at answering a variety of questions, including how to provide troops with the best nutrition, how to employ cognitive and social science to make teams more lethal, and how to recruit the best people to serve in the military.

The United States faces an enemy today that is organized and adaptive, he said. Allied nations have faced similar challenges, he noted. For example, during the 2006 Lebanon War — a conflict between Israel and Hezbollah — the Israeli Defense Forces encountered sophisticated kill zones and advanced combined arms operations, he said.

"Ultimately, as they usually they do, they adapted ... but they paid a heavy price," he said. "The [close combat lethality] task force will aim to end that type of combat learning curve."

As part of its soldier lethality modernization effort, the Army is looking at a variety of technologies. Between fiscal years 2019 and 2023, the service plans to spend about \$1.25 billion in S&T investments on soldier lethality efforts, according to Russell's presentation slides.

There is a "big focus on the next-generation squad weapon," Russell said. "Can we actually produce a weapon that is beyond the carbine, the traditional M4, and can we create something that is more lethal?" he asked.

There hasn't been a major advancement in a carbine for decades, he said. "The dismounted soldier has ... been at parity for years."

The service is currently undertaking a number of demonstrations aimed at fielding a new weapon, Russell said.

"There's an opportunity now with some new technologies that have been developed in the carbine-like capabilities that give us the ability to potentially create a handheld weapon that is more lethal than the current capability," he said.

The Army is working closely with industry on the effort, he added. While not describing specific requirements, Russell said the service wants a carbine that can be more effective and provide greater range.

Firm requirements are still being formulated, he said. However, “the S&T piece of this is almost done and so it’s moving into the development and programs” phase, Russell added.

Karen N. Gregorczyk, biomechanics team and physical performance branch lead at the Army’s Natick Soldier Research, Development and Engineering Center, said the Army is making investments in exoskeleton systems as part of the soldier lethality initiative.

“It’s important for us to keep abreast of this technology, understand it’s current state and limitations,” she said during the Army S&T conference. Natick defines an exoskeleton as a rigid wearable device that augments, enhances or enables motion or physical activity.

“I’m not talking about movie exoskeletons that can do everything,” she said. “I’m talking about single joint exoskeletons that are meant to augment specific tasks such as walking tasks or lifting tasks.”

Exoskeletons have military, industrial and medical applications, she said. Within the military realm, they can be used for maneuvering, movement and sustainment tasks.

Over the past decade, the Army has assessed a number of systems designed to augment load carriage, Gregorczyk said. “We’ve seen improvements in metabolic reduction of using these systems for load carriage-type tasks,” she added. “But these are very controlled environments performing specific tasks, like walking on a treadmill.”

The Army has examined systems such as a bionic boot that could reduce the metabolic cost of carrying a load and potentially increase walking speed, she said. The service wants the system to provide a soldier with 25 percent metabolic reduction, an increased speed of 15 percent, a durability of 450 miles and be dust- and rain-proof.

Another system the Army is working with is Lockheed Martin’s ONYX, a knee augmentation exoskeleton that is designed for mountainous terrain or stairs, she said.

Onyx has already demonstrated that it can reduce the “cost of transport” for a soldier walking up an incline with a 40-pound load by four to six percent, according to Gregorczyk’s presentation slides.

In another test, a user performing a 185-pound squat without the system was able to complete 26 reps. With Onyx, that increased to 72 reps, the slide noted.

The service plans to acquire new systems with higher technology readiness levels and assess them, she added. However, “the actual application and use of these in the field is yet to be determined,” she said. For now, “we’re trying to show the efficacy of these devices to show that they are showing improvements.”

The Army is also working at enhancing body armor, said Kristopher D. Behler, a senior material scientist at the Army Research Laboratory.

“Increased soldier survivability depends on research and development for new armor ceramics for lighter weight soldier protection technologies,” he said. “We do this by focusing on engineering their structures from the Angstrom to the macro-scale.”

While the United States has kept pace with adversaries when it comes to body armor, it must begin to make more than just incremental advancements, he noted. “What happens if there are new threats? What happens if there is a paradigm shift?” he asked. “We’re already using some of the lightest and hardest materials possible for torso protection.”

Additionally, while the material used for body armor today performs well the first time it is hit, the material tends to fail after the second and subsequent shots, Behler noted.

To tackle the problem, ARL is looking at testing new ceramics, additives and blends that could improve systems, he said. For example, the lab is looking at blending current materials — usually silicon carbide or boron carbide — with diamonds, he noted.

The Army must also consider altering the process it uses to make body armor ceramics, he said. “We [can] do this through some newer technology such as, say, additive manufacturing,” Behler said.

“It’s already very well established in polymers [and] somewhat metals. Ceramics are still kind of in the infancy.”

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From:

(b) (6)

Cc: mattkuntz@msn.com <mattkuntz@msn.com>

Bcc:

Subject: FW: 30 September Veterans Affairs Media Summary and News Clips

Date: Mon Oct 01 2018 11:26:00 CDT

Attachments: 180930_Veterans Affairs Media Summary and News Clips.docx
180930_Veterans Affairs Media Summary and News Clips.pdf

Commissioners – the Chair has sent the following article (specifically 1.1) for Commissioners to read and review.

COVER Staff – this is applicable to COVER and also good for you to review and read.

Thank you

(b) (6)

Designated Federal Officer

COVER Commission

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Veterans Affairs Media Summary and News Clips

30 September 2018

1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms. Miller was advised to visit his local VA emergency department, which he did immediately.

[Hyperlink to Above](#)

1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors. In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

[Hyperlink to Above](#)

1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

[Hyperlink to Above](#)

1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them. Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - OpsLens: [President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure](#) (29 September, Katie Begley, 5k uvd; Veda Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

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3. Modernize Our System

3.1 - WWAY (ABC-3): Fayetteville VA Medical Center Re-Opens Wilmington Site (29 September, Monique Robinson, 189k uvm; Wilmington, NC)
 Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center. Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: Veterans affairs director ends tour of duty (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)
 Just a few weeks into his retirement and David Woods' phone has not stopped ringing. That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You’ve got to talk to Woody.”

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4.2 - WSIL (ABC-3): Marion VA Presents Check to Combat Veterans Motorcycle Association (29 September, Baylee Steelman, 162k uvm; Carterville, IL)
 The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000. The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

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4.3 - The Parthenon: Local mental health professionals discuss anxiety and depression (28 September, Douglas Harding, 3k uvm; Huntington, WV)
 Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library. The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

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5. Improve Timeliness of Service

5.1 - Star Tribune: Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70 (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)
 Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

[Hyperlink to Above](#)

5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article "VA rejects whistle-blowers' complaints" (Sept. 22), the Globe reported on the Department of Veterans Affairs' Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

[Hyperlink to Above](#)

5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

[Hyperlink to Above](#)

5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues. Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there. Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989. "Our hope was that when Chad turned 21 he was going to evict Mom and Dad," Barb Erickson said in an interview Wednesday.

[Hyperlink to Above](#)

7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

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7.3 - Yo! Venice!: [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena's only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off. The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Washington - Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms.

Miller was advised to visit his local VA emergency department, which he did immediately.

According to an inspector general report, Miller was admitted to the Minneapolis mental health unit after he described in detail symptoms of severe emotional anguish to VA clinicians. After four days under observation, he was discharged.

Miller exited the hospital upon being released from care but never left the facility's grounds that day.

Police found him dead in his car from a self-inflicted gunshot wound less than 24 hours later. With the permission of Miller's parents, Minnesota Democrat Rep. Tim Walz, the ranking member of the House Veterans Affairs Committee, shared this tragic story during a hearing on Capitol Hill on Thursday as lawmakers addressed the issue of suicide prevention among veterans and former service members.

"It is infuriating to know that there is a possibility that Justin's death could have been prevented. It should outrage us all that an entire health care system failed at something so serious and that it claimed to be their highest clinical priority," Walz said.

Investigators were unable to determine "that any one, or some combination, was a causal factor" in Miller's death, despite identifying several "deficits in care provided to the patient."

However, the investigation did find that staff members at the Minnesota medical center, including the suicide prevention coordinator, did not properly follow protocol while handling Miller's case and, according to Walz, failed to utilize the three-step REACH VET process, in which a clinician can assess a veteran's risk of suicide so that he or she receives the proper level of care.

"This is profoundly unacceptable," the Minnesota Democrat said about the inspector general's findings, which he called "deeply disturbing."

And that frustration was only compounded by the fact that this was not the first time the inspector general had investigated many of these shortcomings.

"The finding that the Minneapolis VA failed to sufficiently sustain relevant recommendations OIG made in 2012 should outrage us all," he said.

Paul Sherbo, a spokesman for the Minneapolis VA Health Care System, told CNN that their "deepest condolences go out to Justin Miller's family and loved ones" and said that in response

to his suicide and the inspector general's review, they have redoubled their efforts "to ensure every Veteran receives the best possible care. This includes improving care collaboration across departments and disciplines -- from initial treatment and planning to discharge and medication management -- and engaging family members in Veterans' mental health treatment plans, whenever possible."

Sherbo added that the Minneapolis VA Health Care System has started implementing the inspector general's recommendations and would complete all but one this year. He also encouraged veterans in crisis to visit the nearest VA health care facility, where they can receive same-day urgent primary and mental health care services, and provided the 24-hour national suicide prevention hotline: 1 (800) 273-8255.

Young veterans at risk

The circumstances surrounding Miller's death, including his age and the use of a firearm, also seem to highlight two of the major issues related to veteran suicide, according to data outlined in a new report released by the VA on Wednesday.

The suicide rate among younger veterans who, like Miller, fall between the ages of 18 and 34, continues to increase, a VA analysis of suicide data from 2005 to 2016 reveals.

"Rates of suicide were highest among younger Veterans (ages 18--34) and lowest among older Veterans (ages 55 and older). However, because the older Veteran population is the largest, this group accounted for 58.1 percent of Veteran suicide deaths in 2016," the report says.

The use of firearms as a method of suicide also remains high, according to the data, as the percentage of suicide deaths that involved firearms rose from 67% in 2015 to 69.4% in 2016.

Although the overall number of suicides among veterans decreased slightly between 2015 and 2016, the VA is bracing for an increase over the next five years as thousands of Vietnam veterans enter mid-60s, joining what is already the largest age group.

Additionally, VA officials acknowledged that the average daily number of veterans who take their own lives has held steady for years despite efforts to combat the problem.

"In 2016, about 20 current or former service members died by suicide each day. Of these, six had been in recent VA health care and 14 had not," VA spokesman Curtis Cashour told CNN, explaining that Wednesday's suicide prevention report defines veterans "as those who had been activated for federal military service and were not currently serving at the time of their death."

"VA also presents the yearly suicide count of never federally activated former Guardsmen and Reservists," he said.

This report "simply reiterates what many of us have known for a long time: that our fight to end the tragic epidemic of veteran suicide is far from over," Walz said in a statement.

"We must continue to work together to provide veterans with immediate access to quality, culturally competent mental healthcare and make bipartisan progress toward eliminating veteran suicide entirely," he said.

VA officials have said they would prefer to move away from using the per-day metric as an indicator of suicide rates, arguing that it does not account for changes in population size and can be misleading.

But for now, lawmakers and department officials seem to believe that number appropriately underscores the severity of the issue.

"Most of us have heard VA's staggering and heartbreaking statistic that every day, twenty veterans end their own lives. Twenty," Republican Rep. Phil Roe, chairman of the House Committee on Veterans' Affairs, said during Thursday's hearing ahead of testimony from several suicide prevention experts.

"We also know that over the past several years VA has invested significant resources towards addressing that number which stubbornly has not changed ... We have the expertise. We have the support of the President. We can and must reduce suicide among veterans. There is no excuse not to," he said.

Where is the money going?

President Donald Trump's recently confirmed VA Secretary Robert Wilkie told Senate lawmakers Wednesday that suicide prevention is a top priority for the department under his leadership and noted that the VA published "a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA health care system as well as those who do not come to us for care."

He also highlighted the executive order signed by Trump in January intended to assist service members and veterans during their transition from uniformed service to civilian life, "focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide."

But despite a new budget of more than \$200 billion, some critics argue that the VA continues to spend its money in the wrong ways.

"Senior leaders like awareness campaigns and spend millions of dollars on them. They make a big splash in the media. It is measurable in how many outputs -- "views" or "hits" websites or social media pages get --- but does not generate outcomes," according to Jacqueline Garrick of the Whistleblowers for America.

"These campaigns do not work because they cannot change behavior," she said in a statement to Congressional lawmakers.

Rajeev Ramchand, a suicide prevention expert at the Rand Corp., told CNN that "while it may make people feel good, there is very little evidence that public awareness campaigns have a significant impact on suicide rates.

"We do have evidence that public screening at emergency departments can reduce future suicide attempts," he said.

However, he did note that areas with less evidence "should not be ignored as a comprehensive view of veteran suicide prevention requires a thorough understanding of the environment where those events are occurring."

In addition to developing and addressing the limitations around analytical tools like REACH VET, Ramchand told CNN that there are also a lot of things that "we know work," including initiatives that promote screening patients at emergency departments and then identifying those who are high-risk so that they receive the appropriate care.

"Promoting quality evidence-based care ... we know these things work, so let's get people to do them and do them more systematic way," he said.

Troubling allegations

In a written statement submitted to Congress, Garrick also said that her organization has been contacted by several VA employees who shared troubling accounts of workplace dysfunction that are having a direct impact of the quality of care provided and seem to undermine the programs currently in place.

"At one VA medical center, a suicide prevention coordinator reported that they do not have time to complete suicide assessments or write prevention plans with every veteran who potentially needs one because of the case load and its complexity," Garrick said.

"She had 35 patients at one time. Administrators directed to note patients as 'moderate risk' for suicide so as not to raise red flags in the system. When a veteran died by suicide on VA property, her supervisor refused to conduct a root cause analysis because that would be too time consuming," she added.

According to Garrick, this VA employee asked to remain anonymous due to fear of retaliation for speaking out.

CNN has independently contacted the employee and agreed withhold their name and place of work at the request of the individual.

When asked for comment about the broader issue raised in the whistleblower statement, VA spokesman Curtis Cashour would only say: "VA asked CNN for specific details regarding these allegations so the department could look into them, and CNN could not provide them."

"CNN's publishing of such vague allegations without any details that would allow the department to investigate them is highly irresponsible because it does nothing to help fix any issues that may exist and could actually discourage Veterans from seeking VA care," Cashour said.

Griffin Anderson, a spokesman for the Democrats on the House Veterans Affairs Committee, told CNN that lawmakers take the allegations in the Whistleblowers of America report seriously and that the statement "certainly alludes to an alarming and unacceptable trend that we are going to look into."

While the committee has not received a formal complaint pertaining to this specific allegation, Anderson said that lawmakers would work with the suicide coordinator in question to pursue an OIG investigation should they come forward.

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1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors.

In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

"The OIG noted that facility leaders were actively engaged with employees and patients and were working to improve overall satisfaction," the report states. "Organizational leaders support efforts related to patient safety, quality care, and other positive outcomes."

The hospital was given a three-star rating last year and the report indicates it may keep that rating when 2018 figures are announced. VA hospitals are given ratings from one to five stars.

"We've corrected a lot of our issues," said Wade Vlosich, the hospital's director. "Our goal now is just to continue to improve the way we provide care and we've got a lot of great things coming up."

March reports

During one week in late March, the VA's inspector general released two reports on the Oklahoma City VA Medical Center. The first found construction projects there were \$10.8 million over-budget and years behind schedule. The second found the center could not properly account for millions of dollars in payments to a medical school and part-time doctors. The University of Oklahoma later repaid the VA about \$14,000 as a result.

The report released Thursday was much more positive. It did find a problem with some delayed cancer diagnoses but said that problem has been resolved.

"Facility managers reported that the most significant trend identified eight patients who had delayed cancer diagnoses," the report states. "Facility leaders took corrective actions, including the removal of the responsible provider, and conducted institutional disclosures."

Vlosich, who took over the hospital in mid-2016 following high-profile deaths and rapid staff turnover, was quick to make changes and has generally been lauded by politicians and inspectors for doing so. The hospital recently opened a parking garage, alleviating its well-known parking problem.

"Now that the parking garage is open, I have not gotten any complaints," said Vlosich, who previously received as many as eight complaints a day about parking.

High admissions

Admissions at the hospital remain high. Over the past two years, when admissions at VA hospitals were declining nationwide, the Oklahoma City VA saw a 9.3 percent increase in the number of patients admitted. Some elderly veterans are simply left on the hospital's front steps by family members with nowhere else to turn, Vlosich said.

An emergency room is being expanded and urgent care clinic added. Construction on an eye clinic continues and a geriatric psychiatric unit will likely be opened this winter. A specialty care clinic will open even sooner, likely in late October or early November, according to Vlosich. In the western Oklahoma city of Clinton, a clinic soon will be built.

In Oklahoma City, a campus for homeless veterans is being constructed, complete with immediate needs like showers and a food pantry, along with primary care providers, social workers and mental health managers. Construction is underway and it could open by the end of the year.

"Overall," Vlosich said, "I think we've done a really good job when you compare where we've been and where we're going."

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. Photo Credit: Johnny Milano

The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

Allegations that the shortages led to the deaths of two patients, overtired nurses and a host of other problems triggered a yearlong investigation by the Veterans Affairs Office of the Inspector General, the department's independent watchdog.

As of two weeks ago, the Northport VA Medical Center, which includes the nursing homes as well as a hospital and manages a half-dozen community clinics, had 175 vacancies for key personnel such as nurses and doctors, nearly 10 percent of its 1,800-member staff.

The investigation, launched last September, found that Northport's senior leaders knew about the staffing shortages, mismanaged the nurses to fill the gaps and allowed overtime costs to balloon to \$1.5 million in 2017, a nearly \$750,000 increase from the year before.

VA officials in Washington also determined that leaders who have since either retired or resigned had pressured nursing home managers to accept new patients when there weren't enough nurses to properly care for everyone.

The inspectors, however, stopped short of attributing any patient death or serious injury to staffing shortages, citing what they described in their 37-page report as the "many variables" that go into high-quality patient care.

In an addendum to the report, Northport's interim director, Dr. Cathy Cruise, said she agreed with the findings and would address the staffing shortages.

"Thank you for the opportunity to review our processes to ensure that we continue to provide exceptional care for our Veterans," Cruise, who has been on the job since mid-July, told investigators in her response.

In the past decade, the inspector general's office has sent investigators to Northport a handful of times to investigate specific complaints, many tied to aging infrastructure, dirty conditions and management turnover. In the past 18 months, Northport has had four medical center directors, three chiefs of staff and three nursing department directors. All the positions also have a role in overseeing the nursing homes.

Already this year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning and the medical center director resigned in July after only a year on the job. And in a 2017 anonymous survey released in April, employees reported broken medical equipment, understaffing, filthy conditions and unresponsive management.

The watchdog's latest findings come as Senate Minority Leader Chuck Schumer (D-N.Y.) is pushing the VA to put Northport at the top of its list when it starts handing out hiring funds included in its new \$86.5 billion budget.

Earlier this month, at the Elmont American Legion Post, Schumer called on the VA to place Northport "at the front of the line" because Long Island has roughly 130,000 veterans, one of the highest concentrations in the nation. Northport, the only VA medical center in the 120 miles between Montauk and Manhattan, cares for upward of 30,000 patients a year.

Overtime and hiring

Investigators put much of the responsibility for the staffing shortages on senior leaders at the time, notably the directors of the medical center and the nursing department. Both are now retired.

"Federal employees are expected to be good stewards of government resources," the report said. "The OIG found a mismanagement of ... senior leaders."

The two officials, the report said, not only knew about their stretched staff but perpetuated the shortages by not quickly filling vacancies or failing to consider other staffing options such as part-time employees, nurses from a temporary employment agency or a reduction in nursing home residents, the report said.

The medical center director, for example, failed to act on plans by nurse managers that would have complied with recommended staffing levels at each of the four nursing homes, the report said.

In another instance, the report said, the nursing department director changed a staffing algorithm that reduced the number of nurses that experts determined were needed to properly care for patients. Staffing records for 75 randomly chosen days in 2015, 2016 and 2017 showed the nursing homes routinely operated with less than two-thirds the recommended number of employees.

To cover the gaps in staffing, the report said, officials turned to overtime. The nursing department director, at first, directed that she had to authorize overtime. Within weeks, the report said, her directions changed and officials much lower in rank had approval power.

In addition, the report said, the Northport medical center didn't have accounting measures that allow nursing managers to track each nurse's overtime day to day so they didn't know the number of hours until after it had been worked. Data showed the top 2 percent of overtime payouts went to nurses who worked more than 80 hours of overtime within a two-week pay period. The VA defines excessive overtime as 40 or more hours within two weeks.

The extra hours racked up, numbers in the report showed. From fiscal 2016 to fiscal 2017, overtime costs rose from \$730,953 to \$1.5 million — nearly a third of the medical center's total overtime spending of \$4.7 million, more than twice the \$2 million overtime budget. Northport, the report said, spent more on overtime than it would have if it had filled its vacancies.

Northport's hiring procedures made it difficult to fill vacancies, the report said. The nursing department had the automatic authority to fill positions but slowed the process primarily by seeking out job candidates with qualifications far higher than the VA's minimum standard and by delaying start dates for months, which led many applicants to take other jobs.

The medical center preferred to hire applicants who had a bachelor of science degree in nursing and five to seven years of experience, though the VA only requires registered nurses to have an associate degree and no experience. A registered nurse and a nursing assistant were hired in January 2017 but took jobs elsewhere after they received start dates in July 2017.

When Scott Guermonprez came on as medical center director in June 2017, the report said, he began putting measures in place to address the staff shortages, such as speeding the hiring process and creating a pool of "intermittent staff." Guermonprez resigned two months ago after a year on the job.

Two nursing home deaths

Whistleblowers on Northport's staff alleged the nursing department's practice of filling vacancies with nursing supervisors and nurses on overtime put nursing home residents at greater risk of "adverse events," the report said.

Their allegations involved two deaths, both in 2017. Investigators did not name the men.

Early in the year, the report said, one man apparently choked at dinner in the dining hall while nurses attended other residents. The man was found slumped over the table.

Months later, a man died from complications from a fall he took during an overtime shift for a nursing assistant. The employee, investigators found, had already worked 14 hours that day and had pulled 16-hour shifts in each of the five previous days.

While investigators could not determine whether staff shortages precipitated the deaths, the report pointed out that health care experts typically warn that too few nurses on a shift and nurses working too many overtime hours in a workweek lead to more incidents that put patients at risk.

Understaffed shifts in particular have a higher rate that medical literature cited in the report describes as “nurse-sensitive outcomes” such as surgical infections, bed sores, pneumonia or potentially fatal blood clotting.

Admissions pressure

Nursing home managers determine whether they have enough nurses to adequately care for patients, including new admissions. They then decide whether to accept admissions, although their decision can be overruled by top leaders, the report said, citing VA policy.

Managers, however, told investigators that top leaders ignored their staffing numbers and pressured them to accept new admissions.

As an example, a manager described an admission that the nursing home had to accept when staffing was at less than 75 percent. The manager told the chief of staff that there weren’t enough nurses to handle a new patient with “multiple medical needs.” The chief of staff told the manager to accept the admission anyway, the report said.

“The staff felt distress by the admission of this high acuity resident as it impacted staff’s time with another resident on the unit for end-of-life care,” the report said.

Another time, the report said, a manager felt pressured to take an admission on a weekend even though the new resident had both physical and psychiatric needs and there was a shortage of both nurses and doctors. The manager said the patient required round-the-clock observation for his safety and stayed for months in an area that wasn’t suited to his needs.

The pressure to accept new patients ended in when a new management team took control in August 2017, the report said.

Investigators also looked into allegations that the nursing homes had been closed temporarily to admissions because of staffing shortages and that residents had been transferred to acute-care inpatient units because of shortages. The office substantiated the temporary closing during a review of staffing levels but determined no residents had been moved.

Staffing solutions

The inspectors made three recommendations: a full review of nursing home staffing to make sure the medical center has enough nurses to care for patients properly; a steady effort to fill nursing vacancies on the nursing home staff and an awareness to use other staffing options to fill the gaps; and better management of overtime to “ensure quality of care and responsible use of financial resources.”

In an addendum to the report, Northport’s interim director Cruise told the inspector general’s office that she and her administration are working to fix the problems.

Nursing leaders, Cruise said, are analyzing nurse-patient ratios every day for each unit.

“Variables that impact the need for nursing staff include severity of patient condition, complexity of care, nursing skill level, skill mix of staff, and actual or projected change in census,” Cruise wrote.

As for hiring, Cruise said, the medical center has authorized filling all vacancies and using more than a half-dozen strategies — from increasing the number of floating nurses to flexible schedule to cross-training — to end the shortages.

As of Friday, the nursing homes had 29 full-time registered nurses and leaders are in the process of hiring two more, said Northport spokesman Levi Spellman. With the new hires, he said, the nursing homes will have the 31 registered nurses called for by VA staffing methodology but still has openings for licensed practical nurses and nursing assistants.

Lastly, Cruise said the medical center has established a task force to decrease overtime and is requiring all overtime to be approved by either a nurse manager or the nurse officer of the day. Administrators, she said, now also have the ability to review overtime in real time and by employee name.

Since the investigation, Spellman said, overtime for the nursing staff at the nursing homes has decreased by 41 percent.

The allegations

Leaders covered the staff shortages by using floating nurses and nurses working voluntary and mandatory overtime.

Nursing supervisors had to feed and bathe nursing home residents.

Leaders pressured nursing home managers to take new patients when staffing was inadequate, putting all residents at risk.

The nursing homes had been closed temporarily to admissions because of staffing shortages and residents had been transferred to acute-care inpatient units because of shortages.

The recommendations

Review nursing home staffing to ensure Northport has enough full-time nurses to properly care for patients.

Recruit and hire nurses to fill nursing home vacancies and to use until adequate staffing is reached and to use staffing options to ensure patients get proper care.

Improve management of overtime practices to ensure high-quality care and responsible spending.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them.

Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

"They're notorious for covering things up," said Sweeney, 40. "I am fed up for having to fight for everything and I'm fed up being in pain all the time, but I'm not surprised."

Their skepticism is easy to understand, since the Office of the Medical Inspector is the VA's own investigative arm. That's why they think the OMI essentially shouted, "Nothing to see here," in its recent findings, when it ruled on a variety of issues, including suspected mistreatment, misdiagnosis and slow response times connected to Myelopathy, a compression of the spinal cord.

Sweeney and Warman both live in Concord, were both injured while serving their country and both sought medical help for their severe back and neck pain. They've moved on, started new lives, learned to live with their pain, and the ongoing process of an organization investigating itself has dulled their senses.

"It falls in line with what they've been trying to do," Warman told me. "I expected this all along, so no one is plowing new ground."

Indeed, this is old ground. Warman suffered back and neck injuries in a construction accident 30 years ago and a car wreck in 2007. Sweeney's truck was hit by an improvised explosive device in Iraq in 2011.

They both have since gotten some relief through surgery, but years had passed before they received the proper care, and they still have plenty of aches and pains.

That's why the whistleblowers we've been hearing about since the summer of 2017, the ones with those medical and nursing degrees – the ones who documented incompetency and delays in treatment and immoral record keeping and a poor monitoring system on degenerative spinal conditions – won't let this go.

In fact, they remain fighting mad, complaining about the conflict of interest they've seen as part of the VA's investigation and the lack of accountability since the story exploded in the Boston Globe.

"It's what they do, like a damage control system," said whistleblower Dr. Ed Kois, head of the spinal cord clinic at the Manchester VA. "They say they're going to investigate, bring in the OMI knowing they'll do a lengthy investigation and then wash their hands."

The Office of Special Counsel, an independent entity that oversees the OMI, isn't buying it. In a prepared statement emailed to me, the OSC's special counsel, Henry Kerner, wrote that "clear discrepancies undermine the assertion that VA leadership was open to concerns and worked to ensure veterans receive timely care."

Those words were golden to Kois and Stewart Levenson, the Manchester VA's former Medicine Department chairman, who were the loudest whistleblowers among the 12 staff members who came forward.

They want you to know they are not doctors with axes to grind, nor are they trying to further their careers, working as self-promoters, promised by an outside government entity to expose trouble at the VA.

Kois says he hasn't been promised a better parking spot, and Levenson insists he did not come aboard to boost his chances of winning a seat in the U.S. House of Representatives.

Kois's parking spot remains unchanged, and he's still courting the press, trying to make as much noise as possible. And Levenson did not win in the primary election, yet he's writing op-eds and calling columnists back so these problems don't fade from view.

"All these investigative bodies descended on Manchester and you would think more would have been done," Levenson said by phone. "But how can you investigate yourself? It was garbage. You can't explain it away."

Added Dr. Ted Daly, another reputable whistleblower: "I'm flabbergasted by their conclusions."

Levenson, Kois and the others cited dirty surgical instruments, flies in the operating room and mismanagement up top, but it was the mistakes made on patients with compressed spinal cord problems that were the most alarming and damaging.

Kois called it a "perfect storm" of factors. The Manchester VA had no neurosurgeons, forcing patients to the Boston VA in West Roxbury, which was overworked and not able to give the proper care.

Record keeping between Boston and Manchester failed to clearly show who needed surgery, and a doctor named Muhammad Huq, the former head of the spinal cord clinic at the Manchester VA, was found to be cutting and pasting notes in medical charts, meaning information remained unchanged for years.

Some whistleblowers and staff felt that upper management was more concerned with ratings and budgets than actual care, which led to the ouster of top officials once the story broke.

Caught in this perfect storm were nearly 100 patients with spinal cord problems, many of whom were never properly treated. Some ended up in wheelchairs, others were forced to use canes, and still others simply had to endure pain needlessly for years, for a condition that one doctor said often goes untreated in third-world countries like Nigeria.

But certainly not here in the U.S.

Try telling that to Warman, 67, an Army veteran who later served in the Air National Guard. His back pain went undiagnosed for years at the Manchester VA, leading to an endless supply of painkillers and a drastic change in lifestyle.

"They were not forthcoming on how to treat it," Warman told me. "It was like, 'Take two of these in the morning and have a nice day.' I was addicted to painkillers.

"I tried to have some kind of life and I kept asking for help and getting none," Warman continued. "They said they were not responsible."

Kois, new to the facility, first examined Warman in 2015. His response after viewing an MRI was “Holy s---.”

“It showed he had severe narrowing of the spinal canal,” Kois said. “I sent him for further evaluation and he had surgery and I saw him again and he was doing great.”

Pain remains, but Warman is strong enough to work at Cumberland Farms and deliver newspapers.

And then there’s Sweeney. After midnight, riding in the lead truck in a convoy of at least 30 vehicles, he heard a bang, saw a flash and, after running for cover and the adrenaline rush had worn off, awoke with his back “killing me.”

The Manchester VA sent him for physical therapy, which did nothing. Neither did steroids. Surgery was performed in Boston, but Sweeney awoke in even more pain.

He was told during subsequent checkups that the pain was a normal part of the recovery process, but the pain grew worse and he later was let go from his job with the Department of Transportation for missing eight months.

Sweeney said the VA eventually stopped taking his calls. He contemplated suicide. He drank a lot of beer. Then he went to see Kois, who took a CAT scan and told Sweeney, “I want you in my office, now.”

Sweeney pulled out his phone and showed me what Kois had shown him: a picture of his spine, with a screw inserted into bone, which was fine, and another screw penetrating a nerve, which was not.

“Permanent nerve damage caused by the VA,” Sweeney said. “I didn’t put that screw in there myself.”

But following 14-hour surgery to remove the misplaced screw at New England Baptist Hospital, Sweeney’s life changed.

“I was shocked that I was walking,” Sweeney said. “I went for a walk with the nurse and I felt good walking around. I’ll have contact with Dr. Kois for the rest of my life, if I can. Dr. Kois saved my life.”

There’s still pain, though. Sweeney has been taking steroid injections since January. He installs natural gas lines and hopes surgery in the future will return him to some sense of normalcy.

And, soon, his story and that of five others from across the country will be told in a documentary called, *The Care They’ve Earned*, an unflinching look at flaws and holes in the VA system.

Advanced screenings have been shown in selective theaters this summer. Sweeney didn’t know the film’s release date around here, and its producer, Justin Springer, was unavailable for comment.

Sweeney showed me a trailer on his phone, which included that CAT scan, the one that clearly showed those two screws in his back.

"I hope people see it," Sweeney told me. "I lived it and it was still an eye-opener for me."

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2. Greater Choice for Veterans

2.1 - OpsLens: President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure (29 September, Katie Begley, 5k uvd; Vendra Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

The legislation will ensure "full-year funding through September 30, 2019, for projects and activities of the Federal Government included in the following appropriations bills: Energy and Water Development and Related Agencies Appropriations bill (Division A); Legislative Branch Appropriations bill (Division B); and Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (Division C)."

Record-level Funding to VA

The bill funds the Department of Veterans Affairs with \$86.5 billion, which the White House says is the "largest dollar amount in history for the VA." \$73.1 billion of that funding will go to provide care and services for the 7 million patients the VA serves. The White House specifically highlighted the funding that will go to mental health programs, opioid abuse prevention, suicide prevention outreach, and rural veterans' health programs. Other healthcare provided through the VA includes routine and illness care, injury care, outpatient services, and health screenings.

The new bill will also provide additional funding to improve the VA system, including previously passed VA MISSION ACT initiatives, and enhance the electronic records system that the VA currently uses to maintain health records and process eligibility. This is the largest VA spending bill that has been passed and signed.

"With this funding bill, we've increased the VA's budget to the largest ever," said President Trump at the signing. "We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we've gotten," he continued, alluding to the VA MISSION ACT reforms passed back in June and the VA Accountability Act passed last year.

Funding for America's Infrastructure

While the VA portion was the highlight of the signing event, other critical appropriations were also passed. Three of the 12 regular appropriations bills for 2019 were included in the legislation.

Other aspects will also benefit the military community. "The legislation provides \$15.14 billion to support a strong nuclear national security strategy," said a White House statement. The specifics of how those funds are used was not released, but the White House did say that over \$11 billion will go to "maintain a strong deterrence posture," \$1.7 billion would go to the Navy's

nuclear assets, and \$1.93 billion would go to “keep nuclear materials from getting in the hands of bad actors.”

The bill will also provide additional funding to military construction and research and development for the nation’s electric grid. The Army Corps of Engineers will be maintaining and improving navigation, waterway, and port infrastructure with \$7 billion of funding.

Energy Infrastructure Budget Increases

The Department of Energy will also benefit from the legislation, with \$13.4 billion to their energy programs. The White House drew attention to the \$740 million that will go to furthering fossil energy technology and \$1.2 billion that will be used to conduct research and development with nuclear energy.

The bill focuses on improving infrastructure to build the future of the military, energy sector, and VA. “With this legislation, we are securing a better future for our citizens,” said President Trump. “We are modernizing our nation’s infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.”

Director of the Office of Management and Budget, Mick Mulvaney called the funding “critical investments in our military, our veterans, and our Nation’s infrastructure” in a statement.

The bill was sponsored by Rep. Michael K. Simpson (R-Idaho) in May of this year. It passed in the House and Senate in June.

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3. [Modernize Our System](#)

3.1 - WWAY (ABC-3): [Fayetteville VA Medical Center Re-Opens Wilmington Site](#) (29 September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center.

Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

Emergency VA doctors have come from around the country have come to lend a hand.

The center also opened the parking lot to the Virginia and Fayetteville clinic mobile units.

Some patients were in desperate need of this re-opening.

One patient, Kathy Sigg, who traveled to the site from New Bern, was so thankful to finally get the medical attention she needed.

“This was the third appointment that I rescheduled to be seen so when that happened to me Wednesday or whatever. I was really really upset to drive all that way and [see] red tape,” said Sigg.

The health care center is located at 1705 Gardner Road.

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4. [Focus Resources More Efficiently](#)

4.1 - Dispatch - Argus: [Veterans affairs director ends tour of duty](#) (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing.

That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You've got to talk to Woody.”

Woods, known to many as “Woody,” has served the past 12 years as Scott County's veterans affairs director. As of Sept. 14, he retired and handed over the duties to Ben Enlow, a fellow veteran and former Scott County Sheriff's corrections officer.

“I think we did help a lot of people,” said Woods, 68, who served in the Army during Vietnam. “I think of all the people who came in, what you (he) did for them. Really, they were just getting what they deserved, what they earned.”

As veterans affairs director, his role was to assist vets in navigating federal benefits, filling out compensation and pension paperwork, and connecting them to other resources. But Woods did more than the job description for his vets.

“It was an asset having him in that position,” said Lola VanDeWalle, founder of the all-volunteer Quad-Cities Veterans Outreach Center, which provides food, clothing and other services for veterans. “Some people do their jobs and do it well. Woody put his heart in it.”

VanDeWalle recalled Woods being among the first people to volunteer at the nonprofit nearly two years ago and expects he will continue.

“At our big food giveaways, he's here helping and meeting with the veterans one-on-one ... He works to make sure the vets are taken care of,” she said.

The two also would partner “if there is something above and beyond — something his office couldn't do.” VanDeWalle recalled how one of his veterans wanted to attend a funeral in Missouri. “We were able to get him a suit and a ride.”

One of her other early supporters was James Stout, a disabled veterans outreach specialist for Iowa Workforce Development, who also has worked alongside Woods for years helping veterans.

“He gave me the special cases that needed a lot of work done,” said Stout, a disabled veteran, who assists veterans with significant barriers to employment to find work.

“Dave brought a lot of patience to the table; his job was difficult,” Stout added. “He had to sit there and explain to people whether they were qualified or not for benefits. He dealt with a lot of spouses, widows.”

Over the years, Woods said he has a dramatic rise in the cases of PTSD among the younger veterans. “A lot of guys are doing five or six deployments, and that’s a big mental-health issue,” he added.

Stout recalled how on a single weekend, the area lost three soldiers and the toll it took on all of them. “He (Woods) got into another mode and he let everyone know we need to fix this.”

According to Woods, the office sees an estimated 110 to 120 veterans a month.

Enlow, his replacement, recalled how Woods’ helped him with his own benefits paperwork. Enlow saw two tours in Iraq while serving seven years in the 339th Army Reserve Military Police Co., Davenport. Most recently, he has worked 8½ years as a corrections officer at the Scott County Jail.

“I’m going to try to help vets get the benefits that they are entitled to and deserve,” said Enlow, a Quad-City transplant from Spragueville, Iowa.

Stout and VanDeWalle said it has been Woods’ personality and own experiences that have put veterans in his care at ease. “A lot of times when the veterans go to government offices they feel intimidated,” VanDeWalle said. “Woody is always approachable. He sits down and has lunch with them when he’s here (at the center). They feel comfortable and they feel he is their friend.”

Woods not only brought his own military experience but other life experiences to his career’s second act. The Clinton native served in the Army during Vietnam where he was injured in a firefight in June 1970 that claimed two of his platoon brothers. Their memory and sacrifice still brings tears to his eyes.

He later worked at Alcoa in security, where he retired after nearly 26 years amid a layoff. But a few months later, his wife, Marianne, said “You need something to do,” he said.

He found a volunteer job that first taught him how to help veterans at the VA Hospital in Iowa City file various claims. When the Scott County veterans job became available, he said he began to do the same work he had been doing as a volunteer.

Woods said making connections had been key — working with organizations such as the Veterans Administration, VA Hospital and Clinic, the outreach center and other local resources. He also regularly visited the area’s American Legion Posts, the Veterans of Foreign Wars and other veteran groups to keep them up to date on issues.

“A lot of guys are just coming down with something — diabetes or cancer,” he said particularly of the Vietnam vets. “We have a lot of people coming in and signing up for VA medical benefits.”

Woods will remain active with Honor Flight of the Quad-Cities, which he helped with many others to found 10 years ago. He will lead the Oct. 25 flight to Washington, D.C. Like every other trip, he will visit the 9 West panel at the Vietnam Wall, where his two friends' names are listed almost side by side.

"I'll go to 'the wall,' leave a cigar, and salute the two guys that got killed the day I got hit," he said.

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4.2 - WSIL (ABC-3): [Marion VA Presents Check to Combat Veterans Motorcycle Association](#) (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

MARION, Ill. — The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000.

The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

Organizers say the money will benefit the VA's Substance Abuse and PTSD awareness programs.

"The soldier that we honored utilized these programs and when he was using the program and doing the steps of the program," said CVMA 24-5 Commander David Hess. "He was able to get better and get the treatment that he needed; get the counseling that he needed."

Organizers urge veterans to take advantage of the VA's substance abuse and P-T-S-D awareness programs.

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4.3 - The Parthenon: [Local mental health professionals discuss anxiety and depression](#) (28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library.

The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

"I'm a veteran, I'm a Marshall graduate, I'm a director on this campus, and in 2009 I tried to take my own life," Jonathan McCormick, director of Military and Veteran's Affairs, said.

McCormick, who is a veteran of the U.S. Marines, said for years he has heard people say it is a priority to destigmatize mental health issues, and it maintains one for him today.

"Ten years ago, people tried to get me to get help because they realized something was different," McCormick said. "But I didn't want to be labeled crazy."

McCormick said those suffering from mental health issues like anxiety and depression should not avoid showing a vulnerable side of themselves to friends out of fear.

"I was terrified when I first opened up to my friends," he said. "But when you finally do, it's like you become a mutual support system for each other."

Being willing to show vulnerability does not reveal weakness, but rather exemplifies personal strength, McCormick said.

This was a sentiment panelist Aaron Upton said he and McCormick shared. Upton is a clinical psychologist at Herschel Woody Williams Veterans Affairs Medical Center in Huntington.

"It's always going to be uncomfortable, but we have to be able to talk about these things openly, honestly and in a way that is not judgmental," Upton said. "We have to remind our friends it's okay to reach out for help."

Upton said almost all people deal with mental health issues like anxiety and depression at certain points in their lives to various degrees.

"Too many times, mental illnesses are seen as a weakness instead of something that everyday people suffer from sometimes," Upton said. "It isn't all about medical treatment. Sometimes just having personal connections can be a major help."

Upton said it is essential to remember not to be overly focused on labels regarding mental health issues.

"Whether we call something anxiety or depression isn't what matters," he said. "What matters is how someone feels and how that affects them. There are plenty of mental health issues that don't have clear labels as disorders."

Dr. Marc Hettlinger, a primary care physician with Marshall Health, also said the focus should be on how people feel and how to help those who need it.

"Mental illness is a common problem everywhere that needs to be better appreciated and identified," Hettlinger said.

Hettlinger said anxiety and depression are often very real issues for college students and others, but they are not unmanageable problems.

"If you believe a friend is suffering from mental health problems, the most important thing you can do is be there for them and be willing to listen to them," he said.

Hettlinger said this can often be the first step someone needs to motivate them to reach out and seek help.

"Simply having someone to talk to and listen can really help the growing process for many people," Hettlinger said. "We aren't bulletproof. We all have issues from time to time. There are so many things that contribute to the way we feel on a daily basis. Someone suffering isn't always the person crying in the corner of the room."

Hettlinger said mental health symptoms and solutions will be different for different people.

"Everyone is different," he said. "Everyone's life is different, and everyone's brain is different. You have to be honest with yourself and understand it's okay to reach out for help."

Stephanie Ballou, director of disability services at Marshall, said being willing to ask for help is immensely important as well.

Ballou said many students she has met or worked with would rather suffer through their mental health problems than seek help from services out of fear of what others may think of them.

"Walk your friends to the Counseling or Health Center and help them have that first conversation if necessary," she said. "We have administrators who do this for students all the time, and sometimes it can be just what someone needs to start making progress."

It is essential to encourage all faculty get to know and understand their students as individuals, so they are better equipped to help with these issues, Ballou said.

This is one way administrators have helped Marshall student Kristin Cookson when she has suffered from depression or anxiety.

Cookson is working toward two master's degrees in mental health counseling and school counseling, and she works at Golden Girl group home for at-risk and troubled teen girls in West Virginia.

Utilizing campus clinicians and other mental health services is one of many ways Cookson was able to get help for herself, she said.

"It also really helped me when I realized I wasn't just broken, and I started learning coping skills," Cookson said.

She said one thing that cannot be stressed enough to those suffering from mental health issues is the importance of self-care. For Cookson, she said there are simple things she enjoys like playing her favorite video game or doing her makeup when she feels overwhelmed.

"Even if you only have 15 minutes, finding those things for yourself and making time for self-care will make a world of difference in how much progress you make going forward," Cookson said.

Some peoples' bodies do not naturally produce enough of certain necessary chemicals, and they do not deserve to be shamed for that, Cookson said.

"We don't shame anyone for needing to take insulin shots," she said. "So why would we shame someone for needing mental health medication?"

Cookson said mental health issues can be scary because sometimes someone suffering can show no warning signs at all. For those suffering, taking such simple steps to get help as making a phone call to a doctor can feel overwhelmingly difficult and scary, she said.

"If you care about someone, pay attention to them," Cookson said. "Tell them you're worried about them and talk to them if you're concerned."

McCormick said if he would have reached out for help years ago and gotten appropriate accommodations, he would have done immensely better in college and been much happier.

“There were times in college I would stare at my computer screen for hours too scared to log into my online class because how stressed and depressed I was,” McCormick said. “I would never have a problem telling someone I was ordered by a doctor to have shoulder surgery, so I think we should be comfortable talking about mental health issues as well.”

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5. Improve Timeliness of Service

5.1 - Star Tribune: [Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70](#) (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

Until 2009, when Furst was diagnosed with multiple myeloma, a cancer associated with Agent Orange. He had been repeatedly exposed to the chemical defoliant widely used by the U.S. military in Vietnam to flush out and starve enemy combatants.

Furst, of Eden Prairie, died from multiple myeloma Sept. 18 at age 70.

Furst grew up in the northwestern Minnesota town of Barnesville, where as a teenager he played bass guitar in a local band called the Caterpillars. He graduated from high school in 1966 and in November of the following year, he and three buddies from Barnesville enlisted in the Army, knowing they soon would be drafted.

Furst was a radio operator in the 23rd Artillery group. As a forward observer, he'd call in coordinates for artillery strikes. Furst and two of his three Barnesville friends did their tours and went home. One died in combat.

Back in Minnesota, Furst worked as a barber in Moorhead, and then owned a small bar for a while in Barnesville. He moved to the Twin Cities in 1974, where he worked as bartender for 25 years — though he personally quit drinking for good around 1980 due to alcohol addiction.

“He was good at bartending,” said his wife, Joan Furst, who met Tom in 1977 when they both worked in the bar at Hotel Sofitel in Bloomington. “He was fast and efficient, and he just enjoyed people. He had the gift of gab.”

In the decade before retiring in 2010, Furst switched occupations, working in shipping and receiving at two Bloomington companies. But a year before retiring, he began suffering from severe back pain and weight loss.

Furst was diagnosed with multiple myeloma, a cancer of white blood cells that accumulate in bone marrow. The U.S. Department of Veterans Affairs recognizes multiple myeloma as one of several “presumptive diseases” associated with Agent Orange exposure.

While Furst was pleased with his care from the Minneapolis Veterans Medical Center and proud of his service in Vietnam, he was bitter that soldiers were never told about possible ill effects from Agent Orange, Joan Furst said.

“He could never believe the government could treat its soldiers this way,” she said.

In 2012, Tom and Joan took a 15-day trip to Vietnam with Steve Christianson, a lifelong friend from Barnesville, and his wife. Christianson was one of the four Barnesville buddies — including Furst — who packed off at the same time to fight in Vietnam.

The 2012 return trip “softened” Tom’s anger about being exposed to Agent Orange, Joan said. “I think it gave him some peace.”

The tour was customized for veterans: Furst and Christianson were transported to sites where they fought. Furst visited a battlefield where he witnessed the death of a soldier he’d befriended during the war.

A short ceremony was held, and Furst laid a bouquet of flowers.

“It was very emotional and very moving, and I think it gave him some closure,” Christianson said.

Besides his wife, Furst is survived by a daughter, Nicole Larson; a son, Benjamin Furst; six grandchildren, and siblings Marlys Bernier, Vernon Desing and Gerald Furst. Services will be held at 11 a.m. Monday at Pax Christi in Eden Prairie.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article “VA rejects whistle-blowers’ complaints” (Sept. 22), the Globe reported on the Department of Veterans Affairs’ Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

Let’s set the record straight. The Office of Medical Inspector is headed by a retired naval officer with impeccable integrity and broad experience. It has medical staff skilled in investigating quality-of-care concerns. They took special steps to ensure this investigation’s fairness and objectivity. All cases identified by the whistle-blower went to a private firm, which sent them out for review by non-VA board-certified specialists. VA had no role in selecting them. When the care involved more than one specialty, multiple external reviews were done, with patients receiving up to three separate reviews. Copies of imaging studies were even forwarded for review.

In 95 out of 101 instances, the outside specialists found no shortcomings in care — a resounding refutation of the allegation of widespread mismanagement. I am very glad to see this vindication of the medical staff and leadership at Manchester.

Anyone concerned about the investigation's validity should simply read the report themselves. The findings are hard to refute, and they speak for themselves.

Dr. Michael Mayo-Smith

Franklin, N.H.

The writer is the retired network director of the VA New England Health Care System.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

The situation, caring for frail parents in their 90s and early 100s, can be daunting while the caregivers themselves are in their 60s or even 70s. The situation is forcing older adult children, some of them at or nearing retirement age, to decide if they are physically, mentally and financially capable of caring for a parent at the end of their lives.

Some take on the role of primary caregiver — reflecting how they were once cared for as a child by their parent; others must make a difficult decision to place their elderly parent in a care home.

About 10 percent of adults ages 60 to 69 and 12 percent 70 and older provide some type of care to their parents, according to a study by research economists Gal Wettstein and Alice Zulkarnain at the Center for Retirement Research at Boston College. This compares to about 5 percent of adults ages 30 to 49.

About 17 percent of adult children care for their parents at some point in their lives, and the likelihood of doing so rises with age, the study reports. "As baby boomers enter their 80s, a large increase in the demand for long-term care is likely, with a commensurate rise in the reliance on care from their children," the study concluded.

Any time a child must care for an elderly parent, the challenges can be daunting. According to a study by the Centers for Disease Control and Prevention, caregivers providing for persons with high-burden diseases, such as cancer or dementia, experience "high psychological stress" and "report an average of nearly \$7,000 in out-of-pocket costs associated with caregiving each year." Also, the Retirement Research study shows the time commitment for care gets longer as the adult child get older, with adults in their 70s spending about 95 hours a month caring for a parent.

The situation is not likely to change in the coming years: The U.S. Census Bureau projects that by 2030, "All baby boomers will be older than age 65. This will expand the size of the older population so that one in every five residents will be retirement age."

It also projects that by 2035, for the first time in U.S. history, older people will outnumber children. Jonathan Vespa, a Census Bureau demographer, predicts “78 million people 65 years and older compared to 76.7 million under the age of 18.”

Siblings become team to aid mother

Tucsonan Norma Soto-Ramirez, 61, retired early from her job as an educator to help take care of her centenarian mother, Carmen Soto. Norma, one of seven children, said she and her siblings were unanimous in their decision to work together to keep their mother safe in her house.

Norma also was a caregiver for her father, the late Miguel D. Soto, who worked as a miner and truck driver. The siblings, now ages 59 to 73, gave strength to their mother and one another after their father suffered a massive stroke in 2000, dying in 2012 at age 90.

They continued caring for their mother, who was diagnosed with dementia in her late 80s and also suffers from anxiety. Her vision and hearing aren’t as sharp as they used to be, and she uses a wheelchair.

Son Juan Soto, 64, an educator who also retired early to help care for his mom, said her health significantly declined after their father’s death, and it was decided to hire a caregiver to spend nights with her while siblings helped during the day.

At one point, her medication for anxiety was causing her to worsen to the point where she “broke a window to escape from the house,” recalled son Henry Soto, 70. “She would not sleep at night. In the day, she would stand at the gate outside yelling for help for 45 minutes. She would try to climb over the fence. It was very stressful,” he said, noting that one caregiver quit because of the frightful episodes.

“We wondered and questioned, could we do this — care for her and keep her safe?” recalled Norma, informing her mother’s physician about her behavior.

After a few months, her medication was changed, and Carmen’s level of anxiety dropped, allowing her to remain at home.

Her mother took steps earlier in life to help her children carry out her wishes as she aged. On the refrigerator door at her home is a “do not resuscitate” order Carmen signed in 1998. She also made a living trust, a will and put Norma in charge of her medical decisions.

“I find strength in the love I have for her. Love gives me strength. She did so much for me. It is our turn now to do for her,” said Juan. “It is not a burden. It is a blessing caring for her. I was the last one to retire, and one of the reasons was because I wanted to be a part of this rotation.”

“Everyone is pulling their weight,” said Mike. Brother Henry explained that in most families the work falls on one or two, but splitting the work among seven makes it easier.

In 2016, the Pima Council on Aging surveyed 2,269 people ages 60 and older and found that 17 percent were unpaid family caregivers for an older family member, neighbor or friend, and 22 percent of the caregivers surveyed had no one to assist them, said Adina Wingate, an agency spokeswoman.

Pima County demographics show 25 percent of all residents are age 60 and older. In 2017, Arizona's population was estimated at 7 million, and by 2020, one in four Arizona residents will be 60 or older, according to state projections.

He advises caregivers not to be afraid to ask for help and call on community agencies for resources.

Browne's session also includes tips on managing time well, prioritizing a to-do list and how to deal with loved ones afflicted with Alzheimer's. He teaches caregivers how to make rooms safe by having clear walking paths, plenty of lighting and grab bars in a bathroom. Attendants also learned how to sponge-bathe a person in bed, safely use medical equipment and how to correctly transfer a person into a wheelchair or vehicle.

She Quit job to become dad's caregiver

Jaramillo, 90, lost his left leg to diabetes in 2017. He did not get a prosthesis because he suffers from Parkinson's disease, a progressive nervous-system disorder that affects movement, making it impossible for him to stand, Sharon explained. He also suffers from dementia.

"I had already been taking care of him. I knew his needs. It only made sense I do it full-time," explained Sharon, who receives help from sister, Bertha Speer, 59, who gives Sharon a break on Sundays. Their brother, Gilbert Jaramillo, 64, a retired warehouse worker, and his two daughters and other relatives also help when needed.

Ambrosio's body is sensitive, especially when moved from one location to another. He wears gloves to keep his hands warm because of circulation problems. Sharon administers his medications daily, including eye drops for glaucoma and pills to control his thyroid, cholesterol, blood clots, diabetes, dementia and Parkinson's.

"Mom deserved the best I could give her"

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues.

Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care. As a veteran myself, I get 100 percent of my care at the VA. I want all veterans to reap the benefits they have earned and deserve, and encourage all Veterans to consider allowing Manchester VA to be your provider of choice.

With a new leadership team made up of 75 percent veterans, Manchester VA is on a new path. We have taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans.

. Here are some of the steps taken since I came on as your medical center director:

- . Taken 397 hiring actions and created 70 positions since July of 2017.
- . Established Office an Office of Community Care.
- . Established Outpatient Recreation Therapy.
- . Doubled clinical support for suicide prevention.

These are just a few examples of what Manchester VA has done to improve care for all veterans. I encourage every Veteran to review their eligibility and take advantage of the vast resources available. For more information come in and see us at 718 Smyth Road, Manchester, N.H. or call Eligibility at 800-892-8384 x 6779.

ALFRED A. MONTOYA JR., Medical Center Director, Manchester VA Medical Center

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6. Suicide Prevention

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there.

Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

"Be There" was the theme of the first suicide prevention walk held off of the VA's campus on Spring Valley Drive.

"Any small act showing that you care," said Julie Brawn, Huntington VA suicide prevention coordinator.

The coordinators said they recently started sending monthly mailings to some of their veterans who are at risk.

"We had one veteran who said we were the only people who sent him a birthday card this year, so it's really important to have that sense of connection," said Deanna Stump, suicide prevention coordinator.

The walk included a balloon release for survivors to honor those they lost.

"Stigma is so big," said Debbie Milling, suicide prevention coordinator. "We used to use the word 'commit' suicide, but we don't say that anymore - we say people die by suicide, because it makes it sound like it's a criminal act and we are trying to take that away. Family members are able to come out and feel free and non-judged in these kind of surroundings."

The prevalence of suicide among veterans is high. About 20 veterans a day across the country take their own lives, and veterans accounted for 14 percent of all adult suicide deaths in the U.S. in 2016, even though only 8 percent of the country's population has served in the military.

According to a story in the Military Times, the suicide rate among all veterans decreased slightly but the rate among young veterans increased dramatically, per statistics released last week by the U.S. Department of Veterans Affairs. The suicide rate of veterans ages 18 to 34 steadily increased from 2006 to 2016, with a jump of more than 10 percent from 2015 to 2016. That translates into 45 deaths per 100,000 veterans, the highest of any age group.

But since the majority of veterans are older, the majority of suicides are also among older veterans. Nearly 60 percent of veterans' suicides in 2016 were from individuals 55 or older.

Veterans who have regular contact with VA health services are less likely to die by suicide than those with little or no interactions, the Military Times story said.

The suicide prevention coordinators said loved ones should be on the lookout for feelings of depression, feeling like a burden, giving away belongings, sleeping more and substance abuse. They said to ask questions and listen to your veteran.

Veterans and their families and loved ones can call the Veterans Crisis Line at 800-273-8255 for help. They can also text 838255 or visit VeteransCrisisLine.net for assistance.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

“Our hope was that when Chad turned 21 he was going to evict Mom and Dad,” Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse’s South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

The Erickson family, including adult daughters Kristin and Shannon, have wondered for years what to do with the seven-bedroom, four-bathroom home.

But it had such sentimental value that they couldn't just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, "At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barbra Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills."

"It presents not only the potential for conflicts among the residents themselves and staff, but also presents safety issues for the families in the surrounding residential neighborhood and specifically exposing children to behavioral, mental health and anger issues that they should not have to experience, hear and/or witness," the Jansens wrote.

"We want the veterans to have a safe place, where they can finish doing their healing and make this next transition." Dave Erickson

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

According to a Roseburg VA press release, an independent team evaluates and compares cemetery performance against National Cemetery Administration standards, including customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facilities, equipment and facility maintenance, and safety of visitors and employees.

"This is an extraordinary accomplishment for the community and the hard-working, dedicated team of Roseburg National Cemetery," said Roseburg National Cemetery Director Andrew Matthews. "We're honored to serve Veterans and families in a national shrine. We'd like to thank all of our partners in the community and beyond for helping us serve and fulfill our promise to Veterans every day."

The award statement reads “In recognition of superior organizational performance in key areas of importance to the National Cemetery Administration (NCA) and its customers. The Roseburg National Cemetery has demonstrated exemplary performance equal to or exceeding national targets in key management and operational areas. The cemetery’s performance positively supports NCA’s key satisfaction drivers of customer service, cemetery service, and access to information.”

Burial in a VA national cemetery is open to all members of the armed forces and veterans who have met minimum active-duty service requirements and were discharged under conditions other than dishonorable. Members of the reserve components of the armed forces who die while on active duty or who die while on training duty under certain circumstances are also eligible for burial, as are servicemembers and former servicemembers who were eligible for retired pay at the time of their death.

A veteran’s spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial, even if they predecease the veteran.

The VA provides the gravesite, grave liner, opening and closing of the grave, government headstone or marker, U.S. burial flag, Presidential Memorial Certificate and perpetual care of the gravesite at no cost to the family.

Information on VA burial benefits is available from local VA national cemetery offices, online at www.cem.va.gov, or by calling VA regional offices toll-free at 800-827-1000.

Locally, the Roseburg National Cemetery was established in 1897 to serve veterans residing at the Oregon State Soldiers’ Home, which now serves as the home of the Umpqua Valley Arts Center. The Home itself opened in 1893 to “provide a home for honorably discharged soldiers, sailors and marines who had served in any wars in which the United States was engaged, or who served in the Indian Wars of Oregon, Washington or Idaho, provided they were or might become citizens of Oregon.”

Thank you, Roseburg National Cemetery, on behalf of the veterans and families you serve!

God bless our veterans and God bless America.

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7.3 - Yo! Venice! [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

“None of us should be able to sleep at night as long as a veteran is sleeping on a sidewalk or under a bridge,” said Councilmember Mike Bonin who represents Venice. “Veterans have suffered from generations of broken promises. Bridge housing at the VA represents positive changes being made. This partnership is a down payment on the housing and services the local VA is going to deliver.”

This partnership between the City of Los Angeles, the County of Los Angeles and the Department of Veterans Affairs will provide transitional housing for up to 100 homeless veterans. The facility, which is expected to open in early 2019, will include personal hygiene centers, laundry facilities, 24-hour security and supportive services. Funding will come jointly from the County and the City and the Department of Veterans Affairs will provide on-site case management and supportive services.

“I’m happy to be keeping our promise to the many veterans experiencing homelessness by taking this first step and building bridge housing on the VA campus in Brentwood,” said Los Angeles County Supervisor Sheila Kuehl. “Last year, the Homeless Count showed that we had reduced veteran homelessness by 18 percent. One neighborhood at a time, one veteran at a time, we are working to ensure that every vet in the County has a place to call home.”

This Bridge Housing facility will be temporary — and not to be visible from the exterior of the campus — as the VA constructs out its Draft Master Plan, which will provide 1200 units of permanent supportive housing on the campus.

“Building 1,200 units of Permanent Supportive Housing through the Draft Master takes time and there are homeless Veterans who need services now,” said Heidi Marston, Director of Community Engagement and Reintegration at the West Los Angeles VA. “It will take all of us to end Veteran homelessness and Temporary Bridge Housing for our Veterans in need will bring us one step closer,”

The VA bridge housing site will include two tension membrane structures in addition to modular trailers to provide space for sleeping, supportive services and personal hygiene. The construction is expected to cost \$5 million. Bonin introduced legislation on September 25 that would allocate the City funds and direct the department to begin work. Kuehl is expected to introduce legislation to allocate the County funds in the coming week.

The facility is part of Mayor Eric Garcetti’s “A Bridge Home” proposal, which calls for a number of bridge housing sites in each of the L.A.’s 15 council districts.

“A Bridge Home is about getting homeless Angelenos off the streets as quickly as possible on their way to permanent housing — and I am grateful to all of my Council colleagues for stepping up to meet this challenge,” said Mayor Garcetti.

Bonin applauded the effort of the local residents in supporting the City and County’s effort to house homeless veterans in the VA campus. Unlike the bridge housing project planned in Venice at the MTA lot, the VA bridge housing facility was met with wide-ranging support.

“Residents of Brentwood and West LA believe strongly that we must keep our commitment to our veterans, and that land deeded specifically for veterans is the right place to do it,” Bonin said. “Local homeowners associations are eager to be strong, supportive partners to these efforts, and I am inspired and honored by their partnership.”

The City of Los Angeles opened its first bridge housing facility in downtown L.A. earlier this month. Bonin has proposed a second Westside location, in Venice, an area with one of the largest unsheltered homeless populations in the city.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

In recognition of their efforts to address veterans' homelessness, Veterans Community Project was presented with the 2018 Silver Star Families of America Commendation Award in a recent ceremony at their headquarters in Kansas City, Missouri.

A nonprofit based out of Clever, Missouri, the SSFOA's primary mission is to recognize and support veterans who are wounded, injured, or have acquired an illness related to their service in a combat zone — regardless of service branch or military conflict.

The commendation can be awarded to military or civilian personnel and departments or organizations who have positively affected the lives of wounded and ill veterans.

Previous commendation recipients include former President George W. Bush, Gen. David Petraeus, Ann-Margret, Gary Sinise, WWE, the bands Mötley Crüe and 3 Doors Down, in addition to the Kansas City Royals.

This year, the SSFOA founders selected Veterans Community Project for their dedicated work toward ending veteran homelessness through the construction of tiny houses in a community known as "Veterans Village." Founded by veterans and funded through private donations, VCP's program also helps provide veterans with the skills needed to successfully reintegrate into society and the workforce, including classes on money management, cooking, shopping for groceries, legal assistance, searching for employment and coping with trauma.

"Every year we receive a number of nominations for both individuals and organizations that have gone above and beyond in assisting veterans, but Veterans Community Project appeared to rise above the rest for their dedicated efforts in addressing the issue of veteran homelessness," SSFOA founder Steve Newton said.

He added: "We appreciate the selfless enthusiasm demonstrated by organizations such as this, who choose to use their experiences and resources to connect to their fellow veterans and support causes benefiting the veteran community. That is why it is my distinct honor to recognize Veterans Community Project as the 2018 recipient of the SSFOA Commendation Award."

As part of the presentation, an SSFOA representative presented two of VCP's four co-founders — Brandonn Mixon, a U.S. Army veteran, and Brian Meyer, a U.S. Marine Corps veteran — with a plaque, a Silver Star Families service flag and challenge coins.

In addition to the range of supportive services that VCP provides to homeless veterans, cofounder Brian Meyer explained, their Veterans Village remains their cardinal program and there are plans to expand the concept to other communities throughout the United States in the future.

“The transitional housing we provide for veterans are small homes that are 240 square feet for individuals and 320 square feet for veterans with families,” Meyer said. “Here in Kansas City, we are developing the village on a lot that is just under 5 acres and was purchased from the city for a very nominal cost,” he added.

Meyer went on to explain, in addition to being energy efficient and handicap accessible, there will eventually be 49 homes constructed on the property owned by VCP. The homes, he added, are built on concrete foundations, have utilities and are fully sanctioned by the city.

Mixon noted the VCP has also established a unique arrangement with the Kansas City Area Transportation Authority and the Kansas City Veterans Administration to provide free bus rides for veterans in the community. The program is financed through a sponsorship by the Greater Kansas City Labor Unions/AFL-CIO.

“One of the reasons VCP was established in the Kansas City area and not in a rural community is because all of the resources, such as transportation, that are in the city — it is where the largest concentration of supportive resources exists,” Mixon said.

Acknowledging the honor of receiving the annual award from the Silver Star Families of America, Mixon admitted it was an unexpected realization a few years ago that led to his decision to seek ways to support his fellow veterans who found themselves in difficult circumstances.

“I saw a homeless veteran on the street corner here in Kanas City a few years ago who was holding up a sign that asked for help,” Mixon said. “I kept thinking about that man and realized that he could have been one of my fellow soldiers serving in Afghanistan who had my back and was willing to take a bullet for me.”

He added, “Now, through our work at VCP, I feel that I can grab him by the back of his shirt and carry him to safety, demonstrating through our efforts that we have his back and are here to help him get back on his feet.”

For more information on Veterans Community Project, visit veteranscommunityproject.org.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena’s only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off.

The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

According to Desiree Bain, director of the Montana Veterans Foundation who manages the home, the Department of Veterans Affairs provided a grant to the Willis Cruse House for more than a decade. The VA paid a specific amount for each person that occupied the home.

“For every guy that stays here, I can bill the VA and they will reimburse. We’re always a month behind, but still, consistent funding,” Bain said.

However, that changed when the VA denied the application this year for the grant. Bain said the VA did not provide the transitional home with a reason for the denial.

That puts the future of residents at the home, like Donald Burley, into question. Burley is a disabled army veteran who formerly lived with a woman in Townsend, but he says that didn’t work out.

“Things didn’t work out, and I needed a place to go,” Burley said.

Burley found it hard to qualify for most places to live because of his income, and he was put on waiting lists.

Eventually, he found Willis Cruse. Burley said it was the outpouring of support, particularly from staff at the house, that helped him focus not just on his mental health, but his failing physical health.

“When I moved in, my health condition was so bad I probably wouldn’t be around,” Burley said.

It’s a similar story for Gurney Lee Garrett, an Air Force veteran recently released from prison. The prison released Garrett to Willis Cruse for rehabilitation. Garrett said the home has provided him with a place to get back on his feet.

“I got real social fears. Social anxiety. It’s hard for me to go out in public. So here, I feel calm and peaceful,” Garrett said.

Bain is fighting to keep the house open and keep services running for the veterans who live there.

“The community so needs this. Without us there’s nothing. There’s no back up plan besides God’s Love and they are already so over capacity all the time,” Bain said.

While the VA grant ends at the end of September, if another grant isn’t secured, Bain said she’ll be back on the street going door to door asking for donations.

Bain said walk-in donations are welcome at the home located at 1112 Leslie Avenue in Helena. You can also donate online and learn more about the organization by clicking [here](#).

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

WILMINGTON — Wilmington’s iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran’s hospitals that ends in January.

At Northampton alone they met with over 200 injured servicemen and women, and founder and president Paul Cardello thinks they'll have visited 1,000 by the time their tour is over.

In their six-month focus on veterans in the New England healthcare system, the iPods team has so far been to VAs in Providence, RI; White River Junction, VT; and Bedford, MA.

"No other group has ever attempted this before," Cardello said. "It's a year's work that we're doing in six months."

With their name growing after years of visiting the D.C. area, he shares that the injured servicemen and women have been waiting for iPods to get there.

While Massachusetts has three VA hospitals, states like Maine and Connecticut have only one VA hospital. This means that these hospitals have more injured servicemen and women in need of all of the donations that iPods brings along with them — including knitted hats, scarves, and gloves from the Wilmington and Billerica senior centers, toiletry bags made by the Local Heroes Club, and laptops and iPad minis from Cornell University.

Their trip to Northampton was their biggest event ever, Cardello continued. The iPods team was joined by a group of Wilmington High School students at the Leeds hospital.

"[Our visits] puts a lot of smiles on these people's faces," he shared.

With funding complete to the end of the year, the team and their over 100 volunteers are amazed that they get to encounter this many veterans and bring them something to help get them through the day as they recover.

Of course, this tour could not happen without the support of sponsors and everyone in the community. Besides the senior citizens of Wilmington and Billerica, the high school's Local Heroes club is always making new gifts to bring.

"It's kind of exciting that our community all took it up-on themselves to be a part of this."

Cardello also offered thanks to the people of Wilmington who have supported and continue to support them with all of the work that they do. And he knows that there's a lot of work left to do.

Next month, Cardello and the rest of the iPods team members will visit the West Haven, CT VA hospital on Oct. 20 with students from St. Sebastian's School; and on the 27th they'll take students from Malden Catholic to the VA in Augusta, ME. Then in December they go to the VA on the south shore and on Jan. 5 they visit Manchester, NH. They're planning to hit every veterans hospital in New England before the six months is up.

iPods is also excited for the first time to join the Columbus Day Parade this year on by invitation from Mayor Marty Walsh. The Oct. 7 parade celebrates Boston's heritage, particularly to honor Massachusetts's military in their commitment to freedom.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

30 September 2018

1. Top Stories

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms. Miller was advised to visit his local VA emergency department, which he did immediately.

[Hyperlink to Above](#)

1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors. In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

[Hyperlink to Above](#)

1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them. Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

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2. Greater Choice for Veterans

2.1 - OpsLens: [President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure](#) (29 September, Katie Begley, 5k uvd; Viedra Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical

Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

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3. Modernize Our System

3.1 - WWAY (ABC-3): Fayetteville VA Medical Center Re-Opens Wilmington Site (29

September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center. Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: Veterans affairs director ends tour of duty (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing. That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — "You've got to talk to Woody."

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4.2 - WSIL (ABC-3): Marion VA Presents Check to Combat Veterans Motorcycle Association (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000. The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

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4.3 - The Parthenon: Local mental health professionals discuss anxiety and depression

(28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library. The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

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5. Improve Timeliness of Service

5.1 - Star Tribune: Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70 (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#)

(30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article "VA rejects whistle-blowers' complaints" (Sept. 22), the Globe reported on the Department of Veterans Affairs' Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#)

(29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues. Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care.

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6. [Suicide Prevention](#)

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#)

(29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there. Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#)

(29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

“Our hope was that when Chad turned 21 he was going to evict Mom and Dad,” Barb Erickson said in an interview Wednesday.

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

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7.3 - Yo! Venice! [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena's only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off. The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Washington - Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms.

Miller was advised to visit his local VA emergency department, which he did immediately.

According to an inspector general report, Miller was admitted to the Minneapolis mental health unit after he described in detail symptoms of severe emotional anguish to VA clinicians. After four days under observation, he was discharged.

Miller exited the hospital upon being released from care but never left the facility's grounds that day.

Police found him dead in his car from a self-inflicted gunshot wound less than 24 hours later. With the permission of Miller's parents, Minnesota Democrat Rep. Tim Walz, the ranking member of the House Veterans Affairs Committee, shared this tragic story during a hearing on Capitol Hill on Thursday as lawmakers addressed the issue of suicide prevention among veterans and former service members.

"It is infuriating to know that there is a possibility that Justin's death could have been prevented. It should outrage us all that an entire health care system failed at something so serious and that it claimed to be their highest clinical priority," Walz said.

Investigators were unable to determine "that any one, or some combination, was a causal factor" in Miller's death, despite identifying several "deficits in care provided to the patient."

However, the investigation did find that staff members at the Minnesota medical center, including the suicide prevention coordinator, did not properly follow protocol while handling Miller's case and, according to Walz, failed to utilize the three-step REACH VET process, in which a clinician can assess a veteran's risk of suicide so that he or she receives the proper level of care.

"This is profoundly unacceptable," the Minnesota Democrat said about the inspector general's findings, which he called "deeply disturbing."

And that frustration was only compounded by the fact that this was not the first time the inspector general had investigated many of these shortcomings.

"The finding that the Minneapolis VA failed to sufficiently sustain relevant recommendations OIG made in 2012 should outrage us all," he said.

Paul Sherbo, a spokesman for the Minneapolis VA Health Care System, told CNN that their "deepest condolences go out to Justin Miller's family and loved ones" and said that in response

to his suicide and the inspector general's review, they have redoubled their efforts "to ensure every Veteran receives the best possible care. This includes improving care collaboration across departments and disciplines -- from initial treatment and planning to discharge and medication management -- and engaging family members in Veterans' mental health treatment plans, whenever possible."

Sherbo added that the Minneapolis VA Health Care System has started implementing the inspector general's recommendations and would complete all but one this year. He also encouraged veterans in crisis to visit the nearest VA health care facility, where they can receive same-day urgent primary and mental health care services, and provided the 24-hour national suicide prevention hotline: 1 (800) 273-8255.

Young veterans at risk

The circumstances surrounding Miller's death, including his age and the use of a firearm, also seem to highlight two of the major issues related to veteran suicide, according to data outlined in a new report released by the VA on Wednesday.

The suicide rate among younger veterans who, like Miller, fall between the ages of 18 and 34, continues to increase, a VA analysis of suicide data from 2005 to 2016 reveals.

"Rates of suicide were highest among younger Veterans (ages 18--34) and lowest among older Veterans (ages 55 and older). However, because the older Veteran population is the largest, this group accounted for 58.1 percent of Veteran suicide deaths in 2016," the report says.

The use of firearms as a method of suicide also remains high, according to the data, as the percentage of suicide deaths that involved firearms rose from 67% in 2015 to 69.4% in 2016.

Although the overall number of suicides among veterans decreased slightly between 2015 and 2016, the VA is bracing for an increase over the next five years as thousands of Vietnam veterans enter mid-60s, joining what is already the largest age group.

Additionally, VA officials acknowledged that the average daily number of veterans who take their own lives has held steady for years despite efforts to combat the problem.

"In 2016, about 20 current or former service members died by suicide each day. Of these, six had been in recent VA health care and 14 had not," VA spokesman Curtis Cashour told CNN, explaining that Wednesday's suicide prevention report defines veterans "as those who had been activated for federal military service and were not currently serving at the time of their death."

"VA also presents the yearly suicide count of never federally activated former Guardsmen and Reservists," he said.

This report "simply reiterates what many of us have known for a long time: that our fight to end the tragic epidemic of veteran suicide is far from over," Walz said in a statement.

"We must continue to work together to provide veterans with immediate access to quality, culturally competent mental healthcare and make bipartisan progress toward eliminating veteran suicide entirely," he said.

VA officials have said they would prefer to move away from using the per-day metric as an indicator of suicide rates, arguing that it does not account for changes in population size and can be misleading.

But for now, lawmakers and department officials seem to believe that number appropriately underscores the severity of the issue.

"Most of us have heard VA's staggering and heartbreaking statistic that every day, twenty veterans end their own lives. Twenty," Republican Rep. Phil Roe, chairman of the House Committee on Veterans' Affairs, said during Thursday's hearing ahead of testimony from several suicide prevention experts.

"We also know that over the past several years VA has invested significant resources towards addressing that number which stubbornly has not changed ... We have the expertise. We have the support of the President. We can and must reduce suicide among veterans. There is no excuse not to," he said.

Where is the money going?

President Donald Trump's recently confirmed VA Secretary Robert Wilkie told Senate lawmakers Wednesday that suicide prevention is a top priority for the department under his leadership and noted that the VA published "a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA health care system as well as those who do not come to us for care."

He also highlighted the executive order signed by Trump in January intended to assist service members and veterans during their transition from uniformed service to civilian life, "focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide."

But despite a new budget of more than \$200 billion, some critics argue that the VA continues to spend its money in the wrong ways.

"Senior leaders like awareness campaigns and spend millions of dollars on them. They make a big splash in the media. It is measurable in how many outputs -- "views" or "hits" websites or social media pages get --- but does not generate outcomes," according to Jacqueline Garrick of the Whistleblowers for America.

"These campaigns do not work because they cannot change behavior," she said in a statement to Congressional lawmakers.

Rajeev Ramchand, a suicide prevention expert at the Rand Corp., told CNN that "while it may make people feel good, there is very little evidence that public awareness campaigns have a significant impact on suicide rates.

"We do have evidence that public screening at emergency departments can reduce future suicide attempts," he said.

However, he did note that areas with less evidence "should not be ignored as a comprehensive view of veteran suicide prevention requires a thorough understanding of the environment where those events are occurring."

In addition to developing and addressing the limitations around analytical tools like REACH VET, Ramchand told CNN that there are also a lot of things that "we know work," including initiatives that promote screening patients at emergency departments and then identifying those who are high-risk so that they receive the appropriate care.

"Promoting quality evidence-based care ... we know these things work, so let's get people to do them and do them more systematic way," he said.

Troubling allegations

In a written statement submitted to Congress, Garrick also said that her organization has been contacted by several VA employees who shared troubling accounts of workplace dysfunction that are having a direct impact of the quality of care provided and seem to undermine the programs currently in place.

"At one VA medical center, a suicide prevention coordinator reported that they do not have time to complete suicide assessments or write prevention plans with every veteran who potentially needs one because of the case load and its complexity," Garrick said.

"She had 35 patients at one time. Administrators directed to note patients as 'moderate risk' for suicide so as not to raise red flags in the system. When a veteran died by suicide on VA property, her supervisor refused to conduct a root cause analysis because that would be too time consuming," she added.

According to Garrick, this VA employee asked to remain anonymous due to fear of retaliation for speaking out.

CNN has independently contacted the employee and agreed withhold their name and place of work at the request of the individual.

When asked for comment about the broader issue raised in the whistleblower statement, VA spokesman Curtis Cashour would only say: "VA asked CNN for specific details regarding these allegations so the department could look into them, and CNN could not provide them."

"CNN's publishing of such vague allegations without any details that would allow the department to investigate them is highly irresponsible because it does nothing to help fix any issues that may exist and could actually discourage Veterans from seeking VA care," Cashour said.

Griffin Anderson, a spokesman for the Democrats on the House Veterans Affairs Committee, told CNN that lawmakers take the allegations in the Whistleblowers of America report seriously and that the statement "certainly alludes to an alarming and unacceptable trend that we are going to look into."

While the committee has not received a formal complaint pertaining to this specific allegation, Anderson said that lawmakers would work with the suicide coordinator in question to pursue an OIG investigation should they come forward.

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1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors.

In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

"The OIG noted that facility leaders were actively engaged with employees and patients and were working to improve overall satisfaction," the report states. "Organizational leaders support efforts related to patient safety, quality care, and other positive outcomes."

The hospital was given a three-star rating last year and the report indicates it may keep that rating when 2018 figures are announced. VA hospitals are given ratings from one to five stars.

"We've corrected a lot of our issues," said Wade Vlosich, the hospital's director. "Our goal now is just to continue to improve the way we provide care and we've got a lot of great things coming up."

March reports

During one week in late March, the VA's inspector general released two reports on the Oklahoma City VA Medical Center. The first found construction projects there were \$10.8 million over-budget and years behind schedule. The second found the center could not properly account for millions of dollars in payments to a medical school and part-time doctors. The University of Oklahoma later repaid the VA about \$14,000 as a result.

The report released Thursday was much more positive. It did find a problem with some delayed cancer diagnoses but said that problem has been resolved.

"Facility managers reported that the most significant trend identified eight patients who had delayed cancer diagnoses," the report states. "Facility leaders took corrective actions, including the removal of the responsible provider, and conducted institutional disclosures."

Vlosich, who took over the hospital in mid-2016 following high-profile deaths and rapid staff turnover, was quick to make changes and has generally been lauded by politicians and inspectors for doing so. The hospital recently opened a parking garage, alleviating its well-known parking problem.

"Now that the parking garage is open, I have not gotten any complaints," said Vlosich, who previously received as many as eight complaints a day about parking.

High admissions

Admissions at the hospital remain high. Over the past two years, when admissions at VA hospitals were declining nationwide, the Oklahoma City VA saw a 9.3 percent increase in the number of patients admitted. Some elderly veterans are simply left on the hospital's front steps by family members with nowhere else to turn, Vlosich said.

An emergency room is being expanded and urgent care clinic added. Construction on an eye clinic continues and a geriatric psychiatric unit will likely be opened this winter. A specialty care clinic will open even sooner, likely in late October or early November, according to Vlosich. In the western Oklahoma city of Clinton, a clinic soon will be built.

In Oklahoma City, a campus for homeless veterans is being constructed, complete with immediate needs like showers and a food pantry, along with primary care providers, social workers and mental health managers. Construction is underway and it could open by the end of the year.

“Overall,” Vlosich said, “I think we’ve done a really good job when you compare where we’ve been and where we’re going.”

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. Photo Credit: Johnny Milano

The Northport VA’s four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

Allegations that the shortages led to the deaths of two patients, overtired nurses and a host of other problems triggered a yearlong investigation by the Veterans Affairs Office of the Inspector General, the department’s independent watchdog.

As of two weeks ago, the Northport VA Medical Center, which includes the nursing homes as well as a hospital and manages a half-dozen community clinics, had 175 vacancies for key personnel such as nurses and doctors, nearly 10 percent of its 1,800-member staff.

The investigation, launched last September, found that Northport’s senior leaders knew about the staffing shortages, mismanaged the nurses to fill the gaps and allowed overtime costs to balloon to \$1.5 million in 2017, a nearly \$750,000 increase from the year before.

VA officials in Washington also determined that leaders who have since either retired or resigned had pressured nursing home managers to accept new patients when there weren’t enough nurses to properly care for everyone.

The inspectors, however, stopped short of attributing any patient death or serious injury to staffing shortages, citing what they described in their 37-page report as the “many variables” that go into high-quality patient care.

In an addendum to the report, Northport’s interim director, Dr. Cathy Cruise, said she agreed with the findings and would address the staffing shortages.

“Thank you for the opportunity to review our processes to ensure that we continue to provide exceptional care for our Veterans,” Cruise, who has been on the job since mid-July, told investigators in her response.

In the past decade, the inspector general’s office has sent investigators to Northport a handful of times to investigate specific complaints, many tied to aging infrastructure, dirty conditions and management turnover. In the past 18 months, Northport has had four medical center directors, three chiefs of staff and three nursing department directors. All the positions also have a role in overseeing the nursing homes.

Already this year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning and the medical center director resigned in July after only a year on the job. And in a 2017 anonymous survey released in April, employees reported broken medical equipment, understaffing, filthy conditions and unresponsive management.

The watchdog’s latest findings come as Senate Minority Leader Chuck Schumer (D-N.Y.) is pushing the VA to put Northport at the top of its list when it starts handing out hiring funds included in its new \$86.5 billion budget.

Earlier this month, at the Elmont American Legion Post, Schumer called on the VA to place Northport “at the front of the line” because Long Island has roughly 130,000 veterans, one of the highest concentrations in the nation. Northport, the only VA medical center in the 120 miles between Montauk and Manhattan, cares for upward of 30,000 patients a year.

Overtime and hiring

Investigators put much of the responsibility for the staffing shortages on senior leaders at the time, notably the directors of the medical center and the nursing department. Both are now retired.

“Federal employees are expected to be good stewards of government resources,” the report said. “The OIG found a mismanagement of ... senior leaders.”

The two officials, the report said, not only knew about their stretched staff but perpetuated the shortages by not quickly filling vacancies or failing to consider other staffing options such as part-time employees, nurses from a temporary employment agency or a reduction in nursing home residents, the report said.

The medical center director, for example, failed to act on plans by nurse managers that would have complied with recommended staffing levels at each of the four nursing homes, the report said.

In another instance, the report said, the nursing department director changed a staffing algorithm that reduced the number of nurses that experts determined were needed to properly

care for patients. Staffing records for 75 randomly chosen days in 2015, 2016 and 2017 showed the nursing homes routinely operated with less than two-thirds the recommended number of employees.

To cover the gaps in staffing, the report said, officials turned to overtime. The nursing department director, at first, directed that she had to authorize overtime. Within weeks, the report said, her directions changed and officials much lower in rank had approval power.

In addition, the report said, the Northport medical center didn't have accounting measures that allow nursing managers to track each nurse's overtime day to day so they didn't know the number of hours until after it had been worked. Data showed the top 2 percent of overtime payouts went to nurses who worked more than 80 hours of overtime within a two-week pay period. The VA defines excessive overtime as 40 or more hours within two weeks.

The extra hours racked up, numbers in the report showed. From fiscal 2016 to fiscal 2017, overtime costs rose from \$730,953 to \$1.5 million — nearly a third of the medical center's total overtime spending of \$4.7 million, more than twice the \$2 million overtime budget. Northport, the report said, spent more on overtime than it would have if it had filled its vacancies.

Northport's hiring procedures made it difficult to fill vacancies, the report said. The nursing department had the automatic authority to fill positions but slowed the process primarily by seeking out job candidates with qualifications far higher than the VA's minimum standard and by delaying start dates for months, which led many applicants to take other jobs.

The medical center preferred to hire applicants who had a bachelor of science degree in nursing and five to seven years of experience, though the VA only requires registered nurses to have an associate degree and no experience. A registered nurse and a nursing assistant were hired in January 2017 but took jobs elsewhere after they received start dates in July 2017.

When Scott Guermonprez came on as medical center director in June 2017, the report said, he began putting measures in place to address the staff shortages, such as speeding the hiring process and creating a pool of "intermittent staff." Guermonprez resigned two months ago after a year on the job.

Two nursing home deaths

Whistleblowers on Northport's staff alleged the nursing department's practice of filling vacancies with nursing supervisors and nurses on overtime put nursing home residents at greater risk of "adverse events," the report said.

Their allegations involved two deaths, both in 2017. Investigators did not name the men.

Early in the year, the report said, one man apparently choked at dinner in the dining hall while nurses attended other residents. The man was found slumped over the table.

Months later, a man died from complications from a fall he took during an overtime shift for a nursing assistant. The employee, investigators found, had already worked 14 hours that day and had pulled 16-hour shifts in each of the five previous days.

While investigators could not determine whether staff shortages precipitated the deaths, the report pointed out that health care experts typically warn that too few nurses on a shift and

nurses working too many overtime hours in a workweek lead to more incidents that put patients at risk.

Understaffed shifts in particular have a higher rate that medical literature cited in the report describes as “nurse-sensitive outcomes” such as surgical infections, bed sores, pneumonia or potentially fatal blood clotting.

Admissions pressure

Nursing home managers determine whether they have enough nurses to adequately care for patients, including new admissions. They then decide whether to accept admissions, although their decision can be overruled by top leaders, the report said, citing VA policy.

Managers, however, told investigators that top leaders ignored their staffing numbers and pressured them to accept new admissions.

As an example, a manager described an admission that the nursing home had to accept when staffing was at less than 75 percent. The manager told the chief of staff that there weren’t enough nurses to handle a new patient with “multiple medical needs.” The chief of staff told the manager to accept the admission anyway, the report said.

“The staff felt distress by the admission of this high acuity resident as it impacted staff’s time with another resident on the unit for end-of-life care,” the report said.

Another time, the report said, a manager felt pressured to take an admission on a weekend even though the new resident had both physical and psychiatric needs and there was a shortage of both nurses and doctors. The manager said the patient required round-the-clock observation for his safety and stayed for months in an area that wasn’t suited to his needs.

The pressure to accept new patients ended in when a new management team took control in August 2017, the report said.

Investigators also looked into allegations that the nursing homes had been closed temporarily to admissions because of staffing shortages and that residents had been transferred to acute-care inpatient units because of shortages. The office substantiated the temporary closing during a review of staffing levels but determined no residents had been moved.

Staffing solutions

The inspectors made three recommendations: a full review of nursing home staffing to make sure the medical center has enough nurses to care for patients properly; a steady effort to fill nursing vacancies on the nursing home staff and an awareness to use other staffing options to fill the gaps; and better management of overtime to “ensure quality of care and responsible use of financial resources.”

In an addendum to the report, Northport’s interim director Cruise told the inspector general’s office that she and her administration are working to fix the problems.

Nursing leaders, Cruise said, are analyzing nurse-patient ratios every day for each unit.

“Variables that impact the need for nursing staff include severity of patient condition, complexity of care, nursing skill level, skill mix of staff, and actual or projected change in census,” Cruise wrote.

As for hiring, Cruise said, the medical center has authorized filling all vacancies and using more than a half-dozen strategies — from increasing the number of floating nurses to flexible schedule to cross-training — to end the shortages.

As of Friday, the nursing homes had 29 full-time registered nurses and leaders are in the process of hiring two more, said Northport spokesman Levi Spellman. With the new hires, he said, the nursing homes will have the 31 registered nurses called for by VA staffing methodology but still has openings for licensed practical nurses and nursing assistants.

Lastly, Cruise said the medical center has established a task force to decrease overtime and is requiring all overtime to be approved by either a nurse manager or the nurse officer of the day. Administrators, she said, now also have the ability to review overtime in real time and by employee name.

Since the investigation, Spellman said, overtime for the nursing staff at the nursing homes has decreased by 41 percent.

The allegations

Leaders covered the staff shortages by using floating nurses and nurses working voluntary and mandatory overtime.

Nursing supervisors had to feed and bathe nursing home residents.

Leaders pressured nursing home managers to take new patients when staffing was inadequate, putting all residents at risk.

The nursing homes had been closed temporarily to admissions because of staffing shortages and residents had been transferred to acute-care inpatient units because of shortages.

The recommendations

Review nursing home staffing to ensure Northport has enough full-time nurses to properly care for patients.

Recruit and hire nurses to fill nursing home vacancies and to use until adequate staffing is reached and to use staffing options to ensure patients get proper care.

Improve management of overtime practices to ensure high-quality care and responsible spending.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don’t buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them.

Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

"They're notorious for covering things up," said Sweeney, 40. "I am fed up for having to fight for everything and I'm fed up being in pain all the time, but I'm not surprised."

Their skepticism is easy to understand, since the Office of the Medical Inspector is the VA's own investigative arm. That's why they think the OMI essentially shouted, "Nothing to see here," in its recent findings, when it ruled on a variety of issues, including suspected mistreatment, misdiagnosis and slow response times connected to Myelopathy, a compression of the spinal cord.

Sweeney and Warman both live in Concord, were both injured while serving their country and both sought medical help for their severe back and neck pain. They've moved on, started new lives, learned to live with their pain, and the ongoing process of an organization investigating itself has dulled their senses.

"It falls in line with what they've been trying to do," Warman told me. "I expected this all along, so no one is plowing new ground."

Indeed, this is old ground. Warman suffered back and neck injuries in a construction accident 30 years ago and a car wreck in 2007. Sweeney's truck was hit by an improvised explosive device in Iraq in 2011.

They both have since gotten some relief through surgery, but years had passed before they received the proper care, and they still have plenty of aches and pains.

That's why the whistleblowers we've been hearing about since the summer of 2017, the ones with those medical and nursing degrees – the ones who documented incompetency and delays in treatment and immoral record keeping and a poor monitoring system on degenerative spinal conditions – won't let this go.

In fact, they remain fighting mad, complaining about the conflict of interest they've seen as part of the VA's investigation and the lack of accountability since the story exploded in the Boston Globe.

"It's what they do, like a damage control system," said whistleblower Dr. Ed Kois, head of the spinal cord clinic at the Manchester VA. "They say they're going to investigate, bring in the OMI knowing they'll do a lengthy investigation and then wash their hands."

The Office of Special Counsel, an independent entity that oversees the OMI, isn't buying it. In a prepared statement emailed to me, the OSC's special counsel, Henry Kerner, wrote that "clear discrepancies undermine the assertion that VA leadership was open to concerns and worked to ensure veterans receive timely care."

Those words were golden to Kois and Stewart Levenson, the Manchester VA's former Medicine Department chairman, who were the loudest whistleblowers among the 12 staff members who came forward.

They want you to know they are not doctors with axes to grind, nor are they trying to further their careers, working as self-promoters, promised by an outside government entity to expose trouble at the VA.

Kois says he hasn't been promised a better parking spot, and Levenson insists he did not come aboard to boost his chances of winning a seat in the U.S. House of Representatives.

Kois's parking spot remains unchanged, and he's still courting the press, trying to make as much noise as possible. And Levenson did not win in the primary election, yet he's writing op-eds and calling columnists back so these problems don't fade from view.

"All these investigative bodies descended on Manchester and you would think more would have been done," Levenson said by phone. "But how can you investigate yourself? It was garbage. You can't explain it away."

Added Dr. Ted Daly, another reputable whistleblower: "I'm flabbergasted by their conclusions."

Levenson, Kois and the others cited dirty surgical instruments, flies in the operating room and mismanagement up top, but it was the mistakes made on patients with compressed spinal cord problems that were the most alarming and damaging.

Kois called it a "perfect storm" of factors. The Manchester VA had no neurosurgeons, forcing patients to the Boston VA in West Roxbury, which was overworked and not able to give the proper care.

Record keeping between Boston and Manchester failed to clearly show who needed surgery, and a doctor named Muhammad Huq, the former head of the spinal cord clinic at the Manchester VA, was found to be cutting and pasting notes in medical charts, meaning information remained unchanged for years.

Some whistleblowers and staff felt that upper management was more concerned with ratings and budgets than actual care, which led to the ouster of top officials once the story broke.

Caught in this perfect storm were nearly 100 patients with spinal cord problems, many of whom were never properly treated. Some ended up in wheelchairs, others were forced to use canes, and still others simply had to endure pain needlessly for years, for a condition that one doctor said often goes untreated in third-world countries like Nigeria.

But certainly not here in the U.S.

Try telling that to Warman, 67, an Army veteran who later served in the Air National Guard. His back pain went undiagnosed for years at the Manchester VA, leading to an endless supply of painkillers and a drastic change in lifestyle.

"They were not forthcoming on how to treat it," Warman told me. "It was like, 'Take two of these in the morning and have a nice day.' I was addicted to painkillers.

"I tried to have some kind of life and I kept asking for help and getting none," Warman continued. "They said they were not responsible."

Kois, new to the facility, first examined Warman in 2015. His response after viewing an MRI was “Holy s---.”

“It showed he had severe narrowing of the spinal canal,” Kois said. “I sent him for further evaluation and he had surgery and I saw him again and he was doing great.”

Pain remains, but Warman is strong enough to work at Cumberland Farms and deliver newspapers.

And then there’s Sweeney. After midnight, riding in the lead truck in a convoy of at least 30 vehicles, he heard a bang, saw a flash and, after running for cover and the adrenaline rush had worn off, awoke with his back “killing me.”

The Manchester VA sent him for physical therapy, which did nothing. Neither did steroids. Surgery was performed in Boston, but Sweeney awoke in even more pain.

He was told during subsequent checkups that the pain was a normal part of the recovery process, but the pain grew worse and he later was let go from his job with the Department of Transportation for missing eight months.

Sweeney said the VA eventually stopped taking his calls. He contemplated suicide. He drank a lot of beer. Then he went to see Kois, who took a CAT scan and told Sweeney, “I want you in my office, now.”

Sweeney pulled out his phone and showed me what Kois had shown him: a picture of his spine, with a screw inserted into bone, which was fine, and another screw penetrating a nerve, which was not.

“Permanent nerve damage caused by the VA,” Sweeney said. “I didn’t put that screw in there myself.”

But following 14-hour surgery to remove the misplaced screw at New England Baptist Hospital, Sweeney’s life changed.

“I was shocked that I was walking,” Sweeney said. “I went for a walk with the nurse and I felt good walking around. I’ll have contact with Dr. Kois for the rest of my life, if I can. Dr. Kois saved my life.”

There’s still pain, though. Sweeney has been taking steroid injections since January. He installs natural gas lines and hopes surgery in the future will return him to some sense of normalcy.

And, soon, his story and that of five others from across the country will be told in a documentary called, *The Care They’ve Earned*, an unflinching look at flaws and holes in the VA system.

Advanced screenings have been shown in selective theaters this summer. Sweeney didn’t know the film’s release date around here, and its producer, Justin Springer, was unavailable for comment.

Sweeney showed me a trailer on his phone, which included that CAT scan, the one that clearly showed those two screws in his back.

“I hope people see it,” Sweeney told me. “I lived it and it was still an eye-opener for me.”

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2. Greater Choice for Veterans

2.1 - OpsLens: President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure (29 September, Katie Begley, 5k uvd; Veda Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

The legislation will ensure “full-year funding through September 30, 2019, for projects and activities of the Federal Government included in the following appropriations bills: Energy and Water Development and Related Agencies Appropriations bill (Division A); Legislative Branch Appropriations bill (Division B); and Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (Division C).”

Record-level Funding to VA

The bill funds the Department of Veterans Affairs with \$86.5 billion, which the White House says is the “largest dollar amount in history for the VA.” \$73.1 billion of that funding will go to provide care and services for the 7 million patients the VA serves. The White House specifically highlighted the funding that will go to mental health programs, opioid abuse prevention, suicide prevention outreach, and rural veterans’ health programs. Other healthcare provided through the VA includes routine and illness care, injury care, outpatient services, and health screenings.

The new bill will also provide additional funding to improve the VA system, including previously passed VA MISSION ACT initiatives, and enhance the electronic records system that the VA currently uses to maintain health records and process eligibility. This is the largest VA spending bill that has been passed and signed.

“With this funding bill, we’ve increased the VA’s budget to the largest ever,” said President Trump at the signing. “We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we’ve gotten,” he continued, alluding to the VA MISSION ACT reforms passed back in June and the VA Accountability Act passed last year.

Funding for America’s Infrastructure

While the VA portion was the highlight of the signing event, other critical appropriations were also passed. Three of the 12 regular appropriations bills for 2019 were included in the legislation.

Other aspects will also benefit the military community. “The legislation provides \$15.14 billion to support a strong nuclear national security strategy,” said a White House statement. The specifics of how those funds are used was not released, but the White House did say that over \$11 billion will go to “maintain a strong deterrence posture,” \$1.7 billion would go to the Navy’s

nuclear assets, and \$1.93 billion would go to “keep nuclear materials from getting in the hands of bad actors.”

The bill will also provide additional funding to military construction and research and development for the nation’s electric grid. The Army Corps of Engineers will be maintaining and improving navigation, waterway, and port infrastructure with \$7 billion of funding.

Energy Infrastructure Budget Increases

The Department of Energy will also benefit from the legislation, with \$13.4 billion to their energy programs. The White House drew attention to the \$740 million that will go to furthering fossil energy technology and \$1.2 billion that will be used to conduct research and development with nuclear energy.

The bill focuses on improving infrastructure to build the future of the military, energy sector, and VA. “With this legislation, we are securing a better future for our citizens,” said President Trump. “We are modernizing our nation’s infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.”

Director of the Office of Management and Budget, Mick Mulvaney called the funding “critical investments in our military, our veterans, and our Nation’s infrastructure” in a statement.

The bill was sponsored by Rep. Michael K. Simpson (R-Idaho) in May of this year. It passed in the House and Senate in June.

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3. [Modernize Our System](#)

3.1 - WWAY (ABC-3): [Fayetteville VA Medical Center Re-Opens Wilmington Site](#) (29 September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center.

Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

Emergency VA doctors have come from around the country have come to lend a hand.

The center also opened the parking lot to the Virginia and Fayetteville clinic mobile units.

Some patients were in desperate need of this re-opening.

One patient, Kathy Sigg, who traveled to the site from New Bern, was so thankful to finally get the medical attention she needed.

“This was the third appointment that I rescheduled to be seen so when that happened to me Wednesday or whatever. I was really really upset to drive all that way and [see] red tape,” said Sigg.

The health care center is located at 1705 Gardner Road.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: [Veterans affairs director ends tour of duty](#) (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing.

That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You've got to talk to Woody.”

Woods, known to many as “Woody,” has served the past 12 years as Scott County's veterans affairs director. As of Sept. 14, he retired and handed over the duties to Ben Enlow, a fellow veteran and former Scott County Sheriff's corrections officer.

“I think we did help a lot of people,” said Woods, 68, who served in the Army during Vietnam. “I think of all the people who came in, what you (he) did for them. Really, they were just getting what they deserved, what they earned.”

As veterans affairs director, his role was to assist vets in navigating federal benefits, filling out compensation and pension paperwork, and connecting them to other resources. But Woods did more than the job description for his vets.

“It was an asset having him in that position,” said Lola VanDeWalle, founder of the all-volunteer Quad-Cities Veterans Outreach Center, which provides food, clothing and other services for veterans. “Some people do their jobs and do it well. Woody put his heart in it.”

VanDeWalle recalled Woods being among the first people to volunteer at the nonprofit nearly two years ago and expects he will continue.

“At our big food giveaways, he's here helping and meeting with the veterans one-on-one ... He works to make sure the vets are taken care of,” she said.

The two also would partner “if there is something above and beyond — something his office couldn't do.” VanDeWalle recalled how one of his veterans wanted to attend a funeral in Missouri. “We were able to get him a suit and a ride.”

One of her other early supporters was James Stout, a disabled veterans outreach specialist for Iowa Workforce Development, who also has worked alongside Woods for years helping veterans.

“He gave me the special cases that needed a lot of work done,” said Stout, a disabled veteran, who assists veterans with significant barriers to employment to find work.

“Dave brought a lot of patience to the table; his job was difficult,” Stout added. “He had to sit there and explain to people whether they were qualified or not for benefits. He dealt with a lot of spouses, widows.”

Over the years, Woods said he has a dramatic rise in the cases of PTSD among the younger veterans. “A lot of guys are doing five or six deployments, and that’s a big mental-health issue,” he added.

Stout recalled how on a single weekend, the area lost three soldiers and the toll it took on all of them. “He (Woods) got into another mode and he let everyone know we need to fix this.”

According to Woods, the office sees an estimated 110 to 120 veterans a month.

Enlow, his replacement, recalled how Woods’ helped him with his own benefits paperwork. Enlow saw two tours in Iraq while serving seven years in the 339th Army Reserve Military Police Co., Davenport. Most recently, he has worked 8½ years as a corrections officer at the Scott County Jail.

“I’m going to try to help vets get the benefits that they are entitled to and deserve,” said Enlow, a Quad-City transplant from Spragueville, Iowa.

Stout and VanDeWalle said it has been Woods’ personality and own experiences that have put veterans in his care at ease. “A lot of times when the veterans go to government offices they feel intimidated,” VanDeWalle said. “Woody is always approachable. He sits down and has lunch with them when he’s here (at the center). They feel comfortable and they feel he is their friend.”

Woods not only brought his own military experience but other life experiences to his career’s second act. The Clinton native served in the Army during Vietnam where he was injured in a firefight in June 1970 that claimed two of his platoon brothers. Their memory and sacrifice still brings tears to his eyes.

He later worked at Alcoa in security, where he retired after nearly 26 years amid a layoff. But a few months later, his wife, Marianne, said “You need something to do,” he said.

He found a volunteer job that first taught him how to help veterans at the VA Hospital in Iowa City file various claims. When the Scott County veterans job became available, he said he began to do the same work he had been doing as a volunteer.

Woods said making connections had been key — working with organizations such as the Veterans Administration, VA Hospital and Clinic, the outreach center and other local resources. He also regularly visited the area’s American Legion Posts, the Veterans of Foreign Wars and other veteran groups to keep them up to date on issues.

“A lot of guys are just coming down with something — diabetes or cancer,” he said particularly of the Vietnam vets. “We have a lot of people coming in and signing up for VA medical benefits.”

Woods will remain active with Honor Flight of the Quad-Cities, which he helped with many others to found 10 years ago. He will lead the Oct. 25 flight to Washington, D.C. Like every other trip, he will visit the 9 West panel at the Vietnam Wall, where his two friends' names are listed almost side by side.

"I'll go to 'the wall,' leave a cigar, and salute the two guys that got killed the day I got hit," he said.

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4.2 - WSIL (ABC-3): [Marion VA Presents Check to Combat Veterans Motorcycle Association](#) (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

MARION, Ill. — The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000.

The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

Organizers say the money will benefit the VA's Substance Abuse and PTSD awareness programs.

"The soldier that we honored utilized these programs and when he was using the program and doing the steps of the program," said CVMA 24-5 Commander David Hess. "He was able to get better and get the treatment that he needed; get the counseling that he needed."

Organizers urge veterans to take advantage of the VA's substance abuse and P-T-S-D awareness programs.

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4.3 - The Parthenon: [Local mental health professionals discuss anxiety and depression](#) (28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library.

The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

"I'm a veteran, I'm a Marshall graduate, I'm a director on this campus, and in 2009 I tried to take my own life," Jonathan McCormick, director of Military and Veteran's Affairs, said.

McCormick, who is a veteran of the U.S. Marines, said for years he has heard people say it is a priority to destigmatize mental health issues, and it maintains one for him today.

"Ten years ago, people tried to get me to get help because they realized something was different," McCormick said. "But I didn't want to be labeled crazy."

McCormick said those suffering from mental health issues like anxiety and depression should not avoid showing a vulnerable side of themselves to friends out of fear.

"I was terrified when I first opened up to my friends," he said. "But when you finally do, it's like you become a mutual support system for each other."

Being willing to show vulnerability does not reveal weakness, but rather exemplifies personal strength, McCormick said.

This was a sentiment panelist Aaron Upton said he and McCormick shared. Upton is a clinical psychologist at Herschel Woody Williams Veterans Affairs Medical Center in Huntington.

"It's always going to be uncomfortable, but we have to be able to talk about these things openly, honestly and in a way that is not judgmental," Upton said. "We have to remind our friends it's okay to reach out for help."

Upton said almost all people deal with mental health issues like anxiety and depression at certain points in their lives to various degrees.

"Too many times, mental illnesses are seen as a weakness instead of something that everyday people suffer from sometimes," Upton said. "It isn't all about medical treatment. Sometimes just having personal connections can be a major help."

Upton said it is essential to remember not to be overly focused on labels regarding mental health issues.

"Whether we call something anxiety or depression isn't what matters," he said. "What matters is how someone feels and how that affects them. There are plenty of mental health issues that don't have clear labels as disorders."

Dr. Marc Hettlinger, a primary care physician with Marshall Health, also said the focus should be on how people feel and how to help those who need it.

"Mental illness is a common problem everywhere that needs to be better appreciated and identified," Hettlinger said.

Hettlinger said anxiety and depression are often very real issues for college students and others, but they are not unmanageable problems.

"If you believe a friend is suffering from mental health problems, the most important thing you can do is be there for them and be willing to listen to them," he said.

Hettlinger said this can often be the first step someone needs to motivate them to reach out and seek help.

"Simply having someone to talk to and listen can really help the growing process for many people," Hettlinger said. "We aren't bulletproof. We all have issues from time to time. There are so many things that contribute to the way we feel on a daily basis. Someone suffering isn't always the person crying in the corner of the room."

Hettlinger said mental health symptoms and solutions will be different for different people.

"Everyone is different," he said. "Everyone's life is different, and everyone's brain is different. You have to be honest with yourself and understand it's okay to reach out for help."

Stephanie Ballou, director of disability services at Marshall, said being willing to ask for help is immensely important as well.

Ballou said many students she has met or worked with would rather suffer through their mental health problems than seek help from services out of fear of what others may think of them.

"Walk your friends to the Counseling or Health Center and help them have that first conversation if necessary," she said. "We have administrators who do this for students all the time, and sometimes it can be just what someone needs to start making progress."

It is essential to encourage all faculty get to know and understand their students as individuals, so they are better equipped to help with these issues, Ballou said.

This is one way administrators have helped Marshall student Kristin Cookson when she has suffered from depression or anxiety.

Cookson is working toward two master's degrees in mental health counseling and school counseling, and she works at Golden Girl group home for at-risk and troubled teen girls in West Virginia.

Utilizing campus clinicians and other mental health services is one of many ways Cookson was able to get help for herself, she said.

"It also really helped me when I realized I wasn't just broken, and I started learning coping skills," Cookson said.

She said one thing that cannot be stressed enough to those suffering from mental health issues is the importance of self-care. For Cookson, she said there are simple things she enjoys like playing her favorite video game or doing her makeup when she feels overwhelmed.

"Even if you only have 15 minutes, finding those things for yourself and making time for self-care will make a world of difference in how much progress you make going forward," Cookson said.

Some peoples' bodies do not naturally produce enough of certain necessary chemicals, and they do not deserve to be shamed for that, Cookson said.

"We don't shame anyone for needing to take insulin shots," she said. "So why would we shame someone for needing mental health medication?"

Cookson said mental health issues can be scary because sometimes someone suffering can show no warning signs at all. For those suffering, taking such simple steps to get help as making a phone call to a doctor can feel overwhelmingly difficult and scary, she said.

"If you care about someone, pay attention to them," Cookson said. "Tell them you're worried about them and talk to them if you're concerned."

McCormick said if he would have reached out for help years ago and gotten appropriate accommodations, he would have done immensely better in college and been much happier.

“There were times in college I would stare at my computer screen for hours too scared to log into my online class because how stressed and depressed I was,” McCormick said. “I would never have a problem telling someone I was ordered by a doctor to have shoulder surgery, so I think we should be comfortable talking about mental health issues as well.”

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5. Improve Timeliness of Service

5.1 - Star Tribune: [Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70](#) (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

Until 2009, when Furst was diagnosed with multiple myeloma, a cancer associated with Agent Orange. He had been repeatedly exposed to the chemical defoliant widely used by the U.S. military in Vietnam to flush out and starve enemy combatants.

Furst, of Eden Prairie, died from multiple myeloma Sept. 18 at age 70.

Furst grew up in the northwestern Minnesota town of Barnesville, where as a teenager he played bass guitar in a local band called the Caterpillars. He graduated from high school in 1966 and in November of the following year, he and three buddies from Barnesville enlisted in the Army, knowing they soon would be drafted.

Furst was a radio operator in the 23rd Artillery group. As a forward observer, he'd call in coordinates for artillery strikes. Furst and two of his three Barnesville friends did their tours and went home. One died in combat.

Back in Minnesota, Furst worked as a barber in Moorhead, and then owned a small bar for a while in Barnesville. He moved to the Twin Cities in 1974, where he worked as bartender for 25 years — though he personally quit drinking for good around 1980 due to alcohol addiction.

“He was good at bartending,” said his wife, Joan Furst, who met Tom in 1977 when they both worked in the bar at Hotel Sofitel in Bloomington. “He was fast and efficient, and he just enjoyed people. He had the gift of gab.”

In the decade before retiring in 2010, Furst switched occupations, working in shipping and receiving at two Bloomington companies. But a year before retiring, he began suffering from severe back pain and weight loss.

Furst was diagnosed with multiple myeloma, a cancer of white blood cells that accumulate in bone marrow. The U.S. Department of Veterans Affairs recognizes multiple myeloma as one of several “presumptive diseases” associated with Agent Orange exposure.

While Furst was pleased with his care from the Minneapolis Veterans Medical Center and proud of his service in Vietnam, he was bitter that soldiers were never told about possible ill effects from Agent Orange, Joan Furst said.

“He could never believe the government could treat its soldiers this way,” she said.

In 2012, Tom and Joan took a 15-day trip to Vietnam with Steve Christianson, a lifelong friend from Barnesville, and his wife. Christianson was one of the four Barnesville buddies — including Furst — who packed off at the same time to fight in Vietnam.

The 2012 return trip “softened” Tom’s anger about being exposed to Agent Orange, Joan said. “I think it gave him some peace.”

The tour was customized for veterans: Furst and Christianson were transported to sites where they fought. Furst visited a battlefield where he witnessed the death of a soldier he’d befriended during the war.

A short ceremony was held, and Furst laid a bouquet of flowers.

“It was very emotional and very moving, and I think it gave him some closure,” Christianson said.

Besides his wife, Furst is survived by a daughter, Nicole Larson; a son, Benjamin Furst; six grandchildren, and siblings Marlys Bernier, Vernon Desing and Gerald Furst. Services will be held at 11 a.m. Monday at Pax Christi in Eden Prairie.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article “VA rejects whistle-blowers’ complaints” (Sept. 22), the Globe reported on the Department of Veterans Affairs’ Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

Let’s set the record straight. The Office of Medical Inspector is headed by a retired naval officer with impeccable integrity and broad experience. It has medical staff skilled in investigating quality-of-care concerns. They took special steps to ensure this investigation’s fairness and objectivity. All cases identified by the whistle-blower went to a private firm, which sent them out for review by non-VA board-certified specialists. VA had no role in selecting them. When the care involved more than one specialty, multiple external reviews were done, with patients receiving up to three separate reviews. Copies of imaging studies were even forwarded for review.

In 95 out of 101 instances, the outside specialists found no shortcomings in care — a resounding refutation of the allegation of widespread mismanagement. I am very glad to see this vindication of the medical staff and leadership at Manchester.

Anyone concerned about the investigation's validity should simply read the report themselves. The findings are hard to refute, and they speak for themselves.

Dr. Michael Mayo-Smith

Franklin, N.H.

The writer is the retired network director of the VA New England Health Care System.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

The situation, caring for frail parents in their 90s and early 100s, can be daunting while the caregivers themselves are in their 60s or even 70s. The situation is forcing older adult children, some of them at or nearing retirement age, to decide if they are physically, mentally and financially capable of caring for a parent at the end of their lives.

Some take on the role of primary caregiver — reflecting how they were once cared for as a child by their parent; others must make a difficult decision to place their elderly parent in a care home.

About 10 percent of adults ages 60 to 69 and 12 percent 70 and older provide some type of care to their parents, according to a study by research economists Gal Wettstein and Alice Zulkarnain at the Center for Retirement Research at Boston College. This compares to about 5 percent of adults ages 30 to 49.

About 17 percent of adult children care for their parents at some point in their lives, and the likelihood of doing so rises with age, the study reports. “As baby boomers enter their 80s, a large increase in the demand for long-term care is likely, with a commensurate rise in the reliance on care from their children,” the study concluded.

Any time a child must care for an elderly parent, the challenges can be daunting. According to a study by the Centers for Disease Control and Prevention, caregivers providing for persons with high-burden diseases, such as cancer or dementia, experience “high psychological stress” and “report an average of nearly \$7,000 in out-of-pocket costs associated with caregiving each year.” Also, the Retirement Research study shows the time commitment for care gets longer as the adult child get older, with adults in their 70s spending about 95 hours a month caring for a parent.

The situation is not likely to change in the coming years: The U.S. Census Bureau projects that by 2030, “All baby boomers will be older than age 65. This will expand the size of the older population so that one in every five residents will be retirement age.”

It also projects that by 2035, for the first time in U.S. history, older people will outnumber children. Jonathan Vespa, a Census Bureau demographer, predicts “78 million people 65 years and older compared to 76.7 million under the age of 18.”

Siblings become team to aid mother

Tucsonan Norma Soto-Ramirez, 61, retired early from her job as an educator to help take care of her centenarian mother, Carmen Soto. Norma, one of seven children, said she and her siblings were unanimous in their decision to work together to keep their mother safe in her house.

Norma also was a caregiver for her father, the late Miguel D. Soto, who worked as a miner and truck driver. The siblings, now ages 59 to 73, gave strength to their mother and one another after their father suffered a massive stroke in 2000, dying in 2012 at age 90.

They continued caring for their mother, who was diagnosed with dementia in her late 80s and also suffers from anxiety. Her vision and hearing aren’t as sharp as they used to be, and she uses a wheelchair.

Son Juan Soto, 64, an educator who also retired early to help care for his mom, said her health significantly declined after their father’s death, and it was decided to hire a caregiver to spend nights with her while siblings helped during the day.

At one point, her medication for anxiety was causing her to worsen to the point where she “broke a window to escape from the house,” recalled son Henry Soto, 70. “She would not sleep at night. In the day, she would stand at the gate outside yelling for help for 45 minutes. She would try to climb over the fence. It was very stressful,” he said, noting that one caregiver quit because of the frightful episodes.

“We wondered and questioned, could we do this — care for her and keep her safe?” recalled Norma, informing her mother’s physician about her behavior.

After a few months, her medication was changed, and Carmen’s level of anxiety dropped, allowing her to remain at home.

Her mother took steps earlier in life to help her children carry out her wishes as she aged. On the refrigerator door at her home is a “do not resuscitate” order Carmen signed in 1998. She also made a living trust, a will and put Norma in charge of her medical decisions.

“I find strength in the love I have for her. Love gives me strength. She did so much for me. It is our turn now to do for her,” said Juan. “It is not a burden. It is a blessing caring for her. I was the last one to retire, and one of the reasons was because I wanted to be a part of this rotation.”

“Everyone is pulling their weight,” said Mike. Brother Henry explained that in most families the work falls on one or two, but splitting the work among seven makes it easier.

In 2016, the Pima Council on Aging surveyed 2,269 people ages 60 and older and found that 17 percent were unpaid family caregivers for an older family member, neighbor or friend, and 22 percent of the caregivers surveyed had no one to assist them, said Adina Wingate, an agency spokeswoman.

Pima County demographics show 25 percent of all residents are age 60 and older. In 2017, Arizona's population was estimated at 7 million, and by 2020, one in four Arizona residents will be 60 or older, according to state projections.

He advises caregivers not to be afraid to ask for help and call on community agencies for resources.

Browne's session also includes tips on managing time well, prioritizing a to-do list and how to deal with loved ones afflicted with Alzheimer's. He teaches caregivers how to make rooms safe by having clear walking paths, plenty of lighting and grab bars in a bathroom. Attendants also learned how to sponge-bathe a person in bed, safely use medical equipment and how to correctly transfer a person into a wheelchair or vehicle.

She Quit job to become dad's caregiver

Jaramillo, 90, lost his left leg to diabetes in 2017. He did not get a prosthesis because he suffers from Parkinson's disease, a progressive nervous-system disorder that affects movement, making it impossible for him to stand, Sharon explained. He also suffers from dementia.

"I had already been taking care of him. I knew his needs. It only made sense I do it full-time," explained Sharon, who receives help from sister, Bertha Speer, 59, who gives Sharon a break on Sundays. Their brother, Gilbert Jaramillo, 64, a retired warehouse worker, and his two daughters and other relatives also help when needed.

Ambrosio's body is sensitive, especially when moved from one location to another. He wears gloves to keep his hands warm because of circulation problems. Sharon administers his medications daily, including eye drops for glaucoma and pills to control his thyroid, cholesterol, blood clots, diabetes, dementia and Parkinson's.

"Mom deserved the best I could give her"

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues.

Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care. As a veteran myself, I get 100 percent of my care at the VA. I want all veterans to reap the benefits they have earned and deserve, and encourage all Veterans to consider allowing Manchester VA to be your provider of choice.

With a new leadership team made up of 75 percent veterans, Manchester VA is on a new path. We have taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans.

. Here are some of the steps taken since I came on as your medical center director:

. Taken 397 hiring actions and created 70 positions since July of 2017.

. Established Office an Office of Community Care.

. Established Outpatient Recreation Therapy.

. Doubled clinical support for suicide prevention.

These are just a few examples of what Manchester VA has done to improve care for all veterans. I encourage every Veteran to review their eligibility and take advantage of the vast resources available. For more information come in and see us at 718 Smyth Road, Manchester, N.H. or call Eligibility at 800-892-8384 x 6779.

ALFRED A. MONTOYA JR., Medical Center Director, Manchester VA Medical Center

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6. Suicide Prevention

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there.

Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

"Be There" was the theme of the first suicide prevention walk held off of the VA's campus on Spring Valley Drive.

"Any small act showing that you care," said Julie Brawn, Huntington VA suicide prevention coordinator.

The coordinators said they recently started sending monthly mailings to some of their veterans who are at risk.

"We had one veteran who said we were the only people who sent him a birthday card this year, so it's really important to have that sense of connection," said Deanna Stump, suicide prevention coordinator.

The walk included a balloon release for survivors to honor those they lost.

"Stigma is so big," said Debbie Milling, suicide prevention coordinator. "We used to use the word 'commit' suicide, but we don't say that anymore - we say people die by suicide, because it makes it sound like it's a criminal act and we are trying to take that away. Family members are able to come out and feel free and non-judged in these kind of surroundings."

The prevalence of suicide among veterans is high. About 20 veterans a day across the country take their own lives, and veterans accounted for 14 percent of all adult suicide deaths in the U.S. in 2016, even though only 8 percent of the country's population has served in the military.

According to a story in the Military Times, the suicide rate among all veterans decreased slightly but the rate among young veterans increased dramatically, per statistics released last week by the U.S. Department of Veterans Affairs. The suicide rate of veterans ages 18 to 34 steadily increased from 2006 to 2016, with a jump of more than 10 percent from 2015 to 2016. That translates into 45 deaths per 100,000 veterans, the highest of any age group.

But since the majority of veterans are older, the majority of suicides are also among older veterans. Nearly 60 percent of veterans' suicides in 2016 were from individuals 55 or older.

Veterans who have regular contact with VA health services are less likely to die by suicide than those with little or no interactions, the Military Times story said.

The suicide prevention coordinators said loved ones should be on the lookout for feelings of depression, feeling like a burden, giving away belongings, sleeping more and substance abuse. They said to ask questions and listen to your veteran.

Veterans and their families and loved ones can call the Veterans Crisis Line at 800-273-8255 for help. They can also text 838255 or visit VeteransCrisisLine.net for assistance.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

"Our hope was that when Chad turned 21 he was going to evict Mom and Dad," Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse's South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

The Erickson family, including adult daughters Kristin and Shannon, have wondered for years what to do with the seven-bedroom, four-bathroom home.

But it had such sentimental value that they couldn't just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, "At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barbra Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills."

"It presents not only the potential for conflicts among the residents themselves and staff, but also presents safety issues for the families in the surrounding residential neighborhood and specifically exposing children to behavioral, mental health and anger issues that they should not have to experience, hear and/or witness," the Jansens wrote.

"We want the veterans to have a safe place, where they can finish doing their healing and make this next transition." Dave Erickson

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

According to a Roseburg VA press release, an independent team evaluates and compares cemetery performance against National Cemetery Administration standards, including customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facilities, equipment and facility maintenance, and safety of visitors and employees.

"This is an extraordinary accomplishment for the community and the hard-working, dedicated team of Roseburg National Cemetery," said Roseburg National Cemetery Director Andrew Matthews. "We're honored to serve Veterans and families in a national shrine. We'd like to

thank all of our partners in the community and beyond for helping us serve and fulfill our promise to Veterans every day.”

The award statement reads “In recognition of superior organizational performance in key areas of importance to the National Cemetery Administration (NCA) and its customers. The Roseburg National Cemetery has demonstrated exemplary performance equal to or exceeding national targets in key management and operational areas. The cemetery’s performance positively supports NCA’s key satisfaction drivers of customer service, cemetery service, and access to information.”

Burial in a VA national cemetery is open to all members of the armed forces and veterans who have met minimum active-duty service requirements and were discharged under conditions other than dishonorable. Members of the reserve components of the armed forces who die while on active duty or who die while on training duty under certain circumstances are also eligible for burial, as are servicemembers and former servicemembers who were eligible for retired pay at the time of their death.

A veteran’s spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial, even if they predecease the veteran.

The VA provides the gravesite, grave liner, opening and closing of the grave, government headstone or marker, U.S. burial flag, Presidential Memorial Certificate and perpetual care of the gravesite at no cost to the family.

Information on VA burial benefits is available from local VA national cemetery offices, online at www.cem.va.gov, or by calling VA regional offices toll-free at 800-827-1000.

Locally, the Roseburg National Cemetery was established in 1897 to serve veterans residing at the Oregon State Soldiers’ Home, which now serves as the home of the Umpqua Valley Arts Center. The Home itself opened in 1893 to “provide a home for honorably discharged soldiers, sailors and marines who had served in any wars in which the United States was engaged, or who served in the Indian Wars of Oregon, Washington or Idaho, provided they were or might become citizens of Oregon.”

Thank you, Roseburg National Cemetery, on behalf of the veterans and families you serve!

God bless our veterans and God bless America.

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7.3 - Yo! Venice! [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

“None of us should be able to sleep at night as long as a veteran is sleeping on a sidewalk or under a bridge,” said Councilmember Mike Bonin who represents Venice. “Veterans have

suffered from generations of broken promises. Bridge housing at the VA represents positive changes being made. This partnership is a down payment on the housing and services the local VA is going to deliver.”

This partnership between the City of Los Angeles, the County of Los Angeles and the Department of Veterans Affairs will provide transitional housing for up to 100 homeless veterans. The facility, which is expected to open in early 2019, will include personal hygiene centers, laundry facilities, 24-hour security and supportive services. Funding will come jointly from the County and the City and the Department of Veterans Affairs will provide on-site case management and supportive services.

“I’m happy to be keeping our promise to the many veterans experiencing homelessness by taking this first step and building bridge housing on the VA campus in Brentwood,” said Los Angeles County Supervisor Sheila Kuehl. “Last year, the Homeless Count showed that we had reduced veteran homelessness by 18 percent. One neighborhood at a time, one veteran at a time, we are working to ensure that every vet in the County has a place to call home.”

This Bridge Housing facility will be temporary — and not to be visible from the exterior of the campus — as the VA constructs out its Draft Master Plan, which will provide 1200 units of permanent supportive housing on the campus.

“Building 1,200 units of Permanent Supportive Housing through the Draft Master takes time and there are homeless Veterans who need services now,” said Heidi Marston, Director of Community Engagement and Reintegration at the West Los Angeles VA. “It will take all of us to end Veteran homelessness and Temporary Bridge Housing for our Veterans in need will bring us one step closer,”

The VA bridge housing site will include two tension membrane structures in addition to modular trailers to provide space for sleeping, supportive services and personal hygiene. The construction is expected to cost \$5 million. Bonin introduced legislation on September 25 that would allocate the City funds and direct the department to begin work. Kuehl is expected to introduce legislation to allocate the County funds in the coming week.

The facility is part of Mayor Eric Garcetti’s “A Bridge Home” proposal, which calls for a number of bridge housing sites in each of the L.A.’s 15 council districts.

“A Bridge Home is about getting homeless Angelenos off the streets as quickly as possible on their way to permanent housing — and I am grateful to all of my Council colleagues for stepping up to meet this challenge,” said Mayor Garcetti.

Bonin applauded the effort of the local residents in supporting the City and County’s effort to house homeless veterans in the VA campus. Unlike the bridge housing project planned in Venice at the MTA lot, the VA bridge housing facility was met with wide-ranging support.

“Residents of Brentwood and West LA believe strongly that we must keep our commitment to our veterans, and that land deeded specifically for veterans is the right place to do it,” Bonin said. “Local homeowners associations are eager to be strong, supportive partners to these efforts, and I am inspired and honored by their partnership.”

The City of Los Angeles opened its first bridge housing facility in downtown L.A. earlier this month. Bonin has proposed a second Westside location, in Venice, an area with one of the largest unsheltered homeless populations in the city.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

In recognition of their efforts to address veterans' homelessness, Veterans Community Project was presented with the 2018 Silver Star Families of America Commendation Award in a recent ceremony at their headquarters in Kansas City, Missouri.

A nonprofit based out of Clever, Missouri, the SSFOA's primary mission is to recognize and support veterans who are wounded, injured, or have acquired an illness related to their service in a combat zone — regardless of service branch or military conflict.

The commendation can be awarded to military or civilian personnel and departments or organizations who have positively affected the lives of wounded and ill veterans.

Previous commendation recipients include former President George W. Bush, Gen. David Petraeus, Ann-Margret, Gary Sinise, WWE, the bands Mötley Crüe and 3 Doors Down, in addition to the Kansas City Royals.

This year, the SSFOA founders selected Veterans Community Project for their dedicated work toward ending veteran homelessness through the construction of tiny houses in a community known as "Veterans Village." Founded by veterans and funded through private donations, VCP's program also helps provide veterans with the skills needed to successfully reintegrate into society and the workforce, including classes on money management, cooking, shopping for groceries, legal assistance, searching for employment and coping with trauma.

"Every year we receive a number of nominations for both individuals and organizations that have gone above and beyond in assisting veterans, but Veterans Community Project appeared to rise above the rest for their dedicated efforts in addressing the issue of veteran homelessness," SSFOA founder Steve Newton said.

He added: "We appreciate the selfless enthusiasm demonstrated by organizations such as this, who choose to use their experiences and resources to connect to their fellow veterans and support causes benefiting the veteran community. That is why it is my distinct honor to recognize Veterans Community Project as the 2018 recipient of the SSFOA Commendation Award."

As part of the presentation, an SSFOA representative presented two of VCP's four co-founders — Brandonn Mixon, a U.S. Army veteran, and Brian Meyer, a U.S. Marine Corps veteran — with a plaque, a Silver Star Families service flag and challenge coins.

In addition to the range of supportive services that VCP provides to homeless veterans, cofounder Brian Meyer explained, their Veterans Village remains their cardinal program and there are plans to expand the concept to other communities throughout the United States in the future.

“The transitional housing we provide for veterans are small homes that are 240 square feet for individuals and 320 square feet for veterans with families,” Meyer said. “Here in Kansas City, we are developing the village on a lot that is just under 5 acres and was purchased from the city for a very nominal cost,” he added.

Meyer went on to explain, in addition to being energy efficient and handicap accessible, there will eventually be 49 homes constructed on the property owned by VCP. The homes, he added, are built on concrete foundations, have utilities and are fully sanctioned by the city.

Mixon noted the VCP has also established a unique arrangement with the Kansas City Area Transportation Authority and the Kansas City Veterans Administration to provide free bus rides for veterans in the community. The program is financed through a sponsorship by the Greater Kansas City Labor Unions/AFL-CIO.

“One of the reasons VCP was established in the Kansas City area and not in a rural community is because all of the resources, such as transportation, that are in the city — it is where the largest concentration of supportive resources exists,” Mixon said.

Acknowledging the honor of receiving the annual award from the Silver Star Families of America, Mixon admitted it was an unexpected realization a few years ago that led to his decision to seek ways to support his fellow veterans who found themselves in difficult circumstances.

“I saw a homeless veteran on the street corner here in Kanas City a few years ago who was holding up a sign that asked for help,” Mixon said. “I kept thinking about that man and realized that he could have been one of my fellow soldiers serving in Afghanistan who had my back and was willing to take a bullet for me.”

He added, “Now, through our work at VCP, I feel that I can grab him by the back of his shirt and carry him to safety, demonstrating through our efforts that we have his back and are here to help him get back on his feet.”

For more information on Veterans Community Project, visit veteranscommunityproject.org.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena’s only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off.

The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

According to Desiree Bain, director of the Montana Veterans Foundation who manages the home, the Department of Veterans Affairs provided a grant to the Willis Cruse House for more than a decade. The VA paid a specific amount for each person that occupied the home.

“For every guy that stays here, I can bill the VA and they will reimburse. We’re always a month behind, but still, consistent funding,” Bain said.

However, that changed when the VA denied the application this year for the grant. Bain said the VA did not provide the transitional home with a reason for the denial.

That puts the future of residents at the home, like Donald Burley, into question. Burley is a disabled army veteran who formerly lived with a woman in Townsend, but he says that didn’t work out.

“Things didn’t work out, and I needed a place to go,” Burley said.

Burley found it hard to qualify for most places to live because of his income, and he was put on waiting lists.

Eventually, he found Willis Cruse. Burley said it was the outpouring of support, particularly from staff at the house, that helped him focus not just on his mental health, but his failing physical health.

“When I moved in, my health condition was so bad I probably wouldn’t be around,” Burley said.

It’s a similar story for Gurney Lee Garrett, an Air Force veteran recently released from prison. The prison released Garrett to Willis Cruse for rehabilitation. Garrett said the home has provided him with a place to get back on his feet.

“I got real social fears. Social anxiety. It’s hard for me to go out in public. So here, I feel calm and peaceful,” Garrett said.

Bain is fighting to keep the house open and keep services running for the veterans who live there.

“The community so needs this. Without us there’s nothing. There’s no back up plan besides God’s Love and they are already so over capacity all the time,” Bain said.

While the VA grant ends at the end of September, if another grant isn’t secured, Bain said she’ll be back on the street going door to door asking for donations.

Bain said walk-in donations are welcome at the home located at 1112 Leslie Avenue in Helena. You can also donate online and learn more about the organization by clicking [here](#).

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

WILMINGTON — Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

At Northampton alone they met with over 200 injured servicemen and women, and founder and president Paul Cardello thinks they'll have visited 1,000 by the time their tour is over.

In their six-month focus on veterans in the New England healthcare system, the iPods team has so far been to VAs in Providence, RI; White River Junction, VT; and Bedford, MA.

"No other group has ever attempted this before," Cardello said. "It's a year's work that we're doing in six months."

With their name growing after years of visiting the D.C. area, he shares that the injured servicemen and women have been waiting for iPods to get there.

While Massachusetts has three VA hospitals, states like Maine and Connecticut have only one VA hospital. This means that these hospitals have more injured servicemen and women in need of all of the donations that iPods brings along with them — including knitted hats, scarves, and gloves from the Wilmington and Billerica senior centers, toiletry bags made by the Local Heroes Club, and laptops and iPad minis from Cornell University.

Their trip to Northampton was their biggest event ever, Cardello continued. The iPods team was joined by a group of Wilmington High School students at the Leeds hospital.

"[Our visits] puts a lot of smiles on these people's faces," he shared.

With funding complete to the end of the year, the team and their over 100 volunteers are amazed that they get to encounter this many veterans and bring them something to help get them through the day as they recover.

Of course, this tour could not happen without the support of sponsors and everyone in the community. Besides the senior citizens of Wilmington and Billerica, the high school's Local Heroes club is always making new gifts to bring.

"It's kind of exciting that our community all took it up-on themselves to be a part of this."

Cardello also offered thanks to the people of Wilmington who have supported and continue to support them with all of the work that they do. And he knows that there's a lot of work left to do.

Next month, Cardello and the rest of the iPods team members will visit the West Haven, CT VA hospital on Oct. 20 with students from St. Sebastian's School; and on the 27th they'll take students from Malden Catholic to the VA in Augusta, ME. Then in December they go to the VA on the south shore and on Jan. 5 they visit Manchester, NH. They're planning to hit every veterans hospital in New England before the six months is up.

iPods is also excited for the first time to join the Columbus Day Parade this year on by invitation from Mayor Marty Walsh. The Oct. 7 parade celebrates Boston's heritage, particularly to honor Massachusetts's military in their commitment to freedom.

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8. [Other](#)

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Cc:
Bcc:
Subject: FW: 30 September Veterans Affairs Media Summary and News Clips
Date: Mon Oct 01 2018 11:16:47 CDT
Attachments: 180930_Veterans Affairs Media Summary and News Clips.docx
180930_Veterans Affairs Media Summary and News Clips.pdf
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Please send and have Commissioners review/read clip 1.1. Thanks much.

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From: (b) (6)
Sent: Sunday, September 30, 2018 5:22 AM
To: Barbaricum VA Media Analysis
Subject: [EXTERNAL] 30 September Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1749657-000001

Owner: Leinenkugel, Jake </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoleinet>

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Last Modified: Mon Oct 01 10:16:47 CDT 2018



Veterans Affairs Media Summary and News Clips

30 September 2018

1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms. Miller was advised to visit his local VA emergency department, which he did immediately.

[Hyperlink to Above](#)

1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors. In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

[Hyperlink to Above](#)

1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them. Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

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2. [Greater Choice for Veterans](#)

2.1 - OpsLens: [President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure](#) (29 September, Katie Begley, 5k uvd; Veda Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

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3. Modernize Our System

3.1 - WWAY (ABC-3): Fayetteville VA Medical Center Re-Opens Wilmington Site (29 September, Monique Robinson, 189k uvm; Wilmington, NC)
Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center. Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: Veterans affairs director ends tour of duty (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)
Just a few weeks into his retirement and David Woods' phone has not stopped ringing. That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You’ve got to talk to Woody.”

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4.2 - WSIL (ABC-3): Marion VA Presents Check to Combat Veterans Motorcycle Association (29 September, Baylee Steelman, 162k uvm; Carterville, IL)
The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000. The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

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4.3 - The Parthenon: Local mental health professionals discuss anxiety and depression (28 September, Douglas Harding, 3k uvm; Huntington, WV)
Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library. The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

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5. Improve Timeliness of Service

5.1 - Star Tribune: Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70 (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)
Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#)

(30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article "VA rejects whistle-blowers' complaints" (Sept. 22), the Globe reported on the Department of Veterans Affairs' Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#)

(29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

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5.4 - Union Leader: [Reaching out to veterans](#)

(28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)
I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues. Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care.

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6. [Suicide Prevention](#)

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#)

(29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there. Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#)

(29 September, Jourdan Vian, 822k uvm; La Crosse, WI)
When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989. "Our hope was that when Chad turned 21 he was going to evict Mom and Dad," Barb Erickson said in an interview Wednesday.

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

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7.3 - Yo! Venice!: [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena's only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off. The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Washington - Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms.

Miller was advised to visit his local VA emergency department, which he did immediately.

According to an inspector general report, Miller was admitted to the Minneapolis mental health unit after he described in detail symptoms of severe emotional anguish to VA clinicians. After four days under observation, he was discharged.

Miller exited the hospital upon being released from care but never left the facility's grounds that day.

Police found him dead in his car from a self-inflicted gunshot wound less than 24 hours later. With the permission of Miller's parents, Minnesota Democrat Rep. Tim Walz, the ranking member of the House Veterans Affairs Committee, shared this tragic story during a hearing on Capitol Hill on Thursday as lawmakers addressed the issue of suicide prevention among veterans and former service members.

"It is infuriating to know that there is a possibility that Justin's death could have been prevented. It should outrage us all that an entire health care system failed at something so serious and that it claimed to be their highest clinical priority," Walz said.

Investigators were unable to determine "that any one, or some combination, was a causal factor" in Miller's death, despite identifying several "deficits in care provided to the patient."

However, the investigation did find that staff members at the Minnesota medical center, including the suicide prevention coordinator, did not properly follow protocol while handling Miller's case and, according to Walz, failed to utilize the three-step REACH VET process, in which a clinician can assess a veteran's risk of suicide so that he or she receives the proper level of care.

"This is profoundly unacceptable," the Minnesota Democrat said about the inspector general's findings, which he called "deeply disturbing."

And that frustration was only compounded by the fact that this was not the first time the inspector general had investigated many of these shortcomings.

"The finding that the Minneapolis VA failed to sufficiently sustain relevant recommendations OIG made in 2012 should outrage us all," he said.

Paul Sherbo, a spokesman for the Minneapolis VA Health Care System, told CNN that their "deepest condolences go out to Justin Miller's family and loved ones" and said that in response

to his suicide and the inspector general's review, they have redoubled their efforts "to ensure every Veteran receives the best possible care. This includes improving care collaboration across departments and disciplines -- from initial treatment and planning to discharge and medication management -- and engaging family members in Veterans' mental health treatment plans, whenever possible."

Sherbo added that the Minneapolis VA Health Care System has started implementing the inspector general's recommendations and would complete all but one this year. He also encouraged veterans in crisis to visit the nearest VA health care facility, where they can receive same-day urgent primary and mental health care services, and provided the 24-hour national suicide prevention hotline: 1 (800) 273-8255.

Young veterans at risk

The circumstances surrounding Miller's death, including his age and the use of a firearm, also seem to highlight two of the major issues related to veteran suicide, according to data outlined in a new report released by the VA on Wednesday.

The suicide rate among younger veterans who, like Miller, fall between the ages of 18 and 34, continues to increase, a VA analysis of suicide data from 2005 to 2016 reveals.

"Rates of suicide were highest among younger Veterans (ages 18--34) and lowest among older Veterans (ages 55 and older). However, because the older Veteran population is the largest, this group accounted for 58.1 percent of Veteran suicide deaths in 2016," the report says.

The use of firearms as a method of suicide also remains high, according to the data, as the percentage of suicide deaths that involved firearms rose from 67% in 2015 to 69.4% in 2016.

Although the overall number of suicides among veterans decreased slightly between 2015 and 2016, the VA is bracing for an increase over the next five years as thousands of Vietnam veterans enter mid-60s, joining what is already the largest age group.

Additionally, VA officials acknowledged that the average daily number of veterans who take their own lives has held steady for years despite efforts to combat the problem.

"In 2016, about 20 current or former service members died by suicide each day. Of these, six had been in recent VA health care and 14 had not," VA spokesman Curtis Cashour told CNN, explaining that Wednesday's suicide prevention report defines veterans "as those who had been activated for federal military service and were not currently serving at the time of their death."

"VA also presents the yearly suicide count of never federally activated former Guardsmen and Reservists," he said.

This report "simply reiterates what many of us have known for a long time: that our fight to end the tragic epidemic of veteran suicide is far from over," Walz said in a statement.

"We must continue to work together to provide veterans with immediate access to quality, culturally competent mental healthcare and make bipartisan progress toward eliminating veteran suicide entirely," he said.

VA officials have said they would prefer to move away from using the per-day metric as an indicator of suicide rates, arguing that it does not account for changes in population size and can be misleading.

But for now, lawmakers and department officials seem to believe that number appropriately underscores the severity of the issue.

"Most of us have heard VA's staggering and heartbreaking statistic that every day, twenty veterans end their own lives. Twenty," Republican Rep. Phil Roe, chairman of the House Committee on Veterans' Affairs, said during Thursday's hearing ahead of testimony from several suicide prevention experts.

"We also know that over the past several years VA has invested significant resources towards addressing that number which stubbornly has not changed ... We have the expertise. We have the support of the President. We can and must reduce suicide among veterans. There is no excuse not to," he said.

Where is the money going?

President Donald Trump's recently confirmed VA Secretary Robert Wilkie told Senate lawmakers Wednesday that suicide prevention is a top priority for the department under his leadership and noted that the VA published "a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA health care system as well as those who do not come to us for care."

He also highlighted the executive order signed by Trump in January intended to assist service members and veterans during their transition from uniformed service to civilian life, "focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide."

But despite a new budget of more than \$200 billion, some critics argue that the VA continues to spend its money in the wrong ways.

"Senior leaders like awareness campaigns and spend millions of dollars on them. They make a big splash in the media. It is measurable in how many outputs -- "views" or "hits" websites or social media pages get --- but does not generate outcomes," according to Jacqueline Garrick of the Whistleblowers for America.

"These campaigns do not work because they cannot change behavior," she said in a statement to Congressional lawmakers.

Rajeev Ramchand, a suicide prevention expert at the Rand Corp., told CNN that "while it may make people feel good, there is very little evidence that public awareness campaigns have a significant impact on suicide rates.

"We do have evidence that public screening at emergency departments can reduce future suicide attempts," he said.

However, he did note that areas with less evidence "should not be ignored as a comprehensive view of veteran suicide prevention requires a thorough understanding of the environment where those events are occurring."

In addition to developing and addressing the limitations around analytical tools like REACH VET, Ramchand told CNN that there are also a lot of things that "we know work," including initiatives that promote screening patients at emergency departments and then identifying those who are high-risk so that they receive the appropriate care.

"Promoting quality evidence-based care ... we know these things work, so let's get people to do them and do them more systematic way," he said.

Troubling allegations

In a written statement submitted to Congress, Garrick also said that her organization has been contacted by several VA employees who shared troubling accounts of workplace dysfunction that are having a direct impact of the quality of care provided and seem to undermine the programs currently in place.

"At one VA medical center, a suicide prevention coordinator reported that they do not have time to complete suicide assessments or write prevention plans with every veteran who potentially needs one because of the case load and its complexity," Garrick said.

"She had 35 patients at one time. Administrators directed to note patients as 'moderate risk' for suicide so as not to raise red flags in the system. When a veteran died by suicide on VA property, her supervisor refused to conduct a root cause analysis because that would be too time consuming," she added.

According to Garrick, this VA employee asked to remain anonymous due to fear of retaliation for speaking out.

CNN has independently contacted the employee and agreed withhold their name and place of work at the request of the individual.

When asked for comment about the broader issue raised in the whistleblower statement, VA spokesman Curtis Cashour would only say: "VA asked CNN for specific details regarding these allegations so the department could look into them, and CNN could not provide them."

"CNN's publishing of such vague allegations without any details that would allow the department to investigate them is highly irresponsible because it does nothing to help fix any issues that may exist and could actually discourage Veterans from seeking VA care," Cashour said.

Griffin Anderson, a spokesman for the Democrats on the House Veterans Affairs Committee, told CNN that lawmakers take the allegations in the Whistleblowers of America report seriously and that the statement "certainly alludes to an alarming and unacceptable trend that we are going to look into."

While the committee has not received a formal complaint pertaining to this specific allegation, Anderson said that lawmakers would work with the suicide coordinator in question to pursue an OIG investigation should they come forward.

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1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors.

In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

"The OIG noted that facility leaders were actively engaged with employees and patients and were working to improve overall satisfaction," the report states. "Organizational leaders support efforts related to patient safety, quality care, and other positive outcomes."

The hospital was given a three-star rating last year and the report indicates it may keep that rating when 2018 figures are announced. VA hospitals are given ratings from one to five stars.

"We've corrected a lot of our issues," said Wade Vlosich, the hospital's director. "Our goal now is just to continue to improve the way we provide care and we've got a lot of great things coming up."

March reports

During one week in late March, the VA's inspector general released two reports on the Oklahoma City VA Medical Center. The first found construction projects there were \$10.8 million over-budget and years behind schedule. The second found the center could not properly account for millions of dollars in payments to a medical school and part-time doctors. The University of Oklahoma later repaid the VA about \$14,000 as a result.

The report released Thursday was much more positive. It did find a problem with some delayed cancer diagnoses but said that problem has been resolved.

"Facility managers reported that the most significant trend identified eight patients who had delayed cancer diagnoses," the report states. "Facility leaders took corrective actions, including the removal of the responsible provider, and conducted institutional disclosures."

Vlosich, who took over the hospital in mid-2016 following high-profile deaths and rapid staff turnover, was quick to make changes and has generally been lauded by politicians and inspectors for doing so. The hospital recently opened a parking garage, alleviating its well-known parking problem.

"Now that the parking garage is open, I have not gotten any complaints," said Vlosich, who previously received as many as eight complaints a day about parking.

High admissions

Admissions at the hospital remain high. Over the past two years, when admissions at VA hospitals were declining nationwide, the Oklahoma City VA saw a 9.3 percent increase in the number of patients admitted. Some elderly veterans are simply left on the hospital's front steps by family members with nowhere else to turn, Vlosich said.

An emergency room is being expanded and urgent care clinic added. Construction on an eye clinic continues and a geriatric psychiatric unit will likely be opened this winter. A specialty care clinic will open even sooner, likely in late October or early November, according to Vlosich. In the western Oklahoma city of Clinton, a clinic soon will be built.

In Oklahoma City, a campus for homeless veterans is being constructed, complete with immediate needs like showers and a food pantry, along with primary care providers, social workers and mental health managers. Construction is underway and it could open by the end of the year.

“Overall,” Vlosich said, “I think we've done a really good job when you compare where we've been and where we're going.”

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. Photo Credit: Johnny Milano

The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

Allegations that the shortages led to the deaths of two patients, overtired nurses and a host of other problems triggered a yearlong investigation by the Veterans Affairs Office of the Inspector General, the department's independent watchdog.

As of two weeks ago, the Northport VA Medical Center, which includes the nursing homes as well as a hospital and manages a half-dozen community clinics, had 175 vacancies for key personnel such as nurses and doctors, nearly 10 percent of its 1,800-member staff.

The investigation, launched last September, found that Northport's senior leaders knew about the staffing shortages, mismanaged the nurses to fill the gaps and allowed overtime costs to balloon to \$1.5 million in 2017, a nearly \$750,000 increase from the year before.

VA officials in Washington also determined that leaders who have since either retired or resigned had pressured nursing home managers to accept new patients when there weren't enough nurses to properly care for everyone.

The inspectors, however, stopped short of attributing any patient death or serious injury to staffing shortages, citing what they described in their 37-page report as the “many variables” that go into high-quality patient care.

In an addendum to the report, Northport's interim director, Dr. Cathy Cruise, said she agreed with the findings and would address the staffing shortages.

"Thank you for the opportunity to review our processes to ensure that we continue to provide exceptional care for our Veterans," Cruise, who has been on the job since mid-July, told investigators in her response.

In the past decade, the inspector general's office has sent investigators to Northport a handful of times to investigate specific complaints, many tied to aging infrastructure, dirty conditions and management turnover. In the past 18 months, Northport has had four medical center directors, three chiefs of staff and three nursing department directors. All the positions also have a role in overseeing the nursing homes.

Already this year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning and the medical center director resigned in July after only a year on the job. And in a 2017 anonymous survey released in April, employees reported broken medical equipment, understaffing, filthy conditions and unresponsive management.

The watchdog's latest findings come as Senate Minority Leader Chuck Schumer (D-N.Y.) is pushing the VA to put Northport at the top of its list when it starts handing out hiring funds included in its new \$86.5 billion budget.

Earlier this month, at the Elmont American Legion Post, Schumer called on the VA to place Northport "at the front of the line" because Long Island has roughly 130,000 veterans, one of the highest concentrations in the nation. Northport, the only VA medical center in the 120 miles between Montauk and Manhattan, cares for upward of 30,000 patients a year.

Overtime and hiring

Investigators put much of the responsibility for the staffing shortages on senior leaders at the time, notably the directors of the medical center and the nursing department. Both are now retired.

"Federal employees are expected to be good stewards of government resources," the report said. "The OIG found a mismanagement of ... senior leaders."

The two officials, the report said, not only knew about their stretched staff but perpetuated the shortages by not quickly filling vacancies or failing to consider other staffing options such as part-time employees, nurses from a temporary employment agency or a reduction in nursing home residents, the report said.

The medical center director, for example, failed to act on plans by nurse managers that would have complied with recommended staffing levels at each of the four nursing homes, the report said.

In another instance, the report said, the nursing department director changed a staffing algorithm that reduced the number of nurses that experts determined were needed to properly care for patients. Staffing records for 75 randomly chosen days in 2015, 2016 and 2017 showed the nursing homes routinely operated with less than two-thirds the recommended number of employees.

To cover the gaps in staffing, the report said, officials turned to overtime. The nursing department director, at first, directed that she had to authorize overtime. Within weeks, the report said, her directions changed and officials much lower in rank had approval power.

In addition, the report said, the Northport medical center didn't have accounting measures that allow nursing managers to track each nurse's overtime day to day so they didn't know the number of hours until after it had been worked. Data showed the top 2 percent of overtime payouts went to nurses who worked more than 80 hours of overtime within a two-week pay period. The VA defines excessive overtime as 40 or more hours within two weeks.

The extra hours racked up, numbers in the report showed. From fiscal 2016 to fiscal 2017, overtime costs rose from \$730,953 to \$1.5 million — nearly a third of the medical center's total overtime spending of \$4.7 million, more than twice the \$2 million overtime budget. Northport, the report said, spent more on overtime than it would have if it had filled its vacancies.

Northport's hiring procedures made it difficult to fill vacancies, the report said. The nursing department had the automatic authority to fill positions but slowed the process primarily by seeking out job candidates with qualifications far higher than the VA's minimum standard and by delaying start dates for months, which led many applicants to take other jobs.

The medical center preferred to hire applicants who had a bachelor of science degree in nursing and five to seven years of experience, though the VA only requires registered nurses to have an associate degree and no experience. A registered nurse and a nursing assistant were hired in January 2017 but took jobs elsewhere after they received start dates in July 2017.

When Scott Guermonprez came on as medical center director in June 2017, the report said, he began putting measures in place to address the staff shortages, such as speeding the hiring process and creating a pool of "intermittent staff." Guermonprez resigned two months ago after a year on the job.

Two nursing home deaths

Whistleblowers on Northport's staff alleged the nursing department's practice of filling vacancies with nursing supervisors and nurses on overtime put nursing home residents at greater risk of "adverse events," the report said.

Their allegations involved two deaths, both in 2017. Investigators did not name the men.

Early in the year, the report said, one man apparently choked at dinner in the dining hall while nurses attended other residents. The man was found slumped over the table.

Months later, a man died from complications from a fall he took during an overtime shift for a nursing assistant. The employee, investigators found, had already worked 14 hours that day and had pulled 16-hour shifts in each of the five previous days.

While investigators could not determine whether staff shortages precipitated the deaths, the report pointed out that health care experts typically warn that too few nurses on a shift and nurses working too many overtime hours in a workweek lead to more incidents that put patients at risk.

Understaffed shifts in particular have a higher rate that medical literature cited in the report describes as “nurse-sensitive outcomes” such as surgical infections, bed sores, pneumonia or potentially fatal blood clotting.

Admissions pressure

Nursing home managers determine whether they have enough nurses to adequately care for patients, including new admissions. They then decide whether to accept admissions, although their decision can be overruled by top leaders, the report said, citing VA policy.

Managers, however, told investigators that top leaders ignored their staffing numbers and pressured them to accept new admissions.

As an example, a manager described an admission that the nursing home had to accept when staffing was at less than 75 percent. The manager told the chief of staff that there weren’t enough nurses to handle a new patient with “multiple medical needs.” The chief of staff told the manager to accept the admission anyway, the report said.

“The staff felt distress by the admission of this high acuity resident as it impacted staff’s time with another resident on the unit for end-of-life care,” the report said.

Another time, the report said, a manager felt pressured to take an admission on a weekend even though the new resident had both physical and psychiatric needs and there was a shortage of both nurses and doctors. The manager said the patient required round-the-clock observation for his safety and stayed for months in an area that wasn’t suited to his needs.

The pressure to accept new patients ended in when a new management team took control in August 2017, the report said.

Investigators also looked into allegations that the nursing homes had been closed temporarily to admissions because of staffing shortages and that residents had been transferred to acute-care inpatient units because of shortages. The office substantiated the temporary closing during a review of staffing levels but determined no residents had been moved.

Staffing solutions

The inspectors made three recommendations: a full review of nursing home staffing to make sure the medical center has enough nurses to care for patients properly; a steady effort to fill nursing vacancies on the nursing home staff and an awareness to use other staffing options to fill the gaps; and better management of overtime to “ensure quality of care and responsible use of financial resources.”

In an addendum to the report, Northport’s interim director Cruise told the inspector general’s office that she and her administration are working to fix the problems.

Nursing leaders, Cruise said, are analyzing nurse-patient ratios every day for each unit.

“Variables that impact the need for nursing staff include severity of patient condition, complexity of care, nursing skill level, skill mix of staff, and actual or projected change in census,” Cruise wrote.

As for hiring, Cruise said, the medical center has authorized filling all vacancies and using more than a half-dozen strategies — from increasing the number of floating nurses to flexible schedule to cross-training — to end the shortages.

As of Friday, the nursing homes had 29 full-time registered nurses and leaders are in the process of hiring two more, said Northport spokesman Levi Spellman. With the new hires, he said, the nursing homes will have the 31 registered nurses called for by VA staffing methodology but still has openings for licensed practical nurses and nursing assistants.

Lastly, Cruise said the medical center has established a task force to decrease overtime and is requiring all overtime to be approved by either a nurse manager or the nurse officer of the day. Administrators, she said, now also have the ability to review overtime in real time and by employee name.

Since the investigation, Spellman said, overtime for the nursing staff at the nursing homes has decreased by 41 percent.

The allegations

Leaders covered the staff shortages by using floating nurses and nurses working voluntary and mandatory overtime.

Nursing supervisors had to feed and bathe nursing home residents.

Leaders pressured nursing home managers to take new patients when staffing was inadequate, putting all residents at risk.

The nursing homes had been closed temporarily to admissions because of staffing shortages and residents had been transferred to acute-care inpatient units because of shortages.

The recommendations

Review nursing home staffing to ensure Northport has enough full-time nurses to properly care for patients.

Recruit and hire nurses to fill nursing home vacancies and to use until adequate staffing is reached and to use staffing options to ensure patients get proper care.

Improve management of overtime practices to ensure high-quality care and responsible spending.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them.

Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

"They're notorious for covering things up," said Sweeney, 40. "I am fed up for having to fight for everything and I'm fed up being in pain all the time, but I'm not surprised."

Their skepticism is easy to understand, since the Office of the Medical Inspector is the VA's own investigative arm. That's why they think the OMI essentially shouted, "Nothing to see here," in its recent findings, when it ruled on a variety of issues, including suspected mistreatment, misdiagnosis and slow response times connected to Myelopathy, a compression of the spinal cord.

Sweeney and Warman both live in Concord, were both injured while serving their country and both sought medical help for their severe back and neck pain. They've moved on, started new lives, learned to live with their pain, and the ongoing process of an organization investigating itself has dulled their senses.

"It falls in line with what they've been trying to do," Warman told me. "I expected this all along, so no one is plowing new ground."

Indeed, this is old ground. Warman suffered back and neck injuries in a construction accident 30 years ago and a car wreck in 2007. Sweeney's truck was hit by an improvised explosive device in Iraq in 2011.

They both have since gotten some relief through surgery, but years had passed before they received the proper care, and they still have plenty of aches and pains.

That's why the whistleblowers we've been hearing about since the summer of 2017, the ones with those medical and nursing degrees – the ones who documented incompetency and delays in treatment and immoral record keeping and a poor monitoring system on degenerative spinal conditions – won't let this go.

In fact, they remain fighting mad, complaining about the conflict of interest they've seen as part of the VA's investigation and the lack of accountability since the story exploded in the Boston Globe.

"It's what they do, like a damage control system," said whistleblower Dr. Ed Kois, head of the spinal cord clinic at the Manchester VA. "They say they're going to investigate, bring in the OMI knowing they'll do a lengthy investigation and then wash their hands."

The Office of Special Counsel, an independent entity that oversees the OMI, isn't buying it. In a prepared statement emailed to me, the OSC's special counsel, Henry Kerner, wrote that "clear discrepancies undermine the assertion that VA leadership was open to concerns and worked to ensure veterans receive timely care."

Those words were golden to Kois and Stewart Levenson, the Manchester VA's former Medicine Department chairman, who were the loudest whistleblowers among the 12 staff members who came forward.

They want you to know they are not doctors with axes to grind, nor are they trying to further their careers, working as self-promoters, promised by an outside government entity to expose trouble at the VA.

Kois says he hasn't been promised a better parking spot, and Levenson insists he did not come aboard to boost his chances of winning a seat in the U.S. House of Representatives.

Kois's parking spot remains unchanged, and he's still courting the press, trying to make as much noise as possible. And Levenson did not win in the primary election, yet he's writing op-eds and calling columnists back so these problems don't fade from view.

"All these investigative bodies descended on Manchester and you would think more would have been done," Levenson said by phone. "But how can you investigate yourself? It was garbage. You can't explain it away."

Added Dr. Ted Daly, another reputable whistleblower: "I'm flabbergasted by their conclusions."

Levenson, Kois and the others cited dirty surgical instruments, flies in the operating room and mismanagement up top, but it was the mistakes made on patients with compressed spinal cord problems that were the most alarming and damaging.

Kois called it a "perfect storm" of factors. The Manchester VA had no neurosurgeons, forcing patients to the Boston VA in West Roxbury, which was overworked and not able to give the proper care.

Record keeping between Boston and Manchester failed to clearly show who needed surgery, and a doctor named Muhammad Huq, the former head of the spinal cord clinic at the Manchester VA, was found to be cutting and pasting notes in medical charts, meaning information remained unchanged for years.

Some whistleblowers and staff felt that upper management was more concerned with ratings and budgets than actual care, which led to the ouster of top officials once the story broke.

Caught in this perfect storm were nearly 100 patients with spinal cord problems, many of whom were never properly treated. Some ended up in wheelchairs, others were forced to use canes, and still others simply had to endure pain needlessly for years, for a condition that one doctor said often goes untreated in third-world countries like Nigeria.

But certainly not here in the U.S.

Try telling that to Warman, 67, an Army veteran who later served in the Air National Guard. His back pain went undiagnosed for years at the Manchester VA, leading to an endless supply of painkillers and a drastic change in lifestyle.

"They were not forthcoming on how to treat it," Warman told me. "It was like, 'Take two of these in the morning and have a nice day.' I was addicted to painkillers.

"I tried to have some kind of life and I kept asking for help and getting none," Warman continued. "They said they were not responsible."

Kois, new to the facility, first examined Warman in 2015. His response after viewing an MRI was “Holy s---.”

“It showed he had severe narrowing of the spinal canal,” Kojs said. “I sent him for further evaluation and he had surgery and I saw him again and he was doing great.”

Pain remains, but Warman is strong enough to work at Cumberland Farms and deliver newspapers.

And then there’s Sweeney. After midnight, riding in the lead truck in a convoy of at least 30 vehicles, he heard a bang, saw a flash and, after running for cover and the adrenaline rush had worn off, awoke with his back “killing me.”

The Manchester VA sent him for physical therapy, which did nothing. Neither did steroids. Surgery was performed in Boston, but Sweeney awoke in even more pain.

He was told during subsequent checkups that the pain was a normal part of the recovery process, but the pain grew worse and he later was let go from his job with the Department of Transportation for missing eight months.

Sweeney said the VA eventually stopped taking his calls. He contemplated suicide. He drank a lot of beer. Then he went to see Kojs, who took a CAT scan and told Sweeney, “I want you in my office, now.”

Sweeney pulled out his phone and showed me what Kojs had shown him: a picture of his spine, with a screw inserted into bone, which was fine, and another screw penetrating a nerve, which was not.

“Permanent nerve damage caused by the VA,” Sweeney said. “I didn’t put that screw in there myself.”

But following 14-hour surgery to remove the misplaced screw at New England Baptist Hospital, Sweeney’s life changed.

“I was shocked that I was walking,” Sweeney said. “I went for a walk with the nurse and I felt good walking around. I’ll have contact with Dr. Kojs for the rest of my life, if I can. Dr. Kojs saved my life.”

There’s still pain, though. Sweeney has been taking steroid injections since January. He installs natural gas lines and hopes surgery in the future will return him to some sense of normalcy.

And, soon, his story and that of five others from across the country will be told in a documentary called, *The Care They’ve Earned*, an unflinching look at flaws and holes in the VA system.

Advanced screenings have been shown in selective theaters this summer. Sweeney didn’t know the film’s release date around here, and its producer, Justin Springer, was unavailable for comment.

Sweeney showed me a trailer on his phone, which included that CAT scan, the one that clearly showed those two screws in his back.

"I hope people see it," Sweeney told me. "I lived it and it was still an eye-opener for me."

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2. Greater Choice for Veterans

2.1 - OpsLens: President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure (29 September, Katie Begley, 5k uvd; Vedra Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

The legislation will ensure "full-year funding through September 30, 2019, for projects and activities of the Federal Government included in the following appropriations bills: Energy and Water Development and Related Agencies Appropriations bill (Division A); Legislative Branch Appropriations bill (Division B); and Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (Division C)."

Record-level Funding to VA

The bill funds the Department of Veterans Affairs with \$86.5 billion, which the White House says is the "largest dollar amount in history for the VA." \$73.1 billion of that funding will go to provide care and services for the 7 million patients the VA serves. The White House specifically highlighted the funding that will go to mental health programs, opioid abuse prevention, suicide prevention outreach, and rural veterans' health programs. Other healthcare provided through the VA includes routine and illness care, injury care, outpatient services, and health screenings.

The new bill will also provide additional funding to improve the VA system, including previously passed VA MISSION ACT initiatives, and enhance the electronic records system that the VA currently uses to maintain health records and process eligibility. This is the largest VA spending bill that has been passed and signed.

"With this funding bill, we've increased the VA's budget to the largest ever," said President Trump at the signing. "We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we've gotten," he continued, alluding to the VA MISSION ACT reforms passed back in June and the VA Accountability Act passed last year.

Funding for America's Infrastructure

While the VA portion was the highlight of the signing event, other critical appropriations were also passed. Three of the 12 regular appropriations bills for 2019 were included in the legislation.

Other aspects will also benefit the military community. "The legislation provides \$15.14 billion to support a strong nuclear national security strategy," said a White House statement. The specifics of how those funds are used was not released, but the White House did say that over \$11 billion will go to "maintain a strong deterrence posture," \$1.7 billion would go to the Navy's

nuclear assets, and \$1.93 billion would go to “keep nuclear materials from getting in the hands of bad actors.”

The bill will also provide additional funding to military construction and research and development for the nation’s electric grid. The Army Corps of Engineers will be maintaining and improving navigation, waterway, and port infrastructure with \$7 billion of funding.

Energy Infrastructure Budget Increases

The Department of Energy will also benefit from the legislation, with \$13.4 billion to their energy programs. The White House drew attention to the \$740 million that will go to furthering fossil energy technology and \$1.2 billion that will be used to conduct research and development with nuclear energy.

The bill focuses on improving infrastructure to build the future of the military, energy sector, and VA. “With this legislation, we are securing a better future for our citizens,” said President Trump. “We are modernizing our nation’s infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.”

Director of the Office of Management and Budget, Mick Mulvaney called the funding “critical investments in our military, our veterans, and our Nation’s infrastructure” in a statement.

The bill was sponsored by Rep. Michael K. Simpson (R-Idaho) in May of this year. It passed in the House and Senate in June.

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3. [Modernize Our System](#)

3.1 - WWAY (ABC-3): [Fayetteville VA Medical Center Re-Opens Wilmington Site](#) (29 September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center.

Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

Emergency VA doctors have come from around the country have come to lend a hand.

The center also opened the parking lot to the Virginia and Fayetteville clinic mobile units.

Some patients were in desperate need of this re-opening.

One patient, Kathy Sigg, who traveled to the site from New Bern, was so thankful to finally get the medical attention she needed.

“This was the third appointment that I rescheduled to be seen so when that happened to me Wednesday or whatever. I was really really upset to drive all that way and [see] red tape,” said Sigg.

The health care center is located at 1705 Gardner Road.

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4. [Focus Resources More Efficiently](#)

4.1 - Dispatch - Argus: [Veterans affairs director ends tour of duty](#) (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing.

That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You've got to talk to Woody.”

Woods, known to many as “Woody,” has served the past 12 years as Scott County's veterans affairs director. As of Sept. 14, he retired and handed over the duties to Ben Enlow, a fellow veteran and former Scott County Sheriff's corrections officer.

“I think we did help a lot of people,” said Woods, 68, who served in the Army during Vietnam. “I think of all the people who came in, what you (he) did for them. Really, they were just getting what they deserved, what they earned.”

As veterans affairs director, his role was to assist vets in navigating federal benefits, filling out compensation and pension paperwork, and connecting them to other resources. But Woods did more than the job description for his vets.

“It was an asset having him in that position,” said Lola VanDeWalle, founder of the all-volunteer Quad-Cities Veterans Outreach Center, which provides food, clothing and other services for veterans. “Some people do their jobs and do it well. Woody put his heart in it.”

VanDeWalle recalled Woods being among the first people to volunteer at the nonprofit nearly two years ago and expects he will continue.

“At our big food giveaways, he's here helping and meeting with the veterans one-on-one ... He works to make sure the vets are taken care of,” she said.

The two also would partner “if there is something above and beyond — something his office couldn't do.” VanDeWalle recalled how one of his veterans wanted to attend a funeral in Missouri. “We were able to get him a suit and a ride.”

One of her other early supporters was James Stout, a disabled veterans outreach specialist for Iowa Workforce Development, who also has worked alongside Woods for years helping veterans.

“He gave me the special cases that needed a lot of work done,” said Stout, a disabled veteran, who assists veterans with significant barriers to employment to find work.

“Dave brought a lot of patience to the table; his job was difficult,” Stout added. “He had to sit there and explain to people whether they were qualified or not for benefits. He dealt with a lot of spouses, widows.”

Over the years, Woods said he has a dramatic rise in the cases of PTSD among the younger veterans. “A lot of guys are doing five or six deployments, and that’s a big mental-health issue,” he added.

Stout recalled how on a single weekend, the area lost three soldiers and the toll it took on all of them. “He (Woods) got into another mode and he let everyone know we need to fix this.”

According to Woods, the office sees an estimated 110 to 120 veterans a month.

Enlow, his replacement, recalled how Woods’ helped him with his own benefits paperwork. Enlow saw two tours in Iraq while serving seven years in the 339th Army Reserve Military Police Co., Davenport. Most recently, he has worked 8½ years as a corrections officer at the Scott County Jail.

“I’m going to try to help vets get the benefits that they are entitled to and deserve,” said Enlow, a Quad-City transplant from Spragueville, Iowa.

Stout and VanDeWalle said it has been Woods’ personality and own experiences that have put veterans in his care at ease. “A lot of times when the veterans go to government offices they feel intimidated,” VanDeWalle said. “Woody is always approachable. He sits down and has lunch with them when he’s here (at the center). They feel comfortable and they feel he is their friend.”

Woods not only brought his own military experience but other life experiences to his career’s second act. The Clinton native served in the Army during Vietnam where he was injured in a firefight in June 1970 that claimed two of his platoon brothers. Their memory and sacrifice still brings tears to his eyes.

He later worked at Alcoa in security, where he retired after nearly 26 years amid a layoff. But a few months later, his wife, Marianne, said “You need something to do,” he said.

He found a volunteer job that first taught him how to help veterans at the VA Hospital in Iowa City file various claims. When the Scott County veterans job became available, he said he began to do the same work he had been doing as a volunteer.

Woods said making connections had been key — working with organizations such as the Veterans Administration, VA Hospital and Clinic, the outreach center and other local resources. He also regularly visited the area’s American Legion Posts, the Veterans of Foreign Wars and other veteran groups to keep them up to date on issues.

“A lot of guys are just coming down with something — diabetes or cancer,” he said particularly of the Vietnam vets. “We have a lot of people coming in and signing up for VA medical benefits.”

Woods will remain active with Honor Flight of the Quad-Cities, which he helped with many others to found 10 years ago. He will lead the Oct. 25 flight to Washington, D.C. Like every other trip, he will visit the 9 West panel at the Vietnam Wall, where his two friends' names are listed almost side by side.

"I'll go to 'the wall,' leave a cigar, and salute the two guys that got killed the day I got hit," he said.

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4.2 - WSIL (ABC-3): [Marion VA Presents Check to Combat Veterans Motorcycle Association](#) (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

MARION, Ill. — The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000.

The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

Organizers say the money will benefit the VA's Substance Abuse and PTSD awareness programs.

"The soldier that we honored utilized these programs and when he was using the program and doing the steps of the program," said CVMA 24-5 Commander David Hess. "He was able to get better and get the treatment that he needed; get the counseling that he needed."

Organizers urge veterans to take advantage of the VA's substance abuse and P-T-S-D awareness programs.

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4.3 - The Parthenon: [Local mental health professionals discuss anxiety and depression](#) (28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library.

The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

"I'm a veteran, I'm a Marshall graduate, I'm a director on this campus, and in 2009 I tried to take my own life," Jonathan McCormick, director of Military and Veteran's Affairs, said.

McCormick, who is a veteran of the U.S. Marines, said for years he has heard people say it is a priority to destigmatize mental health issues, and it maintains one for him today.

"Ten years ago, people tried to get me to get help because they realized something was different," McCormick said. "But I didn't want to be labeled crazy."

McCormick said those suffering from mental health issues like anxiety and depression should not avoid showing a vulnerable side of themselves to friends out of fear.

"I was terrified when I first opened up to my friends," he said. "But when you finally do, it's like you become a mutual support system for each other."

Being willing to show vulnerability does not reveal weakness, but rather exemplifies personal strength, McCormick said.

This was a sentiment panelist Aaron Upton said he and McCormick shared. Upton is a clinical psychologist at Herschel Woody Williams Veterans Affairs Medical Center in Huntington.

"It's always going to be uncomfortable, but we have to be able to talk about these things openly, honestly and in a way that is not judgmental," Upton said. "We have to remind our friends it's okay to reach out for help."

Upton said almost all people deal with mental health issues like anxiety and depression at certain points in their lives to various degrees.

"Too many times, mental illnesses are seen as a weakness instead of something that everyday people suffer from sometimes," Upton said. "It isn't all about medical treatment. Sometimes just having personal connections can be a major help."

Upton said it is essential to remember not to be overly focused on labels regarding mental health issues.

"Whether we call something anxiety or depression isn't what matters," he said. "What matters is how someone feels and how that affects them. There are plenty of mental health issues that don't have clear labels as disorders."

Dr. Marc Hettlinger, a primary care physician with Marshall Health, also said the focus should be on how people feel and how to help those who need it.

"Mental illness is a common problem everywhere that needs to be better appreciated and identified," Hettlinger said.

Hettlinger said anxiety and depression are often very real issues for college students and others, but they are not unmanageable problems.

"If you believe a friend is suffering from mental health problems, the most important thing you can do is be there for them and be willing to listen to them," he said.

Hettlinger said this can often be the first step someone needs to motivate them to reach out and seek help.

"Simply having someone to talk to and listen can really help the growing process for many people," Hettlinger said. "We aren't bulletproof. We all have issues from time to time. There are so many things that contribute to the way we feel on a daily basis. Someone suffering isn't always the person crying in the corner of the room."

Hettlinger said mental health symptoms and solutions will be different for different people.

"Everyone is different," he said. "Everyone's life is different, and everyone's brain is different. You have to be honest with yourself and understand it's okay to reach out for help."

Stephanie Ballou, director of disability services at Marshall, said being willing to ask for help is immensely important as well.

Ballou said many students she has met or worked with would rather suffer through their mental health problems than seek help from services out of fear of what others may think of them.

"Walk your friends to the Counseling or Health Center and help them have that first conversation if necessary," she said. "We have administrators who do this for students all the time, and sometimes it can be just what someone needs to start making progress."

It is essential to encourage all faculty get to know and understand their students as individuals, so they are better equipped to help with these issues, Ballou said.

This is one way administrators have helped Marshall student Kristin Cookson when she has suffered from depression or anxiety.

Cookson is working toward two master's degrees in mental health counseling and school counseling, and she works at Golden Girl group home for at-risk and troubled teen girls in West Virginia.

Utilizing campus clinicians and other mental health services is one of many ways Cookson was able to get help for herself, she said.

"It also really helped me when I realized I wasn't just broken, and I started learning coping skills," Cookson said.

She said one thing that cannot be stressed enough to those suffering from mental health issues is the importance of self-care. For Cookson, she said there are simple things she enjoys like playing her favorite video game or doing her makeup when she feels overwhelmed.

"Even if you only have 15 minutes, finding those things for yourself and making time for self-care will make a world of difference in how much progress you make going forward," Cookson said.

Some peoples' bodies do not naturally produce enough of certain necessary chemicals, and they do not deserve to be shamed for that, Cookson said.

"We don't shame anyone for needing to take insulin shots," she said. "So why would we shame someone for needing mental health medication?"

Cookson said mental health issues can be scary because sometimes someone suffering can show no warning signs at all. For those suffering, taking such simple steps to get help as making a phone call to a doctor can feel overwhelmingly difficult and scary, she said.

"If you care about someone, pay attention to them," Cookson said. "Tell them you're worried about them and talk to them if you're concerned."

McCormick said if he would have reached out for help years ago and gotten appropriate accommodations, he would have done immensely better in college and been much happier.

“There were times in college I would stare at my computer screen for hours too scared to log into my online class because how stressed and depressed I was,” McCormick said. “I would never have a problem telling someone I was ordered by a doctor to have shoulder surgery, so I think we should be comfortable talking about mental health issues as well.”

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5. Improve Timeliness of Service

5.1 - Star Tribune: [Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70](#) (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

Until 2009, when Furst was diagnosed with multiple myeloma, a cancer associated with Agent Orange. He had been repeatedly exposed to the chemical defoliant widely used by the U.S. military in Vietnam to flush out and starve enemy combatants.

Furst, of Eden Prairie, died from multiple myeloma Sept. 18 at age 70.

Furst grew up in the northwestern Minnesota town of Barnesville, where as a teenager he played bass guitar in a local band called the Caterpillars. He graduated from high school in 1966 and in November of the following year, he and three buddies from Barnesville enlisted in the Army, knowing they soon would be drafted.

Furst was a radio operator in the 23rd Artillery group. As a forward observer, he'd call in coordinates for artillery strikes. Furst and two of his three Barnesville friends did their tours and went home. One died in combat.

Back in Minnesota, Furst worked as a barber in Moorhead, and then owned a small bar for a while in Barnesville. He moved to the Twin Cities in 1974, where he worked as bartender for 25 years — though he personally quit drinking for good around 1980 due to alcohol addiction.

“He was good at bartending,” said his wife, Joan Furst, who met Tom in 1977 when they both worked in the bar at Hotel Sofitel in Bloomington. “He was fast and efficient, and he just enjoyed people. He had the gift of gab.”

In the decade before retiring in 2010, Furst switched occupations, working in shipping and receiving at two Bloomington companies. But a year before retiring, he began suffering from severe back pain and weight loss.

Furst was diagnosed with multiple myeloma, a cancer of white blood cells that accumulate in bone marrow. The U.S. Department of Veterans Affairs recognizes multiple myeloma as one of several “presumptive diseases” associated with Agent Orange exposure.

While Furst was pleased with his care from the Minneapolis Veterans Medical Center and proud of his service in Vietnam, he was bitter that soldiers were never told about possible ill effects from Agent Orange, Joan Furst said.

“He could never believe the government could treat its soldiers this way,” she said.

In 2012, Tom and Joan took a 15-day trip to Vietnam with Steve Christianson, a lifelong friend from Barnesville, and his wife. Christianson was one of the four Barnesville buddies — including Furst — who packed off at the same time to fight in Vietnam.

The 2012 return trip “softened” Tom’s anger about being exposed to Agent Orange, Joan said. “I think it gave him some peace.”

The tour was customized for veterans: Furst and Christianson were transported to sites where they fought. Furst visited a battlefield where he witnessed the death of a soldier he’d befriended during the war.

A short ceremony was held, and Furst laid a bouquet of flowers.

“It was very emotional and very moving, and I think it gave him some closure,” Christianson said.

Besides his wife, Furst is survived by a daughter, Nicole Larson; a son, Benjamin Furst; six grandchildren, and siblings Marlys Bernier, Vernon Desing and Gerald Furst. Services will be held at 11 a.m. Monday at Pax Christi in Eden Prairie.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article “VA rejects whistle-blowers’ complaints” (Sept. 22), the Globe reported on the Department of Veterans Affairs’ Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

Let’s set the record straight. The Office of Medical Inspector is headed by a retired naval officer with impeccable integrity and broad experience. It has medical staff skilled in investigating quality-of-care concerns. They took special steps to ensure this investigation’s fairness and objectivity. All cases identified by the whistle-blower went to a private firm, which sent them out for review by non-VA board-certified specialists. VA had no role in selecting them. When the care involved more than one specialty, multiple external reviews were done, with patients receiving up to three separate reviews. Copies of imaging studies were even forwarded for review.

In 95 out of 101 instances, the outside specialists found no shortcomings in care — a resounding refutation of the allegation of widespread mismanagement. I am very glad to see this vindication of the medical staff and leadership at Manchester.

Anyone concerned about the investigation's validity should simply read the report themselves. The findings are hard to refute, and they speak for themselves.

Dr. Michael Mayo-Smith

Franklin, N.H.

The writer is the retired network director of the VA New England Health Care System.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

The situation, caring for frail parents in their 90s and early 100s, can be daunting while the caregivers themselves are in their 60s or even 70s. The situation is forcing older adult children, some of them at or nearing retirement age, to decide if they are physically, mentally and financially capable of caring for a parent at the end of their lives.

Some take on the role of primary caregiver — reflecting how they were once cared for as a child by their parent; others must make a difficult decision to place their elderly parent in a care home.

About 10 percent of adults ages 60 to 69 and 12 percent 70 and older provide some type of care to their parents, according to a study by research economists Gal Wettstein and Alice Zulkarnain at the Center for Retirement Research at Boston College. This compares to about 5 percent of adults ages 30 to 49.

About 17 percent of adult children care for their parents at some point in their lives, and the likelihood of doing so rises with age, the study reports. “As baby boomers enter their 80s, a large increase in the demand for long-term care is likely, with a commensurate rise in the reliance on care from their children,” the study concluded.

Any time a child must care for an elderly parent, the challenges can be daunting. According to a study by the Centers for Disease Control and Prevention, caregivers providing for persons with high-burden diseases, such as cancer or dementia, experience “high psychological stress” and “report an average of nearly \$7,000 in out-of-pocket costs associated with caregiving each year.” Also, the Retirement Research study shows the time commitment for care gets longer as the adult child get older, with adults in their 70s spending about 95 hours a month caring for a parent.

The situation is not likely to change in the coming years: The U.S. Census Bureau projects that by 2030, “All baby boomers will be older than age 65. This will expand the size of the older population so that one in every five residents will be retirement age.”

It also projects that by 2035, for the first time in U.S. history, older people will outnumber children. Jonathan Vespa, a Census Bureau demographer, predicts “78 million people 65 years and older compared to 76.7 million under the age of 18.”

Siblings become team to aid mother

Tucsonan Norma Soto-Ramirez, 61, retired early from her job as an educator to help take care of her centenarian mother, Carmen Soto. Norma, one of seven children, said she and her siblings were unanimous in their decision to work together to keep their mother safe in her house.

Norma also was a caregiver for her father, the late Miguel D. Soto, who worked as a miner and truck driver. The siblings, now ages 59 to 73, gave strength to their mother and one another after their father suffered a massive stroke in 2000, dying in 2012 at age 90.

They continued caring for their mother, who was diagnosed with dementia in her late 80s and also suffers from anxiety. Her vision and hearing aren't as sharp as they used to be, and she uses a wheelchair.

Son Juan Soto, 64, an educator who also retired early to help care for his mom, said her health significantly declined after their father's death, and it was decided to hire a caregiver to spend nights with her while siblings helped during the day.

At one point, her medication for anxiety was causing her to worsen to the point where she “broke a window to escape from the house,” recalled son Henry Soto, 70. “She would not sleep at night. In the day, she would stand at the gate outside yelling for help for 45 minutes. She would try to climb over the fence. It was very stressful,” he said, noting that one caregiver quit because of the frightful episodes.

“We wondered and questioned, could we do this — care for her and keep her safe?” recalled Norma, informing her mother's physician about her behavior.

After a few months, her medication was changed, and Carmen's level of anxiety dropped, allowing her to remain at home.

Her mother took steps earlier in life to help her children carry out her wishes as she aged. On the refrigerator door at her home is a “do not resuscitate” order Carmen signed in 1998. She also made a living trust, a will and put Norma in charge of her medical decisions.

“I find strength in the love I have for her. Love gives me strength. She did so much for me. It is our turn now to do for her,” said Juan. “It is not a burden. It is a blessing caring for her. I was the last one to retire, and one of the reasons was because I wanted to be a part of this rotation.”

“Everyone is pulling their weight,” said Mike. Brother Henry explained that in most families the work falls on one or two, but splitting the work among seven makes it easier.

In 2016, the Pima Council on Aging surveyed 2,269 people ages 60 and older and found that 17 percent were unpaid family caregivers for an older family member, neighbor or friend, and 22 percent of the caregivers surveyed had no one to assist them, said Adina Wingate, an agency spokeswoman.

Pima County demographics show 25 percent of all residents are age 60 and older. In 2017, Arizona's population was estimated at 7 million, and by 2020, one in four Arizona residents will be 60 or older, according to state projections.

He advises caregivers not to be afraid to ask for help and call on community agencies for resources.

Browne's session also includes tips on managing time well, prioritizing a to-do list and how to deal with loved ones afflicted with Alzheimer's. He teaches caregivers how to make rooms safe by having clear walking paths, plenty of lighting and grab bars in a bathroom. Attendants also learned how to sponge-bathe a person in bed, safely use medical equipment and how to correctly transfer a person into a wheelchair or vehicle.

She Quit job to become dad's caregiver

Jaramillo, 90, lost his left leg to diabetes in 2017. He did not get a prosthesis because he suffers from Parkinson's disease, a progressive nervous-system disorder that affects movement, making it impossible for him to stand, Sharon explained. He also suffers from dementia.

"I had already been taking care of him. I knew his needs. It only made sense I do it full-time," explained Sharon, who receives help from sister, Bertha Speer, 59, who gives Sharon a break on Sundays. Their brother, Gilbert Jaramillo, 64, a retired warehouse worker, and his two daughters and other relatives also help when needed.

Ambrosio's body is sensitive, especially when moved from one location to another. He wears gloves to keep his hands warm because of circulation problems. Sharon administers his medications daily, including eye drops for glaucoma and pills to control his thyroid, cholesterol, blood clots, diabetes, dementia and Parkinson's.

"Mom deserved the best I could give her"

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues.

Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care. As a veteran myself, I get 100 percent of my care at the VA. I want all veterans to reap the benefits they have earned and deserve, and encourage all Veterans to consider allowing Manchester VA to be your provider of choice.

With a new leadership team made up of 75 percent veterans, Manchester VA is on a new path. We have taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans.

. Here are some of the steps taken since I came on as your medical center director:

- . Taken 397 hiring actions and created 70 positions since July of 2017.
- . Established Office an Office of Community Care.
- . Established Outpatient Recreation Therapy.
- . Doubled clinical support for suicide prevention.

These are just a few examples of what Manchester VA has done to improve care for all veterans. I encourage every Veteran to review their eligibility and take advantage of the vast resources available. For more information come in and see us at 718 Smyth Road, Manchester, N.H. or call Eligibility at 800-892-8384 x 6779.

ALFRED A. MONTOYA JR., Medical Center Director, Manchester VA Medical Center

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6. Suicide Prevention

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there.

Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

"Be There" was the theme of the first suicide prevention walk held off of the VA's campus on Spring Valley Drive.

"Any small act showing that you care," said Julie Brawn, Huntington VA suicide prevention coordinator.

The coordinators said they recently started sending monthly mailings to some of their veterans who are at risk.

"We had one veteran who said we were the only people who sent him a birthday card this year, so it's really important to have that sense of connection," said Deanna Stump, suicide prevention coordinator.

The walk included a balloon release for survivors to honor those they lost.

"Stigma is so big," said Debbie Milling, suicide prevention coordinator. "We used to use the word 'commit' suicide, but we don't say that anymore - we say people die by suicide, because it makes it sound like it's a criminal act and we are trying to take that away. Family members are able to come out and feel free and non-judged in these kind of surroundings."

The prevalence of suicide among veterans is high. About 20 veterans a day across the country take their own lives, and veterans accounted for 14 percent of all adult suicide deaths in the U.S. in 2016, even though only 8 percent of the country's population has served in the military.

According to a story in the Military Times, the suicide rate among all veterans decreased slightly but the rate among young veterans increased dramatically, per statistics released last week by the U.S. Department of Veterans Affairs. The suicide rate of veterans ages 18 to 34 steadily increased from 2006 to 2016, with a jump of more than 10 percent from 2015 to 2016. That translates into 45 deaths per 100,000 veterans, the highest of any age group.

But since the majority of veterans are older, the majority of suicides are also among older veterans. Nearly 60 percent of veterans' suicides in 2016 were from individuals 55 or older.

Veterans who have regular contact with VA health services are less likely to die by suicide than those with little or no interactions, the Military Times story said.

The suicide prevention coordinators said loved ones should be on the lookout for feelings of depression, feeling like a burden, giving away belongings, sleeping more and substance abuse. They said to ask questions and listen to your veteran.

Veterans and their families and loved ones can call the Veterans Crisis Line at 800-273-8255 for help. They can also text 838255 or visit VeteransCrisisLine.net for assistance.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

“Our hope was that when Chad turned 21 he was going to evict Mom and Dad,” Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse’s South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

The Erickson family, including adult daughters Kristin and Shannon, have wondered for years what to do with the seven-bedroom, four-bathroom home.

But it had such sentimental value that they couldn't just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, "At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barbra Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills."

"It presents not only the potential for conflicts among the residents themselves and staff, but also presents safety issues for the families in the surrounding residential neighborhood and specifically exposing children to behavioral, mental health and anger issues that they should not have to experience, hear and/or witness," the Jansens wrote.

"We want the veterans to have a safe place, where they can finish doing their healing and make this next transition." Dave Erickson

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

According to a Roseburg VA press release, an independent team evaluates and compares cemetery performance against National Cemetery Administration standards, including customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facilities, equipment and facility maintenance, and safety of visitors and employees.

"This is an extraordinary accomplishment for the community and the hard-working, dedicated team of Roseburg National Cemetery," said Roseburg National Cemetery Director Andrew Matthews. "We're honored to serve Veterans and families in a national shrine. We'd like to thank all of our partners in the community and beyond for helping us serve and fulfill our promise to Veterans every day."

The award statement reads “In recognition of superior organizational performance in key areas of importance to the National Cemetery Administration (NCA) and its customers. The Roseburg National Cemetery has demonstrated exemplary performance equal to or exceeding national targets in key management and operational areas. The cemetery’s performance positively supports NCA’s key satisfaction drivers of customer service, cemetery service, and access to information.”

Burial in a VA national cemetery is open to all members of the armed forces and veterans who have met minimum active-duty service requirements and were discharged under conditions other than dishonorable. Members of the reserve components of the armed forces who die while on active duty or who die while on training duty under certain circumstances are also eligible for burial, as are servicemembers and former servicemembers who were eligible for retired pay at the time of their death.

A veteran’s spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial, even if they predecease the veteran.

The VA provides the gravesite, grave liner, opening and closing of the grave, government headstone or marker, U.S. burial flag, Presidential Memorial Certificate and perpetual care of the gravesite at no cost to the family.

Information on VA burial benefits is available from local VA national cemetery offices, online at www.cem.va.gov, or by calling VA regional offices toll-free at 800-827-1000.

Locally, the Roseburg National Cemetery was established in 1897 to serve veterans residing at the Oregon State Soldiers’ Home, which now serves as the home of the Umpqua Valley Arts Center. The Home itself opened in 1893 to “provide a home for honorably discharged soldiers, sailors and marines who had served in any wars in which the United States was engaged, or who served in the Indian Wars of Oregon, Washington or Idaho, provided they were or might become citizens of Oregon.”

Thank you, Roseburg National Cemetery, on behalf of the veterans and families you serve!

God bless our veterans and God bless America.

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7.3 - Yo! Venice! [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

“None of us should be able to sleep at night as long as a veteran is sleeping on a sidewalk or under a bridge,” said Councilmember Mike Bonin who represents Venice. “Veterans have suffered from generations of broken promises. Bridge housing at the VA represents positive changes being made. This partnership is a down payment on the housing and services the local VA is going to deliver.”

This partnership between the City of Los Angeles, the County of Los Angeles and the Department of Veterans Affairs will provide transitional housing for up to 100 homeless veterans. The facility, which is expected to open in early 2019, will include personal hygiene centers, laundry facilities, 24-hour security and supportive services. Funding will come jointly from the County and the City and the Department of Veterans Affairs will provide on-site case management and supportive services.

“I’m happy to be keeping our promise to the many veterans experiencing homelessness by taking this first step and building bridge housing on the VA campus in Brentwood,” said Los Angeles County Supervisor Sheila Kuehl. “Last year, the Homeless Count showed that we had reduced veteran homelessness by 18 percent. One neighborhood at a time, one veteran at a time, we are working to ensure that every vet in the County has a place to call home.”

This Bridge Housing facility will be temporary — and not to be visible from the exterior of the campus — as the VA constructs out its Draft Master Plan, which will provide 1200 units of permanent supportive housing on the campus.

“Building 1,200 units of Permanent Supportive Housing through the Draft Master takes time and there are homeless Veterans who need services now,” said Heidi Marston, Director of Community Engagement and Reintegration at the West Los Angeles VA. “It will take all of us to end Veteran homelessness and Temporary Bridge Housing for our Veterans in need will bring us one step closer,”

The VA bridge housing site will include two tension membrane structures in addition to modular trailers to provide space for sleeping, supportive services and personal hygiene. The construction is expected to cost \$5 million. Bonin introduced legislation on September 25 that would allocate the City funds and direct the department to begin work. Kuehl is expected to introduce legislation to allocate the County funds in the coming week.

The facility is part of Mayor Eric Garcetti’s “A Bridge Home” proposal, which calls for a number of bridge housing sites in each of the L.A.’s 15 council districts.

“A Bridge Home is about getting homeless Angelenos off the streets as quickly as possible on their way to permanent housing — and I am grateful to all of my Council colleagues for stepping up to meet this challenge,” said Mayor Garcetti.

Bonin applauded the effort of the local residents in supporting the City and County’s effort to house homeless veterans in the VA campus. Unlike the bridge housing project planned in Venice at the MTA lot, the VA bridge housing facility was met with wide-ranging support.

“Residents of Brentwood and West LA believe strongly that we must keep our commitment to our veterans, and that land deeded specifically for veterans is the right place to do it,” Bonin said. “Local homeowners associations are eager to be strong, supportive partners to these efforts, and I am inspired and honored by their partnership.”

The City of Los Angeles opened its first bridge housing facility in downtown L.A. earlier this month. Bonin has proposed a second Westside location, in Venice, an area with one of the largest unsheltered homeless populations in the city.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

In recognition of their efforts to address veterans' homelessness, Veterans Community Project was presented with the 2018 Silver Star Families of America Commendation Award in a recent ceremony at their headquarters in Kansas City, Missouri.

A nonprofit based out of Clever, Missouri, the SSFOA's primary mission is to recognize and support veterans who are wounded, injured, or have acquired an illness related to their service in a combat zone — regardless of service branch or military conflict.

The commendation can be awarded to military or civilian personnel and departments or organizations who have positively affected the lives of wounded and ill veterans.

Previous commendation recipients include former President George W. Bush, Gen. David Petraeus, Ann-Margret, Gary Sinise, WWE, the bands Mötley Crüe and 3 Doors Down, in addition to the Kansas City Royals.

This year, the SSFOA founders selected Veterans Community Project for their dedicated work toward ending veteran homelessness through the construction of tiny houses in a community known as "Veterans Village." Founded by veterans and funded through private donations, VCP's program also helps provide veterans with the skills needed to successfully reintegrate into society and the workforce, including classes on money management, cooking, shopping for groceries, legal assistance, searching for employment and coping with trauma.

"Every year we receive a number of nominations for both individuals and organizations that have gone above and beyond in assisting veterans, but Veterans Community Project appeared to rise above the rest for their dedicated efforts in addressing the issue of veteran homelessness," SSFOA founder Steve Newton said.

He added: "We appreciate the selfless enthusiasm demonstrated by organizations such as this, who choose to use their experiences and resources to connect to their fellow veterans and support causes benefiting the veteran community. That is why it is my distinct honor to recognize Veterans Community Project as the 2018 recipient of the SSFOA Commendation Award."

As part of the presentation, an SSFOA representative presented two of VCP's four co-founders — Brandonn Mixon, a U.S. Army veteran, and Brian Meyer, a U.S. Marine Corps veteran — with a plaque, a Silver Star Families service flag and challenge coins.

In addition to the range of supportive services that VCP provides to homeless veterans, cofounder Brian Meyer explained, their Veterans Village remains their cardinal program and there are plans to expand the concept to other communities throughout the United States in the future.

“The transitional housing we provide for veterans are small homes that are 240 square feet for individuals and 320 square feet for veterans with families,” Meyer said. “Here in Kansas City, we are developing the village on a lot that is just under 5 acres and was purchased from the city for a very nominal cost,” he added.

Meyer went on to explain, in addition to being energy efficient and handicap accessible, there will eventually be 49 homes constructed on the property owned by VCP. The homes, he added, are built on concrete foundations, have utilities and are fully sanctioned by the city.

Mixon noted the VCP has also established a unique arrangement with the Kansas City Area Transportation Authority and the Kansas City Veterans Administration to provide free bus rides for veterans in the community. The program is financed through a sponsorship by the Greater Kansas City Labor Unions/AFL-CIO.

“One of the reasons VCP was established in the Kansas City area and not in a rural community is because all of the resources, such as transportation, that are in the city — it is where the largest concentration of supportive resources exists,” Mixon said.

Acknowledging the honor of receiving the annual award from the Silver Star Families of America, Mixon admitted it was an unexpected realization a few years ago that led to his decision to seek ways to support his fellow veterans who found themselves in difficult circumstances.

“I saw a homeless veteran on the street corner here in Kanas City a few years ago who was holding up a sign that asked for help,” Mixon said. “I kept thinking about that man and realized that he could have been one of my fellow soldiers serving in Afghanistan who had my back and was willing to take a bullet for me.”

He added, “Now, through our work at VCP, I feel that I can grab him by the back of his shirt and carry him to safety, demonstrating through our efforts that we have his back and are here to help him get back on his feet.”

For more information on Veterans Community Project, visit veteranscommunityproject.org.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena’s only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off.

The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

According to Desiree Bain, director of the Montana Veterans Foundation who manages the home, the Department of Veterans Affairs provided a grant to the Willis Cruse House for more than a decade. The VA paid a specific amount for each person that occupied the home.

“For every guy that stays here, I can bill the VA and they will reimburse. We’re always a month behind, but still, consistent funding,” Bain said.

However, that changed when the VA denied the application this year for the grant. Bain said the VA did not provide the transitional home with a reason for the denial.

That puts the future of residents at the home, like Donald Burley, into question. Burley is a disabled army veteran who formerly lived with a woman in Townsend, but he says that didn’t work out.

“Things didn’t work out, and I needed a place to go,” Burley said.

Burley found it hard to qualify for most places to live because of his income, and he was put on waiting lists.

Eventually, he found Willis Cruse. Burley said it was the outpouring of support, particularly from staff at the house, that helped him focus not just on his mental health, but his failing physical health.

“When I moved in, my health condition was so bad I probably wouldn’t be around,” Burley said.

It’s a similar story for Gurney Lee Garrett, an Air Force veteran recently released from prison. The prison released Garrett to Willis Cruse for rehabilitation. Garrett said the home has provided him with a place to get back on his feet.

“I got real social fears. Social anxiety. It’s hard for me to go out in public. So here, I feel calm and peaceful,” Garrett said.

Bain is fighting to keep the house open and keep services running for the veterans who live there.

“The community so needs this. Without us there’s nothing. There’s no back up plan besides God’s Love and they are already so over capacity all the time,” Bain said.

While the VA grant ends at the end of September, if another grant isn’t secured, Bain said she’ll be back on the street going door to door asking for donations.

Bain said walk-in donations are welcome at the home located at 1112 Leslie Avenue in Helena. You can also donate online and learn more about the organization by clicking here.

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

WILMINGTON — Wilmington’s iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran’s hospitals that ends in January.

At Northampton alone they met with over 200 injured servicemen and women, and founder and president Paul Cardello thinks they'll have visited 1,000 by the time their tour is over.

In their six-month focus on veterans in the New England healthcare system, the iPods team has so far been to VAs in Providence, RI; White River Junction, VT; and Bedford, MA.

"No other group has ever attempted this before," Cardello said. "It's a year's work that we're doing in six months."

With their name growing after years of visiting the D.C. area, he shares that the injured servicemen and women have been waiting for iPods to get there.

While Massachusetts has three VA hospitals, states like Maine and Connecticut have only one VA hospital. This means that these hospitals have more injured servicemen and women in need of all of the donations that iPods brings along with them — including knitted hats, scarves, and gloves from the Wilmington and Billerica senior centers, toiletry bags made by the Local Heroes Club, and laptops and iPad minis from Cornell University.

Their trip to Northampton was their biggest event ever, Cardello continued. The iPods team was joined by a group of Wilmington High School students at the Leeds hospital.

"[Our visits] puts a lot of smiles on these people's faces," he shared.

With funding complete to the end of the year, the team and their over 100 volunteers are amazed that they get to encounter this many veterans and bring them something to help get them through the day as they recover.

Of course, this tour could not happen without the support of sponsors and everyone in the community. Besides the senior citizens of Wilmington and Billerica, the high school's Local Heroes club is always making new gifts to bring.

"It's kind of exciting that our community all took it up-on themselves to be a part of this."

Cardello also offered thanks to the people of Wilmington who have supported and continue to support them with all of the work that they do. And he knows that there's a lot of work left to do.

Next month, Cardello and the rest of the iPods team members will visit the West Haven, CT VA hospital on Oct. 20 with students from St. Sebastian's School; and on the 27th they'll take students from Malden Catholic to the VA in Augusta, ME. Then in December they go to the VA on the south shore and on Jan. 5 they visit Manchester, NH. They're planning to hit every veterans hospital in New England before the six months is up.

iPods is also excited for the first time to join the Columbus Day Parade this year on by invitation from Mayor Marty Walsh. The Oct. 7 parade celebrates Boston's heritage, particularly to honor Massachusetts's military in their commitment to freedom.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

30 September 2018

1. Top Stories

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms. Miller was advised to visit his local VA emergency department, which he did immediately.

[Hyperlink to Above](#)

1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors. In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

[Hyperlink to Above](#)

1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

[Hyperlink to Above](#)

1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them. Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

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2. Greater Choice for Veterans

2.1 - OpsLens: [President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure](#) (29 September, Katie Begley, 5k uvd; Viedra Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical

Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

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3. Modernize Our System

3.1 - WWAY (ABC-3): Fayetteville VA Medical Center Re-Opens Wilmington Site (29

September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center. Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: Veterans affairs director ends tour of duty (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing. That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You’ve got to talk to Woody.”

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4.2 - WSIL (ABC-3): Marion VA Presents Check to Combat Veterans Motorcycle Association (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000. The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

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4.3 - The Parthenon: Local mental health professionals discuss anxiety and depression

(28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library. The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

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5. Improve Timeliness of Service

5.1 - Star Tribune: Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70 (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

[Hyperlink to Above](#)

5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#)

(30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article "VA rejects whistle-blowers' complaints" (Sept. 22), the Globe reported on the Department of Veterans Affairs' Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#)

(29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

[Hyperlink to Above](#)

5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues. Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#)

(29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there. Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#)

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena's only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off. The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

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1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Washington - Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms.

Miller was advised to visit his local VA emergency department, which he did immediately.

According to an inspector general report, Miller was admitted to the Minneapolis mental health unit after he described in detail symptoms of severe emotional anguish to VA clinicians. After four days under observation, he was discharged.

Miller exited the hospital upon being released from care but never left the facility's grounds that day.

Police found him dead in his car from a self-inflicted gunshot wound less than 24 hours later. With the permission of Miller's parents, Minnesota Democrat Rep. Tim Walz, the ranking member of the House Veterans Affairs Committee, shared this tragic story during a hearing on Capitol Hill on Thursday as lawmakers addressed the issue of suicide prevention among veterans and former service members.

"It is infuriating to know that there is a possibility that Justin's death could have been prevented. It should outrage us all that an entire health care system failed at something so serious and that it claimed to be their highest clinical priority," Walz said.

Investigators were unable to determine "that any one, or some combination, was a causal factor" in Miller's death, despite identifying several "deficits in care provided to the patient."

However, the investigation did find that staff members at the Minnesota medical center, including the suicide prevention coordinator, did not properly follow protocol while handling Miller's case and, according to Walz, failed to utilize the three-step REACH VET process, in which a clinician can assess a veteran's risk of suicide so that he or she receives the proper level of care.

"This is profoundly unacceptable," the Minnesota Democrat said about the inspector general's findings, which he called "deeply disturbing."

And that frustration was only compounded by the fact that this was not the first time the inspector general had investigated many of these shortcomings.

"The finding that the Minneapolis VA failed to sufficiently sustain relevant recommendations OIG made in 2012 should outrage us all," he said.

Paul Sherbo, a spokesman for the Minneapolis VA Health Care System, told CNN that their "deepest condolences go out to Justin Miller's family and loved ones" and said that in response

to his suicide and the inspector general's review, they have redoubled their efforts "to ensure every Veteran receives the best possible care. This includes improving care collaboration across departments and disciplines -- from initial treatment and planning to discharge and medication management -- and engaging family members in Veterans' mental health treatment plans, whenever possible."

Sherbo added that the Minneapolis VA Health Care System has started implementing the inspector general's recommendations and would complete all but one this year. He also encouraged veterans in crisis to visit the nearest VA health care facility, where they can receive same-day urgent primary and mental health care services, and provided the 24-hour national suicide prevention hotline: 1 (800) 273-8255.

Young veterans at risk

The circumstances surrounding Miller's death, including his age and the use of a firearm, also seem to highlight two of the major issues related to veteran suicide, according to data outlined in a new report released by the VA on Wednesday.

The suicide rate among younger veterans who, like Miller, fall between the ages of 18 and 34, continues to increase, a VA analysis of suicide data from 2005 to 2016 reveals.

"Rates of suicide were highest among younger Veterans (ages 18--34) and lowest among older Veterans (ages 55 and older). However, because the older Veteran population is the largest, this group accounted for 58.1 percent of Veteran suicide deaths in 2016," the report says.

The use of firearms as a method of suicide also remains high, according to the data, as the percentage of suicide deaths that involved firearms rose from 67% in 2015 to 69.4% in 2016.

Although the overall number of suicides among veterans decreased slightly between 2015 and 2016, the VA is bracing for an increase over the next five years as thousands of Vietnam veterans enter mid-60s, joining what is already the largest age group.

Additionally, VA officials acknowledged that the average daily number of veterans who take their own lives has held steady for years despite efforts to combat the problem.

"In 2016, about 20 current or former service members died by suicide each day. Of these, six had been in recent VA health care and 14 had not," VA spokesman Curtis Cashour told CNN, explaining that Wednesday's suicide prevention report defines veterans "as those who had been activated for federal military service and were not currently serving at the time of their death."

"VA also presents the yearly suicide count of never federally activated former Guardsmen and Reservists," he said.

This report "simply reiterates what many of us have known for a long time: that our fight to end the tragic epidemic of veteran suicide is far from over," Walz said in a statement.

"We must continue to work together to provide veterans with immediate access to quality, culturally competent mental healthcare and make bipartisan progress toward eliminating veteran suicide entirely," he said.

VA officials have said they would prefer to move away from using the per-day metric as an indicator of suicide rates, arguing that it does not account for changes in population size and can be misleading.

But for now, lawmakers and department officials seem to believe that number appropriately underscores the severity of the issue.

"Most of us have heard VA's staggering and heartbreaking statistic that every day, twenty veterans end their own lives. Twenty," Republican Rep. Phil Roe, chairman of the House Committee on Veterans' Affairs, said during Thursday's hearing ahead of testimony from several suicide prevention experts.

"We also know that over the past several years VA has invested significant resources towards addressing that number which stubbornly has not changed ... We have the expertise. We have the support of the President. We can and must reduce suicide among veterans. There is no excuse not to," he said.

Where is the money going?

President Donald Trump's recently confirmed VA Secretary Robert Wilkie told Senate lawmakers Wednesday that suicide prevention is a top priority for the department under his leadership and noted that the VA published "a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA health care system as well as those who do not come to us for care."

He also highlighted the executive order signed by Trump in January intended to assist service members and veterans during their transition from uniformed service to civilian life, "focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide."

But despite a new budget of more than \$200 billion, some critics argue that the VA continues to spend its money in the wrong ways.

"Senior leaders like awareness campaigns and spend millions of dollars on them. They make a big splash in the media. It is measurable in how many outputs -- "views" or "hits" websites or social media pages get --- but does not generate outcomes," according to Jacqueline Garrick of the Whistleblowers for America.

"These campaigns do not work because they cannot change behavior," she said in a statement to Congressional lawmakers.

Rajeev Ramchand, a suicide prevention expert at the Rand Corp., told CNN that "while it may make people feel good, there is very little evidence that public awareness campaigns have a significant impact on suicide rates.

"We do have evidence that public screening at emergency departments can reduce future suicide attempts," he said.

However, he did note that areas with less evidence "should not be ignored as a comprehensive view of veteran suicide prevention requires a thorough understanding of the environment where those events are occurring."

In addition to developing and addressing the limitations around analytical tools like REACH VET, Ramchand told CNN that there are also a lot of things that "we know work," including initiatives that promote screening patients at emergency departments and then identifying those who are high-risk so that they receive the appropriate care.

"Promoting quality evidence-based care ... we know these things work, so let's get people to do them and do them more systematic way," he said.

Troubling allegations

In a written statement submitted to Congress, Garrick also said that her organization has been contacted by several VA employees who shared troubling accounts of workplace dysfunction that are having a direct impact of the quality of care provided and seem to undermine the programs currently in place.

"At one VA medical center, a suicide prevention coordinator reported that they do not have time to complete suicide assessments or write prevention plans with every veteran who potentially needs one because of the case load and its complexity," Garrick said.

"She had 35 patients at one time. Administrators directed to note patients as 'moderate risk' for suicide so as not to raise red flags in the system. When a veteran died by suicide on VA property, her supervisor refused to conduct a root cause analysis because that would be too time consuming," she added.

According to Garrick, this VA employee asked to remain anonymous due to fear of retaliation for speaking out.

CNN has independently contacted the employee and agreed withhold their name and place of work at the request of the individual.

When asked for comment about the broader issue raised in the whistleblower statement, VA spokesman Curtis Cashour would only say: "VA asked CNN for specific details regarding these allegations so the department could look into them, and CNN could not provide them."

"CNN's publishing of such vague allegations without any details that would allow the department to investigate them is highly irresponsible because it does nothing to help fix any issues that may exist and could actually discourage Veterans from seeking VA care," Cashour said.

Griffin Anderson, a spokesman for the Democrats on the House Veterans Affairs Committee, told CNN that lawmakers take the allegations in the Whistleblowers of America report seriously and that the statement "certainly alludes to an alarming and unacceptable trend that we are going to look into."

While the committee has not received a formal complaint pertaining to this specific allegation, Anderson said that lawmakers would work with the suicide coordinator in question to pursue an OIG investigation should they come forward.

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1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors.

In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

"The OIG noted that facility leaders were actively engaged with employees and patients and were working to improve overall satisfaction," the report states. "Organizational leaders support efforts related to patient safety, quality care, and other positive outcomes."

The hospital was given a three-star rating last year and the report indicates it may keep that rating when 2018 figures are announced. VA hospitals are given ratings from one to five stars.

"We've corrected a lot of our issues," said Wade Vlosich, the hospital's director. "Our goal now is just to continue to improve the way we provide care and we've got a lot of great things coming up."

March reports

During one week in late March, the VA's inspector general released two reports on the Oklahoma City VA Medical Center. The first found construction projects there were \$10.8 million over-budget and years behind schedule. The second found the center could not properly account for millions of dollars in payments to a medical school and part-time doctors. The University of Oklahoma later repaid the VA about \$14,000 as a result.

The report released Thursday was much more positive. It did find a problem with some delayed cancer diagnoses but said that problem has been resolved.

"Facility managers reported that the most significant trend identified eight patients who had delayed cancer diagnoses," the report states. "Facility leaders took corrective actions, including the removal of the responsible provider, and conducted institutional disclosures."

Vlosich, who took over the hospital in mid-2016 following high-profile deaths and rapid staff turnover, was quick to make changes and has generally been lauded by politicians and inspectors for doing so. The hospital recently opened a parking garage, alleviating its well-known parking problem.

"Now that the parking garage is open, I have not gotten any complaints," said Vlosich, who previously received as many as eight complaints a day about parking.

High admissions

Admissions at the hospital remain high. Over the past two years, when admissions at VA hospitals were declining nationwide, the Oklahoma City VA saw a 9.3 percent increase in the number of patients admitted. Some elderly veterans are simply left on the hospital's front steps by family members with nowhere else to turn, Vlosich said.

An emergency room is being expanded and urgent care clinic added. Construction on an eye clinic continues and a geriatric psychiatric unit will likely be opened this winter. A specialty care clinic will open even sooner, likely in late October or early November, according to Vlosich. In the western Oklahoma city of Clinton, a clinic soon will be built.

In Oklahoma City, a campus for homeless veterans is being constructed, complete with immediate needs like showers and a food pantry, along with primary care providers, social workers and mental health managers. Construction is underway and it could open by the end of the year.

“Overall,” Vlosich said, “I think we’ve done a really good job when you compare where we’ve been and where we’re going.”

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. Photo Credit: Johnny Milano

The Northport VA’s four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

Allegations that the shortages led to the deaths of two patients, overtired nurses and a host of other problems triggered a yearlong investigation by the Veterans Affairs Office of the Inspector General, the department’s independent watchdog.

As of two weeks ago, the Northport VA Medical Center, which includes the nursing homes as well as a hospital and manages a half-dozen community clinics, had 175 vacancies for key personnel such as nurses and doctors, nearly 10 percent of its 1,800-member staff.

The investigation, launched last September, found that Northport’s senior leaders knew about the staffing shortages, mismanaged the nurses to fill the gaps and allowed overtime costs to balloon to \$1.5 million in 2017, a nearly \$750,000 increase from the year before.

VA officials in Washington also determined that leaders who have since either retired or resigned had pressured nursing home managers to accept new patients when there weren’t enough nurses to properly care for everyone.

The inspectors, however, stopped short of attributing any patient death or serious injury to staffing shortages, citing what they described in their 37-page report as the “many variables” that go into high-quality patient care.

In an addendum to the report, Northport’s interim director, Dr. Cathy Cruise, said she agreed with the findings and would address the staffing shortages.

“Thank you for the opportunity to review our processes to ensure that we continue to provide exceptional care for our Veterans,” Cruise, who has been on the job since mid-July, told investigators in her response.

In the past decade, the inspector general’s office has sent investigators to Northport a handful of times to investigate specific complaints, many tied to aging infrastructure, dirty conditions and management turnover. In the past 18 months, Northport has had four medical center directors, three chiefs of staff and three nursing department directors. All the positions also have a role in overseeing the nursing homes.

Already this year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning and the medical center director resigned in July after only a year on the job. And in a 2017 anonymous survey released in April, employees reported broken medical equipment, understaffing, filthy conditions and unresponsive management.

The watchdog’s latest findings come as Senate Minority Leader Chuck Schumer (D-N.Y.) is pushing the VA to put Northport at the top of its list when it starts handing out hiring funds included in its new \$86.5 billion budget.

Earlier this month, at the Elmont American Legion Post, Schumer called on the VA to place Northport “at the front of the line” because Long Island has roughly 130,000 veterans, one of the highest concentrations in the nation. Northport, the only VA medical center in the 120 miles between Montauk and Manhattan, cares for upward of 30,000 patients a year.

Overtime and hiring

Investigators put much of the responsibility for the staffing shortages on senior leaders at the time, notably the directors of the medical center and the nursing department. Both are now retired.

“Federal employees are expected to be good stewards of government resources,” the report said. “The OIG found a mismanagement of ... senior leaders.”

The two officials, the report said, not only knew about their stretched staff but perpetuated the shortages by not quickly filling vacancies or failing to consider other staffing options such as part-time employees, nurses from a temporary employment agency or a reduction in nursing home residents, the report said.

The medical center director, for example, failed to act on plans by nurse managers that would have complied with recommended staffing levels at each of the four nursing homes, the report said.

In another instance, the report said, the nursing department director changed a staffing algorithm that reduced the number of nurses that experts determined were needed to properly

care for patients. Staffing records for 75 randomly chosen days in 2015, 2016 and 2017 showed the nursing homes routinely operated with less than two-thirds the recommended number of employees.

To cover the gaps in staffing, the report said, officials turned to overtime. The nursing department director, at first, directed that she had to authorize overtime. Within weeks, the report said, her directions changed and officials much lower in rank had approval power.

In addition, the report said, the Northport medical center didn't have accounting measures that allow nursing managers to track each nurse's overtime day to day so they didn't know the number of hours until after it had been worked. Data showed the top 2 percent of overtime payouts went to nurses who worked more than 80 hours of overtime within a two-week pay period. The VA defines excessive overtime as 40 or more hours within two weeks.

The extra hours racked up, numbers in the report showed. From fiscal 2016 to fiscal 2017, overtime costs rose from \$730,953 to \$1.5 million — nearly a third of the medical center's total overtime spending of \$4.7 million, more than twice the \$2 million overtime budget. Northport, the report said, spent more on overtime than it would have if it had filled its vacancies.

Northport's hiring procedures made it difficult to fill vacancies, the report said. The nursing department had the automatic authority to fill positions but slowed the process primarily by seeking out job candidates with qualifications far higher than the VA's minimum standard and by delaying start dates for months, which led many applicants to take other jobs.

The medical center preferred to hire applicants who had a bachelor of science degree in nursing and five to seven years of experience, though the VA only requires registered nurses to have an associate degree and no experience. A registered nurse and a nursing assistant were hired in January 2017 but took jobs elsewhere after they received start dates in July 2017.

When Scott Guermonprez came on as medical center director in June 2017, the report said, he began putting measures in place to address the staff shortages, such as speeding the hiring process and creating a pool of "intermittent staff." Guermonprez resigned two months ago after a year on the job.

Two nursing home deaths

Whistleblowers on Northport's staff alleged the nursing department's practice of filling vacancies with nursing supervisors and nurses on overtime put nursing home residents at greater risk of "adverse events," the report said.

Their allegations involved two deaths, both in 2017. Investigators did not name the men.

Early in the year, the report said, one man apparently choked at dinner in the dining hall while nurses attended other residents. The man was found slumped over the table.

Months later, a man died from complications from a fall he took during an overtime shift for a nursing assistant. The employee, investigators found, had already worked 14 hours that day and had pulled 16-hour shifts in each of the five previous days.

While investigators could not determine whether staff shortages precipitated the deaths, the report pointed out that health care experts typically warn that too few nurses on a shift and

nurses working too many overtime hours in a workweek lead to more incidents that put patients at risk.

Understaffed shifts in particular have a higher rate that medical literature cited in the report describes as “nurse-sensitive outcomes” such as surgical infections, bed sores, pneumonia or potentially fatal blood clotting.

Admissions pressure

Nursing home managers determine whether they have enough nurses to adequately care for patients, including new admissions. They then decide whether to accept admissions, although their decision can be overruled by top leaders, the report said, citing VA policy.

Managers, however, told investigators that top leaders ignored their staffing numbers and pressured them to accept new admissions.

As an example, a manager described an admission that the nursing home had to accept when staffing was at less than 75 percent. The manager told the chief of staff that there weren’t enough nurses to handle a new patient with “multiple medical needs.” The chief of staff told the manager to accept the admission anyway, the report said.

“The staff felt distress by the admission of this high acuity resident as it impacted staff’s time with another resident on the unit for end-of-life care,” the report said.

Another time, the report said, a manager felt pressured to take an admission on a weekend even though the new resident had both physical and psychiatric needs and there was a shortage of both nurses and doctors. The manager said the patient required round-the-clock observation for his safety and stayed for months in an area that wasn’t suited to his needs.

The pressure to accept new patients ended in when a new management team took control in August 2017, the report said.

Investigators also looked into allegations that the nursing homes had been closed temporarily to admissions because of staffing shortages and that residents had been transferred to acute-care inpatient units because of shortages. The office substantiated the temporary closing during a review of staffing levels but determined no residents had been moved.

Staffing solutions

The inspectors made three recommendations: a full review of nursing home staffing to make sure the medical center has enough nurses to care for patients properly; a steady effort to fill nursing vacancies on the nursing home staff and an awareness to use other staffing options to fill the gaps; and better management of overtime to “ensure quality of care and responsible use of financial resources.”

In an addendum to the report, Northport’s interim director Cruise told the inspector general’s office that she and her administration are working to fix the problems.

Nursing leaders, Cruise said, are analyzing nurse-patient ratios every day for each unit.

“Variables that impact the need for nursing staff include severity of patient condition, complexity of care, nursing skill level, skill mix of staff, and actual or projected change in census,” Cruise wrote.

As for hiring, Cruise said, the medical center has authorized filling all vacancies and using more than a half-dozen strategies — from increasing the number of floating nurses to flexible schedule to cross-training — to end the shortages.

As of Friday, the nursing homes had 29 full-time registered nurses and leaders are in the process of hiring two more, said Northport spokesman Levi Spellman. With the new hires, he said, the nursing homes will have the 31 registered nurses called for by VA staffing methodology but still has openings for licensed practical nurses and nursing assistants.

Lastly, Cruise said the medical center has established a task force to decrease overtime and is requiring all overtime to be approved by either a nurse manager or the nurse officer of the day. Administrators, she said, now also have the ability to review overtime in real time and by employee name.

Since the investigation, Spellman said, overtime for the nursing staff at the nursing homes has decreased by 41 percent.

The allegations

Leaders covered the staff shortages by using floating nurses and nurses working voluntary and mandatory overtime.

Nursing supervisors had to feed and bathe nursing home residents.

Leaders pressured nursing home managers to take new patients when staffing was inadequate, putting all residents at risk.

The nursing homes had been closed temporarily to admissions because of staffing shortages and residents had been transferred to acute-care inpatient units because of shortages.

The recommendations

Review nursing home staffing to ensure Northport has enough full-time nurses to properly care for patients.

Recruit and hire nurses to fill nursing home vacancies and to use until adequate staffing is reached and to use staffing options to ensure patients get proper care.

Improve management of overtime practices to ensure high-quality care and responsible spending.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them.

Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

"They're notorious for covering things up," said Sweeney, 40. "I am fed up for having to fight for everything and I'm fed up being in pain all the time, but I'm not surprised."

Their skepticism is easy to understand, since the Office of the Medical Inspector is the VA's own investigative arm. That's why they think the OMI essentially shouted, "Nothing to see here," in its recent findings, when it ruled on a variety of issues, including suspected mistreatment, misdiagnosis and slow response times connected to Myelopathy, a compression of the spinal cord.

Sweeney and Warman both live in Concord, were both injured while serving their country and both sought medical help for their severe back and neck pain. They've moved on, started new lives, learned to live with their pain, and the ongoing process of an organization investigating itself has dulled their senses.

"It falls in line with what they've been trying to do," Warman told me. "I expected this all along, so no one is plowing new ground."

Indeed, this is old ground. Warman suffered back and neck injuries in a construction accident 30 years ago and a car wreck in 2007. Sweeney's truck was hit by an improvised explosive device in Iraq in 2011.

They both have since gotten some relief through surgery, but years had passed before they received the proper care, and they still have plenty of aches and pains.

That's why the whistleblowers we've been hearing about since the summer of 2017, the ones with those medical and nursing degrees – the ones who documented incompetency and delays in treatment and immoral record keeping and a poor monitoring system on degenerative spinal conditions – won't let this go.

In fact, they remain fighting mad, complaining about the conflict of interest they've seen as part of the VA's investigation and the lack of accountability since the story exploded in the Boston Globe.

"It's what they do, like a damage control system," said whistleblower Dr. Ed Kois, head of the spinal cord clinic at the Manchester VA. "They say they're going to investigate, bring in the OMI knowing they'll do a lengthy investigation and then wash their hands."

The Office of Special Counsel, an independent entity that oversees the OMI, isn't buying it. In a prepared statement emailed to me, the OSC's special counsel, Henry Kerner, wrote that "clear discrepancies undermine the assertion that VA leadership was open to concerns and worked to ensure veterans receive timely care."

Those words were golden to Kois and Stewart Levenson, the Manchester VA's former Medicine Department chairman, who were the loudest whistleblowers among the 12 staff members who came forward.

They want you to know they are not doctors with axes to grind, nor are they trying to further their careers, working as self-promoters, promised by an outside government entity to expose trouble at the VA.

Kois says he hasn't been promised a better parking spot, and Levenson insists he did not come aboard to boost his chances of winning a seat in the U.S. House of Representatives.

Kois's parking spot remains unchanged, and he's still courting the press, trying to make as much noise as possible. And Levenson did not win in the primary election, yet he's writing op-eds and calling columnists back so these problems don't fade from view.

"All these investigative bodies descended on Manchester and you would think more would have been done," Levenson said by phone. "But how can you investigate yourself? It was garbage. You can't explain it away."

Added Dr. Ted Daly, another reputable whistleblower: "I'm flabbergasted by their conclusions."

Levenson, Kois and the others cited dirty surgical instruments, flies in the operating room and mismanagement up top, but it was the mistakes made on patients with compressed spinal cord problems that were the most alarming and damaging.

Kois called it a "perfect storm" of factors. The Manchester VA had no neurosurgeons, forcing patients to the Boston VA in West Roxbury, which was overworked and not able to give the proper care.

Record keeping between Boston and Manchester failed to clearly show who needed surgery, and a doctor named Muhammad Huq, the former head of the spinal cord clinic at the Manchester VA, was found to be cutting and pasting notes in medical charts, meaning information remained unchanged for years.

Some whistleblowers and staff felt that upper management was more concerned with ratings and budgets than actual care, which led to the ouster of top officials once the story broke.

Caught in this perfect storm were nearly 100 patients with spinal cord problems, many of whom were never properly treated. Some ended up in wheelchairs, others were forced to use canes, and still others simply had to endure pain needlessly for years, for a condition that one doctor said often goes untreated in third-world countries like Nigeria.

But certainly not here in the U.S.

Try telling that to Warman, 67, an Army veteran who later served in the Air National Guard. His back pain went undiagnosed for years at the Manchester VA, leading to an endless supply of painkillers and a drastic change in lifestyle.

"They were not forthcoming on how to treat it," Warman told me. "It was like, 'Take two of these in the morning and have a nice day.' I was addicted to painkillers.

"I tried to have some kind of life and I kept asking for help and getting none," Warman continued. "They said they were not responsible."

Kois, new to the facility, first examined Warman in 2015. His response after viewing an MRI was “Holy s---.”

“It showed he had severe narrowing of the spinal canal,” Kois said. “I sent him for further evaluation and he had surgery and I saw him again and he was doing great.”

Pain remains, but Warman is strong enough to work at Cumberland Farms and deliver newspapers.

And then there’s Sweeney. After midnight, riding in the lead truck in a convoy of at least 30 vehicles, he heard a bang, saw a flash and, after running for cover and the adrenaline rush had worn off, awoke with his back “killing me.”

The Manchester VA sent him for physical therapy, which did nothing. Neither did steroids. Surgery was performed in Boston, but Sweeney awoke in even more pain.

He was told during subsequent checkups that the pain was a normal part of the recovery process, but the pain grew worse and he later was let go from his job with the Department of Transportation for missing eight months.

Sweeney said the VA eventually stopped taking his calls. He contemplated suicide. He drank a lot of beer. Then he went to see Kois, who took a CAT scan and told Sweeney, “I want you in my office, now.”

Sweeney pulled out his phone and showed me what Kois had shown him: a picture of his spine, with a screw inserted into bone, which was fine, and another screw penetrating a nerve, which was not.

“Permanent nerve damage caused by the VA,” Sweeney said. “I didn’t put that screw in there myself.”

But following 14-hour surgery to remove the misplaced screw at New England Baptist Hospital, Sweeney’s life changed.

“I was shocked that I was walking,” Sweeney said. “I went for a walk with the nurse and I felt good walking around. I’ll have contact with Dr. Kois for the rest of my life, if I can. Dr. Kois saved my life.”

There’s still pain, though. Sweeney has been taking steroid injections since January. He installs natural gas lines and hopes surgery in the future will return him to some sense of normalcy.

And, soon, his story and that of five others from across the country will be told in a documentary called, *The Care They’ve Earned*, an unflinching look at flaws and holes in the VA system.

Advanced screenings have been shown in selective theaters this summer. Sweeney didn’t know the film’s release date around here, and its producer, Justin Springer, was unavailable for comment.

Sweeney showed me a trailer on his phone, which included that CAT scan, the one that clearly showed those two screws in his back.

“I hope people see it,” Sweeney told me. “I lived it and it was still an eye-opener for me.”

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2. Greater Choice for Veterans

2.1 - OpsLens: President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure (29 September, Katie Begley, 5k uvd; Veda Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

The legislation will ensure “full-year funding through September 30, 2019, for projects and activities of the Federal Government included in the following appropriations bills: Energy and Water Development and Related Agencies Appropriations bill (Division A); Legislative Branch Appropriations bill (Division B); and Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (Division C).”

Record-level Funding to VA

The bill funds the Department of Veterans Affairs with \$86.5 billion, which the White House says is the “largest dollar amount in history for the VA.” \$73.1 billion of that funding will go to provide care and services for the 7 million patients the VA serves. The White House specifically highlighted the funding that will go to mental health programs, opioid abuse prevention, suicide prevention outreach, and rural veterans’ health programs. Other healthcare provided through the VA includes routine and illness care, injury care, outpatient services, and health screenings.

The new bill will also provide additional funding to improve the VA system, including previously passed VA MISSION ACT initiatives, and enhance the electronic records system that the VA currently uses to maintain health records and process eligibility. This is the largest VA spending bill that has been passed and signed.

“With this funding bill, we’ve increased the VA’s budget to the largest ever,” said President Trump at the signing. “We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we’ve gotten,” he continued, alluding to the VA MISSION ACT reforms passed back in June and the VA Accountability Act passed last year.

Funding for America’s Infrastructure

While the VA portion was the highlight of the signing event, other critical appropriations were also passed. Three of the 12 regular appropriations bills for 2019 were included in the legislation.

Other aspects will also benefit the military community. “The legislation provides \$15.14 billion to support a strong nuclear national security strategy,” said a White House statement. The specifics of how those funds are used was not released, but the White House did say that over \$11 billion will go to “maintain a strong deterrence posture,” \$1.7 billion would go to the Navy’s

nuclear assets, and \$1.93 billion would go to “keep nuclear materials from getting in the hands of bad actors.”

The bill will also provide additional funding to military construction and research and development for the nation’s electric grid. The Army Corps of Engineers will be maintaining and improving navigation, waterway, and port infrastructure with \$7 billion of funding.

Energy Infrastructure Budget Increases

The Department of Energy will also benefit from the legislation, with \$13.4 billion to their energy programs. The White House drew attention to the \$740 million that will go to furthering fossil energy technology and \$1.2 billion that will be used to conduct research and development with nuclear energy.

The bill focuses on improving infrastructure to build the future of the military, energy sector, and VA. “With this legislation, we are securing a better future for our citizens,” said President Trump. “We are modernizing our nation’s infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.”

Director of the Office of Management and Budget, Mick Mulvaney called the funding “critical investments in our military, our veterans, and our Nation’s infrastructure” in a statement.

The bill was sponsored by Rep. Michael K. Simpson (R-Idaho) in May of this year. It passed in the House and Senate in June.

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3. [Modernize Our System](#)

3.1 - WWAY (ABC-3): [Fayetteville VA Medical Center Re-Opens Wilmington Site](#) (29 September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center.

Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

Emergency VA doctors have come from around the country have come to lend a hand.

The center also opened the parking lot to the Virginia and Fayetteville clinic mobile units.

Some patients were in desperate need of this re-opening.

One patient, Kathy Sigg, who traveled to the site from New Bern, was so thankful to finally get the medical attention she needed.

“This was the third appointment that I rescheduled to be seen so when that happened to me Wednesday or whatever. I was really really upset to drive all that way and [see] red tape,” said Sigg.

The health care center is located at 1705 Gardner Road.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: [Veterans affairs director ends tour of duty](#) (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing.

That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You've got to talk to Woody.”

Woods, known to many as “Woody,” has served the past 12 years as Scott County's veterans affairs director. As of Sept. 14, he retired and handed over the duties to Ben Enlow, a fellow veteran and former Scott County Sheriff's corrections officer.

“I think we did help a lot of people,” said Woods, 68, who served in the Army during Vietnam. “I think of all the people who came in, what you (he) did for them. Really, they were just getting what they deserved, what they earned.”

As veterans affairs director, his role was to assist vets in navigating federal benefits, filling out compensation and pension paperwork, and connecting them to other resources. But Woods did more than the job description for his vets.

“It was an asset having him in that position,” said Lola VanDeWalle, founder of the all-volunteer Quad-Cities Veterans Outreach Center, which provides food, clothing and other services for veterans. “Some people do their jobs and do it well. Woody put his heart in it.”

VanDeWalle recalled Woods being among the first people to volunteer at the nonprofit nearly two years ago and expects he will continue.

“At our big food giveaways, he's here helping and meeting with the veterans one-on-one ... He works to make sure the vets are taken care of,” she said.

The two also would partner “if there is something above and beyond — something his office couldn't do.” VanDeWalle recalled how one of his veterans wanted to attend a funeral in Missouri. “We were able to get him a suit and a ride.”

One of her other early supporters was James Stout, a disabled veterans outreach specialist for Iowa Workforce Development, who also has worked alongside Woods for years helping veterans.

“He gave me the special cases that needed a lot of work done,” said Stout, a disabled veteran, who assists veterans with significant barriers to employment to find work.

“Dave brought a lot of patience to the table; his job was difficult,” Stout added. “He had to sit there and explain to people whether they were qualified or not for benefits. He dealt with a lot of spouses, widows.”

Over the years, Woods said he has a dramatic rise in the cases of PTSD among the younger veterans. “A lot of guys are doing five or six deployments, and that’s a big mental-health issue,” he added.

Stout recalled how on a single weekend, the area lost three soldiers and the toll it took on all of them. “He (Woods) got into another mode and he let everyone know we need to fix this.”

According to Woods, the office sees an estimated 110 to 120 veterans a month.

Enlow, his replacement, recalled how Woods’ helped him with his own benefits paperwork. Enlow saw two tours in Iraq while serving seven years in the 339th Army Reserve Military Police Co., Davenport. Most recently, he has worked 8½ years as a corrections officer at the Scott County Jail.

“I’m going to try to help vets get the benefits that they are entitled to and deserve,” said Enlow, a Quad-City transplant from Spragueville, Iowa.

Stout and VanDeWalle said it has been Woods’ personality and own experiences that have put veterans in his care at ease. “A lot of times when the veterans go to government offices they feel intimidated,” VanDeWalle said. “Woody is always approachable. He sits down and has lunch with them when he’s here (at the center). They feel comfortable and they feel he is their friend.”

Woods not only brought his own military experience but other life experiences to his career’s second act. The Clinton native served in the Army during Vietnam where he was injured in a firefight in June 1970 that claimed two of his platoon brothers. Their memory and sacrifice still brings tears to his eyes.

He later worked at Alcoa in security, where he retired after nearly 26 years amid a layoff. But a few months later, his wife, Marianne, said “You need something to do,” he said.

He found a volunteer job that first taught him how to help veterans at the VA Hospital in Iowa City file various claims. When the Scott County veterans job became available, he said he began to do the same work he had been doing as a volunteer.

Woods said making connections had been key — working with organizations such as the Veterans Administration, VA Hospital and Clinic, the outreach center and other local resources. He also regularly visited the area’s American Legion Posts, the Veterans of Foreign Wars and other veteran groups to keep them up to date on issues.

“A lot of guys are just coming down with something — diabetes or cancer,” he said particularly of the Vietnam vets. “We have a lot of people coming in and signing up for VA medical benefits.”

Woods will remain active with Honor Flight of the Quad-Cities, which he helped with many others to found 10 years ago. He will lead the Oct. 25 flight to Washington, D.C. Like every other trip, he will visit the 9 West panel at the Vietnam Wall, where his two friends' names are listed almost side by side.

"I'll go to 'the wall,' leave a cigar, and salute the two guys that got killed the day I got hit," he said.

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4.2 - WSIL (ABC-3): [Marion VA Presents Check to Combat Veterans Motorcycle Association](#) (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

MARION, Ill. — The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000.

The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

Organizers say the money will benefit the VA's Substance Abuse and PTSD awareness programs.

"The soldier that we honored utilized these programs and when he was using the program and doing the steps of the program," said CVMA 24-5 Commander David Hess. "He was able to get better and get the treatment that he needed; get the counseling that he needed."

Organizers urge veterans to take advantage of the VA's substance abuse and P-T-S-D awareness programs.

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4.3 - The Parthenon: [Local mental health professionals discuss anxiety and depression](#) (28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library.

The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

"I'm a veteran, I'm a Marshall graduate, I'm a director on this campus, and in 2009 I tried to take my own life," Jonathan McCormick, director of Military and Veteran's Affairs, said.

McCormick, who is a veteran of the U.S. Marines, said for years he has heard people say it is a priority to destigmatize mental health issues, and it maintains one for him today.

"Ten years ago, people tried to get me to get help because they realized something was different," McCormick said. "But I didn't want to be labeled crazy."

McCormick said those suffering from mental health issues like anxiety and depression should not avoid showing a vulnerable side of themselves to friends out of fear.

"I was terrified when I first opened up to my friends," he said. "But when you finally do, it's like you become a mutual support system for each other."

Being willing to show vulnerability does not reveal weakness, but rather exemplifies personal strength, McCormick said.

This was a sentiment panelist Aaron Upton said he and McCormick shared. Upton is a clinical psychologist at Herschel Woody Williams Veterans Affairs Medical Center in Huntington.

"It's always going to be uncomfortable, but we have to be able to talk about these things openly, honestly and in a way that is not judgmental," Upton said. "We have to remind our friends it's okay to reach out for help."

Upton said almost all people deal with mental health issues like anxiety and depression at certain points in their lives to various degrees.

"Too many times, mental illnesses are seen as a weakness instead of something that everyday people suffer from sometimes," Upton said. "It isn't all about medical treatment. Sometimes just having personal connections can be a major help."

Upton said it is essential to remember not to be overly focused on labels regarding mental health issues.

"Whether we call something anxiety or depression isn't what matters," he said. "What matters is how someone feels and how that affects them. There are plenty of mental health issues that don't have clear labels as disorders."

Dr. Marc Hettlinger, a primary care physician with Marshall Health, also said the focus should be on how people feel and how to help those who need it.

"Mental illness is a common problem everywhere that needs to be better appreciated and identified," Hettlinger said.

Hettlinger said anxiety and depression are often very real issues for college students and others, but they are not unmanageable problems.

"If you believe a friend is suffering from mental health problems, the most important thing you can do is be there for them and be willing to listen to them," he said.

Hettlinger said this can often be the first step someone needs to motivate them to reach out and seek help.

"Simply having someone to talk to and listen can really help the growing process for many people," Hettlinger said. "We aren't bulletproof. We all have issues from time to time. There are so many things that contribute to the way we feel on a daily basis. Someone suffering isn't always the person crying in the corner of the room."

Hettlinger said mental health symptoms and solutions will be different for different people.

"Everyone is different," he said. "Everyone's life is different, and everyone's brain is different. You have to be honest with yourself and understand it's okay to reach out for help."

Stephanie Ballou, director of disability services at Marshall, said being willing to ask for help is immensely important as well.

Ballou said many students she has met or worked with would rather suffer through their mental health problems than seek help from services out of fear of what others may think of them.

"Walk your friends to the Counseling or Health Center and help them have that first conversation if necessary," she said. "We have administrators who do this for students all the time, and sometimes it can be just what someone needs to start making progress."

It is essential to encourage all faculty get to know and understand their students as individuals, so they are better equipped to help with these issues, Ballou said.

This is one way administrators have helped Marshall student Kristin Cookson when she has suffered from depression or anxiety.

Cookson is working toward two master's degrees in mental health counseling and school counseling, and she works at Golden Girl group home for at-risk and troubled teen girls in West Virginia.

Utilizing campus clinicians and other mental health services is one of many ways Cookson was able to get help for herself, she said.

"It also really helped me when I realized I wasn't just broken, and I started learning coping skills," Cookson said.

She said one thing that cannot be stressed enough to those suffering from mental health issues is the importance of self-care. For Cookson, she said there are simple things she enjoys like playing her favorite video game or doing her makeup when she feels overwhelmed.

"Even if you only have 15 minutes, finding those things for yourself and making time for self-care will make a world of difference in how much progress you make going forward," Cookson said.

Some peoples' bodies do not naturally produce enough of certain necessary chemicals, and they do not deserve to be shamed for that, Cookson said.

"We don't shame anyone for needing to take insulin shots," she said. "So why would we shame someone for needing mental health medication?"

Cookson said mental health issues can be scary because sometimes someone suffering can show no warning signs at all. For those suffering, taking such simple steps to get help as making a phone call to a doctor can feel overwhelmingly difficult and scary, she said.

"If you care about someone, pay attention to them," Cookson said. "Tell them you're worried about them and talk to them if you're concerned."

McCormick said if he would have reached out for help years ago and gotten appropriate accommodations, he would have done immensely better in college and been much happier.

“There were times in college I would stare at my computer screen for hours too scared to log into my online class because how stressed and depressed I was,” McCormick said. “I would never have a problem telling someone I was ordered by a doctor to have shoulder surgery, so I think we should be comfortable talking about mental health issues as well.”

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5. Improve Timeliness of Service

5.1 - Star Tribune: [Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70](#) (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

Until 2009, when Furst was diagnosed with multiple myeloma, a cancer associated with Agent Orange. He had been repeatedly exposed to the chemical defoliant widely used by the U.S. military in Vietnam to flush out and starve enemy combatants.

Furst, of Eden Prairie, died from multiple myeloma Sept. 18 at age 70.

Furst grew up in the northwestern Minnesota town of Barnesville, where as a teenager he played bass guitar in a local band called the Caterpillars. He graduated from high school in 1966 and in November of the following year, he and three buddies from Barnesville enlisted in the Army, knowing they soon would be drafted.

Furst was a radio operator in the 23rd Artillery group. As a forward observer, he'd call in coordinates for artillery strikes. Furst and two of his three Barnesville friends did their tours and went home. One died in combat.

Back in Minnesota, Furst worked as a barber in Moorhead, and then owned a small bar for a while in Barnesville. He moved to the Twin Cities in 1974, where he worked as bartender for 25 years — though he personally quit drinking for good around 1980 due to alcohol addiction.

“He was good at bartending,” said his wife, Joan Furst, who met Tom in 1977 when they both worked in the bar at Hotel Sofitel in Bloomington. “He was fast and efficient, and he just enjoyed people. He had the gift of gab.”

In the decade before retiring in 2010, Furst switched occupations, working in shipping and receiving at two Bloomington companies. But a year before retiring, he began suffering from severe back pain and weight loss.

Furst was diagnosed with multiple myeloma, a cancer of white blood cells that accumulate in bone marrow. The U.S. Department of Veterans Affairs recognizes multiple myeloma as one of several “presumptive diseases” associated with Agent Orange exposure.

While Furst was pleased with his care from the Minneapolis Veterans Medical Center and proud of his service in Vietnam, he was bitter that soldiers were never told about possible ill effects from Agent Orange, Joan Furst said.

“He could never believe the government could treat its soldiers this way,” she said.

In 2012, Tom and Joan took a 15-day trip to Vietnam with Steve Christianson, a lifelong friend from Barnesville, and his wife. Christianson was one of the four Barnesville buddies — including Furst — who packed off at the same time to fight in Vietnam.

The 2012 return trip “softened” Tom’s anger about being exposed to Agent Orange, Joan said. “I think it gave him some peace.”

The tour was customized for veterans: Furst and Christianson were transported to sites where they fought. Furst visited a battlefield where he witnessed the death of a soldier he’d befriended during the war.

A short ceremony was held, and Furst laid a bouquet of flowers.

“It was very emotional and very moving, and I think it gave him some closure,” Christianson said.

Besides his wife, Furst is survived by a daughter, Nicole Larson; a son, Benjamin Furst; six grandchildren, and siblings Marlys Bernier, Vernon Desing and Gerald Furst. Services will be held at 11 a.m. Monday at Pax Christi in Eden Prairie.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article “VA rejects whistle-blowers’ complaints” (Sept. 22), the Globe reported on the Department of Veterans Affairs’ Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

Let’s set the record straight. The Office of Medical Inspector is headed by a retired naval officer with impeccable integrity and broad experience. It has medical staff skilled in investigating quality-of-care concerns. They took special steps to ensure this investigation’s fairness and objectivity. All cases identified by the whistle-blower went to a private firm, which sent them out for review by non-VA board-certified specialists. VA had no role in selecting them. When the care involved more than one specialty, multiple external reviews were done, with patients receiving up to three separate reviews. Copies of imaging studies were even forwarded for review.

In 95 out of 101 instances, the outside specialists found no shortcomings in care — a resounding refutation of the allegation of widespread mismanagement. I am very glad to see this vindication of the medical staff and leadership at Manchester.

Anyone concerned about the investigation's validity should simply read the report themselves. The findings are hard to refute, and they speak for themselves.

Dr. Michael Mayo-Smith

Franklin, N.H.

The writer is the retired network director of the VA New England Health Care System.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

The situation, caring for frail parents in their 90s and early 100s, can be daunting while the caregivers themselves are in their 60s or even 70s. The situation is forcing older adult children, some of them at or nearing retirement age, to decide if they are physically, mentally and financially capable of caring for a parent at the end of their lives.

Some take on the role of primary caregiver — reflecting how they were once cared for as a child by their parent; others must make a difficult decision to place their elderly parent in a care home.

About 10 percent of adults ages 60 to 69 and 12 percent 70 and older provide some type of care to their parents, according to a study by research economists Gal Wettstein and Alice Zulkarnain at the Center for Retirement Research at Boston College. This compares to about 5 percent of adults ages 30 to 49.

About 17 percent of adult children care for their parents at some point in their lives, and the likelihood of doing so rises with age, the study reports. “As baby boomers enter their 80s, a large increase in the demand for long-term care is likely, with a commensurate rise in the reliance on care from their children,” the study concluded.

Any time a child must care for an elderly parent, the challenges can be daunting. According to a study by the Centers for Disease Control and Prevention, caregivers providing for persons with high-burden diseases, such as cancer or dementia, experience “high psychological stress” and “report an average of nearly \$7,000 in out-of-pocket costs associated with caregiving each year.” Also, the Retirement Research study shows the time commitment for care gets longer as the adult child get older, with adults in their 70s spending about 95 hours a month caring for a parent.

The situation is not likely to change in the coming years: The U.S. Census Bureau projects that by 2030, “All baby boomers will be older than age 65. This will expand the size of the older population so that one in every five residents will be retirement age.”

It also projects that by 2035, for the first time in U.S. history, older people will outnumber children. Jonathan Vespa, a Census Bureau demographer, predicts “78 million people 65 years and older compared to 76.7 million under the age of 18.”

Siblings become team to aid mother

Tucsonan Norma Soto-Ramirez, 61, retired early from her job as an educator to help take care of her centenarian mother, Carmen Soto. Norma, one of seven children, said she and her siblings were unanimous in their decision to work together to keep their mother safe in her house.

Norma also was a caregiver for her father, the late Miguel D. Soto, who worked as a miner and truck driver. The siblings, now ages 59 to 73, gave strength to their mother and one another after their father suffered a massive stroke in 2000, dying in 2012 at age 90.

They continued caring for their mother, who was diagnosed with dementia in her late 80s and also suffers from anxiety. Her vision and hearing aren’t as sharp as they used to be, and she uses a wheelchair.

Son Juan Soto, 64, an educator who also retired early to help care for his mom, said her health significantly declined after their father’s death, and it was decided to hire a caregiver to spend nights with her while siblings helped during the day.

At one point, her medication for anxiety was causing her to worsen to the point where she “broke a window to escape from the house,” recalled son Henry Soto, 70. “She would not sleep at night. In the day, she would stand at the gate outside yelling for help for 45 minutes. She would try to climb over the fence. It was very stressful,” he said, noting that one caregiver quit because of the frightful episodes.

“We wondered and questioned, could we do this — care for her and keep her safe?” recalled Norma, informing her mother’s physician about her behavior.

After a few months, her medication was changed, and Carmen’s level of anxiety dropped, allowing her to remain at home.

Her mother took steps earlier in life to help her children carry out her wishes as she aged. On the refrigerator door at her home is a “do not resuscitate” order Carmen signed in 1998. She also made a living trust, a will and put Norma in charge of her medical decisions.

“I find strength in the love I have for her. Love gives me strength. She did so much for me. It is our turn now to do for her,” said Juan. “It is not a burden. It is a blessing caring for her. I was the last one to retire, and one of the reasons was because I wanted to be a part of this rotation.”

“Everyone is pulling their weight,” said Mike. Brother Henry explained that in most families the work falls on one or two, but splitting the work among seven makes it easier.

In 2016, the Pima Council on Aging surveyed 2,269 people ages 60 and older and found that 17 percent were unpaid family caregivers for an older family member, neighbor or friend, and 22 percent of the caregivers surveyed had no one to assist them, said Adina Wingate, an agency spokeswoman.

Pima County demographics show 25 percent of all residents are age 60 and older. In 2017, Arizona's population was estimated at 7 million, and by 2020, one in four Arizona residents will be 60 or older, according to state projections.

He advises caregivers not to be afraid to ask for help and call on community agencies for resources.

Browne's session also includes tips on managing time well, prioritizing a to-do list and how to deal with loved ones afflicted with Alzheimer's. He teaches caregivers how to make rooms safe by having clear walking paths, plenty of lighting and grab bars in a bathroom. Attendants also learned how to sponge-bathe a person in bed, safely use medical equipment and how to correctly transfer a person into a wheelchair or vehicle.

She Quit job to become dad's caregiver

Jaramillo, 90, lost his left leg to diabetes in 2017. He did not get a prosthesis because he suffers from Parkinson's disease, a progressive nervous-system disorder that affects movement, making it impossible for him to stand, Sharon explained. He also suffers from dementia.

"I had already been taking care of him. I knew his needs. It only made sense I do it full-time," explained Sharon, who receives help from sister, Bertha Speer, 59, who gives Sharon a break on Sundays. Their brother, Gilbert Jaramillo, 64, a retired warehouse worker, and his two daughters and other relatives also help when needed.

Ambrosio's body is sensitive, especially when moved from one location to another. He wears gloves to keep his hands warm because of circulation problems. Sharon administers his medications daily, including eye drops for glaucoma and pills to control his thyroid, cholesterol, blood clots, diabetes, dementia and Parkinson's.

"Mom deserved the best I could give her"

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues.

Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care. As a veteran myself, I get 100 percent of my care at the VA. I want all veterans to reap the benefits they have earned and deserve, and encourage all Veterans to consider allowing Manchester VA to be your provider of choice.

With a new leadership team made up of 75 percent veterans, Manchester VA is on a new path. We have taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans.

. Here are some of the steps taken since I came on as your medical center director:

. Taken 397 hiring actions and created 70 positions since July of 2017.

. Established Office an Office of Community Care.

. Established Outpatient Recreation Therapy.

. Doubled clinical support for suicide prevention.

These are just a few examples of what Manchester VA has done to improve care for all veterans. I encourage every Veteran to review their eligibility and take advantage of the vast resources available. For more information come in and see us at 718 Smyth Road, Manchester, N.H. or call Eligibility at 800-892-8384 x 6779.

ALFRED A. MONTOYA JR., Medical Center Director, Manchester VA Medical Center

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6. Suicide Prevention

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there.

Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

"Be There" was the theme of the first suicide prevention walk held off of the VA's campus on Spring Valley Drive.

"Any small act showing that you care," said Julie Brawn, Huntington VA suicide prevention coordinator.

The coordinators said they recently started sending monthly mailings to some of their veterans who are at risk.

"We had one veteran who said we were the only people who sent him a birthday card this year, so it's really important to have that sense of connection," said Deanna Stump, suicide prevention coordinator.

The walk included a balloon release for survivors to honor those they lost.

"Stigma is so big," said Debbie Milling, suicide prevention coordinator. "We used to use the word 'commit' suicide, but we don't say that anymore - we say people die by suicide, because it makes it sound like it's a criminal act and we are trying to take that away. Family members are able to come out and feel free and non-judged in these kind of surroundings."

The prevalence of suicide among veterans is high. About 20 veterans a day across the country take their own lives, and veterans accounted for 14 percent of all adult suicide deaths in the U.S. in 2016, even though only 8 percent of the country's population has served in the military.

According to a story in the Military Times, the suicide rate among all veterans decreased slightly but the rate among young veterans increased dramatically, per statistics released last week by the U.S. Department of Veterans Affairs. The suicide rate of veterans ages 18 to 34 steadily increased from 2006 to 2016, with a jump of more than 10 percent from 2015 to 2016. That translates into 45 deaths per 100,000 veterans, the highest of any age group.

But since the majority of veterans are older, the majority of suicides are also among older veterans. Nearly 60 percent of veterans' suicides in 2016 were from individuals 55 or older.

Veterans who have regular contact with VA health services are less likely to die by suicide than those with little or no interactions, the Military Times story said.

The suicide prevention coordinators said loved ones should be on the lookout for feelings of depression, feeling like a burden, giving away belongings, sleeping more and substance abuse. They said to ask questions and listen to your veteran.

Veterans and their families and loved ones can call the Veterans Crisis Line at 800-273-8255 for help. They can also text 838255 or visit VeteransCrisisLine.net for assistance.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

"Our hope was that when Chad turned 21 he was going to evict Mom and Dad," Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse's South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

The Erickson family, including adult daughters Kristin and Shannon, have wondered for years what to do with the seven-bedroom, four-bathroom home.

But it had such sentimental value that they couldn't just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, "At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barbra Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills."

"It presents not only the potential for conflicts among the residents themselves and staff, but also presents safety issues for the families in the surrounding residential neighborhood and specifically exposing children to behavioral, mental health and anger issues that they should not have to experience, hear and/or witness," the Jansens wrote.

"We want the veterans to have a safe place, where they can finish doing their healing and make this next transition." Dave Erickson

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

According to a Roseburg VA press release, an independent team evaluates and compares cemetery performance against National Cemetery Administration standards, including customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facilities, equipment and facility maintenance, and safety of visitors and employees.

"This is an extraordinary accomplishment for the community and the hard-working, dedicated team of Roseburg National Cemetery," said Roseburg National Cemetery Director Andrew Matthews. "We're honored to serve Veterans and families in a national shrine. We'd like to

thank all of our partners in the community and beyond for helping us serve and fulfill our promise to Veterans every day.”

The award statement reads “In recognition of superior organizational performance in key areas of importance to the National Cemetery Administration (NCA) and its customers. The Roseburg National Cemetery has demonstrated exemplary performance equal to or exceeding national targets in key management and operational areas. The cemetery’s performance positively supports NCA’s key satisfaction drivers of customer service, cemetery service, and access to information.”

Burial in a VA national cemetery is open to all members of the armed forces and veterans who have met minimum active-duty service requirements and were discharged under conditions other than dishonorable. Members of the reserve components of the armed forces who die while on active duty or who die while on training duty under certain circumstances are also eligible for burial, as are servicemembers and former servicemembers who were eligible for retired pay at the time of their death.

A veteran’s spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial, even if they predecease the veteran.

The VA provides the gravesite, grave liner, opening and closing of the grave, government headstone or marker, U.S. burial flag, Presidential Memorial Certificate and perpetual care of the gravesite at no cost to the family.

Information on VA burial benefits is available from local VA national cemetery offices, online at www.cem.va.gov, or by calling VA regional offices toll-free at 800-827-1000.

Locally, the Roseburg National Cemetery was established in 1897 to serve veterans residing at the Oregon State Soldiers’ Home, which now serves as the home of the Umpqua Valley Arts Center. The Home itself opened in 1893 to “provide a home for honorably discharged soldiers, sailors and marines who had served in any wars in which the United States was engaged, or who served in the Indian Wars of Oregon, Washington or Idaho, provided they were or might become citizens of Oregon.”

Thank you, Roseburg National Cemetery, on behalf of the veterans and families you serve!

God bless our veterans and God bless America.

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7.3 - Yo! Venice! [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

“None of us should be able to sleep at night as long as a veteran is sleeping on a sidewalk or under a bridge,” said Councilmember Mike Bonin who represents Venice. “Veterans have

suffered from generations of broken promises. Bridge housing at the VA represents positive changes being made. This partnership is a down payment on the housing and services the local VA is going to deliver.”

This partnership between the City of Los Angeles, the County of Los Angeles and the Department of Veterans Affairs will provide transitional housing for up to 100 homeless veterans. The facility, which is expected to open in early 2019, will include personal hygiene centers, laundry facilities, 24-hour security and supportive services. Funding will come jointly from the County and the City and the Department of Veterans Affairs will provide on-site case management and supportive services.

“I’m happy to be keeping our promise to the many veterans experiencing homelessness by taking this first step and building bridge housing on the VA campus in Brentwood,” said Los Angeles County Supervisor Sheila Kuehl. “Last year, the Homeless Count showed that we had reduced veteran homelessness by 18 percent. One neighborhood at a time, one veteran at a time, we are working to ensure that every vet in the County has a place to call home.”

This Bridge Housing facility will be temporary — and not to be visible from the exterior of the campus — as the VA constructs out its Draft Master Plan, which will provide 1200 units of permanent supportive housing on the campus.

“Building 1,200 units of Permanent Supportive Housing through the Draft Master takes time and there are homeless Veterans who need services now,” said Heidi Marston, Director of Community Engagement and Reintegration at the West Los Angeles VA. “It will take all of us to end Veteran homelessness and Temporary Bridge Housing for our Veterans in need will bring us one step closer,”

The VA bridge housing site will include two tension membrane structures in addition to modular trailers to provide space for sleeping, supportive services and personal hygiene. The construction is expected to cost \$5 million. Bonin introduced legislation on September 25 that would allocate the City funds and direct the department to begin work. Kuehl is expected to introduce legislation to allocate the County funds in the coming week.

The facility is part of Mayor Eric Garcetti’s “A Bridge Home” proposal, which calls for a number of bridge housing sites in each of the L.A.’s 15 council districts.

“A Bridge Home is about getting homeless Angelenos off the streets as quickly as possible on their way to permanent housing — and I am grateful to all of my Council colleagues for stepping up to meet this challenge,” said Mayor Garcetti.

Bonin applauded the effort of the local residents in supporting the City and County’s effort to house homeless veterans in the VA campus. Unlike the bridge housing project planned in Venice at the MTA lot, the VA bridge housing facility was met with wide-ranging support.

“Residents of Brentwood and West LA believe strongly that we must keep our commitment to our veterans, and that land deeded specifically for veterans is the right place to do it,” Bonin said. “Local homeowners associations are eager to be strong, supportive partners to these efforts, and I am inspired and honored by their partnership.”

The City of Los Angeles opened its first bridge housing facility in downtown L.A. earlier this month. Bonin has proposed a second Westside location, in Venice, an area with one of the largest unsheltered homeless populations in the city.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

In recognition of their efforts to address veterans' homelessness, Veterans Community Project was presented with the 2018 Silver Star Families of America Commendation Award in a recent ceremony at their headquarters in Kansas City, Missouri.

A nonprofit based out of Clever, Missouri, the SSFOA's primary mission is to recognize and support veterans who are wounded, injured, or have acquired an illness related to their service in a combat zone — regardless of service branch or military conflict.

The commendation can be awarded to military or civilian personnel and departments or organizations who have positively affected the lives of wounded and ill veterans.

Previous commendation recipients include former President George W. Bush, Gen. David Petraeus, Ann-Margret, Gary Sinise, WWE, the bands Mötley Crüe and 3 Doors Down, in addition to the Kansas City Royals.

This year, the SSFOA founders selected Veterans Community Project for their dedicated work toward ending veteran homelessness through the construction of tiny houses in a community known as "Veterans Village." Founded by veterans and funded through private donations, VCP's program also helps provide veterans with the skills needed to successfully reintegrate into society and the workforce, including classes on money management, cooking, shopping for groceries, legal assistance, searching for employment and coping with trauma.

"Every year we receive a number of nominations for both individuals and organizations that have gone above and beyond in assisting veterans, but Veterans Community Project appeared to rise above the rest for their dedicated efforts in addressing the issue of veteran homelessness," SSFOA founder Steve Newton said.

He added: "We appreciate the selfless enthusiasm demonstrated by organizations such as this, who choose to use their experiences and resources to connect to their fellow veterans and support causes benefiting the veteran community. That is why it is my distinct honor to recognize Veterans Community Project as the 2018 recipient of the SSFOA Commendation Award."

As part of the presentation, an SSFOA representative presented two of VCP's four co-founders — Brandonn Mixon, a U.S. Army veteran, and Brian Meyer, a U.S. Marine Corps veteran — with a plaque, a Silver Star Families service flag and challenge coins.

In addition to the range of supportive services that VCP provides to homeless veterans, cofounder Brian Meyer explained, their Veterans Village remains their cardinal program and there are plans to expand the concept to other communities throughout the United States in the future.

“The transitional housing we provide for veterans are small homes that are 240 square feet for individuals and 320 square feet for veterans with families,” Meyer said. “Here in Kansas City, we are developing the village on a lot that is just under 5 acres and was purchased from the city for a very nominal cost,” he added.

Meyer went on to explain, in addition to being energy efficient and handicap accessible, there will eventually be 49 homes constructed on the property owned by VCP. The homes, he added, are built on concrete foundations, have utilities and are fully sanctioned by the city.

Mixon noted the VCP has also established a unique arrangement with the Kansas City Area Transportation Authority and the Kansas City Veterans Administration to provide free bus rides for veterans in the community. The program is financed through a sponsorship by the Greater Kansas City Labor Unions/AFL-CIO.

“One of the reasons VCP was established in the Kansas City area and not in a rural community is because all of the resources, such as transportation, that are in the city — it is where the largest concentration of supportive resources exists,” Mixon said.

Acknowledging the honor of receiving the annual award from the Silver Star Families of America, Mixon admitted it was an unexpected realization a few years ago that led to his decision to seek ways to support his fellow veterans who found themselves in difficult circumstances.

“I saw a homeless veteran on the street corner here in Kanas City a few years ago who was holding up a sign that asked for help,” Mixon said. “I kept thinking about that man and realized that he could have been one of my fellow soldiers serving in Afghanistan who had my back and was willing to take a bullet for me.”

He added, “Now, through our work at VCP, I feel that I can grab him by the back of his shirt and carry him to safety, demonstrating through our efforts that we have his back and are here to help him get back on his feet.”

For more information on Veterans Community Project, visit veteranscommunityproject.org.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena’s only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off.

The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

According to Desiree Bain, director of the Montana Veterans Foundation who manages the home, the Department of Veterans Affairs provided a grant to the Willis Cruse House for more than a decade. The VA paid a specific amount for each person that occupied the home.

“For every guy that stays here, I can bill the VA and they will reimburse. We’re always a month behind, but still, consistent funding,” Bain said.

However, that changed when the VA denied the application this year for the grant. Bain said the VA did not provide the transitional home with a reason for the denial.

That puts the future of residents at the home, like Donald Burley, into question. Burley is a disabled army veteran who formerly lived with a woman in Townsend, but he says that didn’t work out.

“Things didn’t work out, and I needed a place to go,” Burley said.

Burley found it hard to qualify for most places to live because of his income, and he was put on waiting lists.

Eventually, he found Willis Cruse. Burley said it was the outpouring of support, particularly from staff at the house, that helped him focus not just on his mental health, but his failing physical health.

“When I moved in, my health condition was so bad I probably wouldn’t be around,” Burley said.

It’s a similar story for Gurney Lee Garrett, an Air Force veteran recently released from prison. The prison released Garrett to Willis Cruse for rehabilitation. Garrett said the home has provided him with a place to get back on his feet.

“I got real social fears. Social anxiety. It’s hard for me to go out in public. So here, I feel calm and peaceful,” Garrett said.

Bain is fighting to keep the house open and keep services running for the veterans who live there.

“The community so needs this. Without us there’s nothing. There’s no back up plan besides God’s Love and they are already so over capacity all the time,” Bain said.

While the VA grant ends at the end of September, if another grant isn’t secured, Bain said she’ll be back on the street going door to door asking for donations.

Bain said walk-in donations are welcome at the home located at 1112 Leslie Avenue in Helena. You can also donate online and learn more about the organization by clicking [here](#).

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

WILMINGTON — Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

At Northampton alone they met with over 200 injured servicemen and women, and founder and president Paul Cardello thinks they'll have visited 1,000 by the time their tour is over.

In their six-month focus on veterans in the New England healthcare system, the iPods team has so far been to VAs in Providence, RI; White River Junction, VT; and Bedford, MA.

"No other group has ever attempted this before," Cardello said. "It's a year's work that we're doing in six months."

With their name growing after years of visiting the D.C. area, he shares that the injured servicemen and women have been waiting for iPods to get there.

While Massachusetts has three VA hospitals, states like Maine and Connecticut have only one VA hospital. This means that these hospitals have more injured servicemen and women in need of all of the donations that iPods brings along with them — including knitted hats, scarves, and gloves from the Wilmington and Billerica senior centers, toiletry bags made by the Local Heroes Club, and laptops and iPad minis from Cornell University.

Their trip to Northampton was their biggest event ever, Cardello continued. The iPods team was joined by a group of Wilmington High School students at the Leeds hospital.

"[Our visits] puts a lot of smiles on these people's faces," he shared.

With funding complete to the end of the year, the team and their over 100 volunteers are amazed that they get to encounter this many veterans and bring them something to help get them through the day as they recover.

Of course, this tour could not happen without the support of sponsors and everyone in the community. Besides the senior citizens of Wilmington and Billerica, the high school's Local Heroes club is always making new gifts to bring.

"It's kind of exciting that our community all took it up-on themselves to be a part of this."

Cardello also offered thanks to the people of Wilmington who have supported and continue to support them with all of the work that they do. And he knows that there's a lot of work left to do.

Next month, Cardello and the rest of the iPods team members will visit the West Haven, CT VA hospital on Oct. 20 with students from St. Sebastian's School; and on the 27th they'll take students from Malden Catholic to the VA in Augusta, ME. Then in December they go to the VA on the south shore and on Jan. 5 they visit Manchester, NH. They're planning to hit every veterans hospital in New England before the six months is up.

iPods is also excited for the first time to join the Columbus Day Parade this year on by invitation from Mayor Marty Walsh. The Oct. 7 parade celebrates Boston's heritage, particularly to honor Massachusetts's military in their commitment to freedom.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

1 October 2018

1. [Top Stories](#)

1.1 - KMSP (FOX-9, Video): [Family of veteran who died by suicide at VA Hospital mourns, calls for change](#) (30 September, Christina Palladino, 579k uvm; Eden Prairie, MN)

The family of an Iraq War veteran who died by suicide in the parking lot of the VA Hospital in Minneapolis is speaking out. Congressional hearings have already started to determine what went wrong after the Forest Lake native asked for help with his post-traumatic stress disorder.

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1.2 - KRDO (ABC-13, Video): [Disabled Pueblo veterans go for a joy ride](#) (30 September, 827k uvm; Colorado Springs, CO)

Military veterans residing at the Veteran's Affairs Nursing Home in Pueblo traded in their in wheel chairs and beds Sunday for motorcycles. The veterans, many of whom are disabled, sat in cars attached to motorcycles as they were taken around the city of heroes on a bit of a joy ride.

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2. [Greater Choice for Veterans](#)

2.1 - KUFM (NPR-89.1): [Montana Senate Race: Rosendale, Tester Debate Kavanaugh, Campaign Finance And Health Care](#) (30 September, Emily Schabacker and Dennis Swibold, 41k uvm; Missoula, MT)

Both candidates agreed on the need to better support services for veterans, but differed on tactics, with Tester citing Rosendale's votes as a legislator against funding the Southwest Montana Veterans Home and another in Columbia Falls.

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3. [Modernize Our System](#)

3.1 - Providence Journal: [Veterans Journal: 3-D-printed artificial lung may revolutionize treatment of veterans with lung disease](#) (30 September, George W. Reilly, 1.2M uvm; Providence, RI)

The U.S. Department of Veterans Affairs scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3-D-printed artificial lung that could potentially revolutionize treatment of veterans affected by lung disease.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - WTXL (ABC-27): [Local veteran reacts to largest veterans affairs budget in history](#) (30 September, 60k uvm; Midway, FL)

President Donald Trump has signed the largest veterans affairs budget in history dedicating over \$200 billion to veterans. Officials say the six percent funding boost will include \$1 billion for a new electronic health records system, \$5.3 million for disabled veterans and their families, and even more importantly, \$206 million for veteran suicide prevention.

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6. [Suicide Prevention](#)

6.1 - Clarksville Now: [Increase in Tennessee veteran suicides found by VA](#) (30 September, 161k uvm; Clarksville, TN)

The United States Department of Veterans Affairs (VA) has released a data sheet from 2016 that details the suicide rate of veterans in Tennessee, compared to the veteran suicide rates in the southern region and the nation; as well as the general suicide rates in Tennessee, the southern region, and the nation.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [Neighbors worried about La Crosse family's plans to donate home to veterans](#) (30 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989. "Our hope was that when Chad turned 21 he was going to evict Mom and Dad," Barb Erickson said in an interview Wednesday.

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7.2 - Ventura County Star: [Veterans advised to use their educational benefits wisely](#) (30 September, JC Oberst, 438k uvm; Camarillo, CA)

One of the most coveted benefits service members earn for serving in today's military is the Post 9/11 GI Bill educational benefits. The educational benefits were extended in the Forever GI Bill that went into effect in 2017 for veterans who left the military after Jan. 1, 2013. The bill removed the time limit on using the benefit after departing the military. The benefit is extended from the previous 15-year limit to anytime in your lifetime, hence the name Forever GI Bill.

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7.3 - Napa Valley Register: [Patrick Jolly Vet to Vets: Were you in the military?](#) (30 September, Patrick Jolly, 324k uvm; Napa, CA)

Veterans in Napa County are a rather unusual demographic. We are a mostly older community. Of the roughly 11,000 veterans in Napa County, over 8,000 are over age 55, and nearly 3,000 are over 75! According to the Department of Veterans Affairs, roughly 19 percent of the veterans in Napa County receive federal benefits from the VA.

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7.4 - KRGV (ABC-5): [Valley Veteran Hopes for Speed Up in VA Appeals Process](#) (30 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

The U.S. Department of Veterans Affairs is boasting a record amount of appeals decisions for veterans this fiscal year. The government agency says it delivered 81,000 decisions for disability benefits, which is more than last year. A Weslaco veteran says she would like to see the appeals process speed up more.

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7.5 - The Pueblo Chieftain: [Pueblo veterans treated to joy rides](#) (30 September, Zachary Hillstrom, 189k uvm; Pueblo, CO)

Sitting in the sidecar of a creamsicle-orange motorcycle in the parking lot of the Pueblo VA nursing home on Oakshire Lane, a wide smile spread across the face of 74-year-old Army veteran Robert Hinnen as he felt the bike's powerful engine cause the sidecar to vibrate underneath his feet.

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7.6 - Kitsap Daily News: [Veterans, dental work, disability benefits and barbecue](#) (30 September, Gabe Stutman, 14k uvm; Poulsbo, WA)

Steve Brockman was waiting to get a haircut. He sat on a folding chair on the basketball court at the Sheridan Park Community Center on Saturday morning, wearing dark plastic-framed glasses, looking impassive and speaking softly. His hair was on the long side and mostly gray.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - KMSF (FOX-9, Video): [Family of veteran who died by suicide at VA Hospital mourns, calls for change](#) (30 September, Christina Palladino, 579k uvm; Eden Prairie, MN)

The family of an Iraq War veteran who died by suicide in the parking lot of the VA Hospital in Minneapolis is speaking out.

Congressional hearings have already started to determine what went wrong after the Forest Lake native asked for help with his post-traumatic stress disorder.

The family says if another veteran can be saved by this report, their pain will all be worth it.

They feel the hospital in Minneapolis is not equipped to deal with the massive amount of veterans with PTSD.

“My brother wasn’t a mistake he was talented and smart and hardworking he deserved better than this,” said Alissa Harrington.

Harrington and her father struggle to hold back the tears as they remember Justin Miller, a loving son and younger brother, who tragically took his own life in February of this year.

“The day that he went into crisis I met with him. He said, ‘Don’t worry dad, don’t try to help, I can take care of this, I’m going to get help,’” said Gregory Miller.

The 34-year-old had been struggling with PTSD since he returned from Iraq in 2005 where he served in the Marines.

“He tried best he could, he did what everyone told him to do. The problem was that the other people weren’t doing what they were supposed to be doing,” said Miller.

Justin sought help at the VA hospital in Minneapolis and 24 hours after he was discharged with no follow up care directions, he committed suicide in the parking lot.

A review of Justin’s care at the VA was ordered by Rep. Tim Walz’s office and, this week, a bombshell of a report was released.

“It was very hard to read the report and see in black and white the places where they asked him the same questions so many times over and either didn’t report it or got different answers,” said Harrington.

The report says the treatment team failed to manage medication follow-up procedures, did not educate Justin on access to firearms and never provided suicide behavior report training to clinical staff.

Justin was a trumpet player and played in the Marines Corps Band, he was funny, loving and selfless.

"Served his country well but when it came right down to it they didn't serve him so well," Miller said.

His family is sharing their story because they know so many veterans share Justin's pain.

"This should be the last time the VA leaves a soldier behind," Harrington said.

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1.2 - KRDO (ABC-13, Video): [Disabled Pueblo veterans go for a joy ride](#) (30 September, 827k uvm; Colorado Springs, CO)

Military veterans residing at the Veteran's Affairs Nursing Home in Pueblo traded in their in wheel chairs and beds Sunday for motorcycles. The veterans, many of whom are disabled, sat in cars attached to motorcycles as they were taken around the city of heroes on a bit of a joy ride.

This is the third year in a row that the VA in eastern Colorado has organized this event for the vets living in Pueblo.

"They talk about this all year. They can't remember my name and they see me on a regular basis, but they remember this event," said Piper Knight, the VA's Chief Nurse in Eastern Colorado. "They are like we are going on a ride!"

With help of many other motorbike riders, Knight brought this idea from Denver to Pueblo three years ago. Veterans are able to get out of the nursing home for a ride around town, even if its just for a couple of hours. All while visiting some of the local military memorials in town.

"We go through the park which is a beautiful scenic ride," said Knight. "Then they get to go a little bit faster on the highway, which they enjoy."

"I like the vroom vroom of the bikes," said Vietnam Army veteran Robert Hinnen. This is Hinnen's second ride in the bikes, and after last years ride he had this year's ride marked on his calender.

"It's always fun just to have a day away from the nursing home," said Hinnen. "This is a very patriotic town, Pueblo."

However, the veterans in the side cars aren't the only ones enjoying Sunday's ride. The riders themselves, many of whom are veterans, get a lot out of the experience. They come from all over the state to Pueblo, and they can't stay away. They say this event is all about giving back to those who came before.

"It's what we do," said Air Force veteran Tony Phelps. "We take care of each other while we serve and we don't want to lose that brotherhood and that relationship after the service. It's part of what we are taught not just for veterans, but for community as well."

The VA would also like to thank the Pueblo Police Department who served as escorts for the line of bikes all morning. Making sure everyone made it back to nursing home okay.

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2. Greater Choice for Veterans

2.1 - KUFM (NPR-89.1): [Montana Senate Race: Rosendale, Tester Debate Kavanaugh, Campaign Finance And Health Care](#) (30 September, Emily Schabacker and Dennis Swibold, 41k uvm; Missoula, MT)

[...]

Tester Hits Rosendale Over Support for Veteran Homes

Both candidates agreed on the need to better support services for veterans, but differed on tactics, with Tester citing Rosendale's votes as a legislator against funding the Southwest Montana Veterans Home and another in Columbia Falls.

Rosendale voted to privatize Columbia Falls veterans home, and opposed opening a new veterans facility in Butte. Rosendale wanted to make sure the facility in Butte did not rely on federal funding when federal funding was not secure, according to the Bozeman Daily Chronicle.

Rosendale also voted that session for legislation (House Bill 2, Amendment 33) that would have privatized the Columbia Falls veteran home. Supporters said the care could be provided less expensively by private providers. The funding was eventually restored after opposition from veterans' groups and others.

He said that it's taken too long to implement the Veterans Choice Program, which helps veterans access care from community providers when the wait time is too long or travel distances are too far from VA facilities. Rosendale said the Veterans Choice Program "was so bureaucratic and cumbersome that the veterans couldn't even use it," according to the Missoulian.

In 2013, Rosendale also voted against a bill that would provide Purple Heart Veterans with scholarships. At the time Rosendale was backing a bill called Montana Property Fairness Act, according to the Montana Post. The Purple Heart Scholarship would have cost the government \$50,000

Both candidates said staffing problems at the Veterans Administration remain a major concern.

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3. Modernize Our System

3.1 - Providence Journal: [Veterans Journal: 3-D-printed artificial lung may revolutionize treatment of veterans with lung disease](#) (30 September, George W. Reilly, 1.2M uvm; Providence, RI)

The U.S. Department of Veterans Affairs scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3-D-printed artificial lung that could potentially revolutionize treatment of veterans affected by lung disease.

You are undoubtedly aware of this new 3-D printing technology that has been in the news lately, particularly with the release of plans for anyone with a 3-D printer to “make” untraceable non-metallic guns. The VA’s more humanitarian use of the technology gives hope to veterans that such an artificial lung could be used as a temporary measure, a bridge of sorts, to help patients awaiting lung transplants or as an aid for veterans with recovering lungs.

VA researchers hope to build what they call the first artificial lung that closely replicates the natural lung, resulting in compatibility with living cells and a very small size for portable or wearable short- and long-term respiratory support. This process is in its initial stage, and, according to researchers, future versions could have longer-term applications.

Exposure to burn pits, blowing sand, diesel exhaust and possibly toxic chemicals are some of the most commonly cited factors that lead to lung problems for active-duty military that follow them after leaving the military. In a related matter, about 20 percent of patients with severe traumatic brain injury also have acute lung injury.

One lung disorder VA researchers hope to tackle someday with the 3-D-printed artificial lung is chronic obstructive pulmonary disease (COPD), regarded as one of the most prevalent and costliest ailments in the veteran population.

COPD affects 5 percent of American adults and 16 percent of the veteran population, according to Department of Defense statistics. Most people with COPD suffer from emphysema, in which the air sacs of the lung are damaged and enlarged, and chronic bronchitis, a long-lasting cough caused by chronic inflammation of the bronchial tubes. The disease is characterized by an airflow limitation that is often linked to an abnormal response of the lungs to noxious particles or gases, such as those in cigarette smoke or in the environment.

For additional information about this study visit online at <https://bit.ly/2Q8PHbj>.

More support to vets involved in justice system

The U.S. Department of Veterans Affairs announced last Sept. 17 that it was ready to hire an additional 50 Veterans Justice Outreach (VJO) specialists following President Trump’s signing on that day of the Veterans Treatment Court Improvement Act of 2018, a new law shoring up support services to veterans impacted by the justice system.

The law requires VA, within one year of enactment, to hire 50 additional VJO specialists and place them at eligible VA medical centers where they will, either exclusively or in addition to other duties, serve as part of a justice team in a Veterans Treatment Court or other veteran-focused court.

“By signing this bill into law, President Trump is demonstrating VA’s commitment to supporting America’s veterans, particularly those who may be navigating difficult chapters in their lives,” said VA Secretary Robert Wilkie. “Since incarceration is often linked to homelessness, mental health issues and substance abuse, the VJO specialists will help facilitate these veterans’ access to numerous VA programs and resources.”

Created in 2009, VA's Veterans Justice Outreach Program currently funds 314 VJO specialist positions across the U.S. These specialists serve veterans at earlier stages of the criminal justice process, with a three-pronged focus on outreach to community law enforcement, jails and courts.

VJO specialists at each VA medical center work with veterans in the local criminal justice system, including but not limited to Veterans Treatment Courts, conduct outreach in jails, and engage with law enforcement by delivering VA-focused training sessions and other informational presentations. VJO specialists have served more than 184,000 justice-involved veterans since 2009.

The first Veterans Treatment Court started in Buffalo, N.Y., in 2008. There are now 551 Veterans Treatment Courts, including one in Rhode Island established in 2011, and other veteran-focused courts operating in the U.S. VJO specialists serve as members of the courts' interdisciplinary treatment teams.

Veterans Treatment Courts are a veteran-specific adaptation of the drug court model. Unlike traditional criminal courts, Veterans Treatment Courts are not adversarial. The judge, prosecutor, defense counsel, and others work as a team to ensure that veteran defendants access the treatment services they need and fulfill any other requirements imposed by the court.

For more information about the national Veterans Justice Outreach Program, visit online at <https://www.va.gov/HOMELESS/VJO.asp>. The Rhode Island Veterans Treatment Court is located in the Noel Judicial Complex, 222 Quaker Lane, Warwick, and may be reached by phone at (401) 458-5106, or learn more about it online at <https://www.courts.ri.gov/Courts/districtcourt/Pages/VeteransTreatmentCourt.aspx>.

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4. Focus Resources More Efficiently

5. Improve Timeliness of Service

5.1 - WTXL (ABC-27): [Local veteran reacts to largest veterans affairs budget in history](#) (30 September, 60k uvm; Midway, FL)

TALLAHASSEE, Fla. - President Donald Trump has signed the largest veterans affairs budget in history dedicating over \$200 billion to veterans.

Officials say the six percent funding boost will include \$1 billion for a new electronic health records system, \$5.3 million for disabled veterans and their families, and even more importantly, \$206 million for veteran suicide prevention.

One local veteran says since he retired from his job he needs the VA now and is happy the President Trump is thinking about veterans.

"I'm looking forward to it, I think it is something that we all earned and we all deserved and I think as the care gets better then people are really look forward to it," said Dennis Arden, Vietnam Veteran.

The total increase in the veterans budget will be six percent.

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6. [Suicide Prevention](#)

6.1 - Clarksville Now: [Increase in Tennessee veteran suicides found by VA](#) (30 September, 161k uvm; Clarksville, TN)

The United States Department of Veterans Affairs (VA) has released a data sheet from 2016 that details the suicide rate of veterans in Tennessee, compared to the veteran suicide rates in the southern region and the nation; as well as the general suicide rates in Tennessee, the southern region, and the nation.

There was a total of 156 veteran suicides in the state of Tennessee in 2016. Broken up by age range, the numbers are as follows:

18-34: 26
35-54: 38
55-74: 66
75+: 26

By comparison, there were 2,611 veteran suicides in the southern region, and 6,079 in the nation.

Further, it was found that there was a total of 1,070 general suicides in Tennessee, 17,011 in the southern region, and 43,427 in the nation.

There was a veteran suicide rate (based on per 100,000 people) of 32.8 in Tennessee, 30.6 in the southern region, and 30.1 in the nation. This indicates that veteran suicide rate in Tennessee was not significantly different from the national veteran suicide rate.

Despite that conclusion, it was also found that the Tennessee veteran suicide rate of 32.8 was significantly higher than the general national suicide rate, which was found to be 17.5. The general suicide rate for the southern region was found to be 18.2.

You can view the data sheet in its entirety [here](#).

If you are a veteran or a family member of a veteran, and you struggle with depression, there are resources available to help you. If you are in the Clarksville area, one such resource is Soldiers and Families Embraced, or SAFE. SAFE is an organization dedicated to counseling and helping veterans and veterans' families. For more information on SAFE, you can read about some of their methodologies and processes. You can also listen to a Clarksville's Conversation interview with the executive director of SAFE, Lantz Smith.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: Neighbors worried about La Crosse family's plans to donate home to veterans (30 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

“Our hope was that when Chad turned 21 he was going to evict Mom and Dad,” Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse’s South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

But it had such sentimental value that they couldn’t just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, “At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barb Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills.”

For the Ericksons, the program was a chance to find a purpose for the home they built for their son.

“We truly believe this is such a positive and can be a beautiful part of that neighborhood,” she said.

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7.2 - Ventura County Star: [Veterans advised to use their educational benefits wisely](#) (30 September, JC Oberst, 438k uvm; Camarillo, CA)

One of the most coveted benefits service members earn for serving in today's military is the Post 9/11 GI Bill educational benefits.

The educational benefits were extended in the Forever GI Bill that went into effect in 2017 for veterans who left the military after Jan. 1, 2013. The bill removed the time limit on using the benefit after departing the military. The benefit is extended from the previous 15-year limit to anytime in your lifetime, hence the name Forever GI Bill.

The bill provides service members who qualify 36 months of a college education, which is equivalent to four years of schooling. Veterans are encouraged to consider taking advantage of this benefit and to use it to maximize the return on their future.

A number of changes went into effect on Aug. 1. Many of the changes increase the amount of the entitlements. For a complete list of the changes, download the fact sheet at <https://www.benefits.va.gov/GIBILL/FGIBSummaries.asp>.

The 2018-19 GI Bill covers in-state tuition and fees up to \$23,671 per year. The book stipend authorized is \$1,000 per year. The housing allowances for veterans attending colleges and universities in Ventura County is \$2,403 per month. The actual housing allowance paid to the student veteran is hundreds of dollars less due to the way the benefit is calculated.

The total value of the GI Bill depends upon how you choose to use the benefit.

Let's say you want to attend California Lutheran University in Thousand Oaks. The annual tuition is \$41,363 per year. CLU participates in a program called the Yellow Ribbon program, which waives a veteran's tuition fee above the GI Bill's maximum amount. So if you attend CLU for four years, the total 36-month tuition amounts to \$165,452 (\$94,684 paid by the GI Bill and \$70,768 tuition waived by CLU). Add 36 months of housing allowance at \$64,881 and three years of book stipends at \$4,000 and your total educational benefit value is \$234,333.

Let's look at a different education plan. Consider you are contemplating returning to school. You are concerned about your study skills so you decide you should attend community college first. The tuition to attend Oxnard College for two years is \$1,388 per year or \$2,776. The housing allowance and book stipend are the same as attending CLU. The GI Bill benefit's value is \$48,030.

The bottom line is you should consider carefully your educational career before starting to use your GI Bill benefit. It is a valuable benefit that can return monumental changes in your life. It is wise to consider alternative funding programs to cover the cost of community college courses. This will preserve your GI Bill benefits for university or master degree programs that cost much more. Remember the planning cycle you used during your military experience. Take the time to develop a plan, evaluate contingencies and choose the best course of action for your future. If you have questions or need help, feel free to give us a call or visit your school's veterans resource center.

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7.3 - Napa Valley Register: [Patrick Jolly Vet to Vets: Were you in the military?](#) (30 September, Patrick Jolly, 324k uvm; Napa, CA)

Veterans in Napa County are a rather unusual demographic. We are a mostly older community. Of the roughly 11,000 veterans in Napa County, over 8,000 are over age 55, and nearly 3,000 are over 75!

According to the Department of Veterans Affairs, roughly 19 percent of the veterans in Napa County receive federal benefits from the VA. That means that more than 8,000 veterans may be missing out on their benefits.

The most common reason vets don't get their benefits is they don't know the benefit exists. The VA doesn't really advertise. So vets miss out on free health care, compensation for residuals of injuries from military service, education for children, burial benefits and more.

Many veterans rule themselves out, thinking they don't qualify or even don't think they are veterans because they didn't retire from the military or serve in a war zone. If you served, you're a veteran.

Some don't apply because the process is so intimidating. We can help with the entire application process, making it much more simple and friendly.

And some won't apply because "there are others worse off and I don't want to take anything away from them". This is absolutely wrong – the VA is funded based on usage. And the more of us who apply for benefits, the more aware Congress is of the need to care for veterans.

I should probably mention at this point that I am the Napa County Veterans Service officer. My office is dedicated to helping veterans and their dependents receive any and all benefits to which they may be entitled. Part of that means educating veterans about their benefits — thus, this monthly column.

One problem we face is that we really don't know for sure exactly what veterans in this community want and need.

The County established a Veterans Commission earlier this year to hear from veterans and to determine what their issue are, and what problems they face. They then advise the Board of Supervisors about problems and solutions. They also work on ways to honor our veterans, such as the current effort to identify any military member currently deployed overseas. If you have a family member or close friend that is currently serving overseas please submit Military Banner Recognition Form this month to have them honored in Veterans' Memorial Park. The form can be found on our website: napavets.com.

The biggest roadblock to our efforts to make Napa County a great veteran-friendly county is identifying needs. Napa County is currently working on a new three-year plan, and part of that effort is a discussion of community priorities related to veterans for 2019-2022. The county will be hosting a stakeholder meeting to identify challenges and desires on Oct. 3 from 10 a.m.- 11:30 a.m. at Napa County Probation (1125 Third St. on the second floor). This session will be

led by a facilitator and last approximately 90 minutes. Space is limited due to room size and reservations are recommended — please call 253-4800.

Want to learn about benefits that are available to those who served? Come to our monthly orientation to veterans benefits, held at 1 p.m. on the second Tuesday of each month at 650 Imperial Way. Call 707-253-4558 to reserve a slot for next month on Oct. 9.

Want to meet with agencies that serve veterans and their families? Come to Vet Connect, held on the second Thursday of each month from 9 a.m. to noon at 650 Imperial Way.

I want to thank all veterans for their service, whether during war or peace. I also thank their families who gave support and worried endlessly. I offer my sincere condolences to the families who lost service members.

By the way, do you know our country's military mottos?

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7.4 - KRGV (ABC-5): [Valley Veteran Hopes for Speed Up in VA Appeals Process](#) (30 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

The U.S. Department of Veterans Affairs is boasting a record amount of appeals decisions for veterans this fiscal year.

The government agency says it delivered 81,000 decisions for disability benefits, which is more than last year.

A Weslaco veteran says she would like to see the appeals process speed up more.

CHANNEL 5's Frank McCaffrey spoke with a veterans appeals expert on what will make things move more quickly.

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7.5 - The Pueblo Chieftain: [Pueblo veterans treated to joy rides](#) (30 September, Zachary Hillstrom, 189k uvm; Pueblo, CO)

Sitting in the sidecar of a creamsicle-orange motorcycle in the parking lot of the Pueblo VA nursing home on Oakshire Lane, a wide smile spread across the face of 74-year-old Army veteran Robert Hinnen as he felt the bike's powerful engine cause the sidecar to vibrate underneath his feet.

It was an ideal, albeit chilly, day for a ride on Sunday, with clear skies and sunshine enveloping the Home of Heroes and providing perfect conditions for Hinnen and the other 15-or-so senior veterans who signed up to experience a motorcycle ride, despite many having physical limitations that would normally prevent them from doing so.

For some, the experience served as a way to check an item off of their bucket list; for others, the annual ride through Pueblo with the VA Sidecar Riders is an event they look forward to all year.

"I did it last year with these guys and it was great," Hinnen said.

"I really got a kick out of it: the bike, the noise, the smells, all of it. It's just fun to get out in the fresh air, and I'm an outside guy anyway. I try to be out in the sun whenever I can be."

Hinnen said his time on the bike brought back memories from his youth, when he had his own motorcycle.

"I had a Scrambler when I was in college and am lucky to have lived through it," he said with a laugh.

"There was a time I said, 'I better get off of this before it gets me,' and I did. But I really enjoyed it and had a lot of fun with it."

Hinnen's days of riding his Scrambler are long behind him at this point, as the Vietnam veteran has mobility issues that resign him to a wheelchair most of the time.

But with the help of VA nurses and volunteers with the VA Sidecar Riders, who carefully lifted each of the mobility-limited patients into their sidecars on Sunday, Hinnen and the other vets that rode with the VA Sidecar Riders were able to relive their glory days, if only for 30 minutes.

The police-escorted outing through town, conducted in two sessions with eight volunteer riders offering their sidecars to the vets, took riders on a tour through Pueblo, stopping at the Vietnam Veterans Memorial on Elizabeth Street and Veterans Bridge on the Historic Arkansas Riverwalk of Pueblo before hitting the highway to satisfy any lingering needs for speed.

It was the third consecutive year the group of volunteers brought their bikes to Pueblo for the event, providing an exciting recreational opportunity for the facility's veterans to get out of the nursing home and onto the open road.

"It's a great facility, but it's always nice to get out of here and do something a little different," Hinnen said.

"It's great that these guys would donate their time to do something like this. It's exciting for us."

Hosting veterans on sidecar rides was the inspiration of group organizer Marty Hahn, who said the idea came from his days volunteering in the VA hospital in Denver.

"I met some folks there in the nursing home who had been Harley (Davidson) riders, so I said, 'Why not take them outside? Get some breeze on the knees, as folks say sometimes,'" Hahn recalled.

Hahn and the other volunteers hosted the event in Denver for nine years before bringing it to Pueblo in 2016 with the instrumental help of VA Nurse Piper Knight.

"This is their home, so we try to create a home-like environment for our guys," Knight said. "And veterans love motorcycles."

“A lot of these guys would never be able to ride a bike because they don’t have the physical capacity. So these guys all volunteer to bring their sidecars, and the police volunteer to give us an escort through town. It’s just a fabulous event.”

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7.6 - Kitsap Daily News: [Veterans, dental work, disability benefits and barbecue](#) (30 September, Gabe Stutman, 14k uvm; Poulsbo, WA)

Steve Brockman was waiting to get a haircut. He sat on a folding chair on the basketball court at the Sheridan Park Community Center on Saturday morning, wearing dark plastic-framed glasses, looking impassive and speaking softly. His hair was on the long side and mostly gray.

During the 1970s, Brockman was a morse code interceptor in the U.S. Army. He was stationed in Okinawa, Japan, and then in Texas – picking up messages sent by the militaries of communist China, North Korea and the Soviet Union.

Asked if he still remembers that antiquated code language, Brockman – who now lives in transitional veterans housing near Port Orchard – replied that he certainly does.

Brockman is one of more than a hundred military veterans who came to the community center in Bremerton over the weekend for the bi-annual Stand Down event, where services like dental work, legal advice, groceries, and yes, haircuts, were offered to support those who served.

The event is organized by the Kitsap County Veteran Assistance Program – a county agency headed by Vietnam veteran and retired attorney Andrew Sargent. The Stand Down is an open house, meant to help all veterans, including those who lack adequate resources or have fallen on hard times.

It’s structured like a job fair, with organizations setting up booths circling the gym, as men and women – many wearing ball caps with the name of a war they fought in, a branch of the army they served in, or even a ship they were stationed on – mill about, inquiring. A trailer with a traveling dentist’s office was parked outside, near a food truck from Proud American BBQ – a veteran-owned business – selling pork, mashed potatoes and vegetables. Free clothing, shoes, blankets and towels were available courtesy of Abraham House.

Organizations like the Northwest Justice Project, a legal nonprofit, the National Association of Black Veterans, Kitsap Transit, the Department of Veterans Affairs and the Red Cross set up booths. Volunteers, some wearing yellow reflective vests, helped prepare meals, bag groceries and register visitors.

Dave Dealba, a Vietnam veteran in gunfire support with the U.S. Navy, said he came for information on the VA and to see about disability benefits. He had PTSD and was losing his hearing.

He said he attends counseling twice a month at the Tacoma Veterans Center, which has been helpful in dealing with his PTSD symptoms.

“It doesn’t make you forget,” he said, “but it’s been a godsend.”

Dealba smiled for a photo with Leonard Duran, another Navy veteran.

Service members past and present took part in the proceedings. Around 10:15 a.m. in a quiet hallway of the rec center, six young Navy men and women in full white service dress practiced choreography for a ceremonial table setting they would be conducting.

Around 10:45, the gym quieted as a prayer over the food was said. In a formal ceremony, the service members set six places to honor U.S. prisoners of war and those missing in action from all branches of the military. They placed drinking glasses on a circular table topped with a single red rose and a lemon, to symbolize the bitterness of losing a loved one.

Alongside moments of solemnity, the mood was hopeful among many under clear skies and mild temperatures Saturday.

"It makes me so happy to be here," said county commissioner Edward Wolfe, a Vietnam veteran himself, who said he has never missed a Stand Down since coming to Kitsap.

It was the 24th Stand Down according to Jim McKenna, who chaired the event.

McKenna said people lined up as early as 7 a.m., many seeking dental care, which was limited due to time constraints.

"If you're not early, you don't get it," said John Hadwin, an aviation mechanic with the Navy from 1971-1974.

Peter Petrovich waited in line for barbecue from the food truck. He served in the Army as an electronic signals specialist in the 1980s, and now works in construction and pipe fitting. He said he came to the Stand Down for clothing and groceries, and to seek other help.

"I'm still getting on my feet," he said.

Until four years ago, Petrovich was homeless and living in Seattle. He said certain veterans agencies, like the VA and the King County veterans program, were instrumental in securing him an apartment.

"I was down and out, living in the bushes and sleeping in vehicles" he said. "The King County veterans program helped me a lot."

He said he knew experiences could differ among veterans seeking help from federal or state agencies.

"I hear stories both ways," he said.

Hadwin, originally from Reno, Nevada, said he thought the quality of assistance had improved over the years.

"They're useful," he said of the Stand Down events. "You find out what's available in the veteran community."

"Back in the 70s we didn't have these things," he added.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

1 October 2018

1. [Top Stories](#)

1.1 - KMSP (FOX-9, Video): [Family of veteran who died by suicide at VA Hospital mourns, calls for change](#) (30 September, Christina Palladino, 579k uvm; Eden Prairie, MN)

The family of an Iraq War veteran who died by suicide in the parking lot of the VA Hospital in Minneapolis is speaking out. Congressional hearings have already started to determine what went wrong after the Forest Lake native asked for help with his post-traumatic stress disorder.

[Hyperlink to Above](#)

1.2 - KRDO (ABC-13, Video): [Disabled Pueblo veterans go for a joy ride](#) (30 September, 827k uvm; Colorado Springs, CO)

Military veterans residing at the Veteran's Affairs Nursing Home in Pueblo traded in their in wheel chairs and beds Sunday for motorcycles. The veterans, many of whom are disabled, sat in cars attached to motorcycles as they were taken around the city of heroes on a bit of a joy ride.

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2. [Greater Choice for Veterans](#)

2.1 - KUFM (NPR-89.1): [Montana Senate Race: Rosendale, Tester Debate Kavanaugh, Campaign Finance And Health Care](#) (30 September, Emily Schabacker and Dennis Swibold, 41k uvm; Missoula, MT)

Both candidates agreed on the need to better support services for veterans, but differed on tactics, with Tester citing Rosendale's votes as a legislator against funding the Southwest Montana Veterans Home and another in Columbia Falls.

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3. [Modernize Our System](#)

3.1 - Providence Journal: [Veterans Journal: 3-D-printed artificial lung may revolutionize treatment of veterans with lung disease](#) (30 September, George W. Reilly, 1.2M uvm; Providence, RI)

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Congressional hearings have already started to determine what went wrong after the Forest Lake native asked for help with his post-traumatic stress disorder.

The family says if another veteran can be saved by this report, their pain will all be worth it.

They feel the hospital in Minneapolis is not equipped to deal with the massive amount of veterans with PTSD.

“My brother wasn’t a mistake he was talented and smart and hardworking he deserved better than this,” said Alissa Harrington.

Harrington and her father struggle to hold back the tears as they remember Justin Miller, a loving son and younger brother, who tragically took his own life in February of this year.

“The day that he went into crisis I met with him. He said, ‘Don’t worry dad, don’t try to help, I can take care of this, I’m going to get help,’” said Gregory Miller.

The 34-year-old had been struggling with PTSD since he returned from Iraq in 2005 where he served in the Marines.

“He tried best he could, he did what everyone told him to do. The problem was that the other people weren’t doing what they were supposed to be doing,” said Miller.

Justin sought help at the VA hospital in Minneapolis and 24 hours after he was discharged with no follow up care directions, he committed suicide in the parking lot.

A review of Justin’s care at the VA was ordered by Rep. Tim Walz’s office and, this week, a bombshell of a report was released.

“It was very hard to read the report and see in black and white the places where they asked him the same questions so many times over and either didn’t report it or got different answers,” said Harrington.

The report says the treatment team failed to manage medication follow-up procedures, did not educate Justin on access to firearms and never provided suicide behavior report training to clinical staff.

Justin was a trumpet player and played in the Marines Corps Band, he was funny, loving and selfless.

"Served his country well but when it came right down to it they didn't serve him so well," Miller said.

His family is sharing their story because they know so many veterans share Justin's pain.

"This should be the last time the VA leaves a soldier behind," Harrington said.

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1.2 - KRDO (ABC-13, Video): [Disabled Pueblo veterans go for a joy ride](#) (30 September, 827k uvm; Colorado Springs, CO)

Military veterans residing at the Veteran's Affairs Nursing Home in Pueblo traded in their in wheel chairs and beds Sunday for motorcycles. The veterans, many of whom are disabled, sat in cars attached to motorcycles as they were taken around the city of heroes on a bit of a joy ride.

This is the third year in a row that the VA in eastern Colorado has organized this event for the vets living in Pueblo.

"They talk about this all year. They can't remember my name and they see me on a regular basis, but they remember this event," said Piper Knight, the VA's Chief Nurse in Eastern Colorado. "They are like we are going on a ride!"

With help of many other motorbike riders, Knight brought this idea from Denver to Pueblo three years ago. Veterans are able to get out of the nursing home for a ride around town, even if its just for a couple of hours. All while visiting some of the local military memorials in town.

"We go through the park which is a beautiful scenic ride," said Knight. "Then they get to go a little bit faster on the highway, which they enjoy."

"I like the vroom vroom of the bikes," said Vietnam Army veteran Robert Hinnen. This is Hinnen's second ride in the bikes, and after last years ride he had this year's ride marked on his calender.

"It's always fun just to have a day away from the nursing home," said Hinnen. "This is a very patriotic town, Pueblo."

However, the veterans in the side cars aren't the only ones enjoying Sunday's ride. The riders themselves, many of whom are veterans, get a lot out of the experience. They come from all over the state to Pueblo, and they can't stay away. They say this event is all about giving back to those who came before.

"It's what we do," said Air Force veteran Tony Phelps. "We take care of each other while we serve and we don't want to lose that brotherhood and that relationship after the service. It's part of what we are taught not just for veterans, but for community as well."

The VA would also like to thank the Pueblo Police Department who served as escorts for the line of bikes all morning. Making sure everyone made it back to nursing home okay.

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2. Greater Choice for Veterans

2.1 - KUFM (NPR-89.1): [Montana Senate Race: Rosendale, Tester Debate Kavanaugh, Campaign Finance And Health Care](#) (30 September, Emily Schabacker and Dennis Swibold, 41k uvm; Missoula, MT)

[...]

Tester Hits Rosendale Over Support for Veteran Homes

Both candidates agreed on the need to better support services for veterans, but differed on tactics, with Tester citing Rosendale's votes as a legislator against funding the Southwest Montana Veterans Home and another in Columbia Falls.

Rosendale voted to privatize Columbia Falls veterans home, and opposed opening a new veterans facility in Butte. Rosendale wanted to make sure the facility in Butte did not rely on federal funding when federal funding was not secure, according to the Bozeman Daily Chronicle.

Rosendale also voted that session for legislation (House Bill 2, Amendment 33) that would have privatized the Columbia Falls veteran home. Supporters said the care could be provided less expensively by private providers. The funding was eventually restored after opposition from veterans' groups and others.

He said that it's taken too long to implement the Veterans Choice Program, which helps veterans access care from community providers when the wait time is too long or travel distances are too far from VA facilities. Rosendale said the Veterans Choice Program "was so bureaucratic and cumbersome that the veterans couldn't even use it," according to the Missoulian.

In 2013, Rosendale also voted against a bill that would provide Purple Heart Veterans with scholarships. At the time Rosendale was backing a bill called Montana Property Fairness Act, according to the Montana Post. The Purple Heart Scholarship would have cost the government \$50,000

Both candidates said staffing problems at the Veterans Administration remain a major concern.

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3. Modernize Our System

3.1 - Providence Journal: [Veterans Journal: 3-D-printed artificial lung may revolutionize treatment of veterans with lung disease](#) (30 September, George W. Reilly, 1.2M uvm; Providence, RI)

The U.S. Department of Veterans Affairs scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3-D-printed artificial lung that could potentially revolutionize treatment of veterans affected by lung disease.

You are undoubtedly aware of this new 3-D printing technology that has been in the news lately, particularly with the release of plans for anyone with a 3-D printer to “make” untraceable non-metallic guns. The VA’s more humanitarian use of the technology gives hope to veterans that such an artificial lung could be used as a temporary measure, a bridge of sorts, to help patients awaiting lung transplants or as an aid for veterans with recovering lungs.

VA researchers hope to build what they call the first artificial lung that closely replicates the natural lung, resulting in compatibility with living cells and a very small size for portable or wearable short- and long-term respiratory support. This process is in its initial stage, and, according to researchers, future versions could have longer-term applications.

Exposure to burn pits, blowing sand, diesel exhaust and possibly toxic chemicals are some of the most commonly cited factors that lead to lung problems for active-duty military that follow them after leaving the military. In a related matter, about 20 percent of patients with severe traumatic brain injury also have acute lung injury.

One lung disorder VA researchers hope to tackle someday with the 3-D-printed artificial lung is chronic obstructive pulmonary disease (COPD), regarded as one of the most prevalent and costliest ailments in the veteran population.

COPD affects 5 percent of American adults and 16 percent of the veteran population, according to Department of Defense statistics. Most people with COPD suffer from emphysema, in which the air sacs of the lung are damaged and enlarged, and chronic bronchitis, a long-lasting cough caused by chronic inflammation of the bronchial tubes. The disease is characterized by an airflow limitation that is often linked to an abnormal response of the lungs to noxious particles or gases, such as those in cigarette smoke or in the environment.

For additional information about this study visit online at <https://bit.ly/2Q8PHbj>.

More support to vets involved in justice system

The U.S. Department of Veterans Affairs announced last Sept. 17 that it was ready to hire an additional 50 Veterans Justice Outreach (VJO) specialists following President Trump’s signing on that day of the Veterans Treatment Court Improvement Act of 2018, a new law shoring up support services to veterans impacted by the justice system.

The law requires VA, within one year of enactment, to hire 50 additional VJO specialists and place them at eligible VA medical centers where they will, either exclusively or in addition to other duties, serve as part of a justice team in a Veterans Treatment Court or other veteran-focused court.

“By signing this bill into law, President Trump is demonstrating VA’s commitment to supporting America’s veterans, particularly those who may be navigating difficult chapters in their lives,” said VA Secretary Robert Wilkie. “Since incarceration is often linked to homelessness, mental health issues and substance abuse, the VJO specialists will help facilitate these veterans’ access to numerous VA programs and resources.”

Created in 2009, VA's Veterans Justice Outreach Program currently funds 314 VJO specialist positions across the U.S. These specialists serve veterans at earlier stages of the criminal justice process, with a three-pronged focus on outreach to community law enforcement, jails and courts.

VJO specialists at each VA medical center work with veterans in the local criminal justice system, including but not limited to Veterans Treatment Courts, conduct outreach in jails, and engage with law enforcement by delivering VA-focused training sessions and other informational presentations. VJO specialists have served more than 184,000 justice-involved veterans since 2009.

The first Veterans Treatment Court started in Buffalo, N.Y., in 2008. There are now 551 Veterans Treatment Courts, including one in Rhode Island established in 2011, and other veteran-focused courts operating in the U.S. VJO specialists serve as members of the courts' interdisciplinary treatment teams.

Veterans Treatment Courts are a veteran-specific adaptation of the drug court model. Unlike traditional criminal courts, Veterans Treatment Courts are not adversarial. The judge, prosecutor, defense counsel, and others work as a team to ensure that veteran defendants access the treatment services they need and fulfill any other requirements imposed by the court.

For more information about the national Veterans Justice Outreach Program, visit online at <https://www.va.gov/HOMELESS/VJO.asp>. The Rhode Island Veterans Treatment Court is located in the Noel Judicial Complex, 222 Quaker Lane, Warwick, and may be reached by phone at (401) 458-5106, or learn more about it online at <https://www.courts.ri.gov/Courts/districtcourt/Pages/VeteransTreatmentCourt.aspx>.

[...]

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4. Focus Resources More Efficiently

5. Improve Timeliness of Service

5.1 - WTXL (ABC-27): [Local veteran reacts to largest veterans affairs budget in history](#) (30 September, 60k uvm; Midway, FL)

TALLAHASSEE, Fla. - President Donald Trump has signed the largest veterans affairs budget in history dedicating over \$200 billion to veterans.

Officials say the six percent funding boost will include \$1 billion for a new electronic health records system, \$5.3 million for disabled veterans and their families, and even more importantly, \$206 million for veteran suicide prevention.

One local veteran says since he retired from his job he needs the VA now and is happy the President Trump is thinking about veterans.

"I'm looking forward to it, I think it is something that we all earned and we all deserved and I think as the care gets better then people are really look forward to it," said Dennis Arden, Vietnam Veteran.

The total increase in the veterans budget will be six percent.

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6. [Suicide Prevention](#)

6.1 - Clarksville Now: [Increase in Tennessee veteran suicides found by VA](#) (30 September, 161k uvm; Clarksville, TN)

The United States Department of Veterans Affairs (VA) has released a data sheet from 2016 that details the suicide rate of veterans in Tennessee, compared to the veteran suicide rates in the southern region and the nation; as well as the general suicide rates in Tennessee, the southern region, and the nation.

There was a total of 156 veteran suicides in the state of Tennessee in 2016. Broken up by age range, the numbers are as follows:

18-34: 26
35-54: 38
55-74: 66
75+: 26

By comparison, there were 2,611 veteran suicides in the southern region, and 6,079 in the nation.

Further, it was found that there was a total of 1,070 general suicides in Tennessee, 17,011 in the southern region, and 43,427 in the nation.

There was a veteran suicide rate (based on per 100,000 people) of 32.8 in Tennessee, 30.6 in the southern region, and 30.1 in the nation. This indicates that veteran suicide rate in Tennessee was not significantly different from the national veteran suicide rate.

Despite that conclusion, it was also found that the Tennessee veteran suicide rate of 32.8 was significantly higher than the general national suicide rate, which was found to be 17.5. The general suicide rate for the southern region was found to be 18.2.

You can view the data sheet in its entirety [here](#).

If you are a veteran or a family member of a veteran, and you struggle with depression, there are resources available to help you. If you are in the Clarksville area, one such resource is Soldiers and Families Embraced, or SAFE. SAFE is an organization dedicated to counseling and helping veterans and veterans' families. For more information on SAFE, you can read about some of their methodologies and processes. You can also listen to a Clarksville's Conversation interview with the executive director of SAFE, Lantz Smith.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: Neighbors worried about La Crosse family's plans to donate home to veterans (30 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

“Our hope was that when Chad turned 21 he was going to evict Mom and Dad,” Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse’s South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

But it had such sentimental value that they couldn’t just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, “At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barb Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills.”

For the Ericksons, the program was a chance to find a purpose for the home they built for their son.

“We truly believe this is such a positive and can be a beautiful part of that neighborhood,” she said.

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7.2 - Ventura County Star: [Veterans advised to use their educational benefits wisely](#) (30 September, JC Oberst, 438k uvm; Camarillo, CA)

One of the most coveted benefits service members earn for serving in today's military is the Post 9/11 GI Bill educational benefits.

The educational benefits were extended in the Forever GI Bill that went into effect in 2017 for veterans who left the military after Jan. 1, 2013. The bill removed the time limit on using the benefit after departing the military. The benefit is extended from the previous 15-year limit to anytime in your lifetime, hence the name Forever GI Bill.

The bill provides service members who qualify 36 months of a college education, which is equivalent to four years of schooling. Veterans are encouraged to consider taking advantage of this benefit and to use it to maximize the return on their future.

A number of changes went into effect on Aug. 1. Many of the changes increase the amount of the entitlements. For a complete list of the changes, download the fact sheet at <https://www.benefits.va.gov/GIBILL/FGIBSummaries.asp>.

The 2018-19 GI Bill covers in-state tuition and fees up to \$23,671 per year. The book stipend authorized is \$1,000 per year. The housing allowances for veterans attending colleges and universities in Ventura County is \$2,403 per month. The actual housing allowance paid to the student veteran is hundreds of dollars less due to the way the benefit is calculated.

The total value of the GI Bill depends upon how you choose to use the benefit.

Let's say you want to attend California Lutheran University in Thousand Oaks. The annual tuition is \$41,363 per year. CLU participates in a program called the Yellow Ribbon program, which waives a veteran's tuition fee above the GI Bill's maximum amount. So if you attend CLU for four years, the total 36-month tuition amounts to \$165,452 (\$94,684 paid by the GI Bill and \$70,768 tuition waived by CLU). Add 36 months of housing allowance at \$64,881 and three years of book stipends at \$4,000 and your total educational benefit value is \$234,333.

Let's look at a different education plan. Consider you are contemplating returning to school. You are concerned about your study skills so you decide you should attend community college first. The tuition to attend Oxnard College for two years is \$1,388 per year or \$2,776. The housing allowance and book stipend are the same as attending CLU. The GI Bill benefit's value is \$48,030.

The bottom line is you should consider carefully your educational career before starting to use your GI Bill benefit. It is a valuable benefit that can return monumental changes in your life. It is wise to consider alternative funding programs to cover the cost of community college courses. This will preserve your GI Bill benefits for university or master degree programs that cost much more. Remember the planning cycle you used during your military experience. Take the time to develop a plan, evaluate contingencies and choose the best course of action for your future. If you have questions or need help, feel free to give us a call or visit your school's veterans resource center.

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7.3 - Napa Valley Register: [Patrick Jolly Vet to Vets: Were you in the military?](#) (30 September, Patrick Jolly, 324k uvm; Napa, CA)

Veterans in Napa County are a rather unusual demographic. We are a mostly older community. Of the roughly 11,000 veterans in Napa County, over 8,000 are over age 55, and nearly 3,000 are over 75!

According to the Department of Veterans Affairs, roughly 19 percent of the veterans in Napa County receive federal benefits from the VA. That means that more than 8,000 veterans may be missing out on their benefits.

The most common reason vets don't get their benefits is they don't know the benefit exists. The VA doesn't really advertise. So vets miss out on free health care, compensation for residuals of injuries from military service, education for children, burial benefits and more.

Many veterans rule themselves out, thinking they don't qualify or even don't think they are veterans because they didn't retire from the military or serve in a war zone. If you served, you're a veteran.

Some don't apply because the process is so intimidating. We can help with the entire application process, making it much more simple and friendly.

And some won't apply because "there are others worse off and I don't want to take anything away from them". This is absolutely wrong – the VA is funded based on usage. And the more of us who apply for benefits, the more aware Congress is of the need to care for veterans.

I should probably mention at this point that I am the Napa County Veterans Service officer. My office is dedicated to helping veterans and their dependents receive any and all benefits to which they may be entitled. Part of that means educating veterans about their benefits — thus, this monthly column.

One problem we face is that we really don't know for sure exactly what veterans in this community want and need.

The County established a Veterans Commission earlier this year to hear from veterans and to determine what their issue are, and what problems they face. They then advise the Board of Supervisors about problems and solutions. They also work on ways to honor our veterans, such as the current effort to identify any military member currently deployed overseas. If you have a family member or close friend that is currently serving overseas please submit Military Banner Recognition Form this month to have them honored in Veterans' Memorial Park. The form can be found on our website: napavets.com.

The biggest roadblock to our efforts to make Napa County a great veteran-friendly county is identifying needs. Napa County is currently working on a new three-year plan, and part of that effort is a discussion of community priorities related to veterans for 2019-2022. The county will be hosting a stakeholder meeting to identify challenges and desires on Oct. 3 from 10 a.m.-

11:30 a.m. at Napa County Probation (1125 Third St. on the second floor). This session will be led by a facilitator and last approximately 90 minutes. Space is limited due to room size and reservations are recommended — please call 253-4800.

Want to learn about benefits that are available to those who served? Come to our monthly orientation to veterans benefits, held at 1 p.m. on the second Tuesday of each month at 650 Imperial Way. Call 707-253-4558 to reserve a slot for next month on Oct. 9.

Want to meet with agencies that serve veterans and their families? Come to Vet Connect, held on the second Thursday of each month from 9 a.m. to noon at 650 Imperial Way.

I want to thank all veterans for their service, whether during war or peace. I also thank their families who gave support and worried endlessly. I offer my sincere condolences to the families who lost service members.

By the way, do you know our country's military mottos?

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7.4 - KRGV (ABC-5): [Valley Veteran Hopes for Speed Up in VA Appeals Process](#) (30 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

The U.S. Department of Veterans Affairs is boasting a record amount of appeals decisions for veterans this fiscal year.

The government agency says it delivered 81,000 decisions for disability benefits, which is more than last year.

A Weslaco veteran says she would like to see the appeals process speed up more.

CHANNEL 5's Frank McCaffrey spoke with a veterans appeals expert on what will make things move more quickly.

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7.5 - The Pueblo Chieftain: [Pueblo veterans treated to joy rides](#) (30 September, Zachary Hillstrom, 189k uvm; Pueblo, CO)

Sitting in the sidecar of a creamsicle-orange motorcycle in the parking lot of the Pueblo VA nursing home on Oakshire Lane, a wide smile spread across the face of 74-year-old Army veteran Robert Hinnen as he felt the bike's powerful engine cause the sidecar to vibrate underneath his feet.

It was an ideal, albeit chilly, day for a ride on Sunday, with clear skies and sunshine enveloping the Home of Heroes and providing perfect conditions for Hinnen and the other 15-or-so senior veterans who signed up to experience a motorcycle ride, despite many having physical limitations that would normally prevent them from doing so.

For some, the experience served as a way to check an item off of their bucket list; for others, the annual ride through Pueblo with the VA Sidecar Riders is an event they look forward to all year.

"I did it last year with these guys and it was great," Hinnen said.

"I really got a kick out of it: the bike, the noise, the smells, all of it. It's just fun to get out in the fresh air, and I'm an outside guy anyway. I try to be out in the sun whenever I can be."

Hinnen said his time on the bike brought back memories from his youth, when he had his own motorcycle.

"I had a Scrambler when I was in college and am lucky to have lived through it," he said with a laugh.

"There was a time I said, 'I better get off of this before it gets me,' and I did. But I really enjoyed it and had a lot of fun with it."

Hinnen's days of riding his Scrambler are long behind him at this point, as the Vietnam veteran has mobility issues that resign him to a wheelchair most of the time.

But with the help of VA nurses and volunteers with the VA Sidecar Riders, who carefully lifted each of the mobility-limited patients into their sidecars on Sunday, Hinnen and the other vets that rode with the VA Sidecar Riders were able to relive their glory days, if only for 30 minutes.

The police-escorted outing through town, conducted in two sessions with eight volunteer riders offering their sidecars to the vets, took riders on a tour through Pueblo, stopping at the Vietnam Veterans Memorial on Elizabeth Street and Veterans Bridge on the Historic Arkansas Riverwalk of Pueblo before hitting the highway to satisfy any lingering needs for speed.

It was the third consecutive year the group of volunteers brought their bikes to Pueblo for the event, providing an exciting recreational opportunity for the facility's veterans to get out of the nursing home and onto the open road.

"It's a great facility, but it's always nice to get out of here and do something a little different," Hinnen said.

"It's great that these guys would donate their time to do something like this. It's exciting for us."

Hosting veterans on sidecar rides was the inspiration of group organizer Marty Hahn, who said the idea came from his days volunteering in the VA hospital in Denver.

"I met some folks there in the nursing home who had been Harley (Davidson) riders, so I said, 'Why not take them outside? Get some breeze on the knees, as folks say sometimes,'" Hahn recalled.

Hahn and the other volunteers hosted the event in Denver for nine years before bringing it to Pueblo in 2016 with the instrumental help of VA Nurse Piper Knight.

"This is their home, so we try to create a home-like environment for our guys," Knight said. "And veterans love motorcycles."

“A lot of these guys would never be able to ride a bike because they don’t have the physical capacity. So these guys all volunteer to bring their sidecars, and the police volunteer to give us an escort through town. It’s just a fabulous event.”

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7.6 - Kitsap Daily News: [Veterans, dental work, disability benefits and barbecue](#) (30 September, Gabe Stutman, 14k uvm; Poulsbo, WA)

Steve Brockman was waiting to get a haircut. He sat on a folding chair on the basketball court at the Sheridan Park Community Center on Saturday morning, wearing dark plastic-framed glasses, looking impassive and speaking softly. His hair was on the long side and mostly gray.

During the 1970s, Brockman was a morse code interceptor in the U.S. Army. He was stationed in Okinawa, Japan, and then in Texas – picking up messages sent by the militaries of communist China, North Korea and the Soviet Union.

Asked if he still remembers that antiquated code language, Brockman – who now lives in transitional veterans housing near Port Orchard – replied that he certainly does.

Brockman is one of more than a hundred military veterans who came to the community center in Bremerton over the weekend for the bi-annual Stand Down event, where services like dental work, legal advice, groceries, and yes, haircuts, were offered to support those who served.

The event is organized by the Kitsap County Veteran Assistance Program – a county agency headed by Vietnam veteran and retired attorney Andrew Sargent. The Stand Down is an open house, meant to help all veterans, including those who lack adequate resources or have fallen on hard times.

It’s structured like a job fair, with organizations setting up booths circling the gym, as men and women – many wearing ball caps with the name of a war they fought in, a branch of the army they served in, or even a ship they were stationed on – mill about, inquiring. A trailer with a traveling dentist’s office was parked outside, near a food truck from Proud American BBQ – a veteran-owned business – selling pork, mashed potatoes and vegetables. Free clothing, shoes, blankets and towels were available courtesy of Abraham House.

Organizations like the Northwest Justice Project, a legal nonprofit, the National Association of Black Veterans, Kitsap Transit, the Department of Veterans Affairs and the Red Cross set up booths. Volunteers, some wearing yellow reflective vests, helped prepare meals, bag groceries and register visitors.

Dave Dealba, a Vietnam veteran in gunfire support with the U.S. Navy, said he came for information on the VA and to see about disability benefits. He had PTSD and was losing his hearing.

He said he attends counseling twice a month at the Tacoma Veterans Center, which has been helpful in dealing with his PTSD symptoms.

“It doesn’t make you forget,” he said, “but it’s been a godsend.”

Dealba smiled for a photo with Leonard Duran, another Navy veteran.

Service members past and present took part in the proceedings. Around 10:15 a.m. in a quiet hallway of the rec center, six young Navy men and women in full white service dress practiced choreography for a ceremonial table setting they would be conducting.

Around 10:45, the gym quieted as a prayer over the food was said. In a formal ceremony, the service members set six places to honor U.S. prisoners of war and those missing in action from all branches of the military. They placed drinking glasses on a circular table topped with a single red rose and a lemon, to symbolize the bitterness of losing a loved one.

Alongside moments of solemnity, the mood was hopeful among many under clear skies and mild temperatures Saturday.

"It makes me so happy to be here," said county commissioner Edward Wolfe, a Vietnam veteran himself, who said he has never missed a Stand Down since coming to Kitsap.

It was the 24th Stand Down according to Jim McKenna, who chaired the event.

McKenna said people lined up as early as 7 a.m., many seeking dental care, which was limited due to time constraints.

"If you're not early, you don't get it," said John Hadwin, an aviation mechanic with the Navy from 1971-1974.

Peter Petrovich waited in line for barbecue from the food truck. He served in the Army as an electronic signals specialist in the 1980s, and now works in construction and pipe fitting. He said he came to the Stand Down for clothing and groceries, and to seek other help.

"I'm still getting on my feet," he said.

Until four years ago, Petrovich was homeless and living in Seattle. He said certain veterans agencies, like the VA and the King County veterans program, were instrumental in securing him an apartment.

"I was down and out, living in the bushes and sleeping in vehicles" he said. "The King County veterans program helped me a lot."

He said he knew experiences could differ among veterans seeking help from federal or state agencies.

"I hear stories both ways," he said.

Hadwin, originally from Reno, Nevada, said he thought the quality of assistance had improved over the years.

"They're useful," he said of the Stand Down events. "You find out what's available in the veteran community."

"Back in the 70s we didn't have these things," he added.

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8. [Other](#)

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Subject: [EXTERNAL] 30 September Veterans Affairs Media Summary and News Clips
Date: Sun Sep 30 2018 05:22:26 CDT
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Veterans Affairs Media Summary and News Clips

30 September 2018

1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms. Miller was advised to visit his local VA emergency department, which he did immediately.

[Hyperlink to Above](#)

1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors. In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

[Hyperlink to Above](#)

1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them. Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

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2. [Greater Choice for Veterans](#)

2.1 - OpsLens: [President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure](#) (29 September, Katie Begley, 5k uvd; Veda Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

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3. Modernize Our System

3.1 - WWAY (ABC-3): Fayetteville VA Medical Center Re-Opens Wilmington Site (29 September, Monique Robinson, 189k uvm; Wilmington, NC)
Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center. Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: Veterans affairs director ends tour of duty (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)
Just a few weeks into his retirement and David Woods' phone has not stopped ringing. That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You’ve got to talk to Woody.”

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4.2 - WSIL (ABC-3): Marion VA Presents Check to Combat Veterans Motorcycle Association (29 September, Baylee Steelman, 162k uvm; Carterville, IL)
The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000. The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

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4.3 - The Parthenon: Local mental health professionals discuss anxiety and depression (28 September, Douglas Harding, 3k uvm; Huntington, WV)
Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library. The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

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5. Improve Timeliness of Service

5.1 - Star Tribune: Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70 (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)
Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article "VA rejects whistle-blowers' complaints" (Sept. 22), the Globe reported on the Department of Veterans Affairs' Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues. Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there. Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989. "Our hope was that when Chad turned 21 he was going to evict Mom and Dad," Barb Erickson said in an interview Wednesday.

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

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7.3 - Yo! Venice!: [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena's only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off. The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Washington - Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms.

Miller was advised to visit his local VA emergency department, which he did immediately.

According to an inspector general report, Miller was admitted to the Minneapolis mental health unit after he described in detail symptoms of severe emotional anguish to VA clinicians. After four days under observation, he was discharged.

Miller exited the hospital upon being released from care but never left the facility's grounds that day.

Police found him dead in his car from a self-inflicted gunshot wound less than 24 hours later. With the permission of Miller's parents, Minnesota Democrat Rep. Tim Walz, the ranking member of the House Veterans Affairs Committee, shared this tragic story during a hearing on Capitol Hill on Thursday as lawmakers addressed the issue of suicide prevention among veterans and former service members.

"It is infuriating to know that there is a possibility that Justin's death could have been prevented. It should outrage us all that an entire health care system failed at something so serious and that it claimed to be their highest clinical priority," Walz said.

Investigators were unable to determine "that any one, or some combination, was a causal factor" in Miller's death, despite identifying several "deficits in care provided to the patient."

However, the investigation did find that staff members at the Minnesota medical center, including the suicide prevention coordinator, did not properly follow protocol while handling Miller's case and, according to Walz, failed to utilize the three-step REACH VET process, in which a clinician can assess a veteran's risk of suicide so that he or she receives the proper level of care.

"This is profoundly unacceptable," the Minnesota Democrat said about the inspector general's findings, which he called "deeply disturbing."

And that frustration was only compounded by the fact that this was not the first time the inspector general had investigated many of these shortcomings.

"The finding that the Minneapolis VA failed to sufficiently sustain relevant recommendations OIG made in 2012 should outrage us all," he said.

Paul Sherbo, a spokesman for the Minneapolis VA Health Care System, told CNN that their "deepest condolences go out to Justin Miller's family and loved ones" and said that in response

to his suicide and the inspector general's review, they have redoubled their efforts "to ensure every Veteran receives the best possible care. This includes improving care collaboration across departments and disciplines -- from initial treatment and planning to discharge and medication management -- and engaging family members in Veterans' mental health treatment plans, whenever possible."

Sherbo added that the Minneapolis VA Health Care System has started implementing the inspector general's recommendations and would complete all but one this year. He also encouraged veterans in crisis to visit the nearest VA health care facility, where they can receive same-day urgent primary and mental health care services, and provided the 24-hour national suicide prevention hotline: 1 (800) 273-8255.

Young veterans at risk

The circumstances surrounding Miller's death, including his age and the use of a firearm, also seem to highlight two of the major issues related to veteran suicide, according to data outlined in a new report released by the VA on Wednesday.

The suicide rate among younger veterans who, like Miller, fall between the ages of 18 and 34, continues to increase, a VA analysis of suicide data from 2005 to 2016 reveals.

"Rates of suicide were highest among younger Veterans (ages 18--34) and lowest among older Veterans (ages 55 and older). However, because the older Veteran population is the largest, this group accounted for 58.1 percent of Veteran suicide deaths in 2016," the report says.

The use of firearms as a method of suicide also remains high, according to the data, as the percentage of suicide deaths that involved firearms rose from 67% in 2015 to 69.4% in 2016.

Although the overall number of suicides among veterans decreased slightly between 2015 and 2016, the VA is bracing for an increase over the next five years as thousands of Vietnam veterans enter mid-60s, joining what is already the largest age group.

Additionally, VA officials acknowledged that the average daily number of veterans who take their own lives has held steady for years despite efforts to combat the problem.

"In 2016, about 20 current or former service members died by suicide each day. Of these, six had been in recent VA health care and 14 had not," VA spokesman Curtis Cashour told CNN, explaining that Wednesday's suicide prevention report defines veterans "as those who had been activated for federal military service and were not currently serving at the time of their death."

"VA also presents the yearly suicide count of never federally activated former Guardsmen and Reservists," he said.

This report "simply reiterates what many of us have known for a long time: that our fight to end the tragic epidemic of veteran suicide is far from over," Walz said in a statement.

"We must continue to work together to provide veterans with immediate access to quality, culturally competent mental healthcare and make bipartisan progress toward eliminating veteran suicide entirely," he said.

VA officials have said they would prefer to move away from using the per-day metric as an indicator of suicide rates, arguing that it does not account for changes in population size and can be misleading.

But for now, lawmakers and department officials seem to believe that number appropriately underscores the severity of the issue.

"Most of us have heard VA's staggering and heartbreaking statistic that every day, twenty veterans end their own lives. Twenty," Republican Rep. Phil Roe, chairman of the House Committee on Veterans' Affairs, said during Thursday's hearing ahead of testimony from several suicide prevention experts.

"We also know that over the past several years VA has invested significant resources towards addressing that number which stubbornly has not changed ... We have the expertise. We have the support of the President. We can and must reduce suicide among veterans. There is no excuse not to," he said.

Where is the money going?

President Donald Trump's recently confirmed VA Secretary Robert Wilkie told Senate lawmakers Wednesday that suicide prevention is a top priority for the department under his leadership and noted that the VA published "a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA health care system as well as those who do not come to us for care."

He also highlighted the executive order signed by Trump in January intended to assist service members and veterans during their transition from uniformed service to civilian life, "focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide."

But despite a new budget of more than \$200 billion, some critics argue that the VA continues to spend its money in the wrong ways.

"Senior leaders like awareness campaigns and spend millions of dollars on them. They make a big splash in the media. It is measurable in how many outputs -- "views" or "hits" websites or social media pages get --- but does not generate outcomes," according to Jacqueline Garrick of the Whistleblowers for America.

"These campaigns do not work because they cannot change behavior," she said in a statement to Congressional lawmakers.

Rajeev Ramchand, a suicide prevention expert at the Rand Corp., told CNN that "while it may make people feel good, there is very little evidence that public awareness campaigns have a significant impact on suicide rates.

"We do have evidence that public screening at emergency departments can reduce future suicide attempts," he said.

However, he did note that areas with less evidence "should not be ignored as a comprehensive view of veteran suicide prevention requires a thorough understanding of the environment where those events are occurring."

In addition to developing and addressing the limitations around analytical tools like REACH VET, Ramchand told CNN that there are also a lot of things that "we know work," including initiatives that promote screening patients at emergency departments and then identifying those who are high-risk so that they receive the appropriate care.

"Promoting quality evidence-based care ... we know these things work, so let's get people to do them and do them more systematic way," he said.

Troubling allegations

In a written statement submitted to Congress, Garrick also said that her organization has been contacted by several VA employees who shared troubling accounts of workplace dysfunction that are having a direct impact of the quality of care provided and seem to undermine the programs currently in place.

"At one VA medical center, a suicide prevention coordinator reported that they do not have time to complete suicide assessments or write prevention plans with every veteran who potentially needs one because of the case load and its complexity," Garrick said.

"She had 35 patients at one time. Administrators directed to note patients as 'moderate risk' for suicide so as not to raise red flags in the system. When a veteran died by suicide on VA property, her supervisor refused to conduct a root cause analysis because that would be too time consuming," she added.

According to Garrick, this VA employee asked to remain anonymous due to fear of retaliation for speaking out.

CNN has independently contacted the employee and agreed withhold their name and place of work at the request of the individual.

When asked for comment about the broader issue raised in the whistleblower statement, VA spokesman Curtis Cashour would only say: "VA asked CNN for specific details regarding these allegations so the department could look into them, and CNN could not provide them."

"CNN's publishing of such vague allegations without any details that would allow the department to investigate them is highly irresponsible because it does nothing to help fix any issues that may exist and could actually discourage Veterans from seeking VA care," Cashour said.

Griffin Anderson, a spokesman for the Democrats on the House Veterans Affairs Committee, told CNN that lawmakers take the allegations in the Whistleblowers of America report seriously and that the statement "certainly alludes to an alarming and unacceptable trend that we are going to look into."

While the committee has not received a formal complaint pertaining to this specific allegation, Anderson said that lawmakers would work with the suicide coordinator in question to pursue an OIG investigation should they come forward.

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1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors.

In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

"The OIG noted that facility leaders were actively engaged with employees and patients and were working to improve overall satisfaction," the report states. "Organizational leaders support efforts related to patient safety, quality care, and other positive outcomes."

The hospital was given a three-star rating last year and the report indicates it may keep that rating when 2018 figures are announced. VA hospitals are given ratings from one to five stars.

"We've corrected a lot of our issues," said Wade Vlosich, the hospital's director. "Our goal now is just to continue to improve the way we provide care and we've got a lot of great things coming up."

March reports

During one week in late March, the VA's inspector general released two reports on the Oklahoma City VA Medical Center. The first found construction projects there were \$10.8 million over-budget and years behind schedule. The second found the center could not properly account for millions of dollars in payments to a medical school and part-time doctors. The University of Oklahoma later repaid the VA about \$14,000 as a result.

The report released Thursday was much more positive. It did find a problem with some delayed cancer diagnoses but said that problem has been resolved.

"Facility managers reported that the most significant trend identified eight patients who had delayed cancer diagnoses," the report states. "Facility leaders took corrective actions, including the removal of the responsible provider, and conducted institutional disclosures."

Vlosich, who took over the hospital in mid-2016 following high-profile deaths and rapid staff turnover, was quick to make changes and has generally been lauded by politicians and inspectors for doing so. The hospital recently opened a parking garage, alleviating its well-known parking problem.

"Now that the parking garage is open, I have not gotten any complaints," said Vlosich, who previously received as many as eight complaints a day about parking.

High admissions

Admissions at the hospital remain high. Over the past two years, when admissions at VA hospitals were declining nationwide, the Oklahoma City VA saw a 9.3 percent increase in the number of patients admitted. Some elderly veterans are simply left on the hospital's front steps by family members with nowhere else to turn, Vlosich said.

An emergency room is being expanded and urgent care clinic added. Construction on an eye clinic continues and a geriatric psychiatric unit will likely be opened this winter. A specialty care clinic will open even sooner, likely in late October or early November, according to Vlosich. In the western Oklahoma city of Clinton, a clinic soon will be built.

In Oklahoma City, a campus for homeless veterans is being constructed, complete with immediate needs like showers and a food pantry, along with primary care providers, social workers and mental health managers. Construction is underway and it could open by the end of the year.

"Overall," Vlosich said, "I think we've done a really good job when you compare where we've been and where we're going."

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. Photo Credit: Johnny Milano

The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

Allegations that the shortages led to the deaths of two patients, overtired nurses and a host of other problems triggered a yearlong investigation by the Veterans Affairs Office of the Inspector General, the department's independent watchdog.

As of two weeks ago, the Northport VA Medical Center, which includes the nursing homes as well as a hospital and manages a half-dozen community clinics, had 175 vacancies for key personnel such as nurses and doctors, nearly 10 percent of its 1,800-member staff.

The investigation, launched last September, found that Northport's senior leaders knew about the staffing shortages, mismanaged the nurses to fill the gaps and allowed overtime costs to balloon to \$1.5 million in 2017, a nearly \$750,000 increase from the year before.

VA officials in Washington also determined that leaders who have since either retired or resigned had pressured nursing home managers to accept new patients when there weren't enough nurses to properly care for everyone.

The inspectors, however, stopped short of attributing any patient death or serious injury to staffing shortages, citing what they described in their 37-page report as the "many variables" that go into high-quality patient care.

In an addendum to the report, Northport's interim director, Dr. Cathy Cruise, said she agreed with the findings and would address the staffing shortages.

"Thank you for the opportunity to review our processes to ensure that we continue to provide exceptional care for our Veterans," Cruise, who has been on the job since mid-July, told investigators in her response.

In the past decade, the inspector general's office has sent investigators to Northport a handful of times to investigate specific complaints, many tied to aging infrastructure, dirty conditions and management turnover. In the past 18 months, Northport has had four medical center directors, three chiefs of staff and three nursing department directors. All the positions also have a role in overseeing the nursing homes.

Already this year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning and the medical center director resigned in July after only a year on the job. And in a 2017 anonymous survey released in April, employees reported broken medical equipment, understaffing, filthy conditions and unresponsive management.

The watchdog's latest findings come as Senate Minority Leader Chuck Schumer (D-N.Y.) is pushing the VA to put Northport at the top of its list when it starts handing out hiring funds included in its new \$86.5 billion budget.

Earlier this month, at the Elmont American Legion Post, Schumer called on the VA to place Northport "at the front of the line" because Long Island has roughly 130,000 veterans, one of the highest concentrations in the nation. Northport, the only VA medical center in the 120 miles between Montauk and Manhattan, cares for upward of 30,000 patients a year.

Overtime and hiring

Investigators put much of the responsibility for the staffing shortages on senior leaders at the time, notably the directors of the medical center and the nursing department. Both are now retired.

"Federal employees are expected to be good stewards of government resources," the report said. "The OIG found a mismanagement of ... senior leaders."

The two officials, the report said, not only knew about their stretched staff but perpetuated the shortages by not quickly filling vacancies or failing to consider other staffing options such as part-time employees, nurses from a temporary employment agency or a reduction in nursing home residents, the report said.

The medical center director, for example, failed to act on plans by nurse managers that would have complied with recommended staffing levels at each of the four nursing homes, the report said.

In another instance, the report said, the nursing department director changed a staffing algorithm that reduced the number of nurses that experts determined were needed to properly care for patients. Staffing records for 75 randomly chosen days in 2015, 2016 and 2017 showed the nursing homes routinely operated with less than two-thirds the recommended number of employees.

To cover the gaps in staffing, the report said, officials turned to overtime. The nursing department director, at first, directed that she had to authorize overtime. Within weeks, the report said, her directions changed and officials much lower in rank had approval power.

In addition, the report said, the Northport medical center didn't have accounting measures that allow nursing managers to track each nurse's overtime day to day so they didn't know the number of hours until after it had been worked. Data showed the top 2 percent of overtime payouts went to nurses who worked more than 80 hours of overtime within a two-week pay period. The VA defines excessive overtime as 40 or more hours within two weeks.

The extra hours racked up, numbers in the report showed. From fiscal 2016 to fiscal 2017, overtime costs rose from \$730,953 to \$1.5 million — nearly a third of the medical center's total overtime spending of \$4.7 million, more than twice the \$2 million overtime budget. Northport, the report said, spent more on overtime than it would have if it had filled its vacancies.

Northport's hiring procedures made it difficult to fill vacancies, the report said. The nursing department had the automatic authority to fill positions but slowed the process primarily by seeking out job candidates with qualifications far higher than the VA's minimum standard and by delaying start dates for months, which led many applicants to take other jobs.

The medical center preferred to hire applicants who had a bachelor of science degree in nursing and five to seven years of experience, though the VA only requires registered nurses to have an associate degree and no experience. A registered nurse and a nursing assistant were hired in January 2017 but took jobs elsewhere after they received start dates in July 2017.

When Scott Guermonprez came on as medical center director in June 2017, the report said, he began putting measures in place to address the staff shortages, such as speeding the hiring process and creating a pool of "intermittent staff." Guermonprez resigned two months ago after a year on the job.

Two nursing home deaths

Whistleblowers on Northport's staff alleged the nursing department's practice of filling vacancies with nursing supervisors and nurses on overtime put nursing home residents at greater risk of "adverse events," the report said.

Their allegations involved two deaths, both in 2017. Investigators did not name the men.

Early in the year, the report said, one man apparently choked at dinner in the dining hall while nurses attended other residents. The man was found slumped over the table.

Months later, a man died from complications from a fall he took during an overtime shift for a nursing assistant. The employee, investigators found, had already worked 14 hours that day and had pulled 16-hour shifts in each of the five previous days.

While investigators could not determine whether staff shortages precipitated the deaths, the report pointed out that health care experts typically warn that too few nurses on a shift and nurses working too many overtime hours in a workweek lead to more incidents that put patients at risk.

Understaffed shifts in particular have a higher rate that medical literature cited in the report describes as “nurse-sensitive outcomes” such as surgical infections, bed sores, pneumonia or potentially fatal blood clotting.

Admissions pressure

Nursing home managers determine whether they have enough nurses to adequately care for patients, including new admissions. They then decide whether to accept admissions, although their decision can be overruled by top leaders, the report said, citing VA policy.

Managers, however, told investigators that top leaders ignored their staffing numbers and pressured them to accept new admissions.

As an example, a manager described an admission that the nursing home had to accept when staffing was at less than 75 percent. The manager told the chief of staff that there weren’t enough nurses to handle a new patient with “multiple medical needs.” The chief of staff told the manager to accept the admission anyway, the report said.

“The staff felt distress by the admission of this high acuity resident as it impacted staff’s time with another resident on the unit for end-of-life care,” the report said.

Another time, the report said, a manager felt pressured to take an admission on a weekend even though the new resident had both physical and psychiatric needs and there was a shortage of both nurses and doctors. The manager said the patient required round-the-clock observation for his safety and stayed for months in an area that wasn’t suited to his needs.

The pressure to accept new patients ended in when a new management team took control in August 2017, the report said.

Investigators also looked into allegations that the nursing homes had been closed temporarily to admissions because of staffing shortages and that residents had been transferred to acute-care inpatient units because of shortages. The office substantiated the temporary closing during a review of staffing levels but determined no residents had been moved.

Staffing solutions

The inspectors made three recommendations: a full review of nursing home staffing to make sure the medical center has enough nurses to care for patients properly; a steady effort to fill nursing vacancies on the nursing home staff and an awareness to use other staffing options to fill the gaps; and better management of overtime to “ensure quality of care and responsible use of financial resources.”

In an addendum to the report, Northport’s interim director Cruise told the inspector general’s office that she and her administration are working to fix the problems.

Nursing leaders, Cruise said, are analyzing nurse-patient ratios every day for each unit.

“Variables that impact the need for nursing staff include severity of patient condition, complexity of care, nursing skill level, skill mix of staff, and actual or projected change in census,” Cruise wrote.

As for hiring, Cruise said, the medical center has authorized filling all vacancies and using more than a half-dozen strategies — from increasing the number of floating nurses to flexible schedule to cross-training — to end the shortages.

As of Friday, the nursing homes had 29 full-time registered nurses and leaders are in the process of hiring two more, said Northport spokesman Levi Spellman. With the new hires, he said, the nursing homes will have the 31 registered nurses called for by VA staffing methodology but still has openings for licensed practical nurses and nursing assistants.

Lastly, Cruise said the medical center has established a task force to decrease overtime and is requiring all overtime to be approved by either a nurse manager or the nurse officer of the day. Administrators, she said, now also have the ability to review overtime in real time and by employee name.

Since the investigation, Spellman said, overtime for the nursing staff at the nursing homes has decreased by 41 percent.

The allegations

Leaders covered the staff shortages by using floating nurses and nurses working voluntary and mandatory overtime.

Nursing supervisors had to feed and bathe nursing home residents.

Leaders pressured nursing home managers to take new patients when staffing was inadequate, putting all residents at risk.

The nursing homes had been closed temporarily to admissions because of staffing shortages and residents had been transferred to acute-care inpatient units because of shortages.

The recommendations

Review nursing home staffing to ensure Northport has enough full-time nurses to properly care for patients.

Recruit and hire nurses to fill nursing home vacancies and to use until adequate staffing is reached and to use staffing options to ensure patients get proper care.

Improve management of overtime practices to ensure high-quality care and responsible spending.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them.

Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

"They're notorious for covering things up," said Sweeney, 40. "I am fed up for having to fight for everything and I'm fed up being in pain all the time, but I'm not surprised."

Their skepticism is easy to understand, since the Office of the Medical Inspector is the VA's own investigative arm. That's why they think the OMI essentially shouted, "Nothing to see here," in its recent findings, when it ruled on a variety of issues, including suspected mistreatment, misdiagnosis and slow response times connected to Myelopathy, a compression of the spinal cord.

Sweeney and Warman both live in Concord, were both injured while serving their country and both sought medical help for their severe back and neck pain. They've moved on, started new lives, learned to live with their pain, and the ongoing process of an organization investigating itself has dulled their senses.

"It falls in line with what they've been trying to do," Warman told me. "I expected this all along, so no one is plowing new ground."

Indeed, this is old ground. Warman suffered back and neck injuries in a construction accident 30 years ago and a car wreck in 2007. Sweeney's truck was hit by an improvised explosive device in Iraq in 2011.

They both have since gotten some relief through surgery, but years had passed before they received the proper care, and they still have plenty of aches and pains.

That's why the whistleblowers we've been hearing about since the summer of 2017, the ones with those medical and nursing degrees – the ones who documented incompetency and delays in treatment and immoral record keeping and a poor monitoring system on degenerative spinal conditions – won't let this go.

In fact, they remain fighting mad, complaining about the conflict of interest they've seen as part of the VA's investigation and the lack of accountability since the story exploded in the Boston Globe.

"It's what they do, like a damage control system," said whistleblower Dr. Ed Kois, head of the spinal cord clinic at the Manchester VA. "They say they're going to investigate, bring in the OMI knowing they'll do a lengthy investigation and then wash their hands."

The Office of Special Counsel, an independent entity that oversees the OMI, isn't buying it. In a prepared statement emailed to me, the OSC's special counsel, Henry Kerner, wrote that "clear discrepancies undermine the assertion that VA leadership was open to concerns and worked to ensure veterans receive timely care."

Those words were golden to Kois and Stewart Levenson, the Manchester VA's former Medicine Department chairman, who were the loudest whistleblowers among the 12 staff members who came forward.

They want you to know they are not doctors with axes to grind, nor are they trying to further their careers, working as self-promoters, promised by an outside government entity to expose trouble at the VA.

Kois says he hasn't been promised a better parking spot, and Levenson insists he did not come aboard to boost his chances of winning a seat in the U.S. House of Representatives.

Kois's parking spot remains unchanged, and he's still courting the press, trying to make as much noise as possible. And Levenson did not win in the primary election, yet he's writing op-eds and calling columnists back so these problems don't fade from view.

"All these investigative bodies descended on Manchester and you would think more would have been done," Levenson said by phone. "But how can you investigate yourself? It was garbage. You can't explain it away."

Added Dr. Ted Daly, another reputable whistleblower: "I'm flabbergasted by their conclusions."

Levenson, Kois and the others cited dirty surgical instruments, flies in the operating room and mismanagement up top, but it was the mistakes made on patients with compressed spinal cord problems that were the most alarming and damaging.

Kois called it a "perfect storm" of factors. The Manchester VA had no neurosurgeons, forcing patients to the Boston VA in West Roxbury, which was overworked and not able to give the proper care.

Record keeping between Boston and Manchester failed to clearly show who needed surgery, and a doctor named Muhammad Huq, the former head of the spinal cord clinic at the Manchester VA, was found to be cutting and pasting notes in medical charts, meaning information remained unchanged for years.

Some whistleblowers and staff felt that upper management was more concerned with ratings and budgets than actual care, which led to the ouster of top officials once the story broke.

Caught in this perfect storm were nearly 100 patients with spinal cord problems, many of whom were never properly treated. Some ended up in wheelchairs, others were forced to use canes, and still others simply had to endure pain needlessly for years, for a condition that one doctor said often goes untreated in third-world countries like Nigeria.

But certainly not here in the U.S.

Try telling that to Warman, 67, an Army veteran who later served in the Air National Guard. His back pain went undiagnosed for years at the Manchester VA, leading to an endless supply of painkillers and a drastic change in lifestyle.

"They were not forthcoming on how to treat it," Warman told me. "It was like, 'Take two of these in the morning and have a nice day.' I was addicted to painkillers.

"I tried to have some kind of life and I kept asking for help and getting none," Warman continued. "They said they were not responsible."

Kois, new to the facility, first examined Warman in 2015. His response after viewing an MRI was “Holy s---.”

“It showed he had severe narrowing of the spinal canal,” Kois said. “I sent him for further evaluation and he had surgery and I saw him again and he was doing great.”

Pain remains, but Warman is strong enough to work at Cumberland Farms and deliver newspapers.

And then there’s Sweeney. After midnight, riding in the lead truck in a convoy of at least 30 vehicles, he heard a bang, saw a flash and, after running for cover and the adrenaline rush had worn off, awoke with his back “killing me.”

The Manchester VA sent him for physical therapy, which did nothing. Neither did steroids. Surgery was performed in Boston, but Sweeney awoke in even more pain.

He was told during subsequent checkups that the pain was a normal part of the recovery process, but the pain grew worse and he later was let go from his job with the Department of Transportation for missing eight months.

Sweeney said the VA eventually stopped taking his calls. He contemplated suicide. He drank a lot of beer. Then he went to see Kois, who took a CAT scan and told Sweeney, “I want you in my office, now.”

Sweeney pulled out his phone and showed me what Kois had shown him: a picture of his spine, with a screw inserted into bone, which was fine, and another screw penetrating a nerve, which was not.

“Permanent nerve damage caused by the VA,” Sweeney said. “I didn’t put that screw in there myself.”

But following 14-hour surgery to remove the misplaced screw at New England Baptist Hospital, Sweeney’s life changed.

“I was shocked that I was walking,” Sweeney said. “I went for a walk with the nurse and I felt good walking around. I’ll have contact with Dr. Kois for the rest of my life, if I can. Dr. Kois saved my life.”

There’s still pain, though. Sweeney has been taking steroid injections since January. He installs natural gas lines and hopes surgery in the future will return him to some sense of normalcy.

And, soon, his story and that of five others from across the country will be told in a documentary called, *The Care They’ve Earned*, an unflinching look at flaws and holes in the VA system.

Advanced screenings have been shown in selective theaters this summer. Sweeney didn’t know the film’s release date around here, and its producer, Justin Springer, was unavailable for comment.

Sweeney showed me a trailer on his phone, which included that CAT scan, the one that clearly showed those two screws in his back.

"I hope people see it," Sweeney told me. "I lived it and it was still an eye-opener for me."

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2. Greater Choice for Veterans

2.1 - OpsLens: President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure (29 September, Katie Begley, 5k uvd; Vedra Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

The legislation will ensure "full-year funding through September 30, 2019, for projects and activities of the Federal Government included in the following appropriations bills: Energy and Water Development and Related Agencies Appropriations bill (Division A); Legislative Branch Appropriations bill (Division B); and Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (Division C)."

Record-level Funding to VA

The bill funds the Department of Veterans Affairs with \$86.5 billion, which the White House says is the "largest dollar amount in history for the VA." \$73.1 billion of that funding will go to provide care and services for the 7 million patients the VA serves. The White House specifically highlighted the funding that will go to mental health programs, opioid abuse prevention, suicide prevention outreach, and rural veterans' health programs. Other healthcare provided through the VA includes routine and illness care, injury care, outpatient services, and health screenings.

The new bill will also provide additional funding to improve the VA system, including previously passed VA MISSION ACT initiatives, and enhance the electronic records system that the VA currently uses to maintain health records and process eligibility. This is the largest VA spending bill that has been passed and signed.

"With this funding bill, we've increased the VA's budget to the largest ever," said President Trump at the signing. "We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we've gotten," he continued, alluding to the VA MISSION ACT reforms passed back in June and the VA Accountability Act passed last year.

Funding for America's Infrastructure

While the VA portion was the highlight of the signing event, other critical appropriations were also passed. Three of the 12 regular appropriations bills for 2019 were included in the legislation.

Other aspects will also benefit the military community. "The legislation provides \$15.14 billion to support a strong nuclear national security strategy," said a White House statement. The specifics of how those funds are used was not released, but the White House did say that over \$11 billion will go to "maintain a strong deterrence posture," \$1.7 billion would go to the Navy's

nuclear assets, and \$1.93 billion would go to “keep nuclear materials from getting in the hands of bad actors.”

The bill will also provide additional funding to military construction and research and development for the nation’s electric grid. The Army Corps of Engineers will be maintaining and improving navigation, waterway, and port infrastructure with \$7 billion of funding.

Energy Infrastructure Budget Increases

The Department of Energy will also benefit from the legislation, with \$13.4 billion to their energy programs. The White House drew attention to the \$740 million that will go to furthering fossil energy technology and \$1.2 billion that will be used to conduct research and development with nuclear energy.

The bill focuses on improving infrastructure to build the future of the military, energy sector, and VA. “With this legislation, we are securing a better future for our citizens,” said President Trump. “We are modernizing our nation’s infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.”

Director of the Office of Management and Budget, Mick Mulvaney called the funding “critical investments in our military, our veterans, and our Nation’s infrastructure” in a statement.

The bill was sponsored by Rep. Michael K. Simpson (R-Idaho) in May of this year. It passed in the House and Senate in June.

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3. [Modernize Our System](#)

3.1 - WWAY (ABC-3): [Fayetteville VA Medical Center Re-Opens Wilmington Site](#) (29 September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center.

Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

Emergency VA doctors have come from around the country have come to lend a hand.

The center also opened the parking lot to the Virginia and Fayetteville clinic mobile units.

Some patients were in desperate need of this re-opening.

One patient, Kathy Sigg, who traveled to the site from New Bern, was so thankful to finally get the medical attention she needed.

“This was the third appointment that I rescheduled to be seen so when that happened to me Wednesday or whatever. I was really really upset to drive all that way and [see] red tape,” said Sigg.

The health care center is located at 1705 Gardner Road.

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4. [Focus Resources More Efficiently](#)

4.1 - Dispatch - Argus: [Veterans affairs director ends tour of duty](#) (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing.

That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You've got to talk to Woody.”

Woods, known to many as “Woody,” has served the past 12 years as Scott County's veterans affairs director. As of Sept. 14, he retired and handed over the duties to Ben Enlow, a fellow veteran and former Scott County Sheriff's corrections officer.

“I think we did help a lot of people,” said Woods, 68, who served in the Army during Vietnam. “I think of all the people who came in, what you (he) did for them. Really, they were just getting what they deserved, what they earned.”

As veterans affairs director, his role was to assist vets in navigating federal benefits, filling out compensation and pension paperwork, and connecting them to other resources. But Woods did more than the job description for his vets.

“It was an asset having him in that position,” said Lola VanDeWalle, founder of the all-volunteer Quad-Cities Veterans Outreach Center, which provides food, clothing and other services for veterans. “Some people do their jobs and do it well. Woody put his heart in it.”

VanDeWalle recalled Woods being among the first people to volunteer at the nonprofit nearly two years ago and expects he will continue.

“At our big food giveaways, he's here helping and meeting with the veterans one-on-one ... He works to make sure the vets are taken care of,” she said.

The two also would partner “if there is something above and beyond — something his office couldn't do.” VanDeWalle recalled how one of his veterans wanted to attend a funeral in Missouri. “We were able to get him a suit and a ride.”

One of her other early supporters was James Stout, a disabled veterans outreach specialist for Iowa Workforce Development, who also has worked alongside Woods for years helping veterans.

“He gave me the special cases that needed a lot of work done,” said Stout, a disabled veteran, who assists veterans with significant barriers to employment to find work.

“Dave brought a lot of patience to the table; his job was difficult,” Stout added. “He had to sit there and explain to people whether they were qualified or not for benefits. He dealt with a lot of spouses, widows.”

Over the years, Woods said he has a dramatic rise in the cases of PTSD among the younger veterans. “A lot of guys are doing five or six deployments, and that’s a big mental-health issue,” he added.

Stout recalled how on a single weekend, the area lost three soldiers and the toll it took on all of them. “He (Woods) got into another mode and he let everyone know we need to fix this.”

According to Woods, the office sees an estimated 110 to 120 veterans a month.

Enlow, his replacement, recalled how Woods’ helped him with his own benefits paperwork. Enlow saw two tours in Iraq while serving seven years in the 339th Army Reserve Military Police Co., Davenport. Most recently, he has worked 8½ years as a corrections officer at the Scott County Jail.

“I’m going to try to help vets get the benefits that they are entitled to and deserve,” said Enlow, a Quad-City transplant from Spragueville, Iowa.

Stout and VanDeWalle said it has been Woods’ personality and own experiences that have put veterans in his care at ease. “A lot of times when the veterans go to government offices they feel intimidated,” VanDeWalle said. “Woody is always approachable. He sits down and has lunch with them when he’s here (at the center). They feel comfortable and they feel he is their friend.”

Woods not only brought his own military experience but other life experiences to his career’s second act. The Clinton native served in the Army during Vietnam where he was injured in a firefight in June 1970 that claimed two of his platoon brothers. Their memory and sacrifice still brings tears to his eyes.

He later worked at Alcoa in security, where he retired after nearly 26 years amid a layoff. But a few months later, his wife, Marianne, said “You need something to do,” he said.

He found a volunteer job that first taught him how to help veterans at the VA Hospital in Iowa City file various claims. When the Scott County veterans job became available, he said he began to do the same work he had been doing as a volunteer.

Woods said making connections had been key — working with organizations such as the Veterans Administration, VA Hospital and Clinic, the outreach center and other local resources. He also regularly visited the area’s American Legion Posts, the Veterans of Foreign Wars and other veteran groups to keep them up to date on issues.

“A lot of guys are just coming down with something — diabetes or cancer,” he said particularly of the Vietnam vets. “We have a lot of people coming in and signing up for VA medical benefits.”

Woods will remain active with Honor Flight of the Quad-Cities, which he helped with many others to found 10 years ago. He will lead the Oct. 25 flight to Washington, D.C. Like every other trip, he will visit the 9 West panel at the Vietnam Wall, where his two friends' names are listed almost side by side.

"I'll go to 'the wall,' leave a cigar, and salute the two guys that got killed the day I got hit," he said.

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4.2 - WSIL (ABC-3): [Marion VA Presents Check to Combat Veterans Motorcycle Association](#) (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

MARION, Ill. — The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000.

The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

Organizers say the money will benefit the VA's Substance Abuse and PTSD awareness programs.

"The soldier that we honored utilized these programs and when he was using the program and doing the steps of the program," said CVMA 24-5 Commander David Hess. "He was able to get better and get the treatment that he needed; get the counseling that he needed."

Organizers urge veterans to take advantage of the VA's substance abuse and P-T-S-D awareness programs.

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4.3 - The Parthenon: [Local mental health professionals discuss anxiety and depression](#) (28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library.

The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

"I'm a veteran, I'm a Marshall graduate, I'm a director on this campus, and in 2009 I tried to take my own life," Jonathan McCormick, director of Military and Veteran's Affairs, said.

McCormick, who is a veteran of the U.S. Marines, said for years he has heard people say it is a priority to destigmatize mental health issues, and it maintains one for him today.

"Ten years ago, people tried to get me to get help because they realized something was different," McCormick said. "But I didn't want to be labeled crazy."

McCormick said those suffering from mental health issues like anxiety and depression should not avoid showing a vulnerable side of themselves to friends out of fear.

"I was terrified when I first opened up to my friends," he said. "But when you finally do, it's like you become a mutual support system for each other."

Being willing to show vulnerability does not reveal weakness, but rather exemplifies personal strength, McCormick said.

This was a sentiment panelist Aaron Upton said he and McCormick shared. Upton is a clinical psychologist at Herschel Woody Williams Veterans Affairs Medical Center in Huntington.

"It's always going to be uncomfortable, but we have to be able to talk about these things openly, honestly and in a way that is not judgmental," Upton said. "We have to remind our friends it's okay to reach out for help."

Upton said almost all people deal with mental health issues like anxiety and depression at certain points in their lives to various degrees.

"Too many times, mental illnesses are seen as a weakness instead of something that everyday people suffer from sometimes," Upton said. "It isn't all about medical treatment. Sometimes just having personal connections can be a major help."

Upton said it is essential to remember not to be overly focused on labels regarding mental health issues.

"Whether we call something anxiety or depression isn't what matters," he said. "What matters is how someone feels and how that affects them. There are plenty of mental health issues that don't have clear labels as disorders."

Dr. Marc Hettlinger, a primary care physician with Marshall Health, also said the focus should be on how people feel and how to help those who need it.

"Mental illness is a common problem everywhere that needs to be better appreciated and identified," Hettlinger said.

Hettlinger said anxiety and depression are often very real issues for college students and others, but they are not unmanageable problems.

"If you believe a friend is suffering from mental health problems, the most important thing you can do is be there for them and be willing to listen to them," he said.

Hettlinger said this can often be the first step someone needs to motivate them to reach out and seek help.

"Simply having someone to talk to and listen can really help the growing process for many people," Hettlinger said. "We aren't bulletproof. We all have issues from time to time. There are so many things that contribute to the way we feel on a daily basis. Someone suffering isn't always the person crying in the corner of the room."

Hettlinger said mental health symptoms and solutions will be different for different people.

"Everyone is different," he said. "Everyone's life is different, and everyone's brain is different. You have to be honest with yourself and understand it's okay to reach out for help."

Stephanie Ballou, director of disability services at Marshall, said being willing to ask for help is immensely important as well.

Ballou said many students she has met or worked with would rather suffer through their mental health problems than seek help from services out of fear of what others may think of them.

"Walk your friends to the Counseling or Health Center and help them have that first conversation if necessary," she said. "We have administrators who do this for students all the time, and sometimes it can be just what someone needs to start making progress."

It is essential to encourage all faculty get to know and understand their students as individuals, so they are better equipped to help with these issues, Ballou said.

This is one way administrators have helped Marshall student Kristin Cookson when she has suffered from depression or anxiety.

Cookson is working toward two master's degrees in mental health counseling and school counseling, and she works at Golden Girl group home for at-risk and troubled teen girls in West Virginia.

Utilizing campus clinicians and other mental health services is one of many ways Cookson was able to get help for herself, she said.

"It also really helped me when I realized I wasn't just broken, and I started learning coping skills," Cookson said.

She said one thing that cannot be stressed enough to those suffering from mental health issues is the importance of self-care. For Cookson, she said there are simple things she enjoys like playing her favorite video game or doing her makeup when she feels overwhelmed.

"Even if you only have 15 minutes, finding those things for yourself and making time for self-care will make a world of difference in how much progress you make going forward," Cookson said.

Some peoples' bodies do not naturally produce enough of certain necessary chemicals, and they do not deserve to be shamed for that, Cookson said.

"We don't shame anyone for needing to take insulin shots," she said. "So why would we shame someone for needing mental health medication?"

Cookson said mental health issues can be scary because sometimes someone suffering can show no warning signs at all. For those suffering, taking such simple steps to get help as making a phone call to a doctor can feel overwhelmingly difficult and scary, she said.

"If you care about someone, pay attention to them," Cookson said. "Tell them you're worried about them and talk to them if you're concerned."

McCormick said if he would have reached out for help years ago and gotten appropriate accommodations, he would have done immensely better in college and been much happier.

“There were times in college I would stare at my computer screen for hours too scared to log into my online class because how stressed and depressed I was,” McCormick said. “I would never have a problem telling someone I was ordered by a doctor to have shoulder surgery, so I think we should be comfortable talking about mental health issues as well.”

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5. Improve Timeliness of Service

5.1 - Star Tribune: [Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70](#) (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

Until 2009, when Furst was diagnosed with multiple myeloma, a cancer associated with Agent Orange. He had been repeatedly exposed to the chemical defoliant widely used by the U.S. military in Vietnam to flush out and starve enemy combatants.

Furst, of Eden Prairie, died from multiple myeloma Sept. 18 at age 70.

Furst grew up in the northwestern Minnesota town of Barnesville, where as a teenager he played bass guitar in a local band called the Caterpillars. He graduated from high school in 1966 and in November of the following year, he and three buddies from Barnesville enlisted in the Army, knowing they soon would be drafted.

Furst was a radio operator in the 23rd Artillery group. As a forward observer, he'd call in coordinates for artillery strikes. Furst and two of his three Barnesville friends did their tours and went home. One died in combat.

Back in Minnesota, Furst worked as a barber in Moorhead, and then owned a small bar for a while in Barnesville. He moved to the Twin Cities in 1974, where he worked as bartender for 25 years — though he personally quit drinking for good around 1980 due to alcohol addiction.

“He was good at bartending,” said his wife, Joan Furst, who met Tom in 1977 when they both worked in the bar at Hotel Sofitel in Bloomington. “He was fast and efficient, and he just enjoyed people. He had the gift of gab.”

In the decade before retiring in 2010, Furst switched occupations, working in shipping and receiving at two Bloomington companies. But a year before retiring, he began suffering from severe back pain and weight loss.

Furst was diagnosed with multiple myeloma, a cancer of white blood cells that accumulate in bone marrow. The U.S. Department of Veterans Affairs recognizes multiple myeloma as one of several “presumptive diseases” associated with Agent Orange exposure.

While Furst was pleased with his care from the Minneapolis Veterans Medical Center and proud of his service in Vietnam, he was bitter that soldiers were never told about possible ill effects from Agent Orange, Joan Furst said.

“He could never believe the government could treat its soldiers this way,” she said.

In 2012, Tom and Joan took a 15-day trip to Vietnam with Steve Christianson, a lifelong friend from Barnesville, and his wife. Christianson was one of the four Barnesville buddies — including Furst — who packed off at the same time to fight in Vietnam.

The 2012 return trip “softened” Tom’s anger about being exposed to Agent Orange, Joan said. “I think it gave him some peace.”

The tour was customized for veterans: Furst and Christianson were transported to sites where they fought. Furst visited a battlefield where he witnessed the death of a soldier he’d befriended during the war.

A short ceremony was held, and Furst laid a bouquet of flowers.

“It was very emotional and very moving, and I think it gave him some closure,” Christianson said.

Besides his wife, Furst is survived by a daughter, Nicole Larson; a son, Benjamin Furst; six grandchildren, and siblings Marlys Bernier, Vernon Desing and Gerald Furst. Services will be held at 11 a.m. Monday at Pax Christi in Eden Prairie.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article “VA rejects whistle-blowers’ complaints” (Sept. 22), the Globe reported on the Department of Veterans Affairs’ Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

Let’s set the record straight. The Office of Medical Inspector is headed by a retired naval officer with impeccable integrity and broad experience. It has medical staff skilled in investigating quality-of-care concerns. They took special steps to ensure this investigation’s fairness and objectivity. All cases identified by the whistle-blower went to a private firm, which sent them out for review by non-VA board-certified specialists. VA had no role in selecting them. When the care involved more than one specialty, multiple external reviews were done, with patients receiving up to three separate reviews. Copies of imaging studies were even forwarded for review.

In 95 out of 101 instances, the outside specialists found no shortcomings in care — a resounding refutation of the allegation of widespread mismanagement. I am very glad to see this vindication of the medical staff and leadership at Manchester.

Anyone concerned about the investigation's validity should simply read the report themselves. The findings are hard to refute, and they speak for themselves.

Dr. Michael Mayo-Smith

Franklin, N.H.

The writer is the retired network director of the VA New England Health Care System.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

The situation, caring for frail parents in their 90s and early 100s, can be daunting while the caregivers themselves are in their 60s or even 70s. The situation is forcing older adult children, some of them at or nearing retirement age, to decide if they are physically, mentally and financially capable of caring for a parent at the end of their lives.

Some take on the role of primary caregiver — reflecting how they were once cared for as a child by their parent; others must make a difficult decision to place their elderly parent in a care home.

About 10 percent of adults ages 60 to 69 and 12 percent 70 and older provide some type of care to their parents, according to a study by research economists Gal Wettstein and Alice Zulkarnain at the Center for Retirement Research at Boston College. This compares to about 5 percent of adults ages 30 to 49.

About 17 percent of adult children care for their parents at some point in their lives, and the likelihood of doing so rises with age, the study reports. "As baby boomers enter their 80s, a large increase in the demand for long-term care is likely, with a commensurate rise in the reliance on care from their children," the study concluded.

Any time a child must care for an elderly parent, the challenges can be daunting. According to a study by the Centers for Disease Control and Prevention, caregivers providing for persons with high-burden diseases, such as cancer or dementia, experience "high psychological stress" and "report an average of nearly \$7,000 in out-of-pocket costs associated with caregiving each year." Also, the Retirement Research study shows the time commitment for care gets longer as the adult child get older, with adults in their 70s spending about 95 hours a month caring for a parent.

The situation is not likely to change in the coming years: The U.S. Census Bureau projects that by 2030, "All baby boomers will be older than age 65. This will expand the size of the older population so that one in every five residents will be retirement age."

It also projects that by 2035, for the first time in U.S. history, older people will outnumber children. Jonathan Vespa, a Census Bureau demographer, predicts “78 million people 65 years and older compared to 76.7 million under the age of 18.”

Siblings become team to aid mother

Tucsonan Norma Soto-Ramirez, 61, retired early from her job as an educator to help take care of her centenarian mother, Carmen Soto. Norma, one of seven children, said she and her siblings were unanimous in their decision to work together to keep their mother safe in her house.

Norma also was a caregiver for her father, the late Miguel D. Soto, who worked as a miner and truck driver. The siblings, now ages 59 to 73, gave strength to their mother and one another after their father suffered a massive stroke in 2000, dying in 2012 at age 90.

They continued caring for their mother, who was diagnosed with dementia in her late 80s and also suffers from anxiety. Her vision and hearing aren't as sharp as they used to be, and she uses a wheelchair.

Son Juan Soto, 64, an educator who also retired early to help care for his mom, said her health significantly declined after their father's death, and it was decided to hire a caregiver to spend nights with her while siblings helped during the day.

At one point, her medication for anxiety was causing her to worsen to the point where she “broke a window to escape from the house,” recalled son Henry Soto, 70. “She would not sleep at night. In the day, she would stand at the gate outside yelling for help for 45 minutes. She would try to climb over the fence. It was very stressful,” he said, noting that one caregiver quit because of the frightful episodes.

“We wondered and questioned, could we do this — care for her and keep her safe?” recalled Norma, informing her mother's physician about her behavior.

After a few months, her medication was changed, and Carmen's level of anxiety dropped, allowing her to remain at home.

Her mother took steps earlier in life to help her children carry out her wishes as she aged. On the refrigerator door at her home is a “do not resuscitate” order Carmen signed in 1998. She also made a living trust, a will and put Norma in charge of her medical decisions.

“I find strength in the love I have for her. Love gives me strength. She did so much for me. It is our turn now to do for her,” said Juan. “It is not a burden. It is a blessing caring for her. I was the last one to retire, and one of the reasons was because I wanted to be a part of this rotation.”

“Everyone is pulling their weight,” said Mike. Brother Henry explained that in most families the work falls on one or two, but splitting the work among seven makes it easier.

In 2016, the Pima Council on Aging surveyed 2,269 people ages 60 and older and found that 17 percent were unpaid family caregivers for an older family member, neighbor or friend, and 22 percent of the caregivers surveyed had no one to assist them, said Adina Wingate, an agency spokeswoman.

Pima County demographics show 25 percent of all residents are age 60 and older. In 2017, Arizona's population was estimated at 7 million, and by 2020, one in four Arizona residents will be 60 or older, according to state projections.

He advises caregivers not to be afraid to ask for help and call on community agencies for resources.

Browne's session also includes tips on managing time well, prioritizing a to-do list and how to deal with loved ones afflicted with Alzheimer's. He teaches caregivers how to make rooms safe by having clear walking paths, plenty of lighting and grab bars in a bathroom. Attendants also learned how to sponge-bathe a person in bed, safely use medical equipment and how to correctly transfer a person into a wheelchair or vehicle.

She Quit job to become dad's caregiver

Jaramillo, 90, lost his left leg to diabetes in 2017. He did not get a prosthesis because he suffers from Parkinson's disease, a progressive nervous-system disorder that affects movement, making it impossible for him to stand, Sharon explained. He also suffers from dementia.

"I had already been taking care of him. I knew his needs. It only made sense I do it full-time," explained Sharon, who receives help from sister, Bertha Speer, 59, who gives Sharon a break on Sundays. Their brother, Gilbert Jaramillo, 64, a retired warehouse worker, and his two daughters and other relatives also help when needed.

Ambrosio's body is sensitive, especially when moved from one location to another. He wears gloves to keep his hands warm because of circulation problems. Sharon administers his medications daily, including eye drops for glaucoma and pills to control his thyroid, cholesterol, blood clots, diabetes, dementia and Parkinson's.

"Mom deserved the best I could give her"

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues.

Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care. As a veteran myself, I get 100 percent of my care at the VA. I want all veterans to reap the benefits they have earned and deserve, and encourage all Veterans to consider allowing Manchester VA to be your provider of choice.

With a new leadership team made up of 75 percent veterans, Manchester VA is on a new path. We have taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans.

. Here are some of the steps taken since I came on as your medical center director:

- . Taken 397 hiring actions and created 70 positions since July of 2017.
- . Established Office an Office of Community Care.
- . Established Outpatient Recreation Therapy.
- . Doubled clinical support for suicide prevention.

These are just a few examples of what Manchester VA has done to improve care for all veterans. I encourage every Veteran to review their eligibility and take advantage of the vast resources available. For more information come in and see us at 718 Smyth Road, Manchester, N.H. or call Eligibility at 800-892-8384 x 6779.

ALFRED A. MONTOYA JR., Medical Center Director, Manchester VA Medical Center

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6. Suicide Prevention

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there.

Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

"Be There" was the theme of the first suicide prevention walk held off of the VA's campus on Spring Valley Drive.

"Any small act showing that you care," said Julie Brawn, Huntington VA suicide prevention coordinator.

The coordinators said they recently started sending monthly mailings to some of their veterans who are at risk.

"We had one veteran who said we were the only people who sent him a birthday card this year, so it's really important to have that sense of connection," said Deanna Stump, suicide prevention coordinator.

The walk included a balloon release for survivors to honor those they lost.

"Stigma is so big," said Debbie Milling, suicide prevention coordinator. "We used to use the word 'commit' suicide, but we don't say that anymore - we say people die by suicide, because it makes it sound like it's a criminal act and we are trying to take that away. Family members are able to come out and feel free and non-judged in these kind of surroundings."

The prevalence of suicide among veterans is high. About 20 veterans a day across the country take their own lives, and veterans accounted for 14 percent of all adult suicide deaths in the U.S. in 2016, even though only 8 percent of the country's population has served in the military.

According to a story in the Military Times, the suicide rate among all veterans decreased slightly but the rate among young veterans increased dramatically, per statistics released last week by the U.S. Department of Veterans Affairs. The suicide rate of veterans ages 18 to 34 steadily increased from 2006 to 2016, with a jump of more than 10 percent from 2015 to 2016. That translates into 45 deaths per 100,000 veterans, the highest of any age group.

But since the majority of veterans are older, the majority of suicides are also among older veterans. Nearly 60 percent of veterans' suicides in 2016 were from individuals 55 or older.

Veterans who have regular contact with VA health services are less likely to die by suicide than those with little or no interactions, the Military Times story said.

The suicide prevention coordinators said loved ones should be on the lookout for feelings of depression, feeling like a burden, giving away belongings, sleeping more and substance abuse. They said to ask questions and listen to your veteran.

Veterans and their families and loved ones can call the Veterans Crisis Line at 800-273-8255 for help. They can also text 838255 or visit VeteransCrisisLine.net for assistance.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

“Our hope was that when Chad turned 21 he was going to evict Mom and Dad,” Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse’s South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

The Erickson family, including adult daughters Kristin and Shannon, have wondered for years what to do with the seven-bedroom, four-bathroom home.

But it had such sentimental value that they couldn't just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, "At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barbra Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills."

"It presents not only the potential for conflicts among the residents themselves and staff, but also presents safety issues for the families in the surrounding residential neighborhood and specifically exposing children to behavioral, mental health and anger issues that they should not have to experience, hear and/or witness," the Jansens wrote.

"We want the veterans to have a safe place, where they can finish doing their healing and make this next transition." Dave Erickson

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

According to a Roseburg VA press release, an independent team evaluates and compares cemetery performance against National Cemetery Administration standards, including customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facilities, equipment and facility maintenance, and safety of visitors and employees.

"This is an extraordinary accomplishment for the community and the hard-working, dedicated team of Roseburg National Cemetery," said Roseburg National Cemetery Director Andrew Matthews. "We're honored to serve Veterans and families in a national shrine. We'd like to thank all of our partners in the community and beyond for helping us serve and fulfill our promise to Veterans every day."

The award statement reads “In recognition of superior organizational performance in key areas of importance to the National Cemetery Administration (NCA) and its customers. The Roseburg National Cemetery has demonstrated exemplary performance equal to or exceeding national targets in key management and operational areas. The cemetery’s performance positively supports NCA’s key satisfaction drivers of customer service, cemetery service, and access to information.”

Burial in a VA national cemetery is open to all members of the armed forces and veterans who have met minimum active-duty service requirements and were discharged under conditions other than dishonorable. Members of the reserve components of the armed forces who die while on active duty or who die while on training duty under certain circumstances are also eligible for burial, as are servicemembers and former servicemembers who were eligible for retired pay at the time of their death.

A veteran’s spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial, even if they predecease the veteran.

The VA provides the gravesite, grave liner, opening and closing of the grave, government headstone or marker, U.S. burial flag, Presidential Memorial Certificate and perpetual care of the gravesite at no cost to the family.

Information on VA burial benefits is available from local VA national cemetery offices, online at www.cem.va.gov, or by calling VA regional offices toll-free at 800-827-1000.

Locally, the Roseburg National Cemetery was established in 1897 to serve veterans residing at the Oregon State Soldiers’ Home, which now serves as the home of the Umpqua Valley Arts Center. The Home itself opened in 1893 to “provide a home for honorably discharged soldiers, sailors and marines who had served in any wars in which the United States was engaged, or who served in the Indian Wars of Oregon, Washington or Idaho, provided they were or might become citizens of Oregon.”

Thank you, Roseburg National Cemetery, on behalf of the veterans and families you serve!

God bless our veterans and God bless America.

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7.3 - Yo! Venice!: [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

“None of us should be able to sleep at night as long as a veteran is sleeping on a sidewalk or under a bridge,” said Councilmember Mike Bonin who represents Venice. “Veterans have suffered from generations of broken promises. Bridge housing at the VA represents positive changes being made. This partnership is a down payment on the housing and services the local VA is going to deliver.”

This partnership between the City of Los Angeles, the County of Los Angeles and the Department of Veterans Affairs will provide transitional housing for up to 100 homeless veterans. The facility, which is expected to open in early 2019, will include personal hygiene centers, laundry facilities, 24-hour security and supportive services. Funding will come jointly from the County and the City and the Department of Veterans Affairs will provide on-site case management and supportive services.

“I’m happy to be keeping our promise to the many veterans experiencing homelessness by taking this first step and building bridge housing on the VA campus in Brentwood,” said Los Angeles County Supervisor Sheila Kuehl. “Last year, the Homeless Count showed that we had reduced veteran homelessness by 18 percent. One neighborhood at a time, one veteran at a time, we are working to ensure that every vet in the County has a place to call home.”

This Bridge Housing facility will be temporary — and not to be visible from the exterior of the campus — as the VA constructs out its Draft Master Plan, which will provide 1200 units of permanent supportive housing on the campus.

“Building 1,200 units of Permanent Supportive Housing through the Draft Master takes time and there are homeless Veterans who need services now,” said Heidi Marston, Director of Community Engagement and Reintegration at the West Los Angeles VA. “It will take all of us to end Veteran homelessness and Temporary Bridge Housing for our Veterans in need will bring us one step closer,”

The VA bridge housing site will include two tension membrane structures in addition to modular trailers to provide space for sleeping, supportive services and personal hygiene. The construction is expected to cost \$5 million. Bonin introduced legislation on September 25 that would allocate the City funds and direct the department to begin work. Kuehl is expected to introduce legislation to allocate the County funds in the coming week.

The facility is part of Mayor Eric Garcetti’s “A Bridge Home” proposal, which calls for a number of bridge housing sites in each of the L.A.’s 15 council districts.

“A Bridge Home is about getting homeless Angelenos off the streets as quickly as possible on their way to permanent housing — and I am grateful to all of my Council colleagues for stepping up to meet this challenge,” said Mayor Garcetti.

Bonin applauded the effort of the local residents in supporting the City and County’s effort to house homeless veterans in the VA campus. Unlike the bridge housing project planned in Venice at the MTA lot, the VA bridge housing facility was met with wide-ranging support.

“Residents of Brentwood and West LA believe strongly that we must keep our commitment to our veterans, and that land deeded specifically for veterans is the right place to do it,” Bonin said. “Local homeowners associations are eager to be strong, supportive partners to these efforts, and I am inspired and honored by their partnership.”

The City of Los Angeles opened its first bridge housing facility in downtown L.A. earlier this month. Bonin has proposed a second Westside location, in Venice, an area with one of the largest unsheltered homeless populations in the city.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

In recognition of their efforts to address veterans' homelessness, Veterans Community Project was presented with the 2018 Silver Star Families of America Commendation Award in a recent ceremony at their headquarters in Kansas City, Missouri.

A nonprofit based out of Clever, Missouri, the SSFOA's primary mission is to recognize and support veterans who are wounded, injured, or have acquired an illness related to their service in a combat zone — regardless of service branch or military conflict.

The commendation can be awarded to military or civilian personnel and departments or organizations who have positively affected the lives of wounded and ill veterans.

Previous commendation recipients include former President George W. Bush, Gen. David Petraeus, Ann-Margret, Gary Sinise, WWE, the bands Mötley Crüe and 3 Doors Down, in addition to the Kansas City Royals.

This year, the SSFOA founders selected Veterans Community Project for their dedicated work toward ending veteran homelessness through the construction of tiny houses in a community known as "Veterans Village." Founded by veterans and funded through private donations, VCP's program also helps provide veterans with the skills needed to successfully reintegrate into society and the workforce, including classes on money management, cooking, shopping for groceries, legal assistance, searching for employment and coping with trauma.

"Every year we receive a number of nominations for both individuals and organizations that have gone above and beyond in assisting veterans, but Veterans Community Project appeared to rise above the rest for their dedicated efforts in addressing the issue of veteran homelessness," SSFOA founder Steve Newton said.

He added: "We appreciate the selfless enthusiasm demonstrated by organizations such as this, who choose to use their experiences and resources to connect to their fellow veterans and support causes benefiting the veteran community. That is why it is my distinct honor to recognize Veterans Community Project as the 2018 recipient of the SSFOA Commendation Award."

As part of the presentation, an SSFOA representative presented two of VCP's four co-founders — Brandonn Mixon, a U.S. Army veteran, and Brian Meyer, a U.S. Marine Corps veteran — with a plaque, a Silver Star Families service flag and challenge coins.

In addition to the range of supportive services that VCP provides to homeless veterans, cofounder Brian Meyer explained, their Veterans Village remains their cardinal program and there are plans to expand the concept to other communities throughout the United States in the future.

“The transitional housing we provide for veterans are small homes that are 240 square feet for individuals and 320 square feet for veterans with families,” Meyer said. “Here in Kansas City, we are developing the village on a lot that is just under 5 acres and was purchased from the city for a very nominal cost,” he added.

Meyer went on to explain, in addition to being energy efficient and handicap accessible, there will eventually be 49 homes constructed on the property owned by VCP. The homes, he added, are built on concrete foundations, have utilities and are fully sanctioned by the city.

Mixon noted the VCP has also established a unique arrangement with the Kansas City Area Transportation Authority and the Kansas City Veterans Administration to provide free bus rides for veterans in the community. The program is financed through a sponsorship by the Greater Kansas City Labor Unions/AFL-CIO.

“One of the reasons VCP was established in the Kansas City area and not in a rural community is because all of the resources, such as transportation, that are in the city — it is where the largest concentration of supportive resources exists,” Mixon said.

Acknowledging the honor of receiving the annual award from the Silver Star Families of America, Mixon admitted it was an unexpected realization a few years ago that led to his decision to seek ways to support his fellow veterans who found themselves in difficult circumstances.

“I saw a homeless veteran on the street corner here in Kanas City a few years ago who was holding up a sign that asked for help,” Mixon said. “I kept thinking about that man and realized that he could have been one of my fellow soldiers serving in Afghanistan who had my back and was willing to take a bullet for me.”

He added, “Now, through our work at VCP, I feel that I can grab him by the back of his shirt and carry him to safety, demonstrating through our efforts that we have his back and are here to help him get back on his feet.”

For more information on Veterans Community Project, visit veteranscommunityproject.org.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena’s only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off.

The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

According to Desiree Bain, director of the Montana Veterans Foundation who manages the home, the Department of Veterans Affairs provided a grant to the Willis Cruse House for more than a decade. The VA paid a specific amount for each person that occupied the home.

“For every guy that stays here, I can bill the VA and they will reimburse. We’re always a month behind, but still, consistent funding,” Bain said.

However, that changed when the VA denied the application this year for the grant. Bain said the VA did not provide the transitional home with a reason for the denial.

That puts the future of residents at the home, like Donald Burley, into question. Burley is a disabled army veteran who formerly lived with a woman in Townsend, but he says that didn’t work out.

“Things didn’t work out, and I needed a place to go,” Burley said.

Burley found it hard to qualify for most places to live because of his income, and he was put on waiting lists.

Eventually, he found Willis Cruse. Burley said it was the outpouring of support, particularly from staff at the house, that helped him focus not just on his mental health, but his failing physical health.

“When I moved in, my health condition was so bad I probably wouldn’t be around,” Burley said.

It’s a similar story for Gurney Lee Garrett, an Air Force veteran recently released from prison. The prison released Garrett to Willis Cruse for rehabilitation. Garrett said the home has provided him with a place to get back on his feet.

“I got real social fears. Social anxiety. It’s hard for me to go out in public. So here, I feel calm and peaceful,” Garrett said.

Bain is fighting to keep the house open and keep services running for the veterans who live there.

“The community so needs this. Without us there’s nothing. There’s no back up plan besides God’s Love and they are already so over capacity all the time,” Bain said.

While the VA grant ends at the end of September, if another grant isn’t secured, Bain said she’ll be back on the street going door to door asking for donations.

Bain said walk-in donations are welcome at the home located at 1112 Leslie Avenue in Helena. You can also donate online and learn more about the organization by clicking [here](#).

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

WILMINGTON — Wilmington’s iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran’s hospitals that ends in January.

At Northampton alone they met with over 200 injured servicemen and women, and founder and president Paul Cardello thinks they'll have visited 1,000 by the time their tour is over.

In their six-month focus on veterans in the New England healthcare system, the iPods team has so far been to VAs in Providence, RI; White River Junction, VT; and Bedford, MA.

"No other group has ever attempted this before," Cardello said. "It's a year's work that we're doing in six months."

With their name growing after years of visiting the D.C. area, he shares that the injured servicemen and women have been waiting for iPods to get there.

While Massachusetts has three VA hospitals, states like Maine and Connecticut have only one VA hospital. This means that these hospitals have more injured servicemen and women in need of all of the donations that iPods brings along with them — including knitted hats, scarves, and gloves from the Wilmington and Billerica senior centers, toiletry bags made by the Local Heroes Club, and laptops and iPad minis from Cornell University.

Their trip to Northampton was their biggest event ever, Cardello continued. The iPods team was joined by a group of Wilmington High School students at the Leeds hospital.

"[Our visits] puts a lot of smiles on these people's faces," he shared.

With funding complete to the end of the year, the team and their over 100 volunteers are amazed that they get to encounter this many veterans and bring them something to help get them through the day as they recover.

Of course, this tour could not happen without the support of sponsors and everyone in the community. Besides the senior citizens of Wilmington and Billerica, the high school's Local Heroes club is always making new gifts to bring.

"It's kind of exciting that our community all took it up-on themselves to be a part of this."

Cardello also offered thanks to the people of Wilmington who have supported and continue to support them with all of the work that they do. And he knows that there's a lot of work left to do.

Next month, Cardello and the rest of the iPods team members will visit the West Haven, CT VA hospital on Oct. 20 with students from St. Sebastian's School; and on the 27th they'll take students from Malden Catholic to the VA in Augusta, ME. Then in December they go to the VA on the south shore and on Jan. 5 they visit Manchester, NH. They're planning to hit every veterans hospital in New England before the six months is up.

iPods is also excited for the first time to join the Columbus Day Parade this year on by invitation from Mayor Marty Walsh. The Oct. 7 parade celebrates Boston's heritage, particularly to honor Massachusetts's military in their commitment to freedom.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

30 September 2018

1. Top Stories

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms. Miller was advised to visit his local VA emergency department, which he did immediately.

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1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors. In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. The Northport VA's four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don't buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them. Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

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2. Greater Choice for Veterans

2.1 - OpsLens: [President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure](#) (29 September, Katie Begley, 5k uvd; Viedra Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical

Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

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3. Modernize Our System

3.1 - WWAY (ABC-3): Fayetteville VA Medical Center Re-Opens Wilmington Site (29

September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center. Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: Veterans affairs director ends tour of duty (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing. That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You’ve got to talk to Woody.”

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4.2 - WSIL (ABC-3): Marion VA Presents Check to Combat Veterans Motorcycle Association (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000. The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

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4.3 - The Parthenon: Local mental health professionals discuss anxiety and depression

(28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library. The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

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5. Improve Timeliness of Service

5.1 - Star Tribune: Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70 (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#)

(30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article "VA rejects whistle-blowers' complaints" (Sept. 22), the Globe reported on the Department of Veterans Affairs' Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#)

(29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues. Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care.

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6. [Suicide Prevention](#)

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#)

(29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there. Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#)

(29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

“Our hope was that when Chad turned 21 he was going to evict Mom and Dad,” Barb Erickson said in an interview Wednesday.

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

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7.3 - Yo! Venice! [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

[Hyperlink to Above](#)

7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena's only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off. The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNN (Video): [A 33-year-old vet went to the VA for help. Hours later he took his own life](#) (29 September, Zachary Cohen, 29.8M uvm; Atlanta, GA)

Washington - Burdened by suicidal thoughts, Justin Miller, a 33-year-old veteran from Minnesota, reached out to the Department of Veterans Affairs in February for help, telling responders on the VA crisis line that he had access to firearms.

Miller was advised to visit his local VA emergency department, which he did immediately.

According to an inspector general report, Miller was admitted to the Minneapolis mental health unit after he described in detail symptoms of severe emotional anguish to VA clinicians. After four days under observation, he was discharged.

Miller exited the hospital upon being released from care but never left the facility's grounds that day.

Police found him dead in his car from a self-inflicted gunshot wound less than 24 hours later. With the permission of Miller's parents, Minnesota Democrat Rep. Tim Walz, the ranking member of the House Veterans Affairs Committee, shared this tragic story during a hearing on Capitol Hill on Thursday as lawmakers addressed the issue of suicide prevention among veterans and former service members.

"It is infuriating to know that there is a possibility that Justin's death could have been prevented. It should outrage us all that an entire health care system failed at something so serious and that it claimed to be their highest clinical priority," Walz said.

Investigators were unable to determine "that any one, or some combination, was a causal factor" in Miller's death, despite identifying several "deficits in care provided to the patient."

However, the investigation did find that staff members at the Minnesota medical center, including the suicide prevention coordinator, did not properly follow protocol while handling Miller's case and, according to Walz, failed to utilize the three-step REACH VET process, in which a clinician can assess a veteran's risk of suicide so that he or she receives the proper level of care.

"This is profoundly unacceptable," the Minnesota Democrat said about the inspector general's findings, which he called "deeply disturbing."

And that frustration was only compounded by the fact that this was not the first time the inspector general had investigated many of these shortcomings.

"The finding that the Minneapolis VA failed to sufficiently sustain relevant recommendations OIG made in 2012 should outrage us all," he said.

Paul Sherbo, a spokesman for the Minneapolis VA Health Care System, told CNN that their "deepest condolences go out to Justin Miller's family and loved ones" and said that in response

to his suicide and the inspector general's review, they have redoubled their efforts "to ensure every Veteran receives the best possible care. This includes improving care collaboration across departments and disciplines -- from initial treatment and planning to discharge and medication management -- and engaging family members in Veterans' mental health treatment plans, whenever possible."

Sherbo added that the Minneapolis VA Health Care System has started implementing the inspector general's recommendations and would complete all but one this year. He also encouraged veterans in crisis to visit the nearest VA health care facility, where they can receive same-day urgent primary and mental health care services, and provided the 24-hour national suicide prevention hotline: 1 (800) 273-8255.

Young veterans at risk

The circumstances surrounding Miller's death, including his age and the use of a firearm, also seem to highlight two of the major issues related to veteran suicide, according to data outlined in a new report released by the VA on Wednesday.

The suicide rate among younger veterans who, like Miller, fall between the ages of 18 and 34, continues to increase, a VA analysis of suicide data from 2005 to 2016 reveals.

"Rates of suicide were highest among younger Veterans (ages 18--34) and lowest among older Veterans (ages 55 and older). However, because the older Veteran population is the largest, this group accounted for 58.1 percent of Veteran suicide deaths in 2016," the report says.

The use of firearms as a method of suicide also remains high, according to the data, as the percentage of suicide deaths that involved firearms rose from 67% in 2015 to 69.4% in 2016.

Although the overall number of suicides among veterans decreased slightly between 2015 and 2016, the VA is bracing for an increase over the next five years as thousands of Vietnam veterans enter mid-60s, joining what is already the largest age group.

Additionally, VA officials acknowledged that the average daily number of veterans who take their own lives has held steady for years despite efforts to combat the problem.

"In 2016, about 20 current or former service members died by suicide each day. Of these, six had been in recent VA health care and 14 had not," VA spokesman Curtis Cashour told CNN, explaining that Wednesday's suicide prevention report defines veterans "as those who had been activated for federal military service and were not currently serving at the time of their death."

"VA also presents the yearly suicide count of never federally activated former Guardsmen and Reservists," he said.

This report "simply reiterates what many of us have known for a long time: that our fight to end the tragic epidemic of veteran suicide is far from over," Walz said in a statement.

"We must continue to work together to provide veterans with immediate access to quality, culturally competent mental healthcare and make bipartisan progress toward eliminating veteran suicide entirely," he said.

VA officials have said they would prefer to move away from using the per-day metric as an indicator of suicide rates, arguing that it does not account for changes in population size and can be misleading.

But for now, lawmakers and department officials seem to believe that number appropriately underscores the severity of the issue.

"Most of us have heard VA's staggering and heartbreaking statistic that every day, twenty veterans end their own lives. Twenty," Republican Rep. Phil Roe, chairman of the House Committee on Veterans' Affairs, said during Thursday's hearing ahead of testimony from several suicide prevention experts.

"We also know that over the past several years VA has invested significant resources towards addressing that number which stubbornly has not changed ... We have the expertise. We have the support of the President. We can and must reduce suicide among veterans. There is no excuse not to," he said.

Where is the money going?

President Donald Trump's recently confirmed VA Secretary Robert Wilkie told Senate lawmakers Wednesday that suicide prevention is a top priority for the department under his leadership and noted that the VA published "a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA health care system as well as those who do not come to us for care."

He also highlighted the executive order signed by Trump in January intended to assist service members and veterans during their transition from uniformed service to civilian life, "focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide."

But despite a new budget of more than \$200 billion, some critics argue that the VA continues to spend its money in the wrong ways.

"Senior leaders like awareness campaigns and spend millions of dollars on them. They make a big splash in the media. It is measurable in how many outputs -- "views" or "hits" websites or social media pages get --- but does not generate outcomes," according to Jacqueline Garrick of the Whistleblowers for America.

"These campaigns do not work because they cannot change behavior," she said in a statement to Congressional lawmakers.

Rajeev Ramchand, a suicide prevention expert at the Rand Corp., told CNN that "while it may make people feel good, there is very little evidence that public awareness campaigns have a significant impact on suicide rates.

"We do have evidence that public screening at emergency departments can reduce future suicide attempts," he said.

However, he did note that areas with less evidence "should not be ignored as a comprehensive view of veteran suicide prevention requires a thorough understanding of the environment where those events are occurring."

In addition to developing and addressing the limitations around analytical tools like REACH VET, Ramchand told CNN that there are also a lot of things that "we know work," including initiatives that promote screening patients at emergency departments and then identifying those who are high-risk so that they receive the appropriate care.

"Promoting quality evidence-based care ... we know these things work, so let's get people to do them and do them more systematic way," he said.

Troubling allegations

In a written statement submitted to Congress, Garrick also said that her organization has been contacted by several VA employees who shared troubling accounts of workplace dysfunction that are having a direct impact of the quality of care provided and seem to undermine the programs currently in place.

"At one VA medical center, a suicide prevention coordinator reported that they do not have time to complete suicide assessments or write prevention plans with every veteran who potentially needs one because of the case load and its complexity," Garrick said.

"She had 35 patients at one time. Administrators directed to note patients as 'moderate risk' for suicide so as not to raise red flags in the system. When a veteran died by suicide on VA property, her supervisor refused to conduct a root cause analysis because that would be too time consuming," she added.

According to Garrick, this VA employee asked to remain anonymous due to fear of retaliation for speaking out.

CNN has independently contacted the employee and agreed withhold their name and place of work at the request of the individual.

When asked for comment about the broader issue raised in the whistleblower statement, VA spokesman Curtis Cashour would only say: "VA asked CNN for specific details regarding these allegations so the department could look into them, and CNN could not provide them."

"CNN's publishing of such vague allegations without any details that would allow the department to investigate them is highly irresponsible because it does nothing to help fix any issues that may exist and could actually discourage Veterans from seeking VA care," Cashour said.

Griffin Anderson, a spokesman for the Democrats on the House Veterans Affairs Committee, told CNN that lawmakers take the allegations in the Whistleblowers of America report seriously and that the statement "certainly alludes to an alarming and unacceptable trend that we are going to look into."

While the committee has not received a formal complaint pertaining to this specific allegation, Anderson said that lawmakers would work with the suicide coordinator in question to pursue an OIG investigation should they come forward.

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1.2 - The Oklahoman: [Inspection and construction provide some good news at the Oklahoma City VA](#) (29 September, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Six months after a series of federal reviews found deep flaws dating back years at the Oklahoma City VA Medical Center, the hospital has received some rare good news from inspectors.

In a 67-page report Thursday, the VA's Office of Inspector General says it found few problems with the hospital during a weeklong review of its medical and administrative processes this June.

"The OIG noted that facility leaders were actively engaged with employees and patients and were working to improve overall satisfaction," the report states. "Organizational leaders support efforts related to patient safety, quality care, and other positive outcomes."

The hospital was given a three-star rating last year and the report indicates it may keep that rating when 2018 figures are announced. VA hospitals are given ratings from one to five stars.

"We've corrected a lot of our issues," said Wade Vlosich, the hospital's director. "Our goal now is just to continue to improve the way we provide care and we've got a lot of great things coming up."

March reports

During one week in late March, the VA's inspector general released two reports on the Oklahoma City VA Medical Center. The first found construction projects there were \$10.8 million over-budget and years behind schedule. The second found the center could not properly account for millions of dollars in payments to a medical school and part-time doctors. The University of Oklahoma later repaid the VA about \$14,000 as a result.

The report released Thursday was much more positive. It did find a problem with some delayed cancer diagnoses but said that problem has been resolved.

"Facility managers reported that the most significant trend identified eight patients who had delayed cancer diagnoses," the report states. "Facility leaders took corrective actions, including the removal of the responsible provider, and conducted institutional disclosures."

Vlosich, who took over the hospital in mid-2016 following high-profile deaths and rapid staff turnover, was quick to make changes and has generally been lauded by politicians and inspectors for doing so. The hospital recently opened a parking garage, alleviating its well-known parking problem.

"Now that the parking garage is open, I have not gotten any complaints," said Vlosich, who previously received as many as eight complaints a day about parking.

High admissions

Admissions at the hospital remain high. Over the past two years, when admissions at VA hospitals were declining nationwide, the Oklahoma City VA saw a 9.3 percent increase in the number of patients admitted. Some elderly veterans are simply left on the hospital's front steps by family members with nowhere else to turn, Vlosich said.

An emergency room is being expanded and urgent care clinic added. Construction on an eye clinic continues and a geriatric psychiatric unit will likely be opened this winter. A specialty care clinic will open even sooner, likely in late October or early November, according to Vlosich. In the western Oklahoma city of Clinton, a clinic soon will be built.

In Oklahoma City, a campus for homeless veterans is being constructed, complete with immediate needs like showers and a food pantry, along with primary care providers, social workers and mental health managers. Construction is underway and it could open by the end of the year.

“Overall,” Vlosich said, “I think we’ve done a really good job when you compare where we’ve been and where we’re going.”

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1.3 - Newsday: [Northport VA center struggling to overcome nursing shortage](#) (29 September, Martin C. Evans, 3.2M uvm; Melville, NY)

This year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning, and the medical center director resigned in July after only a year on the job. Photo Credit: Johnny Milano

The Northport VA’s four nursing homes had staffing shortages so severe last year that nurses worked as many as 80 hours a week — often on mandatory overtime — and nursing supervisors had to jump in to bathe and feed dozens of patients, an internal investigation shows.

Allegations that the shortages led to the deaths of two patients, overtired nurses and a host of other problems triggered a yearlong investigation by the Veterans Affairs Office of the Inspector General, the department’s independent watchdog.

As of two weeks ago, the Northport VA Medical Center, which includes the nursing homes as well as a hospital and manages a half-dozen community clinics, had 175 vacancies for key personnel such as nurses and doctors, nearly 10 percent of its 1,800-member staff.

The investigation, launched last September, found that Northport’s senior leaders knew about the staffing shortages, mismanaged the nurses to fill the gaps and allowed overtime costs to balloon to \$1.5 million in 2017, a nearly \$750,000 increase from the year before.

VA officials in Washington also determined that leaders who have since either retired or resigned had pressured nursing home managers to accept new patients when there weren’t enough nurses to properly care for everyone.

The inspectors, however, stopped short of attributing any patient death or serious injury to staffing shortages, citing what they described in their 37-page report as the “many variables” that go into high-quality patient care.

In an addendum to the report, Northport’s interim director, Dr. Cathy Cruise, said she agreed with the findings and would address the staffing shortages.

“Thank you for the opportunity to review our processes to ensure that we continue to provide exceptional care for our Veterans,” Cruise, who has been on the job since mid-July, told investigators in her response.

In the past decade, the inspector general’s office has sent investigators to Northport a handful of times to investigate specific complaints, many tied to aging infrastructure, dirty conditions and management turnover. In the past 18 months, Northport has had four medical center directors, three chiefs of staff and three nursing department directors. All the positions also have a role in overseeing the nursing homes.

Already this year, the 91-year-old medical center had to shut down all five of its operating rooms to repair the air conditioning and the medical center director resigned in July after only a year on the job. And in a 2017 anonymous survey released in April, employees reported broken medical equipment, understaffing, filthy conditions and unresponsive management.

The watchdog’s latest findings come as Senate Minority Leader Chuck Schumer (D-N.Y.) is pushing the VA to put Northport at the top of its list when it starts handing out hiring funds included in its new \$86.5 billion budget.

Earlier this month, at the Elmont American Legion Post, Schumer called on the VA to place Northport “at the front of the line” because Long Island has roughly 130,000 veterans, one of the highest concentrations in the nation. Northport, the only VA medical center in the 120 miles between Montauk and Manhattan, cares for upward of 30,000 patients a year.

Overtime and hiring

Investigators put much of the responsibility for the staffing shortages on senior leaders at the time, notably the directors of the medical center and the nursing department. Both are now retired.

“Federal employees are expected to be good stewards of government resources,” the report said. “The OIG found a mismanagement of ... senior leaders.”

The two officials, the report said, not only knew about their stretched staff but perpetuated the shortages by not quickly filling vacancies or failing to consider other staffing options such as part-time employees, nurses from a temporary employment agency or a reduction in nursing home residents, the report said.

The medical center director, for example, failed to act on plans by nurse managers that would have complied with recommended staffing levels at each of the four nursing homes, the report said.

In another instance, the report said, the nursing department director changed a staffing algorithm that reduced the number of nurses that experts determined were needed to properly

care for patients. Staffing records for 75 randomly chosen days in 2015, 2016 and 2017 showed the nursing homes routinely operated with less than two-thirds the recommended number of employees.

To cover the gaps in staffing, the report said, officials turned to overtime. The nursing department director, at first, directed that she had to authorize overtime. Within weeks, the report said, her directions changed and officials much lower in rank had approval power.

In addition, the report said, the Northport medical center didn't have accounting measures that allow nursing managers to track each nurse's overtime day to day so they didn't know the number of hours until after it had been worked. Data showed the top 2 percent of overtime payouts went to nurses who worked more than 80 hours of overtime within a two-week pay period. The VA defines excessive overtime as 40 or more hours within two weeks.

The extra hours racked up, numbers in the report showed. From fiscal 2016 to fiscal 2017, overtime costs rose from \$730,953 to \$1.5 million — nearly a third of the medical center's total overtime spending of \$4.7 million, more than twice the \$2 million overtime budget. Northport, the report said, spent more on overtime than it would have if it had filled its vacancies.

Northport's hiring procedures made it difficult to fill vacancies, the report said. The nursing department had the automatic authority to fill positions but slowed the process primarily by seeking out job candidates with qualifications far higher than the VA's minimum standard and by delaying start dates for months, which led many applicants to take other jobs.

The medical center preferred to hire applicants who had a bachelor of science degree in nursing and five to seven years of experience, though the VA only requires registered nurses to have an associate degree and no experience. A registered nurse and a nursing assistant were hired in January 2017 but took jobs elsewhere after they received start dates in July 2017.

When Scott Guermonprez came on as medical center director in June 2017, the report said, he began putting measures in place to address the staff shortages, such as speeding the hiring process and creating a pool of "intermittent staff." Guermonprez resigned two months ago after a year on the job.

Two nursing home deaths

Whistleblowers on Northport's staff alleged the nursing department's practice of filling vacancies with nursing supervisors and nurses on overtime put nursing home residents at greater risk of "adverse events," the report said.

Their allegations involved two deaths, both in 2017. Investigators did not name the men.

Early in the year, the report said, one man apparently choked at dinner in the dining hall while nurses attended other residents. The man was found slumped over the table.

Months later, a man died from complications from a fall he took during an overtime shift for a nursing assistant. The employee, investigators found, had already worked 14 hours that day and had pulled 16-hour shifts in each of the five previous days.

While investigators could not determine whether staff shortages precipitated the deaths, the report pointed out that health care experts typically warn that too few nurses on a shift and

nurses working too many overtime hours in a workweek lead to more incidents that put patients at risk.

Understaffed shifts in particular have a higher rate that medical literature cited in the report describes as “nurse-sensitive outcomes” such as surgical infections, bed sores, pneumonia or potentially fatal blood clotting.

Admissions pressure

Nursing home managers determine whether they have enough nurses to adequately care for patients, including new admissions. They then decide whether to accept admissions, although their decision can be overruled by top leaders, the report said, citing VA policy.

Managers, however, told investigators that top leaders ignored their staffing numbers and pressured them to accept new admissions.

As an example, a manager described an admission that the nursing home had to accept when staffing was at less than 75 percent. The manager told the chief of staff that there weren’t enough nurses to handle a new patient with “multiple medical needs.” The chief of staff told the manager to accept the admission anyway, the report said.

“The staff felt distress by the admission of this high acuity resident as it impacted staff’s time with another resident on the unit for end-of-life care,” the report said.

Another time, the report said, a manager felt pressured to take an admission on a weekend even though the new resident had both physical and psychiatric needs and there was a shortage of both nurses and doctors. The manager said the patient required round-the-clock observation for his safety and stayed for months in an area that wasn’t suited to his needs.

The pressure to accept new patients ended in when a new management team took control in August 2017, the report said.

Investigators also looked into allegations that the nursing homes had been closed temporarily to admissions because of staffing shortages and that residents had been transferred to acute-care inpatient units because of shortages. The office substantiated the temporary closing during a review of staffing levels but determined no residents had been moved.

Staffing solutions

The inspectors made three recommendations: a full review of nursing home staffing to make sure the medical center has enough nurses to care for patients properly; a steady effort to fill nursing vacancies on the nursing home staff and an awareness to use other staffing options to fill the gaps; and better management of overtime to “ensure quality of care and responsible use of financial resources.”

In an addendum to the report, Northport’s interim director Cruise told the inspector general’s office that she and her administration are working to fix the problems.

Nursing leaders, Cruise said, are analyzing nurse-patient ratios every day for each unit.

“Variables that impact the need for nursing staff include severity of patient condition, complexity of care, nursing skill level, skill mix of staff, and actual or projected change in census,” Cruise wrote.

As for hiring, Cruise said, the medical center has authorized filling all vacancies and using more than a half-dozen strategies — from increasing the number of floating nurses to flexible schedule to cross-training — to end the shortages.

As of Friday, the nursing homes had 29 full-time registered nurses and leaders are in the process of hiring two more, said Northport spokesman Levi Spellman. With the new hires, he said, the nursing homes will have the 31 registered nurses called for by VA staffing methodology but still has openings for licensed practical nurses and nursing assistants.

Lastly, Cruise said the medical center has established a task force to decrease overtime and is requiring all overtime to be approved by either a nurse manager or the nurse officer of the day. Administrators, she said, now also have the ability to review overtime in real time and by employee name.

Since the investigation, Spellman said, overtime for the nursing staff at the nursing homes has decreased by 41 percent.

The allegations

Leaders covered the staff shortages by using floating nurses and nurses working voluntary and mandatory overtime.

Nursing supervisors had to feed and bathe nursing home residents.

Leaders pressured nursing home managers to take new patients when staffing was inadequate, putting all residents at risk.

The nursing homes had been closed temporarily to admissions because of staffing shortages and residents had been transferred to acute-care inpatient units because of shortages.

The recommendations

Review nursing home staffing to ensure Northport has enough full-time nurses to properly care for patients.

Recruit and hire nurses to fill nursing home vacancies and to use until adequate staffing is reached and to use staffing options to ensure patients get proper care.

Improve management of overtime practices to ensure high-quality care and responsible spending.

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1.4 - Concord Monitor (Video): [The VA report is in – again – and veterans and doctors don’t buy it](#) (29 September, Ray Duckler, 164k uvm; Concord, NH)

Jeff Sweeney and Galen Warman were not surprised by the findings. Any of them.

Not by the first report issued by the Office of the Medical Inspector, or the second, or the third, released last week in an investigation into the Manchester VA Medical Center's competency and procedures.

"They're notorious for covering things up," said Sweeney, 40. "I am fed up for having to fight for everything and I'm fed up being in pain all the time, but I'm not surprised."

Their skepticism is easy to understand, since the Office of the Medical Inspector is the VA's own investigative arm. That's why they think the OMI essentially shouted, "Nothing to see here," in its recent findings, when it ruled on a variety of issues, including suspected mistreatment, misdiagnosis and slow response times connected to Myelopathy, a compression of the spinal cord.

Sweeney and Warman both live in Concord, were both injured while serving their country and both sought medical help for their severe back and neck pain. They've moved on, started new lives, learned to live with their pain, and the ongoing process of an organization investigating itself has dulled their senses.

"It falls in line with what they've been trying to do," Warman told me. "I expected this all along, so no one is plowing new ground."

Indeed, this is old ground. Warman suffered back and neck injuries in a construction accident 30 years ago and a car wreck in 2007. Sweeney's truck was hit by an improvised explosive device in Iraq in 2011.

They both have since gotten some relief through surgery, but years had passed before they received the proper care, and they still have plenty of aches and pains.

That's why the whistleblowers we've been hearing about since the summer of 2017, the ones with those medical and nursing degrees – the ones who documented incompetency and delays in treatment and immoral record keeping and a poor monitoring system on degenerative spinal conditions – won't let this go.

In fact, they remain fighting mad, complaining about the conflict of interest they've seen as part of the VA's investigation and the lack of accountability since the story exploded in the Boston Globe.

"It's what they do, like a damage control system," said whistleblower Dr. Ed Kois, head of the spinal cord clinic at the Manchester VA. "They say they're going to investigate, bring in the OMI knowing they'll do a lengthy investigation and then wash their hands."

The Office of Special Counsel, an independent entity that oversees the OMI, isn't buying it. In a prepared statement emailed to me, the OSC's special counsel, Henry Kerner, wrote that "clear discrepancies undermine the assertion that VA leadership was open to concerns and worked to ensure veterans receive timely care."

Those words were golden to Kois and Stewart Levenson, the Manchester VA's former Medicine Department chairman, who were the loudest whistleblowers among the 12 staff members who came forward.

They want you to know they are not doctors with axes to grind, nor are they trying to further their careers, working as self-promoters, promised by an outside government entity to expose trouble at the VA.

Kois says he hasn't been promised a better parking spot, and Levenson insists he did not come aboard to boost his chances of winning a seat in the U.S. House of Representatives.

Kois's parking spot remains unchanged, and he's still courting the press, trying to make as much noise as possible. And Levenson did not win in the primary election, yet he's writing op-eds and calling columnists back so these problems don't fade from view.

"All these investigative bodies descended on Manchester and you would think more would have been done," Levenson said by phone. "But how can you investigate yourself? It was garbage. You can't explain it away."

Added Dr. Ted Daly, another reputable whistleblower: "I'm flabbergasted by their conclusions."

Levenson, Kois and the others cited dirty surgical instruments, flies in the operating room and mismanagement up top, but it was the mistakes made on patients with compressed spinal cord problems that were the most alarming and damaging.

Kois called it a "perfect storm" of factors. The Manchester VA had no neurosurgeons, forcing patients to the Boston VA in West Roxbury, which was overworked and not able to give the proper care.

Record keeping between Boston and Manchester failed to clearly show who needed surgery, and a doctor named Muhammad Huq, the former head of the spinal cord clinic at the Manchester VA, was found to be cutting and pasting notes in medical charts, meaning information remained unchanged for years.

Some whistleblowers and staff felt that upper management was more concerned with ratings and budgets than actual care, which led to the ouster of top officials once the story broke.

Caught in this perfect storm were nearly 100 patients with spinal cord problems, many of whom were never properly treated. Some ended up in wheelchairs, others were forced to use canes, and still others simply had to endure pain needlessly for years, for a condition that one doctor said often goes untreated in third-world countries like Nigeria.

But certainly not here in the U.S.

Try telling that to Warman, 67, an Army veteran who later served in the Air National Guard. His back pain went undiagnosed for years at the Manchester VA, leading to an endless supply of painkillers and a drastic change in lifestyle.

"They were not forthcoming on how to treat it," Warman told me. "It was like, 'Take two of these in the morning and have a nice day.' I was addicted to painkillers.

"I tried to have some kind of life and I kept asking for help and getting none," Warman continued. "They said they were not responsible."

Kois, new to the facility, first examined Warman in 2015. His response after viewing an MRI was “Holy s---.”

“It showed he had severe narrowing of the spinal canal,” Kois said. “I sent him for further evaluation and he had surgery and I saw him again and he was doing great.”

Pain remains, but Warman is strong enough to work at Cumberland Farms and deliver newspapers.

And then there’s Sweeney. After midnight, riding in the lead truck in a convoy of at least 30 vehicles, he heard a bang, saw a flash and, after running for cover and the adrenaline rush had worn off, awoke with his back “killing me.”

The Manchester VA sent him for physical therapy, which did nothing. Neither did steroids. Surgery was performed in Boston, but Sweeney awoke in even more pain.

He was told during subsequent checkups that the pain was a normal part of the recovery process, but the pain grew worse and he later was let go from his job with the Department of Transportation for missing eight months.

Sweeney said the VA eventually stopped taking his calls. He contemplated suicide. He drank a lot of beer. Then he went to see Kois, who took a CAT scan and told Sweeney, “I want you in my office, now.”

Sweeney pulled out his phone and showed me what Kois had shown him: a picture of his spine, with a screw inserted into bone, which was fine, and another screw penetrating a nerve, which was not.

“Permanent nerve damage caused by the VA,” Sweeney said. “I didn’t put that screw in there myself.”

But following 14-hour surgery to remove the misplaced screw at New England Baptist Hospital, Sweeney’s life changed.

“I was shocked that I was walking,” Sweeney said. “I went for a walk with the nurse and I felt good walking around. I’ll have contact with Dr. Kois for the rest of my life, if I can. Dr. Kois saved my life.”

There’s still pain, though. Sweeney has been taking steroid injections since January. He installs natural gas lines and hopes surgery in the future will return him to some sense of normalcy.

And, soon, his story and that of five others from across the country will be told in a documentary called, *The Care They’ve Earned*, an unflinching look at flaws and holes in the VA system.

Advanced screenings have been shown in selective theaters this summer. Sweeney didn’t know the film’s release date around here, and its producer, Justin Springer, was unavailable for comment.

Sweeney showed me a trailer on his phone, which included that CAT scan, the one that clearly showed those two screws in his back.

“I hope people see it,” Sweeney told me. “I lived it and it was still an eye-opener for me.”

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2. Greater Choice for Veterans

2.1 - OpsLens: President Trump Signs Bill to Fund VA, Military Construction, Energy Interests, and Infrastructure (29 September, Katie Begley, 5k uvd; Veda Beach, FL)

Last week, President Trump signed H.R. 5895 into law a bill to fund the Department of Veterans Affairs, among other key components of our government. He signed the bill at a VA Medical Center in Las Vegas, Nevada, surrounded by local leaders, Department of Veterans Affairs officials, and military veterans.

The legislation will ensure “full-year funding through September 30, 2019, for projects and activities of the Federal Government included in the following appropriations bills: Energy and Water Development and Related Agencies Appropriations bill (Division A); Legislative Branch Appropriations bill (Division B); and Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (Division C).”

Record-level Funding to VA

The bill funds the Department of Veterans Affairs with \$86.5 billion, which the White House says is the “largest dollar amount in history for the VA.” \$73.1 billion of that funding will go to provide care and services for the 7 million patients the VA serves. The White House specifically highlighted the funding that will go to mental health programs, opioid abuse prevention, suicide prevention outreach, and rural veterans’ health programs. Other healthcare provided through the VA includes routine and illness care, injury care, outpatient services, and health screenings.

The new bill will also provide additional funding to improve the VA system, including previously passed VA MISSION ACT initiatives, and enhance the electronic records system that the VA currently uses to maintain health records and process eligibility. This is the largest VA spending bill that has been passed and signed.

“With this funding bill, we’ve increased the VA’s budget to the largest ever,” said President Trump at the signing. “We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we’ve gotten,” he continued, alluding to the VA MISSION ACT reforms passed back in June and the VA Accountability Act passed last year.

Funding for America’s Infrastructure

While the VA portion was the highlight of the signing event, other critical appropriations were also passed. Three of the 12 regular appropriations bills for 2019 were included in the legislation.

Other aspects will also benefit the military community. “The legislation provides \$15.14 billion to support a strong nuclear national security strategy,” said a White House statement. The specifics of how those funds are used was not released, but the White House did say that over \$11 billion will go to “maintain a strong deterrence posture,” \$1.7 billion would go to the Navy’s

nuclear assets, and \$1.93 billion would go to “keep nuclear materials from getting in the hands of bad actors.”

The bill will also provide additional funding to military construction and research and development for the nation’s electric grid. The Army Corps of Engineers will be maintaining and improving navigation, waterway, and port infrastructure with \$7 billion of funding.

Energy Infrastructure Budget Increases

The Department of Energy will also benefit from the legislation, with \$13.4 billion to their energy programs. The White House drew attention to the \$740 million that will go to furthering fossil energy technology and \$1.2 billion that will be used to conduct research and development with nuclear energy.

The bill focuses on improving infrastructure to build the future of the military, energy sector, and VA. “With this legislation, we are securing a better future for our citizens,” said President Trump. “We are modernizing our nation’s infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.”

Director of the Office of Management and Budget, Mick Mulvaney called the funding “critical investments in our military, our veterans, and our Nation’s infrastructure” in a statement.

The bill was sponsored by Rep. Michael K. Simpson (R-Idaho) in May of this year. It passed in the House and Senate in June.

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3. [Modernize Our System](#)

3.1 - WWAY (ABC-3): [Fayetteville VA Medical Center Re-Opens Wilmington Site](#) (29 September, Monique Robinson, 189k uvm; Wilmington, NC)

Florence forced about 7,000 patients to reschedule their appointments with the Fayetteville Veteran Affairs Medical Center.

Thursday morning, the Wilmington Health Care Center re-opened its doors offering primary care, mental health, pharmacy, lab and radiology service.

Emergency VA doctors have come from around the country have come to lend a hand.

The center also opened the parking lot to the Virginia and Fayetteville clinic mobile units.

Some patients were in desperate need of this re-opening.

One patient, Kathy Sigg, who traveled to the site from New Bern, was so thankful to finally get the medical attention she needed.

“This was the third appointment that I rescheduled to be seen so when that happened to me Wednesday or whatever. I was really really upset to drive all that way and [see] red tape,” said Sigg.

The health care center is located at 1705 Gardner Road.

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4. Focus Resources More Efficiently

4.1 - Dispatch - Argus: [Veterans affairs director ends tour of duty](#) (29 September, Jennifer DeWitt, 311k uvm; Moline, IL)

Just a few weeks into his retirement and David Woods' phone has not stopped ringing.

That's because in Scott County and the greater Quad-Cities, those in veterans' circles battling obstacles with benefits, health care and other issues have long heard — or told others themselves — “You've got to talk to Woody.”

Woods, known to many as “Woody,” has served the past 12 years as Scott County's veterans affairs director. As of Sept. 14, he retired and handed over the duties to Ben Enlow, a fellow veteran and former Scott County Sheriff's corrections officer.

“I think we did help a lot of people,” said Woods, 68, who served in the Army during Vietnam. “I think of all the people who came in, what you (he) did for them. Really, they were just getting what they deserved, what they earned.”

As veterans affairs director, his role was to assist vets in navigating federal benefits, filling out compensation and pension paperwork, and connecting them to other resources. But Woods did more than the job description for his vets.

“It was an asset having him in that position,” said Lola VanDeWalle, founder of the all-volunteer Quad-Cities Veterans Outreach Center, which provides food, clothing and other services for veterans. “Some people do their jobs and do it well. Woody put his heart in it.”

VanDeWalle recalled Woods being among the first people to volunteer at the nonprofit nearly two years ago and expects he will continue.

“At our big food giveaways, he's here helping and meeting with the veterans one-on-one ... He works to make sure the vets are taken care of,” she said.

The two also would partner “if there is something above and beyond — something his office couldn't do.” VanDeWalle recalled how one of his veterans wanted to attend a funeral in Missouri. “We were able to get him a suit and a ride.”

One of her other early supporters was James Stout, a disabled veterans outreach specialist for Iowa Workforce Development, who also has worked alongside Woods for years helping veterans.

“He gave me the special cases that needed a lot of work done,” said Stout, a disabled veteran, who assists veterans with significant barriers to employment to find work.

“Dave brought a lot of patience to the table; his job was difficult,” Stout added. “He had to sit there and explain to people whether they were qualified or not for benefits. He dealt with a lot of spouses, widows.”

Over the years, Woods said he has a dramatic rise in the cases of PTSD among the younger veterans. “A lot of guys are doing five or six deployments, and that’s a big mental-health issue,” he added.

Stout recalled how on a single weekend, the area lost three soldiers and the toll it took on all of them. “He (Woods) got into another mode and he let everyone know we need to fix this.”

According to Woods, the office sees an estimated 110 to 120 veterans a month.

Enlow, his replacement, recalled how Woods’ helped him with his own benefits paperwork. Enlow saw two tours in Iraq while serving seven years in the 339th Army Reserve Military Police Co., Davenport. Most recently, he has worked 8½ years as a corrections officer at the Scott County Jail.

“I’m going to try to help vets get the benefits that they are entitled to and deserve,” said Enlow, a Quad-City transplant from Spragueville, Iowa.

Stout and VanDeWalle said it has been Woods’ personality and own experiences that have put veterans in his care at ease. “A lot of times when the veterans go to government offices they feel intimidated,” VanDeWalle said. “Woody is always approachable. He sits down and has lunch with them when he’s here (at the center). They feel comfortable and they feel he is their friend.”

Woods not only brought his own military experience but other life experiences to his career’s second act. The Clinton native served in the Army during Vietnam where he was injured in a firefight in June 1970 that claimed two of his platoon brothers. Their memory and sacrifice still brings tears to his eyes.

He later worked at Alcoa in security, where he retired after nearly 26 years amid a layoff. But a few months later, his wife, Marianne, said “You need something to do,” he said.

He found a volunteer job that first taught him how to help veterans at the VA Hospital in Iowa City file various claims. When the Scott County veterans job became available, he said he began to do the same work he had been doing as a volunteer.

Woods said making connections had been key — working with organizations such as the Veterans Administration, VA Hospital and Clinic, the outreach center and other local resources. He also regularly visited the area’s American Legion Posts, the Veterans of Foreign Wars and other veteran groups to keep them up to date on issues.

“A lot of guys are just coming down with something — diabetes or cancer,” he said particularly of the Vietnam vets. “We have a lot of people coming in and signing up for VA medical benefits.”

Woods will remain active with Honor Flight of the Quad-Cities, which he helped with many others to found 10 years ago. He will lead the Oct. 25 flight to Washington, D.C. Like every other trip, he will visit the 9 West panel at the Vietnam Wall, where his two friends' names are listed almost side by side.

"I'll go to 'the wall,' leave a cigar, and salute the two guys that got killed the day I got hit," he said.

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4.2 - WSIL (ABC-3): [Marion VA Presents Check to Combat Veterans Motorcycle Association](#) (29 September, Baylee Steelman, 162k uvm; Carterville, IL)

MARION, Ill. — The Mt. Vernon chapter of the Combat Veterans Motorcycle Association presented the Marion VA with \$3,000.

The donation was made in the memory of Army Veteran Shawn Holbrook, who fought in Iraq and Afghanistan. Nearly 80 Members of CVMA went on a motorcycle ride in July to raise the funds and honor Holbrook. Holbrook passed away two years ago.

Organizers say the money will benefit the VA's Substance Abuse and PTSD awareness programs.

"The soldier that we honored utilized these programs and when he was using the program and doing the steps of the program," said CVMA 24-5 Commander David Hess. "He was able to get better and get the treatment that he needed; get the counseling that he needed."

Organizers urge veterans to take advantage of the VA's substance abuse and P-T-S-D awareness programs.

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4.3 - The Parthenon: [Local mental health professionals discuss anxiety and depression](#) (28 September, Douglas Harding, 3k uvm; Huntington, WV)

Local mental health professionals participated in a panel discussion with Marshall University students about anxiety, depression and finding help Sept. 27 in Drinko Library.

The event was part of the Don't Call Me Crazy: Resiliency through Education mental health awareness series sponsored by Marshall Libraries, Counseling Center and Women's Center.

"I'm a veteran, I'm a Marshall graduate, I'm a director on this campus, and in 2009 I tried to take my own life," Jonathan McCormick, director of Military and Veteran's Affairs, said.

McCormick, who is a veteran of the U.S. Marines, said for years he has heard people say it is a priority to destigmatize mental health issues, and it maintains one for him today.

"Ten years ago, people tried to get me to get help because they realized something was different," McCormick said. "But I didn't want to be labeled crazy."

McCormick said those suffering from mental health issues like anxiety and depression should not avoid showing a vulnerable side of themselves to friends out of fear.

"I was terrified when I first opened up to my friends," he said. "But when you finally do, it's like you become a mutual support system for each other."

Being willing to show vulnerability does not reveal weakness, but rather exemplifies personal strength, McCormick said.

This was a sentiment panelist Aaron Upton said he and McCormick shared. Upton is a clinical psychologist at Herschel Woody Williams Veterans Affairs Medical Center in Huntington.

"It's always going to be uncomfortable, but we have to be able to talk about these things openly, honestly and in a way that is not judgmental," Upton said. "We have to remind our friends it's okay to reach out for help."

Upton said almost all people deal with mental health issues like anxiety and depression at certain points in their lives to various degrees.

"Too many times, mental illnesses are seen as a weakness instead of something that everyday people suffer from sometimes," Upton said. "It isn't all about medical treatment. Sometimes just having personal connections can be a major help."

Upton said it is essential to remember not to be overly focused on labels regarding mental health issues.

"Whether we call something anxiety or depression isn't what matters," he said. "What matters is how someone feels and how that affects them. There are plenty of mental health issues that don't have clear labels as disorders."

Dr. Marc Hettlinger, a primary care physician with Marshall Health, also said the focus should be on how people feel and how to help those who need it.

"Mental illness is a common problem everywhere that needs to be better appreciated and identified," Hettlinger said.

Hettlinger said anxiety and depression are often very real issues for college students and others, but they are not unmanageable problems.

"If you believe a friend is suffering from mental health problems, the most important thing you can do is be there for them and be willing to listen to them," he said.

Hettlinger said this can often be the first step someone needs to motivate them to reach out and seek help.

"Simply having someone to talk to and listen can really help the growing process for many people," Hettlinger said. "We aren't bulletproof. We all have issues from time to time. There are so many things that contribute to the way we feel on a daily basis. Someone suffering isn't always the person crying in the corner of the room."

Hettlinger said mental health symptoms and solutions will be different for different people.

"Everyone is different," he said. "Everyone's life is different, and everyone's brain is different. You have to be honest with yourself and understand it's okay to reach out for help."

Stephanie Ballou, director of disability services at Marshall, said being willing to ask for help is immensely important as well.

Ballou said many students she has met or worked with would rather suffer through their mental health problems than seek help from services out of fear of what others may think of them.

"Walk your friends to the Counseling or Health Center and help them have that first conversation if necessary," she said. "We have administrators who do this for students all the time, and sometimes it can be just what someone needs to start making progress."

It is essential to encourage all faculty get to know and understand their students as individuals, so they are better equipped to help with these issues, Ballou said.

This is one way administrators have helped Marshall student Kristin Cookson when she has suffered from depression or anxiety.

Cookson is working toward two master's degrees in mental health counseling and school counseling, and she works at Golden Girl group home for at-risk and troubled teen girls in West Virginia.

Utilizing campus clinicians and other mental health services is one of many ways Cookson was able to get help for herself, she said.

"It also really helped me when I realized I wasn't just broken, and I started learning coping skills," Cookson said.

She said one thing that cannot be stressed enough to those suffering from mental health issues is the importance of self-care. For Cookson, she said there are simple things she enjoys like playing her favorite video game or doing her makeup when she feels overwhelmed.

"Even if you only have 15 minutes, finding those things for yourself and making time for self-care will make a world of difference in how much progress you make going forward," Cookson said.

Some peoples' bodies do not naturally produce enough of certain necessary chemicals, and they do not deserve to be shamed for that, Cookson said.

"We don't shame anyone for needing to take insulin shots," she said. "So why would we shame someone for needing mental health medication?"

Cookson said mental health issues can be scary because sometimes someone suffering can show no warning signs at all. For those suffering, taking such simple steps to get help as making a phone call to a doctor can feel overwhelmingly difficult and scary, she said.

"If you care about someone, pay attention to them," Cookson said. "Tell them you're worried about them and talk to them if you're concerned."

McCormick said if he would have reached out for help years ago and gotten appropriate accommodations, he would have done immensely better in college and been much happier.

“There were times in college I would stare at my computer screen for hours too scared to log into my online class because how stressed and depressed I was,” McCormick said. “I would never have a problem telling someone I was ordered by a doctor to have shoulder surgery, so I think we should be comfortable talking about mental health issues as well.”

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5. Improve Timeliness of Service

5.1 - Star Tribune: [Thomas Furst, who found peace in return trip to Vietnam battlefield, dies at 70](#) (29 September, Mike Hughlett, 10.8M uvm; Minneapolis, MN)

Thomas Furst shipped out in 1967 to Vietnam, where he served in the U.S. Army for 415 days. He never thought much of the dead brown terrain that often pockmarked the otherwise verdant countryside where he fought.

Until 2009, when Furst was diagnosed with multiple myeloma, a cancer associated with Agent Orange. He had been repeatedly exposed to the chemical defoliant widely used by the U.S. military in Vietnam to flush out and starve enemy combatants.

Furst, of Eden Prairie, died from multiple myeloma Sept. 18 at age 70.

Furst grew up in the northwestern Minnesota town of Barnesville, where as a teenager he played bass guitar in a local band called the Caterpillars. He graduated from high school in 1966 and in November of the following year, he and three buddies from Barnesville enlisted in the Army, knowing they soon would be drafted.

Furst was a radio operator in the 23rd Artillery group. As a forward observer, he'd call in coordinates for artillery strikes. Furst and two of his three Barnesville friends did their tours and went home. One died in combat.

Back in Minnesota, Furst worked as a barber in Moorhead, and then owned a small bar for a while in Barnesville. He moved to the Twin Cities in 1974, where he worked as bartender for 25 years — though he personally quit drinking for good around 1980 due to alcohol addiction.

“He was good at bartending,” said his wife, Joan Furst, who met Tom in 1977 when they both worked in the bar at Hotel Sofitel in Bloomington. “He was fast and efficient, and he just enjoyed people. He had the gift of gab.”

In the decade before retiring in 2010, Furst switched occupations, working in shipping and receiving at two Bloomington companies. But a year before retiring, he began suffering from severe back pain and weight loss.

Furst was diagnosed with multiple myeloma, a cancer of white blood cells that accumulate in bone marrow. The U.S. Department of Veterans Affairs recognizes multiple myeloma as one of several “presumptive diseases” associated with Agent Orange exposure.

While Furst was pleased with his care from the Minneapolis Veterans Medical Center and proud of his service in Vietnam, he was bitter that soldiers were never told about possible ill effects from Agent Orange, Joan Furst said.

“He could never believe the government could treat its soldiers this way,” she said.

In 2012, Tom and Joan took a 15-day trip to Vietnam with Steve Christianson, a lifelong friend from Barnesville, and his wife. Christianson was one of the four Barnesville buddies — including Furst — who packed off at the same time to fight in Vietnam.

The 2012 return trip “softened” Tom’s anger about being exposed to Agent Orange, Joan said. “I think it gave him some peace.”

The tour was customized for veterans: Furst and Christianson were transported to sites where they fought. Furst visited a battlefield where he witnessed the death of a soldier he’d befriended during the war.

A short ceremony was held, and Furst laid a bouquet of flowers.

“It was very emotional and very moving, and I think it gave him some closure,” Christianson said.

Besides his wife, Furst is survived by a daughter, Nicole Larson; a son, Benjamin Furst; six grandchildren, and siblings Marlys Bernier, Vernon Desing and Gerald Furst. Services will be held at 11 a.m. Monday at Pax Christi in Eden Prairie.

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5.2 - The Boston Globe: [Report clearly supports quality of care at N.H. VA medical center](#) (30 September, Dr. Michael Mayo-Smith, 8.8M uvm; Dorchester, MA)

In the front-page article “VA rejects whistle-blowers’ complaints” (Sept. 22), the Globe reported on the Department of Veterans Affairs’ Office of Medical Inspector investigation showing widely reported allegations regarding the Manchester VA Medical Center were unfounded. In reply, one whistle-blower claims the report was a whitewash.

Let’s set the record straight. The Office of Medical Inspector is headed by a retired naval officer with impeccable integrity and broad experience. It has medical staff skilled in investigating quality-of-care concerns. They took special steps to ensure this investigation’s fairness and objectivity. All cases identified by the whistle-blower went to a private firm, which sent them out for review by non-VA board-certified specialists. VA had no role in selecting them. When the care involved more than one specialty, multiple external reviews were done, with patients receiving up to three separate reviews. Copies of imaging studies were even forwarded for review.

In 95 out of 101 instances, the outside specialists found no shortcomings in care — a resounding refutation of the allegation of widespread mismanagement. I am very glad to see this vindication of the medical staff and leadership at Manchester.

Anyone concerned about the investigation's validity should simply read the report themselves. The findings are hard to refute, and they speak for themselves.

Dr. Michael Mayo-Smith

Franklin, N.H.

The writer is the retired network director of the VA New England Health Care System.

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5.3 - Arizona Daily Star: [As we live longer more older adults face caring for even older parents](#) (29 September, Carmen Duarte, 431k uvm; Tucson, AZ)

As Americans live longer, an increasing number of older adults are having to care for their even older parents at a time when both generations face health declines, memory issues, physical limitations and financial hardships.

The situation, caring for frail parents in their 90s and early 100s, can be daunting while the caregivers themselves are in their 60s or even 70s. The situation is forcing older adult children, some of them at or nearing retirement age, to decide if they are physically, mentally and financially capable of caring for a parent at the end of their lives.

Some take on the role of primary caregiver — reflecting how they were once cared for as a child by their parent; others must make a difficult decision to place their elderly parent in a care home.

About 10 percent of adults ages 60 to 69 and 12 percent 70 and older provide some type of care to their parents, according to a study by research economists Gal Wettstein and Alice Zulkarnain at the Center for Retirement Research at Boston College. This compares to about 5 percent of adults ages 30 to 49.

About 17 percent of adult children care for their parents at some point in their lives, and the likelihood of doing so rises with age, the study reports. “As baby boomers enter their 80s, a large increase in the demand for long-term care is likely, with a commensurate rise in the reliance on care from their children,” the study concluded.

Any time a child must care for an elderly parent, the challenges can be daunting. According to a study by the Centers for Disease Control and Prevention, caregivers providing for persons with high-burden diseases, such as cancer or dementia, experience “high psychological stress” and “report an average of nearly \$7,000 in out-of-pocket costs associated with caregiving each year.” Also, the Retirement Research study shows the time commitment for care gets longer as the adult child get older, with adults in their 70s spending about 95 hours a month caring for a parent.

The situation is not likely to change in the coming years: The U.S. Census Bureau projects that by 2030, “All baby boomers will be older than age 65. This will expand the size of the older population so that one in every five residents will be retirement age.”

It also projects that by 2035, for the first time in U.S. history, older people will outnumber children. Jonathan Vespa, a Census Bureau demographer, predicts “78 million people 65 years and older compared to 76.7 million under the age of 18.”

Siblings become team to aid mother

Tucsonan Norma Soto-Ramirez, 61, retired early from her job as an educator to help take care of her centenarian mother, Carmen Soto. Norma, one of seven children, said she and her siblings were unanimous in their decision to work together to keep their mother safe in her house.

Norma also was a caregiver for her father, the late Miguel D. Soto, who worked as a miner and truck driver. The siblings, now ages 59 to 73, gave strength to their mother and one another after their father suffered a massive stroke in 2000, dying in 2012 at age 90.

They continued caring for their mother, who was diagnosed with dementia in her late 80s and also suffers from anxiety. Her vision and hearing aren’t as sharp as they used to be, and she uses a wheelchair.

Son Juan Soto, 64, an educator who also retired early to help care for his mom, said her health significantly declined after their father’s death, and it was decided to hire a caregiver to spend nights with her while siblings helped during the day.

At one point, her medication for anxiety was causing her to worsen to the point where she “broke a window to escape from the house,” recalled son Henry Soto, 70. “She would not sleep at night. In the day, she would stand at the gate outside yelling for help for 45 minutes. She would try to climb over the fence. It was very stressful,” he said, noting that one caregiver quit because of the frightful episodes.

“We wondered and questioned, could we do this — care for her and keep her safe?” recalled Norma, informing her mother’s physician about her behavior.

After a few months, her medication was changed, and Carmen’s level of anxiety dropped, allowing her to remain at home.

Her mother took steps earlier in life to help her children carry out her wishes as she aged. On the refrigerator door at her home is a “do not resuscitate” order Carmen signed in 1998. She also made a living trust, a will and put Norma in charge of her medical decisions.

“I find strength in the love I have for her. Love gives me strength. She did so much for me. It is our turn now to do for her,” said Juan. “It is not a burden. It is a blessing caring for her. I was the last one to retire, and one of the reasons was because I wanted to be a part of this rotation.”

“Everyone is pulling their weight,” said Mike. Brother Henry explained that in most families the work falls on one or two, but splitting the work among seven makes it easier.

In 2016, the Pima Council on Aging surveyed 2,269 people ages 60 and older and found that 17 percent were unpaid family caregivers for an older family member, neighbor or friend, and 22 percent of the caregivers surveyed had no one to assist them, said Adina Wingate, an agency spokeswoman.

Pima County demographics show 25 percent of all residents are age 60 and older. In 2017, Arizona's population was estimated at 7 million, and by 2020, one in four Arizona residents will be 60 or older, according to state projections.

He advises caregivers not to be afraid to ask for help and call on community agencies for resources.

Browne's session also includes tips on managing time well, prioritizing a to-do list and how to deal with loved ones afflicted with Alzheimer's. He teaches caregivers how to make rooms safe by having clear walking paths, plenty of lighting and grab bars in a bathroom. Attendants also learned how to sponge-bathe a person in bed, safely use medical equipment and how to correctly transfer a person into a wheelchair or vehicle.

She Quit job to become dad's caregiver

Jaramillo, 90, lost his left leg to diabetes in 2017. He did not get a prosthesis because he suffers from Parkinson's disease, a progressive nervous-system disorder that affects movement, making it impossible for him to stand, Sharon explained. He also suffers from dementia.

"I had already been taking care of him. I knew his needs. It only made sense I do it full-time," explained Sharon, who receives help from sister, Bertha Speer, 59, who gives Sharon a break on Sundays. Their brother, Gilbert Jaramillo, 64, a retired warehouse worker, and his two daughters and other relatives also help when needed.

Ambrosio's body is sensitive, especially when moved from one location to another. He wears gloves to keep his hands warm because of circulation problems. Sharon administers his medications daily, including eye drops for glaucoma and pills to control his thyroid, cholesterol, blood clots, diabetes, dementia and Parkinson's.

"Mom deserved the best I could give her"

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5.4 - Union Leader: [Reaching out to veterans](#) (28 September, Alfred A. Montoya Jr., 318k uvm; Manchester, NH)

I am reaching out to let you know Manchester VA's work to advance care for Granite State veterans continues.

Every year when Veterans Day nears, I revisit my goals as a leader within VA, and renew my commitment to my fellow veterans. This year, I decided to double my efforts to make sure veterans have access to care. As a veteran myself, I get 100 percent of my care at the VA. I want all veterans to reap the benefits they have earned and deserve, and encourage all Veterans to consider allowing Manchester VA to be your provider of choice.

With a new leadership team made up of 75 percent veterans, Manchester VA is on a new path. We have taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans.

. Here are some of the steps taken since I came on as your medical center director:

. Taken 397 hiring actions and created 70 positions since July of 2017.

. Established Office an Office of Community Care.

. Established Outpatient Recreation Therapy.

. Doubled clinical support for suicide prevention.

These are just a few examples of what Manchester VA has done to improve care for all veterans. I encourage every Veteran to review their eligibility and take advantage of the vast resources available. For more information come in and see us at 718 Smyth Road, Manchester, N.H. or call Eligibility at 800-892-8384 x 6779.

ALFRED A. MONTOYA JR., Medical Center Director, Manchester VA Medical Center

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6. Suicide Prevention

6.1 - The Herald-Dispatch: [Walk highlights importance of suicide prevention among veterans](#) (29 September, Taylor Stuck, 192k uvm; Huntington, WV)

Be there.

Whether it's a text message or a trip to get coffee, being there for the veterans in your life is the message the suicide prevention coordinators at the Hershel "Woody" Williams VA Medical Center wanted to impart on community members Saturday during the inaugural suicide prevention walk and remembrance in Ritter Park.

"Be There" was the theme of the first suicide prevention walk held off of the VA's campus on Spring Valley Drive.

"Any small act showing that you care," said Julie Brawn, Huntington VA suicide prevention coordinator.

The coordinators said they recently started sending monthly mailings to some of their veterans who are at risk.

"We had one veteran who said we were the only people who sent him a birthday card this year, so it's really important to have that sense of connection," said Deanna Stump, suicide prevention coordinator.

The walk included a balloon release for survivors to honor those they lost.

"Stigma is so big," said Debbie Milling, suicide prevention coordinator. "We used to use the word 'commit' suicide, but we don't say that anymore - we say people die by suicide, because it makes it sound like it's a criminal act and we are trying to take that away. Family members are able to come out and feel free and non-judged in these kind of surroundings."

The prevalence of suicide among veterans is high. About 20 veterans a day across the country take their own lives, and veterans accounted for 14 percent of all adult suicide deaths in the U.S. in 2016, even though only 8 percent of the country's population has served in the military.

According to a story in the Military Times, the suicide rate among all veterans decreased slightly but the rate among young veterans increased dramatically, per statistics released last week by the U.S. Department of Veterans Affairs. The suicide rate of veterans ages 18 to 34 steadily increased from 2006 to 2016, with a jump of more than 10 percent from 2015 to 2016. That translates into 45 deaths per 100,000 veterans, the highest of any age group.

But since the majority of veterans are older, the majority of suicides are also among older veterans. Nearly 60 percent of veterans' suicides in 2016 were from individuals 55 or older.

Veterans who have regular contact with VA health services are less likely to die by suicide than those with little or no interactions, the Military Times story said.

The suicide prevention coordinators said loved ones should be on the lookout for feelings of depression, feeling like a burden, giving away belongings, sleeping more and substance abuse. They said to ask questions and listen to your veteran.

Veterans and their families and loved ones can call the Veterans Crisis Line at 800-273-8255 for help. They can also text 838255 or visit VeteransCrisisLine.net for assistance.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - La Crosse Tribune: [La Crosse family donating their home to Tomah VA for transitional veteran housing](#) (29 September, Jourdan Vian, 822k uvm; La Crosse, WI)

When Dave and Barb Erickson built their house at 3120 Farnam St., their focus was on love and the needs of their son, Chad, who suffered severe brain damage after a surgical error in 1989.

"Our hope was that when Chad turned 21 he was going to evict Mom and Dad," Barb Erickson said in an interview Wednesday.

Instead, Chad Erickson died in 1995. The Ericksons are in the process of donating the house in Bluffside neighborhood on La Crosse's South Side to the Tomah Veterans Affairs Medical Center for use as transitional housing for veterans. A conditional-use permit to allow the community living arrangement will go before the La Crosse Plan Commission Monday and Judiciary and Administrative Committee Tuesday; however, the medical center is asking the city to delay a vote for a month while they work out some details and address some neighborhood concerns.

The Erickson family, including adult daughters Kristin and Shannon, have wondered for years what to do with the seven-bedroom, four-bathroom home.

But it had such sentimental value that they couldn't just put it on the market, even as they made plans to move to another home near the river in La Crosse.

The program provides long-term rehabilitation services to veterans, giving them a safe place to live as they go from being hospitalized at the Tomah VA and going through intensive outpatient treatment to successful community living.

In the program, veterans live in a house together where they continue to work on getting the skills to manage their life and live independently. The vets, who are all employed, are required to have 100 percent sobriety and participate in a variety of therapeutic activities to get them ready to move out.

Victoria Brahm, director of the Tomah VA Medical Center, was unavailable for an interview, but said in a statement, "At this time, we are requesting the city of La Crosse delay acting on our conditional-use permit application for the home David and Barbra Erickson are very generously donating to the Tomah VA Medical Center. We will use this time to address the concerns of local residents about the veterans transitional residence program. The transitional residence program provides veterans who are ready to transition back into the workforce and the community, the opportunity to reintegrate and includes positive and productive employment habits and skills."

"It presents not only the potential for conflicts among the residents themselves and staff, but also presents safety issues for the families in the surrounding residential neighborhood and specifically exposing children to behavioral, mental health and anger issues that they should not have to experience, hear and/or witness," the Jansens wrote.

"We want the veterans to have a safe place, where they can finish doing their healing and make this next transition." Dave Erickson

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7.2 - The News-Review: [Vets Viewpoint for Sept. 30](#) (29 September, John McDonald, 160k uvm; Roseburg, OR)

Congratulations to the Roseburg National Cemetery, which received the Organizational Excellence Award it from the National Cemetery Administration on September 18. The cemetery was only one of seven out of 136 National Cemeteries to receive this recognition.

According to a Roseburg VA press release, an independent team evaluates and compares cemetery performance against National Cemetery Administration standards, including customer satisfaction surveys, appearance of headstones and grounds, daily cleanliness of customer facilities, equipment and facility maintenance, and safety of visitors and employees.

"This is an extraordinary accomplishment for the community and the hard-working, dedicated team of Roseburg National Cemetery," said Roseburg National Cemetery Director Andrew Matthews. "We're honored to serve Veterans and families in a national shrine. We'd like to

thank all of our partners in the community and beyond for helping us serve and fulfill our promise to Veterans every day.”

The award statement reads “In recognition of superior organizational performance in key areas of importance to the National Cemetery Administration (NCA) and its customers. The Roseburg National Cemetery has demonstrated exemplary performance equal to or exceeding national targets in key management and operational areas. The cemetery’s performance positively supports NCA’s key satisfaction drivers of customer service, cemetery service, and access to information.”

Burial in a VA national cemetery is open to all members of the armed forces and veterans who have met minimum active-duty service requirements and were discharged under conditions other than dishonorable. Members of the reserve components of the armed forces who die while on active duty or who die while on training duty under certain circumstances are also eligible for burial, as are servicemembers and former servicemembers who were eligible for retired pay at the time of their death.

A veteran’s spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial, even if they predecease the veteran.

The VA provides the gravesite, grave liner, opening and closing of the grave, government headstone or marker, U.S. burial flag, Presidential Memorial Certificate and perpetual care of the gravesite at no cost to the family.

Information on VA burial benefits is available from local VA national cemetery offices, online at www.cem.va.gov, or by calling VA regional offices toll-free at 800-827-1000.

Locally, the Roseburg National Cemetery was established in 1897 to serve veterans residing at the Oregon State Soldiers’ Home, which now serves as the home of the Umpqua Valley Arts Center. The Home itself opened in 1893 to “provide a home for honorably discharged soldiers, sailors and marines who had served in any wars in which the United States was engaged, or who served in the Indian Wars of Oregon, Washington or Idaho, provided they were or might become citizens of Oregon.”

Thank you, Roseburg National Cemetery, on behalf of the veterans and families you serve!

God bless our veterans and God bless America.

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7.3 - Yo! Venice! [Bridge Housing for Homeless Vets Set to Open](#) (29 September, 37k uvm; Los Angeles, CA)

Homeless veterans in Venice will soon have a place to live while waiting for permanent housing with the opening of a Bridge Housing facility on the West Los Angeles VA campus. This will be the first bridge housing facility to open on the Westside.

“None of us should be able to sleep at night as long as a veteran is sleeping on a sidewalk or under a bridge,” said Councilmember Mike Bonin who represents Venice. “Veterans have

suffered from generations of broken promises. Bridge housing at the VA represents positive changes being made. This partnership is a down payment on the housing and services the local VA is going to deliver.”

This partnership between the City of Los Angeles, the County of Los Angeles and the Department of Veterans Affairs will provide transitional housing for up to 100 homeless veterans. The facility, which is expected to open in early 2019, will include personal hygiene centers, laundry facilities, 24-hour security and supportive services. Funding will come jointly from the County and the City and the Department of Veterans Affairs will provide on-site case management and supportive services.

“I’m happy to be keeping our promise to the many veterans experiencing homelessness by taking this first step and building bridge housing on the VA campus in Brentwood,” said Los Angeles County Supervisor Sheila Kuehl. “Last year, the Homeless Count showed that we had reduced veteran homelessness by 18 percent. One neighborhood at a time, one veteran at a time, we are working to ensure that every vet in the County has a place to call home.”

This Bridge Housing facility will be temporary — and not to be visible from the exterior of the campus — as the VA constructs out its Draft Master Plan, which will provide 1200 units of permanent supportive housing on the campus.

“Building 1,200 units of Permanent Supportive Housing through the Draft Master takes time and there are homeless Veterans who need services now,” said Heidi Marston, Director of Community Engagement and Reintegration at the West Los Angeles VA. “It will take all of us to end Veteran homelessness and Temporary Bridge Housing for our Veterans in need will bring us one step closer,”

The VA bridge housing site will include two tension membrane structures in addition to modular trailers to provide space for sleeping, supportive services and personal hygiene. The construction is expected to cost \$5 million. Bonin introduced legislation on September 25 that would allocate the City funds and direct the department to begin work. Kuehl is expected to introduce legislation to allocate the County funds in the coming week.

The facility is part of Mayor Eric Garcetti’s “A Bridge Home” proposal, which calls for a number of bridge housing sites in each of the L.A.’s 15 council districts.

“A Bridge Home is about getting homeless Angelenos off the streets as quickly as possible on their way to permanent housing — and I am grateful to all of my Council colleagues for stepping up to meet this challenge,” said Mayor Garcetti.

Bonin applauded the effort of the local residents in supporting the City and County’s effort to house homeless veterans in the VA campus. Unlike the bridge housing project planned in Venice at the MTA lot, the VA bridge housing facility was met with wide-ranging support.

“Residents of Brentwood and West LA believe strongly that we must keep our commitment to our veterans, and that land deeded specifically for veterans is the right place to do it,” Bonin said. “Local homeowners associations are eager to be strong, supportive partners to these efforts, and I am inspired and honored by their partnership.”

The City of Los Angeles opened its first bridge housing facility in downtown L.A. earlier this month. Bonin has proposed a second Westside location, in Venice, an area with one of the largest unsheltered homeless populations in the city.

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7.4 - News Tribune: [Nonprofit that provides support to homeless veterans honored for their efforts](#) (29 September, Jeremy P. Amick, 64k uvm; Jefferson City, MO)

A group of veterans has come together in the Kansas City area to tackle the issue of homelessness among their fellow veterans. In doing so, they have created a successful model of support that will some day be applied to other large communities throughout the United States and which has earned them an unexpected honor.

In recognition of their efforts to address veterans' homelessness, Veterans Community Project was presented with the 2018 Silver Star Families of America Commendation Award in a recent ceremony at their headquarters in Kansas City, Missouri.

A nonprofit based out of Clever, Missouri, the SSFOA's primary mission is to recognize and support veterans who are wounded, injured, or have acquired an illness related to their service in a combat zone — regardless of service branch or military conflict.

The commendation can be awarded to military or civilian personnel and departments or organizations who have positively affected the lives of wounded and ill veterans.

Previous commendation recipients include former President George W. Bush, Gen. David Petraeus, Ann-Margret, Gary Sinise, WWE, the bands Mötley Crüe and 3 Doors Down, in addition to the Kansas City Royals.

This year, the SSFOA founders selected Veterans Community Project for their dedicated work toward ending veteran homelessness through the construction of tiny houses in a community known as "Veterans Village." Founded by veterans and funded through private donations, VCP's program also helps provide veterans with the skills needed to successfully reintegrate into society and the workforce, including classes on money management, cooking, shopping for groceries, legal assistance, searching for employment and coping with trauma.

"Every year we receive a number of nominations for both individuals and organizations that have gone above and beyond in assisting veterans, but Veterans Community Project appeared to rise above the rest for their dedicated efforts in addressing the issue of veteran homelessness," SSFOA founder Steve Newton said.

He added: "We appreciate the selfless enthusiasm demonstrated by organizations such as this, who choose to use their experiences and resources to connect to their fellow veterans and support causes benefiting the veteran community. That is why it is my distinct honor to recognize Veterans Community Project as the 2018 recipient of the SSFOA Commendation Award."

As part of the presentation, an SSFOA representative presented two of VCP's four co-founders — Brandonn Mixon, a U.S. Army veteran, and Brian Meyer, a U.S. Marine Corps veteran — with a plaque, a Silver Star Families service flag and challenge coins.

In addition to the range of supportive services that VCP provides to homeless veterans, cofounder Brian Meyer explained, their Veterans Village remains their cardinal program and there are plans to expand the concept to other communities throughout the United States in the future.

“The transitional housing we provide for veterans are small homes that are 240 square feet for individuals and 320 square feet for veterans with families,” Meyer said. “Here in Kansas City, we are developing the village on a lot that is just under 5 acres and was purchased from the city for a very nominal cost,” he added.

Meyer went on to explain, in addition to being energy efficient and handicap accessible, there will eventually be 49 homes constructed on the property owned by VCP. The homes, he added, are built on concrete foundations, have utilities and are fully sanctioned by the city.

Mixon noted the VCP has also established a unique arrangement with the Kansas City Area Transportation Authority and the Kansas City Veterans Administration to provide free bus rides for veterans in the community. The program is financed through a sponsorship by the Greater Kansas City Labor Unions/AFL-CIO.

“One of the reasons VCP was established in the Kansas City area and not in a rural community is because all of the resources, such as transportation, that are in the city — it is where the largest concentration of supportive resources exists,” Mixon said.

Acknowledging the honor of receiving the annual award from the Silver Star Families of America, Mixon admitted it was an unexpected realization a few years ago that led to his decision to seek ways to support his fellow veterans who found themselves in difficult circumstances.

“I saw a homeless veteran on the street corner here in Kanas City a few years ago who was holding up a sign that asked for help,” Mixon said. “I kept thinking about that man and realized that he could have been one of my fellow soldiers serving in Afghanistan who had my back and was willing to take a bullet for me.”

He added, “Now, through our work at VCP, I feel that I can grab him by the back of his shirt and carry him to safety, demonstrating through our efforts that we have his back and are here to help him get back on his feet.”

For more information on Veterans Community Project, visit veteranscommunityproject.org.

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7.5 - KXLH (CBS-25, Video): [Willis Cruse House future is uncertain](#) (29 September, 57k uvm; Helena, MT)

The future of one of Helena’s only shelters for homeless veteran men is in jeopardy after its primary source of funding is about to be cut off.

The Willis Cruse House, situated in a Helena west side neighborhood on Leslie Avenue, is a 12-bed transitional facility for homeless veteran men.

According to Desiree Bain, director of the Montana Veterans Foundation who manages the home, the Department of Veterans Affairs provided a grant to the Willis Cruse House for more than a decade. The VA paid a specific amount for each person that occupied the home.

“For every guy that stays here, I can bill the VA and they will reimburse. We’re always a month behind, but still, consistent funding,” Bain said.

However, that changed when the VA denied the application this year for the grant. Bain said the VA did not provide the transitional home with a reason for the denial.

That puts the future of residents at the home, like Donald Burley, into question. Burley is a disabled army veteran who formerly lived with a woman in Townsend, but he says that didn’t work out.

“Things didn’t work out, and I needed a place to go,” Burley said.

Burley found it hard to qualify for most places to live because of his income, and he was put on waiting lists.

Eventually, he found Willis Cruse. Burley said it was the outpouring of support, particularly from staff at the house, that helped him focus not just on his mental health, but his failing physical health.

“When I moved in, my health condition was so bad I probably wouldn’t be around,” Burley said.

It’s a similar story for Gurney Lee Garrett, an Air Force veteran recently released from prison. The prison released Garrett to Willis Cruse for rehabilitation. Garrett said the home has provided him with a place to get back on his feet.

“I got real social fears. Social anxiety. It’s hard for me to go out in public. So here, I feel calm and peaceful,” Garrett said.

Bain is fighting to keep the house open and keep services running for the veterans who live there.

“The community so needs this. Without us there’s nothing. There’s no back up plan besides God’s Love and they are already so over capacity all the time,” Bain said.

While the VA grant ends at the end of September, if another grant isn’t secured, Bain said she’ll be back on the street going door to door asking for donations.

Bain said walk-in donations are welcome at the home located at 1112 Leslie Avenue in Helena. You can also donate online and learn more about the organization by clicking [here](#).

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7.6 - Wilmington Town Crier: [IFWV visits record number of injured troops](#) (29 September, Lizzy Hill, 10k uvm; Woburn, MA)

WILMINGTON — Wilmington's iPods for Wounded Veterans has just returned from their first trip to the Northampton VA Medical Center in Leeds, Massachusetts. The Wilmington nonprofit organization dedicated to helping injured servicemen and women is half-way through their tour of New England veteran's hospitals that ends in January.

At Northampton alone they met with over 200 injured servicemen and women, and founder and president Paul Cardello thinks they'll have visited 1,000 by the time their tour is over.

In their six-month focus on veterans in the New England healthcare system, the iPods team has so far been to VAs in Providence, RI; White River Junction, VT; and Bedford, MA.

"No other group has ever attempted this before," Cardello said. "It's a year's work that we're doing in six months."

With their name growing after years of visiting the D.C. area, he shares that the injured servicemen and women have been waiting for iPods to get there.

While Massachusetts has three VA hospitals, states like Maine and Connecticut have only one VA hospital. This means that these hospitals have more injured servicemen and women in need of all of the donations that iPods brings along with them — including knitted hats, scarves, and gloves from the Wilmington and Billerica senior centers, toiletry bags made by the Local Heroes Club, and laptops and iPad minis from Cornell University.

Their trip to Northampton was their biggest event ever, Cardello continued. The iPods team was joined by a group of Wilmington High School students at the Leeds hospital.

"[Our visits] puts a lot of smiles on these people's faces," he shared.

With funding complete to the end of the year, the team and their over 100 volunteers are amazed that they get to encounter this many veterans and bring them something to help get them through the day as they recover.

Of course, this tour could not happen without the support of sponsors and everyone in the community. Besides the senior citizens of Wilmington and Billerica, the high school's Local Heroes club is always making new gifts to bring.

"It's kind of exciting that our community all took it up-on themselves to be a part of this."

Cardello also offered thanks to the people of Wilmington who have supported and continue to support them with all of the work that they do. And he knows that there's a lot of work left to do.

Next month, Cardello and the rest of the iPods team members will visit the West Haven, CT VA hospital on Oct. 20 with students from St. Sebastian's School; and on the 27th they'll take students from Malden Catholic to the VA in Augusta, ME. Then in December they go to the VA on the south shore and on Jan. 5 they visit Manchester, NH. They're planning to hit every veterans hospital in New England before the six months is up.

iPods is also excited for the first time to join the Columbus Day Parade this year on by invitation from Mayor Marty Walsh. The Oct. 7 parade celebrates Boston's heritage, particularly to honor Massachusetts's military in their commitment to freedom.

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8. [Other](#)

From: (b) (6)
To:
Cc:
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Subject: Secretary Stand Up Brief - OPIA - September 27, 2018
Date: Thu Sep 27 2018 07:04:15 CDT
Attachments: 180927_VA Secretary's Stand-Up Brief.pptx
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Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Thursday, Sept. 27, 2018.

Sincerely,

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"Pursue, engage and impact a Veteran today!"

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VA Secretary's Stand-Up Brief

27 September 2018

Executive Summary

Reporting on the SAIL Report continued at a prominent volume across VAMC locations. Sec. Wilkie's testimony before the Senate Veterans Affairs Committee elicited significant coverage as well, with media outlets focusing on his exchanges with Senators Patty Murray and Jon Tester on the Mar-a-Lago advisors and Veteran Choice, respectively.

Storyline	Outlets	Analysis	Trend	Priority
VA's SAIL report (continued)	Kokomo Perspective , Butler Eagle , KTAR-FM , WPLN-AM	While broadcast outlets accounted for the majority of reporting on day one of this storyline, the second day saw more print outlets report on the SAIL ratings and overall improvements. Notable supportive phrases included, "improved" and "receives 5 star rating." In the case of the Nashville VA, the headline is less supportive, "Nashville's Struggling VA Hospital Moves Off The List Of The System's Worst Performers"	Sustained	Resources
Suicide numbers	Wall Street Journal , FOX News	Major national outlets – <i>Wall Street Journal</i> and <i>FOX News</i> to name just two, published coverage of a "substantial" increase in suicide for Veterans aged 18-34. Articles made reference to a statistic that 45 of every 100,000 veterans in this age range committed suicide in 2016, up from 40 of every 100,000 in 2015.	Emerged	Suicide
Sec. Wilkie Senate Hearing	The Hill , Military Times , Stars and Stripes	Reporting on Sec. Wilkie's hearing took on a variety of forms. <i>The Hill</i> and <i>Stars and Stripes</i> focused on allegations that members at Mar-a-Lago had undue influence at the Department, while <i>Military Times</i> noted the "calmer, reformed" VA.	Emerged	Choice/Resources/Other



VA Secretary's Stand-Up Brief

27 September 2018

Social Media Takeaway

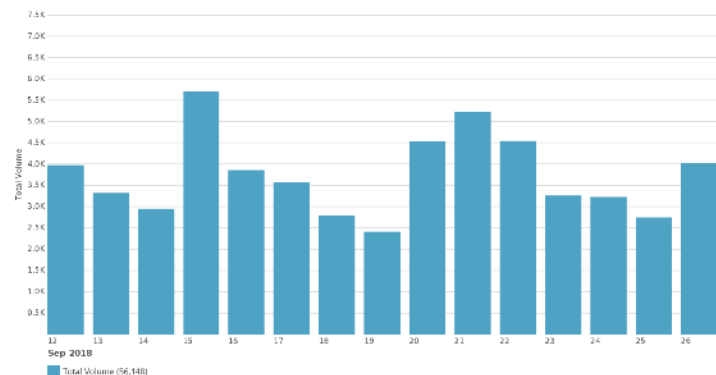
The key themes on social media centered on continued advice related to Hurricane Florence and Senate candidate Beto O'Rourke's (D-Texas) work with Veterans. Overall, social media volume was slightly below the monthly average of posts.

Key Points

- The top tweet, by [@nikkiwentling](#) a *Stars and Stripes* journalist, highlighted Sen. Tammy Duckworth's pursuit of private care outside the VA system and the difficulty she faced being reimbursed for those costs. @SenDuckworth trended on VA-related topics, with more than 160+ mentions of her username in the last 24 hours.
- Carrying traditional media content onto social media, [@FOXNews](#) posted about the increased young Veteran suicide rate from 2015 to 2016.
- The *Wall Street Journal* web address for its [article](#) on young Veterans committing suicide at higher rates in 2016 than they did in 2015 was the most referenced URL on Twitter. More than 270 users linked to the article.

Twitter and Facebook Volume:

12 September – 26 September



Notable Social Media Items

Platform	Item	Relevance
Twitter	@nikkiwentling	140+ Retweets
Twitter	#Veterans	160+ Mentions
Twitter	WSJ: More Young Veterans Committing Suicide, VA Data Show	270+ Mentions

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VA Secretary's Stand-Up Brief

27 September 2018

Military Times: Wilkie touts a calmer, reformed VA in his first congressional test (26 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Less than two months into his term leading the Department of Veterans Affairs, Secretary Robert Wilkie insists the department is finally on the right track. "We have a full organizational tree of people I've been able to bring in, including the chief of staff and a new acting deputy. ... I'm very happy the institution has calmed down," he said at an appearance on Capitol Hill Wednesday.

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KTAR-FM: Report shows Phoenix VA quality of service has improved (25 September, 446k uvm; Phoenix, AZ)

The U.S. Department of Veterans Affairs released a report that showed improvement in quality of service within the Phoenix VA Health Care System. The data showed that 11 of 15 VA medical centers considered "high risk," including the Phoenix center, had improved since last year. "What we can tell you is there are definite improvements in access to care," Dr. Maureen McCarthy, Phoenix VA chief of staff, told KTAR News 92.3 FM Tuesday.

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StarNews: Wilmington VA clinic partially reopens Thursday (26 September, Si Cantwell, 193k uvm; Wilmington, NC)

Primary care, mental health, pharmacy, lab and radiology services will be available in the clinic at 1705 Gardner Road. VA staff and mobile units are on site Wednesday at Fayetteville VA Medical Center's Wilmington Health Care Center for a partial re-opening Thursday, Sept. 27, of the facility.

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Butler Eagle: VA Butler Healthcare receives 5-star rating (26 September, Eric Jankiewicz, 144k uvm; Butler, PA)

Butler's Veterans Affairs health care facility continues to score high across several metrics, like patient satisfaction, that the U.S. Department of Veterans Affairs uses to gauge the quality of all facilities nationwide. The department recently released data showing incremental improvements at the facility throughout the year. That was to be expected because, as spokesman Kenneth Kalberer explained, Butler's facility has logged the highest possible marks over the last few years.

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WPLN-AM: Nashville's Struggling VA Hospital Moves Off The List Of The System's Worst Performers (26 September, Blake Farmer, 117k uvm; Nashville, TN)

Middle Tennessee's struggling VA medical centers may be in the early stages of a turnaround. An annual report from the Department of Veterans Affairs shows both the Nashville and Murfreesboro campuses making improvement. Three years ago, the VA started ranking all of its hospitals on a five-star scale — and it revealed a trio of low-performing facilities in Tennessee. The medical centers in Nashville, Murfreesboro and Memphis all received one star, graded on death rates, complications and patient satisfaction.

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From:

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Subject: [EXTERNAL] 25 September Veterans Affairs Media Summary and News Clips

Date: Tue Sep 25 2018 05:21:50 CDT

Attachments: 180925_Veterans Affairs Media Summary and News Clips.docx
180925_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

25 September 2018

1. [Top Stories](#)

1.1 - CNBC (Video): [Why it matters whether Trump fires Rosenstein or he resigns](#) (24

September, Christina Wilkie, 26.1M uvm; Englewood Cliffs, NJ)

Trump, however, has challenged this long-held practice. When Veterans Affairs Secretary David Shulkin was ousted earlier this year, Trump quickly named Robert Wilkie, undersecretary for personnel and readiness at the Defense Department, to temporarily fill Shulkin's position. But according to a lawsuit filed against the Trump administration by veterans advocacy groups in April, Trump broke the law by disregarding the order of succession at the Veterans Affairs Department and installing Wilkie...

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1.2 - U.S. News & World Report (AP): [3 Deaths Found in Investigation of Impaired Pathologist](#) (24 September, 23.9M uvm; Washington, DC)

A Veterans Affairs hospital official said Monday investigators have discovered 11 significant errors including three deaths in more than 30,000 cases originally seen by a fired Arkansas pathologist officials say was working while impaired. Veterans Health Care System of the Ozarks spokeswoman Wanda Shull said those 11 errors constituted "institutional disclosures," which are mistakes in patient care that could or did result in "death or serious injury."

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1.3 - Los Angeles Times: [Ex-official gets 5 months in prison for lease-for-bribery scheme at West L.A. veterans campus](#) (24 September, Gale Holland, 23.9M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contract officer who had been accused of accepting \$286,000 in bribes from a parking lot operator at the VA's West Los Angeles campus was sentenced Monday to five months in federal prison. Ralph J. Tillman, who spent 14 years with the VA, pleaded guilty to tax fraud and making a false statement to the VA inspector general.

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1.4 - UPI: [Online, in person diabetes programs equally effective for weight loss](#) (24

September, Allen Cone, 4.8M uvm; Washington, DC)

Online diabetes programs and ones administered in person were just as effective in weight loss, according to study. Researchers compared results from the Veterans Administration's face-to-face standard-of-care weight management program, called MOVE!, against online and in-person diabetes prevention methods. Their findings, published Monday in the American Journal of Preventive Medicine, are the first time the programs were compared.

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1.5 - Arkansas Democrat-Gazette: [Review of Arkansas pathologist's work finds 3 deaths among misdiagnoses, VA says](#) (24 September, Doug Thompson, 871k uvm; Little Rock, AR)

Three deaths are among the 11 confirmed, serious cases in which a pathology report was wrong, according to findings in an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks. The review has found 256 cases in which the pathology report missed the diagnosis with possibly severe consequences that ranged from

extended, avoidable hospitalization to lasting disability or death, said Kelvin Parks, interim director of the system.

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1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [The VA Hopes To Make It Easier For Veterans To Join Cancer Trials](#) (24 September, Libby Denkmann, 278k uvm; San Diego, CA)
When Army veteran Robert Galang had throat cancer last year, he went to the VA hospital in Long Beach, Cal. for care. The thing he remembers most is having to lie very still while doctors aimed beams of radiation right at his neck. "That was new to me," Galang said. "You get strapped in, and you can't move, and you put your trust in the machines they have."

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1.7 - KHBS (ABC-40/29): [VA in Fayetteville: 3 deaths possibly linked to former pathologist's diagnoses](#) (24 September, Adam Roberts, 273k uvm; Fort Smith, AR)
The Veterans Administration is looking into three deaths that may have been caused by diagnoses made by a former pathologist. Kelvin Parks, Interim Medical Center Director at the Veterans Health Care System of the Ozarks in Fayetteville, confirmed the numbers to 40/29 News Monday morning. Pathologist Dr. Robert Morris Levy was fired by the Veterans Health Care System of the Ozarks earlier this year. The VA is looking into every case he worked during his career, a total of 33,000.

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2. [Greater Choice for Veterans](#)

2.1 - The Hill: [Veterans bills show how Congress should work](#) (24 September, Rep. Mike Gallagher (R-WIS.), 11.8M uvm; Washington, DC)
Since it's the silly season of an election cycle, congressional dysfunction is on full display. From hearings that devolve into partisan political theater, to two-day "work weeks," to last second spending bills that skip regular order, it is clear that Congress is in need of serious reform. And yet there are still some bright spots that demonstrate how Congress can and should work when members devote the time and energy necessary to solve problems.

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2.2 - Marshall County Tribune: [Fortunate to be serving Veterans](#) (24 September, 800 uvm; Lewisburg, TN)
"Fortunate" and "grateful" aren't always the words used to describe one's job, but for Jeremy Moorehead, those words are what come to mind. Moorehead is Marshall County's new Veterans Services officer, assisting the county's veterans navigate the sometimes complex web of federal and state benefits and healthcare. "It's an honor to be able to help these men and women who've served," he said.

[Hyperlink to Above](#)

2.3 - MyMotherLode.com: [Trump: New Bill To Provide World-Class Care To Veterans](#) (24 September, Mark Truppner, 192k uvm; Sonora, CA)

President Trump was at the North Las Vegas VA Medical Center, where he signed H.R 5895 into law. Trump was Monday's KVML "Newsmaker of the Day". Here is the text of his speech before signing the Bill...

[Hyperlink to Above](#)

3. Modernize Our System

3.1 - Politico: [Secure Elections Act tries another comeback](#) (24 September, Tim Starks, 23.9M uvm; Arlington, VA)

It also includes \$17 million for an IT project at the Department of Veterans Affairs. "As stated in the House report, VA is urged to ensure that patient records being transferred from DOD to VA have the same level of security and data-level protections as provided by the Department of Defense," the conference report states.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): [Former Official Sentenced in Southern California VA Swindle](#) (24 September, 23.9M uvm; Washington, DC)

A former contracting official for the U.S. Department of Veterans Affairs in Los Angeles has been sentenced to five months in prison for lying to investigators when he denied taking bribes as part of a \$13 million fraud scheme. City News Service reports Monday that Frank Tillman will also serve five months home detention.

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4.2 - BizJournals.com (Orlando Business Journal): [This local VA exec works hard to connect veterans and their families with benefits, resources](#) (24 September, Anjali Fluker, 19.2M uvm; Charlotte, NC)

Ellamay "Annie" Artis knows plenty about dealing with adversity — joining the U.S. Army in the early 1990s as a single mother and suffering with daily pain with fibromyalgia. But the Orlando VA Medical Center veteran program outreach and minority veterans program coordinator always battles her challenges with a positive attitude. During her years of service in the Army, Artis served in Saudi Arabia during Dessert Storm in the 28th Combat Support Hospital.

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4.3 - MLive: [Battle Creek VA Medical Center names new director](#) (24 September, Winter Keefer, 10.9M uvm; Ann Arbor, MI)

The Battle Creek VA Medical Center will soon have a new director overseeing healthcare provided to veterans in the Battle Creek area. The Department of Veterans Affairs announced the appointment of James Doelling to the director position at the facility Monday, Sept. 19.

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4.4 - KNBC (NBC-4, City News Service): [Former VA Official Gets Five Months in Federal Prison for Bribery](#) (24 September, 2.1M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator was sentenced Monday to five months in federal prison -- followed by five months of home detention and a year of supervised release -- for tax fraud and lying to investigators when he denied taking bribes from a crooked parking lot operator at the VA's Westside medical center campus.

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4.5 - Government Executive: [Why It Matters If Rod Rosenstein Resigns or Trump Fires Him](#) (24 September, Eric Katz, 870k uvm; Washington, DC)

Earlier this year, the administration faced a lawsuit when it appointed Robert Wilkie, then an undersecretary at the Defense Department, to serve as acting secretary at the Veterans Affairs Department. Wilkie's appointment followed the departure of David Shulkin, who said he was fired despite the White House saying he resigned. VoteVets and Democracy Forward, the advocacy groups that brought the suit, argued that because Trump fired Shulkin, the temporary replacement had to be then-Deputy VA Secretary Thomas Bowman.

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4.6 - WLOS (ABC-13): [VA patients give virtual reality a try](#) (24 September, Jay Siltzer, 480k uvm; Asheville, NC)

Gregg Richter, who just had knee-replacement surgery, is the latest patient at the Charles George VA Medical Center in Oteen to give virtual reality from Wellovate a try while recovering. The platform on this day: target shooting. "This has been a favorite of all the veterans who have used it so far, because they're having to do something," registered nurse Caitlin Rawlins said. "It takes your mind off your time in the hospital, and it takes your mind off your pain," Richter added.

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4.7 - KFSM (CBS-5): [Three Veterans' Deaths 'Possibly' Result Of Errors By Pathologist, VA Official Discloses](#) (24 September, 439k uvm; Fort Smith, AR)

A review of cases of a former pathologist who was found to be impaired have showed 1,119 errors so far, resulting in 11 institutional disclosures and three veterans who have died. The information was disclosed at a town hall meeting at the VA Medical Center in Fayetteville on Monday morning. "Institutional disclosures" refers to adverse events that occurred during care that resulted in death or serious injury.

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4.8 - The Fayetteville Observer: [Fayetteville VA town hall is Wednesday](#) (24 September, Rachael Riley, 439k uvm; Fayetteville, NC)

The Fayetteville Veterans Affairs Medical Center will hold a town hall meeting on Wednesday with veterans, their families and other stakeholders. The meeting, scheduled for 4 p.m. Wednesday, will be at the Fayetteville Health Care Center at 7300 S. Raeford Road. James Laterza, the Fayetteville VA Medical Center director, will participate in the meeting, along with Veterans Benefits Administration representatives and the local VA staff.

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4.9 - WCTI (ABC-12, Video): [VA stepping up to help hurricane victims](#) (25 September, Lauren Arnott and Jason O. Boyd, 300k uvm; New Bern, NC)

Shirley Jones was one of at least 200 veterans who came to a special area set up by the Veterans' Administration following Hurricane Florence. She, like many others, lost so much during the storm. While the Morehead City office is also recovering from storm damage, it is still operating and assisting veterans in mobile units set up at the Walmart parking lot in Havelock.

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4.10 - KNWA (FOX-24, Video): [Three Veterans May Have Died Due to Misdiagnoses, VA Officials Say](#) (24 September, 191k uvm; Fayetteville, AR)

Officials say three veterans may have died due to the misdiagnoses at the Veterans Health Care System of the Ozarks. This information comes after a public town hall meeting Monday morning. The incorrect diagnoses are due to a pathologist who was found to be impaired on the job. As a result, the VA had to review 33,806 cases and as of last Friday, 14,980 reviews have been made.

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4.11 - Battle Creek Enquirer: [Battle Creek VA hospital names new director](#) (24 September, Trace Christenson, 158k uvm; Battle Creek, MI)

James Doelling was named Monday as the new director of the Battle Creek Veterans Affairs Medical Center. Doelling comes to Battle Creek after serving as the associate director and nurse executive at the VA Greater Los Angeles Healthcare System since 2015. He has 30 years of nursing and leadership experience across a host of medical fields, including primary care, mental health...

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5. [Improve Timeliness of Service](#)

5.1 - The Post and Courier: [Letter: VA problems](#) (24 September, Robert Utsey, 318k uvm; Charleston, SC)

The Sept. 23 article by Mary Katherine Wildeman about Navy veterans having difficulty obtaining benefits for Agent Orange exposure was excellent and very informative. A good read for every veteran and anyone with knowledge of Agent Orange and the Vietnam experience.

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5.2 - Las Cruces Sun-News: [Patients pay steep price for fragmented health care system](#) (24 September, Weeden Nichols, 310k uvm; Las Cruces, NM)

Whether the system is public or private, the usual cause of wait times is too few specialists within reach of the patient. I am fortunate enough to possess options, and I have shifted much of my health care to VA. I find only helpfulness at all levels in VA. The physicians deal with the patient, and not with codes, billing, or overhead.

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5.3 - News Herald: [Bay County military veterans support VA medical marijuana bill](#) (24 September, Collin Breaux, 189k uvm; Panama City, FL)

After his experiences during the Vietnam War, disabled Marine veteran Larry Striblin said medical marijuana helps him sleep. Striblin has PTSD and thinks the VA should be able to

prescribe medical marijuana for veterans. So does U.S. Senator Bill Nelson (D-FL), who recently co-filed legislation with Hawaiian Democratic Sen. Brian Schatz that directs the VA to "conduct research on the effects of medical marijuana on veterans who are in pain..."

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5.4 - KPIC (CBS-4, Video): [VA Roseburg hospital taken off 'high risk' list](#) (24 September, 52k uvm; Roseburg, OR)

The Veterans Administration Hospital in Roseburg is back on the right track. The hospital has been taken off the "high risk" list by the Department of Veterans Affairs. The Roseburg VA is now rated a two-star facility on a one-to-five scale. 4th District Congressman Peter DeFazio's office issued a written statement that says, in part, "This is a good step, but it's only one of many that the Roseburg VA needs to take to become a top-tier facility."

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6. [Suicide Prevention](#)

6.1 - WLRN (NPR-91.3, Audio): [Surprising Allies Address The Outsize Role Guns Play In Deaths Of Soldiers And Kids](#) (24 September, Sammy Mack, 166k uvm; Miami, FL)

The VA and the League have come together on the initiative because of the outsize role guns play in the deaths of kids and soldiers. The US Department of Veteran Affairs reports that on average 20 veterans kill themselves every day, mostly by firearms. According to the US Centers for Disease Control and Prevention, gunshot wounds are the second most common cause of death among children.

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6.2 - WABI (CBS-5, Video): [Veterans Suicide Prevention Training](#) (24 September, 163k uvm; Bangor, ME)

US Navy veteran Joy Asuncion joined the TV5 morning news to talk about the upcoming Veterans Suicide Prevention Training coming up Wednesday in Belfast. The public is invited to participate in this free training on Wednesday, September 26, 2018 from 8 a.m. - 10:30 a.m. provided by Tracy Charette, RN from the VA Maine Suicide Prevention Team at Togus VA Medical Center in Augusta.

[Hyperlink to Above](#)

6.3 - Chillicothe Gazette: [Call to action issued on veteran suicide](#) (24 September, Chris Balusik, 154k uvm; Chillicothe, OH)

Howard Berry on Sunday voiced a sentiment every parent of an American serviceman has likely given thought to. "I never thought I'd be putting a flag on my son's grave," said Berry, founder of Flags for Forgotten Soldiers during a veteran suicide prevention and awareness ceremony at the Chillicothe VA Medical Center.

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6.4 - Troy Daily News: [Veterans and the tragedy of suicide](#) (24 September, Melissa Martin, Ph.D, 29k uvm; Troy, OH)

Those who fought for our freedom are also dying by suicide on American soil. “On the battlefield, the military pledges to leave no soldier behind. As a nation, let it be our pledge that when they return home, we leave no veteran behind,” proclaimed Dan Lipinski. In 2015, an average of 20 active duty service members, non-activated guard or reserve members, and other veterans died by suicide each day, according to the U.S. Department of Veterans Affairs...

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBIR (NBC-10): East Tennessee State Veterans Cemetery gets improvement grant from VA (24 September, 1.5M uvm; Knoxville, TN)

The Department of Veterans Affairs National Cemetery Administration announced Monday that it has awarded the state of Tennessee a grant to improve the East Tennessee State Veterans Cemetery. The grant, which is for \$107,183, will fund the installation of two 550-gallon, double wall, above-ground fuel tanks, drives, sidewalks and supporting infrastructure, according to a release from the VA.

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7.2 - WDSU (NBC-6, Video): Look back: POW/MIA Remembrance Ceremony in New Orleans (24 September, Sula Kim, 1.1M uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System and the American Legion helped commemorate National Former Prisoner of War Recognition Day. The event took place Friday at the main entrance of the new Veterans Medical Center on Galvez Street in New Orleans. The event honors missing service members and their families and highlights the commitment to account for them. Ceremonies were held across the country. Watch the video for a look back at the event.

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7.3 - KFVS (CBS-12, Video): Marion, IL VA to hold event for homeless veterans (24 September, James Long and Taylor Clark, 445k uvm; Cape Girardeau, MO)

Outreach Program Manager for the event and Marine, Richard Kulich says the Marion VA and community partners have been doing this for the past 10 years as a way to give back to the men and women who have served our country that need some help.

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7.4 - Las Cruces Sun-News: Pearce bill would name new VA clinic for Bataan vets (24 September, 310k uvm; Las Cruces, NM)

U.S. Rep. Steve Pearce, R-NM, has introduced legislation to rename the new Las Cruces veterans clinic for those who served in the battle of Bataan. The legislation, HR 6863, would officially rename the facility as the Las Cruces Bataan Memorial Clinic. The new clinic on Del Rey Boulevard opened in April, with 12,500 square feet to provide both physical and mental health care services to veterans in Las Cruces and throughout southern New Mexico.

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7.5 - KXXV (ABC-25, Video): [New program at Waco VA pairs veterans with guide dogs](#) (25 September, Holly Stouffer, 56k uvm; Waco, TX)

There's a new program at the Blind Rehabilitation Center at the Waco VA that's pairing veterans with guide dogs. The 12-day inpatient CATs and Dogs program is designed to assist veterans who are blind or visually impaired with guide dog training while they work on their Computer Access Training (CAT) classes.

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7.6 - Finger Lakes Times: [VA to laud Veterans Games athletes](#) (24 September, Mike Hibbard, 53k uvm; Geneva, NY)

The Canandaigua VA Medical Center will honor athletes who participated and won Olympic-style medals at the 32nd annual National Veterans Golden Age Games. The event will be held at 12:30 p.m. Tuesday in the Building 5 auditorium. Refreshments will be served. The national games were held Aug. 3 to 9 in Albuquerque, N.M.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNBC (Video): [Why it matters whether Trump fires Rosenstein or he resigns](#) (24 September, Christina Wilkie, 26.1M uvm; Englewood Cliffs, NJ)

The fate of Deputy Attorney General Rod Rosenstein is reportedly hanging in the balance.

It was unclear whether or not Rosenstein, who oversees major parts of the Justice Department, including the special counsel's Russia probe, would keep his job. Amid conflicting press reports Monday, the White House said Rosenstein will remain in his job for the time being, and he will meet with the president one-on-one on Thursday.

If Rosenstein were to depart, it was also unclear whether he would be fired, or he would resign. In Rosenstein's case, this could make a big difference as to whom Trump can select to replace him as deputy attorney general.

The question of who would oversee the Russia probe is slightly different, however, because Rosenstein has been effectively wearing two hats since Attorney General Jeff Sessions recused himself last year from any role overseeing Robert Mueller's investigation. One hat is that of deputy attorney general. The other is that of acting attorney general for the Russia probe, because Rosenstein was acting as a stand-in for Sessions.

Any replacement of Rosenstein by Trump, therefore, would be a replacement of his deputy attorney general position, not a replacement of the other role, acting attorney general for the Russia probe. That responsibility would go to Solicitor General Noel Francisco, and experts agree that the law gives Trump little control over that aspect of the succession.

Still, the question of how much control Trump would have in who replaces Rosenstein could have far-reaching implications. A Rosenstein replacement could take steps to protect the president from investigation, to seal records, withhold funding from Mueller, and otherwise slow the work of the special counsel to a crawl.

With that in mind, here's why the "fired" vs. "resigned" question could be very important.

The replacement of government appointees is largely governed by the rules set forth in the 1998 Federal Vacancies Reform Act. This law gives the president the authority to temporarily move any one of his Senate-confirmed political appointees into a position that is vacant, provided the person who leaves the positions "dies, resigns, or is otherwise unable to perform the functions and duties of the office."

The law specifically does not say "dies, resigns or is fired."

In the case of firings, the federal government has a succession plan, under which temporarily vacant posts are typically filled by a deputy to the person who departs, or by another person who has been confirmed by the Senate within that department. This is in part to make sure that continuity is maintained in agencies with tens of thousands of employees and billion dollar budgets.

But it is also in place, experts say, to preserve the Senate's role in the confirmation process and to make sure the president can't simply bypass the Senate and fire someone in order to put whomever he or she wants into that position, even if that person has not been confirmed to work in that particular agency.

Trump, however, has challenged this long-held practice. When Veterans Affairs Secretary David Shulkin was ousted earlier this year, Trump quickly named Robert Wilkie, undersecretary for personnel and readiness at the Defense Department, to temporarily fill Shulkin's position.

But according to a lawsuit filed against the Trump administration by veterans advocacy groups in April, Trump broke the law by disregarding the order of succession at the Veterans Affairs Department and installing Wilkie, who is not related to this reporter, atop the agency.

The plaintiffs in the case argue that because Shulkin did not resign, or die, or become ill — he says he was fired — Trump did not have the authority to choose whomever he wanted to temporarily fill Shulkin's spot. According to the succession plan of the VA, they argue, Trump was required to name Thomas Bowman, deputy secretary of the VA, as acting secretary until another VA secretary could be fully confirmed by the Senate.

In Rosenstein's case, the stakes are much higher, given that Sessions has recused himself from the Russia probe. Trump has effectively gone to war against his own Justice Department, primarily over the Russia probe, which is run by former FBI director Robert Mueller, but also for what the president sees as a failure by the department to pursue his political enemies.

If Rosenstein were to resign, then the Vacancies Act would give Trump broad leeway in appointing Rosenstein's temporary successor, and some fear the president would install a political ally willing to cripple the Mueller probe.

If, however, Rosenstein is fired, then the argument that Trump must follow the federal order of succession becomes significantly stronger.

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1.2 - U.S. News & World Report (AP): [3 Deaths Found in Investigation of Impaired Pathologist](#) (24 September, 23.9M uvm; Washington, DC)

FAYETTEVILLE, Ark. — A Veterans Affairs hospital official said Monday investigators have discovered 11 significant errors including three deaths in more than 30,000 cases originally seen by a fired Arkansas pathologist officials say was working while impaired.

Veterans Health Care System of the Ozarks spokeswoman Wanda Shull said those 11 errors constituted "institutional disclosures," which are mistakes in patient care that could or did result in "death or serious injury." Shull said those veterans and their families, including families of the three deceased veterans, have been notified.

Previously, investigators had discovered one potential death among Dr. Robert Morris Levy's cases. Levy has denied working while impaired at the hospital in Fayetteville.

Officials have discovered 1,119 total errors, although not all resulted in change in care. Investigators are just under halfway through the more than 30,000 cases under review.

Internal and external pathologists are conducting the review, beginning with higher-priority and more complex cases. Additionally, both the VA Office of Inspector General and the hospital are investigating whether the hospital acted properly after Levy was initially found to be impaired in March 2016.

After completing an in-patient program, Levy returned to work, under monitor by a physician health program. In October 2017, Levy was again found to be impaired. Although Levy admits showing up to work drunk in 2016, he says he had a misinterpreted complex migraine in 2017 and was fired after he was arrested for a DUI which was ultimately dismissed. The hospital has said it does not comment on personnel issues.

Levy was licensed to work in California, Florida and Mississippi (VA doctors do not need to be licensed in the state in which they practice). Online searches reveal active licenses in California and Florida, though Levy has said he does not intend to return to pathology.

In July, the hospital sent letters to the nearly 20,000 veterans whose cases were being reviewed. Shull said the hospital is now starting to notify patients whose cases are complete with the results of the review.

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1.3 - Los Angeles Times: [Ex-official gets 5 months in prison for lease-for-bribery scheme at West L.A. veterans campus](#) (24 September, Gale Holland, 23.9M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contract officer who had been accused of accepting \$286,000 in bribes from a parking lot operator at the VA's West Los Angeles campus was sentenced Monday to five months in federal prison.

Ralph J. Tillman, who spent 14 years with the VA, pleaded guilty to tax fraud and making a false statement to the VA inspector general.

Tillman's voice broke as he apologized to his family, the veterans agency and his former employees for his role in the bribery scheme.

"There's no excuse for what I did," Tillman during the sentencing hearing. "I'm an Army veteran and when I look in the mirror I'm ashamed of what I did."

U.S. District Judge R. Gary Klausner rejected defense attorney David Elden's request to have Tillman serve his time in a halfway house instead of prison. But Klausner agreed with the government's recommendation to reduce the custody time to five months from 15 to 21 months in light of Tillman's early cooperation in the bribery investigation.

"This was a reprehensible crime," Klausner said. "The defendant should do some time in prison."

Tillman was also sentenced to five months of house arrest.

Elden said his client was "extremely remorseful" and had "paid a price" for his crimes. Elden also said that Tillman, who was ordered to pay the IRS \$62,000 in restitution, did not receive \$286,000 in bribes, but declined to name another figure.

Asst. U.S. Atty. Ruth C. Pinkel said Tillman's cooperation, which included recording conversations with the parking lot mogul Richard Scott, was "very crucial" to the investigation, which is now closed.

Scott, owner of Westside Services, was sentenced in August to nearly six years in prison after pleading guilty to conspiracy and wire fraud charges.

But veterans advocates on hand for the hearing said the sentence did not offer much of a deterrent to future corruption.

Tillman "apologized to the court, he apologized to the Department of Veterans Affairs, but he never apologized to the veterans," said Terence Lyons, a veteran and journalist who has followed controversy over use of the West Los Angeles campus for more than a decade. "And that is what is at the root of what caused this problem: ignoring that the whole purpose of this is to fulfill a trust to the veterans."

The government had accused Scott of bribing Tillman for more than a decade to overlook him skimming more than \$11 million in revenues from parking lots leased from the VA at the 387-acre campus. The lots were used for event parking for UCLA baseball games, the Wadsworth and Brentwood theaters and the PGA golf tournament at the Riviera Country Club.

The charges follow a long and contentious history of leases at the site, which was originally deeded as a home for older soldiers.

In 2013, a federal judge ruled in a suit brought by the ACLU Foundation of Southern California that the VA had abused its discretion by leasing land for purposes "totally divorced from the provision of healthcare."

The VA agreed to settle the case by ending some commercial leases and developing the property as a model veterans residential community.

Meghan Flanz, the executive director of the campus draft master plan, had asked Klausner to consider in sentencing Tillman the "profound and lasting damage" that the corruption scandal had inflicted on veterans, the campus and the VA's reputation.

The community "remains skeptical and cynical about our ability to implement our redevelopment plans because these men misused our campus for so long," Flanz said in a letter to the court.

The VA has said it is has taken steps to forestall future misuse of leases and is moving forward with campus building plans.

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1.4 - UPI: [Online, in person diabetes programs equally effective for weight loss](#) (24 September, Allen Cone, 4.8M uvm; Washington, DC)

Online diabetes programs and ones administered in person were just as effective in weight loss, according to study.

Researchers compared results from the Veterans Administration's face-to-face standard-of-care weight management program, called MOVE!, against online and in-person diabetes prevention methods. Their findings, published Monday in the American Journal of Preventive Medicine, are the first time the programs were compared.

A total of 268 obese or overweight veterans with prediabetes were enrolled in the online diabetes programs, with 56 percent completing eight or more modules between 2015 and 2017. The standard in-person program had 273 participants the MOVE! program had 114 -- both between 2012 and 2014.

Enrollees in the online diabetes prevention program had a mean weight loss of 10.3 pounds at six months and 8.8 pounds at 12 months. Participants who completed one or more modules/sessions in the standard in-person program had 10.6 pounds of weight loss at six months and 9 pounds at one year. In the MOVE! program, weight loss was significantly less -- 1.1 pounds at six months and 10.6 pounds at one year.

In addition, the researchers found that the online program had better participation than the in-person program, with 87 percent of online participants completing eight or more sessions, compared with 59 percent for the standard in-person program and 55 percent for MOVE!

The online program, which was developed by Omada Health, included virtual groups of participants; live e-coaches who monitored group interactions and provided the participants with feedback via phone and private online messages; weekly educational modules on healthy eating and exercise; and wireless scales to record participant weights.

In the in-person program, eight to 22 group-based face-to-face sessions focused on 7 percent weight loss and at least 150 minutes per session of moderate physical activity.

The MOVE! program included eight to 12 face-to-face healthy-lifestyle sessions and monthly maintenance sessions but no goals.

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1.5 - Arkansas Democrat-Gazette: [Review of Arkansas pathologist's work finds 3 deaths among misdiagnoses, VA says](#) (24 September, Doug Thompson, 871k uvm; Little Rock, AR)

FAYETTEVILLE — Three deaths are among the 11 confirmed, serious cases in which a pathology report was wrong, according to findings in an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks.

The review has found 256 cases in which the pathology report missed the diagnosis with possibly severe consequences that ranged from extended, avoidable hospitalization to lasting disability or death, said Kelvin Parks, interim director of the system. Parks spoke Monday to a crowd of about 30 at a town hall meeting.

Officials don't know in most of the 256 cases if the misdiagnosis had any serious consequences, but 11 of those cases did, Parks said. Patients in three of the 11 cases died. Misdiagnosis is believed to be a factor in at least one death, according to earlier statements by the Veterans Affairs Department. The other two are still under review, Parks said.

A total of 14,980 of the 33,806 cases to be reviewed have been so far, according to the interim director.

Of those reviewed, 9,979 have no errors, Parks said. Another 863 appeared to have errors with no lasting consequences to the patients involved. Final results have not be reported for the remainder of the cases reviewed.

The review includes every case the pathologist involved worked on since his hiring in 2005.

"There is no precedent or procedure for a look-back of this magnitude," Parks said.

Monday was the second town hall meeting since the initial June 18 news conference at which the problem was announced.

Parks expects to finish the review by Dec. 31, thanks in large part to an agreement signed with the University of Arkansas for Medical Sciences to provide nine pathologists to work at the Fayetteville veterans system site full time. The center will bring in more pathologists from outside the state, but that will have to wait until the beginning of the new federal fiscal year Oct. 1, he said.

A final report will be made public in January, he said.

The review began after administrators discovered a pathologist at the system's hospital in Fayetteville tested samples while impaired, administrators said during the June news conference. The pathologist, Dr. Robert Morris Levy of Fayetteville, confirmed in an earlier interview he worked while impaired with alcohol in 2016 but said he didn't work while impaired afterward.

Levy previously acknowledged he's the pathologist involved, although the system won't confirm, saying it's a personnel matter. Levy was fired in April, according to administrators. He had been suspended in March 2016 for being impaired, but he returned to work that October after counseling and after a check of his work found no errors at the time.

The Veterans Affairs Office of Inspector General is investigating the retention of the pathologist after his first reported impairment, Parks said. There's no timeline on the inspector general's report. In addition, Parks has launched an internal investigation to find "who knew what when," he said.

Levy was again taken off clinical work in October 2017 after what the hospital described as a second instance of working while impaired. His dismissal in April came after a personnel review.

The Veterans Health Care System of the Ozarks serves veterans in 23 counties in Northwest Arkansas, southwest Missouri and eastern Oklahoma.

The cases under review are prioritized by risk, Parks has said. Tests for the most serious possible diagnoses, such as prostate biopsies for cancer, will be reviewed first, he said. Other risky conditions earmarked for priority are CT-guided needle biopsies, breast biopsies and endoscopies.

Read Tuesday's Arkansas Democrat-Gazette for full details.

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1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [The VA Hopes To Make It Easier For Veterans To Join Cancer Trials](#) (24 September, Libby Denkmann, 278k uvm; San Diego, CA)

When Army veteran Robert Galang had throat cancer last year, he went to the VA hospital in Long Beach, Cal. for care. The thing he remembers most is having to lie very still while doctors aimed beams of radiation right at his neck.

"That was new to me," Galang said. "You get strapped in, and you can't move, and you put your trust in the machines they have."

To keep his mind occupied through radiation and chemo, Galang brought along his favorite tunes.

"I grew up in the '60s, so I was listening to Led Zeppelin and all those types of music," he said. "I put myself in the hands of Stairway to Heaven"

As the VA successfully treated his cancer, Galang was part of a clinical trial to test a new, unproven drug. He received an I.V. drip designed to prevent painful mouth sores and infections, said May Thein, a Radiation Oncology Research Associate with the Long Beach VA.

"It's a condition that develops very commonly in patients going through chemotherapy and radiation, at the same time, for cancers of the oral cavity or oropharynx (where the back of the tongue, throat, and tonsils are)."

But vets like Galang who get their medical care at the VA can face barriers to accessing cutting-edge trials of cancer therapies and drugs.

There are several reasons. First, the VA treats an older patient population, often with overlapping medical conditions like heart, kidney or lung problems, along with mobility issues.

"At the moment, clinical trials for cancer are fairly restrictive," said Dr. Pankaj Gupta, Chief of Hematology and Oncology for the Long Beach VA. "To get the cleanest possible results, they try to restrict the patient population to one where organ systems are working well, the patients are functioning well, they have some life expectancy. That really narrows the eligibility, and excludes a lot of veterans."

Regulatory requirements can also slow the approval process involved with bringing cancer trials to local VA hospitals.

As a result, veterans with cancer may have fewer options for participating in clinical trials and less access to experimental new treatments.

In a statement, the VA said, "(w)hile VA has a robust research program - including clinical trials on cancer and other diseases - at more than 100 sites nationwide, VA facilities often face challenges initiating and completing trials."

For many clinical studies, VA patients are referred to institutions outside the VA, said Dr. Homayoun Sanati, a staff oncologist at the Long Beach VA.

"All this takes a lot of work both from the physicians' side and from the patients' side, because they have to go somewhere else, possibly far away," Sanati said.

Slicing Through Red Tape

The VA can't change its patient population, but it is trying to expand the number of clinical trials for cancer drugs and therapies offered through VA hospitals.

The agency is partnering with the National Cancer Institute on a new project called the NCI and VA Interagency Group to Accelerate Trials Enrollment, or NAVIGATE. It's a program that will roll out in 12 VA hospitals nationwide, including the Long Beach Healthcare System.

The goal is to cut through some layers of bureaucracy that can delay and restrict cancer trials at the VA, while bringing VA researchers into the process of building cancer treatment studies and identifying ways to connect more veteran patients to the newest innovations.

NAVIGATE will allow the VA to accept approval by the NCI's Institutional Review Board - the panel of experts who assure a trial is safe and scientifically sound - rather than running each new study through a local review process.

Sanati predicts this will greatly speed up the launch of cancer trials for VA patients.

"IRB approval has been the limiting factor for us to start any new clinical trials," Sanati said. "Typically when you want to start a clinical trial, it may take 3-4 months. But with this project we probably can do it in under a month."

The range of trials available at VA facilities should also multiply.

"Normally if a local IRB is required to approve each trial, it's very hard to approve more than ten or twenty trials at any VA facility," Gupta said. "With NAVIGATE, we can expand that considerably. And this will allow the VA in some ways to get a step ahead. Because not a lot of even big cancer institutions accept the NCI IRB."

A Seat At The Table

Through NAVIGATE, VA oncologists will also collaborate with the National Cancer Institute in the design and evaluation of clinical trials.

Gupta says that will give the doctors who regularly work with an all-veteran population a seat at the table to tailor new studies to their patients' needs.

"We can see how this trial may be more applicable to our patients, or how more of our patients might be eligible," he said.

If it works as planned, many more veterans will have the experience Robert Galang did.

He had the trial I.V. drug infused every weekday for seven weeks, and said it worked for him. His taste buds are working again, and he has full function of his throat back.

Galang is excited about the future of the therapy he played a part in developing.

"Through the grapevine, I heard that they're getting approved to be able to continue their clinical trial, which is awesome, as far as I'm concerned," he said.

VA doctors in Long Beach say they're hearing a lot of similar enthusiasm from veterans about clinical trials. Gupta says the same sense of duty that led them to serve their country in uniform translates to an eagerness to serve the greater good through medical research.

It's also uplifting for VA researchers. At the Long Beach hospital, Sanati says he's excited to explore clinical trials for the treatment of prostate and lung cancer, both prevalent in the veteran population. These could involve precision oncology - where the genetic material of cancer tumors is analyzed to target specific mutations - new drugs or immunotherapy agents, different ways of delivering radiation therapy, and further symptom management research.

"We and our patients will be greatly reassured that the treatments that they can be offered will be the same kinds of trials they would get if they were to go to one of the leading cancer hospitals in the country," Gupta said.

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1.7 - KHBS (ABC-40/29): [VA in Fayetteville: 3 deaths possibly linked to former pathologist's diagnoses](#) (24 September, Adam Roberts, 273k uvm; Fort Smith, AR)

FAYETTEVILLE, Ark. — The Veterans Administration is looking into three deaths that may have been caused by diagnoses made by a former pathologist.

Kelvin Parks, Interim Medical Center Director at the Veterans Health Care System of the Ozarks in Fayetteville, confirmed the numbers to 40/29 News Monday morning.

Pathologist Dr. Robert Morris Levy was fired by the Veterans Health Care System of the Ozarks earlier this year. The VA is looking into every case he worked during his career, a total of 33,000.

14,000 reviews have been completed. 1,119 cases with errors have been found.

11 of those 1,119 errors were significant enough to cause harm, according to the VA.

The VA said Levy was found to be impaired on duty on two occasions.

Levy disputed the allegations, telling 40/29 he was not impaired on duty.

According to the VA, Levy was found to be impaired on duty on two occasions. He was fired in April 2018. In March 2016, an employee reported Levy for being impaired, which Levy says was the only time he showed up drunk to work.

He entered into an in-patient treatment facility for three months.

A spokesperson with the VA said that Levy was allowed to return to work following treatment and was monitored by the Mississippi Physician Health Program in conjunction with the Arkansas Medical Foundation.

Levy was not registered in Arkansas, but VA physicians do not need to be licensed in the state of the hospital, said hospital spokesperson Wanda Shull. In October 2017, Levy was again determined to be impaired on duty and was removed from clinical care while the hospital investigated. Levy attributed this to a complex migraine, which he said limited his ability to find words and hear properly.

Still, Levy continued to work as the hospital investigated. He said he saw a neurologist, who cleared him. Records also show Levy later visited a neuropsychologist who found "no major concerns." Levy's DUI arrest occurred on March 1. The arresting officer noted Levy's "speech was very slurred and his balance was swayed."

The Fayetteville District Court said the case was dismissed on March 30 after blood samples were negative. Levy was ultimately fired April 13. He said he doesn't know what hospital investigations occurred between March 1 and April 13.

Levy said that he has not been notified by the VA about which cases were misdiagnosed.

According to the Associated Press, Kelvin Parks, the interim medical center director for the hospital, wrote to the Mississippi board on June 7 that Levy "significantly failed to meet generally-accepted standards of clinical practice that constituted an imminent threat to patient welfare."

Two days later, the Arkansas physician program revoked its advocacy of Levy due to "non-compliance with daily check-in requirements and failure to return phone calls to the AMF." The Mississippi program notified the license board on June 20 that it too would cease advocacy for Levy, and Mississippi revoked his license the following day. Levy's licenses in California and Florida are still active.

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2. Greater Choice for Veterans

2.1 - The Hill: [Veterans bills show how Congress should work](#) (24 September, Rep. Mike Gallagher (R-WIS.), 11.8M uvm; Washington, DC)

Since it's the silly season of an election cycle, congressional dysfunction is on full display. From hearings that devolve into partisan political theater, to two-day "work weeks," to last second spending bills that skip regular order, it is clear that Congress is in need of serious reform. And yet there are still some bright spots that demonstrate how Congress can and should work when members devote the time and energy necessary to solve problems.

Consider Congress' work on veterans' issues. We are blessed to live at a time when—in contrast to the Vietnam era—respect for our veterans' sacrifices is widely shared among the American people. From this emerges a shared outrage with the status quo. Over the past few years average citizens, even those who did not serve, have heard stories about the 20 service members that commit suicide every day, or the dangerous wait times of nearly three weeks for new Veterans Administration (VA) patients, and they have rightly demanded action from their elected representatives.

My colleagues and I, in a rare bipartisan move, have responded with real reform. Over the past two years we have worked to deliver a system that works for our veterans—not against them.

For example, the Department of Veterans Affairs Accountability and Whistleblower Protection Act, which Congress passed last year, empowers the VA to fire, demote, or suspend employees that break our veterans' trust. It also gives the VA the ability to reduce pensions, bonuses, and awards paid to employees with unacceptable conduct. The VA is filled with many patriotic, hard-working people. But in light of their mission, they must be held to a high standard. And just as in any other job, if they fail to do their job, they should not be able to keep it.

At the same time, VA employees must be protected from retaliation or punishment if they are trying to expose abuse or malfeasance in the system. Consider the case of Dr. Christopher Kirkpatrick, who exposed the over-medication, particularly of opioids, to patients at the Tomah, Wisconsin VA. As a result, he was reprimanded and warned to stay quiet. But Dr. Kirkpatrick continued voicing his concerns, and when his candor got him fired, he took his own life. In response, Congress passed the Dr. Chris Kirkpatrick Whistleblower Protection Act, which expands protections for whistleblowers, strengthens enforcement against supervisors who retaliate against whistleblowers, and better protects against the improper access of employee medical records.

In addition to increasing accountability and transparency at the VA, we have tried to expand the choices available to our veterans, so they can get the health care they need when they need it. A recent study from the Government Accountability Office found that VA staff incorrectly entered data on close to 40 percent of appointments for new patients, understating wait times by more than two weeks. Because of these incorrect entries, many veterans could not receive care under the VA Choice program. Almost daily I hear from a veteran in Northeast Wisconsin struggling to navigate the complexity of the VA system. I have a constituent case worker solely devoted to helping veterans with these issues. But the reality is no veteran should have to call their member of Congress to get the care they deserve.

This is why Congress passed the VA Mission Act by a vote of 347 – 70 in the House and 92 – 5 in the Senate. The Mission Act consolidates seven existing programs into a comprehensive community care system that is designed to be more responsive to veteran needs. It also removes arbitrary obstacles like the 30-day and 40-mile thresholds for community care, expands access for walk-in clinics, and better equips providers to manage opioid prescriptions by providing them with evidence-based guidelines for prescribing opioids, while directing the VA to monitor the prescribing practices of community care providers. The VA Mission Act also further expands education and training programs so veterans better understand the health care options available to them.

There is still a lot of work that needs to be done, particularly when it comes to managing the transition from active duty to civilian life and reintegrating veterans into their communities. But the past two years have shown that when the American people demand it, and members of Congress are willing to set aside their differences and work together, we can get things done. And as more veterans from the 9/11 generation run for Congress, my hope is that they will bring to this institution the sense of purpose and commitment to service they demonstrated in uniform.

Gallagher is a Marine veteran and represents Wisconsin's 8th District.

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2.2 - Marshall County Tribune: [Fortunate to be serving Veterans](#) (24 September, 800 uvm; Lewisburg, TN)

“Fortunate” and “grateful” aren’t always the words used to describe one’s job, but for Jeremy Moorehead, those words are what come to mind.

Moorehead is Marshall County’s new Veterans Services officer, assisting the county’s veterans navigate the sometimes complex web of federal and state benefits and healthcare.

“It’s an honor to be able to help these men and women who’ve served,” he said.

Moorehead is the first to occupy the office since the county funded its transition from a part-time to a full-time position, in this budget year.

Local vets have advocated for a long time for the expansion of the office serving the county’s estimated 2,300 veterans.

His office has been busy too, Moorehead said, stating that he saw anywhere from eight to 14 veterans per day in the office since he started several weeks ago.

For homebound vets, Moorehead makes house calls, if needed, to deliver services.

Moorehead grew up in the Petersburg area before attending Cornersville High School, graduating in 1996.

Entering the Army after graduation, he served eight years before injuries suffered during a deployment in Afghanistan forced him to leave the service for medical reasons.

Moorehead said that his own experiences dealing with the Veterans Administration for his own service-related injuries help him serve others.

“I can understand the bureaucracy,” he said.

He took advantage of the department’s new Choice program to have a recent surgery at Vanderbilt instead of the VA due to wait times.

Moorehead said that he hopes to expand the assistance of a county that has really stepped up to support its veterans, citing the weekly Veterans Outreach meetings, Moms on a Mission support to overseas troops, the local veterans organizations, and the funding of transportation for vets to appointments by the city of Lewisburg as examples.

“We are fortunate for the community’s support,” he said.

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2.3 - MyMotherLode.com: [Trump: New Bill To Provide World-Class Care To Veterans](#) (24 September, Mark Truppner, 192k uvm; Sonora, CA)

President Trump was at the North Las Vegas VA Medical Center, where he signed H.R 5895 into law.

Trump was Monday's KVML "Newsmaker of the Day". Here is the text of his speech before signing the Bill:

"Well, thank you very much. Please. It's great to be with you. And thank you to Secretary Wilkie, who is doing an incredible job, I have to say. And also to the great leadership of the Department of Veterans Affairs. Some of those great leaders are with us today.

Today, I'm honored to be at the North Las Vegas VA Medical Center to sign into law a historic government funding bill that will renovate our nation's military bases and provide great world-class care to our great veterans. (Applause.) Unless you don't want it. Unless you don't want it.

I want to thank your state's great senator, Dean Heller. He has been so helpful. Dean has really been helpful. He's worked all the way, right from the beginning. And this was very important for him. But for working so hard to get the bill passed and get it put right on my desk, and to pass the groundbreaking VA reform. There's never been reform like we've been able to do over the last very short period of time.

Thank you, as well, to Nevada Governor Brian Sandoval for being such a strong advocate for Nevada's veterans. We're also — (applause) — thank you, Brian. Thank you, Brian.

We're also very grateful to be joined by Nevada Attorney General Adam Laxalt. (Applause.) Thank you, Adam. Great job. Hear he's doing well.

To every veteran here today: We are eternally grateful for your noble service to our nation. I would like to ask all of the veterans with us now to, please, proudly stand. (Applause.) That's great. That's great. You're fantastic people. You're really fantastic people. Please. Thank you. You really are.

And we're fighting to make sure that you get the care that you so richly earned. And today's legislation is one more promise that the Trump administration is keeping. And we've done a lot of promises, and we've kept them all. And this is another one for the veterans.

With this funding bill, we've increased the VA's budget to the largest ever. We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we've gotten. You know the reforms. We're going to go over them in a minute, but they are some reforms. And to deliver for our great veterans, just the way I said I would constantly on the campaign trail. You backed me, and I back you. That's the way it works, right? That's the way it's supposed to work in life. (Applause.)

And with our booming economy — which is now, I think we can easily say, the greatest economy maybe we've ever had in our country. Stock markets yesterday — and I believe they're up today, so that means today. But the stock markets yesterday hit the highest they've ever been in the history of our country. And we've broken the record, now, over 100 times. So we keep breaking it, breaking it. And actually, we have a long way to go. There's tremendous potential. (Applause.)

So with our booming economy, I'm also proud to report that the veterans unemployment recently achieved its lowest level in more than 20 years. That means a lot of jobs. A lot of jobs are taking place.

Last year, I also signed into law the landmark VA Accountability Act. You know all about that. And that was something that was very important to me. Because you couldn't do anything — you couldn't — if somebody was bad. You got a lot of great people, but you have some bad ones. You couldn't do anything. Now you can do it.

So I want to thank the dedicated Veterans Affairs doctors, nurses, and staff members who join us. Now, we're finally rewarding the many great people at the VA, while also ensuring that those who mistreat our veterans — we had people that really mistreated our veterans — they are now being held accountable. That's why it's called the VA Accountability Act. And they are being held, seriously, accountable. Right, Mr. Secretary? He's had a lot of fun. (Laughter.) He's had a lot of fun.

We take care of our good ones, and the others are held accountable. Right? And there was no way you could hold them accountable. They could be sadists. You had some of them, too. It doesn't sound nice. They could be thieves. They could rob you blind. They could steal money, and you couldn't do anything about it. Now you can do whatever you want. Now you do what's right. And you have a Secretary that's doing what's right. He's tough and he's smart. (Applause.) It's true.

And I can tell you — this is always a good sign — General Mattis was not happy when I took him out of the Department of Defense. (Laughter.) You know, we were going to have him for a short while. And then we said, "You know, he's doing so good, we're going to keep him here." He wasn't happy, and that's usually a good sign. Isn't it, Governor? When they're not — if they're happy, that's not a good sign. (Laughter.) He wasn't happy. He's still not happy. But that's all right. But you're happy, right? (Applause.)

In a few months — and a few months ago, I was very proud to sign into law another tremendous victory for our veterans. Maybe this is the one that we kept talking about and talking about — 48 years. They couldn't get it approved. It made so much sense. I used to talk about it because I thought I was this great guy that had this great vision. It's called "VA Choice."

And I said, "You know, if you have lines where you can't see a doctor for two weeks, three weeks, four weeks, twelve days, eight days — how about one day? No good." I said, "I have an idea. Send them out to a private doctor. We got great doctors, and they'll be taken care of immediately. We'll pay the bill." I thought it was like this great idea.

Well, they thought about it for 40 years. They couldn't get it passed. We got it passed. So we have, now, VA Choice. (Applause.) So, now, if a veteran can't get the care they need from the VA in a timely fashion, they have the right to go see a private doctor.

Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice, so you don't have to wait on line for 18 days to take care of a simple — I mean, we had people waiting on line with a simple problem that, by the time they saw the doctor, they were terminally ill. No more of that. If you have a line, you go see a doctor. You get yourself taken care of. We take care of it. Okay? Good. It was amazing. (Applause.) It was amazing.

You would think that would have been easy to pass. Well, there's a reason it took so many years; it wasn't easy. You have different groups and different people. But in the end, we all came together and we got it done. VA Choice.

Here with us today is Vin Putignano, a Vietnam veteran who is a great guy, who lives in Las Vegas. And, now, through the Choice program, he can see the specialist doctors that he needs while still getting his primary care through the VA medical centers like this one.

And that's the other thing: There's so many great things that they do that people don't recognize. And you don't have to go out all the time to get what you need, because so much of it is taking place here. We have some tremendously talented people. I always hear about the incredible level of treatment and talent that the doctors have. You have really incredible doctors and nurses. You had to get to them; that was the problem. But you have some tremendously talented people.

So, Vin, I'd like you, if you would, to say a few words about VA Choice, please. Thank you, Vin. (Applause.)

MR. PUTIGNANO: First of all, good morning. Thank you, Mr. President, for those kind words. I wish my mom was here. (Laughs.) Because she wouldn't believe you. (Laughter.) Anyway, it's an honor to stand with you today in your continued fight to bring the VA to where it is and should be.

Your leadership and your support, specifically for the Veterans Choice Program and signing this VA Mission Act that is — from what I understand, is going to be the blueprint of the future of the VA, controlled by Secretary Wilkie and yourself.

I'm a 100-percent disabled Marine Corps combat veteran, who had the privilege of serving my country during the Vietnam War. I was a part of the 2nd Battalion, 3rd Marines, 3rd Marine Division. I've lived here in Nevada for the past two years. And because of the VA Choice program, I now receive outstanding treatment by doctors and nurses, both in the VA here and outside to the community — the medical community outside.

Like they said, this is a very special situation. I'm getting old. I think a couple of us in here are, too. (Laughter.) But with this age thing comes, you know, special needs problems. I got a bad heart, got cancer, and just plain old getting old. You know? It's a pain.

I wish to share with you a personal story. In the last five years, I have had a bleeding ulcer on my toe that we've not been able to fix. And because of VA Choice, I've been able to — with the support of the Veterans Administration, I've been able to find a podiatrist who operated 10 days on me — 10 days ago on me.

And the man did something that blew my mind. I got home. I took off the boot. There was a little bit of blood, and I called. He came and made a house call. Who does that? (Laughter.) Not anymore, right? (Applause.)

Anyway, Dr. Wesley Lyon and his staff are treating me. They're taking care of me. And, by the way, with this whole upset with this toe, my golf game went right out the window.

THE PRESIDENT: Oh, that's terrible. (Laughter.)

MR. PUTIGNANO: But there's a chance of it coming back.

THE PRESIDENT: It'll come back. It'll be better than ever. Better than ever.

MR. PUTIGNANO: I don't know. (Laughs.) I want to thank you, Mr. President, for the commitment that you have made to myself and to my brother and sister veterans, and those of us from World War II right up to the current time of our existence — of our military people.

No longer do they have to — as you just said, do they have to go and stand and wait, and not get the proper care. That's all gone away. That's all because of you, and because of your staff and your government. And must I say — I must say that I really am impressed with the fact that you and your government are really focusing on making the country's promise to us a reality. Because you know what? We earned it. (Applause.)

Thank you, sir.

THE PRESIDENT: Thank you, Vin. That was beautiful. Thank you very much. Take care of that toe. (Laughter.)

The bill I'm signing today also provides the VA with vital funding for opioid treatment and prevention — a big problem in this country, a big problem here, and in the country; for mental health care services; telemedicine, which is the new thing; and more than \$1 billion for veterans electronic health records. We've done a lot of work on health records, and now you're able to transfer easily from Department of Defense to the VA, and back and forth. Before, it was almost impossible. It was a big thing.

Today's funding package also delivers for the men and women now serving in uniform. The legislation includes more than \$10 billion to build, renovate, and repair houses, schools, training centers, and other facilities on military bases. They need it. There's been a lot of — a lot time has gone by, and they're in bad shape. But they'll, very shortly, be in very good shape.

This is terrific news for Nevada's nearly 20,000 active-duty and reserve soldiers, sailors, airmen, Marines, and National Guardsmen. We are providing nearly \$100 million for three bases right here in Nevada: Creech Air Force Base, Nellis Air Force Base, and the National Guard Readiness Center, just a few miles away.

This bill also includes \$15 billion for the Department of Energy's Nuclear Weapons Security program, which is so important, to modernize our nuclear arsenal and keep the deadliest weapons from falling into the wrong hands.

Finally, we have secured \$7 billion for the Army Corps of Engineers to build crumbling ports and waterways, and to keep and improve flood and storm barriers so that America remains safe.

On Wednesday, I visited North and South Carolina and met with first responders and survivors of Hurricane Florence. Incredible people. I was inspired by their unbelievable courage and resilience.

Our nation mourns the tragic loss of life. And I don't know if you're aware, but, by tomorrow afternoon, massive amounts of water will flood into South Carolina. They got hit, but the big hit comes days later. And it will be the biggest they've ever had. I said, "Well, is there a chance..." I was there. I said, "Is there a chance that maybe it doesn't show up?" They said, "Nope. It'll be

here at about 2:30.” And it’s going to be very, very bad. But they’re ready. They’re ready. They’re really ready. And folks that — in the military, and FEMA, and first responders — they’ve been incredible.

But our nation mourns the tragic loss of life, and we are moved by the countless ways Americans have come together to rescue those in danger. You see it all the time. You turn on the news at night, and you’ll see people being pulled from cars by first responders, and the military, FEMA workers, and, frankly, citizens that are there.

Last night, a car just got taken away by the water with people in it, and they were able to get them out at tremendous danger. Working with state and local leaders, we will not rest until that entire rebuilding — North and South Carolina, predominantly — is complete. Really great leadership in both places — the governors, the senators. I met with everybody, and they’re really ready. They’re really ready.

And North Carolina has largely been hit. They’re almost at the stage where they’re rebuilding. In South Carolina, as I said — watch tomorrow. It’s going to be a tough one.

In everything we do, and everywhere we go, we are committed to safety, prosperity, and opportunity for all Americans and for every hero who wears the uniform. And that’s really why I am here today. I love those people who wear that uniform. I love our law enforcement, the job they do. Our firemen and women. These are incredible people. And I think, for the most part, our nation is beginning to realize it, maybe more than they ever have before. Incredible people.

With this legislation, we are securing a better future for our citizens. We are modernizing our nation’s infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.

And our country is respected again. Our country is respected like never before. It’s a big difference. (Applause.) The country is respected again. Thank you. Thank you.

So I want to thank you all for being here, and just say God bless you. God bless those who serve. And God bless the United States of America. Thank you all for being here.

And I’ll sign. Thank you.”

(Applause.)

(The bill is signed.)

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3. Modernize Our System

3.1 - Politico: [Secure Elections Act tries another comeback](#) (24 September, Tim Starks, 23.9M uvm; Arlington, VA)

[...]

Under the military construction section of the measure, the conference report directs the Defense Department to produce reports on overcrowded parking lots and roads near its facilities, focusing heavily on Fort Meade, home of the NSA and Cyber Command. The conference report notes that personnel at Fort Meade has ballooned from 35,000 in 2005 to 57,000, more than double the number of people at the Pentagon proper. It also includes \$17 million for an IT project at the Department of Veterans Affairs. “As stated in the House

report, VA is urged to ensure that patient records being transferred from DOD to VA have the same level of security and data-level protections as provided by the Department of Defense,” the conference report states.

Last, the legislative branch section includes a ban on organizations under its jurisdiction buying telecommunications or IT products from Chinese companies ZTE and Huawei, unless they complete a checklist of assessments to make sure the products pose no cyber espionage or supply chain risks.

[...]

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): [Former Official Sentenced in Southern California VA Swindle](#) (24 September, 23.9M uvm; Washington, DC)

LOS ANGELES — A former contracting official for the U.S. Department of Veterans Affairs in Los Angeles has been sentenced to five months in prison for lying to investigators when he denied taking bribes as part of a \$13 million fraud scheme.

City News Service reports Monday that Frank Tillman will also serve five months home detention.

Tillman pleaded guilty in February to tax charges and lying to investigators when he denied accepting bribes from a parking lot operator at the VA's medical center campus.

The lot operator, Richard Scott, was sentenced in August to six years in prison for conspiracy and wire fraud. Scott was ordered to pay the VA \$12.6 million in restitution.

Tillman admitted taking \$290,000 in hush money. He was ordered to pay \$62,000 in restitution to the IRS.

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4.2 - BizJournals.com (Orlando Business Journal): [This local VA exec works hard to connect veterans and their families with benefits, resources](#) (24 September, Anjali Fluker, 19.2M uvm; Charlotte, NC)

Ellamay "Annie" Artis knows plenty about dealing with adversity — joining the U.S. Army in the early 1990s as a single mother and suffering with daily pain with fibromyalgia.

But the Orlando VA Medical Center veteran program outreach and minority veterans program coordinator always battles her challenges with a positive attitude.

During her years of service in the Army, Artis served in Saudi Arabia during Dessert Storm in the 28th Combat Support Hospital. Once transitioning to the Orlando VA, she dedicated her time to ensuring that veterans in the area have access to benefits and other resources, including arranging on-the-spot hiring events with outside employers.

In fact, Artis collaborated with several organizations on hiring events, including partnering with Orlando Jobs to host the city of Orlando's first veteran's homeless and/or criminal background hiring event at Camping World Stadium. That job fair served more than 800 veterans and had a placement rate of roughly 40 percent with 250-plus employers. Artis also worked with the Orange County Jail and the Veteran Justice Outreach Program to teach job and transitioning skills to hundreds of veterans with criminal backgrounds; assisted more than 2,000 veterans with navigating the VA process for benefits, services and employment. She also provided guidance to high school students via administering the Armed Services Vocational Aptitude Battery test.

Artis facilitates several community outreach programs to help veterans, their widows/widowers and children learn more about benefits and services available to them.

"I have been fortunate enough to be given resources to develop several programs that address veteran barriers to transitioning successfully," Artis said. "Another highlight that is the ultimate for me, is I have the opportunity to participate in several Vietnam Veteran Pinning Ceremonies."

For her accomplishments, Artis was named an honoree in Orlando Business Journal's 2018 Veterans of Influence Awards.

Here's more from Artis:

Why did you join the military? As a single teenage mother, joining the military was my best opportunity to make a better life for me and my daughter. I dreamed of going to college so that I could get an education and be a success, but first I needed help to get there. The military gave me access to an education, and it was during my time in the military that I grew as a person and realized what I really wanted for my path in life. The military became not just a means to an end, but an educational experience that resulted in my current career successes.

What was the most significant thing that happened to you while you were serving? I joined the military during Desert Storm. I remember my recruiter telling me that I would not ship overseas to the war because of my family situation — my grandmother was very ill and I had a young daughter. So we went to the MEPS [Military Entrance Processing Station] station to process, however, they declared me overweight by 5 pounds. My recruiter stepped up and assured them that by the time I had to report to my duty station, I would have that weight off. I felt defeated but she was not going to let me make her a liar. She had me stay at her home over the weekend, where we worked 10 pounds off. Her commitment to helping me made me realize that helping others could be just as great for me as the people I help. I shipped off that Monday, October 10, 1991, and was in Saudi Arabia when my grandmother passed. I got notice two days too late. My

officer took me into town to purchase some flowers to send and comforted me during a time of great uncertainty. These moments helped define me as a person today.

Favorite place you were stationed: Fort Bragg, N.C., because that's where I met John Artis Jr. He would become my husband of 27 years, the father of our four children and the grandfather of my awesome grandson.

What challenges do you face in your line of work? Running into veterans who are given the wrong information and not connected to their local VA. For example, I met a 76-year-old widow who was about to lose her home, and didn't have enough money for medication and health care. She was in the office because Veterans Benefits Administration stopped her widowers' pay. After speaking with several officers, she was told nothing could be done. I insisted that she goes to the VBA office, which later determined that she was entitled to more than what she was receiving. With the back pay and her new monthly payment, she is living comfortably.

Your advice to veterans: Do not be afraid to reach out for assistance in navigating the VA system. The best place to start is to report to the VA Medical Center transition team, which has the knowledge and experience to help veterans get the most out of their VA benefits.

Little-known fact about you: I truly love and gain satisfaction from connecting people to the right opportunity at the right time for them. It takes time to realize what is needed in their current moment, but the joy I feel when someone has such positives results from my help is unmeasurable.

Is your company hiring right now? We have well over 100 positions in the medical field and entry level positions for EMS, cooks and retail.

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4.3 - MLive: [Battle Creek VA Medical Center names new director](#) (24 September, Winter Keefer, 10.9M uvm; Ann Arbor, MI)

BATTLE CREEK, MI -- The Battle Creek VA Medical Center will soon have a new director overseeing healthcare provided to veterans in the Battle Creek area.

The Department of Veterans Affairs announced the appointment of James Doelling to the director position at the facility Monday, Sept. 19.

Doelling will begin serving in the new role on Oct. 16. His duties as director include ensuring the delivery of healthcare to approximately 45,000 veterans per year and will oversee an operating budget of more than \$280 million, according to a Battle Creek VA Medical Center press release.

Doelling has 30 years of nursing and leadership experience in a range of medical fields including primary care, mental health, inpatient surgery, acute medicine, telemetry, hospice, intensive care, critical care and oncology, according to the release.

Prior to his appointment to the Battle Creek director position, Doelling served as associate director and patient care services/nurse executive of the the VA Greater Los Angeles Healthcare System since 2015. In 2017, Doelling was nominated for the VA Secretary Award, Nurse Executive of the Year.

Doelling began his nursing career in Connecticut in 1988. He joined the VA in 2001, serving as the nurse manager in the intensive care unit at the VAMC in Providence, Rhode Island. He also held a series of nursing leadership positions in Massachusetts and Illinois.

Veterans Integrated Service Network 10 Director, Robert McDivitt, expressed excitement over the appointment of Doelling. VISN 10 consists of 10 VA medical centers located in Michigan, Ohio and Indiana.

"His decades of hands-on experience across a multitude of medical fields and proven leadership abilities will be valuable assets for the facility, the employees and volunteers, and -- most importantly -- for the Veterans we are honored to serve," McDivitt said.

4.4 - KNBC (NBC-4, City News Service): [Former VA Official Gets Five Months in Federal Prison for Bribery](#) (24 September, 2.1M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator was sentenced Monday to five months in federal prison -- followed by five months of home detention and a year of supervised release -- for tax fraud and lying to investigators when he denied taking bribes from a crooked parking lot operator at the VA's Westside medical center campus.

Ralph Tillman, 58, was also ordered to pay \$62,000 in restitution to the Internal Revenue Service. After the sentence was pronounced, Tillman was immediately taken into custody.

"There's no excuse for what I did," Tillman told the court, apologizing to his family "and especially to the employees" of the VA. "I am a veteran," Tillman continued. "I look in the mirror and I'm ashamed for what I did."

Although Tillman faced a sentencing guideline range of 15 to 21 months behind bars, the government asked for a downward departure based on the defendant's cooperation in helping prosecutors analyze the fraud and cover-up.

The Whittier man met with government agents for more than 80 hours, helping to unravel the complex scheme, prosecutors said. Early last month, Tillman complied with a request to speak to VA employees and again to investigators at the VA Office of Inspector General to educate them about "how to detect red flags" when fraud is suspected, Assistant U.S. Attorney Ruth Pinkel said.

Tillman, who resigned in 2014 after being confronted by VA investigators, admitted that he took nearly \$290,000 in "hush money" from Richard Scott, owner of Westside Services, which had a contract to operate public parking locations across the VA Greater Los Angeles Healthcare System.

Scott, 58, of Santa Monica was sentenced last month to nearly six years in prison for swindling the VA out of at least \$12 million generated by his parking lots and bribing Tillman to keep the long-running scheme secret. U.S. District Judge R. Gary Klausner told Tillman that his apology to the VA and its employees "was significant."

As part of his job, Tillman was responsible for managing contracts with "sharing partners," such as Scott's Westside Services, which were required to share revenues with the agency. He

admitted that he first solicited a bribe from Scott in late 2003. About 18 months later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes.

In return for the cash, Tillman failed to scrutinize annual statements from Scott that he knew contained inaccurately reported revenues and expenses. Tillman also admitted that he knew Scott was defrauding the VA out of millions of dollars and that he entered into a contract extension with the parking lot operator in 2011 to continue the fraud and bribery scheme. Prosecutors said that during an interview with special agents from the VA's Office of Inspector General in September 2014, Tillman lied when he denied accepting money or anything of value from Scott.

In his plea agreement, Tillman admitted taking \$286,250 from Scott from 2003 through last year, even after his retirement. The defendants' crimes have caused "profound and lasting damage" to the VA, said Meghan Flanz, executive director in charge of the master plan to revitalize the 388-acre medical center campus. In a letter submitted to the court on behalf of the healthcare system's executive team in Los Angeles, she expressed "continuing anger, frustration and disgust regarding the actions of the defendants."

Flanz wrote that while years have passed since Tillman and Scott first conspired to defraud the government, "their corruption continues to harm our campus, our employees, our reputation in the community, and most importantly, the veterans we are honored to serve."

The VA contract with Scott was terminated in early 2017 after the agency settled a lawsuit that challenged the VA's use of its Westside campus for any purposes not specifically related to the care and housing of veterans.

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4.5 - Government Executive: [Why It Matters If Rod Rosenstein Resigns or Trump Fires Him](#) (24 September, Eric Katz, 870k uvm; Washington, DC)

Multiple news outlets on Monday morning reported that Rod Rosenstein, the second ranking official in the Justice Department, was soon to be on his way out of the Trump administration. Although White House Press Secretary Sarah Sanders tamped down speculation that Rosentstein's departure was imminent, she said in a tweet soon after the news broke that the deputy attorney general would meet with President Trump on Thursday in Washington. It was not immediately clear whether Rosenstein's job was safe, whether he planned to resign or if he would force President Trump to fire him.

The difference between resigning and being fired is more than a matter of semantics, and could make all the difference in who Trump selects to immediately succeed the outgoing deputy attorney general.

If Rosenstein were to resign, under the 1988 Federal Vacancies Reform Act, Trump could select any Senate-confirmed appointee across government to serve in the vacant position on an acting basis. The law allows the president to make such a move when an individual "dies, resigns, or is otherwise unable to perform the functions and duties of the office." The law does not specifically dictate what happens when an appointee is fired.

Earlier this year, the administration faced a lawsuit when it appointed Robert Wilkie, then an undersecretary at the Defense Department, to serve as acting secretary at the Veterans Affairs Department. Wilkie's appointment followed the departure of David Shulkin, who said he was fired despite the White House saying he resigned. VoteVets and Democracy Forward, the advocacy groups that brought the suit, argued that because Trump fired Shulkin, the temporary replacement had to be then-Deputy VA Secretary Thomas Bowman. The parties agreed to dismiss the case after Trump named Wilkie to permanently serve as VA secretary and the Senate confirmed him.

In the case of Rosenstein's departure, the next in line would typically be the associate attorney general. Rachel Brand resigned from that position in February, however, and Trump has yet to name a replacement. That leaves Solicitor General Noel Francisco as the next highest-ranking official, according to guidance issued by then-Attorney General Loretta Lynch in the waning days of the Obama administration. Trump in February of 2017 issued an executive order to change the line of succession at Justice, but it only made adjustments further down the pecking order.

Critics have argued that if Trump bypasses the line of succession after a firing by installing his preferred nominee without the advice and consent of the Senate, he would have violated the Appointments Clause of the Constitution.

When debating the vacancies bill on the Senate floor in 1998, the legislation's author, Sen. Fred Thompson, R-Tenn., acknowledged the firing contingency. He noted that a court had previously found that the president did not have the wider discretion in appointing a temporary official when he had dismissed the predecessor before suggesting his bill would change that.

"To make the law cover all situations when the officer cannot perform his duties," Thompson said, "the 'unable to perform the functions and duties of the office' language was selected."

The late Sen. Robert Byrd, D-W.Va., who co-sponsored the measure, offered less clarity. Byrd said the "unable to perform" clause referred to "inter alia" (or, "among other things") sickness, absence, or expiration of a term.

Max Stier, president of the Partnership for Public Service, told Government Executive when the issue arose at VA that the bill was not written clearly.

"It doesn't say. That's the problem," Stier said. "The language is not specific as to firing, and it raises a doubt." He added Congress may have been concerned about enabling a president to fire someone as a means to circumvent its advice and consent authority.

The Congressional Research Service said in a report last year that the provisions of the Vacancies Act would be best enforced through a lawsuit.

"Arguably, the most direct means to enforce the Vacancies Act is through private suits in which courts may nullify noncompliant agency actions," CRS said. "Violations of the Vacancies Act are generally enforced only if a third party with standing (such as a regulated entity that has been injured by agency action) successfully challenges the action as void in court."

Lawmakers and watchdogs are paying particular attention to how any departure by Rosenstein shakes out, as it could impact who has jurisdiction over Special Counsel Robert Mueller's investigation into Russian interference in the 2016 election. After Attorney General Jeff Sessions

recused himself from the probe, Rosenstein took over and named Mueller as special counsel. Democrats on Monday appeared aware of the firing-versus-resignation distinction, asking Rosenstein to hold his ground.

Enforcement of the vacancies law has come under increased scrutiny in recent years. In 2016, the Office of Personnel Management's inspector general said President Obama's acting OPM Director Beth Cobert was serving illegitimately under the FVRA and her decisions were null and subject to court challenge. The Supreme Court brought into question actions taken at the National Labor Relations Board when it ruled in 2017 that Obama had improperly installed as acting general counsel at the agency the same individual he nominated for the position.

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4.6 - WLOS (ABC-13): [VA patients give virtual reality a try](#) (24 September, Jay Siltzer, 480k uvm; Asheville, NC)

OTEEN, N.C. — "The first step is going to be putting this headset on ..."

Gregg Richter, who just had knee-replacement surgery, is the latest patient at the Charles George VA Medical Center in Oteen to give virtual reality from Wellovate a try while recovering. The platform on this day: target shooting.

"This has been a favorite of all the veterans who have used it so far, because they're having to do something," registered nurse Caitlin Rawlins said.

"It takes your mind off your time in the hospital, and it takes your mind off your pain," Richter added.

But, it's more than a game.

"What we're trying to do here by use of the VR is decrease the use of narcotics in our patients after surgery," said Dr. Christopher Keith Nagy, an orthopedic surgeon at the VA.

"It's a good thing," insisted patient Jan Compton. "I hope everybody gets a chance to use it."

"We intend to roll this out in other contexts outside inpatient medicine, including dialysis, chemotherapy and various other clinical contexts," said Dr. Joe Morgan, president of Wellovate.

What a relief for patients.

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4.7 - KFSM (CBS-5): [Three Veterans' Deaths 'Possibly' Result Of Errors By Pathologist, VA Official Discloses](#) (24 September, 439k uvm; Fort Smith, AR)

FAYETTEVILLE (KFSM) — A review of cases of a former pathologist who was found to be impaired have showed 1,119 errors so far, resulting in 11 institutional disclosures and three veterans who have died.

The information was disclosed at a town hall meeting at the VA Medical Center in Fayetteville on Monday morning.

“Institutional disclosures” refers to adverse events that occurred during care that resulted in death or serious injury.

“Their deaths could possibly be a result of the diagnosis by this former doctor,” said Dr. Kelvin L. Parks, interim director of the VA Medical Center, referring to former Veterans Health Care System of the Ozarks pathologist, Dr. Robert Morris Levy, who was found to be “impaired” on March 22, 2016. The pathologist was immediately removed from clinical care.

Levy was fired in April following a DUI arrest in Oct. 2017 which was ultimately dismissed. Levy denied being impaired while on duty.

Following his firing, officials with the VA Medical Center in Fayetteville and the U.S. Department of Veterans Affairs announced an investigation in more than 33,000 of Levy’s cases, which affect about 20,000 veterans.

The case reviews are expected to take until the end of the year.

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4.8 - The Fayetteville Observer: [Fayetteville VA town hall is Wednesday](#) (24 September, Rachael Riley, 439k uvm; Fayetteville, NC)

The Fayetteville Veterans Affairs Medical Center will hold a town hall meeting on Wednesday with veterans, their families and other stakeholders.

The meeting, scheduled for 4 p.m. Wednesday, will be at the Fayetteville Health Care Center at 7300 S. Raeford Road.

James Laterza, the Fayetteville VA Medical Center director, will participate in the meeting, along with Veterans Benefits Administration representatives and the local VA staff.

“These town halls are vital to our commitment to supporting area veterans,” Laterza said. “They provide an opportunity for veterans to hear firsthand about local and national VA programs and services and share feedback about care they receive at Fayetteville VA facilities.”

The VA has held quarterly town hall meetings since former VA Secretary Robert McDonald mandated the events more than three years ago.

More than 70,000 veterans in southeastern North Carolina are served by the Fayetteville VA, which has one of the fastest-growing patient populations in the system.

In addition to the Fayetteville VA Medical Center, Health Care Center and dialysis center, the Fayetteville VA also a health care center in Wilmington and community-based clinics in Brunswick County, Goldsboro, Hamlet, Jacksonville, Robeson County and Sanford.

Veterans with questions about the Choice program can discuss their concerns with Care in the Community staff prior to Wednesday’s town hall meeting.

Officials from the Veterans Benefits Administration regional office will be available to assist

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4.9 - WCTI (ABC-12, Video): [VA stepping up to help hurricane victims](#) (25 September, Lauren Arnott and Jason O. Boyd, 300k uvm; New Bern, NC)

HAVELOCK, Craven County — Shirley Jones was one of at least 200 veterans who came to a special area set up by the Veterans' Administration following Hurricane Florence.

She, like many others, lost so much during the storm. While the Morehead City office is also recovering from storm damage, it is still operating and assisting veterans in mobile units set up at the Walmart parking lot in Havelock.

The business has mobile units operating as part of its HERO program, which is providing everything from assistance from nurses -- some from California and Mississippi -- to canteen service.

NewsChannel 12's Lauren Arnott has more on this story. Click the above video.

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4.10 - KNWA (FOX-24, Video): [Three Veterans May Have Died Due to Misdiagnoses, VA Officials Say](#) (24 September, 191k uvm; Fayetteville, AR)

Officials say three veterans may have died due to the misdiagnoses at the Veterans Health Care System of the Ozarks.

This information comes after a public town hall meeting Monday morning.

The incorrect diagnoses are due to a pathologist who was found to be impaired on the job.

As a result, the VA had to review 33,806 cases and as of last Friday, 14,980 reviews have been made.

From that number, over 1,000 errors and misdiagnoses have been found.

Almost 70% of the misdiagnoses resulted in no or little error, which do not have any negative clinical impact on effected patients.

Almost 6% of all the reviews resulted in disagreement of the initial diagnoses, calling for some changes but still have no negative clinical impact on the effected patient.

Almost 2% of the reviews resulted in major errors of the initial diagnoses, calling for some modification and a brand new report.

Interim Director of the Veterans Health Care System of the Ozarks, Kelvin Parks, said eleven of those reviews had serious consequences. Three of those eleven may have died due to misdiagnoses.

18,826 cases still need review, and Parks said half of the reviews will be made by a VA pathologists and the other half will be reviewed by non VA pathologists.

The VA hopes to finish all of the reviews by December 31.

Right now the impaired pathologist and the supervisor of that pathologist no longer work for the VA, and the organization is still looking for a replacement.

The next town hall meeting to discuss this further will be October 29 at 11 am.

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4.11 - Battle Creek Enquirer: [Battle Creek VA hospital names new director](#) (24 September, Trace Christenson, 158k uvm; Battle Creek, MI)

James Doelling was named Monday as the new director of the Battle Creek Veterans Affairs Medical Center.

Doelling comes to Battle Creek after serving as the associate director and nurse executive at the VA Greater Los Angeles Healthcare System since 2015. He has 30 years of nursing and leadership experience across a host of medical fields, including primary care, mental health, inpatient surgery, acute medicine, telemetry, hospice, intensive care, critical care, and oncology, according to an announcement by the Veterans Affairs Administration.

He succeeds Ketah Shah who has been the acting director since March 30 following the retirement of Dr. Mary Beth Skupien, who was director for six years.

Doelling begins his duties on Oct. 14.

Doelling began his nursing career as a medical oncology staff nurse for a hospital in Greenwich, Connecticut in 1988.

He joined the VA in 2001 as the Intensive Care Unit (ICU) nurse manager at the VAMC in Providence, Rhode Island and has since held a series of nursing leadership positions at the VA Boston Health Care System and Hines VA Hospital in Illinois before being named associate director in LA.

In 2017 Doelling was nominated for the VA Secretary Award, Nurse Executive of the Year. He holds an MA in organizational management from Springfield College in Boston and a BSN from Duquesne University in Pittsburgh.

“We are excited to bring James Doelling on board as the new director of the Battle Creek VA Medical Center,” said Robert McDivitt, Veterans Integrated Service Network (VISN) 10 Director in a prepared statement. “His decades of hands-on experience across a multitude of medical fields and proven leadership abilities will be valuable assets for the facility, the employees and volunteers, and – most importantly – for the Veterans we are honored to serve.”

Doelling will oversee the delivery of health care to approximately 45,000 veterans per year and an operating budget of more than \$280 million in the Battle Creek area.

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5. [Improve Timeliness of Service](#)

5.1 - The Post and Courier: [Letter: VA problems](#) (24 September, Robert Utsey, 318k uvm; Charleston, SC)

The Sept. 23 article by Mary Katherine Wildeman about Navy veterans having difficulty obtaining benefits for Agent Orange exposure was excellent and very informative. A good read for every veteran and anyone with knowledge of Agent Orange and the Vietnam experience.

I just returned from Snellville, Ga., Sunday after attending my cousin's husband's funeral. He was aboard the Wainwright in Vietnam waters for two tours. Harry, my cousin's husband, had several medical issues to which he finally succumbed. Harry tried for years to get VA benefits for his heart, liver, blood pressure and finally cancer — all to no avail.

He asked me to help him with the Wainwright's annual reunion on the Yorktown. During that time, he told me of his problems with the VA. I had him come to Charleston with his records, and we met with the local Veterans Affairs Office manager. Harry was given advice, and he followed it. About six months later, Harry called me to thank me and the local VA office for the help as he was awarded 100 percent disability with retroactive benefits. Harry was elated.

This is all about the VA and its inept management at the upper level. The agency has a serious responsibility: taking care of our vets, the very people who have kept the United States free for more than 230-plus years.

I think there is a 4 p.m., three-day weekend and a payday mentality that dominates the VA, which is fueled by upper management's inability to deal with and make management decisions. The VA is part of the "swamp." And to show all how difficult it is to deal with, President Donald Trump has yet to solve this one.

Robert Utsey

Navy, (Retired)

Ventura Place

Mount Pleasant

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5.2 - Las Cruces Sun-News: [Patients pay steep price for fragmented health care system](#) (24 September, Weeden Nichols, 310k uvm; Las Cruces, NM)

In most “developed” countries, questioning health care for all would be surprising. It is seen as a right. But in the U.S., many prominent politicians still contend that there is no such thing as a “right” to health care – that people have a “right” only to what they can provide for themselves. So we approach health care in a fragmented fashion. “Obamacare” was modeled after a program initiated in Massachusetts under a Republican governor. The only way either program was allowed to exist was by involving multiple for-profit insurance companies, making the programs endlessly complicated and very expensive (and still not tolerated cheerfully by the right).

Perhaps because of a business orientation in the U.S., health care consumes about 18 percent of the U.S. gross domestic product (GDP). Figures may be arguable, but comparisons may help. The percentage of Canada's GDP consumed by health care seems to be between 11 and 12 percent. Canadian provinces are not exactly equivalent to U.S. states. They seem more self-governing than states in the U.S. Sources for funding health care in Canada are both federal and provincial, but each province has its own health care system, some better than others. Ontario and British Columbia seem to enjoy the highest levels of approval. My spouse and I have been interested in health care systems for a very long time. We have traveled in all Canadian provinces except Newfoundland, and traveled repeatedly in New Zealand, Australia, and the United Kingdom (UK), all of which have public health systems. We have interviewed working people regarding health care in all the places we have visited. A waitress in Ontario said she would live nowhere other than Ontario, even if her wages were low, because of the health care system. A farm worker we met in New Zealand vacations in the U.S. or the U.K. every year, largely due to the security of public health care, a liveable minimum wage and a mandated three weeks of vacation. A server we met in a pub at Basingstoke in England had pretty much the same story as the New Zealand farm worker.

The health care system in Ontario is not “socialized medicine.” Physicians are independent, simply billing the health care system (OHIP), much as physicians bill Medicare in the U.S. for services to those Americans fortunate enough to be covered by Medicare.

In the U.K. we encountered no dissatisfaction with the National Health Service (NHS), many considering it the crown jewel of the realm. NHS is true socialized medicine, and a good example thereof. A U.S. physician friend of mine went to the U.K. in the 1960s to practice for NHS for many years. When she returned to the U.S., she became a senior program manager for the Veterans Administration (VA – now Veterans Affairs).

In both Australia and New Zealand, we interviewed persons who had availed themselves of “concierge” medical services for specialty conditions or procedures, in one case due to lack of trust in government health care, and in the other case due to wait times for specialty attention. (We ourselves have experienced long waits in the U.S. for consultations or procedures.) Whether the system is public or private, the usual cause of wait times is too few specialists within reach of the patient. I am fortunate enough to possess options, and I have shifted much of my health care to VA. I find only helpfulness at all levels in VA. The physicians deal with the patient, and not with codes, billing, or overhead.

My friends in Democratic Socialists of America have provided a draft of the proposed New Mexico Health Security Act (NMHSA). I consider the draft, as it is, to be a good start toward a comprehensive approach to health care on a state-by-state basis. The state-by-state approach could be a tactic to spur action at the national level. Some wordings in the present draft are too vague (a curable defect) to be a basis for implementation of some features, but I applaud such efforts. They deserve support.

Weeden Nichols is a retired Army chief warrant officer and Vietnam veteran.

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5.3 - News Herald: [Bay County military veterans support VA medical marijuana bill](#) (24 September, Collin Breaux, 189k uvm; Panama City, FL)

After his experiences during the Vietnam War, disabled Marine veteran Larry Striblin said medical marijuana helps him sleep.

Striblin has PTSD and thinks the VA should be able to prescribe medical marijuana for veterans. So does U.S. Senator Bill Nelson (D-FL), who recently co-filed legislation with Hawaiian Democratic Sen. Brian Schatz that directs the VA to “conduct research on the effects of medical marijuana on veterans who are in pain and how prescribing marijuana to veterans can be used to reduce opioid abuse among veterans,” according to a news release.

In 2011 the National Institute of Health reported veterans being seen by the VA were twice as likely as civilians to overdose on opiates.

The bill also creates a “temporary, five-year safe harbor protection” for veterans using medical marijuana. While VA doctors can’t currently prescribe medical marijuana since it’s still federally illegal, Florida is one of many states that allows medical marijuana use under certain circumstances.

Several veterans in Bay County said they support the legislation and veterans using VA-prescribed marijuana to at least some extent. Here are the takes of five local veterans.

Larry Striblin

Striblin, as said above, is very much in favor of what Nelson is proposing, noting it will help the VA curb the problem it’s having with opioids.

“It can get us off a lot of drugs,” Striblin said.

John Kittler

John Kittler, who served in the Navy from 1975 to 2005, is skeptical about medical marijuana’s benefits. Kittler cited a 2017 medical study, prepared for the VA and other agencies, that said cannabis was overall associated with a higher risk of short-term adverse effects in reviews examining effects on chronic pain. The study also said heavy smoking of marijuana may have the potential to cause adverse pulmonary effects over an extended period of time.

“I’m not discounting the anecdotal evidence because if you feel better, you feel better,” Kittler said. “I agree with the conclusions of the study. The body of evidence at this time says it’s not advisable to use it for veterans.”

Dave Hunsberger

A disabled Air Force veteran who served from 1982 to 2004, Hunsberger said it should be prescribed if the VA cuts back on opioid prescriptions. Hunsberger isn't fond of the pain medication he currently has to take.

Ken Waringa

A Vietnam veteran who served in the Navy, Waringa doesn't have a problem with the VA prescribing medical marijuana if they document that it helps patients. Waringa said some people "swear it helps them out a lot" and enough states and studies are coming along to justify the benefits.

"Even if it's just psychological, if it's helping them out, it's a good thing," Waringa said. "In some instances, it might (help). There are circumstances to be prescribed and circumstances not to."

Anna Miner

An Army veteran who served during the Korean and Vietnam wars, Miner said medical marijuana could work if it's treated like other pain medications. People should be able to use the medication as long as they don't abuse it, she said.

"The time has come where we need to seriously consider using it as an alternative to the opioids that we're dishing out now," Miner said. "It has to be regulated. It has to be given out at the appropriate time and place. It's just like anything else. Aspirin is good for some people and it's not good for others."

However, Miner did wonder about veterans who have to be drug-tested if they work in government jobs.

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5.4 - KPIC (CBS-4, Video): [VA Roseburg hospital taken off 'high risk' list](#) (24 September, 52k uvm; Roseburg, OR)

The Veterans Administration Hospital in Roseburg is back on the right track.

The hospital has been taken off the "high risk" list by the Department of Veterans Affairs.

The Roseburg VA is now rated a two-star facility on a one-to-five scale.

4th District Congressman Peter DeFazio's office issued a written statement that says, in part, "This is a good step, but it's only one of many that the Roseburg VA needs to take to become a top-tier facility."

Last year, DeFazio pushed for an investigation into allegations of mismanagement and substandard patient care.

The full text of the the press release from Congressman DeFazio's office:

Rep. Peter DeFazio today applauded the VA Roseburg Healthcare System (VARHS) for the removal of its high-risk status by the Department of Veterans' Affairs.

"This is a good step, but it is only one of many that the Roseburg VA needs to take in order to become a top-tier facility," said Rep. Peter DeFazio. "The next step is hiring a new director with strong leadership qualities, a history of working in veterans' healthcare, and a proven track record of success in management. I look forward to working with this individual to ensure that we are doing all we can to provide the best care possible to southwest Oregon's veterans."

Late last year, DeFazio initiated an investigation into allegations of mismanagement and substandard patient care within VAHRS. The VA found evidence substantiating six concerns, including problems with employee management and intimidation, medical care, and inadequate resources. Due to their findings, the VA issued 28 recommendations to local, regional and national level offices in an effort to produce significant improvements within VARHS as well as VA Medical Centers around the country.

As a result of these findings, VARHS was placed on the VA's high-risk list and rated as a one of the lowest performing, one-star facilities in the country. The hospital was rated by the VA's Strategic Analytics for Improvement and Learn (SAIL) metric, which rates hospitals on a star system, with one star being the worst and five stars being the best.

As of Thursday, VARHS is rated as a two-star facility.

"Improving the rating of the healthcare system is an important step, but it is crucial that the VA remains focused on improving all aspects of VARHS," DeFazio said. "That will take continued intense focus from VARHS senior leaders, VISN 20, and the VA's central office in Washington, D.C."

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6. [Suicide Prevention](#)

6.1 - WLRN (NPR-91.3, Audio): [Surprising Allies Address The Outsize Role Guns Play In Deaths Of Soldiers And Kids](#) (24 September, Sammy Mack, 166k uvm; Miami, FL)

It's mid-morning on a weekday at the Veterans Administration Hospital in Miami, and Gloria Lewis is squeezed inside her office. Lewis, a suicide prevention coordinator at the Miami VA, sits amidst a giant, shrink-wrapped pallet of boxes.

Outside the door, a cluster of women in matching red polo shirts are arriving to visit Lewis. They're all volunteers from the League of Women Voters in Broward County and they are feet away from what they drove down to Miami to collect.

"We are looking at 5,000 gun locks that are taking up all of Gloria Lewis's office," whispers Barbara Markley, chair of the League's gun safety committee. She is the ringleader of this operation to retrieve the military-sized shipment of gun locks, which are seen as a way to deter firearm violence.

This unlikely collaboration is at the heart of the Lock It Up! campaign, which kicks off this month in Broward County, to distribute free gun locks and encourage people to safely store their firearms.

The VA and the League have come together on the initiative because of the outsize role guns play in the deaths of kids and soldiers. The US Department of Veteran Affairs reports that on average 20 veterans kill themselves every day, mostly by firearms. According to the US Centers for Disease Control and Prevention, gunshot wounds are the second most common cause of death among children.

"Everybody wants to prevent accidents and suicide," says Markley. "So locking up these guns can save a lot of lives."

The volunteers from the League will deliver these gun locks from the VA across Broward County to pediatricians, law enforcement and other volunteers who can distribute them for free, no questions asked.

The gun locks look like miniature bike locks. A cable threads through the barrel or magazine of a gun—blocking the trigger. It requires a key to unlock the firearm.

"It gives you a moment to pause and think," says Lewis.

The VA gives away the gun locks as part of a suicide prevention strategy. They come packaged with a crisis hotline number.

"In our tri-county area, one of every eight people is a veteran," says Lewis. "So doing these promotions sometimes is giving information to people that are related somehow to veterans."

Even though a bunch of Broward ladies in polo shirts and sensible shoes may not be obvious foot soldiers in the VA's cause, their missions are aligned.

Gun safety has long been a priority for Markley and the League. But after the February shooting at Marjory Stoneman Douglas High School, the issue became even more urgent.

"It was just heart-wrenching and gut-wrenching. We'd all been working so hard to make a difference. We were just falling under," says Markley. "But then, as soon as I saw those kids rally, I really felt my heart soar."

Then Markley read an article about a Montana pediatrician who was giving away free gun locks. She called the doctor and learned she was getting her supply from the VA. With a little more digging, Markley found Lewis's email and asked if she could get some gun locks.

"She wrote five words that were just awesome: 'How many do you need?'" says Markley.

Along with the locks, the League will also be delivering thousands of pamphlets about gun safety to libraries and other public places. They contain tips for teaching kids about avoiding firearms. And there's a list of sobering data points:

- 8 children are unintentionally killed or hurt with guns every day.

- Half of teen suicides are committed with a gun from home.

Dr. Spencer Eth, chief of mental health at the Miami VA hospital, says there's no downside to distributing gun locks. "There's no harm that can be caused, and rarely do we have an intervention where there's only good that can come of it," he says.

He's had patients tell him the locks work.

"Many of them will tell me that if they get very angry or in a situation that might provoke violence, if there's a gun that they can reach for and use, they may in sudden excitement actually do so. But if the gun is locked away and not readily available, that extra step may save a life," says Eth.

Eth and Lewis agree there's another reason the gun lock program works.

"We're not questioning the Second Amendment," says Lewis. "We just want to provide an added layer of safety."

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6.2 - WABI (CBS-5, Video): [Veterans Suicide Prevention Training](#) (24 September, 163k uvm; Bangor, ME)

BELFAST, Maine - US Navy veteran Joy Asuncion joined the TV5 morning news to talk about the upcoming Veterans Suicide Prevention Training coming up Wednesday in Belfast.

The public is invited to participate in this free training on Wednesday, September 26, 2018 from 8 a.m. - 10:30 a.m. provided by Tracy Charette, RN from the VA Maine Suicide Prevention Team at Togus VA Medical Center in Augusta.

Suicide prevention is the Veteran's Affairs highest priority and it has been realized that both early intervention and widespread support from clergy, law enforcement, all first responders, hospitals, Veteran organizations, non-profits that support Veterans, community providers, families and individuals helps reach Veterans where they live, work, and engage with others. Many Veterans are not engaged in care or contact with the VA and so creating these partnerships and understanding of Veteran risk for suicide is paramount.

Registration will be between 7:30 - 8 a.m. Coffee will be provided. RSVP is not required to attend. Location: Faith Temple Church, 189 Lincolnville Ave., Belfast, Maine 04915. Contact Joy Asuncion at 207-930-5640 with questions.

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6.3 - Chillicothe Gazette: [Call to action issued on veteran suicide](#) (24 September, Chris Balusik, 154k uvm; Chillicothe, OH)

Howard Berry on Sunday voiced a sentiment every parent of an American serviceman has likely given thought to.

"I never thought I'd be putting a flag on my son's grave," said Berry, founder of Flags for Forgotten Soldiers during a veteran suicide prevention and awareness ceremony at the Chillicothe VA Medical Center.

The tent for the ceremony set up on one of the green spaces at the VA offered a view of the 660 flags that make up the traveling Flags for Forgotten Soldiers display. Each flag represents the average number of veterans who take their own lives every month.

Berry's son, Staff Sgt. Joshua Berry appears on a banner set up at the center of the display. Joshua Berry had just returned from a deployment from Afghanistan in November of 2009 and was temporarily stationed at Fort Hood in Texas in preparation for coming home. Then, on Nov. 5 of that year, fellow serviceman Nidal Hasan went on a shooting rampage on the base, killing 13 and wounding more than 30.

Joshua Berry was injured in the attack, getting the building he and others were in locked down and then physically laying in front of one of the doors holding it shut with his foot while the shooter attempted to get in. As Nisan began to breach the building, Berry separated his shoulder diving over a reception desk, having to have it surgically repaired.

That was just the physical part of the damage done, but it also was just the start of his mental and emotional struggles. His father said he began having problems in the aftermath, particularly on anniversaries of the attack. There were so many things he had trouble understanding, he became unemployable and, making matters worse, was under a gag order that did not allow him to speak of certain things about the attack with others, adding the threat of incarceration to his stresses if he did, Howard Berry said.

It became too much to bear, and Joshua Berry took his own life on Feb. 13, 2013.

Since then, his father has faced his own struggles with understanding, especially with what he said are different standards of care among different VA medical centers and a different quality of care between individual veterans themselves. In his son's case, he said the attempt to get help through a veterans suicide hotline was a prime example of a flaw in the system.

"He'd been on hold for over 40 minutes on the suicide hotline," Howard Berry said.

The launch of Flags for Fallen Soldiers became an outlet for Berry to educate people about veteran suicide while also keeping the issue front and center before government officials, many of whom he feels have been falling very short in addressing it.

Sunday's event, conducted as part of the weekend's activities surrounding the traveling Vietnam Memorial Wall at VA Memorial Stadium, also featured the personal story of Ross County Suicide Prevention Coalition President Jhan Corzine and the thoughts of Jeene Hines, the suicide prevention case manager at the Chillicothe VA Medical Center.

Corzine has been very upfront at several events locally with the story of his son, Holden, a former service member who took his own life in 2016 despite being in treatment at the time. Corzine spoke of the dichotomy of how those who serve can count on their team in the chaos and heat of battle, but in the struggle going on within their own minds after serving, they often feel they have to win the battle alone.

For family members and friends, showing love isn't enough, he said, when the soldier is struggling with inner demons, alcoholism or post-traumatic stress disorder. Recognizing the signs of a potential suicide, such as displays of excessive guilt, giving away prized possessions,

substance abuse, withdrawal from normal activities or suddenly writing a will, and then taking action to get the person help are critical.

Corzine just completed a QPR (Question, Persuade, Refer) course offered through the newly formed Pike County Suicide Prevention Coalition. The two-hour course, he said, deals with ways to ask the right questions of someone who may be at risk, how best to persuade them to seek help and the process to refer them to the assistance that will be best for them.

The former judge said efforts are underway to try and bring the QPR course to Ross County.

The overarching theme of the evening was that everyone needs to play a role in the solution through recognizing the signs of potential tragedy in veterans they know, raising awareness of veteran suicide and holding those accountable who can be agents of change.

Howard Berry hopes through those efforts, the number of flags in his display can begin shrinking, and fewer parents will have to place them on their child's grave.

"God bless all vets, and I miss my son," he concluded.

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6.4 - Troy Daily News: [Veterans and the tragedy of suicide](#) (24 September, Melissa Martin, Ph.D, 29k uvm; Troy, OH)

Those who fought for our freedom are also dying by suicide on American soil.

"On the battlefield, the military pledges to leave no soldier behind. As a nation, let it be our pledge that when they return home, we leave no veteran behind," proclaimed Dan Lipinski.

In 2015, an average of 20 active duty service members, non-activated guard or reserve members, and other veterans died by suicide each day, according to the U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention (OMHSP) Facts About Veterans Suicide: June 2018.

Within Army units, the risk of suicide attempts among soldiers increases as the number of attempts made within the past year in their unit rises, according to a study, published in the 2017 journal JAMA Psychiatry. The research data came from the Army's Study to Assess Risk and Resilience in Service Members project, or STARRS, America's largest study of mental health risk and resilience among military personnel.

"While suicide is a national problem, it is one that also affects smaller communities, including the Explosive Ordnance Disposal (EOD) community. These brave men and women have suffered losses not only on the battlefield, but from suicide in recent years," according to a 2017 online article in U.S. Veterans Magazine. www.usveteransmagazine.com/.

As the Federalist pointed out in a 2018 article, research indicates "feelings of shame or guilt trigger the emotional, mental, and physical reactions that lead to suicide. This is guilt about what soldiers did to others and shame of not being able to save the lives of those around them." www.thefederalist.com/.

The United States military has identified Post Traumatic Stress Disorder (PTSD), other mental illnesses, and addiction as suicide risk factors.

Other risk factors associated with suicide include relationship problems, administrative/legal issues, workplace difficulties and associated medical conditions include traumatic brain injury (TBI), chronic pain, and sleep disorders. www.deploymentpsych.org/.

Suicide warning signs

Know the warning signs: personality change, agitation, withdrawal, poor self-care, hopelessness, feeling excessive guilt, shame, or sense of failure, rage or anger, engaging in risky activities without thinking, losing interest in hobbies, work, or school, increasing alcohol or drug misuse, withdrawing from family and friends, showing violent behavior like punching a hole in the wall or getting into fights.

Ohio veterans and suicide

In Ohio, 210 veterans died by suicide in 2015 (the most recent year available), with the highest number being between the ages of 55 and 74 years of age, according to the U.S. Department of Veterans Affairs.

In July 2017, a 23-year veteran of the Air Force Reserves died by suicide inside the Veterans Affairs Outpatient Clinic in Warren, Ohio. The 53-year-old Vienna man had been honored 31 times with medals, including the Meritorious Service Medal and Air Force Commendation Medal, as reported in The Vindicator. www.vindy.com/.

Ohio's 88 local County Veterans Services Offices provide resources and assistance. "We are asking all Ohioans to help Ohio heroes by drawing attention to the warning signs and resources available to prevent suicide among veterans and military members." Go to the Ohio Department of Veterans Services at www.dvs.ohio.gov.

Ohio House Bill 202 (As Reported by the Senate Local Government, Public Safety and Veterans Affairs Committee) was introduced in 2017 to designate the first Saturday of May as "Veterans Suicide Awareness Day." It passed the House and is now in the Senate. www.legislature.ohio.gov/. Contact your representatives to show support of this H.B.

Ohio State University, Columbus, has spotlighted the needs of the university's veteran population in regard to suicide prevention.

"Born out of a desire to reduce suicidality in our nation's Veterans, the Ohio Vet 2 Vet Network aims to bring together a wealth of information and resources to combat the risk factors of suicide." An app for mobile devices that gives Ohio Veterans instant access to valuable information and resources. www.ohiovet2vetnetwork.com/.

Resources for vets

Contact the Veterans Crisis Line at (800) 273-8255 and press 1 or text 838255 to get help or visit VeteransCrisisLine.net.

Stop Soldier Suicide is a national, veteran-founded and veteran-led nonprofit focused on military suicide prevention. www.stopsoldiersuicide.org/.

A documentary called “Almost Sunrise” wants to bring attention to veterans and suicide. Tom Voss and Anthony Anderson (veterans with P.T.S.D.) walked 2,700 America miles to raise awareness of soldier suicide. www.sunrisedocumentary.com/.

“Sometimes a soldier returns home and all he can do is share his story in the hopes that somehow, in some way, it helps another soldier make sense of things. And although the stories may not be perfect, sometimes just sharing is enough to make a difference.” — Michael Anthony, *Civilianized: A Young Veteran’s Memoir*

September is Suicide Prevention and Awareness Month. Please reach out to the veterans in your circle.

Melissa Martin, Ph.D, is an author, columnist, educator, and therapist. She resides in southern Ohio.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBIR (NBC-10): East Tennessee State Veterans Cemetery gets improvement grant from VA (24 September, 1.5M uvm; Knoxville, TN)

The Department of Veterans Affairs National Cemetery Administration announced Monday that it has awarded the state of Tennessee a grant to improve the East Tennessee State Veterans Cemetery.

The grant, which is for \$107,183, will fund the installation of two 550-gallon, double wall, above-ground fuel tanks, drives, sidewalks and supporting infrastructure, according to a release from the VA.

"Our state and tribal partners (grantees) are critical in helping NCA achieve our strategic goal of providing 95 percent of the Veteran population with convenient access to a burial option within 75 miles of their home," said Under Secretary for Memorial Affairs Randy Reeves.

The project will also develop approximately 0.10 acres, and provide continued service for approximately 4,300 Veterans and their eligible family members.

The closest national or grant funded cemetery is VA's Knoxville National Cemetery in Knoxville, Tennessee, which is approximately 6 miles away.

In its 40th anniversary since inception, VA's Veterans Cemetery Grants Program is designed to complement the 136 VA national cemeteries across the country.

For more information about the East Tennessee State Veterans Cemetery, [click here](#).

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7.2 - WDSU (NBC-6, Video): [Look back: POW/MIA Remembrance Ceremony in New Orleans](#) (24 September, Sula Kim, 1.1M uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System and the American Legion helped commemorate National Former Prisoner of War Recognition Day.

The event took place Friday at the main entrance of the new Veterans Medical Center on Galvez Street in New Orleans.

The event honors missing service members and their families and highlights the commitment to account for them. Ceremonies were held across the country.

Watch the video for a look back at the event.

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7.3 - KFVS (CBS-12, Video): [Marion, IL VA to hold event for homeless veterans](#) (24 September, James Long and Taylor Clark, 445k uvm; Cape Girardeau, MO)

MARION, IL (KFVS) - The Marion Healthcare System will give area homeless veterans, and those veterans at risk for homelessness, services and resources.

The event is titled "Stand Down for Homeless Veterans," and will be held at 2 p.m. Tuesday, September 25 at Cornerstone Church, 2705 Walton Way, in Marion, Illinois.

Outreach Program Manager for the event and Marine, Richard Kulich says the Marion VA and community partners have been doing this for the past 10 years as a way to give back to the men and women who have served our country that need some help.

"We've got a lot of veterans who are struggling financially," he said. "They're homeless, or at risk for homelessness. So this is a chance for the Marion VA and our community partners to come out and give these veterans a day to step back and let us give them a hand up."

Services to veterans will be provided by VA employees from behavior medicine, voluntary service as well as community partners.

Kulich says these services will offer assistance to veterans in attendance in a number of ways like helping manage finances, get proper health care, legal advice in some cases, or just provide them with some food and clean clothes.

Organizers want as many veterans to come, but understand that sometimes it's hard for them to look for help.

"They have this warrior mentality where they don't wanna reach out for help," Kulich said. "And it's difficult for them sometimes to come out and say, 'hey I need help,' but we're happy to do it."

Kulich recommends anyone who knows a veteran who could use some help to encourage them to attend the event.

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7.4 - Las Cruces Sun-News: [Pearce bill would name new VA clinic for Bataan vets](#) (24 September, 310k uvm; Las Cruces, NM)

U.S. Rep. Steve Pearce, R-NM, has introduced legislation to rename the new Las Cruces veterans clinic for those who served in the battle of Bataan.

The legislation, HR 6863, would officially rename the facility as the Las Cruces Bataan Memorial Clinic.

The new clinic on Del Rey Boulevard opened in April, with 12,500 square feet to provide both physical and mental health care services to veterans in Las Cruces and throughout southern New Mexico.

Pearce said the name change would honor those from New Mexico who suffered and sacrificed so greatly when U.S. troops were surrendered to the Japanese during WWII.

"For the veterans of New Mexico, the Battle of Bataan holds a significant place in their history of service for our nation," Pearce said. "Nearly 2,000 of the men involved in the Bataan Death March were members of New Mexico National Guard. Facing unspeakable hardship, the soldiers of Bataan looked danger head on for the sake of freedom and their fellow brothers in arms.

"In an effort to honor the Battling Bastards of Bataan and to pay respect to all service members who have valiantly served our country, I am proud to have introduced the Las Cruces Bataan Memorial Clinic Act," Pearce said. "This bill pays only a small tribute to the soldiers that made that treacherous march, and to the families of the loved ones who never made it home.

"After receiving multiple letters of support from numerous veteran groups and elected officials in the community, it was clear that this was the best way to honor all of our veterans who put service before self, especially those who made the ultimate sacrifice to preserve our nation's freedoms."

Each year, White Sands Missile Range hosts a memorial march to pay tribute to the sacrifices made at Bataan. Aging survivors return to southern New Mexico every year to ensure that what happened at Bataan will never be forgotten.

Local American Legion and Veterans of Foreign Wars posts have written letters in support of the name change.

"We are thankful for the brave servicemen from New Mexico who were subjected to the Bataan Death March in order to protect democracy, freedom and the American way of life," wrote Dale Heiligenthal, commander for American Legion Post 10 in Las Cruces. "As such, we wish to express our support for the bill to designate this clinic as the Las Cruces Bataan Memorial Clinic. This name change demonstrates our respect for and gratitude to the New Mexicans who sacrificed everything to protect our nation, our state and our community."

Pearce, a Republican, is giving up his seat in Congress this year to run for governor. His Democratic opponent, Michelle Lujan Grisham, is also a current member of Congress.

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7.5 - KXXV (ABC-25, Video): [New program at Waco VA pairs veterans with guide dogs](#) (25 September, Holly Stouffer, 56k uvm; Waco, TX)

There's a new program at the Blind Rehabilitation Center at the Waco VA that's pairing veterans with guide dogs.

The 12-day inpatient CATs and Dogs program is designed to assist veterans who are blind or visually impaired with guide dog training while they work on their Computer Access Training (CAT) classes.

The program was made possible through a partnership with Guide Dog Foundation out of New Jersey. This partnership makes them the third VA in the country to offer this kind of program.

Stephen Lavallee is a field instructor with the Guide Dog Foundation. He's been in Waco for more than a week working with the first round of veterans in the program.

"It's a very fulfilling job," Lavallee said. "I myself am a veteran and that's why I wanted to be part of this program."

One veteran came all the way from California for this opportunity. Another man, an Army veteran, traveled from San Antonio to pick up his dog, Shamus.

Nearly 10 years ago, Sgt. First Class Tyson Persona was in Afghanistan when he was struck by IEDs that damaged his eyesight.

"When your lights are being turned out and you're severely vision impaired, you don't really feel normal," Persona said. "I'm considered what's legally blind. I can make out faces and objects at a close distance but my peripheral vision is about 5 degrees."

Persona has made a lot of progress over the years thanks to the support of his family. He said having an extra set of legs will help him through his next chapter. He's a father with three young children and he also plans on going back to school.

"I'm excited for him to help me get around," Persona said. "Navigate campus, the mall, catch an Uber. You have confidence with a guide dog."

Persona has spent several days working with Shamus and Lavallee for a few hours at a time. They go over commands and other ways he can control the dog. He's also traveled around the city to test what he's learned in a real-world setting.

"I think this is a perfect match," Lavallee said "Tyson is a very confident individual. Shamus is a large, energetic dog that has a lot of drive to do the work."

While Shamus is trained to keep Persona out of harm's way, he'll also serve as his confidant.

"I could just tell that it was going to be a beautiful bond," Persona said. "Friends are, I believe, the family that we get to choose. I believe that he knows that not only is he a friend, but he is family."

The next class at the Waco VA will be in February. Dogs are provided at no cost to the veteran. The Guide Dog Foundation uses labs, retrievers or a mix of the two.

If you would like to participate in the program you can call Blind Rehabilitation Services at 254-297-3649 for more information.

You can also submit an application for a guide from the Guide Dog Foundation [here](#).

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7.6 - Finger Lakes Times: [VA to laud Veterans Games athletes](#) (24 September, Mike Hibbard, 53k uvm; Geneva, NY)

CANANDAIGUA — The Canandaigua VA Medical Center will honor athletes who participated and won Olympic-style medals at the 32nd annual National Veterans Golden Age Games.

The event will be held at 12:30 p.m. Tuesday in the Building 5 auditorium. Refreshments will be served.

The national games were held Aug. 3 to 9 in Albuquerque, N.M.

The following area residents competed:

Canandaigua

- Donna Everett, gold medal in horseshoes; gold in air rifle (top overall female shooter); silver in shuffleboard.
- Alvin Dean, gold medal in 3-on-3 basketball; bronze in badminton doubles; bronze in pickleball singles; fifth in air rifle.
- Mark Knopp, 10th in air rifle.
- John Mishock, 37th in air rifle.
- Craige Reeves, 24th in air rifle.

Geneva

- Julius Olmeda, 22nd in air rifle.

Penn Yan

- Greg Disbrow, sixth in bowling; sixth in golf; sixth in 800-meter power walk.

Port Gibson

- Robert Crouse, bronze medal in badminton doubles; sixth in golf; 12th in air rifle.

Stanley

- James Redmond, 44th in air rifle.

The Department of Veterans Affairs hosts the National Golden Age Games every year in different cities nationwide. The games are open to veterans 55 and older who use VA health care.

Recreation therapists and sports enthusiasts who volunteer to train the competitors practice year-round with the veterans and select athletes. Kathleen Hider, public affairs officer for the Canandaigua VA, said veterans pay for their own transportation and lodging just to compete.

“Veterans love the experience of traveling and meeting other veterans, which helps improve their quality of life,” Hider said.

Sixteen veterans 55 to 75 years old from the Canandaigua VA Medical Center attended the games this year.

“Five veterans, unfortunately, were unable to attend because their plane was canceled due to the weather,” Hider said.

Next year’s National Veterans Golden Age Games are June 5 to 10 in Anchorage, Alaska.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

25 September 2018

1. [Top Stories](#)

1.1 - CNBC (Video): [Why it matters whether Trump fires Rosenstein or he resigns](#) (24 September, Christina Wilkie, 26.1M uvm; Englewood Cliffs, NJ)

Trump, however, has challenged this long-held practice. When Veterans Affairs Secretary David Shulkin was ousted earlier this year, Trump quickly named Robert Wilkie, undersecretary for personnel and readiness at the Defense Department, to temporarily fill Shulkin's position. But according to a lawsuit filed against the Trump administration by veterans advocacy groups in April, Trump broke the law by disregarding the order of succession at the Veterans Affairs Department and installing Wilkie...

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1.2 - U.S. News & World Report (AP): [3 Deaths Found in Investigation of Impaired Pathologist](#) (24 September, 23.9M uvm; Washington, DC)

A Veterans Affairs hospital official said Monday investigators have discovered 11 significant errors including three deaths in more than 30,000 cases originally seen by a fired Arkansas pathologist officials say was working while impaired. Veterans Health Care System of the Ozarks spokeswoman Wanda Shull said those 11 errors constituted "institutional disclosures," which are mistakes in patient care that could or did result in "death or serious injury."

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1.3 - Los Angeles Times: [Ex-official gets 5 months in prison for lease-for-bribery scheme at West L.A. veterans campus](#) (24 September, Gale Holland, 23.9M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contract officer who had been accused of accepting \$286,000 in bribes from a parking lot operator at the VA's West Los Angeles campus was sentenced Monday to five months in federal prison. Ralph J. Tillman, who spent 14 years with the VA, pleaded guilty to tax fraud and making a false statement to the VA inspector general.

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1.4 - UPI: [Online, in person diabetes programs equally effective for weight loss](#) (24 September, Allen Cone, 4.8M uvm; Washington, DC)

Online diabetes programs and ones administered in person were just as effective in weight loss, according to study. Researchers compared results from the Veterans Administration's face-to-face standard-of-care weight management program, called MOVE!, against online and in-person diabetes prevention methods. Their findings, published Monday in the American Journal of Preventive Medicine, are the first time the programs were compared.

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1.5 - Arkansas Democrat-Gazette: [Review of Arkansas pathologist's work finds 3 deaths among misdiagnoses, VA says](#) (24 September, Doug Thompson, 871k uvm; Little Rock, AR)

Three deaths are among the 11 confirmed, serious cases in which a pathology report was wrong, according to findings in an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks. The review has found 256 cases in which the pathology report missed the diagnosis with possibly severe consequences that ranged from

extended, avoidable hospitalization to lasting disability or death, said Kelvin Parks, interim director of the system.

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1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [The VA Hopes To Make It Easier For Veterans To Join Cancer Trials](#) (24 September, Libby Denkmann, 278k uvm; San Diego, CA)
When Army veteran Robert Galang had throat cancer last year, he went to the VA hospital in Long Beach, Cal. for care. The thing he remembers most is having to lie very still while doctors aimed beams of radiation right at his neck. "That was new to me," Galang said. "You get strapped in, and you can't move, and you put your trust in the machines they have."

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1.7 - KHBS (ABC-40/29): [VA in Fayetteville: 3 deaths possibly linked to former pathologist's diagnoses](#) (24 September, Adam Roberts, 273k uvm; Fort Smith, AR)
The Veterans Administration is looking into three deaths that may have been caused by diagnoses made by a former pathologist. Kelvin Parks, Interim Medical Center Director at the Veterans Health Care System of the Ozarks in Fayetteville, confirmed the numbers to 40/29 News Monday morning. Pathologist Dr. Robert Morris Levy was fired by the Veterans Health Care System of the Ozarks earlier this year. The VA is looking into every case he worked during his career, a total of 33,000.

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2. [Greater Choice for Veterans](#)

2.1 - The Hill: [Veterans bills show how Congress should work](#) (24 September, Rep. Mike Gallagher (R-WIS.), 11.8M uvm; Washington, DC)
Since it's the silly season of an election cycle, congressional dysfunction is on full display. From hearings that devolve into partisan political theater, to two-day "work weeks," to last second spending bills that skip regular order, it is clear that Congress is in need of serious reform. And yet there are still some bright spots that demonstrate how Congress can and should work when members devote the time and energy necessary to solve problems.

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2.2 - Marshall County Tribune: [Fortunate to be serving Veterans](#) (24 September, 800 uvm; Lewisburg, TN)
"Fortunate" and "grateful" aren't always the words used to describe one's job, but for Jeremy Moorehead, those words are what come to mind. Moorehead is Marshall County's new Veterans Services officer, assisting the county's veterans navigate the sometimes complex web of federal and state benefits and healthcare. "It's an honor to be able to help these men and women who've served," he said.

[Hyperlink to Above](#)

2.3 - MyMotherLode.com: [Trump: New Bill To Provide World-Class Care To Veterans](#) (24 September, Mark Truppner, 192k uvm; Sonora, CA)

President Trump was at the North Las Vegas VA Medical Center, where he signed H.R 5895 into law. Trump was Monday's KVML "Newsmaker of the Day". Here is the text of his speech before signing the Bill...

[Hyperlink to Above](#)

3. Modernize Our System

3.1 - Politico: [Secure Elections Act tries another comeback](#) (24 September, Tim Starks, 23.9M uvm; Arlington, VA)

It also includes \$17 million for an IT project at the Department of Veterans Affairs. "As stated in the House report, VA is urged to ensure that patient records being transferred from DOD to VA have the same level of security and data-level protections as provided by the Department of Defense," the conference report states.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): [Former Official Sentenced in Southern California VA Swindle](#) (24 September, 23.9M uvm; Washington, DC)

A former contracting official for the U.S. Department of Veterans Affairs in Los Angeles has been sentenced to five months in prison for lying to investigators when he denied taking bribes as part of a \$13 million fraud scheme. City News Service reports Monday that Frank Tillman will also serve five months home detention.

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4.2 - BizJournals.com (Orlando Business Journal): [This local VA exec works hard to connect veterans and their families with benefits, resources](#) (24 September, Anjali Fluker, 19.2M uvm; Charlotte, NC)

Ellamay "Annie" Artis knows plenty about dealing with adversity — joining the U.S. Army in the early 1990s as a single mother and suffering with daily pain with fibromyalgia. But the Orlando VA Medical Center veteran program outreach and minority veterans program coordinator always battles her challenges with a positive attitude. During her years of service in the Army, Artis served in Saudi Arabia during Dessert Storm in the 28th Combat Support Hospital.

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4.3 - MLive: [Battle Creek VA Medical Center names new director](#) (24 September, Winter Keefer, 10.9M uvm; Ann Arbor, MI)

The Battle Creek VA Medical Center will soon have a new director overseeing healthcare provided to veterans in the Battle Creek area. The Department of Veterans Affairs announced the appointment of James Doelling to the director position at the facility Monday, Sept. 19.

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4.4 - KNBC (NBC-4, City News Service): [Former VA Official Gets Five Months in Federal Prison for Bribery](#) (24 September, 2.1M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator was sentenced Monday to five months in federal prison -- followed by five months of home detention and a year of supervised release -- for tax fraud and lying to investigators when he denied taking bribes from a crooked parking lot operator at the VA's Westside medical center campus.

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4.5 - Government Executive: [Why It Matters If Rod Rosenstein Resigns or Trump Fires Him](#) (24 September, Eric Katz, 870k uvm; Washington, DC)

Earlier this year, the administration faced a lawsuit when it appointed Robert Wilkie, then an undersecretary at the Defense Department, to serve as acting secretary at the Veterans Affairs Department. Wilkie's appointment followed the departure of David Shulkin, who said he was fired despite the White House saying he resigned. VoteVets and Democracy Forward, the advocacy groups that brought the suit, argued that because Trump fired Shulkin, the temporary replacement had to be then-Deputy VA Secretary Thomas Bowman.

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4.6 - WLOS (ABC-13): [VA patients give virtual reality a try](#) (24 September, Jay Siltzer, 480k uvm; Asheville, NC)

Gregg Richter, who just had knee-replacement surgery, is the latest patient at the Charles George VA Medical Center in Oteen to give virtual reality from Wellovate a try while recovering. The platform on this day: target shooting. "This has been a favorite of all the veterans who have used it so far, because they're having to do something," registered nurse Caitlin Rawlins said. "It takes your mind off your time in the hospital, and it takes your mind off your pain," Richter added.

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4.7 - KFSM (CBS-5): [Three Veterans' Deaths 'Possibly' Result Of Errors By Pathologist, VA Official Discloses](#) (24 September, 439k uvm; Fort Smith, AR)

A review of cases of a former pathologist who was found to be impaired have showed 1,119 errors so far, resulting in 11 institutional disclosures and three veterans who have died. The information was disclosed at a town hall meeting at the VA Medical Center in Fayetteville on Monday morning. "Institutional disclosures" refers to adverse events that occurred during care that resulted in death or serious injury.

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4.8 - The Fayetteville Observer: [Fayetteville VA town hall is Wednesday](#) (24 September, Rachael Riley, 439k uvm; Fayetteville, NC)

The Fayetteville Veterans Affairs Medical Center will hold a town hall meeting on Wednesday with veterans, their families and other stakeholders. The meeting, scheduled for 4 p.m. Wednesday, will be at the Fayetteville Health Care Center at 7300 S. Raeford Road. James Laterza, the Fayetteville VA Medical Center director, will participate in the meeting, along with Veterans Benefits Administration representatives and the local VA staff.

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4.9 - WCTI (ABC-12, Video): [VA stepping up to help hurricane victims](#) (25 September, Lauren Arnott and Jason O. Boyd, 300k uvm; New Bern, NC)

Shirley Jones was one of at least 200 veterans who came to a special area set up by the Veterans' Administration following Hurricane Florence. She, like many others, lost so much during the storm. While the Morehead City office is also recovering from storm damage, it is still operating and assisting veterans in mobile units set up at the Walmart parking lot in Havelock.

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4.10 - KNWA (FOX-24, Video): [Three Veterans May Have Died Due to Misdiagnoses, VA Officials Say](#) (24 September, 191k uvm; Fayetteville, AR)

Officials say three veterans may have died due to the misdiagnoses at the Veterans Health Care System of the Ozarks. This information comes after a public town hall meeting Monday morning. The incorrect diagnoses are due to a pathologist who was found to be impaired on the job. As a result, the VA had to review 33,806 cases and as of last Friday, 14,980 reviews have been made.

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4.11 - Battle Creek Enquirer: [Battle Creek VA hospital names new director](#) (24 September, Trace Christenson, 158k uvm; Battle Creek, MI)

James Doelling was named Monday as the new director of the Battle Creek Veterans Affairs Medical Center. Doelling comes to Battle Creek after serving as the associate director and nurse executive at the VA Greater Los Angeles Healthcare System since 2015. He has 30 years of nursing and leadership experience across a host of medical fields, including primary care, mental health...

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5. [Improve Timeliness of Service](#)

5.1 - The Post and Courier: [Letter: VA problems](#) (24 September, Robert Utsey, 318k uvm; Charleston, SC)

The Sept. 23 article by Mary Katherine Wildeman about Navy veterans having difficulty obtaining benefits for Agent Orange exposure was excellent and very informative. A good read for every veteran and anyone with knowledge of Agent Orange and the Vietnam experience.

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5.2 - Las Cruces Sun-News: [Patients pay steep price for fragmented health care system](#) (24 September, Weeden Nichols, 310k uvm; Las Cruces, NM)

Whether the system is public or private, the usual cause of wait times is too few specialists within reach of the patient. I am fortunate enough to possess options, and I have shifted much of my health care to VA. I find only helpfulness at all levels in VA. The physicians deal with the patient, and not with codes, billing, or overhead.

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5.3 - News Herald: [Bay County military veterans support VA medical marijuana bill](#) (24 September, Collin Breaux, 189k uvm; Panama City, FL)

After his experiences during the Vietnam War, disabled Marine veteran Larry Striblin said medical marijuana helps him sleep. Striblin has PTSD and thinks the VA should be able to

prescribe medical marijuana for veterans. So does U.S. Senator Bill Nelson (D-FL), who recently co-filed legislation with Hawaiian Democratic Sen. Brian Schatz that directs the VA to "conduct research on the effects of medical marijuana on veterans who are in pain..."

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5.4 - KPIC (CBS-4, Video): [VA Roseburg hospital taken off 'high risk' list](#) (24 September, 52k uvm; Roseburg, OR)

The Veterans Administration Hospital in Roseburg is back on the right track. The hospital has been taken off the "high risk" list by the Department of Veterans Affairs. The Roseburg VA is now rated a two-star facility on a one-to-five scale. 4th District Congressman Peter DeFazio's office issued a written statement that says, in part, "This is a good step, but it's only one of many that the Roseburg VA needs to take to become a top-tier facility."

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6. [Suicide Prevention](#)

6.1 - WLRN (NPR-91.3, Audio): [Surprising Allies Address The Outsize Role Guns Play In Deaths Of Soldiers And Kids](#) (24 September, Sammy Mack, 166k uvm; Miami, FL)

The VA and the League have come together on the initiative because of the outsize role guns play in the deaths of kids and soldiers. The US Department of Veteran Affairs reports that on average 20 veterans kill themselves every day, mostly by firearms. According to the US Centers for Disease Control and Prevention, gunshot wounds are the second most common cause of death among children.

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6.2 - WABI (CBS-5, Video): [Veterans Suicide Prevention Training](#) (24 September, 163k uvm; Bangor, ME)

US Navy veteran Joy Asuncion joined the TV5 morning news to talk about the upcoming Veterans Suicide Prevention Training coming up Wednesday in Belfast. The public is invited to participate in this free training on Wednesday, September 26, 2018 from 8 a.m. - 10:30 a.m. provided by Tracy Charette, RN from the VA Maine Suicide Prevention Team at Togus VA Medical Center in Augusta.

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6.3 - Chillicothe Gazette: [Call to action issued on veteran suicide](#) (24 September, Chris Balusik, 154k uvm; Chillicothe, OH)

Howard Berry on Sunday voiced a sentiment every parent of an American serviceman has likely given thought to. "I never thought I'd be putting a flag on my son's grave," said Berry, founder of Flags for Forgotten Soldiers during a veteran suicide prevention and awareness ceremony at the Chillicothe VA Medical Center.

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6.4 - Troy Daily News: [Veterans and the tragedy of suicide](#) (24 September, Melissa Martin, Ph.D, 29k uvm; Troy, OH)

Those who fought for our freedom are also dying by suicide on American soil. “On the battlefield, the military pledges to leave no soldier behind. As a nation, let it be our pledge that when they return home, we leave no veteran behind,” proclaimed Dan Lipinski. In 2015, an average of 20 active duty service members, non-activated guard or reserve members, and other veterans died by suicide each day, according to the U.S. Department of Veterans Affairs...

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBIR (NBC-10): East Tennessee State Veterans Cemetery gets improvement grant from VA (24 September, 1.5M uvm; Knoxville, TN)

The Department of Veterans Affairs National Cemetery Administration announced Monday that it has awarded the state of Tennessee a grant to improve the East Tennessee State Veterans Cemetery. The grant, which is for \$107,183, will fund the installation of two 550-gallon, double wall, above-ground fuel tanks, drives, sidewalks and supporting infrastructure, according to a release from the VA.

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7.2 - WDSU (NBC-6, Video): Look back: POW/MIA Remembrance Ceremony in New Orleans (24 September, Sula Kim, 1.1M uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System and the American Legion helped commemorate National Former Prisoner of War Recognition Day. The event took place Friday at the main entrance of the new Veterans Medical Center on Galvez Street in New Orleans. The event honors missing service members and their families and highlights the commitment to account for them. Ceremonies were held across the country. Watch the video for a look back at the event.

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7.3 - KFVS (CBS-12, Video): Marion, IL VA to hold event for homeless veterans (24 September, James Long and Taylor Clark, 445k uvm; Cape Girardeau, MO)

Outreach Program Manager for the event and Marine, Richard Kulich says the Marion VA and community partners have been doing this for the past 10 years as a way to give back to the men and women who have served our country that need some help.

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7.4 - Las Cruces Sun-News: Pearce bill would name new VA clinic for Bataan vets (24 September, 310k uvm; Las Cruces, NM)

U.S. Rep. Steve Pearce, R-NM, has introduced legislation to rename the new Las Cruces veterans clinic for those who served in the battle of Bataan. The legislation, HR 6863, would officially rename the facility as the Las Cruces Bataan Memorial Clinic. The new clinic on Del Rey Boulevard opened in April, with 12,500 square feet to provide both physical and mental health care services to veterans in Las Cruces and throughout southern New Mexico.

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7.5 - KXXV (ABC-25, Video): [New program at Waco VA pairs veterans with guide dogs](#) (25 September, Holly Stouffer, 56k uvm; Waco, TX)

There's a new program at the Blind Rehabilitation Center at the Waco VA that's pairing veterans with guide dogs. The 12-day inpatient CATs and Dogs program is designed to assist veterans who are blind or visually impaired with guide dog training while they work on their Computer Access Training (CAT) classes.

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7.6 - Finger Lakes Times: [VA to laud Veterans Games athletes](#) (24 September, Mike Hibbard, 53k uvm; Geneva, NY)

The Canandaigua VA Medical Center will honor athletes who participated and won Olympic-style medals at the 32nd annual National Veterans Golden Age Games. The event will be held at 12:30 p.m. Tuesday in the Building 5 auditorium. Refreshments will be served. The national games were held Aug. 3 to 9 in Albuquerque, N.M.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNBC (Video): [Why it matters whether Trump fires Rosenstein or he resigns](#) (24 September, Christina Wilkie, 26.1M uvm; Englewood Cliffs, NJ)

The fate of Deputy Attorney General Rod Rosenstein is reportedly hanging in the balance.

It was unclear whether or not Rosenstein, who oversees major parts of the Justice Department, including the special counsel's Russia probe, would keep his job. Amid conflicting press reports Monday, the White House said Rosenstein will remain in his job for the time being, and he will meet with the president one-on-one on Thursday.

If Rosenstein were to depart, it was also unclear whether he would be fired, or he would resign. In Rosenstein's case, this could make a big difference as to whom Trump can select to replace him as deputy attorney general.

The question of who would oversee the Russia probe is slightly different, however, because Rosenstein has been effectively wearing two hats since Attorney General Jeff Sessions recused himself last year from any role overseeing Robert Mueller's investigation. One hat is that of deputy attorney general. The other is that of acting attorney general for the Russia probe, because Rosenstein was acting as a stand-in for Sessions.

Any replacement of Rosenstein by Trump, therefore, would be a replacement of his deputy attorney general position, not a replacement of the other role, acting attorney general for the Russia probe. That responsibility would go to Solicitor General Noel Francisco, and experts agree that the law gives Trump little control over that aspect of the succession.

Still, the question of how much control Trump would have in who replaces Rosenstein could have far-reaching implications. A Rosenstein replacement could take steps to protect the president from investigation, to seal records, withhold funding from Mueller, and otherwise slow the work of the special counsel to a crawl.

With that in mind, here's why the "fired" vs. "resigned" question could be very important.

The replacement of government appointees is largely governed by the rules set forth in the 1998 Federal Vacancies Reform Act. This law gives the president the authority to temporarily move any one of his Senate-confirmed political appointees into a position that is vacant, provided the person who leaves the positions "dies, resigns, or is otherwise unable to perform the functions and duties of the office."

The law specifically does not say "dies, resigns or is fired."

In the case of firings, the federal government has a succession plan, under which temporarily vacant posts are typically filled by a deputy to the person who departs, or by another person who has been confirmed by the Senate within that department. This is in part to make sure that continuity is maintained in agencies with tens of thousands of employees and billion dollar budgets.

But it is also in place, experts say, to preserve the Senate's role in the confirmation process and to make sure the president can't simply bypass the Senate and fire someone in order to put whomever he or she wants into that position, even if that person has not been confirmed to work in that particular agency.

Trump, however, has challenged this long-held practice. When Veterans Affairs Secretary David Shulkin was ousted earlier this year, Trump quickly named Robert Wilkie, undersecretary for personnel and readiness at the Defense Department, to temporarily fill Shulkin's position.

But according to a lawsuit filed against the Trump administration by veterans advocacy groups in April, Trump broke the law by disregarding the order of succession at the Veterans Affairs Department and installing Wilkie, who is not related to this reporter, atop the agency.

The plaintiffs in the case argue that because Shulkin did not resign, or die, or become ill — he says he was fired — Trump did not have the authority to choose whomever he wanted to temporarily fill Shulkin's spot. According to the succession plan of the VA, they argue, Trump was required to name Thomas Bowman, deputy secretary of the VA, as acting secretary until another VA secretary could be fully confirmed by the Senate.

In Rosenstein's case, the stakes are much higher, given that Sessions has recused himself from the Russia probe. Trump has effectively gone to war against his own Justice Department, primarily over the Russia probe, which is run by former FBI director Robert Mueller, but also for what the president sees as a failure by the department to pursue his political enemies.

If Rosenstein were to resign, then the Vacancies Act would give Trump broad leeway in appointing Rosenstein's temporary successor, and some fear the president would install a political ally willing to cripple the Mueller probe.

If, however, Rosenstein is fired, then the argument that Trump must follow the federal order of succession becomes significantly stronger.

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1.2 - U.S. News & World Report (AP): [3 Deaths Found in Investigation of Impaired Pathologist](#) (24 September, 23.9M uvm; Washington, DC)

FAYETTEVILLE, Ark. — A Veterans Affairs hospital official said Monday investigators have discovered 11 significant errors including three deaths in more than 30,000 cases originally seen by a fired Arkansas pathologist officials say was working while impaired.

Veterans Health Care System of the Ozarks spokeswoman Wanda Shull said those 11 errors constituted "institutional disclosures," which are mistakes in patient care that could or did result in "death or serious injury." Shull said those veterans and their families, including families of the three deceased veterans, have been notified.

Previously, investigators had discovered one potential death among Dr. Robert Morris Levy's cases. Levy has denied working while impaired at the hospital in Fayetteville.

Officials have discovered 1,119 total errors, although not all resulted in change in care. Investigators are just under halfway through the more than 30,000 cases under review.

Internal and external pathologists are conducting the review, beginning with higher-priority and more complex cases. Additionally, both the VA Office of Inspector General and the hospital are investigating whether the hospital acted properly after Levy was initially found to be impaired in March 2016.

After completing an in-patient program, Levy returned to work, under monitor by a physician health program. In October 2017, Levy was again found to be impaired. Although Levy admits showing up to work drunk in 2016, he says he had a misinterpreted complex migraine in 2017 and was fired after he was arrested for a DUI which was ultimately dismissed. The hospital has said it does not comment on personnel issues.

Levy was licensed to work in California, Florida and Mississippi (VA doctors do not need to be licensed in the state in which they practice). Online searches reveal active licenses in California and Florida, though Levy has said he does not intend to return to pathology.

In July, the hospital sent letters to the nearly 20,000 veterans whose cases were being reviewed. Shull said the hospital is now starting to notify patients whose cases are complete with the results of the review.

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1.3 - Los Angeles Times: [Ex-official gets 5 months in prison for lease-for-bribery scheme at West L.A. veterans campus](#) (24 September, Gale Holland, 23.9M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contract officer who had been accused of accepting \$286,000 in bribes from a parking lot operator at the VA's West Los Angeles campus was sentenced Monday to five months in federal prison.

Ralph J. Tillman, who spent 14 years with the VA, pleaded guilty to tax fraud and making a false statement to the VA inspector general.

Tillman's voice broke as he apologized to his family, the veterans agency and his former employees for his role in the bribery scheme.

"There's no excuse for what I did," Tillman during the sentencing hearing. "I'm an Army veteran and when I look in the mirror I'm ashamed of what I did."

U.S. District Judge R. Gary Klausner rejected defense attorney David Elden's request to have Tillman serve his time in a halfway house instead of prison. But Klausner agreed with the government's recommendation to reduce the custody time to five months from 15 to 21 months in light of Tillman's early cooperation in the bribery investigation.

"This was a reprehensible crime," Klausner said. "The defendant should do some time in prison."

Tillman was also sentenced to five months of house arrest.

Elden said his client was “extremely remorseful” and had “paid a price” for his crimes. Elden also said that Tillman, who was ordered to pay the IRS \$62,000 in restitution, did not receive \$286,000 in bribes, but declined to name another figure.

Asst. U.S. Atty. Ruth C. Pinkel said Tillman's cooperation, which included recording conversations with the parking lot mogul Richard Scott, was “very crucial” to the investigation, which is now closed.

Scott, owner of Westside Services, was sentenced in August to nearly six years in prison after pleading guilty to conspiracy and wire fraud charges.

But veterans advocates on hand for the hearing said the sentence did not offer much of a deterrent to future corruption.

Tillman “apologized to the court, he apologized to the Department of Veterans Affairs, but he never apologized to the veterans,” said Terence Lyons, a veteran and journalist who has followed controversy over use of the West Los Angeles campus for more than a decade. “And that is what is at the root of what caused this problem: ignoring that the whole purpose of this is to fulfill a trust to the veterans.”

The government had accused Scott of bribing Tillman for more than a decade to overlook him skimming more than \$11 million in revenues from parking lots leased from the VA at the 387-acre campus. The lots were used for event parking for UCLA baseball games, the Wadsworth and Brentwood theaters and the PGA golf tournament at the Riviera Country Club.

The charges follow a long and contentious history of leases at the site, which was originally deeded as a home for older soldiers.

In 2013, a federal judge ruled in a suit brought by the ACLU Foundation of Southern California that the VA had abused its discretion by leasing land for purposes “totally divorced from the provision of healthcare.”

The VA agreed to settle the case by ending some commercial leases and developing the property as a model veterans residential community.

Meghan Flanz, the executive director of the campus draft master plan, had asked Klausner to consider in sentencing Tillman the “profound and lasting damage” that the corruption scandal had inflicted on veterans, the campus and the VA's reputation.

The community “remains skeptical and cynical about our ability to implement our redevelopment plans because these men misused our campus for so long,” Flanz said in a letter to the court.

The VA has said it has taken steps to forestall future misuse of leases and is moving forward with campus building plans.

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1.4 - UPI: [Online, in person diabetes programs equally effective for weight loss](#) (24 September, Allen Cone, 4.8M uvm; Washington, DC)

Online diabetes programs and ones administered in person were just as effective in weight loss, according to study.

Researchers compared results from the Veterans Administration's face-to-face standard-of-care weight management program, called MOVE!, against online and in-person diabetes prevention methods. Their findings, published Monday in the American Journal of Preventive Medicine, are the first time the programs were compared.

A total of 268 obese or overweight veterans with prediabetes were enrolled in the online diabetes programs, with 56 percent completing eight or more modules between 2015 and 2017. The standard in-person program had 273 participants the MOVE! program had 114 -- both between 2012 and 2014.

Enrollees in the online diabetes prevention program had a mean weight loss of 10.3 pounds at six months and 8.8 pounds at 12 months. Participants who completed one or more modules/sessions in the standard in-person program had 10.6 pounds of weight loss at six months and 9 pounds at one year. In the MOVE! program, weight loss was significantly less -- 1.1 pounds at six months and 10.6 pounds at one year.

In addition, the researchers found that the online program had better participation than the in-person program, with 87 percent of online participants completing eight or more sessions, compared with 59 percent for the standard in-person program and 55 percent for MOVE!

The online program, which was developed by Omada Health, included virtual groups of participants; live e-coaches who monitored group interactions and provided the participants with feedback via phone and private online messages; weekly educational modules on healthy eating and exercise; and wireless scales to record participant weights.

In the in-person program, eight to 22 group-based face-to-face sessions focused on 7 percent weight loss and at least 150 minutes per session of moderate physical activity.

The MOVE! program included eight to 12 face-to-face healthy-lifestyle sessions and monthly maintenance sessions but no goals.

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1.5 - Arkansas Democrat-Gazette: [Review of Arkansas pathologist's work finds 3 deaths among misdiagnoses, VA says](#) (24 September, Doug Thompson, 871k uvm; Little Rock, AR)

FAYETTEVILLE — Three deaths are among the 11 confirmed, serious cases in which a pathology report was wrong, according to findings in an ongoing review of an impaired pathologist's work at the Veterans Health Care System of the Ozarks.

The review has found 256 cases in which the pathology report missed the diagnosis with possibly severe consequences that ranged from extended, avoidable hospitalization to lasting disability or death, said Kelvin Parks, interim director of the system. Parks spoke Monday to a crowd of about 30 at a town hall meeting.

Officials don't know in most of the 256 cases if the misdiagnosis had any serious consequences, but 11 of those cases did, Parks said. Patients in three of the 11 cases died.

Misdiagnosis is believed to be a factor in at least one death, according to earlier statements by the Veterans Affairs Department. The other two are still under review, Parks said.

A total of 14,980 of the 33,806 cases to be reviewed have been so far, according to the interim director.

Of those reviewed, 9,979 have no errors, Parks said. Another 863 appeared to have errors with no lasting consequences to the patients involved. Final results have not be reported for the remainder of the cases reviewed.

The review includes every case the pathologist involved worked on since his hiring in 2005.

"There is no precedent or procedure for a look-back of this magnitude," Parks said.

Monday was the second town hall meeting since the initial June 18 news conference at which the problem was announced.

Parks expects to finish the review by Dec. 31, thanks in large part to an agreement signed with the University of Arkansas for Medical Sciences to provide nine pathologists to work at the Fayetteville veterans system site full time. The center will bring in more pathologists from outside the state, but that will have to wait until the beginning of the new federal fiscal year Oct. 1, he said.

A final report will be made public in January, he said.

The review began after administrators discovered a pathologist at the system's hospital in Fayetteville tested samples while impaired, administrators said during the June news conference. The pathologist, Dr. Robert Morris Levy of Fayetteville, confirmed in an earlier interview he worked while impaired with alcohol in 2016 but said he didn't work while impaired afterward.

Levy previously acknowledged he's the pathologist involved, although the system won't confirm, saying it's a personnel matter. Levy was fired in April, according to administrators. He had been suspended in March 2016 for being impaired, but he returned to work that October after counseling and after a check of his work found no errors at the time.

The Veterans Affairs Office of Inspector General is investigating the retention of the pathologist after his first reported impairment, Parks said. There's no timeline on the inspector general's report. In addition, Parks has launched an internal investigation to find "who knew what when," he said.

Levy was again taken off clinical work in October 2017 after what the hospital described as a second instance of working while impaired. His dismissal in April came after a personnel review.

The Veterans Health Care System of the Ozarks serves veterans in 23 counties in Northwest Arkansas, southwest Missouri and eastern Oklahoma.

The cases under review are prioritized by risk, Parks has said. Tests for the most serious possible diagnoses, such as prostate biopsies for cancer, will be reviewed first, he said. Other risky conditions earmarked for priority are CT-guided needle biopsies, breast biopsies and endoscopies.

Read Tuesday's Arkansas Democrat-Gazette for full details.

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1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [The VA Hopes To Make It Easier For Veterans To Join Cancer Trials](#) (24 September, Libby Denkmann, 278k uvm; San Diego, CA)

When Army veteran Robert Galang had throat cancer last year, he went to the VA hospital in Long Beach, Cal. for care. The thing he remembers most is having to lie very still while doctors aimed beams of radiation right at his neck.

"That was new to me," Galang said. "You get strapped in, and you can't move, and you put your trust in the machines they have."

To keep his mind occupied through radiation and chemo, Galang brought along his favorite tunes.

"I grew up in the '60s, so I was listening to Led Zeppelin and all those types of music," he said. "I put myself in the hands of Stairway to Heaven"

As the VA successfully treated his cancer, Galang was part of a clinical trial to test a new, unproven drug. He received an I.V. drip designed to prevent painful mouth sores and infections, said May Thein, a Radiation Oncology Research Associate with the Long Beach VA.

"It's a condition that develops very commonly in patients going through chemotherapy and radiation, at the same time, for cancers of the oral cavity or oropharynx (where the back of the tongue, throat, and tonsils are)."

But vets like Galang who get their medical care at the VA can face barriers to accessing cutting-edge trials of cancer therapies and drugs.

There are several reasons. First, the VA treats an older patient population, often with overlapping medical conditions like heart, kidney or lung problems, along with mobility issues.

"At the moment, clinical trials for cancer are fairly restrictive," said Dr. Pankaj Gupta, Chief of Hematology and Oncology for the Long Beach VA. "To get the cleanest possible results, they try to restrict the patient population to one where organ systems are working well, the patients are functioning well, they have some life expectancy. That really narrows the eligibility, and excludes a lot of veterans."

Regulatory requirements can also slow the approval process involved with bringing cancer trials to local VA hospitals.

As a result, veterans with cancer may have fewer options for participating in clinical trials and less access to experimental new treatments.

In a statement, the VA said, "(w)hile VA has a robust research program - including clinical trials on cancer and other diseases - at more than 100 sites nationwide, VA facilities often face challenges initiating and completing trials."

For many clinical studies, VA patients are referred to institutions outside the VA, said Dr. Homayoun Sanati, a staff oncologist at the Long Beach VA.

"All this takes a lot of work both from the physicians' side and from the patients' side, because they have to go somewhere else, possibly far away," Sanati said.

Slicing Through Red Tape

The VA can't change its patient population, but it is trying to expand the number of clinical trials for cancer drugs and therapies offered through VA hospitals.

The agency is partnering with the National Cancer Institute on a new project called the NCI and VA Interagency Group to Accelerate Trials Enrollment, or NAVIGATE. It's a program that will roll out in 12 VA hospitals nationwide, including the Long Beach Healthcare System.

The goal is to cut through some layers of bureaucracy that can delay and restrict cancer trials at the VA, while bringing VA researchers into the process of building cancer treatment studies and identifying ways to connect more veteran patients to the newest innovations.

NAVIGATE will allow the VA to accept approval by the NCI's Institutional Review Board - the panel of experts who assure a trial is safe and scientifically sound - rather than running each new study through a local review process.

Sanati predicts this will greatly speed up the launch of cancer trials for VA patients.

"IRB approval has been the limiting factor for us to start any new clinical trials," Sanati said. "Typically when you want to start a clinical trial, it may take 3-4 months. But with this project we probably can do it in under a month."

The range of trials available at VA facilities should also multiply.

"Normally if a local IRB is required to approve each trial, it's very hard to approve more than ten or twenty trials at any VA facility," Gupta said. "With NAVIGATE, we can expand that considerably. And this will allow the VA in some ways to get a step ahead. Because not a lot of even big cancer institutions accept the NCI IRB."

A Seat At The Table

Through NAVIGATE, VA oncologists will also collaborate with the National Cancer Institute in the design and evaluation of clinical trials.

Gupta says that will give the doctors who regularly work with an all-veteran population a seat at the table to tailor new studies to their patients' needs.

"We can see how this trial may be more applicable to our patients, or how more of our patients might be eligible," he said.

If it works as planned, many more veterans will have the experience Robert Galang did.

He had the trial I.V. drug infused every weekday for seven weeks, and said it worked for him. His taste buds are working again, and he has full function of his throat back.

Galang is excited about the future of the therapy he played a part in developing.

"Through the grapevine, I heard that they're getting approved to be able to continue their clinical trial, which is awesome, as far as I'm concerned," he said.

VA doctors in Long Beach say they're hearing a lot of similar enthusiasm from veterans about clinical trials. Gupta says the same sense of duty that led them to serve their country in uniform translates to an eagerness to serve the greater good through medical research.

It's also uplifting for VA researchers. At the Long Beach hospital, Sanati says he's excited to explore clinical trials for the treatment of prostate and lung cancer, both prevalent in the veteran population. These could involve precision oncology - where the genetic material of cancer tumors is analyzed to target specific mutations - new drugs or immunotherapy agents, different ways of delivering radiation therapy, and further symptom management research.

"We and our patients will be greatly reassured that the treatments that they can be offered will be the same kinds of trials they would get if they were to go to one of the leading cancer hospitals in the country," Gupta said.

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1.7 - KHBS (ABC-40/29): [VA in Fayetteville: 3 deaths possibly linked to former pathologist's diagnoses](#) (24 September, Adam Roberts, 273k uvm; Fort Smith, AR)

FAYETTEVILLE, Ark. — The Veterans Administration is looking into three deaths that may have been caused by diagnoses made by a former pathologist.

Kelvin Parks, Interim Medical Center Director at the Veterans Health Care System of the Ozarks in Fayetteville, confirmed the numbers to 40/29 News Monday morning.

Pathologist Dr. Robert Morris Levy was fired by the Veterans Health Care System of the Ozarks earlier this year. The VA is looking into every case he worked during his career, a total of 33,000.

14,000 reviews have been completed. 1,119 cases with errors have been found.

11 of those 1,119 errors were significant enough to cause harm, according to the VA.

The VA said Levy was found to be impaired on duty on two occasions.

Levy disputed the allegations, telling 40/29 he was not impaired on duty.

According to the VA, Levy was found to be impaired on duty on two occasions. He was fired in April 2018. In March 2016, an employee reported Levy for being impaired, which Levy says was the only time he showed up drunk to work.

He entered into an in-patient treatment facility for three months.

A spokesperson with the VA said that Levy was allowed to return to work following treatment and was monitored by the Mississippi Physician Health Program in conjunction with the Arkansas Medical Foundation.

Levy was not registered in Arkansas, but VA physicians do not need to be licensed in the state of the hospital, said hospital spokesperson Wanda Shull. In October 2017, Levy was again determined to be impaired on duty and was removed from clinical care while the hospital investigated. Levy attributed this to a complex migraine, which he said limited his ability to find words and hear properly.

Still, Levy continued to work as the hospital investigated. He said he saw a neurologist, who cleared him. Records also show Levy later visited a neuropsychologist who found "no major concerns." Levy's DUI arrest occurred on March 1. The arresting officer noted Levy's "speech was very slurred and his balance was swayed."

The Fayetteville District Court said the case was dismissed on March 30 after blood samples were negative. Levy was ultimately fired April 13. He said he doesn't know what hospital investigations occurred between March 1 and April 13.

Levy said that he has not been notified by the VA about which cases were misdiagnosed.

According to the Associated Press, Kelvin Parks, the interim medical center director for the hospital, wrote to the Mississippi board on June 7 that Levy "significantly failed to meet generally-accepted standards of clinical practice that constituted an imminent threat to patient welfare."

Two days later, the Arkansas physician program revoked its advocacy of Levy due to "non-compliance with daily check-in requirements and failure to return phone calls to the AMF." The Mississippi program notified the license board on June 20 that it too would cease advocacy for Levy, and Mississippi revoked his license the following day. Levy's licenses in California and Florida are still active.

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2. Greater Choice for Veterans

2.1 - The Hill: [Veterans bills show how Congress should work](#) (24 September, Rep. Mike Gallagher (R-WIS.), 11.8M uvm; Washington, DC)

Since it's the silly season of an election cycle, congressional dysfunction is on full display. From hearings that devolve into partisan political theater, to two-day "work weeks," to last second spending bills that skip regular order, it is clear that Congress is in need of serious reform. And yet there are still some bright spots that demonstrate how Congress can and should work when members devote the time and energy necessary to solve problems.

Consider Congress' work on veterans' issues. We are blessed to live at a time when—in contrast to the Vietnam era—respect for our veterans' sacrifices is widely shared among the American people. From this emerges a shared outrage with the status quo. Over the past few

years average citizens, even those who did not serve, have heard stories about the 20 service members that commit suicide every day, or the dangerous wait times of nearly three weeks for new Veterans Administration (VA) patients, and they have rightly demanded action from their elected representatives.

My colleagues and I, in a rare bipartisan move, have responded with real reform. Over the past two years we have worked to deliver a system that works for our veterans—not against them.

For example, the Department of Veterans Affairs Accountability and Whistleblower Protection Act, which Congress passed last year, empowers the VA to fire, demote, or suspend employees that break our veterans' trust. It also gives the VA the ability to reduce pensions, bonuses, and awards paid to employees with unacceptable conduct. The VA is filled with many patriotic, hard-working people. But in light of their mission, they must be held to a high standard. And just as in any other job, if they fail to do their job, they should not be able to keep it.

At the same time, VA employees must be protected from retaliation or punishment if they are trying to expose abuse or malfeasance in the system. Consider the case of Dr. Christopher Kirkpatrick, who exposed the over-medication, particularly of opioids, to patients at the Tomah, Wisconsin VA. As a result, he was reprimanded and warned to stay quiet. But Dr. Kirkpatrick continued voicing his concerns, and when his candor got him fired, he took his own life. In response, Congress passed the Dr. Chris Kirkpatrick Whistleblower Protection Act, which expands protections for whistleblowers, strengthens enforcement against supervisors who retaliate against whistleblowers, and better protects against the improper access of employee medical records.

In addition to increasing accountability and transparency at the VA, we have tried to expand the choices available to our veterans, so they can get the health care they need when they need it. A recent study from the Government Accountability Office found that VA staff incorrectly entered data on close to 40 percent of appointments for new patients, understating wait times by more than two weeks. Because of these incorrect entries, many veterans could not receive care under the VA Choice program. Almost daily I hear from a veteran in Northeast Wisconsin struggling to navigate the complexity of the VA system. I have a constituent case worker solely devoted to helping veterans with these issues. But the reality is no veteran should have to call their member of Congress to get the care they deserve.

This is why Congress passed the VA Mission Act by a vote of 347 – 70 in the House and 92 – 5 in the Senate. The Mission Act consolidates seven existing programs into a comprehensive community care system that is designed to be more responsive to veteran needs. It also removes arbitrary obstacles like the 30-day and 40-mile thresholds for community care, expands access for walk-in clinics, and better equips providers to manage opioid prescriptions by providing them with evidence-based guidelines for prescribing opioids, while directing the VA to monitor the prescribing practices of community care providers. The VA Mission Act also further expands education and training programs so veterans better understand the health care options available to them.

There is still a lot of work that needs to be done, particularly when it comes to managing the transition from active duty to civilian life and reintegrating veterans into their communities. But the past two years have shown that when the American people demand it, and members of Congress are willing to set aside their differences and work together, we can get things done. And as more veterans from the 9/11 generation run for Congress, my hope is that they will bring to this institution the sense of purpose and commitment to service they demonstrated in uniform.

Gallagher is a Marine veteran and represents Wisconsin's 8th District.

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2.2 - Marshall County Tribune: [Fortunate to be serving Veterans](#) (24 September, 800 uvm; Lewisburg, TN)

“Fortunate” and “grateful” aren’t always the words used to describe one’s job, but for Jeremy Moorehead, those words are what come to mind.

Moorehead is Marshall County’s new Veterans Services officer, assisting the county’s veterans navigate the sometimes complex web of federal and state benefits and healthcare.

“It’s an honor to be able to help these men and women who’ve served,” he said.

Moorehead is the first to occupy the office since the county funded its transition from a part-time to a full-time position, in this budget year.

Local vets have advocated for a long time for the expansion of the office serving the county’s estimated 2,300 veterans.

His office has been busy too, Moorehead said, stating that he saw anywhere from eight to 14 veterans per day in the office since he started several weeks ago.

For homebound vets, Moorehead makes house calls, if needed, to deliver services.

Moorehead grew up in the Petersburg area before attending Cornersville High School, graduating in 1996.

Entering the Army after graduation, he served eight years before injuries suffered during a deployment in Afghanistan forced him to leave the service for medical reasons.

Moorehead said that his own experiences dealing with the Veterans Administration for his own service-related injuries help him serve others.

“I can understand the bureaucracy,” he said.

He took advantage of the department’s new Choice program to have a recent surgery at Vanderbilt instead of the VA due to wait times.

Moorehead said that he hopes to expand the assistance of a county that has really stepped up to support its veterans, citing the weekly Veterans Outreach meetings, Moms on a Mission support to overseas troops, the local veterans organizations, and the funding of transportation for vets to appointments by the city of Lewisburg as examples.

“We are fortunate for the community’s support,” he said.

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2.3 - MyMotherLode.com: [Trump: New Bill To Provide World-Class Care To Veterans](#) (24 September, Mark Truppner, 192k uvm; Sonora, CA)

President Trump was at the North Las Vegas VA Medical Center, where he signed H.R 5895 into law.

Trump was Monday's KVML "Newsmaker of the Day". Here is the text of his speech before signing the Bill:

"Well, thank you very much. Please. It's great to be with you. And thank you to Secretary Wilkie, who is doing an incredible job, I have to say. And also to the great leadership of the Department of Veterans Affairs. Some of those great leaders are with us today.

Today, I'm honored to be at the North Las Vegas VA Medical Center to sign into law a historic government funding bill that will renovate our nation's military bases and provide great world-class care to our great veterans. (Applause.) Unless you don't want it. Unless you don't want it.

I want to thank your state's great senator, Dean Heller. He has been so helpful. Dean has really been helpful. He's worked all the way, right from the beginning. And this was very important for him. But for working so hard to get the bill passed and get it put right on my desk, and to pass the groundbreaking VA reform. There's never been reform like we've been able to do over the last very short period of time.

Thank you, as well, to Nevada Governor Brian Sandoval for being such a strong advocate for Nevada's veterans. We're also — (applause) — thank you, Brian. Thank you, Brian.

We're also very grateful to be joined by Nevada Attorney General Adam Laxalt. (Applause.) Thank you, Adam. Great job. Hear he's doing well.

To every veteran here today: We are eternally grateful for your noble service to our nation. I would like to ask all of the veterans with us now to, please, proudly stand. (Applause.) That's great. That's great. You're fantastic people. You're really fantastic people. Please. Thank you. You really are.

And we're fighting to make sure that you get the care that you so richly earned. And today's legislation is one more promise that the Trump administration is keeping. And we've done a lot of promises, and we've kept them all. And this is another one for the veterans.

With this funding bill, we've increased the VA's budget to the largest ever. We are delivering the resources needed to fully implement crucial VA reforms that, as you know, we've gotten. You know the reforms. We're going to go over them in a minute, but they are some reforms. And to deliver for our great veterans, just the way I said I would constantly on the campaign trail. You backed me, and I back you. That's the way it works, right? That's the way it's supposed to work in life. (Applause.)

And with our booming economy — which is now, I think we can easily say, the greatest economy maybe we've ever had in our country. Stock markets yesterday — and I believe they're up today, so that means today. But the stock markets yesterday hit the highest they've ever been in the history of our country. And we've broken the record, now, over 100 times. So

we keep breaking it, breaking it. And actually, we have a long way to go. There's tremendous potential. (Applause.)

So with our booming economy, I'm also proud to report that the veterans unemployment recently achieved its lowest level in more than 20 years. That means a lot of jobs. A lot of jobs are taking place.

Last year, I also signed into law the landmark VA Accountability Act. You know all about that. And that was something that was very important to me. Because you couldn't do anything — you couldn't — if somebody was bad. You got a lot of great people, but you have some bad ones. You couldn't do anything. Now you can do it.

So I want to thank the dedicated Veterans Affairs doctors, nurses, and staff members who join us. Now, we're finally rewarding the many great people at the VA, while also ensuring that those who mistreat our veterans — we had people that really mistreated our veterans — they are now being held accountable. That's why it's called the VA Accountability Act. And they are being held, seriously, accountable. Right, Mr. Secretary? He's had a lot of fun. (Laughter.) He's had a lot of fun.

We take care of our good ones, and the others are held accountable. Right? And there was no way you could hold them accountable. They could be sadists. You had some of them, too. It doesn't sound nice. They could be thieves. They could rob you blind. They could steal money, and you couldn't do anything about it. Now you can do whatever you want. Now you do what's right. And you have a Secretary that's doing what's right. He's tough and he's smart. (Applause.) It's true.

And I can tell you — this is always a good sign — General Mattis was not happy when I took him out of the Department of Defense. (Laughter.) You know, we were going to have him for a short while. And then we said, "You know, he's doing so good, we're going to keep him here." He wasn't happy, and that's usually a good sign. Isn't it, Governor? When they're not — if they're happy, that's not a good sign. (Laughter.) He wasn't happy. He's still not happy. But that's all right. But you're happy, right? (Applause.)

In a few months — and a few months ago, I was very proud to sign into law another tremendous victory for our veterans. Maybe this is the one that we kept talking about and talking about — 48 years. They couldn't get it approved. It made so much sense. I used to talk about it because I thought I was this great guy that had this great vision. It's called "VA Choice."

And I said, "You know, if you have lines where you can't see a doctor for two weeks, three weeks, four weeks, twelve days, eight days — how about one day? No good." I said, "I have an idea. Send them out to a private doctor. We got great doctors, and they'll be taken care of immediately. We'll pay the bill." I thought it was like this great idea.

Well, they thought about it for 40 years. They couldn't get it passed. We got it passed. So we have, now, VA Choice. (Applause.) So, now, if a veteran can't get the care they need from the VA in a timely fashion, they have the right to go see a private doctor.

Today, for the first time in American history, I am about to sign a bill that will fully and permanently give our great and cherished veterans choice, so you don't have to wait on line for 18 days to take care of a simple — I mean, we had people waiting on line with a simple problem that, by the time they saw the doctor, they were terminally ill. No more of that. If you have a line,

you go see a doctor. You get yourself taken care of. We take care of it. Okay? Good. It was amazing. (Applause.) It was amazing.

You would think that would have been easy to pass. Well, there's a reason it took so many years; it wasn't easy. You have different groups and different people. But in the end, we all came together and we got it done. VA Choice.

Here with us today is Vin Putignano, a Vietnam veteran who is a great guy, who lives in Las Vegas. And, now, through the Choice program, he can see the specialist doctors that he needs while still getting his primary care through the VA medical centers like this one.

And that's the other thing: There's so many great things that they do that people don't recognize. And you don't have to go out all the time to get what you need, because so much of it is taking place here. We have some tremendously talented people. I always hear about the incredible level of treatment and talent that the doctors have. You have really incredible doctors and nurses. You had to get to them; that was the problem. But you have some tremendously talented people.

So, Vin, I'd like you, if you would, to say a few words about VA Choice, please. Thank you, Vin. (Applause.)

MR. PUTIGNANO: First of all, good morning. Thank you, Mr. President, for those kind words. I wish my mom was here. (Laughs.) Because she wouldn't believe you. (Laughter.) Anyway, it's an honor to stand with you today in your continued fight to bring the VA to where it is and should be.

Your leadership and your support, specifically for the Veterans Choice Program and signing this VA Mission Act that is — from what I understand, is going to be the blueprint of the future of the VA, controlled by Secretary Wilkie and yourself.

I'm a 100-percent disabled Marine Corps combat veteran, who had the privilege of serving my country during the Vietnam War. I was a part of the 2nd Battalion, 3rd Marines, 3rd Marine Division. I've lived here in Nevada for the past two years. And because of the VA Choice program, I now receive outstanding treatment by doctors and nurses, both in the VA here and outside to the community — the medical community outside.

Like they said, this is a very special situation. I'm getting old. I think a couple of us in here are, too. (Laughter.) But with this age thing comes, you know, special needs problems. I got a bad heart, got cancer, and just plain old getting old. You know? It's a pain.

I wish to share with you a personal story. In the last five years, I have had a bleeding ulcer on my toe that we've not been able to fix. And because of VA Choice, I've been able to — with the support of the Veterans Administration, I've been able to find a podiatrist who operated 10 days on me — 10 days ago on me.

And the man did something that blew my mind. I got home. I took off the boot. There was a little bit of blood, and I called. He came and made a house call. Who does that? (Laughter.) Not anymore, right? (Applause.)

Anyway, Dr. Wesley Lyon and his staff are treating me. They're taking care of me. And, by the way, with this whole upset with this toe, my golf game went right out the window.

THE PRESIDENT: Oh, that's terrible. (Laughter.)

MR. PUTIGNANO: But there's a chance of it coming back.

THE PRESIDENT: It'll come back. It'll be better than ever. Better than ever.

MR. PUTIGNANO: I don't know. (Laughs.) I want to thank you, Mr. President, for the commitment that you have made to myself and to my brother and sister veterans, and those of us from World War II right up to the current time of our existence — of our military people.

No longer do they have to — as you just said, do they have to go and stand and wait, and not get the proper care. That's all gone away. That's all because of you, and because of your staff and your government. And must I say — I must say that I really am impressed with the fact that you and your government are really focusing on making the country's promise to us a reality. Because you know what? We earned it. (Applause.)

Thank you, sir.

THE PRESIDENT: Thank you, Vin. That was beautiful. Thank you very much. Take care of that toe. (Laughter.)

The bill I'm signing today also provides the VA with vital funding for opioid treatment and prevention — a big problem in this country, a big problem here, and in the country; for mental health care services; telemedicine, which is the new thing; and more than \$1 billion for veterans electronic health records. We've done a lot of work on health records, and now you're able to transfer easily from Department of Defense to the VA, and back and forth. Before, it was almost impossible. It was a big thing.

Today's funding package also delivers for the men and women now serving in uniform. The legislation includes more than \$10 billion to build, renovate, and repair houses, schools, training centers, and other facilities on military bases. They need it. There's been a lot of — a lot of time has gone by, and they're in bad shape. But they'll, very shortly, be in very good shape.

This is terrific news for Nevada's nearly 20,000 active-duty and reserve soldiers, sailors, airmen, Marines, and National Guardsmen. We are providing nearly \$100 million for three bases right here in Nevada: Creech Air Force Base, Nellis Air Force Base, and the National Guard Readiness Center, just a few miles away.

This bill also includes \$15 billion for the Department of Energy's Nuclear Weapons Security program, which is so important, to modernize our nuclear arsenal and keep the deadliest weapons from falling into the wrong hands.

Finally, we have secured \$7 billion for the Army Corps of Engineers to build crumbling ports and waterways, and to keep and improve flood and storm barriers so that America remains safe.

On Wednesday, I visited North and South Carolina and met with first responders and survivors of Hurricane Florence. Incredible people. I was inspired by their unbelievable courage and resilience.

Our nation mourns the tragic loss of life. And I don't know if you're aware, but, by tomorrow afternoon, massive amounts of water will flood into South Carolina. They got hit, but the big hit comes days later. And it will be the biggest they've ever had. I said, "Well, is there a chance..." I was there. I said, "Is there a chance that maybe it doesn't show up?" They said, "Nope. It'll be here at about 2:30." And it's going to be very, very bad. But they're ready. They're ready. They're really ready. And folks that — in the military, and FEMA, and first responders — they've been incredible.

But our nation mourns the tragic loss of life, and we are moved by the countless ways Americans have come together to rescue those in danger. You see it all the time. You turn on the news at night, and you'll see people being pulled from cars by first responders, and the military, FEMA workers, and, frankly, citizens that are there.

Last night, a car just got taken away by the water with people in it, and they were able to get them out at tremendous danger. Working with state and local leaders, we will not rest until that entire rebuilding — North and South Carolina, predominantly — is complete. Really great leadership in both places — the governors, the senators. I met with everybody, and they're really ready. They're really ready.

And North Carolina has largely been hit. They're almost at the stage where they're rebuilding. In South Carolina, as I said — watch tomorrow. It's going to be a tough one.

In everything we do, and everywhere we go, we are committed to safety, prosperity, and opportunity for all Americans and for every hero who wears the uniform. And that's really why I am here today. I love those people who wear that uniform. I love our law enforcement, the job they do. Our firemen and women. These are incredible people. And I think, for the most part, our nation is beginning to realize it, maybe more than they ever have before. Incredible people.

With this legislation, we are securing a better future for our citizens. We are modernizing our nation's infrastructure. And we are building military bases worthy of our great heroes. We are ensuring that our brave veterans are respected and cherished like never before.

And our country is respected again. Our country is respected like never before. It's a big difference. (Applause.) The country is respected again. Thank you. Thank you.

So I want to thank you all for being here, and just say God bless you. God bless those who serve. And God bless the United States of America. Thank you all for being here.

And I'll sign. Thank you."

(Applause.)

(The bill is signed.)

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3. Modernize Our System

3.1 - Politico: [Secure Elections Act tries another comeback](#) (24 September, Tim Starks, 23.9M uvm; Arlington, VA)

[...]

Under the military construction section of the measure, the conference report directs the Defense Department to produce reports on overcrowded parking lots and roads near its facilities, focusing heavily on Fort Meade, home of the NSA and Cyber Command. The conference report notes that personnel at Fort Meade has ballooned from 35,000 in 2005 to 57,000, more than double the number of people at the Pentagon proper. It also includes \$17 million for an IT project at the Department of Veterans Affairs. "As stated in the House

report, VA is urged to ensure that patient records being transferred from DOD to VA have the same level of security and data-level protections as provided by the Department of Defense," the conference report states.

Last, the legislative branch section includes a ban on organizations under its jurisdiction buying telecommunications or IT products from Chinese companies ZTE and Huawei, unless they complete a checklist of assessments to make sure the products pose no cyber espionage or supply chain risks.

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4. [Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (AP): [Former Official Sentenced in Southern California VA Swindle](#) (24 September, 23.9M uvm; Washington, DC)

LOS ANGELES — A former contracting official for the U.S. Department of Veterans Affairs in Los Angeles has been sentenced to five months in prison for lying to investigators when he denied taking bribes as part of a \$13 million fraud scheme.

City News Service reports Monday that Frank Tillman will also serve five months home detention.

Tillman pleaded guilty in February to tax charges and lying to investigators when he denied accepting bribes from a parking lot operator at the VA's medical center campus.

The lot operator, Richard Scott, was sentenced in August to six years in prison for conspiracy and wire fraud. Scott was ordered to pay the VA \$12.6 million in restitution.

Tillman admitted taking \$290,000 in hush money. He was ordered to pay \$62,000 in restitution to the IRS.

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4.2 - BizJournals.com (Orlando Business Journal): [This local VA exec works hard to connect veterans and their families with benefits, resources](#) (24 September, Anjali Fluker, 19.2M uvm; Charlotte, NC)

Ellamay "Annie" Artis knows plenty about dealing with adversity — joining the U.S. Army in the early 1990s as a single mother and suffering with daily pain with fibromyalgia.

But the Orlando VA Medical Center veteran program outreach and minority veterans program coordinator always battles her challenges with a positive attitude.

During her years of service in the Army, Artis served in Saudi Arabia during Dessert Storm in the 28th Combat Support Hospital. Once transitioning to the Orlando VA, she dedicated her time to ensuring that veterans in the area have access to benefits and other resources, including arranging on-the-spot hiring events with outside employers.

In fact, Artis collaborated with several organizations on hiring events, including partnering with Orlando Jobs to host the city of Orlando's first veteran's homeless and/or criminal background hiring event at Camping World Stadium. That job fair served more than 800 veterans and had a placement rate of roughly 40 percent with 250-plus employers. Artis also worked with the Orange County Jail and the Veteran Justice Outreach Program to teach job and transitioning skills to hundreds of veterans with criminal backgrounds; assisted more than 2,000 veterans with navigating the VA process for benefits, services and employment. She also provided guidance to high school students via administering the Armed Services Vocational Aptitude Battery test.

Artis facilitates several community outreach programs to help veterans, their widows/widowers and children learn more about benefits and services available to them.

"I have been fortunate enough to be given resources to develop several programs that address veteran barriers to transitioning successfully," Artis said. "Another highlight that is the ultimate for me, is I have the opportunity to participate in several Vietnam Veteran Pinning Ceremonies."

For her accomplishments, Artis was named an honoree in Orlando Business Journal's 2018 Veterans of Influence Awards.

Here's more from Artis:

Why did you join the military? As a single teenage mother, joining the military was my best opportunity to make a better life for me and my daughter. I dreamed of going to college so that I could get an education and be a success, but first I needed help to get there. The military gave me access to an education, and it was during my time in the military that I grew as a person and realized what I really wanted for my path in life. The military became not just a means to an end, but an educational experience that resulted in my current career successes.

What was the most significant thing that happened to you while you were serving? I joined the military during Desert Storm. I remember my recruiter telling me that I would not ship overseas to the war because of my family situation — my grandmother was very ill and I had a young daughter. So we went to the MEPS [Military Entrance Processing Station] station to process, however, they declared me overweight by 5 pounds. My recruiter stepped up and assured them that by the time I had to report to my duty station, I would have that weight off. I felt defeated but she was not going to let me make her a liar. She had me stay at her home over the weekend,

where we worked 10 pounds off. Her commitment to helping me made me realize that helping others could be just as great for me as the people I help. I shipped off that Monday, October 10, 1991, and was in Saudi Arabia when my grandmother passed. I got notice two days too late. My officer took me into town to purchase some flowers to send and comforted me during a time of great uncertainty. These moments helped define me as a person today.

Favorite place you were stationed: Fort Bragg, N.C., because that's where I met John Artis Jr. He would become my husband of 27 years, the father of our four children and the grandfather of my awesome grandson.

What challenges do you face in your line of work? Running into veterans who are given the wrong information and not connected to their local VA. For example, I met a 76-year-old widow who was about to lose her home, and didn't have enough money for medication and health care. She was in the office because Veterans Benefits Administration stopped her widowers' pay. After speaking with several officers, she was told nothing could be done. I insisted that she goes to the VBA office, which later determined that she was entitled to more than what she was receiving. With the back pay and her new monthly payment, she is living comfortably.

Your advice to veterans: Do not be afraid to reach out for assistance in navigating the VA system. The best place to start is to report to the VA Medical Center transition team, which has the knowledge and experience to help veterans get the most out of their VA benefits.

Little-known fact about you: I truly love and gain satisfaction from connecting people to the right opportunity at the right time for them. It takes time to realize what is needed in their current moment, but the joy I feel when someone has such positives results from my help is unmeasurable.

Is your company hiring right now? We have well over 100 positions in the medical field and entry level positions for EMS, cooks and retail.

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4.3 - MLive: [Battle Creek VA Medical Center names new director](#) (24 September, Winter Keefer, 10.9M uvm; Ann Arbor, MI)

BATTLE CREEK, MI -- The Battle Creek VA Medical Center will soon have a new director overseeing healthcare provided to veterans in the Battle Creek area.

The Department of Veterans Affairs announced the appointment of James Doelling to the director position at the facility Monday, Sept. 19.

Doelling will begin serving in the new role on Oct. 16. His duties as director include ensuring the delivery of healthcare to approximately 45,000 veterans per year and will oversee an operating budget of more than \$280 million, according to a Battle Creek VA Medical Center press release.

Doelling has 30 years of nursing and leadership experience in a range of medical fields including primary care, mental health, inpatient surgery, acute medicine, telemetry, hospice, intensive care, critical care and oncology, according to the release.

Prior to his appointment to the Battle Creek director position, Doelling served as associate director and patient care services/nurse executive of the the VA Greater Los Angeles Healthcare System since 2015. In 2017, Doelling was nominated for the VA Secretary Award, Nurse Executive of the Year.

Doelling began his nursing career in Connecticut in 1988. He joined the VA in 2001, serving as the nurse manager in the intensive care unit at the VAMC in Providence, Rhode Island. He also held a series of nursing leadership positions in Massachusetts and Illinois.

Veterans Integrated Service Network 10 Director, Robert McDivitt, expressed excitement over the appointment of Doelling. VISN 10 consists of 10 VA medical centers located in Michigan, Ohio and Indiana.

"His decades of hands-on experience across a multitude of medical fields and proven leadership abilities will be valuable assets for the facility, the employees and volunteers, and -- most importantly -- for the Veterans we are honored to serve," McDivitt said.

4.4 - KNBC (NBC-4, City News Service): [Former VA Official Gets Five Months in Federal Prison for Bribery](#) (24 September, 2.1M uvm; Los Angeles, CA)

A former U.S. Department of Veterans Affairs contracts administrator was sentenced Monday to five months in federal prison -- followed by five months of home detention and a year of supervised release -- for tax fraud and lying to investigators when he denied taking bribes from a crooked parking lot operator at the VA's Westside medical center campus.

Ralph Tillman, 58, was also ordered to pay \$62,000 in restitution to the Internal Revenue Service. After the sentence was pronounced, Tillman was immediately taken into custody.

"There's no excuse for what I did," Tillman told the court, apologizing to his family "and especially to the employees" of the VA. "I am a veteran," Tillman continued. "I look in the mirror and I'm ashamed for what I did."

Although Tillman faced a sentencing guideline range of 15 to 21 months behind bars, the government asked for a downward departure based on the defendant's cooperation in helping prosecutors analyze the fraud and cover-up.

The Whittier man met with government agents for more than 80 hours, helping to unravel the complex scheme, prosecutors said. Early last month, Tillman complied with a request to speak to VA employees and again to investigators at the VA Office of Inspector General to educate them about "how to detect red flags" when fraud is suspected, Assistant U.S. Attorney Ruth Pinkel said.

Tillman, who resigned in 2014 after being confronted by VA investigators, admitted that he took nearly \$290,000 in "hush money" from Richard Scott, owner of Westside Services, which had a contract to operate public parking locations across the VA Greater Los Angeles Healthcare System.

Scott, 58, of Santa Monica was sentenced last month to nearly six years in prison for swindling the VA out of at least \$12 million generated by his parking lots and bribing Tillman to keep the

long-running scheme secret. U.S. District Judge R. Gary Klausner told Tillman that his apology to the VA and its employees "was significant."

As part of his job, Tillman was responsible for managing contracts with "sharing partners," such as Scott's Westside Services, which were required to share revenues with the agency. He admitted that he first solicited a bribe from Scott in late 2003. About 18 months later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes.

In return for the cash, Tillman failed to scrutinize annual statements from Scott that he knew contained inaccurately reported revenues and expenses. Tillman also admitted that he knew Scott was defrauding the VA out of millions of dollars and that he entered into a contract extension with the parking lot operator in 2011 to continue the fraud and bribery scheme. Prosecutors said that during an interview with special agents from the VA's Office of Inspector General in September 2014, Tillman lied when he denied accepting money or anything of value from Scott.

In his plea agreement, Tillman admitted taking \$286,250 from Scott from 2003 through last year, even after his retirement. The defendants' crimes have caused "profound and lasting damage" to the VA, said Meghan Flanz, executive director in charge of the master plan to revitalize the 388-acre medical center campus. In a letter submitted to the court on behalf of the healthcare system's executive team in Los Angeles, she expressed "continuing anger, frustration and disgust regarding the actions of the defendants."

Flanz wrote that while years have passed since Tillman and Scott first conspired to defraud the government, "their corruption continues to harm our campus, our employees, our reputation in the community, and most importantly, the veterans we are honored to serve."

The VA contract with Scott was terminated in early 2017 after the agency settled a lawsuit that challenged the VA's use of its Westside campus for any purposes not specifically related to the care and housing of veterans.

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4.5 - Government Executive: [Why It Matters If Rod Rosenstein Resigns or Trump Fires Him](#) (24 September, Eric Katz, 870k uvm; Washington, DC)

Multiple news outlets on Monday morning reported that Rod Rosenstein, the second ranking official in the Justice Department, was soon to be on his way out of the Trump administration. Although White House Press Secretary Sarah Sanders tamped down speculation that Rosenstein's departure was imminent, she said in a tweet soon after the news broke that the deputy attorney general would meet with President Trump on Thursday in Washington. It was not immediately clear whether Rosenstein's job was safe, whether he planned to resign or if he would force President Trump to fire him.

The difference between resigning and being fired is more than a matter of semantics, and could make all the difference in who Trump selects to immediately succeed the outgoing deputy attorney general.

If Rosenstein were to resign, under the 1988 Federal Vacancies Reform Act, Trump could select any Senate-confirmed appointee across government to serve in the vacant position on an acting basis. The law allows the president to make such a move when an individual “dies, resigns, or is otherwise unable to perform the functions and duties of the office.” The law does not specifically dictate what happens when an appointee is fired.

Earlier this year, the administration faced a lawsuit when it appointed Robert Wilkie, then an undersecretary at the Defense Department, to serve as acting secretary at the Veterans Affairs Department. Wilkie’s appointment followed the departure of David Shulkin, who said he was fired despite the White House saying he resigned. VoteVets and Democracy Forward, the advocacy groups that brought the suit, argued that because Trump fired Shulkin, the temporary replacement had to be then-Deputy VA Secretary Thomas Bowman. The parties agreed to dismiss the case after Trump named Wilkie to permanently serve as VA secretary and the Senate confirmed him.

In the case of Rosenstein’s departure, the next in line would typically be the associate attorney general. Rachel Brand resigned from that position in February, however, and Trump has yet to name a replacement. That leaves Solicitor General Noel Francisco as the next highest-ranking official, according to guidance issued by then-Attorney General Loretta Lynch in the waning days of the Obama administration. Trump in February of 2017 issued an executive order to change the line of succession at Justice, but it only made adjustments further down the pecking order.

Critics have argued that if Trump bypasses the line of succession after a firing by installing his preferred nominee without the advice and consent of the Senate, he would have violated the Appointments Clause of the Constitution.

When debating the vacancies bill on the Senate floor in 1998, the legislation’s author, Sen. Fred Thompson, R-Tenn., acknowledged the firing contingency. He noted that a court had previously found that the president did not have the wider discretion in appointing a temporary official when he had dismissed the predecessor before suggesting his bill would change that.

“To make the law cover all situations when the officer cannot perform his duties,” Thompson said, “the ‘unable to perform the functions and duties of the office’ language was selected.”

The late Sen. Robert Byrd, D-W.Va., who co-sponsored the measure, offered less clarity. Byrd said the “unable to perform” clause referred to “inter alia” (or, “among other things”) sickness, absence, or expiration of a term.

Max Stier, president of the Partnership for Public Service, told Government Executive when the issue arose at VA that the bill was not written clearly.

“It doesn’t say. That’s the problem,” Stier said. “The language is not specific as to firing, and it raises a doubt.” He added Congress may have been concerned about enabling a president to fire someone as a means to circumvent its advice and consent authority.

The Congressional Research Service said in a report last year that the provisions of the Vacancies Act would be best enforced through a lawsuit.

“Arguably, the most direct means to enforce the Vacancies Act is through private suits in which courts may nullify noncompliant agency actions,” CRS said. “Violations of the Vacancies Act are

generally enforced only if a third party with standing (such as a regulated entity that has been injured by agency action) successfully challenges the action as void in court."

Lawmakers and watchdogs are paying particular attention to how any departure by Rosenstein shakes out, as it could impact who has jurisdiction over Special Counsel Robert Mueller's investigation into Russian interference in the 2016 election. After Attorney General Jeff Sessions recused himself from the probe, Rosenstein took over and named Mueller as special counsel. Democrats on Monday appeared aware of the firing-versus-resignation distinction, asking Rosenstein to hold his ground.

Enforcement of the vacancies law has come under increased scrutiny in recent years. In 2016, the Office of Personnel Management's inspector general said President Obama's acting OPM Director Beth Cobert was serving illegitimately under the FVRA and her decisions were null and subject to court challenge. The Supreme Court brought into question actions taken at the National Labor Relations Board when it ruled in 2017 that Obama had improperly installed as acting general counsel at the agency the same individual he nominated for the position.

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4.6 - WLOS (ABC-13): [VA patients give virtual reality a try](#) (24 September, Jay Siltzer, 480k uvm; Asheville, NC)

OTEEN, N.C. — "The first step is going to be putting this headset on ..."

Gregg Richter, who just had knee-replacement surgery, is the latest patient at the Charles George VA Medical Center in Oteen to give virtual reality from Wellovate a try while recovering. The platform on this day: target shooting.

"This has been a favorite of all the veterans who have used it so far, because they're having to do something," registered nurse Caitlin Rawlins said.

"It takes your mind off your time in the hospital, and it takes your mind off your pain," Richter added.

But, it's more than a game.

"What we're trying to do here by use of the VR is decrease the use of narcotics in our patients after surgery," said Dr. Christopher Keith Nagy, an orthopedic surgeon at the VA.

"It's a good thing," insisted patient Jan Compton. "I hope everybody gets a chance to use it."

"We intend to roll this out in other contexts outside inpatient medicine, including dialysis, chemotherapy and various other clinical contexts," said Dr. Joe Morgan, president of Wellovate.

What a relief for patients.

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4.7 - KFSM (CBS-5): [Three Veterans' Deaths 'Possibly' Result Of Errors By Pathologist, VA Official Discloses](#) (24 September, 439k uvm; Fort Smith, AR)

FAYETTEVILLE (KFSM) — A review of cases of a former pathologist who was found to be impaired have showed 1,119 errors so far, resulting in 11 institutional disclosures and three veterans who have died.

The information was disclosed at a town hall meeting at the VA Medical Center in Fayetteville on Monday morning.

“Institutional disclosures” refers to adverse events that occurred during care that resulted in death or serious injury.

“Their deaths could possibly be a result of the diagnosis by this former doctor,” said Dr. Kelvin L. Parks, interim director of the VA Medical Center, referring to former Veterans Health Care System of the Ozarks pathologist, Dr. Robert Morris Levy, who was found to be “impaired” on March 22, 2016. The pathologist was immediately removed from clinical care.

Levy was fired in April following a DUI arrest in Oct. 2017 which was ultimately dismissed. Levy denied being impaired while on duty.

Following his firing, officials with the VA Medical Center in Fayetteville and the U.S. Department of Veterans Affairs announced an investigation in more than 33,000 of Levy’s cases, which affect about 20,000 veterans.

The case reviews are expected to take until the end of the year.

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4.8 - The Fayetteville Observer: [Fayetteville VA town hall is Wednesday](#) (24 September, Rachael Riley, 439k uvm; Fayetteville, NC)

The Fayetteville Veterans Affairs Medical Center will hold a town hall meeting on Wednesday with veterans, their families and other stakeholders.

The meeting, scheduled for 4 p.m. Wednesday, will be at the Fayetteville Health Care Center at 7300 S. Raeford Road.

James Laterza, the Fayetteville VA Medical Center director, will participate in the meeting, along with Veterans Benefits Administration representatives and the local VA staff.

“These town halls are vital to our commitment to supporting area veterans,” Laterza said. “They provide an opportunity for veterans to hear firsthand about local and national VA programs and services and share feedback about care they receive at Fayetteville VA facilities.”

The VA has held quarterly town hall meetings since former VA Secretary Robert McDonald mandated the events more than three years ago.

More than 70,000 veterans in southeastern North Carolina are served by the Fayetteville VA, which has one of the fastest-growing patient populations in the system.

In addition to the Fayetteville VA Medical Center, Health Care Center and dialysis center, the Fayetteville VA also a health care center in Wilmington and community-based clinics in Brunswick County, Goldsboro, Hamlet, Jacksonville, Robeson County and Sanford.

Veterans with questions about the Choice program can discuss their concerns with Care in the Community staff prior to Wednesday's town hall meeting.

Officials from the Veterans Benefits Administration regional office will be available to assist

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4.9 - WCTI (ABC-12, Video): [VA stepping up to help hurricane victims](#) (25 September, Lauren Arnott and Jason O. Boyd, 300k uvm; New Bern, NC)

HAVELOCK, Craven County — Shirley Jones was one of at least 200 veterans who came to a special area set up by the Veterans' Administration following Hurricane Florence.

She, like many others, lost so much during the storm. While the Morehead City office is also recovering from storm damage, it is still operating and assisting veterans in mobile units set up at the Walmart parking lot in Havelock.

The business has mobile units operating as part of its HERO program, which is providing everything from assistance from nurses -- some from California and Mississippi -- to canteen service.

NewsChannel 12's Lauren Arnott has more on this story. Click the above video.

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4.10 - KNWA (FOX-24, Video): [Three Veterans May Have Died Due to Misdiagnoses, VA Officials Say](#) (24 September, 191k uvm; Fayetteville, AR)

Officials say three veterans may have died due to the misdiagnoses at the Veterans Health Care System of the Ozarks.

This information comes after a public town hall meeting Monday morning.

The incorrect diagnoses are due to a pathologist who was found to be impaired on the job.

As a result, the VA had to review 33,806 cases and as of last Friday, 14,980 reviews have been made.

From that number, over 1,000 errors and misdiagnoses have been found.

Almost 70% of the misdiagnoses resulted in no or little error, which do not have any negative clinical impact on effected patients.

Almost 6% of all the reviews resulted in disagreement of the initial diagnoses, calling for some changes but still have no negative clinical impact on the effected patient.

Almost 2% of the reviews resulted in major errors of the initial diagnoses, calling for some modification and a brand new report.

Interim Director of the Veterans Health Care System of the Ozarks, Kelvin Parks, said eleven of those reviews had serious consequences. Three of those eleven may have died due to misdiagnoses.

18,826 cases still need review, and Parks said half of the reviews will be made by a VA pathologists and the other half will be reviewed by non VA pathologists.

The VA hopes to finish all of the reviews by December 31.

Right now the impaired pathologist and the supervisor of that pathologist no longer work for the VA, and the organization is still looking for a replacement.

The next town hall meeting to discuss this further will be October 29 at 11 am.

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4.11 - Battle Creek Enquirer: [Battle Creek VA hospital names new director](#) (24 September, Trace Christenson, 158k uvm; Battle Creek, MI)

James Doelling was named Monday as the new director of the Battle Creek Veterans Affairs Medical Center.

Doelling comes to Battle Creek after serving as the associate director and nurse executive at the VA Greater Los Angeles Healthcare System since 2015. He has 30 years of nursing and leadership experience across a host of medical fields, including primary care, mental health, inpatient surgery, acute medicine, telemetry, hospice, intensive care, critical care, and oncology, according to an announcement by the Veterans Affairs Administration.

He succeeds Ketah Shah who has been the acting director since March 30 following the retirement of Dr. Mary Beth Skupien, who was director for six years.

Doelling begins his duties on Oct. 14.

Doelling began his nursing career as a medical oncology staff nurse for a hospital in Greenwich, Connecticut in 1988.

He joined the VA in 2001 as the Intensive Care Unit (ICU) nurse manager at the VAMC in Providence, Rhode Island and has since held a series of nursing leadership positions at the VA Boston Health Care System and Hines VA Hospital in Illinois before being named associate director in LA.

In 2017 Doelling was nominated for the VA Secretary Award, Nurse Executive of the Year. He holds an MA in organizational management from Springfield College in Boston and a BSN from Duquesne University in Pittsburgh.

“We are excited to bring James Doelling on board as the new director of the Battle Creek VA Medical Center,” said Robert McDivitt, Veterans Integrated Service Network (VISN) 10 Director in a prepared statement. “His decades of hands-on experience across a multitude of medical fields and proven leadership abilities will be valuable assets for the facility, the employees and volunteers, and – most importantly – for the Veterans we are honored to serve.”

Doelling will oversee the delivery of health care to approximately 45,000 veterans per year and an operating budget of more than \$280 million in the Battle Creek area.

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5. [Improve Timeliness of Service](#)

5.1 - The Post and Courier: [Letter: VA problems](#) (24 September, Robert Utsey, 318k uvm; Charleston, SC)

The Sept. 23 article by Mary Katherine Wildeman about Navy veterans having difficulty obtaining benefits for Agent Orange exposure was excellent and very informative. A good read for every veteran and anyone with knowledge of Agent Orange and the Vietnam experience.

I just returned from Snellville, Ga., Sunday after attending my cousin’s husband’s funeral. He was aboard the Wainwright in Vietnam waters for two tours. Harry, my cousin’s husband, had several medical issues to which he finally succumbed. Harry tried for years to get VA benefits for his heart, liver, blood pressure and finally cancer — all to no avail.

He asked me to help him with the Wainwright’s annual reunion on the Yorktown. During that time, he told me of his problems with the VA. I had him come to Charleston with his records, and we met with the local Veterans Affairs Office manager. Harry was given advice, and he followed it. About six months later, Harry called me to thank me and the local VA office for the help as he was awarded 100 percent disability with retroactive benefits. Harry was elated.

This is all about the VA and its inept management at the upper level. The agency has a serious responsibility: taking care of our vets, the very people who have kept the United States free for more than 230-plus years.

I think there is a 4 p.m., three-day weekend and a payday mentality that dominates the VA, which is fueled by upper management’s inability to deal with and make management decisions. The VA is part of the “swamp.” And to show all how difficult it is to deal with, President Donald Trump has yet to solve this one.

Robert Utsey

Navy, (Retired)

Ventura Place

Mount Pleasant

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5.2 - Las Cruces Sun-News: [Patients pay steep price for fragmented health care system](#)

(24 September, Weeden Nichols, 310k uvm; Las Cruces, NM)

In most “developed” countries, questioning health care for all would be surprising. It is seen as a right. But in the U.S., many prominent politicians still contend that there is no such thing as a “right” to health care – that people have a “right” only to what they can provide for themselves. So we approach health care in a fragmented fashion. “Obamacare” was modeled after a program initiated in Massachusetts under a Republican governor. The only way either program was allowed to exist was by involving multiple for-profit insurance companies, making the programs endlessly complicated and very expensive (and still not tolerated cheerfully by the right).

Perhaps because of a business orientation in the U.S., health care consumes about 18 percent of the U.S. gross domestic product (GDP). Figures may be arguable, but comparisons may help. The percentage of Canada's GDP consumed by health care seems to be between 11 and 12 percent. Canadian provinces are not exactly equivalent to U.S. states. They seem more self-governing than states in the U.S. Sources for funding health care in Canada are both federal and provincial, but each province has its own health care system, some better than others. Ontario and British Columbia seem to enjoy the highest levels of approval. My spouse and I have been interested in health care systems for a very long time. We have traveled in all Canadian provinces except Newfoundland, and traveled repeatedly in New Zealand, Australia, and the United Kingdom (UK), all of which have public health systems. We have interviewed working people regarding health care in all the places we have visited. A waitress in Ontario said she would live nowhere other than Ontario, even if her wages were low, because of the health care system. A farm worker we met in New Zealand vacations in the U.S. or the U.K. every year, largely due to the security of public health care, a liveable minimum wage and a mandated three weeks of vacation. A server we met in a pub at Basingstoke in England had pretty much the same story as the New Zealand farm worker.

The health care system in Ontario is not “socialized medicine.” Physicians are independent, simply billing the health care system (OHIP), much as physicians bill Medicare in the U.S. for services to those Americans fortunate enough to be covered by Medicare.

In the U.K. we encountered no dissatisfaction with the National Health Service (NHS), many considering it the crown jewel of the realm. NHS is true socialized medicine, and a good example thereof. A U.S. physician friend of mine went to the U.K. in the 1960s to practice for NHS for many years. When she returned to the U.S., she became a senior program manager for the Veterans Administration (VA – now Veterans Affairs).

In both Australia and New Zealand, we interviewed persons who had availed themselves of “concierge” medical services for specialty conditions or procedures, in one case due to lack of trust in government health care, and in the other case due to wait times for specialty attention. (We ourselves have experienced long waits in the U.S. for consultations or procedures.) Whether the system is public or private, the usual cause of wait times is too few specialists within reach of the patient. I am fortunate enough to possess options, and I have shifted much of my health care to VA. I find only helpfulness at all levels in VA. The physicians deal with the patient, and not with codes, billing, or overhead.

My friends in Democratic Socialists of America have provided a draft of the proposed New Mexico Health Security Act (NMHSA). I consider the draft, as it is, to be a good start toward a comprehensive approach to health care on a state-by-state basis. The state-by-state approach could be a tactic to spur action at the national level. Some wordings in the present draft are too vague (a curable defect) to be a basis for implementation of some features, but I applaud such efforts. They deserve support.

Weeden Nichols is a retired Army chief warrant officer and Vietnam veteran.

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5.3 - News Herald: [Bay County military veterans support VA medical marijuana bill](#) (24 September, Collin Breaux, 189k uvm; Panama City, FL)

After his experiences during the Vietnam War, disabled Marine veteran Larry Striblin said medical marijuana helps him sleep.

Striblin has PTSD and thinks the VA should be able to prescribe medical marijuana for veterans. So does U.S. Senator Bill Nelson (D-FL), who recently co-filed legislation with Hawaiian Democratic Sen. Brian Schatz that directs the VA to “conduct research on the effects of medical marijuana on veterans who are in pain and how prescribing marijuana to veterans can be used to reduce opioid abuse among veterans,” according to a news release.

In 2011 the National Institute of Health reported veterans being seen by the VA were twice as likely as civilians to overdose on opiates.

The bill also creates a “temporary, five-year safe harbor protection” for veterans using medical marijuana. While VA doctors can’t currently prescribe medical marijuana since it’s still federally illegal, Florida is one of many states that allows medical marijuana use under certain circumstances.

Several veterans in Bay County said they support the legislation and veterans using VA-prescribed marijuana to at least some extent. Here are the takes of five local veterans.

Larry Striblin

Striblin, as said above, is very much in favor of what Nelson is proposing, noting it will help the VA curb the problem it’s having with opioids.

“It can get us off a lot of drugs,” Striblin said.

John Kittler

John Kittler, who served in the Navy from 1975 to 2005, is skeptical about medical marijuana’s benefits. Kittler cited a 2017 medical study, prepared for the VA and other agencies, that said cannabis was overall associated with a higher risk of short-term adverse effects in reviews examining effects on chronic pain. The study also said heavy smoking of marijuana may have the potential to cause adverse pulmonary effects over an extended period of time.

"I'm not discounting the anecdotal evidence because if you feel better, you feel better," Kittler said. "I agree with the conclusions of the study. The body of evidence at this time says it's not advisable to use it for veterans."

Dave Hunsberger

A disabled Air Force veteran who served from 1982 to 2004, Hunsberger said it should be prescribed if the VA cuts back on opioid prescriptions. Hunsberger isn't fond of the pain medication he currently has to take.

Ken Waringa

A Vietnam veteran who served in the Navy, Waringa doesn't have a problem with the VA prescribing medical marijuana if they document that it helps patients. Waringa said some people "swear it helps them out a lot" and enough states and studies are coming along to justify the benefits.

"Even if it's just psychological, if it's helping them out, it's a good thing," Waringa said. "In some instances, it might (help). There are circumstances to be prescribed and circumstances not to."

Anna Miner

An Army veteran who served during the Korean and Vietnam wars, Miner said medical marijuana could work if it's treated like other pain medications. People should be able to use the medication as long as they don't abuse it, she said.

"The time has come where we need to seriously consider using it as an alternative to the opioids that we're dishing out now," Miner said. "It has to be regulated. It has to be given out at the appropriate time and place. It's just like anything else. Aspirin is good for some people and it's not good for others."

However, Miner did wonder about veterans who have to be drug-tested if they work in government jobs.

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5.4 - KPIC (CBS-4, Video): [VA Roseburg hospital taken off 'high risk' list](#) (24 September, 52k uvm; Roseburg, OR)

The Veterans Administration Hospital in Roseburg is back on the right track.

The hospital has been taken off the "high risk" list by the Department of Veterans Affairs.

The Roseburg VA is now rated a two-star facility on a one-to-five scale.

4th District Congressman Peter DeFazio's office issued a written statement that says, in part, "This is a good step, but it's only one of many that the Roseburg VA needs to take to become a top-tier facility."

Last year, DeFazio pushed for an investigation into allegations of mismanagement and substandard patient care.

The full text of the the press release from Congressman DeFazio's office:

Rep. Peter DeFazio today applauded the VA Roseburg Healthcare System (VARHS) for the removal of its high-risk status by the Department of Veterans' Affairs.

"This is a good step, but it is only one of many that the Roseburg VA needs to take in order to become a top-tier facility," said Rep. Peter DeFazio. "The next step is hiring a new director with strong leadership qualities, a history of working in veterans' healthcare, and a proven track record of success in management. I look forward to working with this individual to ensure that we are doing all we can to provide the best care possible to southwest Oregon's veterans."

Late last year, DeFazio initiated an investigation into allegations of mismanagement and substandard patient care within VAHRS. The VA found evidence substantiating six concerns, including problems with employee management and intimidation, medical care, and inadequate resources. Due to their findings, the VA issued 28 recommendations to local, regional and national level offices in an effort to produce significant improvements within VARHS as well as VA Medical Centers around the country.

As a result of these findings, VARHS was placed on the VA's high-risk list and rated as a one of the lowest performing, one-star facilities in the country. The hospital was rated by the VA's Strategic Analytics for Improvement and Learn (SAIL) metric, which rates hospitals on a star system, with one star being the worst and five stars being the best.

As of Thursday, VARHS is rated as a two-star facility.

"Improving the rating of the healthcare system is an important step, but it is crucial that the VA remains focused on improving all aspects of VARHS," DeFazio said. "That will take continued intense focus from VARHS senior leaders, VISN 20, and the VA's central office in Washington, D.C."

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6. [Suicide Prevention](#)

6.1 - WLRN (NPR-91.3, Audio): [Surprising Allies Address The Outsize Role Guns Play In Deaths Of Soldiers And Kids](#) (24 September, Sammy Mack, 166k uvm; Miami, FL)

It's mid-morning on a weekday at the Veterans Administration Hospital in Miami, and Gloria Lewis is squeezed inside her office. Lewis, a suicide prevention coordinator at the Miami VA, sits amidst a giant, shrink-wrapped pallet of boxes.

Outside the door, a cluster of women in matching red polo shirts are arriving to visit Lewis. They're all volunteers from the League of Women Voters in Broward County and they are feet away from what they drove down to Miami to collect.

"We are looking at 5,000 gun locks that are taking up all of Gloria Lewis's office," whispers Barbara Markley, chair of the League's gun safety committee. She is the ringleader of this operation to retrieve the military-sized shipment of gun locks, which are seen as a way to deter firearm violence.

This unlikely collaboration is at the heart of the Lock It Up! campaign, which kicks off this month in Broward County, to distribute free gun locks and encourage people to safely store their firearms.

The VA and the League have come together on the initiative because of the outsize role guns play in the deaths of kids and soldiers. The US Department of Veteran Affairs reports that on average 20 veterans kill themselves every day, mostly by firearms. According to the US Centers for Disease Control and Prevention, gunshot wounds are the second most common cause of death among children.

"Everybody wants to prevent accidents and suicide," says Markley. "So locking up these guns can save a lot of lives."

The volunteers from the League will deliver these gun locks from the VA across Broward County to pediatricians, law enforcement and other volunteers who can distribute them for free, no questions asked.

The gun locks look like miniature bike locks. A cable threads through the barrel or magazine of a gun—blocking the trigger. It requires a key to unlock the firearm.

"It gives you a moment to pause and think," says Lewis.

The VA gives away the gun locks as part of a suicide prevention strategy. They come packaged with a crisis hotline number.

"In our tri-county area, one of every eight people is a veteran," says Lewis. "So doing these promotions sometimes is giving information to people that are related somehow to veterans."

Even though a bunch of Broward ladies in polo shirts and sensible shoes may not be obvious foot soldiers in the VA's cause, their missions are aligned.

Gun safety has long been a priority for Markley and the League. But after the February shooting at Marjory Stoneman Douglas High School, the issue became even more urgent.

"It was just heart-wrenching and gut-wrenching. We'd all been working so hard to make a difference. We were just falling under," says Markley. "But then, as soon as I saw those kids rally, I really felt my heart soar."

Then Markley read an article about a Montana pediatrician who was giving away free gun locks. She called the doctor and learned she was getting her supply from the VA. With a little more digging, Markley found Lewis's email and asked if she could get some gun locks.

"She wrote five words that were just awesome: 'How many do you need?'" says Markley.

Along with the locks, the League will also be delivering thousands of pamphlets about gun safety to libraries and other public places. They contain tips for teaching kids about avoiding firearms. And there's a list of sobering data points:

- 8 children are unintentionally killed or hurt with guns every day.

- Half of teen suicides are committed with a gun from home.

Dr. Spencer Eth, chief of mental health at the Miami VA hospital, says there's no downside to distributing gun locks. "There's no harm that can be caused, and rarely do we have an intervention where there's only good that can come of it," he says.

He's had patients tell him the locks work.

"Many of them will tell me that if they get very angry or in a situation that might provoke violence, if there's a gun that they can reach for and use, they may in sudden excitement actually do so. But if the gun is locked away and not readily available, that extra step may save a life," says Eth.

Eth and Lewis agree there's another reason the gun lock program works.

"We're not questioning the Second Amendment," says Lewis. "We just want to provide an added layer of safety."

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6.2 - WABI (CBS-5, Video): [Veterans Suicide Prevention Training](#) (24 September, 163k uvm; Bangor, ME)

BELFAST, Maine - US Navy veteran Joy Asuncion joined the TV5 morning news to talk about the upcoming Veterans Suicide Prevention Training coming up Wednesday in Belfast.

The public is invited to participate in this free training on Wednesday, September 26, 2018 from 8 a.m. - 10:30 a.m. provided by Tracy Charette, RN from the VA Maine Suicide Prevention Team at Togus VA Medical Center in Augusta.

Suicide prevention is the Veteran's Affairs highest priority and it has been realized that both early intervention and widespread support from clergy, law enforcement, all first responders, hospitals, Veteran organizations, non-profits that support Veterans, community providers, families and individuals helps reach Veterans where they live, work, and engage with others. Many Veterans are not engaged in care or contact with the VA and so creating these partnerships and understanding of Veteran risk for suicide is paramount.

Registration will be between 7:30 - 8 a.m. Coffee will be provided. RSVP is not required to attend. Location: Faith Temple Church, 189 Lincolnville Ave., Belfast, Maine 04915. Contact Joy Asuncion at 207-930-5640 with questions.

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6.3 - Chillicothe Gazette: [Call to action issued on veteran suicide](#) (24 September, Chris Balusik, 154k uvm; Chillicothe, OH)

Howard Berry on Sunday voiced a sentiment every parent of an American serviceman has likely given thought to.

"I never thought I'd be putting a flag on my son's grave," said Berry, founder of Flags for Forgotten Soldiers during a veteran suicide prevention and awareness ceremony at the Chillicothe VA Medical Center.

The tent for the ceremony set up on one of the green spaces at the VA offered a view of the 660 flags that make up the traveling Flags for Forgotten Soldiers display. Each flag represents the average number of veterans who take their own lives every month.

Berry's son, Staff Sgt. Joshua Berry appears on a banner set up at the center of the display. Joshua Berry had just returned from a deployment from Afghanistan in November of 2009 and was temporarily stationed at Fort Hood in Texas in preparation for coming home. Then, on Nov. 5 of that year, fellow serviceman Nidal Hasan went on a shooting rampage on the base, killing 13 and wounding more than 30.

Joshua Berry was injured in the attack, getting the building he and others were in locked down and then physically laying in front of one of the doors holding it shut with his foot while the shooter attempted to get in. As Nisan began to breach the building, Berry separated his shoulder diving over a reception desk, having to have it surgically repaired.

That was just the physical part of the damage done, but it also was just the start of his mental and emotional struggles. His father said he began having problems in the aftermath, particularly on anniversaries of the attack. There were so many things he had trouble understanding, he became unemployable and, making matters worse, was under a gag order that did not allow him to speak of certain things about the attack with others, adding the threat of incarceration to his stresses if he did, Howard Berry said.

It became too much to bear, and Joshua Berry took his own life on Feb. 13, 2013.

Since then, his father has faced his own struggles with understanding, especially with what he said are different standards of care among different VA medical centers and a different quality of care between individual veterans themselves. In his son's case, he said the attempt to get help through a veterans suicide hotline was a prime example of a flaw in the system.

"He'd been on hold for over 40 minutes on the suicide hotline," Howard Berry said.

The launch of Flags for Fallen Soldiers became an outlet for Berry to educate people about veteran suicide while also keeping the issue front and center before government officials, many of whom he feels have been falling very short in addressing it.

Sunday's event, conducted as part of the weekend's activities surrounding the traveling Vietnam Memorial Wall at VA Memorial Stadium, also featured the personal story of Ross County Suicide Prevention Coalition President Jhan Corzine and the thoughts of Jeene Hines, the suicide prevention case manager at the Chillicothe VA Medical Center.

Corzine has been very upfront at several events locally with the story of his son, Holden, a former service member who took his own life in 2016 despite being in treatment at the time. Corzine spoke of the dichotomy of how those who serve can count on their team in the chaos and heat of battle, but in the struggle going on within their own minds after serving, they often feel they have to win the battle alone.

For family members and friends, showing love isn't enough, he said, when the soldier is struggling with inner demons, alcoholism or post-traumatic stress disorder. Recognizing the signs of a potential suicide, such as displays of excessive guilt, giving away prized possessions, substance abuse, withdrawal from normal activities or suddenly writing a will, and then taking action to get the person help are critical.

Corzine just completed a QPR (Question, Persuade, Refer) course offered through the newly formed Pike County Suicide Prevention Coalition. The two-hour course, he said, deals with ways to ask the right questions of someone who may be at risk, how best to persuade them to seek help and the process to refer them to the assistance that will be best for them.

The former judge said efforts are underway to try and bring the QPR course to Ross County.

The overarching theme of the evening was that everyone needs to play a role in the solution through recognizing the signs of potential tragedy in veterans they know, raising awareness of veteran suicide and holding those accountable who can be agents of change.

Howard Berry hopes through those efforts, the number of flags in his display can begin shrinking, and fewer parents will have to place them on their child's grave.

"God bless all vets, and I miss my son," he concluded.

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6.4 - Troy Daily News: [Veterans and the tragedy of suicide](#) (24 September, Melissa Martin, Ph.D, 29k uvm; Troy, OH)

Those who fought for our freedom are also dying by suicide on American soil.

"On the battlefield, the military pledges to leave no soldier behind. As a nation, let it be our pledge that when they return home, we leave no veteran behind," proclaimed Dan Lipinski.

In 2015, an average of 20 active duty service members, non-activated guard or reserve members, and other veterans died by suicide each day, according to the U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention (OMHSP) Facts About Veterans Suicide: June 2018.

Within Army units, the risk of suicide attempts among soldiers increases as the number of attempts made within the past year in their unit rises, according to a study, published in the 2017 journal JAMA Psychiatry. The research data came from the Army's Study to Assess Risk and Resilience in Service Members project, or STARRS, America's largest study of mental health risk and resilience among military personnel.

“While suicide is a national problem, it is one that also affects smaller communities, including the Explosive Ordnance Disposal (EOD) community. These brave men and women have suffered losses not only on the battlefield, but from suicide in recent years,” according to a 2017 online article in U.S. Veterans Magazine. www.usveteransmagazine.com/.

As the Federalist pointed out in a 2018 article, research indicates “feelings of shame or guilt trigger the emotional, mental, and physical reactions that lead to suicide. This is guilt about what soldiers did to others and shame of not being able to save the lives of those around them.” www.thefederalist.com/.

The United States military has identified Post Traumatic Stress Disorder (PTSD), other mental illnesses, and addiction as suicide risk factors.

Other risk factors associated with suicide include relationship problems, administrative/legal issues, workplace difficulties and associated medical conditions include traumatic brain injury (TBI), chronic pain, and sleep disorders. www.deploymentpsych.org/.

Suicide warning signs

Know the warning signs: personality change, agitation, withdrawal, poor self-care, hopelessness, feeling excessive guilt, shame, or sense of failure, rage or anger, engaging in risky activities without thinking, losing interest in hobbies, work, or school, increasing alcohol or drug misuse, withdrawing from family and friends, showing violent behavior like punching a hole in the wall or getting into fights.

Ohio veterans and suicide

In Ohio, 210 veterans died by suicide in 2015 (the most recent year available), with the highest number being between the ages of 55 and 74 years of age, according to the U.S. Department of Veterans Affairs.

In July 2017, a 23-year veteran of the Air Force Reserves died by suicide inside the Veterans Affairs Outpatient Clinic in Warren, Ohio. The 53-year-old Vienna man had been honored 31 times with medals, including the Meritorious Service Medal and Air Force Commendation Medal, as reported in The Vindicator. www.vindy.com/.

Ohio’s 88 local County Veterans Services Offices provide resources and assistance. “We are asking all Ohioans to help Ohio heroes by drawing attention to the warning signs and resources available to prevent suicide among veterans and military members.” Go to the Ohio Department of Veterans Services at www.dvs.ohio.gov.

Ohio House Bill 202 (As Reported by the Senate Local Government, Public Safety and Veterans Affairs Committee) was introduced in 2017 to designate the first Saturday of May as “Veterans Suicide Awareness Day.” It passed the House and is now in the Senate. www.legislature.ohio.gov/. Contact your representatives to show support of this H.B.

Ohio State University, Columbus, has spotlighted the needs of the university’s veteran population in regard to suicide prevention.

“Born out of a desire to reduce suicidality in our nation’s Veterans, the Ohio Vet 2 Vet Network aims to bring together a wealth of information and resources to combat the risk factors of

suicide.” An app for mobile devices that gives Ohio Veterans instant access to valuable information and resources. www.ohiovet2vetnetwork.com/.

Resources for vets

Contact the Veterans Crisis Line at (800) 273-8255 and press 1 or text 838255 to get help or visit VeteransCrisisLine.net.

Stop Soldier Suicide is a national, veteran-founded and veteran-led nonprofit focused on military suicide prevention. www.stopsoldiersuicide.org/.

A documentary called “Almost Sunrise” wants to bring attention to veterans and suicide. Tom Voss and Anthony Anderson (veterans with P.T.S.D.) walked 2,700 America miles to raise awareness of soldier suicide. www.sunrisedocumentary.com/.

“Sometimes a soldier returns home and all he can do is share his story in the hopes that somehow, in some way, it helps another soldier make sense of things. And although the stories may not be perfect, sometimes just sharing is enough to make a difference.” — Michael Anthony, *Civilianized: A Young Veteran’s Memoir*

September is Suicide Prevention and Awareness Month. Please reach out to the veterans in your circle.

Melissa Martin, Ph.D, is an author, columnist, educator, and therapist. She resides in southern Ohio.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WBIR (NBC-10): [East Tennessee State Veterans Cemetery gets improvement grant from VA](#) (24 September, 1.5M uvm; Knoxville, TN)

The Department of Veterans Affairs National Cemetery Administration announced Monday that it has awarded the state of Tennessee a grant to improve the East Tennessee State Veterans Cemetery.

The grant, which is for \$107,183, will fund the installation of two 550-gallon, double wall, above-ground fuel tanks, drives, sidewalks and supporting infrastructure, according to a release from the VA.

“Our state and tribal partners (grantees) are critical in helping NCA achieve our strategic goal of providing 95 percent of the Veteran population with convenient access to a burial option within 75 miles of their home,” said Under Secretary for Memorial Affairs Randy Reeves.

The project will also develop approximately 0.10 acres, and provide continued service for approximately 4,300 Veterans and their eligible family members.

The closest national or grant funded cemetery is VA's Knoxville National Cemetery in Knoxville, Tennessee, which is approximately 6 miles away.

In its 40th anniversary since inception, VA's Veterans Cemetery Grants Program is designed to complement the 136 VA national cemeteries across the country.

For more information about the East Tennessee State Veterans Cemetery, [click here](#).

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7.2 - WDSU (NBC-6, Video): [Look back: POW/MIA Remembrance Ceremony in New Orleans](#) (24 September, Sula Kim, 1.1M uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System and the American Legion helped commemorate National Former Prisoner of War Recognition Day.

The event took place Friday at the main entrance of the new Veterans Medical Center on Galvez Street in New Orleans.

The event honors missing service members and their families and highlights the commitment to account for them. Ceremonies were held across the country.

Watch the video for a look back at the event.

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7.3 - KFVS (CBS-12, Video): [Marion, IL VA to hold event for homeless veterans](#) (24 September, James Long and Taylor Clark, 445k uvm; Cape Girardeau, MO)

MARION, IL (KFVS) - The Marion Healthcare System will give area homeless veterans, and those veterans at risk for homelessness, services and resources.

The event is titled "Stand Down for Homeless Veterans," and will be held at 2 p.m. Tuesday, September 25 at Cornerstone Church, 2705 Walton Way, in Marion, Illinois.

Outreach Program Manager for the event and Marine, Richard Kulich says the Marion VA and community partners have been doing this for the past 10 years as a way to give back to the men and women who have served our country that need some help.

"We've got a lot of veterans who are struggling financially," he said. "They're homeless, or at risk for homelessness. So this is a chance for the Marion VA and our community partners to come out and give these veterans a day to step back and let us give them a hand up."

Services to veterans will be provided by VA employees from behavior medicine, voluntary service as well as community partners.

Kulich says these services will offer assistance to veterans in attendance in a number of ways like helping manage finances, get proper health care, legal advice in some cases, or just provide them with some food and clean clothes.

Organizers want as many veterans to come, but understand that sometimes it's hard for them to look for help.

"They have this warrior mentality where they don't wanna reach out for help," Kulich said. "And it's difficult for them sometimes to come out and say, 'hey I need help,' but we're happy to do it."

Kulich recommends anyone who knows a veteran who could use some help to encourage them to attend the event.

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7.4 - Las Cruces Sun-News: [Pearce bill would name new VA clinic for Bataan vets](#) (24 September, 310k uvm; Las Cruces, NM)

U.S. Rep. Steve Pearce, R-NM, has introduced legislation to rename the new Las Cruces veterans clinic for those who served in the battle of Bataan.

The legislation, HR 6863, would officially rename the facility as the Las Cruces Bataan Memorial Clinic.

The new clinic on Del Rey Boulevard opened in April, with 12,500 square feet to provide both physical and mental health care services to veterans in Las Cruces and throughout southern New Mexico.

Pearce said the name change would honor those from New Mexico who suffered and sacrificed so greatly when U.S. troops were surrendered to the Japanese during WWII.

"For the veterans of New Mexico, the Battle of Bataan holds a significant place in their history of service for our nation," Pearce said. "Nearly 2,000 of the men involved in the Bataan Death March were members of New Mexico National Guard. Facing unspeakable hardship, the soldiers of Bataan looked danger head on for the sake of freedom and their fellow brothers in arms.

"In an effort to honor the Battling Bastards of Bataan and to pay respect to all service members who have valiantly served our country, I am proud to have introduced the Las Cruces Bataan Memorial Clinic Act," Pearce said. "This bill pays only a small tribute to the soldiers that made that treacherous march, and to the families of the loved ones who never made it home.

"After receiving multiple letters of support from numerous veteran groups and elected officials in the community, it was clear that this was the best way to honor all of our veterans who put service before self, especially those who made the ultimate sacrifice to preserve our nation's freedoms."

Each year, White Sands Missile Range hosts a memorial march to pay tribute to the sacrifices made at Bataan. Aging survivors return to southern New Mexico every year to ensure that what happened at Bataan will never be forgotten.

Local American Legion and Veterans of Foreign Wars posts have written letters in support of the name change.

"We are thankful for the brave servicemen from New Mexico who were subjected to the Bataan Death March in order to protect democracy, freedom and the American way of life," wrote Dale Heiligenthal, commander for American Legion Post 10 in Las Cruces. "As such, we wish to express our support for the bill to designate this clinic as the Las Cruces Bataan Memorial Clinic. This name change demonstrates our respect for and gratitude to the New Mexicans who sacrificed everything to protect our nation, our state and our community."

Pearce, a Republican, is giving up his seat in Congress this year to run for governor. His Democratic opponent, Michelle Lujan Grisham, is also a current member of Congress.

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7.5 - KXXV (ABC-25, Video): [New program at Waco VA pairs veterans with guide dogs](#) (25 September, Holly Stouffer, 56k uvm; Waco, TX)

There's a new program at the Blind Rehabilitation Center at the Waco VA that's pairing veterans with guide dogs.

The 12-day inpatient CATs and Dogs program is designed to assist veterans who are blind or visually impaired with guide dog training while they work on their Computer Access Training (CAT) classes.

The program was made possible through a partnership with Guide Dog Foundation out of New Jersey. This partnership makes them the third VA in the country to offer this kind of program.

Stephen Lavallee is a field instructor with the Guide Dog Foundation. He's been in Waco for more than a week working with the first round of veterans in the program.

"It's a very fulfilling job," Lavallee said. "I myself am a veteran and that's why I wanted to be part of this program."

One veteran came all the way from California for this opportunity. Another man, an Army veteran, traveled from San Antonio to pick up his dog, Shamus.

Nearly 10 years ago, Sgt. First Class Tyson Persona was in Afghanistan when he was struck by IEDs that damaged his eyesight.

"When your lights are being turned out and you're severely vision impaired, you don't really feel normal," Persona said. "I'm considered what's legally blind. I can make out faces and objects at a close distance but my peripheral vision is about 5 degrees."

Persona has made a lot of progress over the years thanks to the support of his family. He said having an extra set of legs will help him through his next chapter. He's a father with three young children and he also plans on going back to school.

"I'm excited for him to help me get around," Persona said. "Navigate campus, the mall, catch an Uber. You have confidence with a guide dog."

Persona has spent several days working with Shamus and Lavallee for a few hours at a time. They go over commands and other ways he can control the dog. He's also traveled around the city to test what he's learned in a real-world setting.

"I think this is a perfect match," Lavallee said "Tyson is a very confident individual. Shamus is a large, energetic dog that has a lot of drive to do the work."

While Shamus is trained to keep Persona out of harm's way, he'll also serve as his confidant.

"I could just tell that it was going to be a beautiful bond," Persona said. "Friends are, I believe, the family that we get to choose. I believe that he knows that not only is he a friend, but he is family."

The next class at the Waco VA will be in February. Dogs are provided at no cost to the veteran. The Guide Dog Foundation uses labs, retrievers or a mix of the two.

If you would like to participate in the program you can call Blind Rehabilitation Services at 254-297-3649 for more information.

You can also submit an application for a guide from the Guide Dog Foundation [here](#).

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7.6 - Finger Lakes Times: [VA to laud Veterans Games athletes](#) (24 September, Mike Hibbard, 53k uvm; Geneva, NY)

CANANDAIGUA — The Canandaigua VA Medical Center will honor athletes who participated and won Olympic-style medals at the 32nd annual National Veterans Golden Age Games.

The event will be held at 12:30 p.m. Tuesday in the Building 5 auditorium. Refreshments will be served.

The national games were held Aug. 3 to 9 in Albuquerque, N.M.

The following area residents competed:

Canandaigua

- Donna Everett, gold medal in horseshoes; gold in air rifle (top overall female shooter); silver in shuffleboard.
- Alvin Dean, gold medal in 3-on-3 basketball; bronze in badminton doubles; bronze in pickleball singles; fifth in air rifle.
- Mark Knopp, 10th in air rifle.
- John Mishock, 37th in air rifle.
- Craige Reeves, 24th in air rifle.

Geneva

- Julius Olmeda, 22nd in air rifle.

Penn Yan

- Greg Disbrow, sixth in bowling; sixth in golf; sixth in 800-meter power walk.

Port Gibson

- Robert Crouse, bronze medal in badminton doubles; sixth in golf; 12th in air rifle.

Stanley

- James Redmond, 44th in air rifle.

The Department of Veterans Affairs hosts the National Golden Age Games every year in different cities nationwide. The games are open to veterans 55 and older who use VA health care.

Recreation therapists and sports enthusiasts who volunteer to train the competitors practice year-round with the veterans and select athletes. Kathleen Hider, public affairs officer for the Canandaigua VA, said veterans pay for their own transportation and lodging just to compete.

“Veterans love the experience of traveling and meeting other veterans, which helps improve their quality of life,” Hider said.

Sixteen veterans 55 to 75 years old from the Canandaigua VA Medical Center attended the games this year.

“Five veterans, unfortunately, were unable to attend because their plane was canceled due to the weather,” Hider said.

Next year’s National Veterans Golden Age Games are June 5 to 10 in Anchorage, Alaska.

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8. [Other](#)

From:

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Cc:

Bcc:

Subject: [EXTERNAL] 24 September Veterans Affairs Media Summary and News Clips

Date: Mon Sep 24 2018 05:19:29 CDT

Attachments: 180924_Veterans Affairs Media Summary and News Clips.docx
180924_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.726811-000001

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Veterans Affairs Media Summary and News Clips

24 September 2018

1. [Top Stories](#)

1.1 - The Washington Post (AP): [AP FACT CHECK: Trump wrong on judges, 'plummeting' poverty](#) (24 September, Hope Yen and Calvin Woodward, 43.9M uvm; Washington, DC)
Jousting with Democrats in advance of the November midterms, Trump also declares a premature victory from his tariffs by pointing to a manufacturing renaissance that has yet to be and boasts of promises kept on "full" funding for improvements at the Department of Veterans Affairs. In fact, long-term financing for a key VA health care program remains uncertain.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Court to Hear Arguments Over 1966 Spain H-Bomb Accident](#) (23 September, 23.9M uvm; Washington, DC)

A federal appeals court is set to hear arguments involving U.S. veterans who say they were denied disability benefits after becoming ill from radiation exposure while responding to a 1966 accident involving American hydrogen bombs in Spain. The U.S. Court of Appeals for Veterans Claims is scheduled to hear the case Tuesday in Washington, D.C. At issue is whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

[Hyperlink to Above](#)

1.3 - Military Times: [This week in Congress: The defense scramble before mid term elections](#) (23 September, Leo Shane III, 2.1M uvm; Springfield, VA)

VA Secretary Robert Wilkie will make his first appearance testifying on Capitol Hill since his confirmation in July, discussing recent reform efforts with the Senate Veterans' Affairs Committee.

[Hyperlink to Above](#)

1.4 - KTVK (TV-3)/KPHO (CBS-5): [Family of soldier who took own life asks VA whistle-blowers to come forward](#) (23 September, Lindsey Reiser, 1.1M uvm; Phoenix, AZ)

Arizona's Family has been covering problems at the Phoenix VA for years. We told you in 2016, whistle-blowers wrote a letter alleging serious problems there. Now, the family of one of the veterans mentioned in that letter is making a plea, asking those whistle-blowers to come forward to give them closure.

[Hyperlink to Above](#)

1.5 - Minnesota Military Radio (Audio): [US Secretary of Veterans Affairs and Central Minnesota Remembers Vietnam](#) (23 September; Minneapolis, MN)

This week we meet the U.S. Department of Veterans Affairs Secretary Robert Wilkie, learn about the Central Minnesota Remembers Vietnam Initiative from St. Cloud's HomeFront Resource Center and get an update from our County Veteran Service Officer. Guests include: Honorable Robert Wilkie – US Secretary of Veterans Affairs; Maj. (Ret) John Donovan – HomeFront Resource Center; Robby Robinson – Goodhue County Veteran Service Officer.

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2. [Greater Choice for Veterans](#)

2.1 - Erie Times-News: [Can elitists like Brett Kavanaugh rule fairly?: Letters to the editor](#)

(23 September, Rochelle Lutz, 320k uvm; Erie, PA)

VA emergency room policy causes hardship for vets. I can sympathize with Kenneth Crawford Jr.'s letter, re: emergency room services for veterans. The lack of ER services from the Department of Veterans Affairs has much to do with the New Choices program it started earlier this year. Many emergencies happen in the evening or middle of the night, but you cannot go to the ER after 8 p.m. or on weekends. Whose bright idea was this?

[Hyperlink to Above](#)**3. [Modernize Our System](#)****4. [Focus Resources More Efficiently](#)****4.1 - Townhall: [Make the VA Great Again: The Road Ahead for Secretary Wilkie](#)** (24

September, Terry Schilling, 8.9M uvm; Arlington, VA)

One of the most frequently repeated mantras of President Trump's 2016 campaign was "drain the swamp," and perhaps no federal agency better epitomizes the swamp these days than the Department of Veterans Affairs. The VA has been plagued by a seemingly endless number of scandals, the most recent of which – involving improper use of taxpayer money for personal travel – led the president to fire VA Secretary David Shulkin earlier this year.

[Hyperlink to Above](#)**4.2 - Citizen-Times: [Boyle column: Mickey Donathan retires — after 55 years in nursing, thousands of patients](#)** (23 September, John Boyle, 318k uvm; Asheville, NC)

Think about this: Given the opportunity, would you work for 55 years? Yeah, that's what I thought. Me neither. But for Mickey Donathan, who has spent 55 years in the nursing field, she still isn't sure she's ready for retirement. That's mainly because Donathan, a 76-year-old nurse anesthetist at the Charles George VA Medical Center, absolutely loves everything about her job, particularly her co-workers.

[Hyperlink to Above](#)**5. [Improve Timeliness of Service](#)****5.1 - Northwest Herald: [McHenry County veterans suffering ailments after burn pit exposure](#)** (24 September, Daniel Gaitan, 310k uvm; Crystal Lake, IL)

Victor Somoza, a local veteran of the Afghanistan and Iraq conflicts, said he never expected to be struggling to breathe in his mid-30s. Somoza, a veterans service officer with the Veterans Assistance Commission of McHenry County, blames his struggles on exposure to burn pits while serving overseas.

[Hyperlink to Above](#)**6. [Suicide Prevention](#)**

6.1 - KTVK (TV-3)/KPHO (CBS-5): [VIDEO: Family of veteran wants closure from VA whistleblowers](#) (23 September, 1.1M uvm; Phoenix, AZ)

A family of a veteran who committed suicide because of bad care from the Phoenix VA, they say, wants to know who the whistleblowers were who sparked an investigation into the agency so they can have closure.

[Hyperlink to Above](#)

6.2 - The Daily Sentinel: [Innovation amid an uncertain future](#) (23 September, 191k uvm; Grand Junction, CO)

Another recent example of innovation is the Grand Junction VA Medical Center's work in reducing the risk of suicide through effective pain management. That's a tall order given the present opioid epidemic, but the hospital's wellness center, which specializes in pain services, has a focus on reducing use of prescription drugs. A team of VA personnel from Grand Junction showcased how it focuses on reducing chronic pain to reduce suicide risk...

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [Local Janesville Program Houses Homeless Vets](#) (24 September, Frank Schultz, 23.9M uvm; Washington, DC)

Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman. Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program. Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

[Hyperlink to Above](#)

7.2 - Inquisitr: [Service Dogs Are Helping Veterans Traumatized By Sexual Assault](#) (23 September, Vivien Alexander, 8.8M uvm; Tampa, FL)

For Leigh Michel, her dog is more than a pet. Her service animal, a black labrador named Lizzy, helps her get through the day. While she's frequently confronted with questions, requests to pet her dog, and other forms of unwanted attention, Michel is also plagued by another issue. Currently, the U.S. Department of Veterans Affairs does not recognize psychiatric service dogs as a valid form of treatment for mental illness.

[Hyperlink to Above](#)

7.3 - My Central Jersey (Bridgewater Courier News): [Home Depot hosts regional event to support veterans at Valley Brook](#) (23 September, Pamela MacKenzie, 325k uvm; Somerville, NJ)

Since 2011, the Home Depot Foundation has organized service projects for military veterans in the weeks leading up to Veterans Day, Nov. 11. The company has dubbed these efforts its "Celebration of Service Campaign." Thursday, the foundation kicked off its 2018 Celebration of Service campaign by gathering more than 300 volunteers to spruce up Valley Brook Village, a permanent supportive housing community for veterans on 16 acres of the campus of the Veteran's Affairs New Jersey Healthcare Campus at Lyons.

[Hyperlink to Above](#)

7.4 - Union Leader: [Veterans, families find closure as Missing Man Table is dedicated](#) (23 September, Roberta Baker, 318k uvm; Manchester, NH)

With a rose for remembrance and a slice of lemon for bitterness endured, the newly installed Missing Man Table at the VA Medical Center bears special significance for six Granite Staters taken prisoner during Korean War or World War II. One is Herk Streitburger, 100, of Bedford, a former radio operator and gunner on a B-24 Liberator bomber, who was shot down over Germany on his final mission in 1944.

[Hyperlink to Above](#)

7.5 - OpsLens: [White House Celebrates National POW/MIA Recognition Day 2018](#) (23 September, Katie Begley, 5k uvd; Viedra Beach, FL)

President Trump proclaimed September 21, 2018 as National POW/MIA Recognition Day 2018. The White House took the opportunity to deliver a message of hope to those with loved ones who are still missing in action (MIA) or prisoners of war (POWs). "On National POW/MIA Recognition Day," he said in a Presidential Proclamation, "we honor all American prisoners of war and express our deep gratitude for the courage and determination they exemplified while enduring terrible hardship."

[Hyperlink to Above](#)

8. [Other](#)

8.1 - Arkansas Democrat-Gazette: [NLR man accused of officer threats](#) (23 September, Clara Turnage, 871k uvm; Little Rock, AR)

A North Little Rock man walking through a Veterans Affairs building with a box cutter threatened a police officer Saturday, according to an arrest report. Gregory B. Wilson, 67, an outpatient at the Eugene J. Towbin Veterans Health Clinic, told an officer with the Veterans Affairs police department that he would assault him, an arrest report said.

[Hyperlink to Above](#)

1. Top Stories

1.1 - The Washington Post (AP): AP FACT CHECK: Trump wrong on judges, 'plummeting' poverty (24 September, Hope Yen and Calvin Woodward, 43.9M uvm; Washington, DC)

As the midterm elections draw near, President Donald Trump's tendency to declare his campaign promises fulfilled when they aren't has come into starker relief.

He insists poverty in the U.S. is "plummeting," even though the number of poor people has barely declined under his watch and income inequality is climbing.

Jousting with Democrats in advance of the November midterms, Trump also declares a premature victory from his tariffs by pointing to a manufacturing renaissance that has yet to be and boasts of promises kept on "full" funding for improvements at the Department of Veterans Affairs. In fact, long-term financing for a key VA health care program remains uncertain.

On judges, Trump's comments about Supreme Court nominee Brett Kavanaugh's accuser betrayed a misunderstanding of how FBI investigations work. And his claim to be in the league of George Washington when it comes to placing judges on the federal bench is refuted by the record.

A look at some of the rhetoric over the past week from Trump and members of Congress:

[...]

VETERANS

TRUMP: "Just today I signed a new bill fully funding Veterans Choice for our great veterans." — rally Friday in Springfield, Missouri.

TRUMP: "Promises Kept for our GREAT Veterans!" — tweet Friday.

TRUMP: "We are delivering the resources needed to fully implement crucial VA reforms ... to deliver for our great veterans." — remarks Friday in North Las Vegas, Nevada.

THE FACTS: He isn't telling the full story. The private-sector health-care program lacks a long-term source of government funding that could put it or other domestic programs subject to budget caps at risk of major shortfalls next year.

Trump signed legislation in June to expand the Veterans Choice program as an alternative to medical care provided by the Department of Veterans Affairs. The new program will give veterans wider access to private-sector physicians outside the VA if they must endure lengthy wait times or the treatment wasn't what they had expected. The government-paid program is projected to face escalating costs, including a \$1 billion shortfall next summer.

A bipartisan group of senators had sought to address long-term funding by adding new money to cover the private care program, but the White House opposed that as "anathema to responsible spending." It maintained that added costs should be paid for by cutting other domestic programs, including possibly some at VA.

Congress included in the VA spending bill a one-year money fix for the expanded Choice program, putting aside discussion until next year on how to pay its estimated added costs of \$8 billion next fall and \$9 billion in 2020. Trump signed that bill last week.

The Choice program has already involved high levels of spending, leading to two unexpected budget shortfalls during Trump's first year in office.

[...]

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1.2 - U.S. News & World Report (AP): [Court to Hear Arguments Over 1966 Spain H-Bomb Accident](#) (23 September, 23.9M uvm; Washington, DC)

NEW HAVEN, Conn. — A federal appeals court is set to hear arguments involving U.S. veterans who say they were denied disability benefits after becoming ill from radiation exposure while responding to a 1966 accident involving American hydrogen bombs in Spain.

The U.S. Court of Appeals for Veterans Claims is scheduled to hear the case Tuesday in Washington, D.C.

At issue is whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

Yale Law School students in Connecticut are representing Air Force veteran Victor Skaar, of Nixa, Missouri. They want to expand the lawsuit to include hundreds of veterans.

Radioactive plutonium was released near Palomares, Spain, in January 1966, after a U.S. B-52 bomber and refueling plane crashed. Four hydrogen bombs crashed to the ground, but didn't explode.

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1.3 - Military Times: [This week in Congress: The defense scramble before mid term elections](#) (23 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — In what is expected to be Congress' final full week of hearings before the November election, lawmakers will tackle a host of defense and veterans issues as the ongoing battle over Supreme Court nominee Brett Kavanaugh drags on.

The Senate Armed Services and Senate Foreign Relations Committees will try and advance their own nominees this week, with the former panel's list including the new head of U.S. Southern Command and a new commander for U.S. Forces Korea.

VA Secretary Robert Wilkie will make his first appearance testifying on Capitol Hill since his confirmation in July, discussing recent reform efforts with the Senate Veterans' Affairs Committee.

And all of that work will come as House leaders push to finalize the fiscal 2019 defense appropriations bill before the end of the week. The Senate has already approved the measure, and if House members are similarly successful, the vote will mark the first time in 10 years that lawmakers have completed the military budget before the start of the new fiscal calendar.

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1.4 - KTVK (TV-3)/KPHO (CBS-5): [Family of soldier who took own life asks VA whistle-blowers to come forward](#) (23 September, Lindsey Reiser, 1.1M uvm; Phoenix, AZ)

Arizona's Family has been covering problems at the Phoenix VA for years. We told you in 2016, whistle-blowers wrote a letter alleging serious problems there.

Now, the family of one of the veterans mentioned in that letter is making a plea, asking those whistle-blowers to come forward to give them closure.

Three years after Army Ranger Antouine Castaneda took his own life, his mother-in-law, Margaret Smith, said they are still searching for answers. And she said her granddaughters ask questions about their dad.

"She doesn't understand why the doctors at the VA didn't save her daddy, but she wants to go to his grave dig him up and see his bones," Smith said. "That's heartbreaking for me as a grandma."

The 2016 letter specifically mentioned Castaneda, among other veterans, saying the Phoenix VA failed him by not checking on him.

"He was considered such a high risk that they were supposed to be having someone check on him at his home, and apparently they weren't not checking on him all the time," Smith said.

He had been diagnosed with PTSD and had a traumatic brain injury, according to Smith. His family is now pushing for a bill that would track veteran suicides in Arizona. They also filed a wrongful death lawsuit against the Phoenix VA.

"What else are they not telling us that could have possibly saved his life?" she asked.

At the time, the letter was written by staff at the management level who for fear of losing their jobs, asked to remain anonymous. Now Smith is asking them to come forward.

"They probably went home at night and thought, if that was my kid in the military and killed himself and leaves two kids behind, I couldn't sleep at night, and him or her knowing something - it would help give us closure if they would step forward," Smith said.

We reached out to the Phoenix VA and are waiting to hear back.

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1.5 - Minnesota Military Radio (Audio): [US Secretary of Veterans Affairs and Central Minnesota Remembers Vietnam](#) (23 September; MN)

This week we meet the U.S. Department of Veterans Affairs Secretary Robert Wilkie, learn about the Central Minnesota Remembers Vietnam Initiative from St. Cloud's HomeFront Resource Center and get an update from our County Veteran Service Officer. Guests include:

Honorable Robert Wilkie – US Secretary of Veterans Affairs
Maj. (Ret) John Donovan – HomeFront Resource Center
Robby Robinson – Goodhue County Veteran Service Officer

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2. Greater Choice for Veterans

2.1 - Erie Times-News: [Can elitists like Brett Kavanaugh rule fairly?: Letters to the editor](#)
(23 September, Rochelle Lutz, 320k uvm; Erie, PA)

VA emergency room policy causes hardship for vets

I can sympathize with Kenneth Crawford Jr.'s letter, re: emergency room services for veterans.

The lack of ER services from the Department of Veterans Affairs has much to do with the New Choices program it started earlier this year. Many emergencies happen in the evening or middle of the night, but you cannot go to the ER after 8 p.m. or on weekends. Whose bright idea was this?

When you have an emergency and need to call an ambulance and go to a hospital, they are not allowed to take you to the veterans hospital. Who thinks about calling to get permission in an emergency, which they require you to do if you take an ambulance to the hospital? If you let them know, they might pay for it. If you do not, most likely they won't pay for it. We have had a couple of instances in which my husband has had to go to the UPMC Hamot ER. One time I called after the fact. The next time I did not remember to.

Much of this is caused by the VA ER being closed on weekends. The Choice program could be a good program, but it does not cover all the bases.

The other issue is ambulances: If you call 911, you get both the local fire department rescue squad as well as EmergCare. So we get two ambulance bills, neither one of which we can afford.

I would like someone from Veterans Affairs to respond to some of these questions if they can, and tell their veterans how to handle this situation. I know we are not the only ones trying to figure out the VA's reasoning. It certainly cannot be cheaper for them, or is it?

— Rochelle Lutz, North East

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3. Modernize Our System

4. [Focus Resources More Efficiently](#)

4.1 - Townhall: [Make the VA Great Again: The Road Ahead for Secretary Wilkie](#) (24 September, Terry Schilling, 8.9M uvm; Arlington, VA)

One of the most frequently repeated mantras of President Trump's 2016 campaign was "drain the swamp," and perhaps no federal agency better epitomizes the swamp these days than the Department of Veterans Affairs. The VA has been plagued by a seemingly endless number of scandals, the most recent of which – involving improper use of taxpayer money for personal travel – led the president to fire VA Secretary David Shulkin earlier this year. And, as has become tradition at the VA, Shulkin's successor, Robert Wilkie, has inherited the task of cleaning up quite a mess.

It would be overwhelming enough if Wilkie had merely to address the VA's notoriously poor quality of health care – a well-documented problem stemming from distressingly widespread incidents of incompetence and malfeasance. However, the VA's problems have only grown in recent weeks. For example, just last month an inspector general's report revealed a backlog of more than 238,000 appeals cases on veterans' disability rulings, a development leading to delays spanning several years for thousands of veterans in receiving final decisions on their cases. That's not even counting the backlog on initial disability benefits claims, which a report this month suggested may be much higher than the VA's official total of 86,000.

And to make matters worse, another inspector general report released last month found that VA officials didn't follow proper procedures for processing claims of sexual assault victims in the military over a 6-month period last year. According to the report, benefits may have been wrongly refused in more than 1,300 cases, likely causing additional trauma to assault victims who ought to have had the agency's full support. For a department already reeling from a mountain of bad publicity, this was decidedly not a good look.

Fortunately, efforts are already underway to begin rectifying these numerous problems. In order to begin addressing the appeals logjam, President Trump last year signed the Veterans Appeals Improvement and Modernization Act, legislation which would create a fast track for the appeals process and take advantage of new technologies. And while the legislation does not take effect until 2019, it is important Secretary Wilkie take steps now in preparation to fully implement the law.

In addition, in June, the president signed into law the VA MISSION Act, whose many critical reforms include provisions to consolidate and strengthen community care programs into a single program, expand eligibility for the Family Caregivers Program, and give veterans access to walk-in care. Last year, President Trump also signed the VA Accountability and Whistleblower Protection Act, making it easier to discipline bad actors, including senior executives, and strengthening protections for individuals who come forward to identify problems occurring within the VA.

However, much more work is still required if the VA is to be fully rehabilitated. For example, this past summer, veterans in California suddenly found their education options severely restricted when the state's approving agency decided to suspend the eligibility of a large group of colleges

from receiving GI Bill reimbursements. For those veterans relying on GI Bill benefits to attend these schools, the decision was a serious blow which threatened their continued education.

Fortunately, thanks in large part to an intervention by the VA, California's approving agency has since reversed its decision, reinstating eligibility for nine public and non-profit schools. However, a number of for-profit schools who have been certified by recognized state and accrediting bodies still remain in limbo due to a lack of VA support, leaving the future of many veterans' educations in doubt. This also gives the appearance that the VA has different standards for non-profit and for-profit schools. For an agency still under the dark shadow of scandal, moving to resolve this situation and restore eligibility to for-profit schools would no doubt help rebuild much of the good will it lost in the mismanagement of recent years -- as well as better serve the veterans who have chosen for-profit institutions to meet their educational needs.

Of course, this is merely one small part of the much larger reformation project which faces Secretary Wilkie. Nevertheless, veterans and other Americans alike will be watching closely in the hopes that the VA's newest leader will be up to the challenge. For the sake of our veterans, as well as "draining the swamp," let's hope he succeeds.

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4.2 - Citizen-Times: [Boyle column: Mickey Donathan retires — after 55 years in nursing, thousands of patients](#) (23 September, John Boyle, 318k uvm; Asheville, NC)

Think about this: Given the opportunity, would you work for 55 years?

Yeah, that's what I thought. Me neither.

But for Mickey Donathan, who has spent 55 years in the nursing field, she still isn't sure she's ready for retirement. That's mainly because Donathan, a 76-year-old nurse anesthetist at the Charles George VA Medical Center, absolutely loves everything about her job, particularly her co-workers.

"I don't know what I'm going to do without them," Donathan said Thursday at a luncheon in her honor. "I'm going to be crying every day. I really am. It's like losing your family. It's going to be hard."

A diminutive spitfire of a woman — she quickly notes that she used to be taller but lost 2 inches after a spinal surgery, leaving her at 5-foot-1 — Donathan has love, kindness, sass and personality to spare.

And her co-workers absolutely adore her for it.

Skilled, and beloved

Susan Bazemore, chief of anesthesia at Charles George, said Donathan is absolutely one of a kind, a worker brimming with kindness and caring, but also a woman able to crack up a room with laughter. In short, Donathan is the ultimate team player, and she works in a profession where the stakes of the game couldn't be higher.

"When someone is sick, when someone wants vacation, she'll give up her off time to work," Bazemore said. "The veterans love her, and she loves them."

Dina Remenar, the nurse manager of the VA's operating room, post-anesthesia care unit, starting working with Donathan at St. Joseph's Hospital in Asheville, now part of Mission, three decades ago.

"She is the same today as she was 30 years ago," Remenar said. "She's compassionate, she is skilled and she has always treated me with respect and kindness — and she gives me the crossword puzzles every morning."

Donathan is also famous as a voracious reader who typically knocks out a book a day, and she's notorious for throwing fantastic Christmas parties. But she's also generous to a fault and preaches kindness as the antidote to much of life's unpleasantness.

"Mickey has the biggest heart that I've ever seen," Remenar said. "She will help anyone."

Ask Donathan if she's working full-time and she'll say no, but then she describes a schedule that sounds pretty darn full-time. Her last official day comes this week, when she'll work three days.

Ask why she keeps on keeping on, and Donathan exudes an enthusiasm that fills the break room.

"I love it. I absolutely love it," Donathan said "These people are the sweetest, nicest people that God ever made. The patients, the vets — you can't ask for nicer people. These men and women bend over backwards."

The only time Donathan cried during her career, she said, was when a World War II Air Corps veteran told her about the men he'd lost in combat.

"He started crying, then I started crying," Donathan said.

One of 13 children

That work ethic came from Donathan's upbringing in the Fontana Lake-Bryson City area, where she was the 10th child in a family of 13 born to Winnie and Tommy Downs, a brick and stone mason. Where she grew up is now underwater, but their family, like most people of that time, had a small farm in addition to other work.

"We had to work hard," Donathan said. "We had a farm, and we had cattle and pigs and chickens and dogs and young'uns."

When Donathan was in third grade, her mother had a stroke, induced in part by receiving a telegram about one of her sons being missing in action in Korea. Donathan found herself taking over a lot of the household chores, including the cooking.

It was a family that always stressed education along with hard work, and Donathan says most of her family started out in a one-room schoolhouse. Her mother wasn't satisfied with that, though, and taught her children at home, too, so Donathan started learning to read at age 2.

After high school, she attended nursing school in Chattanooga, Tennessee, at Erlanger Baroness Hospital.

She started work at St. Joseph's in Asheville in 1963, working in the operating room. In a photo from about 1966-67, Donathan and another nurse are wearing pants, which was borderline scandalous at the time for a nurse.

"They said we were unprofessional," Donathan recalled. "Oh, they called us terrible names. We practically got death threats. It was so silly."

Always curious and academically driven, Donathan wanted more than floor nursing, so in she enrolled in a cooperative nurse anesthetist program between Mission-St. Joseph's and Warren Wilson College.

Her son, Brian Bailey, said some of his earliest memories are of sitting in those classes with his mom, bored to tears.

'A nut,' in the best way

Brian Bailey just laughs and shakes his head as the stories about his mom pour out.

She's been married and divorced twice and her house in Asheville burned down in 1978. All the while, she maintained a demanding schedule, as well as continuing education classes.

Originally, Donathan wanted to be an Air Force fighter pilot and actually enrolled in the service for a few hours before they told her she'd have to sign over custodial rights to her son to serve.

It's the shortest Air Force career ever, Donathan allows.

"She's a nut, and I mean that with all respect and love," Bailey said, drawing laughter from the room.

All kidding aside, Donathan works in a field that requires precision, concentration and a lot of knowledge of the human body and chemistry.

I asked Donathan how many patients she thinks she's knocked out over the years, and Bazemore hopped in the conversation.

"It's not how many she puts under; it's how many she wakes up," Bazemore said, drawing laughter from the room.

"So far, I'm a hundred percent on that," Donathan added without missing a beat.

She's knocked out thousands

Calculating conservatively, Bazemore and Donathan estimate Donathan has handled 500 patients a year, just at the VA, meaning she's anesthetized about 8,500 veterans over the years.

The VA is also a training hospital, so Donathan figures she's worked with over 200 anesthesia students since 2001, many of them from Duke University.

Paula Taylor, the administrative officer for surgical service at Charles George, said the amount of change Donathan has seen over the decades is just mind-boggling.

"Can you imagine the amount of change she's seen, not only in the facility, but with the equipment and the way anesthesia is done and the amount of control they have independently as providers, versus in the private sector?" Taylor said. "To me, that's the cool thing."

For her part, Donathan said probably the biggest advance she's witnessed was the development and introduction of oxygen saturation monitors, which continuously tell the anesthetist how much oxygen is in the blood. Those devices came on the market in the early 1980s, and we take them for granted now.

"Used to be, you had to look for the color of the lips to be blue, and it took a long time for that to get blue, and you were already in trouble when that happened," Donathan said.

All of the advances she's seen required more training, more classes, more studying to maintain her certifications.

Still, with a modesty typical of many mountain folks, Donathan quickly dismisses any notion that she's lived a remarkable life.

"No. There's nothing remarkable about me," Donathan said. "I've made so many mistakes in life that if I had to list them all I'd be here from now until kingdom come."

'She taught me how to cuss'

Family and friends beg to differ, including her only grandchildren, Dorothy Lou Bailey, 33, and Katie Bailey, 27, a photographer who used to work at the Citizen Times and has traveled extensively for photo shoots.

Her Granny had a "huge impact" on who she is as a person, the younger granddauther said.

"She is who pushed me to travel," Katie Bailey said. "She's who encouraged me to read as much as I read. She's the one who always had me asking questions. She's the one who had me watching Peter Jennings. He's the first journalist I was introduced to."

By the way, just about everybody calls Donathan "Granny." It just seems to fit.

Dorothy Lou Bailey also said Granny was a force of nature in her life.

"Granny, I would say, was my best friend growing up, and still is," she said. "No matter what, she always told me, 'You're my horse, even if you never win a race.'"

Dorothy Lou works in the biotech industry, and like her dad, she too remembers going to education conferences with Donathan. The rest of the family would go skiing or hiking while Donathan and Dorothy Lou attended a seminar on, say, administering anesthesia to obese patients or some other scientific topic.

"I ended up pursuing a career in biotech, and I think my love for science and health came from Granny," Dorothy Lou Bailey said.

Dorothy Lou Bailey is head of corporate development for BlackThorn Therapeutics, a San Francisco company that develops drugs for brain diseases, including Parkinson's and depression.

Before anybody canonized Granny Donathan, Katie Bailey playfully offered a word of caution.

"She seems sweet and wise, but she's also is who taught me how to cuss," she said with a laugh. "It was good teaching."

But then she and her sister got to talking about how giving their Granny is, and it got kind of hilarious.

"She's also one of the most generous people I've ever met, almost frustratingly so," Dorothy Lou Bailey said, referencing a kitchen renovation that entered family lore. "Katie and I are like, 'Granny, the cabinet people are taking advantage of you,' and she's like, 'No, they tried their best and we should really pay them in full for these cabinets.'"

"Anyone who sends her an address label, she sends them money," Katie chipped in.

"That's not true!" Donathan insisted.

Going for a master's degree?

While Donathan allows she is looking forward to sleeping for about a week, she's not going to be idle for long.

"I'm going back to school," Donathan said. "I'm going back to college. I'm going to do English literature or creative writing, maybe both."

She'll be enrolling again at Warren Wilson, this time for a two-year master's degree.

"I just want to have fun, and to me that's fun," said Donathan, who reads a book a day. "I have sat up all night before and read books."

Oh, and this is on her list, too.

"Yes, I'm going to find a boyfriend," Donathan deadpanned.

Katie Bailey reminded her she already had one.

In all seriousness, Donathan said she wants to be more active in the community and volunteer more. She's gone on service trips to Africa to help patients in need, so rest assured she'll get more involved here.

She's got some property that she wants to do some organic farming on. Oh, and she put a little pressure on the granddaughters.

"I can't wait to have great-grandchildren," Donathan said.

Yes, Granny will keep being Granny.

She'll never claim to be any kind of sage, but Donathan did offer a lovely piece of advice when asked what she'd tell young people just starting out in life.

"I'd say, be good to everybody and love everybody," Donathan said. "You know, you'll find some people that won't love you back and some people are mean. But hey, that's their problem — just go on by. Do the best you can, because the only person you have to answer for is yourself."

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5. Improve Timeliness of Service

5.1 - Northwest Herald: McHenry County veterans suffering ailments after burn pit exposure (24 September, Daniel Gaitan, 310k uvm; Crystal Lake, IL)

Victor Somoza, a local veteran of the Afghanistan and Iraq conflicts, said he never expected to be struggling to breathe in his mid-30s.

Somoza, a veterans service officer with the Veterans Assistance Commission of McHenry County, blames his struggles on exposure to burn pits while serving overseas.

He served in the U.S. Army from 2005 to 2015. Somoza was deployed to Iraq twice — from 2008 to 2009 and 2010 to 2011. He served in Afghanistan from 2012 to 2013.

He was exposed to open burn pits dozens of times throughout his military career. To reduce waste and destroy sensitive documents and materials that could be seized by enemy combatants, Somoza said it was common for soldiers to burn everything in large pits.

"We were burning feces, everything around you," Somoza said, adding that batteries, plastic bottles, gear and documents all were incinerated.

"We were instructed to do it," Somoza said. "It had a distinct smell."

Somoza, 35, said most soldiers viewed the burns as a recreational activity.

"We called it a bonfire. We would gather around it," he said. "We didn't know any better, or that we were breathing in these fumes. Have you ever seen a radio battery burning? It's just black smoke. It has a strong odor. But the worst [smell] was when you burned your own feces, human waste."

Somoza said he sometimes would climb on top of rubbish to stir it into the fire.

"We did it about three times a week," he said.

Somoza now blames those pits for his breathing problems.

"When I was in the Army, I would run every day. I was active," he said. "When I got out, I was breathing heavily just from walking to the car or climbing a flight of stairs. I was gasping for air."

Somoza said he was diagnosed with asthma.

"I was 33 years old and never had any history of asthma within my family," he said, adding that he was prescribed albuterol to manage his symptoms. "I took that for a while, but I was denied [VA] service for bronchitis, even though I had that."

Somoza said dozens of local veterans deployed to the Middle East conflicts struggle with similar problems.

"I struggle with it every day, even just putting on pants in the morning," he said. "My wife notices it at night when I gasp for air."

The U.S. Department of Veterans Affairs does not recognize toxic burn pit exposure as a contributing factor to the development of respiratory illnesses, Somoza said.

Bill to help veterans

U.S. Rep. Randy Hultgren recently joined a bipartisan effort to help veterans who might have been sickened by burn pits.

Last month, Hultgren, R-Plano, co-sponsored the Veterans Burn Pit Exposure Act of 2018. The bill would allow chronically ill veterans exposed to burn pits access to medical care and disability compensation benefits.

Hultgren could not be reached for comment.

The VA already has created a database of exposed veterans to study whether there is a connection between exposure to burn pits and illnesses. If adopted, this legislation would provide a presumption of service to affected men and women.

The bill also would establish the Open Burn Pit Advisory Commission, an independent body to be tasked with gathering the medical and scientific data necessary to make recommendations for burn pit-related maladies.

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6. [Suicide Prevention](#)

6.1 - KTVK (TV-3)/KPHO (CBS-5): [VIDEO: Family of veteran wants closure from VA whistleblowers](#) (23 September, 1.1M uvm; Phoenix, AZ)

A family of a veteran who committed suicide because of bad care from the Phoenix VA, they say, wants to know who the whistleblowers were who sparked an investigation into the agency so they can have closure.

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6.2 - The Daily Sentinel: [Innovation amid an uncertain future](#) (23 September, 191k uvm; Grand Junction, CO)

With the access and affordability of health care emerging as one of the leading issues of the upcoming midterm election, there's no clear picture of what the future holds.

The Trump administration has been rolling back sections of Barack Obama's signature health-care law, but Senate Republicans failed to pass a replacement program, leaving the Affordable Care Act as the law of the land, but without some key mechanisms to make it work as designed.

Voters will determine voting majorities that will either take another run at repealing the ACA, restore it or even move the country to more fully socialized medicine like a Medicare-for-all system.

Amid this confusion, insurance providers and state health plans across the country are coping with uncertainty from federal actions. No sector of the health-care economy is immune. Everyone is waiting to see if and how the midterms reshape the health-care debate.

But the Grand Valley, which has always been known for innovation and collaboration in the health-care arena continues to do what it can to strengthen care.

The latest example is a "care affiliate" agreement between St. Mary's Medical Center and a rural hospital in Moffat County. The affiliation will provide access to resources — including specialists and a medical records system — that the Memorial Regional Health system in Craig doesn't have and couldn't afford.

The agreement allows Memorial Regional Health to remain an independent hospital, which officials from both hospital systems see as a better alternative than an outright acquisition by a larger organization.

These affiliations may become increasingly important to small, rural hospitals looking to remain relevant in an increasingly complicated health-care landscape with cost factors beyond their ability to manipulate them.

Another recent example of innovation is the Grand Junction VA Medical Center's work in reducing the risk of suicide through effective pain management.

That's a tall order given the present opioid epidemic, but the hospital's wellness center, which specializes in pain services, has a focus on reducing use of prescription drugs.

A team of VA personnel from Grand Junction showcased how it focuses on reducing chronic pain to reduce suicide risk and won in the best presentation, best project category out of more than 600 presentation at an innovation competition in Washington, D.C. earlier this month.

As the Sentinel's Joe Vaccarelli reported last week, the VA now is gearing up to share its program with other hospitals around the country.

Despite the chaos of the current health-care environment, it's heartening to know that local providers continue to keep their focus on improving and expanding care. Yet, we await collaborations to enhance the biggest impediment to access to care: affordability.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): Local Janesville Program Houses Homeless Vets (24 September, Frank Schultz, 23.9M uvm; Washington, DC)

JANESVILLE, Wis. — Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman.

Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

He wasn't homeless in the way people often think of homeless men: destitute and sleeping under bridges.

In fact, it's rare for that kind of homeless veteran to stay at the facility, part of the former Caravilla Nursing Home, officials said.

Kimball is getting the help he needs, but the nation still has homeless veterans, nearly 50,000 as of 2015, with Wisconsin accounting for 520 of those, according to the Veterans Administration.

Why can't we end homelessness, at least for our military veterans? A look at Housing 4 Our Vets offers some clues.

For starters, the 48-bed facility always has about 12 openings, officials said.

A woman showed up at the facility last week, crying. Her Marine-veteran son needed help.

Rock Valley Director Angel Eggers said she doesn't know how the woman knew about the facility, but she's glad there's room for him.

More often, Eggers runs into people who didn't know the Housing 4 Our Vets program exists.

"It has been a struggle getting the word out," Eggers said, speculating that more homeless vets might apply if they knew about it.

Some veterans don't think of themselves as veterans, Eggers said. Some don't know they qualify for a wide range of VA benefits.

"We've had guys who could've had benefits for years but never knew," she said.

Eggers gave the mother of the Marine veteran an application form and put her in touch with people who would help her son fill it out.

The Veterans Administration must approve the application, usually in five to seven days. Eggers said this case sounded promising.

The Janesville Gazette reports that Housing 4 Our Veterans takes in male veterans for a maximum of two years from parts of four states.

The program at the former Caravilla Nursing Home is a contractor for the VA, which runs the federal government's effort to end veteran homelessness.

The local program forbids the use of drugs or alcohol, one of the reasons some homeless won't go there, said Julie Lenzendorf, program administrator.

"I've heard, 'I'm a grown man. I don't want to quit drinking,'" Lenzendorf said.

Staff members understand that recovering from addiction means relapses, but men can be ejected from the program if they don't take advantage of the treatment provided and continue to return to the facility drunk or drugged.

Others don't want to live with a roommate, another program requirement.

For those who go through the program, the success rate exceeds the VA's goal of 65 percent, Eggers said.

The VA defines success as a discharge into independent, permanent housing, but some veterans stay for a time with family before getting their own apartments, or they go to a long-term care facility, so those are not registered as successes, Eggers said.

Very few exit the facility and become homeless again, Lenzendorf said.

"We do everything we can (to prevent that)," Eggers added.

Services the local program provides are critical to success, said Eggers.

A key service is drug/alcohol counseling. The program has a high population of recovering substance abusers.

Residents can also get help for mental health problems such as post-traumatic stress and housing/employment counseling.

"The guys we see have pretty complex needs. That's why I'm thrilled with the VA, that they give these guys two years (to work on their problems)," Eggers said.

George Kearn was the first veteran to use the facility when it opened in 2011.

Kearn now is assistant manager at Full Circle Furnishings, an offshoot of the homeless-vets program. All profits support the program. It's a job he loves.

Kearn's own homelessness was brief. He was getting a divorce and needed a place to stay in 2011. The VA pointed him to the new program. He did so well he was hired to help run the place and stayed for nearly two years.

The Navy veteran, 73, served in Vietnam as a radio operator on a high-speed amphibious transport that dropped off underwater demolition specialists on Vietnamese shores.

Kearn thinks the homeless program is needed, especially to help veterans transition to civilian life.

But he believes some veterans use the system for housing when they could provide for themselves.

Housing 4 Our Vets is in two wings of the former nursing home complex.

The veterans and former prisoners have different meal times and gym times, but they can encounter each other in the halls or grounds. One thing the program is not is an emergency shelter. Veterans must apply and be accepted under guidelines dictated by the Veterans Administration.

The veterans program employs a manager, two case workers, one intake workers/substance abuse counselor, a full-time staff assistant and several part-time assistants.

It will cost an estimated \$726,355 to run this year, most of that coming from the Veterans Administration, Eggers said.

A VA social worker spends at least one day a week at Rock Valley.

Residents who have income, such as from jobs or pensions, must pay 30 percent of their income in rent, not to exceed \$224 a month.

To gain entry, residents must be adult males with a non-dishonorable discharge from the military. They must be able to take care of their daily-living needs; the facility does not provide nursing-home-style assistance.

They must prove they are sober, and drug tests and breathalyzer tests are administered randomly.

The veterans section includes a common room, where residents can watch TV, play cards or host visitors.

Visitors are not allowed in the rooms, which are small but include full baths and kitchenettes.

The program features a mandatory life-skills course.

Kimball and another current resident, Michael Cerda, said they don't like the requirement that they take life skills training because they know how to brush their teeth, take a shower and otherwise care for themselves.

Cerda, 32, a former gunner's mate in the Navy, arrived at Rock Valley last year. He became homeless when he was living with family, and problems developed.

Cerda works a second-shift manufacturing job in Delavan and owns his own car.

Cerda doesn't like the curfew of 10 p.m. on weekdays and midnight on weekends, but he's willing to suffer the annoyances.

He plans to use his full two years so he can be sure he has enough money saved to rent an apartment and be successful, he said.

Cerda likes the food and can order a sack lunch to take to work. Residents are taken on field trips, such as Milwaukee Brewers games and bowling, and cookouts are held on the grounds.

Local groups provide cookies and other snacks, especially during the holidays, he said.

Cerda had a roommate who was an alcoholic and was found outside almost frozen to death, he said.

Residents are encouraged to have hobbies. Cerda paints and modifies miniature soldiers and plays war games with them.

Rock Valley is expanding its programming for veterans. It's renovating a vacant wing of the old nursing home for a 23-bed transitional living facility scheduled to open in May.

Graduates of Housing 4 Our Veterans who can't find housing after two years will be able to apply to move to the new wing, where they'll have a room of their own at low rents for up to three years.

Work on the gutted wing has been slow in part because officials want to pay for it without a loan. That will mean more fundraising, Eggers said.

President Barack Obama's administration set out to fix the problem of veterans homelessness in 2010 by revamping the VA's programming, and it yielded some results, according to the VA website.

The VA says homelessness between 2010 and 2013, as measured by the number of homeless veterans on a single night in January, dropped from 76,329 to 57,849.

The revamped program included collaborating with community-based treatment and supportive services, such as the one at Rock Valley. It also started a new program that took a radically different approach.

The new program is called Housing First. It gives veterans vouchers to pay for apartments without requiring that they stay off alcohol or drugs or complete treatment before getting housing.

Housing First recipients do get help for mental health, substance abuse and other needs, but that comes after they have a roof over their heads.

Eggers doesn't see how that will work, and she wouldn't want to use it at Rock Valley, but it's still a part of the VA's approach.

The jury appears to be out on Housing First, which also is being used for non-veterans in programs around the country.

'Everybody gets along'

Kimball likes his room and the food. He said he gets plenty of exercise in the gym, and he has made friends.

Residents must clean windows and floors and do other chores, and they must keep their own rooms tidy.

"We've all been through it at one time, when we were in the service, so it's nothing new to us," he said.

Smoking is allowed in designated areas.

"They're very strict about that," Kimball said.

Women are not allowed in the rooms, and there's no fighting, although "everybody gets along pretty well. A few problems here and there, but that comes with the territory."

Kimball said residents don't ask each other how they got there, but he knows of many who come from the street.

Residents are allowed to sign themselves out of the facility overnight, "as long as you've been behaving yourself," Kimball said.

Sheriff's deputies are called for fighting or drunken driving, Kimball said, but he's seen that happen only three times, and he feels safe.

"It's a well-run, peaceful place," he said. "It's really a haven for us."

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7.2 - Inquisitr: [Service Dogs Are Helping Veterans Traumatized By Sexual Assault](#) (23 September, Vivien Alexander, 8.8M uvm; Tampa, FL)

For Leigh Michel, her dog is more than a pet. Her service animal, a black labrador named Lizzy, helps her get through the day. While she's frequently confronted with questions, requests to pet her dog, and other forms of unwanted attention, Michel is also plagued by another issue.

Currently, the U.S. Department of Veterans Affairs does not recognize psychiatric service dogs as a valid form of treatment for mental illness. Because of this, she cannot get coverage for Lizzy's medical bills and training. As someone who has years of her life to the military, Michel finds this unfair.

While serving as a chaplain assistant, she was the sounding board for everyone's troubles, traumas, and fears. Combined with her own traumatic experiences with sexual assault in the military, it became too much to bear. When she returned to civilian life, she realized that she needed help. She was jumpy and paranoid, and was later diagnosed with PTSD, depression, and a mild brain injury.

That's where Lizzy came in. The service dog is trained in matters like these, and knows exactly what needs to be done when Michel begins having a nightmare or panic attack.

"She'll come up right behind me and lay, but her whole body is touching mine, and it's kind of like, 'Hey I'm here, it's OK,'" Michel said to NPR. "And there's been times that I've woken up once she's done that, and then I can go back to sleep because she's right there and she just lays with me."

According to VA statistics, 1 in 4 female service members will experience sexual assault while serving in the military. This is a massive number, and yet many of these assaults never come to light. There's too much at stake, too much stigma, and too much guilt — so many of these women never report their experiences at all.

"I don't want my soldiers to know," Michel explained. "They're going to know that part of me is gone, taken from me. So you have to stay strong like they tell us. Keep fighting."

For many people like Michel, these dogs are a valuable part of their lives. Their duties go beyond that of a pet, and they deserve to be recognized as true service animals. Christopher Baity, the person behind Semper K9, says that these animals are just as important as any other form of assistance.

"A service dog is a service dog, no matter if the person is blind or assaulted in the military and can't perform normal life. A service dog is a piece of durable medical equipment that performs a specialized duty for a disabled American, like a cane, wheelchair or prosthetic."

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7.3 - My Central Jersey (Bridgewater Courier News): [Home Depot hosts regional event to support veterans at Valley Brook](#) (23 September, Pamela MacKenzie, 325k uvm; Somerville, NJ)

BERNARDS - Since 2011, the Home Depot Foundation has organized service projects for military veterans in the weeks leading up to Veterans Day, Nov. 11. The company has dubbed these efforts its "Celebration of Service Campaign."

Thursday, the foundation kicked off its 2018 Celebration of Service campaign by gathering more than 300 volunteers to spruce up Valley Brook Village, a permanent supportive housing community for veterans on 16 acres of the campus of the Veteran's Affairs New Jersey Healthcare Campus at Lyons. Many of its residents have been treated for post-traumatic stress disorder or other ailments at the Lyons facility and have faced homelessness at some point in their lives.

When the call for volunteers went out throughout the Northeast, about 220 volunteers said they'd come, but that morning, more than 300 volunteers from 89 Home Depots and their vendors showed up to help on their day off. Also, the workday was projected to run from 9 a.m. to 4 p.m., but by 1 p.m., virtually all the tasks were accomplished because so many hands pitched in.

"Everybody was so organized; it was incredible," said Carrie Radice, who is the property manager from Peabody Properties who manages Valley Brook Village.

The volunteers installed flagpoles and hoisted flags at the village's welcoming sign, with flags representing every branch of the U.S. military services. They also mulched all the gardens after

planting new flowers, bushes and trees, and they constructed a pavilion, patio and gazebo behind one of the residential buildings. The pavilion is a place where residents can go to smoke, since by law, they can't smoke in the residential buildings. Volunteers also painted an existing pergola and installed solar lighting, grills and "life-proof" picnic tables. Inside the building, they repainted hallways and other parts of the building.

Veteran Dave Anzelone, who served in Iraq twice as part of his 22-year career in the U.S. Army, is a Valley Brook resident and a Home Depot employee. He helped lay tiles and brick in the backyard walkways, as well as paint the hallway near his own apartment inside one of the residential buildings.

"I love it here, and I love Home Depot," said Anzelone, who has lived at Valley Brook almost since it opened five years ago. "It's a real community here, like a military base. Everybody works together."

Valley Brook Village is the result of a partnership among Peabody Properties, Inc., Community Hope, Affordable Housing and Services and Windover Construction, LLC, and offers the first permanent supportive housing for homeless veterans and those at risk of being homeless in Northern and Central Jersey. It has 62 home units in two buildings. Another 50 units are under construction across the street and will be part of the village when finished.

Radice said that Home Depot contributed \$300,000 toward its initial construction, and the Home Depot Foundation has come every year to perform tasks around the grounds. But this is the first year that hundreds of volunteers showed up for a single event.

Celebration of Service

In coming weeks, the Home Depot Foundation will be visiting many other residences for veterans to perform similar tasks and services. Since 2011, the Home Depot Foundation has transformed more than 40,000 homes and facilities for veterans across the country, according to a statement. More than 35,000 of the company's employees are, like Anzelone, veterans themselves.

Daryl Hagen, Home Depot's district manager and community outreach captain for this area, said that volunteers came from as far away as Harrisburg, Pennsylvania, and Catskill, New York, to Cape May, and that store managers from every one of the 89 stores in the region had come to this event.

At 1 p.m., the volunteers came together in the courtyard in front of the Valley Brook Village residences, and Hagen gave awards to some of the leaders who had done the most to make the day a success, including Radice. After many of the awards, the volunteers shouted their motto, "Choose to serve!"

Vincent Immiti, the medical center director for the VA New Jersey Health Care System, said, "From my perspective, this is the most amazing thing, to see so many people come out to help our veterans. It makes my job much easier. It's wonderful to see them expressing appreciation for what our veterans have gone through."

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7.4 - Union Leader: [Veterans, families find closure as Missing Man Table is dedicated](#) (23 September, Roberta Baker, 318k uvm; Manchester, NH)

With a rose for remembrance and a slice of lemon for bitterness endured, the newly installed Missing Man Table at the VA Medical Center bears special significance for six Granite Staters taken prisoner during Korean War or World War II.

One is Herk Streitburger, 100, of Bedford, a former radio operator and gunner on a B-24 Liberator bomber, who was shot down over Germany on his final mission in 1944.

"If that didn't happen, I would have come back to sell war bonds. Instead I was a guest of the German government for a year," Streitburger said. "What was it like? It's hard to express: your spirit is your own, but your body is the property of somebody else."

What helped him survive captivity in a German POW camp before the end of World War II was "being an American, and the childhood discipline instilled in me in school, church and my family. We learned to cope."

Streitburger still speaks at middle schools about his 4 1/2 years of military service.

"My reward is when the children send me notes," he said. "I treasure them. I have eight years of accumulation at home."

Streitburger and other veterans in their 80s and 90s gather monthly at the medical center for camaraderie, to catch up and often to reminisce.

Friday's dedication on National POW-MIA Recognition Day brought honor and a certain amount of closure to those who are still missing friends or loved ones, or searching for their remains.

The Missing Man Table is a symbol of "hope, love, and the realization that we haven't forgotten them," Anne Rodman, VA chaplain, told nearly 150 gathered in the solarium of the medical center, including members of the Northeast POW-MIA Network and Rolling Thunder, a motorcycle club dedicated to POW-MIA causes.

"They endured forced labor, were poorly fed, and frequently beaten. They lived in a prisoner camp, a pit, or a bamboo cage. They were brave, and they answered their nation's call to duty," Dr. Al Montoya, Air Force veteran and director of the VA medical center, said. "You have made so much possible for so many, and the nation owes you a debt of gratitude."

According to the U.S. Defense Department's POW-MIA Accounting Agency, 82,232 Americans who served from 1939 through 2011 — from World War II through the first Iraqi-Gulf War — remain unaccounted for. That includes 1,594 from the Vietnam War, 7,682 from the Korean War, and 72,824 from World War II. Still missing are 318 from New Hampshire.

Improved technology and DNA testing has enabled identification of those who served in more recent conflicts, according to the defense department.

The POW group at the Manchester VA, once 100-strong, now comprises six survivors who have gathered for 20 years to share memories and inspire each other.

“Their experience is so unique,” says Sarah Craig, POW coordinator at VA Medical Center. “They’re such strong men. They just keep going because it’s what they had to do.”

“I know how fortunate I am to be alive at 95,” former POW Wesley Wells said at last month’s meeting.

Ray Brunelle, 84, of Rollinford, went into the U.S. Army when he was 17, arrived in Korea near Christmas Eve, was captured by the Chinese, and survived hand-to-hand combat and multiple land mine explosions.

“I spent two years and 25 days in the hospital. The man upstairs keeps taking good care of me,” said Brunelle, who now goes with his wife to Pease Air Force Base to give stars cut from retired American flags to deploying troops. “It’s a reminder that we’ll bring them back.”

John Merrill, 94, of Manchester, a pilot during World War II, spent 93 days as a prisoner in Germany after his plane was shot down near the Estonian border.

“We were left in the air with all the debris. I came down by parachute, full of shrapnel,” he said.

Merrill has had two knee replacements and a bone graft from ankle to knee. He’s come to POW meetings since 1983, and still enjoys speaking to younger veterans.

“I bring a story of World War II. My advice to them is: Make every day a good one.”

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7.5 - OpsLens: [White House Celebrates National POW/MIA Recognition Day 2018](#) (23 September, Katie Begley, 5k uvd; Vendra Beach, FL)

President Trump proclaimed September 21, 2018 as National POW/MIA Recognition Day 2018. The White House took the opportunity to deliver a message of hope to those with loved ones who are still missing in action (MIA) or prisoners of war (POWs).

“On National POW/MIA Recognition Day,” he said in a Presidential Proclamation, “we honor all American prisoners of war and express our deep gratitude for the courage and determination they exemplified while enduring terrible hardship.”

Prisoners of War and those who are missing in action are recognized each year in an effort to make sure that they are not forgotten. Their families must face a future without the closure of having their loved one’s fate known and often without a place to grieve their loss.

The Origins of POW/MIA Remembrance

The iconic black and white POW/MIA flag was created in 1970 to symbolize the sacrifice that these individuals made. Mrs. Michael Hoff, a member of the National League of POW/MIA Families, spearheaded the project, which was approved by the board in 1972. The POW/MIA flag was created in response to those missing in the Vietnam War but has grown to include all those who are still unaccounted for in war.

"I have pledged my Administration's best efforts to account for our country's missing heroes. We continue to work to account for the missing personnel from the Vietnam War," the proclamation read. "American and partner nation search teams are also working tirelessly in South Korea, Europe, the South Pacific, and elsewhere around the world to recover and identify those who served in World War II, the Korean War, the Cold War, and other past conflicts."

Heroes Return Home

President Trump has been working with the leaders Kim Jung Un of the Democratic People's Republic of Korea and Moon Jae-in of the Republic of Korea to bring peace to the region. Part of the conversations he has had with both leaders has been about reuniting the remains of those still missing with their families back home.

"I secured a commitment from Chairman Kim to recover and repatriate the remains of those Americans who were prisoners of war or killed in action," said President Trump. "Last month, we repatriated the remains of some of those courageous service members to American soil. As a result of this homecoming, two of our missing fallen have already been identified, renewing our hope for the fullest possible accounting of the Americans who have yet to be recovered from the Korean War."

The POW/MIA flag was flown over various prominent buildings in Washington, D.C. on September 21, including the White House, the Capitol Building, the Departments of State, Defense, and Veterans Affairs, and the Selective Service Headquarters Building. The flag was also flown at the World War II Memorial, the Korean War Veterans Memorial, and the Vietnam Veterans Memorial. The United States Postal Service and national cemeteries also recognized POW/MIA members by flying the flag as well.

"I call upon the people of the United States to join me in saluting all American POWs and those missing in action who valiantly served our country," the proclamation concluded.

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8. [Other](#)

8.1 - Arkansas Democrat-Gazette: [NLR man accused of officer threats](#) (23 September, Clara Turnage, 871k uvm; Little Rock, AR)

A North Little Rock man walking through a Veterans Affairs building with a box cutter threatened a police officer Saturday, according to an arrest report.

Gregory B. Wilson, 67, an outpatient at the Eugene J. Towbin Veterans Health Clinic, told an officer with the Veterans Affairs police department that he would assault him, an arrest report said.

Officers reported finding the box cutter and a marijuana joint in Wilson's possession and arrested him on charges of disorderly conduct, second-degree terroristic threatening, criminal trespass and possession of marijuana.

Wilson was in the Pulaski County jail as of Saturday evening with no bond set.

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Veterans Affairs Media Summary and News Clips

24 September 2018

1. [Top Stories](#)

1.1 - The Washington Post (AP): [AP FACT CHECK: Trump wrong on judges, 'plummeting' poverty](#) (24 September, Hope Yen and Calvin Woodward, 43.9M uvm; Washington, DC)
Jousting with Democrats in advance of the November midterms, Trump also declares a premature victory from his tariffs by pointing to a manufacturing renaissance that has yet to be and boasts of promises kept on "full" funding for improvements at the Department of Veterans Affairs. In fact, long-term financing for a key VA health care program remains uncertain.

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1.2 - U.S. News & World Report (AP): [Court to Hear Arguments Over 1966 Spain H-Bomb Accident](#) (23 September, 23.9M uvm; Washington, DC)

A federal appeals court is set to hear arguments involving U.S. veterans who say they were denied disability benefits after becoming ill from radiation exposure while responding to a 1966 accident involving American hydrogen bombs in Spain. The U.S. Court of Appeals for Veterans Claims is scheduled to hear the case Tuesday in Washington, D.C. At issue is whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

[Hyperlink to Above](#)

1.3 - Military Times: [This week in Congress: The defense scramble before mid term elections](#) (23 September, Leo Shane III, 2.1M uvm; Springfield, VA)

VA Secretary Robert Wilkie will make his first appearance testifying on Capitol Hill since his confirmation in July, discussing recent reform efforts with the Senate Veterans' Affairs Committee.

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1.4 - KTVK (TV-3)/KPHO (CBS-5): [Family of soldier who took own life asks VA whistle-blowers to come forward](#) (23 September, Lindsey Reiser, 1.1M uvm; Phoenix, AZ)

Arizona's Family has been covering problems at the Phoenix VA for years. We told you in 2016, whistle-blowers wrote a letter alleging serious problems there. Now, the family of one of the veterans mentioned in that letter is making a plea, asking those whistle-blowers to come forward to give them closure.

[Hyperlink to Above](#)

1.5 - Minnesota Military Radio (Audio): [US Secretary of Veterans Affairs and Central Minnesota Remembers Vietnam](#) (23 September; Minneapolis, MN)

This week we meet the U.S. Department of Veterans Affairs Secretary Robert Wilkie, learn about the Central Minnesota Remembers Vietnam Initiative from St. Cloud's HomeFront Resource Center and get an update from our County Veteran Service Officer. Guests include: Honorable Robert Wilkie – US Secretary of Veterans Affairs; Maj. (Ret) John Donovan – HomeFront Resource Center; Robby Robinson – Goodhue County Veteran Service Officer.

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2. Greater Choice for Veterans

2.1 - Erie Times-News: Can elitists like Brett Kavanaugh rule fairly?: Letters to the editor (23 September, Rochelle Lutz, 320k uvm; Erie, PA)

VA emergency room policy causes hardship for vets. I can sympathize with Kenneth Crawford Jr.'s letter, re: emergency room services for veterans. The lack of ER services from the Department of Veterans Affairs has much to do with the New Choices program it started earlier this year. Many emergencies happen in the evening or middle of the night, but you cannot go to the ER after 8 p.m. or on weekends. Whose bright idea was this?

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 - Townhall: Make the VA Great Again: The Road Ahead for Secretary Wilkie (24 September, Terry Schilling, 8.9M uvm; Arlington, VA)

One of the most frequently repeated mantras of President Trump's 2016 campaign was "drain the swamp," and perhaps no federal agency better epitomizes the swamp these days than the Department of Veterans Affairs. The VA has been plagued by a seemingly endless number of scandals, the most recent of which – involving improper use of taxpayer money for personal travel – led the president to fire VA Secretary David Shulkin earlier this year.

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4.2 - Citizen-Times: Boyle column: Mickey Donathan retires — after 55 years in nursing, thousands of patients (23 September, John Boyle, 318k uvm; Asheville, NC)

Think about this: Given the opportunity, would you work for 55 years? Yeah, that's what I thought. Me neither. But for Mickey Donathan, who has spent 55 years in the nursing field, she still isn't sure she's ready for retirement. That's mainly because Donathan, a 76-year-old nurse anesthetist at the Charles George VA Medical Center, absolutely loves everything about her job, particularly her co-workers.

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5. Improve Timeliness of Service

5.1 - Northwest Herald: McHenry County veterans suffering ailments after burn pit exposure (24 September, Daniel Gaitan, 310k uvm; Crystal Lake, IL)

Victor Somoza, a local veteran of the Afghanistan and Iraq conflicts, said he never expected to be struggling to breathe in his mid-30s. Somoza, a veterans service officer with the Veterans Assistance Commission of McHenry County, blames his struggles on exposure to burn pits while serving overseas.

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6. Suicide Prevention

6.1 - KTVK (TV-3)/KPHO (CBS-5): [VIDEO: Family of veteran wants closure from VA whistleblowers](#) (23 September, 1.1M uvm; Phoenix, AZ)

A family of a veteran who committed suicide because of bad care from the Phoenix VA, they say, wants to know who the whistleblowers were who sparked an investigation into the agency so they can have closure.

[Hyperlink to Above](#)

6.2 - The Daily Sentinel: [Innovation amid an uncertain future](#) (23 September, 191k uvm; Grand Junction, CO)

Another recent example of innovation is the Grand Junction VA Medical Center's work in reducing the risk of suicide through effective pain management. That's a tall order given the present opioid epidemic, but the hospital's wellness center, which specializes in pain services, has a focus on reducing use of prescription drugs. A team of VA personnel from Grand Junction showcased how it focuses on reducing chronic pain to reduce suicide risk...

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [Local Janesville Program Houses Homeless Vets](#) (24 September, Frank Schultz, 23.9M uvm; Washington, DC)

Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman. Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program. Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

[Hyperlink to Above](#)

7.2 - Inquisitr: [Service Dogs Are Helping Veterans Traumatized By Sexual Assault](#) (23 September, Vivien Alexander, 8.8M uvm; Tampa, FL)

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1. [Top Stories](#)

1.1 - The Washington Post (AP): [AP FACT CHECK: Trump wrong on judges, 'plummeting' poverty](#) (24 September, Hope Yen and Calvin Woodward, 43.9M uvm; Washington, DC)

As the midterm elections draw near, President Donald Trump's tendency to declare his campaign promises fulfilled when they aren't has come into starker relief.

He insists poverty in the U.S. is "plummeting," even though the number of poor people has barely declined under his watch and income inequality is climbing.

Jousting with Democrats in advance of the November midterms, Trump also declares a premature victory from his tariffs by pointing to a manufacturing renaissance that has yet to be and boasts of promises kept on "full" funding for improvements at the Department of Veterans Affairs. In fact, long-term financing for a key VA health care program remains uncertain.

On judges, Trump's comments about Supreme Court nominee Brett Kavanaugh's accuser betrayed a misunderstanding of how FBI investigations work. And his claim to be in the league of George Washington when it comes to placing judges on the federal bench is refuted by the record.

A look at some of the rhetoric over the past week from Trump and members of Congress:

[...]

VETERANS

TRUMP: "Just today I signed a new bill fully funding Veterans Choice for our great veterans." — rally Friday in Springfield, Missouri.

TRUMP: "Promises Kept for our GREAT Veterans!" — tweet Friday.

TRUMP: "We are delivering the resources needed to fully implement crucial VA reforms ... to deliver for our great veterans." — remarks Friday in North Las Vegas, Nevada.

THE FACTS: He isn't telling the full story. The private-sector health-care program lacks a long-term source of government funding that could put it or other domestic programs subject to budget caps at risk of major shortfalls next year.

Trump signed legislation in June to expand the Veterans Choice program as an alternative to medical care provided by the Department of Veterans Affairs. The new program will give veterans wider access to private-sector physicians outside the VA if they must endure lengthy wait times or the treatment wasn't what they had expected. The government-paid program is projected to face escalating costs, including a \$1 billion shortfall next summer.

A bipartisan group of senators had sought to address long-term funding by adding new money to cover the private care program, but the White House opposed that as "anathema to responsible spending." It maintained that added costs should be paid for by cutting other domestic programs, including possibly some at VA.

Congress included in the VA spending bill a one-year money fix for the expanded Choice program, putting aside discussion until next year on how to pay its estimated added costs of \$8 billion next fall and \$9 billion in 2020. Trump signed that bill last week.

The Choice program has already involved high levels of spending, leading to two unexpected budget shortfalls during Trump's first year in office.

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1.2 - U.S. News & World Report (AP): [Court to Hear Arguments Over 1966 Spain H-Bomb Accident](#) (23 September, 23.9M uvm; Washington, DC)

NEW HAVEN, Conn. — A federal appeals court is set to hear arguments involving U.S. veterans who say they were denied disability benefits after becoming ill from radiation exposure while responding to a 1966 accident involving American hydrogen bombs in Spain.

The U.S. Court of Appeals for Veterans Claims is scheduled to hear the case Tuesday in Washington, D.C.

At issue is whether a class-action lawsuit can be filed against the Veterans Affairs Department for denying disability claims.

Yale Law School students in Connecticut are representing Air Force veteran Victor Skaar, of Nixa, Missouri. They want to expand the lawsuit to include hundreds of veterans.

Radioactive plutonium was released near Palomares, Spain, in January 1966, after a U.S. B-52 bomber and refueling plane crashed. Four hydrogen bombs crashed to the ground, but didn't explode.

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1.3 - Military Times: [This week in Congress: The defense scramble before mid term elections](#) (23 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — In what is expected to be Congress' final full week of hearings before the November election, lawmakers will tackle a host of defense and veterans issues as the ongoing battle over Supreme Court nominee Brett Kavanaugh drags on.

The Senate Armed Services and Senate Foreign Relations Committees will try and advance their own nominees this week, with the former panel's list including the new head of U.S. Southern Command and a new commander for U.S. Forces Korea.

VA Secretary Robert Wilkie will make his first appearance testifying on Capitol Hill since his confirmation in July, discussing recent reform efforts with the Senate Veterans' Affairs Committee.

And all of that work will come as House leaders push to finalize the fiscal 2019 defense appropriations bill before the end of the week. The Senate has already approved the measure, and if House members are similarly successful, the vote will mark the first time in 10 years that lawmakers have completed the military budget before the start of the new fiscal calendar.

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1.4 - KTVK (TV-3)/KPHO (CBS-5): [Family of soldier who took own life asks VA whistle-blowers to come forward](#) (23 September, Lindsey Reiser, 1.1M uvm; Phoenix, AZ)

Arizona's Family has been covering problems at the Phoenix VA for years. We told you in 2016, whistle-blowers wrote a letter alleging serious problems there.

Now, the family of one of the veterans mentioned in that letter is making a plea, asking those whistle-blowers to come forward to give them closure.

Three years after Army Ranger Antouine Castaneda took his own life, his mother-in-law, Margaret Smith, said they are still searching for answers. And she said her granddaughters ask questions about their dad.

"She doesn't understand why the doctors at the VA didn't save her daddy, but she wants to go to his grave dig him up and see his bones," Smith said. "That's heartbreaking for me as a grandma."

The 2016 letter specifically mentioned Castaneda, among other veterans, saying the Phoenix VA failed him by not checking on him.

"He was considered such a high risk that they were supposed to be having someone check on him at his home, and apparently they weren't not checking on him all the time," Smith said.

He had been diagnosed with PTSD and had a traumatic brain injury, according to Smith. His family is now pushing for a bill that would track veteran suicides in Arizona. They also filed a wrongful death lawsuit against the Phoenix VA.

"What else are they not telling us that could have possibly saved his life?" she asked.

At the time, the letter was written by staff at the management level who for fear of losing their jobs, asked to remain anonymous. Now Smith is asking them to come forward.

"They probably went home at night and thought, if that was my kid in the military and killed himself and leaves two kids behind, I couldn't sleep at night, and him or her knowing something - it would help give us closure if they would step forward," Smith said.

We reached out to the Phoenix VA and are waiting to hear back.

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1.5 - Minnesota Military Radio (Audio): [US Secretary of Veterans Affairs and Central Minnesota Remembers Vietnam](#) (23 September; MN)

This week we meet the U.S. Department of Veterans Affairs Secretary Robert Wilkie, learn about the Central Minnesota Remembers Vietnam Initiative from St. Cloud's HomeFront Resource Center and get an update from our County Veteran Service Officer. Guests include:

Honorable Robert Wilkie – US Secretary of Veterans Affairs
Maj. (Ret) John Donovan – HomeFront Resource Center
Robby Robinson – Goodhue County Veteran Service Officer

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2. Greater Choice for Veterans

2.1 - Erie Times-News: [Can elitists like Brett Kavanaugh rule fairly?: Letters to the editor](#)
(23 September, Rochelle Lutz, 320k uvm; Erie, PA)

VA emergency room policy causes hardship for vets

I can sympathize with Kenneth Crawford Jr.'s letter, re: emergency room services for veterans.

The lack of ER services from the Department of Veterans Affairs has much to do with the New Choices program it started earlier this year. Many emergencies happen in the evening or middle of the night, but you cannot go to the ER after 8 p.m. or on weekends. Whose bright idea was this?

When you have an emergency and need to call an ambulance and go to a hospital, they are not allowed to take you to the veterans hospital. Who thinks about calling to get permission in an emergency, which they require you to do if you take an ambulance to the hospital? If you let them know, they might pay for it. If you do not, most likely they won't pay for it. We have had a couple of instances in which my husband has had to go to the UPMC Hamot ER. One time I called after the fact. The next time I did not remember to.

Much of this is caused by the VA ER being closed on weekends. The Choice program could be a good program, but it does not cover all the bases.

The other issue is ambulances: If you call 911, you get both the local fire department rescue squad as well as EmergCare. So we get two ambulance bills, neither one of which we can afford.

I would like someone from Veterans Affairs to respond to some of these questions if they can, and tell their veterans how to handle this situation. I know we are not the only ones trying to figure out the VA's reasoning. It certainly cannot be cheaper for them, or is it?

— Rochelle Lutz, North East

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 - Townhall: Make the VA Great Again: The Road Ahead for Secretary Wilkie (24 September, Terry Schilling, 8.9M uvm; Arlington, VA)

One of the most frequently repeated mantras of President Trump's 2016 campaign was "drain the swamp," and perhaps no federal agency better epitomizes the swamp these days than the Department of Veterans Affairs. The VA has been plagued by a seemingly endless number of scandals, the most recent of which – involving improper use of taxpayer money for personal travel – led the president to fire VA Secretary David Shulkin earlier this year. And, as has become tradition at the VA, Shulkin's successor, Robert Wilkie, has inherited the task of cleaning up quite a mess.

It would be overwhelming enough if Wilkie had merely to address the VA's notoriously poor quality of health care – a well-documented problem stemming from distressingly widespread incidents of incompetence and malfeasance. However, the VA's problems have only grown in recent weeks. For example, just last month an inspector general's report revealed a backlog of more than 238,000 appeals cases on veterans' disability rulings, a development leading to delays spanning several years for thousands of veterans in receiving final decisions on their cases. That's not even counting the backlog on initial disability benefits claims, which a report this month suggested may be much higher than the VA's official total of 86,000.

And to make matters worse, another inspector general report released last month found that VA officials didn't follow proper procedures for processing claims of sexual assault victims in the military over a 6-month period last year. According to the report, benefits may have been wrongly refused in more than 1,300 cases, likely causing additional trauma to assault victims who ought to have had the agency's full support. For a department already reeling from a mountain of bad publicity, this was decidedly not a good look.

Fortunately, efforts are already underway to begin rectifying these numerous problems. In order to begin addressing the appeals logjam, President Trump last year signed the Veterans Appeals Improvement and Modernization Act, legislation which would create a fast track for the appeals process and take advantage of new technologies. And while the legislation does not take effect until 2019, it is important Secretary Wilkie take steps now in preparation to fully implement the law.

In addition, in June, the president signed into law the VA MISSION Act, whose many critical reforms include provisions to consolidate and strengthen community care programs into a single program, expand eligibility for the Family Caregivers Program, and give veterans access to walk-in care. Last year, President Trump also signed the VA Accountability and Whistleblower Protection Act, making it easier to discipline bad actors, including senior executives, and strengthening protections for individuals who come forward to identify problems occurring within the VA.

However, much more work is still required if the VA is to be fully rehabilitated. For example, this past summer, veterans in California suddenly found their education options severely restricted when the state's approving agency decided to suspend the eligibility of a large group of colleges

from receiving GI Bill reimbursements. For those veterans relying on GI Bill benefits to attend these schools, the decision was a serious blow which threatened their continued education.

Fortunately, thanks in large part to an intervention by the VA, California's approving agency has since reversed its decision, reinstating eligibility for nine public and non-profit schools. However, a number of for-profit schools who have been certified by recognized state and accrediting bodies still remain in limbo due to a lack of VA support, leaving the future of many veterans' educations in doubt. This also gives the appearance that the VA has different standards for non-profit and for-profit schools. For an agency still under the dark shadow of scandal, moving to resolve this situation and restore eligibility to for-profit schools would no doubt help rebuild much of the good will it lost in the mismanagement of recent years -- as well as better serve the veterans who have chosen for-profit institutions to meet their educational needs.

Of course, this is merely one small part of the much larger reformation project which faces Secretary Wilkie. Nevertheless, veterans and other Americans alike will be watching closely in the hopes that the VA's newest leader will be up to the challenge. For the sake of our veterans, as well as "draining the swamp," let's hope he succeeds.

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4.2 - Citizen-Times: [Boyle column: Mickey Donathan retires — after 55 years in nursing, thousands of patients](#) (23 September, John Boyle, 318k uvm; Asheville, NC)

Think about this: Given the opportunity, would you work for 55 years?

Yeah, that's what I thought. Me neither.

But for Mickey Donathan, who has spent 55 years in the nursing field, she still isn't sure she's ready for retirement. That's mainly because Donathan, a 76-year-old nurse anesthetist at the Charles George VA Medical Center, absolutely loves everything about her job, particularly her co-workers.

"I don't know what I'm going to do without them," Donathan said Thursday at a luncheon in her honor. "I'm going to be crying every day. I really am. It's like losing your family. It's going to be hard."

A diminutive spitfire of a woman — she quickly notes that she used to be taller but lost 2 inches after a spinal surgery, leaving her at 5-foot-1 — Donathan has love, kindness, sass and personality to spare.

And her co-workers absolutely adore her for it.

Skilled, and beloved

Susan Bazemore, chief of anesthesia at Charles George, said Donathan is absolutely one of a kind, a worker brimming with kindness and caring, but also a woman able to crack up a room with laughter. In short, Donathan is the ultimate team player, and she works in a profession where the stakes of the game couldn't be higher.

"When someone is sick, when someone wants vacation, she'll give up her off time to work," Bazemore said. "The veterans love her, and she loves them."

Dina Remenar, the nurse manager of the VA's operating room, post-anesthesia care unit, starting working with Donathan at St. Joseph's Hospital in Asheville, now part of Mission, three decades ago.

"She is the same today as she was 30 years ago," Remenar said. "She's compassionate, she is skilled and she has always treated me with respect and kindness — and she gives me the crossword puzzles every morning."

Donathan is also famous as a voracious reader who typically knocks out a book a day, and she's notorious for throwing fantastic Christmas parties. But she's also generous to a fault and preaches kindness as the antidote to much of life's unpleasantness.

"Mickey has the biggest heart that I've ever seen," Remenar said. "She will help anyone."

Ask Donathan if she's working full-time and she'll say no, but then she describes a schedule that sounds pretty darn full-time. Her last official day comes this week, when she'll work three days.

Ask why she keeps on keeping on, and Donathan exudes an enthusiasm that fills the break room.

"I love it. I absolutely love it," Donathan said "These people are the sweetest, nicest people that God ever made. The patients, the vets — you can't ask for nicer people. These men and women bend over backwards."

The only time Donathan cried during her career, she said, was when a World War II Air Corps veteran told her about the men he'd lost in combat.

"He started crying, then I started crying," Donathan said.

One of 13 children

That work ethic came from Donathan's upbringing in the Fontana Lake-Bryson City area, where she was the 10th child in a family of 13 born to Winnie and Tommy Downs, a brick and stone mason. Where she grew up is now underwater, but their family, like most people of that time, had a small farm in addition to other work.

"We had to work hard," Donathan said. "We had a farm, and we had cattle and pigs and chickens and dogs and young'uns."

When Donathan was in third grade, her mother had a stroke, induced in part by receiving a telegram about one of her sons being missing in action in Korea. Donathan found herself taking over a lot of the household chores, including the cooking.

It was a family that always stressed education along with hard work, and Donathan says most of her family started out in a one-room schoolhouse. Her mother wasn't satisfied with that, though, and taught her children at home, too, so Donathan started learning to read at age 2.

After high school, she attended nursing school in Chattanooga, Tennessee, at Erlanger Baroness Hospital.

She started work at St. Joseph's in Asheville in 1963, working in the operating room. In a photo from about 1966-67, Donathan and another nurse are wearing pants, which was borderline scandalous at the time for a nurse.

"They said we were unprofessional," Donathan recalled. "Oh, they called us terrible names. We practically got death threats. It was so silly."

Always curious and academically driven, Donathan wanted more than floor nursing, so in she enrolled in a cooperative nurse anesthetist program between Mission-St. Joseph's and Warren Wilson College.

Her son, Brian Bailey, said some of his earliest memories are of sitting in those classes with his mom, bored to tears.

'A nut,' in the best way

Brian Bailey just laughs and shakes his head as the stories about his mom pour out.

She's been married and divorced twice and her house in Asheville burned down in 1978. All the while, she maintained a demanding schedule, as well as continuing education classes.

Originally, Donathan wanted to be an Air Force fighter pilot and actually enrolled in the service for a few hours before they told her she'd have to sign over custodial rights to her son to serve.

It's the shortest Air Force career ever, Donathan allows.

"She's a nut, and I mean that with all respect and love," Bailey said, drawing laughter from the room.

All kidding aside, Donathan works in a field that requires precision, concentration and a lot of knowledge of the human body and chemistry.

I asked Donathan how many patients she thinks she's knocked out over the years, and Bazemore hopped in the conversation.

"It's not how many she puts under; it's how many she wakes up," Bazemore said, drawing laughter from the room.

"So far, I'm a hundred percent on that," Donathan added without missing a beat.

She's knocked out thousands

Calculating conservatively, Bazemore and Donathan estimate Donathan has handled 500 patients a year, just at the VA, meaning she's anesthetized about 8,500 veterans over the years.

The VA is also a training hospital, so Donathan figures she's worked with over 200 anesthesia students since 2001, many of them from Duke University.

Paula Taylor, the administrative officer for surgical service at Charles George, said the amount of change Donathan has seen over the decades is just mind-boggling.

"Can you imagine the amount of change she's seen, not only in the facility, but with the equipment and the way anesthesia is done and the amount of control they have independently as providers, versus in the private sector?" Taylor said. "To me, that's the cool thing."

For her part, Donathan said probably the biggest advance she's witnessed was the development and introduction of oxygen saturation monitors, which continuously tell the anesthetist how much oxygen is in the blood. Those devices came on the market in the early 1980s, and we take them for granted now.

"Used to be, you had to look for the color of the lips to be blue, and it took a long time for that to get blue, and you were already in trouble when that happened," Donathan said.

All of the advances she's seen required more training, more classes, more studying to maintain her certifications.

Still, with a modesty typical of many mountain folks, Donathan quickly dismisses any notion that she's lived a remarkable life.

"No. There's nothing remarkable about me," Donathan said. "I've made so many mistakes in life that if I had to list them all I'd be here from now until kingdom come."

'She taught me how to cuss'

Family and friends beg to differ, including her only grandchildren, Dorothy Lou Bailey, 33, and Katie Bailey, 27, a photographer who used to work at the Citizen Times and has traveled extensively for photo shoots.

Her Granny had a "huge impact" on who she is as a person, the younger granddauther said.

"She is who pushed me to travel," Katie Bailey said. "She's who encouraged me to read as much as I read. She's the one who always had me asking questions. She's the one who had me watching Peter Jennings. He's the first journalist I was introduced to."

By the way, just about everybody calls Donathan "Granny." It just seems to fit.

Dorothy Lou Bailey also said Granny was a force of nature in her life.

"Granny, I would say, was my best friend growing up, and still is," she said. "No matter what, she always told me, 'You're my horse, even if you never win a race.'"

Dorothy Lou works in the biotech industry, and like her dad, she too remembers going to education conferences with Donathan. The rest of the family would go skiing or hiking while Donathan and Dorothy Lou attended a seminar on, say, administering anesthesia to obese patients or some other scientific topic.

"I ended up pursuing a career in biotech, and I think my love for science and health came from Granny," Dorothy Lou Bailey said.

Dorothy Lou Bailey is head of corporate development for BlackThorn Therapeutics, a San Francisco company that develops drugs for brain diseases, including Parkinson's and depression.

Before anybody canonized Granny Donathan, Katie Bailey playfully offered a word of caution.

"She seems sweet and wise, but she's also is who taught me how to cuss," she said with a laugh. "It was good teaching."

But then she and her sister got to talking about how giving their Granny is, and it got kind of hilarious.

"She's also one of the most generous people I've ever met, almost frustratingly so," Dorothy Lou Bailey said, referencing a kitchen renovation that entered family lore. "Katie and I are like, 'Granny, the cabinet people are taking advantage of you,' and she's like, 'No, they tried their best and we should really pay them in full for these cabinets.'"

"Anyone who sends her an address label, she sends them money," Katie chipped in.

"That's not true!" Donathan insisted.

Going for a master's degree?

While Donathan allows she is looking forward to sleeping for about a week, she's not going to be idle for long.

"I'm going back to school," Donathan said. "I'm going back to college. I'm going to do English literature or creative writing, maybe both."

She'll be enrolling again at Warren Wilson, this time for a two-year master's degree.

"I just want to have fun, and to me that's fun," said Donathan, who reads a book a day. "I have sat up all night before and read books."

Oh, and this is on her list, too.

"Yes, I'm going to find a boyfriend," Donathan deadpanned.

Katie Bailey reminded her she already had one.

In all seriousness, Donathan said she wants to be more active in the community and volunteer more. She's gone on service trips to Africa to help patients in need, so rest assured she'll get more involved here.

She's got some property that she wants to do some organic farming on. Oh, and she put a little pressure on the granddaughters.

"I can't wait to have great-grandchildren," Donathan said.

Yes, Granny will keep being Granny.

She'll never claim to be any kind of sage, but Donathan did offer a lovely piece of advice when asked what she'd tell young people just starting out in life.

"I'd say, be good to everybody and love everybody," Donathan said. "You know, you'll find some people that won't love you back and some people are mean. But hey, that's their problem — just go on by. Do the best you can, because the only person you have to answer for is yourself."

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5. Improve Timeliness of Service

5.1 - Northwest Herald: McHenry County veterans suffering ailments after burn pit exposure (24 September, Daniel Gaitan, 310k uvm; Crystal Lake, IL)

Victor Somoza, a local veteran of the Afghanistan and Iraq conflicts, said he never expected to be struggling to breathe in his mid-30s.

Somoza, a veterans service officer with the Veterans Assistance Commission of McHenry County, blames his struggles on exposure to burn pits while serving overseas.

He served in the U.S. Army from 2005 to 2015. Somoza was deployed to Iraq twice — from 2008 to 2009 and 2010 to 2011. He served in Afghanistan from 2012 to 2013.

He was exposed to open burn pits dozens of times throughout his military career. To reduce waste and destroy sensitive documents and materials that could be seized by enemy combatants, Somoza said it was common for soldiers to burn everything in large pits.

"We were burning feces, everything around you," Somoza said, adding that batteries, plastic bottles, gear and documents all were incinerated.

"We were instructed to do it," Somoza said. "It had a distinct smell."

Somoza, 35, said most soldiers viewed the burns as a recreational activity.

"We called it a bonfire. We would gather around it," he said. "We didn't know any better, or that we were breathing in these fumes. Have you ever seen a radio battery burning? It's just black smoke. It has a strong odor. But the worst [smell] was when you burned your own feces, human waste."

Somoza said he sometimes would climb on top of rubbish to stir it into the fire.

"We did it about three times a week," he said.

Somoza now blames those pits for his breathing problems.

"When I was in the Army, I would run every day. I was active," he said. "When I got out, I was breathing heavily just from walking to the car or climbing a flight of stairs. I was gasping for air."

Somoza said he was diagnosed with asthma.

"I was 33 years old and never had any history of asthma within my family," he said, adding that he was prescribed albuterol to manage his symptoms. "I took that for a while, but I was denied [VA] service for bronchitis, even though I had that."

Somoza said dozens of local veterans deployed to the Middle East conflicts struggle with similar problems.

"I struggle with it every day, even just putting on pants in the morning," he said. "My wife notices it at night when I gasp for air."

The U.S. Department of Veterans Affairs does not recognize toxic burn pit exposure as a contributing factor to the development of respiratory illnesses, Somoza said.

Bill to help veterans

U.S. Rep. Randy Hultgren recently joined a bipartisan effort to help veterans who might have been sickened by burn pits.

Last month, Hultgren, R-Plano, co-sponsored the Veterans Burn Pit Exposure Act of 2018. The bill would allow chronically ill veterans exposed to burn pits access to medical care and disability compensation benefits.

Hultgren could not be reached for comment.

The VA already has created a database of exposed veterans to study whether there is a connection between exposure to burn pits and illnesses. If adopted, this legislation would provide a presumption of service to affected men and women.

The bill also would establish the Open Burn Pit Advisory Commission, an independent body to be tasked with gathering the medical and scientific data necessary to make recommendations for burn pit-related maladies.

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6. [Suicide Prevention](#)

6.1 - KTVK (TV-3)/KPHO (CBS-5): [VIDEO: Family of veteran wants closure from VA whistleblowers](#) (23 September, 1.1M uvm; Phoenix, AZ)

A family of a veteran who committed suicide because of bad care from the Phoenix VA, they say, wants to know who the whistleblowers were who sparked an investigation into the agency so they can have closure.

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6.2 - The Daily Sentinel: [Innovation amid an uncertain future](#) (23 September, 191k uvm; Grand Junction, CO)

With the access and affordability of health care emerging as one of the leading issues of the upcoming midterm election, there's no clear picture of what the future holds.

The Trump administration has been rolling back sections of Barack Obama's signature health-care law, but Senate Republicans failed to pass a replacement program, leaving the Affordable Care Act as the law of the land, but without some key mechanisms to make it work as designed.

Voters will determine voting majorities that will either take another run at repealing the ACA, restore it or even move the country to more fully socialized medicine like a Medicare-for-all system.

Amid this confusion, insurance providers and state health plans across the country are coping with uncertainty from federal actions. No sector of the health-care economy is immune. Everyone is waiting to see if and how the midterms reshape the health-care debate.

But the Grand Valley, which has always been known for innovation and collaboration in the health-care arena continues to do what it can to strengthen care.

The latest example is a "care affiliate" agreement between St. Mary's Medical Center and a rural hospital in Moffat County. The affiliation will provide access to resources — including specialists and a medical records system — that the Memorial Regional Health system in Craig doesn't have and couldn't afford.

The agreement allows Memorial Regional Health to remain an independent hospital, which officials from both hospital systems see as a better alternative than an outright acquisition by a larger organization.

These affiliations may become increasingly important to small, rural hospitals looking to remain relevant in an increasingly complicated health-care landscape with cost factors beyond their ability to manipulate them.

Another recent example of innovation is the Grand Junction VA Medical Center's work in reducing the risk of suicide through effective pain management.

That's a tall order given the present opioid epidemic, but the hospital's wellness center, which specializes in pain services, has a focus on reducing use of prescription drugs.

A team of VA personnel from Grand Junction showcased how it focuses on reducing chronic pain to reduce suicide risk and won in the best presentation, best project category out of more than 600 presentation at an innovation competition in Washington, D.C. earlier this month.

As the Sentinel's Joe Vaccarelli reported last week, the VA now is gearing up to share its program with other hospitals around the country.

Despite the chaos of the current health-care environment, it's heartening to know that local providers continue to keep their focus on improving and expanding care. Yet, we await collaborations to enhance the biggest impediment to access to care: affordability.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): Local Janesville Program Houses Homeless Vets (24 September, Frank Schultz, 23.9M uvm; Washington, DC)

JANESVILLE, Wis. — Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman.

Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

He wasn't homeless in the way people often think of homeless men: destitute and sleeping under bridges.

In fact, it's rare for that kind of homeless veteran to stay at the facility, part of the former Caravilla Nursing Home, officials said.

Kimball is getting the help he needs, but the nation still has homeless veterans, nearly 50,000 as of 2015, with Wisconsin accounting for 520 of those, according to the Veterans Administration.

Why can't we end homelessness, at least for our military veterans? A look at Housing 4 Our Vets offers some clues.

For starters, the 48-bed facility always has about 12 openings, officials said.

A woman showed up at the facility last week, crying. Her Marine-veteran son needed help.

Rock Valley Director Angel Eggers said she doesn't know how the woman knew about the facility, but she's glad there's room for him.

More often, Eggers runs into people who didn't know the Housing 4 Our Vets program exists.

"It has been a struggle getting the word out," Eggers said, speculating that more homeless vets might apply if they knew about it.

Some veterans don't think of themselves as veterans, Eggers said. Some don't know they qualify for a wide range of VA benefits.

"We've had guys who could've had benefits for years but never knew," she said.

Eggers gave the mother of the Marine veteran an application form and put her in touch with people who would help her son fill it out.

The Veterans Administration must approve the application, usually in five to seven days. Eggers said this case sounded promising.

The Janesville Gazette reports that Housing 4 Our Veterans takes in male veterans for a maximum of two years from parts of four states.

The program at the former Caravilla Nursing Home is a contractor for the VA, which runs the federal government's effort to end veteran homelessness.

The local program forbids the use of drugs or alcohol, one of the reasons some homeless won't go there, said Julie Lenzendorf, program administrator.

"I've heard, 'I'm a grown man. I don't want to quit drinking,'" Lenzendorf said.

Staff members understand that recovering from addiction means relapses, but men can be ejected from the program if they don't take advantage of the treatment provided and continue to return to the facility drunk or drugged.

Others don't want to live with a roommate, another program requirement.

For those who go through the program, the success rate exceeds the VA's goal of 65 percent, Eggers said.

The VA defines success as a discharge into independent, permanent housing, but some veterans stay for a time with family before getting their own apartments, or they go to a long-term care facility, so those are not registered as successes, Eggers said.

Very few exit the facility and become homeless again, Lenzendorf said.

"We do everything we can (to prevent that)," Eggers added.

Services the local program provides are critical to success, said Eggers.

A key service is drug/alcohol counseling. The program has a high population of recovering substance abusers.

Residents can also get help for mental health problems such as post-traumatic stress and housing/employment counseling.

"The guys we see have pretty complex needs. That's why I'm thrilled with the VA, that they give these guys two years (to work on their problems)," Eggers said.

George Kearn was the first veteran to use the facility when it opened in 2011.

Kearn now is assistant manager at Full Circle Furnishings, an offshoot of the homeless-vets program. All profits support the program. It's a job he loves.

Kearn's own homelessness was brief. He was getting a divorce and needed a place to stay in 2011. The VA pointed him to the new program. He did so well he was hired to help run the place and stayed for nearly two years.

The Navy veteran, 73, served in Vietnam as a radio operator on a high-speed amphibious transport that dropped off underwater demolition specialists on Vietnamese shores.

Kearn thinks the homeless program is needed, especially to help veterans transition to civilian life.

But he believes some veterans use the system for housing when they could provide for themselves.

Housing 4 Our Vets is in two wings of the former nursing home complex.

The veterans and former prisoners have different meal times and gym times, but they can encounter each other in the halls or grounds. One thing the program is not is an emergency shelter. Veterans must apply and be accepted under guidelines dictated by the Veterans Administration.

The veterans program employs a manager, two case workers, one intake workers/substance abuse counselor, a full-time staff assistant and several part-time assistants.

It will cost an estimated \$726,355 to run this year, most of that coming from the Veterans Administration, Eggers said.

A VA social worker spends at least one day a week at Rock Valley.

Residents who have income, such as from jobs or pensions, must pay 30 percent of their income in rent, not to exceed \$224 a month.

To gain entry, residents must be adult males with a non-dishonorable discharge from the military. They must be able to take care of their daily-living needs; the facility does not provide nursing-home-style assistance.

They must prove they are sober, and drug tests and breathalyzer tests are administered randomly.

The veterans section includes a common room, where residents can watch TV, play cards or host visitors.

Visitors are not allowed in the rooms, which are small but include full baths and kitchenettes.

The program features a mandatory life-skills course.

Kimball and another current resident, Michael Cerda, said they don't like the requirement that they take life skills training because they know how to brush their teeth, take a shower and otherwise care for themselves.

Cerda, 32, a former gunner's mate in the Navy, arrived at Rock Valley last year. He became homeless when he was living with family, and problems developed.

Cerda works a second-shift manufacturing job in Delavan and owns his own car.

Cerda doesn't like the curfew of 10 p.m. on weekdays and midnight on weekends, but he's willing to suffer the annoyances.

He plans to use his full two years so he can be sure he has enough money saved to rent an apartment and be successful, he said.

Cerda likes the food and can order a sack lunch to take to work. Residents are taken on field trips, such as Milwaukee Brewers games and bowling, and cookouts are held on the grounds.

Local groups provide cookies and other snacks, especially during the holidays, he said.

Cerda had a roommate who was an alcoholic and was found outside almost frozen to death, he said.

Residents are encouraged to have hobbies. Cerda paints and modifies miniature soldiers and plays war games with them.

Rock Valley is expanding its programming for veterans. It's renovating a vacant wing of the old nursing home for a 23-bed transitional living facility scheduled to open in May.

Graduates of Housing 4 Our Veterans who can't find housing after two years will be able to apply to move to the new wing, where they'll have a room of their own at low rents for up to three years.

Work on the gutted wing has been slow in part because officials want to pay for it without a loan. That will mean more fundraising, Eggers said.

President Barack Obama's administration set out to fix the problem of veterans homelessness in 2010 by revamping the VA's programming, and it yielded some results, according to the VA website.

The VA says homelessness between 2010 and 2013, as measured by the number of homeless veterans on a single night in January, dropped from 76,329 to 57,849.

The revamped program included collaborating with community-based treatment and supportive services, such as the one at Rock Valley. It also started a new program that took a radically different approach.

The new program is called Housing First. It gives veterans vouchers to pay for apartments without requiring that they stay off alcohol or drugs or complete treatment before getting housing.

Housing First recipients do get help for mental health, substance abuse and other needs, but that comes after they have a roof over their heads.

Eggers doesn't see how that will work, and she wouldn't want to use it at Rock Valley, but it's still a part of the VA's approach.

The jury appears to be out on Housing First, which also is being used for non-veterans in programs around the country.

'Everybody gets along'

Kimball likes his room and the food. He said he gets plenty of exercise in the gym, and he has made friends.

Residents must clean windows and floors and do other chores, and they must keep their own rooms tidy.

"We've all been through it at one time, when we were in the service, so it's nothing new to us," he said.

Smoking is allowed in designated areas.

"They're very strict about that," Kimball said.

Women are not allowed in the rooms, and there's no fighting, although "everybody gets along pretty well. A few problems here and there, but that comes with the territory."

Kimball said residents don't ask each other how they got there, but he knows of many who come from the street.

Residents are allowed to sign themselves out of the facility overnight, "as long as you've been behaving yourself," Kimball said.

Sheriff's deputies are called for fighting or drunken driving, Kimball said, but he's seen that happen only three times, and he feels safe.

"It's a well-run, peaceful place," he said. "It's really a haven for us."

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7.2 - Inquisitr: [Service Dogs Are Helping Veterans Traumatized By Sexual Assault](#) (23 September, Vivien Alexander, 8.8M uvm; Tampa, FL)

For Leigh Michel, her dog is more than a pet. Her service animal, a black labrador named Lizzy, helps her get through the day. While she's frequently confronted with questions, requests to pet her dog, and other forms of unwanted attention, Michel is also plagued by another issue.

Currently, the U.S. Department of Veterans Affairs does not recognize psychiatric service dogs as a valid form of treatment for mental illness. Because of this, she cannot get coverage for Lizzy's medical bills and training. As someone who has years of her life to the military, Michel finds this unfair.

While serving as a chaplain assistant, she was the sounding board for everyone's troubles, traumas, and fears. Combined with her own traumatic experiences with sexual assault in the military, it became too much to bear. When she returned to civilian life, she realized that she needed help. She was jumpy and paranoid, and was later diagnosed with PTSD, depression, and a mild brain injury.

That's where Lizzy came in. The service dog is trained in matters like these, and knows exactly what needs to be done when Michel begins having a nightmare or panic attack.

"She'll come up right behind me and lay, but her whole body is touching mine, and it's kind of like, 'Hey I'm here, it's OK,'" Michel said to NPR. "And there's been times that I've woken up once she's done that, and then I can go back to sleep because she's right there and she just lays with me."

According to VA statistics, 1 in 4 female service members will experience sexual assault while serving in the military. This is a massive number, and yet many of these assaults never come to light. There's too much at stake, too much stigma, and too much guilt — so many of these women never report their experiences at all.

"I don't want my soldiers to know," Michel explained. "They're going to know that part of me is gone, taken from me. So you have to stay strong like they tell us. Keep fighting."

For many people like Michel, these dogs are a valuable part of their lives. Their duties go beyond that of a pet, and they deserve to be recognized as true service animals. Christopher Baity, the person behind Semper K9, says that these animals are just as important as any other form of assistance.

"A service dog is a service dog, no matter if the person is blind or assaulted in the military and can't perform normal life. A service dog is a piece of durable medical equipment that performs a specialized duty for a disabled American, like a cane, wheelchair or prosthetic."

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7.3 - My Central Jersey (Bridgewater Courier News): [Home Depot hosts regional event to support veterans at Valley Brook](#) (23 September, Pamela MacKenzie, 325k uvm; Somerville, NJ)

BERNARDS - Since 2011, the Home Depot Foundation has organized service projects for military veterans in the weeks leading up to Veterans Day, Nov. 11. The company has dubbed these efforts its "Celebration of Service Campaign."

Thursday, the foundation kicked off its 2018 Celebration of Service campaign by gathering more than 300 volunteers to spruce up Valley Brook Village, a permanent supportive housing community for veterans on 16 acres of the campus of the Veteran's Affairs New Jersey Healthcare Campus at Lyons. Many of its residents have been treated for post-traumatic stress disorder or other ailments at the Lyons facility and have faced homelessness at some point in their lives.

When the call for volunteers went out throughout the Northeast, about 220 volunteers said they'd come, but that morning, more than 300 volunteers from 89 Home Depots and their vendors showed up to help on their day off. Also, the workday was projected to run from 9 a.m. to 4 p.m., but by 1 p.m., virtually all the tasks were accomplished because so many hands pitched in.

"Everybody was so organized; it was incredible," said Carrie Radice, who is the property manager from Peabody Properties who manages Valley Brook Village.

The volunteers installed flagpoles and hoisted flags at the village's welcoming sign, with flags representing every branch of the U.S. military services. They also mulched all the gardens after

planting new flowers, bushes and trees, and they constructed a pavilion, patio and gazebo behind one of the residential buildings. The pavilion is a place where residents can go to smoke, since by law, they can't smoke in the residential buildings. Volunteers also painted an existing pergola and installed solar lighting, grills and "life-proof" picnic tables. Inside the building, they repainted hallways and other parts of the building.

Veteran Dave Anzelone, who served in Iraq twice as part of his 22-year career in the U.S. Army, is a Valley Brook resident and a Home Depot employee. He helped lay tiles and brick in the backyard walkways, as well as paint the hallway near his own apartment inside one of the residential buildings.

"I love it here, and I love Home Depot," said Anzelone, who has lived at Valley Brook almost since it opened five years ago. "It's a real community here, like a military base. Everybody works together."

Valley Brook Village is the result of a partnership among Peabody Properties, Inc., Community Hope, Affordable Housing and Services and Windover Construction, LLC, and offers the first permanent supportive housing for homeless veterans and those at risk of being homeless in Northern and Central Jersey. It has 62 home units in two buildings. Another 50 units are under construction across the street and will be part of the village when finished.

Radice said that Home Depot contributed \$300,000 toward its initial construction, and the Home Depot Foundation has come every year to perform tasks around the grounds. But this is the first year that hundreds of volunteers showed up for a single event.

Celebration of Service

In coming weeks, the Home Depot Foundation will be visiting many other residences for veterans to perform similar tasks and services. Since 2011, the Home Depot Foundation has transformed more than 40,000 homes and facilities for veterans across the country, according to a statement. More than 35,000 of the company's employees are, like Anzelone, veterans themselves.

Daryl Hagen, Home Depot's district manager and community outreach captain for this area, said that volunteers came from as far away as Harrisburg, Pennsylvania, and Catskill, New York, to Cape May, and that store managers from every one of the 89 stores in the region had come to this event.

At 1 p.m., the volunteers came together in the courtyard in front of the Valley Brook Village residences, and Hagen gave awards to some of the leaders who had done the most to make the day a success, including Radice. After many of the awards, the volunteers shouted their motto, "Choose to serve!"

Vincent Immiti, the medical center director for the VA New Jersey Health Care System, said, "From my perspective, this is the most amazing thing, to see so many people come out to help our veterans. It makes my job much easier. It's wonderful to see them expressing appreciation for what our veterans have gone through."

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7.4 - Union Leader: [Veterans, families find closure as Missing Man Table is dedicated](#) (23 September, Roberta Baker, 318k uvm; Manchester, NH)

With a rose for remembrance and a slice of lemon for bitterness endured, the newly installed Missing Man Table at the VA Medical Center bears special significance for six Granite Staters taken prisoner during Korean War or World War II.

One is Herk Streitburger, 100, of Bedford, a former radio operator and gunner on a B-24 Liberator bomber, who was shot down over Germany on his final mission in 1944.

"If that didn't happen, I would have come back to sell war bonds. Instead I was a guest of the German government for a year," Streitburger said. "What was it like? It's hard to express: your spirit is your own, but your body is the property of somebody else."

What helped him survive captivity in a German POW camp before the end of World War II was "being an American, and the childhood discipline instilled in me in school, church and my family. We learned to cope."

Streitburger still speaks at middle schools about his 4 1/2 years of military service.

"My reward is when the children send me notes," he said. "I treasure them. I have eight years of accumulation at home."

Streitburger and other veterans in their 80s and 90s gather monthly at the medical center for camaraderie, to catch up and often to reminisce.

Friday's dedication on National POW-MIA Recognition Day brought honor and a certain amount of closure to those who are still missing friends or loved ones, or searching for their remains.

The Missing Man Table is a symbol of "hope, love, and the realization that we haven't forgotten them," Anne Rodman, VA chaplain, told nearly 150 gathered in the solarium of the medical center, including members of the Northeast POW-MIA Network and Rolling Thunder, a motorcycle club dedicated to POW-MIA causes.

"They endured forced labor, were poorly fed, and frequently beaten. They lived in a prisoner camp, a pit, or a bamboo cage. They were brave, and they answered their nation's call to duty," Dr. Al Montoya, Air Force veteran and director of the VA medical center, said. "You have made so much possible for so many, and the nation owes you a debt of gratitude."

According to the U.S. Defense Department's POW-MIA Accounting Agency, 82,232 Americans who served from 1939 through 2011 — from World War II through the first Iraqi-Gulf War — remain unaccounted for. That includes 1,594 from the Vietnam War, 7,682 from the Korean War, and 72,824 from World War II. Still missing are 318 from New Hampshire.

Improved technology and DNA testing has enabled identification of those who served in more recent conflicts, according to the defense department.

The POW group at the Manchester VA, once 100-strong, now comprises six survivors who have gathered for 20 years to share memories and inspire each other.

“Their experience is so unique,” says Sarah Craig, POW coordinator at VA Medical Center. “They’re such strong men. They just keep going because it’s what they had to do.”

“I know how fortunate I am to be alive at 95,” former POW Wesley Wells said at last month’s meeting.

Ray Brunelle, 84, of Rollinford, went into the U.S. Army when he was 17, arrived in Korea near Christmas Eve, was captured by the Chinese, and survived hand-to-hand combat and multiple land mine explosions.

“I spent two years and 25 days in the hospital. The man upstairs keeps taking good care of me,” said Brunelle, who now goes with his wife to Pease Air Force Base to give stars cut from retired American flags to deploying troops. “It’s a reminder that we’ll bring them back.”

John Merrill, 94, of Manchester, a pilot during World War II, spent 93 days as a prisoner in Germany after his plane was shot down near the Estonian border.

“We were left in the air with all the debris. I came down by parachute, full of shrapnel,” he said.

Merrill has had two knee replacements and a bone graft from ankle to knee. He’s come to POW meetings since 1983, and still enjoys speaking to younger veterans.

“I bring a story of World War II. My advice to them is: Make every day a good one.”

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7.5 - OpsLens: [White House Celebrates National POW/MIA Recognition Day 2018](#) (23 September, Katie Begley, 5k uvd; Vedral Beach, FL)

President Trump proclaimed September 21, 2018 as National POW/MIA Recognition Day 2018. The White House took the opportunity to deliver a message of hope to those with loved ones who are still missing in action (MIA) or prisoners of war (POWs).

“On National POW/MIA Recognition Day,” he said in a Presidential Proclamation, “we honor all American prisoners of war and express our deep gratitude for the courage and determination they exemplified while enduring terrible hardship.”

Prisoners of War and those who are missing in action are recognized each year in an effort to make sure that they are not forgotten. Their families must face a future without the closure of having their loved one’s fate known and often without a place to grieve their loss.

The Origins of POW/MIA Remembrance

The iconic black and white POW/MIA flag was created in 1970 to symbolize the sacrifice that these individuals made. Mrs. Michael Hoff, a member of the National League of POW/MIA Families, spearheaded the project, which was approved by the board in 1972. The POW/MIA flag was created in response to those missing in the Vietnam War but has grown to include all those who are still unaccounted for in war.

"I have pledged my Administration's best efforts to account for our country's missing heroes. We continue to work to account for the missing personnel from the Vietnam War," the proclamation read. "American and partner nation search teams are also working tirelessly in South Korea, Europe, the South Pacific, and elsewhere around the world to recover and identify those who served in World War II, the Korean War, the Cold War, and other past conflicts."

Heroes Return Home

President Trump has been working with the leaders Kim Jung Un of the Democratic People's Republic of Korea and Moon Jae-in of the Republic of Korea to bring peace to the region. Part of the conversations he has had with both leaders has been about reuniting the remains of those still missing with their families back home.

"I secured a commitment from Chairman Kim to recover and repatriate the remains of those Americans who were prisoners of war or killed in action," said President Trump. "Last month, we repatriated the remains of some of those courageous service members to American soil. As a result of this homecoming, two of our missing fallen have already been identified, renewing our hope for the fullest possible accounting of the Americans who have yet to be recovered from the Korean War."

The POW/MIA flag was flown over various prominent buildings in Washington, D.C. on September 21, including the White House, the Capitol Building, the Departments of State, Defense, and Veterans Affairs, and the Selective Service Headquarters Building. The flag was also flown at the World War II Memorial, the Korean War Veterans Memorial, and the Vietnam Veterans Memorial. The United States Postal Service and national cemeteries also recognized POW/MIA members by flying the flag as well.

"I call upon the people of the United States to join me in saluting all American POWs and those missing in action who valiantly served our country," the proclamation concluded.

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8. [Other](#)

8.1 - Arkansas Democrat-Gazette: [NLR man accused of officer threats](#) (23 September, Clara Turnage, 871k uvm; Little Rock, AR)

A North Little Rock man walking through a Veterans Affairs building with a box cutter threatened a police officer Saturday, according to an arrest report.

Gregory B. Wilson, 67, an outpatient at the Eugene J. Towbin Veterans Health Clinic, told an officer with the Veterans Affairs police department that he would assault him, an arrest report said.

Officers reported finding the box cutter and a marijuana joint in Wilson's possession and arrested him on charges of disorderly conduct, second-degree terroristic threatening, criminal trespass and possession of marijuana.

Wilson was in the Pulaski County jail as of Saturday evening with no bond set.

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From:

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Subject: [EXTERNAL] 23 September Veterans Affairs Media Summary and News Clips

Date: Sun Sep 23 2018 05:23:26 CDT

Attachments: 180923_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

23 September 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Draft Report Finds Complaints About NH VA Were 'Unfounded'](#) (22 September, 23.9M uvm; Washington, DC)

An internal Veterans Affairs draft report finds that nearly all of the complaints lodged by whistleblowers about the Manchester VA were unfounded. New Hampshire Public Radio reports that the VA's Office of Medical Inspector's draft report didn't substantiate allegations published in the Boston Globe last year. Whistleblowers complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients with a spine condition who weren't treated properly.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Patient at VA Hospital Diagnosed With Legionnaires' Disease](#) (22 September, 23.9M uvm; Washington, DC)

Water at three Veterans Affairs hospitals in Boston is being tested after a patient was diagnosed with Legionnaires' disease. The Boston Globe reports that the VA Healthcare System announced the diagnosis Friday and is testing water at its hospitals in the city's Brockton, Jamaica Plain and West Roxbury neighborhoods. Officials say the patient diagnosed with the disease had been treated at all three hospitals. The patient's condition was not released. Test results are expected within two weeks.

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1.3 - NPR (Audio): [Veterans Struggling After Sexual Assault Increasingly Turn To Service Dogs](#) (22 September, Adelina Lancianese, 22M uvm; Washington, DC)

Guiding her cart down an aisle of a Virginia grocery store, Leigh Michel attracts more attention than the average shopper. "Do you know where the dog food is?" one man asks her. This kind of attention makes her uneasy. "No, I don't," Michel answers. "Sorry." The man assumes Michel would know the answer because her service dog, an English black Labrador named Lizzy, is walking at her side.

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1.4 - Union Leader: [Draft VA report meets skepticism](#) (22 September, Todd Feathers, 318k uvm; Manchester, NH)

For the fourth time, a draft report from the U.S. Department of Veterans Affairs' investigation of alleged unsanitary conditions and poor patient care at the Manchester VA Medical Center has been met with widespread skepticism, prompting lawmakers to reiterate calls for congressional hearings. Like three previous draft reports from the VA's Office of the Medical Inspector (OMI), the latest report includes few findings of wrongdoing and largely exonerates the hospital's previous administrators, who were reassigned after a group of doctors came forward to The Boston Globe with concerns last July.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - WHDH (TV-7, Video): [Health officials investigating Legionnaires' case in Boston](#) (22 September, 1.5M uvm; Boston, MA)

Health officials are searching for the source after a confirmed case of Legionnaires' Disease in Boston. The Department of Veteran's Affairs is trying to figure out if the patient who contracted the disease caught it while staying at one of three VA hospitals in the area. Test results may take up to two weeks. Officials say water is tested quarterly at VA hospitals.

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4.2 - Odessa American: [Woman 'shocked' after winning Jeep Veteran vows to use vehicle for commute to VA hospital](#) (21 September, Royal McGregor, 63k uvm; Odessa, TX)

Angela Maberry was one of the five finalists invited to the Chuck Wagon Community Fund Fall Roundup. However, the 35-year-old didn't expect the letter she wrote would cement her as the winner of a 2019 Jeep Cherokee during Thursday's concert at the Ector County Coliseum. Maberry — who has worked for the VA Medical Center in Big Spring since January 2015...

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5. [Improve Timeliness of Service](#)

5.1 - The Chronicle: [First Veterans Summit Held to Connect With Former Service Members](#) (21 September, Will Rubin, 54k uvm; Centralia, WA)

Awareness and feedback. Those two words made up the crux of the first Lewis County Veterans Summit that took place Friday morning at the Lewis County Veterans Memorial Museum. The Lewis County Veterans Advisory Board spearheaded the event, which served as an opportunity for veterans, officials and service providers to learn about programs available to assist former military members in the area as well as hear from veterans about their experiences navigating the bureaucracy.

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5.2 - Reporter-Times: [Donations still needed for veteran van](#) (22 September, Lance Gideon, 23k uvm; Martinsville, IN)

There are veterans in Morgan County who are struggling to get to doctor appointments at U.S. Department of Veteran Affairs (VA) medical facilities throughout the area. Earlier this spring, an account was set up at Home Bank in hopes of getting a van through a Disabled American Veterans (DAV) grant program, which would assist in the transportation of veterans in Morgan County.

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5.3 - KDBC-TV (CBS-4): [El Paso veterans react to President Trump signing \\$86.5 billion bill](#) (22 September, Michael Ikahihifo, 16k uvm; El Paso, TX)

On Friday, President Trump signed an \$86.5 billion bill that will provide funding for the Department of Veterans Affairs. "We are ensuring that our veterans are respected and

cherished like never before," said Trump. White House officials said this is the largest dollar amount ever for veterans, with \$8.6 billion set aside for mental health services and \$400 million toward preventing opioid abuse.

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6. [Suicide Prevention](#)

6.1 - The Vindicator: [Canfield mom receives Purple Heart for late son](#) (22 September, Justin Dennis, 193k uvm; Youngstown, OH)

David Devellin of Canfield was just 31 when he took his own life in June, unable to exorcise the demons that followed him home when his Army tour of Iraq ended in 2010. On Friday, Devellin's mother, Nanette Dillon, of Canfield accepted a Purple Heart medal on his behalf from U.S. Rep. Bill Johnson of Marietta, R-6th, during a small, somber ceremony at the Canfield Green gazebo.

[Hyperlink to Above](#)

6.2 - Albert Lea Tribune: [Editorial: Tribune Thumbs](#) (22 September, Editorial Board, 53k uvm; Albert Lea, MN)

To efforts by the Albert Lea Veterans Affairs Clinic to raise awareness of suicide prevention. Thanks to the Albert Lea VA Clinic, which hosted a walk outside Skyline Plaza on Wednesday, to bring a focus to suicide awareness and prevention. The walk particularly emphasized the need to address veterans' mental health issues.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Oregonian: [National POW/MIA Recognition Day offers opportunity to reflect on American courage, sacrifice](#) (21 September, Douglas Perry, 11.9M uvm; Portland, OR)

Hundreds of balloons bearing messages of love and devotion floated up into the sky on that crisp summer morning. "Bye, Bill," said Kay G. Main, watching the multicolored balloons drift away. "Bye, honey." The solemn ceremony at Portland's Veterans Medical Center took place on July 20, 1984, when National POW/MIA Day was still a new commemoration. Main's late husband, William F. Main, had been a prisoner of war during World War II.

[Hyperlink to Above](#)

7.2 - Newsarama.com: [Examining Trauma & Heroes in Crisis: What is PTSD and How Can a Comic Book Help?](#) (21 September, Vaneta Rogers, 1.5M uvm; Alexandria, VA)

According to the National Center for PTSD at the U.S. Department of Veterans Affairs, about seven or eight percent of the U.S. population will have PTSD at some point in their life. That percentage more than doubles for veterans of America's military operations in the Middle East.

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7.3 - The Free Lance-Star: [Volunteer effort 'beyond anything I could imagine,' says wheelchair-bound Stafford vet](#) (21 September, Cathy Jett, 828k uvm; Fredericksburg, VA)

As volunteers began rebuilding Stanley Crane's deck this week, the roar of a post hole digger was the sound of freedom to the Marine Corps veteran's ears. Crane suffers from inclusion-body myositis, a muscle wasting disease. The hands that once played a trumpet in the Marine Corps Band can barely lift the instrument.

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7.4 - The Post-Star: [P.S. column: Pig is seen prancing along Prospect](#) (22 September, Gwendolyn Craig, 807k uvm; Glen Falls, NY)

The Gerald B.H. Solomon Saratoga National Cemetery got some sprucing up Wednesday by local students learning about tree care and landscaping. As part of the statewide fourth annual Saluting Branches Day of Service, students from the Washington-Saratoga-Warren-Hamilton-Essex BOCES Career and Technical Education school worked with professional arborists on trimming trees and other beautification practices in the cemetery.

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7.5 - The Post-Star: [Letter to the editor: Veterans should be treated much better](#) (22 September, Ralph Nicolson, 807k uvm; Glen Falls, NY)

In your Friday, Sept. 14 paper on Page C1, Will Doolittle headed his article with "Veterans betrayed again by government." The article was eye-opening, about how our government has treated and is treating those service men and women who served in the Navy in Vietnam on ships around the Vietnam coast. It seems that around the year 2000, the Agent Orange Act was...

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7.6 - South Bend Tribune: [Military Stand Down returns to Mishawaka VA clinic](#) (22 September, 273k uvm; South Bend, IN)

The sixth annual Michiana Military Stand Down invites all active and retired military and veterans to an information fair from 10 a.m. to 2 p.m. Wednesday with more than 60 agencies — from health to employment and military services — under tents outside of the Veterans Affairs Clinic, 1540 Trinity Place.

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7.7 - Northwest Florida Daily News: [Healing Hoof Steps offers mental and behavioral health therapy](#) (22 September, Kaylin Parker, 192k uvm; Fort Walton Beach, FL)

Healing Hoof Steps, a fairly new equine therapy group, recently demonstrated its services for Okaloosa County's Veterans Court administrators. County Judge Angela Mason, who presides over Veteran's Court program, an officer from the Okaloosa County Sheriff's Office and administrators from the Department of Veterans Affairs attended the session.

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7.8 - West Hawaii Today: [West Hawaii Veterans Cemetery to expand](#) (22 September, Max Dible, 190k uvm; Kailua Kona, HI)

The U.S. Department of Veterans Affairs is sending nearly \$1 million to the state of Hawaii for expansion of the West Hawaii Veterans Cemetery in Kailua-Kona. Sen. Brian Schatz (D-Hawaii) officially announced the funding on Wednesday, which veterans and their families say is sorely needed.

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7.9 - KRNV (NBC-4, Video): [Annual VA Stand Down houses homeless Vets in Northern Nevada](#) (22 September, 185k uvm; Reno, NV)

The Housing and Urban Development-VA Supportive Housing Program hosted their Annual Northern Nevada VA Homeless Veterans Stand Down on Friday, September 21. The VA HUDVASH helped provide housing for homeless veterans in crisis and rapidly house them before the winter months. For homeless Veterans who are eligible and living on the street, Stand Downs helps Veterans by housing them within one to three days of the event.

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7.10 - The News-Review: [POW/MIA ceremony honors former prisoners of war, and those who never returned](#) (22 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

A small, empty table at the front of the auditorium was set for one — the missing soldier — at the 17th Annual POW/MIA Recognition Ceremony at the Umpqua Community College Danny Lang Event Center on Friday. Douglas County Veterans Forum President Larry Hill explained the symbolism behind the objects. The table was small to symbolize the frailty of one prisoner alone against oppressors, he said.

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7.11 - The Daily Republic: [Man's best friend: Service dog lends helping paw to veteran in Ethan](#) (22 September, Sheila Slater, 77k uvd; Mitchell, SD)

Since being matched with his service dog, Army veteran Roy Sonne has been able to travel safely and independently through Ethan with Bryla by his side. Sonne and his dog Bryla were matched in March by the nonprofit organization Leader Dogs for the Blind, and Bryla, a 2-year-old black Labrador, is the first service dog for the blind in the region. The philanthropic organization based in Michigan breeds and educates Labrador retrievers, golden retrievers and German shepherds.

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7.12 - Daily Messenger: [Growing therapy for veterans at EquiCenter](#) (22 September, Julie Sherwood, 74k uvm; Canandaigua, NY)

Chuck Dill could sit at home or garden. He chose the garden. Dill, an Army veteran from Fairport, paused between rows of red raspberries and ground cherries at the EquiCenter Farm garden on Wednesday. He wanted to tell how he got there. Dill was one in a group of vets and staff who were harvesting greens, carrots, herbs and fruits from a three-acre garden trimmed in sunflowers at the EquiCenter, a nonprofit offering programs for veterans, people with disabilities and at-risk youths that is partnering with the Canandaigua VA Medical Center.

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7.13 - The Daily Independent: [Veterans Stand Down provides services, access](#) (22 September, Jack Barnwell, 46k uvm; Ridgecrest, CA)

Veterans roamed the Kerr McGee Community Center Friday as they visited one of dozens of vendors available at the Ridgecrest Veteran Advisory Council's annual Stand Down. Numerous agencies were available, ranging from the Veterans Administration to local service organizations

and Ridgecrest Regional Hospital. Some VA centers were on hand to help facilitate photo ID cards and go over a list of benefits veterans are eligible to receive.

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8. Other

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Draft Report Finds Complaints About NH VA Were 'Unfounded'](#) (22 September, 23.9M uvm; Washington, DC)

MANCHESTER, N.H. — An internal Veterans Affairs draft report finds that nearly all of the complaints lodged by whistleblowers about the Manchester VA were unfounded.

New Hampshire Public Radio reports that the VA's Office of Medical Inspector's draft report didn't substantiate allegations published in the Boston Globe last year.

Whistleblowers complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients with a spine condition who weren't treated properly.

Several top officials have been removed. A federal agency concluded in January the Manchester facility failed to take whistleblowers' complaints seriously.

The draft report found issues with a private company running the Veterans Choice Program.

Whistleblower and doctor Ed Kois said the VA can't fairly investigate itself, and said VA should have better treated veterans with the spine condition cervical myelopathy.

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1.2 - U.S. News & World Report (AP): [Patient at VA Hospital Diagnosed With Legionnaires' Disease](#) (22 September, 23.9M uvm; Washington, DC)

BOSTON — Water at three Veterans Affairs hospitals in Boston is being tested after a patient was diagnosed with Legionnaires' disease.

The Boston Globe reports that the VA Healthcare System announced the diagnosis Friday and is testing water at its hospitals in the city's Brockton, Jamaica Plain and West Roxbury neighborhoods.

Officials say the patient diagnosed with the disease had been treated at all three hospitals. The patient's condition was not released. Test results are expected within two weeks.

Legionnaire's disease is a bacterial pneumonia spread by inhaling droplets of contaminated water. Symptoms are similar to the flu.

Health officials in Rhode Island confirmed three cases of the disease at a Providence nursing home on Friday. Fifteen cases were previously confirmed in Hampton, New Hampshire, over the summer, including one death.

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1.3 - NPR (Audio): [Veterans Struggling After Sexual Assault Increasingly Turn To Service Dogs](#) (22 September, Adelina Lancianese, 22M uvm; Washington, DC)

Editor's Note: This story contains descriptions of alleged sexual assault.

Guiding her cart down an aisle of a Virginia grocery store, Leigh Michel attracts more attention than the average shopper.

"Do you know where the dog food is?" one man asks her. This kind of attention makes her uneasy.

"No, I don't," Michel answers. "Sorry."

The man assumes Michel would know the answer because her service dog, an English black Labrador named Lizzy, is walking at her side.

He's not the only shopper watching Michel and Lizzy. Some skirt around them in the bread aisle ("Oh, she won't bite," Michel assures one woman), and others ignore the boundaries of typical service dog decorum near the condiments.

"Is she friendly?" a man asks, reaching out to pet Lizzy and launching into a story about his mother's service chihuahua.

Michel indulges him briefly, tells him to have a good day and moves on.

"Without [Lizzy], I wouldn't even be talking to the cashier," Michel says as she approaches the checkout. "So I guess she's actually kind of my trainer, getting me to talk to people."

Michel is a retired first sergeant in the U.S. Army, where she trained as a Chinese linguist, jumped out of airplanes at Fort Bragg, N.C., and traveled the world as a chaplain assistant for 29 years.

She transitioned to civilian life earlier this year but continues to heal physical and mental wounds she has carried for decades, and her service dog Lizzy provides relief that Michel says no other therapy or medication can match.

Service dog providers are seeing an influx of applications from veterans like Michel who have experienced sexual trauma while in the military. But the U.S. Department of Veterans Affairs, which provides veterinary benefits for service dogs assigned to people with physical disabilities, does not currently recognize psychiatric service dogs as a proven therapy for mental illness.

"That part of me is gone, taken from me"

Leigh Michel entered the Army in 1989. "I figured I would be a linguist and get a good job when I get out," she recalls. "I'm not staying in the Army. I don't need that. But look at me 29 years later: They get you."

The language program didn't work out for Michel so she became a chaplain assistant instead. For most of her career, she says, she embedded with troops — in Afghanistan, in Germany, in the Demilitarized Zone between North and South Korea — where she served as a sounding board for her peers' greatest fears and dearest hopes.

While stationed at Fort Bragg, Michel received her jump wings, a military badge earned through U.S. Army airborne divisions. She rose up in the ranks, eventually earning the rank of first sergeant in Afghanistan.

But Michel was also quietly experiencing trauma from the stories entrusted to her as a chaplain assistant.

"I hear the sexual assaults, the rapes, the abuses to children," she says. "I hear that they're in a position now with their boss that they can't seem to get out of, horrible family stories, how many people they've killed."

She visited soldiers maimed or killed in combat, and those sights continue to haunt her.

But Michel says she couldn't vent to anyone.

"I'm just walking around with all this stuff in my head and compounded with my own stuff that ends up happening, it's just way too much."

Michel is referring to multiple sexual assaults she says she experienced from her time in basic training to her last years in the Army, many of which she chose not to report. Michel says sometimes she was embarrassed or her high rank intimidated her from offloading trauma onto her chaplain, who was also her commanding officer.

All that trauma has battered her memory (she forgets what she needs at the grocery store or what word to use in a sentence), but she seems to recall each of her sexual assaults in vivid detail, like benchmarks or chapters of her military career.

Michel says at least three male service members assaulted or molested her between 1990 and 2005.

But the most traumatic incidents happened while Michel was stationed at Bagram Airfield in Afghanistan in 2012.

During the first instance, Michel says she was in the bathroom, undressing to take a shower, when an Air Force officer slammed her against a wall and raped her. A noise outside startled her assailant, and Michel said he threatened to kill her if she told. She did not report the assault.

"I dealt with it [by putting] it in a box. I had a job to do. We're in Afghanistan, and I can't slow down now," she says.

Later that year, Michel says she was doing her laundry when a local civilian quickly approached her. He pulled her into a bunker, cracked her head against a concrete wall and raped her. She took a sick day from work the next day but did not report it.

"I'm the first sarge," she says of that decision. "I don't want my soldiers to know. They're going to know that part of me is gone, taken from me. So you have to stay strong like they tell us. Keep fighting."

Veterans with sexual trauma in search of comfort

Michel began to break down when she returned home after the Afghanistan assaults. Her boyfriend noticed she was jumpy and quick to anger. She says she was triggered by concrete walls. She didn't want to leave the house.

Michel began seeing a counselor in 2015. She says she has been diagnosed with severe post-traumatic stress disorder, major depressive disorder and mild traumatic brain injury.

Around the same time, Michel began seeking treatment for severe back pain, a result of performing so many jumps and carrying heavy military gear for nearly three decades.

"I'm on 15 different medications or something now. It's crazy," Michel says. "Between my physical and my behavioral health, there's just a lot of crossed wires."

In 2016, Michel applied for a service dog from the organization Semper K9 in northern Virginia, listing military sexual trauma as one of her problems. Michel instantly knew Lizzy, named after a World War II Army nurse, was the dog for her and took her home after weeks of training.

Lizzy calms Michel down like nothing else can, especially during panic attacks or nightmares.

"She'll come up right behind me and lay, but her whole body is touching mine, and it's kind of like, 'Hey I'm here, it's OK.' And there's been times that I've woken up once she's done that, and then I can go back to sleep because she's right there and she just lays with me," Michel says.

Lizzy also picks up things Michel has dropped and takes off Michel's shoes. The dog has learned the signs that Michel is distressed, like fidgeting, and works to comfort or distract her.

According to the VA, 1 in 4 female service members and 1 in 100 male service members who come through its facilities report experiencing military sexual trauma (MST), which includes sexual assault and harassment.

Psychiatry and medication are frequently prescribed therapies to help veterans combat many of military sexual trauma's lasting effects. And now, some veterans are using psychiatric service dogs as a tool to supplement traditional recovery methods.

"We have seen an influx in veteran applicants who are willing to disclose that type of trauma," says Christopher Baity, who runs Semper K9.

He says there are a lot of similarities between veterans who have experienced MST and veterans who have combat-related PTSD: agoraphobia and antisocial behavior, for instance. Baity conducts the same dog training for both.

K9s for Warriors, a large service dog provider in Florida, has also seen more demand from veterans who have experienced MST. The organization recently developed female-only classes, largely made up of women who have been sexually assaulted. Rory Diamond, CEO of K9s for Warriors, says working with them requires extra care.

"We have a very masculine, male military staff. They have to approach the warriors much differently than have MST, which is to be kinder, gentler, quieter. Don't be and don't act like the people who perpetrated this to them," he explains.

Not yet enough reliable evidence

The use of service dogs for veterans' mental health dates back at least to World War II, when a formerly-stray Yorkshire terrier named Smoky accompanied doctors and nurses as they made their rounds at a military hospital. Smoky is widely regarded as one of the first therapy dogs.

Despite this history and the growing number of veterans with PTSD who use psychiatric service dogs, the VA does not currently support them.

"There is not yet enough reliable evidence for VA to form an official stance on psychiatric service dogs related to medical benefit. However scientific advances have led to proven effective interventions for most mental health conditions," a VA spokesperson said in an email to NPR. "VA is committed to Veterans receiving safe and effective treatments that are most likely to lead to the best clinical outcomes."

A statement on a webpage for the National Center for PTSD, which is maintained on the VA website, argues that psychiatric service dogs might hamper recovery by rendering veterans unable to function without a dog at their side.

"For example, if the dog keeps strangers from coming too close, the owner will not have a chance to learn that they can handle this situation without the dog. Becoming dependent on a dog can get in the way of the recovery process for PTSD," the statement reads.

The VA offers to cover veterinary care for service dogs for veterans with physical injuries, like blindness or mobility issues, but it does not provide the same benefits for psychiatric service dogs. Still, in most cases, psychiatric service dogs are permitted to accompany veterans in VA facilities, regardless of the VA's stance on their validity.

The spokesperson said that any service dogs receiving support from the VA must be accredited with Assistance Dogs International, which on its website acknowledges the effectiveness of service dogs for psychiatric reasons.

Baity, who estimates that nearly 99 percent of service dog recommendations he receives come from VA doctors, says it is time for the VA to recognize psychiatric service dogs.

"A service dog is a service dog, no matter if the person is blind or assaulted in the military and can't perform normal life," Baity says. "A service dog is a piece of durable medical equipment that performs a specialized duty for a disabled American, like a cane, wheelchair or prosthetic."

A study from researchers at Purdue University earlier this year revealed "clinically significant reductions in PTSD symptoms" among veterans with service dogs who were also receiving regular medical care. These veterans exhibited "lower depression, higher quality of life, and higher social functioning."

The study was sponsored by the Human-Animal Bond Research Initiative Foundation and Bayer Animal Health, and partnered with K9s For Warriors.

In a response to a question about the Purdue study, the VA's spokesperson said, "More research is needed."

The VA began studying the effectiveness of psychiatric service dogs in 2011 at the behest of Congress. After years of failed attempts, the VA is sponsoring a clinical trial expected to wrap up

in 2019. The spokesperson adds the department is also piloting a benefits program for veterinary insurance.

A statement on the VA's website promises that "if research supports the use of service dogs for PTSD, VA will provide veterinary care for such dogs."

Michel says whatever a study might show, there's no question Lizzy has changed her life.

"I want to get better. It's just hard. But she's the primary help that I have right now to get there, over going to a shrink and taking pills. As long as she's with me, I feel OK, which is better than usual."

Michel is setting goals for herself with Lizzy by her side. A major one? "Go to a bar with some friends, have a drink, and not be scared."

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1.4 - Union Leader: [Draft VA report meets skepticism](#) (22 September, Todd Feathers, 318k uvm; Manchester, NH)

For the fourth time, a draft report from the U.S. Department of Veterans Affairs' investigation of alleged unsanitary conditions and poor patient care at the Manchester VA Medical Center has been met with widespread skepticism, prompting lawmakers to reiterate calls for congressional hearings.

Like three previous draft reports from the VA's Office of the Medical Inspector (OMI), the latest report includes few findings of wrongdoing and largely exonerates the hospital's previous administrators, who were reassigned after a group of doctors came forward to The Boston Globe with concerns last July.

"I'm just astounded and disgusted. I can't even believe - they made this thing look like some sort of farce that had no basis in reality," said Dr. Ted Daly, who stepped down as chief of radiology out of frustration with the hospital's administration. He still works at the Manchester VA. "It's almost like the people who wrote this investigation didn't even care what any of us had to say and had pre-ordained thoughts about what the outcome was going to be."

Dr. William "Ed" Kois, who was also one of the whistleblowers, described the draft report as a "whitewash" of patient neglect that had devastating consequences for veterans with spine conditions. The VA's inability to admit mistakes, he said, is part of the reason the agency is constantly embroiled in scandals.

"I compare the VA system to the Galapagos Islands, where you had species that hadn't existed in the rest of the world for 500 years still dominant because they hadn't evolved. (The VA) hasn't evolved with the rest of the systems," Kois said.

In the latest draft, a copy of which was obtained by the New Hampshire Union Leader, OMI's investigators substantiated claims made by whistleblowers that a contractor failed to arrange appointments for thousands of veterans with specialists outside the VA system through the Veterans Choice Program.

The VA's contract with that vendor, Health Net Federal Services, will end Sept. 30.

Investigators did not substantiate allegations that:

- . Dozens of patients with spinal conditions weren't given proper care;
- . Hospital administrators stymied doctors' ability to refer patients to specialists through a different program;
- . Procedures had to be canceled in an operating room because it was infested with flies (investigators did, however, determine the room had a fly problem);
- . Surgical tools in another room were contaminated (discoloration on the instruments was blamed on Manchester's water supply);
- . Hospital administrators were unresponsive to the medical staff's concerns.

"The OMI report thoroughly investigated the concerns regarding the Manchester VAMC, and the findings speak for themselves," Maureen Heard, chief communications officer for the New England VA system said. "The Manchester VA Medical Center is under new leadership and on a new path and has taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans."

After seeing the OMI's latest draft, Rep. Ann Kuster, D-N.H., who sits on the House Veterans Affairs Committee, reiterated her call for a hearing into the management of the Manchester hospital and the VA's ability to investigate itself.

"I object to the conclusions in terms of the quality of care for those patients in this report," she said, adding, "I think they have every reason to sort of paper over the failures. ... I would like the secretary to come and meet with everyone and tell us if they stand by this report."

Both she and Andrea Amodeo-Vickery, the Manchester attorney representing the whistleblowers, said they would like the Office of Special Counsel to once again instruct the VA investigators to do a better job.

After the third draft report, the OSC, an independent federal agency that investigates cases brought by whistleblowers, wrote a letter to President Donald Trump stating that the VA's conclusions were inconsistent with the evidence and that investigators "were frequently evasive in their reluctance to acknowledge wrongdoing."

Perhaps the most frustrating aspect of the situation, Kois said, is that the Manchester VA's new leadership has overseen a dramatic improvement in quality and morale, yet the upper echelons of the agency refuse to acknowledge all the problems that existed in the first place.

The hospital has, for example, addressed one particularly concerning allegation Kois and other doctors made: that patients with spinal conditions were becoming unnecessarily wheelchair-bound because the New England VA system wasn't providing the surgical treatments and patient follow-ups that are the standard of care at other hospitals.

Now, the Manchester VA is efficiently referring those patients to outside specialists, according to Kois and Al Montoya, the hospital's new director.

The Manchester VA has hired more medical staff, reduced the waiting period for veterans to see a primary care physician from around 75 days to 16 days, and substantially improved employee morale, Montoya said.

"Our work of improvement is not done," he said. But "over the course of the last year, we have been investing in the organization, investing in the veterans of New Hampshire."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - WHDH (TV-7, Video): [Health officials investigating Legionnaires' case in Boston](#) (22 September, 1.5M uvm; Boston, MA)

Health officials are searching for the source after a confirmed case of Legionnaires' Disease in Boston.

The Department of Veteran's Affairs is trying to figure out if the patient who contracted the disease caught it while staying at one of three VA hospitals in the area.

Test results may take up to two weeks.

Officials say water is tested quarterly at VA hospitals.

Last month, the bacteria that causes Legionnaires' disease was found in a hotel in Hampton, New Hampshire.

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4.2 - Odessa American: [Woman 'shocked' after winning Jeep Veteran vows to use vehicle for commute to VA hospital](#) (21 September, Royal McGregor, 63k uvm; Odessa, TX)

Angela Maberry was one of the five finalists invited to the Chuck Wagon Community Fund Fall Roundup.

However, the 35-year-old didn't expect the letter she wrote would cement her as the winner of a 2019 Jeep Cherokee during Thursday's concert at the Ector County Coliseum.

Maberry — who has worked for the VA Medical Center in Big Spring since January 2015 — has promised to use the Jeep to make the drive from her home in San Angelo around West Texas to help veterans.

“To hear my name, I was shocked and I wasn’t expecting it,” she said during a phone interview. “I don’t feel like I’m any better or more deserving than any other veteran.”

The Chuck Wagon Community Fund teamed up with All American Chrysler Jeep Dodge Ram of Midland for the vehicle.

Ladonna Wilson, who is the general manager of All American Chrysler Jeep Dodge Ram of Midland, contacted the Jason Harrington — the president of the Chuck Wagon Community Fund and Chuck Wagon Gang Boss — about being part of the event.

“I wanted to be part of this,” she said. “I wanted to know what I could do to help them. Jason and I started kicking some ideas around and that’s when we came up with the idea to give a car away. He said, ‘Can you do that?’ and I said, ‘Yeah, I think I can make that happen.’”

Maberry said Thursday morning started at 5 a.m. when she drove to work in Big Spring and after work she traveled over to Odessa for the Thursday’s concert which included the headline act of Big & Rich featuring Cowboy Troy with Gary Chapman.

Once the concert was over, Maberry drove from Odessa to San Angelo — arrived home at 3 a.m. — to see her four kids off to school this morning. Her children found out their mom won a Jeep and wanted to see the news clips that caught her reaction during the concert.

“This morning we woke up to messages that I was on the news, so before I sent my children off to school, they wanted to see the news clips,” Maberry said with a laugh. “We all sat there and watched it together and they were like, ‘Mom, you are really shy and covered your face.’ They were overwhelmed to see their mom on TV.”

Prior to working for the VA Medical Center in Big Spring, Maberry spent five years in the Air Force and then moved to the reserves while she earned bachelor and master degrees in health administration. She is also a member of American College of Healthcare Executives.

Maberry said it was special to be part of the event as the proceeds from the event are benefitting veterans through music therapy and other nonprofit groups throughout the area.

“The overwhelming amount of support, people patting me on the back, people giving me high fives and it was people I’ve never met before,” Maberry said. “It was like we all came together as a small community at a concert.”

Maberry drives at least 200 miles every day in her commute from San Angelo to Big Spring. She said she has logged 200,000 since she has worked for the VA Medical Center. Maberry also said her VA services more than 18,500 veterans from West Texas and parts of New Mexico.

Though she spends most of her time at work in Big Spring, Maberry said she travels to help veterans sign up for assistance. Maberry plans to use the jeep as her primary commuter vehicle.

“I have never checked out a government owned vehicle for my commuting,” she said. “I vowed to them that I would continue making the drive every day and that’s what I’m going to use the vehicle for.”

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5. Improve Timeliness of Service

5.1 - The Chronicle: [First Veterans Summit Held to Connect With Former Service Members](#) (21 September, Will Rubin, 54k uvm; Centralia, WA)

Awareness and feedback.

Those two words made up the crux of the first Lewis County Veterans Summit that took place Friday morning at the Lewis County Veterans Memorial Museum.

The Lewis County Veterans Advisory Board spearheaded the event, which served as an opportunity for veterans, officials and service providers to learn about programs available to assist former military members in the area as well as hear from veterans about their experiences navigating the bureaucracy.

“Normally we’d do something like a resource fair for veterans,” Lewis County Veterans Services Officer George Dodd said. “We’d have things like the different tables we have on the outside of the room (Friday), but we’d never included a set of presentations and conversations.”

Dodd works for the veterans services arm of the Lewis County Public Health and Social Services. He gave the most comprehensive talk of the morning — an hourlong overview of the benefits veterans can apply for at every level of government.

The lexicon of veterans benefits and care is among the most burdensome and complicated in any branch of government. Minnesota Congressman Tim Walz, the ranking Democrat on the House Veterans Affairs Committee, told online veterans publication Task and Purpose earlier this year that running the VA is “one of the most difficult jobs in government.”

Some of the subjects Dodd covered were familiar to the dozens of audience members, many of whom wore hats identifying which branch of military or conflict they served in. Others, such as benefits for families of deceased service members, drew puzzled looks.

At one point, Dodd mentioned the VA now presumes veterans who served in Vietnam or Korea were exposed to Agent Orange or other tactical herbicides used then by the U.S. military that have since been linked to numerous health defects. That came as a surprise to about half of the audience.

“A lot has changed since a lot of people started using the VA system,” Dodd said. “The pension program is one example. For me, this isn’t just about the veterans, but also about their spouses and dependents.”

Veterans weren't the only ones who showed up Friday looking for more information. State Rep. Ed Orcutt, R-Chehalis, attended the summit as did Cory Doane, who does veterans outreach work for Congresswoman Jaime Herrera Beutler, R-Battle Ground.

Doane, a Vancouver native, spoke to the room about his experience with VA healthcare after losing his right leg to an IED in 2011 while deployed in Afghanistan. Orcutt said he went to the event in order to gain more information about what is provided by county and state veterans services.

"It helped me see who is doing what, so I can see where to send people who reach out," Orcutt said. "I talked with a couple people about issues they're having, so I'll wait for further correspondence from them and see what we can do."

If veterans and their companions took one thing away from the summit, Dodd hopes it was the need to inform themselves and those around them about the various services and outreach efforts discussed on Friday.

They also need to make sure family members know where important documents related to their service are, so that they can take full advantage of what a veteran earned by serving his or her county when they are either incapacitated or deceased.

Dodd hopes to continue giving his presentation to various organizations such as American Legion posts and Veterans of Foreign Wars gatherings around the county.

"If we don't know about a veteran in need of help, and they don't know about what can be done for them, then nothing happens," Dodd said. "Someone has to be their advocate."

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5.2 - Reporter-Times: [Donations still needed for veteran van](#) (22 September, Lance Gideon, 23k uvm; Martinsville, IN)

MORGAN COUNTY - There are veterans in Morgan County who are struggling to get to doctor appointments at U.S. Department of Veteran Affairs (VA) medial facilities throughout the area.

Earlier this spring, an account was set up at Home Bank in hopes of getting a van through a Disabled American Veterans (DAV) grant program, which would assist in the transportation of veterans in Morgan County.

According to Morgan County Veterans Service Officer Rick Baum, though, that account has had less than \$5,000 in donations since it was opened.

The van that Baum is hoping to get is a brand new 2019 10-passenger Ford Econoline.

In order to obtain the DAV matching grant, \$18,600 needs to be raised before Oct. 15.

Money can be donated at any Home Bank branch, and checks can be made payable to the Marine Corps League of Indiana.

“And then we, of course, have to apply,” Baum said, adding that the DAV gives organizations a couple weeks to apply for the grant.

Baum said he learned of the Oct. 15 deadline very recently.

Once the deadline arrives, should there be more money in the account than needed, that money will remain in place to be used in the future.

The account was set up exclusively for the purpose of helping obtain the van so that veterans can get the help they need.

“That account is dedicated for the Morgan County Veterans Van Program,” Baum said. “So, when the van needs to be replaced, for the wear and tear and so forth, then we go back into the cycle again.”

The van will be used to transport Morgan County veterans to VA appointments at the Roudebush VA Hospital in Indianapolis, the VA outpatient clinic in Martinsville and to a VA facility at Camp Atterbury.

The transportation program will be part of the VA’s Volunteer Transportation Network (VTN).

While getting the money for the matching grant is a very important aspect for the van, getting people to drive the veterans to their appointments is also very important.

“The VA receives applications for volunteer drivers, screens them, trains them and then the county needs a coordinator in order to schedule the veteran’s appointments and the driver on duty for that day,” Baum said.

In Baum’s opinion, being a volunteer driver and coordinator is a very rewarding effort for any who wishes to do so.

Should the county get the van, veterans in need of assistance would be able to make appointments with the county’s veteran’s service office to get to appointments.

“A lot of these guys have not been able to make their VA appointments because they have not been able to get transportation,” Baum said.

In recent weeks, Baum said he has received a number of calls from local veterans who need the transportation, but he simply cannot help yet.

“That is not easy to listen to,” Baum said.

Anybody seeking more information on how to donate or to sign up as a volunteer driver or coordinator can contact Baum at 765-349-5505 or send him an email at rbaum@morgancounty.in.gov.

His office can be found in the Morgan County Administration Building, 180 S. Main St., Room 006, Martinsville.

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5.3 - KDBC-TV (CBS-4): [El Paso veterans react to President Trump signing \\$86.5 billion bill](#) (22 September, Michael Ikahihifo, 16k uvm; El Paso, TX)

EL PASO, Texas — On Friday, President Trump signed an \$86.5 billion bill that will provide funding for the Department of Veterans Affairs.

"We are ensuring that our veterans are respected and cherished like never before," said Trump.

White House officials said this is the largest dollar amount ever for veterans, with \$8.6 billion set aside for mental health services and \$400 million toward preventing opioid abuse.

"I just want to make sure the money goes into the right place," said Marcus Duval, the commander for the local Disabled American Veterans.

Volunteers and veterans at the local one-stop center tell CBS4 they appreciate the bill signed by Trump. But many are questioning what the money will be used for.

"I hope that it doesn't go toward raises or bonuses and that it goes toward where it really needs to go to," said Tabitha Stachura, service officer at DAV, El Paso.

Stachura tells CBS4, the VA recently announced it misdiagnosed veterans for military sexual trauma.

"So I believe that this bill most likely has to have a portion of it to pay back the back pay the people who got denied MST in the first place," said Stachura.

Trump said the bill will be used to provide medical services, improve military bases, schools and buildings.

Local veterans tell CBS4 El Paso needs a standalone VA hospital and more health experts.

"I would like to see a total transparency and a breakdown of where and when the money will be spent," said Duval.

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6. [Suicide Prevention](#)

6.1 - The Vindicator: [Canfield mom receives Purple Heart for late son](#) (22 September, Justin Dennis, 193k uvm; Youngstown, OH)

David Devellin of Canfield was just 31 when he took his own life in June, unable to exorcise the demons that followed him home when his Army tour of Iraq ended in 2010.

On Friday, Devellin's mother, Nanette Dillon, of Canfield accepted a Purple Heart medal on his behalf from U.S. Rep. Bill Johnson of Marietta, R-6th, during a small, somber ceremony at the Canfield Green gazebo.

“War is an inhumane endeavor,” Johnson said. “Those experiences leave deep emotional and mental scars on a person.

“Thank God, Nanette, we have young people like David that love this country enough to put on that uniform and to go into harm’s way – to fight for a people and with a people he didn’t know, but for a set of values he knew well.”

The medal was for the physical injuries Devellin suffered when his special forces convoy was struck by explosive munitions. But more of the man’s lasting injuries were emotional, Dillon said, and he suffered them in silence.

The David Devellin that came home was different, she said. He was irritable and edgy, and he drank more heavily.

“He just couldn’t handle life and what he had seen and the things he had been through in the Army,” Dillon told reporters. “He refused to talk about anything. He said none of us understand what he’s been through, what he’s seen.”

Dillon said her son was unable to connect with a therapist through a U.S. Department of Veterans Affairs facility – at least not one he felt he could talk to; someone who’d also seen active combat. She said she wonders whether her son would still be alive if he was able to open up to someone.

About 240 Ohio veterans committed suicide in 2014, according to the U.S. Department of Veterans Affairs. Though officials have said veteran suicide statistics are now on the decline, an estimated 20 veterans kill themselves each day nationwide.

“One is too many,” said Jan Brown of Youngstown, first national vice commander of AMVETS, echoing Dillon’s concerns about the lack of veteran counselors nationwide. She said the internal war Devellin fought is all too common.

“Part of it is, quite frankly, people don’t reach out. They think they can handle it,” Brown said. “I think that they don’t want to reach out because they’re afraid of how it’s going to affect their career.”

In March, AMVETS unveiled the HEAL Team and hotline, staffed by health professionals who help veterans navigate to VA services, particularly those with mental-health issues, who the team tries to reach within 72 hours.

“They don’t stop working with the person until they fix the problem,” Brown said.

The hotline is available from 8 a.m. to 8 p.m. at 833-VETHEAL. Veterans also can email the team anytime at VetHEAL@AMVETS.org.

One such service is the VA’s peer-to-peer support groups, which pair troubled veterans of similar age or from the same deployment, Brown said.

“You’re in a counseling group with not just a psychiatrist. You’re with people who have been there and done that, have been down that road – the same road you have,” she said. “They can identify with these people and see they’re not the only one going through it.”

Closing the ceremony, Johnson pinned the award to Dillon's necklace and yielded the gazebo stage for her to speak.

Dillon thumbed the violet pendant and frowned for the first time during the ceremony, as tears came. She pointed it skyward.

"To my son: Sorry you couldn't be here – but this is for you, babe," she said.

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6.2 - Albert Lea Tribune: [Editorial: Tribune Thumbs](#) (22 September, Editorial Board, 53k uvm; Albert Lea, MN)

To efforts by the Albert Lea Veterans Affairs Clinic to raise awareness of suicide prevention.

Thanks to the Albert Lea VA Clinic, which hosted a walk outside Skyline Plaza on Wednesday, to bring a focus to suicide awareness and prevention.

The walk particularly emphasized the need to address veterans' mental health issues.

According to the Substance Abuse and Mental Health Administration, approximately 18.5 percent of service members returning from Iraq or Afghanistan deal with PTSD or depression, and 19.5 percent report having a traumatic brain injury during deployment.

The event raised awareness of resources available locally and encouraged people who may be battling with these types of issues to seek service.

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7.1 - The Oregonian: [National POW/MIA Recognition Day offers opportunity to reflect on American courage, sacrifice](#) (21 September, Douglas Perry, 11.9M uvm; Portland, OR)

Hundreds of balloons bearing messages of love and devotion floated up into the sky on that crisp summer morning.

"Bye, Bill," said Kay G. Main, watching the multicolored balloons drift away. "Bye, honey."

The solemn ceremony at Portland's Veterans Medical Center took place on July 20, 1984, when National POW/MIA Day was still a new commemoration. Main's late husband, William F. Main, had been a prisoner of war during World War II.

"He went through hell and back," Kay Main said that day 34 years ago.

National POW/MIA Recognition Day now falls on the third Friday in September every year and has become a fixture on the calendars of military personnel and those who support them. The

message remains the same: "You are not forgotten," a call out of love and support for the families of service members who remain missing in action.

The day also commemorates prisoners of war, who "selflessly served our country, making tremendous sacrifices to defend our liberty," stated the White House on Thursday. "On National POW/MIA Recognition Day, we honor all American prisoners of war and express our deep gratitude for the courage and determination they exemplified while enduring terrible hardships."

Americans such as John McCain, the longtime U.S. senator from Arizona who died August 25 at 81. McCain, a Navy flier, famously endured more than five years of torture and deprivation as a prisoner of war during the Vietnam conflict. Americans such as Pendleton native Paul G. Graham, who died Sept. 7 at 98. Graham was a prisoner of war for more than three years during World War II.

There have been persistent misperceptions about POWs over the years, misperceptions that are finally being lost to time and increased awareness.

"Some say, 'POW? Don't you feel a little ashamed?'" Bend's Richard R. Caldwell, a prisoner of war during World War II, said in 1988. "I say, 'No. We feel right proud!' "

Caldwell, who was a gunnery sergeant, had it right. America's prisoners of war have always represented -- and lived -- the highest of American values: courage, sacrifice, determination, love of country.

McCain, because he was the son of a prominent admiral, was singled out during his captivity for "special attention" -- meaning especially brutal treatment in hopes of making him break and publicly denounce the U.S. war effort.

"I was finding that prayer helped," he later said of his time in solitary confinement, his broken bones left untreated. "It wasn't a question of asking for superhuman strength or for God to strike the North Vietnamese dead. It was asking for moral and physical courage, for guidance and wisdom to do the right thing."

Like so many of his fellow POWs, he received that guidance and exhibited great courage, for all Americans.

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7.2 - Newsarama.com: [Examining Trauma & Heroes in Crisis: What is PTSD and How Can a Comic Book Help?](#) (21 September, Vaneta Rogers, 1.5M uvm; Alexandria, VA)

When writer Tom King first introduced the concept of Heroes in Crisis to the public, he framed the story idea around the perception that a whole generation of Americans are dealing with the aftermath of trauma.

"I want to speak about, and to, this New War generation, the millions of people who have fought bravely overseas and have come home to try to return to their normal lives," King said in a press conference at San Diego Comic Con.

King is a former counterterrorism operations officer with the CIA who experienced after-effects of his traumatic experience in Iraq and Afghanistan. He said he wants to use DC heroes to tell the stories of the people who are dealing with the mental effects of trauma. "I want to talk about their hopes, their pains, their triumphs."

Heroes in Crisis isn't the first time comic books have taken on social issues affecting their readers. From the depiction of Tony Stark's alcoholism in the '70s to several characters dealing with the AIDs crisis in the '90s, comic books have regularly dealt with social issues that are troubling American society.

But Heroes in Crisis is unique because the subject of violence is central to superhero comic books. It's also being approached with a pretty high profile, the publisher even using the word "Crisis" to indicate its importance (a word usually reserved for DC's universe-shaking stories).

And although Heroes in Crisis is addressing the sort of violence that military and veterans — and superheroes — experience, the story is also dealing with a mass shooting, putting characters in a situation where a space that's considered safe is invaded by violence.

"That sort of experience of violence is shaping who we are as a culture, and as a country," King said to Newsweek about Heroes in Crisis. "I want to talk about that."

With the release of Heroes in Crisis #1 less than a week away, Newsarama is running a series of stories looking at the mental effects of trauma, how those symptoms are treated, and how trauma is indelibly connected to superhero comic books. In this first story in our series, we take a look at King's statement about how a generation of Americans are dealing with traumatic stress, and whether talking about that trauma can help.

How Prevalent is the Problem?

According to the National Center for PTSD at the U.S. Department of Veterans Affairs, about seven or eight percent of the U.S. population will have PTSD at some point in their life.

That percentage more than doubles for veterans of America's military operations in the Middle East.

And Ken Duckworth, medical director of the National Alliance on Mental Illness, told Newsarama that statistics about PTSD don't tell the whole story, because the mental effects of trauma stretch beyond just one disorder.

"Not everybody develops full-on PTSD with flashbacks and nightmares and feeling cut-off from your emotions," Duckworth said, referring to the long list of criteria for a PTSD diagnosis (available on the PTSD.va.gov website). A lot of people can exist on a spectrum of that.

"There's a pretty wide range of experiences to trauma that are short of post traumatic stress disorder," Duckworth explained. "Some people have panic attacks years later. Some people feel a generalized sense of anxiety. Some people avoid tasks that are anyway related to that ... You have intrusive thoughts. Or you feel anxious a lot of the times. Or you get kind of depressed or despairing. Some people have physical symptoms, which is more common in kids and adolescents. They have physiologic responses like stomach upsets, headaches, fatigue, wishing to be asleep."

Terry Keane, director at the National Center for PTSD, told Newsarama that another common symptom for people struggling after trauma is addiction.

“Alcohol and/or drugs and PTSD occur commonly together,” Keane said. “It’s an effort to self-medicate.”

Keane said that although trauma-related mental illness is a real problem for combat veterans who have seen action or experienced violence — particularly repeated exposure to violence — diagnoses in the United States are often not related to combat.

“It’s domestic violence and sexual assault and industrial accidents and motor vehicle accidents and community violence,” Keane said, adding that it’s most prevalent among people who have experienced numerous traumatic incidents. “And those are things we’ve learned ... is how prevalent exposure to trauma — life and death situations is what trauma means — how common it is in the general population, and how much PTSD is out there.”

Is This Something New?

Dr. Keane said the beginnings of Department of Veterans Affairs where he works can be traced back to the Civil War, and so can the symptoms of trauma-related mental illness.

“There were very clear indicators in the Civil War about something that was referred to as ‘Soldier’s Heart,’ which basically was a sadness about the experiences of war and the horrors of war,” Keane said. “‘Shell Shock’ was specific to veterans of World War I. And people who had the ‘Thousand Yard Stare.’ It was thought to be related to, perhaps, the trauma of the war and the explosions and the blasts that the people in the trenches were experiencing, which of course were horrendously frightening experiences for people. And throw in mustard gas or the flamethrowers and you can understand why people would have been frightened or would have developed psychological reactions and perhaps even become disabled by their experiences.

“That was one of the big marker points, actually, was World War I,” Keane said, although veterans have been dealing with mental symptoms of trauma ever since.

More recently, the crisis of 9/11 — combined with the rise in terrorism and the war against it — gave researchers the opportunity to further refine their understanding of how trauma affects people psychologically.

What Have We Learned?

“We can diagnose PTSD very, very well in clinic settings — and in epidemiological settings and surveys,” Keane said. “We can identify it very, very well.”

Duckworth said psychologists have also discovered that not everyone needs counseling after a traumatic experience, and not everyone will develop mental symptoms in the same way.

“It’s very interesting. We don’t understand that,” he said. “Does it have to do with their prior family history, their own childhood experiences, some physiologic vulnerability that they have that we don’t understand yet? It’s a very interesting question that we’re still sorting out.”

Psychologists have also learned that after a major traumatic event, counseling should be offered, but not required. “They came to the conclusion that if 50 people are in an earthquake, it

is not helpful to an intense debrief of everyone,” Duckworth explained. “Crisis incidents stressed debriefing, CISD, was briefly very en vogue. And then they realized it’s not helpful to dig out the truth from everyone. That’s not a helpful approach. So some people will process this normally. It will pass for some people.”

But the most significant information researchers have learned, Duckworth said, is that it’s important to seek help if symptoms occur.

“That’s really important, because if you don’t get help or you can’t get help,” he said, “then turning to counter-productive strategies is a big risk.”

Can ‘Heroes in Crisis’ Help?

Duckworth said the main benefit he sees from Heroes in Crisis is showing that even the strongest among us need psychological help sometimes — and getting the help you need isn’t a weakness.

“I would describe it as a vulnerability as opposed to a weakness,” said Duckworth. “You’re exposed to something that’s traumatic, whatever it may be on planet Krypton or the loss of your parents or being injected by spider venom, there’s a traumatic dimension to a lot of those kinds of stories.

“I think it’s really fabulous that there is a more psychological freedom for this character,” Duckworth said. “I want to say that I really applaud this writer. It’s very creative.”

The psychologist said he hopes the story will encourage people who are experiencing symptoms of PTSD to get help. “Don’t ignore symptoms. Don’t ignore symptoms,” he said. “Get help. It’s consistent with strength to address a vulnerability. It’s not a weakness.”

“Most people who develop PTSD have no idea that there’s a disorder,” Keane said. “They sort of blame themselves, or they just think of themselves as weak or inadequate. And the truth of the matter is they have a readily identifiable psychological disorder, which we call now PTSD.

“But the second piece of that is ... there are treatments available,” he said, “and these treatments can be very helpful for people who come forward.”

Check back for future installments of Newsarama’s Heroes in Crisis tie-in series exploring superhero comic books and the mental effects of trauma, including more information about real-life treatment (and its connection to the comic book’s “Sanctuary”) and the indelible link between superheroes and trauma.

For more information about mental illness or to get help, there are several resources and phone numbers available on The National Alliance on Mental Illness website. The V.A. also has information and resources specific to PTSD awareness at ptsd.va.gov.

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7.3 - The Free Lance-Star: [Volunteer effort 'beyond anything I could imagine,' says wheelchair-bound Stafford vet](#) (21 September, Cathy Jett, 828k uvm; Fredericksburg, VA)

As volunteers began rebuilding Stanley Crane's deck this week, the roar of a post hole digger was the sound of freedom to the Marine Corps veteran's ears.

Crane suffers from inclusion-body myositis, a muscle wasting disease. The hands that once played a trumpet in the Marine Corps Band can barely lift the instrument. Just to get in and out of the chairlift inside his split-level home in Stafford County requires the help of his youngest daughter and her husband.

"For the past three years, I couldn't get out of the house," Crane said.

That will change once volunteers from Home Depot stores across the chain's Northern Virginia region and Rebuilding Together Fredericksburg finish replacing the deck at the back of the house early next week, and the Veterans Administration installs a wheelchair lift to it for his new motorized wheelchair. The VA will also provide him with a lift for a car.

"It means a lot," Crane said of the efforts being made on his behalf. "A little more freedom. A little less dependence on others."

Crane, 66, spent 20 years in the Marine Corps, and performed around the world with the Marine Corps Band. He'd risen to Gunnery Sergeant E7 when he left in 1993 to begin a 20-year career with the U.S. Postal Service.

The first symptoms of his disease didn't appear until 2007 when he noticed that he was losing muscle in his triceps. He eventually went to a Fredericksburg neurologist, who diagnosed him with IBM.

It is the most common inflammatory muscle disease in older adults, and is characterized by progressive muscle weakness and wasting. There is no cure, but Crane said exercise helps.

He sought treatment at VCU Medical Center in Richmond for several years, then turned to the Veterans Administration. He thought he might be eligible for compensation since he'd been stationed at Camp Lejeune, N.C., in 1974, and might have been exposed to toxic water that was later discovered in several of the base's wells.

"I was thinking there was a link, but the military said no. That had happened too long ago," Crane said. "This disease doesn't show symptoms until you're in your 50s."

The Veterans Administration did agree to provide a wheelchair lift, but Crane's rickety deck would have to be replaced first. For that, the VA reached out in January to Rebuilding Together-Fredericksburg. The nonprofit has completed more than 800 home refurbishment projects for low-income and disabled homeowners in Fredericksburg and Spotsylvania and Stafford counties over more than 25 years.

Rebuilding Together Fredericksburg sent Crane an application form, which its board reviewed to make sure he qualified for its help. Once he was approved, the organization contacted The Home Depot Foundation. It supplied \$8,000 worth of materials. Team Depot and Rebuilding Together-Fredericksburg volunteers are providing the muscle and know-how to get the job done.

It is the first of a handful of projects Team Depot members are tackling through Veterans Day as part of The Home Depot Foundation's 8th annual Celebration of Service season to support

veterans worldwide. Others include roofing a house in Manassas and building wheelchair ramps in Triangle, said Tim Wightman, who manages the Home Depot in Doc Stone Commons in Stafford.

"It's part of our heritage," he said.

Work started Monday during the rainy remnants of Hurricane Florence. Team members had to tear down the old deck before they could dig and mix concrete for the new footers. They had the frame for the 12- by 16-foot structure in place Thursday, and will add Trex decking boards so it will be maintenance free.

"I'm really grateful and appreciate everyone's efforts," said Crane. "It's beyond anything I would imagine."

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7.4 - The Post-Star: [P.S. column: Pig is seen prancing along Prospect](#) (22 September, Gwendolyn Craig, 807k uvm; Glen Falls, NY)

[...]

Saluting Branches Day

The Gerald B.H. Solomon Saratoga National Cemetery got some sprucing up Wednesday by local students learning about tree care and landscaping.

As part of the statewide fourth annual Saluting Branches Day of Service, students from the Washington-Saratoga-Warren-Hamilton-Essex BOCES Career and Technical Education school worked with professional arborists on trimming trees and other beautification practices in the cemetery.

The day is not only meant to give students in the environmental conservation and forestry program some hands-on experience, but also to honor the veterans buried there.

The national cemetery is the sixth in New York state, and has burial space for 175,500 veterans and their eligible dependents, according to the U.S. Department of Veterans Affairs.

— Gwendolyn Craig

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7.5 - The Post-Star: [Letter to the editor: Veterans should be treated much better](#) (22 September, Ralph Nicolson, 807k uvm; Glen Falls, NY)

Editor:

In your Friday, Sept. 14 paper on Page C1, Will Doolittle headed his article with "Veterans betrayed again by government." The article was eye-opening, about how our government has treated and is treating those service men and women who served in the Navy in Vietnam on ships around the Vietnam coast. It seems that around the year 2000, the Agent Orange Act was restructured to affect the service members who actually set foot on Vietnam and patrolled its inland waterways, leaving out those who worked the waters of the coast which was also affected by the contamination of Agent Orange in the rivers and bays from which their ships took their water supply. When we sprayed the jungles to defoliate the trees, we spread the toxic chemical dioxin onto our own service people. I find it hard to believe that this country of ours sent the youth of our nation into harm's way and no longer fulfills its obligation to care for those who suffer because of it.

Susie Belanger worked with John Wells, director of Military Veterans Advocacy, for 10 years to put a bill through Congress and was on the threshold of having it pass when our newly appointed Secretary of Veterans Affairs, Robert Wilkie, put up arguments against the legislation, enough so that the work might have to be started all over again. The surviving veterans of a war 50 years ago are old men and women. They are still looking for their deserved help.

Allow me, Will, to paraphrase the last paragraph of your article. "How selfish we are, and how shameful our behavior is. When will our compassion for our veterans match the depth of their sacrifice?"

Ralph Nicolson, Saratoga Springs

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7.6 - South Bend Tribune: [Military Stand Down returns to Mishawaka VA clinic](#) (22 September, 273k uvm; South Bend, IN)

MISHAWAKA — The sixth annual Michiana Military Stand Down invites all active and retired military and veterans to an information fair from 10 a.m. to 2 p.m. Wednesday with more than 60 agencies — from health to employment and military services — under tents outside of the Veterans Affairs Clinic, 1540 Trinity Place.

They'll be treated to a free box lunch, a watermelon and a hair cut, and they can replace a dog tag or enter a drawing for a massage. Veterans that are in need can pick up donations of clothing, hygiene items, nonperishable food, military items and other goods. Veterans are asked to bring a form of ID, military or otherwise.

A brief program will start the Stand Down at 10 a.m. with the posting of colors by the Millers Vets Color Guard, the national anthem and comments by Mayor Dave Wood and representatives of area legislators.

Those who need transportation to the Stand Down can pick up Transpo bus passes at Life Treatment Center, Robert L. Miller Sr. Veteran's Center, Hope Ministries and the VA's Homeless Team office at 340 Columbia St., all in South Bend. Also, vans will pick up military at 9:15 a.m. at Life Treatment Center, 9:20 a.m. at the Miller Veteran's Center and 9:25 a.m. at Hope Ministries.

ROTC and Junior ROTC may attend, too.

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7.7 - Northwest Florida Daily News: [Healing Hoof Steps offers mental and behavioral health therapy](#) (22 September, Kaylin Parker, 192k uvm; Fort Walton Beach, FL)

CRESTVIEW — Healing Hoof Steps, a fairly new equine therapy group, recently demonstrated its services for Okaloosa County's Veterans Court administrators.

County Judge Angela Mason, who presides over Veteran's Court program, an officer from the Okaloosa County Sheriff's Office and administrators from the Department of Veterans Affairs attended the session.

Located in Crestview, Healing Hoof Steps offers assisted therapy and learning services to anyone suffering from mental and behavioral health issues.

That type of therapy is unusual to the area.

Affiliated with Equine Assisted Growth and Learning Association, Healing Hoof Steps uses a combination of activities with the horses and communication with a licensed mental health counselor to help clients work through their issues to find effective solutions.

"Instead of sitting in an office with bad paint and bad wallpaper talking about your feelings for an hour, you actually come out and work with a therapist in the arena outside with the horses," said Narissa Jenkins, founder of Healing Hoof Steps.

Jenkins refers to that type of therapy as "experiential."

"Especially when it comes to veterans dealing with (post-traumatic stress disorder), there's not as much talking," Jenkins said. "A lot of it's more doing and finding ways to work through anxiety and depression."

The horses at Healing Hoof Steps are used to help clients with emotional growth, Jenkins said.

"It creates a unique learning environment," Jenkins said. "Sometimes you see a reflection of yourself in the horse. It's pretty powerful stuff."

Jenkins started Healing Hoof Steps in 2014 after a long career in business marketing.

She noticed a therapeutic quality in her horse, Saideira, and began researching the benefits of that type of therapy.

After moving back to Fort Walton Beach, Jenkins said it was a "no brainer" that she would have her own therapy facility because the area was lacking in something like that.

For more information the therapy services offered at Healing Hoof Steps, call 850-764-1005 or visit its website, www.healinghoofsteps.org.

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7.8 - West Hawaii Today: [West Hawaii Veterans Cemetery to expand](#) (22 September, Max Dible, 190k uvm; Kailua Kona, HI)

The U.S. Department of Veterans Affairs is sending nearly \$1 million to the state of Hawaii for expansion of the West Hawaii Veterans Cemetery in Kailua-Kona.

Sen. Brian Schatz (D-Hawaii) officially announced the funding on Wednesday, which veterans and their families say is sorely needed.

Bob Strickland, vice president of the West Hawaii Veterans Cemetery Development and Expansion Association and president of the West Hawaii Veterans Council, said local veterans groups put in the request for the money between two to three years ago.

The process is complicated, he explained, because West Hawaii's is a federal cemetery owned by the state and maintained by the county.

"We're excited about the money because we have run out of space in the columbariums to bury people," Strickland said. "And at the rate (veterans) are dying, in 10 years we're going to probably bury a couple hundred more people up there."

Strickland called the cemetery "the best on the Big Island, without a doubt," adding this funding will help keep it that way. Columbariums are above-ground, locker-like structures that house the cremated remains of veterans.

Part of the reason the current columbarium space is filling up so quickly is that they end up the final resting place for ashes of homeless veterans and/or veterans for whom no family members can be contacted to make other arrangements.

According to the release in which Schatz announced the funding, the \$934,398 in federal funds will develop roughly 1 acre for construction of 480 columbarium niches. The money will also be used for landscaping, irrigation and support infrastructure, the release read.

"These federal funds will help us honor the legacies of thousands of brave service members who put their lives on the line to serve our country," Schatz said in the release.

The expansion project at the cemetery isn't the only veterans-centric work planned for West Hawaii, Strickland added.

A piece of land off Kaiminani Drive near the Ellison Onizuka Kona International Airport at Keahole has been identified as a potential site for what Strickland described as an "all-in-one veterans center." Local veterans organizations have long stressed the need for such a site in West Hawaii.

Strickland said an environmental assessment is underway on a plot located near the volunteer fire station on Kaiminani Drive. Once completed, and assuming no issues, the state has allocated \$850,000 for the design of the center.

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7.9 - KRNV (NBC-4, Video): [Annual VA Stand Down houses homeless Vets in Northern Nevada](#) (22 September, 185k uvm; Reno, NV)

The Housing and Urban Development-VA Supportive Housing Program hosted their Annual Northern Nevada VA Homeless Veterans Stand Down on Friday, September 21.

The VA HUDVASH helped provide housing for homeless veterans in crisis and rapidly house them before the winter months.

For homeless Veterans who are eligible and living on the street, Stand Downs helps Veterans by housing them within one to three days of the event.

Organizations in the community were also present to provide a variety of additional aid for our homeless Veterans, such as clothing, hygiene kits, and haircuts.

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7.10 - The News-Review: [POW/MIA ceremony honors former prisoners of war, and those who never returned](#) (22 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

A small, empty table at the front of the auditorium was set for one — the missing soldier — at the 17th Annual POW/MIA Recognition Ceremony at the Umpqua Community College Danny Lang Event Center on Friday.

Douglas County Veterans Forum President Larry Hill explained the symbolism behind the objects.

The table was small to symbolize the frailty of one prisoner alone against oppressors, he said.

A red rose symbolized blood that was sacrificed, as well as the family and friends who waited.

A red ribbon around the vase symbolized the need for a proper accounting of all who are gone.

A slice of lemon on the plate symbolized their bitter fate, and salt the countless families waiting.

A glass was turned upside down to show the missing soldier could not toast with it at this time.

“Those of us who’ve served, and those of us who are currently serving in the United States uniformed services are ever mindful that the sweetness of enduring peace has always been tainted by the bitterness of personal sacrifice,” Hill said. “We are compelled to never forget that while we enjoy our daily pleasures there are others who have endured and may still be enduring the agonies of pain, deprivation and imprisonment.”

He also said a welcome home to the three former prisoners of war attending the service.

Roseburg Veterans Affairs Medical Center Associate Director Ryan Baker said the ceremony was a time to pause to remember the service and sacrifice of American veterans “whose enduring faith in country, family and comrades in arms gave them a rare courage that continues to inspire our nation.”

“Theirs is a quiet courage, the courage of hope and trust that saw them through the most brutal and oppressing of all military experiences. Whether their imprisonment lasted a few weeks or many years, during that time there was no end in sight, only the courage to go on,” he said.

Agony and uncertainty lingers for the families of veterans who are still missing, he said.

“Today we honor their special courage by pledging to them that we too shall never forget,” he said.

Roseburg VA Public Affairs Officer Shanon Goodwin read a presidential proclamation. President Donald Trump pledged his administration’s best efforts to account for the nation’s missing heroes.

His proclamation said search teams are working in Vietnam, South Korea, Europe and the South Pacific to recover and identify the remains of people who fell in past conflicts. He also said his administration was working with North Korea to identify the remains of soldiers who were prisoners of war or killed in action. Some were recovered last month, he said.

“As a nation, it is our solemn obligation to account for the remains of our fallen American service members and civilians, and bring them home whenever possible. We owe an incalculable debt of gratitude to these patriots who have given their last full measure of devotion to our country,” Goodwin read.

The former prisoners of war included World War II veterans Lloyd Henson of Oakridge and Sherman Talbot of Elkton, and Korean War veteran Ted Paillette of Roseburg.

Paillette served in the Marines from 1951 to 1953 and was a prisoner of war at what he only knew as Camp 3. He was told that was on the Manchurian border, he said, but he never really knew exactly where he was.

Talbot was in the Army from 1943 to 1945. He was imprisoned in three different camps in Germany between Dec. 16, 1944 and the end of April 1945.

Henson served in the Air Force from 1943 to 1945. He was imprisoned two years in Stalag 17B in Austria, which was annexed to Germany at the time. He loved Friday’s ceremony.

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7.11 - The Daily Republic: [Man's best friend: Service dog lends helping paw to veteran in Ethan](#) (22 September, Sheila Slater, 77k uvd; Mitchell, SD)

ETHAN—Since being matched with his service dog, Army veteran Roy Sonne has been able to travel safely and independently through Ethan with Bryla by his side.

Sonne and his dog Bryla were matched in March by the nonprofit organization Leader Dogs for the Blind, and Bryla, a 2-year-old black Labrador, is the first service dog for the blind in the region. The philanthropic organization based in Michigan breeds and educates Labrador retrievers, golden retrievers and German shepherds.

"Bryla has brought back a lot more of my independence. Being able to get around town by myself, even though it's a small town, has totally changed my life," Sonne said. "I don't have to worry about getting too dazed and confused when we are out on our walks."

Sonne, who was born and raised in Mitchell, enlisted in the U.S. Army in July 1993 and was honorably discharged in January 1999.

"I did my basic and advanced training at Fort Jackson, South Carolina. After that, I was stationed in Kitzingen, Germany, for about three years and then I was stationed in Fort Hood, Texas. I worked as a light-wheel vehicle mechanic, so I didn't see any combat. I was more of a support man for the frontlines," Sonne said.

The veteran lost his sight seven years ago due to a medical condition, possibly caused by blunt force trauma, which resulted in both of his retinas detaching from the eye nerves, according to his doctors.

Sonne decided to move back home to South Dakota to be closer to family in Ethan. Several years ago, he applied for a service animal through the Veterans Benefits Administration office in Sioux Falls, an often lengthy and cumbersome process.

Once a veteran is registered with the Veterans Affairs Health Administration, a referral to a specialist is generally requested through the assigned VA primary care provider. The specialist then completes an evaluation and makes a clinical determination on the need for assistive devices, which can include a service dog. Each veteran's case is reviewed and evaluated, which can take years. Sonne's wish of getting a service animal through the VA never came to fruition.

Then, he met Craig Bennett, the Davison County veterans service officer in Mitchell. Bennett had attended a two-day workshop at Leader Dogs for the Blind last August in Rochester Hills, Michigan, where he toured the facility, met with instructors and was introduced to the working dogs.

"It is unbelievable to see what they can teach these dogs," Bennett said. "In one of these classes, I was blindfolded and had to walk around with a dog. At first, I was a bit disoriented, and then you just really go with the flow and trust the animal."

The organization is funded by individuals, the Lions Club, corporate partners and foundations. Working service dogs are educated in the same way as many pets — with lots of repetition and positive reinforcement.

For the first year of their lives, the dogs grow up in homes with volunteers who teach them basic obedience and social skills. At about nine weeks old, the puppies undergo a four-month training program with professional guide dog mobility instructors, who teach them guide dog skills such as stopping at curbs, avoiding obstacles and finding doors.

The cost for a professionally trained working service dog can total over \$40,000, a price tag that most retired veterans in need of a service animal cannot afford on their own.

Bennett posted pictures of his experience with the Leader Dogs for the Blind on Facebook, and minutes later, he was introduced to the Sonne.

"(Sonne) told me he had applied for a service dog through the Veterans Affairs office several years ago, but it had come to a stall," Bennett said. "I was determined to help him with the application and the entire process."

Bennett reached out to Dennis Bohmont, the president of the Palace City Lions Club, an Ethan resident and the former industrial technology teacher at Ethan High School. The Lions Club requires a person applying for a service dog to submit a 15- to 20-minute video describing their situation and showing their mobility skills.

"I sent three of my students at Ethan High School to go up to Sonne's home and videotape him for 45 minutes. It was a nice calm day in Ethan—the wind was blowing about 50 mph—and we had nothing but wind noise in the background," Bohmont said.

The video was cut down to 20 minutes by the students and sent in to the Palace City Lions Club and the Leader Dogs.

"I had to show the Palace City Lions Club and the Leader Dogs organization that I could walk out of the house, to the post office and back by myself using my white travel cane. They wanted to know that I had a good sense of orientation and mobility," Sonne said. "Craig Bennett and the entire membership of the Palace City Lions club played a huge part in me getting Bryla."

In February, Sonne was invited by the Leader Dogs training facility to attend the guide training for a service animal in Michigan. He completed the 25-day training and was matched with Bryla at the end of the course.

In Ethan, Bryla has quickly become a celebrity among the elementary school children that call her by her name and wave when seeing Sonne and his best friend strolling by on one of their daily walks.

"She steals the show and everybody comes up to ask questions about her. I wouldn't have it any other way," Sonne said.

By his own account, Sonne led a lonesome and uneventful life before he met Bryla. Now, with his newly gained independence, he attends homecoming parades and veteran events like the Sweat for Vets run last weekend in Mitchell, which he helped to organize.

"Man's best friend fits perfectly in this scenario. Bryla is amazing. If she's not in her harness, she is the average puppy and a goofball, but when I strap the harness on, her ears drop back and she's alert and attentive," Sonne said. "I feed her, I take her out three to four times a day, I pick up her business and everything else. The only thing I do not do is the grooming. I have a veterinarian in Mitchell that takes care of all that."

In the future, Sonne said he hopes to be involved with helping other veterans receive assistance, including service animals.

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7.12 - Daily Messenger: [Growing therapy for veterans at EquiCenter](#) (22 September, Julie Sherwood, 74k uvm; Canandaigua, NY)

MENDON — Chuck Dill could sit at home or garden. He chose the garden.

Dill, an Army veteran from Fairport, paused between rows of red raspberries and ground cherries at the EquiCenter Farm garden on Wednesday. He wanted to tell how he got there.

Dill was one in a group of vets and staff who were harvesting greens, carrots, herbs and fruits from a three-acre garden trimmed in sunflowers at the EquiCenter, a nonprofit offering programs for veterans, people with disabilities and at-risk youths that is partnering with the Canandaigua VA Medical Center. From the garden, the group would soon move into the farm kitchen where the bounty would be the ingredients used in a hands-on cooking class — and make for a hearty lunch eaten around a big table.

It was all part of a recently expanded program at the EquiCenter to help veterans through agriculture. The Canandaigua VA announced a grant of \$844,415 from the Office of Rural Health to allow more veterans to participate. With about 30 veterans already involved, the additional funds will enable 86 more veterans to take part. The grant also means vets will be able to take what they learn in an introductory farming class to the next level, through more advanced courses.

The program provides therapy as well as practical skills, said Dr. Danielle Lutz, a physical therapist and a VA care manager. More nine-week courses will be added, along with the addition of one-day workshops.

Workshops will focus on a variety of farming activities such as beekeeping, caring for horses and maple sugaring, Lutz said. Others instrumental in the partnership between the VA and the EquiCenter also were at the farm Wednesday.

Dr. Paul Dougherty, a chiropractor long involved with the programs, said he looks forward to more veterans coming on board and eventually being able to partner with other organizations as well.

“If it wasn’t for this program, I’d just be sitting home,” said Dill, who aspires to growing a home garden and eventually being able to produce all his own food. He felt good, he said, being outdoors, working in the garden, meeting other veterans and doing something useful.

“Rejuvenating” is how Marine Corps veteran Joe Loving explained being at the farm. Loving said he had a lot of aches and pain before participating in the program. He is in much less pain now, he said. He is also eating healthier and enjoying the benefits.

Air Force veteran Nathan Bush said he had almost no mobility before he got involved in the program. Suffering from post traumatic stress disorder and physical disabilities, he said he had tried all the standard treatments. He took various medications, used heated pools and other methods, he said.

At the EquiCenter, “I found there was so much more,” Bush said. He found it a safe, nurturing place.

“It feels good to be stretching, growing,” he said.

Connecting with other veterans is also a big part of it, he added.

“It has all the ingredients of a community,” Bush said. “You find people you vibe with.”

Bush explained how the grant will make it possible for veterans who have benefited from the therapeutic aspects of the program to use what they learn outside in the community, and to help them with careers and in the workforce. The EquiCenter provides the space, tools and training site that vets wouldn’t find otherwise.

Through the program, vets can go on to develop a business plan and test what they learn before launching it outside the farm, he said. Bush mentioned other organizations contributing to the success of the program, such as the Cornell Cooperative Extension and the Cornell Small Farms program.

In the farm kitchen Wednesday, the counter filled with fresh garden vegetables, Chef Ellen Adams led the vets in choosing and preparing recipes for a midday feast. There was more than enough produce and Adams said the veterans would also have plenty to take home. It was a true farm-to-table scenario and one that even veteran Tom Dillard said he could get behind.

Dillard said he is good with gardening but cooking is foreign to him. He was game, however, to try making a butternut squash with apple cider.

The Canandaigua VA is one of 10 VAs nationwide, and one of three VAs in the New York/New Jersey VA health system to receive the grant. Lutz said the funds will take the program through the end of September 2019. It is part of the VA’s overall, whole-health approach for veterans, she said.

“In order for veterans to be their healthiest, to find the best for their well-being,” Lutz said.

What is the EquiCenter?

EquiCenter, at the William & Mildred Levine Ranch in Mendon, is a nonprofit facility serving people with disabilities, veterans and at-risk youths. The center provides a variety of equine-related programs with internationally certified instructors. Other programs include therapeutic horticulture on the property’s three-acre organic farm, canine-assisted activities, adaptive yoga and farm-to-table culinary classes. The EquiCenter is at 3247 Rush Mendon Road. For more information, visit <https://www.equicenterny.org/> or call 585-624-7772.

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7.13 - The Daily Independent: [Veterans Stand Down provides services, access](#) (22 September, Jack Barnwell, 46k uvm; Ridgecrest, CA)

Veterans roamed the Kerr McGee Community Center Friday as they visited one of dozens of vendors available at the Ridgecrest Veteran Advisory Council’s annual Stand Down.

Numerous agencies were available, ranging from the Veterans Administration to local service organizations and Ridgecrest Regional Hospital. Some VA centers were on hand to help facilitate photo ID cards and go over a list of benefits veterans are eligible to receive.

The Navy Sea Cadet’s Sidewinder Squadron performed the opening ceremony by parading the colors.

According to Nick Coy with the RVAC, the event serves as a one-stop shop for veterans needs that are otherwise unavailable in the Indian Wells Valley.

“It’s help for a lot of veterans that otherwise wouldn’t get help for various reasons,” Coy said. “I’ve spoken with some veterans who are getting up there in years, but have never signed up with the VA because they didn’t need it. Now they do and wouldn’t know where to go.”

Resources and organizations come from all over, including from Bakersfield and Los Angeles.

“The Los Angeles Veterans Medical Center comes up here every year with a full crew and that’s a big help because they can get people signed up,” Coy said.

Coy said on a personal level, it’s a chance to give back to the community.

Veteran William Willis said the stand down proves beneficial for veterans, whether they just looking or in active need of obtaining.

Willis said while he didn’t need many of the services offered, the vendors were actively helpful.

“They were trying to give me things I told them I didn’t need,” Willis said. “It’s an outstanding level of service. They certainly want to help.”

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

23 September 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Draft Report Finds Complaints About NH VA Were 'Unfounded'](#) (22 September, 23.9M uvm; Washington, DC)

An internal Veterans Affairs draft report finds that nearly all of the complaints lodged by whistleblowers about the Manchester VA were unfounded. New Hampshire Public Radio reports that the VA's Office of Medical Inspector's draft report didn't substantiate allegations published in the Boston Globe last year. Whistleblowers complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients with a spine condition who weren't treated properly.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Patient at VA Hospital Diagnosed With Legionnaires' Disease](#) (22 September, 23.9M uvm; Washington, DC)

Water at three Veterans Affairs hospitals in Boston is being tested after a patient was diagnosed with Legionnaires' disease. The Boston Globe reports that the VA Healthcare System announced the diagnosis Friday and is testing water at its hospitals in the city's Brockton, Jamaica Plain and West Roxbury neighborhoods. Officials say the patient diagnosed with the disease had been treated at all three hospitals. The patient's condition was not released. Test results are expected within two weeks.

[Hyperlink to Above](#)

1.3 - NPR (Audio): [Veterans Struggling After Sexual Assault Increasingly Turn To Service Dogs](#) (22 September, Adelina Lancianese, 22M uvm; Washington, DC)

Guiding her cart down an aisle of a Virginia grocery store, Leigh Michel attracts more attention than the average shopper. "Do you know where the dog food is?" one man asks her. This kind of attention makes her uneasy. "No, I don't," Michel answers. "Sorry." The man assumes Michel would know the answer because her service dog, an English black Labrador named Lizzy, is walking at her side.

[Hyperlink to Above](#)

1.4 - Union Leader: [Draft VA report meets skepticism](#) (22 September, Todd Feathers, 318k uvm; Manchester, NH)

For the fourth time, a draft report from the U.S. Department of Veterans Affairs' investigation of alleged unsanitary conditions and poor patient care at the Manchester VA Medical Center has been met with widespread skepticism, prompting lawmakers to reiterate calls for congressional hearings. Like three previous draft reports from the VA's Office of the Medical Inspector (OMI), the latest report includes few findings of wrongdoing and largely exonerates the hospital's previous administrators, who were reassigned after a group of doctors came forward to The Boston Globe with concerns last July.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - WHDH (TV-7, Video): [Health officials investigating Legionnaires' case in Boston](#) (22 September, 1.5M uvm; Boston, MA)

Health officials are searching for the source after a confirmed case of Legionnaires' Disease in Boston. The Department of Veteran's Affairs is trying to figure out if the patient who contracted the disease caught it while staying at one of three VA hospitals in the area. Test results may take up to two weeks. Officials say water is tested quarterly at VA hospitals.

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4.2 - Odessa American: [Woman 'shocked' after winning Jeep Veteran vows to use vehicle for commute to VA hospital](#) (21 September, Royal McGregor, 63k uvm; Odessa, TX)

Angela Maberry was one of the five finalists invited to the Chuck Wagon Community Fund Fall Roundup. However, the 35-year-old didn't expect the letter she wrote would cement her as the winner of a 2019 Jeep Cherokee during Thursday's concert at the Ector County Coliseum. Maberry — who has worked for the VA Medical Center in Big Spring since January 2015...

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5. [Improve Timeliness of Service](#)

5.1 - The Chronicle: [First Veterans Summit Held to Connect With Former Service Members](#) (21 September, Will Rubin, 54k uvm; Centralia, WA)

Awareness and feedback. Those two words made up the crux of the first Lewis County Veterans Summit that took place Friday morning at the Lewis County Veterans Memorial Museum. The Lewis County Veterans Advisory Board spearheaded the event, which served as an opportunity for veterans, officials and service providers to learn about programs available to assist former military members in the area as well as hear from veterans about their experiences navigating the bureaucracy.

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5.2 - Reporter-Times: [Donations still needed for veteran van](#) (22 September, Lance Gideon, 23k uvm; Martinsville, IN)

There are veterans in Morgan County who are struggling to get to doctor appointments at U.S. Department of Veteran Affairs (VA) medial facilities throughout the area. Earlier this spring, an account was set up at Home Bank in hopes of getting a van through a Disabled American Veterans (DAV) grant program, which would assist in the transportation of veterans in Morgan County.

[Hyperlink to Above](#)

5.3 - KDBC-TV (CBS-4): [El Paso veterans react to President Trump signing \\$86.5 billion bill](#) (22 September, Michael Ikahihifo, 16k uvm; El Paso, TX)

On Friday, President Trump signed an \$86.5 billion bill that will provide funding for the Department of Veterans Affairs. "We are ensuring that our veterans are respected and

cherished like never before," said Trump. White House officials said this is the largest dollar amount ever for veterans, with \$8.6 billion set aside for mental health services and \$400 million toward preventing opioid abuse.

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6. [Suicide Prevention](#)

6.1 - The Vindicator: [Canfield mom receives Purple Heart for late son](#) (22 September, Justin Dennis, 193k uvm; Youngstown, OH)

David Devellin of Canfield was just 31 when he took his own life in June, unable to exorcise the demons that followed him home when his Army tour of Iraq ended in 2010. On Friday, Devellin's mother, Nanette Dillon, of Canfield accepted a Purple Heart medal on his behalf from U.S. Rep. Bill Johnson of Marietta, R-6th, during a small, somber ceremony at the Canfield Green gazebo.

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6.2 - Albert Lea Tribune: [Editorial: Tribune Thumbs](#) (22 September, Editorial Board, 53k uvm; Albert Lea, MN)

To efforts by the Albert Lea Veterans Affairs Clinic to raise awareness of suicide prevention. Thanks to the Albert Lea VA Clinic, which hosted a walk outside Skyline Plaza on Wednesday, to bring a focus to suicide awareness and prevention. The walk particularly emphasized the need to address veterans' mental health issues.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Oregonian: [National POW/MIA Recognition Day offers opportunity to reflect on American courage, sacrifice](#) (21 September, Douglas Perry, 11.9M uvm; Portland, OR)

Hundreds of balloons bearing messages of love and devotion floated up into the sky on that crisp summer morning. "Bye, Bill," said Kay G. Main, watching the multicolored balloons drift away. "Bye, honey." The solemn ceremony at Portland's Veterans Medical Center took place on July 20, 1984, when National POW/MIA Day was still a new commemoration. Main's late husband, William F. Main, had been a prisoner of war during World War II.

[Hyperlink to Above](#)

7.2 - Newsarama.com: [Examining Trauma & Heroes in Crisis: What is PTSD and How Can a Comic Book Help?](#) (21 September, Vaneta Rogers, 1.5M uvm; Alexandria, VA)

According to the National Center for PTSD at the U.S. Department of Veterans Affairs, about seven or eight percent of the U.S. population will have PTSD at some point in their life. That percentage more than doubles for veterans of America's military operations in the Middle East.

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7.3 - The Free Lance-Star: [Volunteer effort 'beyond anything I could imagine,' says wheelchair-bound Stafford vet](#) (21 September, Cathy Jett, 828k uvm; Fredericksburg, VA)

As volunteers began rebuilding Stanley Crane's deck this week, the roar of a post hole digger was the sound of freedom to the Marine Corps veteran's ears. Crane suffers from inclusion-body myositis, a muscle wasting disease. The hands that once played a trumpet in the Marine Corps Band can barely lift the instrument.

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7.4 - The Post-Star: [P.S. column: Pig is seen prancing along Prospect](#) (22 September, Gwendolyn Craig, 807k uvm; Glen Falls, NY)

The Gerald B.H. Solomon Saratoga National Cemetery got some sprucing up Wednesday by local students learning about tree care and landscaping. As part of the statewide fourth annual Saluting Branches Day of Service, students from the Washington-Saratoga-Warren-Hamilton-Essex BOCES Career and Technical Education school worked with professional arborists on trimming trees and other beautification practices in the cemetery.

[Hyperlink to Above](#)

7.5 - The Post-Star: [Letter to the editor: Veterans should be treated much better](#) (22 September, Ralph Nicolson, 807k uvm; Glen Falls, NY)

In your Friday, Sept. 14 paper on Page C1, Will Doolittle headed his article with "Veterans betrayed again by government." The article was eye-opening, about how our government has treated and is treating those service men and women who served in the Navy in Vietnam on ships around the Vietnam coast. It seems that around the year 2000, the Agent Orange Act was...

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7.6 - South Bend Tribune: [Military Stand Down returns to Mishawaka VA clinic](#) (22 September, 273k uvm; South Bend, IN)

The sixth annual Michiana Military Stand Down invites all active and retired military and veterans to an information fair from 10 a.m. to 2 p.m. Wednesday with more than 60 agencies — from health to employment and military services — under tents outside of the Veterans Affairs Clinic, 1540 Trinity Place.

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7.7 - Northwest Florida Daily News: [Healing Hoof Steps offers mental and behavioral health therapy](#) (22 September, Kaylin Parker, 192k uvm; Fort Walton Beach, FL)

Healing Hoof Steps, a fairly new equine therapy group, recently demonstrated its services for Okaloosa County's Veterans Court administrators. County Judge Angela Mason, who presides over Veteran's Court program, an officer from the Okaloosa County Sheriff's Office and administrators from the Department of Veterans Affairs attended the session.

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7.8 - West Hawaii Today: [West Hawaii Veterans Cemetery to expand](#) (22 September, Max Dible, 190k uvm; Kailua Kona, HI)

The U.S. Department of Veterans Affairs is sending nearly \$1 million to the state of Hawaii for expansion of the West Hawaii Veterans Cemetery in Kailua-Kona. Sen. Brian Schatz (D-Hawaii) officially announced the funding on Wednesday, which veterans and their families say is sorely needed.

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7.9 - KRNV (NBC-4, Video): [Annual VA Stand Down houses homeless Vets in Northern Nevada](#) (22 September, 185k uvm; Reno, NV)

The Housing and Urban Development-VA Supportive Housing Program hosted their Annual Northern Nevada VA Homeless Veterans Stand Down on Friday, September 21. The VA HUDVASH helped provide housing for homeless veterans in crisis and rapidly house them before the winter months. For homeless Veterans who are eligible and living on the street, Stand Downs helps Veterans by housing them within one to three days of the event.

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7.10 - The News-Review: [POW/MIA ceremony honors former prisoners of war, and those who never returned](#) (22 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

A small, empty table at the front of the auditorium was set for one — the missing soldier — at the 17th Annual POW/MIA Recognition Ceremony at the Umpqua Community College Danny Lang Event Center on Friday. Douglas County Veterans Forum President Larry Hill explained the symbolism behind the objects. The table was small to symbolize the frailty of one prisoner alone against oppressors, he said.

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7.11 - The Daily Republic: [Man's best friend: Service dog lends helping paw to veteran in Ethan](#) (22 September, Sheila Slater, 77k uvd; Mitchell, SD)

Since being matched with his service dog, Army veteran Roy Sonne has been able to travel safely and independently through Ethan with Bryla by his side. Sonne and his dog Bryla were matched in March by the nonprofit organization Leader Dogs for the Blind, and Bryla, a 2-year-old black Labrador, is the first service dog for the blind in the region. The philanthropic organization based in Michigan breeds and educates Labrador retrievers, golden retrievers and German shepherds.

[Hyperlink to Above](#)

7.12 - Daily Messenger: [Growing therapy for veterans at EquiCenter](#) (22 September, Julie Sherwood, 74k uvm; Canandaigua, NY)

Chuck Dill could sit at home or garden. He chose the garden. Dill, an Army veteran from Fairport, paused between rows of red raspberries and ground cherries at the EquiCenter Farm garden on Wednesday. He wanted to tell how he got there. Dill was one in a group of vets and staff who were harvesting greens, carrots, herbs and fruits from a three-acre garden trimmed in sunflowers at the EquiCenter, a nonprofit offering programs for veterans, people with disabilities and at-risk youths that is partnering with the Canandaigua VA Medical Center.

[Hyperlink to Above](#)

7.13 - The Daily Independent: [Veterans Stand Down provides services, access](#) (22 September, Jack Barnwell, 46k uvm; Ridgecrest, CA)

Veterans roamed the Kerr McGee Community Center Friday as they visited one of dozens of vendors available at the Ridgecrest Veteran Advisory Council's annual Stand Down. Numerous agencies were available, ranging from the Veterans Administration to local service organizations

and Ridgecrest Regional Hospital. Some VA centers were on hand to help facilitate photo ID cards and go over a list of benefits veterans are eligible to receive.

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8. Other

1. Top Stories

1.1 - U.S. News & World Report (AP): Draft Report Finds Complaints About NH VA Were 'Unfounded' (22 September, 23.9M uvm; Washington, DC)

MANCHESTER, N.H. — An internal Veterans Affairs draft report finds that nearly all of the complaints lodged by whistleblowers about the Manchester VA were unfounded.

New Hampshire Public Radio reports that the VA's Office of Medical Inspector's draft report didn't substantiate allegations published in the Boston Globe last year.

Whistleblowers complained about a fly-infested operating room, surgical instruments that weren't always sterilized and patients with a spine condition who weren't treated properly.

Several top officials have been removed. A federal agency concluded in January the Manchester facility failed to take whistleblowers' complaints seriously.

The draft report found issues with a private company running the Veterans Choice Program.

Whistleblower and doctor Ed Kois said the VA can't fairly investigate itself, and said VA should have better treated veterans with the spine condition cervical myelopathy.

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1.2 - U.S. News & World Report (AP): Patient at VA Hospital Diagnosed With Legionnaires' Disease (22 September, 23.9M uvm; Washington, DC)

BOSTON — Water at three Veterans Affairs hospitals in Boston is being tested after a patient was diagnosed with Legionnaires' disease.

The Boston Globe reports that the VA Healthcare System announced the diagnosis Friday and is testing water at its hospitals in the city's Brockton, Jamaica Plain and West Roxbury neighborhoods.

Officials say the patient diagnosed with the disease had been treated at all three hospitals. The patient's condition was not released. Test results are expected within two weeks.

Legionnaire's disease is a bacterial pneumonia spread by inhaling droplets of contaminated water. Symptoms are similar to the flu.

Health officials in Rhode Island confirmed three cases of the disease at a Providence nursing home on Friday. Fifteen cases were previously confirmed in Hampton, New Hampshire, over the summer, including one death.

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1.3 - NPR (Audio): Veterans Struggling After Sexual Assault Increasingly Turn To Service Dogs (22 September, Adelina Lancianese, 22M uvm; Washington, DC)

Editor's Note: This story contains descriptions of alleged sexual assault.

Guiding her cart down an aisle of a Virginia grocery store, Leigh Michel attracts more attention than the average shopper.

"Do you know where the dog food is?" one man asks her. This kind of attention makes her uneasy.

"No, I don't," Michel answers. "Sorry."

The man assumes Michel would know the answer because her service dog, an English black Labrador named Lizzy, is walking at her side.

He's not the only shopper watching Michel and Lizzy. Some skirt around them in the bread aisle ("Oh, she won't bite," Michel assures one woman), and others ignore the boundaries of typical service dog decorum near the condiments.

"Is she friendly?" a man asks, reaching out to pet Lizzy and launching into a story about his mother's service chihuahua.

Michel indulges him briefly, tells him to have a good day and moves on.

"Without [Lizzy], I wouldn't even be talking to the cashier," Michel says as she approaches the checkout. "So I guess she's actually kind of my trainer, getting me to talk to people."

Michel is a retired first sergeant in the U.S. Army, where she trained as a Chinese linguist, jumped out of airplanes at Fort Bragg, N.C., and traveled the world as a chaplain assistant for 29 years.

She transitioned to civilian life earlier this year but continues to heal physical and mental wounds she has carried for decades, and her service dog Lizzy provides relief that Michel says no other therapy or medication can match.

Service dog providers are seeing an influx of applications from veterans like Michel who have experienced sexual trauma while in the military. But the U.S. Department of Veterans Affairs, which provides veterinary benefits for service dogs assigned to people with physical disabilities, does not currently recognize psychiatric service dogs as a proven therapy for mental illness.

"That part of me is gone, taken from me"

Leigh Michel entered the Army in 1989. "I figured I would be a linguist and get a good job when I get out," she recalls. "I'm not staying in the Army. I don't need that. But look at me 29 years later: They get you."

The language program didn't work out for Michel so she became a chaplain assistant instead. For most of her career, she says, she embedded with troops — in Afghanistan, in Germany, in the Demilitarized Zone between North and South Korea — where she served as a sounding board for her peers' greatest fears and dearest hopes.

While stationed at Fort Bragg, Michel received her jump wings, a military badge earned through U.S. Army airborne divisions. She rose up in the ranks, eventually earning the rank of first sergeant in Afghanistan.

But Michel was also quietly experiencing trauma from the stories entrusted to her as a chaplain assistant.

"I hear the sexual assaults, the rapes, the abuses to children," she says. "I hear that they're in a position now with their boss that they can't seem to get out of, horrible family stories, how many people they've killed."

She visited soldiers maimed or killed in combat, and those sights continue to haunt her.

But Michel says she couldn't vent to anyone.

"I'm just walking around with all this stuff in my head and compounded with my own stuff that ends up happening, it's just way too much."

Michel is referring to multiple sexual assaults she says she experienced from her time in basic training to her last years in the Army, many of which she chose not to report. Michel says sometimes she was embarrassed or her high rank intimidated her from offloading trauma onto her chaplain, who was also her commanding officer.

All that trauma has battered her memory (she forgets what she needs at the grocery store or what word to use in a sentence), but she seems to recall each of her sexual assaults in vivid detail, like benchmarks or chapters of her military career.

Michel says at least three male service members assaulted or molested her between 1990 and 2005.

But the most traumatic incidents happened while Michel was stationed at Bagram Airfield in Afghanistan in 2012.

During the first instance, Michel says she was in the bathroom, undressing to take a shower, when an Air Force officer slammed her against a wall and raped her. A noise outside startled her assailant, and Michel said he threatened to kill her if she told. She did not report the assault.

"I dealt with it [by putting] it in a box. I had a job to do. We're in Afghanistan, and I can't slow down now," she says.

Later that year, Michel says she was doing her laundry when a local civilian quickly approached her. He pulled her into a bunker, cracked her head against a concrete wall and raped her. She took a sick day from work the next day but did not report it.

"I'm the first sarge," she says of that decision. "I don't want my soldiers to know. They're going to know that part of me is gone, taken from me. So you have to stay strong like they tell us. Keep fighting."

Veterans with sexual trauma in search of comfort

Michel began to break down when she returned home after the Afghanistan assaults. Her boyfriend noticed she was jumpy and quick to anger. She says she was triggered by concrete walls. She didn't want to leave the house.

Michel began seeing a counselor in 2015. She says she has been diagnosed with severe post-traumatic stress disorder, major depressive disorder and mild traumatic brain injury.

Around the same time, Michel began seeking treatment for severe back pain, a result of performing so many jumps and carrying heavy military gear for nearly three decades.

"I'm on 15 different medications or something now. It's crazy," Michel says. "Between my physical and my behavioral health, there's just a lot of crossed wires."

In 2016, Michel applied for a service dog from the organization Semper K9 in northern Virginia, listing military sexual trauma as one of her problems. Michel instantly knew Lizzy, named after a World War II Army nurse, was the dog for her and took her home after weeks of training.

Lizzy calms Michel down like nothing else can, especially during panic attacks or nightmares.

"She'll come up right behind me and lay, but her whole body is touching mine, and it's kind of like, 'Hey I'm here, it's OK.' And there's been times that I've woken up once she's done that, and then I can go back to sleep because she's right there and she just lays with me," Michel says.

Lizzy also picks up things Michel has dropped and takes off Michel's shoes. The dog has learned the signs that Michel is distressed, like fidgeting, and works to comfort or distract her.

According to the VA, 1 in 4 female service members and 1 in 100 male service members who come through its facilities report experiencing military sexual trauma (MST), which includes sexual assault and harassment.

Psychiatry and medication are frequently prescribed therapies to help veterans combat many of military sexual trauma's lasting effects. And now, some veterans are using psychiatric service dogs as a tool to supplement traditional recovery methods.

"We have seen an influx in veteran applicants who are willing to disclose that type of trauma," says Christopher Baity, who runs Semper K9.

He says there are a lot of similarities between veterans who have experienced MST and veterans who have combat-related PTSD: agoraphobia and antisocial behavior, for instance. Baity conducts the same dog training for both.

K9s for Warriors, a large service dog provider in Florida, has also seen more demand from veterans who have experienced MST. The organization recently developed female-only classes, largely made up of women who have been sexually assaulted. Rory Diamond, CEO of K9s for Warriors, says working with them requires extra care.

"We have a very masculine, male military staff. They have to approach the warriors much differently than have MST, which is to be kinder, gentler, quieter. Don't be and don't act like the people who perpetrated this to them," he explains.

Not yet enough reliable evidence

The use of service dogs for veterans' mental health dates back at least to World War II, when a formerly-stray Yorkshire terrier named Smoky accompanied doctors and nurses as they made their rounds at a military hospital. Smoky is widely regarded as one of the first therapy dogs.

Despite this history and the growing number of veterans with PTSD who use psychiatric service dogs, the VA does not currently support them.

"There is not yet enough reliable evidence for VA to form an official stance on psychiatric service dogs related to medical benefit. However scientific advances have led to proven effective interventions for most mental health conditions," a VA spokesperson said in an email to NPR. "VA is committed to Veterans receiving safe and effective treatments that are most likely to lead to the best clinical outcomes."

A statement on a webpage for the National Center for PTSD, which is maintained on the VA website, argues that psychiatric service dogs might hamper recovery by rendering veterans unable to function without a dog at their side.

"For example, if the dog keeps strangers from coming too close, the owner will not have a chance to learn that they can handle this situation without the dog. Becoming dependent on a dog can get in the way of the recovery process for PTSD," the statement reads.

The VA offers to cover veterinary care for service dogs for veterans with physical injuries, like blindness or mobility issues, but it does not provide the same benefits for psychiatric service dogs. Still, in most cases, psychiatric service dogs are permitted to accompany veterans in VA facilities, regardless of the VA's stance on their validity.

The spokesperson said that any service dogs receiving support from the VA must be accredited with Assistance Dogs International, which on its website acknowledges the effectiveness of service dogs for psychiatric reasons.

Baity, who estimates that nearly 99 percent of service dog recommendations he receives come from VA doctors, says it is time for the VA to recognize psychiatric service dogs.

"A service dog is a service dog, no matter if the person is blind or assaulted in the military and can't perform normal life," Baity says. "A service dog is a piece of durable medical equipment that performs a specialized duty for a disabled American, like a cane, wheelchair or prosthetic."

A study from researchers at Purdue University earlier this year revealed "clinically significant reductions in PTSD symptoms" among veterans with service dogs who were also receiving regular medical care. These veterans exhibited "lower depression, higher quality of life, and higher social functioning."

The study was sponsored by the Human-Animal Bond Research Initiative Foundation and Bayer Animal Health, and partnered with K9s For Warriors.

In a response to a question about the Purdue study, the VA's spokesperson said, "More research is needed."

The VA began studying the effectiveness of psychiatric service dogs in 2011 at the behest of Congress. After years of failed attempts, the VA is sponsoring a clinical trial expected to wrap

up in 2019. The spokesperson adds the department is also piloting a benefits program for veterinary insurance.

A statement on the VA's website promises that "if research supports the use of service dogs for PTSD, VA will provide veterinary care for such dogs."

Michel says whatever a study might show, there's no question Lizzy has changed her life.

"I want to get better. It's just hard. But she's the primary help that I have right now to get there, over going to a shrink and taking pills. As long as she's with me, I feel OK, which is better than usual."

Michel is setting goals for herself with Lizzy by her side. A major one? "Go to a bar with some friends, have a drink, and not be scared."

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1.4 - Union Leader: [Draft VA report meets skepticism](#) (22 September, Todd Feathers, 318k uvm; Manchester, NH)

For the fourth time, a draft report from the U.S. Department of Veterans Affairs' investigation of alleged unsanitary conditions and poor patient care at the Manchester VA Medical Center has been met with widespread skepticism, prompting lawmakers to reiterate calls for congressional hearings.

Like three previous draft reports from the VA's Office of the Medical Inspector (OMI), the latest report includes few findings of wrongdoing and largely exonerates the hospital's previous administrators, who were reassigned after a group of doctors came forward to The Boston Globe with concerns last July.

"I'm just astounded and disgusted. I can't even believe - they made this thing look like some sort of farce that had no basis in reality," said Dr. Ted Daly, who stepped down as chief of radiology out of frustration with the hospital's administration. He still works at the Manchester VA. "It's almost like the people who wrote this investigation didn't even care what any of us had to say and had pre-ordained thoughts about what the outcome was going to be."

Dr. William "Ed" Kois, who was also one of the whistleblowers, described the draft report as a "whitewash" of patient neglect that had devastating consequences for veterans with spine conditions. The VA's inability to admit mistakes, he said, is part of the reason the agency is constantly embroiled in scandals.

"I compare the VA system to the Galapagos Islands, where you had species that hadn't existed in the rest of the world for 500 years still dominant because they hadn't evolved. (The VA) hasn't evolved with the rest of the systems," Kois said.

In the latest draft, a copy of which was obtained by the New Hampshire Union Leader, OMI's investigators substantiated claims made by whistleblowers that a contractor failed to arrange appointments for thousands of veterans with specialists outside the VA system through the Veterans Choice Program.

The VA's contract with that vendor, Health Net Federal Services, will end Sept. 30.

Investigators did not substantiate allegations that:

- . Dozens of patients with spinal conditions weren't given proper care;
- . Hospital administrators stymied doctors' ability to refer patients to specialists through a different program;
- . Procedures had to be canceled in an operating room because it was infested with flies (investigators did, however, determine the room had a fly problem);
- . Surgical tools in another room were contaminated (discoloration on the instruments was blamed on Manchester's water supply);
- . Hospital administrators were unresponsive to the medical staff's concerns.

"The OMI report thoroughly investigated the concerns regarding the Manchester VAMC, and the findings speak for themselves," Maureen Heard, chief communications officer for the New England VA system said. "The Manchester VA Medical Center is under new leadership and on a new path and has taken a number of steps to rebuild trust, improve care and provide better service to New Hampshire area veterans."

After seeing the OMI's latest draft, Rep. Ann Kuster, D-N.H., who sits on the House Veterans Affairs Committee, reiterated her call for a hearing into the management of the Manchester hospital and the VA's ability to investigate itself.

"I object to the conclusions in terms of the quality of care for those patients in this report," she said, adding, "I think they have every reason to sort of paper over the failures. ... I would like the secretary to come and meet with everyone and tell us if they stand by this report."

Both she and Andrea Amodeo-Vickery, the Manchester attorney representing the whistleblowers, said they would like the Office of Special Counsel to once again instruct the VA investigators to do a better job.

After the third draft report, the OSC, an independent federal agency that investigates cases brought by whistleblowers, wrote a letter to President Donald Trump stating that the VA's conclusions were inconsistent with the evidence and that investigators "were frequently evasive in their reluctance to acknowledge wrongdoing."

Perhaps the most frustrating aspect of the situation, Kois said, is that the Manchester VA's new leadership has overseen a dramatic improvement in quality and morale, yet the upper echelons of the agency refuse to acknowledge all the problems that existed in the first place.

The hospital has, for example, addressed one particularly concerning allegation Kois and other doctors made: that patients with spinal conditions were becoming unnecessarily wheelchair-bound because the New England VA system wasn't providing the surgical treatments and patient follow-ups that are the standard of care at other hospitals.

Now, the Manchester VA is efficiently referring those patients to outside specialists, according to Kois and Al Montoya, the hospital's new director.

The Manchester VA has hired more medical staff, reduced the waiting period for veterans to see a primary care physician from around 75 days to 16 days, and substantially improved employee morale, Montoya said.

"Our work of improvement is not done," he said. But "over the course of the last year, we have been investing in the organization, investing in the veterans of New Hampshire."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - WHDH (TV-7, Video): [Health officials investigating Legionnaires' case in Boston](#) (22 September, 1.5M uvm; Boston, MA)

Health officials are searching for the source after a confirmed case of Legionnaires' Disease in Boston.

The Department of Veteran's Affairs is trying to figure out if the patient who contracted the disease caught it while staying at one of three VA hospitals in the area.

Test results may take up to two weeks.

Officials say water is tested quarterly at VA hospitals.

Last month, the bacteria that causes Legionnaires' disease was found in a hotel in Hampton, New Hampshire.

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4.2 - Odessa American: [Woman 'shocked' after winning Jeep Veteran vows to use vehicle for commute to VA hospital](#) (21 September, Royal McGregor, 63k uvm; Odessa, TX)

Angela Maberry was one of the five finalists invited to the Chuck Wagon Community Fund Fall Roundup.

However, the 35-year-old didn't expect the letter she wrote would cement her as the winner of a 2019 Jeep Cherokee during Thursday's concert at the Ector County Coliseum.

Maberry — who has worked for the VA Medical Center in Big Spring since January 2015 — has promised to use the Jeep to make the drive from her home in San Angelo around West Texas to help veterans.

“To hear my name, I was shocked and I wasn’t expecting it,” she said during a phone interview. “I don’t feel like I’m any better or more deserving than any other veteran.”

The Chuck Wagon Community Fund teamed up with All American Chrysler Jeep Dodge Ram of Midland for the vehicle.

Ladonna Wilson, who is the general manager of All American Chrysler Jeep Dodge Ram of Midland, contacted the Jason Harrington — the president of the Chuck Wagon Community Fund and Chuck Wagon Gang Boss — about being part of the event.

“I wanted to be part of this,” she said. “I wanted to know what I could do to help them. Jason and I started kicking some ideas around and that’s when we came up with the idea to give a car away. He said, ‘Can you do that?’ and I said, ‘Yeah, I think I can make that happen.’”

Maberry said Thursday morning started at 5 a.m. when she drove to work in Big Spring and after work she traveled over to Odessa for the Thursday’s concert which included the headline act of Big & Rich featuring Cowboy Troy with Gary Chapman.

Once the concert was over, Maberry drove from Odessa to San Angelo — arrived home at 3 a.m. — to see her four kids off to school this morning. Her children found out their mom won a Jeep and wanted to see the news clips that caught her reaction during the concert.

“This morning we woke up to messages that I was on the news, so before I sent my children off to school, they wanted to see the news clips,” Maberry said with a laugh. “We all sat there and watched it together and they were like, ‘Mom, you are really shy and covered your face.’ They were overwhelmed to see their mom on TV.”

Prior to working for the VA Medical Center in Big Spring, Maberry spent five years in the Air Force and then moved to the reserves while she earned bachelor and master degrees in health administration. She is also a member of American College of Healthcare Executives.

Maberry said it was special to be part of the event as the proceeds from the event are benefitting veterans through music therapy and other nonprofit groups throughout the area.

“The overwhelming amount of support, people patting me on the back, people giving me high fives and it was people I’ve never met before,” Maberry said. “It was like we all came together as a small community at a concert.”

Maberry drives at least 200 miles every day in her commute from San Angelo to Big Spring. She said she has logged 200,000 since she has worked for the VA Medical Center. Maberry also said her VA services more than 18,500 veterans from West Texas and parts of New Mexico.

Though she spends most of her time at work in Big Spring, Maberry said she travels to help veterans sign up for assistance. Maberry plans to use the jeep as her primary commuter vehicle.

“I have never checked out a government owned vehicle for my commuting,” she said. “I vowed to them that I would continue making the drive every day and that’s what I’m going to use the vehicle for.”

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5. Improve Timeliness of Service

5.1 - The Chronicle: First Veterans Summit Held to Connect With Former Service Members (21 September, Will Rubin, 54k uvm; Centralia, WA)

Awareness and feedback.

Those two words made up the crux of the first Lewis County Veterans Summit that took place Friday morning at the Lewis County Veterans Memorial Museum.

The Lewis County Veterans Advisory Board spearheaded the event, which served as an opportunity for veterans, officials and service providers to learn about programs available to assist former military members in the area as well as hear from veterans about their experiences navigating the bureaucracy.

“Normally we’d do something like a resource fair for veterans,” Lewis County Veterans Services Officer George Dodd said. “We’d have things like the different tables we have on the outside of the room (Friday), but we’d never included a set of presentations and conversations.”

Dodd works for the veterans services arm of the Lewis County Public Health and Social Services. He gave the most comprehensive talk of the morning — an hourlong overview of the benefits veterans can apply for at every level of government.

The lexicon of veterans benefits and care is among the most burdensome and complicated in any branch of government. Minnesota Congressman Tim Walz, the ranking Democrat on the House Veterans Affairs Committee, told online veterans publication Task and Purpose earlier this year that running the VA is “one of the most difficult jobs in government.”

Some of the subjects Dodd covered were familiar to the dozens of audience members, many of whom wore hats identifying which branch of military or conflict they served in. Others, such as benefits for families of deceased service members, drew puzzled looks.

At one point, Dodd mentioned the VA now presumes veterans who served in Vietnam or Korea were exposed to Agent Orange or other tactical herbicides used then by the U.S. military that have since been linked to numerous health defects. That came as a surprise to about half of the audience.

“A lot has changed since a lot of people started using the VA system,” Dodd said. “The pension program is one example. For me, this isn’t just about the veterans, but also about their spouses and dependents.”

Veterans weren't the only ones who showed up Friday looking for more information. State Rep. Ed Orcutt, R-Chehalis, attended the summit as did Cory Doane, who does veterans outreach work for Congresswoman Jaime Herrera Beutler, R-Battle Ground.

Doane, a Vancouver native, spoke to the room about his experience with VA healthcare after losing his right leg to an IED in 2011 while deployed in Afghanistan. Orcutt said he went to the event in order to gain more information about what is provided by county and state veterans services.

"It helped me see who is doing what, so I can see where to send people who reach out," Orcutt said. "I talked with a couple people about issues they're having, so I'll wait for further correspondence from them and see what we can do."

If veterans and their companions took one thing away from the summit, Dodd hopes it was the need to inform themselves and those around them about the various services and outreach efforts discussed on Friday.

They also need to make sure family members know where important documents related to their service are, so that they can take full advantage of what a veteran earned by serving his or her county when they are either incapacitated or deceased.

Dodd hopes to continue giving his presentation to various organizations such as American Legion posts and Veterans of Foreign Wars gatherings around the county.

"If we don't know about a veteran in need of help, and they don't know about what can be done for them, then nothing happens," Dodd said. "Someone has to be their advocate."

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5.2 - Reporter-Times: [Donations still needed for veteran van](#) (22 September, Lance Gideon, 23k uvm; Martinsville, IN)

MORGAN COUNTY - There are veterans in Morgan County who are struggling to get to doctor appointments at U.S. Department of Veteran Affairs (VA) medial facilities throughout the area.

Earlier this spring, an account was set up at Home Bank in hopes of getting a van through a Disabled American Veterans (DAV) grant program, which would assist in the transportation of veterans in Morgan County.

According to Morgan County Veterans Service Officer Rick Baum, though, that account has had less than \$5,000 in donations since it was opened.

The van that Baum is hoping to get is a brand new 2019 10-passenger Ford Econoline.

In order to obtain the DAV matching grant, \$18,600 needs to be raised before Oct. 15.

Money can be donated at any Home Bank branch, and checks can be made payable to the Marine Corps League of Indiana.

“And then we, of course, have to apply,” Baum said, adding that the DAV gives organizations a couple weeks to apply for the grant.

Baum said he learned of the Oct. 15 deadline very recently.

Once the deadline arrives, should there be more money in the account than needed, that money will remain in place to be used in the future.

The account was set up exclusively for the purpose of helping obtain the van so that veterans can get the help they need.

“That account is dedicated for the Morgan County Veterans Van Program,” Baum said. “So, when the van needs to be replaced, for the wear and tear and so forth, then we go back into the cycle again.”

The van will be used to transport Morgan County veterans to VA appointments at the Roudebush VA Hospital in Indianapolis, the VA outpatient clinic in Martinsville and to a VA facility at Camp Atterbury.

The transportation program will be part of the VA’s Volunteer Transportation Network (VTN).

While getting the money for the matching grant is a very important aspect for the van, getting people to drive the veterans to their appointments is also very important.

“The VA receives applications for volunteer drivers, screens them, trains them and then the county needs a coordinator in order to schedule the veteran’s appointments and the driver on duty for that day,” Baum said.

In Baum’s opinion, being a volunteer driver and coordinator is a very rewarding effort for any who wishes to do so.

Should the county get the van, veterans in need of assistance would be able to make appointments with the county’s veteran’s service office to get to appointments.

“A lot of these guys have not been able to make their VA appointments because they have not been able to get transportation,” Baum said.

In recent weeks, Baum said he has received a number of calls from local veterans who need the transportation, but he simply cannot help yet.

“That is not easy to listen to,” Baum said.

Anybody seeking more information on how to donate or to sign up as a volunteer driver or coordinator can contact Baum at 765-349-5505 or send him an email at rbaum@morgancounty.in.gov.

His office can be found in the Morgan County Administration Building, 180 S. Main St., Room 006, Martinsville.

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5.3 - KDBC-TV (CBS-4): [El Paso veterans react to President Trump signing \\$86.5 billion bill](#) (22 September, Michael Ikahihifo, 16k uvm; El Paso, TX)

EL PASO, Texas — On Friday, President Trump signed an \$86.5 billion bill that will provide funding for the Department of Veterans Affairs.

"We are ensuring that our veterans are respected and cherished like never before," said Trump.

White House officials said this is the largest dollar amount ever for veterans, with \$8.6 billion set aside for mental health services and \$400 million toward preventing opioid abuse.

"I just want to make sure the money goes into the right place," said Marcus Duval, the commander for the local Disabled American Veterans.

Volunteers and veterans at the local one-stop center tell CBS4 they appreciate the bill signed by Trump. But many are questioning what the money will be used for.

"I hope that it doesn't go toward raises or bonuses and that it goes toward where it really needs to go to," said Tabitha Stachura, service officer at DAV, El Paso.

Stachura tells CBS4, the VA recently announced it misdiagnosed veterans for military sexual trauma.

"So I believe that this bill most likely has to have a portion of it to pay back the back pay the people who got denied MST in the first place," said Stachura.

Trump said the bill will be used to provide medical services, improve military bases, schools and buildings.

Local veterans tell CBS4 El Paso needs a standalone VA hospital and more health experts.

"I would like to see a total transparency and a breakdown of where and when the money will be spent," said Duval.

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6. [Suicide Prevention](#)

6.1 - The Vindicator: [Canfield mom receives Purple Heart for late son](#) (22 September, Justin Dennis, 193k uvm; Youngstown, OH)

David Devellin of Canfield was just 31 when he took his own life in June, unable to exorcise the demons that followed him home when his Army tour of Iraq ended in 2010.

On Friday, Devellin's mother, Nanette Dillon, of Canfield accepted a Purple Heart medal on his behalf from U.S. Rep. Bill Johnson of Marietta, R-6th, during a small, somber ceremony at the Canfield Green gazebo.

“War is an inhumane endeavor,” Johnson said. “Those experiences leave deep emotional and mental scars on a person.

“Thank God, Nanette, we have young people like David that love this country enough to put on that uniform and to go into harm’s way – to fight for a people and with a people he didn’t know, but for a set of values he knew well.”

The medal was for the physical injuries Devellin suffered when his special forces convoy was struck by explosive munitions. But more of the man’s lasting injuries were emotional, Dillon said, and he suffered them in silence.

The David Devellin that came home was different, she said. He was irritable and edgy, and he drank more heavily.

“He just couldn’t handle life and what he had seen and the things he had been through in the Army,” Dillon told reporters. “He refused to talk about anything. He said none of us understand what he’s been through, what he’s seen.”

Dillon said her son was unable to connect with a therapist through a U.S. Department of Veterans Affairs facility – at least not one he felt he could talk to; someone who’d also seen active combat. She said she wonders whether her son would still be alive if he was able to open up to someone.

About 240 Ohio veterans committed suicide in 2014, according to the U.S. Department of Veterans Affairs. Though officials have said veteran suicide statistics are now on the decline, an estimated 20 veterans kill themselves each day nationwide.

“One is too many,” said Jan Brown of Youngstown, first national vice commander of AMVETS, echoing Dillon’s concerns about the lack of veteran counselors nationwide. She said the internal war Devellin fought is all too common.

“Part of it is, quite frankly, people don’t reach out. They think they can handle it,” Brown said. “I think that they don’t want to reach out because they’re afraid of how it’s going to affect their career.”

In March, AMVETS unveiled the HEAL Team and hotline, staffed by health professionals who help veterans navigate to VA services, particularly those with mental-health issues, who the team tries to reach within 72 hours.

“They don’t stop working with the person until they fix the problem,” Brown said.

The hotline is available from 8 a.m. to 8 p.m. at 833-VETHEAL. Veterans also can email the team anytime at VetHEAL@AMVETS.org.

One such service is the VA’s peer-to-peer support groups, which pair troubled veterans of similar age or from the same deployment, Brown said.

“You’re in a counseling group with not just a psychiatrist. You’re with people who have been there and done that, have been down that road – the same road you have,” she said. “They can identify with these people and see they’re not the only one going through it.”

Closing the ceremony, Johnson pinned the award to Dillon's necklace and yielded the gazebo stage for her to speak.

Dillon thumbed the violet pendant and frowned for the first time during the ceremony, as tears came. She pointed it skyward.

"To my son: Sorry you couldn't be here – but this is for you, babe," she said.

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6.2 - Albert Lea Tribune: [Editorial: Tribune Thumbs](#) (22 September, Editorial Board, 53k uvm; Albert Lea, MN)

To efforts by the Albert Lea Veterans Affairs Clinic to raise awareness of suicide prevention.

Thanks to the Albert Lea VA Clinic, which hosted a walk outside Skyline Plaza on Wednesday, to bring a focus to suicide awareness and prevention.

The walk particularly emphasized the need to address veterans' mental health issues.

According to the Substance Abuse and Mental Health Administration, approximately 18.5 percent of service members returning from Iraq or Afghanistan deal with PTSD or depression, and 19.5 percent report having a traumatic brain injury during deployment.

The event raised awareness of resources available locally and encouraged people who may be battling with these types of issues to seek service.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Oregonian: [National POW/MIA Recognition Day offers opportunity to reflect on American courage, sacrifice](#) (21 September, Douglas Perry, 11.9M uvm; Portland, OR)

Hundreds of balloons bearing messages of love and devotion floated up into the sky on that crisp summer morning.

"Bye, Bill," said Kay G. Main, watching the multicolored balloons drift away. "Bye, honey."

The solemn ceremony at Portland's Veterans Medical Center took place on July 20, 1984, when National POW/MIA Day was still a new commemoration. Main's late husband, William F. Main, had been a prisoner of war during World War II.

"He went through hell and back," Kay Main said that day 34 years ago.

National POW/MIA Recognition Day now falls on the third Friday in September every year and has become a fixture on the calendars of military personnel and those who support them. The

message remains the same: "You are not forgotten," a call out of love and support for the families of service members who remain missing in action.

The day also commemorates prisoners of war, who "selflessly served our country, making tremendous sacrifices to defend our liberty," stated the White House on Thursday. "On National POW/MIA Recognition Day, we honor all American prisoners of war and express our deep gratitude for the courage and determination they exemplified while enduring terrible hardships."

Americans such as John McCain, the longtime U.S. senator from Arizona who died August 25 at 81. McCain, a Navy flier, famously endured more than five years of torture and deprivation as a prisoner of war during the Vietnam conflict. Americans such as Pendleton native Paul G. Graham, who died Sept. 7 at 98. Graham was a prisoner of war for more than three years during World War II.

There have been persistent misperceptions about POWs over the years, misperceptions that are finally being lost to time and increased awareness.

"Some say, 'POW? Don't you feel a little ashamed?'" Bend's Richard R. Caldwell, a prisoner of war during World War II, said in 1988. "I say, 'No. We feel right proud!' "

Caldwell, who was a gunnery sergeant, had it right. America's prisoners of war have always represented -- and lived -- the highest of American values: courage, sacrifice, determination, love of country.

McCain, because he was the son of a prominent admiral, was singled out during his captivity for "special attention" -- meaning especially brutal treatment in hopes of making him break and publicly denounce the U.S. war effort.

"I was finding that prayer helped," he later said of his time in solitary confinement, his broken bones left untreated. "It wasn't a question of asking for superhuman strength or for God to strike the North Vietnamese dead. It was asking for moral and physical courage, for guidance and wisdom to do the right thing."

Like so many of his fellow POWs, he received that guidance and exhibited great courage, for all Americans.

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7.2 - Newsarama.com: [Examining Trauma & Heroes in Crisis: What is PTSD and How Can a Comic Book Help?](#) (21 September, Vaneta Rogers, 1.5M uvm; Alexandria, VA)

When writer Tom King first introduced the concept of Heroes in Crisis to the public, he framed the story idea around the perception that a whole generation of Americans are dealing with the aftermath of trauma.

"I want to speak about, and to, this New War generation, the millions of people who have fought bravely overseas and have come home to try to return to their normal lives," King said in a press conference at San Diego Comic Con.

King is a former counterterrorism operations officer with the CIA who experienced after-effects of his traumatic experience in Iraq and Afghanistan. He said he wants to use DC heroes to tell the stories of the people who are dealing with the mental effects of trauma. "I want to talk about their hopes, their pains, their triumphs."

Heroes in Crisis isn't the first time comic books have taken on social issues affecting their readers. From the depiction of Tony Stark's alcoholism in the '70s to several characters dealing with the AIDs crisis in the '90s, comic books have regularly dealt with social issues that are troubling American society.

But Heroes in Crisis is unique because the subject of violence is central to superhero comic books. It's also being approached with a pretty high profile, the publisher even using the word "Crisis" to indicate its importance (a word usually reserved for DC's universe-shaking stories).

And although Heroes in Crisis is addressing the sort of violence that military and veterans — and superheroes — experience, the story is also dealing with a mass shooting, putting characters in a situation where a space that's considered safe is invaded by violence.

"That sort of experience of violence is shaping who we are as a culture, and as a country," King said to Newsweek about Heroes in Crisis. "I want to talk about that."

With the release of Heroes in Crisis #1 less than a week away, Newsarama is running a series of stories looking at the mental effects of trauma, how those symptoms are treated, and how trauma is indelibly connected to superhero comic books. In this first story in our series, we take a look at King's statement about how a generation of Americans are dealing with traumatic stress, and whether talking about that trauma can help.

How Prevalent is the Problem?

According to the National Center for PTSD at the U.S. Department of Veterans Affairs, about seven or eight percent of the U.S. population will have PTSD at some point in their life.

That percentage more than doubles for veterans of America's military operations in the Middle East.

And Ken Duckworth, medical director of the National Alliance on Mental Illness, told Newsarama that statistics about PTSD don't tell the whole story, because the mental effects of trauma stretch beyond just one disorder.

"Not everybody develops full-on PTSD with flashbacks and nightmares and feeling cut-off from your emotions," Duckworth said, referring to the long list of criteria for a PTSD diagnosis (available on the PTSD.va.gov website). A lot of people can exist on a spectrum of that.

"There's a pretty wide range of experiences to trauma that are short of post traumatic stress disorder," Duckworth explained. "Some people have panic attacks years later. Some people feel a generalized sense of anxiety. Some people avoid tasks that are anyway related to that ... You have intrusive thoughts. Or you feel anxious a lot of the times. Or you get kind of depressed or despairing. Some people have physical symptoms, which is more common in kids and adolescents. They have physiologic responses like stomach upsets, headaches, fatigue, wishing to be asleep."

Terry Keane, director at the National Center for PTSD, told Newsarama that another common symptom for people struggling after trauma is addiction.

“Alcohol and/or drugs and PTSD occur commonly together,” Keane said. “It’s an effort to self-medicate.”

Keane said that although trauma-related mental illness is a real problem for combat veterans who have seen action or experienced violence — particularly repeated exposure to violence — diagnoses in the United States are often not related to combat.

“It’s domestic violence and sexual assault and industrial accidents and motor vehicle accidents and community violence,” Keane said, adding that it’s most prevalent among people who have experienced numerous traumatic incidents. “And those are things we’ve learned ... is how prevalent exposure to trauma — life and death situations is what trauma means — how common it is in the general population, and how much PTSD is out there.”

Is This Something New?

Dr. Keane said the beginnings of Department of Veterans Affairs where he works can be traced back to the Civil War, and so can the symptoms of trauma-related mental illness.

“There were very clear indicators in the Civil War about something that was referred to as ‘Soldier’s Heart,’ which basically was a sadness about the experiences of war and the horrors of war,” Keane said. “‘Shell Shock’ was specific to veterans of World War I. And people who had the ‘Thousand Yard Stare.’ It was thought to be related to, perhaps, the trauma of the war and the explosions and the blasts that the people in the trenches were experiencing, which of course were horrendously frightening experiences for people. And throw in mustard gas or the flamethrowers and you can understand why people would have been frightened or would have developed psychological reactions and perhaps even become disabled by their experiences.

“That was one of the big marker points, actually, was World War I,” Keane said, although veterans have been dealing with mental symptoms of trauma ever since.

More recently, the crisis of 9/11 — combined with the rise in terrorism and the war against it — gave researchers the opportunity to further refine their understanding of how trauma affects people psychologically.

What Have We Learned?

“We can diagnose PTSD very, very well in clinic settings — and in epidemiological settings and surveys,” Keane said. “We can identify it very, very well.”

Duckworth said psychologists have also discovered that not everyone needs counseling after a traumatic experience, and not everyone will develop mental symptoms in the same way.

“It’s very interesting. We don’t understand that,” he said. “Does it have to do with their prior family history, their own childhood experiences, some physiologic vulnerability that they have that we don’t understand yet? It’s a very interesting question that we’re still sorting out.”

Psychologists have also learned that after a major traumatic event, counseling should be offered, but not required. “They came to the conclusion that if 50 people are in an earthquake, it

is not helpful to an intense debrief of everyone,” Duckworth explained. “Crisis incidents stressed debriefing, CISD, was briefly very en vogue. And then they realized it’s not helpful to dig out the truth from everyone. That’s not a helpful approach. So some people will process this normally. It will pass for some people.”

But the most significant information researchers have learned, Duckworth said, is that it’s important to seek help if symptoms occur.

“That’s really important, because if you don’t get help or you can’t get help,” he said, “then turning to counter-productive strategies is a big risk.”

Can ‘Heroes in Crisis’ Help?

Duckworth said the main benefit he sees from Heroes in Crisis is showing that even the strongest among us need psychological help sometimes — and getting the help you need isn’t a weakness.

“I would describe it as a vulnerability as opposed to a weakness,” said Duckworth. “You’re exposed to something that’s traumatic, whatever it may be on planet Krypton or the loss of your parents or being injected by spider venom, there’s a traumatic dimension to a lot of those kinds of stories.

“I think it’s really fabulous that there is a more psychological freedom for this character,” Duckworth said. “I want to say that I really applaud this writer. It’s very creative.”

The psychologist said he hopes the story will encourage people who are experiencing symptoms of PTSD to get help. “Don’t ignore symptoms. Don’t ignore symptoms,” he said. “Get help. It’s consistent with strength to address a vulnerability. It’s not a weakness.”

“Most people who develop PTSD have no idea that there’s a disorder,” Keane said. “They sort of blame themselves, or they just think of themselves as weak or inadequate. And the truth of the matter is they have a readily identifiable psychological disorder, which we call now PTSD.

“But the second piece of that is ... there are treatments available,” he said, “and these treatments can be very helpful for people who come forward.”

Check back for future installments of Newsarama’s Heroes in Crisis tie-in series exploring superhero comic books and the mental effects of trauma, including more information about real-life treatment (and its connection to the comic book’s “Sanctuary”) and the indelible link between superheroes and trauma.

For more information about mental illness or to get help, there are several resources and phone numbers available on The National Alliance on Mental Illness website. The V.A. also has information and resources specific to PTSD awareness at ptsd.va.gov.

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7.3 - The Free Lance-Star: [Volunteer effort 'beyond anything I could imagine,' says wheelchair-bound Stafford vet](#) (21 September, Cathy Jett, 828k uvm; Fredericksburg, VA)

As volunteers began rebuilding Stanley Crane's deck this week, the roar of a post hole digger was the sound of freedom to the Marine Corps veteran's ears.

Crane suffers from inclusion-body myositis, a muscle wasting disease. The hands that once played a trumpet in the Marine Corps Band can barely lift the instrument. Just to get in and out of the chairlift inside his split-level home in Stafford County requires the help of his youngest daughter and her husband.

"For the past three years, I couldn't get out of the house," Crane said.

That will change once volunteers from Home Depot stores across the chain's Northern Virginia region and Rebuilding Together Fredericksburg finish replacing the deck at the back of the house early next week, and the Veterans Administration installs a wheelchair lift to it for his new motorized wheelchair. The VA will also provide him with a lift for a car.

"It means a lot," Crane said of the efforts being made on his behalf. "A little more freedom. A little less dependence on others."

Crane, 66, spent 20 years in the Marine Corps, and performed around the world with the Marine Corps Band. He'd risen to Gunnery Sergeant E7 when he left in 1993 to begin a 20-year career with the U.S. Postal Service.

The first symptoms of his disease didn't appear until 2007 when he noticed that he was losing muscle in his triceps. He eventually went to a Fredericksburg neurologist, who diagnosed him with IBM.

It is the most common inflammatory muscle disease in older adults, and is characterized by progressive muscle weakness and wasting. There is no cure, but Crane said exercise helps.

He sought treatment at VCU Medical Center in Richmond for several years, then turned to the Veterans Administration. He thought he might be eligible for compensation since he'd been stationed at Camp Lejeune, N.C., in 1974, and might have been exposed to toxic water that was later discovered in several of the base's wells.

"I was thinking there was a link, but the military said no. That had happened too long ago," Crane said. "This disease doesn't show symptoms until you're in your 50s."

The Veterans Administration did agree to provide a wheelchair lift, but Crane's rickety deck would have to be replaced first. For that, the VA reached out in January to Rebuilding Together—Fredericksburg. The nonprofit has completed more than 800 home refurbishment projects for low-income and disabled homeowners in Fredericksburg and Spotsylvania and Stafford counties over more than 25 years.

Rebuilding Together Fredericksburg sent Crane an application form, which its board reviewed to make sure he qualified for its help. Once he was approved, the organization contacted The Home Depot Foundation. It supplied \$8,000 worth of materials. Team Depot and Rebuilding Together—Fredericksburg volunteers are providing the muscle and know-how to get the job done.

It is the first of a handful of projects Team Depot members are tackling through Veterans Day as part of The Home Depot Foundation's 8th annual Celebration of Service season to support

veterans worldwide. Others include roofing a house in Manassas and building wheelchair ramps in Triangle, said Tim Wightman, who manages the Home Depot in Doc Stone Commons in Stafford.

"It's part of our heritage," he said.

Work started Monday during the rainy remnants of Hurricane Florence. Team members had to tear down the old deck before they could dig and mix concrete for the new footers. They had the frame for the 12- by 16-foot structure in place Thursday, and will add Trex decking boards so it will be maintenance free.

"I'm really grateful and appreciate everyone's efforts," said Crane. "It's beyond anything I would imagine."

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7.4 - The Post-Star: [P.S. column: Pig is seen prancing along Prospect](#) (22 September, Gwendolyn Craig, 807k uvm; Glen Falls, NY)

[...]

Saluting Branches Day

The Gerald B.H. Solomon Saratoga National Cemetery got some sprucing up Wednesday by local students learning about tree care and landscaping.

As part of the statewide fourth annual Saluting Branches Day of Service, students from the Washington-Saratoga-Warren-Hamilton-Essex BOCES Career and Technical Education school worked with professional arborists on trimming trees and other beautification practices in the cemetery.

The day is not only meant to give students in the environmental conservation and forestry program some hands-on experience, but also to honor the veterans buried there.

The national cemetery is the sixth in New York state, and has burial space for 175,500 veterans and their eligible dependents, according to the U.S. Department of Veterans Affairs.

— Gwendolyn Craig

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7.5 - The Post-Star: [Letter to the editor: Veterans should be treated much better](#) (22 September, Ralph Nicolson, 807k uvm; Glen Falls, NY)

Editor:

In your Friday, Sept. 14 paper on Page C1, Will Doolittle headed his article with "Veterans betrayed again by government." The article was eye-opening, about how our government has treated and is treating those service men and women who served in the Navy in Vietnam on ships around the Vietnam coast. It seems that around the year 2000, the Agent Orange Act was restructured to affect the service members who actually set foot on Vietnam and patrolled its inland waterways, leaving out those who worked the waters of the coast which was also affected by the contamination of Agent Orange in the rivers and bays from which their ships took their water supply. When we sprayed the jungles to defoliate the trees, we spread the toxic chemical dioxin onto our own service people. I find it hard to believe that this country of ours sent the youth of our nation into harm's way and no longer fulfills its obligation to care for those who suffer because of it.

Susie Belanger worked with John Wells, director of Military Veterans Advocacy, for 10 years to put a bill through Congress and was on the threshold of having it pass when our newly appointed Secretary of Veterans Affairs, Robert Wilkie, put up arguments against the legislation, enough so that the work might have to be started all over again. The surviving veterans of a war 50 years ago are old men and women. They are still looking for their deserved help.

Allow me, Will, to paraphrase the last paragraph of your article. "How selfish we are, and how shameful our behavior is. When will our compassion for our veterans match the depth of their sacrifice?"

Ralph Nicolson, Saratoga Springs

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7.6 - South Bend Tribune: [Military Stand Down returns to Mishawaka VA clinic](#) (22 September, 273k uvm; South Bend, IN)

MISHAWAKA — The sixth annual Michiana Military Stand Down invites all active and retired military and veterans to an information fair from 10 a.m. to 2 p.m. Wednesday with more than 60 agencies — from health to employment and military services — under tents outside of the Veterans Affairs Clinic, 1540 Trinity Place.

They'll be treated to a free box lunch, a watermelon and a hair cut, and they can replace a dog tag or enter a drawing for a massage. Veterans that are in need can pick up donations of clothing, hygiene items, nonperishable food, military items and other goods. Veterans are asked to bring a form of ID, military or otherwise.

A brief program will start the Stand Down at 10 a.m. with the posting of colors by the Millers Vets Color Guard, the national anthem and comments by Mayor Dave Wood and representatives of area legislators.

Those who need transportation to the Stand Down can pick up Transpo bus passes at Life Treatment Center, Robert L. Miller Sr. Veteran's Center, Hope Ministries and the VA's Homeless Team office at 340 Columbia St., all in South Bend. Also, vans will pick up military at 9:15 a.m. at Life Treatment Center, 9:20 a.m. at the Miller Veteran's Center and 9:25 a.m. at Hope Ministries.

ROTC and Junior ROTC may attend, too.

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7.7 - Northwest Florida Daily News: [Healing Hoof Steps offers mental and behavioral health therapy](#) (22 September, Kaylin Parker, 192k uvm; Fort Walton Beach, FL)

CRESTVIEW — Healing Hoof Steps, a fairly new equine therapy group, recently demonstrated its services for Okaloosa County's Veterans Court administrators.

County Judge Angela Mason, who presides over Veteran's Court program, an officer from the Okaloosa County Sheriff's Office and administrators from the Department of Veterans Affairs attended the session.

Located in Crestview, Healing Hoof Steps offers assisted therapy and learning services to anyone suffering from mental and behavioral health issues.

That type of therapy is unusual to the area.

Affiliated with Equine Assisted Growth and Learning Association, Healing Hoof Steps uses a combination of activities with the horses and communication with a licensed mental health counselor to help clients work through their issues to find effective solutions.

"Instead of sitting in an office with bad paint and bad wallpaper talking about your feelings for an hour, you actually come out and work with a therapist in the arena outside with the horses," said Narissa Jenkins, founder of Healing Hoof Steps.

Jenkins refers to that type of therapy as "experiential."

"Especially when it comes to veterans dealing with (post-traumatic stress disorder), there's not as much talking," Jenkins said. "A lot of it's more doing and finding ways to work through anxiety and depression."

The horses at Healing Hoof Steps are used to help clients with emotional growth, Jenkins said.

"It creates a unique learning environment," Jenkins said. "Sometimes you see a reflection of yourself in the horse. It's pretty powerful stuff."

Jenkins started Healing Hoof Steps in 2014 after a long career in business marketing.

She noticed a therapeutic quality in her horse, Saideira, and began researching the benefits of that type of therapy.

After moving back to Fort Walton Beach, Jenkins said it was a "no brainer" that she would have her own therapy facility because the area was lacking in something like that.

For more information the therapy services offered at Healing Hoof Steps, call 850-764-1005 or visit its website, www.healinghoofsteps.org.

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7.8 - West Hawaii Today: [West Hawaii Veterans Cemetery to expand](#) (22 September, Max Dible, 190k uvm; Kailua Kona, HI)

The U.S. Department of Veterans Affairs is sending nearly \$1 million to the state of Hawaii for expansion of the West Hawaii Veterans Cemetery in Kailua-Kona.

Sen. Brian Schatz (D-Hawaii) officially announced the funding on Wednesday, which veterans and their families say is sorely needed.

Bob Strickland, vice president of the West Hawaii Veterans Cemetery Development and Expansion Association and president of the West Hawaii Veterans Council, said local veterans groups put in the request for the money between two to three years ago.

The process is complicated, he explained, because West Hawaii's is a federal cemetery owned by the state and maintained by the county.

"We're excited about the money because we have run out of space in the columbariums to bury people," Strickland said. "And at the rate (veterans) are dying, in 10 years we're going to probably bury a couple hundred more people up there."

Strickland called the cemetery "the best on the Big Island, without a doubt," adding this funding will help keep it that way. Columbariums are above-ground, locker-like structures that house the cremated remains of veterans.

Part of the reason the current columbarium space is filling up so quickly is that they end up the final resting place for ashes of homeless veterans and/or veterans for whom no family members can be contacted to make other arrangements.

According to the release in which Schatz announced the funding, the \$934,398 in federal funds will develop roughly 1 acre for construction of 480 columbarium niches. The money will also be used for landscaping, irrigation and support infrastructure, the release read.

"These federal funds will help us honor the legacies of thousands of brave service members who put their lives on the line to serve our country," Schatz said in the release.

The expansion project at the cemetery isn't the only veterans-centric work planned for West Hawaii, Strickland added.

A piece of land off Kaiminani Drive near the Ellison Onizuka Kona International Airport at Keahole has been identified as a potential site for what Strickland described as an "all-in-one veterans center." Local veterans organizations have long stressed the need for such a site in West Hawaii.

Strickland said an environmental assessment is underway on a plot located near the volunteer fire station on Kaiminani Drive. Once completed, and assuming no issues, the state has allocated \$850,000 for the design of the center.

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7.9 - KRNV (NBC-4, Video): [Annual VA Stand Down houses homeless Vets in Northern Nevada](#) (22 September, 185k uvm; Reno, NV)

The Housing and Urban Development-VA Supportive Housing Program hosted their Annual Northern Nevada VA Homeless Veterans Stand Down on Friday, September 21.

The VA HUDVASH helped provide housing for homeless veterans in crisis and rapidly house them before the winter months.

For homeless Veterans who are eligible and living on the street, Stand Downs helps Veterans by housing them within one to three days of the event.

Organizations in the community were also present to provide a variety of additional aid for our homeless Veterans, such as clothing, hygiene kits, and haircuts.

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7.10 - The News-Review: [POW/MIA ceremony honors former prisoners of war, and those who never returned](#) (22 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

A small, empty table at the front of the auditorium was set for one — the missing soldier — at the 17th Annual POW/MIA Recognition Ceremony at the Umpqua Community College Danny Lang Event Center on Friday.

Douglas County Veterans Forum President Larry Hill explained the symbolism behind the objects.

The table was small to symbolize the frailty of one prisoner alone against oppressors, he said.

A red rose symbolized blood that was sacrificed, as well as the family and friends who waited.

A red ribbon around the vase symbolized the need for a proper accounting of all who are gone.

A slice of lemon on the plate symbolized their bitter fate, and salt the countless families waiting.

A glass was turned upside down to show the missing soldier could not toast with it at this time.

“Those of us who’ve served, and those of us who are currently serving in the United States uniformed services are ever mindful that the sweetness of enduring peace has always been tainted by the bitterness of personal sacrifice,” Hill said. “We are compelled to never forget that while we enjoy our daily pleasures there are others who have endured and may still be enduring the agonies of pain, deprivation and imprisonment.”

He also said a welcome home to the three former prisoners of war attending the service.

Roseburg Veterans Affairs Medical Center Associate Director Ryan Baker said the ceremony was a time to pause to remember the service and sacrifice of American veterans “whose enduring faith in country, family and comrades in arms gave them a rare courage that continues to inspire our nation.”

"Theirs is a quiet courage, the courage of hope and trust that saw them through the most brutal and oppressing of all military experiences. Whether their imprisonment lasted a few weeks or many years, during that time there was no end in sight, only the courage to go on," he said.

Agony and uncertainty lingers for the families of veterans who are still missing, he said.

"Today we honor their special courage by pledging to them that we too shall never forget," he said.

Roseburg VA Public Affairs Officer Shanon Goodwin read a presidential proclamation. President Donald Trump pledged his administration's best efforts to account for the nation's missing heroes.

His proclamation said search teams are working in Vietnam, South Korea, Europe and the South Pacific to recover and identify the remains of people who fell in past conflicts. He also said his administration was working with North Korea to identify the remains of soldiers who were prisoners of war or killed in action. Some were recovered last month, he said.

"As a nation, it is our solemn obligation to account for the remains of our fallen American service members and civilians, and bring them home whenever possible. We owe an incalculable debt of gratitude to these patriots who have given their last full measure of devotion to our country," Goodwin read.

The former prisoners of war included World War II veterans Lloyd Henson of Oakridge and Sherman Talbot of Elkton, and Korean War veteran Ted Paillette of Roseburg.

Paillette served in the Marines from 1951 to 1953 and was a prisoner of war at what he only knew as Camp 3. He was told that was on the Manchurian border, he said, but he never really knew exactly where he was.

Talbot was in the Army from 1943 to 1945. He was imprisoned in three different camps in Germany between Dec. 16, 1944 and the end of April 1945.

Henson served in the Air Force from 1943 to 1945. He was imprisoned two years in Stalag 17B in Austria, which was annexed to Germany at the time. He loved Friday's ceremony.

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7.11 - The Daily Republic: [Man's best friend: Service dog lends helping paw to veteran in Ethan](#) (22 September, Sheila Slater, 77k uvd; Mitchell, SD)

ETHAN—Since being matched with his service dog, Army veteran Roy Sonne has been able to travel safely and independently through Ethan with Bryla by his side.

Sonne and his dog Bryla were matched in March by the nonprofit organization Leader Dogs for the Blind, and Bryla, a 2-year-old black Labrador, is the first service dog for the blind in the region. The philanthropic organization based in Michigan breeds and educates Labrador retrievers, golden retrievers and German shepherds.

"Bryla has brought back a lot more of my independence. Being able to get around town by myself, even though it's a small town, has totally changed my life," Sonne said. "I don't have to worry about getting too dazed and confused when we are out on our walks."

Sonne, who was born and raised in Mitchell, enlisted in the U.S. Army in July 1993 and was honorably discharged in January 1999.

"I did my basic and advanced training at Fort Jackson, South Carolina. After that, I was stationed in Kitzingen, Germany, for about three years and then I was stationed in Fort Hood, Texas. I worked as a light-wheel vehicle mechanic, so I didn't see any combat. I was more of a support man for the frontlines," Sonne said.

The veteran lost his sight seven years ago due to a medical condition, possibly caused by blunt force trauma, which resulted in both of his retinas detaching from the eye nerves, according to his doctors.

Sonne decided to move back home to South Dakota to be closer to family in Ethan. Several years ago, he applied for a service animal through the Veterans Benefits Administration office in Sioux Falls, an often lengthy and cumbersome process.

Once a veteran is registered with the Veterans Affairs Health Administration, a referral to a specialist is generally requested through the assigned VA primary care provider. The specialist then completes an evaluation and makes a clinical determination on the need for assistive devices, which can include a service dog. Each veteran's case is reviewed and evaluated, which can take years. Sonne's wish of getting a service animal through the VA never came to fruition.

Then, he met Craig Bennett, the Davison County veterans service officer in Mitchell. Bennett had attended a two-day workshop at Leader Dogs for the Blind last August in Rochester Hills, Michigan, where he toured the facility, met with instructors and was introduced to the working dogs.

"It is unbelievable to see what they can teach these dogs," Bennett said. "In one of these classes, I was blindfolded and had to walk around with a dog. At first, I was a bit disoriented, and then you just really go with the flow and trust the animal."

The organization is funded by individuals, the Lions Club, corporate partners and foundations. Working service dogs are educated in the same way as many pets — with lots of repetition and positive reinforcement.

For the first year of their lives, the dogs grow up in homes with volunteers who teach them basic obedience and social skills. At about nine weeks old, the puppies undergo a four-month training program with professional guide dog mobility instructors, who teach them guide dog skills such as stopping at curbs, avoiding obstacles and finding doors.

The cost for a professionally trained working service dog can total over \$40,000, a price tag that most retired veterans in need of a service animal cannot afford on their own.

Bennett posted pictures of his experience with the Leader Dogs for the Blind on Facebook, and minutes later, he was introduced to the Sonne.

"(Sonne) told me he had applied for a service dog through the Veterans Affairs office several years ago, but it had come to a stall," Bennett said. "I was determined to help him with the application and the entire process."

Bennett reached out to Dennis Bohmont, the president of the Palace City Lions Club, an Ethan resident and the former industrial technology teacher at Ethan High School. The Lions Club requires a person applying for a service dog to submit a 15- to 20-minute video describing their situation and showing their mobility skills.

"I sent three of my students at Ethan High School to go up to Sonne's home and videotape him for 45 minutes. It was a nice calm day in Ethan—the wind was blowing about 50 mph—and we had nothing but wind noise in the background," Bohmont said.

The video was cut down to 20 minutes by the students and sent in to the Palace City Lions Club and the Leader Dogs.

"I had to show the Palace City Lions Club and the Leader Dogs organization that I could walk out of the house, to the post office and back by myself using my white travel cane. They wanted to know that I had a good sense of orientation and mobility," Sonne said. "Craig Bennett and the entire membership of the Palace City Lions club played a huge part in me getting Bryla."

In February, Sonne was invited by the Leader Dogs training facility to attend the guide training for a service animal in Michigan. He completed the 25-day training and was matched with Bryla at the end of the course.

In Ethan, Bryla has quickly become a celebrity among the elementary school children that call her by her name and wave when seeing Sonne and his best friend strolling by on one of their daily walks.

"She steals the show and everybody comes up to ask questions about her. I wouldn't have it any other way," Sonne said.

By his own account, Sonne led a lonesome and uneventful life before he met Bryla. Now, with his newly gained independence, he attends homecoming parades and veteran events like the Sweat for Vets run last weekend in Mitchell, which he helped to organize.

"Man's best friend fits perfectly in this scenario. Bryla is amazing. If she's not in her harness, she is the average puppy and a goofball, but when I strap the harness on, her ears drop back and she's alert and attentive," Sonne said. "I feed her, I take her out three to four times a day, I pick up her business and everything else. The only thing I do not do is the grooming. I have a veterinarian in Mitchell that takes care of all that."

In the future, Sonne said he hopes to be involved with helping other veterans receive assistance, including service animals.

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7.12 - Daily Messenger: [Growing therapy for veterans at EquiCenter](#) (22 September, Julie Sherwood, 74k uvm; Canandaigua, NY)

MENDON — Chuck Dill could sit at home or garden. He chose the garden.

Dill, an Army veteran from Fairport, paused between rows of red raspberries and ground cherries at the EquiCenter Farm garden on Wednesday. He wanted to tell how he got there.

Dill was one in a group of vets and staff who were harvesting greens, carrots, herbs and fruits from a three-acre garden trimmed in sunflowers at the EquiCenter, a nonprofit offering programs for veterans, people with disabilities and at-risk youths that is partnering with the Canandaigua VA Medical Center. From the garden, the group would soon move into the farm kitchen where the bounty would be the ingredients used in a hands-on cooking class — and make for a hearty lunch eaten around a big table.

It was all part of a recently expanded program at the EquiCenter to help veterans through agriculture. The Canandaigua VA announced a grant of \$844,415 from the Office of Rural Health to allow more veterans to participate. With about 30 veterans already involved, the additional funds will enable 86 more veterans to take part. The grant also means vets will be able to take what they learn in an introductory farming class to the next level, through more advanced courses.

The program provides therapy as well as practical skills, said Dr. Danielle Lutz, a physical therapist and a VA care manager. More nine-week courses will be added, along with the addition of one-day workshops.

Workshops will focus on a variety of farming activities such as beekeeping, caring for horses and maple sugaring, Lutz said. Others instrumental in the partnership between the VA and the EquiCenter also were at the farm Wednesday.

Dr. Paul Dougherty, a chiropractor long involved with the programs, said he looks forward to more veterans coming on board and eventually being able to partner with other organizations as well.

“If it wasn’t for this program, I’d just be sitting home,” said Dill, who aspires to growing a home garden and eventually being able to produce all his own food. He felt good, he said, being outdoors, working in the garden, meeting other veterans and doing something useful.

“Rejuvenating” is how Marine Corps veteran Joe Loving explained being at the farm. Loving said he had a lot of aches and pain before participating in the program. He is in much less pain now, he said. He is also eating healthier and enjoying the benefits.

Air Force veteran Nathan Bush said he had almost no mobility before he got involved in the program. Suffering from post traumatic stress disorder and physical disabilities, he said he had tried all the standard treatments. He took various medications, used heated pools and other methods, he said.

At the EquiCenter, “I found there was so much more,” Bush said. He found it a safe, nurturing place.

“It feels good to be stretching, growing,” he said.

Connecting with other veterans is also a big part of it, he added.

“It has all the ingredients of a community,” Bush said. “You find people you vibe with.”

Bush explained how the grant will make it possible for veterans who have benefited from the therapeutic aspects of the program to use what they learn outside in the community, and to help them with careers and in the workforce. The EquiCenter provides the space, tools and training site that vets wouldn’t find otherwise.

Through the program, vets can go on to develop a business plan and test what they learn before launching it outside the farm, he said. Bush mentioned other organizations contributing to the success of the program, such as the Cornell Cooperative Extension and the Cornell Small Farms program.

In the farm kitchen Wednesday, the counter filled with fresh garden vegetables, Chef Ellen Adams led the vets in choosing and preparing recipes for a midday feast. There was more than enough produce and Adams said the veterans would also have plenty to take home. It was a true farm-to-table scenario and one that even veteran Tom Dillard said he could get behind.

Dillard said he is good with gardening but cooking is foreign to him. He was game, however, to try making a butternut squash with apple cider.

The Canandaigua VA is one of 10 VAs nationwide, and one of three VAs in the New York/New Jersey VA health system to receive the grant. Lutz said the funds will take the program through the end of September 2019. It is part of the VA’s overall, whole-health approach for veterans, she said.

“In order for veterans to be their healthiest, to find the best for their well-being,” Lutz said.

What is the EquiCenter?

EquiCenter, at the William & Mildred Levine Ranch in Mendon, is a nonprofit facility serving people with disabilities, veterans and at-risk youths. The center provides a variety of equine-related programs with internationally certified instructors. Other programs include therapeutic horticulture on the property’s three-acre organic farm, canine-assisted activities, adaptive yoga and farm-to-table culinary classes. The EquiCenter is at 3247 Rush Mendon Road. For more information, visit <https://www.equicenterny.org/> or call 585-624-7772.

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7.13 - The Daily Independent: [Veterans Stand Down provides services, access](#) (22 September, Jack Barnwell, 46k uvm; Ridgecrest, CA)

Veterans roamed the Kerr McGee Community Center Friday as they visited one of dozens of vendors available at the Ridgecrest Veteran Advisory Council’s annual Stand Down.

Numerous agencies were available, ranging from the Veterans Administration to local service organizations and Ridgecrest Regional Hospital. Some VA centers were on hand to help facilitate photo ID cards and go over a list of benefits veterans are eligible to receive.

The Navy Sea Cadet’s Sidewinder Squadron performed the opening ceremony by parading the colors.

According to Nick Coy with the RVAC, the event serves as a one-stop shop for veterans needs that are otherwise unavailable in the Indian Wells Valley.

“It’s help for a lot of veterans that otherwise wouldn’t get help for various reasons,” Coy said. “I’ve spoken with some veterans who are getting up there in years, but have never signed up with the VA because they didn’t need it. Now they do and wouldn’t know where to go.”

Resources and organizations come from all over, including from Bakersfield and Los Angeles.

“The Los Angeles Veterans Medical Center comes up here every year with a full crew and that’s a big help because they can get people signed up,” Coy said.

Coy said on a personal level, it’s a chance to give back to the community.

Veteran William Willis said the stand down proves beneficial for veterans, whether they just looking or in active need of obtaining.

Willis said while he didn’t need many of the services offered, the vendors were actively helpful.

“They were trying to give me things I told them I didn’t need,” Willis said. “It’s an outstanding level of service. They certainly want to help.”

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8. [Other](#)

From: (b) (6)
Cc: [REDACTED]
Bcc: [REDACTED]
Subject: FW: [EXTERNAL] 22 September Veterans Affairs Media Summary and News Clips
Date: Sat Sep 22 2018 12:35:57 CDT
Attachments: 180922_Veterans Affairs Media Summary and News Clips.docx
180922_Veterans Affairs Media Summary and News Clips.pdf

Check out 1.6

From: VA Media Analysis
Sent: Saturday, September 22, 2018 2:27:32 AM
To: Barbaricum VA Media Analysis
Subject: [EXTERNAL] 22 September Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1743907-000001

Owner: (b) (6)

Filename: 180922_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Sat Sep 22 11:35:57 CDT 2018



Veterans Affairs Media Summary and News Clips

22 September 2018

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

[Hyperlink to Above](#)

1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise. "We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping. "We made a lot of promises and we kept them all," he said.

[Hyperlink to Above](#)

1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence. The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

[Hyperlink to Above](#)

1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel. The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

[Hyperlink to Above](#)

1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room. A 50-page report from the VA's Office of Medical Inspector found flies are still present but that the operating room isn't

used, and the instruments weren't dirty, but simply discolored by the New Hampshire city's water supply.

[Hyperlink to Above](#)

1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills. A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

[Hyperlink to Above](#)

1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency's total spending over \$200 billion for the first time. The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

[Hyperlink to Above](#)

1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System. Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

[Hyperlink to Above](#)

1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion. Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie. After Trump signed the bill, he joked Wilkie is the one who "has got to make it work."

[Hyperlink to Above](#)

1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in

contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Washington Post: [Trump signs spending bill for veterans, but shutdown threat remains](#) (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1. The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

[Hyperlink to Above](#)

2.2 - U.S. News & World Report (AP): [The Latest: Trump Says He Won't Rush North Korea Deal](#) (21 September, 23.9M uvm; Washington, DC)

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police. Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care. Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

[Hyperlink to Above](#)

2.3 - Breitbart: [Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans](#) (21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure. "You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience. The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

[Hyperlink to Above](#)

2.4 - WMBB (ABC-13, Video): [Local Veteran Expresses Concerns with VA](#) (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21 September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs. On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21 September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

[Hyperlink to Above](#)

4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21 September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year. Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

[Hyperlink to Above](#)

4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas. The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

[Hyperlink to Above](#)

4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21 September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

[Hyperlink to Above](#)

4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness. "VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

[Hyperlink to Above](#)

4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased. The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

[Hyperlink to Above](#)

4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

[Hyperlink to Above](#)

4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care. VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman. "I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance. The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

[Hyperlink to Above](#)

5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the “High Risk” status for VA Medical Centers. Information from the VA said of the 146 medical centers that had been deemed “High Risk”, Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

[Hyperlink to Above](#)

5.3 - KPBS (NPR-89.5/PBS-15, American Homefront): [For Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire. "When it comes to remembering street names, I juss automatically go to them now," Snow said as drives toward the border between the two states. Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

[Hyperlink to Above](#)

5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future. Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center. There are contracted employees along with a small number of actual federal government employees in this facility.

[Hyperlink to Above](#)

5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a “high-risk” list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday. The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

[Hyperlink to Above](#)

5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military. He signed the bill after giving a speech at the North Las Vegas VA Medical Center. "The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

[Hyperlink to Above](#)

6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill. It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans. More than 1,000 veterans were expected to attend.

[Hyperlink to Above](#)

7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art. Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art. The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

[Hyperlink to Above](#)

7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet. Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus. For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost \$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

[Hyperlink to Above](#)

7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday. Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening. The project is owned by Volunteers For America, which spent years working out the details and financing to get it built.

[Hyperlink to Above](#)

7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school. But changes in how the housing stipends work are now causing some headaches. John Higgs is working toward an MBA at Park University. "I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

[Hyperlink to Above](#)

7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#) (21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services. "It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven. All of the service are free of charge.

[Hyperlink to Above](#)

7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for. On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table. Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

[Hyperlink to Above](#)

7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday. Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months. Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

[Hyperlink to Above](#)

7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action. The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

[Hyperlink to Above](#)

7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day. Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

[Hyperlink to Above](#)

7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#) (21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta. It's all part of a program designed to combat veteran homelessness. "We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

[Hyperlink to Above](#)

7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center. Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. who don't even know they're eligible for benefits figure out how to sign up for them.

[Hyperlink to Above](#)

7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

Area veterans lined up bright and early Thursday to pick up rations from the Temple Mobile Food Pantry. This monthly food distribution program is part of an ongoing partnership between the Central Texas Food Bank and the Central Texas Veterans Health Care System. The food was given out at the Olin E. Teague Veterans' Medical Center.

[Hyperlink to Above](#)

7.14 - WBUP (ABC-10): [Local, former POW's honored during ceremony](#) (21 September, Dane Wurmlinger, 49k uvm; Ishpeming, MI)

Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war. Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center

paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

[Hyperlink to Above](#)

7.15 - WJMN (CBS-3, Video): [POW and MIA recognized in Dickinson County ceremony](#) (21 September, Rebecca Bartelme, 38k uvm; Escanaba, MI)

The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea. "It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

[Hyperlink to Above](#)

7.16 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center recognizes National POW/MIA Remembrance Day](#) (21 September, Megan Hudock, 21k uvm; Clarksburg, WV)

Friday, the Louis A. Johnson VA Medical Center recognized national POW/MIA Remembrance Day. This is a time where the nation stops to recognize and remember the sacrifices made by prisoners of war and those that are still held captive. A special luncheon was held at Muriale's in Fairmont where ex POW's were honored. A small memorial was held for those that were lost over the past year.

[Hyperlink to Above](#)

8. [Other](#)

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

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1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise.

"We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping.

"We made a lot of promises and we kept them all," he said.

Mr. Trump made VA reforms a top issue in his 2016 presidential campaign. At the time, the VA was embroiled in scandal over mismanagement and misconduct involving veterans being put on long waiting lists for care, sometimes resulting in veterans dying while waiting for treatment.

The spending bill he signed was a \$147 billion package to fund energy and water programs, Congress and military construction and the Department of Veterans Affairs. It contained \$86.5 billion for the VA, including funding the VA Mission Act that provides private health-care options for veterans.

Mr. Trump visited Nevada during a campaign swing across the country. He held a rally and fundraiser to boost two Nevada Republicans, Sen. Dean Heller and House candidate Danny Tarkanian.

At the signing ceremony, Mr. Trump credited Mr. Heller with leading the fight to reform the VA.

"This was very important for him," the president said. "There's never been any reform like we've been able to do over [a] very short period of time."

Nevada is home to more than 300,000 veterans.

Mr. Heller is locked in a tight race with Democrat Jacky Rosen.

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1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence.

The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

The VA assets include a mobile command unit, a mobile medical unit for medical triage with three examination rooms, a mobile health unit with telehealth capability, and a mobile emergency nutrition unit to provide three daily meals.

Prescription needs are being fulfilled through an arrangement with Heritage Health Contract at the Walmart, said Tara Ricks, an Army veteran and communications director for the Veterans Integrated Services Network covering North Carolina and part of coastal Virginia.

If veterans who need prescriptions filled cannot make it to the mobile units, the plan is "to send medications to their doors," Ricks said. The VA employees working the mobile units are "all volunteers who want to be out there. It's invaluable for our veterans."

From the outside, the Morehead City clinic did not appear to be damaged, she said, but inside "there was definitely some water intrusion and tile damage."

The VA is assessing whether to send mobile units to Brunswick, Jacksonville and Wilmington, North Carolina, Ricks said. In addition, the department is deploying 10, two-person outreach teams consisting of a nurse and a social worker to various shelters in the areas affected by the storm.

Floodwaters reportedly are receding in some areas, but in visits to North and South Carolina on Wednesday, President Donald Trump warned that the threat from the aftermath of Hurricane Florence was not over. He cited the storm's huge rainfall and the swollen rivers still overflowing their banks.

Trump said, "It's going to get rough for South Carolina," and "you're going to have a lot of water" flowing down from rivers in North Carolina.

In North Carolina, Gov. Roy Cooper asked residents Thursday to "stay alert" to rising waters. "People in flood-prone areas or near waterways need to remain alert as rivers crest and stay above their banks in coming days."

The White House reported Wednesday that nearly 20,000 federal employees had been mobilized to aid in the Florence recovery, and the U.S. Army Corps of Engineers had deployed 136 personnel to assist in installing generators.

The Federal Emergency Management Agency had conducted more than 2,000 rescues through Wednesday and is sheltering nearly 15,000 people, the White House summary of storm efforts said.

The Defense Department had assigned a total of about 13,000 personnel to support the recovery, including about 6,000 active-duty personnel and more than 7,000 National Guardsmen.

The Coast Guard had more than 3,000 personnel assigned in 27 helicopters, 11 fixed-wing aircraft, 14 cutters, and 35 shallow-water craft. "To date, the Coast Guard has saved over 400 lives and 200 pets," the White House said.

In addition, the National Guard has performed or supported more than 535 rescue and evacuation missions in North Carolina, the White House said.

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1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel.

The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

After the event, the president's motorcade headed to the North Las Vegas VA Medical Center to show solidarity with the state's 300,000 veterans.

Veterans Affairs Secretary Robert Wilkie introduced Trump as "the first president to put veterans at the center of his campaign."

Nevada's top Republicans, Gov. Brian Sandoval, Attorney General Adam Laxalt and Sen. Dean Heller attended the ceremony along with some 150 Nevadans, many of them veterans. Heller, Trump noted, worked for the bill "all the way, right from the beginning."

Of his support of veterans, Trump said, "You back me and I back you. That's the way it works." Also on stage stood Vin Putignano, a former Marine and Vietnam veteran who has lived in Las Vegas for two years. Recent changes, he marveled, allowed him to find a new podiatrist for an ulcerated toe.

"He came and made a house call," Putignano told the crowd.

"This is a very special situation," Putignano said. "I'm getting old. I think a couple people in here are too." He then turned to look at Trump, who smiled while the audience laughed. Later Trump deadpanned to Putignano, "Take care of that toe."

Trump then signed three spending bills, including a measure to provide \$86.5 billion to the Department of Veterans Affairs — increasing the agency's budget to "the largest ever," he boasted.

The bill includes money for veterans' health care and provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the VA system.

“To every veteran here today: We are eternally grateful for your noble service to our nation,” Trump said. “And we’re fighting to make sure that you get the care that you so richly earned.”

VFW Legislative Director Carlos Fuentes hailed the bill.

“It’s not perfect, but it’s a full year appropriation, it’s an increase from previous years and specifically includes funding the VA Mission Act,” which will increase access to care for veterans and should speed up payments.

The other two bills Trump signed appropriated money to fund the Energy Department and the legislative branch, including Congress and the Capitol police. Congress last week approved the \$147 billion package of bills as part of an effort to head off a government shutdown.

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1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room.

A 50-page report from the VA’s Office of Medical Inspector found flies are still present but that the operating room isn’t used, and the instruments weren’t dirty, but simply discolored by the New Hampshire city’s water supply.

Investigators also found no evidence to back up the most serious whistle-blower complaint: that nearly 100 veterans were neglected and suffering from a rare spinal condition that could lead to paralysis if not treated.

The report, completed in June and first obtained by New Hampshire Public Radio, sparked outrage this week from lawmakers and the medical professionals who came forward last year and complained about conditions at the state’s only hospital for veterans.

“The report is a complete whitewash, done by an organization within an organization,” said Dr. William “Ed” Kois, one of the whistle-blowers and a doctor at the facility. “It is not unbiased.”

The investigators did not substantiate most of the whistle-blower allegations, including the claim that veterans were suffering from a spinal condition because hospital officials were not paying attention to the declining health of patients.

The whistle-blowers said nearly 100 veterans received poor spinal care. But the Office of Medical Inspector found that the treatment of only six patients, out of 97, did not meet the “standard of care,” the report said.

“While there were several confounding factors contributing to significant challenges, we found that Manchester VA clinical staff members involved in direct patient care are very engaged and appropriately concerned about the clinical care of veterans,” the report noted.

Eleven people — including top doctors and nurse practitioners — complained about the facility in 2016 to the Office of Special Counsel, a federal agency that protects whistle-blowers. That agency found a “substantial likelihood” that the allegations were true and ordered the VA’s Office of Medical Inspector to investigate.

After the Globe reported in July 2017 on the allegations, then-VA secretary David J. Shulkin removed the facility’s two top officials and ordered a “top to bottom” review.

The Office of Medical Inspector has issued several reports on the Manchester facility. But the Office of Special Counsel found these previous investigations “flawed” and rife with “conclusions at odds with the information” it had gathered in its own preliminary probe.

The Office of Special Counsel did not comment publicly on the most recent report, which was distributed to lawmakers Friday and obtained by the Globe.

“The findings are self-serving and outrageous,” said Andrea Amodio-Vickery, the lawyer who represents the whistle-blowers. “They’re waxing poetic about the leadership who were responsible for 97 patients failing to get proper treatment of progressive disease that if treated properly would not impact their lives.”

VA spokesman Curtis Cashour said that, under new leadership, the Manchester VA “has taken a number of steps to rebuild trust, improve care, and provide better service to New Hampshire area veterans.”

‘The report is a complete whitewash, done by an organization within an organization.’

Cashour said the hospital has filled 397 job vacancies and created 70 new positions since the Globe raised the issues in July 2017.

Representative Annie Kuster, a New Hampshire Democrat, acknowledged “real improvements” at the Manchester VA, but said those were triggered by the “courage of the whistle-blowers,” not VA officials.

“The findings in this report are at odds with the experiences of well-respected doctors who witnessed firsthand the impact of substandard care for veterans,” she said in a statement.

Kuster said she will ask the new VA secretary, Robert Wilkie, to hold a town hall meeting in Manchester “to explain to veterans and staff why he supports this report and its findings.”

The VA medical care system, used by about 6 million military veterans each year, has been roiled by scandal since 2014 news reports that the Phoenix VA Health Care System had engaged in an elaborate scheme to hide months-long patient wait times. Some veterans died before they saw a doctor. Veterans Affairs Secretary Eric K. Shinseki resigned after similar allegations surfaced at other VA hospitals.

President Trump’s appointee as VA secretary, Shulkin, vowed to stabilize the health care system. He was fired after being accused of using public funds for a European trip.

The agency has also come under fire for providing substandard care at some of the nursing homes it operates.

The Globe and USA Today reported earlier this year that nearly half of the VA's 133 nursing homes were rated only one star, by the agency's own internal rating system. Among the lowest-rated: the Bedford VA, which has more than 200 long-term care residents.

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1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

FORT McCOY – Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills.

A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

Nelson ended up at the Tomah VA Medical Center where, as part of his mental health therapy, he returned to the dangerous sands of Iraq on foot patrols and route clearance missions, just like the ones he experienced overseas.

This time, though, instead of battling real roadside bombs and terrorists, Nelson confronted his memories through the wonders of technology. The same technique is being practiced on other veterans suffering from post-traumatic stress disorder as well.

Tomah VA mental health therapists are treating veterans with PTSD, depression and anxiety in a state-of-the-art combat simulator at nearby Fort McCoy. The multimillion-dollar simulator features full size Humvees and weapons surrounded by a 360-degree video and audio system.

Last year, Tomah VA therapists began using the combat training simulator to effectively return veterans to the circumstances at the root of their problems. The idea behind prolonged exposure therapy is to lessen PTSD symptoms by confronting rather than ignoring trauma-related memories.

"It's almost like a small time machine and you get to go back, but you're in a safe place," said Samuel Hipp, 32, who spent seven years in the Army including a deployment to Iraq in 2009-'10. "You get to process a traumatic event in a different way."

For Nelson, a combat engineer, it was memories of going to the motor pool shortly after he arrived in Iraq and seeing the aftermath of an improvised roadside bomb. He felt pain and sadness even though he didn't know if the American soldiers were killed or wounded.

"I never really knew what happened in that truck. I just saw all the blood," said Nelson.

He was further traumatized when the route clearance vehicle he was driving hit an IED.

Since the Tomah VA started using Fort McCoy's simulator last year, 75 people have gone through exposure therapy. About two-thirds are Iraq and Afghanistan veterans, said Robert Campbell, director of the residential rehabilitation treatment program at Tomah.

The 65-day program includes nine sessions in the combat simulator as well as other group and individual therapy. Tomah VA therapists work with Fort McCoy to tailor scenarios, which can feature desert, jungle and city landscapes. Veterans are placed in four-person teams and a therapist is always with them in the simulator.

The first time Nelson went through the combat simulator, the scenario involved an IED explosion with bloody mannequins. Memories of the anonymous blood he saw in the Humvee flooded back.

Exposure therapy is not for everyone and some veterans do not respond well or decide to leave the program early, Campbell said. But most who have gone through the combat simulator have responded well to treatment.

“Almost everybody who comes here has to have problems functioning. I’ve had people who couldn’t shop for their kids for Christmas because there was too much stimulation,” Campbell said. “We’re trying to take these symptoms down one at a time.”

'An innovative addition'

Statistics show 20 veterans in the U.S. commit suicide each day. Tomah VA Medical Center Director Victoria Brahm noted that of those 20 suicides, on average only three were getting mental health care when they ended their lives. While PTSD is treated in many different ways, exposure therapy in the Fort McCoy combat simulator is “an innovative addition to PTSD therapy programming,” Brahm said.

At a mental health summit Thursday at Fort McCoy, mental health and veterans officials had a chance to see the combat simulator in action before talking to a half-dozen veterans who had been treated through exposure therapy.

Inside one of four rooms outfitted with a full-size Humvee surrounded by video screens, participants sat inside the vehicle or on chairs and watched as therapist Bo Pearson, standing in the gunner’s turret, explained what they were seeing. The Humvee pulled out of a forward operating base as helicopters whirled overhead and sand dunes loomed in the distance.

The Humvee sped into a town, passing cows and goats, burqa-clad women and vehicles.

“There’s a guy over here with a tarp over his truck. He could have a bomb in there (or) it could be harmless,” said Pearson, as the Humvee turned a corner and gunfire exploded nearby.

Two people inside the Humvee pointed M-4 air rifles toward a guy armed with a grenade launcher, fired and watched the man fall to the ground. Pearson fired the machine gun and a car exploded in flames, black smoke billowing up. As the Humvee headed back to base, mortars landed all around it, puffs of sand blowing up into small clouds.

Veterans going through exposure therapy are never told in advance what they will do and see in the simulator, though when they get on their bus from the VA and head toward Fort McCoy, the scenario begins when they hear the muezzin call to prayer, sounds they routinely heard while stationed in Iraq and Afghanistan.

Adrenaline rush

Some combat veterans turn to risky behavior when they return home, vainly trying to re-create the feelings of exhilaration from being in a war zone. They may drive too fast or drink too much.

For Hipp, who traveled around Iraq working a security detail in the 1st Cavalry Division, it was alcohol.

“I wasn’t a drunk driver. I was a ‘sit in the basement and drink’ person,” said Hipp, wearing a ball cap adorned with an American flag patch and an “I Fought in Stuff” T-shirt. Until one day when he got pulled over for drunken driving, something he believes saved his life because it brought him to the VA for help.

In his first combat simulator session, Hipp was on a foot patrol with other veterans when mortars began exploding 75 feet away. A doctor participating in the scenario as an embedded journalist ran away in fright and Hipp was told to bring him to safety. Within seconds, the group began working as a team and the fear Hipp felt at hearing and seeing the first mortar blast melted away as he concentrated on his task.

“There’s this adrenaline rush and spike that comes in combat situations,” said Hipp. “At the end of my first time here I was emotionally drained but I sat back and said ‘I haven’t felt this rush in eight years.’ ”

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1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency’s total spending over \$200 billion for the first time.

The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

“With this funding bill we have increased the VA’s budget to the largest ever,” he said. “We are delivering the resources to implement crucial VA reforms.”

The bill includes \$1.1 billion for the start of a VA electronic health records overhaul and \$400 million for opioid abuse prevention within the department, both efforts touted by Trump in the past.

The final deal also includes a \$1.75 billion increase in money tied to the VA Mission Act, passed at the start of the summer. The legislation will rewrite the department’s community care programs, expanding veterans ability to access private health care at taxpayer expense.

That money had stalled negotiations on the budget bill for months, and Democrats said they still are not satisfied with the short-term spending plug to cover what is expected to be an even bigger financial hole next year.

“The bill the president signed today leaves a funding gap in May of 2019, expected to grow to more than \$8 billion in fiscal year 2020,” Sen. Patrick Leahy, D-Vt., the top Democrat on the Senate Appropriations Committee, said in a statement after the signing.

“We do our veterans no favors when we make promises we do not keep, and I will continue to fight in Congress to make sure they receive the care they deserve.”

The VA funding legislation also includes \$10.3 billion in military construction funding for fiscal 2019 as well as the full-year budgets for the legislative branch and federal energy programs.

Trump’s signature came just a day after he blasted a similar sprawling budget package focused on the Department of Defense as a “ridiculous spending bill” because it omitted border wall funding he has demanded from Congress.

The House is expected to finalize that legislation next week. If the president chooses to veto it, most federal departments would face a partial government shutdown. VA would be exempted from those problems, however, since their fiscal 2019 funding is now in place.

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1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System.

Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

“You back me and I back you, that’s the way it works,” Trump told the audience. “That’s the way it’s supposed to work.”

Heller was seen outside the Trump International Hotel this morning, and Amy Tarkanian, wife of 3rd Congressional District candidate Danny Tarkanian, was spotted entering the hotel shortly afterward. Trump held a private roundtable with supporters at 9:20 a.m.

Small groups of supporters waited to see the president as he left the hotel. Traffic was at a standstill on surrounding roads and freeways.

Trump left Las Vegas from McCarran International Airport for Missouri around noon. He is scheduled to appear at a rally in Springfield tonight.

The spending bill that Trump signed, which passed the Senate with a 92-5 vote. Energy and water, military construction, Veterans Affairs and legislative branch funding are included in the bill.

The bill leaves out funding for Yucca Mountain, the stalled proposal to dump nuclear waste in Nevada. Democratic Sen. Catherine Cortez Masto said in a news release that the funding is a “major victory” for the state, and that she’d continue to oppose Yucca money.

“It provides billions of dollars in funding for state priorities like renewable energy and water conservation, much needed support for our veterans, and military construction projects that create good-paying jobs for Nevadans,” she said.

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1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion.

Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie.

After Trump signed the bill, he joked Wilkie is the one who “has got to make it work.”

“We are on the cusp of the greatest transformative period in the history of veterans affairs,” Wilkie said. “The signing today gets us on that road.”

The budget, passed by Congress last week, totals \$208.8 billion. It’s another in a series of increases for the agency, which had a budget of \$90 billion in 2009.

The spending agreement provides some funding to implement the VA Mission Act – legislation that aims to expand private-sector medical care for veterans starting in July 2019.

The Office of Management and Budget estimated the implementation of the Mission Act would create a \$1.6 billion shortfall in 2019 in the account used to pay for veterans’ private-sector treatment.

The Mission Act was signed into law with fanfare this summer, but Trump’s administration asked Congress not to break spending caps to pay for it. In the end, lawmakers shifted \$1.25 billion to cover some of the cost instead of approving new funding – a move some Democrats opposed.

In the budget, lawmakers set aside \$8.6 billion for mental health care programs, including \$206 million for suicide prevention efforts. It directs \$400 million to the VA’s Opioid Safety Initiative, \$779 million to medical and prosthetic research and \$1.8 billion to homeless veteran programs

It also provides \$2 billion to address a backlog of maintenance issues at VA facilities, as well as \$1.1 billion to begin a massive project to overhaul the VA’s electronic health record system.

“We’re fighting to make sure you get the care you so richly earned, and today’s legislation is one more promise that the Trump administration is keeping,” Trump told a crowd of mostly veterans Friday.

Outside the Las Vegas VA were protesters organized by the American Federation of Government Employees, a union representing VA workers. The union has been pushing for the VA to fill its thousands of job vacancies.

As of June 30, the VA had more than 45,000 open jobs, more than 40,000 of which were in the VA health care system.

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1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

The American Federation of Government Employees filed the motion on behalf of AFGE Local 3399, which represents employees at the Harry S. Truman Memorial Veterans' Hospital in Columbia, Mo., claiming that department officials repeatedly ignored demands to roll back implementation of the key provisions of three executive orders that were struck down last month by U.S. District Court Judge Ketanji Brown Jackson.

Once VA issued an order to rescind offending elements of workplace policies, AFGE said department officials attempted to improperly retain a requirement that all union officials must receive permission prior to the use of official time.

In May, Trump issued three executive orders, which sought to make it easier to fire federal employees, set time limits and limit the scope of collective bargaining negotiations, and to severely curtail union officials' use of official time, as well as the scope of topics that can be administratively aggrieved. But Jackson found that the key provisions of the orders amounted to an "evisceration" of unions' ability to bargain collectively, in conflict with the 1978 Civil Service Reform Act.

According to Wednesday's complaint, in the days following Jackson's Aug. 25 ruling, union officials repeatedly requested the department return its union and workplace policies to their pre-executive order state. In one instance, on Aug. 29, in response to an email stating that the facility is "in violation" of the court order and Office of Personnel Management guidance rescinding executive order implementation instructions, VA Supervisory Human Resources Specialist David Doler responded, "What is Local 3399's question?"

On Aug. 31, VA issued a memo rescinding most of its policies implementing the executive order, but it maintained a requirement that union officials obtain permission through the VA Time and Attendance System (VATAS) for any official time request in advance.

"Because of the District Court's order, the Office of Labor Management Relations will be rescinding the notice sent to AFGE on July 18, 2018, except with respect to any provisions regarding the implementation and enforcement of VATAS," VA wrote. "[The] court's order does not affect the [policy] on the use of VATAS for requesting, approving, recording and tracking of taxpayer funded union time."

The AFGE local accused management at the VA facility of using that system to prevent union employees from performing representational duties.

“[Truman Memorial Veterans Hospital Director David Isaacks], Mr. Doler, and the leadership [of the facility] have abused the VATAS tracking system to unlawfully deny requests for official time in contempt of this court’s order,” the union wrote. “Through September 12, 2018, the agency refused to release certain union officials, including the chief steward, Mr. Aaron G. McMahon, to a standard Monday through Friday daytime work schedule as required by [an existing agreement].”

In that instance, McMahon was scheduled to present a grievance to department management on Sept. 10, but he was repeatedly denied requests for official time. Later that day, he was told that the window to present a grievance in person had closed.

“Mr. Doler emailed Mr. McMahon to say that the official assigned by Director Isaacks was no longer available for an in-person meeting and the local must now submit any support for their grievance in writing,” the union wrote, noting that its contract with the agency requires grievance meetings to be “face-to-face.”

In her court decision, Jackson wrote that requiring preapproval of official time is particularly problematic.

“Insofar as the official time order also generally requires agency management to pre-approve union representatives’ use of official time, one could argue that this singular provision is the one that does the most damage to the statutory right to bargain that the [law] establishes,” she wrote. “This is so because requiring preapproval effectively confers upon management the discretion to dictate when, if ever, union employees may use paid time to engage in union activities.”

Attorneys with the Justice Department disputed the contempt motion, arguing that AFGE Local 3399 failed to meet and confer with the government to try to resolve the issue before filing its motion. It also criticized AFGE for filing its contempt motion at “11:13 p.m. on Wednesday, September 19, 2018—without the barest effort to confer with defendants’ counsel beforehand.”

The Justice Department wrote: “According to AFGE 3399’s motion, the underlying dispute has been developing since at least August 27, 2018, when local union officials began corresponding with local management following this court’s summary judgment decision and order. Yet at no point during that process did AFGE 3399 counsel reach out to defendants’ counsel to discuss the local dispute.”

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[2. Greater Choice for Veterans](#)

2.1 - The Washington Post: [Trump signs spending bill for veterans, but shutdown threat remains](#) (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1.

The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

Trump's signature does not end chances of a partial government shutdown. Averting that would require Trump to sign a short-term spending bill awaiting action in the House that would punt a fight over his border wall into December, past the midterm elections.

It remains uncertain whether Trump will sign that measure, since he demanded more border wall money and has publicly suggested it might be a good idea to force a shutdown to get it. Trump during his presidential campaign repeatedly promised the wall would be paid for by Mexico.

"Today, the President signed legislation that makes critical investments in our military, our veterans, and our Nation's infrastructure," said Mick Mulvaney, director of the White House Office of Management and Budget. "This signals to our veterans, men and women in uniform and their families that the nation stands behind them as they risk everything to protect our freedoms as Americans."

The legislation comprises three of the 12 annual spending bills Congress must pass to keep the federal government running. Two others — critical measures to boost funding for the Pentagon and for health, education and labor programs — have been attached to the short-term spending bill that has already passed the Senate and is expected to pass the House next week.

By attaching Pentagon spending to a short-term measure keeping the entire government running through Dec. 7, GOP leaders hope to increase odds Trump will sign the package and steer clear of a shutdown.

Friday's package includes \$86.5 billion for the Department of Veterans Affairs, the largest dollar amount ever for VA. It contains \$1 million for the Capitol Police for lawmaker security at events away from the Capitol, following last year's shooting at a congressional baseball practice.

It also contains \$174,000 for a death gratuity payment to the family of former Arizona Republican Senator John McCain; a new fund allowing lawmakers to pay congressional interns, who have long been unpaid; and a one-year funding fix for the new VA Mission Act signed by Trump, which consolidates programs allowing veterans to receive private care coordinated by VA. This follows a fight over how to pay for the new law; the outcome was a short-term solution that will require lawmakers to revisit the issue in a year.

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2.2 - U.S. News & World Report (AP): [The Latest: Trump Says He Won't Rush North Korea Deal](#) (21 September, 23.9M uvm; Washington, DC)

[...]

2:55 p.m.

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police.

Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care.

Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

The bill includes money for veterans' health care, military infrastructure, the electrical grid and nuclear weapons programs.

It also provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the troubled VA system. And it will require Senate candidates to file electronic campaign finance reports.

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2.3 - Breitbart: [Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans](#)
(21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure.

"You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience.

The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

He called Vincent Putignano, a disabled Vietnam veteran Marine from Las Vegas, to the podium to talk about how he used the VA Choice Act for some of his care.

"This is a very special situation," he said. "I'm getting old."

After looking at the president, he joked, "I think a couple of us in here are too." Putignano chuckled while Trump grinned.

The veteran said that the VA Choice Act allowed him to find a private doctor to operate on a bleeding ulcer on his toe.

"I must say that I really am impressed that you and your government are focused on making our countries promise to us a reality because you know what? We earned it," he said to Trump. "No longer do they have to stand and wait and not get the proper care...that's because of you."

Trump signed the legislation funding the military during his visit, promising to continue supporting veterans.

"Today's legislation is one more promise that the Trump administration is keeping," Trump said.

The president noted that the Veterans Affairs budget was at its biggest ever and promoted recent reform legislation to give veterans more choice and to make it easier to fire bad actors in the system.

"We had people that really mistreated our veterans," he said, pointing to "sadists" and "thieves" who used to be in the system. "They are now being held accountable."

Trump thanked his new Veterans Affairs Secretary Robert Wilkie for his service in the administration, noting that Gen. Jim Mattis was sad to lose him at the Department of Defense.

"He's had a lot of fun, we take care of our good ones, and we hold the others accountable," Trump said, referring to Wilkie.

Wilkie thanked Trump for placing veterans at the top of his campaign.

"President Trump is the first candidate and the first president to put veterans at the center of his campaign," he said.

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2.4 - WMBB (ABC-13, Video): [Local Veteran Expresses Concerns with VA](#) (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

Joe Wilds served 18 years in the us army. Since retiring he says he's had several surgeries.

"I've had surgery on my feet, my knees, my hips are in need of surgery, and I've had surgery on my shoulder and neck as well," said Wilds.

He said he is in need of injections to reduce his pain.

"I'm not receiving the shots I should be receiving and it's been over 90 days since my primary care physician locally authorized the shots," said Wilds.

When the VA couldn't see him in thirty days they implemented the veterans choice act and referred him to local doctors. Wilds said two local doctors would not administer the shots because they were in fear of not being paid back.

"The VA I know this for a fact locally is not paying its bills correctly therefore the local contractors don't want to see the veterans for fear of non payment," said Wilds.

Many rely on VA health care.

"Once we return home and if we had any service connected illnesses that the va would take care of us," said Wilds.

The Gulf Coast Veteran's Health Care System said they are working directly with the veteran to get him the health care he needs. They said patient feedback like this helps them improve their services.

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3. Modernize Our System

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21 September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs.

On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

Mason, who lives in Gaithersburg, says now his drive is 15 minutes.

"It's a wonderful thing," Mason said before a check-up Friday. "When you get older, you don't want to be making a long drive."

The new 11,600-square-foot facility, located at 15810 Gaither Drive, will provide veterans with a range of medical services in primary care, including annual physicals, women's health, mental health, social services, nutrition counseling, pharmaceutical consultation, audiology device fitting and specialty care via clinical telehealth technology, according to a press release.

In its first week, the clinic has seen about 53 patients, ranging in age from 35 to 95-years-old, Medical Support Assistant Felicia Jones said.

Several patients this week were walk-ins seeking psychiatric care, Jones said.

The clinic is staffed with two primary care physicians, two psychiatrists, a psychologist, a nutritionist, an audiologist and a social worker.

"Starting next year, the staff will most likely be double," Jones said.

There is also a small volunteer staff on hand, but the clinic is seeking more volunteers.

"Opening the Montgomery County clinic, represents years of planning and community collaboration," said Gloria Hairston, DC VA Medical Center spokesperson. "It also demonstrates

the DC VA Medical Center's commitment to expanding closer to home VA health care to Veterans in Maryland."

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4. Focus Resources More Efficiently

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21 September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

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4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21 September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year.

Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

MiMedx "accused, tried and convicted them of unspecified inappropriate conduct without first giving them notice of the 'charges' or a fair and meaningful opportunity to respond," said Bill Weinreb of Quinn Emanuel Urquhart & Sullivan LLP, adding that the board's internal probe has "spun out of control."

The biotech firm, which is under investigation by the Justice Department and the Securities and Exchange Commission, said Thursday it will recoup compensation from Petit, Taylor and ex-finance chiefs Michael Senken and John Cranston. The Marietta, Georgia-based company has already canceled some equity grants previously awarded to the four and will classify their exits as "for cause" terminations, according to the filing, meaning they won't be eligible for severance payments.

While most public firms have policies allowing them to claw back incentive compensation from top executives in case of financial restatements or other wrongdoing, they're rarely enforced. Boards typically use them only when they want to publicly distance themselves from those individuals and underscore the seriousness of their actions.

Last year, MiMedx came under attack by short-sellers alleging it had defrauded the U.S. government and inappropriately booked sales of products that hadn't been ordered. After spending months rebuffing the allegations, MiMedx said in June it would restate results going back to 2012 based on the accounting treatment of sales and distribution practices.

The next month, Petit and Taylor resigned “in part from information the audit committee has identified through its previously announced independent investigation,” MiMedx said at the time.

“The investigators conducted an unfair investigation that has needlessly damaged employee morale, productivity and shareholder value,” Taylor said in the statement. Petit, who remains a shareholder, said he looks forward to getting MiMedx “back to efficient and effective business management.”

Audit Committee

The audit committee, which is conducting the investigation, is led by J. Terry Dewberry, who’s worked with Petit for decades. Robert Borchert, a MiMedx spokesman, didn’t immediately comment on the former executives’ criticism of the board’s probe.

The Veterans Affairs Medical Center in Minneapolis has parted ways with five doctors over improprieties related to MiMedx skin-healing allografts, the Atlanta Journal-Constitution reported on Thursday. In May, federal prosecutors indicted three former VA health-care workers in South Carolina for allegedly taking bribes from MiMedx representatives.

Petit, 79, has been a fixture of the Atlanta business scene for decades and a noted philanthropist. He’s founded and sold several medical-equipment makers, donating millions of dollars to local universities and Republican politicians. He came out of retirement to take over MiMedx in 2009 -- when it had less than \$1,000 in sales -- and built it into a \$2 billion company.

MiMedx shares fell 3.6 percent to \$5.98 at 10:18 a.m. in New York, and have tumbled 51 percent this year.

In a separate statement Thursday, MiMedx said that Nasdaq will allow its shares to continue trading on the exchange on the condition that it brings its financial filings up-to-date by Feb. 25. The firm has yet to file its 2017 annual report or subsequent quarterly reports.

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4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

[...]

TRUMP SIGNS BILL THAT FUNDS VETERANS AFFAIRS: President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas.

The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

"We're fighting to make sure that you get the care you so richly earned. Today's legislation is one more promise that the Trump administration is keeping and we've done a lot of promises and we've kept them all," Trump said at the VA Southern Nevada Healthcare System.

"With this funding bill we've increased the VA's budget to the largest ever. We are delivering the resources needed to fully implement crucial VA reforms ... and to deliver for our great veterans just the way I said I would constantly on the campaign trail. You back me and I back you."

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4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21 September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

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4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

BOSTON — The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness.

"VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

The new case follows other outbreaks in the Commonwealth and in New Hampshire.

The risk of the disease increases when weather is warm and humid, according to a VA Spokeswoman.

The VA said it tests the water quarterly as a preventive measure and meets industry standards when it comes to prevention. The hospital said it adheres to VHA Directive 1061: Prevention of Healthcare-Associated Legionella Disease and Scald Injury from Potable Water Distribution Systems.

"We are tracing the patient's movements within the hospital and testing the water for the bacteria at each of those locations," according to Pallas Wahl of the VA.

The test results may take 7 – 14 days to return, and in the meantime, staff at VA Boston Healthcare System is supporting the patient and working to find the source of the bacteria.

The VA has a VA Medical Center on Huntington ave in JP and a VA Boston Clinic on Causeway Street.

Legionnaires' disease is typically found in wet areas including showers, hot tubs and faucets. Humans acquire the disease by breathing it in. Drinking contaminated water will not transmit the disease and the disease cannot be spread from person to person.

Legionnaires' disease was discovered in 1976 after an outbreak at a Pennsylvania convention of the American Legion — thus its name. There were about 6,100 confirmed cases of Legionnaires' disease in the U.S. last year, according to the Centers for Disease Control and Prevention.

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4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased.

The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

Among the complaints were that operating rooms weren't properly cleaned or cared for, that blood and rust were present on surgical instruments and that patients with cervical myelopathy were victims of malpractice.

According to the OMI, those claims were unfounded.

The report also addresses the whistleblowers, saying they became "distrustful and frustrated when they felt as if their clinical concerns were not addressed by their leadership."

But critics of the VA said the motivations behind the writers of the report are clear.

"It's a PR move. It's pure and simple," said Andrea Amodeo-Vickery, a lawyer for the whistleblowers. "The other three reports weren't publicized yet. They substantiated these same claims that this new report didn't substantiate."

"Oh, I think they have it terribly wrong," said Dr. Stewart Levenson, former chair of the department of medicine at the Manchester VA and one of the whistleblowers. "There are several incidents that are truly tragic, where they say there are no problems because they followed VA protocols, which are blatantly wrong."

Levenson said the VA system needs faster, safer patient care.

"The patients, the veterans, suffer the most," he said. "Several suffered horrible complications, maybe even death, because they didn't get their care on a timely basis."

U.S. Rep. Annie Kuster, D-N.H., who is on the House Veterans Affairs Committee, also questioned the findings.

"I have spoken with highly regarded physicians that have serious concerns about the quality of care, and thus, I question the outcome of this particular investigation," she said.

Kuster said she's pleased with the current leadership at the Manchester VA and has asked the U.S. Office of Special Counsel for an independent investigation into the VA's previous practices.

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4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

Union officials say in interactions with the Health and Human Services and Veterans Affairs departments, as well as the Environmental Protection Agency, management continues to press for provisions strikingly similar to the priorities outlined in three executive orders signed by President Trump in May but struck down in federal court last month.

Last week, officials at the Centers for Disease Control and Prevention, its parent department HHS, and American Federation of Government Employees Local 2883 met in Atlanta to resume negotiations on a collective bargaining agreement. Pam Gilbertz, president of the union local, said negotiations had begun in earnest in October 2017, but were twice delayed due to negotiator health issues. In July, both sides briefly returned to the table, but she said management unsuccessfully tried to renegotiate ground rules.

"They said it was because of the executive orders that were implemented," Gilbertz said. "My response to that was we don't agree to reopen our ground rules, and you cannot force us to reopen our ground rule negotiations, and that there was nothing in the EOs that would require a change anyway."

Gilbertz said that the union encouraged CDC to hold off on further negotiations until the court resolved the challenge to Trump's executive orders, which sought to make it easier to fire federal employees, set time limits on collective bargaining negotiations, and severely curtail both the amount of official time available to union employees and the scope of issues covered by bargaining.

But although the key portions of those executive orders were invalidated in a court order issued last month by U.S. District Court Judge Ketanji Brown Jackson, Gilbertz said agency officials continued to insist on a contract that largely mirrors provisions of the executive orders. The proposal, which includes language that HHS "makes these management proposals independent of any requirement in any executive order," seeks to eliminate 37 of the 47 articles in the existing collective bargaining agreement, including telework, alternative work schedules, grievances and official time.

"They are proposing to completely take away our ability to use official time to represent employees and make us use leave without pay to represent employees altogether, Gilbertz said. "How ridiculous is that? How are we supposed to represent employees if we have to take leave without pay?" She said that while there are agency managers who work full time on labor-management issues, none of the union reps has that luxury.

"We all have agency jobs in addition to our union role," she said.

The National Treasury Employees Union has reported similar experiences with HHS leadership. In July, while still following the provisions of the executive orders, the department declared an impasse in its negotiation with NTEU. But since the orders were partially rescinded, it has continued to seek intervention from the Federal Services Impasse Panel, a move that has drawn outcry from the union and lawmakers, who have described it as bad-faith "surface" bargaining.

HHS has repeatedly issued statements to Government Executive denying that their bargaining tactics are related to the executive orders. But in the case of the NTEU negotiations, the department informed the union that it must come to the bargaining table on May 25, the same day that Trump issued the orders.

"HHS' proposals were based solely on HHS' discretion, not on the executive orders," a spokesperson wrote.

At the Environmental Protection Agency, AFGE Local 704 had completed negotiations months ago, but has been stuck in a holding pattern. Local President Mike Mikulka said that although the contract has been ratified by the union, the agency has thus far refused to implement it, instead pushing for a full renegotiation.

"We ratified the contract, and the EPA took no action to review it, so after 30 days it should have been in effect," Mikulka said. "But they weren't satisfied, because they didn't get the provisions on office space and official time, so they sent us a really unreasonable proposal on ground rules for the full contract."

Since the rescission of the executive orders, Mikulka said they have not seen any change in position from management.

"The latest thing is that they want to open up the whole contract, but according to the ground rules, you can't do that," he said. "So that's still where things stand."

And at the Veterans Affairs Department, National Federation of Federal Employees negotiators reported that even after the Office of Personnel Management instructed agencies to comply "fully" with the court order, management continued to stonewall in contract negotiations. In that negotiation, a member of the management's negotiation team also was caught illegally taping private union deliberations.

"[The management negotiator] made it clear in both actions and in her words that they would not agree to anything that is not already required of them by statute," said NFFE Associate General Counsel Suzanne Summerlin earlier this month. "If that's the case, what is the point of a contract, which at basic essence is a private agreement between two parties to create a series of obligations and rights beyond what the law says you have to do? This is just bad faith bargaining."

On Thursday, House Oversight and Government Reform Committee Ranking Member Elijah Cummings, D-Md., sent a letter to Chairman Trey Gowdy, R-S.C., demanding that he issue a subpoena for Office of Personnel Management Director Jeff Pon to testify at a deposition on how OPM is working to make agencies comply with Jackson's court order.

Last month, Cummings requested a briefing on the issue, but Pon declined, citing “pending and ongoing litigation.” The Trump administration has not yet filed an appeal in the case.

“Under the court’s order, federal agencies are prohibited from implementing the invalidated provisions of the executive orders,” Cummings wrote. “To date, the Trump administration has not filed an appeal or a motion to stay the court’s decision. We are not requesting any information about the agency’s litigation strategy—we are asking for basic information about how the Trump administration is complying with the law.”

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4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care.

VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman.

"I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

According to Hutchison, most veterans are in the same boat and the town halls allow the agency to reach them easier and also hear from the veterans.

"Montana is a rural state so we like to get out and talk to veterans where they're at because there are some travel limitations with veterans," he said.

The VA says they provide more than just health care; they also have caregiver support and tele-health services.

Under the VA system there are different levels of eligibility, but they say in general, honorable discharge and two years of service qualifies.

"It was kind of slow at first just the paperwork of getting things set up -- part of that was my fault, it was kind of complicated...but everything's been fine after that. I've been happy with it," said Steve Holland, a veteran town hall attendee.

"There's been a mixed bag; some of them had a real good experience, some of them had a so-so experience. A lot of it depends on who they've seen and where they've had it seen," said John Kozicki, a veteran and town hall attendee who said he doesn't use VA health care, but his friends do.

In a state that has 1.5 veterans per 10 people, the vets will tell you these kind of events are needed.

"I really appreciate them coming because we don't really get a chance to ask questions and hear the administrators and that kind of thing very often," said Holland.

The Montana VA will be holding a health fair October 3rd at Fort Harrison in Helena.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance.

The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

This bill — which passed the House of Representatives and would provide medical coverage to sailors who were exposed to the herbicide Agent Orange during the Vietnam War — appears to have some skeptics on the committee.

They seem swayed by the Department of Veterans Affairs' thin arguments that because record-keeping wasn't good during the Vietnam War there's no reason to provide veterans with this necessary treatment.

Nearly 90,000 veterans would be covered by H.R. 299, according to Military Times. That's tens of thousands of veterans who were once the picture of health who now find themselves battling cancer as well as nerve, digestive, skin, and respiratory disorders. To add insult to injury, because the VA and Congress refuse to act, they're getting stuck with paying the bill.

Instead of providing adequate care to our veterans who have fought and suffered for their country, government officials who have the power to provide them with care are needlessly debating a settled issue and placing the onus on veterans to prove that they were harmed. America owes our veterans a debt, and we are failing in our duty to pay that debt.

The Senate Veterans' Affairs Committee and VA need to stop putting the burden of proof on our veterans. The people who are questioning what veterans went through weren't there on the ships in Vietnam. They weren't drinking and brushing their teeth and bathing in water tainted by this terrible chemical.

Looking toward the future, the Department of Defense must do its part as well. Poor record-keeping did our veterans a disservice in Vietnam, and the Pentagon should conduct an audit to ensure that their record-keeping today is accurate — particularly when they know they are sending troops into areas affected by harmful chemicals.

Even though the VA is dragging their heels on this critical issue, Congress can take care of those thousands of veterans now. All that's required is for the Senate Committee on Veterans Affairs to put the Blue Water Navy Vietnam Veterans Act of 2017 up for a vote.

H.R. 299, the change in policy for Blue Water Navy Vietnam veteran care, has bipartisan support for our Navy veterans and ensures they receive the full extent of care they so deserve.

Our legislators need to stop playing politics with funding bills, stop doubting veterans and put these bills to a vote immediately.

Retired Navy Rear Adm. Christopher W. Cole is the national executive director of the Association of the United States Navy. His views do not necessarily represent those of the Department of Defense or Navy Times.

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5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the “High Risk” status for VA Medical Centers.

Information from the VA said of the 146 medical centers that had been deemed “High Risk”, Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

Interim Medical Center Director, David Whitmer said the facility will continue to be “diligent in evaluating our quality” and reviewing the improvements in primary care scores. He said being removed from high risk status, is a “direct result of the hard work our team has accomplished to improve the care we provide for our veterans”.

A national release from the VA said that there have been significant improvements at the majority of its health care facilities. The release said compared with data from a year ago, 71% of VA Medical Centers have improved in overall quality. In contrast, only 5% of VAMC’s had a small decrease in quality.

VA Secretary Robert Willie said “this is a major step in the right direction to improving our quality of service for our veterans”.

David Whitmer will talk about state of the Roseburg VA on an upcoming Inside Douglas County program, on News Radio 1240 KQEN.

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5.3 - KPBS (NPR-89.5/PBS-15, American Homefront):[sFor Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire.

"When it comes to remembering street names, I just automatically go to them now," Snow said as drives toward the border between the two states.

Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

"Some of our vans have put on 200 miles just getting here," he said, "and they do go out the back roads."

On a recent morning, Snow picked up veteran John Scherer from his dialysis appointment in Lebanon, N.H. The appointment was in a tucked-away office plaza, where Sherer had been receiving treatment for the previous few hours.

Sherer's a matter-of fact-guy who served in the Army in the late sixties. As he's gotten older, he's had some serious health issues.

"I'm in stage five kidney failure," Sherer said as he got into the car. "Kidneys are not cleaning out the bloodstream."

Sherer needs dialysis three times a week. But living in small-town Vermont makes it hard for him to get to treatment. Vision problems prevent him from driving, and there's limited public transportation. Dialysis starts early in the morning, so he takes a taxi to get there.

"I have to be there at 6:00, and let's face it, nothing's running," Sherer said. "So a taxi fare from my house is \$20 a day or \$60 a week."

DAV volunteers pick him up when he's done with his appointment, and that saves him the taxi fare for the trip back home.

It's not a perfect solution - but it helps.

Even with long drives, many vets prefer VA doctors

Robert Burke, director of the Vermont Office of Veterans Affairs, said a lot of the state's veterans rely on the VA's Choice Program. It allows veterans who live more than forty miles from the nearest VA hospital to get care in their community. The VA then reimburses their healthcare provider.

But Burke said participating providers often have long wait times, so a lot of vets opt to travel to the VA hospital in White River Junction, Vt. instead.

That can be hard, he said, especially for veterans who live near the Canadian border.

"You can't go to Canada for your healthcare," Burke said. "You have to go south."

But Burke said one advantage is that Vermont is a lot smaller than many other rural states. You can drive from one end to the other in about three and a half hours.

"It's a long way," he said, "but if you're getting good care, you'll do it a couple of times a month."

Sherer is familiar with those long drives. He used to live in Bethlehem, N.H., about 90 miles from the VA hospital. He remembers the first time he used the DAV van service back in 2001. He was really sick, and he didn't know why.

"I got into the van; I could barely walk," Sherer said.

A volunteer driver hightailed it from his house to the hospital, but it still took more than an hour to get there. Sherer was rushed into the emergency room.

"I was in the last stages of congestive heart failure," he said. "So if it wasn't for the DAV services you wouldn't be talking with me today."

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5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

DOTHAN, Ala. - Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future.

Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center.

There are contracted employees along with a small number of actual federal government employees in this facility.

Once it closes, almost 5,000 patients — military veterans — will be forced to use other VA options.

WDHN is committed to finding more answers as to what the future holds for local VA patients.

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5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a "high-risk" list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday.

The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

The star rankings are based on Strategic Analytics for Improvement and Learning data, or SAIL, which ranks how hospitals are performing on a range of measures from re-admissions after treatment to patient ratings, employee satisfaction and wait times.

"We are pleased with the direction of our SAIL ratings and that Roseburg is no longer on the high-risk list," Whitmer said.

He said the VA will “continue to be diligent” evaluating its quality and reviewing improvements that have already been made to its scores for primary care, hospitalization for sensitive conditions and other performance measures. He said the VA will continue to strive for excellence and he expects to see continuous improvements in its ratings.

“This is a team effort and our staff takes pride in continually improving the care we give our veterans,” Whitmer said.

The Roseburg VA was one of five hospitals removed from the high-risk category.

The Roseburg VA’s one-star rating in 2017 put it in the bottom 10 percent of facilities nationwide. The 2018 star rating hasn’t been released yet, but improvement in its SAIL scores this year has put the VA on track to increase to at least a two-star rating by the end of the year, Whitmer said.

The Roseburg VA has yo-yoed between one star and two over the past couple of years. But up until 10 years ago, the facility consistently earned four- and five-star ratings.

At the beginning of 2016, the VA was ranked one star. When it jumped to two stars in the middle of that year, it was called one of the fastest improving hospitals of the year. At the time, then-director Doug Paxton said his goal was to return the facility to five stars.

Instead, in 2017, the VA lost its two-star rating, dropping back to one star. Paxton was himself under fire by then, as the Office of the Medical Inspector was investigating the VA. After it concluded senior leadership was creating a toxic environment, Paxton and other top managers stepped down and were reassigned to other VA jobs.

Whitmer, who took the helm in February, was given a year to begin turning things around and then help choose his own replacement.

“This is a good step, but it is only one of many that the Roseburg VA needs to take in order to become a top-tier facility,” DeFazio said. “The next step is hiring a new director with strong leadership qualities, a history of working in veterans’ healthcare, and a proven track record of success in management. I look forward to working with this individual to ensure that we are doing all we can to provide the best care possible to southwest Oregon’s veterans.

He said improving the rating of the health care system is an important step, but it is crucial that VA leaders remain focused on improving all aspects of the Roseburg VA. He said that will take “continued intense focus” from the Roseburg VA’s senior leaders, the regional network that oversees it, and the VA’s central office in Washington, D.C.

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5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military.

He signed the bill after giving a speech at the North Las Vegas VA Medical Center.

"The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

The night before he held a campaign rally inside the Las Vegas Convention Center where he praised Senator Dean Heller and pushed Nevadans to get out and vote in the November midterm elections.

"I want to give a victory speech on the evening of election day. We're not going to let people undo the incredible job that we've done," Mr. Trump said. He mentioned that early voting begins in Nevada in October.

In turn, Heller credited the president for improving the economy, the job market, and the U.S. Department of Veterans Affairs.

It was Trump's seventh rally in the Las Vegas area since he first began his race for president in June 2015.

About 8,000 people turned out for Thursday night's rally.

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6. Suicide Prevention

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

Editor of the Reformer,

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

You don't need to have special training to support the Veteran's in your life, and we can all do something to help a Veteran who is going through a difficult time. Even seemingly small actions can have a huge impact: Preventing suicide begins with just the willingness to Be There.

Showing your support can be as simple as sending a Veteran a text message- inviting someone over to catch up or sharing a positive thought are both great ways to communicate that you care. Your words could be exactly what a Veteran in crisis needs to hear, and could be a reminder of the many people out there who are willing to listen.

When you sense that a Veteran is not doing well, your words can help. You can make a difference by just starting a conversation. Although it can seem challenging, it is important to talk about difficult feelings and experiences. Keep in mind: Asking questions about thoughts of suicide does not increase a person's suicide risk. Instead, an open conversation can help

someone feel less alone and let others into the Veteran's experience. Feeling connected is shown to reduce suicide risk.

Simply reaching out to a Veteran in need and opening the door for a discussion could make all the difference. Learn more ways to show your support and Be There by visiting VeteransCrisisLine.net/BeThere to find more resources and information.

Suicide prevention is VA's highest priority. Every death by suicide is a tragedy, and we will not relent in our efforts to connect Veterans who are experiencing an emotional or mental health crisis with lifesaving support. If you believe a Veteran in your life may be contemplating suicide, call the Veterans Crisis Line at 1-800-273-8255 and PRESS 1, send a text message to 838255, or chat online at VeteransCrisisLine.net. Qualified and compassionate VA responders are on call 24/7/365 to provide guidance on how to connect Veterans with support and help them from harm.

Suicide is preventable. VA's goal is to reduce suicide and suicidal behavior among all Veterans—even those who do not, and may never, seek care within our system.

Brett Rusch, MD

Acting Medical Center Director

White River Junction VAMC

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6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, Tlindfors, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

VFW Post 10818 New Richmond / St. Croix County (www.vfwpost10818.org) and its auxiliary hosted the nearly two-hour program that featured presentations by representatives from numerous organizations all offering resources to address mental health issues contributing to suicide.

Post Commander Ron Ramos began the program by making it clear the forum was not just for veterans.

"The reason we're hosting this forum is because there is a (suicide) problem here in St. Croix County, but it's not just a veterans issue. Veterans experience suicide a lot. In 2015 the rate was 20 a day if I remember correctly. Living here the last two years, I've seen the problem in our schools, with our seniors, our kids and in our community in general. When we decided to host this program we wanted to do it for everybody, not just our veterans," said Ramos.

Community Coordinator Kelsey Ford and County Behavioral Health Supervisor Kathy Huston spoke on behalf of the Make It Okay (makeitok.org) campaign. Make It Okay is an initiative

native to Minnesota and Western Wisconsin having reached more than 35,000 people since its inception in 2012. Make It Okay relies primarily on a corp of volunteer ambassadors to employ a Learn, Talk, Share curriculum to "change the hearts and minds of the general public about the misperceptions of mental illnesses by encouraging open conversations and education on the topic." Ambassadors are available locally to speak with groups at schools, churches, workplaces, any place in the community interested in learning more about erasing the stigma of mental illness. Ambassador training programs are available to volunteers quarterly.

In St. Croix County, Make It Okay works together with Healthier Together (healthiertogetherstcroix.org) a community coalition lead by Hudson Hospital & Clinic, River Falls Area Hospital, Western Wisconsin Health and Westfields Hospital & Clinic working together to maintain healthy communities and provide a strategic framework for local health-improvement activities. Mental health is one of the three primary priorities of the coalition.

The goal of the Make It Okay campaign is to reduce the stigma of mental illnesses. Attendees were encouraged to join the more than 15, 229 people who have signed the Make It Okay pledge to stop the stigma.

[...]

Organizations

Derek Gilde, representing the St. Croix Valley Chapter of the National Alliance on Mental Illness (NAMI) (nami.org) noted the four activities which NAMI volunteers promote; education, advocacy, listening and leading. Locally the chapter focuses on support and operates two support groups, one for individuals with a mental illness called NAMI Connections and one for family support. In Our Own Voice features speakers who educate audiences using their own recovery story. The local chapter currently has six speakers available to speak with community groups and organizations.

Nurses Ryan Burkhardt and Katherine Lee representing the Minneapolis VA Suicide Prevention Team provided an overview of services available to veterans through the VA as well as through partnerships with public and private health care providers. Burkhardt reinforced the need for those partnerships noting there are only four VA case managers at the Minneapolis location (minneapolis.va.gov/services/Mental_Health_Services).

"I cover the five northern clinics. We can't handle all of the calls, all of the stuff that is happening, so the VA is rolling out more of a public health approach. For suicide prevention, we have a lot of great programs at the VA, psychiatry, therapy, counseling, there's a lot of great help out there but it really takes everybody being aware that life can be good and bad for all of us. It's important to know other people care about you," said Burkhardt.

The VA Suicide Prevention team provides three primary services. The team operates three call centers across the country to man the Veterans Crisis Line (1-800-273-8255 Press 1, text 838255, veteranscrisisline.net) which is available to anyone. The team also provides four weeks of intensive case management for veterans flagged as high risks of suicide. Finally the team also reaches out to educate other service providers within the VA as well as outside of the VA, like primary care, eye care or audiology, on behalf of veterans determined to be high risks. The program called Gatekeeper instructs other caregivers on how to create safety plans and how to do conduct risk assessments.

Post 10818 Auxiliary member Karen Green concluded the evening's program.

"Sixty-five percent of all veterans' suicides are men over the age of 50. If the statistics are correct and 20-22 veterans die each day from suicide, 14 of those are elderly. I'm not an expert on suicide prevention. I'm not a counselor or a mental health facilitator. I'm the wife of an older veteran. I'm the daughter of a veteran and I'm a sister to two veterans. We ask our community to find older citizens and get them involved in their communities again. Many of our elderly have amazing skills and there are real heroes hiding in our towns with great stories that should be told and learned from. We want mental illness, especially depression, to be normalized so that no one ever needs to be afraid to ask for help. We want all to feel needed and that our lives have a purpose."

St. Croix County Veterans Service Officers:

Phil Landgraf: 715-386-4757, phillip.landgraf@sccwi.gov

Geri Campbell: 715-386-4758, geri.campbell@sccwi.gov

Suicide Prevention Hotline: 1-800-273-8255, suicidepreventionlifeline.org

Crisis Text Line: Text HOME to 741741

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill.

It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans.

More than 1,000 veterans were expected to attend.

"It's amazing. This is huge. I didn't expect it to be so big, a lot of services here so I'm thankful to be here," said Jeff Bizzarro, a veteran from Burlington.

Bizzarro served in the U.S. Army from 1994-1998, then in the Alaska National Guard until 2006. He said he returned from service with multiple traumatic brain injuries and PTSD. He had his service dog Annie with him at Stand Down.

"Like they say, not all wounds are visible and so what she does for me is intervenes, interrupts, and mitigates my symptoms from Post Traumatic Stress. She helps me with being in crowds like this, she keeps me grounded, she interrupts my nightmares when I have them," Bizzarro said.

This was also the first time Colchester native Jacqueline Clements attended. She served in the U.S. Army National Guard from 2010-2018.

"I think it's wonderful. I think we need to do more to support the people that have come back who are serving our country and I think that giving back to them is really important," Clements said.

There were more than 100 agencies offering free food, haircuts, eye exams, dental exams, coats and socks, nutritional advice and job opportunities. The idea is to give veterans a one-stop shop where they can learn more about the programs they may qualify for as well as help transitioning back into civilian life.

Daryl Shealy was working hard to find job leads. "A couple of people already told me they would give me call-backs. So I am crossing my fingers."

Stand Down 2018 is at the Department of Veterans Affairs at 287 West Street in Rocky Hill from 8am-2pm. The department also offers year-round support to veterans and their families here.

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7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art.

Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art.

The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

"Our goal is to engage people, to support them, to celebrate the process of art making. The combination of art making, and personal engagement and support, creates a kind of magic," said Mark Hierholzer, CEO Art for the Journey.

Tyrone Sanders is one of those veterans who is expresses himself through art.

"When you look around, every piece, although different, say the same thing. They are soothing, they are comforting, they are therapeutic, they poured all their souls into something beautiful," said Sanders.

Sanders had his art chosen to appear and be sold at the Art for the Journey 3rd Annual Art Exhibit Gala.

The event will be held on October 11 at the Jepson Center.

If you would like more information about the event, [click here](#).

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7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

TOGUS — Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet.

Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus.

For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost \$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

On Friday, they celebrated the project's opening with a ribbon-cutting ceremony that was attended by more than 100 guests and dignitaries. The project is part of a larger effort to end veteran homelessness and was developed by Volunteers of America Northern New England, a Brunswick-based group.

Of the roughly 2,280 people who were homeless in Maine last year, 131 were veterans, according to U.S. Census data compiled by the U.S. Interagency Council on Homelessness.

Multiple veterans who have received new housing through Cabin in the Woods said Friday they appreciated the natural surroundings and lack of noise pollution on the 11-acre property, where 21 cabins have been built. Each of the properties are free-standing and contain one or two bedrooms. The site also includes an office and community space, and is within walking distance of the medical facilities on the 500-acre hospital campus.

Buckmore, who worked as a generator mechanic in the U.S. Army from 1983 to 1989, has been intermittently homeless for the last three years. He first learned about Cabin in the Woods from a social worker at the Bread of Life Ministries' veterans shelter in Augusta. Now, he particularly appreciates the quiet natural setting and the radiant heating that comes out of the floor of his one-bedroom cabin.

"This is really nice and quiet," said Buckmore, a Gardiner native, during a tour of the pre-furnished home. "I'd like to see more of these go up."

This past summer, Buckmore suffered two strokes and now uses a cane and wheel chair to move around. As someone who has worked in the mental health field and been diagnosed with depression, anxiety and bipolar disorder, he also hopes the new housing will bring stability to a vulnerable population of veterans.

"There's a high suicide rate among homeless veterans," he said. "Something like this can help take their mind off anything bad they're thinking about."

Buckmore's one qualm, he said, is that Spectrum has yet to run cable television to the new homes. But he added, "That could be a blessing in disguise."

Multiple groups provided funding and donations for the Cabin in the Woods project, including the Maine State Housing Authority, the U.S. Department of Housing and Urban Development, the

Home Depot and T.D. Bank Charitable foundations. At the ceremony on Friday morning, officials from some of those groups delivered prepared remarks.

There were also speeches by two members of Maine's congressional delegation, U.S. representatives Chellie Pingree and Bruce Poliquin, and delegates for U.S. senators Susan Collins and Angus King. Also attending the event was Poliquin's predecessor as representative of Maine's 2nd District, Mike Michaud, who served as chairman and ranking member of the House's Committee on Veterans Affairs.

Another speaker was Ryan Lilly, the former director of the Togus system who was recently elevated to another role in the U.S. Department of Veterans Affairs: director of its New England systems.

Just as some cities have eradicated poverties in their homeless populations, Maine is trying to do the same, Lilly said. After the ceremony, he said the Togus campus still has between 30 and 50 acres that could be developed and that the agency is now considering whether it could lease out land for a similar project oriented toward seniors.

"It was our first experience with this process," Lilly said. "We're thinking about what we can do next."

While there are other housing developments for veterans around the country, Lilly said that Cabin in the Woods is unique because it's in a secluded area and its units are individual homes, as opposed to apartments.

Another veteran to benefit from the new housing project is Jesse McGahuey, 41, who last month moved into a two-bedroom cabin with his wife Sheena, 33, and their 5-year-old son, Jerrick. While living on federal land isn't a perfect arrangement, they said that the arrangement has made it considerably easier for McGahuey to attend his weekly medical appointments at Togus.

McGahuey suffered a series of injuries during and outside his service in the U.S. Army from 2000 to 2002. As a child, he suffered a brain injury. Then, when he was working as a heavy equipment operator while stationed at Fort Lewis in Washington, he was pulled under a piece of machinery, injuring his legs and back. Finally, in 2014, he was working at an oil-change business in Waterville when a driver accidentally lost control of her car, giving McGahuey a head injury and exacerbating the previous problems.

After that 2014 accident, McGahuey lost the ability to work or pay for housing. Since then, his family has spent long periods camping outside. They were one of the first families to apply for housing in Cabin in the Woods, and they're now able stay there with subsidized rental costs.

Now that some stability has been reintroduced to their lives, McGahuey hopes that he can start taking classes at a community college and working again, even if it's part time. His wife, Sheena, is unable to work and receives disability payments because of medical problems she suffered when giving birth.

"This does ease the pressure of it," Sheena McGahuey said. "It does help."

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7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

CHELSEA (NEWS CENTER Maine) -- 21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday.

Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening.

The project is owned by Volunteers For America, which spent years working out the details and financing to get it built. They also needed to negotiate an agreement with the VA to lease a small portion of the 500-acre Togus campus in order to construct the small houses. All are located within walking distance of the medical facilities and services located at Togus.

All the houses are for veterans who were homeless or at risk of becoming homeless, including Army veteran Toni Owen. She has to use a wheelchair and said she was facing eviction from a small apartment in Poland because the building was being sold. Cabin in the Woods, said Owen, prevented her becoming homeless.

"It's amazing that you served and they're doing so many amazing things for people," Owen said while sitting on the porch of her brand new, one bedroom home.

Residents are selected by Volunteers For America, and pay an affordable rent, based on their income. Programs through Maine Housing, HUD and the VA support that. The veterans say having secure housing is already making a difference in their lives. Mike Merrill, who manages the project for VOA, says that is their goal. Merrill is a veteran of the Marine Corps and currently serves with the Maine National Guard. He is also a minister.

"I'm very passionate about this," Merrill said, "because I see my brothers and sisters out there not having a place to call home. I see my brothers and sisters thinking, for some of them, taking their life is the only way to end that pain because they don't have that food, that shelter, that safety and security. To see them being taken care of makes my heart happy."

There are currently 19 veterans living in the houses, with the remaining two scheduled to fill up soon.

During the Friday ceremony, Rep. Bruce Poliquin (R-Maine CD 2) suggested go VA officials they should start planning to build more houses.

"The words homeless and veterans should not need to be used together," said Merrill.

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7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

PARKVILLE, Mo. -- Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school.

But changes in how the housing stipends work are now causing some headaches.

John Higgs is working toward an MBA at Park University.

"I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

After 12 years in the Army, deployments and time as a reservist, the GI Bill is helping make it possible. Not only does he get money to cover tuition and books, but also an extra housing stipend that helps pay rent, utilities, insurance and more.

"Having that additional money coming in, it helps me get through life," Higgs said.

But many students like John are having trouble getting the right amount of money in their housing stipends or getting the money at all.

That's because this year, Congress made changes to the program.

"Typically the housing payment is based on the zip code of the school, the face-to-face location that you're attending. With the Colmery Act, what will happen with that is the zip codes will now be where you're taking most of those face-to-face classes," said Sarah Weygand, Park University's assistant director of military and veteran student services.

It's a big issue for many colleges like Park, which has dozens of campus centers spread out around the country.

"Parkville has different housing rate than, say, Independence, and we have students that go to both locations. If they're going to take most of their face-to-face classes in Independence, we want them to be able to have that housing allowance, which is higher, from Independence, not just from the Parkville area," Weygand said.

The Veterans Administration was supposed to be ready to roll out the new housing rates by Aug. 1, but that hasn't happened. Until it's fixed, some veterans could be left high and dry without the money they need to get by.

"What's going to happen is they can fall behind on bills really quick, and the way I look at it is, no veteran should be left behind," Higgs said.

Park University said it can help students file a hardship claim if necessary and even have some emergency scholarships available. But the college remains optimistic the issues will get ironed out soon.

"We try to work with those as best we can and help the student, so they can be successful in their classes and not have to worry about money at the end of the day," Weygand said.

The VA said it's still running tests on changes to its computer systems designed to calculate the new correct stipend amounts. Any students who have been short-changed will get the correct amount of cash back once those upgrades are complete.

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7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#)
(21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services.

"It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven.

All of the service are free of charge.

"Clinical support services, DMV, judicial are here, veteran service organizations, housing and unemployment providers are here as well. Including private employers," said Department of Veterans Affairs Commissioner Thomas J. Saadi.

The event is called 'Stand Down' and is modeled after a concept during the Vietnam war where secure base camp areas were available to units returning from combat operations. Troops were provided clean uniforms, warm meals, medical and dental care, and time to enjoy friends in a safe environment. The services on Friday were life-changing for many men and women. Some of them have fallen on hard times and need the help.

"I'll tell you, it's very important some of these guys, I hate to say, are down and out," said Robert Russell, a veteran from Manchester. "Just a hat and a pair of socks will go a long way with these guys. You'll see them break down and cry."

News 8 speaking with a number of people who served our country proudly, who say our veterans are often forgotten about.

"You rdive coming off the highway, you see a veteran out there. I'm a veteran, I roll the window down and give them two bucks. That shakes me up," said Russell. "There should be no homeless vet around."

"Yeah it hurts. It hurts. But what can I say though, that's the world," said Thigpen.

Friday's event, which was put on by Community Health Center, Inc., serving as a reminder that the issues vets face are real and need to be addressed. Something the VA knows all about.

"While we have services here one day a year, one stop shop, we are here 365 days a year for our veterans with our federal partners," said Commissioner Saadi.

If you or someone you know needs help or any resources you can contact the VA Healthcare System. Those locations and numbers are listed below:

West Haven: 203-932-5711

Newington: 860-666-6951

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7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for.

On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table.

Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

"I was never a POW and I was never missing in action," he said. "I do know a marine who served in the baton death march. He made me determine that I would never surrender. I spent a lot of years in the Marine Corps and I love it to this day. I'm still obligated in any way I can to serve the corps."

The first national POW/MIA recognition day was proclaimed in 1979.

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7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday.

Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months.

Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

Organizations from around the community provided a variety of additional aid, such as clothing, hygiene kits, haircuts, and more.

"It gives veterans an opportunity to really see what kind of support they have behind them in not being homeless," says HUD/ VASH Supervisor Matt Kerr.

The Department of Veterans Affairs has hosted this event for more than a decade, but they wanted this year to be special.

They decided to surprise Guy Campbell with a housing voucher and a fully furnished apartment all on the same day.

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7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action.

The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

Paul Stone served in WWII.

"The government sent this to my mother, that's how they found out," Stone said.

Captured several times, he spent nearly five months in prison camps.

"In 1944, he liberated me, General Patton, from a German prison camp. At that time I was 20 years old," Stone said.

On Friday morning the VA Medical Center in Fayetteville held an ex-prisoner of war and missing in action recognition ceremony.

In the middle of the room, a table set for one to symbolize all of the soldiers that never came home.

Isaac Caudle also served in world war two.

"Out of 500, there were 129 that could still walk. So finally we come to the commander, and all he could do, he said we got to quit. Which wasn't what we wanted to do at all, but its what we had to do," Caudle said.

Caudle was captured in France in 1945 for 96 days.

"For an American soldier to give up, that was not heard of. You didn't do that. You were supposed to keep one bullet in your rifle, and that's to kill yourself before you give up," Caudle said.

Both men united by a struggle to survive in brutal conditions, honored Friday for their courage and determination

"I like to be with other guys because everybody ain't have this kind of experience," Caudle said.

And for those who never returned from the battlefield to their families, the message remains the same --you are not forgotten.

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7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day.

Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

The event hits close to home for the director of the center, John Gennaro, who says his uncle was a prisoner of war. "He actually prevented the loss of a number of other troops when he was in ransom himself. So it's a really touching moment because I grew up hearing his stories and personally attending family outings and events with him, you know a true hero. Not just a family member but a true America hero."

Several veterans who were also prisoners of war were in attendance at the service today.

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7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#)
(21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

AUGUSTA, Maine - Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta.

It's all part of a program designed to combat veteran homelessness.

"We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

It's a first of its kind project in Maine.

21 cabins will soon be fully filled at Cabin in the Woods at Togus VA Medical Center in Augusta.

It's situated on 11 acres that was obtained by the Department of Veteran Affairs Enhanced-Use Lease Program with the mission to combat veteran homelessness.

"Veterans still are more likely to be homeless than non-veterans, and so there is still a big challenge for the veteran population," explained Director of Veteran Affairs, Ryan Lilly. "We know we are making progress through programs like this, but we still have work to do, and this is an important step along the way."

A ribbon cutting ceremony Friday celebrated the veterans moving into their new homes.

For Army veteran Tim Buckmore, it's been a long time coming. He says this place gives him stability in his life, something he hasn't had in a really long time.

"It's relaxing," said Buckmore. "You can put your mind at ease you know, unlike a lot of the homeless veterans who worry about where their next meal is coming to, you know?"

Each cabin comes furnished. The bonus for these vets? It's within walking distance of health services at the 500-acre Togus campus.

Veterans living at the Cabin in the Woods must contribute 30 percent of their income and follow other guidelines.

Those with Volunteers of America hope this is just a stepping stone to getting these vets where they need to be.

"We have a good shelter system here in Maine, but it is not home," said Hooks Wayman. "It is crowded and noisy and often times chaotic, and for us we really believe that part of healing is having your own space, and being able to center yourself on what you need to move forward."

We're told donations and supplies are always needed. If you're interested in donating, you can Volunteers of America directly.

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7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center.

Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. They also got haircuts, dentists' appointments and checkups for their cats and dogs. A few veterans who were already on campus for appointments dropped by to pick up granola bars and inquire about services.

Bear grew up in South County and considers Douglas County his home base. He served in the U.S. Army infantry in the 1970s. While he was at the VA on Thursday, Bear picked up some food and information on veterans services and got a flu shot. He was happy to run across the event.

Bear said he attends the event every year if he can, "not only because of the free stuff but to see the community support."

Ken Steller served in the U.S. Army 82nd Airborne and just missed the Vietnam War but went to Iraq and Kuwait. He made it through those tours safely but was subsequently injured in a training accident in Colorado. He's not homeless, but he happened to run across For the Love of Paws, a veterinary clinic that accepts payment on a sliding scale, which was offering services on campus as part of the event. His daughter, Renee Steller, went to the event as well and got shots for her 2.5-month-old tabby kitten.

Ken Steller said there are a lot of homeless veterans in the community, and Stand Down provides a great service.

"The main reason I came down was to get a flu shot. I didn't know the rest of this was down here," he said.

He has also taken on a mission to help veterans who don't even know they're eligible for benefits figure out how to sign up for them.

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7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

Area veterans lined up bright and early Thursday to pick up rations from the Temple Mobile Food Pantry.

This monthly food distribution program is part of an ongoing partnership between the Central Texas Food Bank and the Central Texas Veterans Health Care System. The food was given out at the Olin E. Teague Veterans' Medical Center.

Kurt Hentschel, who was in the U.S. Army for 13 years, said the mobile pantry helps him stay within his budget.

"It helps, especially when you're retired and have a fixed income," Hentschel said.

For those who needed it, volunteers were gathered around to help carry groceries to veterans' cars.

Samuel Tamondong said he has volunteered at the program several times, because he knows what it's like to be a veteran in need.

"At one time, I was homeless," Tamondong said. "That's why I (became) a Christian, because I believe in helping a lot of these homeless veterans."

Tamondong was in the Army for 28 years, and he served in Desert Storm.

"(Temple Mobile Food Pantry) helps a great deal for a lot of these people," he said. "It gives a lot of hope for a lot of these veterans that are homeless."

The mobile pantry service is part of the Veterans Pantry Pilot program from Feeding America, the nation's largest hunger relief organization. The program is a partnership with the U.S. Department of Veterans Affairs.

Joeann Howell said this was her first time coming to the mobile pantry.

"It's pretty good — they have a lot of good healthy food," she said. "I am retired, and I just have the VA income, so that's basically it that I'm surviving on right now. I have a 9-year-old, and I'm in a lot of pain."

Howell served in the Army for six years, but had to leave because of chronic health conditions including fibromyalgia and arthritis.

"I wanted to do my 20 (years), but then I started suffering with a lot of pain so I got med-boarded out," she said.

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7.14 - WBUP (ABC-10): [Local, former POW's honored during ceremony](#) (21 September, Dane Wurmlinger, 49k uvm; Ishpeming, MI)

IRON MOUNTAIN — Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war.

Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

"This is a group of veterans that we serve – these American heroes – they know what it means for the price of freedom," said Brad Nelson, Oscar G. Johnson VA Medical Center Public Relations Officer. "They lost their freedom for a period of time in their lives, and probably more than any other American men and women who served, they know what the loss of freedom and the threat of death is."

One of the few former POW's present served in WWII in the Army's 101st Airborne and leapt into France at 1:00 in the morning on D-Day. 5 days into the mission, he was captured by the Germans and held against his will. Suddenly, a man was stripped of the very thing he was fighting for – freedom. He later managed to escape with another soldier from the POW camp.

"I had a great time in the service – I learned a lot in the service," said veteran and former POW, Glenn Johnson. I had never gone out of Racine [Wisconsin] before, except to join the service. My dad was in, my brother was in, and I was the only one who was home – so I thought I might as well go, too."

The ceremony this afternoon featured a Color Guard presentation by American Legion Post 50. A 21 gun salute was held in honor of the soldiers that served, as taps was played in the background. The day left everyone feeling humbled, and thankful for those that have and continue to protect our freedom.

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7.15 - WJMN (CBS-3, Video): [POW and MIA recognized in Dickinson County ceremony](#) (21 September, Rebecca Bartelme, 38k uvm; Escanaba, MI)

IRON MOUNTAIN-- The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea.

"It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

John Moddie of Quinnesec is one of the men recognized today. He was captured during the Battle of the Bulge in December 1944 and stood in front of machine guns at a German POW camp which were never fired at him.

"The living conditions weren't very good," said Moddie. "There was big lice not like little fleas on a dog or cat but big lice. You could see them from 15 feet away. We didn't get much to eat a lot of prisoners died there. We slept on the floor. No heat in the building."

All gave some and some gave all, today's recognition also remembered those Missing In Action.

"For those that didn't come home and for those families that still live with the uncertainty decades later in fact in many cases," said Nelson.

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7.16 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center recognizes National POW/MIA Remembrance Day](#) (21 September, Megan Hudock, 21k uvm; Clarksburg, WV)

FAIRMONT W.Va - Friday, the Louis A. Johnson VA Medical Center recognized national POW/MIA Remembrance Day.

This is a time where the nation stops to recognize and remember the sacrifices made by prisoners of war and those that are still held captive.

A special luncheon was held at Muriale's in Fairmont where ex POW's were honored.

A small memorial was held for those that were lost over the past year.

"I think it's important that we do recognize the individuals that sacrificed so much for their country and those that are still missing. We have approximately 82,000 missing service members and department of defense civilians across the world, spanning from world war I to current," said Marina Bileu, POW advocate for Louis A. Johnson Medical Center.

A presidential proclamation was read, explaining the importance of national POW/MIA remembrance day.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

22 September 2018

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

[Hyperlink to Above](#)

1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise. "We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping. "We made a lot of promises and we kept them all," he said.

[Hyperlink to Above](#)

1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence. The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

[Hyperlink to Above](#)

1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel. The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

[Hyperlink to Above](#)

1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room. A 50-page report from the VA's Office of Medical Inspector found flies are still present but that the operating room

isn't used, and the instruments weren't dirty, but simply discolored by the New Hampshire city's water supply.

[Hyperlink to Above](#)

1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills. A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

[Hyperlink to Above](#)

1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency's total spending over \$200 billion for the first time. The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

[Hyperlink to Above](#)

1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System. Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

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1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion. Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie. After Trump signed the bill, he joked Wilkie is the one who "has got to make it work."

[Hyperlink to Above](#)

1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in

contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

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2. Greater Choice for Veterans

2.1 - The Washington Post: Trump signs spending bill for veterans, but shutdown threat remains (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1. The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

[Hyperlink to Above](#)

2.2 - U.S. News & World Report (AP): The Latest: Trump Says He Won't Rush North Korea Deal (21 September, 23.9M uvm; Washington, DC)

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police. Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care. Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

[Hyperlink to Above](#)

2.3 - Breitbart: Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans (21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure. "You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience. The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

[Hyperlink to Above](#)

2.4 - WMBB (ABC-13, Video): Local Veteran Expresses Concerns with VA (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

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3. Modernize Our System

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21

September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs. On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

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4. [Focus Resources More Efficiently](#)

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21

September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

[Hyperlink to Above](#)

4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21

September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year. Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

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4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas. The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

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4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21

September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

[Hyperlink to Above](#)

4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness. "VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

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4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased. The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

[Hyperlink to Above](#)

4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

[Hyperlink to Above](#)

4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care. VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman. "I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance. The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

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5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the "High Risk" status for VA Medical Centers. Information from the VA said of the 146 medical centers that had been deemed "High Risk", Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

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5.3 - KPBS (NPR-89.5/PBS-15, American Homefront): [For Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire. "When it comes to remembering street names, I just automatically go to them now," Snow said as drives toward the border between the two states. Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

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5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future. Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center. There are contracted employees along with a small number of actual federal government employees in this facility.

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5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a "high-risk" list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday. The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

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5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military. He signed the bill after giving a speech at the North Las Vegas VA Medical Center. "The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

[Hyperlink to Above](#)

6. Suicide Prevention

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

[Hyperlink to Above](#)

6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

[Hyperlink to Above](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill. It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans. More than 1,000 veterans were expected to attend.

[Hyperlink to Above](#)

7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art. Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art. The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

[Hyperlink to Above](#)

7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet. Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus. For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost

\$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

[Hyperlink to Above](#)

7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday. Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening. The project is owned by Volunteers For America, which spent years working out the details and financing to get it built.

[Hyperlink to Above](#)

7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school. But changes in how the housing stipends work are now causing some headaches. John Higgs is working toward an MBA at Park University. "I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

[Hyperlink to Above](#)

7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#) (21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services. "It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven. All of the service are free of charge.

[Hyperlink to Above](#)

7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for. On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table. Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

[Hyperlink to Above](#)

7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday. Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months. Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

[Hyperlink to Above](#)

7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action. The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

[Hyperlink to Above](#)

7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day. Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

[Hyperlink to Above](#)

7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#) (21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta. It's all part of a program designed to combat veteran homelessness. "We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

[Hyperlink to Above](#)

7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center. Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. who don't even know they're eligible for benefits figure out how to sign up for them.

[Hyperlink to Above](#)

7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

Area veterans lined up bright and early Thursday to pick up rations from the Temple Mobile Food Pantry. This monthly food distribution program is part of an ongoing partnership between the Central Texas Food Bank and the Central Texas Veterans Health Care System. The food was given out at the Olin E. Teague Veterans' Medical Center.

[Hyperlink to Above](#)

7.14 - WBUP (ABC-10): [Local, former POW's honored during ceremony](#) (21 September, Dane Wurmlinger, 49k uvm; Ishpeming, MI)

Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war. Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

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The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea. "It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

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[Hyperlink to Above](#)

8. [Other](#)

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

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1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise.

"We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping.

"We made a lot of promises and we kept them all," he said.

Mr. Trump made VA reforms a top issue in his 2016 presidential campaign. At the time, the VA was embroiled in scandal over mismanagement and misconduct involving veterans being put on long waiting lists for care, sometimes resulting in veterans dying while waiting for treatment.

The spending bill he signed was a \$147 billion package to fund energy and water programs, Congress and military construction and the Department of Veterans Affairs. It contained \$86.5 billion for the VA, including funding the VA Mission Act that provides private health-care options for veterans.

Mr. Trump visited Nevada during a campaign swing across the country. He held a rally and fundraiser to boost two Nevada Republicans, Sen. Dean Heller and House candidate Danny Tarkanian.

At the signing ceremony, Mr. Trump credited Mr. Heller with leading the fight to reform the VA.

"This was very important for him," the president said. "There's never been any reform like we've been able to do over [a] very short period of time."

Nevada is home to more than 300,000 veterans.

Mr. Heller is locked in a tight race with Democrat Jacky Rosen.

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1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence.

The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

The VA assets include a mobile command unit, a mobile medical unit for medical triage with three examination rooms, a mobile health unit with telehealth capability, and a mobile emergency nutrition unit to provide three daily meals.

Prescription needs are being fulfilled through an arrangement with Heritage Health Contract at the Walmart, said Tara Ricks, an Army veteran and communications director for the Veterans Integrated Services Network covering North Carolina and part of coastal Virginia.

If veterans who need prescriptions filled cannot make it to the mobile units, the plan is "to send medications to their doors," Ricks said. The VA employees working the mobile units are "all volunteers who want to be out there. It's invaluable for our veterans."

From the outside, the Morehead City clinic did not appear to be damaged, she said, but inside "there was definitely some water intrusion and tile damage."

The VA is assessing whether to send mobile units to Brunswick, Jacksonville and Wilmington, North Carolina, Ricks said. In addition, the department is deploying 10, two-person outreach teams consisting of a nurse and a social worker to various shelters in the areas affected by the storm.

Floodwaters reportedly are receding in some areas, but in visits to North and South Carolina on Wednesday, President Donald Trump warned that the threat from the aftermath of Hurricane Florence was not over. He cited the storm's huge rainfall and the swollen rivers still overflowing their banks.

Trump said, "It's going to get rough for South Carolina," and "you're going to have a lot of water" flowing down from rivers in North Carolina.

In North Carolina, Gov. Roy Cooper asked residents Thursday to "stay alert" to rising waters. "People in flood-prone areas or near waterways need to remain alert as rivers crest and stay above their banks in coming days."

The White House reported Wednesday that nearly 20,000 federal employees had been mobilized to aid in the Florence recovery, and the U.S. Army Corps of Engineers had deployed 136 personnel to assist in installing generators.

The Federal Emergency Management Agency had conducted more than 2,000 rescues through Wednesday and is sheltering nearly 15,000 people, the White House summary of storm efforts said.

The Defense Department had assigned a total of about 13,000 personnel to support the recovery, including about 6,000 active-duty personnel and more than 7,000 National Guardsmen.

The Coast Guard had more than 3,000 personnel assigned in 27 helicopters, 11 fixed-wing aircraft, 14 cutters, and 35 shallow-water craft. "To date, the Coast Guard has saved over 400 lives and 200 pets," the White House said.

In addition, the National Guard has performed or supported more than 535 rescue and evacuation missions in North Carolina, the White House said.

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1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel.

The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

After the event, the president's motorcade headed to the North Las Vegas VA Medical Center to show solidarity with the state's 300,000 veterans.

Veterans Affairs Secretary Robert Wilkie introduced Trump as "the first president to put veterans at the center of his campaign."

Nevada's top Republicans, Gov. Brian Sandoval, Attorney General Adam Laxalt and Sen. Dean Heller attended the ceremony along with some 150 Nevadans, many of them veterans. Heller, Trump noted, worked for the bill "all the way, right from the beginning."

Of his support of veterans, Trump said, "You back me and I back you. That's the way it works." Also on stage stood Vin Putignano, a former Marine and Vietnam veteran who has lived in Las Vegas for two years. Recent changes, he marveled, allowed him to find a new podiatrist for an ulcerated toe.

"He came and made a house call," Putignano told the crowd.

"This is a very special situation," Putignano said. "I'm getting old. I think a couple people in here are too." He then turned to look at Trump, who smiled while the audience laughed. Later Trump deadpanned to Putignano, "Take care of that toe."

Trump then signed three spending bills, including a measure to provide \$86.5 billion to the Department of Veterans Affairs — increasing the agency's budget to "the largest ever," he boasted.

The bill includes money for veterans' health care and provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the VA system.

“To every veteran here today: We are eternally grateful for your noble service to our nation,” Trump said. “And we’re fighting to make sure that you get the care that you so richly earned.”

VFW Legislative Director Carlos Fuentes hailed the bill.

“It’s not perfect, but it’s a full year appropriation, it’s an increase from previous years and specifically includes funding the VA Mission Act,” which will increase access to care for veterans and should speed up payments.

The other two bills Trump signed appropriated money to fund the Energy Department and the legislative branch, including Congress and the Capitol police. Congress last week approved the \$147 billion package of bills as part of an effort to head off a government shutdown.

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1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room.

A 50-page report from the VA’s Office of Medical Inspector found flies are still present but that the operating room isn’t used, and the instruments weren’t dirty, but simply discolored by the New Hampshire city’s water supply.

Investigators also found no evidence to back up the most serious whistle-blower complaint: that nearly 100 veterans were neglected and suffering from a rare spinal condition that could lead to paralysis if not treated.

The report, completed in June and first obtained by New Hampshire Public Radio, sparked outrage this week from lawmakers and the medical professionals who came forward last year and complained about conditions at the state’s only hospital for veterans.

“The report is a complete whitewash, done by an organization within an organization,” said Dr. William “Ed” Kois, one of the whistle-blowers and a doctor at the facility. “It is not unbiased.”

The investigators did not substantiate most of the whistle-blower allegations, including the claim that veterans were suffering from a spinal condition because hospital officials were not paying attention to the declining health of patients.

The whistle-blowers said nearly 100 veterans received poor spinal care. But the Office of Medical Inspector found that the treatment of only six patients, out of 97, did not meet the “standard of care,” the report said.

“While there were several confounding factors contributing to significant challenges, we found that Manchester VA clinical staff members involved in direct patient care are very engaged and appropriately concerned about the clinical care of veterans,” the report noted.

Eleven people — including top doctors and nurse practitioners — complained about the facility in 2016 to the Office of Special Counsel, a federal agency that protects whistle-blowers. That agency found a “substantial likelihood” that the allegations were true and ordered the VA’s Office of Medical Inspector to investigate.

After the Globe reported in July 2017 on the allegations, then-VA secretary David J. Shulkin removed the facility’s two top officials and ordered a “top to bottom” review.

The Office of Medical Inspector has issued several reports on the Manchester facility. But the Office of Special Counsel found these previous investigations “flawed” and rife with “conclusions at odds with the information” it had gathered in its own preliminary probe.

The Office of Special Counsel did not comment publicly on the most recent report, which was distributed to lawmakers Friday and obtained by the Globe.

“The findings are self-serving and outrageous,” said Andrea Amodeo-Vickery, the lawyer who represents the whistle-blowers. “They’re waxing poetic about the leadership who were responsible for 97 patients failing to get proper treatment of progressive disease that if treated properly would not impact their lives.”

VA spokesman Curtis Cashour said that, under new leadership, the Manchester VA “has taken a number of steps to rebuild trust, improve care, and provide better service to New Hampshire area veterans.”

‘The report is a complete whitewash, done by an organization within an organization.’

Cashour said the hospital has filled 397 job vacancies and created 70 new positions since the Globe raised the issues in July 2017.

Representative Annie Kuster, a New Hampshire Democrat, acknowledged “real improvements” at the Manchester VA, but said those were triggered by the “courage of the whistle-blowers,” not VA officials.

“The findings in this report are at odds with the experiences of well-respected doctors who witnessed firsthand the impact of substandard care for veterans,” she said in a statement.

Kuster said she will ask the new VA secretary, Robert Wilkie, to hold a town hall meeting in Manchester “to explain to veterans and staff why he supports this report and its findings.”

The VA medical care system, used by about 6 million military veterans each year, has been roiled by scandal since 2014 news reports that the Phoenix VA Health Care System had engaged in an elaborate scheme to hide months-long patient wait times. Some veterans died before they saw a doctor. Veterans Affairs Secretary Eric K. Shinseki resigned after similar allegations surfaced at other VA hospitals.

President Trump’s appointee as VA secretary, Shulkin, vowed to stabilize the health care system. He was fired after being accused of using public funds for a European trip.

The agency has also come under fire for providing substandard care at some of the nursing homes it operates.

The Globe and USA Today reported earlier this year that nearly half of the VA's 133 nursing homes were rated only one star, by the agency's own internal rating system. Among the lowest-rated: the Bedford VA, which has more than 200 long-term care residents.

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1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

FORT MCCOY – Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills.

A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

Nelson ended up at the Tomah VA Medical Center where, as part of his mental health therapy, he returned to the dangerous sands of Iraq on foot patrols and route clearance missions, just like the ones he experienced overseas.

This time, though, instead of battling real roadside bombs and terrorists, Nelson confronted his memories through the wonders of technology. The same technique is being practiced on other veterans suffering from post-traumatic stress disorder as well.

Tomah VA mental health therapists are treating veterans with PTSD, depression and anxiety in a state-of-the-art combat simulator at nearby Fort McCoy. The multimillion-dollar simulator features full size Humvees and weapons surrounded by a 360-degree video and audio system.

Last year, Tomah VA therapists began using the combat training simulator to effectively return veterans to the circumstances at the root of their problems. The idea behind prolonged exposure therapy is to lessen PTSD symptoms by confronting rather than ignoring trauma-related memories.

"It's almost like a small time machine and you get to go back, but you're in a safe place," said Samuel Hipp, 32, who spent seven years in the Army including a deployment to Iraq in 2009-'10. "You get to process a traumatic event in a different way."

For Nelson, a combat engineer, it was memories of going to the motor pool shortly after he arrived in Iraq and seeing the aftermath of an improvised roadside bomb. He felt pain and sadness even though he didn't know if the American soldiers were killed or wounded.

"I never really knew what happened in that truck. I just saw all the blood," said Nelson.

He was further traumatized when the route clearance vehicle he was driving hit an IED.

Since the Tomah VA started using Fort McCoy's simulator last year, 75 people have gone through exposure therapy. About two-thirds are Iraq and Afghanistan veterans, said Robert Campbell, director of the residential rehabilitation treatment program at Tomah.

The 65-day program includes nine sessions in the combat simulator as well as other group and individual therapy. Tomah VA therapists work with Fort McCoy to tailor scenarios, which can feature desert, jungle and city landscapes. Veterans are placed in four-person teams and a therapist is always with them in the simulator.

The first time Nelson went through the combat simulator, the scenario involved an IED explosion with bloody mannequins. Memories of the anonymous blood he saw in the Humvee flooded back.

Exposure therapy is not for everyone and some veterans do not respond well or decide to leave the program early, Campbell said. But most who have gone through the combat simulator have responded well to treatment.

“Almost everybody who comes here has to have problems functioning. I’ve had people who couldn’t shop for their kids for Christmas because there was too much stimulation,” Campbell said. “We’re trying to take these symptoms down one at a time.”

'An innovative addition'

Statistics show 20 veterans in the U.S. commit suicide each day. Tomah VA Medical Center Director Victoria Brahm noted that of those 20 suicides, on average only three were getting mental health care when they ended their lives. While PTSD is treated in many different ways, exposure therapy in the Fort McCoy combat simulator is “an innovative addition to PTSD therapy programming,” Brahm said.

At a mental health summit Thursday at Fort McCoy, mental health and veterans officials had a chance to see the combat simulator in action before talking to a half-dozen veterans who had been treated through exposure therapy.

Inside one of four rooms outfitted with a full-size Humvee surrounded by video screens, participants sat inside the vehicle or on chairs and watched as therapist Bo Pearson, standing in the gunner’s turret, explained what they were seeing. The Humvee pulled out of a forward operating base as helicopters whirled overhead and sand dunes loomed in the distance.

The Humvee sped into a town, passing cows and goats, burqa-clad women and vehicles.

“There’s a guy over here with a tarp over his truck. He could have a bomb in there (or) it could be harmless,” said Pearson, as the Humvee turned a corner and gunfire exploded nearby.

Two people inside the Humvee pointed M-4 air rifles toward a guy armed with a grenade launcher, fired and watched the man fall to the ground. Pearson fired the machine gun and a car exploded in flames, black smoke billowing up. As the Humvee headed back to base, mortars landed all around it, puffs of sand blowing up into small clouds.

Veterans going through exposure therapy are never told in advance what they will do and see in the simulator, though when they get on their bus from the VA and head toward Fort McCoy, the scenario begins when they hear the muezzin call to prayer, sounds they routinely heard while stationed in Iraq and Afghanistan.

Adrenaline rush

Some combat veterans turn to risky behavior when they return home, vainly trying to re-create the feelings of exhilaration from being in a war zone. They may drive too fast or drink too much.

For Hipp, who traveled around Iraq working a security detail in the 1st Cavalry Division, it was alcohol.

“I wasn’t a drunk driver. I was a ‘sit in the basement and drink’ person,” said Hipp, wearing a ball cap adorned with an American flag patch and an “I Fought in Stuff” T-shirt. Until one day when he got pulled over for drunken driving, something he believes saved his life because it brought him to the VA for help.

In his first combat simulator session, Hipp was on a foot patrol with other veterans when mortars began exploding 75 feet away. A doctor participating in the scenario as an embedded journalist ran away in fright and Hipp was told to bring him to safety. Within seconds, the group began working as a team and the fear Hipp felt at hearing and seeing the first mortar blast melted away as he concentrated on his task.

“There’s this adrenaline rush and spike that comes in combat situations,” said Hipp. “At the end of my first time here I was emotionally drained but I sat back and said ‘I haven’t felt this rush in eight years.’ ”

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1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency’s total spending over \$200 billion for the first time.

The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

“With this funding bill we have increased the VA’s budget to the largest ever,” he said. “We are delivering the resources to implement crucial VA reforms.”

The bill includes \$1.1 billion for the start of a VA electronic health records overhaul and \$400 million for opioid abuse prevention within the department, both efforts touted by Trump in the past.

The final deal also includes a \$1.75 billion increase in money tied to the VA Mission Act, passed at the start of the summer. The legislation will rewrite the department’s community care programs, expanding veterans ability to access private health care at taxpayer expense.

That money had stalled negotiations on the budget bill for months, and Democrats said they still are not satisfied with the short-term spending plug to cover what is expected to be an even bigger financial hole next year.

“The bill the president signed today leaves a funding gap in May of 2019, expected to grow to more than \$8 billion in fiscal year 2020,” Sen. Patrick Leahy, D-Vt., the top Democrat on the Senate Appropriations Committee, said in a statement after the signing.

“We do our veterans no favors when we make promises we do not keep, and I will continue to fight in Congress to make sure they receive the care they deserve.”

The VA funding legislation also includes \$10.3 billion in military construction funding for fiscal 2019 as well as the full-year budgets for the legislative branch and federal energy programs.

Trump’s signature came just a day after he blasted a similar sprawling budget package focused on the Department of Defense as a “ridiculous spending bill” because it omitted border wall funding he has demanded from Congress.

The House is expected to finalize that legislation next week. If the president chooses to veto it, most federal departments would face a partial government shutdown. VA would be exempted from those problems, however, since their fiscal 2019 funding is now in place.

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1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System.

Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

“You back me and I back you, that’s the way it works,” Trump told the audience. “That’s the way it’s supposed to work.”

Heller was seen outside the Trump International Hotel this morning, and Amy Tarkanian, wife of 3rd Congressional District candidate Danny Tarkanian, was spotted entering the hotel shortly afterward. Trump held a private roundtable with supporters at 9:20 a.m.

Small groups of supporters waited to see the president as he left the hotel. Traffic was at a standstill on surrounding roads and freeways.

Trump left Las Vegas from McCarran International Airport for Missouri around noon. He is scheduled to appear at a rally in Springfield tonight.

The spending bill that Trump signed, which passed the Senate with a 92-5 vote. Energy and water, military construction, Veterans Affairs and legislative branch funding are included in the bill.

The bill leaves out funding for Yucca Mountain, the stalled proposal to dump nuclear waste in Nevada. Democratic Sen. Catherine Cortez Masto said in a news release that the funding is a “major victory” for the state, and that she’d continue to oppose Yucca money.

“It provides billions of dollars in funding for state priorities like renewable energy and water conservation, much needed support for our veterans, and military construction projects that create good-paying jobs for Nevadans,” she said.

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1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion.

Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie.

After Trump signed the bill, he joked Wilkie is the one who “has got to make it work.”

“We are on the cusp of the greatest transformative period in the history of veterans affairs,” Wilkie said. “The signing today gets us on that road.”

The budget, passed by Congress last week, totals \$208.8 billion. It’s another in a series of increases for the agency, which had a budget of \$90 billion in 2009.

The spending agreement provides some funding to implement the VA Mission Act – legislation that aims to expand private-sector medical care for veterans starting in July 2019.

The Office of Management and Budget estimated the implementation of the Mission Act would create a \$1.6 billion shortfall in 2019 in the account used to pay for veterans’ private-sector treatment.

The Mission Act was signed into law with fanfare this summer, but Trump’s administration asked Congress not to break spending caps to pay for it. In the end, lawmakers shifted \$1.25 billion to cover some of the cost instead of approving new funding – a move some Democrats opposed.

In the budget, lawmakers set aside \$8.6 billion for mental health care programs, including \$206 million for suicide prevention efforts. It directs \$400 million to the VA’s Opioid Safety Initiative, \$779 million to medical and prosthetic research and \$1.8 billion to homeless veteran programs

It also provides \$2 billion to address a backlog of maintenance issues at VA facilities, as well as \$1.1 billion to begin a massive project to overhaul the VA’s electronic health record system.

“We’re fighting to make sure you get the care you so richly earned, and today’s legislation is one more promise that the Trump administration is keeping,” Trump told a crowd of mostly veterans Friday.

Outside the Las Vegas VA were protesters organized by the American Federation of Government Employees, a union representing VA workers. The union has been pushing for the VA to fill its thousands of job vacancies.

As of June 30, the VA had more than 45,000 open jobs, more than 40,000 of which were in the VA health care system.

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1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

The American Federation of Government Employees filed the motion on behalf of AFGE Local 3399, which represents employees at the Harry S. Truman Memorial Veterans' Hospital in Columbia, Mo., claiming that department officials repeatedly ignored demands to roll back implementation of the key provisions of three executive orders that were struck down last month by U.S. District Court Judge Ketanji Brown Jackson.

Once VA issued an order to rescind offending elements of workplace policies, AFGE said department officials attempted to improperly retain a requirement that all union officials must receive permission prior to the use of official time.

In May, Trump issued three executive orders, which sought to make it easier to fire federal employees, set time limits and limit the scope of collective bargaining negotiations, and to severely curtail union officials' use of official time, as well as the scope of topics that can be administratively aggrieved. But Jackson found that the key provisions of the orders amounted to an "evisceration" of unions' ability to bargain collectively, in conflict with the 1978 Civil Service Reform Act.

According to Wednesday's complaint, in the days following Jackson's Aug. 25 ruling, union officials repeatedly requested the department return its union and workplace policies to their pre-executive order state. In one instance, on Aug. 29, in response to an email stating that the facility is "in violation" of the court order and Office of Personnel Management guidance rescinding executive order implementation instructions, VA Supervisory Human Resources Specialist David Doler responded, "What is Local 3399's question?"

On Aug. 31, VA issued a memo rescinding most of its policies implementing the executive order, but it maintained a requirement that union officials obtain permission through the VA Time and Attendance System (VATAS) for any official time request in advance.

"Because of the District Court's order, the Office of Labor Management Relations will be rescinding the notice sent to AFGE on July 18, 2018, except with respect to any provisions regarding the implementation and enforcement of VATAS," VA wrote. "[The] court's order does not affect the [policy] on the use of VATAS for requesting, approving, recording and tracking of taxpayer funded union time."

The AFGE local accused management at the VA facility of using that system to prevent union employees from performing representational duties.

“[Truman Memorial Veterans Hospital Director David Isaacks], Mr. Doler, and the leadership [of the facility] have abused the VATAS tracking system to unlawfully deny requests for official time in contempt of this court’s order,” the union wrote. “Through September 12, 2018, the agency refused to release certain union officials, including the chief steward, Mr. Aaron G. McMahon, to a standard Monday through Friday daytime work schedule as required by [an existing agreement].”

In that instance, McMahon was scheduled to present a grievance to department management on Sept. 10, but he was repeatedly denied requests for official time. Later that day, he was told that the window to present a grievance in person had closed.

“Mr. Doler emailed Mr. McMahon to say that the official assigned by Director Isaacks was no longer available for an in-person meeting and the local must now submit any support for their grievance in writing,” the union wrote, noting that its contract with the agency requires grievance meetings to be “face-to-face.”

In her court decision, Jackson wrote that requiring preapproval of official time is particularly problematic.

“Insofar as the official time order also generally requires agency management to pre-approve union representatives’ use of official time, one could argue that this singular provision is the one that does the most damage to the statutory right to bargain that the [law] establishes,” she wrote. “This is so because requiring preapproval effectively confers upon management the discretion to dictate when, if ever, union employees may use paid time to engage in union activities.”

Attorneys with the Justice Department disputed the contempt motion, arguing that AFGE Local 3399 failed to meet and confer with the government to try to resolve the issue before filing its motion. It also criticized AFGE for filing its contempt motion at “11:13 p.m. on Wednesday, September 19, 2018—without the barest effort to confer with defendants’ counsel beforehand.”

The Justice Department wrote: “According to AFGE 3399’s motion, the underlying dispute has been developing since at least August 27, 2018, when local union officials began corresponding with local management following this court’s summary judgment decision and order. Yet at no point during that process did AFGE 3399 counsel reach out to defendants’ counsel to discuss the local dispute.”

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2. Greater Choice for Veterans

2.1 - The Washington Post: [Trump signs spending bill for veterans, but shutdown threat remains](#) (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1.

The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

Trump's signature does not end chances of a partial government shutdown. Averting that would require Trump to sign a short-term spending bill awaiting action in the House that would punt a fight over his border wall into December, past the midterm elections.

It remains uncertain whether Trump will sign that measure, since he demanded more border wall money and has publicly suggested it might be a good idea to force a shutdown to get it. Trump during his presidential campaign repeatedly promised the wall would be paid for by Mexico.

"Today, the President signed legislation that makes critical investments in our military, our veterans, and our Nation's infrastructure," said Mick Mulvaney, director of the White House Office of Management and Budget. "This signals to our veterans, men and women in uniform and their families that the nation stands behind them as they risk everything to protect our freedoms as Americans."

The legislation comprises three of the 12 annual spending bills Congress must pass to keep the federal government running. Two others — critical measures to boost funding for the Pentagon and for health, education and labor programs — have been attached to the short-term spending bill that has already passed the Senate and is expected to pass the House next week.

By attaching Pentagon spending to a short-term measure keeping the entire government running through Dec. 7, GOP leaders hope to increase odds Trump will sign the package and steer clear of a shutdown.

Friday's package includes \$86.5 billion for the Department of Veterans Affairs, the largest dollar amount ever for VA. It contains \$1 million for the Capitol Police for lawmaker security at events away from the Capitol, following last year's shooting at a congressional baseball practice.

It also contains \$174,000 for a death gratuity payment to the family of former Arizona Republican Senator John McCain; a new fund allowing lawmakers to pay congressional interns, who have long been unpaid; and a one-year funding fix for the new VA Mission Act signed by Trump, which consolidates programs allowing veterans to receive private care coordinated by VA. This follows a fight over how to pay for the new law; the outcome was a short-term solution that will require lawmakers to revisit the issue in a year.

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2.2 - U.S. News & World Report (AP): [The Latest: Trump Says He Won't Rush North Korea Deal](#) (21 September, 23.9M uvm; Washington, DC)

[...]

2:55 p.m.

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police.

Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care.

Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

The bill includes money for veterans' health care, military infrastructure, the electrical grid and nuclear weapons programs.

It also provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the troubled VA system. And it will require Senate candidates to file electronic campaign finance reports.

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2.3 - Breitbart: [Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans](#)
(21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure.

"You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience.

The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

He called Vincent Putignano, a disabled Vietnam veteran Marine from Las Vegas, to the podium to talk about how he used the VA Choice Act for some of his care.

"This is a very special situation," he said. "I'm getting old."

After looking at the president, he joked, "I think a couple of us in here are too." Putignano chuckled while Trump grinned.

The veteran said that the VA Choice Act allowed him to find a private doctor to operate on a bleeding ulcer on his toe.

"I must say that I really am impressed that you and your government are focused on making our countries promise to us a reality because you know what? We earned it," he said to Trump. "No longer do they have to stand and wait and not get the proper care...that's because of you."

Trump signed the legislation funding the military during his visit, promising to continue supporting veterans.

"Today's legislation is one more promise that the Trump administration is keeping," Trump said.

The president noted that the Veterans Affairs budget was at its biggest ever and promoted recent reform legislation to give veterans more choice and to make it easier to fire bad actors in the system.

"We had people that really mistreated our veterans," he said, pointing to "sadists" and "thieves" who used to be in the system. "They are now being held accountable."

Trump thanked his new Veterans Affairs Secretary Robert Wilkie for his service in the administration, noting that Gen. Jim Mattis was sad to lose him at the Department of Defense.

"He's had a lot of fun, we take care of our good ones, and we hold the others accountable," Trump said, referring to Wilkie.

Wilkie thanked Trump for placing veterans at the top of his campaign.

"President Trump is the first candidate and the first president to put veterans at the center of his campaign," he said.

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2.4 - WMBB (ABC-13, Video): [Local Veteran Expresses Concerns with VA](#) (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

Joe Wilds served 18 years in the us army. Since retiring he says he's had several surgeries.

"I've had surgery on my feet, my knees, my hips are in need of surgery, and I've had surgery on my shoulder and neck as well," said Wilds.

He said he is in need of injections to reduce his pain.

"I'm not receiving the shots I should be receiving and it's been over 90 days since my primary care physician locally authorized the shots," said Wilds.

When the VA couldn't see him in thirty days they implemented the veterans choice act and referred him to local doctors. Wilds said two local doctors would not administer the shots because they were in fear of not being paid back.

"The VA I know this for a fact locally is not paying its bills correctly therefore the local contractors don't want to see the veterans for fear of non payment," said Wilds.

Many rely on VA health care.

"Once we return home and if we had any service connected illnesses that the va would take care of us," said Wilds.

The Gulf Coast Veteran's Health Care System said they are working directly with the veteran to get him the health care he needs. They said patient feedback like this helps them improve their services.

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3. Modernize Our System

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21 September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs.

On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

Mason, who lives in Gaithersburg, says now his drive is 15 minutes.

"It's a wonderful thing," Mason said before a check-up Friday. "When you get older, you don't want to be making a long drive."

The new 11,600-square-foot facility, located at 15810 Gaither Drive, will provide veterans with a range of medical services in primary care, including annual physicals, women's health, mental health, social services, nutrition counseling, pharmaceutical consultation, audiology device fitting and specialty care via clinical telehealth technology, according to a press release.

In its first week, the clinic has seen about 53 patients, ranging in age from 35 to 95-years-old, Medical Support Assistant Felicia Jones said.

Several patients this week were walk-ins seeking psychiatric care, Jones said.

The clinic is staffed with two primary care physicians, two psychiatrists, a psychologist, a nutritionist, an audiologist and a social worker.

"Starting next year, the staff will most likely be double," Jones said.

There is also a small volunteer staff on hand, but the clinic is seeking more volunteers.

"Opening the Montgomery County clinic, represents years of planning and community collaboration," said Gloria Hairston, DC VA Medical Center spokesperson. "It also demonstrates

the DC VA Medical Center's commitment to expanding closer to home VA health care to Veterans in Maryland."

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4. Focus Resources More Efficiently

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21 September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

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4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21 September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year.

Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

MiMedx "accused, tried and convicted them of unspecified inappropriate conduct without first giving them notice of the 'charges' or a fair and meaningful opportunity to respond," said Bill Weinreb of Quinn Emanuel Urquhart & Sullivan LLP, adding that the board's internal probe has "spun out of control."

The biotech firm, which is under investigation by the Justice Department and the Securities and Exchange Commission, said Thursday it will recoup compensation from Petit, Taylor and ex-finance chiefs Michael Senken and John Cranston. The Marietta, Georgia-based company has already canceled some equity grants previously awarded to the four and will classify their exits as "for cause" terminations, according to the filing, meaning they won't be eligible for severance payments.

While most public firms have policies allowing them to claw back incentive compensation from top executives in case of financial restatements or other wrongdoing, they're rarely enforced. Boards typically use them only when they want to publicly distance themselves from those individuals and underscore the seriousness of their actions.

Last year, MiMedx came under attack by short-sellers alleging it had defrauded the U.S. government and inappropriately booked sales of products that hadn't been ordered. After spending months rebuffing the allegations, MiMedx said in June it would restate results going back to 2012 based on the accounting treatment of sales and distribution practices.

The next month, Petit and Taylor resigned “in part from information the audit committee has identified through its previously announced independent investigation,” MiMedx said at the time.

“The investigators conducted an unfair investigation that has needlessly damaged employee morale, productivity and shareholder value,” Taylor said in the statement. Petit, who remains a shareholder, said he looks forward to getting MiMedx “back to efficient and effective business management.”

Audit Committee

The audit committee, which is conducting the investigation, is led by J. Terry Dewberry, who’s worked with Petit for decades. Robert Borchert, a MiMedx spokesman, didn’t immediately comment on the former executives’ criticism of the board’s probe.

The Veterans Affairs Medical Center in Minneapolis has parted ways with five doctors over improprieties related to MiMedx skin-healing allografts, the Atlanta Journal-Constitution reported on Thursday. In May, federal prosecutors indicted three former VA health-care workers in South Carolina for allegedly taking bribes from MiMedx representatives.

Petit, 79, has been a fixture of the Atlanta business scene for decades and a noted philanthropist. He’s founded and sold several medical-equipment makers, donating millions of dollars to local universities and Republican politicians. He came out of retirement to take over MiMedx in 2009 -- when it had less than \$1,000 in sales -- and built it into a \$2 billion company.

MiMedx shares fell 3.6 percent to \$5.98 at 10:18 a.m. in New York, and have tumbled 51 percent this year.

In a separate statement Thursday, MiMedx said that Nasdaq will allow its shares to continue trading on the exchange on the condition that it brings its financial filings up-to-date by Feb. 25. The firm has yet to file its 2017 annual report or subsequent quarterly reports.

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4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

[...]

TRUMP SIGNS BILL THAT FUNDS VETERANS AFFAIRS: President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas.

The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

"We're fighting to make sure that you get the care you so richly earned. Today's legislation is one more promise that the Trump administration is keeping and we've done a lot of promises and we've kept them all," Trump said at the VA Southern Nevada Healthcare System.

"With this funding bill we've increased the VA's budget to the largest ever. We are delivering the resources needed to fully implement crucial VA reforms ... and to deliver for our great veterans just the way I said I would constantly on the campaign trail. You back me and I back you."

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4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21 September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

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4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

BOSTON — The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness.

"VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

The new case follows other outbreaks in the Commonwealth and in New Hampshire.

The risk of the disease increases when weather is warm and humid, according to a VA Spokeswoman.

The VA said it tests the water quarterly as a preventive measure and meets industry standards when it comes to prevention. The hospital said it adheres to VHA Directive 1061: Prevention of Healthcare-Associated Legionella Disease and Scald Injury from Potable Water Distribution Systems.

"We are tracing the patient's movements within the hospital and testing the water for the bacteria at each of those locations," according to Pallas Wahl of the VA.

The test results may take 7 – 14 days to return, and in the meantime, staff at VA Boston Healthcare System is supporting the patient and working to find the source of the bacteria.

The VA has a VA Medical Center on Huntington ave in JP and a VA Boston Clinic on Causeway Street.

Legionnaires' disease is typically found in wet areas including showers, hot tubs and faucets. Humans acquire the disease by breathing it in. Drinking contaminated water will not transmit the disease and the disease cannot be spread from person to person.

Legionnaires' disease was discovered in 1976 after an outbreak at a Pennsylvania convention of the American Legion — thus its name. There were about 6,100 confirmed cases of Legionnaires' disease in the U.S. last year, according to the Centers for Disease Control and Prevention.

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4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased.

The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

Among the complaints were that operating rooms weren't properly cleaned or cared for, that blood and rust were present on surgical instruments and that patients with cervical myelopathy were victims of malpractice.

According to the OMI, those claims were unfounded.

The report also addresses the whistleblowers, saying they became "distrustful and frustrated when they felt as if their clinical concerns were not addressed by their leadership."

But critics of the VA said the motivations behind the writers of the report are clear.

"It's a PR move. It's pure and simple," said Andrea Amodeo-Vickery, a lawyer for the whistleblowers. "The other three reports weren't publicized yet. They substantiated these same claims that this new report didn't substantiate."

"Oh, I think they have it terribly wrong," said Dr. Stewart Levenson, former chair of the department of medicine at the Manchester VA and one of the whistleblowers. "There are several incidents that are truly tragic, where they say there are no problems because they followed VA protocols, which are blatantly wrong."

Levenson said the VA system needs faster, safer patient care.

"The patients, the veterans, suffer the most," he said. "Several suffered horrible complications, maybe even death, because they didn't get their care on a timely basis."

U.S. Rep. Annie Kuster, D-N.H., who is on the House Veterans Affairs Committee, also questioned the findings.

"I have spoken with highly regarded physicians that have serious concerns about the quality of care, and thus, I question the outcome of this particular investigation," she said.

Kuster said she's pleased with the current leadership at the Manchester VA and has asked the U.S. Office of Special Counsel for an independent investigation into the VA's previous practices.

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4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

Union officials say in interactions with the Health and Human Services and Veterans Affairs departments, as well as the Environmental Protection Agency, management continues to press for provisions strikingly similar to the priorities outlined in three executive orders signed by President Trump in May but struck down in federal court last month.

Last week, officials at the Centers for Disease Control and Prevention, its parent department HHS, and American Federation of Government Employees Local 2883 met in Atlanta to resume negotiations on a collective bargaining agreement. Pam Gilbertz, president of the union local, said negotiations had begun in earnest in October 2017, but were twice delayed due to negotiator health issues. In July, both sides briefly returned to the table, but she said management unsuccessfully tried to renegotiate ground rules.

"They said it was because of the executive orders that were implemented," Gilbertz said. "My response to that was we don't agree to reopen our ground rules, and you cannot force us to reopen our ground rule negotiations, and that there was nothing in the EOs that would require a change anyway."

Gilbertz said that the union encouraged CDC to hold off on further negotiations until the court resolved the challenge to Trump's executive orders, which sought to make it easier to fire federal employees, set time limits on collective bargaining negotiations, and severely curtail both the amount of official time available to union employees and the scope of issues covered by bargaining.

But although the key portions of those executive orders were invalidated in a court order issued last month by U.S. District Court Judge Ketanji Brown Jackson, Gilbertz said agency officials continued to insist on a contract that largely mirrors provisions of the executive orders. The proposal, which includes language that HHS "makes these management proposals independent of any requirement in any executive order," seeks to eliminate 37 of the 47 articles in the existing collective bargaining agreement, including telework, alternative work schedules, grievances and official time.

"They are proposing to completely take away our ability to use official time to represent employees and make us use leave without pay to represent employees altogether, Gilbertz said. "How ridiculous is that? How are we supposed to represent employees if we have to take leave without pay?" She said that while there are agency managers who work full time on labor-management issues, none of the union reps has that luxury.

"We all have agency jobs in addition to our union role," she said.

The National Treasury Employees Union has reported similar experiences with HHS leadership. In July, while still following the provisions of the executive orders, the department declared an impasse in its negotiation with NTEU. But since the orders were partially rescinded, it has continued to seek intervention from the Federal Services Impasse Panel, a move that has drawn outcry from the union and lawmakers, who have described it as bad-faith "surface" bargaining.

HHS has repeatedly issued statements to Government Executive denying that their bargaining tactics are related to the executive orders. But in the case of the NTEU negotiations, the department informed the union that it must come to the bargaining table on May 25, the same day that Trump issued the orders.

"HHS' proposals were based solely on HHS' discretion, not on the executive orders," a spokesperson wrote.

At the Environmental Protection Agency, AFGE Local 704 had completed negotiations months ago, but has been stuck in a holding pattern. Local President Mike Mikulka said that although the contract has been ratified by the union, the agency has thus far refused to implement it, instead pushing for a full renegotiation.

"We ratified the contract, and the EPA took no action to review it, so after 30 days it should have been in effect," Mikulka said. "But they weren't satisfied, because they didn't get the provisions on office space and official time, so they sent us a really unreasonable proposal on ground rules for the full contract."

Since the rescission of the executive orders, Mikulka said they have not seen any change in position from management.

"The latest thing is that they want to open up the whole contract, but according to the ground rules, you can't do that," he said. "So that's still where things stand."

And at the Veterans Affairs Department, National Federation of Federal Employees negotiators reported that even after the Office of Personnel Management instructed agencies to comply "fully" with the court order, management continued to stonewall in contract negotiations. In that negotiation, a member of the management's negotiation team also was caught illegally taping private union deliberations.

"[The management negotiator] made it clear in both actions and in her words that they would not agree to anything that is not already required of them by statute," said NFFE Associate General Counsel Suzanne Summerlin earlier this month. "If that's the case, what is the point of a contract, which at basic essence is a private agreement between two parties to create a series of obligations and rights beyond what the law says you have to do? This is just bad faith bargaining."

On Thursday, House Oversight and Government Reform Committee Ranking Member Elijah Cummings, D-Md., sent a letter to Chairman Trey Gowdy, R-S.C., demanding that he issue a subpoena for Office of Personnel Management Director Jeff Pon to testify at a deposition on how OPM is working to make agencies comply with Jackson's court order.

Last month, Cummings requested a briefing on the issue, but Pon declined, citing “pending and ongoing litigation.” The Trump administration has not yet filed an appeal in the case.

“Under the court’s order, federal agencies are prohibited from implementing the invalidated provisions of the executive orders,” Cummings wrote. “To date, the Trump administration has not filed an appeal or a motion to stay the court’s decision. We are not requesting any information about the agency’s litigation strategy—we are asking for basic information about how the Trump administration is complying with the law.”

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4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care.

VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman.

"I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

According to Hutchison, most veterans are in the same boat and the town halls allow the agency to reach them easier and also hear from the veterans.

"Montana is a rural state so we like to get out and talk to veterans where they're at because there are some travel limitations with veterans," he said.

The VA says they provide more than just health care; they also have caregiver support and tele-health services.

Under the VA system there are different levels of eligibility, but they say in general, honorable discharge and two years of service qualifies.

"It was kind of slow at first just the paperwork of getting things set up -- part of that was my fault, it was kind of complicated...but everything's been fine after that. I've been happy with it," said Steve Holland, a veteran town hall attendee.

"There's been a mixed bag; some of them had a real good experience, some of them had a so-so experience. A lot of it depends on who they've seen and where they've had it seen," said John Kozicki, a veteran and town hall attendee who said he doesn't use VA health care, but his friends do.

In a state that has 1.5 veterans per 10 people, the vets will tell you these kind of events are needed.

"I really appreciate them coming because we don't really get a chance to ask questions and hear the administrators and that kind of thing very often," said Holland.

The Montana VA will be holding a health fair October 3rd at Fort Harrison in Helena.

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5. Improve Timeliness of Service

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance.

The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

This bill — which passed the House of Representatives and would provide medical coverage to sailors who were exposed to the herbicide Agent Orange during the Vietnam War — appears to have some skeptics on the committee.

They seem swayed by the Department of Veterans Affairs' thin arguments that because record-keeping wasn't good during the Vietnam War there's no reason to provide veterans with this necessary treatment.

Nearly 90,000 veterans would be covered by H.R. 299, according to Military Times. That's tens of thousands of veterans who were once the picture of health who now find themselves battling cancer as well as nerve, digestive, skin, and respiratory disorders. To add insult to injury, because the VA and Congress refuse to act, they're getting stuck with paying the bill.

Instead of providing adequate care to our veterans who have fought and suffered for their country, government officials who have the power to provide them with care are needlessly debating a settled issue and placing the onus on veterans to prove that they were harmed. America owes our veterans a debt, and we are failing in our duty to pay that debt.

The Senate Veterans' Affairs Committee and VA need to stop putting the burden of proof on our veterans. The people who are questioning what veterans went through weren't there on the ships in Vietnam. They weren't drinking and brushing their teeth and bathing in water tainted by this terrible chemical.

Looking toward the future, the Department of Defense must do its part as well. Poor record-keeping did our veterans a disservice in Vietnam, and the Pentagon should conduct an audit to ensure that their record-keeping today is accurate — particularly when they know they are sending troops into areas affected by harmful chemicals.

Even though the VA is dragging their heels on this critical issue, Congress can take care of those thousands of veterans now. All that's required is for the Senate Committee on Veterans Affairs to put the Blue Water Navy Vietnam Veterans Act of 2017 up for a vote.

H.R. 299, the change in policy for Blue Water Navy Vietnam veteran care, has bipartisan support for our Navy veterans and ensures they receive the full extent of care they so deserve.

Our legislators need to stop playing politics with funding bills, stop doubting veterans and put these bills to a vote immediately.

Retired Navy Rear Adm. Christopher W. Cole is the national executive director of the Association of the United States Navy. His views do not necessarily represent those of the Department of Defense or Navy Times.

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5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the “High Risk” status for VA Medical Centers.

Information from the VA said of the 146 medical centers that had been deemed “High Risk”, Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

Interim Medical Center Director, David Whitmer said the facility will continue to be “diligent in evaluating our quality” and reviewing the improvements in primary care scores. He said being removed from high risk status, is a “direct result of the hard work our team has accomplished to improve the care we provide for our veterans”.

A national release from the VA said that there have been significant improvements at the majority of its health care facilities. The release said compared with data from a year ago, 71% of VA Medical Centers have improved in overall quality. In contrast, only 5% of VAMC’s had a small decrease in quality.

VA Secretary Robert Willie said “this is a major step in the right direction to improving our quality of service for our veterans”.

David Whitmer will talk about state of the Roseburg VA on an upcoming Inside Douglas County program, on News Radio 1240 KQEN.

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5.3 - KPBS (NPR-89.5/PBS-15, American Homefront):[sFor Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire.

"When it comes to remembering street names, I just automatically go to them now," Snow said as drives toward the border between the two states.

Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

"Some of our vans have put on 200 miles just getting here," he said, "and they do go out the back roads."

On a recent morning, Snow picked up veteran John Scherer from his dialysis appointment in Lebanon, N.H. The appointment was in a tucked-away office plaza, where Sherer had been receiving treatment for the previous few hours.

Sherer's a matter-of fact-guy who served in the Army in the late sixties. As he's gotten older, he's had some serious health issues.

"I'm in stage five kidney failure," Sherer said as he got into the car. "Kidneys are not cleaning out the bloodstream."

Sherer needs dialysis three times a week. But living in small-town Vermont makes it hard for him to get to treatment. Vision problems prevent him from driving, and there's limited public transportation. Dialysis starts early in the morning, so he takes a taxi to get there.

"I have to be there at 6:00, and let's face it, nothing's running," Sherer said. "So a taxi fare from my house is \$20 a day or \$60 a week."

DAV volunteers pick him up when he's done with his appointment, and that saves him the taxi fare for the trip back home.

It's not a perfect solution - but it helps.

Even with long drives, many vets prefer VA doctors

Robert Burke, director of the Vermont Office of Veterans Affairs, said a lot of the state's veterans rely on the VA's Choice Program. It allows veterans who live more than forty miles from the nearest VA hospital to get care in their community. The VA then reimburses their healthcare provider.

But Burke said participating providers often have long wait times, so a lot of vets opt to travel to the VA hospital in White River Junction, Vt. instead.

That can be hard, he said, especially for veterans who live near the Canadian border.

"You can't go to Canada for your healthcare," Burke said. "You have to go south."

But Burke said one advantage is that Vermont is a lot smaller than many other rural states. You can drive from one end to the other in about three and a half hours.

"It's a long way," he said, "but if you're getting good care, you'll do it a couple of times a month."

Sherer is familiar with those long drives. He used to live in Bethlehem, N.H., about 90 miles from the VA hospital. He remembers the first time he used the DAV van service back in 2001. He was really sick, and he didn't know why.

"I got into the van; I could barely walk," Sherer said.

A volunteer driver hightailed it from his house to the hospital, but it still took more than an hour to get there. Sherer was rushed into the emergency room.

"I was in the last stages of congestive heart failure," he said. "So if it wasn't for the DAV services you wouldn't be talking with me today."

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5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

DOTHAN, Ala. - Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future.

Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center.

There are contracted employees along with a small number of actual federal government employees in this facility.

Once it closes, almost 5,000 patients — military veterans — will be forced to use other VA options.

WDHN is committed to finding more answers as to what the future holds for local VA patients.

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5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a "high-risk" list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday.

The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

The star rankings are based on Strategic Analytics for Improvement and Learning data, or SAIL, which ranks how hospitals are performing on a range of measures from re-admissions after treatment to patient ratings, employee satisfaction and wait times.

"We are pleased with the direction of our SAIL ratings and that Roseburg is no longer on the high-risk list," Whitmer said.

He said the VA will “continue to be diligent” evaluating its quality and reviewing improvements that have already been made to its scores for primary care, hospitalization for sensitive conditions and other performance measures. He said the VA will continue to strive for excellence and he expects to see continuous improvements in its ratings.

“This is a team effort and our staff takes pride in continually improving the care we give our veterans,” Whitmer said.

The Roseburg VA was one of five hospitals removed from the high-risk category.

The Roseburg VA’s one-star rating in 2017 put it in the bottom 10 percent of facilities nationwide. The 2018 star rating hasn’t been released yet, but improvement in its SAIL scores this year has put the VA on track to increase to at least a two-star rating by the end of the year, Whitmer said.

The Roseburg VA has yo-yoed between one star and two over the past couple of years. But up until 10 years ago, the facility consistently earned four- and five-star ratings.

At the beginning of 2016, the VA was ranked one star. When it jumped to two stars in the middle of that year, it was called one of the fastest improving hospitals of the year. At the time, then-director Doug Paxton said his goal was to return the facility to five stars.

Instead, in 2017, the VA lost its two-star rating, dropping back to one star. Paxton was himself under fire by then, as the Office of the Medical Inspector was investigating the VA. After it concluded senior leadership was creating a toxic environment, Paxton and other top managers stepped down and were reassigned to other VA jobs.

Whitmer, who took the helm in February, was given a year to begin turning things around and then help choose his own replacement.

“This is a good step, but it is only one of many that the Roseburg VA needs to take in order to become a top-tier facility,” DeFazio said. “The next step is hiring a new director with strong leadership qualities, a history of working in veterans’ healthcare, and a proven track record of success in management. I look forward to working with this individual to ensure that we are doing all we can to provide the best care possible to southwest Oregon’s veterans.

He said improving the rating of the health care system is an important step, but it is crucial that VA leaders remain focused on improving all aspects of the Roseburg VA. He said that will take “continued intense focus” from the Roseburg VA’s senior leaders, the regional network that oversees it, and the VA’s central office in Washington, D.C.

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5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military.

He signed the bill after giving a speech at the North Las Vegas VA Medical Center.

"The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

The night before he held a campaign rally inside the Las Vegas Convention Center where he praised Senator Dean Heller and pushed Nevadans to get out and vote in the November midterm elections.

"I want to give a victory speech on the evening of election day. We're not going to let people undo the incredible job that we've done," Mr. Trump said. He mentioned that early voting begins in Nevada in October.

In turn, Heller credited the president for improving the economy, the job market, and the U.S. Department of Veterans Affairs.

It was Trump's seventh rally in the Las Vegas area since he first began his race for president in June 2015.

About 8,000 people turned out for Thursday night's rally.

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6. Suicide Prevention

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

Editor of the Reformer,

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

You don't need to have special training to support the Veteran's in your life, and we can all do something to help a Veteran who is going through a difficult time. Even seemingly small actions can have a huge impact: Preventing suicide begins with just the willingness to Be There.

Showing your support can be as simple as sending a Veteran a text message- inviting someone over to catch up or sharing a positive thought are both great ways to communicate that you care. Your words could be exactly what a Veteran in crisis needs to hear, and could be a reminder of the many people out there who are willing to listen.

When you sense that a Veteran is not doing well, your words can help. You can make a difference by just starting a conversation. Although it can seem challenging, it is important to talk about difficult feelings and experiences. Keep in mind: Asking questions about thoughts of suicide does not increase a person's suicide risk. Instead, an open conversation can help

someone feel less alone and let others into the Veteran's experience. Feeling connected is shown to reduce suicide risk.

Simply reaching out to a Veteran in need and opening the door for a discussion could make all the difference. Learn more ways to show your support and Be There by visiting VeteransCrisisLine.net/BeThere to find more resources and information.

Suicide prevention is VA's highest priority. Every death by suicide is a tragedy, and we will not relent in our efforts to connect Veterans who are experiencing an emotional or mental health crisis with lifesaving support. If you believe a Veteran in your life may be contemplating suicide, call the Veterans Crisis Line at 1-800-273-8255 and PRESS 1, send a text message to 838255, or chat online at VeteransCrisisLine.net. Qualified and compassionate VA responders are on call 24/7/365 to provide guidance on how to connect Veterans with support and help them from harm.

Suicide is preventable. VA's goal is to reduce suicide and suicidal behavior among all Veterans—even those who do not, and may never, seek care within our system.

Brett Rusch, MD

Acting Medical Center Director

White River Junction VAMC

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6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, Tlindfors, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

VFW Post 10818 New Richmond / St. Croix County (www.vfwpost10818.org) and its auxiliary hosted the nearly two-hour program that featured presentations by representatives from numerous organizations all offering resources to address mental health issues contributing to suicide.

Post Commander Ron Ramos began the program by making it clear the forum was not just for veterans.

"The reason we're hosting this forum is because there is a (suicide) problem here in St. Croix County, but it's not just a veterans issue. Veterans experience suicide a lot. In 2015 the rate was 20 a day if I remember correctly. Living here the last two years, I've seen the problem in our schools, with our seniors, our kids and in our community in general. When we decided to host this program we wanted to do it for everybody, not just our veterans," said Ramos.

Community Coordinator Kelsey Ford and County Behavioral Health Supervisor Kathy Huston spoke on behalf of the Make It Okay (makeitok.org) campaign. Make It Okay is an initiative

native to Minnesota and Western Wisconsin having reached more than 35,000 people since its inception in 2012. Make It Okay relies primarily on a corp of volunteer ambassadors to employ a Learn, Talk, Share curriculum to "change the hearts and minds of the general public about the misperceptions of mental illnesses by encouraging open conversations and education on the topic." Ambassadors are available locally to speak with groups at schools, churches, workplaces, any place in the community interested in learning more about erasing the stigma of mental illness. Ambassador training programs are available to volunteers quarterly.

In St. Croix County, Make It Okay works together with Healthier Together (healthiertogetherstcroix.org) a community coalition lead by Hudson Hospital & Clinic, River Falls Area Hospital, Western Wisconsin Health and Westfields Hospital & Clinic working together to maintain healthy communities and provide a strategic framework for local health-improvement activities. Mental health is one of the three primary priorities of the coalition.

The goal of the Make It Okay campaign is to reduce the stigma of mental illnesses. Attendees were encouraged to join the more than 15, 229 people who have signed the Make It Okay pledge to stop the stigma.

[...]

Organizations

Derek Gilde, representing the St. Croix Valley Chapter of the National Alliance on Mental Illness (NAMI) (nami.org) noted the four activities which NAMI volunteers promote; education, advocacy, listening and leading. Locally the chapter focuses on support and operates two support groups, one for individuals with a mental illness called NAMI Connections and one for family support. In Our Own Voice features speakers who educate audiences using their own recovery story. The local chapter currently has six speakers available to speak with community groups and organizations.

Nurses Ryan Burkhardt and Katherine Lee representing the Minneapolis VA Suicide Prevention Team provided an overview of services available to veterans through the VA as well as through partnerships with public and private health care providers. Burkhardt reinforced the need for those partnerships noting there are only four VA case managers at the Minneapolis location (minneapolis.va.gov/services/Mental_Health_Services).

"I cover the five northern clinics. We can't handle all of the calls, all of the stuff that is happening, so the VA is rolling out more of a public health approach. For suicide prevention, we have a lot of great programs at the VA, psychiatry, therapy, counseling, there's a lot of great help out there but it really takes everybody being aware that life can be good and bad for all of us. It's important to know other people care about you," said Burkhardt.

The VA Suicide Prevention team provides three primary services. The team operates three call centers across the country to man the Veterans Crisis Line (1-800-273-8255 Press 1, text 838255, veteranscrisisline.net) which is available to anyone. The team also provides four weeks of intensive case management for veterans flagged as high risks of suicide. Finally the team also reaches out to educate other service providers within the VA as well as outside of the VA, like primary care, eye care or audiology, on behalf of veterans determined to be high risks. The program called Gatekeeper instructs other caregivers on how to create safety plans and how to do conduct risk assessments.

Post 10818 Auxiliary member Karen Green concluded the evening's program.

"Sixty-five percent of all veterans' suicides are men over the age of 50. If the statistics are correct and 20-22 veterans die each day from suicide, 14 of those are elderly. I'm not an expert on suicide prevention. I'm not a counselor or a mental health facilitator. I'm the wife of an older veteran. I'm the daughter of a veteran and I'm a sister to two veterans. We ask our community to find older citizens and get them involved in their communities again. Many of our elderly have amazing skills and there are real heroes hiding in our towns with great stories that should be told and learned from. We want mental illness, especially depression, to be normalized so that no one ever needs to be afraid to ask for help. We want all to feel needed and that our lives have a purpose."

St. Croix County Veterans Service Officers:

Phil Landgraf: 715-386-4757, phillip.landgraf@sccwi.gov

Geri Campbell: 715-386-4758, geri.campbell@sccwi.gov

Suicide Prevention Hotline: 1-800-273-8255, suicidepreventionlifeline.org

Crisis Text Line: Text HOME to 741741

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill.

It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans.

More than 1,000 veterans were expected to attend.

"It's amazing. This is huge. I didn't expect it to be so big, a lot of services here so I'm thankful to be here," said Jeff Bizzarro, a veteran from Burlington.

Bizzarro served in the U.S. Army from 1994-1998, then in the Alaska National Guard until 2006. He said he returned from service with multiple traumatic brain injuries and PTSD. He had his service dog Annie with him at Stand Down.

"Like they say, not all wounds are visible and so what she does for me is intervenes, interrupts, and mitigates my symptoms from Post Traumatic Stress. She helps me with being in crowds like this, she keeps me grounded, she interrupts my nightmares when I have them," Bizzarro said.

This was also the first time Colchester native Jacqueline Clements attended. She served in the U.S. Army National Guard from 2010-2018.

"I think it's wonderful. I think we need to do more to support the people that have come back who are serving our country and I think that giving back to them is really important," Clements said.

There were more than 100 agencies offering free food, haircuts, eye exams, dental exams, coats and socks, nutritional advice and job opportunities. The idea is to give veterans a one-stop shop where they can learn more about the programs they may qualify for as well as help transitioning back into civilian life.

Daryl Shealy was working hard to find job leads. "A couple of people already told me they would give me call-backs. So I am crossing my fingers."

Stand Down 2018 is at the Department of Veterans Affairs at 287 West Street in Rocky Hill from 8am-2pm. The department also offers year-round support to veterans and their families here.

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7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art.

Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art.

The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

"Our goal is to engage people, to support them, to celebrate the process of art making. The combination of art making, and personal engagement and support, creates a kind of magic," said Mark Hierholzer, CEO Art for the Journey.

Tyrone Sanders is one of those veterans who is expresses himself through art.

"When you look around, every piece, although different, say the same thing. They are soothing, they are comforting, they are therapeutic, they poured all their souls into something beautiful," said Sanders.

Sanders had his art chosen to appear and be sold at the Art for the Journey 3rd Annual Art Exhibit Gala.

The event will be held on October 11 at the Jepson Center.

If you would like more information about the event, click here.

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7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

TOGUS — Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet.

Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus.

For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost \$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

On Friday, they celebrated the project's opening with a ribbon-cutting ceremony that was attended by more than 100 guests and dignitaries. The project is part of a larger effort to end veteran homelessness and was developed by Volunteers of America Northern New England, a Brunswick-based group.

Of the roughly 2,280 people who were homeless in Maine last year, 131 were veterans, according to U.S. Census data compiled by the U.S. Interagency Council on Homelessness.

Multiple veterans who have received new housing through Cabin in the Woods said Friday they appreciated the natural surroundings and lack of noise pollution on the 11-acre property, where 21 cabins have been built. Each of the properties are free-standing and contain one or two bedrooms. The site also includes an office and community space, and is within walking distance of the medical facilities on the 500-acre hospital campus.

Buckmore, who worked as a generator mechanic in the U.S. Army from 1983 to 1989, has been intermittently homeless for the last three years. He first learned about Cabin in the Woods from a social worker at the Bread of Life Ministries' veterans shelter in Augusta. Now, he particularly appreciates the quiet natural setting and the radiant heating that comes out of the floor of his one-bedroom cabin.

"This is really nice and quiet," said Buckmore, a Gardiner native, during a tour of the pre-furnished home. "I'd like to see more of these go up."

This past summer, Buckmore suffered two strokes and now uses a cane and wheel chair to move around. As someone who has worked in the mental health field and been diagnosed with depression, anxiety and bipolar disorder, he also hopes the new housing will bring stability to a vulnerable population of veterans.

"There's a high suicide rate among homeless veterans," he said. "Something like this can help take their mind off anything bad they're thinking about."

Buckmore's one qualm, he said, is that Spectrum has yet to run cable television to the new homes. But he added, "That could be a blessing in disguise."

Multiple groups provided funding and donations for the Cabin in the Woods project, including the Maine State Housing Authority, the U.S. Department of Housing and Urban Development,

the Home Depot and T.D. Bank Charitable foundations. At the ceremony on Friday morning, officials from some of those groups delivered prepared remarks.

There were also speeches by two members of Maine's congressional delegation, U.S. representatives Chellie Pingree and Bruce Poliquin, and delegates for U.S. senators Susan Collins and Angus King. Also attending the event was Poliquin's predecessor as representative of Maine's 2nd District, Mike Michaud, who served as chairman and ranking member of the House's Committee on Veterans Affairs.

Another speaker was Ryan Lilly, the former director of the Togus system who was recently elevated to another role in the U.S. Department of Veterans Affairs: director of its New England systems.

Just as some cities have eradicated poverties in their homeless populations, Maine is trying to do the same, Lilly said. After the ceremony, he said the Togus campus still has between 30 and 50 acres that could be developed and that the agency is now considering whether it could lease out land for a similar project oriented toward seniors.

"It was our first experience with this process," Lilly said. "We're thinking about what we can do next."

While there are other housing developments for veterans around the country, Lilly said that Cabin in the Woods is unique because it's in a secluded area and its units are individual homes, as opposed to apartments.

Another veteran to benefit from the new housing project is Jesse McGahuey, 41, who last month moved into a two-bedroom cabin with his wife Sheena, 33, and their 5-year-old son, Jerrick. While living on federal land isn't a perfect arrangement, they said that the arrangement has made it considerably easier for McGahuey to attend his weekly medical appointments at Togus.

McGahuey suffered a series of injuries during and outside his service in the U.S. Army from 2000 to 2002. As a child, he suffered a brain injury. Then, when he was working as a heavy equipment operator while stationed at Fort Lewis in Washington, he was pulled under a piece of machinery, injuring his legs and back. Finally, in 2014, he was working at an oil-change business in Waterville when a driver accidentally lost control of her car, giving McGahuey a head injury and exacerbating the previous problems.

After that 2014 accident, McGahuey lost the ability to work or pay for housing. Since then, his family has spent long periods camping outside. They were one of the first families to apply for housing in Cabin in the Woods, and they're now able stay there with subsidized rental costs.

Now that some stability has been reintroduced to their lives, McGahuey hopes that he can start taking classes at a community college and working again, even if it's part time. His wife, Sheena, is unable to work and receives disability payments because of medical problems she suffered when giving birth.

"This does ease the pressure of it," Sheena McGahuey said. "It does help."

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7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

CHELSEA (NEWS CENTER Maine) -- 21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday.

Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening.

The project is owned by Volunteers For America, which spent years working out the details and financing to get it built. They also needed to negotiate an agreement with the VA to lease a small portion of the 500-acre Togus campus in order to construct the small houses. All are located within walking distance of the medical facilities and services located at Togus.

All the houses are for veterans who were homeless or at risk of becoming homeless, including Army veteran Toni Owen. She has to use a wheelchair and said she was facing eviction from a small apartment in Poland because the building was being sold. Cabin in the Woods, said Owen, prevented her becoming homeless.

"It's amazing that you served and they're doing so many amazing things for people," Owen said while sitting on the porch of her brand new, one bedroom home.

Residents are selected by Volunteers For America, and pay an affordable rent, based on their income. Programs through Maine Housing, HUD and the VA support that. The veterans say having secure housing is already making a difference in their lives. Mike Merrill, who manages the project for VOA, says that is their goal. Merrill is a veteran of the Marine Corps and currently serves with the Maine National Guard. He is also a minister.

"I'm very passionate about this," Merrill said, "because I see my brothers and sisters out there not having a place to call home. I see my brothers and sisters thinking, for some of them, taking their life is the only way to end that pain because they don't have that food, that shelter, that safety and security. To see them being taken care of makes my heart happy."

There are currently 19 veterans living in the houses, with the remaining two scheduled to fill up soon.

During the Friday ceremony, Rep. Bruce Poliquin (R-Maine CD 2) suggested go VA officials they should start planning to build more houses.

"The words homeless and veterans should not need to be used together," said Merrill.

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7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

PARKVILLE, Mo. -- Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school.

But changes in how the housing stipends work are now causing some headaches.

John Higgs is working toward an MBA at Park University.

"I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

After 12 years in the Army, deployments and time as a reservist, the GI Bill is helping make it possible. Not only does he get money to cover tuition and books, but also an extra housing stipend that helps pay rent, utilities, insurance and more.

"Having that additional money coming in, it helps me get through life," Higgs said.

But many students like John are having trouble getting the right amount of money in their housing stipends or getting the money at all.

That's because this year, Congress made changes to the program.

"Typically the housing payment is based on the zip code of the school, the face-to-face location that you're attending. With the Colmery Act, what will happen with that is the zip codes will now be where you're taking most of those face-to-face classes," said Sarah Weygand, Park University's assistant director of military and veteran student services.

It's a big issue for many colleges like Park, which has dozens of campus centers spread out around the country.

"Parkville has different housing rate than, say, Independence, and we have students that go to both locations. If they're going to take most of their face-to-face classes in Independence, we want them to be able to have that housing allowance, which is higher, from Independence, not just from the Parkville area," Weygand said.

The Veterans Administration was supposed to be ready to roll out the new housing rates by Aug. 1, but that hasn't happened. Until it's fixed, some veterans could be left high and dry without the money they need to get by.

"What's going to happen is they can fall behind on bills really quick, and the way I look at it is, no veteran should be left behind," Higgs said.

Park University said it can help students file a hardship claim if necessary and even have some emergency scholarships available. But the college remains optimistic the issues will get ironed out soon.

"We try to work with those as best we can and help the student, so they can be successful in their classes and not have to worry about money at the end of the day," Weygand said.

The VA said it's still running tests on changes to its computer systems designed to calculate the new correct stipend amounts. Any students who have been short-changed will get the correct amount of cash back once those upgrades are complete.

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7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#)
(21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services.

"It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven.

All of the service are free of charge.

"Clinical support services, DMV, judicial are here, veteran service organizations, housing and unemployment providers are here as well. Including private employers," said Department of Veterans Affairs Commissioner Thomas J. Saadi.

The event is called 'Stand Down' and is modeled after a concept during the Vietnam war where secure base camp areas were available to units returning from combat operations. Troops were provided clean uniforms, warm meals, medical and dental care, and time to enjoy friends in a safe environment. The services on Friday were life-changing for many men and women. Some of them have fallen on hard times and need the help.

"I'll tell you, it's very important some of these guys, I hate to say, are down and out," said Robert Russell, a veteran from Manchester. "Just a hat and a pair of socks will go a long way with these guys. You'll see them break down and cry."

News 8 speaking with a number of people who served our country proudly, who say our veterans are often forgotten about.

"You rdive coming off the highway, you see a veteran out there. I'm a veteran, I roll the window down and give them two bucks. That shakes me up," said Russell. "There should be no homeless vet around."

"Yeah it hurts. It hurts. But what can I say though, that's the world," said Thigpen.

Friday's event, which was put on by Community Health Center, Inc., serving as a reminder that the issues vets face are real and need to be addressed. Something the VA knows all about.

"While we have services here one day a year, one stop shop, we are here 365 days a year for our veterans with our federal partners," said Commissioner Saadi.

If you or someone you know needs help or any resources you can contact the VA Healthcare System. Those locations and numbers are listed below:

West Haven: 203-932-5711

Newington: 860-666-6951

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7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for.

On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table.

Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

"I was never a POW and I was never missing in action," he said. "I do know a marine who served in the baton death march. He made me determine that I would never surrender. I spent a lot of years in the Marine Corps and I love it to this day. I'm still obligated in any way I can to serve the corps."

The first national POW/MIA recognition day was proclaimed in 1979.

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7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday.

Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months.

Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

Organizations from around the community provided a variety of additional aid, such as clothing, hygiene kits, haircuts, and more.

"It gives veterans an opportunity to really see what kind of support they have behind them in not being homeless," says HUD/ VASH Supervisor Matt Kerr.

The Department of Veterans Affairs has hosted this event for more than a decade, but they wanted this year to be special.

They decided to surprise Guy Campbell with a housing voucher and a fully furnished apartment all on the same day.

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7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action.

The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

Paul Stone served in WWII.

"The government sent this to my mother, that's how they found out," Stone said.

Captured several times, he spent nearly five months in prison camps.

"In 1944, he liberated me, General Patton, from a German prison camp. At that time I was 20 years old," Stone said.

On Friday morning the VA Medical Center in Fayetteville held an ex-prisoner of war and missing in action recognition ceremony.

In the middle of the room, a table set for one to symbolize all of the soldiers that never came home.

Isaac Caudle also served in world war two.

"Out of 500, there were 129 that could still walk. So finally we come to the commander, and all he could do, he said we got to quit. Which wasn't what we wanted to do at all, but its what we had to do," Caudle said.

Caudle was captured in France in 1945 for 96 days.

"For an American soldier to give up, that was not heard of. You didn't do that. You were supposed to keep one bullet in your rifle, and that's to kill yourself before you give up," Caudle said.

Both men united by a struggle to survive in brutal conditions, honored Friday for their courage and determination

"I like to be with other guys because everybody ain't have this kind of experience," Caudle said.

And for those who never returned from the battlefield to their families, the message remains the same --you are not forgotten.

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7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day.

Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

The event hits close to home for the director of the center, John Gennaro, who says his uncle was a prisoner of war. "He actually prevented the loss of a number of other troops when he was in ransom himself. So it's a really touching moment because I grew up hearing his stories and personally attending family outings and events with him, you know a true hero. Not just a family member but a true America hero."

Several veterans who were also prisoners of war were in attendance at the service today.

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7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#)
(21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

AUGUSTA, Maine - Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta.

It's all part of a program designed to combat veteran homelessness.

"We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

It's a first of its kind project in Maine.

21 cabins will soon be fully filled at Cabin in the Woods at Togus VA Medical Center in Augusta.

It's situated on 11 acres that was obtained by the Department of Veteran Affairs Enhanced-Use Lease Program with the mission to combat veteran homelessness.

"Veterans still are more likely to be homeless than non-veterans, and so there is still a big challenge for the veteran population," explained Director of Veteran Affairs, Ryan Lilly. "We know we are making progress through programs like this, but we still have work to do, and this is an important step along the way."

A ribbon cutting ceremony Friday celebrated the veterans moving into their new homes.

For Army veteran Tim Buckmore, it's been a long time coming. He says this place gives him stability in his life, something he hasn't had in a really long time.

"It's relaxing," said Buckmore. "You can put your mind at ease you know, unlike a lot of the homeless veterans who worry about where their next meal is coming to, you know?"

Each cabin comes furnished. The bonus for these vets? It's within walking distance of health services at the 500-acre Togus campus.

Veterans living at the Cabin in the Woods must contribute 30 percent of their income and follow other guidelines.

Those with Volunteers of America hope this is just a stepping stone to getting these vets where they need to be.

"We have a good shelter system here in Maine, but it is not home," said Hooks Wayman. "It is crowded and noisy and often times chaotic, and for us we really believe that part of healing is having your own space, and being able to center yourself on what you need to move forward."

We're told donations and supplies are always needed. If you're interested in donating, you can Volunteers of America directly.

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7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center.

Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. They also got haircuts, dentists' appointments and checkups for their cats and dogs. A few veterans who were already on campus for appointments dropped by to pick up granola bars and inquire about services.

Bear grew up in South County and considers Douglas County his home base. He served in the U.S. Army infantry in the 1970s. While he was at the VA on Thursday, Bear picked up some food and information on veterans services and got a flu shot. He was happy to run across the event.

Bear said he attends the event every year if he can, "not only because of the free stuff but to see the community support."

Ken Steller served in the U.S. Army 82nd Airborne and just missed the Vietnam War but went to Iraq and Kuwait. He made it through those tours safely but was subsequently injured in a training accident in Colorado. He's not homeless, but he happened to run across For the Love of Paws, a veterinary clinic that accepts payment on a sliding scale, which was offering services on campus as part of the event. His daughter, Renee Steller, went to the event as well and got shots for her 2.5-month-old tabby kitten.

Ken Steller said there are a lot of homeless veterans in the community, and Stand Down provides a great service.

"The main reason I came down was to get a flu shot. I didn't know the rest of this was down here," he said.

He has also taken on a mission to help veterans who don't even know they're eligible for benefits figure out how to sign up for them.

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7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

Area veterans lined up bright and early Thursday to pick up rations from the Temple Mobile Food Pantry.

This monthly food distribution program is part of an ongoing partnership between the Central Texas Food Bank and the Central Texas Veterans Health Care System. The food was given out at the Olin E. Teague Veterans' Medical Center.

Kurt Hentschel, who was in the U.S. Army for 13 years, said the mobile pantry helps him stay within his budget.

"It helps, especially when you're retired and have a fixed income," Hentschel said.

For those who needed it, volunteers were gathered around to help carry groceries to veterans' cars.

Samuel Tamondong said he has volunteered at the program several times, because he knows what it's like to be a veteran in need.

"At one time, I was homeless," Tamondong said. "That's why I (became) a Christian, because I believe in helping a lot of these homeless veterans."

Tamondong was in the Army for 28 years, and he served in Desert Storm.

"(Temple Mobile Food Pantry) helps a great deal for a lot of these people," he said. "It gives a lot of hope for a lot of these veterans that are homeless."

The mobile pantry service is part of the Veterans Pantry Pilot program from Feeding America, the nation's largest hunger relief organization. The program is a partnership with the U.S. Department of Veterans Affairs.

Joeann Howell said this was her first time coming to the mobile pantry.

"It's pretty good — they have a lot of good healthy food," she said. "I am retired, and I just have the VA income, so that's basically it that I'm surviving on right now. I have a 9-year-old, and I'm in a lot of pain."

Howell served in the Army for six years, but had to leave because of chronic health conditions including fibromyalgia and arthritis.

"I wanted to do my 20 (years), but then I started suffering with a lot of pain so I got med-boarded out," she said.

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7.14 - WBUP (ABC-10): [Local, former POW's honored during ceremony](#) (21 September, Dane Wurmlinger, 49k uvm; Ishpeming, MI)

IRON MOUNTAIN — Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war.

Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

"This is a group of veterans that we serve – these American heroes – they know what it means for the price of freedom," said Brad Nelson, Oscar G. Johnson VA Medical Center Public Relations Officer. "They lost their freedom for a period of time in their lives, and probably more than any other American men and women who served, they know what the loss of freedom and the threat of death is."

One of the few former POW's present served in WWII in the Army's 101st Airborne and leapt into France at 1:00 in the morning on D-Day. 5 days into the mission, he was captured by the Germans and held against his will. Suddenly, a man was stripped of the very thing he was fighting for – freedom. He later managed to escape with another soldier from the POW camp.

"I had a great time in the service – I learned a lot in the service," said veteran and former POW, Glenn Johnson. I had never gone out of Racine [Wisconsin] before, except to join the service. My dad was in, my brother was in, and I was the only one who was home – so I thought I might as well go, too."

The ceremony this afternoon featured a Color Guard presentation by American Legion Post 50. A 21 gun salute was held in honor of the soldiers that served, as taps was played in the background. The day left everyone feeling humbled, and thankful for those that have and continue to protect our freedom.

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7.15 - WJMN (CBS-3, Video): [POW and MIA recognized in Dickinson County ceremony](#) (21 September, Rebecca Bartelme, 38k uvm; Escanaba, MI)

IRON MOUNTAIN-- The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea.

"It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

John Moddie of Quinnesec is one of the men recognized today. He was captured during the Battle of the Bulge in December 1944 and stood in front of machine guns at a German POW camp which were never fired at him.

"The living conditions weren't very good," said Moddie. "There was big lice not like little fleas on a dog or cat but big lice. You could see them from 15 feet away. We didn't get much to eat a lot of prisoners died there. We slept on the floor. No heat in the building."

All gave some and some gave all, today's recognition also remembered those Missing In Action.

"For those that didn't come home and for those families that still live with the uncertainty decades later in fact in many cases," said Nelson.

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7.16 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center recognizes National POW/MIA Remembrance Day](#) (21 September, Megan Hudock, 21k uvm; Clarksburg, WV)

FAIRMONT W.Va - Friday, the Louis A. Johnson VA Medical Center recognized national POW/MIA Remembrance Day.

This is a time where the nation stops to recognize and remember the sacrifices made by prisoners of war and those that are still held captive.

A special luncheon was held at Muriale's in Fairmont where ex POW's were honored.

A small memorial was held for those that were lost over the past year.

"I think it's important that we do recognize the individuals that sacrificed so much for their country and those that are still missing. We have approximately 82,000 missing service members and department of defense civilians across the world, spanning from world war I to current," said Marina Bileu, POW advocate for Louis A. Johnson Medical Center.

A presidential proclamation was read, explaining the importance of national POW/MIA remembrance day.

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8. [Other](#)

From:

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Subject: [EXTERNAL] 22 September Veterans Affairs Media Summary and News Clips

Date: Sat Sep 22 2018 05:27:32 CDT

Attachments: 180922_Veterans Affairs Media Summary and News Clips.docx
180922_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.725542-000001

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Veterans Affairs Media Summary and News Clips

22 September 2018

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

[Hyperlink to Above](#)

1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise. "We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping. "We made a lot of promises and we kept them all," he said.

[Hyperlink to Above](#)

1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence. The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

[Hyperlink to Above](#)

1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel. The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

[Hyperlink to Above](#)

1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room. A 50-page report from the VA's Office of Medical Inspector found flies are still present but that the operating room isn't

used, and the instruments weren't dirty, but simply discolored by the New Hampshire city's water supply.

[Hyperlink to Above](#)

1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills. A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

[Hyperlink to Above](#)

1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency's total spending over \$200 billion for the first time. The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

[Hyperlink to Above](#)

1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System. Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

[Hyperlink to Above](#)

1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion. Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie. After Trump signed the bill, he joked Wilkie is the one who "has got to make it work."

[Hyperlink to Above](#)

1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in

contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Washington Post: [Trump signs spending bill for veterans, but shutdown threat remains](#) (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1. The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

[Hyperlink to Above](#)

2.2 - U.S. News & World Report (AP): [The Latest: Trump Says He Won't Rush North Korea Deal](#) (21 September, 23.9M uvm; Washington, DC)

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police. Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care. Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

[Hyperlink to Above](#)

2.3 - Breitbart: [Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans](#)

(21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure. "You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience. The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

[Hyperlink to Above](#)

2.4 - WMBB (ABC-13, Video): [Local Veteran Expresses Concerns with VA](#) (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21 September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs. On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21 September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

[Hyperlink to Above](#)

4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21 September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year. Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

[Hyperlink to Above](#)

4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas. The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

[Hyperlink to Above](#)

4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21 September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

[Hyperlink to Above](#)

4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness. "VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

[Hyperlink to Above](#)

4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased. The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

[Hyperlink to Above](#)

4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

[Hyperlink to Above](#)

4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care. VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman. "I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance. The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

[Hyperlink to Above](#)

5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the “High Risk” status for VA Medical Centers. Information from the VA said of the 146 medical centers that had been deemed “High Risk”, Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

[Hyperlink to Above](#)

5.3 - KPBS (NPR-89.5/PBS-15, American Homefront): [For Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire. "When it comes to remembering street names, I juss automatically go to them now," Snow said as drives toward the border between the two states. Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

[Hyperlink to Above](#)

5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future. Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center. There are contracted employees along with a small number of actual federal government employees in this facility.

[Hyperlink to Above](#)

5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a “high-risk” list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday. The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

[Hyperlink to Above](#)

5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military. He signed the bill after giving a speech at the North Las Vegas VA Medical Center. "The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

[Hyperlink to Above](#)

6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill. It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans. More than 1,000 veterans were expected to attend.

[Hyperlink to Above](#)

7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art. Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art. The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

[Hyperlink to Above](#)

7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet. Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus. For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost \$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

[Hyperlink to Above](#)

7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday. Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening. The project is owned by Volunteers For America, which spent years working out the details and financing to get it built.

[Hyperlink to Above](#)

7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school. But changes in how the housing stipends work are now causing some headaches. John Higgs is working toward an MBA at Park University. "I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

[Hyperlink to Above](#)

7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#) (21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services. "It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven. All of the service are free of charge.

[Hyperlink to Above](#)

7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for. On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table. Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

[Hyperlink to Above](#)

7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday. Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months. Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

[Hyperlink to Above](#)

7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action. The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

[Hyperlink to Above](#)

7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day. Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

[Hyperlink to Above](#)

7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#) (21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta. It's all part of a program designed to combat veteran homelessness. "We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

[Hyperlink to Above](#)

7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center. Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. who don't even know they're eligible for benefits figure out how to sign up for them.

[Hyperlink to Above](#)

7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

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[Hyperlink to Above](#)

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Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war. Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center

paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

[Hyperlink to Above](#)

7.15 - WJMN (CBS-3, Video): [POW and MIA recognized in Dickinson County ceremony](#) (21 September, Rebecca Bartelme, 38k uvm; Escanaba, MI)

The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea. "It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

[Hyperlink to Above](#)

7.16 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center recognizes National POW/MIA Remembrance Day](#) (21 September, Megan Hudock, 21k uvm; Clarksburg, WV)

Friday, the Louis A. Johnson VA Medical Center recognized national POW/MIA Remembrance Day. This is a time where the nation stops to recognize and remember the sacrifices made by prisoners of war and those that are still held captive. A special luncheon was held at Muriale's in Fairmont where ex POW's were honored. A small memorial was held for those that were lost over the past year.

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8. [Other](#)

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

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1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise.

"We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping.

"We made a lot of promises and we kept them all," he said.

Mr. Trump made VA reforms a top issue in his 2016 presidential campaign. At the time, the VA was embroiled in scandal over mismanagement and misconduct involving veterans being put on long waiting lists for care, sometimes resulting in veterans dying while waiting for treatment.

The spending bill he signed was a \$147 billion package to fund energy and water programs, Congress and military construction and the Department of Veterans Affairs. It contained \$86.5 billion for the VA, including funding the VA Mission Act that provides private health-care options for veterans.

Mr. Trump visited Nevada during a campaign swing across the country. He held a rally and fundraiser to boost two Nevada Republicans, Sen. Dean Heller and House candidate Danny Tarkanian.

At the signing ceremony, Mr. Trump credited Mr. Heller with leading the fight to reform the VA.

"This was very important for him," the president said. "There's never been any reform like we've been able to do over [a] very short period of time."

Nevada is home to more than 300,000 veterans.

Mr. Heller is locked in a tight race with Democrat Jacky Rosen.

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1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence.

The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

The VA assets include a mobile command unit, a mobile medical unit for medical triage with three examination rooms, a mobile health unit with telehealth capability, and a mobile emergency nutrition unit to provide three daily meals.

Prescription needs are being fulfilled through an arrangement with Heritage Health Contract at the Walmart, said Tara Ricks, an Army veteran and communications director for the Veterans Integrated Services Network covering North Carolina and part of coastal Virginia.

If veterans who need prescriptions filled cannot make it to the mobile units, the plan is "to send medications to their doors," Ricks said. The VA employees working the mobile units are "all volunteers who want to be out there. It's invaluable for our veterans."

From the outside, the Morehead City clinic did not appear to be damaged, she said, but inside "there was definitely some water intrusion and tile damage."

The VA is assessing whether to send mobile units to Brunswick, Jacksonville and Wilmington, North Carolina, Ricks said. In addition, the department is deploying 10, two-person outreach teams consisting of a nurse and a social worker to various shelters in the areas affected by the storm.

Floodwaters reportedly are receding in some areas, but in visits to North and South Carolina on Wednesday, President Donald Trump warned that the threat from the aftermath of Hurricane Florence was not over. He cited the storm's huge rainfall and the swollen rivers still overflowing their banks.

Trump said, "It's going to get rough for South Carolina," and "you're going to have a lot of water" flowing down from rivers in North Carolina.

In North Carolina, Gov. Roy Cooper asked residents Thursday to "stay alert" to rising waters. "People in flood-prone areas or near waterways need to remain alert as rivers crest and stay above their banks in coming days."

The White House reported Wednesday that nearly 20,000 federal employees had been mobilized to aid in the Florence recovery, and the U.S. Army Corps of Engineers had deployed 136 personnel to assist in installing generators.

The Federal Emergency Management Agency had conducted more than 2,000 rescues through Wednesday and is sheltering nearly 15,000 people, the White House summary of storm efforts said.

The Defense Department had assigned a total of about 13,000 personnel to support the recovery, including about 6,000 active-duty personnel and more than 7,000 National Guardsmen.

The Coast Guard had more than 3,000 personnel assigned in 27 helicopters, 11 fixed-wing aircraft, 14 cutters, and 35 shallow-water craft. "To date, the Coast Guard has saved over 400 lives and 200 pets," the White House said.

In addition, the National Guard has performed or supported more than 535 rescue and evacuation missions in North Carolina, the White House said.

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1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel.

The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

After the event, the president's motorcade headed to the North Las Vegas VA Medical Center to show solidarity with the state's 300,000 veterans.

Veterans Affairs Secretary Robert Wilkie introduced Trump as "the first president to put veterans at the center of his campaign."

Nevada's top Republicans, Gov. Brian Sandoval, Attorney General Adam Laxalt and Sen. Dean Heller attended the ceremony along with some 150 Nevadans, many of them veterans. Heller, Trump noted, worked for the bill "all the way, right from the beginning."

Of his support of veterans, Trump said, "You back me and I back you. That's the way it works." Also on stage stood Vin Putignano, a former Marine and Vietnam veteran who has lived in Las Vegas for two years. Recent changes, he marveled, allowed him to find a new podiatrist for an ulcerated toe.

"He came and made a house call," Putignano told the crowd.

"This is a very special situation," Putignano said. "I'm getting old. I think a couple people in here are too." He then turned to look at Trump, who smiled while the audience laughed. Later Trump deadpanned to Putignano, "Take care of that toe."

Trump then signed three spending bills, including a measure to provide \$86.5 billion to the Department of Veterans Affairs — increasing the agency's budget to "the largest ever," he boasted.

The bill includes money for veterans' health care and provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the VA system.

“To every veteran here today: We are eternally grateful for your noble service to our nation,” Trump said. “And we’re fighting to make sure that you get the care that you so richly earned.”

VFW Legislative Director Carlos Fuentes hailed the bill.

“It’s not perfect, but it’s a full year appropriation, it’s an increase from previous years and specifically includes funding the VA Mission Act,” which will increase access to care for veterans and should speed up payments.

The other two bills Trump signed appropriated money to fund the Energy Department and the legislative branch, including Congress and the Capitol police. Congress last week approved the \$147 billion package of bills as part of an effort to head off a government shutdown.

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1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room.

A 50-page report from the VA’s Office of Medical Inspector found flies are still present but that the operating room isn’t used, and the instruments weren’t dirty, but simply discolored by the New Hampshire city’s water supply.

Investigators also found no evidence to back up the most serious whistle-blower complaint: that nearly 100 veterans were neglected and suffering from a rare spinal condition that could lead to paralysis if not treated.

The report, completed in June and first obtained by New Hampshire Public Radio, sparked outrage this week from lawmakers and the medical professionals who came forward last year and complained about conditions at the state’s only hospital for veterans.

“The report is a complete whitewash, done by an organization within an organization,” said Dr. William “Ed” Kois, one of the whistle-blowers and a doctor at the facility. “It is not unbiased.”

The investigators did not substantiate most of the whistle-blower allegations, including the claim that veterans were suffering from a spinal condition because hospital officials were not paying attention to the declining health of patients.

The whistle-blowers said nearly 100 veterans received poor spinal care. But the Office of Medical Inspector found that the treatment of only six patients, out of 97, did not meet the “standard of care,” the report said.

“While there were several confounding factors contributing to significant challenges, we found that Manchester VA clinical staff members involved in direct patient care are very engaged and appropriately concerned about the clinical care of veterans,” the report noted.

Eleven people — including top doctors and nurse practitioners — complained about the facility in 2016 to the Office of Special Counsel, a federal agency that protects whistle-blowers. That agency found a “substantial likelihood” that the allegations were true and ordered the VA’s Office of Medical Inspector to investigate.

After the Globe reported in July 2017 on the allegations, then-VA secretary David J. Shulkin removed the facility’s two top officials and ordered a “top to bottom” review.

The Office of Medical Inspector has issued several reports on the Manchester facility. But the Office of Special Counsel found these previous investigations “flawed” and rife with “conclusions at odds with the information” it had gathered in its own preliminary probe.

The Office of Special Counsel did not comment publicly on the most recent report, which was distributed to lawmakers Friday and obtained by the Globe.

“The findings are self-serving and outrageous,” said Andrea Amodio-Vickery, the lawyer who represents the whistle-blowers. “They’re waxing poetic about the leadership who were responsible for 97 patients failing to get proper treatment of progressive disease that if treated properly would not impact their lives.”

VA spokesman Curtis Cashour said that, under new leadership, the Manchester VA “has taken a number of steps to rebuild trust, improve care, and provide better service to New Hampshire area veterans.”

‘The report is a complete whitewash, done by an organization within an organization.’

Cashour said the hospital has filled 397 job vacancies and created 70 new positions since the Globe raised the issues in July 2017.

Representative Annie Kuster, a New Hampshire Democrat, acknowledged “real improvements” at the Manchester VA, but said those were triggered by the “courage of the whistle-blowers,” not VA officials.

“The findings in this report are at odds with the experiences of well-respected doctors who witnessed firsthand the impact of substandard care for veterans,” she said in a statement.

Kuster said she will ask the new VA secretary, Robert Wilkie, to hold a town hall meeting in Manchester “to explain to veterans and staff why he supports this report and its findings.”

The VA medical care system, used by about 6 million military veterans each year, has been roiled by scandal since 2014 news reports that the Phoenix VA Health Care System had engaged in an elaborate scheme to hide months-long patient wait times. Some veterans died before they saw a doctor. Veterans Affairs Secretary Eric K. Shinseki resigned after similar allegations surfaced at other VA hospitals.

President Trump’s appointee as VA secretary, Shulkin, vowed to stabilize the health care system. He was fired after being accused of using public funds for a European trip.

The agency has also come under fire for providing substandard care at some of the nursing homes it operates.

The Globe and USA Today reported earlier this year that nearly half of the VA's 133 nursing homes were rated only one star, by the agency's own internal rating system. Among the lowest-rated: the Bedford VA, which has more than 200 long-term care residents.

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1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

FORT McCOY – Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills.

A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

Nelson ended up at the Tomah VA Medical Center where, as part of his mental health therapy, he returned to the dangerous sands of Iraq on foot patrols and route clearance missions, just like the ones he experienced overseas.

This time, though, instead of battling real roadside bombs and terrorists, Nelson confronted his memories through the wonders of technology. The same technique is being practiced on other veterans suffering from post-traumatic stress disorder as well.

Tomah VA mental health therapists are treating veterans with PTSD, depression and anxiety in a state-of-the-art combat simulator at nearby Fort McCoy. The multimillion-dollar simulator features full size Humvees and weapons surrounded by a 360-degree video and audio system.

Last year, Tomah VA therapists began using the combat training simulator to effectively return veterans to the circumstances at the root of their problems. The idea behind prolonged exposure therapy is to lessen PTSD symptoms by confronting rather than ignoring trauma-related memories.

"It's almost like a small time machine and you get to go back, but you're in a safe place," said Samuel Hipp, 32, who spent seven years in the Army including a deployment to Iraq in 2009-'10. "You get to process a traumatic event in a different way."

For Nelson, a combat engineer, it was memories of going to the motor pool shortly after he arrived in Iraq and seeing the aftermath of an improvised roadside bomb. He felt pain and sadness even though he didn't know if the American soldiers were killed or wounded.

"I never really knew what happened in that truck. I just saw all the blood," said Nelson.

He was further traumatized when the route clearance vehicle he was driving hit an IED.

Since the Tomah VA started using Fort McCoy's simulator last year, 75 people have gone through exposure therapy. About two-thirds are Iraq and Afghanistan veterans, said Robert Campbell, director of the residential rehabilitation treatment program at Tomah.

The 65-day program includes nine sessions in the combat simulator as well as other group and individual therapy. Tomah VA therapists work with Fort McCoy to tailor scenarios, which can feature desert, jungle and city landscapes. Veterans are placed in four-person teams and a therapist is always with them in the simulator.

The first time Nelson went through the combat simulator, the scenario involved an IED explosion with bloody mannequins. Memories of the anonymous blood he saw in the Humvee flooded back.

Exposure therapy is not for everyone and some veterans do not respond well or decide to leave the program early, Campbell said. But most who have gone through the combat simulator have responded well to treatment.

“Almost everybody who comes here has to have problems functioning. I’ve had people who couldn’t shop for their kids for Christmas because there was too much stimulation,” Campbell said. “We’re trying to take these symptoms down one at a time.”

'An innovative addition'

Statistics show 20 veterans in the U.S. commit suicide each day. Tomah VA Medical Center Director Victoria Brahm noted that of those 20 suicides, on average only three were getting mental health care when they ended their lives. While PTSD is treated in many different ways, exposure therapy in the Fort McCoy combat simulator is “an innovative addition to PTSD therapy programming,” Brahm said.

At a mental health summit Thursday at Fort McCoy, mental health and veterans officials had a chance to see the combat simulator in action before talking to a half-dozen veterans who had been treated through exposure therapy.

Inside one of four rooms outfitted with a full-size Humvee surrounded by video screens, participants sat inside the vehicle or on chairs and watched as therapist Bo Pearson, standing in the gunner’s turret, explained what they were seeing. The Humvee pulled out of a forward operating base as helicopters whirled overhead and sand dunes loomed in the distance.

The Humvee sped into a town, passing cows and goats, burqa-clad women and vehicles.

“There’s a guy over here with a tarp over his truck. He could have a bomb in there (or) it could be harmless,” said Pearson, as the Humvee turned a corner and gunfire exploded nearby.

Two people inside the Humvee pointed M-4 air rifles toward a guy armed with a grenade launcher, fired and watched the man fall to the ground. Pearson fired the machine gun and a car exploded in flames, black smoke billowing up. As the Humvee headed back to base, mortars landed all around it, puffs of sand blowing up into small clouds.

Veterans going through exposure therapy are never told in advance what they will do and see in the simulator, though when they get on their bus from the VA and head toward Fort McCoy, the scenario begins when they hear the muezzin call to prayer, sounds they routinely heard while stationed in Iraq and Afghanistan.

Adrenaline rush

Some combat veterans turn to risky behavior when they return home, vainly trying to re-create the feelings of exhilaration from being in a war zone. They may drive too fast or drink too much.

For Hipp, who traveled around Iraq working a security detail in the 1st Cavalry Division, it was alcohol.

“I wasn’t a drunk driver. I was a ‘sit in the basement and drink’ person,” said Hipp, wearing a ball cap adorned with an American flag patch and an “I Fought in Stuff” T-shirt. Until one day when he got pulled over for drunken driving, something he believes saved his life because it brought him to the VA for help.

In his first combat simulator session, Hipp was on a foot patrol with other veterans when mortars began exploding 75 feet away. A doctor participating in the scenario as an embedded journalist ran away in fright and Hipp was told to bring him to safety. Within seconds, the group began working as a team and the fear Hipp felt at hearing and seeing the first mortar blast melted away as he concentrated on his task.

“There’s this adrenaline rush and spike that comes in combat situations,” said Hipp. “At the end of my first time here I was emotionally drained but I sat back and said ‘I haven’t felt this rush in eight years.’ ”

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1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency’s total spending over \$200 billion for the first time.

The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

“With this funding bill we have increased the VA’s budget to the largest ever,” he said. “We are delivering the resources to implement crucial VA reforms.”

The bill includes \$1.1 billion for the start of a VA electronic health records overhaul and \$400 million for opioid abuse prevention within the department, both efforts touted by Trump in the past.

The final deal also includes a \$1.75 billion increase in money tied to the VA Mission Act, passed at the start of the summer. The legislation will rewrite the department’s community care programs, expanding veterans ability to access private health care at taxpayer expense.

That money had stalled negotiations on the budget bill for months, and Democrats said they still are not satisfied with the short-term spending plug to cover what is expected to be an even bigger financial hole next year.

“The bill the president signed today leaves a funding gap in May of 2019, expected to grow to more than \$8 billion in fiscal year 2020,” Sen. Patrick Leahy, D-Vt., the top Democrat on the Senate Appropriations Committee, said in a statement after the signing.

“We do our veterans no favors when we make promises we do not keep, and I will continue to fight in Congress to make sure they receive the care they deserve.”

The VA funding legislation also includes \$10.3 billion in military construction funding for fiscal 2019 as well as the full-year budgets for the legislative branch and federal energy programs.

Trump’s signature came just a day after he blasted a similar sprawling budget package focused on the Department of Defense as a “ridiculous spending bill” because it omitted border wall funding he has demanded from Congress.

The House is expected to finalize that legislation next week. If the president chooses to veto it, most federal departments would face a partial government shutdown. VA would be exempted from those problems, however, since their fiscal 2019 funding is now in place.

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1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System.

Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

“You back me and I back you, that’s the way it works,” Trump told the audience. “That’s the way it’s supposed to work.”

Heller was seen outside the Trump International Hotel this morning, and Amy Tarkanian, wife of 3rd Congressional District candidate Danny Tarkanian, was spotted entering the hotel shortly afterward. Trump held a private roundtable with supporters at 9:20 a.m.

Small groups of supporters waited to see the president as he left the hotel. Traffic was at a standstill on surrounding roads and freeways.

Trump left Las Vegas from McCarran International Airport for Missouri around noon. He is scheduled to appear at a rally in Springfield tonight.

The spending bill that Trump signed, which passed the Senate with a 92-5 vote. Energy and water, military construction, Veterans Affairs and legislative branch funding are included in the bill.

The bill leaves out funding for Yucca Mountain, the stalled proposal to dump nuclear waste in Nevada. Democratic Sen. Catherine Cortez Masto said in a news release that the funding is a “major victory” for the state, and that she’d continue to oppose Yucca money.

“It provides billions of dollars in funding for state priorities like renewable energy and water conservation, much needed support for our veterans, and military construction projects that create good-paying jobs for Nevadans,” she said.

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1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion.

Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie.

After Trump signed the bill, he joked Wilkie is the one who “has got to make it work.”

“We are on the cusp of the greatest transformative period in the history of veterans affairs,” Wilkie said. “The signing today gets us on that road.”

The budget, passed by Congress last week, totals \$208.8 billion. It’s another in a series of increases for the agency, which had a budget of \$90 billion in 2009.

The spending agreement provides some funding to implement the VA Mission Act – legislation that aims to expand private-sector medical care for veterans starting in July 2019.

The Office of Management and Budget estimated the implementation of the Mission Act would create a \$1.6 billion shortfall in 2019 in the account used to pay for veterans’ private-sector treatment.

The Mission Act was signed into law with fanfare this summer, but Trump’s administration asked Congress not to break spending caps to pay for it. In the end, lawmakers shifted \$1.25 billion to cover some of the cost instead of approving new funding – a move some Democrats opposed.

In the budget, lawmakers set aside \$8.6 billion for mental health care programs, including \$206 million for suicide prevention efforts. It directs \$400 million to the VA’s Opioid Safety Initiative, \$779 million to medical and prosthetic research and \$1.8 billion to homeless veteran programs

It also provides \$2 billion to address a backlog of maintenance issues at VA facilities, as well as \$1.1 billion to begin a massive project to overhaul the VA’s electronic health record system.

“We’re fighting to make sure you get the care you so richly earned, and today’s legislation is one more promise that the Trump administration is keeping,” Trump told a crowd of mostly veterans Friday.

Outside the Las Vegas VA were protesters organized by the American Federation of Government Employees, a union representing VA workers. The union has been pushing for the VA to fill its thousands of job vacancies.

As of June 30, the VA had more than 45,000 open jobs, more than 40,000 of which were in the VA health care system.

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1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

The American Federation of Government Employees filed the motion on behalf of AFGE Local 3399, which represents employees at the Harry S. Truman Memorial Veterans' Hospital in Columbia, Mo., claiming that department officials repeatedly ignored demands to roll back implementation of the key provisions of three executive orders that were struck down last month by U.S. District Court Judge Ketanji Brown Jackson.

Once VA issued an order to rescind offending elements of workplace policies, AFGE said department officials attempted to improperly retain a requirement that all union officials must receive permission prior to the use of official time.

In May, Trump issued three executive orders, which sought to make it easier to fire federal employees, set time limits and limit the scope of collective bargaining negotiations, and to severely curtail union officials' use of official time, as well as the scope of topics that can be administratively aggrieved. But Jackson found that the key provisions of the orders amounted to an "evisceration" of unions' ability to bargain collectively, in conflict with the 1978 Civil Service Reform Act.

According to Wednesday's complaint, in the days following Jackson's Aug. 25 ruling, union officials repeatedly requested the department return its union and workplace policies to their pre-executive order state. In one instance, on Aug. 29, in response to an email stating that the facility is "in violation" of the court order and Office of Personnel Management guidance rescinding executive order implementation instructions, VA Supervisory Human Resources Specialist David Doler responded, "What is Local 3399's question?"

On Aug. 31, VA issued a memo rescinding most of its policies implementing the executive order, but it maintained a requirement that union officials obtain permission through the VA Time and Attendance System (VATAS) for any official time request in advance.

"Because of the District Court's order, the Office of Labor Management Relations will be rescinding the notice sent to AFGE on July 18, 2018, except with respect to any provisions regarding the implementation and enforcement of VATAS," VA wrote. "[The] court's order does not affect the [policy] on the use of VATAS for requesting, approving, recording and tracking of taxpayer funded union time."

The AFGE local accused management at the VA facility of using that system to prevent union employees from performing representational duties.

“[Truman Memorial Veterans Hospital Director David Isaacks], Mr. Doler, and the leadership [of the facility] have abused the VATAS tracking system to unlawfully deny requests for official time in contempt of this court’s order,” the union wrote. “Through September 12, 2018, the agency refused to release certain union officials, including the chief steward, Mr. Aaron G. McMahon, to a standard Monday through Friday daytime work schedule as required by [an existing agreement].”

In that instance, McMahon was scheduled to present a grievance to department management on Sept. 10, but he was repeatedly denied requests for official time. Later that day, he was told that the window to present a grievance in person had closed.

“Mr. Doler emailed Mr. McMahon to say that the official assigned by Director Isaacks was no longer available for an in-person meeting and the local must now submit any support for their grievance in writing,” the union wrote, noting that its contract with the agency requires grievance meetings to be “face-to-face.”

In her court decision, Jackson wrote that requiring preapproval of official time is particularly problematic.

“Insofar as the official time order also generally requires agency management to pre-approve union representatives’ use of official time, one could argue that this singular provision is the one that does the most damage to the statutory right to bargain that the [law] establishes,” she wrote. “This is so because requiring preapproval effectively confers upon management the discretion to dictate when, if ever, union employees may use paid time to engage in union activities.”

Attorneys with the Justice Department disputed the contempt motion, arguing that AFGE Local 3399 failed to meet and confer with the government to try to resolve the issue before filing its motion. It also criticized AFGE for filing its contempt motion at “11:13 p.m. on Wednesday, September 19, 2018—without the barest effort to confer with defendants’ counsel beforehand.”

The Justice Department wrote: “According to AFGE 3399’s motion, the underlying dispute has been developing since at least August 27, 2018, when local union officials began corresponding with local management following this court’s summary judgment decision and order. Yet at no point during that process did AFGE 3399 counsel reach out to defendants’ counsel to discuss the local dispute.”

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2. Greater Choice for Veterans

2.1 - The Washington Post: [Trump signs spending bill for veterans, but shutdown threat remains](#) (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1.

The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

Trump's signature does not end chances of a partial government shutdown. Averting that would require Trump to sign a short-term spending bill awaiting action in the House that would punt a fight over his border wall into December, past the midterm elections.

It remains uncertain whether Trump will sign that measure, since he demanded more border wall money and has publicly suggested it might be a good idea to force a shutdown to get it. Trump during his presidential campaign repeatedly promised the wall would be paid for by Mexico.

"Today, the President signed legislation that makes critical investments in our military, our veterans, and our Nation's infrastructure," said Mick Mulvaney, director of the White House Office of Management and Budget. "This signals to our veterans, men and women in uniform and their families that the nation stands behind them as they risk everything to protect our freedoms as Americans."

The legislation comprises three of the 12 annual spending bills Congress must pass to keep the federal government running. Two others — critical measures to boost funding for the Pentagon and for health, education and labor programs — have been attached to the short-term spending bill that has already passed the Senate and is expected to pass the House next week.

By attaching Pentagon spending to a short-term measure keeping the entire government running through Dec. 7, GOP leaders hope to increase odds Trump will sign the package and steer clear of a shutdown.

Friday's package includes \$86.5 billion for the Department of Veterans Affairs, the largest dollar amount ever for VA. It contains \$1 million for the Capitol Police for lawmaker security at events away from the Capitol, following last year's shooting at a congressional baseball practice.

It also contains \$174,000 for a death gratuity payment to the family of former Arizona Republican Senator John McCain; a new fund allowing lawmakers to pay congressional interns, who have long been unpaid; and a one-year funding fix for the new VA Mission Act signed by Trump, which consolidates programs allowing veterans to receive private care coordinated by VA. This follows a fight over how to pay for the new law; the outcome was a short-term solution that will require lawmakers to revisit the issue in a year.

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2.2 - U.S. News & World Report (AP): [The Latest: Trump Says He Won't Rush North Korea Deal](#) (21 September, 23.9M uvm; Washington, DC)

[...]

2:55 p.m.

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police.

Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care.

Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

The bill includes money for veterans' health care, military infrastructure, the electrical grid and nuclear weapons programs.

It also provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the troubled VA system. And it will require Senate candidates to file electronic campaign finance reports.

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2.3 - Breitbart: [Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans](#)
(21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure.

"You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience.

The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

He called Vincent Putignano, a disabled Vietnam veteran Marine from Las Vegas, to the podium to talk about how he used the VA Choice Act for some of his care.

"This is a very special situation," he said. "I'm getting old."

After looking at the president, he joked, "I think a couple of us in here are too." Putignano chuckled while Trump grinned.

The veteran said that the VA Choice Act allowed him to find a private doctor to operate on a bleeding ulcer on his toe.

"I must say that I really am impressed that you and your government are focused on making our countries promise to us a reality because you know what? We earned it," he said to Trump. "No longer do they have to stand and wait and not get the proper care...that's because of you."

Trump signed the legislation funding the military during his visit, promising to continue supporting veterans.

"Today's legislation is one more promise that the Trump administration is keeping," Trump said.

The president noted that the Veterans Affairs budget was at its biggest ever and promoted recent reform legislation to give veterans more choice and to make it easier to fire bad actors in the system.

"We had people that really mistreated our veterans," he said, pointing to "sadists" and "thieves" who used to be in the system. "They are now being held accountable."

Trump thanked his new Veterans Affairs Secretary Robert Wilkie for his service in the administration, noting that Gen. Jim Mattis was sad to lose him at the Department of Defense.

"He's had a lot of fun, we take care of our good ones, and we hold the others accountable," Trump said, referring to Wilkie.

Wilkie thanked Trump for placing veterans at the top of his campaign.

"President Trump is the first candidate and the first president to put veterans at the center of his campaign," he said.

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2.4 - WMBB (ABC-13, Video): [Local Veteran Expresses Concerns with VA](#) (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

Joe Wilds served 18 years in the us army. Since retiring he says he's had several surgeries.

"I've had surgery on my feet, my knees, my hips are in need of surgery, and I've had surgery on my shoulder and neck as well," said Wilds.

He said he is in need of injections to reduce his pain.

"I'm not receiving the shots I should be receiving and it's been over 90 days since my primary care physician locally authorized the shots," said Wilds.

When the VA couldn't see him in thirty days they implemented the veterans choice act and referred him to local doctors. Wilds said two local doctors would not administer the shots because they were in fear of not being paid back.

"The VA I know this for a fact locally is not paying its bills correctly therefore the local contractors don't want to see the veterans for fear of non payment," said Wilds.

Many rely on VA health care.

"Once we return home and if we had any service connected illnesses that the va would take care of us," said Wilds.

The Gulf Coast Veteran's Health Care System said they are working directly with the veteran to get him the health care he needs. They said patient feedback like this helps them improve their services.

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3. Modernize Our System

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21 September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs.

On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

Mason, who lives in Gaithersburg, says now his drive is 15 minutes.

"It's a wonderful thing," Mason said before a check-up Friday. "When you get older, you don't want to be making a long drive."

The new 11,600-square-foot facility, located at 15810 Gaither Drive, will provide veterans with a range of medical services in primary care, including annual physicals, women's health, mental health, social services, nutrition counseling, pharmaceutical consultation, audiology device fitting and specialty care via clinical telehealth technology, according to a press release.

In its first week, the clinic has seen about 53 patients, ranging in age from 35 to 95-years-old, Medical Support Assistant Felicia Jones said.

Several patients this week were walk-ins seeking psychiatric care, Jones said.

The clinic is staffed with two primary care physicians, two psychiatrists, a psychologist, a nutritionist, an audiologist and a social worker.

"Starting next year, the staff will most likely be double," Jones said.

There is also a small volunteer staff on hand, but the clinic is seeking more volunteers.

"Opening the Montgomery County clinic, represents years of planning and community collaboration," said Gloria Hairston, DC VA Medical Center spokesperson. "It also demonstrates

the DC VA Medical Center's commitment to expanding closer to home VA health care to Veterans in Maryland."

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4. Focus Resources More Efficiently

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21 September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

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4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21 September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year.

Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

MiMedx "accused, tried and convicted them of unspecified inappropriate conduct without first giving them notice of the 'charges' or a fair and meaningful opportunity to respond," said Bill Weinreb of Quinn Emanuel Urquhart & Sullivan LLP, adding that the board's internal probe has "spun out of control."

The biotech firm, which is under investigation by the Justice Department and the Securities and Exchange Commission, said Thursday it will recoup compensation from Petit, Taylor and ex-finance chiefs Michael Senken and John Cranston. The Marietta, Georgia-based company has already canceled some equity grants previously awarded to the four and will classify their exits as "for cause" terminations, according to the filing, meaning they won't be eligible for severance payments.

While most public firms have policies allowing them to claw back incentive compensation from top executives in case of financial restatements or other wrongdoing, they're rarely enforced. Boards typically use them only when they want to publicly distance themselves from those individuals and underscore the seriousness of their actions.

Last year, MiMedx came under attack by short-sellers alleging it had defrauded the U.S. government and inappropriately booked sales of products that hadn't been ordered. After spending months rebuffing the allegations, MiMedx said in June it would restate results going back to 2012 based on the accounting treatment of sales and distribution practices.

The next month, Petit and Taylor resigned “in part from information the audit committee has identified through its previously announced independent investigation,” MiMedx said at the time.

“The investigators conducted an unfair investigation that has needlessly damaged employee morale, productivity and shareholder value,” Taylor said in the statement. Petit, who remains a shareholder, said he looks forward to getting MiMedx “back to efficient and effective business management.”

Audit Committee

The audit committee, which is conducting the investigation, is led by J. Terry Dewberry, who’s worked with Petit for decades. Robert Borchert, a MiMedx spokesman, didn’t immediately comment on the former executives’ criticism of the board’s probe.

The Veterans Affairs Medical Center in Minneapolis has parted ways with five doctors over improprieties related to MiMedx skin-healing allografts, the Atlanta Journal-Constitution reported on Thursday. In May, federal prosecutors indicted three former VA health-care workers in South Carolina for allegedly taking bribes from MiMedx representatives.

Petit, 79, has been a fixture of the Atlanta business scene for decades and a noted philanthropist. He’s founded and sold several medical-equipment makers, donating millions of dollars to local universities and Republican politicians. He came out of retirement to take over MiMedx in 2009 -- when it had less than \$1,000 in sales -- and built it into a \$2 billion company.

MiMedx shares fell 3.6 percent to \$5.98 at 10:18 a.m. in New York, and have tumbled 51 percent this year.

In a separate statement Thursday, MiMedx said that Nasdaq will allow its shares to continue trading on the exchange on the condition that it brings its financial filings up-to-date by Feb. 25. The firm has yet to file its 2017 annual report or subsequent quarterly reports.

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4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

[...]

TRUMP SIGNS BILL THAT FUNDS VETERANS AFFAIRS: President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas.

The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

"We're fighting to make sure that you get the care you so richly earned. Today's legislation is one more promise that the Trump administration is keeping and we've done a lot of promises and we've kept them all," Trump said at the VA Southern Nevada Healthcare System.

"With this funding bill we've increased the VA's budget to the largest ever. We are delivering the resources needed to fully implement crucial VA reforms ... and to deliver for our great veterans just the way I said I would constantly on the campaign trail. You back me and I back you."

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4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21 September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

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4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

BOSTON — The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness.

"VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

The new case follows other outbreaks in the Commonwealth and in New Hampshire.

The risk of the disease increases when weather is warm and humid, according to a VA Spokeswoman.

The VA said it tests the water quarterly as a preventive measure and meets industry standards when it comes to prevention. The hospital said it adheres to VHA Directive 1061: Prevention of Healthcare-Associated Legionella Disease and Scald Injury from Potable Water Distribution Systems.

"We are tracing the patient's movements within the hospital and testing the water for the bacteria at each of those locations," according to Pallas Wahl of the VA.

The test results may take 7 – 14 days to return, and in the meantime, staff at VA Boston Healthcare System is supporting the patient and working to find the source of the bacteria.

The VA has a VA Medical Center on Huntington ave in JP and a VA Boston Clinic on Causeway Street.

Legionnaires' disease is typically found in wet areas including showers, hot tubs and faucets. Humans acquire the disease by breathing it in. Drinking contaminated water will not transmit the disease and the disease cannot be spread from person to person.

Legionnaires' disease was discovered in 1976 after an outbreak at a Pennsylvania convention of the American Legion — thus its name. There were about 6,100 confirmed cases of Legionnaires' disease in the U.S. last year, according to the Centers for Disease Control and Prevention.

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4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased.

The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

Among the complaints were that operating rooms weren't properly cleaned or cared for, that blood and rust were present on surgical instruments and that patients with cervical myelopathy were victims of malpractice.

According to the OMI, those claims were unfounded.

The report also addresses the whistleblowers, saying they became "distrustful and frustrated when they felt as if their clinical concerns were not addressed by their leadership."

But critics of the VA said the motivations behind the writers of the report are clear.

"It's a PR move. It's pure and simple," said Andrea Amodeo-Vickery, a lawyer for the whistleblowers. "The other three reports weren't publicized yet. They substantiated these same claims that this new report didn't substantiate."

"Oh, I think they have it terribly wrong," said Dr. Stewart Levenson, former chair of the department of medicine at the Manchester VA and one of the whistleblowers. "There are several incidents that are truly tragic, where they say there are no problems because they followed VA protocols, which are blatantly wrong."

Levenson said the VA system needs faster, safer patient care.

"The patients, the veterans, suffer the most," he said. "Several suffered horrible complications, maybe even death, because they didn't get their care on a timely basis."

U.S. Rep. Annie Kuster, D-N.H., who is on the House Veterans Affairs Committee, also questioned the findings.

"I have spoken with highly regarded physicians that have serious concerns about the quality of care, and thus, I question the outcome of this particular investigation," she said.

Kuster said she's pleased with the current leadership at the Manchester VA and has asked the U.S. Office of Special Counsel for an independent investigation into the VA's previous practices.

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4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

Union officials say in interactions with the Health and Human Services and Veterans Affairs departments, as well as the Environmental Protection Agency, management continues to press for provisions strikingly similar to the priorities outlined in three executive orders signed by President Trump in May but struck down in federal court last month.

Last week, officials at the Centers for Disease Control and Prevention, its parent department HHS, and American Federation of Government Employees Local 2883 met in Atlanta to resume negotiations on a collective bargaining agreement. Pam Gilbertz, president of the union local, said negotiations had begun in earnest in October 2017, but were twice delayed due to negotiator health issues. In July, both sides briefly returned to the table, but she said management unsuccessfully tried to renegotiate ground rules.

"They said it was because of the executive orders that were implemented," Gilbertz said. "My response to that was we don't agree to reopen our ground rules, and you cannot force us to reopen our ground rule negotiations, and that there was nothing in the EOs that would require a change anyway."

Gilbertz said that the union encouraged CDC to hold off on further negotiations until the court resolved the challenge to Trump's executive orders, which sought to make it easier to fire federal employees, set time limits on collective bargaining negotiations, and severely curtail both the amount of official time available to union employees and the scope of issues covered by bargaining.

But although the key portions of those executive orders were invalidated in a court order issued last month by U.S. District Court Judge Ketanji Brown Jackson, Gilbertz said agency officials continued to insist on a contract that largely mirrors provisions of the executive orders. The proposal, which includes language that HHS "makes these management proposals independent of any requirement in any executive order," seeks to eliminate 37 of the 47 articles in the existing collective bargaining agreement, including telework, alternative work schedules, grievances and official time.

"They are proposing to completely take away our ability to use official time to represent employees and make us use leave without pay to represent employees altogether, Gilbertz said. "How ridiculous is that? How are we supposed to represent employees if we have to take leave without pay?" She said that while there are agency managers who work full time on labor-management issues, none of the union reps has that luxury.

"We all have agency jobs in addition to our union role," she said.

The National Treasury Employees Union has reported similar experiences with HHS leadership. In July, while still following the provisions of the executive orders, the department declared an impasse in its negotiation with NTEU. But since the orders were partially rescinded, it has continued to seek intervention from the Federal Services Impasse Panel, a move that has drawn outcry from the union and lawmakers, who have described it as bad-faith "surface" bargaining.

HHS has repeatedly issued statements to Government Executive denying that their bargaining tactics are related to the executive orders. But in the case of the NTEU negotiations, the department informed the union that it must come to the bargaining table on May 25, the same day that Trump issued the orders.

"HHS' proposals were based solely on HHS' discretion, not on the executive orders," a spokesperson wrote.

At the Environmental Protection Agency, AFGE Local 704 had completed negotiations months ago, but has been stuck in a holding pattern. Local President Mike Mikulka said that although the contract has been ratified by the union, the agency has thus far refused to implement it, instead pushing for a full renegotiation.

"We ratified the contract, and the EPA took no action to review it, so after 30 days it should have been in effect," Mikulka said. "But they weren't satisfied, because they didn't get the provisions on office space and official time, so they sent us a really unreasonable proposal on ground rules for the full contract."

Since the rescission of the executive orders, Mikulka said they have not seen any change in position from management.

"The latest thing is that they want to open up the whole contract, but according to the ground rules, you can't do that," he said. "So that's still where things stand."

And at the Veterans Affairs Department, National Federation of Federal Employees negotiators reported that even after the Office of Personnel Management instructed agencies to comply "fully" with the court order, management continued to stonewall in contract negotiations. In that negotiation, a member of the management's negotiation team also was caught illegally taping private union deliberations.

"[The management negotiator] made it clear in both actions and in her words that they would not agree to anything that is not already required of them by statute," said NFFE Associate General Counsel Suzanne Summerlin earlier this month. "If that's the case, what is the point of a contract, which at basic essence is a private agreement between two parties to create a series of obligations and rights beyond what the law says you have to do? This is just bad faith bargaining."

On Thursday, House Oversight and Government Reform Committee Ranking Member Elijah Cummings, D-Md., sent a letter to Chairman Trey Gowdy, R-S.C., demanding that he issue a subpoena for Office of Personnel Management Director Jeff Pon to testify at a deposition on how OPM is working to make agencies comply with Jackson's court order.

Last month, Cummings requested a briefing on the issue, but Pon declined, citing “pending and ongoing litigation.” The Trump administration has not yet filed an appeal in the case.

“Under the court’s order, federal agencies are prohibited from implementing the invalidated provisions of the executive orders,” Cummings wrote. “To date, the Trump administration has not filed an appeal or a motion to stay the court’s decision. We are not requesting any information about the agency’s litigation strategy—we are asking for basic information about how the Trump administration is complying with the law.”

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4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care.

VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman.

"I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

According to Hutchison, most veterans are in the same boat and the town halls allow the agency to reach them easier and also hear from the veterans.

"Montana is a rural state so we like to get out and talk to veterans where they're at because there are some travel limitations with veterans," he said.

The VA says they provide more than just health care; they also have caregiver support and tele-health services.

Under the VA system there are different levels of eligibility, but they say in general, honorable discharge and two years of service qualifies.

"It was kind of slow at first just the paperwork of getting things set up -- part of that was my fault, it was kind of complicated...but everything's been fine after that. I've been happy with it," said Steve Holland, a veteran town hall attendee.

"There's been a mixed bag; some of them had a real good experience, some of them had a so-so experience. A lot of it depends on who they've seen and where they've had it seen," said John Kozicki, a veteran and town hall attendee who said he doesn't use VA health care, but his friends do.

In a state that has 1.5 veterans per 10 people, the vets will tell you these kind of events are needed.

"I really appreciate them coming because we don't really get a chance to ask questions and hear the administrators and that kind of thing very often," said Holland.

The Montana VA will be holding a health fair October 3rd at Fort Harrison in Helena.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance.

The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

This bill — which passed the House of Representatives and would provide medical coverage to sailors who were exposed to the herbicide Agent Orange during the Vietnam War — appears to have some skeptics on the committee.

They seem swayed by the Department of Veterans Affairs' thin arguments that because record-keeping wasn't good during the Vietnam War there's no reason to provide veterans with this necessary treatment.

Nearly 90,000 veterans would be covered by H.R. 299, according to Military Times. That's tens of thousands of veterans who were once the picture of health who now find themselves battling cancer as well as nerve, digestive, skin, and respiratory disorders. To add insult to injury, because the VA and Congress refuse to act, they're getting stuck with paying the bill.

Instead of providing adequate care to our veterans who have fought and suffered for their country, government officials who have the power to provide them with care are needlessly debating a settled issue and placing the onus on veterans to prove that they were harmed. America owes our veterans a debt, and we are failing in our duty to pay that debt.

The Senate Veterans' Affairs Committee and VA need to stop putting the burden of proof on our veterans. The people who are questioning what veterans went through weren't there on the ships in Vietnam. They weren't drinking and brushing their teeth and bathing in water tainted by this terrible chemical.

Looking toward the future, the Department of Defense must do its part as well. Poor record-keeping did our veterans a disservice in Vietnam, and the Pentagon should conduct an audit to ensure that their record-keeping today is accurate — particularly when they know they are sending troops into areas affected by harmful chemicals.

Even though the VA is dragging their heels on this critical issue, Congress can take care of those thousands of veterans now. All that's required is for the Senate Committee on Veterans Affairs to put the Blue Water Navy Vietnam Veterans Act of 2017 up for a vote.

H.R. 299, the change in policy for Blue Water Navy Vietnam veteran care, has bipartisan support for our Navy veterans and ensures they receive the full extent of care they so deserve.

Our legislators need to stop playing politics with funding bills, stop doubting veterans and put these bills to a vote immediately.

Retired Navy Rear Adm. Christopher W. Cole is the national executive director of the Association of the United States Navy. His views do not necessarily represent those of the Department of Defense or Navy Times.

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5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the “High Risk” status for VA Medical Centers.

Information from the VA said of the 146 medical centers that had been deemed “High Risk”, Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

Interim Medical Center Director, David Whitmer said the facility will continue to be “diligent in evaluating our quality” and reviewing the improvements in primary care scores. He said being removed from high risk status, is a “direct result of the hard work our team has accomplished to improve the care we provide for our veterans”.

A national release from the VA said that there have been significant improvements at the majority of its health care facilities. The release said compared with data from a year ago, 71% of VA Medical Centers have improved in overall quality. In contrast, only 5% of VAMC’s had a small decrease in quality.

VA Secretary Robert Willie said “this is a major step in the right direction to improving our quality of service for our veterans”.

David Whitmer will talk about state of the Roseburg VA on an upcoming Inside Douglas County program, on News Radio 1240 KQEN.

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5.3 - KPBS (NPR-89.5/PBS-15, American Homefront):[sFor Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire.

"When it comes to remembering street names, I just automatically go to them now," Snow said as drives toward the border between the two states.

Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

"Some of our vans have put on 200 miles just getting here," he said, "and they do go out the back roads."

On a recent morning, Snow picked up veteran John Scherer from his dialysis appointment in Lebanon, N.H. The appointment was in a tucked-away office plaza, where Sherer had been receiving treatment for the previous few hours.

Sherer's a matter-of fact-guy who served in the Army in the late sixties. As he's gotten older, he's had some serious health issues.

"I'm in stage five kidney failure," Sherer said as he got into the car. "Kidneys are not cleaning out the bloodstream."

Sherer needs dialysis three times a week. But living in small-town Vermont makes it hard for him to get to treatment. Vision problems prevent him from driving, and there's limited public transportation. Dialysis starts early in the morning, so he takes a taxi to get there.

"I have to be there at 6:00, and let's face it, nothing's running," Sherer said. "So a taxi fare from my house is \$20 a day or \$60 a week."

DAV volunteers pick him up when he's done with his appointment, and that saves him the taxi fare for the trip back home.

It's not a perfect solution - but it helps.

Even with long drives, many vets prefer VA doctors

Robert Burke, director of the Vermont Office of Veterans Affairs, said a lot of the state's veterans rely on the VA's Choice Program. It allows veterans who live more than forty miles from the nearest VA hospital to get care in their community. The VA then reimburses their healthcare provider.

But Burke said participating providers often have long wait times, so a lot of vets opt to travel to the VA hospital in White River Junction, Vt. instead.

That can be hard, he said, especially for veterans who live near the Canadian border.

"You can't go to Canada for your healthcare," Burke said. "You have to go south."

But Burke said one advantage is that Vermont is a lot smaller than many other rural states. You can drive from one end to the other in about three and a half hours.

"It's a long way," he said, "but if you're getting good care, you'll do it a couple of times a month."

Sherer is familiar with those long drives. He used to live in Bethlehem, N.H., about 90 miles from the VA hospital. He remembers the first time he used the DAV van service back in 2001. He was really sick, and he didn't know why.

"I got into the van; I could barely walk," Sherer said.

A volunteer driver hightailed it from his house to the hospital, but it still took more than an hour to get there. Sherer was rushed into the emergency room.

"I was in the last stages of congestive heart failure," he said. "So if it wasn't for the DAV services you wouldn't be talking with me today."

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5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

DOTHAN, Ala. - Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future.

Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center.

There are contracted employees along with a small number of actual federal government employees in this facility.

Once it closes, almost 5,000 patients — military veterans — will be forced to use other VA options.

WDHN is committed to finding more answers as to what the future holds for local VA patients.

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5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a "high-risk" list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday.

The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

The star rankings are based on Strategic Analytics for Improvement and Learning data, or SAIL, which ranks how hospitals are performing on a range of measures from re-admissions after treatment to patient ratings, employee satisfaction and wait times.

"We are pleased with the direction of our SAIL ratings and that Roseburg is no longer on the high-risk list," Whitmer said.

He said the VA will “continue to be diligent” evaluating its quality and reviewing improvements that have already been made to its scores for primary care, hospitalization for sensitive conditions and other performance measures. He said the VA will continue to strive for excellence and he expects to see continuous improvements in its ratings.

“This is a team effort and our staff takes pride in continually improving the care we give our veterans,” Whitmer said.

The Roseburg VA was one of five hospitals removed from the high-risk category.

The Roseburg VA’s one-star rating in 2017 put it in the bottom 10 percent of facilities nationwide. The 2018 star rating hasn’t been released yet, but improvement in its SAIL scores this year has put the VA on track to increase to at least a two-star rating by the end of the year, Whitmer said.

The Roseburg VA has yo-yoed between one star and two over the past couple of years. But up until 10 years ago, the facility consistently earned four- and five-star ratings.

At the beginning of 2016, the VA was ranked one star. When it jumped to two stars in the middle of that year, it was called one of the fastest improving hospitals of the year. At the time, then-director Doug Paxton said his goal was to return the facility to five stars.

Instead, in 2017, the VA lost its two-star rating, dropping back to one star. Paxton was himself under fire by then, as the Office of the Medical Inspector was investigating the VA. After it concluded senior leadership was creating a toxic environment, Paxton and other top managers stepped down and were reassigned to other VA jobs.

Whitmer, who took the helm in February, was given a year to begin turning things around and then help choose his own replacement.

“This is a good step, but it is only one of many that the Roseburg VA needs to take in order to become a top-tier facility,” DeFazio said. “The next step is hiring a new director with strong leadership qualities, a history of working in veterans’ healthcare, and a proven track record of success in management. I look forward to working with this individual to ensure that we are doing all we can to provide the best care possible to southwest Oregon’s veterans.

He said improving the rating of the health care system is an important step, but it is crucial that VA leaders remain focused on improving all aspects of the Roseburg VA. He said that will take “continued intense focus” from the Roseburg VA’s senior leaders, the regional network that oversees it, and the VA’s central office in Washington, D.C.

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5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military.

He signed the bill after giving a speech at the North Las Vegas VA Medical Center.

"The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

The night before he held a campaign rally inside the Las Vegas Convention Center where he praised Senator Dean Heller and pushed Nevadans to get out and vote in the November midterm elections.

"I want to give a victory speech on the evening of election day. We're not going to let people undo the incredible job that we've done," Mr. Trump said. He mentioned that early voting begins in Nevada in October.

In turn, Heller credited the president for improving the economy, the job market, and the U.S. Department of Veterans Affairs.

It was Trump's seventh rally in the Las Vegas area since he first began his race for president in June 2015.

About 8,000 people turned out for Thursday night's rally.

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6. Suicide Prevention

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

Editor of the Reformer,

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

You don't need to have special training to support the Veteran's in your life, and we can all do something to help a Veteran who is going through a difficult time. Even seemingly small actions can have a huge impact: Preventing suicide begins with just the willingness to Be There.

Showing your support can be as simple as sending a Veteran a text message- inviting someone over to catch up or sharing a positive thought are both great ways to communicate that you care. Your words could be exactly what a Veteran in crisis needs to hear, and could be a reminder of the many people out there who are willing to listen.

When you sense that a Veteran is not doing well, your words can help. You can make a difference by just starting a conversation. Although it can seem challenging, it is important to talk about difficult feelings and experiences. Keep in mind: Asking questions about thoughts of suicide does not increase a person's suicide risk. Instead, an open conversation can help

someone feel less alone and let others into the Veteran's experience. Feeling connected is shown to reduce suicide risk.

Simply reaching out to a Veteran in need and opening the door for a discussion could make all the difference. Learn more ways to show your support and Be There by visiting VeteransCrisisLine.net/BeThere to find more resources and information.

Suicide prevention is VA's highest priority. Every death by suicide is a tragedy, and we will not relent in our efforts to connect Veterans who are experiencing an emotional or mental health crisis with lifesaving support. If you believe a Veteran in your life may be contemplating suicide, call the Veterans Crisis Line at 1-800-273-8255 and PRESS 1, send a text message to 838255, or chat online at VeteransCrisisLine.net. Qualified and compassionate VA responders are on call 24/7/365 to provide guidance on how to connect Veterans with support and help them from harm.

Suicide is preventable. VA's goal is to reduce suicide and suicidal behavior among all Veterans—even those who do not, and may never, seek care within our system.

Brett Rusch, MD

Acting Medical Center Director

White River Junction VAMC

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6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, Tlindfors, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

VFW Post 10818 New Richmond / St. Croix County (www.vfwpost10818.org) and its auxiliary hosted the nearly two-hour program that featured presentations by representatives from numerous organizations all offering resources to address mental health issues contributing to suicide.

Post Commander Ron Ramos began the program by making it clear the forum was not just for veterans.

"The reason we're hosting this forum is because there is a (suicide) problem here in St. Croix County, but it's not just a veterans issue. Veterans experience suicide a lot. In 2015 the rate was 20 a day if I remember correctly. Living here the last two years, I've seen the problem in our schools, with our seniors, our kids and in our community in general. When we decided to host this program we wanted to do it for everybody, not just our veterans," said Ramos.

Community Coordinator Kelsey Ford and County Behavioral Health Supervisor Kathy Huston spoke on behalf of the Make It Okay (makeitok.org) campaign. Make It Okay is an initiative

native to Minnesota and Western Wisconsin having reached more than 35,000 people since its inception in 2012. Make It Okay relies primarily on a corp of volunteer ambassadors to employ a Learn, Talk, Share curriculum to "change the hearts and minds of the general public about the misperceptions of mental illnesses by encouraging open conversations and education on the topic." Ambassadors are available locally to speak with groups at schools, churches, workplaces, any place in the community interested in learning more about erasing the stigma of mental illness. Ambassador training programs are available to volunteers quarterly.

In St. Croix County, Make It Okay works together with Healthier Together (healthiertogetherstcroix.org) a community coalition lead by Hudson Hospital & Clinic, River Falls Area Hospital, Western Wisconsin Health and Westfields Hospital & Clinic working together to maintain healthy communities and provide a strategic framework for local health-improvement activities. Mental health is one of the three primary priorities of the coalition.

The goal of the Make It Okay campaign is to reduce the stigma of mental illnesses. Attendees were encouraged to join the more than 15, 229 people who have signed the Make It Okay pledge to stop the stigma.

[...]

Organizations

Derek Gilde, representing the St. Croix Valley Chapter of the National Alliance on Mental Illness (NAMI) (nami.org) noted the four activities which NAMI volunteers promote; education, advocacy, listening and leading. Locally the chapter focuses on support and operates two support groups, one for individuals with a mental illness called NAMI Connections and one for family support. In Our Own Voice features speakers who educate audiences using their own recovery story. The local chapter currently has six speakers available to speak with community groups and organizations.

Nurses Ryan Burkhardt and Katherine Lee representing the Minneapolis VA Suicide Prevention Team provided an overview of services available to veterans through the VA as well as through partnerships with public and private health care providers. Burkhardt reinforced the need for those partnerships noting there are only four VA case managers at the Minneapolis location (minneapolis.va.gov/services/Mental_Health_Services).

"I cover the five northern clinics. We can't handle all of the calls, all of the stuff that is happening, so the VA is rolling out more of a public health approach. For suicide prevention, we have a lot of great programs at the VA, psychiatry, therapy, counseling, there's a lot of great help out there but it really takes everybody being aware that life can be good and bad for all of us. It's important to know other people care about you," said Burkhardt.

The VA Suicide Prevention team provides three primary services. The team operates three call centers across the country to man the Veterans Crisis Line (1-800-273-8255 Press 1, text 838255, veteranscrisisline.net) which is available to anyone. The team also provides four weeks of intensive case management for veterans flagged as high risks of suicide. Finally the team also reaches out to educate other service providers within the VA as well as outside of the VA, like primary care, eye care or audiology, on behalf of veterans determined to be high risks. The program called Gatekeeper instructs other caregivers on how to create safety plans and how to do conduct risk assessments.

Post 10818 Auxiliary member Karen Green concluded the evening's program.

"Sixty-five percent of all veterans' suicides are men over the age of 50. If the statistics are correct and 20-22 veterans die each day from suicide, 14 of those are elderly. I'm not an expert on suicide prevention. I'm not a counselor or a mental health facilitator. I'm the wife of an older veteran. I'm the daughter of a veteran and I'm a sister to two veterans. We ask our community to find older citizens and get them involved in their communities again. Many of our elderly have amazing skills and there are real heroes hiding in our towns with great stories that should be told and learned from. We want mental illness, especially depression, to be normalized so that no one ever needs to be afraid to ask for help. We want all to feel needed and that our lives have a purpose."

St. Croix County Veterans Service Officers:

Phil Landgraf: 715-386-4757, phillip.landgraf@sccwi.gov

Geri Campbell: 715-386-4758, geri.campbell@sccwi.gov

Suicide Prevention Hotline: 1-800-273-8255, suicidepreventionlifeline.org

Crisis Text Line: Text HOME to 741741

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill.

It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans.

More than 1,000 veterans were expected to attend.

"It's amazing. This is huge. I didn't expect it to be so big, a lot of services here so I'm thankful to be here," said Jeff Bizzarro, a veteran from Burlington.

Bizzarro served in the U.S. Army from 1994-1998, then in the Alaska National Guard until 2006. He said he returned from service with multiple traumatic brain injuries and PTSD. He had his service dog Annie with him at Stand Down.

"Like they say, not all wounds are visible and so what she does for me is intervenes, interrupts, and mitigates my symptoms from Post Traumatic Stress. She helps me with being in crowds like this, she keeps me grounded, she interrupts my nightmares when I have them," Bizzarro said.

This was also the first time Colchester native Jacqueline Clements attended. She served in the U.S. Army National Guard from 2010-2018.

"I think it's wonderful. I think we need to do more to support the people that have come back who are serving our country and I think that giving back to them is really important," Clements said.

There were more than 100 agencies offering free food, haircuts, eye exams, dental exams, coats and socks, nutritional advice and job opportunities. The idea is to give veterans a one-stop shop where they can learn more about the programs they may qualify for as well as help transitioning back into civilian life.

Daryl Shealy was working hard to find job leads. "A couple of people already told me they would give me call-backs. So I am crossing my fingers."

Stand Down 2018 is at the Department of Veterans Affairs at 287 West Street in Rocky Hill from 8am-2pm. The department also offers year-round support to veterans and their families here.

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7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art.

Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art.

The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

"Our goal is to engage people, to support them, to celebrate the process of art making. The combination of art making, and personal engagement and support, creates a kind of magic," said Mark Hierholzer, CEO Art for the Journey.

Tyrone Sanders is one of those veterans who is expresses himself through art.

"When you look around, every piece, although different, say the same thing. They are soothing, they are comforting, they are therapeutic, they poured all their souls into something beautiful," said Sanders.

Sanders had his art chosen to appear and be sold at the Art for the Journey 3rd Annual Art Exhibit Gala.

The event will be held on October 11 at the Jepson Center.

If you would like more information about the event, click here.

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7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

TOGUS — Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet.

Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus.

For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost \$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

On Friday, they celebrated the project's opening with a ribbon-cutting ceremony that was attended by more than 100 guests and dignitaries. The project is part of a larger effort to end veteran homelessness and was developed by Volunteers of America Northern New England, a Brunswick-based group.

Of the roughly 2,280 people who were homeless in Maine last year, 131 were veterans, according to U.S. Census data compiled by the U.S. Interagency Council on Homelessness.

Multiple veterans who have received new housing through Cabin in the Woods said Friday they appreciated the natural surroundings and lack of noise pollution on the 11-acre property, where 21 cabins have been built. Each of the properties are free-standing and contain one or two bedrooms. The site also includes an office and community space, and is within walking distance of the medical facilities on the 500-acre hospital campus.

Buckmore, who worked as a generator mechanic in the U.S. Army from 1983 to 1989, has been intermittently homeless for the last three years. He first learned about Cabin in the Woods from a social worker at the Bread of Life Ministries' veterans shelter in Augusta. Now, he particularly appreciates the quiet natural setting and the radiant heating that comes out of the floor of his one-bedroom cabin.

"This is really nice and quiet," said Buckmore, a Gardiner native, during a tour of the pre-furnished home. "I'd like to see more of these go up."

This past summer, Buckmore suffered two strokes and now uses a cane and wheel chair to move around. As someone who has worked in the mental health field and been diagnosed with depression, anxiety and bipolar disorder, he also hopes the new housing will bring stability to a vulnerable population of veterans.

"There's a high suicide rate among homeless veterans," he said. "Something like this can help take their mind off anything bad they're thinking about."

Buckmore's one qualm, he said, is that Spectrum has yet to run cable television to the new homes. But he added, "That could be a blessing in disguise."

Multiple groups provided funding and donations for the Cabin in the Woods project, including the Maine State Housing Authority, the U.S. Department of Housing and Urban Development, the

Home Depot and T.D. Bank Charitable foundations. At the ceremony on Friday morning, officials from some of those groups delivered prepared remarks.

There were also speeches by two members of Maine's congressional delegation, U.S. representatives Chellie Pingree and Bruce Poliquin, and delegates for U.S. senators Susan Collins and Angus King. Also attending the event was Poliquin's predecessor as representative of Maine's 2nd District, Mike Michaud, who served as chairman and ranking member of the House's Committee on Veterans Affairs.

Another speaker was Ryan Lilly, the former director of the Togus system who was recently elevated to another role in the U.S. Department of Veterans Affairs: director of its New England systems.

Just as some cities have eradicated poverties in their homeless populations, Maine is trying to do the same, Lilly said. After the ceremony, he said the Togus campus still has between 30 and 50 acres that could be developed and that the agency is now considering whether it could lease out land for a similar project oriented toward seniors.

"It was our first experience with this process," Lilly said. "We're thinking about what we can do next."

While there are other housing developments for veterans around the country, Lilly said that Cabin in the Woods is unique because it's in a secluded area and its units are individual homes, as opposed to apartments.

Another veteran to benefit from the new housing project is Jesse McGahuey, 41, who last month moved into a two-bedroom cabin with his wife Sheena, 33, and their 5-year-old son, Jerrick. While living on federal land isn't a perfect arrangement, they said that the arrangement has made it considerably easier for McGahuey to attend his weekly medical appointments at Togus.

McGahuey suffered a series of injuries during and outside his service in the U.S. Army from 2000 to 2002. As a child, he suffered a brain injury. Then, when he was working as a heavy equipment operator while stationed at Fort Lewis in Washington, he was pulled under a piece of machinery, injuring his legs and back. Finally, in 2014, he was working at an oil-change business in Waterville when a driver accidentally lost control of her car, giving McGahuey a head injury and exacerbating the previous problems.

After that 2014 accident, McGahuey lost the ability to work or pay for housing. Since then, his family has spent long periods camping outside. They were one of the first families to apply for housing in Cabin in the Woods, and they're now able stay there with subsidized rental costs.

Now that some stability has been reintroduced to their lives, McGahuey hopes that he can start taking classes at a community college and working again, even if it's part time. His wife, Sheena, is unable to work and receives disability payments because of medical problems she suffered when giving birth.

"This does ease the pressure of it," Sheena McGahuey said. "It does help."

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7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

CHELSEA (NEWS CENTER Maine) -- 21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday.

Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening.

The project is owned by Volunteers For America, which spent years working out the details and financing to get it built. They also needed to negotiate an agreement with the VA to lease a small portion of the 500-acre Togus campus in order to construct the small houses. All are located within walking distance of the medical facilities and services located at Togus.

All the houses are for veterans who were homeless or at risk of becoming homeless, including Army veteran Toni Owen. She has to use a wheelchair and said she was facing eviction from a small apartment in Poland because the building was being sold. Cabin in the Woods, said Owen, prevented her becoming homeless.

"It's amazing that you served and they're doing so many amazing things for people," Owen said while sitting on the porch of her brand new, one bedroom home.

Residents are selected by Volunteers For America, and pay an affordable rent, based on their income. Programs through Maine Housing, HUD and the VA support that. The veterans say having secure housing is already making a difference in their lives. Mike Merrill, who manages the project for VOA, says that is their goal. Merrill is a veteran of the Marine Corps and currently serves with the Maine National Guard. He is also a minister.

"I'm very passionate about this," Merrill said, "because I see my brothers and sisters out there not having a place to call home. I see my brothers and sisters thinking, for some of them, taking their life is the only way to end that pain because they don't have that food, that shelter, that safety and security. To see them being taken care of makes my heart happy."

There are currently 19 veterans living in the houses, with the remaining two scheduled to fill up soon.

During the Friday ceremony, Rep. Bruce Poliquin (R-Maine CD 2) suggested go VA officials they should start planning to build more houses.

"The words homeless and veterans should not need to be used together," said Merrill.

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7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

PARKVILLE, Mo. -- Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school.

But changes in how the housing stipends work are now causing some headaches.

John Higgs is working toward an MBA at Park University.

"I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

After 12 years in the Army, deployments and time as a reservist, the GI Bill is helping make it possible. Not only does he get money to cover tuition and books, but also an extra housing stipend that helps pay rent, utilities, insurance and more.

"Having that additional money coming in, it helps me get through life," Higgs said.

But many students like John are having trouble getting the right amount of money in their housing stipends or getting the money at all.

That's because this year, Congress made changes to the program.

"Typically the housing payment is based on the zip code of the school, the face-to-face location that you're attending. With the Colmery Act, what will happen with that is the zip codes will now be where you're taking most of those face-to-face classes," said Sarah Weygand, Park University's assistant director of military and veteran student services.

It's a big issue for many colleges like Park, which has dozens of campus centers spread out around the country.

"Parkville has different housing rate than, say, Independence, and we have students that go to both locations. If they're going to take most of their face-to-face classes in Independence, we want them to be able to have that housing allowance, which is higher, from Independence, not just from the Parkville area," Weygand said.

The Veterans Administration was supposed to be ready to roll out the new housing rates by Aug. 1, but that hasn't happened. Until it's fixed, some veterans could be left high and dry without the money they need to get by.

"What's going to happen is they can fall behind on bills really quick, and the way I look at it is, no veteran should be left behind," Higgs said.

Park University said it can help students file a hardship claim if necessary and even have some emergency scholarships available. But the college remains optimistic the issues will get ironed out soon.

"We try to work with those as best we can and help the student, so they can be successful in their classes and not have to worry about money at the end of the day," Weygand said.

The VA said it's still running tests on changes to its computer systems designed to calculate the new correct stipend amounts. Any students who have been short-changed will get the correct amount of cash back once those upgrades are complete.

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7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#)
(21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services.

"It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven.

All of the service are free of charge.

"Clinical support services, DMV, judicial are here, veteran service organizations, housing and unemployment providers are here as well. Including private employers," said Department of Veterans Affairs Commissioner Thomas J. Saadi.

The event is called 'Stand Down' and is modeled after a concept during the Vietnam war where secure base camp areas were available to units returning from combat operations. Troops were provided clean uniforms, warm meals, medical and dental care, and time to enjoy friends in a safe environment. The services on Friday were life-changing for many men and women. Some of them have fallen on hard times and need the help.

"I'll tell you, it's very important some of these guys, I hate to say, are down and out," said Robert Russell, a veteran from Manchester. "Just a hat and a pair of socks will go a long way with these guys. You'll see them break down and cry."

News 8 speaking with a number of people who served our country proudly, who say our veterans are often forgotten about.

"You rdive coming off the highway, you see a veteran out there. I'm a veteran, I roll the window down and give them two bucks. That shakes me up," said Russell. "There should be no homeless vet around."

"Yeah it hurts. It hurts. But what can I say though, that's the world," said Thigpen.

Friday's event, which was put on by Community Health Center, Inc., serving as a reminder that the issues vets face are real and need to be addressed. Something the VA knows all about.

"While we have services here one day a year, one stop shop, we are here 365 days a year for our veterans with our federal partners," said Commissioner Saadi.

If you or someone you know needs help or any resources you can contact the VA Healthcare System. Those locations and numbers are listed below:

West Haven: 203-932-5711

Newington: 860-666-6951

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7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for.

On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table.

Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

"I was never a POW and I was never missing in action," he said. "I do know a marine who served in the baton death march. He made me determine that I would never surrender. I spent a lot of years in the Marine Corps and I love it to this day. I'm still obligated in any way I can to serve the corps."

The first national POW/MIA recognition day was proclaimed in 1979.

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7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday.

Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months.

Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

Organizations from around the community provided a variety of additional aid, such as clothing, hygiene kits, haircuts, and more.

"It gives veterans an opportunity to really see what kind of support they have behind them in not being homeless," says HUD/ VASH Supervisor Matt Kerr.

The Department of Veterans Affairs has hosted this event for more than a decade, but they wanted this year to be special.

They decided to surprise Guy Campbell with a housing voucher and a fully furnished apartment all on the same day.

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7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action.

The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

Paul Stone served in WWII.

"The government sent this to my mother, that's how they found out," Stone said.

Captured several times, he spent nearly five months in prison camps.

"In 1944, he liberated me, General Patton, from a German prison camp. At that time I was 20 years old," Stone said.

On Friday morning the VA Medical Center in Fayetteville held an ex-prisoner of war and missing in action recognition ceremony.

In the middle of the room, a table set for one to symbolize all of the soldiers that never came home.

Isaac Caudle also served in world war two.

"Out of 500, there were 129 that could still walk. So finally we come to the commander, and all he could do, he said we got to quit. Which wasn't what we wanted to do at all, but its what we had to do," Caudle said.

Caudle was captured in France in 1945 for 96 days.

"For an American soldier to give up, that was not heard of. You didn't do that. You were supposed to keep one bullet in your rifle, and that's to kill yourself before you give up," Caudle said.

Both men united by a struggle to survive in brutal conditions, honored Friday for their courage and determination

"I like to be with other guys because everybody ain't have this kind of experience," Caudle said.

And for those who never returned from the battlefield to their families, the message remains the same --you are not forgotten.

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7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day.

Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

The event hits close to home for the director of the center, John Gennaro, who says his uncle was a prisoner of war. "He actually prevented the loss of a number of other troops when he was in ransom himself. So it's a really touching moment because I grew up hearing his stories and personally attending family outings and events with him, you know a true hero. Not just a family member but a true America hero."

Several veterans who were also prisoners of war were in attendance at the service today.

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7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#)
(21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

AUGUSTA, Maine - Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta.

It's all part of a program designed to combat veteran homelessness.

"We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

It's a first of its kind project in Maine.

21 cabins will soon be fully filled at Cabin in the Woods at Togus VA Medical Center in Augusta.

It's situated on 11 acres that was obtained by the Department of Veteran Affairs Enhanced-Use Lease Program with the mission to combat veteran homelessness.

"Veterans still are more likely to be homeless than non-veterans, and so there is still a big challenge for the veteran population," explained Director of Veteran Affairs, Ryan Lilly. "We know we are making progress through programs like this, but we still have work to do, and this is an important step along the way."

A ribbon cutting ceremony Friday celebrated the veterans moving into their new homes.

For Army veteran Tim Buckmore, it's been a long time coming. He says this place gives him stability in his life, something he hasn't had in a really long time.

"It's relaxing," said Buckmore. "You can put your mind at ease you know, unlike a lot of the homeless veterans who worry about where their next meal is coming to, you know?"

Each cabin comes furnished. The bonus for these vets? It's within walking distance of health services at the 500-acre Togus campus.

Veterans living at the Cabin in the Woods must contribute 30 percent of their income and follow other guidelines.

Those with Volunteers of America hope this is just a stepping stone to getting these vets where they need to be.

"We have a good shelter system here in Maine, but it is not home," said Hooks Wayman. "It is crowded and noisy and often times chaotic, and for us we really believe that part of healing is having your own space, and being able to center yourself on what you need to move forward."

We're told donations and supplies are always needed. If you're interested in donating, you can Volunteers of America directly.

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7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center.

Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. They also got haircuts, dentists' appointments and checkups for their cats and dogs. A few veterans who were already on campus for appointments dropped by to pick up granola bars and inquire about services.

Bear grew up in South County and considers Douglas County his home base. He served in the U.S. Army infantry in the 1970s. While he was at the VA on Thursday, Bear picked up some food and information on veterans services and got a flu shot. He was happy to run across the event.

Bear said he attends the event every year if he can, "not only because of the free stuff but to see the community support."

Ken Steller served in the U.S. Army 82nd Airborne and just missed the Vietnam War but went to Iraq and Kuwait. He made it through those tours safely but was subsequently injured in a training accident in Colorado. He's not homeless, but he happened to run across For the Love of Paws, a veterinary clinic that accepts payment on a sliding scale, which was offering services on campus as part of the event. His daughter, Renee Steller, went to the event as well and got shots for her 2.5-month-old tabby kitten.

Ken Steller said there are a lot of homeless veterans in the community, and Stand Down provides a great service.

"The main reason I came down was to get a flu shot. I didn't know the rest of this was down here," he said.

He has also taken on a mission to help veterans who don't even know they're eligible for benefits figure out how to sign up for them.

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7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

Area veterans lined up bright and early Thursday to pick up rations from the Temple Mobile Food Pantry.

This monthly food distribution program is part of an ongoing partnership between the Central Texas Food Bank and the Central Texas Veterans Health Care System. The food was given out at the Olin E. Teague Veterans' Medical Center.

Kurt Hentschel, who was in the U.S. Army for 13 years, said the mobile pantry helps him stay within his budget.

"It helps, especially when you're retired and have a fixed income," Hentschel said.

For those who needed it, volunteers were gathered around to help carry groceries to veterans' cars.

Samuel Tamondong said he has volunteered at the program several times, because he knows what it's like to be a veteran in need.

"At one time, I was homeless," Tamondong said. "That's why I (became) a Christian, because I believe in helping a lot of these homeless veterans."

Tamondong was in the Army for 28 years, and he served in Desert Storm.

"(Temple Mobile Food Pantry) helps a great deal for a lot of these people," he said. "It gives a lot of hope for a lot of these veterans that are homeless."

The mobile pantry service is part of the Veterans Pantry Pilot program from Feeding America, the nation's largest hunger relief organization. The program is a partnership with the U.S. Department of Veterans Affairs.

Joeann Howell said this was her first time coming to the mobile pantry.

"It's pretty good — they have a lot of good healthy food," she said. "I am retired, and I just have the VA income, so that's basically it that I'm surviving on right now. I have a 9-year-old, and I'm in a lot of pain."

Howell served in the Army for six years, but had to leave because of chronic health conditions including fibromyalgia and arthritis.

"I wanted to do my 20 (years), but then I started suffering with a lot of pain so I got med-boarded out," she said.

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7.14 - WBUP (ABC-10): [Local, former POW's honored during ceremony](#) (21 September, Dane Wurmlinger, 49k uvm; Ishpeming, MI)

IRON MOUNTAIN — Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war.

Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

"This is a group of veterans that we serve – these American heroes – they know what it means for the price of freedom," said Brad Nelson, Oscar G. Johnson VA Medical Center Public Relations Officer. "They lost their freedom for a period of time in their lives, and probably more than any other American men and women who served, they know what the loss of freedom and the threat of death is."

One of the few former POW's present served in WWII in the Army's 101st Airborne and leapt into France at 1:00 in the morning on D-Day. 5 days into the mission, he was captured by the Germans and held against his will. Suddenly, a man was stripped of the very thing he was fighting for – freedom. He later managed to escape with another soldier from the POW camp.

"I had a great time in the service – I learned a lot in the service," said veteran and former POW, Glenn Johnson. I had never gone out of Racine [Wisconsin] before, except to join the service. My dad was in, my brother was in, and I was the only one who was home – so I thought I might as well go, too."

The ceremony this afternoon featured a Color Guard presentation by American Legion Post 50. A 21 gun salute was held in honor of the soldiers that served, as taps was played in the background. The day left everyone feeling humbled, and thankful for those that have and continue to protect our freedom.

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7.15 - WJMN (CBS-3, Video): [POW and MIA recognized in Dickinson County ceremony](#) (21 September, Rebecca Bartelme, 38k uvm; Escanaba, MI)

IRON MOUNTAIN-- The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea.

"It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

John Moddie of Quinnesec is one of the men recognized today. He was captured during the Battle of the Bulge in December 1944 and stood in front of machine guns at a German POW camp which were never fired at him.

"The living conditions weren't very good," said Moddie. "There was big lice not like little fleas on a dog or cat but big lice. You could see them from 15 feet away. We didn't get much to eat a lot of prisoners died there. We slept on the floor. No heat in the building."

All gave some and some gave all, today's recognition also remembered those Missing In Action.

"For those that didn't come home and for those families that still live with the uncertainty decades later in fact in many cases," said Nelson.

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7.16 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center recognizes National POW/MIA Remembrance Day](#) (21 September, Megan Hudock, 21k uvm; Clarksburg, WV)

FAIRMONT W.Va - Friday, the Louis A. Johnson VA Medical Center recognized national POW/MIA Remembrance Day.

This is a time where the nation stops to recognize and remember the sacrifices made by prisoners of war and those that are still held captive.

A special luncheon was held at Muriale's in Fairmont where ex POW's were honored.

A small memorial was held for those that were lost over the past year.

"I think it's important that we do recognize the individuals that sacrificed so much for their country and those that are still missing. We have approximately 82,000 missing service members and department of defense civilians across the world, spanning from world war I to current," said Marina Bileu, POW advocate for Louis A. Johnson Medical Center.

A presidential proclamation was read, explaining the importance of national POW/MIA remembrance day.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

22 September 2018

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

[Hyperlink to Above](#)

1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise. "We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping. "We made a lot of promises and we kept them all," he said.

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1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence. The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

[Hyperlink to Above](#)

1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel. The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

[Hyperlink to Above](#)

1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room. A 50-page report from the VA's Office of Medical Inspector found flies are still present but that the operating room

isn't used, and the instruments weren't dirty, but simply discolored by the New Hampshire city's water supply.

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1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills. A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

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1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency's total spending over \$200 billion for the first time. The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

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1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System. Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

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1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion. Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie. After Trump signed the bill, he joked Wilkie is the one who "has got to make it work."

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1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in

contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

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2. [Greater Choice for Veterans](#)

2.1 - The Washington Post: [Trump signs spending bill for veterans, but shutdown threat remains](#) (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1. The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

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2.2 - U.S. News & World Report (AP): [The Latest: Trump Says He Won't Rush North Korea Deal](#) (21 September, 23.9M uvm; Washington, DC)

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police. Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care. Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

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2.3 - Breitbart: [Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans](#)

(21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure. "You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience. The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

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2.4 - WMBB (ABC-13, Video): [Local Veteran Expresses Concerns with VA](#) (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

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3. [Modernize Our System](#)

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21

September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs. On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

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4. [Focus Resources More Efficiently](#)

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21

September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

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4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21

September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year. Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

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4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas. The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

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4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21

September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

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4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness. "VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

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4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased. The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

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4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

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4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care. VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman. "I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance. The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

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5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the "High Risk" status for VA Medical Centers. Information from the VA said of the 146 medical centers that had been deemed "High Risk", Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

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5.3 - KPBS (NPR-89.5/PBS-15, American Homefront): [For Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire. "When it comes to remembering street names, I just automatically go to them now," Snow said as drives toward the border between the two states. Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

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5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future. Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center. There are contracted employees along with a small number of actual federal government employees in this facility.

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5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a "high-risk" list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday. The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

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5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military. He signed the bill after giving a speech at the North Las Vegas VA Medical Center. "The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

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6. Suicide Prevention

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

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6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill. It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans. More than 1,000 veterans were expected to attend.

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7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art. Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art. The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

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7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet. Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus. For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost

\$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

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7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday. Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening. The project is owned by Volunteers For America, which spent years working out the details and financing to get it built.

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7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school. But changes in how the housing stipends work are now causing some headaches. John Higgs is working toward an MBA at Park University. "I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

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7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#) (21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services. "It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven. All of the service are free of charge.

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7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for. On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table. Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

[Hyperlink to Above](#)

7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday. Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months. Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

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7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action. The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

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7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day. Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

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7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#) (21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta. It's all part of a program designed to combat veteran homelessness. "We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

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7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center. Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. who don't even know they're eligible for benefits figure out how to sign up for them.

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7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

Area veterans lined up bright and early Thursday to pick up rations from the Temple Mobile Food Pantry. This monthly food distribution program is part of an ongoing partnership between the Central Texas Food Bank and the Central Texas Veterans Health Care System. The food was given out at the Olin E. Teague Veterans' Medical Center.

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7.14 - WBUP (ABC-10): [Local, former POW's honored during ceremony](#) (21 September, Dane Wurmlinger, 49k uvm; Ishpeming, MI)

Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war. Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

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7.15 - WJMN (CBS-3, Video): [POW and MIA recognized in Dickinson County ceremony](#) (21 September, Rebecca Bartelme, 38k uvm; Escanaba, MI)

The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea. "It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

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7.16 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center recognizes National POW/MIA Remembrance Day](#) (21 September, Megan Hudock, 21k uvm; Clarksburg, WV)

Friday, the Louis A. Johnson VA Medical Center recognized national POW/MIA Remembrance Day. This is a time where the nation stops to recognize and remember the sacrifices made by prisoners of war and those that are still held captive. A special luncheon was held at Muriale's in Fairmont where ex POW's were honored. A small memorial was held for those that were lost over the past year.

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8. [Other](#)

1. [Top Stories](#)

1.1 - PBS NewsHour (Video): [Trump signs funding bill in Las Vegas](#) (21 September, 22M uvm; Arlington, VA)

20-minute video: President Donald Trump is expected to sign Friday a \$147 million appropriations bill that includes funding for the Department of Veterans Affairs, military construction, and energy and water programs. The president is scheduled to sign the bill at 1:45 p.m. ET. Watch his remarks in the player above. The bill signing will occur during Trump's visit to the North Las Vegas VA Medical Center ahead of his planned campaign rally later this evening.

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1.2 - The Washington Times: [Trump lauds boost to VA spending: 'Promises kept'](#) (21 September, S.A. Miller, 10.8M uvm; Washington, DC)

President Trump in Nevada Friday signed a spending bill that boosts funding for veterans' health care, saying he was making good on another campaign promise.

"We are fighting to make sure you get the care you so richly earned," said the president, who signed the bill during a visit to the North Las Vegas VA Medical Center. "And today's legislation is one more promise that the Trump administration is keeping.

"We made a lot of promises and we kept them all," he said.

Mr. Trump made VA reforms a top issue in his 2016 presidential campaign. At the time, the VA was embroiled in scandal over mismanagement and misconduct involving veterans being put on long waiting lists for care, sometimes resulting in veterans dying while waiting for treatment.

The spending bill he signed was a \$147 billion package to fund energy and water programs, Congress and military construction and the Department of Veterans Affairs. It contained \$86.5 billion for the VA, including funding the VA Mission Act that provides private health-care options for veterans.

Mr. Trump visited Nevada during a campaign swing across the country. He held a rally and fundraiser to boost two Nevada Republicans, Sen. Dean Heller and House candidate Danny Tarkanian.

At the signing ceremony, Mr. Trump credited Mr. Heller with leading the fight to reform the VA.

"This was very important for him," the president said. "There's never been any reform like we've been able to do over [a] very short period of time."

Nevada is home to more than 300,000 veterans.

Mr. Heller is locked in a tight race with Democrat Jacky Rosen.

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1.3 - Military.com: [VA Sends Mobile Units to North Carolina to Aid Veterans After Hurricane](#) (21 September, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs mobile units began operating in North Carolina on Thursday to aid veterans who missed appointments or need prescriptions filled in the aftermath of Hurricane Florence.

The VA Mobile Medical Units set up in a Walmart parking lot in Havelock, North Carolina, where the Morehead City Community Based Outpatient Clinic remains closed.

The VA assets include a mobile command unit, a mobile medical unit for medical triage with three examination rooms, a mobile health unit with telehealth capability, and a mobile emergency nutrition unit to provide three daily meals.

Prescription needs are being fulfilled through an arrangement with Heritage Health Contract at the Walmart, said Tara Ricks, an Army veteran and communications director for the Veterans Integrated Services Network covering North Carolina and part of coastal Virginia.

If veterans who need prescriptions filled cannot make it to the mobile units, the plan is "to send medications to their doors," Ricks said. The VA employees working the mobile units are "all volunteers who want to be out there. It's invaluable for our veterans."

From the outside, the Morehead City clinic did not appear to be damaged, she said, but inside "there was definitely some water intrusion and tile damage."

The VA is assessing whether to send mobile units to Brunswick, Jacksonville and Wilmington, North Carolina, Ricks said. In addition, the department is deploying 10, two-person outreach teams consisting of a nurse and a social worker to various shelters in the areas affected by the storm.

Floodwaters reportedly are receding in some areas, but in visits to North and South Carolina on Wednesday, President Donald Trump warned that the threat from the aftermath of Hurricane Florence was not over. He cited the storm's huge rainfall and the swollen rivers still overflowing their banks.

Trump said, "It's going to get rough for South Carolina," and "you're going to have a lot of water" flowing down from rivers in North Carolina.

In North Carolina, Gov. Roy Cooper asked residents Thursday to "stay alert" to rising waters. "People in flood-prone areas or near waterways need to remain alert as rivers crest and stay above their banks in coming days."

The White House reported Wednesday that nearly 20,000 federal employees had been mobilized to aid in the Florence recovery, and the U.S. Army Corps of Engineers had deployed 136 personnel to assist in installing generators.

The Federal Emergency Management Agency had conducted more than 2,000 rescues through Wednesday and is sheltering nearly 15,000 people, the White House summary of storm efforts said.

The Defense Department had assigned a total of about 13,000 personnel to support the recovery, including about 6,000 active-duty personnel and more than 7,000 National Guardsmen.

The Coast Guard had more than 3,000 personnel assigned in 27 helicopters, 11 fixed-wing aircraft, 14 cutters, and 35 shallow-water craft. "To date, the Coast Guard has saved over 400 lives and 200 pets," the White House said.

In addition, the National Guard has performed or supported more than 535 rescue and evacuation missions in North Carolina, the White House said.

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1.4 - Las Vegas Review-Journal: [Trump raises funds in Las Vegas for GOP candidates, signs VA bill](#) (21 September, Debra J. Saunders, 8.8M uvm; Las Vegas, NV)

When you are President Donald Trump and you're holding a fundraiser for Republican candidates in Las Vegas, where do you hold your event? Probably at the same place you spent the night, the Trump International Hotel.

The president headlined a Friday morning fundraiser where, away from the press corps, donors paid up to \$50,000 per couple to attend a roundtable and have their photo taken with Trump.

After the event, the president's motorcade headed to the North Las Vegas VA Medical Center to show solidarity with the state's 300,000 veterans.

Veterans Affairs Secretary Robert Wilkie introduced Trump as "the first president to put veterans at the center of his campaign."

Nevada's top Republicans, Gov. Brian Sandoval, Attorney General Adam Laxalt and Sen. Dean Heller attended the ceremony along with some 150 Nevadans, many of them veterans. Heller, Trump noted, worked for the bill "all the way, right from the beginning."

Of his support of veterans, Trump said, "You back me and I back you. That's the way it works." Also on stage stood Vin Putignano, a former Marine and Vietnam veteran who has lived in Las Vegas for two years. Recent changes, he marveled, allowed him to find a new podiatrist for an ulcerated toe.

"He came and made a house call," Putignano told the crowd.

"This is a very special situation," Putignano said. "I'm getting old. I think a couple people in here are too." He then turned to look at Trump, who smiled while the audience laughed. Later Trump deadpanned to Putignano, "Take care of that toe."

Trump then signed three spending bills, including a measure to provide \$86.5 billion to the Department of Veterans Affairs — increasing the agency's budget to "the largest ever," he boasted.

The bill includes money for veterans' health care and provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the VA system.

“To every veteran here today: We are eternally grateful for your noble service to our nation,” Trump said. “And we’re fighting to make sure that you get the care that you so richly earned.”

VFW Legislative Director Carlos Fuentes hailed the bill.

“It’s not perfect, but it’s a full year appropriation, it’s an increase from previous years and specifically includes funding the VA Mission Act,” which will increase access to care for veterans and should speed up payments.

The other two bills Trump signed appropriated money to fund the Energy Department and the legislative branch, including Congress and the Capitol police. Congress last week approved the \$147 billion package of bills as part of an effort to head off a government shutdown.

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1.5 - The Boston Globe: [VA report rejects whistle-blower claims of poor care at Manchester hospital](#) (21 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

The Veterans Affairs Administration has cleared itself of wrongdoing and neglect related to the care of veterans at the Manchester VA Medical Center, rejecting whistle-blower complaints of medical neglect, dirty surgical instruments, and flies in an operating room.

A 50-page report from the VA’s Office of Medical Inspector found flies are still present but that the operating room isn’t used, and the instruments weren’t dirty, but simply discolored by the New Hampshire city’s water supply.

Investigators also found no evidence to back up the most serious whistle-blower complaint: that nearly 100 veterans were neglected and suffering from a rare spinal condition that could lead to paralysis if not treated.

The report, completed in June and first obtained by New Hampshire Public Radio, sparked outrage this week from lawmakers and the medical professionals who came forward last year and complained about conditions at the state’s only hospital for veterans.

“The report is a complete whitewash, done by an organization within an organization,” said Dr. William “Ed” Kois, one of the whistle-blowers and a doctor at the facility. “It is not unbiased.”

The investigators did not substantiate most of the whistle-blower allegations, including the claim that veterans were suffering from a spinal condition because hospital officials were not paying attention to the declining health of patients.

The whistle-blowers said nearly 100 veterans received poor spinal care. But the Office of Medical Inspector found that the treatment of only six patients, out of 97, did not meet the “standard of care,” the report said.

“While there were several confounding factors contributing to significant challenges, we found that Manchester VA clinical staff members involved in direct patient care are very engaged and appropriately concerned about the clinical care of veterans,” the report noted.

Eleven people — including top doctors and nurse practitioners — complained about the facility in 2016 to the Office of Special Counsel, a federal agency that protects whistle-blowers. That agency found a “substantial likelihood” that the allegations were true and ordered the VA’s Office of Medical Inspector to investigate.

After the Globe reported in July 2017 on the allegations, then-VA secretary David J. Shulkin removed the facility’s two top officials and ordered a “top to bottom” review.

The Office of Medical Inspector has issued several reports on the Manchester facility. But the Office of Special Counsel found these previous investigations “flawed” and rife with “conclusions at odds with the information” it had gathered in its own preliminary probe.

The Office of Special Counsel did not comment publicly on the most recent report, which was distributed to lawmakers Friday and obtained by the Globe.

“The findings are self-serving and outrageous,” said Andrea Amodeo-Vickery, the lawyer who represents the whistle-blowers. “They’re waxing poetic about the leadership who were responsible for 97 patients failing to get proper treatment of progressive disease that if treated properly would not impact their lives.”

VA spokesman Curtis Cashour said that, under new leadership, the Manchester VA “has taken a number of steps to rebuild trust, improve care, and provide better service to New Hampshire area veterans.”

‘The report is a complete whitewash, done by an organization within an organization.’

Cashour said the hospital has filled 397 job vacancies and created 70 new positions since the Globe raised the issues in July 2017.

Representative Annie Kuster, a New Hampshire Democrat, acknowledged “real improvements” at the Manchester VA, but said those were triggered by the “courage of the whistle-blowers,” not VA officials.

“The findings in this report are at odds with the experiences of well-respected doctors who witnessed firsthand the impact of substandard care for veterans,” she said in a statement.

Kuster said she will ask the new VA secretary, Robert Wilkie, to hold a town hall meeting in Manchester “to explain to veterans and staff why he supports this report and its findings.”

The VA medical care system, used by about 6 million military veterans each year, has been roiled by scandal since 2014 news reports that the Phoenix VA Health Care System had engaged in an elaborate scheme to hide months-long patient wait times. Some veterans died before they saw a doctor. Veterans Affairs Secretary Eric K. Shinseki resigned after similar allegations surfaced at other VA hospitals.

President Trump’s appointee as VA secretary, Shulkin, vowed to stabilize the health care system. He was fired after being accused of using public funds for a European trip.

The agency has also come under fire for providing substandard care at some of the nursing homes it operates.

The Globe and USA Today reported earlier this year that nearly half of the VA's 133 nursing homes were rated only one star, by the agency's own internal rating system. Among the lowest-rated: the Bedford VA, which has more than 200 long-term care residents.

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1.6 - Milwaukee Journal Sentinel: [Tomah VA therapists use Fort McCoy combat simulator to help veterans with PTSD](#) (21 September, Meg Jones, 4.8M uvm; Milwaukee, WI)

FORT MCCOY – Zach Nelson texted his mother and brother goodbye in March and then swallowed what he hoped was a lethal amount of pills.

A friend of Nelson's had recently committed suicide and the 30-year-old Iraq veteran figured "if he can't make it, neither can I." But his family notified police in New Auburn, where Nelson lived, and they found him before it was too late.

Nelson ended up at the Tomah VA Medical Center where, as part of his mental health therapy, he returned to the dangerous sands of Iraq on foot patrols and route clearance missions, just like the ones he experienced overseas.

This time, though, instead of battling real roadside bombs and terrorists, Nelson confronted his memories through the wonders of technology. The same technique is being practiced on other veterans suffering from post-traumatic stress disorder as well.

Tomah VA mental health therapists are treating veterans with PTSD, depression and anxiety in a state-of-the-art combat simulator at nearby Fort McCoy. The multimillion-dollar simulator features full size Humvees and weapons surrounded by a 360-degree video and audio system.

Last year, Tomah VA therapists began using the combat training simulator to effectively return veterans to the circumstances at the root of their problems. The idea behind prolonged exposure therapy is to lessen PTSD symptoms by confronting rather than ignoring trauma-related memories.

"It's almost like a small time machine and you get to go back, but you're in a safe place," said Samuel Hipp, 32, who spent seven years in the Army including a deployment to Iraq in 2009-'10. "You get to process a traumatic event in a different way."

For Nelson, a combat engineer, it was memories of going to the motor pool shortly after he arrived in Iraq and seeing the aftermath of an improvised roadside bomb. He felt pain and sadness even though he didn't know if the American soldiers were killed or wounded.

"I never really knew what happened in that truck. I just saw all the blood," said Nelson.

He was further traumatized when the route clearance vehicle he was driving hit an IED.

Since the Tomah VA started using Fort McCoy's simulator last year, 75 people have gone through exposure therapy. About two-thirds are Iraq and Afghanistan veterans, said Robert Campbell, director of the residential rehabilitation treatment program at Tomah.

The 65-day program includes nine sessions in the combat simulator as well as other group and individual therapy. Tomah VA therapists work with Fort McCoy to tailor scenarios, which can feature desert, jungle and city landscapes. Veterans are placed in four-person teams and a therapist is always with them in the simulator.

The first time Nelson went through the combat simulator, the scenario involved an IED explosion with bloody mannequins. Memories of the anonymous blood he saw in the Humvee flooded back.

Exposure therapy is not for everyone and some veterans do not respond well or decide to leave the program early, Campbell said. But most who have gone through the combat simulator have responded well to treatment.

“Almost everybody who comes here has to have problems functioning. I’ve had people who couldn’t shop for their kids for Christmas because there was too much stimulation,” Campbell said. “We’re trying to take these symptoms down one at a time.”

'An innovative addition'

Statistics show 20 veterans in the U.S. commit suicide each day. Tomah VA Medical Center Director Victoria Brahm noted that of those 20 suicides, on average only three were getting mental health care when they ended their lives. While PTSD is treated in many different ways, exposure therapy in the Fort McCoy combat simulator is “an innovative addition to PTSD therapy programming,” Brahm said.

At a mental health summit Thursday at Fort McCoy, mental health and veterans officials had a chance to see the combat simulator in action before talking to a half-dozen veterans who had been treated through exposure therapy.

Inside one of four rooms outfitted with a full-size Humvee surrounded by video screens, participants sat inside the vehicle or on chairs and watched as therapist Bo Pearson, standing in the gunner’s turret, explained what they were seeing. The Humvee pulled out of a forward operating base as helicopters whirled overhead and sand dunes loomed in the distance.

The Humvee sped into a town, passing cows and goats, burqa-clad women and vehicles.

“There’s a guy over here with a tarp over his truck. He could have a bomb in there (or) it could be harmless,” said Pearson, as the Humvee turned a corner and gunfire exploded nearby.

Two people inside the Humvee pointed M-4 air rifles toward a guy armed with a grenade launcher, fired and watched the man fall to the ground. Pearson fired the machine gun and a car exploded in flames, black smoke billowing up. As the Humvee headed back to base, mortars landed all around it, puffs of sand blowing up into small clouds.

Veterans going through exposure therapy are never told in advance what they will do and see in the simulator, though when they get on their bus from the VA and head toward Fort McCoy, the scenario begins when they hear the muezzin call to prayer, sounds they routinely heard while stationed in Iraq and Afghanistan.

Adrenaline rush

Some combat veterans turn to risky behavior when they return home, vainly trying to re-create the feelings of exhilaration from being in a war zone. They may drive too fast or drink too much.

For Hipp, who traveled around Iraq working a security detail in the 1st Cavalry Division, it was alcohol.

“I wasn’t a drunk driver. I was a ‘sit in the basement and drink’ person,” said Hipp, wearing a ball cap adorned with an American flag patch and an “I Fought in Stuff” T-shirt. Until one day when he got pulled over for drunken driving, something he believes saved his life because it brought him to the VA for help.

In his first combat simulator session, Hipp was on a foot patrol with other veterans when mortars began exploding 75 feet away. A doctor participating in the scenario as an embedded journalist ran away in fright and Hipp was told to bring him to safety. Within seconds, the group began working as a team and the fear Hipp felt at hearing and seeing the first mortar blast melted away as he concentrated on his task.

“There’s this adrenaline rush and spike that comes in combat situations,” said Hipp. “At the end of my first time here I was emotionally drained but I sat back and said ‘I haven’t felt this rush in eight years.’ ”

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1.7 - Military Times: [Trump signs the largest VA budget ever](#) (21 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump signed the Department of Veterans Affairs fiscal 2019 budget into law on Friday, giving the department a funding boost of more than 6 percent and pushing the agency’s total spending over \$200 billion for the first time.

The president finalized the bill at a ceremony held in the North Las Vegas VA Medical Center, surrounded by federal officials and local veterans. He praised the massive spending measure as another promise kept by his administration.

“With this funding bill we have increased the VA’s budget to the largest ever,” he said. “We are delivering the resources to implement crucial VA reforms.”

The bill includes \$1.1 billion for the start of a VA electronic health records overhaul and \$400 million for opioid abuse prevention within the department, both efforts touted by Trump in the past.

The final deal also includes a \$1.75 billion increase in money tied to the VA Mission Act, passed at the start of the summer. The legislation will rewrite the department’s community care programs, expanding veterans ability to access private health care at taxpayer expense.

That money had stalled negotiations on the budget bill for months, and Democrats said they still are not satisfied with the short-term spending plug to cover what is expected to be an even bigger financial hole next year.

“The bill the president signed today leaves a funding gap in May of 2019, expected to grow to more than \$8 billion in fiscal year 2020,” Sen. Patrick Leahy, D-Vt., the top Democrat on the Senate Appropriations Committee, said in a statement after the signing.

“We do our veterans no favors when we make promises we do not keep, and I will continue to fight in Congress to make sure they receive the care they deserve.”

The VA funding legislation also includes \$10.3 billion in military construction funding for fiscal 2019 as well as the full-year budgets for the legislative branch and federal energy programs.

Trump’s signature came just a day after he blasted a similar sprawling budget package focused on the Department of Defense as a “ridiculous spending bill” because it omitted border wall funding he has demanded from Congress.

The House is expected to finalize that legislation next week. If the president chooses to veto it, most federal departments would face a partial government shutdown. VA would be exempted from those problems, however, since their fiscal 2019 funding is now in place.

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1.8 - Las Vegas Sun: [Trump meets with supporters, visits VA in North Las Vegas](#) (21 September, Yvonne Gonzalez, 1.5M uvm; Henderson, NV)

President Donald Trump remained in Las Vegas this morning following a rally Thursday at the Las Vegas Convention Center, visiting with supporters and the VA Southern Nevada Healthcare System.

Sen. Dean Heller, Gov. Brian Sandoval, and Attorney General Adam Laxalt were among the officials to appear on a small stage at the VA with Trump. The president signed legislation for military construction and Veterans Affairs appropriations in front of a small audience of veterans and others.

“You back me and I back you, that’s the way it works,” Trump told the audience. “That’s the way it’s supposed to work.”

Heller was seen outside the Trump International Hotel this morning, and Amy Tarkanian, wife of 3rd Congressional District candidate Danny Tarkanian, was spotted entering the hotel shortly afterward. Trump held a private roundtable with supporters at 9:20 a.m.

Small groups of supporters waited to see the president as he left the hotel. Traffic was at a standstill on surrounding roads and freeways.

Trump left Las Vegas from McCarran International Airport for Missouri around noon. He is scheduled to appear at a rally in Springfield tonight.

The spending bill that Trump signed, which passed the Senate with a 92-5 vote. Energy and water, military construction, Veterans Affairs and legislative branch funding are included in the bill.

The bill leaves out funding for Yucca Mountain, the stalled proposal to dump nuclear waste in Nevada. Democratic Sen. Catherine Cortez Masto said in a news release that the funding is a “major victory” for the state, and that she’d continue to oppose Yucca money.

“It provides billions of dollars in funding for state priorities like renewable energy and water conservation, much needed support for our veterans, and military construction projects that create good-paying jobs for Nevadans,” she said.

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1.9 - Stars and Stripes: [Trump signs \\$200 billion VA budget for 2019](#) (21 September, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump on Friday signed a spending bill for the Department of Veterans Affairs that for the first time exceeds more than \$200 billion.

Trump signed the VA budget for fiscal year 2019 during a ceremony at the VA Southern Nevada Healthcare System in Las Vegas, flanked by local VA leaders and veterans, Sen. Dean Heller, R-Nev., and VA Secretary Robert Wilkie.

After Trump signed the bill, he joked Wilkie is the one who “has got to make it work.”

“We are on the cusp of the greatest transformative period in the history of veterans affairs,” Wilkie said. “The signing today gets us on that road.”

The budget, passed by Congress last week, totals \$208.8 billion. It’s another in a series of increases for the agency, which had a budget of \$90 billion in 2009.

The spending agreement provides some funding to implement the VA Mission Act – legislation that aims to expand private-sector medical care for veterans starting in July 2019.

The Office of Management and Budget estimated the implementation of the Mission Act would create a \$1.6 billion shortfall in 2019 in the account used to pay for veterans’ private-sector treatment.

The Mission Act was signed into law with fanfare this summer, but Trump’s administration asked Congress not to break spending caps to pay for it. In the end, lawmakers shifted \$1.25 billion to cover some of the cost instead of approving new funding – a move some Democrats opposed.

In the budget, lawmakers set aside \$8.6 billion for mental health care programs, including \$206 million for suicide prevention efforts. It directs \$400 million to the VA’s Opioid Safety Initiative, \$779 million to medical and prosthetic research and \$1.8 billion to homeless veteran programs

It also provides \$2 billion to address a backlog of maintenance issues at VA facilities, as well as \$1.1 billion to begin a massive project to overhaul the VA’s electronic health record system.

“We’re fighting to make sure you get the care you so richly earned, and today’s legislation is one more promise that the Trump administration is keeping,” Trump told a crowd of mostly veterans Friday.

Outside the Las Vegas VA were protesters organized by the American Federation of Government Employees, a union representing VA workers. The union has been pushing for the VA to fill its thousands of job vacancies.

As of June 30, the VA had more than 45,000 open jobs, more than 40,000 of which were in the VA health care system.

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1.10 - Government Executive: [Largest Federal Employee Union Files Contempt Motion Against VA](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

The nation's largest federal employee union on Wednesday night filed a motion in the U.S. District Court for the District of Columbia to declare that the Veterans Affairs Department is in contempt of a recent court order invalidating President Trump's executive orders aimed at cracking down on labor groups.

The American Federation of Government Employees filed the motion on behalf of AFGE Local 3399, which represents employees at the Harry S. Truman Memorial Veterans' Hospital in Columbia, Mo., claiming that department officials repeatedly ignored demands to roll back implementation of the key provisions of three executive orders that were struck down last month by U.S. District Court Judge Ketanji Brown Jackson.

Once VA issued an order to rescind offending elements of workplace policies, AFGE said department officials attempted to improperly retain a requirement that all union officials must receive permission prior to the use of official time.

In May, Trump issued three executive orders, which sought to make it easier to fire federal employees, set time limits and limit the scope of collective bargaining negotiations, and to severely curtail union officials' use of official time, as well as the scope of topics that can be administratively aggrieved. But Jackson found that the key provisions of the orders amounted to an "evisceration" of unions' ability to bargain collectively, in conflict with the 1978 Civil Service Reform Act.

According to Wednesday's complaint, in the days following Jackson's Aug. 25 ruling, union officials repeatedly requested the department return its union and workplace policies to their pre-executive order state. In one instance, on Aug. 29, in response to an email stating that the facility is "in violation" of the court order and Office of Personnel Management guidance rescinding executive order implementation instructions, VA Supervisory Human Resources Specialist David Doler responded, "What is Local 3399's question?"

On Aug. 31, VA issued a memo rescinding most of its policies implementing the executive order, but it maintained a requirement that union officials obtain permission through the VA Time and Attendance System (VATAS) for any official time request in advance.

"Because of the District Court's order, the Office of Labor Management Relations will be rescinding the notice sent to AFGE on July 18, 2018, except with respect to any provisions regarding the implementation and enforcement of VATAS," VA wrote. "[The] court's order does not affect the [policy] on the use of VATAS for requesting, approving, recording and tracking of taxpayer funded union time."

The AFGE local accused management at the VA facility of using that system to prevent union employees from performing representational duties.

“[Truman Memorial Veterans Hospital Director David Isaacks], Mr. Doler, and the leadership [of the facility] have abused the VATAS tracking system to unlawfully deny requests for official time in contempt of this court’s order,” the union wrote. “Through September 12, 2018, the agency refused to release certain union officials, including the chief steward, Mr. Aaron G. McMahon, to a standard Monday through Friday daytime work schedule as required by [an existing agreement].”

In that instance, McMahon was scheduled to present a grievance to department management on Sept. 10, but he was repeatedly denied requests for official time. Later that day, he was told that the window to present a grievance in person had closed.

“Mr. Doler emailed Mr. McMahon to say that the official assigned by Director Isaacks was no longer available for an in-person meeting and the local must now submit any support for their grievance in writing,” the union wrote, noting that its contract with the agency requires grievance meetings to be “face-to-face.”

In her court decision, Jackson wrote that requiring preapproval of official time is particularly problematic.

“Insofar as the official time order also generally requires agency management to pre-approve union representatives’ use of official time, one could argue that this singular provision is the one that does the most damage to the statutory right to bargain that the [law] establishes,” she wrote. “This is so because requiring preapproval effectively confers upon management the discretion to dictate when, if ever, union employees may use paid time to engage in union activities.”

Attorneys with the Justice Department disputed the contempt motion, arguing that AFGE Local 3399 failed to meet and confer with the government to try to resolve the issue before filing its motion. It also criticized AFGE for filing its contempt motion at “11:13 p.m. on Wednesday, September 19, 2018—without the barest effort to confer with defendants’ counsel beforehand.”

The Justice Department wrote: “According to AFGE 3399’s motion, the underlying dispute has been developing since at least August 27, 2018, when local union officials began corresponding with local management following this court’s summary judgment decision and order. Yet at no point during that process did AFGE 3399 counsel reach out to defendants’ counsel to discuss the local dispute.”

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2. Greater Choice for Veterans

2.1 - The Washington Post: [Trump signs spending bill for veterans, but shutdown threat remains](#) (21 September, Erica Werner, 43.9M uvm; Washington, DC)

President Trump on Friday signed a package of spending bills funding veterans, military construction and Energy Department programs for 2019, taking a first step toward keeping the federal government running when the new fiscal year begins Oct. 1.

The three-bill legislative package ensures programs for veterans, military construction projects, energy and water spending and legislative branch functions will be funded through 2019, regardless of what happens with the rest of the federal budget.

Trump's signature does not end chances of a partial government shutdown. Averting that would require Trump to sign a short-term spending bill awaiting action in the House that would punt a fight over his border wall into December, past the midterm elections.

It remains uncertain whether Trump will sign that measure, since he demanded more border wall money and has publicly suggested it might be a good idea to force a shutdown to get it. Trump during his presidential campaign repeatedly promised the wall would be paid for by Mexico.

"Today, the President signed legislation that makes critical investments in our military, our veterans, and our Nation's infrastructure," said Mick Mulvaney, director of the White House Office of Management and Budget. "This signals to our veterans, men and women in uniform and their families that the nation stands behind them as they risk everything to protect our freedoms as Americans."

The legislation comprises three of the 12 annual spending bills Congress must pass to keep the federal government running. Two others — critical measures to boost funding for the Pentagon and for health, education and labor programs — have been attached to the short-term spending bill that has already passed the Senate and is expected to pass the House next week.

By attaching Pentagon spending to a short-term measure keeping the entire government running through Dec. 7, GOP leaders hope to increase odds Trump will sign the package and steer clear of a shutdown.

Friday's package includes \$86.5 billion for the Department of Veterans Affairs, the largest dollar amount ever for VA. It contains \$1 million for the Capitol Police for lawmaker security at events away from the Capitol, following last year's shooting at a congressional baseball practice.

It also contains \$174,000 for a death gratuity payment to the family of former Arizona Republican Senator John McCain; a new fund allowing lawmakers to pay congressional interns, who have long been unpaid; and a one-year funding fix for the new VA Mission Act signed by Trump, which consolidates programs allowing veterans to receive private care coordinated by VA. This follows a fight over how to pay for the new law; the outcome was a short-term solution that will require lawmakers to revisit the issue in a year.

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2.2 - U.S. News & World Report (AP): [The Latest: Trump Says He Won't Rush North Korea Deal](#) (21 September, 23.9M uvm; Washington, DC)

[...]

2:55 p.m.

President Donald Trump has signed legislation to fund the Energy Department, veterans' programs and the legislative branch, including Congress and the Capitol police.

Trump signed the measures Friday during an event at the VA Southern Nevada Healthcare System, where he stressed his efforts to improve veterans' care.

Congress last week approved the \$147 billion package as part of an effort by congressional leaders to head off a government shutdown that Trump has threatened he might force over funding for his border wall.

The bill includes money for veterans' health care, military infrastructure, the electrical grid and nuclear weapons programs.

It also provides a \$1.1 billion increase to pay for efforts to give veterans more freedom to see doctors outside the troubled VA system. And it will require Senate candidates to file electronic campaign finance reports.

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2.3 - Breitbart: [Las Vegas Marine Thanks Donald Trump for Keeping Promise to Veterans](#)
(21 September, Charlie Spiering, 19.1M uvm; Los Angeles, CA)

President Donald Trump visited a Veterans Affairs facility in Las Vegas on Friday, signing a bill to fund the military, Veterans Affairs, and other key infrastructure.

"You backed me and I back you, that's the way it works right? That's the way it's supposed to work in life," he said to the audience.

The president hailed the success of the VA Choice Act, allowing veterans to seek private doctors if they faced long lines at the VA facilities.

He called Vincent Putignano, a disabled Vietnam veteran Marine from Las Vegas, to the podium to talk about how he used the VA Choice Act for some of his care.

"This is a very special situation," he said. "I'm getting old."

After looking at the president, he joked, "I think a couple of us in here are too." Putignano chuckled while Trump grinned.

The veteran said that the VA Choice Act allowed him to find a private doctor to operate on a bleeding ulcer on his toe.

"I must say that I really am impressed that you and your government are focused on making our countries promise to us a reality because you know what? We earned it," he said to Trump. "No longer do they have to stand and wait and not get the proper care...that's because of you."

Trump signed the legislation funding the military during his visit, promising to continue supporting veterans.

"Today's legislation is one more promise that the Trump administration is keeping," Trump said.

The president noted that the Veterans Affairs budget was at its biggest ever and promoted recent reform legislation to give veterans more choice and to make it easier to fire bad actors in the system.

"We had people that really mistreated our veterans," he said, pointing to "sadists" and "thieves" who used to be in the system. "They are now being held accountable."

Trump thanked his new Veterans Affairs Secretary Robert Wilkie for his service in the administration, noting that Gen. Jim Mattis was sad to lose him at the Department of Defense.

"He's had a lot of fun, we take care of our good ones, and we hold the others accountable," Trump said, referring to Wilkie.

Wilkie thanked Trump for placing veterans at the top of his campaign.

"President Trump is the first candidate and the first president to put veterans at the center of his campaign," he said.

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2.4 - WMBB (ABC-13, Video): [Local Veteran Expresses Concerns with VA](#) (21 September, Megan Myers, 50k uvm; Panama City, FL)

The Veterans Choice Act is designed for veterans who are unable to schedule a doctors appointment within 30 days. It allows them to get care from eligible non-va health care providers. One local veteran said he has waited more than 90 days to get much needed treatment.

Joe Wilds served 18 years in the us army. Since retiring he says he's had several surgeries.

"I've had surgery on my feet, my knees, my hips are in need of surgery, and I've had surgery on my shoulder and neck as well," said Wilds.

He said he is in need of injections to reduce his pain.

"I'm not receiving the shots I should be receiving and it's been over 90 days since my primary care physician locally authorized the shots," said Wilds.

When the VA couldn't see him in thirty days they implemented the veterans choice act and referred him to local doctors. Wilds said two local doctors would not administer the shots because they were in fear of not being paid back.

"The VA I know this for a fact locally is not paying its bills correctly therefore the local contractors don't want to see the veterans for fear of non payment," said Wilds.

Many rely on VA health care.

"Once we return home and if we had any service connected illnesses that the va would take care of us," said Wilds.

The Gulf Coast Veteran's Health Care System said they are working directly with the veteran to get him the health care he needs. They said patient feedback like this helps them improve their services.

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3. Modernize Our System

3.1 - Bethesda Magazine: [Primary Care Clinic for Veterans Opens in Gaithersburg](#) (21 September, Glynis Kazanjian, 164k uvm; Bethesda, MD)

Retired Army sergeant William Mason, 72, will no longer have to spend an hour or more in his car to see his military doctor in D.C. for his annual physical or any other general medical needs.

On Monday, the Washington D.C. Veterans Affairs Medical Center, which provides medical care for veterans in the Metro area, opened a community-based clinic in Gaithersburg. The Montgomery County location is the first for the area and the medical center's 5th satellite facility in the region.

Mason, who lives in Gaithersburg, says now his drive is 15 minutes.

"It's a wonderful thing," Mason said before a check-up Friday. "When you get older, you don't want to be making a long drive."

The new 11,600-square-foot facility, located at 15810 Gaither Drive, will provide veterans with a range of medical services in primary care, including annual physicals, women's health, mental health, social services, nutrition counseling, pharmaceutical consultation, audiology device fitting and specialty care via clinical telehealth technology, according to a press release.

In its first week, the clinic has seen about 53 patients, ranging in age from 35 to 95-years-old, Medical Support Assistant Felicia Jones said.

Several patients this week were walk-ins seeking psychiatric care, Jones said.

The clinic is staffed with two primary care physicians, two psychiatrists, a psychologist, a nutritionist, an audiologist and a social worker.

"Starting next year, the staff will most likely be double," Jones said.

There is also a small volunteer staff on hand, but the clinic is seeking more volunteers.

"Opening the Montgomery County clinic, represents years of planning and community collaboration," said Gloria Hairston, DC VA Medical Center spokesperson. "It also demonstrates

the DC VA Medical Center's commitment to expanding closer to home VA health care to Veterans in Maryland."

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4. Focus Resources More Efficiently

4.1 - The Washington Post (Video): [Trump to veterans: 'You back me, I back you'](#) (21 September, 43.9M uvm; Washington, DC)

1-minute video: President Trump spoke to veterans at an event in Las Vegas on Sept. 21, and praised his administration's work in reforming the Department of Veterans Affairs.

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4.2 - Bloomberg: [MiMedx Ex-CEO Criticizes 'Unfair' Probe That Led to His Ouster](#) (21 September, Anders Melin, 43.7M uvm; New York, NY)

Hours after MiMedx Group Inc. said it will claw back compensation from four former top managers for harming the company, two of those affected criticized the investigation that led to their resignations earlier this year.

Ex-Chief Executive Officer Parker H. Petit and Bill Taylor, who was chief operating officer, are both victims of a company trying to clear itself of accusations of alleged malfeasance by dismissing senior bosses, a lawyer representing the two men said in a statement.

MiMedx "accused, tried and convicted them of unspecified inappropriate conduct without first giving them notice of the 'charges' or a fair and meaningful opportunity to respond," said Bill Weinreb of Quinn Emanuel Urquhart & Sullivan LLP, adding that the board's internal probe has "spun out of control."

The biotech firm, which is under investigation by the Justice Department and the Securities and Exchange Commission, said Thursday it will recoup compensation from Petit, Taylor and ex-finance chiefs Michael Senken and John Cranston. The Marietta, Georgia-based company has already canceled some equity grants previously awarded to the four and will classify their exits as "for cause" terminations, according to the filing, meaning they won't be eligible for severance payments.

While most public firms have policies allowing them to claw back incentive compensation from top executives in case of financial restatements or other wrongdoing, they're rarely enforced. Boards typically use them only when they want to publicly distance themselves from those individuals and underscore the seriousness of their actions.

Last year, MiMedx came under attack by short-sellers alleging it had defrauded the U.S. government and inappropriately booked sales of products that hadn't been ordered. After spending months rebuffing the allegations, MiMedx said in June it would restate results going back to 2012 based on the accounting treatment of sales and distribution practices.

The next month, Petit and Taylor resigned “in part from information the audit committee has identified through its previously announced independent investigation,” MiMedx said at the time.

“The investigators conducted an unfair investigation that has needlessly damaged employee morale, productivity and shareholder value,” Taylor said in the statement. Petit, who remains a shareholder, said he looks forward to getting MiMedx “back to efficient and effective business management.”

Audit Committee

The audit committee, which is conducting the investigation, is led by J. Terry Dewberry, who’s worked with Petit for decades. Robert Borchert, a MiMedx spokesman, didn’t immediately comment on the former executives’ criticism of the board’s probe.

The Veterans Affairs Medical Center in Minneapolis has parted ways with five doctors over improprieties related to MiMedx skin-healing allografts, the Atlanta Journal-Constitution reported on Thursday. In May, federal prosecutors indicted three former VA health-care workers in South Carolina for allegedly taking bribes from MiMedx representatives.

Petit, 79, has been a fixture of the Atlanta business scene for decades and a noted philanthropist. He’s founded and sold several medical-equipment makers, donating millions of dollars to local universities and Republican politicians. He came out of retirement to take over MiMedx in 2009 -- when it had less than \$1,000 in sales -- and built it into a \$2 billion company.

MiMedx shares fell 3.6 percent to \$5.98 at 10:18 a.m. in New York, and have tumbled 51 percent this year.

In a separate statement Thursday, MiMedx said that Nasdaq will allow its shares to continue trading on the exchange on the condition that it brings its financial filings up-to-date by Feb. 25. The firm has yet to file its 2017 annual report or subsequent quarterly reports.

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4.3 - The Hill: [Overnight Defense: Pentagon releases report detailing sexual assault risk | Sailors face highest risk of assault across military | Trump signs 'minibus' spending bill that covers VA](#) (21 September, Rebecca Kheel and Ellen Mitchell, 11.8M uvm; Washington, DC)

[...]

TRUMP SIGNS BILL THAT FUNDS VETERANS AFFAIRS: President Trump on Friday signed the first fiscal year 2019 appropriations minibuss into law at a ceremony in Las Vegas.

The first of three FY-19 minibuss appropriations packages, the legislation includes funding bills for Military Construction and Veterans Affairs, Energy and Water Development, and the legislative branch.

"We're fighting to make sure that you get the care you so richly earned. Today's legislation is one more promise that the Trump administration is keeping and we've done a lot of promises and we've kept them all," Trump said at the VA Southern Nevada Healthcare System.

"With this funding bill we've increased the VA's budget to the largest ever. We are delivering the resources needed to fully implement crucial VA reforms ... and to deliver for our great veterans just the way I said I would constantly on the campaign trail. You back me and I back you."

[...]

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4.4 - FOX Business (Video): [Trump signs historic bill to fund Veterans Affairs](#) (21 September, 10.8M uvm; New York, NY)

5-minute video: President Trump signs a bill that increased the budget for Veterans Affairs.

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4.5 - Patch.com (Jamaica Plain): [Patient Diagnosed With Legionnaires' Disease: Boston VA Hospital](#) (21 September, Jenna Fisher, 7.5M uvm; New York, NY)

BOSTON — The VA Hospital in Boston has announced that a patient has been diagnosed with Legionnaires disease. The hospital is tracing the patient's movements within in the hospital and testing the water for the bacteria that causes the illness.

"VA Boston has diagnosed one of its inpatients with LD and is following strict protocols to learn whether this patient contracted LD while in the hospital," according to a press release.

The new case follows other outbreaks in the Commonwealth and in New Hampshire.

The risk of the disease increases when weather is warm and humid, according to a VA Spokeswoman.

The VA said it tests the water quarterly as a preventive measure and meets industry standards when it comes to prevention. The hospital said it adheres to VHA Directive 1061: Prevention of Healthcare-Associated Legionella Disease and Scald Injury from Potable Water Distribution Systems.

"We are tracing the patient's movements within the hospital and testing the water for the bacteria at each of those locations," according to Pallas Wahl of the VA.

The test results may take 7 – 14 days to return, and in the meantime, staff at VA Boston Healthcare System is supporting the patient and working to find the source of the bacteria.

The VA has a VA Medical Center on Huntington ave in JP and a VA Boston Clinic on Causeway Street.

Legionnaires' disease is typically found in wet areas including showers, hot tubs and faucets. Humans acquire the disease by breathing it in. Drinking contaminated water will not transmit the disease and the disease cannot be spread from person to person.

Legionnaires' disease was discovered in 1976 after an outbreak at a Pennsylvania convention of the American Legion — thus its name. There were about 6,100 confirmed cases of Legionnaires' disease in the U.S. last year, according to the Centers for Disease Control and Prevention.

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4.6 - WMUR (ABC-9, Video): [Internal VA report questions Manchester whistleblowers' claims](#) (21 September, Jean Mackin and Mike Cherry, 2.1M uvm; Manchester, NH)

A draft report from an internal investigation into the Manchester VA Medical Center states that most claims made by whistleblowers about the care there are unfounded, but the report is being criticized as biased.

The 62-page report obtained by News 9 is from the Office of the Medical Inspector, which is an office in the Department of Veterans Affairs. It details the office's findings regarding claims made by 12 former Manchester VA staff members.

Among the complaints were that operating rooms weren't properly cleaned or cared for, that blood and rust were present on surgical instruments and that patients with cervical myelopathy were victims of malpractice.

According to the OMI, those claims were unfounded.

The report also addresses the whistleblowers, saying they became "distrustful and frustrated when they felt as if their clinical concerns were not addressed by their leadership."

But critics of the VA said the motivations behind the writers of the report are clear.

"It's a PR move. It's pure and simple," said Andrea Amodeo-Vickery, a lawyer for the whistleblowers. "The other three reports weren't publicized yet. They substantiated these same claims that this new report didn't substantiate."

"Oh, I think they have it terribly wrong," said Dr. Stewart Levenson, former chair of the department of medicine at the Manchester VA and one of the whistleblowers. "There are several incidents that are truly tragic, where they say there are no problems because they followed VA protocols, which are blatantly wrong."

Levenson said the VA system needs faster, safer patient care.

"The patients, the veterans, suffer the most," he said. "Several suffered horrible complications, maybe even death, because they didn't get their care on a timely basis."

U.S. Rep. Annie Kuster, D-N.H., who is on the House Veterans Affairs Committee, also questioned the findings.

"I have spoken with highly regarded physicians that have serious concerns about the quality of care, and thus, I question the outcome of this particular investigation," she said.

Kuster said she's pleased with the current leadership at the Manchester VA and has asked the U.S. Office of Special Counsel for an independent investigation into the VA's previous practices.

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4.7 - Government Executive: [Unions Accuse Administration of Circumventing Court Order Through Bargaining](#) (21 September, Erich Wagner, 870k uvm; Washington, DC)

Although the Trump administration has begun to comply with an August court order that invalidated the key provisions of three controversial executive orders, representatives of federal employee unions say that compliance has not extended to collective bargaining negotiations at key agencies and departments.

Union officials say in interactions with the Health and Human Services and Veterans Affairs departments, as well as the Environmental Protection Agency, management continues to press for provisions strikingly similar to the priorities outlined in three executive orders signed by President Trump in May but struck down in federal court last month.

Last week, officials at the Centers for Disease Control and Prevention, its parent department HHS, and American Federation of Government Employees Local 2883 met in Atlanta to resume negotiations on a collective bargaining agreement. Pam Gilbertz, president of the union local, said negotiations had begun in earnest in October 2017, but were twice delayed due to negotiator health issues. In July, both sides briefly returned to the table, but she said management unsuccessfully tried to renegotiate ground rules.

"They said it was because of the executive orders that were implemented," Gilbertz said. "My response to that was we don't agree to reopen our ground rules, and you cannot force us to reopen our ground rule negotiations, and that there was nothing in the EOs that would require a change anyway."

Gilbertz said that the union encouraged CDC to hold off on further negotiations until the court resolved the challenge to Trump's executive orders, which sought to make it easier to fire federal employees, set time limits on collective bargaining negotiations, and severely curtail both the amount of official time available to union employees and the scope of issues covered by bargaining.

But although the key portions of those executive orders were invalidated in a court order issued last month by U.S. District Court Judge Ketanji Brown Jackson, Gilbertz said agency officials continued to insist on a contract that largely mirrors provisions of the executive orders. The proposal, which includes language that HHS "makes these management proposals independent of any requirement in any executive order," seeks to eliminate 37 of the 47 articles in the existing collective bargaining agreement, including telework, alternative work schedules, grievances and official time.

"They are proposing to completely take away our ability to use official time to represent employees and make us use leave without pay to represent employees altogether, Gilbertz said. "How ridiculous is that? How are we supposed to represent employees if we have to take leave without pay?" She said that while there are agency managers who work full time on labor-management issues, none of the union reps has that luxury.

"We all have agency jobs in addition to our union role," she said.

The National Treasury Employees Union has reported similar experiences with HHS leadership. In July, while still following the provisions of the executive orders, the department declared an impasse in its negotiation with NTEU. But since the orders were partially rescinded, it has continued to seek intervention from the Federal Services Impasse Panel, a move that has drawn outcry from the union and lawmakers, who have described it as bad-faith "surface" bargaining.

HHS has repeatedly issued statements to Government Executive denying that their bargaining tactics are related to the executive orders. But in the case of the NTEU negotiations, the department informed the union that it must come to the bargaining table on May 25, the same day that Trump issued the orders.

"HHS' proposals were based solely on HHS' discretion, not on the executive orders," a spokesperson wrote.

At the Environmental Protection Agency, AFGE Local 704 had completed negotiations months ago, but has been stuck in a holding pattern. Local President Mike Mikulka said that although the contract has been ratified by the union, the agency has thus far refused to implement it, instead pushing for a full renegotiation.

"We ratified the contract, and the EPA took no action to review it, so after 30 days it should have been in effect," Mikulka said. "But they weren't satisfied, because they didn't get the provisions on office space and official time, so they sent us a really unreasonable proposal on ground rules for the full contract."

Since the rescission of the executive orders, Mikulka said they have not seen any change in position from management.

"The latest thing is that they want to open up the whole contract, but according to the ground rules, you can't do that," he said. "So that's still where things stand."

And at the Veterans Affairs Department, National Federation of Federal Employees negotiators reported that even after the Office of Personnel Management instructed agencies to comply "fully" with the court order, management continued to stonewall in contract negotiations. In that negotiation, a member of the management's negotiation team also was caught illegally taping private union deliberations.

"[The management negotiator] made it clear in both actions and in her words that they would not agree to anything that is not already required of them by statute," said NFFE Associate General Counsel Suzanne Summerlin earlier this month. "If that's the case, what is the point of a contract, which at basic essence is a private agreement between two parties to create a series of obligations and rights beyond what the law says you have to do? This is just bad faith bargaining."

On Thursday, House Oversight and Government Reform Committee Ranking Member Elijah Cummings, D-Md., sent a letter to Chairman Trey Gowdy, R-S.C., demanding that he issue a subpoena for Office of Personnel Management Director Jeff Pon to testify at a deposition on how OPM is working to make agencies comply with Jackson's court order.

Last month, Cummings requested a briefing on the issue, but Pon declined, citing “pending and ongoing litigation.” The Trump administration has not yet filed an appeal in the case.

“Under the court’s order, federal agencies are prohibited from implementing the invalidated provisions of the executive orders,” Cummings wrote. “To date, the Trump administration has not filed an appeal or a motion to stay the court’s decision. We are not requesting any information about the agency’s litigation strategy—we are asking for basic information about how the Trump administration is complying with the law.”

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4.8 - KECI (NBC): [Montana VA hosts town hall for Bozeman veterans](#) (21 September, Larisa Casillas, 27k uvm; Missoula, MT)

Montana Veterans Affairs representatives mingled with Bozeman veterans Thursday in a town hall focused on health care.

VA officials said this year they focused on towns they hadn't been to for town halls, and that included Bozeman.

"I know when I got out of the Navy I didn't know what my benefits were or how to get those benefits," said Montana VA public information officer Paul Hutchison.

According to Hutchison, most veterans are in the same boat and the town halls allow the agency to reach them easier and also hear from the veterans.

"Montana is a rural state so we like to get out and talk to veterans where they're at because there are some travel limitations with veterans," he said.

The VA says they provide more than just health care; they also have caregiver support and tele-health services.

Under the VA system there are different levels of eligibility, but they say in general, honorable discharge and two years of service qualifies.

"It was kind of slow at first just the paperwork of getting things set up -- part of that was my fault, it was kind of complicated...but everything's been fine after that. I've been happy with it," said Steve Holland, a veteran town hall attendee.

"There's been a mixed bag; some of them had a real good experience, some of them had a so-so experience. A lot of it depends on who they've seen and where they've had it seen," said John Kozicki, a veteran and town hall attendee who said he doesn't use VA health care, but his friends do.

In a state that has 1.5 veterans per 10 people, the vets will tell you these kind of events are needed.

"I really appreciate them coming because we don't really get a chance to ask questions and hear the administrators and that kind of thing very often," said Holland.

The Montana VA will be holding a health fair October 3rd at Fort Harrison in Helena.

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5. Improve Timeliness of Service

5.1 - Military Times: [Opinion: Do what's right for our Blue Water Vietnam veterans](#) (21 September, Rear Adm. Christopher W. Cole, 2.1M uvm; Springfield, VA)

The Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299) is currently languishing in the Senate Veterans' Affairs Committee, and as a result, vital funding of benefits that impacts the lives and livelihoods of veterans now hangs in the balance.

The fact that a funding bill, the Fiscal Year 2019 Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Bill was completed with full bipartisan passage makes spending arguments on the Blue Water Navy legislation unacceptable.

This bill — which passed the House of Representatives and would provide medical coverage to sailors who were exposed to the herbicide Agent Orange during the Vietnam War — appears to have some skeptics on the committee.

They seem swayed by the Department of Veterans Affairs' thin arguments that because record-keeping wasn't good during the Vietnam War there's no reason to provide veterans with this necessary treatment.

Nearly 90,000 veterans would be covered by H.R. 299, according to Military Times. That's tens of thousands of veterans who were once the picture of health who now find themselves battling cancer as well as nerve, digestive, skin, and respiratory disorders. To add insult to injury, because the VA and Congress refuse to act, they're getting stuck with paying the bill.

Instead of providing adequate care to our veterans who have fought and suffered for their country, government officials who have the power to provide them with care are needlessly debating a settled issue and placing the onus on veterans to prove that they were harmed. America owes our veterans a debt, and we are failing in our duty to pay that debt.

The Senate Veterans' Affairs Committee and VA need to stop putting the burden of proof on our veterans. The people who are questioning what veterans went through weren't there on the ships in Vietnam. They weren't drinking and brushing their teeth and bathing in water tainted by this terrible chemical.

Looking toward the future, the Department of Defense must do its part as well. Poor record-keeping did our veterans a disservice in Vietnam, and the Pentagon should conduct an audit to ensure that their record-keeping today is accurate — particularly when they know they are sending troops into areas affected by harmful chemicals.

Even though the VA is dragging their heels on this critical issue, Congress can take care of those thousands of veterans now. All that's required is for the Senate Committee on Veterans Affairs to put the Blue Water Navy Vietnam Veterans Act of 2017 up for a vote.

H.R. 299, the change in policy for Blue Water Navy Vietnam veteran care, has bipartisan support for our Navy veterans and ensures they receive the full extent of care they so deserve.

Our legislators need to stop playing politics with funding bills, stop doubting veterans and put these bills to a vote immediately.

Retired Navy Rear Adm. Christopher W. Cole is the national executive director of the Association of the United States Navy. His views do not necessarily represent those of the Department of Defense or Navy Times.

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5.2 - KQEN (AM-1240): [Roseburg VA Taken Off High Risk List](#) (21 September, Kyle Bailey, 644k uvd; Roseburg, OR)

The Roseburg VA Health Care System is no longer on the “High Risk” status for VA Medical Centers.

Information from the VA said of the 146 medical centers that had been deemed “High Risk”, Roseburg was one of only 5 in the nation, that has been removed from that status. The release attributed that to a number of changes at the local facility in the past year. That includes changes in leadership, updated processes, an increased level of accountability, and increased transparency,

Interim Medical Center Director, David Whitmer said the facility will continue to be “diligent in evaluating our quality” and reviewing the improvements in primary care scores. He said being removed from high risk status, is a “direct result of the hard work our team has accomplished to improve the care we provide for our veterans”.

A national release from the VA said that there have been significant improvements at the majority of its health care facilities. The release said compared with data from a year ago, 71% of VA Medical Centers have improved in overall quality. In contrast, only 5% of VAMC’s had a small decrease in quality.

VA Secretary Robert Willie said “this is a major step in the right direction to improving our quality of service for our veterans”.

David Whitmer will talk about state of the Roseburg VA on an upcoming Inside Douglas County program, on News Radio 1240 KQEN.

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5.3 - KPBS (NPR-89.5/PBS-15, American Homefront):s[For Rural Veterans, Accessing VA Care Can Mean Hours In The Car](#) (21 September, Sarah Harris, 278k uvm; San Diego, CA)

After 24 years of driving veterans to their medical appointments, Jeff Snow knows pretty much every back road in Vermont and most of New Hampshire.

"When it comes to remembering street names, I just automatically go to them now," Snow said as drives toward the border between the two states.

Snow manages a fleet of 14 vans for Disabled Veterans of America. As in many parts of the country, DAV operates a volunteer shuttle service that runs regular trips to Vermont's only Department of Veterans Affairs hospital and to local outpatient clinics.

"Some of our vans have put on 200 miles just getting here," he said, "and they do go out the back roads."

On a recent morning, Snow picked up veteran John Scherer from his dialysis appointment in Lebanon, N.H. The appointment was in a tucked-away office plaza, where Sherer had been receiving treatment for the previous few hours.

Sherer's a matter-of fact-guy who served in the Army in the late sixties. As he's gotten older, he's had some serious health issues.

"I'm in stage five kidney failure," Sherer said as he got into the car. "Kidneys are not cleaning out the bloodstream."

Sherer needs dialysis three times a week. But living in small-town Vermont makes it hard for him to get to treatment. Vision problems prevent him from driving, and there's limited public transportation. Dialysis starts early in the morning, so he takes a taxi to get there.

"I have to be there at 6:00, and let's face it, nothing's running," Sherer said. "So a taxi fare from my house is \$20 a day or \$60 a week."

DAV volunteers pick him up when he's done with his appointment, and that saves him the taxi fare for the trip back home.

It's not a perfect solution - but it helps.

Even with long drives, many vets prefer VA doctors

Robert Burke, director of the Vermont Office of Veterans Affairs, said a lot of the state's veterans rely on the VA's Choice Program. It allows veterans who live more than forty miles from the nearest VA hospital to get care in their community. The VA then reimburses their healthcare provider.

But Burke said participating providers often have long wait times, so a lot of vets opt to travel to the VA hospital in White River Junction, Vt. instead.

That can be hard, he said, especially for veterans who live near the Canadian border.

"You can't go to Canada for your healthcare," Burke said. "You have to go south."

But Burke said one advantage is that Vermont is a lot smaller than many other rural states. You can drive from one end to the other in about three and a half hours.

"It's a long way," he said, "but if you're getting good care, you'll do it a couple of times a month."

Sherer is familiar with those long drives. He used to live in Bethlehem, N.H., about 90 miles from the VA hospital. He remembers the first time he used the DAV van service back in 2001. He was really sick, and he didn't know why.

"I got into the van; I could barely walk," Sherer said.

A volunteer driver hightailed it from his house to the hospital, but it still took more than an hour to get there. Sherer was rushed into the emergency room.

"I was in the last stages of congestive heart failure," he said. "So if it wasn't for the DAV services you wouldn't be talking with me today."

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5.4 - WDHN (ABC-18): [Dothan Veterans Affairs clinic to close](#) (21 September, Ben Stanfield, 17k uvm; Webb, AL)

DOTHAN, Ala. - Dothan's Veterans Affairs clinic is closing, leaving thousands of military veterans with major questions about where they will receive health care in the future.

Nov. 30, 2018, will be the final day of operation for the Alexander Drive location across from Southeast Alabama Medical Center.

There are contracted employees along with a small number of actual federal government employees in this facility.

Once it closes, almost 5,000 patients — military veterans — will be forced to use other VA options.

WDHN is committed to finding more answers as to what the future holds for local VA patients.

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5.5 - The News-Review: [Roseburg VA taken off high-risk list, on track to win back its two-star rating](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has been taken off a "high-risk" list in a national assessment of VA medical centers across the country, Interim Director Dave Whitmer announced Thursday.

The Roseburg VA had been named one of 15 hospitals on the VA's high-risk list in February, with a one-star rating out of a possible five stars.

The star rankings are based on Strategic Analytics for Improvement and Learning data, or SAIL, which ranks how hospitals are performing on a range of measures from re-admissions after treatment to patient ratings, employee satisfaction and wait times.

"We are pleased with the direction of our SAIL ratings and that Roseburg is no longer on the high-risk list," Whitmer said.

He said the VA will “continue to be diligent” evaluating its quality and reviewing improvements that have already been made to its scores for primary care, hospitalization for sensitive conditions and other performance measures. He said the VA will continue to strive for excellence and he expects to see continuous improvements in its ratings.

“This is a team effort and our staff takes pride in continually improving the care we give our veterans,” Whitmer said.

The Roseburg VA was one of five hospitals removed from the high-risk category.

The Roseburg VA’s one-star rating in 2017 put it in the bottom 10 percent of facilities nationwide. The 2018 star rating hasn’t been released yet, but improvement in its SAIL scores this year has put the VA on track to increase to at least a two-star rating by the end of the year, Whitmer said.

The Roseburg VA has yo-yoed between one star and two over the past couple of years. But up until 10 years ago, the facility consistently earned four- and five-star ratings.

At the beginning of 2016, the VA was ranked one star. When it jumped to two stars in the middle of that year, it was called one of the fastest improving hospitals of the year. At the time, then-director Doug Paxton said his goal was to return the facility to five stars.

Instead, in 2017, the VA lost its two-star rating, dropping back to one star. Paxton was himself under fire by then, as the Office of the Medical Inspector was investigating the VA. After it concluded senior leadership was creating a toxic environment, Paxton and other top managers stepped down and were reassigned to other VA jobs.

Whitmer, who took the helm in February, was given a year to begin turning things around and then help choose his own replacement.

“This is a good step, but it is only one of many that the Roseburg VA needs to take in order to become a top-tier facility,” DeFazio said. “The next step is hiring a new director with strong leadership qualities, a history of working in veterans’ healthcare, and a proven track record of success in management. I look forward to working with this individual to ensure that we are doing all we can to provide the best care possible to southwest Oregon’s veterans.

He said improving the rating of the health care system is an important step, but it is crucial that VA leaders remain focused on improving all aspects of the Roseburg VA. He said that will take “continued intense focus” from the Roseburg VA’s senior leaders, the regional network that oversees it, and the VA’s central office in Washington, D.C.

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5.6 - KTVN (CBS-2 Video): [President Trump Speaks at VA Medical Center in North Las Vegas](#) (21 September, 160k uvm; Reno, NV)

President Trump signed a spending bill on Friday that will provide more than \$97 billion for the VA and military.

He signed the bill after giving a speech at the North Las Vegas VA Medical Center.

"The bill I'm signing today also provides the VA with important funding for opioid treatment and prevention. A big problem in this country."

The night before he held a campaign rally inside the Las Vegas Convention Center where he praised Senator Dean Heller and pushed Nevadans to get out and vote in the November midterm elections.

"I want to give a victory speech on the evening of election day. We're not going to let people undo the incredible job that we've done," Mr. Trump said. He mentioned that early voting begins in Nevada in October.

In turn, Heller credited the president for improving the economy, the job market, and the U.S. Department of Veterans Affairs.

It was Trump's seventh rally in the Las Vegas area since he first began his race for president in June 2015.

About 8,000 people turned out for Thursday night's rally.

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6. Suicide Prevention

6.1 - Battleboro Reformer: [Letter: Suicide is preventable](#) (21 September, Dr. Brett Rusch, 75k uvm; Brattleboro, VT)

Editor of the Reformer,

September is Suicide Prevention month and the U.S Department of Veterans Affairs (VA) empowers communities to take action to support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

You don't need to have special training to support the Veteran's in your life, and we can all do something to help a Veteran who is going through a difficult time. Even seemingly small actions can have a huge impact: Preventing suicide begins with just the willingness to Be There.

Showing your support can be as simple as sending a Veteran a text message- inviting someone over to catch up or sharing a positive thought are both great ways to communicate that you care. Your words could be exactly what a Veteran in crisis needs to hear, and could be a reminder of the many people out there who are willing to listen.

When you sense that a Veteran is not doing well, your words can help. You can make a difference by just starting a conversation. Although it can seem challenging, it is important to talk about difficult feelings and experiences. Keep in mind: Asking questions about thoughts of suicide does not increase a person's suicide risk. Instead, an open conversation can help

someone feel less alone and let others into the Veteran's experience. Feeling connected is shown to reduce suicide risk.

Simply reaching out to a Veteran in need and opening the door for a discussion could make all the difference. Learn more ways to show your support and Be There by visiting VeteransCrisisLine.net/BeThere to find more resources and information.

Suicide prevention is VA's highest priority. Every death by suicide is a tragedy, and we will not relent in our efforts to connect Veterans who are experiencing an emotional or mental health crisis with lifesaving support. If you believe a Veteran in your life may be contemplating suicide, call the Veterans Crisis Line at 1-800-273-8255 and PRESS 1, send a text message to 838255, or chat online at VeteransCrisisLine.net. Qualified and compassionate VA responders are on call 24/7/365 to provide guidance on how to connect Veterans with support and help them from harm.

Suicide is preventable. VA's goal is to reduce suicide and suicidal behavior among all Veterans—even those who do not, and may never, seek care within our system.

Brett Rusch, MD

Acting Medical Center Director

White River Junction VAMC

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6.2 - New Richmond News: [Combating the legacy of loss](#) (21 September, Tlindfors, 26k uvm; New Richmond, WI)

Friday, Sept. 14, the conference room at Wisconsin Indianhead Technical College was filled with working age and older adults, with the exception of two rows midway toward the front. Those two rows were occupied by nursing students from WITC. That was significant on a night when suicide prevention was the subject front and center.

VFW Post 10818 New Richmond / St. Croix County (www.vfwpost10818.org) and its auxiliary hosted the nearly two-hour program that featured presentations by representatives from numerous organizations all offering resources to address mental health issues contributing to suicide.

Post Commander Ron Ramos began the program by making it clear the forum was not just for veterans.

"The reason we're hosting this forum is because there is a (suicide) problem here in St. Croix County, but it's not just a veterans issue. Veterans experience suicide a lot. In 2015 the rate was 20 a day if I remember correctly. Living here the last two years, I've seen the problem in our schools, with our seniors, our kids and in our community in general. When we decided to host this program we wanted to do it for everybody, not just our veterans," said Ramos.

Community Coordinator Kelsey Ford and County Behavioral Health Supervisor Kathy Huston spoke on behalf of the Make It Okay (makeitok.org) campaign. Make It Okay is an initiative

native to Minnesota and Western Wisconsin having reached more than 35,000 people since its inception in 2012. Make It Okay relies primarily on a corp of volunteer ambassadors to employ a Learn, Talk, Share curriculum to "change the hearts and minds of the general public about the misperceptions of mental illnesses by encouraging open conversations and education on the topic." Ambassadors are available locally to speak with groups at schools, churches, workplaces, any place in the community interested in learning more about erasing the stigma of mental illness. Ambassador training programs are available to volunteers quarterly.

In St. Croix County, Make It Okay works together with Healthier Together (healthiertogetherstcroix.org) a community coalition lead by Hudson Hospital & Clinic, River Falls Area Hospital, Western Wisconsin Health and Westfields Hospital & Clinic working together to maintain healthy communities and provide a strategic framework for local health-improvement activities. Mental health is one of the three primary priorities of the coalition.

The goal of the Make It Okay campaign is to reduce the stigma of mental illnesses. Attendees were encouraged to join the more than 15, 229 people who have signed the Make It Okay pledge to stop the stigma.

[...]

Organizations

Derek Gilde, representing the St. Croix Valley Chapter of the National Alliance on Mental Illness (NAMI) (nami.org) noted the four activities which NAMI volunteers promote; education, advocacy, listening and leading. Locally the chapter focuses on support and operates two support groups, one for individuals with a mental illness called NAMI Connections and one for family support. In Our Own Voice features speakers who educate audiences using their own recovery story. The local chapter currently has six speakers available to speak with community groups and organizations.

Nurses Ryan Burkhardt and Katherine Lee representing the Minneapolis VA Suicide Prevention Team provided an overview of services available to veterans through the VA as well as through partnerships with public and private health care providers. Burkhardt reinforced the need for those partnerships noting there are only four VA case managers at the Minneapolis location (minneapolis.va.gov/services/Mental_Health_Services).

"I cover the five northern clinics. We can't handle all of the calls, all of the stuff that is happening, so the VA is rolling out more of a public health approach. For suicide prevention, we have a lot of great programs at the VA, psychiatry, therapy, counseling, there's a lot of great help out there but it really takes everybody being aware that life can be good and bad for all of us. It's important to know other people care about you," said Burkhardt.

The VA Suicide Prevention team provides three primary services. The team operates three call centers across the country to man the Veterans Crisis Line (1-800-273-8255 Press 1, text 838255, veteranscrisisline.net) which is available to anyone. The team also provides four weeks of intensive case management for veterans flagged as high risks of suicide. Finally the team also reaches out to educate other service providers within the VA as well as outside of the VA, like primary care, eye care or audiology, on behalf of veterans determined to be high risks. The program called Gatekeeper instructs other caregivers on how to create safety plans and how to do conduct risk assessments.

Post 10818 Auxiliary member Karen Green concluded the evening's program.

"Sixty-five percent of all veterans' suicides are men over the age of 50. If the statistics are correct and 20-22 veterans die each day from suicide, 14 of those are elderly. I'm not an expert on suicide prevention. I'm not a counselor or a mental health facilitator. I'm the wife of an older veteran. I'm the daughter of a veteran and I'm a sister to two veterans. We ask our community to find older citizens and get them involved in their communities again. Many of our elderly have amazing skills and there are real heroes hiding in our towns with great stories that should be told and learned from. We want mental illness, especially depression, to be normalized so that no one ever needs to be afraid to ask for help. We want all to feel needed and that our lives have a purpose."

St. Croix County Veterans Service Officers:

Phil Landgraf: 715-386-4757, phillip.landgraf@sccwi.gov

Geri Campbell: 715-386-4758, geri.campbell@sccwi.gov

Suicide Prevention Hotline: 1-800-273-8255, suicidepreventionlifeline.org

Crisis Text Line: Text HOME to 741741

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WVIT (NBC-30, Video): [State Agencies Host Event to Help Veterans](#) (21 September, Jennifer Joas, 2.1M uvm; New Britain, CT)

Free health exams, clothing and job services were offered to hundreds of Connecticut veterans on Friday in Rocky Hill.

It was part of the Department of Veterans Affairs Stand Down 2018, an event held for the last three decades that brings state agencies together for 200,000 Connecticut veterans.

More than 1,000 veterans were expected to attend.

"It's amazing. This is huge. I didn't expect it to be so big, a lot of services here so I'm thankful to be here," said Jeff Bizzarro, a veteran from Burlington.

Bizzarro served in the U.S. Army from 1994-1998, then in the Alaska National Guard until 2006. He said he returned from service with multiple traumatic brain injuries and PTSD. He had his service dog Annie with him at Stand Down.

"Like they say, not all wounds are visible and so what she does for me is intervenes, interrupts, and mitigates my symptoms from Post Traumatic Stress. She helps me with being in crowds like this, she keeps me grounded, she interrupts my nightmares when I have them," Bizzarro said.

This was also the first time Colchester native Jacqueline Clements attended. She served in the U.S. Army National Guard from 2010-2018.

"I think it's wonderful. I think we need to do more to support the people that have come back who are serving our country and I think that giving back to them is really important," Clements said.

There were more than 100 agencies offering free food, haircuts, eye exams, dental exams, coats and socks, nutritional advice and job opportunities. The idea is to give veterans a one-stop shop where they can learn more about the programs they may qualify for as well as help transitioning back into civilian life.

Daryl Shealy was working hard to find job leads. "A couple of people already told me they would give me call-backs. So I am crossing my fingers."

Stand Down 2018 is at the Department of Veterans Affairs at 287 West Street in Rocky Hill from 8am-2pm. The department also offers year-round support to veterans and their families here.

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7.2 - WTVR (CBS-6, Video): [Art for the Journey: Veterans with PTSD express themselves through artwork](#) (21 September, Vernon Freeman Jr., 1.5M uvm; Richmond, VA)

A new art exhibit at McGuire VA Medical Center aims to transform lives through art.

Veterans at the facility created pieces of art as a part of a program through Art for the Journey. The non-profit helps people overcome obstacles and transform their lives through art.

The program has used art to help veterans living with PTSD, women in prison and elderly dementia patients.

"Our goal is to engage people, to support them, to celebrate the process of art making. The combination of art making, and personal engagement and support, creates a kind of magic," said Mark Hierholzer, CEO Art for the Journey.

Tyrone Sanders is one of those veterans who is expresses himself through art.

"When you look around, every piece, although different, say the same thing. They are soothing, they are comforting, they are therapeutic, they poured all their souls into something beautiful," said Sanders.

Sanders had his art chosen to appear and be sold at the Art for the Journey 3rd Annual Art Exhibit Gala.

The event will be held on October 11 at the Jepson Center.

If you would like more information about the event, click here.

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7.3 - Kennebec Journal: [After years of work, cabins for homeless veterans open on Togus campus](#) (21 September, Charles Eichacker, 697k uvm; Augusta, ME)

TOGUS — Tim Buckmore is delighted by his new digs, even if the cable TV hasn't arrived yet.

Until this summer, Buckmore, 57, was one of dozens of homeless veterans living in Maine. Now, he's among 19 veterans who have moved into small houses on a quiet corner of the VA Maine Healthcare Systems-Togus campus.

For at least seven years, various organizations and agencies have been developing the so-called "Cabin in the Woods" housing project, which cost \$5.1 million to build and is located on 11 acres of land that have been leased from the U.S. Department of Veterans Affairs.

On Friday, they celebrated the project's opening with a ribbon-cutting ceremony that was attended by more than 100 guests and dignitaries. The project is part of a larger effort to end veteran homelessness and was developed by Volunteers of America Northern New England, a Brunswick-based group.

Of the roughly 2,280 people who were homeless in Maine last year, 131 were veterans, according to U.S. Census data compiled by the U.S. Interagency Council on Homelessness.

Multiple veterans who have received new housing through Cabin in the Woods said Friday they appreciated the natural surroundings and lack of noise pollution on the 11-acre property, where 21 cabins have been built. Each of the properties are free-standing and contain one or two bedrooms. The site also includes an office and community space, and is within walking distance of the medical facilities on the 500-acre hospital campus.

Buckmore, who worked as a generator mechanic in the U.S. Army from 1983 to 1989, has been intermittently homeless for the last three years. He first learned about Cabin in the Woods from a social worker at the Bread of Life Ministries' veterans shelter in Augusta. Now, he particularly appreciates the quiet natural setting and the radiant heating that comes out of the floor of his one-bedroom cabin.

"This is really nice and quiet," said Buckmore, a Gardiner native, during a tour of the pre-furnished home. "I'd like to see more of these go up."

This past summer, Buckmore suffered two strokes and now uses a cane and wheel chair to move around. As someone who has worked in the mental health field and been diagnosed with depression, anxiety and bipolar disorder, he also hopes the new housing will bring stability to a vulnerable population of veterans.

"There's a high suicide rate among homeless veterans," he said. "Something like this can help take their mind off anything bad they're thinking about."

Buckmore's one qualm, he said, is that Spectrum has yet to run cable television to the new homes. But he added, "That could be a blessing in disguise."

Multiple groups provided funding and donations for the Cabin in the Woods project, including the Maine State Housing Authority, the U.S. Department of Housing and Urban Development,

the Home Depot and T.D. Bank Charitable foundations. At the ceremony on Friday morning, officials from some of those groups delivered prepared remarks.

There were also speeches by two members of Maine's congressional delegation, U.S. representatives Chellie Pingree and Bruce Poliquin, and delegates for U.S. senators Susan Collins and Angus King. Also attending the event was Poliquin's predecessor as representative of Maine's 2nd District, Mike Michaud, who served as chairman and ranking member of the House's Committee on Veterans Affairs.

Another speaker was Ryan Lilly, the former director of the Togus system who was recently elevated to another role in the U.S. Department of Veterans Affairs: director of its New England systems.

Just as some cities have eradicated poverties in their homeless populations, Maine is trying to do the same, Lilly said. After the ceremony, he said the Togus campus still has between 30 and 50 acres that could be developed and that the agency is now considering whether it could lease out land for a similar project oriented toward seniors.

"It was our first experience with this process," Lilly said. "We're thinking about what we can do next."

While there are other housing developments for veterans around the country, Lilly said that Cabin in the Woods is unique because it's in a secluded area and its units are individual homes, as opposed to apartments.

Another veteran to benefit from the new housing project is Jesse McGahuey, 41, who last month moved into a two-bedroom cabin with his wife Sheena, 33, and their 5-year-old son, Jerrick. While living on federal land isn't a perfect arrangement, they said that the arrangement has made it considerably easier for McGahuey to attend his weekly medical appointments at Togus.

McGahuey suffered a series of injuries during and outside his service in the U.S. Army from 2000 to 2002. As a child, he suffered a brain injury. Then, when he was working as a heavy equipment operator while stationed at Fort Lewis in Washington, he was pulled under a piece of machinery, injuring his legs and back. Finally, in 2014, he was working at an oil-change business in Waterville when a driver accidentally lost control of her car, giving McGahuey a head injury and exacerbating the previous problems.

After that 2014 accident, McGahuey lost the ability to work or pay for housing. Since then, his family has spent long periods camping outside. They were one of the first families to apply for housing in Cabin in the Woods, and they're now able stay there with subsidized rental costs.

Now that some stability has been reintroduced to their lives, McGahuey hopes that he can start taking classes at a community college and working again, even if it's part time. His wife, Sheena, is unable to work and receives disability payments because of medical problems she suffered when giving birth.

"This does ease the pressure of it," Sheena McGahuey said. "It does help."

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7.4 - WCSH (NBC-6, Video): [Homeless no more: Maine veterans find homes in new project](#) (21 September, Don Corrigan, 445k uvm; Portland, ME)

CHELSEA (NEWS CENTER Maine) -- 21 of Maine's homeless veterans will now have their own homes, thanks to a special housing project that officially opened Friday.

Cabin in the Woods is a new housing project specifically for homeless veterans, built on the grounds of the Togus VA hospital. On Friday, they celebrated the grand opening.

The project is owned by Volunteers For America, which spent years working out the details and financing to get it built. They also needed to negotiate an agreement with the VA to lease a small portion of the 500-acre Togus campus in order to construct the small houses. All are located within walking distance of the medical facilities and services located at Togus.

All the houses are for veterans who were homeless or at risk of becoming homeless, including Army veteran Toni Owen. She has to use a wheelchair and said she was facing eviction from a small apartment in Poland because the building was being sold. Cabin in the Woods, said Owen, prevented her becoming homeless.

"It's amazing that you served and they're doing so many amazing things for people," Owen said while sitting on the porch of her brand new, one bedroom home.

Residents are selected by Volunteers For America, and pay an affordable rent, based on their income. Programs through Maine Housing, HUD and the VA support that. The veterans say having secure housing is already making a difference in their lives. Mike Merrill, who manages the project for VOA, says that is their goal. Merrill is a veteran of the Marine Corps and currently serves with the Maine National Guard. He is also a minister.

"I'm very passionate about this," Merrill said, "because I see my brothers and sisters out there not having a place to call home. I see my brothers and sisters thinking, for some of them, taking their life is the only way to end that pain because they don't have that food, that shelter, that safety and security. To see them being taken care of makes my heart happy."

There are currently 19 veterans living in the houses, with the remaining two scheduled to fill up soon.

During the Friday ceremony, Rep. Bruce Poliquin (R-Maine CD 2) suggested go VA officials they should start planning to build more houses.

"The words homeless and veterans should not need to be used together," said Merrill.

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7.5 - WDAF (FOX-4, Video): [Students having challenges with GI Bill housing stipends after changes to program](#) (21 September, Kera Mashek, 441k uvm; Kansas City, MO)

PARKVILLE, Mo. -- Thousands of students around the world rely on the GI Bill to pay for a college education. Many of them are also eligible to get money that help covers everyday expenses while they go to school.

But changes in how the housing stipends work are now causing some headaches.

John Higgs is working toward an MBA at Park University.

"I came out of military life and went direct to civilian life. In civilian life, you need education," Higgs said.

After 12 years in the Army, deployments and time as a reservist, the GI Bill is helping make it possible. Not only does he get money to cover tuition and books, but also an extra housing stipend that helps pay rent, utilities, insurance and more.

"Having that additional money coming in, it helps me get through life," Higgs said.

But many students like John are having trouble getting the right amount of money in their housing stipends or getting the money at all.

That's because this year, Congress made changes to the program.

"Typically the housing payment is based on the zip code of the school, the face-to-face location that you're attending. With the Colmery Act, what will happen with that is the zip codes will now be where you're taking most of those face-to-face classes," said Sarah Weygand, Park University's assistant director of military and veteran student services.

It's a big issue for many colleges like Park, which has dozens of campus centers spread out around the country.

"Parkville has different housing rate than, say, Independence, and we have students that go to both locations. If they're going to take most of their face-to-face classes in Independence, we want them to be able to have that housing allowance, which is higher, from Independence, not just from the Parkville area," Weygand said.

The Veterans Administration was supposed to be ready to roll out the new housing rates by Aug. 1, but that hasn't happened. Until it's fixed, some veterans could be left high and dry without the money they need to get by.

"What's going to happen is they can fall behind on bills really quick, and the way I look at it is, no veteran should be left behind," Higgs said.

Park University said it can help students file a hardship claim if necessary and even have some emergency scholarships available. But the college remains optimistic the issues will get ironed out soon.

"We try to work with those as best we can and help the student, so they can be successful in their classes and not have to worry about money at the end of the day," Weygand said.

The VA said it's still running tests on changes to its computer systems designed to calculate the new correct stipend amounts. Any students who have been short-changed will get the correct amount of cash back once those upgrades are complete.

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7.6 - WTNH (ABC-8, Video): [Event offers free services, resources to Connecticut veterans](#)
(21 September, Brian Spyros, 322k uvm; New Haven, CT)

Hundreds of veterans lined up Friday morning right outside the Department of Veteran Affairs. They were there to take advantage of countless resources and services.

"It's very important. Some of the guys they really need it," said William Thigpen, a veteran from New Haven.

All of the service are free of charge.

"Clinical support services, DMV, judicial are here, veteran service organizations, housing and unemployment providers are here as well. Including private employers," said Department of Veterans Affairs Commissioner Thomas J. Saadi.

The event is called 'Stand Down' and is modeled after a concept during the Vietnam war where secure base camp areas were available to units returning from combat operations. Troops were provided clean uniforms, warm meals, medical and dental care, and time to enjoy friends in a safe environment. The services on Friday were life-changing for many men and women. Some of them have fallen on hard times and need the help.

"I'll tell you, it's very important some of these guys, I hate to say, are down and out," said Robert Russell, a veteran from Manchester. "Just a hat and a pair of socks will go a long way with these guys. You'll see them break down and cry."

News 8 speaking with a number of people who served our country proudly, who say our veterans are often forgotten about.

"You rdive coming off the highway, you see a veteran out there. I'm a veteran, I roll the window down and give them two bucks. That shakes me up," said Russell. "There should be no homeless vet around."

"Yeah it hurts. It hurts. But what can I say though, that's the world," said Thigpen.

Friday's event, which was put on by Community Health Center, Inc., serving as a reminder that the issues vets face are real and need to be addressed. Something the VA knows all about.

"While we have services here one day a year, one stop shop, we are here 365 days a year for our veterans with our federal partners," said Commissioner Saadi.

If you or someone you know needs help or any resources you can contact the VA Healthcare System. Those locations and numbers are listed below:

West Haven: 203-932-5711

Newington: 860-666-6951

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7.7 - KTBS (ABC-3, Video): [OBVAMC hosts ceremony honoring POW/MIA](#) (21 September, Bia Roldan, 298k uvm; Shreveport, LA)

According to the National League of Families for the POW and MIA as of August, nearly 1,600 Americans are still missing and unaccounted for.

On Friday Overton Brooks VA Medical Center remembered those Americans in a solemn ceremony which included the playing of the taps and a missing man table.

Retired Lt. Col. Edgar Hubert Gleason of the Marine Corps was the guest speaker.

"I was never a POW and I was never missing in action," he said. "I do know a marine who served in the baton death march. He made me determine that I would never surrender. I spent a lot of years in the Marine Corps and I love it to this day. I'm still obligated in any way I can to serve the corps."

The first national POW/MIA recognition day was proclaimed in 1979.

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7.8 - KOLO (ABC-8, Video): [Reno-area veterans helped at annual event](#) (21 September, 274k uvm; Reno, NV)

The Department of Veterans Affairs held its Annual VA Stand Down Friday.

Along with providing a number of services, event staff focused on identifying homeless veterans in the region who are in crisis and getting them housed before the winter months.

Not only were they able to give hundreds of veterans information about different assistance programs, they gave one man keys to a new apartment.

Organizations from around the community provided a variety of additional aid, such as clothing, hygiene kits, haircuts, and more.

"It gives veterans an opportunity to really see what kind of support they have behind them in not being homeless," says HUD/ VASH Supervisor Matt Kerr.

The Department of Veterans Affairs has hosted this event for more than a decade, but they wanted this year to be special.

They decided to surprise Guy Campbell with a housing voucher and a fully furnished apartment all on the same day.

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7.9 - KNWA (FOX-24, Video): [National POW/MIA Recognition Day: Local Veterans Share Survivor Stories](#) (21 September, Kelly O'Neill, 191k uvm; Fayetteville, AR)

President Donald Trump made September 21 National POW/MIA Recognition day, calling on the American people to salute all American prisoners of war and those still missing in action.

The third Friday in September is a time to reflect on the suffering and sacrifices of prisoners of war and those who are still missing in action.

Paul Stone served in WWII.

"The government sent this to my mother, that's how they found out," Stone said.

Captured several times, he spent nearly five months in prison camps.

"In 1944, he liberated me, General Patton, from a German prison camp. At that time I was 20 years old," Stone said.

On Friday morning the VA Medical Center in Fayetteville held an ex-prisoner of war and missing in action recognition ceremony.

In the middle of the room, a table set for one to symbolize all of the soldiers that never came home.

Isaac Caudle also served in world war two.

"Out of 500, there were 129 that could still walk. So finally we come to the commander, and all he could do, he said we got to quit. Which wasn't what we wanted to do at all, but its what we had to do," Caudle said.

Caudle was captured in France in 1945 for 96 days.

"For an American soldier to give up, that was not heard of. You didn't do that. You were supposed to keep one bullet in your rifle, and that's to kill yourself before you give up," Caudle said.

Both men united by a struggle to survive in brutal conditions, honored Friday for their courage and determination

"I like to be with other guys because everybody ain't have this kind of experience," Caudle said.

And for those who never returned from the battlefield to their families, the message remains the same --you are not forgotten.

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7.10 - WJET (ABC-24, Video): [POW-MIA recognition day hits close to home for the director of VA medical center](#) (21 September, 191k uvm; Erie, PA)

Across America and here in Erie, organizations are acknowledging POW-MIA recognition day.

Veterans and their families are honoring prisoners of war and soldiers who are missing in action, unable to come home. It's an annual ceremony held at the Erie VA medical center.

The event hits close to home for the director of the center, John Gennaro, who says his uncle was a prisoner of war. "He actually prevented the loss of a number of other troops when he was in ransom himself. So it's a really touching moment because I grew up hearing his stories and personally attending family outings and events with him, you know a true hero. Not just a family member but a true America hero."

Several veterans who were also prisoners of war were in attendance at the service today.

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7.11 - WABI (CBS-5, Video): [Cabin in the Woods provides veterans permanent housing](#)
(21 September, Alyssa Thurlow, 163k uvm; Bangor, ME)

AUGUSTA, Maine - Over a dozen Maine veterans are finishing the final touches on their new homes at Cabin in the Woods in Augusta.

It's all part of a program designed to combat veteran homelessness.

"We know that housing solves homelessness, and for them, it's really a point where they can stabilize, concentrate on their own needs, and hopefully be contributing members of our community," said Rich Hooks Wayman of Volunteers of America.

It's a first of its kind project in Maine.

21 cabins will soon be fully filled at Cabin in the Woods at Togus VA Medical Center in Augusta.

It's situated on 11 acres that was obtained by the Department of Veteran Affairs Enhanced-Use Lease Program with the mission to combat veteran homelessness.

"Veterans still are more likely to be homeless than non-veterans, and so there is still a big challenge for the veteran population," explained Director of Veteran Affairs, Ryan Lilly. "We know we are making progress through programs like this, but we still have work to do, and this is an important step along the way."

A ribbon cutting ceremony Friday celebrated the veterans moving into their new homes.

For Army veteran Tim Buckmore, it's been a long time coming. He says this place gives him stability in his life, something he hasn't had in a really long time.

"It's relaxing," said Buckmore. "You can put your mind at ease you know, unlike a lot of the homeless veterans who worry about where their next meal is coming to, you know?"

Each cabin comes furnished. The bonus for these vets? It's within walking distance of health services at the 500-acre Togus campus.

Veterans living at the Cabin in the Woods must contribute 30 percent of their income and follow other guidelines.

Those with Volunteers of America hope this is just a stepping stone to getting these vets where they need to be.

"We have a good shelter system here in Maine, but it is not home," said Hooks Wayman. "It is crowded and noisy and often times chaotic, and for us we really believe that part of healing is having your own space, and being able to center yourself on what you need to move forward."

We're told donations and supplies are always needed. If you're interested in donating, you can Volunteers of America directly.

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7.12 - The News-Review: [Homeless and at-risk veterans receive help at annual Veterans Stand Down](#) (21 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

Bear was one of about 200 veterans who visited the annual Veterans Stand Down for Douglas County Thursday at the Roseburg Veterans Medical Center.

Homeless veterans or veterans at risk of homelessness attending the event signed up for help getting VA benefits or housing. They also got haircuts, dentists' appointments and checkups for their cats and dogs. A few veterans who were already on campus for appointments dropped by to pick up granola bars and inquire about services.

Bear grew up in South County and considers Douglas County his home base. He served in the U.S. Army infantry in the 1970s. While he was at the VA on Thursday, Bear picked up some food and information on veterans services and got a flu shot. He was happy to run across the event.

Bear said he attends the event every year if he can, "not only because of the free stuff but to see the community support."

Ken Steller served in the U.S. Army 82nd Airborne and just missed the Vietnam War but went to Iraq and Kuwait. He made it through those tours safely but was subsequently injured in a training accident in Colorado. He's not homeless, but he happened to run across For the Love of Paws, a veterinary clinic that accepts payment on a sliding scale, which was offering services on campus as part of the event. His daughter, Renee Steller, went to the event as well and got shots for her 2.5-month-old tabby kitten.

Ken Steller said there are a lot of homeless veterans in the community, and Stand Down provides a great service.

"The main reason I came down was to get a flu shot. I didn't know the rest of this was down here," he said.

He has also taken on a mission to help veterans who don't even know they're eligible for benefits figure out how to sign up for them.

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7.13 - Temple Daily Telegram: [Mobile food pantry aids veterans](#) (20 September, Mariel Williams, 157k uvm; Temple, TX)

Area veterans lined up bright and early Thursday to pick up rations from the Temple Mobile Food Pantry.

This monthly food distribution program is part of an ongoing partnership between the Central Texas Food Bank and the Central Texas Veterans Health Care System. The food was given out at the Olin E. Teague Veterans' Medical Center.

Kurt Hentschel, who was in the U.S. Army for 13 years, said the mobile pantry helps him stay within his budget.

"It helps, especially when you're retired and have a fixed income," Hentschel said.

For those who needed it, volunteers were gathered around to help carry groceries to veterans' cars.

Samuel Tamondong said he has volunteered at the program several times, because he knows what it's like to be a veteran in need.

"At one time, I was homeless," Tamondong said. "That's why I (became) a Christian, because I believe in helping a lot of these homeless veterans."

Tamondong was in the Army for 28 years, and he served in Desert Storm.

"(Temple Mobile Food Pantry) helps a great deal for a lot of these people," he said. "It gives a lot of hope for a lot of these veterans that are homeless."

The mobile pantry service is part of the Veterans Pantry Pilot program from Feeding America, the nation's largest hunger relief organization. The program is a partnership with the U.S. Department of Veterans Affairs.

Joeann Howell said this was her first time coming to the mobile pantry.

"It's pretty good — they have a lot of good healthy food," she said. "I am retired, and I just have the VA income, so that's basically it that I'm surviving on right now. I have a 9-year-old, and I'm in a lot of pain."

Howell served in the Army for six years, but had to leave because of chronic health conditions including fibromyalgia and arthritis.

"I wanted to do my 20 (years), but then I started suffering with a lot of pain so I got med-boarded out," she said.

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7.14 - WBUP (ABC-10): [Local, former POW's honored during ceremony](#) (21 September, Dane Wurmlinger, 49k uvm; Ishpeming, MI)

IRON MOUNTAIN — Brave, courageous, and strong. These words can't even begin to describe the men and woman who have served our country during times of war.

Some return home to their families, but others have been prisoners of war, have gone missing in action, or have made the ultimate sacrifice. Today, a public ceremony in Iron Mountain held by the Oscar G. Johnson VA Medical Center paid tribute to the former POW/MIA'S who live in the Upper Peninsula and northeastern Wisconsin, as well as those who were killed in action.

"This is a group of veterans that we serve – these American heroes – they know what it means for the price of freedom," said Brad Nelson, Oscar G. Johnson VA Medical Center Public Relations Officer. "They lost their freedom for a period of time in their lives, and probably more than any other American men and women who served, they know what the loss of freedom and the threat of death is."

One of the few former POW's present served in WWII in the Army's 101st Airborne and leapt into France at 1:00 in the morning on D-Day. 5 days into the mission, he was captured by the Germans and held against his will. Suddenly, a man was stripped of the very thing he was fighting for – freedom. He later managed to escape with another soldier from the POW camp.

"I had a great time in the service – I learned a lot in the service," said veteran and former POW, Glenn Johnson. I had never gone out of Racine [Wisconsin] before, except to join the service. My dad was in, my brother was in, and I was the only one who was home – so I thought I might as well go, too."

The ceremony this afternoon featured a Color Guard presentation by American Legion Post 50. A 21 gun salute was held in honor of the soldiers that served, as taps was played in the background. The day left everyone feeling humbled, and thankful for those that have and continue to protect our freedom.

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7.15 - WJMN (CBS-3, Video): [POW and MIA recognized in Dickinson County ceremony](#) (21 September, Rebecca Bartelme, 38k uvm; Escanaba, MI)

IRON MOUNTAIN-- The Oscar G. Johnson VA Medical Center recognized former POWs at a POW/MIA Recognition Day ceremony. The veterans served in either World War II or Korea.

"It's very important for us as citizens to recognize those that have sacrificed more than others," said Brad Nelson, Public Affairs Officer, Oscar G. Johnson VA Medical Center. "In fact our former POWs, more than anybody else that has served in the military knows what the price of freedom really means because they lost their freedom."

John Moddie of Quinnesec is one of the men recognized today. He was captured during the Battle of the Bulge in December 1944 and stood in front of machine guns at a German POW camp which were never fired at him.

"The living conditions weren't very good," said Moddie. "There was big lice not like little fleas on a dog or cat but big lice. You could see them from 15 feet away. We didn't get much to eat a lot of prisoners died there. We slept on the floor. No heat in the building."

All gave some and some gave all, today's recognition also remembered those Missing In Action.

"For those that didn't come home and for those families that still live with the uncertainty decades later in fact in many cases," said Nelson.

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7.16 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center recognizes National POW/MIA Remembrance Day](#) (21 September, Megan Hudock, 21k uvm; Clarksburg, WV)

FAIRMONT W.Va - Friday, the Louis A. Johnson VA Medical Center recognized national POW/MIA Remembrance Day.

This is a time where the nation stops to recognize and remember the sacrifices made by prisoners of war and those that are still held captive.

A special luncheon was held at Muriale's in Fairmont where ex POW's were honored.

A small memorial was held for those that were lost over the past year.

"I think it's important that we do recognize the individuals that sacrificed so much for their country and those that are still missing. We have approximately 82,000 missing service members and department of defense civilians across the world, spanning from world war I to current," said Marina Bileu, POW advocate for Louis A. Johnson Medical Center.

A presidential proclamation was read, explaining the importance of national POW/MIA remembrance day.

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8. [Other](#)

From:

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Subject: [EXTERNAL] 20 September Veterans Affairs Media Summary and News Clips

Date: Thu Sep 20 2018 05:24:33 CDT

Attachments: 180920_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

20 September 2018

1. [Top Stories](#)

1.1 - Reuters (Health): [One in three gun-owning U.S. veterans don't store weapons safely](#) (19 September, Tamara Mathias, 43.7M uvm; New York, NY)

A substantial percentage of U.S. military vets store guns loaded and ready to use, according to an American study that could have implications for suicide prevention. "American veterans have a higher suicide risk than demographically matched U.S. adults and most of their suicides are actually related to firearm injury," said lead author Dr. Joseph Simonetti of the Denver Veterans Affairs Medical Center in Colorado.

[Hyperlink to Above](#)

1.2 - Business Insider: [43 years after the Vietnam war, many Navy veterans are still battling for benefits for potential Agent Orange exposure](#) (19 September, Caitlin Foster, 36.8M uvm; New York, NY)

Veterans groups are pushing a bill making its way through Congress that would extend VA benefits to tens of thousands US Navy veterans who were potentially exposed to Agent Orange while serving off the coast of Vietnam. The bill is the latest glimmer of hope for veterans who have fought for decades to receive the benefit, and would finally recognize their exposure to the toxic herbicide but come at an estimated cost of \$5.5 billion to US taxpayers.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [Ex-VA Police Officer Gets Prison for Patient's Rough Arrest](#) (19 September, 23.9M uvm; Washington, DC)

A former Veterans Affairs police officer who authorities say repeatedly struck a patient outside a VA hospital in Indianapolis has been sentenced to a year in prison. Michael Kaim was sentenced Tuesday in U.S. District Court after pleading guilty to deprivation of civil rights. He also was ordered to pay a \$1,000 fine.

[Hyperlink to Above](#)

1.4 - Military Times: [As floodwaters recede, VA works to reopen locations hit by Hurricane Florence](#) (19 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials said department health care facilities in North Carolina escaped relatively unscathed from the damaging winds and rains of Hurricane Florence last weekend, and could be fully reopened in coming days. But first, the floodwaters have to recede.

[Hyperlink to Above](#)

1.5 - Stars and Stripes: [Students using GI Bill receive incorrect housing payments due to VA technical errors](#) (19 September, Nikki Wentling, 1.5M uvm; Washington, DC)

About 340,000 students attending school using the GI Bill received slightly smaller housing payments in August than they're eligible for under federal law, according to the Department of Veterans Affairs. Monthly housing allowances help student veterans pay for their housing costs, utilities and food. Veterans who started the 2018-2019 school year last month received incorrect payments caused by delays at the VA Office of Information and Technology with complying to new rules on how stipends are calculated.

[Hyperlink to Above](#)

1.6 - WBUR (NPR-90.9, Audio): [Boston's VA Adds Overdose-Reversing Naloxone To AED Cabinets](#) (19 September, Martha Bebinger, 1.1M uvm; Boston, MA)

It was at least 10 minutes from the time a housekeeper pushed into a bathroom on the Brockton VA campus and found a man on the floor to the time paramedics arrived. They used naloxone, common brand name Narcan, to reverse the man's opioid overdose. Brain damage can begin after just five minutes without oxygen. Pam Bellino, patient safety manager for VA Boston, which includes Brockton, read the incident report back in December 2015 with alarm.

[Hyperlink to Above](#)

1.7 - Northwest Arkansas Democrat-Gazette: [New tool helps VA assess patient Rx's. System works to identify drugs to 'deprescribe,' better aid person, save money](#) (19

September, Rachel Herzog, 162k uvm; Fayetteville, AR)

By the time Dr. Sara Swathy Battar sees patients at the Veterans Affairs hospital in North Little Rock, they often have long lists of medications. It struck Battar, the associate chief of staff for geriatrics and extended care for the Central Arkansas Veterans Health Care System, that there was no standardized medical tool for taking patients off their medications.

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2. [Greater Choice for Veterans](#)

2.1 - Bennington Banner: [Rep talks transportation, privatization at VA clinic](#) (19 September, Christie Wisniewski, 69k uvm; Bennington, VT)

During his Wednesday visit to Bennington, Congressman Peter Welch stopped by the VA Community Based Outpatient Clinic (CBOC) to tour the facility and discuss what measures Congress can take to help Veterans Affairs clinics offer the best care to those who have served.

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3. [Modernize Our System](#)

3.1 - The Spokesman-Review: [Spokane veterans medical center stops media tour with Cathy McMorris Rodgers to avoid violating federal election law](#) (19 September, Will

Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law. The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

[Hyperlink to Above](#)

3.2 - KYTV (NBC-3, Video): [New VA clinic to open in Harrison, Arkansas](#) (19 September, Caitlin Sinett, 818k uvm; Springfield, MO)

The VA clinic in Harrison is currently located at the Main Street Medical Clinic, but Valor Healthcare will now be operating a new clinic, at its new location. It will be located at the Ozark Crossing Plaza. And Valor Healthcare hopes to open it some time in October. Jimmy Phillips,

the director of outreach with Valor Healthcare, said, "It's important for the communities to know you're really getting a contractor that is made up of veterans. Sort of the for-veteran by-veteran concept really try hard to make that apparent to the veterans."

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3.3 - WKBN (CBS-27, Video): [Some veterans would be against moving Youngstown VA clinic to Northside building](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)
Ever since the owners of Northside Hospital announced they were closing on Thursday, there's been talk of what to do with the building. One idea is to relocate the Youngstown Veterans Administration (VA) clinic on Belmont Avenue, which is now on a month-to-month lease until a new site is found. "Do I believe in my mind, in my heart that the clinic should go there? No, I'm dead against that. I want that new building that was promised to me," said Leo Connelly, a veteran.

[Hyperlink to Above](#)

3.4 - Health Data Management: [Senate panel approves Trump nominee to serve as VA CIO](#) (19 September, Greg Slabodkin, 143k uvm; Chicago, IL)
James Gfrerer, the Trump administration's pick to serve as chief information officer at the Department of Veterans Affairs, is a step closer to overseeing the VA's IT infrastructure. The Senate Committee on Veterans' Affairs on Tuesday approved Gfrerer's nomination, which now moves to the full Senate for a vote on his confirmation.

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3.5 - DCMilitary.com (Andrews Gazette): [Veterans welcome new Community Based Outpatient Clinic in Montgomery County](#) (19 September, Bobby Jones, 45k uvm; Gaithersburg, MD)
After 10 years of planning and major renovations, the Washington DC Veterans Affairs Medical Center opened its newest Community Based Outpatient Clinic (CBOC) during a ribbon cutting ceremony in Gaithersburg, Sept. 7.

[Hyperlink to Above](#)

3.6 - WGLT (NPR-89.1): [VA Selects Outpatient Clinic Site In Bloomington](#) (19 September, Eric Stock, 500 uvd; Normal, IL)
Veterans in McLean County will soon have closer access to health care. VA Illiana Health Care System in Danville has announced a location for a new outpatient clinic at 207 Hamilton Road in Bloomington at the former Career Link office. Todd Oliver, public affairs officer for VA Illiana, said the building will be expanded into a 20,000-square-foot facility in a projected \$6 million project.

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[4. Focus Resources More Efficiently](#)

4.1 - Stars and Stripes: [Police officer gets year in prison for assaulting veteran at VA hospital](#) (19 September, Will Morris, 1.5M uvm; Washington, DC)

A former police officer at a Veterans Affairs hospital in Indianapolis was sentenced Tuesday to a year in prison for assaulting and wrongfully arresting a patient. Michael Kaim, 28, pleaded guilty in June for violating the veteran's civil rights in connection with the incident, which occurred in April 2017 at the Richard L. Roudebush Veterans Affairs Medical Center.

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4.2 - Iowa City Press-Citizen: [Retired VA nurse volunteering in Hurricane Florence recovery](#) (19 September, Hillary Ojeda, 195k uvm; Iowa City, IA)

Bryce Henson, 62, of North Liberty drove around Marion, South Carolina taking notes as he looked at about 40 homes with flood damage on Tuesday, Sept. 18. As a Red Cross volunteer, this was his first day in the field of what would be two weeks helping locals recover from Hurricane Florence.

[Hyperlink to Above](#)

4.3 - KQDS (FOX-21, Video): [Veterans Say Thanks, Voice Opinions about VA](#) (19 September, Arman Rahman, 55k uvm; Duluth, MN)

Veterans in Superior got a chance to say thank you and voice their concerns about the VA program at a town hall style meeting at the Twin Ports Outpatient VA Clinic today. This is the 23rd monthly community meeting held since 2014. Where officials say their primary concern is hearing from the men and women who served.

[Hyperlink to Above](#)

4.4 - WFXR (FOX-27, Video): [The Salem VA has an important mission to take care of the Nation's heroes](#) (19 September, Casey Wright, 29k uvm; Roanoke, VA)

4-minute video: Healthcare Provider Tim Krohe with the Salem VA Medical Center talks about his mission to take care of those who have served.

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5. [Improve Timeliness of Service](#)

5.1 - WebMD (Updated): [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

Jon Lubecky was running out of options when he checked into a small house-turned-clinic outside Charleston, SC. The onetime Army artillery sergeant had been struggling with post-traumatic stress since he got home from Iraq, where his post had been shelled so often it was nicknamed "Mortaritaville."

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5.2 - U.S. News & World Report (Santa Fe New Mexican, AP): [Program Gives Veterans, Military Staff Chance to Cowboy Up](#) (19 September, Robert Nott, 23.9M uvm; Washington, DC)

U.S. Army veteran Brian Ray was sitting tall in the saddle of a palomino quarter horse at the Crossed Arrows Ranch south of Santa Fe. The combat vet, who had spent three decades in the military, including two tours in Iraq as an adviser, focused his heart, mind and body on his connection with the horse.

[Hyperlink to Above](#)

5.3 - Independent Record: [Fort Harrison VA Hospital highlights improvements in patient care data](#) (19 September, Thomas Plank, 276k uvm; Helena, MT)

The Fort Harrison Veteran's Affairs Hospital showed major improvements in several areas of patient care, according to a presentation at the facility on Wednesday. Fort Harrison has seen quality improvements in its Strategic Analytics for Improvement and Learning, a nationwide set of benchmarks designed to measure VA hospitals against each other. SAIL is designed to "spotlight the successful strategies of VA's top performers in order to promote high quality, safety, and value-based health care across all its medical centers."

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5.4 - WKBN (CBS-27): [Local veterans compile wish list for Youngstown VA clinic](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

For more than a year, the Veterans Administration has been researching what should be included in a new clinic that would replace the one located now on Belmont Avenue. The Belmont Avenue clinic opened 25 years ago and according to veteran Carl Nunziato, it gets 50,000 visits a year. The clinic initially covered only 5,000 square-feet but is nearly four times that size now.

[Hyperlink to Above](#)

5.5 - The News-Review: [OIG review makes seven recommendations for Roseburg VA](#) (19 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The U.S. Department of Veterans Affairs Office of the Inspector General issued a report Monday detailing the results of a recent review of the Roseburg Veterans Affairs Medical Center. The report was based on an analysis of records over the past four years, along with interviews and observations made during an unannounced visit March 19.

[Hyperlink to Above](#)

5.6 - Evening Tribune: [Reed advocates for veteran dental care](#) (19 September, 59k uvm; Hornell, NY)

On Tuesday, Rep. Tom Reed (R-Corning) announced he will cosponsor a bipartisan bill to provide dental care for veterans. "We care about helping our veterans who fought to keep this country safe and want to ensure our vets are treated fairly," Reed said. "Currently, most veterans are not eligible for dental care in the same way they are eligible for other care from the Veterans Administration."

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[6. Suicide Prevention](#)

6.1 - The Daily Sentinel: [Reduce pain, reduce suicide risk. Junction's VA Medical Center recognized for work it hopes](#) (19 September, Joe Vaccarelli, 192k uvm; Grand Junction, CO)

Grand Junction's Veterans Affairs Medical Center has been looked at as a leader in both rural care and pain management. Now the hope is that managing pain can lead to a reduction in veteran suicides. A group from the local VA Medical Center traveled to Washington, D.C., earlier

this month to take part in an innovation program, in which different hospitals presented programs they had implemented.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune (AP, The Conversation): [The migration of same-sex couples to the suburbs is shaping the fight for LGBT equality](#) (18 September, Clayton Howard, 23.9M uvm; Chicago, IL)

This summer, the U.S. Supreme Court issued a ruling in the most important case involving same-sex marriage since it became legal in all 50 states. On its surface, the Masterpiece Cakeshop case looked like it was a contest about discrimination and the meaning of religious liberty. But the circumstances of the case may actually be more important than the decision.

[Hyperlink to Above](#)

7.2 - KGTV (ABC-10, Video): [Veterans Summer Sports Clinic helping heal invisible wounds](#) (19 September, Amanda Brandeis, 2.1M uvm; San Diego, CA)

Veterans who've suffered life-altering injuries are in San Diego for a week-long journey. Put on by the U.S. Department of Veterans Affairs, the National Veterans Summer Sports Clinic exposes veterans to recreation and sports activities they might have once thought out of reach. Assisted by adaptive sports therapists and rehabilitation professionals, veterans participate in adaptive archery, surfing, sailing, kayaking, and cycling.

[Hyperlink to Above](#)

7.3 - KATU (ABC-2, Video): [VA audit grounds Oregon vets hoping to use G.I. Bill to become pilots](#) (19 September, 1.5M uvm; Portland, OR)

Veterans in Oregon and across the country trying to use their G.I. Bill benefits for training are stuck on hold because of a scandal involving expensive schooling paid for by taxpayers. Some schools in the U.S. are accused of overcharging taxpayers for expensive classes under the G.I. Bill. One of the schools impacted by the subsequent audit is Portland Community College's Rock Creek Campus.

[Hyperlink to Above](#)

7.4 - WITI (FOX-6, Video): [Show of respect: Arborists trim trees, tidy up Wood National Cemetery](#) (19 September, Jonathon Gregg, 1.5M uvm; Milwaukee, WI)

A show of respect happening across the country at our nation's military cemeteries happened in Milwaukee on Wednesday, Sept. 19 at Wood National Cemetery. In a setting more custom to silent reflection -- the sounds of a brash salute cut through. "We're out here today to remember them," said Lee Fredricks, Rainbow Treecare Company.

[Hyperlink to Above](#)

7.5 - KMBC (ABC-9): [Arborists volunteer to clear, trim trees at Leavenworth National Cemetery](#) (19 September, Keleigh Gibbs, 1.1M uvm; Kansas City, MO)

Dozens of arborists volunteered their time to clear and trim trees at Leavenworth National Cemetery. "I think some of the nicest trees, largest trees are in cemeteries. Sometimes,

because of budgets, they get neglected," said Spencer Wicks, of Ryan Lawn & Tree. More than a dozen tree care companies have volunteered crews to help in the effort. "We want the cemeteries to not be like an arboretum, but be like an arboretum from the beauty of it," said Greg Krogstad, of Saluting Branches.

[Hyperlink to Above](#)

7.6 - The Journal Gazette: [Banks visits facility for homeless vets. Says he wants to support needs of city's Safe Haven](#) (19 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Rep. Jim Banks toured the Richard Lugar Safe Haven for Veterans on Tuesday, hearing from officials and temporary residents at the homeless shelter. A resident told Banks, R-3rd, the shelter's staff had "helped me out a lot."

[Hyperlink to Above](#)

7.7 - WHTM (ABC-27, Video): [Volunteers clean up Indiantown Gap National Cemetery](#) (19 September, 442k uvm; Harrisburg, PA)

Tree removal employees got together and donated a full days work at Indiantown Gap National Cemetery. The nonprofit Saluting Branches held its fourth annual volunteer event on Wednesday. Employees from Climb High Tree Service spent the day clearing overgrown and dead branches and trimming trees to maintain the beauty of the cemetery.

[Hyperlink to Above](#)

7.8 - Midland Reporter-Telegram: [Event connects local veterans with services, resources About 15 percent of area veterans are homeless, program manager says](#) (19 September, Simone Jasper, 149k uvm; Midland, TX)

Whether a veteran was in need of a meal or a haircut, community members were available Wednesday to provide services. For Jessica Mitchell and others who served in the military, the Stand Down event was an opportunity to gain knowledge about local resources.

[Hyperlink to Above](#)

7.9 - The Herald-Dispatch: ['Stand Down' event assists area's homeless veterans](#) (19 September, Fred Pace, 192k uvm; Huntington, WV)

In the military, "Stand Down" afforded battle-weary soldiers the opportunity to renew their spirit, health and overall sense of well-being. On Tuesday, the Hershel "Woody" Williams VA Medical Center's Homeless Community Resource and Referral Center's 11th annual Stand Down event in Huntington afforded the same opportunity to homeless veterans in the region.

[Hyperlink to Above](#)

7.10 - KWES (NBC-9): [Homeless Stand Down provides assistance to homeless veterans](#) (20 September, Phoenix O'Connor, 136k uvm; Odessa, TX)

West Texas VA Health Care System hosted Homeless Stand Down, an event dedicated to finding veterans that are homeless or at-risk of being homeless, right here in the Permian Basin. Once inside the hanger at High Sky Wing-CAF in Midland, dozens of booths all offering some sort of service were there to help.

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7.11 - Muskogee Phoenix: [Doughboy gets a makeover](#) (18 September, Cathy Spaulding, 63k uvm; Muskogee, OK)

After more than 93 years the Doughboy statue at the Jack C. Montgomery VA Medical Center will get a fresh look. Workers from Wilbert Memorials are sandblasting years of residue from the bronze statue, "Spirit of the American Doughboy." The statue honors Native Americans who served in World War I.

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7.12 - KXLH (CBS-25, Video): [Suicide prevention teams honored in Helena](#) (19 September, John Riley, 57k uvm; Helena, MT)

The Montana VA honored the Substance Abuse and Mental Health Services Administration and the Department of Veterans Affairs Mayor's Challenge teams of Helena and Billings on Tuesday for their work in suicide prevention. The SAMHSA and VA Mayor's Challenge is a public health initiative that involves families peers and the community in preventing suicide among service members, veterans and their families.

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7.13 - WBUP (ABC-10, Video): [VA Medical Center hosting a Woman Veterans Healthcare conference](#) (19 September, Jordan Gulkis, 49k uvm; Ishpeming, MI)

The Iron Mountain VA Medical Center is hosting a Woman Veterans Healthcare Training Conference at Bay College. 70 participants from all over the region came to get training not only for women's health, but for women veterans. After 9/11 more and more females started entering in the military.

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7.14 - KUFM (NPR-89.1, Audio): [President Trump Signs Tester-Sponsored Veterans Bill Into Law](#) (19 September, Nick Mott, 41k uvm; Missoula, MT)

President Donald Trump signed a bill sponsored by Senator Jon Tester Monday that will give additional resources to treat veterans in the criminal justice system across the country. Tester served as chief co-sponsor of the "Veterans Treatment Court Improvement Act," which passed the Senate unanimously in February of this year.

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7.15 - The Coronado Times (Video): [Veterans Gather in Coronado for VA's 11th Annual Sports Clinic](#) (19 September, 16k uvm; Coronado, CA)

About 120 Veterans from across the country were expected to participate in the U.S. Department of Veterans Affairs' (VA) 11th National Veterans Summer Sports Clinic in Southern California, which runs from Sept. 16th to the 21st. The annual gathering of Veterans with disabilities will feature cycling, surfing, sailing, kayaking, pickleball and archery at venues throughout San Diego.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [3 Accused of Trying to Manipulate US Government Contracts](#) (19 September, 23.9M uvm; Washington, DC)

Three people have been arrested on charges of trying to steer U.S. government contracts to specific companies in exchange for bribes or sham training fees. The U.S. attorney's office in Denver said Wednesday the three face charges including paying and receiving bribes and conspiracy.

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8.2 - U.S. News & World Report: [Does What Your Doctor Wears Matter?](#) (19 September, Elaine K. Howley, 23.9M uvm; Washington, DC)

People have argued over what to wear for millennia. First impressions matter, and fashion has long been a highly visible signifier of a person's place within the community. In the hierarchical world of medicine, clothing can be an important signal to patients and other health care providers of everything from authority to cleanliness, and the white laboratory coat typically signifies the attainment of the highest rung on that ladder.

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8.3 - KMGH (ABC-7, Video): [Brazen thief targets grieving visitors at Fort Logan National Cemetery](#) (19 September, Lance Hernandez, 2.1M uvm; Denver, CO)

When you're visiting a grave at Fort Logan National Cemetery, you don't expect to be victimized by a thief. But that's what happened to Sharlene Custenborder on August 29. "I had just finished babysitting my grandkids and thought I'd go see John," she said. John Custenborder, a Vietnam veteran, died 11 months ago, and was laid to rest on the east side of Fort Logan.

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8.4 - WRIC (ABC-8, Video): [Congress votes to extend restrictions on deadly dog research](#) (19 September, Kerri O'Brien, 477k uvm; Richmond, VA)

After an 8News investigation, there's another roadblock for deadly dog research at McGuire VA Medical Center. Congress has now voted to extend its restrictions on dog testing at the Department of Veterans Affairs through fiscal year 2019. Under the legislation, (text on page 185) your federal tax dollars can not be used for the deadly dog experiments like the testing 8News uncovered at McGuire unless there is absolutely no other alternative to using dogs.

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1. [Top Stories](#)

1.1 - Reuters (Health): [One in three gun-owning U.S. veterans don't store weapons safely](#)
(19 September, Tamara Mathias, 43.7M uvm; New York, NY)

A substantial percentage of U.S. military vets store guns loaded and ready to use, according to an American study that could have implications for suicide prevention.

"American veterans have a higher suicide risk than demographically matched U.S. adults and most of their suicides are actually related to firearm injury," said lead author Dr. Joseph Simonetti of the Denver Veterans Affairs Medical Center in Colorado.

"On average, about 20 veterans die every day by suicide and about two-thirds of those suicides are firearm-related," he told Reuters Health.

Simonetti and colleagues surveyed a nationally representative sample of firearm owners in 2015, including 1,044 who had served in the military.

About 45 percent of veterans said they owned firearms – and one in three of those gun owners reported storing at least one weapon loaded and unlocked.

Only about one in five gun-owning veterans kept all their guns locked and unloaded.

Storing weapons loaded and unlocked was reported by 34 percent of male veterans who own firearms and by 13 percent of female vets who were gun owners, according to the study published in the American Journal of Preventive Medicine.

Respondents' personal beliefs tended to influence their storage decisions, the authors found. For example, storing a firearm loaded and unlocked was more common among people who said guns were not useful for protection if someone had to take the time to load or unlock them. This group also felt having a gun at home increased safety.

"One of the more interesting findings was that we asked veterans whether or not they agreed having a firearm in the home increases the risk of suicide for household members and only 6 percent agreed that a firearm in the home was a suicide risk factor," Simonetti said.

"But ... we also asked veteran firearm owners ... 'If somebody in your household is at risk for suicide, what would you do?' Eighty-two percent reported they would do something to limit firearm access for that household member. In fact, 25 percent said they would remove the gun from the home in that case."

The results "are confirming what I suspected would be the case," said Rajeev Ramchand, who studies firearm suicide prevention at research firm RAND Corporation in Washington, DC. "It is now incumbent upon us to develop communication campaigns and strategies to help shift people's internal perceptions of risks."

"It's a really great study because it really gives us a target for focusing on our suicide prevention campaigns," Ramchand, who was not involved in the study, told Reuters Health.

The study was funded in part by the department of Veterans Affairs. VA efforts to prevent suicide among former service members include training health care providers to discuss firearm safety and distributing firearm “cable locks,” which can be attached to a gun to block its barrel or the use of ammunition.

Gun control of any sort is a contentious topic in the U.S. But Simonetti believes both sides of the debate are likely to support safe storage practices.

“Nearly every gun advocacy organization out there including the NRA actually does promote the idea that guns should be stored safely when not in use,” he said. “I (just) don’t think most organizations have outlined exactly what that means.”

Ramchand is optimistic. “For so long we had a dearth of information about firearm storage. So this was a really great study to help us come up with data-driven policies and recommendations,” he said.

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1.2 - Business Insider: [43 years after the Vietnam war, many Navy veterans are still battling for benefits for potential Agent Orange exposure](#) (19 September, Caitlin Foster, 36.8M uvm; New York, NY)

Veterans groups are pushing a bill making its way through Congress that would extend VA benefits to tens of thousands US Navy veterans who were potentially exposed to Agent Orange while serving off the coast of Vietnam. The bill is the latest glimmer of hope for veterans who have fought for decades to receive the benefit, and would finally recognize their exposure to the toxic herbicide but come at an estimated cost of \$5.5 billion to US taxpayers.

The VA is attempting to delay this provision, saying that this vast increase in health care costs should only come after more study, which is likely to publish next year.

"Science does not support the presumption that blue water Navy veterans were exposed to Agent Orange," said VA Secretary Robert Wilkie in a letter to the Senate.

The letter is yet another roadblock facing Vietnam veterans who claim their health has suffered due to exposure.

Agent Orange was one of several chemical herbicides used during the Vietnam War to destroy enemy cover and food crops. Although primarily delivered via aircraft, the defoliant was also carried on vehicles, back-mounted equipment, and sprayed from ships.

Operation Ranch Hand lasted about a decade before a scientific study reported that one of the chemicals caused birth defects in lab animals. The military stopped its use of herbicides in 1971; throughout the next decade veterans began reporting instances of cancer and birth defects in their children.

The legitimacy of their claims would be argued for the next 20 years, until the Agent Orange Act of 1991 directed the VA to conduct research into the chemical's potential side effects. In the

decades since, Vietnam veterans have slowly started to gain recognition of their Agent Orange exposure and its sometimes life-threatening consequences.

As recently as 2010, the VA extended the list of diseases it would recognize as being linked to the herbicide. Just three years ago, the agency started accepting claims for veterans who served in Agent Orange-contaminated aircraft in the post-Vietnam era.

But since 2002, the VA took what advocates and veterans say was a step backwards by invalidating claims presented by blue-water veterans, saying there was no conclusive scientific evidence that the vets, who served in warships off the coast, were ever exposed to Agent Orange.

VA: Too much money, not enough science

The question is whether the veterans were exposed to the herbicide through chemical runoff that made its way into the South China Sea and was then converted into drinking water through the ships' distillation plants.

Where the ships were located makes all the difference.

The VA discredits arguments that US ships made water close enough to land to have used contaminated water. According to the Institute of Medicine, which is now known as the National Academy of Medicine, any chemical runoff would likely have been diluted by coastal waters before reaching the ships' intakes. But, as reported in extensive coverage by ProPublica, veterans have said ships often distilled water well within that range.

Surprisingly, both sides of the ordeal — the VA, which claims blue water veterans were not exposed and veterans advocacy groups that say they were — use the same IOM study to argue their side.

That's because the IOM merely states it is "possible" the Navy vets were exposed.

The VA now says that's exactly why they should wait before extending benefits to blue-water veterans.

In a Senate hearing on August 1, Dr. Paul Lawrence, the VA under secretary for benefits, noted this as just one of three reasons the VA opposes the bill.

One of the provisions would increase the fee charged to borrowers under the VA's home loan program. Lawrence said the VA is opposed to "increasing the costs that some veterans must pay to access their benefits."

He also maintained that the increased loan fees could not offset the costs associated with an extension of Agent Orange-related benefits. Secretary Wilkie's letter reinforced this idea, stating that Congress had underestimated the health care costs by a whopping \$5.4 billion. He also argued that the addition of tens of thousands of eligible veterans would only exacerbate an already extensive backlog of Agent Orange-related claims.

These arguments echo one made in July, just days before the Senate hearing, by former VA Secretary and Vietnam Navy veteran Anthony Principi. In an op-ed published in USA Today,

Principi argued that Congress should stand on the side of science and pass "sensible laws that maintain the integrity of our legislative process."

The Blue Water Navy Vietnam Veterans Act soared through the House of Representatives with a vote of 382-0. When — or even if — it will become law rests in the hands of the Senate Committee on Veterans' Affairs which, since receiving Wilkie's letter, has yet to decide.

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1.3 - U.S. News & World Report (AP): [Ex-VA Police Officer Gets Prison for Patient's Rough Arrest](#) (19 September, 23.9M uvm; Washington, DC)

INDIANAPOLIS — A former Veterans Affairs police officer who authorities say repeatedly struck a patient outside a VA hospital in Indianapolis has been sentenced to a year in prison.

Michael Kaim was sentenced Tuesday in U.S. District Court after pleading guilty to deprivation of civil rights. He also was ordered to pay a \$1,000 fine.

A grand jury indictment said that in April 2017 Kaim repeatedly hit the patient in the face, injuring him, as he was arresting the man outside Richard L. Roudebush Veterans Affairs Medical Center. The indictment alleged that Kaim, who was an officer at the Indianapolis hospital, had no legal reason to hit the man.

Kaim had said in an incident report that the man refused to comply with orders and acted aggressively toward him during the arrest.

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1.4 - Military Times: [As floodwaters recede, VA works to reopen locations hit by Hurricane Florence](#) (19 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials said department health care facilities in North Carolina escaped relatively unscathed from the damaging winds and rains of Hurricane Florence last weekend, and could be fully reopened in coming days.

But first, the floodwaters have to recede.

"The issue for us right now is all the water flowing around our sites," said James Laterza, director of the Fayetteville VA Medical Center in North Carolina. "Some of our staff live across rivers that are flooded, some of the roads still aren't open. We don't want to do anything that would be unsafe."

Numerous VA medical sites along the state's coastline remain closed days after the powerful storm dumped up to 30 inches of rain on some sections of the state.

At least 36 deaths have been blamed on the storm, and nearly 200,000 state residents are still without electricity as officials work to clean up the damage.

In advance of the storm, officials at the Hampton VA Medical Center in Virginia evacuated 86 patients to facilities further north as a precautionary measure. Other sites in several coastal states were shuttered in the days leading up to the hurricane's landfall.

Laterza said officials in the Fayetteville system had similar discussions, but opted not to move any ailing veterans out of concern the transportation posed more risks than sheltering in place. The main hospital experienced minor power issues during the storm but no significant threat.

And despite the widespread damage around the state, Laterza said VA officials have found only minor damage at affected facilities, with the exception of one building at Camp LeJeune where a roof collapsed. But that location only handles disability ratings and not medical emergencies.

"One or two other sites may need some dry wall replaced, but it's all minimal damage," he said.

More than 5,000 patient appointments were cancelled because of the hurricane and its aftermath. Laterza said officials are working with VA surge teams to make up those missed visits and reach out to individuals who may have been affected.

For example, a VA Mobile Medical Unit will deploy to Havelock, North Carolina, on Thursday to assist locals there with any medical needs. The VA clinic in Morehead City saw only minor damage, but is expected to be closed for the foreseeable future because of flooding in the area.

The mobile unit includes two exam rooms, telehealth capability, and an arrangement with local pharmacies to provide veterans their medications.

Along with remaining flooding issues, Laterza said the biggest challenge to reopening all of the region's VA clinics is the power grid. Larger facilities have generator backups, but smaller sites will have to wait until utility crews get electricity working again before welcoming back patients.

Laterza said supervisors have also been reaching out to employees to make sure their families are safe, and to see when they'll be able to return to work. The Fayetteville system has about 2,200 staffers. Already, 140 have reported significant home damage, including two whose houses were destroyed.

"We had a few folks who had to shelter in our facilities during the storm, because it wasn't safe to get home," he said. "We emphasized to supervisors to listen to their employees, make sure their staff was safe. Now, our sense is a lot of folks are motivated to get back to work to help."

Veterans looking for the status of their local VA facilities can check their status online or call the National Veteran Hotline at 1-800-507-4571.

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1.5 - Stars and Stripes: [Students using GI Bill receive incorrect housing payments due to VA technical errors](#) (19 September, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — About 340,000 students attending school using the GI Bill received slightly smaller housing payments in August than they're eligible for under federal law, according to the Department of Veterans Affairs.

Monthly housing allowances help student veterans pay for their housing costs, utilities and food. Veterans who started the 2018-2019 school year last month received incorrect payments caused by delays at the VA Office of Information and Technology with complying to new rules on how stipends are calculated.

The VA is still working to fix the problem, and officials have not said whether this month's payments will be corrected.

In a letter this week to VA Secretary Robert Wilkie, 15 veterans groups described it as "an organizational and customer service failure at the highest level."

"These incorrect payments are asking veterans, their families, and schools to bear the burden of VA's problems," the groups wrote. "They have left students and schools confused, with improper payments, and absent a clearly articulated timeline for when these issues will be fixed."

Last year, Congress approved the Forever GI Bill, which included numerous changes to veterans' education benefits. One change calls for calculating veterans' housing allowances based on the ZIP code of the campus where they attend classes, rather than defaulting to the main campus.

Because of technology problems, the VA failed to meet an Aug. 1 deadline to implement the change. VA officials told lawmakers that it would be done by mid-August, but that deadline came and went, too, without a fix.

When the fall semester started, the VA sent student veterans their housing allowances based on 2017 rates. For about 340,000 students, that means they received payments that didn't account for cost-of-living increases in 2018. According to the VA, the incorrect housing stipends were an average of 1 percent less than they should have been.

In Fort Collins, Colo., the difference between the amount veterans received and the amount they are entitled to receive was \$138 per student.

Marc Barker, director of adult learner and veterans services at Colorado State University in Fort Collins, said student veterans are flooding his office with questions about the incorrect payments.

About 1,400 students at Colorado State are veterans who use VA education benefits. They're adult students, and in some cases have mortgages and children, Barker said.

"Many of them have outside responsibilities, and they've made the transition back to higher education in good faith that their benefits will be delivered to them on time and accurately," he said. "They're counting on that. When that's not happening, it becomes a barrier to their success in the classroom. They're focused and worried about these things they shouldn't have to be concerned about."

The VA isn't communicating with affected students, Barker said, and Colorado State hasn't been able to receive concrete answers from the agency to share with students. If veterans at Colorado State receive incorrect payments again when housing allowances are dispersed at the end of September, the school is prepared to pay the difference to each affected student in October, he said.

"They're kicking the can down the road," Barker said. "What we're losing site of is the impact on the students."

The 15 veterans groups who wrote to Wilkie also charged the VA with not being upfront about the problems.

"It took several weeks into the current semester before any communication was sent to students, and schools have received little information beyond, 'wait and see,'" their letter reads. "Transparency on what to expect and when to expect it, from all levels of leadership at VA, is critical to helping students and schools make informed decisions."

On Wednesday, VA Press Secretary Curt Cashour said the VA is continuing to run tests on the new IT program that will be used to calculate housing stipends and will begin using it "as soon as possible." Students who are underpaid will get that money back once the fixes are made, he said.

Elsewhere, some veterans are receiving payments that are too much because of changes in cost-of-living from 2017. Cashour said the VA would not require students to pay back the excess amounts.

The 15 groups that wrote to Wilkie want reassurance.

"VA should strongly stress to students and schools that they will not bear any undue financial burden for [the VA Information Technology]'s delays," they wrote.

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1.6 - WBUR (NPR-90.9, Audio): [Boston's VA Adds Overdose-Reversing Naloxone To AED Cabinets](#) (19 September, Martha Bebinger, 1.1M uvm; Boston, MA)

It was at least 10 minutes from the time a housekeeper pushed into a bathroom on the Brockton VA campus and found a man on the floor to the time paramedics arrived.

They used naloxone, common brand name Narcan, to reverse the man's opioid overdose. Brain damage can begin after just five minutes without oxygen.

Pam Bellino, patient safety manager for VA Boston, which includes Brockton, read the incident report back in December 2015 with alarm.

"That was the tipping point for us to say, 'We need to get this naloxone immediately available, without out locking it up,' " she said.

The easiest way to make naloxone immediately available, Bellino reasoned, would be to add the drug to AED cabinets — those metal boxes on the walls of VA cafeterias, gyms, warehouses, clinic waiting rooms and some rehab housing.

The Boston VA was already training patients addicted to an opioid to use naloxone, as well as the staff who treat them and VA police. Stocking AED boxes would mean everyone, from veterans to the general public, could reach for naloxone if needed to reverse an overdose at a VA facility in Jamaica Plain, West Roxbury and Brockton.

Bellino started with one AED cabinet in 2016, and kept adding. Now 41 of 50 defibrillator boxes on all three VA campuses include naloxone. The kits have been used to reverse two overdoses so far.

Giving naloxone to someone who has not overdosed is not harmful, but it is a prescribed drug. So Bellino says the VA had to persuade the accrediting agency The Joint Commission to approve guidelines for the AED naloxone project.

The cabinets must be sealed and alarmed so staff can tell if they've been opened. They must be checked daily and refilled when the naloxone kits expire. The commission did not agree to let the VA paste the words "naloxone" or "Narcan" on the cabinets doors to alert the public that the drug is inside, but did allow the VA to paste the letter "N."

In December, the project will expand nationwide, as VA hospitals across the country will add naloxone to their AED cabinets.

"The overwhelming evidence is that it just saves lives," said Dr. Ryan Vega with the VA's Center for Innovation. "We're hopeful that other health systems take notice and think about doing the same."

Bellino says that's critical for veterans. Citing 2005 death data, Amy Bohnert, an investigator with the Ann Arbor VA, says vets have nearly twice the risk of overdose, compared with civilians. She says it isn't clear why veterans are more likely to OD, but many do have complex medical conditions.

"Some of that's related to combat exposure," Bohnert said. "They've got mental health treatment needs. They may have injuries that result in them being more likely to be prescribed opioids than your average person. And all of these things can impact their risk of overdose."

A smattering of schools, airports, churches and employers around the country have added naloxone to their AED cabinets.

Some are stocking other lifesaving tools as well: tourniquets to stop bleeding after a shooting; EpiPens to keep airways open; and even injectors to treat diabetic shock.

Dr. Jeremy Cushman leads a project at the University of Rochester that has placed both tourniquets and naloxone in 80 AED cabinets across that campus as of July.

"This system is already in place," Cushman said. "The question is, how can we leverage it to save more lives?"

Cushman says there are challenges to turning AED cabinets into mini emergency medical stations. Medicines can't be left outside during extreme temperatures. They are expensive and expire.

Those are all challenges Dr. Scott Weiner has encountered while developing street-level dispensing stations for naloxone.

And then there's the belief among some that naloxone enables drug use by offering an assurance of life after an overdose. Weiner says that attitude is waning and as it does, the public may be more open to other controversial, lifesaving measures.

"Naloxone is kind of the lowest barrier for people to understand, where someone has already overdosed and we're going to give them the antidote," said Weiner, who is president of the Massachusetts College of Emergency Physicians. "The leap to giving them needles [through a needle exchange] or allowing them to inject in a safe space, that's just another level of acceptance that people will have to get to."

The VA's Bellino has a quick response for naloxone skeptics.

"Think of this as you would a seat belt or an airbag," she said. "It by no means fixes the problem, but what it does is save a life."

Her hope is that AED manufacturers will start selling cabinets that fit the new hospital accreditation standards. In Boston, the VA drilled holes in its AED cabinets and uses a plastic tie to create the required tamper-proof seal.

Zoll Medical, which makes the cabinets used by the Boston VA, declined comment about whether it plans to roll out an AED cabinet equipped with naloxone, tourniquets or other items.

Elijah White, the VP for marketing, says the company knows its boxes are becoming repositories for other lifesaving equipment and has no objections.

"Anything that increases the utility of those cabinets so that people who invest in them can get more out of it, anything that increases visibility and the importance of being prepared for an emergency is good for everybody," White said.

So if you see an overdose and are near an AED cabinet that includes naloxone, here's the instruction sheet you'll find inside.

If you'd rather prepare by watching a video, this is what the VA offers.

The Boston VA counts 132 lives saved through all three parts of its naloxone project: training high risk veterans, equipping police and the AED cabinets.

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1.7 - Northwest Arkansas Democrat-Gazette: [New tool helps VA assess patient Rx's. System works to identify drugs to 'deprescribe,' better aid person, save money](#) (19 September, Rachel Herzog, 162k uvm; Fayetteville, AR)

By the time Dr. Sara Swathy Battar sees patients at the Veterans Affairs hospital in North Little Rock, they often have long lists of medications.

It struck Battar, the associate chief of staff for geriatrics and extended care for the Central Arkansas Veterans Health Care System, that there was no standardized medical tool for taking patients off their medications.

After some time, the same drugs that once saved someone's life are no longer needed and can have unpleasant or dangerous consequences.

"Every medicine is a poison with a desirable side effect," Battar said.

In 2016, Battar and her team developed a "deprescribing" method, which has saved the central Arkansas VA millions in cost avoidance and is now beginning to be implemented across the country.

The tool, called VIONE, uses five categories to help health care providers, patients and families work together to identify medications that are necessary and helpful and those that are not needed, which should be "deprescribed" -- stopped or decreased.

Battar's collaborators on the project were academic detail pharmacist Kim Dickerson and Tim Cmelik, chief of pharmacy for the central Arkansas VA.

The V in VIONE stands for vital, lifesaving medications that a patient should continue taking, such as diabetes medication. The I stands for important -- quality-of-life medications that improve the way a patient feels, such as those that treat pain and constipation. Those should also be continued, Battar says.

The O stands for optional, representing medications that don't make any difference in how a patient feels and could be discontinued.

"It's a chemical in your body," Battar said.

The N is for not indicated -- medications that do more harm than good and should be stopped.

Every medication has a reason to be taken -- that's the E, and one of Battar's mantras. If a patient or his family isn't sure why the patient is taking something, he should consider getting off it, Battar says.

Since VIONE was implemented at the central Arkansas VA about 2½ years ago, the method has saved the system an annualized cost of about \$2.5 million. The team reviewed more than 8,000 veterans' medical regimens and "deprescribed" more than 14,000 medications -- an average of 1.7 medications per person reviewed, Battar said.

It's a simple approach, but it's something patients and families often don't think about, Battar said. Hot Springs resident Kim McCraw said she hadn't.

THE SPARK

McCraw had cared for her husband, Tom, by herself for eight years. The Air Force veteran had been diagnosed with early-onset Alzheimer's disease at age 55. The disease had transformed "a man who had the patience of Job" into someone who was constantly agitated and unable to communicate, she said.

He was prescribed low doses of antipsychotic drugs, then hospitalized. The illness, along with the four medications he was taking, eventually put him in a fog, nearly sedating him, she said.

Then Battar proposed taking him off one drug at a time to see if it would make a difference.

"The same medication that helped fix this man -- maybe he didn't need it anymore," McCraw said.

Later, when VA staff members called her to say that her husband was up and walking, she thought they were talking about the wrong patient. Her husband hadn't walked in months.

As the Alzheimer's took its toll, McCraw said her husband wasn't always verbal, but going off some of his medications during his last months of life returned the "spark" of who he was previously. He died in April.

Because of that, she said, her memories of the visit the day before he died are ones where he was mentally present and loving. She remembers his joy while listening to music, him telling her that her purple shirt looked beautiful, him telling her that he loved her.

"It didn't save his life, but it gave him a quality of life in his last months that he would not have had otherwise," McCraw said. "They brought a piece of him back."

THE RIPPLES

Many of her patients are elderly or frail, Battar said. They can have a plethora of ailments, ranging from long-term illnesses to past injuries, with prescriptions to match.

The thought of someone on so many medications toward the end of his life makes her squirm, Battar said.

Some might have seen a private specialist for aches, pains and other complaints, while others might have a health condition such as diabetes. Some might get over-the-counter medications for constipation, headaches, stomachaches, coughs, colds and other conditions that go away in a few days.

"They do not realize that all of those medicines can fight with each other," Battar said.

Additionally, some patients may not consistently take all of the medications they are prescribed, but get refills anyway, which is costly for the VA. Lots of prescriptions can also result in opioid addiction and abuse, Battar said, which is something else her system can address.

Nationally, about 40 percent of adults aged 65 and older were taking five or more medications in 2010, compared with about 13 percent in 1998, according to a 2010 study from researchers at Oregon State University.

VIONE was identified as a "gold status" practice in a Shark Tank-style competition encouraging innovative practices in the national VA system in 2017. It was selected for national dissemination in May by the U.S. Department of Veterans Affairs Diffusion of Excellence office.

Battar has shared the method with 26 other VA hospitals across the nation, at their request, she said. Some have already started implementing it. She said she hopes VIONE will become a household name in the medicine world.

"We have created some small ripples, and now we are seeing some huge tidal waves," Battar said.

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2. Greater Choice for Veterans

2.1 - Bennington Banner: [Rep talks transportation, privatization at VA clinic](#) (19 September, Christie Wisniewski, 69k uvm; Bennington, VT)

During his Wednesday visit to Bennington, Congressman Peter Welch stopped by the VA Community Based Outpatient Clinic (CBOC) to tour the facility and discuss what measures Congress can take to help Veterans Affairs clinics offer the best care to those who have served.

He described the potential of VA clinics becoming privatized as a "catastrophe" and admitted that Congress is "part of the problem" regarding nationwide issues with VA clinics.

The conversation began with Welch talking to clinic employees about the many generations of veterans who seek physical and mental health care from these clinics and how PTSD therapy is conducted within the clinic.

Before the sit-down meeting, Welch toured the facility with Medical Director Joshua Samuelson, who explained the clinic's telehealth technology. Telehealth allows veterans to get specialty care in Bennington instead of driving to the White River Junction VA Medical Center. Dermatology and foot care are some of the options available with the clinic's telehealth technologies.

Welch said the general aspect of VA clinic support is bipartisan, but the issue of whether or not to privatize clinics is an "ideological battle."

"The cost of war needs to involve the cost of veteran care," he said.

Welch told a story of his dentist brother who worked at a VA clinic once a week and observed many troubles within the clinic. For example, there were rules against what medical issues he could and could not treat, and he was not allowed to offer a patient a ride home if they did not have someone to drive them.

This led to a discussion between Welch and clinic workers about the dire need for transportation. Many veterans are unable to attend important appointments because they cannot drive or do not have easy access to public transportation to take them there.

One clinic employee noted that the Vermont Veterans Outreach Program set aside part of its funding to transport veterans to appointments.

However, this funding was recently taken away due to liability concerns and there is no longer transportation offered to veterans who need to come to an appointment.

"Let's check that out," said Welch, assuring clinic employees that he will speak to his fellow Congress members about the concerns they addressed.

He noted that there seems to be a general commitment to VA funding in Congress, but there are still many issues within the clinics that need to be addressed.

"It feels like much more of a managerial issue," he said.

Welch started his day locally with a visit to Mack Molding in Arlington and finished it with a visit to the Bennington Rescue Squad.

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3. Modernize Our System

3.1 - The Spokesman-Review: [Spokane veterans medical center stops media tour with Cathy McMorris Rodgers to avoid violating federal election law](#) (19 September, Will Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law.

The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

Upon arrival for the tour, McMorris Rodgers and her press secretary, Jared Powell, disagreed that the tour violated the law, saying it wasn't a campaign event.

"Not everything is political," McMorris Rodgers told Michael Murphy, regional VA network director, who barred the media from the tour at the last minute after learning The Spokesman-Review was invited.

"I have to protect my folks from political violations," Murphy said.

The tour was delayed for about 20 minutes while both sides discussed the law, but eventually Murphy said that media could not join.

"I think it's just being a little too careful," said House Veterans Affairs Committee Chairman Phil Roe, R-Tenn., who accompanied McMorris Rodgers on her tour of the clinic. Both of them toured the location last year.

On the tour, McMorris Rodgers would have seen improvements like the addition of computer terminals to admit patients, said Bret Bowers, spokesman for the VA's Spokane hospital.

"The terminals help increase patient access and patient flow," he said.

"It's disappointing media were not given access to the announcement about the reopening of 24-hour urgent care facilities at the Spokane VA – which Cathy pushed to make happen," wrote Powell in a statement.

"It's a big win for Eastern Washington's veterans and one more example of how she's making the VA deliver the high-quality care that our veterans have earned."

Powell said McMorris Rodgers still is pushing to expand the 12-hour clinic to a 24-hour clinic, something she's been fighting for since 2014 when the 24-hour emergency room at the Spokane VA location shut down.

Bowers said the current hours for the urgent care clinic are 7 a.m.-7 p.m. until further notice.

About a year ago, urgent care center director Dr. Terese Kincaid came to the VA Mann-Grandstaff Medical Center after working in private health care and helped make positive changes in the clinic, Bowers said. She redesigned the clinic and patient flow and helped with recruiting physicians.

"We know that the patients are experiencing it and appreciating it," Bowers said.

The Mann-Grandstaff VA Medical Center was picked as a flagship location to adopt a new electronic filing system, with a target date of 2020.

"That's a \$10 billion project for VA-wide, and we're the first to embark on it," Bowers said.

The new filing system, developed by the CERNER Corp., will ultimately match up with private sector, he said.

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3.2 - KYTV (NBC-3, Video): [New VA clinic to open in Harrison, Arkansas](#) (19 September, Caitlin Sinett, 818k uvm; Springfield, MO)

HARRISON, Ark. - The VA clinic in Harrison is currently located at the Main Street Medical Clinic, but Valor Healthcare will now be operating a new clinic, at its new location.

It will be located at the Ozark Crossing Plaza. And Valor Healthcare hopes to open it some time in October.

Jimmy Phillips, the director of outreach with Valor Healthcare, said, "It's important for the communities to know you're really getting a contractor that is made up of veterans. Sort of the for-veteran by-veteran concept really try hard to make that apparent to the veterans."

The community-based outpatient clinic in Harrison serves around 1,500 veterans.

Doug Bourquin, the Boone County veterans service officer, said, "As a veteran I think yes we're patients just like everybody else. But I think there's special needs that we can represent. Because of our service time, there may have been things that we were involved with that a normal doctor may not be familiar with."

Phillips said, "I'm a veteran of the United States Navy, and service connected to a disabled veteran, so I use the VA personally. So I'm a huge supporter of the concept and value of having a community-based out-patient clinic serve any area."

But the Boone County veterans service officer says many veterans don't know the services they have available to them.

Bourquin said, "They need to know these services are here. They can come down to this office. They can make a phone call. Whatever it needs to be to get enrolled. But if they're not familiar or haven't used the services. Come see me and let's talk about it."

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3.3 - WKBN (CBS-27, Video): [Some veterans would be against moving Youngstown VA clinic to Northside building](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

Ever since the owners of Northside Hospital announced they were closing on Thursday, there's been talk of what to do with the building.

One idea is to relocate the Youngstown Veterans Administration (VA) clinic on Belmont Avenue, which is now on a month-to-month lease until a new site is found.

"Do I believe in my mind, in my heart that the clinic should go there? No, I'm dead against that. I want that new building that was promised to me," said Leo Connelly, a veteran.

That promise came from President Donald Trump last year when he visited the Valley. Ever since then, Connelly and fellow-veteran Carl Nunziato have been working with the current owner of the clinic on a new facility to be built behind the existing one.

"The owner of that hospital now has committed \$7 million to build a new clinic there," Nunziato said.

Their plan was submitted last August after the VA asked for what's called an "Expression of Interest."

"There's a lot of competition for this, the future home of the Youngstown VA clinic," said the VA's Jose Salcedo.

Salcedo says the next step will be to request formal proposals from would-be developers.

"After that timeline, we will convene a technical evaluation board. We will review those proposals and determine what's the best value for the government," Salcedo said.

Historically, the VA prefers leasing its facilities rather than owning them and then having to pay for maintenance. Local veterans believe using Northside would mean a repeat of what's been experienced at Oakhill Renaissance Place, which had also been a hospital.

"Everybody loved that they bought it for \$75,000, but now that they have \$18 million in it -- don't have it 50 percent renovated -- they're having second thoughts about this building. That's what I don't want to see happen with Northside," Connelly said.

"It's an old building full of asbestos. It doesn't fit the mold of what the VA wants -- they want a one-floor plan," Nunziato said.

But that's not to say these veterans don't see any use for Northside.

"We may have the golden ticket if you will," said Brian Kennedy, a veteran.

The group believes there are still a number of potential uses for the hospital, from a prosthetics lab to mental health and drug counseling services, even nursing home facilities for veterans, depending on the needs of the VA.

"We just have to look at what's the greatest need across the Department of Veterans Affairs, ask that right question," Kennedy said.

The veterans believe any use of Northside by the VA will be far down the road. A new clinic could be built and open in the next two or three years.

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3.4 - Health Data Management: [Senate panel approves Trump nominee to serve as VA CIO](#) (19 September, Greg Slabodkin, 143k uvm; Chicago, IL)

James Gfrerer, the Trump administration's pick to serve as chief information officer at the Department of Veterans Affairs, is a step closer to overseeing the VA's IT infrastructure.

The Senate Committee on Veterans' Affairs on Tuesday approved Gfrerer's nomination, which now moves to the full Senate for a vote on his confirmation.

If confirmed, Gfrerer would oversee the implementation of a \$15.8 billion VA electronic health record modernization program, which is slated to replace the decades-old Veterans Health Information Systems and Technology Architecture.

"It's going to take a concerted effort to maintain VistA—for example—for nine to 10 years," Gfrerer testified on September 5 before a Senate hearing to consider his nomination, referencing the fact that the maintenance of the VA legacy EHR will continue until a new commercial-off-the-shelf Cerner system is fully deployed.

On Monday, the VA issued an amendment to its request for information in order to provide an update to industry on its plans to procure maintenance and support services for VistA. The agency now anticipates issuing a request for proposal on General Services Administration Federal Supply Schedule 70 around September 21.

"There are approximately 143 VistA facilities including numerous VA medical centers, VA Veterans Integrated Service Network (VISN) data centers, and Regional Data Processing Centers operating hundreds of Alpha/VMS-based systems in support of VistA platforms throughout the United States, as well as San Juan, PR and Manila," states the agency's scope of work. "Due to the mission critical nature of the VistA and VistA Imaging systems, VA's objective is to ensure these systems are operational and accessible without interruption."

Among the VA's VistA requirements are that the contractor maintain a fully updated, operational and tested system—referred to as "Recoverall"—which is to be available at all times, ready to ship immediately upon request by the agency.

"This Recoverall system shall have the ability to operate VistA or VistA Imaging operations at any VA medical center or facility, excluding the Regional Data Processing Center (RDPC) installations," according to the agency, which noted that "from 2008 to 2018, Recoverall has

been invoked four times” and that “as the equipment in the field ages, we expect this to grow at least one event per year.”

Based on his military experience, Gfrerer told a Senate confirmation hearing earlier this month that he has an understanding of the “intricacies of IT legacy systems and large-scale IT projects” to successfully execute the VA’s transition from VistA to the Cerner EHR.

Previously, Gfrerer worked as an executive director with Ernst & Young in the firm’s cybersecurity practice. Before joining the consultancy, he served for more than two decades in the Marine Corps and was a Department of Defense detailee to the State Department, where he led interagency portfolios in counterterrorism and cybersecurity.

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3.5 - DCMilitary.com (Andrews Gazette): [Veterans welcome new Community Based Outpatient Clinic in Montgomery County](#) (19 September, Bobby Jones, 45k uvm; Gaithersburg, MD)

After 10 years of planning and major renovations, the Washington DC Veterans Affairs Medical Center opened its newest Community Based Outpatient Clinic (CBOC) during a ribbon cutting ceremony in Gaithersburg, Sept. 7.

The first of its kind in Montgomery County the new CBOC will expand health care services to approximately 45,000 veterans. The 11,600-square foot facility surrounded by plenty of parking space, offers a primary care, mental health, women’s clinic, a space for telehealth technology, patient education, hearing aid fittings and specialty care. Additionally, it offers a shared space for community partners who offer free services to veterans.

Various veteran service organizations, active duty and war veterans cheered the platform of DCVA leadership and invited elected officials as each spoke about the long-awaited facility coming to fruition.

“The heroes beyond the patients here are the CBOC team and others that have worked into putting this clinic together,” said Charles Faselis, M.D., Acting Dir., Washington DC Veterans Affairs Medical Center during welcoming remarks.

Addressing the audience, Faselis stated, “I set here this morning with the extraordinary feeling of pride and happiness in the VA mission, because today we’re exhibiting our commitment to care for those that have borne the battle — those who have worn the cloth of the mission — some of which have made the ultimate sacrifice. Thank you, Montgomery County, thank you City of Gaithersburg for welcoming us to this new space.”

Among the distinguished guests were Raymond Chun, M.D., Acting Network Director, VISN 5, Maryland Senators, Ben Cardin and Chris Van Hollen, County Executive Isiah (Ike) Leggett and Gaithersburg Council Member, Mike Sesma, representing Gaithersburg Mayor Jud Ashman.

“This has been a long time coming, so it’s a great day when you can arrive at your destination. We’ve been working hard to provide these health services to our veterans in this area,” Maryland (D) Senator Christopher Van Hollen Jr., said. “These are men and women who have either been fighting or willing to fight for our country. They shouldn’t have to fight through hours

of traffic to get the health care that they need, and a grateful nation owes to them,” Van Hollen said. “Today we are putting an end that at this brand new CBOC. This was a ‘Team-Maryland effort, said Van Hollen, referring to the congressional and state support.

Maryland Senator (D) Ben Cardin noted, “In this year’s budget \$78.3 Billion for our veterans, we are committed to protecting our veterans,” Cardin said. “Our entire team for Montgomery County has been focused on this issue. We want to honor our veterans with our words and our deeds. Today, we are honoring them with our deeds, to make sure they have a first-class facility, conveniently located to carry out our commitment to ensure that their healthcare needs are met.

At the end of the brief speeches, Councilmember Mike Sessa read a proclamation on behalf of Mayor Judd Ashman which read in part “Veterans Affairs Community Based Outpatient Clinic Day in the City of Gaithersburg, In honor of your grand opening and recognition of the vital care you provide to veterans and their families in the Gaithersburg community, men and women who have given so much in service to our community, congratulations and best wishes for continued success in the future.”

Afterward, the official party ceremoniously cut the ribbon, opening the spacious facility to a guided tour by Robin Peck, Women’s Health Medical Director and CBOC, Physician Team Leader.

“Right now, our schedule is wide open. We have two health providers who have zero patients each,” Peck stated. “We’re starting on Sept. 17, so the goal of the VA is Most facilities have patients within 2 weeks. I think most facilities are meeting that goal between two weeks and 30 days for new patients.” She explained having a scheduled appointment allows the team to prepare to know what’s needed, to line up all the other additional services. “Patients coming to the Women’s Clinic a veteran can have a physical exam, meet with a psychologist, have their mammogram all coordinated in one day,” she said. She stated, “The clinic has the capacity of helping 400 – 500 care teams, which roughly translates to nearly 7000 patients.”

“It’s a beautiful facility. I look forward to it opening because I’m only about 15 minutes from here,” said Ken Johnson, a former Marine veteran of five years, referring the ribbon-cutting ceremonies for the Washington DC Veterans Affairs Medical Center’s newest Community Based Outpatient Clinic (CBOC) in Gaithersburg held Sept. 7.

“Before I had to go all the downtown to DC, which was problematic because of the parking situation. My other recourse was to travel out to a clinic at Fort Dietrich, which was a long drive, but there was no traffic,” said the Vietnam veteran. “All the staff that I’ve talked to here are very friendly and knowledgeable. I’ve already made appointments, I’m checked into the system and they know me. I’ve found the VA to be very helpful,” noted Wayne Miller, Director, Silver Spring Veteran Center Department of Veteran Affairs. “To me, this grand opening means better access to VA health care, especially in Montgomery County.”

The Marine veteran of four years, who was severely wounded in Vietnam, explained his “windshield-time” on the road would be shorter due to the close proximity of the clinic.

“We’ve had to travel so far for so long, that this community-based outpatient clinic will be better for me because I live in Aspen Hill, which is only a hop, skip and jump from here,” Miller said. “I’ll be able to come here for care rather than going to DC, Baltimore, Martinsburg, WV., or up to Fort Dietrich or Joint Base Andrews. This will be a wonderful addition to Montgomery County. They have audiology, primary care, and they also have women’s health care which hasn’t been

for a long time,” he said. “Pharmacy consultations will be a lot nicer coming here rather than having it mailed to you,” said the above-the-knee amputee. “I have constant stump and weight issues. The VA has been superb to me. I’ve been blessed,” Miller said.

Veterans in Montgomery can make an appointment by calling the Patient Service Center at 202-745-8000, option 2. The clinic is located at 15810 Gaither Drive, Gaithersburg, Md. Clinic hours are 8 to 4:30pm, closed on federal holidays.

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3.6 - WGLT (NPR-89.1): [VA Selects Outpatient Clinic Site In Bloomington](#) (19 September, Eric Stock, 500 uvd; Normal, IL)

Veterans in McLean County will soon have closer access to health care.

VA Illiana Health Care System in Danville has announced a location for a new outpatient clinic at 207 Hamilton Road in Bloomington at the former Career Link office.

Todd Oliver, public affairs officer for VA Illiana, said the building will be expanded into a 20,000-square-foot facility in a projected \$6 million project.

“It’s going to be quite a large facility,” Oliver said. “We just believe it’s going to be a really great opportunity for the veterans living in the area to have their VA care a considerable distance closer to their homes.”

The closest VA facility is currently in Peoria. It also has offices in Decatur, Springfield, Mattoon and Danville.

The clinic will offer primary care, mental health services, prescription and other services.

Oliver said the facility is intended to serve an estimated 22,000 veterans in McLean, Livingston, Tazewell, Ford, Iroquois and Woodford counties.

“There’s kind of a large gap in that area,” Oliver said. “We felt by putting a VA clinic there, we could really save some veterans some time as they access the health care they have earned.”

The clinic is scheduled to open in summer 2019.

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[4. Focus Resources More Efficiently](#)

4.1 - Stars and Stripes: [Police officer gets year in prison for assaulting veteran at VA hospital](#) (19 September, Will Morris, 1.5M uvm; Washington, DC)

A former police officer at a Veterans Affairs hospital in Indianapolis was sentenced Tuesday to a year in prison for assaulting and wrongfully arresting a patient.

Michael Kaim, 28, pleaded guilty in June for violating the veteran's civil rights in connection with the incident, which occurred in April 2017 at the Richard L. Roudebush Veterans Affairs Medical Center.

The man, identified only as "D.J.," told Kaim and another officer named as "D.W." that he was a patient and employee at the hospital, according to court records. After D.W. told the patient that the clinic he sought to visit was closed, Kaim shoved the man out of the medical center building, pushed him up against a wall, threw him face first to the sidewalk and punched him in the head some six or seven times, according to court documents.

The assault and arrest came after an earlier encounter in the hospital between the patient and the two officers, in which Kaim swore at the man and told him to leave for being disruptive, according to court records.

"When excessive force is used by police officers against members of our community, particularly our veterans, it erodes confidence in our justice system and does irreparable damage to public confidence," U.S. attorney Josh Minkler said in a statement Tuesday. "Anyone who violates the civil rights of others will be held accountable."

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4.2 - Iowa City Press-Citizen: [Retired VA nurse volunteering in Hurricane Florence recovery](#) (19 September, Hillary Ojeda, 195k uvm; Iowa City, IA)

Bryce Henson, 62, of North Liberty drove around Marion, South Carolina taking notes as he looked at about 40 homes with flood damage on Tuesday, Sept. 18.

As a Red Cross volunteer, this was his first day in the field of what would be two weeks helping locals recover from Hurricane Florence.

Marion, like many towns in the region, was hit hard by the hurricane last week as waves of rain forced rivers and creeks out of their banks. Around 40 volunteers from the the South and Eastern Iowa Chapter of American Red Cross are currently in the Carolinas, helping victims recover from the storm, said executive director Pami Erickson.

Henson is a damage assessment volunteer, driving from home-to-home in flood areas, taking note of damage. He said it's a satisfying role, doing what he can to help people during hard times.

"It's just the tip of the iceberg," Henson said about the 40 or so homes he looked at on his first day.

Like the owners of the homes in Marion, people who evacuated and haven't been able to return home have no way of knowing what kind of damage they'll face when they return. They also don't know when they'll be able to return home.

In addition, many can't afford alternative housing or food to hold them over in the meantime.

Red Cross volunteers like Henson drive through areas and provide assessments so that the Red Cross can then grant funding to families that need assistance.

Before home inspections, volunteers talk to police officers and firemen who tell them where the hardest-hit areas are. In teams of two, they drive home-to home taking notes of structural damage.

"There's lots of flood damage," Henson said about the towns he's seen so far. "Not a lot of structure damage."

Staying in a shelter based in Florence, South Carolina, he said he's expecting to see many more towns like Marion.

After arriving in Florence Monday, he said he's come across other Iowans also volunteering. "There's a bunch of Iowa folks, from Des Moines, Mason City," Henson said.

From North Liberty himself, he retired as a nurse from the Iowa City Veterans Affairs Hospital in 2016, before he first joined the Red Cross in March 2017. He said the first volunteering mission he went on was in Georgia for Hurricane Irma. Henson went as a nurse.

"That was eye-opening," he said, adding that just being able to be helpful was the most he could ask for.

Erickson said, the primary service the Red Cross is providing is "safe shelter and comfort to those who need it." She said once people can return home, volunteers will start working on recovery efforts by handing out shovels, gloves and other equipment to help clean up damages.

The executive director said they were sending more volunteers this week to help in the recovery, after they sent their five emergency vehicles with the first round of volunteers last week.

Only on his second day Tuesday, Henson said he felt they were still getting organized with damage assessment work and helping send supplies to open new shelters.

"We're just getting started," he said.

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4.3 - KQDS (FOX-21, Video): [Veterans Say Thanks, Voice Opinions about VA](#) (19 September, Arman Rahman, 55k uvm; Duluth, MN)

SUPERIOR, Wis. - Veterans in Superior got a chance to say thank you and voice their concerns about the VA program at a town hall style meeting at the Twin Ports Outpatient VA Clinic today.

This is the 23rd monthly community meeting held since 2014. Where officials say their primary concern is hearing from the men and women who served.

"It's always nice to hear stories," said Minneapolis VA Public Affairs Officer, Ralph Heussner. "But the status quo is not good enough. We've really improved this clinic."

The Minneapolis VA organized the meeting. They watch over the 13 clinics in the Minnesota and Northern Wisconsin area.

Next month's meeting will take place at the clinic in Hayward.

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4.4 - WFXR (FOX-27, Video): [The Salem VA has an important mission to take care of the Nation's heroes](#) (19 September, Casey Wright, 29k uvm; Roanoke, VA)

4-minute video: Healthcare Provider Tim Krohe with the Salem VA Medical Center talks about his mission to take care of those who have served.

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5. [Improve Timeliness of Service](#)

5.1 - WebMD (Updated): [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

Jon Lubecky was running out of options when he checked into a small house-turned-clinic outside Charleston, SC.

The onetime Army artillery sergeant had been struggling with post-traumatic stress since he got home from Iraq, where his post had been shelled so often it was nicknamed "Mortaritaville." In 2006, near the height of the insurgency and religious violence that followed the U.S. invasion, one of those shells sent shrapnel tearing through the outhouse where he was sitting in the middle of the night.

The shrapnel missed, but the shock of the blast knocked Lubecky out and left him with a traumatic brain injury. When he came home that fall, he found his wife had left him. He made the first of what would be five suicide attempts that Christmas.

"My life was a country song," Lubecky says.

By the time he got to the clinic door in November 2014, doctors at a Veterans Affairs hospital had him taking half a dozen medications to treat his PTSD, and it wasn't working. So Lubecky signed up for an experimental treatment he hoped would help: MDMA, a psychedelic drug commonly known as ecstasy or Molly -- a compound that's been banned for decades.

"And that's when everything went weird," he says. "Good, but weird."

After years underground, psychedelic drugs are getting attention as a potential treatment for depression and posttraumatic stress disorder (PTSD).

MDMA, also known as ecstasy, has shown promise in studies of combat veterans. Psilocybin, the compound in "magic mushrooms" that gets you high, has been tested as a potential boost for people struggling to quit smoking. Researchers in Europe are conducting a survey of how "microdoses" of LSD or other drugs affect mental activity without altering perception. And the

American Psychological Association held a symposium in early August on the potential uses of psychedelics.

"This is a very interesting, intriguing moment in psychiatric drug development," says John Krystal, MD, chairman of the psychiatry department at the Yale University School of Medicine.

Lubecky was part of a trial conducted with the government's blessing. He went to the house-turned-clinic three times, taking a dose of MDMA in combination with an extensive psychotherapy session. The drug is a form of amphetamine known for producing a sense of openness and emotional warmth, and Lubecky said it helped him discuss his experiences without producing the kind of intense physical responses of PTSD.

"The adrenaline kick didn't happen. The hair didn't stand up on my neck," he says. "It's like doing therapy while being hugged by everyone who loves you in a bathtub full of puppies licking your face." The therapy sessions lasted up to six hours, "but it's not traumatic at all."

"There was no 'A-ha' moment," he says. "It was an incremental change over time, with jumps after each therapy session."

Doctors have been reluctant to explore the potential uses of psychedelics since the 1960s, Krystal says. Not only did the federal government classify them as having no acceptable medical uses and a high potential for abuse, but many researchers believed they were too powerful to use therapeutically. But the mental health field is facing "a moment of great need" that's prompted some rethinking, he says.

"Our appreciation of the seriousness of psychiatric disorders is much more mature than it was then," Krystal says. "We have a much better understanding about how common, how disabling -- and in some cases, with the rising suicide rate, how lethal these disorders are."

Over the last 50 years, researchers have made "transformative" advances in understanding how the brain works. But there haven't been corresponding breakthroughs in psychiatric drugs, he says. And there have been some promising results so far.

A phase III clinical trial of the use of MDMA to treat PTSD is moving ahead after it won FDA designation as a potential "breakthrough therapy" last summer. That status holds out the prospect of speedy review by the agency and "catapulted" fundraising for the trial's backers, says Brad Burge, spokesman for the California-based Multidisciplinary Association for Psychedelic Studies (MAPS).

"That breakthrough therapy designation communicates to funders and to the rest of the world that this is a very serious treatment and the FDA is taking it very seriously. That's huge," Burge says.

The new study is a follow-up to the one involving Lubecky and another 25 veterans, police and firefighters who took MDMA combined with psychotherapy. After three doses in controlled settings, nearly all participants saw some improvement in their symptoms -- and about two-thirds "simply didn't have PTSD anymore," Burge said.

The results were published in May. Researchers checked in with participants 2 months after treatment, then a year later. "On average, those results actually kept getting better," Burge says.

In Lubecky's case, he says his PTSD symptoms are diminished by about 50% on the scale doctors use to assess the condition. Depressive symptoms are down 70%, and he no longer has suicidal thoughts. He's now an advocate for MDMA therapy and works on veterans issues for MAPS, which he said "saved my life."

"I was in such a place where I figured my stepson was going to be handed a folded flag off my casket at the age of 14," he says.

"I know what an impact it's had on my life," he adds. "I have close friends of mine who are suffering right now. Anything I can do to grease the skids on that and the get the guys I served with, my guys, the help they need, I'll do."

"And now, I get to watch him grow up, drop him off at high school, watch him fall in love, watch him get his heart broke, watch him go to prom and go off to college ... then when he's old, and I'm really old, he'll get the flag off my casket. And that's the way it should be."

There were no serious side effects, but the researchers did find one surprising result: Lower doses of MDMA were less helpful than not being given the drug.

"What we think might be happening there is it could be bringing up emotions or memories in people with PTSD without giving them the additional resources to deal with it in a productive way in therapy," Burge says.

The FDA last month approved a study testing psilocybin to treat depression. British company COMPASS Pathways plans to begin the phase II trial immediately.

"Depression is the leading cause of ill-health and disability worldwide, and treatment-resistant depression affects more than 100 million people," George Goldsmith, chairman of COMPASS Pathways, says in a statement. "It is a huge unmet need, and the trial will teach us more about how this new approach might address it."

Meanwhile, researchers at Johns Hopkins University have been studying the use of psilocybin to help people quit smoking. In follow-up interviews, 15 participants reported "a number of persisting positive effects beyond smoking cessation," says Matthew Johnson, PhD, associate professor of psychiatry at Johns Hopkins.

"We found generally people claimed vivid insights into their self-identity in psilocybin sessions -- insights into the reasons they smoked," he says. For most participants, withdrawal symptoms "really took a back seat to their fascination with their unfolding contemplation of these psychedelic sessions."

"I had one pilot participant who said, 'It's kind of like I'm in The Matrix and everything's in slow motion. Here's a craving that's coming ... instead of that sort of automatic response where my hand goes into my pocket, grabbing a cigarette and it ends up in my mouth, it's more of a slow, deliberative mindful response.'"

Other participants described increased appreciation or a re-emergence of interest in music and art or poetry.

Earlier research by Johnson and others at Johns Hopkins found psilocybin can produce "clinically significant" improvements in depression and anxiety in patients with life-threatening

cancer. The drug may be able to provide hope where conventional antidepressant drugs have had little effect, he says.

But though imaging technology has given researchers the ability to view your brain on drugs, how psychedelic drugs work is still something of a mystery, Burge says.

"Even with MDMA, we have some strong theories about how it might be working to reduce PTSD symptoms in the long run, but we don't know exactly why," he says.

More brain-imaging studies might help to determine the mechanism of action of these drugs, Burge says, but they're not needed to get federal approval of a treatment. The FDA only wants to know whether a drug is effective and that the benefits outweigh the risks.

Krystal, who also leads the clinical neuroscience division at the National Center for PTSD at the Department of Veterans Affairs, has warned that the lack of effective drugs to treat posttraumatic stress disorder is a "crisis." Recent advances in neuroscience may provide a way to reopen the door for psychedelics or drugs like ketamine, which is also being tested as a treatment for depression, but he says that door should be pushed open cautiously.

"I think the central question at the moment is to determine exactly how much of the excitement over the potential therapeutic value of hallucinogenic drugs is hype and how much of it is real benefit," Krystal says. "I'm afraid our current research base is so shallow that we have to approach these drugs in a very cautious and exploratory manner."

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5.2 - U.S. News & World Report (Santa Fe New Mexican, AP): [Program Gives Veterans, Military Staff Chance to Cowboy Up](#) (19 September, Robert Nott, 23.9M uvm; Washington, DC)

SANTA FE, N.M. — U.S. Army veteran Brian Ray was sitting tall in the saddle of a palomino quarter horse at the Crossed Arrows Ranch south of Santa Fe. The combat vet, who had spent three decades in the military, including two tours in Iraq as an adviser, focused his heart, mind and body on his connection with the horse.

"We both have that same mindset," Ray said. "Training to trust. We (combat veterans) don't want to be psychoanalyzed by experts. We don't want somebody sitting there listening to us and taking notes. Horses don't take notes. They don't judge. And they learn to trust."

Ray is both a student and trainer-in-training in the Horses for Heroes Cowboy Up! program headquartered at the ranch. This 10-year-old nonprofit offers a free horsemanship program to all post-9/11 combat veterans and active-duty military personnel, especially those dealing with combat trauma or physical injuries sustained during their service.

The goal, co-founder and Executive Director Rick Iannucci said, is to let the participants adapt the skills they learned in the military to the cowboy way of life — it gives them purpose and a chance to bond with others who have similar military backgrounds.

"Two things we don't do here: We don't do horse therapy and we don't sing 'Kumbaya,' " he said. "It's Cowboy 101."

The vets who apply and are accepted to the program come to the ranch for 10 days and start learning about horses within a day. Some may find themselves working as cowboys on neighboring ranches during the training. They ride, rope, groom the horses, clean out the barn and shovel manure.

Co-founder Nancy De Santis leads the veterans in a morning round of Cowboy Yoga to ground them.

The veterans — about half of whom are women — sleep in a bunkhouse similar to a military barracks and sit on the porch at night to share war stories and express their feelings about guilt, despair, hope and even suicide.

"What happened (in combat) disconnects us from the normal way of living," said Ray, a Los Alamos native who served in the U.S. Army from 1985 to 2015.

"What we saw, what we did, what we didn't do, what we should have done" — that stays with you, he said. Working with horses makes it go away, even if for just a while.

He began volunteering at the Horses for Heroes program after retiring in 2015, prompted by his wife, who was getting tired of him sitting around the house in his underwear, watching television. He began working directly with the horses recently and wants to learn how to be a trainer "because I want to help."

The program is not intended as a cure-all for post-traumatic stress disorder or a sure way for participants to get jobs as cowboys — although some do. Rather, Iannucci said, it helps the veterans understand they can apply what they once knew to any aspect of life.

They leave the Horses for Heroes program "with a multi-tool case of skill sets, understanding how to rework their military skills to make them applicable to anything," he said.

Dr. Gerry Valentine, a consulting psychiatrist for Horses for Heroes and a former Veterans Affairs Department research psychiatrist, said a number of components in the program play a role in helping veterans.

"It's intensive; it has an immersive spirit to it," he said. "There's the openness of the setting and the horses."

Horses can easily read the energy and behavior of their human companions and be "very unforgiving" if the proper connection is not built between the two, Valentine said.

What the horses do, he said, "is nudge the veterans toward engagement in a social interaction that is safe and positive, a nudge toward creating a trust system that can address the core symptoms of PTSD — a lack of trust, a lack of meaning, withdrawal. Horses nudge toward coming back into a full social world."

Iannucci, a former Green Beret, retired U.S. marshal and ordained minister, started the program 10 years ago as an extension of other horse-related programs he was running that focused on post-9/11 vets and military personnel. "We saw a need to pay attention to them," he said.

He prefers to call symptoms enveloping combat veterans "post-traumatic spiritual dissonance." He hopes the program helps participants "get down to the core of what happened during war that impacted their spirit as well as mind and body," Iannucci said.

Ray gets that. In talking to other veterans about the impact of the program, he tells them, "If you're worrying, you're living in the future. If you are sad or angry, you are living in the past. But if you are calm, you are living in the present. And a horse makes you live in the present. Because of their ability to read our moods, they'll only work well with you if you are in the present."

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5.3 - Independent Record: [Fort Harrison VA Hospital highlights improvements in patient care data](#) (19 September, Thomas Plank, 276k uvm; Helena, MT)

The Fort Harrison Veteran's Affairs Hospital showed major improvements in several areas of patient care, according to a presentation at the facility on Wednesday.

Fort Harrison has seen quality improvements in its Strategic Analytics for Improvement and Learning, a nationwide set of benchmarks designed to measure VA hospitals against each other. SAIL is designed to "spotlight the successful strategies of VA's top performers in order to promote high quality, safety, and value-based health care across all its medical centers."

In previous years, the Fort Harrison VA has received a rating of one star out of five, but new analysis shows that care for veterans in Montana is on the rise.

The hospital's expected mortality rate, instances of in-hospital health complications and accuracy of patient admission all showed significant upward trends since the beginning of the 2017 financial year.

Dr. Kathy Berger, the medical center director, said that the improvements were a "direct reflection on the quality of care" being provided at the VA. "We have not done a good job of publicizing and sharing these improvements," Berger said.

Rudy Hagerman, a quality management analyst for the VA, said the improvement in metrics came almost directly from changing how data was gathered and focusing on making sure that all data was correct.

"For our Standard Mortality Ratio, which calculates predicted to observed deaths in the hospital, we had 34 percent more deaths than expected," Hagerman said.

But after combing through how each death was "coded," he found that some veterans who had been admitted into hospice care were wrongly added to the mortality ratio. That led to a sharp decrease in the SMR, placing Fort Harrison at 48 percent below the expected average of deaths in the last quarters.

"The codes are now correct," Hagerman said. "If you don't have accuracy in coding, then your data is garbage. Garbage in, garbage out."

For in-hospital complications, like blood infections and pneumonia, Fort Harrison was also struggling, according to previous data-analysis. Hagerman again found that the standard of care was actually higher, as later analysis showed that patients were coming to the VA already struggling with infections like pneumonia and sepsis.

In recent months, some veterans have worried that high turnover rates in primary care physicians would be damaging to their health and standard of care, but both Berger and deputy chief of staff Dr. Marilyn Lajoie said that the VA had been retaining more physicians while also providing "full teams" of health care professionals to give care to veterans.

Lajoie said new physicians aren't just handed "1,500 new patients when they walk in the door," but are eased into a full case-load over a four-month period.

VA officials believe that easing the patient load can provide better care over time and will reduce burnout, leading to better care, which will then show up in SAIL numbers.

Hagerman said paying closer attention to data can help "reflect the care our providers are giving to our patients."

"If patients don't perceive great care, then we aren't giving great care," Hagerman said.

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5.4 - WKBN (CBS-27): [Local veterans compile wish list for Youngstown VA clinic](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

For more than a year, the Veterans Administration has been researching what should be included in a new clinic that would replace the one located now on Belmont Avenue.

The Belmont Avenue clinic opened 25 years ago and according to veteran Carl Nunziato, it gets 50,000 visits a year.

The clinic initially covered only 5,000 square-feet but is nearly four times that size now.

The need for an improved facility even caught the attention of President Trump who promised a new clinic when he spoke in the Valley a year ago, but what should be included there?

A group of local veterans, including Nunziato, sat down with 27 First News senior reporter Gerry Ricciutti and told him what they would like to see. First, new, specialized care so veterans don't have to travel to other cities.

"I drive 60 miles – 120 miles up there (Cleveland) when we can have that – a clinic similar to that planned here in the community for the veterans," said Delmas Stubbs, veteran. "This is the time that veterans need to come out. Voice their concerns. Let us know what they think,"

Another key concern is mental health. Veterans want to see more services offered for that, especially for those returning from southwest Asia suffering from post-traumatic stress or drug addiction.

A frequent complaint about the clinic is the lack of available staff, which usually leads to short patient visits.

“It is difficult, first of all, to talk about your issues. The, you’re against a time clock. You can’t get the proper treatment that you need,” said Susan Krawchyk, veteran.

Some of the veteran’s requests are more subtle, such as a more private entrance for women or those with mental health problems.

“There are a lot of veterans that won’t go there for treatment because of the stigma that is attached to them. They don’t want that. They already have issues. They don’t need added pressure going into that back door,” Krawchyk said.

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5.5 - The News-Review: [OIG review makes seven recommendations for Roseburg VA](#) (19 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The U.S. Department of Veterans Affairs Office of the Inspector General issued a report Monday detailing the results of a recent review of the Roseburg Veterans Affairs Medical Center.

The report was based on an analysis of records over the past four years, along with interviews and observations made during an unannounced visit March 19.

The report, titled “Comprehensive Healthcare Inspection Program Review of the Roseburg VA Health Care System,” is based on a review that happens approximately once every three years. Each time, the OIG selects specific concerns for review and makes recommendations for improvement.

According to the review, the most critical need for change is in the VA’s procedures for documenting its credentialing and privileging of health care providers.

On the plus side, the OIG found the Roseburg VA is doing a good job screening for post-traumatic stress disorder, providing geriatric evaluations and promptly providing female veterans with the results of mammography exams.

Interim Director Dave Whitmer said he was pleased with the OIG report overall.

“I think they made some good suggestions. I concurred with their recommendations,” said Whitmer, who stepped in as interim director in February.

Whitmer said the review was more favorable than the OIG’s previous review in 2015. That review resulted in 39 recommended changes, compared with seven this year. Whitmer said two of the items identified this year were handled immediately.

Of the seven recommendations, four involved credentialing and privileging health care providers. Credentialing and privileging safeguards ensure a provider has the required education, training, experience, license and competence to practice.

Overall, the OIG review said the VA was complying with credentialing and privileging requirements; however, it also found some deficiencies in the way it documents that process.

“Frankly, we needed to be less sloppy in our note-taking. That’s really what it was,” Whitmer said.

He said the OIG’s recommendations were about creating better standard operating procedures, and he expects to have those procedures updated in advance of a Nov. 15 deadline.

Two OIG recommendations included changes to the way the VA monitors its medications to ensure controlled substances aren’t lost or stolen. One of these changes has already been made, while the other is anticipated to be completed Nov. 15, according to the review.

The OIG also noted food service workers had been storing cleaning solutions next to food items, which increases the risk of contamination. That’s something the VA was able to correct right away, according to the review. Overall, the review said the VA was providing a safe environment of care.

Whitmer said he views the OIG review as a snapshot in time, and also a preparation for an upcoming Joint Commission Review, which will also be unannounced, could happen at any time, and will serve as a sort of final exam.

Whitmer said the Roseburg VA is benefiting from a culture change in which employees feel safer to bring up concerns about how things are operating, and management shares information like the OIG report with them. That’s how organizations become highly reliable, he said.

“It can’t just come from the front office. It has to be organic to be sustainable,” he said.

The OIG report is not connected with the Office of Medical Inspector’s report, which followed visits to the Roseburg VA in late 2017, but does make reference to it, noting the Roseburg VA’s leadership is new due to the exit of the former director and other top officials at the beginning of the year.

The turnover was recommended by the OMI following its finding that the senior leaders in place at the time created a toxic culture at the VA. A two-page summary of the OMI report was released in February, but the full report was not. The News-Review has submitted a Freedom of Information Act request for that report.

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5.6 - Evening Tribune: [Reed advocates for veteran dental care](#) (19 September, 59k uvm; Hornell, NY)

WASHINGTON — On Tuesday, Rep. Tom Reed (R-Corning) announced he will cosponsor a bipartisan bill to provide dental care for veterans.

“We care about helping our veterans who fought to keep this country safe and want to ensure our vets are treated fairly,” Reed said. “Currently, most veterans are not eligible for dental care in the same way they are eligible for other care from the Veterans Administration.”

“This bill will ensure dental care is provided to our veterans in the same way they would receive healthcare for anything else from the VA,” Tom concluded.

The bill, H.R. 4556, requires the Secretary of Veterans Affairs to furnish dental care in the same manner as any other medical service. Reed says that, just as we cover the body and the mind, we should also cover the mouth.

He also highlighted his work to ensure ensured the Canandaigua VA Medical Center received \$190 million for construction and repairs and the Department of Veterans Affairs received the highest level of funding in history to ensure our veterans receive fair and quality treatment.

As the son of a Silver Star recipient, Reed says veterans issues are a priority of his.

“I contacted Tom’s office for assistance regarding lack of service from the Department of Veterans Affairs,” Major Chris Karam of Corning said. “Specifically, I had waited patiently for over one year for my military records to be retrieved from the Army and sent to the VA. Within two weeks of contacting Tom’s office, his staff and veteran’s advocate successfully secured my records and put me on track with the VA. Additionally, I have witnessed first-hand the same level of excellent constituent service the Reed office has consistently provided to my fellow service members.

“Congressman Reed’s office has been very helpful on several occasions including on our recent application for Veteran Owned Business certification when we seemed to be mired down in the bureaucracy of the application procedures, his office was able to facilitate the process,” Doug Kirchner, owner of Monroe Table Company, Inc. in Salamanca said. “All the people there were very helpful and followed through until we had our certification.”

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6. [Suicide Prevention](#)

6.1 - The Daily Sentinel: [Reduce pain, reduce suicide risk. Junction's VA Medical Center recognized for work it hopes](#) (19 September, Joe Vaccarelli, 192k uvm; Grand Junction, CO)

Grand Junction's Veterans Affairs Medical Center has been looked at as a leader in both rural care and pain management. Now the hope is that managing pain can lead to a reduction in veteran suicides.

A group from the local VA Medical Center traveled to Washington, D.C., earlier this month to take part in an innovation program, in which different hospitals presented programs they had implemented.

The Grand Junction team showcased how it focuses on reducing chronic pain as a way to reduce suicide risk and won in the best presentation, best project category out of more than 600 presentations.

The VA now is gearing up to share its program with other hospitals around the country.

"Our hope is to spread," Grand Junction VA hospital Education Program Manager Beth Roten said. "We've been replicating the program through education and sharing protocol."

Roten said chronic pain is the second-leading risk factor for suicide among veterans, after mental health disorders. That was in the front of their minds when the Grand Junction VA hospital opened a comprehensive wellness center on its campus in March, which specializes in pain services.

The goal — and the basis of the project presentation — is to identify patients who have chronic pain through database systems and through primary care providers and get care to the patients as soon as possible.

"It's vital that the identification process happens in a timely manner and we get patients the appropriate care to reduce risks," Roten said.

Seven VA hospitals around the country have picked up Grand Junction's methods, Roten said.

Dr. Ben Atwater, the director of the Grand Junction Veterans Affairs Medical Center's comprehensive wellness center, said there is no single method to relieving pain, yet it is a risk factor for depression, mood changes and, in some cases, suicide attempts.

"We know it affects the entire person," Atwater said. "It's not just a red light that goes on and you turn it off. It affects your functioning, it affects a person's ability to relate to others and it affects the ability to live a productive life."

A focus of the wellness center is to reduce the use of prescription drugs, although they are still used in some cases. Atwater said opioids have largely been shown to be ineffective.

Atwater mentioned several approaches for pain reduction used at the wellness center, including low-risk medications such as some antidepressants, interventional approaches such as injections, and therapy and complementary treatments such as acupuncture or massage.

In the past six months, the wellness center has treated about 1,300 patients. Atwater sees the center as a future leader within VA, particularly in rural areas.

"We're not there yet, but we will be serving as a very effective model," he said.

The award comes during suicide prevention month and the medical center's Suicide Prevention Coordinator Rainy Reaman says the VA has taken aggressive measures to prevent suicide.

"We believe it's everyone's responsibility," said Reaman, who is looking to increase community awareness and education. "We want everyone to be aware of warning signs that a veteran may be at risk for suicide."

Reaman said warning signs include expressions of hopelessness, sleeplessness, increased anxiety, mood swings, extreme anger and rage, an increase in substance use and withdrawing from family.

Anyone who notices a veteran displaying any of these warning signs is encouraged to contact the Veterans Crisis Line at 1-800-273-8255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune (AP, The Conversation): [The migration of same-sex couples to the suburbs is shaping the fight for LGBT equality](#) (18 September, Clayton Howard, 23.9M uvm; Chicago, IL)

This summer, the U.S. Supreme Court issued a ruling in the most important case involving same-sex marriage since it became legal in all 50 states.

On its surface, the Masterpiece Cakeshop case looked like it was a contest about discrimination and the meaning of religious liberty.

But the circumstances of the case may actually be more important than the decision.

My research on the history of the postwar United States indicates that Americans should also see this conflict as a consequence of the growing sexual diversity of the nation's suburbs.

Suburban migration

The conflict that led to the case did not just happen in the abstract realm of the law or the court of public opinion. Rather, the conflict happened in a particular place: Lakewood, Colorado, a suburb outside Denver.

Since the 1960s, many Americans have associated openly gay life with urban neighborhoods such as San Francisco's Castro District or Denver's Capitol Hill neighborhood.

But same-sex couples and transgender people are increasingly living outside of these traditional "gayborhoods." Many of the national battles over lesbian, gay, bisexual and transgender rights have grown out of everyday conflicts between these new suburbanites and their straight-identified neighbors.

The movement of openly gay couples away from older cities defied the perceived connection between heterosexual family life and the suburbs that dates at least to the 1940s.

The federal government played a particularly important role in defining the suburbs as "family friendly" places after World War II. Officials at the Federal Housing and Veterans' administrations pushed banks to give mortgages and forbade them to lend to Americans they suspected of "sexual deviance."

The 1944 G.I. Bill was the first law in U.S. history to specifically exclude homosexuals from federal benefits, including mortgage assistance.

Realtors promised homebuyers a chance to live in safe neighborhoods away from urban vice. During the 1950s and 1960s, planners and builders designed new communities with few bars or other and which provided .

Making suburbia 'family friendly'

Lakewood is in Jefferson County just west of Denver, and it first incorporated as an independent city in 1969.

At the time, local businesses and homeowners worried about attempts by neighboring communities, including Denver, to annex new land. Many middle-class residents of Jefferson County saw themselves as defenders of a particularly suburban way of life that was threatened by annexation from the central city. They identified that lifestyle with low taxes, good schools, racial homogeneity, happy marriages and, above all, the well-being of children.

People attracted to others of the same sex have always lived in the suburbs, but discrimination often meant that most openly gay men and lesbians in the 1940s and 1950s had no other option than to live in older cities.

In the two decades after World War II, urban centers across the country attracted sizable LGBT communities. Nevertheless, life in cities was not necessarily easy, as police in urban centers like Denver tried to close gay bars and clamp down on LGBT life.

This divide between city and suburb started to break down in the 1970s and 1980s. Many Americans in the late 20th century delayed their marriages. States like Colorado made it easier for them to divorce. Government officials also prohibited discrimination in lending to unmarried people.

Sensing an opportunity, developers marketed new apartments to single residents and diversified the suburban housing stock.

In 1970, the number of Americans living in suburbs exceeded the number in central cities for the first time. Places like Jefferson County no longer looked like the suburban stereotypes of white nuclear families and cookie-cutter houses. Whereas, according to the U.S. Census, over 60 percent of households in Lakewood were "married couple" households, only 41 percent of them were "married couple" households in 2010.

Diversifying suburbs

Openly gay and transgender residents were a part of this new suburban diversity.

During the 1970s and 1980s, the gay rights movement challenged many medical, religious and criminal restrictions on homosexuality. This activism opened the door for same-sex couples to legally raise children and, eventually, marry.

After these victories, a largely white, middle-class group of openly gay men and lesbians began moving to the suburbs for many of the same reasons as their straight counterparts.

In 1979, The Advocate, a gay magazine, profiled two men who lived together in a Denver suburb and who finally felt comfortable speaking publicly about their relationship. The magazine noted that the gay couple enjoyed "puttering" around their spacious home and socializing with a group of lesbians.

This history provides important context for the Masterpiece Cakeshop case.

Christian faith versus gay rights

The case involved two men, Charlie Craig and David Mullins, who married in Massachusetts in 2012 and organized a reception for their family and friends in their home state of Colorado shortly afterwards.

The couple met with Jack Phillips, the owner of Masterpiece Cakeshop in Lakewood, who told them that his religious beliefs prohibited him from designing a cake for gay wedding celebrations.

While Colorado prohibited same-sex marriages, Craig and Mullins filed a formal complaint with the state Civil Rights Commission alleging that the baker had violated a Colorado law that protected citizens from discrimination based on sexual orientation.

The commission told Phillips that if he made cakes for opposite-sex weddings, he would need to make them for same-sex couples too. Phillips fought the decision in state court and later appealed his case to the U.S. Supreme Court, which this past July ruled in his favor. The court's majority said that the Colorado Civil Rights Commission had not respected Phillips's Christian faith and had not given him a fair hearing.

Cultural collision in suburbia

At the time of their wedding, Mullins and Craig lived in suburban Westminster, Colorado. They would be hosting their reception in a restaurant in nearby Lakewood.

When they got married, Lakewood boasted at least one LGBT-inclusive church and openly gay realtors. In 2011, the census reported that Lakewood had the fourth-highest number of same-sex couples in the state.

Not everyone, however, liked these changes. Studies have shown that same-sex couples and transgender people have faced significant amounts of housing discrimination across the country, and some LGBT people moving to the Denver suburbs have .

In 2015, a lesbian couple that included a transgender woman tried to rent a townhouse with their two children in Gold Hill, Colorado, a small town approximately 25 miles outside of Denver. Although the owner initially agreed to lease the home to the couple, she later rescinded the offer after neighbors complained about the possibility of the two women moving in next door.

Phillips, the baker, has described himself as someone who has lived in Lakewood "since before there even was a Lakewood." He turned away the business of five other same-sex couples before he met Craig and Mullins, including Stephanie and Jeanine Schmalz, who lived in nearby Littleton. Phillips also found support among suburban churches such as Littleton's Calvary Chapel South Denver.

The confrontation at Masterpiece Cakeshop, therefore, reflects more than a showdown over abstract notions of discrimination and religious liberty. It also reveals an ongoing struggle to define suburban life.

As areas outside central cities grow increasingly diverse, the seemingly trivial setting of wedding cake shops have become important battlegrounds over the meaning of belonging and respect.

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7.2 - KGTV (ABC-10, Video): [Veterans Summer Sports Clinic helping heal invisible wounds](#) (19 September, Amanda Brandeis, 2.1M uvm; San Diego, CA)

Veterans who've suffered life-altering injuries are in San Diego for a week-long journey.

Put on by the U.S. Department of Veterans Affairs, the National Veterans Summer Sports Clinic exposes veterans to recreation and sports activities they might have once thought out of reach.

Assisted by adaptive sports therapists and rehabilitation professionals, veterans participate in adaptive archery, surfing, sailing, kayaking, and cycling.

"This program saves lives, it actually saves lives, truly," says Yoneka Trent, an Army Veteran.

Trent was a military police officer, spending 18-hour days in boots, marching, walking, and running. She went from having high arches to flat feet after serving, leading to an ankle fusion and other leg complications.

"I really wish someone had shared their story with me before September 2017. If I had known there were options like recreational therapy, I don't think I would have tried to end my life," said Trent. "Recreational therapy has been a God-send, it has saved my life."

Trent is now sharing her story in hopes to help other veterans struggling.

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7.3 - KATU (ABC-2, Video): [VA audit grounds Oregon vets hoping to use G.I. Bill to become pilots](#) (19 September, 1.5M uvm; Portland, OR)

Veterans in Oregon and across the country trying to use their G.I. Bill benefits for training are stuck on hold because of a scandal involving expensive schooling paid for by taxpayers.

Some schools in the U.S. are accused of overcharging taxpayers for expensive classes under the G.I. Bill.

One of the schools impacted by the subsequent audit is Portland Community College's Rock Creek Campus. There's no indication that any wrongdoing took place at PCC Rock Creek, according to the Veteran's Administration, and the other Oregon colleges where veterans hoping to train to become commercial pilots are also on hold.

Two years ago the VA started auditing programs like PCC's Aviation Sciences Program after reports that some flight training schools were charging the government up to \$250,000 for flight training for veterans.

While PCC officials believe they may be close to resolving this issue for students in the Beaverton area, no one can really say exactly how much longer that might take.

U.S. Army veteran Jacob Kuhn has tried to get into PCC's flight training program twice since April of 2017 using his benefits, and has been denied both times.

"For the VA to be doing this right now to people who have served their country and want to be pilots when there's a global shortage, as well as pretty massive in the United States, it's just kind of shocking to have to go through it," said Kuhn.

In addition to classroom work, PCC offers actual flight training for students through Hillsboro Aero Aviation in Troutdale and Hillsboro.

PCC said it hasn't been able to allow veterans using the G.I. Bill into the program since April of last year because of the ongoing United States Department of Veterans Affairs audit.

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7.4 - WITI (FOX-6, Video): [Show of respect: Arborists trim trees, tidy up Wood National Cemetery](#) (19 September, Jonathon Gregg, 1.5M uvm; Milwaukee, WI)

A show of respect happening across the country at our nation's military cemeteries happened in Milwaukee on Wednesday, Sept. 19 at Wood National Cemetery.

In a setting more custom to silent reflection -- the sounds of a brash salute cut through.

"We're out here today to remember them," said Lee Fredricks, Rainbow Treecare Company.

Lance Wallace was one of 50 on the job, grappling with a few trees.

"They're going to feed the branches from the tree I cut down," said Wallace.

Remote-controlled saws, grinders and full-throttled chippers worked in unison, as volunteers like Wallace collectively groomed Wood National Cemetery.

"Teams of seven, and we are paired up between removals, pruning, health care. Some trees are getting plant health care to keep them happy," said Wallace.

The nonprofit "Saluting Branches" mobilized their forces. On Wednesday, tree trimming companies from across the country banded together for this effort.

"Three years ago, that included one cemetery and about 70 volunteers. Today, that includes 54 national cemeteries and about 3,000 volunteers," said Fredricks.

The thousands of volunteers gave up their time to show respect.

"There's a high bar that veteran cemeteries have to be kept at -- a maintenance standard -- and we're here to help alleviate some of the strain they have on their budget," said Fredricks.

Volunteers from Wednesdays' event in Milwaukee included tree trimming companies and professional arborists from Milwaukee, Slinger and Madison, just to name a few.

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7.5 - KMBC (ABC-9): [Arborists volunteer to clear, trim trees at Leavenworth National Cemetery](#) (19 September, Keleigh Gibbs, 1.1M uvm; Kansas City, MO)

LEAVENWORTH, Kan. — Dozens of arborists volunteered their time to clear and trim trees at Leavenworth National Cemetery.

"I think some of the nicest trees, largest trees are in cemeteries. Sometimes, because of budgets, they get neglected," said Spencer Wicks, of Ryan Lawn & Tree.

More than a dozen tree care companies have volunteered crews to help in the effort.

"We want the cemeteries to not be like an arboretum, but be like an arboretum from the beauty of it," said Greg Krogstad, of Saluting Branches.

Crews felled five trees and pruned another 15.

"We try to identify these hazard trees and remove them so they are safer for patrons and people that come to visit their loved ones," Wicks said.

The work, which totals between \$15,000 and \$20,000, is done free of charge.

"They put their competitive part aside and they really come together to serve. They build relationships and they have a great day," Krogstad said.

For the tree crews, it's a small way to say thank you to the men and women who gave their lives serving.

"Honestly, it is the very least we could possibly do," Wicks said.

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7.6 - The Journal Gazette: [Banks visits facility for homeless vets. Says he wants to support needs of city's Safe Haven](#) (19 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Rep. Jim Banks toured the Richard Lugar Safe Haven for Veterans on Tuesday, hearing from officials and temporary residents at the homeless shelter.

A resident told Banks, R-3rd, the shelter's staff had "helped me out a lot."

"I'm rebounding," said the 59-year-old Army veteran who had lived in Evansville. "I'm working part time right now. I'm trying to get my home back.

"I'm just happy this place is here. ... It's my home," he said.

Larcina Hicks told Banks that the Fairfield Avenue shelter "is the final place" keeping many homeless veterans out of jail – or preventing them from dying. Hicks is senior director of veterans services for Volunteers of America of Ohio and Indiana, a nonprofit, faith-based organization that operates the Lugar Safe Haven.

"The goal is to get that permanent housing," she said.

Named for former U.S. Sen. Richard Lugar of Indianapolis, the shelter can house 25 homeless veterans who each can stay up to six months. Drug use, sexual activities and violence are prohibited at the site, Hicks said.

The staff's focus is on showing residents "this is what health can look like, this is what stability can look like," said Amy Sczerbowicz, social work supervisor for the Department of Veterans Affairs, which provides funding for the Lugar Safe Haven.

Hicks said the shelter needs more money and space so it can house a greater number of female veterans. It currently has space for two female residents.

Kathleen Atkins, vice president of program operations for Volunteers of America of Ohio and Indiana, said female veterans "like to be around each other because they have common issues and they just can be of support to each other."

At one point of his tour, Banks, a Navy Reserve officer and a member of the House Veterans' Affairs Committee, told staff, "We want to be supportive of what you do."

He later shared his impressions with reporters.

"Listening to some of the stories of the residents who are here, what they've been through and what this facility has brought to them, is an incredible testament to the work that's being done here," Banks said.

"It takes money, and I'm well aware of that," he said, responding to a question about funding needs. Banks said he will continue to talk with shelter officials "about ways that I can support what is being done here on the Veterans' Affairs Committee."

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7.7 - WHTM (ABC-27, Video): [Volunteers clean up Indiantown Gap National Cemetery](#) (19 September, 442k uvm; Harrisburg, PA)

ANNVILLE, Pa. - Tree removal employees got together and donated a full days work at Indiantown Gap National Cemetery.

The nonprofit Saluting Branches held its fourth annual volunteer event on Wednesday.

Employees from Climb High Tree Service spent the day clearing overgrown and dead branches and trimming trees to maintain the beauty of the cemetery.

The cleanup also provides visitors with a serene place to honor their loved ones.

"It's not only about keeping it nice and keeping it a nice and peaceful place for people to come and honor their loved ones, but there's also a safety aspect to it, to keep visitors safe so that they can be calm and not have to worry about any hazardous branches," said Julie Weaver, manager of Climb High Tree Service.

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7.8 - Midland Reporter-Telegram: [Event connects local veterans with services, resources About 15 percent of area veterans are homeless, program manager says](#) (19 September, Simone Jasper, 149k uvm; Midland, TX)

Whether a veteran was in need of a meal or a haircut, community members were available Wednesday to provide services. For Jessica Mitchell and others who served in the military, the Stand Down event was an opportunity to gain knowledge about local resources.

“Today has been absolutely nothing but blessings,” Mitchell told the Reporter-Telegram during the function.

The West Texas VA Health Care System hosted Stand Down to connect local veterans with benefits and information about housing, education, nutrition and legal services. The annual event was held this year at the Commemorative Air Force High Sky Wing hangar, with transportation from locations in Midland and Odessa.

Nickie Starkey, Health Care for Homeless Veterans program manager, said the goal was to present resources available for veterans, including those who are homeless or at risk of being without shelter.

Nationwide, the VA helps to provide more than 89,000 veteran families with long-term, stable housing, according to Starkey. In this region, she said 213 vouchers are being used in a 33-county area stretching from Abilene to Hobbs, New Mexico.

“We have somewhere — I would range between Midland and Odessa — a 15 percent homeless rate,” Starkey said. “So, we’re working to decrease that amount.”

To assist people, the VA offers case management, social services and health care. Starkey said the entity works with the U.S. Department of Housing and Urban Development as well as the Midland County Housing Authority to help veterans.

Locally, Starkey said challenges come from limited housing and a lack of affordable living options. She said the VA serves veterans of all ages, including those who may not be able to work in the oil and gas industry and earn the associated wages.

“We’re struggling in finding those veterans who are coming in with no money, little money — being able to house themselves and their families,” Starkey said.

Besides the economic factors, Starkey said medical or mental health conditions can contribute to homelessness. She observes pride sometimes prevents veterans from getting help.

“They take it harder than what the general population would take it because in their training, they are trained to fix the problem,” Starkey said. “They’re trained to be self-sufficient.”

For veterans who came to Wednesday’s event, the VA and its partners offered haircuts, showers and sandwiches. Also available were sleeping bags, clothing and toiletries. Starkey said the setting allowed VA staff to interact face-to-face with people in the area.

"That's what this is all about — is being able to meet those veterans where they are in the community and provide them the assistance that they need," Starkey said.

To Mitchell, some of the offerings matched the resources that she and her fellow veterans seek. She came to the Midland area three years ago and is impressed with local attitudes.

"I have never seen so much veteran support in my life," said Mitchell, who served in the U.S. Air Force. "Out of everywhere that I've been, I've never seen such a supportive community."

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7.9 - The Herald-Dispatch: ['Stand Down' event assists area's homeless veterans](#) (19 September, Fred Pace, 192k uvm; Huntington, WV)

In the military, "Stand Down" afforded battle-weary soldiers the opportunity to renew their spirit, health and overall sense of well-being.

On Tuesday, the Hershel "Woody" Williams VA Medical Center's Homeless Community Resource and Referral Center's 11th annual Stand Down event in Huntington afforded the same opportunity to homeless veterans in the region.

"This event is a way to honor our veterans, and it is also a way for us to identify homeless veterans in our communities and hook them up with the many services that are available to them," said Tammy Miller, homeless program coordinator at the VA Center. "VA social workers were available to assess homeless veterans and refer them to homeless providers on the spot."

Roughly 80 organizations, including VA programs as well as community partners, set up tables on 9th Street between 6th and 7th avenues right outside the VA's Homeless Community Resource and Referral Center at 624 9th St.

Thomas Ramey, Southwestern Community Action Council Inc.'s Supportive Service for Veterans Families program director, represented one of the community partner organizations.

"Our program focuses on the housing aspect," he said. "The Supportive Services for Veteran Families program is designed to improve the housing stability of very low-income veteran families by assisting families transitioning from homelessness to permanent housing and preventing at-risk families from becoming homeless."

Veterans and their families also were treated to a hot meal, a haircut, housing information, medical screenings, job and housing referrals and more.

"Veterans are also able to get information about benefits and assistance programs, get connected with community homeless providers, social service providers and other area providers while enjoying a hot meal and some fun musical entertainment, as well as goodies and giveaways," Miller said.

Miller said more than 200 veterans and family members participated last year and she expected even more during Tuesday's event.

One of those attending Tuesday's event was U.S. Army veteran Michael Staszewski, 50, of Huntington.

"I am a regular participant of some of the programs here at the VA Center in Huntington, and these folks are wonderful," he said. "They are my friends and like my family. I don't know where I would be today without them."

Scott Collins, 58, of Huntington, served in the U.S. Army during the Cold War era and said the event really helps by giving veterans in need a hand up, not a handout.

"A lot of these veterans don't have the resources that many others have, and this event offers so many of those needed resources and connections to hopefully have a better life," he said.

"Our mission is to care for veterans, period, whether they are homeless or housed. Our goal is to give back to veterans that have given so much to us," Miller said.

For more information, contact the VA Community Resource and Referral Center at 304-529-9142.

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7.10 - KWES (NBC-9): [Homeless Stand Down provides assistance to homeless veterans](#)
(20 September, Phoenix O'Connor, 136k uvm; Odessa, TX)

West Texas VA Health Care System hosted Homeless Stand Down, an event dedicated to finding veterans that are homeless or at-risk of being homeless, right here in the Permian Basin.

Once inside the hanger at High Sky Wing-CAF in Midland, dozens of booths all offering some sort of service were there to help.

Veterans were even able to get a free haircut, clothes and a survival bag with hygiene items, jackets and a blanket.

Jazman Jenkins, a U.S Army veteran is just one of many who came Wednesday to receive help. Originally from Louisiana, he came to Odessa for the opportunity to make more money in the oil field.

"The oil is booming, I thought this was a better opportunity to take care of my family," Jenkins said. "You know there is a lot of jobs in Louisiana, but you know the pay isn't as well as it is here."

Through the VA and other resources, he finally found some work but says the jobs didn't last.

Now he says the difficult part is trying to find housing.

"I didn't have a place to stay when I got out here, I slept in the car for like two, three weeks. You know, I was that determined to be finding work, and I worked through a couple temp agencies. You know, what I mean? You just never know when the job is going to end. You know you can work one day and making plans until next week and then the employer tells you, 'hey man I don't need you anymore,'" Jenkins said.

The extra help offered him a leg up today and that was extra motivation for him. Jenkins says he hopes to not be in this position much longer and looks forward to a roof over his head soon.

"You know let us know that they haven't forgotten about us. That's very, very rewarding," Jenkins said.

If you or someone you know is seeking help, contact the Midland Vet Center at (432) 697-8222, or Veteran Services in Odessa at (432) 498-4015.

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7.11 - Muskogee Phoenix: [Doughboy gets a makeover](#) (18 September, Cathy Spaulding, 63k uvm; Muskogee, OK)

After more than 93 years the Doughboy statue at the Jack C. Montgomery VA Medical Center will get a fresh look.

Workers from Wilbert Memorials are sandblasting years of residue from the bronze statue, "Spirit of the American Doughboy." The statue honors Native Americans who served in World War I.

Work on the statue should be finished by Wednesday, said Vandelia Graham, state chairwoman of Daughters of the American Revolution service for veterans. She said the DAR raised funds to clean the statue.

"This was a \$25,000 project, Graham said. "They're going to use a fine-ground walnut, like they use to sandblast cars. And that's going to clean the debris of 100 years. Then, they're going to re-grout the joints in the granite block. Then, they will seal the entire monument to make it look good for another 100 years."

Graham said the statue was erected in 1925 to honor Choctaw code talkers, who used Native American language as a military code during World War I.

She said the DAR also will plant a monument honoring all World War I veterans by the statue.

A ceremony to dedicate the statue's cleaning and the new monument will be 2 p.m. Nov. 11 at the hospital. Nov. 11, which is Veterans Day, marks the 100th anniversary of the end of World War I. Bacone College President Dr. Ferlin Clark will speak. Graham said Clark has family members who were Navajo code talkers during World War II.

State DAR Recording Secretary Jeanne Dexter said the DAR seeks to honor veterans from all wars.

However, restoring the Doughboy statue has an added meaning, she said.

"This kind of honors all veterans to restore the statue to its full glory," Dexter said. "We did a lot of fundraising. We had a matching grant from the National Society of DAR. A lot of individuals have been very generous with their donations. We've had some anonymous donations and some through a website."

Gary Mosier of Wilbert Memorials said a tarp surrounds the bronze statue, to keep sandblasting material from getting on cars or plants. He said crushed walnut shells will take the unwanted finish off, but will not harm the bronze.

"We don't want to do anything to pull the layers off of it," he said.

The statue was selected in 2017 to receive a \$2,000 grant for restoration and maintenance by the World War One Centennial Commission, according to a 2017 Muskogee Phoenix story. The grant is part of the 100 Cities/100 Memorials program of the commission and the Pritzker Military Museum and Library.

Jack C. Montgomery VA Medical Center Public Information Officer Nita McClellan said the statue is one of 134 "Spirit of the American Doughboy" states erected in the 1920s and 1930s. She said it was a gift from the Five Civilized Tribes, the U.S. Bureau of Indian Affairs and others.

She said it was erected to recognize contributions from members of the Five Civilized Tribes — Cherokee, Choctaw, Chickasaw, Creek and Seminole — who fought in World War I.

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7.12 - KXLH (CBS-25, Video): [Suicide prevention teams honored in Helena](#) (19 September, John Riley, 57k uvm; Helena, MT)

The Montana VA honored the Substance Abuse and Mental Health Services Administration and the Department of Veterans Affairs Mayor's Challenge teams of Helena and Billings on Tuesday for their work in suicide prevention.

The SAMHSA and VA Mayor's Challenge is a public health initiative that involves families peers and the community in preventing suicide among service members, veterans and their families.

Drenda Niemann of Helena and Dr. Claire Oakley of Billings were presented with certificates of appreciation by Director of the Montana VA Dr. Kathy Berger, MHA, DNP.

The certificates recognized the dedicated efforts to combating suicide at a community level and partnership with the VA.

Helena Mayor Wilmot Collins was also presented with a Director's Coin by Berger.

Suicide Prevention Coordinator for the VA Juliana Hallows believes the two teams have done a fantastic job in addressing suicide as community issue.

"In Montana we have one of the largest veteran populations per capita," said Hallows, "Which is why it's so important is that we have police departments, detectives, health departments, community mental health centers and family members that have all come together for this mayors challenge and said enough's enough. We want to fight suicide and we want to partner to do this."

Helena and Billings were two of only eight cities to be chosen by SAMHSA and the VA to participate in the first year of the Mayor's Challenge.

The two teams traveled to Washington D.C. in fall of 2017 for policy institute training, to help the members learn about best practices for suicide prevention.

If you or a loved one are currently experiencing suicidal thoughts please reach out to local law enforcement or call the suicide lifeline.

National Suicide Lifeline:
1-800-273-TALK (1-800-273-8255)

National Suicide Lifeline TTY:
1-800-799-4TTY (1-800-799-4889)
Text Telephone Device or Telecommunication Device for the Deaf (TDD)

National LGBT Youth Suicide Lifeline
1-866-4-U-TREVOR (1-866-488-7386)
www.thetrevorproject.org

National Military Veterans Suicide Lifeline:
1-800-273-TALK *Press 1 (1-800-273-8255 *Press 1)
www.veteranscrisisline.net

National Suicide Prevention Lifeline:
<http://www.suicidepreventionlifeline.org/>
<http://www.affordablecollegesonline.org/college-resource-center/college-suicide-prevention/>

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7.13 - WBUP (ABC-10, Video): [VA Medical Center hosting a Woman Veterans Healthcare conference](#) (19 September, Jordan Gulkis, 49k uvm; Ishpeming, MI)

IRON MOUNTAIN — The Iron Mountain VA Medical Center is hosting a Woman Veterans Healthcare Training Conference at Bay College.

70 participants from all over the region came to get training not only for women's health, but for women veterans.

After 9/11 more and more females started entering in the military.

The VA Medical Center serves thirteen hundred female veterans.

"The female population is the fastest growing sub population in the United States in the military. They comprise about 7–10% of all VA users right now, that number is growing rapidly. We've done a lot of work to train and educate our providers and our nurses to make sure they know how to properly treat our veterans and give them the care that they deserve," said Barbara Robinson, Women Veteran Program Manager at the Oscar G Johnson VA Medical Center.

Female veterans have a lot of gender specific needs and there are some things that are more unique, that Nurses see more often in female Veterans.

"When you look at females in the military, they're carrying these really heavy backpacks maybe up to 10 pounds at a time. Women distribute their weight differently than men. When a woman is carrying a backpack they're going to distribute that weight in their pelvic region. We need to have our providers know how to look for these things," Robinson added.

The Nurses from all over the region are excited to gather new information and get some tools to take back to the female veterans.

"The other nurses have brought up great ideas that I can take back to my VA. The training I'm getting has been very good," said Brenda Blomgren, RN Case Manager

"It's just a good refresher to hear the latest like in some of the new meds out," said Lisa Tank, LPN.

Today was the first day the training conference and will be going until the end of the week.

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7.14 - KUFM (NPR-89.1, Audio): [President Trump Signs Tester-Sponsored Veterans Bill Into Law](#) (19 September, Nick Mott, 41k uvm; Missoula, MT)

President Donald Trump signed a bill sponsored by Senator Jon Tester Monday that will give additional resources to treat veterans in the criminal justice system across the country.

Tester served as chief co-sponsor of the "Veterans Treatment Court Improvement Act," which passed the Senate unanimously in February of this year.

"I think it's incumbent upon the United States government to live up to the promises we make to our fighting men and women," Tester says. "And this is just another step of fulfilling those promises."

The bill requires the Department of Veterans Affairs to hire 50 more personnel that will deal specifically with outreach to former service members in Veterans Treatment Courts.

Those courts help veterans charged with crimes deal with issues like Post-Traumatic Stress Disorder and substance abuse. They're geared towards rehabilitation rather than jail time and tailor treatment for each individual. Proponents say the courts help with recidivism, employment and overall mental health.

There are four veterans treatment courts in Montana, but only two outreach specialists. Each has to travel between Missoula, Great Falls, Bozeman and Billings to address issues and clients in each courtroom.

Tester says the new bill could better equip Montana courts to deal with some of the state's 100,000 veterans, but it's not yet clear how many additional outreach specialists the state will receive.

"I think Montana's been leading, whether it's Great Falls or Bozeman or Billings or Missoula," he says. "These folks have been doing some really good work, and I think there's plenty of need out there for at least one more, and maybe more than that. But we'll see."

Tester says this bill is a step in the right direction for veterans in the U.S., but the country still has a long way to go. Specifically, he says the VA needs more medical professionals on the ground.

Tester's re-election campaign is emphasizing his ability to pass bills that President Trump signs into law; they put that count at 19 now. Trump won Montana by 20 points in 2016.

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7.15 - The Coronado Times (Video): [Veterans Gather in Coronado for VA's 11th Annual Sports Clinic](#) (19 September, 16k uvm; Coronado, CA)

About 120 Veterans from across the country were expected to participate in the U.S. Department of Veterans Affairs' (VA) 11th National Veterans Summer Sports Clinic in Southern California, which runs from Sept. 16th to the 21st.

The annual gathering of Veterans with disabilities will feature cycling, surfing, sailing, kayaking, pickleball and archery at venues throughout San Diego.

"This clinic and all of our adaptive sports programs focus on helping Veterans lead independent, active and healthy lives," said VA Secretary Robert Wilkie. "It's a popular yearly event in the Veteran community, and I'm proud of our dedicated staff for making this the best possible experience for our Veterans."

The clinic is a rehabilitation sports and recreation program for Veterans with disabilities. Participation is open to severely injured or ill Veterans receiving care at any VA medical facility. The event is hosted by the VA San Diego Healthcare System, and more than 300 volunteers are expected to donate their time and efforts to the event.

The clinic begins with the opening ceremony at the Wyndham San Diego Bayside Hotel Pacific Ballroom at 4 p.m. Sept. 16. For more information, visit www.summersportsclinic.va.gov; follow VA Adaptive Sports Programs on Twitter, Facebook and Instagram at @Sports4Vets.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [3 Accused of Trying to Manipulate US Government Contracts](#) (19 September, 23.9M uvm; Washington, DC)

DENVER — Three people have been arrested on charges of trying to steer U.S. government contracts to specific companies in exchange for bribes or sham training fees.

The U.S. attorney's office in Denver said Wednesday the three face charges including paying and receiving bribes and conspiracy.

Prosecutors say they tried to manipulate two Veterans Affairs Department contracts for medical equipment so that clients of two of the defendants would get the business.

The defendants are 54-year-old Dwane Nevins, 59-year-old Robert Revis and 43-year-old Anthony Bueno. Revis declined comment. No phone numbers could be found for Nevins and Bueno.

Prosecutors say Nevins works for a VA contracting office in Colorado, and Revis and Bueno had a consulting business whose clients would allegedly get the contracts.

Nevins also faces an extortion charge.

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8.2 - U.S. News & World Report: [Does What Your Doctor Wears Matter?](#) (19 September, Elaine K. Howley, 23.9M uvm; Washington, DC)

PEOPLE HAVE ARGUED OVER what to wear for millennia. First impressions matter, and fashion has long been a highly visible signifier of a person's place within the community. In the hierarchal world of medicine, clothing can be an important signal to patients and other health care providers of everything from authority to cleanliness, and the white laboratory coat typically signifies the attainment of the highest rung on that ladder. In fact, medical schools around the country host White Coat Ceremonies in which students are bestowed a white coat to signify their transition from ordinary citizen to doctor.

But the white coat wasn't always the symbol of the physician. In the 17th century, during outbreaks of plague, doctors wore full-length overcoats, wide-brimmed hats, gloves and a beak-shaped mask filled with lavender or other pungent herbs in the belief that this protective gear would prevent contraction of the deadly disease.

As understanding grew about how infections travel, doctors ditched the frightening masks and donned black, formal garb, similar to a tuxedo. It was believed that wearing black – like priests wore – signaled the solemnity of the task of caring for the ill. However, an article in the AMA Journal of Ethics noted that "until the last third of the 1800s, an encounter with a physician rarely benefited the patient. In fact, up to that point, virtually all of 'medicine' entailed many worthless cures and much quackery."

In an effort to shift this perception, doctors ditched the black clothing and adopted white coats, says Dr. Michael B. Edmond, an infectious disease specialist at the University of Iowa Hospitals and Clinics in Iowa City. "Initially the white coats were worn only in the operating room. Then in the early 1900s, physicians started wearing them outside the operating room because at that point in time, medicine wasn't considered to be scientific. The profession was viewed negatively by the public, so the concept was doctors would wear white coats because it reinforced the notion that they were scientists." From there, the tradition grew, and now when we think of a doctor, an image of a person wearing a white coat and carrying a stethoscope comes immediately to mind.

However, this long-held vision of how a doctor should look – a middle-aged white man in a long, starched white laboratory coat over a dress shirt, tie and slacks – is changing yet again. As

diversity in medicine increases along with a push to reduce transmission of infectious agents, what the doctor wears is becoming less formal, but perhaps safer.

In 2008, the National Health Service in the United Kingdom adopted a "bare below the elbow" policy in which doctors and other health care workers ditched the lab coat and long sleeves in favor of scrubs – those simple and comfortable, brightly-colored, short-sleeved tops and bottoms that are ubiquitous among nurses and residents at hospitals.

The idea, Edmond says, was to reduce the chances that a health care worker's clothing would come into contact with patients' skin and other surfaces that may host bacteria and other infectious agents. "We know that all people have bacteria on their skin, and in the hospital setting in particular, these could be multi-drug resistant organisms. We also know that the environment around the patient in the hospital is also contaminated with organisms. We have good evidence that clothing of health care workers becomes contaminated as they work," he adds, noting that as health care providers move through the day and interact with patients, it's easy to pick up bacteria that could potentially be transmitted on to other patients. "We have some experimental evidence that organisms can be transmitted from clothing to the patients."

Although Edmond says there's not much evidence that removing sleeves will greatly reduce transmission of infection, it seems like so much common sense that sleeves and cuffs could potentially be a problem, especially if those sleeves and cuffs are not washed daily. "Your mother would tell you that if you wore the same article of clothing every day to work, that's probably an infection problem. Or something that looks grossly dirty, which many lab coats do, that's a problem." He says this sense is supported by "studies that show people don't frequently wash their white coats," with one showing that "on average, people washed their white coats about every two weeks." In one study, 17 percent of medical residents reported that they had never washed their white coat. "So you're wearing this thing every day in an environment that's heavily contaminated with bacteria and you're not washing it."

Neckties pose a similar threat. "Neckties just aren't washed, so you're wearing that same article of clothing repeatedly. You have no way of decontaminating it, and that's why the whole concept of bare below the elbows came into effect. Because whether it's a lab coat or a shirt, the cuff is going to get contaminated," and when moving from one patient to another, it's impractical to change or wash shirts. Bare skin is much easier to wash thoroughly before moving on to the next person.

However, there is some debate about just how big a threat sleeves are in transmitting infectious agents. Dr. Vineet Chopra, chief of the division of hospital medicine and associate professor of medicine at the University of Michigan Hospitals – Michigan Medicine and VA Ann Arbor Health System, has also studied doctor attire and says while "there is a theoretical risk that infections could be transmitted by white coats," the risk is small, especially when paired with appropriate hygiene and hand washing.

"Studies have isolated bacterial pathogens from white coats, ties, and it's for these reasons that nations like the UK have a 'bare below the elbows' policy. However, it is also true that if you simply swab hands of physicians, you can isolate bacteria. In fact, bacteria are everywhere. So simply finding bacteria does not equate to infection risk. What is most important to prevent infection is the basics of safe practice: washing hands before and after patient contact, making sure we adhere to best infection control practices, such as wearing gowns and gloves when appropriate. A little bit of hygiene is all that it takes," he says.

Nevertheless, since the NHS' bare below the elbows policy was enacted, the number of hospital infections in the UK has declined. Still, Edmond says this result can't be attributed specifically to the policy. "Like many things with infection control, we hardly ever do one intervention. [NHS hospitals in the UK] did several things to try to reduce their infection rates and that was one of them. But they did see a reduction in infectious disease rates as a result."

So the debate continues about the hygienic reasons for removing sleeves, but there are still other implications to how your doctor dresses. Even Shakespeare wrote, "for the apparel oft proclaims the man," which could be translated into our more common version: The clothes make the man. Or do they?

They might, according to a recent study led by researchers at the University of Michigan. In the largest-ever study of patient preferences of doctors' attire, Chopra and his team found that for many patients, what physicians wear is important to them and may influence how satisfied they feel with the care they receive.

The study participants looked at pictures of physicians in seven forms of attire and rated their appearance on how comfortable that attire made the patient feel and how knowledgeable, trustworthy, caring and approachable the clothing made the doctor seem. The traditional white coat over formal attire was ranked highest and tended to be more popular among patients over age 65. Scrubs with a white coat ranked second, and formal attire without a white coat ranked third.

Chopra says the idea to investigate whether physician attire has any impact on patient care stemmed from an offhand comment by a doctor in training. "I had an intern who was always sharply dressed on wards – cuff links, a lovely shirt and tie and a crisp white coat. Most interns don't dress this way. I asked him what prompts him to dress so formally when caring for patients and his response was, 'I believe patients prefer it.' We looked and found limited evidence and wondered – do the clothes make the doctor? So we designed this large-scale study to see if we could find answers."

And they did get some answers. "Our study shows that the majority of patients feel that how their doctor dresses affects their satisfaction with care," Chopra says. "We didn't ask for outcomes, specifically and – as this was largely a survey-based study using pictures – that would be hard to assess. But the key point is this: First impressions matter. True in fields outside of medicine – and from what we have found – true in medicine as well."

Humans have certain expectations for how other humans will look, based on what we know about their role and place in society. "All professionals have uniforms – think the armed forces, police, airline pilots. It aids with recognition but also gives you a sense that this person is somehow appointed to be able to do what they do," Chopra says. "They've got the right training, background, skills and certifications. Uniforms are symbolic of the profession." For the past 120 years or so, "that uniform for physicians has been the white coat."

When the doctor doesn't conform to that preconceived notion, it may alter the way the patient perceives the care. "I think that all humans have first impressions of other humans, so probably how a physician is dressed might have some impact on first impressions," Edmond says. "But I think that most patients are sophisticated enough that they see through that pretty quickly" and are able to separate what the clothes signal from how the doctor behaves. "I think how well you're dressed probably doesn't matter if you're taking care of your patient well."

As Edmond notes, studies about clothing and perception tend to isolate that factor from the whole constellation of reasons that may go into selecting a specific doctor. "Certainly, you don't pick your doctor on that one particular aspect out of context with everything else." And he argues that regardless of what the doctor is wearing, attire should take a back seat to more care-centric concerns. "I'm much more interested in how the doctor treats the patients. And having been a doctor for 30 years, I think what patients really want from you is that when you're with them, you are listening to them intently. And then when you're not with them, they'd like a way to easily get ahold of you. If you pay attention, I think most of this other superficial stuff really melts away."

For his part, when meeting patients, Chopra says he prefers to wear "formal attire. To me, this means a shirt, tie, formal trousers and shoes. I always wear a white coat with my ID and tags clearly visible so that patients know who I am, my degrees and affiliation," which are written on his coat. He says he's found this uniform to be "comfortable, professional and helpful when I interact with patients. Quite simply put, it makes me feel like the professional I am. And I believe it makes patient feel the same way as well."

When he's at work, Edmond wears scrubs and enacts his own bare below the elbows policy, which means no jewelry or wrist watches, as they can also harbor potentially infectious bacteria. He says the concept of professionalism in medicine – or dressing to match the part of the doctor – misses the point of caring for patients. "That's about doctors. It's not about patients. Patients aren't complaining about [what doctors wear]. It's doctors complaining about other doctors."

He says if we could replace that professionalism argument with humanism, or putting patients and their care ahead of concerns about being perceived as a professional, "that kind of stuff melts away. If you look at how doctors dress through the lens of humanism, then what it tells us is that you should be clean, comfortable, functional and safe. Whether it means you have the white coat on or not, it doesn't really matter when you go back to those four things." As he notes, the doctor is still a doctor whether he or she is wearing a white coat or not.

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8.3 - KMGH (ABC-7, Video): [Brazen thief targets grieving visitors at Fort Logan National Cemetery](#) (19 September, Lance Hernandez, 2.1M uvm; Denver, CO)

When you're visiting a grave at Fort Logan National Cemetery, you don't expect to be victimized by a thief.

But that's what happened to Sharlene Custenborder on August 29.

"I had just finished babysitting my grandkids and thought I'd go see John," she said.

John Custenborder, a Vietnam veteran, died 11 months ago, and was laid to rest on the east side of Fort Logan.

Sharlene said she parked her car on the cemetery's New Mexico Street and walked up to John's grave.

She said she sat down and started talking to him, telling him about the kids.

Sharlene told Denver7 that she remembers John for a lot of things, among them, his generosity.

"You could ask him to do anything for you," she said, "and he would."

Walking Among Headstones

Midway through her visit, she noticed that she wasn't alone.

"I just happened to look over my shoulder," she said, "and there was a woman walking through the headstones...she didn't have a purse and there was no other car around and I went, 'hmmm, maybe she's lost.'"

It was only as she was leaving the cemetery that Sharlene realized her phone was missing.

She traced her steps back and forth.

"I sat down thinking maybe it fell out of my pocket," she said.

When she couldn't find it, she went back to her car, and that's when she realized several other items were missing.

"(The thief) took my billfold that my niece had just made me, my driver's license, credit cards and overnight bag," she said.

She added that the thief also took some items of sentimental value.

"They took John's driver's license and his VA card," she said. "I can replace everything else, but I can't get those two things back, and I always carried them with me, and a picture of us on a little Polaroid."

Sharlene said she also had father's memorial announcement in her billfold.

"That was from 20 years ago," she said, "but I've been carrying it all this time."

Now, it too is gone.

Lock your car doors

When Sharlene went to the cemetery office to report the theft, she noticed a note posted on the wall warning visitors to lock their car doors.

She said the thief racked up more than \$1,500 worth of bills on two of her credit cards.

Photographs

Investigators obtained photos showing a woman using one of Sharlene's stolen credit cards.

They shared those photos with Sharlene.

"I saw the pictures and thought, 'that's the lady from the cemetery,'" she said.

While many people might harbor ill-will toward a thief, Sharlene said she doesn't.

"Everybody feels violated," she said, "but I thought, if (the thief) needed it, it's okay. I know that's not the right attitude, but I forgive her for what she did."

She later added, "She doesn't know how close to my heart she stabbed."

Sharlene said she went public with her story because she wants others to know what happened, and because she would like to get back what was stolen.

When asked why a thief would target people mourning at a cemetery, Kevin Williams, Fort Logan's assistant director, said, "I think it's an easy target. People feel comfortable coming to a National Cemetery. They don't think they need to lock their doors, because who would do something like that in a place like this?"

Williams told Denver7 that thefts peaked in early summer, then tapered off.

"We're seeing an uptick on weekends," he said.

Car Stolen

Last June, a chaplain, who was taking part in an honor guard ceremony at Fort Logan, began walking to his car after the ceremony, but couldn't find it.

It had been stolen.

"We encourage people to lock their doors," Williams said, "and hide your valuables, because people are taking advantage of, and are stealing from, people who are grieving here at the cemetery."

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8.4 - WRIC (ABC-8, Video): [Congress votes to extend restrictions on deadly dog research](#)
(19 September, Kerri O'Brien, 477k uvm; Richmond, VA)

After an 8News investigation, there's another roadblock for deadly dog research at McGuire VA Medical Center.

Congress has now voted to extend its restrictions on dog testing at the Department of Veterans Affairs through fiscal year 2019.

Under the legislation, (text on page 185) your federal tax dollars can not be used for the deadly dog experiments like the testing 8News uncovered at McGuire unless there is absolutely no other alternative to using dogs.

If that is the case, the study will need direct approval from the VA Secretary.

8News exposed 39 dogs at McGuire, some puppies, had been surgically implanted with pacemakers and forces to run on treadmills until they collapsed or died.

The VA says the research part of an on-going study into heart disease.

Over 50 house members on both sides of the aisle requested this measure to de-fund the animal testing be extended through fiscal year 2019.

The bill now heads to President Trump's desk.

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Veterans Affairs Media Summary and News Clips

20 September 2018

1. [Top Stories](#)

1.1 - Reuters (Health): [One in three gun-owning U.S. veterans don't store weapons safely](#) (19 September, Tamara Mathias, 43.7M uvm; New York, NY)

A substantial percentage of U.S. military vets store guns loaded and ready to use, according to an American study that could have implications for suicide prevention. "American veterans have a higher suicide risk than demographically matched U.S. adults and most of their suicides are actually related to firearm injury," said lead author Dr. Joseph Simonetti of the Denver Veterans Affairs Medical Center in Colorado.

[Hyperlink to Above](#)

1.2 - Business Insider: [43 years after the Vietnam war, many Navy veterans are still battling for benefits for potential Agent Orange exposure](#) (19 September, Caitlin Foster, 36.8M uvm; New York, NY)

Veterans groups are pushing a bill making its way through Congress that would extend VA benefits to tens of thousands US Navy veterans who were potentially exposed to Agent Orange while serving off the coast of Vietnam. The bill is the latest glimmer of hope for veterans who have fought for decades to receive the benefit, and would finally recognize their exposure to the toxic herbicide but come at an estimated cost of \$5.5 billion to US taxpayers.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [Ex-VA Police Officer Gets Prison for Patient's Rough Arrest](#) (19 September, 23.9M uvm; Washington, DC)

A former Veterans Affairs police officer who authorities say repeatedly struck a patient outside a VA hospital in Indianapolis has been sentenced to a year in prison. Michael Kaim was sentenced Tuesday in U.S. District Court after pleading guilty to deprivation of civil rights. He also was ordered to pay a \$1,000 fine.

[Hyperlink to Above](#)

1.4 - Military Times: [As floodwaters recede, VA works to reopen locations hit by Hurricane Florence](#) (19 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials said department health care facilities in North Carolina escaped relatively unscathed from the damaging winds and rains of Hurricane Florence last weekend, and could be fully reopened in coming days. But first, the floodwaters have to recede.

[Hyperlink to Above](#)

1.5 - Stars and Stripes: [Students using GI Bill receive incorrect housing payments due to VA technical errors](#) (19 September, Nikki Wentling, 1.5M uvm; Washington, DC)

About 340,000 students attending school using the GI Bill received slightly smaller housing payments in August than they're eligible for under federal law, according to the Department of Veterans Affairs. Monthly housing allowances help student veterans pay for their housing costs, utilities and food. Veterans who started the 2018-2019 school year last month received incorrect payments caused by delays at the VA Office of Information and Technology with complying to new rules on how stipends are calculated.

[Hyperlink to Above](#)

1.6 - WBUR (NPR-90.9, Audio): [Boston's VA Adds Overdose-Reversing Naloxone To AED Cabinets](#) (19 September, Martha Bebinger, 1.1M uvm; Boston, MA)

It was at least 10 minutes from the time a housekeeper pushed into a bathroom on the Brockton VA campus and found a man on the floor to the time paramedics arrived. They used naloxone, common brand name Narcan, to reverse the man's opioid overdose. Brain damage can begin after just five minutes without oxygen. Pam Bellino, patient safety manager for VA Boston, which includes Brockton, read the incident report back in December 2015 with alarm.

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1.7 - Northwest Arkansas Democrat-Gazette: [New tool helps VA assess patient Rx's. System works to identify drugs to 'deprescribe,' better aid person, save money](#) (19

September, Rachel Herzog, 162k uvm; Fayetteville, AR)

By the time Dr. Sara Swathy Battar sees patients at the Veterans Affairs hospital in North Little Rock, they often have long lists of medications. It struck Battar, the associate chief of staff for geriatrics and extended care for the Central Arkansas Veterans Health Care System, that there was no standardized medical tool for taking patients off their medications.

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2. [Greater Choice for Veterans](#)

2.1 - Bennington Banner: [Rep talks transportation, privatization at VA clinic](#) (19 September, Christie Wisniewski, 69k uvm; Bennington, VT)

During his Wednesday visit to Bennington, Congressman Peter Welch stopped by the VA Community Based Outpatient Clinic (CBOC) to tour the facility and discuss what measures Congress can take to help Veterans Affairs clinics offer the best care to those who have served.

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3. [Modernize Our System](#)

3.1 - The Spokesman-Review: [Spokane veterans medical center stops media tour with Cathy McMorris Rodgers to avoid violating federal election law](#) (19 September, Will

Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law. The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

[Hyperlink to Above](#)

3.2 - KYTV (NBC-3, Video): [New VA clinic to open in Harrison, Arkansas](#) (19 September, Caitlin Sinett, 818k uvm; Springfield, MO)

The VA clinic in Harrison is currently located at the Main Street Medical Clinic, but Valor Healthcare will now be operating a new clinic, at its new location. It will be located at the Ozark Crossing Plaza. And Valor Healthcare hopes to open it some time in October. Jimmy Phillips,

the director of outreach with Valor Healthcare, said, "It's important for the communities to know you're really getting a contractor that is made up of veterans. Sort of the for-veteran by-veteran concept really try hard to make that apparent to the veterans."

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3.3 - WKBN (CBS-27, Video): [Some veterans would be against moving Youngstown VA clinic to Northside building](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)
Ever since the owners of Northside Hospital announced they were closing on Thursday, there's been talk of what to do with the building. One idea is to relocate the Youngstown Veterans Administration (VA) clinic on Belmont Avenue, which is now on a month-to-month lease until a new site is found. "Do I believe in my mind, in my heart that the clinic should go there? No, I'm dead against that. I want that new building that was promised to me," said Leo Connelly, a veteran.

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3.4 - Health Data Management: [Senate panel approves Trump nominee to serve as VA CIO](#) (19 September, Greg Slabodkin, 143k uvm; Chicago, IL)
James Gfrerer, the Trump administration's pick to serve as chief information officer at the Department of Veterans Affairs, is a step closer to overseeing the VA's IT infrastructure. The Senate Committee on Veterans' Affairs on Tuesday approved Gfrerer's nomination, which now moves to the full Senate for a vote on his confirmation.

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3.5 - DCMilitary.com (Andrews Gazette): [Veterans welcome new Community Based Outpatient Clinic in Montgomery County](#) (19 September, Bobby Jones, 45k uvm; Gaithersburg, MD)
After 10 years of planning and major renovations, the Washington DC Veterans Affairs Medical Center opened its newest Community Based Outpatient Clinic (CBOC) during a ribbon cutting ceremony in Gaithersburg, Sept. 7.

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3.6 - WGLT (NPR-89.1): [VA Selects Outpatient Clinic Site In Bloomington](#) (19 September, Eric Stock, 500 uvd; Normal, IL)
Veterans in McLean County will soon have closer access to health care. VA Illiana Health Care System in Danville has announced a location for a new outpatient clinic at 207 Hamilton Road in Bloomington at the former Career Link office. Todd Oliver, public affairs officer for VA Illiana, said the building will be expanded into a 20,000-square-foot facility in a projected \$6 million project.

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[4. Focus Resources More Efficiently](#)

4.1 - Stars and Stripes: [Police officer gets year in prison for assaulting veteran at VA hospital](#) (19 September, Will Morris, 1.5M uvm; Washington, DC)

A former police officer at a Veterans Affairs hospital in Indianapolis was sentenced Tuesday to a year in prison for assaulting and wrongfully arresting a patient. Michael Kaim, 28, pleaded guilty in June for violating the veteran's civil rights in connection with the incident, which occurred in April 2017 at the Richard L. Roudebush Veterans Affairs Medical Center.

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4.2 - Iowa City Press-Citizen: [Retired VA nurse volunteering in Hurricane Florence recovery](#) (19 September, Hillary Ojeda, 195k uvm; Iowa City, IA)

Bryce Henson, 62, of North Liberty drove around Marion, South Carolina taking notes as he looked at about 40 homes with flood damage on Tuesday, Sept. 18. As a Red Cross volunteer, this was his first day in the field of what would be two weeks helping locals recover from Hurricane Florence.

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4.3 - KQDS (FOX-21, Video): [Veterans Say Thanks, Voice Opinions about VA](#) (19 September, Arman Rahman, 55k uvm; Duluth, MN)

Veterans in Superior got a chance to say thank you and voice their concerns about the VA program at a town hall style meeting at the Twin Ports Outpatient VA Clinic today. This is the 23rd monthly community meeting held since 2014. Where officials say their primary concern is hearing from the men and women who served.

[Hyperlink to Above](#)

4.4 - WFXR (FOX-27, Video): [The Salem VA has an important mission to take care of the Nation's heroes](#) (19 September, Casey Wright, 29k uvm; Roanoke, VA)

4-minute video: Healthcare Provider Tim Krohe with the Salem VA Medical Center talks about his mission to take care of those who have served.

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5. [Improve Timeliness of Service](#)

5.1 - WebMD (Updated): [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

Jon Lubecky was running out of options when he checked into a small house-turned-clinic outside Charleston, SC. The onetime Army artillery sergeant had been struggling with post-traumatic stress since he got home from Iraq, where his post had been shelled so often it was nicknamed "Mortaritaville."

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5.2 - U.S. News & World Report (Santa Fe New Mexican, AP): [Program Gives Veterans, Military Staff Chance to Cowboy Up](#) (19 September, Robert Nott, 23.9M uvm; Washington, DC)

U.S. Army veteran Brian Ray was sitting tall in the saddle of a palomino quarter horse at the Crossed Arrows Ranch south of Santa Fe. The combat vet, who had spent three decades in the military, including two tours in Iraq as an adviser, focused his heart, mind and body on his connection with the horse.

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5.3 - Independent Record: [Fort Harrison VA Hospital highlights improvements in patient care data](#) (19 September, Thomas Plank, 276k uvm; Helena, MT)

The Fort Harrison Veteran's Affairs Hospital showed major improvements in several areas of patient care, according to a presentation at the facility on Wednesday. Fort Harrison has seen quality improvements in its Strategic Analytics for Improvement and Learning, a nationwide set of benchmarks designed to measure VA hospitals against each other. SAIL is designed to "spotlight the successful strategies of VA's top performers in order to promote high quality, safety, and value-based health care across all its medical centers."

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5.4 - WKBN (CBS-27): [Local veterans compile wish list for Youngstown VA clinic](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

For more than a year, the Veterans Administration has been researching what should be included in a new clinic that would replace the one located now on Belmont Avenue. The Belmont Avenue clinic opened 25 years ago and according to veteran Carl Nunziato, it gets 50,000 visits a year. The clinic initially covered only 5,000 square-feet but is nearly four times that size now.

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5.5 - The News-Review: [OIG review makes seven recommendations for Roseburg VA](#) (19 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The U.S. Department of Veterans Affairs Office of the Inspector General issued a report Monday detailing the results of a recent review of the Roseburg Veterans Affairs Medical Center. The report was based on an analysis of records over the past four years, along with interviews and observations made during an unannounced visit March 19.

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5.6 - Evening Tribune: [Reed advocates for veteran dental care](#) (19 September, 59k uvm; Hornell, NY)

On Tuesday, Rep. Tom Reed (R-Corning) announced he will cosponsor a bipartisan bill to provide dental care for veterans. "We care about helping our veterans who fought to keep this country safe and want to ensure our vets are treated fairly," Reed said. "Currently, most veterans are not eligible for dental care in the same way they are eligible for other care from the Veterans Administration."

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6. Suicide Prevention

6.1 - The Daily Sentinel: [Reduce pain, reduce suicide risk. Junction's VA Medical Center recognized for work it hopes](#) (19 September, Joe Vaccarelli, 192k uvm; Grand Junction, CO)

Grand Junction's Veterans Affairs Medical Center has been looked at as a leader in both rural care and pain management. Now the hope is that managing pain can lead to a reduction in veteran suicides. A group from the local VA Medical Center traveled to Washington, D.C.,

earlier this month to take part in an innovation program, in which different hospitals presented programs they had implemented.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune (AP, The Conversation): [The migration of same-sex couples to the suburbs is shaping the fight for LGBT equality](#) (18 September, Clayton Howard, 23.9M uvm; Chicago, IL)

This summer, the U.S. Supreme Court issued a ruling in the most important case involving same-sex marriage since it became legal in all 50 states. On its surface, the Masterpiece Cakeshop case looked like it was a contest about discrimination and the meaning of religious liberty. But the circumstances of the case may actually be more important than the decision.

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7.2 - KGTV (ABC-10, Video): [Veterans Summer Sports Clinic helping heal invisible wounds](#) (19 September, Amanda Brandeis, 2.1M uvm; San Diego, CA)

Veterans who've suffered life-altering injuries are in San Diego for a week-long journey. Put on by the U.S. Department of Veterans Affairs, the National Veterans Summer Sports Clinic exposes veterans to recreation and sports activities they might have once thought out of reach. Assisted by adaptive sports therapists and rehabilitation professionals, veterans participate in adaptive archery, surfing, sailing, kayaking, and cycling.

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7.3 - KATU (ABC-2, Video): [VA audit grounds Oregon vets hoping to use G.I. Bill to become pilots](#) (19 September, 1.5M uvm; Portland, OR)

Veterans in Oregon and across the country trying to use their G.I. Bill benefits for training are stuck on hold because of a scandal involving expensive schooling paid for by taxpayers. Some schools in the U.S. are accused of overcharging taxpayers for expensive classes under the G.I. Bill. One of the schools impacted by the subsequent audit is Portland Community College's Rock Creek Campus.

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7.4 - WITI (FOX-6, Video): [Show of respect: Arborists trim trees, tidy up Wood National Cemetery](#) (19 September, Jonathon Gregg, 1.5M uvm; Milwaukee, WI)

A show of respect happening across the country at our nation's military cemeteries happened in Milwaukee on Wednesday, Sept. 19 at Wood National Cemetery. In a setting more custom to silent reflection -- the sounds of a brash salute cut through. "We're out here today to remember them," said Lee Fredricks, Rainbow Treecare Company.

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7.5 - KMBC (ABC-9): [Arborists volunteer to clear, trim trees at Leavenworth National Cemetery](#) (19 September, Keleigh Gibbs, 1.1M uvm; Kansas City, MO)

Dozens of arborists volunteered their time to clear and trim trees at Leavenworth National Cemetery. "I think some of the nicest trees, largest trees are in cemeteries. Sometimes,

because of budgets, they get neglected," said Spencer Wicks, of Ryan Lawn & Tree. More than a dozen tree care companies have volunteered crews to help in the effort. "We want the cemeteries to not be like an arboretum, but be like an arboretum from the beauty of it," said Greg Krogstad, of Saluting Branches.

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7.6 - The Journal Gazette: [Banks visits facility for homeless vets. Says he wants to support needs of city's Safe Haven](#) (19 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Rep. Jim Banks toured the Richard Lugar Safe Haven for Veterans on Tuesday, hearing from officials and temporary residents at the homeless shelter. A resident told Banks, R-3rd, the shelter's staff had "helped me out a lot."

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7.7 - WHTM (ABC-27, Video): [Volunteers clean up Indiantown Gap National Cemetery](#) (19 September, 442k uvm; Harrisburg, PA)

Tree removal employees got together and donated a full days work at Indiantown Gap National Cemetery. The nonprofit Saluting Branches held its fourth annual volunteer event on Wednesday. Employees from Climb High Tree Service spent the day clearing overgrown and dead branches and trimming trees to maintain the beauty of the cemetery.

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7.8 - Midland Reporter-Telegram: [Event connects local veterans with services, resources About 15 percent of area veterans are homeless, program manager says](#) (19 September, Simone Jasper, 149k uvm; Midland, TX)

Whether a veteran was in need of a meal or a haircut, community members were available Wednesday to provide services. For Jessica Mitchell and others who served in the military, the Stand Down event was an opportunity to gain knowledge about local resources.

[Hyperlink to Above](#)

7.9 - The Herald-Dispatch: ['Stand Down' event assists area's homeless veterans](#) (19 September, Fred Pace, 192k uvm; Huntington, WV)

In the military, "Stand Down" afforded battle-weary soldiers the opportunity to renew their spirit, health and overall sense of well-being. On Tuesday, the Hershel "Woody" Williams VA Medical Center's Homeless Community Resource and Referral Center's 11th annual Stand Down event in Huntington afforded the same opportunity to homeless veterans in the region.

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7.10 - KWES (NBC-9): [Homeless Stand Down provides assistance to homeless veterans](#) (20 September, Phoenix O'Connor, 136k uvm; Odessa, TX)

West Texas VA Health Care System hosted Homeless Stand Down, an event dedicated to finding veterans that are homeless or at-risk of being homeless, right here in the Permian Basin. Once inside the hanger at High Sky Wing-CAF in Midland, dozens of booths all offering some sort of service were there to help.

[Hyperlink to Above](#)

7.11 - Muskogee Phoenix: [Doughboy gets a makeover](#) (18 September, Cathy Spaulding, 63k uvm; Muskogee, OK)

After more than 93 years the Doughboy statue at the Jack C. Montgomery VA Medical Center will get a fresh look. Workers from Wilbert Memorials are sandblasting years of residue from the bronze statue, "Spirit of the American Doughboy." The statue honors Native Americans who served in World War I.

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7.12 - KXLH (CBS-25, Video): [Suicide prevention teams honored in Helena](#) (19 September, John Riley, 57k uvm; Helena, MT)

The Montana VA honored the Substance Abuse and Mental Health Services Administration and the Department of Veterans Affairs Mayor's Challenge teams of Helena and Billings on Tuesday for their work in suicide prevention. The SAMHSA and VA Mayor's Challenge is a public health initiative that involves families peers and the community in preventing suicide among service members, veterans and their families.

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7.13 - WBUP (ABC-10, Video): [VA Medical Center hosting a Woman Veterans Healthcare conference](#) (19 September, Jordan Gulkis, 49k uvm; Ishpeming, MI)

The Iron Mountain VA Medical Center is hosting a Woman Veterans Healthcare Training Conference at Bay College. 70 participants from all over the region came to get training not only for women's health, but for women veterans. After 9/11 more and more females started entering in the military.

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7.14 - KUFM (NPR-89.1, Audio): [President Trump Signs Tester-Sponsored Veterans Bill Into Law](#) (19 September, Nick Mott, 41k uvm; Missoula, MT)

President Donald Trump signed a bill sponsored by Senator Jon Tester Monday that will give additional resources to treat veterans in the criminal justice system across the country. Tester served as chief co-sponsor of the "Veterans Treatment Court Improvement Act," which passed the Senate unanimously in February of this year.

[Hyperlink to Above](#)

7.15 - The Coronado Times (Video): [Veterans Gather in Coronado for VA's 11th Annual Sports Clinic](#) (19 September, 16k uvm; Coronado, CA)

About 120 Veterans from across the country were expected to participate in the U.S. Department of Veterans Affairs' (VA) 11th National Veterans Summer Sports Clinic in Southern California, which runs from Sept. 16th to the 21st. The annual gathering of Veterans with disabilities will feature cycling, surfing, sailing, kayaking, pickleball and archery at venues throughout San Diego.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [3 Accused of Trying to Manipulate US Government Contracts](#) (19 September, 23.9M uvm; Washington, DC)

Three people have been arrested on charges of trying to steer U.S. government contracts to specific companies in exchange for bribes or sham training fees. The U.S. attorney's office in Denver said Wednesday the three face charges including paying and receiving bribes and conspiracy.

[Hyperlink to Above](#)

8.2 - U.S. News & World Report: [Does What Your Doctor Wears Matter?](#) (19 September, Elaine K. Howley, 23.9M uvm; Washington, DC)

People have argued over what to wear for millennia. First impressions matter, and fashion has long been a highly visible signifier of a person's place within the community. In the hierarchical world of medicine, clothing can be an important signal to patients and other health care providers of everything from authority to cleanliness, and the white laboratory coat typically signifies the attainment of the highest rung on that ladder.

[Hyperlink to Above](#)

8.3 - KMGH (ABC-7, Video): [Brazen thief targets grieving visitors at Fort Logan National Cemetery](#) (19 September, Lance Hernandez, 2.1M uvm; Denver, CO)

When you're visiting a grave at Fort Logan National Cemetery, you don't expect to be victimized by a thief. But that's what happened to Sharlene Custenborder on August 29. "I had just finished babysitting my grandkids and thought I'd go see John," she said. John Custenborder, a Vietnam veteran, died 11 months ago, and was laid to rest on the east side of Fort Logan.

[Hyperlink to Above](#)

8.4 - WRIC (ABC-8, Video): [Congress votes to extend restrictions on deadly dog research](#) (19 September, Kerri O'Brien, 477k uvm; Richmond, VA)

After an 8News investigation, there's another roadblock for deadly dog research at McGuire VA Medical Center. Congress has now voted to extend its restrictions on dog testing at the Department of Veterans Affairs through fiscal year 2019. Under the legislation, (text on page 185) your federal tax dollars can not be used for the deadly dog experiments like the testing 8News uncovered at McGuire unless there is absolutely no other alternative to using dogs.

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1. [Top Stories](#)

1.1 - Reuters (Health): [One in three gun-owning U.S. veterans don't store weapons safely](#)
(19 September, Tamara Mathias, 43.7M uvm; New York, NY)

A substantial percentage of U.S. military vets store guns loaded and ready to use, according to an American study that could have implications for suicide prevention.

"American veterans have a higher suicide risk than demographically matched U.S. adults and most of their suicides are actually related to firearm injury," said lead author Dr. Joseph Simonetti of the Denver Veterans Affairs Medical Center in Colorado.

"On average, about 20 veterans die every day by suicide and about two-thirds of those suicides are firearm-related," he told Reuters Health.

Simonetti and colleagues surveyed a nationally representative sample of firearm owners in 2015, including 1,044 who had served in the military.

About 45 percent of veterans said they owned firearms – and one in three of those gun owners reported storing at least one weapon loaded and unlocked.

Only about one in five gun-owning veterans kept all their guns locked and unloaded.

Storing weapons loaded and unlocked was reported by 34 percent of male veterans who own firearms and by 13 percent of female vets who were gun owners, according to the study published in the American Journal of Preventive Medicine.

Respondents' personal beliefs tended to influence their storage decisions, the authors found. For example, storing a firearm loaded and unlocked was more common among people who said guns were not useful for protection if someone had to take the time to load or unlock them. This group also felt having a gun at home increased safety.

"One of the more interesting findings was that we asked veterans whether or not they agreed having a firearm in the home increases the risk of suicide for household members and only 6 percent agreed that a firearm in the home was a suicide risk factor," Simonetti said.

"But ... we also asked veteran firearm owners ... 'If somebody in your household is at risk for suicide, what would you do?' Eighty-two percent reported they would do something to limit firearm access for that household member. In fact, 25 percent said they would remove the gun from the home in that case."

The results "are confirming what I suspected would be the case," said Rajeev Ramchand, who studies firearm suicide prevention at research firm RAND Corporation in Washington, DC. "It is now incumbent upon us to develop communication campaigns and strategies to help shift people's internal perceptions of risks."

"It's a really great study because it really gives us a target for focusing on our suicide prevention campaigns," Ramchand, who was not involved in the study, told Reuters Health.

The study was funded in part by the department of Veterans Affairs. VA efforts to prevent suicide among former service members include training health care providers to discuss firearm safety and distributing firearm “cable locks,” which can be attached to a gun to block its barrel or the use of ammunition.

Gun control of any sort is a contentious topic in the U.S. But Simonetti believes both sides of the debate are likely to support safe storage practices.

“Nearly every gun advocacy organization out there including the NRA actually does promote the idea that guns should be stored safely when not in use,” he said. “I (just) don’t think most organizations have outlined exactly what that means.”

Ramchand is optimistic. “For so long we had a dearth of information about firearm storage. So this was a really great study to help us come up with data-driven policies and recommendations,” he said.

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1.2 - Business Insider: [43 years after the Vietnam war, many Navy veterans are still battling for benefits for potential Agent Orange exposure](#) (19 September, Caitlin Foster, 36.8M uvm; New York, NY)

Veterans groups are pushing a bill making its way through Congress that would extend VA benefits to tens of thousands US Navy veterans who were potentially exposed to Agent Orange while serving off the coast of Vietnam. The bill is the latest glimmer of hope for veterans who have fought for decades to receive the benefit, and would finally recognize their exposure to the toxic herbicide but come at an estimated cost of \$5.5 billion to US taxpayers.

The VA is attempting to delay this provision, saying that this vast increase in health care costs should only come after more study, which is likely to publish next year.

"Science does not support the presumption that blue water Navy veterans were exposed to Agent Orange," said VA Secretary Robert Wilkie in a letter to the Senate.

The letter is yet another roadblock facing Vietnam veterans who claim their health has suffered due to exposure.

Agent Orange was one of several chemical herbicides used during the Vietnam War to destroy enemy cover and food crops. Although primarily delivered via aircraft, the defoliant was also carried on vehicles, back-mounted equipment, and sprayed from ships.

Operation Ranch Hand lasted about a decade before a scientific study reported that one of the chemicals caused birth defects in lab animals. The military stopped its use of herbicides in 1971; throughout the next decade veterans began reporting instances of cancer and birth defects in their children.

The legitimacy of their claims would be argued for the next 20 years, until the Agent Orange Act of 1991 directed the VA to conduct research into the chemical's potential side effects. In the

decades since, Vietnam veterans have slowly started to gain recognition of their Agent Orange exposure and its sometimes life-threatening consequences.

As recently as 2010, the VA extended the list of diseases it would recognize as being linked to the herbicide. Just three years ago, the agency started accepting claims for veterans who served in Agent Orange-contaminated aircraft in the post-Vietnam era.

But since 2002, the VA took what advocates and veterans say was a step backwards by invalidating claims presented by blue-water veterans, saying there was no conclusive scientific evidence that the vets, who served in warships off the coast, were ever exposed to Agent Orange.

VA: Too much money, not enough science

The question is whether the veterans were exposed to the herbicide through chemical runoff that made its way into the South China Sea and was then converted into drinking water through the ships' distillation plants.

Where the ships were located makes all the difference.

The VA discredits arguments that US ships made water close enough to land to have used contaminated water. According to the Institute of Medicine, which is now known as the National Academy of Medicine, any chemical runoff would likely have been diluted by coastal waters before reaching the ships' intakes. But, as reported in extensive coverage by ProPublica, veterans have said ships often distilled water well within that range.

Surprisingly, both sides of the ordeal — the VA, which claims blue water veterans were not exposed and veterans advocacy groups that say they were — use the same IOM study to argue their side.

That's because the IOM merely states it is "possible" the Navy vets were exposed.

The VA now says that's exactly why they should wait before extending benefits to blue-water veterans.

In a Senate hearing on August 1, Dr. Paul Lawrence, the VA under secretary for benefits, noted this as just one of three reasons the VA opposes the bill.

One of the provisions would increase the fee charged to borrowers under the VA's home loan program. Lawrence said the VA is opposed to "increasing the costs that some veterans must pay to access their benefits."

He also maintained that the increased loan fees could not offset the costs associated with an extension of Agent Orange-related benefits. Secretary Wilkie's letter reinforced this idea, stating that Congress had underestimated the health care costs by a whopping \$5.4 billion. He also argued that the addition of tens of thousands of eligible veterans would only exacerbate an already extensive backlog of Agent Orange-related claims.

These arguments echo one made in July, just days before the Senate hearing, by former VA Secretary and Vietnam Navy veteran Anthony Principi. In an op-ed published in USA Today,

Principi argued that Congress should stand on the side of science and pass "sensible laws that maintain the integrity of our legislative process."

The Blue Water Navy Vietnam Veterans Act soared through the House of Representatives with a vote of 382-0. When — or even if — it will become law rests in the hands of the Senate Committee on Veterans' Affairs which, since receiving Wilkie's letter, has yet to decide.

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1.3 - U.S. News & World Report (AP): [Ex-VA Police Officer Gets Prison for Patient's Rough Arrest](#) (19 September, 23.9M uvm; Washington, DC)

INDIANAPOLIS — A former Veterans Affairs police officer who authorities say repeatedly struck a patient outside a VA hospital in Indianapolis has been sentenced to a year in prison.

Michael Kaim was sentenced Tuesday in U.S. District Court after pleading guilty to deprivation of civil rights. He also was ordered to pay a \$1,000 fine.

A grand jury indictment said that in April 2017 Kaim repeatedly hit the patient in the face, injuring him, as he was arresting the man outside Richard L. Roudebush Veterans Affairs Medical Center. The indictment alleged that Kaim, who was an officer at the Indianapolis hospital, had no legal reason to hit the man.

Kaim had said in an incident report that the man refused to comply with orders and acted aggressively toward him during the arrest.

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1.4 - Military Times: [As floodwaters recede, VA works to reopen locations hit by Hurricane Florence](#) (19 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials said department health care facilities in North Carolina escaped relatively unscathed from the damaging winds and rains of Hurricane Florence last weekend, and could be fully reopened in coming days.

But first, the floodwaters have to recede.

"The issue for us right now is all the water flowing around our sites," said James Laterza, director of the Fayetteville VA Medical Center in North Carolina. "Some of our staff live across rivers that are flooded, some of the roads still aren't open. We don't want to do anything that would be unsafe."

Numerous VA medical sites along the state's coastline remain closed days after the powerful storm dumped up to 30 inches of rain on some sections of the state.

At least 36 deaths have been blamed on the storm, and nearly 200,000 state residents are still without electricity as officials work to clean up the damage.

In advance of the storm, officials at the Hampton VA Medical Center in Virginia evacuated 86 patients to facilities further north as a precautionary measure. Other sites in several coastal states were shuttered in the days leading up to the hurricane's landfall.

Laterza said officials in the Fayetteville system had similar discussions, but opted not to move any ailing veterans out of concern the transportation posed more risks than sheltering in place. The main hospital experienced minor power issues during the storm but no significant threat.

And despite the widespread damage around the state, Laterza said VA officials have found only minor damage at affected facilities, with the exception of one building at Camp LeJeune where a roof collapsed. But that location only handles disability ratings and not medical emergencies.

"One or two other sites may need some dry wall replaced, but it's all minimal damage," he said.

More than 5,000 patient appointments were cancelled because of the hurricane and its aftermath. Laterza said officials are working with VA surge teams to make up those missed visits and reach out to individuals who may have been affected.

For example, a VA Mobile Medical Unit will deploy to Havelock, North Carolina, on Thursday to assist locals there with any medical needs. The VA clinic in Morehead City saw only minor damage, but is expected to be closed for the foreseeable future because of flooding in the area.

The mobile unit includes two exam rooms, telehealth capability, and an arrangement with local pharmacies to provide veterans their medications.

Along with remaining flooding issues, Laterza said the biggest challenge to reopening all of the region's VA clinics is the power grid. Larger facilities have generator backups, but smaller sites will have to wait until utility crews get electricity working again before welcoming back patients.

Laterza said supervisors have also been reaching out to employees to make sure their families are safe, and to see when they'll be able to return to work. The Fayetteville system has about 2,200 staffers. Already, 140 have reported significant home damage, including two whose houses were destroyed.

"We had a few folks who had to shelter in our facilities during the storm, because it wasn't safe to get home," he said. "We emphasized to supervisors to listen to their employees, make sure their staff was safe. Now, our sense is a lot of folks are motivated to get back to work to help."

Veterans looking for the status of their local VA facilities can check their status online or call the National Veteran Hotline at 1-800-507-4571.

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1.5 - Stars and Stripes: [Students using GI Bill receive incorrect housing payments due to VA technical errors](#) (19 September, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — About 340,000 students attending school using the GI Bill received slightly smaller housing payments in August than they're eligible for under federal law, according to the Department of Veterans Affairs.

Monthly housing allowances help student veterans pay for their housing costs, utilities and food. Veterans who started the 2018-2019 school year last month received incorrect payments caused by delays at the VA Office of Information and Technology with complying to new rules on how stipends are calculated.

The VA is still working to fix the problem, and officials have not said whether this month's payments will be corrected.

In a letter this week to VA Secretary Robert Wilkie, 15 veterans groups described it as "an organizational and customer service failure at the highest level."

"These incorrect payments are asking veterans, their families, and schools to bear the burden of VA's problems," the groups wrote. "They have left students and schools confused, with improper payments, and absent a clearly articulated timeline for when these issues will be fixed."

Last year, Congress approved the Forever GI Bill, which included numerous changes to veterans' education benefits. One change calls for calculating veterans' housing allowances based on the ZIP code of the campus where they attend classes, rather than defaulting to the main campus.

Because of technology problems, the VA failed to meet an Aug. 1 deadline to implement the change. VA officials told lawmakers that it would be done by mid-August, but that deadline came and went, too, without a fix.

When the fall semester started, the VA sent student veterans their housing allowances based on 2017 rates. For about 340,000 students, that means they received payments that didn't account for cost-of-living increases in 2018. According to the VA, the incorrect housing stipends were an average of 1 percent less than they should have been.

In Fort Collins, Colo., the difference between the amount veterans received and the amount they are entitled to receive was \$138 per student.

Marc Barker, director of adult learner and veterans services at Colorado State University in Fort Collins, said student veterans are flooding his office with questions about the incorrect payments.

About 1,400 students at Colorado State are veterans who use VA education benefits. They're adult students, and in some cases have mortgages and children, Barker said.

"Many of them have outside responsibilities, and they've made the transition back to higher education in good faith that their benefits will be delivered to them on time and accurately," he said. "They're counting on that. When that's not happening, it becomes a barrier to their success in the classroom. They're focused and worried about these things they shouldn't have to be concerned about."

The VA isn't communicating with affected students, Barker said, and Colorado State hasn't been able to receive concrete answers from the agency to share with students. If veterans at Colorado State receive incorrect payments again when housing allowances are dispersed at the end of September, the school is prepared to pay the difference to each affected student in October, he said.

"They're kicking the can down the road," Barker said. "What we're losing site of is the impact on the students."

The 15 veterans groups who wrote to Wilkie also charged the VA with not being upfront about the problems.

"It took several weeks into the current semester before any communication was sent to students, and schools have received little information beyond, 'wait and see,'" their letter reads. "Transparency on what to expect and when to expect it, from all levels of leadership at VA, is critical to helping students and schools make informed decisions."

On Wednesday, VA Press Secretary Curt Cashour said the VA is continuing to run tests on the new IT program that will be used to calculate housing stipends and will begin using it "as soon as possible." Students who are underpaid will get that money back once the fixes are made, he said.

Elsewhere, some veterans are receiving payments that are too much because of changes in cost-of-living from 2017. Cashour said the VA would not require students to pay back the excess amounts.

The 15 groups that wrote to Wilkie want reassurance.

"VA should strongly stress to students and schools that they will not bear any undue financial burden for [the VA Information Technology]'s delays," they wrote.

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1.6 - WBUR (NPR-90.9, Audio): [Boston's VA Adds Overdose-Reversing Naloxone To AED Cabinets](#) (19 September, Martha Bebinger, 1.1M uvm; Boston, MA)

It was at least 10 minutes from the time a housekeeper pushed into a bathroom on the Brockton VA campus and found a man on the floor to the time paramedics arrived.

They used naloxone, common brand name Narcan, to reverse the man's opioid overdose. Brain damage can begin after just five minutes without oxygen.

Pam Bellino, patient safety manager for VA Boston, which includes Brockton, read the incident report back in December 2015 with alarm.

"That was the tipping point for us to say, 'We need to get this naloxone immediately available, without out locking it up,' " she said.

The easiest way to make naloxone immediately available, Bellino reasoned, would be to add the drug to AED cabinets — those metal boxes on the walls of VA cafeterias, gyms, warehouses, clinic waiting rooms and some rehab housing.

The Boston VA was already training patients addicted to an opioid to use naloxone, as well as the staff who treat them and VA police. Stocking AED boxes would mean everyone, from veterans to the general public, could reach for naloxone if needed to reverse an overdose at a VA facility in Jamaica Plain, West Roxbury and Brockton.

Bellino started with one AED cabinet in 2016, and kept adding. Now 41 of 50 defibrillator boxes on all three VA campuses include naloxone. The kits have been used to reverse two overdoses so far.

Giving naloxone to someone who has not overdosed is not harmful, but it is a prescribed drug. So Bellino says the VA had to persuade the accrediting agency The Joint Commission to approve guidelines for the AED naloxone project.

The cabinets must be sealed and alarmed so staff can tell if they've been opened. They must be checked daily and refilled when the naloxone kits expire. The commission did not agree to let the VA paste the words "naloxone" or "Narcan" on the cabinets doors to alert the public that the drug is inside, but did allow the VA to paste the letter "N."

In December, the project will expand nationwide, as VA hospitals across the country will add naloxone to their AED cabinets.

"The overwhelming evidence is that it just saves lives," said Dr. Ryan Vega with the VA's Center for Innovation. "We're hopeful that other health systems take notice and think about doing the same."

Bellino says that's critical for veterans. Citing 2005 death data, Amy Bohnert, an investigator with the Ann Arbor VA, says vets have nearly twice the risk of overdose, compared with civilians. She says it isn't clear why veterans are more likely to OD, but many do have complex medical conditions.

"Some of that's related to combat exposure," Bohnert said. "They've got mental health treatment needs. They may have injuries that result in them being more likely to be prescribed opioids than your average person. And all of these things can impact their risk of overdose."

A smattering of schools, airports, churches and employers around the country have added naloxone to their AED cabinets.

Some are stocking other lifesaving tools as well: tourniquets to stop bleeding after a shooting; EpiPens to keep airways open; and even injectors to treat diabetic shock.

Dr. Jeremy Cushman leads a project at the University of Rochester that has placed both tourniquets and naloxone in 80 AED cabinets across that campus as of July.

"This system is already in place," Cushman said. "The question is, how can we leverage it to save more lives?"

Cushman says there are challenges to turning AED cabinets into mini emergency medical stations. Medicines can't be left outside during extreme temperatures. They are expensive and expire.

Those are all challenges Dr. Scott Weiner has encountered while developing street-level dispensing stations for naloxone.

And then there's the belief among some that naloxone enables drug use by offering an assurance of life after an overdose. Weiner says that attitude is waning and as it does, the public may be more open to other controversial, lifesaving measures.

"Naloxone is kind of the lowest barrier for people to understand, where someone has already overdosed and we're going to give them the antidote," said Weiner, who is president of the Massachusetts College of Emergency Physicians. "The leap to giving them needles [through a needle exchange] or allowing them to inject in a safe space, that's just another level of acceptance that people will have to get to."

The VA's Bellino has a quick response for naloxone skeptics.

"Think of this as you would a seat belt or an airbag," she said. "It by no means fixes the problem, but what it does is save a life."

Her hope is that AED manufacturers will start selling cabinets that fit the new hospital accreditation standards. In Boston, the VA drilled holes in its AED cabinets and uses a plastic tie to create the required tamper-proof seal.

Zoll Medical, which makes the cabinets used by the Boston VA, declined comment about whether it plans to roll out an AED cabinet equipped with naloxone, tourniquets or other items.

Elijah White, the VP for marketing, says the company knows its boxes are becoming repositories for other lifesaving equipment and has no objections.

"Anything that increases the utility of those cabinets so that people who invest in them can get more out of it, anything that increases visibility and the importance of being prepared for an emergency is good for everybody," White said.

So if you see an overdose and are near an AED cabinet that includes naloxone, here's the instruction sheet you'll find inside.

If you'd rather prepare by watching a video, this is what the VA offers.

The Boston VA counts 132 lives saved through all three parts of its naloxone project: training high risk veterans, equipping police and the AED cabinets.

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1.7 - Northwest Arkansas Democrat-Gazette: [New tool helps VA assess patient Rxs. System works to identify drugs to 'deprescribe,' better aid person, save money](#) (19 September, Rachel Herzog, 162k uvm; Fayetteville, AR)

By the time Dr. Sara Swathy Battar sees patients at the Veterans Affairs hospital in North Little Rock, they often have long lists of medications.

It struck Battar, the associate chief of staff for geriatrics and extended care for the Central Arkansas Veterans Health Care System, that there was no standardized medical tool for taking patients off their medications.

After some time, the same drugs that once saved someone's life are no longer needed and can have unpleasant or dangerous consequences.

"Every medicine is a poison with a desirable side effect," Battar said.

In 2016, Battar and her team developed a "deprescribing" method, which has saved the central Arkansas VA millions in cost avoidance and is now beginning to be implemented across the country.

The tool, called VIONE, uses five categories to help health care providers, patients and families work together to identify medications that are necessary and helpful and those that are not needed, which should be "deprescribed" -- stopped or decreased.

Battar's collaborators on the project were academic detail pharmacist Kim Dickerson and Tim Cmelik, chief of pharmacy for the central Arkansas VA.

The V in VIONE stands for vital, lifesaving medications that a patient should continue taking, such as diabetes medication. The I stands for important -- quality-of-life medications that improve the way a patient feels, such as those that treat pain and constipation. Those should also be continued, Battar says.

The O stands for optional, representing medications that don't make any difference in how a patient feels and could be discontinued.

"It's a chemical in your body," Battar said.

The N is for not indicated -- medications that do more harm than good and should be stopped.

Every medication has a reason to be taken -- that's the E, and one of Battar's mantras. If a patient or his family isn't sure why the patient is taking something, he should consider getting off it, Battar says.

Since VIONE was implemented at the central Arkansas VA about 2½ years ago, the method has saved the system an annualized cost of about \$2.5 million. The team reviewed more than 8,000 veterans' medical regimens and "deprescribed" more than 14,000 medications -- an average of 1.7 medications per person reviewed, Battar said.

It's a simple approach, but it's something patients and families often don't think about, Battar said. Hot Springs resident Kim McCraw said she hadn't.

THE SPARK

McCraw had cared for her husband, Tom, by herself for eight years. The Air Force veteran had been diagnosed with early-onset Alzheimer's disease at age 55. The disease had transformed "a man who had the patience of Job" into someone who was constantly agitated and unable to communicate, she said.

He was prescribed low doses of antipsychotic drugs, then hospitalized. The illness, along with the four medications he was taking, eventually put him in a fog, nearly sedating him, she said.

Then Battar proposed taking him off one drug at a time to see if it would make a difference.

"The same medication that helped fix this man -- maybe he didn't need it anymore," McCraw said.

Later, when VA staff members called her to say that her husband was up and walking, she thought they were talking about the wrong patient. Her husband hadn't walked in months.

As the Alzheimer's took its toll, McCraw said her husband wasn't always verbal, but going off some of his medications during his last months of life returned the "spark" of who he was previously. He died in April.

Because of that, she said, her memories of the visit the day before he died are ones where he was mentally present and loving. She remembers his joy while listening to music, him telling her that her purple shirt looked beautiful, him telling her that he loved her.

"It didn't save his life, but it gave him a quality of life in his last months that he would not have had otherwise," McCraw said. "They brought a piece of him back."

THE RIPPLES

Many of her patients are elderly or frail, Battar said. They can have a plethora of ailments, ranging from long-term illnesses to past injuries, with prescriptions to match.

The thought of someone on so many medications toward the end of his life makes her squirm, Battar said.

Some might have seen a private specialist for aches, pains and other complaints, while others might have a health condition such as diabetes. Some might get over-the-counter medications for constipation, headaches, stomachaches, coughs, colds and other conditions that go away in a few days.

"They do not realize that all of those medicines can fight with each other," Battar said.

Additionally, some patients may not consistently take all of the medications they are prescribed, but get refills anyway, which is costly for the VA. Lots of prescriptions can also result in opioid addiction and abuse, Battar said, which is something else her system can address.

Nationally, about 40 percent of adults aged 65 and older were taking five or more medications in 2010, compared with about 13 percent in 1998, according to a 2010 study from researchers at Oregon State University.

VIONE was identified as a "gold status" practice in a Shark Tank-style competition encouraging innovative practices in the national VA system in 2017. It was selected for national dissemination in May by the U.S. Department of Veterans Affairs Diffusion of Excellence office.

Battar has shared the method with 26 other VA hospitals across the nation, at their request, she said. Some have already started implementing it. She said she hopes VIONE will become a household name in the medicine world.

"We have created some small ripples, and now we are seeing some huge tidal waves," Battar said.

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2. Greater Choice for Veterans

2.1 - Bennington Banner: [Rep talks transportation, privatization at VA clinic](#) (19 September, Christie Wisniewski, 69k uvm; Bennington, VT)

During his Wednesday visit to Bennington, Congressman Peter Welch stopped by the VA Community Based Outpatient Clinic (CBOC) to tour the facility and discuss what measures Congress can take to help Veterans Affairs clinics offer the best care to those who have served.

He described the potential of VA clinics becoming privatized as a "catastrophe" and admitted that Congress is "part of the problem" regarding nationwide issues with VA clinics.

The conversation began with Welch talking to clinic employees about the many generations of veterans who seek physical and mental health care from these clinics and how PTSD therapy is conducted within the clinic.

Before the sit-down meeting, Welch toured the facility with Medical Director Joshua Samuelson, who explained the clinic's telehealth technology. Telehealth allows veterans to get specialty care in Bennington instead of driving to the White River Junction VA Medical Center. Dermatology and foot care are some of the options available with the clinic's telehealth technologies.

Welch said the general aspect of VA clinic support is bipartisan, but the issue of whether or not to privatize clinics is an "ideological battle."

"The cost of war needs to involve the cost of veteran care," he said.

Welch told a story of his dentist brother who worked at a VA clinic once a week and observed many troubles within the clinic. For example, there were rules against what medical issues he could and could not treat, and he was not allowed to offer a patient a ride home if they did not have someone to drive them.

This led to a discussion between Welch and clinic workers about the dire need for transportation. Many veterans are unable to attend important appointments because they cannot drive or do not have easy access to public transportation to take them there.

One clinic employee noted that the Vermont Veterans Outreach Program set aside part of its funding to transport veterans to appointments.

However, this funding was recently taken away due to liability concerns and there is no longer transportation offered to veterans who need to come to an appointment.

"Let's check that out," said Welch, assuring clinic employees that he will speak to his fellow Congress members about the concerns they addressed.

He noted that there seems to be a general commitment to VA funding in Congress, but there are still many issues within the clinics that need to be addressed.

"It feels like much more of a managerial issue," he said.

Welch started his day locally with a visit to Mack Molding in Arlington and finished it with a visit to the Bennington Rescue Squad.

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3. Modernize Our System

3.1 - The Spokesman-Review: [Spokane veterans medical center stops media tour with Cathy McMorris Rodgers to avoid violating federal election law](#) (19 September, Will Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law.

The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

Upon arrival for the tour, McMorris Rodgers and her press secretary, Jared Powell, disagreed that the tour violated the law, saying it wasn't a campaign event.

"Not everything is political," McMorris Rodgers told Michael Murphy, regional VA network director, who barred the media from the tour at the last minute after learning The Spokesman-Review was invited.

"I have to protect my folks from political violations," Murphy said.

The tour was delayed for about 20 minutes while both sides discussed the law, but eventually Murphy said that media could not join.

"I think it's just being a little too careful," said House Veterans Affairs Committee Chairman Phil Roe, R-Tenn., who accompanied McMorris Rodgers on her tour of the clinic. Both of them toured the location last year.

On the tour, McMorris Rodgers would have seen improvements like the addition of computer terminals to admit patients, said Bret Bowers, spokesman for the VA's Spokane hospital.

"The terminals help increase patient access and patient flow," he said.

"It's disappointing media were not given access to the announcement about the reopening of 24-hour urgent care facilities at the Spokane VA – which Cathy pushed to make happen," wrote Powell in a statement.

"It's a big win for Eastern Washington's veterans and one more example of how she's making the VA deliver the high-quality care that our veterans have earned."

Powell said McMorris Rodgers still is pushing to expand the 12-hour clinic to a 24-hour clinic, something she's been fighting for since 2014 when the 24-hour emergency room at the Spokane VA location shut down.

Bowers said the current hours for the urgent care clinic are 7 a.m.-7 p.m. until further notice.

About a year ago, urgent care center director Dr. Terese Kincaid came to the VA Mann-Grandstaff Medical Center after working in private health care and helped make positive changes in the clinic, Bowers said. She redesigned the clinic and patient flow and helped with recruiting physicians.

"We know that the patients are experiencing it and appreciating it," Bowers said.

The Mann-Grandstaff VA Medical Center was picked as a flagship location to adopt a new electronic filing system, with a target date of 2020.

"That's a \$10 billion project for VA-wide, and we're the first to embark on it," Bowers said.

The new filing system, developed by the CERNER Corp., will ultimately match up with private sector, he said.

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3.2 - KYTV (NBC-3, Video): [New VA clinic to open in Harrison, Arkansas](#) (19 September, Caitlin Sinett, 818k uvm; Springfield, MO)

HARRISON, Ark. - The VA clinic in Harrison is currently located at the Main Street Medical Clinic, but Valor Healthcare will now be operating a new clinic, at its new location.

It will be located at the Ozark Crossing Plaza. And Valor Healthcare hopes to open it some time in October.

Jimmy Phillips, the director of outreach with Valor Healthcare, said, "It's important for the communities to know you're really getting a contractor that is made up of veterans. Sort of the for-veteran by-veteran concept really try hard to make that apparent to the veterans."

The community-based outpatient clinic in Harrison serves around 1,500 veterans.

Doug Bourquin, the Boone County veterans service officer, said, "As a veteran I think yes we're patients just like everybody else. But I think there's special needs that we can represent. Because of our service time, there may have been things that we were involved with that a normal doctor may not be familiar with."

Phillips said, "I'm a veteran of the United States Navy, and service connected to a disabled veteran, so I use the VA personally. So I'm a huge supporter of the concept and value of having a community-based out-patient clinic serve any area."

But the Boone County veterans service officer says many veterans don't know the services they have available to them.

Bourquin said, "They need to know these services are here. They can come down to this office. They can make a phone call. Whatever it needs to be to get enrolled. But if they're not familiar or haven't used the services. Come see me and let's talk about it."

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3.3 - WKBN (CBS-27, Video): [Some veterans would be against moving Youngstown VA clinic to Northside building](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

Ever since the owners of Northside Hospital announced they were closing on Thursday, there's been talk of what to do with the building.

One idea is to relocate the Youngstown Veterans Administration (VA) clinic on Belmont Avenue, which is now on a month-to-month lease until a new site is found.

"Do I believe in my mind, in my heart that the clinic should go there? No, I'm dead against that. I want that new building that was promised to me," said Leo Connelly, a veteran.

That promise came from President Donald Trump last year when he visited the Valley. Ever since then, Connelly and fellow-veteran Carl Nunziato have been working with the current owner of the clinic on a new facility to be built behind the existing one.

"The owner of that hospital now has committed \$7 million to build a new clinic there," Nunziato said.

Their plan was submitted last August after the VA asked for what's called an "Expression of Interest."

"There's a lot of competition for this, the future home of the Youngstown VA clinic," said the VA's Jose Salcedo.

Salcedo says the next step will be to request formal proposals from would-be developers.

"After that timeline, we will convene a technical evaluation board. We will review those proposals and determine what's the best value for the government," Salcedo said.

Historically, the VA prefers leasing its facilities rather than owning them and then having to pay for maintenance. Local veterans believe using Northside would mean a repeat of what's been experienced at Oakhill Renaissance Place, which had also been a hospital.

"Everybody loved that they bought it for \$75,000, but now that they have \$18 million in it -- don't have it 50 percent renovated -- they're having second thoughts about this building. That's what I don't want to see happen with Northside," Connelly said.

"It's an old building full of asbestos. It doesn't fit the mold of what the VA wants -- they want a one-floor plan," Nunziato said.

But that's not to say these veterans don't see any use for Northside.

"We may have the golden ticket if you will," said Brian Kennedy, a veteran.

The group believes there are still a number of potential uses for the hospital, from a prosthetics lab to mental health and drug counseling services, even nursing home facilities for veterans, depending on the needs of the VA.

"We just have to look at what's the greatest need across the Department of Veterans Affairs, ask that right question," Kennedy said.

The veterans believe any use of Northside by the VA will be far down the road. A new clinic could be built and open in the next two or three years.

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3.4 - Health Data Management: [Senate panel approves Trump nominee to serve as VA CIO](#) (19 September, Greg Slabodkin, 143k uvm; Chicago, IL)

James Gfrerer, the Trump administration's pick to serve as chief information officer at the Department of Veterans Affairs, is a step closer to overseeing the VA's IT infrastructure.

The Senate Committee on Veterans' Affairs on Tuesday approved Gfrerer's nomination, which now moves to the full Senate for a vote on his confirmation.

If confirmed, Gfrerer would oversee the implementation of a \$15.8 billion VA electronic health record modernization program, which is slated to replace the decades-old Veterans Health Information Systems and Technology Architecture.

"It's going to take a concerted effort to maintain VistA—for example—for nine to 10 years," Gfrerer testified on September 5 before a Senate hearing to consider his nomination, referencing the fact that the maintenance of the VA legacy EHR will continue until a new commercial-off-the-shelf Cerner system is fully deployed.

On Monday, the VA issued an amendment to its request for information in order to provide an update to industry on its plans to procure maintenance and support services for VistA. The agency now anticipates issuing a request for proposal on General Services Administration Federal Supply Schedule 70 around September 21.

"There are approximately 143 VistA facilities including numerous VA medical centers, VA Veterans Integrated Service Network (VISN) data centers, and Regional Data Processing Centers operating hundreds of Alpha/VMS-based systems in support of VistA platforms throughout the United States, as well as San Juan, PR and Manila," states the agency's scope of work. "Due to the mission critical nature of the VistA and VistA Imaging systems, VA's objective is to ensure these systems are operational and accessible without interruption."

Among the VA's VistA requirements are that the contractor maintain a fully updated, operational and tested system—referred to as "Recoverall"—which is to be available at all times, ready to ship immediately upon request by the agency.

“This Recoverall system shall have the ability to operate VistA or VistA Imaging operations at any VA medical center or facility, excluding the Regional Data Processing Center (RDPC) installations,” according to the agency, which noted that “from 2008 to 2018, Recoverall has been invoked four times” and that “as the equipment in the field ages, we expect this to grow at least one event per year.”

Based on his military experience, Gfrerer told a Senate confirmation hearing earlier this month that he has an understanding of the “intricacies of IT legacy systems and large-scale IT projects” to successfully execute the VA’s transition from VistA to the Cerner EHR.

Previously, Gfrerer worked as an executive director with Ernst & Young in the firm’s cybersecurity practice. Before joining the consultancy, he served for more than two decades in the Marine Corps and was a Department of Defense detailee to the State Department, where he led interagency portfolios in counterterrorism and cybersecurity.

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3.5 - DCMilitary.com (Andrews Gazette): [Veterans welcome new Community Based Outpatient Clinic in Montgomery County](#) (19 September, Bobby Jones, 45k uvm; Gaithersburg, MD)

After 10 years of planning and major renovations, the Washington DC Veterans Affairs Medical Center opened its newest Community Based Outpatient Clinic (CBOC) during a ribbon cutting ceremony in Gaithersburg, Sept. 7.

The first of its kind in Montgomery County the new CBOC will expand health care services to approximately 45,000 veterans. The 11,600-square foot facility surrounded by plenty of parking space, offers a primary care, mental health, women’s clinic, a space for telehealth technology, patient education, hearing aid fittings and specialty care. Additionally, it offers a shared space for community partners who offer free services to veterans.

Various veteran service organizations, active duty and war veterans cheered the platform of DCVA leadership and invited elected officials as each spoke about the long-awaited facility coming to fruition.

“The heroes beyond the patients here are the CBOC team and others that have worked into putting this clinic together,” said Charles Faselis, M.D., Acting Dir., Washington DC Veterans Affairs Medical Center during welcoming remarks.

Addressing the audience, Faselis stated, “I set here this morning with the extraordinary feeling of pride and happiness in the VA mission, because today we’re exhibiting our commitment to care for those that have borne the battle — those who have worn the cloth of the mission — some of which have made the ultimate sacrifice. Thank you, Montgomery County, thank you City of Gaithersburg for welcoming us to this new space.”

Among the distinguished guests were Raymond Chun, M.D., Acting Network Director, VISN 5, Maryland Senators, Ben Cardin and Chris Van Hollen, County Executive Isiah (Ike) Leggett and Gaithersburg Council Member, Mike Sesma, representing Gaithersburg Mayor Jud Ashman.

"This has been a long time coming, so it's a great day when you can arrive at your destination. We've been working hard to provide these health services to our veterans in this area," Maryland (D) Senator Christopher Van Hollen Jr., said. "These are men and women who have either been fighting or willing to fight for our country. They shouldn't have to fight through hours of traffic to get the health care that they need, and a grateful nation owes to them," Van Hollen said. "Today we are putting an end that at this brand new CBOC. This was a 'Team-Maryland effort, said Van Hollen, referring to the congressional and state support.

Maryland Senator (D) Ben Cardin noted, "In this year's budget \$78.3 Billion for our veterans, we are committed to protecting our veterans," Cardin said. "Our entire team for Montgomery County has been focused on this issue. We want to honor our veterans with our words and our deeds. Today, we are honoring them with our deeds, to make sure they have a first-class facility, conveniently located to carry out our commitment to ensure that their healthcare needs are met.

At the end of the brief speeches, Councilmember Mike Sessa read a proclamation on behalf of Mayor Judd Ashman which read in part "Veterans Affairs Community Based Outpatient Clinic Day in the City of Gaithersburg, In honor of your grand opening and recognition of the vital care you provide to veterans and their families in the Gaithersburg community, men and women who have given so much in service to our community, congratulations and best wishes for continued success in the future."

Afterward, the official party ceremoniously cut the ribbon, opening the spacious facility to a guided tour by Robin Peck, Women's Health Medical Director and CBOC, Physician Team Leader.

"Right now, our schedule is wide open. We have two health providers who have zero patients each," Peck stated. "We're starting on Sept. 17, so the goal of the VA is Most facilities have patients within 2 weeks. I think most facilities are meeting that goal between two weeks and 30 days for new patients." She explained having a scheduled appointment allows the team to prepare to know what's needed, to line up all the other additional services. "Patients coming to the Women's Clinic a veteran can have a physical exam, meet with a psychologist, have their mammogram all coordinated in one day," she said. She stated, "The clinic has the capacity of helping 400 – 500 care teams, which roughly translates to nearly 7000 patients."

"It's a beautiful facility. I look forward to it opening because I'm only about 15 minutes from here," said Ken Johnson, a former Marine veteran of five years, referring the ribbon-cutting ceremonies for the Washington DC Veterans Affairs Medical Center's newest Community Based Outpatient Clinic (CBOC) in Gaithersburg held Sept. 7.

"Before I had to go all the downtown to DC, which was problematic because of the parking situation. My other recourse was to travel out to a clinic at Fort Dietrich, which was a long drive, but there was no traffic," said the Vietnam veteran. "All the staff that I've talked to here are very friendly and knowledgeable. I've already made appointments, I'm checked into the system and they know me. I've found the VA to be very helpful," noted Wayne Miller, Director, Silver Spring Veteran Center Department of Veteran Affairs. "To me, this grand opening means better access to VA health care, especially in Montgomery County."

The Marine veteran of four years, who was severely wounded in Vietnam, explained his "windshield-time" on the road would be shorter due to the close proximity of the clinic.

"We've had to travel so far for so long, that this community-based outpatient clinic will be better for me because I live in Aspen Hill, which is only a hop, skip and jump from here," Miller said. "I'll be able to come here for care rather than going to DC, Baltimore, Martinsburg, WV., or up to Fort Dietrich or Joint Base Andrews. This will be a wonderful addition to Montgomery County. They have audiology, primary care, and they also have women's health care which hasn't been for a long time," he said. "Pharmacy consultations will be a lot nicer coming here rather than having it mailed to you," said the above-the-knee amputee. "I have constant stump and weight issues. The VA has been superb to me. I've been blessed," Miller said.

Veterans in Montgomery can make an appointment by calling the Patient Service Center at 202-745-8000, option 2. The clinic is located at 15810 Gaither Drive, Gaithersburg, Md. Clinic hours are 8 to 4:30pm, closed on federal holidays.

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3.6 - WGLT (NPR-89.1): [VA Selects Outpatient Clinic Site In Bloomington](#) (19 September, Eric Stock, 500 uvd; Normal, IL)

Veterans in McLean County will soon have closer access to health care.

VA Illiana Health Care System in Danville has announced a location for a new outpatient clinic at 207 Hamilton Road in Bloomington at the former Career Link office.

Todd Oliver, public affairs officer for VA Illiana, said the building will be expanded into a 20,000-square-foot facility in a projected \$6 million project.

"It's going to be quite a large facility," Oliver said. "We just believe it's going to be a really great opportunity for the veterans living in the area to have their VA care a considerable distance closer to their homes."

The closest VA facility is currently in Peoria. It also has offices in Decatur, Springfield, Mattoon and Danville.

The clinic will offer primary care, mental health services, prescription and other services.

Oliver said the facility is intended to serve an estimated 22,000 veterans in McLean, Livingston, Tazewell, Ford, Iroquois and Woodford counties.

"There's kind of a large gap in that area," Oliver said. "We felt by putting a VA clinic there, we could really save some veterans some time as they access the health care they have earned."

The clinic is scheduled to open in summer 2019.

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4. [Focus Resources More Efficiently](#)

4.1 - Stars and Stripes: [Police officer gets year in prison for assaulting veteran at VA hospital](#) (19 September, Will Morris, 1.5M uvm; Washington, DC)

A former police officer at a Veterans Affairs hospital in Indianapolis was sentenced Tuesday to a year in prison for assaulting and wrongfully arresting a patient.

Michael Kaim, 28, pleaded guilty in June for violating the veteran's civil rights in connection with the incident, which occurred in April 2017 at the Richard L. Roudebush Veterans Affairs Medical Center.

The man, identified only as "D.J.," told Kaim and another officer named as "D.W." that he was a patient and employee at the hospital, according to court records. After D.W. told the patient that the clinic he sought to visit was closed, Kaim shoved the man out of the medical center building, pushed him up against a wall, threw him face first to the sidewalk and punched him in the head some six or seven times, according to court documents.

The assault and arrest came after an earlier encounter in the hospital between the patient and the two officers, in which Kaim swore at the man and told him to leave for being disruptive, according to court records.

"When excessive force is used by police officers against members of our community, particularly our veterans, it erodes confidence in our justice system and does irreparable damage to public confidence," U.S. attorney Josh Minkler said in a statement Tuesday. "Anyone who violates the civil rights of others will be held accountable."

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4.2 - Iowa City Press-Citizen: [Retired VA nurse volunteering in Hurricane Florence recovery](#) (19 September, Hillary Ojeda, 195k uvm; Iowa City, IA)

Bryce Henson, 62, of North Liberty drove around Marion, South Carolina taking notes as he looked at about 40 homes with flood damage on Tuesday, Sept. 18.

As a Red Cross volunteer, this was his first day in the field of what would be two weeks helping locals recover from Hurricane Florence.

Marion, like many towns in the region, was hit hard by the hurricane last week as waves of rain forced rivers and creeks out of their banks. Around 40 volunteers from the the South and Eastern Iowa Chapter of American Red Cross are currently in the Carolinas, helping victims recover from the storm, said executive director Pami Erickson.

Henson is a damage assessment volunteer, driving from home-to-home in flood areas, taking note of damage. He said it's a satisfying role, doing what he can to help people during hard times.

"It's just the tip of the iceberg," Henson said about the 40 or so homes he looked at on his first day.

Like the owners of the homes in Marion, people who evacuated and haven't been able to return home have no way of knowing what kind of damage they'll face when they return. They also don't know when they'll be able to return home.

In addition, many can't afford alternative housing or food to hold them over in the meantime.

Red Cross volunteers like Henson drive through areas and provide assessments so that the Red Cross can then grant funding to families that need assistance.

Before home inspections, volunteers talk to police officers and firemen who tell them where the hardest-hit areas are. In teams of two, they drive home-to-home taking notes of structural damage.

"There's lots of flood damage," Henson said about the towns he's seen so far. "Not a lot of structure damage."

Staying in a shelter based in Florence, South Carolina, he said he's expecting to see many more towns like Marion.

After arriving in Florence Monday, he said he's come across other Iowans also volunteering. "There's a bunch of Iowa folks, from Des Moines, Mason City," Henson said.

From North Liberty himself, he retired as a nurse from the Iowa City Veterans Affairs Hospital in 2016, before he first joined the Red Cross in March 2017. He said the first volunteering mission he went on was in Georgia for Hurricane Irma. Henson went as a nurse.

"That was eye-opening," he said, adding that just being able to be helpful was the most he could ask for.

Erickson said, the primary service the Red Cross is providing is "safe shelter and comfort to those who need it." She said once people can return home, volunteers will start working on recovery efforts by handing out shovels, gloves and other equipment to help clean up damages.

The executive director said they were sending more volunteers this week to help in the recovery, after they sent their five emergency vehicles with the first round of volunteers last week.

Only on his second day Tuesday, Henson said he felt they were still getting organized with damage assessment work and helping send supplies to open new shelters.

"We're just getting started," he said.

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4.3 - KQDS (FOX-21, Video): [Veterans Say Thanks, Voice Opinions about VA](#) (19 September, Arman Rahman, 55k uvm; Duluth, MN)

SUPERIOR, Wis. - Veterans in Superior got a chance to say thank you and voice their concerns about the VA program at a town hall style meeting at the Twin Ports Outpatient VA Clinic today.

This is the 23rd monthly community meeting held since 2014. Where officials say their primary concern is hearing from the men and women who served.

"It's always nice to hear stories," said Minneapolis VA Public Affairs Officer, Ralph Heussner. "But the status quo is not good enough. We've really improved this clinic."

The Minneapolis VA organized the meeting. They watch over the 13 clinics in the Minnesota and Northern Wisconsin area.

Next month's meeting will take place at the clinic in Hayward.

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4.4 - WFXR (FOX-27, Video): [The Salem VA has an important mission to take care of the Nation's heroes](#) (19 September, Casey Wright, 29k uvm; Roanoke, VA)

4-minute video: Healthcare Provider Tim Krohe with the Salem VA Medical Center talks about his mission to take care of those who have served.

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[5. Improve Timeliness of Service](#)

5.1 - WebMD (Updated): [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

Jon Lubecky was running out of options when he checked into a small house-turned-clinic outside Charleston, SC.

The onetime Army artillery sergeant had been struggling with post-traumatic stress since he got home from Iraq, where his post had been shelled so often it was nicknamed "Mortaritaville." In 2006, near the height of the insurgency and religious violence that followed the U.S. invasion, one of those shells sent shrapnel tearing through the outhouse where he was sitting in the middle of the night.

The shrapnel missed, but the shock of the blast knocked Lubecky out and left him with a traumatic brain injury. When he came home that fall, he found his wife had left him. He made the first of what would be five suicide attempts that Christmas.

"My life was a country song," Lubecky says.

By the time he got to the clinic door in November 2014, doctors at a Veterans Affairs hospital had him taking half a dozen medications to treat his PTSD, and it wasn't working. So Lubecky signed up for an experimental treatment he hoped would help: MDMA, a psychedelic drug commonly known as ecstasy or Molly -- a compound that's been banned for decades.

"And that's when everything went weird," he says. "Good, but weird."

After years underground, psychedelic drugs are getting attention as a potential treatment for depression and posttraumatic stress disorder (PTSD).

MDMA, also known as ecstasy, has shown promise in studies of combat veterans. Psilocybin, the compound in “magic mushrooms” that gets you high, has been tested as a potential boost for people struggling to quit smoking. Researchers in Europe are conducting a survey of how “microdoses” of LSD or other drugs affect mental activity without altering perception. And the American Psychological Association held a symposium in early August on the potential uses of psychedelics.

“This is a very interesting, intriguing moment in psychiatric drug development,” says John Krystal, MD, chairman of the psychiatry department at the Yale University School of Medicine.

Lubecky was part of a trial conducted with the government’s blessing. He went to the house-turned-clinic three times, taking a dose of MDMA in combination with an extensive psychotherapy session. The drug is a form of amphetamine known for producing a sense of openness and emotional warmth, and Lubecky said it helped him discuss his experiences without producing the kind of intense physical responses of PTSD.

“The adrenaline kick didn’t happen. The hair didn’t stand up on my neck,” he says. “It’s like doing therapy while being hugged by everyone who loves you in a bathtub full of puppies licking your face.” The therapy sessions lasted up to six hours, “but it’s not traumatic at all.”

“There was no ‘A-ha’ moment,” he says. “It was an incremental change over time, with jumps after each therapy session.”

Doctors have been reluctant to explore the potential uses of psychedelics since the 1960s, Krystal says. Not only did the federal government classify them as having no acceptable medical uses and a high potential for abuse, but many researchers believed they were too powerful to use therapeutically. But the mental health field is facing “a moment of great need” that’s prompted some rethinking, he says.

“Our appreciation of the seriousness of psychiatric disorders is much more mature than it was then,” Krystal says. “We have a much better understanding about how common, how disabling - and in some cases, with the rising suicide rate, how lethal these disorders are.”

Over the last 50 years, researchers have made “transformative” advances in understanding how the brain works. But there haven’t been corresponding breakthroughs in psychiatric drugs, he says. And there have been some promising results so far.

A phase III clinical trial of the use of MDMA to treat PTSD is moving ahead after it won FDA designation as a potential “breakthrough therapy” last summer. That status holds out the prospect of speedy review by the agency and “catapulted” fundraising for the trial’s backers, says Brad Burge, spokesman for the California-based Multidisciplinary Association for Psychedelic Studies (MAPS).

“That breakthrough therapy designation communicates to funders and to the rest of the world that this is a very serious treatment and the FDA is taking it very seriously. That’s huge,” Burge says.

The new study is a follow-up to the one involving Lubecky and another 25 veterans, police and firefighters who took MDMA combined with psychotherapy. After three doses in controlled settings, nearly all participants saw some improvement in their symptoms -- and about two-thirds "simply didn't have PTSD anymore," Burge said.

The results were published in May. Researchers checked in with participants 2 months after treatment, then a year later. "On average, those results actually kept getting better," Burge says.

In Lubecky's case, he says his PTSD symptoms are diminished by about 50% on the scale doctors use to assess the condition. Depressive symptoms are down 70%, and he no longer has suicidal thoughts. He's now an advocate for MDMA therapy and works on veterans issues for MAPS, which he said "saved my life."

"I was in such a place where I figured my stepson was going to be handed a folded flag off my casket at the age of 14," he says.

"I know what an impact it's had on my life," he adds. "I have close friends of mine who are suffering right now. Anything I can do to grease the skids on that and the get the guys I served with, my guys, the help they need, I'll do."

"And now, I get to watch him grow up, drop him off at high school, watch him fall in love, watch him get his heart broke, watch him go to prom and go off to college ... then when he's old, and I'm really old, he'll get the flag off my casket. And that's the way it should be."

There were no serious side effects, but the researchers did find one surprising result: Lower doses of MDMA were less helpful than not being given the drug.

"What we think might be happening there is it could be bringing up emotions or memories in people with PTSD without giving them the additional resources to deal with it in a productive way in therapy," Burge says.

The FDA last month approved a study testing psilocybin to treat depression. British company COMPASS Pathways plans to begin the phase II trial immediately.

"Depression is the leading cause of ill-health and disability worldwide, and treatment-resistant depression affects more than 100 million people," George Goldsmith, chairman of COMPASS Pathways, says in a statement. "It is a huge unmet need, and the trial will teach us more about how this new approach might address it."

Meanwhile, researchers at Johns Hopkins University have been studying the use of psilocybin to help people quit smoking. In follow-up interviews, 15 participants reported "a number of persisting positive effects beyond smoking cessation," says Matthew Johnson, PhD, associate professor of psychiatry at Johns Hopkins.

"We found generally people claimed vivid insights into their self-identity in psilocybin sessions -- insights into the reasons they smoked," he says. For most participants, withdrawal symptoms "really took a back seat to their fascination with their unfolding contemplation of these psychedelic sessions."

"I had one pilot participant who said, 'It's kind of like I'm in The Matrix and everything's in slow motion. Here's a craving that's coming ... instead of that sort of automatic response where my

hand goes into my pocket, grabbing a cigarette and it ends up in my mouth, it's more of a slow, deliberative mindful response.”

Other participants described increased appreciation or a re-emergence of interest in music and art or poetry.

Earlier research by Johnson and others at Johns Hopkins found psilocybin can produce “clinically significant” improvements in depression and anxiety in patients with life-threatening cancer. The drug may be able to provide hope where conventional antidepressant drugs have had little effect, he says.

But though imaging technology has given researchers the ability to view your brain on drugs, how psychedelic drugs work is still something of a mystery, Burge says.

“Even with MDMA, we have some strong theories about how it might be working to reduce PTSD symptoms in the long run, but we don’t know exactly why,” he says.

More brain-imaging studies might help to determine the mechanism of action of these drugs, Burge says, but they’re not needed to get federal approval of a treatment. The FDA only wants to know whether a drug is effective and that the benefits outweigh the risks.

Krystal, who also leads the clinical neuroscience division at the National Center for PTSD at the Department of Veterans Affairs, has warned that the lack of effective drugs to treat posttraumatic stress disorder is a “crisis.” Recent advances in neuroscience may provide a way to reopen the door for psychedelics or drugs like ketamine, which is also being tested as a treatment for depression, but he says that door should be pushed open cautiously.

“I think the central question at the moment is to determine exactly how much of the excitement over the potential therapeutic value of hallucinogenic drugs is hype and how much of it is real benefit,” Krystal says. “I’m afraid our current research base is so shallow that we have to approach these drugs in a very cautious and exploratory manner.”

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5.2 - U.S. News & World Report (Santa Fe New Mexican, AP): [Program Gives Veterans, Military Staff Chance to Cowboy Up](#) (19 September, Robert Nott, 23.9M uvm; Washington, DC)

SANTA FE, N.M. — U.S. Army veteran Brian Ray was sitting tall in the saddle of a palomino quarter horse at the Crossed Arrows Ranch south of Santa Fe. The combat vet, who had spent three decades in the military, including two tours in Iraq as an adviser, focused his heart, mind and body on his connection with the horse.

"We both have that same mindset," Ray said. "Training to trust. We (combat veterans) don't want to be psychoanalyzed by experts. We don't want somebody sitting there listening to us and taking notes. Horses don't take notes. They don't judge. And they learn to trust."

Ray is both a student and trainer-in-training in the Horses for Heroes Cowboy Up! program headquartered at the ranch. This 10-year-old nonprofit offers a free horsemanship program to

all post-9/11 combat veterans and active-duty military personnel, especially those dealing with combat trauma or physical injuries sustained during their service.

The goal, co-founder and Executive Director Rick Iannucci said, is to let the participants adapt the skills they learned in the military to the cowboy way of life — it gives them purpose and a chance to bond with others who have similar military backgrounds.

"Two things we don't do here: We don't do horse therapy and we don't sing 'Kumbaya,' " he said. "It's Cowboy 101."

The vets who apply and are accepted to the program come to the ranch for 10 days and start learning about horses within a day. Some may find themselves working as cowboys on neighboring ranches during the training. They ride, rope, groom the horses, clean out the barn and shovel manure.

Co-founder Nancy De Santis leads the veterans in a morning round of Cowboy Yoga to ground them.

The veterans — about half of whom are women — sleep in a bunkhouse similar to a military barracks and sit on the porch at night to share war stories and express their feelings about guilt, despair, hope and even suicide.

"What happened (in combat) disconnects us from the normal way of living," said Ray, a Los Alamos native who served in the U.S. Army from 1985 to 2015.

"What we saw, what we did, what we didn't do, what we should have done" — that stays with you, he said. Working with horses makes it go away, even if for just a while.

He began volunteering at the Horses for Heroes program after retiring in 2015, prompted by his wife, who was getting tired of him sitting around the house in his underwear, watching television. He began working directly with the horses recently and wants to learn how to be a trainer "because I want to help."

The program is not intended as a cure-all for post-traumatic stress disorder or a sure way for participants to get jobs as cowboys — although some do. Rather, Iannucci said, it helps the veterans understand they can apply what they once knew to any aspect of life.

They leave the Horses for Heroes program "with a multi-tool case of skill sets, understanding how to rework their military skills to make them applicable to anything," he said.

Dr. Gerry Valentine, a consulting psychiatrist for Horses for Heroes and a former Veterans Affairs Department research psychiatrist, said a number of components in the program play a role in helping veterans.

"It's intensive; it has an immersive spirit to it," he said. "There's the openness of the setting and the horses."

Horses can easily read the energy and behavior of their human companions and be "very unforgiving" if the proper connection is not built between the two, Valentine said.

What the horses do, he said, "is nudge the veterans toward engagement in a social interaction that is safe and positive, a nudge toward creating a trust system that can address the core symptoms of PTSD — a lack of trust, a lack of meaning, withdrawal. Horses nudge toward coming back into a full social world."

Iannucci, a former Green Beret, retired U.S. marshal and ordained minister, started the program 10 years ago as an extension of other horse-related programs he was running that focused on post-9/11 vets and military personnel. "We saw a need to pay attention to them," he said.

He prefers to call symptoms enveloping combat veterans "post-traumatic spiritual dissonance." He hopes the program helps participants "get down to the core of what happened during war that impacted their spirit as well as mind and body," Iannucci said.

Ray gets that. In talking to other veterans about the impact of the program, he tells them, "If you're worrying, you're living in the future. If you are sad or angry, you are living in the past. But if you are calm, you are living in the present. And a horse makes you live in the present. Because of their ability to read our moods, they'll only work well with you if you are in the present."

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5.3 - Independent Record: [Fort Harrison VA Hospital highlights improvements in patient care data](#) (19 September, Thomas Plank, 276k uvm; Helena, MT)

The Fort Harrison Veteran's Affairs Hospital showed major improvements in several areas of patient care, according to a presentation at the facility on Wednesday.

Fort Harrison has seen quality improvements in its Strategic Analytics for Improvement and Learning, a nationwide set of benchmarks designed to measure VA hospitals against each other. SAIL is designed to "spotlight the successful strategies of VA's top performers in order to promote high quality, safety, and value-based health care across all its medical centers."

In previous years, the Fort Harrison VA has received a rating of one star out of five, but new analysis shows that care for veterans in Montana is on the rise.

The hospital's expected mortality rate, instances of in-hospital health complications and accuracy of patient admission all showed significant upward trends since the beginning of the 2017 financial year.

Dr. Kathy Berger, the medical center director, said that the improvements were a "direct reflection on the quality of care" being provided at the VA. "We have not done a good job of publicizing and sharing these improvements," Berger said.

Rudy Hagerman, a quality management analyst for the VA, said the improvement in metrics came almost directly from changing how data was gathered and focusing on making sure that all data was correct.

"For our Standard Mortality Ratio, which calculates predicted to observed deaths in the hospital, we had 34 percent more deaths than expected," Hagerman said.

But after combing through how each death was "coded," he found that some veterans who had been admitted into hospice care were wrongly added to the mortality ratio. That led to a sharp decrease in the SMR, placing Fort Harrison at 48 percent below the expected average of deaths in the last quarters.

"The codes are now correct," Hagerman said. "If you don't have accuracy in coding, then your data is garbage. Garbage in, garbage out."

For in-hospital complications, like blood infections and pneumonia, Fort Harrison was also struggling, according to previous data-analysis. Hagerman again found that the standard of care was actually higher, as later analysis showed that patients were coming to the VA already struggling with infections like pneumonia and sepsis.

In recent months, some veterans have worried that high turnover rates in primary care physicians would be damaging to their health and standard of care, but both Berger and deputy chief of staff Dr. Marilyn Lajoie said that the VA had been retaining more physicians while also providing "full teams" of health care professionals to give care to veterans.

Lajoie said new physicians aren't just handed "1,500 new patients when they walk in the door," but are eased into a full case-load over a four-month period.

VA officials believe that easing the patient load can provide better care over time and will reduce burnout, leading to better care, which will then show up in SAIL numbers.

Hagerman said paying closer attention to data can help "reflect the care our providers are giving to our patients."

"If patients don't perceive great care, then we aren't giving great care," Hagerman said.

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5.4 - WKBN (CBS-27): [Local veterans compile wish list for Youngstown VA clinic](#) (19 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

For more than a year, the Veterans Administration has been researching what should be included in a new clinic that would replace the one located now on Belmont Avenue.

The Belmont Avenue clinic opened 25 years ago and according to veteran Carl Nunziato, it gets 50,000 visits a year.

The clinic initially covered only 5,000 square-feet but is nearly four times that size now.

The need for an improved facility even caught the attention of President Trump who promised a new clinic when he spoke in the Valley a year ago, but what should be included there?

A group of local veterans, including Nunziato, sat down with 27 First News senior reporter Gerry Ricciutti and told him what they would like to see. First, new, specialized care so veterans don't have to travel to other cities.

"I drive 60 miles – 120 miles up there (Cleveland) when we can have that – a clinic similar to that planned here in the community for the veterans," said Delmas Stubbs, veteran. "This is the time that veterans need to come out. Voice their concerns. Let us know what they think,"

Another key concern is mental health. Veterans want to see more services offered for that, especially for those returning from southwest Asia suffering from post-traumatic stress or drug addiction.

A frequent complaint about the clinic is the lack of available staff, which usually leads to short patient visits.

"It is difficult, first of all, to talk about your issues. The, you're against a time clock. You can't get the proper treatment that you need," said Susan Krawchyk, veteran.

Some of the veteran's requests are more subtle, such as a more private entrance for women or those with mental health problems.

"There are a lot of veterans that won't go there for treatment because of the stigma that is attached to them. They don't want that. They already have issues. They don't need added pressure going into that back door," Krawchyk said.

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5.5 - The News-Review: [OIG review makes seven recommendations for Roseburg VA](#) (19 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The U.S. Department of Veterans Affairs Office of the Inspector General issued a report Monday detailing the results of a recent review of the Roseburg Veterans Affairs Medical Center.

The report was based on an analysis of records over the past four years, along with interviews and observations made during an unannounced visit March 19.

The report, titled "Comprehensive Healthcare Inspection Program Review of the Roseburg VA Health Care System," is based on a review that happens approximately once every three years. Each time, the OIG selects specific concerns for review and makes recommendations for improvement.

According to the review, the most critical need for change is in the VA's procedures for documenting its credentialing and privileging of health care providers.

On the plus side, the OIG found the Roseburg VA is doing a good job screening for post-traumatic stress disorder, providing geriatric evaluations and promptly providing female veterans with the results of mammography exams.

Interim Director Dave Whitmer said he was pleased with the OIG report overall.

"I think they made some good suggestions. I concurred with their recommendations," said Whitmer, who stepped in as interim director in February.

Whitmer said the review was more favorable than the OIG's previous review in 2015. That review resulted in 39 recommended changes, compared with seven this year. Whitmer said two of the items identified this year were handled immediately.

Of the seven recommendations, four involved credentialing and privileging health care providers. Credentialing and privileging safeguards ensure a provider has the required education, training, experience, license and competence to practice.

Overall, the OIG review said the VA was complying with credentialing and privileging requirements; however, it also found some deficiencies in the way it documents that process.

"Frankly, we needed to be less sloppy in our note-taking. That's really what it was," Whitmer said.

He said the OIG's recommendations were about creating better standard operating procedures, and he expects to have those procedures updated in advance of a Nov. 15 deadline.

Two OIG recommendations included changes to the way the VA monitors its medications to ensure controlled substances aren't lost or stolen. One of these changes has already been made, while the other is anticipated to be completed Nov. 15, according to the review.

The OIG also noted food service workers had been storing cleaning solutions next to food items, which increases the risk of contamination. That's something the VA was able to correct right away, according to the review. Overall, the review said the VA was providing a safe environment of care.

Whitmer said he views the OIG review as a snapshot in time, and also a preparation for an upcoming Joint Commission Review, which will also be unannounced, could happen at any time, and will serve as a sort of final exam.

Whitmer said the Roseburg VA is benefiting from a culture change in which employees feel safer to bring up concerns about how things are operating, and management shares information like the OIG report with them. That's how organizations become highly reliable, he said.

"It can't just come from the front office. It has to be organic to be sustainable," he said.

The OIG report is not connected with the Office of Medical Inspector's report, which followed visits to the Roseburg VA in late 2017, but does make reference to it, noting the Roseburg VA's leadership is new due to the exit of the former director and other top officials at the beginning of the year.

The turnover was recommended by the OMI following its finding that the senior leaders in place at the time created a toxic culture at the VA. A two-page summary of the OMI report was released in February, but the full report was not. The News-Review has submitted a Freedom of Information Act request for that report.

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5.6 - Evening Tribune: [Reed advocates for veteran dental care](#) (19 September, 59k uvm; Hornell, NY)

WASHINGTON — On Tuesday, Rep. Tom Reed (R-Corning) announced he will cosponsor a bipartisan bill to provide dental care for veterans.

“We care about helping our veterans who fought to keep this country safe and want to ensure our vets are treated fairly,” Reed said. “Currently, most veterans are not eligible for dental care in the same way they are eligible for other care from the Veterans Administration.”

“This bill will ensure dental care is provided to our veterans in the same way they would receive healthcare for anything else from the VA,” Tom concluded.

The bill, H.R. 4556, requires the Secretary of Veterans Affairs to furnish dental care in the same manner as any other medical service. Reed says that, just as we cover the body and the mind, we should also cover the mouth.

He also highlighted his work to ensure ensured the Canandaigua VA Medical Center received \$190 million for construction and repairs and the Department of Veterans Affairs received the highest level of funding in history to ensure our veterans receive fair and quality treatment.

As the son of a Silver Star recipient, Reed says veterans issues are a priority of his.

“I contacted Tom’s office for assistance regarding lack of service from the Department of Veterans Affairs,” Major Chris Karam of Corning said. “Specifically, I had waited patiently for over one year for my military records to be retrieved from the Army and sent to the VA. Within two weeks of contacting Tom’s office, his staff and veteran’s advocate successfully secured my records and put me on track with the VA. Additionally, I have witnessed first-hand the same level of excellent constituent service the Reed office has consistently provided to my fellow service members.

“Congressman Reed’s office has been very helpful on several occasions including on our recent application for Veteran Owned Business certification when we seemed to be mired down in the bureaucracy of the application procedures, his office was able to facilitate the process,” Doug Kirchner, owner of Monroe Table Company, Inc. in Salamanca said. “All the people there were very helpful and followed through until we had our certification.”

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6. [Suicide Prevention](#)

6.1 - The Daily Sentinel: [Reduce pain, reduce suicide risk. Junction's VA Medical Center recognized for work it hopes](#) (19 September, Joe Vaccarelli, 192k uvm; Grand Junction, CO)

Grand Junction's Veterans Affairs Medical Center has been looked at as a leader in both rural care and pain management. Now the hope is that managing pain can lead to a reduction in veteran suicides.

A group from the local VA Medical Center traveled to Washington, D.C., earlier this month to take part in an innovation program, in which different hospitals presented programs they had implemented.

The Grand Junction team showcased how it focuses on reducing chronic pain as a way to reduce suicide risk and won in the best presentation, best project category out of more than 600 presentations.

The VA now is gearing up to share its program with other hospitals around the country.

"Our hope is to spread," Grand Junction VA hospital Education Program Manager Beth Roten said. "We've been replicating the program through education and sharing protocol."

Roten said chronic pain is the second-leading risk factor for suicide among veterans, after mental health disorders. That was in the front of their minds when the Grand Junction VA hospital opened a comprehensive wellness center on its campus in March, which specializes in pain services.

The goal — and the basis of the project presentation — is to identify patients who have chronic pain through database systems and through primary care providers and get care to the patients as soon as possible.

"It's vital that the identification process happens in a timely manner and we get patients the appropriate care to reduce risks," Roten said.

Seven VA hospitals around the country have picked up Grand Junction's methods, Roten said.

Dr. Ben Atwater, the director of the Grand Junction Veterans Affairs Medical Center's comprehensive wellness center, said there is no single method to relieving pain, yet it is a risk factor for depression, mood changes and, in some cases, suicide attempts.

"We know it affects the entire person," Atwater said. "It's not just a red light that goes on and you turn it off. It affects your functioning, it affects a person's ability to relate to others and it affects the ability to live a productive life."

A focus of the wellness center is to reduce the use of prescription drugs, although they are still used in some cases. Atwater said opioids have largely been shown to be ineffective.

Atwater mentioned several approaches for pain reduction used at the wellness center, including low-risk medications such as some antidepressants, interventional approaches such as injections, and therapy and complementary treatments such as acupuncture or massage.

In the past six months, the wellness center has treated about 1,300 patients. Atwater sees the center as a future leader within VA, particularly in rural areas.

"We're not there yet, but we will be serving as a very effective model," he said.

The award comes during suicide prevention month and the medical center's Suicide Prevention Coordinator Rainy Reaman says the VA has taken aggressive measures to prevent suicide.

"We believe it's everyone's responsibility," said Reaman, who is looking to increase community awareness and education. "We want everyone to be aware of warning signs that a veteran may be at risk for suicide."

Reaman said warning signs include expressions of hopelessness, sleeplessness, increased anxiety, mood swings, extreme anger and rage, an increase in substance use and withdrawing from family.

Anyone who notices a veteran displaying any of these warning signs is encouraged to contact the Veterans Crisis Line at 1-800-273-8255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune (AP, The Conversation): [The migration of same-sex couples to the suburbs is shaping the fight for LGBT equality](#) (18 September, Clayton Howard, 23.9M uvm; Chicago, IL)

This summer, the U.S. Supreme Court issued a ruling in the most important case involving same-sex marriage since it became legal in all 50 states.

On its surface, the Masterpiece Cakeshop case looked like it was a contest about discrimination and the meaning of religious liberty.

But the circumstances of the case may actually be more important than the decision.

My research on the history of the postwar United States indicates that Americans should also see this conflict as a consequence of the growing sexual diversity of the nation's suburbs.

Suburban migration

The conflict that led to the case did not just happen in the abstract realm of the law or the court of public opinion. Rather, the conflict happened in a particular place: Lakewood, Colorado, a suburb outside Denver.

Since the 1960s, many Americans have associated openly gay life with urban neighborhoods such as San Francisco's Castro District or Denver's Capitol Hill neighborhood.

But same-sex couples and transgender people are increasingly living outside of these traditional "gayborhoods." Many of the national battles over lesbian, gay, bisexual and transgender rights have grown out of everyday conflicts between these new suburbanites and their straight-identified neighbors.

The movement of openly gay couples away from older cities defied the perceived connection between heterosexual family life and the suburbs that dates at least to the 1940s.

The federal government played a particularly important role in defining the suburbs as "family friendly" places after World War II. Officials at the Federal Housing and Veterans' administrations pushed banks to give mortgages and forbade them to lend to Americans they suspected of "sexual deviance."

The 1944 G.I. Bill was the first law in U.S. history to specifically exclude homosexuals from federal benefits, including mortgage assistance.

Realtors promised homebuyers a chance to live in safe neighborhoods away from urban vice. During the 1950s and 1960s, planners and builders designed new communities with few bars or other and which provided .

Making suburbia 'family friendly'

Lakewood is in Jefferson County just west of Denver, and it first incorporated as an independent city in 1969.

At the time, local businesses and homeowners worried about attempts by neighboring communities, including Denver, to annex new land. Many middle-class residents of Jefferson County saw themselves as defenders of a particularly suburban way of life that was threatened by annexation from the central city. They identified that lifestyle with low taxes, good schools, racial homogeneity, happy marriages and, above all, the well-being of children.

People attracted to others of the same sex have always lived in the suburbs, but discrimination often meant that most openly gay men and lesbians in the 1940s and 1950s had no other option than to live in older cities.

In the two decades after World War II, urban centers across the country attracted sizable LGBT communities. Nevertheless, life in cities was not necessarily easy, as police in urban centers like Denver tried to close gay bars and clamp down on LGBT life.

This divide between city and suburb started to break down in the 1970s and 1980s. Many Americans in the late 20th century delayed their marriages. States like Colorado made it easier for them to divorce. Government officials also prohibited discrimination in lending to unmarried people.

Sensing an opportunity, developers marketed new apartments to single residents and diversified the suburban housing stock.

In 1970, the number of Americans living in suburbs exceeded the number in central cities for the first time. Places like Jefferson County no longer looked like the suburban stereotypes of white nuclear families and cookie-cutter houses. Whereas, according to the U.S. Census, over 60 percent of households in Lakewood were "married couple" households , only 41 percent of them were "married couple" households in 2010.

Diversifying suburbs

Openly gay and transgender residents were a part of this new suburban diversity.

During the 1970s and 1980s, the gay rights movement challenged many medical, religious and criminal restrictions on homosexuality. This activism opened the door for same-sex couples to legally raise children and, eventually, marry.

After these victories, a largely white, middle-class group of openly gay men and lesbians began moving to the suburbs for many of the same reasons as their straight counterparts.

In 1979, The Advocate, a gay magazine, profiled two men who lived together in a Denver suburb and who finally felt comfortable speaking publicly about their relationship. The magazine noted that the gay couple enjoyed "puttering" around their spacious home and socializing with a group of lesbians .

This history provides important context for the Masterpiece Cakeshop case.

Christian faith versus gay rights

The case involved two men, Charlie Craig and David Mullins, who married in Massachusetts in 2012 and organized a reception for their family and friends in their home state of Colorado shortly afterwards.

The couple met with Jack Phillips, the owner of Masterpiece Cakeshop in Lakewood, who told them that his religious beliefs prohibited him from designing a cake for gay wedding celebrations.

While Colorado prohibited same-sex marriages, Craig and Mullins filed a formal complaint with the state Civil Rights Commission alleging that the baker had violated a Colorado law that protected citizens from discrimination based on sexual orientation.

The commission told Phillips that if he made cakes for opposite-sex weddings, he would need to make them for same-sex couples too. Phillips fought the decision in state court and later appealed his case to the U.S. Supreme Court, which this past July ruled in his favor. The court's majority said that the Colorado Civil Rights Commission had not respected Phillips's Christian faith and had not given him a fair hearing.

Cultural collision in suburbia

At the time of their wedding, Mullins and Craig lived in suburban Westminster, Colorado. They would be hosting their reception in a restaurant in nearby Lakewood.

When they got married, Lakewood boasted at least one LGBT-inclusive church and openly gay realtors. In 2011, the census reported that Lakewood had the fourth-highest number of same-sex couples in the state.

Not everyone, however, liked these changes. Studies have shown that same-sex couples and transgender people have faced significant amounts of housing discrimination across the country, and some LGBT people moving to the Denver suburbs have .

In 2015, a lesbian couple that included a transgender woman tried to rent a townhouse with their two children in Gold Hill, Colorado, a small town approximately 25 miles outside of Denver. Although the owner initially agreed to lease the home to the couple, she later rescinded the offer after neighbors complained about the possibility of the two women moving in next door.

Phillips, the baker, has described himself as someone who has lived in Lakewood "since before there even was a Lakewood." He turned away the business of five other same-sex couples before he met Craig and Mullins, including Stephanie and Jeanine Schmalz, who lived in nearby Littleton. Phillips also found support among suburban churches such as Littleton's Calvary Chapel South Denver.

The confrontation at Masterpiece Cakeshop, therefore, reflects more than a showdown over abstract notions of discrimination and religious liberty. It also reveals an ongoing struggle to define suburban life.

As areas outside central cities grow increasingly diverse, the seemingly trivial setting of wedding cake shops have become important battlegrounds over the meaning of belonging and respect.

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7.2 - KGTV (ABC-10, Video): [Veterans Summer Sports Clinic helping heal invisible wounds](#) (19 September, Amanda Brandeis, 2.1M uvm; San Diego, CA)

Veterans who've suffered life-altering injuries are in San Diego for a week-long journey.

Put on by the U.S. Department of Veterans Affairs, the National Veterans Summer Sports Clinic exposes veterans to recreation and sports activities they might have once thought out of reach.

Assisted by adaptive sports therapists and rehabilitation professionals, veterans participate in adaptive archery, surfing, sailing, kayaking, and cycling.

"This program saves lives, it actually saves lives, truly," says Yoneka Trent, an Army Veteran.

Trent was a military police officer, spending 18-hour days in boots, marching, walking, and running. She went from having high arches to flat feet after serving, leading to an ankle fusion and other leg complications.

"I really wish someone had shared their story with me before September 2017. If I had known there were options like recreational therapy, I don't think I would have tried to end my life," said Trent. "Recreational therapy has been a God-send, it has saved my life."

Trent is now sharing her story in hopes to help other veterans struggling.

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7.3 - KATU (ABC-2, Video): [VA audit grounds Oregon vets hoping to use G.I. Bill to become pilots](#) (19 September, 1.5M uvm; Portland, OR)

Veterans in Oregon and across the country trying to use their G.I. Bill benefits for training are stuck on hold because of a scandal involving expensive schooling paid for by taxpayers.

Some schools in the U.S. are accused of overcharging taxpayers for expensive classes under the G.I. Bill.

One of the schools impacted by the subsequent audit is Portland Community College's Rock Creek Campus. There's no indication that any wrongdoing took place at PCC Rock Creek, according to the Veteran's Administration, and the other Oregon colleges where veterans hoping to train to become commercial pilots are also on hold.

Two years ago the VA started auditing programs like PCC's Aviation Sciences Program after reports that some flight training schools were charging the government up to \$250,000 for flight training for veterans.

While PCC officials believe they may be close to resolving this issue for students in the Beaverton area, no one can really say exactly how much longer that might take.

U.S. Army veteran Jacob Kuhn has tried to get into PCC's flight training program twice since April of 2017 using his benefits, and has been denied both times.

"For the VA to be doing this right now to people who have served their country and want to be pilots when there's a global shortage, as well as pretty massive in the United States, it's just kind of shocking to have to go through it," said Kuhn.

In addition to classroom work, PCC offers actual flight training for students through Hillsboro Aero Aviation in Troutdale and Hillsboro.

PCC said it hasn't been able to allow veterans using the G.I. Bill into the program since April of last year because of the ongoing United States Department of Veterans Affairs audit.

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7.4 - WITI (FOX-6, Video): [Show of respect: Arborists trim trees, tidy up Wood National Cemetery](#) (19 September, Jonathon Gregg, 1.5M uvm; Milwaukee, WI)

A show of respect happening across the country at our nation's military cemeteries happened in Milwaukee on Wednesday, Sept. 19 at Wood National Cemetery.

In a setting more custom to silent reflection -- the sounds of a brash salute cut through.

"We're out here today to remember them," said Lee Fredricks, Rainbow Treecare Company.

Lance Wallace was one of 50 on the job, grappling with a few trees.

"They're going to feed the branches from the tree I cut down," said Wallace.

Remote-controlled saws, grinders and full-throttled chippers worked in unison, as volunteers like Wallace collectively groomed Wood National Cemetery.

"Teams of seven, and we are paired up between removals, pruning, health care. Some trees are getting plant health care to keep them happy," said Wallace.

The nonprofit "Saluting Branches" mobilized their forces. On Wednesday, tree trimming companies from across the country banded together for this effort.

"Three years ago, that included one cemetery and about 70 volunteers. Today, that includes 54 national cemeteries and about 3,000 volunteers," said Fredricks.

The thousands of volunteers gave up their time to show respect.

"There's a high bar that veteran cemeteries have to be kept at -- a maintenance standard -- and we're here to help alleviate some of the strain they have on their budget," said Fredricks.

Volunteers from Wednesdays' event in Milwaukee included tree trimming companies and professional arborists from Milwaukee, Slinger and Madison, just to name a few.

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7.5 - KMBC (ABC-9): [Arborists volunteer to clear, trim trees at Leavenworth National Cemetery](#) (19 September, Keleigh Gibbs, 1.1M uvm; Kansas City, MO)

LEAVENWORTH, Kan. — Dozens of arborists volunteered their time to clear and trim trees at Leavenworth National Cemetery.

"I think some of the nicest trees, largest trees are in cemeteries. Sometimes, because of budgets, they get neglected," said Spencer Wicks, of Ryan Lawn & Tree.

More than a dozen tree care companies have volunteered crews to help in the effort.

"We want the cemeteries to not be like an arboretum, but be like an arboretum from the beauty of it," said Greg Krogstad, of Saluting Branches.

Crews felled five trees and pruned another 15.

"We try to identify these hazard trees and remove them so they are safer for patrons and people that come to visit their loved ones," Wicks said.

The work, which totals between \$15,000 and \$20,000, is done free of charge.

"They put their competitive part aside and they really come together to serve. They build relationships and they have a great day," Krogstad said.

For the tree crews, it's a small way to say thank you to the men and women who gave their lives serving.

"Honestly, it is the very least we could possibly do," Wicks said.

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7.6 - The Journal Gazette: [Banks visits facility for homeless vets. Says he wants to support needs of city's Safe Haven](#) (19 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Rep. Jim Banks toured the Richard Lugar Safe Haven for Veterans on Tuesday, hearing from officials and temporary residents at the homeless shelter.

A resident told Banks, R-3rd, the shelter's staff had "helped me out a lot."

"I'm rebounding," said the 59-year-old Army veteran who had lived in Evansville. "I'm working part time right now. I'm trying to get my home back.

"I'm just happy this place is here. ... It's my home," he said.

Larcina Hicks told Banks that the Fairfield Avenue shelter "is the final place" keeping many homeless veterans out of jail – or preventing them from dying. Hicks is senior director of veterans services for Volunteers of America of Ohio and Indiana, a nonprofit, faith-based organization that operates the Lugar Safe Haven.

"The goal is to get that permanent housing," she said.

Named for former U.S. Sen. Richard Lugar of Indianapolis, the shelter can house 25 homeless veterans who each can stay up to six months. Drug use, sexual activities and violence are prohibited at the site, Hicks said.

The staff's focus is on showing residents "this is what health can look like, this is what stability can look like," said Amy Sczerbowicz, social work supervisor for the Department of Veterans Affairs, which provides funding for the Lugar Safe Haven.

Hicks said the shelter needs more money and space so it can house a greater number of female veterans. It currently has space for two female residents.

Kathleen Atkins, vice president of program operations for Volunteers of America of Ohio and Indiana, said female veterans "like to be around each other because they have common issues and they just can be of support to each other."

At one point of his tour, Banks, a Navy Reserve officer and a member of the House Veterans' Affairs Committee, told staff, "We want to be supportive of what you do."

He later shared his impressions with reporters.

"Listening to some of the stories of the residents who are here, what they've been through and what this facility has brought to them, is an incredible testament to the work that's being done here," Banks said.

"It takes money, and I'm well aware of that," he said, responding to a question about funding needs. Banks said he will continue to talk with shelter officials "about ways that I can support what is being done here on the Veterans' Affairs Committee."

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7.7 - WHTM (ABC-27, Video): [Volunteers clean up Indiantown Gap National Cemetery](#) (19 September, 442k uvm; Harrisburg, PA)

ANNVILLE, Pa. - Tree removal employees got together and donated a full days work at Indiantown Gap National Cemetery.

The nonprofit Saluting Branches held its fourth annual volunteer event on Wednesday.

Employees from Climb High Tree Service spent the day clearing overgrown and dead branches and trimming trees to maintain the beauty of the cemetery.

The cleanup also provides visitors with a serene place to honor their loved ones.

"It's not only about keeping it nice and keeping it a nice and peaceful place for people to come and honor their loved ones, but there's also a safety aspect to it, to keep visitors safe so that they can be calm and not have to worry about any hazardous branches," said Julie Weaver, manager of Climb High Tree Service.

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7.8 - Midland Reporter-Telegram: [Event connects local veterans with services, resources About 15 percent of area veterans are homeless, program manager says](#) (19 September, Simone Jasper, 149k uvm; Midland, TX)

Whether a veteran was in need of a meal or a haircut, community members were available Wednesday to provide services. For Jessica Mitchell and others who served in the military, the Stand Down event was an opportunity to gain knowledge about local resources.

"Today has been absolutely nothing but blessings," Mitchell told the Reporter-Telegram during the function.

The West Texas VA Health Care System hosted Stand Down to connect local veterans with benefits and information about housing, education, nutrition and legal services. The annual event was held this year at the Commemorative Air Force High Sky Wing hangar, with transportation from locations in Midland and Odessa.

Nickie Starkey, Health Care for Homeless Veterans program manager, said the goal was to present resources available for veterans, including those who are homeless or at risk of being without shelter.

Nationwide, the VA helps to provide more than 89,000 veteran families with long-term, stable housing, according to Starkey. In this region, she said 213 vouchers are being used in a 33-county area stretching from Abilene to Hobbs, New Mexico.

"We have somewhere — I would range between Midland and Odessa — a 15 percent homeless rate," Starkey said. "So, we're working to decrease that amount."

To assist people, the VA offers case management, social services and health care. Starkey said the entity works with the U.S. Department of Housing and Urban Development as well as the Midland County Housing Authority to help veterans.

Locally, Starkey said challenges come from limited housing and a lack of affordable living options. She said the VA serves veterans of all ages, including those who may not be able to work in the oil and gas industry and earn the associated wages.

"We're struggling in finding those veterans who are coming in with no money, little money — being able to house themselves and their families," Starkey said.

Besides the economic factors, Starkey said medical or mental health conditions can contribute to homelessness. She observes pride sometimes prevents veterans from getting help.

"They take it harder than what the general population would take it because in their training, they are trained to fix the problem," Starkey said. "They're trained to be self-sufficient."

For veterans who came to Wednesday's event, the VA and its partners offered haircuts, showers and sandwiches. Also available were sleeping bags, clothing and toiletries. Starkey said the setting allowed VA staff to interact face-to-face with people in the area.

"That's what this is all about — is being able to meet those veterans where they are in the community and provide them the assistance that they need," Starkey said.

To Mitchell, some of the offerings matched the resources that she and her fellow veterans seek. She came to the Midland area three years ago and is impressed with local attitudes.

"I have never seen so much veteran support in my life," said Mitchell, who served in the U.S. Air Force. "Out of everywhere that I've been, I've never seen such a supportive community."

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7.9 - The Herald-Dispatch: ['Stand Down' event assists area's homeless veterans](#) (19 September, Fred Pace, 192k uvm; Huntington, WV)

In the military, "Stand Down" afforded battle-weary soldiers the opportunity to renew their spirit, health and overall sense of well-being.

On Tuesday, the Hershel "Woody" Williams VA Medical Center's Homeless Community Resource and Referral Center's 11th annual Stand Down event in Huntington afforded the same opportunity to homeless veterans in the region.

"This event is a way to honor our veterans, and it is also a way for us to identify homeless veterans in our communities and hook them up with the many services that are available to them," said Tammy Miller, homeless program coordinator at the VA Center. "VA social workers were available to assess homeless veterans and refer them to homeless providers on the spot."

Roughly 80 organizations, including VA programs as well as community partners, set up tables on 9th Street between 6th and 7th avenues right outside the VA's Homeless Community Resource and Referral Center at 624 9th St.

Thomas Ramey, Southwestern Community Action Council Inc.'s Supportive Service for Veterans Families program director, represented one of the community partner organizations.

"Our program focuses on the housing aspect," he said. "The Supportive Services for Veteran Families program is designed to improve the housing stability of very low-income veteran families by assisting families transitioning from homelessness to permanent housing and preventing at-risk families from becoming homeless."

Veterans and their families also were treated to a hot meal, a haircut, housing information, medical screenings, job and housing referrals and more.

"Veterans are also able to get information about benefits and assistance programs, get connected with community homeless providers, social service providers and other area providers while enjoying a hot meal and some fun musical entertainment, as well as goodies and giveaways," Miller said.

Miller said more than 200 veterans and family members participated last year and she expected even more during Tuesday's event.

One of those attending Tuesday's event was U.S. Army veteran Michael Staszewski, 50, of Huntington.

"I am a regular participant of some of the programs here at the VA Center in Huntington, and these folks are wonderful," he said. "They are my friends and like my family. I don't know where I would be today without them."

Scott Collins, 58, of Huntington, served in the U.S. Army during the Cold War era and said the event really helps by giving veterans in need a hand up, not a handout.

"A lot of these veterans don't have the resources that many others have, and this event offers so many of those needed resources and connections to hopefully have a better life," he said.

"Our mission is to care for veterans, period, whether they are homeless or housed. Our goal is to give back to veterans that have given so much to us," Miller said.

For more information, contact the VA Community Resource and Referral Center at 304-529-9142.

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7.10 - KWES (NBC-9): [Homeless Stand Down provides assistance to homeless veterans](#)
(20 September, Phoenix O'Connor, 136k uvm; Odessa, TX)

West Texas VA Health Care System hosted Homeless Stand Down, an event dedicated to finding veterans that are homeless or at-risk of being homeless, right here in the Permian Basin.

Once inside the hanger at High Sky Wing-CAF in Midland, dozens of booths all offering some sort of service were there to help.

Veterans were even able to get a free haircut, clothes and a survival bag with hygiene items, jackets and a blanket.

Jazman Jenkins, a U.S Army veteran is just one of many who came Wednesday to receive help. Originally from Louisiana, he came to Odessa for the opportunity to make more money in the oil field.

"The oil is booming, I thought this was a better opportunity to take care of my family," Jenkins said. "You know there is a lot of jobs in Louisiana, but you know the pay isn't as well as it is here."

Through the VA and other resources, he finally found some work but says the jobs didn't last.

Now he says the difficult part is trying to find housing.

"I didn't have a place to stay when I got out here, I slept in the car for like two, three weeks. You know, I was that determined to be finding work, and I worked through a couple temp agencies. You know, what I mean? You just never know when the job is going to end. You know you can work one day and making plans until next week and then the employer tells you, 'hey man I don't need you anymore,'" Jenkins said.

The extra help offered him a leg up today and that was extra motivation for him. Jenkins says he hopes to not be in this position much longer and looks forward to a roof over his head soon.

"You know let us know that they haven't forgotten about us. That's very, very rewarding," Jenkins said.

If you or someone you know is seeking help, contact the Midland Vet Center at (432) 697-8222, or Veteran Services in Odessa at (432) 498-4015.

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7.11 - Muskogee Phoenix: [Doughboy gets a makeover](#) (18 September, Cathy Spaulding, 63k uvm; Muskogee, OK)

After more than 93 years the Doughboy statue at the Jack C. Montgomery VA Medical Center will get a fresh look.

Workers from Wilbert Memorials are sandblasting years of residue from the bronze statue, "Spirit of the American Doughboy." The statue honors Native Americans who served in World War I.

Work on the statue should be finished by Wednesday, said Vandelia Graham, state chairwoman of Daughters of the American Revolution service for veterans. She said the DAR raised funds to clean the statue.

"This was a \$25,000 project, Graham said. "They're going to use a fine-ground walnut, like they use to sandblast cars. And that's going to clean the debris of 100 years. Then, they're going to re-grout the joints in the granite block. Then, they will seal the entire monument to make it look good for another 100 years."

Graham said the statue was erected in 1925 to honor Choctaw code talkers, who used Native American language as a military code during World War I.

She said the DAR also will plant a monument honoring all World War I veterans by the statue.

A ceremony to dedicate the statue's cleaning and the new monument will be 2 p.m. Nov. 11 at the hospital. Nov. 11, which is Veterans Day, marks the 100th anniversary of the end of World War I. Bacone College President Dr. Ferlin Clark will speak. Graham said Clark has family members who were Navajo code talkers during World War II.

State DAR Recording Secretary Jeanne Dexter said the DAR seeks to honor veterans from all wars.

However, restoring the Doughboy statue has an added meaning, she said.

"This kind of honors all veterans to restore the statue to its full glory," Dexter said. "We did a lot of fundraising. We had a matching grant from the National Society of DAR. A lot of individuals have been very generous with their donations. We've had some anonymous donations and some through a website."

Gary Mosier of Wilbert Memorials said a tarp surrounds the bronze statue, to keep sandblasting material from getting on cars or plants. He said crushed walnut shells will take the unwanted finish off, but will not harm the bronze.

"We don't want to do anything to pull the layers off of it," he said.

The statue was selected in 2017 to receive a \$2,000 grant for restoration and maintenance by the World War One Centennial Commission, according to a 2017 Muskogee Phoenix story. The grant is part of the 100 Cities/100 Memorials program of the commission and the Pritzker Military Museum and Library.

Jack C. Montgomery VA Medical Center Public Information Officer Nita McClellan said the statue is one of 134 "Spirit of the American Doughboy" statues erected in the 1920s and 1930s. She said it was a gift from the Five Civilized Tribes, the U.S. Bureau of Indian Affairs and others.

She said it was erected to recognize contributions from members of the Five Civilized Tribes — Cherokee, Choctaw, Chickasaw, Creek and Seminole — who fought in World War I.

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7.12 - KXLH (CBS-25, Video): [Suicide prevention teams honored in Helena](#) (19 September, John Riley, 57k uvm; Helena, MT)

The Montana VA honored the Substance Abuse and Mental Health Services Administration and the Department of Veterans Affairs Mayor's Challenge teams of Helena and Billings on Tuesday for their work in suicide prevention.

The SAMHSA and VA Mayor's Challenge is a public health initiative that involves families, peers and the community in preventing suicide among service members, veterans and their families.

Drenda Niemann of Helena and Dr. Claire Oakley of Billings were presented with certificates of appreciation by Director of the Montana VA Dr. Kathy Berger, MHA, DNP.

The certificates recognized the dedicated efforts to combating suicide at a community level and partnership with the VA.

Helena Mayor Wilmot Collins was also presented with a Director's Coin by Berger.

Suicide Prevention Coordinator for the VA Juliana Hallows believes the two teams have done a fantastic job in addressing suicide as a community issue.

“In Montana we have one of the largest veteran populations per capita,” said Hallows, “Which is why it’s so important is that we have police departments, detectives, health departments, community mental health centers and family members that have all come together for this mayors challenge and said enough’s enough. We want to fight suicide and we want to partner to do this.”

Helena and Billings were two of only eight cities to be chosen by SAMHSA and the VA to participate in the first year of the Mayor’s Challenge.

The two teams traveled to Washington D.C. in fall of 2017 for policy institute training, to help the members learn about best practices for suicide prevention.

If you or a loved one are currently experiencing suicidal thoughts please reach out to local law enforcement or call the suicide lifeline.

National Suicide Lifeline:
1-800-273-TALK (1-800-273-8255)

National Suicide Lifeline TTY:
1-800-799-4TTY (1-800-799-4889)
Text Telephone Device or Telecommunication Device for the Deaf (TDD)

National LGBT Youth Suicide Lifeline
1-866-4-U-TREVOR (1-866-488-7386)
www.thetrevorproject.org

National Military Veterans Suicide Lifeline:
1-800-273-TALK *Press 1 (1-800-273-8255 *Press 1)
www.veteranscrisisline.net

National Suicide Prevention Lifeline:
<http://www.suicidepreventionlifeline.org/>
<http://www.affordablecollegesonline.org/college-resource-center/college-suicide-prevention/>

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7.13 - WBUP (ABC-10, Video): [VA Medical Center hosting a Woman Veterans Healthcare conference](#) (19 September, Jordan Gulkis, 49k uvm; Ishpeming, MI)

IRON MOUNTAIN — The Iron Mountain VA Medical Center is hosting a Woman Veterans Healthcare Training Conference at Bay College.

70 participants from all over the region came to get training not only for women’s health, but for women veterans.

After 9/11 more and more females started entering in the military.

The VA Medical Center serves thirteen hundred female veterans.

“The female population is the fastest growing sub population in the United States in the military. They comprise about 7–10% of all VA users right now, that number is growing rapidly. We’ve done a lot of work to train and educate our providers and our nurses to make sure they know how to properly treat our veterans and give them the care that they deserve,” said Barbara Robinson, Women Veteran Program Manager at the Oscar G Johnson VA Medical Center.

Female veterans have a lot of gender specific needs and there are some things that are more unique, that Nurses see more often in female Veterans.

“When you look at females in the military, they’re carrying these really heavy backpacks maybe up to 10 pounds at a time. Women distribute their weight differently than men. When a woman is carrying a backpack they’re going to distribute that weight in their pelvic region. We need to have our providers know how to look for these things,” Robinson added.

The Nurses from all over the region are excited to gather new information and get some tools to take back to the female veterans.

“The other nurses have brought up great ideas that I can take back to my VA. The training I’m getting has been very good,” said Brenda Blomgren, RN Case Manager

“It’s just a good refresher to hear the latest like in some of the new meds out,” said Lisa Tank, LPN.

Today was the first day the training conference and will be going until the end of the week.

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7.14 - KUFM (NPR-89.1, Audio): [President Trump Signs Tester-Sponsored Veterans Bill Into Law](#) (19 September, Nick Mott, 41k uvm; Missoula, MT)

President Donald Trump signed a bill sponsored by Senator Jon Tester Monday that will give additional resources to treat veterans in the criminal justice system across the country.

Tester served as chief co-sponsor of the “Veterans Treatment Court Improvement Act,” which passed the Senate unanimously in February of this year.

“I think it’s incumbent upon the United States government to live up to the promises we make to our fighting men and women,” Tester says. “And this is just another step of fulfilling those promises.”

The bill requires the Department of Veterans Affairs to hire 50 more personnel that will deal specifically with outreach to former service members in Veterans Treatment Courts.

Those courts help veterans charged with crimes deal with issues like Post-Traumatic Stress Disorder and substance abuse. They’re geared towards rehabilitation rather than jail time and tailor treatment for each individual. Proponents say the courts help with recidivism, employment and overall mental health.

There are four veterans treatment courts in Montana, but only two outreach specialists. Each has to travel between Missoula, Great Falls, Bozeman and Billings to address issues and clients in each courtroom.

Tester says the new bill could better equip Montana courts to deal with some of the state's 100,000 veterans, but it's not yet clear how many additional outreach specialists the state will receive.

"I think Montana's been leading, whether it's Great Falls or Bozeman or Billings or Missoula," he says. "These folks have been doing some really good work, and I think there's plenty of need out there for at least one more, and maybe more than that. But we'll see."

Tester says this bill is a step in the right direction for veterans in the U.S., but the country still has a long way to go. Specifically, he says the VA needs more medical professionals on the ground.

Tester's re-election campaign is emphasizing his ability to pass bills that President Trump signs into law; they put that count at 19 now. Trump won Montana by 20 points in 2016.

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7.15 - The Coronado Times (Video): [Veterans Gather in Coronado for VA's 11th Annual Sports Clinic](#) (19 September, 16k uvm; Coronado, CA)

About 120 Veterans from across the country were expected to participate in the U.S. Department of Veterans Affairs' (VA) 11th National Veterans Summer Sports Clinic in Southern California, which runs from Sept. 16th to the 21st.

The annual gathering of Veterans with disabilities will feature cycling, surfing, sailing, kayaking, pickleball and archery at venues throughout San Diego.

"This clinic and all of our adaptive sports programs focus on helping Veterans lead independent, active and healthy lives," said VA Secretary Robert Wilkie. "It's a popular yearly event in the Veteran community, and I'm proud of our dedicated staff for making this the best possible experience for our Veterans."

The clinic is a rehabilitation sports and recreation program for Veterans with disabilities. Participation is open to severely injured or ill Veterans receiving care at any VA medical facility. The event is hosted by the VA San Diego Healthcare System, and more than 300 volunteers are expected to donate their time and efforts to the event.

The clinic begins with the opening ceremony at the Wyndham San Diego Bayside Hotel Pacific Ballroom at 4 p.m. Sept. 16. For more information, visit www.summersportsclinic.va.gov; follow VA Adaptive Sports Programs on Twitter, Facebook and Instagram at @Sports4Vets.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [3 Accused of Trying to Manipulate US Government Contracts](#) (19 September, 23.9M uvm; Washington, DC)

DENVER — Three people have been arrested on charges of trying to steer U.S. government contracts to specific companies in exchange for bribes or sham training fees.

The U.S. attorney's office in Denver said Wednesday the three face charges including paying and receiving bribes and conspiracy.

Prosecutors say they tried to manipulate two Veterans Affairs Department contracts for medical equipment so that clients of two of the defendants would get the business.

The defendants are 54-year-old Dwane Nevins, 59-year-old Robert Revis and 43-year-old Anthony Bueno. Revis declined comment. No phone numbers could be found for Nevins and Bueno.

Prosecutors say Nevins works for a VA contracting office in Colorado, and Revis and Bueno had a consulting business whose clients would allegedly get the contracts.

Nevins also faces an extortion charge.

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8.2 - U.S. News & World Report: [Does What Your Doctor Wears Matter?](#) (19 September, Elaine K. Howley, 23.9M uvm; Washington, DC)

PEOPLE HAVE ARGUED OVER what to wear for millennia. First impressions matter, and fashion has long been a highly visible signifier of a person's place within the community. In the hierarchical world of medicine, clothing can be an important signal to patients and other health care providers of everything from authority to cleanliness, and the white laboratory coat typically signifies the attainment of the highest rung on that ladder. In fact, medical schools around the country host White Coat Ceremonies in which students are bestowed a white coat to signify their transition from ordinary citizen to doctor.

But the white coat wasn't always the symbol of the physician. In the 17th century, during outbreaks of plague, doctors wore full-length overcoats, wide-brimmed hats, gloves and a beak-shaped mask filled with lavender or other pungent herbs in the belief that this protective gear would prevent contraction of the deadly disease.

As understanding grew about how infections travel, doctors ditched the frightening masks and donned black, formal garb, similar to a tuxedo. It was believed that wearing black — like priests wore — signaled the solemnity of the task of caring for the ill. However, an article in the AMA Journal of Ethics noted that "until the last third of the 1800s, an encounter with a physician rarely benefited the patient. In fact, up to that point, virtually all of 'medicine' entailed many worthless cures and much quackery."

In an effort to shift this perception, doctors ditched the black clothing and adopted white coats, says Dr. Michael B. Edmond, an infectious disease specialist at the University of Iowa Hospitals and Clinics in Iowa City. "Initially the white coats were worn only in the operating room. Then in

the early 1900s, physicians started wearing them outside the operating room because at that point in time, medicine wasn't considered to be scientific. The profession was viewed negatively by the public, so the concept was doctors would wear white coats because it reinforced the notion that they were scientists." From there, the tradition grew, and now when we think of a doctor, an image of a person wearing a white coat and carrying a stethoscope comes immediately to mind.

However, this long-held vision of how a doctor should look – a middle-aged white man in a long, starched white laboratory coat over a dress shirt, tie and slacks – is changing yet again. As diversity in medicine increases along with a push to reduce transmission of infectious agents, what the doctor wears is becoming less formal, but perhaps safer.

In 2008, the National Health Service in the United Kingdom adopted a "bare below the elbow" policy in which doctors and other health care workers ditched the lab coat and long sleeves in favor of scrubs – those simple and comfortable, brightly-colored, short-sleeved tops and bottoms that are ubiquitous among nurses and residents at hospitals.

The idea, Edmond says, was to reduce the chances that a health care worker's clothing would come into contact with patients' skin and other surfaces that may host bacteria and other infectious agents. "We know that all people have bacteria on their skin, and in the hospital setting in particular, these could be multi-drug resistant organisms. We also know that the environment around the patient in the hospital is also contaminated with organisms. We have good evidence that clothing of health care workers becomes contaminated as they work," he adds, noting that as health care providers move through the day and interact with patients, it's easy to pick up bacteria that could potentially be transmitted on to other patients. "We have some experimental evidence that organisms can be transmitted from clothing to the patients."

Although Edmond says there's not much evidence that removing sleeves will greatly reduce transmission of infection, it seems like so much common sense that sleeves and cuffs could potentially be a problem, especially if those sleeves and cuffs are not washed daily. "Your mother would tell you that if you wore the same article of clothing every day to work, that's probably an infection problem. Or something that looks grossly dirty, which many lab coats do, that's a problem." He says this sense is supported by "studies that show people don't frequently wash their white coats," with one showing that "on average, people washed their white coats about every two weeks." In one study, 17 percent of medical residents reported that they had never washed their white coat. "So you're wearing this thing every day in an environment that's heavily contaminated with bacteria and you're not washing it."

Neckties pose a similar threat. "Neckties just aren't washed, so you're wearing that same article of clothing repeatedly. You have no way of decontaminating it, and that's why the whole concept of bare below the elbows came into effect. Because whether it's a lab coat or a shirt, the cuff is going to get contaminated," and when moving from one patient to another, it's impractical to change or wash shirts. Bare skin is much easier to wash thoroughly before moving on to the next person.

However, there is some debate about just how big a threat sleeves are in transmitting infectious agents. Dr. Vineet Chopra, chief of the division of hospital medicine and associate professor of medicine at the University of Michigan Hospitals – Michigan Medicine and VA Ann Arbor Health System, has also studied doctor attire and says while "there is a theoretical risk that infections could be transmitted by white coats," the risk is small, especially when paired with appropriate hygiene and hand washing.

"Studies have isolated bacterial pathogens from white coats, ties, and it's for these reasons that nations like the UK have a 'bare below the elbows' policy. However, it is also true that if you simply swab hands of physicians, you can isolate bacteria. In fact, bacteria are everywhere. So simply finding bacteria does not equate to infection risk. What is most important to prevent infection is the basics of safe practice: washing hands before and after patient contact, making sure we adhere to best infection control practices, such as wearing gowns and gloves when appropriate. A little bit of hygiene is all that it takes," he says.

Nevertheless, since the NHS' bare below the elbows policy was enacted, the number of hospital infections in the UK has declined. Still, Edmond says this result can't be attributed specifically to the policy. "Like many things with infection control, we hardly ever do one intervention. [NHS hospitals in the UK] did several things to try to reduce their infection rates and that was one of them. But they did see a reduction in infectious disease rates as a result."

So the debate continues about the hygienic reasons for removing sleeves, but there are still other implications to how your doctor dresses. Even Shakespeare wrote, "for the apparel oft proclaims the man," which could be translated into our more common version: The clothes make the man. Or do they?

They might, according to a recent study led by researchers at the University of Michigan. In the largest-ever study of patient preferences of doctors' attire, Chopra and his team found that for many patients, what physicians wear is important to them and may influence how satisfied they feel with the care they receive.

The study participants looked at pictures of physicians in seven forms of attire and rated their appearance on how comfortable that attire made the patient feel and how knowledgeable, trustworthy, caring and approachable the clothing made the doctor seem. The traditional white coat over formal attire was ranked highest and tended to be more popular among patients over age 65. Scrubs with a white coat ranked second, and formal attire without a white coat ranked third.

Chopra says the idea to investigate whether physician attire has any impact on patient care stemmed from an offhand comment by a doctor in training. "I had an intern who was always sharply dressed on wards – cuff links, a lovely shirt and tie and a crisp white coat. Most interns don't dress this way. I asked him what prompts him to dress so formally when caring for patients and his response was, 'I believe patients prefer it.' We looked and found limited evidence and wondered – do the clothes make the doctor? So we designed this large-scale study to see if we could find answers."

And they did get some answers. "Our study shows that the majority of patients feel that how their doctor dresses affects their satisfaction with care," Chopra says. "We didn't ask for outcomes, specifically and – as this was largely a survey-based study using pictures – that would be hard to assess. But the key point is this: First impressions matter. True in fields outside of medicine – and from what we have found – true in medicine as well."

Humans have certain expectations for how other humans will look, based on what we know about their role and place in society. "All professionals have uniforms – think the armed forces, police, airline pilots. It aids with recognition but also gives you a sense that this person is somehow appointed to be able to do what they do," Chopra says. "They've got the right training,

background, skills and certifications. Uniforms are symbolic of the profession." For the past 120 years or so, "that uniform for physicians has been the white coat."

When the doctor doesn't conform to that preconceived notion, it may alter the way the patient perceives the care. "I think that all humans have first impressions of other humans, so probably how a physician is dressed might have some impact on first impressions," Edmond says. "But I think that most patients are sophisticated enough that they see through that pretty quickly" and are able to separate what the clothes signal from how the doctor behaves. "I think how well you're dressed probably doesn't matter if you're taking care of your patient well."

As Edmond notes, studies about clothing and perception tend to isolate that factor from the whole constellation of reasons that may go into selecting a specific doctor. "Certainly, you don't pick your doctor on that one particular aspect out of context with everything else." And he argues that regardless of what the doctor is wearing, attire should take a back seat to more care-centric concerns. "I'm much more interested in how the doctor treats the patients. And having been a doctor for 30 years, I think what patients really want from you is that when you're with them, you are listening to them intently. And then when you're not with them, they'd like a way to easily get ahold of you. If you pay attention, I think most of this other superficial stuff really melts away."

For his part, when meeting patients, Chopra says he prefers to wear "formal attire. To me, this means a shirt, tie, formal trousers and shoes. I always wear a white coat with my ID and tags clearly visible so that patients know who I am, my degrees and affiliation," which are written on his coat. He says he's found this uniform to be "comfortable, professional and helpful when I interact with patients. Quite simply put, it makes me feel like the professional I am. And I believe it makes patient feel the same way as well."

When he's at work, Edmond wears scrubs and enacts his own bare below the elbows policy, which means no jewelry or wrist watches, as they can also harbor potentially infectious bacteria. He says the concept of professionalism in medicine – or dressing to match the part of the doctor – misses the point of caring for patients. "That's about doctors. It's not about patients. Patients aren't complaining about [what doctors wear]. It's doctors complaining about other doctors."

He says if we could replace that professionalism argument with humanism, or putting patients and their care ahead of concerns about being perceived as a professional, "that kind of stuff melts away. If you look at how doctors dress through the lens of humanism, then what it tells us is that you should be clean, comfortable, functional and safe. Whether it means you have the white coat on or not, it doesn't really matter when you go back to those four things." As he notes, the doctor is still a doctor whether he or she is wearing a white coat or not.

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8.3 - KMGH (ABC-7, Video): [Brazen thief targets grieving visitors at Fort Logan National Cemetery](#) (19 September, Lance Hernandez, 2.1M uvm; Denver, CO)

When you're visiting a grave at Fort Logan National Cemetery, you don't expect to be victimized by a thief.

But that's what happened to Sharlene Custenborder on August 29.

"I had just finished babysitting my grandkids and thought I'd go see John," she said.

John Custenborder, a Vietnam veteran, died 11 months ago, and was laid to rest on the east side of Fort Logan.

Sharlene said she parked her car on the cemetery's New Mexico Street and walked up to John's grave.

She said she sat down and started talking to him, telling him about the kids.

Sharlene told Denver7 that she remembers John for a lot of things, among them, his generosity.

"You could ask him to do anything for you," she said, "and he would."

Walking Among Headstones

Midway through her visit, she noticed that she wasn't alone.

"I just happened to look over my shoulder," she said, "and there was a woman walking through the headstones...she didn't have a purse and there was no other car around and I went, 'hmmm, maybe she's lost.'"

It was only as she was leaving the cemetery that Sharlene realized her phone was missing.

She traced her steps back and forth.

"I sat down thinking maybe it fell out of my pocket," she said.

When she couldn't find it, she went back to her car, and that's when she realized several other items were missing.

"(The thief) took my billfold that my niece had just made me, my driver's license, credit cards and overnight bag," she said.

She added that the thief also took some items of sentimental value.

"They took John's driver's license and his VA card," she said. "I can replace everything else, but I can't get those two things back, and I always carried them with me, and a picture of us on a little Polaroid."

Sharlene said she also had father's memorial announcement in her billfold.

"That was from 20 years ago," she said, "but I've been carrying it all this time."

Now, it too is gone.

Lock your car doors

When Sharlene went to the cemetery office to report the theft, she noticed a note posted on the wall warning visitors to lock their car doors.

She said the thief racked up more than \$1,500 worth of bills on two of her credit cards.

Photographs

Investigators obtained photos showing a woman using one of Sharlene's stolen credit cards.

They shared those photos with Sharlene.

"I saw the pictures and thought, 'that's the lady from the cemetery,'" she said.

While many people might harbor ill-will toward a thief, Sharlene said she doesn't.

"Everybody feels violated," she said, "but I thought, if (the thief) needed it, it's okay. I know that's not the right attitude, but I forgive her for what she did."

She later added, "She doesn't know how close to my heart she stabbed."

Sharlene said she went public with her story because she wants others to know what happened, and because she would like to get back what was stolen.

When asked why a thief would target people mourning at a cemetery, Kevin Williams, Fort Logan's assistant director, said, "I think it's an easy target. People feel comfortable coming to a National Cemetery. They don't think they need to lock their doors, because who would do something like that in a place like this?"

Williams told Denver7 that thefts peaked in early summer, then tapered off.

"We're seeing an uptick on weekends," he said.

Car Stolen

Last June, a chaplain, who was taking part in an honor guard ceremony at Fort Logan, began walking to his car after the ceremony, but couldn't find it.

It had been stolen.

"We encourage people to lock their doors," Williams said, "and hide your valuables, because people are taking advantage of, and are stealing from, people who are grieving here at the cemetery."

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8.4 - WRIC (ABC-8, Video): [Congress votes to extend restrictions on deadly dog research](#)
(19 September, Kerri O'Brien, 477k uvm; Richmond, VA)

After an 8News investigation, there's another roadblock for deadly dog research at McGuire VA Medical Center.

Congress has now voted to extend its restrictions on dog testing at the Department of Veterans Affairs through fiscal year 2019.

Under the legislation, (text on page 185) your federal tax dollars can not be used for the deadly dog experiments like the testing 8News uncovered at McGuire unless there is absolutely no other alternative to using dogs.

If that is the case, the study will need direct approval from the VA Secretary.

8News exposed 39 dogs at McGuire, some puppies, had been surgically implanted with pacemakers and forces to run on treadmills until they collapsed or died.

The VA says the research part of an on-going study into heart disease.

Over 50 house members on both sides of the aisle requested this measure to de-fund the animal testing be extended through fiscal year 2019.

The bill now heads to President Trump's desk.

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From:

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Subject: [EXTERNAL] 19 September Veterans Affairs Media Summary and News Clips

Date: Wed Sep 19 2018 05:19:03 CDT

Attachments: 180919_Veterans Affairs Media Summary and News Clips.docx
180919_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.718305-000001

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Last Modified: Wed Sep 19 04:19:03 CDT 2018



Veterans Affairs Media Summary and News Clips

19 September 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Some Low-Performing VA Hospitals Show Improvement](#) (18 September, Ben Kesling, 43.6M uvm; New York, NY)

The quality of the nation's veterans hospitals improved over the past year, according to an assessment to be released this week by the Department of Veterans Affairs, allowing officials for the first time to remove a handful of the poorest-performing centers from a list of high-risk facilities.

[Hyperlink to Above](#)

1.2 - WebMD: [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

After years underground, psychedelic drugs are getting attention as a potential treatment for depression and posttraumatic stress disorder (PTSD). MDMA, also known as ecstasy, has shown promise in studies of combat veterans. Psilocybin, the compound in "magic mushrooms" that gets you high, has been tested as a potential boost for people struggling to quit smoking.

[Hyperlink to Above](#)

1.3 - CBS News (Video): [MDMA, the main ingredient in ecstasy, could be key in helping veterans with PTSD](#) (18 September, Jim Axelrod, 26.1M uvm; New York, NY)

It's the little things that Jon Lubecky appreciates now, like playing a board game with his family. But it wasn't always that way for the former Army sniper, who came home in 2006 after nearly a year in Iraq with a traumatic brain injury from a mortar attack and a nasty case of post-traumatic stress disorder (PTSD). Traditional treatments, including the use of antidepressants like Zoloft, were useless.

[Hyperlink to Above](#)

1.4 - The Plain Dealer: [New VA clinic in Willoughby offers improved services, larger space](#) (18 September, Julie Washington, 11.5M uvm; Cleveland, OH)

Even though the Veterans Administration's new outpatient clinic in Willoughby had been open for only a few hours, Monte Hallam of Madison found it was already an efficient operation. When Hallam arrived, the 74-year-old Vietnam veteran was immediately greeted and directed to the blood lab located off the main lobby. "It's very nice," he said about the enlarged facility, which opened Monday. "It's much improved over the last place. I look forward to coming back."

[Hyperlink to Above](#)

1.5 - Military.com: [VA Struggles to Restore Services in Storm-Ravaged North Carolina](#) (18 September, Richard Sisk, 9M uvm; San Francisco, CA)

Sick and disabled veterans who had been evacuated from the Hampton, Virginia VA Medical Center amid hurricane conditions were allowed to begin returning to the center on Monday. But the immense rainfall from Hurricane Florence and its aftermath left clinics closed and hospitals isolated in flood-ravaged North Carolina.

[Hyperlink to Above](#)

1.6 - WRAL (CBS-5): [Delta pilot accused of lying about mental health to keep flying](#) (18 September, Leon Stafford, 3.2M uvm; Raleigh, NC)

A Delta Air Lines pilot has been indicted on charges he misled government officials about his mental health so he could keep flying. Adam Asleson, 39, of Peachtree City, Georgia, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

[Hyperlink to Above](#)

1.7 - Military Times: [Veterans facing judges to get more courtroom advocates as legal assistance program expands](#) (18 September, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump signed into law Monday a significant expansion of the Veterans Justice Outreach program, a move that will put dozens more specialists into courtrooms nationwide to help work with veterans facing legal troubles. The program, which has received positive reviews from advocates for providing additional rehabilitation and alternative punishment options...

[Hyperlink to Above](#)

1.8 - Stars and Stripes: [VA cites improvements at five hospitals removed from 'high-risk' list](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Five low-performing Department of Veterans Affairs hospitals have improved enough in the past six months to no longer qualify as high risk, the VA announced Tuesday. The VA hospitals in Dublin, Ga.; Harlingen, Texas; Roseburg, Ore., Nashville and Denver were removed from high-risk status based on new performance statistics released Tuesday.

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1.9 - Stars and Stripes: [In North Carolina, flooding from Florence closes VA clinics, counseling centers, cemeteries](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Two Department of Veterans Affairs facilities in southeastern North Carolina will remain closed until next week due to the catastrophic flooding that continues to cripple the area days after Hurricane Florence first made landfall. Though most of the VA facilities affected by the storm were reopened by Tuesday, a health care center in Wilmington and outpatient clinic in Morehead City are expected to remain closed until Sept. 24.

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1.10 - WFED (AM-1500): [VA exceeds goals for delivering appeals decisions on disability claims](#) (18 September, Terry Wing, 854k uvm; Washington, DC)

The Veterans Affairs Department said it has surpassed its goal this year of delivering more than 81,000 appeals decisions on claims for disability benefits and services. In doing so, VA said it delivered 28,000 more appeals decisions in fiscal 2018 than in fiscal 2017, a 52 percent increase.

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2. [Greater Choice for Veterans](#)

2.1 - NJ.com (The Jersey Journal): [Opinion: Save the VA. Veterans' lives depend on it](#) (18 September, Joseph Hirsch, 9.4M uvm; Newark, NJ)

In May of 1968 I was sent to Vietnam, where I translated intercepted communiques during the war. The horrors of war I witnessed changed me forever. Since I returned home, I have worked to end war and for social justice. In Vietnam, I, like millions of Vietnamese and many other American soldiers, was exposed to Agent Orange. Decades later, the VA linked that exposure to my diabetes.

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2.2 - Missoula Current: [Montana veterans rally for Tester, push back on Rosendale's "little stuff" claims](#) (18 September, Martin Kidston, 17k uvm; Missoula, MT)

Montana veterans, a spouse and a firefighter were among those who pushed back Tuesday against a campaign ad released by Matt Rosendale, which suggests Sen. Jon Tester's 19 bills signed into law by President Donald Trump this Congress amounted to "little stuff." That little stuff, veterans argued in a media call, have made a big difference in ensuring VA facilities are properly staffed, and it has changed how they access health care through the VA and pursue careers after service using education assistance.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - WHTM (ABC-27, Video): [New VA clinic to open in Upper Allen](#) (18 September, Mark Hall, 442k uvm; Harrisburg, PA)

A new Veterans Affairs outpatient clinic opens Wednesday in Upper Allen Township. The clinic at 5070 Ritter Road will replace the existing clinic on North 32nd Street in Camp Hill. The state-of-the-art facility has 48 exam rooms. "Veterans who are treated here can get their primary care and mental healthcare and behavioral healthcare lab work and physical therapy," said Douglas Etter, a spokesman for the Lebanon VA Medical Center.

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3.2 - Healthcare IT News: [VA will open bidding for VistA EHR support, maintenance](#) (18 September, Jessica Davis, 438k uvm; Chicago, IL)

The U.S. Department of Veterans Affairs modified its request for information on Monday, with plans to open bidding for a vendor to maintain and support its legacy VistA EHR architecture and imaging operations for the next five years. According to the amended RFI, the agency plans to submit request for proposals on Sept. 21 through the General Service Administration's IT Schedule.

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4. [Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (AP): [Republicans Face Bad Numbers With Election 7 Weeks Away](#) (18 September, Scott Bauer, 23.9M uvm; Washington, DC)

Republicans warned by party standard-bearer Gov. Scott Walker for months about a possible blue wave this November received more bad news Tuesday with a poll showing growing signs of support for Democrats. The Marquette University Law School poll landed as Walker and his allies have outspent Democratic challenger Tony Evers by millions of dollars, and as Republican Leah Vukmir, a state senator, is trying to knock off Democratic U.S. Sen. Tammy Baldwin.

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4.2 - Breitbart: [O'Keefe Video Reveals the Only Way to Drain the Swamp Is to Fire the Swamp](#) (18 September, Rick Manning, 19.1M uvm; Los Angeles, CA)

Project Veritas' latest video exposé reveals that the Resistance movement runs deeply within the federal government. However, due to the civil service laws, those who refuse to do their jobs are nearly impossible to root out and fire. The only way to fix this broken federal civil service system is for Congress to pass the MERIT Act. Federal civilian workers know that they cannot be fired even under the most egregious circumstances, and under current civil service law they are correct.

[Hyperlink to Above](#)

4.3 - Washington Examiner: [5 poorly performing VA hospitals ready to graduate from high-risk list: Report](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

Five VA hospitals are set to be removed from a list of 15 poorly performing facilities that are considered high-risk, according to an assessment that is set to be released this week by the Department of Veterans Affairs, according to a report Tuesday. Removing these hospitals from the list would mark an overall improvement in the quality of care that patients receive at the nation's 146 veteran hospitals, the Wall Street Journal reports.

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4.4 - Washington Examiner: [VA ready to hire dozens more specialists to give legal help to veterans at medical centers](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

The Veterans Affairs Department announced Tuesday that it is ready to hire an additional 50 outreach specialists to help veterans in the judicial system after President Trump signed into law Tuesday the Veterans Treatment Court Improvement Act of 2018. The law requires the VA to hire the new specialists over the next year and then place them at VA medical centers in need of their services.

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4.5 - The Spokesman-Review: [Media barred from VA medical center tour with Cathy McMorris Rodgers](#) (18 September, Will Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law. The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

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4.6 - KCUR (NPR-89.3): [U.S. Representatives Step In, Spark Changes To Kansas City's VA Medical Center](#) (18 September, Andrea Tudhope, 198k uvm; Kansas City, MO)

The VA Medical Center in Kansas City, Missouri, has made a few changes after receiving a letter from U.S. representatives from Missouri and Kansas that detailed veterans' concerns about the quality of care. Republican U.S. Reps. Vicky Hartzler of Missouri and Kevin Yoder of Kansas, as well as Democratic U.S. Rep. Emanuel Cleaver of Missouri, met with the VA on Tuesday to discuss the issues outlined in their July letter and check on what progress has been made.

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4.7 - KEZI (ABC-9, Video): [Report: Roseburg Va Trying To Restore Trust After 'Toxic Work Culture'](#) (18 September, Stephanie Villiers, 164k uvm; Eugene, OR)

The Veterans Affairs Office of Inspector General has released a report on its review of the Roseburg VA after accusations of retaliation against employees and concerns about patient care. The report, which was compiled after an unannounced visit in March 2018, found the new leadership team at the VA is trying to restore a culture of trust, as well as improve employee and patient satisfaction and quality of care.

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4.8 - WBND (ABC-57, Video): [Mishawaka VA Clinic celebrates one year of service](#) (18 September, Abby Lutz, 54k uvm; South Bend, IN)

The St. Joseph County VA Health Care Center will host a celebration on Tuesday to celebrate one year since the doors opened in Mishawaka. Over the last year, the clinic has provided care for more than 11,000 veterans. It has also created nearly 200 jobs in the community. Patrick Erdes, a local Army veteran, says the new facility exceeded his expectations.

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4.9 - MeriTalk: [Senate Panel Okays VA CIO Nomination, Full Senate Vote Next](#) (18 September, 35k uvm; Alexandria, VA)

The Senate Veterans' Affairs Committee voted today to approve the nomination of James Gfrerer to serve as the Department of Veterans Affairs' chief information officer and the assistant secretary of the agency's Office of Information and Technology. Gfrerer's nomination will now move to the full Senate for a final confirmation vote.

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4.10 Shelby County Today: [My VA Hospital Visit](#) (16 September, Doug Fincher, 1.1k uvd; Center, TX)

I had a small basal cell skin cancer (the least invasive kind) removed from my scalp at the Houston V.A. Hospital today. As Doctor Jacque Guidry helped me onto the surgery table, she asked if I minded losing a little hair and to name a singer I liked. My answer was: "No problem with the hair and I like Lionel Richie." Within seconds Richie was softly singing "Three Times a Lady" and the Doctor was humming, cutting, and talking small talk with Pam and me.

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5. [Improve Timeliness of Service](#)

5.1 - Military.com: [After Hurricane Florence What Is Status Of VA & Other Federal Assistance](#) (18 September, Jim Absher, 9M uvm; San Francisco, CA)

If you are in the area affected by Hurricane Florence you may be wondering just what is the status of VA facilities in your area. According to the VA, all hospitals in the area are open, although several outpatient clinics are closed, especially those in coastal areas. Their reopening dates remain TBD. The VA says it is also readying mobile units including a Mobile Pharmacy

Unit, a Mobile Vet Center, and a Mobile Emergency Nutrition which will deploy to Richmond, VA and Salisbury, NC shortly.

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5.2 - KMBC (ABC-9, Video): [Officials seeing progress at Kansas City's VA Medical Center](#) (18 September, Matt Flener, 1.1M uvm; Kansas City, MO)

Two members of congress say they're seeing progress at Kansas City's VA Medical Center. This comes after years of overhaul, and long wait times for veterans. Missouri Representatives Vicky Hartzler and Emmanuel Cleaver stood outside the VA Medical Center in Kansas City after meeting with VA officials to address veterans concerns.

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5.3 - Herald-Tribune (Video): [House candidate David Shapiro wants legal cannabis for veterans](#) (18 September, Billy Cox, 871k uvm; Sarasota, FL)

Candidates for the District 16 congressional race are staking out divergent positions on the question of whether marijuana should be removed from Schedule 1 status to afford military veterans another potentially potent option for dealing with PTSD and traumatic brain injuries, something explored recently by the Herald-Tribune and supported by a growing field of veterans and national veterans organizations in the face of an epidemic of military suicides.

[Hyperlink to Above](#)

5.4 - WLOS (ABC-13, Video): [Charles George VA Medical Center](#) (17 September, 480k uvm; Asheville, NC)

3-minute video: The Department of Veterans Affairs (VA) leads the country in hepatitis screening, testing, treatment, research and prevention. Get more information both for health care providers and for Veterans and the public at <http://www.hepatitis.va.gov/>.

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5.5 - The Repository: [Opinion: Drugs-first approach to pain treatment fuels opioid epidemic](#) (18 September, Aaron McMichael and Judson Sprandel II, 439k uvm; Canton, OH)

The opioid epidemic has highlighted the necessity of taking a new approach to treating pain, but Ohio's largest health care payers do not appear to be listening. Just in time for Drug-Free Pain Management Month, officially recognized in September by Ohio and the city of Canton, a recent analysis of Ohio's largest health care payers indicates they have been reluctant to improve coverage of recommended drug-free pain treatment alternatives.

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5.6 - The Gazette (Waterloo Courier): [Abby Finkenauer: More help needed for mental health](#) (18 September, Thomas Nelson, 433k uvm; Cedar Rapids, IA)

Veterans who met with two politicians here Tuesday had questions about their health care and the answers concerned money. The 30 or so veterans meeting with state Rep. Abby Finkenauer, Democratic candidate in Iowa's 1st Congressional District, and U.S. Rep. Seth Moulton, D-Mass., asked why they can't receive VA health care simply by showing their discharge papers.

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5.7 - KRGV (ABC-5, Video): [Veteran with Chronic Illness, Injuries Seeking Help from VA](#) (19 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Rio Grande Valley veteran who deals with Agent Orange-related problems is looking for help from the U.S. Department of Veterans Affairs. Juan Hernandez says he served in Vietnam in the 1970s and has been dealing with these issues since then. He wants the VA to work through his daughter who can help him to stay on top of his benefit claims and finances.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Concord Monitor: [The facts about PTSD and veterans](#) (18 September, Robert Rowe, 164k uvm; Concord, NH)

It is so important to let people know that so much of what affects our veterans and their families is a direct result of that voluntary service to protect our country, its citizens and our freedoms. Please let me tell you a little bit about veterans and post-traumatic stress disorder. I am devastated at the stigma related to veterans and PTSD.

[Hyperlink to Above](#)

6.2 - KTVL (CBS-10, Video): [Veterans gather for annual Mental Health Summit](#) (19 September, Jennevie Fong, 73k uvm; Medford, OR)

Veterans across the region gathered in downtown Medford for the 6th Annual VA Southern Oregon Rehabilitation Center & Clinics (VA SORCC) Mental Health Summit. Social work supervisor Chris Petrone said the summit is intended to help the Department of Veterans Affairs partner with other community services.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - FOX News: [Delta Air Lines pilot grounded for concealing 'major depressive disorder' to keep flying](#) (18 September, Janine Puhak, 32.5M uvm; New York, NY)

A Delta Air Lines pilot has been grounded after being indicted for misleading government officials about a "major depressive disorder" in hopes of continuing his career in the skies. A Delta spokesperson confirmed to Fox News on Tuesday that U.S. Air Force veteran Adam Asleson is "no longer actively flying" with the carrier in the wake of being indicted in the U.S. District Court in San Francisco.

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7.2 - U.S. News & World Report (AP): [Lawmakers Seek to Name Clinic After Medal of Honor Winner](#) (18 September, 23.9M uvm; Washington, DC)

Members of Louisiana's congressional delegation are seeking to rename a veteran's clinic in Lake Charles after a Medal of Honor winner who died in Vietnam. U.S. Sens. Bill Cassidy and John Kennedy and Rep. Clay Higgins announced their legislation Monday in a news release. They hope to have the Lake Charles Community-Based Outpatient Clinic named after Douglas Fournet.

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7.3 - U.S. News & World Report (AP): [15 New Housing Vouchers for Homeless Reno-Sparks Vets](#) (18 September, 23.9M uvm; Washington, DC)

The U.S. Department of Housing and Urban Development has issued 15 new housing vouchers for homeless veterans in the Reno-Sparks area. Reno Housing Authority Executive Director Amy Jones says the vouchers provide permanent housing as well as supportive services for homeless veterans. She says it will help some of the most deserving and needy members of the community

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7.4 - Washington Examiner: [VA celebrates 'historic achievement' after exceeding goal for appeals decisions on disability claims](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

The Department of Veterans Affairs exceeded its goal of delivering 81,000 appeals decisions of disability benefit claims to veterans two weeks earlier than expected, the department reported Tuesday. The VA pledged to reduce wait times for appeals decisions in fiscal year 2018. As of Sept. 14, the Board of Veterans' Appeals made 28,000 more decisions than they had the previous year and surpassed the 81,000 target.

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7.5 - WFMZ (TV-69, Video): [Allentown Hope For Veterans shut down](#) (18 September, Jaccii Farris 2.1M uvm; Allentown, PA)

Local officials say the Veteran's Administration is no longer funding the Allentown Hope for Veterans program. "In a nut shell blindsided. Devastatingly blindsided," said Thomas Applebach, Lehigh County Director of Veterans Affairs. Applebach says since the program came to the area, it has helped 325 homeless vets and their families find a place to live like Army veteran Tim Smith, who found himself homeless in between retirement and the start of his retirement benefits in 2014.

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7.6 - Arkansas Democrat-Gazette: [Veterans cemetery in North Little Rock expanding with help of \\$5.7M U.S. grant](#) (18 September, Hunter Field, 871k uvm; Little Rock, AR)

The federal government will grant more than \$5.7 million to the Arkansas Department of Veterans Affairs to expand its cemetery in North Little Rock. The agency applied for the grant last year after determining that the Arkansas State Veterans Cemetery at North Little Rock would reach capacity for certain burial types in 2020 and 2021.

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7.7 - KOLO (ABC-8, Video): [15 new housing vouchers offered to help homeless veterans](#) (18 September, Valentina Bonaparte, 274k uvm; Reno, NV)

For the past 10 years the U.S. Department of Housing and Urban Development and Veteran's Affairs have helped homeless veterans find places to live through the HUD/VASH program. "This is basically a housing choice voucher, which gives you the choice to live, where you want to live, provided the rent is considered reasonable and your landlord is accepting vouchers," says Brent Boynton, community outreach coordinator at Reno Housing Authority.

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7.8 - KDRV (ABC-12, Video): [Mental Health Summit Breaks Down Mental Illness Barriers](#)

(18 September, Andryanna Sheppard, 156k uvm; Medford, OR)

Organizations from across Jackson, Josephine, Klamath counties and northern California came together Tuesday afternoon in almost a networking event. "We're working to collaborate together to use our skill sets and strengths of each of our organizations to move veterans who experience behavioral health conditions and also non-veterans," said Rosa Ruggiero. She's the Chief of Psychiatry for the White City VA Southern Oregon Rehabilitation Center & Clinics (SORCC).

[Hyperlink to Above](#)

7.9 - Union-Bulletin: [Friday event honors POWs/MIAs](#) (18 September, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

Veterans, their families and the community are encouraged to honor former POWs and remember MIAs during the annual POW/MIA Remembrance Day at 11 a.m.-12:30 p.m. Friday at Jonathan M. Wainwright Veterans Affairs Medical Center, 77 Wainwright Drive, in Theater Building 78. The colors will be presented by Civil Air Patrol Twin W Composite Squadron; Heather Nygaard will perform the national anthem and Ray Crawford, associate director for operations, will provide opening comments.

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7.10 - Taos News: [VA awards Angel Fire \\$3.2M for veterans cemetery](#) (18 September, Cody Hooks, 55k uvm; Taos, NM)

Angel Fire is already known around the county by veterans of the Vietnam War thanks to the memorial on the edge of town, but an announcement of funding for a veterans cemetery means the Colfax County village is well on its way to being even more of a hub for veterans and their families.

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7.11 - WAER (FM-88.3, Audio): [Syracuse VA Will Offer Classes to Teach Veteran Families about Mental Health and the "New Normal"](#) (18 September, Scott Willis, Owen Sienko, John Smith, Samantha Taylor, and Molly Bolan, 26k uvm; Syracuse, NY)

The Syracuse VA Medical Center is about to start-up another series of classes for families of veterans struggling with mental illness. This marks the 11th year the VA has partnered with the National Alliance for Mental Illness, or NAMI. Local recovery coordinator at the VA Ann Canastra says the 12-week program is aimed at families for a reason.

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7.12 - KGNS-TV (NBC-8): [Laredo honor's prisoners of war and those missing in action](#) (18 September, 900 uvd; Laredo, TX)

Since 1979, the third Friday in September is dedicated to remembering those held as prisoners of war or missing in action during combat. The Area Health Education Center in collaboration with the Laredo VA Clinic held a commemorative event to honor service men and women listed as MIA and POW.

[Hyperlink to Above](#)

7.13 - ConnectingVets.com: [VA's first drag show celebrates all veterans](#) (17 September, Jonathan Kaupanger, New York, NY)

The gauntlet has been thrown down at the Vermont VAMC. And surprisingly, it's an elbow-length, white opera glove, dripping with fake jewels. Charisma, uniqueness, nerve and talent aren't usually traits you get judged on at Veterans Affairs. That is, unless you were one of the few lucky veterans attending 'Queens, Queens & Camo,' a drag cabaret benefiting LGBTQ veterans in Vermont.

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8. [Other](#)

8.1 - The Indianapolis Star: [Ex-VA police officer sentenced for punching patient during arrest](#) (18 September, Crystal Hill, 3.2M uvm; Indianapolis, IN)

A former Indianapolis-based police officer is headed to prison for shoving and repeatedly punching a person he was arresting at a Veterans Affairs Medical Center, federal authorities announced Tuesday. Michael Kaim, 28, was sentenced in U.S. District Court in Indianapolis to 12 months behind bars and ordered to pay a \$1,000 fine for deprivation of civil rights, according to a news release from the U.S. Department of Justice.

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8.2 - WRTV (ABC-6): [Former Indianapolis VA officer to serve 12 months for assaulting patient, filing false report](#) (18 September, Jordan Fischer, 1.1M uvm; Indianapolis, IN)

A former police officer at the Richard L. Roudebush Veterans Affairs Medical Center in Indianapolis will serve a year in prison for repeatedly punching a patient and falsifying his report about the incident. Officer Michael Kaim was indicted in January on a civil rights violation and obstruction of justice for allegedly writing a false report about an arrest at the Indianapolis VA hospital.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Some Low-Performing VA Hospitals Show Improvement](#) (18 September, Ben Kesling, 43.6M uvm; New York, NY)

The quality of the nation's veterans hospitals improved over the past year, according to an assessment to be released this week by the Department of Veterans Affairs, allowing officials for the first time to remove a handful of the poorest-performing centers from a list of high-risk facilities.

Those five hospitals had been the target of a program that floods poorly performing facilities with expertise and resources, and the improvements are seen by VA officials and physicians as a measure of success. But 10 other high-risk hospitals continue to languish among the lowest-ranked facilities, and will remain the target of improvement efforts, officials said.

Of 146 VA medical centers nationwide, 103 recorded improvements in service quality, and seven suffered declines. Quality is measured according to death rates, complications, patient satisfaction, overall efficiency and physician capacity under a system called Strategic Analytics for Improvement and Learning, or SAIL.

While VA officials consider the improvements a step in the right direction, they said the assessments don't always foreshadow quality improvements or declines.

"You can look around the system and you can find failures that weren't necessarily predicted by SAIL," said Dr. Richard Stone, the top VA health-care official.

Hospital ratings have been showing steady improvement since the first public release of the data in 2015, and health-care analysts said that making the assessments public had helped push quality upward.

"A lot of hospital systems have been moving towards increased transparency in general and the VA has been at the forefront," said Carrie Farmer, a senior policy researcher focusing on health care at the Rand Corp., a California-based research institution. Ms. Farmer is the co-author of a 2018 Rand Corp. report that shows VA hospitals typically perform as well or better than private-sector hospitals when similar statistics are compared.

Dr. Stone said greater transparency had fueled improvements around the VA, the nation's largest medical system. "When you make these things public you get pressure, you get scrutiny, you get oversight," he said.

"I believe the key strategy for getting an acceleration of improvement is transparency," said Dr. David Shulkin, former VA secretary. "That is why we went public with all of our data."

Dr. Shulkin was running the department when it made the SAIL measures publicly available, allowing veterans and their families to compare VA hospitals to private-sector facilities.

"When quality data is not transparent it's easy to keep the real problems below the surface," Dr. Shulkin said.

VA medical centers are rated on a scale of one to five stars. Of the 146 medical centers, 19 had five-star ratings, and 15 were given one-star ratings.

The 15 poorest-rated centers were among those given a one-star rating, and were considered in the high-risk category. Earlier this year, VA officials began transferring personnel and resources from some of the healthier centers to the high-risk centers.

As a result, five of the 15 high-risk centers—in Dublin, Ga.; Harlingen, Texas; Nashville, Tenn.; Roseburg, Ore., and Denver, Colo.—improved, officials said, rising out of the high-risk category. The latest star ratings have yet to be released, but VA officials said they likely would upgrade these centers to two-star ratings.

However, 10 of the high-risk centers—Hampton, Va., Washington, D.C.; Big Spring, Texas; El Paso, Texas; Jackson, Miss; Loma Linda, Calif.; Memphis, Tenn.; Murfreesboro, Tenn.; Phoenix; and Walla Walla, Wash.—remained in the high-risk category.

One of those, in Washington, D.C., has been at the center of scrutiny over the past year as an inspector-general report of unsanitary conditions and poor service led to the eventual removal of the medical center's leadership. But there, the SAIL ratings didn't reflect the depth of the problems. It is the only one of the 15 high-risk facilities whose rating declined.

A VA official said there is a constant concern, as with any other performance-measuring system, that employees will focus on boosting performance—or the appearance of performance—by focusing solely on statistics measured by SAIL. The department needs to make sure that performance reviews don't have unintended consequences, the official said.

Dr. Shulkin, the former secretary, said there is no way to eliminate all bad actors who try to “game the system” but VA officials have been working to eliminate incentives to manipulate numbers.

The availability of these public statistics could also become more important as the department works out how to implement a sweeping new law signed by President Trump in June.

The VA Mission Act has the potential to reshape the way veterans are allowed to get care in the private sector and includes a provision that allows the VA secretary to send veterans elsewhere if VA hospitals fall below a certain, as-yet undefined threshold.

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1.2 WebMD: [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

After years underground, psychedelic drugs are getting attention as a potential treatment for depression and posttraumatic stress disorder (PTSD).

MDMA, also known as ecstasy, has shown promise in studies of combat veterans. Psilocybin, the compound in “magic mushrooms” that gets you high, has been tested as a potential boost for people struggling to quit smoking. Researchers in Europe are conducting a survey of how “microdoses” of LSD or other drugs affect mental activity without altering perception. And the

American Psychological Association held a symposium in early August on the potential uses of psychedelics.

"This is a very interesting, intriguing moment in psychiatric drug development," says John Krystal, MD, chairman of the psychiatry department at the Yale University School of Medicine.

Doctors have been reluctant to explore the potential uses of psychedelics since the 1960s, Krystal says. Not only did the federal government classify them as having no acceptable medical uses and a high potential for abuse, but many researchers believed they were too powerful to use therapeutically. But the mental health field is facing "a moment of great need" that's prompted some rethinking, he says.

"Our appreciation of the seriousness of psychiatric disorders is much more mature than it was then," Krystal says. "We have a much better understanding about how common, how disabling -- and in some cases, with the rising suicide rate, how lethal these disorders are."

Over the last 50 years, researchers have made "transformative" advances in understanding how the brain works. But there haven't been corresponding breakthroughs in psychiatric drugs, he says. And there have been some promising results so far.

A phase III clinical trial of the use of MDMA to treat PTSD is moving ahead after it won FDA designation as a potential "breakthrough therapy" last summer. That status holds out the prospect of speedy review by the agency and "catapulted" fundraising for the trial's backers, says Brad Burge, spokesman for the California-based Multidisciplinary Association for Psychedelic Studies (MAPS).

"That breakthrough therapy designation communicates to funders and to the rest of the world that this is a very serious treatment and the FDA is taking it very seriously. That's huge," Burge says.

In a phase II trial funded by MAPS, researchers found MDMA sharply reduced or eliminated PTSD in a group of 26 veterans, police officers, and firefighters when combined with psychotherapy. Nearly all people in the study saw some improvement in their symptoms, and about two-thirds "simply didn't have PTSD anymore," Burge says.

The results were published in May. Researchers checked in with participants 2 months after treatment, then a year later. "On average, those results actually kept getting better," Burge says.

There were no serious side effects, but the researchers did find one surprising result: Lower doses of MDMA were less helpful than not being given the drug.

"What we think might be happening there is it could be bringing up emotions or memories in people with PTSD without giving them the additional resources to deal with it in a productive way in therapy," Burge says.

The FDA last month approved a study testing psilocybin to treat depression. British company COMPASS Pathways plans to begin the phase II trial immediately.

"Depression is the leading cause of ill-health and disability worldwide, and treatment-resistant depression affects more than 100 million people," George Goldsmith, chairman of COMPASS

Pathways, says in a statement. "It is a huge unmet need, and the trial will teach us more about how this new approach might address it."

Meanwhile, researchers at Johns Hopkins University have been studying the use of psilocybin to help people quit smoking. In follow-up interviews, 15 participants reported "a number of persisting positive effects beyond smoking cessation," says Matthew Johnson, PhD, associate professor of psychiatry at Johns Hopkins.

"We found generally people claimed vivid insights into their self-identity in psilocybin sessions -- insights into the reasons they smoked," he says. For most participants, withdrawal symptoms "really took a back seat to their fascination with their unfolding contemplation of these psychedelic sessions."

"I had one pilot participant who said, 'It's kind of like I'm in The Matrix and everything's in slow motion. Here's a craving that's coming ... instead of that sort of automatic response where my hand goes into my pocket, grabbing a cigarette and it ends up in my mouth, it's more of a slow, deliberative mindful response.'"

Other participants described increased appreciation or a re-emergence of interest in music and art or poetry.

Earlier research by Johnson and others at Johns Hopkins found psilocybin can produce "clinically significant" improvements in depression and anxiety in patients with life-threatening cancer. The drug may be able to provide hope where conventional antidepressant drugs have had little effect, he says.

But though imaging technology has given researchers the ability to view your brain on drugs, how psychedelic drugs work is still something of a mystery, Burge says.

"Even with MDMA, we have some strong theories about how it might be working to reduce PTSD symptoms in the long run, but we don't know exactly why," he says.

More brain-imaging studies might help to determine the mechanism of action of these drugs, Burge says, but they're not needed to get federal approval of a treatment. The FDA only wants to know whether a drug is effective and that the benefits outweigh the risks.

Krystal, who also leads the clinical neuroscience division at the National Center for PTSD at the Department of Veterans Affairs, has warned that the lack of effective drugs to treat posttraumatic stress disorder is a "crisis." Recent advances in neuroscience may provide a way to reopen the door for psychedelics or drugs like ketamine, which is also being tested as a treatment for depression, but he says that door should be pushed open cautiously.

"I think the central question at the moment is to determine exactly how much of the excitement over the potential therapeutic value of hallucinogenic drugs is hype and how much of it is real benefit," Krystal says. "I'm afraid our current research base is so shallow that we have to approach these drugs in a very cautious and exploratory manner."

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1.3 - CBS News (Video): [MDMA, the main ingredient in ecstasy, could be key in helping veterans with PTSD](#) (18 September, Jim Axelrod, 26.1M uvm; New York, NY)

CHARLESTON, S.C. — It's the little things that Jon Lubecky appreciates now, like playing a board game with his family. But it wasn't always that way for the former Army sniper, who came home in 2006 after nearly a year in Iraq with a traumatic brain injury from a mortar attack and a nasty case of post-traumatic stress disorder (PTSD). Traditional treatments, including the use of antidepressants like Zoloft, were useless.

"I went home, loaded a Beretta nine millimeter, put it to my temple, and I pulled the trigger," Lubecky said.

"The greatest peace I have ever felt was that microsecond the hammer fell... I knew it was over."

The gun malfunctioned, but he would try again and again.

But that has now stopped, thanks to a unique therapy. Over three sessions, Lubecky spent six to eight hours under the influence of MDMA, the active ingredient in ecstasy. Finally, Lubecky was able to talk about his trauma and thus make progress dealing with it.

Rick Doblin runs the Multidisciplinary Association for Psychedelic Studies, or MAPS, a non-profit advocating for MDMA-assisted psychotherapy.

"It starts by reducing activity in the amygdala, which is the fear-processing part of the brain, so that people's fearful emotions linked to trauma can be more easily recalled and processed," Doblin said.

Once the drug produces feelings of safety, veterans can then access memories which had been crippling before. While one in three veterans found pills like Zoloft and Paxil effective in treating their PTSD, a study including 24 veterans showed PTSD was eliminated in 68 percent of vets treated with MDMA-assisted therapy and significantly reduced in the other 32 percent.

Therapy that uses MDMA has shown an impact on veterans with PTSD. CBS NEWS Lubecky's last suicide attempt was on Nov. 3, 2013. Sixteen months later, his MDMA-assisted therapy regimen was completed. So don't talk to Lubecky if you think that MDMA's classification as a controlled substance renders it inappropriate for treating PTSD.

"If I told you, 'I have a treatment that eliminates tumors in 68 percent of cancer patients,' they'd pass a bill tomorrow legalizing it," Lubecky said.

MDMA-assisted therapy is now about to begin its third phase of FDA testing. That will take three more years and up to 300 more subjects. But if all goes well, MDMA will be available by prescription as early as 2021.

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1.4 - The Plain Dealer: [New VA clinic in Willoughby offers improved services, larger space](#) (18 September, Julie Washington, 11.5M uvm; Cleveland, OH)

Even though the Veterans Administration's new outpatient clinic in Willoughby had been open for only a few hours, Monte Hallam of Madison found it was already an efficient operation.

When Hallam arrived, the 74-year-old Vietnam veteran was immediately greeted and directed to the blood lab located off the main lobby. "It's very nice," he said about the enlarged facility, which opened Monday. "It's much improved over the last place. I look forward to coming back."

The Lake County VA Outpatient Clinic, located at 35000 Kaiser Court near the intersection of Route 91 and Route 20, replaces two VA outpatient clinics in Painesville.

"It's been a long time coming to consolidate two old buildings into one space," said Jose Salcedo, deputy director of Community Outpatient Services for the U.S. Department of Veteran Affairs.

At 20,000 square feet, the newly renovated, two-story clinic is nearly twice as large as the VA's previous outpatient clinic in Painesville. The extra room allows the VA to add diagnostic radiography (X-rays) and physical therapy departments. In the past, Lake County veterans had to drive to clinics in Parma or Wade Park to get an X-ray.

"It's going to be great to have that on site," Salcedo said.

The new facility will improve patient care through a system called Patient Aligned Care teams, or PACs, Salcedo said. PAC teams consist of a primary care provider (doctor or nurse practitioner), two nurses and a clerk. Veterans see the same PAC team on each visit.

In the old clinics, patients moved between exam rooms. In the new clinic, the patient stays in one exam room and the doctors and nurses come to the patient, Salcedo said. Doctors and nurses work in small cubicles grouped near exam rooms to improve collaboration and communication.

"The PAC design is one of the cooler things about this clinic," Salcedo said.

The tele-retinal imaging room. Credit: Gus Chan / The Plain Dealer

Telehealth coordinator Rachel Oberlander described the new clinic as "gorgeous. The VA worked very hard on it." The telehealth department electronically connects patients to specialists elsewhere in the state for counseling and other services, Oberlander explained.

When veterans arrive for appointments, they can put their ID card into an electronic check-in kiosk that displays appointment reminders, before heading to an appointment, the blood lab or a group meeting on smoking cessation, hypertension, weight loss or PTSD.

Veterans will be able to get an eye exam and new glasses onsite, instead of having to go to an outside optometrist, Salcedo said.

In the past, the Lake County outpatient clinics treated about 7,000 veterans annually, but that number is expected to rise as publicity about the clinic prompts more vets to investigate their benefits, Salcedo said.

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1.5 - Military.com: [VA Struggles to Restore Services in Storm-Ravaged North Carolina](#) (18 September, Richard Sisk, 9M uvm; San Francisco, CA)

Sick and disabled veterans who had been evacuated from the Hampton, Virginia VA Medical Center amid hurricane conditions were allowed to begin returning to the center on Monday. But the immense rainfall from Hurricane Florence and its aftermath left clinics closed and hospitals isolated in flood-ravaged North Carolina.

The advisory from the Fayetteville, North Carolina VA Medical Center was typical of others across the state where rivers were still on the rise and damaged roads and washed-out bridges made rescue and relief efforts risky.

"Patients and staff alike, please exercise caution and place safety first," officials at the Fayetteville VAMC, near Fort Bragg, said.

The main hospital at the Fayetteville center remained "isolated" by the floods. Officials at the center said that its outlying clinics were tentatively scheduled to re-open on Wednesday, but added that actual re-openings were "to be determined based on factors like weather, road and facility condition as well as water and utility availability."

Ahead of the storm that hit Sept. 14, the VA closed five hospitals and 18 community-based outpatient clinics in the southeast coastal regions of South Carolina, North Carolina and Virginia.

About 1.5 million veterans, including more than 741,000 enrolled in VA health care, and more than 28,600 VA employees live in the region, the VA said.

Prior to the storm, the VA said that all facilities in the region had "topped off their energy and oxygen supplies, and have enough food until September 29."

Also ahead of Hurricane Florence, about 217 sick and disabled patients were moved from the Hampton, Virginia center and transported to other facilities in Martinsburg, West Virginia; Salem, Virginia; Richmond, Virginia; and Salisbury, North Carolina, VA officials said.

Those evacuated patients were being returned to the Hampton center Monday.

The VA had readied mobile units to go to the region once the storm passed to provide services to stranded veterans, but it was unclear when they would actually start working in North Carolina.

At least 23 deaths have been recorded in the hurricane and its aftermath. The entire city of Wilmington, North Carolina, has been described as "isolated" from the rest of the state.

"This storm is slowly and painfully grinding across our state," said North Carolina Gov. Roy Cooper. "Our main worry is water and flooding. With every inch of rain, our rivers rise and we'll see significant flooding on into next week ... it could be of historic proportions."

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1.6 - WRAL (CBS-5): [Delta pilot accused of lying about mental health to keep flying](#) (18 September, Leon Stafford, 3.2M uvm; Raleigh, NC)

ATLANTA -- A Delta Air Lines pilot has been indicted on charges he misled government officials about his mental health so he could keep flying.

Adam Asleson, 39, of Peachtree City, Georgia, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

The FAA alleges that Asleson, who joined Delta in 2017 according to his Facebook page, omitted that he had sought help from the Department of Veterans Affairs for what the indictment described as a "major depressive disorder." Instead, Asleson, who had been a pilot in the U.S. Air Force, is said to have told the agency he received the VA disability benefits for knee strain and tinnitus.

Asleson's attorney could be immediately reached for comment.

Delta said in a statement that Asleson is no longer actively flying for the carrier.

"Delta pilots are held to the highest standards of professionalism, honesty and integrity," spokeswoman Catherine Simmons said. "Once made aware of the situation, we opened an internal investigation and are working cooperatively with the authorities."

The indictment came as the FAA has begun to compare VA records with pilot information to avoid the possibility of having someone at the controls who has had mental health issues. The downing of Germanwings Flight 9525 in 2015 put a spotlight on mental health after the plane's co-pilot, who had been treated for suicidal tendencies and had been ruled unfit to work but kept the diagnosis secret, intentionally crashed a plane into a mountainside in the Alps.

Asleson is one of four airline pilots from across the nation indicted in August in U.S. District Court in San Francisco for making false statements to the FAA in their medical certificates paperwork.

The four men, who are receiving disability benefits from the VA for mental health issues, are accused of neglecting to disclose information that would have disqualified them from operating aircraft.

Asleson was arrested Aug. 28 and released on a \$10,000 bond, according to records.

The indictment did not name the disorder from which Asleson allegedly suffers.

Asleson is set for a first appearance Oct. 3 in U.S. District Court in San Francisco. He faces a maximum sentence of five years in prison and a fine of \$250,000 if convicted.

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1.7 - Military Times: [Veterans facing judges to get more courtroom advocates as legal assistance program expands](#) (18 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump signed into law Monday a significant expansion of the Veterans Justice Outreach program, a move that will put dozens more specialists into courtrooms nationwide to help work with veterans facing legal troubles.

The program, which has received positive reviews from advocates for providing additional rehabilitation and alternative punishment options for veterans who run afoul of the law, had already seen a 20 percent jump in hired specialists since the start of fiscal 2018. With the new law, that figure will now grow another 16 percent, above 350 staffers.

Rep. Mike Coffman, R-Colo. and the author of the legislation, said in a statement the goal of the program expansion is “rehabilitation instead of incarceration” for veterans.

In his state's veterans treatment court, 73 percent of veterans who completed the program have had no subsequent legal problems, a figure Coffman said shows that underlying, untreated issues like post-traumatic stress may be more to blame than criminal intent.

“Our veterans have served us, and now we need to do our part to make sure they can overcome some of the difficulties involved in adjusting to civilian life after the military,” he said.

The outreach program has handled more than 184,000 veterans' cases since its creation in 2009, conducting outreach to veterans already in prison, providing legal assistance to others facing incarceration, and working with local law enforcement on training related to the challenges veterans can face.

The work is closely linked to VA's homeless outreach and prevention programs. In a statement, VA Secretary Robert Wilkie said that “since incarceration is often linked to homelessness, mental health issues and substance abuse, the specialists will help facilitate these veterans' access to numerous VA programs and resources.”

More than 550 veterans treatment courts — which specialize in veterans cases — are currently operating nationwide.

The law mandates that VA officials hire the additional 50 program specialists within the next year, and those individuals work both with those veterans courts and other local legal authorities to provide veterans with more information about additional assistance and benefits.

Information on the Veterans Justice Outreach Program is available through the VA web site.

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1.8 - Stars and Stripes: [VA cites improvements at five hospitals removed from 'high-risk' list](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Five low-performing Department of Veterans Affairs hospitals have improved enough in the past six months to no longer qualify as high risk, the VA announced Tuesday.

The VA hospitals in Dublin, Ga.; Harlingen, Texas; Roseburg, Ore., Nashville and Denver were removed from high-risk status based on new performance statistics released Tuesday.

The statistics, called the Strategic Analytics for Improvement and Learning, or SAIL, score hospitals based on 25 categories, including patient satisfaction, overall efficiency and death rates. The scorecards are used to rank hospitals using a star system – one star being the worst and five the best.

Last year, 15 hospitals, including the facilities in Dublin, Harlingen, Nashville, Roseburg and Denver, received one-star ratings. The VA in February announced an “aggressive new approach” to improving those hospitals, which included more direct oversight from VA headquarters.

At the 15 hospitals, 26 managers and senior leaders were removed – a result of “close scrutiny of performance trends,” said VA Press Secretary Curt Cashour.

The five hospitals removed from the high-risk list are on track to rise to two stars when the new star ratings are released, Cashour said. The new star ratings are expected to be made public before Sept. 30, the end of the fiscal year.

Nine other VA hospitals are still designated as high risk. Those facilities are located in Hampton, Va.; Big Spring and El Paso, Texas; Jackson, Miss.; Loma Linda, Calif.; Memphis and Mufreesboro, Tenn.; Walla Walla, Wash., and Phoenix.

One hospital that made the high-risk list has gotten worse. The Washington, D.C., VA Medical Center was elevated to “critical” in July after a quarterly review found conditions had deteriorated.

The D.C. hospital has been under scrutiny since last year, when the VA inspector general warned of widespread failures that put veterans at risk. The warning prompted former VA Secretary David Shulkin to fire the hospital director. Since then, a series of temporary directors have led the facility.

VA Secretary Robert Wilkie said Aug. 7 that he would soon announce a new, permanent leader for the hospital. As of Tuesday, he had yet to name a replacement.

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1.9 - Stars and Stripes: [In North Carolina, flooding from Florence closes VA clinics, counseling centers, cemeteries](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Two Department of Veterans Affairs facilities in southeastern North Carolina will remain closed until next week due to the catastrophic flooding that continues to cripple the area days after Hurricane Florence first made landfall.

Though most of the VA facilities affected by the storm were reopened by Tuesday, a health care center in Wilmington and outpatient clinic in Morehead City are expected to remain closed until Sept. 24. The southeastern coast of North Carolina was most affected by Florence, which brought more than 2 feet of rain in some areas and caused widespread power outages and closed roads. The Associated Press reported the storm was to blame for at least 32 deaths.

As of Tuesday, the rain had stopped, but flooding continued. In addition to the facilities in Wilmington and Morehead City, three clinics and two veteran counseling centers located elsewhere in the state were closed, and the VA said it was uncertain when they would reopen.

“Due to Hurricane Florence, some of our outpatient clinics are closed with reopening dates [to be determined], based on factors like weather, road and facility condition as well as water and utility availability,” the Fayetteville VA Medical Center wrote in a statement.

The flooding also caused the agency to close two national cemeteries in North Carolina -- one in Wilmington and the other in New Bern, where 4,300 homes were damaged by floodwaters.

“When it is safe and possible to do so, we will assess whether conditions are safe enough to reopen to visitors,” the National Cemetery Administration, part of the VA, wrote in a statement Tuesday.

In preparation for the storm last week, the VA closed 18 clinics across Virginia and North and South Carolina. The agency also evacuated the Hampton VA Medical Center in Virginia. Veterans from Hampton were bused to Martinsburg, W.Va., Salem and Richmond, Va., and Salisbury and Durham, N.C.

All affected clinics and veteran centers in Virginia and South Carolina were reopened as of Tuesday, and 170 of the 210 veterans evacuated from Hampton had returned there. Some of the Hampton veterans remained in Salisbury and Durham, cut off from Virginia because of road closures. They were expected to return either late Tuesday or Wednesday.

The VA first predicted Florence would affect more than 740,000 veterans in the three-state area who were enrolled in VA health care services. A new estimate Tuesday determined the number was closer to 640,000 veterans.

To help in the aftermath, the VA sent out 15 mobile veteran centers, two mobile pharmacy units, two emergency nutrition units and five mobile medical units to offer medical care, medication and counseling to veterans affected by the storm.

The VA is encouraging veterans with questions to call the Veteran Disaster Hotline at 1-800-507-4571.

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1.10 - WFED (AM-1500): [VA exceeds goals for delivering appeals decisions on disability claims](#) (18 September, Terry Wing, 854k uvm; Washington, DC)

The Veterans Affairs Department said it has surpassed its goal this year of delivering more than 81,000 appeals decisions on claims for disability benefits and services.

In doing so, VA said it delivered 28,000 more appeals decisions in fiscal 2018 than in fiscal 2017, a 52 percent increase.

In a press release Tuesday, VA Secretary Robert Wilkie said the Board of Veteran's Appeals had provided thousands of veterans with critical, life-changing decisions.

“The Board’s historic achievement delivering results to veterans and their families reflects VA’s hard work and commitment to getting it right for our veterans under the leadership of President [Donald] Trump,” Wilkie said.

The achievement comes as the agency prepares for the full implementation of the Veterans Appeals Improvement and Modernization Act of 2017, which aims to make the appeals process an easier, more timely and transparent process that is designed to give veterans increased choice and control. The new law takes effect February 2019.

Getting ready for the rollout, VA said it has developed new IT capabilities and held numerous training sessions and panels for national, state, and local stakeholders. It also said 186 new attorneys have been hired this fiscal year to help the agency work through the new appeals program and address backlogged claims.

While the VA perfects its new process, it is trying to prove itself to veterans by encouraging those who have pending claims to opt into the Rapid Appeals Modernization Plan (RAMP) .

VA sees RAMP as an opportunity for veterans to get a faster decision on an appeal. Of the more than 50,000 veterans participating in the program, VA said many are receiving decisions in an average of 100 days.

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2. [Greater Choice for Veterans](#)

2.1 - NJ.com (The Jersey Journal): [Opinion: Save the VA. Veterans' lives depend on it](#) (18 September, Joseph Hirsch, 9.4M uvm; Newark, NJ)

In May of 1968 I was sent to Vietnam, where I translated intercepted communiques during the war. The horrors of war I witnessed changed me forever. Since I returned home, I have worked to end war and for social justice.

In Vietnam, I, like millions of Vietnamese and many other American soldiers, was exposed to Agent Orange. Decades later, the VA linked that exposure to my diabetes.

Right now there is a push to get vets out of the VA system and into the private sector medical industry. But the private sector is not prepared to care for vets. Private sector doctors do not understand the unique medical needs of vets, including war trauma, battle induced hearing loss or toxin exposure such as Agent Orange.

A recent RAND study of New York doctors showed only 16 percent asked about occupational or military exposures such as Agent Orange. The same report found just 20 percent of doctors even asked their patients if they had spent time in the military.

While I may suffer from chronic diabetes because of Agent Orange, I am one of the luckier ones. Many people exposed to Agent Orange ended with Parkinson's disease, devastating cancers or they saw their children born with birth defects.

This year, I returned to Vietnam where my heart was broken when we visited a hospital where children with serious birth defects linked to Agent Orange live out their lives. It also saddens me to say that currently children of male American vets who were exposed to Agent Orange are exempt from receiving VA benefits.

The VA knows just how common Agent Orange exposure is in vets and has a comprehensive health care program designed specifically for those exposed to or sickened by Agent Orange.

The VA is the largest integrated health care system in the U.S. It is a system designed by vets and for vets. The majority of those who work for the VA are vets themselves. They understand the unique and complex needs of vets.

Importantly, a recent study found that pushing veterans out of the VA may end up costing more taxpayer money and mean lower quality of care for vets as the private sector system isn't prepared to meet the needs of more patients.

In addition, most VA workers are protected by unions. As a retired postal worker and a longtime labor activist I know how important it is to have union workers be able to push for changes to make things safer and better. Union nurses at the VA have been able to do just that. They have fought for safe patient handling protections and nurses' involvement in safety inspections.

Importantly, they have made sure that a nurse can report unsafe conditions without facing retaliation. If something is not right where I am getting health care, you know I want to be sure that someone - like a nurse - feels backed up and safe enough to say something.

Right now the VA is under attack. President Trump kicked out the former Secretary of Veterans Affairs David Shulkin. Shulkin opposes efforts to push vets out of the VA and into the private health care sector, a move he says will hurt vets. In a piece published in the New York Times Shulkin wrote, "I am convinced that privatization is a political issue aimed at rewarding select people and companies with profits, even if it undermines care for veterans."

We must fight against this effort. Pushing vets out of the VA means leaving them to the wolves of the private sector, where sickness is seen as a way to make money and vets will no longer get care from those who understand their needs and how best to address their illnesses.

I have worked hard since I came back from my deployment in Phu Bai, Vietnam to fight against the forces that seek to exploit people. I continue to stand up against the American war machine, and I stand up for my brothers and sisters in the labor movement, now I am standing up for myself and for all my fellow veterans.

I know, I am standing up for what is right, when I say we must save the VA.

Joseph Hirsch is a Vietnam veteran and a resident of Jersey City.

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2.2 - Missoula Current: [Montana veterans rally for Tester, push back on Rosendale's "little stuff" claims](#) (18 September, Martin Kidston, 17k uvm; Missoula, MT)

Montana veterans, a spouse and a firefighter were among those who pushed back Tuesday against a campaign ad released by Matt Rosendale, which suggests Sen. Jon Tester's 19 bills signed into law by President Donald Trump this Congress amounted to "little stuff."

That little stuff, veterans argued in a media call, have made a big difference in ensuring VA facilities are properly staffed, and it has changed how they access health care through the VA and pursue careers after service using education assistance.

"I don't know how any progress for Montana's vets or citizens alike could be considered little stuff," said Patience Woodill of Missoula, whose family has a long history of service, including World War II, Vietnam and Iraq. "I don't know where Rosendale got that, but for those of us who work and live, day in and day out with veterans, the little stuff is actually the big stuff."

In his ad, Rosendale says, "Jon Tester talks about the handful of times he votes for President Donald Trump, but he won't tell you about the big votes."

Rosendale goes on to say that while Trump has signed 19 of Tester's bills into law, Tester has voted against Trump's policies 75 percent of the time. That includes Trump's nominee to the Supreme Court and tax reform, which Tester voted against, saying it would add nearly \$1.5 trillion to the national deficit.

"Montana needs a senator who stands with President Trump on the big stuff, and doesn't brag about the little stuff," Rosendale said.

Rosendale spokesperson Shane Scanlon said Tester is proving Rosendale's point.

"Being a U.S. Senator isn't about voting on unanimous or near unanimous pieces of legislation," Scanlon said. "It's about standing up and taking the tough the votes, going up against Chuck Schumer and Nancy Pelosi to stand up for Montana. Time and time again on the issues that Montanans care about, guns, sanctuary cities, judges and tax cuts, Jon Tester has opposed President Trump and voted against the people of Montana."

Veterans on Tuesday's call took issue with Rosendale's take on the so-called little stuff that's key to their well being, and they suggested the current state auditor has a long history of voting against veterans issues.

Mike Lawson, commander of the Southwest Montana Veterans Council, said that includes Rosendale's vote against funding a veterans home in southwest Montana.

"I have not seen any viable support for veterans causes come from Mr. Rosendale," Lawson said. "Sen. Tester, from the very start, has been a champion for veterans causes in Montana and the nation. To the veteran, that's big stuff. When Matt Rosendale says it's little stuff, it verifies the continuing lack of respect he has for Montana veterans."

Earlier this month, Tester's campaign highlighted Trump's praise for several pieces of key legislation introduced by Tester, including the VA Mission Act and the VA Accountability Act. On the latter, Trump said, "I'm proud of that one."

Bernie Jacobs, a U.S. Army veteran who lives in Helena, said he benefits from living close to the VA Medical Center at Fort Harrison. But most Montana veterans don't have the same luxury, and Tester's legislation has helped simplify their care.

"It's not very hard for me to get in there and get my health care," said Jacobs. "But when I go there and sit around in the living room and talk to other vets and listen to the conversations going on around me, I begin to realize how much of an issue it is for a lot of these vets to get to Helena for their care."

The Choice Act was passed by Congress in 2014 to give veterans living far from a VA facility the option to receive care closer to home. But the legislation was flawed, and Tester addressed it by sponsoring the VA Mission Act.

That came after a series of public hearings Tester held in Montana, including one in Missoula in May 2017. Jacobs said the legislative fix was fundamental to improvement the VA healthcare system.

"That corrected a lot of the problems in the Choice Act," said Jacobs. "Sen. Tester has proven his dedication to Montana veterans by the way he's followed through on that."

Tuesday's press call coincided with a handful of rallies held in cities across the state, including Missoula. Standing outside the office of the Montana Republican Party on Brooks Street, several Montana veterans expressed concern over Rosendale's history on VA issues.

"I introduced many veteran-oriented bills when I was a state senator, and I never remember him signing onto any of them as a cosigner," said Cliff Larson of Missoula. "A lot of them were legitimate and got large majorities, including many Republicans. I don't think he's very concerned about some of the interest groups, like veterans and older people. All those things that affect families, he seems to be absent."

Alex Taft, a veteran, also attended Tuesday's rally. As a regular to the VA clinic in Missoula, he's seen the system improve under legislation carried by Tester.

"My doctor was so overworked at the VA that she quit," he said. "It took a while to get a replacement. Now, because of (Tester's) law allowing the VA to increase hiring, I have a new doctor and a new registered

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3. Modernize Our System

3.1 - WHTM (ABC-27, Video): [New VA clinic to open in Upper Allen](#) (18 September, Mark Hall, 442k uvm; Harrisburg, PA)

MECHANICSBURG, Pa. - A new Veterans Affairs outpatient clinic opens Wednesday in Upper Allen Township.

The clinic at 5070 Ritter Road will replace the existing clinic on North 32nd Street in Camp Hill.

The state-of-the-art facility has 48 exam rooms.

"Veterans who are treated here can get their primary care and mental healthcare and behavioral healthcare lab work and physical therapy," said Douglas Etter, a spokesman for the Lebanon VA Medical Center.

The new clinic is located just off the Rossmoyne Road exit of Route 15.

Percy Hipple, a Vietnam veteran and Purple Heart recipient, likes the new look.

"I think this here is great because the traffic over in Camp Hill is bad. You can get in and out with no trouble," Hipple said.

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3.2 - Healthcare IT News: [VA will open bidding for VistA EHR support, maintenance](#) (18 September, Jessica Davis, 438k uvm; Chicago, IL)

The U.S. Department of Veterans Affairs modified its request for information on Monday, with plans to open bidding for a vendor to maintain and support its legacy VistA EHR architecture and imaging operations for the next five years.

According to the amended RFI, the agency plans to submit request for proposals on Sept. 21 through the General Service Administration's IT Schedule. VA will seek "technical, managerial and administrative services" that will include "engineering support and engineering changes, updates, repairs" for VistA.

The vendor will also need to provide the necessary technology, while maintaining the system and providing help desk and operations support. The contractor will also need to deliver monthly progress reports that outline all required work during the reporting period, including any problems and how they were resolved.

"Due to the mission critical nature of the VistA and VistA imaging systems, VA's objective is to ensure these systems are operational and accessible without interruption," the draft performance plan stated. The contractor will need to ensure VistA remains in a "state of readiness and operation."

Currently, the VA is developing a new Cerner EHR system to align with the Department of Defense. The RFI is not surprising, given VA officials have continually stressed that VistA can't just be shut off and will need to be maintained throughout the 10-year Cerner rollout.

There are over 130 versions of VistA operating at more than 140 sites, and former VA Secretary Shulkin told Congress in February that VistA must be maintained for the duration of the Cerner project. Congress expressed concern, both that the planned \$10 billion budget does not include VistA maintenance and that it may not be possible to turn off the legacy system.

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[4. Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (AP): [Republicans Face Bad Numbers With Election 7 Weeks Away](#) (18 September, Scott Bauer, 23.9M uvm; Washington, DC)

MADISON, Wis. — Republicans warned by party standard-bearer Gov. Scott Walker for months about a possible blue wave this November received more bad news Tuesday with a poll showing growing signs of support for Democrats.

The Marquette University Law School poll landed as Walker and his allies have outspent Democratic challenger Tony Evers by millions of dollars, and as Republican Leah Vukmir, a state senator, is trying to knock off Democratic U.S. Sen. Tammy Baldwin.

The poll showed that 75 percent of Democrats were very enthused about voting compared with 64 percent for Republicans. But pollster Charles Franklin cautioned about reading too much into the numbers with the election seven weeks away.

"Who knows where we will be in October," Franklin said.

Both Republicans and Democrats were quick to point out the same poll two years ago at this point showed GOP Sen. Ron Johnson and then-candidate Donald Trump trailing in Wisconsin. Both went on to win.

"This poll is a snapshot of a very competitive race," said Jess Ward, campaign manager for Vukmir. The poll showed Vukmir trailing Baldwin by 11 points after the race had been about even in August.

The disappointing news for Republicans in Tuesday's poll showed:

- Walker's approval and favorability ratings were both under water, with more likely voters having a negative view than positive.

- Walker trailed Evers, 49 percent to 44 percent, an uptick for the Democrat after last month's poll showed them even.

- Evers held a 20-point lead over independent likely voters — the key demographic who tend to determine elections in a state where support among Republicans and Democrats is almost evenly split.

- Baldwin's approval rating was at 48 percent compared with just 26 percent for Vukmir. Forty percent had an unfavorable view of Baldwin, compared with 38 percent for Vukmir.

The best news for Republicans was that Attorney General Brad Schimel had a 48 percent to 41 percent lead over Democratic challenger Josh Kaul. Ten percent were undecided.

The poll of 614 likely voters was conducted between Sept. 12 and Sunday. It has a margin of error of plus or minus 4.4 percentage points.

Evers campaigned Tuesday in Milwaukee with former U.S. Attorney General Eric Holder. A group Holder leads has been active in Wisconsin, spending \$225,000 in the first six months of the year to help liberal candidates win in special elections for the Legislature and the state Supreme Court race, victories Democrats have pointed to as evidence of a blue wave and that fed Walker's warnings.

Also Tuesday, Walker was in Wausau to witness the signing of an agreement with Foxconn to jointly develop the state's ginseng industry and grow the Taiwan-based company's newly-established, Wisconsin-based brand.

Foxconn, a global electronics giant, is building a flat-screen manufacturing plant and campus in southeast Wisconsin, but it's been announcing smaller ventures across the state.

In the Senate race, Baldwin allies have been attacking Vukmir over votes she's taken as a member of the state Senate. Democrats on Monday faulted Vukmir's vote in 2009, as a member of the state Assembly, against a bill requiring health insurance companies to cover hearing aids and cochlear implants.

Vukmir has consistently voted against insurance mandates, saying they can lead to increased costs for consumers.

Vukmir, meanwhile, has been attacking Baldwin's reaction to the over-prescription of opioids at the Tomah Veterans Affairs Medical Center. Vukmir has accused Baldwin of not reacting quickly enough to the problem at Tomah in 2015, which resulted in a veteran who was a patient there dying.

Baldwin disciplined aides in her office for mishandling complaints about Tomah and sitting on an inspector general's report about problems at the facility. Baldwin co-sponsored a bill signed into law that toughened guidelines for prescribing drugs at VA facilities. It was named after the veteran who died, Jason Simcakoski .

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4.2 - Breitbart: [O'Keefe Video Reveals the Only Way to Drain the Swamp Is to Fire the Swamp](#) (18 September, Rick Manning, 19.1M uvm; Los Angeles, CA)

Project Veritas' latest video exposé reveals that the Resistance movement runs deeply within the federal government. However, due to the civil service laws, those who refuse to do their jobs are nearly impossible to root out and fire.

The only way to fix this broken federal civil service system is for Congress to pass the MERIT Act. Federal civilian workers know that they cannot be fired even under the most egregious circumstances, and under current civil service law they are correct.

The sad truth is that it takes between six months and a year to fire the 0.53 percent of federal workers who are terminated with cause. When you include layoffs and terminations for cause, the Office of Personnel Management reports that the percentage of federal career civil servants asked to leave against their will swells to 2.68 percent in 2017. Unfortunately, the federal government does not track the private sector termination rate for cause, but the Bureau of Labor Statistics does show that a federal civil servant is 6.4 times less likely to be fired or laid off than those in the private sector who pay their salaries.

What few people realize is that President Obama signed an Presidential Memorandum in 2010 which effectively politicized the federal civil service. Frustrated by complaints that his people were not getting federal civil service jobs due to the cumbersome automated hiring process,

Obama opened the doors for his political appointees to hire people based upon their resume submissions rather than allowing the career human resources managers to vet potential hires using the established, less manipulatable criteria.

The increased politicization of the federal workforce due to these hiring changes negates the core rationale behind providing career civil servants an almost impenetrable shield from attempts to terminate them for cause. The MERIT Act would expedite the firing process by shortening the appeals times and lowering the burden of proof that managers need to achieve to fire incompetent, lazy, or recalcitrant federal employees.

We know this will work because we've already seen it in action at the Veteran's Administration. The MERIT Act would establish virtually the same criteria that is currently in effect at the VA after the passage of the Veteran's Affairs Accountability and Whistleblower Protection Act. At the VA, the firing of employees for cause went up by 26 percent in the past year as dead wood was cut from the system.

But the even more significant impact of the MERIT Act will be the effect it will have on managers who will be more willing to go through a shorter, more rational firing process rather than subject themselves to the long, drawn out set of meetings with the HR team to terminate a single non-performing employee.

The natural impulse for a federal manager dealing with a bad or recalcitrant employee is to just encourage the transfer of that person and make them someone else's problem. The MERIT Act will embolden those managers to accept the short-term pain of firing employees who have no business collecting a taxpayer funded paycheck.

One of the continuing themes in the Project Veritas videos is the overriding sense of the Resistance employees that they cannot be fired. Passage of the MERIT Act will change this psychological dynamic and put federal workers on notice that if they fail to do their jobs, they will cease to have a job.

Everyone else in America works under this assumption. It is time for the federal workforce to tie their work performance to their ability to retain their livelihood.

Rick Manning is president of Americans for Limited Government. Follow them on Facebook and Twitter.

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4.3 - Washington Examiner: [5 poorly performing VA hospitals ready to graduate from high-risk list: Report](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

Five VA hospitals are set to be removed from a list of 15 poorly performing facilities that are considered high-risk, according to an assessment that is set to be released this week by the Department of Veterans Affairs, according to a report Tuesday.

Removing these hospitals from the list would mark an overall improvement in the quality of care that patient's receive at the nation's 146 veteran hospitals, the Wall Street Journal reports.

VA officials have recognized that it is important to improve care at the facilities as the VA Mission Act, which President Trump signed in June, will allow veterans to receive care in the private health sector. The VA Mission Act would also allow VA Secretary Robert Wilkie to refer veterans to other care centers if VA hospitals fall short on quality standards.

The five VA hospitals that showed improvement were part of a program which transferred personnel from centers that performed better on the VA quality care rating system to high-risk centers that performed poorly. The program, additionally, funneled resources into these low-rank centers.

While VA officials mark this as a success for the program, 10 hospitals are poised to remain in the high-risk category. Most VA care centers, however, have recorded improvements in their service quality, which is measured by death rates, complications, patient satisfaction, overall efficiency, and physician capacity under a system called Strategic Analytics for Improvement and Learning. Only seven have reported declines in care, and only one high-risk facility, located in Washington, D.C., has faced a rate decline.

VA hospitals have shown continuous improvement in their quality of care standards since SAIL data was publicly released in 2015. Top VA officials and health care analysts attribute the success to increased transparency.

The VA quality care rating system ranks centers on a scale of one to five stars, one being a center that performs poorly. VA officials expect the five high-risk hospitals to upgrade to two stars. The 10 remaining low-ranking facilities, officials say, are continuing targets for improvement.

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4.4 - Washington Examiner: [VA ready to hire dozens more specialists to give legal help to veterans at medical centers](#) (18 September, Mary Biery, 4.8M uvm; Washington, DC)

The Veterans Affairs Department announced Tuesday that it is ready to hire an additional 50 outreach specialists to help veterans in the judicial system after President Trump signed into law Tuesday the Veterans Treatment Court Improvement Act of 2018.

The law requires the VA to hire the new specialists over the next year and then place them at VA medical centers in need of their services. They will help veterans impacted by the justice system while working in the Veterans Treatment Courts or other court focused on veterans.

“By signing this bill into law, President Trump is demonstrating VA’s commitment to supporting America’s Veterans, particularly those who may be navigating difficult chapters in their lives,” said VA Secretary Robert Wilkie. “Since incarceration is often linked to homelessness, mental health issues and substance abuse, the VJO specialists will help facilitate these veterans’ access to numerous VA programs and resources.”

Fifty-three advocates were already hired in fiscal 2018. The additional 50 will increase the total number of specialist positions to more than 350.

Since 2009, when the veterans justice outreach specialist position was created, the program has served more than 184,000 veterans. Advocates assist veterans at the earlier stages of the

criminal justice process where they "focus on outreach to community law enforcement, jails and courts," according to the Department of Veterans Affairs website. They also provide veterans with more information about assistance and benefits.

The author of the legislation, Rep. Mike Coffman, R-Colo., said in a statement that the goal of this law is to provide "rehabilitation instead of incarceration" of veterans.

"Our veterans have served us, and now we need to do our part to make sure they can overcome some of the difficulties involved in adjusting to civilian life after the military," he said.

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4.5 - The Spokesman-Review: [Media barred from VA medical center tour with Cathy McMorris Rodgers](#) (18 September, Will Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law.

The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

Upon arrival for the tour, McMorris Rodgers and her press secretary, Jared Powell, disagreed that the tour violated the law, saying it wasn't a campaign event.

"Not everything is political," McMorris Rodgers told Michael Murphy, regional VA network director, who barred the media from the tour at the last minute after learning The Spokesman-Review was invited.

"I have to protect my folks from political violations," Murphy said.

The tour was delayed for about 20 minutes while both sides discussed the law, but eventually Murphy said that media could not join.

"I think it's just being a little too careful," said House Veterans Affairs Committee Chairman Phil Roe, who accompanied McMorris Rodgers on her tour of the clinic. Both of them toured the location last year.

On the tour, McMorris Rodgers would have seen improvements like the addition of computer terminals to admit patients and expansion of hours from 10 to 12, said to Bret Bowers, spokesman for the VA.

"The terminals help increase patient access and patient flow," he said.

"It's disappointing media were not given access to the announcement about the reopening of 24-hour urgent care facilities at the Spokane VA – which Cathy pushed to make happen," wrote Powell in a statement.

"It's a big win for Eastern Washington's veterans and one more example of how she's making the VA deliver the high-quality care that our veterans have earned."

Powell said McMorris Rodgers is still pushing to expand the 12-hour clinic to a 24-hour clinic, something she's been fighting for since 2014 when the 24-hour emergency room at the Spokane VA location shut down.

Bowers said the current hours for the urgent care clinic are 7 a.m.-7 p.m. until further notice.

About a year ago, urgent care center director Dr. Terese Kincaid came to the VA Mann-Grandstaff Medical Center after working in private health care and helped make positive changes in the clinic, Bowers said. She redesigned the clinic and patient flow and helped with recruiting physicians.

"We know that the patients are experiencing it and appreciating it," Bowers said.

The Mann-Grandstaff VA Medical Center was picked as a flagship location to adopt a new electronic filing system, with a target date of 2020.

"That's a \$10 billion project for VA-wide, and we're the first to embark on it," Bowers said.

The new filing system, developed by the CERNER Corp., will ultimately match up with private sector, he said.

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4.6 - KCUR (NPR-89.3): [U.S. Representatives Step In, Spark Changes To Kansas City's VA Medical Center](#) (18 September, Andrea Tudhope, 198k uvm; Kansas City, MO)

The VA Medical Center in Kansas City, Missouri, has made a few changes after receiving a letter from U.S. representatives from Missouri and Kansas that detailed veterans' concerns about the quality of care.

Republican U.S. Reps. Vicky Hartzler of Missouri and Kevin Yoder of Kansas, as well as Democratic U.S. Rep. Emanuel Cleaver of Missouri, met with the VA on Tuesday to discuss the issues outlined in their July letter and check on what progress has been made.

Hartzler said long call-center wait times was a major issue.

"Too many times they called and it would ring and ring, and they couldn't reach a real person, or they would be put through to voicemail," Hartzler said. "That's just not acceptable when you are calling for help."

Since July, she said, the VA Medical Center has hired 10 additional nurses for the call center, reducing the average call wait time from four minutes to one.

Another concern for many veterans and their family members is opioid addiction, which can stem from doctors overprescribing pain medication. Cleaver said there's no simple solution to the problem.

"A lot of the people addicted were simply trying to deal with a problem of constant pain," Cleaver said.

Veteran Christine Dare said overmedication for pain management has been her biggest concern.

"I have quite a few friends that are no longer with us because they overdosed on purpose because of PTSD," Dare said.

Dare said she's pleased the VA seems to be taking this concern seriously by offering alternative pain management options at an "integrated pain clinic," where staff discuss opioid alternatives like chiropractic care, psychiatry and acupuncture with veterans.

At Tuesday's meeting, the VA reported they have seen increased use of these services. According to Hartzler, a VA pharmacist shared numbers showing a decrease in opioid prescriptions from 11,218 in 2008 to 4,505 so far this year. They have also decreased the number of tablets per prescription to require more contact with a physician — that number, on average, has gone from 106 to 77 tablets since 2008.

Another concern that veterans told the lawmakers was a significant fee that accompanies using an ambulance to get to the VA Medical Center. By law, the VA is authorized to reimburse hospitals or providers for stabilizing a veteran in an emergency, but Hartzler said there's some confusion about how that law applies after the patient is stabilized and transported to the VA for care.

"Unfortunately, the VA does not believe the law allows them to pay for this transportation from a non-VA hospital to the VA facility," she said. "I think that's wrong."

Hartzler said VA officials were receptive to changing this policy Tuesday.

Yoder did not attend at the news conference.

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4.7 - KEZI (ABC-9, Video): [Report: Roseburg VA Trying To Restore Trust After 'Toxic Work Culture'](#) (18 September, Stephanie Villiers, 164k uvm; Eugene, OR)

ROSEBURG, Ore. – The Veterans Affairs Office of Inspector General has released a report on its review of the Roseburg VA after accusations of retaliation against employees and concerns about patient care.

The report, which was compiled after an unannounced visit in March 2018, found the new leadership team at the VA is trying to restore a culture of trust, as well as improve employee and patient satisfaction and quality of care.

Inspectors found no substantial organizational risk factors at the VA, according to the report, but found certain areas that need work to improve the hospital's one-star rating.

In November 2017, KEZI 9 News spoke with a former surgeon at the Eugene VA clinic, which is part of the Roseburg VA Healthcare System, who said he was fired for bringing up concerns about patient care.

Five nurses also spoke with KEZI at the time, saying mismanagement, retaliation and bullying were common at the Roseburg and Eugene clinics.

Doug Paxton resigned as VA director in February 2018 along with other leadership staff after the allegations came to light.

The Inspector General report acknowledges “concerns related to ineffective leadership, toxic work culture, questionable personnel practices and alleged inappropriate hospital admission practices to improve performance ratings.”

In January 2018, a New York Times report claimed the hospital limited the number of patients it admitted in order to boost its quality of care rating. At the time, a spokesperson for the Roseburg VA called the story “false.”

As for patient care, the report found concerns at the VA related to pain medication shortages, authorizing patient services to certain providers and communication between medical staff and logistics.

In an email to Roseburg VA staff, Interim Director David Whitmer said all of these concerns have been addressed and corrected. He said there will soon be a review of the hospital by the Joint Commission, which accredits and certifies healthcare organizations in the U.S.

Whitmer also said he is preparing to transition back to his position in Florida and hire a new, permanent VA director, with interviews happening next week.

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4.8 - WBND (ABC-57, ,Video): [Mishawaka VA Clinic celebrates one year of service](#) (18 September, Abby Lutz, 54k uvm; South Bend, IN)

MISHAWAKA, Ind. – The St. Joseph County VA Health Care Center will host a celebration on Tuesday to celebrate one year since the doors opened in Mishawaka.

Over the last year, the clinic has provided care for more than 11,000 veterans. It has also created nearly 200 jobs in the community.

Patrick Erdes, a local Army veteran, says the new facility exceeded his expectations.

“The facility here, if you see it, it’s great. Even the staff here, I mean a lot of them are the same faces that you would see at the old location but even you can tell they’re excited about being in this new place,” said Erdes. “After a couple of visits here you can definitely see that it’s awesome.”

Erdes was injured while serving in Korea. He says having the support of the facility and staff is crucial for all veterans.

“It’s everything,” he said. “When people come back there are single soldiers that might not know where to go for help and then there are people that need taken care of. I mean the resources here are just amazing. There are times I’ve come here when I didn’t even have an appointment and they were still able to take care of me.”

The clinic established 30 services over the last year. There are also plans to add improved transportation to the clinic for veterans with physical disabilities and add a wellness program in the future.

The one-year celebration will take place from noon to 1 p.m. Tuesday at the clinic. It is open to the public.

Mishawaka Mayor Dave Wood and South Bend Mayor Pete Buttigieg will join VA leaders in speaking at the event.

Following the event until 3 p.m. there will be an art show featuring work from area veterans.

From 3 p.m. to 5 p.m. local Veterans can visit the clinic for a benefits fair. The Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration and county Veteran service officers are just a few of the groups that will be in attendance at the fair to answer questions.

For more information about the event, guests are asked to call the Northern Indiana Public Affairs Office at 260-426-5431, extension 71520.

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4.9 - MeriTalk: [Senate Panel Okays VA CIO Nomination, Full Senate Vote Next](#) (18 September, 35k uvm; Alexandria, VA)

The Senate Veterans' Affairs Committee voted today to approve the nomination of James Gfrerer to serve as the Department of Veterans Affairs' chief information officer and the assistant secretary of the agency's Office of Information and Technology. Gfrerer's nomination will now move to the full Senate for a final confirmation vote.

Sen. Johnny Isakson, R-Ga., chairman of the committee, praised the bipartisan support for Gfrerer, saying he will bring "unique experience" to the position. Isakson urged a swift confirmation by the full Senate, due to the pressing IT needs at VA.

"The VA's chief information officer oversees a number of critical projects at the VA, including the massive electronic health records merger, a new system to support the expanded VA caregivers benefits, processing of G.I. Bill payments and many other IT priorities," Isakson said in a statement following the committee vote.

President Trump nominated Gfrerer to serve as VA CIO on July 27. The Veterans' Affairs Committee held a hearing to consider Gfrerer's nomination on Sept. 5, and his approval today came during an off-the-floor business meeting held by the committee.

Gfrerer will take the reins from Camilo Sandoval, who has served as acting CIO since April, when then-acting CIO Scott Blackburn stepped down from the post. Gfrerer would be the first permanent, Senate-confirmed CIO at the VA since LaVerne Council, who stepped down in January 2017.

Gfrerer is an executive director for the cybersecurity practice at EY. He served for twenty years in the U.S. Marine Corps before joining the private sector, and also was a Department of Defense detailee to the Department of State, leading interagency portfolios in counterterrorism and cybersecurity.

With VA at a critical juncture in the initial implementation of its proposed 10-year, \$16 billion Electronic Health Record (EHR) Modernization project, solidifying key IT leadership could help to assuage concerns from government watchdogs that the EHR project and its interoperability with the DoD EHR may be lacking direction and leadership.

Key officials in the VA EHR project have recently resigned from their posts, with one saying that "VA's leadership intends to take the EHR modernization effort in a different direction" than initially intended.

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4.10 - Shelby County Today: [My VA Hospital Visit](#) (16 September, Doug Fincher, 1.1k uvd; Center, TX)

I had a small basal cell skin cancer (the least invasive kind) removed from my scalp at the Houston V.A. Hospital today. As Doctor Jacque Guidry helped me onto the surgery table, she asked if I minded losing a little hair and to name a singer I liked. My answer was: "No problem with the hair and I like Lionel Richie." Within seconds Richie was softly singing "Three Times a Lady" and the Doctor was humming, cutting, and talking small talk with Pam and me.

During the surgery I asked her if she was a little squeamish when she first began performing surgery. "Real squeamish at first," she laughed. "And I stayed that way until I learned that things will be o. k. when everything is over."

I have heard a lot of negative things about some of the VA Hospitals, but I have only praise for the great care they've given me since my service during the Korean War.

And today's visit was no exception.

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[5. Improve Timeliness of Service](#)

5.1 - Military.com: [After Hurricane Florence What Is Status Of VA & Other Federal Assistance](#) (18 September, Jim Absher, 9M uvm; San Francisco, CA)

If you are in the area affected by Hurricane Florence you may be wondering just what is the status of VA facilities in your area.

According to the VA, all hospitals in the area are open, although several outpatient clinics are closed, especially those in coastal areas. Their reopening dates remain TBD.

The VA says it is also readying mobile units including a Mobile Pharmacy Unit, a Mobile Vet Center, and a Mobile Emergency Nutrition which will deploy to Richmond, VA and Salisbury, NC shortly.

Telephone Hotline Assistance

The VA has also opened several hotlines that will assist veterans in the area get information and assistance. The hotlines are:

Veteran Disaster Hotline: 800-507-4571

Veterans Benefits Hotline: 1-800-827-1000

Pharmacy Hotline: 866-400-1243

Vet Center/Counseling Hotline: 877-WAR-VETS

Internet Assistance

My HealtheVet is always available and can give you access to copies of your VA health records, let you contact your health care team, and refill prescriptions. For emergencies, always call 911.

To see the up-to-date status on your local VA medical facility, check out the websites below...

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5.2 - KMBC (ABC-9, Video): [Officials seeing progress at Kansas City's VA Medical Center](#) (18 September, Matt Flener, 1.1M uvm; Kansas City, MO)

Two members of congress say they're seeing progress at Kansas City's VA Medical Center.

This comes after years of overhaul, and long wait times for veterans.

Missouri Representatives Vicky Hartzler and Emmanuel Cleaver stood outside the VA Medical Center in Kansas City after meeting with VA officials to address veterans concerns.

"It is not going to be a simple solution," said Cleaver.

They acknowledged the need to keep reducing opioid prescriptions, while saying the pharmacists at the center is seeing almost half the number of prescriptions from 10 years ago.

"As a concerted effort, we will be able to see a reduction, to overcome this," said Hartzler. "But it's a joint effort."

"It's going to be very, very tough," Cleaver said. "And it's going to be tough here, and they acknowledged that, they have to work with people who are hurting every day."

KMBC 9 News also asked about wait times after a government audit showed veterans waiting as many as 58 days to get medical care in the Kansas and Missouri region.

Hartzler and Cleaver said there's a reduction on wait times at Kansas City's VA, too.

"They are meeting that to a high percentage now," Hartzler said. "So I know they have really been focused on that in Washington."

At the same time they acknowledged there's work still to be done to take care of those who served us.

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5.3 - Herald-Tribune (Video): [House candidate David Shapiro wants legal cannabis for veterans](#) (18 September, Billy Cox, 871k uvm; Sarasota, FL)

Candidates for the District 16 congressional race are staking out divergent positions on the question of whether marijuana should be removed from Schedule 1 status to afford military veterans another potentially potent option for dealing with PTSD and traumatic brain injuries, something explored recently by the Herald-Tribune and supported by a growing field of veterans and national veterans organizations in the face of an epidemic of military suicides.

The Herald-Tribune report, "Warriors Rise Up," addressed the suicide phenomenon that has claimed the lives of more than 75,000 veterans and uniformed military personnel from 2005 to 2015, according to a Department of Veterans Affairs study released in June.

Survivors of war in Afghanistan and Iraq shared horrific tales of addiction to VA-dispensed painkillers. Some spoke of being reduced in rank or drummed out of the military for seeking pain relief from cannabis. They insist marijuana is far less dangerous and often more effective than prescription "combat cocktails," some of which can trigger suicidal ideation. All who participated in the story were exasperated by the categorization of marijuana as a Schedule 1 drug with no medicinal value. In demanding legal access, they want the plant descheduled altogether.

Democrat David Shapiro, the Siesta Key attorney running against incumbent Rep. Vern Buchanan, favors removing marijuana's Schedule 1 status, which equates the plant with heroin and as something more dangerous than Schedule II cocaine. Buchanan says more research into medical marijuana is warranted, and he does not support changing cannabis' status.

"I think he didn't hear the stories of the people who were at that symposium you held the other day," said Shapiro, referring to Buchanan's position and a Sept. 6 panel discussion stemming from "Warriors Rise Up." "And the fight of the families of these individuals who went to war for us, and come home and actually take their lives — 20 a day. And the stories are the same across the country. That's a study in and of itself."

But Buchanan's office said his approach is appropriate and that he has advocated other actions to help veterans while studies are done.

"We support the position taken by Drug Free Manatee that more research is warranted," Buchanan's spokeswoman Sally Dionne said in statement to the Herald-Tribune. "In the meantime, Vern sponsored legislation to promote legal alternatives to opioids, greater research and prevention efforts, expanded access to treatment for those in recovery and better screening to catch illegal drugs before they enter the country."

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5.4 - WLOS (ABC-13, Video): [Charles George VA Medical Center](#) (17 September, 480k uvm; Asheville, NC)

3-minute video: The Department of Veterans Affairs (VA) leads the country in hepatitis screening, testing, treatment, research and prevention. Get more information both for health care providers and for Veterans and the public at <http://www.hepatitis.va.gov/>.

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5.5 - The Repository: [Opinion: Drugs-first approach to pain treatment fuels opioid epidemic](#) (18 September, Aaron McMichael and Judson Sprandel II, 439k uvm; Canton, OH)

The opioid epidemic has highlighted the necessity of taking a new approach to treating pain, but Ohio's largest health care payers do not appear to be listening.

Just in time for Drug-Free Pain Management Month, officially recognized in September by Ohio and the city of Canton, a recent analysis of Ohio's largest health care payers indicates they have been reluctant to improve coverage of recommended drug-free pain treatment alternatives. Study results indicate health care coverage often continues to favor prescription opioid use and might be contributing to the ongoing opioid epidemic.

Every year Ohio sets a new record for drug overdose deaths with no end in sight thus far. As part of the solution, updated treatment guidelines have provided clear recommendations for a new approach to treating non-terminal pain: Use conservative non-pharmacologic options like chiropractic and acupuncture first. Use opioids last, only when needed, and use opioids only in addition to conservative options.

Health care providers and patients have shown significant interest in pain treatment alternatives. There has been one main barrier to better pain treatment: health care coverage. Health care payers increasingly have restricted coverage for alternatives to pain pills over the years. With one to two years having passed since the publication of updated pain treatment guidelines, it was time to see if health care coverage had improved.

An analysis was performed to determine whether Ohio's largest health care payers had improved coverage of pain treatment alternatives. Chiropractic physicians actively practicing in Ohio were questioned about coverage provided by Ohio's largest private and public payers (Medical Mutual, Anthem Blue Cross Blue Shield, Aetna, United Healthcare, Medicare, Medicaid, Workers Compensation and the Veterans Administration). The results of this survey indicate Ohio's largest health care payers have not improved or have improved coverage only minimally for alternatives to opioids as recommended.

Survey results indicated Ohio Medicaid ranked the worst, and Medicare ranked the third worst on average for providing coverage that is consistent with opioid and pain treatment guidelines. Based on their clinical experience, a majority of chiropractic physician responses indicated Medicaid and Medicare are the worst at encouraging non-pharmacologic treatment first for pain, and instead approve opioids inappropriately, favoring opioid use.

Medicaid and Medicare were rated poorly due largely to treatment restrictions on chiropractic and non-pharmacologic care that limit diagnostic services, limit treatment options and restrict non-pharmacologic treatment of chronic pain (those patients most likely to receive opioids). The only known coverage change was Medicaid allowing limited acupuncture treatments only for back pain and migraine patients.

Private insurers ranked poorly for coverage consistent with treatment guidelines largely due to financial restrictions (high patient costs). Anthem, Aetna, and UHC ranked the worst as having the most financial restrictions. The analysis noted, "All private payers were most likely to be judged to favor opioid treatment over chiropractic and non-pharmacologic treatment, and few responses indicated improving coverage of chiropractic and non-pharmacologic treatment as an alternative to opioids. Medical Mutual was the only private payer more likely to have 'fair' than 'poor' coverage of chiropractic and non-pharmacologic treatment."

Ohio's Workers Compensation coverage for injured workers and VA coverage for veterans demonstrated similar study results. While results noted these health care payers have generally good coverage for pain treatment alternatives, accessing these treatment options can often be difficult. Both Workers Compensation and the Veterans Administration have been recognized for high rates of prescription opioid use and high rates of drug overdose deaths. Each has taken initial steps to reduce opioid prescriptions and to encourage increased use of non-pharmacologic treatment options. However, results indicated they both have much work to do to improve their approach to pain treatment.

An overwhelming 89 percent of responses agreed that health care payers' restrictions on chiropractic and non-pharmacologic treatment options are contributing to the opioid epidemic in Ohio. This likely contributor to the opioid epidemic has received little attention or discussion. Guideline recommendations are not enough to create change and are too easily ignored. Public and private health care payers need to take immediate action to reduce restrictions and encourage guideline-recommended non-pharmacologic treatment be used first for pain.

Fortunately, chiropractic and non-pharmacologic treatments have demonstrated reduced opioid use and significant cost savings. If Ohio's health care payers are reluctant to cover the recommended treatment Ohioans need, then our state leaders should emulate the actions taken in other states to legislate a change in pain treatment.

Too many Ohioans will continue to suffer until the fundamental flaws in the outdated approach to pain treatment is addressed.

Aaron McMichael, of the McMichael Chiropractic Clinic, serves as president of the North Central Academy of Chiropractic. Jud Sprandel, of the Sprandel Chiropractic Clinic, also is certified acupuncture/acupressure treatments.

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5.6 - The Gazette (Waterloo Courier): [Abby Finkenauer: More help needed for mental health](#) (18 September, Thomas Nelson, 433k uvm; Cedar Rapids, IA)

WATERLOO — Veterans who met with two politicians here Tuesday had questions about their health care and the answers concerned money.

The 30 or so veterans meeting with state Rep. Abby Finkenauer, Democratic candidate in Iowa's 1st Congressional District, and U.S. Rep. Seth Moulton, D-Mass., asked why they can't receive VA health care simply by showing their discharge papers.

Moulton, a Marine veteran who served in Iraq, said the answer was because "we don't have the money."

"The VA has been consistently underfunded," he said. "And if you look forward at all the veterans coming home from Iraq and Afghanistan, we don't have any money to pay for our health care."

"We're here to listen," Finkenauer said. "We want to know ideas or what you're seeing out there and what we can do better."

Chiquita Loveless, a U.S. Navy veteran and coordinator for military and veteran student services at the University of Northern Iowa, asked why more elected officials don't spend time with the troops.

"Come out there and get a feel for what we do out there," Loveless said. "I just feel that before you make a decision for myself or any other veteran, you need to have at least walked it, or lived it, or been out there and not just come out and do a photo op."

Moulton agreed, and said in the military he learned "you don't really know what's going on until you get there on the ground."

"The big thing I've learned is you can't pass great policy unless you're actually talking to the folks that are living it every day," Finkenauer said. "It's important to actually put faces to what needs to get done."

Many of the veterans talked about the VA being underfunded and the difficulty of making hospital appointments.

"We absolutely need to do more when it comes to mental health care for veterans and everybody across this country," Finkenauer said, "to really start dealing with PTSD and making sure that funds are there to start addressing the problem."

After the roundtable Finkenauer answered questions about the Nov. 6 election.

She said she will continue to run her race as she's been running it.

"The No. 1 thing we have to do in Washington, and I think this is across the board, is to bring some stability back," Finkenauer said. "Right now, there's so much instability and chaos when it comes to a lot of programs, including veteran programs."

Finkenauer is running against Rep. Rod Blum, a Dubuque Republican, who has held the seat since 2014.

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5.7 - KRGV (ABC-5, Video): [Veteran with Chronic Illness, Injuries Seeking Help from VA](#) (19 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

EDINBURG – A Rio Grande Valley veteran who deals with Agent Orange-related problems is looking for help from the U.S. Department of Veterans Affairs.

Juan Hernandez says he served in Vietnam in the 1970s and has been dealing with these issues since then.

He wants the VA to work through his daughter who can help him to stay on top of his benefit claims and finances.

KRGV's Frank McCaffrey reached out to a veterans health expert, Amable Rubio, about how his daughter can become a fiduciary for him.

"It helps the veteran or the beneficiary who, probably because of old age or because of their current medical condition or even because they are unable to fix their finance status... A fiduciary is now being appointed by the VA," Rubio explains.

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6. [Suicide Prevention](#)

6.1 - Concord Monitor: [The facts about PTSD and veterans](#) (18 September, Robert Rowe, 164k uvm; Concord, NH)

It is so important to let people know that so much of what affects our veterans and their families is a direct result of that voluntary service to protect our country, its citizens and our freedoms.

Please let me tell you a little bit about veterans and post-traumatic stress disorder.

I am devastated at the stigma related to veterans and PTSD. Is your opinion based on what you have seen in the movies or personal experience? Do you just automatically assume that a vet with PTSD is going to lose it? I mean, really, how many news stories are there that claim veterans are the perpetrators of mass casualties? Or singular homicides in general? That's just not the case.

Now, to further my question, do you automatically assume that all veterans are explosive and uncontrolled? Are you diagnosing veterans with PTSD because they're veterans?

PTSD is different for everyone. The classifications are so broad the VA barely knows how to diagnose it, let alone treat it, changing its policies so often many veterans can't get help.

Did you know that almost everyone has some form of PTSD?

I would like to touch base on military bearing, or discipline. The military takes a lot of pride in discipline. That being said, most veterans have the bearing to keep a lid on themselves. The stigma is being perpetuated by people who don't understand. These falsehood are in inflicting harm on so many other veterans who served our country.

Veterans can have good days and bad days just like everybody else. Some days veterans might be fighting depression, anxiety, insomnia, extreme guilt, pressure from society/family, being emotionally spent, stress, not belonging anywhere, IBS, being hyper vigilant or jumpy.

Veterans are committing suicide at an alarming rate, and it is in part because of the pressure from both communities not to screw up. Twenty-two a day: Veterans aren't harming you, they are killing themselves.

What about traumatic brain injury? Do you know anything about TBI? Forgetfulness of great proportion, walking into walls, trouble speaking, feeling like an idiot because you don't remember to eat or do ordinary daily routines without a slew of reminders? This is just the tip of the iceberg.

Next time you hear someone has PTSD, think twice about what you think that means. It means they are working daily to deal with traumatic experiences or injuries that, if they are veterans, they received from their service to protect their country – and you.

By passing on false stories and talking of things you don't know about, it hurts everyone. It hurts the veteran, it hurts their families, it hurts the community and can be detrimental to an already fragile life, and the lives of people you may not even know.

(Robert Rowe lives in Franklin. He is a veteran of the Iraq War, serving from 2003-2004.)

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6.2 - KTVL (CBS-10, Video): [Veterans gather for annual Mental Health Summit](#) (19 September, Jennevie Fong, 73k uvm; Medford, OR)

MEDFORD, Ore. — Veterans across the region gathered in downtown Medford for the 6th Annual VA Southern Oregon Rehabilitation Center & Clinics (VA SORCC) Mental Health Summit.

Social work supervisor Chris Petrone said the summit is intended to help the Department of Veterans Affairs partner with other community services.

Guests met with local organizations that offer services, including substance abuse treatments, homeless services, emergency care, and more.

The goal includes networking and connecting with community stakeholders and providing an overview of community and VA services available to Veterans.

Petrone said mental health is still a sensitive issue in society, but industry experts are working to bring more awareness to the subject.

"As more events like this are being held and more people get together and talk about it and talk about services, I think the stigma of having mental health decreases," Petrone said. "Therefore, people feel more comfortable with asking for help."

The event ended with a "suicide postvention training" covering important considerations following a suicide and strategies to prevent future incidents.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - FOX News: [Delta Air Lines pilot grounded for concealing 'major depressive disorder' to keep flying](#) (18 September, Janine Puhak, 32.5M uvm; New York, NY)

A Delta Air Lines pilot has been grounded after being indicted for misleading government officials about a "major depressive disorder" in hopes of continuing his career in the skies.

A Delta spokesperson confirmed to Fox News on Tuesday that U.S. Air Force veteran Adam Asleson is "no longer actively flying" with the carrier in the wake of being indicted in the U.S. District Court in San Francisco.

According to a press release from the U.S. Attorney's Office, the 39-year-old from Peachtree, Ga., was charged on Aug. 28 for falsely reporting to the Federal Aviation Administration (FAA) that he "did not suffer from any mental disorders including depression or anxiety," though he previously sought help from the Department of Veterans Affairs (VA) for a "major depressive disorder."

Instead, Asleson allegedly told the FAA that he received VA disability benefits for "knee strain and tinnitus."

According to the Atlanta Journal-Constitution, Asleson falsified the medical records "to obtain airman medical certificates." He reportedly began flying for Delta in 2017.

Asleson was arrested on Aug. 28 and released on a \$10,000 bond, as per the news release.

That same day, three other pilots, who are also receiving disability benefits from the VA, were indicted for making similarly false statements to the FAA regarding their medical history that may have disqualified them from piloting planes.

Asleson will make his next appearance in court on Oct. 3.

Representatives for Delta returned Fox News' request for comment on the story with the following statement:

"Delta pilots are held to the highest standards of professionalism, honesty and integrity. Once made aware of the situation, we opened an internal investigation and are working cooperatively with the authorities," the Delta spokesperson said. "The pilot in question is no longer actively flying."

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7.2 - U.S. News & World Report (AP): [Lawmakers Seek to Name Clinic After Medal of Honor Winner](#) (18 September, 23.9M uvm; Washington, DC)

NEW ORLEANS — Members of Louisiana's congressional delegation are seeking to rename a veteran's clinic in Lake Charles after a Medal of Honor winner who died in Vietnam.

U.S. Sens. Bill Cassidy and John Kennedy and Rep. Clay Higgins announced their legislation Monday in a news release. They hope to have the Lake Charles Community-Based Outpatient Clinic named after Douglas Fournet.

The Kinder native was a U.S. Army lieutenant. Monday's announcement says he is the only person from Southwest Louisiana to be awarded the Medal of Honor. The legislation would name the Lake Charles facility the "Douglas Fournet Department of Veterans Affairs Clinic."

The release says Fournet joined the army in 1966 and died in Vietnam as he tried unsuccessfully to disarm a mine while his platoon was under sniper fire.

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7.3 - U.S. News & World Report (AP): [15 New Housing Vouchers for Homeless Reno-Sparks Vets](#) (18 September, 23.9M uvm; Washington, DC)

RENO, Nev. — The U.S. Department of Housing and Urban Development has issued 15 new housing vouchers for homeless veterans in the Reno-Sparks area.

Reno Housing Authority Executive Director Amy Jones says the vouchers provide permanent housing as well as supportive services for homeless veterans. She says it will help some of the most deserving and needy members of the community

They're administered through the Reno Housing Authority and the VA Sierra Healthcare System.

The authority and the local VA currently oversee more than 300 such vouchers in the area.

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7.4 - Washington Examiner: [VA celebrates 'historic achievement' after exceeding goal for appeals decisions on disability claims](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

The Department of Veterans Affairs exceeded its goal of delivering 81,000 appeals decisions of disability benefit claims to veterans two weeks earlier than expected, the department reported Tuesday.

The VA pledged to reduce wait times for appeals decisions in fiscal year 2018. As of Sept. 14, the Board of Veterans' Appeals made 28,000 more decisions than they had the previous year and surpassed the 81,000 target.

"The Board's historic achievement delivering results to veterans and their families reflects VA's hard work and commitment to getting it right for our Veterans under the leadership of President Trump," said VA Secretary Robert Wilkie. "Together, we have achieved significant results for our nation's veterans, as each of the more than 81,000 decisions produced by the Board can make a real difference in their lives and for their families."

One hundred and eighty-six new attorneys were hired to go through the claims. The VA plans to hire 30 more by Sept. 30 to keep up the momentum.

The announcement comes as the VA is preparing to implement the Veterans Appeals Improvement and Modernization Act of 2017, which is to take full effect on Feb. 14, 2019. The new law aims to make the complex appeals process simpler, quicker, and more transparent.

The news also comes after a VA Office of the Inspector General report found that the department has been underestimating the number of disability claims in its backlog. The reported numbers are estimated to only cover 79 percent of claims.

Last week, the VA reported that there were 85,906 claims that have gone without decisions for more than 125 days.

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7.5 - WFMZ (TV-69, Video): [Allentown Hope For Veterans shut down](#) (18 September, Jaccii Farris 2.1M uvm; Allentown, PA)

Local officials say the Veteran's Administration is no longer funding the Allentown Hope for Veterans program.

"In a nut shell blindsided. Devastatingly blindsided," said Thomas Applebach, Lehigh County Director of Veterans Affairs.

Applebach says since the program came to the area, it has helped 325 homeless vets and their families find a place to live like Army veteran Tim Smith, who found himself homeless in between retirement and the start of his retirement benefits in 2014.

"Immediately, they were of great help because they put me in a situation where I was able to obtain sustainable housing," said Smith.

Smith now works as a worship leader at the Salvation Army and devotes his efforts to also helping the homeless. Applebach says Smith is a success story.

But he says other veterans in need will have to seek help from area programs that are already over taxed. He says he worries about the vets currently in the program.

"For those folks who are already housed, we know that probably by November or December we're going to be hurting for money to keep paying rent," said Applebach.

The Director of Community Hope Inc, the entity that runs the Allentown Hope for Veterans program says no veteran currently in the program will be left in the lurch.

J. Michael Armstrong, the Chief Executive Officer for Community Hope for Veterans released a statement about the end of the programs saying: "we are proud of the nearly one thousand veterans we have rescued from homelessness in Pennsylvania through our Supportive Services for Veteran Families Program and deeply regret that our contract with the US Dept. of Veterans Affairs was not renewed in spite of the tremendous impact of our work. We are committed to ensuring that all veterans currently enrolled in our program will either be stably housed or transitioned to another VA-contract provider before our program concludes on October 31st. Veterans and veteran families who are struggling with homelessness are in dire need of immediate services and we hope that these remaining providers are able to fully address their needs because no one who honorably served our country should be in such despair."

Smith says he is praying for a miracle for the Hope for Veterans program.

"I'm praying that somewhere along the line that this help will come to help them to continue to do what they're doing," said Smith.

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7.6 - Arkansas Democrat-Gazette: [Veterans cemetery in North Little Rock expanding with help of \\$5.7M U.S. grant](#) (18 September, Hunter Field, 871k uvm; Little Rock, AR)

The federal government will grant more than \$5.7 million to the Arkansas Department of Veterans Affairs to expand its cemetery in North Little Rock.

The agency applied for the grant last year after determining that the Arkansas State Veterans Cemetery at North Little Rock would reach capacity for certain burial types in 2020 and 2021.

After nearly a year of waiting, U.S. Rep. French Hill, R-Ark., and U.S. Sens. Tom Cotton, R-Ark., and John Boozman, R-Ark., announced Monday that the U.S. Department of Veterans Affairs had approved the project.

"Creating additional inurnment sites is needed to fulfill the promise we made to veterans," the three members said in a joint statement. "These funds will allow the Arkansas Veterans Cemetery in North Little Rock to continue providing an honorable place of rest for the men and women who served in uniform."

The North Little Rock cemetery is one of two operated by the state for veterans -- the other is in Birdeye, a small, unincorporated town in northeast Arkansas. The federal VA manages three others in the state, but one is full.

The federal VA offers burial benefits to honorably discharged veterans. Included with the benefit are grave sites, interment, perpetual care, a government headstone, a burial flag and Presidential Memorial Certificate free of charge. Spouses and eligible dependents also may be buried with veterans, but must pay a small fee in most cases.

A groundbreaking ceremony to start the expansion is planned for Oct. 15, said Bill Wussick, Arkansas Department of Veterans Affairs assistant director of veteran cemeteries. The expansion is expected to take about 18 months.

Wussick added that the \$4.7 million general contract is to be awarded to Little Rock-based Hydco Inc.

During construction, the cemetery will remain operational with services continuing as planned, and Wussick said that the cemetery will do everything it can to accommodate safe visitations during the expansion, which includes two phases.

The grant will fund 2,000 additional columbarium niches, 106 pre-placed crypts, roadways, irrigation, landscaping, supporting infrastructure and honor guard and storage rooms.

"This is huge," Wussick said. "It continues our ability to serve our veterans and continues our ongoing partnership with the U.S. Department of Veterans Affairs to continuing serving veterans with burial needs."

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7.7 - KOLO (ABC-8, Video): [15 new housing vouchers offered to help homeless veterans](#) (18 September, Valentina Bonaparte, 274k uvm; Reno, NV)

For the past 10 years the U.S. Department of Housing and Urban Development and Veteran's Affairs have helped homeless veterans find places to live through the HUD/VASH program.

"This is basically a housing choice voucher, which gives you the choice to live, where you want to live, provided the rent is considered reasonable and your landlord is accepting vouchers," says Brent Boynton, community outreach coordinator at Reno Housing Authority.

To be eligible for the vouchers, certain criteria have to be met: being homeless and eligible for VA medical care.

One voucher recipient, Florencio Moreno, tells us the experience has been life-changing. "My whole life has been chaos, and now I am enjoying life like I should be enjoying 20, 30 years ago," he says.

Thanks to the HUD/VASH program, for the past 10 months he has had a place to call home.

"I have a house, my bills are paid, I have a roof I have food, I hardly go out in the streets anymore, it's taking me away from that," says Moreno.

The 15 new vouchers will add to the 288 vouchers already in use in Reno. 50 veterans are on the list of interest for those vouchers.

"We may not have a voucher available today, but we can work with you until there is one available," says Elizabeth Pope, LCSW, HCHV outreach coordinator.

The VA handles all the admissions for the lifetime program, and says new vouchers become available every week as veterans move off the program.

"There is hope; if you are a veteran experiencing homelessness come talk to us," says Pope.

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7.8 - KDRV (ABC-12, Video): [Mental Health Summit Breaks Down Mental Illness Barriers](#)
(18 September, Andryanna Sheppard, 156k uvm; Medford, OR)

Organizations from across Jackson, Josephine, Klamath counties and northern California came together Tuesday afternoon in almost a networking event.

"We're working to collaborate together to use our skill sets and strengths of each of our organizations to move veterans who experience behavioral health conditions and also non-veterans," said Rosa Ruggiero. She's the Chief of Psychiatry for the White City VA Southern Oregon Rehabilitation Center & Clinics (SORCC).

More than 30 organizations filled the room to learn how each one helps those with mental illnesses. They discussed a variety of important topics including homelessness, substance abuse treatments, and veterans' benefits services.

"This gives us an opportunity to come together as community partners and leverage more meaningful behavioral health outcomes," Ruggiero added.

One of the organizations that came to the Mental Health Summit was Compass House. It helps adults with mental illness get reintegrated back into the community. Adults like Wolf Philips. He was diagnosed with bipolar disorder and schizophrenia. He came to the event with compass house to help educate the community about what it's like living with mental illness.

"Doing presentations out in these events brings awareness to what mental illness is and that you have a place to go where you're not frowned on and you don't feel left out. This event breaks that barrier. It puts people's guard down to where they're able to share themselves," Phillips said.

He found a sense of purpose since finding compass house six months ago and hopes through events like these others with mental illness will do that same.

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7.9 - Union-Bulletin: [Friday event honors POWs/MIAs](#) (18 September, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

Veterans, their families and the community are encouraged to honor former POWs and remember MIAs during the annual POW/MIA Remembrance Day at 11 a.m.-12:30 p.m. Friday at Jonathan M. Wainwright Veterans Affairs Medical Center, 77 Wainwright Drive, in Theater Building 78.

The colors will be presented by Civil Air Patrol Twin W Composite Squadron; Heather Nygaard will perform the national anthem and Ray Crawford, associate director for operations, will provide opening comments.

The special guest speaker is former U.S. Navy Cmdr. Laurence "Larry" Friese, who served during the Vietnam War, and was a prisoner of war for 1,842 days/five years. He was taken prisoner Feb. 28, 1968, and released during Operation Homecoming on March 14, 1973. An

excerpt from his Silver Star citation reads, "Despite the fact that he was consistently maltreated and subjected to severe cruelties, Capt. Friese refused to cooperate with his captors in any manner."

AMVETS Post 1111 will set up the Missing Man table and provide other support. The American Red Cross, serving Central and Southeastern Washington, will provide a light lunch, and Walla Walla VA's Voluntary Service is providing cake and drinks.

With one place setting, the Missing Man Table & Honors Ceremony symbolizes members missing from our midst, who are commonly called POW/MIA, or brothers and are remembered because of their incarceration. The table also symbolizes the frailty of one prisoner alone against his oppressors.

For more details, contact Linda Wondra, Walla Walla VA public affairs, at 509-525-5200, ext. 26520 or 509-386-1117.

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7.10 - Taos News: [VA awards Angel Fire \\$3.2M for veterans cemetery](#) (18 September, Cody Hooks, 55k uvvm; Taos, NM)

Angel Fire is already known around the county by veterans of the Vietnam War thanks to the memorial on the edge of town, but an announcement of funding for a veterans cemetery means the Colfax County village is well on its way to being even more of a hub for veterans and their families.

Governor Susan Martinez announced Tuesday (Sept. 18) the U.S. Department of Veterans Affairs has formally approved funding to cover the cost of construction for the State Veterans Cemetery in Angel Fire.

The VA will provide a \$3.2 million grant to cover the projected cost of building a 1.3-acre, 400-gravesite cemetery next to the Vietnam Veterans Memorial, according to a press release from the governor's office.

"We are extremely pleased," said Chuck Howe, mayor pro tem of Angel Fire and president of the nonprofit behind the memorial who is himself a Vietnam veteran.

"We started it about four years ago and have been going through the process since then. It's important for New Mexico veterans and their families to have a cemetery close," he said. The only federal veterans cemetery in New Mexico is located in Santa Fe.

Howe said several families of Vietnam veterans are holding on the ashes of their loved ones specifically so they can be buried at the future cemetery in Angel Fire.

The Angel Fire cemetery will be the third state veterans cemetery coming out of the State Cemetery Initiative launched in 2013, which sought federal funding for the construction of state-run veterans cemeteries. The Ft. Stanton State Veterans Cemetery opened last November and construction on the Gallup State Veterans Cemetery began last October, according to the governor's office.

Taos County officials tried to get funding for a state-sanctioned veterans cemetery in Taos, though their application was not successful. Still, the county donated 20 acres of land near the end of County Road 110 for a veterans cemetery. There was a ground breaking ceremony for that facility last year and county crews have continued to do some work on the site since then.

Howe said a veterans wellness center is also in the works for Angel Fire and that a national fundraising campaign will soon be underway to raise the money for that project.

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7.11 - WAER (FM-88.3, Audio): [Syracuse VA Will Offer Classes to Teach Veteran Families about Mental Health and the "New Normal"](#) (18 September, Scott Willis, Owen Sienko, John Smith, Samantha Taylor, and Molly Bolan, 26k uvm; Syracuse, NY)

The Syracuse VA Medical Center is about to start-up another series of classes for families of veterans struggling with mental illness. This marks the 11th year the VA has partnered with the National Alliance for Mental Illness, or NAMI. Local recovery coordinator at the VA Ann Canastra says the 12-week program is aimed at families for a reason.

"It's really for us to teach family members about mental health, mental illness, the illness process, and then about recovery. In recovery, that means everything from handling a crisis when days are very hard, but also things like simple communication and military culture."

Canastra equates the time and patience required to aid these veterans to that of caring for an elderly family member. Although many of these veterans are young, she says, they still require the same kind of support and the same availability of resources.

"You have these young family members coming in where maybe their friends are working full-time but these veterans can't work full-time, and they need a spouse, partner, parent or someone to take help care of them. That's who this class is for."

One of the most significant obstacles for veterans and their families to overcome is what Canastra calls the "new normal," or adjusting to their post-service lives. She says the first step families must take before jumping this hurdle is to learn self-care.

"Because you really can't do a good job of caring for other people unless you take care of yourself. So we talk about his new normal, and we teach family members about the importance of 'healthy selfishness.' And it's not a selfishness where you're going to neglect anyone else; rather, where you say 'I'm worthy of being healthy also,' and this is how I'm going to do it."

This year's family-to-family class series will begin Wednesday, September 19th, from 6:00 pm to 8:30 pm. Classes meet every Wednesday until December 12th at the Syracuse VA Medical Center on 800 Irving Avenue. More information on enrollment is available by emailing Ann.Canastra@va.gov.

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7.12 - KGNS-TV (NBC-8): [Laredo honor's prisoners of war and those missing in action](#) (18 September, 900 uvd; Laredo, TX)

Since 1979, the third Friday in September is dedicated to remembering those held as prisoners of war or missing in action during combat.

The Area Health Education Center in collaboration with the Laredo VA Clinic held a commemorative event to honor service men and women listed as MIA and POW.

The event featured keynote speakers who went into detail about the many sacrifices these men and women went through to protect this country... and the importance of demonstrating the utmost regard for missing personnel and their families.

Lieutenant Commander Douglas Alfred of the U.S. Navy explains the U.S. is one of few countries who honor these people who have gone through tremendous suffering.

According to the U.S. Department of Defense, more than 82 thousand service members are currently listed as Missing in Action.

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7.13 - ConnectingVets.com: [VA's first drag show celebrates all veterans](#) (17 September, Jonathan Kaupanger, New York, NY)

The gauntlet has been thrown down at the Vermont VAMC. And surprisingly, it's an elbow-length, white opera glove, dripping with fake jewels.

Charisma, uniqueness, nerve and talent aren't usually traits you get judged on at Veterans Affairs. That is, unless you were one of the few lucky veterans attending 'Queens, Queens & Camo,' a drag cabaret benefiting LGBTQ veterans in Vermont.

"I do recognize that it was a risk," says Calvin Smith. Smith is a social worker with VA's homeless program in Manchester, New Hampshire, but previously worked as a LGBTQ Veteran Care Coordinator in Vermont. He's also a veteran and - for one night only - performed as Ms. Brittney Queens. "My sexual orientation is straight. So part of this was just showing that this community isn't just about sexual orientation. It's about lots of things and being colorful in lots of ways. And then I should also say this was my debut and retirement performance all in one."

"For some of those veterans, it was way outside their comfort zone," says Smith. About a half-dozen veterans who attended the drag show had never been to one and never thought they would either.

"I would say that two-hour time frame of attending a drag show, just experiencing it for themselves did far more than any book they could have read, any training they could have taken and that's what this is all about," says Smith. "For them, they walked away from the experience with an entirely different conception of what the word queer means than what they went in with."

Changing culture and people's minds isn't easy. LGBTQ Veteran Care Coordinators are a relatively new thing at VA, only introduced in 2015. But they are now in every medical center. It's their dual job to help LGBTQ veterans manage the VA system and to show that VA is there for veterans of all sexual orientation.

“The seeds have been created at each of the medical centers,” says Smith. “They’re growing to different extents and in different ways.” Smith says some medical centers have really run with this concept. He points out the Cleveland VAMC’s transgender clinic as proof of this. “Some are far along in some ways, and then other hospitals that are just not that far along. I kind of like that though, it’s been very organic the way those positions have evolved.”

While at Vermont, Smith and his coworkers wanted to publicize that VA supported LGBTQ veterans. They scheduled community events to build relationships and start the process of changing the perception of who veterans are.

“And as you can imagine, that was a big obstacle,” says Smith. “Most people think of the VA as the military. They don’t realize there’s a difference between the two. So just doing events like that was important, it allowed us to have those conversations with people. Gay vets are very welcome at the VA they aren’t going to lose their benefits and there’s no risk that they will be discriminated against and if they are, there’s this program that’s meant to advocate for them.”

So, how do you create an opportunity to expose people to what queer culture is and have fun at the same time? For Smith, who identifies as a straight male, the answer was easy and “Queens, Queers and Camo” was born.

Putting on a drag show fell into place easily. A community partner provided the space. They booked a headliner, Ms. Joslyn Fox from season 6 of RuPaul’s Drag Race, plus local amateur talent. Once the event was posted, tickets sold out in a week. The event turned out to be exactly what they hoped for, bringing in people from all walks of life, all ages and all kinds of identities.

Besides changing how some people think, the event was a success on a more basic level. After the performers and bills were paid, a donation of \$500 was made in the name of the LGBT program at the VAMC. The medical center will use the money for outreach materials and other things that they normally wouldn’t have been able to do.

Smith hopes the drag race will become an annual event. He also thinks other medical centers should try it as well. “It’s celebrating who people are,” says Smith. “Encouraging people to be themselves at the VA and everywhere in their life!”

Connecting Vets has recently learned that another VAMC is contemplating copying the Vermont event. Would Smith be willing to resurrect Brittney Queers? “Yeah! Heck yeah, I’d do that,” he says. “Oh, I think that’s beautiful. Yeah, more!”

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8. [Other](#)

8.1 - The Indianapolis Star: [Ex-VA police officer sentenced for punching patient during arrest](#) (18 September, Crystal Hill, 3.2M uvm; Indianapolis, IN)

A former Indianapolis-based police officer is headed to prison for shoving and repeatedly punching a person he was arresting at a Veterans Affairs Medical Center, federal authorities announced Tuesday.

Michael Kaim, 28, was sentenced in U.S. District Court in Indianapolis to 12 months behind bars and ordered to pay a \$1,000 fine for deprivation of civil rights, according to a news release from the U.S. Department of Justice.

Kaim was employed by the Veterans Affairs Police Department in Indianapolis. Under a plea agreement, he admitted to using "excessive force" against the patient and employee whom he was arresting outside Richard L. Roudebush Veterans Affairs Medical Center on the near westside in April 2017, the release said.

"When excessive force is used by police officers against members of our community, particularly our veterans, it erodes confidence in our justice system and does irreparable damage to public confidence," said U.S. Attorney Josh Minkler. "Anyone who violates the civil rights of others will be held accountable."

An indictment handed down by a grand jury in January said Kaim had no legal reason to hit the man, and Kaim deprived the man of his right to be free from unreasonable seizure.

Kaim was also accused of falsifying records in an effort to impede a federal investigation, according to the indictment.

In the falsified report, Kaim wrote that the man resisted efforts to be escorted from a building and that he began acting aggressively, according to court documents.

The indictment said the man actually followed orders.

Kaim's attorney, John Kautzman, couldn't immediately be reached for comment Tuesday evening.

The U.S. Department of Veterans Affairs hasn't responded to an email seeking comment.

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8.2 - WRTV (ABC-6): [Former Indianapolis VA officer to serve 12 months for assaulting patient, filing false report](#) (18 September, Jordan Fischer, 1.1M uvm; Indianapolis, IN)

A former police officer at the Richard L. Roudebush Veterans Affairs Medical Center in Indianapolis will serve a year in prison for repeatedly punching a patient and falsifying his report about the incident.

Officer Michael Kaim was indicted in January on a civil rights violation and obstruction of justice for allegedly writing a false report about an arrest at the Indianapolis VA hospital.

In a plea agreement filed in federal court in June, Kaim acknowledges that the victim was already walking out the door of the hospital after being told to leave when Kaim shoved him out of the door and pushed him against an exterior wall of the building. Kaim then caused the victim to fall face-first on the sidewalk, before striking him in the head six-to-seven times.

In his report documenting the incident, Kaim wrote that the victim had not complied with his instructions and had resisted arrest.

On Tuesday, the U.S. Department of Justice announced that Kaim had been sentenced to 12 months in prison and a fine of \$1,000 in connection with the case.

“When excessive force is used by police officers against members of our community, particularly our veterans, it erodes confidence in our justice system and does irreparable damage to public confidence,” said U.S. Attorney Josh Minkler. “Anyone who violates the civil rights of others will be held accountable.”

As a condition of the plea, Kaim also agreed to surrender his law enforcement license and to not seek further employment as a law enforcement officer.

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Veterans Affairs Media Summary and News Clips

19 September 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Some Low-Performing VA Hospitals Show Improvement](#) (18 September, Ben Kesling, 43.6M uvm; New York, NY)

The quality of the nation's veterans hospitals improved over the past year, according to an assessment to be released this week by the Department of Veterans Affairs, allowing officials for the first time to remove a handful of the poorest-performing centers from a list of high-risk facilities.

[Hyperlink to Above](#)

1.2 - WebMD: [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

After years underground, psychedelic drugs are getting attention as a potential treatment for depression and posttraumatic stress disorder (PTSD). MDMA, also known as ecstasy, has shown promise in studies of combat veterans. Psilocybin, the compound in "magic mushrooms" that gets you high, has been tested as a potential boost for people struggling to quit smoking.

[Hyperlink to Above](#)

1.3 - CBS News (Video): [MDMA, the main ingredient in ecstasy, could be key in helping veterans with PTSD](#) (18 September, Jim Axelrod, 26.1M uvm; New York, NY)

It's the little things that Jon Lubecky appreciates now, like playing a board game with his family. But it wasn't always that way for the former Army sniper, who came home in 2006 after nearly a year in Iraq with a traumatic brain injury from a mortar attack and a nasty case of post-traumatic stress disorder (PTSD). Traditional treatments, including the use of antidepressants like Zoloft, were useless.

[Hyperlink to Above](#)

1.4 - The Plain Dealer: [New VA clinic in Willoughby offers improved services, larger space](#) (18 September, Julie Washington, 11.5M uvm; Cleveland, OH)

Even though the Veterans Administration's new outpatient clinic in Willoughby had been open for only a few hours, Monte Hallam of Madison found it was already an efficient operation. When Hallam arrived, the 74-year-old Vietnam veteran was immediately greeted and directed to the blood lab located off the main lobby. "It's very nice," he said about the enlarged facility, which opened Monday. "It's much improved over the last place. I look forward to coming back."

[Hyperlink to Above](#)

1.5 - Military.com: [VA Struggles to Restore Services in Storm-Ravaged North Carolina](#) (18 September, Richard Sisk, 9M uvm; San Francisco, CA)

Sick and disabled veterans who had been evacuated from the Hampton, Virginia VA Medical Center amid hurricane conditions were allowed to begin returning to the center on Monday. But the immense rainfall from Hurricane Florence and its aftermath left clinics closed and hospitals isolated in flood-ravaged North Carolina.

[Hyperlink to Above](#)

1.6 - WRAL (CBS-5): [Delta pilot accused of lying about mental health to keep flying](#) (18 September, Leon Stafford, 3.2M uvm; Raleigh, NC)

A Delta Air Lines pilot has been indicted on charges he misled government officials about his mental health so he could keep flying. Adam Asleson, 39, of Peachtree City, Georgia, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

[Hyperlink to Above](#)

1.7 - Military Times: [Veterans facing judges to get more courtroom advocates as legal assistance program expands](#) (18 September, Leo Shane III, 2.1M uvm; Springfield, VA)
President Donald Trump signed into law Monday a significant expansion of the Veterans Justice Outreach program, a move that will put dozens more specialists into courtrooms nationwide to help work with veterans facing legal troubles. The program, which has received positive reviews from advocates for providing additional rehabilitation and alternative punishment options...

[Hyperlink to Above](#)

1.8 - Stars and Stripes: [VA cites improvements at five hospitals removed from 'high-risk' list](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Five low-performing Department of Veterans Affairs hospitals have improved enough in the past six months to no longer qualify as high risk, the VA announced Tuesday. The VA hospitals in Dublin, Ga.; Harlingen, Texas; Roseburg, Ore., Nashville and Denver were removed from high-risk status based on new performance statistics released Tuesday.

[Hyperlink to Above](#)

1.9 - Stars and Stripes: [In North Carolina, flooding from Florence closes VA clinics, counseling centers, cemeteries](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Two Department of Veterans Affairs facilities in southeastern North Carolina will remain closed until next week due to the catastrophic flooding that continues to cripple the area days after Hurricane Florence first made landfall. Though most of the VA facilities affected by the storm were reopened by Tuesday, a health care center in Wilmington and outpatient clinic in Morehead City are expected to remain closed until Sept. 24.

[Hyperlink to Above](#)

1.10 - WFED (AM-1500): [VA exceeds goals for delivering appeals decisions on disability claims](#) (18 September, Terry Wing, 854k uvm; Washington, DC)

The Veterans Affairs Department said it has surpassed its goal this year of delivering more than 81,000 appeals decisions on claims for disability benefits and services. In doing so, VA said it delivered 28,000 more appeals decisions in fiscal 2018 than in fiscal 2017, a 52 percent increase.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - NJ.com (The Jersey Journal): [Opinion: Save the VA. Veterans' lives depend on it](#) (18 September, Joseph Hirsch, 9.4M uvm; Newark, NJ)

In May of 1968 I was sent to Vietnam, where I translated intercepted communiques during the war. The horrors of war I witnessed changed me forever. Since I returned home, I have worked to end war and for social justice. In Vietnam, I, like millions of Vietnamese and many other American soldiers, was exposed to Agent Orange. Decades later, the VA linked that exposure to my diabetes.

[Hyperlink to Above](#)

2.2 - Missoula Current: [Montana veterans rally for Tester, push back on Rosendale's "little stuff" claims](#) (18 September, Martin Kidston, 17k uvm; Missoula, MT)

Montana veterans, a spouse and a firefighter were among those who pushed back Tuesday against a campaign ad released by Matt Rosendale, which suggests Sen. Jon Tester's 19 bills signed into law by President Donald Trump this Congress amounted to "little stuff." That little stuff, veterans argued in a media call, have made a big difference in ensuring VA facilities are properly staffed, and it has changed how they access health care through the VA and pursue careers after service using education assistance.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - WHTM (ABC-27, Video): [New VA clinic to open in Upper Allen](#) (18 September, Mark Hall, 442k uvm; Harrisburg, PA)

A new Veterans Affairs outpatient clinic opens Wednesday in Upper Allen Township. The clinic at 5070 Ritter Road will replace the existing clinic on North 32nd Street in Camp Hill. The state-of-the-art facility has 48 exam rooms. "Veterans who are treated here can get their primary care and mental healthcare and behavioral healthcare lab work and physical therapy," said Douglas Etter, a spokesman for the Lebanon VA Medical Center.

[Hyperlink to Above](#)

3.2 - Healthcare IT News: [VA will open bidding for VistA EHR support, maintenance](#) (18 September, Jessica Davis, 438k uvm; Chicago, IL)

The U.S. Department of Veterans Affairs modified its request for information on Monday, with plans to open bidding for a vendor to maintain and support its legacy VistA EHR architecture and imaging operations for the next five years. According to the amended RFI, the agency plans to submit request for proposals on Sept. 21 through the General Service Administration's IT Schedule.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (AP): [Republicans Face Bad Numbers With Election 7 Weeks Away](#) (18 September, Scott Bauer, 23.9M uvm; Washington, DC)

Republicans warned by party standard-bearer Gov. Scott Walker for months about a possible blue wave this November received more bad news Tuesday with a poll showing growing signs of support for Democrats. The Marquette University Law School poll landed as Walker and his

allies have outspent Democratic challenger Tony Evers by millions of dollars, and as Republican Leah Vukmir, a state senator, is trying to knock off Democratic U.S. Sen. Tammy Baldwin.

[Hyperlink to Above](#)

4.2 - Breitbart: [O'Keefe Video Reveals the Only Way to Drain the Swamp Is to Fire the Swamp](#) (18 September, Rick Manning, 19.1M uvm; Los Angeles, CA)

Project Veritas' latest video exposé reveals that the Resistance movement runs deeply within the federal government. However, due to the civil service laws, those who refuse to do their jobs are nearly impossible to root out and fire. The only way to fix this broken federal civil service system is for Congress to pass the MERIT Act. Federal civilian workers know that they cannot be fired even under the most egregious circumstances, and under current civil service law they are correct.

[Hyperlink to Above](#)

4.3 - Washington Examiner: [5 poorly performing VA hospitals ready to graduate from high-risk list: Report](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

Five VA hospitals are set to be removed from a list of 15 poorly performing facilities that are considered high-risk, according to an assessment that is set to be released this week by the Department of Veterans Affairs, according to a report Tuesday. Removing these hospitals from the list would mark an overall improvement in the quality of care that patient's receive at the nation's 146 veteran hospitals, the Wall Street Journal reports.

[Hyperlink to Above](#)

4.4 - Washington Examiner: [VA ready to hire dozens more specialists to give legal help to veterans at medical centers](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

The Veterans Affairs Department announced Tuesday that it is ready to hire an additional 50 outreach specialists to help veterans in the judicial system after President Trump signed into law Tuesday the Veterans Treatment Court Improvement Act of 2018. The law requires the VA to hire the new specialists over the next year and then place them at VA medical centers in need of their services.

[Hyperlink to Above](#)

4.5 - The Spokesman-Review: [Media barred from VA medical center tour with Cathy McMorris Rodgers](#) (18 September, Will Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law. The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

[Hyperlink to Above](#)

4.6 - KCUR (NPR-89.3): [U.S. Representatives Step In, Spark Changes To Kansas City's VA Medical Center](#) (18 September, Andrea Tudhope, 198k uvm; Kansas City, MO)

The VA Medical Center in Kansas City, Missouri, has made a few changes after receiving a letter from U.S. representatives from Missouri and Kansas that detailed veterans' concerns about the quality of care. Republican U.S. Reps. Vicky Hartzler of Missouri and Kevin Yoder of Kansas, as well as Democratic U.S. Rep. Emanuel Cleaver of Missouri, met with the VA on

Tuesday to discuss the issues outlined in their July letter and check on what progress has been made.

[Hyperlink to Above](#)

4.7 - KEZI (ABC-9, Video): [Report: Roseburg Va Trying To Restore Trust After 'Toxic Work Culture'](#) (18 September, Stephanie Villiers, 164k uvm; Eugene, OR)

The Veterans Affairs Office of Inspector General has released a report on its review of the Roseburg VA after accusations of retaliation against employees and concerns about patient care. The report, which was compiled after an unannounced visit in March 2018, found the new leadership team at the VA is trying to restore a culture of trust, as well as improve employee and patient satisfaction and quality of care.

[Hyperlink to Above](#)

4.8 - WBND (ABC-57, Video): [Mishawaka VA Clinic celebrates one year of service](#) (18 September, Abby Lutz, 54k uvm; South Bend, IN)

The St. Joseph County VA Health Care Center will host a celebration on Tuesday to celebrate one year since the doors opened in Mishawaka. Over the last year, the clinic has provided care for more than 11,000 veterans. It has also created nearly 200 jobs in the community. Patrick Erdes, a local Army veteran, says the new facility exceeded his expectations.

[Hyperlink to Above](#)

4.9 - MeriTalk: [Senate Panel Okays VA CIO Nomination, Full Senate Vote Next](#) (18 September, 35k uvm; Alexandria, VA)

The Senate Veterans' Affairs Committee voted today to approve the nomination of James Gfrerer to serve as the Department of Veterans Affairs' chief information officer and the assistant secretary of the agency's Office of Information and Technology. Gfrerer's nomination will now move to the full Senate for a final confirmation vote.

[Hyperlink to Above](#)

4.10 Shelby County Today: [My VA Hospital Visit](#) (16 September, Doug Fincher, 1.1k uvd; Center, TX)

I had a small basal cell skin cancer (the least invasive kind) removed from my scalp at the Houston V.A. Hospital today. As Doctor Jacque Guidry helped me onto the surgery table, she asked if I minded losing a little hair and to name a singer I liked. My answer was: "No problem with the hair and I like Lionel Richie." Within seconds Richie was softly singing "Three Times a Lady" and the Doctor was humming, cutting, and talking small talk with Pam and me.

[Hyperlink to Above](#)

[5. Improve Timeliness of Service](#)

5.1 - Military.com: [After Hurricane Florence What Is Status Of VA & Other Federal Assistance](#) (18 September, Jim Absher, 9M uvm; San Francisco, CA)

If you are in the area affected by Hurricane Florence you may be wondering just what is the status of VA facilities in your area. According to the VA, all hospitals in the area are open, although several outpatient clinics are closed, especially those in coastal areas. Their reopening

dates remain TBD. The VA says it is also readying mobile units including a Mobile Pharmacy Unit, a Mobile Vet Center, and a Mobile Emergency Nutrition which will deploy to Richmond, VA and Salisbury, NC shortly.

[Hyperlink to Above](#)

5.2 - KMBC (ABC-9, Video): [Officials seeing progress at Kansas City's VA Medical Center](#) (18 September, Matt Flener, 1.1M uvm; Kansas City, MO)

Two members of congress say they're seeing progress at Kansas City's VA Medical Center. This comes after years of overhaul, and long wait times for veterans. Missouri Representatives Vicky Hartzler and Emmanuel Cleaver stood outside the VA Medical Center in Kansas City after meeting with VA officials to address veterans concerns.

[Hyperlink to Above](#)

5.3 - Herald-Tribune (Video): [House candidate David Shapiro wants legal cannabis for veterans](#) (18 September, Billy Cox, 871k uvm; Sarasota, FL)

Candidates for the District 16 congressional race are staking out divergent positions on the question of whether marijuana should be removed from Schedule 1 status to afford military veterans another potentially potent option for dealing with PTSD and traumatic brain injuries, something explored recently by the Herald-Tribune and supported by a growing field of veterans and national veterans organizations in the face of an epidemic of military suicides.

[Hyperlink to Above](#)

5.4 - WLOS (ABC-13, Video): [Charles George VA Medical Center](#) (17 September, 480k uvm; Asheville, NC)

3-minute video: The Department of Veterans Affairs (VA) leads the country in hepatitis screening, testing, treatment, research and prevention. Get more information both for health care providers and for Veterans and the public at <http://www.hepatitis.va.gov/>.

[Hyperlink to Above](#)

5.5 - The Repository: [Opinion: Drugs-first approach to pain treatment fuels opioid epidemic](#) (18 September, Aaron McMichael and Judson Sprandel II, 439k uvm; Canton, OH)

The opioid epidemic has highlighted the necessity of taking a new approach to treating pain, but Ohio's largest health care payers do not appear to be listening. Just in time for Drug-Free Pain Management Month, officially recognized in September by Ohio and the city of Canton, a recent analysis of Ohio's largest health care payers indicates they have been reluctant to improve coverage of recommended drug-free pain treatment alternatives.

[Hyperlink to Above](#)

5.6 - The Gazette (Waterloo Courier): [Abby Finkenauer: More help needed for mental health](#) (18 September, Thomas Nelson, 433k uvm; Cedar Rapids, IA)

Veterans who met with two politicians here Tuesday had questions about their health care and the answers concerned money. The 30 or so veterans meeting with state Rep. Abby Finkenauer, Democratic candidate in Iowa's 1st Congressional District, and U.S. Rep. Seth Moulton, D-Mass., asked why they can't receive VA health care simply by showing their discharge papers.

[Hyperlink to Above](#)

5.7 - KRGV (ABC-5, Video): [Veteran with Chronic Illness, Injuries Seeking Help from VA](#)

(19 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Rio Grande Valley veteran who deals with Agent Orange-related problems is looking for help from the U.S. Department of Veterans Affairs. Juan Hernandez says he served in Vietnam in the 1970s and has been dealing with these issues since then. He wants the VA to work through his daughter who can help him to stay on top of his benefit claims and finances.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Concord Monitor: [The facts about PTSD and veterans](#) (18 September, Robert Rowe, 164k uvm; Concord, NH)

It is so important to let people know that so much of what affects our veterans and their families is a direct result of that voluntary service to protect our country, its citizens and our freedoms. Please let me tell you a little bit about veterans and post-traumatic stress disorder. I am devastated at the stigma related to veterans and PTSD.

[Hyperlink to Above](#)

6.2 - KTVL (CBS-10, Video): [Veterans gather for annual Mental Health Summit](#) (19

September, Jennevie Fong, 73k uvm; Medford, OR)

Veterans across the region gathered in downtown Medford for the 6th Annual VA Southern Oregon Rehabilitation Center & Clinics (VA SORCC) Mental Health Summit. Social work supervisor Chris Petrone said the summit is intended to help the Department of Veterans Affairs partner with other community services.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - FOX News: [Delta Air Lines pilot grounded for concealing 'major depressive disorder' to keep flying](#) (18 September, Janine Puhak, 32.5M uvm; New York, NY)

A Delta Air Lines pilot has been grounded after being indicted for misleading government officials about a "major depressive disorder" in hopes of continuing his career in the skies. A Delta spokesperson confirmed to Fox News on Tuesday that U.S. Air Force veteran Adam Asleson is "no longer actively flying" with the carrier in the wake of being indicted in the U.S. District Court in San Francisco.

[Hyperlink to Above](#)

7.2 - U.S. News & World Report (AP): [Lawmakers Seek to Name Clinic After Medal of Honor Winner](#) (18 September, 23.9M uvm; Washington, DC)

Members of Louisiana's congressional delegation are seeking to rename a veteran's clinic in Lake Charles after a Medal of Honor winner who died in Vietnam. U.S. Sens. Bill Cassidy and John Kennedy and Rep. Clay Higgins announced their legislation Monday in a news release.

They hope to have the Lake Charles Community-Based Outpatient Clinic named after Douglas Fournet.

[Hyperlink to Above](#)

7.3 - U.S. News & World Report (AP): [15 New Housing Vouchers for Homeless Reno-Sparks Vets](#) (18 September, 23.9M uvm; Washington, DC)

The U.S. Department of Housing and Urban Development has issued 15 new housing vouchers for homeless veterans in the Reno-Sparks area. Reno Housing Authority Executive Director Amy Jones says the vouchers provide permanent housing as well as supportive services for homeless veterans. She says it will help some of the most deserving and needy members of the community

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7.4 - Washington Examiner: [VA celebrates 'historic achievement' after exceeding goal for appeals decisions on disability claims](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

The Department of Veterans Affairs exceeded its goal of delivering 81,000 appeals decisions of disability benefit claims to veterans two weeks earlier than expected, the department reported Tuesday. The VA pledged to reduce wait times for appeals decisions in fiscal year 2018. As of Sept. 14, the Board of Veterans' Appeals made 28,000 more decisions than they had the previous year and surpassed the 81,000 target.

[Hyperlink to Above](#)

7.5 - WFMZ (TV-69, Video): [Allentown Hope For Veterans shut down](#) (18 September, Jaccii Farris 2.1M uvm; Allentown, PA)

Local officials say the Veteran's Administration is no longer funding the Allentown Hope for Veterans program. "In a nut shell blindsided. Devastatingly blindsided," said Thomas Applebach, Lehigh County Director of Veterans Affairs. Applebach says since the program came to the area, it has helped 325 homeless vets and their families find a place to live like Army veteran Tim Smith, who found himself homeless in between retirement and the start of his retirement benefits in 2014.

[Hyperlink to Above](#)

7.6 - Arkansas Democrat-Gazette: [Veterans cemetery in North Little Rock expanding with help of \\$5.7M U.S. grant](#) (18 September, Hunter Field, 871k uvm; Little Rock, AR)

The federal government will grant more than \$5.7 million to the Arkansas Department of Veterans Affairs to expand its cemetery in North Little Rock. The agency applied for the grant last year after determining that the Arkansas State Veterans Cemetery at North Little Rock would reach capacity for certain burial types in 2020 and 2021.

[Hyperlink to Above](#)

7.7 - KOLO (ABC-8, Video): [15 new housing vouchers offered to help homeless veterans](#) (18 September, Valentina Bonaparte, 274k uvm; Reno, NV)

For the past 10 years the U.S. Department of Housing and Urban Development and Veteran's Affairs have helped homeless veterans find places to live through the HUD/VASH program. "This is basically a housing choice voucher, which gives you the choice to live, where you want

to live, provided the rent is considered reasonable and your landlord is accepting vouchers," says Brent Boynton, community outreach coordinator at Reno Housing Authority.

[Hyperlink to Above](#)

7.8 - KDRV (ABC-12, Video): [Mental Health Summit Breaks Down Mental Illness Barriers](#)

(18 September, Andryanna Sheppard, 156k uvm; Medford, OR)

Organizations from across Jackson, Josephine, Klamath counties and northern California came together Tuesday afternoon in almost a networking event. "We're working to collaborate together to use our skill sets and strengths of each of our organizations to move veterans who experience behavioral health conditions and also non-veterans," said Rosa Ruggiero. She's the Chief of Psychiatry for the White City VA Southern Oregon Rehabilitation Center & Clinics (SORCC).

[Hyperlink to Above](#)

7.9 - Union-Bulletin: [Friday event honors POWs/MIAs](#) (18 September, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

Veterans, their families and the community are encouraged to honor former POWs and remember MIAs during the annual POW/MIA Remembrance Day at 11 a.m.-12:30 p.m. Friday at Jonathan M. Wainwright Veterans Affairs Medical Center, 77 Wainwright Drive, in Theater Building 78. The colors will be presented by Civil Air Patrol Twin W Composite Squadron; Heather Nygaard will perform the national anthem and Ray Crawford, associate director for operations, will provide opening comments.

[Hyperlink to Above](#)

7.10 - Taos News: [VA awards Angel Fire \\$3.2M for veterans cemetery](#) (18 September, Cody Hooks, 55k uvm; Taos, NM)

Angel Fire is already known around the county by veterans of the Vietnam War thanks to the memorial on the edge of town, but an announcement of funding for a veterans cemetery means the Colfax County village is well on its way to being even more of a hub for veterans and their families.

[Hyperlink to Above](#)

7.11 - WAER (FM-88.3, Audio): [Syracuse VA Will Offer Classes to Teach Veteran Families about Mental Health and the "New Normal"](#) (18 September, Scott Willis, Owen Sienko, John Smith, Samantha Taylor, and Molly Bolan, 26k uvm; Syracuse, NY)

The Syracuse VA Medical Center is about to start-up another series of classes for families of veterans struggling with mental illness. This marks the 11th year the VA has partnered with the National Alliance for Mental Illness, or NAMI. Local recovery coordinator at the VA Ann Canastra says the 12-week program is aimed at families for a reason.

[Hyperlink to Above](#)

7.12 - KGNS-TV (NBC-8): [Laredo honor's prisoners of war and those missing in action](#) (18 September, 900 uvd; Laredo, TX)

Since 1979, the third Friday in September is dedicated to remembering those held as prisoners of war or missing in action during combat. The Area Health Education Center in collaboration

with the Laredo VA Clinic held a commemorative event to honor service men and women listed as MIA and POW.

[Hyperlink to Above](#)

7.13 - ConnectingVets.com: [VA's first drag show celebrates all veterans](#) (17 September, Jonathan Kaupanger, New York, NY)

The gauntlet has been thrown down at the Vermont VAMC. And surprisingly, it's an elbow-length, white opera glove, dripping with fake jewels. Charisma, uniqueness, nerve and talent aren't usually traits you get judged on at Veterans Affairs. That is, unless you were one of the few lucky veterans attending 'Queens, Queens & Camo,' a drag cabaret benefiting LGBTQ veterans in Vermont.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - The Indianapolis Star: [Ex-VA police officer sentenced for punching patient during arrest](#) (18 September, Crystal Hill, 3.2M uvm; Indianapolis, IN)

A former Indianapolis-based police officer is headed to prison for shoving and repeatedly punching a person he was arresting at a Veterans Affairs Medical Center, federal authorities announced Tuesday. Michael Kaim, 28, was sentenced in U.S. District Court in Indianapolis to 12 months behind bars and ordered to pay a \$1,000 fine for deprivation of civil rights, according to a news release from the U.S. Department of Justice.

[Hyperlink to Above](#)

8.2 - WRTV (ABC-6): [Former Indianapolis VA officer to serve 12 months for assaulting patient, filing false report](#) (18 September, Jordan Fischer, 1.1M uvm; Indianapolis, IN)

A former police officer at the Richard L. Roudebush Veterans Affairs Medical Center in Indianapolis will serve a year in prison for repeatedly punching a patient and falsifying his report about the incident. Officer Michael Kaim was indicted in January on a civil rights violation and obstruction of justice for allegedly writing a false report about an arrest at the Indianapolis VA hospital.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Some Low-Performing VA Hospitals Show Improvement](#) (18 September, Ben Kesling, 43.6M uvm; New York, NY)

The quality of the nation's veterans hospitals improved over the past year, according to an assessment to be released this week by the Department of Veterans Affairs, allowing officials for the first time to remove a handful of the poorest-performing centers from a list of high-risk facilities.

Those five hospitals had been the target of a program that floods poorly performing facilities with expertise and resources, and the improvements are seen by VA officials and physicians as a measure of success. But 10 other high-risk hospitals continue to languish among the lowest-ranked facilities, and will remain the target of improvement efforts, officials said.

Of 146 VA medical centers nationwide, 103 recorded improvements in service quality, and seven suffered declines. Quality is measured according to death rates, complications, patient satisfaction, overall efficiency and physician capacity under a system called Strategic Analytics for Improvement and Learning, or SAIL.

While VA officials consider the improvements a step in the right direction, they said the assessments don't always foreshadow quality improvements or declines.

"You can look around the system and you can find failures that weren't necessarily predicted by SAIL," said Dr. Richard Stone, the top VA health-care official.

Hospital ratings have been showing steady improvement since the first public release of the data in 2015, and health-care analysts said that making the assessments public had helped push quality upward.

"A lot of hospital systems have been moving towards increased transparency in general and the VA has been at the forefront," said Carrie Farmer, a senior policy researcher focusing on health care at the Rand Corp., a California-based research institution. Ms. Farmer is the co-author of a 2018 Rand Corp. report that shows VA hospitals typically perform as well or better than private-sector hospitals when similar statistics are compared.

Dr. Stone said greater transparency had fueled improvements around the VA, the nation's largest medical system. "When you make these things public you get pressure, you get scrutiny, you get oversight," he said.

"I believe the key strategy for getting an acceleration of improvement is transparency," said Dr. David Shulkin, former VA secretary. "That is why we went public with all of our data."

Dr. Shulkin was running the department when it made the SAIL measures publicly available, allowing veterans and their families to compare VA hospitals to private-sector facilities.

"When quality data is not transparent it's easy to keep the real problems below the surface," Dr. Shulkin said.

VA medical centers are rated on a scale of one to five stars. Of the 146 medical centers, 19 had five-star ratings, and 15 were given one-star ratings.

The 15 poorest-rated centers were among those given a one-star rating, and were considered in the high-risk category. Earlier this year, VA officials began transferring personnel and resources from some of the healthier centers to the high-risk centers.

As a result, five of the 15 high-risk centers—in Dublin, Ga.; Harlingen, Texas; Nashville, Tenn.; Roseburg, Ore., and Denver, Colo.—improved, officials said, rising out of the high-risk category. The latest star ratings have yet to be released, but VA officials said they likely would upgrade these centers to two-star ratings.

However, 10 of the high-risk centers—Hampton, Va., Washington, D.C.; Big Spring, Texas; El Paso, Texas; Jackson, Miss; Loma Linda, Calif.; Memphis, Tenn.; Murfreesboro, Tenn.; Phoenix; and Walla Walla, Wash.—remained in the high-risk category.

One of those, in Washington, D.C., has been at the center of scrutiny over the past year as an inspector-general report of unsanitary conditions and poor service led to the eventual removal of the medical center's leadership. But there, the SAIL ratings didn't reflect the depth of the problems. It is the only one of the 15 high-risk facilities whose rating declined.

A VA official said there is a constant concern, as with any other performance-measuring system, that employees will focus on boosting performance—or the appearance of performance—by focusing solely on statistics measured by SAIL. The department needs to make sure that performance reviews don't have unintended consequences, the official said.

Dr. Shulkin, the former secretary, said there is no way to eliminate all bad actors who try to “game the system” but VA officials have been working to eliminate incentives to manipulate numbers.

The availability of these public statistics could also become more important as the department works out how to implement a sweeping new law signed by President Trump in June.

The VA Mission Act has the potential to reshape the way veterans are allowed to get care in the private sector and includes a provision that allows the VA secretary to send veterans elsewhere if VA hospitals fall below a certain, as-yet undefined threshold.

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1.2 WebMD: [Psychedelic Drugs to Treat Depression, PTSD?](#) (18 September, Matt Smith, 43.5M uvm; New York, NY)

After years underground, psychedelic drugs are getting attention as a potential treatment for depression and posttraumatic stress disorder (PTSD).

MDMA, also known as ecstasy, has shown promise in studies of combat veterans. Psilocybin, the compound in “magic mushrooms” that gets you high, has been tested as a potential boost for people struggling to quit smoking. Researchers in Europe are conducting a survey of how “microdoses” of LSD or other drugs affect mental activity without altering perception. And the American Psychological Association held a symposium in early August on the potential uses of psychedelics.

"This is a very interesting, intriguing moment in psychiatric drug development," says John Krystal, MD, chairman of the psychiatry department at the Yale University School of Medicine.

Doctors have been reluctant to explore the potential uses of psychedelics since the 1960s, Krystal says. Not only did the federal government classify them as having no acceptable medical uses and a high potential for abuse, but many researchers believed they were too powerful to use therapeutically. But the mental health field is facing "a moment of great need" that's prompted some rethinking, he says.

"Our appreciation of the seriousness of psychiatric disorders is much more mature than it was then," Krystal says. "We have a much better understanding about how common, how disabling - and in some cases, with the rising suicide rate, how lethal these disorders are."

Over the last 50 years, researchers have made "transformative" advances in understanding how the brain works. But there haven't been corresponding breakthroughs in psychiatric drugs, he says. And there have been some promising results so far.

A phase III clinical trial of the use of MDMA to treat PTSD is moving ahead after it won FDA designation as a potential "breakthrough therapy" last summer. That status holds out the prospect of speedy review by the agency and "catapulted" fundraising for the trial's backers, says Brad Burge, spokesman for the California-based Multidisciplinary Association for Psychedelic Studies (MAPS).

"That breakthrough therapy designation communicates to funders and to the rest of the world that this is a very serious treatment and the FDA is taking it very seriously. That's huge," Burge says.

In a phase II trial funded by MAPS, researchers found MDMA sharply reduced or eliminated PTSD in a group of 26 veterans, police officers, and firefighters when combined with psychotherapy. Nearly all people in the study saw some improvement in their symptoms, and about two-thirds "simply didn't have PTSD anymore," Burge says.

The results were published in May. Researchers checked in with participants 2 months after treatment, then a year later. "On average, those results actually kept getting better," Burge says.

There were no serious side effects, but the researchers did find one surprising result: Lower doses of MDMA were less helpful than not being given the drug.

"What we think might be happening there is it could be bringing up emotions or memories in people with PTSD without giving them the additional resources to deal with it in a productive way in therapy," Burge says.

The FDA last month approved a study testing psilocybin to treat depression. British company COMPASS Pathways plans to begin the phase II trial immediately.

"Depression is the leading cause of ill-health and disability worldwide, and treatment-resistant depression affects more than 100 million people," George Goldsmith, chairman of COMPASS Pathways, says in a statement. "It is a huge unmet need, and the trial will teach us more about how this new approach might address it."

Meanwhile, researchers at Johns Hopkins University have been studying the use of psilocybin to help people quit smoking. In follow-up interviews, 15 participants reported “a number of persisting positive effects beyond smoking cessation,” says Matthew Johnson, PhD, associate professor of psychiatry at Johns Hopkins.

“We found generally people claimed vivid insights into their self-identity in psilocybin sessions -- insights into the reasons they smoked,” he says. For most participants, withdrawal symptoms “really took a back seat to their fascination with their unfolding contemplation of these psychedelic sessions.

“I had one pilot participant who said, ‘It’s kind of like I’m in The Matrix and everything’s in slow motion. Here’s a craving that’s coming ... instead of that sort of automatic response where my hand goes into my pocket, grabbing a cigarette and it ends up in my mouth, it’s more of a slow, deliberative mindful response.’”

Other participants described increased appreciation or a re-emergence of interest in music and art or poetry.

Earlier research by Johnson and others at Johns Hopkins found psilocybin can produce “clinically significant” improvements in depression and anxiety in patients with life-threatening cancer. The drug may be able to provide hope where conventional antidepressant drugs have had little effect, he says.

But though imaging technology has given researchers the ability to view your brain on drugs, how psychedelic drugs work is still something of a mystery, Burge says.

“Even with MDMA, we have some strong theories about how it might be working to reduce PTSD symptoms in the long run, but we don’t know exactly why,” he says.

More brain-imaging studies might help to determine the mechanism of action of these drugs, Burge says, but they’re not needed to get federal approval of a treatment. The FDA only wants to know whether a drug is effective and that the benefits outweigh the risks.

Krystal, who also leads the clinical neuroscience division at the National Center for PTSD at the Department of Veterans Affairs, has warned that the lack of effective drugs to treat posttraumatic stress disorder is a “crisis.” Recent advances in neuroscience may provide a way to reopen the door for psychedelics or drugs like ketamine, which is also being tested as a treatment for depression, but he says that door should be pushed open cautiously.

“I think the central question at the moment is to determine exactly how much of the excitement over the potential therapeutic value of hallucinogenic drugs is hype and how much of it is real benefit,” Krystal says. “I’m afraid our current research base is so shallow that we have to approach these drugs in a very cautious and exploratory manner.”

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1.3 - CBS News (Video): [MDMA, the main ingredient in ecstasy, could be key in helping veterans with PTSD](#) (18 September, Jim Axelrod, 26.1M uvm; New York, NY)

CHARLESTON, S.C. — It's the little things that Jon Lubecky appreciates now, like playing a board game with his family. But it wasn't always that way for the former Army sniper, who came home in 2006 after nearly a year in Iraq with a traumatic brain injury from a mortar attack and a nasty case of post-traumatic stress disorder (PTSD). Traditional treatments, including the use of antidepressants like Zoloft, were useless.

"I went home, loaded a Beretta nine millimeter, put it to my temple, and I pulled the trigger," Lubecky said.

"The greatest peace I have ever felt was that microsecond the hammer fell... I knew it was over."

The gun malfunctioned, but he would try again and again.

But that has now stopped, thanks to a unique therapy. Over three sessions, Lubecky spent six to eight hours under the influence of MDMA, the active ingredient in ecstasy. Finally, Lubecky was able to talk about his trauma and thus make progress dealing with it.

Rick Doblin runs the Multidisciplinary Association for Psychedelic Studies, or MAPS, a non-profit advocating for MDMA-assisted psychotherapy.

"It starts by reducing activity in the amygdala, which is the fear-processing part of the brain, so that people's fearful emotions linked to trauma can be more easily recalled and processed," Doblin said.

Once the drug produces feelings of safety, veterans can then access memories which had been crippling before. While one in three veterans found pills like Zoloft and Paxil effective in treating their PTSD, a study including 24 veterans showed PTSD was eliminated in 68 percent of vets treated with MDMA-assisted therapy and significantly reduced in the other 32 percent.

Therapy that uses MDMA has shown an impact on veterans with PTSD. CBS NEWS Lubecky's last suicide attempt was on Nov. 3, 2013. Sixteen months later, his MDMA-assisted therapy regimen was completed. So don't talk to Lubecky if you think that MDMA's classification as a controlled substance renders it inappropriate for treating PTSD.

"If I told you, 'I have a treatment that eliminates tumors in 68 percent of cancer patients,' they'd pass a bill tomorrow legalizing it," Lubecky said.

MDMA-assisted therapy is now about to begin its third phase of FDA testing. That will take three more years and up to 300 more subjects. But if all goes well, MDMA will be available by prescription as early as 2021.

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1.4 - The Plain Dealer: [New VA clinic in Willoughby offers improved services, larger space](#) (18 September, Julie Washington, 11.5M uvm; Cleveland, OH)

Even though the Veterans Administration's new outpatient clinic in Willoughby had been open for only a few hours, Monte Hallam of Madison found it was already an efficient operation.

When Hallam arrived, the 74-year-old Vietnam veteran was immediately greeted and directed to the blood lab located off the main lobby. “It’s very nice,” he said about the enlarged facility, which opened Monday. “It’s much improved over the last place. I look forward to coming back.”

The Lake County VA Outpatient Clinic, located at 35000 Kaiser Court near the intersection of Route 91 and Route 20, replaces two VA outpatient clinics in Painesville.

“It’s been a long time coming to consolidate two old buildings into one space,” said Jose Salcedo, deputy director of Community Outpatient Services for the U.S. Department of Veteran Affairs.

At 20,000 square feet, the newly renovated, two-story clinic is nearly twice as large as the VA’s previous outpatient clinic in Painesville. The extra room allows the VA to add diagnostic radiography (X-rays) and physical therapy departments. In the past, Lake County veterans had to drive to clinics in Parma or Wade Park to get an X-ray.

“It’s going to be great to have that on site,” Salcedo said.

The new facility will improve patient care through a system called Patient Aligned Care teams, or PACs, Salcedo said. PAC teams consist of a primary care provider (doctor or nurse practitioner), two nurses and a clerk. Veterans see the same PAC team on each visit.

In the old clinics, patients moved between exam rooms. In the new clinic, the patient stays in one exam room and the doctors and nurses come to the patient, Salcedo said. Doctors and nurses work in small cubicles grouped near exam rooms to improve collaboration and communication.

“The PAC design is one of the cooler things about this clinic,” Salcedo said.

The tele-retinal imaging room. Credit: Gus Chan / The Plain Dealer
Telehealth coordinator Rachel Oberlander described the new clinic as “gorgeous. The VA worked very hard on it.” The telehealth department electronically connects patients to specialists elsewhere in the state for counseling and other services, Oberlander explained.

When veterans arrive for appointments, they can put their ID card into an electronic check-in kiosk that displays appointment reminders, before heading to an appointment, the blood lab or a group meeting on smoking cessation, hypertension, weight loss or PTSD.

Veterans will be able to get an eye exam and new glasses onsite, instead of having to go to an outside optometrist, Salcedo said.

In the past, the Lake County outpatient clinics treated about 7,000 veterans annually, but that number is expected to rise as publicity about the clinic prompts more vets to investigate their benefits, Salcedo said.

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1.5 - Military.com: [VA Struggles to Restore Services in Storm-Ravaged North Carolina](#) (18 September, Richard Sisk, 9M uvm; San Francisco, CA)

Sick and disabled veterans who had been evacuated from the Hampton, Virginia VA Medical Center amid hurricane conditions were allowed to begin returning to the center on Monday. But the immense rainfall from Hurricane Florence and its aftermath left clinics closed and hospitals isolated in flood-ravaged North Carolina.

The advisory from the Fayetteville, North Carolina VA Medical Center was typical of others across the state where rivers were still on the rise and damaged roads and washed-out bridges made rescue and relief efforts risky.

"Patients and staff alike, please exercise caution and place safety first," officials at the Fayetteville VAMC, near Fort Bragg, said.

The main hospital at the Fayetteville center remained "isolated" by the floods. Officials at the center said that its outlying clinics were tentatively scheduled to re-open on Wednesday, but added that actual re-openings were "to be determined based on factors like weather, road and facility condition as well as water and utility availability."

Ahead of the storm that hit Sept. 14, the VA closed five hospitals and 18 community-based outpatient clinics in the southeast coastal regions of South Carolina, North Carolina and Virginia.

About 1.5 million veterans, including more than 741,000 enrolled in VA health care, and more than 28,600 VA employees live in the region, the VA said.

Prior to the storm, the VA said that all facilities in the region had "topped off their energy and oxygen supplies, and have enough food until September 29."

Also ahead of Hurricane Florence, about 217 sick and disabled patients were moved from the Hampton, Virginia center and transported to other facilities in Martinsburg, West Virginia; Salem, Virginia; Richmond, Virginia; and Salisbury, North Carolina, VA officials said.

Those evacuated patients were being returned to the Hampton center Monday.

The VA had readied mobile units to go to the region once the storm passed to provide services to stranded veterans, but it was unclear when they would actually start working in North Carolina.

At least 23 deaths have been recorded in the hurricane and its aftermath. The entire city of Wilmington, North Carolina, has been described as "isolated" from the rest of the state.

"This storm is slowly and painfully grinding across our state," said North Carolina Gov. Roy Cooper. "Our main worry is water and flooding. With every inch of rain, our rivers rise and we'll see significant flooding on into next week ... it could be of historic proportions."

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1.6 - WRAL (CBS-5): [Delta pilot accused of lying about mental health to keep flying](#) (18 September, Leon Stafford, 3.2M uvm; Raleigh, NC)

ATLANTA -- A Delta Air Lines pilot has been indicted on charges he misled government officials about his mental health so he could keep flying.

Adam Asleson, 39, of Peachtree City, Georgia, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

The FAA alleges that Asleson, who joined Delta in 2017 according to his Facebook page, omitted that he had sought help from the Department of Veterans Affairs for what the indictment described as a "major depressive disorder." Instead, Asleson, who had been a pilot in the U.S. Air Force, is said to have told the agency he received the VA disability benefits for knee strain and tinnitus.

Asleson's attorney could be immediately reached for comment.

Delta said in a statement that Asleson is no longer actively flying for the carrier.

"Delta pilots are held to the highest standards of professionalism, honesty and integrity," spokeswoman Catherine Simmons said. "Once made aware of the situation, we opened an internal investigation and are working cooperatively with the authorities."

The indictment came as the FAA has begun to compare VA records with pilot information to avoid the possibility of having someone at the controls who has had mental health issues. The downing of Germanwings Flight 9525 in 2015 put a spotlight on mental health after the plane's co-pilot, who had been treated for suicidal tendencies and had been ruled unfit to work but kept the diagnosis secret, intentionally crashed a plane into a mountainside in the Alps.

Asleson is one of four airline pilots from across the nation indicted in August in U.S. District Court in San Francisco for making false statements to the FAA in their medical certificates paperwork.

The four men, who are receiving disability benefits from the VA for mental health issues, are accused of neglecting to disclose information that would have disqualified them from operating aircraft.

Asleson was arrested Aug. 28 and released on a \$10,000 bond, according to records.

The indictment did not name the disorder from which Asleson allegedly suffers.

Asleson is set for a first appearance Oct. 3 in U.S. District Court in San Francisco. He faces a maximum sentence of five years in prison and a fine of \$250,000 if convicted.

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1.7 - Military Times: [Veterans facing judges to get more courtroom advocates as legal assistance program expands](#) (18 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump signed into law Monday a significant expansion of the Veterans Justice Outreach program, a move that will put dozens more specialists into courtrooms nationwide to help work with veterans facing legal troubles.

The program, which has received positive reviews from advocates for providing additional rehabilitation and alternative punishment options for veterans who run afoul of the law, had already seen a 20 percent jump in hired specialists since the start of fiscal 2018. With the new law, that figure will now grow another 16 percent, above 350 staffers.

Rep. Mike Coffman, R-Colo. and the author of the legislation, said in a statement the goal of the program expansion is “rehabilitation instead of incarceration” for veterans.

In his state’s veterans treatment court, 73 percent of veterans who completed the program have had no subsequent legal problems, a figure Coffman said shows that underlying, untreated issues like post-traumatic stress may be more to blame than criminal intent.

“Our veterans have served us, and now we need to do our part to make sure they can overcome some of the difficulties involved in adjusting to civilian life after the military,” he said.

The outreach program has handled more than 184,000 veterans’ cases since its creation in 2009, conducting outreach to veterans already in prison, providing legal assistance to others facing incarceration, and working with local law enforcement on training related to the challenges veterans can face.

The work is closely linked to VA’s homeless outreach and prevention programs. In a statement, VA Secretary Robert Wilkie said that “since incarceration is often linked to homelessness, mental health issues and substance abuse, the specialists will help facilitate these veterans’ access to numerous VA programs and resources.”

More than 550 veterans treatment courts — which specialize in veterans cases — are currently operating nationwide.

The law mandates that VA officials hire the additional 50 program specialists within the next year, and those individuals work both with those veterans courts and other local legal authorities to provide veterans with more information about additional assistance and benefits.

Information on the Veterans Justice Outreach Program is available through the VA web site.

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1.8 - Stars and Stripes: [VA cites improvements at five hospitals removed from 'high-risk' list](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Five low-performing Department of Veterans Affairs hospitals have improved enough in the past six months to no longer qualify as high risk, the VA announced Tuesday.

The VA hospitals in Dublin, Ga.; Harlingen, Texas; Roseburg, Ore., Nashville and Denver were removed from high-risk status based on new performance statistics released Tuesday.

The statistics, called the Strategic Analytics for Improvement and Learning, or SAIL, score hospitals based on 25 categories, including patient satisfaction, overall efficiency and death rates. The scorecards are used to rank hospitals using a star system – one star being the worst and five the best.

Last year, 15 hospitals, including the facilities in Dublin, Harlingen, Nashville, Roseburg and Denver, received one-star ratings. The VA in February announced an “aggressive new approach” to improving those hospitals, which included more direct oversight from VA headquarters.

At the 15 hospitals, 26 managers and senior leaders were removed – a result of “close scrutiny of performance trends,” said VA Press Secretary Curt Cashour.

The five hospitals removed from the high-risk list are on track to rise to two stars when the new star ratings are released, Cashour said. The new star ratings are expected to be made public before Sept. 30, the end of the fiscal year.

Nine other VA hospitals are still designated as high risk. Those facilities are located in Hampton, Va.; Big Spring and El Paso, Texas; Jackson, Miss.; Loma Linda, Calif.; Memphis and Mufreesboro, Tenn.; Walla Walla, Wash., and Phoenix.

One hospital that made the high-risk list has gotten worse. The Washington, D.C., VA Medical Center was elevated to “critical” in July after a quarterly review found conditions had deteriorated.

The D.C. hospital has been under scrutiny since last year, when the VA inspector general warned of widespread failures that put veterans at risk. The warning prompted former VA Secretary David Shulkin to fire the hospital director. Since then, a series of temporary directors have led the facility.

VA Secretary Robert Wilkie said Aug. 7 that he would soon announce a new, permanent leader for the hospital. As of Tuesday, he had yet to name a replacement.

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1.9 - Stars and Stripes: [In North Carolina, flooding from Florence closes VA clinics, counseling centers, cemeteries](#) (18 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Two Department of Veterans Affairs facilities in southeastern North Carolina will remain closed until next week due to the catastrophic flooding that continues to cripple the area days after Hurricane Florence first made landfall.

Though most of the VA facilities affected by the storm were reopened by Tuesday, a health care center in Wilmington and outpatient clinic in Morehead City are expected to remain closed until Sept. 24. The southeastern coast of North Carolina was most affected by Florence, which brought more than 2 feet of rain in some areas and caused widespread power outages and closed roads. The Associated Press reported the storm was to blame for at least 32 deaths.

As of Tuesday, the rain had stopped, but flooding continued. In addition to the facilities in Wilmington and Morehead City, three clinics and two veteran counseling centers located elsewhere in the state were closed, and the VA said it was uncertain when they would reopen.

“Due to Hurricane Florence, some of our outpatient clinics are closed with reopening dates [to be determined], based on factors like weather, road and facility condition as well as water and utility availability,” the Fayetteville VA Medical Center wrote in a statement.

The flooding also caused the agency to close two national cemeteries in North Carolina -- one in Wilmington and the other in New Bern, where 4,300 homes were damaged by floodwaters.

“When it is safe and possible to do so, we will assess whether conditions are safe enough to reopen to visitors,” the National Cemetery Administration, part of the VA, wrote in a statement Tuesday.

In preparation for the storm last week, the VA closed 18 clinics across Virginia and North and South Carolina. The agency also evacuated the Hampton VA Medical Center in Virginia. Veterans from Hampton were bused to Martinsburg, W.Va., Salem and Richmond, Va., and Salisbury and Durham, N.C.

All affected clinics and veteran centers in Virginia and South Carolina were reopened as of Tuesday, and 170 of the 210 veterans evacuated from Hampton had returned there. Some of the Hampton veterans remained in Salisbury and Durham, cut off from Virginia because of road closures. They were expected to return either late Tuesday or Wednesday.

The VA first predicted Florence would affect more than 740,000 veterans in the three-state area who were enrolled in VA health care services. A new estimate Tuesday determined the number was closer to 640,000 veterans.

To help in the aftermath, the VA sent out 15 mobile veteran centers, two mobile pharmacy units, two emergency nutrition units and five mobile medical units to offer medical care, medication and counseling to veterans affected by the storm.

The VA is encouraging veterans with questions to call the Veteran Disaster Hotline at 1-800-507-4571.

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1.10 - WFED (AM-1500): [VA exceeds goals for delivering appeals decisions on disability claims](#) (18 September, Terry Wing, 854k uvm; Washington, DC)

The Veterans Affairs Department said it has surpassed its goal this year of delivering more than 81,000 appeals decisions on claims for disability benefits and services.

In doing so, VA said it delivered 28,000 more appeals decisions in fiscal 2018 than in fiscal 2017, a 52 percent increase.

In a press release Tuesday, VA Secretary Robert Wilkie said the Board of Veteran’s Appeals had provided thousands of veterans with critical, life-changing decisions.

“The Board’s historic achievement delivering results to veterans and their families reflects VA’s hard work and commitment to getting it right for our veterans under the leadership of President [Donald] Trump,” Wilkie said.

The achievement comes as the agency prepares for the full implementation of the Veterans Appeals Improvement and Modernization Act of 2017, which aims to make the appeals process an easier, more timely and transparent process that is designed to give veterans increased choice and control. The new law takes effect February 2019.

Getting ready for the rollout, VA said it has developed new IT capabilities and held numerous training sessions and panels for national, state, and local stakeholders. It also said 186 new attorneys have been hired this fiscal year to help the agency work through the new appeals program and address backlogged claims.

While the VA perfects its new process, it is trying to prove itself to veterans by encouraging those who have pending claims to opt into the Rapid Appeals Modernization Plan (RAMP) .

VA sees RAMP as an opportunity for veterans to get a faster decision on an appeal. Of the more than 50,000 veterans participating in the program, VA said many are receiving decisions in an average of 100 days.

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2. Greater Choice for Veterans

2.1 - NJ.com (The Jersey Journal): [Opinion: Save the VA. Veterans' lives depend on it](#) (18 September, Joseph Hirsch, 9.4M uvm; Newark, NJ)

In May of 1968 I was sent to Vietnam, where I translated intercepted communiques during the war. The horrors of war I witnessed changed me forever. Since I returned home, I have worked to end war and for social justice.

In Vietnam, I, like millions of Vietnamese and many other American soldiers, was exposed to Agent Orange. Decades later, the VA linked that exposure to my diabetes.

Right now there is a push to get vets out of the VA system and into the private sector medical industry. But the private sector is not prepared to care for vets. Private sector doctors do not understand the unique medical needs of vets, including war trauma, battle induced hearing loss or toxin exposure such as Agent Orange.

A recent RAND study of New York doctors showed only 16 percent asked about occupational or military exposures such as Agent Orange. The same report found just 20 percent of doctors even asked their patients if they had spent time in the military.

While I may suffer from chronic diabetes because of Agent Orange, I am one of the luckier ones. Many people exposed to Agent Orange ended with Parkinson's disease, devastating cancers or they saw their children born with birth defects.

This year, I returned to Vietnam where my heart was broken when we visited a hospital where children with serious birth defects linked to Agent Orange live out their lives. It also saddens me to say that currently children of male American vets who were exposed to Agent Orange are exempt from receiving VA benefits.

The VA knows just how common Agent Orange exposure is in vets and has a comprehensive health care program designed specifically for those exposed to or sickened by Agent Orange.

The VA is the largest integrated health care system in the U.S. It is a system designed by vets and for vets. The majority of those who work for the VA are vets themselves. They understand the unique and complex needs of vets.

Importantly, a recent study found that pushing veterans out of the VA may end up costing more taxpayer money and mean lower quality of care for vets as the private sector system isn't prepared to meet the needs of more patients.

In addition, most VA workers are protected by unions. As a retired postal worker and a longtime labor activist I know how important it is to have union workers be able to push for changes to make things safer and better. Union nurses at the VA have been able to do just that. They have fought for safe patient handling protections and nurses' involvement in safety inspections.

Importantly, they have made sure that a nurse can report unsafe conditions without facing retaliation. If something is not right where I am getting health care, you know I want to be sure that someone - like a nurse - feels backed up and safe enough to say something.

Right now the VA is under attack. President Trump kicked out the former Secretary of Veterans Affairs David Shulkin. Shulkin opposes efforts to push vets out of the VA and into the private health care sector, a move he says will hurt vets. In a piece published in the New York Times Shulkin wrote, "I am convinced that privatization is a political issue aimed at rewarding select people and companies with profits, even if it undermines care for veterans."

We must fight against this effort. Pushing vets out of the VA means leaving them to the wolves of the private sector, where sickness is seen as a way to make money and vets will no longer get care from those who understand their needs and how best to address their illnesses.

I have worked hard since I came back from my deployment in Phu Bai, Vietnam to fight against the forces that seek to exploit people. I continue to stand up against the American war machine, and I stand up for my brothers and sisters in the labor movement, now I am standing up for myself and for all my fellow veterans.

I know, I am standing up for what is right, when I say we must save the VA.

Joseph Hirsch is a Vietnam veteran and a resident of Jersey City.

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2.2 - Missoula Current: [Montana veterans rally for Tester, push back on Rosendale's "little stuff" claims](#) (18 September, Martin Kidston, 17k uvm; Missoula, MT)

Montana veterans, a spouse and a firefighter were among those who pushed back Tuesday against a campaign ad released by Matt Rosendale, which suggests Sen. Jon Tester's 19 bills signed into law by President Donald Trump this Congress amounted to "little stuff."

That little stuff, veterans argued in a media call, have made a big difference in ensuring VA facilities are properly staffed, and it has changed how they access health care through the VA and pursue careers after service using education assistance.

"I don't know how any progress for Montana's vets or citizens alike could be considered little stuff," said Patience Woodill of Missoula, whose family has a long history of service, including World War II, Vietnam and Iraq. "I don't know where Rosendale got that, but for those of us who work and live, day in and day out with veterans, the little stuff is actually the big stuff."

In his ad, Rosendale says, "Jon Tester talks about the handful of times he votes for President Donald Trump, but he won't tell you about the big votes."

Rosendale goes on to say that while Trump has signed 19 of Tester's bills into law, Tester has voted against Trump's policies 75 percent of the time. That includes Trump's nominee to the Supreme Court and tax reform, which Tester voted against, saying it would add nearly \$1.5 trillion to the national deficit.

"Montana needs a senator who stands with President Trump on the big stuff, and doesn't brag about the little stuff," Rosendale said.

Rosendale spokesperson Shane Scanlon said Tester is proving Rosendale's point.

"Being a U.S. Senator isn't about voting on unanimous or near unanimous pieces of legislation," Scanlon said. "It's about standing up and taking the tough the votes, going up against Chuck Schumer and Nancy Pelosi to stand up for Montana. Time and time again on the issues that Montanans care about, guns, sanctuary cities, judges and tax cuts, Jon Tester has opposed President Trump and voted against the people of Montana."

Veterans on Tuesday's call took issue with Rosendale's take on the so-called little stuff that's key to their well being, and they suggested the current state auditor has a long history of voting against veterans issues.

Mike Lawson, commander of the Southwest Montana Veterans Council, said that includes Rosendale's vote against funding a veterans home in southwest Montana.

"I have not seen any viable support for veterans causes come from Mr. Rosendale," Lawson said. "Sen. Tester, from the very start, has been a champion for veterans causes in Montana and the nation. To the veteran, that's big stuff. When Matt Rosendale says it's little stuff, it verifies the continuing lack of respect he has for Montana veterans."

Earlier this month, Tester's campaign highlighted Trump's praise for several pieces of key legislation introduced by Tester, including the VA Mission Act and the VA Accountability Act. On the latter, Trump said, "I'm proud of that one."

Bernie Jacobs, a U.S. Army veteran who lives in Helena, said he benefits from living close to the VA Medical Center at Fort Harrison. But most Montana veterans don't have the same luxury, and Tester's legislation has helped simplify their care.

"It's not very hard for me to get in there and get my health care," said Jacobs. "But when I go there and sit around in the living room and talk to other vets and listen to the conversations

going on around me, I begin to realize how much of an issue it is for a lot of these vets to get to Helena for their care.”

The Choice Act was passed by Congress in 2014 to give veterans living far from a VA facility the option to receive care closer to home. But the legislation was flawed, and Tester addressed it by sponsoring the VA Mission Act.

That came after a series of public hearings Tester held in Montana, including one in Missoula in May 2017. Jacobs said the legislative fix was fundamental to improvement the VA healthcare system.

“That corrected a lot of the problems in the Choice Act,” said Jacobs. “Sen. Tester has proven his dedication to Montana veterans by the way he’s followed through on that.”

Tuesday’s press call coincided with a handful of rallies held in cities across the state, including Missoula. Standing outside the office of the Montana Republican Party on Brooks Street, several Montana veterans expressed concern over Rosendale’s history on VA issues.

“I introduced many veteran-oriented bills when I was a state senator, and I never remember him signing onto any of them as a cosigner,” said Cliff Larson of Missoula. “A lot of them were legitimate and got large majorities, including many Republicans. I don’t think he’s very concerned about some of the interest groups, like veterans and older people. All those things that affect families, he seems to be absent.”

Alex Taft, a veteran, also attended Tuesday’s rally. As a regular to the VA clinic in Missoula, he’s seen the system improve under legislation carried by Tester.

“My doctor was so overworked at the VA that she quit,” he said. “It took a while to get a replacement. Now, because of (Tester’s) law allowing the VA to increase hiring, I have a new doctor and a new registered

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3. Modernize Our System

3.1 - WHTM (ABC-27, Video): [New VA clinic to open in Upper Allen](#) (18 September, Mark Hall, 442k uvm; Harrisburg, PA)

MECHANICSBURG, Pa. - A new Veterans Affairs outpatient clinic opens Wednesday in Upper Allen Township.

The clinic at 5070 Ritter Road will replace the existing clinic on North 32nd Street in Camp Hill.

The state-of-the-art facility has 48 exam rooms.

"Veterans who are treated here can get their primary care and mental healthcare and behavioral healthcare lab work and physical therapy," said Douglas Etter, a spokesman for the Lebanon VA Medical Center.

The new clinic is located just off the Rossmoyne Road exit of Route 15.

Percy Hipple, a Vietnam veteran and Purple Heart recipient, likes the new look.

"I think this here is great because the traffic over in Camp Hill is bad. You can get in and out with no trouble," Hipple said.

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3.2 - Healthcare IT News: [VA will open bidding for VistA EHR support, maintenance](#) (18 September, Jessica Davis, 438k uvm; Chicago, IL)

The U.S. Department of Veterans Affairs modified its request for information on Monday, with plans to open bidding for a vendor to maintain and support its legacy VistA EHR architecture and imaging operations for the next five years.

According to the amended RFI, the agency plans to submit request for proposals on Sept. 21 through the General Service Administration's IT Schedule. VA will seek "technical, managerial and administrative services" that will include "engineering support and engineering changes, updates, repairs" for VistA.

The vendor will also need to provide the necessary technology, while maintaining the system and providing help desk and operations support. The contractor will also need to deliver monthly progress reports that outline all required work during the reporting period, including any problems and how they were resolved.

"Due to the mission critical nature of the VistA and VistA imaging systems, VA's objective is to ensure these systems are operational and accessible without interruption," the draft performance plan stated. The contractor will need to ensure VistA remains in a "state of readiness and operation."

Currently, the VA is developing a new Cerner EHR system to align with the Department of Defense. The RFI is not surprising, given VA officials have continually stressed that VistA can't just be shut off and will need to be maintained throughout the 10-year Cerner rollout.

There are over 130 versions of VistA operating at more than 140 sites, and former VA Secretary Shulkin told Congress in February that VistA must be maintained for the duration of the Cerner project. Congress expressed concern, both that the planned \$10 billion budget does not include VistA maintenance and that it may not be possible to turn off the legacy system.

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[4. Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (AP): [Republicans Face Bad Numbers With Election 7 Weeks Away](#) (18 September, Scott Bauer, 23.9M uvm; Washington, DC)

MADISON, Wis. — Republicans warned by party standard-bearer Gov. Scott Walker for months about a possible blue wave this November received more bad news Tuesday with a poll showing growing signs of support for Democrats.

The Marquette University Law School poll landed as Walker and his allies have outspent Democratic challenger Tony Evers by millions of dollars, and as Republican Leah Vukmir, a state senator, is trying to knock off Democratic U.S. Sen. Tammy Baldwin.

The poll showed that 75 percent of Democrats were very enthused about voting compared with 64 percent for Republicans. But pollster Charles Franklin cautioned about reading too much into the numbers with the election seven weeks away.

"Who knows where we will be in October," Franklin said.

Both Republicans and Democrats were quick to point out the same poll two years ago at this point showed GOP Sen. Ron Johnson and then-candidate Donald Trump trailing in Wisconsin. Both went on to win.

"This poll is a snapshot of a very competitive race," said Jess Ward, campaign manager for Vukmir. The poll showed Vukmir trailing Baldwin by 11 points after the race had been about even in August.

The disappointing news for Republicans in Tuesday's poll showed:

— Walker's approval and favorability ratings were both under water, with more likely voters having a negative view than positive.

— Walker trailed Evers, 49 percent to 44 percent, an uptick for the Democrat after last month's poll showed them even.

— Evers held a 20-point lead over independent likely voters — the key demographic who tend to determine elections in a state where support among Republicans and Democrats is almost evenly split.

— Baldwin's approval rating was at 48 percent compared with just 26 percent for Vukmir. Forty percent had an unfavorable view of Baldwin, compared with 38 percent for Vukmir.

The best news for Republicans was that Attorney General Brad Schimel had a 48 percent to 41 percent lead over Democratic challenger Josh Kaul. Ten percent were undecided.

The poll of 614 likely voters was conducted between Sept. 12 and Sunday. It has a margin of error of plus or minus 4.4 percentage points.

Evers campaigned Tuesday in Milwaukee with former U.S. Attorney General Eric Holder. A group Holder leads has been active in Wisconsin, spending \$225,000 in the first six months of the year to help liberal candidates win in special elections for the Legislature and the state Supreme Court race, victories Democrats have pointed to as evidence of a blue wave and that fed Walker's warnings.

Also Tuesday, Walker was in Wausau to witness the signing of an agreement with Foxconn to jointly develop the state's ginseng industry and grow the Taiwan-based company's newly-established, Wisconsin-based brand.

Foxconn, a global electronics giant, is building a flat-screen manufacturing plant and campus in southeast Wisconsin, but it's been announcing smaller ventures across the state.

In the Senate race, Baldwin allies have been attacking Vukmir over votes she's taken as a member of the state Senate. Democrats on Monday faulted Vukmir's vote in 2009, as a member of the state Assembly, against a bill requiring health insurance companies to cover hearing aids and cochlear implants.

Vukmir has consistently voted against insurance mandates, saying they can lead to increased costs for consumers.

Vukmir, meanwhile, has been attacking Baldwin's reaction to the over-prescription of opioids at the Tomah Veterans Affairs Medical Center. Vukmir has accused Baldwin of not reacting quickly enough to the problem at Tomah in 2015, which resulted in a veteran who was a patient there dying.

Baldwin disciplined aides in her office for mishandling complaints about Tomah and sitting on an inspector general's report about problems at the facility. Baldwin co-sponsored a bill signed into law that toughened guidelines for prescribing drugs at VA facilities. It was named after the veteran who died, Jason Simcakoski .

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4.2 - Breitbart: [O'Keefe Video Reveals the Only Way to Drain the Swamp Is to Fire the Swamp](#) (18 September, Rick Manning, 19.1M uvm; Los Angeles, CA)

Project Veritas' latest video exposé reveals that the Resistance movement runs deeply within the federal government. However, due to the civil service laws, those who refuse to do their jobs are nearly impossible to root out and fire.

The only way to fix this broken federal civil service system is for Congress to pass the MERIT Act. Federal civilian workers know that they cannot be fired even under the most egregious circumstances, and under current civil service law they are correct.

The sad truth is that it takes between six months and a year to fire the 0.53 percent of federal workers who are terminated with cause. When you include layoffs and terminations for cause, the Office of Personnel Management reports that the percentage of federal career civil servants asked to leave against their will swells to 2.68 percent in 2017. Unfortunately, the federal government does not track the private sector termination rate for cause, but the Bureau of Labor Statistics does show that a federal civil servant is 6.4 times less likely to be fired or laid off than those in the private sector who pay their salaries.

What few people realize is that President Obama signed an Presidential Memorandum in 2010 which effectively politicized the federal civil service. Frustrated by complaints that his people were not getting federal civil service jobs due to the cumbersome automated hiring process, Obama opened the doors for his political appointees to hire people based upon their resume

submissions rather than allowing the career human resources managers to vet potential hires using the established, less manipulatable criteria.

The increased politicization of the federal workforce due to these hiring changes negates the core rationale behind providing career civil servants an almost impenetrable shield from attempts to terminate them for cause. The MERIT Act would expedite the firing process by shortening the appeals times and lowering the burden of proof that managers need to achieve to fire incompetent, lazy, or recalcitrant federal employees.

We know this will work because we've already seen it in action at the Veteran's Administration. The MERIT Act would establish virtually the same criteria that is currently in effect at the VA after the passage of the Veteran's Affairs Accountability and Whistleblower Protection Act. At the VA, the firing of employees for cause went up by 26 percent in the past year as dead wood was cut from the system.

But the even more significant impact of the MERIT Act will be the effect it will have on managers who will be more willing to go through a shorter, more rational firing process rather than subject themselves to the long, drawn out set of meetings with the HR team to terminate a single non-performing employee.

The natural impulse for a federal manager dealing with a bad or recalcitrant employee is to just encourage the transfer of that person and make them someone else's problem. The MERIT Act will embolden those managers to accept the short-term pain of firing employees who have no business collecting a taxpayer funded paycheck.

One of the continuing themes in the Project Veritas videos is the overriding sense of the Resistance employees that they cannot be fired. Passage of the MERIT Act will change this psychological dynamic and put federal workers on notice that if they fail to do their jobs, they will cease to have a job.

Everyone else in America works under this assumption. It is time for the federal workforce to tie their work performance to their ability to retain their livelihood.

Rick Manning is president of Americans for Limited Government. Follow them on Facebook and Twitter.

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4.3 - Washington Examiner: [5 poorly performing VA hospitals ready to graduate from high-risk list: Report](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

Five VA hospitals are set to be removed from a list of 15 poorly performing facilities that are considered high-risk, according to an assessment that is set to be released this week by the Department of Veterans Affairs, according to a report Tuesday.

Removing these hospitals from the list would mark an overall improvement in the quality of care that patient's receive at the nation's 146 veteran hospitals, the Wall Street Journal reports.

VA officials have recognized that it is important to improve care at the facilities as the VA Mission Act, which President Trump signed in June, will allow veterans to receive care in the

private health sector. The VA Mission Act would also allow VA Secretary Robert Wilkie to refer veterans to other care centers if VA hospitals fall short on quality standards.

The five VA hospitals that showed improvement were part of a program which transferred personnel from centers that performed better on the VA quality care rating system to high-risk centers that performed poorly. The program, additionally, funneled resources into these low-rank centers.

While VA officials mark this as a success for the program, 10 hospitals are poised to remain in the high-risk category. Most VA care centers, however, have recorded improvements in their service quality, which is measured by death rates, complications, patient satisfaction, overall efficiency, and physician capacity under a system called Strategic Analytics for Improvement and Learning. Only seven have reported declines in care, and only one high-risk facility, located in Washington, D.C., has faced a rate decline.

VA hospitals have shown continuous improvement in their quality of care standards since SAIL data was publicly released in 2015. Top VA officials and health care analysts attribute the success to increased transparency.

The VA quality care rating system ranks centers on a scale of one to five stars, one being a center that performs poorly. VA officials expect the five high-risk hospitals to upgrade to two stars. The 10 remaining low-ranking facilities, officials say, are continuing targets for improvement.

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4.4 - Washington Examiner: [VA ready to hire dozens more specialists to give legal help to veterans at medical centers](#) (18 September, Mary Biery, 4.8M uvm; Washington, DC)

The Veterans Affairs Department announced Tuesday that it is ready to hire an additional 50 outreach specialists to help veterans in the judicial system after President Trump signed into law Tuesday the Veterans Treatment Court Improvement Act of 2018.

The law requires the VA to hire the new specialists over the next year and then place them at VA medical centers in need of their services. They will help veterans impacted by the justice system while working in the Veterans Treatment Courts or other court focused on veterans.

“By signing this bill into law, President Trump is demonstrating VA’s commitment to supporting America’s Veterans, particularly those who may be navigating difficult chapters in their lives,” said VA Secretary Robert Wilkie. “Since incarceration is often linked to homelessness, mental health issues and substance abuse, the VJO specialists will help facilitate these veterans’ access to numerous VA programs and resources.”

Fifty-three advocates were already hired in fiscal 2018. The additional 50 will increase the total number of specialist positions to more than 350.

Since 2009, when the veterans justice outreach specialist position was created, the program has served more than 184,000 veterans. Advocates assist veterans at the earlier stages of the criminal justice process where they “focus on outreach to community law enforcement, jails and

courts," according to the Department of Veterans Affairs website. They also provide veterans with more information about assistance and benefits.

The author of the legislation, Rep. Mike Coffman, R-Colo., said in a statement that the goal of this law is to provide "rehabilitation instead of incarceration" of veterans.

"Our veterans have served us, and now we need to do our part to make sure they can overcome some of the difficulties involved in adjusting to civilian life after the military," he said.

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4.5 - The Spokesman-Review: [Media barred from VA medical center tour with Cathy McMorris Rodgers](#) (18 September, Will Campbell, 874k uvm; Spokane, WA)

An attempted media tour to accompany U.S. Rep. Cathy McMorris Rodgers through the new urgent care clinic at the VA Mann-Grandstaff Medical Center on Tuesday was halted by VA leadership concerned about violating a law.

The Hatch Act prohibits candidates from using government employees for campaign purposes near an election.

Upon arrival for the tour, McMorris Rodgers and her press secretary, Jared Powell, disagreed that the tour violated the law, saying it wasn't a campaign event.

"Not everything is political," McMorris Rodgers told Michael Murphy, regional VA network director, who barred the media from the tour at the last minute after learning The Spokesman-Review was invited.

"I have to protect my folks from political violations," Murphy said.

The tour was delayed for about 20 minutes while both sides discussed the law, but eventually Murphy said that media could not join.

"I think it's just being a little too careful," said House Veterans Affairs Committee Chairman Phil Roe, who accompanied McMorris Rodgers on her tour of the clinic. Both of them toured the location last year.

On the tour, McMorris Rodgers would have seen improvements like the addition of computer terminals to admit patients and expansion of hours from 10 to 12, said to Bret Bowers, spokesman for the VA.

"The terminals help increase patient access and patient flow," he said.

"It's disappointing media were not given access to the announcement about the reopening of 24-hour urgent care facilities at the Spokane VA – which Cathy pushed to make happen," wrote Powell in a statement.

"It's a big win for Eastern Washington's veterans and one more example of how she's making the VA deliver the high-quality care that our veterans have earned."

Powell said McMorris Rodgers is still pushing to expand the 12-hour clinic to a 24-hour clinic, something she's been fighting for since 2014 when the 24-hour emergency room at the Spokane VA location shut down.

Bowers said the current hours for the urgent care clinic are 7 a.m.-7 p.m. until further notice.

About a year ago, urgent care center director Dr. Terese Kincaid came to the VA Mann-Grandstaff Medical Center after working in private health care and helped make positive changes in the clinic, Bowers said. She redesigned the clinic and patient flow and helped with recruiting physicians.

"We know that the patients are experiencing it and appreciating it," Bowers said.

The Mann-Grandstaff VA Medical Center was picked as a flagship location to adopt a new electronic filing system, with a target date of 2020.

"That's a \$10 billion project for VA-wide, and we're the first to embark on it," Bowers said.

The new filing system, developed by the CERNER Corp., will ultimately match up with private sector, he said.

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4.6 - KCUR (NPR-89.3): [U.S. Representatives Step In, Spark Changes To Kansas City's VA Medical Center](#) (18 September, Andrea Tudhope, 198k uvm; Kansas City, MO)

The VA Medical Center in Kansas City, Missouri, has made a few changes after receiving a letter from U.S. representatives from Missouri and Kansas that detailed veterans' concerns about the quality of care.

Republican U.S. Reps. Vicky Hartzler of Missouri and Kevin Yoder of Kansas, as well as Democratic U.S. Rep. Emanuel Cleaver of Missouri, met with the VA on Tuesday to discuss the issues outlined in their July letter and check on what progress has been made.

Hartzler said long call-center wait times was a major issue.

"Too many times they called and it would ring and ring, and they couldn't reach a real person, or they would be put through to voicemail," Hartzler said. "That's just not acceptable when you are calling for help."

Since July, she said, the VA Medical Center has hired 10 additional nurses for the call center, reducing the average call wait time from four minutes to one.

Another concern for many veterans and their family members is opioid addiction, which can stem from doctors overprescribing pain medication. Cleaver said there's no simple solution to the problem.

"A lot of the people addicted were simply trying to deal with a problem of constant pain," Cleaver said.

Veteran Christine Dare said overmedication for pain management has been her biggest concern.

"I have quite a few friends that are no longer with us because they overdosed on purpose because of PTSD," Dare said.

Dare said she's pleased the VA seems to be taking this concern seriously by offering alternative pain management options at an "integrated pain clinic," where staff discuss opioid alternatives like chiropractic care, psychiatry and acupuncture with veterans.

At Tuesday's meeting, the VA reported they have seen increased use of these services. According to Hartzler, a VA pharmacist shared numbers showing a decrease in opioid prescriptions from 11,218 in 2008 to 4,505 so far this year. They have also decreased the number of tablets per prescription to require more contact with a physician — that number, on average, has gone from 106 to 77 tablets since 2008.

Another concern that veterans told the lawmakers was a significant fee that accompanies using an ambulance to get to the VA Medical Center. By law, the VA is authorized to reimburse hospitals or providers for stabilizing a veteran in an emergency, but Hartzler said there's some confusion about how that law applies after the patient is stabilized and transported to the VA for care.

"Unfortunately, the VA does not believe the law allows them to pay for this transportation from a non-VA hospital to the VA facility," she said. "I think that's wrong."

Hartzler said VA officials were receptive to changing this policy Tuesday.

Yoder did not attend at the news conference.

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4.7 - KEZI (ABC-9, Video): [Report: Roseburg VA Trying To Restore Trust After 'Toxic Work Culture'](#) (18 September, Stephanie Villiers, 164k uvm; Eugene, OR)

ROSEBURG, Ore. – The Veterans Affairs Office of Inspector General has released a report on its review of the Roseburg VA after accusations of retaliation against employees and concerns about patient care.

The report, which was compiled after an unannounced visit in March 2018, found the new leadership team at the VA is trying to restore a culture of trust, as well as improve employee and patient satisfaction and quality of care.

Inspectors found no substantial organizational risk factors at the VA, according to the report, but found certain areas that need work to improve the hospital's one-star rating.

In November 2017, KEZI 9 News spoke with a former surgeon at the Eugene VA clinic, which is part of the Roseburg VA Healthcare System, who said he was fired for bringing up concerns about patient care.

Five nurses also spoke with KEZI at the time, saying mismanagement, retaliation and bullying were common at the Roseburg and Eugene clinics.

Doug Paxton resigned as VA director in February 2018 along with other leadership staff after the allegations came to light.

The Inspector General report acknowledges “concerns related to ineffective leadership, toxic work culture, questionable personnel practices and alleged inappropriate hospital admission practices to improve performance ratings.”

In January 2018, a New York Times report claimed the hospital limited the number of patients it admitted in order to boost its quality of care rating. At the time, a spokesperson for the Roseburg VA called the story “false.”

As for patient care, the report found concerns at the VA related to pain medication shortages, authorizing patient services to certain providers and communication between medical staff and logistics.

In an email to Roseburg VA staff, Interim Director David Whitmer said all of these concerns have been addressed and corrected. He said there will soon be a review of the hospital by the Joint Commission, which accredits and certifies healthcare organizations in the U.S.

Whitmer also said he is preparing to transition back to his position in Florida and hire a new, permanent VA director, with interviews happening next week.

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4.8 - WBND (ABC-57, ,Video): [Mishawaka VA Clinic celebrates one year of service](#) (18 September, Abby Lutz, 54k uvm; South Bend, IN)

MISHAWAKA, Ind. – The St. Joseph County VA Health Care Center will host a celebration on Tuesday to celebrate one year since the doors opened in Mishawaka.

Over the last year, the clinic has provided care for more than 11,000 veterans. It has also created nearly 200 jobs in the community.

Patrick Erdes, a local Army veteran, says the new facility exceeded his expectations.

“The facility here, if you see it, it’s great. Even the staff here, I mean a lot of them are the same faces that you would see at the old location but even you can tell they’re excited about being in this new place,” said Erdes. “After a couple of visits here you can definitely see that it’s awesome.”

Erdes was injured while serving in Korea. He says having the support of the facility and staff is crucial for all veterans.

“It’s everything,” he said. “When people come back there are single soldiers that might not know where to go for help and then there are people that need taken care of. I mean the resources here are just amazing. There are times I’ve come here when I didn’t even have an appointment and they were still able to take care of me.”

The clinic established 30 services over the last year. There are also plans to add improved transportation to the clinic for veterans with physical disabilities and add a wellness program in the future.

The one-year celebration will take place from noon to 1 p.m. Tuesday at the clinic. It is open to the public.

Mishawaka Mayor Dave Wood and South Bend Mayor Pete Buttigieg will join VA leaders in speaking at the event.

Following the event until 3 p.m. there will be an art show featuring work from area veterans.

From 3 p.m. to 5 p.m. local Veterans can visit the clinic for a benefits fair. The Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration and county Veteran service officers are just a few of the groups that will be in attendance at the fair to answer questions.

For more information about the event, guests are asked to call the Northern Indiana Public Affairs Office at 260-426-5431, extension 71520.

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4.9 - MeriTalk: [Senate Panel Okays VA CIO Nomination, Full Senate Vote Next](#) (18 September, 35k uvm; Alexandria, VA)

The Senate Veterans' Affairs Committee voted today to approve the nomination of James Gfrerer to serve as the Department of Veterans Affairs' chief information officer and the assistant secretary of the agency's Office of Information and Technology. Gfrerer's nomination will now move to the full Senate for a final confirmation vote.

Sen. Johnny Isakson, R-Ga., chairman of the committee, praised the bipartisan support for Gfrerer, saying he will bring "unique experience" to the position. Isakson urged a swift confirmation by the full Senate, due to the pressing IT needs at VA.

"The VA's chief information officer oversees a number of critical projects at the VA, including the massive electronic health records merger, a new system to support the expanded VA caregivers benefits, processing of G.I. Bill payments and many other IT priorities," Isakson said in a statement following the committee vote.

President Trump nominated Gfrerer to serve as VA CIO on July 27. The Veterans' Affairs Committee held a hearing to consider Gfrerer's nomination on Sept. 5, and his approval today came during an off-the-floor business meeting held by the committee.

Gfrerer will take the reins from Camilo Sandoval, who has served as acting CIO since April, when then-acting CIO Scott Blackburn stepped down from the post. Gfrerer would be the first permanent, Senate-confirmed CIO at the VA since LaVerne Council, who stepped down in January 2017.

Gfrerer is an executive director for the cybersecurity practice at EY. He served for twenty years in the U.S. Marine Corps before joining the private sector, and also was a Department of Defense detailee to the Department of State, leading interagency portfolios in counterterrorism and cybersecurity.

With VA at a critical juncture in the initial implementation of its proposed 10-year, \$16 billion Electronic Health Record (EHR) Modernization project, solidifying key IT leadership could help to assuage concerns from government watchdogs that the EHR project and its interoperability with the DoD EHR may be lacking direction and leadership.

Key officials in the VA EHR project have recently resigned from their posts, with one saying that "VA's leadership intends to take the EHR modernization effort in a different direction" than initially intended.

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4.10 - Shelby County Today: [My VA Hospital Visit](#) (16 September, Doug Fincher, 1.1k uvd; Center, TX)

I had a small basal cell skin cancer (the least invasive kind) removed from my scalp at the Houston V.A. Hospital today. As Doctor Jacque Guidry helped me onto the surgery table, she asked if I minded losing a little hair and to name a singer I liked. My answer was: "No problem with the hair and I like Lionel Richie." Within seconds Richie was softly singing "Three Times a Lady" and the Doctor was humming, cutting, and talking small talk with Pam and me.

During the surgery I asked her if she was a little squeamish when she first began performing surgery. "Real squeamish at first," she laughed. "And I stayed that way until I learned that things will be o. k. when everything is over."

I have heard a lot of negative things about some of the VA Hospitals, but I have only praise for the great care they've given me since my service during the Korean War.

And today's visit was no exception.

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5. Improve Timeliness of Service

5.1 - Military.com: [After Hurricane Florence What Is Status Of VA & Other Federal Assistance](#) (18 September, Jim Absher, 9M uvm; San Francisco, CA)

If you are in the area affected by Hurricane Florence you may be wondering just what is the status of VA facilities in your area.

According to the VA, all hospitals in the area are open, although several outpatient clinics are closed, especially those in coastal areas. Their reopening dates remain TBD.

The VA says it is also readying mobile units including a Mobile Pharmacy Unit, a Mobile Vet Center, and a Mobile Emergency Nutrition which will deploy to Richmond, VA and Salisbury, NC shortly.

Telephone Hotline Assistance

The VA has also opened several hotlines that will assist veterans in the area get information and assistance. The hotlines are:

Veteran Disaster Hotline: 800-507-4571

Veterans Benefits Hotline: 1-800-827-1000

Pharmacy Hotline: 866-400-1243

Vet Center/Counseling Hotline: 877-WAR-VETS

Internet Assistance

My HealtheVet is always available and can give you access to copies of your VA health records, let you contact your health care team, and refill prescriptions. For emergencies, always call 911.

To see the up-to-date status on your local VA medical facility, check out the websites below...

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5.2 - KMBC (ABC-9, Video): [Officials seeing progress at Kansas City's VA Medical Center](#) (18 September, Matt Flener, 1.1M uvm; Kansas City, MO)

Two members of congress say they're seeing progress at Kansas City's VA Medical Center.

This comes after years of overhaul, and long wait times for veterans.

Missouri Representatives Vicky Hartzler and Emmanuel Cleaver stood outside the VA Medical Center in Kansas City after meeting with VA officials to address veterans concerns.

"It is not going to be a simple solution," said Cleaver.

They acknowledged the need to keep reducing opioid prescriptions, while saying the pharmacists at the center is seeing almost half the number of prescriptions from 10 years ago.

"As a concerted effort, we will be able to see a reduction, to overcome this," said Hartzler. "But it's a joint effort."

"It's going to be very, very tough," Cleaver said. "And it's going to be tough here, and they acknowledged that, they have to work with people who are hurting every day."

KMBC 9 News also asked about wait times after a government audit showed veterans waiting as many as 58 days to get medical care in the Kansas and Missouri region.

Hartzler and Cleaver said there's a reduction on wait times at Kansas City's VA, too.

"They are meeting that to a high percentage now," Hartzler said. "So I know they have really been focused on that in Washington."

At the same time they acknowledged there's work still to be done to take care of those who served us.

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5.3 - Herald-Tribune (Video): [House candidate David Shapiro wants legal cannabis for veterans](#) (18 September, Billy Cox, 871k uvm; Sarasota, FL)

Candidates for the District 16 congressional race are staking out divergent positions on the question of whether marijuana should be removed from Schedule 1 status to afford military veterans another potentially potent option for dealing with PTSD and traumatic brain injuries, something explored recently by the Herald-Tribune and supported by a growing field of veterans and national veterans organizations in the face of an epidemic of military suicides.

The Herald-Tribune report, "Warriors Rise Up," addressed the suicide phenomenon that has claimed the lives of more than 75,000 veterans and uniformed military personnel from 2005 to 2015, according to a Department of Veterans Affairs study released in June.

Survivors of war in Afghanistan and Iraq shared horrific tales of addiction to VA-dispensed painkillers. Some spoke of being reduced in rank or drummed out of the military for seeking pain relief from cannabis. They insist marijuana is far less dangerous and often more effective than prescription "combat cocktails," some of which can trigger suicidal ideation. All who participated in the story were exasperated by the categorization of marijuana as a Schedule 1 drug with no medicinal value. In demanding legal access, they want the plant descheduled altogether.

Democrat David Shapiro, the Siesta Key attorney running against incumbent Rep. Vern Buchanan, favors removing marijuana's Schedule 1 status, which equates the plant with heroin and as something more dangerous than Schedule II cocaine. Buchanan says more research into medical marijuana is warranted, and he does not support changing cannabis' status.

"I think he didn't hear the stories of the people who were at that symposium you held the other day," said Shapiro, referring to Buchanan's position and a Sept. 6 panel discussion stemming from "Warriors Rise Up." "And the fight of the families of these individuals who went to war for us, and come home and actually take their lives — 20 a day. And the stories are the same across the country. That's a study in and of itself."

But Buchanan's office said his approach is appropriate and that he has advocated other actions to help veterans while studies are done.

"We support the position taken by Drug Free Manatee that more research is warranted," Buchanan's spokeswoman Sally Dionne said in statement to the Herald-Tribune. "In the meantime, Vern sponsored legislation to promote legal alternatives to opioids, greater research and prevention efforts, expanded access to treatment for those in recovery and better screening to catch illegal drugs before they enter the country."

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5.4 - WLOS (ABC-13, Video): [Charles George VA Medical Center](#) (17 September, 480k uvm; Asheville, NC)

3-minute video: The Department of Veterans Affairs (VA) leads the country in hepatitis screening, testing, treatment, research and prevention. Get more information both for health care providers and for Veterans and the public at <http://www.hepatitis.va.gov/>.

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5.5 - The Repository: [Opinion: Drugs-first approach to pain treatment fuels opioid epidemic](#) (18 September, Aaron McMichael and Judson Sprandel II, 439k uvm; Canton, OH)

The opioid epidemic has highlighted the necessity of taking a new approach to treating pain, but Ohio's largest health care payers do not appear to be listening.

Just in time for Drug-Free Pain Management Month, officially recognized in September by Ohio and the city of Canton, a recent analysis of Ohio's largest health care payers indicates they have been reluctant to improve coverage of recommended drug-free pain treatment alternatives. Study results indicate health care coverage often continues to favor prescription opioid use and might be contributing to the ongoing opioid epidemic.

Every year Ohio sets a new record for drug overdose deaths with no end in sight thus far. As part of the solution, updated treatment guidelines have provided clear recommendations for a new approach to treating non-terminal pain: Use conservative non-pharmacologic options like chiropractic and acupuncture first. Use opioids last, only when needed, and use opioids only in addition to conservative options.

Health care providers and patients have shown significant interest in pain treatment alternatives. There has been one main barrier to better pain treatment: health care coverage. Health care payers increasingly have restricted coverage for alternatives to pain pills over the years. With one to two years having passed since the publication of updated pain treatment guidelines, it was time to see if health care coverage had improved.

An analysis was performed to determine whether Ohio's largest health care payers had improved coverage of pain treatment alternatives. Chiropractic physicians actively practicing in Ohio were questioned about coverage provided by Ohio's largest private and public payers (Medical Mutual, Anthem Blue Cross Blue Shield, Aetna, United Healthcare, Medicare, Medicaid, Workers Compensation and the Veterans Administration). The results of this survey indicate Ohio's largest health care payers have not improved or have improved coverage only minimally for alternatives to opioids as recommended.

Survey results indicated Ohio Medicaid ranked the worst, and Medicare ranked the third worst on average for providing coverage that is consistent with opioid and pain treatment guidelines. Based on their clinical experience, a majority of chiropractic physician responses indicated Medicaid and Medicare are the worst at encouraging non-pharmacologic treatment first for pain, and instead approve opioids inappropriately, favoring opioid use.

Medicaid and Medicare were rated poorly due largely to treatment restrictions on chiropractic and non-pharmacologic care that limit diagnostic services, limit treatment options and restrict non-pharmacologic treatment of chronic pain (those patients most likely to receive opioids). The only known coverage change was Medicaid allowing limited acupuncture treatments only for back pain and migraine patients.

Private insurers ranked poorly for coverage consistent with treatment guidelines largely due to financial restrictions (high patient costs). Anthem, Aetna, and UHC ranked the worst as having the most financial restrictions. The analysis noted, "All private payers were most likely to be judged to favor opioid treatment over chiropractic and non-pharmacologic treatment, and few responses indicated improving coverage of chiropractic and non-pharmacologic treatment as an alternative to opioids. Medical Mutual was the only private payer more likely to have 'fair' than 'poor' coverage of chiropractic and non-pharmacologic treatment."

Ohio's Workers Compensation coverage for injured workers and VA coverage for veterans demonstrated similar study results. While results noted these health care payers have generally good coverage for pain treatment alternatives, accessing these treatment options can often be difficult. Both Workers Compensation and the Veterans Administration have been recognized for high rates of prescription opioid use and high rates of drug overdose deaths. Each has taken initial steps to reduce opioid prescriptions and to encourage increased use of non-pharmacologic treatment options. However, results indicated they both have much work to do to improve their approach to pain treatment.

An overwhelming 89 percent of responses agreed that health care payers' restrictions on chiropractic and non-pharmacologic treatment options are contributing to the opioid epidemic in Ohio. This likely contributor to the opioid epidemic has received little attention or discussion. Guideline recommendations are not enough to create change and are too easily ignored. Public and private health care payers need to take immediate action to reduce restrictions and encourage guideline-recommended non-pharmacologic treatment be used first for pain.

Fortunately, chiropractic and non-pharmacologic treatments have demonstrated reduced opioid use and significant cost savings. If Ohio's health care payers are reluctant to cover the recommended treatment Ohioans need, then our state leaders should emulate the actions taken in other states to legislate a change in pain treatment.

Too many Ohioans will continue to suffer until the fundamental flaws in the outdated approach to pain treatment is addressed.

Aaron McMichael, of the McMichael Chiropractic Clinic, serves as president of the North Central Academy of Chiropractic. Jud Sprandel, of the Sprandel Chiropractic Clinic, also is certified acupuncture/acupressure treatments.

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5.6 - The Gazette (Waterloo Courier): [Abby Finkenauer: More help needed for mental health](#) (18 September, Thomas Nelson, 433k uvm; Cedar Rapids, IA)

WATERLOO — Veterans who met with two politicians here Tuesday had questions about their health care and the answers concerned money.

The 30 or so veterans meeting with state Rep. Abby Finkenauer, Democratic candidate in Iowa's 1st Congressional District, and U.S. Rep. Seth Moulton, D-Mass., asked why they can't receive VA health care simply by showing their discharge papers.

Moulton, a Marine veteran who served in Iraq, said the answer was because "we don't have the money."

"The VA has been consistently underfunded," he said. "And if you look forward at all the veterans coming home from Iraq and Afghanistan, we don't have any money to pay for our health care."

"We're here to listen," Finkenauer said. "We want to know ideas or what you're seeing out there and what we can do better."

Chiquita Loveless, a U.S. Navy veteran and coordinator for military and veteran student services at the University of Northern Iowa, asked why more elected officials don't spend time with the troops.

"Come out there and get a feel for what we do out there," Loveless said. "I just feel that before you make a decision for myself or any other veteran, you need to have at least walked it, or lived it, or been out there and not just come out and do a photo op."

Moulton agreed, and said in the military he learned "you don't really know what's going on until you get there on the ground."

"The big thing I've learned is you can't pass great policy unless you're actually talking to the folks that are living it every day," Finkenauer said. "It's important to actually put faces to what needs to get done."

Many of the veterans talked about the VA being underfunded and the difficulty of making hospital appointments.

"We absolutely need to do more when it comes to mental health care for veterans and everybody across this country," Finkenauer said, "to really start dealing with PTSD and making sure that funds are there to start addressing the problem."

After the roundtable Finkenauer answered questions about the Nov. 6 election.

She said she will continue to run her race as she's been running it.

"The No. 1 thing we have to do in Washington, and I think this is across the board, is to bring some stability back," Finkenauer said. "Right now, there's so much instability and chaos when it comes to a lot of programs, including veteran programs."

Finkenauer is running against Rep. Rod Blum, a Dubuque Republican, who has held the seat since 2014.

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5.7 - KRGV (ABC-5, Video): [Veteran with Chronic Illness, Injuries Seeking Help from VA](#) (19 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

EDINBURG – A Rio Grande Valley veteran who deals with Agent Orange-related problems is looking for help from the U.S. Department of Veterans Affairs.

Juan Hernandez says he served in Vietnam in the 1970s and has been dealing with these issues since then.

He wants the VA to work through his daughter who can help him to stay on top of his benefit claims and finances.

KRGV's Frank McCaffrey reached out to a veterans health expert, Amable Rubio, about how his daughter can become a fiduciary for him.

"It helps the veteran or the beneficiary who, probably because of old age or because of their current medical condition or even because they are unable to fix their finance status... A fiduciary is now being appointed by the VA," Rubio explains.

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6. [Suicide Prevention](#)

6.1 - Concord Monitor: [The facts about PTSD and veterans](#) (18 September, Robert Rowe, 164k uvm; Concord, NH)

It is so important to let people know that so much of what affects our veterans and their families is a direct result of that voluntary service to protect our country, its citizens and our freedoms.

Please let me tell you a little bit about veterans and post-traumatic stress disorder.

I am devastated at the stigma related to veterans and PTSD. Is your opinion based on what you have seen in the movies or personal experience? Do you just automatically assume that a vet with PTSD is going to lose it? I mean, really, how many news stories are there that claim veterans are the perpetrators of mass casualties? Or singular homicides in general? That's just not the case.

Now, to further my question, do you automatically assume that all veterans are explosive and uncontrolled? Are you diagnosing veterans with PTSD because they're veterans?

PTSD is different for everyone. The classifications are so broad the VA barely knows how to diagnose it, let alone treat it, changing its policies so often many veterans can't get help.

Did you know that almost everyone has some form of PTSD?

I would like to touch base on military bearing, or discipline. The military takes a lot of pride in discipline. That being said, most veterans have the bearing to keep a lid on themselves. The stigma is being perpetuated by people who don't understand. These falsehood are in inflicting harm on so many other veterans who served our country.

Veterans can have good days and bad days just like everybody else. Some days veterans might be fighting depression, anxiety, insomnia, extreme guilt, pressure from society/family, being emotionally spent, stress, not belonging anywhere, IBS, being hyper vigilant or jumpy.

Veterans are committing suicide at an alarming rate, and it is in part because of the pressure from both communities not to screw up. Twenty-two a day: Veterans aren't harming you, they are killing themselves.

What about traumatic brain injury? Do you know anything about TBI? Forgetfulness of great proportion, walking into walls, trouble speaking, feeling like an idiot because you don't remember to eat or do ordinary daily routines without a slew of reminders? This is just the tip of the iceberg.

Next time you hear someone has PTSD, think twice about what you think that means. It means they are working daily to deal with traumatic experiences or injuries that, if they are veterans, they received from their service to protect their country – and you.

By passing on false stories and talking of things you don't know about, it hurts everyone. It hurts the veteran, it hurts their families, it hurts the community and can be detrimental to an already fragile life, and the lives of people you may not even know.

(Robert Rowe lives in Franklin. He is a veteran of the Iraq War, serving from 2003-2004.)

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6.2 - KTVL (CBS-10, Video): [Veterans gather for annual Mental Health Summit](#) (19 September, Jennevie Fong, 73k uvm; Medford, OR)

MEDFORD, Ore. — Veterans across the region gathered in downtown Medford for the 6th Annual VA Southern Oregon Rehabilitation Center & Clinics (VA SORCC) Mental Health Summit.

Social work supervisor Chris Petrone said the summit is intended to help the Department of Veterans Affairs partner with other community services.

Guests met with local organizations that offer services, including substance abuse treatments, homeless services, emergency care, and more.

The goal includes networking and connecting with community stakeholders and providing an overview of community and VA services available to Veterans.

Petrone said mental health is still a sensitive issue in society, but industry experts are working to bring more awareness to the subject.

"As more events like this are being held and more people get together and talk about it and talk about services, I think the stigma of having mental health decreases," Petrone said. "Therefore, people feel more comfortable with asking for help."

The event ended with a "suicide postvention training" covering important considerations following a suicide and strategies to prevent future incidents.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - FOX News: [Delta Air Lines pilot grounded for concealing 'major depressive disorder' to keep flying](#) (18 September, Janine Puhak, 32.5M uvm; New York, NY)

A Delta Air Lines pilot has been grounded after being indicted for misleading government officials about a "major depressive disorder" in hopes of continuing his career in the skies.

A Delta spokesperson confirmed to Fox News on Tuesday that U.S. Air Force veteran Adam Asleson is "no longer actively flying" with the carrier in the wake of being indicted in the U.S. District Court in San Francisco.

According to a press release from the U.S. Attorney's Office, the 39-year-old from Peachtree, Ga., was charged on Aug. 28 for falsely reporting to the Federal Aviation Administration (FAA) that he "did not suffer from any mental disorders including depression or anxiety," though he previously sought help from the Department of Veterans Affairs (VA) for a "major depressive disorder."

Instead, Asleson allegedly told the FAA that he received VA disability benefits for "knee strain and tinnitus."

According to the Atlanta Journal-Constitution, Asleson falsified the medical records "to obtain airman medical certificates." He reportedly began flying for Delta in 2017.

Asleson was arrested on Aug. 28 and released on a \$10,000 bond, as per the news release.

That same day, three other pilots, who are also receiving disability benefits from the VA, were indicted for making similarly false statements to the FAA regarding their medical history that may have disqualified them from piloting planes.

Asleson will make his next appearance in court on Oct. 3.

Representatives for Delta returned Fox News' request for comment on the story with the following statement:

"Delta pilots are held to the highest standards of professionalism, honesty and integrity. Once made aware of the situation, we opened an internal investigation and are working cooperatively with the authorities," the Delta spokesperson said. "The pilot in question is no longer actively flying."

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7.2 - U.S. News & World Report (AP): [Lawmakers Seek to Name Clinic After Medal of Honor Winner](#) (18 September, 23.9M uvm; Washington, DC)

NEW ORLEANS — Members of Louisiana's congressional delegation are seeking to rename a veteran's clinic in Lake Charles after a Medal of Honor winner who died in Vietnam.

U.S. Sens. Bill Cassidy and John Kennedy and Rep. Clay Higgins announced their legislation Monday in a news release. They hope to have the Lake Charles Community-Based Outpatient Clinic named after Douglas Fournet.

The Kinder native was a U.S. Army lieutenant. Monday's announcement says he is the only person from Southwest Louisiana to be awarded the Medal of Honor. The legislation would name the Lake Charles facility the "Douglas Fournet Department of Veterans Affairs Clinic."

The release says Fournet joined the army in 1966 and died in Vietnam as he tried unsuccessfully to disarm a mine while his platoon was under sniper fire.

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7.3 - U.S. News & World Report (AP): [15 New Housing Vouchers for Homeless Reno-Sparks Vets](#) (18 September, 23.9M uvm; Washington, DC)

RENO, Nev. — The U.S. Department of Housing and Urban Development has issued 15 new housing vouchers for homeless veterans in the Reno-Sparks area.

Reno Housing Authority Executive Director Amy Jones says the vouchers provide permanent housing as well as supportive services for homeless veterans. She says it will help some of the most deserving and needy members of the community

They're administered through the Reno Housing Authority and the VA Sierra Healthcare System.

The authority and the local VA currently oversee more than 300 such vouchers in the area.

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7.4 - Washington Examiner: [VA celebrates 'historic achievement' after exceeding goal for appeals decisions on disability claims](#) (18 September, Maria Biery, 4.8M uvm; Washington, DC)

The Department of Veterans Affairs exceeded its goal of delivering 81,000 appeals decisions of disability benefit claims to veterans two weeks earlier than expected, the department reported Tuesday.

The VA pledged to reduce wait times for appeals decisions in fiscal year 2018. As of Sept. 14, the Board of Veterans' Appeals made 28,000 more decisions than they had the previous year and surpassed the 81,000 target.

"The Board's historic achievement delivering results to veterans and their families reflects VA's hard work and commitment to getting it right for our Veterans under the leadership of President Trump," said VA Secretary Robert Wilkie. "Together, we have achieved significant results for our nation's veterans, as each of the more than 81,000 decisions produced by the Board can make a real difference in their lives and for their families."

One hundred and eighty-six new attorneys were hired to go through the claims. The VA plans to hire 30 more by Sept. 30 to keep up the momentum.

The announcement comes as the VA is preparing to implement the Veterans Appeals Improvement and Modernization Act of 2017, which is to take full effect on Feb. 14, 2019. The new law aims to make the complex appeals process simpler, quicker, and more transparent.

The news also comes after a VA Office of the Inspector General report found that the department has been underestimating the number of disability claims in its backlog. The reported numbers are estimated to only cover 79 percent of claims.

Last week, the VA reported that there were 85,906 claims that have gone without decisions for more than 125 days.

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7.5 - WFMZ (TV-69, Video): [Allentown Hope For Veterans shut down](#) (18 September, Jaccii Farris 2.1M uvm; Allentown, PA)

Local officials say the Veteran's Administration is no longer funding the Allentown Hope for Veterans program.

"In a nut shell blindsided. Devastatingly blindsided," said Thomas Applebach, Lehigh County Director of Veterans Affairs.

Applebach says since the program came to the area, it has helped 325 homeless vets and their families find a place to live like Army veteran Tim Smith, who found himself homeless in between retirement and the start of his retirement benefits in 2014.

"Immediately, they were of great help because they put me in a situation where I was able to obtain sustainable housing," said Smith.

Smith now works as a worship leader at the Salvation Army and devotes his efforts to also helping the homeless. Applebach says Smith is a success story.

But he says other veterans in need will have to seek help from area programs that are already over taxed. He says he worries about the vets currently in the program.

"For those folks who are already housed, we know that probably by November or December we're going to be hurting for money to keep paying rent," said Applebach.

The Director of Community Hope Inc, the entity that runs the Allentown Hope for Veterans program says no veteran currently in the program will be left in the lurch.

J. Michael Armstrong, the Chief Executive Officer for Community Hope for Veterans released a statement about the end of the programs saying: "we are proud of the nearly one thousand veterans we have rescued from homelessness in Pennsylvania through our Supportive Services for Veteran Families Program and deeply regret that our contract with the US Dept. of Veterans Affairs was not renewed in spite of the tremendous impact of our work. We are committed to ensuring that all veterans currently enrolled in our program will either be stably housed or transitioned to another VA-contract provider before our program concludes on October 31st. Veterans and veteran families who are struggling with homelessness are in dire need of immediate services and we hope that these remaining providers are able to fully address their needs because no one who honorably served our country should be in such despair."

Smith says he is praying for a miracle for the Hope for Veterans program.

"I'm praying that somewhere along the line that this help will come to help them to continue to do what they're doing," said Smith.

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7.6 - Arkansas Democrat-Gazette: [Veterans cemetery in North Little Rock expanding with help of \\$5.7M U.S. grant](#) (18 September, Hunter Field, 871k uvm; Little Rock, AR)

The federal government will grant more than \$5.7 million to the Arkansas Department of Veterans Affairs to expand its cemetery in North Little Rock.

The agency applied for the grant last year after determining that the Arkansas State Veterans Cemetery at North Little Rock would reach capacity for certain burial types in 2020 and 2021.

After nearly a year of waiting, U.S. Rep. French Hill, R-Ark., and U.S. Sens. Tom Cotton, R-Ark., and John Boozman, R-Ark., announced Monday that the U.S. Department of Veterans Affairs had approved the project.

"Creating additional inurnment sites is needed to fulfill the promise we made to veterans," the three members said in a joint statement. "These funds will allow the Arkansas Veterans Cemetery in North Little Rock to continue providing an honorable place of rest for the men and women who served in uniform."

The North Little Rock cemetery is one of two operated by the state for veterans -- the other is in Birdeye, a small, unincorporated town in northeast Arkansas. The federal VA manages three others in the state, but one is full.

The federal VA offers burial benefits to honorably discharged veterans. Included with the benefit are grave sites, interment, perpetual care, a government headstone, a burial flag and Presidential Memorial Certificate free of charge. Spouses and eligible dependents also may be buried with veterans, but must pay a small fee in most cases.

A groundbreaking ceremony to start the expansion is planned for Oct. 15, said Bill Wussick, Arkansas Department of Veterans Affairs assistant director of veteran cemeteries. The expansion is expected to take about 18 months.

Wussick added that the \$4.7 million general contract is to be awarded to Little Rock-based Hydco Inc.

During construction, the cemetery will remain operational with services continuing as planned, and Wussick said that the cemetery will do everything it can to accommodate safe visitations during the expansion, which includes two phases.

The grant will fund 2,000 additional columbarium niches, 106 pre-placed crypts, roadways, irrigation, landscaping, supporting infrastructure and honor guard and storage rooms.

"This is huge," Wussick said. "It continues our ability to serve our veterans and continues our ongoing partnership with the U.S. Department of Veterans Affairs to continuing serving veterans with burial needs."

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7.7 - KOLO (ABC-8, Video): [15 new housing vouchers offered to help homeless veterans](#)
(18 September, Valentina Bonaparte, 274k uvm; Reno, NV)

For the past 10 years the U.S. Department of Housing and Urban Development and Veteran's Affairs have helped homeless veterans find places to live through the HUD/VASH program.

"This is basically a housing choice voucher, which gives you the choice to live, where you want to live, provided the rent is considered reasonable and your landlord is accepting vouchers," says Brent Boynton, community outreach coordinator at Reno Housing Authority.

To be eligible for the vouchers, certain criteria have to be met: being homeless and eligible for VA medical care.

One voucher recipient, Florencio Moreno, tells us the experience has been life-changing. "My whole life has been chaos, and now I am enjoying life like I should be enjoying 20, 30 years ago," he says.

Thanks to the HUD/VASH program, for the past 10 months he has had a place to call home.

"I have a house, my bills are paid, I have a roof I have food, I hardly go out in the streets anymore, it's taking me away from that," says Moreno.

The 15 new vouchers will add to the 288 vouchers already in use in Reno. 50 veterans are on the list of interest for those vouchers.

"We may not have a voucher available today, but we can work with you until there is one available," says Elizabeth Pope, LCSW, HCHV outreach coordinator.

The VA handles all the admissions for the lifetime program, and says new vouchers become available every week as veterans move off the program.

"There is hope; if you are a veteran experiencing homelessness come talk to us," says Pope.

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7.8 - KDRV (ABC-12, Video): [Mental Health Summit Breaks Down Mental Illness Barriers](#)
(18 September, Andryanna Sheppard, 156k uvm; Medford, OR)

Organizations from across Jackson, Josephine, Klamath counties and northern California came together Tuesday afternoon in almost a networking event.

"We're working to collaborate together to use our skill sets and strengths of each of our organizations to move veterans who experience behavioral health conditions and also non-veterans," said Rosa Ruggiero. She's the Chief of Psychiatry for the White City VA Southern Oregon Rehabilitation Center & Clinics (SORCC).

More than 30 organizations filled the room to learn how each one helps those with mental illnesses. They discussed a variety of important topics including homelessness, substance abuse treatments, and veterans' benefits services.

"This gives us an opportunity to come together as community partners and leverage more meaningful behavioral health outcomes," Ruggiero added.

One of the organizations that came to the Mental Health Summit was Compass House. It helps adults with mental illness get reintegrated back into the community. Adults like Wolf Philips. He was diagnosed with bipolar disorder and schizophrenia. He came to the event with compass house to help educate the community about what it's like living with mental illness.

"Doing presentations out in these events brings awareness to what mental illness is and that you have a place to go where you're not frowned on and you don't feel left out. This event breaks that barrier. It puts people's guard down to where they're able to share themselves," Phillips said.

He found a sense of purpose since finding compass house six months ago and hopes through events like these others with mental illness will do that same.

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7.9 - Union-Bulletin: [Friday event honors POWs/MIAs](#) (18 September, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

Veterans, their families and the community are encouraged to honor former POWs and remember MIAs during the annual POW/MIA Remembrance Day at 11 a.m.-12:30 p.m. Friday at Jonathan M. Wainwright Veterans Affairs Medical Center, 77 Wainwright Drive, in Theater Building 78.

The colors will be presented by Civil Air Patrol Twin W Composite Squadron; Heather Nygaard will perform the national anthem and Ray Crawford, associate director for operations, will provide opening comments.

The special guest speaker is former U.S. Navy Cmdr. Laurence "Larry" Friese, who served during the Vietnam War, and was a prisoner of war for 1,842 days/five years. He was taken prisoner Feb. 28, 1968, and released during Operation Homecoming on March 14, 1973. An

excerpt from his Silver Star citation reads, "Despite the fact that he was consistently maltreated and subjected to severe cruelties, Capt. Friese refused to cooperate with his captors in any manner."

AMVETS Post 1111 will set up the Missing Man table and provide other support. The American Red Cross, serving Central and Southeastern Washington, will provide a light lunch, and Walla Walla VA's Voluntary Service is providing cake and drinks.

With one place setting, the Missing Man Table & Honors Ceremony symbolizes members missing from our midst, who are commonly called POW/MIA, or brothers and are remembered because of their incarceration. The table also symbolizes the frailty of one prisoner alone against his oppressors.

For more details, contact Linda Wondra, Walla Walla VA public affairs, at 509-525-5200, ext. 26520 or 509-386-1117.

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7.10 - Taos News: [VA awards Angel Fire \\$3.2M for veterans cemetery](#) (18 September, Cody Hooks, 55k uvvm; Taos, NM)

Angel Fire is already known around the county by veterans of the Vietnam War thanks to the memorial on the edge of town, but an announcement of funding for a veterans cemetery means the Colfax County village is well on its way to being even more of a hub for veterans and their families.

Governor Susan Martinez announced Tuesday (Sept. 18) the U.S. Department of Veterans Affairs has formally approved funding to cover the cost of construction for the State Veterans Cemetery in Angel Fire.

The VA will provide a \$3.2 million grant to cover the projected cost of building a 1.3-acre, 400-gravesite cemetery next to the Vietnam Veterans Memorial, according to a press release from the governor's office.

"We are extremely pleased," said Chuck Howe, mayor pro tem of Angel Fire and president of the nonprofit behind the memorial who is himself a Vietnam veteran.

"We started it about four years ago and have been going through the process since then. It's important for New Mexico veterans and their families to have a cemetery close," he said. The only federal veterans cemetery in New Mexico is located in Santa Fe.

Howe said several families of Vietnam veterans are holding on the ashes of their loved ones specifically so they can be buried at the future cemetery in Angel Fire.

The Angel Fire cemetery will be the third state veterans cemetery coming out of the State Cemetery Initiative launched in 2013, which sought federal funding for the construction of state-run veterans cemeteries. The Ft. Stanton State Veterans Cemetery opened last November and construction on the Gallup State Veterans Cemetery began last October, according to the governor's office.

Taos County officials tried to get funding for a state-sanctioned veterans cemetery in Taos, though their application was not successful. Still, the county donated 20 acres of land near the end of County Road 110 for a veterans cemetery. There was a ground breaking ceremony for that facility last year and county crews have continued to do some work on the site since then.

Howe said a veterans wellness center is also in the works for Angel Fire and that a national fundraising campaign will soon be underway to raise the money for that project.

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7.11 - WAER (FM-88.3, Audio): [Syracuse VA Will Offer Classes to Teach Veteran Families about Mental Health and the "New Normal"](#) (18 September, Scott Willis, Owen Sienko, John Smith, Samantha Taylor, and Molly Bolan, 26k uvm; Syracuse, NY)

The Syracuse VA Medical Center is about to start-up another series of classes for families of veterans struggling with mental illness. This marks the 11th year the VA has partnered with the National Alliance for Mental Illness, or NAMI. Local recovery coordinator at the VA Ann Canastra says the 12-week program is aimed at families for a reason.

"It's really for us to teach family members about mental health, mental illness, the illness process, and then about recovery. In recovery, that means everything from handling a crisis when days are very hard, but also things like simple communication and military culture."

Canastra equates the time and patience required to aid these veterans to that of caring for an elderly family member. Although many of these veterans are young, she says, they still require the same kind of support and the same availability of resources.

"You have these young family members coming in where maybe their friends are working full-time but these veterans can't work full-time, and they need a spouse, partner, parent or someone to take help care of them. That's who this class is for."

One of the most significant obstacles for veterans and their families to overcome is what Canastra calls the "new normal," or adjusting to their post-service lives. She says the first step families must take before jumping this hurdle is to learn self-care.

"Because you really can't do a good job of caring for other people unless you take care of yourself. So we talk about his new normal, and we teach family members about the importance of 'healthy selfishness.' And it's not a selfishness where you're going to neglect anyone else; rather, where you say 'I'm worthy of being healthy also,' and this is how I'm going to do it."

This year's family-to-family class series will begin Wednesday, September 19th, from 6:00 pm to 8:30 pm. Classes meet every Wednesday until December 12th at the Syracuse VA Medical Center on 800 Irving Avenue. More information on enrollment is available by emailing Ann.Canastra@va.gov.

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7.12 - KGNS-TV (NBC-8): [Laredo honor's prisoners of war and those missing in action](#) (18 September, 900 uvd; Laredo, TX)

Since 1979, the third Friday in September is dedicated to remembering those held as prisoners of war or missing in action during combat.

The Area Health Education Center in collaboration with the Laredo VA Clinic held a commemorative event to honor service men and women listed as MIA and POW.

The event featured keynote speakers who went into detail about the many sacrifices these men and women went through to protect this country... and the importance of demonstrating the utmost regard for missing personnel and their families.

Lieutenant Commander Douglas Alfred of the U.S. Navy explains the U.S. is one of few countries who honor these people who have gone through tremendous suffering.

According to the U.S. Department of Defense, more than 82 thousand service members are currently listed as Missing in Action.

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7.13 - ConnectingVets.com: [VA's first drag show celebrates all veterans](#) (17 September, Jonathan Kaupanger, New York, NY)

The gauntlet has been thrown down at the Vermont VAMC. And surprisingly, it's an elbow-length, white opera glove, dripping with fake jewels.

Charisma, uniqueness, nerve and talent aren't usually traits you get judged on at Veterans Affairs. That is, unless you were one of the few lucky veterans attending 'Queens, Queens & Camo,' a drag cabaret benefiting LGBTQ veterans in Vermont.

"I do recognize that it was a risk," says Calvin Smith. Smith is a social worker with VA's homeless program in Manchester, New Hampshire, but previously worked as a LGBTQ Veteran Care Coordinator in Vermont. He's also a veteran and - for one night only - performed as Ms. Brittney Queens. "My sexual orientation is straight. So part of this was just showing that this community isn't just about sexual orientation. It's about lots of things and being colorful in lots of ways. And then I should also say this was my debut and retirement performance all in one."

"For some of those veterans, it was way outside their comfort zone," says Smith. About a half-dozen veterans who attended the drag show had never been to one and never thought they would either.

"I would say that two-hour time frame of attending a drag show, just experiencing it for themselves did far more than any book they could have read, any training they could have taken and that's what this is all about," says Smith. "For them, they walked away from the experience with an entirely different conception of what the word queer means than what they went in with."

Changing culture and people's minds isn't easy. LGBTQ Veteran Care Coordinators are a relatively new thing at VA, only introduced in 2015. But they are now in every medical center. It's their dual job to help LGBTQ veterans manage the VA system and to show that VA is there for veterans of all sexual orientation.

“The seeds have been created at each of the medical centers,” says Smith. “They’re growing to different extents and in different ways.” Smith says some medical centers have really run with this concept. He points out the Cleveland VAMC’s transgender clinic as proof of this. “Some are far along in some ways, and then other hospitals that are just not that far along. I kind of like that though, it’s been very organic the way those positions have evolved.”

While at Vermont, Smith and his coworkers wanted to publicize that VA supported LGBTQ veterans. They scheduled community events to build relationships and start the process of changing the perception of who veterans are.

“And as you can imagine, that was a big obstacle,” says Smith. “Most people think of the VA as the military. They don’t realize there’s a difference between the two. So just doing events like that was important, it allowed us to have those conversations with people. Gay vets are very welcome at the VA they aren’t going to lose their benefits and there’s no risk that they will be discriminated against and if they are, there’s this program that’s meant to advocate for them.”

So, how do you create an opportunity to expose people to what queer culture is and have fun at the same time? For Smith, who identifies as a straight male, the answer was easy and “Queens, Queers and Camo” was born.

Putting on a drag show fell into place easily. A community partner provided the space. They booked a headliner, Ms. Joslyn Fox from season 6 of RuPaul’s Drag Race, plus local amateur talent. Once the event was posted, tickets sold out in a week. The event turned out to be exactly what they hoped for, bringing in people from all walks of life, all ages and all kinds of identities.

Besides changing how some people think, the event was a success on a more basic level. After the performers and bills were paid, a donation of \$500 was made in the name of the LGBT program at the VAMC. The medical center will use the money for outreach materials and other things that they normally wouldn’t have been able to do.

Smith hopes the drag race will become an annual event. He also thinks other medical centers should try it as well. “It’s celebrating who people are,” says Smith. “Encouraging people to be themselves at the VA and everywhere in their life!”

Connecting Vets has recently learned that another VAMC is contemplating copying the Vermont event. Would Smith be willing to resurrect Brittney Queers? “Yeah! Heck yeah, I’d do that,” he says. “Oh, I think that’s beautiful. Yeah, more!”

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8. [Other](#)

8.1 - The Indianapolis Star: [Ex-VA police officer sentenced for punching patient during arrest](#) (18 September, Crystal Hill, 3.2M uvm; Indianapolis, IN)

A former Indianapolis-based police officer is headed to prison for shoving and repeatedly punching a person he was arresting at a Veterans Affairs Medical Center, federal authorities announced Tuesday.

Michael Kaim, 28, was sentenced in U.S. District Court in Indianapolis to 12 months behind bars and ordered to pay a \$1,000 fine for deprivation of civil rights, according to a news release from the U.S. Department of Justice.

Kaim was employed by the Veterans Affairs Police Department in Indianapolis. Under a plea agreement, he admitted to using "excessive force" against the patient and employee whom he was arresting outside Richard L. Roudebush Veterans Affairs Medical Center on the near westside in April 2017, the release said.

"When excessive force is used by police officers against members of our community, particularly our veterans, it erodes confidence in our justice system and does irreparable damage to public confidence," said U.S. Attorney Josh Minkler. "Anyone who violates the civil rights of others will be held accountable."

An indictment handed down by a grand jury in January said Kaim had no legal reason to hit the man, and Kaim deprived the man of his right to be free from unreasonable seizure.

Kaim was also accused of falsifying records in an effort to impede a federal investigation, according to the indictment.

In the falsified report, Kaim wrote that the man resisted efforts to be escorted from a building and that he began acting aggressively, according to court documents.

The indictment said the man actually followed orders.

Kaim's attorney, John Kautzman, couldn't immediately be reached for comment Tuesday evening.

The U.S. Department of Veterans Affairs hasn't responded to an email seeking comment.

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8.2 - WRTV (ABC-6): [Former Indianapolis VA officer to serve 12 months for assaulting patient, filing false report](#) (18 September, Jordan Fischer, 1.1M uvm; Indianapolis, IN)

A former police officer at the Richard L. Roudebush Veterans Affairs Medical Center in Indianapolis will serve a year in prison for repeatedly punching a patient and falsifying his report about the incident.

Officer Michael Kaim was indicted in January on a civil rights violation and obstruction of justice for allegedly writing a false report about an arrest at the Indianapolis VA hospital.

In a plea agreement filed in federal court in June, Kaim acknowledges that the victim was already walking out the door of the hospital after being told to leave when Kaim shoved him out of the door and pushed him against an exterior wall of the building. Kaim then caused the victim to fall face-first on the sidewalk, before striking him in the head six-to-seven times.

In his report documenting the incident, Kaim wrote that the victim had not complied with his instructions and had resisted arrest.

On Tuesday, the U.S. Department of Justice announced that Kaim had been sentenced to 12 months in prison and a fine of \$1,000 in connection with the case.

“When excessive force is used by police officers against members of our community, particularly our veterans, it erodes confidence in our justice system and does irreparable damage to public confidence,” said U.S. Attorney Josh Minkler. “Anyone who violates the civil rights of others will be held accountable.”

As a condition of the plea, Kaim also agreed to surrender his law enforcement license and to not seek further employment as a law enforcement officer.

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From:

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Cc:

Bcc:

Subject: [EXTERNAL] 18 September Veterans Affairs Media Summary and News Clips

Date: Tue Sep 18 2018 05:15:25 CDT

Attachments: 180918_Veterans Affairs Media Summary and News Clips.docx
180918_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

18 September 2018

1. [Top Stories](#)

1.1 - Newsday: [Schumer: VA should make medical center in Northport top priority](#) (17 September, Martin C. Evans, 3.2M uvm; Melville, NY)

Sen. Chuck Schumer said Monday that the federal Department of Veterans Affairs should give top priority to Long Island's only veterans hospital as it doles hiring and repair funds from an \$86.5 billion VA spending plan approved by Congress last week.

[Hyperlink to Above](#)

1.2 - Modern Healthcare: [VA gears up to take on Choice claims processing](#) (17 September, Susannah Luthi, 460k uvm; Chicago, IL)

Starting Oct. 1, the Veterans Affairs Department will step in to manage about 81,000 authorizations for the ongoing private-sector care of approximately 50,000 veterans in the VA Choice program. Lawmakers and providers are watching how the VA handles the responsibility as the department is poised to take a larger role in processing claims thanks to the recently passed VA Mission Act.

[Hyperlink to Above](#)

1.3 - The Post and Courier: [Navy veterans who say they were exposed to Agent Orange in Vietnam ask VA for benefits](#) (17 September, Mary Katherine Wildeman, 318k uvm; Charleston, SC)

A debate over the spread of Agent Orange, used as a tactical defoliant by the Americans during the Vietnam War, pits thousands of Navy veterans against the agency tasked with caring for them. Thousands of Navy officers stationed off the coast of Vietnam during the war now say they are sick from exposure to the herbicide. VA officials argue there is not enough evidence to prove they were ever in contact with Agent Orange.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KYTV (NBC-3, Video): [New Springfield VA Clinic now set to open mid-December](#) (17 September, Sara Forhetz, 818k uvm; Springfield, MO)

There is an updated target date for when the new Veteran's Clinic will open in Springfield on Republic Road. Initially it was set to open October 1; it is now mid-December. Right now, many local veterans who need care have to drive to Mount Vernon, or even Fayetteville, Ark. to get more serious procedures done. Officials with the Veteran's Administration tell us it has been a complex move.

[Hyperlink to Above](#)

3.2 - KOLR (CBS-27): [Springfield VA Clinic Now Set to Open in December](#) (17 September, Carrie Winchel, 274k uvm; Springfield, MO)

The new VA Clinic at Republic Road and Kansas Expressway is now set to open in December of 2018. KOLR10 had previously reported the facility was expected to open in the fall, though VA officials had not set a date. Wanda Schull, Public Affairs Officer for the VA told KOLR10 doctors will begin seeing patients at the clinic in December.

[Hyperlink to Above](#)

3.3 - WTVM (ABC-9): [New VA clinic to open in old Blue Cross Blue Shield building in Columbus](#) (17 September, Sharifa Jackson, 194k uvm; Columbus, GA)

It's been in the works for years, now city officials are announcing construction of a new VA Clinic in Columbus. The Old Blue Cross Blue Shield building on 2357 Warm Springs Road in Columbus has sat empty for years. Now it is now set to be transformed with a renewed and special purpose.

[Hyperlink to Above](#)

3.4 - FedScoop: [Veterans Affairs to open VistA e-health record maintenance contract this week](#) (17 September, Carten Cordell, 57k uvm; Washington, DC)

Though the Department of Veterans Affairs is underway developing a modernized electronic health record to replace its current, outdated system, there are still years of work ahead of the VA in maintaining its legacy EHR. The VA plans to open bidding for a five-year contract to manage the IT and data services of its Veterans Health Information Systems and Technology Architecture, or VistA, system as early as Friday.

[Hyperlink to Above](#)

3.5 - Island Now: [VA Medical Center mobile unit in NHP to open this October](#) (17 September, 30k uvm; Williston Park, NY)

North Hempstead Town Supervisor and members of the North Hempstead Veterans Advisory Committee have announced that the Northport VA Medical Center's Mobile Unit will be stationed at Clinton G. Martin Park three days a week starting in October. Once the schedule is finalized, it will be posted on the Town's website and be available by calling the Town's 311 Call Center.

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4. [Focus Resources More Efficiently](#)

4.1 - KVIA (ABC-7): [O'Rourke touts improved wait times at town hall for El Paso veterans](#) (17 September, Shelby Montgomery, 529k uvm; El Paso, TX)

Congressman Beto O'Rourke held a town hall for veterans Monday morning in the Austin High School Gymnasium. It was his 100th public town hall meeting since he was sworn into office in January, 2013. "We have held these town halls in every single part of the community, listening to everyone...but everyone is important in this community,"

[Hyperlink to Above](#)

4.2 - The Daily Courier: [VA slowly unfolding no-smoking policy on its Prescott campus](#) (17 September, Nanci Hutson, 490k uvm; Prescott, AZ)

At a time when smoking in public places has become more and more taboo, the local VA is instituting a no-smoking policy, beginning at its Domiciliary program, a short-term, in-patient

rehabilitation program for those coping with substance abuse disorders, mental health issues and homelessness.

[Hyperlink to Above](#)

4.3 - American Press: [VA home based clinic under investigation](#) (17 September, Doris Maricle, 60k uvm; Lake Charles, LA)

A federal investigation into allegations of patient neglect, fraudulent billing, falsification of medical records, misuse of government vehicles and other mismanagement practices is underway for the Veterans Affairs Home Based Primary Care Clinic based in Jennings.

[Hyperlink to Above](#)

4.4 - The Herald: [New van provides comfortable ride for veterans](#) (17 September, Candy Neal, 53k uvm; Jasper, IN)

The original Disabled American Veterans van that started taking veterans to Veteran Affairs hospital and clinic appointments has been replaced. The 20-year-old van was replaced with a new van, a Ford Flex, last week. The new van's maiden voyage was to the Louisville VA Medical Center on Thursday.

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4.5 - Alliance 4 the Brave (Audio): [Director Dr. Michael Russell of the VISN 17 Center of Excellence](#) (15 September, TX)

From 1:06 of this two-hour broadcast, Director Dr. Michael Russell of the VISN 17 Center of Excellence in Waco, TX speaks about his work at VA.

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5. [Improve Timeliness of Service](#)

5.1 - Task & Purpose: [The Problem With The VA Isn't Just The Agency — It's Us](#) (17 September, Richard Siemion and Neil Fotre, 629k uvm; New York, NY)

"The VA is a broken system that does not care about veterans and does nothing to help them." This is a common quote I've heard countless people say throughout my life. But the truth is that many people proclaiming this have never set foot inside a Veterans Affairs administration building, let alone even served.

[Hyperlink to Above](#)

5.2 - WTLV (NBC-12, Video): [Marine veteran battles with Veterans Affairs over needed surgery](#) (17 September, Kenneth Amaro, 321k uvm; Jacksonville, FL)

Stephen Burcham, 70, fought in Vietnam as part of the U.S. Marine Corps and returned home to fight for his dignity after being stigmatized by a community that was opposed to the conflict. Now the veteran finds himself in a fight with the Department of Veterans Affairs. Burcham said it began in June when he had to call a Fire and Rescue ambulance.

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5.3 - WCBD (NBC-2): [Call Collett: Army Sergeant battling PTSD asks VA for help, gets denied](#) (17 September, Rebecca Collett, 274k uvm; Mount Pleasant, SC)

"I joined right after high school," Retired Army Sergeant Jonathan Perry explained. He told News 2 he comes from a military family. Since joining, he's been deployed twice. The wounds he returned home with aren't the kind you can see. "If I had a broken leg I could show everyone," Jon said. "If I have PTSD nobody even knows what that is."

[Hyperlink to Above](#)

5.4 - Healthcare Drive: [Hurricane Florence forces hospital closures, patient transfers](#) (17 September, Les Masterson, 157k uvm; Washington, DC)

Hospitals were preparing for the storm last week, hoping not to see a repeat of problems after last year's hurricanes in Texas and Florida — and especially Puerto Rico, where many of the thousands of deaths in the aftermath of Hurricane Maria were blamed on lack of access to healthcare services.

[Hyperlink to Above](#)

5.5 - Chillicothe Gazette: [Local man hopes to sooth trauma for veterans through equine workshop](#) (17 September, Michaela Sumner, 154k uvm; Chillicothe, OH)

After finding success in a one-day equine workshop for local veterans, organizers are bringing it back to the area for a three-day workshop. According to Gerald Palmer, event organizer, areas of the Chillicothe VA Medical Center's Mental Health Careline took nearly 30 veterans to attend an equine-assisted learning demonstration, which was hosted by the Sons of the American Legion and Amanda Held, of HOOVES, Inc.

[Hyperlink to Above](#)

5.6 - The Times Record: [Letters to the Editor: Reelect Angus King; Thank you, Hannaford](#) (17 September, Dan Gatchell, 68k uvm; Brunswick, ME)

I am a Vietnam War veteran who has served in the Army and the Coast Guard. For the past two years, I have been using medicinal marijuana to alleviate serious health complications that I sustained during my years of service. Through all the discord, I have found Sen. Angus King to be a clear and level-headed advocate for responsible scientific research into the medicinal effects of marijuana for veterans.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Atlanta Journal-Constitution (Video): [Delta pilot accused of lying about mental health issues to keep flying](#) (17 September, Leon Stafford, 11.8M uvm; Atlanta, GA)

A Delta Air Lines pilot from Fayette County has been indicted on charges he misled government officials about his mental health so he could keep flying. Adam Asleson, 39, of Peachtree City, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

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7.2 - WWL (CBS-4): [Donations needed to support homeless veterans, N.O. VA says](#) (17 September, 863k uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System is collecting donations and supplies to help homeless veterans. The items needed for donations include nonperishable food, toiletries, blankets, new men and women's undergarments, gently used clothing, shoes and backpacks. The items can be donated from 7 a.m. to 11 a.m. on Mondays and Wednesdays from Sept. 24 through Oct. 17.

[Hyperlink to Above](#)

7.3 - Monterey Herald: [Congressman Panetta introduces new bill to support veteran students](#) (17 September, Juan Reyes, 270k uvm; Monterey, CA)

The Veteran Resource Center at CSU Monterey Bay might be getting some financial help in the near future from federal government grants that have been proposed. The Veterans Resource Center Act was introduced by Congressman Jimmy Panetta (D-Carmel Valley) during a press conference Monday at CSUMB on legislation he is proposing.

[Hyperlink to Above](#)

7.4 - KPLC (NBC-7): [Lawmakers want rename Lake Charles VA Clinic after Medal of Honor recipient](#) (17 September, Sophia Landry, 192k uvm; Lake Charles, LA)

Legislation to rename the Lake Charles Community-Based Outpatient Clinic after a U.S. Army first lieutenant from Kinder has been introduced by U.S. Senators Bill Cassidy, John Kennedy, and U.S. Representative Clay Higgins.

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7.5 - Northwest Arkansas Democrat-Gazette: [Homeless camp closure brings mixed results, new energy to service providers](#) (17 September, Dan Holtmeyer, 162k uvm; Fayetteville, AR)

A camp of about 100 homeless people, likely the largest in the region, is gone. The people are still around, and the work to house them and more than 1,000 others continues, service groups and campers said. The University of Arkansas Police Department last Thursday evicted the campers from university-owned land near 19th Street in South Fayetteville, saying the camps were unsafe.

[Hyperlink to Above](#)

7.6 - KRXI (FOX-11): [Local homeless veterans to get new HUD vouchers for housing](#) (17 September, 65k uvm; Reno, NV)

The U.S. Department of Housing and Urban Development has issued 15 new HUD/VASH (Veterans Affairs Supportive Housing) vouchers for the Reno-Sparks area. These vouchers provide permanent housing as well as supportive services for homeless veterans.

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7.7 - The Enterprise: [Brockton VA veterans expo promises to be one-stop shop](#) (17 September, Marc Larocque, 20k uvm; Brockton, MA)

When describing the comprehensive veterans expo planned for this weekend in Brockton, the outreach coordinator for VA Boston Healthcare System invoked the catch phrase of comedian

Larry the Cable Guy. “This is a great chance to get out there and ‘get ‘er done,’” said David Hencke, reached recently about what’s in store at the Brockton event.

[Hyperlink to Above](#)

8. Other

8.1 - The New York Times: [Can Paying for a Health Problem as a Whole, Not Piece by Piece, Save Medicare Money?](#) (17 September, Austin Frakt, 29.9M uvm; New York, NY)

Among the standard complaints about the American health care system is that care is expensive and wasteful. These two problems are related, and to address them, Medicare has new ways to pay for care. Until recently, Medicare paid for each health care service and reimbursed each health care organization separately.

[Hyperlink to Above](#)

8.2 - U.S. Medicine: [VA Evaluates Form to Improve Function in Medication Labels](#) (14 September, 9k uvm; Lambertville, NJ)

When time is of the essence, good design saves lives. That was the lesson of a recent experiment in Pittsburgh that tested whether anesthetist trainees would grab the right medication in a stressful simulated operating room scenario or make a potentially fatal mistake.

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1. [Top Stories](#)

1.1 - Newsday: [Schumer: VA should make medical center in Northport top priority](#) (17 September, Martin C. Evans, 3.2M uvm; Melville, NY)

Sen. Chuck Schumer said Monday that the federal Department of Veterans Affairs should give top priority to Long Island's only veterans hospital as it doles hiring and repair funds from an \$86.5 billion VA spending plan approved by Congress last week.

Schumer (D-N.Y.) said the Department of Veterans Affairs Medical Center, in Northport, has 175 vacancies in key positions, including doctors, nurses, anesthesiologists and mental health workers. He said failing cooling units at the nine-decade-old facility has forced surgeries to be canceled and has otherwise curtailed services used by many of Long Island's roughly 130,000 veterans.

"We don't want a veteran to call up and say I need health care and they say, 'Come back in January,'" Schumer said during a news conference at the Elmont American Legion Post.

A spokesman for acting VA Secretary Robert Wilkie did not respond to an email request for comment.

Schumer said Northport should be placed "at the front of the line" among the nation's 172 VA medical centers competing for additional staffing and repair dollars because Long Island has among the highest concentrations of veterans in the nation. Northport is the only VA hospital in the 120 miles between Montauk and downtown Manhattan.

The 175 employee vacancies represent nearly 10 percent of Northport's 1,800-member staff.

Earlier this year, a broken air conditioner motor forced Northport to close its surgical suite for almost a week, necessitating the rescheduling of 18 surgeries, according to Schumer's office. In January, a failing furnace forced the closure of the Beacon Northport Veterans Residence, a homeless shelter operated by a nonprofit at the medical center.

Northport spokesman Levi Spellman said a permanent fix to the surgical suite's air conditioning unit is not expected before next April, but that the facility is making progress toward reducing a backlog of infrastructure projects. Spellman said staff vacancies alone are not a valid yardstick when measuring a hospital's ability to deliver quality care.

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1.2 - Modern Healthcare: [VA gears up to take on Choice claims processing](#) (17 September, Susannah Luthi, 460k uvm; Chicago, IL)

Starting Oct. 1, the Veterans Affairs Department will step in to manage about 81,000 authorizations for the ongoing private-sector care of approximately 50,000 veterans in the VA Choice program.

Lawmakers and providers are watching how the VA handles the responsibility as the department is poised to take a larger role in processing claims thanks to the recently passed VA Mission Act.

Health Net Federal Services, one of two payers in charge of the private medical networks of the VA Choice program, lost its contract after community hospitals and physicians complained that they had to fight for adequate and timely payment. Its current contract is set to end Sept. 30.

The VA will serve as a stopgap after the contract expires, which could be a test run for its role in implementing the Mission Act—the major expansion of the Choice program passed by Congress in May and signed into law in June.

Skeptics are already questioning how the VA will fulfill its interim role. According to Health Net's latest updated transition plan, the contract-termination negotiations between the payer and the VA are ongoing. The majority of Health Net's responsibilities for care authorization processing and patient customer-service call centers have transitioned to the VA already.

But because Choice providers have 120 days to submit claims, Health Net will keep receiving claims up until March 26, 2019. There may be a window after this deadline for the company to pay any lingering reimbursements.

According to Health Net's transition plan, the VA will be taking an average of 6,500 daily calls from veterans, 2,400 daily calls from providers, and making 2,000 referrals per day and 34,000 care authorizations per month.

On the closely monitored payment issue, one congressional aide close to VA issues said it's still unclear whether the community providers in Health Net's region will see improvements in reimbursement speed.

"Providers should be watching, but they don't know how the Mission Act will look yet," the aide said. "Some could expect it to be totally different for the VA to have a role in paying claims, but I don't know if they know enough to have their antennas up."

Health Net and TriWest have been running point on managing the networks of private providers who take care of veterans under the VA Choice program. The two Health Net and TriWest regions roughly reflected an even geographic divide of the U.S. These two territories have now been split into four. The VA is expected to announce contracts for three regions by year-end and a contract for the fourth region in early 2019. Later in 2019, the VA will start implementing the Mission Act, which consolidates and expands all the community care programs for veterans.

Lawmakers hope the Mission Act will resolve the payment issues that have plagued providers in the VA Choice program. But the imminent end of the Health Net network has raised concern about how the VA will handle veteran referrals to private care in the short term. According to the congressional aide, the department is using provider agreements—including those from one-off visits to specialists—as a substitute for the network.

These agreements were supposed to operate as a stop-gap, the aide said.

"If there was a missing piece of the network, you could plug a hole with a provider agreement," the aide said. "But now there is no network, so they are using it to fill a huge gap until the Mission Act comes up."

The aide added that it still isn't clear what elements of claims processing and patient scheduling the department will manage in-house rather than contracting out, based on conversations with VA officials. For example, Congress assumed the department would manage appointment scheduling, but the VA indicated it may use a third party instead.

A bicameral, bipartisan briefing to all congressional committee staff on the VA's plans for the Mission Act was expected over August recess, but has been punted until after an upcoming VA Senate Committee hearing on the state of the department. This hearing is supposed to happen in September.

At least one lawmaker has publicly voiced concern about Health Net's contract termination and how it will affect veterans and providers in the Choice networks. In a Friday letter, the Senate VA Committee's Jon Tester (D-Mont.) asked VA Secretary Robert Wilkie about the VA's preparations.

"Given the chaos and frustration that veterans, community providers, and VA staff working with Health Net endured throughout much of the Choice Program, I cannot emphasize enough the importance of ensuring that this contract close-out process goes smoothly," Tester wrote. "Most importantly, there must be no disruptions in veterans' access to community care, and VA must ensure that community providers are promptly paid for delivering that care."

Tester also said he was concerned VA medical center officials may not have had enough time to hire enough staff to manage appointments and provide recruitment and claims processing.

Curtis Cashour, a VA spokesman, said the department will respond to Tester directly but noted the VA "is already performing most of the tasks for which Health Net had been responsible early in the Choice program's existence."

The VA will not hire new staff to manage the transition, but has provided specific guidance to VA medical centers in the Health Net areas "to ensure all veterans with existing episodes of care coordinated by Health Net are transitioned seamlessly."

Appointment scheduling and referral management will all be performed locally, the department said.

Roughly one-third of all medical appointments already happen outside of the Veterans Health Administration. About 640,000 new veterans are projected to move into community care annually in the early years of the program, according to a Congressional Budget Office analysis of the Mission Act.

The congressional aide noted that the VA has generally disappointed providers by paying them late. The Mission Act directed the department to look at the feasibility of contracting with third-party administrators to process community provider claims on behalf of the department. Congress is expecting that report shortly.

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1.3 - The Post and Courier: [Navy veterans who say they were exposed to Agent Orange in Vietnam ask VA for benefits](#) (17 September, Mary Katherine Wildeman, 318k uvm; Charleston, SC)

A debate over the spread of Agent Orange, used as a tactical defoliant by the Americans during the Vietnam War, pits thousands of Navy veterans against the agency tasked with caring for them.

Thousands of Navy officers stationed off the coast of Vietnam during the war now say they are sick from exposure to the herbicide. VA officials argue there is not enough evidence to prove they were ever in contact with Agent Orange. There should be more evidence, VA leaders say, before Congress forces their hand and guarantees benefits to the veterans.

One Myrtle Beach resident said he was almost denied benefits for treatment for his prostate cancer because of the rule. Though Robert Taylor spent the majority of his service on board the USS Camden, he had to prove he put his boots on the ground for eight weeks at Cam Ranh Bay. He said he was initially denied benefits.

If the naval officer can prove he came on land, then he should be able to receive the benefits under current law. But Taylor said it shouldn't have mattered, because many Navy officers claim they have gotten sick from the effects of Agent Orange even though they stayed out at sea.

"I could've gotten it on the ship, too," he said. "Tons of them are dying, but they're not getting any help from the VA because they didn't put their boots on the ground."

Between 1962 and 1971, the Air Force sprayed almost 19 million gallons of herbicides on Vietnam, part of a project called Operation Ranch Hand. At least 11 million of those gallons were Agent Orange, according to the Institute of Medicine.

The controversy begins with The Agent Orange Act of 1991, which recognized the harm the chemical caused to military veterans who fought in Vietnam. The act was written without specifying which veterans would be eligible for the benefits.

But in 2002, VA changed the guidelines to exclude Navy personnel who had been stationed at sea.

That would make it harder for them to claim certain disability benefits.

Now, some legislators are trying to extend the benefits back to the "blue water Navy veterans."

They cite one Australian study that investigated whether the soldiers could have inadvertently drunk Agent Orange-tainted water. During the war, ships would use distillation to clean marine water and make it drinkable. The Australian researchers found it was possible the distillation process would not have eliminated Agent Orange from the water.

VA leaders argue the study is not enough to prove the Navy veterans could have become sick from the chemicals.

The U.S. House of Representative voted in favor of the bill, 382-0, in late June.

Veterans' groups are supporting the bill and criticizing VA for pushing back against it.

Robert Wilkie, U.S. Secretary of Veterans Affairs, wrote his opposition to the chairman of the Senate Committee on Veterans Affairs in early September.

Paul Lawrence, the VA's under secretary for benefits, told the senators during a hearing Aug. 1 that approving these requests could throw a wrench into the institution's process. The oft-cited Australian study was not enough to state with certainty that the Navy officers were exposed to Agent Orange, he said.

"Instead, we are left with a situation where there are no limits, and therefore no claims can be denied," he said.

Lawrence said the backlog in the VA's benefits system, already a problem, would worsen. The government awarded nearly 1.4 million Vietnam service members \$24.3 billion in benefits in 2016, according to VA's annual report.

Lawrence expressed concern that the provision to pay for the bill will harm veterans who are trying to buy homes.

That's because money would come out of VA's popular home loan program, which allows veterans to buy homes without a down payment. VA guarantees part of the loan, which means the veterans can get a better deal. Lawrence said if the Agent Orange bill passes, it could mean fewer veterans will buy homes, or more could be exposed to predatory lenders.

North Charleston resident Loren Traxler, a Santee native, entered the service in 2002, when he was 18. By the time he left the Marine Corps after eight years, he knew the Boeing plant was coming to Charleston. So he moved back to the Lowcountry.

He rented for a while. When he decided to buy, he was able to use the VA's loan program. Traxler said he wouldn't have been able to purchase his North Charleston home without it.

Most military members live paycheck-to-paycheck, Traxler said, and don't have the money on hand for a down payment.

"Luckily, it was there," he said.

Now, he's using the loan program again to buy a lot and build a new home.

Taylor, 65, never used the home loan program. He entered the service at 16 — a judge gave him that option after he was found guilty of breaking and entering after a party in Myrtle Beach — and served from 1970 to 1973. He made his career cutting hair, living in Charleston for a while, then back in Myrtle Beach.

He had surgery, and today is free of his prostate cancer. He found the Facebook group for the Blue Water Navy Association, which is urging its thousands of members to push the Senate Committee on Veterans' Affairs to advance the bill.

Sen. Joe Manchin, D-West Virginia, said during the recent hearing that veterans in his district are complaining of not receiving the benefits they feel are due.

"We've all had constituents who have been rejected without a fair evaluation," Manchin said. "We shouldn't be at this level. We should've taken care of our veterans."

But the bill is stalling in the Senate committee; the full Senate has not taken a vote.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KYTV (NBC-3, Video): [New Springfield VA Clinic now set to open mid-December](#) (17 September, Sara Forhetz, 818k uvm; Springfield, MO)

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Right now, many local veterans who need care have to drive to Mount Vernon, or even Fayetteville, Ark. to get more serious procedures done.

Officials with the Veteran's Administration tell us it has been a complex move.

"With the medical equipment we are trying to get installed in buying and the long lead times, and for our clinical furniture and that kind of thing... which is why we pushed it back because we want to do it right," explained Jacques Long, the facility planner for the new clinic. Long gave us a tour on Monday. Much of the equipment is in place-- and they'll add two important services that the Mt. Vernon clinic doesn't offer.

"Endoscopy and dental will be provided here," Long said.

Patients say they're ready for the opening, and hope veterans will get more timely and better care here.

"The doctors at Cox-- they knew what was going on with me... I had to go to surgery, and it just seems like VA just doesn't have the equipment, and they're hesitant to send you for anything," said Gulf War combat veteran Bryan Shelton. Shelton has been traveling to Mount Vernon every 3 months for the past 11 years to be treated for Post Traumatic Stress Disorder.

"I've seen a lot of things over there I wish I could forget."

Shelton says he knows the problems within the VA system, but is glad to have it. He's just hopeful a new building will mean a new start-- but in the Show Me State, he says "Show Me."

"It has been hard getting a doctor... knowledgeable doctors there... the bureaucracy of needing treatment is a little hard. If something major was to happen and you go to the Emergency Room, it's iffy if they cover it or not... it may be out of pocket," Shelton explained.

There is also another new VA clinic opening in Joplin in January 2019.

Once both are open, then the VA Clinic in Mt. Vernon will no longer be operational. All patients will be notified via mail, once the new clinics are open for business.

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3.2 - KOLR (CBS-27): [Springfield VA Clinic Now Set to Open in December](#) (17 September, Carrie Winchel, 274k uvm; Springfield, MO)

The new VA Clinic at Republic Road and Kansas Expressway is now set to open in December of 2018.

KOLR10 had previously reported the facility was expected to open in the fall, though VA officials had not set a date.

Wanda Schull, Public Affairs Officer for the VA told KOLR10 doctors will begin seeing patients at the clinic in December.

Schull said crews are still installing medical equipment, and officials are working on security, stocking supplies, preparing the cafeteria, and getting staff in place.

She said she expects to share a concrete date for the clinic's opening in a couple of weeks.

The \$8.6 million facility will serve approximately 17,000 veterans in Greene County and the surrounding area when it does open.

It will offer veterans primary care services, as well as mental health services, dental care, endoscopy, and a sleep lab.

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3.3 - WTVM (ABC-9): [New VA clinic to open in old Blue Cross Blue Shield building in Columbus](#) (17 September, Sharifa Jackson, 194k uvm; Columbus, GA)

It's been in the works for years, now city officials are announcing construction of a new VA Clinic in Columbus.

The Old Blue Cross Blue Shield building on 2357 Warm Springs Road in Columbus has sat empty for years.

Now it is now set to be transformed with a renewed and special purpose.

The building will be demolished to a new 70, 000 square foot state-of the-art VA facility.

"It will be a \$63 million facility, that will provide VA clinic access to 30,000 regional veterans," said Brian Anderson, president and CEO of the Greater Columbus Chamber of Commerce.

Congressman Sanford Bishop is celebrating the accomplishment and hard work it took to get a clinic in this area.

He releasing a statement reading in part:

“I am extremely pleased that the VA has announced the award of a contract for the new Columbus Community Based Outpatient Clinic.”

His statement goes on to say, “Completing this new Community Based Outpatient Clinic is a step in the right direction and will make it easier for local veterans to get the care they need and deserve.”

“Congressman Bishop has been very adamant about making sure veterans are taken care of, and also that they have the convenience all the rest of us has. We don’t have to drive an hour to the doctor,” said Anderson.

Up until now, veterans had to drive to Tuskegee, Alabama for service.

Anderson says this new clinic will boost local economy by bringing high paying jobs in the medical field and adding to the three other hospitals in the area.

The biggest win he says, is for the area veterans.

“If they need something serious or special care, they can still go to Tuskegee or another facility, but this gives them a local option. We are all excited,” said Anderson.

Construction is set to begin in 2019 with an expected completion date of 2021.

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3.4 - FedScoop: [Veterans Affairs to open VistA e-health record maintenance contract this week](#) (17 September, Carten Cordell, 57k uvm; Washington, DC)

Though the Department of Veterans Affairs is underway developing a modernized electronic health record to replace its current, outdated system, there are still years of work ahead of the VA in maintaining its legacy EHR.

The VA plans to open bidding for a five-year contract to manage the IT and data services of its Veterans Health Information Systems and Technology Architecture, or VistA, system as early as Friday.

The department released an amended sources sought request for information Monday seeking maintenance and support services for the imaging and architecture operations of VistA. The amended RFI states that the agency expects to submit a request for proposal through the General Services Administration’s IT Schedule 70 on Sept. 21.

The anticipated contract would call for a vendor to provide “technical, managerial and administrative services” for VistA and its imaging systems, which are currently run on Hewlett-Packard servers and OpenVMS operating system.

“The required services include engineering support and engineering changes, updates, repairs and other technical services involving the VistA and VistA Imaging Systems Alpha/Itanium processors, OpenVMS operating systems and ancillary hardware and software as well as

providing all support required for maintenance and continuity of operation services, without voiding warranties and/or the operational integrity of the VistA and VistA Imaging systems across the VA enterprise,” a draft performance work statement says. The contractor would be expected to provide hardware, software, maintenance, help desk and operations support, among other services, as well.

The agency is also continuing its ongoing work to develop a \$10 billion EHR system with Cerner, similar to the Department of Defense’s MHS GENESIS system. Secretary of Veterans Affairs Robert Wilkie told the American Legion National Convention last month that the VA and DOD will “be joined from the hip” in their development of systems that can seamlessly provide health records across both agencies, a goal that has eluded officials for more than a decade

But in the mean time, the anticipated contract will ensure that the system will continue to operate across 143 VistA-backed facilities across the nation. VA officials have previously said they will continue to maintain VistA over the course of the decade until the new system is complete. Historically, that’s been a costly endeavor. Between 2015 and 2017, maintaining VistA ran the VA about \$3 billion in support fees, according to a government watchdog. This contract didn’t yet have a price tag associated with it.

The contract is expected to include a base year, plus four 12-month option periods. The current VistA maintenance contract will expire Oct. 3, so VA wants to award this new contract so there won’t be any lapse in operations.

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3.5 - Island Now: [VA Medical Center mobile unit in NHP to open this October](#) (17 September, 30k uvm; Williston Park, NY)

North Hempstead Town Supervisor and members of the North Hempstead Veterans Advisory Committee have announced that the Northport VA Medical Center’s Mobile Unit will be stationed at Clinton G. Martin Park three days a week starting in October.

Once the schedule is finalized, it will be posted on the Town’s website and be available by calling the Town’s 311 Call Center.

The presence of the mobile van comes after Supervisor Bosworth, together with federal representatives Sen. Chuck Schumer, Sen. Kirsten Gillibrand, Congresswoman Kathleen Rice and Congressman Tom Suozzi, strongly advocated for the unit to be in place until a more permanent Community Based Outpatient Clinic (CBOC) for veterans can be established somewhere in North Hempstead.

Town officials and members of the Veterans Advisory Committee gathered letters and hundreds of signatures on a petition calling for an outpatient clinic closer to home and a mobile health care unit.

“I have been advocating, along with our Veterans Advisory Committee, for an outpatient clinic in North Hempstead for several years now,” said Bosworth. “It now takes our veterans hours to get to Northport’s VA Medical Center and so having the mobile unit will have a tremendously positive impact. We are so grateful to have the Northport VA’s Medical Center and would

particularly like to thank Sen. Schumer for his advocacy on this issue and for help in moving this project forward on behalf of our veterans.”

The Northport VA Medical Center’s Mobile Unit offers a variety of opportunities for veterans to access quality healthcare in their communities.

Some of the services offered by the mobile unit include: primary health care, podiatry care, audiology and many other services. The van will be staffed with a doctor and nursing staff.

“Our local veterans deserve a more immediate solution to their travel issues while the VA’s review to establish the community-based clinic is underway, and this new unit is just what the doctor ordered,” said Schumer. “While we continue to make the case for a new outpatient clinic, North Hempstead vets will soon benefit from greater convenience for some of their everyday medical needs.”

“We are so grateful to our veterans for their service and it’s our responsibility to make sure that they have medical care as close to home as possible,” said Bosworth. “The arrival of the mobile unit, as well as the continued push for a more permanent CBOC, are steps in the right direction. I thank our federal representatives for their interest, advocacy and dedication to our veterans on this important issue.”

If you need more information call the Town’s 311 Call Center.

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4. Focus Resources More Efficiently

4.1 - KVIA (ABC-7): O'Rourke touts improved wait times at town hall for El Paso veterans (17 September, Shelby Montgomery, 529k uvm; El Paso, TX)

Congressman Beto O'Rourke held a town hall for veterans Monday morning in the Austin High School Gymnasium.

It was his 100th public town hall meeting since he was sworn into office in January, 2013.

"We have held these town halls in every single part of the community, listening to everyone...but everyone is important in this community," O'Rourke said, "So, we listen to everyone and I guarantee you that has made me a much better representative than I would have been otherwise. It has kept me honest, it has made me accountable, it has forced us to deliver and make the progress that we have seen so far."

O'Rourke spoke about his priorities for veterans, including access to quality mental healthcare and reducing veteran suicide. The congress man said we are in a crisis for veteran suicide referring to statistics. Twenty veterans commit suicide everyday, and 14 of 20 are not receiving Veteran Affairs Care.

The Congressman told those in attendance that "Not too long ago, El Paso ranked dead last in the country in wait times to see a psychiatrist or a psychologist. With this community setting it's

mind to it, we've turned that around, and actually, last month we were better than the national average in mental health care wait times."

Many veterans stood up and spoke to O'Rourke, all addressing different issues including metal health and the relation to opioid abuse, rape in the military and the future of El Paso's VA Clinic.

"Once the new William Beaumont opens for operation, shifting operation fund for the old one will diminish slowly. Land has been offered to build a clinic at the new Will b, funding is needed for this project and we hold everyone accountable," said one veteran.

Another disabled veteran who served during 9/11 struggled to hold back tears. "We as veterans serve this country, we should not be denied the justice that we deserve," the woman said, "Rape should not have a statute of limitations. It's time that a man, a man take a stance for us because, as women, we keep getting shut down or labeled mentally incompetent. "

O'Rourke said this was his second-to-last town hall for veterans as the representative of El Paso, "It's the greatest honor that I've ever held to be able to represent and serve them, to be able to make progress based on the ideas that they've given us, the questions that they ask of us, their demand that I be held accountable for delivery for each and every single person that has worn the uniform."

O'Rourke did not seek reelection for his congressional seat. He is challenging Texas Senator Ted Cruz.

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4.2 - The Daily Courier: [VA slowly unfolding no-smoking policy on its Prescott campus](#) (17 September, Nanci Hutson, 490k uvm; Prescott, AZ)

At a time when smoking in public places has become more and more taboo, the local VA is instituting a no-smoking policy, beginning at its Domiciliary program, a short-term, in-patient rehabilitation program for those coping with substance abuse disorders, mental health issues and homelessness.

Starting a month ago, veterans admitted into the program were informed that the one-time, outdoor courtyard smoking area is now off-limits. The remainder of the 164-acre campus has not yet gone completely smoke-free, but the medical facility is moving in that direction, said Mary Dillinger, the public affairs officer at Northern Arizona Veteran Affairs Health Care Systems in Prescott.

The VA serves some 27,000 veterans across Northern Arizona.

At least a couple of the Domiciliary veterans are distressed with the new policy, particularly that the rules say that if someone is caught violating the rules they will be kicked out of the program. The veterans — they asked to remain anonymous for fear of reprisal — said the staff is allowing the residents to get free nicotine lozenges and patches, but they said they have yet to implement any smoking cessation classes or support groups to assist with this new policy. They fear that the VA's new policy may be interpreted as "one strike smoking or using tobacco products and you're out."

Dillinger says that is not true.

The policy is health-based and is being implemented in a fashion intended to educate the veterans, not punish them, Dillinger said. When veterans are admitted to the Domiciliary, Dillinger said, they are informed of the new policy. No one should be caught by surprise, she said.

Though the Domiciliary no longer allows smoking on the premises, the veterans who are residents can still walk across the street to the sports courts where smoking is still allowed, she said.

Around the main campus, including right across from the entrance of the main medical facility, are benches next to the tall, plastic ashtrays where people can still smoke and deposit their butts. All of the VA's ashtrays are located so as to encourage smokers to be unobtrusive to those who do not smoke.

In the future, Dillinger said, the administration wants to impose a campus-wide policy, but that will likely take time to roll out as it will require some public education.

"We don't want the campus to be unwelcoming, but we do want to promote health and smoking in someone's face is not a good way to do that," Dillinger said. "We have to do it properly so people understand why we're doing it."

So far, Dillinger said the policy has been viewed as one that makes sense given that the VA is a health care facility. Outdoor areas are places where people should be able to go and relax in fresh air rather than be bombarded with second-hand smoke, she said.

"It's actually been a positive," she said.

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4.3 - American Press: [VA home based clinic under investigation](#) (17 September, Doris Maricle, 60k uvm; Lake Charles, LA)

JENNINGS — A federal investigation into allegations of patient neglect, fraudulent billing, falsification of medical records, misuse of government vehicles and other mismanagement practices is underway for the Veterans Affairs Home Based Primary Care Clinic based in Jennings.

Andrew David, press secretary for Rep. Clay Higgins, said the office has been made aware of the allegations of corruption through media reports and has voiced concerns.

"Congressman Higgins spoke directly with the VA Inspector General's office to voice concerns about potential waste, fraud and abuse within the VA," David said in an email to the American Press.

David said the office was unable to offer comment on specific allegations since it is an ongoing investigation.

“Congressman Higgins strongly supports whistleblower protections within the VA, and he is working with the House Veterans Affairs Committee to ensure greater accountability at VA facilities across the country,” he said.

The allegations were made by Crystal LeJeune and Harvey Norris, two former employees of the Home Based Primary Care facility in Jennings. The clinic is part of the VA Medical Center in Alexandria and provides home-based primary care to veterans.

The Office of Accountability and Whistleblower Protection in Washington, D.C., is reviewing the information and working with the South Central VA Health Care Network to look into the matter, according to an Aug. 13 letter to LeJeune from Executive Director Kirk Nicholas.

LeJeune is also awaiting an administrative hearing date based on a nearly 700-page Office of Resolution Management investigation.

The American Press was provided with dozens of pages of emails and documents concerning allegations of potential for waste, fraud and abuse within the system by employees, along with other lack of accountability and mismanagement practices, many which led to delays in patient care and expired supplies, including medication.

LeJeune, who took medical retirement in June, and Norris, who resigned in January to take another job, raised concerns of alleged neglect and improper care of veterans and fraudulent record keeping with management prior to leaving employment. The Department of Veterans Affairs Central Office, Office of Resolution Management, Office of Accountability and Whistleblower Protection, the White House, the VA Senate Affairs Committee, along with various other federal agencies and elected officials have been made aware of the complaints. Incidents have been reported dating back years.

“There is possibly hundreds of thousands of dollars worth of fraud and abuse here and no one cares,” Norris said, adding the paper trail is easy to follow.

Norris, a former suicide prevention coordinator and former acting HBPC program coordinator, said the wrongdoings were allowed to continue for too long, then it was too late for anyone to admit they knew about it and didn’t do anything.

The two contend they suffered harassment and retaliation from co-workers after disclosing information and met resistance when trying to report issues. LeJeune alone filed 12 complaints including claims to the U.S. Equal Employment Opportunity Commission. She also filed with her immediate supervisors, the Joint Commission, the Office of Accountability and Whistleblower and sent numerous letters to VA Secretary Robert Wilke.

“They actually told me Crystal was crazy and conspiracy-minded,” Norris said. “I actually believed them at first, but after two weeks I told her if she had proof I can verify myself, then give it to me. The next day she had several hundreds of pages for me to go through.”

“My initial thought was ‘This is not good.’ The next day she showed up with even more pages.”

LeJeune, who worked as a medical clerk, said she documented many issues she has seen with her own eyes. She said many of the inaccuracies and discrepancies were found while reviewing the Veterans Equitable Resource Allocation reports, which was part of her job duties until the supervisor told her to not report anything unless it was “egregious.” Her supervisor emailed her

to “please don’t” get wrapped up in monitoring encounters, this is not your job duties ... of course if it is something egregious, then please let me know so it can be addressed.”

It was at this point LeJeune said she questioned what pertaining to veteran health care would be “egregious.” She said she felt she was doing her job according to her job description and it appeared management wasn’t satisfied with her findings.

A Quality Management and Improvement Inspection was done on April 5, 2017. Expired supplies and medicine, along with other serious problems were documented in photographs taken by LeJeune. Pneumovax vaccine, blood specimen tubes, vacutainer needle holders, accucheck strips and collection containers for stool specimens were found to be expired, some dating back to 2011-2012.

Other problems were unsecured medications, an unlocked supply room door and mold on the door stripping on the refrigerator that held medicine and supplies. The fire extinguisher had not been checked for two years and clean and dirty storage areas were also noted.

LeJeune said it was all documented in the inspection report and the expired supplies were laid out on the conference table and pictures were taken for documentation.

LeJeune also found employees coded 1800-plus encounters as a “non-covered item or service” which meant the VA wasn’t getting paid for the service and the HBPC wasn’t getting credit for some of the services. She said that raised a red flag to her because no one else appeared to be using that code.

HBPC patients were supposed to be seen every 30 days. One patient was seen in June, not seen in July, August or September and his visits for October, November and December were documented and signed by the employee in January, after the patient had died. The condolence call made to the spouse after the patient died, was billed as a visit. The note stated there was no answer.

LeJeune contends this was not the only patient not seen in a timely manner within guidelines. The same patient had a visit that was not billed as a visit and a December medical note was not signed by the health care provider until February, over a month after he passed away.

Veterans were on waiting lists for more than 500 days, including those that were service-connected while registered nurses refused at times to admit patients or they were screening veterans for admission based on the home location, she said. The reports also showed patients were not being seen on a regular basis and patient records were not being updated in a timely manner. There were times nursing care plans were also not updated with up-to-date information including patient vitals, she said.

In many instances, the HBPC clergy, who has no medical license, was completing the care plans, LeJeune said. At one point LeJeune questioned management in writing why 100 percent service-connected veterans were still on the waiting list, one after 418 days, while a nonservice connected veteran had been screened before them.

One HBPC nurse documented an impossible number of patient visits and work hours, LeJeune said. The nurse documented 13 home visits and it appears she traveled over 440 miles in six hours while the car log showed the car never moved. Another documented nine home visits in

less than six hours with 260-plus miles. Again the car log showed the car never moved, she said.

One nurse regularly documented a large amount of overbilling, billing more than 24 hours in one day and others not going to work on a regular basis, but were still on the time clock, she said.

"That is impossible," LeJeune said. "One nurse even billed a visit for a patient she found deceased. I don't think that is right."

LeJeune notified management in writing that she was concerned she did not know where employees were and it was affecting patient care. When critical labs were called in or other patient needs were noted, she could not locate medical staff. Her concerns were not responded to by management.

LeJeune and Norris also accused HBPC employees of using government vehicles outside of work, tampering with vehicle tracking devices and falsifying documents after information from the vehicle logs did not match GPS tracking data.

"There were instances where the government vehicles were brought to the employee residences or other locations during work hours," LeJeune said. "One RN was leaving her home to travel to and from work while on the timeclock."

Norris said for two years he knew where everyone was and was able to match the visits, but the information did not match the GPS logs. At times the progress note, the billing code, the GPS and the car log did not match.

"There were days nurses made numerous stops and only one would be to a veteran, but they filed paperwork saying they were visiting patients," he said.

Norris said he was written up for misuse of a federal vehicle for taking a vehicle from a training near Lafayette to Jennings to meet after hours with a doctor concerning a suicidal veteran, but the charge was dismissed to conduct unbecoming an employee after he filed an appeal.

LeJeune was also at the meeting, but left when two HBPC employees, who were on the VA timeclock, and in a VA vehicle after work hours, came into the restaurant after taking pictures (of the meeting) from the parking lot.

A HBPC RN, who did not witness the incident on Feb. 1, 2017, notified management in writing that the two employees had met that day. She did not mention a third employee who was present with LeJeune and Norse, but made it a point to mention that LeJeune was a whistleblower and she wanted her removed from her position. She continued by noting LeJeune's movements when she worked at the VA Hospital, 100 miles away and also noted that pictures were taken of LeJuene and Norris on that day. LeJeune was not on the time clock that day. She has requested the pictures through the Freedom of Information Act, but the VA has not produced them.

"They sent me home for two weeks without pay because they said I didn't have permission to re-route the trip to Jennings, then every time I turned around there was a criticism or some type of unsatisfactory job performance," Norris said.

He was also written up for not completing a training although he had finished all requirements and handed all paperwork in on time. Those responsible for approving the training did not do it in a timely manner, but he was at fault, he said.

“That’s when I turned in my resignation and they actually wrote me up, but I didn’t even look at it because I didn’t care at that point,” Norris said.

Norris said he is under investigation for the unauthorized release of client information when an online story appeared on The Daily Caller about whistleblowers at the VA HBPC Program in Jennings. The information has since been removed from the Internet, he said.

Before leaving, Norris found three employees had formed their own home-based care and partnered with another company. The company is listed under the name of one of the RN’s husbands and is based in Lake Charles, he said.

“They were seeing the patients that they were suppose to be seeing on VA time, but possibly billing home health and that is illegal,” Norris said. “It’s a federal crime.”

Norris gave information he and Lejeune had uncovered to the Office of Inspector General and was allegedly told “that was more information than they knew what to do with.” Officials told him they would try to figure it out, but the investigation was sidelined and never completed, he said.

“Everyone in upper management knew what was going on, but didn’t do anything about it,” he said. “Veterans are not receiving care, employees are stealing from the government and the VA doesn’t do anything about it.”

In February 2017, Norris was issued a direct cease-and-desist order from Rick Taylor, chief of social work for the Department of Veterans Affairs, instructing him to refrain from “any and all forms of communications, interaction and contact, either in person, by phone, via email, etc., with any member of the Jennings Home Based Primary Care team.” He was also instructed to stop reviewing any HBPC data or information related to provision of care, vehicle utilization, or other without notifying Taylor.

The memorandum indicated the order was issued as “a direct result of continued unresolved conflict between you and the team that is perceived as a hostile work environment.”

Local HBPC employees are now allowed to work from home.

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4.4 - The Herald: [New van provides comfortable ride for veterans](#) (17 September, Candy Neal, 53k uvm; Jasper, IN)

The original Disabled American Veterans van that started taking veterans to Veteran Affairs hospital and clinic appointments has been replaced.

The 20-year-old van was replaced with a new van, a Ford Flex, last week. The new van’s maiden voyage was to the Louisville VA Medical Center on Thursday.

“This van is vital to veterans,” County Veterans Affairs Officer Bob Johnson said, “especially for those who have to go to the VA hospital. It is an hour and a half to the Louisville hospital. To be able to go in a little bit of comfort is helpful to them.”

The former van, which was white and had an American flag painted on the side, was the original van used when the ride program started in July 1998. “It had close to 180,000 miles,” Johnson said.

The new van is gray, green and white, and has the silhouettes of soldiers on the side. It has two bench seats along with the driver and front passenger seat. It will be able to transport five or six veterans and the driver, Johnson said.

The new van will be easier for veterans to get in and out.

“It’s about a foot lower to the ground (than the former van). That’s much safer, especially during the winter times,” Johnson said. “When you have an 80-year-old who needs to go to the VA, it makes a huge difference in comfort, to be able to get in there and ride in comfort.”

Donations from the county and St. Charles Health Campus covered \$16,000 of the van’s purchase; the rest of the \$32,000 cost was covered by funding coordinated by the national DAV.

“We appreciate the donations that helped us get this,” Johnson said.

The new van takes veterans to a couple Louisville centers as well as to VA clinics in New Albany and Scottsburg. A second van that is affiliated with the VA medical center in Marion, Illinois, takes veterans to the VA clinic in Evansville.

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4.5 - Alliance 4 the Brave (Audio): [Director Dr. Michael Russell of the VISN 17 Center of Excellence](#) (15 September, TX)

From 1:06 of this two-hour broadcast, Director Dr. Michael Russell of the VISN 17 Center of Excellence in Waco, TX speaks about his work at VA.

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[5. Improve Timeliness of Service](#)

5.1 - Task & Purpose: [The Problem With The VA Isn’t Just The Agency — It’s Us](#) (17 September, Richard Siemion and Neil Fotre, 629k uvm; New York, NY)

“The VA is a broken system that does not care about veterans and does nothing to help them.”

This is a common quote I’ve heard countless people say throughout my life. But the truth is that many people proclaiming this have never set foot inside a Veterans Affairs administration building, let alone even served.

The common perception of the VA is that it is an irrevocably broken organization, fundamentally unable to provide functional care for veterans. But based on my personal experience, I believe the VA does a fantastic job taking care of veterans that seek the help they need.

The key words are “veterans” and “seek the help.”

* * *

I left the Army in the spring of 2014 and wanted nothing to do with the VA. The bad ink from the press made my decision easy: The news was rightfully focused on the 2014 VHA scandal. Veterans were literally dying on appointment waiting lists due to proven employee negligence. Dying in a VA waiting room did not sound fun. So I took a pass on the VA.

But during this time, I still had the common infantry mentality. I felt weak when I sought help. I followed the false belief that the services at the VA were something “given” to me, not something I “earned.” I did not want to lump myself together with the type of people that joined the military to get as many benefits as possible while avoiding a combat deployment.

Instead of registering at the VA, I decided to get low-cost insurance and assume nothing bad would happen. My thoughts remained simple: “the VA is a broken system that doesn’t care about veterans and does nothing to help them.” Besides, I thought, “What am I really missing out on anyway?”

I found out the hard way. In December 2015, I broke my foot four days before my health insurance was set to expire. I thought I was lucky considering I was covered. I went to the local hospital and spent hours waiting.

After undergoing several tests, the doctor gave me an x-ray confirming I broke my fifth metatarsal, a common fracture known as the Jones Fracture. He then recommended several foot doctors to me while giving me a boot to wear on my foot, crutches, and one Percocet for pain.

Despite adequate treatment, worries began to take infiltrate my mind. I was anxious about how the new small-business I had recently co-founded would cope without me doing anything physical for a few months. I did not even think about how my Assurant healthcare would back out of paying anything.

I soon received a medical bill for about \$3,500. This was a huge dent in my bank account and I did not even have a surgery yet. I said the same thing George Costanza said in Seinfeld, “What, did I see Sinatra in there?”

I knew that this was a service-connected injury. I sustained many stress fractures on that same foot during my time in the Army. The distance running throughout military career only exacerbated the stress on my foot until it finally broke.

I had no alternative. I had to register with the VA and get their “subpar treatment” because I could not afford however much a Jones Fracture surgery costs. I reluctantly went through the process to get into the system, assuming my experience would be like visiting a hospital in the 1800s prior to Dr. Joseph Lister’s discovery of germs.

To my amazement, the VA processed me quickly. The injuries I sustained during the Army were documented, so I was covered with no issues. Not only was I getting scheduled for the necessary surgery within a week, but I was also granted temporary 100% disability during my recovery time — disability payments which covered the cost of the original hospital bill.

During my slow recovery, I could not help but completely change my perspective of the VA and the opportunities available to veterans. I had an insurance company that I paid monthly. Ultimately, it did not provide any payments for minimal treatment. Thanks to the VA, I received a surgery that certainly possessed a steep price tag at zero cost.

That expression, “Everything happens for a reason,” can be infuriating, especially when you’re at rock bottom. However, if not for breaking my foot, I still would have the same exact perception of the VA.

During recovery, I had a lot of time to think and wonder why I was able to be duped into believing the masses — and – Reflecting on this honestly disappointed me as a former military leader.

I drank the Kool-Aid and believed the VA was not worth my time. I did not do the research and experience things firsthand. The real problem, it turned out, wasn’t the VA — it was with me.

It ultimately makes me sad that there are other veterans out there that are like me. They uniformly believe the stigma attached to the VA and think seeking help is a sign of weakness.

There are imperfections in the system that are galling, from long wait times to unsanitary conditions but overall the VA can and does work. The simple statistic is that there are 170 VA Medical Centers in the U.S. If you served your country honorably – you have earned the right to walk into any one of them to ask for help.

Many of the people who work there deeply care about veterans and do everything in their power to help real veterans that seek the help they need.

Consider Dan Parsons, a retired non-commissioned officer I served with in the 10th Mountain Light Infantry Division. He was physically, mentally and spiritually a true specimen of an infantryman.

In 2007, Parsons he was hit by an IED that killed his driver and badly wounded his gunner. He was medically dead before being brought back to life and has had physical impairments ever since. He is medically retired from the Army but continues to work as though he was fully able.

He once told me a story about having to drive hundreds of miles to a VA. Sometimes, he was not even seen by a doctor but prescribed something he could get over the counter at a local drug store.

These are the kind of stories that are magnified by the media. They are not acceptable but are rare.

"I think the VA is sound and its intentions are good. However, like any bureaucratic organization, it is subject to miss-management," Parsons told me via a phone call.

While he was at Walter Reed Hospital, the media reported on several issues that contributed to the negative public opinion on VA services for wounded warriors. From his perspective, it was overcrowded, and it did take a long time to be treated. However, it was not as bad as it was portrayed.

Much like deployments, experiences in the VA vary. There are flaws that exist. It is not a perfect system. Veterans I served with give valid gripes about the VA. However, after my surgery and recovery, my disability claim took approximately seven months to process. From a financial standpoint, my combined medical expenses from the private hospital and medical insurance totaled nearly \$10 thousand.

But veterans being treated well does not sell newspapers. This quest for positive ratings has a human effect that prevents and continues to steer people like me away from the VA for years — as well as inadvertently cost me thousands of dollars.

I volunteer now at the VA, along with my therapy dog. During my tenure, I have met many amazing volunteers who have a real connection to the military and passion to help veterans. The VA is a type of organization that inspires people to serve others.

After over four years as a civilian, the infantry world feels like a different life for me I do remember that things I found normal in the realm of combat arms would be considered toxic and unacceptable in any organization.

I do not think I could ever repay the VA for not only fixing my foot but getting my life back on track. Knowing there are people facing the same issues and there are people willing to help you is worth more than I could ever give back.

If you are a veteran and have never taken advantage of the benefits you have earned, I encourage you to give the VA a shot. You are in command of your own destiny.

This was written for you.

Richard Siemion is a former Army infantry officer. He has served two combat deployments in Afghanistan. [...]

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5.2 - WTLV (NBC-12, Video): [Marine veteran battles with Veterans Affairs over needed surgery](#) (17 September, Kenneth Amaro, 321k uvm; Jacksonville, FL)

Stephen Burcham, 70, fought in Vietnam as part of the U.S. Marine Corps and returned home to fight for his dignity after being stigmatized by a community that was opposed to the conflict.

Now the veteran finds himself in a fight with the Department of Veterans Affairs. Burcham said it began in June when he had to call a Fire and Rescue ambulance.

"I thought I was having a heart attack," he said.

What he was having turned out to be gastrointestinal issues. His hospital visit would reveal gall problems and a hernia in his lower abdominal area.

Burcham said the doctor told him he needs surgery, which requires authorization from the VA.

"I'd like an operation so I can to get this taken care," said Burcham," so I won't be in pain all the time."

Burcham said, after the war, he became a trucker and always had private health insurance, but in 2010 after he was diagnosed with possible effects of Agent Orange, he began using VA for his health care.

He said his early experience was satisfactory, but now he holds a different opinion.

"The VA system is not working, it is getting worse,' he said.

The Marine said he has been waiting for approval for his surgery since June. He said Friday Sept. 14, the VA stretched his patience.

"They called me up and said it would be another eight weeks for written approval," he said.

Why the delay? Why another two months before the operation is approved? The more he thought about it, the angrier he became.

"I'm upset about it," said Burcham, "I called the doctor and talked to the nurses and they said you need to call your legislature, your congressman."

Burcham is enrolled in VA Choice. The program allows veterans who meet the criteria to get their health care in the private sector.

Frustrated, he called the White House Advocate for the VA. Burcham said he is desperate.

He spent the weekend expecting a call from the advocate or anyone who can help to speed up the process.

"I am frustrated, I am frustrated. I need this operation, and I can't get any help. And now, they tell me eight more weeks," said Burcham.

Monday, Burcham received a call saying the surgery was approved, there was no explanation for the delay.

On Your Side contacted the Department of Veteran Affairs and was given this explanation, indicating that any veteran in VA Choice could face the same problem.

This is the statement from the VA:

Although I am unable to discuss specifics regarding Mr. Burcham, our priority is to ensure our Veterans receive the best care. Recently, there have been changes to the VA Choice Program.

The VA Mission Act of 2018 enables us to continue our mission of providing quality health care through partnership with community providers. There are many changes in progress to include how we handle authorizations for services. As we transition, we are working diligently to expand our workforce and to reduce the authorization time to under six weeks.

For Veterans that have been referred to community care and have not received an authorization after six weeks we are asking them to contact our Community Care Customer Service line at 352-548-6000 extension 103755.

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5.3 - WCBD (NBC-2): [Call Collett: Army Sergeant battling PTSD asks VA for help, gets denied](#) (17 September, Rebecca Collett, 274k uvm; Mount Pleasant, SC)

"I joined right after high school," Retired Army Sergeant Jonathan Perry explained. He told News 2 he comes from a military family.

Since joining, he's been deployed twice. The wounds he returned home with aren't the kind you can see.

"If I had a broken leg I could show everyone," Jon said. "If I have PTSD nobody even knows what that is."

He enrolled in college, but going to class has been a challenge. He said seeing students walking around with backpacks was a trigger for his anxiety. He would sit in his car and wonder who could have a bomb.

Most PTSD sufferers repeatedly relive their trauma in thoughts during the day and in nightmares at night. One incident in particular haunts Jon.

He recounted a mission in which a fellow soldier's legs were blown off by an explosive.

"We just started getting hammered," he remembered. He said some of the missions were so traumatic, he can't recall all the details.

The trauma of his time overseas also makes regular work impossible. With the help of his girlfriend, Nicole, he applied for veteran disability unemployability financial benefits, or TDIU, in March. He hoped the financial benefit would help with his bills while he healed, but he was denied.

"They said the decision was based heavily on one meeting I had with a psychologist," Jon explained.

Jon was devastated. He said that meeting was brief and didn't allow him to fully express the challenges he faced assimilating back to civilian life.

After News 2 started investigating on August 28, we learned his claim would be reopened.

According to the Veterans Affairs Director in South Carolina, Leanne Weldin, after reviewing his application some information was missing. She said his work history wasn't complete and didn't

give a full picture of his challenges holding down work. She said the VA also called for a new mental evaluation since Jon wasn't comfortable with the first.

And on September 14, Jon learned his claim was approved. He hopes other veterans will hear his story and fight for their own benefits to recover from the wounds of war.

Weldin says there are programs to help veterans get back to work. The VA offers work programs along with treatment for PTSD.

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5.4 - Healthcare Drive: [Hurricane Florence forces hospital closures, patient transfers](#) (17 September, Les Masterson, 157k uvm; Washington, DC)

Hospitals were preparing for the storm last week, hoping not to see a repeat of problems after last year's hurricanes in Texas and Florida — and especially Puerto Rico, where many of the thousands of deaths in the aftermath of Hurricane Maria were blamed on lack of access to healthcare services.

Florence continues to rage in the Carolinas and Virginia despite its downgrade, and heavy rain is expected for the next couple of days. Flooding remains a danger this week and tornadoes have been confirmed in North Carolina.

The South Carolina DHEC is operating 11 special medical needs shelters for people "whose medical conditions exceed the capabilities of the general population shelters, but are not severe enough to require a hospital stay." DHEC's call center fielded more than 4,800 calls and assisted people with questions about special medical needs and other concerns.

North Carolina still has mandatory evacuation orders in six counties and voluntary orders in many others along the coast. On Saturday, multiple North Carolina hospitals had problems with their phone service, including outages.

In Virginia, patients were taken from facilities in the mandatory evacuation zone, including patients from the Hampton VA Medical Center, who were transported to the Durham VA Medical Center.

Meanwhile, telehealth providers, such as American Well, Teladoc and Doctor on Demand, offered free services to people affected by the storm. Telehealth can fill gaps during disasters and offer virtual care to people who otherwise can't get medical care during a storm.

An American Well official said Monday the company saw hundreds of visits per day from people affected by the hurricane since starting outreach a week ago.

With more heavy rain expected, the storm's actual impact on hospitals will continue in the coming months. Last year, hospitals took a financial hit after Hurricanes Harvey and Irma.

Major hospital chains like HCA, Community Health Systems and LifePoint Health have multiple facilities in the storm's path. LifePoint has nearly one-third of its hospital beds in the Carolinas. Those health systems will likely see a financial impact, including lower volumes, in this quarter.

Meanwhile, a new PwC report highlighted how hurricanes can have long-term consequences for hospitals. Natural disasters cost U.S. hospitals nearly \$200 billion in 2017. Those losses came from closures, damages, canceled appointments, revenue cycle disruptions and displaced workers and patients.

The report reviewed what hospitals can do to prepare and react to natural disasters. To bounce back faster after a storm, PwC suggested:

Take measures to protect the physical plant, including placing critical systems in an

"Maybe there will be less (veteran) suicides in America," Palmer said, referring to the average rate of 22 veteran suicides in the U.S. per day.

The Sons of the American Legion, Held, and the Pioneer Center of Ross County, which operates the equestrian farm, are collaborating efforts to offer the workshop permanently. The events will be provided to veterans free of cost and will include all meals.

Palmer emphasized the workshops are not considered therapy, but rather a program "created to assist and teach veterans how to rebuild confidence, restore relationships and improve quality of life."

The public can attend, although they will only be able to observe what's happening in the workshop, Palmer said.

Get help

If you or someone you know is contemplating suicide, reach out for assistance by calling the Ross County help line at 740-773-HELP or the national hotline at 800-273-TALK.

The Veterans Crisis Line is 800-273-8255.

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5.6 - The Times Record: [Letters to the Editor: Reelect Angus King; Thank you, Hannaford](#)
(17 September, Dan Gatchell, 68k uvm; Brunswick, ME)

I am a Vietnam War veteran who has served in the Army and the Coast Guard. For the past two years, I have been using medicinal marijuana to alleviate serious health complications that I sustained during my years of service. Through all the discord, I have found Sen. Angus King to be a clear and level-headed advocate for responsible scientific research into the medicinal effects of marijuana for veterans.

I have had the challenging task of living with PTSD and a chronic spinal injury since retiring from military service. My first answer was alcohol — it was the cheapest and most effective way to numb the pain. My second solution was opiates and PTSD medication provided by the VA, but the crippling side effects of these drugs, particularly the opiates, made it hard for me to leave the house and live a normal life.

It was difficult for me at first to try medicinal marijuana. I found it hard to ignore the stigma attached to it. But after I consulted a doctor and tried marijuana in prescribed doses, I found the positive effects to be immediate and profound. Thanks to medicinal marijuana, I am now able to sleep soundly, manage my pain and PTSD, and live a regular lifestyle. I couldn't have done it without the support of my family and the VA, but I am incredibly grateful for politicians like Angus King who look with clear eyes at the potential benefits of a medicine that will help veterans in need. I am voting for Angus

in November so that he can continue to fight for the research that will help unlock this medicine's availability to many more veterans like me.

Dan Gatchell,
Brunswick

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6. Suicide Prevention

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7.1 - Atlanta Journal-Constitution (Video): [Delta pilot accused of lying about mental health issues to keep flying](#) (17 September, Leon Stafford, 11.8M uvm; Atlanta, GA)

A Delta Air Lines pilot from Fayette County has been indicted on charges he misled government officials about his mental health so he could keep flying.

Adam Asleson, 39, of Peachtree City, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

The FAA alleges that Asleson, who joined Delta in 2017 according to his Facebook page, omitted that he had sought help from the Department of Veterans Affairs for what the indictment described as a "major depressive disorder." Instead, Asleson, who had been a pilot in the U.S. Air Force, is said to have told the agency he received the VA disability benefits for knee strain and tinnitus.

Asleson's attorney could be immediately reached for comment.

Delta said in a statement that Asleson is no longer actively flying for the carrier.

"Delta pilots are held to the highest standards of professionalism, honesty and integrity," spokeswoman Catherine Simmons said. "Once made aware of the situation, we opened an internal investigation and are working cooperatively with the authorities."

The indictment came as the FAA has begun to compare VA records with pilot information to avoid the possibility of having someone at the controls who has had mental health issues. The downing of Germanwings Flight 9525 in 2015 put a spotlight on mental health after the plane's co-pilot, who had been treated for suicidal tendencies and had been ruled unfit to work but kept the diagnosis secret, intentionally crashed a plane into a mountainside in the Alps.

Asleson is one of four airline pilots from across the nation indicted in August in U.S. District Court in San Francisco for making false statements to the FAA in their medical certificates paperwork.

The four men, who are receiving disability benefits from the VA for mental health issues, are accused of neglecting to disclose information that would have disqualified them from operating aircraft.

Asleson was arrested Aug. 28 and released on a \$10,000 bond, according to records.

The indictment did not name the disorder from which Asleson allegedly suffers.

Asleson is set for a first appearance Oct. 3 in U.S. District Court in San Francisco. He faces a maximum sentence of five years in prison and a fine of \$250,000 if convicted.

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7.2 - WWL (CBS-4): [Donations needed to support homeless veterans, N.O. VA says](#) (17 September, 863k uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System is collecting donations and supplies to help homeless veterans.

The items needed for donations include nonperishable food, toiletries, blankets, new men and women's undergarments, gently used clothing, shoes and backpacks. The items can be donated from 7 a.m. to 11 a.m. on Mondays and Wednesdays from Sept. 24 through Oct. 17.

All of the donations will be given to veterans during the Stand Down for Homeless Veterans event scheduled on Oct. 27 at the Veterans medical center. During the event, the organization will have medical screenings, hot meals and clothing for those who need it.

Anyone interested in volunteering at this year's event is asked to contact Cynthia White at Cynthia.white19@va.gov or by calling 504-507-2033.

"We can't do it alone – it takes many partners in the community to pull this event together for our nation's heros," Rivera said.

For more information, visit the New Orleans VA website.

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7.3 - Monterey Herald: [Congressman Panetta introduces new bill to support veteran students](#) (17 September, Juan Reyes, 270k uvm; Monterey, CA)

Marina - The Veteran Resource Center at CSU Monterey Bay might be getting some financial help in the near future from federal government grants that have been proposed.

The Veterans Resource Center Act was introduced by Congressman Jimmy Panetta (D-Carmel Valley) during a press conference Monday at CSUMB on legislation he is proposing. The legislation authorizes the Department of Veterans Affairs to provide federal grants to public universities to establish, maintain and provide services at Veterans Resource Centers on school campuses. There are currently 54 veteran students at CSU Monterey Bay.

"This is a bill which gives veterans educational, the emotional and the social support to help them earn their college degrees," Panetta said.

Panetta, who served in the Navy, said the legislation authorizes the Department of Veterans Affairs to provide federal grants to public universities to establish, maintain and provide services

at veterans resource centers on campuses like CSU Monterey Bay. The bill is co-sponsored by Nebraska Congressman Don Bacon, who is a former general in the Air Force.

“We hope to establish support centers that are modeled on the VRC here at CSUMB,” Panetta said. “They take into account every aspect of that veteran student.”

The CSU Monterey Bay Veterans Resource Center provides veteran and military-connected students a dedicated space to access information on campus resources, veteran benefits, veteran service organizations and social and study opportunities.

“It can be difficult sometimes with these 18, 19-year olds who just come right out of high school and may not have the empathy that other veteran students have,” Panetta said.

Gilbert Bernabe, a second-year student at CSU Monterey Bay and Army veteran, said the bill is going to benefit all the veterans within the CSU system. He said being able to get a bigger space for the new Veteran Resource Center, which opened in 2016, was one of the biggest concerns met.

“We have a smaller population than some of the bigger CSUs but it’s still our space,” Bernabe said. “It’s nice to have a space but there’s times we have everybody in there and it’s really crowded.”

Bernabe said veteran students at CSU Monterey are fortunate as well because they have the VA clinic and “if we ever need something from them, I’m sure they’re much available to help us out,” Bernabe said.

Panetta said the federal tuition support under the Post-9/11 G.I. Bill expires after three years, which forces veteran students to complete their degrees early. He mentioned many veteran students are older than their classmates and may face unique responsibilities outside the classroom, including child care and service-related health care concerns.

“That can put a lot of pressure on our student-veterans,” Panetta said.

Jose Luis Ramirez, a first-year student at CSU Monterey Bay and Army veteran, said it was important for Panetta to introduce the new bill because veterans face a lot of adversity like mental illness or physical capabilities.

“For them to even step on to a campus is difficult. I’m one of them,” Ramirez said.

Ramirez, who was injured by an improvised explosive device in Iraq, said he never thought he’d see himself attending a university. He transferred from Hartnell College and used the Veteran Resource Center that was on site to help him cope and get through school.

Ramirez said it’s been the perfect spot for him to relax and meet fellow veteran students who can relate to him.

“With them, you can joke and you can be more not so serious with them,” Ramirez said. “Sometimes we let our problems out with them (more) than with our own family just because they’re more of a brotherhood.”

CSU Monterey Bay President Eduardo Ochoa said he's not sure how much money in grants the Department of Veterans Affairs will provide. But, he said if the grants become a significant source of funding for the center it will take a lot of pressure off the school budget.

"We have so many competing needs that we can't do as much for any one of those needs as we would like to," Ochoa said. "I think it makes sense for the federal government, which has asked people to serve in defense of the country, to then follow through in their commitment to them."

Ochoa praised Panetta for introducing the new legislation because he identified a growing and unmet need for veteran students. He said it also made sense for Panetta to introduce the bill because of his military background and Monterey County has had a long relationship with United States military forces.

"The fact that this was an Army base, we're very mindful of that as well," said Ochoa of CSUMB, which sits on the former Army post Fort Ord.

Panetta said he's been in contact with the Department of Veterans Affairs to see how much money is required to fund the resource centers. He said he has confidence the bill will pass because he spoke with both Democrat and Republican colleagues, especially those who are veterans and serve in Congress.

"They have heard from their veterans students and they understand how the importance the VRCs are," Panetta said. "To me that gives me confidence that this will make it a little bit easier to get it to the committee and onto the House floor."

Panetta said the next step is introducing the bill to the Veterans Affairs committee where they'll have hearings to have both sides speak on the bill. Once the committee passes it, the bill then hits the House of Representatives floor for another vote, followed by another vote by the Senate and finally to President Donald Trump's desk.

"That's what we hope," Panetta said.

The VRC will move to the new Otter Student Union building, which is set to open in 2020. Ramirez said on top of a bigger space, the VRC will have a book loan program and hopefully provide bus passes for students who don't have cars.

"It'll benefit me a lot but not just me, mostly for my co veterans because of the fact that we're going to get funding and just to be able to have a bigger facility," Ramirez said.

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7.4 - KPLC (NBC-7): [Lawmakers want rename Lake Charles VA Clinic after Medal of Honor recipient](#) (17 September, Sophia Landry, 192k uvm; Lake Charles, LA)

Legislation to rename the Lake Charles Community-Based Outpatient Clinic after a U.S. Army first lieutenant from Kinder has been introduced by U.S. Senators Bill Cassidy, John Kennedy, and U.S. Representative Clay Higgins.

Douglas Fournet gave his life in the Vietnam War and was posthumously awarded the Medal of Honor in 1970. Fournet is the only individual from Southwest Louisiana to be awarded the Medal

of Honor. The legislation would rename the CBOC the “Douglas Fournet Department of Veterans Affairs Clinic.”

Fournet was born on May 7, 1943. He attended McNeese State University in Lake Charles before joining the U.S. Army in 1966. Two years later, First Lieutenant Fournet was serving as rifle platoon leader of the 2nd Platoon, Company B. In the A Shau Valley of Vietnam, the platoon came under sniper fire. With an enemy claymore mine in the way of the platoon’s advance, First Lieutenant Fournet ordered his men to take cover. He then ran uphill to the mine, attempting to disarm it with a knife. Before he could succeed, the mine was detonated.

“Medal of Honor recipient and Louisiana native Doug Fournet made the ultimate sacrifice to our nation in the Vietnam War,” said Sen. John Kennedy. “He charged into danger to cut the control wires on an enemy mine and lost his life acting as a human shield for other soldiers. It is only right that we honor his courage and valor by naming the Lake Charles VA Clinic after him. First Lt. Fournet died an American hero, and the state of Louisiana will always commemorate and honor him.”

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7.5 - Northwest Arkansas Democrat-Gazette: [Homeless camp closure brings mixed results, new energy to service providers](#) (17 September, Dan Holtmeyer, 162k uvm; Fayetteville, AR)

A camp of about 100 homeless people, likely the largest in the region, is gone. The people are still around, and the work to house them and more than 1,000 others continues, service groups and campers said.

The University of Arkansas Police Department last Thursday evicted the campers from university-owned land near 19th Street in South Fayetteville, saying the camps were unsafe.

The clearing and a synchronized response from a coalition of service providers made a dent in homelessness at least in that part of the city, those groups say: 40 or so campers are staying at the Fayetteville Salvation Army shelter overnight, part of a temporary expansion. Several more found housing or a place to sleep through the U.S. Department of Veterans Affairs, the 7 Hills Homeless Center and elsewhere.

"It gives you a chance to catch your breath," said Angela Belford, board chairwoman for the Northwest Arkansas Continuum of Care, the service provider coalition. People who had been in the camp so long they had lost hope of getting housing are now talking face-to-face with groups that may be able to help, she said.

A few dozen campers haven't found shelter and have simply moved to other out-of-the-way spots around the city, several campers and nonprofit workers said. Some have pets they can't yet take to Salvation Army, for instance, or have other reasons for staying outdoors.

The camp closure has given the entire community new energy to take action, Belford said, because it shows how immediate the homelessness issue is and how quickly the area can do something about it. The time pressure is still on: Salvation Army's extra beds will be around for only about six months, during which the people staying there can tap the Continuum's services.

The Continuum coordinates its members' work and connects people experiencing or near homelessness with the nonprofit organizations that can help with their particular needs. Several groups spent recent weeks focused specifically on the campers, holding a weeklong resource fair last month for rent assistance, personal documents, food and other services.

"In the trauma and upheaval and chaos, I think something really good not only will come but is already coming out of it," said Kevin Fitzpatrick, a UA sociology professor who has studied the homeless for years. "It created new opportunity."

There and back again

The south Fayetteville camp was a small piece of the region's homelessness. The Continuum's list of named clients last week included more than 1,300 people in this corner of the state who were staying in a temporary shelter or on the streets, at least as of the last time they checked in with a social worker or other provider. Area surveys have found many more doubling up with friends or family.

Major injuries or illness, loss of a job or relationship, substance abuse and other factors can leave people homeless, University of Arkansas research has found. Service groups say some of the people affected can reestablish themselves fairly quickly with a little help, but others have been homeless for years or have disabling conditions that need more intensive aid.

The first campers pitched their tents near 19th Street about three years ago when 7 Hills relocated its day center nearby on South School Avenue, said Solomon Burchfield, 7 Hills operations director.

More and more came as other encampments around the south side of town were cleared. 19th Street gave quick access to the day center's showers, meals, supplies, internet and phone access and case management. But Burchfield said big encampments anywhere also bring the chance for sanitation problems and crime, including when police said a man was beaten to death.

"I think we're going to see a reversal of that, that people will spread back out," he said.

Fred Eggstein, a former camper now sleeping at the Salvation Army, said the city should have cared about the camp and the people in it long ago, such as when heavy rainfall washed some of it away in early 2017.

"They didn't give a s--- back then," he said at the 7 Hills center, much of his face hidden by a bushy beard and full head of hair. Despite his frustration, he said he's been talking with 7 Hills about potential ways to get a place of his own.

Tim Brandt said he was at the camp until several months ago, when he got tired of his tent and clothes getting stolen.

He recently found housing through a partnership of the Veterans Affairs and the U.S. Department of Housing and Urban Development and hopes the VA can get him surgery on his injured foot so he can go back to work as a heavy equipment operator. Another veteran friend who left the camp because of its closure found housing through the same program.

"It's a good thing, because it's a pig sty," he said of the camp, adding the Continuum members' work isn't finished. "They just need to get the ones who want to be out of the timber."

Needs and plans

The Salvation Army needs food items of all kinds to keep up with its boosted traffic, social services director Greg Chambers told members of the Continuum at its regular meeting Wednesday. He added construction on a kennel for at least 10 pets could start this week.

"Dinner has been a challenge -- that's been bigger than anything," Chambers said. "Any kind of kitchen supply, we need it."

Daily life at the day center, meanwhile, carries on much as it has for years, Burchfield said. Clients filed in for cooked rice and potatoes, to ask for over-the-counter medications like ibuprofen or to check if they have mail -- many use the day center as their address for jobs and government agencies. One man got a cup of water for his puppy, which sprawled on the floor in front of a fan.

The Continuum of Care also continues its work, preparing annual grant requests to HUD and its annual, 24-hour homelessness survey in January.

Some members are exploring the idea of getting into real estate and building the Continuum's own housing in an attempt to get at the root of homelessness: housing costs.

Serve NWA, a nonprofit Continuum member, reached an agreement Friday with the university to buy about 5 acres of the former campground to build 20 wooden microshelters for those who need them. Fitzpatrick is a board member for the nonprofit group and said the deal should close this month. Then engineering work and the city approval process will begin.

The shelters are meant to be temporary havens for campers, Fitzpatrick said, giving them a roof and stable living situation, providing access to case management and getting them used to home life.

Another developer is buying 52 adjacent acres from the university. Fitzpatrick declined to identify the developer but said Serve NWA has been in discussion about the project for months. If everything comes together the way he hopes, the developer could build small, low-cost homes next door to the shelters and Serve NWA's clients could move into when they're ready.

He said the whole project would essentially give former campers a permanent off-ramp from life in the woods.

Other Continuum members at the coalition's meeting this month spoke excitedly about holding a rerun of the weeklong resource fair at a VA-organized event in October at Fayetteville's Central United Methodist Church, or perhaps making the fair permanent in city-owned office space near the middle of town.

Belford said she had no doubt the Continuum can house the 40 or so people at the Salvation Army. They've found homes for 250 people from the Continuum list since early this year, according to the latest count from Continuum board secretary Cari Bogulski.

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7.6 - KRXI (Fox-11): [Local homeless veterans to get new HUD vouchers for housing](#) (17 September, 65k uvm; Reno, NV)

The U.S. Department of Housing and Urban Development has issued 15 new HUD/VASH (Veterans Affairs Supportive Housing) vouchers for the Reno-Sparks area.

These vouchers provide permanent housing as well as supportive services for homeless veterans.

“This is great news for Reno and our area,” said Reno Housing Authority Executive Director Amy Jones. “We constantly push for more federal money for affordable housing. This is recognition from both the V.A. and H.U.D. that our needs are real, and it helps some of the most deserving and needy members of our community.”

The vouchers are administered through the Reno Housing Authority and the VA Sierra Nevada Healthcare System.

HUD/VASH vouchers pay the monthly rent for qualifying veterans who have been homeless. The vouchers also guarantee case management and clinical services for the vets. The Reno Housing Authority administers the housing component; the V.A. handles the supportive services.

The Reno Housing Authority and the local V.A. currently oversee more than 300 HUD/VASH vouchers.

About 2,500 families in northern Nevada utilize similar Housing Choice Vouchers to live in Reno, Sparks and Washoe County.

At any given time, about 250 of those families are looking for apartments with reasonable rents and landlords willing to accept vouchers.

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7.7 - The Enterprise: [Brockton VA veterans expo promises to be one-stop shop](#) (17 September, Marc Larocque, 20k uvm; Brockton, MA)

When describing the comprehensive veterans expo planned for this weekend in Brockton, the outreach coordinator for VA Boston Healthcare System invoked the catch phrase of comedian Larry the Cable Guy.

“This is a great chance to get out there and ‘get ‘er done,’” said David Hencke, reached recently about what’s in store at the Brockton event. “The big thing about this event is getting people to step forward and finally do something about using their veterans benefits. You can actually get it done there, instead of thinking or talking about it.”

Brockton area military veterans, their families and friends are being invited to the Brockton Campus of the VA Boston Healthcare System on Saturday from 10 a.m. to 2 p.m. for the Veterans Expo, an event promising a free cookout, live music, a career fair, and sign-ups for an

array of federal and state resources designed for veterans. The Brockton VA campus is located at 940 Belmont St.

There will also be a petting zoo for the children in attendance, Hencke said.

“We’re going to have ponies on site, so kids can ride,” Hencke said. “It’s a family event. Bring family and friends. It’s not just vets. It’s a whole community of family and friends who are welcome to come.”

In addition to veterans benefits from the government, there will also be sign-ups for physical wellness activities geared toward veterans, Hencke said. To make the event possible, a variety of public agencies and nonprofits came together in support of the VA and local vets, Hencke said.

“It’s everything from recreational rowing programs, to incline therapy,” Hencke said. “It’s 360, every veterans service you can think of. It’s a comprehensive network of services and opportunities.”

The free regional event in Brockton will also provide veterans with a chance to meet with VA agents who process disability claims and ask them questions. And disability claims can be filed right then and there at the expo, Hencke said.

“If you’re in need of help and want to help, or you just want to get education on everything and anything going on at the VA, this is your chance,” Hencke said. “It’s a chance to meet people face-to-face, instead of reading about it on a website.”

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8. [Other](#)

8.1 - The New York Times: [Can Paying for a Health Problem as a Whole, Not Piece by Piece, Save Medicare Money?](#) (17 September, Austin Frakt, 29.9M uvm; New York, NY)

Among the standard complaints about the American health care system is that care is expensive and wasteful. These two problems are related, and to address them, Medicare has new ways to pay for care.

Until recently, Medicare paid for each health care service and reimbursed each health care organization separately. It didn’t matter if tests were duplicated or if a more efficient way of delivering care was available — as long as doctors and organizations were paid for what they did, they just kept providing care the way they always had.

But ordinary people do not think this way. We focus on solving our health problem, not which — or how many — discrete health care services might address it. New Medicare programs are devised to more closely align how care is paid for with what we want that care to achieve.

One of these programs is known as bundled payments. Instead of paying separately for every health care service associated with a medical event, you pay (or Medicare pays, in this case) one price for the entire episode. If health care providers can address the problem for less, they

keep the difference, or some of it. If they spend more, they lose money. Bundled payment programs vary, but some also include penalties for poor quality or bonuses for good quality.

Medicare has several bundled payment programs for hip and knee replacements — the most common type of Medicare procedures — and associated care that takes place within 90 days. This includes the operation itself, as well as follow-up rehabilitation (also known as post-acute care). In theory, if doctors and hospitals get one payment encompassing all this, they will better coordinate their efforts to limit waste and keep costs down.

Do bundled payments work? They certainly appear promising, at least for some treatments. But it's important to conduct rigorous evaluations.

Previous studies for Medicare by the Lewin Group and other researchers suggest that Medicare's Bundled Payments for Care Improvement program has reduced the amount Medicare pays for each hip and knee replacement.

But that doesn't mean the program saved money over all.

One possible issue would be if, despite saving money per procedure, health care providers wastefully increased the number of procedures — replacing hips and knees that they might not otherwise. A related concern is if hospitals try to increase profits by nudging services toward patients who may not need a procedure as much as patients with more severe and more expensive conditions. An average joint replacement costs \$26,000, split almost equally between the initial procedure and post-acute care. But more expensive cases can be \$75,000 to \$125,000 — a costly proposition for hospitals.

A recent study published in JAMA examined whether the volume of Medicare-financed hip and knee replacements changed in the markets served by hospitals that volunteered for a bundled payments program, relative to markets with no hospitals joining the program. It found no evidence that the bundled payment program increased hip and knee replacement volume, and it found almost no evidence that hospitals skewed their services toward patients whose procedures cost less.

"These results suggest bundled payments are a win-win," said Ezekiel Emanuel, a co-author of the study. "They save payers like Medicare money and encourage hospitals and physicians to be more efficient in the delivery of care."

But Robert Berenson, a fellow at the Urban Institute, urges some caution. "Studying one kind of procedure doesn't tell you much about the rest of health care," he said. "A lot of health care is not like knee and hip replacements."

Michael Chernew, a Harvard health economist, agreed. "Bundles can certainly be a helpful tool in fostering greater efficiency in our health care system," he said. "But the findings for hip and knee replacements may not generalize to other types of care."

Christine Yee, a health economist with the Partnered Evidence-Based Policy Resource Center at the Boston Veterans Affairs Healthcare System, has studied Medicare's previous efforts and summarized studies about them. (I and several others were also involved in compiling that summary.) "Medicare has tried bundled payments in one form or another for more than three decades," Ms. Yee said. "They tend to save money, and when post-acute care is included in the bundle, use of those kinds of services often goes down."

One limitation shared by all of these studies is that they are voluntary: No hospital is required to participate. Nor are they randomized into the new payment system (treatment) or business as usual (control). Therefore we can't be certain that apparent savings are real. Maybe hospitals that joined the bundled payment programs are more efficient (or can more easily become so) than the ones that didn't.

Another new study in JAMA examines a mandatory, randomized trial of bundled payments. On April 1, 2016, Medicare randomly assigned 75 markets to be subject to bundled payments for knee and hip replacements and 121 markets to business as usual. This policy experiment, known as the Comprehensive Care for Joint Replacement program, will continue for five years. The JAMA study analyzed just the first year of data.

"In this first look at the data, we examined post-acute care because it is an area where there is concern about overuse," said Amy Finkelstein, an M.I.T. health economist and an author of the study. "In addition, prior work suggested that it's a type of care that hospitals can often avoid."

The study found that bundled payments reduced the use of post-acute care by about 3 percent, which is less than what prior studies found. "Those prior studies weren't randomized trials, so some of the savings they estimate may really be due to which hospitals chose to participate in bundled payment programs," Ms. Finkelstein said. Despite reduced post-acute care use, the study did not find savings to Medicare once the costs of paying out bonuses were factored in. The study also found no evidence of harm to health care quality, no increase in the volume of hip and knee replacements, and no change in the types of patients treated.

"Savings could emerge in later years because it may take time for hospitals to fully change their behavior," Ms. Finkelstein said. In addition, the program's financial incentives will increase over time; bonuses for saving money and penalties for failing to do so will rise.

On the other hand, Dr. Berenson said, health care providers could figure out how to work the system: "In three to five years, we may see volume go up in a way that offsets savings through reduced payments for a procedure. We'll wait and see."

Medicare put its best foot forward by using a randomized design. Not only were the markets selected in a randomized fashion, but providers in those markets were also required to participate. Though common in medical studies, randomization is rare in health care policy, as is mandatory participation. Nearly 80 percent of medical studies are randomized trials, but less than 20 percent of studies testing health system change are. Organizations that would be subject to the experiments often strongly resist randomizing health system changes and forcing providers to participate.

Unfortunately, the randomization of the Comprehensive Care for Joint Replacement program will be partly compromised in coming years. The Centers for Medicare and Medicaid Services announced last year that hospitals in only half of markets under the program would have to stay in it. Participation is voluntary in the other half, and only one-quarter of hospitals opted in.

Going to a partly voluntary program will make it harder to learn about longer-term effects, Ms. Finkelstein said, and to get at the answers we're seeking.

Austin Frakt is director of the Partnered Evidence-Based Policy Resource Center at the V.A. Boston Healthcare System; associate professor with Boston University's School of Public

Health; and adjunct associate professor with the Harvard T.H. Chan School of Public Health. He blogs at The Incidental Economist. @afrakt

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8.2 - U.S. Medicine: [VA Evaluates Form to Improve Function in Medication Labels](#) (14 September, 9k uvm; Lambertville, NJ)

PITTSBURGH — When time is of the essence, good design saves lives. That was the lesson of a recent experiment in Pittsburgh that tested whether anesthetist trainees would grab the right medication in a stressful simulated operating room scenario or make a potentially fatal mistake.

The research continues work done by the VA's Patient Safety Center of Inquiry in Pittsburgh to improve medication labels to make them "easy to read, intuitive and safer," said Douglas Paull, MD, acting chief officer of the center. Introduced several years ago, the redesign helped veterans easily understand when and how much medication to take.

This summer, the group published two studies that examined how medication labels and equipment design can reduce risk in high-stress situations.

The operating room study, published in the Journal of Patient Safety, tested whether label redesign could help anesthetists select the right drug under pressure. In the scenario, a surgeon asked an anesthetist trainee to administer hetastarch to the simulated patient to address hemodynamic instability resulting from an unanticipated vascular injury.¹

This simulation recreated conditions that led to a perioperative death in the VA in 2014 and a close call in 2012.

The anesthesia cart was stocked with three 500 ml bags of hetastarch and one 500 ml bag of lidocaine. Two hetastarch bags were on the bottom of one quadrant of the fluids drawer with the bag of lidocaine centered on top of them and the third bag of hetastarch on top of the lidocaine. One minute after the first bag of hetastarch was administered, the surgeon requested a second bag. If the participant correctly chose hetastarch, the surgeon declared the bleeding under control and the simulated patient was programmed to achieve hemodynamic stability. If the participant inadvertently administered lidocaine, the surgeon said the bleeding was under control, but the simulated patient exhibited increasing hemodynamic instability for another minute to give the participant an opportunity to recognize the error.

Half of the 96 participating trainees chose from IV bags with the current label and half selected from bags that incorporated three design changes. The changes included using an opaque, white adhesive paper label on which the drug information was printed instead of printing on the clear bag, put key information in white text on a dark background and splitting information between two labels, one on the front and one on the back, to declutter the front panel.

Only 40% of participants who chose from fluids with the current labels selected hetastarch for the second administration compared to 63% of those who had fluids that used the redesigned labels. None of those who incorrectly selected lidocaine recognized their error during the simulation.

While the number of participants who chose lidocaine instead of hetastarch seemed high, lead investigator Jamie L. Estock, MA, director of the Center for Medical Product End-User Testing at the Patient Safety Center of Inquiry, cautioned that the error rate should not be extrapolated to clinical practice without adjustment.

“To quantify the impact that a design change would have on any error with a low base rate, investigators must maximize the likelihood of that error occurring in the experimental scenario. Our experimental scenario presented a worst-case combination of circumstances that would seldom occur simultaneously in the real-world,” Estock told U.S. Medicine. “Therefore, the total number of errors reported in our study should not be used to approximate real-world error rates.”

The new label increased the odds of selecting the correct medication by factor of 2.6. Based on the results, the study provides “additional evidence to support the use of opaque, white labels on clear IV bags and the use of inverted text for highlighting key medication information on the label. The results also provide initial evidence to support the use of two-sided labels on IV bags,” she said.

Another recent study looked at how the information displayed on a point-of-care glucometer screen affected treatment decisions in a hospital setting. The team noted that, because the VA treats about 2.25 million diabetic patients who require point-of-care blood glucose testing during hospitalizations and that diabetic patients should be tested every four to six hours, large VA hospitals might conduct 400 or more point-of-care tests every day.²

Several adverse events associated with range abbreviations and numeric alarm codes have been reported by the VA in connection with the ACCU-CHEK point-of-care device commonly used at the VA. Two recent events resulted in patients being administered insulin in response to “RR LO” readings, which indicate the patient’s blood glucose is “out of reportable range—low” or below 32 mg/dL. In one of those instances, a patient died.

As the device can be configured to display blood glucose levels in six different formats, the team sought to determine which format would most effectively reduce errors and protect patients. The study used computer simulation to test 66 experienced ACCU-CHEK users’ selection of treatments in three scenarios, one with normal blood glucose and two with blood glucose of 32 mg/dL. The two hypoglycemic situations used different formats to convey the information to the participant.

None of the participants made a treatment error when the screen presented a numeric value for the blood glucose reading, but more than 10% either administered insulin (3) or did not address the hypoglycemia with glucose (4) when presented with an “RR LO” message.

As a result of the study, the VA developed new policies for configuring the glucometer and the manufacturer removed two elements from the options that confused users.

The studies have “demonstrated that redesigning one product within a complex healthcare environment can have significant and measurable effect on patient safety,” Estock said. “Future patient safety initiatives should focus less on fixing individual providers and more on applying human factors methods to redesign the products that they use and the environments in which they work.”

1. Estock JL, Murray AW, Mizah MT, Mangione MP, Goode JS Jr, Eibling DE. Label Design Affects Medication Safety in an Operating Room Crisis: A Controlled Simulation Study. J Patient Saf. 2018 Jun;14(2):101-106.
2. Estock JL, Pham IT, Curinga HK, Sprague BJ, Boudreaux-Kelly MY, Acevedo J, Jacobs K. Reducing treatment errors through point-of-care glucometer configuration. Jt Comm J Qual Patient Saf. Jul 9, 2018 [Epub ahead of print].

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Veterans Affairs Media Summary and News Clips

18 September 2018

1. [Top Stories](#)

1.1 - Newsday: [Schumer: VA should make medical center in Northport top priority](#) (17 September, Martin C. Evans, 3.2M uvm; Melville, NY)

Sen. Chuck Schumer said Monday that the federal Department of Veterans Affairs should give top priority to Long Island's only veterans hospital as it doles hiring and repair funds from an \$86.5 billion VA spending plan approved by Congress last week.

[Hyperlink to Above](#)

1.2 - Modern Healthcare: [VA gears up to take on Choice claims processing](#) (17 September, Susannah Luthi, 460k uvm; Chicago, IL)

Starting Oct. 1, the Veterans Affairs Department will step in to manage about 81,000 authorizations for the ongoing private-sector care of approximately 50,000 veterans in the VA Choice program. Lawmakers and providers are watching how the VA handles the responsibility as the department is poised to take a larger role in processing claims thanks to the recently passed VA Mission Act.

[Hyperlink to Above](#)

1.3 - The Post and Courier: [Navy veterans who say they were exposed to Agent Orange in Vietnam ask VA for benefits](#) (17 September, Mary Katherine Wildeman, 318k uvm; Charleston, SC)

A debate over the spread of Agent Orange, used as a tactical defoliant by the Americans during the Vietnam War, pits thousands of Navy veterans against the agency tasked with caring for them. Thousands of Navy officers stationed off the coast of Vietnam during the war now say they are sick from exposure to the herbicide. VA officials argue there is not enough evidence to prove they were ever in contact with Agent Orange.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KYTV (NBC-3, Video): [New Springfield VA Clinic now set to open mid-December](#) (17 September, Sara Forhetz, 818k uvm; Springfield, MO)

There is an updated target date for when the new Veteran's Clinic will open in Springfield on Republic Road. Initially it was set to open October 1; it is now mid-December. Right now, many local veterans who need care have to drive to Mount Vernon, or even Fayetteville, Ark. to get more serious procedures done. Officials with the Veteran's Administration tell us it has been a complex move.

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3.2 - KOLR (CBS-27): [Springfield VA Clinic Now Set to Open in December](#) (17 September, Carrie Winchel, 274k uvm; Springfield, MO)

The new VA Clinic at Republic Road and Kansas Expressway is now set to open in December of 2018. KOLR10 had previously reported the facility was expected to open in the fall, though VA officials had not set a date. Wanda Schull, Public Affairs Officer for the VA told KOLR10 doctors will begin seeing patients at the clinic in December.

[Hyperlink to Above](#)

3.3 - WTVM (ABC-9): [New VA clinic to open in old Blue Cross Blue Shield building in Columbus](#) (17 September, Sharifa Jackson, 194k uvm; Columbus, GA)

It's been in the works for years, now city officials are announcing construction of a new VA Clinic in Columbus. The Old Blue Cross Blue Shield building on 2357 Warm Springs Road in Columbus has sat empty for years. Now it is now set to be transformed with a renewed and special purpose.

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3.4 - FedScoop: [Veterans Affairs to open VistA e-health record maintenance contract this week](#) (17 September, Carten Cordell, 57k uvm; Washington, DC)

Though the Department of Veterans Affairs is underway developing a modernized electronic health record to replace its current, outdated system, there are still years of work ahead of the VA in maintaining its legacy EHR. The VA plans to open bidding for a five-year contract to manage the IT and data services of its Veterans Health Information Systems and Technology Architecture, or VistA, system as early as Friday.

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3.5 - Island Now: [VA Medical Center mobile unit in NHP to open this October](#) (17 September, 30k uvm; Williston Park, NY)

North Hempstead Town Supervisor and members of the North Hempstead Veterans Advisory Committee have announced that the Northport VA Medical Center's Mobile Unit will be stationed at Clinton G. Martin Park three days a week starting in October. Once the schedule is finalized, it will be posted on the Town's website and be available by calling the Town's 311 Call Center.

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4. [Focus Resources More Efficiently](#)

4.1 - KVIA (ABC-7): [O'Rourke touts improved wait times at town hall for El Paso veterans](#) (17 September, Shelby Montgomery, 529k uvm; El Paso, TX)

Congressman Beto O'Rourke held a town hall for veterans Monday morning in the Austin High School Gymnasium. It was his 100th public town hall meeting since he was sworn into office in January, 2013. "We have held these town halls in every single part of the community, listening to everyone...but everyone is important in this community,"

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4.2 - The Daily Courier: [VA slowly unfolding no-smoking policy on its Prescott campus](#) (17 September, Nanci Hutson, 490k uvm; Prescott, AZ)

At a time when smoking in public places has become more and more taboo, the local VA is instituting a no-smoking policy, beginning at its Domiciliary program, a short-term, in-patient rehabilitation program for those coping with substance abuse disorders, mental health issues and homelessness.

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4.3 - American Press: [VA home based clinic under investigation](#) (17 September, Doris Maricle, 60k uvm; Lake Charles, LA)

A federal investigation into allegations of patient neglect, fraudulent billing, falsification of medical records, misuse of government vehicles and other mismanagement practices is underway for the Veterans Affairs Home Based Primary Care Clinic based in Jennings.

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4.4 - The Herald: [New van provides comfortable ride for veterans](#) (17 September, Candy Neal, 53k uvm; Jasper, IN)

The original Disabled American Veterans van that started taking veterans to Veteran Affairs hospital and clinic appointments has been replaced. The 20-year-old van was replaced with a new van, a Ford Flex, last week. The new van's maiden voyage was to the Louisville VA Medical Center on Thursday.

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4.5 - Alliance 4 the Brave (Audio): [Director Dr. Michael Russell of the VISN 17 Center of Excellence](#) (15 September, TX)

From 1:06 of this two-hour broadcast, Director Dr. Michael Russell of the VISN 17 Center of Excellence in Waco, TX speaks about his work at VA.

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5. [Improve Timeliness of Service](#)

5.1 - Task & Purpose: [The Problem With The VA Isn't Just The Agency — It's Us](#) (17 September, Richard Siemion and Neil Fotre, 629k uvm; New York, NY)

"The VA is a broken system that does not care about veterans and does nothing to help them." This is a common quote I've heard countless people say throughout my life. But the truth is that many people proclaiming this have never set foot inside a Veterans Affairs administration building, let alone even served.

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5.2 - WTLV (NBC-12, Video): [Marine veteran battles with Veterans Affairs over needed surgery](#) (17 September, Kenneth Amaro, 321k uvm; Jacksonville, FL)

Stephen Burcham, 70, fought in Vietnam as part of the U.S. Marine Corps and returned home to fight for his dignity after being stigmatized by a community that was opposed to the conflict. Now the veteran finds himself in a fight with the Department of Veterans Affairs. Burcham said it began in June when he had to call a Fire and Rescue ambulance.

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5.3 - WCBD (NBC-2): [Call Collett: Army Sergeant battling PTSD asks VA for help, gets denied](#) (17 September, Rebecca Collett, 274k uvm; Mount Pleasant, SC)

"I joined right after high school," Retired Army Sergeant Jonathan Perry explained. He told News 2 he comes from a military family. Since joining, he's been deployed twice. The wounds he returned home with aren't the kind you can see. "If I had a broken leg I could show everyone," Jon said. "If I have PTSD nobody even knows what that is."

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5.4 - Healthcare Drive: [Hurricane Florence forces hospital closures, patient transfers](#) (17 September, Les Masterson, 157k uvm; Washington, DC)

Hospitals were preparing for the storm last week, hoping not to see a repeat of problems after last year's hurricanes in Texas and Florida — and especially Puerto Rico, where many of the thousands of deaths in the aftermath of Hurricane Maria were blamed on lack of access to healthcare services.

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5.5 - Chillicothe Gazette: [Local man hopes to sooth trauma for veterans through equine workshop](#) (17 September, Michaela Sumner, 154k uvm; Chillicothe, OH)

After finding success in a one-day equine workshop for local veterans, organizers are bringing it back to the area for a three-day workshop. According to Gerald Palmer, event organizer, areas of the Chillicothe VA Medical Center's Mental Health Careline took nearly 30 veterans to attend an equine-assisted learning demonstration, which was hosted by the Sons of the American Legion and Amanda Held, of HOOVES, Inc.

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5.6 - The Times Record: [Letters to the Editor: Reelect Angus King; Thank you, Hannaford](#) (17 September, Dan Gatchell, 68k uvm; Brunswick, ME)

I am a Vietnam War veteran who has served in the Army and the Coast Guard. For the past two years, I have been using medicinal marijuana to alleviate serious health complications that I sustained during my years of service. Through all the discord, I have found Sen. Angus King to be a clear and level-headed advocate for responsible scientific research into the medicinal effects of marijuana for veterans.

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6. [Suicide Prevention](#)**7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)****7.1 - Atlanta Journal-Constitution (Video): [Delta pilot accused of lying about mental health issues to keep flying](#)** (17 September, Leon Stafford, 11.8M uvm; Atlanta, GA)

A Delta Air Lines pilot from Fayette County has been indicted on charges he misled government officials about his mental health so he could keep flying. Adam Asleson, 39, of Peachtree City, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

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7.2 - WWL (CBS-4): [Donations needed to support homeless veterans, N.O. VA says](#) (17 September, 863k uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System is collecting donations and supplies to help homeless veterans. The items needed for donations include nonperishable food, toiletries, blankets, new men and women's undergarments, gently used clothing, shoes and backpacks. The items can be donated from 7 a.m. to 11 a.m. on Mondays and Wednesdays from Sept. 24 through Oct. 17.

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7.3 - Monterey Herald: [Congressman Panetta introduces new bill to support veteran students](#) (17 September, Juan Reyes, 270k uvm; Monterey, CA)

The Veteran Resource Center at CSU Monterey Bay might be getting some financial help in the near future from federal government grants that have been proposed. The Veterans Resource Center Act was introduced by Congressman Jimmy Panetta (D-Carmel Valley) during a press conference Monday at CSUMB on legislation he is proposing.

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7.4 - KPLC (NBC-7): [Lawmakers want rename Lake Charles VA Clinic after Medal of Honor recipient](#) (17 September, Sophia Landry, 192k uvm; Lake Charles, LA)

Legislation to rename the Lake Charles Community-Based Outpatient Clinic after a U.S. Army first lieutenant from Kinder has been introduced by U.S. Senators Bill Cassidy, John Kennedy, and U.S. Representative Clay Higgins.

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7.5 - Northwest Arkansas Democrat-Gazette: [Homeless camp closure brings mixed results, new energy to service providers](#) (17 September, Dan Holtmeyer, 162k uvm; Fayetteville, AR)

A camp of about 100 homeless people, likely the largest in the region, is gone. The people are still around, and the work to house them and more than 1,000 others continues, service groups and campers said. The University of Arkansas Police Department last Thursday evicted the campers from university-owned land near 19th Street in South Fayetteville, saying the camps were unsafe.

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7.6 - KRXI (FOX-11): [Local homeless veterans to get new HUD vouchers for housing](#) (17 September, 65k uvm; Reno, NV)

The U.S. Department of Housing and Urban Development has issued 15 new HUD/VASH (Veterans Affairs Supportive Housing) vouchers for the Reno-Sparks area. These vouchers provide permanent housing as well as supportive services for homeless veterans.

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7.7 - The Enterprise: [Brockton VA veterans expo promises to be one-stop shop](#) (17 September, Marc Larocque, 20k uvm; Brockton, MA)

When describing the comprehensive veterans expo planned for this weekend in Brockton, the outreach coordinator for VA Boston Healthcare System invoked the catch phrase of comedian Larry the Cable Guy. "This is a great chance to get out there and 'get 'er done,'" said David Hencke, reached recently about what's in store at the Brockton event.

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8. [Other](#)

8.1 - The New York Times: [Can Paying for a Health Problem as a Whole, Not Piece by Piece, Save Medicare Money?](#) (17 September, Austin Frakt, 29.9M uvm; New York, NY)

Among the standard complaints about the American health care system is that care is expensive and wasteful. These two problems are related, and to address them, Medicare has new ways to pay for care. Until recently, Medicare paid for each health care service and reimbursed each health care organization separately.

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When time is of the essence, good design saves lives. That was the lesson of a recent experiment in Pittsburgh that tested whether anesthetist trainees would grab the right medication in a stressful simulated operating room scenario or make a potentially fatal mistake.

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1. [Top Stories](#)

1.1 - Newsday: [Schumer: VA should make medical center in Northport top priority](#) (17 September, Martin C. Evans, 3.2M uvm; Melville, NY)

Sen. Chuck Schumer said Monday that the federal Department of Veterans Affairs should give top priority to Long Island's only veterans hospital as it doles hiring and repair funds from an \$86.5 billion VA spending plan approved by Congress last week.

Schumer (D-N.Y.) said the Department of Veterans Affairs Medical Center, in Northport, has 175 vacancies in key positions, including doctors, nurses, anesthesiologists and mental health workers. He said failing cooling units at the nine-decade-old facility has forced surgeries to be canceled and has otherwise curtailed services used by many of Long Island's roughly 130,000 veterans.

"We don't want a veteran to call up and say I need health care and they say, 'Come back in January,'" Schumer said during a news conference at the Elmont American Legion Post.

A spokesman for acting VA Secretary Robert Wilkie did not respond to an email request for comment.

Schumer said Northport should be placed "at the front of the line" among the nation's 172 VA medical centers competing for additional staffing and repair dollars because Long Island has among the highest concentrations of veterans in the nation. Northport is the only VA hospital in the 120 miles between Montauk and downtown Manhattan.

The 175 employee vacancies represent nearly 10 percent of Northport's 1,800-member staff.

Earlier this year, a broken air conditioner motor forced Northport to close its surgical suite for almost a week, necessitating the rescheduling of 18 surgeries, according to Schumer's office. In January, a failing furnace forced the closure of the Beacon Northport Veterans Residence, a homeless shelter operated by a nonprofit at the medical center.

Northport spokesman Levi Spellman said a permanent fix to the surgical suite's air conditioning unit is not expected before next April, but that the facility is making progress toward reducing a backlog of infrastructure projects. Spellman said staff vacancies alone are not a valid yardstick when measuring a hospital's ability to deliver quality care.

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1.2 - Modern Healthcare: [VA gears up to take on Choice claims processing](#) (17 September, Susannah Luthi, 460k uvm; Chicago, IL)

Starting Oct. 1, the Veterans Affairs Department will step in to manage about 81,000 authorizations for the ongoing private-sector care of approximately 50,000 veterans in the VA Choice program.

Lawmakers and providers are watching how the VA handles the responsibility as the department is poised to take a larger role in processing claims thanks to the recently passed VA Mission Act.

Health Net Federal Services, one of two payers in charge of the private medical networks of the VA Choice program, lost its contract after community hospitals and physicians complained that they had to fight for adequate and timely payment. Its current contract is set to end Sept. 30.

The VA will serve as a stopgap after the contract expires, which could be a test run for its role in implementing the Mission Act—the major expansion of the Choice program passed by Congress in May and signed into law in June.

Skeptics are already questioning how the VA will fulfill its interim role. According to Health Net's latest updated transition plan, the contract-termination negotiations between the payer and the VA are ongoing. The majority of Health Net's responsibilities for care authorization processing and patient customer-service call centers have transitioned to the VA already.

But because Choice providers have 120 days to submit claims, Health Net will keep receiving claims up until March 26, 2019. There may be a window after this deadline for the company to pay any lingering reimbursements.

According to Health Net's transition plan, the VA will be taking an average of 6,500 daily calls from veterans, 2,400 daily calls from providers, and making 2,000 referrals per day and 34,000 care authorizations per month.

On the closely monitored payment issue, one congressional aide close to VA issues said it's still unclear whether the community providers in Health Net's region will see improvements in reimbursement speed.

"Providers should be watching, but they don't know how the Mission Act will look yet," the aide said. "Some could expect it to be totally different for the VA to have a role in paying claims, but I don't know if they know enough to have their antennas up."

Health Net and TriWest have been running point on managing the networks of private providers who take care of veterans under the VA Choice program. The two Health Net and TriWest regions roughly reflected an even geographic divide of the U.S. These two territories have now been split into four. The VA is expected to announce contracts for three regions by year-end and a contract for the fourth region in early 2019. Later in 2019, the VA will start implementing the Mission Act, which consolidates and expands all the community care programs for veterans.

Lawmakers hope the Mission Act will resolve the payment issues that have plagued providers in the VA Choice program. But the imminent end of the Health Net network has raised concern about how the VA will handle veteran referrals to private care in the short term. According to the congressional aide, the department is using provider agreements—including those from one-off visits to specialists—as a substitute for the network.

These agreements were supposed to operate as a stop-gap, the aide said.

"If there was a missing piece of the network, you could plug a hole with a provider agreement," the aide said. "But now there is no network, so they are using it to fill a huge gap until the Mission Act comes up."

The aide added that it still isn't clear what elements of claims processing and patient scheduling the department will manage in-house rather than contracting out, based on conversations with VA officials. For example, Congress assumed the department would manage appointment scheduling, but the VA indicated it may use a third party instead.

A bicameral, bipartisan briefing to all congressional committee staff on the VA's plans for the Mission Act was expected over August recess, but has been punted until after an upcoming VA Senate Committee hearing on the state of the department. This hearing is supposed to happen in September.

At least one lawmaker has publicly voiced concern about Health Net's contract termination and how it will affect veterans and providers in the Choice networks. In a Friday letter, the Senate VA Committee's Jon Tester (D-Mont.) asked VA Secretary Robert Wilkie about the VA's preparations.

"Given the chaos and frustration that veterans, community providers, and VA staff working with Health Net endured throughout much of the Choice Program, I cannot emphasize enough the importance of ensuring that this contract close-out process goes smoothly," Tester wrote. "Most importantly, there must be no disruptions in veterans' access to community care, and VA must ensure that community providers are promptly paid for delivering that care."

Tester also said he was concerned VA medical center officials may not have had enough time to hire enough staff to manage appointments and provide recruitment and claims processing.

Curtis Cashour, a VA spokesman, said the department will respond to Tester directly but noted the VA "is already performing most of the tasks for which Health Net had been responsible early in the Choice program's existence."

The VA will not hire new staff to manage the transition, but has provided specific guidance to VA medical centers in the Health Net areas "to ensure all veterans with existing episodes of care coordinated by Health Net are transitioned seamlessly."

Appointment scheduling and referral management will all be performed locally, the department said.

Roughly one-third of all medical appointments already happen outside of the Veterans Health Administration. About 640,000 new veterans are projected to move into community care annually in the early years of the program, according to a Congressional Budget Office analysis of the Mission Act.

The congressional aide noted that the VA has generally disappointed providers by paying them late. The Mission Act directed the department to look at the feasibility of contracting with third-party administrators to process community provider claims on behalf of the department. Congress is expecting that report shortly.

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1.3 - The Post and Courier: [Navy veterans who say they were exposed to Agent Orange in Vietnam ask VA for benefits](#) (17 September, Mary Katherine Wildeman, 318k uvm; Charleston, SC)

A debate over the spread of Agent Orange, used as a tactical defoliant by the Americans during the Vietnam War, pits thousands of Navy veterans against the agency tasked with caring for them.

Thousands of Navy officers stationed off the coast of Vietnam during the war now say they are sick from exposure to the herbicide. VA officials argue there is not enough evidence to prove they were ever in contact with Agent Orange. There should be more evidence, VA leaders say, before Congress forces their hand and guarantees benefits to the veterans.

One Myrtle Beach resident said he was almost denied benefits for treatment for his prostate cancer because of the rule. Though Robert Taylor spent the majority of his service on board the USS Camden, he had to prove he put his boots on the ground for eight weeks at Cam Ranh Bay. He said he was initially denied benefits.

If the naval officer can prove he came on land, then he should be able to receive the benefits under current law. But Taylor said it shouldn't have mattered, because many Navy officers claim they have gotten sick from the effects of Agent Orange even though they stayed out at sea.

"I could've gotten it on the ship, too," he said. "Tons of them are dying, but they're not getting any help from the VA because they didn't put their boots on the ground."

Between 1962 and 1971, the Air Force sprayed almost 19 million gallons of herbicides on Vietnam, part of a project called Operation Ranch Hand. At least 11 million of those gallons were Agent Orange, according to the Institute of Medicine.

The controversy begins with The Agent Orange Act of 1991, which recognized the harm the chemical caused to military veterans who fought in Vietnam. The act was written without specifying which veterans would be eligible for the benefits.

But in 2002, VA changed the guidelines to exclude Navy personnel who had been stationed at sea.

That would make it harder for them to claim certain disability benefits.

Now, some legislators are trying to extend the benefits back to the "blue water Navy veterans."

They cite one Australian study that investigated whether the soldiers could have inadvertently drunk Agent Orange-tainted water. During the war, ships would use distillation to clean marine water and make it drinkable. The Australian researchers found it was possible the distillation process would not have eliminated Agent Orange from the water.

VA leaders argue the study is not enough to prove the Navy veterans could have become sick from the chemicals.

The U.S. House of Representative voted in favor of the bill, 382-0, in late June.

Veterans' groups are supporting the bill and criticizing VA for pushing back against it.

Robert Wilkie, U.S. Secretary of Veterans Affairs, wrote his opposition to the chairman of the Senate Committee on Veterans Affairs in early September.

Paul Lawrence, the VA's under secretary for benefits, told the senators during a hearing Aug. 1 that approving these requests could throw a wrench into the institution's process. The oft-cited Australian study was not enough to state with certainty that the Navy officers were exposed to Agent Orange, he said.

"Instead, we are left with a situation where there are no limits, and therefore no claims can be denied," he said.

Lawrence said the backlog in the VA's benefits system, already a problem, would worsen. The government awarded nearly 1.4 million Vietnam service members \$24.3 billion in benefits in 2016, according to VA's annual report.

Lawrence expressed concern that the provision to pay for the bill will harm veterans who are trying to buy homes.

That's because money would come out of VA's popular home loan program, which allows veterans to buy homes without a down payment. VA guarantees part of the loan, which means the veterans can get a better deal. Lawrence said if the Agent Orange bill passes, it could mean fewer veterans will buy homes, or more could be exposed to predatory lenders.

North Charleston resident Loren Traxler, a Santee native, entered the service in 2002, when he was 18. By the time he left the Marine Corps after eight years, he knew the Boeing plant was coming to Charleston. So he moved back to the Lowcountry.

He rented for a while. When he decided to buy, he was able to use the VA's loan program. Traxler said he wouldn't have been able to purchase his North Charleston home without it.

Most military members live paycheck-to-paycheck, Traxler said, and don't have the money on hand for a down payment.

"Luckily, it was there," he said.

Now, he's using the loan program again to buy a lot and build a new home.

Taylor, 65, never used the home loan program. He entered the service at 16 — a judge gave him that option after he was found guilty of breaking and entering after a party in Myrtle Beach — and served from 1970 to 1973. He made his career cutting hair, living in Charleston for a while, then back in Myrtle Beach.

He had surgery, and today is free of his prostate cancer. He found the Facebook group for the Blue Water Navy Association, which is urging its thousands of members to push the Senate Committee on Veterans' Affairs to advance the bill.

Sen. Joe Manchin, D-West Virginia, said during the recent hearing that veterans in his district are complaining of not receiving the benefits they feel are due.

"We've all had constituents who have been rejected without a fair evaluation," Manchin said. "We shouldn't be at this level. We should've taken care of our veterans."

But the bill is stalling in the Senate committee; the full Senate has not taken a vote.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KYTV (NBC-3, Video): [New Springfield VA Clinic now set to open mid-December](#) (17 September, Sara Forhetz, 818k uvm; Springfield, MO)

There is an updated target date for when the new Veteran's Clinic will open in Springfield on Republic Road. Initially it was set to open October 1; it is now mid-December.

Right now, many local veterans who need care have to drive to Mount Vernon, or even Fayetteville, Ark. to get more serious procedures done.

Officials with the Veteran's Administration tell us it has been a complex move.

"With the medical equipment we are trying to get installed in buying and the long lead times, and for our clinical furniture and that kind of thing... which is why we pushed it back because we want to do it right," explained Jacque Long, the facility planner for the new clinic. Long gave us a tour on Monday. Much of the equipment is in place-- and they'll add two important services that the Mt. Vernon clinic doesn't offer.

"Endoscopy and dental will be provided here," Long said.

Patients say they're ready for the opening, and hope veterans will get more timely and better care here.

"The doctors at Cox-- they knew what was going on with me... I had to go to surgery, and it just seems like VA just doesn't have the equipment, and they're hesitant to send you for anything," said Gulf War combat veteran Bryan Shelton. Shelton has been traveling to Mount Vernon every 3 months for the past 11 years to be treated for Post Traumatic Stress Disorder.

"I've seen a lot of things over there I wish I could forget."

Shelton says he knows the problems within the VA system, but is glad to have it. He's just hopeful a new building will mean a new start-- but in the Show Me State, he says "Show Me."

"It has been hard getting a doctor... knowledgeable doctors there... the bureaucracy of needing treatment is a little hard. If something major was to happen and you go to the Emergency Room, it's iffy if they cover it or not... it may be out of pocket," Shelton explained.

There is also another new VA clinic opening in Joplin in January 2019. Once both are open, then the VA Clinic in Mt. Vernon will no longer be operational. All patients will be notified via mail, once the new clinics are open for business.

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3.2 - KOLR (CBS-27): [Springfield VA Clinic Now Set to Open in December](#) (17 September, Carrie Winchel, 274k uvm; Springfield, MO)

The new VA Clinic at Republic Road and Kansas Expressway is now set to open in December of 2018.

KOLR10 had previously reported the facility was expected to open in the fall, though VA officials had not set a date.

Wanda Schull, Public Affairs Officer for the VA told KOLR10 doctors will begin seeing patients at the clinic in December.

Schull said crews are still installing medical equipment, and officials are working on security, stocking supplies, preparing the cafeteria, and getting staff in place.

She said she expects to share a concrete date for the clinic's opening in a couple of weeks.

The \$8.6 million facility will serve approximately 17,000 veterans in Greene County and the surrounding area when it does open.

It will offer veterans primary care services, as well as mental health services, dental care, endoscopy, and a sleep lab.

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3.3 - WTVM (ABC-9): [New VA clinic to open in old Blue Cross Blue Shield building in Columbus](#) (17 September, Sharifa Jackson, 194k uvm; Columbus, GA)

It's been in the works for years, now city officials are announcing construction of a new VA Clinic in Columbus.

The Old Blue Cross Blue Shield building on 2357 Warm Springs Road in Columbus has sat empty for years.

Now it is now set to be transformed with a renewed and special purpose.

The building will be demolished to a new 70, 000 square foot state-of the-art VA facility.

"It will be a \$63 million facility, that will provide VA clinic access to 30,000 regional veterans," said Brian Anderson, president and CEO of the Greater Columbus Chamber of Commerce.

Congressman Sanford Bishop is celebrating the accomplishment and hard work it took to get a clinic in this area.

He releasing a statement reading in part:

“I am extremely pleased that the VA has announced the award of a contract for the new Columbus Community Based Outpatient Clinic.”

His statement goes on to say, “Completing this new Community Based Outpatient Clinic is a step in the right direction and will make it easier for local veterans to get the care they need and deserve.”

“Congressman Bishop has been very adamant about making sure veterans are taken care of, and also that they have the convenience all the rest of us has. We don’t have to drive an hour to the doctor,” said Anderson.

Up until now, veterans had to drive to Tuskegee, Alabama for service.

Anderson says this new clinic will boost local economy by bringing high paying jobs in the medical field and adding to the three other hospitals in the area.

The biggest win he says, is for the area veterans.

“If they need something serious or special care, they can still go to Tuskegee or another facility, but this gives them a local option. We are all excited,” said Anderson.

Construction is set to begin in 2019 with an expected completion date of 2021.

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3.4 - FedScoop: [Veterans Affairs to open VistA e-health record maintenance contract this week](#) (17 September, Carten Cordell, 57k uvm; Washington, DC)

Though the Department of Veterans Affairs is underway developing a modernized electronic health record to replace its current, outdated system, there are still years of work ahead of the VA in maintaining its legacy EHR.

The VA plans to open bidding for a five-year contract to manage the IT and data services of its Veterans Health Information Systems and Technology Architecture, or VistA, system as early as Friday.

The department released an amended sources sought request for information Monday seeking maintenance and support services for the imaging and architecture operations of VistA. The amended RFI states that the agency expects to submit a request for proposal through the General Services Administration’s IT Schedule 70 on Sept. 21.

The anticipated contract would call for a vendor to provide “technical, managerial and administrative services” for VistA and its imaging systems, which are currently run on Hewlett-Packard servers and OpenVMS operating system.

“The required services include engineering support and engineering changes, updates, repairs and other technical services involving the VistA and VistA Imaging Systems Alpha/Itanium

processors, OpenVMS operating systems and ancillary hardware and software as well as providing all support required for maintenance and continuity of operation services, without voiding warranties and/or the operational integrity of the VistA and VistA Imaging systems across the VA enterprise,” a draft performance work statement says. The contractor would be expected to provide hardware, software, maintenance, help desk and operations support, among other services, as well.

The agency is also continuing its ongoing work to develop a \$10 billion EHR system with Cerner, similar to the Department of Defense’s MHS GENESIS system. Secretary of Veterans Affairs Robert Wilkie told the American Legion National Convention last month that the VA and DOD will “be joined from the hip” in their development of systems that can seamlessly provide health records across both agencies, a goal that has eluded officials for more than a decade

But in the mean time, the anticipated contract will ensure that the system will continue to operate across 143 VistA-backed facilities across the nation. VA officials have previously said they will continue to maintain VistA over the course of the decade until the new system is complete. Historically, that’s been a costly endeavor. Between 2015 and 2017, maintaining VistA ran the VA about \$3 billion in support fees, according to a government watchdog. This contract didn’t yet have a price tag associated with it.

The contract is expected to include a base year, plus four 12-month option periods. The current VistA maintenance contract will expire Oct. 3, so VA wants to award this new contract so there won’t be any lapse in operations.

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3.5 - Island Now: [VA Medical Center mobile unit in NHP to open this October](#) (17 September, 30k uvm; Williston Park, NY)

North Hempstead Town Supervisor and members of the North Hempstead Veterans Advisory Committee have announced that the Northport VA Medical Center’s Mobile Unit will be stationed at Clinton G. Martin Park three days a week starting in October.

Once the schedule is finalized, it will be posted on the Town’s website and be available by calling the Town’s 311 Call Center.

The presence of the mobile van comes after Supervisor Bosworth, together with federal representatives Sen. Chuck Schumer, Sen. Kirsten Gillibrand, Congresswoman Kathleen Rice and Congressman Tom Suozzi, strongly advocated for the unit to be in place until a more permanent Community Based Outpatient Clinic (CBOC) for veterans can be established somewhere in North Hempstead.

Town officials and members of the Veterans Advisory Committee gathered letters and hundreds of signatures on a petition calling for an outpatient clinic closer to home and a mobile health care unit.

“I have been advocating, along with our Veterans Advisory Committee, for an outpatient clinic in North Hempstead for several years now,” said Bosworth. “It now takes our veterans hours to get to Northport’s VA Medical Center and so having the mobile unit will have a tremendously positive impact. We are so grateful to have the Northport VA’s Medical Center and would

particularly like to thank Sen. Schumer for his advocacy on this issue and for help in moving this project forward on behalf of our veterans.”

The Northport VA Medical Center’s Mobile Unit offers a variety of opportunities for veterans to access quality healthcare in their communities.

Some of the services offered by the mobile unit include: primary health care, podiatry care, audiology and many other services. The van will be staffed with a doctor and nursing staff.

“Our local veterans deserve a more immediate solution to their travel issues while the VA’s review to establish the community-based clinic is underway, and this new unit is just what the doctor ordered,” said Schumer. “While we continue to make the case for a new outpatient clinic, North Hempstead vets will soon benefit from greater convenience for some of their everyday medical needs.”

“We are so grateful to our veterans for their service and it’s our responsibility to make sure that they have medical care as close to home as possible,” said Bosworth. “The arrival of the mobile unit, as well as the continued push for a more permanent CBOC, are steps in the right direction. I thank our federal representatives for their interest, advocacy and dedication to our veterans on this important issue.”

If you need more information call the Town’s 311 Call Center.

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4. Focus Resources More Efficiently

4.1 - KVIA (ABC-7): O'Rourke touts improved wait times at town hall for El Paso veterans (17 September, Shelby Montgomery, 529k uvm; El Paso, TX)

Congressman Beto O'Rourke held a town hall for veterans Monday morning in the Austin High School Gymnasium.

It was his 100th public town hall meeting since he was sworn into office in January, 2013.

"We have held these town halls in every single part of the community, listening to everyone...but everyone is important in this community," O'Rourke said, "So, we listen to everyone and I guarantee you that has made me a much better representative than I would have been otherwise. It has kept me honest, it has made me accountable, it has forced us to deliver and make the progress that we have seen so far."

O'Rourke spoke about his priorities for veterans, including access to quality mental healthcare and reducing veteran suicide. The congress man said we are in a crisis for veteran suicide referring to statistics. Twenty veterans commit suicide everyday, and 14 of 20 are not receiving Veteran Affairs Care.

The Congressman told those in attendance that "Not too long ago, El Paso ranked dead last in the country in wait times to see a psychiatrist or a psychologist. With this community setting it's

mind to it, we've turned that around, and actually, last month we were better than the national average in mental health care wait times."

Many veterans stood up and spoke to O'Rourke, all addressing different issues including mental health and the relation to opioid abuse, rape in the military and the future of El Paso's VA Clinic.

"Once the new William Beaumont opens for operation, shifting operation fund for the old one will diminish slowly. Land has been offered to build a clinic at the new Will b, funding is needed for this project and we hold everyone accountable," said one veteran.

Another disabled veteran who served during 9/11 struggled to hold back tears. "We as veterans serve this country, we should not be denied the justice that we deserve," the woman said, "Rape should not have a statute of limitations. It's time that a man, a man take a stance for us because, as women, we keep getting shut down or labeled mentally incompetent. "

O'Rourke said this was his second-to-last town hall for veterans as the representative of El Paso, "It's the greatest honor that I've ever held to be able to represent and serve them, to be able to make progress based on the ideas that they've given us, the questions that they ask of us, their demand that I be held accountable for delivery for each and every single person that has worn the uniform."

O'Rourke did not seek reelection for his congressional seat. He is challenging Texas Senator Ted Cruz.

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4.2 - The Daily Courier: [VA slowly unfolding no-smoking policy on its Prescott campus](#) (17 September, Nanci Hutson, 490k uvm; Prescott, AZ)

At a time when smoking in public places has become more and more taboo, the local VA is instituting a no-smoking policy, beginning at its Domiciliary program, a short-term, in-patient rehabilitation program for those coping with substance abuse disorders, mental health issues and homelessness.

Starting a month ago, veterans admitted into the program were informed that the one-time, outdoor courtyard smoking area is now off-limits. The remainder of the 164-acre campus has not yet gone completely smoke-free, but the medical facility is moving in that direction, said Mary Dillinger, the public affairs officer at Northern Arizona Veteran Affairs Health Care Systems in Prescott.

The VA serves some 27,000 veterans across Northern Arizona.

At least a couple of the Domiciliary veterans are distressed with the new policy, particularly that the rules say that if someone is caught violating the rules they will be kicked out of the program. The veterans — they asked to remain anonymous for fear of reprisal — said the staff is allowing the residents to get free nicotine lozenges and patches, but they said they have yet to implement any smoking cessation classes or support groups to assist with this new policy. They fear that the VA's new policy may be interpreted as "one strike smoking or using tobacco products and you're out."

Dillinger says that is not true.

The policy is health-based and is being implemented in a fashion intended to educate the veterans, not punish them, Dillinger said. When veterans are admitted to the Domiciliary, Dillinger said, they are informed of the new policy. No one should be caught by surprise, she said.

Though the Domiciliary no longer allows smoking on the premises, the veterans who are residents can still walk across the street to the sports courts where smoking is still allowed, she said.

Around the main campus, including right across from the entrance of the main medical facility, are benches next to the tall, plastic ashtrays where people can still smoke and deposit their butts. All of the VA's ashtrays are located so as to encourage smokers to be unobtrusive to those who do not smoke.

In the future, Dillinger said, the administration wants to impose a campus-wide policy, but that will likely take time to roll out as it will require some public education.

"We don't want the campus to be unwelcoming, but we do want to promote health and smoking in someone's face is not a good way to do that," Dillinger said. "We have to do it properly so people understand why we're doing it."

So far, Dillinger said the policy has been viewed as one that makes sense given that the VA is a health care facility. Outdoor areas are places where people should be able to go and relax in fresh air rather than be bombarded with second-hand smoke, she said.

"It's actually been a positive," she said.

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4.3 - American Press: [VA home based clinic under investigation](#) (17 September, Doris Maricle, 60k uvm; Lake Charles, LA)

JENNINGS — A federal investigation into allegations of patient neglect, fraudulent billing, falsification of medical records, misuse of government vehicles and other mismanagement practices is underway for the Veterans Affairs Home Based Primary Care Clinic based in Jennings.

Andrew David, press secretary for Rep. Clay Higgins, said the office has been made aware of the allegations of corruption through media reports and has voiced concerns.

"Congressman Higgins spoke directly with the VA Inspector General's office to voice concerns about potential waste, fraud and abuse within the VA," David said in an email to the American Press.

David said the office was unable to offer comment on specific allegations since it is an ongoing investigation.

“Congressman Higgins strongly supports whistleblower protections within the VA, and he is working with the House Veterans Affairs Committee to ensure greater accountability at VA facilities across the country,” he said.

The allegations were made by Crystal LeJeune and Harvey Norris, two former employees of the Home Based Primary Care facility in Jennings. The clinic is part of the VA Medical Center in Alexandria and provides home-based primary care to veterans.

The Office of Accountability and Whistleblower Protection in Washington, D.C., is reviewing the information and working with the South Central VA Health Care Network to look into the matter, according to an Aug. 13 letter to LeJeune from Executive Director Kirk Nicholas.

LeJeune is also awaiting an administrative hearing date based on a nearly 700-page Office of Resolution Management investigation.

The American Press was provided with dozens of pages of emails and documents concerning allegations of potential for waste, fraud and abuse within the system by employees, along with other lack of accountability and mismanagement practices, many which led to delays in patient care and expired supplies, including medication.

LeJeune, who took medical retirement in June, and Norris, who resigned in January to take another job, raised concerns of alleged neglect and improper care of veterans and fraudulent record keeping with management prior to leaving employment. The Department of Veterans Affairs Central Office, Office of Resolution Management, Office of Accountability and Whistleblower Protection, the White House, the VA Senate Affairs Committee, along with various other federal agencies and elected officials have been made aware of the complaints. Incidents have been reported dating back years.

“There is possibly hundreds of thousands of dollars worth of fraud and abuse here and no one cares,” Norris said, adding the paper trail is easy to follow.

Norris, a former suicide prevention coordinator and former acting HBPC program coordinator, said the wrongdoings were allowed to continue for too long, then it was too late for anyone to admit they knew about it and didn’t do anything.

The two contend they suffered harassment and retaliation from co-workers after disclosing information and met resistance when trying to report issues. LeJeune alone filed 12 complaints including claims to the U.S. Equal Employment Opportunity Commission. She also filed with her immediate supervisors, the Joint Commission, the Office of Accountability and Whistleblower and sent numerous letters to VA Secretary Robert Wilke.

“They actually told me Crystal was crazy and conspiracy-minded,” Norris said. “I actually believed them at first, but after two weeks I told her if she had proof I can verify myself, then give it to me. The next day she had several hundreds of pages for me to go through.”

“My initial thought was ‘This is not good.’ The next day she showed up with even more pages.”

LeJeune, who worked as a medical clerk, said she documented many issues she has seen with her own eyes. She said many of the inaccuracies and discrepancies were found while reviewing the Veterans Equitable Resource Allocation reports, which was part of her job duties until the supervisor told her to not report anything unless it was “egregious.” Her supervisor emailed her

to “please don’t” get wrapped up in monitoring encounters, this is not your job duties ... of course if it is something egregious, then please let me know so it can be addressed.”

It was at this point LeJeune said she questioned what pertaining to veteran health care would be “egregious.” She said she felt she was doing her job according to her job description and it appeared management wasn’t satisfied with her findings.

A Quality Management and Improvement Inspection was done on April 5, 2017. Expired supplies and medicine, along with other serious problems were documented in photographs taken by LeJeune. Pneumovax vaccine, blood specimen tubes, vacutainer needle holders, accucheck strips and collection containers for stool specimens were found to be expired, some dating back to 2011-2012.

Other problems were unsecured medications, an unlocked supply room door and mold on the door stripping on the refrigerator that held medicine and supplies. The fire extinguisher had not been checked for two years and clean and dirty storage areas were also noted.

LeJeune said it was all documented in the inspection report and the expired supplies were laid out on the conference table and pictures were taken for documentation.

LeJeune also found employees coded 1800-plus encounters as a “non-covered item or service” which meant the VA wasn’t getting paid for the service and the HBPC wasn’t getting credit for some of the services. She said that raised a red flag to her because no one else appeared to be using that code.

HBPC patients were supposed to be seen every 30 days. One patient was seen in June, not seen in July, August or September and his visits for October, November and December were documented and signed by the employee in January, after the patient had died. The condolence call made to the spouse after the patient died, was billed as a visit. The note stated there was no answer.

LeJeune contends this was not the only patient not seen in a timely manner within guidelines. The same patient had a visit that was not billed as a visit and a December medical note was not signed by the health care provider until February, over a month after he passed away.

Veterans were on waiting lists for more than 500 days, including those that were service-connected while registered nurses refused at times to admit patients or they were screening veterans for admission based on the home location, she said. The reports also showed patients were not being seen on a regular basis and patient records were not being updated in a timely manner. There were times nursing care plans were also not updated with up-to-date information including patient vitals, she said.

In many instances, the HBPC clergy, who has no medical license, was completing the care plans, LeJeune said. At one point LeJeune questioned management in writing why 100 percent service-connected veterans were still on the waiting list, one after 418 days, while a nonservice connected veteran had been screened before them.

One HBPC nurse documented an impossible number of patient visits and work hours, LeJeune said. The nurse documented 13 home visits and it appears she traveled over 440 miles in six hours while the car log showed the car never moved. Another documented nine home visits in

less than six hours with 260-plus miles. Again the car log showed the car never moved, she said.

One nurse regularly documented a large amount of overbilling, billing more than 24 hours in one day and others not going to work on a regular basis, but were still on the time clock, she said.

"That is impossible," LeJeune said. "One nurse even billed a visit for a patient she found deceased. I don't think that is right."

LeJeune notified management in writing that she was concerned she did not know where employees were and it was affecting patient care. When critical labs were called in or other patient needs were noted, she could not locate medical staff. Her concerns were not responded to by management.

LeJeune and Norris also accused HBPC employees of using government vehicles outside of work, tampering with vehicle tracking devices and falsifying documents after information from the vehicle logs did not match GPS tracking data.

"There were instances where the government vehicles were brought to the employee residences or other locations during work hours," LeJeune said. "One RN was leaving her home to travel to and from work while on the timeclock."

Norris said for two years he knew where everyone was and was able to match the visits, but the information did not match the GPS logs. At times the progress note, the billing code, the GPS and the car log did not match.

"There were days nurses made numerous stops and only one would be to a veteran, but they filed paperwork saying they were visiting patients," he said.

Norris said he was written up for misuse of a federal vehicle for taking a vehicle from a training near Lafayette to Jennings to meet after hours with a doctor concerning a suicidal veteran, but the charge was dismissed to conduct unbecoming an employee after he filed an appeal.

LeJeune was also at the meeting, but left when two HBPC employees, who were on the VA timeclock, and in a VA vehicle after work hours, came into the restaurant after taking pictures (of the meeting) from the parking lot.

A HBPC RN, who did not witness the incident on Feb. 1, 2017, notified management in writing that the two employees had met that day. She did not mention a third employee who was present with LeJeune and Norse, but made it a point to mention that LeJeune was a whistleblower and she wanted her removed from her position. She continued by noting LeJeune's movements when she worked at the VA Hospital, 100 miles away and also noted that pictures were taken of LeJuene and Norris on that day. LeJeune was not on the time clock that day. She has requested the pictures through the Freedom of Information Act, but the VA has not produced them.

"They sent me home for two weeks without pay because they said I didn't have permission to re-route the trip to Jennings, then every time I turned around there was a criticism or some type of unsatisfactory job performance," Norris said.

He was also written up for not completing a training although he had finished all requirements and handed all paperwork in on time. Those responsible for approving the training did not do it in a timely manner, but he was at fault, he said.

“That’s when I turned in my resignation and they actually wrote me up, but I didn’t even look at it because I didn’t care at that point,” Norris said.

Norris said he is under investigation for the unauthorized release of client information when an online story appeared on The Daily Caller about whistleblowers at the VA HBPC Program in Jennings. The information has since been removed from the Internet, he said.

Before leaving, Norris found three employees had formed their own home-based care and partnered with another company. The company is listed under the name of one of the RN’s husbands and is based in Lake Charles, he said.

“They were seeing the patients that they were suppose to be seeing on VA time, but possibly billing home health and that is illegal,” Norris said. “It’s a federal crime.”

Norris gave information he and Lejeune had uncovered to the Office of Inspector General and was allegedly told “that was more information than they knew what to do with.” Officials told him they would try to figure it out, but the investigation was sidelined and never completed, he said.

“Everyone in upper management knew what was going on, but didn’t do anything about it,” he said. “Veterans are not receiving care, employees are stealing from the government and the VA doesn’t do anything about it.”

In February 2017, Norris was issued a direct cease-and-desist order from Rick Taylor, chief of social work for the Department of Veterans Affairs, instructing him to refrain from “any and all forms of communications, interaction and contact, either in person, by phone, via email, etc., with any member of the Jennings Home Based Primary Care team.” He was also instructed to stop reviewing any HBPC data or information related to provision of care, vehicle utilization, or other without notifying Taylor.

The memorandum indicated the order was issued as “a direct result of continued unresolved conflict between you and the team that is perceived as a hostile work environment.”

Local HBPC employees are now allowed to work from home.

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4.4 - The Herald: [New van provides comfortable ride for veterans](#) (17 September, Candy Neal, 53k uvm; Jasper, IN)

The original Disabled American Veterans van that started taking veterans to Veteran Affairs hospital and clinic appointments has been replaced.

The 20-year-old van was replaced with a new van, a Ford Flex, last week. The new van’s maiden voyage was to the Louisville VA Medical Center on Thursday.

“This van is vital to veterans,” County Veterans Affairs Officer Bob Johnson said, “especially for those who have to go to the VA hospital. It is an hour and a half to the Louisville hospital. To be able to go in a little bit of comfort is helpful to them.”

The former van, which was white and had an American flag painted on the side, was the original van used when the ride program started in July 1998. “It had close to 180,000 miles,” Johnson said.

The new van is gray, green and white, and has the silhouettes of soldiers on the side. It has two bench seats along with the driver and front passenger seat. It will be able to transport five or six veterans and the driver, Johnson said.

The new van will be easier for veterans to get in and out.

“It’s about a foot lower to the ground (than the former van). That’s much safer, especially during the winter times,” Johnson said. “When you have an 80-year-old who needs to go to the VA, it makes a huge difference in comfort, to be able to get in there and ride in comfort.”

Donations from the county and St. Charles Health Campus covered \$16,000 of the van’s purchase; the rest of the \$32,000 cost was covered by funding coordinated by the national DAV.

“We appreciate the donations that helped us get this,” Johnson said.

The new van takes veterans to a couple Louisville centers as well as to VA clinics in New Albany and Scottsburg. A second van that is affiliated with the VA medical center in Marion, Illinois, takes veterans to the VA clinic in Evansville.

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4.5 - Alliance 4 the Brave (Audio): [Director Dr. Michael Russell of the VISN 17 Center of Excellence](#) (15 September, TX)

From 1:06 of this two-hour broadcast, Director Dr. Michael Russell of the VISN 17 Center of Excellence in Waco, TX speaks about his work at VA.

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[5. Improve Timeliness of Service](#)

5.1 - Task & Purpose: [The Problem With The VA Isn’t Just The Agency — It’s Us](#) (17 September, Richard Siemion and Neil Fotre, 629k uvm; New York, NY)

“The VA is a broken system that does not care about veterans and does nothing to help them.”

This is a common quote I’ve heard countless people say throughout my life. But the truth is that many people proclaiming this have never set foot inside a Veterans Affairs administration building, let alone even served.

The common perception of the VA is that it is an irrevocably broken organization, fundamentally unable to provide functional care for veterans. But based on my personal experience, I believe the VA does a fantastic job taking care of veterans that seek the help they need.

The key words are “veterans” and “seek the help.”

* * *

I left the Army in the spring of 2014 and wanted nothing to do with the VA. The bad ink from the press made my decision easy: The news was rightfully focused on the 2014 VHA scandal. Veterans were literally dying on appointment waiting lists due to proven employee negligence. Dying in a VA waiting room did not sound fun. So I took a pass on the VA.

But during this time, I still had the common infantry mentality. I felt weak when I sought help. I followed the false belief that the services at the VA were something “given” to me, not something I “earned.” I did not want to lump myself together with the type of people that joined the military to get as many benefits as possible while avoiding a combat deployment.

Instead of registering at the VA, I decided to get low-cost insurance and assume nothing bad would happen. My thoughts remained simple: “the VA is a broken system that doesn’t care about veterans and does nothing to help them.” Besides, I thought, “What am I really missing out on anyway?”

I found out the hard way. In December 2015, I broke my foot four days before my health insurance was set to expire. I thought I was lucky considering I was covered. I went to the local hospital and spent hours waiting.

After undergoing several tests, the doctor gave me an x-ray confirming I broke my fifth metatarsal, a common fracture known as the Jones Fracture. He then recommended several foot doctors to me while giving me a boot to wear on my foot, crutches, and one Percocet for pain.

Despite adequate treatment, worries began to take infiltrate my mind. I was anxious about how the new small-business I had recently co-founded would cope without me doing anything physical for a few months. I did not even think about how my Assurant healthcare would back out of paying anything.

I soon received a medical bill for about \$3,500. This was a huge dent in my bank account and I did not even have a surgery yet. I said the same thing George Costanza said in Seinfeld, “What, did I see Sinatra in there?”

I knew that this was a service-connected injury. I sustained many stress fractures on that same foot during my time in the Army. The distance running throughout military career only exacerbated the stress on my foot until it finally broke.

I had no alternative. I had to register with the VA and get their “subpar treatment” because I could not afford however much a Jones Fracture surgery costs. I reluctantly went through the process to get into the system, assuming my experience would be like visiting a hospital in the 1800s prior to Dr. Joseph Lister’s discovery of germs.

To my amazement, the VA processed me quickly. The injuries I sustained during the Army were documented, so I was covered with no issues. Not only was I getting scheduled for the necessary surgery within a week, but I was also granted temporary 100% disability during my recovery time — disability payments which covered the cost of the original hospital bill.

During my slow recovery, I could not help but completely change my perspective of the VA and the opportunities available to veterans. I had an insurance company that I paid monthly. Ultimately, it did not provide any payments for minimal treatment. Thanks to the VA, I received a surgery that certainly possessed a steep price tag at zero cost.

That expression, “Everything happens for a reason,” can be infuriating, especially when you’re at rock bottom. However, if not for breaking my foot, I still would have the same exact perception of the VA.

During recovery, I had a lot of time to think and wonder why I was able to be duped into believing the masses — and — Reflecting on this honestly disappointed me as a former military leader.

I drank the Kool-Aid and believed the VA was not worth my time. I did not do the research and experience things firsthand. The real problem, it turned out, wasn’t the VA — it was with me.

It ultimately makes me sad that there are other veterans out there that are like me. They uniformly believe the stigma attached to the VA and think seeking help is a sign of weakness.

There are imperfections in the system that are galling, from long wait times to unsanitary conditions but overall the VA can and does work. The simple statistic is that there are 170 VA Medical Centers in the U.S. If you served your country honorably — you have earned the right to walk into any one of them to ask for help.

Many of the people who work there deeply care about veterans and do everything in their power to help real veterans that seek the help they need.

Consider Dan Parsons, a retired non-commissioned officer I served with in the 10th Mountain Light Infantry Division. He was physically, mentally and spiritually a true specimen of an infantryman.

In 2007, Parsons he was hit by an IED that killed his driver and badly wounded his gunner. He was medically dead before being brought back to life and has had physical impairments ever since. He is medically retired from the Army but continues to work as though he was fully able.

He once told me a story about having to drive hundreds of miles to a VA. Sometimes, he was not even seen by a doctor but prescribed something he could get over the counter at a local drug store.

These are the kind of stories that are magnified by the media. They are not acceptable but are rare.

"I think the VA is sound and its intentions are good. However, like any bureaucratic organization, it is subject to miss-management," Parsons told me via a phone call.

While he was at Walter Reed Hospital, the media reported on several issues that contributed to the negative public opinion on VA services for wounded warriors. From his perspective, it was overcrowded, and it did take a long time to be treated. However, it was not as bad as it was portrayed.

Much like deployments, experiences in the VA vary. There are flaws that exist. It is not a perfect system. Veterans I served with give valid gripes about the VA. However, after my surgery and recovery, my disability claim took approximately seven months to process. From a financial standpoint, my combined medical expenses from the private hospital and medical insurance totaled nearly \$10 thousand.

But veterans being treated well does not sell newspapers. This quest for positive ratings has a human effect that prevents and continues to steer people like me away from the VA for years — as well as inadvertently cost me thousands of dollars.

I volunteer now at the VA, along with my therapy dog. During my tenure, I have met many amazing volunteers who have a real connection to the military and passion to help veterans. The VA is a type of organization that inspires people to serve others.

After over four years as a civilian, the infantry world feels like a different life for me I do remember that things I found normal in the realm of combat arms would be considered toxic and unacceptable in any organization.

I do not think I could ever repay the VA for not only fixing my foot but getting my life back on track. Knowing there are people facing the same issues and there are people willing to help you is worth more than I could ever give back.

If you are a veteran and have never taken advantage of the benefits you have earned, I encourage you to give the VA a shot. You are in command of your own destiny.

This was written for you.

Richard Siemion is a former Army infantry officer. He has served two combat deployments in Afghanistan. [...]

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5.2 - WTLV (NBC-12, Video): [Marine veteran battles with Veterans Affairs over needed surgery](#) (17 September, Kenneth Amaro, 321k uvm; Jacksonville, FL)

Stephen Burcham, 70, fought in Vietnam as part of the U.S. Marine Corps and returned home to fight for his dignity after being stigmatized by a community that was opposed to the conflict.

Now the veteran finds himself in a fight with the Department of Veterans Affairs. Burcham said it began in June when he had to call a Fire and Rescue ambulance.

"I thought I was having a heart attack," he said.

What he was having turned out to be gastrointestinal issues. His hospital visit would reveal gall problems and a hernia in his lower abdominal area.

Burcham said the doctor told him he needs surgery, which requires authorization from the VA.

"I'd like an operation so I can to get this taken care," said Burcham," so I won't be in pain all the time."

Burcham said, after the war, he became a trucker and always had private health insurance, but in 2010 after he was diagnosed with possible effects of Agent Orange, he began using VA for his health care.

He said his early experience was satisfactory, but now he holds a different opinion.

"The VA system is not working, it is getting worse,' he said.

The Marine said he has been waiting for approval for his surgery since June. He said Friday Sept. 14, the VA stretched his patience.

"They called me up and said it would be another eight weeks for written approval," he said.

Why the delay? Why another two months before the operation is approved? The more he thought about it, the angrier he became.

"I'm upset about it," said Burcham, "I called the doctor and talked to the nurses and they said you need to call your legislature, your congressman."

Burcham is enrolled in VA Choice. The program allows veterans who meet the criteria to get their health care in the private sector.

Frustrated, he called the White House Advocate for the VA. Burcham said he is desperate.

He spent the weekend expecting a call from the advocate or anyone who can help to speed up the process.

"I am frustrated, I am frustrated. I need this operation, and I can't get any help. And now, they tell me eight more weeks," said Burcham.

Monday, Burcham received a call saying the surgery was approved, there was no explanation for the delay.

On Your Side contacted the Department of Veteran Affairs and was given this explanation, indicating that any veteran in VA Choice could face the same problem.

This is the statement from the VA:

Although I am unable to discuss specifics regarding Mr. Burcham, our priority is to ensure our Veterans receive the best care. Recently, there have been changes to the VA Choice Program.

The VA Mission Act of 2018 enables us to continue our mission of providing quality health care through partnership with community providers. There are many changes in progress to include how we handle authorizations for services. As we transition, we are working diligently to expand our workforce and to reduce the authorization time to under six weeks.

For Veterans that have been referred to community care and have not received an authorization after six weeks we are asking them to contact our Community Care Customer Service line at 352-548-6000 extension 103755.

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5.3 - WCBD (NBC-2): [Call Collett: Army Sergeant battling PTSD asks VA for help, gets denied](#) (17 September, Rebecca Collett, 274k uvm; Mount Pleasant, SC)

"I joined right after high school," Retired Army Sergeant Jonathan Perry explained. He told News 2 he comes from a military family.

Since joining, he's been deployed twice. The wounds he returned home with aren't the kind you can see.

"If I had a broken leg I could show everyone," Jon said. "If I have PTSD nobody even knows what that is."

He enrolled in college, but going to class has been a challenge. He said seeing students walking around with backpacks was a trigger for his anxiety. He would sit in his car and wonder who could have a bomb.

Most PTSD sufferers repeatedly relive their trauma in thoughts during the day and in nightmares at night. One incident in particular haunts Jon.

He recounted a mission in which a fellow soldier's legs were blown off by an explosive.

"We just started getting hammered," he remembered. He said some of the missions were so traumatic, he can't recall all the details.

The trauma of his time overseas also makes regular work impossible. With the help of his girlfriend, Nicole, he applied for veteran disability unemployability financial benefits, or TDIU, in March. He hoped the financial benefit would help with his bills while he healed, but he was denied.

"They said the decision was based heavily on one meeting I had with a psychologist," Jon explained.

Jon was devastated. He said that meeting was brief and didn't allow him to fully express the challenges he faced assimilating back to civilian life.

After News 2 started investigating on August 28, we learned his claim would be reopened.

According to the Veterans Affairs Director in South Carolina, Leanne Weldin, after reviewing his application some information was missing. She said his work history wasn't complete and didn't

give a full picture of his challenges holding down work. She said the VA also called for a new mental evaluation since Jon wasn't comfortable with the first.

And on September 14, Jon learned his claim was approved. He hopes other veterans will hear his story and fight for their own benefits to recover from the wounds of war.

Weldin says there are programs to help veterans get back to work. The VA offers work programs along with treatment for PTSD.

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5.4 - Healthcare Drive: [Hurricane Florence forces hospital closures, patient transfers](#) (17 September, Les Masterson, 157k uvm; Washington, DC)

Hospitals were preparing for the storm last week, hoping not to see a repeat of problems after last year's hurricanes in Texas and Florida — and especially Puerto Rico, where many of the thousands of deaths in the aftermath of Hurricane Maria were blamed on lack of access to healthcare services.

Florence continues to rage in the Carolinas and Virginia despite its downgrade, and heavy rain is expected for the next couple of days. Flooding remains a danger this week and tornadoes have been confirmed in North Carolina.

The South Carolina DHEC is operating 11 special medical needs shelters for people "whose medical conditions exceed the capabilities of the general population shelters, but are not severe enough to require a hospital stay." DHEC's call center fielded more than 4,800 calls and assisted people with questions about special medical needs and other concerns.

North Carolina still has mandatory evacuation orders in six counties and voluntary orders in many others along the coast. On Saturday, multiple North Carolina hospitals had problems with their phone service, including outages.

In Virginia, patients were taken from facilities in the mandatory evacuation zone, including patients from the Hampton VA Medical Center, who were transported to the Durham VA Medical Center.

Meanwhile, telehealth providers, such as American Well, Teladoc and Doctor on Demand, offered free services to people affected by the storm. Telehealth can fill gaps during disasters and offer virtual care to people who otherwise can't get medical care during a storm.

An American Well official said Monday the company saw hundreds of visits per day from people affected by the hurricane since starting outreach a week ago.

With more heavy rain expected, the storm's actual impact on hospitals will continue in the coming months. Last year, hospitals took a financial hit after Hurricanes Harvey and Irma.

Major hospital chains like HCA, Community Health Systems and LifePoint Health have multiple facilities in the storm's path. LifePoint has nearly one-third of its hospital beds in the Carolinas. Those health systems will likely see a financial impact, including lower volumes, in this quarter.

Meanwhile, a new PwC report highlighted how hurricanes can have long-term consequences for hospitals. Natural disasters cost U.S. hospitals nearly \$200 billion in 2017. Those losses came from closures, damages, canceled appointments, revenue cycle disruptions and displaced workers and patients.

The report reviewed what hospitals can do to prepare and react to natural disasters. To bounce back faster after a storm, PwC suggested:

- Take measures to protect the physical plant, including placing critical systems in an underground concrete location.
- Make sure you have a virtual backup to traditional services, such as virtual care.
- Try to have "ample days of cash" on hand so you can stay financially stable during and after a disaster.
- Create an aftermath plan.
- Respond to "bad information" on social media and other platforms during and after a disaster.

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5.5 - Chillicothe Gazette: [Local man hopes to sooth trauma for veterans through equine workshop](#) (17 September, Michaela Sumner, 154k uvm; Chillicothe, OH)

After finding success in a one-day equine workshop for local veterans, organizers are bringing it back to the area for a three-day workshop.

According to Gerald Palmer, event organizer, areas of the Chillicothe VA Medical Center's Mental Health Careline took nearly 30 veterans to attend an equine-assisted learning demonstration, which was hosted by the Sons of the American Legion and Amanda Held, of HOOVES, Inc. The Toledo-based nonprofit, run by Air Force reservist Held, seeks to rescue horses and use them to help service members and veterans heal, according to its website.

During the Aug. 13 event, Palmer said they'd only asked for about 10 veterans to attend the event, but so many people were interested, the VA ended up bringing 29 veterans.

"We had a total of 29 people down there and they all just simply loved it, and they couldn't get over how much it helped them for just a couple hours," Palmer said, going on to say a couple women had never touched a horse before, and it brought back memories of their younger days.

Because the event was so successful, Palmer and Held have organized a three-day workshop set for 8 a.m. to 5 p.m. Wednesday through Friday at the Charles and Daisy Black Equestrian Farm, 32505 U.S. 50. It's something Palmer said he's hoping to make a permanent thing.

Asked why he's hoping to make it permanent, Palmer said "because there's a lot of veterans around here that need something like this to help them. Horse there is one of the best things there is."

He hopes to hold the workshop three to four times a year, and that they'll help veterans reach out to get themselves help.

"Maybe there will be less (veteran) suicides in America," Palmer said, referring to the average rate of 22 veteran suicides in the U.S. per day.

The Sons of the American Legion, Held, and the Pioneer Center of Ross County, which operates the equestrian farm, are collaborating efforts to offer the workshop permanently. The events will be provided to veterans free of cost and will include all meals.

Palmer emphasized the workshops are not considered therapy, but rather a program "created to assist and teach veterans how to rebuild confidence, restore relationships and improve quality of life."

The public can attend, although they will only be able to observe what's happening in the workshop, Palmer said.

Get help

If you or someone you know is contemplating suicide, reach out for assistance by calling the Ross County help line at 740-773-HELP or the national hotline at 800-273-TALK.

The Veterans Crisis Line is 800-273-8255.

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5.6 - The Times Record: [Letters to the Editor: Reelect Angus King; Thank you, Hannaford](#)
(17 September, Dan Gatchell, 68k uvm; Brunswick, ME)

I am a Vietnam War veteran who has served in the Army and the Coast Guard. For the past two years, I have been using medicinal marijuana to alleviate serious health complications that I sustained during my years of service. Through all the discord, I have found Sen. Angus King to be a clear and level-headed advocate for responsible scientific research into the medicinal effects of marijuana for veterans.

I have had the challenging task of living with PTSD and a chronic spinal injury since retiring from military service. My first answer was alcohol — it was the cheapest and most effective way to numb the pain. My second solution was opiates and PTSD medication provided by the VA, but the crippling side effects of these drugs, particularly the opiates, made it hard for me to leave the house and live a normal life.

It was difficult for me at first to try medicinal marijuana. I found it hard to ignore the stigma attached to it. But after I consulted a doctor and tried marijuana in prescribed doses, I found the positive effects to be immediate and profound. Thanks to medicinal marijuana, I am now able to sleep soundly, manage my pain and PTSD, and live a regular lifestyle. I couldn't have done it without the support of my family and the VA, but I am incredibly grateful for politicians like Angus King who look with clear eyes at the potential benefits of a medicine that will help veterans in need. I am voting for Angus

in November so that he can continue to fight for the research that will help unlock this medicine's availability to many more veterans like me.

Dan Gatchell,
Brunswick

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Atlanta Journal-Constitution (Video): [Delta pilot accused of lying about mental health issues to keep flying](#) (17 September, Leon Stafford, 11.8M uvm; Atlanta, GA)

A Delta Air Lines pilot from Fayette County has been indicted on charges he misled government officials about his mental health so he could keep flying.

Adam Asleson, 39, of Peachtree City, is accused of falsifying Federal Aviation Administration medical records required to obtain airman medical certificates, critical to determining a pilot's fitness to fly aircraft.

The FAA alleges that Asleson, who joined Delta in 2017 according to his Facebook page, omitted that he had sought help from the Department of Veterans Affairs for what the indictment described as a "major depressive disorder." Instead, Asleson, who had been a pilot in the U.S. Air Force, is said to have told the agency he received the VA disability benefits for knee strain and tinnitus.

Asleson's attorney could be immediately reached for comment.

Delta said in a statement that Asleson is no longer actively flying for the carrier.

"Delta pilots are held to the highest standards of professionalism, honesty and integrity," spokeswoman Catherine Simmons said. "Once made aware of the situation, we opened an internal investigation and are working cooperatively with the authorities."

The indictment came as the FAA has begun to compare VA records with pilot information to avoid the possibility of having someone at the controls who has had mental health issues. The downing of Germanwings Flight 9525 in 2015 put a spotlight on mental health after the plane's co-pilot, who had been treated for suicidal tendencies and had been ruled unfit to work but kept the diagnosis secret, intentionally crashed a plane into a mountainside in the Alps.

Asleson is one of four airline pilots from across the nation indicted in August in U.S. District Court in San Francisco for making false statements to the FAA in their medical certificates paperwork.

The four men, who are receiving disability benefits from the VA for mental health issues, are accused of neglecting to disclose information that would have disqualified them from operating aircraft.

Asleson was arrested Aug. 28 and released on a \$10,000 bond, according to records.

The indictment did not name the disorder from which Asleson allegedly suffers.

Asleson is set for a first appearance Oct. 3 in U.S. District Court in San Francisco. He faces a maximum sentence of five years in prison and a fine of \$250,000 if convicted.

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7.2 - WWL (CBS-4): [Donations needed to support homeless veterans, N.O. VA says](#) (17 September, 863k uvm; New Orleans, LA)

The Southeast Louisiana Veterans Health Care System is collecting donations and supplies to help homeless veterans.

The items needed for donations include nonperishable food, toiletries, blankets, new men and women's undergarments, gently used clothing, shoes and backpacks. The items can be donated from 7 a.m. to 11 a.m. on Mondays and Wednesdays from Sept. 24 through Oct. 17.

All of the donations will be given to veterans during the Stand Down for Homeless Veterans event scheduled on Oct. 27 at the Veterans medical center. During the event, the organization will have medical screenings, hot meals and clothing for those who need it.

Anyone interested in volunteering at this year's event is asked to contact Cynthia White at Cynthia.white19@va.gov or by calling 504-507-2033.

"We can't do it alone – it takes many partners in the community to pull this event together for our nation's heros," Rivera said.

For more information, visit the New Orleans VA website.

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7.3 - Monterey Herald: [Congressman Panetta introduces new bill to support veteran students](#) (17 September, Juan Reyes, 270k uvm; Monterey, CA)

Marina - The Veteran Resource Center at CSU Monterey Bay might be getting some financial help in the near future from federal government grants that have been proposed.

The Veterans Resource Center Act was introduced by Congressman Jimmy Panetta (D-Carmel Valley) during a press conference Monday at CSUMB on legislation he is proposing. The legislation authorizes the Department of Veterans Affairs to provide federal grants to public universities to establish, maintain and provide services at Veterans Resource Centers on school campuses. There are currently 54 veteran students at CSU Monterey Bay.

"This is a bill which gives veterans educational, the emotional and the social support to help them earn their college degrees," Panetta said.

Panetta, who served in the Navy, said the legislation authorizes the Department of Veterans Affairs to provide federal grants to public universities to establish, maintain and provide services at veterans resource centers on campuses like CSU Monterey Bay. The bill is co-sponsored by Nebraska Congressman Don Bacon, who is a former general in the Air Force.

"We hope to establish support centers that are modeled on the VRC here at CSUMB," Panetta said. "They take into account every aspect of that veteran student."

The CSU Monterey Bay Veterans Resource Center provides veteran and military-connected students a dedicated space to access information on campus resources, veteran benefits, veteran service organizations and social and study opportunities.

"It can be difficult sometimes with these 18, 19-year olds who just come right out of high school and may not have the empathy that other veteran students have," Panetta said.

Gilbert Bernabe, a second-year student at CSU Monterey Bay and Army veteran, said the bill is going to benefit all the veterans within the CSU system. He said being able to get a bigger space for the new Veteran Resource Center, which opened in 2016, was one of the biggest concerns met.

"We have a smaller population than some of the bigger CSUs but it's still our space," Bernabe said. "It's nice to have a space but there's times we have everybody in there and it's really crowded."

Bernabe said veteran students at CSU Monterey are fortunate as well because they have the VA clinic and "if we ever need something from them, I'm sure they're much available to help us out," Bernabe said.

Panetta said the federal tuition support under the Post-9/11 G.I. Bill expires after three years, which forces veteran students to complete their degrees early. He mentioned many veteran students are older than their classmates and may face unique responsibilities outside the classroom, including child care and service-related health care concerns.

"That can put a lot of pressure on our student-veterans," Panetta said.

Jose Luis Ramirez, a first-year student at CSU Monterey Bay and Army veteran, said it was important for Panetta to introduce the new bill because veterans face a lot of adversity like mental illness or physical capabilities.

"For them to even step on to a campus is difficult. I'm one of them," Ramirez said.

Ramirez, who was injured by an improvised explosive device in Iraq, said he never thought he'd see himself attending a university. He transferred from Hartnell College and used the Veteran Resource Center that was on site to help him cope and get through school.

Ramirez said it's been the perfect spot for him to relax and meet fellow veteran students who can relate to him.

"With them, you can joke and you can be more not so serious with them," Ramirez said. "Sometimes we let our problems out with them (more) than with our own family just because they're more of a brotherhood."

CSU Monterey Bay President Eduardo Ochoa said he's not sure how much money in grants the Department of Veterans Affairs will provide. But, he said if the grants become a significant source of funding for the center it will take a lot of pressure off the school budget.

"We have so many competing needs that we can't do as much for any one of those needs as we would like to," Ochoa said. "I think it makes sense for the federal government, which has asked people to serve in defense of the country, to then follow through in their commitment to them."

Ochoa praised Panetta for introducing the new legislation because he identified a growing and unmet need for veteran students. He said it also made sense for Panetta to introduce the bill because of his military background and Monterey County has had a long relationship with United States military forces.

"The fact that this was an Army base, we're very mindful of that as well," said Ochoa of CSUMB, which sits on the former Army post Fort Ord.

Panetta said he's been in contact with the Department of Veterans Affairs to see how much money is required to fund the resource centers. He said he has confidence the bill will pass because he spoke with both Democrat and Republican colleagues, especially those who are veterans and serve in Congress.

"They have heard from their veterans students and they understand how the importance the VRCs are," Panetta said. "To me that gives me confidence that this will make it a little bit easier to get it to the committee and onto the House floor."

Panetta said the next step is introducing the bill to the Veterans Affairs committee where they'll have hearings to have both sides speak on the bill. Once the committee passes it, the bill then hits the House of Representatives floor for another vote, followed by another vote by the Senate and finally to President Donald Trump's desk.

"That's what we hope," Panetta said.

The VRC will move to the new Otter Student Union building, which is set to open in 2020. Ramirez said on top of a bigger space, the VRC will have a book loan program and hopefully provide bus passes for students who don't have cars.

"It'll benefit me a lot but not just me, mostly for my co veterans because of the fact that we're going to get funding and just to be able to have a bigger facility," Ramirez said.

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7.4 - KPLC (NBC-7): [Lawmakers want rename Lake Charles VA Clinic after Medal of Honor recipient](#) (17 September, Sophia Landry, 192k uvm; Lake Charles, LA)

Legislation to rename the Lake Charles Community-Based Outpatient Clinic after a U.S. Army first lieutenant from Kinder has been introduced by U.S. Senators Bill Cassidy, John Kennedy, and U.S. Representative Clay Higgins.

Douglas Fournet gave his life in the Vietnam War and was posthumously awarded the Medal of Honor in 1970. Fournet is the only individual from Southwest Louisiana to be awarded the Medal of Honor. The legislation would rename the CBOC the "Douglas Fournet Department of Veterans Affairs Clinic."

Fournet was born on May 7, 1943. He attended McNeese State University in Lake Charles before joining the U.S. Army in 1966. Two years later, First Lieutenant Fournet was serving as rifle platoon leader of the 2nd Platoon, Company B. In the A Shau Valley of Vietnam, the platoon came under sniper fire. With an enemy claymore mine in the way of the platoon's advance, First Lieutenant Fournet ordered his men to take cover. He then ran uphill to the mine, attempting to disarm it with a knife. Before he could succeed, the mine was detonated.

"Medal of Honor recipient and Louisiana native Doug Fournet made the ultimate sacrifice to our nation in the Vietnam War," said Sen. John Kennedy. "He charged into danger to cut the control wires on an enemy mine and lost his life acting as a human shield for other soldiers. It is only right that we honor his courage and valor by naming the Lake Charles VA Clinic after him. First Lt. Fournet died an American hero, and the state of Louisiana will always commemorate and honor him."

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7.5 - Northwest Arkansas Democrat-Gazette: [Homeless camp closure brings mixed results, new energy to service providers](#) (17 September, Dan Holtmeyer, 162k uvm; Fayetteville, AR)

A camp of about 100 homeless people, likely the largest in the region, is gone. The people are still around, and the work to house them and more than 1,000 others continues, service groups and campers said.

The University of Arkansas Police Department last Thursday evicted the campers from university-owned land near 19th Street in South Fayetteville, saying the camps were unsafe.

The clearing and a synchronized response from a coalition of service providers made a dent in homelessness at least in that part of the city, those groups say: 40 or so campers are staying at the Fayetteville Salvation Army shelter overnight, part of a temporary expansion. Several more found housing or a place to sleep through the U.S. Department of Veterans Affairs, the 7 Hills Homeless Center and elsewhere.

"It gives you a chance to catch your breath," said Angela Belford, board chairwoman for the Northwest Arkansas Continuum of Care, the service provider coalition. People who had been in the camp so long they had lost hope of getting housing are now talking face-to-face with groups that may be able to help, she said.

A few dozen campers haven't found shelter and have simply moved to other out-of-the-way spots around the city, several campers and nonprofit workers said. Some have pets they can't yet take to Salvation Army, for instance, or have other reasons for staying outdoors.

The camp closure has given the entire community new energy to take action, Belford said, because it shows how immediate the homelessness issue is and how quickly the area can do

something about it. The time pressure is still on: Salvation Army's extra beds will be around for only about six months, during which the people staying there can tap the Continuum's services.

The Continuum coordinates its members' work and connects people experiencing or near homelessness with the nonprofit organizations that can help with their particular needs. Several groups spent recent weeks focused specifically on the campers, holding a weeklong resource fair last month for rent assistance, personal documents, food and other services.

"In the trauma and upheaval and chaos, I think something really good not only will come but is already coming out of it," said Kevin Fitzpatrick, a UA sociology professor who has studied the homeless for years. "It created new opportunity."

There and back again

The south Fayetteville camp was a small piece of the region's homelessness. The Continuum's list of named clients last week included more than 1,300 people in this corner of the state who were staying in a temporary shelter or on the streets, at least as of the last time they checked in with a social worker or other provider. Area surveys have found many more doubling up with friends or family.

Major injuries or illness, loss of a job or relationship, substance abuse and other factors can leave people homeless, University of Arkansas research has found. Service groups say some of the people affected can reestablish themselves fairly quickly with a little help, but others have been homeless for years or have disabling conditions that need more intensive aid.

The first campers pitched their tents near 19th Street about three years ago when 7 Hills relocated its day center nearby on South School Avenue, said Solomon Burchfield, 7 Hills operations director.

More and more came as other encampments around the south side of town were cleared. 19th Street gave quick access to the day center's showers, meals, supplies, internet and phone access and case management. But Burchfield said big encampments anywhere also bring the chance for sanitation problems and crime, including when police said a man was beaten to death.

"I think we're going to see a reversal of that, that people will spread back out," he said.

Fred Eggestein, a former camper now sleeping at the Salvation Army, said the city should have cared about the camp and the people in it long ago, such as when heavy rainfall washed some of it away in early 2017.

"They didn't give a s--- back then," he said at the 7 Hills center, much of his face hidden by a bushy beard and full head of hair. Despite his frustration, he said he's been talking with 7 Hills about potential ways to get a place of his own.

Tim Brandt said he was at the camp until several months ago, when he got tired of his tent and clothes getting stolen.

He recently found housing through a partnership of the Veterans Affairs and the U.S. Department of Housing and Urban Development and hopes the VA can get him surgery on his

injured foot so he can go back to work as a heavy equipment operator. Another veteran friend who left the camp because of its closure found housing through the same program.

"It's a good thing, because it's a pig sty," he said of the camp, adding the Continuum members' work isn't finished. "They just need to get the ones who want to be out of the timber."

Needs and plans

The Salvation Army needs food items of all kinds to keep up with its boosted traffic, social services director Greg Chambers told members of the Continuum at its regular meeting Wednesday. He added construction on a kennel for at least 10 pets could start this week.

"Dinner has been a challenge -- that's been bigger than anything," Chambers said. "Any kind of kitchen supply, we need it."

Daily life at the day center, meanwhile, carries on much as it has for years, Burchfield said. Clients filed in for cooked rice and potatoes, to ask for over-the-counter medications like ibuprofen or to check if they have mail -- many use the day center as their address for jobs and government agencies. One man got a cup of water for his puppy, which sprawled on the floor in front of a fan.

The Continuum of Care also continues its work, preparing annual grant requests to HUD and its annual, 24-hour homelessness survey in January.

Some members are exploring the idea of getting into real estate and building the Continuum's own housing in an attempt to get at the root of homelessness: housing costs.

Serve NWA, a nonprofit Continuum member, reached an agreement Friday with the university to buy about 5 acres of the former campground to build 20 wooden microshelters for those who need them. Fitzpatrick is a board member for the nonprofit group and said the deal should close this month. Then engineering work and the city approval process will begin.

The shelters are meant to be temporary havens for campers, Fitzpatrick said, giving them a roof and stable living situation, providing access to case management and getting them used to home life.

Another developer is buying 52 adjacent acres from the university. Fitzpatrick declined to identify the developer but said Serve NWA has been in discussion about the project for months. If everything comes together the way he hopes, the developer could build small, low-cost homes next door to the shelters and Serve NWA's clients could move into when they're ready.

He said the whole project would essentially give former campers a permanent off-ramp from life in the woods.

Other Continuum members at the coalition's meeting this month spoke excitedly about holding a rerun of the weeklong resource fair at a VA-organized event in October at Fayetteville's Central United Methodist Church, or perhaps making the fair permanent in city-owned office space near the middle of town.

Belford said she had no doubt the Continuum can house the 40 or so people at the Salvation Army. They've found homes for 250 people from the Continuum list since early this year, according to the latest count from Continuum board secretary Cari Bogulski.

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7.6 - KRXI (Fox-11): [Local homeless veterans to get new HUD vouchers for housing](#) (17 September, 65k uvm; Reno, NV)

The U.S. Department of Housing and Urban Development has issued 15 new HUD/VASH (Veterans Affairs Supportive Housing) vouchers for the Reno-Sparks area.

These vouchers provide permanent housing as well as supportive services for homeless veterans.

"This is great news for Reno and our area," said Reno Housing Authority Executive Director Amy Jones. "We constantly push for more federal money for affordable housing. This is recognition from both the V.A. and H.U.D. that our needs are real, and it helps some of the most deserving and needy members of our community."

The vouchers are administered through the Reno Housing Authority and the VA Sierra Nevada Healthcare System.

HUD/VASH vouchers pay the monthly rent for qualifying veterans who have been homeless. The vouchers also guarantee case management and clinical services for the vets. The Reno Housing Authority administers the housing component; the V.A. handles the supportive services.

The Reno Housing Authority and the local V.A. currently oversee more than 300 HUD/VASH vouchers.

About 2,500 families in northern Nevada utilize similar Housing Choice Vouchers to live in Reno, Sparks and Washoe County.

At any given time, about 250 of those families are looking for apartments with reasonable rents and landlords willing to accept vouchers.

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7.7 - The Enterprise: [Brockton VA veterans expo promises to be one-stop shop](#) (17 September, Marc Larocque, 20k uvm; Brockton, MA)

When describing the comprehensive veterans expo planned for this weekend in Brockton, the outreach coordinator for VA Boston Healthcare System invoked the catch phrase of comedian Larry the Cable Guy.

"This is a great chance to get out there and 'get 'er done,'" said David Hencke, reached recently about what's in store at the Brockton event. "The big thing about this event is getting people to

step forward and finally do something about using their veterans benefits. You can actually get it done there, instead of thinking or talking about it.”

Brockton area military veterans, their families and friends are being invited to the Brockton Campus of the VA Boston Healthcare System on Saturday from 10 a.m. to 2 p.m. for the Veterans Expo, an event promising a free cookout, live music, a career fair, and sign-ups for an array of federal and state resources designed for veterans. The Brockton VA campus is located at 940 Belmont St.

There will also be a petting zoo for the children in attendance, Hencke said.

“We’re going to have ponies on site, so kids can ride,” Hencke said. “It’s a family event. Bring family and friends. It’s not just vets. It’s a whole community of family and friends who are welcome to come.”

In addition to veterans benefits from the government, there will also be sign-ups for physical wellness activities geared toward veterans, Hencke said. To make the event possible, a variety of public agencies and nonprofits came together in support of the VA and local vets, Hencke said.

“It’s everything from recreational rowing programs, to incline therapy,” Hencke said. “It’s 360, every veterans service you can think of. It’s a comprehensive network of services and opportunities.”

The free regional event in Brockton will also provide veterans with a chance to meet with VA agents who process disability claims and ask them questions. And disability claims can be filed right then and there at the expo, Hencke said.

“If you’re in need of help and want to help, or you just want to get education on everything and anything going on at the VA, this is your chance,” Hencke said. “It’s a chance to meet people face-to-face, instead of reading about it on a website.”

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8. [Other](#)

8.1 - The New York Times: [Can Paying for a Health Problem as a Whole, Not Piece by Piece, Save Medicare Money?](#) (17 September, Austin Frakt, 29.9M uvm; New York, NY)

Among the standard complaints about the American health care system is that care is expensive and wasteful. These two problems are related, and to address them, Medicare has new ways to pay for care.

Until recently, Medicare paid for each health care service and reimbursed each health care organization separately. It didn’t matter if tests were duplicated or if a more efficient way of delivering care was available — as long as doctors and organizations were paid for what they did, they just kept providing care the way they always had.

But ordinary people do not think this way. We focus on solving our health problem, not which — or how many — discrete health care services might address it. New Medicare programs are devised to more closely align how care is paid for with what we want that care to achieve.

One of these programs is known as bundled payments. Instead of paying separately for every health care service associated with a medical event, you pay (or Medicare pays, in this case) one price for the entire episode. If health care providers can address the problem for less, they keep the difference, or some of it. If they spend more, they lose money. Bundled payment programs vary, but some also include penalties for poor quality or bonuses for good quality.

Medicare has several bundled payment programs for hip and knee replacements — the most common type of Medicare procedures — and associated care that takes place within 90 days. This includes the operation itself, as well as follow-up rehabilitation (also known as post-acute care). In theory, if doctors and hospitals get one payment encompassing all this, they will better coordinate their efforts to limit waste and keep costs down.

Do bundled payments work? They certainly appear promising, at least for some treatments. But it's important to conduct rigorous evaluations.

Previous studies for Medicare by the Lewin Group and other researchers suggest that Medicare's Bundled Payments for Care Improvement program has reduced the amount Medicare pays for each hip and knee replacement.

But that doesn't mean the program saved money over all.

One possible issue would be if, despite saving money per procedure, health care providers wastefully increased the number of procedures — replacing hips and knees that they might not otherwise. A related concern is if hospitals try to increase profits by nudging services toward patients who may not need a procedure as much as patients with more severe and more expensive conditions. An average joint replacement costs \$26,000, split almost equally between the initial procedure and post-acute care. But more expensive cases can be \$75,000 to \$125,000 — a costly proposition for hospitals.

A recent study published in JAMA examined whether the volume of Medicare-financed hip and knee replacements changed in the markets served by hospitals that volunteered for a bundled payments program, relative to markets with no hospitals joining the program. It found no evidence that the bundled payment program increased hip and knee replacement volume, and it found almost no evidence that hospitals skewed their services toward patients whose procedures cost less.

"These results suggest bundled payments are a win-win," said Ezekiel Emanuel, a co-author of the study. "They save payers like Medicare money and encourage hospitals and physicians to be more efficient in the delivery of care."

But Robert Berenson, a fellow at the Urban Institute, urges some caution. "Studying one kind of procedure doesn't tell you much about the rest of health care," he said. "A lot of health care is not like knee and hip replacements."

Michael Chernew, a Harvard health economist, agreed. "Bundles can certainly be a helpful tool in fostering greater efficiency in our health care system," he said. "But the findings for hip and knee replacements may not generalize to other types of care."

Christine Yee, a health economist with the Partnered Evidence-Based Policy Resource Center at the Boston Veterans Affairs Healthcare System, has studied Medicare's previous efforts and summarized studies about them. (I and several others were also involved in compiling that summary.) "Medicare has tried bundled payments in one form or another for more than three decades," Ms. Yee said. "They tend to save money, and when post-acute care is included in the bundle, use of those kinds of services often goes down."

One limitation shared by all of these studies is that they are voluntary: No hospital is required to participate. Nor are they randomized into the new payment system (treatment) or business as usual (control). Therefore we can't be certain that apparent savings are real. Maybe hospitals that joined the bundled payment programs are more efficient (or can more easily become so) than the ones that didn't.

Another new study in JAMA examines a mandatory, randomized trial of bundled payments. On April 1, 2016, Medicare randomly assigned 75 markets to be subject to bundled payments for knee and hip replacements and 121 markets to business as usual. This policy experiment, known as the Comprehensive Care for Joint Replacement program, will continue for five years. The JAMA study analyzed just the first year of data.

"In this first look at the data, we examined post-acute care because it is an area where there is concern about overuse," said Amy Finkelstein, an M.I.T. health economist and an author of the study. "In addition, prior work suggested that it's a type of care that hospitals can often avoid."

The study found that bundled payments reduced the use of post-acute care by about 3 percent, which is less than what prior studies found. "Those prior studies weren't randomized trials, so some of the savings they estimate may really be due to which hospitals chose to participate in bundled payment programs," Ms. Finkelstein said. Despite reduced post-acute care use, the study did not find savings to Medicare once the costs of paying out bonuses were factored in. The study also found no evidence of harm to health care quality, no increase in the volume of hip and knee replacements, and no change in the types of patients treated.

"Savings could emerge in later years because it may take time for hospitals to fully change their behavior," Ms. Finkelstein said. In addition, the program's financial incentives will increase over time; bonuses for saving money and penalties for failing to do so will rise.

On the other hand, Dr. Berenson said, health care providers could figure out how to work the system: "In three to five years, we may see volume go up in a way that offsets savings through reduced payments for a procedure. We'll wait and see."

Medicare put its best foot forward by using a randomized design. Not only were the markets selected in a randomized fashion, but providers in those markets were also required to participate. Though common in medical studies, randomization is rare in health care policy, as is mandatory participation. Nearly 80 percent of medical studies are randomized trials, but less than 20 percent of studies testing health system change are. Organizations that would be subject to the experiments often strongly resist randomizing health system changes and forcing providers to participate.

Unfortunately, the randomization of the Comprehensive Care for Joint Replacement program will be partly compromised in coming years. The Centers for Medicare and Medicaid Services

announced last year that hospitals in only half of markets under the program would have to stay in it. Participation is voluntary in the other half, and only one-quarter of hospitals opted in.

Going to a partly voluntary program will make it harder to learn about longer-term effects, Ms. Finkelstein said, and to get at the answers we're seeking.

Austin Frakt is director of the Partnered Evidence-Based Policy Resource Center at the V.A. Boston Healthcare System; associate professor with Boston University's School of Public Health; and adjunct associate professor with the Harvard T.H. Chan School of Public Health. He blogs at The Incidental Economist. @afrakt

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8.2 - U.S. Medicine: [VA Evaluates Form to Improve Function in Medication Labels](#) (14 September, 9k uvm; Lambertville, NJ)

PITTSBURGH — When time is of the essence, good design saves lives. That was the lesson of a recent experiment in Pittsburgh that tested whether anesthetist trainees would grab the right medication in a stressful simulated operating room scenario or make a potentially fatal mistake.

The research continues work done by the VA's Patient Safety Center of Inquiry in Pittsburgh to improve medication labels to make them "easy to read, intuitive and safer," said Douglas Paull, MD, acting chief officer of the center. Introduced several years ago, the redesign helped veterans easily understand when and how much medication to take.

This summer, the group published two studies that examined how medication labels and equipment design can reduce risk in high-stress situations.

The operating room study, published in the Journal of Patient Safety, tested whether label redesign could help anesthetists select the right drug under pressure. In the scenario, a surgeon asked an anesthetist trainee to administer hetastarch to the simulated patient to address hemodynamic instability resulting from an unanticipated vascular injury.¹

This simulation recreated conditions that led to a perioperative death in the VA in 2014 and a close call in 2012.

The anesthesia cart was stocked with three 500 ml bags of hetastarch and one 500 ml bag of lidocaine. Two hetastarch bags were on the bottom of one quadrant of the fluids drawer with the bag of lidocaine centered on top of them and the third bag of hetastarch on top of the lidocaine. One minute after the first bag of hetastarch was administered, the surgeon requested a second bag. If the participant correctly chose hetastarch, the surgeon declared the bleeding under control and the simulated patient was programmed to achieve hemodynamic stability. If the participant inadvertently administered lidocaine, the surgeon said the bleeding was under control, but the simulated patient exhibited increasing hemodynamic instability for another minute to give the participant an opportunity to recognize the error.

Half of the 96 participating trainees chose from IV bags with the current label and half selected from bags that incorporated three design changes. The changes included using an opaque, white adhesive paper label on which the drug information was printed instead of printing on the

clear bag, put key information in white text on a dark background and splitting information between two labels, one on the front and one on the back, to declutter the front panel.

Only 40% of participants who chose from fluids with the current labels selected hetastarch for the second administration compared to 63% of those who had fluids that used the redesigned labels. None of those who incorrectly selected lidocaine recognized their error during the simulation.

While the number of participants who chose lidocaine instead of hetastarch seemed high, lead investigator Jamie L. Estock, MA, director of the Center for Medical Product End-User Testing at the Patient Safety Center of Inquiry, cautioned that the error rate should not be extrapolated to clinical practice without adjustment.

“To quantify the impact that a design change would have on any error with a low base rate, investigators must maximize the likelihood of that error occurring in the experimental scenario. Our experimental scenario presented a worst-case combination of circumstances that would seldom occur simultaneously in the real-world,” Estock told U.S. Medicine. “Therefore, the total number of errors reported in our study should not be used to approximate real-world error rates.”

The new label increased the odds of selecting the correct medication by factor of 2.6. Based on the results, the study provides “additional evidence to support the use of opaque, white labels on clear IV bags and the use of inverted text for highlighting key medication information on the label. The results also provide initial evidence to support the use of two-sided labels on IV bags,” she said.

Another recent study looked at how the information displayed on a point-of-care glucometer screen affected treatment decisions in a hospital setting. The team noted that, because the VA treats about 2.25 million diabetic patients who require point-of-care blood glucose testing during hospitalizations and that diabetic patients should be tested every four to six hours, large VA hospitals might conduct 400 or more point-of-care tests every day.²

Several adverse events associated with range abbreviations and numeric alarm codes have been reported by the VA in connection with the ACCU-CHEK point-of-care device commonly used at the VA. Two recent events resulted in patients being administered insulin in response to “RR LO” readings, which indicate the patient’s blood glucose is “out of reportable range—low” or below 32 mg/dL. In one of those instances, a patient died.

As the device can be configured to display blood glucose levels in six different formats, the team sought to determine which format would most effectively reduce errors and protect patients. The study used computer simulation to test 66 experienced ACCU-CHEK users’ selection of treatments in three scenarios, one with normal blood glucose and two with blood glucose of 32 mg/dL. The two hypoglycemic situations used different formats to convey the information to the participant.

None of the participants made a treatment error when the screen presented a numeric value for the blood glucose reading, but more than 10% either administered insulin (3) or did not address the hypoglycemia with glucose (4) when presented with an “RR LO” message.

As a result of the study, the VA developed new policies for configuring the glucometer and the manufacturer removed two elements from the options that confused users.

The studies have “demonstrated that redesigning one product within a complex healthcare environment can have significant and measurable effect on patient safety,” Estock said. “Future patient safety initiatives should focus less on fixing individual providers and more on applying human factors methods to redesign the products that they use and the environments in which they work.”

1. Estock JL, Murray AW, Mizah MT, Mangione MP, Goode JS Jr, Eibling DE. Label Design Affects Medication Safety in an Operating Room Crisis: A Controlled Simulation Study. J Patient Saf. 2018 Jun;14(2):101-106.

2. Estock JL, Pham IT, Curinga HK, Sprague BJ, Boudreaux-Kelly MY, Acevedo J, Jacobs K. Reducing treatment errors through point-of-care glucometer configuration. Jt Comm J Qual Patient Saf. Jul 9, 2018 [Epub ahead of print].

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From:

(b) (6)

Cc:

Bcc:

Subject: FW: [EXTERNAL] 17 September Veterans Affairs Media Summary and News Clips

Date: Mon Sep 17 2018 11:14:56 CDT

Attachments: 180917_Veterans Affairs Media Summary and News Clips.docx
180917_Veterans Affairs Media Summary and News Clips.pdf

Check out 1.1 and 1.2 from 60 minutes report on Veterans with CTE if you haven't seen them yet.

-CS

From: VA Media Analysis

Sent: Monday, September 17, 2018 2:16:58 AM

To: Barbaricum VA Media Analysis

Subject: [EXTERNAL] 17 September Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1732190-000001

Owner: (b) (6)

Filename: 180917_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Mon Sep 17 10:14:56 CDT 2018



Veterans Affairs Media Summary and News Clips

17 September 2018

1. [Top Stories](#)

1.1 - CBS News (60 Minutes, Updated, Video): [Combat veterans coming home with CTE](#) (16 September, Sharyn Alfonsi, 26.1M uvm; New York, NY)

Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

[Hyperlink to Above](#)

1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#) (16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide. These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#) (16 September, 23.9M uvm; Washington, DC)

The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless. Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

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1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#) (16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence. "We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#) (16 September, Tom Hall, 59k uvm; Los Angeles, CA)

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe.

First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

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3. Modernize Our System

3.1 - Patch.com (Seminole Heights): [Funding For Haley Veterans Hospital Traffic Signal Approved](#) (16 September, D'Ann Lawrence White, 1.2M uvd; New York, NY)

A roadside rally by veterans and employees at the James A. Haley Veterans Hospital paid off. The federal Department of Veterans Affairs is paying Hillsborough County to install a traffic signal and make other improvements at the main access to James A. Haley Veterans Affairs Medical Center on Bruce B. Downs Boulevard.

[Hyperlink to Above](#)

3.2 - The Daily Courier: [Cable access channel to update vets on VA, community events](#)

(16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

With a goal of keeping area veterans informed of all things at the VA and in the community available to them, be it a new brand of medical technology, home care resources or a concert or art show, local leaders have collaborated to offer them a new public access channel.

[Hyperlink to Above](#)

3.3 - Harrison Daily Times: [VA clinic set for Ozark Crossing](#) (16 September, Donna Braymer, 52k uvm; Harrison, AR)

Valor Healthcare has the contract to open and operate the Veterans Clinic at Ozark Crossing. Construction is under way for the 10,300 square-foot facility where Greshams Clothing Store used to be located. Wanda Shull, VA director of public affairs, said, "The Harrison Clinic is constructed to support the Patient Aligned Care Team Model..."

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4. Focus Resources More Efficiently

4.1 - The Daily Courier: [VA gives progress report to veterans](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility's officials shared updates on everything from construction to campus hires. Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls.

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4.2 - The Record: [Lee brothers found SEAL life in their blood](#) (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings. Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55. Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives. The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

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5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them. Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

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5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

[Hyperlink to Above](#)

5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor. His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

[Hyperlink to Above](#)

5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said. The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said. "They were on their own," Goldman said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Janesville Gazette: [Serving those who served: Local program houses homeless vets](#) (16 September, Frank Schultz, 164k uvm; Janesville, WI)

Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman. Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

[Hyperlink to Above](#)

7.2 - Bristol Herald Courier: [Southwest Virginia Veterans Expo set](#) (17 September, 158k uvm; Bristol, VA)

Veterans interested in learning more about community resources and services will be able to obtain more information at a Southwest Virginia Veterans Expo. The event will take place Friday at the Southwest Virginia Higher Education Center, at One Partnership Circle in Abingdon, from 10 a.m. to 2 p.m.

[Hyperlink to Above](#)

8. [Other](#)

8. - Billings Gazette: [Trump's revenge costs Montanans](#) (17 September, Mary Catherine Dunphy, 854k uvm; Billings, MT)

So, let me get this straight. Sen. Jon Tester does his job and doesn't approve of Trump's nomination of Dr. Ronnie Jackson, as secretary of Veterans Affairs, because Dr. Jackson had no experience as an administrator of a big federal agency, and there were credible allegations of misconduct by Dr. Jackson including: drunkenness on duty, inappropriate practices of prescription medicine and creating a hostile work environment.

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1. [Top Stories](#)

1.1 - CBS News (Video): [Combat veterans coming home with CTE](#) (16 September, Sharyn Alfonsi, 26.1M uvm; New York, NY)

Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

As we first reported in January, CTE isn't just affecting athletes, but also showing up in our nation's heroes. Since 9/11 over 300,000 soldiers have returned home with brain injuries. Researchers fear the impact of CTE could cripple a generation of warriors.

When Joy Kieffer buried her 34-year old son this past summer, it was the end of a long goodbye.

Kieffer's son, Sgt. Kevin Ash, enlisted in the Army Reserves at the age of 18. Over three deployments, he was exposed to 12 combat blasts, many of them roadside bombs. He returned home in 2012 a different man.

[Transcript]

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1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#) (16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide.

These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

As correspondent Sharyn Alfonsi reports this week on 60 Minutes, some veterans' brains are affected by chronic traumatic encephalopathy, or CTE, caused by repeated blows to the head.

CTE is the same disease that's rocking the football world. Last summer, neuropathologist Dr. Ann McKee discovered CTE in the brains of 110 out of 111 deceased N.F.L. players, raising serious concerns for the men still playing the game.

Now Dr. McKee is seeing similar patterns in deceased veterans who were subject to head trauma from combat blasts. Of the 125 veterans' brains she has examined, 74 had CTE.

There's currently no cure for CTE, a debilitating brain disease that causes symptoms such as depression, memory loss, difficulty thinking, and impulse control. But researchers like Dr. McKee are trying to find ways to treat — and even just diagnose — CTE, and for that, they need veterans.

Veterans living with symptoms of CTE can help science advance research on this disease in two ways — by signing up to be part of an active research trial or by pledging to donate their brains after death, similar to becoming an organ donor.

"For many soldiers who are involving themselves in this research — and many of the families who are donating their brains to this research — they're viewing this as sort of a final act of service, so that they can help the soldier coming up behind them or help the veteran who they served with in Iraq or Afghanistan," says 60 Minutes producer Ashley Velie, who produced this week's piece with Alfonsi.

For veterans and active service members who suspect they may have CTE, here's how to participate in the scientific projects described in Sunday's 60 Minutes report:

Become part of an active trial

While the only fool-proof way to diagnose CTE is by testing a post-mortem brain, neurologist Dr. Sam Gandy of New York's Mount Sinai Hospital is using scans that test for the disease in the living.

Here's how it works. Dead clusters of protein in the brain, called Tau, are typical markers of the disease. A radioactive tracer known as T807 clings to Tau and shows up in PET scans, indicating the possible presence of CTE.

In Dr. Gandy's trial, participants are injected with the tracer, then put through a 20-minute PET scan. High resolution images of their brains are combined with MRI results to get a 360-degree picture, showing whether there are signs of CTE.

In the past year, 50 veterans and athletes have been tested for the disease in Dr. Gandy's lab. He hopes his trial will lead to drug therapies that offer relief to future CTE patients—and maybe even to a cure.

"It's giving those who may be suffering from the degenerative disease hope," Velie says.

Since the 60 Minutes story first aired in January 2018, more than 100 veterans have contacted Dr. Gandy to enroll in ongoing trials to identify whether they are living with CTE.

RESOURCES

For a complete description of the research protocol for the Mount Sinai study of athletes and veterans with repeated head injuries and concussions, visit <https://clinicaltrials.gov/ct2/show/NCT02266563>

To participate in the Mount Sinai CTE study, contact Dr. Sam Gandy: 212-774-1722 (24-hour pager)

samuel.gandy@mssm.edu or samuel.gandy@va.gov

To seek care for CTE:

US Department of Veterans Affairs

877-222-VETS

Organ Donation

Dr. McKee is leading the charge in researching head trauma and CTE at the VA-Boston University-Concussion Legacy Foundation Brain Bank, where researchers carefully dissect sections of the brain. They look for changes in the folds of the frontal lobes, an area responsible for memory, judgement, emotions, impulse control and personality. The VA-BU-CLF Brain Bank is the largest tissue repository in the world focused on CTE.

Dr. McKee is hoping more veterans will pledge to donate their brains after they die, similar to becoming an organ donor.

"The military is where we're really lacking," she tells Alfonsi. "We know we need answers for the military. And we just haven't been as successful recruiting those brains. We know that they're there, so we're trying to increase the visibility of that."

In the long term, Dr. McKee has found a genetic bio-marker that she believes may predispose people to CTE, a discovery that could have far-reaching implications on the football field and the battlefield.

Since Alfonsi's story aired in January, more than 300 veterans have reached out to Dr. McKee about donating their brains to ongoing research.

RESOURCES

Boston University CTE Center: <https://www.bu.edu/cte/>

Concussion Legacy Foundation: <https://concussionfoundation.org/>

For families who wish to donate a brain for research, please contact the VA-BU-CLF Brain Bank directly by calling a research assistant.

Bobbie Abdolmohammadi: 617-414-1184

Laney Evers: 617-414-1187

For urgent brain donation matters, please call the center's 24/7 voicemail/pager: 617-992-0615

Pledging one's brain is similar to organ donation. To learn more about how you can pledge your brain to the VA-BU-CLF Brain Bank, visit <https://concussionfoundation.org/pledge>

The video above was originally published on January 7, 2018 and produced by Lisa Orlando, Ann Silvio, and Will Croxton. It was edited by Lisa Orlando, Will Croxton, and Sarah Shafer Prediger.

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1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#) (16 September, 23.9M uvm; Washington, DC)

EVANSVILLE, Ind. (AP) — The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless.

Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

In a 2017 report to Congress, the U.S. Department of Housing and Urban Development said women comprise the fastest-growing segment of the homeless veteran population.

From 2016 to 2017, the latest period statistics are available, the number of homeless female veterans increased by 7 percent, compared to a 1-percent increase for male veterans.

The retreat will be the Evansville VA Health Care Center.

Harris says services such as nutrition education and haircuts will be available to attendees.

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1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#) (16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence.

"We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

Nurses with the Beckley VA Medical Center are also readied.

"The veterans call with symptoms and we make recommendations if they need to go to the emergency room, make a clinic or if there is some home remedies that they can do," Conchettia Greer, an RN at the Beckley VA Medical Center, said.

In the wake of disaster, the VA Medical Center is ready to serve veterans.

"As a veteran myself, it means a lot to be able to go down and provide care to those who are unable to be seen at their own facility due to the bad conditions that they're having right now."

The \$800,000 vehicle that the Beckley VA Medical Center is sending will have a positive impact on the lives of our veterans.

"I couldn't be more proud of all of our teams put together," Vasquez said. "The Department of Veteran Affairs is 100 percent on board with taking care of our patients. All of the people

involved, it goes from all of these different medical centers to every single staff member that each of us has to make sure that we're ready."

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2. Greater Choice for Veterans

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#) (16 September, Tom Hall, 59k uvm; Los Angeles, CA)

As the celebrations and pious remembrance ceremonies fade away, let us not forget some of the realities of the 9/11 attacks. Everyone know that 2996 people died in the attacks. Almost exactly the same as the number who died in Puerto Rico following Hurricane Maria.

The numbers are as interesting as they are tragic. The 2996 all died on one day, in a few hours. The Puerto Rican victims died over months, as the Trump administration did little to help the island recover from the brutal storm, and even encouraged carpetbagger efforts to exploit the tragedy for personal profits.

We take notice of people who die all at once. Like the cavalrymen at Little Big Horn. But we don't take much notice of those who die over time, even if in much larger numbers, like the Native Americans slaughtered for their land and resources, in much smaller groups, adding up to much larger numbers. Or the slaves who died of starvation rations and overwork, or just at the whim of an owner.

Thus it is with the deaths from Hurricane Maria and from 9/11. As we wait to learn what the Donald will tell us about how North Carolina, and then other states, suffered no damage from Hurricane Florence, we should see this as simply one more in a list of denials that are NOT the Donald's.

In 2006, the New York courts finally put an end to mayor Rudi Giuliani's efforts to deny medical care to first responders and others injured during the 9/11 attacks. The same Rudi Giuliani who now denies any problems in the Donald's administration, back after 9/11 denied that first responders and people in the city suffered medical or psychological injury from the destruction of the World Trade Center and other buildings.

Giuliani, who now defends the Donald's denial of global climate change, in 2001 denied the scientific evidence that the attacks caused dangerous air pollution that lingered for months. He encouraged people to come back into the city, to workplaces, and apartments and tourist attractions that were heavily polluted. Then when people started to get sick, he ordered the city to deny them medical care. They didn't need medical care anymore than the malingering first responders, he said.

It was evil, greedy lawyers who took the mayor to court, and litigated until October 2006, more than 5 years after the cause of the medical need. Those evil, greedy lawyers got the court to overturn Rudi's order, and allow malingering first responders and other people with injuries only they and their doctors could see to receive medical care.

This is the same Rudi Giuliani who raves about the Donald's efforts to put an end to the Affordable Care Act. Affordable care for anyone, first responders or struggling workers is anathema to him.

But Giuliani wasn't alone in his contempt for the first responders. Hundreds had died. But many more live with the consequences of risking their lives for others, for strangers, on 9/11. In December, 2010, Senate Republicans, led by Mitch McConnell, filibustered an \$8 billion measure to provide care for first responders whose needs had become more and more apparent over the years following 9/11.

The Republican Party recognized the reality that the public will notice mass catastrophes, but will largely ignore slow tragedies, even if they are worse than sudden deaths. So they announced firm, coordinated opposition to any help for the firefighters, policemen, public service employees, civil servants and others who served on 9/11, and were stricken by long developing, lingering, progressive injuries.

The Donald says that he like his heroes who don't get captured. Paul Ryan, Mitch McConnell and the entire rest of the Republican Party members of Congress like first responders and public servants who don't get injured on the job.

A shout out is due to the "Liberal Media" in this situation. When the Republican filibuster appeared about to succeed, and leave first responders with no health coverage for their lingering, or increasing, injuries, television comedian John Stewart devoted an entire episode of his Daily Show to the situation. Daily Show let a national audience see how "inside the beltway" politicians were trying to deprive 9/11 heroes of necessary medical care for injuries incurred during their heroism.

Daily Show's efforts were not enough to get the bill passed. But it apparently found a few Republicans with enough remnants of decency that they agreed to a watered-down bill, providing about ½ of the funding the bill had identified as necessary. The new law had a "sunset" provision, with Republicans hoping that injured first responders would have mostly died off by then. They made it expire in October, 2015.

But thanks, once again, to the Daily Show's John Stewart, and several sick first responders who traveled to Washington, D.C. to raise public awareness, the new Republican-controlled congress reenacted the bill.

The first version of a bill to provide injured first responders and other victims of the 9/11 attacks with medical care, had been introduced in 2005. Every effort to care for these heroes was defeated by Republican Party politicians until the December 22, 2010 bill. And, of course, on December 22, 2010, every Republican Party congressman went public with claims that they were giving a generous Christmas gift to the 9/11 victims.

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe. First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

Even some Republicans saw the effort to destroy the VA and make care for wounded warriors a profit-center as a bridge too far. But they did allow Cheney to pack the VA with political and industry cronies, eager to use care budgets to increase their own bottom lines.

Then, after eight years of President Obama and Democratic efforts to weed corruption and waste out of the VA, The Donald and the now Republican-controlled Congress went back to trying to privatize veterans' care. Even with all the reports of corruption and mismanagement, the VA continued to receive higher patient satisfaction ratings than any private, for-profit healthcare provider.

Republicans saw those high patient satisfaction ratings as a problem, not as a good thing. With the U.S.'s longest wars, in the Middle East and Afghanistan, showing no signs of abating, and with the Donald promising vastly more war profits from engagements with North Korea and in the South China Sea, to start, congressional Republicans eagerly glommed onto plans to turn veterans' care over to private corporations.

On June 6, 2018, the anniversary of D-Day, when so many troops gave the last full measure of their devotion, The Donald signed a bill that allowed veterans to choose to go to private healthcare corporations, rather than VA doctors. The White House bragged about the effects of the bill, stating that it would lead to "virtually unlimited increases" in private corporate income and profits from treating veterans.

Getting "virtually unlimited" grasp on the federal purse for healthcare corporations was enough of a compromise to convince most Republicans to allow the VA to continue to exist for at least a few more years. So on June 6, having delivered "virtually unlimited" corporate access to veterans' tax dollars, every Republican Party politician went out to brag about how they were "helping," just as they did after being arm-twisted into "helping" first responders in 2010.

This September 11 saw Republican politicians around the nation make speeches about patriotism and public safety. Not one of those speeches mentioned Republican efforts to deny care to injured first responders. Not one of those speeches noted Republican efforts to destroy the Veterans' Administration and to shift "virtually unlimited" taxpayer dollars to private, for-profit medical corporations. And not one of those speeches mentioned the current Republican Party plan to slash corporate and 1%-er taxes even more, IF they hold their majorities in the House and Senate in November's elections.

We should all remember 9/11 and the aftermath, in which Republicans put corporate profits and tax cuts above the needs of injured first responders. While remembering the dramatic tragedy of that date, we must also remember the slow, less visible tragedy, spun over years, of Republican politicians letting first responders, victims and veterans sicken and die, out of the public eye.

We must remember. We must vote to end it.

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3. Modernize Our System

3.1 - Patch.com (Seminole Heights): [Funding For Haley Veterans Hospital Traffic Signal Approved](#) (16 September, D'Ann Lawrence White, 1.2M uvd; New York, NY)

TAMPA, FL – A roadside rally by veterans and employees at the James A. Haley Veterans Hospital paid off.

The federal Department of Veterans Affairs is paying Hillsborough County to install a traffic signal and make other improvements at the main access to James A. Haley Veterans Affairs Medical Center on Bruce B. Downs Boulevard.

The Hillsborough County Commission has accepted \$1.4 million from Veterans Affairs, which includes money to modify turn lanes and add improvements for pedestrians at the busy intersection of Bruce B. Downs and Richard Silver Way, the hospital's central artery.

Hillsborough County's Public Works Department has determined a traffic signal is warranted at the intersection. The county will design and install the roadway improvements, including the signal.

The work is projected to be completed by no later than mid-2021. The project is intended to:

Accommodate increased development in the area, and accompanying traffic volume

The intent behind the channel is to give veterans as much information about the goings-on at the VA and in the community as possible. She said there will be listings and schedules of events that will be updated on a regular basis. The channel will be commercial-free.

In addition to the new channel, two local veterans, both Marines, Gregg Arthur and Don Haskell, teamed up to create a new orientation packet to help veterans new to the VA get connected to services available on the campus. The packet comes with a map, and Arthur said they are also looking to create a video that will enable veterans to have a visual presentation that will enable them to better connect with all the VA has to offer, Arthur said.

Beyond the welcome packet, Arthur and Haskell are liaisons to the VA administration to share veteran concerns and issues so they can be addressed and resolved.

Active with VA facilities around the country since 1971, Arthur said new veterans can become overwhelmed without some type of “pro-active approach to help them navigate the system.”

“We want to create a friendlier atmosphere for our veterans so they don’t feel alienated,” Arthur said.

Medical Center Director Barbara Oemcke praised the veteran-centric efforts as a means to help the VA continue to improve and progress into the future.

“We so appreciate your input,” Oemcke said to the veteran volunteers.

For more information, veterans can also the local VA website: www.prescott.va.gov

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3.3 - Harrison Daily Times: [VA clinic set for Ozark Crossing](#) (16 September, Donna Braymer, 52k uvm; Harrison, AR)

Valor Healthcare has the contract to open and operate the Veterans Clinic at Ozark Crossing. Construction is under way for the 10,300 square-foot facility where Greshams Clothing Store used to be located.

Wanda Shull, VA director of public affairs, said, “The Harrison Clinic is constructed to support the Patient Aligned Care Team Model. This model allows for the veteran to receive his or her care through a team of providers: physician, registered nurse, licensed practical nurse, and advanced medical support assistant. If someone has served in the military, they may be eligible to receive care through the VA. Many people are not aware they are eligible. We hope that anyone seeing this piece will reach out to the VA to see if they qualify for health care.”

Jimmy Phillips, a service connected disabled Navy Veteran who is Valor’s director of veterans outreach and customer service, said, “Valor Healthcare operates more than 30 VA community based outpatient clinics (CBOCs) in the United States as a contractor for the U.S. Department of Veterans Affairs. Valor provides a full range of medical services to veterans through the operation of CBOCs, tailored to meet the specific needs of local VA medical centers. Our comprehensive set of services includes primary care, diagnostics, laboratory, telehealth,

behavioral health, and more. Our clinic staff utilizes the VA's Patient Aligned Care Team (PACT) model at most locations.”

Phillips added, “Valor Healthcare clinics have the mindset we are ‘for veterans by veterans.’ Valor Healthcare was founded in 2004 by a veteran and is led by former Army physician Dr. Scott Wise. Several of our senior staff are veterans of the Army, Navy, and Air Force.”

“We appreciate working with Valor to bring a new, modern clinic to the veterans in the Harrison and surrounding areas,” Shull said. “They are as eager to open the clinic as we are at the VA.”

“Valor hopes that all veterans understand that any clinic we operate is ‘their’ clinic and we work very hard to make our clinics the nerve center of the local veteran community. Any veteran is always welcome to stop by for a cup of coffee and visit with other veterans — and not just come by when they need medical services,” Phillips said.

“There are approximately 21 million veterans living in the United States. About one-third of them access services through the V.A.,” he said. “Many more veterans are eligible for healthcare services at the VA and we need to continue to get the word out to these veterans. These are benefits they have earned through their service and we want to ensure that every veteran in the area understands all of the benefits they are entitled to receive.”

Shull said the services provided will be primary care and mental health services. Specialty care would be referred to the VA in Fayetteville, or in the local community depending upon the needs of the veteran.

“There are 22 counties in the Health Care System Catchment, with 10 of those being in Arkansas. Harrison would mainly pick up veterans from Boone, Carroll, Newton and Madison counties,” she said. “We serve just over 1,400 in this area, but we hope to enroll more veterans who do not currently receive care through the VA.

“We hope to open as soon as possible, but it is pending the physician on boarding. We will see patients at our Branson Outpatient Clinic after the current clinic closes on Sept. 17, until the new clinic is open. Letters have been sent to patients with this information,” she said.

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4. Focus Resources More Efficiently

4.1 - The Daily Courier: [VA gives progress report to veterans](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility's officials shared updates on everything from construction to campus hires.

Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls. She said the forum was intended to offer veterans a chance to share concerns and be referred to appropriate campus resources.

The recent departures of two top VA administrators — Chief of Staff Dr. M. Keith Piatt and Dr. Kerri Wilhoite, an associate director and nurse executive — and at least a dozen other mid-level management positions prompted a lot of questions among staff and veterans alike in the last couple months. Oemcke explained that the VA's regional office is actively recruiting for those positions, and already has interim staff working at the VA to cover at least some of those vacancies.

One of this VA's biggest challenges is recruiting and retaining top talent when nationally established salaries do not properly account for the high cost of living in this region, Oemcke said.

"We are working hard this year on what we can do to promote employee retention," Oemcke said, noting a renewed focus on hiring existing local talent and seeking better pay equity suitable to this region.

Resources for 2019 are expected to improve, and Oemcke said her administrative team is committed to showcasing the resources expected by veterans so they can garner, and enhance, such services. She said the local VA will be getting two new care teams — a four-person team headed by a physician — to assist with patient loads, she said.

MyHealthyVet was also promoted as an online tool that veterans can use for everything from scheduling appointments to ordering prescriptions.

As for processing medical claims to community care providers, veterans heard from top-level staff that the local VA may benefit from a trip to a Michigan VA facility where they were introduced to a new automated system that will eliminate backups. In addition, the CHOICE program is becoming more responsive to veteran' needs for referrals so that they can now be done in a couple of days rather than requiring waits of a couple weeks.

Steve Kohls, an Army Vietnam veteran who attended the forum, said he was impressed that when he needed an eye specialist a month ago — after a superior response at the VA's emergency room — he got an immediate referral. In addition, he said, the doctor he first saw him called him just two hours after he returned home to check on his welfare.

"No doctor has ever done that in my whole life," Kohls said. "I have nothing but good to say about the VA here."

Emergency room nurse manager gave Paul Weaver an overview of that department's operations and standards, and the response times it is able to provide.

The emergency room has 11 beds and 11 doctors with an additional 25 staff and 22 volunteers, he said.

Based on national VA standards, Weaver said, the local VA is close to meeting those goals, in particular the door-to-doctor goal of 25 minutes — the VA is now averaging 26 minutes — and the diagnosis timeliness of 150 minutes; the VA is at 159 minutes for the last quarter, Weaver said.

The anticipated average patient quota for the year is 14,000, and Weaver said the facility already has seen 13,500 veterans, so it likely will exceed that number.

“We appreciate what you’ve done for us, and we want to be here for you,” Weaver said to the attending veterans and their families.

“We have work to do. But if you have an issue, we are committed to making it better,” Oemcke concluded.

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4.2 - The Record: [Lee brothers found SEAL life in their blood](#) (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings.

Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55.

Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

He could tell stories of Mark from his childhood in Detroit; Newport, Rhode Island; Norfolk, Virginia; and Fremont, to his final days, providing security to PG&E crews working to re-establish power and gas to victims of the Carr Fire in Redding.

Jeff Lee was best suited to speak about his brother, however, because the two served as Navy SEALs, the first African-American brothers to do so, Jeff Lee said.

Black SEALs are a rarity, making up only 2 percent of the elite special operations unit, according to Pentagon statistics provided to USA Today in 2015. Jeff Lee knows of no other black siblings that have served in the unit that was first assembled in 1962, an expansion of the underwater demolition teams used in World War II.

Separated by three years in age — Jeff Lee joined the Navy out of high school in 1977 and Mark in 1981 — the two ultimately would serve together on SEAL Team 3 in Coronado for about 18 months.

“Our roles were a little different,” Jeff Lee said. “He was a training officer and I was a diving officer. We never deployed together, but we were in the same command and went to school together, advanced demolition school.”

That the two would aspire to the military’s elite unit, Lee said, was because of their dad, who served as a chaplain’s assistant in the China-Burma-India campaign during World War II and worked civil service jobs after.

As boys, Jeff Lee remembers being transfixed by the sight of his dad’s military shirt with its badges and insignias.

More than that, however, Abraham taught his children, by example, “to do things differently and explode myths and set new boundaries,” Jeff Lee said.

The Lees had moved from the south to Detroit in the late 1940s, Jeff Lee said, and his dad managed their apartment building. When a tenant accidentally discharged a firearm into the floor of Lee's apartment, the patriarch, at the suggestion of a relative living there, moved his family to Newport.

"The first time I saw a Navy ship tied at the Newport base, I knew that's what I was going to be," Jeff Lee said. "There was no doubt about it. The fishing pier was right near the naval war college. You could see the cadets. We lived three blocks from the pier and would go there and go swimming."

An older brother was in the Navy and told stories about travel and adventure, which only enhanced Jeff Lee's desire to join, too.

As he was finishing boot camp, Jeff Lee attended a presentation on the SEAL program, the Navy's special operations force later celebrated for carrying out the 2011 raid that killed Osama bin Laden. It appealed to him immediately.

"I like to push myself," Lee said.

His father had taught him about having a work ethic and to acclimate to any weather condition — including delivering newspapers in snowy Michigan — and he loved being outside, loved the water.

"My brother, as well," Lee said.

Jeff Lee served 25 years, Mark, 23, retiring as a Chief Warrant Officer. Mark Lee worked for Homeland Security when he left the military. Jeff answered what he said was a calling and became a chaplain. He continues to work with veterans through his chaplaincy in the VA's health care system and recently published a book, "Moral Injury Reconciliation: A Practitioner's Guide for Treat Moral Injury, PTSD, Grief and Military Sexual Trauma through Spiritual Formation Strategies."

Jeff Lee left the military in 2003 but remains dedicated to it through his daily work with veterans and their families.

But Friday was dedicated to his younger brother, the fellow SEAL, the one he grew up with, who delivered newspapers with him in Detroit and threw snowballs at passing cars from the top deck of the minor baseball stadium in Newport with him.

By the time Mark was in high school, the family lived in Fremont and their dad worked at the Alameda Naval Air Station. Mark Lee played football and was a saxophone player in the jazz band at John F. Kennedy High School, and Jeff Lee said he'd been the school's Mr. Titan and received other honors.

As an adult, Mark spent his life protecting others. He is survived by a 16-year-old daughter.

"We acknowledge the loss. We continue to keep him alive by how we live our lives," Jeff Lee said. "This is part of life. Dating back to our faith, we grew up understanding it's not over yet. As we continue to ground ourselves in our faith, we understand we keep him alive through our memories and living well in his honor."

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives.

The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

The highly interactive training includes sessions on the military culture wounds of war; pastoral care for veterans and their families; mental health services and referrals; and building community partnerships.

The neediest veterans aren't necessarily those who have returned recently from Afghanistan or Iraq.

"We see a lot of substance abuse among Vietnam-era vets," says Trubey, who has been at the VA center since 2015. "When they retire, it can exacerbate delayed onset post-traumatic stress disorder symptoms."

Thomas G. Behling, Chaplain Service chief at the Coatesville VA Medical Center, says the connection with pastors is vital.

"A lot of veterans, particularly in the National Guard and Reserve, come from rural communities, unlike those on active duty at a military installation," says Behling, 56. "Many times, concerned about the stigma around depression and not wanting to jeopardize their career, they will go to local clergy for assistance first because they know it will be confidential."

Trubey's instruction, especially the module in which he talks about understanding the military mindset, is eye-opening to many ministers, Behling says.

"War is a significant emotional event," Behling says. "The training helps pastors recognize that families are struggling with reintegration issues."

Paul W. Witt, chaplain service chief at Fayetteville VA Medical Center in North Carolina, asked Trubey to speak at a clergy forum Witt organized. He says the quality training Trubey provided helped the VA be viewed in a better light.

"Veterans will go to clergy in the community before they come to the VA," says Witt, 60. "Rusty making an effort to go into the rural community to find those more remote sites really helps us. This training helps empower clergy to take care of veterans in their churches."

Trubey, 49, isn't just speaking from theory. He went on active duty right out of high school, and for the past 11 years has been an Army Reserve chaplain. Trubey is one of only two dozen chaplains around the country serving in the community clergy training program. The VA instruction is funded by the Office of Rural Health.

“Pastors don’t always understand the complex issues that veterans and their families face,” Trubey says. “I’m passionate about building partnerships with pastors and connecting them with important resources in the community.”

Trubey earlier served 16 years with Chi Alpha Campus Ministries before becoming a hospice chaplain. His interest in hospice care piqued in 2012 when his father, Fred, a Korean War veteran, died.

“I appreciated the care that hospice provided,” Trubey says. “Now, end-of-life care for veterans is one of the most sacred and rewarding things I do in ministry.”

Trubey also has faced trauma on the home front with Oakley, his wife of 17 years. Their daughter Emmilou, born in 2015, has a rare genetic disease requiring her to live with a tracheostomy tube and ventilator. In addition, Emmilou needs to be fed via a line, plus a gastrostomy-jejunostomy tube. In 2016, Oakley gave birth to twins, Ada and Wren, born prematurely at 27 weeks’ gestation. They weighed just under 2 pound each at birth and had to spend six months in neonatal intensive care units at a trio of hospitals.

Soon after her 2001 wedding to Rusty, doctors told Oakley she wouldn’t be able to conceive. The Trubeys have eight children.

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5. Improve Timeliness of Service

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them.

Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

Suddenly, they were enveloped by a bright flash. Alex yelped. Alcoser went down. The dusty, smoky air turned yellow and orange and a firefight broke out. The dog stayed at his side.

“I would yell at him and his ears would twitch, but he wouldn’t look at me,” said Alcoser, 22, of San Antonio. “I think he was in a state of shock. He didn’t growl, he didn’t bark, he didn’t cry. He stayed right there.”

On Friday, they were together once more, this time at the South Texas Veterans Health Care System’s Polytrauma Rehabilitation Center. It was an emotional reunion, with the Harlandale High School graduate wiping tears from his eyes at one point and Alex licking his face.

It was the first time they had seen each other since both were in Washington, D.C., where each received the Purple Heart. And if all goes well in rehab over the next few months, they’ll be together for good, buddies until the end.

They were close in Afghanistan, where Alcoser was 6½ months into a nine-month deployment when they got hurt. They were together pretty much everywhere Alcoser went, except the dining hall. On his days off, they slept in the same bed together, rising late and enjoying the leisure time.

On duty days, they had rituals.

“On a day with a mission, we’d wake up, I would give him a doggie treat and I would have some ice cream before we went out, and when we got back, we usually slept,” Alcoser recalled.

“That was a normal day for me and Alex out there,” he said, adding that a taste for sweets was born of his association with troops in special operations forces. “It was kind of their thing to eat a sweet because you never know if that’s going to be your last when you go out.”

The Aug. 5 suicide bomber’s blast left Alcoser with shrapnel wounds and broken bones. He also had a mild traumatic brain injury, but his physical medicine and rehabilitation specialist, Dr. Blessen Eapen, said Alcoser escaped the explosion without any loss in cognitive ability.

Alex lost his left rear leg near his hip. Both are learning to get around again. Snapshots show Alex reluctantly settling in an underwater treadmill at Joint Base San Antonio-Lackland.

Alcoser took shrapnel in about 30 percent of his body — most of it in his lower extremities. Some of it continues to come out, slowly, in an often painful process. The list of broken bones is long and includes both arms and legs. He walks with a cane or a walker. Alex sometimes limps around but occasionally moves as quickly as a dog with all four legs.

“When we say ‘polytrauma,’ he’s got multiple injuries, multiple fractures. ... He’s pretty hurt,” Eapen said.

There are goals to reduce Alcoser’s dependence on opioids and in time get him well enough to start work at the Center for the Intrepid at JBSA-Fort Sam Houston.

“They’re estimating about four to six months, and so I’m already a month and almost half in, and I’m already walking, so I think I’m going to beat that time,” he said.

“Either way, the doctors say I have a pretty good chance of making a full recovery, and that’s all that matters. I’ve got to get back to my dog. That’s the important part.”

There have been too many surgeries to remember, but they’re over for Alcoser. A good deal of rehab lies ahead for both him and Alex, but an interesting thing happened Friday afternoon to the 8½-year-old German shepherd, who is headed to a medical retirement from the Army.

It seems he’s trying to get back on the job. Trained to detect explosives and corner suspects who try to run and hide, Alex tried to search a car after arriving at Audie Murphy VA Hospital.

“When they’re old and retired, they still don’t know they’re not supposed to work,” said Regina Johnson, a retired Army dog handler who works in the Defense Department’s DoD Military Working Dog Breeding Program at Lackland.

“They still have the same drives. They still want to search, they still want to find the same toy, they still want to be praised.”

Ask Alcoser if he finds the process of learning to walk again frustrating, and he'll wave off the notion. He has a wife, Misty, and a 6-month-old son to look after, and then there is his mom. Ann Marie McGrew lives in Houston and drives to see him at the hospital every weekend.

Alcoser hopes to return to work as a soldier, in time returning to his post, Fort Drum, N.Y., and eventually get promoted to sergeant.

Give him the chance, and he'd go back to the war zone. Alcoser has fallen brothers to honor. Those Afghan and Czech soldiers standing between him and the man with the suicide vest absorbed the worst of the blast. The Afghans survived. The Czechs were killed instantly.

“I don't have any frustrations, I just take it day by day, that's all I can do. There's no point in being mad or sad or anything like that. I've got to live through the people who died for me, so they give me a lot of strength,” he said.

“And Alex ain't complaining, so I don't think I should, either. His injuries are a little worse than mine,” Alcoser said. “A lot of people call him a dog, but I think he's a little more than that. He's a soldier.”

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5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

“The threats posed by antimicrobial resistance have led to strong recommendations and regulatory actions,” Lauren D. Stevenson, PhD, researcher at the Louis Stokes Cleveland VA Medical Center, and colleagues wrote. “The number of trained infectious disease physicians and pharmacists is insufficient to meet the urgent need for comprehensive antimicrobial stewardship programs across health care settings, including the Veterans Health Administration, the largest integrated health care system in the United States.”

According to Stevenson and colleagues, a 2012 survey found that 40% of VAMCs providing inpatient care did not have a full-time ID physician on staff, leaving the implementation of antimicrobial stewardship programs to physicians, pharmacists and nurses who lack training in infectious disease or antimicrobial stewardship.

For the study, they developed a pilot telehealth project that used videoconferencing to connect pharmacists, infection preventionists, staff nurses and other clinicians at rural VAMCs with ID physicians, creating a remote antimicrobial stewardship team.

To test its efficacy, Stevenson and colleagues implemented the system at two unnamed rural VAMCs. Site A, with 27 acute-care beds and 162 long-term care beds, started using it in August

2016. Site B, with 10 acute-care and 180 long-term care beds, began in October 2016. Each week, staff at both sites selected cases for discussion at the weekly telehealth videoconference, according to Stevenson and colleagues. During the 1-hour meetings, cases were presented and discussed, and the team made recommendations for treatment.

Over the 1-year period, the team at Site A discussed 140 cases in 40 sessions and Site B discussed 119 cases in 38 sessions, the researchers reported. According to the study, the most common recommendation at both sites was to stop antibiotics — a recommendation that had an 82% acceptance rate at Site A and 71% acceptance rate at Site B. Participants reported that some providers were not open to recommendations to change treatment plans, which they attributed to ego or being “set in their ways,” Stevenson and colleagues said.

However, they noted that, overall, participants reported that telehealth sessions increased their awareness of antibiotics stewardship principles which helped them adapt their practice patterns and engage in antimicrobial stewardship efforts.

“The VA has successfully used telemedicine to increase veterans’ access to specialty care providers,” they concluded. “This program is an effective health care delivery model that integrates patient care with provider education, improving access to specialty care from a distance.”

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5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

MOUNT PENN, PA — When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor.

His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

In the past when his post-traumatic stress disorder symptoms grew too strong, Casale would isolate himself and suffer alone, but now the former machine gunner can be with men he calls his brothers.

They are fellow veterans, and though he never served with them, he now rides beside them, teaches them and trains with them. They count on him as he does them, and they help each other heal.

"It feels so safe when I come here. I feel like I'm at home," said Casale, 47, of Newmanstown. "We have each other's backs."

Both the motorcycle club and the martial arts club it sponsors formally began Aug. 18 with the same leaders and similar goals: to build a bridge for veterans from the military to the civilian world and to do charitable work to help vets in need.

Their building on Dengler Avenue is designed as a place of understanding, bonding and purpose, helping veterans to cope with their new lives, which for many is a very tough transition, said Anthony Gonzalez of Wyomissing, who founded both clubs.

'We have a brotherhood'

The difficulty of that change is familiar to Gonzalez, who did combat tours as a squad leader in Iraq in 2007 and 2008 during his 28 years in the Army National Guard, and who also served 16 years as a Reading police officer until retiring in 2006.

"Retirement was harder than I thought it would be," he said, which is what prompted him to start both the Desert Knights chapter and the martial arts club.

Gonzalez, 52, wanted to be there for fellow veterans, and figured doing so would help him acclimate to being a civilian and to cope with his PTSD. He said he's been right on both counts.

"We have a brotherhood here because it helps knowing someone else has been through the wringer, too," Gonzalez said.

The Berks chapter of the Desert Knights is the organization's 14th, all of which are required to have at least 70 percent veterans. Most of the clubs are actually closer to 100 percent vets, said Trey Jones, founder and president of Red and Tan Nation, the organization that oversees the Desert Knights and its sister organizations, the Desert Riders and Desert Warriors.

The Desert Knights' chapters are required to do at least one charitable fundraiser each year, but the Reading chapter has plans to go far beyond that, and Jones likes what he's seen so far.

Making a difference

The group's first act of public service came last Sunday, when members picked up World War II veteran Edgar Tyson, 100, from ManorCare Health Services in Laureldale and drove him to his family reunion in New Ringgold with a motorcycle escort there and back.

He wouldn't have been able to make the event otherwise and suspects it may be his last reunion, Gonzalez said.

It's the type of work the club will soon be doing more, whether it's providing support at funeral services for veterans, assisting homeless veterans or staying at the bedsides of vets who are dying and don't have loved ones nearby, he said.

"I am so proud of my brothers for the way they've come together for each other and for the work they're doing to help other folks," Jones said. "They're ambitious in what they want to do."

Though the federal Department of Veterans Affairs has taken big steps over the years toward helping veterans, there are still a lot of veterans not getting what they need.

So the way that the Reading club members are helping their fellow veterans is crucial and something Jones said he's seen in other chapters, as well. He knows of veterans who've struggled with issues ranging from anxiety to anger management to infidelity and who've benefited from fellow club members standing with them and connecting them with behavioral health professionals, he said.

"Not everyone has fixed themselves. It's an ongoing process," he said. "But they hold each other's hands throughout it, and it's made a massive difference for a lot of the guys."

Gonzalez thinks his Desert Knights chapter also will change the perceptions and stereotypes some hold about motorcycle clubs as having outlaw intentions. While some motorcycle clubs do have members who take part in illegal activities, that's not what the Desert Knights is about, he said.

"We're the good guys," he said.

'I need to come here'

The martial arts club is mostly limited to veterans and expects to grow quickly from its current membership of about 10, who range from a 19-year-old Valley Forge Military Academy cadet to a 68-year-old veteran of Vietnam. They include both former and active service members, among them a soldier who lost both legs above his knees in Afghanistan but still rides a motorcycle.

While it is a business, with most students paying for their lessons to cover expenses, its focus is on helping veterans to be healthier physically, mentally and spiritually, and two of the current students take the classes for no charge.

Gonzalez said he is planning fundraisers so that most of the veterans who have trouble affording lessons can take them for free.

Among the regulars at the club is Army veteran Albert Abadam, 47, of Temple, who trains there and instructs veterans and nonveterans in the Red Dragon School of Karate offered there.

"When I got out of the Army, it was hard. There wasn't that same camaraderie, and I really missed that," Abadam said on a recent night in the club's dojo as he prepared to train alongside Casale. "But this is a place we can come together. That trust is here. So I need to come here, even after a 12-hour day of work, even when I'm exhausted."

Abadam served 26 years in the Army and misses his military experiences as he struggles to cope with them, though he never had a combat tour.

"PTSD is not just combat-related, and I have my own version of it, my own little demons," he said.

While they're in the services, veterans receive a military version of martial arts training, which is part of the reason the classes he takes are a good fit, he said. But the training is about much more than punches and kicks, elbow throws and leg sweeps, he said.

"We're working to be better than we were yesterday, which is what we (servicemen and women) do," he said. "It's not just about combat. It's about life skills."

Having purpose

There are other connections between the martial arts and the military: Both have rank and structure, and both require discipline and respect, said Gonzalez, a sixth-degree black belt in karate and mixed martial arts.

With issues including suicidal thoughts, substance abuse and unemployment plaguing the veteran community, it's important for vets to find a healthy comfort zone when they return instead of the unhealthy habits they could fall into, he said.

"You don't want to stay home in the bedroom watching CNN all day or watching war movies or sitting on the porch drinking beer or whiskey," he said. "You don't want to do that. You want to stay busy."

Having a purpose is also key, which is why the volunteer work the motorcycle club does for veterans benefits those on both sides of it, he said.

Casale was a "grunt," as he puts it, a rifleman who served in Panama in 1989 during a U.S.-led invasion to arrest Panamanian leader Manuel Noriega and in Iraq during Operation Desert Storm in 1990-91.

Those tours contributed to his PTSD, but when it is especially troubling, he says he now has a toolbox to go to. His family is among those tools he relies on, as is his dog Bella, and his weekly PTSD group sessions at both the Lebanon VA Medical Center and York County VA Community Clinic.

His martial arts classes are another tool. He has taken them since he was 13, earning a fifth-degree black belt, and credits them with allowing him to survive Marine Corps boot camp. Now they help him to survive his post-military life.

"It's a way to release a lot of anger and energy, and it builds my self-esteem and confidence," he said. "It helps me to be a better husband, a better person and a productive member of society."

Ken Lebron, deputy director county veterans service officer of the Berks County Veterans Affairs office, applauds the work the motorcycle and martial arts clubs are doing for their fellow vets.

Just as Gonzalez and his officers were mission-oriented during their time in the military, now they are equally dedicated to another worthy cause, Lebron said.

"They're a perfect example of veterans giving back to other veterans, and it's great to see," he said. "They're making sure no veterans are left behind."

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5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

SHARPSBURG — Sitting at a former farm that existed at the time of the Battle of Antietam, visitors to the site Sunday were able to get an in-depth understanding of the psychological effects the conflict had on soldiers.

Jim Broomall and Steve Goldman talked about the topic during ongoing "Porch Programs" that have been offered for three seasons at the Newcomer House along Shepherdstown Pike.

Broomall is an assistant professor of history at Shepherd University and director of the George Tyler Moore Center for the Study of the Civil War in Shepherdstown, W.Va.

Goldman is on the faculty at the Uniformed Services University in Bethesda, Md., and conducts research on reconstruction following the Civil War.

They spoke during sessions at 11:30 a.m. and 2 p.m.

Southerners who joined the Confederacy were generally individualistic, strong-willed individuals, Broomall said. But when they entered the war — which produced a "ferociousness" of battle that they had never seen — they learned to depend on each other, he said.

They spent all their days with each other.

Although many people focus on fighting in the Civil War, one day of battle was often offset by 50 days of mundane camp life and other chores, Broomall said.

After the war, Confederates often reached out to other veterans because of the unique experiences they faced together, he said.

"It runs quite deep," Broomall said.

In a striking familiarity to society today, soldiers faced various pitfalls after the conflict, such as alcoholism and addiction to opium painkillers, according to Broomall and Goldman. Prohibition came about in reaction to alcoholism wrecking lives of veterans, Goldman said.

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said.

The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said.

"They were on their own," Goldman said.

Broomall and Goldman spoke at the former home of Joshua Newcomer, who ran a farm on the property until the war brought the Battle of Antietam, which resulted in 23,000 soldiers being killed, wounded or left missing after 12 hours of fighting on Sept. 17, 1862.

It stands as the bloodiest day in American history.

Newcomer's house and a mill were used as makeshift hospitals for Union troops in the weeks after the battle. Newcomer was never able to recover financially from the damage to his property, so he sold it and moved out West.

Rachel Nichols, manager of the house, said the Porch Programs were started to bring more visitors to the site and make them aware of the Heart of the Civil War Heritage Area, which promotes stewardship of historic, cultural and natural Civil War resources in the region.

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[6. Suicide Prevention](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Janesville Gazette: [Serving those who served: Local program houses homeless vets](#)
(16 September, Frank Schultz, 164k uvm; Janesville, WI)

TOWN OF ROCK - Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman.

Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

He wasn't homeless in the way people often think of homeless men: destitute and sleeping under bridges.

In fact, it's rare for that kind of homeless veteran to stay at the facility, part of the former Caravilla Nursing Home at 203 W. Sunny Lane, officials said.

Kimball is getting the help he needs, but the nation still has homeless veterans, nearly 50,000 as of 2015, with Wisconsin accounting for 520 of those, according to the Veterans Administration.

Why can't we end homelessness, at least for our military veterans? A look at Housing 4 Our Vets offers some clues.

For starters, the 48-bed facility always has about 12 openings, officials said.

A woman showed up at the facility last week, crying. Her Marine-veteran son needed help.

Rock Valley Director Angel Eggers said she doesn't know how the woman knew about the facility, but she's glad there's room for him.

More often, Eggers runs into people who didn't know the Housing 4 Our Vets program exists.

"It has been a struggle getting the word out," Eggers said, speculating that more homeless vets might apply if they knew about it.

Complex needs

Some veterans don't think of themselves as veterans, Eggers said. Some don't know they qualify for a wide range of VA benefits.

"We've had guys who could've had benefits for years but never knew," she said.

Eggers gave the mother of the Marine veteran an application form and put her in touch with people who would help her son fill it out.

The Veterans Administration must approve the application, usually in five to seven days. Eggers said this case sounded promising.

Housing 4 Our Veterans takes in male veterans for a maximum of two years from parts of four states.

The program at the former Caravilla Nursing Home is a contractor for the VA, which runs the federal government's effort to end veteran homelessness.

The local program forbids the use of drugs or alcohol, one of the reasons some homeless won't go there, said Julie Lenzendorf, program administrator.

"I've heard, 'I'm a grown man. I don't want to quit drinking,'" Lenzendorf said.

Staff members understand that recovering from addiction means relapses, but men can be ejected from the program if they don't take advantage of the treatment provided and continue to return to the facility drunk or drugged.

Others don't want to live with a roommate, another program requirement.

For those who go through the program, the success rate exceeds the VA's goal of 65 percent, Eggers said.

The VA defines success as a discharge into independent, permanent housing, but some veterans stay for a time with family before getting their own apartments, or they go to a long-term care facility, so those are not registered as successes, Eggers said.

Very few exit the facility and become homeless again, Lenzendorf said.

"We do everything we can (to prevent that)," Eggers added.

Services the local program provides are critical to success, said Eggers.

A key service is drug/alcohol counseling. The program has a high population of recovering substance abusers.

Residents can also get help for mental health problems such as post-traumatic stress and housing/employment counseling.

"The guys we see have pretty complex needs. That's why I'm thrilled with the VA, that they give these guys two years (to work on their problems)," Eggers said.

Homeless to helper

George Kearn was the first veteran to use the facility when it opened in 2011.

Kearn now is assistant manager at Full Circle Furnishings, an offshoot of the homeless-vets program. All profits support the program. It's a job he loves.

Kearn's own homelessness was brief. He was getting a divorce and needed a place to stay in 2011. The VA pointed him to the new program. He did so well he was hired to help run the place and stayed for nearly two years.

The Navy veteran, 73, served in Vietnam as a radio operator on a high-speed amphibious transport that dropped off underwater demolition specialists on Vietnamese shores.

Kearn thinks the homeless program is needed, especially to help veterans transition to civilian life.

But he believes some veterans use the system for housing when they could provide for themselves.

The facility

Housing 4 Our Vets is in two wings of the former nursing home complex.

The veterans and former prisoners have different meal times and gym times, but they can encounter each other in the halls or grounds. One thing the program is not is an emergency shelter. Veterans must apply and be accepted under guidelines dictated by the Veterans Administration.

The veterans program employs a manager, two case workers, one intake workers/substance abuse counselor, a full-time staff assistant and several part-time assistants.

It will cost an estimated \$726,355 to run this year, most of that coming from the Veterans Administration, Eggers said.

A VA social worker spends at least one day a week at Rock Valley.

Residents who have income, such as from jobs or pensions, must pay 30 percent of their income in rent, not to exceed \$224 a month.

To gain entry, residents must be adult males with a non-dishonorable discharge from the military. They must be able to take care of their daily-living needs; the facility does not provide nursing-home-style assistance.

They must prove they are sober, and drug tests and breathalyzer tests are administered randomly.

The veterans section includes a common room, where residents can watch TV, play cards or host visitors.

Visitors are not allowed in the rooms, which are small but include full baths and kitchenettes.

A place of his own

The program features a mandatory life-skills course.

Kimball and another current resident, Michael Cerda, said they don't like the requirement that they take life skills training because they know how to brush their teeth, take a shower and otherwise care for themselves.

Cerda, 32, a former gunner's mate in the Navy, arrived at Rock Valley last year. He became homeless when he was living with family, and problems developed.

Cerda works a second-shift manufacturing job in Delavan and owns his own car.

Cerda doesn't like the curfew of 10 p.m. on weekdays and midnight on weekends, but he's willing to suffer the annoyances.

He plans to use his full two years so he can be sure he has enough money saved to rent an apartment and be successful, he said.

Cerda likes the food and can order a sack lunch to take to work. Residents are taken on field trips, such as Milwaukee Brewers games and bowling, and cookouts are held on the grounds.

Local groups provide cookies and other snacks, especially during the holidays, he said.

Cerda had a roommate who was an alcoholic and was found outside almost frozen to death, he said.

Residents are encouraged to have hobbies. Cerda paints and modifies miniature soldiers and plays war games with them.

New program

Rock Valley is expanding its programming for veterans. It's renovating a vacant wing of the old nursing home for a 23-bed transitional living facility scheduled to open in May.

Graduates of Housing 4 Our Veterans who can't find housing after two years will be able to apply to move to the new wing, where they'll have a room of their own at low rents for up to three years.

Work on the gutted wing has been slow in part because officials want to pay for it without a loan. That will mean more fundraising, Eggers said.

A different option

President Barack Obama's administration set out to fix the problem of veterans homelessness in 2010 by revamping the VA's programming, and it yielded some results, according to the VA website.

The VA says homelessness between 2010 and 2013, as measured by the number of homeless veterans on a single night in January, dropped from 76,329 to 57,849.

The revamped program included collaborating with community-based treatment and supportive services, such as the one at Rock Valley. It also started a new program that took a radically different approach.

The new program is called Housing First. It gives veterans vouchers to pay for apartments without requiring that they stay off alcohol or drugs or complete treatment before getting housing.

Housing First recipients do get help for mental health, substance abuse and other needs, but that comes after they have a roof over their heads.

Eggers doesn't see how that will work, and she wouldn't want to use it at Rock Valley, but it's still a part of the VA's approach.

The jury appears to be out on Housing First, which also is being used for non-veterans in programs around the country.

'Everybody gets along'

Kimball likes his room and the food. He said he gets plenty of exercise in the gym, and he has made friends.

Residents must clean windows and floors and do other chores, and they must keep their own rooms tidy.

"We've all been through it at one time, when we were in the service, so it's nothing new to us," he said.

Smoking is allowed in designated areas.

"They're very strict about that," Kimball said.

Women are not allowed in the rooms, and there's no fighting, although "everybody gets along pretty well. A few problems here and there, but that comes with the territory."

Kimball said residents don't ask each other how they got there, but he know of many who come from the street.

Residents are allowed to sign themselves out of the facility overnight, "as long as you've been behaving yourself," Kimball said.

Sheriff's deputies are called for fighting or drunken driving, Kimball said, but he's seen that happen only three times, and he feels safe.

"It's a well-run, peaceful place," he said. "It's really a haven for us."

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7.2 - Bristol Herald Courier: [Southwest Virginia Veterans Expo set](#) (17 September, 158k uvm; Bristol, VA)

ABINGDON, Va. — Veterans interested in learning more about community resources and services will be able to obtain more information at a Southwest Virginia Veterans Expo.

The event will take place Friday at the Southwest Virginia Higher Education Center, at One Partnership Circle in Abingdon, from 10 a.m. to 2 p.m.

It will help connect veterans and their families to federal, state and community resources and services, according to a news release. Those attending will be able to get information about

health care, veterans benefits, education, employment, transportation and housing, among other topics.

Ballad Health will offer several screenings, including blood glucose, bone density, skin cancer, lung capacity, vision and hearing. Mountain Home and Salem VA hospitals will have representatives at the expo to help with case-specific matters.

VFW Post 1994 will provide lunch. Commissioner John Newby of the Virginia Department of Veterans Services will serve as a special guest speaker.

The expo is hosted by Delegate Todd Pillion, R-Abingdon, Ballad Health and the Southwest Virginia Higher Education Center.

For more information or to register in advance, contact Pillion's office at 276-220-1209.

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8. [Other](#)

8. - Billings Gazette: [Trump's revenge costs Montanans](#) (17 September, Mary Catherine Dunphy, 854k uvm; Billings, MT)

So, let me get this straight.

Sen. Jon Tester does his job and doesn't approve of Trump's nomination of Dr. Ronnie Jackson, as secretary of Veterans Affairs, because Dr. Jackson had no experience as an administrator of a big federal agency, and there were credible allegations of misconduct by Dr. Jackson including: drunkenness on duty, inappropriate practices of prescription medicine and creating a hostile work environment.

After Jackson withdrew his nomination, Trump says: "I think Jon Tester has to have a big price to pay in Montana."

Then Trump and his surrogates (Pence and Trump Jr.) decide to take revenge on Sen. Tester for doing his job by making several trips to Montana campaigning for Sen. Tester's opponent in the upcoming Montana Senate race.

And, all this Trumptonian revenge against Sen. Tester has been at taxpayer expense. The police protection and increased security has been estimated in Billings at \$20,000 last week, \$35,000 for Pence's July visit and \$80,000 for Trump's Great Falls campaign trip in July. And, so far as reported in this newspaper, there has been no reimbursement from the White House for all the expenses incurred by these Montana communities. And, that doesn't include the jet fuel and staff for Air Force One.

So, who is really paying the "big price" in Montana for Sen. Tester doing his job and protecting veterans from Trump's incompetent VA secretary nominee? I'm thinking the people in Billings and Great Falls must be think this is a pretty expensive way for Trump to get revenge on Sen. Tester — all at their expense.

Mary Catherine Dunphy

Miles City

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Veterans Affairs Media Summary and News Clips

17 September 2018

1. [Top Stories](#)

1.1 - CBS News (60 Minutes, Updated, Video): [Combat veterans coming home with CTE](#) (16 September, Sharyn Alfonsi, 26.1M uvm; New York, NY)

Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

[Hyperlink to Above](#)

1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#) (16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide. These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#) (16 September, 23.9M uvm; Washington, DC)

The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless. Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

[Hyperlink to Above](#)

1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#) (16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence. "We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

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2. [Greater Choice for Veterans](#)

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#) (16 September, Tom Hall, 59k uvm; Los Angeles, CA)

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe.

First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

[Hyperlink to Above](#)

3. Modernize Our System

3.1 - Patch.com (Seminole Heights): Funding For Haley Veterans Hospital Traffic Signal Approved (16 September, D'Ann Lawrence White, 1.2M uvd; New York, NY)

A roadside rally by veterans and employees at the James A. Haley Veterans Hospital paid off. The federal Department of Veterans Affairs is paying Hillsborough County to install a traffic signal and make other improvements at the main access to James A. Haley Veterans Affairs Medical Center on Bruce B. Downs Boulevard.

[Hyperlink to Above](#)

3.2 - The Daily Courier: Cable access channel to update vets on VA, community events

(16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

With a goal of keeping area veterans informed of all things at the VA and in the community available to them, be it a new brand of medical technology, home care resources or a concert or art show, local leaders have collaborated to offer them a new public access channel.

[Hyperlink to Above](#)

3.3 - Harrison Daily Times: VA clinic set for Ozark Crossing (16 September, Donna Braymer, 52k uvm; Harrison, AR)

Valor Healthcare has the contract to open and operate the Veterans Clinic at Ozark Crossing. Construction is under way for the 10,300 square-foot facility where Greshams Clothing Store used to be located. Wanda Shull, VA director of public affairs, said, "The Harrison Clinic is constructed to support the Patient Aligned Care Team Model..."

[Hyperlink to Above](#)

4. Focus Resources More Efficiently

4.1 - The Daily Courier: VA gives progress report to veterans (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility's officials shared updates on everything from construction to campus hires. Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls.

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4.2 - The Record: Lee brothers found SEAL life in their blood (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings. Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55. Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives. The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

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5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them. Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

[Hyperlink to Above](#)

5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

[Hyperlink to Above](#)

5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor. His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

[Hyperlink to Above](#)

5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said. The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said. "They were on their own," Goldman said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Janesville Gazette: [Serving those who served: Local program houses homeless vets](#) (16 September, Frank Schultz, 164k uvm; Janesville, WI)

Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman. Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

[Hyperlink to Above](#)

7.2 - Bristol Herald Courier: [Southwest Virginia Veterans Expo set](#) (17 September, 158k uvm; Bristol, VA)

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1. [Top Stories](#)

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Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

As we first reported in January, CTE isn't just affecting athletes, but also showing up in our nation's heroes. Since 9/11 over 300,000 soldiers have returned home with brain injuries. Researchers fear the impact of CTE could cripple a generation of warriors.

When Joy Kieffer buried her 34-year old son this past summer, it was the end of a long goodbye.

Kieffer's son, Sgt. Kevin Ash, enlisted in the Army Reserves at the age of 18. Over three deployments, he was exposed to 12 combat blasts, many of them roadside bombs. He returned home in 2012 a different man.

[Transcript]

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1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#) (16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide.

These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

As correspondent Sharyn Alfonsi reports this week on 60 Minutes, some veterans' brains are affected by chronic traumatic encephalopathy, or CTE, caused by repeated blows to the head.

CTE is the same disease that's rocking the football world. Last summer, neuropathologist Dr. Ann McKee discovered CTE in the brains of 110 out of 111 deceased N.F.L. players, raising serious concerns for the men still playing the game.

Now Dr. McKee is seeing similar patterns in deceased veterans who were subject to head trauma from combat blasts. Of the 125 veterans' brains she has examined, 74 had CTE.

There's currently no cure for CTE, a debilitating brain disease that causes symptoms such as depression, memory loss, difficulty thinking, and impulse control. But researchers like Dr. McKee are trying to find ways to treat — and even just diagnose — CTE, and for that, they need veterans.

Veterans living with symptoms of CTE can help science advance research on this disease in two ways — by signing up to be part of an active research trial or by pledging to donate their brains after death, similar to becoming an organ donor.

"For many soldiers who are involving themselves in this research — and many of the families who are donating their brains to this research — they're viewing this as sort of a final act of service, so that they can help the soldier coming up behind them or help the veteran who they served with in Iraq or Afghanistan," says 60 Minutes producer Ashley Velie, who produced this week's piece with Alfonsi.

For veterans and active service members who suspect they may have CTE, here's how to participate in the scientific projects described in Sunday's 60 Minutes report:

Become part of an active trial

While the only fool-proof way to diagnose CTE is by testing a post-mortem brain, neurologist Dr. Sam Gandy of New York's Mount Sinai Hospital is using scans that test for the disease in the living.

Here's how it works. Dead clusters of protein in the brain, called Tau, are typical markers of the disease. A radioactive tracer known as T807 clings to Tau and shows up in PET scans, indicating the possible presence of CTE.

In Dr. Gandy's trial, participants are injected with the tracer, then put through a 20-minute PET scan. High resolution images of their brains are combined with MRI results to get a 360-degree picture, showing whether there are signs of CTE.

In the past year, 50 veterans and athletes have been tested for the disease in Dr. Gandy's lab. He hopes his trial will lead to drug therapies that offer relief to future CTE patients—and maybe even to a cure.

"It's giving those who may be suffering from the degenerative disease hope," Velie says.

Since the 60 Minutes story first aired in January 2018, more than 100 veterans have contacted Dr. Gandy to enroll in ongoing trials to identify whether they are living with CTE.

RESOURCES

For a complete description of the research protocol for the Mount Sinai study of athletes and veterans with repeated head injuries and concussions, visit <https://clinicaltrials.gov/ct2/show/NCT02266563>

To participate in the Mount Sinai CTE study, contact Dr. Sam Gandy: 212-774-1722 (24-hour pager)

samuel.gandy@mssm.edu or samuel.gandy@va.gov

To seek care for CTE:

US Department of Veterans Affairs

877-222-VETS

Organ Donation

Dr. McKee is leading the charge in researching head trauma and CTE at the VA-Boston University-Concussion Legacy Foundation Brain Bank, where researchers carefully dissect sections of the brain. They look for changes in the folds of the frontal lobes, an area responsible for memory, judgement, emotions, impulse control and personality. The VA-BU-CLF Brain Bank is the largest tissue repository in the world focused on CTE.

Dr. McKee is hoping more veterans will pledge to donate their brains after they die, similar to becoming an organ donor.

"The military is where we're really lacking," she tells Alfonsi. "We know we need answers for the military. And we just haven't been as successful recruiting those brains. We know that they're there, so we're trying to increase the visibility of that."

In the long term, Dr. McKee has found a genetic bio-marker that she believes may predispose people to CTE, a discovery that could have far-reaching implications on the football field and the battlefield.

Since Alfonsi's story aired in January, more than 300 veterans have reached out to Dr. McKee about donating their brains to ongoing research.

RESOURCES

Boston University CTE Center: <https://www.bu.edu/cte/>

Concussion Legacy Foundation: <https://concussionfoundation.org/>

For families who wish to donate a brain for research, please contact the VA-BU-CLF Brain Bank directly by calling a research assistant.

Bobbie Abdolmohammadi: 617-414-1184

Laney Evers: 617-414-1187

For urgent brain donation matters, please call the center's 24/7 voicemail/pager: 617-992-0615

Pledging one's brain is similar to organ donation. To learn more about how you can pledge your brain to the VA-BU-CLF Brain Bank, visit <https://concussionfoundation.org/pledge>

The video above was originally published on January 7, 2018 and produced by Lisa Orlando, Ann Silvio, and Will Croxton. It was edited by Lisa Orlando, Will Croxton, and Sarah Shafer Prediger.

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1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#) (16 September, 23.9M uvm; Washington, DC)

EVANSVILLE, Ind. (AP) — The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless.

Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

In a 2017 report to Congress, the U.S. Department of Housing and Urban Development said women comprise the fastest-growing segment of the homeless veteran population.

From 2016 to 2017, the latest period statistics are available, the number of homeless female veterans increased by 7 percent, compared to a 1-percent increase for male veterans.

The retreat will be the Evansville VA Health Care Center.

Harris says services such as nutrition education and haircuts will be available to attendees.

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1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#) (16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence.

"We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

Nurses with the Beckley VA Medical Center are also readied.

"The veterans call with symptoms and we make recommendations if they need to go to the emergency room, make a clinic or if there is some home remedies that they can do," Conchettia Greer, an RN at the Beckley VA Medical Center, said.

In the wake of disaster, the VA Medical Center is ready to serve veterans.

"As a veteran myself, it means a lot to be able to go down and provide care to those who are unable to be seen at their own facility due to the bad conditions that they're having right now."

The \$800,000 vehicle that the Beckley VA Medical Center is sending will have a positive impact on the lives of our veterans.

"I couldn't be more proud of all of our teams put together," Vasquez said. "The Department of Veteran Affairs is 100 percent on board with taking care of our patients. All of the people

involved, it goes from all of these different medical centers to every single staff member that each of us has to make sure that we're ready."

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2. [Greater Choice for Veterans](#)

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#) (16 September, Tom Hall, 59k uvm; Los Angeles, CA)

As the celebrations and pious remembrance ceremonies fade away, let us not forget some of the realities of the 9/11 attacks. Everyone know that 2996 people died in the attacks. Almost exactly the same as the number who died in Puerto Rico following Hurricane Maria.

The numbers are as interesting as they are tragic. The 2996 all died on one day, in a few hours. The Puerto Rican victims died over months, as the Trump administration did little to help the island recover from the brutal storm, and even encouraged carpetbagger efforts to exploit the tragedy for personal profits.

We take notice of people who die all at once. Like the cavalrymen at Little Big Horn. But we don't take much notice of those who die over time, even if in much larger numbers, like the Native Americans slaughtered for their land and resources, in much smaller groups, adding up to much larger numbers. Or the slaves who died of starvation rations and overwork, or just at the whim of an owner.

Thus it is with the deaths from Hurricane Maria and from 9/11. As we wait to learn what the Donald will tell us about how North Carolina, and then other states, suffered no damage from Hurricane Florence, we should see this as simply one more in a list of denials that are NOT the Donald's.

In 2006, the New York courts finally put an end to mayor Rudi Giuliani's efforts to deny medical care to first responders and others injured during the 9/11 attacks. The same Rudi Giuliani who now denies any problems in the Donald's administration, back after 9/11 denied that first responders and people in the city suffered medical or psychological injury from the destruction of the World Trade Center and other buildings.

Giuliani, who now defends the Donald's denial of global climate change, in 2001 denied the scientific evidence that the attacks caused dangerous air pollution that lingered for months. He encouraged people to come back into the city, to workplaces, and apartments and tourist attractions that were heavily polluted. Then when people started to get sick, he ordered the city to deny them medical care. They didn't need medical care anymore than the malingering first responders, he said.

It was evil, greedy lawyers who took the mayor to court, and litigated until October 2006, more than 5 years after the cause of the medical need. Those evil, greedy lawyers got the court to overturn Rudi's order, and allow malingering first responders and other people with injuries only they and their doctors could see to receive medical care.

This is the same Rudi Giuliani who raves about the Donald's efforts to put an end to the Affordable Care Act. Affordable care for anyone, first responders or struggling workers is anathema to him.

But Giuliani wasn't alone in his contempt for the first responders. Hundreds had died. But many more live with the consequences of risking their lives for others, for strangers, on 9/11. In December, 2010, Senate Republicans, led by Mitch McConnell, filibustered an \$8 billion measure to provide care for first responders whose needs had become more and more apparent over the years following 9/11.

The Republican Party recognized the reality that the public will notice mass catastrophes, but will largely ignore slow tragedies, even if they are worse than sudden deaths. So they announced firm, coordinated opposition to any help for the firefighters, policemen, public service employees, civil servants and others who served on 9/11, and were stricken by long developing, lingering, progressive injuries.

The Donald says that he like his heroes who don't get captured. Paul Ryan, Mitch McConnell and the entire rest of the Republican Party members of Congress like first responders and public servants who don't get injured on the job.

A shout out is due to the "Liberal Media" in this situation. When the Republican filibuster appeared about to succeed, and leave first responders with no health coverage for their lingering, or increasing, injuries, television comedian John Stewart devoted an entire episode of his Daily Show to the situation. Daily Show let a national audience see how "inside the beltway" politicians were trying to deprive 9/11 heroes of necessary medical care for injuries incurred during their heroism.

Daily Show's efforts were not enough to get the bill passed. But it apparently found a few Republicans with enough remnants of decency that they agreed to a watered-down bill, providing about ½ of the funding the bill had identified as necessary. The new law had a "sunset" provision, with Republicans hoping that injured first responders would have mostly died off by then. They made it expire in October, 2015.

But thanks, once again, to the Daily Show's John Stewart, and several sick first responders who traveled to Washington, D.C. to raise public awareness, the new Republican-controlled congress reenacted the bill.

The first version of a bill to provide injured first responders and other victims of the 9/11 attacks with medical care, had been introduced in 2005. Every effort to care for these heroes was defeated by Republican Party politicians until the December 22, 2010 bill. And, of course, on December 22, 2010, every Republican Party congressman went public with claims that they were giving a generous Christmas gift to the 9/11 victims.

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe. First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

Even some Republicans saw the effort to destroy the VA and make care for wounded warriors a profit-center as a bridge too far. But they did allow Cheney to pack the VA with political and industry cronies, eager to use care budgets to increase their own bottom lines.

Then, after eight years of President Obama and Democratic efforts to weed corruption and waste out of the VA, The Donald and the now Republican-controlled Congress went back to trying to privatize veterans' care. Even with all the reports of corruption and mismanagement, the VA continued to receive higher patient satisfaction ratings than any private, for-profit healthcare provider.

Republicans saw those high patient satisfaction ratings as a problem, not as a good thing. With the U.S.'s longest wars, in the Middle East and Afghanistan, showing no signs of abating, and with the Donald promising vastly more war profits from engagements with North Korea and in the South China Sea, to start, congressional Republicans eagerly glommed onto plans to turn veterans' care over to private corporations.

On June 6, 2018, the anniversary of D-Day, when so many troops gave the last full measure of their devotion, The Donald signed a bill that allowed veterans to choose to go to private healthcare corporations, rather than VA doctors. The White House bragged about the effects of the bill, stating that it would lead to "virtually unlimited increases" in private corporate income and profits from treating veterans.

Getting "virtually unlimited" grasp on the federal purse for healthcare corporations was enough of a compromise to convince most Republicans to allow the VA to continue to exist for at least a few more years. So on June 6, having delivered "virtually unlimited" corporate access to veterans' tax dollars, every Republican Party politician went out to brag about how they were "helping," just as they did after being arm-twisted into "helping" first responders in 2010.

This September 11 saw Republican politicians around the nation make speeches about patriotism and public safety. Not one of those speeches mentioned Republican efforts to deny care to injured first responders. Not one of those speeches noted Republican efforts to destroy the Veterans' Administration and to shift "virtually unlimited" taxpayer dollars to private, for-profit medical corporations. And not one of those speeches mentioned the current Republican Party plan to slash corporate and 1%-er taxes even more, IF they hold their majorities in the House and Senate in November's elections.

We should all remember 9/11 and the aftermath, in which Republicans put corporate profits and tax cuts above the needs of injured first responders. While remembering the dramatic tragedy of that date, we must also remember the slow, less visible tragedy, spun over years, of Republican politicians letting first responders, victims and veterans sicken and die, out of the public eye.

We must remember. We must vote to end it.

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3. Modernize Our System

3.1 - Patch.com (Seminole Heights): [Funding For Haley Veterans Hospital Traffic Signal Approved](#) (16 September, D'Ann Lawrence White, 1.2M uvd; New York, NY)

TAMPA, FL – A roadside rally by veterans and employees at the James A. Haley Veterans Hospital paid off.

The federal Department of Veterans Affairs is paying Hillsborough County to install a traffic signal and make other improvements at the main access to James A. Haley Veterans Affairs Medical Center on Bruce B. Downs Boulevard.

The Hillsborough County Commission has accepted \$1.4 million from Veterans Affairs, which includes money to modify turn lanes and add improvements for pedestrians at the busy intersection of Bruce B. Downs and Richard Silver Way, the hospital's central artery.

Hillsborough County's Public Works Department has determined a traffic signal is warranted at the intersection. The county will design and install the roadway improvements, including the signal.

The work is projected to be completed by no later than mid-2021. The project is intended to:

- Accommodate increased development in the area, and accompanying traffic volume
- Improve overall mobility along Bruce B. Downs by safely accommodating more vehicles
- Enhance safe access and traffic flow at the main access to the hospital campus

"This will go a long way for our veterans who use the entrance at the James A. Haley Hospital," said Kent Turner, the medical center's acting associate director. "We really are encouraged about the work we have done with the Public Works Department."

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3.2 - The Daily Courier: [Cable access channel to update vets on VA, community events](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

With a goal of keeping area veterans informed of all things at the VA and in the community available to them, be it a new brand of medical technology, home care resources or a concert or art show, local leaders have collaborated to offer them a new public access channel.

Through a collaboration between Northern Arizona Veteran Affairs Health Care System, the Prescott Chamber of Commerce and the Prescott Media Center, area veterans will have their own access channel on Cable One Channel 65; Channel 18 if a veteran is an in-patient at the Prescott VA facility.

Mary Dillinger, the VA's public affairs officer, said the new channel will offer educational information, community resources, public events, and even live streaming of VA ceremonies such as the Sept. 21 POW/MIA ceremony to be held in the front courtyard next to the main medical center on the Highway 89 campus.

The official public kick-off of the new channel will be at the Yavapai County Stand Down 2018 at the Frontier Village beginning at 9 a.m. Friday, Sept. 28, through 3 p.m. Saturday, Sept. 29.

For those who do not have cable service, but instead use satellites, Dillinger said there will be a link that can be used to access the channel.

The intent behind the channel is to give veterans as much information about the goings-on at the VA and in the community as possible. She said there will be listings and schedules of events that will be updated on a regular basis. The channel will be commercial-free.

In addition to the new channel, two local veterans, both Marines, Gregg Arthur and Don Haskell, teamed up to create a new orientation packet to help veterans new to the VA get connected to services available on the campus. The packet comes with a map, and Arthur said they are also looking to create a video that will enable veterans to have a visual presentation that will enable them to better connect with all the VA has to offer, Arthur said.

Beyond the welcome packet, Arthur and Haskell are liaisons to the VA administration to share veteran concerns and issues so they can be addressed and resolved.

Active with VA facilities around the country since 1971, Arthur said new veterans can become overwhelmed without some type of “pro-active approach to help them navigate the system.”

“We want to create a friendlier atmosphere for our veterans so they don’t feel alienated,” Arthur said.

Medical Center Director Barbara Oemcke praised the veteran-centric efforts as a means to help the VA continue to improve and progress into the future.

“We so appreciate your input,” Oemcke said to the veteran volunteers.

For more information, veterans can also the local VA website: www.prescott.va.gov

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3.3 - Harrison Daily Times: [VA clinic set for Ozark Crossing](#) (16 September, Donna Braymer, 52k uvm; Harrison, AR)

Valor Healthcare has the contract to open and operate the Veterans Clinic at Ozark Crossing. Construction is under way for the 10,300 square-foot facility where Greshams Clothing Store used to be located.

Wanda Shull, VA director of public affairs, said, “The Harrison Clinic is constructed to support the Patient Aligned Care Team Model. This model allows for the veteran to receive his or her care through a team of providers: physician, registered nurse, licensed practical nurse, and advanced medical support assistant. If someone has served in the military, they may be eligible to receive care through the VA. Many people are not aware they are eligible. We hope that anyone seeing this piece will reach out to the VA to see if they qualify for health care.”

Jimmy Phillips, a service connected disabled Navy Veteran who is Valor’s director of veterans outreach and customer service, said, “Valor Healthcare operates more than 30 VA community based outpatient clinics (CBOCs) in the United States as a contractor for the U.S. Department of Veterans Affairs. Valor provides a full range of medical services to veterans through the operation of CBOCs, tailored to meet the specific needs of local VA medical centers. Our comprehensive set of services includes primary care, diagnostics, laboratory, telehealth,

behavioral health, and more. Our clinic staff utilizes the VA's Patient Aligned Care Team (PACT) model at most locations.”

Phillips added, “Valor Healthcare clinics have the mindset we are ‘for veterans by veterans.’ Valor Healthcare was founded in 2004 by a veteran and is led by former Army physician Dr. Scott Wise. Several of our senior staff are veterans of the Army, Navy, and Air Force.”

“We appreciate working with Valor to bring a new, modern clinic to the veterans in the Harrison and surrounding areas,” Shull said. “They are as eager to open the clinic as we are at the VA.”

“Valor hopes that all veterans understand that any clinic we operate is ‘their’ clinic and we work very hard to make our clinics the nerve center of the local veteran community. Any veteran is always welcome to stop by for a cup of coffee and visit with other veterans — and not just come by when they need medical services,” Phillips said.

“There are approximately 21 million veterans living in the United States. About one-third of them access services through the V.A.,” he said. “Many more veterans are eligible for healthcare services at the VA and we need to continue to get the word out to these veterans. These are benefits they have earned through their service and we want to ensure that every veteran in the area understands all of the benefits they are entitled to receive.”

Shull said the services provided will be primary care and mental health services. Specialty care would be referred to the VA in Fayetteville, or in the local community depending upon the needs of the veteran.

“There are 22 counties in the Health Care System Catchment, with 10 of those being in Arkansas. Harrison would mainly pick up veterans from Boone, Carroll, Newton and Madison counties,” she said. “We serve just over 1,400 in this area, but we hope to enroll more veterans who do not currently receive care through the VA.

“We hope to open as soon as possible, but it is pending the physician on boarding. We will see patients at our Branson Outpatient Clinic after the current clinic closes on Sept. 17, until the new clinic is open. Letters have been sent to patients with this information,” she said.

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4. Focus Resources More Efficiently

4.1 - The Daily Courier: [VA gives progress report to veterans](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility’s officials shared updates on everything from construction to campus hires.

Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls. She said the forum was intended to offer veterans a chance to share concerns and be referred to appropriate campus resources.

The recent departures of two top VA administrators — Chief of Staff Dr. M. Keith Piatt and Dr. Kerri Wilhoite, an associate director and nurse executive — and at least a dozen other mid-level management positions prompted a lot of questions among staff and veterans alike in the last couple months. Oemcke explained that the VA's regional office is actively recruiting for those positions, and already has interim staff working at the VA to cover at least some of those vacancies.

One of this VA's biggest challenges is recruiting and retaining top talent when nationally established salaries do not properly account for the high cost of living in this region, Oemcke said.

"We are working hard this year on what we can do to promote employee retention," Oemcke said, noting a renewed focus on hiring existing local talent and seeking better pay equity suitable to this region.

Resources for 2019 are expected to improve, and Oemcke said her administrative team is committed to showcasing the resources expected by veterans so they can garner, and enhance, such services. She said the local VA will be getting two new care teams — a four-person team headed by a physician — to assist with patient loads, she said.

MyHealthyVet was also promoted as an online tool that veterans can use for everything from scheduling appointments to ordering prescriptions.

As for processing medical claims to community care providers, veterans heard from top-level staff that the local VA may benefit from a trip to a Michigan VA facility where they were introduced to a new automated system that will eliminate backups. In addition, the CHOICE program is becoming more responsive to veteran's needs for referrals so that they can now be done in a couple of days rather than requiring waits of a couple weeks.

Steve Kohls, an Army Vietnam veteran who attended the forum, said he was impressed that when he needed an eye specialist a month ago — after a superior response at the VA's emergency room — he got an immediate referral. In addition, he said, the doctor he first saw him called him just two hours after he returned home to check on his welfare.

"No doctor has ever done that in my whole life," Kohls said. "I have nothing but good to say about the VA here."

Emergency room nurse manager gave Paul Weaver an overview of that department's operations and standards, and the response times it is able to provide.

The emergency room has 11 beds and 11 doctors with an additional 25 staff and 22 volunteers, he said.

Based on national VA standards, Weaver said, the local VA is close to meeting those goals, in particular the door-to-doctor goal of 25 minutes — the VA is now averaging 26 minutes — and the diagnosis timeliness of 150 minutes; the VA is at 159 minutes for the last quarter, Weaver said.

The anticipated average patient quota for the year is 14,000, and Weaver said the facility already has seen 13,500 veterans, so it likely will exceed that number.

“We appreciate what you’ve done for us, and we want to be here for you,” Weaver said to the attending veterans and their families.

“We have work to do. But if you have an issue, we are committed to making it better,” Oemcke concluded.

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4.2 - The Record: [Lee brothers found SEAL life in their blood](#) (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings.

Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55.

Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

He could tell stories of Mark from his childhood in Detroit; Newport, Rhode Island; Norfolk, Virginia; and Fremont, to his final days, providing security to PG&E crews working to re-establish power and gas to victims of the Carr Fire in Redding.

Jeff Lee was best suited to speak about his brother, however, because the two served as Navy SEALs, the first African-American brothers to do so, Jeff Lee said.

Black SEALs are a rarity, making up only 2 percent of the elite special operations unit, according to Pentagon statistics provided to USA Today in 2015. Jeff Lee knows of no other black siblings that have served in the unit that was first assembled in 1962, an expansion of the underwater demolition teams used in World War II.

Separated by three years in age — Jeff Lee joined the Navy out of high school in 1977 and Mark in 1981 — the two ultimately would serve together on SEAL Team 3 in Coronado for about 18 months.

“Our roles were a little different,” Jeff Lee said. “He was a training officer and I was a diving officer. We never deployed together, but we were in the same command and went to school together, advanced demolition school.”

That the two would aspire to the military’s elite unit, Lee said, was because of their dad, who served as a chaplain’s assistant in the China-Burma-India campaign during World War II and worked civil service jobs after.

As boys, Jeff Lee remembers being transfixed by the sight of his dad’s military shirt with its badges and insignias.

More than that, however, Abraham taught his children, by example, “to do things differently and explode myths and set new boundaries,” Jeff Lee said.

The Lees had moved from the south to Detroit in the late 1940s, Jeff Lee said, and his dad managed their apartment building. When a tenant accidentally discharged a firearm into the floor of Lee's apartment, the patriarch, at the suggestion of a relative living there, moved his family to Newport.

"The first time I saw a Navy ship tied at the Newport base, I knew that's what I was going to be," Jeff Lee said. "There was no doubt about it. The fishing pier was right near the naval war college. You could see the cadets. We lived three blocks from the pier and would go there and go swimming."

An older brother was in the Navy and told stories about travel and adventure, which only enhanced Jeff Lee's desire to join, too.

As he was finishing boot camp, Jeff Lee attended a presentation on the SEAL program, the Navy's special operations force later celebrated for carrying out the 2011 raid that killed Osama bin Laden. It appealed to him immediately.

"I like to push myself," Lee said.

His father had taught him about having a work ethic and to acclimate to any weather condition — including delivering newspapers in snowy Michigan — and he loved being outside, loved the water.

"My brother, as well," Lee said.

Jeff Lee served 25 years, Mark, 23, retiring as a Chief Warrant Officer. Mark Lee worked for Homeland Security when he left the military. Jeff answered what he said was a calling and became a chaplain. He continues to work with veterans through his chaplaincy in the VA's health care system and recently published a book, "Moral Injury Reconciliation: A Practitioner's Guide for Treat Moral Injury, PTSD, Grief and Military Sexual Trauma through Spiritual Formation Strategies."

Jeff Lee left the military in 2003 but remains dedicated to it through his daily work with veterans and their families.

But Friday was dedicated to his younger brother, the fellow SEAL, the one he grew up with, who delivered newspapers with him in Detroit and threw snowballs at passing cars from the top deck of the minor baseball stadium in Newport with him.

By the time Mark was in high school, the family lived in Fremont and their dad worked at the Alameda Naval Air Station. Mark Lee played football and was a saxophone player in the jazz band at John F. Kennedy High School, and Jeff Lee said he'd been the school's Mr. Titan and received other honors.

As an adult, Mark spent his life protecting others. He is survived by a 16-year-old daughter.

"We acknowledge the loss. We continue to keep him alive by how we live our lives," Jeff Lee said. "This is part of life. Dating back to our faith, we grew up understanding it's not over yet. As we continue to ground ourselves in our faith, we understand we keep him alive through our memories and living well in his honor."

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives.

The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

The highly interactive training includes sessions on the military culture wounds of war; pastoral care for veterans and their families; mental health services and referrals; and building community partnerships.

The neediest veterans aren't necessarily those who have returned recently from Afghanistan or Iraq.

"We see a lot of substance abuse among Vietnam-era vets," says Trubey, who has been at the VA center since 2015. "When they retire, it can exacerbate delayed onset post-traumatic stress disorder symptoms."

Thomas G. Behling, Chaplain Service chief at the Coatesville VA Medical Center, says the connection with pastors is vital.

"A lot of veterans, particularly in the National Guard and Reserve, come from rural communities, unlike those on active duty at a military installation," says Behling, 56. "Many times, concerned about the stigma around depression and not wanting to jeopardize their career, they will go to local clergy for assistance first because they know it will be confidential."

Trubey's instruction, especially the module in which he talks about understanding the military mindset, is eye-opening to many ministers, Behling says.

"War is a significant emotional event," Behling says. "The training helps pastors recognize that families are struggling with reintegration issues."

Paul W. Witt, chaplain service chief at Fayetteville VA Medical Center in North Carolina, asked Trubey to speak at a clergy forum Witt organized. He says the quality training Trubey provided helped the VA be viewed in a better light.

"Veterans will go to clergy in the community before they come to the VA," says Witt, 60. "Rusty making an effort to go into the rural community to find those more remote sites really helps us. This training helps empower clergy to take care of veterans in their churches."

Trubey, 49, isn't just speaking from theory. He went on active duty right out of high school, and for the past 11 years has been an Army Reserve chaplain. Trubey is one of only two dozen chaplains around the country serving in the community clergy training program. The VA instruction is funded by the Office of Rural Health.

“Pastors don’t always understand the complex issues that veterans and their families face,” Trubey says. “I’m passionate about building partnerships with pastors and connecting them with important resources in the community.”

Trubey earlier served 16 years with Chi Alpha Campus Ministries before becoming a hospice chaplain. His interest in hospice care piqued in 2012 when his father, Fred, a Korean War veteran, died.

“I appreciated the care that hospice provided,” Trubey says. “Now, end-of-life care for veterans is one of the most sacred and rewarding things I do in ministry.”

Trubey also has faced trauma on the home front with Oakley, his wife of 17 years. Their daughter Emmilou, born in 2015, has a rare genetic disease requiring her to live with a tracheostomy tube and ventilator. In addition, Emmilou needs to be fed via a line, plus a gastrostomy-jejunostomy tube. In 2016, Oakley gave birth to twins, Ada and Wren, born prematurely at 27 weeks’ gestation. They weighed just under 2 pound each at birth and had to spend six months in neonatal intensive care units at a trio of hospitals.

Soon after her 2001 wedding to Rusty, doctors told Oakley she wouldn’t be able to conceive. The Trubeys have eight children.

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5. Improve Timeliness of Service

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them.

Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

Suddenly, they were enveloped by a bright flash. Alex yelped. Alcoser went down. The dusty, smoky air turned yellow and orange and a firefight broke out. The dog stayed at his side.

“I would yell at him and his ears would twitch, but he wouldn’t look at me,” said Alcoser, 22, of San Antonio. “I think he was in a state of shock. He didn’t growl, he didn’t bark, he didn’t cry. He stayed right there.”

On Friday, they were together once more, this time at the South Texas Veterans Health Care System’s Polytrauma Rehabilitation Center. It was an emotional reunion, with the Harlandale High School graduate wiping tears from his eyes at one point and Alex licking his face.

It was the first time they had seen each other since both were in Washington, D.C., where each received the Purple Heart. And if all goes well in rehab over the next few months, they'll be together for good, buddies until the end.

They were close in Afghanistan, where Alcoser was 6½ months into a nine-month deployment when they got hurt. They were together pretty much everywhere Alcoser went, except the dining hall. On his days off, they slept in the same bed together, rising late and enjoying the leisure time.

On duty days, they had rituals.

"On a day with a mission, we'd wake up, I would give him a doggie treat and I would have some ice cream before we went out, and when we got back, we usually slept," Alcoser recalled.

"That was a normal day for me and Alex out there," he said, adding that a taste for sweets was born of his association with troops in special operations forces. "It was kind of their thing to eat a sweet because you never know if that's going to be your last when you go out."

The Aug. 5 suicide bomber's blast left Alcoser with shrapnel wounds and broken bones. He also had a mild traumatic brain injury, but his physical medicine and rehabilitation specialist, Dr. Blessen Eapen, said Alcoser escaped the explosion without any loss in cognitive ability.

Alex lost his left rear leg near his hip. Both are learning to get around again. Snapshots show Alex reluctantly settling in an underwater treadmill at Joint Base San Antonio-Lackland.

Alcoser took shrapnel in about 30 percent of his body — most of it in his lower extremities. Some of it continues to come out, slowly, in an often painful process. The list of broken bones is long and includes both arms and legs. He walks with a cane or a walker. Alex sometimes limps around but occasionally moves as quickly as a dog with all four legs.

"When we say 'polytrauma,' he's got multiple injuries, multiple fractures. ... He's pretty hurt," Eapen said.

There are goals to reduce Alcoser's dependence on opioids and in time get him well enough to start work at the Center for the Intrepid at JBSA-Fort Sam Houston.

"They're estimating about four to six months, and so I'm already a month and almost half in, and I'm already walking, so I think I'm going to beat that time," he said.

"Either way, the doctors say I have a pretty good chance of making a full recovery, and that's all that matters. I've got to get back to my dog. That's the important part."

There have been too many surgeries to remember, but they're over for Alcoser. A good deal of rehab lies ahead for both him and Alex, but an interesting thing happened Friday afternoon to the 8½-year-old German shepherd, who is headed to a medical retirement from the Army.

It seems he's trying to get back on the job. Trained to detect explosives and corner suspects who try to run and hide, Alex tried to search a car after arriving at Audie Murphy VA Hospital.

“When they’re old and retired, they still don’t know they’re not supposed to work,” said Regina Johnson, a retired Army dog handler who works in the Defense Department’s DoD Military Working Dog Breeding Program at Lackland.

“They still have the same drives. They still want to search, they still want to find the same toy, they still want to be praised.”

Ask Alcoser if he finds the process of learning to walk again frustrating, and he’ll wave off the notion. He has a wife, Misty, and a 6-month-old son to look after, and then there is his mom. Ann Marie McGrew lives in Houston and drives to see him at the hospital every weekend.

Alcoser hopes to return to work as a soldier, in time returning to his post, Fort Drum, N.Y., and eventually get promoted to sergeant.

Give him the chance, and he’d go back to the war zone. Alcoser has fallen brothers to honor. Those Afghan and Czech soldiers standing between him and the man with the suicide vest absorbed the worst of the blast. The Afghans survived. The Czechs were killed instantly.

“I don’t have any frustrations, I just take it day by day, that’s all I can do. There’s no point in being mad or sad or anything like that. I’ve got to live through the people who died for me, so they give me a lot of strength,” he said.

“And Alex ain’t complaining, so I don’t think I should, either. His injuries are a little worse than mine,” Alcoser said. “A lot of people call him a dog, but I think he’s a little more than that. He’s a soldier.”

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5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

“The threats posed by antimicrobial resistance have led to strong recommendations and regulatory actions,” Lauren D. Stevenson, PhD, researcher at the Louis Stokes Cleveland VA Medical Center, and colleagues wrote. “The number of trained infectious disease physicians and pharmacists is insufficient to meet the urgent need for comprehensive antimicrobial stewardship programs across health care settings, including the Veterans Health Administration, the largest integrated health care system in the United States.”

According to Stevenson and colleagues, a 2012 survey found that 40% of VAMCs providing inpatient care did not have a full-time ID physician on staff, leaving the implementation of antimicrobial stewardship programs to physicians, pharmacists and nurses who lack training in infectious disease or antimicrobial stewardship.

For the study, they developed a pilot telehealth project that used videoconferencing to connect pharmacists, infection preventionists, staff nurses and other clinicians at rural VAMCs with ID physicians, creating a remote antimicrobial stewardship team.

To test its efficacy, Stevenson and colleagues implemented the system at two unnamed rural VAMCs. Site A, with 27 acute-care beds and 162 long-term care beds, started using it in August 2016. Site B, with 10 acute-care and 180 long-term care beds, began in October 2016. Each week, staff at both sites selected cases for discussion at the weekly telehealth videoconference, according to Stevenson and colleagues. During the 1-hour meetings, cases were presented and discussed, and the team made recommendations for treatment.

Over the 1-year period, the team at Site A discussed 140 cases in 40 sessions and Site B discussed 119 cases in 38 sessions, the researchers reported. According to the study, the most common recommendation at both sites was to stop antibiotics — a recommendation that had an 82% acceptance rate at Site A and 71% acceptance rate at Site B. Participants reported that some providers were not open to recommendations to change treatment plans, which they attributed to ego or being “set in their ways,” Stevenson and colleagues said.

However, they noted that, overall, participants reported that telehealth sessions increased their awareness of antibiotics stewardship principles which helped them adapt their practice patterns and engage in antimicrobial stewardship efforts.

“The VA has successfully used telemedicine to increase veterans’ access to specialty care providers,” they concluded. “This program is an effective health care delivery model that integrates patient care with provider education, improving access to specialty care from a distance.”

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5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

MOUNT PENN, PA — When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor.

His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

In the past when his post-traumatic stress disorder symptoms grew too strong, Casale would isolate himself and suffer alone, but now the former machine gunner can be with men he calls his brothers.

They are fellow veterans, and though he never served with them, he now rides beside them, teaches them and trains with them. They count on him as he does them, and they help each other heal.

"It feels so safe when I come here. I feel like I'm at home," said Casale, 47, of Newmanstown. "We have each other's backs."

Both the motorcycle club and the martial arts club it sponsors formally began Aug. 18 with the same leaders and similar goals: to build a bridge for veterans from the military to the civilian world and to do charitable work to help vets in need.

Their building on Dengler Avenue is designed as a place of understanding, bonding and purpose, helping veterans to cope with their new lives, which for many is a very tough transition, said Anthony Gonzalez of Wyomissing, who founded both clubs.

'We have a brotherhood'

The difficulty of that change is familiar to Gonzalez, who did combat tours as a squad leader in Iraq in 2007 and 2008 during his 28 years in the Army National Guard, and who also served 16 years as a Reading police officer until retiring in 2006.

"Retirement was harder than I thought it would be," he said, which is what prompted him to start both the Desert Knights chapter and the martial arts club.

Gonzalez, 52, wanted to be there for fellow veterans, and figured doing so would help him acclimate to being a civilian and to cope with his PTSD. He said he's been right on both counts.

"We have a brotherhood here because it helps knowing someone else has been through the wringer, too," Gonzalez said.

The Berks chapter of the Desert Knights is the organization's 14th, all of which are required to have at least 70 percent veterans. Most of the clubs are actually closer to 100 percent vets, said Trey Jones, founder and president of Red and Tan Nation, the organization that oversees the Desert Knights and its sister organizations, the Desert Riders and Desert Warriors.

The Desert Knights' chapters are required to do at least one charitable fundraiser each year, but the Reading chapter has plans to go far beyond that, and Jones likes what he's seen so far.

Making a difference

The group's first act of public service came last Sunday, when members picked up World War II veteran Edgar Tyson, 100, from ManorCare Health Services in Laureldale and drove him to his family reunion in New Ringold with a motorcycle escort there and back.

He wouldn't have been able to make the event otherwise and suspects it may be his last reunion, Gonzalez said.

It's the type of work the club will soon be doing more, whether it's providing support at funeral services for veterans, assisting homeless veterans or staying at the bedsides of vets who are dying and don't have loved ones nearby, he said.

"I am so proud of my brothers for the way they've come together for each other and for the work they're doing to help other folks," Jones said. "They're ambitious in what they want to do."

Though the federal Department of Veterans Affairs has taken big steps over the years toward helping veterans, there are still a lot of veterans not getting what they need.

So the way that the Reading club members are helping their fellow veterans is crucial and something Jones said he's seen in other chapters, as well. He knows of veterans who've struggled with issues ranging from anxiety to anger management to infidelity and who've

benefited from fellow club members standing with them and connecting them with behavioral health professionals, he said.

"Not everyone has fixed themselves. It's an ongoing process," he said. "But they hold each other's hands throughout it, and it's made a massive difference for a lot of the guys."

Gonzalez thinks his Desert Knights chapter also will change the perceptions and stereotypes some hold about motorcycle clubs as having outlaw intentions. While some motorcycle clubs do have members who take part in illegal activities, that's not what the Desert Knights is about, he said.

"We're the good guys," he said.

'I need to come here'

The martial arts club is mostly limited to veterans and expects to grow quickly from its current membership of about 10, who range from a 19-year-old Valley Forge Military Academy cadet to a 68-year-old veteran of Vietnam. They include both former and active service members, among them a soldier who lost both legs above his knees in Afghanistan but still rides a motorcycle.

While it is a business, with most students paying for their lessons to cover expenses, its focus is on helping veterans to be healthier physically, mentally and spiritually, and two of the current students take the classes for no charge.

Gonzalez said he is planning fundraisers so that most of the veterans who have trouble affording lessons can take them for free.

Among the regulars at the club is Army veteran Albert Abadam, 47, of Temple, who trains there and instructs veterans and nonveterans in the Red Dragon School of Karate offered there.

"When I got out of the Army, it was hard. There wasn't that same camaraderie, and I really missed that," Abadam said on a recent night in the club's dojo as he prepared to train alongside Casale. "But this is a place we can come together. That trust is here. So I need to come here, even after a 12-hour day of work, even when I'm exhausted."

Abadam served 26 years in the Army and misses his military experiences as he struggles to cope with them, though he never had a combat tour.

"PTSD is not just combat-related, and I have my own version of it, my own little demons," he said.

While they're in the services, veterans receive a military version of martial arts training, which is part of the reason the classes he takes are a good fit, he said. But the training is about much more than punches and kicks, elbow throws and leg sweeps, he said.

"We're working to be better than we were yesterday, which is what we (servicemen and women) do," he said. "It's not just about combat. It's about life skills."

Having purpose

There are other connections between the martial arts and the military: Both have rank and structure, and both require discipline and respect, said Gonzalez, a sixth-degree black belt in karate and mixed martial arts.

With issues including suicidal thoughts, substance abuse and unemployment plaguing the veteran community, it's important for vets to find a healthy comfort zone when they return instead of the unhealthy habits they could fall into, he said.

"You don't want to stay home in the bedroom watching CNN all day or watching war movies or sitting on the porch drinking beer or whiskey," he said. "You don't want to do that. You want to stay busy."

Having a purpose is also key, which is why the volunteer work the motorcycle club does for veterans benefits those on both sides of it, he said.

Casale was a "grunt," as he puts it, a rifleman who served in Panama in 1989 during a U.S.-led invasion to arrest Panamanian leader Manuel Noriega and in Iraq during Operation Desert Storm in 1990-91.

Those tours contributed to his PTSD, but when it is especially troubling, he says he now has a toolbox to go to. His family is among those tools he relies on, as is his dog Bella, and his weekly PTSD group sessions at both the Lebanon VA Medical Center and York County VA Community Clinic.

His martial arts classes are another tool. He has taken them since he was 13, earning a fifth-degree black belt, and credits them with allowing him to survive Marine Corps boot camp. Now they help him to survive his post-military life.

"It's a way to release a lot of anger and energy, and it builds my self-esteem and confidence," he said. "It helps me to be a better husband, a better person and a productive member of society."

Ken Lebron, deputy director county veterans service officer of the Berks County Veterans Affairs office, applauds the work the motorcycle and martial arts clubs are doing for their fellow vets.

Just as Gonzalez and his officers were mission-oriented during their time in the military, now they are equally dedicated to another worthy cause, Lebron said.

"They're a perfect example of veterans giving back to other veterans, and it's great to see," he said. "They're making sure no veterans are left behind."

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5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

SHARPSBURG — Sitting at a former farm that existed at the time of the Battle of Antietam, visitors to the site Sunday were able to get an in-depth understanding of the psychological effects the conflict had on soldiers.

Jim Broomall and Steve Goldman talked about the topic during ongoing "Porch Programs" that have been offered for three seasons at the Newcomer House along Shepherdstown Pike.

Broomall is an assistant professor of history at Shepherd University and director of the George Tyler Moore Center for the Study of the Civil War in Shepherdstown, W.Va.

Goldman is on the faculty at the Uniformed Services University in Bethesda, Md., and conducts research on reconstruction following the Civil War.

They spoke during sessions at 11:30 a.m. and 2 p.m.

Southerners who joined the Confederacy were generally individualistic, strong-willed individuals, Broomall said. But when they entered the war — which produced a "ferociousness" of battle that they had never seen — they learned to depend on each other, he said.

They spent all their days with each other.

Although many people focus on fighting in the Civil War, one day of battle was often offset by 50 days of mundane camp life and other chores, Broomall said.

After the war, Confederates often reached out to other veterans because of the unique experiences they faced together, he said.

"It runs quite deep," Broomall said.

In a striking familiarity to society today, soldiers faced various pitfalls after the conflict, such as alcoholism and addiction to opium painkillers, according to Broomall and Goldman. Prohibition came about in reaction to alcoholism wrecking lives of veterans, Goldman said.

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said.

The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said.

"They were on their own," Goldman said.

Broomall and Goldman spoke at the former home of Joshua Newcomer, who ran a farm on the property until the war brought the Battle of Antietam, which resulted in 23,000 soldiers being killed, wounded or left missing after 12 hours of fighting on Sept. 17, 1862.

It stands as the bloodiest day in American history.

Newcomer's house and a mill were used as makeshift hospitals for Union troops in the weeks after the battle. Newcomer was never able to recover financially from the damage to his property, so he sold it and moved out West.

Rachel Nichols, manager of the house, said the Porch Programs were started to bring more visitors to the site and make them aware of the Heart of the Civil War Heritage Area, which promotes stewardship of historic, cultural and natural Civil War resources in the region.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Janesville Gazette: [Serving those who served: Local program houses homeless vets](#)
(16 September, Frank Schultz, 164k uvm; Janesville, WI)

TOWN OF ROCK - Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman.

Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

He wasn't homeless in the way people often think of homeless men: destitute and sleeping under bridges.

In fact, it's rare for that kind of homeless veteran to stay at the facility, part of the former Caravilla Nursing Home at 203 W. Sunny Lane, officials said.

Kimball is getting the help he needs, but the nation still has homeless veterans, nearly 50,000 as of 2015, with Wisconsin accounting for 520 of those, according to the Veterans Administration.

Why can't we end homelessness, at least for our military veterans? A look at Housing 4 Our Vets offers some clues.

For starters, the 48-bed facility always has about 12 openings, officials said.

A woman showed up at the facility last week, crying. Her Marine-veteran son needed help.

Rock Valley Director Angel Eggers said she doesn't know how the woman knew about the facility, but she's glad there's room for him.

More often, Eggers runs into people who didn't know the Housing 4 Our Vets program exists.

"It has been a struggle getting the word out," Eggers said, speculating that more homeless vets might apply if they knew about it.

Complex needs

Some veterans don't think of themselves as veterans, Eggers said. Some don't know they qualify for a wide range of VA benefits.

"We've had guys who could've had benefits for years but never knew," she said.

Eggers gave the mother of the Marine veteran an application form and put her in touch with people who would help her son fill it out.

The Veterans Administration must approve the application, usually in five to seven days. Eggers said this case sounded promising.

Housing 4 Our Veterans takes in male veterans for a maximum of two years from parts of four states.

The program at the former Caravilla Nursing Home is a contractor for the VA, which runs the federal government's effort to end veteran homelessness.

The local program forbids the use of drugs or alcohol, one of the reasons some homeless won't go there, said Julie Lenzendorf, program administrator.

"I've heard, 'I'm a grown man. I don't want to quit drinking,'" Lenzendorf said.

Staff members understand that recovering from addiction means relapses, but men can be ejected from the program if they don't take advantage of the treatment provided and continue to return to the facility drunk or drugged.

Others don't want to live with a roommate, another program requirement.

For those who go through the program, the success rate exceeds the VA's goal of 65 percent, Eggers said.

The VA defines success as a discharge into independent, permanent housing, but some veterans stay for a time with family before getting their own apartments, or they go to a long-term care facility, so those are not registered as successes, Eggers said.

Very few exit the facility and become homeless again, Lenzendorf said.

"We do everything we can (to prevent that)," Eggers added.

Services the local program provides are critical to success, said Eggers.

A key service is drug/alcohol counseling. The program has a high population of recovering substance abusers.

Residents can also get help for mental health problems such as post-traumatic stress and housing/employment counseling.

"The guys we see have pretty complex needs. That's why I'm thrilled with the VA, that they give these guys two years (to work on their problems)," Eggers said.

Homeless to helper

George Kearn was the first veteran to use the facility when it opened in 2011.

Kearn now is assistant manager at Full Circle Furnishings, an offshoot of the homeless-vets program. All profits support the program. It's a job he loves.

Kearn's own homelessness was brief. He was getting a divorce and needed a place to stay in 2011. The VA pointed him to the new program. He did so well he was hired to help run the place and stayed for nearly two years.

The Navy veteran, 73, served in Vietnam as a radio operator on a high-speed amphibious transport that dropped off underwater demolition specialists on Vietnamese shores.

Kearn thinks the homeless program is needed, especially to help veterans transition to civilian life.

But he believes some veterans use the system for housing when they could provide for themselves.

The facility
Housing 4 Our Vets is in two wings of the former nursing home complex.

The veterans and former prisoners have different meal times and gym times, but they can encounter each other in the halls or grounds. One thing the program is not is an emergency shelter. Veterans must apply and be accepted under guidelines dictated by the Veterans Administration.

The veterans program employs a manager, two case workers, one intake workers/substance abuse counselor, a full-time staff assistant and several part-time assistants.

It will cost an estimated \$726,355 to run this year, most of that coming from the Veterans Administration, Eggers said.

A VA social worker spends at least one day a week at Rock Valley.

Residents who have income, such as from jobs or pensions, must pay 30 percent of their income in rent, not to exceed \$224 a month.

To gain entry, residents must be adult males with a non-dishonorable discharge from the military. They must be able to take care of their daily-living needs; the facility does not provide nursing-home-style assistance.

They must prove they are sober, and drug tests and breathalyzer tests are administered randomly.

The veterans section includes a common room, where residents can watch TV, play cards or host visitors.

Visitors are not allowed in the rooms, which are small but include full baths and kitchenettes.

A place of his own
The program features a mandatory life-skills course.

Kimball and another current resident, Michael Cerda, said they don't like the requirement that they take life skills training because they know how to brush their teeth, take a shower and otherwise care for themselves.

Cerda, 32, a former gunner's mate in the Navy, arrived at Rock Valley last year. He became homeless when he was living with family, and problems developed.

Cerda works a second-shift manufacturing job in Delavan and owns his own car.

Cerda doesn't like the curfew of 10 p.m. on weekdays and midnight on weekends, but he's willing to suffer the annoyances.

He plans to use his full two years so he can be sure he has enough money saved to rent an apartment and be successful, he said.

Cerda likes the food and can order a sack lunch to take to work. Residents are taken on field trips, such as Milwaukee Brewers games and bowling, and cookouts are held on the grounds.

Local groups provide cookies and other snacks, especially during the holidays, he said.

Cerda had a roommate who was an alcoholic and was found outside almost frozen to death, he said.

Residents are encouraged to have hobbies. Cerda paints and modifies miniature soldiers and plays war games with them.

New program

Rock Valley is expanding its programming for veterans. It's renovating a vacant wing of the old nursing home for a 23-bed transitional living facility scheduled to open in May.

Graduates of Housing 4 Our Veterans who can't find housing after two years will be able to apply to move to the new wing, where they'll have a room of their own at low rents for up to three years.

Work on the gutted wing has been slow in part because officials want to pay for it without a loan. That will mean more fundraising, Eggers said.

A different option

President Barack Obama's administration set out to fix the problem of veterans homelessness in 2010 by revamping the VA's programming, and it yielded some results, according to the VA website.

The VA says homelessness between 2010 and 2013, as measured by the number of homeless veterans on a single night in January, dropped from 76,329 to 57,849.

The revamped program included collaborating with community-based treatment and supportive services, such as the one at Rock Valley. It also started a new program that took a radically different approach.

The new program is called Housing First. It gives veterans vouchers to pay for apartments without requiring that they stay off alcohol or drugs or complete treatment before getting housing.

Housing First recipients do get help for mental health, substance abuse and other needs, but that comes after they have a roof over their heads.

Eggers doesn't see how that will work, and she wouldn't want to use it at Rock Valley, but it's still a part of the VA's approach.

The jury appears to be out on Housing First, which also is being used for non-veterans in programs around the country.

'Everybody gets along'

Kimball likes his room and the food. He said he gets plenty of exercise in the gym, and he has made friends.

Residents must clean windows and floors and do other chores, and they must keep their own rooms tidy.

"We've all been through it at one time, when we were in the service, so it's nothing new to us," he said.

Smoking is allowed in designated areas.

"They're very strict about that," Kimball said.

Women are not allowed in the rooms, and there's no fighting, although "everybody gets along pretty well. A few problems here and there, but that comes with the territory."

Kimball said residents don't ask each other how they got there, but he know of many who come from the street.

Residents are allowed to sign themselves out of the facility overnight, "as long as you've been behaving yourself," Kimball said.

Sheriff's deputies are called for fighting or drunken driving, Kimball said, but he's seen that happen only three times, and he feels safe.

"It's a well-run, peaceful place," he said. "It's really a haven for us."

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7.2 - Bristol Herald Courier: [Southwest Virginia Veterans Expo set](#) (17 September, 158k uvm; Bristol, VA)

ABINGDON, Va. — Veterans interested in learning more about community resources and services will be able to obtain more information at a Southwest Virginia Veterans Expo.

The event will take place Friday at the Southwest Virginia Higher Education Center, at One Partnership Circle in Abingdon, from 10 a.m. to 2 p.m.

It will help connect veterans and their families to federal, state and community resources and services, according to a news release. Those attending will be able to get information about health care, veterans benefits, education, employment, transportation and housing, among other topics.

Ballad Health will offer several screenings, including blood glucose, bone density, skin cancer, lung capacity, vision and hearing. Mountain Home and Salem VA hospitals will have representatives at the expo to help with case-specific matters.

VFW Post 1994 will provide lunch. Commissioner John Newby of the Virginia Department of Veterans Services will serve as a special guest speaker.

The expo is hosted by Delegate Todd Pillion, R-Abingdon, Ballad Health and the Southwest Virginia Higher Education Center.

For more information or to register in advance, contact Pillion's office at 276-220-1209.

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8. [Other](#)

8. - Billings Gazette: [Trump's revenge costs Montanans](#) (17 September, Mary Catherine Dunphy, 854k uvm; Billings, MT)

So, let me get this straight.

Sen. Jon Tester does his job and doesn't approve of Trump's nomination of Dr. Ronnie Jackson, as secretary of Veterans Affairs, because Dr. Jackson had no experience as an administrator of a big federal agency, and there were credible allegations of misconduct by Dr. Jackson including: drunkenness on duty, inappropriate practices of prescription medicine and creating a hostile work environment.

After Jackson withdrew his nomination, Trump says: "I think Jon Tester has to have a big price to pay in Montana."

Then Trump and his surrogates (Pence and Trump Jr.) decide to take revenge on Sen. Tester for doing his job by making several trips to Montana campaigning for Sen. Tester's opponent in the upcoming Montana Senate race.

And, all this Trumptonian revenge against Sen. Tester has been at taxpayer expense. The police protection and increased security has been estimated in Billings at \$20,000 last week, \$35,000 for Pence's July visit and \$80,000 for Trump's Great Falls campaign trip in July. And, so far as reported in this newspaper, there has been no reimbursement from the White House for all the expenses incurred by these Montana communities. And, that doesn't include the jet fuel and staff for Air Force One.

So, who is really paying the "big price" in Montana for Sen. Tester doing his job and protecting veterans from Trump's incompetent VA secretary nominee? I'm thinking the people in Billings

and Great Falls must be think this is a pretty expensive way for Trump to get revenge on Sen. Tester — all at their expense.

Mary Catherine Dunphy

Miles City

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From:

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Subject: [EXTERNAL] 17 September Veterans Affairs Media Summary and News Clips

Date: Mon Sep 17 2018 05:16:58 CDT

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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

17 September 2018

1. [Top Stories](#)

1.1 - CBS News (60 Minutes, Updated, Video): [Combat veterans coming home with CTE](#)

(16 September, Sharyn Alfonsi, 26.1M uvm; New York, NY)

Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

[Hyperlink to Above](#)

1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#)

(16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide. These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#)

(16 September, 23.9M uvm; Washington, DC)

The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless. Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

[Hyperlink to Above](#)

1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#)

(16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence. "We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

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2. [Greater Choice for Veterans](#)

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#)

(16 September, Tom Hall, 59k uvm; Los Angeles, CA)

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe.

First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

[Hyperlink to Above](#)

3. Modernize Our System

3.1 - Patch.com (Seminole Heights): [Funding For Haley Veterans Hospital Traffic Signal Approved](#) (16 September, D'Ann Lawrence White, 1.2M uvd; New York, NY)

A roadside rally by veterans and employees at the James A. Haley Veterans Hospital paid off. The federal Department of Veterans Affairs is paying Hillsborough County to install a traffic signal and make other improvements at the main access to James A. Haley Veterans Affairs Medical Center on Bruce B. Downs Boulevard.

[Hyperlink to Above](#)

3.2 - The Daily Courier: [Cable access channel to update vets on VA, community events](#)

(16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

With a goal of keeping area veterans informed of all things at the VA and in the community available to them, be it a new brand of medical technology, home care resources or a concert or art show, local leaders have collaborated to offer them a new public access channel.

[Hyperlink to Above](#)

3.3 - Harrison Daily Times: [VA clinic set for Ozark Crossing](#) (16 September, Donna Braymer, 52k uvm; Harrison, AR)

Valor Healthcare has the contract to open and operate the Veterans Clinic at Ozark Crossing. Construction is under way for the 10,300 square-foot facility where Greshams Clothing Store used to be located. Wanda Shull, VA director of public affairs, said, "The Harrison Clinic is constructed to support the Patient Aligned Care Team Model..."

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4. Focus Resources More Efficiently

4.1 - The Daily Courier: [VA gives progress report to veterans](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility's officials shared updates on everything from construction to campus hires. Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls.

[Hyperlink to Above](#)

4.2 - The Record: [Lee brothers found SEAL life in their blood](#) (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings. Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55. Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives. The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them. Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

[Hyperlink to Above](#)

5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

[Hyperlink to Above](#)

5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor. His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

[Hyperlink to Above](#)

5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said. The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said. "They were on their own," Goldman said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

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1.1 - CBS News (Video): [Combat veterans coming home with CTE](#) (16 September, Sharyn Alfonsi, 26.1M uvm; New York, NY)

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As we first reported in January, CTE isn't just affecting athletes, but also showing up in our nation's heroes. Since 9/11 over 300,000 soldiers have returned home with brain injuries. Researchers fear the impact of CTE could cripple a generation of warriors.

When Joy Kieffer buried her 34-year old son this past summer, it was the end of a long goodbye.

Kieffer's son, Sgt. Kevin Ash, enlisted in the Army Reserves at the age of 18. Over three deployments, he was exposed to 12 combat blasts, many of them roadside bombs. He returned home in 2012 a different man.

[Transcript]

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1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#) (16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide.

These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

As correspondent Sharyn Alfonsi reports this week on 60 Minutes, some veterans' brains are affected by chronic traumatic encephalopathy, or CTE, caused by repeated blows to the head.

CTE is the same disease that's rocking the football world. Last summer, neuropathologist Dr. Ann McKee discovered CTE in the brains of 110 out of 111 deceased N.F.L. players, raising serious concerns for the men still playing the game.

Now Dr. McKee is seeing similar patterns in deceased veterans who were subject to head trauma from combat blasts. Of the 125 veterans' brains she has examined, 74 had CTE.

There's currently no cure for CTE, a debilitating brain disease that causes symptoms such as depression, memory loss, difficulty thinking, and impulse control. But researchers like Dr. McKee are trying to find ways to treat — and even just diagnose — CTE, and for that, they need veterans.

Veterans living with symptoms of CTE can help science advance research on this disease in two ways — by signing up to be part of an active research trial or by pledging to donate their brains after death, similar to becoming an organ donor.

"For many soldiers who are involving themselves in this research — and many of the families who are donating their brains to this research — they're viewing this as sort of a final act of service, so that they can help the soldier coming up behind them or help the veteran who they served with in Iraq or Afghanistan," says 60 Minutes producer Ashley Velie, who produced this week's piece with Alfonsi.

For veterans and active service members who suspect they may have CTE, here's how to participate in the scientific projects described in Sunday's 60 Minutes report:

Become part of an active trial

While the only fool-proof way to diagnose CTE is by testing a post-mortem brain, neurologist Dr. Sam Gandy of New York's Mount Sinai Hospital is using scans that test for the disease in the living.

Here's how it works. Dead clusters of protein in the brain, called Tau, are typical markers of the disease. A radioactive tracer known as T807 clings to Tau and shows up in PET scans, indicating the possible presence of CTE.

In Dr. Gandy's trial, participants are injected with the tracer, then put through a 20-minute PET scan. High resolution images of their brains are combined with MRI results to get a 360-degree picture, showing whether there are signs of CTE.

In the past year, 50 veterans and athletes have been tested for the disease in Dr. Gandy's lab. He hopes his trial will lead to drug therapies that offer relief to future CTE patients—and maybe even to a cure.

"It's giving those who may be suffering from the degenerative disease hope," Velie says.

Since the 60 Minutes story first aired in January 2018, more than 100 veterans have contacted Dr. Gandy to enroll in ongoing trials to identify whether they are living with CTE.

RESOURCES

For a complete description of the research protocol for the Mount Sinai study of athletes and veterans with repeated head injuries and concussions, visit <https://clinicaltrials.gov/ct2/show/NCT02266563>

To participate in the Mount Sinai CTE study, contact Dr. Sam Gandy: 212-774-1722 (24-hour pager)

samuel.gandy@mssm.edu or samuel.gandy@va.gov

To seek care for CTE:

US Department of Veterans Affairs

877-222-VETS

Organ Donation

Dr. McKee is leading the charge in researching head trauma and CTE at the VA-Boston University-Concussion Legacy Foundation Brain Bank, where researchers carefully dissect sections of the brain. They look for changes in the folds of the frontal lobes, an area responsible for memory, judgement, emotions, impulse control and personality. The VA-BU-CLF Brain Bank is the largest tissue repository in the world focused on CTE.

Dr. McKee is hoping more veterans will pledge to donate their brains after they die, similar to becoming an organ donor.

"The military is where we're really lacking," she tells Alfonsi. "We know we need answers for the military. And we just haven't been as successful recruiting those brains. We know that they're there, so we're trying to increase the visibility of that."

In the long term, Dr. McKee has found a genetic bio-marker that she believes may predispose people to CTE, a discovery that could have far-reaching implications on the football field and the battlefield.

Since Alfonsi's story aired in January, more than 300 veterans have reached out to Dr. McKee about donating their brains to ongoing research.

RESOURCES

Boston University CTE Center: <https://www.bu.edu/cte/>

Concussion Legacy Foundation: <https://concussionfoundation.org/>

For families who wish to donate a brain for research, please contact the VA-BU-CLF Brain Bank directly by calling a research assistant.

Bobbie Abdolmohammadi: 617-414-1184

Laney Evers: 617-414-1187

For urgent brain donation matters, please call the center's 24/7 voicemail/pager: 617-992-0615

Pledging one's brain is similar to organ donation. To learn more about how you can pledge your brain to the VA-BU-CLF Brain Bank, visit <https://concussionfoundation.org/pledge>

The video above was originally published on January 7, 2018 and produced by Lisa Orlando, Ann Silvio, and Will Croxton. It was edited by Lisa Orlando, Will Croxton, and Sarah Shafer Prediger.

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1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#) (16 September, 23.9M uvm; Washington, DC)

EVANSVILLE, Ind. (AP) — The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless.

Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

In a 2017 report to Congress, the U.S. Department of Housing and Urban Development said women comprise the fastest-growing segment of the homeless veteran population.

From 2016 to 2017, the latest period statistics are available, the number of homeless female veterans increased by 7 percent, compared to a 1-percent increase for male veterans.

The retreat will be the Evansville VA Health Care Center.

Harris says services such as nutrition education and haircuts will be available to attendees.

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1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#) (16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence.

"We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

Nurses with the Beckley VA Medical Center are also readied.

"The veterans call with symptoms and we make recommendations if they need to go to the emergency room, make a clinic or if there is some home remedies that they can do," Conchettia Greer, an RN at the Beckley VA Medical Center, said.

In the wake of disaster, the VA Medical Center is ready to serve veterans.

"As a veteran myself, it means a lot to be able to go down and provide care to those who are unable to be seen at their own facility due to the bad conditions that they're having right now."

The \$800,000 vehicle that the Beckley VA Medical Center is sending will have a positive impact on the lives of our veterans.

"I couldn't be more proud of all of our teams put together," Vasquez said. "The Department of Veteran Affairs is 100 percent on board with taking care of our patients. All of the people

involved, it goes from all of these different medical centers to every single staff member that each of us has to make sure that we're ready."

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2. Greater Choice for Veterans

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#) (16 September, Tom Hall, 59k uvm; Los Angeles, CA)

As the celebrations and pious remembrance ceremonies fade away, let us not forget some of the realities of the 9/11 attacks. Everyone know that 2996 people died in the attacks. Almost exactly the same as the number who died in Puerto Rico following Hurricane Maria.

The numbers are as interesting as they are tragic. The 2996 all died on one day, in a few hours. The Puerto Rican victims died over months, as the Trump administration did little to help the island recover from the brutal storm, and even encouraged carpetbagger efforts to exploit the tragedy for personal profits.

We take notice of people who die all at once. Like the cavalrymen at Little Big Horn. But we don't take much notice of those who die over time, even if in much larger numbers, like the Native Americans slaughtered for their land and resources, in much smaller groups, adding up to much larger numbers. Or the slaves who died of starvation rations and overwork, or just at the whim of an owner.

Thus it is with the deaths from Hurricane Maria and from 9/11. As we wait to learn what the Donald will tell us about how North Carolina, and then other states, suffered no damage from Hurricane Florence, we should see this as simply one more in a list of denials that are NOT the Donald's.

In 2006, the New York courts finally put an end to mayor Rudi Giuliani's efforts to deny medical care to first responders and others injured during the 9/11 attacks. The same Rudi Giuliani who now denies any problems in the Donald's administration, back after 9/11 denied that first responders and people in the city suffered medical or psychological injury from the destruction of the World Trade Center and other buildings.

Giuliani, who now defends the Donald's denial of global climate change, in 2001 denied the scientific evidence that the attacks caused dangerous air pollution that lingered for months. He encouraged people to come back into the city, to workplaces, and apartments and tourist attractions that were heavily polluted. Then when people started to get sick, he ordered the city to deny them medical care. They didn't need medical care anymore than the malingering first responders, he said.

It was evil, greedy lawyers who took the mayor to court, and litigated until October 2006, more than 5 years after the cause of the medical need. Those evil, greedy lawyers got the court to overturn Rudi's order, and allow malingering first responders and other people with injuries only they and their doctors could see to receive medical care.

This is the same Rudi Giuliani who raves about the Donald's efforts to put an end to the Affordable Care Act. Affordable care for anyone, first responders or struggling workers is anathema to him.

But Giuliani wasn't alone in his contempt for the first responders. Hundreds had died. But many more live with the consequences of risking their lives for others, for strangers, on 9/11. In December, 2010, Senate Republicans, led by Mitch McConnell, filibustered an \$8 billion measure to provide care for first responders whose needs had become more and more apparent over the years following 9/11.

The Republican Party recognized the reality that the public will notice mass catastrophes, but will largely ignore slow tragedies, even if they are worse than sudden deaths. So they announced firm, coordinated opposition to any help for the firefighters, policemen, public service employees, civil servants and others who served on 9/11, and were stricken by long developing, lingering, progressive injuries.

The Donald says that he like his heroes who don't get captured. Paul Ryan, Mitch McConnell and the entire rest of the Republican Party members of Congress like first responders and public servants who don't get injured on the job.

A shout out is due to the "Liberal Media" in this situation. When the Republican filibuster appeared about to succeed, and leave first responders with no health coverage for their lingering, or increasing, injuries, television comedian John Stewart devoted an entire episode of his Daily Show to the situation. Daily Show let a national audience see how "inside the beltway" politicians were trying to deprive 9/11 heroes of necessary medical care for injuries incurred during their heroism.

Daily Show's efforts were not enough to get the bill passed. But it apparently found a few Republicans with enough remnants of decency that they agreed to a watered-down bill, providing about ½ of the funding the bill had identified as necessary. The new law had a "sunset" provision, with Republicans hoping that injured first responders would have mostly died off by then. They made it expire in October, 2015.

But thanks, once again, to the Daily Show's John Stewart, and several sick first responders who traveled to Washington, D.C. to raise public awareness, the new Republican-controlled congress reenacted the bill.

The first version of a bill to provide injured first responders and other victims of the 9/11 attacks with medical care, had been introduced in 2005. Every effort to care for these heroes was defeated by Republican Party politicians until the December 22, 2010 bill. And, of course, on December 22, 2010, every Republican Party congressman went public with claims that they were giving a generous Christmas gift to the 9/11 victims.

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe. First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

Even some Republicans saw the effort to destroy the VA and make care for wounded warriors a profit-center as a bridge too far. But they did allow Cheney to pack the VA with political and industry cronies, eager to use care budgets to increase their own bottom lines.

Then, after eight years of President Obama and Democratic efforts to weed corruption and waste out of the VA, The Donald and the now Republican-controlled Congress went back to trying to privatize veterans' care. Even with all the reports of corruption and mismanagement, the VA continued to receive higher patient satisfaction ratings than any private, for-profit healthcare provider.

Republicans saw those high patient satisfaction ratings as a problem, not as a good thing. With the U.S.'s longest wars, in the Middle East and Afghanistan, showing no signs of abating, and with the Donald promising vastly more war profits from engagements with North Korea and in the South China Sea, to start, congressional Republicans eagerly glommed onto plans to turn veterans' care over to private corporations.

On June 6, 2018, the anniversary of D-Day, when so many troops gave the last full measure of their devotion, The Donald signed a bill that allowed veterans to choose to go to private healthcare corporations, rather than VA doctors. The White House bragged about the effects of the bill, stating that it would lead to "virtually unlimited increases" in private corporate income and profits from treating veterans.

Getting "virtually unlimited" grasp on the federal purse for healthcare corporations was enough of a compromise to convince most Republicans to allow the VA to continue to exist for at least a few more years. So on June 6, having delivered "virtually unlimited" corporate access to veterans' tax dollars, every Republican Party politician went out to brag about how they were "helping," just as they did after being arm-twisted into "helping" first responders in 2010.

This September 11 saw Republican politicians around the nation make speeches about patriotism and public safety. Not one of those speeches mentioned Republican efforts to deny care to injured first responders. Not one of those speeches noted Republican efforts to destroy the Veterans' Administration and to shift "virtually unlimited" taxpayer dollars to private, for-profit medical corporations. And not one of those speeches mentioned the current Republican Party plan to slash corporate and 1%-er taxes even more, IF they hold their majorities in the House and Senate in November's elections.

We should all remember 9/11 and the aftermath, in which Republicans put corporate profits and tax cuts above the needs of injured first responders. While remembering the dramatic tragedy of that date, we must also remember the slow, less visible tragedy, spun over years, of Republican politicians letting first responders, victims and veterans sicken and die, out of the public eye.

We must remember. We must vote to end it.

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3. Modernize Our System

3.1 - Patch.com (Seminole Heights): [Funding For Haley Veterans Hospital Traffic Signal Approved](#) (16 September, D'Ann Lawrence White, 1.2M uvd; New York, NY)

TAMPA, FL – A roadside rally by veterans and employees at the James A. Haley Veterans Hospital paid off.

The federal Department of Veterans Affairs is paying Hillsborough County to install a traffic signal and make other improvements at the main access to James A. Haley Veterans Affairs Medical Center on Bruce B. Downs Boulevard.

The Hillsborough County Commission has accepted \$1.4 million from Veterans Affairs, which includes money to modify turn lanes and add improvements for pedestrians at the busy intersection of Bruce B. Downs and Richard Silver Way, the hospital's central artery.

Hillsborough County's Public Works Department has determined a traffic signal is warranted at the intersection. The county will design and install the roadway improvements, including the signal.

The work is projected to be completed by no later than mid-2021. The project is intended to:

Accommodate increased development in the area, and accompanying traffic volume

The intent behind the channel is to give veterans as much information about the goings-on at the VA and in the community as possible. She said there will be listings and schedules of events that will be updated on a regular basis. The channel will be commercial-free.

In addition to the new channel, two local veterans, both Marines, Gregg Arthur and Don Haskell, teamed up to create a new orientation packet to help veterans new to the VA get connected to services available on the campus. The packet comes with a map, and Arthur said they are also looking to create a video that will enable veterans to have a visual presentation that will enable them to better connect with all the VA has to offer, Arthur said.

Beyond the welcome packet, Arthur and Haskell are liaisons to the VA administration to share veteran concerns and issues so they can be addressed and resolved.

Active with VA facilities around the country since 1971, Arthur said new veterans can become overwhelmed without some type of “pro-active approach to help them navigate the system.”

“We want to create a friendlier atmosphere for our veterans so they don’t feel alienated,” Arthur said.

Medical Center Director Barbara Oemcke praised the veteran-centric efforts as a means to help the VA continue to improve and progress into the future.

“We so appreciate your input,” Oemcke said to the veteran volunteers.

For more information, veterans can also the local VA website: www.prescott.va.gov

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3.3 - Harrison Daily Times: [VA clinic set for Ozark Crossing](#) (16 September, Donna Braymer, 52k uvm; Harrison, AR)

Valor Healthcare has the contract to open and operate the Veterans Clinic at Ozark Crossing. Construction is under way for the 10,300 square-foot facility where Greshams Clothing Store used to be located.

Wanda Shull, VA director of public affairs, said, “The Harrison Clinic is constructed to support the Patient Aligned Care Team Model. This model allows for the veteran to receive his or her care through a team of providers: physician, registered nurse, licensed practical nurse, and advanced medical support assistant. If someone has served in the military, they may be eligible to receive care through the VA. Many people are not aware they are eligible. We hope that anyone seeing this piece will reach out to the VA to see if they qualify for health care.”

Jimmy Phillips, a service connected disabled Navy Veteran who is Valor’s director of veterans outreach and customer service, said, “Valor Healthcare operates more than 30 VA community based outpatient clinics (CBOCs) in the United States as a contractor for the U.S. Department of Veterans Affairs. Valor provides a full range of medical services to veterans through the operation of CBOCs, tailored to meet the specific needs of local VA medical centers. Our comprehensive set of services includes primary care, diagnostics, laboratory, telehealth,

behavioral health, and more. Our clinic staff utilizes the VA's Patient Aligned Care Team (PACT) model at most locations.”

Phillips added, “Valor Healthcare clinics have the mindset we are ‘for veterans by veterans.’ Valor Healthcare was founded in 2004 by a veteran and is led by former Army physician Dr. Scott Wise. Several of our senior staff are veterans of the Army, Navy, and Air Force.”

“We appreciate working with Valor to bring a new, modern clinic to the veterans in the Harrison and surrounding areas,” Shull said. “They are as eager to open the clinic as we are at the VA.”

“Valor hopes that all veterans understand that any clinic we operate is ‘their’ clinic and we work very hard to make our clinics the nerve center of the local veteran community. Any veteran is always welcome to stop by for a cup of coffee and visit with other veterans — and not just come by when they need medical services,” Phillips said.

“There are approximately 21 million veterans living in the United States. About one-third of them access services through the V.A.,” he said. “Many more veterans are eligible for healthcare services at the VA and we need to continue to get the word out to these veterans. These are benefits they have earned through their service and we want to ensure that every veteran in the area understands all of the benefits they are entitled to receive.”

Shull said the services provided will be primary care and mental health services. Specialty care would be referred to the VA in Fayetteville, or in the local community depending upon the needs of the veteran.

“There are 22 counties in the Health Care System Catchment, with 10 of those being in Arkansas. Harrison would mainly pick up veterans from Boone, Carroll, Newton and Madison counties,” she said. “We serve just over 1,400 in this area, but we hope to enroll more veterans who do not currently receive care through the VA.

“We hope to open as soon as possible, but it is pending the physician on boarding. We will see patients at our Branson Outpatient Clinic after the current clinic closes on Sept. 17, until the new clinic is open. Letters have been sent to patients with this information,” she said.

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4. Focus Resources More Efficiently

4.1 - The Daily Courier: [VA gives progress report to veterans](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility's officials shared updates on everything from construction to campus hires.

Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls. She said the forum was intended to offer veterans a chance to share concerns and be referred to appropriate campus resources.

The recent departures of two top VA administrators — Chief of Staff Dr. M. Keith Piatt and Dr. Kerri Wilhoite, an associate director and nurse executive — and at least a dozen other mid-level management positions prompted a lot of questions among staff and veterans alike in the last couple months. Oemcke explained that the VA's regional office is actively recruiting for those positions, and already has interim staff working at the VA to cover at least some of those vacancies.

One of this VA's biggest challenges is recruiting and retaining top talent when nationally established salaries do not properly account for the high cost of living in this region, Oemcke said.

"We are working hard this year on what we can do to promote employee retention," Oemcke said, noting a renewed focus on hiring existing local talent and seeking better pay equity suitable to this region.

Resources for 2019 are expected to improve, and Oemcke said her administrative team is committed to showcasing the resources expected by veterans so they can garner, and enhance, such services. She said the local VA will be getting two new care teams — a four-person team headed by a physician — to assist with patient loads, she said.

MyHealthyVet was also promoted as an online tool that veterans can use for everything from scheduling appointments to ordering prescriptions.

As for processing medical claims to community care providers, veterans heard from top-level staff that the local VA may benefit from a trip to a Michigan VA facility where they were introduced to a new automated system that will eliminate backups. In addition, the CHOICE program is becoming more responsive to veteran' needs for referrals so that they can now be done in a couple of days rather than requiring waits of a couple weeks.

Steve Kohls, an Army Vietnam veteran who attended the forum, said he was impressed that when he needed an eye specialist a month ago — after a superior response at the VA's emergency room — he got an immediate referral. In addition, he said, the doctor he first saw him called him just two hours after he returned home to check on his welfare.

"No doctor has ever done that in my whole life," Kohls said. "I have nothing but good to say about the VA here."

Emergency room nurse manager gave Paul Weaver an overview of that department's operations and standards, and the response times it is able to provide.

The emergency room has 11 beds and 11 doctors with an additional 25 staff and 22 volunteers, he said.

Based on national VA standards, Weaver said, the local VA is close to meeting those goals, in particular the door-to-doctor goal of 25 minutes — the VA is now averaging 26 minutes — and the diagnosis timeliness of 150 minutes; the VA is at 159 minutes for the last quarter, Weaver said.

The anticipated average patient quota for the year is 14,000, and Weaver said the facility already has seen 13,500 veterans, so it likely will exceed that number.

“We appreciate what you’ve done for us, and we want to be here for you,” Weaver said to the attending veterans and their families.

“We have work to do. But if you have an issue, we are committed to making it better,” Oemcke concluded.

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4.2 - The Record: [Lee brothers found SEAL life in their blood](#) (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings.

Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55.

Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

He could tell stories of Mark from his childhood in Detroit; Newport, Rhode Island; Norfolk, Virginia; and Fremont, to his final days, providing security to PG&E crews working to re-establish power and gas to victims of the Carr Fire in Redding.

Jeff Lee was best suited to speak about his brother, however, because the two served as Navy SEALs, the first African-American brothers to do so, Jeff Lee said.

Black SEALs are a rarity, making up only 2 percent of the elite special operations unit, according to Pentagon statistics provided to USA Today in 2015. Jeff Lee knows of no other black siblings that have served in the unit that was first assembled in 1962, an expansion of the underwater demolition teams used in World War II.

Separated by three years in age — Jeff Lee joined the Navy out of high school in 1977 and Mark in 1981 — the two ultimately would serve together on SEAL Team 3 in Coronado for about 18 months.

“Our roles were a little different,” Jeff Lee said. “He was a training officer and I was a diving officer. We never deployed together, but we were in the same command and went to school together, advanced demolition school.”

That the two would aspire to the military’s elite unit, Lee said, was because of their dad, who served as a chaplain’s assistant in the China-Burma-India campaign during World War II and worked civil service jobs after.

As boys, Jeff Lee remembers being transfixed by the sight of his dad’s military shirt with its badges and insignias.

More than that, however, Abraham taught his children, by example, “to do things differently and explode myths and set new boundaries,” Jeff Lee said.

The Lees had moved from the south to Detroit in the late 1940s, Jeff Lee said, and his dad managed their apartment building. When a tenant accidentally discharged a firearm into the floor of Lee's apartment, the patriarch, at the suggestion of a relative living there, moved his family to Newport.

"The first time I saw a Navy ship tied at the Newport base, I knew that's what I was going to be," Jeff Lee said. "There was no doubt about it. The fishing pier was right near the naval war college. You could see the cadets. We lived three blocks from the pier and would go there and go swimming."

An older brother was in the Navy and told stories about travel and adventure, which only enhanced Jeff Lee's desire to join, too.

As he was finishing boot camp, Jeff Lee attended a presentation on the SEAL program, the Navy's special operations force later celebrated for carrying out the 2011 raid that killed Osama bin Laden. It appealed to him immediately.

"I like to push myself," Lee said.

His father had taught him about having a work ethic and to acclimate to any weather condition — including delivering newspapers in snowy Michigan — and he loved being outside, loved the water.

"My brother, as well," Lee said.

Jeff Lee served 25 years, Mark, 23, retiring as a Chief Warrant Officer. Mark Lee worked for Homeland Security when he left the military. Jeff answered what he said was a calling and became a chaplain. He continues to work with veterans through his chaplaincy in the VA's health care system and recently published a book, "Moral Injury Reconciliation: A Practitioner's Guide for Treat Moral Injury, PTSD, Grief and Military Sexual Trauma through Spiritual Formation Strategies."

Jeff Lee left the military in 2003 but remains dedicated to it through his daily work with veterans and their families.

But Friday was dedicated to his younger brother, the fellow SEAL, the one he grew up with, who delivered newspapers with him in Detroit and threw snowballs at passing cars from the top deck of the minor baseball stadium in Newport with him.

By the time Mark was in high school, the family lived in Fremont and their dad worked at the Alameda Naval Air Station. Mark Lee played football and was a saxophone player in the jazz band at John F. Kennedy High School, and Jeff Lee said he'd been the school's Mr. Titan and received other honors.

As an adult, Mark spent his life protecting others. He is survived by a 16-year-old daughter.

"We acknowledge the loss. We continue to keep him alive by how we live our lives," Jeff Lee said. "This is part of life. Dating back to our faith, we grew up understanding it's not over yet. As we continue to ground ourselves in our faith, we understand we keep him alive through our memories and living well in his honor."

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives.

The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

The highly interactive training includes sessions on the military culture wounds of war; pastoral care for veterans and their families; mental health services and referrals; and building community partnerships.

The neediest veterans aren't necessarily those who have returned recently from Afghanistan or Iraq.

"We see a lot of substance abuse among Vietnam-era vets," says Trubey, who has been at the VA center since 2015. "When they retire, it can exacerbate delayed onset post-traumatic stress disorder symptoms."

Thomas G. Behling, Chaplain Service chief at the Coatesville VA Medical Center, says the connection with pastors is vital.

"A lot of veterans, particularly in the National Guard and Reserve, come from rural communities, unlike those on active duty at a military installation," says Behling, 56. "Many times, concerned about the stigma around depression and not wanting to jeopardize their career, they will go to local clergy for assistance first because they know it will be confidential."

Trubey's instruction, especially the module in which he talks about understanding the military mindset, is eye-opening to many ministers, Behling says.

"War is a significant emotional event," Behling says. "The training helps pastors recognize that families are struggling with reintegration issues."

Paul W. Witt, chaplain service chief at Fayetteville VA Medical Center in North Carolina, asked Trubey to speak at a clergy forum Witt organized. He says the quality training Trubey provided helped the VA be viewed in a better light.

"Veterans will go to clergy in the community before they come to the VA," says Witt, 60. "Rusty making an effort to go into the rural community to find those more remote sites really helps us. This training helps empower clergy to take care of veterans in their churches."

Trubey, 49, isn't just speaking from theory. He went on active duty right out of high school, and for the past 11 years has been an Army Reserve chaplain. Trubey is one of only two dozen chaplains around the country serving in the community clergy training program. The VA instruction is funded by the Office of Rural Health.

“Pastors don’t always understand the complex issues that veterans and their families face,” Trubey says. “I’m passionate about building partnerships with pastors and connecting them with important resources in the community.”

Trubey earlier served 16 years with Chi Alpha Campus Ministries before becoming a hospice chaplain. His interest in hospice care piqued in 2012 when his father, Fred, a Korean War veteran, died.

“I appreciated the care that hospice provided,” Trubey says. “Now, end-of-life care for veterans is one of the most sacred and rewarding things I do in ministry.”

Trubey also has faced trauma on the home front with Oakley, his wife of 17 years. Their daughter Emmilou, born in 2015, has a rare genetic disease requiring her to live with a tracheostomy tube and ventilator. In addition, Emmilou needs to be fed via a line, plus a gastrostomy-jejunostomy tube. In 2016, Oakley gave birth to twins, Ada and Wren, born prematurely at 27 weeks’ gestation. They weighed just under 2 pound each at birth and had to spend six months in neonatal intensive care units at a trio of hospitals.

Soon after her 2001 wedding to Rusty, doctors told Oakley she wouldn’t be able to conceive. The Trubeys have eight children.

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5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them.

Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

Suddenly, they were enveloped by a bright flash. Alex yelped. Alcoser went down. The dusty, smoky air turned yellow and orange and a firefight broke out. The dog stayed at his side.

“I would yell at him and his ears would twitch, but he wouldn’t look at me,” said Alcoser, 22, of San Antonio. “I think he was in a state of shock. He didn’t growl, he didn’t bark, he didn’t cry. He stayed right there.”

On Friday, they were together once more, this time at the South Texas Veterans Health Care System’s Polytrauma Rehabilitation Center. It was an emotional reunion, with the Harlandale High School graduate wiping tears from his eyes at one point and Alex licking his face.

It was the first time they had seen each other since both were in Washington, D.C., where each received the Purple Heart. And if all goes well in rehab over the next few months, they’ll be together for good, buddies until the end.

They were close in Afghanistan, where Alcoser was 6½ months into a nine-month deployment when they got hurt. They were together pretty much everywhere Alcoser went, except the dining hall. On his days off, they slept in the same bed together, rising late and enjoying the leisure time.

On duty days, they had rituals.

“On a day with a mission, we’d wake up, I would give him a doggie treat and I would have some ice cream before we went out, and when we got back, we usually slept,” Alcoser recalled.

“That was a normal day for me and Alex out there,” he said, adding that a taste for sweets was born of his association with troops in special operations forces. “It was kind of their thing to eat a sweet because you never know if that’s going to be your last when you go out.”

The Aug. 5 suicide bomber’s blast left Alcoser with shrapnel wounds and broken bones. He also had a mild traumatic brain injury, but his physical medicine and rehabilitation specialist, Dr. Blessen Eapen, said Alcoser escaped the explosion without any loss in cognitive ability.

Alex lost his left rear leg near his hip. Both are learning to get around again. Snapshots show Alex reluctantly settling in an underwater treadmill at Joint Base San Antonio-Lackland.

Alcoser took shrapnel in about 30 percent of his body — most of it in his lower extremities. Some of it continues to come out, slowly, in an often painful process. The list of broken bones is long and includes both arms and legs. He walks with a cane or a walker. Alex sometimes limps around but occasionally moves as quickly as a dog with all four legs.

“When we say ‘polytrauma,’ he’s got multiple injuries, multiple fractures. ... He’s pretty hurt,” Eapen said.

There are goals to reduce Alcoser’s dependence on opioids and in time get him well enough to start work at the Center for the Intrepid at JBSA-Fort Sam Houston.

“They’re estimating about four to six months, and so I’m already a month and almost half in, and I’m already walking, so I think I’m going to beat that time,” he said.

“Either way, the doctors say I have a pretty good chance of making a full recovery, and that’s all that matters. I’ve got to get back to my dog. That’s the important part.”

There have been too many surgeries to remember, but they’re over for Alcoser. A good deal of rehab lies ahead for both him and Alex, but an interesting thing happened Friday afternoon to the 8½-year-old German shepherd, who is headed to a medical retirement from the Army.

It seems he’s trying to get back on the job. Trained to detect explosives and corner suspects who try to run and hide, Alex tried to search a car after arriving at Audie Murphy VA Hospital.

“When they’re old and retired, they still don’t know they’re not supposed to work,” said Regina Johnson, a retired Army dog handler who works in the Defense Department’s DoD Military Working Dog Breeding Program at Lackland.

“They still have the same drives. They still want to search, they still want to find the same toy, they still want to be praised.”

Ask Alcoser if he finds the process of learning to walk again frustrating, and he'll wave off the notion. He has a wife, Misty, and a 6-month-old son to look after, and then there is his mom. Ann Marie McGrew lives in Houston and drives to see him at the hospital every weekend.

Alcoser hopes to return to work as a soldier, in time returning to his post, Fort Drum, N.Y., and eventually get promoted to sergeant.

Give him the chance, and he'd go back to the war zone. Alcoser has fallen brothers to honor. Those Afghan and Czech soldiers standing between him and the man with the suicide vest absorbed the worst of the blast. The Afghans survived. The Czechs were killed instantly.

“I don't have any frustrations, I just take it day by day, that's all I can do. There's no point in being mad or sad or anything like that. I've got to live through the people who died for me, so they give me a lot of strength,” he said.

“And Alex ain't complaining, so I don't think I should, either. His injuries are a little worse than mine,” Alcoser said. “A lot of people call him a dog, but I think he's a little more than that. He's a soldier.”

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5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

“The threats posed by antimicrobial resistance have led to strong recommendations and regulatory actions,” Lauren D. Stevenson, PhD, researcher at the Louis Stokes Cleveland VA Medical Center, and colleagues wrote. “The number of trained infectious disease physicians and pharmacists is insufficient to meet the urgent need for comprehensive antimicrobial stewardship programs across health care settings, including the Veterans Health Administration, the largest integrated health care system in the United States.”

According to Stevenson and colleagues, a 2012 survey found that 40% of VAMCs providing inpatient care did not have a full-time ID physician on staff, leaving the implementation of antimicrobial stewardship programs to physicians, pharmacists and nurses who lack training in infectious disease or antimicrobial stewardship.

For the study, they developed a pilot telehealth project that used videoconferencing to connect pharmacists, infection preventionists, staff nurses and other clinicians at rural VAMCs with ID physicians, creating a remote antimicrobial stewardship team.

To test its efficacy, Stevenson and colleagues implemented the system at two unnamed rural VAMCs. Site A, with 27 acute-care beds and 162 long-term care beds, started using it in August

2016. Site B, with 10 acute-care and 180 long-term care beds, began in October 2016. Each week, staff at both sites selected cases for discussion at the weekly telehealth videoconference, according to Stevenson and colleagues. During the 1-hour meetings, cases were presented and discussed, and the team made recommendations for treatment.

Over the 1-year period, the team at Site A discussed 140 cases in 40 sessions and Site B discussed 119 cases in 38 sessions, the researchers reported. According to the study, the most common recommendation at both sites was to stop antibiotics — a recommendation that had an 82% acceptance rate at Site A and 71% acceptance rate at Site B. Participants reported that some providers were not open to recommendations to change treatment plans, which they attributed to ego or being “set in their ways,” Stevenson and colleagues said.

However, they noted that, overall, participants reported that telehealth sessions increased their awareness of antibiotics stewardship principles which helped them adapt their practice patterns and engage in antimicrobial stewardship efforts.

“The VA has successfully used telemedicine to increase veterans’ access to specialty care providers,” they concluded. “This program is an effective health care delivery model that integrates patient care with provider education, improving access to specialty care from a distance.”

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5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

MOUNT PENN, PA — When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor.

His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

In the past when his post-traumatic stress disorder symptoms grew too strong, Casale would isolate himself and suffer alone, but now the former machine gunner can be with men he calls his brothers.

They are fellow veterans, and though he never served with them, he now rides beside them, teaches them and trains with them. They count on him as he does them, and they help each other heal.

"It feels so safe when I come here. I feel like I'm at home," said Casale, 47, of Newmanstown. "We have each other's backs."

Both the motorcycle club and the martial arts club it sponsors formally began Aug. 18 with the same leaders and similar goals: to build a bridge for veterans from the military to the civilian world and to do charitable work to help vets in need.

Their building on Dengler Avenue is designed as a place of understanding, bonding and purpose, helping veterans to cope with their new lives, which for many is a very tough transition, said Anthony Gonzalez of Wyomissing, who founded both clubs.

'We have a brotherhood'

The difficulty of that change is familiar to Gonzalez, who did combat tours as a squad leader in Iraq in 2007 and 2008 during his 28 years in the Army National Guard, and who also served 16 years as a Reading police officer until retiring in 2006.

"Retirement was harder than I thought it would be," he said, which is what prompted him to start both the Desert Knights chapter and the martial arts club.

Gonzalez, 52, wanted to be there for fellow veterans, and figured doing so would help him acclimate to being a civilian and to cope with his PTSD. He said he's been right on both counts.

"We have a brotherhood here because it helps knowing someone else has been through the wringer, too," Gonzalez said.

The Berks chapter of the Desert Knights is the organization's 14th, all of which are required to have at least 70 percent veterans. Most of the clubs are actually closer to 100 percent vets, said Trey Jones, founder and president of Red and Tan Nation, the organization that oversees the Desert Knights and its sister organizations, the Desert Riders and Desert Warriors.

The Desert Knights' chapters are required to do at least one charitable fundraiser each year, but the Reading chapter has plans to go far beyond that, and Jones likes what he's seen so far.

Making a difference

The group's first act of public service came last Sunday, when members picked up World War II veteran Edgar Tyson, 100, from ManorCare Health Services in Laureldale and drove him to his family reunion in New Ringgold with a motorcycle escort there and back.

He wouldn't have been able to make the event otherwise and suspects it may be his last reunion, Gonzalez said.

It's the type of work the club will soon be doing more, whether it's providing support at funeral services for veterans, assisting homeless veterans or staying at the bedsides of vets who are dying and don't have loved ones nearby, he said.

"I am so proud of my brothers for the way they've come together for each other and for the work they're doing to help other folks," Jones said. "They're ambitious in what they want to do."

Though the federal Department of Veterans Affairs has taken big steps over the years toward helping veterans, there are still a lot of veterans not getting what they need.

So the way that the Reading club members are helping their fellow veterans is crucial and something Jones said he's seen in other chapters, as well. He knows of veterans who've struggled with issues ranging from anxiety to anger management to infidelity and who've benefited from fellow club members standing with them and connecting them with behavioral health professionals, he said.

"Not everyone has fixed themselves. It's an ongoing process," he said. "But they hold each other's hands throughout it, and it's made a massive difference for a lot of the guys."

Gonzalez thinks his Desert Knights chapter also will change the perceptions and stereotypes some hold about motorcycle clubs as having outlaw intentions. While some motorcycle clubs do have members who take part in illegal activities, that's not what the Desert Knights is about, he said.

"We're the good guys," he said.

'I need to come here'

The martial arts club is mostly limited to veterans and expects to grow quickly from its current membership of about 10, who range from a 19-year-old Valley Forge Military Academy cadet to a 68-year-old veteran of Vietnam. They include both former and active service members, among them a soldier who lost both legs above his knees in Afghanistan but still rides a motorcycle.

While it is a business, with most students paying for their lessons to cover expenses, its focus is on helping veterans to be healthier physically, mentally and spiritually, and two of the current students take the classes for no charge.

Gonzalez said he is planning fundraisers so that most of the veterans who have trouble affording lessons can take them for free.

Among the regulars at the club is Army veteran Albert Abadam, 47, of Temple, who trains there and instructs veterans and nonveterans in the Red Dragon School of Karate offered there.

"When I got out of the Army, it was hard. There wasn't that same camaraderie, and I really missed that," Abadam said on a recent night in the club's dojo as he prepared to train alongside Casale. "But this is a place we can come together. That trust is here. So I need to come here, even after a 12-hour day of work, even when I'm exhausted."

Abadam served 26 years in the Army and misses his military experiences as he struggles to cope with them, though he never had a combat tour.

"PTSD is not just combat-related, and I have my own version of it, my own little demons," he said.

While they're in the services, veterans receive a military version of martial arts training, which is part of the reason the classes he takes are a good fit, he said. But the training is about much more than punches and kicks, elbow throws and leg sweeps, he said.

"We're working to be better than we were yesterday, which is what we (servicemen and women) do," he said. "It's not just about combat. It's about life skills."

Having purpose

There are other connections between the martial arts and the military: Both have rank and structure, and both require discipline and respect, said Gonzalez, a sixth-degree black belt in karate and mixed martial arts.

With issues including suicidal thoughts, substance abuse and unemployment plaguing the veteran community, it's important for vets to find a healthy comfort zone when they return instead of the unhealthy habits they could fall into, he said.

"You don't want to stay home in the bedroom watching CNN all day or watching war movies or sitting on the porch drinking beer or whiskey," he said. "You don't want to do that. You want to stay busy."

Having a purpose is also key, which is why the volunteer work the motorcycle club does for veterans benefits those on both sides of it, he said.

Casale was a "grunt," as he puts it, a rifleman who served in Panama in 1989 during a U.S.-led invasion to arrest Panamanian leader Manuel Noriega and in Iraq during Operation Desert Storm in 1990-91.

Those tours contributed to his PTSD, but when it is especially troubling, he says he now has a toolbox to go to. His family is among those tools he relies on, as is his dog Bella, and his weekly PTSD group sessions at both the Lebanon VA Medical Center and York County VA Community Clinic.

His martial arts classes are another tool. He has taken them since he was 13, earning a fifth-degree black belt, and credits them with allowing him to survive Marine Corps boot camp. Now they help him to survive his post-military life.

"It's a way to release a lot of anger and energy, and it builds my self-esteem and confidence," he said. "It helps me to be a better husband, a better person and a productive member of society."

Ken Lebron, deputy director county veterans service officer of the Berks County Veterans Affairs office, applauds the work the motorcycle and martial arts clubs are doing for their fellow vets.

Just as Gonzalez and his officers were mission-oriented during their time in the military, now they are equally dedicated to another worthy cause, Lebron said.

"They're a perfect example of veterans giving back to other veterans, and it's great to see," he said. "They're making sure no veterans are left behind."

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5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

SHARPSBURG — Sitting at a former farm that existed at the time of the Battle of Antietam, visitors to the site Sunday were able to get an in-depth understanding of the psychological effects the conflict had on soldiers.

Jim Broomall and Steve Goldman talked about the topic during ongoing "Porch Programs" that have been offered for three seasons at the Newcomer House along Shepherdstown Pike.

Broomall is an assistant professor of history at Shepherd University and director of the George Tyler Moore Center for the Study of the Civil War in Shepherdstown, W.Va.

Goldman is on the faculty at the Uniformed Services University in Bethesda, Md., and conducts research on reconstruction following the Civil War.

They spoke during sessions at 11:30 a.m. and 2 p.m.

Southerners who joined the Confederacy were generally individualistic, strong-willed individuals, Broomall said. But when they entered the war — which produced a "ferociousness" of battle that they had never seen — they learned to depend on each other, he said.

They spent all their days with each other.

Although many people focus on fighting in the Civil War, one day of battle was often offset by 50 days of mundane camp life and other chores, Broomall said.

After the war, Confederates often reached out to other veterans because of the unique experiences they faced together, he said.

"It runs quite deep," Broomall said.

In a striking familiarity to society today, soldiers faced various pitfalls after the conflict, such as alcoholism and addiction to opium painkillers, according to Broomall and Goldman. Prohibition came about in reaction to alcoholism wrecking lives of veterans, Goldman said.

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said.

The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said.

"They were on their own," Goldman said.

Broomall and Goldman spoke at the former home of Joshua Newcomer, who ran a farm on the property until the war brought the Battle of Antietam, which resulted in 23,000 soldiers being killed, wounded or left missing after 12 hours of fighting on Sept. 17, 1862.

It stands as the bloodiest day in American history.

Newcomer's house and a mill were used as makeshift hospitals for Union troops in the weeks after the battle. Newcomer was never able to recover financially from the damage to his property, so he sold it and moved out West.

Rachel Nichols, manager of the house, said the Porch Programs were started to bring more visitors to the site and make them aware of the Heart of the Civil War Heritage Area, which promotes stewardship of historic, cultural and natural Civil War resources in the region.

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[6. Suicide Prevention](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Janesville Gazette: [Serving those who served: Local program houses homeless vets](#)
(16 September, Frank Schultz, 164k uvm; Janesville, WI)

TOWN OF ROCK - Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman.

Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

He wasn't homeless in the way people often think of homeless men: destitute and sleeping under bridges.

In fact, it's rare for that kind of homeless veteran to stay at the facility, part of the former Caravilla Nursing Home at 203 W. Sunny Lane, officials said.

Kimball is getting the help he needs, but the nation still has homeless veterans, nearly 50,000 as of 2015, with Wisconsin accounting for 520 of those, according to the Veterans Administration.

Why can't we end homelessness, at least for our military veterans? A look at Housing 4 Our Vets offers some clues.

For starters, the 48-bed facility always has about 12 openings, officials said.

A woman showed up at the facility last week, crying. Her Marine-veteran son needed help.

Rock Valley Director Angel Eggers said she doesn't know how the woman knew about the facility, but she's glad there's room for him.

More often, Eggers runs into people who didn't know the Housing 4 Our Vets program exists.

"It has been a struggle getting the word out," Eggers said, speculating that more homeless vets might apply if they knew about it.

Complex needs

Some veterans don't think of themselves as veterans, Eggers said. Some don't know they qualify for a wide range of VA benefits.

"We've had guys who could've had benefits for years but never knew," she said.

Eggers gave the mother of the Marine veteran an application form and put her in touch with people who would help her son fill it out.

The Veterans Administration must approve the application, usually in five to seven days. Eggers said this case sounded promising.

Housing 4 Our Veterans takes in male veterans for a maximum of two years from parts of four states.

The program at the former Caravilla Nursing Home is a contractor for the VA, which runs the federal government's effort to end veteran homelessness.

The local program forbids the use of drugs or alcohol, one of the reasons some homeless won't go there, said Julie Lenzendorf, program administrator.

"I've heard, 'I'm a grown man. I don't want to quit drinking,'" Lenzendorf said.

Staff members understand that recovering from addiction means relapses, but men can be ejected from the program if they don't take advantage of the treatment provided and continue to return to the facility drunk or drugged.

Others don't want to live with a roommate, another program requirement.

For those who go through the program, the success rate exceeds the VA's goal of 65 percent, Eggers said.

The VA defines success as a discharge into independent, permanent housing, but some veterans stay for a time with family before getting their own apartments, or they go to a long-term care facility, so those are not registered as successes, Eggers said.

Very few exit the facility and become homeless again, Lenzendorf said.

"We do everything we can (to prevent that)," Eggers added.

Services the local program provides are critical to success, said Eggers.

A key service is drug/alcohol counseling. The program has a high population of recovering substance abusers.

Residents can also get help for mental health problems such as post-traumatic stress and housing/employment counseling.

"The guys we see have pretty complex needs. That's why I'm thrilled with the VA, that they give these guys two years (to work on their problems)," Eggers said.

Homeless to helper

George Kearn was the first veteran to use the facility when it opened in 2011.

Kearn now is assistant manager at Full Circle Furnishings, an offshoot of the homeless-vets program. All profits support the program. It's a job he loves.

Kearn's own homelessness was brief. He was getting a divorce and needed a place to stay in 2011. The VA pointed him to the new program. He did so well he was hired to help run the place and stayed for nearly two years.

The Navy veteran, 73, served in Vietnam as a radio operator on a high-speed amphibious transport that dropped off underwater demolition specialists on Vietnamese shores.

Kearn thinks the homeless program is needed, especially to help veterans transition to civilian life.

But he believes some veterans use the system for housing when they could provide for themselves.

The facility

Housing 4 Our Vets is in two wings of the former nursing home complex.

The veterans and former prisoners have different meal times and gym times, but they can encounter each other in the halls or grounds. One thing the program is not is an emergency shelter. Veterans must apply and be accepted under guidelines dictated by the Veterans Administration.

The veterans program employs a manager, two case workers, one intake workers/substance abuse counselor, a full-time staff assistant and several part-time assistants.

It will cost an estimated \$726,355 to run this year, most of that coming from the Veterans Administration, Eggers said.

A VA social worker spends at least one day a week at Rock Valley.

Residents who have income, such as from jobs or pensions, must pay 30 percent of their income in rent, not to exceed \$224 a month.

To gain entry, residents must be adult males with a non-dishonorable discharge from the military. They must be able to take care of their daily-living needs; the facility does not provide nursing-home-style assistance.

They must prove they are sober, and drug tests and breathalyzer tests are administered randomly.

The veterans section includes a common room, where residents can watch TV, play cards or host visitors.

Visitors are not allowed in the rooms, which are small but include full baths and kitchenettes.

A place of his own

The program features a mandatory life-skills course.

Kimball and another current resident, Michael Cerda, said they don't like the requirement that they take life skills training because they know how to brush their teeth, take a shower and otherwise care for themselves.

Cerda, 32, a former gunner's mate in the Navy, arrived at Rock Valley last year. He became homeless when he was living with family, and problems developed.

Cerda works a second-shift manufacturing job in Delavan and owns his own car.

Cerda doesn't like the curfew of 10 p.m. on weekdays and midnight on weekends, but he's willing to suffer the annoyances.

He plans to use his full two years so he can be sure he has enough money saved to rent an apartment and be successful, he said.

Cerda likes the food and can order a sack lunch to take to work. Residents are taken on field trips, such as Milwaukee Brewers games and bowling, and cookouts are held on the grounds.

Local groups provide cookies and other snacks, especially during the holidays, he said.

Cerda had a roommate who was an alcoholic and was found outside almost frozen to death, he said.

Residents are encouraged to have hobbies. Cerda paints and modifies miniature soldiers and plays war games with them.

New program

Rock Valley is expanding its programming for veterans. It's renovating a vacant wing of the old nursing home for a 23-bed transitional living facility scheduled to open in May.

Graduates of Housing 4 Our Veterans who can't find housing after two years will be able to apply to move to the new wing, where they'll have a room of their own at low rents for up to three years.

Work on the gutted wing has been slow in part because officials want to pay for it without a loan. That will mean more fundraising, Eggers said.

A different option

President Barack Obama's administration set out to fix the problem of veterans homelessness in 2010 by revamping the VA's programming, and it yielded some results, according to the VA website.

The VA says homelessness between 2010 and 2013, as measured by the number of homeless veterans on a single night in January, dropped from 76,329 to 57,849.

The revamped program included collaborating with community-based treatment and supportive services, such as the one at Rock Valley. It also started a new program that took a radically different approach.

The new program is called Housing First. It gives veterans vouchers to pay for apartments without requiring that they stay off alcohol or drugs or complete treatment before getting housing.

Housing First recipients do get help for mental health, substance abuse and other needs, but that comes after they have a roof over their heads.

Eggers doesn't see how that will work, and she wouldn't want to use it at Rock Valley, but it's still a part of the VA's approach.

The jury appears to be out on Housing First, which also is being used for non-veterans in programs around the country.

'Everybody gets along'

Kimball likes his room and the food. He said he gets plenty of exercise in the gym, and he has made friends.

Residents must clean windows and floors and do other chores, and they must keep their own rooms tidy.

"We've all been through it at one time, when we were in the service, so it's nothing new to us," he said.

Smoking is allowed in designated areas.

"They're very strict about that," Kimball said.

Women are not allowed in the rooms, and there's no fighting, although "everybody gets along pretty well. A few problems here and there, but that comes with the territory."

Kimball said residents don't ask each other how they got there, but he know of many who come from the street.

Residents are allowed to sign themselves out of the facility overnight, "as long as you've been behaving yourself," Kimball said.

Sheriff's deputies are called for fighting or drunken driving, Kimball said, but he's seen that happen only three times, and he feels safe.

"It's a well-run, peaceful place," he said. "It's really a haven for us."

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7.2 - Bristol Herald Courier: [Southwest Virginia Veterans Expo set](#) (17 September, 158k uvm; Bristol, VA)

ABINGDON, Va. — Veterans interested in learning more about community resources and services will be able to obtain more information at a Southwest Virginia Veterans Expo.

The event will take place Friday at the Southwest Virginia Higher Education Center, at One Partnership Circle in Abingdon, from 10 a.m. to 2 p.m.

It will help connect veterans and their families to federal, state and community resources and services, according to a news release. Those attending will be able to get information about

health care, veterans benefits, education, employment, transportation and housing, among other topics.

Ballad Health will offer several screenings, including blood glucose, bone density, skin cancer, lung capacity, vision and hearing. Mountain Home and Salem VA hospitals will have representatives at the expo to help with case-specific matters.

VFW Post 1994 will provide lunch. Commissioner John Newby of the Virginia Department of Veterans Services will serve as a special guest speaker.

The expo is hosted by Delegate Todd Pillion, R-Abingdon, Ballad Health and the Southwest Virginia Higher Education Center.

For more information or to register in advance, contact Pillion's office at 276-220-1209.

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8. [Other](#)

8. - Billings Gazette: [Trump's revenge costs Montanans](#) (17 September, Mary Catherine Dunphy, 854k uvm; Billings, MT)

So, let me get this straight.

Sen. Jon Tester does his job and doesn't approve of Trump's nomination of Dr. Ronnie Jackson, as secretary of Veterans Affairs, because Dr. Jackson had no experience as an administrator of a big federal agency, and there were credible allegations of misconduct by Dr. Jackson including: drunkenness on duty, inappropriate practices of prescription medicine and creating a hostile work environment.

After Jackson withdrew his nomination, Trump says: "I think Jon Tester has to have a big price to pay in Montana."

Then Trump and his surrogates (Pence and Trump Jr.) decide to take revenge on Sen. Tester for doing his job by making several trips to Montana campaigning for Sen. Tester's opponent in the upcoming Montana Senate race.

And, all this Trumptonian revenge against Sen. Tester has been at taxpayer expense. The police protection and increased security has been estimated in Billings at \$20,000 last week, \$35,000 for Pence's July visit and \$80,000 for Trump's Great Falls campaign trip in July. And, so far as reported in this newspaper, there has been no reimbursement from the White House for all the expenses incurred by these Montana communities. And, that doesn't include the jet fuel and staff for Air Force One.

So, who is really paying the "big price" in Montana for Sen. Tester doing his job and protecting veterans from Trump's incompetent VA secretary nominee? I'm thinking the people in Billings and Great Falls must be think this is a pretty expensive way for Trump to get revenge on Sen. Tester — all at their expense.

Mary Catherine Dunphy

Miles City

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Veterans Affairs Media Summary and News Clips

17 September 2018

1. [Top Stories](#)

1.1 - CBS News (60 Minutes, Updated, Video): [Combat veterans coming home with CTE](#) (16 September, Sharyn Alfonsi, 26.1M uvm; New York, NY)

Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

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1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#) (16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide. These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#) (16 September, 23.9M uvm; Washington, DC)

The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless. Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

[Hyperlink to Above](#)

1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#) (16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence. "We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#) (16 September, Tom Hall, 59k uvm; Los Angeles, CA)

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe.

First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

[Hyperlink to Above](#)

3. Modernize Our System

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[Hyperlink to Above](#)

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[Hyperlink to Above](#)

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4. Focus Resources More Efficiently

4.1 - The Daily Courier: VA gives progress report to veterans (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility's officials shared updates on everything from construction to campus hires. Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls.

[Hyperlink to Above](#)

4.2 - The Record: Lee brothers found SEAL life in their blood (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings. Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55. Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives. The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them. Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

[Hyperlink to Above](#)

5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

[Hyperlink to Above](#)

5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor. His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

[Hyperlink to Above](#)

5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said. The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said. "They were on their own," Goldman said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Janesville Gazette: [Serving those who served: Local program houses homeless vets](#) (16 September, Frank Schultz, 164k uvm; Janesville, WI)

Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman. Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

[Hyperlink to Above](#)

7.2 - Bristol Herald Courier: [Southwest Virginia Veterans Expo set](#) (17 September, 158k uvm; Bristol, VA)

Veterans interested in learning more about community resources and services will be able to obtain more information at a Southwest Virginia Veterans Expo. The event will take place Friday at the Southwest Virginia Higher Education Center, at One Partnership Circle in Abingdon, from 10 a.m. to 2 p.m.

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8. [Other](#)

8. - Billings Gazette: [Trump's revenge costs Montanans](#) (17 September, Mary Catherine Dunphy, 854k uvm; Billings, MT)

So, let me get this straight. Sen. Jon Tester does his job and doesn't approve of Trump's nomination of Dr. Ronnie Jackson, as secretary of Veterans Affairs, because Dr. Jackson had no experience as an administrator of a big federal agency, and there were credible allegations of misconduct by Dr. Jackson including: drunkenness on duty, inappropriate practices of prescription medicine and creating a hostile work environment.

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1. [Top Stories](#)

1.1 - CBS News (Video): [Combat veterans coming home with CTE](#) (16 September, Sharyn Alfonsi, 26.1M uvm; New York, NY)

Until a few years ago, NFL players who struggled with severe depression, bouts of rage and memory loss in their retirement were often told they were just having a hard time adjusting to life away from the game. Doctors have since learned these changes can be symptoms of the degenerative brain disease CTE - chronic traumatic encephalopathy, caused by blows to the head.

As we first reported in January, CTE isn't just affecting athletes, but also showing up in our nation's heroes. Since 9/11 over 300,000 soldiers have returned home with brain injuries. Researchers fear the impact of CTE could cripple a generation of warriors.

When Joy Kieffer buried her 34-year old son this past summer, it was the end of a long goodbye.

Kieffer's son, Sgt. Kevin Ash, enlisted in the Army Reserves at the age of 18. Over three deployments, he was exposed to 12 combat blasts, many of them roadside bombs. He returned home in 2012 a different man.

[Transcript]

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1.2 - CBS News (60 Minutes Overtime, Updated, Video): [Scientists seek veterans to help treat CTE](#) (16 September, Brit McCandless Farmer, 26.1M uvm; New York, NY)

Anxiety, irritability, memory loss, cognitive problems, profound depression—often to the point of suicide.

These have been the unwelcome symptoms ushering the return home for thousands of veterans since 9/11. In that time, more than 300,000 service members have been given a diagnosis of traumatic brain injury, but scientists are now learning that some of those injuries are much more severe than they initially thought.

As correspondent Sharyn Alfonsi reports this week on 60 Minutes, some veterans' brains are affected by chronic traumatic encephalopathy, or CTE, caused by repeated blows to the head.

CTE is the same disease that's rocking the football world. Last summer, neuropathologist Dr. Ann McKee discovered CTE in the brains of 110 out of 111 deceased N.F.L. players, raising serious concerns for the men still playing the game.

Now Dr. McKee is seeing similar patterns in deceased veterans who were subject to head trauma from combat blasts. Of the 125 veterans' brains she has examined, 74 had CTE.

There's currently no cure for CTE, a debilitating brain disease that causes symptoms such as depression, memory loss, difficulty thinking, and impulse control. But researchers like Dr. McKee are trying to find ways to treat — and even just diagnose — CTE, and for that, they need veterans.

Veterans living with symptoms of CTE can help science advance research on this disease in two ways — by signing up to be part of an active research trial or by pledging to donate their brains after death, similar to becoming an organ donor.

"For many soldiers who are involving themselves in this research — and many of the families who are donating their brains to this research — they're viewing this as sort of a final act of service, so that they can help the soldier coming up behind them or help the veteran who they served with in Iraq or Afghanistan," says 60 Minutes producer Ashley Velie, who produced this week's piece with Alfonsi.

For veterans and active service members who suspect they may have CTE, here's how to participate in the scientific projects described in Sunday's 60 Minutes report:

Become part of an active trial

While the only fool-proof way to diagnose CTE is by testing a post-mortem brain, neurologist Dr. Sam Gandy of New York's Mount Sinai Hospital is using scans that test for the disease in the living.

Here's how it works. Dead clusters of protein in the brain, called Tau, are typical markers of the disease. A radioactive tracer known as T807 clings to Tau and shows up in PET scans, indicating the possible presence of CTE.

In Dr. Gandy's trial, participants are injected with the tracer, then put through a 20-minute PET scan. High resolution images of their brains are combined with MRI results to get a 360-degree picture, showing whether there are signs of CTE.

In the past year, 50 veterans and athletes have been tested for the disease in Dr. Gandy's lab. He hopes his trial will lead to drug therapies that offer relief to future CTE patients—and maybe even to a cure.

"It's giving those who may be suffering from the degenerative disease hope," Velie says.

Since the 60 Minutes story first aired in January 2018, more than 100 veterans have contacted Dr. Gandy to enroll in ongoing trials to identify whether they are living with CTE.

RESOURCES

For a complete description of the research protocol for the Mount Sinai study of athletes and veterans with repeated head injuries and concussions, visit <https://clinicaltrials.gov/ct2/show/NCT02266563>

To participate in the Mount Sinai CTE study, contact Dr. Sam Gandy: 212-774-1722 (24-hour pager)

samuel.gandy@mssm.edu or samuel.gandy@va.gov

To seek care for CTE:

US Department of Veterans Affairs

877-222-VETS

Organ Donation

Dr. McKee is leading the charge in researching head trauma and CTE at the VA-Boston University-Concussion Legacy Foundation Brain Bank, where researchers carefully dissect sections of the brain. They look for changes in the folds of the frontal lobes, an area responsible for memory, judgement, emotions, impulse control and personality. The VA-BU-CLF Brain Bank is the largest tissue repository in the world focused on CTE.

Dr. McKee is hoping more veterans will pledge to donate their brains after they die, similar to becoming an organ donor.

"The military is where we're really lacking," she tells Alfonsi. "We know we need answers for the military. And we just haven't been as successful recruiting those brains. We know that they're there, so we're trying to increase the visibility of that."

In the long term, Dr. McKee has found a genetic bio-marker that she believes may predispose people to CTE, a discovery that could have far-reaching implications on the football field and the battlefield.

Since Alfonsi's story aired in January, more than 300 veterans have reached out to Dr. McKee about donating their brains to ongoing research.

RESOURCES

Boston University CTE Center: <https://www.bu.edu/cte/>

Concussion Legacy Foundation: <https://concussionfoundation.org/>

For families who wish to donate a brain for research, please contact the VA-BU-CLF Brain Bank directly by calling a research assistant.

Bobbie Abdolmohammadi: 617-414-1184

Laney Evers: 617-414-1187

For urgent brain donation matters, please call the center's 24/7 voicemail/pager: 617-992-0615

Pledging one's brain is similar to organ donation. To learn more about how you can pledge your brain to the VA-BU-CLF Brain Bank, visit <https://concussionfoundation.org/pledge>

The video above was originally published on January 7, 2018 and produced by Lisa Orlando, Ann Silvio, and Will Croxton. It was edited by Lisa Orlando, Will Croxton, and Sarah Shafer Prediger.

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1.3 - U.S. News & World Report (AP): [VA Holding Retreat for Female Veterans, Including Homeless](#) (16 September, 23.9M uvm; Washington, DC)

EVANSVILLE, Ind. (AP) — The U.S. Department of Veterans Affairs is holding what it calls "a summer retreat" for female veterans who live in southwestern Indiana, including those who are homeless.

Veteran affairs spokesman Kevin Harris says the retreat Monday in Evansville is being held to address the benefits and services that are available to the veterans.

In a 2017 report to Congress, the U.S. Department of Housing and Urban Development said women comprise the fastest-growing segment of the homeless veteran population.

From 2016 to 2017, the latest period statistics are available, the number of homeless female veterans increased by 7 percent, compared to a 1-percent increase for male veterans.

The retreat will be the Evansville VA Health Care Center.

Harris says services such as nutrition education and haircuts will be available to attendees.

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1.4 - WVVA (NBC-6): [Beckley VA Medical Center is coming to the aid of vets impacted by Florence](#) (16 September, Jordan Cope, 192k uvm; Bluefield, WV)

The Beckley VA Medical Center is stepping up today, as they are deploying one of their mobile medical units to provide help for fellow veterans impacted by flooding from Florence.

"We have exam rooms on here and we can take care of them," Stacy Vasquez, Beckley VA Medical Center Director, said. "We have our own water source and our own satellite to look into the electronic health records and see the history of the patient. That [way] we can quickly get them what they need based on their history."

Nurses with the Beckley VA Medical Center are also readied.

"The veterans call with symptoms and we make recommendations if they need to go to the emergency room, make a clinic or if there is some home remedies that they can do," Conchettia Greer, an RN at the Beckley VA Medical Center, said.

In the wake of disaster, the VA Medical Center is ready to serve veterans.

"As a veteran myself, it means a lot to be able to go down and provide care to those who are unable to be seen at their own facility due to the bad conditions that they're having right now."

The \$800,000 vehicle that the Beckley VA Medical Center is sending will have a positive impact on the lives of our veterans.

"I couldn't be more proud of all of our teams put together," Vasquez said. "The Department of Veteran Affairs is 100 percent on board with taking care of our patients. All of the people

involved, it goes from all of these different medical centers to every single staff member that each of us has to make sure that we're ready."

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2. Greater Choice for Veterans

2.1 - LA Progressive: [Opinion: 9-11: Reality Versus Posturing](#) (16 September, Tom Hall, 59k uvm; Los Angeles, CA)

As the celebrations and pious remembrance ceremonies fade away, let us not forget some of the realities of the 9/11 attacks. Everyone know that 2996 people died in the attacks. Almost exactly the same as the number who died in Puerto Rico following Hurricane Maria.

The numbers are as interesting as they are tragic. The 2996 all died on one day, in a few hours. The Puerto Rican victims died over months, as the Trump administration did little to help the island recover from the brutal storm, and even encouraged carpetbagger efforts to exploit the tragedy for personal profits.

We take notice of people who die all at once. Like the cavalrymen at Little Big Horn. But we don't take much notice of those who die over time, even if in much larger numbers, like the Native Americans slaughtered for their land and resources, in much smaller groups, adding up to much larger numbers. Or the slaves who died of starvation rations and overwork, or just at the whim of an owner.

Thus it is with the deaths from Hurricane Maria and from 9/11. As we wait to learn what the Donald will tell us about how North Carolina, and then other states, suffered no damage from Hurricane Florence, we should see this as simply one more in a list of denials that are NOT the Donald's.

In 2006, the New York courts finally put an end to mayor Rudi Giuliani's efforts to deny medical care to first responders and others injured during the 9/11 attacks. The same Rudi Giuliani who now denies any problems in the Donald's administration, back after 9/11 denied that first responders and people in the city suffered medical or psychological injury from the destruction of the World Trade Center and other buildings.

Giuliani, who now defends the Donald's denial of global climate change, in 2001 denied the scientific evidence that the attacks caused dangerous air pollution that lingered for months. He encouraged people to come back into the city, to workplaces, and apartments and tourist attractions that were heavily polluted. Then when people started to get sick, he ordered the city to deny them medical care. They didn't need medical care anymore than the malingering first responders, he said.

It was evil, greedy lawyers who took the mayor to court, and litigated until October 2006, more than 5 years after the cause of the medical need. Those evil, greedy lawyers got the court to overturn Rudi's order, and allow malingering first responders and other people with injuries only they and their doctors could see to receive medical care.

This is the same Rudi Giuliani who raves about the Donald's efforts to put an end to the Affordable Care Act. Affordable care for anyone, first responders or struggling workers is anathema to him.

But Giuliani wasn't alone in his contempt for the first responders. Hundreds had died. But many more live with the consequences of risking their lives for others, for strangers, on 9/11. In December, 2010, Senate Republicans, led by Mitch McConnell, filibustered an \$8 billion measure to provide care for first responders whose needs had become more and more apparent over the years following 9/11.

The Republican Party recognized the reality that the public will notice mass catastrophes, but will largely ignore slow tragedies, even if they are worse than sudden deaths. So they announced firm, coordinated opposition to any help for the firefighters, policemen, public service employees, civil servants and others who served on 9/11, and were stricken by long developing, lingering, progressive injuries.

The Donald says that he like his heroes who don't get captured. Paul Ryan, Mitch McConnell and the entire rest of the Republican Party members of Congress like first responders and public servants who don't get injured on the job.

A shout out is due to the "Liberal Media" in this situation. When the Republican filibuster appeared about to succeed, and leave first responders with no health coverage for their lingering, or increasing, injuries, television comedian John Stewart devoted an entire episode of his Daily Show to the situation. Daily Show let a national audience see how "inside the beltway" politicians were trying to deprive 9/11 heroes of necessary medical care for injuries incurred during their heroism.

Daily Show's efforts were not enough to get the bill passed. But it apparently found a few Republicans with enough remnants of decency that they agreed to a watered-down bill, providing about ½ of the funding the bill had identified as necessary. The new law had a "sunset" provision, with Republicans hoping that injured first responders would have mostly died off by then. They made it expire in October, 2015.

But thanks, once again, to the Daily Show's John Stewart, and several sick first responders who traveled to Washington, D.C. to raise public awareness, the new Republican-controlled congress reenacted the bill.

The first version of a bill to provide injured first responders and other victims of the 9/11 attacks with medical care, had been introduced in 2005. Every effort to care for these heroes was defeated by Republican Party politicians until the December 22, 2010 bill. And, of course, on December 22, 2010, every Republican Party congressman went public with claims that they were giving a generous Christmas gift to the 9/11 victims.

In 2018, the Republican Congress took this attitude a step further. Dick Cheney had tried to privatize the Veterans' Administration, as his administration was starting wars around the globe. First, he asked the Republican congress to slash payments for veterans' care. Then he proposed that private, for-profit medical corporations be given the task of caring for the veterans injured On the battlegrounds that he had started.

Even some Republicans saw the effort to destroy the VA and make care for wounded warriors a profit-center as a bridge too far. But they did allow Cheney to pack the VA with political and industry cronies, eager to use care budgets to increase their own bottom lines.

Then, after eight years of President Obama and Democratic efforts to weed corruption and waste out of the VA, The Donald and the now Republican-controlled Congress went back to trying to privatize veterans' care. Even with all the reports of corruption and mismanagement, the VA continued to receive higher patient satisfaction ratings than any private, for-profit healthcare provider.

Republicans saw those high patient satisfaction ratings as a problem, not as a good thing. With the U.S.'s longest wars, in the Middle East and Afghanistan, showing no signs of abating, and with the Donald promising vastly more war profits from engagements with North Korea and in the South China Sea, to start, congressional Republicans eagerly glommed onto plans to turn veterans' care over to private corporations.

On June 6, 2018, the anniversary of D-Day, when so many troops gave the last full measure of their devotion, The Donald signed a bill that allowed veterans to choose to go to private healthcare corporations, rather than VA doctors. The White House bragged about the effects of the bill, stating that it would lead to "virtually unlimited increases" in private corporate income and profits from treating veterans.

Getting "virtually unlimited" grasp on the federal purse for healthcare corporations was enough of a compromise to convince most Republicans to allow the VA to continue to exist for at least a few more years. So on June 6, having delivered "virtually unlimited" corporate access to veterans' tax dollars, every Republican Party politician went out to brag about how they were "helping," just as they did after being arm-twisted into "helping" first responders in 2010.

This September 11 saw Republican politicians around the nation make speeches about patriotism and public safety. Not one of those speeches mentioned Republican efforts to deny care to injured first responders. Not one of those speeches noted Republican efforts to destroy the Veterans' Administration and to shift "virtually unlimited" taxpayer dollars to private, for-profit medical corporations. And not one of those speeches mentioned the current Republican Party plan to slash corporate and 1%-er taxes even more, IF they hold their majorities in the House and Senate in November's elections.

We should all remember 9/11 and the aftermath, in which Republicans put corporate profits and tax cuts above the needs of injured first responders. While remembering the dramatic tragedy of that date, we must also remember the slow, less visible tragedy, spun over years, of Republican politicians letting first responders, victims and veterans sicken and die, out of the public eye.

We must remember. We must vote to end it.

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3. Modernize Our System

3.1 - Patch.com (Seminole Heights): [Funding For Haley Veterans Hospital Traffic Signal Approved](#) (16 September, D'Ann Lawrence White, 1.2M uvd; New York, NY)

TAMPA, FL – A roadside rally by veterans and employees at the James A. Haley Veterans Hospital paid off.

The federal Department of Veterans Affairs is paying Hillsborough County to install a traffic signal and make other improvements at the main access to James A. Haley Veterans Affairs Medical Center on Bruce B. Downs Boulevard.

The Hillsborough County Commission has accepted \$1.4 million from Veterans Affairs, which includes money to modify turn lanes and add improvements for pedestrians at the busy intersection of Bruce B. Downs and Richard Silver Way, the hospital's central artery.

Hillsborough County's Public Works Department has determined a traffic signal is warranted at the intersection. The county will design and install the roadway improvements, including the signal.

The work is projected to be completed by no later than mid-2021. The project is intended to:

- Accommodate increased development in the area, and accompanying traffic volume
- Improve overall mobility along Bruce B. Downs by safely accommodating more vehicles
- Enhance safe access and traffic flow at the main access to the hospital campus

"This will go a long way for our veterans who use the entrance at the James A. Haley Hospital," said Kent Turner, the medical center's acting associate director. "We really are encouraged about the work we have done with the Public Works Department."

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3.2 - The Daily Courier: [Cable access channel to update vets on VA, community events](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

With a goal of keeping area veterans informed of all things at the VA and in the community available to them, be it a new brand of medical technology, home care resources or a concert or art show, local leaders have collaborated to offer them a new public access channel.

Through a collaboration between Northern Arizona Veteran Affairs Health Care System, the Prescott Chamber of Commerce and the Prescott Media Center, area veterans will have their own access channel on Cable One Channel 65; Channel 18 if a veteran is an in-patient at the Prescott VA facility.

Mary Dillinger, the VA's public affairs officer, said the new channel will offer educational information, community resources, public events, and even live streaming of VA ceremonies such as the Sept. 21 POW/MIA ceremony to be held in the front courtyard next to the main medical center on the Highway 89 campus.

The official public kick-off of the new channel will be at the Yavapai County Stand Down 2018 at the Frontier Village beginning at 9 a.m. Friday, Sept. 28, through 3 p.m. Saturday, Sept. 29.

For those who do not have cable service, but instead use satellites, Dillinger said there will be a link that can be used to access the channel.

The intent behind the channel is to give veterans as much information about the goings-on at the VA and in the community as possible. She said there will be listings and schedules of events that will be updated on a regular basis. The channel will be commercial-free.

In addition to the new channel, two local veterans, both Marines, Gregg Arthur and Don Haskell, teamed up to create a new orientation packet to help veterans new to the VA get connected to services available on the campus. The packet comes with a map, and Arthur said they are also looking to create a video that will enable veterans to have a visual presentation that will enable them to better connect with all the VA has to offer, Arthur said.

Beyond the welcome packet, Arthur and Haskell are liaisons to the VA administration to share veteran concerns and issues so they can be addressed and resolved.

Active with VA facilities around the country since 1971, Arthur said new veterans can become overwhelmed without some type of “pro-active approach to help them navigate the system.”

“We want to create a friendlier atmosphere for our veterans so they don’t feel alienated,” Arthur said.

Medical Center Director Barbara Oemcke praised the veteran-centric efforts as a means to help the VA continue to improve and progress into the future.

“We so appreciate your input,” Oemcke said to the veteran volunteers.

For more information, veterans can also the local VA website: www.prescott.va.gov

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3.3 - Harrison Daily Times: [VA clinic set for Ozark Crossing](#) (16 September, Donna Braymer, 52k uvm; Harrison, AR)

Valor Healthcare has the contract to open and operate the Veterans Clinic at Ozark Crossing. Construction is under way for the 10,300 square-foot facility where Greshams Clothing Store used to be located.

Wanda Shull, VA director of public affairs, said, “The Harrison Clinic is constructed to support the Patient Aligned Care Team Model. This model allows for the veteran to receive his or her care through a team of providers: physician, registered nurse, licensed practical nurse, and advanced medical support assistant. If someone has served in the military, they may be eligible to receive care through the VA. Many people are not aware they are eligible. We hope that anyone seeing this piece will reach out to the VA to see if they qualify for health care.”

Jimmy Phillips, a service connected disabled Navy Veteran who is Valor’s director of veterans outreach and customer service, said, “Valor Healthcare operates more than 30 VA community based outpatient clinics (CBOCs) in the United States as a contractor for the U.S. Department of Veterans Affairs. Valor provides a full range of medical services to veterans through the operation of CBOCs, tailored to meet the specific needs of local VA medical centers. Our comprehensive set of services includes primary care, diagnostics, laboratory, telehealth,

behavioral health, and more. Our clinic staff utilizes the VA's Patient Aligned Care Team (PACT) model at most locations.”

Phillips added, “Valor Healthcare clinics have the mindset we are ‘for veterans by veterans.’ Valor Healthcare was founded in 2004 by a veteran and is led by former Army physician Dr. Scott Wise. Several of our senior staff are veterans of the Army, Navy, and Air Force.”

“We appreciate working with Valor to bring a new, modern clinic to the veterans in the Harrison and surrounding areas,” Shull said. “They are as eager to open the clinic as we are at the VA.”

“Valor hopes that all veterans understand that any clinic we operate is ‘their’ clinic and we work very hard to make our clinics the nerve center of the local veteran community. Any veteran is always welcome to stop by for a cup of coffee and visit with other veterans — and not just come by when they need medical services,” Phillips said.

“There are approximately 21 million veterans living in the United States. About one-third of them access services through the V.A.,” he said. “Many more veterans are eligible for healthcare services at the VA and we need to continue to get the word out to these veterans. These are benefits they have earned through their service and we want to ensure that every veteran in the area understands all of the benefits they are entitled to receive.”

Shull said the services provided will be primary care and mental health services. Specialty care would be referred to the VA in Fayetteville, or in the local community depending upon the needs of the veteran.

“There are 22 counties in the Health Care System Catchment, with 10 of those being in Arkansas. Harrison would mainly pick up veterans from Boone, Carroll, Newton and Madison counties,” she said. “We serve just over 1,400 in this area, but we hope to enroll more veterans who do not currently receive care through the VA.

“We hope to open as soon as possible, but it is pending the physician on boarding. We will see patients at our Branson Outpatient Clinic after the current clinic closes on Sept. 17, until the new clinic is open. Letters have been sent to patients with this information,” she said.

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4. Focus Resources More Efficiently

4.1 - The Daily Courier: [VA gives progress report to veterans](#) (16 September, Nanci Hutson, 490k uvm; Prescott, AZ)

Only about a handful of veterans attended a Prescott VA Town Hall meeting on Wednesday, but the medical facility’s officials shared updates on everything from construction to campus hires.

Medical Center Director Barbara Oemcke was clear she wants to keep veterans informed about issues that concern them, be it the timeliness of replacing top administrators, processing claims to upgraded call center technology to better respond to veteran phone calls. She said the forum was intended to offer veterans a chance to share concerns and be referred to appropriate campus resources.

The recent departures of two top VA administrators — Chief of Staff Dr. M. Keith Piatt and Dr. Kerri Wilhoite, an associate director and nurse executive — and at least a dozen other mid-level management positions prompted a lot of questions among staff and veterans alike in the last couple months. Oemcke explained that the VA's regional office is actively recruiting for those positions, and already has interim staff working at the VA to cover at least some of those vacancies.

One of this VA's biggest challenges is recruiting and retaining top talent when nationally established salaries do not properly account for the high cost of living in this region, Oemcke said.

"We are working hard this year on what we can do to promote employee retention," Oemcke said, noting a renewed focus on hiring existing local talent and seeking better pay equity suitable to this region.

Resources for 2019 are expected to improve, and Oemcke said her administrative team is committed to showcasing the resources expected by veterans so they can garner, and enhance, such services. She said the local VA will be getting two new care teams — a four-person team headed by a physician — to assist with patient loads, she said.

MyHealthyVet was also promoted as an online tool that veterans can use for everything from scheduling appointments to ordering prescriptions.

As for processing medical claims to community care providers, veterans heard from top-level staff that the local VA may benefit from a trip to a Michigan VA facility where they were introduced to a new automated system that will eliminate backups. In addition, the CHOICE program is becoming more responsive to veteran's needs for referrals so that they can now be done in a couple of days rather than requiring waits of a couple weeks.

Steve Kohls, an Army Vietnam veteran who attended the forum, said he was impressed that when he needed an eye specialist a month ago — after a superior response at the VA's emergency room — he got an immediate referral. In addition, he said, the doctor he first saw him called him just two hours after he returned home to check on his welfare.

"No doctor has ever done that in my whole life," Kohls said. "I have nothing but good to say about the VA here."

Emergency room nurse manager gave Paul Weaver an overview of that department's operations and standards, and the response times it is able to provide.

The emergency room has 11 beds and 11 doctors with an additional 25 staff and 22 volunteers, he said.

Based on national VA standards, Weaver said, the local VA is close to meeting those goals, in particular the door-to-doctor goal of 25 minutes — the VA is now averaging 26 minutes — and the diagnosis timeliness of 150 minutes; the VA is at 159 minutes for the last quarter, Weaver said.

The anticipated average patient quota for the year is 14,000, and Weaver said the facility already has seen 13,500 veterans, so it likely will exceed that number.

“We appreciate what you’ve done for us, and we want to be here for you,” Weaver said to the attending veterans and their families.

“We have work to do. But if you have an issue, we are committed to making it better,” Oemcke concluded.

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4.2 - The Record: [Lee brothers found SEAL life in their blood](#) (15 September, Lori Gilbert, 307k uvm; Stockton, CA)

The sons and daughters of Abraham Lee, who spent his final years in Stockton, gathered here on Friday to honor one of their siblings.

Mark Lee, the eighth of 10 children, passed away unexpectedly on Aug. 22 in San Jose after suffering a heart episode. He was 55.

Half of the siblings now live in Stockton, but his brother, Jeff, a Veterans Administration chaplain in San Diego, delivered the eulogy.

He could tell stories of Mark from his childhood in Detroit; Newport, Rhode Island; Norfolk, Virginia; and Fremont, to his final days, providing security to PG&E crews working to re-establish power and gas to victims of the Carr Fire in Redding.

Jeff Lee was best suited to speak about his brother, however, because the two served as Navy SEALs, the first African-American brothers to do so, Jeff Lee said.

Black SEALs are a rarity, making up only 2 percent of the elite special operations unit, according to Pentagon statistics provided to USA Today in 2015. Jeff Lee knows of no other black siblings that have served in the unit that was first assembled in 1962, an expansion of the underwater demolition teams used in World War II.

Separated by three years in age — Jeff Lee joined the Navy out of high school in 1977 and Mark in 1981 — the two ultimately would serve together on SEAL Team 3 in Coronado for about 18 months.

“Our roles were a little different,” Jeff Lee said. “He was a training officer and I was a diving officer. We never deployed together, but we were in the same command and went to school together, advanced demolition school.”

That the two would aspire to the military’s elite unit, Lee said, was because of their dad, who served as a chaplain’s assistant in the China-Burma-India campaign during World War II and worked civil service jobs after.

As boys, Jeff Lee remembers being transfixed by the sight of his dad’s military shirt with its badges and insignias.

More than that, however, Abraham taught his children, by example, “to do things differently and explode myths and set new boundaries,” Jeff Lee said.

The Lees had moved from the south to Detroit in the late 1940s, Jeff Lee said, and his dad managed their apartment building. When a tenant accidentally discharged a firearm into the floor of Lee's apartment, the patriarch, at the suggestion of a relative living there, moved his family to Newport.

"The first time I saw a Navy ship tied at the Newport base, I knew that's what I was going to be," Jeff Lee said. "There was no doubt about it. The fishing pier was right near the naval war college. You could see the cadets. We lived three blocks from the pier and would go there and go swimming."

An older brother was in the Navy and told stories about travel and adventure, which only enhanced Jeff Lee's desire to join, too.

As he was finishing boot camp, Jeff Lee attended a presentation on the SEAL program, the Navy's special operations force later celebrated for carrying out the 2011 raid that killed Osama bin Laden. It appealed to him immediately.

"I like to push myself," Lee said.

His father had taught him about having a work ethic and to acclimate to any weather condition — including delivering newspapers in snowy Michigan — and he loved being outside, loved the water.

"My brother, as well," Lee said.

Jeff Lee served 25 years, Mark, 23, retiring as a Chief Warrant Officer. Mark Lee worked for Homeland Security when he left the military. Jeff answered what he said was a calling and became a chaplain. He continues to work with veterans through his chaplaincy in the VA's health care system and recently published a book, "Moral Injury Reconciliation: A Practitioner's Guide for Treat Moral Injury, PTSD, Grief and Military Sexual Trauma through Spiritual Formation Strategies."

Jeff Lee left the military in 2003 but remains dedicated to it through his daily work with veterans and their families.

But Friday was dedicated to his younger brother, the fellow SEAL, the one he grew up with, who delivered newspapers with him in Detroit and threw snowballs at passing cars from the top deck of the minor baseball stadium in Newport with him.

By the time Mark was in high school, the family lived in Fremont and their dad worked at the Alameda Naval Air Station. Mark Lee played football and was a saxophone player in the jazz band at John F. Kennedy High School, and Jeff Lee said he'd been the school's Mr. Titan and received other honors.

As an adult, Mark spent his life protecting others. He is survived by a 16-year-old daughter.

"We acknowledge the loss. We continue to keep him alive by how we live our lives," Jeff Lee said. "This is part of life. Dating back to our faith, we grew up understanding it's not over yet. As we continue to ground ourselves in our faith, we understand we keep him alive through our memories and living well in his honor."

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4.3 - Assemblies of God: [Educating Rural Clergy](#) (17 September, John W. Kennedy, 9k uvd; Springfield, MO)

U.S. Missions endorsed chaplain Rusty H. Trubey is out to save lives.

The Veterans Administration chaplain leads two-day workshops in rural areas in an effort to educate community pastors about the troubles facing many of those who have served in the military. The thrust lately is on suicide prevention. Based at the Coatesville Veterans Affairs Medical Center in Pennsylvania, Trubey conducts seminars in parts of the Keystone State, as well as Virginia, West Virginia, and North Carolina.

The highly interactive training includes sessions on the military culture wounds of war; pastoral care for veterans and their families; mental health services and referrals; and building community partnerships.

The neediest veterans aren't necessarily those who have returned recently from Afghanistan or Iraq.

"We see a lot of substance abuse among Vietnam-era vets," says Trubey, who has been at the VA center since 2015. "When they retire, it can exacerbate delayed onset post-traumatic stress disorder symptoms."

Thomas G. Behling, Chaplain Service chief at the Coatesville VA Medical Center, says the connection with pastors is vital.

"A lot of veterans, particularly in the National Guard and Reserve, come from rural communities, unlike those on active duty at a military installation," says Behling, 56. "Many times, concerned about the stigma around depression and not wanting to jeopardize their career, they will go to local clergy for assistance first because they know it will be confidential."

Trubey's instruction, especially the module in which he talks about understanding the military mindset, is eye-opening to many ministers, Behling says.

"War is a significant emotional event," Behling says. "The training helps pastors recognize that families are struggling with reintegration issues."

Paul W. Witt, chaplain service chief at Fayetteville VA Medical Center in North Carolina, asked Trubey to speak at a clergy forum Witt organized. He says the quality training Trubey provided helped the VA be viewed in a better light.

"Veterans will go to clergy in the community before they come to the VA," says Witt, 60. "Rusty making an effort to go into the rural community to find those more remote sites really helps us. This training helps empower clergy to take care of veterans in their churches."

Trubey, 49, isn't just speaking from theory. He went on active duty right out of high school, and for the past 11 years has been an Army Reserve chaplain. Trubey is one of only two dozen chaplains around the country serving in the community clergy training program. The VA instruction is funded by the Office of Rural Health.

“Pastors don’t always understand the complex issues that veterans and their families face,” Trubey says. “I’m passionate about building partnerships with pastors and connecting them with important resources in the community.”

Trubey earlier served 16 years with Chi Alpha Campus Ministries before becoming a hospice chaplain. His interest in hospice care piqued in 2012 when his father, Fred, a Korean War veteran, died.

“I appreciated the care that hospice provided,” Trubey says. “Now, end-of-life care for veterans is one of the most sacred and rewarding things I do in ministry.”

Trubey also has faced trauma on the home front with Oakley, his wife of 17 years. Their daughter Emmilou, born in 2015, has a rare genetic disease requiring her to live with a tracheostomy tube and ventilator. In addition, Emmilou needs to be fed via a line, plus a gastrostomy-jejunostomy tube. In 2016, Oakley gave birth to twins, Ada and Wren, born prematurely at 27 weeks’ gestation. They weighed just under 2 pound each at birth and had to spend six months in neonatal intensive care units at a trio of hospitals.

Soon after her 2001 wedding to Rusty, doctors told Oakley she wouldn’t be able to conceive. The Trubeys have eight children.

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5. Improve Timeliness of Service

5.1 - San Antonio Express-News (Video): [Wounded S.A. soldier gets his dog back](#) (14 September, Sig Christenson, 715k uvm; San Antonio, TX)

Six weeks ago, Army Spc. Alec Alcoser and his working dog, Alex, turned the corner of a narrow street outside Bagram Airfield just after dawn and saw a young Afghan coming toward them.

Two Afghan and three Czech soldiers moved between Alcoser and the civilian to conduct a search while he called the dog back and bent down to get a cigarette.

Suddenly, they were enveloped by a bright flash. Alex yelped. Alcoser went down. The dusty, smoky air turned yellow and orange and a firefight broke out. The dog stayed at his side.

“I would yell at him and his ears would twitch, but he wouldn’t look at me,” said Alcoser, 22, of San Antonio. “I think he was in a state of shock. He didn’t growl, he didn’t bark, he didn’t cry. He stayed right there.”

On Friday, they were together once more, this time at the South Texas Veterans Health Care System’s Polytrauma Rehabilitation Center. It was an emotional reunion, with the Harlandale High School graduate wiping tears from his eyes at one point and Alex licking his face.

It was the first time they had seen each other since both were in Washington, D.C., where each received the Purple Heart. And if all goes well in rehab over the next few months, they'll be together for good, buddies until the end.

They were close in Afghanistan, where Alcoser was 6½ months into a nine-month deployment when they got hurt. They were together pretty much everywhere Alcoser went, except the dining hall. On his days off, they slept in the same bed together, rising late and enjoying the leisure time.

On duty days, they had rituals.

"On a day with a mission, we'd wake up, I would give him a doggie treat and I would have some ice cream before we went out, and when we got back, we usually slept," Alcoser recalled.

"That was a normal day for me and Alex out there," he said, adding that a taste for sweets was born of his association with troops in special operations forces. "It was kind of their thing to eat a sweet because you never know if that's going to be your last when you go out."

The Aug. 5 suicide bomber's blast left Alcoser with shrapnel wounds and broken bones. He also had a mild traumatic brain injury, but his physical medicine and rehabilitation specialist, Dr. Blessen Eapen, said Alcoser escaped the explosion without any loss in cognitive ability.

Alex lost his left rear leg near his hip. Both are learning to get around again. Snapshots show Alex reluctantly settling in an underwater treadmill at Joint Base San Antonio-Lackland.

Alcoser took shrapnel in about 30 percent of his body — most of it in his lower extremities. Some of it continues to come out, slowly, in an often painful process. The list of broken bones is long and includes both arms and legs. He walks with a cane or a walker. Alex sometimes limps around but occasionally moves as quickly as a dog with all four legs.

"When we say 'polytrauma,' he's got multiple injuries, multiple fractures. ... He's pretty hurt," Eapen said.

There are goals to reduce Alcoser's dependence on opioids and in time get him well enough to start work at the Center for the Intrepid at JBSA-Fort Sam Houston.

"They're estimating about four to six months, and so I'm already a month and almost half in, and I'm already walking, so I think I'm going to beat that time," he said.

"Either way, the doctors say I have a pretty good chance of making a full recovery, and that's all that matters. I've got to get back to my dog. That's the important part."

There have been too many surgeries to remember, but they're over for Alcoser. A good deal of rehab lies ahead for both him and Alex, but an interesting thing happened Friday afternoon to the 8½-year-old German shepherd, who is headed to a medical retirement from the Army.

It seems he's trying to get back on the job. Trained to detect explosives and corner suspects who try to run and hide, Alex tried to search a car after arriving at Audie Murphy VA Hospital.

“When they’re old and retired, they still don’t know they’re not supposed to work,” said Regina Johnson, a retired Army dog handler who works in the Defense Department’s DoD Military Working Dog Breeding Program at Lackland.

“They still have the same drives. They still want to search, they still want to find the same toy, they still want to be praised.”

Ask Alcoser if he finds the process of learning to walk again frustrating, and he’ll wave off the notion. He has a wife, Misty, and a 6-month-old son to look after, and then there is his mom. Ann Marie McGrew lives in Houston and drives to see him at the hospital every weekend.

Alcoser hopes to return to work as a soldier, in time returning to his post, Fort Drum, N.Y., and eventually get promoted to sergeant.

Give him the chance, and he’d go back to the war zone. Alcoser has fallen brothers to honor. Those Afghan and Czech soldiers standing between him and the man with the suicide vest absorbed the worst of the blast. The Afghans survived. The Czechs were killed instantly.

“I don’t have any frustrations, I just take it day by day, that’s all I can do. There’s no point in being mad or sad or anything like that. I’ve got to live through the people who died for me, so they give me a lot of strength,” he said.

“And Alex ain’t complaining, so I don’t think I should, either. His injuries are a little worse than mine,” Alcoser said. “A lot of people call him a dog, but I think he’s a little more than that. He’s a soldier.”

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5.2 - Healio: [Telehealth promotes antimicrobial stewardship in rural settings](#) (16 September, Caitlyn Stulpin, 593k uvm; Thorofare, NJ)

Researchers tested the feasibility of using telehealth to promote antimicrobial stewardship at two rural Veterans Affairs medical centers, or VAMCs, with limited access to infectious disease specialists and found it to be feasible, according study results published in Infection Control & Hospital Epidemiology.

“The threats posed by antimicrobial resistance have led to strong recommendations and regulatory actions,” Lauren D. Stevenson, PhD, researcher at the Louis Stokes Cleveland VA Medical Center, and colleagues wrote. “The number of trained infectious disease physicians and pharmacists is insufficient to meet the urgent need for comprehensive antimicrobial stewardship programs across health care settings, including the Veterans Health Administration, the largest integrated health care system in the United States.”

According to Stevenson and colleagues, a 2012 survey found that 40% of VAMCs providing inpatient care did not have a full-time ID physician on staff, leaving the implementation of antimicrobial stewardship programs to physicians, pharmacists and nurses who lack training in infectious disease or antimicrobial stewardship.

For the study, they developed a pilot telehealth project that used videoconferencing to connect pharmacists, infection preventionists, staff nurses and other clinicians at rural VAMCs with ID physicians, creating a remote antimicrobial stewardship team.

To test its efficacy, Stevenson and colleagues implemented the system at two unnamed rural VAMCs. Site A, with 27 acute-care beds and 162 long-term care beds, started using it in August 2016. Site B, with 10 acute-care and 180 long-term care beds, began in October 2016. Each week, staff at both sites selected cases for discussion at the weekly telehealth videoconference, according to Stevenson and colleagues. During the 1-hour meetings, cases were presented and discussed, and the team made recommendations for treatment.

Over the 1-year period, the team at Site A discussed 140 cases in 40 sessions and Site B discussed 119 cases in 38 sessions, the researchers reported. According to the study, the most common recommendation at both sites was to stop antibiotics — a recommendation that had an 82% acceptance rate at Site A and 71% acceptance rate at Site B. Participants reported that some providers were not open to recommendations to change treatment plans, which they attributed to ego or being “set in their ways,” Stevenson and colleagues said.

However, they noted that, overall, participants reported that telehealth sessions increased their awareness of antibiotics stewardship principles which helped them adapt their practice patterns and engage in antimicrobial stewardship efforts.

“The VA has successfully used telemedicine to increase veterans’ access to specialty care providers,” they concluded. “This program is an effective health care delivery model that integrates patient care with provider education, improving access to specialty care from a distance.”

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5.3 - Reading Eagle: [New Berks martial arts facility/motorcycle club aims to be an oasis for veterans](#) (16 September, Mike Urban, 436k uvm; Reading, PA)

MOUNT PENN, PA — When memories of war are too much for Joe Casale, sending waves of anxiety crashing over him, there is a place the retired Marine goes for safe harbor.

His sanctuary is a karate school in Mount Penn that is home to the American Veterans Warriors Martial Arts Club and the clubhouse of the Berks County chapter of the Desert Knights of America Motorcycle Club. Casale is an officer with both.

In the past when his post-traumatic stress disorder symptoms grew too strong, Casale would isolate himself and suffer alone, but now the former machine gunner can be with men he calls his brothers.

They are fellow veterans, and though he never served with them, he now rides beside them, teaches them and trains with them. They count on him as he does them, and they help each other heal.

"It feels so safe when I come here. I feel like I'm at home," said Casale, 47, of Newmanstown. "We have each other's backs."

Both the motorcycle club and the martial arts club it sponsors formally began Aug. 18 with the same leaders and similar goals: to build a bridge for veterans from the military to the civilian world and to do charitable work to help vets in need.

Their building on Dengler Avenue is designed as a place of understanding, bonding and purpose, helping veterans to cope with their new lives, which for many is a very tough transition, said Anthony Gonzalez of Wyomissing, who founded both clubs.

'We have a brotherhood'

The difficulty of that change is familiar to Gonzalez, who did combat tours as a squad leader in Iraq in 2007 and 2008 during his 28 years in the Army National Guard, and who also served 16 years as a Reading police officer until retiring in 2006.

"Retirement was harder than I thought it would be," he said, which is what prompted him to start both the Desert Knights chapter and the martial arts club.

Gonzalez, 52, wanted to be there for fellow veterans, and figured doing so would help him acclimate to being a civilian and to cope with his PTSD. He said he's been right on both counts.

"We have a brotherhood here because it helps knowing someone else has been through the wringer, too," Gonzalez said.

The Berks chapter of the Desert Knights is the organization's 14th, all of which are required to have at least 70 percent veterans. Most of the clubs are actually closer to 100 percent vets, said Trey Jones, founder and president of Red and Tan Nation, the organization that oversees the Desert Knights and its sister organizations, the Desert Riders and Desert Warriors.

The Desert Knights' chapters are required to do at least one charitable fundraiser each year, but the Reading chapter has plans to go far beyond that, and Jones likes what he's seen so far.

Making a difference

The group's first act of public service came last Sunday, when members picked up World War II veteran Edgar Tyson, 100, from ManorCare Health Services in Laureldale and drove him to his family reunion in New Ringold with a motorcycle escort there and back.

He wouldn't have been able to make the event otherwise and suspects it may be his last reunion, Gonzalez said.

It's the type of work the club will soon be doing more, whether it's providing support at funeral services for veterans, assisting homeless veterans or staying at the bedsides of vets who are dying and don't have loved ones nearby, he said.

"I am so proud of my brothers for the way they've come together for each other and for the work they're doing to help other folks," Jones said. "They're ambitious in what they want to do."

Though the federal Department of Veterans Affairs has taken big steps over the years toward helping veterans, there are still a lot of veterans not getting what they need.

So the way that the Reading club members are helping their fellow veterans is crucial and something Jones said he's seen in other chapters, as well. He knows of veterans who've struggled with issues ranging from anxiety to anger management to infidelity and who've

benefited from fellow club members standing with them and connecting them with behavioral health professionals, he said.

"Not everyone has fixed themselves. It's an ongoing process," he said. "But they hold each other's hands throughout it, and it's made a massive difference for a lot of the guys."

Gonzalez thinks his Desert Knights chapter also will change the perceptions and stereotypes some hold about motorcycle clubs as having outlaw intentions. While some motorcycle clubs do have members who take part in illegal activities, that's not what the Desert Knights is about, he said.

"We're the good guys," he said.

'I need to come here'

The martial arts club is mostly limited to veterans and expects to grow quickly from its current membership of about 10, who range from a 19-year-old Valley Forge Military Academy cadet to a 68-year-old veteran of Vietnam. They include both former and active service members, among them a soldier who lost both legs above his knees in Afghanistan but still rides a motorcycle.

While it is a business, with most students paying for their lessons to cover expenses, its focus is on helping veterans to be healthier physically, mentally and spiritually, and two of the current students take the classes for no charge.

Gonzalez said he is planning fundraisers so that most of the veterans who have trouble affording lessons can take them for free.

Among the regulars at the club is Army veteran Albert Abadam, 47, of Temple, who trains there and instructs veterans and nonveterans in the Red Dragon School of Karate offered there.

"When I got out of the Army, it was hard. There wasn't that same camaraderie, and I really missed that," Abadam said on a recent night in the club's dojo as he prepared to train alongside Casale. "But this is a place we can come together. That trust is here. So I need to come here, even after a 12-hour day of work, even when I'm exhausted."

Abadam served 26 years in the Army and misses his military experiences as he struggles to cope with them, though he never had a combat tour.

"PTSD is not just combat-related, and I have my own version of it, my own little demons," he said.

While they're in the services, veterans receive a military version of martial arts training, which is part of the reason the classes he takes are a good fit, he said. But the training is about much more than punches and kicks, elbow throws and leg sweeps, he said.

"We're working to be better than we were yesterday, which is what we (servicemen and women) do," he said. "It's not just about combat. It's about life skills."

Having purpose

There are other connections between the martial arts and the military: Both have rank and structure, and both require discipline and respect, said Gonzalez, a sixth-degree black belt in karate and mixed martial arts.

With issues including suicidal thoughts, substance abuse and unemployment plaguing the veteran community, it's important for vets to find a healthy comfort zone when they return instead of the unhealthy habits they could fall into, he said.

"You don't want to stay home in the bedroom watching CNN all day or watching war movies or sitting on the porch drinking beer or whiskey," he said. "You don't want to do that. You want to stay busy."

Having a purpose is also key, which is why the volunteer work the motorcycle club does for veterans benefits those on both sides of it, he said.

Casale was a "grunt," as he puts it, a rifleman who served in Panama in 1989 during a U.S.-led invasion to arrest Panamanian leader Manuel Noriega and in Iraq during Operation Desert Storm in 1990-91.

Those tours contributed to his PTSD, but when it is especially troubling, he says he now has a toolbox to go to. His family is among those tools he relies on, as is his dog Bella, and his weekly PTSD group sessions at both the Lebanon VA Medical Center and York County VA Community Clinic.

His martial arts classes are another tool. He has taken them since he was 13, earning a fifth-degree black belt, and credits them with allowing him to survive Marine Corps boot camp. Now they help him to survive his post-military life.

"It's a way to release a lot of anger and energy, and it builds my self-esteem and confidence," he said. "It helps me to be a better husband, a better person and a productive member of society."

Ken Lebron, deputy director county veterans service officer of the Berks County Veterans Affairs office, applauds the work the motorcycle and martial arts clubs are doing for their fellow vets.

Just as Gonzalez and his officers were mission-oriented during their time in the military, now they are equally dedicated to another worthy cause, Lebron said.

"They're a perfect example of veterans giving back to other veterans, and it's great to see," he said. "They're making sure no veterans are left behind."

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5.4 - Herald Mail-Media: [Experts speak on psychological toll of Civil War](#) (16 September, Dave McMillion, 158k uvm; Hagerstown, MD)

SHARPSBURG — Sitting at a former farm that existed at the time of the Battle of Antietam, visitors to the site Sunday were able to get an in-depth understanding of the psychological effects the conflict had on soldiers.

Jim Broomall and Steve Goldman talked about the topic during ongoing "Porch Programs" that have been offered for three seasons at the Newcomer House along Shepherdstown Pike.

Broomall is an assistant professor of history at Shepherd University and director of the George Tyler Moore Center for the Study of the Civil War in Shepherdstown, W.Va.

Goldman is on the faculty at the Uniformed Services University in Bethesda, Md., and conducts research on reconstruction following the Civil War.

They spoke during sessions at 11:30 a.m. and 2 p.m.

Southerners who joined the Confederacy were generally individualistic, strong-willed individuals, Broomall said. But when they entered the war — which produced a "ferociousness" of battle that they had never seen — they learned to depend on each other, he said.

They spent all their days with each other.

Although many people focus on fighting in the Civil War, one day of battle was often offset by 50 days of mundane camp life and other chores, Broomall said.

After the war, Confederates often reached out to other veterans because of the unique experiences they faced together, he said.

"It runs quite deep," Broomall said.

In a striking familiarity to society today, soldiers faced various pitfalls after the conflict, such as alcoholism and addiction to opium painkillers, according to Broomall and Goldman. Prohibition came about in reaction to alcoholism wrecking lives of veterans, Goldman said.

At that time, painkillers were rolled in wax, then cut into dosages. The problem was, there was no standardized system for doses, Goldman said.

The addictions came as veterans faced injuries they would have never imagined, and there was no U.S. Department of Veterans Affairs or GI Bill to help them, he said.

"They were on their own," Goldman said.

Broomall and Goldman spoke at the former home of Joshua Newcomer, who ran a farm on the property until the war brought the Battle of Antietam, which resulted in 23,000 soldiers being killed, wounded or left missing after 12 hours of fighting on Sept. 17, 1862.

It stands as the bloodiest day in American history.

Newcomer's house and a mill were used as makeshift hospitals for Union troops in the weeks after the battle. Newcomer was never able to recover financially from the damage to his property, so he sold it and moved out West.

Rachel Nichols, manager of the house, said the Porch Programs were started to bring more visitors to the site and make them aware of the Heart of the Civil War Heritage Area, which promotes stewardship of historic, cultural and natural Civil War resources in the region.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Janesville Gazette: [Serving those who served: Local program houses homeless vets](#)
(16 September, Frank Schultz, 164k uvm; Janesville, WI)

TOWN OF ROCK - Tom Kimball served four years of active duty starting in 1954 and four years in the reserves as a Navy corpsman.

Today, the 83-year-old lives in a dormitory setting at a former nursing home between Janesville and Beloit in the Housing 4 Our Vets program.

Kimball would not discuss how he became homeless about five years ago. He's in the facility now for the second time but feels comfortable about his plans to move to Wausau and take care of himself.

He wasn't homeless in the way people often think of homeless men: destitute and sleeping under bridges.

In fact, it's rare for that kind of homeless veteran to stay at the facility, part of the former Caravilla Nursing Home at 203 W. Sunny Lane, officials said.

Kimball is getting the help he needs, but the nation still has homeless veterans, nearly 50,000 as of 2015, with Wisconsin accounting for 520 of those, according to the Veterans Administration.

Why can't we end homelessness, at least for our military veterans? A look at Housing 4 Our Vets offers some clues.

For starters, the 48-bed facility always has about 12 openings, officials said.

A woman showed up at the facility last week, crying. Her Marine-veteran son needed help.

Rock Valley Director Angel Eggers said she doesn't know how the woman knew about the facility, but she's glad there's room for him.

More often, Eggers runs into people who didn't know the Housing 4 Our Vets program exists.

"It has been a struggle getting the word out," Eggers said, speculating that more homeless vets might apply if they knew about it.

Complex needs

Some veterans don't think of themselves as veterans, Eggers said. Some don't know they qualify for a wide range of VA benefits.

"We've had guys who could've had benefits for years but never knew," she said.

Eggers gave the mother of the Marine veteran an application form and put her in touch with people who would help her son fill it out.

The Veterans Administration must approve the application, usually in five to seven days. Eggers said this case sounded promising.

Housing 4 Our Veterans takes in male veterans for a maximum of two years from parts of four states.

The program at the former Caravilla Nursing Home is a contractor for the VA, which runs the federal government's effort to end veteran homelessness.

The local program forbids the use of drugs or alcohol, one of the reasons some homeless won't go there, said Julie Lenzendorf, program administrator.

"I've heard, 'I'm a grown man. I don't want to quit drinking,'" Lenzendorf said.

Staff members understand that recovering from addiction means relapses, but men can be ejected from the program if they don't take advantage of the treatment provided and continue to return to the facility drunk or drugged.

Others don't want to live with a roommate, another program requirement.

For those who go through the program, the success rate exceeds the VA's goal of 65 percent, Eggers said.

The VA defines success as a discharge into independent, permanent housing, but some veterans stay for a time with family before getting their own apartments, or they go to a long-term care facility, so those are not registered as successes, Eggers said.

Very few exit the facility and become homeless again, Lenzendorf said.

"We do everything we can (to prevent that)," Eggers added.

Services the local program provides are critical to success, said Eggers.

A key service is drug/alcohol counseling. The program has a high population of recovering substance abusers.

Residents can also get help for mental health problems such as post-traumatic stress and housing/employment counseling.

"The guys we see have pretty complex needs. That's why I'm thrilled with the VA, that they give these guys two years (to work on their problems)," Eggers said.

Homeless to helper

George Kearn was the first veteran to use the facility when it opened in 2011.

Kearn now is assistant manager at Full Circle Furnishings, an offshoot of the homeless-vets program. All profits support the program. It's a job he loves.

Kearn's own homelessness was brief. He was getting a divorce and needed a place to stay in 2011. The VA pointed him to the new program. He did so well he was hired to help run the place and stayed for nearly two years.

The Navy veteran, 73, served in Vietnam as a radio operator on a high-speed amphibious transport that dropped off underwater demolition specialists on Vietnamese shores.

Kearn thinks the homeless program is needed, especially to help veterans transition to civilian life.

But he believes some veterans use the system for housing when they could provide for themselves.

The facility
Housing 4 Our Vets is in two wings of the former nursing home complex.

The veterans and former prisoners have different meal times and gym times, but they can encounter each other in the halls or grounds. One thing the program is not is an emergency shelter. Veterans must apply and be accepted under guidelines dictated by the Veterans Administration.

The veterans program employs a manager, two case workers, one intake workers/substance abuse counselor, a full-time staff assistant and several part-time assistants.

It will cost an estimated \$726,355 to run this year, most of that coming from the Veterans Administration, Eggers said.

A VA social worker spends at least one day a week at Rock Valley.

Residents who have income, such as from jobs or pensions, must pay 30 percent of their income in rent, not to exceed \$224 a month.

To gain entry, residents must be adult males with a non-dishonorable discharge from the military. They must be able to take care of their daily-living needs; the facility does not provide nursing-home-style assistance.

They must prove they are sober, and drug tests and breathalyzer tests are administered randomly.

The veterans section includes a common room, where residents can watch TV, play cards or host visitors.

Visitors are not allowed in the rooms, which are small but include full baths and kitchenettes.

A place of his own
The program features a mandatory life-skills course.

Kimball and another current resident, Michael Cerda, said they don't like the requirement that they take life skills training because they know how to brush their teeth, take a shower and otherwise care for themselves.

Cerda, 32, a former gunner's mate in the Navy, arrived at Rock Valley last year. He became homeless when he was living with family, and problems developed.

Cerda works a second-shift manufacturing job in Delavan and owns his own car.

Cerda doesn't like the curfew of 10 p.m. on weekdays and midnight on weekends, but he's willing to suffer the annoyances.

He plans to use his full two years so he can be sure he has enough money saved to rent an apartment and be successful, he said.

Cerda likes the food and can order a sack lunch to take to work. Residents are taken on field trips, such as Milwaukee Brewers games and bowling, and cookouts are held on the grounds.

Local groups provide cookies and other snacks, especially during the holidays, he said.

Cerda had a roommate who was an alcoholic and was found outside almost frozen to death, he said.

Residents are encouraged to have hobbies. Cerda paints and modifies miniature soldiers and plays war games with them.

New program

Rock Valley is expanding its programming for veterans. It's renovating a vacant wing of the old nursing home for a 23-bed transitional living facility scheduled to open in May.

Graduates of Housing 4 Our Veterans who can't find housing after two years will be able to apply to move to the new wing, where they'll have a room of their own at low rents for up to three years.

Work on the gutted wing has been slow in part because officials want to pay for it without a loan. That will mean more fundraising, Eggers said.

A different option

President Barack Obama's administration set out to fix the problem of veterans homelessness in 2010 by revamping the VA's programming, and it yielded some results, according to the VA website.

The VA says homelessness between 2010 and 2013, as measured by the number of homeless veterans on a single night in January, dropped from 76,329 to 57,849.

The revamped program included collaborating with community-based treatment and supportive services, such as the one at Rock Valley. It also started a new program that took a radically different approach.

The new program is called Housing First. It gives veterans vouchers to pay for apartments without requiring that they stay off alcohol or drugs or complete treatment before getting housing.

Housing First recipients do get help for mental health, substance abuse and other needs, but that comes after they have a roof over their heads.

Eggers doesn't see how that will work, and she wouldn't want to use it at Rock Valley, but it's still a part of the VA's approach.

The jury appears to be out on Housing First, which also is being used for non-veterans in programs around the country.

'Everybody gets along'

Kimball likes his room and the food. He said he gets plenty of exercise in the gym, and he has made friends.

Residents must clean windows and floors and do other chores, and they must keep their own rooms tidy.

"We've all been through it at one time, when we were in the service, so it's nothing new to us," he said.

Smoking is allowed in designated areas.

"They're very strict about that," Kimball said.

Women are not allowed in the rooms, and there's no fighting, although "everybody gets along pretty well. A few problems here and there, but that comes with the territory."

Kimball said residents don't ask each other how they got there, but he know of many who come from the street.

Residents are allowed to sign themselves out of the facility overnight, "as long as you've been behaving yourself," Kimball said.

Sheriff's deputies are called for fighting or drunken driving, Kimball said, but he's seen that happen only three times, and he feels safe.

"It's a well-run, peaceful place," he said. "It's really a haven for us."

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7.2 - Bristol Herald Courier: [Southwest Virginia Veterans Expo set](#) (17 September, 158k uvm; Bristol, VA)

ABINGDON, Va. — Veterans interested in learning more about community resources and services will be able to obtain more information at a Southwest Virginia Veterans Expo.

The event will take place Friday at the Southwest Virginia Higher Education Center, at One Partnership Circle in Abingdon, from 10 a.m. to 2 p.m.

It will help connect veterans and their families to federal, state and community resources and services, according to a news release. Those attending will be able to get information about health care, veterans benefits, education, employment, transportation and housing, among other topics.

Ballad Health will offer several screenings, including blood glucose, bone density, skin cancer, lung capacity, vision and hearing. Mountain Home and Salem VA hospitals will have representatives at the expo to help with case-specific matters.

VFW Post 1994 will provide lunch. Commissioner John Newby of the Virginia Department of Veterans Services will serve as a special guest speaker.

The expo is hosted by Delegate Todd Pillion, R-Abingdon, Ballad Health and the Southwest Virginia Higher Education Center.

For more information or to register in advance, contact Pillion's office at 276-220-1209.

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8. [Other](#)

8. - Billings Gazette: [Trump's revenge costs Montanans](#) (17 September, Mary Catherine Dunphy, 854k uvm; Billings, MT)

So, let me get this straight.

Sen. Jon Tester does his job and doesn't approve of Trump's nomination of Dr. Ronnie Jackson, as secretary of Veterans Affairs, because Dr. Jackson had no experience as an administrator of a big federal agency, and there were credible allegations of misconduct by Dr. Jackson including: drunkenness on duty, inappropriate practices of prescription medicine and creating a hostile work environment.

After Jackson withdrew his nomination, Trump says: "I think Jon Tester has to have a big price to pay in Montana."

Then Trump and his surrogates (Pence and Trump Jr.) decide to take revenge on Sen. Tester for doing his job by making several trips to Montana campaigning for Sen. Tester's opponent in the upcoming Montana Senate race.

And, all this Trumptonian revenge against Sen. Tester has been at taxpayer expense. The police protection and increased security has been estimated in Billings at \$20,000 last week, \$35,000 for Pence's July visit and \$80,000 for Trump's Great Falls campaign trip in July. And, so far as reported in this newspaper, there has been no reimbursement from the White House for all the expenses incurred by these Montana communities. And, that doesn't include the jet fuel and staff for Air Force One.

So, who is really paying the "big price" in Montana for Sen. Tester doing his job and protecting veterans from Trump's incompetent VA secretary nominee? I'm thinking the people in Billings

and Great Falls must be think this is a pretty expensive way for Trump to get revenge on Sen. Tester — all at their expense.

Mary Catherine Dunphy

Miles City

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From:

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Subject: [EXTERNAL] 15 September Veterans Affairs Media Summary and News Clips

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Veterans Affairs Media Summary and News Clips

15 September 2018

1. [Top Stories](#)

1.1 - KETV (ABC-7, Video): [National cemetery monument honors Vietnam vets](#) (14

September, Andrew Ozaki, 1.1M uvm; Omaha, NE)

Fifty years ago — they received no homecoming, no parades when they returned from war. On Friday, Vietnam veterans got a special honor. The first memorial monument at the Omaha National Cemetery was dedicated for their service and sacrifice.

[Hyperlink to Above](#)

1.2 - WFED (AM-1500, Audio): [As DoD, VA begin multibillion dollar EHR rollouts, Congress asks who's in charge](#) (14 September, Jared Serbu, 854k uvm; Washington, DC)

It's been a decade since Congress first created an interagency program office to push the departments of Defense and Veterans Affairs to integrate their electronic health records. Now, the IPO has a new mission on its plate: Ensuring the success of the commercial EHRs the two departments eventually decided to buy. And lawmakers are asking whether the IPO itself is in need of an overhaul.

[Hyperlink to Above](#)

1.3 - Post-Tribune: [Dog training service helps veterans suffering from combat disorders](#)

(14 September, Jerry Davich, 369k uvm; Chicago, IL)

John Galambos has owned numerous dogs, but none was trained to have the specialized skills of his current Shih Tzu, Beau. "I am a combat disabled veteran with Post Traumatic Stress Disorder from my service in Vietnam, and Beau is learning how to help me with emotional support," said Galambos, of Griffith, who served in the U.S. Marines from 1965 to 1967. "For instance, when I get upset, he senses it and jumps on my lap.

[Hyperlink to Above](#)

1.4 - Federal Computer Week: [Has the DOD-VA interagency office outlived its usefulness?](#) (14 September, Adam Mazmanian, 189k uvm; Vienna, VA)

When the Pentagon and the Department of Veterans Affairs abandoned plans to develop a joint electronic health record in 2013, the responsibility for creating standards of data interoperability between the VA's Vista system and the multiple legacy systems at DOD fell to the small Interagency Program Office.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Politico: [Who should reconcile differences in VA and DOD EHR?](#) (14 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

Who Should Reconcile Differences In VA And DoD EHR? Now that the Veterans Affairs Department's contract with Cerner is inked, and the rollout gets underway, oversight groups are warning that differences in the VA and the DoD's EHR implementations will complicate their

plan to create an interoperable system. But during the inaugural hearing of the House Veterans Affairs Subcommittee on Technology Modernization Thursday, officials and lawmakers disagreed about whose responsibility it is to reconcile those differences, Morning eHealth's Arthur Allen reports.

[Hyperlink to Above](#)

3.2 - Healthcare IT News: [EHR interoperability for VA and DoD, who's responsible? Lawmakers, officials can't agree](#) (14 September, Jessica Davis, 438k uvm; Chicago, IL)
The Interagency Program Office (IPO) has not fulfilled its legal mandate to be the single point of accountability between the Department of Defense and Department of Veterans Affairs interoperability efforts. But both officials and lawmakers can't decide who should reconcile the differences.

[Hyperlink to Above](#)

3.3 - Nextgov: [Congress Doesn't Know Who's in Charge of VA's \\$10 Billion Health Records Overhaul](#) (14 September, Jack Corrigan, 193k uvm; Washington, DC)
The office created to ensure health record interoperability between the Veterans Affairs and Defense departments will cripple the agencies' latest multibillion-dollar overhaul efforts if it doesn't change its role, according to a congressional watchdog.

[Hyperlink to Above](#)

3.4 - WTHI (FOX-10): [VA Taking Proposals For A New Terre Haute Building](#) (14 September, 191k uvm; Terre Haute, IN)
We have more information on the process that will be used to select a permanent home for the VA Clinic in Terre Haute. On Wednesday, the VA held a ribbon cutting for a temporary clinic behind Honey Creek Mall. They hope to be in that location for two to three years.

[Hyperlink to Above](#)

3.5 - FedScoop: [Who's really accountable for interoperability of DOD, VA e-health records?](#) (14 September, Billy Mitchell, 57k uvm; Washington, DC)
The departments of Defense and Veterans Affairs both have billion-dollar modernizations in progress for their electronic health record systems. And they've each identified who is accountable for the success of those programs.

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3.6 - EHR Intelligence: [Joint DoD, VA EHR Modernization Governance Bodies to Launch 2019](#) (14 September, Kate Monica, 50k uvm; Danvers, MA)
The Department of Defense (DoD) and VA Interagency Program Office (IPO) is helping to establish joint DoD and VA EHR modernization governance bodies in an effort to facilitate collaborative decision-making and improve interagency communication throughout VA's Cerner EHR implementation project.

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3.7 - WLTZ (NBC-38, Video): [VA Picks Blue Cross Building for New Clinic](#) (14 September, Robbie Watson, 43k uvm; Columbus, GA)

The big news that the old Blue Cross Blue Shield building is being transformed into a new VA Clinic was actually announced locally via an email from Congressman Sanford Bishop's office late Thursday. It was music to the ears of local Veterans.

[Hyperlink to Above](#)

3.8 - WEWS (ABC-5, Video): [Trading Spaces: Painesville VA outpatient clinic to move to new location in Willoughby](#) (14 September, Jordan Vandenberg, 18k uvm; Cleveland, OH)
The medical coverage and support services that Lake County veterans earned through blood and sacrifice will be moving out of Painesville and to a new location in Willoughby. While the state-of-the-art facility will offer new services, including radiology and physical therapy, officials from the Lake County Veterans Services Commission said it also presents some unique hurdles.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - WFED (AM-1500, Audio): [VHA harnessing employees' ideas for Diffusion of Excellence](#) (14 September, Tom Temin, 854k uvm; Washington, DC)

The Veterans Health Administration says its best ideas for improvement come from its own employees. VHA has worked with nearly 4,000 employees to spread 344 practices through the agency's Diffusion of Excellence Initiative. VA says putting those ideas into practice saved the agency nearly \$23 million. This year, 85 VHA employees have presented their ideas to agency leadership. Ryan Vega is the director of VHA's Diffusion of Excellence Initiative.

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4.2 - WFED (AM-1500, Audio): [New American Legion commander describes vets' biggest concerns](#) (14 September, 854k uvm; Washington, DC)

The American Legion, the nation's largest veterans organization, has long been active in federal policy towards veterans and in operation of the Veterans Affairs Department. Now the legion has a new commander in Brett Reistad, a Vietnam era veteran and retired law enforcement officer from Fairfax County, Virginia.

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4.3 - WFED (AM-1500): [Best value attributes for the MSPV program](#) (14 September, 854k uvm; Washington, DC)

This week, the Coalition for Government Procurement's Medical/Surgical Subcommittee presented the Veterans Affairs Department (VA) with recommended "Best Value Attributes" for ensuring the delivery of best value health care solutions to our nation's veterans through the Medical/Surgical Prime Vendor (MSPV) program. You may recall that, almost a year ago, the Coalition was honored to testify before the House Committee on Veterans' Affairs during a hearing on this program.

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4.4 - WIBW (CBS-13, Video): [Topeka VA Medical Health Center hosts annual Mental Health Summit](#) (14 September, Cecelia Jenkins, 484k uvm; Topeka, KS)

Dozens of professionals from more than 20 local organizations attended the 6th annual VA Community Mental Health Summit Friday afternoon. The goal was to build on last year's theme of suicide prevention by focusing on transition. "We want to talk about the transition from military service into civilian life for veterans and how that can cause a little bit of struggle. There's some barriers," registered nurse with the VA Mental Health Clinic, Jorrie Varney, said.

[Hyperlink to Above](#)

4.5 - WXXI News: [Program brings peace and purpose to local veterans](#) (14 September, Beth Adams, 26k uvm; Rochester, NY)

Some local veterans are finding a sense of purpose and peace as they ride horses, plant and harvest crops, and learn about agriculture at the EquiCenter in Mendon. "I could feel the weight of the world lifting off my shoulders, saying 'this might be something that could help,' " said Luanne VanPeursem, a 33-year Air Force veteran who said she was having trouble re-integrating into civilian life until her counselor recommended therapeutic riding.

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5. [Improve Timeliness of Service](#)

5.1 - Daily Reflector: [VA standing watch for veterans in the storm](#) (14 September, Michael Abramowitz, 161k uvm; Greenville, NC)

Pitt County VA officials are prepared to protect the health and welfare of veterans and those who provide their care during the Hurricane Florence crisis, officials at the Veterans Administration Greenville Health Care Center said on Wednesday.

[Hyperlink to Above](#)

5.2 - The Fresh Toast: [Congress Approves Bill To Expand Medical Marijuana Research](#) (14 September, Mike Adams, 20k uvm; Seattle, WA)

It has been two years since the U.S. Drug Enforcement Administration announced that it would allow more cannabis growers other than the University of Mississippi to cultivate marijuana for research purposes. But the licensing process for this expansion, which was initiated under the Obama administration, has been jammed up indefinitely ever since U.S. Attorney General Jeff Sessions took the reins at the Justice Department.

[Hyperlink to Above](#)

5.3 - White Mountain Independent: [VA must not neglect catastrophically disabled veterans](#) (14 September, Bob Carey, 4k uvd; Show Low, AZ)

Imagine losing both your legs while serving your country only to be told the Department of Veterans Affairs can't provide you the wheelchair you need. The VA's not sure when one will become available. So they tell you to stay in bed. This is the situation many severely injured veterans find themselves in today. Amazingly, it's what the VA's own rules direct the agency to do.

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6. [Suicide Prevention](#)

6.1 - KSNW (NBC-11, Video): [VA hosts Mental Health Summit](#) (14 September, Amanda Aguilar, 9k uvd; Wichita, KS)

The Robert J. Dole VA Medical Center is looking to lower suicide rates among veterans by hosting the 2018 Mental Health Summit. Sedgwick County released 2017's suicide numbers this week, which showed 23 percent of the 96 suicide deaths were veterans. Today's event is open to the public, not just veterans.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Plain Dealer: [Battlefield crosses should be allowed at all national cemeteries, subject to size and materials guidelines: editorial](#) (14 September, Editorial Board, 11.5M uvm; Cleveland, OH)

The battlefield cross is the U.S. combat service member's memorial -- a rifle thrust into the ground, decorated with the fallen comrade's dog tags, combat boots and helmet. No wonder a decision last year by the Ohio Western Reserve National Cemetery in Rittman, Ohio, to remove the cross after complaints it looked too much like a real rifle -- really? -- prompted a national outcry and a quick reversal of policy within three days.

[Hyperlink to Above](#)

7.2 - Sun Sentinel: [Tree-cutting companies volunteer time and equipment to take care of veterans' cemetery](#) (14 September, Austen Erblat, 4.8M uvm; Fort Lauderdale, FL)

In an effort to help honor military veterans who made the ultimate sacrifice, Rainbow Tree Care from Minneapolis started Saluting Branches, Arborists United for Veteran Remembrance, a nonprofit organization that coordinates tree care at veteran properties around the country.

[Hyperlink to Above](#)

7.3 - Omaha World-Herald: [Omaha National Cemetery unveils monument for Vietnam veterans](#) (14 September, Grace Gorenflo, 2.1M uvm; Omaha, NE)

Omaha National Cemetery formally unveiled a monument Friday in honor of Vietnam war veterans. The monument, the first at the cemetery, was donated by the Vietnam Veterans of America, Omaha chapter 279.

[Hyperlink to Above](#)

7.4 - WOWT (NBC-6, Video): [New monument honors Vietnam veterans](#) (14 September, 828k uvm; Omaha, NE)

An idea became reality Friday at the Omaha National Cemetery. Veterans, politicians and others were on hand as a monument was unveiled honoring Vietnam War veterans. 6 News was told it all started as an idea from some guys at the Omaha chapter of the Vietnam Veterans of America.

[Hyperlink to Above](#)

7.5 - WFIE (NBC-14, Video): [Stand down for homeless veterans event](#) (14 September, Aria Janel, 625k uvm; Evansville, IN)

Nearly 100 veterans made their way to the Evansville Veterans of Foreign Wars post on Wabash Avenue of Flags on Friday. The VFW hosted the Veteran Affairs' annual event, 'Stand Down for Homeless Veterans'. The VA came up with the name for this event from the concept used in the military. The term stand down is used to remove combat units from the field to a relatively safer place to rest and recover.

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7.6 - WRIC (ABC-8, Video): [Veteran fights to close a VA loophole that can deny vets compensation](#) (14 September, Kerri O'Brien, 477k uvm; Richmond, VA)

A veteran trying to close a VA loophole takes his fight to Washington in hopes of helping other veterans avoid his pain. "I drafted a bill here," says Marine veteran Brian Tally. Tally is turning his pain and suffering into a mission to save his fellow veterans. He's created the Tally Bill.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - Breitbart: [Beto O'Rourke Voted Three Times Against Removing Poorly Performing VA Employees](#) (14 September, Kristina Wong, 19.1M uvm; Los Angeles, CA)

Rep. Beto O'Rourke (D-TX) has voted repeatedly against holding incompetent Veterans Affairs employees accountable — a contrast with what he has said on the campaign trail, according to the Ted Cruz campaign.

[Hyperlink to Above](#)

8.2 - Milwaukee Journal Sentinel: [Tammy Baldwin defends Tomah VA record and introduces veteran supporters, including Medal of Honor recipient Gary Wetzel](#) (14 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

Democratic U.S. Sen. Tammy Baldwin defended her record on the scandal at the Tomah Veterans Affairs Medical Center and accused her Republican opponent Leah Vukmir of using the issue for political gain. Baldwin made her comments Friday in Milwaukee as she introduced a group of military veterans who support her campaign, including Medal of Honor recipient Gary Wetzel.

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1. [Top Stories](#)

1.1 - KETV (ABC-7, Video): [National cemetery monument honors Vietnam vets](#) (14 September, Andrew Ozaki, 1.1M uvm; Omaha, NE)

Fifty years ago—they received no homecoming, no parades when they returned from war.

On Friday, Vietnam veterans got a special honor.

The first memorial monument at the Omaha National Cemetery was dedicated for their service and sacrifice.

"To our Vietnam veterans, you went when others would not. You served when your country needed you. You served with honor. And each and every one of us owes you a debt of gratitude," said Randy Reeves, U.S. Under Secretary of Memorial Affairs.

Nebraska Lt.o Gov. Mike Foley said nearly 60,000 Americans lost their lives in that war.

"That despite the controversy of that unique and tumultuous era in American history, no one could deny the valor and bravery of those who went to southeast Asia to serve their nation," Foley said.

Omaha Mayor Jean Stothert said it is an honor to display this monument at the Omaha National Cemetery.

"All who visit here will know these men and women served the country with true honor," Stothert said.

For Dennis Schissel, the president of Vietnam Veterans of America Chapter 279, the two years of planning, fighting red tape and raising the \$4,000 for the solid gray marble monument was worth it.

"I'll be thinking of all the members that didn't come back. All our brothers and sisters that we left behind," Schissel said.

Emotions also rushed back for Ron Wilson.

"I stood here and cried. Yeah, I think it's beautiful. I'm very proud of it," Wilson said.

The retired Air Force staff sergeant recalled a rocket attack one night killed eight airmen at the base where he was stationed.

"I donated some money (for the monument) in honor of them," Wilson said.

Monuments for other wars will be placed on either side of the Vietnam veterans monument as they are built.

The design will be the same.

Schissel said it was important to be the first and in the center as a symbolic reminder of the additional sacrifice Vietnam veterans made for the country.

"We would never allow another generation to be forgotten and mistreated the way we were when we came back," Schissel said.

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1.2 - WFED (AM-1500, Audio): [As DoD, VA begin multibillion dollar EHR rollouts, Congress asks who's in charge](#) (14 September, Jared Serbu, 854k uvm; Washington, DC)

It's been a decade since Congress first created an interagency program office to push the departments of Defense and Veterans Affairs to integrate their electronic health records. Now, the IPO has a new mission on its plate: Ensuring the success of the commercial EHRs the two departments eventually decided to buy.

And lawmakers are asking whether the IPO itself is in need of an overhaul.

Under current law, the IPO is required to serve as the single point of accountability for the two departments' efforts to achieve interoperable health record systems. But officials testified Thursday that the office isn't actually functioning that way, and has neither the budget nor the staff to do so.

Instead, DoD and VA say they are still in the process of figuring out a joint governance structure, even as key decisions are being made about how they'll deploy their new EHRs, both of which are based on a Cerner software suite called Millenium. DoD has already installed its version, called MHS Genesis, at four Pacific Northwest hospitals and clinics. And VA signed a ten-year, \$10 billion contract with Cerner to begin its own implementation in May.

Worried about waste

Rep. Mike Coffman (R-Colo.) is among many lawmakers who worry that the lack of a clear governance structure will lead to a repeat of the modernization stumbles the departments have suffered for more than a decade.

"You had two large federal entities, both considered to be co-equals with no one in charge, and people in the middle trying to negotiate with them unsuccessfully," he said. "I'm not sure it's going to be any different, and I worry that we're going to waste another billion dollars on this. If either DoD or VA were in charge of this and not co-equals, I think this would be done by now."

The billion dollar figure is based on an estimate from the Government Accountability Office, which found VA spent \$1.1 billion between 2011 and 2016 on efforts to modernize its existing EHR. That was before the agency decided to purchase a commercial product.

Much of that spending went toward an earlier effort in which DoD and VA were attempting to work together to build a shared record system. That effort, on paper at least, was managed by the IPO.

But GAO says the office has never had the authority to take the lead on EHR modernization, even after having been rechartered and restructured at least twice in the past 10 years.

"I think it's evident that they never had the clout to either mediate or resolve the issues between VA and DoD. The IPO was never set up to succeed, because neither of the departments were ever willing to relinquish control," said Carol Harris, GAO's director of IT acquisition management issues. "I think in terms of what you would see in leading organizations, what they have shown is that you have to have a single executive level entity that's the point of accountability. It's just one body, as opposed to multiple bodies, and it has to be at that executive level. Moving forward, certainly I would expect to see it, at a minimum, at the deputy secretary level."

A question of the IPO's authority

DoD and VA have further reduced the IPO's responsibilities in recent years. As a practical matter, it's main tasks are to set joint health data standards for both departments to use. Harris says that's a critical function, and Congress may want to consider simply removing the legal requirement that the IPO also have overall accountability for success of the EHR projects.

But Rep. Jim Banks (R-Ind.), the chairman of the newly-established House VA technology modernization subcommittee, said he favors an approach that would give the IPO more authority and responsibility, not less. He said that's partly because the EHR implementation is expected to span the next decade, while individual politically-appointed leaders come and go.

"Unfortunately, we have seen far too much of that turnover in the early months of this program, and the IPO is of the few aspects of EHR modernization that is mandated by law. That means that it has a very important and permanent role to play in governance," he said. "Most everyone here today agrees the IPO needs to do more. My hope is DoD and VA will hash out what that looks like. I am willing to give them additional time to do that, but I will not wait forever. The key decisions that will determine the EHR modernization's future are being made over the next several months. I am skeptical of Congress imposing solutions, but we also have to keep the train safe on the tracks."

New interoperability plan for EHRs coming soon

DoD and VA officials say they are working on a notional governance structure to make key decisions about how to configure their respective EHRs so that they're fully interoperable. They expect to present that plan to Congress in the next few months.

It would involve at least three different decision making bodies: a "joint technical board," a "joint functional board" and a "joint decision board." The IPO would facilitate their meetings and record their decisions, but wouldn't have much authority beyond that.

John Windom, VA's program executive officer for electronic health record modernization said there's a reason for multiple boards: The EHR projects are incredibly complex, and the departments want to resolve disagreements at the lowest level possible.

"There are a myriad of mission sets, and there's no single body that is qualified in everything from the technical to the clinical areas," he said. "Our job is to manage those and have elevation opportunities to resolve things that are unable to be resolved at the lowest level. That's one thing I can't impress upon the committee enough: governance has to be successful at the lowest possible level. Things can't rise to the superior level on every matter."

But Harris said GAO worries that the governance process the departments are contemplating is destined to dilute accountability for success or failure, a phenomenon we've seen before.

“Again, when you look at leading organizations, that single point of accountability should be at the executive level,” she said. “And one of the things that strikes me when you look at the [current] organizational chart, if you count the of boxes, there are at least 16 boxes, which shows that accountability has been so diffused so that when the wheels fall off the bus, you can’t point to a single entity who is responsible. And that’s a problem.”

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1.3 - Post-Tribune: [Dog training service helps veterans suffering from combat disorders](#) (14 September, Jerry Davich, 369k uvm; Chicago, IL)

John Galambos has owned numerous dogs, but none was trained to have the specialized skills of his current Shih Tzu, Beau.

“I am a combat disabled veteran with Post Traumatic Stress Disorder from my service in Vietnam, and Beau is learning how to help me with emotional support,” said Galambos, of Griffith, who served in the U.S. Marines from 1965 to 1967. “For instance, when I get upset, he senses it and jumps on my lap. On the Fourth of July, with all the fireworks going off, he gave me peace of mind. It meant the world to me.”

Beau, a rescue dog, is in training to become a certified service pet through the Roselawn-based Patriots Training Service Dogs, or PTSD. The nonprofit organization was founded by Charles Sargent, of Wheatfield, who, before his death in 2016, was very active with local veterans’ groups and causes. His wife Colleen continued PTSD, which trains dogs for Northwest Indiana military veterans at no cost. Sargent and her volunteers train a variety of dog breeds on a shoestring budget of donations and fundraising efforts.

“It didn’t cost me a dime,” Galambos told me. “But too many veterans who desperately need a service dog don’t know about this program.”

So far, seven dogs and their owners have completed the program, with three dogs expected to finish by next year.

“The truth is that 22 veterans a day commit suicide, and we know we can change the lives of veterans through training their dog to be a service dog,” Sargent said. “The volunteers and I all know that we are giving these veterans hope and guidance.

“For those who gave it all for us, it is the least we can do for them,” she said.

The issue of training and providing service dogs for veterans is more controversial and complex than you might think. A preliminary study by Purdue University College of Veterinary Medicine cites the crux of this issue: “Psychiatric service dogs are an emerging complementary treatment for military members and veterans with post traumatic stress disorder. Yet despite anecdotal accounts of their value, there is a lack of empirical research on their efficacy.”

For many years, the U.S. Department of Veterans Affairs has paid the veterinary care for service dogs assisting vets with physical disabilities, such as loss of sight or hearing or limbs. But the agency doesn’t provide the same coverage for dogs that assist with PTSD, pointing to that lack of empirical evidence.

Congress ordered the VA to conduct a long-term \$12 million study, tracking more than 200 veterans with PTSD and their service dogs, to determine the value of the relationship. The findings are likely years away.

The Purdue study, published earlier this year in the Journal of Consulting and Clinical Psychology, concluded: "We found that the group of veterans with service dogs had significantly lower levels of PTSD symptomology than those who did not have a service dog."

"They also had lower levels of depression, lower anxiety and increased social participation, meaning a willingness to leave their house and go engage with society in different activities," said Maggie O'Haire, assistant professor of human-animal interaction.

Of the 141 veterans who chose to participate in the trial study, approximately half were on a wait list to receive a service dog while the rest already had one.

"As the number of service dogs given to veterans with PTSD continues to increase, this is an important first step toward proof of concept that service dogs can actually provide measurable, clinical changes for veterans," said Kerri Rodriguez, co-author of the study.

Supporters of this undeniable veteran-service dog emotional bond want the VA to reevaluate this contentious topic.

"I hope the promising results from this study will prompt a renewed focus on the benefits that service dogs provide," said Steven Feldman, executive director of the Human Animal Bond Research Institute, which co-funded the study.

These specialized service dogs can be trained to block the personal space between veterans and anyone unknowingly ambushing them with anxiety, and also to wake up vets during their nightmares, among other skills.

"If veterans do not own a dog, we will help them find a dog to train," Sargent said.

Her organization meets weekly with veterans for dog training, and the vets are expected to continue the training on their own.

"We encourage record-keeping during the entire process," Sargent said.

Her group provides all training equipment, and also registers each vet-dog team through the American Kennel Club for proper certification.

"The veterans not only receive a certificate, but the satisfaction they experienced during the process of the training," she said.

Her program works on basic obedience, including sit, down, and heel, as well as social behavior skills with strangers. Related skills depend on each veteran's specific needs and struggles.

"For example, a dog can be taught how to apply pressure to help calm the veteran," Sargent said.

The program's most pressing needs are financial donations, dog-friendly volunteers, and a more permanent location to conduct the training. Volunteers are currently training dogs at the Stoney Run Canine Camp in Hebron.

"We are in need of an indoor location in the Lowell or Crown Point area," Sargent said.

This is why Galambos, a member of Disabled American Veterans, reached out to me. He insisted this column shouldn't be about him, but about all the veterans who don't know about PTSD.

"Not about Post Traumatic Stress Disorder. All of us know about that," he said. "They need to know about Patriots Training Service Dogs. This program is for them."

For more information on Patriots Training Service Dogs, call (219) 819-1295 or visit <http://patriotstrainingservicedogsinc.weebly.com>.

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1.4 - Federal Computer Week: [Has the DOD-VA interagency office outlived its usefulness?](#) (14 September, Adam Mazmanian, 189k uvm; Vienna, VA)

When the Pentagon and the Department of Veterans Affairs abandoned plans to develop a joint electronic health record in 2013, the responsibility for creating standards of data interoperability between the VA's Vista system and the multiple legacy systems at DOD fell to the small Interagency Program Office.

The IPO, initially created at DOD in 2009 to develop requirements for a joint system, took on the role of handing data interoperability issues in 2013 as VA modernized Vista and DOD embarked on a commercial health record procurement. That role led to the development of the much reviled Joint-Legacy Viewer, a read-only system that allows clinicians inside VA and DOD to look up health records of patients across both systems. It is also available to some extent to private-sector providers.

Now that VA and DOD are both on the road to implementing health record software from health technology vendor Cerner, the current role of the IPO is unclear.

At a Sept. 13 House hearing, IPO Director Lauren Thompson said that her office was not staffed or resourced to act as a decision-making authority to deal with governance conflicts that will inevitably arise between the DOD and VA electronic health record modernization projects.

"I don't believe today we are configured to support a single point of accountability as is being suggested here today," Thompson said.

Carol Harris, who leads IT acquisition management issues at the Government Accountability Office, said that one solution might be for Congress "to relieve the IPO of the legislative requirement to act as the single point of accountability" when it comes to health record interoperability.

"The IPO, based on history, has demonstrated that they have not had the clout to mediate and resolve the issues between the two departments," Harris said. "The performance of the IPO has been relatively lackluster."

Harris and some members of the newly formed Technology Modernization Subcommittee of the House Veterans Affairs Committee are looking for a high-level executive body, perhaps at the deputy secretary level of one of the two organizations, to take the leading role in ironing out disputes and conflicts in the implementations before they lead to technical failures or cause cost overruns or project delays.

John Windom, the program executive officer who leads the VA's Cerner implementation and who played a leading role in developing the DOD's solicitation for a electronic health records system, urged members to be mindful of the complexities involved and the need for people on the ground to manage issues like data standards, workflow and other governance processes.

"Governance has to be successful at the lowest possible level," Windom said. "Things can't rise to the superior level on every matter."

House Veterans Affairs Committee Chairman Rep. Phil Roe (R-Tenn.) said, "There needs to be a buck-stops-here person in this organization" to take responsibility for the success of the overall DOD and VA modernization system, jointly budgeted at more than \$20 billion over 10 years.

Rep. Mike Coffman (R-Colo.) said he wants a lead agency to be designated to manage the implementation process.

"I think from Day One we made a terrible mistake -- the prior administration continued by this administration, in not saying to both of these major players that ... one of you is in charge," Coffman said. "By not doing that, we've created this consensus situation where we hope that it's going to get done, but we don't know that it's going to get done."

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - Politico: [Who should reconcile differences in VA and DOD EHR?](#) (14 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

WHO SHOULD RECONCILE DIFFERENCES IN VA AND DOD EHR? Now that the Veterans Affairs Department's contract with Cerner is inked, and the rollout gets underway, oversight groups are warning that differences in the VA and the DoD's EHR implementations will complicate their plan to create an interoperable system. But during the inaugural hearing of the House Veterans Affairs Subcommittee on Technology Modernization Thursday, officials and lawmakers disagreed about whose responsibility it is to reconcile those differences, Morning eHealth's Arthur Allen reports. Subcommittee chair Rep. Jim Banks said Thursday that the two

departments should clarify the powers of the Interagency Program Office — set up in 2008 to oversee their electronic health record collaboration — and empower it to resolve their differences.

But Lauren Thompson, the current head of the interagency office and John Windom, who leads the VA's EHR implementation office, said IPO was serving as a facilitator and lacked the actual clout that Congress legally provided it a decade ago. Without more resources, staff and authority it can do no more, Thompson said.

Carol Harris, who leads IT acquisition issues at the Government Accountability Office, said in a report and testimony that DoD and the VA have ignored GAO's advice over the years on empowering the IPO. Now, she said, they must clearly define its role.

No single person is accountable for the joint project's success, she said. Congress could relieve the IPO of its legal responsibilities, but one way or another "a single point of accountability is critical," she added.

Banks and Rep. Conor Lamb indicated they wanted IPO to get the power it needs to be that central decision point, but Rep. Mike Coffman said he preferred making either the VA or DoD the final arbiter. Pros can read more from Arthur on that hearing [here](#).

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3.2 - Healthcare IT News: [EHR interoperability for VA and DoD, who's responsible? Lawmakers, officials can't agree](#) (14 September, Jessica Davis, 438k uvm; Chicago, IL)

The Interagency Program Office (IPO) has not fulfilled its legal mandate to be the single point of accountability between the Department of Defense and Department of Veterans Affairs interoperability efforts. But both officials and lawmakers can't decide who should reconcile the differences.

The inaugural House Veterans Affairs Subcommittee on Technology Modernization hearing, held on Thursday, revealed, not surprisingly, governance and accountability are still major points of contention for the project.

Government Accountability Office Director of Management Issues Carol Harris testified that while the VA has signed the contract with Cerner, created a program management office and drafted high-level governance plans -- program officials haven't designated "what role, if any, IPO is to have in the governance process."

Rep. Jim Banks, R-Indiana, supported Harris, remarking that the IPO is "one of the few aspects of EHR modernization mandated by law." He also stressed IPO's governance role in the projects was not only important -- but permanent.

The departments need to clarify the IPO's powers, which was established in 2008 to not only oversee the initial EHR collaboration -- it gave them authority to resolve these differences, said Banks.

“My hope is DoD and VA will hash out what that looks like and come to mutual agreement,” Banks said. “I am willing to give them additional time to do that, but I will not wait forever.”

GAO is recommending the VA clearly outline the role IPO will have over the EHR project, specifically around governance, as “focusing on a single point of accountability is critical in moving forward to make sure that interoperability is functional,” said Harris.

But the VA Office of EHR Modernization Office’s acting Chief Information Officer John Windom told the committee that he doesn’t believe IPO has any decision-making authority of his office.

And IPO Director Lauren Thompson pointed out that her office isn’t equipped to be the single point of accountability for VA-EHR interoperability, citing a lack of authority, resources and staff.

“At this point in time, we do not have the decision-making authority,” said Thompson.

But Harris continued to press that the law makes IPO the “single point of accountability, so that would include responsibility, authority and decision-making.” In fact, the testimonies of both Windom and Thompson are in conflict with the statute’s expectations.

Further, Harris stressed that both DoD and VA have ignored GAO advice over the years on empowering the IPO. The role needs to be clearly defined, such as through Congress, which could relieve the office of its legal responsibilities.

“If the IPO continues the way that it is operating today, we are going to continue to have dysfunction in moving forward,” Harris said.

Discussions on better governance policies are ongoing, Windom testified. The conversations are overlapping with the VA rollout of its Cerner EHR. VA and DoD continue to work through the data sharing roles at the agencies, as well.

Thompson proposed governance should be broken down into three boards. One, a functional governance board, would handle disputes among clinicians and other healthcare employees. Two, a technology-focused governance board, would have the same function but for purely tech issues.

The final board would be solely focused on decision-making, designed to resolve problems the other two boards could not, said Thompson.

But Windom quickly countered Thompson’s idea, and said those low-ranking disputes could be resolved on the ground -- without having to involve “high-ranking staff members.”

“I can’t impress upon the committee enough that governance has to be successful at the lowest possible level,” said Windom. “Things can’t rise to the superior level on every matter.”

Harris agreed: With that many boards involved, accountability is “diffused so when the wheels fall off the bus you can’t point to a single entity... When everyone is responsible, no one is responsible.”

In the end, no clear decision was made at the hearing. Rep. Scott Peters, D-California, said the issue may need to be resolved by either Congress or the president, as the single point won’t be created without help.

Indeed, VA has struggled with both maintaining leadership and with governance issues for the past year. Since the dismissal of former VA Secretary David Shulkin, MD in March, at least 42 senior staffers have left the VA. The most recent came from the EHR project office itself, with the departure of its CHIO Genevieve Morris and CMO.

VA officials continue to double down on their projected 2020 go-live of its own pilot EHRs in the Pacific Northwest, designed to follow the DoD rollout. But GAO may also be investigating the DoD project, after an audit deemed the new system “not operationally suitable.”

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3.3 - Nextgov: [Congress Doesn't Know Who's in Charge of VA's \\$10 Billion Health Records Overhaul](#) (14 September, Jack Corrigan, 193k uvm; Washington, DC)

The office created to ensure health record interoperability between the Veterans Affairs and Defense departments will cripple the agencies' latest multibillion-dollar overhaul efforts if it doesn't change its role, according to a congressional watchdog.

“Based on the [Interagency Program Office]'s past history, I think it's evident they never had the clout to mediate and resolve issues between VA and DOD as it relates to interoperability,” Carol Harris, director of IT acquisition management issues at the Government Accountability Office, said Thursday. “If the IPO continues the way it's operating today, we are going to continue to have dysfunction moving forward.”

The IPO was created by Congress in 2008 to act as a single point of accountability for the two agencies' electronic health record exchange efforts. But after VA wasted more than \$1 billion over six years on failed modernization attempts, Congress is re-evaluating the office's worth.

In the inaugural hearing of the House Veterans' Affairs Technology Modernization subcommittee, lawmakers on Thursday questioned whether IPO can hold officials' feet to the fire as VA embarks on a 10-year, \$10 billion EHR overhaul.

And at least for the time being, witnesses said, the answer is no.

Projects of this size are only successful if there's a single “executive-level entity” calling the shots and taking the fall if things go wrong, Harris told lawmakers. That means deputy secretaries should be leading the program, she said, but instead, agencies are relying on a convoluted web of governance boards and steering committees to do so.

“Accountability has been so diffused that when the wheels fall off the bus, you can't point to a single entity that's responsible,” Harris said at the hearing. “When everyone's responsible, no one's responsible. That's [what] led us to where we are today.”

Even IPO Director Lauren Thompson conceded the office can't fulfill its responsibilities without more funding and manpower. Still, she and Harris agreed IPO could play a valuable role in measuring performance and keeping each agency in the loop on the other's progress.

Shortly before the hearing, GAO published a report recommending VA clearly describe the role of IPO in overseeing the latest project with Cerner Corp. Harris also suggested Congress

consider revising legislation to make the office's role in the program more advisory than decision-making.

But lawmakers seemed skeptical that the government's two biggest bureaucracies would take orders from any third-party entity, regardless of the duties it's given.

"I think from day one, we made a terrible mistake ... in not saying to both these major players 'one of you is in charge,'" said Rep. Mike Coffman, R-Colo. "I don't think this is doable. I think we're going to waste more taxpayer dollars."

The hearing came two weeks after two top officials left VA's electronic health record modernization office citing conflicts with agency leadership. John Windom, who became the organization's acting director after its previous chief resigned, told lawmakers VA expects turnover in leadership and no single person will make or break the overhaul.

VA also will likely face significant technical setbacks in standing up the new system.

Three years after signing a multibillion contract to modernize its own electronic health records system, the Defense Department is struggling to implement the system amid significant operational challenges. The Cerner platform performed so poorly during the Pentagon's first three field tests that officials decided to scrap plans to test at a fourth facility. Since then, officials said they've ironed out many of the technical issues and today the system is showing "measurable success."

Despite the many impediments that lay ahead, subcommittee leaders reiterated their commitment to seeing the project across the finish line.

Chairman Jim Banks, R-Ind., underscored the fact that it's rare for a program to have such intense congressional oversight from its inception, suggesting the added scrutiny might prevent both agencies from getting too far off course.

"I think this project has great promise," said subcommittee ranking member Conor Lamb, D-Penn. "We need to focus on accountability. That's something that can be difficult to track in an agency as large as the VA."

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3.4 - WTHI (FOX-10): [VA Taking Proposals For A New Terre Haute Building](#) (14 September, 191k uvm; Terre Haute, IN)

We have more information on the process that will be used to select a permanent home for the VA Clinic in Terre Haute.

On Wednesday, the VA held a ribbon cutting for a temporary clinic behind Honey Creek Mall.

They hope to be in that location for two to three years.

Over the last several months, the VA has been taking proposals for a permanent home.

They say they will award a bid within the next year.

Once that happens, construction is expected to wrap up by 2021.

"Whoever comes up with the best proposal to the VA, and we say, yeah, that's what we need will win that. So, there are all sorts of options out there, but it's an expensive process," VA spokesperson Peter Scovill said.

The VA said they will let us know as soon as they select a site for the new clinic.

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3.5 - FedScoop: [Who's really accountable for interoperability of DOD, VA e-health records?](#) (14 September, Billy Mitchell, 57k uvm; Washington, DC)

The departments of Defense and Veterans Affairs both have billion-dollar modernizations in progress for their electronic health record systems. And they've each identified who is accountable for the success of those programs.

But the more important question might be: Who is ultimately accountable for seeing that the EHR systems, when fully developed, work together seamlessly as members of the military retire and becomes veterans?

House lawmakers pressed this point this week during the first hearing held by the Veterans Affairs' Subcommittee on Technology Modernization. They examined the role of the DOD/VA Interagency Program Office (IPO), stood up in 2008 for the exact purpose of ensuring seamless transfer of records. So far, though, that office has no real authority over the interoperability of the two programs —VA's EHR Modernization and DOD's MHS GENESIS, both of which are based on Cerner's commercial EHR platform.

Lauren Thompson, the head of the office, told lawmakers that despite the intention of the 2008 National Defense Authorization Act to make the IPO the single point of accountability for the interoperability of the two departments' EHRs, "at this point in time, we make recommendations. We do not have the decision-making authority." IPO is based within DOD.

According to the law, said Carol Harris, director of IT management issues for the Government Accountability Office, "the IPO is supposed to be the single point of accountability. So that would include responsibility, authority and decision-making responsibilities. I think that [the office's current operation, as described by Thompson], is in conflict with the expectation set out by law."

The departments and the IPO are trying to sort out the interoperability governance now that VA and DOD each has a massive EHR in development. Though they both are developing instances of the same Cerner platform so that interoperability will be easier to achieve, there are still myriad technical and functional decisions that must align so that the data ultimately matches as it flows from one system to the next. VA, DOD and the IPO are in the process of developing new governance bodies and a new structure with the hope that things can be dealt with at the lowest level possible.

"Clinicians talking to clinicians, technicians talking to technicians," said John Windom, VA's acting chief health information officer and program executive officer for the new Office of

Electronic Health Record Modernization. When disagreements happen, the issues are elevated to new governance boards, but the goal is to avoid that, he said.

Windom explained that the governance process is “evolving,” and it will take time to get there. “The as-is state of the enterprise with the VA is different than the as-is state of the enterprise within DOD. ... Now we’re understanding the gaps between how we sought to implement and how DOD is implementing. And so those gaps have to be reconciled, and they have to be reconciled through governance.”

But even with that model, lawmakers were unhappy because there is no single person or organization accountable. “There’s really no one there to break the ties or resolve the differences,” Rep. Scott Peters, D-Calif., said, pushing for action from the president or Congress to spark the change. “The only person both agencies report to now is the president of the United States.”

Rep. Mike Coffman, R-Colo., said perhaps there’s a place for the IPO in the process, but either the DOD or VA should be given the ultimate decision-making authority.

Harris agreed that a “single executive-level entity that is the point of accountability” with decision-making authority and that binds both departments at the deputy secretary level or higher is “essential.”

She doesn’t have much faith in the IPO, though, at least in its current form — and really for no fault of its own.

“They never had to clout to mediate and resolve issues between DOD and VA,” Harris said. “The IPO was never set up to succeed there because neither of the departments were willing to relinquish control.”

Harris called the IPO’s ability to drive the necessary interoperability “lackluster” in the past decade. “In the past situations, what we’ve seen historically is that when everyone is responsible, no one is responsible. I think that’s what has led us to where we are today,” she said. “Accountability has been so diffused so that when the wheels fall off the bus, you can’t point to a single entity who’s responsible. And that’s a problem.”

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3.6 - EHR Intelligence: [Joint DoD, VA EHR Modernization Governance Bodies to Launch 2019](#) (14 September, Kate Monica, 50k uvm; Danvers, MA)

The Department of Defense (DoD) and VA Interagency Program Office (IPO) is helping to establish joint DoD and VA EHR modernization governance bodies in an effort to facilitate collaborative decision-making and improve interagency communication throughout VA’s Cerner EHR implementation project.

Joint EHR modernization governance bodies should be in place by 2019, according to testimony from IPO Director Lauren Thompson, PhD, at a House Veterans Affairs Subcommittee on Technology Modernization hearing held September 13.

During the hearing, subcommittee chairman Jim Banks (R-IN) sought clarification on how IPO would serve as a “single point of accountability” during VA’s Cerner EHR implementation project.

“If successful, it will be one of the lynchpins of a more responsive, agile, and efficient VA,” Banks said of the modernization project. “If mismanaged, I fear a daunting and disappointing setback.”

Communication between DoD and VA will help boost project efficiency by allowing both departments to share resources and lessons learned throughout the implementation.

“We have learned so many lessons from MHS GENESIS’ early mistakes,” said Banks. “There is a great deal though that we still do not know.”

The IPO was established in 2008 to guide VA and DoD in implementing EHR technology that allowed for full interoperability between providers at both agencies.

“The mission of the IPO is to lead and coordinate the adoption of and contribution to national health data standards to ensure interoperability across the DoD, VA, and private sector healthcare providers,” said Thompson in her testimony.

IPO is a collaborative entity comprising 30 staff members from both VA and DoD. The office is responsible for monitoring industry best practices and providing guidance to facilitate health data exchange and interoperability.

“These activities are vital to continue providing the building blocks necessary for the Departments to expand and improve their health data interoperability, both across the Departments and with private healthcare providers,” explained Thompson.

“Specifically, the IPO established a Health Data Interoperability Metrics Dashboard to identify Department-specific targets for transactional metrics and trends, routinely shared with Congress,” Thompson continued.

IPO is currently working to support DoD and VA in developing a governance process for making joint decisions about common aspects of their EHR solutions.

“This process will involve multiple layers, from Department-level governance within the DoD and VA, to the interagency coordination and collaboration through working groups and committees that is already underway and facilitated by the IPO, to joint DoD/VA Electronic Health Record Modernization governance bodies,” explained Thompson.

While IPO is intended to be a single point of accountability for the project, a recent Government Accountability Office (GAO) report determined the office has not been effectively positioned to achieve this aim.

“Further, the future role of the Interagency Program Office remains unclear despite the continuing need for VA and DOD to share the electronic health records of servicemembers and veterans,” continued investigators in the report.

GAO Director of IT Acquisition Management Issues Carol Harris recommended VA ensure the role and responsibilities of the office are clearly defined within governance plans about VA's Cerner EHR implementation.

In keeping with GAO's recommendations, subcommittee ranking member Conor Lamb (D-PA) prompted Thompson to define the role of IPO within the context of the VA EHR modernization.

According to Thompson, IPO does not have decision-making authority.

"The IPO serves in a convening role," clarified Thompson. "A coordinating role. We facilitate the information sharing from the experiences of the DoD's MHS GENESIS deployment at initial sites to the VA and conversely information from the VA as their program is being developed to share with the DoD."

"At this point, we make recommendations," added Thompson. "We do not have decision-making authority."

Harris stated this definition of IPO's role is not aligned with the expectations for the office set forth by law.

"According to the law, the IPO is supposed to be the single point of accountability," said Harris. "That would include responsibility, authority, and decision-making."

Given IPO's limited definition of its role in the VA EHR modernization project, Harris agreed with ranking member Lamb that DoD and VA lack a single point of accountability at this time.

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3.7 - WLTZ (NBC-38, Video): [VA Picks Blue Cross Building for New Clinic](#) (14 September, Robbie Watson, 43k uvm; Columbus, GA)

The big news that the old Blue Cross Blue Shield building is being transformed into a new VA Clinic was actually announced locally via an email from Congressman Sanford Bishop's office late Thursday. It was music to the ears of local Veterans.

After many months of speculation about what might become of the old building on Warm Springs Road, the Department of Veterans Affairs decided this location with the help of a Las Vegas developer was the way to go and reaction was swift from local veterans.

"Most of our Veterans right here locally choose not to use the VA and drive to Tuskegee or drive to Montgomery or drive to Huntsville because we don't have the facilities plus the timing you know most of our Veterans still work. Most of our Veterans try to get local care and they use their own money so this is groundbreaking. This is awesome to have a clinic right here," retired CSM Sam Rhodes said.

The Molasky Group provided this rendering of what the VA clinic will look like once complete.

Molasky was one of a handful of developers bidding for the 60 million dollar project.

Other potential sites were located in north and south Columbus.

"Is this the right location? I think it's a great location. It's centrally located and next to other medical facilities. It's centrally located in Columbus and in the region. It's got good logistics, traffic infrastructure to get to it. It's Metra accessible. I think it's a great location and I can't wait for it to happen," Chamber Executive Brian Sillitto said.

Come 2021 the transformation is expected to be complete.

After nearly two decades at war, area Veterans won't have to drive all the way to Tuskegee for a full service outpatient clinic.

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3.8 - WEWS (ABC-5, Video): [Trading Spaces: Painesville VA outpatient clinic to move to new location in Willoughby](#) (14 September, Jordan Vandenberg, 18k uvm; Cleveland, OH)

PAINESVILLE, Ohio - The medical coverage and support services that Lake County veterans earned through blood and sacrifice will be moving out of Painesville and to a new location in Willoughby.

While the state-of-the-art facility will offer new services, including radiology and physical therapy, officials from the Lake County Veterans Services Commission said it also presents some unique hurdles.

On Friday, the VA's former outpatient clinics on State Street and West Jackson Street closed for good as a series of paper signs denoted that all operations would be moving to Willoughby. The new facility, which opens Monday afternoon, will offer nearly 20,000 square feet of space and deliver services and treatment that were once only available in Cleveland.

"The new location is going to allow us to provide radiology and physical therapy for our veterans so they are not going to have to travel to Cleveland for those services," said Kristen Parker, the chief of external affairs for the VA. "They'll be a little bit closer to it. Now everything is going to be in one location so we can easily transfer everything over."

In 2013, the VA began to make preparations for its new facility as its leases on the two former clinic buildings were beginning to expire. In 2014, the VA started going month-to-month as part of its lease agreement. Before the Willoughby site, which is located at 35000 Kaiser Court, was identified, the VA had to undergo an extensive and strict procurement process, Parker said.

"If we had our choice, we would have loved to have stayed here (in Painesville). But unfortunately, given how the contracting process works, people have to submit bids," Parker said. "They have to submit complete bids, and then those bids are evaluated on what's in the best interests of the government. The best interests of the government were in Willoughby because we didn't have any options here."

The VA has strict guidelines on where its facilities are located. For example, VA facilities cannot be within a certain distance of a school, liquor store or casino. Parker said there were no such locations in Painesville that met the criteria and were submitted for bid.

The move to Willoughby, however, isn't without its drawbacks, according to Bill Hinde, a service officer for the Lake County Veterans Service Commission. The service commission is a county-run agency that helps veterans find social services and secure necessary paperwork to get treatment at the VA, among other things.

"The commission is kind of a little upset that we weren't consulted about the move, about [the VA] planning to move there," Hinde said. "Taking the clinic from the center of the county (Painesville) to within four miles of the most densely populated county in the state, it makes us think that Lake County residents weren't considered. We do have some concerns with the space. When they moved out here, they were already out of space."

Parker said the VA was not allowed to consult the Lake County Veterans Service Commission because it might influence what possible proposal might be selected. By doing so, it would violate the government's procurement laws, she said.

The former and new locations are roughly 13 miles apart — or about a 15-minute drive. For the first two weeks, the VA will be assisting veterans with transportation. The Lake County Veterans Service Commission will also be providing transportation for veterans by way of LAKETRAN, the county's public transportation service. The new Willoughby location might also cause the veterans service commission to have to shuffle around personnel or hire new service officers, Hinde said.

The commission's office is located within walking distance of the VA's former clinic location, providing, in essence, one-stop-shopping for local veterans.

"That's not going to be the case in Willoughby," Hinde said. "Our one big desire is to actually put a service officer out there but that's going to come at an increased cost to the taxpayers because we'll have to hire someone new to do that."

Parker said the VA is already in the process of identifying space at its new facility so the service commission can have a field office there.

"We're going to identify some space so that the service commission can be there and help with veterans," Parker said.

Despite the potential hurdles the veterans service commission will face, the new facility will clearly have some positive aspects. Other services that will be provided at the Willoughby location include dietetics, laboratory services, outpatient mental health, podiatry, primary care, women's health, optometry, nutrition, home-based primary care and a full service pharmacy.

The site will employ 52 people.

Despite the Lake County Service Commission's concerns about the new location, Hinde said he looks forward to maintaining the great working relationship the commission has with the VA. In the end, both agencies are fighting the same fight: helping veterans as much as possible.

"We are here to help the veterans, period," Hinde said.

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4. Focus Resources More Efficiently

4.1 - WFED (AM-1500, Audio): New American Legion commander describes vets' biggest concerns (14 September, 854k uvm; Washington, DC)

The American Legion, the nation's largest veterans organization, has long been active in federal policy towards veterans and in operation of the Veterans Affairs Department. Now the legion has a new commander in Brett Reistad, a Vietnam era veteran and retired law enforcement officer from Fairfax County, Virginia.

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4.2 - WFED (AM-1500, Audio): VHA harnessing employees' ideas for Diffusion of Excellence (14 September, Tom Temin, 854k uvm; Washington, DC)

The Veterans Health Administration says its best ideas for improvement come from its own employees. VHA has worked with nearly 4,000 employees to spread 344 practices through the agency's Diffusion of Excellence Initiative. VA says putting those ideas into practice saved the agency nearly \$23 million. This year, 85 VHA employees have presented their ideas to agency leadership. Ryan Vega is the director of VHA's Diffusion of Excellence Initiative. He told Federal News Radio's Nicole Ogrysko how the VHA's Innovators Network and Diffusion programs have grown since their beginning a few years ago. Hear the interview on Federal Drive with Tom Temin.

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4.3 - WFED (AM-1500): Best value attributes for the MSPV program (14 September, 854k uvm; Washington, DC)

This week, the Coalition for Government Procurement's Medical/Surgical Subcommittee presented the Veterans Affairs Department (VA) with recommended "Best Value Attributes" for ensuring the delivery of best value health care solutions to our nation's veterans through the Medical/Surgical Prime Vendor (MSPV) program. You may recall that, almost a year ago, the Coalition was honored to testify before the House Committee on Veterans' Affairs during a hearing on this program. Other witnesses included the VA and the Government Accountability Office.

At that time, we noted, among other things, that the MSPV program office serves as the "brains" of the VA's logistical operations, because it touches essentially all critical VA health care operations and contractors. We articulated the belief that, given this critical role/impact, it is imperative that the MSPV program office be led and managed by clinicians. Clinical leadership will result in well-defined requirements, thereby avoiding these problems, and supporting delivery of best value health care. The Coalition also expressed concern that a single vendor approach, being considered at the time, could give rise to an inherent business conflict, as one company would be responsible for both developing the formulary and delivering the items listed on it. Moreover, it would inhibit the ability of the VA to leverage the competition necessary to bring innovation to our veterans' health care. You can view the Coalition's written testimony [here](#).

As the VA continues to develop its strategy for the future of the MSPV program, the Coalition recommends that the program meet the following “best value attributes”:

1. Have a clinically led requirements program to support a robust Formulary that meets the needs of VA medical facilities.
2. Include a broad range of products at fair and reasonable prices to provide best value support for health-care provider choice and needs.
3. Provide rapid product availability so that VA medical centers can access innovative solutions in a timely manner to support veterans' health-care needs. Product additions should be completed within 30 days of submission by the vendor.
4. Ensure reasonable administrative costs for both the VA and industry. Avoid unnecessary, duplicative contracting actions, reduce costly and burdensome processes, and take a balanced approach to oversight issues.
5. Encourage industry participation, as well as competitive pricing, by making the MSPV Formulary a preferred source for VAMCs (and compliance monitored). Use volume commitments as appropriate.
6. Provide sound business opportunities for industry partners, including Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and Veteran-Owned Small Businesses (VOSBs).
7. Establish and maintain adequate resourcing for the program to ensure that it can execute its mission of delivering best value health care to our nation's veterans.

As the VA continues its efforts to improve the MSPV program, the Coalition remains committed to working with the VA to support a clinically led program that provides best value solutions to our nation's veterans. We will continue the dialogue with the VA on the future of the MSPV program at our upcoming Healthcare Forum and Fall Conference on Nov. 7 and 8, and we encourage members to share their thoughts on these “best value attributes” with the Coalition and with the VA at these events.

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4.4 - WIBW (CBS-13, Video): [Topeka VA Medical Health Center hosts annual Mental Health Summit](#) (14 September, Cecelia Jenkins, 484k uvm; Topeka, KS)

Dozens of professionals from more than 20 local organizations attended the 6th annual VA Community Mental Health Summit Friday afternoon.

The goal was to build on last year's theme of suicide prevention by focusing on transition.

“We want to talk about the transition from military service into civilian life for veterans and how that can cause a little bit of struggle. There's some barriers,” registered nurse with the VA Mental Health Clinic, Jorrie Varney, said.

The event's speakers said those struggles can affect their mental health and well-being, which is why they VA introduced whole health services.

“We are trying to change the conversation that we have with our veterans to really make sure we understand what's important to them, and how can those values and that mission drive each and every health conversation we have,” Codi Schale with VA Eastern Kansas said.

Some of those services might include traditional health care options, but also activities like yoga, acupuncture, and Tai Chi.

"...all sorts of new ideas and how we can not only reduce disease, but enhance wellness," Schale added.

Many professionals said they will continue to find ways to enhance the mental health and well-being of veterans.

"We just try to offer them as much support as possible, and let them know that we're here during that transitions period," Varney said.

They said it will only happen through increased collaboration between the VA and the community.

"Our goal with these summits is to always continue the conversation. We always want them to know that the conversation is never ending," Varney explained.

The summit also included an interactive session called the 'Service to Civilian Experience' to learn about the transition many veterans make.

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4.5 - WXXI News: [Program brings peace and purpose to local veterans](#) (14 September, Beth Adams, 26k uvm; Rochester, NY)

Some local veterans are finding a sense of purpose and peace as they ride horses, plant and harvest crops, and learn about agriculture at the EquiCenter in Mendon.

"I could feel the weight of the world lifting off my shoulders, saying 'this might be something that could help,'" said Luanne VanPeurse, a 33-year Air Force veteran who said she was having trouble re-integrating into civilian life until her counselor recommended therapeutic riding.

A partnership between the Canandaigua VA Medical Center and the EquiCenter is part of the VA's whole health initiative. Dr. Danielle Lutz, PT, WCC, CMTC, manages that line of care for the VA. The focus, she explains, is putting veterans in charge of their own care and allowing them to decide what that should include.

For some, the answer is working on a farm. Lutz says there are many benefits for veterans.

"Being outside, working with your hands, working with a community of people, building those relationships, being able to see all the hard work you put in pay off."

VanPeurse said she learned to trust again while tending crops with fellow veterans.

"We have a mission," she explained. "It becomes that camaraderie, like, 'okay, here's our purpose and this is what we're working for.' The next thing you know, you're opening up to each other. And now, you're out in the field working shoulder-to-shoulder, side-by-side, and you're like 'wow, look at this! I planted this plant.'"

More veterans will be able to get agricultural and horticultural training thanks to a grant that will fund a special VA pilot program.

The U.S. Department of Veterans Affairs' Office of Rural Health is providing nearly \$845,000 to expand the initiative to allow for the participation of up to 86 local veterans.

There is a free seminar on whole health care at Monroe Community College's Brighton Campus, at the R. Thomas Flynn Campus Center, Building 3 on Wednesday, September 26 from 8 a.m. to 1 p.m. The event is to all Rochester area veterans and the general public. To reserve a seat, contact Darlene Trytek at (585) 393-7273 or email darlene.trytek@va.gov

The Canandaigua VA Medical Center and the Rochester VA Outpatient Clinic are offering a Whole Health for Life class for veterans of all eras. The VA says it's designed to help them achieve better mental, physical, and spiritual health.

The class is held in Canandaigua on Tuesdays from 2 p.m. to 3 p.m. in Building 9, room 238.

At the Rochester VA Outpatient Clinic, the class is on Fridays from 10 a.m. to 11 a.m. in room 237/231. Call (585) 393-7164 to register.

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5. [Improve Timeliness of Service](#)

5.1 - Daily Reflector: [VA standing watch for veterans in the storm](#) (14 September, Michael Abramowitz, 161k uvm; Greenville, NC)

Pitt County VA officials are prepared to protect the health and welfare of veterans and those who provide their care during the Hurricane Florence crisis, officials at the Veterans Administration Greenville Health Care Center said on Wednesday.

The Durham VA Health Care System, which oversees operations in Greenville, Pitt and dozens of surrounding eastern counties, issued a series of hotline numbers, managed by the VA Health Resource Center, that veterans and system employees can call for information and assistance during the hurricane period.

■Veteran Hurricane Hotline Number: 1-800-507-4571

■Employee Disaster Hotline Number: 1-866-233-0152

■Veterans Benefits Hotline Number: 1-800-827-1000

■Pharmacy Customer Care 1- 866-400-1243

"We'll be available 24/7 for veterans who might get displaced from their homes, those who live in areas of mandatory evacuation or those who just want to feel safer," said Jonathan Forte, administrator of the Greenville health care center. "Any veteran, family member, caregiver or center employee can reach out to the health resource center and find information about the

closest available VA clinic location that they might not normally use for care, get medication refills, find out about health benefits or just get a needed checkup.”

The VA care centers in Greenville and Morehead City serve more than 25,000 eastern North Carolina veterans, including those with disabilities and severe limitations that can impact their ability to cope with a hurricane.

“We’ve made contact with 100 percent of who we consider our vulnerable veteran patients, including those on oxygen or ventilators, bedbound veterans in our home-based primary care program and all those who we consider to be at high risk,” Forte said. “We’ve made sure they have appropriate extra supplies and medications to get them through the storm, and we’ve made sure they have evacuation plans in place in the even they lose power for an extended period.”

The VA also worked closely with state and local first responders to identify vulnerable veterans before Florence strikes land, he said.

“If and when the time comes, the VA will provide that needed assistance, either through VA staff, local first responders or the National Guard,” Forte said.

The Morehead City VA health clinic closed on Tuesday when a mandatory evacuation order was posted for Carteret County. The Greenville health care center was set to assist veterans with medication refills and primary care checkups before it closed at noon on Thursday.

“The Department of Veterans Affairs fourth mission is emergency preparedness and disaster response,” Forte said. “Our responsibility is to look out for our veterans who have served us, and their families and caregivers, and be sure they are adequately prepared to weather the effects of Hurricane Florence or any other natural or man-made disaster.”

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5.2 - The Fresh Toast: [Congress Approves Bill To Expand Medical Marijuana Research](#) (14 September, Mike Adams, 20k uvm; Seattle, WA)

It has been two years since the U.S. Drug Enforcement Administration announced that it would allow more cannabis growers other than the University of Mississippi to cultivate marijuana for research purposes. But the licensing process for this expansion, which was initiated under the Obama administration, has been jammed up indefinitely ever since U.S. Attorney General Jeff Sessions took the reins at the Justice Department.

President Trump’s leading law enforcement henchman said earlier this year, “there may well be some benefits to medical marijuana, and it’s perfectly appropriate to study it,” but still he refuses to allow the additional cultivation applications to be dealt with.

Lawmakers have sent the attorney general a number of letters urging him to take action. The latest correspondence, which was signed by Senators Kamala Harris of California and Orrin Hatch of Utah, said, “it is imperative that our nation’s brightest scientists have access to diverse types of federally-approved, research-grade marijuana to research both its adverse and therapeutic effects.”

Sessions has continued to ignore those communications.

It is for this reason that U.S. Representative Matt Gaetz introduced the Medical Cannabis Research Act. The bill is modest by design, as it would only serve to bypass the Department of Justice on the research marijuana licensing deal and put the job in the hands of Congress. The House Judiciary Committee, which is responsible for the drug enforcement efforts of the federal government, recently approved the measure. If it goes the distance, medical marijuana research in the United States could make significant strides from where it has stood for more than the past five decades.

“For too long, Congress has faced a dilemma with cannabis-related legislation: we cannot reform cannabis law without researching its safety, its efficacy, and its medical uses — but we cannot perform this critical research without first reforming cannabis law,” Gaetz said in a statement following the bill’s approval.

“The Medical Cannabis Research Act helps break that logjam, allowing researchers to study medical cannabis without fear of legal jeopardy,” he continued. “This vote will help unlock American innovation and discovery, and help researchers bring the cures of the future a little closer to reality.”

In the weeks leading up to the hearing, cannabis advocates argued that while the bill would bring about some important changes in the grand scheme of marijuana research, they were not pleased by a provision tucked inside of it that would prohibit anyone with a “conviction for a felony or drug-related misdemeanor” from qualifying for a license.

The issue came to a head prior to the vote, where the combined written testimony from groups like the American Civil Liberties Union, Human Rights Watch and the Drug Policy Alliance said, “there is no legitimate health or public safety justification for the inclusion of this language.”

“We urge you to strike this unnecessary, punitive ban on individuals with previous drug law violations,” the statement read.

Ultimately, a compromise was made. The bill continues to ban felons from becoming a cannabis grower for the federal government, but those with a “drug-related misdemeanor” could still apply. Not all lawmakers were onboard with the idea of eliminating these restrictions, but in the end the compromise was kept in the final bill.

Interestingly, Representative Gaetz, who drafted the bill, testified before the committee that the drug conviction aspect was not included in his original draft. He told committee members that he was urged by people connected to the cannabis industry to incorporate the language in an effort to prevent riff-raff from having a shot on a license.

The bill, which also includes permission for doctors employed with the Department of Veterans Affairs to discuss medical marijuana with their patients, now heads to the House floor. A separate House committee recently eliminated this permission from a VA funding proposal.

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5.3 - White Mountain Independent: [VA must not neglect catastrophically disabled veterans](#) (14 September, Bob Carey, 4k uvd; Show Low, AZ)

Imagine losing both your legs while serving your country only to be told the Department of Veterans Affairs can't provide you the wheelchair you need. The VA's not sure when one will become available. So they tell you to stay in bed.

This is the situation many severely injured veterans find themselves in today. Amazingly, it's what the VA's own rules direct the agency to do.

These rules are called standards of care. And they're woefully inadequate for veterans with catastrophic service-related disabilities.

The VA must overhaul the way it cares for veterans and ensure disabled vets get the care they need, whether within the VA or outside it.

The VA's standards of care, drug formularies, and rules for access to medical equipment are designed for the average disabled veteran — say, a mobile 60-year-old man with a bad back.

There are thousands of veterans who have different needs. Many are young people returning home with missing limbs or traumatic brain injuries. They may have small children — or be unmarried and living with older parents.

Up to 4,000 veterans of the wars in Afghanistan and Iraq are classified as “catastrophically disabled.” That means they've suffered at least one injury that “permanently compromises their ability to carry out the activities of daily living,” per the VA's official guidelines.

The VA doesn't take the needs of these veterans into account. An octogenarian triple-amputee undergoing physical therapy faces the same wait times and treatment options as a vet with a bad knee. There's zero flexibility for the catastrophically disabled.

Lack of access to adequate to urgent care is particularly galling.

One vet who lost an arm, a leg, and his ear drums at the hands of an explosive device battles chronic infections. Without ear drums, water easily gets into his inner ear. That fluid incubates infection, which can become life-threatening. But the standard of care and medical appointment triage system directed he wait two weeks before getting treatment, even though his injuries grew worse by the second.

His family lobbied for a shorter wait. But he still had to idle for four days, during which his condition deteriorated.

Catastrophically disabled veterans struggle to obtain the right drugs. VA administrators often reject coverage without explaining why. That could have severe consequences. According to Vietnam Veterans of America's Executive Policy Director Rick Weidman, “Lack of proper medication at the proper time because it wasn't on the formulary can lead to all kinds of health impacts that can cost [more].”

Men and women who have sacrificed their bodies for their country are being repaid with indifference. These standards of care inflict needless suffering.

Fortunately, Congress and the president are beginning to address these problems. President Trump recently signed the VA MISSION Act, which dramatically expands veterans' medical choices.

More remains to be done. Standards of care need to be customized for the catastrophically disabled so they can receive expedited and specific treatment. The VA must also revise its formularies so vets with catastrophic disabilities can access the drugs, devices, and medical equipment they need. Finally, catastrophically disabled veterans need separate access standards for getting non-VA healthcare, so they can go to the doctor of their choosing rather than travelling to see an "approved" provider.

Veterans with catastrophic disabilities have made sacrifices in the service of our nation. Giving them anything but optimal care is not just disrespectful — it's inhumane.

Bob Carey is a retired U.S. Navy Captain and chief advocacy officer at The Independence Fund.

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6. [Suicide Prevention](#)

6.1 - KSNW (NBC-11, Video): [VA hosts Mental Health Summit](#) (14 September, Amanda Aguilar, 9k uvd; Wichita, KS)

The Robert J. Dole VA Medical Center is looking to lower suicide rates among veterans by hosting the 2018 Mental Health Summit.

Sedgwick County released 2017's suicide numbers this week, which showed 23 percent of the 96 suicide deaths were veterans.

Today's event is open to the public, not just veterans.

It will feature organizations and resources that focus on suicide prevention.

"Timothy Lawson will be the guest speaker, speaking about how he survived and how he helps veterans and families," said Dean Rhein, with Veteran Suicide Awareness 22 Buddy Check.

"We will also have a survivors panel that afternoon, as well as other veteran organizations there."

Rhein said it's important that people with mental health issues, and family members, know there are resources available and the community supports them.

"Whether it's veterans suicide or suicide in general, we need to be there for one another," said Rhein. "We need to allow them to open up and not criticize them for opening up."

The Mental Health Summit is from 8 a.m. to 4 p.m. at the Robert J. Dole VA Medical Center.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Plain Dealer: [Battlefield crosses should be allowed at all national cemeteries, subject to size and materials guidelines: editorial](#) (14 September, Editorial Board, 11.5M uvm; Cleveland, OH)

The battlefield cross is the U.S. combat service member's memorial -- a rifle thrust into the ground, decorated with the fallen comrade's dog tags, combat boots and helmet. No wonder a decision last year by the Ohio Western Reserve National Cemetery in Rittman, Ohio, to remove the cross after complaints it looked too much like a real rifle -- really? -- prompted a national outcry and a quick reversal of policy within three days. The Rittman cemetery south of Cleveland is one of only two national cemeteries in Ohio still open to new burials for fallen service members and veterans. (The other is in Dayton.)

The brief ban also sparked introduction of the Fallen Warrior Battlefield Cross Memorial Act by U.S. Rep. Jim Renacci of Wadsworth -- and signed onto by every member of Ohio's congressional delegation -- prohibiting the National Cemetery Administration of the U.S. Department of Veterans Affairs from banning the battlefield cross at any national cemetery.

The VA thinks the legislation isn't needed; after the brief Western Reserve ban, it informed all national cemeteries to allow the battlefield cross.

Veterans groups, however, understandably are skeptical about that argument, given the initial attempt to ban the markers.

The disputed marker had been erected by the Strongsville Veterans of Foreign Wars Post 3345 last year near the Western Reserve National Cemetery's chapel "as a sign of respect for their fallen comrades buried at the cemetery," as one VFW official put it, quoted by cleveland.com's Sabrina Eaton.

Removal of that marker outraged veterans and galvanized support behind Renacci's bill, which got a House hearing last week. "While the cemetery ultimately decided to restore the cross, this incident demonstrated the need for a law to protect these memorials," American Legion Assistant Director Greg Nembhard testified, as reported by Eaton.

The VA also is concerned that the legislation as worded won't allow the VA to police size and materials for the battlefield cross.

That is a valid concern that authors of the legislation should address. Companion legislation introduced by Sen. Rob Portman and co-sponsored by Sen. Sherrod Brown of Ohio is pending in the Senate.

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7.2 - Sun Sentinel: [Tree-cutting companies volunteer time and equipment to take care of veterans' cemetery](#) (14 September, Austen Erblat, 4.8M uvm; Fort Lauderdale, FL)

In an effort to help honor military veterans who made the ultimate sacrifice, Rainbow Tree Care from Minneapolis started Saluting Branches, Arborists United for Veteran Remembrance, a nonprofit organization that coordinates tree care at veteran properties around the country.

Last year's local event was cancelled because of Hurricane Irma, but this year, Saluting Branches is partnering with Zimmerman Tree Service of Lake Worth, Perkins Tree and Landscape Services of West Palm Beach, Mignano Tree Care of Boynton Beach and others. They will meet at the South Florida National Cemetery, 6501 State Road 7, Lake Worth, FL 33449, on Thursday, Sept. 20 and team up to trim trees and provide other expertise at no charge. Restaurants and other sponsors will provide breakfast and lunch to the volunteers.

Started in a Minneapolis cemetery in 2015, the project has grown to over 50 state and national veteran cemeteries, according to Deb Peterson, Saluting Branches' co-founder and spokeswoman. She said they were hoping for 1,000 volunteers in the first year of the event and ended up with over 1,200, and that they already have over 2,700 volunteers registered nationwide and expect to exceed 3,000.

"Last year we had between 2,200 and 2,300," Peterson said. "So it is growing and we were really pleased with that."

The organization reaches out to companies at arborist industry events. Peterson called the experience "rewarding" and said they have been embraced by the industry.

"We develop teams for each one of these sites and we have a site leader; this could not be done without the site leaders, it's just really amazing the amount of dedication that they put toward this," she said. "They go out, they meet with the cemetery directors, the gardeners and the groundskeepers and they develop a program or work that needs to be done on the trees at the site and so we do everything from pruning to tree removals, planting trees, providing insect and disease services, so whatever the trees need, we provide on that day."

The local team leader will be Michael Zimmerman, owner and CEO of Zimmerman Tree Service, which has been in Palm Beach County for 38 years.

"We're going to be pruning some trees, we're going to be removing a tree that was struck by lightning, we're going to be elevating some trees, that's pretty much what we're going to be doing Thursday," Zimmerman said. "We love our country. It's been protected over centuries by people serving in the armed forces and this is a way to honor them in the tree business."

"We join with tree care companies around the country to honor our nation's veterans by providing free tree care services," said Sonny R. Peppers, director of the South Florida National Cemetery. "Together we make these cemeteries safer, more beautiful resting places for those veterans who gave the ultimate sacrifice for our country."

"I just want to stress the fact that this couldn't be done without all the volunteers and the support of the industry," Peterson said. "They really are generous with their time, their energy and their equipment. It couldn't be done with them. That's where all the value comes from and that's who's doing all the work."

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7.3 - Omaha World-Herald: [Omaha National Cemetery unveils monument for Vietnam veterans](#) (14 September, Grace Gorenflo, 2.1M uvm; Omaha, NE)

Omaha National Cemetery formally unveiled a monument Friday in honor of Vietnam war veterans.

The monument, the first at the cemetery, was donated by the Vietnam Veterans of America, Omaha chapter 279.

The public ceremony included remarks by Randy Reeves, the U.S. Department of Veterans Affairs Under Secretary for Memorial Affairs. Along with Reeves' remarks were those from elected officials, as well as military honors.

Omaha National Cemetery is at 14250 Schram Road, just east of State Road 50 and south of Highway 370.

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7.4 - WOWT (NBC-6, Video): [New monument honors Vietnam veterans](#) (14 September, 828k uvm; Omaha, NE)

OMAHA, Neb. - An idea became reality Friday at the Omaha National Cemetery.

Veterans, politicians and others were on hand as a monument was unveiled honoring Vietnam War veterans.

6 News was told it all started as an idea from some guys at the Omaha chapter of the Vietnam Veterans of America.

They asked a fellow veteran, Eddie Boller, to draw up a design and then submitted it.

Boller said he believes these types of memorials are important.

"If we don't create them now and keep them up and keep it in the minds of the young people that are coming up, it will be forgotten, and if it's forgotten, we're lost," Boller said.

This is the first monument at the Omaha National Cemetery.

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7.5 - WFIE (NBC-14, Video): [Stand down for homeless veterans event](#) (14 September, Aria Janel, 625k uvm; Evansville, IN)

Nearly 100 veterans made their way to the Evansville Veterans of Foreign Wars post on Wabash Avenue of Flags on Friday.

The VFW hosted the Veteran Affairs' annual event, 'Stand Down for Homeless Veterans'.

The VA came up with the name for this event from the concept used in the military. The term stand down is used to remove combat units from the field to a relatively safer place to rest and recover.

The best way to rest and recover for some is finding new ways to better their lives.

At this event, veterans were able to get free advice from community partners about legal matters, behavioral medications, finding a place to live, and ways of getting income.

Many community partners, had connections to the cause. Whether they themselves were veterans or they had loved ones who were in the armed forces. Giving back today is their way of giving back for all the resources and protection their families received in the past.

Veterans not only left with smiles on their faces, but they were able to take home with them duffel bags filled with hats, tooth paste, lotion, soap, clothing.

The longest line was for the free hair cuts. The event organizer said, he too will be getting a haircut today!

For many veterans. this wasn't their first time making their way around the tables.

One vet says this event has been helping him for over 8 years.

"With no transportation, which most people that are homeless or veterans don't have. When they all come to one central location, then I can get things taken care of, and so can others." said U.S. Army veteran Harold Dugan.

Dugan thanks the community and city officials for all they have done to help him.

"I'm happy that charity abounds here in Evansville"

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7.6 - WRIC (ABC-8, Video): [Veteran fights to close a VA loophole that can deny vets compensation](#) (14 September, Kerri O'Brien, 477k uvm; Richmond, VA)

A veteran trying to close a VA loophole takes his fight to Washington in hopes of helping other veterans avoid his pain.

"I drafted a bill here," says Marine veteran Brian Tally.

Tally is turning his pain and suffering into a mission to save his fellow veterans.

He's created the Tally Bill.

"It will protect veterans from independent contractors that are working within the VA," explained Tally.

8News first brought you the story of Brian Tally back in July. Tally was misdiagnosed, the VA even admitted doctors messed up.

Yet, a little-known loophole allowed the VA to deny his malpractice claim.

Now he's making the rounds in Washington, sharing his story with VA leaders and members of Congress including Virginia Congressman Dave Brat.

"I have been left with permanent injury and I almost died because of it," says Tally.

Tally had been suffered debilitating back pain that left him bedridden.

A doctor at his VA hospital in California told him it was just a bad back sprain.

Turned out, he had a staph infection that was eating away at his bones.

"To this point, there has been no accountability and no justice," says Tally.

That's because Tally's doctor at the VA hospital was a contractor and a little known federal law says the VA is not responsible for medical malpractice committed by a contractor.

"They effectively blew him off," says attorney Glen Sturtevant.

The Richmonder accompanied Tally to Washington as they push to change the law.

Part of the Tally Bill would require the VA to identify independent contractors.

"They are not identifiable. They have VA ID's, they have a VA doctor's coat on," says Tally.

"Only once it was too late for him to do anything about it, he was told this doctor is an independent contractor, we're not responsible for them," explained Sturtevant.

At the capitol, lawmakers were supportive. Many were in disbelief, saying they never even knew the 72-year-old law existed.

"My family and I have been through hell. I have built up enough courage to stand up and to fight for what is right," says Tally.

It's too late for Tally to receive financial compensation.

Had he known at the time of his visit the doctor was a contractor, he could have filed a lawsuit in state court.

By the time the VA revealed the doctor was a contractor, the statute of limitations had run out.

Tally will be going back and forth to DC to gather support for his bill. You can help sponsor his trips. He has set up a GoFundMe page.

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8. [Other](#)

8.1 - Breitbart: [Beto O'Rourke Voted Three Times Against Removing Poorly Performing VA Employees](#) (14 September, Kristina Wong, 19.1M uvm; Los Angeles, CA)

Rep. Beto O'Rourke (D-TX) has voted repeatedly against holding incompetent Veterans Affairs employees accountable — a contrast with what he has said on the campaign trail, according to the Ted Cruz campaign.

"Beto O'Rourke boasts about his commitment to Texas' veterans — but a closer look at his record reveals that time and again, Beto has voted against holding inept bureaucrats at the VA accountable. Texas Veterans deserve better than Beto O'Rourke's empty platitudes and double talk," said Cruz spokesperson Catherine Frazier.

O'Rourke voted against the VA Accountability Act of 2015, which would make it easier for the VA to demote or fire employees based on poor performance and offer increased protection for whistleblowers.

The bill passed in the House by a vote of 256-170. All "no" votes except one came from Democrats. The Obama White House opposed the bill, since it would allow a VA employee to be removed or demoted without the ability to appeal the decision.

The bill came after a VA scandal that revealed VA employees were doctoring wait times to hide that veterans were made to wait months before seeing a doctor.

The next year O'Rourke voted in favor of an amendment to the "VA Accountability First and Appeals Modernization Act of 2016," which would remove a provision allowing the VA Secretary to suspend without pay a VA employee whose performance or misconduct threatens public health or safety of veterans, and to remove a suspended employee if an investigation and review was considered necessary.

All "aye" votes were from Democrats, except one.

In 2017, O'Rourke again voted in favor of an amendment to the VA Accountability First Act that would remove provisions to expand the VA's ability to demote, suspend, or terminate employees. Again, all "aye" votes were from Democrats. He eventually voted for the bill, after attempting to remove that provision.

Breitbart News reached out to O'Rourke's campaign for a response, but did not receive one by deadline.

O'Rourke is running for Sen. Ted Cruz's U.S. Senate seat. According to an average of polls by RealClearPolitics, Cruz is up by 3.2 percentage points.

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8.2 - Milwaukee Journal Sentinel: [Tammy Baldwin defends Tomah VA record and introduces veteran supporters, including Medal of Honor recipient Gary Wetzel](#) (14 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

Democratic U.S. Sen. Tammy Baldwin defended her record on the scandal at the Tomah Veterans Affairs Medical Center and accused her Republican opponent Leah Vukmir of using the issue for political gain.

Baldwin made her comments Friday in Milwaukee as she introduced a group of military veterans who support her campaign, including Medal of Honor recipient Gary Wetzel.

On Thursday, Vukmir gave an interview on WISN-AM (1130) in which she charged Baldwin of a coverup on Tomah that "resulted in a veteran losing his life."

Baldwin rebutted Vukmir's claim and said: "This is an attempt to politicize veterans issues. It's an attempt to make a political issue out of the care that our veterans have earned and deserved. We should all be working together to improve that."

The Tomah VA was wracked several years ago by a scandal involving overprescription of opioids.

Republicans said Baldwin failed to act in 2015 on problems at the facility. Baldwin disciplined top aides for bungling whistleblower complaints about the facility, including sitting on an inspector general's report.

Since then, Baldwin co-sponsored legislation, named after deceased Marine veteran Jason Simcakoski, that toughened opioid prescription guidelines and pushes education for VA providers.

Baldwin said she worked with Simcakoski's family "to craft legislation ... that has sweeping reforms across the VA system."

Baldwin said she thought it was important "when you learn of issues like this to lean in, work to correct the problems and we have done that."

Vukmir, whose son is in the U.S. Army, and Baldwin have both been appealing for votes from veterans. Vukmir held a roundtable discussion with veterans on Monday. In April, Vukmir rolled out a veterans coalition with 75 inaugural members.

Vukmir campaign manager Jess Ward said: "Senator Baldwin failed to take action at the Tomah VA, fired a top aide, offered her a five-figure taxpayer settlement in exchange for silence and hired Hillary Clinton's lawyer to help with damage control. Bottom line: Senator Baldwin let our veterans down and Leah Vukmir, a nurse and military mom, will always fight for our veterans."

The Baldwin campaign said more than 100 Wisconsinites joined a "Veterans for Tammy" group. The list included three people running for Congress, Randy Bryce, Margaret Engebretson and Tom Palzewicz.

Wetzel wasn't on the list but he showed up at the veterans event for Baldwin and warmly endorsed her. He said he has known Baldwin for years, calling her "a good person. I like who she is and she votes on the issues, not the party. ... She's good for the people, that's who she is."

Asked if he'll campaign for Baldwin, Wetzel said, "Oh, you betcha. I told her, if she needs any help, any way, 24/7, give me a holler, I'm there to help."

Baldwin's campaign also pushed back at Vukmir, a state senator from Brookfield, over her 2017 vote in the Joint Finance Committee against expanding the Needy Veterans Program to cover mental health and substance abuse.

Republicans voted against the measure because the funding for the program was never fully used.

Kathy Hartke, a U.S. Air Force veteran and retired physician who lives in Vukmir's Senate district and backs Baldwin, said that "when it comes to veterans health care, Leah Vukmir puts insurance companies and her special interest backers first."

Ward said Vukmir voted in joint finance in 2017 to support funding for a crisis intervention services pilot program for veterans in Kenosha and Racine counties and a study on the needs of women veterans in Wisconsin.

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Veterans Affairs Media Summary and News Clips

15 September 2018

1. [Top Stories](#)

1.1 - KETV (ABC-7, Video): [National cemetery monument honors Vietnam vets](#) (14

September, Andrew Ozaki, 1.1M uvm; Omaha, NE)

Fifty years ago — they received no homecoming, no parades when they returned from war. On Friday, Vietnam veterans got a special honor. The first memorial monument at the Omaha National Cemetery was dedicated for their service and sacrifice.

[Hyperlink to Above](#)

1.2 - WFED (AM-1500, Audio): [As DoD, VA begin multibillion dollar EHR rollouts, Congress asks who's in charge](#) (14 September, Jared Serbu, 854k uvm; Washington, DC)

It's been a decade since Congress first created an interagency program office to push the departments of Defense and Veterans Affairs to integrate their electronic health records. Now, the IPO has a new mission on its plate: Ensuring the success of the commercial EHRs the two departments eventually decided to buy. And lawmakers are asking whether the IPO itself is in need of an overhaul.

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1.3 - Post-Tribune: [Dog training service helps veterans suffering from combat disorders](#)

(14 September, Jerry Davich, 369k uvm; Chicago, IL)

John Galambos has owned numerous dogs, but none was trained to have the specialized skills of his current Shih Tzu, Beau. "I am a combat disabled veteran with Post Traumatic Stress Disorder from my service in Vietnam, and Beau is learning how to help me with emotional support," said Galambos, of Griffith, who served in the U.S. Marines from 1965 to 1967. "For instance, when I get upset, he senses it and jumps on my lap.

[Hyperlink to Above](#)

1.4 - Federal Computer Week: [Has the DOD-VA interagency office outlived its usefulness?](#) (14 September, Adam Mazmanian, 189k uvm; Vienna, VA)

When the Pentagon and the Department of Veterans Affairs abandoned plans to develop a joint electronic health record in 2013, the responsibility for creating standards of data interoperability between the VA's Vista system and the multiple legacy systems at DOD fell to the small Interagency Program Office.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Politico: [Who should reconcile differences in VA and DOD EHR?](#) (14 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

Who Should Reconcile Differences In VA And DoD EHR? Now that the Veterans Affairs Department's contract with Cerner is inked, and the rollout gets underway, oversight groups are warning that differences in the VA and the DoD's EHR implementations will complicate their

plan to create an interoperable system. But during the inaugural hearing of the House Veterans Affairs Subcommittee on Technology Modernization Thursday, officials and lawmakers disagreed about whose responsibility it is to reconcile those differences, Morning eHealth's Arthur Allen reports.

[Hyperlink to Above](#)

3.2 - Healthcare IT News: [EHR interoperability for VA and DoD, who's responsible? Lawmakers, officials can't agree](#) (14 September, Jessica Davis, 438k uvm; Chicago, IL)
The Interagency Program Office (IPO) has not fulfilled its legal mandate to be the single point of accountability between the Department of Defense and Department of Veterans Affairs interoperability efforts. But both officials and lawmakers can't decide who should reconcile the differences.

[Hyperlink to Above](#)

3.3 - Nextgov: [Congress Doesn't Know Who's in Charge of VA's \\$10 Billion Health Records Overhaul](#) (14 September, Jack Corrigan, 193k uvm; Washington, DC)
The office created to ensure health record interoperability between the Veterans Affairs and Defense departments will cripple the agencies' latest multibillion-dollar overhaul efforts if it doesn't change its role, according to a congressional watchdog.

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3.4 - WTHI (FOX-10): [VA Taking Proposals For A New Terre Haute Building](#) (14 September, 191k uvm; Terre Haute, IN)
We have more information on the process that will be used to select a permanent home for the VA Clinic in Terre Haute. On Wednesday, the VA held a ribbon cutting for a temporary clinic behind Honey Creek Mall. They hope to be in that location for two to three years.

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3.5 - FedScoop: [Who's really accountable for interoperability of DOD, VA e-health records?](#) (14 September, Billy Mitchell, 57k uvm; Washington, DC)
The departments of Defense and Veterans Affairs both have billion-dollar modernizations in progress for their electronic health record systems. And they've each identified who is accountable for the success of those programs.

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3.6 - EHR Intelligence: [Joint DoD, VA EHR Modernization Governance Bodies to Launch 2019](#) (14 September, Kate Monica, 50k uvm; Danvers, MA)
The Department of Defense (DoD) and VA Interagency Program Office (IPO) is helping to establish joint DoD and VA EHR modernization governance bodies in an effort to facilitate collaborative decision-making and improve interagency communication throughout VA's Cerner EHR implementation project.

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3.7 - WLTZ (NBC-38, Video): [VA Picks Blue Cross Building for New Clinic](#) (14 September, Robbie Watson, 43k uvm; Columbus, GA)

The big news that the old Blue Cross Blue Shield building is being transformed into a new VA Clinic was actually announced locally via an email from Congressman Sanford Bishop's office late Thursday. It was music to the ears of local Veterans.

[Hyperlink to Above](#)

3.8 - WEWS (ABC-5, Video): [Trading Spaces: Painesville VA outpatient clinic to move to new location in Willoughby](#) (14 September, Jordan Vandenberg, 18k uvm; Cleveland, OH)
The medical coverage and support services that Lake County veterans earned through blood and sacrifice will be moving out of Painesville and to a new location in Willoughby. While the state-of-the-art facility will offer new services, including radiology and physical therapy, officials from the Lake County Veterans Services Commission said it also presents some unique hurdles.

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[4. Focus Resources More Efficiently](#)

4.1 - WFED (AM-1500, Audio): [VHA harnessing employees' ideas for Diffusion of Excellence](#) (14 September, Tom Temin, 854k uvm; Washington, DC)

The Veterans Health Administration says its best ideas for improvement come from its own employees. VHA has worked with nearly 4,000 employees to spread 344 practices through the agency's Diffusion of Excellence Initiative. VA says putting those ideas into practice saved the agency nearly \$23 million. This year, 85 VHA employees have presented their ideas to agency leadership. Ryan Vega is the director of VHA's Diffusion of Excellence Initiative.

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4.2 - WFED (AM-1500, Audio): [New American Legion commander describes vets' biggest concerns](#) (14 September, 854k uvm; Washington, DC)

The American Legion, the nation's largest veterans organization, has long been active in federal policy towards veterans and in operation of the Veterans Affairs Department. Now the legion has a new commander in Brett Reistad, a Vietnam era veteran and retired law enforcement officer from Fairfax County, Virginia.

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4.3 - WFED (AM-1500): [Best value attributes for the MSPV program](#) (14 September, 854k uvm; Washington, DC)

This week, the Coalition for Government Procurement's Medical/Surgical Subcommittee presented the Veterans Affairs Department (VA) with recommended "Best Value Attributes" for ensuring the delivery of best value health care solutions to our nation's veterans through the Medical/Surgical Prime Vendor (MSPV) program. You may recall that, almost a year ago, the Coalition was honored to testify before the House Committee on Veterans' Affairs during a hearing on this program.

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4.4 - WIBW (CBS-13, Video): [Topeka VA Medical Health Center hosts annual Mental Health Summit](#) (14 September, Cecelia Jenkins, 484k uvm; Topeka, KS)

Dozens of professionals from more than 20 local organizations attended the 6th annual VA Community Mental Health Summit Friday afternoon. The goal was to build on last year's theme of suicide prevention by focusing on transition. "We want to talk about the transition from military service into civilian life for veterans and how that can cause a little bit of struggle. There's some barriers," registered nurse with the VA Mental Health Clinic, Jorrie Varney, said.

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4.5 - WXXI News: [Program brings peace and purpose to local veterans](#) (14 September, Beth Adams, 26k uvm; Rochester, NY)

Some local veterans are finding a sense of purpose and peace as they ride horses, plant and harvest crops, and learn about agriculture at the EquiCenter in Mendon. "I could feel the weight of the world lifting off my shoulders, saying 'this might be something that could help,' " said Luanne VanPeursem, a 33-year Air Force veteran who said she was having trouble re-integrating into civilian life until her counselor recommended therapeutic riding.

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5. [Improve Timeliness of Service](#)

5.1 - Daily Reflector: [VA standing watch for veterans in the storm](#) (14 September, Michael Abramowitz, 161k uvm; Greenville, NC)

Pitt County VA officials are prepared to protect the health and welfare of veterans and those who provide their care during the Hurricane Florence crisis, officials at the Veterans Administration Greenville Health Care Center said on Wednesday.

[Hyperlink to Above](#)

5.2 - The Fresh Toast: [Congress Approves Bill To Expand Medical Marijuana Research](#) (14 September, Mike Adams, 20k uvm; Seattle, WA)

It has been two years since the U.S. Drug Enforcement Administration announced that it would allow more cannabis growers other than the University of Mississippi to cultivate marijuana for research purposes. But the licensing process for this expansion, which was initiated under the Obama administration, has been jammed up indefinitely ever since U.S. Attorney General Jeff Sessions took the reins at the Justice Department.

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5.3 - White Mountain Independent: [VA must not neglect catastrophically disabled veterans](#) (14 September, Bob Carey, 4k uvd; Show Low, AZ)

Imagine losing both your legs while serving your country only to be told the Department of Veterans Affairs can't provide you the wheelchair you need. The VA's not sure when one will become available. So they tell you to stay in bed. This is the situation many severely injured veterans find themselves in today. Amazingly, it's what the VA's own rules direct the agency to do.

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6. [Suicide Prevention](#)

6.1 - KSNW (NBC-11, Video): [VA hosts Mental Health Summit](#) (14 September, Amanda Aguilar, 9k uvd; Wichita, KS)

The Robert J. Dole VA Medical Center is looking to lower suicide rates among veterans by hosting the 2018 Mental Health Summit. Sedgwick County released 2017's suicide numbers this week, which showed 23 percent of the 96 suicide deaths were veterans. Today's event is open to the public, not just veterans.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Plain Dealer: [Battlefield crosses should be allowed at all national cemeteries, subject to size and materials guidelines: editorial](#) (14 September, Editorial Board, 11.5M uvm; Cleveland, OH)

The battlefield cross is the U.S. combat service member's memorial -- a rifle thrust into the ground, decorated with the fallen comrade's dog tags, combat boots and helmet. No wonder a decision last year by the Ohio Western Reserve National Cemetery in Rittman, Ohio, to remove the cross after complaints it looked too much like a real rifle -- really? -- prompted a national outcry and a quick reversal of policy within three days.

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7.2 - Sun Sentinel: [Tree-cutting companies volunteer time and equipment to take care of veterans' cemetery](#) (14 September, Austen Erblat, 4.8M uvm; Fort Lauderdale, FL)

In an effort to help honor military veterans who made the ultimate sacrifice, Rainbow Tree Care from Minneapolis started Saluting Branches, Arborists United for Veteran Remembrance, a nonprofit organization that coordinates tree care at veteran properties around the country.

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7.3 - Omaha World-Herald: [Omaha National Cemetery unveils monument for Vietnam veterans](#) (14 September, Grace Gorenflo, 2.1M uvm; Omaha, NE)

Omaha National Cemetery formally unveiled a monument Friday in honor of Vietnam war veterans. The monument, the first at the cemetery, was donated by the Vietnam Veterans of America, Omaha chapter 279.

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7.4 - WOWT (NBC-6, Video): [New monument honors Vietnam veterans](#) (14 September, 828k uvm; Omaha, NE)

An idea became reality Friday at the Omaha National Cemetery. Veterans, politicians and others were on hand as a monument was unveiled honoring Vietnam War veterans. 6 News was told it all started as an idea from some guys at the Omaha chapter of the Vietnam Veterans of America.

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7.5 - WFIE (NBC-14, Video): [Stand down for homeless veterans event](#) (14 September, Aria Janel, 625k uvm; Evansville, IN)

Nearly 100 veterans made their way to the Evansville Veterans of Foreign Wars post on Wabash Avenue of Flags on Friday. The VFW hosted the Veteran Affairs' annual event, 'Stand Down for Homeless Veterans'. The VA came up with the name for this event from the concept used in the military. The term stand down is used to remove combat units from the field to a relatively safer place to rest and recover.

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7.6 - WRIC (ABC-8, Video): [Veteran fights to close a VA loophole that can deny vets compensation](#) (14 September, Kerri O'Brien, 477k uvm; Richmond, VA)

A veteran trying to close a VA loophole takes his fight to Washington in hopes of helping other veterans avoid his pain. "I drafted a bill here," says Marine veteran Brian Tally. Tally is turning his pain and suffering into a mission to save his fellow veterans. He's created the Tally Bill.

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8. [Other](#)

8.1 - Breitbart: [Beto O'Rourke Voted Three Times Against Removing Poorly Performing VA Employees](#) (14 September, Kristina Wong, 19.1M uvm; Los Angeles, CA)

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8.2 - Milwaukee Journal Sentinel: [Tammy Baldwin defends Tomah VA record and introduces veteran supporters, including Medal of Honor recipient Gary Wetzel](#) (14 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

Democratic U.S. Sen. Tammy Baldwin defended her record on the scandal at the Tomah Veterans Affairs Medical Center and accused her Republican opponent Leah Vukmir of using the issue for political gain. Baldwin made her comments Friday in Milwaukee as she introduced a group of military veterans who support her campaign, including Medal of Honor recipient Gary Wetzel.

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1. [Top Stories](#)

1.1 - KETV (ABC-7, Video): [National cemetery monument honors Vietnam vets](#) (14 September, Andrew Ozaki, 1.1M uvm; Omaha, NE)

Fifty years ago—they received no homecoming, no parades when they returned from war.

On Friday, Vietnam veterans got a special honor.

The first memorial monument at the Omaha National Cemetery was dedicated for their service and sacrifice.

"To our Vietnam veterans, you went when others would not. You served when your country needed you. You served with honor. And each and every one of us owes you a debt of gratitude," said Randy Reeves, U.S. Under Secretary of Memorial Affairs.

Nebraska Lt.o Gov. Mike Foley said nearly 60,000 Americans lost their lives in that war.

"That despite the controversy of that unique and tumultuous era in American history, no one could deny the valor and bravery of those who went to southeast Asia to serve their nation," Foley said.

Omaha Mayor Jean Stothert said it is an honor to display this monument at the Omaha National Cemetery.

"All who visit here will know these men and women served the country with true honor," Stothert said.

For Dennis Schissel, the president of Vietnam Veterans of America Chapter 279, the two years of planning, fighting red tape and raising the \$4,000 for the solid gray marble monument was worth it.

"I'll be thinking of all the members that didn't come back. All our brothers and sisters that we left behind," Schissel said.

Emotions also rushed back for Ron Wilson.

"I stood here and cried. Yeah, I think it's beautiful. I'm very proud of it," Wilson said.

The retired Air Force staff sergeant recalled a rocket attack one night killed eight airmen at the base where he was stationed.

"I donated some money (for the monument) in honor of them," Wilson said.

Monuments for other wars will be placed on either side of the Vietnam veterans monument as they are built.

The design will be the same.

Schissel said it was important to be the first and in the center as a symbolic reminder of the additional sacrifice Vietnam veterans made for the country.

"We would never allow another generation to be forgotten and mistreated the way we were when we came back," Schissel said.

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1.2 - WFED (AM-1500, Audio): [As DoD, VA begin multibillion dollar EHR rollouts, Congress asks who's in charge](#) (14 September, Jared Serbu, 854k uvm; Washington, DC)

It's been a decade since Congress first created an interagency program office to push the departments of Defense and Veterans Affairs to integrate their electronic health records. Now, the IPO has a new mission on its plate: Ensuring the success of the commercial EHRs the two departments eventually decided to buy.

And lawmakers are asking whether the IPO itself is in need of an overhaul.

Under current law, the IPO is required to serve as the single point of accountability for the two departments' efforts to achieve interoperable health record systems. But officials testified Thursday that the office isn't actually functioning that way, and has neither the budget nor the staff to do so.

Instead, DoD and VA say they are still in the process of figuring out a joint governance structure, even as key decisions are being made about how they'll deploy their new EHRs, both of which are based on a Cerner software suite called Millenium. DoD has already installed its version, called MHS Genesis, at four Pacific Northwest hospitals and clinics. And VA signed a ten-year, \$10 billion contract with Cerner to begin its own implementation in May.

Worried about waste

Rep. Mike Coffman (R-Colo.) is among many lawmakers who worry that the lack of a clear governance structure will lead to a repeat of the modernization stumbles the departments have suffered for more than a decade.

"You had two large federal entities, both considered to be co-equals with no one in charge, and people in the middle trying to negotiate with them unsuccessfully," he said. "I'm not sure it's going to be any different, and I worry that we're going to waste another billion dollars on this. If either DoD or VA were in charge of this and not co-equals, I think this would be done by now."

The billion dollar figure is based on an estimate from the Government Accountability Office, which found VA spent \$1.1 billion between 2011 and 2016 on efforts to modernize its existing EHR. That was before the agency decided to purchase a commercial product.

Much of that spending went toward an earlier effort in which DoD and VA were attempting to work together to build a shared record system. That effort, on paper at least, was managed by the IPO.

But GAO says the office has never had the authority to take the lead on EHR modernization, even after having been rechartered and restructured at least twice in the past 10 years.

"I think it's evident that they never had the clout to either mediate or resolve the issues between VA and DoD. The IPO was never set up to succeed, because neither of the departments were ever willing to relinquish control," said Carol Harris, GAO's director of IT acquisition management issues. "I think in terms of what you would see in leading organizations, what they have shown is that you have to have a single executive level entity that's the point of accountability. It's just one body, as opposed to multiple bodies, and it has to be at that executive level. Moving forward, certainly I would expect to see it, at a minimum, at the deputy secretary level."

A question of the IPO's authority

DoD and VA have further reduced the IPO's responsibilities in recent years. As a practical matter, it's main tasks are to set joint health data standards for both departments to use. Harris says that's a critical function, and Congress may want to consider simply removing the legal requirement that the IPO also have overall accountability for success of the EHR projects.

But Rep. Jim Banks (R-Ind.), the chairman of the newly-established House VA technology modernization subcommittee, said he favors an approach that would give the IPO more authority and responsibility, not less. He said that's partly because the EHR implementation is expected to span the next decade, while individual politically-appointed leaders come and go.

"Unfortunately, we have seen far too much of that turnover in the early months of this program, and the IPO is of the few aspects of EHR modernization that is mandated by law. That means that it has a very important and permanent role to play in governance," he said. "Most everyone here today agrees the IPO needs to do more. My hope is DoD and VA will hash out what that looks like. I am willing to give them additional time to do that, but I will not wait forever. The key decisions that will determine the EHR modernization's future are being made over the next several months. I am skeptical of Congress imposing solutions, but we also have to keep the train safe on the tracks."

New interoperability plan for EHRs coming soon

DoD and VA officials say they are working on a notional governance structure to make key decisions about how to configure their respective EHRs so that they're fully interoperable. They expect to present that plan to Congress in the next few months.

It would involve at least three different decision making bodies: a "joint technical board," a "joint functional board" and a "joint decision board." The IPO would facilitate their meetings and record their decisions, but wouldn't have much authority beyond that.

John Windom, VA's program executive officer for electronic health record modernization said there's a reason for multiple boards: The EHR projects are incredibly complex, and the departments want to resolve disagreements at the lowest level possible.

"There are a myriad of mission sets, and there's no single body that is qualified in everything from the technical to the clinical areas," he said. "Our job is to manage those and have elevation opportunities to resolve things that are unable to be resolved at the lowest level. That's one thing I can't impress upon the committee enough: governance has to be successful at the lowest possible level. Things can't rise to the superior level on every matter."

But Harris said GAO worries that the governance process the departments are contemplating is destined to dilute accountability for success or failure, a phenomenon we've seen before.

“Again, when you look at leading organizations, that single point of accountability should be at the executive level,” she said. “And one of the things that strikes me when you look at the [current] organizational chart, if you count the of boxes, there are at least 16 boxes, which shows that accountability has been so diffused so that when the wheels fall off the bus, you can’t point to a single entity who is responsible. And that’s a problem.”

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1.3 - Post-Tribune: [Dog training service helps veterans suffering from combat disorders](#) (14 September, Jerry Davich, 369k uvm; Chicago, IL)

John Galambos has owned numerous dogs, but none was trained to have the specialized skills of his current Shih Tzu, Beau.

“I am a combat disabled veteran with Post Traumatic Stress Disorder from my service in Vietnam, and Beau is learning how to help me with emotional support,” said Galambos, of Griffith, who served in the U.S. Marines from 1965 to 1967. “For instance, when I get upset, he senses it and jumps on my lap. On the Fourth of July, with all the fireworks going off, he gave me peace of mind. It meant the world to me.”

Beau, a rescue dog, is in training to become a certified service pet through the Roselawn-based Patriots Training Service Dogs, or PTSD. The nonprofit organization was founded by Charles Sargent, of Wheatfield, who, before his death in 2016, was very active with local veterans’ groups and causes. His wife Colleen continued PTSD, which trains dogs for Northwest Indiana military veterans at no cost. Sargent and her volunteers train a variety of dog breeds on a shoestring budget of donations and fundraising efforts.

“It didn’t cost me a dime,” Galambos told me. “But too many veterans who desperately need a service dog don’t know about this program.”

So far, seven dogs and their owners have completed the program, with three dogs expected to finish by next year.

“The truth is that 22 veterans a day commit suicide, and we know we can change the lives of veterans through training their dog to be a service dog,” Sargent said. “The volunteers and I all know that we are giving these veterans hope and guidance.

“For those who gave it all for us, it is the least we can do for them,” she said.

The issue of training and providing service dogs for veterans is more controversial and complex than you might think. A preliminary study by Purdue University College of Veterinary Medicine cites the crux of this issue: “Psychiatric service dogs are an emerging complementary treatment for military members and veterans with post traumatic stress disorder. Yet despite anecdotal accounts of their value, there is a lack of empirical research on their efficacy.”

For many years, the U.S. Department of Veterans Affairs has paid the veterinary care for service dogs assisting vets with physical disabilities, such as loss of sight or hearing or limbs. But the agency doesn’t provide the same coverage for dogs that assist with PTSD, pointing to that lack of empirical evidence.

Congress ordered the VA to conduct a long-term \$12 million study, tracking more than 200 veterans with PTSD and their service dogs, to determine the value of the relationship. The findings are likely years away.

The Purdue study, published earlier this year in the Journal of Consulting and Clinical Psychology, concluded: "We found that the group of veterans with service dogs had significantly lower levels of PTSD symptomology than those who did not have a service dog."

"They also had lower levels of depression, lower anxiety and increased social participation, meaning a willingness to leave their house and go engage with society in different activities," said Maggie O'Haire, assistant professor of human-animal interaction.

Of the 141 veterans who chose to participate in the trial study, approximately half were on a wait list to receive a service dog while the rest already had one.

"As the number of service dogs given to veterans with PTSD continues to increase, this is an important first step toward proof of concept that service dogs can actually provide measurable, clinical changes for veterans," said Kerri Rodriguez, co-author of the study.

Supporters of this undeniable veteran-service dog emotional bond want the VA to reevaluate this contentious topic.

"I hope the promising results from this study will prompt a renewed focus on the benefits that service dogs provide," said Steven Feldman, executive director of the Human Animal Bond Research Institute, which co-funded the study.

These specialized service dogs can be trained to block the personal space between veterans and anyone unknowingly ambushing them with anxiety, and also to wake up vets during their nightmares, among other skills.

"If veterans do not own a dog, we will help them find a dog to train," Sargent said.

Her organization meets weekly with veterans for dog training, and the vets are expected to continue the training on their own.

"We encourage record-keeping during the entire process," Sargent said.

Her group provides all training equipment, and also registers each vet-dog team through the American Kennel Club for proper certification.

"The veterans not only receive a certificate, but the satisfaction they experienced during the process of the training," she said.

Her program works on basic obedience, including sit, down, and heel, as well as social behavior skills with strangers. Related skills depend on each veteran's specific needs and struggles.

"For example, a dog can be taught how to apply pressure to help calm the veteran," Sargent said.

The program's most pressing needs are financial donations, dog-friendly volunteers, and a more permanent location to conduct the training. Volunteers are currently training dogs at the Stoney Run Canine Camp in Hebron.

"We are in need of an indoor location in the Lowell or Crown Point area," Sargent said.

This is why Galambos, a member of Disabled American Veterans, reached out to me. He insisted this column shouldn't be about him, but about all the veterans who don't know about PTSD.

"Not about Post Traumatic Stress Disorder. All of us know about that," he said. "They need to know about Patriots Training Service Dogs. This program is for them."

For more information on Patriots Training Service Dogs, call (219) 819-1295 or visit <http://patriotstrainingservicedogsinc.weebly.com>.

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1.4 - Federal Computer Week: [Has the DOD-VA interagency office outlived its usefulness?](#) (14 September, Adam Mazmanian, 189k uvm; Vienna, VA)

When the Pentagon and the Department of Veterans Affairs abandoned plans to develop a joint electronic health record in 2013, the responsibility for creating standards of data interoperability between the VA's Vista system and the multiple legacy systems at DOD fell to the small Interagency Program Office.

The IPO, initially created at DOD in 2009 to develop requirements for a joint system, took on the role of handling data interoperability issues in 2013 as VA modernized Vista and DOD embarked on a commercial health record procurement. That role led to the development of the much reviled Joint-Legacy Viewer, a read-only system that allows clinicians inside VA and DOD to look up health records of patients across both systems. It is also available to some extent to private-sector providers.

Now that VA and DOD are both on the road to implementing health record software from health technology vendor Cerner, the current role of the IPO is unclear.

At a Sept. 13 House hearing, IPO Director Lauren Thompson said that her office was not staffed or resourced to act as a decision-making authority to deal with governance conflicts that will inevitably arise between the DOD and VA electronic health record modernization projects.

"I don't believe today we are configured to support a single point of accountability as is being suggested here today," Thompson said.

Carol Harris, who leads IT acquisition management issues at the Government Accountability Office, said that one solution might be for Congress "to relieve the IPO of the legislative requirement to act as the single point of accountability" when it comes to health record interoperability.

"The IPO, based on history, has demonstrated that they have not had the clout to mediate and resolve the issues between the two departments," Harris said. "The performance of the IPO has been relatively lackluster."

Harris and some members of the newly formed Technology Modernization Subcommittee of the House Veterans Affairs Committee are looking for a high-level executive body, perhaps at the deputy secretary level of one of the two organizations, to take the leading role in ironing out disputes and conflicts in the implementations before they lead to technical failures or cause cost overruns or project delays.

John Windom, the program executive officer who leads the VA's Cerner implementation and who played a leading role in developing the DOD's solicitation for a electronic health records system, urged members to be mindful of the complexities involved and the need for people on the ground to manage issues like data standards, workflow and other governance processes.

"Governance has to be successful at the lowest possible level," Windom said. "Things can't rise to the superior level on every matter."

House Veterans Affairs Committee Chairman Rep. Phil Roe (R-Tenn.) said, "There needs to be a buck-stops-here person in this organization" to take responsibility for the success of the overall DOD and VA modernization system, jointly budgeted at more than \$20 billion over 10 years.

Rep. Mike Coffman (R-Colo.) said he wants a lead agency to be designated to manage the implementation process.

"I think from Day One we made a terrible mistake -- the prior administration continued by this administration, in not saying to both of these major players that ... one of you is in charge," Coffman said. "By not doing that, we've created this consensus situation where we hope that it's going to get done, but we don't know that it's going to get done."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Politico: [Who should reconcile differences in VA and DOD EHR?](#) (14 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

WHO SHOULD RECONCILE DIFFERENCES IN VA AND DOD EHR? Now that the Veterans Affairs Department's contract with Cerner is inked, and the rollout gets underway, oversight groups are warning that differences in the VA and the DoD's EHR implementations will complicate their plan to create an interoperable system. But during the inaugural hearing of the House Veterans Affairs Subcommittee on Technology Modernization Thursday, officials and lawmakers disagreed about whose responsibility it is to reconcile those differences, Morning eHealth's Arthur Allen reports. Subcommittee chair Rep. Jim Banks said Thursday that the two

departments should clarify the powers of the Interagency Program Office — set up in 2008 to oversee their electronic health record collaboration — and empower it to resolve their differences.

But Lauren Thompson, the current head of the interagency office and John Windom, who leads the VA's EHR implementation office, said IPO was serving as a facilitator and lacked the actual clout that Congress legally provided it a decade ago. Without more resources, staff and authority it can do no more, Thompson said.

Carol Harris, who leads IT acquisition issues at the Government Accountability Office, said in a report and testimony that DoD and the VA have ignored GAO's advice over the years on empowering the IPO. Now, she said, they must clearly define its role.

No single person is accountable for the joint project's success, she said. Congress could relieve the IPO of its legal responsibilities, but one way or another "a single point of accountability is critical," she added.

Banks and Rep. Conor Lamb indicated they wanted IPO to get the power it needs to be that central decision point, but Rep. Mike Coffman said he preferred making either the VA or DoD the final arbiter. Pros can read more from Arthur on that hearing [here](#).

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3.2 - Healthcare IT News: [EHR interoperability for VA and DoD, who's responsible? Lawmakers, officials can't agree](#) (14 September, Jessica Davis, 438k uvm; Chicago, IL)

The Interagency Program Office (IPO) has not fulfilled its legal mandate to be the single point of accountability between the Department of Defense and Department of Veterans Affairs interoperability efforts. But both officials and lawmakers can't decide who should reconcile the differences.

The inaugural House Veterans Affairs Subcommittee on Technology Modernization hearing, held on Thursday, revealed, not surprisingly, governance and accountability are still major points of contention for the project.

Government Accountability Office Director of Management Issues Carol Harris testified that while the VA has signed the contract with Cerner, created a program management office and drafted high-level governance plans -- program officials haven't designated "what role, if any, IPO is to have in the governance process."

Rep. Jim Banks, R-Indiana, supported Harris, remarking that the IPO is "one of the few aspects of EHR modernization mandated by law." He also stressed IPO's governance role in the projects was not only important -- but permanent.

The departments need to clarify the IPO's powers, which was established in 2008 to not only oversee the initial EHR collaboration -- it gave them authority to resolve these differences, said Banks.

“My hope is DoD and VA will hash out what that looks like and come to mutual agreement,” Banks said. “I am willing to give them additional time to do that, but I will not wait forever.”

GAO is recommending the VA clearly outline the role IPO will have over the EHR project, specifically around governance, as “focusing on a single point of accountability is critical in moving forward to make sure that interoperability is functional,” said Harris.

But the VA Office of EHR Modernization Office’s acting Chief Information Officer John Windom told the committee that he doesn’t believe IPO has any decision-making authority of his office.

And IPO Director Lauren Thompson pointed out that her office isn’t equipped to be the single point of accountability for VA-EHR interoperability, citing a lack of authority, resources and staff.

“At this point in time, we do not have the decision-making authority,” said Thompson.

But Harris continued to press that the law makes IPO the “single point of accountability, so that would include responsibility, authority and decision-making.” In fact, the testimonies of both Windom and Thompson are in conflict with the statute’s expectations.

Further, Harris stressed that both DoD and VA have ignored GAO advice over the years on empowering the IPO. The role needs to be clearly defined, such as through Congress, which could relieve the office of its legal responsibilities.

“If the IPO continues the way that it is operating today, we are going to continue to have dysfunction in moving forward,” Harris said.

Discussions on better governance policies are ongoing, Windom testified. The conversations are overlapping with the VA rollout of its Cerner EHR. VA and DoD continue to work through the data sharing roles at the agencies, as well.

Thompson proposed governance should be broken down into three boards. One, a functional governance board, would handle disputes among clinicians and other healthcare employees. Two, a technology-focused governance board, would have the same function but for purely tech issues.

The final board would be solely focused on decision-making, designed to resolve problems the other two boards could not, said Thompson.

But Windom quickly countered Thompson’s idea, and said those low-ranking disputes could be resolved on the ground -- without having to involve “high-ranking staff members.”

“I can’t impress upon the committee enough that governance has to be successful at the lowest possible level,” said Windom. “Things can’t rise to the superior level on every matter.”

Harris agreed: With that many boards involved, accountability is “diffused so when the wheels fall off the bus you can’t point to a single entity... When everyone is responsible, no one is responsible.”

In the end, no clear decision was made at the hearing. Rep. Scott Peters, D-California, said the issue may need to be resolved by either Congress or the president, as the single point won’t be created without help.

Indeed, VA has struggled with both maintaining leadership and with governance issues for the past year. Since the dismissal of former VA Secretary David Shulkin, MD in March, at least 42 senior staffers have left the VA. The most recent came from the EHR project office itself, with the departure of its CHIO Genevieve Morris and CMO.

VA officials continue to double down on their projected 2020 go-live of its own pilot EHRs in the Pacific Northwest, designed to follow the DoD rollout. But GAO may also be investigating the DoD project, after an audit deemed the new system “not operationally suitable.”

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3.3 - Nextgov: [Congress Doesn't Know Who's in Charge of VA's \\$10 Billion Health Records Overhaul](#) (14 September, Jack Corrigan, 193k uvm; Washington, DC)

The office created to ensure health record interoperability between the Veterans Affairs and Defense departments will cripple the agencies' latest multibillion-dollar overhaul efforts if it doesn't change its role, according to a congressional watchdog.

“Based on the [Interagency Program Office]'s past history, I think it's evident they never had the clout to mediate and resolve issues between VA and DOD as it relates to interoperability,” Carol Harris, director of IT acquisition management issues at the Government Accountability Office, said Thursday. “If the IPO continues the way it's operating today, we are going to continue to have dysfunction moving forward.”

The IPO was created by Congress in 2008 to act as a single point of accountability for the two agencies' electronic health record exchange efforts. But after VA wasted more than \$1 billion over six years on failed modernization attempts, Congress is re-evaluating the office's worth.

In the inaugural hearing of the House Veterans' Affairs Technology Modernization subcommittee, lawmakers on Thursday questioned whether IPO can hold officials' feet to the fire as VA embarks on a 10-year, \$10 billion EHR overhaul.

And at least for the time being, witnesses said, the answer is no.

Projects of this size are only successful if there's a single “executive-level entity” calling the shots and taking the fall if things go wrong, Harris told lawmakers. That means deputy secretaries should be leading the program, she said, but instead, agencies are relying on a convoluted web of governance boards and steering committees to do so.

“Accountability has been so diffused that when the wheels fall off the bus, you can't point to a single entity that's responsible,” Harris said at the hearing. “When everyone's responsible, no one's responsible. That's [what] led us to where we are today.”

Even IPO Director Lauren Thompson conceded the office can't fulfill its responsibilities without more funding and manpower. Still, she and Harris agreed IPO could play a valuable role in measuring performance and keeping each agency in the loop on the other's progress.

Shortly before the hearing, GAO published a report recommending VA clearly describe the role of IPO in overseeing the latest project with Cerner Corp. Harris also suggested Congress

consider revising legislation to make the office's role in the program more advisory than decision-making.

But lawmakers seemed skeptical that the government's two biggest bureaucracies would take orders from any third-party entity, regardless of the duties it's given.

"I think from day one, we made a terrible mistake ... in not saying to both these major players 'one of you is in charge,'" said Rep. Mike Coffman, R-Colo. "I don't think this is doable. I think we're going to waste more taxpayer dollars."

The hearing came two weeks after two top officials left VA's electronic health record modernization office citing conflicts with agency leadership. John Windom, who became the organization's acting director after its previous chief resigned, told lawmakers VA expects turnover in leadership and no single person will make or break the overhaul.

VA also will likely face significant technical setbacks in standing up the new system.

Three years after signing a multibillion contract to modernize its own electronic health records system, the Defense Department is struggling to implement the system amid significant operational challenges. The Cerner platform performed so poorly during the Pentagon's first three field tests that officials decided to scrap plans to test at a fourth facility. Since then, officials said they've ironed out many of the technical issues and today the system is showing "measurable success."

Despite the many impediments that lay ahead, subcommittee leaders reiterated their commitment to seeing the project across the finish line.

Chairman Jim Banks, R-Ind., underscored the fact that it's rare for a program to have such intense congressional oversight from its inception, suggesting the added scrutiny might prevent both agencies from getting too far off course.

"I think this project has great promise," said subcommittee ranking member Conor Lamb, D-Penn. "We need to focus on accountability. That's something that can be difficult to track in an agency as large as the VA."

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3.4 - WTHI (FOX-10): [VA Taking Proposals For A New Terre Haute Building](#) (14 September, 191k uvm; Terre Haute, IN)

We have more information on the process that will be used to select a permanent home for the VA Clinic in Terre Haute.

On Wednesday, the VA held a ribbon cutting for a temporary clinic behind Honey Creek Mall.

They hope to be in that location for two to three years.

Over the last several months, the VA has been taking proposals for a permanent home.

They say they will award a bid within the next year.

Once that happens, construction is expected to wrap up by 2021.

"Whoever comes up with the best proposal to the VA, and we say, yeah, that's what we need will win that. So, there are all sorts of options out there, but it's an expensive process," VA spokesperson Peter Scovill said.

The VA said they will let us know as soon as they select a site for the new clinic.

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3.5 - FedScoop: [Who's really accountable for interoperability of DOD, VA e-health records?](#) (14 September, Billy Mitchell, 57k uvm; Washington, DC)

The departments of Defense and Veterans Affairs both have billion-dollar modernizations in progress for their electronic health record systems. And they've each identified who is accountable for the success of those programs.

But the more important question might be: Who is ultimately accountable for seeing that the EHR systems, when fully developed, work together seamlessly as members of the military retire and becomes veterans?

House lawmakers pressed this point this week during the first hearing held by the Veterans Affairs' Subcommittee on Technology Modernization. They examined the role of the DOD/VA Interagency Program Office (IPO), stood up in 2008 for the exact purpose of ensuring seamless transfer of records. So far, though, that office has no real authority over the interoperability of the two programs —VA's EHR Modernization and DOD's MHS GENESIS, both of which are based on Cerner's commercial EHR platform.

Lauren Thompson, the head of the office, told lawmakers that despite the intention of the 2008 National Defense Authorization Act to make the IPO the single point of accountability for the interoperability of the two departments' EHRs, "at this point in time, we make recommendations. We do not have the decision-making authority." IPO is based within DOD.

According to the law, said Carol Harris, director of IT management issues for the Government Accountability Office, "the IPO is supposed to be the single point of accountability. So that would include responsibility, authority and decision-making responsibilities. I think that [the office's current operation, as described by Thompson], is in conflict with the expectation set out by law."

The departments and the IPO are trying to sort out the interoperability governance now that VA and DOD each has a massive EHR in development. Though they both are developing instances of the same Cerner platform so that interoperability will be easier to achieve, there are still myriad technical and functional decisions that must align so that the data ultimately matches as it flows from one system to the next. VA, DOD and the IPO are in the process of developing new governance bodies and a new structure with the hope that things can be dealt with at the lowest level possible.

"Clinicians talking to clinicians, technicians talking to technicians," said John Windom, VA's acting chief health information officer and program executive officer for the new Office of

Electronic Health Record Modernization. When disagreements happen, the issues are elevated to new governance boards, but the goal is to avoid that, he said.

Windom explained that the governance process is “evolving,” and it will take time to get there. “The as-is state of the enterprise with the VA is different than the as-is state of the enterprise within DOD. ... Now we’re understanding the gaps between how we sought to implement and how DOD is implementing. And so those gaps have to be reconciled, and they have to be reconciled through governance.”

But even with that model, lawmakers were unhappy because there is no single person or organization accountable. “There’s really no one there to break the ties or resolve the differences,” Rep. Scott Peters, D-Calif., said, pushing for action from the president or Congress to spark the change. “The only person both agencies report to now is the president of the United States.”

Rep. Mike Coffman, R-Colo., said perhaps there’s a place for the IPO in the process, but either the DOD or VA should be given the ultimate decision-making authority.

Harris agreed that a “single executive-level entity that is the point of accountability” with decision-making authority and that binds both departments at the deputy secretary level or higher is “essential.”

She doesn’t have much faith in the IPO, though, at least in its current form — and really for no fault of its own.

“They never had to clout to mediate and resolve issues between DOD and VA,” Harris said. “The IPO was never set up to succeed there because neither of the departments were willing to relinquish control.”

Harris called the IPO’s ability to drive the necessary interoperability “lackluster” in the past decade. “In the past situations, what we’ve seen historically is that when everyone is responsible, no one is responsible. I think that’s what has led us to where we are today,” she said. “Accountability has been so diffused so that when the wheels fall off the bus, you can’t point to a single entity who’s responsible. And that’s a problem.”

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3.6 - EHR Intelligence: [Joint DoD, VA EHR Modernization Governance Bodies to Launch 2019](#) (14 September, Kate Monica, 50k uvm; Danvers, MA)

The Department of Defense (DoD) and VA Interagency Program Office (IPO) is helping to establish joint DoD and VA EHR modernization governance bodies in an effort to facilitate collaborative decision-making and improve interagency communication throughout VA’s Cerner EHR implementation project.

Joint EHR modernization governance bodies should be in place by 2019, according to testimony from IPO Director Lauren Thompson, PhD, at a House Veterans Affairs Subcommittee on Technology Modernization hearing held September 13.

During the hearing, subcommittee chairman Jim Banks (R-IN) sought clarification on how IPO would serve as a “single point of accountability” during VA’s Cerner EHR implementation project.

“If successful, it will be one of the lynchpins of a more responsive, agile, and efficient VA,” Banks said of the modernization project. “If mismanaged, I fear a daunting and disappointing setback.”

Communication between DoD and VA will help boost project efficiency by allowing both departments to share resources and lessons learned throughout the implementation.

“We have learned so many lessons from MHS GENESIS’ early mistakes,” said Banks. “There is a great deal though that we still do not know.”

The IPO was established in 2008 to guide VA and DoD in implementing EHR technology that allowed for full interoperability between providers at both agencies.

“The mission of the IPO is to lead and coordinate the adoption of and contribution to national health data standards to ensure interoperability across the DoD, VA, and private sector healthcare providers,” said Thompson in her testimony.

IPO is a collaborative entity comprising 30 staff members from both VA and DoD. The office is responsible for monitoring industry best practices and providing guidance to facilitate health data exchange and interoperability.

“These activities are vital to continue providing the building blocks necessary for the Departments to expand and improve their health data interoperability, both across the Departments and with private healthcare providers,” explained Thompson.

“Specifically, the IPO established a Health Data Interoperability Metrics Dashboard to identify Department-specific targets for transactional metrics and trends, routinely shared with Congress,” Thompson continued.

IPO is currently working to support DoD and VA in developing a governance process for making joint decisions about common aspects of their EHR solutions.

“This process will involve multiple layers, from Department-level governance within the DoD and VA, to the interagency coordination and collaboration through working groups and committees that is already underway and facilitated by the IPO, to joint DoD/VA Electronic Health Record Modernization governance bodies,” explained Thompson.

While IPO is intended to be a single point of accountability for the project, a recent Government Accountability Office (GAO) report determined the office has not been effectively positioned to achieve this aim.

“Further, the future role of the Interagency Program Office remains unclear despite the continuing need for VA and DOD to share the electronic health records of servicemembers and veterans,” continued investigators in the report.

GAO Director of IT Acquisition Management Issues Carol Harris recommended VA ensure the role and responsibilities of the office are clearly defined within governance plans about VA's Cerner EHR implementation.

In keeping with GAO's recommendations, subcommittee ranking member Conor Lamb (D-PA) prompted Thompson to define the role of IPO within the context of the VA EHR modernization.

According to Thompson, IPO does not have decision-making authority.

"The IPO serves in a convening role," clarified Thompson. "A coordinating role. We facilitate the information sharing from the experiences of the DoD's MHS GENESIS deployment at initial sites to the VA and conversely information from the VA as their program is being developed to share with the DoD."

"At this point, we make recommendations," added Thompson. "We do not have decision-making authority."

Harris stated this definition of IPO's role is not aligned with the expectations for the office set forth by law.

"According to the law, the IPO is supposed to be the single point of accountability," said Harris. "That would include responsibility, authority, and decision-making."

Given IPO's limited definition of its role in the VA EHR modernization project, Harris agreed with ranking member Lamb that DoD and VA lack a single point of accountability at this time.

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3.7 - WLTZ (NBC-38, Video): [VA Picks Blue Cross Building for New Clinic](#) (14 September, Robbie Watson, 43k uvm; Columbus, GA)

The big news that the old Blue Cross Blue Shield building is being transformed into a new VA Clinic was actually announced locally via an email from Congressman Sanford Bishop's office late Thursday. It was music to the ears of local Veterans.

After many months of speculation about what might become of the old building on Warm Springs Road, the Department of Veterans Affairs decided this location with the help of a Las Vegas developer was the way to go and reaction was swift from local veterans.

"Most of our Veterans right here locally choose not to use the VA and drive to Tuskegee or drive to Montgomery or drive to Huntsville because we don't have the facilities plus the timing you know most of our Veterans still work. Most of our Veterans try to get local care and they use their own money so this is groundbreaking. This is awesome to have a clinic right here," retired CSM Sam Rhodes said.

The Molasky Group provided this rendering of what the VA clinic will look like once complete.

Molasky was one of a handful of developers bidding for the 60 million dollar project.

Other potential sites were located in north and south Columbus.

“Is this the right location? I think it’s a great location. It’s centrally located and next to other medical facilities. It’s centrally located in Columbus and in the region. It’s got good logistics, traffic infrastructure to get to it. It’s Metra accessible. I think it’s a great location and I can’t wait for it to happen,” Chamber Executive Brian Sillitto said.

Come 2021 the transformation is expected to be complete.

After nearly two decades at war, area Veterans won’t have to drive all the way to Tuskegee for a full service outpatient clinic.

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3.8 - WEWS (ABC-5, Video): [Trading Spaces: Painesville VA outpatient clinic to move to new location in Willoughby](#) (14 September, Jordan Vandenberg, 18k uvm; Cleveland, OH)

PAINESVILLE, Ohio - The medical coverage and support services that Lake County veterans earned through blood and sacrifice will be moving out of Painesville and to a new location in Willoughby.

While the state-of-the-art facility will offer new services, including radiology and physical therapy, officials from the Lake County Veterans Services Commission said it also presents some unique hurdles.

On Friday, the VA’s former outpatient clinics on State Street and West Jackson Street closed for good as a series of paper signs denoted that all operations would be moving to Willoughby. The new facility, which opens Monday afternoon, will offer nearly 20,000 square feet of space and deliver services and treatment that were once only available in Cleveland.

“The new location is going to allow us to provide radiology and physical therapy for our veterans so they are not going to have to travel to Cleveland for those services,” said Kristen Parker, the chief of external affairs for the VA. “They’ll be a little bit closer to it. Now everything is going to be in one location so we can easily transfer everything over.”

In 2013, the VA began to make preparations for its new facility as its leases on the two former clinic buildings were beginning to expire. In 2014, the VA started going month-to-month as part of its lease agreement. Before the Willoughby site, which is located at 35000 Kaiser Court, was identified, the VA had to undergo an extensive and strict procurement process, Parker said.

“If we had our choice, we would have loved to have stayed here (in Painesville). But unfortunately, given how the contracting process works, people have to submit bids,” Parker said. “They have to submit complete bids, and then those bids are evaluated on what’s in the best interests of the government. The best interests of the government were in Willoughby because we didn’t have any options here.”

The VA has strict guidelines on where its facilities are located. For example, VA facilities cannot be within a certain distance of a school, liquor store or casino. Parker said there were no such locations in Painesville that met the criteria and were submitted for bid.

The move to Willoughby, however, isn't without its drawbacks, according to Bill Hinde, a service officer for the Lake County Veterans Service Commission. The service commission is a county-run agency that helps veterans find social services and secure necessary paperwork to get treatment at the VA, among other things.

"The commission is kind of a little upset that we weren't consulted about the move, about [the VA] planning to move there," Hinde said. "Taking the clinic from the center of the county (Painesville) to within four miles of the most densely populated county in the state, it makes us think that Lake County residents weren't considered. We do have some concerns with the space. When they moved out here, they were already out of space."

Parker said the VA was not allowed to consult the Lake County Veterans Service Commission because it might influence what possible proposal might be selected. By doing so, it would violate the government's procurement laws, she said.

The former and new locations are roughly 13 miles apart — or about a 15-minute drive. For the first two weeks, the VA will be assisting veterans with transportation. The Lake County Veterans Service Commission will also be providing transportation for veterans by way of LAKETRAN, the county's public transportation service. The new Willoughby location might also cause the veterans service commission to have to shuffle around personnel or hire new service officers, Hinde said.

The commission's office is located within walking distance of the VA's former clinic location, providing, in essence, one-stop-shopping for local veterans.

"That's not going to be the case in Willoughby," Hinde said. "Our one big desire is to actually put a service officer out there but that's going to come at an increased cost to the taxpayers because we'll have to hire someone new to do that."

Parker said the VA is already in the process of identifying space at its new facility so the service commission can have a field office there.

"We're going to identify some space so that the service commission can be there and help with veterans," Parker said.

Despite the potential hurdles the veterans service commission will face, the new facility will clearly have some positive aspects. Other services that will be provided at the Willoughby location include dietetics, laboratory services, outpatient mental health, podiatry, primary care, women's health, optometry, nutrition, home-based primary care and a full service pharmacy.

The site will employ 52 people.

Despite the Lake County Service Commission's concerns about the new location, Hinde said he looks forward to maintaining the great working relationship the commission has with the VA. In the end, both agencies are fighting the same fight: helping veterans as much as possible.

"We are here to help the veterans, period," Hinde said.

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4. Focus Resources More Efficiently

4.1 - WFED (AM-1500, Audio): New American Legion commander describes vets' biggest concerns (14 September, 854k uvm; Washington, DC)

The American Legion, the nation's largest veterans organization, has long been active in federal policy towards veterans and in operation of the Veterans Affairs Department. Now the legion has a new commander in Brett Reistad, a Vietnam era veteran and retired law enforcement officer from Fairfax County, Virginia.

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4.2 - WFED (AM-1500, Audio): VHA harnessing employees' ideas for Diffusion of Excellence (14 September, Tom Temin, 854k uvm; Washington, DC)

The Veterans Health Administration says its best ideas for improvement come from its own employees. VHA has worked with nearly 4,000 employees to spread 344 practices through the agency's Diffusion of Excellence Initiative. VA says putting those ideas into practice saved the agency nearly \$23 million. This year, 85 VHA employees have presented their ideas to agency leadership. Ryan Vega is the director of VHA's Diffusion of Excellence Initiative. He told Federal News Radio's Nicole Ogrysko how the VHA's Innovators Network and Diffusion programs have grown since their beginning a few years ago. Hear the interview on Federal Drive with Tom Temin.

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4.3 - WFED (AM-1500): Best value attributes for the MSPV program (14 September, 854k uvm; Washington, DC)

This week, the Coalition for Government Procurement's Medical/Surgical Subcommittee presented the Veterans Affairs Department (VA) with recommended "Best Value Attributes" for ensuring the delivery of best value health care solutions to our nation's veterans through the Medical/Surgical Prime Vendor (MSPV) program. You may recall that, almost a year ago, the Coalition was honored to testify before the House Committee on Veterans' Affairs during a hearing on this program. Other witnesses included the VA and the Government Accountability Office.

At that time, we noted, among other things, that the MSPV program office serves as the "brains" of the VA's logistical operations, because it touches essentially all critical VA health care operations and contractors. We articulated the belief that, given this critical role/impact, it is imperative that the MSPV program office be led and managed by clinicians. Clinical leadership will result in well-defined requirements, thereby avoiding these problems, and supporting delivery of best value health care. The Coalition also expressed concern that a single vendor approach, being considered at the time, could give rise to an inherent business conflict, as one company would be responsible for both developing the formulary and delivering the items listed on it. Moreover, it would inhibit the ability of the VA to leverage the competition necessary to bring innovation to our veterans' health care. You can view the Coalition's written testimony [here](#).

As the VA continues to develop its strategy for the future of the MSPV program, the Coalition recommends that the program meet the following “best value attributes”:

1. Have a clinically led requirements program to support a robust Formulary that meets the needs of VA medical facilities.
2. Include a broad range of products at fair and reasonable prices to provide best value support for health-care provider choice and needs.
3. Provide rapid product availability so that VA medical centers can access innovative solutions in a timely manner to support veterans' health-care needs. Product additions should be completed within 30 days of submission by the vendor.
4. Ensure reasonable administrative costs for both the VA and industry. Avoid unnecessary, duplicative contracting actions, reduce costly and burdensome processes, and take a balanced approach to oversight issues.
5. Encourage industry participation, as well as competitive pricing, by making the MSPV Formulary a preferred source for VAMCs (and compliance monitored). Use volume commitments as appropriate.
6. Provide sound business opportunities for industry partners, including Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and Veteran-Owned Small Businesses (VOSBs).
7. Establish and maintain adequate resourcing for the program to ensure that it can execute its mission of delivering best value health care to our nation's veterans.

As the VA continues its efforts to improve the MSPV program, the Coalition remains committed to working with the VA to support a clinically led program that provides best value solutions to our nation's veterans. We will continue the dialogue with the VA on the future of the MSPV program at our upcoming Healthcare Forum and Fall Conference on Nov. 7 and 8, and we encourage members to share their thoughts on these “best value attributes” with the Coalition and with the VA at these events.

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4.4 - WIBW (CBS-13, Video): [Topeka VA Medical Health Center hosts annual Mental Health Summit](#) (14 September, Cecelia Jenkins, 484k uvm; Topeka, KS)

Dozens of professionals from more than 20 local organizations attended the 6th annual VA Community Mental Health Summit Friday afternoon.

The goal was to build on last year's theme of suicide prevention by focusing on transition.

“We want to talk about the transition from military service into civilian life for veterans and how that can cause a little bit of struggle. There's some barriers,” registered nurse with the VA Mental Health Clinic, Jorrie Varney, said.

The event's speakers said those struggles can affect their mental health and well-being, which is why they VA introduced whole health services.

“We are trying to change the conversation that we have with our veterans to really make sure we understand what's important to them, and how can those values and that mission drive each and every health conversation we have,” Codi Schale with VA Eastern Kansas said.

Some of those services might include traditional health care options, but also activities like yoga, acupuncture, and Tai Chi.

"...all sorts of new ideas and how we can not only reduce disease, but enhance wellness," Schale added.

Many professionals said they will continue to find ways to enhance the mental health and well-being of veterans.

"We just try to offer them as much support as possible, and let them know that we're here during that transitions period," Varney said.

They said it will only happen through increased collaboration between the VA and the community.

"Our goal with these summits is to always continue the conversation. We always want them to know that the conversation is never ending," Varney explained.

The summit also included an interactive session called the 'Service to Civilian Experience' to learn about the transition many veterans make.

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4.5 - WXXI News: [Program brings peace and purpose to local veterans](#) (14 September, Beth Adams, 26k uvm; Rochester, NY)

Some local veterans are finding a sense of purpose and peace as they ride horses, plant and harvest crops, and learn about agriculture at the EquiCenter in Mendon.

"I could feel the weight of the world lifting off my shoulders, saying 'this might be something that could help,'" said Luanne VanPeurse, a 33-year Air Force veteran who said she was having trouble re-integrating into civilian life until her counselor recommended therapeutic riding.

A partnership between the Canandaigua VA Medical Center and the EquiCenter is part of the VA's whole health initiative. Dr. Danielle Lutz, PT, WCC, CMTC, manages that line of care for the VA. The focus, she explains, is putting veterans in charge of their own care and allowing them to decide what that should include.

For some, the answer is working on a farm. Lutz says there are many benefits for veterans.

"Being outside, working with your hands, working with a community of people, building those relationships, being able to see all the hard work you put in pay off."

VanPeurse said she learned to trust again while tending crops with fellow veterans.

"We have a mission," she explained. "It becomes that camaraderie, like, 'okay, here's our purpose and this is what we're working for.' The next thing you know, you're opening up to each other. And now, you're out in the field working shoulder-to-shoulder, side-by-side, and you're like 'wow, look at this! I planted this plant.'"

More veterans will be able to get agricultural and horticultural training thanks to a grant that will fund a special VA pilot program.

The U.S. Department of Veterans Affairs' Office of Rural Health is providing nearly \$845,000 to expand the initiative to allow for the participation of up to 86 local veterans.

There is a free seminar on whole health care at Monroe Community College's Brighton Campus, at the R. Thomas Flynn Campus Center, Building 3 on Wednesday, September 26 from 8 a.m. to 1 p.m. The event is to all Rochester area veterans and the general public. To reserve a seat, contact Darlene Trytek at (585) 393-7273 or email darlene.trytek@va.gov

The Canandaigua VA Medical Center and the Rochester VA Outpatient Clinic are offering a Whole Health for Life class for veterans of all eras. The VA says it's designed to help them achieve better mental, physical, and spiritual health.

The class is held in Canandaigua on Tuesdays from 2 p.m. to 3 p.m. in Building 9, room 238.

At the Rochester VA Outpatient Clinic, the class is on Fridays from 10 a.m. to 11 a.m. in room 237/231. Call (585) 393-7164 to register.

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5. Improve Timeliness of Service

5.1 - Daily Reflector: [VA standing watch for veterans in the storm](#) (14 September, Michael Abramowitz, 161k uvm; Greenville, NC)

Pitt County VA officials are prepared to protect the health and welfare of veterans and those who provide their care during the Hurricane Florence crisis, officials at the Veterans Administration Greenville Health Care Center said on Wednesday.

The Durham VA Health Care System, which oversees operations in Greenville, Pitt and dozens of surrounding eastern counties, issued a series of hotline numbers, managed by the VA Health Resource Center, that veterans and system employees can call for information and assistance during the hurricane period.

- Veteran Hurricane Hotline Number: 1-800-507-4571
- Employee Disaster Hotline Number: 1-866-233-0152
- Veterans Benefits Hotline Number: 1-800-827-1000
- Pharmacy Customer Care 1- 866-400-1243

"We'll be available 24/7 for veterans who might get displaced from their homes, those who live in areas of mandatory evacuation or those who just want to feel safer," said Jonathan Forte, administrator of the Greenville health care center. "Any veteran, family member, caregiver or center employee can reach out to the health resource center and find information about the

closest available VA clinic location that they might not normally use for care, get medication refills, find out about health benefits or just get a needed checkup.”

The VA care centers in Greenville and Morehead City serve more than 25,000 eastern North Carolina veterans, including those with disabilities and severe limitations that can impact their ability to cope with a hurricane.

“We’ve made contact with 100 percent of who we consider our vulnerable veteran patients, including those on oxygen or ventilators, bedbound veterans in our home-based primary care program and all those who we consider to be at high risk,” Forte said. “We’ve made sure they have appropriate extra supplies and medications to get them through the storm, and we’ve made sure they have evacuation plans in place in the even they lose power for an extended period.”

The VA also worked closely with state and local first responders to identify vulnerable veterans before Florence strikes land, he said.

“If and when the time comes, the VA will provide that needed assistance, either through VA staff, local first responders or the National Guard,” Forte said.

The Morehead City VA health clinic closed on Tuesday when a mandatory evacuation order was posted for Carteret County. The Greenville health care center was set to assist veterans with medication refills and primary care checkups before it closed at noon on Thursday.

“The Department of Veterans Affairs fourth mission is emergency preparedness and disaster response,” Forte said. “Our responsibility is to look out for our veterans who have served us, and their families and caregivers, and be sure they are adequately prepared to weather the effects of Hurricane Florence or any other natural or man-made disaster.”

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5.2 - The Fresh Toast: [Congress Approves Bill To Expand Medical Marijuana Research](#) (14 September, Mike Adams, 20k uvm; Seattle, WA)

It has been two years since the U.S. Drug Enforcement Administration announced that it would allow more cannabis growers other than the University of Mississippi to cultivate marijuana for research purposes. But the licensing process for this expansion, which was initiated under the Obama administration, has been jammed up indefinitely ever since U.S. Attorney General Jeff Sessions took the reins at the Justice Department.

President Trump’s leading law enforcement henchman said earlier this year, “there may well be some benefits to medical marijuana, and it’s perfectly appropriate to study it,” but still he refuses to allow the additional cultivation applications to be dealt with.

Lawmakers have sent the attorney general a number of letters urging him to take action. The latest correspondence, which was signed by Senators Kamala Harris of California and Orrin Hatch of Utah, said, “it is imperative that our nation’s brightest scientists have access to diverse types of federally-approved, research-grade marijuana to research both its adverse and therapeutic effects.”

Sessions has continued to ignore those communications.

It is for this reason that U.S. Representative Matt Gaetz introduced the Medical Cannabis Research Act. The bill is modest by design, as it would only serve to bypass the Department of Justice on the research marijuana licensing deal and put the job in the hands of Congress. The House Judiciary Committee, which is responsible for the drug enforcement efforts of the federal government, recently approved the measure. If it goes the distance, medical marijuana research in the United States could make significant strides from where it has stood for more than the past five decades.

“For too long, Congress has faced a dilemma with cannabis-related legislation: we cannot reform cannabis law without researching its safety, its efficacy, and its medical uses — but we cannot perform this critical research without first reforming cannabis law,” Gaetz said in a statement following the bill’s approval.

“The Medical Cannabis Research Act helps break that logjam, allowing researchers to study medical cannabis without fear of legal jeopardy,” he continued. “This vote will help unlock American innovation and discovery, and help researchers bring the cures of the future a little closer to reality.”

In the weeks leading up to the hearing, cannabis advocates argued that while the bill would bring about some important changes in the grand scheme of marijuana research, they were not pleased by a provision tucked inside of it that would prohibit anyone with a “conviction for a felony or drug-related misdemeanor” from qualifying for a license.

The issue came to a head prior to the vote, where the combined written testimony from groups like the American Civil Liberties Union, Human Rights Watch and the Drug Policy Alliance said, “there is no legitimate health or public safety justification for the inclusion of this language.”

“We urge you to strike this unnecessary, punitive ban on individuals with previous drug law violations,” the statement read.

Ultimately, a compromise was made. The bill continues to ban felons from becoming a cannabis grower for the federal government, but those with a “drug-related misdemeanor” could still apply. Not all lawmakers were onboard with the idea of eliminating these restrictions, but in the end the compromise was kept in the final bill.

Interestingly, Representative Gaetz, who drafted the bill, testified before the committee that the drug conviction aspect was not included in his original draft. He told committee members that he was urged by people connected to the cannabis industry to incorporate the language in an effort to prevent riff-raff from having a shot on a license.

The bill, which also includes permission for doctors employed with the Department of Veterans Affairs to discuss medical marijuana with their patients, now heads to the House floor. A separate House committee recently eliminated this permission from a VA funding proposal.

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5.3 - White Mountain Independent: [VA must not neglect catastrophically disabled veterans](#) (14 September, Bob Carey, 4k uvd; Show Low, AZ)

Imagine losing both your legs while serving your country only to be told the Department of Veterans Affairs can't provide you the wheelchair you need. The VA's not sure when one will become available. So they tell you to stay in bed.

This is the situation many severely injured veterans find themselves in today. Amazingly, it's what the VA's own rules direct the agency to do.

These rules are called standards of care. And they're woefully inadequate for veterans with catastrophic service-related disabilities.

The VA must overhaul the way it cares for veterans and ensure disabled vets get the care they need, whether within the VA or outside it.

The VA's standards of care, drug formularies, and rules for access to medical equipment are designed for the average disabled veteran — say, a mobile 60-year-old man with a bad back.

There are thousands of veterans who have different needs. Many are young people returning home with missing limbs or traumatic brain injuries. They may have small children — or be unmarried and living with older parents.

Up to 4,000 veterans of the wars in Afghanistan and Iraq are classified as “catastrophically disabled.” That means they've suffered at least one injury that “permanently compromises their ability to carry out the activities of daily living,” per the VA's official guidelines.

The VA doesn't take the needs of these veterans into account. An octogenarian triple-amputee undergoing physical therapy faces the same wait times and treatment options as a vet with a bad knee. There's zero flexibility for the catastrophically disabled.

Lack of access to adequate to urgent care is particularly galling.

One vet who lost an arm, a leg, and his ear drums at the hands of an explosive device battles chronic infections. Without ear drums, water easily gets into his inner ear. That fluid incubates infection, which can become life-threatening. But the standard of care and medical appointment triage system directed he wait two weeks before getting treatment, even though his injuries grew worse by the second.

His family lobbied for a shorter wait. But he still had to idle for four days, during which his condition deteriorated.

Catastrophically disabled veterans struggle to obtain the right drugs. VA administrators often reject coverage without explaining why. That could have severe consequences. According to Vietnam Veterans of America's Executive Policy Director Rick Weidman, “Lack of proper medication at the proper time because it wasn't on the formulary can lead to all kinds of health impacts that can cost [more].”

Men and women who have sacrificed their bodies for their country are being repaid with indifference. These standards of care inflict needless suffering.

Fortunately, Congress and the president are beginning to address these problems. President Trump recently signed the VA MISSION Act, which dramatically expands veterans' medical choices.

More remains to be done. Standards of care need to be customized for the catastrophically disabled so they can receive expedited and specific treatment. The VA must also revise its formularies so vets with catastrophic disabilities can access the drugs, devices, and medical equipment they need. Finally, catastrophically disabled veterans need separate access standards for getting non-VA healthcare, so they can go to the doctor of their choosing rather than travelling to see an "approved" provider.

Veterans with catastrophic disabilities have made sacrifices in the service of our nation. Giving them anything but optimal care is not just disrespectful — it's inhumane.

Bob Carey is a retired U.S. Navy Captain and chief advocacy officer at The Independence Fund.

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6. [Suicide Prevention](#)

6.1 - KSNW (NBC-11, Video): [VA hosts Mental Health Summit](#) (14 September, Amanda Aguilar, 9k uvd; Wichita, KS)

The Robert J. Dole VA Medical Center is looking to lower suicide rates among veterans by hosting the 2018 Mental Health Summit.

Sedgwick County released 2017's suicide numbers this week, which showed 23 percent of the 96 suicide deaths were veterans.

Today's event is open to the public, not just veterans.

It will feature organizations and resources that focus on suicide prevention.

"Timothy Lawson will be the guest speaker, speaking about how he survived and how he helps veterans and families," said Dean Rhein, with Veteran Suicide Awareness 22 Buddy Check. "We will also have a survivors panel that afternoon, as well as other veteran organizations there."

Rhein said it's important that people with mental health issues, and family members, know there are resources available and the community supports them.

"Whether it's veterans suicide or suicide in general, we need to be there for one another," said Rhein. "We need to allow them to open up and not criticize them for opening up."

The Mental Health Summit is from 8 a.m. to 4 p.m. at the Robert J. Dole VA Medical Center.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Plain Dealer: [Battlefield crosses should be allowed at all national cemeteries, subject to size and materials guidelines: editorial](#) (14 September, Editorial Board, 11.5M uvm; Cleveland, OH)

The battlefield cross is the U.S. combat service member's memorial -- a rifle thrust into the ground, decorated with the fallen comrade's dog tags, combat boots and helmet. No wonder a decision last year by the Ohio Western Reserve National Cemetery in Rittman, Ohio, to remove the cross after complaints it looked too much like a real rifle -- really? -- prompted a national outcry and a quick reversal of policy within three days. The Rittman cemetery south of Cleveland is one of only two national cemeteries in Ohio still open to new burials for fallen service members and veterans. (The other is in Dayton.)

The brief ban also sparked introduction of the Fallen Warrior Battlefield Cross Memorial Act by U.S. Rep. Jim Renacci of Wadsworth -- and signed onto by every member of Ohio's congressional delegation -- prohibiting the National Cemetery Administration of the U.S. Department of Veterans Affairs from banning the battlefield cross at any national cemetery.

The VA thinks the legislation isn't needed; after the brief Western Reserve ban, it informed all national cemeteries to allow the battlefield cross.

Veterans groups, however, understandably are skeptical about that argument, given the initial attempt to ban the markers.

The disputed marker had been erected by the Strongsville Veterans of Foreign Wars Post 3345 last year near the Western Reserve National Cemetery's chapel "as a sign of respect for their fallen comrades buried at the cemetery," as one VFW official put it, quoted by cleveland.com's Sabrina Eaton.

Removal of that marker outraged veterans and galvanized support behind Renacci's bill, which got a House hearing last week. "While the cemetery ultimately decided to restore the cross, this incident demonstrated the need for a law to protect these memorials," American Legion Assistant Director Greg Nembhard testified, as reported by Eaton.

The VA also is concerned that the legislation as worded won't allow the VA to police size and materials for the battlefield cross.

That is a valid concern that authors of the legislation should address. Companion legislation introduced by Sen. Rob Portman and co-sponsored by Sen. Sherrod Brown of Ohio is pending in the Senate.

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7.2 - Sun Sentinel: [Tree-cutting companies volunteer time and equipment to take care of veterans' cemetery](#) (14 September, Austen Erblat, 4.8M uvm; Fort Lauderdale, FL)

In an effort to help honor military veterans who made the ultimate sacrifice, Rainbow Tree Care from Minneapolis started Saluting Branches, Arborists United for Veteran Remembrance, a nonprofit organization that coordinates tree care at veteran properties around the country.

Last year's local event was cancelled because of Hurricane Irma, but this year, Saluting Branches is partnering with Zimmerman Tree Service of Lake Worth, Perkins Tree and Landscape Services of West Palm Beach, Mignano Tree Care of Boynton Beach and others. They will meet at the South Florida National Cemetery, 6501 State Road 7, Lake Worth, FL 33449, on Thursday, Sept. 20 and team up to trim trees and provide other expertise at no charge. Restaurants and other sponsors will provide breakfast and lunch to the volunteers.

Started in a Minneapolis cemetery in 2015, the project has grown to over 50 state and national veteran cemeteries, according to Deb Peterson, Saluting Branches' co-founder and spokeswoman. She said they were hoping for 1,000 volunteers in the first year of the event and ended up with over 1,200, and that they already have over 2,700 volunteers registered nationwide and expect to exceed 3,000.

"Last year we had between 2,200 and 2,300," Peterson said. "So it is growing and we were really pleased with that."

The organization reaches out to companies at arborist industry events. Peterson called the experience "rewarding" and said they have been embraced by the industry.

"We develop teams for each one of these sites and we have a site leader; this could not be done without the site leaders, it's just really amazing the amount of dedication that they put toward this," she said. "They go out, they meet with the cemetery directors, the gardeners and the groundskeepers and they develop a program or work that needs to be done on the trees at the site and so we do everything from pruning to tree removals, planting trees, providing insect and disease services, so whatever the trees need, we provide on that day."

The local team leader will be Michael Zimmerman, owner and CEO of Zimmerman Tree Service, which has been in Palm Beach County for 38 years.

"We're going to be pruning some trees, we're going to be removing a tree that was struck by lightning, we're going to be elevating some trees, that's pretty much what we're going to be doing Thursday," Zimmerman said. "We love our country. It's been protected over centuries by people serving in the armed forces and this is a way to honor them in the tree business."

"We join with tree care companies around the country to honor our nation's veterans by providing free tree care services," said Sonny R. Peppers, director of the South Florida National Cemetery. "Together we make these cemeteries safer, more beautiful resting places for those veterans who gave the ultimate sacrifice for our country."

"I just want to stress the fact that this couldn't be done without all the volunteers and the support of the industry," Peterson said. "They really are generous with their time, their energy and their equipment. It couldn't be done with them. That's where all the value comes from and that's who's doing all the work."

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7.3 - Omaha World-Herald: [Omaha National Cemetery unveils monument for Vietnam veterans](#) (14 September, Grace Gorenflo, 2.1M uvm; Omaha, NE)

Omaha National Cemetery formally unveiled a monument Friday in honor of Vietnam war veterans.

The monument, the first at the cemetery, was donated by the Vietnam Veterans of America, Omaha chapter 279.

The public ceremony included remarks by Randy Reeves, the U.S. Department of Veterans Affairs Under Secretary for Memorial Affairs. Along with Reeves' remarks were those from elected officials, as well as military honors.

Omaha National Cemetery is at 14250 Schram Road, just east of State Road 50 and south of Highway 370.

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7.4 - WOWT (NBC-6, Video): [New monument honors Vietnam veterans](#) (14 September, 828k uvm; Omaha, NE)

OMAHA, Neb. - An idea became reality Friday at the Omaha National Cemetery.

Veterans, politicians and others were on hand as a monument was unveiled honoring Vietnam War veterans.

6 News was told it all started as an idea from some guys at the Omaha chapter of the Vietnam Veterans of America.

They asked a fellow veteran, Eddie Boller, to draw up a design and then submitted it.

Boller said he believes these types of memorials are important.

"If we don't create them now and keep them up and keep it in the minds of the young people that are coming up, it will be forgotten, and if it's forgotten, we're lost," Boller said.

This is the first monument at the Omaha National Cemetery.

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7.5 - WFIE (NBC-14, Video): [Stand down for homeless veterans event](#) (14 September, Aria Janel, 625k uvm; Evansville, IN)

Nearly 100 veterans made their way to the Evansville Veterans of Foreign Wars post on Wabash Avenue of Flags on Friday.

The VFW hosted the Veteran Affairs' annual event, 'Stand Down for Homeless Veterans'.

The VA came up with the name for this event from the concept used in the military. The term stand down is used to remove combat units from the field to a relatively safer place to rest and recover.

The best way to rest and recover for some is finding new ways to better their lives.

At this event, veterans were able to get free advice from community partners about legal matters, behavioral medications, finding a place to live, and ways of getting income.

Many community partners, had connections to the cause. Whether they themselves were veterans or they had loved ones who were in the armed forces. Giving back today is their way of giving back for all the resources and protection their families received in the past.

Veterans not only left with smiles on their faces, but they were able to take home with them duffel bags filled with hats, tooth paste, lotion, soap, clothing.

The longest line was for the free hair cuts. The event organizer said, he too will be getting a haircut today!

For many veterans. this wasn't their first time making their way around the tables.

One vet says this event has been helping him for over 8 years.

"With no transportation, which most people that are homeless or veterans don't have. When they all come to one central location, then I can get things taken care of, and so can others." said U.S. Army veteran Harold Dugan.

Dugan thanks the community and city officials for all they have done to help him.

"I'm happy that charity abounds here in Evansville"

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7.6 - WRIC (ABC-8, Video): [Veteran fights to close a VA loophole that can deny vets compensation](#) (14 September, Kerri O'Brien, 477k uvm; Richmond, VA)

A veteran trying to close a VA loophole takes his fight to Washington in hopes of helping other veterans avoid his pain.

"I drafted a bill here," says Marine veteran Brian Tally.

Tally is turning his pain and suffering into a mission to save his fellow veterans.

He's created the Tally Bill.

"It will protect veterans from independent contractors that are working within the VA," explained Tally.

8News first brought you the story of Brian Tally back in July. Tally was misdiagnosed, the VA even admitted doctors messed up.

Yet, a little-known loophole allowed the VA to deny his malpractice claim.

Now he's making the rounds in Washington, sharing his story with VA leaders and members of Congress including Virginia Congressman Dave Brat.

"I have been left with permanent injury and I almost died because of it," says Tally.

Tally had been suffered debilitating back pain that left him bedridden.

A doctor at his VA hospital in California told him it was just a bad back sprain.

Turned out, he had a staph infection that was eating away at his bones.

"To this point, there has been no accountability and no justice," says Tally.

That's because Tally's doctor at the VA hospital was a contractor and a little known federal law says the VA is not responsible for medical malpractice committed by a contractor.

"They effectively blew him off," says attorney Glen Sturtevant.

The Richmonder accompanied Tally to Washington as they push to change the law.

Part of the Tally Bill would require the VA to identify independent contractors.

"They are not identifiable. They have VA ID's, they have a VA doctor's coat on," says Tally.

"Only once it was too late for him to do anything about it, he was told this doctor is an independent contractor, we're not responsible for them," explained Sturtevant.

At the capitol, lawmakers were supportive. Many were in disbelief, saying they never even knew the 72-year-old law existed.

"My family and I have been through hell. I have built up enough courage to stand up and to fight for what is right," says Tally.

It's too late for Tally to receive financial compensation.

Had he known at the time of his visit the doctor was a contractor, he could have filed a lawsuit in state court.

By the time the VA revealed the doctor was a contractor, the statute of limitations had run out.

Tally will be going back and forth to DC to gather support for his bill. You can help sponsor his trips. He has set up a GoFundMe page.

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8. [Other](#)

8.1 - Breitbart: [Beto O'Rourke Voted Three Times Against Removing Poorly Performing VA Employees](#) (14 September, Kristina Wong, 19.1M uvm; Los Angeles, CA)

Rep. Beto O'Rourke (D-TX) has voted repeatedly against holding incompetent Veterans Affairs employees accountable — a contrast with what he has said on the campaign trail, according to the Ted Cruz campaign.

"Beto O'Rourke boasts about his commitment to Texas' veterans — but a closer look at his record reveals that time and again, Beto has voted against holding inept bureaucrats at the VA accountable. Texas Veterans deserve better than Beto O'Rourke's empty platitudes and double talk," said Cruz spokesperson Catherine Frazier.

O'Rourke voted against the VA Accountability Act of 2015, which would make it easier for the VA to demote or fire employees based on poor performance and offer increased protection for whistleblowers.

The bill passed in the House by a vote of 256-170. All "no" votes except one came from Democrats. The Obama White House opposed the bill, since it would allow a VA employee to be removed or demoted without the ability to appeal the decision.

The bill came after a VA scandal that revealed VA employees were doctoring wait times to hide that veterans were made to wait months before seeing a doctor.

The next year O'Rourke voted in favor of an amendment to the "VA Accountability First and Appeals Modernization Act of 2016," which would remove a provision allowing the VA Secretary to suspend without pay a VA employee whose performance or misconduct threatens public health or safety of veterans, and to remove a suspended employee if an investigation and review was considered necessary.

All "aye" votes were from Democrats, except one.

In 2017, O'Rourke again voted in favor of an amendment to the VA Accountability First Act that would remove provisions to expand the VA's ability to demote, suspend, or terminate employees. Again, all "aye" votes were from Democrats. He eventually voted for the bill, after attempting to remove that provision.

Breitbart News reached out to O'Rourke's campaign for a response, but did not receive one by deadline.

O'Rourke is running for Sen. Ted Cruz's U.S. Senate seat. According to an average of polls by RealClearPolitics, Cruz is up by 3.2 percentage points.

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8.2 - Milwaukee Journal Sentinel: [Tammy Baldwin defends Tomah VA record and introduces veteran supporters, including Medal of Honor recipient Gary Wetzel](#) (14 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

Democratic U.S. Sen. Tammy Baldwin defended her record on the scandal at the Tomah Veterans Affairs Medical Center and accused her Republican opponent Leah Vukmir of using the issue for political gain.

Baldwin made her comments Friday in Milwaukee as she introduced a group of military veterans who support her campaign, including Medal of Honor recipient Gary Wetzel.

On Thursday, Vukmir gave an interview on WISN-AM (1130) in which she charged Baldwin of a coverup on Tomah that "resulted in a veteran losing his life."

Baldwin rebutted Vukmir's claim and said: "This is an attempt to politicize veterans issues. It's an attempt to make a political issue out of the care that our veterans have earned and deserved. We should all be working together to improve that."

The Tomah VA was wracked several years ago by a scandal involving overprescription of opioids.

Republicans said Baldwin failed to act in 2015 on problems at the facility. Baldwin disciplined top aides for bungling whistleblower complaints about the facility, including sitting on an inspector general's report.

Since then, Baldwin co-sponsored legislation, named after deceased Marine veteran Jason Simcakoski, that toughened opioid prescription guidelines and pushes education for VA providers.

Baldwin said she worked with Simcakoski's family "to craft legislation ... that has sweeping reforms across the VA system."

Baldwin said she thought it was important "when you learn of issues like this to lean in, work to correct the problems and we have done that."

Vukmir, whose son is in the U.S. Army, and Baldwin have both been appealing for votes from veterans. Vukmir held a roundtable discussion with veterans on Monday. In April, Vukmir rolled out a veterans coalition with 75 inaugural members.

Vukmir campaign manager Jess Ward said: "Senator Baldwin failed to take action at the Tomah VA, fired a top aide, offered her a five-figure taxpayer settlement in exchange for silence and hired Hillary Clinton's lawyer to help with damage control. Bottom line: Senator Baldwin let our veterans down and Leah Vukmir, a nurse and military mom, will always fight for our veterans."

The Baldwin campaign said more than 100 Wisconsinites joined a "Veterans for Tammy" group. The list included three people running for Congress, Randy Bryce, Margaret Engebretson and Tom Palzewicz.

Wetzel wasn't on the list but he showed up at the veterans event for Baldwin and warmly endorsed her. He said he has known Baldwin for years, calling her "a good person. I like who she is and she votes on the issues, not the party. ... She's good for the people, that's who she is."

Asked if he'll campaign for Baldwin, Wetzel said, "Oh, you betcha. I told her, if she needs any help, any way, 24/7, give me a holler, I'm there to help."

Baldwin's campaign also pushed back at Vukmir, a state senator from Brookfield, over her 2017 vote in the Joint Finance Committee against expanding the Needy Veterans Program to cover mental health and substance abuse.

Republicans voted against the measure because the funding for the program was never fully used.

Kathy Hartke, a U.S. Air Force veteran and retired physician who lives in Vukmir's Senate district and backs Baldwin, said that "when it comes to veterans health care, Leah Vukmir puts insurance companies and her special interest backers first."

Ward said Vukmir voted in joint finance in 2017 to support funding for a crisis intervention services pilot program for veterans in Kenosha and Racine counties and a study on the needs of women veterans in Wisconsin.

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From:

(b) (6)

Cc:

Bcc:

Subject: FW: 11 September Veterans Affairs Media Summary and News Clips

Date: Tue Sep 11 2018 10:35:01 CDT

Attachments: 180911_Veterans Affairs Media Summary and News Clips.docx
180911_Veterans Affairs Media Summary and News Clips.pdf

Sharing this since the story refers to COVER and the inclusion of CIH therapies into PTSD treatment.

1.4 - Military.com: VA Study Will Compare Effectiveness of Two Leading PTSD Treatments (10 September, Richard Sisk, 9M uvm; San Francisco, CA)

Is it better to treat post-traumatic stress by consciously processing traumatic events or by prolonged exposure to memory of the trauma? Both methods have proven effective over time; but now the Department of Veterans Affairs is studying how they compare to each other in hopes of fine-tuning the therapy delivery system.

[Hyperlink to Above](#)

From: VA Media Analysis [mailto:VAMediaAnalysis@barbaricum.com]

Sent: Tuesday, September 11, 2018 3:18 AM

To: Barbaricum VA Media Analysis <VAMediaAnalysis@barbaricum.com>

Subject: [EXTERNAL] 11 September Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.1729873-000001

Owner: (b) (6)

Filename: 180911_Veterans Affairs Media Summary and News Clips.docx

Last Modified: Tue Sep 11 09:35:01 CDT 2018



Veterans Affairs Media Summary and News Clips

11 September 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Congress Unveils Funding Deal in Race to Avoid Shutdown](#)

(10 September, Kristina Peterson, 43.5M uvm; New York, NY)

Lawmakers struck a bipartisan deal Monday on a trio of spending bills they hope to pass this week in a rare example of Congress reaching an agreement over funding part of the federal government weeks before the next fiscal year begins.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Six military veterans from the US and UK walk 1000 miles together to save lives](#)

(10 September, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

Cpl. Frankie Perez hit rock bottom in 2008 and tried to end his life. He had spent the last 10 years suffering in silence – battling post-traumatic stress disorder and a traumatic brain injury – and he didn't see a way out of the darkness. "I was dead for over 30 hours in a VA hospital," Perez told Fox News on Thursday. "And I'm back from that darkness and (now) I am willing to share some of this with others so they know that it doesn't matter how dark your day might be, you can make it happen."

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [VA Medical Center Renamed to Honor Medal of Honor Recipient](#)

(10 September, 23.9M uvm; Washington, DC)

A Veterans Affairs Medical Center in West Virginia has changed its name to honor a 95-year-old veteran. News outlets report the VA Medical Center in Huntington held a ceremony Sunday to officially rename the center after Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer. The VA said Williams is a longtime advocate for veterans and their families.

[Hyperlink to Above](#)

1.4 - Military.com: [VA Study Will Compare Effectiveness of Two Leading PTSD Treatments](#)

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Is it better to treat post-traumatic stress by consciously processing traumatic events or by prolonged exposure to memory of the trauma? Both methods have proven effective over time; but now the Department of Veterans Affairs is studying how they compare to each other in hopes of fine-tuning the therapy delivery system.

[Hyperlink to Above](#)

1.5 - Military Times: [Watchdog report: The VA benefits backlog is higher than officials say](#)

(10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

The benefits backlog at Veterans Affairs is worse than leaders there have acknowledged, according to a new investigation from the department's top watchdog. In a report released Monday, the VA inspector general found tens of thousands of benefits cases omitted or ignored by department officials that "significantly understated the number of claims awaiting decisions for over 125 days."

[Hyperlink to Above](#)

1.6 - Military Times: [VA steps up fight against plan to extend benefits to Blue Water Vietnam vets](#) (10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs leaders are increasing their efforts to sideline legislation that would extend disability benefits to “blue water” veterans from the Vietnam War, saying the move would set a problematic precedent for future complaints.

[Hyperlink to Above](#)

1.7 - Stars and Stripes: [Inspector general finds VA claims backlog greater than reported](#) (10 September, Nikki Wentling, 1.5M uvm; Washington, DC)

The number of backlogged benefits claims at the Department of Veterans Affairs is larger than the agency reported, according to findings released Monday from a government watchdog. The VA considers backlogged claims to be veterans’ claims for benefits that take longer than 125 days to approve or deny. The VA Inspector General’s Office reported officials omitted 63,600 backlogged claims from its count during the first half of 2016, creating a misrepresentation of how many claims were delayed.

[Hyperlink to Above](#)

1.8 - The Spokesman-Review: [‘A different kind of war’: Attorney thinks veteran may hold record for longest-delayed award from the VA](#) (10 September, Calley Hair, 874k uvm; Spokane, WA)

Marlin Dunlap’s Cascade Highlands home doubles as a historic archive. Two dozen binders hold 59 years’ worth of paperwork, dating back to his 1959 enlistment in the U.S. Army. Stacks and stacks of letters – 15,000, he estimates, to U.S. presidents and Department of Veterans Affairs officials and lawyers and newspaper editors – dominate every horizontal surface in his home office, where medals, distinctions and signed photographs adorn the walls.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Hill: [House, Senate strike deal on partial funding package to help avert shutdown](#) (10 September, Niv Elis, 11.8M uvm; Washington, DC)

Lawmakers on Monday announced a deal to pass the first of three planned spending packages that could help avert or scale back a government shutdown in October. Appropriators on Capitol Hill submitted a conference report for a “minibus” consisting of three spending bills that lawmakers plan to pass this week, a move that would mark the first time in a decade that Congress has sent the president more than one spending bill ahead of the annual Sept. 30 deadline.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - Politico: [Opioid bill moves forward with eHealth measures](#) (10 September, Arthur Allen, 23.9M uvm; Arlington, VA)

VA Cerner Contract Still Unsettled: The new VA leadership's plan to be "joined from the hip" with DoD in their Cerner implementation worries some VA officials we've consulted, and was partly responsible for Genevieve Morris' sudden departure after leading the implementation for little over a month, according to sources within and outside the agency.

[Hyperlink to Above](#)

3.2 - WFED (AM-1500): [How GSA's customers are driving schedule modernization efforts](#) (10 September, Jason Miller, 854k uvm; Washington, DC)

The General Services Administration wants its agency and industry customers to know they are listening when it comes to the schedules contracting program. Not only is the Federal Acquisition Service in the final stages of updating the schedule contracts to make it easier for agencies to buy products and services at the same time, but FAS is planning other major changes for 2019.

[Hyperlink to Above](#)

3.3 - Demopolis Times: [VA opens permanent Telehealth Clinic location at Demopolis hospital](#) (10 September, Teresa Boykin, 2k uvm; Demopolis, AL)

Tuscaloosa Veterans Affairs Medical Center opened the Demopolis Telehealth Clinic in Bryan W. Whitfield Memorial Hospital on August 21 after six years of serving the veterans of Demopolis and Marengo County through the Tuscaloosa center's mobile medical unit.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - The Orange County Register: [Sentencing postponed for Whittier man in VA bribery scheme](#) (10 September, Fred Shuster, 4.8M uvm; Santa Ana, CA)

A sentencing hearing was postponed Monday for a former U.S. Department of Veterans Affairs contracts administrator who pleaded guilty to tax fraud and lying to investigators about his part in a bribery scheme at the VA's Westside medical center campus.

[Hyperlink to Above](#)

4.2 - WTAE (ABC-4, Video): [Former priest named in grand jury report found working at counseling center](#) (10 September, Paul Van Osdol, 2.1M uvm; Pittsburgh, PA)

Action News Investigates has learned a former priest accused of molesting boys found a job as a social worker at a counseling center, working near children. William B. Yockey was a priest at several parishes in the Pittsburgh area before leaving the priesthood in the wake of child sex abuse allegations.

[Hyperlink to Above](#)

4.3 - KDVR (FOX-31, Video): [Congressman calls 176 yard VA staff shuttle service 'wasteful'](#) (10 September, Chris Halsne, 662k uvm; Denver, CO)

A FOX31 investigation into the cost of driving VA hospital employees about one block, every working day for five years, now gets the attention of a congressional leader. By using surveillance, financial documents, and witness accounts, FOX31 discovered the Veterans

Administration spent at least three-quarters of a million dollars shuttling staff between two doors on the same medical campus.

[Hyperlink to Above](#)

4.4 - Citizen Tribune: [Roe Frustrated With VHA's Medical Instrument Sterilization](#) (10 September, Bianca Marais, 51k uvm; Morristown, TN)
With local media Thursday, U.S. Rep. Phil Roe expressed his frustration with the Veterans Health Administration's sterile services problems. Roe attended an Oversight and Investigations sub-committee hearing on Wednesday discussing the examination of the VHA's sterile processing of reusable medical equipment.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - The Advocate (New Orleans): [Fugitive shot by law enforcement in Lower Garden District](#) (10 September, Ramon Antonio Vargas and John Simerman, 10.2M uvm; Baton Rouge, LA)

A New Orleans man on the run from a warrant in Texas was shot by a suburban sheriff's deputy in the Lower Garden District on Monday, after attempting to hit the deputy with his car. U.S. Marshal for New Orleans Scott Illing said a St. John the Baptist Parish sheriff's deputy — part of a task force comprised of officers from multiple law-enforcement agencies — fired at the man's car in self-defense while the man and his passenger attempted to flee.

[Hyperlink to Above](#)

5.2 - The Sacramento Bee: [An officer with PTSD fatally shot a mentally ill man. He's still on the force](#) (10 September, Molly Sullivan, 4.8M uvm; Sacramento, CA)

Los Banos police Officer Jairo Acosta knew he had post-traumatic stress disorder from his time in the Army. On a medical questionnaire, he reported severe hearing loss and blurry vision, severe anxiousness and recurring tense feelings. He wrote that he struggled with forgetfulness and had difficulty concentrating, according to evidence admitted in court. He also reported having a very low frustration tolerance and that his symptoms were affecting his social life, marriage and work.

[Hyperlink to Above](#)

5.3 - Newsday (Video): [Mobile health center for veterans coming to North Hempstead Town, Schumer announces](#) (10 September, Christine Chung, 3.2M uvm; Melville, NY)

Two months after North Hempstead town officials and veterans started a petition for a veterans outpatient clinic closer to home, a mobile veterans center for basic health needs will arrive in town later this month, Sen. Chuck Schumer announced Monday. The mobile center will serve as an interim option while discussions continue with the U.S. Department of Veterans Affairs for a permanent new clinic, officials said.

[Hyperlink to Above](#)

5.4 - The Times of Northwest Indiana: [Northwest Indiana veterans have few options for quality nursing home care](#) (10 September, Giles Bruce, 1.1M uvm; Munster, IN)

The cargo van backed into a driveway on an idyllic block, where every other house is the mirror image of the one before it. Behind the wheel was a husky guy donning a Marine hat, a U.S. Marine Corps. lanyard around his neck.

[Hyperlink to Above](#)

5.5 - WFED (AM-1500, Audio): [VA's monthly caregivers program lacks sufficient access](#) (10 September, 854k uvm; Washington, DC)

Veterans eligible for monthly caregivers sometimes have a hard time accessing the program. That's because support coordinators at the Veterans Affairs Department took too long to determine eligibility. That's according to the VA inspector general Michael Missal, who joined Federal Drive with Tom Temin.

[Hyperlink to Above](#)

5.6 - WLRN (NPR-91.3): [Bill Would Allow VA To Prescribe Medical Marijuana In Some States](#) (10 September, Julio Ochoa, 166k uvm; Miami, FL)

Sen. Bill Nelson filed a bill last week that would provide veterans with access to medical marijuana at the VA and open doors for more research on the drug. The bill would allow VA doctors to prescribe medical marijuana to veterans in the 31 states where it is legal.

[Hyperlink to Above](#)

5.7 - On Top Magazine: [83 House Lawmakers Urge VA To Cover Gender Reassignment Surgery](#) (10 September, Carlos Santoscoy, 52k uvm)

In a letter to the Department of Veterans Affairs, 83 mostly Democratic lawmakers have called for the VA to cover gender reassignment surgery. In the letter, dated September 7, 83 House members called denial of the procedure for transgender people "unconscionable." "Simply put, the VA has an obligation to provide the necessary care that is prescribed to enrolled veterans by their health care practitioners," the letter states.

[Hyperlink to Above](#)

5.8 - ConnectingVets.com (CBS Radio): [How to keep VA benefits and services flowing during Hurricane Florence](#) (10 September, Jonathan Kaupanger, New York, NY)

Hurricane Florence is a category 4 storm and it's heading towards the United States with the Carolina's directly in its path. With maximum sustained winds of 130 miles per hour, the damage could be catastrophic. Here's some VA information that you need to know before, during and after the storm hits.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Orlando Sentinel: [Orlando VA hosting Suicide Prevention Awareness Fair on Sept. 14](#) (10 September, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The Orlando VA Medical Center is hosting a Suicide Prevention Awareness Fair on Friday, Sept. 14 at its Lake Nona campus at 13800 Veterans Way. A Suicide Prevention Awareness Walk is scheduled for 7:30 a.m. in front of the building.

[Hyperlink to Above](#)

6.2 - Columbia Daily Tribune: [Suicide prevention week offers reminder that help is available](#) (10 September, Pat Pratt, 468k uvm; Columbia, MO)

National Suicide Prevention Week began Sunday, an annual campaign that aims to encourage dialogue among professionals and the public regarding suicide, which continues to be one of the leading causes of death in Missouri and the U.S. Doreen Marshall is a psychologist who has been engaged in suicide prevention efforts for more than a decade. She joined the American Foundation for Suicide Prevention in 2014 and this week is speaking across the nation to raise awareness.

[Hyperlink to Above](#)

6.3 - The Jackson Sun (Video): [Veteran travels across U.S. to raise awareness of PTSD](#)

(10 September, Cassandra Stephenson, 443k uvm; Jackson, TN)

U.S. Army veteran Eli Smith rode through the rain into Jackson on his 250-pound bicycle on Thursday. Jackson is just one stop in his more than 15,000-mile, 3-year journey to the four corners of the United States, all in the name of raising awareness for Post-Traumatic Stress Disorder in veterans. And it's not the first time he's braved the elements to spread his message.

[Hyperlink to Above](#)

6.4 - WTLV (NBC-12, Video): [Gov. Scott proclaims this week Florida Veteran Suicide Prevention Week](#) (10 September, 321k uvm; Jacksonville, FL)

Florida governor Rick Scott proclaimed September 9-15 as Florida Veteran Suicide Prevention Week. "Suicide is a public health challenge that causes immeasurable pain among individuals, families and communities across the country," Scott said in a press release Monday morning.

[Hyperlink to Above](#)

6.5 - Peninsula Daily News: [Port Townsend display illustrates battle some veterans face at home](#) (10 September, Jeannie McMacken, 192k uvm; Port Angeles, WA)

On a small grass strip adjacent to the American Legion Post on Water Street is a display that reminds passersby of a statistic that is painfully real: Each day in the United States, an estimated 22 veterans commit suicide. They are represented by 22 white crosses and 22 flags. Local veterans Bob Saring and Andy Okinczyc are behind this visual reminder.

[Hyperlink to Above](#)

6.6 - Spectrum News Charlotte (Video): [Suicide risk high among transgendered veterans](#) (10 September, Katie Gibas, 119k uvm; Charlotte, NC)

Diana Patton is one of the more than a million Americans who attempt to take their own lives every year. "It was when I was losing everything. I was losing friends. I lost my house. I lost my wife," said Patton. Diana had just come out as transgender. And that, combined with PTSD from her military service, exacerbated the situation. "Because of the discrimination we face and the stigma we face with everything, it's very difficult to get help," said Patton.

[Hyperlink to Above](#)

6.7 - Valley Morning Star: [Commentary: You don't need training to help a Veteran](#) (10 September, Jina Jensen, 62k uvm; Harlingen, TX)

Year-round, and particularly during Suicide Prevention Month in September, the U.S. Department of Veterans Affairs (VA) empowers communities to take action and support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

[Hyperlink to Above](#)

6.8 - Swellesley Report: [Suicide awareness in Wellesley — look down at the chalk messages](#) (10 September, 28k uvm; Wellesley, MA)

Back when I went to summer camp we did pretty simple things. But back then, things just seemed simpler. Today, I've been reminded by Dover Sherborn high school sophomore Sophia Katz that young people are facing stress levels that are through the roof and exacerbated by social media, academic pressures, and the high expectations that students try to live up to. Today, on National Suicide Prevention Day, Katz spent her morning in Wellesley Square writing chalk messages of suicide awareness and prevention.

[Hyperlink to Above](#)

6.9 - WSEE (CBS-35): [Suicide Prevention Walk Raises Awareness](#) (10 September, Emily Matson, 23k uvm; Erie, PA)

The VA Medical Center is raising awareness to suicide and suicide prevention. And they did that Monday with a suicide prevention walk and remembrance event. Employees of the VA Medical Center, along with veterans and their family members were invited to walk around the VA campus to help raise awareness about suicide prevention, and remember those lost by suicide.

[Hyperlink to Above](#)

6.10 - Spectrum News Buffalo (Video): [Suicide risk high among transgendered veterans](#) (10 September, Katie Gibas, Buffalo, NY)

Diana Patton is one of the more than a million Americans who attempt to take their own lives every year. "It was when I was losing everything. I was losing friends. I lost my house. I lost my wife," said Patton. Diana had just come out as transgender. And that, combined with PTSD from her military service, exacerbated the situation.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KCNC (CBS-4, Video): ['Special Place Of Healing': Cemetery In Colorado Springs Set To Open](#) (10 September, Jim Benemann, 26.4M uvm; Denver, CO)

It's taken two decades, but a new veterans cemetery is finally set to open on the eastern edge of Colorado Springs. It's estimated one in every resident in El Paso County is a veteran. Clearly, the need for the new cemetery has been there, but it was tricky getting approval for the Veteran's Administration.

[Hyperlink to Above](#)

7.2 - Idaho Statesman (Video): [This mental health worker on wheels meets clients where they are. Even at gas stations](#) (10 September, Audrey Dutton, 1.1M uvm; Boise, ID)

Shawn Briley parks her car outside a convenience store and walks around to the back, where boxes of Doritos and Moon Pies get delivered. She meets Ed Robinson there about twice a week. They flip over milk crates to sit on, he lights a cigarette, and they start talking about what's on his mind.

[Hyperlink to Above](#)

7.3 - KTBS (ABC-3, Video): [9 local veterans honored for competing in Golden Age Games](#) (10 September, Amber Edwards, 298k uvm; Shreveport, LA)

Nine local veterans were honored for competing in the 2018 National Veterans Golden Age Games. The ceremony took place Monday morning at Overton Brooks VA Medical Center. The center's athletes brought home 13 medals and two ribbons.

[Hyperlink to Above](#)

7.4 - TheNewsCenter (WTAP/NBC-15, AP): [Huntington VA hospital officially renamed for WWII veteran Hershel 'Woody' Williams](#) (10 September, 190k uvm; Parkersburg, WV)

A Veterans Affairs Medical Center in Huntington, West Virginia has officially changed its name to honor a 95-year-old World War II veteran. On Sunday, the VA Medical Center in Huntington held a ceremony to officially rename the center after World War II Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer.

[Hyperlink to Above](#)

7.5 - Daily Egyptian: [Marion VA to Showcase Veterans' Artwork at Surplus Gallery](#) (10 September, Rana Schenke, 900 uvd; Carbondale, IL)

The Marion VA Medical Center will be hosting the Weapons of Mass Creation Art Show at the Surplus Gallery in Carbondale, Sept. 10 through 14. The gallery opens at noon and closes at 8 p.m. Admission is free to the public. The Weapons of Mass Creation show will showcase work from veterans and family members of veterans.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - Milwaukee Journal Sentinel (Video): [Wisconsin U.S. Senate race: Leah Vukmir and Tammy Baldwin exchange barbs on Tomah VA scandal and health care](#) (10 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

There are two things that voters are going to hear a lot about in the race for U.S. Senate: Tomah and health care. On Monday, those two subjects were front and center in the battle between Republican Leah Vukmir and Democratic U.S. Sen. Tammy Baldwin.

[Hyperlink to Above](#)

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Congress Unveils Funding Deal in Race to Avoid Shutdown](#) (10 September, Kristina Peterson, 43.5M uvm; New York, NY)

WASHINGTON — Lawmakers struck a bipartisan deal Monday on a trio of spending bills they hope to pass this week in a rare example of Congress reaching an agreement over funding part of the federal government weeks before the next fiscal year begins.

House and Senate negotiators announced Monday afternoon they had hammered out an agreement on three spending bills totaling almost \$147 billion, including funding for the Energy Department, Veterans Affairs and the legislative branch of government.

Congressional leaders are hoping to pass the package of bills, known as a “minibus,” this week, sending it to the White House for President Trump’s signature.

The government’s current funding expires at 12:01 a.m. on Oct. 1 and lawmakers are working to get as much of the government funded as possible before then.

GOP leaders have said they are confident they have persuaded Mr. Trump to defer a fight over border-wall funding until after November’s midterm elections.

“Funding the government is one of Congress’s most basic responsibilities, and this conference report is a strong first act,” House Speaker Paul Ryan (R., Wis.) said in a statement. “We look forward to sending it to the president’s desk soon.”

The spending deal would continue a freeze on the salary of members of Congress, which has been in place since 2009. However, it would set up a new dedicated funding stream for lawmakers to pay congressional interns, in response to criticisms that unpaid internships put them out of reach for less-affluent young people.

The spending package didn’t resolve long-term concerns over how to pay for a newly expanded Department of Veterans Affairs health-care program. Congress in June approved a new program that allows veterans to get health care in the private sector, but didn’t find new funding for it.

The White House didn’t respond to a request to comment.

Democrats had pushed to increase spending above limits established in a two-year budget deal in February to accommodate the program’s new costs, but Republicans opposed to that prevailed and reduced funding across a range of programs to pay for it.

The bill boosts spending for VA health-care programs, including the new overhaul, by \$1.75 billion. However, lawmakers will still have to figure out how to pay for the program in future years, when it is expected to become more expensive.

“It is deeply disappointing that we have been unable to address this issue with a bipartisan, bicameral compromise,” Rep. Nita Lowey (D., N.Y.), the top Democrat on the House

Appropriations Committee, said in a joint statement with Rep. Debbie Wasserman Schultz (D., Fla.), the top Democrat on the committee's veterans affairs panel. "We will continue to fight for a responsible, long-term solution to protect domestic priorities and veterans' health care."

The bill doesn't include funding for the Yucca Mountain Nuclear Waste Repository in Nevada, a key issue for Sen. Dean Heller of Nevada, considered the most vulnerable Republican senator running for re-election this year.

Yucca Mountain was designated three decades ago as a final resting place for used fuel and other nuclear waste. Progress has stalled since then amid opposition by Nevada politicians like Mr. Heller who remain concerned about such a facility's environmental impact. But Mr. Trump has proposed restarting the licensing process for Yucca Mountain and the House had included funding in its spending bill.

"As long as I'm in the U.S. Senate, you can count on me to never let up on my fight to keep nuclear waste out of the state of Nevada," Mr. Heller said in a statement Monday.

The spending package also provides for a \$174,000 death gratuity payment to the family of Sen. John McCain (R., Ariz.), who died last month. And it would eliminate the office of the former House speaker. Currently, all former speakers receive an office and staff assistance for five years after they retire.

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1.2 - FOX News (Video): [Six military veterans from the US and UK walk 1000 miles together to save lives](#) (10 September, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

Cpl. Frankie Perez hit rock bottom in 2008 and tried to end his life. He had spent the last 10 years suffering in silence – battling post-traumatic stress disorder and a traumatic brain injury – and he didn't see a way out of the darkness.

"I was dead for over 30 hours in a VA hospital," Perez told Fox News on Thursday. "And I'm back from that darkness and (now) I am willing to share some of this with others so they know that it doesn't matter how dark your day might be, you can make it happen."

Perez, a native of San Juan, Puerto Rico who joined the Army in 2001 as a member of the Puerto Rico National Guard, was one of six veterans who completed a 1,000-mile walk across the country to raise awareness about the silent battles affecting soldiers returning from war.

"It's a dream (to do this). (As) a veteran who has been struggling with this condition for a while – since 2004 – it is amazing to see and be part of the change in mental health for veterans and their families," said Perez, who founded the Post Traumatic Art Foundation in Puerto Rico, which offers therapy through art and music to other veterans in the community.

"We have over 150,000 veterans with just one VA in Puerto Rico. We are not getting the support that we should have and that is something that I am really focusing on."

The six veterans – three from the United States and three from the United Kingdom – culminated their heroic walk by placing a wreath by the Survivor Tree at the 9/11 Memorial in

New York City on Thursday before making their way a few short blocks to the Queen Elizabeth II Memorial Garden.

The walk, which began on June 2 in Los Angeles, was organized by the U.K. military charity Walking with the Wounded. The Walk of America expedition was inspired by the vision of U.K. Expedition Patron Prince Harry, the Duke of Sussex.

Their 3-month tour of the United States took them through parts of California, Texas, Colorado, Ohio, Wyoming, Tennessee, Illinois, Missouri, Georgia, Florida, the Carolinas, the nation's capital and Pennsylvania before finishing up in New York City.

Along the way they met countless veterans, who also shared their stories of the struggles they face after returning from the battlefield.

"I was wounded in 2006. I lost my right eye, I lost my partner (Dan) and Jessie our driver and it wasn't until four years later that I was diagnosed with my minor brain injury, PTSD and depression," U.S. Air Force Master sergeant Adele Loar, who also completed the incredible journey, told Fox News. "So throughout all the time, I was battling it on my own."

She said it took her a long time to figure out why she never wanted to leave the house and why she was crying all the time – "I hated people who cried and I became one of them," she recalled.

"It wasn't until two non-profit organizations helped me understand that it was OK that I survived because for eight years I was pissed I lived," Loar said. "Every day I swore that if there was a God I would not wake up. (And now) to come back and raise awareness that it's OK to seek help. We are losing too many of our friends."

Loar, the only woman on the Walk of America expedition, said one of her missions during the last three months was also to remind people that there were women in combat, many of whom also returned stateside suffering from the same mental health issues as their male counterparts.

"It's not even if we're wounded. Sometimes people forget we're in the military," she said. "Even along this walk, people would come up to shake the hands of the guys and turn their back to me... It was important to show that we need the same help as our male counterparts and not forget that we exist."

For the final walk on Thursday, the team – made up of Perez, Loar, U.S. Marine Corps Sgt. Larry Hinkle, Royal Logistics Corps Kev Carr, Royal Signals Kemsley Whittlesea and Royal Anglian Jonny Burns – were joined by former Vice President Joe Biden and Dr. Jill Biden, who were representing the Biden Foundation.

"This has been an inspiration. This has been a journey of courage, love and kindness and I am so proud to have played a small role," Dr. Biden said during remarks at the Queen Elizabeth II Memorial Garden. "Today marks the end of this walk but the work must continue. We must all play a part in raising awareness of the mental health needs of services members, veterans and their families."

She later told Fox News that these men and woman were such an inspiration to her and her family – much like her son, Beau, who joined the military in 2003 as a member of the Delaware Army National Guard. Beau died in 2015 at the age of 46 after battling brain cancer.

“We saw his strength and his resilience. All these men and women are just like my son,” Dr. Biden said. “They possess strong characters. That resilience and that grit and courage and that’s who they are. They are sharing their stories and they are so brave.”

Kev Carr, who struggled with homelessness and contemplated suicide after he was discharged from the military 14 years ago, said Walking with the Wounded saved his life. He now lives in The Beacon, a specialized veterans’ center in Catterick Garrison that helps homeless veterans or those at risk of becoming homeless. Jonny Burns also lives there.

“The things I was going through – I wouldn’t wish it on anybody, civilian or military or an enemy,” he told Fox News. “It was dark. I was in a dark place. I attempted suicide, but speaking out I’ve learned that, not only does it help me, it can help others.”

The former vice president added, “It takes courage to come out and say, ‘Look, I’m battling internally, emotional problems with having to deal with what I went through. Every city they went into, you can be certain as they walked, there was a wounded warrior who was thinking, ‘if they can do this, let the whole world see it, maybe I should say I need help. I need help with my demons.’”

Each member of the Walk of America expedition had their own journey and story of struggle and success to share with the world. For them it was more than just raising money for the charities, but to make sure that the many times forgotten heroes – men and women – who return from the battlefield are given the help they need.

“We have spent lifetimes working together, fighting alongside each other and protecting each other,” Prince Harry said in a message to the group shared on their Facebook page after they completed their walk. “And it’s people like you that we can look at ways of recovering together. It may be an overused cliché but we genuinely stronger together and you are the proof of that.”

To learn more at Walking with the Wounded or to donate, visit their website here.

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1.3 - U.S. News & World Report (AP): [VA Medical Center Renamed to Honor Medal of Honor Recipient](#) (10 September, 23.9M uvm; Washington, DC)

HUNTINGTON, W.Va. (AP) — A Veterans Affairs Medical Center in West Virginia has changed its name to honor a 95-year-old veteran.

News outlets report the VA Medical Center in Huntington held a ceremony Sunday to officially rename the center after Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer. The VA said Williams is a longtime advocate for veterans and their families.

A large crowd stood and applauded and several Marines gave a hearty "hoorah" when officials unveiled a sign and new plaque.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans in a service area that includes 10 counties in West Virginia, two counties in southern Ohio and 12 counties in eastern Kentucky.

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1.4 - Military.com: [VA Study Will Compare Effectiveness of Two Leading PTSD Treatments](#) (10 September, Richard Sisk, 9M uvm; San Francisco, CA)

Is it better to treat post-traumatic stress by consciously processing traumatic events or by prolonged exposure to memory of the trauma? Both methods have proven effective over time; but now the Department of Veterans Affairs is studying how they compare to each other in hopes of fine-tuning the therapy delivery system.

"Treatment for PTSD works. PTSD does not have to be a chronic disorder," said Dr. Paula Schnur, executive director of the VA's National Center for Posttraumatic Stress Disorder in White River Junction, Vermont and a professor of psychiatry at the Geisel School of Medicine at Dartmouth. "We're at a state right now where we have a number of treatments that are effective, but what we don't know very much about is how the treatments compare with each other."

According to the National Institutes of Health, PTSD affects a total of about 7.7 million American adult -- civilians, active-duty military and veterans -- who have experienced or witnessed traumatic events.

The Department of Veterans Affairs estimates that PTSD afflicts about 31 percent of Vietnam veterans, 10 percent of Gulf War (Desert Storm) veterans, 11 percent of veterans of the war in Afghanistan, and 20 percent of Iraqi war veterans.

Schnur, who will mark her 29th year at the VA this month, said it was a privilege to be at the forefront of VA research on improving treatments.

"Being in the VA has been an incredible opportunity as a scientist to be doing the kind of research that can make a difference," she said.

Her research has focused on the long-term physical and mental health outcomes of exposure to traumatic events, and she is currently overseeing a comparative study of two of the main regimens offered by the VA -- prolonged exposure therapy (PE) and cognitive processing therapy (CPT).

In PE, the therapist will work with the veteran "to gradually approach trauma-related memories, feelings and situations," according to the American Psychological Association's description of the treatment. "Most people want to avoid anything that reminds them of the trauma they experienced, but doing so reinforces their fear. By facing what has been avoided, a person can decrease symptoms of PTSD by actively learning that the trauma-related memories and cues are not dangerous and do not need to be avoided."

In CPT, the therapist works with the patient to evaluate and change the upsetting thoughts brought on by the traumatic event or events, according to the VA's National Center for PTSD.

The treatment can involve writing about the event to help the patient decide whether there are more helpful ways to think about the trauma, the center said.

In its outline for CPT posted on the VA's website, the center said that "towards the end of therapy, you and your provider will focus on some specific areas of your life that may have been affected by the trauma, including your sense of safety, trust, control, self-esteem and intimacy."

Schnur said she was currently overseeing "comparative effectiveness research" on PE and CPT to consider if "one a bit better than another, does one have more side effects?"

The goal was to help the veteran decide what was best for him or her, personally.

"Which works best for each patient? We really do have to do this kind of comparison to move to answering these questions for veterans and their clinicians," she said.

Currently, "we really don't know whether one might have an edge over the other," Schnur said.

The comparison study on PE and CPT has thus far enrolled more than 900 veterans, male and female from all eras, at 17 VA sites nationwide, she said.

The plan is to finish collecting data by next spring in hopes of arriving at answers by mid-2019.

In its budget request for Fiscal Year 2019, the VA called for an expansion of mental health services that would provide "more than 15.2 million outpatient visits, an increase of nearly 162,000 visits above 2018."

The request was for \$8.6 billion for veterans' mental health services, which would be an increase of 5.8 percent above the 2018 current estimate, and would also include \$190 million for suicide prevention outreach, the VA said.

Much of the mental health funding will be directed at what is now called PTSD but has been known by other names for as long as there have been wars. Treatises have been written on how Achilles probably suffered from PTSD.

It was called "soldier's heart" in the Civil War; in World War I, it was "shell shock;" and in World War II, "battle fatigue" or "combat fatigue."

Much has been written about the use of yoga, tai chi, acupuncture, the involvement of veterans with dogs or horses, and other alternatives as treatment for PTSD, but Schnur said they all should be considered as secondary or complimentary to PE and CPT.

"Our view of the evidence is that we don't recommend them as primary treatment," Schnur said.

However, the VA in July also set up the Creating Options for Veterans Expedited Recovery Commission (COVER) to explore alternative PTSD treatments developed in the private sector.

"The COVER Commission will examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities," VA officials said when announcing the commission's creation.

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1.5 - Military Times: [Watchdog report: The VA benefits backlog is higher than officials say](#)
(10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — The benefits backlog at Veterans Affairs is worse than leaders there have acknowledged, according to a new investigation from the department's top watchdog.

In a report released Monday, the VA inspector general found tens of thousands of benefits cases omitted or ignored by department officials that "significantly understated the number of claims awaiting decisions for over 125 days."

Investigators estimated that the reported backlog only covers about 79 percent of relevant cases, with a host of others misclassified, mistakenly excluded and, in some cases, only acknowledged as overdue after the files had finally been processed.

In response, VA officials said they are "reviewing how best to supplement or adjust reporting on the rating-related backlog." New training and standards are expected to be put in place by the end of this year.

The VA claims backlog was a major scandal during President Barack Obama's administration, as frustrations grew over the slow pace of VA's ability to handle an ever-growing number of disability claims.

The backlog — the number of ratings cases that took more than 125 days to complete — swelled to more than 611,000 in March 2013 before being drawn down to about 70,000 in September 2015. Officials at the time credited a combination of more staff hires, new processing systems and new electronic medical records for the drop.

Former VA Secretary Eric Shinseki had made a public pledge to bring the backlog down to zero before 2016, but officials later acknowledged that was an unrealistic and potentially problematic goal. Some claims take longer than four months due to complexity or updated paperwork.

The backlog has hovered between 70,000 and 100,000 cases each week for most of the last three years, even as the total number of claims applications have continued to rise. Last week, the backlog was 86,001 cases, according to VA records.

But the inspector general, citing a review of cases from the first six months of 2016, said about 63,600 overdue cases that required ratings decisions were left out of those records for unclear reasons, and nearly 10,000 more were incorrectly recorded by staff.

In some instances, VA staffers acknowledged lengthy waits on cases only after the files were finalized months later.

The report found that while the average days pending for basic disability claims now sits at less than 90 days, other more complex cases are taking more than 200 days to complete.

VA officials said much of the claims backlog rules and oversight has remained unchanged since 2009, and officials are reviewing other potential updates by the end of the year.

The full report is available on the VA inspector general's website.

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1.6 - Military Times: [VA steps up fight against plan to extend benefits to Blue Water Vietnam vets](#) (10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs leaders are increasing their efforts to sideline legislation that would extend disability benefits to “blue water” veterans from the Vietnam War, saying the move would set a problematic precedent for future complaints.

“We know it is incredibly difficult to hear from Blue Water Veterans who are ailing and ill, and we have great empathy and compassion for these veterans and their families,” VA Secretary Robert Wilkie wrote in a letter to the Senate Veterans’ Affairs Committee last week.

“However, we urge the committee to consider the scientific evidence, impact on other veterans, and costs associated with this legislation.”

The legislation, passed overwhelmingly by the House in June, would grant presumptive exposure status to nearly 90,000 veterans who served in ships off the coast of Vietnam during the war.

Veterans who served on the ground or on ships traveling inland waterways are already given that presumption of exposure to Agent Orange, fast-tracking their disability claims for a host of cancers and rare illnesses connected to the chemical defoliant.

Advocates have argued that individuals who served on the seas just a few miles away deserve the same treatment.

But VA officials have argued that the scientific-based methods they use on such cases doesn’t back up the blue water veterans requests. In their letter last week and at a Senate hearing last month, they argued the presence of Agent Orange on those ships “cannot reasonably be determined” and the presumption of exposure should not be automatically granted.

Veterans who develop the illnesses can receive medical treatment from VA regardless of their benefits status, and can still file to prove their sickness is connected to their military service.

But the elderly veterans say VA has systematically denied any connection between their health and the chemical exposure for decades, even as they develop health problems that mirror veterans who served on shore.

Wilkie also argued that the proposed funding for the resulting influx of new claims — a new fee of VA-backed home loans — is unfair for other veterans and insufficient to cover the expected costs.

House officials had estimated the new fee would generate about \$1.1 billion over 10 years, enough to pay for the blue water benefits. But Wilkie in his letter estimates the cost to be closer to \$5.5 billion, including thousands more veterans who could also receive eligibility and additional costs for staff to handle the claims.

“The changes proposed in this legislation will have a greater effect beyond what we believe Congress intends,” Wilkie wrote.

“The creation of a new statutory presumption that is not adequately supported by scientific evidence will encourage increased pressure on both Congress and VA to create and expand additional presumptions under a similarly liberal approach.”

Wilkie’s stance is at odds with his predecessor, former VA Secretary David Shulkin, who last fall stated that the blue water veterans “shouldn’t be waiting any longer” for a solution and said that a reasonable decision on the issue “will not be guided by scientific evidence” because of the decades that have passed since the potential exposure.

Senate Veterans’ Affairs Committee officials have not made any public announcements on when the legislation may move ahead. House Veterans’ Affairs Committee ranking member Tim Walz, D-Minn., called the latest VA opposition to the issue unacceptable.

“Now, Blue Water Navy veterans who have been stuck waiting for 40 years could be left waiting even longer,” he said. “Our nation owes it to these veterans to get this done.”

“I will continue to work with my colleagues on both sides of the aisle and in both chambers to make sure that happens, even if we have to drag the administration along kicking and screaming to do so.”

If Congress fails to pass any legislation on the issue this year, VA could still be forced to award the benefits to blue water Vietnam veterans based on an ongoing lawsuit in federal court. Arguments on that proceeding aren’t expected to move forward until later this year.

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1.7 - Stars and Stripes: [Inspector general finds VA claims backlog greater than reported](#) (10 September, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON – The number of backlogged benefits claims at the Department of Veterans Affairs is larger than the agency reported, according to findings released Monday from a government watchdog.

The VA considers backlogged claims to be veterans’ claims for benefits that take longer than 125 days to approve or deny. The VA Inspector General’s Office reported officials omitted 63,600 backlogged claims from its count during the first half of 2016, creating a misrepresentation of how many claims were delayed.

Overall, the VA’s estimated backlog represents only 79 percent of actual backlogged claims, the IG determined.

“The pending backlog could be significantly understated,” the report states.

The VA has been criticized in recent years for being slow to make decisions on claims, which can take years to complete. In 2013, the number of backlogged claims hit a peak of 611,000.

The VA has taken steps to reduce the backlog, and as of last week, the agency reported there were about 86,000 backlogged claims. However, the VA is underestimating that number because of unclear parameters about which claims apply for the backlog, the IG concluded.

Inspectors blamed the problems on “ineffective oversight and training.” The Inspector General’s Office found no instances of fraud during its investigation.

In response to the report, Paul Lawrence, the VA undersecretary for benefits, vowed to retrain employees and clarify which claims should be counted in the backlog. He expects the training to be complete by next September.

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1.8 - The Spokesman-Review: [‘A different kind of war’: Attorney thinks veteran may hold record for longest-delayed award from the VA](#) (10 September, Calley Hair, 874k uvm; Spokane, WA)

Marlin Dunlap’s Cascade Highlands home doubles as a historic archive.

Two dozen binders hold 59 years’ worth of paperwork, dating back to his 1959 enlistment in the U.S. Army. Stacks and stacks of letters – 15,000, he estimates, to U.S. presidents and Department of Veterans Affairs officials and lawyers and newspaper editors – dominate every horizontal surface in his home office, where medals, distinctions and signed photographs adorn the walls.

Dunlap is a prolific record-keeper. It’s that very quality, combined with a sheer, obstinate refusal to fold, that led to his victory Aug. 10: the award of benefits dating back to 1964 for post-traumatic stress disorder linked to his service in the military.

His Vancouver-based attorney, Josephine Townsend, estimates that he may hold the record for the longest-delayed award from the VA.

“It’s rare. It is so rare. It’s rare that the veteran doesn’t give up when their appeal is denied so many times,” Townsend said. “His case has been remanded, re-investigated, appealed, remanded, denied, appealed – I mean, most veterans would just say, ‘I lost.’”

Back and forth

Dunlap has an encyclopedic mind for the specifics of a timeline. He skips back and forth along his lengthy saga with ease, from his Washington, D.C., hearing June 2, 2016, to his March 27, 1962, discharge date to the death of his son on Nov. 22, 1987. It’s up to the listener to keep up.

Dunlap enlisted in the Army in January 1959 at age 19. He was stationed in Fort Bliss, Texas, where he worked as a driver for his battalion commander. At the time, his battalion was on alert status, meaning they could be called into combat any day.

In 1961, his service earned him the distinction of being the face of the Army. He appeared in a series of enlistment advertisements for the military, sitting astride a tank with three rockets overhead.

Dunlap’s fellow soldiers assumed that his proximity to their commander meant he had information, he said, and they wanted that information. He recalled receiving daily death threats. There was an informal barracks-wide “fight list” that his name appeared on 18 times. Near the

end of his service, he described a near-constant state of terror during which he wasn't sleeping, leaving the lights on at night in his barracks. At one point, he said, he was sexually assaulted.

Dunlap was honorably discharged in March 1962. The commander at Fort Bliss feared for Dunlap's life and didn't want "anything to happen on his watch," as Dunlap put it. He did not receive a standard mustering-out physical, dental or mental evaluation at the Army hospital upon his discharge.

In April 1964, Dunlap filed for veterans benefits based on his PTSD and injuries to his right leg – he had an accident while jogging on base. His handwritten request was legally classified as an informal claim, and the VA did not follow the correct procedure by sending the veteran a formal application. His request was lost.

Dunlap again filed a claim in December 2000 seeking service connection for PTSD, this time through a more formal process. What followed was a glacially slow ping-pong match between Dunlap, the federal VA office in Washington, D.C., and the regional offices in Portland and Seattle.

He moved from Oregon to Washington in 2001, and around the same time, started seeing a psychiatrist who confirmed Dunlap suffered from PTSD. His doctor also confirmed it was related to his time in the service. The change in states meant his file had to change regional offices, which delayed his case.

In February 2002, his claim was denied. He appealed in 2003, and in January 2005, Dunlap attended a hearing at the federal VA office, where he represented himself. In September 2007, the regional office in Seattle granted service connection for PTSD effective from December 2000, linked to Dunlap's first formal claim.

The VA did not respond to his request for a service-related claim for his leg. He appealed again, seeking an earlier effective date linked to his original claim in 1964, and for the VA to address his leg.

In June 2016, Dunlap had another hearing in Washington, D.C., this time, he was represented by Townsend. His request for an earlier effective date was denied, and the VA remanded his leg injury back to the Seattle regional office.

In November 2017, the court issued a memorandum decision, which reversed the VA board's decision, remanding the matter for re-adjudication.

And finally, on Aug. 10 – 54 years, three months and 25 days after his first request for benefits – an order from the Board of Veterans' Appeals featured the magic words: "The criteria for an effective date of April 5, 1964, and no earlier, for the award of service connection for PTSD have been met."

It was emotional.

"We both cried," Townsend said, recounting the day from Dunlap's home Aug. 22. She's crying again.

"It makes my heart full because when you win, it is something, because it's so long. And you have veterans that die, and you knew they were right," she said. "They're right. The evidence is there, it's just a matter of getting it processed."

'If you won't settle for less'

"What's it worth to feel like a man?" asks the promotional poster for the Army, starring Dunlap. The bold letters are emblazoned across the photo of his stern, 22-year-old face staring heroically into the distance. "If you won't settle for less, the Army's the place for you."

The ad, which appeared in multiple 1962 issues of Time magazine, touted the manly opportunities granted by enlisting.

"There's nothing quite like an Army career; you don't have to gamble years in a job that may not work out for you. Fulfill your military obligation in the Army, and you'll have a chance for a good, close look at Army life, Army men, Army opportunities."

That slogan may ring true for many service members. But in Dunlap's case, the experience had left him with severe PTSD. He described trying to re-enter the workforce and finding himself incapacitated without warning by his past trauma.

"My problem with doing jobs was that sometimes I'd have a panic attack," he said. "I'd be trying to sell insurance. I'd just say, 'Can I use your bathroom?'"

He also went through four marriages and divorces before 1995. He lived with his daughter for a stretch before meeting his current partner, who he's lived with for the last 19 years.

"I was messed up very badly. For me, it was a different kind of war, something I would never wish upon anyone," Dunlap said.

After decades of fighting for his due, his waiting game isn't quite over. Now, the VA is tasked with figuring out just how much they owe the veteran, a process that Townsend predicts may take another two years. He's owed 100 percent of the disability rate starting from his effective date in 1964.

"He's looking at a substantial award, but they have to do the math," she said. "For the VA, it can be a couple of years, and he has to be alive to collect."

Dunlap will turn 79 later this month.

"Once the award comes back, it goes back in a pile. And even if you're in an expedited pile, it's still a very large pile," Townsend continued.

The volume of claims the VA needs to process far outstretch the agency's capacity. Townsend said the federal government needs to employ more administrative law judges and more personnel to process these kinds of claims to keep the system ticking along at a more reasonable rate.

Dunlap had a few advantages: his extensive documentation, his stubbornness and his youth when he left the service. He had decades to spend on a legal fight.

“My dealing with the VA has been with some very hardworking people that are very frustrated that they can’t do it all at once. It’s not an intent by them to not help the veteran, but they’re limited in what they’re able to do,” Townsend said.

For his part, Dunlap is cynical about ever seeing a dime – his theory is that “they’re hoping I’m going to die before I ever get the money.” He still hasn’t received an award for his leg. He’s suffered two pulmonary embolisms he says are linked to his initial jogging injury.

“How would you like to walk to the mailbox every day, every week, every month, every year?” he asked. “And never hear?”

If he does see his award, Dunlap said his first order of business would be to pay off his legal fees, and then a few bills. After that, he and his partner plan to change their wills.

He’s not anticipating anything far beyond that, as he still doesn’t know what the dollar amount will be. Townsend’s hopes are a little higher.

“I’m hoping that he gets to go on a cruise and enjoy the rest of his life,” she said.

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2. Greater Choice for Veterans

2.1 - The Hill: [House, Senate strike deal on partial funding package to help avert shutdown](#) (10 September, Niv Elis, 11.8M uvm; Washington, DC)

Lawmakers on Monday announced a deal to pass the first of three planned spending packages that could help avert or scale back a government shutdown in October.

Appropriators on Capitol Hill submitted a conference report for a “minibus” consisting of three spending bills that lawmakers plan to pass this week, a move that would mark the first time in a decade that Congress has sent the president more than one spending bill ahead of the annual Sept. 30 deadline.

The report irons out differences in the House and Senate versions of the three appropriations bills providing \$146.57 billion in discretionary spending for measures covering Energy and Water, Military Construction and Veterans Affairs and the Legislative branch.

“This Conference Report represents our strong commitment to returning to ‘regular order’ in government funding, and is a huge step toward completing all of our Appropriations bills as soon as possible while funding all aspects of government in a responsible way,” said outgoing House Appropriations Committee Chairman Rodney Frelinghuysen (R-N.J.).

Lawmakers from both chambers are in the process of negotiating another two minibuss spending packages, which together would cover six spending bills and the vast majority of discretionary spending.

Congressional Republicans decided to put off work on the three remaining spending bills, including the one that deals with President Trump’s border wall, until after the November midterm elections. That means Congress will need to pass a continuing resolution to maintain

current spending levels for any unpassed spending bills by Oct. 1, or face a government shutdown for the agencies funded by those measures.

House and Senate negotiators initially hit a roadblock in July over whether to fund a veterans' health program under existing budget caps, which would require moving funds from other veteran programs or finding a workaround such as further raising the cap or sidestepping it with a budgetary maneuver.

Monday's compromise bill does not provide funding for the what's known as the VA Choice program.

"I remain very concerned that because it was not accommodated under the bipartisan budget agreement this package does not provide funding to cover the costs associated with the VA Choice program, which was transferred to the discretionary side of the budget under the MISSION Act," said Sen. Patrick Leahy (D-Vt.), the vice chairman of the Senate Appropriations Committee, who wanted to raise the discretionary cap to accommodate the program.

According to Leahy, the program will require \$1.6 billion in funding above what the bill provides, and need even more down the line.

"This new program will face a shortfall beginning in May of 2019," Leahy said. "We do our veterans no favors when we make promises to them that we cannot keep."

The compromise bill also removed funding for a project that would store the nation's nuclear waste in Nevada's Yucca Mountains, a controversial policy rider that was included in the House's version of the spending package.

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3. Modernize Our System

3.1 - Politico: [Opioid bill moves forward with eHealth measures](#) (10 September, Arthur Allen, 23.9M uvm; Arlington, VA)

OPIOID VOTE THIS WEEK?: Senators expect to vote this week on a bipartisan package to address the opioid crisis. The legislation promotes sharing of behavioral health data by encouraging education and best-practice development initiatives. But unlike a House version, the Senate bill would not specifically target 42 CFR Part 2, which requires a patient's direct consent to share behavioral health records.

.... The Senate package, S. 2680 (115) would also promote the use of telemedicine for substance use disorder by waiving the geographical restrictions that typically prevent reimbursement. Electronic prior authorization, incentive payments for adoption of EHRs by behavioral health practices, and e-prescriptions for controlled substances all get a boost in the bill.

VA CERNER CONTRACT STILL UNSETTLED: The new VA leadership's plan to be "joined from the hip" with DoD in their Cerner implementation worries some VA officials we've

consulted, and was partly responsible for Genevieve Morris' sudden departure after leading the implementation for little over a month, according to sources within and outside the agency.

VA Secretary Robert Wilkie appears laser-focused on assuring that the Cerner conversion leads to flawless movement of patient records between VA and DoD medical facilities. That's a worthy goal that Congress has long demanded, but too much sameness — especially if the current version of MHS Genesis is the model — could make it impossible for VA clinicians to do their jobs well.

Morris last month asked Cerner to report on how much variation it could provide to the two systems while still assuring interoperability. She left a short time after making the request, in part because of a conflict with Wilkie and other officials over the variation issue, according to three former VA officials.

Some VA officials were disturbed by the new chief information officer James Gfrerer's testimony on Wednesday that suggested it would be up to VA clinicians to "conform their workflows to the IT systems." Gfrerer said that if the implementation fails to meet milestones, people may be fired.

The grumbling reflects continued uncertainty over the 10-year, \$16 billion VA Cerner conversion, though health IT experts spent 10 months picking over the contract before it was signed in March. Morris has declined to comment on her departure. VA and Cerner spokespersons did not respond to requests for comment.

Pros can read the whole story [here](#).

Tweet of the Day: @SVACDems "Mr. Gfrerer, I won't sugarcoat this – you will be heavily involved in the largest health care I.T. transformation in American history. You and the Secretary will be held accountable by me, my colleagues and the American public if the EHR modernization project goes south..."

[...]

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3.2 - WFED (AM-1500): [How GSA's customers are driving schedule modernization efforts](#) (10 September, Jason Miller, 854k uvm; Washington, DC)

The General Services Administration wants its agency and industry customers to know they are listening when it comes to the schedules contracting program.

Not only is the Federal Acquisition Service in the final stages of updating the schedule contracts to make it easier for agencies to buy products and services at the same time, but FAS is planning other major changes for 2019.

Alan Thomas, the commissioner of GSA's Federal Acquisition Service, said in an exclusive interview, agency customers and industry partners are, in many ways, driving the schedules modernization strategy.

"The schedules program is still a flagship program at GSA. It's one of the crown jewels in the franchise at the Federal Acquisition Service. We take the health of the schedules program seriously and we are actively promoting it," he said. "We do a customer satisfaction survey every year. We got more than 13,000 responses this year and they tend to be heavily focused in the general supplies and services portfolio in terms of the users that respond to it. Overall, the results of the survey were pretty heartening. We heard from customers that the value they perceive GSA providing is up year-over-year. One of my favorite measures is when asked if GSA has their best interests, that is up as well, which I think is a good sign."

Thomas said he's been to all the regions once and about half a second time to meet with GSA and federal agency customers since he took over as commissioner 14 months ago.

"I got a lot of individual data points with the customers and it's really gratifying to hear them talk about GSA's people. That's the thing they complement the most," he said. "I get some feedback in terms of room for improvement on processes and systems so things like minimum order quantities and the usability of GSA Advantage are things we bring back and work on across the organization."

One of those things GSA has been working toward is the change in the schedules program to let agencies combine products and services under one buy. Commonly known as order level materials (OLMs) or other direct costs (ODCs), this modification has been a long time in coming, and has been particularly frustrating for vendors who sell both products and services. Thomas said the impact of this major change will be felt in fiscal 2019. But, Thomas quickly pointed out that vendors and agency buyers can take advantage of the change today.

"There is a contract modification and special item number that vendors will have to get added to their contracts," he said. "There is training and awareness. We have to make industry aware of it. We have to make our workforce aware of it, and then make the broader acquisition workforce aware of it. This is new and different so we want to make sure we get the guidance and training out."

GSA to change minimum order requirement?

Another major change is around eliminating minimum purchase thresholds. Thomas said that was another request from agency customers because sometimes you just need to buy one of something and not 10.

"We consistently hear from customers that minimum order quantities often times will lead them to cancel orders," Thomas said. "We are working with vendors on schedule to try and reduce or in some cases remove those minimum order quantities. Customers may be willing to pay a little more for that unit."

Overall, Thomas said the health of the schedules is strong. He said GSA expects the schedules program to break even before they reinvest in the business, but will be in the black after investments.

"We are on a trajectory to be at break even at the level when we include our investments hopefully in two years. That's a goal I've set for the organization," he said. "Schedules spending is pretty steady over the last several years. Some of the volume has moved to governmentwide acquisition contracts and governmentwide multiple award contracts. But from my perspective, I take a portfolio approach and we want to make sure we capture all the spend that's appropriate

and having it placed on the right vehicle. But I'd say schedule spend is steady and from a cost recovery perspective, the program is healthy."

Thomas said 2019 also is shaping up to bring major changes to the schedules program.

He said FAS is considering consolidating schedules down to one or a smaller set of schedule contracts.

"We have an internal team that is looking at that made up of a cross section of folks from FAS and they eventually will come to a set of options, they will brief up to me and we eventually will take them to [GSA Administrator] Emily [Murphy]," Thomas said. "The impetus behind schedules reform is to make sure the program continues to be healthy and meets the needs of our customers and industry partners. If you are a customer and you are looking to buy through the schedules, from our perspective sometimes it's a little challenging to think about what schedule should they be buying it off of? Take contact centers, is that an IT purchase off of Schedule 70 or is that a professional services purchase off of 00CORP? I don't know. I can make an argument for either."

Thomas said he wants to reduce any potential or real confusion for agency customers as well as lessen the burden on vendors having to manage multiple schedules.

He said the working group should have some recommendations on potential schedule consolidations by the end of 2018 with implementation coming in late 2019 or 2020.

Schedule transparency pilot to launch

Additionally, Thomas said FAS is looking at whether it needs to reduce the number of contractors on the schedules, particularly those who haven't done any sales in two or more years.

Thomas said many of these changes will need to be vetted and discussed with agency and industry partners before any implementation, which also is part of how FAS is trying to be more customer focused.

Two other major changes coming to the schedules are around transparency and fee adjustments.

Transparency has long been a problem for non-schedule holders. If you can't see what agencies are buying through request for quotes or task orders, then how can a vendor determine whether or not to get a schedule contract — which can cost tens of thousands of dollars in time and money?

Murphy said in May that FAS would launch an e-Buy pilot in 2019 to provide more transparency into the schedules program.

Thomas said FAS Region 7 and Office of Administrative Services, which handles all the internal procurements for GSA, will take part in the pilot by making the full statement of work available on FedBizOpps.gov after the award is made.

Around the fees of the schedules program, it's been 15 years since GSA reduced the industrial funding fee to 0.75 percent from 1 percent.

GSA and the Office of Personnel Management in August cut the fee to use the Human Capital and Training Solutions (HCATS) GWAC contract by 60 percent to 0.75 percent from 2 percent.

“We have a group that is looking at pricing [fee structure] across all of our GWACs and schedules. We want clarity and consistency for customers. We don’t want customers making choices for which vehicle to use based on the contract access fee. We want them thinking about what does the statement of work say and what is the appropriate scope of the contract? Then, making the decision based on that. In some sense, harmonizing fees or bringing them more in line with each other and making them more clear and consistent is a good move.”

GSA, VA to collaborate

A final area where GSA is trying to reduce confusion of agency customers and industry partners is around medical supplies.

The Veterans Affairs Department long has run its own medical supplies and services contracts, commonly referred to as schedules, despite GSA also running a similar program for the rest of government.

Thomas said GSA and VA are discussing how the two agencies could improve collaboration across the similar contracts.

He said VA is looking at how it could use some of the technology that GSA uses to manage its schedule program as well as how VA could use GSA’s global supply program to gain more control, visibility and more efficiencies in its micro-purchase spending.

“We are much further down the path [with the global supply program], joint teams have been stood up and projects plans have been put in place. We think in fiscal 2019 you will see some significant spend flow through that requisition channel from VA,” Thomas said.

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3.3 - Demopolis Times: [VA opens permanent Telehealth Clinic location at Demopolis hospital](#) (10 September, Teresa Boykin, 2k uvm; Demopolis, AL)

Tuscaloosa Veterans Affairs Medical Center opened the Demopolis Telehealth Clinic in Bryan W. Whitfield Memorial Hospital on August 21 after six years of serving the veterans of Demopolis and Marengo County through the Tuscaloosa center’s mobile medical unit.

The telehealth clinic is open 9:30 a.m. to 3:30 p.m. every Tuesday except for the fourth Tuesday of the month.

Damon Stevenson, public affairs officer for Tuscaloosa VA Medical Center, said the clinic was added to BWWMH because “there’s a large population of veterans in Demopolis and Marengo County.” Hamilton, Alabama, has also recently had a clinic open in the area to replace the mobile medical unit.

“Instead of the mobile medical unit, we worked with the hospitals in those two areas to get space in the hospital and establish a clinic,” Stevenson said.

According to acting Assistant Chief Nurse Lisa Koontz, the telehealth clinic will meet typical primary care and mental health needs as well as draw labs. It operates largely based on appointments. Two registered nurses and a licensed practical nurse are currently on-site, while a doctor serves patients via telehealth.

If necessary, patients may need to visit the Tuscaloosa center or be referred to other healthcare providers.

“We have partnerships with providers in the community to get veterans the care they need,” Stevenson said.

Koontz listed convenience as one benefit of the new telehealth clinic, since veterans can wait for their appointments inside rather than in their cars, as well as the ability to reach more veterans.

“We are excited to bring the services inside the hospital to better serve our veterans ... They do not have to travel to their primary care appointments or to their mental health appointments, and it opens up access for them meaning they can be seen here in their hometown,” she said.

Veterans can visit the telehealth clinic on Tuesdays to make an appointment and to enroll in the VA Health Care System.

(This article originally appeared in the Wednesday, September 5 issue of the Demopolis Times.)

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4. Focus Resources More Efficiently

4.1 - The Orange County Register: [Sentencing postponed for Whittier man in VA bribery scheme](#) (10 September, Fred Shuster, 4.8M uvm; Santa Ana, CA)

LOS ANGELES — A sentencing hearing was postponed Monday for a former U.S. Department of Veterans Affairs contracts administrator who pleaded guilty to tax fraud and lying to investigators about his part in a bribery scheme at the VA's Westside medical center campus.

Ralph Tillman, 58, of Whittier was granted a delay in sentencing until Sept. 24 to ensure that he will have access to his medications while in federal prison.

Tillman, who resigned from the VA in 2014 after being confronted by investigators, admitted that he took nearly \$290,000 in “hush money” from Richard Scott, 58, owner of Westside Services, which had a contract to operate public parking locations across the VA Greater Los Angeles Healthcare System.

Scott of Santa Monica was sentenced last month to nearly six years in prison for swindling the VA out of at least \$12 million generated by his parking lots and bribing Tillman to keep the long-running scheme secret.

Tillman faces up to eight years — but is expected to receive less than half that amount — when he is sentenced by U.S. District Judge R. Gary Klausner in downtown Los Angeles.

As part of his job, Tillman was responsible for managing contracts with “sharing partners,” such as Scott’s Westside Services, which were required to share revenues with the agency. He admitted that he first solicited a bribe from Scott in late 2003. About 18 months later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes.

In return for the cash, Tillman failed to scrutinize annual statements from Scott that he knew contained inaccurately reported revenues and expenses. Tillman also admitted that he knew Scott was defrauding the VA out of millions of dollars and that he entered into a contract extension with the parking lot operator in 2011 to continue the fraud and bribery scheme.

Prosecutors said that during an interview with special agents from the VA’s Office of Inspector General in September 2014, Tillman lied when he denied accepting money or anything of value from Scott. But in his plea agreement, Tillman admitted taking \$286,250 from Scott from 2003 through last year, even after his retirement.

The defendants’ crimes have caused “profound and lasting damage” to the VA, said Meghan Flanz, executive director in charge of the master plan to revitalize the 388-acre medical center campus.

In a letter to the court on behalf of the healthcare system’s executive team in Los Angeles, she expressed “continuing anger, frustration and disgust regarding the actions of the defendants.”

Flanz wrote that while years have passed since Tillman and Scott first conspired to defraud the government, “their corruption continues to harm our campus, our employees, our reputation in the community, and most importantly, the veterans we are honored to serve.”

The VA contract with Scott was terminated in early 2017 after the agency settled a lawsuit that challenged the VA’s use of its Westside campus for any purposes not specifically related to the care and housing of veterans.

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4.2 - WTAE (ABC-4, Video): [Former priest named in grand jury report found working at counseling center](#) (10 September, Paul Van Osdol, 2.1M uvm; Pittsburgh, PA)

Action News Investigates has learned a former priest accused of molesting boys found a job as a social worker at a counseling center, working near children.

William B. Yockey was a priest at several parishes in the Pittsburgh area before leaving the priesthood in the wake of child sex abuse allegations.

Yockey did not answer questions when Action News Investigates found him at the Community Counseling Center in Ashtabula, Ohio, where he was working as a therapist.

The nonprofit center treats adults and children with mental illness and substance abuse. The center's director said Yockey was treating only adult patients.

According to the grand jury report, the allegations against Yockey date back to the early 1980s when he was based at St. Bernadette Church in Monroeville. The report says Yockey molested two boys at the church rectory, one of them 16 years old, the other an undetermined age.

The grand jury report says Yockey molested another teen at St. Canice in Pittsburgh, where he worked after leaving Saint Bernadette. That church is now closed.

The grand jury says the Pittsburgh diocese was made aware of two abuse allegations in 1991.

It says Yockey did not deny the allegations and then resigned from the priesthood.

More victims came forward in 2009 and 2013.

But the grand jury says the diocese did not report any allegations concerning Yockey to the district attorney until 2014.

No criminal charges against him were ever filed.

That allowed Yockey to get licensed as a social worker in Pennsylvania and Ohio.

He advertises that he works with adults, children and adolescents.

Parents whose children attend the Ashtabula counseling center were shocked to hear of the allegations against him.

"I think that's disturbing. I don't know why they would have someone with a history like that," said parent Katie Dodd.

"You can't work anywhere with kids and stuff when you do something like that. You should be in jail," said parent Karen Marshand.

Counseling center CEO Paul Bolino said he knew nothing about the allegations against Yockey until Action News Investigates brought it to his attention.

Asked about his reaction to the allegations against Yockey, Bolino said, "I haven't had time to look at anything at all. Literally just taking all this in. Just learned of this an hour and a half ago."

Shortly after Action News Investigates confronted Yockey, he told Bolino about the allegations. Then, Bolino said, Yockey was fired.

Bolino would not say whether Yockey disclosed that he was a priest when he was hired, but he did say there was nothing in his application or background check that raised concerns.

Last month, Pittsburgh Bishop David Zubik said the diocese would tell potential employers if a priest was removed from ministry because of allegations of abuse.

"If the question came forth to us, we have a responsibility to tell people what we know," Zubik said.

But the grand jury report says in 2006, when the Veterans Administration called for a reference check on Yockey, the diocese did not disclose the allegations against him.

The diocese told the VA that Yockey "was granted a leave of absence for personal reasons" and it was "not able to provide any information" beyond that.

It is unclear whether the diocese was contacted about Yockey's job in Ohio.

Yockey is still licensed as a social worker in Ohio and Pennsylvania.

The director of the Ohio licensing board said the grand jury allegations are not enough to have his license suspended.

A Pennsylvania licensing spokesman would not say whether the allegations could affect his license.

The Pittsburgh diocese has paid about \$54,000 in Catholic school tuition reimbursement for the children of one of Yockey's victims.

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4.3 - KDVR (FOX-31, Video): [Congressman calls 176 yard VA staff shuttle service 'wasteful'](#) (10 September, Chris Halsne, 662k uvm; Denver, CO)

A FOX31 investigation into the cost of driving VA hospital employees about one block, every working day for five years, now gets the attention of a congressional leader.

By using surveillance, financial documents, and witness accounts, FOX31 discovered the Veterans Administration spent at least three-quarters of a million dollars shuttling staff between two doors on the same medical campus. That's a conservative figure because the Problem Solvers are still waiting for records concerning the cost of gas, maintenance of buses, and some extra driver/staff time.

A few days following questions from FOX31 about the program's cost, the VA shut down the shuttle program.

Deputy Directors of Eastern Colorado VA Health Care Systems, Duane Gill, said the program was "smart money" and prevented staff from being injured during the construction phase of the new hospital.

After seeing our investigation findings, United States Representative (R-CO) Mike Coffman said, "We have got to change the culture of the VA. I was disappointed how dismissive the VA was and I want to thank Channel 31 for bringing this issue to light – to my attention – I was not aware of it. 176 yards? Really?"

Representative Coffman, who has led the efforts to strip the VA of ever being able to construct another hospital again on its own, told FOX31, VA administration involved in wasteful spending are never disciplined. He said that is despite a Congressional effort to give the VA authority to dismiss people at the senior management level who break the public's trust.

I fundamentally believe that the culture of bureaucratic incompetence in the VA is no different than in the prior administration," Coffman told FOX31 on Monday. "The great tragedy is that is

does add up and every dollar wasted is money that could have been spent on medical care for our veterans.”

Coffman also said he expects to speak with the Director of Veterans Affairs in the coming month to discuss cleaning up incompetence where there are documented failures.

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4.4 - Citizen Tribune: [Roe Frustrated With VHA's Medical Instrument Sterilization](#) (10 September, Bianca Marais, 51k uvm; Morristown, TN)

With local media Thursday, U.S. Rep. Phil Roe expressed his frustration with the Veterans Health Administration's sterile services problems.

Roe attended an Oversight and Investigations sub-committee hearing on Wednesday discussing the examination of the VHA's sterile processing of reusable medical equipment.

“Hopefully we'll get that issue resolved,” Roe said. “This is a basic function of the hospital that has to be done right. It's critical that it is done right.”

Roe said the message was conveyed “loud and clear” by newly appointed VHA officials and thinks “things are going to move in a positive way.”

The congressman added later in the conference call with reporters that he assumed the sterilization issues in some VHAs facilities had been resolved years ago and is frustrated by the fact that this is still a topic of discussion.

Mountain Home is not accused of poor sterilization services, Roe said. Mostly just Washington, D.C.-based VAs were of concern.

He also gave a rundown of where a variety of current issues now stand in Congress.

Roe debated a bill on the House floor to require counseling if students wish to take out a loan for further education in order to provide all possible financing options, not just student loans.

Roe debated a miscellaneous tariffs bill that would benefit Eastman Chemical Company by lowering the import cost of eight products not found in the U.S. that he explained were of critical importance to the company.

With the federal fiscal year starting on Oct. 1, Congress is getting ready to make appropriations.

Roe said he is excited to be part of the “most bipartisan Congress in almost 20 years.”

Roe thinks only the controversies of the current Congress are being reported on, not bipartisan work done.

Roe said he is also frustrated by how the Brett Kavanaugh was being treated during his Supreme Court confirmation hearings.

Roe called Kavanaugh a “very qualified judge,” after reading some of his past rulings.

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5. Improve Timeliness of Service

5.1 - The Advocate (New Orleans): [Fugitive shot by law enforcement in Lower Garden District](#) (10 September, Ramon Antonio Vargas and John Simerman, 10.2M uvm; Baton Rouge, LA)

A New Orleans man on the run from a warrant in Texas was shot by a suburban sheriff's deputy in the Lower Garden District on Monday, after attempting to hit the deputy with his car.

U.S. Marshal for New Orleans Scott Illing said a St. John the Baptist Parish sheriff's deputy — part of a task force comprised of officers from multiple law-enforcement agencies — fired at the man's car in self-defense while the man and his passenger attempted to flee. Officers then pursued the vehicle for a distance but ultimately called off the chase because of concerns that bystanders could be hurt.

The man and his female companion were apprehended while seeking treatment for their injuries at the Veterans Administration Hospital in Mid-City. The man's injuries are not expected to be life threatening, Illing said. The woman in the car was also grazed by gunfire.

Both the man and woman were being pursued by U.S. Marshals for allegedly using a car to drag a police officer following an attempted traffic stop in Amarillo, Texas. Both are believed to be from New Orleans. Police did not release the names of the suspects.

The New Orleans Police Department is leading the investigation into the shooting, with assistance from state troopers, Illing said.

The shooting is one of a handful of recent incidents in Orleans Parish involving law-enforcement personnel from outside agencies abiding by different policies than their local counterparts. Last year, Louisiana State Police troopers engaged in a car chase through New Orleans because the vehicle they were pursuing had a stolen license plate. The pursuit ended with a crash that killed the vehicle's two passengers, prompting the driver to fatally shoot himself.

In 2016, deputies from the Jefferson Parish Sheriff's Office chased Eric Harris across the Crescent City Connection before fatally shooting him in Central City as his car went in reverse toward the deputies.

A 2012 reform agreement between the New Orleans Police Department and the federal government produced policies prohibiting NOPD officers from firing at vehicles without facing a second form of force, such as a gun being pointed at them.

NOPD policy these days also restricts officers from high-speed pursuits of suspects in non-violent crimes. Members of outside agencies are not bound by these policies.

It is unclear if either the driver or passenger of the car in the Lower Garden District was pointing a gun at the St. John deputy.

According to Illing, a U.S. Marshals task force tailing the suspects stopped them while they were in a car near the corner of St. Mary and Annunciation streets about 10:30 a.m.

The two wanted people later arrived at the VA Hospital, Illing said. New Orleans Emergency Medical Service Lt. Jonathan Fourcade said paramedics and police brought the pair from the VA to the trauma center at University Medical Center nearby.

Outside the VA hospital Monday morning, a law enforcement officer was seen picking up a bumper that had apparently fallen off a car.

St. John Sheriff Mike Tregre and the commander of his narcotics deputies, Tanner Mangano, were among the various officials at the scene of Monday's shooting.

Tregre did not comment on the case.

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5.2 - The Sacramento Bee: [An officer with PTSD fatally shot a mentally ill man. He's still on the force](#) (10 September, Molly Sullivan, 4.8M uvm; Sacramento, CA)

LOS BANOS - Los Banos police Officer Jairo Acosta knew he had post-traumatic stress disorder from his time in the Army.

On a medical questionnaire, he reported severe hearing loss and blurry vision, severe anxiousness and recurring tense feelings. He wrote that he struggled with forgetfulness and had difficulty concentrating, according to evidence admitted in court. He also reported having a very low frustration tolerance and that his symptoms were affecting his social life, marriage and work.

He never told his superiors about those problems, and continued to patrol the streets of this rural farming town in Merced County.

In 2013, Acosta shot and killed a schizophrenic man during a domestic disturbance call. In a narrow bedroom hallway, Acosta said Sonny Lam, 43, attacked him with scissors, leaving him no choice but to use deadly force.

Last month, a federal jury in Sacramento gave a resounding vote of no confidence to Acosta's version of events and said his conduct was "malicious, oppressive or in reckless disregard" of Lam's constitutional rights. They awarded Lam's family \$2.75 million. Only about a half-dozen cases involving police use of force have yielded sums that large in shootings in the Sacramento region during the past 15 years.

The case provides an unusual look into the mental health and disciplinary history of a California police officer. In California, the privacy of law enforcement personnel is closely guarded by the Police Officers' Bill of Rights – a protection that was hotly debated in the state Legislature this year after the high-profile shooting of Stephon Clark in Sacramento. The Legislature recently passed Senate Bill 1421, which would force law enforcement agencies to release the details of use-of-force investigations, as well as personnel records of cops who commit crimes while on duty. The bill is on Gov. Jerry Brown's desk.

In a rare occurrence, Melissa Nold, the civil rights attorney representing the Lam family, was able to win access to Acosta's medical records. She said more routine access to this type of information could prevent incidents like the Lam shooting and provide better policies and practices for law enforcement.

"Transparency allows for different observations from different people who have different skill sets," Nold said. "When things become public, that puts us in a position to demand policy changes. The only ways those changes are made is with public pressure. The only way you get public pressure is when the public knows."

Acosta could not be reached for comment. Dale Allen, Acosta's attorney, said the litigation was ongoing and Acosta could not comment on it until it came to a close.

"We respectfully disagree with the jury," Allen said.

The victim

According to documents in the case, on Sept. 2, 2013, Acosta responded to a non-urgent assault call. Acosta saw then-80-year-old Tan Lam, Sonny's father, standing outside. Tan, a Vietnamese immigrant, told the officer in the little English he knew that his son was inside and he'd "lost his mind."

They had argued over car keys. Sonny pushed his father, tried to slap him and told him to stay out of his room, Tan said.

Sonny had been off his medications for months, and his father called the police hoping they would take his son to a "special hospital" where he would get treatment, according to his court testimony. The younger Lam had been diagnosed with schizophrenia while working as an engineer in San Jose, his sister Mimi Lam said in an interview with The Bee. He had demanded his parents take him to the hospital because he said the government had put a chip in his leg and he had to get it out, she said. "That's when we found out he had schizophrenia," Mimi said.

Slowly, the disease began to eat away at the life he had worked to build since immigrating to the United States as a teenager. He would hear voices, see things and talk back to those voices, Mimi said. When he could no longer keep up with his engineering work, Sonny went to work at a family member's restaurant in Paso Robles and eventually moved to Los Banos with his parents, where he – with the help of medications – became their full-time caretaker.

He took his parents to doctor's appointments, did the cooking and grocery shopping and paid the bills, Tan said.

But then it all stopped. "He stopped taking the medication and his mind was not clear and his health was weak," Tan said in court with the help of an interpreter.

Tan and Mimi said they sought help from a mental health rehabilitation facility, looking for a way to get Sonny back on his medications, but they said they could not because he was over 18. They advised Tan to wait until Sonny's condition worsened and then call the police.

On the day he died, Sonny Lam retreated to his room after arguing with his dad.

Tan drove to a friend's house and asked her to call 911 because she spoke more English than he did.

The shooting

Acosta arrived to what he thought was an "assault" call at the Lam home, according to court documents. Tan was standing outside and Acosta observed that Tan had blood on his lip, court documents say.

Acosta entered and found Sonny in his room, sitting in a swivel chair wearing only jersey shorts, according to court testimony. Sonny was extremely protective of his room, Tan said in court documents. He would become agitated and upset when people tried to enter.

Acosta entered, put his hand on Sonny's shoulder, and tried to get him to leave the room. Sonny did not budge and swatted his hand away, court records said.

Then, according to Tan, Acosta "challenged" Sonny, saying "beat me, beat me," but Sonny didn't hit the officer.

Acosta testified in court he never made that challenge, and Sonny hit him without provocation.

The two men struggled. Acosta had ordered Tan to wait in the hallway, Tan said in court.

Acosta said in court Sonny came at him "with what I thought at the time was a knife," and stabbed him in the forearm, above the wrist. That attack tore a hole that appeared to be smaller than the buttonhole on the shirt cuff but broke the skin, according to photos shown in court.

A knife was never found, but investigators took red-handled scissors into evidence.

Acosta pulled his .45-caliber pistol and said he fired his first shot after Sonny grabbed the barrel, trying to take it away. The bullet went through Sonny's right lower leg and lodged in the bedroom floor, court records show. Acosta then backed into the hallway because his gun jammed. As he tried to fix it, he said, Sonny advanced with the scissors again, making a stabbing motion. Acosta fired a second fatal shot, court documents say.

The autopsy report found Sonny Lam had no markings or gunshot residue to indicate that he had touched the gun or was close enough to it for them to show up.

There were no stippling abrasions, soot or muzzle burns on Sonny's body, said Merced County medical examiner Dr. Mark Super in court.

Tan only heard the shots, but he came around the corner to see his son on the floor, bleeding and crying out in pain, he said. He watched Sonny wheeled out on a stretcher by police officers. He found out his son was dead later that night after giving his statement at the police station.

The cop

Acosta was not criminally charged for Sonny's death, nor was he disciplined for not disclosing his diagnosis. But the jury didn't agree with Acosta's version of events, saying in the verdict that they didn't believe Sonny grabbed Acosta's gun prior to the first shot or that he approached Acosta with scissors before the second shot.

Chief Gary Brizzee of the Los Banos Police Department said an internal investigation after the shooting cleared Acosta of breaking department policies or procedures. He said he was unsure if Acosta's PTSD diagnosis was known to the department or if it factored into the investigation.

"I'm sad and disappointed in the verdict in this case, and the city is appealing the verdict," Brizzee said.

He said if the diagnosis were true, the department "would follow up on that," but at this point no further investigation was planned.

Acosta's PTSD came to light when attorneys for the Lam family reviewed Acosta's disciplinary record and noticed a trend.

"When I reviewed his disciplinary history, a couple of the incidents to me showed hyper-vigilance, things that startled him that would not usually spark a startle response," said Nold, the Lam family attorney. "Those things sparked what to me I knew to be PTSD, so that started the inquiry."

"If nothing else this guy needs to be evaluated, and he hasn't been," she said.

Before joining the Police Department, Acosta was assigned to an artillery unit in the Army and was deployed to Iraq in 2005, where he served as an infantryman, Allen said.

Sitting expressionless in court in August, Acosta still has a military bearing with a shaved head and square posture, his hands often clasped in front of him.

Acosta said in court he started experiencing symptoms in 2010, feeling anxious and on edge.

While in Iraq, Acosta was exposed to improvised explosive devices, known as IEDs, which doctors say gave him a mild traumatic brain injury, according to a court deposition.

Traumatic brain injuries are essentially concussions, according to the National Center for PTSD, and often affect soldiers and veterans who encountered explosions, commonly from IEDs. Many people who suffer traumatic brain injuries develop PTSD, according to the center.

That year, he was reprimanded at work for kicking in a door after he thought someone inside a house had thrown a rock at his patrol car, disciplinary records admitted as evidence in court showed. No one was in the house, and the police department admonished him for damaging the door.

He said he kicked the door because "he was pissed off," according to court documents.

His symptoms were exacerbated by a demanding work schedule on the graveyard shift and the stress associated with raising two young children, Acosta said in court. After a year of wrestling with the ups and downs, his wife asked him to get help, and in February 2011 he tried to, he said.

While waiting for his appointment at the VA Medical Center in Fresno, Acosta was asked to rate the severity of his symptoms on a survey, and for the first time, he reported the extent of his mounting problems, a court deposition showed. An attorney for the Lam family read his

responses in court; Acosta circled 3's and 4's indicating his symptoms were severe and very severe.

After an 80-minute conversation, a VA clinical psychologist diagnosed Acosta with chronic PTSD, and scheduled a follow-up appointment. But he never showed. Nor did he seek out any further professional treatment – and he never told his police department, court testimony showed.

Acosta later filed for disability with the VA, but his claim was denied because of his lack of follow-up, according to court testimony. His problems at work continued, however.

A year after his diagnosis, in 2011, Acosta unholstered his gun and told a community service officer to “go to the f----- police department.” The community service officer later filed a complaint and the department reprimanded him for “discourteousness,” according to court records.

Allen, Acosta's lawyer, said he will file a motion next week with the intent of eventually appealing the verdict in the Lam case.

“We do believe that the only evidence in this case supports that Officer Acosta was under a lethal threat,” Allen said. “... We believe that evidence will support and did support that he was under an immediate threat. The jury disagreed with us. It was a highly emotionally charged case and I think that emotion may have carried the verdict.”

The aftermath

Tan now lives alone in the same Los Banos home. Faint bloodstains from his son are still visible in the hallway carpet. His wife, who was hospitalized at the time of the shooting, died a year after Sonny.

Sonny's room is mostly empty and the door is usually kept closed. His clothes still hang in the closet, new socks are still in a plastic bag from the store. Sonny has been gone for five years, but the odor of his cigarettes still lingers in his room.

“I come in here every now and then to visit my son,” Tan said, his daughter Mimi translating for him.

Acosta is still on active duty and now works as a detective in Los Banos. He still has not reported his diagnosis to the Los Banos Police Department, according to Allen.

Ed Obayashi, a deputy sheriff in Plumas County and use-of-force expert, said officers are obligated to report conditions to their department that may affect their work.

“If you can't do your job, you're supposed to report it to your supervisor,” he said. “That's just dereliction of duty, period.”

“It's not a crime to not report it, but If you fail to disclose that, as a peace officer you could be subject to discipline up to and including termination,” Obayashi said.

The Lams were not aware that Acosta remained at the department, and said it causes them further pain to know he is still on the force without having received treatment for his PTSD.

“Wow, that would break my dad’s heart,” Mimi said. “I mean, you know, we went through all this. It’s just about justice for my brother but also that, I mean, there should be consequences, you know, for (Acosta’s) wrongdoing ... I thought after all the evidence came out, there should be some changes.”

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5.3 - Newsday (Video): [Mobile health center for veterans coming to North Hempstead Town, Schumer announces](#) (10 September, Christine Chung, 3.2M uvm; Melville, NY)

Two months after North Hempstead town officials and veterans started a petition for a veterans outpatient clinic closer to home, a mobile veterans center for basic health needs will arrive in town later this month, Sen. Chuck Schumer announced Monday.

The mobile center will serve as an interim option while discussions continue with the U.S. Department of Veterans Affairs for a permanent new clinic, officials said.

“Our local veterans deserve a more immediate solution to their travel issues while the VA’s review to establish the community-based clinic is underway, and this new unit is just what the doctor ordered,” Schumer (D-N.Y.) said in a news release. “While we continue to make the case for a new outpatient clinic, North Hempstead vets will soon benefit from greater convenience for some of their everyday medical needs.”

The mobile center will likely visit the town up to three times per week, though the schedule has not yet been finalized, a Schumer spokesman said. Town officials said the center will be at the Clinton G. Martin Park in New Hyde Park.

“Veterans will have the opportunity to access primary care, podiatry care and many other services that they need and deserve,” Supervisor Judi Bosworth said in a news release.

Aging veterans in the town have said that it is increasingly difficult for them to travel to the nearest VA Center in Northport. Rich DeMartino, a Vietnam War veteran who served in the Navy, said the mobile center was a better and more convenient alternative to the long drive senior veterans now undertake.

“It’s going to mean tremendous flexibility for the veterans in the North Hempstead area and in the ease of getting any kind of medical assistance,” said DeMartino, 68, of New Hyde Park.

A permanent community-based outpatient clinic would act as a satellite location where veterans could also receive basic treatment, such as health checkups.

There are 47 community-based outpatient clinics in New York State, according to the VA website. Nassau County has two clinics, one each in Valley Stream and East Meadow. There are three clinics in Suffolk County, in Riverhead, Patchogue and Bay Shore.

In 2017 and 2018, 30 new clinics opened across the country, joining a total of more than 1,200 clinics nationwide, a VA spokeswoman previously told Newsday. The department prepares an annual capital plan bookmarking potential locations, and final decisions about VA hospitals and

medical facilities are subject to the authorization and appropriations process, which is controlled by Congress, she added.

Bosworth said in a statement that the town would be a good fit for a permanent clinic.

"The Town is an ideal place for a Community Based Outpatient Clinic because of our large veterans population," she said. "It now takes our veterans hours to get to Northport's VA Medical Center, and so this will have a tremendously positive impact."

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5.4 - The Times of Northwest Indiana: [Northwest Indiana veterans have few options for quality nursing home care](#) (10 September, Giles Bruce, 1.1M uvm; Munster, IN)

PORTAGE — The cargo van backed into a driveway on an idyllic block, where every other house is the mirror image of the one before it. Behind the wheel was a husky guy donning a Marine hat, a U.S. Marine Corps. lanyard around his neck.

He electronically moved his driver's seat back, then shifted his body into a wheelchair, letting out an "uh" as he plopped down. The van's side door opened. A ramp automatically lowered to the ground, and Walt White wheeled himself forward.

Nearly four years after suffering a debilitating stroke, the 74-year-old veteran — he served in Vietnam and Operation Desert Storm — largely takes care of himself. An aide helps with household chores, and White sometimes eats at the assisted living facility across the street, but he is otherwise independent.

In early 2015, that wasn't the case.

After being discharged from the Jesse Brown Veterans Affairs Medical Center on Chicago's West Side, the hospital sent him to Merrillville's Golden Living Center, the VA-contracted nursing home for Northwest Indiana.

While there, White said, often no one would get him out of bed in the morning because the facility was so short-staffed. One day, he said, he didn't get his soiled diaper changed until noon. A woman with a memory disorder would wander in and out of people's rooms, including his, taking stuff, he said.

The care was subpar, White said, but he didn't have a choice: Golden Living Center is the only nursing home the VA contracts with in Lake, Porter or LaPorte counties. Medicare gave the facility its lowest possible quality rating, 1 star out of 5.

The facility was below the national average in such categories as falls with major injury, worsening of patients' ability to move independently, high-risk pressure ulcers, lack of improvement in function for short-term patients, and patients receiving antipsychotic medications, according to Medicare. Each staffer took care of 110 patients per day, compared to 71 statewide. The facility had 11 citations in its most recent health inspection, and the same number in its last one, in 2016; the state average was 5.8.

A national trend

As recent news reports have pointed out the lack of quality at VA-operated nursing homes around the country, this instance shows the issue extends to the facilities the VA contracts with. Veterans often don't have options but to go to poor-quality nursing homes, either for geographic or family reasons.

"No veteran should have to tolerate a one- or two-star nursing home," said Tom Pappas, a Portage veteran who advocates for vet-related issues in Northwest Indiana. "If the VA won't pull their contracts, then Congress should."

The VA released the ratings in June as USA Today and the Boston Globe were preparing to publish a report that the agency had hid the ratings for years. VA officials claimed the Trump administration had planned to make the ratings public anyway and blamed the Obama White House for not putting them out sooner.

In a response to a question from The Times, Jay Kenworthy, a spokesman for U.S. Sen. Todd Young, R-Ind., said their office has reached out to the VA to learn more about the contracted nursing homes, including the one in Merrillville. Young recently visited a VA nursing home in Marion to talk to officials there about its low-star rating.

"These new ratings from the VA allow us to more easily identify and hold accountable the facilities and regions most in need of improvement," U.S. Sen. Joe Donnelly, D-Ind., said in a statement, "and I will continue to work nonstop to ensure these facilities meet the standard our veterans deserve."

U.S. Rep. Pete Visclosky, D-Gary, said in an email that he plans to work with his colleagues on the House Appropriations Committee, which regulates federal spending, "to improve the ability of the VA to provide timely and quality care to veterans at all stages of life." He encouraged any Northwest Indiana veteran in need of assistance to contact his office in Merrillville.

Pappas, the Portage veteran, wants the VA to give veterans vouchers to get care at the nursing homes of their choice. The agency has a similar program for medical care, Veterans Choice, where vets who are too far from VA facilities can go to community hospitals and clinics.

Regional VA responds

Lela Vance-Glover, a regional spokeswoman for the VA, said the agency has clauses in its contracts for performance and quality of care, but Golden Living Center hasn't violated them. Staff from the Jesse Brown VA Medical Center, including nursing, social work, dietary and safety personnel, regularly visit veterans at contracted nursing homes and monitor state inspection reports, she said.

"We can put a facility on deferment. We can immediately pull a patient out and take them somewhere else until the issues are rectified," said Marc Magill, director of the Jesse Brown VA Medical Center.

He compared the VA star ratings to those of hotels: Just because a nursing home has one or two stars doesn't mean it's unsafe; it only indicates the quality is lesser.

Still, he said, "Our veterans deserve a higher-star quality."

But he noted that's hard to do under the current system. VA pays at the same rate as Medicaid, he said, so many higher-quality facilities refuse to contract with the VA. To help alleviate this, Magill said he has started to offer the higher, Medicare reimbursement rate for nursing homes on the Illinois side, and is hoping to do so in the six Northwest Indiana counties he oversees.

Veteran paid his own way

Nearly two years into his stay at Golden Living Center, White felt he wasn't making any progress.

So he transferred to an assisted living facility in Portage, where he would have to pay out of his own pocket, about \$4,000 a month (he said the VA was paying \$7,000 monthly to keep him at the old place). He said that while the new facility wasn't perfect — it served less-than-nutritious food, he said — it was a world of difference from the Merrillville nursing home.

"I was just being warehoused there," he said. "The VA just stuck me there and left me there. I'd still be there if I was happy to be a potted plant. They just maintained me, kept me alive."

Golden Living Center's owner, Danville-based Hendricks Regional Health hospital, didn't respond to requests for comment. An administrator at the nursing home hung up on a Times reporter.

White noted that he wasn't physically abused at Golden Living Center; the facility was just understaffed, employees were underpaid and overworked — typical of the nursing home industry as a whole. But he didn't have a lot of alternatives, particularly since he wanted to stay close to his kids in Crown Point.

The next closest VA-contracted facility is 35 miles south. But that nursing home, Aperion Care DeMotte, also has a one-star rating. After that, the nearest is Valley View Healthcare Center in Elkhart, 85 miles away (rated two stars). The nearest five-star nursing home is Peabody Retirement Community in North Manchester, 120 miles from Merrillville.

Despite the cost, White is happy in his new digs, a spacious townhouse outfitted with a huge TV, where he binge-watched the show "Breaking Bad," about his namesake, a high-school chemistry teacher turned meth kingpin.

But White knows many veterans aren't as fortunate. He has pensions from the military, from working at the steel mill, from being a state employee; he gets disability from Agent Orange exposure, Social Security benefits. Otherwise, he might still be stuck in a nursing home.

"I'm lucky," he said, seatbelted into his wheelchair. It had two flags sticking out the back: one with the Marine Corps logo, the other an American flag.

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5.5 - WFED (AM-1500, Audio): [VA's monthly caregivers program lacks sufficient access](#) (10 September, 854k uvm; Washington, DC)

Veterans eligible for monthly caregivers sometimes have a hard time accessing the program. That's because support coordinators at the Veterans Affairs Department took too long to

determine eligibility. That's according to the VA inspector general Michael Missal, who joined Federal Drive with Tom Temin.

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5.6 - WLRN (NPR-91.3): [Bill Would Allow VA To Prescribe Medical Marijuana In Some States](#) (10 September, Julio Ochoa, 166k uvm; Miami, FL)

Sen. Bill Nelson filed a bill last week that would provide veterans with access to medical marijuana at the VA and open doors for more research on the drug.

The bill would allow VA doctors to prescribe medical marijuana to veterans in the 31 states where it is legal.

"In states where medical marijuana is available, veterans certainly ought to have it in the federal veterans administration medical system," Nelson said.

Since marijuana is still considered illegal at the federal level, doctors at the Department of Veterans Affairs are prohibited from prescribing it to veterans and research cannot be done to determine its efficacy at treating conditions from pain to PTSD and traumatic brain injuries.

Nelson's bill, which is cosponsored by Sen. Brian Schatz, D-Hawaii, would provide \$10 million for research into the use of marijuana to treat veterans in pain and \$5 million to study how access to medical marijuana may reduce opioid abuse among veterans.

"If we are serious about helping our veterans to give them the quality of life out of respect for what they have done in service to the country and if we know that veterans coming back more recently from Afghanistan and Iraq are having such severe pain issues ... then we ought to be helping them," Nelson said. "The last thing we want to happen is for them to get addicted to opioids."

Nearly 60 percent of veterans who return from service in the Middle East and more than 50 percent of older vets who use the VA are living with chronic pain, Nelson said.

Veterans in Florida and other states have been pushing the federal government to reclassify marijuana to reflect its medical value. Marijuana is classified as a schedule 1 drug, along with heroin, LSD and ecstasy.

The American Legion polled its 2 million members and found that 92 percent favored more Marijuana research. The organization's members are war veterans and 22 percent reported using marijuana for medical reasons.

The group has since pushed Congress to reclassify marijuana but that request has gone nowhere.

At a recent stop in Orlando, new VA Secretary Robert Wilkie says he's got to follow the rules.

"I'm not a doctor, never played one on television," Wilkie said. "I'm not a scientist. I will follow the federal law. And the federal law is very clear."

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5.7 - On Top Magazine: [83 House Lawmakers Urge VA To Cover Gender Reassignment Surgery](#) (10 September, Carlos Santoscoy, 52k uvm)

In a letter to the Department of Veterans Affairs, 83 mostly Democratic lawmakers have called for the VA to cover gender reassignment surgery.

In the letter, dated September 7, 83 House members called denial of the procedure for transgender people “unconscionable.”

“Simply put, the VA has an obligation to provide the necessary care that is prescribed to enrolled veterans by their health care practitioners,” the letter states. “It is unconscionable to deny veterans the same access to health care services that civilians receive in the private sector, and that is available to Medicare beneficiaries and federal workers, simply because of outdated and unscientific prejudice against their gender identity.”

There are an estimated 160,000 transgender veterans in the United States.

“It is simply unacceptable that we would ask our veterans to risk their lives to protect our rights but we would refuse to defend theirs in return,” said California Representative Julia Brownley, top Democrat on the House Veterans Affairs Health Subcommittee. “The VA must put an end to this discriminatory and outdated ban on treatments for gender dysphoria and ensure that all our nation’s veterans have access to the health care they have earned.”

Outgoing Florida Representative Ileana Ros-Lehtinen, who has a transgender son, is the only Republican to join the effort.

Charlotte Clymer, a spokesperson for the Human Rights Campaign (HRC), said in a statement that the exclusion of gender reassignment surgery from VA coverage “undermines the health and wellbeing of transgender patriots who have laid their lives on the line for this country and their families.”

The VA’s policy of not covering such procedures is currently being challenged in federal court.

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5.8 - ConnectingVets.com (CBS Radio): [How to keep VA benefits and services flowing during Hurricane Florence](#) (10 September, Jonathan Kaupanger, New York, NY)

Hurricane Florence is a category 4 storm and it’s heading towards the United States with the Carolina’s directly in it’s path. With maximum sustained winds of 130 miles per hour, the damage could be catastrophic. Here’s some VA information that you need to know before, during and after the storm hits.

Is my VA open?

Just like in the military, the operating status for all Veterans Affairs facilities is posted daily. To find your medical center or facility, go to the locations section of the VA website. The country is

split into separate Veterans Integrated Service Networks or VISNs. Click on the VISN number that corresponds with your state.

Next, find your medical center. Don't worry about the outpatient clinics or CBOC links, you'll find the operating status for these smaller clinics under the umbrella of the larger medical center. Once you locate your primary medical center, find the operating status button at the bottom of the grey links on the left side of the page. You can subscribe to receive text updates here so you know about closures as they happen. You can also find links to emergency services in your area at this site.

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6. [Suicide Prevention](#)

6.1 - Orlando Sentinel: [Orlando VA hosting Suicide Prevention Awareness Fair on Sept. 14](#) (10 September, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The Orlando VA Medical Center is hosting a Suicide Prevention Awareness Fair on Friday, Sept. 14 at its Lake Nona campus at 13800 Veterans Way.

A Suicide Prevention Awareness Walk is scheduled for 7:30 a.m. in front of the building.

"Suicide prevention is one of our highest priorities," said Orlando VA Medical Center Suicide Prevention Coordinator Janet Gates, in a news release. "We will not relent in our efforts to connect Veterans with lifesaving support before they reach a crisis point."

The event is open to the public and feature information tables and resources from the VA and community partners.

The event is part of Florida Veterans Suicide Prevention Awareness Week, which is between Sept. 9 and 15.

If you need help or more information, call Veterans Crisis Line, (800) 273-8255 and press 1.

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6.2 - Columbia Daily Tribune: [Suicide prevention week offers reminder that help is available](#) (10 September, Pat Pratt, 468k uvm; Columbia, MO)

National Suicide Prevention Week began Sunday, an annual campaign that aims to encourage dialogue among professionals and the public regarding suicide, which continues to be one of the leading causes of death in Missouri and the U.S.

Doreen Marshall is a psychologist who has been engaged in suicide prevention efforts for more than a decade. She joined the American Foundation for Suicide Prevention in 2014 and this week is speaking across the nation to raise awareness.

"All folks who have an interest in suicide prevention come together to promote efforts for prevention and make known the need of those who have been affected by suicide," Dr. Marshall said. "It is a national effort and you will hear probably a lot through the week from various organizations who have suicide prevention as part of their mission."

Suicide is currently the 10th leading cause of death in the U.S., claiming the lives of almost 45,000 Americans each year, according to the American Foundation for Suicide Prevention. On average there are 123 suicides reported each day.

The demographic most affected is middle aged white males. About 70 percent of suicides in 2016 were middle-aged white males. Suicide is also the second leading cause of death among young people between 15-24.

The reasons for suicide are varied and range from a stressful life event or events such as loss of a partner or job, to an underlying mental health issue.

"Certainly no one thing causes suicide," Marshall said. "When we look back through the vantage point of those who have died, one thing that is a big driver is untreated or under-treated mental health concerns. Either they were undiagnosed or if they were, they may not have received proper treatment.

"We know the vast majority who do receive treatment for mental health concerns do not go on to end their lives."

Suicide rates have been climbing in Missouri for almost two decades. According to the Centers for Disease Control, the state in 2016 ranked 13th in the nation for suicides, with a total of 1,133 Missourians suffering a self-inflicted death. The state was ranked 16th in 2015 with 1,052 suicides reported and 18th in 2014 with 1,017 reported.

Missouri Department of Mental Health acting Deputy Director Debra Walker also said on Monday there is no one commonality among victims, other than they are in pain.

"There is not one underlying factor that leads to suicide," deputy director Walker said. "What we do know is that the individual who is considering suicide is likely experiencing a great deal of emotional pain. If someone is struggling with thoughts of suicide we recommend reaching out. This can mean reaching out to the resources mentioned below or a loved one, a primary care provider, a mental health organization, or even a member of your congregation."

Veterans of the U.S. Armed Forces also continue to see higher rates of suicide proportionally than their civilian peers. A recent Veterans Affairs report indicates 20 veterans commit suicide each day.

Locally, the Harry S. Truman Memorial Veterans' Hospital has a number of events scheduled throughout the week. Those include films, discussions, training and other events. The hospital can be reached at (573) 814-6000 or on social media.

Some of the warning signs of suicide, according to the organization Suicide Awareness Voices of Education, include a person talking about wanting to die or commit suicide, talking about feeling hopeless or having no purpose. Mood changes or increased substance abuse can indicate underlying mental health issues, experts say.

“It is very important that folks feel comfortable asking directly about suicide,” Marshall said. “If you are concerned about someone in your life, it’s important to just ask them directly. You might say to them ‘I noticed you are feeling overwhelmed and when people are feeling that way they might have thoughts of suicide.’ Then reassuring them that help is available.”

Help is available to families, friends or individuals. The National Suicide Prevention Hotline is available 24/7 at 1-800-273-8255 and provides free and confidential emotional support. An online chat option is also available at suicidepreventionlifeline.org/chat/. The Crisis Text Line also operates 24/7 by texting HOME to 741741.

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6.3 - The Jackson Sun (Video): [Veteran travels across U.S. to raise awareness of PTSD](#)
(10 September, Cassandra Stephenson, 443k uvm; Jackson, TN)

U.S. Army veteran Eli Smith rode through the rain into Jackson on his 250-pound bicycle on Thursday. Jackson is just one stop in his more than 15,000-mile, 3-year journey to the four corners of the United States, all in the name of raising awareness for Post-Traumatic Stress Disorder in veterans. And it’s not the first time he’s braved the elements to spread his message.

“People ask me, ‘What happens if it rains?’” Smith said, sitting in a hotel lobby, wearing a sun-faded, red 4 Corners Hike T-shirt and an Army green ball cap. “I get wet. That’s how it works.”

Smith, a 38-year-old Ohio native, served as a tank gunner in Korea until 2002. He started thinking about ways he could help veterans with PTSD after losing some of the men he served with to suicide.

“It didn’t sit very well, to say the least; and I didn’t really understand it so I looked into it more,” Smith said.

At the time, an average of 22 veterans died each day from suicide, according to the Department of Veterans Affairs.

“I thought that was just too many,” Smith said. He sold all his possessions and set out to travel by foot across the United States, stopping in as many major cities as he could along the way to raise awareness about PTSD.

PTSD is a stress disorder that affects those who have been through trauma. The risk of suicide in veterans is 22 percent higher than that of non-veteran adults in the U.S., according to the Department of Veteran Affairs. Currently, an average of 20 veterans each day commit suicide, according to VA data.

Smith did not do any training before starting his trek in Pensacola, Florida, in 2016. He walked west to San Diego and then to Seattle. He shed 70 pounds over the course of the first two legs of his journey.

After reaching Seattle, Smith said his knees and back were suffering under the strain of constant hiking. He switched to a Pedago bike, donated to him by the company, and re-launched his journey from Las Vegas. The bike, he said, allowed him to add an additional 3,000

miles to his trip — and will allow him to complete the journey in three years instead of the originally planned three and a half.

Before setting out from Las Vegas, the last time Smith had ridden a bicycle was when he was 14 years old, he said.

“I’m getting the hang of it, a little bit,” he said. “I still wreck every now and then. It’s no fun, the bicycle weighs about 250 pounds.”

Smith has traveled more than 10,500 miles since he started his journey, and the trip has been fraught with near-disasters.

Most recently, he was robbed at gunpoint in a small town in Iowa. A gang in San Diego put a bounty on his head for an initiation after seeing him on television. He was almost kidnapped in Texas, he’s been hit by cars, been bitten by a dog, ran into bears, gotten lost in the woods and suffered heatstroke.

But it’s all worth it, he said.

“I’ve received 12 letters so far from veterans that have come across the journey and changed their mind about suicide,” Smith said. “And those — I can’t even think about those letters; I’ll start bawling my eyes out.”

Smith said that people from all over coming together to help this cause is what has surprised him most about his journey.

“[It’s] the contrast from what you see on big news networks, because you see all that division,” Smith said. “I’m not seeing that. I’m literally on foot, on a bicycle, going across the country and meeting people from all over, and everyone — it’s amazing to see everyone come together for something that’s just good, that has nothing to do with politics, race, religion, none of that.”

He walked through San Francisco on Pride Weekend, he said, and he was apprehensive about how he would be received. A group of people threw him a party at a gay bar.

“It was just amazing,” Smith said.

Many people along the way have offered Smith a helping hand. He has stayed in strangers’ homes and been treated to dinner at local restaurants. When he arrived in Jackson, Longhorn Steak House invited him in for a meal. He ate with the owner of Central Barbecue in Memphis.

“Y’all have been feeding me too much in Tennessee,” Smith said, laughing. “I can’t eat as much as I used to.”

Smith now spends most of his nights in hotels, but still tries to meet with as many people as possible, especially veterans. He visited the Veterans Affairs Clinic in Jackson, just as he tries to do in other cities he stops in.

He plans to make it to Columbus, Ohio, by the end of October, where he said he will stop to plan the next and final leg of his journey, and wait out the east coast snow. He said he will spend a week and a half in New York City, and stay in Washington, D.C., for a while, speaking with politicians, congressmen and leaders from the Veterans of Foreign Wars organization.

Smith's four corners journey will be over when he reaches Key West, Florida, but Smith isn't going to stop his efforts there. He said he'll take about a month to sleep and "do nothing," but then he will jump back into helping veterans. He said he might want to canoe down the Mississippi River. Australia and England have expressed interest in having him come raise awareness there.

"That might be something that I might do, because we fight beside them over in the Middle East as well," Smith said.

In the roughly two and a half years he's been on the road, Smith said he's learned three lessons: trust your gut instinct, ask for help, and that "people are awesome in this country."

But knowing it's okay to ask for help is something he focuses on sharing with others.

"A lot of veterans were trained and told, 'Suck it up and keep going on,'" Smith said. "That doesn't have to be the case."

Smith said the best thing someone can do for a veteran who may need help is finding their battle buddy.

"[With] PTSD, the battle buddy is the most effective person to help another vet," he said.

Smith said he understands that family, and spouses especially, might want to be the one to be there for that person, but he said he would "rather use the most effective ways to help people rather than the socially acceptable ways."

"It's hard, sometimes, for spouses ... you can only do so much, and that's just a fact," Smith said. "Others are more well-equipped to help with other situations."

Smith also recommends American Legions and VFWs as resources for veterans struggling with PTSD.

He said he's also received notes from spouses of veterans, thanking him for bringing hope to their husbands or wives.

"It's amazing, because I didn't think it would have this big of an impact at all," Smith said. "I thought, let's go walk around, pedal around, see what I can do. Say hey, let people know, and it's just absolutely amazing."

For more updates and information on Smith's trek, visit: www.facebook.com/4cornershike

If you or a loved one are a veteran struggling with PTSD, the Veterans Crisis Line is available at 1-800-273-8255. Call the number and press 1. The crisis line is also available via online chat at VeteransCrisisLine.net/Chat and via text at 838255.

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6.4 - WTLV (NBC-12, Video): [Gov. Scott proclaims this week Florida Veteran Suicide Prevention Week](#) (10 September, 321k uvm; Jacksonville, FL)

Florida governor Rick Scott proclaimed September 9-15 as Florida Veteran Suicide Prevention Week.

"Suicide is a public health challenge that causes immeasurable pain among individuals, families and communities across the country," Scott said in a press release Monday morning.

Scott said Florida is partnering in a new multi-year deal with the United States Department of Veterans Affairs and the Florida Department of Veterans' Affairs and Crisis Center of Tampa Bay to "connect veterans who are experiencing emotional or mental health crisis with lifesaving support."

Rick Scott was in Jacksonville Monday for his Make Washington Work bus tour.

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6.5 - Peninsula Daily News: [Port Townsend display illustrates battle some veterans face at home](#) (10 September, Jeannie McMacken, 192k uvm; Port Angeles, WA)

PORT TOWNSEND — On a small grass strip adjacent to the American Legion Post on Water Street is a display that reminds passersby of a statistic that is painfully real: Each day in the United States, an estimated 22 veterans commit suicide.

They are represented by 22 white crosses and 22 flags.

Local veterans Bob Saring and Andy Okinczyc are behind this visual reminder.

September is National Suicide Prevention Month, and for the past few years, Saring and Okinczyc have created powerful reminders of the veterans who take their own lives.

"This is something I saw online a few years ago. Another Legion post did it," Saring said. "We wanted to do it. We got the wood, built the crosses, painted them, and we put them in the ground at the beginning of the month."

He said community reaction to the installation has been heartfelt.

"It's amazing how many people stop and read it," Saring said. "We want to raise awareness. People don't realize this statistic and the impact of military service to our country has on so many."

"When you look and see 22 crosses and 22 flags, it hits you. We've had people come in and cry, and thank us. A Marine came in and wanted to join our post to help out vets."

Saring said the field of wooden crosses is meant to evoke the image of a World War I battlefield cemetery. Think of the poem, "In Flanders Fields," by John McCrae.

"These are our comrades who have passed. We want people to remember these are vets that have died, in part, because of the service they have given to our country," Saring said.

Ryan Britch, Traumatic Brain Injury and Post Traumatic Brain Injury programs coordinator at the American Legion National Headquarters in Washington, D.C., said that since the invasion of Iraq, there has been a sharp increase in veteran suicides, surpassing national civilian suicide rates.

"The target demographic is veterans 55 and older, but those 18 to 24 are 10 times the national suicide rate," he said.

"White Paper on Veteran Suicide," prepared by the Veteran's Administration Office of Mental Health and Suicide Prevention, reported the average number of veterans dying by suicide per day has remained relatively unchanged since 2005 and is comparable across the veteran population by military branch.

Vietnam era veterans represent the largest population of veterans by year and the second-largest number of deaths by suicides.

Joseph Plenzler of the American Legion National Headquarters said suicides can be tracked to four causes: post-traumatic stress disorder, traumatic brain injury, sense of belonging (reintegration into civilian life) and sense of purpose (discovering a post-service identity).

Secondary risk factors include substance abuse, financial distress, intimate relationship problems and legal issues.

The Department of Veterans Affairs (VA) has expanded its crisis line that takes up to a half-million calls every year, as well as electronic chats and text messages.

A June, analysis by the VA showed that veteran suicide has increased at a faster rate for those who have not recently used VA care and services available to them than for those who have used those services.

There are 350 members of the Marvin G. Shields American Legion Post #26 on the corner of Monroe and Water Streets which serves all of east Jefferson County. Membership is open to all service members who have served during a time of conflict.

The post was named for the local hero who was born in 1939 and grew up in Port Townsend, graduating in 1958. Petty Officer, Third Class Shields was mortally wounded in Dong Xoai, Vietnam, in 1965, and is the first and only Navy Seabee to be awarded the Medal of Honor. He also was awarded the Purple Heart, among other honors.

Saring reminded everyone that the American Legion's "22" display lasts just 30 days, but suicides happen all year round.

"We urge anyone if they are troubled or are having a hard time to call the National Suicide Prevention Lifeline: 1-800-273-8255, ext 1."

The National Veterans Crisis Line is available at any time by calling 800-273-TALK (8255), texting 838255 or online chatting at www.VeteransCrisisLine.net. The free, confidential service is for veterans, service members, their families and friends.

Discovery Behavioral Healthcare in Port Townsend provides free crisis services to all residents of East Jefferson County. Crisis services are available on a walk-in basis at 884 W. Park Ave.,

from 8 a.m. to 5 p.m., Mondays through Fridays. The 24-hour crisis line is 360-385-0321 or 1-877-410-4803.

In Port Angeles and Sequim, the crisis line for Peninsula Behavioral Health is 360-452-4500 or 800-843-4793. Offices are located at 118 E. Eighth St., in Port Angeles and at 490 N. Fifth Ave., in Sequim.

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6.6 - Spectrum News Charlotte (Video): [Suicide risk high among transgendered veterans](#)
(10 September, Katie Gibas, 119k uvm; Charlotte, NC)

BUFFALO, N.Y. — Diana Patton is one of the more than a million Americans who attempt to take their own lives every year.

"It was when I was losing everything. I was losing friends. I lost my house. I lost my wife," said Patton.

Diana had just come out as transgender. And that, combined with PTSD from her military service, exacerbated the situation.

"Because of the discrimination we face and the stigma we face with everything, it's very difficult to get help," said Patton.

Erie County Veterans Service Agency Director David Shenk said, "They see that as a weakness, and that's why they choose not to seek out services, and I think that's because of the nature of their military experience."

Veterans are twice as likely as the general public to attempt suicide. Some 41 percent of transgender people have tried to take their own lives at least once.

Recent data shows the majority of people who committed suicide weren't receiving any care for the underlying issues that led to attempt or commit suicide.

"When we talk about prevention efforts, that's where we continue to increase our focus, to see how can we partner, work with families, community members, other large systems to make sure that we're really doing whatever we can," said Jill Murray, behavioral health services manager with the VA. "There is, I'd say in the last five years here, very strong initiatives to make sure that we do have staff that are trained in those specific needs to make sure our treatment really meets those needs."

"I started with getting an LGBT rep. Get me established in a new apartment," Patton said. "They checked on me every three months, got me involved in crisis services and also helped me become a stronger advocate."

The CDC reports that 80 to 90 percent of people who seek treatment for depression are treated successfully. Advocates say as difficult as reaching out can be, it's an important first step on the road to healing.

If you need help, the local 24/7 suicide prevention hotline is 716-834-3131.

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6.7 - Valley Morning Star: [Commentary: You don't need training to help a Veteran](#) (10 September, Jina Jensen, 62k uvm; Harlingen, TX)

Year-round, and particularly during Suicide Prevention Month in September, the U.S. Department of Veterans Affairs (VA) empowers communities to take action and support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

You don't need to have special training to support the Veterans in your life, and we can all do something to help a Veteran who is going through a challenging time. Even seemingly small actions can have a significant impact: Preventing suicide begins with just the willingness to Be There.

Showing your support can be as simple as sending a Veteran a text message — inviting someone over to catch up or sharing a positive thought are both great ways to communicate that you care. Your words could be exactly what a Veteran in crisis needs to hear, and could be a reminder of the many people out there who are willing to listen.

Here are some sample text messages: "Hey Tom, haven't seen you around in a while! We should grab coffee this week. How about tomorrow?"

"Just letting you know I'm here for you if you need anything. Call me anytime!"

"Hey Amy, hope all is well with you! Been thinking about you today. I miss you!"

When you sense that a Veteran is not doing well, your words can help. You can make a difference by just starting a conversation. Although it can seem challenging, it is important to talk about difficult feelings and experiences. Keep in mind: Asking questions about thoughts of suicide does not increase a person's suicide risk. Instead, an open conversation can help someone feel less alone and let others into the Veteran's experience — and feeling connected is shown to reduce suicide risk.

Keep these best practices in mind when preparing for a conversation: Show that you are really listening. Remember to maintain eye contact and turn in toward the Veteran while they are speaking.

Validate the Veteran's experience. Even if you can't relate to what a Veteran is experiencing, you can tell them you understand that they went through something difficult, and show that you respect their feelings about it.

Let them decide how much information to share. Supportive and encouraging comments, rather than invasive personal questions, will create a space for open communication and avoid putting a Veteran on the defensive.

Don't be afraid to ask the question. When you are concerned about suicide risk, it's OK to ask people if they have ever thought about hurting themselves or taken action to prepare for suicide. The answers can help you consider next steps to take.

Simply reaching out to a Veteran in need and opening the door for a discussion could make all the difference. Learn more ways to show your support and Be There by visiting VeteransCrisisLine.net/BeThere to find more resources and information.

If you believe a Veteran in your life may be contemplating suicide, call the Veterans Crisis Line at 1-800-273-8255 and Press 1, send a text message to 838255, or chat online. Qualified and compassionate VA responders are on call 24/7/365 to provide guidance on how to connect Veterans with support and help keep them from harm.

Jina Jensen, Psy.D. is acting Associate Chief of Staff for Mental Health, VA Texas Valley Coastal Bend Health Care System.

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6.8 - Swellesley Report: [Suicide awareness in Wellesley — look down at the chalk messages](#) (10 September, 28k uvm; Wellesley, MA)

Back when I went to summer camp we did pretty simple things. But back then, things just seemed simpler. Today, I've been reminded by Dover Sherborn high school sophomore Sophia Katz that young people are facing stress levels that are through the roof and exacerbated by social media, academic pressures, and the high expectations that students try to live up to.

Today, on National Suicide Prevention Day, Katz spent her morning in Wellesley Square writing chalk messages of suicide awareness and prevention. According to the World Health Organization, Suicide is the 2nd leading cause of death in teens in America, and in grades 9-12 there are 3,041 suicide attempts every day. 5,723 teens die by suicide every year. These sobering statistics are not generally the kind of things that come up during summer camp conversations. Unless you're Katz and her friends who, when asked at camp to think deeply about an important topic, rose to the challenge.

Their decision: to work toward suicide prevention and awareness by chalking messages on busy public sidewalks in areas where young people are particularly likely to see them. Today that's how Katz spent a few hours in Wellesley Square. I'm sure that right now she's even more convinced that she and her friends are sending their considerable energies in the right direction.

A Dover Sherborn family loses their daughter

That's because when Katz returned home today from chalking on the sidewalks, she received a message that a classmate's sister died from suicide over the weekend. The family of the young woman, a talented artist who attended Dover Sherborn High School 2014 – 2017, said in an email that she "...took her own life after suffering many years of debilitating OCD...we encourage the community to pursue greater understanding of severe anxiety and its various manifestations."

Suddenly, an issue close to Katz's heart has come very close to home.

She says she first got involved when, "At summer camp we were asked to think of an issue in our lives that we wanted to do something about. We all said the stress teenagers face because of school, social media, and other things and how it impacts their mental health. That led to a

conversation about how terrible we all thought teen suicide was and how we all wanted to help prevent it. So we came up with the idea for this project to try to do our part to help in any way that we can.”

Katz and her friends Grace Snyder, a sophomore at Braintree High School, and Ariana Ghafouri and Ellie Hammond, both high school students in Virginia, came up with the idea to raise awareness about suicide prevention by chalking messages on busy public sidewalks in areas where young people are particularly likely to see them. In Wellesley, Katz has chalked her messages in front of the Wellesley College entrance area. The project’s goal is to raise awareness and educate people about the issue of teen suicide.

The sidewalk chalk messages are simple and direct: they list a Suicide Hotline number (800-273-8255); they note that “1 in 5 students have suicidal thoughts” and that there are “123 suicides per day in the U.S”, among other statistics.

Yale University loses one of its own

That the girls came to this project while at a camp on the campus of Yale University, which is reeling from the loss of one of its students to suicide last week, is a poignancy that is not lost on Sophie. “I have not been personally affected, but I understand how terrible and devastating suicide is and want to do whatever I can to help prevent it,” Sophie says. “We’re not professionals ourselves, so we hope to direct people to professionals who can help them through their mental health crisis.”

Suicide awareness, Wellesley

Some of Katz’s suicide awareness messages in Wellesley Square.

“We go out to different places and write statistics and facts on public sidewalks where people will walk by,” Katz says. “We also include the suicide hotline number at the bottom of each fact, this could be helpful to people walking by who are actively struggling with suicidal thoughts. By writing facts on public sidewalks we are able to reach and educate a large group of people, this being everyone who walks by our facts.”

And even through the forecast called for rain today, Katz was undeterred. She’s done chalk facts in the rain before, and understands the ethereal nature of her chosen medium. The impermanence of the installation doesn’t concern her. Her hope is that the pain of those who are suffering from mental illness will become impermanent as they receive treatment that can lead to healing. She is hopeful that her messages could lead someone to seek help, and lead others to awareness and sensitivity.

Chalk It Out

Because the girls live a good distance away from one another, it’s not possible for them all to participate on the same installation at the same time, but typically Katz and Snyder go out together and do it. They also post their facts on Instagram and Twitter using the handle Chalk It Out to help them reach an even greater amount of people.

Using chalk messages as a sign of hope is a tool other activists around the country have used to get their message of solidarity and hope across to often marginalized groups. The You-Are-Loved Chalk Message project started in 2005 at Drew University in Madison, N.J. Its goal was to combat hateful speech aimed at the LGBTQ community and send messages of hope to those

struggling with depression and/or feelings of isolation or suicidal thoughts. That specific project continued annually until 2012. Since then the mantle has been taken up by others like Katz and her friends, mostly with an emphasis on suicide awareness and prevention.

Katz's mother, Carolyn D'Ambrosio, says that out of the half-dozen places her daughter has done the project, Wellesley has been the most welcoming. Wellesley's Director of Public Health Leonard Izzo noted, "It's so important to raise awareness on this subject locally, which this project is directly doing. Mental health and suicide awareness prevention has been a major focus of the Wellesley Board of Health."

The town's mental health webpage has an anonymous online screening tool and a link to a Mental Resource Guide, which lists local, state, and federal resources. "We also have a Community Social Worker available at the Health Department to assist residents in need," Izzo says.

Veterans are at risk

With the anniversary of the September 11 attacks coming up tomorrow, I can't help but think about another at-risk group — the nation's veterans. Secretary of the Department of Veterans Affairs Robert Wilkie said in a letter about Suicide Prevention Month that for the country's 20 million veterans, "...the cost of defending freedom can be tragically high. On average, 20 American Veterans die by suicide each day."

The Veteran's Administration, too, is spreading awareness about the risk factors and warning signs for suicide in an effort to help people start the conversation around mental health and support for veterans in their communities. Their "Be There" campaign highlights the risk factors and warning signs for suicide, provides information about mental health and suicide prevention resources, and helps individuals and organizations start the conversation about mental health issues.

The American Foundation for Suicide Prevention provides warning signs, risk factors, statistics, treatment options and more on its website. The Centers for Disease Control also provides information.

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6.9 - WSEE (CBS-35): [Suicide Prevention Walk Raises Awareness](#) (10 September, Emily Matson, 23k uvm; Erie, PA)

The VA Medical Center is raising awareness to suicide and suicide prevention.

And they did that Monday with a suicide prevention walk and remembrance event.

Employees of the VA Medical Center, along with veterans and their family members were invited to walk around the VA campus to help raise awareness about suicide prevention, and remember those lost by suicide.

It's all to bring awareness to the resources available for veterans and their family members, related to suicide and suicide prevention, "Suicide is a taboo topic and we want to reduce the stigma around mental health to get more people engaged in behavioral health services," said

Shannon Brown, Suicide Prevention Coordinator at the VA Medical Center. "The research shows that veterans who are in treatment do better, that's why it's really important to get people connected to the Erie VA and the behavioral health clinic," Brown continued.

Suicide is prevalent among the veteran population, because of traumatic events they faced while in service, and veterans sometimes struggle with transitioning from service to civilian life. The VA hospital's Behavioral Health Clinic has lots of resources available to help those veterans and their families.

Click [here](#) to learn more about the suicide prevention services the Erie VA hospital provides. If you or a loved one is struggling, you can also call the Veterans Crisis Line at 1-800-273-8255 or chat online with someone, or send a text to 838255.

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6.10 - Spectrum News Buffalo (Video): [Suicide risk high among transgendered veterans](#)
(10 September, Katie Gibas, Buffalo, NY)

Diana Patton is one of the more than a million Americans who attempt to take their own lives every year.

"It was when I was losing everything. I was losing friends. I lost my house. I lost my wife," said Patton.

Diana had just come out as transgender. And that, combined with PTSD from her military service, exacerbated the situation.

"Because of the discrimination we face and the stigma we face with everything, it's very difficult to get help," said Patton.

Erie County Veterans Service Agency Director David Shenk said, "They see that as a weakness, and that's why they choose not to seek out services, and I think that's because of the nature of their military experience."

Veterans are twice as likely as the general public to attempt suicide. Some 41 percent of transgender people have tried to take their own lives at least once.

Recent data shows the majority of people who committed suicide weren't receiving any care for the underlying issues that led to attempt or commit suicide.

"When we talk about prevention efforts, that's where we continue to increase our focus, to see how can we partner, work with families, community members, other large systems to make sure that we're really doing whatever we can," said Jill Murray, behavioral health services manager with the VA. "There is, I'd say in the last five years here, very strong initiatives to make sure that we do have staff that are trained in those specific needs to make sure our treatment really meets those needs."

"I started with getting an LGBT rep. Get me established in a new apartment," Patton said. "They checked on me every three months, got me involved in crisis services and also helped me become a stronger advocate."

The CDC reports that 80 to 90 percent of people who seek treatment for depression are treated successfully. Advocates say as difficult as reaching out can be, it's an important first step on the road to healing.

If you need help, the local 24/7 suicide prevention hotline is 716-834-3131.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KCNC (CBS-4, Video): 'Special Place Of Healing': Cemetery In Colorado Springs Set To Open (10 September, Jim Benemann, 26.4M uvm; Denver, CO)

COLORADO SPRINGS, Colo. – It's taken two decades, but a new veterans cemetery is finally set to open on the eastern edge of Colorado Springs. It's estimated one in every resident in El Paso County is a veteran.

Clearly, the need for the new cemetery has been there, but it was tricky getting approval for the Veteran's Administration.

That's because the VA requires there be at least 75 miles between an existing veterans cemetery and a new one. The City of Colorado Springs is a little too close to Fort Logan National Cemetery in Denver to qualify.

That's when the intense lobbying began — by Southern Colorado vets, their families and the congressional delegation.

Wally Jones is retired from a career in the Air Force.

"Well, most of us GI's always say 'yes' when we're asked to do something. Then later we say what in the world have we gotten ourselves into?" Jones laughed.

They got themselves into one heck of a challenge, but they pulled it off.

Linda Lee-Witt's husband served in the Air Force and has passed away since his service. Linda worked hard with other veterans' families to make this happen.

"People are thrilled. There are hundreds of people who've kept ashes of loved ones on their shelves. They kept waiting and kept asking us when can we come there. They've just had so many questions."

The first burials will be in October, but what about that question of the 75 miles?

That stretch of Interstate 25 between Colorado Springs and Ft. Logan includes the often-treacherous Monument Hill. Bad weather can make the trip impossible for widows and other family members trying to get to Ft. Logan for burials.

In fact, a representative of the VA encountered that problem first hand when he got stuck in a spring blizzard when he came in for a field hearing on the cemetery issue a few years ago.

His experience really drove home the point that veterans and their families in southern Colorado needed their own cemetery.

The Pikes Peak National Cemetery sits on 374 acres and will be able to handle as many as 200,000 burials over the next 100 years.

"It's just wonderful for our proud veterans and their families. They have really rallied around this project and I'm so happy for them," said facility manager Paul LaGrange.

Linda-Lee Witt says the cemetery, even in these early stages, already feels like hallowed ground.

"The mountains in the background are a spectacular backdrop. This will certainly be a special place of healing for so many people."

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7.2 - Idaho Statesman (Video): [This mental health worker on wheels meets clients where they are. Even at gas stations](#) (10 September, Audrey Dutton, 1.1M uvm; Boise, ID)

MCCALL - Shawn Briley parks her car outside a convenience store and walks around to the back, where boxes of Doritos and Moon Pies get delivered. She meets Ed Robinson there about twice a week. They flip over milk crates to sit on, he lights a cigarette, and they start talking about what's on his mind.

The gas station is her second stop on this early spring day. The first was an apartment tucked into the woods, to see a client who would have to walk a few miles in the snow to reach her office.

Briley is a licensed clinical social worker in rural Idaho. She has a master's degree and about 20 clients, with an office in the first floor of St. Andrew's Episcopal Church in McCall.

Unlike many mental health professionals, she makes house calls. Or gas station calls. Whatever works for her clients. It's her way of solving one of the big hurdles in mental health access for rural Idahoans: getting to an appointment.

Access to mental health treatment is critically important to rural Idaho. Not only are Idaho's mountain and frontier communities short of psychiatrists, therapists and other mental health specialists, they tend to be poorer, uninsured or underinsured, and more isolated. Between 20 and 30 percent of people have no health insurance in the region where Briley works. Suicide rates are higher in rural areas than in urban cities.

About 28 percent of Idahoans live in rural areas. Not every one of those communities, though, has someone like Briley.

The first challenge is just showing up

For many Idahoans with a severe mental illness, driving an hour or two to get to a clinician's office is not realistic.

Most of Briley's clients are on Medicare and Medicaid. They subsist on Social Security checks. They're lucky if they have a car and money for gas. And some mental illnesses make it hard to be on time for appointments or leave the house at all.

"People who have the ability to get here, who have some transportation to get here, this is great," she said, sitting next to a fireplace in her office. "And probably 10 percent of the work I do happens here."

Nearly 50 Idahoans responded to a Statesman survey this year that asked what makes it hard for them or their loved ones to get mental health treatment. Six said "transportation." Twelve said "no local providers."

The Idaho Behavioral Health Planning Council considers rural access to mental health care one of its top priorities.

"As we move into 2018, we remain grateful for the governor's and state legislature's commitment to improving behavioral health services in Idaho. However, several areas continue to present significant challenges," including access to services and industry fragmentation, the council wrote in its fiscal year 2017 report to lawmakers. "... Although these challenges exist in all regions, rural communities face even greater barriers in accessing care."

The council recommended "telehealth" — phone and videoconferencing — to help transcend those barriers.

Health systems like St. Luke's and the VA are working to bring telehealth services to rural Idahoans who need mental health care. But for many reasons, those services aren't a perfect option for everyone.

The local VA hospital also offers house calls, but only in the Treasure Valley — as far as Kuna and Caldwell.

"We see veterans in their homes, we transport them, we work on independent living skills, we try and keep them in the least restrictive environment possible despite chronic and persistent mental illness," said Keri Barbero, manager for the Boise VA Medical Center's Intensive Community Recovery Services program.

Can those who need the most help really handle their own care?

It was about three years ago that Robinson first stepped through Briley's door. A judge had ordered him to start seeing Briley after run-ins with the law.

"When I met him, he was homeless, so this was a good space," Briley said, "because we could heat up some food, he could get warm. Sometimes his boots would be sitting here (at the fireplace), we'd get him all dried up. And he even was sleeping in his truck outside the church at one point, and he kept a key (to) use the restroom."

Robinson is a slender man in his mid-50s, with a beard and a laid-back charm. He is still basically homeless. But he's stable. He has a bank account. When someone set his truck on fire, he called his auto insurer and filed a claim instead of just shrugging off the lost vehicle as

another in a string of misfortunes. This spring, he was living in a camper at a friend's property, where he was safe and had access to the comforts of home.

"I feel like an adult," he said. "Doing my own grocery shopping, washing my own clothing, cooking my own food."

Robinson has severe mental illness. (Actually, he's been diagnosed with 10 such illnesses, but he thinks paranoid schizophrenia is his primary illness.)

Since seeing Briley, he's gotten better at managing his illness and his life in general. She went with him to court hearings at first, and last year she accompanied him on a frightening trip to the emergency room at the St. Luke's hospital in McCall. He'd gone off his medication.

"I was afraid to go (to the hospital), though, because I was afraid they would send me to one that keeps you longer than 30 days, because I was so bad," he said.

Briley stayed with him that day and didn't leave until a doctor got him a new prescription for the drug he'd previously been taking.

Robinson later told Briley it "just always seemed ridiculous" that people without reliable transportation, who might be afraid to leave home — those needing the most help to navigate life — should be expected to independently handle their mental health care.

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7.3 - KTBS (ABC-3, Video): [9 local veterans honored for competing in Golden Age Games](#) (10 September, Amber Edwards, 298k uvm; Shreveport, LA)

Nine local veterans were honored for competing in the 2018 National Veterans Golden Age Games.

The ceremony took place Monday morning at Overton Brooks VA Medical Center.

The center's athletes brought home 13 medals and two ribbons.

They competed in events like discus, bowling, pickle ball and horseshoes.

Overton Brooks leadership presented certificates and recognized the individual athletes for their accomplishments.

"It's a great opportunity to work with them--being a veteran myself--and it's nice to see when they strive and we strive, too. So, most importantly, we try to push them and do the best we can and just get them up and moving. That's what's most important for us," said Charles Cao, therapist at Overton Brooks.

The Golden Age Games encourage participants to make physical activity a central part of their lives.

The games also support the VA's recreation and rehab therapy programs.

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7.4 - TheNewsCenter (WTAP/NBC-15, AP): [Huntington VA hospital officially renamed for WWII veteran Hershel 'Woody' Williams](#) (10 September, 190k uvm; Parkersburg, WV)

HUNTINGTON, W.Va. - A Veterans Affairs Medical Center in Huntington, West Virginia has officially changed its name to honor a 95-year-old World War II veteran.

On Sunday, the VA Medical Center in Huntington held a ceremony to officially rename the center after World War II Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer.

The VA said Williams is a longtime advocate for veterans and their families.

A large crowd stood and applauded and several Marines gave a hearty "hoorah" when officials unveiled a sign and new plaque.

Williams was born in 1923 on a dairy farm in Quiet Dell, WV, near Clarksburg.

Williams received a Purple Heart after he was wounded in the Battle of Iwo Jima, and is one of only three currently-living Medal of Honor recipients from World War II.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans in parts of West Virginia, Ohio and Kentucky.

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7.5 - Daily Egyptian: [Marion VA to Showcase Veterans' Artwork at Surplus Gallery](#) (10 September, Rana Schenke, 900 uvd; Carbondale, IL)

The Marion VA Medical Center will be hosting the Weapons of Mass Creation Art Show at the Surplus Gallery in Carbondale, Sept. 10 through 14.

The gallery opens at noon and closes at 8 p.m. Admission is free to the public.

The Weapons of Mass Creation show will showcase work from veterans and family members of veterans.

"That includes grandfathers, aunts, uncles, cousins, not just the [immediate] family," Samuel Hoekstra, a peer support specialist at the VA and a veteran himself, said.

Hoekstra said he founded the Weapons of Mass Creation Art Show in 2014. He's also a three-time combat tour veteran.

"[I] did two tours in Iraq and one in Afghanistan," Hoekstra said. "I received my bachelor's degree in industrial design from the school of art and design at SIU."

Hoekstra said the first year was a little rocky, but the second show had more submissions.

“By the second show we had submissions from the West Coast all the way to the East Coast,” Hoekstra said.

Hoekstra said the last show had about 127 veterans and family members participating.

“[The show] was really starting to get attention from a lot of people that wanted to come and see or share what they had to offer from their perspective,” Hoekstra said. “We ended up getting a lot more family members to join in as well.”

Hoekstra said some of them did art that was in honor of their family members that were in the military.

“Others submitted art that was done by their veteran, but their veteran had passed away,” Hoekstra said.

The reason Hoekstra said he created the show because he saw quite a few veterans that had artistic ability, and used their talents to cope with everyday life or cope with things they did in the military.

“It showed me that there was more to a veteran than just a uniform,” Hoekstra said.

The submitted pieces are in a variety of mediums.

“Last show we had paintings, photography, we even had blacksmithing, some origami, we had digital art that we were able to display on a projector,” Hoekstra said.

The show is part of an effort by the VA to reach veterans on every level and engage with the community.

“The VA has really wanted to create a community partnership with a lot of people, so we were able to partner with SIU’s School of Art and Design to do this at the Surplus Gallery,” Hoekstra said.

This is the third time the VA has put on this show. This is currently the only event the Marion VA puts on that involves art, according to Hoekstra.

The veterans who participate in the show create art for a variety of reasons.

“Some people are just born with a natural talent and ability to create beautiful masterpieces, and others just kind of develop it over time,” Hoekstra said. “Some do it because it’s their only means of getting out what their emotional feelings are.”

They’re not alone, famous artists who were also veterans include: Phil Stern, Sam Francis, and Sol Lewitt, according to the United States Veterans’ Artists Alliance.

Other creative veterans include singer Elvis Presley, cartoonist Charles Schulz, and author Tim O’Brien.

Art has been shown to have many benefits for veterans. According to a study done by charity organization Combat Stress, based out of the UK, 87 percent of veterans who participated in a 6-week treatment program that included art therapy reported a reduction in PTSD symptoms.

Another study from Concordia University showed art therapy helped veterans externalize their emotions and gain insight into the issues they struggled with.

"I see that this [show] has been a good thing for a lot of veterans that enjoy doing art," Hoekstra said.

On the last day of the show, Sept. 14, there will be a closing reception that is also free to the public.

The reception starts at 5 p.m. and ends at 8 p.m.

"The big thing that I've heard [about this show] is it has been so wonderful that there's an event for veterans to display their art in a professional setting," Hoekstra said.

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8. [Other](#)

8.1 - Milwaukee Journal Sentinel (Video): [Wisconsin U.S. Senate race: Leah Vukmir and Tammy Baldwin exchange barbs on Tomah VA scandal and health care](#) (10 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

There are two things that voters are going to hear a lot about in the race for U.S. Senate: Tomah and health care.

On Monday, those two subjects were front and center in the battle between Republican Leah Vukmir and Democratic U.S. Sen. Tammy Baldwin.

Vukmir met with veterans in Franklin, heard their concerns and then criticized Baldwin over her response to the opioid scandal at the Tomah Veterans Affairs Medical Center.

Meanwhile, the Baldwin campaign took to the air with a TV ad that focused on Vukmir's 2014 vote against a measure to help curb costs for cancer patients taking oral chemotherapy.

The back-and-forth reflected the closeness of the race with less than two months to go before the Nov. 6 election.

"Make no mistake about it: Tammy Baldwin let our veterans down at the Tomah VA," said Vukmir, a state senator from Brookfield. "To have sat on a report, to have been the only person in this congressional delegation to have known that a doctor was over-prescribing opioids, a veteran died and many others became addicted, to me, it's unconscionable."

The Tomah VA was wracked several years ago by a scandal involving over-prescription of opioids.

Republicans accuse Baldwin of failing to act in 2015 on problems at the facility. Baldwin disciplined top aides for bungling whistleblower complaints about the facility, including sitting on an inspector general's report.

Since then, Baldwin co-sponsored legislation, named after deceased Marine veteran Jason Simcakoski, that toughened opioid prescription guidelines and pushes education for VA providers.

The Baldwin campaign responded to Vukmir's criticism with a statement from Curtis Schmitt, a U.S. Army combat veteran, who said: "Veterans face some of the most complex challenges at the VA, and Tammy Baldwin is working on solutions to do right by them and their families. Tammy wrote and fought to pass Jason's Law, which helps stop the over-prescribing of opioids at the VA and holds the VA accountable. That's leadership Wisconsin veterans need."

In Baldwin's newest ad, cancer survivor Kristin Jome-Robley of Manitowoc took Vukmir to task for voting against a bill that required health insurance companies to pay for oral chemotherapy. Jome-Robley said, "Leah Vukmir, you ought to be ashamed."

Vukmir defended her vote and said it was "absolutely ludicrous that Tammy Baldwin is going to lecture me, as a nurse, as somebody who understands health care in the way that Tammy Baldwin doesn't."

She said the ad was a way for Baldwin to attack her "as a way to distract from her own problems at the Tomah VA."

During her discussion, Vukmir heard from 13 veterans whose service ranged from Vietnam to Iraq and Afghanistan.

The veterans praised the care they received at the Zablocki VA in Milwaukee, while also raising some concern about the difficulty of accessing some benefits. And they expressed admiration for Vukmir, whose son is in the U.S. Army.

"You're the nurse," said Richard Buth, a Vietnam veteran from Oconomowoc. "I know you're going to take care of this. You have a son that's following in our footsteps."

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Veterans Affairs Media Summary and News Clips

11 September 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Congress Unveils Funding Deal in Race to Avoid Shutdown](#)

(10 September, Kristina Peterson, 43.5M uvm; New York, NY)

Lawmakers struck a bipartisan deal Monday on a trio of spending bills they hope to pass this week in a rare example of Congress reaching an agreement over funding part of the federal government weeks before the next fiscal year begins.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Six military veterans from the US and UK walk 1000 miles together to save lives](#)

(10 September, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

Cpl. Frankie Perez hit rock bottom in 2008 and tried to end his life. He had spent the last 10 years suffering in silence – battling post-traumatic stress disorder and a traumatic brain injury – and he didn't see a way out of the darkness. "I was dead for over 30 hours in a VA hospital," Perez told Fox News on Thursday. "And I'm back from that darkness and (now) I am willing to share some of this with others so they know that it doesn't matter how dark your day might be, you can make it happen."

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [VA Medical Center Renamed to Honor Medal of Honor Recipient](#)

(10 September, 23.9M uvm; Washington, DC)

A Veterans Affairs Medical Center in West Virginia has changed its name to honor a 95-year-old veteran. News outlets report the VA Medical Center in Huntington held a ceremony Sunday to officially rename the center after Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer. The VA said Williams is a longtime advocate for veterans and their families.

[Hyperlink to Above](#)

1.4 - Military.com: [VA Study Will Compare Effectiveness of Two Leading PTSD Treatments](#)

(10 September, Richard Sisk, 9M uvm; San Francisco, CA)

Is it better to treat post-traumatic stress by consciously processing traumatic events or by prolonged exposure to memory of the trauma? Both methods have proven effective over time; but now the Department of Veterans Affairs is studying how they compare to each other in hopes of fine-tuning the therapy delivery system.

[Hyperlink to Above](#)

1.5 - Military Times: [Watchdog report: The VA benefits backlog is higher than officials say](#)

(10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

The benefits backlog at Veterans Affairs is worse than leaders there have acknowledged, according to a new investigation from the department's top watchdog. In a report released Monday, the VA inspector general found tens of thousands of benefits cases omitted or ignored by department officials that "significantly understated the number of claims awaiting decisions for over 125 days."

[Hyperlink to Above](#)

1.6 - Military Times: [VA steps up fight against plan to extend benefits to Blue Water Vietnam vets](#) (10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs leaders are increasing their efforts to sideline legislation that would extend disability benefits to “blue water” veterans from the Vietnam War, saying the move would set a problematic precedent for future complaints.

[Hyperlink to Above](#)

1.7 - Stars and Stripes: [Inspector general finds VA claims backlog greater than reported](#) (10 September, Nikki Wentling, 1.5M uvm; Washington, DC)

The number of backlogged benefits claims at the Department of Veterans Affairs is larger than the agency reported, according to findings released Monday from a government watchdog. The VA considers backlogged claims to be veterans’ claims for benefits that take longer than 125 days to approve or deny. The VA Inspector General’s Office reported officials omitted 63,600 backlogged claims from its count during the first half of 2016, creating a misrepresentation of how many claims were delayed.

[Hyperlink to Above](#)

1.8 - The Spokesman-Review: [‘A different kind of war’: Attorney thinks veteran may hold record for longest-delayed award from the VA](#) (10 September, Calley Hair, 874k uvm; Spokane, WA)

Marlin Dunlap’s Cascade Highlands home doubles as a historic archive. Two dozen binders hold 59 years’ worth of paperwork, dating back to his 1959 enlistment in the U.S. Army. Stacks and stacks of letters – 15,000, he estimates, to U.S. presidents and Department of Veterans Affairs officials and lawyers and newspaper editors – dominate every horizontal surface in his home office, where medals, distinctions and signed photographs adorn the walls.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Hill: [House, Senate strike deal on partial funding package to help avert shutdown](#) (10 September, Niv Elis, 11.8M uvm; Washington, DC)

Lawmakers on Monday announced a deal to pass the first of three planned spending packages that could help avert or scale back a government shutdown in October. Appropriators on Capitol Hill submitted a conference report for a “minibus” consisting of three spending bills that lawmakers plan to pass this week, a move that would mark the first time in a decade that Congress has sent the president more than one spending bill ahead of the annual Sept. 30 deadline.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - Politico: [Opioid bill moves forward with eHealth measures](#) (10 September, Arthur Allen, 23.9M uvm; Arlington, VA)

VA Cerner Contract Still Unsettled: The new VA leadership's plan to be "joined from the hip" with DoD in their Cerner implementation worries some VA officials we've consulted, and was partly responsible for Genevieve Morris' sudden departure after leading the implementation for little over a month, according to sources within and outside the agency.

[Hyperlink to Above](#)

3.2 - WFED (AM-1500): [How GSA's customers are driving schedule modernization efforts](#) (10 September, Jason Miller, 854k uvm; Washington, DC)

The General Services Administration wants its agency and industry customers to know they are listening when it comes to the schedules contracting program. Not only is the Federal Acquisition Service in the final stages of updating the schedule contracts to make it easier for agencies to buy products and services at the same time, but FAS is planning other major changes for 2019.

[Hyperlink to Above](#)

3.3 - Demopolis Times: [VA opens permanent Telehealth Clinic location at Demopolis hospital](#) (10 September, Teresa Boykin, 2k uvm; Demopolis, AL)

Tuscaloosa Veterans Affairs Medical Center opened the Demopolis Telehealth Clinic in Bryan W. Whitfield Memorial Hospital on August 21 after six years of serving the veterans of Demopolis and Marengo County through the Tuscaloosa center's mobile medical unit.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - The Orange County Register: [Sentencing postponed for Whittier man in VA bribery scheme](#) (10 September, Fred Shuster, 4.8M uvm; Santa Ana, CA)

A sentencing hearing was postponed Monday for a former U.S. Department of Veterans Affairs contracts administrator who pleaded guilty to tax fraud and lying to investigators about his part in a bribery scheme at the VA's Westside medical center campus.

[Hyperlink to Above](#)

4.2 - WTAE (ABC-4, Video): [Former priest named in grand jury report found working at counseling center](#) (10 September, Paul Van Osdol, 2.1M uvm; Pittsburgh, PA)

Action News Investigates has learned a former priest accused of molesting boys found a job as a social worker at a counseling center, working near children. William B. Yockey was a priest at several parishes in the Pittsburgh area before leaving the priesthood in the wake of child sex abuse allegations.

[Hyperlink to Above](#)

4.3 - KDVR (FOX-31, Video): [Congressman calls 176 yard VA staff shuttle service 'wasteful'](#) (10 September, Chris Halsne, 662k uvm; Denver, CO)

A FOX31 investigation into the cost of driving VA hospital employees about one block, every working day for five years, now gets the attention of a congressional leader. By using surveillance, financial documents, and witness accounts, FOX31 discovered the Veterans

Administration spent at least three-quarters of a million dollars shuttling staff between two doors on the same medical campus.

[Hyperlink to Above](#)

4.4 - Citizen Tribune: [Roe Frustrated With VHA's Medical Instrument Sterilization](#) (10 September, Bianca Marais, 51k uvm; Morristown, TN)

With local media Thursday, U.S. Rep. Phil Roe expressed his frustration with the Veterans Health Administration's sterile services problems. Roe attended an Oversight and Investigations sub-committee hearing on Wednesday discussing the examination of the VHA's sterile processing of reusable medical equipment.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - The Advocate (New Orleans): [Fugitive shot by law enforcement in Lower Garden District](#) (10 September, Ramon Antonio Vargas and John Simerman, 10.2M uvm; Baton Rouge, LA)

A New Orleans man on the run from a warrant in Texas was shot by a suburban sheriff's deputy in the Lower Garden District on Monday, after attempting to hit the deputy with his car. U.S. Marshal for New Orleans Scott Illing said a St. John the Baptist Parish sheriff's deputy — part of a task force comprised of officers from multiple law-enforcement agencies — fired at the man's car in self-defense while the man and his passenger attempted to flee.

[Hyperlink to Above](#)

5.2 - The Sacramento Bee: [An officer with PTSD fatally shot a mentally ill man. He's still on the force](#) (10 September, Molly Sullivan, 4.8M uvm; Sacramento, CA)

Los Banos police Officer Jairo Acosta knew he had post-traumatic stress disorder from his time in the Army. On a medical questionnaire, he reported severe hearing loss and blurry vision, severe anxiousness and recurring tense feelings. He wrote that he struggled with forgetfulness and had difficulty concentrating, according to evidence admitted in court. He also reported having a very low frustration tolerance and that his symptoms were affecting his social life, marriage and work.

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5.3 - Newsday (Video): [Mobile health center for veterans coming to North Hempstead Town, Schumer announces](#) (10 September, Christine Chung, 3.2M uvm; Melville, NY)

Two months after North Hempstead town officials and veterans started a petition for a veterans outpatient clinic closer to home, a mobile veterans center for basic health needs will arrive in town later this month, Sen. Chuck Schumer announced Monday. The mobile center will serve as an interim option while discussions continue with the U.S. Department of Veterans Affairs for a permanent new clinic, officials said.

[Hyperlink to Above](#)

5.4 - The Times of Northwest Indiana: [Northwest Indiana veterans have few options for quality nursing home care](#) (10 September, Giles Bruce, 1.1M uvm; Munster, IN)

The cargo van backed into a driveway on an idyllic block, where every other house is the mirror image of the one before it. Behind the wheel was a husky guy donning a Marine hat, a U.S. Marine Corps. lanyard around his neck.

[Hyperlink to Above](#)

5.5 - WFED (AM-1500, Audio): [VA's monthly caregivers program lacks sufficient access](#) (10 September, 854k uvm; Washington, DC)

Veterans eligible for monthly caregivers sometimes have a hard time accessing the program. That's because support coordinators at the Veterans Affairs Department took too long to determine eligibility. That's according to the VA inspector general Michael Missal, who joined Federal Drive with Tom Temin.

[Hyperlink to Above](#)

5.6 - WLRN (NPR-91.3): [Bill Would Allow VA To Prescribe Medical Marijuana In Some States](#) (10 September, Julio Ochoa, 166k uvm; Miami, FL)

Sen. Bill Nelson filed a bill last week that would provide veterans with access to medical marijuana at the VA and open doors for more research on the drug. The bill would allow VA doctors to prescribe medical marijuana to veterans in the 31 states where it is legal.

[Hyperlink to Above](#)

5.7 - On Top Magazine: [83 House Lawmakers Urge VA To Cover Gender Reassignment Surgery](#) (10 September, Carlos Santoscoy, 52k uvm)

In a letter to the Department of Veterans Affairs, 83 mostly Democratic lawmakers have called for the VA to cover gender reassignment surgery. In the letter, dated September 7, 83 House members called denial of the procedure for transgender people "unconscionable." "Simply put, the VA has an obligation to provide the necessary care that is prescribed to enrolled veterans by their health care practitioners," the letter states.

[Hyperlink to Above](#)

5.8 - ConnectingVets.com (CBS Radio): [How to keep VA benefits and services flowing during Hurricane Florence](#) (10 September, Jonathan Kaupanger, New York, NY)

Hurricane Florence is a category 4 storm and it's heading towards the United States with the Carolina's directly in its path. With maximum sustained winds of 130 miles per hour, the damage could be catastrophic. Here's some VA information that you need to know before, during and after the storm hits.

[Hyperlink to Above](#)

6. Suicide Prevention

6.1 - Orlando Sentinel: [Orlando VA hosting Suicide Prevention Awareness Fair on Sept. 14](#) (10 September, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The Orlando VA Medical Center is hosting a Suicide Prevention Awareness Fair on Friday, Sept. 14 at its Lake Nona campus at 13800 Veterans Way. A Suicide Prevention Awareness Walk is scheduled for 7:30 a.m. in front of the building.

[Hyperlink to Above](#)

6.2 - Columbia Daily Tribune: [Suicide prevention week offers reminder that help is available](#) (10 September, Pat Pratt, 468k uvm; Columbia, MO)

National Suicide Prevention Week began Sunday, an annual campaign that aims to encourage dialogue among professionals and the public regarding suicide, which continues to be one of the leading causes of death in Missouri and the U.S. Doreen Marshall is a psychologist who has been engaged in suicide prevention efforts for more than a decade. She joined the American Foundation for Suicide Prevention in 2014 and this week is speaking across the nation to raise awareness.

[Hyperlink to Above](#)

6.3 - The Jackson Sun (Video): [Veteran travels across U.S. to raise awareness of PTSD](#)

(10 September, Cassandra Stephenson, 443k uvm; Jackson, TN)

U.S. Army veteran Eli Smith rode through the rain into Jackson on his 250-pound bicycle on Thursday. Jackson is just one stop in his more than 15,000-mile, 3-year journey to the four corners of the United States, all in the name of raising awareness for Post-Traumatic Stress Disorder in veterans. And it's not the first time he's braved the elements to spread his message.

[Hyperlink to Above](#)

6.4 - WTLV (NBC-12, Video): [Gov. Scott proclaims this week Florida Veteran Suicide Prevention Week](#) (10 September, 321k uvm; Jacksonville, FL)

Florida governor Rick Scott proclaimed September 9-15 as Florida Veteran Suicide Prevention Week. "Suicide is a public health challenge that causes immeasurable pain among individuals, families and communities across the country," Scott said in a press release Monday morning.

[Hyperlink to Above](#)

6.5 - Peninsula Daily News: [Port Townsend display illustrates battle some veterans face at home](#) (10 September, Jeannie McMacken, 192k uvm; Port Angeles, WA)

On a small grass strip adjacent to the American Legion Post on Water Street is a display that reminds passersby of a statistic that is painfully real: Each day in the United States, an estimated 22 veterans commit suicide. They are represented by 22 white crosses and 22 flags. Local veterans Bob Saring and Andy Okinczyc are behind this visual reminder.

[Hyperlink to Above](#)

6.6 - Spectrum News Charlotte (Video): [Suicide risk high among transgendered veterans](#) (10 September, Katie Gibas, 119k uvm; Charlotte, NC)

Diana Patton is one of the more than a million Americans who attempt to take their own lives every year. "It was when I was losing everything. I was losing friends. I lost my house. I lost my wife," said Patton. Diana had just come out as transgender. And that, combined with PTSD from her military service, exacerbated the situation. "Because of the discrimination we face and the stigma we face with everything, it's very difficult to get help," said Patton.

[Hyperlink to Above](#)

6.7 - Valley Morning Star: [Commentary: You don't need training to help a Veteran](#) (10 September, Jina Jensen, 62k uvm; Harlingen, TX)

Year-round, and particularly during Suicide Prevention Month in September, the U.S. Department of Veterans Affairs (VA) empowers communities to take action and support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

[Hyperlink to Above](#)

6.8 - Swellesley Report: [Suicide awareness in Wellesley — look down at the chalk messages](#) (10 September, 28k uvm; Wellesley, MA)

Back when I went to summer camp we did pretty simple things. But back then, things just seemed simpler. Today, I've been reminded by Dover Sherborn high school sophomore Sophia Katz that young people are facing stress levels that are through the roof and exacerbated by social media, academic pressures, and the high expectations that students try to live up to. Today, on National Suicide Prevention Day, Katz spent her morning in Wellesley Square writing chalk messages of suicide awareness and prevention.

[Hyperlink to Above](#)

6.9 - WSEE (CBS-35): [Suicide Prevention Walk Raises Awareness](#) (10 September, Emily Matson, 23k uvm; Erie, PA)

The VA Medical Center is raising awareness to suicide and suicide prevention. And they did that Monday with a suicide prevention walk and remembrance event. Employees of the VA Medical Center, along with veterans and their family members were invited to walk around the VA campus to help raise awareness about suicide prevention, and remember those lost by suicide.

[Hyperlink to Above](#)

6.10 - Spectrum News Buffalo (Video): [Suicide risk high among transgendered veterans](#) (10 September, Katie Gibas, Buffalo, NY)

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KCNC (CBS-4, Video): ['Special Place Of Healing': Cemetery In Colorado Springs Set To Open](#) (10 September, Jim Benemann, 26.4M uvm; Denver, CO)

It's taken two decades, but a new veterans cemetery is finally set to open on the eastern edge of Colorado Springs. It's estimated one in every resident in El Paso County is a veteran. Clearly, the need for the new cemetery has been there, but it was tricky getting approval for the Veteran's Administration.

[Hyperlink to Above](#)

7.2 - Idaho Statesman (Video): [This mental health worker on wheels meets clients where they are. Even at gas stations](#) (10 September, Audrey Dutton, 1.1M uvm; Boise, ID)

Shawn Briley parks her car outside a convenience store and walks around to the back, where boxes of Doritos and Moon Pies get delivered. She meets Ed Robinson there about twice a week. They flip over milk crates to sit on, he lights a cigarette, and they start talking about what's on his mind.

[Hyperlink to Above](#)

7.3 - KTBS (ABC-3, Video): [9 local veterans honored for competing in Golden Age Games](#) (10 September, Amber Edwards, 298k uvm; Shreveport, LA)

Nine local veterans were honored for competing in the 2018 National Veterans Golden Age Games. The ceremony took place Monday morning at Overton Brooks VA Medical Center. The center's athletes brought home 13 medals and two ribbons.

[Hyperlink to Above](#)

7.4 - TheNewsCenter (WTAP/NBC-15, AP): [Huntington VA hospital officially renamed for WWII veteran Hershel 'Woody' Williams](#) (10 September, 190k uvm; Parkersburg, WV)

A Veterans Affairs Medical Center in Huntington, West Virginia has officially changed its name to honor a 95-year-old World War II veteran. On Sunday, the VA Medical Center in Huntington held a ceremony to officially rename the center after World War II Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer.

[Hyperlink to Above](#)

7.5 - Daily Egyptian: [Marion VA to Showcase Veterans' Artwork at Surplus Gallery](#) (10 September, Rana Schenke, 900 uvd; Carbondale, IL)

The Marion VA Medical Center will be hosting the Weapons of Mass Creation Art Show at the Surplus Gallery in Carbondale, Sept. 10 through 14. The gallery opens at noon and closes at 8 p.m. Admission is free to the public. The Weapons of Mass Creation show will showcase work from veterans and family members of veterans.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - Milwaukee Journal Sentinel (Video): [Wisconsin U.S. Senate race: Leah Vukmir and Tammy Baldwin exchange barbs on Tomah VA scandal and health care](#) (10 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

There are two things that voters are going to hear a lot about in the race for U.S. Senate: Tomah and health care. On Monday, those two subjects were front and center in the battle between Republican Leah Vukmir and Democratic U.S. Sen. Tammy Baldwin.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Congress Unveils Funding Deal in Race to Avoid Shutdown](#) (10 September, Kristina Peterson, 43.5M uvm; New York, NY)

WASHINGTON — Lawmakers struck a bipartisan deal Monday on a trio of spending bills they hope to pass this week in a rare example of Congress reaching an agreement over funding part of the federal government weeks before the next fiscal year begins.

House and Senate negotiators announced Monday afternoon they had hammered out an agreement on three spending bills totaling almost \$147 billion, including funding for the Energy Department, Veterans Affairs and the legislative branch of government.

Congressional leaders are hoping to pass the package of bills, known as a “minibus,” this week, sending it to the White House for President Trump’s signature.

The government’s current funding expires at 12:01 a.m. on Oct. 1 and lawmakers are working to get as much of the government funded as possible before then.

GOP leaders have said they are confident they have persuaded Mr. Trump to defer a fight over border-wall funding until after November’s midterm elections.

“Funding the government is one of Congress’s most basic responsibilities, and this conference report is a strong first act,” House Speaker Paul Ryan (R., Wis.) said in a statement. “We look forward to sending it to the president’s desk soon.”

The spending deal would continue a freeze on the salary of members of Congress, which has been in place since 2009. However, it would set up a new dedicated funding stream for lawmakers to pay congressional interns, in response to criticisms that unpaid internships put them out of reach for less-affluent young people.

The spending package didn’t resolve long-term concerns over how to pay for a newly expanded Department of Veterans Affairs health-care program. Congress in June approved a new program that allows veterans to get health care in the private sector, but didn’t find new funding for it.

The White House didn’t respond to a request to comment.

Democrats had pushed to increase spending above limits established in a two-year budget deal in February to accommodate the program’s new costs, but Republicans opposed to that prevailed and reduced funding across a range of programs to pay for it.

The bill boosts spending for VA health-care programs, including the new overhaul, by \$1.75 billion. However, lawmakers will still have to figure out how to pay for the program in future years, when it is expected to become more expensive.

“It is deeply disappointing that we have been unable to address this issue with a bipartisan, bicameral compromise,” Rep. Nita Lowey (D., N.Y.), the top Democrat on the House

Appropriations Committee, said in a joint statement with Rep. Debbie Wasserman Schultz (D., Fla.), the top Democrat on the committee's veterans affairs panel. "We will continue to fight for a responsible, long-term solution to protect domestic priorities and veterans' health care."

The bill doesn't include funding for the Yucca Mountain Nuclear Waste Repository in Nevada, a key issue for Sen. Dean Heller of Nevada, considered the most vulnerable Republican senator running for re-election this year.

Yucca Mountain was designated three decades ago as a final resting place for used fuel and other nuclear waste. Progress has stalled since then amid opposition by Nevada politicians like Mr. Heller who remain concerned about such a facility's environmental impact. But Mr. Trump has proposed restarting the licensing process for Yucca Mountain and the House had included funding in its spending bill.

"As long as I'm in the U.S. Senate, you can count on me to never let up on my fight to keep nuclear waste out of the state of Nevada," Mr. Heller said in a statement Monday.

The spending package also provides for a \$174,000 death gratuity payment to the family of Sen. John McCain (R., Ariz.), who died last month. And it would eliminate the office of the former House speaker. Currently, all former speakers receive an office and staff assistance for five years after they retire.

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1.2 - FOX News (Video): [Six military veterans from the US and UK walk 1000 miles together to save lives](#) (10 September, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

Cpl. Frankie Perez hit rock bottom in 2008 and tried to end his life. He had spent the last 10 years suffering in silence – battling post-traumatic stress disorder and a traumatic brain injury – and he didn't see a way out of the darkness.

"I was dead for over 30 hours in a VA hospital," Perez told Fox News on Thursday. "And I'm back from that darkness and (now) I am willing to share some of this with others so they know that it doesn't matter how dark your day might be, you can make it happen."

Perez, a native of San Juan, Puerto Rico who joined the Army in 2001 as a member of the Puerto Rico National Guard, was one of six veterans who completed a 1,000-mile walk across the country to raise awareness about the silent battles affecting soldiers returning from war.

"It's a dream (to do this). (As) a veteran who has been struggling with this condition for a while – since 2004 – it is amazing to see and be part of the change in mental health for veterans and their families," said Perez, who founded the Post Traumatic Art Foundation in Puerto Rico, which offers therapy through art and music to other veterans in the community.

"We have over 150,000 veterans with just one VA in Puerto Rico. We are not getting the support that we should have and that is something that I am really focusing on."

The six veterans – three from the United States and three from the United Kingdom – culminated their heroic walk by placing a wreath by the Survivor Tree at the 9/11 Memorial in

New York City on Thursday before making their way a few short blocks to the Queen Elizabeth II Memorial Garden.

The walk, which began on June 2 in Los Angeles, was organized by the U.K. military charity Walking with the Wounded. The Walk of America expedition was inspired by the vision of U.K. Expedition Patron Prince Harry, the Duke of Sussex.

Their 3-month tour of the United States took them through parts of California, Texas, Colorado, Ohio, Wyoming, Tennessee, Illinois, Missouri, Georgia, Florida, the Carolinas, the nation's capital and Pennsylvania before finishing up in New York City.

Along the way they met countless veterans, who also shared their stories of the struggles they face after returning from the battlefield.

"I was wounded in 2006. I lost my right eye, I lost my partner (Dan) and Jessie our driver and it wasn't until four years later that I was diagnosed with my minor brain injury, PTSD and depression," U.S. Air Force Master sergeant Adele Loar, who also completed the incredible journey, told Fox News. "So throughout all the time, I was battling it on my own."

She said it took her a long time to figure out why she never wanted to leave the house and why she was crying all the time – "I hated people who cried and I became one of them," she recalled.

"It wasn't until two non-profit organizations helped me understand that it was OK that I survived because for eight years I was pissed I lived," Loar said. "Every day I swore that if there was a God I would not wake up. (And now) to come back and raise awareness that it's OK to seek help. We are losing too many of our friends."

Loar, the only woman on the Walk of America expedition, said one of her missions during the last three months was also to remind people that there were women in combat, many of whom also returned stateside suffering from the same mental health issues as their male counterparts.

"It's not even if we're wounded. Sometimes people forget we're in the military," she said. "Even along this walk, people would come up to shake the hands of the guys and turn their back to me... It was important to show that we need the same help as our male counterparts and not forget that we exist."

For the final walk on Thursday, the team – made up of Perez, Loar, U.S. Marine Corps Sgt. Larry Hinkle, Royal Logistics Corps Kev Carr, Royal Signals Kemsley Whittlesea and Royal Anglian Jonny Burns – were joined by former Vice President Joe Biden and Dr. Jill Biden, who were representing the Biden Foundation.

"This has been an inspiration. This has been a journey of courage, love and kindness and I am so proud to have played a small role," Dr. Biden said during remarks at the Queen Elizabeth II Memorial Garden. "Today marks the end of this walk but the work must continue. We must all play a part in raising awareness of the mental health needs of services members, veterans and their families."

She later told Fox News that these men and woman were such an inspiration to her and her family – much like her son, Beau, who joined the military in 2003 as a member of the Delaware Army National Guard. Beau died in 2015 at the age of 46 after battling brain cancer.

"We saw his strength and his resilience. All these men and women are just like my son," Dr. Biden said. "They possess strong characters. That resilience and that grit and courage and that's who they are. They are sharing their stories and they are so brave."

Kev Carr, who struggled with homelessness and contemplated suicide after he was discharged from the military 14 years ago, said Walking with the Wounded saved his life. He now lives in The Beacon, a specialized veterans' center in Catterick Garrison that helps homeless veterans or those at risk of becoming homeless. Jonny Burns also lives there.

"The things I was going through – I wouldn't wish it on anybody, civilian or military or an enemy," he told Fox News. "It was dark. I was in a dark place. I attempted suicide, but speaking out I've learned that, not only does it help me, it can help others."

The former vice president added, "It takes courage to come out and say, 'Look, I'm battling internally, emotional problems with having to deal with what I went through. Every city they went into, you can be certain as they walked, there was a wounded warrior who was thinking, 'if they can do this, let the whole world see it, maybe I should say I need help. I need help with my demons.'"

Each member of the Walk of America expedition had their own journey and story of struggle and success to share with the world. For them it was more than just raising money for the charities, but to make sure that the many times forgotten heroes – men and women – who return from the battlefield are given the help they need.

"We have spent lifetimes working together, fighting alongside each other and protecting each other," Prince Harry said in a message to the group shared on their Facebook page after they completed their walk. "And it's people like you that we can look at ways of recovering together. It may be an overused cliché but we genuinely stronger together and you are the proof of that."

To learn more at Walking with the Wounded or to donate, visit their website here.

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1.3 - U.S. News & World Report (AP): [VA Medical Center Renamed to Honor Medal of Honor Recipient](#) (10 September, 23.9M uvm; Washington, DC)

HUNTINGTON, W.Va. (AP) — A Veterans Affairs Medical Center in West Virginia has changed its name to honor a 95-year-old veteran.

News outlets report the VA Medical Center in Huntington held a ceremony Sunday to officially rename the center after Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer. The VA said Williams is a longtime advocate for veterans and their families.

A large crowd stood and applauded and several Marines gave a hearty "hoorah" when officials unveiled a sign and new plaque.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans in a service area that includes 10 counties in West Virginia, two counties in southern Ohio and 12 counties in eastern Kentucky.

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1.4 - Military.com: [VA Study Will Compare Effectiveness of Two Leading PTSD Treatments](#) (10 September, Richard Sisk, 9M uvm; San Francisco, CA)

Is it better to treat post-traumatic stress by consciously processing traumatic events or by prolonged exposure to memory of the trauma? Both methods have proven effective over time; but now the Department of Veterans Affairs is studying how they compare to each other in hopes of fine-tuning the therapy delivery system.

"Treatment for PTSD works. PTSD does not have to be a chronic disorder," said Dr. Paula Schnur, executive director of the VA's National Center for Posttraumatic Stress Disorder in White River Junction, Vermont and a professor of psychiatry at the Geisel School of Medicine at Dartmouth. "We're at a state right now where we have a number of treatments that are effective, but what we don't know very much about is how the treatments compare with each other."

According to the National Institutes of Health, PTSD affects a total of about 7.7 million American adult -- civilians, active-duty military and veterans -- who have experienced or witnessed traumatic events.

The Department of Veterans Affairs estimates that PTSD afflicts about 31 percent of Vietnam veterans, 10 percent of Gulf War (Desert Storm) veterans, 11 percent of veterans of the war in Afghanistan, and 20 percent of Iraqi war veterans.

Schnur, who will mark her 29th year at the VA this month, said it was a privilege to be at the forefront of VA research on improving treatments.

"Being in the VA has been an incredible opportunity as a scientist to be doing the kind of research that can make a difference," she said.

Her research has focused on the long-term physical and mental health outcomes of exposure to traumatic events, and she is currently overseeing a comparative study of two of the main regimens offered by the VA -- prolonged exposure therapy (PE) and cognitive processing therapy (CPT).

In PE, the therapist will work with the veteran "to gradually approach trauma-related memories, feelings and situations," according to the American Psychological Association's description of the treatment. "Most people want to avoid anything that reminds them of the trauma they experienced, but doing so reinforces their fear. By facing what has been avoided, a person can decrease symptoms of PTSD by actively learning that the trauma-related memories and cues are not dangerous and do not need to be avoided."

In CPT, the therapist works with the patient to evaluate and change the upsetting thoughts brought on by the traumatic event or events, according to the VA's National Center for PTSD.

The treatment can involve writing about the event to help the patient decide whether there are more helpful ways to think about the trauma, the center said.

In its outline for CPT posted on the VA's website, the center said that "towards the end of therapy, you and your provider will focus on some specific areas of your life that may have been affected by the trauma, including your sense of safety, trust, control, self-esteem and intimacy."

Schnur said she was currently overseeing "comparative effectiveness research" on PE and CPT to consider if "one a bit better than another, does one have more side effects?"

The goal was to help the veteran decide what was best for him or her, personally.

"Which works best for each patient? We really do have to do this kind of comparison to move to answering these questions for veterans and their clinicians," she said.

Currently, "we really don't know whether one might have an edge over the other," Schnur said.

The comparison study on PE and CPT has thus far enrolled more than 900 veterans, male and female from all eras, at 17 VA sites nationwide, she said.

The plan is to finish collecting data by next spring in hopes of arriving at answers by mid-2019.

In its budget request for Fiscal Year 2019, the VA called for an expansion of mental health services that would provide "more than 15.2 million outpatient visits, an increase of nearly 162,000 visits above 2018."

The request was for \$8.6 billion for veterans' mental health services, which would be an increase of 5.8 percent above the 2018 current estimate, and would also include \$190 million for suicide prevention outreach, the VA said.

Much of the mental health funding will be directed at what is now called PTSD but has been known by other names for as long as there have been wars. Treatises have been written on how Achilles probably suffered from PTSD.

It was called "soldier's heart" in the Civil War; in World War I, it was "shell shock;" and in World War II, "battle fatigue" or "combat fatigue."

Much has been written about the use of yoga, tai chi, acupuncture, the involvement of veterans with dogs or horses, and other alternatives as treatment for PTSD, but Schnur said they all should be considered as secondary or complimentary to PE and CPT.

"Our view of the evidence is that we don't recommend them as primary treatment," Schnur said.

However, the VA in July also set up the Creating Options for Veterans Expedited Recovery Commission (COVER) to explore alternative PTSD treatments developed in the private sector.

"The COVER Commission will examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities," VA officials said when announcing the commission's creation.

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1.5 - Military Times: [Watchdog report: The VA benefits backlog is higher than officials say](#) (10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — The benefits backlog at Veterans Affairs is worse than leaders there have acknowledged, according to a new investigation from the department's top watchdog.

In a report released Monday, the VA inspector general found tens of thousands of benefits cases omitted or ignored by department officials that "significantly understated the number of claims awaiting decisions for over 125 days."

Investigators estimated that the reported backlog only covers about 79 percent of relevant cases, with a host of others misclassified, mistakenly excluded and, in some cases, only acknowledged as overdue after the files had finally been processed.

In response, VA officials said they are "reviewing how best to supplement or adjust reporting on the rating-related backlog." New training and standards are expected to be put in place by the end of this year.

The VA claims backlog was a major scandal during President Barack Obama's administration, as frustrations grew over the slow pace of VA's ability to handle an ever-growing number of disability claims.

The backlog — the number of ratings cases that took more than 125 days to complete — swelled to more than 611,000 in March 2013 before being drawn down to about 70,000 in September 2015. Officials at the time credited a combination of more staff hires, new processing systems and new electronic medical records for the drop.

Former VA Secretary Eric Shinseki had made a public pledge to bring the backlog down to zero before 2016, but officials later acknowledged that was an unrealistic and potentially problematic goal. Some claims take longer than four months due to complexity or updated paperwork.

The backlog has hovered between 70,000 and 100,000 cases each week for most of the last three years, even as the total number of claims applications have continued to rise. Last week, the backlog was 86,001 cases, according to VA records.

But the inspector general, citing a review of cases from the first six months of 2016, said about 63,600 overdue cases that required ratings decisions were left out of those records for unclear reasons, and nearly 10,000 more were incorrectly recorded by staff.

In some instances, VA staffers acknowledged lengthy waits on cases only after the files were finalized months later.

The report found that while the average days pending for basic disability claims now sits at less than 90 days, other more complex cases are taking more than 200 days to complete.

VA officials said much of the claims backlog rules and oversight has remained unchanged since 2009, and officials are reviewing other potential updates by the end of the year.

The full report is available on the VA inspector general's website.

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1.6 - Military Times: [VA steps up fight against plan to extend benefits to Blue Water Vietnam vets](#) (10 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs leaders are increasing their efforts to sideline legislation that would extend disability benefits to “blue water” veterans from the Vietnam War, saying the move would set a problematic precedent for future complaints.

“We know it is incredibly difficult to hear from Blue Water Veterans who are ailing and ill, and we have great empathy and compassion for these veterans and their families,” VA Secretary Robert Wilkie wrote in a letter to the Senate Veterans’ Affairs Committee last week.

“However, we urge the committee to consider the scientific evidence, impact on other veterans, and costs associated with this legislation.”

The legislation, passed overwhelmingly by the House in June, would grant presumptive exposure status to nearly 90,000 veterans who served in ships off the coast of Vietnam during the war.

Veterans who served on the ground or on ships traveling inland waterways are already given that presumption of exposure to Agent Orange, fast-tracking their disability claims for a host of cancers and rare illnesses connected to the chemical defoliant.

Advocates have argued that individuals who served on the seas just a few miles away deserve the same treatment.

But VA officials have argued that the scientific-based methods they use on such cases doesn’t back up the blue water veterans requests. In their letter last week and at a Senate hearing last month, they argued the presence of Agent Orange on those ships “cannot reasonably be determined” and the presumption of exposure should not be automatically granted.

Veterans who develop the illnesses can receive medical treatment from VA regardless of their benefits status, and can still file to prove their sickness is connected to their military service.

But the elderly veterans say VA has systematically denied any connection between their health and the chemical exposure for decades, even as they develop health problems that mirror veterans who served on shore.

Wilkie also argued that the proposed funding for the resulting influx of new claims — a new fee of VA-backed home loans — is unfair for other veterans and insufficient to cover the expected costs.

House officials had estimated the new fee would generate about \$1.1 billion over 10 years, enough to pay for the blue water benefits. But Wilkie in his letter estimates the cost to be closer to \$5.5 billion, including thousands more veterans who could also receive eligibility and additional costs for staff to handle the claims.

“The changes proposed in this legislation will have a greater effect beyond what we believe Congress intends,” Wilkie wrote.

“The creation of a new statutory presumption that is not adequately supported by scientific evidence will encourage increased pressure on both Congress and VA to create and expand additional presumptions under a similarly liberal approach.”

Wilkie’s stance is at odds with his predecessor, former VA Secretary David Shulkin, who last fall stated that the blue water veterans “shouldn’t be waiting any longer” for a solution and said that a reasonable decision on the issue “will not be guided by scientific evidence” because of the decades that have passed since the potential exposure.

Senate Veterans’ Affairs Committee officials have not made any public announcements on when the legislation may move ahead. House Veterans’ Affairs Committee ranking member Tim Walz, D-Minn., called the latest VA opposition to the issue unacceptable.

“Now, Blue Water Navy veterans who have been stuck waiting for 40 years could be left waiting even longer,” he said. “Our nation owes it to these veterans to get this done.”

“I will continue to work with my colleagues on both sides of the aisle and in both chambers to make sure that happens, even if we have to drag the administration along kicking and screaming to do so.”

If Congress fails to pass any legislation on the issue this year, VA could still be forced to award the benefits to blue water Vietnam veterans based on an ongoing lawsuit in federal court. Arguments on that proceeding aren’t expected to move forward until later this year.

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1.7 - Stars and Stripes: [Inspector general finds VA claims backlog greater than reported](#) (10 September, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON – The number of backlogged benefits claims at the Department of Veterans Affairs is larger than the agency reported, according to findings released Monday from a government watchdog.

The VA considers backlogged claims to be veterans’ claims for benefits that take longer than 125 days to approve or deny. The VA Inspector General’s Office reported officials omitted 63,600 backlogged claims from its count during the first half of 2016, creating a misrepresentation of how many claims were delayed.

Overall, the VA’s estimated backlog represents only 79 percent of actual backlogged claims, the IG determined.

“The pending backlog could be significantly understated,” the report states.

The VA has been criticized in recent years for being slow to make decisions on claims, which can take years to complete. In 2013, the number of backlogged claims hit a peak of 611,000.

The VA has taken steps to reduce the backlog, and as of last week, the agency reported there were about 86,000 backlogged claims. However, the VA is underestimating that number because of unclear parameters about which claims apply for the backlog, the IG concluded.

Inspectors blamed the problems on “ineffective oversight and training.” The Inspector General’s Office found no instances of fraud during its investigation.

In response to the report, Paul Lawrence, the VA undersecretary for benefits, vowed to retrain employees and clarify which claims should be counted in the backlog. He expects the training to be complete by next September.

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1.8 - The Spokesman-Review: [‘A different kind of war’: Attorney thinks veteran may hold record for longest-delayed award from the VA](#) (10 September, Calley Hair, 874k uvm; Spokane, WA)

Marlin Dunlap’s Cascade Highlands home doubles as a historic archive.

Two dozen binders hold 59 years’ worth of paperwork, dating back to his 1959 enlistment in the U.S. Army. Stacks and stacks of letters – 15,000, he estimates, to U.S. presidents and Department of Veterans Affairs officials and lawyers and newspaper editors – dominate every horizontal surface in his home office, where medals, distinctions and signed photographs adorn the walls.

Dunlap is a prolific record-keeper. It’s that very quality, combined with a sheer, obstinate refusal to fold, that led to his victory Aug. 10: the award of benefits dating back to 1964 for post-traumatic stress disorder linked to his service in the military.

His Vancouver-based attorney, Josephine Townsend, estimates that he may hold the record for the longest-delayed award from the VA.

“It’s rare. It is so rare. It’s rare that the veteran doesn’t give up when their appeal is denied so many times,” Townsend said. “His case has been remanded, re-investigated, appealed, remanded, denied, appealed – I mean, most veterans would just say, ‘I lost.’”

Back and forth

Dunlap has an encyclopedic mind for the specifics of a timeline. He skips back and forth along his lengthy saga with ease, from his Washington, D.C., hearing June 2, 2016, to his March 27, 1962, discharge date to the death of his son on Nov. 22, 1987. It’s up to the listener to keep up.

Dunlap enlisted in the Army in January 1959 at age 19. He was stationed in Fort Bliss, Texas, where he worked as a driver for his battalion commander. At the time, his battalion was on alert status, meaning they could be called into combat any day.

In 1961, his service earned him the distinction of being the face of the Army. He appeared in a series of enlistment advertisements for the military, sitting astride a tank with three rockets overhead.

Dunlap’s fellow soldiers assumed that his proximity to their commander meant he had information, he said, and they wanted that information. He recalled receiving daily death threats. There was an informal barracks-wide “fight list” that his name appeared on 18 times. Near the

end of his service, he described a near-constant state of terror during which he wasn't sleeping, leaving the lights on at night in his barracks. At one point, he said, he was sexually assaulted.

Dunlap was honorably discharged in March 1962. The commander at Fort Bliss feared for Dunlap's life and didn't want "anything to happen on his watch," as Dunlap put it. He did not receive a standard mustering-out physical, dental or mental evaluation at the Army hospital upon his discharge.

In April 1964, Dunlap filed for veterans benefits based on his PTSD and injuries to his right leg – he had an accident while jogging on base. His handwritten request was legally classified as an informal claim, and the VA did not follow the correct procedure by sending the veteran a formal application. His request was lost.

Dunlap again filed a claim in December 2000 seeking service connection for PTSD, this time through a more formal process. What followed was a glacially slow ping-pong match between Dunlap, the federal VA office in Washington, D.C., and the regional offices in Portland and Seattle.

He moved from Oregon to Washington in 2001, and around the same time, started seeing a psychiatrist who confirmed Dunlap suffered from PTSD. His doctor also confirmed it was related to his time in the service. The change in states meant his file had to change regional offices, which delayed his case.

In February 2002, his claim was denied. He appealed in 2003, and in January 2005, Dunlap attended a hearing at the federal VA office, where he represented himself. In September 2007, the regional office in Seattle granted service connection for PTSD effective from December 2000, linked to Dunlap's first formal claim.

The VA did not respond to his request for a service-related claim for his leg. He appealed again, seeking an earlier effective date linked to his original claim in 1964, and for the VA to address his leg.

In June 2016, Dunlap had another hearing in Washington, D.C., this time, he was represented by Townsend. His request for an earlier effective date was denied, and the VA remanded his leg injury back to the Seattle regional office.

In November 2017, the court issued a memorandum decision, which reversed the VA board's decision, remanding the matter for re-adjudication.

And finally, on Aug. 10 – 54 years, three months and 25 days after his first request for benefits – an order from the Board of Veterans' Appeals featured the magic words: "The criteria for an effective date of April 5, 1964, and no earlier, for the award of service connection for PTSD have been met."

It was emotional.

"We both cried," Townsend said, recounting the day from Dunlap's home Aug. 22. She's crying again.

"It makes my heart full because when you win, it is something, because it's so long. And you have veterans that die, and you knew they were right," she said. "They're right. The evidence is there, it's just a matter of getting it processed."

'If you won't settle for less'

"What's it worth to feel like a man?" asks the promotional poster for the Army, starring Dunlap. The bold letters are emblazoned across the photo of his stern, 22-year-old face staring heroically into the distance. "If you won't settle for less, the Army's the place for you."

The ad, which appeared in multiple 1962 issues of Time magazine, touted the manly opportunities granted by enlisting.

"There's nothing quite like an Army career; you don't have to gamble years in a job that may not work out for you. Fulfill your military obligation in the Army, and you'll have a chance for a good, close look at Army life, Army men, Army opportunities."

That slogan may ring true for many service members. But in Dunlap's case, the experience had left him with severe PTSD. He described trying to re-enter the workforce and finding himself incapacitated without warning by his past trauma.

"My problem with doing jobs was that sometimes I'd have a panic attack," he said. "I'd be trying to sell insurance. I'd just say, 'Can I use your bathroom?'"

He also went through four marriages and divorces before 1995. He lived with his daughter for a stretch before meeting his current partner, who he's lived with for the last 19 years.

"I was messed up very badly. For me, it was a different kind of war, something I would never wish upon anyone," Dunlap said.

After decades of fighting for his due, his waiting game isn't quite over. Now, the VA is tasked with figuring out just how much they owe the veteran, a process that Townsend predicts may take another two years. He's owed 100 percent of the disability rate starting from his effective date in 1964.

"He's looking at a substantial award, but they have to do the math," she said. "For the VA, it can be a couple of years, and he has to be alive to collect."

Dunlap will turn 79 later this month.

"Once the award comes back, it goes back in a pile. And even if you're in an expedited pile, it's still a very large pile," Townsend continued.

The volume of claims the VA needs to process far outstretch the agency's capacity. Townsend said the federal government needs to employ more administrative law judges and more personnel to process these kinds of claims to keep the system ticking along at a more reasonable rate.

Dunlap had a few advantages: his extensive documentation, his stubbornness and his youth when he left the service. He had decades to spend on a legal fight.

“My dealing with the VA has been with some very hardworking people that are very frustrated that they can’t do it all at once. It’s not an intent by them to not help the veteran, but they’re limited in what they’re able to do,” Townsend said.

For his part, Dunlap is cynical about ever seeing a dime – his theory is that “they’re hoping I’m going to die before I ever get the money.” He still hasn’t received an award for his leg. He’s suffered two pulmonary embolisms he says are linked to his initial jogging injury.

“How would you like to walk to the mailbox every day, every week, every month, every year?” he asked. “And never hear?”

If he does see his award, Dunlap said his first order of business would be to pay off his legal fees, and then a few bills. After that, he and his partner plan to change their wills.

He’s not anticipating anything far beyond that, as he still doesn’t know what the dollar amount will be. Townsend’s hopes are a little higher.

“I’m hoping that he gets to go on a cruise and enjoy the rest of his life,” she said.

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2. Greater Choice for Veterans

2.1 - The Hill: [House, Senate strike deal on partial funding package to help avert shutdown](#) (10 September, Niv Elis, 11.8M uvm; Washington, DC)

Lawmakers on Monday announced a deal to pass the first of three planned spending packages that could help avert or scale back a government shutdown in October.

Appropriators on Capitol Hill submitted a conference report for a “minibus” consisting of three spending bills that lawmakers plan to pass this week, a move that would mark the first time in a decade that Congress has sent the president more than one spending bill ahead of the annual Sept. 30 deadline.

The report irons out differences in the House and Senate versions of the three appropriations bills providing \$146.57 billion in discretionary spending for measures covering Energy and Water, Military Construction and Veterans Affairs and the Legislative branch.

“This Conference Report represents our strong commitment to returning to ‘regular order’ in government funding, and is a huge step toward completing all of our Appropriations bills as soon as possible while funding all aspects of government in a responsible way,” said outgoing House Appropriations Committee Chairman Rodney Frelinghuysen (R-N.J.).

Lawmakers from both chambers are in the process of negotiating another two minibuss spending packages, which together would cover six spending bills and the vast majority of discretionary spending.

Congressional Republicans decided to put off work on the three remaining spending bills, including the one that deals with President Trump’s border wall, until after the November midterm elections. That means Congress will need to pass a continuing resolution to maintain

current spending levels for any unpassed spending bills by Oct. 1, or face a government shutdown for the agencies funded by those measures.

House and Senate negotiators initially hit a roadblock in July over whether to fund a veterans' health program under existing budget caps, which would require moving funds from other veteran programs or finding a workaround such as further raising the cap or sidestepping it with a budgetary maneuver.

Monday's compromise bill does not provide funding for the what's known as the VA Choice program.

"I remain very concerned that because it was not accommodated under the bipartisan budget agreement this package does not provide funding to cover the costs associated with the VA Choice program, which was transferred to the discretionary side of the budget under the MISSION Act," said Sen. Patrick Leahy (D-Vt.), the vice chairman of the Senate Appropriations Committee, who wanted to raise the discretionary cap to accommodate the program.

According to Leahy, the program will require \$1.6 billion in funding above what the bill provides, and need even more down the line.

"This new program will face a shortfall beginning in May of 2019," Leahy said. "We do our veterans no favors when we make promises to them that we cannot keep."

The compromise bill also removed funding for a project that would store the nation's nuclear waste in Nevada's Yucca Mountains, a controversial policy rider that was included in the House's version of the spending package.

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3. Modernize Our System

3.1 - Politico: [Opioid bill moves forward with eHealth measures](#) (10 September, Arthur Allen, 23.9M uvm; Arlington, VA)

OPIOID VOTE THIS WEEK?: Senators expect to vote this week on a bipartisan package to address the opioid crisis. The legislation promotes sharing of behavioral health data by encouraging education and best-practice development initiatives. But unlike a House version, the Senate bill would not specifically target 42 CFR Part 2, which requires a patient's direct consent to share behavioral health records.

.... The Senate package, S. 2680 (115) would also promote the use of telemedicine for substance use disorder by waiving the geographical restrictions that typically prevent reimbursement. Electronic prior authorization, incentive payments for adoption of EHRs by behavioral health practices, and e-prescriptions for controlled substances all get a boost in the bill.

VA CERNER CONTRACT STILL UNSETTLED: The new VA leadership's plan to be "joined from the hip" with DoD in their Cerner implementation worries some VA officials we've

consulted, and was partly responsible for Genevieve Morris' sudden departure after leading the implementation for little over a month, according to sources within and outside the agency.

VA Secretary Robert Wilkie appears laser-focused on assuring that the Cerner conversion leads to flawless movement of patient records between VA and DoD medical facilities. That's a worthy goal that Congress has long demanded, but too much sameness — especially if the current version of MHS Genesis is the model — could make it impossible for VA clinicians to do their jobs well.

Morris last month asked Cerner to report on how much variation it could provide to the two systems while still assuring interoperability. She left a short time after making the request, in part because of a conflict with Wilkie and other officials over the variation issue, according to three former VA officials.

Some VA officials were disturbed by the new chief information officer James Gfrerer's testimony on Wednesday that suggested it would be up to VA clinicians to "conform their workflows to the IT systems." Gfrerer said that if the implementation fails to meet milestones, people may be fired.

The grumbling reflects continued uncertainty over the 10-year, \$16 billion VA Cerner conversion, though health IT experts spent 10 months picking over the contract before it was signed in March. Morris has declined to comment on her departure. VA and Cerner spokespersons did not respond to requests for comment.

Pros can read the whole story [here](#).

Tweet of the Day: @SVACDems "Mr. Gfrerer, I won't sugarcoat this – you will be heavily involved in the largest health care I.T. transformation in American history. You and the Secretary will be held accountable by me, my colleagues and the American public if the EHR modernization project goes south..."

[...]

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3.2 - WFED (AM-1500): [How GSA's customers are driving schedule modernization efforts](#) (10 September, Jason Miller, 854k uvm; Washington, DC)

The General Services Administration wants its agency and industry customers to know they are listening when it comes to the schedules contracting program.

Not only is the Federal Acquisition Service in the final stages of updating the schedule contracts to make it easier for agencies to buy products and services at the same time, but FAS is planning other major changes for 2019.

Alan Thomas, the commissioner of GSA's Federal Acquisition Service, said in an exclusive interview, agency customers and industry partners are, in many ways, driving the schedules modernization strategy.

"The schedules program is still a flagship program at GSA. It's one of the crown jewels in the franchise at the Federal Acquisition Service. We take the health of the schedules program seriously and we are actively promoting it," he said. "We do a customer satisfaction survey every year. We got more than 13,000 responses this year and they tend to be heavily focused in the general supplies and services portfolio in terms of the users that respond to it. Overall, the results of the survey were pretty heartening. We heard from customers that the value they perceive GSA providing is up year-over-year. One of my favorite measures is when asked if GSA has their best interests, that is up as well, which I think is a good sign."

Thomas said he's been to all the regions once and about half a second time to meet with GSA and federal agency customers since he took over as commissioner 14 months ago.

"I got a lot of individual data points with the customers and it's really gratifying to hear them talk about GSA's people. That's the thing they complement the most," he said. "I get some feedback in terms of room for improvement on processes and systems so things like minimum order quantities and the usability of GSA Advantage are things we bring back and work on across the organization."

One of those things GSA has been working toward is the change in the schedules program to let agencies combine products and services under one buy. Commonly known as order level materials (OLMs) or other direct costs (ODCs), this modification has been a long time in coming, and has been particularly frustrating for vendors who sell both products and services. Thomas said the impact of this major change will be felt in fiscal 2019. But, Thomas quickly pointed out that vendors and agency buyers can take advantage of the change today.

"There is a contract modification and special item number that vendors will have to get added to their contracts," he said. "There is training and awareness. We have to make industry aware of it. We have to make our workforce aware of it, and then make the broader acquisition workforce aware of it. This is new and different so we want to make sure we get the guidance and training out."

GSA to change minimum order requirement?

Another major change is around eliminating minimum purchase thresholds. Thomas said that was another request from agency customers because sometimes you just need to buy one of something and not 10.

"We consistently hear from customers that minimum order quantities often times will lead them to cancel orders," Thomas said. "We are working with vendors on schedule to try and reduce or in some cases remove those minimum order quantities. Customers may be willing to pay a little more for that unit."

Overall, Thomas said the health of the schedules is strong. He said GSA expects the schedules program to break even before they reinvest in the business, but will be in the black after investments.

"We are on a trajectory to be at break even at the level when we include our investments hopefully in two years. That's a goal I've set for the organization," he said. "Schedules spending is pretty steady over the last several years. Some of the volume has moved to governmentwide acquisition contracts and governmentwide multiple award contracts. But from my perspective, I take a portfolio approach and we want to make sure we capture all the spend that's appropriate

and having it placed on the right vehicle. But I'd say schedule spend is steady and from a cost recovery perspective, the program is healthy."

Thomas said 2019 also is shaping up to bring major changes to the schedules program.

He said FAS is considering consolidating schedules down to one or a smaller set of schedule contracts.

"We have an internal team that is looking at that made up of a cross section of folks from FAS and they eventually will come to a set of options, they will brief up to me and we eventually will take them to [GSA Administrator] Emily [Murphy]," Thomas said. "The impetus behind schedules reform is to make sure the program continues to be healthy and meets the needs of our customers and industry partners. If you are a customer and you are looking to buy through the schedules, from our perspective sometimes it's a little challenging to think about what schedule should they be buying it off of? Take contact centers, is that an IT purchase off of Schedule 70 or is that a professional services purchase off of 00CORP? I don't know. I can make an argument for either."

Thomas said he wants to reduce any potential or real confusion for agency customers as well as lessen the burden on vendors having to manage multiple schedules.

He said the working group should have some recommendations on potential schedule consolidations by the end of 2018 with implementation coming in late 2019 or 2020.

Schedule transparency pilot to launch

Additionally, Thomas said FAS is looking at whether it needs to reduce the number of contractors on the schedules, particularly those who haven't done any sales in two or more years.

Thomas said many of these changes will need to be vetted and discussed with agency and industry partners before any implementation, which also is part of how FAS is trying to be more customer focused.

Two other major changes coming to the schedules are around transparency and fee adjustments.

Transparency has long been a problem for non-schedule holders. If you can't see what agencies are buying through request for quotes or task orders, then how can a vendor determine whether or not to get a schedule contract — which can cost tens of thousands of dollars in time and money?

Murphy said in May that FAS would launch an e-Buy pilot in 2019 to provide more transparency into the schedules program.

Thomas said FAS Region 7 and Office of Administrative Services, which handles all the internal procurements for GSA, will take part in the pilot by making the full statement of work available on FedBizOpps.gov after the award is made.

Around the fees of the schedules program, it's been 15 years since GSA reduced the industrial funding fee to 0.75 percent from 1 percent.

GSA and the Office of Personnel Management in August cut the fee to use the Human Capital and Training Solutions (HCATS) GWAC contract by 60 percent to 0.75 percent from 2 percent.

“We have a group that is looking at pricing [fee structure] across all of our GWACs and schedules. We want clarity and consistency for customers. We don’t want customers making choices for which vehicle to use based on the contract access fee. We want them thinking about what does the statement of work say and what is the appropriate scope of the contract? Then, making the decision based on that. In some sense, harmonizing fees or bringing them more in line with each other and making them more clear and consistent is a good move.”

GSA, VA to collaborate

A final area where GSA is trying to reduce confusion of agency customers and industry partners is around medical supplies.

The Veterans Affairs Department long has run its own medical supplies and services contracts, commonly referred to as schedules, despite GSA also running a similar program for the rest of government.

Thomas said GSA and VA are discussing how the two agencies could improve collaboration across the similar contracts.

He said VA is looking at how it could use some of the technology that GSA uses to manage its schedule program as well as how VA could use GSA’s global supply program to gain more control, visibility and more efficiencies in its micro-purchase spending.

“We are much further down the path [with the global supply program], joint teams have been stood up and projects plans have been put in place. We think in fiscal 2019 you will see some significant spend flow through that requisition channel from VA,” Thomas said.

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3.3 - Demopolis Times: [VA opens permanent Telehealth Clinic location at Demopolis hospital](#) (10 September, Teresa Boykin, 2k uvm; Demopolis, AL)

Tuscaloosa Veterans Affairs Medical Center opened the Demopolis Telehealth Clinic in Bryan W. Whitfield Memorial Hospital on August 21 after six years of serving the veterans of Demopolis and Marengo County through the Tuscaloosa center’s mobile medical unit.

The telehealth clinic is open 9:30 a.m. to 3:30 p.m. every Tuesday except for the fourth Tuesday of the month.

Damon Stevenson, public affairs officer for Tuscaloosa VA Medical Center, said the clinic was added to BWWMH because “there’s a large population of veterans in Demopolis and Marengo County.” Hamilton, Alabama, has also recently had a clinic open in the area to replace the mobile medical unit.

“Instead of the mobile medical unit, we worked with the hospitals in those two areas to get space in the hospital and establish a clinic,” Stevenson said.

According to acting Assistant Chief Nurse Lisa Koontz, the telehealth clinic will meet typical primary care and mental health needs as well as draw labs. It operates largely based on appointments. Two registered nurses and a licensed practical nurse are currently on-site, while a doctor serves patients via telehealth.

If necessary, patients may need to visit the Tuscaloosa center or be referred to other healthcare providers.

“We have partnerships with providers in the community to get veterans the care they need,” Stevenson said.

Koontz listed convenience as one benefit of the new telehealth clinic, since veterans can wait for their appointments inside rather than in their cars, as well as the ability to reach more veterans.

“We are excited to bring the services inside the hospital to better serve our veterans ... They do not have to travel to their primary care appointments or to their mental health appointments, and it opens up access for them meaning they can be seen here in their hometown,” she said.

Veterans can visit the telehealth clinic on Tuesdays to make an appointment and to enroll in the VA Health Care System.

(This article originally appeared in the Wednesday, September 5 issue of the Demopolis Times.)

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4. Focus Resources More Efficiently

4.1 - The Orange County Register: [Sentencing postponed for Whittier man in VA bribery scheme](#) (10 September, Fred Shuster, 4.8M uvm; Santa Ana, CA)

LOS ANGELES — A sentencing hearing was postponed Monday for a former U.S. Department of Veterans Affairs contracts administrator who pleaded guilty to tax fraud and lying to investigators about his part in a bribery scheme at the VA’s Westside medical center campus.

Ralph Tillman, 58, of Whittier was granted a delay in sentencing until Sept. 24 to ensure that he will have access to his medications while in federal prison.

Tillman, who resigned from the VA in 2014 after being confronted by investigators, admitted that he took nearly \$290,000 in “hush money” from Richard Scott, 58, owner of Westside Services, which had a contract to operate public parking locations across the VA Greater Los Angeles Healthcare System.

Scott of Santa Monica was sentenced last month to nearly six years in prison for swindling the VA out of at least \$12 million generated by his parking lots and bribing Tillman to keep the long-running scheme secret.

Tillman faces up to eight years — but is expected to receive less than half that amount — when he is sentenced by U.S. District Judge R. Gary Klausner in downtown Los Angeles.

As part of his job, Tillman was responsible for managing contracts with “sharing partners,” such as Scott’s Westside Services, which were required to share revenues with the agency. He admitted that he first solicited a bribe from Scott in late 2003. About 18 months later, Scott began making monthly cash payments to Tillman, with Scott personally delivering the bribes in sealed FedEx envelopes.

In return for the cash, Tillman failed to scrutinize annual statements from Scott that he knew contained inaccurately reported revenues and expenses. Tillman also admitted that he knew Scott was defrauding the VA out of millions of dollars and that he entered into a contract extension with the parking lot operator in 2011 to continue the fraud and bribery scheme.

Prosecutors said that during an interview with special agents from the VA’s Office of Inspector General in September 2014, Tillman lied when he denied accepting money or anything of value from Scott. But in his plea agreement, Tillman admitted taking \$286,250 from Scott from 2003 through last year, even after his retirement.

The defendants’ crimes have caused “profound and lasting damage” to the VA, said Meghan Flanz, executive director in charge of the master plan to revitalize the 388-acre medical center campus.

In a letter to the court on behalf of the healthcare system’s executive team in Los Angeles, she expressed “continuing anger, frustration and disgust regarding the actions of the defendants.”

Flanz wrote that while years have passed since Tillman and Scott first conspired to defraud the government, “their corruption continues to harm our campus, our employees, our reputation in the community, and most importantly, the veterans we are honored to serve.”

The VA contract with Scott was terminated in early 2017 after the agency settled a lawsuit that challenged the VA’s use of its Westside campus for any purposes not specifically related to the care and housing of veterans.

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4.2 - WTAE (ABC-4, Video): [Former priest named in grand jury report found working at counseling center](#) (10 September, Paul Van Osdol, 2.1M uvm; Pittsburgh, PA)

Action News Investigates has learned a former priest accused of molesting boys found a job as a social worker at a counseling center, working near children.

William B. Yockey was a priest at several parishes in the Pittsburgh area before leaving the priesthood in the wake of child sex abuse allegations.

Yockey did not answer questions when Action News Investigates found him at the Community Counseling Center in Ashtabula, Ohio, where he was working as a therapist.

The nonprofit center treats adults and children with mental illness and substance abuse. The center’s director said Yockey was treating only adult patients.

According to the grand jury report, the allegations against Yockey date back to the early 1980s when he was based at St. Bernadette Church in Monroeville. The report says Yockey molested two boys at the church rectory, one of them 16 years old, the other an undetermined age.

The grand jury report says Yockey molested another teen at St. Canice in Pittsburgh, where he worked after leaving Saint Bernadette. That church is now closed.

The grand jury says the Pittsburgh diocese was made aware of two abuse allegations in 1991.

It says Yockey did not deny the allegations and then resigned from the priesthood.

More victims came forward in 2009 and 2013.

But the grand jury says the diocese did not report any allegations concerning Yockey to the district attorney until 2014.

No criminal charges against him were ever filed.

That allowed Yockey to get licensed as a social worker in Pennsylvania and Ohio.

He advertises that he works with adults, children and adolescents.

Parents whose children attend the Ashtabula counseling center were shocked to hear of the allegations against him.

"I think that's disturbing. I don't know why they would have someone with a history like that," said parent Katie Dodd.

"You can't work anywhere with kids and stuff when you do something like that. You should be in jail," said parent Karen Marshand.

Counseling center CEO Paul Bolino said he knew nothing about the allegations against Yockey until Action News Investigates brought it to his attention.

Asked about his reaction to the allegations against Yockey, Bolino said, "I haven't had time to look at anything at all. Literally just taking all this in. Just learned of this an hour and a half ago."

Shortly after Action News Investigates confronted Yockey, he told Bolino about the allegations. Then, Bolino said, Yockey was fired.

Bolino would not say whether Yockey disclosed that he was a priest when he was hired, but he did say there was nothing in his application or background check that raised concerns.

Last month, Pittsburgh Bishop David Zubik said the diocese would tell potential employers if a priest was removed from ministry because of allegations of abuse.

"If the question came forth to us, we have a responsibility to tell people what we know," Zubik said.

But the grand jury report says in 2006, when the Veterans Administration called for a reference check on Yockey, the diocese did not disclose the allegations against him.

The diocese told the VA that Yockey "was granted a leave of absence for personal reasons" and it was "not able to provide any information" beyond that.

It is unclear whether the diocese was contacted about Yockey's job in Ohio.

Yockey is still licensed as a social worker in Ohio and Pennsylvania.

The director of the Ohio licensing board said the grand jury allegations are not enough to have his license suspended.

A Pennsylvania licensing spokesman would not say whether the allegations could affect his license.

The Pittsburgh diocese has paid about \$54,000 in Catholic school tuition reimbursement for the children of one of Yockey's victims.

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4.3 - KDVR (FOX-31, Video): [Congressman calls 176 yard VA staff shuttle service 'wasteful'](#) (10 September, Chris Halsne, 662k uvm; Denver, CO)

A FOX31 investigation into the cost of driving VA hospital employees about one block, every working day for five years, now gets the attention of a congressional leader.

By using surveillance, financial documents, and witness accounts, FOX31 discovered the Veterans Administration spent at least three-quarters of a million dollars shuttling staff between two doors on the same medical campus. That's a conservative figure because the Problem Solvers are still waiting for records concerning the cost of gas, maintenance of buses, and some extra driver/staff time.

A few days following questions from FOX31 about the program's cost, the VA shut down the shuttle program.

Deputy Directors of Eastern Colorado VA Health Care Systems, Duane Gill, said the program was "smart money" and prevented staff from being injured during the construction phase of the new hospital.

After seeing our investigation findings, United States Representative (R-CO) Mike Coffman said, "We have got to change the culture of the VA. I was disappointed how dismissive the VA was and I want to thank Channel 31 for bringing this issue to light – to my attention – I was not aware of it. 176 yards? Really?"

Representative Coffman, who has led the efforts to strip the VA of ever being able to construct another hospital again on its own, told FOX31, VA administration involved in wasteful spending are never disciplined. He said that is despite a Congressional effort to give the VA authority to dismiss people at the senior management level who break the public's trust.

I fundamentally believe that the culture of bureaucratic incompetence in the VA is no different than in the prior administration," Coffman told FOX31 on Monday. "The great tragedy is that is

does add up and every dollar wasted is money that could have been spent on medical care for our veterans.”

Coffman also said he expects to speak with the Director of Veterans Affairs in the coming month to discuss cleaning up incompetence where there are documented failures.

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4.4 - Citizen Tribune: [Roe Frustrated With VHA's Medical Instrument Sterilization](#) (10 September, Bianca Marais, 51k uvm; Morristown, TN)

With local media Thursday, U.S. Rep. Phil Roe expressed his frustration with the Veterans Health Administration's sterile services problems.

Roe attended an Oversight and Investigations sub-committee hearing on Wednesday discussing the examination of the VHA's sterile processing of reusable medical equipment.

“Hopefully we'll get that issue resolved,” Roe said. “This is a basic function of the hospital that has to be done right. It's critical that it is done right.”

Roe said the message was conveyed “loud and clear” by newly appointed VHA officials and thinks “things are going to move in a positive way.”

The congressman added later in the conference call with reporters that he assumed the sterilization issues in some VHAs facilities had been resolved years ago and is frustrated by the fact that this is still a topic of discussion.

Mountain Home is not accused of poor sterilization services, Roe said. Mostly just Washington, D.C.-based VAs were of concern.

He also gave a rundown of where a variety of current issues now stand in Congress.

Roe debated a bill on the House floor to require counseling if students wish to take out a loan for further education in order to provide all possible financing options, not just student loans.

Roe debated a miscellaneous tariffs bill that would benefit Eastman Chemical Company by lowering the import cost of eight products not found in the U.S. that he explained were of critical importance to the company.

With the federal fiscal year starting on Oct. 1, Congress is getting ready to make appropriations.

Roe said he is excited to be part of the “most bipartisan Congress in almost 20 years.”

Roe thinks only the controversies of the current Congress are being reported on, not bipartisan work done.

Roe said he is also frustrated by how the Brett Kavanaugh was being treated during his Supreme Court confirmation hearings.

Roe called Kavanaugh a “very qualified judge,” after reading some of his past rulings.

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5. Improve Timeliness of Service

5.1 - The Advocate (New Orleans): [Fugitive shot by law enforcement in Lower Garden District](#) (10 September, Ramon Antonio Vargas and John Simerman, 10.2M uvm; Baton Rouge, LA)

A New Orleans man on the run from a warrant in Texas was shot by a suburban sheriff's deputy in the Lower Garden District on Monday, after attempting to hit the deputy with his car.

U.S. Marshal for New Orleans Scott Illing said a St. John the Baptist Parish sheriff's deputy — part of a task force comprised of officers from multiple law-enforcement agencies — fired at the man's car in self-defense while the man and his passenger attempted to flee. Officers then pursued the vehicle for a distance but ultimately called off the chase because of concerns that bystanders could be hurt.

The man and his female companion were apprehended while seeking treatment for their injuries at the Veterans Administration Hospital in Mid-City. The man's injuries are not expected to be life threatening, Illing said. The woman in the car was also grazed by gunfire.

Both the man and woman were being pursued by U.S. Marshals for allegedly using a car to drag a police officer following an attempted traffic stop in Amarillo, Texas. Both are believed to be from New Orleans. Police did not release the names of the suspects.

The New Orleans Police Department is leading the investigation into the shooting, with assistance from state troopers, Illing said.

The shooting is one of a handful of recent incidents in Orleans Parish involving law-enforcement personnel from outside agencies abiding by different policies than their local counterparts. Last year, Louisiana State Police troopers engaged in a car chase through New Orleans because the vehicle they were pursuing had a stolen license plate. The pursuit ended with a crash that killed the vehicle's two passengers, prompting the driver to fatally shoot himself.

In 2016, deputies from the Jefferson Parish Sheriff's Office chased Eric Harris across the Crescent City Connection before fatally shooting him in Central City as his car went in reverse toward the deputies.

A 2012 reform agreement between the New Orleans Police Department and the federal government produced policies prohibiting NOPD officers from firing at vehicles without facing a second form of force, such as a gun being pointed at them.

NOPD policy these days also restricts officers from high-speed pursuits of suspects in non-violent crimes. Members of outside agencies are not bound by these policies.

It is unclear if either the driver or passenger of the car in the Lower Garden District was pointing a gun at the St. John deputy.

According to Illing, a U.S. Marshals task force tailing the suspects stopped them while they were in a car near the corner of St. Mary and Annunciation streets about 10:30 a.m.

The two wanted people later arrived at the VA Hospital, Illing said. New Orleans Emergency Medical Service Lt. Jonathan Fourcade said paramedics and police brought the pair from the VA to the trauma center at University Medical Center nearby.

Outside the VA hospital Monday morning, a law enforcement officer was seen picking up a bumper that had apparently fallen off a car.

St. John Sheriff Mike Tregre and the commander of his narcotics deputies, Tanner Mangano, were among the various officials at the scene of Monday's shooting.

Tregre did not comment on the case.

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5.2 - The Sacramento Bee: [An officer with PTSD fatally shot a mentally ill man. He's still on the force](#) (10 September, Molly Sullivan, 4.8M uvm; Sacramento, CA)

LOS BANOS - Los Banos police Officer Jairo Acosta knew he had post-traumatic stress disorder from his time in the Army.

On a medical questionnaire, he reported severe hearing loss and blurry vision, severe anxiousness and recurring tense feelings. He wrote that he struggled with forgetfulness and had difficulty concentrating, according to evidence admitted in court. He also reported having a very low frustration tolerance and that his symptoms were affecting his social life, marriage and work.

He never told his superiors about those problems, and continued to patrol the streets of this rural farming town in Merced County.

In 2013, Acosta shot and killed a schizophrenic man during a domestic disturbance call. In a narrow bedroom hallway, Acosta said Sonny Lam, 43, attacked him with scissors, leaving him no choice but to use deadly force.

Last month, a federal jury in Sacramento gave a resounding vote of no confidence to Acosta's version of events and said his conduct was "malicious, oppressive or in reckless disregard" of Lam's constitutional rights. They awarded Lam's family \$2.75 million. Only about a half-dozen cases involving police use of force have yielded sums that large in shootings in the Sacramento region during the past 15 years.

The case provides an unusual look into the mental health and disciplinary history of a California police officer. In California, the privacy of law enforcement personnel is closely guarded by the Police Officers' Bill of Rights – a protection that was hotly debated in the state Legislature this year after the high-profile shooting of Stephon Clark in Sacramento. The Legislature recently passed Senate Bill 1421, which would force law enforcement agencies to release the details of use-of-force investigations, as well as personnel records of cops who commit crimes while on duty. The bill is on Gov. Jerry Brown's desk.

In a rare occurrence, Melissa Nold, the civil rights attorney representing the Lam family, was able to win access to Acosta's medical records. She said more routine access to this type of information could prevent incidents like the Lam shooting and provide better policies and practices for law enforcement.

"Transparency allows for different observations from different people who have different skill sets," Nold said. "When things become public, that puts us in a position to demand policy changes. The only ways those changes are made is with public pressure. The only way you get public pressure is when the public knows."

Acosta could not be reached for comment. Dale Allen, Acosta's attorney, said the litigation was ongoing and Acosta could not comment on it until it came to a close.

"We respectfully disagree with the jury," Allen said.

The victim

According to documents in the case, on Sept. 2, 2013, Acosta responded to a non-urgent assault call. Acosta saw then-80-year-old Tan Lam, Sonny's father, standing outside. Tan, a Vietnamese immigrant, told the officer in the little English he knew that his son was inside and he'd "lost his mind."

They had argued over car keys. Sonny pushed his father, tried to slap him and told him to stay out of his room, Tan said.

Sonny had been off his medications for months, and his father called the police hoping they would take his son to a "special hospital" where he would get treatment, according to his court testimony. The younger Lam had been diagnosed with schizophrenia while working as an engineer in San Jose, his sister Mimi Lam said in an interview with The Bee. He had demanded his parents take him to the hospital because he said the government had put a chip in his leg and he had to get it out, she said. "That's when we found out he had schizophrenia," Mimi said.

Slowly, the disease began to eat away at the life he had worked to build since immigrating to the United States as a teenager. He would hear voices, see things and talk back to those voices, Mimi said. When he could no longer keep up with his engineering work, Sonny went to work at a family member's restaurant in Paso Robles and eventually moved to Los Banos with his parents, where he – with the help of medications – became their full-time caretaker.

He took his parents to doctor's appointments, did the cooking and grocery shopping and paid the bills, Tan said.

But then it all stopped. "He stopped taking the medication and his mind was not clear and his health was weak," Tan said in court with the help of an interpreter.

Tan and Mimi said they sought help from a mental health rehabilitation facility, looking for a way to get Sonny back on his medications, but they said they could not because he was over 18. They advised Tan to wait until Sonny's condition worsened and then call the police.

On the day he died, Sonny Lam retreated to his room after arguing with his dad.

Tan drove to a friend's house and asked her to call 911 because she spoke more English than he did.

The shooting

Acosta arrived to what he thought was an "assault" call at the Lam home, according to court documents. Tan was standing outside and Acosta observed that Tan had blood on his lip, court documents say.

Acosta entered and found Sonny in his room, sitting in a swivel chair wearing only jersey shorts, according to court testimony. Sonny was extremely protective of his room, Tan said in court documents. He would become agitated and upset when people tried to enter.

Acosta entered, put his hand on Sonny's shoulder, and tried to get him to leave the room. Sonny did not budge and swatted his hand away, court records said.

Then, according to Tan, Acosta "challenged" Sonny, saying "beat me, beat me," but Sonny didn't hit the officer.

Acosta testified in court he never made that challenge, and Sonny hit him without provocation.

The two men struggled. Acosta had ordered Tan to wait in the hallway, Tan said in court.

Acosta said in court Sonny came at him "with what I thought at the time was a knife," and stabbed him in the forearm, above the wrist. That attack tore a hole that appeared to be smaller than the buttonhole on the shirt cuff but broke the skin, according to photos shown in court.

A knife was never found, but investigators took red-handled scissors into evidence.

Acosta pulled his .45-caliber pistol and said he fired his first shot after Sonny grabbed the barrel, trying to take it away. The bullet went through Sonny's right lower leg and lodged in the bedroom floor, court records show. Acosta then backed into the hallway because his gun jammed. As he tried to fix it, he said, Sonny advanced with the scissors again, making a stabbing motion. Acosta fired a second fatal shot, court documents say.

The autopsy report found Sonny Lam had no markings or gunshot residue to indicate that he had touched the gun or was close enough to it for them to show up.

There were no stippling abrasions, soot or muzzle burns on Sonny's body, said Merced County medical examiner Dr. Mark Super in court.

Tan only heard the shots, but he came around the corner to see his son on the floor, bleeding and crying out in pain, he said. He watched Sonny wheeled out on a stretcher by police officers. He found out his son was dead later that night after giving his statement at the police station.

The cop

Acosta was not criminally charged for Sonny's death, nor was he disciplined for not disclosing his diagnosis. But the jury didn't agree with Acosta's version of events, saying in the verdict that they didn't believe Sonny grabbed Acosta's gun prior to the first shot or that he approached Acosta with scissors before the second shot.

Chief Gary Brizzee of the Los Banos Police Department said an internal investigation after the shooting cleared Acosta of breaking department policies or procedures. He said he was unsure if Acosta's PTSD diagnosis was known to the department or if it factored into the investigation.

"I'm sad and disappointed in the verdict in this case, and the city is appealing the verdict," Brizzee said.

He said if the diagnosis were true, the department "would follow up on that," but at this point no further investigation was planned.

Acosta's PTSD came to light when attorneys for the Lam family reviewed Acosta's disciplinary record and noticed a trend.

"When I reviewed his disciplinary history, a couple of the incidents to me showed hyper-vigilance, things that startled him that would not usually spark a startle response," said Nold, the Lam family attorney. "Those things sparked what to me I knew to be PTSD, so that started the inquiry."

"If nothing else this guy needs to be evaluated, and he hasn't been," she said.

Before joining the Police Department, Acosta was assigned to an artillery unit in the Army and was deployed to Iraq in 2005, where he served as an infantryman, Allen said.

Sitting expressionless in court in August, Acosta still has a military bearing with a shaved head and square posture, his hands often clasped in front of him.

Acosta said in court he started experiencing symptoms in 2010, feeling anxious and on edge.

While in Iraq, Acosta was exposed to improvised explosive devices, known as IEDs, which doctors say gave him a mild traumatic brain injury, according to a court deposition.

Traumatic brain injuries are essentially concussions, according to the National Center for PTSD, and often affect soldiers and veterans who encountered explosions, commonly from IEDs. Many people who suffer traumatic brain injuries develop PTSD, according to the center.

That year, he was reprimanded at work for kicking in a door after he thought someone inside a house had thrown a rock at his patrol car, disciplinary records admitted as evidence in court showed. No one was in the house, and the police department admonished him for damaging the door.

He said he kicked the door because "he was pissed off," according to court documents.

His symptoms were exacerbated by a demanding work schedule on the graveyard shift and the stress associated with raising two young children, Acosta said in court. After a year of wrestling with the ups and downs, his wife asked him to get help, and in February 2011 he tried to, he said.

While waiting for his appointment at the VA Medical Center in Fresno, Acosta was asked to rate the severity of his symptoms on a survey, and for the first time, he reported the extent of his mounting problems, a court deposition showed. An attorney for the Lam family read his

responses in court; Acosta circled 3's and 4's indicating his symptoms were severe and very severe.

After an 80-minute conversation, a VA clinical psychologist diagnosed Acosta with chronic PTSD, and scheduled a follow-up appointment. But he never showed. Nor did he seek out any further professional treatment – and he never told his police department, court testimony showed.

Acosta later filed for disability with the VA, but his claim was denied because of his lack of follow-up, according to court testimony. His problems at work continued, however.

A year after his diagnosis, in 2011, Acosta unholstered his gun and told a community service officer to “go to the f----- police department.” The community service officer later filed a complaint and the department reprimanded him for “discourteousness,” according to court records.

Allen, Acosta's lawyer, said he will file a motion next week with the intent of eventually appealing the verdict in the Lam case.

“We do believe that the only evidence in this case supports that Officer Acosta was under a lethal threat,” Allen said. “... We believe that evidence will support and did support that he was under an immediate threat. The jury disagreed with us. It was a highly emotionally charged case and I think that emotion may have carried the verdict.”

The aftermath

Tan now lives alone in the same Los Banos home. Faint bloodstains from his son are still visible in the hallway carpet. His wife, who was hospitalized at the time of the shooting, died a year after Sonny.

Sonny's room is mostly empty and the door is usually kept closed. His clothes still hang in the closet, new socks are still in a plastic bag from the store. Sonny has been gone for five years, but the odor of his cigarettes still lingers in his room.

“I come in here every now and then to visit my son,” Tan said, his daughter Mimi translating for him.

Acosta is still on active duty and now works as a detective in Los Banos. He still has not reported his diagnosis to the Los Banos Police Department, according to Allen.

Ed Obayashi, a deputy sheriff in Plumas County and use-of-force expert, said officers are obligated to report conditions to their department that may affect their work.

“If you can't do your job, you're supposed to report it to your supervisor,” he said. “That's just dereliction of duty, period.”

“It's not a crime to not report it, but If you fail to disclose that, as a peace officer you could be subject to discipline up to and including termination,” Obayashi said.

The Lams were not aware that Acosta remained at the department, and said it causes them further pain to know he is still on the force without having received treatment for his PTSD.

“Wow, that would break my dad’s heart,” Mimi said. “I mean, you know, we went through all this. It’s just about justice for my brother but also that, I mean, there should be consequences, you know, for (Acosta’s) wrongdoing ... I thought after all the evidence came out, there should be some changes.”

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5.3 - Newsday (Video): [Mobile health center for veterans coming to North Hempstead Town, Schumer announces](#) (10 September, Christine Chung, 3.2M uvm; Melville, NY)

Two months after North Hempstead town officials and veterans started a petition for a veterans outpatient clinic closer to home, a mobile veterans center for basic health needs will arrive in town later this month, Sen. Chuck Schumer announced Monday.

The mobile center will serve as an interim option while discussions continue with the U.S. Department of Veterans Affairs for a permanent new clinic, officials said.

“Our local veterans deserve a more immediate solution to their travel issues while the VA’s review to establish the community-based clinic is underway, and this new unit is just what the doctor ordered,” Schumer (D-N.Y.) said in a news release. “While we continue to make the case for a new outpatient clinic, North Hempstead vets will soon benefit from greater convenience for some of their everyday medical needs.”

The mobile center will likely visit the town up to three times per week, though the schedule has not yet been finalized, a Schumer spokesman said. Town officials said the center will be at the Clinton G. Martin Park in New Hyde Park.

“Veterans will have the opportunity to access primary care, podiatry care and many other services that they need and deserve,” Supervisor Judi Bosworth said in a news release.

Aging veterans in the town have said that it is increasingly difficult for them to travel to the nearest VA Center in Northport. Rich DeMartino, a Vietnam War veteran who served in the Navy, said the mobile center was a better and more convenient alternative to the long drive senior veterans now undertake.

“It’s going to mean tremendous flexibility for the veterans in the North Hempstead area and in the ease of getting any kind of medical assistance,” said DeMartino, 68, of New Hyde Park.

A permanent community-based outpatient clinic would act as a satellite location where veterans could also receive basic treatment, such as health checkups.

There are 47 community-based outpatient clinics in New York State, according to the VA website. Nassau County has two clinics, one each in Valley Stream and East Meadow. There are three clinics in Suffolk County, in Riverhead, Patchogue and Bay Shore.

In 2017 and 2018, 30 new clinics opened across the country, joining a total of more than 1,200 clinics nationwide, a VA spokeswoman previously told Newsday. The department prepares an annual capital plan bookmarking potential locations, and final decisions about VA hospitals and

medical facilities are subject to the authorization and appropriations process, which is controlled by Congress, she added.

Bosworth said in a statement that the town would be a good fit for a permanent clinic.

"The Town is an ideal place for a Community Based Outpatient Clinic because of our large veterans population," she said. "It now takes our veterans hours to get to Northport's VA Medical Center, and so this will have a tremendously positive impact."

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5.4 - The Times of Northwest Indiana: [Northwest Indiana veterans have few options for quality nursing home care](#) (10 September, Giles Bruce, 1.1M uvm; Munster, IN)

PORTAGE — The cargo van backed into a driveway on an idyllic block, where every other house is the mirror image of the one before it. Behind the wheel was a husky guy donning a Marine hat, a U.S. Marine Corps. lanyard around his neck.

He electronically moved his driver's seat back, then shifted his body into a wheelchair, letting out an "uh" as he plopped down. The van's side door opened. A ramp automatically lowered to the ground, and Walt White wheeled himself forward.

Nearly four years after suffering a debilitating stroke, the 74-year-old veteran — he served in Vietnam and Operation Desert Storm — largely takes care of himself. An aide helps with household chores, and White sometimes eats at the assisted living facility across the street, but he is otherwise independent.

In early 2015, that wasn't the case.

After being discharged from the Jesse Brown Veterans Affairs Medical Center on Chicago's West Side, the hospital sent him to Merrillville's Golden Living Center, the VA-contracted nursing home for Northwest Indiana.

While there, White said, often no one would get him out of bed in the morning because the facility was so short-staffed. One day, he said, he didn't get his soiled diaper changed until noon. A woman with a memory disorder would wander in and out of people's rooms, including his, taking stuff, he said.

The care was subpar, White said, but he didn't have a choice: Golden Living Center is the only nursing home the VA contracts with in Lake, Porter or LaPorte counties. Medicare gave the facility its lowest possible quality rating, 1 star out of 5.

The facility was below the national average in such categories as falls with major injury, worsening of patients' ability to move independently, high-risk pressure ulcers, lack of improvement in function for short-term patients, and patients receiving antipsychotic medications, according to Medicare. Each staffer took care of 110 patients per day, compared to 71 statewide. The facility had 11 citations in its most recent health inspection, and the same number in its last one, in 2016; the state average was 5.8.

A national trend

As recent news reports have pointed out the lack of quality at VA-operated nursing homes around the country, this instance shows the issue extends to the facilities the VA contracts with. Veterans often don't have options but to go to poor-quality nursing homes, either for geographic or family reasons.

"No veteran should have to tolerate a one- or two-star nursing home," said Tom Pappas, a Portage veteran who advocates for vet-related issues in Northwest Indiana. "If the VA won't pull their contracts, then Congress should."

The VA released the ratings in June as USA Today and the Boston Globe were preparing to publish a report that the agency had hid the ratings for years. VA officials claimed the Trump administration had planned to make the ratings public anyway and blamed the Obama White House for not putting them out sooner.

In a response to a question from The Times, Jay Kenworthy, a spokesman for U.S. Sen. Todd Young, R-Ind., said their office has reached out to the VA to learn more about the contracted nursing homes, including the one in Merrillville. Young recently visited a VA nursing home in Marion to talk to officials there about its low-star rating.

"These new ratings from the VA allow us to more easily identify and hold accountable the facilities and regions most in need of improvement," U.S. Sen. Joe Donnelly, D-Ind., said in a statement, "and I will continue to work nonstop to ensure these facilities meet the standard our veterans deserve."

U.S. Rep. Pete Visclosky, D-Gary, said in an email that he plans to work with his colleagues on the House Appropriations Committee, which regulates federal spending, "to improve the ability of the VA to provide timely and quality care to veterans at all stages of life." He encouraged any Northwest Indiana veteran in need of assistance to contact his office in Merrillville.

Pappas, the Portage veteran, wants the VA to give veterans vouchers to get care at the nursing homes of their choice. The agency has a similar program for medical care, Veterans Choice, where vets who are too far from VA facilities can go to community hospitals and clinics.

Regional VA responds

Lela Vance-Glover, a regional spokeswoman for the VA, said the agency has clauses in its contracts for performance and quality of care, but Golden Living Center hasn't violated them. Staff from the Jesse Brown VA Medical Center, including nursing, social work, dietary and safety personnel, regularly visit veterans at contracted nursing homes and monitor state inspection reports, she said.

"We can put a facility on deferment. We can immediately pull a patient out and take them somewhere else until the issues are rectified," said Marc Magill, director of the Jesse Brown VA Medical Center.

He compared the VA star ratings to those of hotels: Just because a nursing home has one or two stars doesn't mean it's unsafe; it only indicates the quality is lesser.

Still, he said, "Our veterans deserve a higher-star quality."

But he noted that's hard to do under the current system. VA pays at the same rate as Medicaid, he said, so many higher-quality facilities refuse to contract with the VA. To help alleviate this, Magill said he has started to offer the higher, Medicare reimbursement rate for nursing homes on the Illinois side, and is hoping to do so in the six Northwest Indiana counties he oversees.

Veteran paid his own way

Nearly two years into his stay at Golden Living Center, White felt he wasn't making any progress.

So he transferred to an assisted living facility in Portage, where he would have to pay out of his own pocket, about \$4,000 a month (he said the VA was paying \$7,000 monthly to keep him at the old place). He said that while the new facility wasn't perfect — it served less-than-nutritious food, he said — it was a world of difference from the Merrillville nursing home.

"I was just being warehoused there," he said. "The VA just stuck me there and left me there. I'd still be there if I was happy to be a potted plant. They just maintained me, kept me alive."

Golden Living Center's owner, Danville-based Hendricks Regional Health hospital, didn't respond to requests for comment. An administrator at the nursing home hung up on a Times reporter.

White noted that he wasn't physically abused at Golden Living Center; the facility was just understaffed, employees were underpaid and overworked — typical of the nursing home industry as a whole. But he didn't have a lot of alternatives, particularly since he wanted to stay close to his kids in Crown Point.

The next closest VA-contracted facility is 35 miles south. But that nursing home, Aperion Care DeMotte, also has a one-star rating. After that, the nearest is Valley View Healthcare Center in Elkhart, 85 miles away (rated two stars). The nearest five-star nursing home is Peabody Retirement Community in North Manchester, 120 miles from Merrillville.

Despite the cost, White is happy in his new digs, a spacious townhouse outfitted with a huge TV, where he binge-watched the show "Breaking Bad," about his namesake, a high-school chemistry teacher turned meth kingpin.

But White knows many veterans aren't as fortunate. He has pensions from the military, from working at the steel mill, from being a state employee; he gets disability from Agent Orange exposure, Social Security benefits. Otherwise, he might still be stuck in a nursing home.

"I'm lucky," he said, seatbelted into his wheelchair. It had two flags sticking out the back: one with the Marine Corps logo, the other an American flag.

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5.5 - WFED (AM-1500, Audio): [VA's monthly caregivers program lacks sufficient access](#)
(10 September, 854k uvm; Washington, DC)

Veterans eligible for monthly caregivers sometimes have a hard time accessing the program. That's because support coordinators at the Veterans Affairs Department took too long to

determine eligibility. That's according to the VA inspector general Michael Missal, who joined Federal Drive with Tom Temin.

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5.6 - WLRN (NPR-91.3): [Bill Would Allow VA To Prescribe Medical Marijuana In Some States](#) (10 September, Julio Ochoa, 166k uvm; Miami, FL)

Sen. Bill Nelson filed a bill last week that would provide veterans with access to medical marijuana at the VA and open doors for more research on the drug.

The bill would allow VA doctors to prescribe medical marijuana to veterans in the 31 states where it is legal.

"In states where medical marijuana is available, veterans certainly ought to have it in the federal veterans administration medical system," Nelson said.

Since marijuana is still considered illegal at the federal level, doctors at the Department of Veterans Affairs are prohibited from prescribing it to veterans and research cannot be done to determine its efficacy at treating conditions from pain to PTSD and traumatic brain injuries.

Nelson's bill, which is cosponsored by Sen. Brian Schatz, D-Hawaii, would provide \$10 million for research into the use of marijuana to treat veterans in pain and \$5 million to study how access to medical marijuana may reduce opioid abuse among veterans.

"If we are serious about helping our veterans to give them the quality of life out of respect for what they have done in service to the country and if we know that veterans coming back more recently from Afghanistan and Iraq are having such severe pain issues ... then we ought to be helping them," Nelson said. "The last thing we want to happen is for them to get addicted to opioids."

Nearly 60 percent of veterans who return from service in the Middle East and more than 50 percent of older vets who use the VA are living with chronic pain, Nelson said.

Veterans in Florida and other states have been pushing the federal government to reclassify marijuana to reflect its medical value. Marijuana is classified as a schedule 1 drug, along with heroin, LSD and ecstasy.

The American Legion polled its 2 million members and found that 92 percent favored more Marijuana research. The organization's members are war veterans and 22 percent reported using marijuana for medical reasons.

The group has since pushed Congress to reclassify marijuana but that request has gone nowhere.

At a recent stop in Orlando, new VA Secretary Robert Wilkie says he's got to follow the rules.

"I'm not a doctor, never played one on television," Wilkie said. "I'm not a scientist. I will follow the federal law. And the federal law is very clear."

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5.7 - On Top Magazine: [83 House Lawmakers Urge VA To Cover Gender Reassignment Surgery](#) (10 September, Carlos Santoscoy, 52k uvm)

In a letter to the Department of Veterans Affairs, 83 mostly Democratic lawmakers have called for the VA to cover gender reassignment surgery.

In the letter, dated September 7, 83 House members called denial of the procedure for transgender people “unconscionable.”

“Simply put, the VA has an obligation to provide the necessary care that is prescribed to enrolled veterans by their health care practitioners,” the letter states. “It is unconscionable to deny veterans the same access to health care services that civilians receive in the private sector, and that is available to Medicare beneficiaries and federal workers, simply because of outdated and unscientific prejudice against their gender identity.”

There are an estimated 160,000 transgender veterans in the United States.

“It is simply unacceptable that we would ask our veterans to risk their lives to protect our rights but we would refuse to defend theirs in return,” said California Representative Julia Brownley, top Democrat on the House Veterans Affairs Health Subcommittee. “The VA must put an end to this discriminatory and outdated ban on treatments for gender dysphoria and ensure that all our nation’s veterans have access to the health care they have earned.”

Outgoing Florida Representative Ileana Ros-Lehtinen, who has a transgender son, is the only Republican to join the effort.

Charlotte Clymer, a spokesperson for the Human Rights Campaign (HRC), said in a statement that the exclusion of gender reassignment surgery from VA coverage “undermines the health and wellbeing of transgender patriots who have laid their lives on the line for this country and their families.”

The VA's policy of not covering such procedures is currently being challenged in federal court.

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5.8 - ConnectingVets.com (CBS Radio): [How to keep VA benefits and services flowing during Hurricane Florence](#) (10 September, Jonathan Kaupanger, New York, NY)

Hurricane Florence is a category 4 storm and it’s heading towards the United States with the Carolina’s directly in it’s path. With maximum sustained winds of 130 miles per hour, the damage could be catastrophic. Here’s some VA information that you need to know before, during and after the storm hits.

Is my VA open?

Just like in the military, the operating status for all Veterans Affairs facilities is posted daily. To find your medical center or facility, go to the locations section of the VA website. The country is

split into separate Veterans Integrated Service Networks or VISNs. Click on the VISN number that corresponds with your state.

Next, find your medical center. Don't worry about the outpatient clinics or CBOC links, you'll find the operating status for these smaller clinics under the umbrella of the larger medical center. Once you locate your primary medical center, find the operating status button at the bottom of the grey links on the left side of the page. You can subscribe to receive text updates here so you know about closures as they happen. You can also find links to emergency services in your area at this site.

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6. [Suicide Prevention](#)

6.1 - Orlando Sentinel: [Orlando VA hosting Suicide Prevention Awareness Fair on Sept. 14](#) (10 September, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The Orlando VA Medical Center is hosting a Suicide Prevention Awareness Fair on Friday, Sept. 14 at its Lake Nona campus at 13800 Veterans Way.

A Suicide Prevention Awareness Walk is scheduled for 7:30 a.m. in front of the building.

"Suicide prevention is one of our highest priorities," said Orlando VA Medical Center Suicide Prevention Coordinator Janet Gates, in a news release. "We will not relent in our efforts to connect Veterans with lifesaving support before they reach a crisis point."

The event is open to the public and feature information tables and resources from the VA and community partners.

The event is part of Florida Veterans Suicide Prevention Awareness Week, which is between Sept. 9 and 15.

If you need help or more information, call Veterans Crisis Line, (800) 273-8255 and press 1.

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6.2 - Columbia Daily Tribune: [Suicide prevention week offers reminder that help is available](#) (10 September, Pat Pratt, 468k uvm; Columbia, MO)

National Suicide Prevention Week began Sunday, an annual campaign that aims to encourage dialogue among professionals and the public regarding suicide, which continues to be one of the leading causes of death in Missouri and the U.S.

Doreen Marshall is a psychologist who has been engaged in suicide prevention efforts for more than a decade. She joined the American Foundation for Suicide Prevention in 2014 and this week is speaking across the nation to raise awareness.

"All folks who have an interest in suicide prevention come together to promote efforts for prevention and make known the need of those who have been affected by suicide," Dr. Marshall said. "It is a national effort and you will hear probably a lot through the week from various organizations who have suicide prevention as part of their mission."

Suicide is currently the 10th leading cause of death in the U.S., claiming the lives of almost 45,000 Americans each year, according to the American Foundation for Suicide Prevention. On average there are 123 suicides reported each day.

The demographic most affected is middle aged white males. About 70 percent of suicides in 2016 were middle-aged white males. Suicide is also the second leading cause of death among young people between 15-24.

The reasons for suicide are varied and range from a stressful life event or events such as loss of a partner or job, to an underlying mental health issue.

"Certainly no one thing causes suicide," Marshall said. "When we look back through the vantage point of those who have died, one thing that is a big driver is untreated or under-treated mental health concerns. Either they were undiagnosed or if they were, they may not have received proper treatment.

"We know the vast majority who do receive treatment for mental health concerns do not go on to end their lives."

Suicide rates have been climbing in Missouri for almost two decades. According to the Centers for Disease Control, the state in 2016 ranked 13th in the nation for suicides, with a total of 1,133 Missourians suffering a self-inflicted death. The state was ranked 16th in 2015 with 1,052 suicides reported and 18th in 2014 with 1,017 reported.

Missouri Department of Mental Health acting Deputy Director Debra Walker also said on Monday there is no one commonality among victims, other than they are in pain.

"There is not one underlying factor that leads to suicide," deputy director Walker said. "What we do know is that the individual who is considering suicide is likely experiencing a great deal of emotional pain. If someone is struggling with thoughts of suicide we recommend reaching out. This can mean reaching out to the resources mentioned below or a loved one, a primary care provider, a mental health organization, or even a member of your congregation."

Veterans of the U.S. Armed Forces also continue to see higher rates of suicide proportionally than their civilian peers. A recent Veterans Affairs report indicates 20 veterans commit suicide each day.

Locally, the Harry S. Truman Memorial Veterans' Hospital has a number of events scheduled throughout the week. Those include films, discussions, training and other events. The hospital can be reached at (573) 814-6000 or on social media.

Some of the warning signs of suicide, according to the organization Suicide Awareness Voices of Education, include a person talking about wanting to die or commit suicide, talking about feeling hopeless or having no purpose. Mood changes or increased substance abuse can indicate underlying mental health issues, experts say.

"It is very important that folks feel comfortable asking directly about suicide," Marshall said. "If you are concerned about someone in your life, it's important to just ask them directly. You might say to them 'I noticed you are feeling overwhelmed and when people are feeling that way they might have thoughts of suicide.' Then reassuring them that help is available."

Help is available to families, friends or individuals. The National Suicide Prevention Hotline is available 24/7 at 1-800-273-8255 and provides free and confidential emotional support. An online chat option is also available at suicidepreventionlifeline.org/chat/. The Crisis Text Line also operates 24/7 by texting HOME to 741741.

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6.3 - The Jackson Sun (Video): [Veteran travels across U.S. to raise awareness of PTSD](#)
(10 September, Cassandra Stephenson, 443k uvm; Jackson, TN)

U.S. Army veteran Eli Smith rode through the rain into Jackson on his 250-pound bicycle on Thursday. Jackson is just one stop in his more than 15,000-mile, 3-year journey to the four corners of the United States, all in the name of raising awareness for Post-Traumatic Stress Disorder in veterans. And it's not the first time he's braved the elements to spread his message.

"People ask me, 'What happens if it rains?'" Smith said, sitting in a hotel lobby, wearing a sun-faded, red 4 Corners Hike T-shirt and an Army green ball cap. "I get wet. That's how it works."

Smith, a 38-year-old Ohio native, served as a tank gunner in Korea until 2002. He started thinking about ways he could help veterans with PTSD after losing some of the men he served with to suicide.

"It didn't sit very well, to say the least; and I didn't really understand it so I looked into it more," Smith said.

At the time, an average of 22 veterans died each day from suicide, according to the Department of Veterans Affairs.

"I thought that was just too many," Smith said. He sold all his possessions and set out to travel by foot across the United States, stopping in as many major cities as he could along the way to raise awareness about PTSD.

PTSD is a stress disorder that affects those who have been through trauma. The risk of suicide in veterans is 22 percent higher than that of non-veteran adults in the U.S., according to the Department of Veteran Affairs. Currently, an average of 20 veterans each day commit suicide, according to VA data.

Smith did not do any training before starting his trek in Pensacola, Florida, in 2016. He walked west to San Diego and then to Seattle. He shed 70 pounds over the course of the first two legs of his journey.

After reaching Seattle, Smith said his knees and back were suffering under the strain of constant hiking. He switched to a Pedago bike, donated to him by the company, and re-launched his journey from Las Vegas. The bike, he said, allowed him to add an additional 3,000

miles to his trip — and will allow him to complete the journey in three years instead of the originally planned three and a half.

Before setting out from Las Vegas, the last time Smith had ridden a bicycle was when he was 14 years old, he said.

“I’m getting the hang of it, a little bit,” he said. “I still wreck every now and then. It’s no fun, the bicycle weighs about 250 pounds.”

Smith has traveled more than 10,500 miles since he started his journey, and the trip has been fraught with near-disasters.

Most recently, he was robbed at gunpoint in a small town in Iowa. A gang in San Diego put a bounty on his head for an initiation after seeing him on television. He was almost kidnapped in Texas, he’s been hit by cars, been bitten by a dog, ran into bears, gotten lost in the woods and suffered heatstroke.

But it’s all worth it, he said.

“I’ve received 12 letters so far from veterans that have come across the journey and changed their mind about suicide,” Smith said. “And those — I can’t even think about those letters; I’ll start bawling my eyes out.”

Smith said that people from all over coming together to help this cause is what has surprised him most about his journey.

“[It’s] the contrast from what you see on big news networks, because you see all that division,” Smith said. “I’m not seeing that. I’m literally on foot, on a bicycle, going across the country and meeting people from all over, and everyone — it’s amazing to see everyone come together for something that’s just good, that has nothing to do with politics, race, religion, none of that.”

He walked through San Francisco on Pride Weekend, he said, and he was apprehensive about how he would be received. A group of people threw him a party at a gay bar.

“It was just amazing,” Smith said.

Many people along the way have offered Smith a helping hand. He has stayed in strangers’ homes and been treated to dinner at local restaurants. When he arrived in Jackson, Longhorn Steak House invited him in for a meal. He ate with the owner of Central Barbecue in Memphis.

“Y’all have been feeding me too much in Tennessee,” Smith said, laughing. “I can’t eat as much as I used to.”

Smith now spends most of his nights in hotels, but still tries to meet with as many people as possible, especially veterans. He visited the Veterans Affairs Clinic in Jackson, just as he tries to do in other cities he stops in.

He plans to make it to Columbus, Ohio, by the end of October, where he said he will stop to plan the next and final leg of his journey, and wait out the east coast snow. He said he will spend a week and a half in New York City, and stay in Washington, D.C., for a while, speaking with politicians, congressmen and leaders from the Veterans of Foreign Wars organization.

Smith's four corners journey will be over when he reaches Key West, Florida, but Smith isn't going to stop his efforts there. He said he'll take about a month to sleep and "do nothing," but then he will jump back into helping veterans. He said he might want to canoe down the Mississippi River. Australia and England have expressed interest in having him come raise awareness there.

"That might be something that I might do, because we fight beside them over in the Middle East as well," Smith said.

In the roughly two and a half years he's been on the road, Smith said he's learned three lessons: trust your gut instinct, ask for help, and that "people are awesome in this country."

But knowing it's okay to ask for help is something he focuses on sharing with others.

"A lot of veterans were trained and told, 'Suck it up and keep going on,'" Smith said. "That doesn't have to be the case."

Smith said the best thing someone can do for a veteran who may need help is finding their battle buddy.

"[With] PTSD, the battle buddy is the most effective person to help another vet," he said.

Smith said he understands that family, and spouses especially, might want to be the one to be there for that person, but he said he would "rather use the most effective ways to help people rather than the socially acceptable ways."

"It's hard, sometimes, for spouses ... you can only do so much, and that's just a fact," Smith said. "Others are more well-equipped to help with other situations."

Smith also recommends American Legions and VFWs as resources for veterans struggling with PTSD.

He said he's also received notes from spouses of veterans, thanking him for bringing hope to their husbands or wives.

"It's amazing, because I didn't think it would have this big of an impact at all," Smith said. "I thought, let's go walk around, pedal around, see what I can do. Say hey, let people know, and it's just absolutely amazing."

For more updates and information on Smith's trek, visit: www.facebook.com/4cornershike

If you or a loved one are a veteran struggling with PTSD, the Veterans Crisis Line is available at 1-800-273-8255. Call the number and press 1. The crisis line is also available via online chat at VeteransCrisisLine.net/Chat and via text at 838255.

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6.4 - WTLV (NBC-12, Video): [Gov. Scott proclaims this week Florida Veteran Suicide Prevention Week](#) (10 September, 321k uvm; Jacksonville, FL)

Florida governor Rick Scott proclaimed September 9-15 as Florida Veteran Suicide Prevention Week.

"Suicide is a public health challenge that causes immeasurable pain among individuals, families and communities across the country," Scott said in a press release Monday morning.

Scott said Florida is partnering in a new multi-year deal with the United States Department of Veterans Affairs and the Florida Department of Veterans' Affairs and Crisis Center of Tampa Bay to "connect veterans who are experiencing emotional or mental health crisis with lifesaving support."

Rick Scott was in Jacksonville Monday for his Make Washington Work bus tour.

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6.5 - Peninsula Daily News: [Port Townsend display illustrates battle some veterans face at home](#) (10 September, Jeannie McMacken, 192k uvm; Port Angeles, WA)

PORT TOWNSEND — On a small grass strip adjacent to the American Legion Post on Water Street is a display that reminds passersby of a statistic that is painfully real: Each day in the United States, an estimated 22 veterans commit suicide.

They are represented by 22 white crosses and 22 flags.

Local veterans Bob Saring and Andy Okinczyc are behind this visual reminder.

September is National Suicide Prevention Month, and for the past few years, Saring and Okinczyc have created powerful reminders of the veterans who take their own lives.

"This is something I saw online a few years ago. Another Legion post did it," Saring said. "We wanted to do it. We got the wood, built the crosses, painted them, and we put them in the ground at the beginning of the month."

He said community reaction to the installation has been heartfelt.

"It's amazing how many people stop and read it," Saring said. "We want to raise awareness. People don't realize this statistic and the impact of military service to our country has on so many."

"When you look and see 22 crosses and 22 flags, it hits you. We've had people come in and cry, and thank us. A Marine came in and wanted to join our post to help out vets."

Saring said the field of wooden crosses is meant to evoke the image of a World War I battlefield cemetery. Think of the poem, "In Flanders Fields," by John McCrae.

"These are our comrades who have passed. We want people to remember these are vets that have died, in part, because of the service they have given to our country," Saring said.

Ryan Britch, Traumatic Brain Injury and Post Traumatic Brain Injury programs coordinator at the American Legion National Headquarters in Washington, D.C., said that since the invasion of Iraq, there has been a sharp increase in veteran suicides, surpassing national civilian suicide rates.

"The target demographic is veterans 55 and older, but those 18 to 24 are 10 times the national suicide rate," he said.

"White Paper on Veteran Suicide," prepared by the Veteran's Administration Office of Mental Health and Suicide Prevention, reported the average number of veterans dying by suicide per day has remained relatively unchanged since 2005 and is comparable across the veteran population by military branch.

Vietnam era veterans represent the largest population of veterans by year and the second-largest number of deaths by suicides.

Joseph Plenzler of the American Legion National Headquarters said suicides can be tracked to four causes: post-traumatic stress disorder, traumatic brain injury, sense of belonging (reintegration into civilian life) and sense of purpose (discovering a post-service identity).

Secondary risk factors include substance abuse, financial distress, intimate relationship problems and legal issues.

The Department of Veterans Affairs (VA) has expanded its crisis line that takes up to a half-million calls every year, as well as electronic chats and text messages.

A June, analysis by the VA showed that veteran suicide has increased at a faster rate for those who have not recently used VA care and services available to them than for those who have used those services.

There are 350 members of the Marvin G. Shields American Legion Post #26 on the corner of Monroe and Water Streets which serves all of east Jefferson County. Membership is open to all service members who have served during a time of conflict.

The post was named for the local hero who was born in 1939 and grew up in Port Townsend, graduating in 1958. Petty Officer, Third Class Shields was mortally wounded in Dong Xoai, Vietnam, in 1965, and is the first and only Navy Seabee to be awarded the Medal of Honor. He also was awarded the Purple Heart, among other honors.

Saring reminded everyone that the American Legion's "22" display lasts just 30 days, but suicides happen all year round.

"We urge anyone if they are troubled or are having a hard time to call the National Suicide Prevention Lifeline: 1-800-273-8255, ext 1."

The National Veterans Crisis Line is available at any time by calling 800-273-TALK (8255), texting 838255 or online chatting at www.VeteransCrisisLine.net. The free, confidential service is for veterans, service members, their families and friends.

Discovery Behavioral Healthcare in Port Townsend provides free crisis services to all residents of East Jefferson County. Crisis services are available on a walk-in basis at 884 W. Park Ave.,

from 8 a.m. to 5 p.m., Mondays through Fridays. The 24-hour crisis line is 360-385-0321 or 1-877-410-4803.

In Port Angeles and Sequim, the crisis line for Peninsula Behavioral Health is 360-452-4500 or 800-843-4793. Offices are located at 118 E. Eighth St., in Port Angeles and at 490 N. Fifth Ave., in Sequim.

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6.6 - Spectrum News Charlotte (Video): [Suicide risk high among transgendered veterans](#)
(10 September, Katie Gibas, 119k uvm; Charlotte, NC)

BUFFALO, N.Y. — Diana Patton is one of the more than a million Americans who attempt to take their own lives every year.

"It was when I was losing everything. I was losing friends. I lost my house. I lost my wife," said Patton.

Diana had just come out as transgender. And that, combined with PTSD from her military service, exacerbated the situation.

"Because of the discrimination we face and the stigma we face with everything, it's very difficult to get help," said Patton.

Erie County Veterans Service Agency Director David Shenk said, "They see that as a weakness, and that's why they choose not to seek out services, and I think that's because of the nature of their military experience."

Veterans are twice as likely as the general public to attempt suicide. Some 41 percent of transgender people have tried to take their own lives at least once.

Recent data shows the majority of people who committed suicide weren't receiving any care for the underlying issues that led to attempt or commit suicide.

"When we talk about prevention efforts, that's where we continue to increase our focus, to see how can we partner, work with families, community members, other large systems to make sure that we're really doing whatever we can," said Jill Murray, behavioral health services manager with the VA. "There is, I'd say in the last five years here, very strong initiatives to make sure that we do have staff that are trained in those specific needs to make sure our treatment really meets those needs."

"I started with getting an LGBT rep. Get me established in a new apartment," Patton said. "They checked on me every three months, got me involved in crisis services and also helped me become a stronger advocate."

The CDC reports that 80 to 90 percent of people who seek treatment for depression are treated successfully. Advocates say as difficult as reaching out can be, it's an important first step on the road to healing.

If you need help, the local 24/7 suicide prevention hotline is 716-834-3131.

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6.7 - Valley Morning Star: [Commentary: You don't need training to help a Veteran](#) (10 September, Jina Jensen, 62k uvm; Harlingen, TX)

Year-round, and particularly during Suicide Prevention Month in September, the U.S. Department of Veterans Affairs (VA) empowers communities to take action and support our Nation's Veterans. Each community across the country plays a role in supporting Veterans, but as an individual you may not know what to do or where to start.

You don't need to have special training to support the Veterans in your life, and we can all do something to help a Veteran who is going through a challenging time. Even seemingly small actions can have a significant impact: Preventing suicide begins with just the willingness to Be There.

Showing your support can be as simple as sending a Veteran a text message — inviting someone over to catch up or sharing a positive thought are both great ways to communicate that you care. Your words could be exactly what a Veteran in crisis needs to hear, and could be a reminder of the many people out there who are willing to listen.

Here are some sample text messages: “Hey Tom, haven't seen you around in a while! We should grab coffee this week. How about tomorrow?”

“Just letting you know I'm here for you if you need anything. Call me anytime!”

“Hey Amy, hope all is well with you! Been thinking about you today. I miss you!”

When you sense that a Veteran is not doing well, your words can help. You can make a difference by just starting a conversation. Although it can seem challenging, it is important to talk about difficult feelings and experiences. Keep in mind: Asking questions about thoughts of suicide does not increase a person's suicide risk. Instead, an open conversation can help someone feel less alone and let others into the Veteran's experience — and feeling connected is shown to reduce suicide risk.

Keep these best practices in mind when preparing for a conversation: Show that you are really listening. Remember to maintain eye contact and turn in toward the Veteran while they are speaking.

Validate the Veteran's experience. Even if you can't relate to what a Veteran is experiencing, you can tell them you understand that they went through something difficult, and show that you respect their feelings about it.

Let them decide how much information to share. Supportive and encouraging comments, rather than invasive personal questions, will create a space for open communication and avoid putting a Veteran on the defensive.

Don't be afraid to ask the question. When you are concerned about suicide risk, it's OK to ask people if they have ever thought about hurting themselves or taken action to prepare for suicide. The answers can help you consider next steps to take.

Simply reaching out to a Veteran in need and opening the door for a discussion could make all the difference. Learn more ways to show your support and Be There by visiting VeteransCrisisLine.net/BeThere to find more resources and information.

If you believe a Veteran in your life may be contemplating suicide, call the Veterans Crisis Line at 1-800-273-8255 and Press 1, send a text message to 838255, or chat online. Qualified and compassionate VA responders are on call 24/7/365 to provide guidance on how to connect Veterans with support and help keep them from harm.

Jina Jensen, Psy.D. is acting Associate Chief of Staff for Mental Health, VA Texas Valley Coastal Bend Health Care System.

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6.8 - Swellesley Report: [Suicide awareness in Wellesley — look down at the chalk messages](#) (10 September, 28k uvm; Wellesley, MA)

Back when I went to summer camp we did pretty simple things. But back then, things just seemed simpler. Today, I've been reminded by Dover Sherborn high school sophomore Sophia Katz that young people are facing stress levels that are through the roof and exacerbated by social media, academic pressures, and the high expectations that students try to live up to.

Today, on National Suicide Prevention Day, Katz spent her morning in Wellesley Square writing chalk messages of suicide awareness and prevention. According to the World Health Organization, Suicide is the 2nd leading cause of death in teens in America, and in grades 9-12 there are 3,041 suicide attempts every day. 5,723 teens die by suicide every year. These sobering statistics are not generally the kind of things that come up during summer camp conversations. Unless you're Katz and her friends who, when asked at camp to think deeply about an important topic, rose to the challenge.

Their decision: to work toward suicide prevention and awareness by chalking messages on busy public sidewalks in areas where young people are particularly likely to see them. Today that's how Katz spent a few hours in Wellesley Square. I'm sure that right now she's even more convinced that she and her friends are sending their considerable energies in the right direction.

A Dover Sherborn family loses their daughter

That's because when Katz returned home today from chalking on the sidewalks, she received a message that a classmate's sister died from suicide over the weekend. The family of the young woman, a talented artist who attended Dover Sherborn High School 2014 – 2017, said in an email that she "...took her own life after suffering many years of debilitating OCD...we encourage the community to pursue greater understanding of severe anxiety and its various manifestations."

Suddenly, an issue close to Katz's heart has come very close to home.

She says she first got involved when, "At summer camp we were asked to think of an issue in our lives that we wanted to do something about. We all said the stress teenagers face because of school, social media, and other things and how it impacts their mental health. That led to a

conversation about how terrible we all thought teen suicide was and how we all wanted to help prevent it. So we came up with the idea for this project to try to do our part to help in any way that we can.”

Katz and her friends Grace Snyder, a sophomore at Braintree High School, and Ariana Ghafouri and Ellie Hammond, both high school students in Virginia, came up with the idea to raise awareness about suicide prevention by chalking messages on busy public sidewalks in areas where young people are particularly likely to see them. In Wellesley, Katz has chalked her messages in front of the Wellesley College entrance area. The project’s goal is to raise awareness and educate people about the issue of teen suicide.

The sidewalk chalk messages are simple and direct: they list a Suicide Hotline number (800-273-8255); they note that “1 in 5 students have suicidal thoughts” and that there are “123 suicides per day in the U.S”, among other statistics.

Yale University loses one of its own

That the girls came to this project while at a camp on the campus of Yale University, which is reeling from the loss of one of its students to suicide last week, is a poignancy that is not lost on Sophie. “I have not been personally affected, but I understand how terrible and devastating suicide is and want to do whatever I can to help prevent it,” Sophie says. “We’re not professionals ourselves, so we hope to direct people to professionals who can help them through their mental health crisis.”

Suicide awareness, Wellesley

Some of Katz’s suicide awareness messages in Wellesley Square.

“We go out to different places and write statistics and facts on public sidewalks where people will walk by,” Katz says. “We also include the suicide hotline number at the bottom of each fact, this could be helpful to people walking by who are actively struggling with suicidal thoughts. By writing facts on public sidewalks we are able to reach and educate a large group of people, this being everyone who walks by our facts.”

And even through the forecast called for rain today, Katz was undeterred. She’s done chalk facts in the rain before, and understands the ethereal nature of her chosen medium. The impermanence of the installation doesn’t concern her. Her hope is that the pain of those who are suffering from mental illness will become impermanent as they receive treatment that can lead to healing. She is hopeful that her messages could lead someone to seek help, and lead others to awareness and sensitivity.

Chalk It Out

Because the girls live a good distance away from one another, it’s not possible for them all to participate on the same installation at the same time, but typically Katz and Snyder go out together and do it. They also post their facts on Instagram and Twitter using the handle Chalk It Out to help them reach an even greater amount of people.

Using chalk messages as a sign of hope is a tool other activists around the country have used to get their message of solidarity and hope across to often marginalized groups. The You-Are-Loved Chalk Message project started in 2005 at Drew University in Madison, N.J. Its goal was to combat hateful speech aimed at the LGBTQ community and send messages of hope to those

struggling with depression and/or feelings of isolation or suicidal thoughts. That specific project continued annually until 2012. Since then the mantle has been taken up by others like Katz and her friends, mostly with an emphasis on suicide awareness and prevention.

Katz's mother, Carolyn D'Ambrosio, says that out of the half-dozen places her daughter has done the project, Wellesley has been the most welcoming. Wellesley's Director of Public Health Leonard Izzo noted, "It's so important to raise awareness on this subject locally, which this project is directly doing. Mental health and suicide awareness prevention has been a major focus of the Wellesley Board of Health."

The town's mental health webpage has an anonymous online screening tool and a link to a Mental Resource Guide, which lists local, state, and federal resources. "We also have a Community Social Worker available at the Health Department to assist residents in need," Izzo says.

Veterans are at risk

With the anniversary of the September 11 attacks coming up tomorrow, I can't help but think about another at-risk group — the nation's veterans. Secretary of the Department of Veterans Affairs Robert Wilkie said in a letter about Suicide Prevention Month that for the country's 20 million veterans, "...the cost of defending freedom can be tragically high. On average, 20 American Veterans die by suicide each day."

The Veteran's Administration, too, is spreading awareness about the risk factors and warning signs for suicide in an effort to help people start the conversation around mental health and support for veterans in their communities. Their "Be There" campaign highlights the risk factors and warning signs for suicide, provides information about mental health and suicide prevention resources, and helps individuals and organizations start the conversation about mental health issues.

The American Foundation for Suicide Prevention provides warning signs, risk factors, statistics, treatment options and more on its website. The Centers for Disease Control also provides information.

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6.9 - WSEE (CBS-35): [Suicide Prevention Walk Raises Awareness](#) (10 September, Emily Matson, 23k uvm; Erie, PA)

The VA Medical Center is raising awareness to suicide and suicide prevention.

And they did that Monday with a suicide prevention walk and remembrance event.

Employees of the VA Medical Center, along with veterans and their family members were invited to walk around the VA campus to help raise awareness about suicide prevention, and remember those lost by suicide.

It's all to bring awareness to the resources available for veterans and their family members, related to suicide and suicide prevention, "Suicide is a taboo topic and we want to reduce the stigma around mental health to get more people engaged in behavioral health services," said

Shannon Brown, Suicide Prevention Coordinator at the VA Medical Center. "The research shows that veterans who are in treatment do better, that's why it's really important to get people connected to the Erie VA and the behavioral health clinic," Brown continued.

Suicide is prevalent among the veteran population, because of traumatic events they faced while in service, and veterans sometimes struggle with transitioning from service to civilian life. The VA hospital's Behavioral Health Clinic has lots of resources available to help those veterans and their families.

Click [here](#) to learn more about the suicide prevention services the Erie VA hospital provides. If you or a loved one is struggling, you can also call the Veterans Crisis Line at 1-800-273-8255 or chat online with someone, or send a text to 838255.

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6.10 - Spectrum News Buffalo (Video): [Suicide risk high among transgendered veterans](#)
(10 September, Katie Gibas, Buffalo, NY)

Diana Patton is one of the more than a million Americans who attempt to take their own lives every year.

"It was when I was losing everything. I was losing friends. I lost my house. I lost my wife," said Patton.

Diana had just come out as transgender. And that, combined with PTSD from her military service, exacerbated the situation.

"Because of the discrimination we face and the stigma we face with everything, it's very difficult to get help," said Patton.

Erie County Veterans Service Agency Director David Shenk said, "They see that as a weakness, and that's why they choose not to seek out services, and I think that's because of the nature of their military experience."

Veterans are twice as likely as the general public to attempt suicide. Some 41 percent of transgender people have tried to take their own lives at least once.

Recent data shows the majority of people who committed suicide weren't receiving any care for the underlying issues that led to attempt or commit suicide.

"When we talk about prevention efforts, that's where we continue to increase our focus, to see how can we partner, work with families, community members, other large systems to make sure that we're really doing whatever we can," said Jill Murray, behavioral health services manager with the VA. "There is, I'd say in the last five years here, very strong initiatives to make sure that we do have staff that are trained in those spe cific needs to make sure our treatment really meets those needs."

"I started with getting an LGBT rep. Get me established in a new apartment," Patton said. "They checked on me every three months, got me involved in crisis services and also helped me become a stronger advocate."

The CDC reports that 80 to 90 percent of people who seek treatment for depression are treated successfully. Advocates say as difficult as reaching out can be, it's an important first step on the road to healing.

If you need help, the local 24/7 suicide prevention hotline is 716-834-3131.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KCNC (CBS-4, Video): 'Special Place Of Healing': Cemetery In Colorado Springs Set To Open (10 September, Jim Benemann, 26.4M uvm; Denver, CO)

COLORADO SPRINGS, Colo. – It's taken two decades, but a new veterans cemetery is finally set to open on the eastern edge of Colorado Springs. It's estimated one in every resident in El Paso County is a veteran.

Clearly, the need for the new cemetery has been there, but it was tricky getting approval for the Veteran's Administration.

That's because the VA requires there be at least 75 miles between an existing veterans cemetery and a new one. The City of Colorado Springs is a little too close to Fort Logan National Cemetery in Denver to qualify.

That's when the intense lobbying began — by Southern Colorado vets, their families and the congressional delegation.

Wally Jones is retired from a career in the Air Force.

"Well, most of us GI's always say 'yes' when we're asked to do something. Then later we say what in the world have we gotten ourselves into?" Jones laughed.

They got themselves into one heck of a challenge, but they pulled it off.

Linda Lee-Witt's husband served in the Air Force and has passed away since his service. Linda worked hard with other veterans' families to make this happen.

"People are thrilled. There are hundreds of people who've kept ashes of loved ones on their shelves. They kept waiting and kept asking us when can we come there. They've just had so many questions."

The first burials will be in October, but what about that question of the 75 miles?

That stretch of Interstate 25 between Colorado Springs and Ft. Logan includes the often-treacherous Monument Hill. Bad weather can make the trip impossible for widows and other family members trying to get to Ft. Logan for burials.

In fact, a representative of the VA encountered that problem first hand when he got stuck in a spring blizzard when he came in for a field hearing on the cemetery issue a few years ago.

His experience really drove home the point that veterans and their families in southern Colorado needed their own cemetery.

The Pikes Peak National Cemetery sits on 374 acres and will be able to handle as many as 200,000 burials over the next 100 years.

"It's just wonderful for our proud veterans and their families. They have really rallied around this project and I'm so happy for them," said facility manager Paul LaGrange.

Linda-Lee Witt says the cemetery, even in these early stages, already feels like hallowed ground.

"The mountains in the background are a spectacular backdrop. This will certainly be a special place of healing for so many people."

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7.2 - Idaho Statesman (Video): [This mental health worker on wheels meets clients where they are. Even at gas stations](#) (10 September, Audrey Dutton, 1.1M uvm; Boise, ID)

MCCALL - Shawn Briley parks her car outside a convenience store and walks around to the back, where boxes of Doritos and Moon Pies get delivered. She meets Ed Robinson there about twice a week. They flip over milk crates to sit on, he lights a cigarette, and they start talking about what's on his mind.

The gas station is her second stop on this early spring day. The first was an apartment tucked into the woods, to see a client who would have to walk a few miles in the snow to reach her office.

Briley is a licensed clinical social worker in rural Idaho. She has a master's degree and about 20 clients, with an office in the first floor of St. Andrew's Episcopal Church in McCall.

Unlike many mental health professionals, she makes house calls. Or gas station calls. Whatever works for her clients. It's her way of solving one of the big hurdles in mental health access for rural Idahoans: getting to an appointment.

Access to mental health treatment is critically important to rural Idaho. Not only are Idaho's mountain and frontier communities short of psychiatrists, therapists and other mental health specialists, they tend to be poorer, uninsured or underinsured, and more isolated. Between 20 and 30 percent of people have no health insurance in the region where Briley works. Suicide rates are higher in rural areas than in urban cities.

About 28 percent of Idahoans live in rural areas. Not every one of those communities, though, has someone like Briley.

The first challenge is just showing up

For many Idahoans with a severe mental illness, driving an hour or two to get to a clinician's office is not realistic.

Most of Briley's clients are on Medicare and Medicaid. They subsist on Social Security checks. They're lucky if they have a car and money for gas. And some mental illnesses make it hard to be on time for appointments or leave the house at all.

"People who have the ability to get here, who have some transportation to get here, this is great," she said, sitting next to a fireplace in her office. "And probably 10 percent of the work I do happens here."

Nearly 50 Idahoans responded to a Statesman survey this year that asked what makes it hard for them or their loved ones to get mental health treatment. Six said "transportation." Twelve said "no local providers."

The Idaho Behavioral Health Planning Council considers rural access to mental health care one of its top priorities.

"As we move into 2018, we remain grateful for the governor's and state legislature's commitment to improving behavioral health services in Idaho. However, several areas continue to present significant challenges," including access to services and industry fragmentation, the council wrote in its fiscal year 2017 report to lawmakers. "... Although these challenges exist in all regions, rural communities face even greater barriers in accessing care."

The council recommended "telehealth" — phone and videoconferencing — to help transcend those barriers.

Health systems like St. Luke's and the VA are working to bring telehealth services to rural Idahoans who need mental health care. But for many reasons, those services aren't a perfect option for everyone.

The local VA hospital also offers house calls, but only in the Treasure Valley — as far as Kuna and Caldwell.

"We see veterans in their homes, we transport them, we work on independent living skills, we try and keep them in the least restrictive environment possible despite chronic and persistent mental illness," said Keri Barbero, manager for the Boise VA Medical Center's Intensive Community Recovery Services program.

Can those who need the most help really handle their own care?

It was about three years ago that Robinson first stepped through Briley's door. A judge had ordered him to start seeing Briley after run-ins with the law.

"When I met him, he was homeless, so this was a good space," Briley said, "because we could heat up some food, he could get warm. Sometimes his boots would be sitting here (at the fireplace), we'd get him all dried up. And he even was sleeping in his truck outside the church at one point, and he kept a key (to) use the restroom."

Robinson is a slender man in his mid-50s, with a beard and a laid-back charm. He is still basically homeless. But he's stable. He has a bank account. When someone set his truck on fire, he called his auto insurer and filed a claim instead of just shrugging off the lost vehicle as

another in a string of misfortunes. This spring, he was living in a camper at a friend's property, where he was safe and had access to the comforts of home.

"I feel like an adult," he said. "Doing my own grocery shopping, washing my own clothing, cooking my own food."

Robinson has severe mental illness. (Actually, he's been diagnosed with 10 such illnesses, but he thinks paranoid schizophrenia is his primary illness.)

Since seeing Briley, he's gotten better at managing his illness and his life in general. She went with him to court hearings at first, and last year she accompanied him on a frightening trip to the emergency room at the St. Luke's hospital in McCall. He'd gone off his medication.

"I was afraid to go (to the hospital), though, because I was afraid they would send me to one that keeps you longer than 30 days, because I was so bad," he said.

Briley stayed with him that day and didn't leave until a doctor got him a new prescription for the drug he'd previously been taking.

Robinson later told Briley it "just always seemed ridiculous" that people without reliable transportation, who might be afraid to leave home — those needing the most help to navigate life — should be expected to independently handle their mental health care.

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7.3 - KTBS (ABC-3, Video): [9 local veterans honored for competing in Golden Age Games](#)
(10 September, Amber Edwards, 298k uvm; Shreveport, LA)

Nine local veterans were honored for competing in the 2018 National Veterans Golden Age Games.

The ceremony took place Monday morning at Overton Brooks VA Medical Center.

The center's athletes brought home 13 medals and two ribbons.

They competed in events like discus, bowling, pickle ball and horseshoes.

Overton Brooks leadership presented certificates and recognized the individual athletes for their accomplishments.

"It's a great opportunity to work with them--being a veteran myself--and it's nice to see when they strive and we strive, too. So, most importantly, we try to push them and do the best we can and just get them up and moving. That's what's most important for us," said Charles Cao, therapist at Overton Brooks.

The Golden Age Games encourage participants to make physical activity a central part of their lives.

The games also support the VA's recreation and rehab therapy programs.

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7.4 - TheNewsCenter (WTAP/NBC-15, AP): [Huntington VA hospital officially renamed for WWII veteran Hershel 'Woody' Williams](#) (10 September, 190k uvm; Parkersburg, WV)

HUNTINGTON, W.Va. - A Veterans Affairs Medical Center in Huntington, West Virginia has officially changed its name to honor a 95-year-old World War II veteran.

On Sunday, the VA Medical Center in Huntington held a ceremony to officially rename the center after World War II Medal of Honor recipient Hershel "Woody" Williams, a retired Marine and Department of Veterans Affairs service officer.

The VA said Williams is a longtime advocate for veterans and their families.

A large crowd stood and applauded and several Marines gave a hearty "hoorah" when officials unveiled a sign and new plaque.

Williams was born in 1923 on a dairy farm in Quiet Dell, WV, near Clarksburg.

Williams received a Purple Heart after he was wounded in the Battle of Iwo Jima, and is one of only three currently-living Medal of Honor recipients from World War II.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans in parts of West Virginia, Ohio and Kentucky.

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7.5 - Daily Egyptian: [Marion VA to Showcase Veterans' Artwork at Surplus Gallery](#) (10 September, Rana Schenke, 900 uvd; Carbondale, IL)

The Marion VA Medical Center will be hosting the Weapons of Mass Creation Art Show at the Surplus Gallery in Carbondale, Sept. 10 through 14.

The gallery opens at noon and closes at 8 p.m. Admission is free to the public.

The Weapons of Mass Creation show will showcase work from veterans and family members of veterans.

"That includes grandfathers, aunts, uncles, cousins, not just the [immediate] family," Samuel Hoekstra, a peer support specialist at the VA and a veteran himself, said.

Hoekstra said he founded the Weapons of Mass Creation Art Show in 2014. He's also a three-time combat tour veteran.

"[I] did two tours in Iraq and one in Afghanistan," Hoekstra said. "I received my bachelor's degree in industrial design from the school of art and design at SIU."

Hoekstra said the first year was a little rocky, but the second show had more submissions.

“By the second show we had submissions from the West Coast all the way to the East Coast,” Hoekstra said.

Hoekstra said the last show had about 127 veterans and family members participating.

“[The show] was really starting to get attention from a lot of people that wanted to come and see or share what they had to offer from their perspective,” Hoekstra said. “We ended up getting a lot more family members to join in as well.”

Hoekstra said some of them did art that was in honor of their family members that were in the military.

“Others submitted art that was done by their veteran, but their veteran had passed away,” Hoekstra said.

The reason Hoekstra said he created the show because he saw quite a few veterans that had artistic ability, and used their talents to cope with everyday life or cope with things they did in the military.

“It showed me that there was more to a veteran than just a uniform,” Hoekstra said.

The submitted pieces are in a variety of mediums.

“Last show we had paintings, photography, we even had blacksmithing, some origami, we had digital art that we were able to display on a projector,” Hoekstra said.

The show is part of an effort by the VA to reach veterans on every level and engage with the community.

“The VA has really wanted to create a community partnership with a lot of people, so we were able to partner with SIU’s School of Art and Design to do this at the Surplus Gallery,” Hoekstra said.

This is the third time the VA has put on this show. This is currently the only event the Marion VA puts on that involves art, according to Hoekstra.

The veterans who participate in the show create art for a variety of reasons.

“Some people are just born with a natural talent and ability to create beautiful masterpieces, and others just kind of develop it over time,” Hoekstra said. “Some do it because it’s their only means of getting out what their emotional feelings are.”

They’re not alone, famous artists who were also veterans include: Phil Stern, Sam Francis, and Sol Lewitt, according to the United States Veterans’ Artists Alliance.

Other creative veterans include singer Elvis Presley, cartoonist Charles Schulz, and author Tim O’Brien.

Art has been shown to have many benefits for veterans. According to a study done by charity organization Combat Stress, based out of the UK, 87 percent of veterans who participated in a 6-week treatment program that included art therapy reported a reduction in PTSD symptoms.

Another study from Concordia University showed art therapy helped veterans externalize their emotions and gain insight into the issues they struggled with.

"I see that this [show] has been a good thing for a lot of veterans that enjoy doing art," Hoekstra said.

On the last day of the show, Sept. 14, there will be a closing reception that is also free to the public.

The reception starts at 5 p.m. and ends at 8 p.m.

"The big thing that I've heard [about this show] is it has been so wonderful that there's an event for veterans to display their art in a professional setting," Hoekstra said.

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8. [Other](#)

8.1 - Milwaukee Journal Sentinel (Video): [Wisconsin U.S. Senate race: Leah Vukmir and Tammy Baldwin exchange barbs on Tomah VA scandal and health care](#) (10 September, Bill Glauber, 4.8M uvm; Milwaukee, WI)

There are two things that voters are going to hear a lot about in the race for U.S. Senate: Tomah and health care.

On Monday, those two subjects were front and center in the battle between Republican Leah Vukmir and Democratic U.S. Sen. Tammy Baldwin.

Vukmir met with veterans in Franklin, heard their concerns and then criticized Baldwin over her response to the opioid scandal at the Tomah Veterans Affairs Medical Center.

Meanwhile, the Baldwin campaign took to the air with a TV ad that focused on Vukmir's 2014 vote against a measure to help curb costs for cancer patients taking oral chemotherapy.

The back-and-forth reflected the closeness of the race with less than two months to go before the Nov. 6 election.

"Make no mistake about it: Tammy Baldwin let our veterans down at the Tomah VA," said Vukmir, a state senator from Brookfield. "To have sat on a report, to have been the only person in this congressional delegation to have known that a doctor was over-prescribing opioids, a veteran died and many others became addicted, to me, it's unconscionable."

The Tomah VA was wracked several years ago by a scandal involving over-prescription of opioids.

Republicans accuse Baldwin of failing to act in 2015 on problems at the facility. Baldwin disciplined top aides for bungling whistleblower complaints about the facility, including sitting on an inspector general's report.

Since then, Baldwin co-sponsored legislation, named after deceased Marine veteran Jason Simcakoski, that toughened opioid prescription guidelines and pushes education for VA providers.

The Baldwin campaign responded to Vukmir's criticism with a statement from Curtis Schmitt, a U.S. Army combat veteran, who said: "Veterans face some of the most complex challenges at the VA, and Tammy Baldwin is working on solutions to do right by them and their families. Tammy wrote and fought to pass Jason's Law, which helps stop the over-prescribing of opioids at the VA and holds the VA accountable. That's leadership Wisconsin veterans need."

In Baldwin's newest ad, cancer survivor Kristin Jome-Robley of Manitowoc took Vukmir to task for voting against a bill that required health insurance companies to pay for oral chemotherapy. Jome-Robley said, "Leah Vukmir, you ought to be ashamed."

Vukmir defended her vote and said it was "absolutely ludicrous that Tammy Baldwin is going to lecture me, as a nurse, as somebody who understands health care in the way that Tammy Baldwin doesn't."

She said the ad was a way for Baldwin to attack her "as a way to distract from her own problems at the Tomah VA."

During her discussion, Vukmir heard from 13 veterans whose service ranged from Vietnam to Iraq and Afghanistan.

The veterans praised the care they received at the Zablocki VA in Milwaukee, while also raising some concern about the difficulty of accessing some benefits. And they expressed admiration for Vukmir, whose son is in the U.S. Army.

"You're the nurse," said Richard Buth, a Vietnam veteran from Oconomowoc. "I know you're going to take care of this. You have a son that's following in our footsteps."

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Subject: [EXTERNAL] 10 September Veterans Affairs Media Summary and News Clips

Date: Mon Sep 10 2018 05:15:14 CDT

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Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

10 September 2018

1. [Top Stories](#)

1.1 - New York Post: [Schumer calls for \\$750M in spending for VA](#) (9 September, Mark Moore and Sarah Trefethen, 23.9M uvm; New York, NY)
Sen. Chuck Schumer on Sunday called for a surge of millions of dollars in spending for the Veterans Administration to fill critical healthcare jobs that could jeopardize coverage for tens of thousands of veterans in New York and across the country.

[Hyperlink to Above](#)

1.2 - Newsday: [Schumer calls for more funding, new hires at Veterans Affairs](#) (9 September, Rachelle Blidner and Vincent Barone, 3.2M uvm; Melville, NY)
Senate Minority Leader Chuck Schumer on Sunday called for more funding for Veteran Affairs programs and offered a plan to fill vacancies — including 175 at the Northport VA Medical Center — in a department that he believes the Trump Administration is trying to eliminate.

[Hyperlink to Above](#)

1.3 - KDVR (FOX-31, Video): [Special buses drove Aurora VA staff 176 yards for 5 years](#) (9 September, Chris Halsne, 662k uvm; Denver, CO)
Over budget by nearly \$1 billion, the cost of the recently opened Rocky Mountain Regional Veterans Affairs Medical Center in Aurora are, by now, well known. However, the FOX31 Problem Solvers keep discovering ways the VA has used tax dollars in ways that don't seem to make much sense.

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1.4 - KCEN (NBC-9, Video): [Suicide prevention event held in Waco](#) (10 September, Kurtis Quillin, 193k uvm; Eddy, TX)
According to a representative from the Central Texas V.A., 20 veterans commit suicide per day. It's an alarming trend activists and healthcare professionals nationwide have been attempting to address for years. Ruth Cassidy, lead suicide prevention coordinator at the Central Texas V.A., said of those 20, six have been treated at a V.A. facility within the previous year.

[Hyperlink to Above](#)

1.5 - The Herald-Dispatch: [VA hospital renamed to honor Woody Williams](#) (10 September, Dave Lavender, 192k uvm; Huntington, WV)
At the ceremony to officially rename the VA Medical Center after 95-year-old Hershel "Woody" Williams, a packed crowd stood and vigorously applauded, several Marines gave a hearty "hoorah" and a wave of well-timed thunder rumbled through as if God himself was giving a hearty amen to such a faithful and honorable man.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. Focus Resources More Efficiently

4.1 - St. George News: Hospital group based in Utah will make own generic drugs, promising to save patients millions (9 September, 156k uvm; Saint George, UT)

Several major hospital groups, including Intermountain Healthcare, recently launched their own nonprofit generic drug company based in Salt Lake City to tackle chronic shortages and high prices of essential medicines.

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5. Improve Timeliness of Service

5.1 - U.S. News & World Report (AP): Testimony Shows Son Was on Floor When Father Shot Him (9 September, 23.9M uvm; Washington, DC)

Chad Graves was taken to a local hospital for treatment and was transferred to the Veterans Affairs hospital in Biloxi. He says he is a disabled veteran and suffers from post-traumatic stress disorder. Police arrested him there and brought him back to Hattiesburg, charging him Aug. 29

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5.2 - The Hill: New Senate legislation would protect and serve veterans who consume marijuana (9 September, Justin Strekal, 11.8M uvm; Washington, DC)

Last week, Sens. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) made history with the introduction of legislation, known as The Veterans Medical Marijuana Safe Harbor Act, to expand and facilitate medical cannabis access to military veterans suffering from chronic pain, PTSD, and other serious medical conditions.

[Hyperlink to Above](#)

5.3 - The Bismarck Tribune: Healing invisible wounds: Fargo's VA offers holistic care for veterans (9 September, Robin Huebner, 314k uvm; Bismarck, ND)

Post-traumatic stress disorder began to rear its ugly head in the life of U.S. Army Capt. Garrett Ruud during a second deployment to Afghanistan. He took early retirement in late 2017 due to PTSD and returned to his native Fargo to try to cope. At times, Ruud wouldn't leave his house. "There's a lot of anxiety that comes from it, a lot of sense of not being secure. Social anxiety as well, being around large crowds, noises, those sorts of things," he said.

[Hyperlink to Above](#)

5.4 - My Edmonds News: Once a soldier: Living with PTSD (8 September, Connie McDougall, 46k uvm; Edmonds, WA)

Dan Overton works with military veterans for Post Traumatic Stress Disorder (PTSD) through the Washington State Department of Veterans Affairs. He offers a subtle but important alternative view of the condition. "A lot of the people who work with vets — and many veterans — want to change the conversation about this form of mental illness that is PTSD to the less stigmatized name of Post Traumatic Injury," he said. "

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Arizona Daily Star: [Tucson VA hospital hosts suicide prevention town hall](#) (9 September, Carmen Duarte, 431k uvm; Tucson, AZ)

The VA hospital in Tucson is hosting a suicide prevention town hall for veterans, military service members and their families Sept. 20. September is recognized as Suicide Prevention Awareness Month. The town hall will focus on mental health issues and provide information about Veterans Administration and community support programs, said Luke Johnson, a spokesman for Southern Arizona VA Health Care System.

[Hyperlink to Above](#)

6.2 - KWTX (CBS-10): [Backyard Bar and Grill and VA host suicide prevention event](#) (9 September, Christy Soto, 315k uvm; Waco, TX)

The Backyard Bar and Grill has partnered with Veterans Affairs to host a suicide prevention event this Sunday. Co-owner of the Backyard Bar and Grill, Brian Brown lost his brother to suicide.

[Hyperlink to Above](#)

6.3 - The Pueblo Chieftain: [Pueblo police officer prevents suicide by cop](#) (9 September, Ryan Severance, 189k uvm; Pueblo, CO)

On March 5 Pueblo Police Department Cpl. Richard Jones responded to a call he didn't give much thought to at first. That call, however, that ended up changing Jones' life. It was around 3:20 p.m., late in Jones' shift, when he was dispatched to the 300 block of West 16th Street, near Parkview Medical Center, regarding a report of a man with a weapon.

[Hyperlink to Above](#)

6.4 - KXXV (ABC-25, Video): [The Backyard works with Waco VA to host suicide prevention event](#) (10 September, Holly Stouffer, 56k uvm; Waco, TX)

The rain wasn't enough to wash away a suicide prevention event at the Backyard Bar Stage and Grill on Sunday. The free event started at noon and went on until 8 p.m. The Waco VA worked with The Backyard to set up the event in hopes of bringing more resources to those who may be struggling. Waco VA staff and counselors from Central Texas Veterans Health Care System were there to assist with questions, resources, information and enrollment.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Dispatch - Argus: [Post card arrives 30 years later](#) (10 September, John Marx, 311k uvm; Moline, IL)

Gary McGonigle paused before enjoying the breakfast before him, rubbed his left hand through his salt-and-pepper beard and chuckled a, "You won't believe this one," chuckle. He then produced a worn, but not tattered, postcard from the white envelope resting on the table. Sent from the Alvin York Veteran's Administration Center at Murfreesboro, Tenn., the card is the ultimate example in snail mail.

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7.2 - WOWK (CBS-13, Video): [VA Hospital Renamed After Medal of Honor Recipient Woody Williams](#) (9 September, Adrienne Robbins, 227k uvm; Huntington, WV)

On Sunday the VA Hospital in Huntington got a new name, a fitting tribute to West Virginia's very own Medal of Honor Recipient Hershel "Woody" Williams. "It's a long time coming, most befitting and it's a wait worth waiting for," said Senator Joe Manchin, who attended the ceremony. Other speakers included Senator Capito and Evan Jenkins.

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7.3 - Hattiesburg American (Video): [Southern Miss' Veterans Center doubles number served](#) (9 September, Van Arnold, 190k uvm; Hattiesburg, MS)

Earlier this year, the center welcomed a vocational rehabilitation counselor through the Department of Veterans Administration. Steven Welch joined the center as part of the VA's "VetSuccess on Campus" program. Southern Miss is one of only 94 schools across the nation to be included in this program and Mississippi's sole designee.

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8. [Other](#)

8.1 - Billings Gazette: [Veteran urges vote for Tester](#) (9 September, Norman A. Bishop, 854k uvm; Billings, MT)

I was a naval aviator in the Korean and Cold wars, flying patrols over the Bering Sea and Operation Hardtack in the Pacific. The Korean GI Bill funded my graduate studies in forest recreation and wildlife management, qualifying me for my career as a national park ranger.

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1. [Top Stories](#)

1.1 - New York Post: [Schumer calls for \\$750M in spending for VA](#) (9 September, Mark Moore and Sarah Trefethen, 23.9M uvm; New York, NY)

Sen. Chuck Schumer on Sunday called for a surge of millions of dollars in spending for the Veterans Administration to fill critical healthcare jobs that could jeopardize coverage for tens of thousands of veterans in New York and across the country.

“The point is a simple one: our veterans should not have to fight a war with the VA to receive the kind of health care they both need and deserve,” said Schumer during a news conference.

Schumer, the Senate Democratic leader, referred to a Department of Veterans Affairs report from Aug. 31 that revealed the federal agency has yet to fill 45,239 jobs — including 40,456 in the Veterans Health Administration.

New York has more than 1,800 vacancies, mostly in New York City and Long Island.

He said the unfilled spots are putting the care of the state’s 800,000 veterans at risk.

“To know that there are forty-five thousand critical jobs, most in the Veterans Health Administration, unfilled is unacceptable and demands immediate action,” Schumer said.

The senator said he will push this week for a surge of roughly \$750 million in the Senate Appropriations Bill for in-house medical care at the VA.

That would increase the total appropriations to the VA to nearly \$50 billion.

He would also demand that the VA use the funds to develop a plan to fill the vacancies and report its progress to Congress.

“Our vets do not deserve to stand in line to get critical mental health or treatment of cancer, even a common cold,” said Schumer. “That is why we have to demand the VA use these dollars to fill these healthcare jobs.”

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1.2 - Newsday: [Schumer calls for more funding, new hires at Veterans Affairs](#) (9 September, Rachelle Blidner and Vincent Barone, 3.2M uvm; Melville, NY)

Senate Minority Leader Chuck Schumer on Sunday called for more funding for Veteran Affairs programs and offered a plan to fill vacancies — including 175 at the Northport VA Medical Center — in a department that he believes the Trump Administration is trying to eliminate.

The senator vowed to fight for an additional \$750 million in funding for in-house medical services at the Department of Veterans Affairs during the negotiations of the federal budget

agreement before its signing by Sept. 30. The new money would bring spending for the department up to \$49.9 billion.

“Our veterans should not have to fight a war with the VA after they’ve fought wars overseas and all they want is help — the help they were promised. The help America has always had a tradition of giving,” Schumer said outside the VA Medical Center in Manhattan.

Schumer’s push follows a recent, required report from the Department of Veterans Affairs that showed that more than 45,000 Veterans Affairs jobs — more than one in 10 — are currently unfilled. In New York, Schumer said the VA has more than 2,000 job shortages, including a combined shortage of 913 workers at the VA medical centers in Manhattan and the Bronx, Schumer noted.

“This is not just clerical workers, as important as they are,” Schumer said. “It’s doctors; it’s nurses; it’s mental health professions; it’s other direct-to-vet caregivers and the VA has no clear plan to fill the vacancies.”

Schumer is also seeking to fund building upgrades at the Northport VA in the budget, his office said.

He will have to negotiate the new funding with Senate Majority Leader Mitch McConnell, House Speaker Paul Ryan and House Minority Leader Nancy Pelosi.

Curtis Cashour, a spokesman for the Department of Veterans Affairs, dismissed the idea that the staffing shortages have had a detrimental impact on medical service.

“The fact is that every large organization is going to have what appears to be a large number of vacancies due simply to normal retirements and job changes,” Cashour said in a statement. “VA’s number of vacancies is a normal part of doing business, and reflects the department’s historical annual 9 percent turnover rate and a 2-3 percent growth rate.”

The agency attempted to downplay the significance of the shortage when it released the staffing report on Aug. 31.

“Despite a challenging and ultra-competitive market for filling health care positions across the country, VA has worked with Congress and other key stakeholders to deploy a number of new and important tools to help us reduce our vacancies,” said VA Secretary Robert Wilkie in a statement at the time. “We are always looking for new ways to recruit high-quality talent and will continue to do everything we can to provide the best quality care for our nation’s Veterans.”

John Rowan, the national president of the nonprofit Vietnam Veterans of America, said he fears the administration is keeping staffing low to eventually make the argument for privatizing or otherwise eliminating the department.

“We’re concerned about this becoming a self-fulfilling prophesy. So if you cut back on staff, obviously you’re going to create problems with people and wait times,” said Rowan, who served in the Air Force during the Vietnam War. “Then when you have problems with people and wait times, you say, ‘Oh, the VA can’t handle it; we got to give it to the private sector.’ ”

Rowan believed the private sector would ultimately provide subpar care because they are not as intimately aware of veterans' health issues and that workers in the sector are already overburdened.

Schumer pointed to Mick Mulvaney, Trump's director of the Office of Management and Budget, for leading the charge to privatize the department.

"There are people in the administration led by Mr. Mulvaney, head of OMB, who do the Koch brothers' bidding and the Koch brothers want to get rid of the whole VA," Schumer said. "They say they want to privatize it, but they just want the government not to keep its obligation to our veterans, not spend the money our veterans need for health care."

The Office of Management and Budget did not immediately respond to a request for comment.

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1.3 - KDVR (FOX-31, Video): [Special buses drove Aurora VA staff 176 yards for 5 years](#) (9 September, Chris Halsne, 662k uvm; Denver, CO)

Over budget by nearly \$1 billion, the cost of the recently opened Rocky Mountain Regional Veterans Affairs Medical Center in Aurora are, by now, well known.

However, the FOX31 Problem Solvers keep discovering ways the VA has used tax dollars in ways that don't seem to make much sense.

The Problem Solvers' latest discovery is a nearly five-year program which provided a fleet of employee-only shuttle buses to drive staff between the North and South doors of the facility during the construction phase.

A FOX31 investigative team spent significant time over the summer recording empty buses which drove in short circles.

At times, three airport-passenger-type shuttles ran on 12-hour schedules. Each bus had an assigned driver. Based on our observations, the shuttle vehicles idled with engines running the entire day. Operators would sit and wait for about half an hour in one of two roundabouts before swapping positions at a different door. If a passenger did arrive to be transported, that bus would drive the staff person to the opposing door, while an empty shuttle would drive the 176 yards to swap positions with the prior shuttle.

In a statement from spokesperson, Brandy Morrison, the VA explained why the department started the service:

"Shuttle services began prior to construction of the Rocky Mountain Regional VA Medical Center. Building A (Clinic Building South) was the only building on the campus and an agreement between VA and USAF resulted in the Buckley AFB clinic being temporarily located on the 4th floor of Building A. The shuttle's purpose was to ensure that Buckley AFB patients and VA employees had access to Building A during construction."

The VA told FOX31 it did not have a line-item budget for the transportation program, so would or could not calculate the total cost of the operation.

Based on records requests, conversations with VA employees and reviewing federal personnel records, the FOX31 Problem Solvers came up with our own cost estimate, which the VA did not dispute.

The shuttles started running in 2013 and stopped last month after FOX31 started asking questions about the cost.

The VA hired WG-6 employees to drive the shuttles. Based on pay scales, the average hourly wage for such employees is around \$20 per hour.

FOX31 figured two full-time drivers worked approximately 1,462 days.

The VA said it “leased” the shuttles from General Services Administration over the final three years of the program at \$768.30 a month per vehicle, plus \$0.562 per mile.

Bottom line: the short bus route for VA employees cost at least \$769,000 in tax funds.

Without an actual budget from the VA, the FOX31 Problem Solvers could not accurately or fairly calculate the cost of fuel, shuttle maintenance, mileage or the occasional use of a third shuttle and a third driver, so we did not include those. If added to the \$769,000 known total, the cost of the transportation program could be several hundred thousand dollars more.

FOX31’s investigative team has filed a Freedom of Information Act (FOIA) request to force the VA in Washington DC to provide invoices or financial records, so we might be able to add those additional unknown costs to the total amount at a later date.

Deputy Director of Eastern Colorado VA Health Care System Duane Gill defended the program during on-camera interview.

“I think it was a smart program. Like I said, the cost was pretty minimal. Staff was ours. We leased from the GSA at a good rate, so I think it was worthwhile. It’s one of those things where if you have situation, an accident on a construction site, patient (or) employee; not sure where they are going – I think it was [a] smart thing,” said Gill.

Over a specific three-day period this summer, the FOX31 Problem Solvers recorded and/or witnessed very few riders -- fewer than three persons an hour on all shuttles. The buses were empty except for the driver for hours on end. We did not witness a rush of passengers.

When we asked the VA for passenger logs or proof of ridership, FOX31 instead received an “estimate” of ridership over the course of the program. The VA said that number was 440,000 passengers.

That’s an average of 300 staff riders for each of the 1462 days the shuttles operated.

Again, FOX31 has filed public records requests to see how the VA “estimated” its ridership numbers.

In response to our follow-up questions regarding the lack of riders we witnessed, in comparison with what the VA was describing as nearly full vans, Morrison wrote:

"The Buckley Clinic moved off our campus on May 1, 2018. With their departure and the ending of construction, there were less shuttle riders, resulting in the closure of this particular shuttle service on July 27, 2018. For the copies of the logs, we will need you to file a FOIA request."

We did and are told to expect a reply within several months, but in the past, federal agencies have taken up to one year to comply with FOIA requests.

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1.4 - KCEN (NBC-9, Video): [Suicide prevention event held in Waco](#) (10 September, Kurtis Quillin, 193k uvm; Eddy, TX)

Waco — According to a representative from the Central Texas V.A., 20 veterans commit suicide per day.

It's an alarming trend activists and healthcare professionals nationwide have been attempting to address for years.

Ruth Cassidy, lead suicide prevention coordinator at the Central Texas V.A., said of those 20, six have been treated at a V.A. facility within the previous year.

"There's 14 veterans every day that take their lives that we don't know," Cassidy said. "So, we're looking for their moms, their brothers, their cousins, aunts, families, friends, pastors, VFW's to provide information."

That information would not only educate those in need while also helping officials understand ways to better help.

The help is appreciated, especially veterans like Henry Suber, who served in the Air Force.

"Up until this past three weeks, it felt like a losing battle," Suber said. "It really has."

Suber said the information and resources available for veterans like him have helped him feel like there's hope, again.

That hope is not only the V.A.'s message, but the reason The Backyard in Waco agreed to hold the event.

"I, myself, have had experiences with suicide," co-owner Brian Brown said. "I have a ton of veteran friends who struggle so it was an easy decision, absolutely."

Some of the resources the V.A. was sharing include the Veterans Crisis Line, a hotline for veterans in need. That line is available for phone call at 1-800-273-8255 and recommends pushing 1, or confidential crisis chats can be reached at VeteransCrisisLine.net or by texting 838255.

In addition, the Make The Connection campaign through the Department of Veteran's Affairs was made available where veterans can hear from veterans about treatments that work, explore mental health conditions and symptoms and find local resources. More information on that program can be found at MakeTheConnection.net.

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1.5 - The Herald-Dispatch: [VA hospital renamed to honor Woody Williams](#) (10 September, Dave Lavender, 192k uvm; Huntington, WV)

At the ceremony to officially rename the VA Medical Center after 95-year-old Hershel "Woody" Williams, a packed crowd stood and vigorously applauded, several Marines gave a hearty "hoorah" and a wave of well-timed thunder rumbled through as if God himself was giving a hearty amen to such a faithful and honorable man.

The Sunday afternoon ceremony unveiled the sign and new plaque at the now-named Hershel "Woody" Williams VA Medical Center, the U.S. Department of Veterans Affairs Medical Center that is a fully accredited 80-bed acute medical and surgical care facility offering primary and subspecialty outpatient care, including rehabilitation and mental health services.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans in a primary service area that includes 10 counties in West Virginia, two counties in southern Ohio and 12 counties in eastern Kentucky.

"I know I am not very handsome, but you are looking at one of the most fortunate 95-year-old men who exists in America - and all because of America," said Williams, who is the last living Medal of Honor recipient from West Virginia and the last from World War II's Battle of Iwo Jima.

Before giving a short speech, Williams - who in the past year conducted the Super Bowl coin toss and has had a Navy ship named in his honor (the USNS Hershel "Woody" Williams) - heaped praise on the West Virginia delegation of U.S. Sens. Joe Manchin (D) and Shelley Moore Capito (R), and U.S. Representative Evan Jenkins (R). The delegation took Williams' grandson Brent Casey's suggestion to name the VA in his honor.

"They are the wheel that turned to make this possible," Williams said, asking the crowd to stand and honor them.

Through U.S. House Resolution 3363, the Huntington VA Medical Center was officially renamed for West Virginia native and Medal of Honor recipient Hershel "Woody" Williams. President Donald Trump signed H.R. 3663 on June 15. Manchin, Capito and Jenkins gave Williams a framed copy of the resolution.

Williams spent 33 years at the VA and retired as a Department of Veterans Affairs service officer. He recalled barely finding his way to the VA following the war after he got a telephone call offering him a job for more than \$2,900 a year.

He had never been to Huntington. But in 1946, the Quiet Dell native and his wife of three months, Ruby, loaded up her father's 1937 Chevy, grabbed what he called a not-so-good West Virginia road map and drove seven hours from the Fairmont area to Huntington, where they would both work at the VA.

"We used to sneak in the tunnel to have a kiss at noon," Williams said with a grin.

Williams said he was almost as nervous Sunday afternoon as he was when he arrived on top of the hill 72 years ago, and he could not have imagined that the VA Medical Center would grow this big.

"I wanted to go back a few years because this place has always been a place of caring and of healing, and it has grown into a magnificent treatment facility where every day lives are saved, bodies are healed, veterans are made well and it is all done with love and commitment and dedication to serving someone else," Williams told the audience. "This place and the Department of Veterans Affairs are truly fulfilling the motto 'to care for them who shall have bourned the battle.' "

Following music by a combined military band, the National Anthem by Angela Johnson, a service song medley by Aretha Van Horn and the invocation by Chaplain Randy White, master of ceremonies Kenneth Mortimer (the VAMC associate director) welcomed the packed crowd to the VA "on a wild and wonderful West Virginia summer day."

All of the speakers from Manchin, Jenkins and Capito to Major General James Hoyer of the WV National Guard and Dr. Raymond Chung, acting director of the Veterans Integrated Service Network 5, mentioned Williams' life-long sacrifice in service to others - from his heroism during Iwo Jima, and his 33 years at the VA to his most recent endeavor: The Hershel Woody Williams Medal of Honor Foundation, a nonprofit that provides scholarships to Gold Star children and helps establish Gold Star family memorial monuments.

Manchin called him a true patriot who always put country and others first and who was cut from the same cloth of Manchin's Senate colleague John McCain, who recently passed.

Capito, whose father was also in WWII, gave Williams a newspaper clipping she found about Williams that her father had kept from a July 12, 1968, article in the Weirton Daily Times about Williams being honored by the American Legion.

She said it is not uncommon to run into Williams, who is always on his way somewhere else to help others. In 2017, Williams traveled about 200 days a year for memorial dedications and events.

Jenkins said although there is no pause in Woody Williams' energy or when he recites the Pledge of Allegiance, he hopes visitors to the VA who may not be familiar with Williams' heroic WWII service and his life of service to others, will pause at his plaque to read more about a true American and West Virginia hero.

With the service happening just a couple days before 9/11, Jenkins also asked the crowd to also pause to remember Huntington native physician Dr. Paul Ambrose, who died on Flight 77 during the 9/11 attacks, and to pause to honor Command Sgt. Maj. Timothy Bolyard, a 42-year-old Thornton, W.Va., native who died in Afghanistan last week.

Major Gen. James A. Hoyer, the adjutant general of the WV National Guard, traveled with the Williams family and Ron Wroblewski to Norfolk, Va., last week to tour the USNS Hershel Woody Williams. Hoyer said he isn't sure why Williams friended him, but it has been one of the greatest joys of his life.

"As an officer I will always have the deepest respect and admiration for your courage, your valiant actions on the battlefield and all that meant to your fellow Marines, to all of us and to the

war effort and to preserving all of our freedoms," Hoyer said. "As parents, Amy and I want to thank you for taking the recognition of that valiantry and that action and turning it not to yourself but to turning it every day to take care of someone else. It is a true testament for me to watch, but it is exceptional example for my two young sons who serve our nation both in uniform and in civilian careers. For them to be able to watch the selfless sacrifice that you and your family give to our veterans and to the rest of the nation it is absolutely exceptional what you do."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - St. George News: [Hospital group based in Utah will make own generic drugs, promising to save patients millions](#) (9 September, 156k uvm; Saint George, UT)

Several major hospital groups, including Intermountain Healthcare, recently launched their own nonprofit generic drug company based in Salt Lake City to tackle chronic shortages and high prices of essential medicines.

The new company, Civica Rx, plans to start with 14 widely used hospital drugs that have long been in short supply. The company isn't disclosing the drugs' names for competitive reasons, but in a story from The Associated Press, board chairman Dan Liljenquist said they include a mix of generic pills, patches and injectable drugs for treating infections, pain and heart conditions.

"The mission of Civica is to make sure these drugs remain in the public domain, that they're available and affordable to everyone," Liljenquist said.

Civica Rx's manufacturing operations will be approved by the Food and Drug Administration. The company will either directly manufacture generic drugs or sub-contract manufacturing to reputable contract manufacturing organizations. Civica Rx expects to get its first medicines on the market by mid- to late-2019.

Drug shortages have been widespread for more than a decade, particularly for inexpensive generic drugs, due to manufacturers consolidating, stopping production of low-profit medicines and having to fix manufacturing problems.

Hospitals are particularly hard hit and frequently must scramble to find scarce medicines, often at huge price markups, or come up with workarounds that may not be as effective or safe for patients.

The company says research into the actual costs of manufacturing and distributing generic drugs suggests that, in many instances, prices for generic drugs used in hospitals can be

reduced to a fraction of their current costs. This can save patients, and the healthcare systems that care for them, hundreds of millions of dollars each year.

Initial governing members of Civica Rx will include Catholic Health Initiatives, HCA Healthcare (Mountainstar in Utah), Intermountain Healthcare, Mayo Clinic, Providence St. Joseph Health, SSM Health and Trinity Health. The U.S. Department of Veterans Affairs will also work in consultation with the company to address its particular needs.

Besides creating a reliable supply for its 500 hospitals, Civica Rx aims to reduce drug prices by about 20 percent. Liljenquist said the drugs will be sold to nonmember hospitals as well, at slightly higher prices.

“We are creating a public asset with a mission to ensure that essential generic medications are accessible and affordable,” Martin VanTrieste, who has been named CEO of the new company, said in a news release issued by Intermountain Healthcare. “The fact that a third of the country’s hospitals have either expressed interest or committed to participate with Civica Rx shows a great need for this initiative. This will improve the situation for patients by bringing much needed competition to the generic drug market.”

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5. Improve Timeliness of Service

5.1 - U.S. News & World Report (AP): Testimony Shows Son Was on Floor When Father Shot Him (9 September, 23.9M uvm; Washington, DC)

HATTIESBURG, Miss. (AP) — A south Mississippi police officer said Friday that a son was lying on the floor when his father blasted him with a shotgun, killing him.

The Hattiesburg American reports the testimony came in a preliminary hearing concerning evidence against 45-year-old Joel "Chad" Graves, who is charged with second-degree murder.

Hattiesburg Municipal Judge Wes Curry ruled Graves should continue to be jailed without bail.

Detective Erik Herrin testified that officers at first believed Chad Graves might have killed his 20-year-old son, Scott Graves, in self-defense. Chad Graves was standing outside the apartment and had blood on his hands and head. He told police he and his son had been fighting and at some point Scott Graves had hit him in the head.

Chad Graves at first told police he and his son had struggled over the shotgun when it fired, striking Scott Graves in the throat, killing him.

However, Herrin testified that Chad Graves' wife, Stacy Graves, later told police she could see Scott Graves on the kitchen floor when Chad Graves shot him in mid-August. Herrin said Scott Graves' hands were apart and up near his head when his body was found. He had no weapon in his hands.

He also testified Scott Graves' blood was pooled underneath him, showing he had been lying on the floor when his father shot him. Herrin said that outside a few spots of blood on his chest, Scott Graves did not have any other blood on the front of his body.

Based on the blood and location of the shotgun pellets, police were able to determine Scott Graves was lying on the floor when he was shot as Stacy Graves had said.

Herrin said Chad Graves "by his own admission, was standing in the doorway and had full control of the shotgun."

Chad Graves was taken to a local hospital for treatment and was transferred to the Veterans Affairs hospital in Biloxi. He says he is a disabled veteran and suffers from post-traumatic stress disorder. Police arrested him there and brought him back to Hattiesburg, charging him Aug. 29

Defense Attorney Michael Crosby requested a bond hearing, which will be held at a later date. He asked the judge to allow Graves to be released to continue his treatment at the VA, but Curry denied the request.

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5.2 - The Hill: [New Senate legislation would protect and serve veterans who consume marijuana](#) (9 September, Justin Strekal, 11.8M uvm; Washington, DC)

Last week, Sens. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) made history with the introduction of legislation, known as The Veterans Medical Marijuana Safe Harbor Act, to expand and facilitate medical cannabis access to military veterans suffering from chronic pain, PTSD, and other serious medical conditions.

Under existing regulations, VA doctors are not permitted to fill out the mandatory paperwork necessary to recommend cannabis therapy in the majority of states that now regulate its lawful use, essentially nullifying the contract that the American government entered with service members to cover their healthcare options.

It is unconscionable that these brave individuals who protect our nation's freedoms would be treated as criminals when they return home just for treating their medical ailments with a safe and effective option.

Passage of The Veterans Medical Marijuana Safe Harbor Act would end this discrimination.

"This legislation will allow veterans in Florida and elsewhere the same access to legitimately prescribed medication, just as any other patient in those 31 states would have," said Senator Bill Nelson.

These types crucial medical and civil protections for the men and women who put their lives on the line to serve this country are absolutely necessary given the alarming rates of opioid addiction and suicide by veterans. According to data released this year by the Department of Veterans Affairs, twenty former service men and women take their lives each day, while a 2011 report revealed that veterans are twice as likely to die from an opioid overdose compared to the civilian population.

“In the 31 states where medical marijuana is legal, patients and doctors are able to see if marijuana helps with pain management. Our veterans deserve to have that same chance,” Sen. Schatz said upon induction. “This bill does right by our veterans, and it can also shed light on how medical marijuana can help with the nation’s opioid epidemic.”

Yet veterans are increasingly turning towards therapeutic cannabis, all while being turned away from their VA doctor.

According to a November 2017 poll by the American Legion, nearly one-in-four veterans reported to consume marijuana “to alleviate a medical or physical condition.”

And the data corroborates these veterans’ decisions. A 2017 review of over 10,000 studies by the National Academy of Sciences concluded, “There is conclusive or substantial evidence that cannabis and cannabinoids are effective for the treatment for chronic pain in adults.” Further, a study by the Journal of American Medicine found that over 10 years, “States with medical cannabis laws had a 24.8 percent lower mean annual opioid overdose mortality rate compared with states without medical cannabis laws.”

Last Congress, majorities in both the U.S. House and Senate voted to include similar language as part of the Fiscal Year 2017 Military Construction, Veterans Affairs and Related Agencies Appropriations bill. However, Republicans sitting on the House Appropriations Committee elected to remove the language from the bill during a concurrence vote.

Historically, veteran and military communities have long been at the forefront of American social change, catalyzing the widespread acceptance of evolving cultural norms and perceptions surrounding racial, gender, and sexual equality. The therapeutic use of cannabis by veterans follows this trend and members of Congress should follow their lead and pass the Veterans Medical Marijuana Safe Harbor Act.

Justin Strekal is the political director for National Organization for the Reform of Marijuana Laws, where he serves as an advocate to end the federal prohibition of marijuana and to reform our nation's marijuana laws. [...]

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5.3 - The Bismarck Tribune: [Healing invisible wounds: Fargo’s VA offers holistic care for veterans](#) (9 September, Robin Huebner, 314k uvm; Bismarck, ND)

FARGO -- Post-traumatic stress disorder began to rear its ugly head in the life of U.S. Army Capt. Garrett Ruud during a second deployment to Afghanistan.

He took early retirement in late 2017 due to PTSD and returned to his native Fargo to try to cope. At times, Ruud wouldn’t leave his house.

“There’s a lot of anxiety that comes from it, a lot of sense of not being secure. Social anxiety as well, being around large crowds, noises, those sorts of things,” he said.

Ruud, 49, started treatment with a mental health professional at the Department of Veterans Affairs Medical Center here and was soon steered to a PTSD support group and the VA’s new Whole Health program.

The Fargo VA is one of 13 design sites across the country to offer holistic options for veterans, including acupuncture, chiropractic care, health coaching, Tai Chi, yoga and meditation.

In time, Ruud's antisocial behavior subsided, allowing him to feel comfortable meeting new people, being in big groups and going to restaurants without having to hole up in a corner.

"Those things are starting to change for me, and that's incredible," he said.

Recently hired at the VA, he doesn't think he'd have been able to hold a job otherwise.

Danielle Olauson, coordinator of the Fargo VA's Whole Health and Patient Centered Care programs, grew up in a military family and knows pills and surgery can't fix everything that ails veterans.

"Those invisible wounds of war, the mental health struggles, the physical struggles -- they're all there, and we need to have more to offer," she said.

Less pain, more movement

Acupuncturist Tasha Boehland's schedule at the VA is filling up with veterans seeking relief from low back, neck and hip pain, along with headaches, anxiety and depression.

The treatment that involves placement of almost hair-thin needles in particular areas addresses the mind, body and spirit.

"The cool thing about Chinese medicine is we don't just look at one single thing. We take the whole picture," Boehland said.

Ron Munger, 71, of Menahga, Minn., recently had his second acupuncture treatment for pain related to a broken femur suffered in Army training during the Vietnam War.

It brings him relief, allowing him to move around and sleep better.

"I'm not saying it's the cure, but it's definitely a big step forward," he said.

In many cases, veterans will feel less need for pain medication after they've had regular acupuncture treatments.

The same is true for those who visit Fargo VA chiropractor Mike Mortenson.

In younger veterans who've served in Afghanistan or Iraq, he treats back problems from carrying heavy packs and riding in Humvees.

Those pains can often be resolved quickly, he said, while injuries to older veterans are more difficult to treat.

Mortenson, who served in Somalia with the U.S. Marines, said it's an honor to treat veterans, young and old.

"It's one of the greatest things that ever happened to me," he said.

The Whole Health staff will be complete with the addition of a massage therapist this winter.

‘Something to look forward to’

Before Whole Health began, the Fargo VA referred any veterans interested in holistic medicine to other providers in the community.

Having those treatments available in-house now is more convenient for veterans and makes for better collaboration within their care teams, Olauson said.

The VA has been laying the groundwork for Whole Health for years.

Flagship sites were set up across the country in 2016 before design sites were chosen last year.

As a design site, the Fargo VA received grant funding to hire full-time staff for the program and set up healing spaces for treatments.

It also must track patient outcomes, making sure veterans have better pain tolerance and improved lab results.

By the end of fiscal year 2019, every VA medical center in the country will offer some type of Whole Health programming, Olauson said.

Ruud is excited to share the program with his military counterparts who are still serving.

“It’s something to look forward to when they get out,” he said.

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5.4 - My Edmonds News: [Once a soldier: Living with PTSD](#) (8 September, Connie McDougall, 46k uvm; Edmonds, WA)

“Catch-22. Anyone who wants to get out of combat duty isn’t really crazy.”

– From the novel Catch-22

Dan Overton works with military veterans for Post Traumatic Stress Disorder (PTSD) through the Washington State Department of Veterans Affairs.

He offers a subtle but important alternative view of the condition.

“A lot of the people who work with vets — and many veterans — want to change the conversation about this form of mental illness that is PTSD to the less stigmatized name of Post Traumatic Injury,” he said. “Think about it: We all are injured from time to time. I was injured when I was rejected by my first crush. I was injured when my first dog died. We all have these injuries. In that respect, vets are no different. Their injuries, however, are more significant and unique to the military. They certainly don’t need to be labeled as mentally ill. They say, ‘Yeah I’ve got some issues but I’m not crazy.’”

Indeed, Overton noted that by developing symptoms, soldiers are reacting the way most people would to “awful” conditions.

“If every day you wake up and you know you’re going to be shot at, or attacked, that you’re going to kill someone, maybe kill an innocent, that you’re going to see dead bodies, and if that’s your day, every day, what does that do to you?”

He added that trauma doesn’t need to rise to a daily diet of violence. “It’s not usually a single event. It’s unpredictability, danger, a matter of survival.”

For Chris Todd, 76, from Shoreline, it all began decades ago as he served as an instructor and signalman in Vietnam. “It was fascinating and terrifying at the same time. My job was to repair radios and other equipment. I received and returned fire often.”

He was 27 when he got out. “I didn’t know anything about PTSD. Just drank all the time. I had no idea. For 50 years, I thought the night sweats, nightmares and myriad other symptoms happened to everybody.”

A few years ago, he found some solace by volunteering with the Joint Service Committee, which meets weekly at the Mountlake Terrace American Legion Hall. Todd and more than a dozen other volunteers from the Legion, Veterans of Foreign Wars and Vietnam Veterans of America work in concert to assist vets. They also sponsor healing circles for talking and camaraderie, with the vast majority of their clients coming from the South Snohomish County area.

“On the committee, I help people tell their stories, which they often find very difficult,” Todd said. “They call me The Scribe.”

He also keeps an eye out for suicidal vets. “I got rid of all my guns and I advise others to do the same. If you start wondering what the world would be like without you in it, call us, or call the suicide prevention hotline. Talk to us. Talk to somebody.”

Todd added that nobody expects to be cured of PTSD but things can be better. “We wish to help them become aware that they have it and to cope.”

Also a member of the committee, Steven Warren, 32, from Lynnwood, served in the Army from 2005-2009. “I joined ignorantly, for the GI Bill. Didn’t think I’d go to war,” he said. “It wasn’t my intention to go into combat.”

But he did, serving in Iraq, first at an airfield north of Baghdad, then at Forward Operating Base Normandy near the Iran border. “I was a tactical operations specialist, tracking aircraft in the battlefield, talking with the aircraft.” As part of an interdiction team, he monitored the battlefield on large video screens inside of an operations center through a live feed from drones and helicopters equipped with video cameras.

“We saw headlights one night, a couple of people digging; we dropped a hellfire rocket on them,” Warren remembered. “They weren’t dead but pretty mangled.”

The wounded were brought back to the airfield. “My officer in command ordered me to the aircraft and get the wounded up to the aid station,” he said. “Found out they weren’t the bad guys. They were on a community watch, building defenses for their community.”

Like Todd, Warren just got on with it when he left the Army. "I thought I had it all figured out."

But he found himself always on guard and had difficulty maintaining friendships. He tried going to college but couldn't concentrate. After a few brushes with the law, he went to the VA and got a diagnosis of PTSD, something he's not entirely comfortable with.

"It's a label," Warren said. "I go to the VA off and on for treatment. I do need to find a way to manage it though. It's my responsibility to get help."

He's planning a return to college this fall with the goal of taking acting classes.

"When a person reaches that place when he or she is ready, my advice is to try different approaches," said Dan Overton. "Shop around. If one doesn't feel right, try another. There are so many ways to get help now. It takes time and determination but when they come out the other side, they tend to do well. I tell veterans, it's not about being 'normal,' about how to fit in. It's about where you fit."

Resources:

Joint Service Committee: 425-776-5490.

National Suicide Prevention Lifeline: 1-800-273-8255.

Edmonds Community College Veterans Resource Center: 425-640-1175.

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6. Suicide Prevention

6.1 - Arizona Daily Star: [Tucson VA hospital hosts suicide prevention town hall](#) (9 September, Carmen Duarte, 431k uvm; Tucson, AZ)

The VA hospital in Tucson is hosting a suicide prevention town hall for veterans, military service members and their families Sept. 20.

September is recognized as Suicide Prevention Awareness Month. The town hall will focus on mental health issues and provide information about Veterans Administration and community support programs, said Luke Johnson, a spokesman for Southern Arizona VA Health Care System.

The event, which will also include a resource fair, is from 10 a.m. to 1 p.m. in the R.E. Lindsey Jr. Auditorium in Building 4. The hospital is at 3601 S. Sixth Ave. A free lunch will be provided.

According to the latest data, in 2015 there were 211 veteran suicides in Arizona, says the U.S. Department of Veterans Affairs.

VA staff and representatives of community agencies will provide immediate assistance to those in need at the town hall, said Johnson. Staff will also answer questions or concerns on an individual basis.

Johnson said veterans experiencing a crisis can seek help at the hospital's 24-hour emergency department, or call the Veterans Crisis Line at 1-800-273-8255, and press 1. To learn about the warning signs of suicide and to find resources, go to www.veteranscrisisline.net

Since 2007, the veterans crisis line has answered more than 3½ million calls, and initiated nearly 100,000 dispatches of emergency services to those in need nationwide, according to data on the website.

If a community organization working with veterans is interested in participating in the town hall, call Cara Gaukler at 792-1450, Ext. 4415.

Veterans can follow the Tucson VA on Facebook and Twitter, or sign up to receive email updates at www.tucson.va.gov

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6.2 - KWTX (CBS-10): [Backyard Bar and Grill and VA host suicide prevention event](#) (9 September, Christy Soto, 315k uvm; Waco, TX)

The Backyard Bar and Grill has partnered with Veterans Affairs to host a suicide prevention event this Sunday.

Co-owner of the Backyard Bar and Grill, Brian Brown lost his brother to suicide.

"He was that guy with a smile on his face all the time but he didn't know what was going on the inside and so it took a lot of us by surprise," Brown said. "So it's very close to my heart and something that I don't think gets talked about near enough on a personal level."

Brown has wanted to host a suicide prevention event at the Backyard since last year and this Sunday, he finally gets to.

Brown said this event will not be a somber one, it's meant for people to have fun and celebrate life.

"I think it's so people show up and go oh my goodness I didn't know he or she or they were dealing with this, we have a common ground we didn't even know existed," Brown said.

The event will start at noon and goes until 8 p.m.

The street right in front of the Backyard, from Webster to Clay will be closed off.

There will be 7 different bands playing and booths with information on suicide prevention.

Admission for the event is free. All they will be asking from guests is to put the suicide crisis hotline phone number in your contact list.

The Backyard partnered with the VA because of how many veterans commit suicide every day. Suicide Prevention Coordinator for the VA, Ruth Cassidy said 100 people in the United States commit suicide a day and out of those 100, 20 of them are veterans.

"Out of 20 veterans that take their life six are enrolled in the VA for care and of those six, three are getting mental health care. So this event is one that we're holding to try to find the other fourteen," Cassidy said.

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6.3 - The Pueblo Chieftain: [Pueblo police officer prevents suicide by cop](#) (9 September, Ryan Severance, 189k uvm; Pueblo, CO)

On March 5 Pueblo Police Department Cpl. Richard Jones responded to a call he didn't give much thought to at first.

That call, however, that ended up changing Jones' life.

It was around 3:20 p.m., late in Jones' shift, when he was dispatched to the 300 block of West 16th Street, near Parkview Medical Center, regarding a report of a man with a weapon.

"In reality, I didn't think it was anything because we get probably 50 to 100 (of those kinds of calls) a week," he said.

Jones drove his police cruiser down North Grand Avenue and asked dispatch for a description of the suspect.

He was told the man was sitting on some bricks south of Parkview and that it looked like he had a gun in his hand.

Jones didn't see the suspect at first, so he parked his vehicle.

He was walking around when he saw a young man in his 20s sitting on bricks and looking downward. He had on a shirt that had the letters "DV" on it, which Jones would later find out stood for "dysfunctional veteran."

At first, Jones didn't see a gun in the man's hand, but he took cover behind a car as a precaution.

The man got up and walked toward Jones, and that's when Jones saw the firearm.

Jones repeatedly commanded the suspect to drop the weapon, but the suspect continued to close the gap on Jones and got all the way up to the other side of the car where Jones had taken cover.

"Now, I didn't really have any cover," said the Pueblo officer. "We had just the roof of the car separating us."

The suspect started yelling at Jones, asking him multiple times to shoot and kill him. The man wanted to die that day, and he wanted a police officer to take his life.

Instead of firing, though, Jones chose a different tactic: he spoke with the man and tried to find some common ground to get him to put away his weapon.

"We just started talking," Jones said. "He started telling me he recently returned from his second deployment and that he was just done. He wanted me to shoot and kill him. I told him I can't do that."

"We kept talking, and he said he's not getting any help and talking about how bad the VA system is."

Jones, an Army veteran who served 24 years, mostly as an airborne paratrooper, explained to the suspect that he understood his issues because he started going to the VA just a few months prior.

"I built a rapport with him on that," Jones said. "We talked about the military, and I built a rapport with him on that, as well."

"I just kept talking to him. He was at a total loss. He didn't want to live. I found out later that he was in the process of a second divorce and in the process of losing his third child because of the problems he was going through with his mental health."

Jones spent more than 16 minutes talking to the suspect, which he said felt like an eternity, before the man finally agreed to drop his weapon.

"He held the weapon up to his right, dropped the magazine out of it and charged the weapon, ejecting the rounds," Jones said. "SWAT came in on him right away. That could've gotten him killed right there."

After the man was apprehended, Jones walked across the street to take a breath, but he went back a couple minutes later and gave the man a hug.

"I told him I'd do everything I could to help him with getting some mental help," Jones said.

And he did.

The police department was able to get the suspect into Parkview and then to a mental health facility in the Denver area. He was not charged with any crime.

"I've stayed in touch with both he and his family," said Jones. "He is in the VA system now. Last time I talked to him he was regularly going to therapy sessions. The VA has reached out and his helping his family and kids."

Jones said he doesn't look back on the incident with fear or anger, but rather considers it a blessing that it happened.

"It's allowed me to reach out and have a better rapport with veterans," Jones said. "There are a lot of hurting veterans. Assimilating back into normal life after deployment is tough. They're not ill. They're lost and can't figure out how to get help."

"It's amazing where things have gone. Next month I am going to Breckenridge for a (mental health training conference) speaking about the CIT program in Pueblo, where we have therapists going out with cops on calls."

Jones has been honored numerous times for his actions on March 5, including a letter of commendation from Pueblo Police Chief Troy Davenport and recognition from City Council and Parkview officials.

Jones, though, is not one to bask in glory or boast about what he did.

"Everybody else would have done the same thing," he said. "I am nothing different. The crazy part is I never asked for the accolades and I feel odd to get them because it's just not me.

"Any other officer would do the same thing."

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6.4 - KXXV (ABC-25, Video): [The Backyard works with Waco VA to host suicide prevention event](#) (10 September, Holly Stouffer, 56k uvm; Waco, TX)

The rain wasn't enough to wash away a suicide prevention event at the Backyard Bar Stage and Grill on Sunday.

The free event started at noon and went on until 8 p.m.

The Waco VA worked with The Backyard to set up the event in hopes of bringing more resources to those who may be struggling.

Waco VA staff and counselors from Central Texas Veterans Health Care System were there to assist with questions, resources, information and enrollment.

Claims staff from the Waco VA Regional office were also available to review and file claims for service-connected disabilities on site.

Other veteran organizations like the Veterans One Stop and REACH Therapeutic Riding Center also showed up for the event.

"When suicide seems like it's the only option, we want to remind folks that there are people that care right now. It doesn't feel like that for them, but it's true," said Ruth Cassidy, lead suicide prevention coordinator with Central Texas Veterans Health Care System.

VA staff and counselors from Central Texas Veterans Health Care System will assist with questions, resources, information and enrollment. Claims staff from the Waco VA Regional office will be available to answer questions, review and file claims for service-connected disabilities on site.

Brian Brown is the co-owner of The Backyard. He said it was important for him to work with the Waco VA since he has a personal connection to the event.

"I jumped at the chance when they approached us," Brown said. "I lost a brother to suicide. I've lost some friends to suicide. I've got some vet buddies, great, dear friends of mine that are struggling, as we speak, with depression and PTSD. It's really near and dear to my heart."

Seven local bands played throughout the event, donating their time for a good cause.

If you or someone you know is struggling with depression or thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Dispatch - Argus: [Post card arrives 30 years later](#) (10 September, John Marx, 311k uvm; Moline, IL)

MILAN — Gary McGonigle paused before enjoying the breakfast before him, rubbed his left hand through his salt-and-pepper beard and chuckled a, “You won’t believe this one,” chuckle.

He then produced a worn, but not tattered, postcard from the white envelope resting on the table.

Sent from the Alvin York Veteran’s Administration Center at Murfreesboro, Tenn., the card is the ultimate example in snail mail.

Really, really, really slow mail.

It arrived at McGonigle’s Big Island (Milan), home two weeks ago. It, however, was mailed in the summer of 1988.

That’s right, 1988, taking — through, rain, sleet, snow, several presidential administrations, a technological boom and a million changes in the way we live — 30 years to reach its appointed destination.

The card was addressed to Mrs. Kenneth Wilson of 6220 21st Street, Milan, IL, 61264, and was to inform Mrs. Wilson of the Veteran’s Craft Kit sent to her. The kit was an expression of care and appreciation for what is believed to be a donation to the York Center by Mrs. Wilson.

The sender was retired Army Staff Sergeant Richard Brown, who was at the York campus, which is part of the of the VA Tennessee Valley Healthcare System, providing primary care and sub-specialty medical surgical, and psychiatric services to veterans.

Mr. and Mrs. Wilson have since passed and McGonigle purchased their home — at the address on the card — seven years ago. The retired union plumber and former co-owner of All Hours Heating and Cooling, could not believe the card landed in his mailbox.

“I knew Mr. Wilson was in the military and the two of them were really patriotic,” McGonigle said of the couple. “I found out in buying the home how he served and that they held others who served in high regard. I also learned they did not have children.”

The late-arriving card did force McGonigle to seek answers, but he held out no hope for the “how” and “whys” of the card.

"I took it to the Milan Post Office and they confirmed when the card was sent, but couldn't give me a reason why it arrived 30 years later," McGonigle said. "I'm assuming — and this is just me — it got caught somewhere in a (sorting) machine or fell under something that just got moved after 30 years. I cannot see it just laying somewhere and no one getting it to where it needed to be. There are lots of questions, but not many answers."

Facebook and online attempts to reach the man who sent the card have also been unsuccessful.

"There was some kind of connection between the two," McGonigle said, referring to Brown and the Wilsons, probably something they did for York. "It was Brown who sent the kit to the Wilsons why he was at York."

McGonigle, playing the card's late arrival close to the vest, shunned any jabs at the United States Postal Service.

"It still got to where it was supposed to go," he said. "A little late, but ..."

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7.2 - WOWK (CBS-13, Video): [VA Hospital Renamed After Medal of Honor Recipient Woody Williams](#) (9 September, Adrienne Robbins, 227k uvm; Huntington, WV)

On Sunday the VA Hospital in Huntington got a new name, a fitting tribute to West Virginia's very own Medal of Honor Recipient Hershel "Woody" Williams.

"It's a long time coming, most befitting and it's a wait worth waiting for," said Senator Joe Manchin, who attended the ceremony. Other speakers included Senator Capito and Evan Jenkins.

Williams is a retired U.S. Marine and Veterans Affairs service officer, who has spent much of his life advocating for veterans and their families.

Through House Resolution 3363, that was signed by President Donald Trump, the Medical Center was officially renamed for The Hershel "Woody" Williams VA Medical Center.

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7.3 - Hattiesburg American (Video): [Southern Miss' Veterans Center doubles number served](#) (9 September, Van Arnold, 190k uvm; Hattiesburg, MS)

What began four years ago as a promising idea in the imagination of Maj. Gen. Jeff Hammond has developed into a prestigious Center for Military Veterans, Service Members and Families at the University of Southern Mississippi.

Housed on the Hattiesburg campus, the Veterans Center provides a comprehensive, military-friendly, education support program that successfully attracts military veterans, service members, family members and survivors to pursue academic and professional development interests.

Services offered include help with application, admission, matriculation, graduation and professional placement.

When the center officially opened in October 2014, less than 600 military students were enrolled at the university. Last year, more than 1,200 vets were students, and the number is expected to go even higher when Fall 2018 numbers are finalized.

Hammond, who retired after serving 32 years in the U.S. Army, has been the center's director since its inception. Much like a proud father, he has watched the Veterans Center's growth with admiration and appreciation.

"In a short period of time, we have established one of the finest student-veteran centers across the nation and without any doubt the tops throughout the state of Mississippi," he said. "In slightly more than four years, we progressed from a non-existent program to one that is nationally recognized by Military Times as being among the Top-20 'Best for Vets' programs across the United States in providing caring support to military veterans, service members and their families."

In addition to receiving full support from administrators, Hammond credits a hard-working staff. "Their creative thought has resulted in the emergence of numerous new programs designed to support the students in promoting their academic and professional interests."

One of the more innovative initiatives launched by the center is the "Textbooks for Troops" program, designed to make available — at no cost on a loan basis — a variety of classroom textbooks and professional development books.

Kerri Parker, a junior majoring in social work, notes the center has been invaluable in helping shape her academic career. Parker served four years in the U.S. Army as a supply specialist. She currently serves as president of the school's Student Veterans of America Organization.

"The center has improved and enhanced my success on- and off-campus as a student- veteran and leader," said Parker. "It has offered resumé-building, job search opportunities, as well as providing wonderful programs such as 'Textbooks for Troops.'"

"Through the center, I have been introduced to the student organization for veterans, landing me a vital role with that group."

Kennedy Branton, a sophomore majoring in elementary education and son of retired Master Sgt. John Branton, echoed Parker's sentiments.

"The 'Textbooks for Troops' program and simply having a peaceful area in which to study are what make my time at the Veterans Center so beneficial," he said. "I also was lucky enough to earn a job there as a work-study in 2017 and I just love it."

Earlier this year, the center welcomed a vocational rehabilitation counselor through the Department of Veterans Administration. Steven Welch joined the center as part of the VA's "VetSuccess on Campus" program.

Southern Miss is one of only 94 schools across the nation to be included in this program and Mississippi's sole designee.

The new VA counselor provides a one-stop liaison for all student-veterans in the South Mississippi region.

Hammond considers it not only an obligation but an honor to assist military students.

"We must never forget that our sacred freedoms have been well protected on the broad shoulders of those who serve in our military," he said. "We love the humble opportunity to serve those who have so well served each of us."

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8. [Other](#)

8.1 - Billings Gazette: [Veteran urges vote for Tester](#) (9 September, Norman A. Bishop, 854k uvm; Billings, MT)

I was a naval aviator in the Korean and Cold wars, flying patrols over the Bering Sea and Operation Hardtack in the Pacific. The Korean GI Bill funded my graduate studies in forest recreation and wildlife management, qualifying me for my career as a national park ranger.

As a veteran, I thank Sen. Jon Tester who, as a leader of the Veteran's Affairs Committee, authored and got signed into law the VA Accountability and Whistleblower Protection Act, for demanding an investigation into wait times for care, and introducing the bipartisan Caring For Our Veterans Act. He has been relentless in pushing for more VA facilities, helping secure nine new veterans' clinics and expansion of two in Billings and Missoula. Rural veterans have better access to telehealth services and fewer copays under laws Sen. Tester got signed into law. Sen. Tester also got signed into law tools to help the VA hire and retain professionals, and secured the first mileage reimbursement increase for disabled veterans in 31 years. Among other measures Sen. Tester got passed are those to prevent suicide by veterans, expand VA services for women veterans, and another to prevent suicides by women veterans.

Sen. Jon Tester is this veteran's champion. His seniority on the Veterans Affairs Committee enables him to be an effective voice for us. I hope you will join me in voting for him this fall.

Norman A. Bishop

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Veterans Affairs Media Summary and News Clips

10 September 2018

1. [Top Stories](#)

1.1 - New York Post: [Schumer calls for \\$750M in spending for VA](#) (9 September, Mark Moore and Sarah Trefethen, 23.9M uvm; New York, NY)

Sen. Chuck Schumer on Sunday called for a surge of millions of dollars in spending for the Veterans Administration to fill critical healthcare jobs that could jeopardize coverage for tens of thousands of veterans in New York and across the country.

[Hyperlink to Above](#)

1.2 - Newsday: [Schumer calls for more funding, new hires at Veterans Affairs](#) (9

September, Rachelle Blidner and Vincent Barone, 3.2M uvm; Melville, NY)

Senate Minority Leader Chuck Schumer on Sunday called for more funding for Veteran Affairs programs and offered a plan to fill vacancies — including 175 at the Northport VA Medical Center — in a department that he believes the Trump Administration is trying to eliminate.

[Hyperlink to Above](#)

1.3 - KDVR (FOX-31, Video): [Special buses drove Aurora VA staff 176 yards for 5 years](#) (9

September, Chris Halsne, 662k uvm; Denver, CO)

Over budget by nearly \$1 billion, the cost of the recently opened Rocky Mountain Regional Veterans Affairs Medical Center in Aurora are, by now, well known. However, the FOX31 Problem Solvers keep discovering ways the VA has used tax dollars in ways that don't seem to make much sense.

[Hyperlink to Above](#)

1.4 - KCEN (NBC-9, Video): [Suicide prevention event held in Waco](#) (10 September, Kurtis Quillin, 193k uvm; Eddy, TX)

According to a representative from the Central Texas V.A., 20 veterans commit suicide per day. It's an alarming trend activists and healthcare professionals nationwide have been attempting to address for years. Ruth Cassidy, lead suicide prevention coordinator at the Central Texas V.A., said of those 20, six have been treated at a V.A. facility within the previous year.

[Hyperlink to Above](#)

1.5 - The Herald-Dispatch: [VA hospital renamed to honor Woody Williams](#) (10 September, Dave Lavender, 192k uvm; Huntington, WV)

At the ceremony to officially rename the VA Medical Center after 95-year-old Hershel "Woody" Williams, a packed crowd stood and vigorously applauded, several Marines gave a hearty "hoorah" and a wave of well-timed thunder rumbled through as if God himself was giving a hearty amen to such a faithful and honorable man.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. Focus Resources More Efficiently

4.1 - St. George News: Hospital group based in Utah will make own generic drugs, promising to save patients millions (9 September, 156k uvm; Saint George, UT)

Several major hospital groups, including Intermountain Healthcare, recently launched their own nonprofit generic drug company based in Salt Lake City to tackle chronic shortages and high prices of essential medicines.

[Hyperlink to Above](#)

5. Improve Timeliness of Service

5.1 - U.S. News & World Report (AP): Testimony Shows Son Was on Floor When Father Shot Him (9 September, 23.9M uvm; Washington, DC)

Chad Graves was taken to a local hospital for treatment and was transferred to the Veterans Affairs hospital in Biloxi. He says he is a disabled veteran and suffers from post-traumatic stress disorder. Police arrested him there and brought him back to Hattiesburg, charging him Aug. 29

[Hyperlink to Above](#)

5.2 - The Hill: New Senate legislation would protect and serve veterans who consume marijuana (9 September, Justin Strekal, 11.8M uvm; Washington, DC)

Last week, Sens. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) made history with the introduction of legislation, known as The Veterans Medical Marijuana Safe Harbor Act, to expand and facilitate medical cannabis access to military veterans suffering from chronic pain, PTSD, and other serious medical conditions.

[Hyperlink to Above](#)

5.3 - The Bismarck Tribune: Healing invisible wounds: Fargo's VA offers holistic care for veterans (9 September, Robin Huebner, 314k uvm; Bismarck, ND)

Post-traumatic stress disorder began to rear its ugly head in the life of U.S. Army Capt. Garrett Ruud during a second deployment to Afghanistan. He took early retirement in late 2017 due to PTSD and returned to his native Fargo to try to cope. At times, Ruud wouldn't leave his house. "There's a lot of anxiety that comes from it, a lot of sense of not being secure. Social anxiety as well, being around large crowds, noises, those sorts of things," he said.

[Hyperlink to Above](#)

5.4 - My Edmonds News: Once a soldier: Living with PTSD (8 September, Connie McDougall, 46k uvm; Edmonds, WA)

Dan Overton works with military veterans for Post Traumatic Stress Disorder (PTSD) through the Washington State Department of Veterans Affairs. He offers a subtle but important alternative view of the condition. "A lot of the people who work with vets — and many veterans — want to change the conversation about this form of mental illness that is PTSD to the less stigmatized name of Post Traumatic Injury," he said. "

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Arizona Daily Star: [Tucson VA hospital hosts suicide prevention town hall](#) (9

September, Carmen Duarte, 431k uvm; Tucson, AZ)

The VA hospital in Tucson is hosting a suicide prevention town hall for veterans, military service members and their families Sept. 20. September is recognized as Suicide Prevention Awareness Month. The town hall will focus on mental health issues and provide information about Veterans Administration and community support programs, said Luke Johnson, a spokesman for Southern Arizona VA Health Care System.

[Hyperlink to Above](#)

6.2 - KWTX (CBS-10): [Backyard Bar and Grill and VA host suicide prevention event](#) (9

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The Backyard Bar and Grill has partnered with Veterans Affairs to host a suicide prevention event this Sunday. Co-owner of the Backyard Bar and Grill, Brian Brown lost his brother to suicide.

[Hyperlink to Above](#)

6.3 - The Pueblo Chieftain: [Pueblo police officer prevents suicide by cop](#) (9 September,

Ryan Severance, 189k uvm; Pueblo, CO)

On March 5 Pueblo Police Department Cpl. Richard Jones responded to a call he didn't give much thought to at first. That call, however, that ended up changing Jones' life. It was around 3:20 p.m., late in Jones' shift, when he was dispatched to the 300 block of West 16th Street, near Parkview Medical Center, regarding a report of a man with a weapon.

[Hyperlink to Above](#)

6.4 - KXXV (ABC-25, Video): [The Backyard works with Waco VA to host suicide prevention event](#) (10 September, Holly Stouffer, 56k uvm; Waco, TX)

The rain wasn't enough to wash away a suicide prevention event at the Backyard Bar Stage and Grill on Sunday. The free event started at noon and went on until 8 p.m. The Waco VA worked with The Backyard to set up the event in hopes of bringing more resources to those who may be struggling. Waco VA staff and counselors from Central Texas Veterans Health Care System were there to assist with questions, resources, information and enrollment.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Dispatch - Argus: [Post card arrives 30 years later](#) (10 September, John Marx, 311k uvm; Moline, IL)

Gary McGonigle paused before enjoying the breakfast before him, rubbed his left hand through his salt-and-pepper beard and chuckled a, "You won't believe this one," chuckle. He then produced a worn, but not tattered, postcard from the white envelope resting on the table. Sent from the Alvin York Veteran's Administration Center at Murfreesboro, Tenn., the card is the ultimate example in snail mail.

[Hyperlink to Above](#)

7.2 - WOWK (CBS-13, Video): [VA Hospital Renamed After Medal of Honor Recipient Woody Williams](#) (9 September, Adrienne Robbins, 227k uvm; Huntington, WV)

On Sunday the VA Hospital in Huntington got a new name, a fitting tribute to West Virginia's very own Medal of Honor Recipient Hershel "Woody" Williams. "It's a long time coming, most befitting and it's a wait worth waiting for," said Senator Joe Manchin, who attended the ceremony. Other speakers included Senator Capito and Evan Jenkins.

[Hyperlink to Above](#)

7.3 - Hattiesburg American (Video): [Southern Miss' Veterans Center doubles number served](#) (9 September, Van Arnold, 190k uvm; Hattiesburg, MS)

Earlier this year, the center welcomed a vocational rehabilitation counselor through the Department of Veterans Administration. Steven Welch joined the center as part of the VA's "VetSuccess on Campus" program. Southern Miss is one of only 94 schools across the nation to be included in this program and Mississippi's sole designee.

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8. [Other](#)

8.1 - Billings Gazette: [Veteran urges vote for Tester](#) (9 September, Norman A. Bishop, 854k uvm; Billings, MT)

I was a naval aviator in the Korean and Cold wars, flying patrols over the Bering Sea and Operation Hardtack in the Pacific. The Korean GI Bill funded my graduate studies in forest recreation and wildlife management, qualifying me for my career as a national park ranger.

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1. [Top Stories](#)

1.1 - New York Post: [Schumer calls for \\$750M in spending for VA](#) (9 September, Mark Moore and Sarah Trefethen, 23.9M uvm; New York, NY)

Sen. Chuck Schumer on Sunday called for a surge of millions of dollars in spending for the Veterans Administration to fill critical healthcare jobs that could jeopardize coverage for tens of thousands of veterans in New York and across the country.

“The point is a simple one: our veterans should not have to fight a war with the VA to receive the kind of health care they both need and deserve,” said Schumer during a news conference.

Schumer, the Senate Democratic leader, referred to a Department of Veterans Affairs report from Aug. 31 that revealed the federal agency has yet to fill 45,239 jobs — including 40,456 in the Veterans Health Administration.

New York has more than 1,800 vacancies, mostly in New York City and Long Island.

He said the unfilled spots are putting the care of the state’s 800,000 veterans at risk.

“To know that there are forty-five thousand critical jobs, most in the Veterans Health Administration, unfilled is unacceptable and demands immediate action,” Schumer said.

The senator said he will push this week for a surge of roughly \$750 million in the Senate Appropriations Bill for in-house medical care at the VA.

That would increase the total appropriations to the VA to nearly \$50 billion.

He would also demand that the VA use the funds to develop a plan to fill the vacancies and report its progress to Congress.

“Our vets do not deserve to stand in line to get critical mental health or treatment of cancer, even a common cold,” said Schumer. “That is why we have to demand the VA use these dollars to fill these healthcare jobs.”

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1.2 - Newsday: [Schumer calls for more funding, new hires at Veterans Affairs](#) (9 September, Rachelle Blidner and Vincent Barone, 3.2M uvm; Melville, NY)

Senate Minority Leader Chuck Schumer on Sunday called for more funding for Veteran Affairs programs and offered a plan to fill vacancies — including 175 at the Northport VA Medical Center — in a department that he believes the Trump Administration is trying to eliminate.

The senator vowed to fight for an additional \$750 million in funding for in-house medical services at the Department of Veterans Affairs during the negotiations of the federal budget

agreement before its signing by Sept. 30. The new money would bring spending for the department up to \$49.9 billion.

“Our veterans should not have to fight a war with the VA after they’ve fought wars overseas and all they want is help — the help they were promised. The help America has always had a tradition of giving,” Schumer said outside the VA Medical Center in Manhattan.

Schumer’s push follows a recent, required report from the Department of Veterans Affairs that showed that more than 45,000 Veterans Affairs jobs — more than one in 10 — are currently unfilled. In New York, Schumer said the VA has more than 2,000 job shortages, including a combined shortage of 913 workers at the VA medical centers in Manhattan and the Bronx, Schumer noted.

“This is not just clerical workers, as important as they are,” Schumer said. “It’s doctors; it’s nurses; it’s mental health professions; it’s other direct-to-vet caregivers and the VA has no clear plan to fill the vacancies.”

Schumer is also seeking to fund building upgrades at the Northport VA in the budget, his office said.

He will have to negotiate the new funding with Senate Majority Leader Mitch McConnell, House Speaker Paul Ryan and House Minority Leader Nancy Pelosi.

Curtis Cashour, a spokesman for the Department of Veterans Affairs, dismissed the idea that the staffing shortages have had a detrimental impact on medical service.

“The fact is that every large organization is going to have what appears to be a large number of vacancies due simply to normal retirements and job changes,” Cashour said in a statement. “VA’s number of vacancies is a normal part of doing business, and reflects the department’s historical annual 9 percent turnover rate and a 2-3 percent growth rate.”

The agency attempted to downplay the significance of the shortage when it released the staffing report on Aug. 31.

“Despite a challenging and ultra-competitive market for filling health care positions across the country, VA has worked with Congress and other key stakeholders to deploy a number of new and important tools to help us reduce our vacancies,” said VA Secretary Robert Wilkie in a statement at the time. “We are always looking for new ways to recruit high-quality talent and will continue to do everything we can to provide the best quality care for our nation’s Veterans.”

John Rowan, the national president of the nonprofit Vietnam Veterans of America, said he fears the administration is keeping staffing low to eventually make the argument for privatizing or otherwise eliminating the department.

“We’re concerned about this becoming a self-fulfilling prophesy. So if you cut back on staff, obviously you’re going to create problems with people and wait times,” said Rowan, who served in the Air Force during the Vietnam War. “Then when you have problems with people and wait times, you say, ‘Oh, the VA can’t handle it; we got to give it to the private sector.’ ”

Rowan believed the private sector would ultimately provide subpar care because they are not as intimately aware of veterans' health issues and that workers in the sector are already overburdened.

Schumer pointed to Mick Mulvaney, Trump's director of the Office of Management and Budget, for leading the charge to privatize the department.

"There are people in the administration led by Mr. Mulvaney, head of OMB, who do the Koch brothers' bidding and the Koch brothers want to get rid of the whole VA," Schumer said. "They say they want to privatize it, but they just want the government not to keep its obligation to our veterans, not spend the money our veterans need for health care."

The Office of Management and Budget did not immediately respond to a request for comment.

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1.3 - KDVR (FOX-31, Video): [Special buses drove Aurora VA staff 176 yards for 5 years](#) (9 September, Chris Halsne, 662k uvm; Denver, CO)

Over budget by nearly \$1 billion, the cost of the recently opened Rocky Mountain Regional Veterans Affairs Medical Center in Aurora are, by now, well known.

However, the FOX31 Problem Solvers keep discovering ways the VA has used tax dollars in ways that don't seem to make much sense.

The Problem Solvers' latest discovery is a nearly five-year program which provided a fleet of employee-only shuttle buses to drive staff between the North and South doors of the facility during the construction phase.

A FOX31 investigative team spent significant time over the summer recording empty buses which drove in short circles.

At times, three airport-passenger-type shuttles ran on 12-hour schedules. Each bus had an assigned driver. Based on our observations, the shuttle vehicles idled with engines running the entire day. Operators would sit and wait for about half an hour in one of two roundabouts before swapping positions at a different door. If a passenger did arrive to be transported, that bus would drive the staff person to the opposing door, while an empty shuttle would drive the 176 yards to swap positions with the prior shuttle.

In a statement from spokesperson, Brandy Morrison, the VA explained why the department started the service:

"Shuttle services began prior to construction of the Rocky Mountain Regional VA Medical Center. Building A (Clinic Building South) was the only building on the campus and an agreement between VA and USAF resulted in the Buckley AFB clinic being temporarily located on the 4th floor of Building A. The shuttle's purpose was to ensure that Buckley AFB patients and VA employees had access to Building A during construction."

The VA told FOX31 it did not have a line-item budget for the transportation program, so would or could not calculate the total cost of the operation.

Based on records requests, conversations with VA employees and reviewing federal personnel records, the FOX31 Problem Solvers came up with our own cost estimate, which the VA did not dispute.

The shuttles started running in 2013 and stopped last month after FOX31 started asking questions about the cost.

The VA hired WG-6 employees to drive the shuttles. Based on pay scales, the average hourly wage for such employees is around \$20 per hour.

FOX31 figured two full-time drivers worked approximately 1,462 days.

The VA said it “leased” the shuttles from General Services Administration over the final three years of the program at \$768.30 a month per vehicle, plus \$0.562 per mile.

Bottom line: the short bus route for VA employees cost at least \$769,000 in tax funds.

Without an actual budget from the VA, the FOX31 Problem Solvers could not accurately or fairly calculate the cost of fuel, shuttle maintenance, mileage or the occasional use of a third shuttle and a third driver, so we did not include those. If added to the \$769,000 known total, the cost of the transportation program could be several hundred thousand dollars more.

FOX31’s investigative team has filed a Freedom of Information Act (FOIA) request to force the VA in Washington DC to provide invoices or financial records, so we might be able to add those additional unknown costs to the total amount at a later date.

Deputy Director of Eastern Colorado VA Health Care System Duane Gill defended the program during on-camera interview.

“I think it was a smart program. Like I said, the cost was pretty minimal. Staff was ours. We leased from the GSA at a good rate, so I think it was worthwhile. It’s one of those things where if you have situation, an accident on a construction site, patient (or) employee; not sure where they are going – I think it was [a] smart thing,” said Gill.

Over a specific three-day period this summer, the FOX31 Problem Solvers recorded and/or witnessed very few riders -- fewer than three persons an hour on all shuttles. The buses were empty except for the driver for hours on end. We did not witness a rush of passengers.

When we asked the VA for passenger logs or proof of ridership, FOX31 instead received an “estimate” of ridership over the course of the program. The VA said that number was 440,000 passengers.

That’s an average of 300 staff riders for each of the 1462 days the shuttles operated.

Again, FOX31 has filed public records requests to see how the VA “estimated” its ridership numbers.

In response to our follow-up questions regarding the lack of riders we witnessed, in comparison with what the VA was describing as nearly full vans, Morrison wrote:

"The Buckley Clinic moved off our campus on May 1, 2018. With their departure and the ending of construction, there were less shuttle riders, resulting in the closure of this particular shuttle service on July 27, 2018. For the copies of the logs, we will need you to file a FOIA request."

We did and are told to expect a reply within several months, but in the past, federal agencies have taken up to one year to comply with FOIA requests.

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1.4 - KCEN (NBC-9, Video): [Suicide prevention event held in Waco](#) (10 September, Kurtis Quillin, 193k uvm; Eddy, TX)

Waco — According to a representative from the Central Texas V.A., 20 veterans commit suicide per day.

It's an alarming trend activists and healthcare professionals nationwide have been attempting to address for years.

Ruth Cassidy, lead suicide prevention coordinator at the Central Texas V.A., said of those 20, six have been treated at a V.A. facility within the previous year.

"There's 14 veterans every day that take their lives that we don't know," Cassidy said. "So, we're looking for their moms, their brothers, their cousins, aunts, families, friends, pastors, VFW's to provide information."

That information would not only educate those in need while also helping officials understand ways to better help.

The help is appreciated, especially veterans like Henry Suber, who served in the Air Force.

"Up until this past three weeks, it felt like a losing battle," Suber said. "It really has."

Suber said the information and resources available for veterans like him have helped him feel like there's hope, again.

That hope is not only the V.A.'s message, but the reason The Backyard in Waco agreed to hold the event.

"I, myself, have had experiences with suicide," co-owner Brian Brown said. "I have a ton of veteran friends who struggle so it was an easy decision, absolutely."

Some of the resources the V.A. was sharing include the Veterans Crisis Line, a hotline for veterans in need. That line is available for phone call at 1-800-273-8255 and recommends pushing 1, or confidential crisis chats can be reached at VeteransCrisisLine.net or by texting 838255.

In addition, the Make The Connection campaign through the Department of Veteran's Affairs was made available where veterans can hear from veterans about treatments that work, explore mental health conditions and symptoms and find local resources. More information on that program can be found at MakeTheConnection.net.

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1.5 - The Herald-Dispatch: [VA hospital renamed to honor Woody Williams](#) (10 September, Dave Lavender, 192k uvm; Huntington, WV)

At the ceremony to officially rename the VA Medical Center after 95-year-old Hershel "Woody" Williams, a packed crowd stood and vigorously applauded, several Marines gave a hearty "hoorah" and a wave of well-timed thunder rumbled through as if God himself was giving a hearty amen to such a faithful and honorable man.

The Sunday afternoon ceremony unveiled the sign and new plaque at the now-named Hershel "Woody" Williams VA Medical Center, the U.S. Department of Veterans Affairs Medical Center that is a fully accredited 80-bed acute medical and surgical care facility offering primary and subspecialty outpatient care, including rehabilitation and mental health services.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans in a primary service area that includes 10 counties in West Virginia, two counties in southern Ohio and 12 counties in eastern Kentucky.

"I know I am not very handsome, but you are looking at one of the most fortunate 95-year-old men who exists in America - and all because of America," said Williams, who is the last living Medal of Honor recipient from West Virginia and the last from World War II's Battle of Iwo Jima.

Before giving a short speech, Williams - who in the past year conducted the Super Bowl coin toss and has had a Navy ship named in his honor (the USNS Hershel "Woody" Williams) - heaped praise on the West Virginia delegation of U.S. Sens. Joe Manchin (D) and Shelley Moore Capito (R), and U.S. Representative Evan Jenkins (R). The delegation took Williams' grandson Brent Casey's suggestion to name the VA in his honor.

"They are the wheel that turned to make this possible," Williams said, asking the crowd to stand and honor them.

Through U.S. House Resolution 3363, the Huntington VA Medical Center was officially renamed for West Virginia native and Medal of Honor recipient Hershel "Woody" Williams. President Donald Trump signed H.R. 3663 on June 15. Manchin, Capito and Jenkins gave Williams a framed copy of the resolution.

Williams spent 33 years at the VA and retired as a Department of Veterans Affairs service officer. He recalled barely finding his way to the VA following the war after he got a telephone call offering him a job for more than \$2,900 a year.

He had never been to Huntington. But in 1946, the Quiet Dell native and his wife of three months, Ruby, loaded up her father's 1937 Chevy, grabbed what he called a not-so-good West Virginia road map and drove seven hours from the Fairmont area to Huntington, where they would both work at the VA.

"We used to sneak in the tunnel to have a kiss at noon," Williams said with a grin.

Williams said he was almost as nervous Sunday afternoon as he was when he arrived on top of the hill 72 years ago, and he could not have imagined that the VA Medical Center would grow this big.

"I wanted to go back a few years because this place has always been a place of caring and of healing, and it has grown into a magnificent treatment facility where every day lives are saved, bodies are healed, veterans are made well and it is all done with love and commitment and dedication to serving someone else," Williams told the audience. "This place and the Department of Veterans Affairs are truly fulfilling the motto 'to care for them who shall have bourned the battle.' "

Following music by a combined military band, the National Anthem by Angela Johnson, a service song medley by Aretha Van Horn and the invocation by Chaplain Randy White, master of ceremonies Kenneth Mortimer (the VAMC associate director) welcomed the packed crowd to the VA "on a wild and wonderful West Virginia summer day."

All of the speakers from Manchin, Jenkins and Capito to Major General James Hoyer of the WV National Guard and Dr. Raymond Chung, acting director of the Veterans Integrated Service Network 5, mentioned Williams' life-long sacrifice in service to others - from his heroism during Iwo Jima, and his 33 years at the VA to his most recent endeavor: The Hershel Woody Williams Medal of Honor Foundation, a nonprofit that provides scholarships to Gold Star children and helps establish Gold Star family memorial monuments.

Manchin called him a true patriot who always put country and others first and who was cut from the same cloth of Manchin's Senate colleague John McCain, who recently passed.

Capito, whose father was also in WWII, gave Williams a newspaper clipping she found about Williams that her father had kept from a July 12, 1968, article in the Weirton Daily Times about Williams being honored by the American Legion.

She said it is not uncommon to run into Williams, who is always on his way somewhere else to help others. In 2017, Williams traveled about 200 days a year for memorial dedications and events.

Jenkins said although there is no pause in Woody Williams' energy or when he recites the Pledge of Allegiance, he hopes visitors to the VA who may not be familiar with Williams' heroic WWII service and his life of service to others, will pause at his plaque to read more about a true American and West Virginia hero.

With the service happening just a couple days before 9/11, Jenkins also asked the crowd to also pause to remember Huntington native physician Dr. Paul Ambrose, who died on Flight 77 during the 9/11 attacks, and to pause to honor Command Sgt. Maj. Timothy Bolyard, a 42-year-old Thornton, W.Va., native who died in Afghanistan last week.

Major Gen. James A. Hoyer, the adjutant general of the WV National Guard, traveled with the Williams family and Ron Wroblewski to Norfolk, Va., last week to tour the USNS Hershel Woody Williams. Hoyer said he isn't sure why Williams friended him, but it has been one of the greatest joys of his life.

"As an officer I will always have the deepest respect and admiration for your courage, your valiant actions on the battlefield and all that meant to your fellow Marines, to all of us and to the

war effort and to preserving all of our freedoms," Hoyer said. "As parents, Amy and I want to thank you for taking the recognition of that valiantry and that action and turning it not to yourself but to turning it every day to take care of someone else. It is a true testament for me to watch, but it is exceptional example for my two young sons who serve our nation both in uniform and in civilian careers. For them to be able to watch the selfless sacrifice that you and your family give to our veterans and to the rest of the nation it is absolutely exceptional what you do."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - St. George News: [Hospital group based in Utah will make own generic drugs, promising to save patients millions](#) (9 September, 156k uvm; Saint George, UT)

Several major hospital groups, including Intermountain Healthcare, recently launched their own nonprofit generic drug company based in Salt Lake City to tackle chronic shortages and high prices of essential medicines.

The new company, Civica Rx, plans to start with 14 widely used hospital drugs that have long been in short supply. The company isn't disclosing the drugs' names for competitive reasons, but in a story from The Associated Press, board chairman Dan Liljenquist said they include a mix of generic pills, patches and injectable drugs for treating infections, pain and heart conditions.

"The mission of Civica is to make sure these drugs remain in the public domain, that they're available and affordable to everyone," Liljenquist said.

Civica Rx's manufacturing operations will be approved by the Food and Drug Administration. The company will either directly manufacture generic drugs or sub-contract manufacturing to reputable contract manufacturing organizations. Civica Rx expects to get its first medicines on the market by mid- to late-2019.

Drug shortages have been widespread for more than a decade, particularly for inexpensive generic drugs, due to manufacturers consolidating, stopping production of low-profit medicines and having to fix manufacturing problems.

Hospitals are particularly hard hit and frequently must scramble to find scarce medicines, often at huge price markups, or come up with workarounds that may not be as effective or safe for patients.

The company says research into the actual costs of manufacturing and distributing generic drugs suggests that, in many instances, prices for generic drugs used in hospitals can be

reduced to a fraction of their current costs. This can save patients, and the healthcare systems that care for them, hundreds of millions of dollars each year.

Initial governing members of Civica Rx will include Catholic Health Initiatives, HCA Healthcare (Mountainstar in Utah), Intermountain Healthcare, Mayo Clinic, Providence St. Joseph Health, SSM Health and Trinity Health. The U.S. Department of Veterans Affairs will also work in consultation with the company to address its particular needs.

Besides creating a reliable supply for its 500 hospitals, Civica Rx aims to reduce drug prices by about 20 percent. Liljenquist said the drugs will be sold to nonmember hospitals as well, at slightly higher prices.

"We are creating a public asset with a mission to ensure that essential generic medications are accessible and affordable," Martin VanTrieste, who has been named CEO of the new company, said in a news release issued by Intermountain Healthcare. "The fact that a third of the country's hospitals have either expressed interest or committed to participate with Civica Rx shows a great need for this initiative. This will improve the situation for patients by bringing much needed competition to the generic drug market."

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5. Improve Timeliness of Service

5.1 - U.S. News & World Report (AP): [Testimony Shows Son Was on Floor When Father Shot Him](#) (9 September, 23.9M uvm; Washington, DC)

HATTIESBURG, Miss. (AP) — A south Mississippi police officer said Friday that a son was lying on the floor when his father blasted him with a shotgun, killing him.

The Hattiesburg American reports the testimony came in a preliminary hearing concerning evidence against 45-year-old Joel "Chad" Graves, who is charged with second-degree murder.

Hattiesburg Municipal Judge Wes Curry ruled Graves should continue to be jailed without bail.

Detective Erik Herrin testified that officers at first believed Chad Graves might have killed his 20-year-old son, Scott Graves, in self-defense. Chad Graves was standing outside the apartment and had blood on his hands and head. He told police he and his son had been fighting and at some point Scott Graves had hit him in the head.

Chad Graves at first told police he and his son had struggled over the shotgun when it fired, striking Scott Graves in the throat, killing him.

However, Herrin testified that Chad Graves' wife, Stacy Graves, later told police she could see Scott Graves on the kitchen floor when Chad Graves shot him in mid-August. Herrin said Scott Graves' hands were apart and up near his head when his body was found. He had no weapon in his hands.

He also testified Scott Graves' blood was pooled underneath him, showing he had been lying on the floor when his father shot him. Herrin said that outside a few spots of blood on his chest, Scott Graves did not have any other blood on the front of his body.

Based on the blood and location of the shotgun pellets, police were able to determine Scott Graves was lying on the floor when he was shot as Stacy Graves had said.

Herrin said Chad Graves "by his own admission, was standing in the doorway and had full control of the shotgun."

Chad Graves was taken to a local hospital for treatment and was transferred to the Veterans Affairs hospital in Biloxi. He says he is a disabled veteran and suffers from post-traumatic stress disorder. Police arrested him there and brought him back to Hattiesburg, charging him Aug. 29

Defense Attorney Michael Crosby requested a bond hearing, which will be held at a later date. He asked the judge to allow Graves to be released to continue his treatment at the VA, but Curry denied the request.

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5.2 - The Hill: [New Senate legislation would protect and serve veterans who consume marijuana](#) (9 September, Justin Strekal, 11.8M uvm; Washington, DC)

Last week, Sens. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) made history with the introduction of legislation, known as The Veterans Medical Marijuana Safe Harbor Act, to expand and facilitate medical cannabis access to military veterans suffering from chronic pain, PTSD, and other serious medical conditions.

Under existing regulations, VA doctors are not permitted to fill out the mandatory paperwork necessary to recommend cannabis therapy in the majority of states that now regulate its lawful use, essentially nullifying the contract that the American government entered with service members to cover their healthcare options.

It is unconscionable that these brave individuals who protect our nation's freedoms would be treated as criminals when they return home just for treating their medical ailments with a safe and effective option.

Passage of The Veterans Medical Marijuana Safe Harbor Act would end this discrimination.

"This legislation will allow veterans in Florida and elsewhere the same access to legitimately prescribed medication, just as any other patient in those 31 states would have," said Senator Bill Nelson.

These types crucial medical and civil protections for the men and women who put their lives on the line to serve this country are absolutely necessary given the alarming rates of opioid addiction and suicide by veterans. According to data released this year by the Department of Veterans Affairs, twenty former service men and women take their lives each day, while a 2011 report revealed that veterans are twice as likely to die from an opioid overdose compared to the civilian population.

“In the 31 states where medical marijuana is legal, patients and doctors are able to see if marijuana helps with pain management. Our veterans deserve to have that same chance,” Sen. Schatz said upon induction. “This bill does right by our veterans, and it can also shed light on how medical marijuana can help with the nation’s opioid epidemic.”

Yet veterans are increasingly turning towards therapeutic cannabis, all while being turned away from their VA doctor.

According to a November 2017 poll by the American Legion, nearly one-in-four veterans reported to consume marijuana “to alleviate a medical or physical condition.”

And the data corroborates these veterans’ decisions. A 2017 review of over 10,000 studies by the National Academy of Sciences concluded, “There is conclusive or substantial evidence that cannabis and cannabinoids are effective for the treatment for chronic pain in adults.” Further, a study by the Journal of American Medicine found that over 10 years, “States with medical cannabis laws had a 24.8 percent lower mean annual opioid overdose mortality rate compared with states without medical cannabis laws.”

Last Congress, majorities in both the U.S. House and Senate voted to include similar language as part of the Fiscal Year 2017 Military Construction, Veterans Affairs and Related Agencies Appropriations bill. However, Republicans sitting on the House Appropriations Committee elected to remove the language from the bill during a concurrence vote.

Historically, veteran and military communities have long been at the forefront of American social change, catalyzing the widespread acceptance of evolving cultural norms and perceptions surrounding racial, gender, and sexual equality. The therapeutic use of cannabis by veterans follows this trend and members of Congress should follow their lead and pass the Veterans Medical Marijuana Safe Harbor Act.

Justin Strekal is the political director for National Organization for the Reform of Marijuana Laws, where he serves as an advocate to end the federal prohibition of marijuana and to reform our nation's marijuana laws. [...]

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5.3 - The Bismarck Tribune: [Healing invisible wounds: Fargo's VA offers holistic care for veterans](#) (9 September, Robin Huebner, 314k uvm; Bismarck, ND)

FARGO -- Post-traumatic stress disorder began to rear its ugly head in the life of U.S. Army Capt. Garrett Ruud during a second deployment to Afghanistan.

He took early retirement in late 2017 due to PTSD and returned to his native Fargo to try to cope. At times, Ruud wouldn't leave his house.

“There’s a lot of anxiety that comes from it, a lot of sense of not being secure. Social anxiety as well, being around large crowds, noises, those sorts of things,” he said.

Ruud, 49, started treatment with a mental health professional at the Department of Veterans Affairs Medical Center here and was soon steered to a PTSD support group and the VA's new Whole Health program.

The Fargo VA is one of 13 design sites across the country to offer holistic options for veterans, including acupuncture, chiropractic care, health coaching, Tai Chi, yoga and meditation.

In time, Ruud's antisocial behavior subsided, allowing him to feel comfortable meeting new people, being in big groups and going to restaurants without having to hole up in a corner.

"Those things are starting to change for me, and that's incredible," he said.

Recently hired at the VA, he doesn't think he'd have been able to hold a job otherwise.

Danielle Olauson, coordinator of the Fargo VA's Whole Health and Patient Centered Care programs, grew up in a military family and knows pills and surgery can't fix everything that ails veterans.

"Those invisible wounds of war, the mental health struggles, the physical struggles -- they're all there, and we need to have more to offer," she said.

Less pain, more movement

Acupuncturist Tasha Boehland's schedule at the VA is filling up with veterans seeking relief from low back, neck and hip pain, along with headaches, anxiety and depression.

The treatment that involves placement of almost hair-thin needles in particular areas addresses the mind, body and spirit.

"The cool thing about Chinese medicine is we don't just look at one single thing. We take the whole picture," Boehland said.

Ron Munger, 71, of Menahga, Minn., recently had his second acupuncture treatment for pain related to a broken femur suffered in Army training during the Vietnam War.

It brings him relief, allowing him to move around and sleep better.

"I'm not saying it's the cure, but it's definitely a big step forward," he said.

In many cases, veterans will feel less need for pain medication after they've had regular acupuncture treatments.

The same is true for those who visit Fargo VA chiropractor Mike Mortenson.

In younger veterans who've served in Afghanistan or Iraq, he treats back problems from carrying heavy packs and riding in Humvees.

Those pains can often be resolved quickly, he said, while injuries to older veterans are more difficult to treat.

Mortenson, who served in Somalia with the U.S. Marines, said it's an honor to treat veterans, young and old.

"It's one of the greatest things that ever happened to me," he said.

The Whole Health staff will be complete with the addition of a massage therapist this winter.

‘Something to look forward to’

Before Whole Health began, the Fargo VA referred any veterans interested in holistic medicine to other providers in the community.

Having those treatments available in-house now is more convenient for veterans and makes for better collaboration within their care teams, Olauson said.

The VA has been laying the groundwork for Whole Health for years.

Flagship sites were set up across the country in 2016 before design sites were chosen last year.

As a design site, the Fargo VA received grant funding to hire full-time staff for the program and set up healing spaces for treatments.

It also must track patient outcomes, making sure veterans have better pain tolerance and improved lab results.

By the end of fiscal year 2019, every VA medical center in the country will offer some type of Whole Health programming, Olauson said.

Ruud is excited to share the program with his military counterparts who are still serving.

“It’s something to look forward to when they get out,” he said.

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5.4 - My Edmonds News: [Once a soldier: Living with PTSD](#) (8 September, Connie McDougall, 46k uvm; Edmonds, WA)

“Catch-22. Anyone who wants to get out of combat duty isn’t really crazy.”

– From the novel Catch-22

Dan Overton works with military veterans for Post Traumatic Stress Disorder (PTSD) through the Washington State Department of Veterans Affairs.

He offers a subtle but important alternative view of the condition.

“A lot of the people who work with vets — and many veterans — want to change the conversation about this form of mental illness that is PTSD to the less stigmatized name of Post Traumatic Injury,” he said. “Think about it: We all are injured from time to time. I was injured when I was rejected by my first crush. I was injured when my first dog died. We all have these injuries. In that respect, vets are no different. Their injuries, however, are more significant and unique to the military. They certainly don’t need to be labeled as mentally ill. They say, ‘Yeah I’ve got some issues but I’m not crazy.’”

Indeed, Overton noted that by developing symptoms, soldiers are reacting the way most people would to “awful” conditions.

“If every day you wake up and you know you’re going to be shot at, or attacked, that you’re going to kill someone, maybe kill an innocent, that you’re going to see dead bodies, and if that’s your day, every day, what does that do to you?”

He added that trauma doesn’t need to rise to a daily diet of violence. “It’s not usually a single event. It’s unpredictability, danger, a matter of survival.”

For Chris Todd, 76, from Shoreline, it all began decades ago as he served as an instructor and signalman in Vietnam. “It was fascinating and terrifying at the same time. My job was to repair radios and other equipment. I received and returned fire often.”

He was 27 when he got out. “I didn’t know anything about PTSD. Just drank all the time. I had no idea. For 50 years, I thought the night sweats, nightmares and myriad other symptoms happened to everybody.”

A few years ago, he found some solace by volunteering with the Joint Service Committee, which meets weekly at the Mountlake Terrace American Legion Hall. Todd and more than a dozen other volunteers from the Legion, Veterans of Foreign Wars and Vietnam Veterans of America work in concert to assist vets. They also sponsor healing circles for talking and camaraderie, with the vast majority of their clients coming from the South Snohomish County area.

“On the committee, I help people tell their stories, which they often find very difficult,” Todd said. “They call me The Scribe.”

He also keeps an eye out for suicidal vets. “I got rid of all my guns and I advise others to do the same. If you start wondering what the world would be like without you in it, call us, or call the suicide prevention hotline. Talk to us. Talk to somebody.”

Todd added that nobody expects to be cured of PTSD but things can be better. “We wish to help them become aware that they have it and to cope.”

Also a member of the committee, Steven Warren, 32, from Lynnwood, served in the Army from 2005-2009. “I joined ignorantly, for the GI Bill. Didn’t think I’d go to war,” he said. “It wasn’t my intention to go into combat.”

But he did, serving in Iraq, first at an airfield north of Baghdad, then at Forward Operating Base Normandy near the Iran border. “I was a tactical operations specialist, tracking aircraft in the battlefield, talking with the aircraft.” As part of an interdiction team, he monitored the battlefield on large video screens inside of an operations center through a live feed from drones and helicopters equipped with video cameras.

“We saw headlights one night, a couple of people digging; we dropped a hellfire rocket on them,” Warren remembered. “They weren’t dead but pretty mangled.”

The wounded were brought back to the airfield. “My officer in command ordered me to the aircraft and get the wounded up to the aid station,” he said. “Found out they weren’t the bad guys. They were on a community watch, building defenses for their community.”

Like Todd, Warren just got on with it when he left the Army. "I thought I had it all figured out."

But he found himself always on guard and had difficulty maintaining friendships. He tried going to college but couldn't concentrate. After a few brushes with the law, he went to the VA and got a diagnosis of PTSD, something he's not entirely comfortable with.

"It's a label," Warren said. "I go to the VA off and on for treatment. I do need to find a way to manage it though. It's my responsibility to get help."

He's planning a return to college this fall with the goal of taking acting classes.

"When a person reaches that place when he or she is ready, my advice is to try different approaches," said Dan Overton. "Shop around. If one doesn't feel right, try another. There are so many ways to get help now. It takes time and determination but when they come out the other side, they tend to do well. I tell veterans, it's not about being 'normal,' about how to fit in. It's about where you fit."

Resources:

Joint Service Committee: 425-776-5490.

National Suicide Prevention Lifeline: 1-800-273-8255.

Edmonds Community College Veterans Resource Center: 425-640-1175.

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6. Suicide Prevention

6.1 - Arizona Daily Star: [Tucson VA hospital hosts suicide prevention town hall](#) (9 September, Carmen Duarte, 431k uvm; Tucson, AZ)

The VA hospital in Tucson is hosting a suicide prevention town hall for veterans, military service members and their families Sept. 20.

September is recognized as Suicide Prevention Awareness Month. The town hall will focus on mental health issues and provide information about Veterans Administration and community support programs, said Luke Johnson, a spokesman for Southern Arizona VA Health Care System.

The event, which will also include a resource fair, is from 10 a.m. to 1 p.m. in the R.E. Lindsey Jr. Auditorium in Building 4. The hospital is at 3601 S. Sixth Ave. A free lunch will be provided.

According to the latest data, in 2015 there were 211 veteran suicides in Arizona, says the U.S. Department of Veterans Affairs.

VA staff and representatives of community agencies will provide immediate assistance to those in need at the town hall, said Johnson. Staff will also answer questions or concerns on an individual basis.

Johnson said veterans experiencing a crisis can seek help at the hospital's 24-hour emergency department, or call the Veterans Crisis Line at 1-800-273-8255, and press 1. To learn about the warning signs of suicide and to find resources, go to www.veteranscrisisline.net

Since 2007, the veterans crisis line has answered more than 3½ million calls, and initiated nearly 100,000 dispatches of emergency services to those in need nationwide, according to data on the website.

If a community organization working with veterans is interested in participating in the town hall, call Cara Gaukler at 792-1450, Ext. 4415.

Veterans can follow the Tucson VA on Facebook and Twitter, or sign up to receive email updates at www.tucson.va.gov

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6.2 - KWTX (CBS-10): [Backyard Bar and Grill and VA host suicide prevention event](#) (9 September, Christy Soto, 315k uvm; Waco, TX)

The Backyard Bar and Grill has partnered with Veterans Affairs to host a suicide prevention event this Sunday.

Co-owner of the Backyard Bar and Grill, Brian Brown lost his brother to suicide.

"He was that guy with a smile on his face all the time but he didn't know what was going on the inside and so it took a lot of us by surprise," Brown said. "So it's very close to my heart and something that I don't think gets talked about near enough on a personal level."

Brown has wanted to host a suicide prevention event at the Backyard since last year and this Sunday, he finally gets to.

Brown said this event will not be a somber one, it's meant for people to have fun and celebrate life.

"I think it's so people show up and go oh my goodness I didn't know he or she or they were dealing with this, we have a common ground we didn't even know existed," Brown said.

The event will start at noon and goes until 8 p.m.

The street right in front of the Backyard, from Webster to Clay will be closed off.

There will be 7 different bands playing and booths with information on suicide prevention.

Admission for the event is free. All they will be asking from guests is to put the suicide crisis hotline phone number in your contact list.

The Backyard partnered with the VA because of how many veterans commit suicide every day. Suicide Prevention Coordinator for the VA, Ruth Cassidy said 100 people in the United States commit suicide a day and out of those 100, 20 of them are veterans.

"Out of 20 veterans that take their life six are enrolled in the VA for care and of those six, three are getting mental health care. So this event is one that we're holding to try to find the other fourteen," Cassidy said.

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6.3 - The Pueblo Chieftain: [Pueblo police officer prevents suicide by cop](#) (9 September, Ryan Severance, 189k uvm; Pueblo, CO)

On March 5 Pueblo Police Department Cpl. Richard Jones responded to a call he didn't give much thought to at first.

That call, however, that ended up changing Jones' life.

It was around 3:20 p.m., late in Jones' shift, when he was dispatched to the 300 block of West 16th Street, near Parkview Medical Center, regarding a report of a man with a weapon.

"In reality, I didn't think it was anything because we get probably 50 to 100 (of those kinds of calls) a week," he said.

Jones drove his police cruiser down North Grand Avenue and asked dispatch for a description of the suspect.

He was told the man was sitting on some bricks south of Parkview and that it looked like he had a gun in his hand.

Jones didn't see the suspect at first, so he parked his vehicle.

He was walking around when he saw a young man in his 20s sitting on bricks and looking downward. He had on a shirt that had the letters "DV" on it, which Jones would later find out stood for "dysfunctional veteran."

At first, Jones didn't see a gun in the man's hand, but he took cover behind a car as a precaution.

The man got up and walked toward Jones, and that's when Jones saw the firearm.

Jones repeatedly commanded the suspect to drop the weapon, but the suspect continued to close the gap on Jones and got all the way up to the other side of the car where Jones had taken cover.

"Now, I didn't really have any cover," said the Pueblo officer. "We had just the roof of the car separating us."

The suspect started yelling at Jones, asking him multiple times to shoot and kill him. The man wanted to die that day, and he wanted a police officer to take his life.

Instead of firing, though, Jones chose a different tactic: he spoke with the man and tried to find some common ground to get him to put away his weapon.

"We just started talking," Jones said. "He started telling me he recently returned from his second deployment and that he was just done. He wanted me to shoot and kill him. I told him I can't do that."

"We kept talking, and he said he's not getting any help and talking about how bad the VA system is."

Jones, an Army veteran who served 24 years, mostly as an airborne paratrooper, explained to the suspect that he understood his issues because he started going to the VA just a few months prior.

"I built a rapport with him on that," Jones said. "We talked about the military, and I built a rapport with him on that, as well."

"I just kept talking to him. He was at a total loss. He didn't want to live. I found out later that he was in the process of a second divorce and in the process of losing his third child because of the problems he was going through with his mental health."

Jones spent more than 16 minutes talking to the suspect, which he said felt like an eternity, before the man finally agreed to drop his weapon.

"He held the weapon up to his right, dropped the magazine out of it and charged the weapon, ejecting the rounds," Jones said. "SWAT came in on him right away. That could've gotten him killed right there."

After the man was apprehended, Jones walked across the street to take a breath, but he went back a couple minutes later and gave the man a hug.

"I told him I'd do everything I could to help him with getting some mental help," Jones said.

And he did.

The police department was able to get the suspect into Parkview and then to a mental health facility in the Denver area. He was not charged with any crime.

"I've stayed in touch with both he and his family," said Jones. "He is in the VA system now. Last time I talked to him he was regularly going to therapy sessions. The VA has reached out and his helping his family and kids."

Jones said he doesn't look back on the incident with fear or anger, but rather considers it a blessing that it happened.

"It's allowed me to reach out and have a better rapport with veterans," Jones said. "There are a lot of hurting veterans. Assimilating back into normal life after deployment is tough. They're not ill. They're lost and can't figure out how to get help."

"It's amazing where things have gone. Next month I am going to Breckenridge for a (mental health training conference) speaking about the CIT program in Pueblo, where we have therapists going out with cops on calls."

Jones has been honored numerous times for his actions on March 5, including a letter of commendation from Pueblo Police Chief Troy Davenport and recognition from City Council and Parkview officials.

Jones, though, is not one to bask in glory or boast about what he did.

"Everybody else would have done the same thing," he said. "I am nothing different. The crazy part is I never asked for the accolades and I feel odd to get them because it's just not me.

"Any other officer would do the same thing."

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6.4 - KXXV (ABC-25, Video): [The Backyard works with Waco VA to host suicide prevention event](#) (10 September, Holly Stouffer, 56k uvm; Waco, TX)

The rain wasn't enough to wash away a suicide prevention event at the Backyard Bar Stage and Grill on Sunday.

The free event started at noon and went on until 8 p.m.

The Waco VA worked with The Backyard to set up the event in hopes of bringing more resources to those who may be struggling.

Waco VA staff and counselors from Central Texas Veterans Health Care System were there to assist with questions, resources, information and enrollment.

Claims staff from the Waco VA Regional office were also available to review and file claims for service-connected disabilities on site.

Other veteran organizations like the Veterans One Stop and REACH Therapeutic Riding Center also showed up for the event.

"When suicide seems like it's the only option, we want to remind folks that there are people that care right now. It doesn't feel like that for them, but it's true," said Ruth Cassidy, lead suicide prevention coordinator with Central Texas Veterans Health Care System.

VA staff and counselors from Central Texas Veterans Health Care System will assist with questions, resources, information and enrollment. Claims staff from the Waco VA Regional office will be available to answer questions, review and file claims for service-connected disabilities on site.

Brian Brown is the co-owner of The Backyard. He said it was important for him to work with the Waco VA since he has a personal connection to the event.

"I jumped at the chance when they approached us," Brown said. "I lost a brother to suicide. I've lost some friends to suicide. I've got some vet buddies, great, dear friends of mine that are struggling, as we speak, with depression and PTSD. It's really near and dear to my heart."

Seven local bands played throughout the event, donating their time for a good cause.

If you or someone you know is struggling with depression or thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Dispatch - Argus: [Post card arrives 30 years later](#) (10 September, John Marx, 311k uvm; Moline, IL)

MILAN — Gary McGonigle paused before enjoying the breakfast before him, rubbed his left hand through his salt-and-pepper beard and chuckled a, “You won’t believe this one,” chuckle.

He then produced a worn, but not tattered, postcard from the white envelope resting on the table.

Sent from the Alvin York Veteran’s Administration Center at Murfreesboro, Tenn., the card is the ultimate example in snail mail.

Really, really, really slow mail.

It arrived at McGonigle’s Big Island (Milan), home two weeks ago. It, however, was mailed in the summer of 1988.

That’s right, 1988, taking — through, rain, sleet, snow, several presidential administrations, a technological boom and a million changes in the way we live — 30 years to reach its appointed destination.

The card was addressed to Mrs. Kenneth Wilson of 6220 21st Street, Milan, IL, 61264, and was to inform Mrs. Wilson of the Veteran’s Craft Kit sent to her. The kit was an expression of care and appreciation for what is believed to be a donation to the York Center by Mrs. Wilson.

The sender was retired Army Staff Sergeant Richard Brown, who was at the York campus, which is part of the of the VA Tennessee Valley Healthcare System, providing primary care and sub-specialty medical surgical, and psychiatric services to veterans.

Mr. and Mrs. Wilson have since passed and McGonigle purchased their home — at the address on the card — seven years ago. The retired union plumber and former co-owner of All Hours Heating and Cooling, could not believe the card landed in his mailbox.

“I knew Mr. Wilson was in the military and the two of them were really patriotic,” McGonigle said of the couple. “I found out in buying the home how he served and that they held others who served in high regard. I also learned they did not have children.”

The late-arriving card did force McGonigle to seek answers, but he held out no hope for the “how” and “whys” of the card.

"I took it to the Milan Post Office and they confirmed when the card was sent, but couldn't give me a reason why it arrived 30 years later," McGonigle said. "I'm assuming — and this is just me — it got caught somewhere in a (sorting) machine or fell under something that just got moved after 30 years. I cannot see it just laying somewhere and no one getting it to where it needed to be. There are lots of questions, but not many answers."

Facebook and online attempts to reach the man who sent the card have also been unsuccessful.

"There was some kind of connection between the two," McGonigle said, referring to Brown and the Wilsons, probably something they did for York. "It was Brown who sent the kit to the Wilsons why he was at York."

McGonigle, playing the card's late arrival close to the vest, shunned any jabs at the United States Postal Service.

"It still got to where it was supposed to go," he said. "A little late, but ..."

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7.2 - WOWK (CBS-13, Video): [VA Hospital Renamed After Medal of Honor Recipient Woody Williams](#) (9 September, Adrienne Robbins, 227k uvm; Huntington, WV)

On Sunday the VA Hospital in Huntington got a new name, a fitting tribute to West Virginia's very own Medal of Honor Recipient Hershel "Woody" Williams.

"It's a long time coming, most befitting and it's a wait worth waiting for," said Senator Joe Manchin, who attended the ceremony. Other speakers included Senator Capito and Evan Jenkins.

Williams is a retired U.S. Marine and Veterans Affairs service officer, who has spent much of his life advocating for veterans and their families.

Through House Resolution 3363, that was signed by President Donald Trump, the Medical Center was officially renamed for The Hershel "Woody" Williams VA Medical Center.

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7.3 - Hattiesburg American (Video): [Southern Miss' Veterans Center doubles number served](#) (9 September, Van Arnold, 190k uvm; Hattiesburg, MS)

What began four years ago as a promising idea in the imagination of Maj. Gen. Jeff Hammond has developed into a prestigious Center for Military Veterans, Service Members and Families at the University of Southern Mississippi.

Housed on the Hattiesburg campus, the Veterans Center provides a comprehensive, military-friendly, education support program that successfully attracts military veterans, service members, family members and survivors to pursue academic and professional development interests.

Services offered include help with application, admission, matriculation, graduation and professional placement.

When the center officially opened in October 2014, less than 600 military students were enrolled at the university. Last year, more than 1,200 vets were students, and the number is expected to go even higher when Fall 2018 numbers are finalized.

Hammond, who retired after serving 32 years in the U.S. Army, has been the center's director since its inception. Much like a proud father, he has watched the Veterans Center's growth with admiration and appreciation.

"In a short period of time, we have established one of the finest student-veteran centers across the nation and without any doubt the tops throughout the state of Mississippi," he said. "In slightly more than four years, we progressed from a non-existent program to one that is nationally recognized by Military Times as being among the Top-20 'Best for Vets' programs across the United States in providing caring support to military veterans, service members and their families."

In addition to receiving full support from administrators, Hammond credits a hard-working staff. "Their creative thought has resulted in the emergence of numerous new programs designed to support the students in promoting their academic and professional interests."

One of the more innovative initiatives launched by the center is the "Textbooks for Troops" program, designed to make available — at no cost on a loan basis — a variety of classroom textbooks and professional development books.

Kerri Parker, a junior majoring in social work, notes the center has been invaluable in helping shape her academic career. Parker served four years in the U.S. Army as a supply specialist. She currently serves as president of the school's Student Veterans of America Organization.

"The center has improved and enhanced my success on- and off-campus as a student- veteran and leader," said Parker. "It has offered resumé-building, job search opportunities, as well as providing wonderful programs such as 'Textbooks for Troops.'"

"Through the center, I have been introduced to the student organization for veterans, landing me a vital role with that group."

Kennedy Branton, a sophomore majoring in elementary education and son of retired Master Sgt. John Branton, echoed Parker's sentiments.

"The 'Textbooks for Troops' program and simply having a peaceful area in which to study are what make my time at the Veterans Center so beneficial," he said. "I also was lucky enough to earn a job there as a work-study in 2017 and I just love it."

Earlier this year, the center welcomed a vocational rehabilitation counselor through the Department of Veterans Administration. Steven Welch joined the center as part of the VA's "VetSuccess on Campus" program.

Southern Miss is one of only 94 schools across the nation to be included in this program and Mississippi's sole designee.

The new VA counselor provides a one-stop liaison for all student-veterans in the South Mississippi region.

Hammond considers it not only an obligation but an honor to assist military students.

"We must never forget that our sacred freedoms have been well protected on the broad shoulders of those who serve in our military," he said. "We love the humble opportunity to serve those who have so well served each of us."

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8. [Other](#)

8.1 - Billings Gazette: [Veteran urges vote for Tester](#) (9 September, Norman A. Bishop, 854k uvm; Billings, MT)

I was a naval aviator in the Korean and Cold wars, flying patrols over the Bering Sea and Operation Hardtack in the Pacific. The Korean GI Bill funded my graduate studies in forest recreation and wildlife management, qualifying me for my career as a national park ranger.

As a veteran, I thank Sen. Jon Tester who, as a leader of the Veteran's Affairs Committee, authored and got signed into law the VA Accountability and Whistleblower Protection Act, for demanding an investigation into wait times for care, and introducing the bipartisan Caring For Our Veterans Act. He has been relentless in pushing for more VA facilities, helping secure nine new veterans' clinics and expansion of two in Billings and Missoula. Rural veterans have better access to telehealth services and fewer copays under laws Sen. Tester got signed into law. Sen. Tester also got signed into law tools to help the VA hire and retain professionals, and secured the first mileage reimbursement increase for disabled veterans in 31 years. Among other measures Sen. Tester got passed are those to prevent suicide by veterans, expand VA services for women veterans, and another to prevent suicides by women veterans.

Sen. Jon Tester is this veteran's champion. His seniority on the Veterans Affairs Committee enables him to be an effective voice for us. I hope you will join me in voting for him this fall.

Norman A. Bishop

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From:

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Cc:

Bcc:

Subject: [EXTERNAL] 8 September Veterans Affairs Media Summary and News Clips

Date: Sat Sep 08 2018 05:23:06 CDT

Attachments: 180908_Veterans Affairs Media Summary and News Clips.docx
180908_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

8 September 2018

1. [Top Stories](#)

1.1 - Military.com: ['It Is Your VA:' Amid Skepticism, Wilkie Pledges New Commitment to Female Vets](#) (7 September, Richard Sisk, 9M uvm; San Francisco, CA)

In a first major address to women's military and veterans organizations Friday, new VA Secretary Robert Wilkie said that the department would be making changes to accommodate their needs but declined to give specifics.

[Hyperlink to Above](#)

1.2 - Military.com: [VA Opens New Research Center Focused on Veteran Caregivers](#) (7 September, Amy Bushatz, 9M uvm; San Francisco, CA)

A new Department of Veterans Affairs research hub will focus on veteran caregiver challenges and services, officials announced today. The Elizabeth Dole Center of Excellence will operate under the VA Health Services Research and Development program, VA Secretary Robert Wilkie announced today. The virtual center is named in honor of former Sen. Elizabeth Dole whose foundation focuses on caregiver issues, support and research.

[Hyperlink to Above](#)

1.3 - Military Times: [Secretary promises VA will be more 'welcoming' to women veterans](#) (7 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs Secretary Robert Wilkie said his department "needs to be more welcoming to women veterans" and promised improvements at the bureaucracy in months to come. "We are on the cusp of a great change," Wilkie told veterans attending the inaugural meeting of the Military Women's Coalition in Georgia on Friday. "This is not my father's or my grandfather's VA. It is now your VA. We have to change how we do business, and that means making the institution more welcoming."

[Hyperlink to Above](#)

1.4 - WXIA (NBC-11, Video): [We ask the VA Secretary directly: Did he write the scathing NYT Op-Ed?](#) (8 September, Ryan Kruger, 1.5M uvm; Atlanta, GA)

The scathing anonymous op-ed in the New York Times by a senior White House official continues to send shockwaves through the nation's capital and in Atlanta. Robert Wilkie, the recently confirmed Secretary of the Department of Veterans Affairs, was in town Friday to talk about the Atlanta Veterans Affairs health system.

[Hyperlink to Above](#)

1.5 - WFED (AM-1500): [How the VHA innovators network is turning 'changing narrative' of complacency](#) (7 September, Nicole Ogrysko, 854k uvm; Washington, DC)

The agency whose employees once developed the nicotine patch and invented the cardiac pacemaker has a long history of medical research. But the Veterans Affairs Department says, despite the common perception that it's shrouded in bureaucracy and red tape, innovation is still happening at the VA. In fact, it's thriving.

[Hyperlink to Above](#)

1.6 - Task & Purpose: [The VA Is Eyeing Ketamine As An Emergency Treatment For Patients At High Suicide Risk](#) (7 September, James Clark, 629k uvm; New York, NY)

A pair of research programs currently underway at a Veterans Affairs medical center in Cleveland aim to determine if a low-dose infusion of ketamine — the anesthetic that gained popularity for its street name ‘Special K’ in the 1960s and 70s — can help patients with treatment-resistant depression, and whether the drug can work as an emergency measure to help those at a high risk of suicide.

[Hyperlink to Above](#)

1.7 - WGCL (CBS-46, Video): [VA Secretary Wilkie makes first trip to Atlanta](#) (7 September, Natalie Rubino, 587k uvm; Atlanta, GA)

Robert Wilkie made his first visit to Atlanta since becoming the Secretary of Veteran Affairs in July. Before visiting the Atlanta VA, Wilkie stopped by America's Warrior Partnership Symposium at the Omni Hotel. Wilkie spoke to veteran organizations there about the newly passed Mission Act. Wilkie said the act will provide more access to healthcare for veterans.

[Hyperlink to Above](#)

1.8 - The San Diego Union-Tribune: [VA overpaid third-party providers by \\$100 million, Inspector General says](#) (7 September, Andrew Dyer, 493k uvm; San Diego, CA)

A new report by the Veterans Affairs Inspector General says that over the course of one year, the agency overpaid third-party providers by more than \$101 million, mostly due to a bulk-payment process that lacked controls that would have prevented duplicate payments.

[Hyperlink to Above](#)

1.9 - WABE (NPR-90.1, Audio): [Veterans Affairs Secretary: We Need To Do Better](#) (7 September, Martha Dalton, 187k uvm; Atlanta, GA)

U.S. Secretary of Veterans Affairs Robert Wilkie came to Atlanta on Friday. He gave the keynote address at two gatherings supporting veterans and visited the Atlanta VA Health Care System. Wilkie has been on the job for about a month. He's traveling the country, visiting different VA centers to talk with staff and veterans.

[Hyperlink to Above](#)

1.10 - Nevada Independent: [Pence Touts Hellers Role In Boosting Military Spending Improving Veterans Services During Brief Speech](#) (7 September, Megan Messerly, 16k uvm; Las Vegas, NV)

Vice President Mike Pence called U.S. Sen. Dean Heller a “tenacious champion” for the military and veterans at a speech in front of servicemembers and veterans at Nellis Air Force Base on Friday, kicking off a day of stumping in Las Vegas for both Heller and Attorney General and gubernatorial candidate Adam Laxalt.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - WJLA (ABC-7, Video): [New VA outpatient clinic opens in Gaithersburg](#) (7 September, Amy Aubert, 1.5M uvm; Arlington, VA)

A new VA outpatient clinic opened in Gaithersburg, Maryland on Friday. “Beautiful!” said Vietnam Veteran, Wayne Miller, as he walked through the halls of the new clinic. Miller worked with other veterans and said the new clinic meant so much.

[Hyperlink to Above](#)

3.2 - WFED (AM-1500, The Coalition for Government Procurement): [5 pillars of GSA schedules modernization](#) (7 September, Roger Waldron, 854k uvm; Washington, DC)

The back-to-school season is upon us here in the Nation’s Capital. As local students are wrapping-up their first week of classes today, it is time to start thinking about the end of summer and the end of the fiscal year. The “experienced hands” at gearing-up for a new school know, and others likely will notice, this season unmistakably is one dominated by lists.

[Hyperlink to Above](#)

3.3 - Winston-Salem Journal: [State purchases Kernersville site for VA nursing home](#) (7 September, Richard Craver, 849k uvm; Winston Salem, NC)

The health-care campus in Kernersville is being expanded a second time with the state purchasing two sites for a nursing home for veterans. The Council of State approved the project in July, allowing the State Property Office to spend \$3.42 million on behalf of the Department of Military and Veterans Affairs.

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3.4 - Health Data Management: [VA CIO nominee says Cerner EHR could be rolled out sooner than 10 years](#) (7 September, Greg Slabodkin, 143k uvm; Chicago, IL)

While the Department of Veterans Affairs plans to implement a \$10 billion Cerner electronic health record system over 10 years, the VA’s nominee to serve as CIO says he believes the timeline could be sped up.

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3.5 - mHealth Intelligence: [VA Hospitals Use Telemedicine to Improve Antibiotic Stewardship](#) (7 September, Eric Wicklund, 53k uvm; Danvers, MA)

A telemedicine platform linking two small VA hospitals with infectious disease experts has helped staff at those hospitals improve their antibiotic stewardship. The pilot program, detailed this month in Infection Control and Hospital Epidemiology, is similar to the Project ECHO telehealth platform first developed at the University of New Mexico and now being used across the country.

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3.6 - WDM (TV-25, Video): [New VA clinic opens in Gaithersburg](#) (7 September, Kylie Khan, 13k uvm; Hagerstown, MD)

After several years in the making, officials broke ground on a new VA clinic in Gaithersburg on September 7. The new Community-Based Outpatient Clinic is just down the road for more than 42,000 Montgomery County veterans. Plans to build the clinic were approved ten years ago, and officials broke ground in 2016.

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4. Focus Resources More Efficiently

4.1 - Reuters: Federal Circuit judge says court should lower bar for proving equal pay claims (7 September, Daniel Wiessner, 43.7M uvm; New York, NY)

A judge on the U.S. appeals court that hears most employment cases against federal agencies said on Friday that the court's standard for reviewing Equal Pay Act claims was "nonsensical" and placed too high of a bar on federal workers to prove sex-based pay discrimination.

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4.2 - WCNC (NBC-36, Video): NC hospital taking extreme measures to keep your family safe from Legionnaire's disease (7 September, Nate Morabito, 863k uvm; Charlotte, NC)

A severe type of pneumonia that can be fatal is on the rise across the country, with confirmed cases up by more than 300 percent alone in North Carolina over the last decade. In the first half of this year, doctors in the Carolinas diagnosed about 100 people, including people in Charlotte, with Legionnaires' disease, according to records from both states.

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4.3 - KNWA (FOX-24, Video): Veteran Health and Resource Summit Held in NWA (7

September, Clarissa Bustamante, 191k uvm; Fayetteville, AR)

Helping veterans reacclimate back into society is a function the Veterans Affairs Office takes seriously. The Arkansas Department of Veteran Affairs and various community partners came together Friday to put on the 6th Annual Veteran Health and Resource Summit. The national initiative is designed to connect local vets with each other, as well as with organizations and services designed to help them.

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4.4 - The News-Review: Roseburg Veterans Affairs Medical Center hires new quality management chief (7 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has hired a new chief of quality management. Carla Spinelli-Moraski most recently worked at Kaiser Permanente of the Mid-Atlantic States as a senior business process consultant and the director of primary care. At the VA, she will oversee quality performance indicators, patient safety, inspections and overall improvements to the health care system.

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5. Improve Timeliness of Service

5.1 - KTAR (CMN-92.3, Audio): Documentary subjects say health care for Phoenix veterans still lacking (7 September, Mark Carlson, 446k uvm; Phoenix, AZ)

A new documentary called "The Care They've Earned" follows the lives of ill veterans since the Department of Veterans Affairs health care scandal erupted in Phoenix four years ago. Phoenix resident and Army veteran Steve Cooper was featured in the documentary, which screened in Phoenix on Wednesday night. He said things got so bad with his prostate cancer, and his lack of care from the VA, that he considered taking drastic measures.

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5.2 - KBBI (NPR-890, Audio): [V.A. wants more veterans to register for healthcare](#) (7 September, Renee Gross, 12k uvm; Homer, AK)

The Alaska Veteran Association, or V.A., wants to provide Homer veterans with more health services and a larger clinic. But there's a hang up. Only half of the estimated veterans in town are signed up for insurance through the V.A. Without more registered vets, it may be harder to justify additional services, and getting unregistered vets to sign up isn't easy.

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6. [Suicide Prevention](#)

6.1 - WLUC (NBC-6, Video): [VA Hospitals raise awareness about suicide prevention programs for veterans](#) (7 September, Alicia Naspretto, 276k uvm; Negaunee, MI)

Recent reports show 20 veterans are dying each day by suicide. While that number seems high, it's actually lower than years past. "The suicide rate for veterans has actually decreased from the last time we reported out those numbers," Sharon Anastas, a Suicide Prevention Coordinator with Iron Mountain's VA Hospital told TV6 News. "It used to be 22 veterans dying each day by suicide, now we're reporting out 20 veterans dying a day by suicide. So we believe that some of the efforts that we are making in suicide prevention may be helping."

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Milwaukee Journal Sentinel: [Conversion of Milwaukee's former historic Soldiers Home into vet housing to begin early 2019](#) (7 September, Tom Daykin, 4.8M uvm; Milwaukee, WI)

A \$40 million conversion of Milwaukee's former historic Soldiers Home and other nearby buildings into veterans apartments will begin early next year once a fundraising campaign is completed. Madison-based Alexander Co. expects to complete the development by fall 2020, said Kendra Bishop, director of marketing and public relations for the firm.

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7.2 - KNSD (NBC-7, Video): [GI Bill Funding Reinstated for 3 Private San Diego Universities](#) (7 September, Artie Ojeda, 2.1M uvm; San Diego, CA)

Three private universities, whose students include hundreds of military veterans, unexpectedly in jeopardy of losing approval for critical GI Bill funding are breathing a collective sigh of relief. In June, the state agency that approves the funding, California State Approving Agency For Veterans Education (CSAAVE), sent the schools a notice of suspension letter.

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7.3 - Inside Higher Ed: [California Reverses Decision On Veterans' Benefits](#) (7 September, Ashley A. Smith, 657k uvm; Washington, DC)

Update: The California State Approving Agency for Veterans Education reversed its decision late Thursday to stop three private Missouri colleges from offering full veterans education benefits in the state.

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7.4 - WMAZ (CBS-13, Video): [Macon homeless 'Stand Down' event helps hundreds at Daybreak Center](#) (8 September, Nicole Butler, 446k uvm; Macon, GA)

After the Vietnam War, veterans would go to a "stand down," which was an area where they could clean up, enjoy a meal, and just enjoy being around each other. Friday, the Dublin VA and the Macon Homeless Coalition have teamed up to host a stand down of their own. They are hoping to connect homeless veterans with resources that could help them get housing and jobs.

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7.5 - MetroNews: [Ceremony to rename V-A for Williams set for Sunday](#) (7 September, Chris Lawrence, 276k uvm; Charleston, WV)

West Virginia's only living Medal of Honor recipient will receive yet another rare honor Sunday. The Huntington V-A Medical Center will from now on be known as the Hershel "Woody" Williams V-A Medical Center. Congress approved the resolution pushed by Congressman Evan Jenkins and U.S. Senator Joe Manchin for the renaming. Williams credits the honor to his grandson's persistence.

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7.6 - The Journal Record: [Sooner Stand Down opens doors for veterans](#) (7 September, Molly M. Fleming, 59k uvm; Oklahoma City, OK)

Blake Thibodeaux's dark eyes widened and a smile showed through his beard when he was reminded he was going to have his own place in a couple of weeks. "I'm ecstatic," he said. "I don't know how to really react." Thibodeaux, 34, has spent the last four years living on the city's streets. He said his three years in the U.S. Army prepared him for the camping.

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7.7 - Alabama News Network: ["Stand Down for Veterans" Helps to put Homeless Vets Back on their Feet](#) (7 September, Ellis Eskew, 59k uvm; Montgomery, AL)

The Multiplex at Cramton Bowl was filled Friday morning with about 150 veterans. "It's very important. Many of our veterans that come to 'Stand Down' are known to get employment, to get housing, it can really be a jump start to a better quality of life for someone who may be homeless," said Ian Reed with Central Alabama Veterans Health Care System.

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7.8 - The Journal: [New center provides emergency aid, counseling to veterans](#) (7 September, Mary Shinn, 44k uvm; Cortez, CO)

A new veterans' center quietly opened last month in Bodo Industrial Park south of downtown Durango to provide emergency aid, free counseling and a variety of other services to those in need. The nonprofit, Veterans Outreach Center of La Plata County, is run by veterans and aims to provide a welcoming environment that ensures more veterans receive services if they are homeless, jobless or otherwise in need, said Candyce Tart, a staff psychologist for the Department of Veterans Affairs.

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7.9 - WMG (NBC-41, Video): [Homeless Stand Down Provides Opportunities For Homeless Veterans](#) (7 September, Edna Ruiz, 26k uvm; Macon, GA)

Dozens of homeless people were treated to a variety of opportunities Friday morning. The Macon Homeless Coalition held its annual Macon Homeless Stand Down. "One gentleman today, said he came and just simply needed a pair of shoes. You know, just think about our lives," said Jeff Battcher, Macon Homeless Coalition. Battcher has made it a mission to help homeless people get back on their feet.

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8. [Other](#)

8.1 - ABC News (Video): [Kellyanne Conway latest top Trump official to deny authoring anonymous NYT op-ed](#) (7 September, Jordyn Phelps, 24.1M uvm; New York, NY)

A spokesperson for Secretary of Veterans Affairs Robert Wilkie added him denial to the list, saying neither Wilkie "nor anyone at VA" wrote the op-ed. "Under President Trump, VA has accomplished more in the last 18 months than it has in decades in reforming the department and improving care and benefits for our nation's heroes," spokesperson Curtis Cashour told ABC News. "We are committed to continuing this progress under the president's leadership."

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8.2 - U.S. News & World Report (AP): [2nd District GOP Candidates Differ Some on Policy, Not Trump](#) (7 September, Holly Ramer, 23.9M uvm; Washington, DC)

Republicans competing for a chance to take on Democratic Rep. Annie Kuster in New Hampshire's 2nd Congressional District unanimously praised President Donald Trump but differed a bit on immigration, abortion and other issues in a televised debate four days before their primary.

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8.3 - Military Times: [Man admits stealing \\$145K in VA benefits intended for military widow](#) (7 September, Karen Jowers, 2.1M uvm; Springfield, VA)

An Oceanside, California, man has pleaded guilty to stealing \$145,035 that was intended for a military widow. Michael Vanden Brink, 57, admitted in federal court Sept. 5 that he collected a military widow's benefits for nearly 10 years after she died. The widow, who died on June 30, 2004, at her home in Oceanside, had been receiving Dependency and Indemnity Compensation benefits since 1972.

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1. [Top Stories](#)

1.1 - [Military.com: 'It Is Your VA:' Amid Skepticism, Wilkie Pledges New Commitment to Female Vets](#) (7 September, Richard Sisk, 9M uvm; San Francisco, CA)

In a first major address to women's military and veterans organizations Friday, new VA Secretary Robert Wilkie said that the department would be making changes to accommodate their needs but declined to give specifics.

"My pledge to you is the VA will become a welcoming home for all those who have worn the uniform," Wilkie said at the inaugural meeting in Atlanta of the Military Women's Coalition, a new umbrella group of existing service organizations.

Wilkie said he was not ready to give the "ABCs" on new initiatives, but stressed that the Department of Veterans Affairs was "on the cusp of great change" in terms of addressing services for women that were ignored in the past.

He suggested that improvements in mental health and primary care for women would be on the agenda.

"In order to meet that change, we have to change the way of doing business," he said.

To that end, Wilkie said he was committed to installing more diverse leadership at the VA. He noted that last month retired Air Force Col. Pamela Powers became his chief of staff. Powers held a similar post under Wilkie in his previous job as under secretary of Defense for Personnel and Readiness.

Powers replaced Jacquelyn Hayes-Byrd, who had been serving as acting chief of staff and now has been named acting assistant for Human Resources and Administration.

"It is your VA," Wilkie said, citing statistics that made meeting the needs of women a priority.

Women now make up about 13 percent of active duty forces, and Wilkie said he expected that number could rise to about 20 percent in coming years.

"This is your Veterans Affairs department. The doors are open we will be making changes to make sure that the needs of our fighting women are taken care of," Wilkie said.

As he left the stage, Lydia Watts, chief executive officer of the Service Women's Action Network (SWAN), said the group look forward "to seeing those changes implemented."

Wilkie's address was met with skepticism by some in the audience.

Retired Army Col. Ellen Haring, a West Point graduate and 30-year veteran who now serves as director of research for SWAN, told Military.com before Wilkie spoke that she was looking for specific updates that would make the VA more welcoming.

"We want to know how change will happen on his watch," she said.

Haring also said Wilkie appears to want to steer clear of "controversial issues" including a possible change to the motto of the VA to make it more gender-neutral.

The current motto taken from Abraham Lincoln's Second Inaugural address reads: "To care for him who shall have borne the battle and for his widow, and his orphan."

The Iraq and Afghanistan Veterans of America (IAVA) began advocating for a change earlier this year.

One possible replacement motto reads: "To care for those who shall have borne the battle and their families and survivors."

The VA has thus far rejected a change.

In her own address to the coalition meeting following Wilkie's, Haring said a survey showed that military women and veterans had three top priorities: mental health care, action on sexual harassment, and culture change.

She said the first action of the new coalition would be a letter campaign demanding that Congress hold hearings on the report last month from the VA's Office of Inspector General, stating that about 1,300 claims of sexual trauma may have been wrongly denied by the VA.

Women's service organizations, including SWAN, Women in Military Service to America, and the Women Veterans United Committee, Inc. announced the formation of the Military Women's Coalition in July.

In a statement, the groups said that the goal was to "elevate the voices of the 2.2 million current service women and women veterans to bring about policy and culture change within the military and the veteran communities."

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1.2 - Military.com: [VA Opens New Research Center Focused on Veteran Caregivers](#) (7 September, Amy Bushatz, 9M uvm; San Francisco, CA)

A new Department of Veterans Affairs research hub will focus on veteran caregiver challenges and services, officials announced today.

The Elizabeth Dole Center of Excellence will operate under the VA Health Services Research and Development program, VA Secretary Robert Wilkie announced today. The virtual center is named in honor of former Sen. Elizabeth Dole whose foundation focuses on caregiver issues, support and research.

The research center will work with VA investigators and universities to develop agency policy for how veteran caregivers are supported and best practices for in-home and community-based care.

While the VA does currently offer services to caregivers, including a program which provides a monthly stipend to those who qualify, it does not have a research center dedicated to the subject.

There are an estimated 5.5 million military caregivers in the U.S., with about 1.1 million caring for a veteran who served after September 11, 2001, according to a 2014 RAND Corps report commissioned by the Elizabeth Dole Foundation. About 40 percent of those are between the ages of 18 and 30 and are caring for a veteran with a mental health or substance abuse condition, researchers found.

The new research center plans to include input from caregivers themselves in its design and findings, officials said. That buy-in has been key to the Elizabeth Dole Foundation's past caregiver work. The foundation annually names veteran caregivers to a fellowship advocacy program where they help develop policy the organization presents to lawmakers and administration officials.

Now, VA officials said they plan to involve caregivers and veterans directly in their process as well by integrating their input into care models, evaluation, feedback and best practices.

"The resulting work will inform care delivery and improvement by empowering Veterans, caregivers, VA and non-VA providers, and leadership in making informed choices regarding the best care for Veterans and support for those who support them," VA officials said in a release.

VA officials did not say how much the new research center will cost or when it will start work.

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1.3 - Military Times: [Secretary promises VA will be more 'welcoming' to women veterans](#) (7 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs Secretary Robert Wilkie said his department “needs to be more welcoming to women veterans” and promised improvements at the bureaucracy in months to come.

“We are on the cusp of a great change,” Wilkie told veterans attending the inaugural meeting of the Military Women’s Coalition in Georgia on Friday. “This is not my father’s or my grandfather’s VA. It is now your VA. We have to change how we do business, and that means making the institution more welcoming.”

Wilkie did not offer specifics on policies or programs to “make sure the needs of our fighting women are taken care of,” but he did acknowledge that women veterans are the fastest growing demographic group under the department’s watch.

About 10 percent of the veterans population in America today are women, and that number is expected to rise above 17 percent in the next decade. Wilkie, who previously served as the Pentagon’s top personnel official, said more than 250,000 women service members are stationed throughout the world today.

“And the VA has to change to respond to America’s changes,” he said.

The coalition, which includes more than 40 separate service women's advocacy groups, held the event to discuss "continued structural and cultural barriers women face during and after their service."

That included discussion of a inspector general report released earlier this month that VA officials may have improperly denied benefits to thousands of military sexual assault victims in recent years, due to paperwork and procedural mistakes.

The department has come under criticism in recent years for its slow response to complaints about a lack of exam space and health expertise for female patients, as well as administration officials' refusal to reconsider changing the VA motto of "To care for him who shall have borne the battle, and for his widow and his orphan" to less gender-specific language.

Wilkie, confirmed to the top VA post in late July, said he recognizes more work needs to be done and promised that "the department will be walking with you into the rest of the 21st century."

He also noted that several new leadership officials at the department are female veterans, including Chief of Staff Pamela Powers, whose 30-year Air Force career included a deployment to Kuwait as Chief of Staff to the 9th Air Expeditionary Task Force.

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1.4 - WXIA (NBC-11, Video): [We ask the VA Secretary directly: Did he write the scathing NYT Op-Ed?](#) (8 September, Ryan Kruger, 1.5M uvm; Atlanta, GA)

The scathing anonymous op-ed in the New York Times by a senior White House official continues to send shockwaves through the nation's capital and in Atlanta.

Robert Wilkie, the recently confirmed Secretary of the Department of Veterans Affairs, was in town Friday to talk about the Atlanta Veterans Affairs health system.

He and Senator Johnny Isakson said the recently-passed Mission Act allows for more funding and more resources for the VA. But Wilkie is also a senior White House official. So 11Alive asked him if he knows who wrote the letter.

"Umm, no," Wilkie he said.

On Friday, President Trump suggested his attorney general investigate the source of the anonymous op-ed. Meanwhile, Trump's predecessor took aim at the current president about that approach.

"We do not pressure the attorney general or the FBI to use the criminal justice system as a cudgel to punish our political opponents," said former President Barack Obama in a speech at the University of Illinois.

"I said I'm sorry I watched it but I fell asleep," President Trump joked.

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1.5 - WFED (AM-1500): [How the VHA innovators network is turning 'changing narrative' of complacency](#) (7 September, Nicole Ogrysko, 854k uvm; Washington, DC)

The agency whose employees once developed the nicotine patch and invented the cardiac pacemaker has a long history of medical research.

But the Veterans Affairs Department says, despite the common perception that it's shrouded in bureaucracy and red tape, innovation is still happening at the VA. In fact, it's thriving.

Pamela Bellino, a patient safety manager at the VA Boston Healthcare System, is making intranasal naloxone, a drug that essentially reverses opioid overdoses, easily accessible in hospitals.

VA Puget Sound Radiologist Beth Ripley is uncovering new uses for 3D printing, which is helping surgeons better prepare and plan for major procedures.

And Thor Ringler, a writer and editor for the VA medical center in Madison, Wisconsin, is interviewing veterans about their lives. He summarizes their stories and includes them in veterans' medical records, which doctors and nurses say help them better care for their patients.

These employees and others got a standing ovation from their peers at the Veterans Health Administration's multi-day innovation experience event in Washington last month. About 85 front-line VHA staff members presented their ideas and solicited feedback at the event.

Not all 85 ideas will receive funding or will move forward immediately. Some ideas will need more time for development and testing, but the department said it sees its innovation programs as opportunity to prove that every VA employee is an innovator.

"We are changing the narrative here at VA, and that's hugely important," Carolyn Clancy, VHA's deputy undersecretary for health for discovery, education and affiliate networks, said at the agency's innovation experience event. "We're tackling the difficulties of building this innovation culture in our health system head-on," she said. "What we're doing is effective, and it works."

VHA has a multi-pronged network to help employees get their ideas off the ground and then spread those ideas to other VA sites across the country. Through the VHA Innovators Network, staff at 32 VA sites across the country help employees submit their ideas and receive funding to design, develop, test and spread those concepts.

The "spark" stage gives VA employees \$5,000-\$10,000 to develop an initial proof of concept or prototype for their idea. The "seed" stage helps VA innovators pilot and validate their ideas with up to \$50,000. Finally, the "spread" stage gives employees \$100,000-\$200,000 to scale their innovation to multiple sites.

The VA Diffusion of Excellence initiative identifies best practices and projects that the department can scale and spread throughout the country.

In private sector health care, it takes about 13 years on average to take an idea from mere thought to reality, said Toby Cosgrove, former president and CEO of the Cleveland Clinic, who spoke to the VHA innovators.

So far, the VHA diffusion program has worked with 3,198 VHA employees to replicate 344 practices, which has resulted in cost savings worth about \$22.6 million.

“All of us need to be focusing on figuring out how can we speed this up,” Clancy said. “How do we get to a place where every person who serves veterans believes that a core part of their job is improving their job?”

VHA started the innovators network a few years ago, back when the department was emerging from a wait-time crisis. But the program came along at a good time, Clancy said, because it gave VA employees an opportunity to share their ideas and a channel to turn those thoughts into reality.

“That sense of positive momentum was so hugely important to us, and frankly, is hugely important to us still,” Clancy said. “We know that in all health care systems, there is a tendency to cling to the status quo.”

Breaking the status quo has been a goal of the VHA Innovators Network and Diffusion of Excellence initiative. VA employees who have a frustration or see an opportunity to improve even one small piece of their jobs should have an outlet to share their ideas, said Ryan Vega, director of VHA Diffusion of Excellence.

“VA is committed to doing this,” he said. “There’s resources in places. You have 85 front-line VHA staff who are pitching these innovations. That should be a message to the rest of the organization that while it is easy to sometimes to get complacent, while it is easy to get frustrated with a large health system, this work is possible.”

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1.6 - Task & Purpose: [The VA Is Eyeing Ketamine As An Emergency Treatment For Patients At High Suicide Risk](#) (7 September, James Clark, 629k uvm; New York, NY)

A pair of research programs currently underway at a Veterans Affairs medical center in Cleveland aim to determine if a low-dose infusion of ketamine — the anesthetic that gained popularity for its street name ‘Special K’ in the 1960s and 70s — can help patients with treatment-resistant depression, and whether the drug can work as an emergency measure to help those at a high risk of suicide.

Spearheaded by Dr. Punit Vaidya, the ketamine project was one among dozens presented in late August during a Veterans Health Administration innovation event at the National Press Club in Washington. At the event, VHA employees gave ‘Shark Tank’-style presentations on projects at their clinics and fielded questions from a panel as they vied for funding to design, develop and scale their projects.

As a staff psychiatrist at the Louis Stokes Cleveland VA Medical Center in Ohio, Vaidya launched a program earlier this year to use ketamine infusion therapy as a way to expand treatment options for patients suffering from treatment-refractory depression — or in layman’s terms: severe cases of depression that don’t respond to antidepressants.

“Unfortunately about 30% of individuals with major depression don’t respond to medications,” Vaidya told T&P. “So people can become desperate for things that work, because they can have a huge impact on their quality of life, and their overall functioning.”

The ketamine infusion, administered intravenously over the course of six sessions in the span of three weeks is “off-label,” meaning it’s approved by the Food and Drug Administration as an anesthetic, but not specifically designed for use in cases of treatment-resistant depression. According to Vaidya, a “handful” of veteran patients with treatment-resistant depression have participated in the research project.

The effects of the ketamine infusion can often be seen within a day, if not hours, Vaidya explained.

“If you look at their depression ratings and suicidal ratings given right before treatment and even four hours later you can see a significant reduction and I think that’s really quite remarkable,” Vaidya said.

“It’s quite rapid when you compare it to a traditional medication that is offered for depression, and when it comes to suicidality there’s no other medication that’s been demonstrated to have a rapid effect,” he added.

And that’s where the second project comes in: administering the low-dose ketamine infusion to patients in the psychiatric emergency room facing a high risk of suicide.

“These would be individuals who actually came to the ER with acute suicidal ideation — they’re in imminent danger of harming themselves,” Vaidya said. “This is a more vulnerable population. High risk. I can’t think of a higher risk population than a veteran that’s in imminent danger of killing themselves.”

Still in its nascent stage, the second project will test if ketamine can work as a short term emergency measure; a stopgap to stabilize a patient, and pull them out of the “depths of the depression or suicidal thinking and bridge them into another form of treatment,” Vaidya said.

While the possibilities are intriguing, so far no ER patients have been recruited, and the ketamine isn’t a miracle cure by any means, nor will it replace long-standing treatment methods for depression or those at suicide risk. “It’s not ‘you get this and you’re done,’” Vaidya explained.

In both cases — using ketamine for those with treatment-resistant depression, and as an emergency measure — Vaidya advises cautious optimism:

“These sorts of treatments, with all the excitement, you still have to have some critical thinking, and a critical approach toward using this medication, to inform patients about these unknowns.”

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1.7 - WGCL (CBS-46, Video): [VA Secretary Wilkie makes first trip to Atlanta](#) (7 September, Natalie Rubino, 587k uvm; Atlanta, GA)

Robert Wilkie made his first visit to Atlanta since becoming the Secretary of Veteran Affairs in July.

Before visiting the Atlanta VA, Wilkie stopped by America's Warrior Partnership Symposium at the Omni Hotel. Wilkie spoke to veteran organizations there about the newly passed Mission Act. Wilkie said the act will provide more access to healthcare for veterans.

Later in the day, Wilkie joined Senator Johnny Isakson at the Atlanta VA. Wilkie and Isakson said the VA needs to provide better customer service to veterans and that steps are already being taken to do just that.

On the way to meeting Wilkie, my photographer and I met a homeless veteran. So I also asked Wilkie what he'll do for those homeless veterans. He said he wants to put more programs in place to help vets with mental health and opioid addictions, along with working with cities to find out where the homeless veterans are.

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1.8 - The San Diego Union-Tribune: [VA overpaid third-party providers by \\$100 million, Inspector General says](#) (7 September, Andrew Dyer, 493k uvm; San Diego, CA)

A new report by the Veterans Affairs Inspector General says that over the course of one year, the agency overpaid third-party providers by more than \$101 million, mostly due to a bulk-payment process that lacked controls that would have prevented duplicate payments.

The money went to third-party administrators — HealthNet and TriWest — from March 2016 to March 2017 under the Patient-Centered Community Care Program, including Veterans Choice, which allows veterans to seek care at medical facilities outside the VA.

According to the report, the over-payments were the result of the VA's use of a bulk payment process — designed to expedite processing — that failed to review individual claims and had inadequate internal controls to detect duplicates.

Before the bulk-payment system, the VA used controls including the "Program Integrity Tool," to review claims. However, those tools led to long delays in repayment.

Dave McIntyre, the president and CEO of TriWest, said the company notified the VA of the discrepancies as early as July 2017.

"We went to the government and said, 'We've got all this money, and it's not ours,'" he said. "We were looking for a way to pay it back."

Among the recommendations investigators made to the VA was to establish a method for repayment.

McIntyre said once that process is in place, the company would return the money with "market-rate interest."

"We don't want to be hanging on to someone else's money," he said.

VA Press Secretary Curt Cashour said in an email that, since July 2017, the VA had again been using the Program Integrity Tool, which prevented "over \$71 million in potential over-payments."

“VA continues to cooperate fully with the (Inspector General) and all relevant government agencies in the review and determination of an appropriate process for reimbursement of over-payments by the third party administrators,” Cashour said. “To date, \$40 million has been recovered successfully.”

VA privatization concerns, always a hot-button topic, have intensified under President Donald Trump. Federal unions have said a trio of the president’s executive orders — which were overturned by a judge in late August — were an effort to weaken the agency. Former VA Secretary David Shulkin also warned of privatization efforts in a New York Times op-ed in March.

McIntyre, who leads one of those private companies, agreed the agency should not be privatized.

“The VA should not be privatized,” he said. “There is a lot of progress to be made. It takes both sides to get it right.”

A statement from TriWest said inconsistencies in the VA’s claims processing system led to the over-payments.

The VA has not “developed definitive and consistent rules for claims processing,” the statement said. “VA also insisted upon deploying non-industry standard practices related to claims requiring adjustment, and lacked a reliable process to allow its contractors, including TriWest, to return overpayments.”

The statement pointed to findings in the Inspector General’s report that supported its conclusion.

The Veterans Choice program was passed by Congress in 2014 to address long wait times at VA healthcare facilities. In May, President Trump signed another law, the VA Mission Act, to further fund private health care options under the VA.

HealthNet did not respond to an emailed request for comment.

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1.9 - WABE (NPR-90.1, Audio): [Veterans Affairs Secretary: We Need To Do Better](#) (7 September, Martha Dalton, 187k uvm; Atlanta, GA)

U.S. Secretary of Veterans Affairs Robert Wilkie came to Atlanta on Friday. He gave the keynote address at two gatherings supporting veterans and visited the Atlanta VA Health Care System.

Wilkie has been on the job for about a month. He’s traveling the country, visiting different VA centers to talk with staff and veterans.

A recent audit from the Inspector General’s office showed several VA facilities, including those in Atlanta, struggle with long wait times, staffing shortages and other organizational problems.

In a conversation with WABE, Wilkie says the VA would benefit from switching to electronic medical records.

He says the VA MISSION Act, recently signed by President Donald Trump, should help streamline and improve care for vets.

Although there have been rumblings in Congress about privatizing the VA, Wilkie says he doesn't support that and it's not likely to happen.

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1.10 - Nevada Independent: [Pence Touts Hellers Role In Boosting Military Spending Improving Veterans Services During Brief Speech](#) (7 September, Megan Messerly, 16k uvm; Las Vegas, NV)

Vice President Mike Pence called U.S. Sen. Dean Heller a “tenacious champion” for the military and veterans at a speech in front of servicemembers and veterans at Nellis Air Force Base on Friday, kicking off a day of stumping in Las Vegas for both Heller and Attorney General and gubernatorial candidate Adam Laxalt.

Pence, in a short 15-minute speech to a crowd of a little less than a hundred servicemembers and veterans at the Thunderbirds Hangar, touted the work that President Donald Trump and Heller, in his role on the U.S. Senate Veterans Affairs Committee, have done to invest in the nation's military, saying that the Republican senator has “stood with” the administration “every step of the way.” Heller is facing a tough re-election fight against Democratic Rep. Jacky Rosen where veterans have become a key campaign issue.

Though the speech was technically an official event by both the vice president and Heller — and not a campaign rally — Pence spent a significant part of the speech praising the Republican senator's accomplishments.

Pence noted that Trump has signed more than 15 military- and veterans-related bills — Heller pegged the figure at 19 in his brief speech — that Heller authored since entering office, calling it an “extraordinary rarity.” Heller said that those bills have helped improve accountability within the Department of Veterans Affairs and expand mental health services for veterans.

Pence described Heller's “strong support” for the president's proposal to increase military spending and highlighted his ongoing support for the administration's work to address military and veterans issues.

“He's a tenacious champion for our armed forces, a tenacious champion for Nellis Air Force base, but he's also a great champion, as you just heard, for the over 300,000 veterans across Nevada,” Pence said.

Pence told the servicemembers that he stopped by “really just to say thank you, a very simple thank you for your service from your commander in chief and his number two,” and promised that under Trump the White House “will always have your back.”

Heller was similarly complimentary of the Trump Administration in a short, five-minute speech preceding Pence's remarks.

"It's clear that this administration, President Trump, Vice President Pence, are committed to supporting the men and women who have answered our nation's call," said Heller, who also thanked the entire Trump cabinet for being a "strong champion for our troops and military heroes."

But, in a subtle nod to his re-election efforts, Heller noted that "we do have a lot more to do."

"I know that this administration and Congress are just getting started," Heller said. "So you can count on me in my role in the U.S. Senate Veterans Affairs Committee to keep fighting for all of you."

Before the short rally, Pence participated in a brief STEP (Stripes for Exceptional Performers) promotion for a tech sergeant. He also briefly met with Heller and Laxalt on Air Force Two after landing at Nellis Air Force Base around 11:20 a.m., before they deplaned together and spent about 10 minutes greeting service members and veterans on a rope line.

Heller didn't respond to a question from The Nevada Independent asking whether he had any response to criticism of his pre-existing conditions bill as he walked away from the rope line. Pence also ignored questions from the Independent about Heller's re-election changes and from the Las Vegas Review-Journal about the president's immigration policies.

Pence had an event with the Republican Governors Association and a fundraiser benefiting Laxalt scheduled for later in the day.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - WJLA (ABC-7, Video): [New VA outpatient clinic opens in Gaithersburg](#) (7 September, Amy Aubert, 1.5M uvm; Arlington, VA)

MONTGOMERY COUNTY, Md. — A new VA outpatient clinic opened in Gaithersburg, Maryland on Friday.

"Beautiful!" said Vietnam Veteran, Wayne Miller, as he walked through the halls of the new clinic.

Miller worked with other veterans and said the new clinic meant so much.

"I have an artificial leg, I could almost run I was so happy to get here!" he said, smiling.

He knew what it was like to make the long trek from Montgomery County to the VA Medical Center in D.C.

"I drove straight here in like 12 minutes," he said, of the new clinic. "I was like, 'No way. Let me go home and make sure I woke up this morning.'"

"These are men and women who are fighting, or willing to fight for our country. They shouldn't have to fight through hours of traffic to get the healthcare that they need," said Maryland Senator Chris Van Hollen.

Senators Van Hollen and Ben Cardin, along with County Executive Ike Leggett and others spoke before a crowd just before cutting the ribbon at the new building.

"Today, we are honoring them with our deeds to make sure that they have a first class facility conveniently located to carry out our commitment to make sure that their healthcare needs are met," said Senator Cardin.

The Gaithersburg-based clinic will offer primary care, women's health, mental health and other services to veterans. They will begin seeing patients on September 17.

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3.2 - WFED (AM-1500, [The Coalition for Government Procurement](#)): 5 pillars of GSA schedules modernization (7 September, Roger Waldron, 854k uvm; Washington, DC)

The back-to-school season is upon us here in the Nation's Capital. As local students are wrapping-up their first week of classes today, it is time to start thinking about the end of summer and the end of the fiscal year.

The "experienced hands" at gearing-up for a new school know, and others likely will notice, this season unmistakably is one dominated by lists. Accordingly, as we prepare for the new fiscal year, the Coalition is providing its, "5 pillars for schedule modernization," to assist the General Services Administration and the Veterans Affairs Department in their efforts to modernize and enhance the schedules program.

Much like the Coalition has done in the past, each of these 5 pillars will be addressed in more depth through subsequent "FAR & Beyond" blogs in the coming weeks. So, without further ado, here are the Coalition's 5 pillars for schedule modernization and why they need to be addressed:

1. Invest in e-Systems such as GSA Advantage, e-Library, and e-Buy. The market and buying experiences are ever-evolving, and these successful programs need to stay current and meaningful for customer agencies.
2. Eliminate the Price Reductions Clause. It's a costly, burdensome, and obsolete oversight mechanism that does not recognize that price and value are driven at the task order level, and limits the influx of competition into the federal market from the private sector.
3. Reform pricing policy and address data reporting. To maximize the efficiency and effectiveness of the Schedules program, GSA and the VA should radically reform and/or eliminate the current pricing strategy used for awarding contracts.
4. Consolidation of schedules and special item numbers: Duplicative schedules and SINs can represent barriers to entry into the market for small businesses and innovative solutions.

5. Implement a new capability for an unpriced schedules for services. Competition can be enhanced when GSA and VA allow customers to focus on speed and need by driving competition for agency-specific service requirements at the task order level.

The Coalition looks forward to a robust dialogue with all stakeholders on each of these Pillars in the coming weeks.

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3.3 - Winston-Salem Journal: [State purchases Kernersville site for VA nursing home](#) (7 September, Richard Craver, 849k uvm; Winston Salem, NC)

The health-care campus in Kernersville is being expanded a second time with the state purchasing two sites for a nursing home for veterans.

The Council of State approved the project in July, allowing the State Property Office to spend \$3.42 million on behalf of the Department of Military and Veterans Affairs.

The sale of the 14.69- and 4.87-acre sites was completed Aug. 22, according to a filing submitted Friday to the Forsyth County Register of Deeds. The combined land value was listed at \$6.48 million.

The seller was Blue Diamond Investment Co. LLC, which also sold the 39 acres that were developed into Kernersville Veterans Affairs Health Care Center.

The sites are adjacent to the VA hospital, which opened in February 2016, and across the street from Kernersville Medical Center, which debuted in March 2011.

State VA officials could not be reached for comment on plans for the nursing home.

There are four full-service VA nursing homes in North Carolina, but none in the Triad. They are in Black Mountain, Fayetteville, Kinston and Salisbury.

Considering that those four nursing homes have combined 449 skilled-care beds and a work staff of 750, it likely the Kernersville facility could have between 100 and 150 beds and between 150 and 200 employees.

There are 150 beds at the Fayetteville facility, 100 beds in Black Mountain and Kinston, and 99 beds in Salisbury. The Fayetteville facility is next to a VA hospital, while the Salisbury facility is on the VA hospital campus.

The centers are licensed by the state and approved for Medicare, Medicaid and third-party insurance.

According to the National Care Planning Council, VA nursing homes are generally available to active duty veterans. Some states have beds for people who served with the reserves or National Guard and the spouses of veterans.

Care is provided by registered nurses, licensed practical nurses and certified nursing assistants under the direction of licensed physicians, along with physical, occupational and speech therapists.

“The majority of these homes offer nursing care, but some may offer assisted living or domiciliary care,” the council said.

“Generally, there is no income or asset test. Most veterans in most states would qualify.

“Many states have waiting lists of weeks to months for available beds. Each facility has different eligibility rules, and there is an application process.”

Blue Diamond also sold in September 2013 the 39 acres that was developed into the VA hospital. It went for \$9.26 million to a New York-based real-estate development group.

The VA is leasing the \$130 million hospital. It primarily provides outpatient services for veterans in the Triad and beyond. It was projected to have more than 500 employees at full operations.

When the VA hospital opened, U.S. Sen. Richard Burr, R-N.C., said the center, along with similar ones in Fayetteville and Charlotte, are living up to a dream to provide better care for veterans.

The center has many specialty clinics including audiology, cardiology, dental, diagnostic imaging, dialysis, ophthalmology, neurology, pulmonary, radiology and women’s health as well as a pharmacy, lab and pathology services.

According to the county’s tax parcel viewer, Blue Diamond has another 35 acres in the immediate vicinity that also could be developed for health care purposes.

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3.4 - Health Data Management: [VA CIO nominee says Cerner EHR could be rolled out sooner than 10 years](#) (7 September, Greg Slabodkin, 143k uvm; Chicago, IL)

While the Department of Veterans Affairs plans to implement a \$10 billion Cerner electronic health record system over 10 years, the VA’s nominee to serve as CIO says he believes the timeline could be sped up.

“In my early discussions with the Electronic Health Record Modernization Office, there were some expressions of options to pull milestones forward,” testified CIO nominee James Gfrerer on Wednesday before the Senate Committee on Veterans’ Affairs, which held a hearing to consider his nomination. “There is every sense of urgency to make that timeline under 10 years.”

Gfrerer said that according to John Windom, acting chief health information officer of the VA’s Office of EHR Modernization, one of the risks to the project is “that in a 10-year program, it’s very easy to not be serious and urgent about those early milestones.

“If you don’t put some rigor and accountability on early in the process, it sends a message very early on that it’s just a matter of we can slip it until the next option year—and that’s going to have deleterious effect,” he added.

“When I hear 10-year schedule on the implementation of Cerner, that kind of makes me quite nervous,” Sen. Dan Sullivan (R-Alaska) told Gfrerer during the hearing. “I can’t believe that that is what the plan is.”

If confirmed, Gfrerer would oversee the implementation of the agency’s IT systems including the enterprise-wide rollout of the Cerner Millennium platform, which is slated to replace the decades-old Veterans Health Information Systems and Technology Architecture.

“It’s going to take a concerted effort to maintain VistA—for example—for nine to 10 years,” noted Gfrerer, referencing the fact that the maintenance of the VA legacy EHR will continue until the new commercial-off-the-shelf Cerner system is fully deployed.

Gfrerer also made the case that “anytime you implement a commercial-off-the-shelf” system like Cerner, “there’s a huge change management component ... clinicians are going to have to go through a very rigorous and substantial training, education and implementation process to kind of conform their workflows to the IT system.” Inherently, he said “it is about business transformation.”

Sen. Jon Tester (D-Montana), ranking member of the Senate Committee on Veterans’ Affairs, pointed out to the CIO nominee that the VA’s EHR modernization is “the largest healthcare IT transformation in American history” and that if he is confirmed and the project “goes south,” he will be held accountable.

Tester argued that more important than speeding up the timeline is ensuring that the Cerner system is implemented correctly because the EHR modernization is “really going to make or break the VA moving forward.”

According to Gfrerer, based on his military experience, he believes he has an understanding of the “intricacies of IT legacy systems and large-scale IT projects.” In addition, in his testimony, Gfrerer said he has “worked as an executive in the private sector doing IT and cybersecurity transformation for large commercial clients, further providing me with the experience and perspective to serve in the VA.”

The VA intends to create a single common EHR system with Department of Defense by leveraging a shared Cerner Millennium platform and that the agency’s planned acquisition calls for aligning the deployment and implementation of the system with DoD’s ongoing rollout of its own system—called MHS GENESIS—to achieve efficiencies.

“That’s quite a bit of commonality to achieve across two different medical domains,” acknowledged Gfrerer.

The Senate Committee on Veterans’ Affairs will vote on Gfrerer’s nomination soon, according to Sen. Johnny Isakson (R-Ga.), chairman of the panel.

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3.5 - mHealth Intelligence: [VA Hospitals Use Telemedicine to Improve Antibiotic Stewardship](#) (7 September, Eric Wicklund, 53k uvm; Danvers, MA)

A telemedicine platform linking two small VA hospitals with infectious disease experts has helped staff at those hospitals improve their antibiotic stewardship.

The pilot program, detailed this month in Infection Control and Hospital Epidemiology, is similar to the Project ECHO telehealth platform first developed at the University of New Mexico and now being used across the country. In this particular case, staff at two rural VA hospitals without infectious disease specialists learned how to improve antibiotic stewardship by meeting weekly with ID experts at larger health systems through a connected care platform.

The year-long study found that staff at the small hospitals enacted more than two-thirds of the recommendations from experts and became more confident in their ability to prescribe or reduce antibiotics when needed. The study did not track clinical outcomes.

“It can be difficult for more rural facilities to employ the staff needed for infection control initiatives to work,” Robin Jump, MD, PhD, a physician-scientist with the Louis Stokes Cleveland VA Medical Center and senior author of the study, said in a press release. “Telehealth can be a low-cost and effective way to provide facilities with the expertise needed to implement these initiatives - eliminating some of the barriers that have typically thwarted these efforts.”

“When antibiotic stewardship programs are left to those who are not trained to run them, they are more susceptible to issues and can ultimately be ineffective,” added Lauren Stevens PhD, another author of the study. “As a result, our goal of reducing these multi-drug resistant organisms is more difficult to meet.”

As part of the program, staff at the two hospitals joined with ID experts to create a videoconference antimicrobial stewardship team, or VAST. These VAST teams met for hour-long telemedicine sessions each week, during which they discussed best practices and reviewed difficult or troubling cases.

According to Jump, Stevens and their fellow researchers, VAST teams reviewed, on average, three cases per week and implemented more than two-thirds of the recommendations generated by experts during the meeting – the most common of which was to stop using antibiotics.

“In interviews with researchers, VAST participants reported that the sessions increased their awareness of antibiotic stewardship principles, helping them to adapt their practice patterns and engage in antibiotic stewardship efforts,” the study reported. “They specifically mentioned feeling greater confidence in their ability to make more targeted antibiotic choices, to reduce the time patients were on antibiotics, and to utilize more effective methods whenever possible (i.e. intravenous to oral conversions).”

The study targets a pain point in many rural and remote health systems: a shortage of infectious diseases-trained physicians and pharmacists. In the Veterans Health Administration alone, a 2012 survey found that 40 percent of the 130 VA hospitals providing inpatient care did not have a full-time infectious diseases physician on staff.

This isn’t the only program using telemedicine to improve infectious diseases management.

In a 2017 study published in *Clinical Infectious Diseases*, VA facilities in New England, using an eConsult platform introduced in 2012, more than doubled overall consultations between 2011 and 2014 without a decrease in in-person consults.

Judith Strymish, MD, an infectious disease specialist at the VA Boston Healthcare System and author of the study, said the “ease of access to a specialist and an answer to a clinical question in a more timely manner than face-to-face visit” convinced physicians to use the telemedicine platform. While an in-person consult often took more than two weeks to set up, she said, an eConsult could be arranged within the day.

“Increasingly, ID specialists are being asked to manage both individual patients and population health through the interface of the electronic health record (EHR),” Daniel P. McQuillen, of Center for Infectious Diseases and Prevention, Lahey Hospital & Medical Center and Tufts University School of Medicine, and Steven K. Schmitt, Department of Infectious Diseases and Medicine Institute at the Cleveland Clinic, said in an accompanying editorial. “The implementation of this tool offers the opportunity to enhance and improve informal ID consultation.”

“As hospitals add additional synchronous and asynchronous connectivity technology and EHR communication functionality continues to evolve, physicians will have increasing opportunities to interact, participate in, and document patient care outside conventional bedside and office encounters,” they concluded. “Such interactions and technologies will help define the hospitals and healthcare systems of the future, increasing access to expert ID care.”

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3.6 - WDVM (TV-25, Video): [New VA clinic opens in Gaithersburg](#) (7 September, Kylie Khan, 13k uvm; Hagerstown, MD)

GAITHERSBURG, Md. - After several years in the making, officials broke ground on a new VA clinic in Gaithersburg on September 7.

The new Community-Based Outpatient Clinic is just down the road for more than 42,000 Montgomery County veterans. Plans to build the clinic were approved ten years ago, and officials broke ground in 2016.

"The one around the beltway was 70-something miles round trip so this is going to be about seven miles round trip," said Navy veteran Daniel Maher.

The new clinic is state-of-the-art with more than 11,000 square feet.

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[4. Focus Resources More Efficiently](#)

4.1 - Reuters: [Federal Circuit judge says court should lower bar for proving equal pay claims](#) (7 September, Daniel Wiessner, 43.7M uvm; New York, NY)

A judge on the U.S. appeals court that hears most employment cases against federal agencies said on Friday that the court's standard for reviewing Equal Pay Act claims was "nonsensical" and placed too high of a bar on federal workers to prove sex-based pay discrimination.

Judge Jimmie Reyna of the U.S. Court of Appeals for the Federal Circuit, nonetheless, joined two of his colleagues in finding that two female doctors at an Arkansas hospital operated by the Department of Veterans Affairs had not shown that their male colleagues' higher pay was "historically or presently based on sex." Every other federal appeals court puts the burden on employers to prove that pay gaps between men and women are not sex-based once plaintiffs show that a pay gap exists.

To read the full story on Westlaw Practitioner Insights, click here: bit.ly/2N0Jm4U

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4.2 - WCNC (NBC-36, Video): [NC hospital taking extreme measures to keep your family safe from Legionnaire's disease](#) (7 September, Nate Morabito, 863k uvm; Charlotte, NC)

A severe type of pneumonia that can be fatal is on the rise across the country, with confirmed cases up by more than 300 percent alone in North Carolina over the last decade.

In the first half of this year, doctors in the Carolinas diagnosed about 100 people, including people in Charlotte, with Legionnaires' disease, according to records from both states.

The bacterial infection got its name after 34 people died while attending an American Legion convention at a Philadelphia hotel in the 70s. In response to the growing concern about Legionnaires' disease, Salisbury VA Medical Center is taking extreme measures to keep veterans safe.

"The most serious type of Legionella is the one that people catch when they are in the hospital setting," Salisbury VA Chief of Medicine Dr. Charles De Comarmond said.

Every veteran who spends the night at the Salisbury VA now sleeps in a room with faucets that turn on automatically every hour and run for three minutes at a time.

While Salisbury VA reports no Legionnaires' disease cases in recent history, the plumbing change follows a VA directive. The directive's goal is to make sure water circulates, maintaining chlorine levels to keep away the bacteria that causes the infection.

"The prevalence of Legionella in the United States has been continuously increasing and just like other hospitals in the country, the VA has not been spared of Legionella outbreaks," Dr. De Comarmond said.

The Pittsburgh VA previously experienced an outbreak that killed six several years ago. In Illinois, 13 others died at a veterans' home. In the last two weeks, more than a dozen people reportedly got sick at a New Hampshire beach resort with one person dying.

Public records show North Carolina was home to more than 200 reported cases in 2017, up from just 49 in 2007. Public records show South Carolina averages roughly 55 cases a year. North Carolina's yearly average is three times higher.

Adults 50 and older with weaker immune systems are most at risk. People contract the infection by breathing in small droplets of water tainted by the bacteria. Legionella is found mostly in warm water like hot tubs, hot water tanks, large plumbing systems and air conditioning cooling towers.

VA's prevention efforts aren't just focused on auto-run faucets. The facility also uses temperature controls. The proactive steps are so extreme, the facility's scenic indoor pond, once home to stagnant water, is now drained, replaced by televisions with a loop of water video and sound.

"I would say in general that as a healthcare system, the VA is way ahead of any other types of healthcare industries," Dr. De Comarmond said.

While VA may be leading the way, the area's major hospital systems are taking preventative measures too.

"Atrium Health implements several infection prevention protocols throughout our system to ensure we maintain a safe, healthy environment for all patients, teammates and visitors," a spokesperson said. "Specifically with Legionnaires, we take preventative measures including flushing protocols and scheduled monitoring of water cultures to check for legionella in high risk units."

"At Novant Health, we have an ongoing water quality safety plan to monitor and maintain the safety of our water," Novant said in a statement. "This safety plan includes testing for Legionella."

The symptoms of Legionnaires' disease include cough, shortness of breath, fever, muscle aches and headaches, according to the Centers for Disease Control and Prevention.

"Legionnaires' disease can also be associated with other symptoms such as diarrhea, nausea, and confusion," the CDC reports. "Symptoms usually begin two to 10 days after being exposed to the bacteria, but it can take longer so people should watch for symptoms for about 2 weeks after exposure. If you develop pneumonia symptoms, see a doctor right away. Be sure to mention if you may have been exposed to Legionella, have used a hot tub, spent any nights away from home, or stayed in a hospital in the last two weeks."

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4.3 - KNWA (FOX-24, Video): [Veteran Health and Resource Summit Held in NWA](#) (7 September, Clarissa Bustamante, 191k uvm; Fayetteville, AR)

Helping veterans reacclimate back into society is a function the Veterans Affairs Office takes seriously.

The Arkansas Department of Veteran Affairs and various community partners came together Friday to put on the 6th Annual Veteran Health and Resource Summit.

The national initiative is designed to connect local vets with each other, as well as with organizations and services designed to help them.

More than 75 resource tables were scattered around the Fayetteville Town Center, each focusing on a different facet of veteran needs.

They tackled things like mental health, pain management and meditation.

The summit also provided seminars where people spoke about their personal recovery stories, life after combat and suicide prevention.

Retired U.S Army Sgt. Carrie Guarino said this type of assistance from the VA was life changing for her.

"Quite frankly I was on the verge of suicide. I was despondent. I was desperate and I just didn't see any solutions, and I came to the VA for help and I have just over the last 5 years have grown phenomenally," Guarino said.

One key transition for veterans -- steady employment as a civilian.

The summit also featured a job fair, where employers could meet and network with vets.

The VA hosts these summits each year, but veterans seeking help now can find it through the Arkansas Department of Veterans Affairs.

Veterans in need of help can go to veterans.arkansas.gov.

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4.4 - The News-Review: [Roseburg Veterans Affairs Medical Center hires new quality management chief](#) (7 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has hired a new chief of quality management.

Carla Spinelli-Moraski most recently worked at Kaiser Permanente of the Mid-Atlantic States as a senior business process consultant and the director of primary care.

At the VA, she will oversee quality performance indicators, patient safety, inspections and overall improvements to the health care system.

Spinelli has been a nurse for more than 14 years. According to the VA, she has focused on improving the quality of care within healthcare centers since 2007. While at Kaiser Permanente, she worked on projects to increase vaccination rates and patient satisfaction.

Interim Roseburg VA Director Dave Whitmer sung Spinelli's praises in a written statement.

"We are pleased to have someone with Dr. Spinelli's leadership and experience in the private sector and academia join our VA team in Roseburg serving as our quality oversight leader," Whitmer wrote.

Spinelli holds a doctorate in nursing informatics. Her research focused on differences technologies made in the quality of care at nursing homes. She holds certifications in

gerontology nursing and professional development. She also received a master's degree in nursing administration from George Mason University, where she has been an adjunct professor since 2009, teaching undergraduate nursing students about research, leadership and healthcare issues.

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5. [Improve Timeliness of Service](#)

5.1 - KTAR (CMN-92.3, Audio): [Documentary subjects say health care for Phoenix veterans still lacking](#) (7 September, Mark Carlson, 446k uvm; Phoenix, AZ)

A new documentary called "The Care They've Earned" follows the lives of ill veterans since the Department of Veterans Affairs health care scandal erupted in Phoenix four years ago.

Phoenix resident and Army veteran Steve Cooper was featured in the documentary, which screened in Phoenix on Wednesday night. He said things got so bad with his prostate cancer, and his lack of care from the VA, that he considered taking drastic measures.

"I came home, put the gun in my mouth and thought of a lot of reasons to kill myself," Cooper said.

He credits his family with helping him through his ordeal.

Cooper said things are still lacking for veterans seeking health care.

"The system is completely broken from its core," he said.

The Phoenix VA refused to operate on his prostate cancer, Cooper said. He got help, but from a private doctor, paying out of his own pocket.

Scottsdale resident and Army veteran David Johnson has battled brain cancer. He said his treatment with the Phoenix VA was completely bungled.

"The neurologist just kept putting me off," Johnson said. "And he actually told me, with my wife present, I only had three months to live. And this is like five months ago."

The stories of Cooper and Johnson highlight what thousands of veterans have been forced to struggle with at the Phoenix VA.

When the scandal broke in 2014, it exposed secret wait lists and a lack of adequate care for veterans, leading to investigations in Phoenix and across the nation.

When reached for comment, the Phoenix VA issued a statement saying it was working to give veterans the best care possible and that there's still more work to do.

"The Phoenix VA health care system is a world away from where it has been in the past, and we continue to make steady improvements in order to better serve veterans," the statement said.

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5.2 - KBBI (NPR-890, Audio): [V.A. wants more veterans to register for healthcare](#) (7 September, Renee Gross, 12k uvm; Homer, AK)

The Alaska Veteran Association, or V.A., wants to provide Homer veterans with more health services and a larger clinic. But there's a hang up. Only half of the estimated veterans in town are signed up for insurance through the V.A. Without more registered vets, it may be harder to justify additional services, and getting unregistered vets to sign up isn't easy.

Vietnam veteran Troy Wise wears the same grey hat everyday.

"It has three pins on there," he said. "It has the combat infantry badge, the Vietnam campaign medal and aviator wings."

He hopes those pins catch the attention of other veterans.

"If they recognize that and start up a conversation, then I know that they understand at least what they symbolize," he said. "So they got to be a vet and that's a start. I find that still a lot of them that I meet on the street, they don't trust the VA. They are not going to go in."

Wise knows this type of veteran. He used to be one. The first time he went to the VA was right after he served in the 1970s.

It wasn't just the bureaucracy of the V.A. that made him hesitant to register. He didn't want to admit that he was struggling with PTSD. Wise says he didn't want to be defined by a diagnosis, but years later it came to a head.

"I entertained thoughts of suicide," he said. "Didn't act on them; I didn't think it was a solution. I didn't want to miss out on my grandkids so didn't go down that path, but it was not something I could navigate on my own."

It took him 42 years to seek counseling through the V.A., and he says it turned his life around. Now, he's trying to convince vets with the same struggles to sign up in an effort to bring more V.A. services to Homer.

Director of the Alaska V.A. Healthcare System, Dr. Timothy Ballard acknowledges that many vets are in the position as Wise was.

"I think there are a number of veterans that are hurting," he said. "There are 20 veterans across the country everyday who commits suicide. Fourteen of them aren't engaging in our system or they aren't enrolled."

Dr. Timothy Ballard is the director of the Alaska Veteran Affairs Healthcare System.

Ballard says that there's an estimated 90,000 veterans in Alaska, the highest per capita in the country. Based on that estimate, less than half have signed up for V.A. services in the state. That's a roadblock standing in the way of any attempt to expand services in Alaska.

“So it's very difficult for my mental health care providers across the state to be able to help these veterans out if they're not being seen, if we don't have information on them, if they're not actively using the system.”

Some veterans in rural Alaska intentionally isolate themselves and don't wish to engage in a government or community programs. Some vets, like Mark Landwehr, say others are more deserving of V.A. services. Landwehr did attempt to sign up with the V.A. but he says his initial experience with the bureaucracy was negative.

“It's just to get all of us flakes all together and give us a substandard care,” he said. “Well, I have substandard care right now.”

Currently, the Vet Center, another branch of the V.A., provides monthly mental health services in Homer while the V.A. itself provides healthcare services a few days per week at South Peninsula Hospital. But there isn't enough room to serve all of the veterans thought to be in the area.

Alaska V.A. spokesperson Sam Hudson says the V.A. put in the paperwork to build a stand alone clinic in Homer. But it's difficult to justify when less than half of the estimated veterans are registered with the V.A.

“Imagine us saying, hey, we need some more things,” he said. “Whether it be materials, whether it be staffing, whether it be a building, whether it be whatever. Taking for instance, my grandfather. I used to say 'grandad, I want a motorcycle.' He was like, 'why are you wanting a dirt bike when you got a bicycle you don't use?’”

The V.A. is working to register more people in the Homer area. They're trying to rebrand a notorious system.

“This is is not your father's V.A.,” Hudson said. “We're much different. We're much better. Are we perfect? Absolutely not. But are we getting better? Absolutely.”

Hudson said they are making progress in registering more people. Now, it's almost a requirement for people who are separating from the military to sign up for care.

But for older veterans, it continues to be a challenge. Still veterans like Wise are not backing down. His dream is to have a Vet Center in Homer, a center just dedicated to serving mental health of veterans and their families.

Besides now, he likes to identify himself as a vet.

“I decided to quit denying that it really was a very big part of me and it did define me,” he said. “I didn't have a choice and that was kind of not embracing it so much, but it's time to be who I really am and stop denying it.”

Wise said whether or not the V.A. expands its offerings in Homer, he will keep his hat on in an effort to attract more vets to its services.

The Veteran Association is having a town hall meeting on November 14 in Anchor Point to discuss veteran's services.

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6. Suicide Prevention

6.1 - WLUC (NBC-6, Video): [VA Hospitals raise awareness about suicide prevention programs for veterans](#) (7 September, Alicia Naspretto, 276k uvm; Negaunee, MI)

IRON MOUNTAIN, Mich. - Recent reports show 20 veterans are dying each day by suicide. While that number seems high, it's actually lower than years past.

"The suicide rate for veterans has actually decreased from the last time we reported out those numbers," Sharon Anastas, a Suicide Prevention Coordinator with Iron Mountain's VA Hospital told TV6 News. "It used to be 22 veterans dying each day by suicide, now we're reporting out 20 veterans dying a day by suicide. So we believe that some of the efforts that we are making in suicide prevention may be helping."

Even though that number is dropping, VA Hospitals across the county say that they still have a lot of work to do because even just one suicide is too much.

"We're thrilled that over the course of the last couple years the number of completed suicides has been going down," the hospital's Assistant Chief of Mental Health, Thad Strom, said. "We really feel like many of our local efforts have been paying off and national as well."

"Certainly we are seeing a decrease, but it's not enough and that's why we're doing the efforts we're doing and why we have the focus like Suicide Prevention Month," Anastas added.

The hospital is raising awareness this month for the different programs they have to help veterans.

"We've been implementing the ReachVet program, which identifies people ahead of time who are potentially going to be at risk for suicide," Strom said. "Not only that, but the VA has done a really creative job over the last several years of identifying the most effective treatments for veterans who are coming through the door with presenting concerns."

Hospital officials say there is a number of signs that they look for and one's family and friends can look for too.

"Some of the signs, the warning signs and symptoms that we ask family to look and friends to be aware of is if someone is thinking about wanting to harm themselves, if they're giving away prized possessions, if they're starting to isolate themselves, increase in any alcohol or drug use. We get very concerned with those symptoms."

If you or are someone you know needs help, here are some hotlines that can help:
Veterans Suicide Prevention: 1(800)273-8255 – extension one
Suicide Prevention: 1(800)784-2433

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Milwaukee Journal Sentinel: Conversion of Milwaukee's former historic Soldiers Home into vet housing to begin early 2019 (7 September, Tom Daykin, 4.8M uvm; Milwaukee, WI)

A \$40 million conversion of Milwaukee's former historic Soldiers Home and other nearby buildings into veterans apartments will begin early next year once a fundraising campaign is completed.

Madison-based Alexander Co. expects to complete the development by fall 2020, said Kendra Bishop, director of marketing and public relations for the firm.

A campaign to raise \$3 million in contributions to help finance the project is in "the home stretch" and is to be completed in December, she said.

Renovations on the Soldiers Home and other historic buildings on Milwaukee's west side are to begin by March, Bishop said.

The buildings are on or near Mitchell Boulevard, between I-94 and West National Avenue, on the grounds of the Zablocki Veterans Affairs Medical Center.

Most of the work will be at Old Main, the original Soldiers Home that opened in 1869. It initially housed Civil War veterans and was home to generations of other vets before closing in 1989.

Old Main, the largest of the historic buildings, will be converted into 80 one- or two-bedroom apartments.

It will include community rooms, a fitness center and offices for home health care, counseling services and building management.

The former Administration Building, just south of Old Main, will be converted into housing for 14 veterans who are homeless, or at risk of becoming homeless, and their families, according to Alexander Co.

That building will include common kitchen, dining and living rooms for the building's residents. There also will be space for support services for the residents.

Finally, three duplexes and a single-family home on the grounds will be restored for veterans housing.

Alexander Co., which focuses on historic redevelopments, announced plans for the Soldiers Home grounds in 2016.

In 2017, the firm received federal affordable housing tax credits for the Soldiers Home project.

Firms that receive the credits must provide apartments at below-market rents to people earning no more than 60% of the local median income.

Other financing sources include state and federal historic preservation tax credits, the Federal Home Loan Bank of Chicago, the City of Milwaukee Housing Trust Fund and private foundations.

The Soldiers Home grounds were declared a national historic landmark by the National Park Service in 2011.

The National Trust for Historic Preservation has the buildings on its list of most endangered historic places.

Budget constraints in recent years have made it difficult for the Department of Veterans Affairs to maintain Old Main, and it has fallen into disrepair.

The Milwaukee Soldiers Home is one of the nation's three original Soldiers Homes.

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7.2 - KNSD (NBC-7, Video): [GI Bill Funding Reinstated for 3 Private San Diego Universities](#) (7 September, Artie Ojeda, 2.1M uvm; San Diego, CA)

Three private universities, whose students include hundreds of military veterans, unexpectedly in jeopardy of losing approval for critical GI Bill funding are breathing a collective sigh of relief.

In June, the state agency that approves the funding, California State Approving Agency For Veterans Education (CSAAVE), sent the schools a notice of suspension letter.

The letter was sent to three schools: Park University, which currently has 319 students enrolled on its Camp Pendleton Campus, Webster University, and Columbia College which has a campus at the Marine Corps Recruit Depot (MCRD) in San Diego.

An administrator for Park University said she was stunned to receive the letter, which suggested the school failed to meet approval requirements. The letter, however, did not specify the failures.

"We were puzzled. We didn't have a clear understanding as to why the funding was revoked. Why we were suspended in the first place and threatened for disapproval, because we felt that we were in compliance with all the regulations," Kena Wolf, Associate Vice President for Campus Center Operations at Park University said.

The funding is critical for eligible students. Park officials says about two-thirds of their students receive GI Bill funding.

Vivian Zorich, a 25-year-old mother and Marine veteran, says she received \$32,000 in GI Bill funding last year.

"I was actually pretty scared, the fact that I was still in California and it wasn't going to be affordable to go to school at all," said Zorich, who on Friday graduated with a Bachelor of Science Degree in Human Resources Management from Park University.

After receiving the notice of suspension in June, the three schools filed a lawsuit against CSAAVE, arguing the agency does not have discretion to disapprove qualifying institutions for benefits under the GI Bill.

Attorneys for the schools say they've been approved for decades.

In August, attorneys won a temporary restraining order to continue funding pending the lawsuit.

But then Thursday night, the schools received another letter from CSAAVE, reinstated the funding.

Immediate emails requesting specific details about its decisions have been unanswered by CSAAVE.

Attorneys and officials with the schools were at a loss to explain the sudden change, but said the Department of Veterans of Affairs intervened, re-affirming the schools' good standing.

"We were confident all along that we did meet compliance regulations and we were in compliance fully with the state approving agencies' regulations, the VA regulations, we felt that we were in the right," Wolf said.

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7.3 - Inside Higher Ed: [California Reverses Decision On Veterans' Benefits](#) (7 September, Ashley A. Smith, 657k uvm; Washington, DC)

Update: The California State Approving Agency for Veterans Education reversed its decision late Thursday to stop three private Missouri colleges from offering full veterans education benefits in the state.

In a letter from CSAAVE notifying Columbia College, Webster University and Park University of their reinstatement, Latanaya Johnson, the assistant deputy secretary of chief postsecondary education, wrote that the U.S. Department of Veteran Affairs had directed state approving agencies nationally to accept the determinations made by other federal and state agencies responsible for approving educational programs. The agency also reinstated six other colleges that were suspended in the last year: Central Michigan University, Central Texas College, Embry-Riddle Aeronautical University Worldwide, Southern Illinois University-Carbondale, University of Maryland University College and Vincennes University.

“We found when we looked at these institutions that they’re not operating the way they’re supposed to be operating,” said Latanaya Johnson, education administrator for CSAAVE.

The core dispute is over the interpretation of a provision in federal law that determines whether state approving agencies such as CSAAVE can approve of educational programs that are offered by out-of-state colleges at extension locations within California. At risk for the colleges -- and the veterans they serve -- is a decrease in the monthly or basic housing allowance, which is determined by the location of an institution.

The law says that to receive state approval, a college facility must be designated as a main or branch campus, not an extension site, satellite location or teaching annex, Johnson said. In the case of Columbia, Park and Webster, she said their regional accreditor, the Higher Learning Commission, deemed the three institutions' locations in California to be similar to extension sites and not main or branch campuses. Therefore, the California agency concluded, the locations in California would fall under the Missouri approving agency's jurisdiction and would qualify for the standard housing allowance given to online or distance learning programs.

CSAAVE, which provides oversight for 1,300 institutions, has been evaluating applications colleges send each year to receive the agency's approval, and it wasn't until last year after discussions with HLC officials that they noticed the discrepancy, Johnson said.

“None of the campuses operate a main or branch campus in this state,” Johnson said, adding that often these facilities are two rented rooms with a school certifying official or a registrar present and a place to offer instruction. “Everything they do here is operationally dependent on something out of state.”

According to the federal code:

Johnson said the only change between these colleges being approved last year by CSAAVE and this year is that the agency is now examining the institutions “as they exist as opposed to what they submitted” in an application.

Keith Boylan, deputy secretary of veteran services in the California Department of Veterans Affairs, said that in the last year CSAAVE has suspended or notified nine colleges for suspension: the three Missouri-based institutions, Central Michigan University, Central Texas College, Embry-Riddle Aeronautical University, Southern Illinois University at Carbondale, University of Maryland University College and Vincennes University.

The suspensions, which affect only new students, mean that students who choose to attend those institutions and qualify for the military benefits would see their funding cut off or reduced.

The largest impact would be felt in monthly housing allowances, which are based on the cost of living in a particular zip code of the college a student is attending. Cities like San Francisco and Los Angeles with high costs of living would have higher housing allowances than the housing allowance given to students enrolled in online or distance learning programs. The online rate is half the national average of monthly allowances, or \$825 for this year. Students who take at least one course in person would qualify for the in-residence housing allowance.

“Some institutions will open up in locations where it’s advantageous and [have] a higher basic housing allowance for students,” Johnson said. “So, the student has an incentive to enroll. It boosts school attendance as long as they keep doing it that way.”

Take, for example, a veteran who enrolls in a program based in San Francisco. If that program is located on a branch or main campus and has CSAAVE approval, the student can receive about \$4,000 a month in the basic or monthly housing allocation. If the California facility is not a branch or main campus, and doesn’t have CSAAVE approval, the student would receive \$825 a month.

“We understand that’s a difficult spot for veterans to be in,” said Lindsey Sin, deputy secretary for women veterans’ affairs for CalVet. “A service member gets out of the military and wants to pursue their education goals and they’re using the [basic housing allocation] as a source of income and they’ve become dependent on that and that’s understandable. But we also have to comply with the law and ensure schools and institutions are acting as they represent themselves.”

The Colleges’ View

Officials at Park University said CSAAVE is misinterpreting the law and that the agency should approve the colleges regardless of whether they are branches or extensions, because the latter facilities have the capacity to maintain records and accounts and offer programs that lead to a degree.

The Higher Learning Commission does not use the term “extension,” but defines facilities that are not campuses or branches as “additional locations.” An official from HLC sent Inside Higher Ed a list of out-of-state additional locations for the three colleges, which include the California facilities.

“These schools in question have been around forever,” Boylan said. “It’s not a question of whether they produce a good education or not, but whether it is within our authority to approve the programs.”

Disputing Locations

An official from the federal Department of Veterans Affairs said Wednesday that the agency is working with the colleges and CSAAVE to resolve the dispute.

These issues over the status of a location and whether they maintain state-based GI Bill eligibility are not new. A similar dispute emerged in 2015 when for-profit Ashford University shut down its physical campus in Iowa but maintained a separate Iowa-based educational facility. The Iowa state approving agency attempted to strip the university’s GI Bill eligibility. But last year, with assistance from the veterans affairs’ agency, the university’s parent company, Bridgepoint Education, received approval from Arizona to award veterans’ benefits.

And state approving agencies nationally are seeing challenges to their legal authority to authorize programs. On Thursday, retired Major General Robert Worley II, the director of VA education services, sent an advisory to the state approving agencies urging them to accept the certifications and approval of accreditors, licensing boards and other state or federal entities that oversee educational programs.

"In all instances where an agency or office (either federal, state or nongovernmental) outside of the [state approving agency] has been duly authorized, appointed or designated by state or federal law or regulations as the agency or office responsible for certifying compliance with applicable laws, regulations, or nongovernmental standards, those offices have already expended resources to ensure compliance with the standards," the advisory said. "It is inefficient and a waste of VA resources for a SAA to repeat their work and expend further resources in an attempt to confirm or overrule their determinations ... these agencies and offices are presumed to be the authoritative experts on these requirements, and the same cannot be presumed of the SAA."

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7.4 - WMAZ (CBS-13, Video): [Macon homeless 'Stand Down' event helps hundreds at Daybreak Center](#) (8 September, Nicole Butler, 446k uvm; Macon, GA)

After the Vietnam War, veterans would go to a "stand down," which was an area where they could clean up, enjoy a meal, and just enjoy being around each other.

Friday, the Dublin VA and the Macon Homeless Coalition have teamed up to host a stand down of their own.

They are hoping to connect homeless veterans with resources that could help them get housing and jobs.

They also offered free haircuts, showers and food, and the veterans received bookbags, sleeping bags, and shoes.

Joanie Oxley with the Dublin VA says she loves the encouragement and hope people get from these services.

"They are going from being homeless to moving in today, so that's my favorite part, and they are trying to get more housed today as well. That's my favorite part -- when you come out you get connected with services today it's not like leaving with a pamphlet, brochure, or flyer you get actual services," she says.

If you weren't able to make it the event, you can always call 478-272-1210.

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7.5 - MetroNews: [Ceremony to rename V-A for Williams set for Sunday](#) (7 September, Chris Lawrence, 276k uvm; Charleston, WV)

HUNTINGTON, W.Va. — West Virginia's only living Medal of Honor recipient will receive yet another rare honor Sunday. The Huntington V-A Medical Center will from now on be known as the Hershel "Woody" Williams V-A Medical Center. Congress approved the resolution pushed by Congressman Evan Jenkins and U.S. Senator Joe Manchin for the renaming. Williams credits the honor to his grandson's persistence.

"It certainly was a surprise," said Williams. "One of my grandsons really started the movement a couple of years ago with Senator Manchin. It started gathering momentum and eventually Congress agreed with the resolution that was put in."

It's the second time Congress has suspended major rules for Williams' name. Typically ships and V-A hospitals are only named for people after they are dead. Williams has managed to live to see his name on both.

"They had to suspend the rules and pass that for someone living and they've only done it a few times," said Brian Nimmo, Director of the V-A Medical Center. "The John S. McCain and the George Bush are a couple of other exceptions...they don't do this frequently."

It's a fitting tribute for Williams who stated his post World War II activities working for the same V-A hospital which now bears his name.

"I came there in January 1946 to start my training with the V-A from Fairmont, West Virginia," said Williams. "It took me seven hours to drive it."

"He's seen so much of the change both on the benefits side and out here at the hospital," Nimmo explained. "He's really seen the medical center evolve."

Several hundred are expected to be on hand for the naming ceremony on Sunday. Nimmo believed it would be a boost to morale of employees as well as veterans to see Williams' name on the building.

"It's hard to put into words how much this means to us," said Nimmo. "He's got such a legacy of service, this is something we can use forever as motivation to our staff. We've got a pretty big name to live up to."

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7.6 - The Journal Record: [Sooner Stand Down opens doors for veterans](#) (7 September, Molly M. Fleming, 59k uvm; Oklahoma City, OK)

Blake Thibodeaux's dark eyes widened and a smile showed through his beard when he was reminded he was going to have his own place in a couple of weeks.

"I'm ecstatic," he said. "I don't know how to really react."

Thibodeaux, 34, has spent the last four years living on the city's streets. He said his three years in the U.S. Army prepared him for the camping.

Thibodeaux was at the Homeless Alliance on Friday receiving a range of services as part of the annual Sooner Stand Down. More than 170 veterans received care from barbers as well as dentists, eye professionals and primary-care physicians. Organizations that offer housing, employment, legal aid, and spiritual and substance abuse counseling were also on site.

Thibodeaux served from 2002 to 2005, then moved back home to Louisiana, where he worked a few jobs in construction and fast food.

By 2012, his mental health issues overwhelmed him and he couldn't get the treatment he needed from the state. His anxiety and depression related to post-traumatic stress disorder went untreated until 2014.

He came to Oklahoma City, where he received mental health help from HOPE Community Services. He was diagnosed with schizophrenia as well. He took to the streets to live because he figured that was his best option.

"I thought it was good because I was staying away from people," he said. "But it was hurting me. I'd get in my own thoughts a lot. That can be just as harmful as anything else."

Last month, he had enough of street life. All his stuff was stolen. He went to the U.S. Department of Veterans Affairs Medical Center in Oklahoma City. He found out he was eligible for the U.S. Department of Housing and Urban Development's Veterans Affairs Supported Housing program, or HUD-VASH vouchers.

The goal of Friday's annual event was to get about 12 veterans in a home, though by the end of September, 40 veterans are expected to have a permanent roof over their heads, said Meghan Mueller, program manager for Oklahoma City's Journey Home.

Mueller said the city has fewer than 50 chronically homeless veterans at any time. Nearly 800 veterans have been housed since January 2015.

"At any time, in our homeless population, about 10 percent are veterans," she said.

Chronically homeless veterans are the most vulnerable of the population, so while they have been homeless at least for more than a year, they also have a self-reported disability, such as a substance-abuse problem or a health issue such as diabetes.

For a veteran or anyone seeking shelter to have a situation reviewed, he or she must first fill out the vulnerability index survey. The survey gives the person a score on how dire of a situation in which he or she is living. The highest score is 17.

Mueller takes these surveys to her weekly meetings with other organizations that work with veterans. At the end of the meeting, every person who completed the survey will have someone who follows up with them.

If veterans meet the VA qualification for services, then April Barney and her team can help find them a home. She said while the VA offers vouchers, finding apartment units for the veterans is a challenge.

With a voucher, Thibodeaux and other recipients only have to pay toward their rent what equates to 30 percent of their income.

"Landlords are becoming more accepting," Barney said. "But we have others that we call and they've dealt with people that have had multiple evictions, so they don't want to do it."

Mueller said veterans or other people seeking housing through one of the organizations have a case manager, so if a landlord has a problem with the tenant, there is someone who can be called.

The retention rate of people on vouchers is more than 90 percent because they have a case manager.

Barney said landlords are missing out on people who would be long-term stable tenants. She said she's had to write letters for veterans and isn't afraid to use the owners' words to help her client.

"I wrote, 'Just like the properties you rehab, this veteran wants to rehab his life,'" she said.

For people who don't qualify for services from the VA, Goodwill Industries of Central Oklahoma helps with housing as well through its Supportive Services for Veteran Families program. Donnie Lewis oversees a program that provides rehousing services for veterans.

"Just like Goodwill helps people overcome challenges to employment, this program helps overcome challenges to not having a stable home," he said.

With Lewis' program, he tries to find a place for people in less than 30 days. He has to get landlords who will let in someone who may have an eviction, or not have any income. Some people seeking housing may also have a felony. The places where a sex offender can be housed are usually always full.

But he said he's heard good reviews from landlords about working with the veterans. Since there's a case manager, the landlord knows whom to call if an eviction may be an issue.

The case manager is a crucial part to getting people successfully housed, Mueller said. The case manager helps them get all the services they need and teaches them about living in a neighborhood again.

"The skill set it takes to be homeless and the skill set it takes to be housed are completely different," she said. "Moving them into housing can be very isolating."

While the need for landlords to take the housing vouchers is an issue, now there's a need for more case managers. Hiring more case managers can happen only as additional money is available.

But having that person to walk people through the system can make a difference, not only in where they live but how they feel, as Thibodeaux knows. He's looking forward to having a place he can call home. His first purchase will be a bed.

He said he hopes people understand that veterans are not bad people. Being homeless actually offered him the camaraderie he missed from the military. The homeless community looks out for itself.

"Transitioning from military to civilian life is not an easy process," he said.

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7.7 - Alabama News Network: ["Stand Down for Veterans" Helps to put Homeless Vets Back on their Feet](#) (7 September, Ellis Eskew, 59k uvm; Montgomery, AL)

The Multiplex at Cramton Bowl was filled Friday morning with about 150 veterans.

“It’s very important. Many of our veterans that come to ‘Stand Down’ are known to get employment, to get housing, it can really be a jump start to a better quality of life for someone who may be homeless,” said Ian Reed with Central Alabama Veterans Health Care System.

From getting fitted for new shoes to job information, it’s a place where veterans like Ronald Wilson say can get their lives back on track.

“They help you get started with your health and then they help me with my home. They have a lot of opportunities that you can get involved,” said Wilson.

“Right now, I stay in a VA shelter and they’re helping me get an apartment or house through the VA. And I’ve talked to the rep and they are trying to help me find ways to get me more of my benefits as far as my military career,” said veteran Dennis Kilgore.

For LAMP student Jun Park it was a day to help give back. Since we talked to him two weeks ago, he has been collecting hygiene items for homeless veterans.

“I got a lot of donations and I reached my total, even surpassed it. I got 220 bags for homeless veterans. To give out to homeless veterans,” said Park.

And some of his fellow baseball players were there to help hand out the donation bags.

“I think its fantastic and I wish there were more people like that,” said Kilgore.

It’s all an effort to help serve those who have sacrificed so much.

“I think they deserve it for serving our nation. They should enjoy what we enjoy too,” said Park.

The “Vietnam Veterans of America” is collecting veteran stories. If you’d like to participate in the project, [click here](#) for more information.

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7.8 - The Journal: [New center provides emergency aid, counseling to veterans](#) (7 September, Mary Shinn, 44k uvm; Cortez, CO)

A new veterans’ center quietly opened last month in Bodo Industrial Park south of downtown Durango to provide emergency aid, free counseling and a variety of other services to those in need.

The nonprofit, Veterans Outreach Center of La Plata County, is run by veterans and aims to provide a welcoming environment that ensures more veterans receive services if they are homeless, jobless or otherwise in need, said Candyce Tart, a staff psychologist for the Department of Veterans Affairs.

“It’s a place for community and recovery,” she said.

Many veterans have already visited the center in its first month, including some experiencing thoughts of suicide, said Jesse Sheets, a U.S. Marine Corps veteran, who volunteers at the front desk. He has already seen the center make a difference for those in crisis and experiencing post-traumatic stress disorder.

“Slowly, you can start seeing the change in them,” he said.

Sheets was homeless and unemployed before coming to the center in August. The volunteer staff immediately housed him and got him an appointment with a counselor.

“If I have a bad day, they understand exactly what I’m going through,” said Sheets, who served in Afghanistan.

The center expects to employ Sheets through a work-study program while he works on his psychology degree, Tart said.

About two-third of veterans visiting the center are from the Vietnam era, and the rest are in their late 20s and early 30s and served in Iraq or Afghanistan, she said.

The idea for the center germinated at a community-wide suicide prevention summit held in May 2017, Tart said. Veterans were a topic at the summit because they are at a higher risk for suicide. An average of 20 veterans die each day by suicide, and most have not accessed health care through the Veterans Health Administration, according to a 2016 VA report on suicide.

At the summit, concerned residents identified the need for a drop-in center where veterans can walk in to see a mental-health provider that same day without having to wait for an appointment, she said.

Other communities across the country, including Cortez and Glenwood Springs, have similar drop-in centers for veterans. The success of those centers encouraged local groups to open a center in Durango, she said.

The La Plata County chapter of the Disabled American Veterans bought the building in Bodo Industrial Park in July to house the center. An anonymous donor also provided the center with operating funds for eight months, Tart said.

An independent nonprofit will form to run the center and manage grants and fundraising for the center in the long term, she said.

Veterans who visit the center are greeted at the front desk by a veteran who has been trained in some soft counseling skills and personally makes sure veterans are connected to the proper services, she said.

The DAV funds a counselor, Stephen Brown, who can see patients right away and help Tart with her caseload. Some veterans may stay with Brown and others may go on to see Tart, who specializes in serving veterans with PTSD and military sexual trauma.

Tart has a three-month wait list for regular treatment, in part, because she is one of two VA psychologists for the region and must split her time between Durango and Farmington.

“We’re understaffed, but that is a national problem,” she said.

She expects the center's social aspects, such as barbecues and classes, will promote mental health wellness among combat veterans, who have a tendency to isolate themselves.

"For a veteran to reconnect with another veteran can be incredibly healing," she said.

For veterans facing financial problems, the DAV will provide emergency aid to house veterans on a short-term basis or help with other expenses such as utilities or car repairs.

The DAV has received federal grants for several years to provide services. The group has provided aid to about 1,500 veterans in the last year and expects to serve many more through the center, said Bob Collette, the DAV's counsel pro tem liaison for veteran's affairs.

The center cannot provide housing, but the staff will help veterans connect with representatives from Volunteers of America and the VA who can help with housing.

Volunteers at the center also provide acupuncture, yoga classes and energy healing therapy to help with anxiety, among other services.

Tart said she hopes the center continues to expand its services.

"We're hoping that we grow out of this building," Tart said.

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7.9 - WMGT (NBC-41, Video): [Homeless Stand Down Provides Opportunities For Homeless Veterans](#) (7 September, Edna Ruiz, 26k uvm; Macon, GA)

Dozens of homeless people were treated to a variety of opportunities Friday morning. The Macon Homeless Coalition held its annual Macon Homeless Stand Down.

"One gentleman today, said he came and just simply needed a pair of shoes. You know, just think about our lives," said Jeff Battcher, Macon Homeless Coalition.

Battcher has made it a mission to help homeless people get back on their feet.

"We've got to find a way to battle this issue and this is a perfect thing to do here with this stand down, is to focus on the veterans, but then again help anybody else that needs help," said Battcher.

The Macon Homeless Coalition partnered up with the Carl Vinson VA to bring resources all under one roof for those in need.

"A whole bunch of different volunteer groups have come in today from local churches, schools, and so all of them have come in today to assist as well, because we needed all of this help with all of the people that came in," said Battcher.

The event provided hot meals, haircuts, and dental and health assistance.

"We think about the big things, we need to focus on the big things but a lot of times, just the basic simple things, like I need a pair of shoes, you know. So, that's what we did today and that's what I think we should be doing everyday," said Battcher.

Friday's event at Daybreak helped find homes for three veterans.

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8. [Other](#)

8.1 - ABC News (Video): [Kellyanne Conway latest top Trump official to deny authoring anonymous NYT op-ed](#) (7 September, Jordyn Phelps, 24.1M uvm; New York, NY)

One of President Donald Trump's top aides, Kelleyanne Conway, on Friday became the latest high-ranking administration official to deny authoring that anonymous New York Times op-ed blasting her boss.

Conway, whose title is Counselor to the President, called on anyone working to frustrate the president's agenda from inside the White House to resign.

[...]

A spokesperson for Secretary of Veterans Affairs Robert Wilkie added him denial to the list, saying neither Wilkie "nor anyone at VA" wrote the op-ed.

"Under President Trump, VA has accomplished more in the last 18 months than it has in decades in reforming the department and improving care and benefits for our nation's heroes," spokesperson Curtis Cashour told ABC News. "We are committed to continuing this progress under the president's leadership."

[...]

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8.2 - U.S. News & World Report (AP): [2nd District GOP Candidates Differ Some on Policy, Not Trump](#) (7 September, Holly Ramer, 23.9M uvm; Washington, DC)

CONCORD, N.H. — Republicans competing for a chance to take on Democratic Rep. Annie Kuster in New Hampshire's 2nd Congressional District unanimously praised President Donald Trump but differed a bit on immigration, abortion and other issues in a televised debate four days before their primary.

Six of the seven Republicans who will be on Tuesday's ballot met for a debate Friday night on WMUR-TV. They repeatedly praised Trump, including the way he accepted Russian President Vladimir Putin's denials regarding interference in the 2016 election. Robert Burns, who served as chair of the Trump campaign's youth coalition, called it an example of Trump's skill as a negotiator.

"What is he supposed to say to Putin when he denies it, call him 'Liar, liar, pants on fire'? That's just ridiculous," said Burns, of Bedford. "And for the liberal media to be out there just hoping and praying for this sort of nuclear war and another Cold War, it's just absolutely unfathomable and totally ridiculous."

Brian Belanger called Trump a smart businessman who knows the importance of keeping his friends close and his enemies closer.

"He did a strategic thing," he said. "He keeps them right where he wants them."

Asked whether legal immigration is making American worse, Belanger spoke the most forcefully in the affirmative.

"You may have half the family members that come legally but it's the other half, maybe the criminal half, that will come in here illegally because once someone is established here they can send money back to their home country to help those folks come into our country," he said. "So, yes, I do believe that some part of legal immigration is affecting us."

The others didn't answer directly, though several, including former state Rep. Lynne Blankenbeker and former VA physician Stewart Levenson, expressed support for Trump's efforts to curtail legal immigration. Levenson brought up the death of Mollie Tibbetts, a University of Iowa student who authorities say was abducted in July and killed by a man believed to be in the U.S. illegally. Trump and others have seized on the suspected killer's immigration status to argue for changes in U.S. immigration law, prompting Tibbetts father to write an opinion piece against using her death in support of "views she believed were profoundly racist."

"We have to start taking care of our own citizens," Levenson said.

Levenson was among a group of whistleblowers who went public last year with allegations regarding substandard conditions and care at the veterans hospital in Manchester, and launched his campaign in response to what he called Kuster's refusal to address the problems. But state Rep. Steve Negron accused Levenson of giving himself too much credit,

"The thing I'm trying to wrap my head around is ... Dr. Levenson put out that the very number 1 reason to vote him into Congress is that he took on Washington and won. I don't think anybody's won," he said, citing recent reports that the VA nationwide has a backlog of 400,000 disability claims appeals. "This fight's not over, and the people that have been fighting it, long before Dr. Levenson became a whistleblower, were veterans and veterans organizations. Those are the ones out there who started turning this tide."

The candidates also were asked whether they would support new restrictions on abortion if federal law legalizing it is struck down by the U.S. Supreme Court. Burns and Belanger said they would only allow abortion if a woman's life was in danger. Levenson said he opposes third-trimester abortions and public funding for the procedure. Negron said he would outlaw abortion without exception, while Blankenbeker and Gerard Beloin were less specific, describing themselves as prolife.

Jay Mercer of Nashua was not present.

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8.3 - Military Times: [Man admits stealing \\$145K in VA benefits intended for military widow](#)
(7 September, Karen Jowers, 2.1M uvm; Springfield, VA)

An Oceanside, California, man has pleaded guilty to stealing \$145,035 that was intended for a military widow.

Michael Vanden Brink, 57, admitted in federal court Sept. 5 that he collected a military widow's benefits for nearly 10 years after she died. The widow, who died on June 30, 2004, at her home in Oceanside, had been receiving Dependency and Indemnity Compensation benefits since 1972.

DIC is a benefit paid to eligible survivors of service members who died in the line of duty, or eligible survivors of veterans whose death resulted from a service-related injury or disease. The benefit is paid by the Department of Veterans Affairs.

Information was not available on which branch of service the widow's husband served in. She was identified only as H.C.C. for privacy reasons, said Special Assistant U.S. Attorney Jeffrey Hill, in the Southern District of California.

Brink is not a relative of the deceased widow, Hill said. However, Brink shared a joint bank account with her, and her monthly DIC benefits were paid into that joint bank account. Information about the nature of their relationship was not available.

As part of his plea agreement, Brink has agreed to pay \$145,035 to the VA. He will be sentenced on Dec. 10, and faces up to 10 years in federal prison and a fine of up to \$390,060.

According to the plea agreement, Brink informed the bank of the widow's death, but he didn't notify the bank that the monthly DIC deposits should stop. Instead, he continued to receive the monthly deposits until Feb. 26, 2014, and was the only owner of the bank account. Brink received monthly bank statements.

He acknowledged that he knew he wasn't entitled to the money and that it belonged to the United States, according to the plea agreement.

The theft was discovered as the result of "proactive database matching, which cross-references all VA payees against the Social Security Administration's death records," Hill said.

The investigation shows the VA Office of Inspector General's "commitment to aggressively pursue individuals who defraud VA programs. The VA OIG will continue to identify criminal activity in order to protect the integrity of VA programs," said Special Agent in Charge A.E. Pleasant, of the western field office of the VA IG's criminal investigations division.

"For almost a decade, this defendant stole thousands of dollars intended to help the families of our brave men and women in uniform," said U.S. Attorney Adam Braverman. "This prosecution demonstrates the commitment of the United States Attorney's Office to protecting the integrity of programs for our veterans and their families."

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Veterans Affairs Media Summary and News Clips

8 September 2018

1. [Top Stories](#)

1.1 - Military.com: ['It Is Your VA:' Amid Skepticism, Wilkie Pledges New Commitment to Female Vets](#) (7 September, Richard Sisk, 9M uvm; San Francisco, CA)

In a first major address to women's military and veterans organizations Friday, new VA Secretary Robert Wilkie said that the department would be making changes to accommodate their needs but declined to give specifics.

[Hyperlink to Above](#)

1.2 - Military.com: [VA Opens New Research Center Focused on Veteran Caregivers](#) (7 September, Amy Bushatz, 9M uvm; San Francisco, CA)

A new Department of Veterans Affairs research hub will focus on veteran caregiver challenges and services, officials announced today. The Elizabeth Dole Center of Excellence will operate under the VA Health Services Research and Development program, VA Secretary Robert Wilkie announced today. The virtual center is named in honor of former Sen. Elizabeth Dole whose foundation focuses on caregiver issues, support and research.

[Hyperlink to Above](#)

1.3 - Military Times: [Secretary promises VA will be more 'welcoming' to women veterans](#) (7 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs Secretary Robert Wilkie said his department "needs to be more welcoming to women veterans" and promised improvements at the bureaucracy in months to come. "We are on the cusp of a great change," Wilkie told veterans attending the inaugural meeting of the Military Women's Coalition in Georgia on Friday. "This is not my father's or my grandfather's VA. It is now your VA. We have to change how we do business, and that means making the institution more welcoming."

[Hyperlink to Above](#)

1.4 - WXIA (NBC-11, Video): [We ask the VA Secretary directly: Did he write the scathing NYT Op-Ed?](#) (8 September, Ryan Kruger, 1.5M uvm; Atlanta, GA)

The scathing anonymous op-ed in the New York Times by a senior White House official continues to send shockwaves through the nation's capital and in Atlanta. Robert Wilkie, the recently confirmed Secretary of the Department of Veterans Affairs, was in town Friday to talk about the Atlanta Veterans Affairs health system.

[Hyperlink to Above](#)

1.5 - WFED (AM-1500): [How the VHA innovators network is turning 'changing narrative' of complacency](#) (7 September, Nicole Ogrysko, 854k uvm; Washington, DC)

The agency whose employees once developed the nicotine patch and invented the cardiac pacemaker has a long history of medical research. But the Veterans Affairs Department says, despite the common perception that it's shrouded in bureaucracy and red tape, innovation is still happening at the VA. In fact, it's thriving.

[Hyperlink to Above](#)

1.6 - Task & Purpose: [The VA Is Eyeing Ketamine As An Emergency Treatment For Patients At High Suicide Risk](#) (7 September, James Clark, 629k uvm; New York, NY)

A pair of research programs currently underway at a Veterans Affairs medical center in Cleveland aim to determine if a low-dose infusion of ketamine — the anesthetic that gained popularity for its street name ‘Special K’ in the 1960s and 70s — can help patients with treatment-resistant depression, and whether the drug can work as an emergency measure to help those at a high risk of suicide.

[Hyperlink to Above](#)

1.7 - WGCL (CBS-46, Video): [VA Secretary Wilkie makes first trip to Atlanta](#) (7 September, Natalie Rubino, 587k uvm; Atlanta, GA)

Robert Wilkie made his first visit to Atlanta since becoming the Secretary of Veteran Affairs in July. Before visiting the Atlanta VA, Wilkie stopped by America's Warrior Partnership Symposium at the Omni Hotel. Wilkie spoke to veteran organizations there about the newly passed Mission Act. Wilkie said the act will provide more access to healthcare for veterans.

[Hyperlink to Above](#)

1.8 - The San Diego Union-Tribune: [VA overpaid third-party providers by \\$100 million, Inspector General says](#) (7 September, Andrew Dyer, 493k uvm; San Diego, CA)

A new report by the Veterans Affairs Inspector General says that over the course of one year, the agency overpaid third-party providers by more than \$101 million, mostly due to a bulk-payment process that lacked controls that would have prevented duplicate payments.

[Hyperlink to Above](#)

1.9 - WABE (NPR-90.1, Audio): [Veterans Affairs Secretary: We Need To Do Better](#) (7 September, Martha Dalton, 187k uvm; Atlanta, GA)

U.S. Secretary of Veterans Affairs Robert Wilkie came to Atlanta on Friday. He gave the keynote address at two gatherings supporting veterans and visited the Atlanta VA Health Care System. Wilkie has been on the job for about a month. He's traveling the country, visiting different VA centers to talk with staff and veterans.

[Hyperlink to Above](#)

1.10 - Nevada Independent: [Pence Touts Hellers Role In Boosting Military Spending Improving Veterans Services During Brief Speech](#) (7 September, Megan Messerly, 16k uvm; Las Vegas, NV)

Vice President Mike Pence called U.S. Sen. Dean Heller a “tenacious champion” for the military and veterans at a speech in front of servicemembers and veterans at Nellis Air Force Base on Friday, kicking off a day of stumping in Las Vegas for both Heller and Attorney General and gubernatorial candidate Adam Laxalt.

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2. [Greater Choice for Veterans](#)**3. [Modernize Our System](#)**

3.1 - WJLA (ABC-7, Video): [New VA outpatient clinic opens in Gaithersburg](#) (7 September, Amy Aubert, 1.5M uvm; Arlington, VA)

A new VA outpatient clinic opened in Gaithersburg, Maryland on Friday. "Beautiful!" said Vietnam Veteran, Wayne Miller, as he walked through the halls of the new clinic. Miller worked with other veterans and said the new clinic meant so much.

[Hyperlink to Above](#)

3.2 - WFED (AM-1500, The Coalition for Government Procurement): [5 pillars of GSA schedules modernization](#) (7 September, Roger Waldron, 854k uvm; Washington, DC)

The back-to-school season is upon us here in the Nation's Capital. As local students are wrapping-up their first week of classes today, it is time to start thinking about the end of summer and the end of the fiscal year. The "experienced hands" at gearing-up for a new school know, and others likely will notice, this season unmistakably is one dominated by lists.

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3.3 - Winston-Salem Journal: [State purchases Kernersville site for VA nursing home](#) (7 September, Richard Craver, 849k uvm; Winston Salem, NC)

The health-care campus in Kernersville is being expanded a second time with the state purchasing two sites for a nursing home for veterans. The Council of State approved the project in July, allowing the State Property Office to spend \$3.42 million on behalf of the Department of Military and Veterans Affairs.

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3.4 - Health Data Management: [VA CIO nominee says Cerner EHR could be rolled out sooner than 10 years](#) (7 September, Greg Slabodkin, 143k uvm; Chicago, IL)

While the Department of Veterans Affairs plans to implement a \$10 billion Cerner electronic health record system over 10 years, the VA's nominee to serve as CIO says he believes the timeline could be sped up.

[Hyperlink to Above](#)

3.5 - mHealth Intelligence: [VA Hospitals Use Telemedicine to Improve Antibiotic Stewardship](#) (7 September, Eric Wicklund, 53k uvm; Danvers, MA)

A telemedicine platform linking two small VA hospitals with infectious disease experts has helped staff at those hospitals improve their antibiotic stewardship. The pilot program, detailed this month in Infection Control and Hospital Epidemiology, is similar to the Project ECHO telehealth platform first developed at the University of New Mexico and now being used across the country.

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3.6 - WDVM (TV-25, Video): [New VA clinic opens in Gaithersburg](#) (7 September, Kylie Khan, 13k uvm; Hagerstown, MD)

After several years in the making, officials broke ground on a new VA clinic in Gaithersburg on September 7. The new Community-Based Outpatient Clinic is just down the road for more than 42,000 Montgomery County veterans. Plans to build the clinic were approved ten years ago, and officials broke ground in 2016.

[Hyperlink to Above](#)

4. Focus Resources More Efficiently

4.1 - Reuters: [Federal Circuit judge says court should lower bar for proving equal pay claims](#) (7 September, Daniel Wiessner, 43.7M uvm; New York, NY)

A judge on the U.S. appeals court that hears most employment cases against federal agencies said on Friday that the court's standard for reviewing Equal Pay Act claims was "nonsensical" and placed too high of a bar on federal workers to prove sex-based pay discrimination.

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4.2 - WCNC (NBC-36, Video): [NC hospital taking extreme measures to keep your family safe from Legionnaire's disease](#) (7 September, Nate Morabito, 863k uvm; Charlotte, NC)

A severe type of pneumonia that can be fatal is on the rise across the country, with confirmed cases up by more than 300 percent alone in North Carolina over the last decade. In the first half of this year, doctors in the Carolinas diagnosed about 100 people, including people in Charlotte, with Legionnaires' disease, according to records from both states.

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4.3 - KNWA (FOX-24, Video): [Veteran Health and Resource Summit Held in NWA](#) (7 September, Clarissa Bustamante, 191k uvm; Fayetteville, AR)

Helping veterans reacclimate back into society is a function the Veterans Affairs Office takes seriously. The Arkansas Department of Veteran Affairs and various community partners came together Friday to put on the 6th Annual Veteran Health and Resource Summit. The national initiative is designed to connect local vets with each other, as well as with organizations and services designed to help them.

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4.4 - The News-Review: [Roseburg Veterans Affairs Medical Center hires new quality management chief](#) (7 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has hired a new chief of quality management. Carla Spinelli-Moraski most recently worked at Kaiser Permanente of the Mid-Atlantic States as a senior business process consultant and the director of primary care. At the VA, she will oversee quality performance indicators, patient safety, inspections and overall improvements to the health care system.

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5. Improve Timeliness of Service

5.1 - KTAR (CMN-92.3, Audio): [Documentary subjects say health care for Phoenix veterans still lacking](#) (7 September, Mark Carlson, 446k uvm; Phoenix, AZ)

A new documentary called "The Care They've Earned" follows the lives of ill veterans since the Department of Veterans Affairs health care scandal erupted in Phoenix four years ago. Phoenix resident and Army veteran Steve Cooper was featured in the documentary, which screened in

Phoenix on Wednesday night. He said things got so bad with his prostate cancer, and his lack of care from the VA, that he considered taking drastic measures.

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5.2 - KBBI (NPR-890, Audio): [V.A. wants more veterans to register for healthcare](#) (7 September, Renee Gross, 12k uvm; Homer, AK)

The Alaska Veteran Association, or V.A., wants to provide Homer veterans with more health services and a larger clinic. But there's a hang up. Only half of the estimated veterans in town are signed up for insurance through the V.A. Without more registered vets, it may be harder to justify additional services, and getting unregistered vets to sign up isn't easy.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - WLUC (NBC-6, Video): [VA Hospitals raise awareness about suicide prevention programs for veterans](#) (7 September, Alicia Naspretto, 276k uvm; Negaunee, MI)

Recent reports show 20 veterans are dying each day by suicide. While that number seems high, it's actually lower than years past. "The suicide rate for veterans has actually decreased from the last time we reported out those numbers," Sharon Anastas, a Suicide Prevention Coordinator with Iron Mountain's VA Hospital told TV6 News. "It used to be 22 veterans dying each day by suicide, now we're reporting out 20 veterans dying a day by suicide. So we believe that some of the efforts that we are making in suicide prevention may be helping."

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Milwaukee Journal Sentinel: [Conversion of Milwaukee's former historic Soldiers Home into vet housing to begin early 2019](#) (7 September, Tom Daykin, 4.8M uvm; Milwaukee, WI)

A \$40 million conversion of Milwaukee's former historic Soldiers Home and other nearby buildings into veterans apartments will begin early next year once a fundraising campaign is completed. Madison-based Alexander Co. expects to complete the development by fall 2020, said Kendra Bishop, director of marketing and public relations for the firm.

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7.2 - KNSD (NBC-7, Video): [GI Bill Funding Reinstated for 3 Private San Diego Universities](#) (7 September, Artie Ojeda, 2.1M uvm; San Diego, CA)

Three private universities, whose students include hundreds of military veterans, unexpectedly in jeopardy of losing approval for critical GI Bill funding are breathing a collective sigh of relief. In June, the state agency that approves the funding, California State Approving Agency For Veterans Education (CSAAVE), sent the schools a notice of suspension letter.

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7.3 - Inside Higher Ed: [California Reverses Decision On Veterans' Benefits](#) (7 September, Ashley A. Smith, 657k uvm; Washington, DC)

Update: The California State Approving Agency for Veterans Education reversed its decision late Thursday to stop three private Missouri colleges from offering full veterans education benefits in the state.

[Hyperlink to Above](#)

7.4 - WMAZ (CBS-13, Video): [Macon homeless 'Stand Down' event helps hundreds at Daybreak Center](#) (8 September, Nicole Butler, 446k uvm; Macon, GA)

After the Vietnam War, veterans would go to a "stand down," which was an area where they could clean up, enjoy a meal, and just enjoy being around each other. Friday, the Dublin VA and the Macon Homeless Coalition have teamed up to host a stand down of their own. They are hoping to connect homeless veterans with resources that could help them get housing and jobs.

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7.5 - MetroNews: [Ceremony to rename V-A for Williams set for Sunday](#) (7 September, Chris Lawrence, 276k uvm; Charleston, WV)

West Virginia's only living Medal of Honor recipient will receive yet another rare honor Sunday. The Huntington V-A Medical Center will from now on be known as the Hershel "Woody" Williams V-A Medical Center. Congress approved the resolution pushed by Congressman Evan Jenkins and U.S. Senator Joe Manchin for the renaming. Williams credits the honor to his grandson's persistence.

[Hyperlink to Above](#)

7.6 - The Journal Record: [Sooner Stand Down opens doors for veterans](#) (7 September, Molly M. Fleming, 59k uvm; Oklahoma City, OK)

Blake Thibodeaux's dark eyes widened and a smile showed through his beard when he was reminded he was going to have his own place in a couple of weeks. "I'm ecstatic," he said. "I don't know how to really react." Thibodeaux, 34, has spent the last four years living on the city's streets. He said his three years in the U.S. Army prepared him for the camping.

[Hyperlink to Above](#)

7.7 - Alabama News Network: ["Stand Down for Veterans" Helps to put Homeless Vets Back on their Feet](#) (7 September, Ellis Eskew, 59k uvm; Montgomery, AL)

The Multiplex at Cramton Bowl was filled Friday morning with about 150 veterans. "It's very important. Many of our veterans that come to 'Stand Down' are known to get employment, to get housing, it can really be a jump start to a better quality of life for someone who may be homeless," said Ian Reed with Central Alabama Veterans Health Care System.

[Hyperlink to Above](#)

7.8 - The Journal: [New center provides emergency aid, counseling to veterans](#) (7 September, Mary Shinn, 44k uvm; Cortez, CO)

A new veterans' center quietly opened last month in Bodo Industrial Park south of downtown Durango to provide emergency aid, free counseling and a variety of other services to those in need. The nonprofit, Veterans Outreach Center of La Plata County, is run by veterans and aims to provide a welcoming environment that ensures more veterans receive services if they are

homeless, jobless or otherwise in need, said Candyce Tart, a staff psychologist for the Department of Veterans Affairs.

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7.9 - WMGH (NBC-41, Video): [Homeless Stand Down Provides Opportunities For Homeless Veterans](#) (7 September, Edna Ruiz, 26k uvm; Macon, GA)

Dozens of homeless people were treated to a variety of opportunities Friday morning. The Macon Homeless Coalition held its annual Macon Homeless Stand Down. "One gentleman today, said he came and just simply needed a pair of shoes. You know, just think about our lives," said Jeff Battcher, Macon Homeless Coalition. Battcher has made it a mission to help homeless people get back on their feet.

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8. [Other](#)

8.1 - ABC News (Video): [Kellyanne Conway latest top Trump official to deny authoring anonymous NYT op-ed](#) (7 September, Jordyn Phelps, 24.1M uvm; New York, NY)

A spokesperson for Secretary of Veterans Affairs Robert Wilkie added him denial to the list, saying neither Wilkie "nor anyone at VA" wrote the op-ed. "Under President Trump, VA has accomplished more in the last 18 months than it has in decades in reforming the department and improving care and benefits for our nation's heroes," spokesperson Curtis Cashour told ABC News. "We are committed to continuing this progress under the president's leadership."

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8.2 - U.S. News & World Report (AP): [2nd District GOP Candidates Differ Some on Policy, Not Trump](#) (7 September, Holly Ramer, 23.9M uvm; Washington, DC)

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1. [Top Stories](#)

1.1 - [Military.com: 'It Is Your VA:' Amid Skepticism, Wilkie Pledges New Commitment to Female Vets](#) (7 September, Richard Sisk, 9M uvm; San Francisco, CA)

In a first major address to women's military and veterans organizations Friday, new VA Secretary Robert Wilkie said that the department would be making changes to accommodate their needs but declined to give specifics.

"My pledge to you is the VA will become a welcoming home for all those who have worn the uniform," Wilkie said at the inaugural meeting in Atlanta of the Military Women's Coalition, a new umbrella group of existing service organizations.

Wilkie said he was not ready to give the "ABCs" on new initiatives, but stressed that the Department of Veterans Affairs was "on the cusp of great change" in terms of addressing services for women that were ignored in the past.

He suggested that improvements in mental health and primary care for women would be on the agenda.

"In order to meet that change, we have to change the way of doing business," he said.

To that end, Wilkie said he was committed to installing more diverse leadership at the VA. He noted that last month retired Air Force Col. Pamela Powers became his chief of staff. Powers held a similar post under Wilkie in his previous job as under secretary of Defense for Personnel and Readiness.

Powers replaced Jacquelyn Hayes-Byrd, who had been serving as acting chief of staff and now has been named acting assistant for Human Resources and Administration.

"It is your VA," Wilkie said, citing statistics that made meeting the needs of women a priority.

Women now make up about 13 percent of active duty forces, and Wilkie said he expected that number could rise to about 20 percent in coming years.

"This is your Veterans Affairs department. The doors are open we will be making changes to make sure that the needs of our fighting women are taken care of," Wilkie said.

As he left the stage, Lydia Watts, chief executive officer of the Service Women's Action Network (SWAN), said the group look forward "to seeing those changes implemented."

Wilkie's address was met with skepticism by some in the audience.

Retired Army Col. Ellen Haring, a West Point graduate and 30-year veteran who now serves as director of research for SWAN, told Military.com before Wilkie spoke that she was looking for specific updates that would make the VA more welcoming.

"We want to know how change will happen on his watch," she said.

Haring also said Wilkie appears to want to steer clear of "controversial issues" including a possible change to the motto of the VA to make it more gender-neutral.

The current motto taken from Abraham Lincoln's Second Inaugural address reads: "To care for him who shall have borne the battle and for his widow, and his orphan."

The Iraq and Afghanistan Veterans of America (IAVA) began advocating for a change earlier this year.

One possible replacement motto reads: "To care for those who shall have borne the battle and their families and survivors."

The VA has thus far rejected a change.

In her own address to the coalition meeting following Wilkie's, Haring said a survey showed that military women and veterans had three top priorities: mental health care, action on sexual harassment, and culture change.

She said the first action of the new coalition would be a letter campaign demanding that Congress hold hearings on the report last month from the VA's Office of Inspector General, stating that about 1,300 claims of sexual trauma may have been wrongly denied by the VA.

Women's service organizations, including SWAN, Women in Military Service to America, and the Women Veterans United Committee, Inc. announced the formation of the Military Women's Coalition in July.

In a statement, the groups said that the goal was to "elevate the voices of the 2.2 million current service women and women veterans to bring about policy and culture change within the military and the veteran communities."

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1.2 - Military.com: [VA Opens New Research Center Focused on Veteran Caregivers](#) (7 September, Amy Bushatz, 9M uvm; San Francisco, CA)

A new Department of Veterans Affairs research hub will focus on veteran caregiver challenges and services, officials announced today.

The Elizabeth Dole Center of Excellence will operate under the VA Health Services Research and Development program, VA Secretary Robert Wilkie announced today. The virtual center is named in honor of former Sen. Elizabeth Dole whose foundation focuses on caregiver issues, support and research.

The research center will work with VA investigators and universities to develop agency policy for how veteran caregivers are supported and best practices for in-home and community-based care.

While the VA does currently offer services to caregivers, including a program which provides a monthly stipend to those who qualify, it does not have a research center dedicated to the subject.

There are an estimated 5.5 million military caregivers in the U.S., with about 1.1 million caring for a veteran who served after September 11, 2001, according to a 2014 RAND Corps report commissioned by the Elizabeth Dole Foundation. About 40 percent of those are between the ages of 18 and 30 and are caring for a veteran with a mental health or substance abuse condition, researchers found.

The new research center plans to include input from caregivers themselves in its design and findings, officials said. That buy-in has been key to the Elizabeth Dole Foundation's past caregiver work. The foundation annually names veteran caregivers to a fellowship advocacy program where they help develop policy the organization presents to lawmakers and administration officials.

Now, VA officials said they plan to involve caregivers and veterans directly in their process as well by integrating their input into care models, evaluation, feedback and best practices.

"The resulting work will inform care delivery and improvement by empowering Veterans, caregivers, VA and non-VA providers, and leadership in making informed choices regarding the best care for Veterans and support for those who support them," VA officials said in a release.

VA officials did not say how much the new research center will cost or when it will start work.

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1.3 - Military Times: [Secretary promises VA will be more 'welcoming' to women veterans](#) (7 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs Secretary Robert Wilkie said his department "needs to be more welcoming to women veterans" and promised improvements at the bureaucracy in months to come.

"We are on the cusp of a great change," Wilkie told veterans attending the inaugural meeting of the Military Women's Coalition in Georgia on Friday. "This is not my father's or my grandfather's VA. It is now your VA. We have to change how we do business, and that means making the institution more welcoming."

Wilkie did not offer specifics on policies or programs to "make sure the needs of our fighting women are taken care of," but he did acknowledge that women veterans are the fastest growing demographic group under the department's watch.

About 10 percent of the veterans population in America today are women, and that number is expected to rise above 17 percent in the next decade. Wilkie, who previously served as the Pentagon's top personnel official, said more than 250,000 women service members are stationed throughout the world today.

"And the VA has to change to respond to America's changes," he said.

The coalition, which includes more than 40 separate service women's advocacy groups, held the event to discuss "continued structural and cultural barriers women face during and after their service."

That included discussion of a inspector general report released earlier this month that VA officials may have improperly denied benefits to thousands of military sexual assault victims in recent years, due to paperwork and procedural mistakes.

The department has come under criticism in recent years for its slow response to complaints about a lack of exam space and health expertise for female patients, as well as administration officials' refusal to reconsider changing the VA motto of "To care for him who shall have borne the battle, and for his widow and his orphan" to less gender-specific language.

Wilkie, confirmed to the top VA post in late July, said he recognizes more work needs to be done and promised that "the department will be walking with you into the rest of the 21st century."

He also noted that several new leadership officials at the department are female veterans, including Chief of Staff Pamela Powers, whose 30-year Air Force career included a deployment to Kuwait as Chief of Staff to the 9th Air Expeditionary Task Force.

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1.4 - WXIA (NBC-11, Video): [We ask the VA Secretary directly: Did he write the scathing NYT Op-Ed?](#) (8 September, Ryan Kruger, 1.5M uvm; Atlanta, GA)

The scathing anonymous op-ed in the New York Times by a senior White House official continues to send shockwaves through the nation's capital and in Atlanta.

Robert Wilkie, the recently confirmed Secretary of the Department of Veterans Affairs, was in town Friday to talk about the Atlanta Veterans Affairs health system.

He and Senator Johnny Isakson said the recently-passed Mission Act allows for more funding and more resources for the VA. But Wilkie is also a senior White House official. So 11Alive asked him if he knows who wrote the letter.

"Umm, no," Wilkie he said.

On Friday, President Trump suggested his attorney general investigate the source of the anonymous op-ed. Meanwhile, Trump's predecessor took aim at the current president about that approach.

"We do not pressure the attorney general or the FBI to use the criminal justice system as a cudgel to punish our political opponents," said former President Barack Obama in a speech at the University of Illinois.

"I said I'm sorry I watched it but I fell asleep," President Trump joked.

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1.5 - WFED (AM-1500): [How the VHA innovators network is turning ‘changing narrative’ of complacency](#) (7 September, Nicole Ogrysko, 854k uvm; Washington, DC)

The agency whose employees once developed the nicotine patch and invented the cardiac pacemaker has a long history of medical research.

But the Veterans Affairs Department says, despite the common perception that it's shrouded in bureaucracy and red tape, innovation is still happening at the VA. In fact, it's thriving.

Pamela Bellino, a patient safety manager at the VA Boston Healthcare System, is making intranasal naloxone, a drug that essentially reverses opioid overdoses, easily accessible in hospitals.

VA Puget Sound Radiologist Beth Ripley is uncovering new uses for 3D printing, which is helping surgeons better prepare and plan for major procedures.

And Thor Ringler, a writer and editor for the VA medical center in Madison, Wisconsin, is interviewing veterans about their lives. He summarizes their stories and includes them in veterans' medical records, which doctors and nurses say help them better care for their patients.

These employees and others got a standing ovation from their peers at the Veterans Health Administration's multi-day innovation experience event in Washington last month. About 85 front-line VHA staff members presented their ideas and solicited feedback at the event.

Not all 85 ideas will receive funding or will move forward immediately. Some ideas will need more time for development and testing, but the department said it sees its innovation programs as opportunity to prove that every VA employee is an innovator.

"We are changing the narrative here at VA, and that's hugely important," Carolyn Clancy, VHA's deputy undersecretary for health for discovery, education and affiliate networks, said at the agency's innovation experience event. "We're tackling the difficulties of building this innovation culture in our health system head-on," she said. "What we're doing is effective, and it works."

VHA has a multi-pronged network to help employees get their ideas off the ground and then spread those ideas to other VA sites across the country. Through the VHA Innovators Network, staff at 32 VA sites across the country help employees submit their ideas and receive funding to design, develop, test and spread those concepts.

The "spark" stage gives VA employees \$5,000-\$10,000 to develop an initial proof of concept or prototype for their idea. The "seed" stage helps VA innovators pilot and validate their ideas with up to \$50,000. Finally, the "spread" stage gives employees \$100,000-\$200,000 to scale their innovation to multiple sites.

The VA Diffusion of Excellence initiative identifies best practices and projects that the department can scale and spread throughout the country.

In private sector health care, it takes about 13 years on average to take an idea from mere thought to reality, said Toby Cosgrove, former president and CEO of the Cleveland Clinic, who spoke to the VHA innovators.

So far, the VHA diffusion program has worked with 3,198 VHA employees to replicate 344 practices, which has resulted in cost savings worth about \$22.6 million.

“All of us need to be focusing on figuring out how can we speed this up,” Clancy said. “How do we get to a place where every person who serves veterans believes that a core part of their job is improving their job?”

VHA started the innovators network a few years ago, back when the department was emerging from a wait-time crisis. But the program came along at a good time, Clancy said, because it gave VA employees an opportunity to share their ideas and a channel to turn those thoughts into reality.

“That sense of positive momentum was so hugely important to us, and frankly, is hugely important to us still,” Clancy said. “We know that in all health care systems, there is a tendency to cling to the status quo.”

Breaking the status quo has been a goal of the VHA Innovators Network and Diffusion of Excellence initiative. VA employees who have a frustration or see an opportunity to improve even one small piece of their jobs should have an outlet to share their ideas, said Ryan Vega, director of VHA Diffusion of Excellence.

“VA is committed to doing this,” he said. “There’s resources in places. You have 85 front-line VHA staff who are pitching these innovations. That should be a message to the rest of the organization that while it is easy to sometimes to get complacent, while it is easy to get frustrated with a large health system, this work is possible.”

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1.6 - Task & Purpose: [The VA Is Eyeing Ketamine As An Emergency Treatment For Patients At High Suicide Risk](#) (7 September, James Clark, 629k uvm; New York, NY)

A pair of research programs currently underway at a Veterans Affairs medical center in Cleveland aim to determine if a low-dose infusion of ketamine — the anesthetic that gained popularity for its street name ‘Special K’ in the 1960s and 70s — can help patients with treatment-resistant depression, and whether the drug can work as an emergency measure to help those at a high risk of suicide.

Spearheaded by Dr. Punit Vaidya, the ketamine project was one among dozens presented in late August during a Veterans Health Administration innovation event at the National Press Club in Washington. At the event, VHA employees gave ‘Shark Tank’-style presentations on projects at their clinics and fielded questions from a panel as they vied for funding to design, develop and scale their projects.

As a staff psychiatrist at the Louis Stokes Cleveland VA Medical Center in Ohio, Vaidya launched a program earlier this year to use ketamine infusion therapy as a way to expand treatment options for patients suffering from treatment-refractory depression — or in layman’s terms: severe cases of depression that don’t respond to antidepressants.

“Unfortunately about 30% of individuals with major depression don’t respond to medications,” Vaidya told T&P. “So people can become desperate for things that work, because they can have a huge impact on their quality of life, and their overall functioning.”

The ketamine infusion, administered intravenously over the course of six sessions in the span of three weeks is “off-label,” meaning it’s approved by the Food and Drug Administration as an anesthetic, but not specifically designed for use in cases of treatment-resistant depression. According to Vaidya, a “handful” of veteran patients with treatment-resistant depression have participated in the research project.

The effects of the ketamine infusion can often be seen within a day, if not hours, Vaidya explained.

“If you look at their depression ratings and suicidal ratings given right before treatment and even four hours later you can see a significant reduction and I think that’s really quite remarkable,” Vaidya said.

“It’s quite rapid when you compare it to a traditional medication that is offered for depression, and when it comes to suicidality there’s no other medication that’s been demonstrated to have a rapid effect,” he added.

And that’s where the second project comes in: administering the low-dose ketamine infusion to patients in the psychiatric emergency room facing a high risk of suicide.

“These would be individuals who actually came to the ER with acute suicidal ideation — they’re in imminent danger of harming themselves,” Vaidya said. “This is a more vulnerable population. High risk. I can’t think of a higher risk population than a veteran that’s in imminent danger of killing themselves.”

Still in its nascent stage, the second project will test if ketamine can work as a short term emergency measure; a stopgap to stabilize a patient, and pull them out of the “depths of the depression or suicidal thinking and bridge them into another form of treatment,” Vaidya said.

While the possibilities are intriguing, so far no ER patients have been recruited, and the ketamine isn’t a miracle cure by any means, nor will it replace long-standing treatment methods for depression or those at suicide risk. “It’s not ‘you get this and you’re done,’” Vaidya explained.

In both cases — using ketamine for those with treatment-resistant depression, and as an emergency measure — Vaidya advises cautious optimism:

“These sorts of treatments, with all the excitement, you still have to have some critical thinking, and a critical approach toward using this medication, to inform patients about these unknowns.”

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1.7 - WGCL (CBS-46, Video): [VA Secretary Wilkie makes first trip to Atlanta](#) (7 September, Natalie Rubino, 587k uvm; Atlanta, GA)

Robert Wilkie made his first visit to Atlanta since becoming the Secretary of Veteran Affairs in July.

Before visiting the Atlanta VA, Wilkie stopped by America's Warrior Partnership Symposium at the Omni Hotel. Wilkie spoke to veteran organizations there about the newly passed Mission Act. Wilkie said the act will provide more access to healthcare for veterans.

Later in the day, Wilkie joined Senator Johnny Isakson at the Atlanta VA. Wilkie and Isakson said the VA needs to provide better customer service to veterans and that steps are already being taken to do just that.

On the way to meeting Wilkie, my photographer and I met a homeless veteran. So I also asked Wilkie what he'll do for those homeless veterans. He said he wants to put more programs in place to help vets with mental health and opioid addictions, along with working with cities to find out where the homeless veterans are.

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1.8 - The San Diego Union-Tribune: [VA overpaid third-party providers by \\$100 million, Inspector General says](#) (7 September, Andrew Dyer, 493k uvm; San Diego, CA)

A new report by the Veterans Affairs Inspector General says that over the course of one year, the agency overpaid third-party providers by more than \$101 million, mostly due to a bulk-payment process that lacked controls that would have prevented duplicate payments.

The money went to third-party administrators — HealthNet and TriWest — from March 2016 to March 2017 under the Patient-Centered Community Care Program, including Veterans Choice, which allows veterans to seek care at medical facilities outside the VA.

According to the report, the over-payments were the result of the VA's use of a bulk payment process — designed to expedite processing — that failed to review individual claims and had inadequate internal controls to detect duplicates.

Before the bulk-payment system, the VA used controls including the "Program Integrity Tool," to review claims. However, those tools led to long delays in repayment.

Dave McIntyre, the president and CEO of TriWest, said the company notified the VA of the discrepancies as early as July 2017.

"We went to the government and said, 'We've got all this money, and it's not ours,'" he said. "We were looking for a way to pay it back."

Among the recommendations investigators made to the VA was to establish a method for repayment.

McIntyre said once that process is in place, the company would return the money with "market-rate interest."

"We don't want to be hanging on to someone else's money," he said.

VA Press Secretary Curt Cashour said in an email that, since July 2017, the VA had again been using the Program Integrity Tool, which prevented "over \$71 million in potential over-payments."

“VA continues to cooperate fully with the (Inspector General) and all relevant government agencies in the review and determination of an appropriate process for reimbursement of over-payments by the third party administrators,” Cashour said. “To date, \$40 million has been recovered successfully.”

VA privatization concerns, always a hot-button topic, have intensified under President Donald Trump. Federal unions have said a trio of the president’s executive orders — which were overturned by a judge in late August — were an effort to weaken the agency. Former VA Secretary David Shulkin also warned of privatization efforts in a New York Times op-ed in March.

McIntyre, who leads one of those private companies, agreed the agency should not be privatized.

“The VA should not be privatized,” he said. “There is a lot of progress to be made. It takes both sides to get it right.”

A statement from TriWest said inconsistencies in the VA’s claims processing system led to the over-payments.

The VA has not “developed definitive and consistent rules for claims processing,” the statement said. “VA also insisted upon deploying non-industry standard practices related to claims requiring adjustment, and lacked a reliable process to allow its contractors, including TriWest, to return overpayments.”

The statement pointed to findings in the Inspector General’s report that supported its conclusion.

The Veterans Choice program was passed by Congress in 2014 to address long wait times at VA healthcare facilities. In May, President Trump signed another law, the VA Mission Act, to further fund private health care options under the VA.

HealthNet did not respond to an emailed request for comment.

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1.9 - WABE (NPR-90.1, Audio): [Veterans Affairs Secretary: We Need To Do Better](#) (7 September, Martha Dalton, 187k uvm; Atlanta, GA)

U.S. Secretary of Veterans Affairs Robert Wilkie came to Atlanta on Friday. He gave the keynote address at two gatherings supporting veterans and visited the Atlanta VA Health Care System.

Wilkie has been on the job for about a month. He’s traveling the country, visiting different VA centers to talk with staff and veterans.

A recent audit from the Inspector General’s office showed several VA facilities, including those in Atlanta, struggle with long wait times, staffing shortages and other organizational problems.

In a conversation with WABE, Wilkie says the VA would benefit from switching to electronic medical records.

He says the VA MISSION Act, recently signed by President Donald Trump, should help streamline and improve care for vets.

Although there have been rumblings in Congress about privatizing the VA, Wilkie says he doesn't support that and it's not likely to happen.

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1.10 - Nevada Independent: [Pence Touts Hellers Role In Boosting Military Spending Improving Veterans Services During Brief Speech](#) (7 September, Megan Messerly, 16k uvm; Las Vegas, NV)

Vice President Mike Pence called U.S. Sen. Dean Heller a “tenacious champion” for the military and veterans at a speech in front of servicemembers and veterans at Nellis Air Force Base on Friday, kicking off a day of stumping in Las Vegas for both Heller and Attorney General and gubernatorial candidate Adam Laxalt.

Pence, in a short 15-minute speech to a crowd of a little less than a hundred servicemembers and veterans at the Thunderbirds Hangar, touted the work that President Donald Trump and Heller, in his role on the U.S. Senate Veterans Affairs Committee, have done to invest in the nation's military, saying that the Republican senator has “stood with” the administration “every step of the way.” Heller is facing a tough re-election fight against Democratic Rep. Jacky Rosen where veterans have become a key campaign issue.

Though the speech was technically an official event by both the vice president and Heller — and not a campaign rally — Pence spent a significant part of the speech praising the Republican senator's accomplishments.

Pence noted that Trump has signed more than 15 military- and veterans-related bills — Heller pegged the figure at 19 in his brief speech — that Heller authored since entering office, calling it an “extraordinary rarity.” Heller said that those bills have helped improve accountability within the Department of Veterans Affairs and expand mental health services for veterans.

Pence described Heller's “strong support” for the president's proposal to increase military spending and highlighted his ongoing support for the administration's work to address military and veterans issues.

“He's a tenacious champion for our armed forces, a tenacious champion for Nellis Air Force base, but he's also a great champion, as you just heard, for the over 300,000 veterans across Nevada,” Pence said.

Pence told the servicemembers that he stopped by “really just to say thank you, a very simple thank you for your service from your commander in chief and his number two,” and promised that under Trump the White House “will always have your back.”

Heller was similarly complimentary of the Trump Administration in a short, five-minute speech preceding Pence's remarks.

"It's clear that this administration, President Trump, Vice President Pence, are committed to supporting the men and women who have answered our nation's call," said Heller, who also thanked the entire Trump cabinet for being a "strong champion for our troops and military heroes."

But, in a subtle nod to his re-election efforts, Heller noted that "we do have a lot more to do."

"I know that this administration and Congress are just getting started," Heller said. "So you can count on me in my role in the U.S. Senate Veterans Affairs Committee to keep fighting for all of you."

Before the short rally, Pence participated in a brief STEP (Stripes for Exceptional Performers) promotion for a tech sergeant. He also briefly met with Heller and Laxalt on Air Force Two after landing at Nellis Air Force Base around 11:20 a.m., before they deplaned together and spent about 10 minutes greeting service members and veterans on a rope line.

Heller didn't respond to a question from The Nevada Independent asking whether he had any response to criticism of his pre-existing conditions bill as he walked away from the rope line. Pence also ignored questions from the Independent about Heller's re-election changes and from the Las Vegas Review-Journal about the president's immigration policies.

Pence had an event with the Republican Governors Association and a fundraiser benefiting Laxalt scheduled for later in the day.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - WJLA (ABC-7, Video): [New VA outpatient clinic opens in Gaithersburg](#) (7 September, Amy Aubert, 1.5M uvm; Arlington, VA)

MONTGOMERY COUNTY, Md. — A new VA outpatient clinic opened in Gaithersburg, Maryland on Friday.

"Beautiful!" said Vietnam Veteran, Wayne Miller, as he walked through the halls of the new clinic.

Miller worked with other veterans and said the new clinic meant so much.

"I have an artificial leg, I could almost run I was so happy to get here!" he said, smiling.

He knew what it was like to make the long trek from Montgomery County to the VA Medical Center in D.C.

"I drove straight here in like 12 minutes," he said, of the new clinic. "I was like, 'No way. Let me go home and make sure I woke up this morning.'"

"These are men and women who are fighting, or willing to fight for our country. They shouldn't have to fight through hours of traffic to get the healthcare that they need," said Maryland Senator Chris Van Hollen.

Senators Van Hollen and Ben Cardin, along with County Executive Ike Leggett and others spoke before a crowd just before cutting the ribbon at the new building.

"Today, we are honoring them with our deeds to make sure that they have a first class facility conveniently located to carry out our commitment to make sure that their healthcare needs are met," said Senator Cardin.

The Gaithersburg-based clinic will offer primary care, women's health, mental health and other services to veterans. They will begin seeing patients on September 17.

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3.2 - WFED (AM-1500, [The Coalition for Government Procurement](#)): 5 pillars of GSA schedules modernization (7 September, Roger Waldron, 854k uvm; Washington, DC)

The back-to-school season is upon us here in the Nation's Capital. As local students are wrapping-up their first week of classes today, it is time to start thinking about the end of summer and the end of the fiscal year.

The "experienced hands" at gearing-up for a new school know, and others likely will notice, this season unmistakably is one dominated by lists. Accordingly, as we prepare for the new fiscal year, the Coalition is providing its, "5 pillars for schedule modernization," to assist the General Services Administration and the Veterans Affairs Department in their efforts to modernize and enhance the schedules program.

Much like the Coalition has done in the past, each of these 5 pillars will be addressed in more depth through subsequent "FAR & Beyond" blogs in the coming weeks. So, without further ado, here are the Coalition's 5 pillars for schedule modernization and why they need to be addressed:

1. Invest in e-Systems such as GSA Advantage, e-Library, and e-Buy. The market and buying experiences are ever-evolving, and these successful programs need to stay current and meaningful for customer agencies.
2. Eliminate the Price Reductions Clause. It's a costly, burdensome, and obsolete oversight mechanism that does not recognize that price and value are driven at the task order level, and limits the influx of competition into the federal market from the private sector.
3. Reform pricing policy and address data reporting. To maximize the efficiency and effectiveness of the Schedules program, GSA and the VA should radically reform and/or eliminate the current pricing strategy used for awarding contracts.
4. Consolidation of schedules and special item numbers: Duplicative schedules and SINs can represent barriers to entry into the market for small businesses and innovative solutions.

5. Implement a new capability for an unpriced schedules for services. Competition can be enhanced when GSA and VA allow customers to focus on speed and need by driving competition for agency-specific service requirements at the task order level.

The Coalition looks forward to a robust dialogue with all stakeholders on each of these Pillars in the coming weeks.

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3.3 - Winston-Salem Journal: [State purchases Kernersville site for VA nursing home](#) (7 September, Richard Craver, 849k uvm; Winston Salem, NC)

The health-care campus in Kernersville is being expanded a second time with the state purchasing two sites for a nursing home for veterans.

The Council of State approved the project in July, allowing the State Property Office to spend \$3.42 million on behalf of the Department of Military and Veterans Affairs.

The sale of the 14.69- and 4.87-acre sites was completed Aug. 22, according to a filing submitted Friday to the Forsyth County Register of Deeds. The combined land value was listed at \$6.48 million.

The seller was Blue Diamond Investment Co. LLC, which also sold the 39 acres that were developed into Kernersville Veterans Affairs Health Care Center.

The sites are adjacent to the VA hospital, which opened in February 2016, and across the street from Kernersville Medical Center, which debuted in March 2011.

State VA officials could not be reached for comment on plans for the nursing home.

There are four full-service VA nursing homes in North Carolina, but none in the Triad. They are in Black Mountain, Fayetteville, Kinston and Salisbury.

Considering that those four nursing homes have combined 449 skilled-care beds and a work staff of 750, it likely the Kernersville facility could have between 100 and 150 beds and between 150 and 200 employees.

There are 150 beds at the Fayetteville facility, 100 beds in Black Mountain and Kinston, and 99 beds in Salisbury. The Fayetteville facility is next to a VA hospital, while the Salisbury facility is on the VA hospital campus.

The centers are licensed by the state and approved for Medicare, Medicaid and third-party insurance.

According to the National Care Planning Council, VA nursing homes are generally available to active duty veterans. Some states have beds for people who served with the reserves or National Guard and the spouses of veterans.

Care is provided by registered nurses, licensed practical nurses and certified nursing assistants under the direction of licensed physicians, along with physical, occupational and speech therapists.

“The majority of these homes offer nursing care, but some may offer assisted living or domiciliary care,” the council said.

“Generally, there is no income or asset test. Most veterans in most states would qualify.

“Many states have waiting lists of weeks to months for available beds. Each facility has different eligibility rules, and there is an application process.”

Blue Diamond also sold in September 2013 the 39 acres that was developed into the VA hospital. It went for \$9.26 million to a New York-based real-estate development group.

The VA is leasing the \$130 million hospital. It primarily provides outpatient services for veterans in the Triad and beyond. It was projected to have more than 500 employees at full operations.

When the VA hospital opened, U.S. Sen. Richard Burr, R-N.C., said the center, along with similar ones in Fayetteville and Charlotte, are living up to a dream to provide better care for veterans.

The center has many specialty clinics including audiology, cardiology, dental, diagnostic imaging, dialysis, ophthalmology, neurology, pulmonary, radiology and women’s health as well as a pharmacy, lab and pathology services.

According to the county’s tax parcel viewer, Blue Diamond has another 35 acres in the immediate vicinity that also could be developed for health care purposes.

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3.4 - Health Data Management: [VA CIO nominee says Cerner EHR could be rolled out sooner than 10 years](#) (7 September, Greg Slabodkin, 143k uvm; Chicago, IL)

While the Department of Veterans Affairs plans to implement a \$10 billion Cerner electronic health record system over 10 years, the VA’s nominee to serve as CIO says he believes the timeline could be sped up.

“In my early discussions with the Electronic Health Record Modernization Office, there were some expressions of options to pull milestones forward,” testified CIO nominee James Gfrerer on Wednesday before the Senate Committee on Veterans’ Affairs, which held a hearing to consider his nomination. “There is every sense of urgency to make that timeline under 10 years.”

Gfrerer said that according to John Windom, acting chief health information officer of the VA’s Office of EHR Modernization, one of the risks to the project is “that in a 10-year program, it’s very easy to not be serious and urgent about those early milestones.

“If you don’t put some rigor and accountability on early in the process, it sends a message very early on that it’s just a matter of we can slip it until the next option year—and that’s going to have deleterious effect,” he added.

“When I hear 10-year schedule on the implementation of Cerner, that kind of makes me quite nervous,” Sen. Dan Sullivan (R-Alaska) told Gfrerer during the hearing. “I can’t believe that that is what the plan is.”

If confirmed, Gfrerer would oversee the implementation of the agency’s IT systems including the enterprise-wide rollout of the Cerner Millennium platform, which is slated to replace the decades-old Veterans Health Information Systems and Technology Architecture.

“It’s going to take a concerted effort to maintain VistA—for example—for nine to 10 years,” noted Gfrerer, referencing the fact that the maintenance of the VA legacy EHR will continue until the new commercial-off-the-shelf Cerner system is fully deployed.

Gfrerer also made the case that “anytime you implement a commercial-off-the-shelf” system like Cerner, “there’s a huge change management component ... clinicians are going to have to go through a very rigorous and substantial training, education and implementation process to kind of conform their workflows to the IT system.” Inherently, he said “it is about business transformation.”

Sen. Jon Tester (D-Montana), ranking member of the Senate Committee on Veterans’ Affairs, pointed out to the CIO nominee that the VA’s EHR modernization is “the largest healthcare IT transformation in American history” and that if he is confirmed and the project “goes south,” he will be held accountable.

Tester argued that more important than speeding up the timeline is ensuring that the Cerner system is implemented correctly because the EHR modernization is “really going to make or break the VA moving forward.”

According to Gfrerer, based on his military experience, he believes he has an understanding of the “intricacies of IT legacy systems and large-scale IT projects.” In addition, in his testimony, Gfrerer said he has “worked as an executive in the private sector doing IT and cybersecurity transformation for large commercial clients, further providing me with the experience and perspective to serve in the VA.”

The VA intends to create a single common EHR system with Department of Defense by leveraging a shared Cerner Millennium platform and that the agency’s planned acquisition calls for aligning the deployment and implementation of the system with DoD’s ongoing rollout of its own system—called MHS GENESIS—to achieve efficiencies.

“That’s quite a bit of commonality to achieve across two different medical domains,” acknowledged Gfrerer.

The Senate Committee on Veterans’ Affairs will vote on Gfrerer’s nomination soon, according to Sen. Johnny Isakson (R-Ga.), chairman of the panel.

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3.5 - mHealth Intelligence: [VA Hospitals Use Telemedicine to Improve Antibiotic Stewardship](#) (7 September, Eric Wicklund, 53k uvm; Danvers, MA)

A telemedicine platform linking two small VA hospitals with infectious disease experts has helped staff at those hospitals improve their antibiotic stewardship.

The pilot program, detailed this month in Infection Control and Hospital Epidemiology, is similar to the Project ECHO telehealth platform first developed at the University of New Mexico and now being used across the country. In this particular case, staff at two rural VA hospitals without infectious disease specialists learned how to improve antibiotic stewardship by meeting weekly with ID experts at larger health systems through a connected care platform.

The year-long study found that staff at the small hospitals enacted more than two-thirds of the recommendations from experts and became more confident in their ability to prescribe or reduce antibiotics when needed. The study did not track clinical outcomes.

“It can be difficult for more rural facilities to employ the staff needed for infection control initiatives to work,” Robin Jump, MD, PhD, a physician-scientist with the Louis Stokes Cleveland VA Medical Center and senior author of the study, said in a press release. “Telehealth can be a low-cost and effective way to provide facilities with the expertise needed to implement these initiatives - eliminating some of the barriers that have typically thwarted these efforts.”

“When antibiotic stewardship programs are left to those who are not trained to run them, they are more susceptible to issues and can ultimately be ineffective,” added Lauren Stevens PhD, another author of the study. “As a result, our goal of reducing these multi-drug resistant organisms is more difficult to meet.”

As part of the program, staff at the two hospitals joined with ID experts to create a videoconference antimicrobial stewardship team, or VAST. These VAST teams met for hour-long telemedicine sessions each week, during which they discussed best practices and reviewed difficult or troubling cases.

According to Jump, Stevens and their fellow researchers, VAST teams reviewed, on average, three cases per week and implemented more than two-thirds of the recommendations generated by experts during the meeting – the most common of which was to stop using antibiotics.

“In interviews with researchers, VAST participants reported that the sessions increased their awareness of antibiotic stewardship principles, helping them to adapt their practice patterns and engage in antibiotic stewardship efforts,” the study reported. “They specifically mentioned feeling greater confidence in their ability to make more targeted antibiotic choices, to reduce the time patients were on antibiotics, and to utilize more effective methods whenever possible (i.e. intravenous to oral conversions).”

The study targets a pain point in many rural and remote health systems: a shortage of infectious diseases-trained physicians and pharmacists. In the Veterans Health Administration alone, a 2012 survey found that 40 percent of the 130 VA hospitals providing inpatient care did not have a full-time infectious diseases physician on staff.

This isn’t the only program using telemedicine to improve infectious diseases management.

In a 2017 study published in *Clinical Infectious Diseases*, VA facilities in New England, using an eConsult platform introduced in 2012, more than doubled overall consultations between 2011 and 2014 without a decrease in in-person consults.

Judith Strymish, MD, an infectious disease specialist at the VA Boston Healthcare System and author of the study, said the “ease of access to a specialist and an answer to a clinical question in a more timely manner than face-to-face visit” convinced physicians to use the telemedicine platform. While an in-person consult often took more than two weeks to set up, she said, an eConsult could be arranged within the day.

“Increasingly, ID specialists are being asked to manage both individual patients and population health through the interface of the electronic health record (EHR),” Daniel P. McQuillen, of Center for Infectious Diseases and Prevention, Lahey Hospital & Medical Center and Tufts University School of Medicine, and Steven K. Schmitt, Department of Infectious Diseases and Medicine Institute at the Cleveland Clinic, said in an accompanying editorial. “The implementation of this tool offers the opportunity to enhance and improve informal ID consultation.”

“As hospitals add additional synchronous and asynchronous connectivity technology and EHR communication functionality continues to evolve, physicians will have increasing opportunities to interact, participate in, and document patient care outside conventional bedside and office encounters,” they concluded. “Such interactions and technologies will help define the hospitals and healthcare systems of the future, increasing access to expert ID care.”

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3.6 - WDVM (TV-25, Video): [New VA clinic opens in Gaithersburg](#) (7 September, Kylie Khan, 13k uvm; Hagerstown, MD)

GAITHERSBURG, Md. - After several years in the making, officials broke ground on a new VA clinic in Gaithersburg on September 7.

The new Community-Based Outpatient Clinic is just down the road for more than 42,000 Montgomery County veterans. Plans to build the clinic were approved ten years ago, and officials broke ground in 2016.

"The one around the beltway was 70-something miles round trip so this is going to be about seven miles round trip," said Navy veteran Daniel Maher.

The new clinic is state-of-the-art with more than 11,000 square feet.

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[4. Focus Resources More Efficiently](#)

4.1 - Reuters: [Federal Circuit judge says court should lower bar for proving equal pay claims](#) (7 September, Daniel Wiessner, 43.7M uvm; New York, NY)

A judge on the U.S. appeals court that hears most employment cases against federal agencies said on Friday that the court's standard for reviewing Equal Pay Act claims was "nonsensical" and placed too high of a bar on federal workers to prove sex-based pay discrimination.

Judge Jimmie Reyna of the U.S. Court of Appeals for the Federal Circuit, nonetheless, joined two of his colleagues in finding that two female doctors at an Arkansas hospital operated by the Department of Veterans Affairs had not shown that their male colleagues' higher pay was "historically or presently based on sex." Every other federal appeals court puts the burden on employers to prove that pay gaps between men and women are not sex-based once plaintiffs show that a pay gap exists.

To read the full story on Westlaw Practitioner Insights, click here: bit.ly/2N0Jm4U

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4.2 - WCNC (NBC-36, Video): [NC hospital taking extreme measures to keep your family safe from Legionnaire's disease](#) (7 September, Nate Morabito, 863k uvm; Charlotte, NC)

A severe type of pneumonia that can be fatal is on the rise across the country, with confirmed cases up by more than 300 percent alone in North Carolina over the last decade.

In the first half of this year, doctors in the Carolinas diagnosed about 100 people, including people in Charlotte, with Legionnaires' disease, according to records from both states.

The bacterial infection got its name after 34 people died while attending an American Legion convention at a Philadelphia hotel in the 70s. In response to the growing concern about Legionnaires' disease, Salisbury VA Medical Center is taking extreme measures to keep veterans safe.

"The most serious type of Legionella is the one that people catch when they are in the hospital setting," Salisbury VA Chief of Medicine Dr. Charles De Comarmond said.

Every veteran who spends the night at the Salisbury VA now sleeps in a room with faucets that turn on automatically every hour and run for three minutes at a time.

While Salisbury VA reports no Legionnaires' disease cases in recent history, the plumbing change follows a VA directive. The directive's goal is to make sure water circulates, maintaining chlorine levels to keep away the bacteria that causes the infection.

"The prevalence of Legionella in the United States has been continuously increasing and just like other hospitals in the country, the VA has not been spared of Legionella outbreaks," Dr. De Comarmond said.

The Pittsburgh VA previously experienced an outbreak that killed six several years ago. In Illinois, 13 others died at a veterans' home. In the last two weeks, more than a dozen people reportedly got sick at a New Hampshire beach resort with one person dying.

Public records show North Carolina was home to more than 200 reported cases in 2017, up from just 49 in 2007. Public records show South Carolina averages roughly 55 cases a year. North Carolina's yearly average is three times higher.

Adults 50 and older with weaker immune systems are most at risk. People contract the infection by breathing in small droplets of water tainted by the bacteria. Legionella is found mostly in warm water like hot tubs, hot water tanks, large plumbing systems and air conditioning cooling towers.

VA's prevention efforts aren't just focused on auto-run faucets. The facility also uses temperature controls. The proactive steps are so extreme, the facility's scenic indoor pond, once home to stagnant water, is now drained, replaced by televisions with a loop of water video and sound.

"I would say in general that as a healthcare system, the VA is way ahead of any other types of healthcare industries," Dr. De Comarmond said.

While VA may be leading the way, the area's major hospital systems are taking preventative measures too.

"Atrium Health implements several infection prevention protocols throughout our system to ensure we maintain a safe, healthy environment for all patients, teammates and visitors," a spokesperson said. "Specifically with Legionnaires, we take preventative measures including flushing protocols and scheduled monitoring of water cultures to check for legionella in high risk units."

"At Novant Health, we have an ongoing water quality safety plan to monitor and maintain the safety of our water," Novant said in a statement. "This safety plan includes testing for Legionella."

The symptoms of Legionnaires' disease include cough, shortness of breath, fever, muscle aches and headaches, according to the Centers for Disease Control and Prevention.

"Legionnaires' disease can also be associated with other symptoms such as diarrhea, nausea, and confusion," the CDC reports. "Symptoms usually begin two to 10 days after being exposed to the bacteria, but it can take longer so people should watch for symptoms for about 2 weeks after exposure. If you develop pneumonia symptoms, see a doctor right away. Be sure to mention if you may have been exposed to Legionella, have used a hot tub, spent any nights away from home, or stayed in a hospital in the last two weeks."

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4.3 - KNWA (FOX-24, Video): [Veteran Health and Resource Summit Held in NWA](#) (7 September, Clarissa Bustamante, 191k uvm; Fayetteville, AR)

Helping veterans reacclimate back into society is a function the Veterans Affairs Office takes seriously.

The Arkansas Department of Veteran Affairs and various community partners came together Friday to put on the 6th Annual Veteran Health and Resource Summit.

The national initiative is designed to connect local vets with each other, as well as with organizations and services designed to help them.

More than 75 resource tables were scattered around the Fayetteville Town Center, each focusing on a different facet of veteran needs.

They tackled things like mental health, pain management and meditation.

The summit also provided seminars where people spoke about their personal recovery stories, life after combat and suicide prevention.

Retired U.S Army Sgt. Carrie Guarino said this type of assistance from the VA was life changing for her.

"Quite frankly I was on the verge of suicide. I was despondent. I was desperate and I just didn't see any solutions, and I came to the VA for help and I have just over the last 5 years have grown phenomenally," Guarino said.

One key transition for veterans -- steady employment as a civilian.

The summit also featured a job fair, where employers could meet and network with vets.

The VA hosts these summits each year, but veterans seeking help now can find it through the Arkansas Department of Veterans Affairs.

Veterans in need of help can go to veterans.arkansas.gov.

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4.4 - The News-Review: [Roseburg Veterans Affairs Medical Center hires new quality management chief](#) (7 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center has hired a new chief of quality management.

Carla Spinelli-Moraski most recently worked at Kaiser Permanente of the Mid-Atlantic States as a senior business process consultant and the director of primary care.

At the VA, she will oversee quality performance indicators, patient safety, inspections and overall improvements to the health care system.

Spinelli has been a nurse for more than 14 years. According to the VA, she has focused on improving the quality of care within healthcare centers since 2007. While at Kaiser Permanente, she worked on projects to increase vaccination rates and patient satisfaction.

Interim Roseburg VA Director Dave Whitmer sung Spinelli's praises in a written statement.

"We are pleased to have someone with Dr. Spinelli's leadership and experience in the private sector and academia join our VA team in Roseburg serving as our quality oversight leader," Whitmer wrote.

Spinelli holds a doctorate in nursing informatics. Her research focused on differences technologies made in the quality of care at nursing homes. She holds certifications in

gerontology nursing and professional development. She also received a master's degree in nursing administration from George Mason University, where she has been an adjunct professor since 2009, teaching undergraduate nursing students about research, leadership and healthcare issues.

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5. [Improve Timeliness of Service](#)

5.1 - KTAR (CMN-92.3, Audio): [Documentary subjects say health care for Phoenix veterans still lacking](#) (7 September, Mark Carlson, 446k uvm; Phoenix, AZ)

A new documentary called "The Care They've Earned" follows the lives of ill veterans since the Department of Veterans Affairs health care scandal erupted in Phoenix four years ago.

Phoenix resident and Army veteran Steve Cooper was featured in the documentary, which screened in Phoenix on Wednesday night. He said things got so bad with his prostate cancer, and his lack of care from the VA, that he considered taking drastic measures.

"I came home, put the gun in my mouth and thought of a lot of reasons to kill myself," Cooper said.

He credits his family with helping him through his ordeal.

Cooper said things are still lacking for veterans seeking health care.

"The system is completely broken from its core," he said.

The Phoenix VA refused to operate on his prostate cancer, Cooper said. He got help, but from a private doctor, paying out of his own pocket.

Scottsdale resident and Army veteran David Johnson has battled brain cancer. He said his treatment with the Phoenix VA was completely bungled.

"The neurologist just kept putting me off," Johnson said. "And he actually told me, with my wife present, I only had three months to live. And this is like five months ago."

The stories of Cooper and Johnson highlight what thousands of veterans have been forced to struggle with at the Phoenix VA.

When the scandal broke in 2014, it exposed secret wait lists and a lack of adequate care for veterans, leading to investigations in Phoenix and across the nation.

When reached for comment, the Phoenix VA issued a statement saying it was working to give veterans the best care possible and that there's still more work to do.

"The Phoenix VA health care system is a world away from where it has been in the past, and we continue to make steady improvements in order to better serve veterans," the statement said.

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5.2 - KBBI (NPR-890, Audio): [V.A. wants more veterans to register for healthcare](#) (7 September, Renee Gross, 12k uvm; Homer, AK)

The Alaska Veteran Association, or V.A., wants to provide Homer veterans with more health services and a larger clinic. But there's a hang up. Only half of the estimated veterans in town are signed up for insurance through the V.A. Without more registered vets, it may be harder to justify additional services, and getting unregistered vets to sign up isn't easy.

Vietnam veteran Troy Wise wears the same grey hat everyday.

"It has three pins on there," he said. "It has the combat infantry badge, the Vietnam campaign medal and aviator wings."

He hopes those pins catch the attention of other veterans.

"If they recognize that and start up a conversation, then I know that they understand at least what they symbolize," he said. "So they got to be a vet and that's a start. I find that still a lot of them that I meet on the street, they don't trust the VA. They are not going to go in."

Wise knows this type of veteran. He used to be one. The first time he went to the VA was right after he served in the 1970s.

It wasn't just the bureaucracy of the V.A. that made him hesitant to register. He didn't want to admit that he was struggling with PTSD. Wise says he didn't want to be defined by a diagnosis, but years later it came to a head.

"I entertained thoughts of suicide," he said. "Didn't act on them; I didn't think it was a solution. I didn't want to miss out on my grandkids so didn't go down that path, but it was not something I could navigate on my own."

It took him 42 years to seek counseling through the V.A., and he says it turned his life around. Now, he's trying to convince vets with the same struggles to sign up in an effort to bring more V.A. services to Homer.

Director of the Alaska V.A. Healthcare System, Dr. Timothy Ballard acknowledges that many vets are in the position as Wise was.

"I think there are a number of veterans that are hurting," he said. "There are 20 veterans across the country everyday who commits suicide. Fourteen of them aren't engaging in our system or they aren't enrolled."

Dr. Timothy Ballard is the director of the Alaska Veteran Affairs Healthcare System.

Ballard says that there's an estimated 90,000 veterans in Alaska, the highest per capita in the country. Based on that estimate, less than half have signed up for V.A. services in the state. That's a roadblock standing in the way of any attempt to expand services in Alaska.

“So it's very difficult for my mental health care providers across the state to be able to help these veterans out if they're not being seen, if we don't have information on them, if they're not actively using the system.”

Some veterans in rural Alaska intentionally isolate themselves and don't wish to engage in a government or community programs. Some vets, like Mark Landwehr, say others are more deserving of V.A. services. Landwehr did attempt to sign up with the V.A. but he says his initial experience with the bureaucracy was negative.

“It's just to get all of us flakes all together and give us a substandard care,” he said. “Well, I have substandard care right now.”

Currently, the Vet Center, another branch of the V.A., provides monthly mental health services in Homer while the V.A. itself provides healthcare services a few days per week at South Peninsula Hospital. But there isn't enough room to serve all of the veterans thought to be in the area.

Alaska V.A. spokesperson Sam Hudson says the V.A. put in the paperwork to build a stand alone clinic in Homer. But it's difficult to justify when less than half of the estimated veterans are registered with the V.A.

“Imagine us saying, hey, we need some more things,” he said. “Whether it be materials, whether it be staffing, whether it be a building, whether it be whatever. Taking for instance, my grandfather. I used to say 'grandad, I want a motorcycle.' He was like, 'why are you wanting a dirt bike when you got a bicycle you don't use?’”

The V.A. is working to register more people in the Homer area. They're trying to rebrand a notorious system.

“This is is not your father's V.A.,” Hudson said. “We're much different. We're much better. Are we perfect? Absolutely not. But are we getting better? Absolutely.”

Hudson said they are making progress in registering more people. Now, it's almost a requirement for people who are separating from the military to sign up for care.

But for older veterans, it continues to be a challenge. Still veterans like Wise are not backing down. His dream is to have a Vet Center in Homer, a center just dedicated to serving mental health of veterans and their families.

Besides now, he likes to identify himself as a vet.

“I decided to quit denying that it really was a very big part of me and it did define me,” he said. “I didn't have a choice and that was kind of not embracing it so much, but it's time to be who I really am and stop denying it.”

Wise said whether or not the V.A. expands its offerings in Homer, he will keep his hat on in an effort to attract more vets to its services.

The Veteran Association is having a town hall meeting on November 14 in Anchor Point to discuss veteran's services.

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6. Suicide Prevention

6.1 - WLUC (NBC-6, Video): [VA Hospitals raise awareness about suicide prevention programs for veterans](#) (7 September, Alicia Naspretto, 276k uvm; Negaunee, MI)

IRON MOUNTAIN, Mich. - Recent reports show 20 veterans are dying each day by suicide. While that number seems high, it's actually lower than years past.

"The suicide rate for veterans has actually decreased from the last time we reported out those numbers," Sharon Anastas, a Suicide Prevention Coordinator with Iron Mountain's VA Hospital told TV6 News. "It used to be 22 veterans dying each day by suicide, now we're reporting out 20 veterans dying a day by suicide. So we believe that some of the efforts that we are making in suicide prevention may be helping."

Even though that number is dropping, VA Hospitals across the county say that they still have a lot of work to do because even just one suicide is too much.

"We're thrilled that over the course of the last couple years the number of completed suicides has been going down," the hospital's Assistant Chief of Mental Health, Thad Strom, said. "We really feel like many of our local efforts have been paying off and national as well."

"Certainly we are seeing a decrease, but it's not enough and that's why we're doing the efforts we're doing and why we have the focus like Suicide Prevention Month," Anastas added.

The hospital is raising awareness this month for the different programs they have to help veterans.

"We've been implementing the ReachVet program, which identifies people ahead of time who are potentially going to be at risk for suicide," Strom said. "Not only that, but the VA has done a really creative job over the last several years of identifying the most effective treatments for veterans who are coming through the door with presenting concerns."

Hospital officials say there is a number of signs that they look for and one's family and friends can look for too.

"Some of the signs, the warning signs and symptoms that we ask family to look and friends to be aware of is if someone is thinking about wanting to harm themselves, if they're giving away prized possessions, if they're starting to isolate themselves, increase in any alcohol or drug use. We get very concerned with those symptoms."

If you or are someone you know needs help, here are some hotlines that can help:
Veterans Suicide Prevention: 1(800)273-8255 – extension one
Suicide Prevention: 1(800)784-2433

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Milwaukee Journal Sentinel: Conversion of Milwaukee's former historic Soldiers Home into vet housing to begin early 2019 (7 September, Tom Daykin, 4.8M uvm; Milwaukee, WI)

A \$40 million conversion of Milwaukee's former historic Soldiers Home and other nearby buildings into veterans apartments will begin early next year once a fundraising campaign is completed.

Madison-based Alexander Co. expects to complete the development by fall 2020, said Kendra Bishop, director of marketing and public relations for the firm.

A campaign to raise \$3 million in contributions to help finance the project is in "the home stretch" and is to be completed in December, she said.

Renovations on the Soldiers Home and other historic buildings on Milwaukee's west side are to begin by March, Bishop said.

The buildings are on or near Mitchell Boulevard, between I-94 and West National Avenue, on the grounds of the Zablocki Veterans Affairs Medical Center.

Most of the work will be at Old Main, the original Soldiers Home that opened in 1869. It initially housed Civil War veterans and was home to generations of other vets before closing in 1989.

Old Main, the largest of the historic buildings, will be converted into 80 one- or two-bedroom apartments.

It will include community rooms, a fitness center and offices for home health care, counseling services and building management.

The former Administration Building, just south of Old Main, will be converted into housing for 14 veterans who are homeless, or at risk of becoming homeless, and their families, according to Alexander Co.

That building will include common kitchen, dining and living rooms for the building's residents. There also will be space for support services for the residents.

Finally, three duplexes and a single-family home on the grounds will be restored for veterans housing.

Alexander Co., which focuses on historic redevelopments, announced plans for the Soldiers Home grounds in 2016.

In 2017, the firm received federal affordable housing tax credits for the Soldiers Home project.

Firms that receive the credits must provide apartments at below-market rents to people earning no more than than 60% of the local median income.

Other financing sources include state and federal historic preservation tax credits, the Federal Home Loan Bank of Chicago, the City of Milwaukee Housing Trust Fund and private foundations.

The Soldiers Home grounds were declared a national historic landmark by the National Park Service in 2011.

The National Trust for Historic Preservation has the buildings on its list of most endangered historic places.

Budget constraints in recent years have made it difficult for the Department of Veterans Affairs to maintain Old Main, and it has fallen into disrepair.

The Milwaukee Soldiers Home is one of the nation's three original Soldiers Homes.

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7.2 - KNSD (NBC-7, Video): [GI Bill Funding Reinstated for 3 Private San Diego Universities](#) (7 September, Artie Ojeda, 2.1M uvm; San Diego, CA)

Three private universities, whose students include hundreds of military veterans, unexpectedly in jeopardy of losing approval for critical GI Bill funding are breathing a collective sigh of relief.

In June, the state agency that approves the funding, California State Approving Agency For Veterans Education (CSAAVE), sent the schools a notice of suspension letter.

The letter was sent to three schools: Park University, which currently has 319 students enrolled on its Camp Pendleton Campus, Webster University, and Columbia College which has a campus at the Marine Corps Recruit Depot (MCRD) in San Diego.

An administrator for Park University said she was stunned to receive the letter, which suggested the school failed to meet approval requirements. The letter, however, did not specify the failures.

"We were puzzled. We didn't have a clear understanding as to why the funding was revoked. Why we were suspended in the first place and threatened for disapproval, because we felt that we were in compliance with all the regulations," Kena Wolf, Associate Vice President for Campus Center Operations at Park University said.

The funding is critical for eligible students. Park officials says about two-thirds of their students receive GI Bill funding.

Vivian Zorich, a 25-year-old mother and Marine veteran, says she received \$32,000 in GI Bill funding last year.

"I was actually pretty scared, the fact that I was still in California and it wasn't going to be affordable to go to school at all," said Zorich, who on Friday graduated with a Bachelor of Science Degree in Human Resources Management from Park University.

After receiving the notice of suspension in June, the three schools filed a lawsuit against CSAAVE, arguing the agency does not have discretion to disapprove qualifying institutions for benefits under the GI Bill.

Attorneys for the schools say they've been approved for decades.

In August, attorneys won a temporary restraining order to continue funding pending the lawsuit.

But then Thursday night, the schools received another letter from CSAAVE, reinstated the funding.

Immediate emails requesting specific details about its decisions have been unanswered by CSAAVE.

Attorneys and officials with the schools were at a loss to explain the sudden change, but said the Department of Veterans of Affairs intervened, re-affirming the schools' good standing.

"We were confident all along that we did meet compliance regulations and we were in compliance fully with the state approving agencies' regulations, the VA regulations, we felt that we were in the right," Wolf said.

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7.3 - Inside Higher Ed: [California Reverses Decision On Veterans' Benefits](#) (7 September, Ashley A. Smith, 657k uvm; Washington, DC)

Update: The California State Approving Agency for Veterans Education reversed its decision late Thursday to stop three private Missouri colleges from offering full veterans education benefits in the state.

In a letter from CSAAVE notifying Columbia College, Webster University and Park University of their reinstatement, Latanaya Johnson, the assistant deputy secretary of chief postsecondary education, wrote that the U.S. Department of Veteran Affairs had directed state approving agencies nationally to accept the determinations made by other federal and state agencies responsible for approving educational programs. The agency also reinstated six other colleges that were suspended in the last year: Central Michigan University, Central Texas College, Embry-Riddle Aeronautical University Worldwide, Southern Illinois University-Carbondale, University of Maryland University College and Vincennes University.

The dispute between several out-of-state colleges and the California agency that determines eligibility to award veterans education aid in the state is intensifying and may signal a larger power struggle between states and the federal government over the authority to regulate and determine the legitimacy of educational programs.

A judge granted a court order last week on behalf of three Missouri-based nonprofit institutions - Park University, Webster University and Columbia College -- to temporarily block the California State Approving Agency for Veterans Education from suspending their ability to award federal education aid to veterans and service members. CSAAVE determines which colleges are eligible for GI Bill reimbursement in the state. In recent months, six other colleges around the country have also received suspension letters from the agency.

"We found when we looked at these institutions that they're not operating the way they're supposed to be operating," said Latanaya Johnson, education administrator for CSAAVE.

The core dispute is over the interpretation of a provision in federal law that determines whether state approving agencies such as CSAAVE can approve of educational programs that are offered by out-of-state colleges at extension locations within California. At risk for the colleges -- and the veterans they serve -- is a decrease in the monthly or basic housing allowance, which is determined by the location of an institution.

The law says that to receive state approval, a college facility must be designated as a main or branch campus, not an extension site, satellite location or teaching annex, Johnson said. In the case of Columbia, Park and Webster, she said their regional accreditor, the Higher Learning Commission, deemed the three institutions' locations in California to be similar to extension sites and not main or branch campuses. Therefore, the California agency concluded, the locations in California would fall under the Missouri approving agency's jurisdiction and would qualify for the standard housing allowance given to online or distance learning programs.

CSAAVE, which provides oversight for 1,300 institutions, has been evaluating applications colleges send each year to receive the agency's approval, and it wasn't until last year after discussions with HLC officials that they noticed the discrepancy, Johnson said.

"None of the campuses operate a main or branch campus in this state," Johnson said, adding that often these facilities are two rented rooms with a school certifying official or a registrar present and a place to offer instruction. "Everything they do here is operationally dependent on something out of state."

According to the federal code:

Johnson said the only change between these colleges being approved last year by CSAAVE and this year is that the agency is now examining the institutions "as they exist as opposed to what they submitted" in an application.

Keith Boylan, deputy secretary of veteran services in the California Department of Veterans Affairs, said that in the last year CSAAVE has suspended or notified nine colleges for suspension: the three Missouri-based institutions, Central Michigan University, Central Texas College, Embry-Riddle Aeronautical University, Southern Illinois University at Carbondale, University of Maryland University College and Vincennes University.

The suspensions, which affect only new students, mean that students who choose to attend those institutions and qualify for the military benefits would see their funding cut off or reduced.

The largest impact would be felt in monthly housing allowances, which are based on the cost of living in a particular zip code of the college a student is attending. Cities like San Francisco and Los Angeles with high costs of living would have higher housing allowances than the housing allowance given to students enrolled in online or distance learning programs. The online rate is half the national average of monthly allowances, or \$825 for this year. Students who take at least one course in person would qualify for the in-residence housing allowance.

“Some institutions will open up in locations where it’s advantageous and [have] a higher basic housing allowance for students,” Johnson said. “So, the student has an incentive to enroll. It boosts school attendance as long as they keep doing it that way.”

Take, for example, a veteran who enrolls in a program based in San Francisco. If that program is located on a branch or main campus and has CSAAVE approval, the student can receive about \$4,000 a month in the basic or monthly housing allocation. If the California facility is not a branch or main campus, and doesn’t have CSAAVE approval, the student would receive \$825 a month.

“We understand that’s a difficult spot for veterans to be in,” said Lindsey Sin, deputy secretary for women veterans’ affairs for CalVet. “A service member gets out of the military and wants to pursue their education goals and they’re using the [basic housing allocation] as a source of income and they’ve become dependent on that and that’s understandable. But we also have to comply with the law and ensure schools and institutions are acting as they represent themselves.”

The Colleges’ View

Officials at Park University said CSAAVE is misinterpreting the law and that the agency should approve the colleges regardless of whether they are branches or extensions, because the latter facilities have the capacity to maintain records and accounts and offer programs that lead to a degree.

The Higher Learning Commission does not use the term “extension,” but defines facilities that are not campuses or branches as “additional locations.” An official from HLC sent Inside Higher Ed a list of out-of-state additional locations for the three colleges, which include the California facilities.

“These schools in question have been around forever,” Boylan said. “It’s not a question of whether they produce a good education or not, but whether it is within our authority to approve the programs.”

Disputing Locations

An official from the federal Department of Veterans Affairs said Wednesday that the agency is working with the colleges and CSAAVE to resolve the dispute.

These issues over the status of a location and whether they maintain state-based GI Bill eligibility are not new. A similar dispute emerged in 2015 when for-profit Ashford University shut down its physical campus in Iowa but maintained a separate Iowa-based educational facility. The Iowa state approving agency attempted to strip the university’s GI Bill eligibility. But last year, with assistance from the veterans affairs’ agency, the university’s parent company, Bridgepoint Education, received approval from Arizona to award veterans’ benefits.

And state approving agencies nationally are seeing challenges to their legal authority to authorize programs. On Thursday, retired Major General Robert Worley II, the director of VA education services, sent an advisory to the state approving agencies urging them to accept the certifications and approval of accreditors, licensing boards and other state or federal entities that oversee educational programs.

"In all instances where an agency or office (either federal, state or nongovernmental) outside of the [state approving agency] has been duly authorized, appointed or designated by state or federal law or regulations as the agency or office responsible for certifying compliance with applicable laws, regulations, or nongovernmental standards, those offices have already expended resources to ensure compliance with the standards," the advisory said. "It is inefficient and a waste of VA resources for a SAA to repeat their work and expend further resources in an attempt to confirm or overrule their determinations ... these agencies and offices are presumed to be the authoritative experts on these requirements, and the same cannot be presumed of the SAA."

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7.4 - WMAZ (CBS-13, Video): [Macon homeless 'Stand Down' event helps hundreds at Daybreak Center](#) (8 September, Nicole Butler, 446k uvm; Macon, GA)

After the Vietnam War, veterans would go to a "stand down," which was an area where they could clean up, enjoy a meal, and just enjoy being around each other.

Friday, the Dublin VA and the Macon Homeless Coalition have teamed up to host a stand down of their own.

They are hoping to connect homeless veterans with resources that could help them get housing and jobs.

They also offered free haircuts, showers and food, and the veterans received bookbags, sleeping bags, and shoes.

Joanie Oxley with the Dublin VA says she loves the encouragement and hope people get from these services.

"They are going from being homeless to moving in today, so that's my favorite part, and they are trying to get more housed today as well. That's my favorite part -- when you come out you get connected with services today it's not like leaving with a pamphlet, brochure, or flyer you get actual services," she says.

If you weren't able to make it the event, you can always call 478-272-1210.

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7.5 - MetroNews: [Ceremony to rename V-A for Williams set for Sunday](#) (7 September, Chris Lawrence, 276k uvm; Charleston, WV)

HUNTINGTON, W.Va. — West Virginia's only living Medal of Honor recipient will receive yet another rare honor Sunday. The Huntington V-A Medical Center will from now on be known as the Hershel "Woody" Williams V-A Medical Center. Congress approved the resolution pushed by Congressman Evan Jenkins and U.S. Senator Joe Manchin for the renaming. Williams credits the honor to his grandson's persistence.

"It certainly was a surprise," said Williams. "One of my grandsons really started the movement a couple of years ago with Senator Manchin. It started gathering momentum and eventually Congress agreed with the resolution that was put in."

It's the second time Congress has suspended major rules for Williams' name. Typically ships and V-A hospitals are only named for people after they are dead. Williams has managed to live to see his name on both.

"They had to suspend the rules and pass that for someone living and they've only done it a few times," said Brian Nimmo, Director of the V-A Medical Center. "The John S. McCain and the George Bush are a couple of other exceptions...they don't do this frequently."

It's a fitting tribute for Williams who stated his post World War II activities working for the same V-A hospital which now bears his name.

"I came there in January 1946 to start my training with the V-A from Fairmont, West Virginia," said Williams. "It took me seven hours to drive it."

"He's seen so much of the change both on the benefits side and out here at the hospital," Nimmo explained. "He's really seen the medical center evolve."

Several hundred are expected to be on hand for the naming ceremony on Sunday. Nimmo believed it would be a boost to morale of employees as well as veterans to see Williams' name on the building.

"It's hard to put into words how much this means to us," said Nimmo. "He's got such a legacy of service, this is something we can use forever as motivation to our staff. We've got a pretty big name to live up to."

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7.6 - The Journal Record: [Sooner Stand Down opens doors for veterans](#) (7 September, Molly M. Fleming, 59k uvm; Oklahoma City, OK)

Blake Thibodeaux's dark eyes widened and a smile showed through his beard when he was reminded he was going to have his own place in a couple of weeks.

"I'm ecstatic," he said. "I don't know how to really react."

Thibodeaux, 34, has spent the last four years living on the city's streets. He said his three years in the U.S. Army prepared him for the camping.

Thibodeaux was at the Homeless Alliance on Friday receiving a range of services as part of the annual Sooner Stand Down. More than 170 veterans received care from barbers as well as dentists, eye professionals and primary-care physicians. Organizations that offer housing, employment, legal aid, and spiritual and substance abuse counseling were also on site.

Thibodeaux served from 2002 to 2005, then moved back home to Louisiana, where he worked a few jobs in construction and fast food.

By 2012, his mental health issues overwhelmed him and he couldn't get the treatment he needed from the state. His anxiety and depression related to post-traumatic stress disorder went untreated until 2014.

He came to Oklahoma City, where he received mental health help from HOPE Community Services. He was diagnosed with schizophrenia as well. He took to the streets to live because he figured that was his best option.

"I thought it was good because I was staying away from people," he said. "But it was hurting me. I'd get in my own thoughts a lot. That can be just as harmful as anything else."

Last month, he had enough of street life. All his stuff was stolen. He went to the U.S. Department of Veterans Affairs Medical Center in Oklahoma City. He found out he was eligible for the U.S. Department of Housing and Urban Development's Veterans Affairs Supported Housing program, or HUD-VASH vouchers.

The goal of Friday's annual event was to get about 12 veterans in a home, though by the end of September, 40 veterans are expected to have a permanent roof over their heads, said Meghan Mueller, program manager for Oklahoma City's Journey Home.

Mueller said the city has fewer than 50 chronically homeless veterans at any time. Nearly 800 veterans have been housed since January 2015.

"At any time, in our homeless population, about 10 percent are veterans," she said.

Chronically homeless veterans are the most vulnerable of the population, so while they have been homeless at least for more than a year, they also have a self-reported disability, such as a substance-abuse problem or a health issue such as diabetes.

For a veteran or anyone seeking shelter to have a situation reviewed, he or she must first fill out the vulnerability index survey. The survey gives the person a score on how dire of a situation in which he or she is living. The highest score is 17.

Mueller takes these surveys to her weekly meetings with other organizations that work with veterans. At the end of the meeting, every person who completed the survey will have someone who follows up with them.

If veterans meet the VA qualification for services, then April Barney and her team can help find them a home. She said while the VA offers vouchers, finding apartment units for the veterans is a challenge.

With a voucher, Thibodeaux and other recipients only have to pay toward their rent what equates to 30 percent of their income.

"Landlords are becoming more accepting," Barney said. "But we have others that we call and they've dealt with people that have had multiple evictions, so they don't want to do it."

Mueller said veterans or other people seeking housing through one of the organizations have a case manager, so if a landlord has a problem with the tenant, there is someone who can be called.

The retention rate of people on vouchers is more than 90 percent because they have a case manager.

Barney said landlords are missing out on people who would be long-term stable tenants. She said she's had to write letters for veterans and isn't afraid to use the owners' words to help her client.

"I wrote, 'Just like the properties you rehab, this veteran wants to rehab his life,'" she said.

For people who don't qualify for services from the VA, Goodwill Industries of Central Oklahoma helps with housing as well through its Supportive Services for Veteran Families program. Donnie Lewis oversees a program that provides rehousing services for veterans.

"Just like Goodwill helps people overcome challenges to employment, this program helps overcome challenges to not having a stable home," he said.

With Lewis' program, he tries to find a place for people in less than 30 days. He has to get landlords who will let in someone who may have an eviction, or not have any income. Some people seeking housing may also have a felony. The places where a sex offender can be housed are usually always full.

But he said he's heard good reviews from landlords about working with the veterans. Since there's a case manager, the landlord knows whom to call if an eviction may be an issue.

The case manager is a crucial part to getting people successfully housed, Mueller said. The case manager helps them get all the services they need and teaches them about living in a neighborhood again.

"The skill set it takes to be homeless and the skill set it takes to be housed are completely different," she said. "Moving them into housing can be very isolating."

While the need for landlords to take the housing vouchers is an issue, now there's a need for more case managers. Hiring more case managers can happen only as additional money is available.

But having that person to walk people through the system can make a difference, not only in where they live but how they feel, as Thibodeaux knows. He's looking forward to having a place he can call home. His first purchase will be a bed.

He said he hopes people understand that veterans are not bad people. Being homeless actually offered him the camaraderie he missed from the military. The homeless community looks out for itself.

"Transitioning from military to civilian life is not an easy process," he said.

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7.7 - Alabama News Network: ["Stand Down for Veterans" Helps to put Homeless Vets Back on their Feet](#) (7 September, Ellis Eskew, 59k uvm; Montgomery, AL)

The Multiplex at Cramton Bowl was filled Friday morning with about 150 veterans.

“It’s very important. Many of our veterans that come to ‘Stand Down’ are known to get employment, to get housing, it can really be a jump start to a better quality of life for someone who may be homeless,” said Ian Reed with Central Alabama Veterans Health Care System.

From getting fitted for new shoes to job information, it’s a place where veterans like Ronald Wilson say can get their lives back on track.

“They help you get started with your health and then they help me with my home. They have a lot of opportunities that you can get involved,” said Wilson.

“Right now, I stay in a VA shelter and they’re helping me get an apartment or house through the VA. And I’ve talked to the rep and they are trying to help me find ways to get me more of my benefits as far as my military career,” said veteran Dennis Kilgore.

For LAMP student Jun Park it was a day to help give back. Since we talked to him two weeks ago, he has been collecting hygiene items for homeless veterans.

“I got a lot of donations and I reached my total, even surpassed it. I got 220 bags for homeless veterans. To give out to homeless veterans,” said Park.

And some of his fellow baseball players were there to help hand out the donation bags.

“I think its fantastic and I wish there were more people like that,” said Kilgore.

It’s all an effort to help serve those who have sacrificed so much.

“I think they deserve it for serving our nation. They should enjoy what we enjoy too,” said Park.

The “Vietnam Veterans of America” is collecting veteran stories. If you’d like to participate in the project, [click here](#) for more information.

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7.8 - The Journal: [New center provides emergency aid, counseling to veterans](#) (7 September, Mary Shinn, 44k uvm; Cortez, CO)

A new veterans’ center quietly opened last month in Bodo Industrial Park south of downtown Durango to provide emergency aid, free counseling and a variety of other services to those in need.

The nonprofit, Veterans Outreach Center of La Plata County, is run by veterans and aims to provide a welcoming environment that ensures more veterans receive services if they are homeless, jobless or otherwise in need, said Candyce Tart, a staff psychologist for the Department of Veterans Affairs.

“It’s a place for community and recovery,” she said.

Many veterans have already visited the center in its first month, including some experiencing thoughts of suicide, said Jesse Sheets, a U.S. Marine Corps veteran, who volunteers at the front desk. He has already seen the center make a difference for those in crisis and experiencing post-traumatic stress disorder.

“Slowly, you can start seeing the change in them,” he said.

Sheets was homeless and unemployed before coming to the center in August. The volunteer staff immediately housed him and got him an appointment with a counselor.

“If I have a bad day, they understand exactly what I’m going through,” said Sheets, who served in Afghanistan.

The center expects to employ Sheets through a work-study program while he works on his psychology degree, Tart said.

About two-third of veterans visiting the center are from the Vietnam era, and the rest are in their late 20s and early 30s and served in Iraq or Afghanistan, she said.

The idea for the center germinated at a community-wide suicide prevention summit held in May 2017, Tart said. Veterans were a topic at the summit because they are at a higher risk for suicide. An average of 20 veterans die each day by suicide, and most have not accessed health care through the Veterans Health Administration, according to a 2016 VA report on suicide.

At the summit, concerned residents identified the need for a drop-in center where veterans can walk in to see a mental-health provider that same day without having to wait for an appointment, she said.

Other communities across the country, including Cortez and Glenwood Springs, have similar drop-in centers for veterans. The success of those centers encouraged local groups to open a center in Durango, she said.

The La Plata County chapter of the Disabled American Veterans bought the building in Bodo Industrial Park in July to house the center. An anonymous donor also provided the center with operating funds for eight months, Tart said.

An independent nonprofit will form to run the center and manage grants and fundraising for the center in the long term, she said.

Veterans who visit the center are greeted at the front desk by a veteran who has been trained in some soft counseling skills and personally makes sure veterans are connected to the proper services, she said.

The DAV funds a counselor, Stephen Brown, who can see patients right away and help Tart with her caseload. Some veterans may stay with Brown and others may go on to see Tart, who specializes in serving veterans with PTSD and military sexual trauma.

Tart has a three-month wait list for regular treatment, in part, because she is one of two VA psychologists for the region and must split her time between Durango and Farmington.

“We’re understaffed, but that is a national problem,” she said.

She expects the center's social aspects, such as barbecues and classes, will promote mental health wellness among combat veterans, who have a tendency to isolate themselves.

"For a veteran to reconnect with another veteran can be incredibly healing," she said.

For veterans facing financial problems, the DAV will provide emergency aid to house veterans on a short-term basis or help with other expenses such as utilities or car repairs.

The DAV has received federal grants for several years to provide services. The group has provided aid to about 1,500 veterans in the last year and expects to serve many more through the center, said Bob Collette, the DAV's counsel pro tem liaison for veteran's affairs.

The center cannot provide housing, but the staff will help veterans connect with representatives from Volunteers of America and the VA who can help with housing.

Volunteers at the center also provide acupuncture, yoga classes and energy healing therapy to help with anxiety, among other services.

Tart said she hopes the center continues to expand its services.

"We're hoping that we grow out of this building," Tart said.

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7.9 - WMGT (NBC-41, Video): [Homeless Stand Down Provides Opportunities For Homeless Veterans](#) (7 September, Edna Ruiz, 26k uvm; Macon, GA)

Dozens of homeless people were treated to a variety of opportunities Friday morning. The Macon Homeless Coalition held its annual Macon Homeless Stand Down.

"One gentleman today, said he came and just simply needed a pair of shoes. You know, just think about our lives," said Jeff Battcher, Macon Homeless Coalition.

Battcher has made it a mission to help homeless people get back on their feet.

"We've got to find a way to battle this issue and this is a perfect thing to do here with this stand down, is to focus on the veterans, but then again help anybody else that needs help," said Battcher.

The Macon Homeless Coalition partnered up with the Carl Vinson VA to bring resources all under one roof for those in need.

"A whole bunch of different volunteer groups have come in today from local churches, schools, and so all of them have come in today to assist as well, because we needed all of this help with all of the people that came in," said Battcher.

The event provided hot meals, haircuts, and dental and health assistance.

"We think about the big things, we need to focus on the big things but a lot of times, just the basic simple things, like I need a pair of shoes, you know. So, that's what we did today and that's what I think we should be doing everyday," said Battcher.

Friday's event at Daybreak helped find homes for three veterans.

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8. [Other](#)

8.1 - ABC News (Video): [Kellyanne Conway latest top Trump official to deny authoring anonymous NYT op-ed](#) (7 September, Jordyn Phelps, 24.1M uvm; New York, NY)

One of President Donald Trump's top aides, Kelleyanne Conway, on Friday became the latest high-ranking administration official to deny authoring that anonymous New York Times op-ed blasting her boss.

Conway, whose title is Counselor to the President, called on anyone working to frustrate the president's agenda from inside the White House to resign.

[...]

A spokesperson for Secretary of Veterans Affairs Robert Wilkie added him denial to the list, saying neither Wilkie "nor anyone at VA" wrote the op-ed.

"Under President Trump, VA has accomplished more in the last 18 months than it has in decades in reforming the department and improving care and benefits for our nation's heroes," spokesperson Curtis Cashour told ABC News. "We are committed to continuing this progress under the president's leadership."

[...]

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8.2 - U.S. News & World Report (AP): [2nd District GOP Candidates Differ Some on Policy, Not Trump](#) (7 September, Holly Ramer, 23.9M uvm; Washington, DC)

CONCORD, N.H. — Republicans competing for a chance to take on Democratic Rep. Annie Kuster in New Hampshire's 2nd Congressional District unanimously praised President Donald Trump but differed a bit on immigration, abortion and other issues in a televised debate four days before their primary.

Six of the seven Republicans who will be on Tuesday's ballot met for a debate Friday night on WMUR-TV. They repeatedly praised Trump, including the way he accepted Russian President Vladimir Putin's denials regarding interference in the 2016 election. Robert Burns, who served as chair of the Trump campaign's youth coalition, called it an example of Trump's skill as a negotiator.

"What is he supposed to say to Putin when he denies it, call him 'Liar, liar, pants on fire'? That's just ridiculous," said Burns, of Bedford. "And for the liberal media to be out there just hoping and praying for this sort of nuclear war and another Cold War, it's just absolutely unfathomable and totally ridiculous."

Brian Belanger called Trump a smart businessman who knows the importance of keeping his friends close and his enemies closer.

"He did a strategic thing," he said. "He keeps them right where he wants them."

Asked whether legal immigration is making American worse, Belanger spoke the most forcefully in the affirmative.

"You may have half the family members that come legally but it's the other half, maybe the criminal half, that will come in here illegally because once someone is established here they can send money back to their home country to help those folks come into our country," he said. "So, yes, I do believe that some part of legal immigration is affecting us."

The others didn't answer directly, though several, including former state Rep. Lynne Blankenbeker and former VA physician Stewart Levenson, expressed support for Trump's efforts to curtail legal immigration. Levenson brought up the death of Mollie Tibbetts, a University of Iowa student who authorities say was abducted in July and killed by a man believed to be in the U.S. illegally. Trump and others have seized on the suspected killer's immigration status to argue for changes in U.S. immigration law, prompting Tibbetts father to write an opinion piece against using her death in support of "views she believed were profoundly racist."

"We have to start taking care of our own citizens," Levenson said.

Levenson was among a group of whistleblowers who went public last year with allegations regarding substandard conditions and care at the veterans hospital in Manchester, and launched his campaign in response to what he called Kuster's refusal to address the problems. But state Rep. Steve Negron accused Levenson of giving himself too much credit,

"The thing I'm trying to wrap my head around is ... Dr. Levenson put out that the very number 1 reason to vote him into Congress is that he took on Washington and won. I don't think anybody's won," he said, citing recent reports that the VA nationwide has a backlog of 400,000 disability claims appeals. "This fight's not over, and the people that have been fighting it, long before Dr. Levenson became a whistleblower, were veterans and veterans organizations. Those are the ones out there who started turning this tide."

The candidates also were asked whether they would support new restrictions on abortion if federal law legalizing it is struck down by the U.S. Supreme Court. Burns and Belanger said they would only allow abortion if a woman's life was in danger. Levenson said he opposes third-trimester abortions and public funding for the procedure. Negron said he would outlaw abortion without exception, while Blankenbeker and Gerard Beloin were less specific, describing themselves as prolife.

Jay Mercer of Nashua was not present.

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8.3 - Military Times: [Man admits stealing \\$145K in VA benefits intended for military widow](#)
(7 September, Karen Jowers, 2.1M uvm; Springfield, VA)

An Oceanside, California, man has pleaded guilty to stealing \$145,035 that was intended for a military widow.

Michael Vanden Brink, 57, admitted in federal court Sept. 5 that he collected a military widow's benefits for nearly 10 years after she died. The widow, who died on June 30, 2004, at her home in Oceanside, had been receiving Dependency and Indemnity Compensation benefits since 1972.

DIC is a benefit paid to eligible survivors of service members who died in the line of duty, or eligible survivors of veterans whose death resulted from a service-related injury or disease. The benefit is paid by the Department of Veterans Affairs.

Information was not available on which branch of service the widow's husband served in. She was identified only as H.C.C. for privacy reasons, said Special Assistant U.S. Attorney Jeffrey Hill, in the Southern District of California.

Brink is not a relative of the deceased widow, Hill said. However, Brink shared a joint bank account with her, and her monthly DIC benefits were paid into that joint bank account. Information about the nature of their relationship was not available.

As part of his plea agreement, Brink has agreed to pay \$145,035 to the VA. He will be sentenced on Dec. 10, and faces up to 10 years in federal prison and a fine of up to \$390,060.

According to the plea agreement, Brink informed the bank of the widow's death, but he didn't notify the bank that the monthly DIC deposits should stop. Instead, he continued to receive the monthly deposits until Feb. 26, 2014, and was the only owner of the bank account. Brink received monthly bank statements.

He acknowledged that he knew he wasn't entitled to the money and that it belonged to the United States, according to the plea agreement.

The theft was discovered as the result of "proactive database matching, which cross-references all VA payees against the Social Security Administration's death records," Hill said.

The investigation shows the VA Office of Inspector General's "commitment to aggressively pursue individuals who defraud VA programs. The VA OIG will continue to identify criminal activity in order to protect the integrity of VA programs," said Special Agent in Charge A.E. Pleasant, of the western field office of the VA IG's criminal investigations division.

"For almost a decade, this defendant stole thousands of dollars intended to help the families of our brave men and women in uniform," said U.S. Attorney Adam Braverman. "This prosecution demonstrates the commitment of the United States Attorney's Office to protecting the integrity of programs for our veterans and their families."

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Veterans Affairs
Daily update · September 7, 2018

NEWS

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The New Republic
Access to VA policymaking allowed Perlmutter to use public events to promote his private interest. Thus in February 2017, David Shulkin, at the time ...
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Oklahoma Dept. of Veterans Affairs addresses concerns about care
KOKH FOX25
OKLAHOMA CITY (KOKH) — General Myles Deering, the former Department of Veterans Affairs Director and current Secretary of Veterans Affairs, ...
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Advocate.com
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The News
SCOTSBURN, N.S.. Stan Jones couldn't help but feel frustrated when he heard news reports that the Department of Veteran's Affairs was covering the ...
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Memorial removal at Western Reserve VA cemetery prompts Congressional hearing
cleveland.com
On Wednesday, a Veterans Affairs subcommittee in the U.S. House of Representatives held a hearing on a bill that Wadsworth GOP Rep. Jim Renacci ...
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Can VA's new CIO, accountability director finally spark a long-awaited culture change?
FederalNewsRadio.com
So say members of the Senate VA Committee, which, in the days and hours leading up to Wednesday's nomination hearing for two top-level leaders, ...
Delays in Forever GI Bill implementation could affect veterans' checks - Stars and Stripes

Senate sets nomination hearing for VA CIO - Becker's Hospital Review

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Congressman Roe criticizes Department of Veteran Affairs after non sterile medical equipment claims

WJHL-TV News Channel 11

JOHNSON CITY, TN(WJHL) - Tri-Cities Congressman, Phil Roe, dished out harsh criticism today for the Department of Veteran Affairs following claims ...

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New Legislation Could Increase Veteran Access to Medical Marijuana

Fortune

The Veterans Medical Marijuana Safe Harbor Act, introduced by Senators Bill Nelson (D-FL) and Brian Schatz (D-HI), would allow Veterans Affairs ...

Senate Bill Would Legalize Medical Marijuana For Military Veterans - Forbes

Bill would allow VA doctors to prescribe marijuana to veterans - Sarasota Herald-Tribune

Senators file bill to allow VA to prescribe medical marijuana to veterans - WPTV.com

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VA looks to stabilize tech team

FCW.com

The post of top technology officer at the Department of Veterans Affairs is notoriously hard to fill. One of the few Senate-confirmed CIO posts in ...

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VA Medical Center being renamed in honor of veteran

Bristol Herald Courier (press release) (blog)

HUNTINGTON, W.Va. (AP) — A Veterans Affairs Medical Center in West Virginia is holding a ceremony to change its name.

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Veterans Affairs Media Summary and News Clips

7 September 2018

1. [Top Stories](#)

1.1 - The Washington Times: [Medical marijuana bill let veterans obtain weed with VA's approval](#) (6 September, Andrew Blake, 10.8M uvm; Washington, DC)

Marijuana proponents have argued that its benefits offer a non-lethal alternative to opioids, and states that have legalized the plant for medical purposes have subsequently experienced a drop in annual fatal opioid overdoses by nearly 25 percent, lawmakers said in support of the bill. "VA has not taken a position on the bill," VA press secretary Curt Cashour told The Washington Times on Thursday. "Marijuana is illegal under federal law, and until federal law changes, VA is not able to prescribe it."

[Hyperlink to Above](#)

1.2 - The Arizona Republic (Video): [Audit shows VA overpaid contractors by over \\$101 million for medical work](#) (6 September, Dennis Wagner, 10.8M uvm; Phoenix, AZ)

Two health care contractors running the federal government's Veterans Choice Program collected more than \$101 million in overpayments during 2016-17, an audit released Thursday by the VA Office of Inspector General shows. "Because of ineffective controls, OCC (the VA Office of Community Care) failed to identify improper claims," an executive summary for the report says.

[Hyperlink to Above](#)

1.3 - The Boston Globe: [Sen. Warren calls for increased oversight of troubled Bedford VA](#) (6 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

Massachusetts Senator Elizabeth Warren sent a sharply critical letter Thursday to the nation's secretary of veterans affairs, demanding new, high-level oversight of the agency's Bedford medical center, which has been the subject of repeated complaints of abuse and neglect. Warren called on the VA to increase "senior level" monitoring of the facility, release agency inspection reports, and give federal lawmakers more oversight.

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1.4 - Military Times: [Vets' medical marijuana debate revived](#) (6 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Medical marijuana for veterans is having another moment on Capitol Hill. As lawmakers work to wrap-up their pre-election work in the next three weeks, they're also considering a host of proposals that could have wide-ranging effects on veterans' ability to access cannabis for a host of ailments. Among the ideas are broadening research into the medicinal effects of cannabis, allowing veterans to discuss use of marijuana with Veterans Affairs physicians, and new legislation introduced this week which would essentially decriminalize the drug for veterans across the country.

[Hyperlink to Above](#)

1.5 - Military Times: [The Pentagon is easing its controversial new GI Bill restrictions — but only for some troops](#) (6 September, Natalie Gross, 2.1M uvm; Springfield, VA)

Earlier this year, the Department of Defense rolled out a change to its GI Bill transfer policy that would keep long-serving troops from passing those benefits on to their dependents. But that

won't apply to service members who have been wounded in combat, Pentagon officials announced today. Purple Heart recipients will be able to transfer their benefits, regardless of how many years they have served in the military or whether they are able to commit to a longer period of service.

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1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [As Medical Marijuana Becomes More Accepted, Veterans Urge The VA To Prescribe It](#) (6 September, Julia Ochoa, 278k uvm; San Diego, CA)

Charles Claybaker spent five tours in Afghanistan, kicking in doors and taking out terrorists. But an aircraft crash in 2010 left the Army Ranger with a crushed leg, hip and spine and a traumatic brain injury. Army doctors loaded him up with a dozen prescriptions to numb the pain and keep his PTSD in check. But Claybaker said the pills transformed him from a highly-trained fighter into a zombie for at least two hours a day.

[Hyperlink to Above](#)

1.7 - Federal Computer Week: [VA looks to stabilize tech team](#) (6 September, Adam Mazmanian, 189k uvm; Vienna, VA)

The post of top technology officer at the Department of Veterans Affairs is notoriously hard to fill. One of the few Senate-confirmed CIO posts in government, the VA's assistant secretary for information and technology manages a \$4 billion budget, about 8,000 employees and is responsible for networks, equipment, cybersecurity and software at hundreds of facilities nationwide.

[Hyperlink to Above](#)

1.8 - U.S. News & World Report (AP): [It Wasn't Me: Trump Officials Who Deny Writing the NYT Op-Ed](#) (6 September, 23.9M uvm; Washington, DC)

Lots of Trump administration officials were quick on Thursday to scratch their names off the list of potential authors of an unsigned New York Times opinion piece by a member of the so-called resistance working to thwart "reckless decisions" by President Donald Trump. Among the officials who have spoken out... "Neither Secretary Wilkie nor anyone else at VA wrote the op-ed." — Curt Cashour, spokesman for Veterans Affairs Secretary Robert Wilkie.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Politico: [FDA launches medical device plan](#) (6 September, Darius Tahir, 23.9M uvm; Arlington, VA)

VA confirmation hearing: James Gfrerer, nominated by President Donald Trump as the VA's new chief information officer, told a Senate confirmation hearing Wednesday that he would hold officials accountable for sticking to milestones in the 10-year Cerner implementation. "There's a huge change management component so clinicians will have to go through a substantial, rigorous process to conform their workflows to the IT systems," he said.

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3.2 - Medical Xpress: [Telehealth helps promote safe antibiotic prescribing practices in remote healthcare](#) (6 September, 1.5M uvm; New York, NY)

A pilot project at two rural VA medical centers demonstrated that telehealth videoconferencing promoted antibiotic stewardship efforts by linking remote facilities to infectious diseases-trained professionals, according to a study published today in Infection Control & Hospital Epidemiology, the journal of the Society for Healthcare Epidemiology of America. Antibiotic stewardship helps promote safe prescribing practices to prevent adverse medication events and reduce antibiotic resistance.

[Hyperlink to Above](#)

3.3 - Healthcare IT News: [VA CIO nominee to fix cybersecurity, EHR modernization](#) (6 September, Jessica Davis, 438k uvm; Chicago, IL)

Improving communication at the Department of Veterans Affairs as it transitions onto modern technology platforms would be a top priority for President Donald Trump's nominee for the VA Chief Information Officer, James Gfrerer. He testified before the Senate VA committee on Wednesday. Gfrerer also plans to put an end to the cybersecurity vulnerabilities that have put the VA on the Office of Inspector General's high-risk list for the last three years. Gfrerer comes from the risk and security practice of Ernst and Young.

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3.4 - Erie Times-News: [Decade of improvements for Erie VA hospital](#) (6 September, David Bruce, 320k uvm; Erie, PA)

Erie Veterans Affairs Medical Center has undergone a decade of almost constant construction as it evolves from a 1950s-style hospital to a modern health-care campus. New buildings have popped up on the Erie VAMC grounds in recent years, while others are currently being constructed and work continues on several different floors of the main hospital. Nearly \$60 million has been spent upgrading the facility since 2008.

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3.5 - Health Exec: [Rural facilities improve antibiotic stewardship with videoconferencing teams](#) (6 September, Nicholas Leider, 20k uvm)

Rural healthcare providers and facilities face numerous geographic obstacles to providing adequate care. Researchers showed how telehealth videoconferencing can connect remotely located VA medical centers with infectious disease experts to improve antibiotic stewardship. The team, published Sept. 6 in Infection Control & Hospital Epidemiology, held weekly video-linked meetings at two different sites that included pharmacists, nurses and clinicians with an infection disease physician at another VA facility.

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4. [Focus Resources More Efficiently](#)

4.1 - WLS (ABC-7): [U.S. Navy corpsmen train for trauma at Stroger Hospital](#) (6 September, Stacey Baca, 920k uvm; Chicago, IL)

For the first time, Navy corpsmen are training in one of the busiest trauma units in the country, Stroger Hospital. The program is a partnership between the hospital and the Lovell Federal Health Care Center in North Chicago. It means seasoned doctors and nurses are teaching the next generation of the military members before they're deployed. Young sailors are now at Stroger Hospital learning about gunshot wounds, stabbings and severe trauma.

[Hyperlink to Above](#)

4.2 - WFED (AM-1500, Audio): [Veterans Health Administration not ensuring reusable equipment is cleaned](#) (6 September, Eric White, 854k uvm; Washington, DC)

The Veterans Health Administration doesn't know if its reusable medical equipment is being cleaned between uses. The Government Accountability Office said VHA has no rules or stipulations to ensure the equipment is properly processed after use, which includes being cleaned, disinfected or sterilized. GAO recommended VHA put rules in place to make sure the inspections happen.

[Hyperlink to Above](#)

4.3 - The News-Review: [VA employee survey indicates unhappiness with management continues](#) (6 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The results of a 2018 All Employee Survey of Roseburg Veterans Affairs Medical Center staff suggest negative views of management remain despite a rollover of the top brass. However, the head of the employee union at the VA said he believes morale has improved since Interim Director Dave Whitmer took over this year. The survey, which is taken every year at the VA, drew responses from 836 employees this year.

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4.4 - FEDweek: [VA Reports More Than 10 Percent Vacancies](#) (6 September, 51k uvm; Glen Allen, VA)

The VA has said that 42,239 full-time positions are vacant, more than 40,400 of them in its largest component, the Veterans Health Administration, which accounts for nearly 376,000 of the total department-wide of 419,353. "VHA's workforce challenges mirror those of the health care industry as a whole. There is a national shortage of healthcare professionals, especially for physicians and nurse . . . VHA remains fully engaged in a fiercely competitive clinical recruitment market," it said.

[Hyperlink to Above](#)

4.5 - MedTech Dive: [Watchdog slams Veterans Health Administration on device sterility](#) (6 September, Nick Paul Taylor, 344 uvd; Washington, DC)

Veterans Affairs Medical Centers use reusable medical equipment (RME) in the care of the 9 million veterans enrolled in the VHA's healthcare system. After each endoscope, surgical instrument and other piece of RME is used, it must be cleaned, disinfected or sterilized to ensure it is safe for use on the next patient. The challenge of ensuring sterility has increased as devices have become more complex, culminating in an endoscope cleaning taking more than one hour of active work.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - The Hill: [Medicare-for-all: Too costly and for too little care](#) (6 September, Dr. Deane Waldman, 11.8M uvm; Washington, DC)

Last week, The Hill reported that the Congressional Budget Office is refusing to score a Medicare-for-All bill now before the House. That's probably because the CBO doesn't think it's going to get a vote anytime soon — despite growing support from Democrats, 123 of whom have now signed on as cosponsors.

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5.2 - Advocate: [Don't Let the VA Stop Transition-Related Care](#) (6 September, Charlotte Clymer, 2.1M uvm; Los Angeles, CA)

The official motto for the Department of Veterans Affairs, adopted in 1960, comes from the close of Abraham Lincoln's second inaugural address, widely considered one of the greatest speeches in American history: "To care for him who shall have borne the battle and for his widow, and his orphan." The Civil War was in its final days, and Lincoln was attempting to heal the wounds of a reunited nation, seen and unseen.

[Hyperlink to Above](#)

5.3 - WTLV (NBC-12, Video): [New bill could have VA doctors prescribe medical marijuana to veterans](#) (6 September, Kamrel Eppinger, 321k uvm; Jacksonville, FL)

On Wednesday, Sen. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) filed a new piece of legislation that would allow Veteran Affairs doctors to write prescriptions for medical marijuana. The Bill is called the Veterans Medical Marijuana Safe Harbor Act. If passed, it would also allocate \$15 million in funding to research the effects marijuana has on veterans.

[Hyperlink to Above](#)

5.4 - Erie Times-News: [Erie VA hospital has 'positive' review](#) (6 September, David Bruce, 320k uvm; Erie, PA)

A review of the Erie Veterans Affairs Medical Center showed the hospital is providing quality medical care to its patients, though the review did make several recommendations to improve patient safety and care. The Comprehensive Healthcare Inspection Program Review was conducted in March 2018 during a weeklong visit to the Erie VAMC by inspectors with the Department of Veterans Affairs Office of Healthcare Inspections.

[Hyperlink to Above](#)

5.5 - Dothan Eagle: [Dothan VA clinics to merge into one facility](#) (6 September, Kayla Rutledge, 195k uvm; Dothan, AL)

Two clinics that have been serving veteran needs in Dothan will become one by the end of November. According to a statement by the Central Alabama Healthcare System, the clinic on Alexander Drive serving physical care needs will close and merge with the current clinic caring for veterans' mental health needs at 3753 Ross Clark Circle.

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5.6 - WWSB (ABC-7, Video): [Debate Over Medical Marijuana Helping Veterans With PTSD](#) (6 September, Jackie Kelly, 195k uvm; Sarasota, FL)

Senator Bill Nelson of Florida has proposed a "Veterans Medical Marijuana Safe Harbor Act". It would allow VA doctors to prescribe cannabis to veterans in states where medical marijuana is legal, which includes Florida. "If there's a plant that you can grow in your backyard that can help you then why can't you," Vietnam Veteran, Robert Jordan said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Fayetteville Observer: [VA annual summit tackles mental health, family discussions](#) (6 September, Rachel Riley, 439k uvm; Fayetteville, NC)

Dance saved Alfredo Hurtado's life. That was Hurtado's personal assessment that he shared with an audience Thursday at a mental health summit hosted by the Fayetteville Veterans Affairs at Methodist University. Hurtado joined the Army on Oct. 12, 2000. By 2001, he was stationed at Fort Bragg and deployed to guard the crash site of the Pentagon after 9/11.

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6.2 - Fort Leavenworth Lamp: [Suicide prevention, awareness theme of month](#) (6

September, Katie Peterson, 14k uvm; Fort Leavenworth, KS)

September is Suicide Prevention and Awareness Month. During the month, mental health advocates, prevention organizations, survivors, allies and community members come together to promote suicide prevention awareness, according to suicidepreventionlifeline.org. At Fort Leavenworth, the Army Substance Abuse Program is one of the key prevention organizations...

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [VA Medical Center Being Renamed in Honor of Veteran](#) (6 September, 23.9M uvm; Washington, DC)

A Veterans Affairs Medical Center in West Virginia is holding a ceremony to change its name. The U.S. Department of Veterans Affairs said the VA Medical Center in Huntington will be renamed in honor of Hershel "Woody" Williams during the ceremony Sunday. Williams is a retired Marine and Department of Veterans Affairs service officer. The VA said he is a longtime advocate for veterans and their families.

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7.2 - Milwaukee Journal Sentinel: [Wisconsin man who ran Costa Rican Packers bar gets prison term for Veterans Affairs fraud](#) (6 September, Bruce Bielmetti, 4.8M uvm; Milwaukee, WI)

A former Appleton man who ran a Packers bar and led Harley-Davidson tours in Costa Rica while telling Veterans Affairs officials in Milwaukee that he was unable to work was sentenced Thursday to a year and a day in federal prison. Daniel Kososki, 54, pleaded guilty in May to one of five fraud counts filed against him last fall. As part of the deal, he agreed to pay restitution of nearly \$150,000 to the VA, the difference in benefits he received by falsely claiming 100% disabled status under a program called Individual Unemployability.

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7.3 - MedPage Today: [Why Do Female Troops Get Pregnant During Deployment?](#)

[Military's efforts to provide contraception seen falling short](#) (6 September, Shannon Firth, 1.5M uvm; New York, NY)

Active duty women in the U.S. military are more likely to have an unintended pregnancy than civilian women in the U.S. population, according to one military official and some researchers and advocates interviewed by MedPage Today. Historically, servicewomen have had difficulty accessing birth control due to logistical as well as cultural barriers. In addition, abortions and abortion counseling are not provided by the Department of Defense (DOD) or the Department of Veterans Affairs (VA).

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7.4 - Stars and Stripes: [Legislation seeks to allow battlefield crosses in national cemeteries](#)

(6 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Lawmakers on Wednesday considered a bill to force the National Cemetery Administration to allow battlefield crosses, following the controversial removal of the grave markers from three veterans cemeteries last year. Battlefield crosses, made up of a dead soldier's rifle, helmet, boots and dog tags, are used to mark a death in combat. A stone depiction of one was removed from the Ohio Western Reserve National Cemetery last September, sparking outcry from local veterans and elected officials.

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7.5 - Oakland Press: [Miracle Quilts organization celebrates 10-year anniversary](#)

(6 September, Sharon Longman, 441k uvm; Pontiac, MI)

Miracle Quilts for Our Wounded Troops founder Carole Carroll and her members are gearing up for their 10th year. Their next meeting will be held from 10 a.m. to 3 p.m. Saturday, Sept. 8 at Independence Village, 701 Market Street, Oxford. Their mission is to create patriotic quilts to present to wounded troops at hospitals, to those currently serving and homeless veterans.

[Hyperlink to Above](#)

7.6 - KWWL (NBC-7): [Event hopes to support local homeless veterans](#)

(7 September, Taylor Vessel, 440k uvm; Dubuque, IA)

The local VA office held its first 'stand down' event in Black Hawk County, providing vets who are homeless or nearly homeless a place to get a hot meal, medical services, and even a backpack filled with new winter clothing. Organizers say they couldn't do it without the help of so many volunteers.

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7.7 - KRGV (ABC-5, Video): [Harlingen Veteran Says VA Should Aid with Transition to Civilian Life](#)

(6 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Harlingen veteran says those who have served need more help transitioning into civilian life. Veteran James Monayao served in the U.S. Army from 2008 to 2014 and now works as a nurse. "My transition was very challenging in many ways because I didn't have a full-time job. I didn't have the steady paycheck that would come in when I was still in the service," says Monayao.

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7.8 - WKBN (CBS-27): [Local VA eager to see abandoned Youngstown house transformed into apartments](#) (6 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

It's a problem those working at the local Veterans Administration clinic see on a regular basis. "Yesterday, I received seven calls from veterans in our community that are either on a couch, sleeping in their car or in a park," Dr. Robert Marcus said. Marcus is the veteran outreach director for the clinic. He believes there are close to a thousand male and female vets in the region who have no place to call their own -- and few places to look for help.

[Hyperlink to Above](#)

7.9 - WTOG (TV-11, Video): [Glennville's veteran cemetery receives prestigious award](#) (7 September, Dal Cannady, 193k uvm; Savannah, GA)

A Glennville cemetery has been awarded for being a place that remembers those who served our country. The presentation on Thursday confirmed what folks in Glennville have known for years: that their veteran's cemetery that cares for the legacy of service members and their grieving families is among the best in the nation. The chapel hosted what may have been its most cheerful gathering ever.

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7.10 - The Vindicator: [Grant provides just a start to assisting homeless vets](#) (6 September, 193k uvm; Youngstown, OH)

Mahoning County Commissioner Anthony Traficanti minced no words Thursday in describing one of this nation's most pernicious social ills: "This homelessness issue in America has become a plague." In Ohio alone, that plague has stricken at least 60,000 people, according to a study and census released earlier this year by the Ohio Human Services Data Warehouse.

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7.11 - The Herald-Dispatch: [VA hosting renaming ceremony Sunday](#) (6 September, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will be officially renamed during a ceremony at 2 p.m. Sunday, Sept. 9, at the center's campus at 1540 Spring Valley Drive in Huntington. The former Huntington VA Medical Center was renamed earlier this summer through U.S. House Resolution 3363, giving the center's namesake to the 94-year-old Medal of Honor recipient and veterans and family advocate.

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7.12 - Mountain Xpress: [Aura Foundation helps homeless women veterans](#) (6 September, Kiesa Kay, 189k uvm; Asheville, NC)

Alyce Knafllich knows how to rise up from the ashes and create a new life: She's done it time and again. Knafllich was homeless for nine years, wandering and wondering where her next meal would be coming from, never knowing for sure where she'd rest her head. "When you're homeless, you don't have time to think about goals and dreams and schemes," she says. "Every day becomes another battle for simple survival."

[Hyperlink to Above](#)

7.13 - ConnectingVets.com (Video): [Changing lives in Oklahoma, one rock at a time](#) (6 September, Jonathan Kaupanger; New York, NY)

Some rocks are simply just better than others. There's the Rock of Gibraltar guarding the entrance to the Mediterranean Sea. Of course, we have Plymouth Rock here in the U.S. In Mecca, you'll find the Black Stone of the Kaaba. The Blarney Stone in Ireland, Kindness Rocks at the Oklahoma VAMC, Rosetta Stone from Egypt and Scotland's Stone of Scone, just to name a few.

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7.14 - Leavenworth Times: [Scouts treat veterans to donated chocolates](#) (6 September, Mark Rountree, 49k uvm; Leavenworth, KS)

A donation from a Leavenworth native living overseas has put smiles on the faces of veterans living at the domiciliary at the Eisenhower VA Medical Center. Patricia Vaughn Snodgrass grew up in Leavenworth but is now living in Switzerland. She recently contacted representatives of Boy Scout Troop 1028 of Platte City, Missouri, requesting a purchase of chocolate bars from the troop's current fundraiser. Further, she requested that the troop deliver the chocolates to the veterans at the VA.

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7.15 - Plumas County News: [DAV van serves Lassen and north Plumas veterans](#) (6 September, Gregg Scott, 43k uvm; Quincy, CA)

Since 1987 there have been a few volunteers that have devotedly served the veterans of northern Plumas and Lassen counties by providing transportation from Susanville to the Reno VA Hospital and back. Most of their clientele are from the greater Susanville area, but quite a few veterans that live in the Westwood and Lake Almanor area use the service as well.

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7.16 - The Independent: [Therapy Dogs to Take Part in Stand Down at the Fairgrounds](#) (6 September, 19k uvm; Livermore, CA)

Valley Humane Society's Canine Comfort Pet Therapy teams are once again stepping up to participate in East Bay Stand Down. Hundreds of homeless and at-risk Veterans from across the San Francisco Bay Area will be able to experience the healing power of dogs on September 14 and 15 of a four-day event at the Alameda County Fairgrounds.

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7.17 - KMW (NPR-89.1): [Dole VA Center Set to Open Women's Care Facility](#) (6 September, Ray Strunk, 17k uvm; Wichita, KS)

Female veterans will soon have more health care options in Wichita. The Dole VA Medical Center is set to open a women's care facility on Sept. 28. The new building will be located on the center's main campus on East Kellogg. The \$1.4 million facility will serve more than 1,500 female veterans who are currently enrolled at the medical center. Akeam Ashford, a public affairs officer for the Wichita VA, said the medical center has lacked a private space for women.

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8. [Other](#)

8.1 - The San Diego Union-Tribune: [Man admits stealing \\$145,000 in VA benefits after military widow's death](#) (6 September, Alex Riggins, 493k uvm; San Diego, CA)

An Oceanside man has pleaded guilty to stealing more than \$145,000 from the U.S. Department of Veterans Affairs by continuing to receive compensation meant for a military widow for nearly 10 years after her death, federal prosecutors said. Michael Vanden Brink, 57, waived an indictment, was arraigned and pleaded guilty to a charge of theft of public property Wednesday in U.S. District Court, according to court documents and prosecutors from the U.S. Attorney's Office for the Southern District of California.

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1. [Top Stories](#)

1.1 - The Washington Times: [Medical marijuana bill let veterans obtain weed with VA's approval](#) (6 September, Andrew Blake, 10.8M uvm; Washington, DC)

Democrats have proposed legislation that would let the U.S. Department of Veterans Affairs recommend marijuana to patients receiving treatment in states that have legalized the plant for medicinal purposes, eliminating obstacles caused by its status as a federally controlled substance.

Introduced by Sens. Bill Nelson of Florida and Brian Schatz of Hawaii, the bill would allow “veterans to use, possess or transport medical marijuana and to discuss the use of medical marijuana with a physician of the Department of Veterans Affairs as authorized by State law,” according to a copy of its language released Wednesday.

“Federal law prohibits VA doctors from prescribing or recommending medical marijuana to veterans,” Mr. Nelson said in a statement. “This legislation will allow veterans in Florida and elsewhere the same access to legitimately prescribed medication, just as any other patient in those 31 states would have.”

While most states in the country have legalized marijuana for medicinal purposes or recreational purposes, the plant is considered a Schedule 1 substance under federal law, effectively prohibiting VA physicians from even discussing its potential health benefits with veterans seeking treatment through the government.

In addition to letting VA physicians recommend medical marijuana to veterans, the proposed Veterans Medical Marijuana Safe Harbor Act would direct the VA to research its impact and any potentially reduction of opioid abuse among veterans.

Opioids account for about 63 percent of all drug deaths in the U.S., and previous research found that veterans are twice as likely to die from an accident opioid overdose than non-veterans, according to the bill’s sponsors.

Marijuana proponents have argued that its benefits offer a non-lethal alternative to opioids, and states that have legalized the plant for medical purposes have subsequently experienced a drop in annual fatal opioid overdoses by nearly 25 percent, lawmakers said in support of the bill.

“VA has not taken a position on the bill,” VA press secretary Curt Cashour told The Washington Times on Thursday. “Marijuana is illegal under federal law, and until federal law changes, VA is not able to prescribe it.”

Justin Strekal, political director for the National Organization for the Reform of Marijuana Laws (NORML), issued a statement applauding the proposal.

“The Veterans Medical Marijuana Safe Harbor Act would provide crucial medical and civil protections for the men and women who put their lives on the line to serve this country,” Mr. Strekal said. “It is unconscionable that these brave individuals who protect our nation’s freedoms would be treated as criminals when they return home just for treating their medical ailments with a safe and effective option.”

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1.2 - The Arizona Republic (Video): [Audit shows VA overpaid contractors by over \\$101 million for medical work](#) (6 September, Dennis Wagner, 10.8M uvm; Phoenix, AZ)

Two health care contractors running the federal government's Veterans Choice Program collected more than \$101 million in overpayments during 2016-17, an audit released Thursday by the VA Office of Inspector General shows.

"Because of ineffective controls, OCC (the VA Office of Community Care) failed to identify improper claims," an executive summary for the report says.

The two VA contractors, Phoenix-based TriWest Healthcare Alliance Corp and Health Net Federal Services of California, allegedly collected \$66.1 million in excess payments via duplicate bills, and \$35.3 million more as a result of other errors.

The Veterans Choice Program was created in 2015 amid a health care crisis first exposed at the Phoenix VA Medical Center. Tens of thousands of patients nationwide were backlogged in an appointment system that spewed phony data. Many died or suffered while awaiting care.

Congress responded by authorizing \$10 billion to pay for private medical appointments for veterans who could not get timely treatment through the VA.

TriWest and Health Net administer the program, setting up provider networks, booking appointments and processing payments.

TriWest President and CEO David McIntyre said overpayments were a product of past "mechanical errors on both sides," but the system has been markedly improved over the past 18 months.

McIntyre has stressed that billing mistakes are common in the insurance industry, and the VA's processing system was plagued by problems.

Health Net officials did not immediately respond to requests for comment.

Three years ago, the VA fell behind in reimbursing the two contractors, owing them hundreds of millions of dollars and endangering their liquidity. That problem was resolved by shifting to a "bulk payment" system with little or no review of individual billings.

Although the VA is at fault for internal control failures, inspectors also found hundreds of thousands of bills were "improperly submitted."

The audit scrutinized 4.8 million medical charges. More than 5 percent of those were duplicates, mostly submitted by Health Net.

About 10 percent of the bills had other errors. A majority of those charges were submitted by TriWest.

McIntyre said in many cases there was not an error or overpayment. Instead, he contended, the VA system was unable to recognize discounts that TriWest was passing on from providers. He

added that TriWest has spent \$10 million trying to resolve audit issues with the inspector general and Department of Justice.

The audit says Health Net has repaid \$41 million.

McIntyre said TriWest is working with the VA on a reimbursement process. He estimates the company owes about \$50 million.

The audit comes amid continuing turmoil at an agency with 350,000 employees serving about 9 million veterans at an annual expense of nearly \$200 billion. It also comes as the Trump administration is moving to overhaul private-care options.

In March, President Donald Trump fired Secretary David Shulkin and nominated his personal physician, Ronnie Jackson, for the job. Amid charges of unprofessional conduct, Jackson was forced to bow out. Rear Adm. Robert Wilkie was then nominated and confirmed for the cabinet post.

Meanwhile, Trump signed the VA Mission Act, which includes provisions to consolidate Veterans Choice and other community-care programs, creating a streamlined system with clear procedures.

The VA announced in April that Health Net's contract will expire this month. McIntyre said his TriWest is finalizing a two-year extension of its contract.

The audit released Thursday is the second to address issues in the multibillion-dollar Choice contracts. In November, the Office of Inspector General found the two contractors had received at least \$89 million in overpayments.

Back then, the U.S. Attorney's Office in Phoenix was pursuing a subpoena for possible witnesses to wire fraud and misuses of government funds. McIntyre said he's never been advised of a grand jury probe. The status of that inquiry is unknown.

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1.3 - The Boston Globe: [Sen. Warren calls for increased oversight of troubled Bedford VA](#) (6 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

Massachusetts Senator Elizabeth Warren sent a sharply critical letter Thursday to the nation's secretary of veterans affairs, demanding new, high-level oversight of the agency's Bedford medical center, which has been the subject of repeated complaints of abuse and neglect.

Warren called on the VA to increase "senior level" monitoring of the facility, release agency inspection reports, and give federal lawmakers more oversight.

"When it comes to our veterans, more of the same old substandard care is unacceptable," Warren wrote to the recently appointed VA secretary, Robert Wilkie.

Warren's letter came days after a Boston Globe/USA Today report detailed questionable care at the Bedford VA's nursing home, one of the federal agency's worst-rated facilities among 133 nationwide.

The report described how a nurse's aide was allowed to resign after throwing an elderly dementia patient into bed, while another aide, who reported the misconduct, was fired. It followed a series of other incidents at the facility, which was scored one star out of five by the VA itself, based on high rates of bedsores, medication, and decline in veterans' health.

Warren wrote she was "growing sick and tired of hearing and reading heart-wrenching story after heart-wrenching story about veterans treated as if their sacrifices for our country do not matter." She said she had "serious questions about whether the new leadership at this facility is resulting in significantly improved care or is simply producing more of the same."

Republican State Representative Geoff Diehl, who faces off against Warren in November's election, said he has "a comprehensive plan to help veterans and improve their access to quality health care."

"While I agree with her concern about the serious problems at the Bedford VA, Elizabeth Warren has failed to make veterans and their care a priority," Diehl said in a statement.

VA spokeswoman Maureen Heard said in a statement that Bedford is "constantly striving to improve the quality of its health care."

"While the Bedford VA (nursing home) has a one star rating, this reflects the exceptionally difficult case-mix the facility serves," she said. Heard noted that the agency did not substantiate allegations that an aide threw an elderly dementia patient into bed.

On Wednesday, one day after the Globe/USA Today report, the new leader of the Bedford VA, Joan Clifford, sent an e-mail to the staff.

"I am proud of the work we have done and will continue to do in addressing improvement opportunities and will work with all of you to regain the trust of our veterans," she wrote.

"Every negative story erodes the trust our veterans deserve and reminds us that we have a lot of work to do. I know that the majority of our staff are caring, dedicated individuals committed to our mission."

The Bedford hospital has been beset by allegations of neglect and misconduct. The family of Charles Amidon, a highly decorated, 84-year-old lieutenant colonel, said he was slapped and bruised, and ignored for hours at a time. He contracted scabies that was undiagnosed for five months, his family said.

Employees have told the Globe drug abuse is common at the facility. Earlier this year, a 41-year-old Boston man was indicted for allegedly selling crack to a resident in the medical center.

In her letter, Warren also demanded an update into the investigation of the death of William Nutter, a Vietnam vet, who died in his bed in July 2016. The nurse's aide who was supposed to check on him hourly admitted she was playing video games on her computer.

Warren had requested information in October 2017 from former VA secretary David Shulkin, who declined to comment because the investigation was ongoing.

“Ten months have passed since then without any substantive update on this matter,” Warren wrote Thursday.

The VA’s inspector general, as well as federal prosecutors in Boston, launched probes into Nutter’s death. It’s unclear what, if anything, resulted from these investigations. The US attorney’s office did not immediately respond to a request for comment Thursday.

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1.4 - Military Times: [Vets' medical marijuana debate revived](#) (6 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Medical marijuana for veterans is having another moment on Capitol Hill.

As lawmakers work to wrap-up their pre-election work in the next three weeks, they’re also considering a host of proposals that could have wide-ranging effects on veterans’ ability to access cannabis for a host of ailments.

Among the ideas are broadening research into the medicinal effects of cannabis, allowing veterans to discuss use of marijuana with Veterans Affairs physicians, and new legislation introduced this week which would essentially decriminalize the drug for veterans across the country.

All of the plans still face a difficult path before they can become reality. Neither the White House nor VA officials have expressed support for expanded use of medical marijuana, even as advocates like the American Legion have touted it as a possible alternative to highly-addictive opioids.

Marijuana remains a schedule 1 substance under current federal rules, defined as a drug with “no currently accepted medical use and a high potential for abuse.” That limits how much federal research can be conducted on cannabis and how much federal employees — like VA physicians — can say to veterans about its potential uses.

The most ambitious of the new proposals is legislation introduced Wednesday that would “allow veterans to use, possess, or transport medical marijuana” in accordance with state laws. Currently, 31 states allow some use of the drug for therapeutic purposes.

The measure, sponsored by Democratic Sens. Bill Nelson of Florida and Brian Schatz of Hawaii, sets aside \$15 million for additional medical cannabis research and staffing assistance. It would also require VA physicians discuss marijuana as a potential treatment option in states where its use is legal.

The idea of allowing VA doctors to speak more freely about the drug with patients has already been approved by a bipartisan Senate panel several times in recent years, and was included as part of a Senate-passed appropriations measure currently being finalized by a congressional conference committee.

If lawmakers opt to leave the language in the annual VA budget legislation, it could encourage veterans to be more open about their recreational use and interest in opioid alternatives. However, House members have repeatedly rejected the idea in the past.

But some of that opposition may be eroding too.

Late last month, House Veterans Affairs Committee Chairman Phil Roe, R-Tenn., was among the authors of a bipartisan letter to VA Secretary Robert Wilkie asking for “a rigorous clinical trial into the safety and efficacy of medical cannabis for veterans with post-traumatic stress disorder and chronic pain.”

The memo — also signed by Democratic Rep. Tim Walz of Minnesota and Sens. Jon Tester, D-Mont., and Dan Sullivan, R-Alaska — is the latest in a series of requests by members of Congress for VA to be more aggressive in researching the medical potential of the drug, to put to rest either fears surrounding its use or boasts about its benefits.

Without those answers, “both VA doctors and veterans will remain in the dark about this potentially beneficial alternate treatment,” the letter said. “While in the midst of a deadly opioid epidemic, it is irresponsible to turn a blind eye to a possible substitute.”

In the end, the biggest obstacle to any change in federal medical marijuana policy this year may not be ideological fights but instead the congressional calendar.

Both the House and Senate are expected to leave for a pre-election recess starting at the end of September. Before then, they have a host of appropriations bills to finalize (or risk a government shutdown) and a host of nominations to consider (including Supreme Court justice nominee Brett Kavanaugh).

When lawmakers return in mid-November, the lame-duck session is not expected to tackle many controversial issues, given the post-election changes that will occur on Capitol Hill a few weeks later.

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1.5 - Military Times: [The Pentagon is easing its controversial new GI Bill restrictions — but only for some troops](#) (6 September, Natalie Gross, 2.1M uvm; Springfield, VA)

Earlier this year, the Department of Defense rolled out a change to its GI Bill transfer policy that would keep long-serving troops from passing those benefits on to their dependents.

But that won't apply to service members who have been wounded in combat, Pentagon officials announced today. Purple Heart recipients will be able to transfer their benefits, regardless of how many years they have served in the military or whether they are able to commit to a longer period of service.

"Secretary Mattis has been clear, we must recognize the sacrifices these service members have made," Stephanie Miller, director of accessions policy in the Office of the Secretary of Defense, said in a statement announcing the change. "This policy reflects our continuing commitment to Wounded Warriors and their families."

Under the new GI Bill transfer policy, which has been highly controversial, service members who have been in the military for more than 16 years will no longer be able to transfer GI Bill benefits to their dependents as of July 12, 2019. That's a change from current policy, which doesn't

place a cap on time-in-service for transferability, provided service members can commit to four more years in the service.

The new policy also put an immediate end to the eligibility of some service members to transfer their benefits, including those who could not commit to the additional service requirement because of mandatory retirement, high-year tenure or medical issues.

These changes will no longer apply to Purple Heart recipients, though "all other laws and DOD policies concerning the transferability of unused Post-9/11 educational benefits remain in effect," according to the Pentagon's statement Wednesday. Since announcing its new policy, Pentagon officials have said the changes reflect the original purpose of the benefit as a recruiting and retention incentive.

Troops affected by the new 16-year cap still have several months to transfer their benefits before the new policy goes into effect.

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1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [As Medical Marijuana Becomes More Accepted, Veterans Urge The VA To Prescribe It](#) (6 September, Julia Ochoa, 278k uvm; San Diego, CA)

Charles Claybaker spent five tours in Afghanistan, kicking in doors and taking out terrorists. But an aircraft crash in 2010 left the Army Ranger with a crushed leg, hip and spine and a traumatic brain injury.

Army doctors loaded him up with a dozen prescriptions to numb the pain and keep his PTSD in check.

But Claybaker said the pills transformed him from a highly-trained fighter into a zombie for at least two hours a day.

"I'm talking mouth open, staring into space," Claybaker said.

Claybaker decided he would rather live in constant pain. He took himself off opioids and suffered for eight months.

Then, after retiring and moving back to St. Petersburg, Fla. he discovered marijuana - and he said it changed his life.

"I can just take a couple of puffs sometimes. It just depends on the day and what's going on or how bad it is," Claybaker said.

He says marijuana relieved his pain and helped with his anxiety. Claybaker says marijuana also helped him focus and he finally started feeling more like himself.

"I was a 2013 gold medalist at the Warrior Games in archery, I graduated summa cum laude from Eckerd College, I started my own charity. I adopted my 14-year-old brother who is now on a full-ride scholarship to Oregon State," he said. "I understand that marijuana has some ills, but for me personally, it absolutely helped me do all those things."

In order to get the drug, though, he had to break the law. Though medicinal marijuana is legal in Florida, the federal government says it's a crime to use it. Claybaker and other soldiers can't get prescriptions from the VA, and their insurance won't cover the cost.

Under VA policies, the agency says it will not recommend marijuana nor help veterans obtain it. The VA says veterans who use marijuana will not be denied VA care, but they need to obtain the substance themselves and pay for it out-of-pocket. A month's supply from a dispensary can be more than \$500.

Claybaker was among more than a dozen veterans recently profiled in a 20-page report by the Sarasota Herald-Tribune. They're pushing the federal government to reclassify marijuana. The vets are using the drug to treat conditions ranging from pain to PTSD.

But the veterans face an uphill battle. That's because marijuana is classified as a schedule 1 drug, which means it has no medical value. The classification, along with the its federal illegal status, means there hasn't been a lot of medical research on marijuana.

"We're realizing that there's a lot of holes here in our knowledge," said Ziva Cooper, an associate professor of clinical neurobiology at Columbia University Medical Center.

Last year, Cooper and other researchers published a study that evaluated 10,000 scientific papers in which marijuana was referenced. They found substantial evidence that chronic pain can be reduced by marijuana and substances known as cannabinoids that are found in it. Those cannabinoids include a widely sold product known as CBD.

But, the report found no scientific studies on marijuana's use for PTSD.

"We need those rigorous double-blind, placebo-controlled studies to inform us if cannabis can actually help with this, or cannabinoids," Cooper said.

Janine Lutz said marijuana could have saved her son, John, who died from suicide after serving as a Marine Lance Corporal in Iraq and Afghanistan.

He returned home to Davie, Fla. in 2011 with knee and back injuries and a severe case of PTSD.

In 2013, doctors at the VA prescribed an anti-anxiety medication for his PTSD, despite a note in his records that it had led to a previous suicide attempt. His mom said he was dead within a week.

"I would call that a pharmaceutically-induced suicide," Janine Lutz said. "And I actually sued the VA for that and I won my case."

Lutz received \$250,000 in a settlement with the VA.

Today Lutz runs the Live To Tell Foundation, which supports military veterans. Families of vets who died by suicide send her their photos, which she laminates and links to her traveling Memorial Wall. Her "Buddy Up" events bring veterans together so they can form bonds and look out for one another.

It was at those events that she learned how many veterans self-medicate with marijuana. Lutz said the government needs to act.

"Stop playing games with the lives of America's sons and daughters, and if they want cannabis, give it to them and stop giving them these psychotropic dangerous drugs that are destroying their bodies and their minds," Lutz said.

The American Legion polled its 2 million members and found 92 percent favored marijuana research and 81 percent support federal legalization.

The group has since joined in the effort to push Congress to reclassify marijuana from a Schedule 1 drug.

So far, that request has gone nowhere.

VA Secretary Robert Wilkie said he has to follow the rules.

"I'm not a doctor, never played one on television. I'm not a scientist," Wilkie said in an interview. "I will follow the federal law. And the federal law is very clear."

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1.7 - Federal Computer Week: [VA looks to stabilize tech team](#) (6 September, Adam Mazmanian, 189k uvm; Vienna, VA)

The post of top technology officer at the Department of Veterans Affairs is notoriously hard to fill. One of the few Senate-confirmed CIO posts in government, the VA's assistant secretary for information and technology manages a \$4 billion budget, about 8,000 employees and is responsible for networks, equipment, cybersecurity and software at hundreds of facilities nationwide.

James Gfrerer, the Trump administration's pick to lead OI&T, faced lawmakers on the Senate Veterans Affairs Committee on Sept. 5, at a mostly friendly hearing that didn't dive too deeply into tech operations at the agency or touch on news reports that much of the VA's activity is being directed by Trump loyalists outside the agency.

Gfrerer comes to government from the risk and cybersecurity practice at Ernst and Young, but he also had a long career as a Marine officer specializing in IT. He's a patient of the Veterans Health Administration and a client of the Veterans Benefits Administration. He told lawmakers that among his key priorities would be to improve interaction between OI&T and VHA and VBA as work proceeds on new systems, in particular the 10-year plan to switch to a commercial electronic health record platform.

Gfrerer said he'd be an advocate for maintaining the legacy Vista system during the 10-year march to adopting a new health record system.

He also told the lawmakers that he is looking to knock out cybersecurity weaknesses repeatedly identified in inspector general reports, many of which have lingered for years. He also made a point of saying

"I've read the OIG report on material weakness. It's a sustained pattern of unpreparedness. As someone who has their personal health information in the VA system, and even if it was Lance Corporal Gfrerer, I would be pretty hot under the collar if there were continued material weaknesses and insecurity," he said.

Senators dwelled on the prospects for the health record transition, which includes adopting a commercial system from Cerner to align with efforts underway at the Department of Defense.

"This is really going to make or break VA going forward," said Sen. Jon Tester (D-Mont.), the ranking member on the committee.

Gfrerer pointed out that the health record modernization is headed by a new office in VA that reports directly up to the agency's deputy secretary, with OI&T playing a "direct supporting role to that effort ... ensuring that network infrastructure and all the other resources are up to par" to support the adoption of a new system.

Gfrerer is expected to be confirmed. He'll replace Camilo Sandoval, a veteran of the Trump campaign who holds the job on an acting basis.

Senators also heard from Tamara Bonzanto, a Navy veteran and senior staffer of the House Veterans Affairs Committee who is the nominee to serve as assistant secretary of VA Office of Accountability and Whistleblower Protection.

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1.8 - U.S. News & World Report (AP): [It Wasn't Me: Trump Officials Who Deny Writing the NYT Op-Ed](#) (6 September, 23.9M uvm; Washington, DC)

Lots of Trump administration officials were quick on Thursday to scratch their names off the list of potential authors of an unsigned New York Times opinion piece by a member of the so-called resistance working to thwart "reckless decisions" by President Donald Trump.

Among the officials who have spoken out:

"The Vice President puts his name on his Op-Eds. The @nytimes should be ashamed and so should the person who wrote the false, illogical, and gutless op-ed. Our office is above such amateur acts." — tweet from Jarrod Agen, communications director for Vice President Mike Pence.

—

"@stevenmnuchin1 is honored to serve @POTUS & the American people. He feels it was irresponsible for @nytimes to print this anonymous piece. Now, dignified public servants are forced to deny being the source. It is laughable to think this could come from the Secretary." — tweet from Tony Sayegh, spokesman for Treasury Secretary Steven Mnuchin.

—

"It's not mine." — Secretary of State Mike Pompeo, speaking at a news conference in India.

—

"No." — U.S. Ambassador Nikki Haley, responding to a shouted question on whether she was the anonymous author.

"Speculation that The New York Times op-ed was written by me or my Principal Deputy is patently false. We did not. From the beginning of our tenure, we have insisted that the entire IC remain focused on our mission to provide the President and policymakers with the best intelligence possible." — statement by Dan Coats, director of national intelligence.

"I did not write and am thoroughly appalled by this op-ed. I couldn't be prouder of our work at Commerce and of @POTUS." — tweet by Commerce Secretary Wilbur Ross.

"I am not the author of the New York Times OpEd, nor do I agree with its characterizations. Hiding behind anonymity and smearing the President of the United States does not make you an 'unsung hero', it makes you a coward, unworthy of serving this Nation." — tweet by Energy Secretary Rick Perry.

"It was not his op-ed." — Thomas Crosson, spokesman for Defense Secretary Jim Mattis.

"Secretary Nielsen is focused on leading the men and women of DHS and protecting the homeland - not writing anonymous and false opinion pieces for the New York Times. These types of political attacks are beneath the Secretary and the Department's mission." — Tyler Houlton, press secretary for Homeland Security Secretary Kirstjen Nielsen.

"It was not him." — Caitlin Oakley, spokeswoman for Health and Human Services Secretary Alex Azar.

"He didn't write it. ... Acting Administrator Wheeler supports President Trump 100% and is honored to serve in his cabinet, he also believes whoever wrote the op-ed should resign." — John Konkus, spokesman for Andrew Wheeler, the acting administrator of the Environmental Protection Agency.

"Secretary DeVos is not a Washington insider and does not play Washington insider games. She has the courage of her convictions and signs her opinions. She is not the author." — Liz Hill, spokeswoman for Education Secretary Betsy DeVos.

"Neither Secretary Wilkie nor anyone else at VA wrote the op-ed." — Curt Cashour, spokesman for Veterans Affairs Secretary Robert Wilkie.

"The Secretary didn't write the op-ed." — Raffi Williams, spokesman for Housing Secretary Ben Carson.

"No to all of your questions." — Michawn Rich, spokeswoman for Agriculture Secretary Sonny Perdue, when asked whether Perdue had any role in the column or knew who wrote it.

When asked if the op-ed writer was Attorney General Jeff Sessions, a Justice Department spokesman referred The Associated Press to White House press secretary Sarah Huckabee Sanders' Thursday statement in which she calls the writer an "anonymous coward" and "gutless loser" and says the people who work for the president "stand united together and fully support" him.

"No." — White House counsel Don McGahn, when asked outside the Supreme Court confirmation hearing for Brett Kavanaugh if he wrote the op-ed.

"For those who have inquired, this is to confirm that Secretary Chao is not the author of the op-ed." — Department of Transportation communications office on Secretary Elaine Chao.

"Amb Huntsman: Come to find, when you're serving as the U.S. envoy in Moscow, you're an easy target on all sides. Anything sent out by me would have carried my name. An early political lesson I learned: never send an anonymous op-ed." — tweet from Andrea Kalan, spokeswoman at the U.S. Embassy in Moscow, quoting U.S. Ambassador to Russia Jon Huntsman.

"I am not author of the anonymous @nytimes op-ed. @realDonaldTrump has a clear governing vision for the country and his record of results is remarkable. I am proud to serve as a member of President Trump's @Cabinet to advocate on behalf of America's 30 million small businesses." — tweet from Linda McMahon, administrator of the Small Business Administration.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Politico: [FDA launches medical device plan](#) (6 September, Darius Tahir, 23.9M uvm; Arlington, VA)

[...]

VA confirmation hearing: James Gfrerer, nominated by President Donald Trump as the VA's new chief information officer, told a Senate confirmation hearing Wednesday that he would hold officials accountable for sticking to milestones in the 10-year Cerner implementation.

"There's a huge change management component so clinicians will have to go through a substantial, rigorous process to conform their workflows to the IT systems," he said.

Gfrerer was not asked about the resignation of the EHR modernization office's chief, Genevieve Morris, whose departure Aug. 24 after five weeks on the job apparently was partly due to disagreements over the degree of variation planned for the VA and DoD versions of Cerner, according to well-placed officials.

In a speech to the American Legion last week, Veterans Affairs Secretary Robert Wilkie said the VA and DoD EHR implementations would be "joined at the hip" to assure records flow cleanly between them. Some VA officials worry that too much similarity will mean the Cerner system won't meet their needs.

Gfrerer, whose cybersecurity and IT experience doesn't include health care, said he would create a structured "scorecard" approach to monitoring progress on the EHR implementation and other agency IT work.

The EHR modernization office reports directly to the deputy VA secretary while his office supports VistA during the estimated 10-year Cerner rollout, Gfrerer told the Senate Veterans' Affairs Committee hearing. It will be "absolutely essential" to maintain VistA throughout the transition, he said.

[...]

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3.2 - Medical Xpress: [Telehealth helps promote safe antibiotic prescribing practices in remote healthcare](#) (6 September, 1.5M uvm; New York, NY)

A pilot project at two rural VA medical centers demonstrated that telehealth videoconferencing promoted antibiotic stewardship efforts by linking remote facilities to infectious diseases-trained professionals, according to a study published today in *Infection Control & Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America. Antibiotic stewardship helps promote safe prescribing practices to prevent adverse medication events and reduce antibiotic resistance.

"It can be difficult for more rural facilities to employ the staff needed for infection control initiatives to work," said Robin Jump, MD, Ph.D., senior author of the study and physician-scientist with the Louis Stokes Cleveland VA Medical Center. "Telehealth can be a low-cost and effective way to provide facilities with the expertise needed to implement these initiatives—eliminating some of the barriers that have typically thwarted these efforts."

The project created hour-long weekly video-linked meetings to connect rural VA pharmacists, infection preventionists, staff nurses, and other clinicians with an infectious diseases physician at a geographically distant VA facility. These meetings were set up to form a videoconference antimicrobial stewardship team, or VAST.

Despite the serious threat posed by antibiotic resistance, there is an insufficient number of infectious diseases-trained physicians and pharmacists to meet the urgent need for comprehensive antibiotic stewardship programs across many healthcare settings. For example, a 2012 survey of the Veterans Health Administration found that among 130 medical centers providing inpatient care, 40 percent did not have a full-time infectious diseases physician on

staff. This leaves implementation of antibiotic stewardship programs to clinicians who have not received specialty training in infectious diseases or antibiotic stewardship.

"When antibiotic stewardship programs are left to those who are not trained to run them, they are more susceptible to issues and can ultimately be ineffective," said Lauren Stevens Ph.D., an author of the study. "As a result, our goal of reducing these multi-drug resistant organisms is more difficult to meet."

The pilot project found that the VAST teams reviewed an average of at least three cases each week and implemented more than two-thirds of the recommendations generated by the interdisciplinary team members during the sessions. The most common recommendation was to stop antibiotics. While the teams reviewed cases from both acute care and long-term units, the most common clinical conditions discussed were pneumonia/respiratory syndromes, including chronic obstructive pulmonary disease.

In interviews with researchers, VAST participants reported that the sessions increased their awareness of antibiotic stewardship principles, helping them to adapt their practice patterns and engage in antibiotic stewardship efforts. They specifically mentioned feeling greater confidence in their ability to make more targeted antibiotic choices, to reduce the time patients were on antibiotics, and to utilize more effective methods whenever possible (i.e. intravenous to oral conversions).

"This study is a great example of how technology can help provide access to expert knowledge and practices that are not always readily available to smaller facilities," said Jump.

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3.3 - Healthcare IT News: [VA CIO nominee to fix cybersecurity, EHR modernization](#) (6 September, Jessica Davis, 438k uvm; Chicago, IL)

Improving communication at the Department of Veterans Affairs as it transitions onto modern technology platforms would be a top priority for President Donald Trump's nominee for the VA Chief Information Officer, James Gfrerer. He testified before the Senate VA committee on Wednesday.

Gfrerer also plans to put an end to the cybersecurity vulnerabilities that have put the VA on the Office of Inspector General's high-risk list for the last three years. Gfrerer comes from the risk and security practice of Ernst and Young.

"I've read the OIG report on material weakness. It's a sustained pattern of unpreparedness," Gfrerer told the committee. "As someone who has their personal health information in the VA system, and even if it was Lance Corporal Gfrerer, I would be pretty hot under the collar if there were continued material weaknesses and insecurity."

Not only that, but Gfrerer would advocated for maintaining the agency's legacy VistA EHR -- which is "absolutely essential," while it transitions to the new Cerner platform. Officials expect the implementation project will take 10 years, with the pilot sites going live in the Pacific Northwest by 2020.

The plan to roll out the same platform as the Department of Defense was a top concern for Sen. Jon Tester, D-Montana, who said “this is really going to make or break the VA going forward.” But Gfrerer directed Tester to the new Office of Electronic Health Record Modernization, already making progress.

OEHRM reports directly to the VA Deputy Secretary and has support from the Office of Technology. Both will ensure the network infrastructure and other technology resources are “up to par” to support the EHR implementation.

Gfrerer told the committee he’ll keep officials accountable to the projected milestones for the project, using a “scorecard” method to monitor the progress of the EHR project and other IT work.

“There’s a huge change management component so clinicians will have to go through a substantial, rigorous process to conform their workflows to the IT systems,” Gfrerer said.

Most recently, OEHRM Chief Health Informatics Officer Genevieve Morris stepped down from her leadership role, citing leadership taking the project in a different direction than originally plan. Surprisingly, the committee did not ask Gfrerer about Morris during the hearing.

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3.4 - Erie Times-News: [Decade of improvements for Erie VA hospital](#) (6 September, David Bruce, 320k uvm; Erie, PA)

Erie Veterans Affairs Medical Center has undergone a decade of almost constant construction as it evolves from a 1950s-style hospital to a modern health-care campus.

New buildings have popped up on the Erie VAMC grounds in recent years, while others are currently being constructed and work continues on several different floors of the main hospital. Nearly \$60 million has been spent upgrading the facility since 2008.

“We need a hospital that meets our patients’ demands,” Erie VAMC Director John Gennaro said. “The old set-up didn’t do that. Once we are finished, this will be a state-of-the-art hospital.”

Erie VAMC is trying to adapt to the changing needs of the veterans who seek its services. Fewer of them receive surgeries and other inpatient services at the hospital, while more of them seek behavioral-health treatment and other outpatient services.

The hospital’s number of medical admissions declined from 1,235 in 2008 to 281 in 2017, while the number of its annual medical outpatient visits rose from 231,378 to 261,243 and its annual behavioral health visits increased from 28,951 to 50,373 during that same period.

Construction started in 2008 with the creation of the hospital’s new main entrance and an expanded outpatient clinic. In 2012, the hospital closed its intensive care unit and converted its emergency department into an urgent-care center.

A new behavioral health clinic was built in 2014, followed by an ambulatory-surgery clinic in 2015 and a parking garage in 2016.

The hospital then started a five-year, \$35 million renovation plan that includes a new boiler plant, five emergency power generators, a new entrance, and an eight-bed behavioral-health residential treatment center that will open in 2019.

The plan also includes a 22-room Community Living Center on campus, which will house veterans now living inside the hospital. They are expected to move into the new nursing home in the spring when the second phase of its construction begins.

“These are all private rooms with private bathrooms specially designed for our residents,” Gennaro said as he gave a tour of the building. “When it’s finished, I will stack this up with any other long-term care facility in the area.”

At the same time, the hospital’s former third-floor operating rooms are being converted into a new, expanded dental clinic that will open in the spring. Operating rooms remain on the second floor as part of the outpatient surgery clinic.

It’s been painstaking work as crews remove multiple layers of operating-room flooring that were installed to meet various health regulations over the years, said Rob Petrone, Erie VAMC’s general engineer.

“It’s like going through the strata of a rock,” Petrone said. “The ORs had a really good original floor but it was porous. So eventually they had to install a new impervious one over it.”

Construction is also happening in the hospital’s basement, where a new cafeteria is being built. It will increase the seating from around 25 to 80 and a semiprivate room is being built that can be used for patient birthday parties or staff celebrations.

The new cafeteria is expected to open in mid-October, Gennaro said.

“It will also have extended hours,” Gennaro said. “We plan on keeping it open evenings and weekends.”

Crews also are performing some restorative work on the behavioral health clinic. A manufacturer’s defect has caused some of the siding to fall off, so the building is getting resided, Petrone said.

“The old siding was cement and now we’re going with brick,” Petrone said. “We expect it to be finished by Christmas.”

Though a defect caused the additional work, money for the new siding — about \$750,000 — is coming out of the Erie VAMC budget. The company that made the siding is no longer in business, Erie VAMC officials said.

Work is completed on a new East 38th Street entrance to the Erie VAMC but it won’t open until spring. The Pennsylvania Department of Transportation had to order a specially designed traffic-light pole that won’t be built until winter, Gennaro said.

Gennaro said he didn’t want to open the entrance for safety reasons until PennDOT installs the light and does some roadwork to East 38th Street.

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3.5 - Health Exec: [Rural facilities improve antibiotic stewardship with videoconferencing teams](#) (6 September, Nicholas Leider, 20k uvm)

Rural healthcare providers and facilities face numerous geographic obstacles to providing adequate care. Researchers showed how telehealth videoconferencing can connect remotely located VA medical centers with infectious disease experts to improve antibiotic stewardship.

The team, published Sept. 6 in *Infection Control & Hospital Epidemiology*, held weekly video-linked meetings at two different sites that included pharmacists, nurses and clinicians with an infection disease physician at another VA facility.

"It can be difficult for more rural facilities to employ the staff needed for infection control initiatives to work," said Robin Jump, MD, PhD, senior author of the study and physician-scientist with the Louis Stokes Cleveland VA Medical Center. "Telehealth can be a low-cost and effective way to provide facilities with the expertise needed to implement these initiatives—eliminating some of the barriers that have typically thwarted these efforts."

Those involved in the teleconferencing formed videoconference antimicrobial stewardship teams (VAST). These groups addressed 3.3 cases per hour-long session, with the two teams accepting 69.7 percent of VAST recommendations. In follow-up interviews, team members reported appreciation for the video sessions in improving antibiotic stewardship and patient care.

With as many as three in 10 antibiotic prescriptions deemed unnecessary, medical professionals recognize the need for antibiotic stewardship—both to prevent resistance and reduce adverse events.

"When antibiotic stewardship programs are left to those who are not trained to run them, they are more susceptible to issues and can ultimately be ineffective," said Lauren Stevens PhD, an author of the study, in a prepared statement. "As a result, our goal of reducing these multi-drug resistant organisms is more difficult to meet."

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4. [Focus Resources More Efficiently](#)

4.1 - WLS (ABC-7): [U.S. Navy corpsmen train for trauma at Stroger Hospital](#) (6 September, Stacey Baca, 920k uvm; Chicago, IL)

For the first time, Navy corpsmen are training in one of the busiest trauma units in the country, Stroger Hospital. The program is a partnership between the hospital and the Lovell Federal Health Care Center in North Chicago. It means seasoned doctors and nurses are teaching the next generation of the military members before they're deployed.

Young sailors are now at Stroger Hospital learning about gunshot wounds, stabbings and severe trauma.

"The first time they see one of these patients they freeze a little bit, but then they are more prepared for what they're going to see. It's one of the few good things that can come out of the violence that is happening here in Chicago," said Dr. Frederic Starr, a Stroger Trauma Surgeon and part of the Navy Corpsmen Program.

Because the violence is so intense at times, Stroger Hospital is often crowded with loved ones. Inside, corpsmen have witnessed all this first-hand in the trauma and E.R. units during the seven-week program.

"It's not easy because we're trying to save a human's life, but it's clock work. The job is clock work. We all know what we're supposed to do," said HN Desmond Lane, U.S. Navy Corpsman.

"What we do here and what we do on the battlefield... it's all taking care of the patient. It's all about the patient," said HM3 Justin Butcher, U.S. Navy Corpsman.

The 16 corpsman graduated Thursday, ready to tackle their next assignments.

"We don't want them to see something for the first time out on a battlefield or on board a ship, so this is a great opportunity for them. It's about building the confidence," said Force Master Chief Hosea Smith Jr. with the U.S. Navy Bureau of Medicine & Surgery.

"It's really rewarding to know how to do this and be able to snap out it and do this because it's someone's life," said HM3 Michelle Ramirez, U.S. Navy Corpsman.

Learning life-saving skills and learning from one of the best trauma teams that it's ultimately teamwork.

"I felt at home essentially... being in your space and comfortable is a huge deal when it comes to working in trauma because you have a team around you. Team chemistry, not unlike the Navy, in a trauma unit is just as big as anything else," said HM3 Jacob Alvarez, U.S. Navy Corpsman.

Dr. Starr said the corpsmen's first shift was 11 a.m to 11 p.m. Of course, everything happened at midnight. It was one of the busiest nights the doctor had in 10 years.

After that, they changed the corpsmen's schedules - 4 p.m. to 3 in the morning. They were able to learn quite a bit during that time.

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4.2 - WFED (AM-1500, Audio): [Veterans Health Administration not ensuring reusable equipment is cleaned](#) (6 September, Eric White, 854k uvm; Washington, DC)

The Veterans Health Administration doesn't know if its reusable medical equipment is

members wrote to House Speaker Paul Ryan and Senate Majority Leader Mitch McConnell, urging them to work the Senate's proposed 1.9 percent pay raise through the appropriations process. The Senate has already agreed to a raise for civilian employees. (Federal News Radio)

[...]

The Senate Veterans Affairs Committee heard from two nominees with tough jobs ahead

The most committed group of VA workers, according to the survey results, were the nurses. Sixty-seven percent of them said they had no intention of quitting the VA. Nurses gave middle-of-the-road scores overall about supervisors and the work environment as a whole.

Overall, physicians and other clinical staff appeared particularly unhappy with leadership and with the work environment. One-third of the physicians said they felt disengaged from the VA, a concern since high turnover has been one of the institution's biggest problems over the years. The physicians reported high levels of exhaustion. Even so, 47 percent said they don't intend to leave.

Whitmer said the survey results will be used to identify the changes each supervisor needs to make. Based on this year's survey, they'll be working to improve communication, increase accountability for work standards and address staff workloads.

Karl Tanner, president of the American Federation of Public Employees Local 1042 that represents Roseburg VA employees, said Whitmer is the best director he's seen in his 17 years at the VA, and things are improving.

"Do I see the environment changing at the VA? To that, I answer a very clear, definite 'Yes,'" he said. "We don't have as much bullying and intimidation. We don't have the real bad incidents going on with all of the employee harassment and everything else."

Tanner thinks doctors are more unhappy than nurses and administrative staff because their work conditions are worse. Because the VA has a shortage of doctors, those it does have are so inundated with patients they are working 20 to 40 hours overtime every week, sometimes without even time for a lunch break, he said.

Tanner said one reason employees are dissatisfied with supervisors is that the VA doesn't have the mentorship program it needs to help supervisors do a better job.

He also said employees remain afraid of the human resources department, which he said boasts of its high number of disciplinary actions against employees. Their initial response to issues with an employee remains to recommend firing or disciplinary action, Tanner said.

"We don't hire bad employees. We hire great employees and we make them bad by not giving them the direction, training, supervision or management that they need. That's what we see in the employee survey," Tanner said.

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4.4 - FEDweek: [VA Reports More Than 10 Percent Vacancies](#) (6 September, 51k uvm; Glen Allen, VA)

The VA has said that 42,239 full-time positions are vacant, more than 40,400 of them in its largest component, the Veterans Health Administration, which accounts for nearly 376,000 of the total department-wide of 419,353.

"VHA's workforce challenges mirror those of the health care industry as a whole. There is a national shortage of healthcare professionals, especially for physicians and nurse . . . VHA remains fully engaged in a fiercely competitive clinical recruitment market," it said.

A recently passed law required the VA to report on its vacancies, which have been pegged at widely varying numbers as Congress and others attempt to assess the impact on care to veterans. Authorized positions at the VA, the second-largest department after DoD, have increased 12.5 percent annually on average since 2014.

The report says the VA experiences attrition averaging 9.2 percent annually, compared with what it said is an 11 percent average among other Cabinet departments. In the VHA, it added, the turnover rate is 9.1 percent, which it said compares even more favorably with the 20-30 percent range in the healthcare industry overall.

“There is a consistent turnover of employees in large organizations such as VHA due to normal retirements and job changes,” the department said. “Staffing plans consider normal rates of workforce turnover, retirement, and growth, and the expectation that there will always be vacant positions.”

It cited steps including using recruitment incentives and student loan reimbursements; increasing maximums for salaries of physicians; enhanced recruiting and advertising programs; expanded opportunities for telemedicine providers; and efforts to transition military medical personnel into VA positions.

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4.5 - MedTech Dive: [Watchdog slams Veterans Health Administration on device sterility](#) (6 September, Nick Paul Taylor, 344 uvd; Washington, DC)

Veterans Affairs Medical Centers use reusable medical equipment (RME) in the care of the 9 million veterans enrolled in the VHA's healthcare system. After each endoscope, surgical instrument and other piece of RME is used, it must be cleaned, disinfected or sterilized to ensure it is safe for use on the next patient. The challenge of ensuring sterility has increased as devices have become more complex, culminating in an endoscope cleaning taking more than one hour of active work.

The VHA has put a RME reprocessing system in place to ensure equipment is clean and ready for use when needed. Failure to adequately enforce this system could lead to patients being infected or the delay or cancellation of procedures due to a lack of properly reprocessed devices.

The VHA and its medical centers have struggled with RME reprocessing in the past. In 2009, two VAMCs warned 10,000 veterans that they may have been exposed to hepatitis B, hepatitis C and HIV because they were treated with poorly-processed endoscopes. Two years later, GAO found that the VHA had failed to ensure VAMC were up to speed on reprocessing. The issues have continued to mount up. A report in March detailed reprocessing-related delays.

The congressional watchdog identified sources of the VHA's reprocessing problems. In its report, GAO takes the VHA to task for failing to ensure VAMCs are following its policies. Annual inspections by the Veterans Integrated Service Networks are supposed to give the VHA a look at practices at VA medical centers. However, GAO found the VHA was missing inspection reports for 27% of the center's sterile processing units. There is no evidence that 8% of the inspections were performed.

Without access to the reports, the VHA cannot meet its responsibility to oversee RME reprocessing. The reports that are available suggest there is room for improvement. GAO found issues related to quality and training were the most common causes of nonadherence. That finding chimes with other observations made by GAO, which is concerned that the sterile processing units struggle to hire and retain qualified staff.

GAO is recommending the Under Secretary of Veterans Affairs for Health examine the workforce needs of VAMC sterile services units, while also ensuring that inspection reports are consistently collected, analyzed and used to guide improvements.

The VA agreed with the report's recommendations and pledged to set up an oversight process for site inspections and reporting. It said it would analyze the findings in a written briefing on its website by July 2019.

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5. [Improve Timeliness of Service](#)

5.1 - The Hill: [Medicare-for-all: Too costly and for too little care](#) (6 September, Dr. Deane Waldman, 11.8M uvm; Washington, DC)

Last week, The Hill reported that the Congressional Budget Office is refusing to score a Medicare-for-All bill now before the House. That's probably because the CBO doesn't think it's going to get a vote anytime soon — despite growing support from Democrats, 123 of whom have now signed on as cosponsors.

The lack of reliable numbers from the CBO is hobbling the debate — which should be, like all policy discussions, essentially a cost-benefit analysis. We don't know the costs. We do know the promised benefits: universal coverage. What is missing from the debate is the benefit we really want: care. Can we get it with Medicare-for-All?

The CBO should put pencil to paper on House Bill 676 – Medicare for All, code for single payer healthcare, which has been shown to reduce access to care.

Let's start with costs. The best estimate we have now is from Charles Blahous of Mercatus Center at George Mason University. He puts the price tag of single-payer healthcare at \$32.6 trillion over ten years.

This would double what we spend annually on healthcare, more than \$3.3 trillion in 2017. According to Dr. Blahous, the additional cost of single payer would consume essentially all tax revenue, leaving nothing for education, infrastructure, defense, etc. Even worse, he wrote, “doubling all currently projected federal individual and corporate income tax collections would be insufficient to finance the added federal costs of the [Medicare for-All, single-payer] plan.” Can you imagine a politician getting elected who admits Medicare-for-All will double your tax bill?

To achieve the cost of “only” \$32.6 trillion, Blahous calculated that the federal government would have to cut doctor reimbursements to 40 percent of private insurance payments, which are already negotiated down below usual and customary prices.

Put simply, this means physicians would be paid a salary they simply will not and frankly cannot afford to accept, not with medical student loans averaging more than \$183,000 at graduation and 60-70 percent overhead costs for a primary care doctor's office. Doctors will simply retire or find more remunerative, non-clinical work in research or administration.

This is already happening in Great Britain, which often cited as the model (or at least the justification) for Medicare-for-All. The National Health Service is experiencing severe doctor shortages and doctors going out on strike, as it faces increasing demand from an aging population.

The net effect of single payer in the U.S. will be many fewer care providers – even as 323 million Americans are clamoring for their promised “right to health care.” Wait times for care went up with Obamacare. With Medicare-for-All, they will be interminable.

It's all about rationing. In single-payer systems, the government saves money not by more efficient administration, but by controlling both the budget and by limiting allowable treatments. In other words, they ration care by restricting allocations to facilities (resulting in too few operating rooms or burn units), reducing payment schedules (resulting in fewer physicians available to treat patients), and delaying or denying treatments that are very expensive. It is easy to get an inexpensive antibiotic but you wait forever to receive costly cancer chemotherapy or heart surgery.

When my British mother broke her hip at age 78, she was scheduled for surgery 27 months in the future and would have to remain immobile in bed till then. For a woman of her age, that was a death sentence. She would have joined other unfortunates in single payer systems who experience death-by-queuing.

In Canada, thoracic surgeon Ciaran McNamee sued the Alberta Provincial Trust claiming a series of patient records showed that limited budget allocations caused Canadians to die waiting in line for care.

In the U.S., we already have a single-payer health care system, called the Veterans Administration Hospital system. A 2015 internal audit of the VA reported, “307,000 veterans may have died waiting for care.” Death-by-queueing happens right here — to our service men and women.

Of course, Medicare-for-All supporters don't want us to look at the VA. Instead, they invoke the brand name of a popular program — Medicare. That's deceptive; Medicare is a benefit that millions of American workers earned through a lifetime of contributions into the system. Single-payer health care, as proposed in HB 676, would be much more like a universalized Medicaid, with all the accompanying problems and inefficiencies.

Perhaps the CBO is right; it's not very likely that a Medicare-for-All scheme will get to the House floor in the near future, because as Americans learn more about it, support drops. Americans are an independent bunch. When they realize Medicare-for-All means government bureaucrats — not families — make the final decisions about their health and even their lives, they'll promptly reject it.

Dr. Deane Waldman, MD, MBA, is a retired pediatric cardiologist and Director of the Center for Health Care Policy at the nonprofit Texas Public Policy Foundation.

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5.2 - Advocate: [Don't Let the VA Stop Transition-Related Care](#) (6 September, Charlotte Clymer, 2.1M uvm; Los Angeles, CA)

The official motto for the Department of Veterans Affairs, adopted in 1960, comes from the close of Abraham Lincoln's second inaugural address, widely considered one of the greatest speeches in American history: "To care for him who shall have borne the battle and for his widow, and his orphan." The Civil War was in its final days, and Lincoln was attempting to heal the wounds of a reunited nation, seen and unseen. It set the tone for one of the few enduring issues on which the vast majority of Americans are in total agreement: ensuring service members and their families receive care and respect.

According to Gallup, 78 percent of Americans have a "great deal" or "quite a lot" of confidence in the military, more than twice the approval of any other American institution, a place of honor it has held for the past two decades. Few things unite the country in opinion as much as the effort to reform the VA and provide compassionate and competent care for veterans. And so, as a transgender veteran, I am heartbroken that for as much reverence and awe that politicians and citizens alike afford to my service in uniform, my status as a transgender person seems to painfully supersede that service.

For decades, the VA has excluded coverage of medically necessary surgical procedures to treat gender dysphoria, a medical term describing the overwhelming stress and anxiety experienced by transgender persons who feel incongruent in how our gender identity aligns with our presentation and the way the world perceives us based on that presentation.

The VA's exclusion of many forms of transition-related health care flies in the face of every major medical authority; even the agency acknowledged that "recent medical research shows that gender dysphoria is a serious condition that has had severe medical consequences for certain patients if transition-related surgeries and procedures are not provided." This led to a proposed rule change in early 2016.

However, after the change in administration, the VA failed to act and maintained the policy of exclusion.

This is, of course, not the first time Donald Trump and Mike Pence have attacked transgender people serving their country. After the president tweeted his impulsive ban on transgender troops, people of all political beliefs and backgrounds spoke out against that unconstitutional policy.

Now we are called to protect transgender veterans, but the window is quickly closing on our ability to oppose this discriminatory and dangerous rule. Public comments in opposition to maintaining a ban on transition-related care are due on Friday. Please take a few moments to submit one.

In our current political climate, in which so many issues seem to prompt contentious and often hateful debate, one principle we should all be able to rally behind is that all veterans, regardless of who they are, should be able to receive quality health care from a grateful nation they so honorably served.

That singular principle — honoring service — is most evident in how we acknowledge the service and sacrifice of those buried in Arlington National Cemetery. For three years, I served in the unit that laid to rest service members, veterans, and their loved ones. I cannot tell you if those caskets belonged to people of any particular gender or race, or whether the person was gay or straight, transgender, or cisgender. The most obvious feature of that final resting place is the uniformity and equality on display: all the same headstones in formation, all the same flag-draped caskets brought into eternity.

We didn't need to know if the people in the caskets we carried were transgender; we knew all we needed to know: They served with honor.

There is more at stake with this proposed rule than the health care and quality of life of transgender veterans, though that should be enough. This is also about the soul of our country, so burdened by a declining faith in our institutions, in our leaders, in the belief that sacrifice in America is honored with the promise of doing our best to ensure it was worthwhile.

Transgender veterans have already paid our dues. It is time the Department of Veterans Affairs embody this nation's sacred obligation by honoring that.

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5.3 - WTLV (NBC-12, Video): [New bill could have VA doctors prescribe medical marijuana to veterans](#) (6 September, Kamrel Eppinger, 321k uvm; Jacksonville, FL)

On Wednesday, Sen. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) filed a new piece of legislation that would allow Veteran Affairs doctors to write prescriptions for medical marijuana.

The Bill is called the Veterans Medical Marijuana Safe Harbor Act. If passed, it would also allocate \$15 million in funding to research the effects marijuana has on veterans.

Currently, veterans living in Florida and the 30 other states with medical marijuana programs are forced to visit treatment clinics for prescriptions instead making a trip to their VA doctor. A press release from Senator Nelson states the law needs to change.

"Federal law prohibits VA doctors from prescribing or recommending medical marijuana to veterans, this legislation will allow veterans in Florida and elsewhere the same access to legitimately prescribed medication, just as any other patient in those 31 states would have," Nelson noted.

Those in favor of the bill argue that it would help reduce opioid abuse from veterans and also help treat veterans who suffer from PTSD or Post Traumatic Stress Disorder.

The bill is supported by the American Academy of Pain Medicine, Veterans Cannabis Project, Veterans for Medical Cannabis Access, Americans for Safe Access, NORML, Marijuana Policy Project, Drug Policy Alliance, Multidisciplinary Association for Psychedelic Studies, Veterans Cannabis Coalition and National Cannabis Industry Association.

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5.4 - Erie Times-News: [Erie VA hospital has 'positive' review](#) (6 September, David Bruce, 320k uvm; Erie, PA)

A review of the Erie Veterans Affairs Medical Center showed the hospital is providing quality medical care to its patients, though the review did make several recommendations to improve patient safety and care.

The Comprehensive Healthcare Inspection Program Review was conducted in March 2018 during a weeklong visit to the Erie VAMC by inspectors with the Department of Veterans Affairs Office of Healthcare Inspections.

The review covered operations between 2014 and 2018.

“Overall it was a very positive, successful survey,” Erie VAMC Director John Gennaro said. “It reflected and affirmed our overall five-star quality rating.”

Erie VAMC earned a five-star rating from the Department of Veterans Affairs in 2017 for performing within the top 10 percent of VA facilities nationwide in health-care quality, employee satisfaction, access to care and efficiency.

The CHIP review focused on inpatient and outpatient care at Erie VAMC. It included the following recommendations:

The hospital's chief of staff must identify at least one of 11 aspects of care when

The statement comes amid concern from veterans about having access to continued care in Dothan.

The two facilities have been operated separately for about 12 years. However, VA contractor CR Associates, which operates primary care facilities for VA Community Based Outpatient Clinics (CBOCs) throughout the country, was recently notified its contract would not be renewed for the Alexander Drive facility.

Charles Robbins, who oversees CR Associates, said he has not been told why the contract is being pulled by the VA.

“Our performance measures are met, and we’re not doing anything wrong. The care is good,” Robbins said.

There has been little communication regarding what will happen to patients of the CBOC in Dothan, Robbins said. He was notified of the consolidation just 30 days ago, which he said does not give the VA much time to transition patients to other clinics.

“It takes time to gear up staff and advertise positions. It takes time to prepare facilities and supplies and notify patients and coordinate where they’re going,” Robbins said. “We need to know that (in order) to help them coordinate what they’re doing and ensure the patients we have provided care for will receive the same services they have been receiving, but right now we are unsure of that.”

Within the contract between CR Associates and the U.S. Department of Veterans Affairs there is a Unilateral Extension Clause. The clause was built into the contract to allow the VA to extend CR Associates’ services by six months at any time with a phone call. Robbins said he has not received any information regarding the extension of the contract at this time.

Robbins said there has been little communication as far as what overall plan the Central Alabama Veterans Health Care System has in mind, and his major concern is ensuring the veterans that currently receive services at the contracted location will obtain the same services at another easily accessible facility.

Alabama has a long history with VA patient delays, one that prompted U.S. Rep. Martha Roby (R-Montgomery) to call for extensive reform within the VA structure in order to alleviate patient appointment delays after a scandal involving falsified wait time documents engulfed the VA in 2014.

“It is very unusual to not have open dialogue or a plan with any type of transition as it affects patient care and continuity,” Robbins said. “It’s unusual because we do this all over the country, and it really has been that quite as far as this transition goes. It’s usually a pretty open process. We don’t mean any criticism to (the VA), but we want to assure the patients are taken care of after the closure. We have an obligation to do that.”

Robbins said CR Associates considers itself to be a partner with the VA, and would like to aid in the transition in any way possible. He added the best vehicle for information on the status of a patient’s care is to contact the VA.

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5.6 - WWSB (ABC-7, Video): [Debate Over Medical Marijuana Helping Veterans With PTSD](#)
(6 September, Jackie Kelly, 195k uvm; Sarasota, FL)

Senator Bill Nelson of Florida has proposed a "Veterans Medical Marijuana Safe Harbor Act".

It would allow VA doctors to prescribe cannabis to veterans in states where medical marijuana is legal, which includes Florida.

People along the Suncoast have different opinions on this proposal.

"If there's a plant that you can grow in your backyard that can help you then why can't you," Vietnam Veteran, Robert Jordan said.

Jordan said he has been a medical marijuana activist for over 20 years. In the past he received drugs from the VA to help with his PTSD, but he found himself addicted.

"I overdosed I think three times and had to go to the hospital and one time I died and they had to bring me back now that was the stuff that they gave me. Now I took it, I'll take responsibility, but I got hooked and if anybody knows anything about addiction you never get enough," Jordan said.

After being 10 years sober of those drugs, he chooses to use medical marijuana, which he said helps.

"At night time I can take a few puffs and I sleep like a baby no more nightmares, no more waking up in a sweat and all this stuff so there's something to it and when I wake up in the morning I don't need it," said Jordan.

But people like Sarasota County Commissioner, Michael Moran, don't believe medical marijuana should be used, "While I would do everything in my power to support our veterans, I cannot support the smoking of marijuana as a mental health solution for helping our soldiers. "

But Jordan said not providing options like medical marijuana to veterans is a disservice, "They love us when we're fighting and they love us when they put us in the ground , when they bury us, oh he was a veteran he was a good man and all of that stuff, but in between very little has been changing for veterans in the United States."

The U.S. Department of Veterans Affairs say there is no evidence of medical marijuana helping veterans with PTSD, but they say there are studies that show it being harmful instead.

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6. [Suicide Prevention](#)

6.1 - The Fayetteville Observer: [VA annual summit tackles mental health, family discussions](#) (6 September, Rachel Riley, 439k uvm; Fayetteville, NC)

Dance saved Alfredo Hurtado's life.

That was Hurtado's personal assessment that he shared with an audience Thursday at a mental health summit hosted by the Fayetteville Veterans Affairs at Methodist University.

Hurtado joined the Army on Oct. 12, 2000.

By 2001, he was stationed at Fort Bragg and deployed to guard the crash site of the Pentagon after 9/11.

In 2002, he spent a nine-month deployment in Afghanistan, leaving without a scratch; but in 2004, his Humvee was hit by a roadside bomb in Iraq, leaving him with shrapnel all over his body and a head injury.

"That kind of messed up my view of the world and view of humanity," Hurtado said.

After getting out of the Army in July 2005, he went to the Durham Veterans Affairs Center and was treated for post-traumatic stress.

Dependent on medication and coping with anxiety, Hurtado attempted to take his life in 2010.

"I didn't want to be on pills," he said. "I wasn't myself. I wasn't sleeping."

Shortly after, his wife gave him a leather-bound book and encouraged him to write what he was feeling. A musician since he was 14, the words he wrote were put to music and put on a CD that Hurtado's wife sent to the director of the Black Box Dance Theatre.

Hurtado composed music for the dance company for about a year before deciding he wanted to dance in 2012.

That decision, Hurtado said, made him "feel human again."

"Art saved my life," Hurtado said, "and it doesn't matter what kind of art it is as long as you feel human again."

Ensuring veterans feel human again was emphasized at Thursday's summit.

Veterans are the most important members of the treatment team, said Daliborka Danelisen, chief of the Fayetteville Va Medical Center's mental health services.

Executive Order 13822 that was approved in January allows the veteran to take ownership of their care, said Joy Fealy-Kalar, a VA health care consultant for the Office of Patient Centered Care and Cultural Transformation.

The order allows any veteran to attend an introduction to a whole health course, take a 6-9 week course around whole health and be paired with peers to promote whole health.

"It's more of a partnership of what can you do?" Kalar said. "What are you willing to do?"

All VA facilities also have complementary integrated health services, she said, such as yoga and tai chi.

“The mental health model and whole health are hand in hand together,” Kalar said.

Danelisen said the road to recovery involves families, too.

“Their families share their best and their not so best moments of their life,” she said.

The theme of the summit focused on families, with topics that ranged from military children and deployments to inclusion care of LGBTQ veterans and families and encouraging family or friends and the veteran to have a lethal care plan or locking and taking away a firearm if the veteran is at risk for suicide.

LGBTQ veterans experience depression and suicide ideas at twice the rate of heterosexual veterans, said Ashley Broadway-Mack, president of The American Military Partner Association.

Mack emphasized how shifting duty stations can create anxiety for families that may have a child who is in the LGBTQ community.

She encouraged providers to have signs or use language to support the community, and shared a personal account of how her wife, an Army officer, encourages fellow soldiers to see her family.

“We’re just like everybody else,” Mack said.

The purpose of Thursday’s summit is to bring community partners and providers, veterans, family members, veteran service organizations and the VA staff together to receive feedback related to provide preventative ways to improve health and wellness for veterans, said Sita Kanithi, a local recovery coordinator for the Fayetteville VA Medical Center and an organizer of the summit.

After the summit, attendees provide feedback of what they learned and what is or isn’t working, along with creating awareness of connecting veterans to local services in the area.

The Fayetteville VA takes care of about 75,000 veterans in Coastal North Carolina, said James Laterza, Fayetteville VA Medical Center director.

“It’s about the one person that you’re taking care of and it’s not about the 60 minutes you may get twice a year to meet with the patient,” Laterza said. “It’s about the rest of the minutes of the year and the rest of the hours a year.”

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6.2 - Fort Leavenworth Lamp: [Suicide prevention, awareness theme of month](#) (6 September, Katie Peterson, 14k uvm; Fort Leavenworth, KS)

September is Suicide Prevention and Awareness Month. During the month, mental health advocates, prevention organizations, survivors, allies and community members come together to promote suicide prevention awareness, according to suicidepreventionlifeline.org.

At Fort Leavenworth, the Army Substance Abuse Program is one of the key prevention organizations, hosting monthly training for soldiers and civilians living and working at Fort

Leavenworth at 8 a.m. every first Wednesday of the month at the Post Theater. Suicide prevention training is a yearly requirement for all soldiers and Army civilians.

This month's training Sept. 5 focused on the theme of bringing about awareness and identifying the risk factors and warning signs, said Elizabeth Everette, ASAP suicide prevention manager.

The guest speaker for the September training was Dr. Stephanie Davis, suicide prevention coordinator for Veterans Affairs Eastern Kansas Health Care System.

According to the VA, from 2005 to 2015, the rate of veteran suicide increased 35.3 percent for men and 45.2 percent for women.

According to Davis, 123 Americans die each day by suicide. Of that 123, one or two are active-duty service members and 20 are veterans. Suicide is the 10th leading cause of death in the nation. In veterans with post-traumatic stress disorder, research shows the risk of suicide increases with suicidal ideation rates between 22-56 percent and suicidal attempt rates between 8-32 percent.

Seventy percent of veteran suicides happen within the first 90 days following transition from active duty, Davis said.

"That transition is very hard for soldiers," Everette said. "They go from they have a purpose in life to 'I don't have a purpose in life.'"

ASAP's focus when promoting suicide prevention is on training soldiers and civilians to become more aware of the signs in someone considering suicide and ways to help.

One way is through the Applied Suicide Intervention Skills Training.

"This gives them the training they need to ask them outright," Everette said. "We are the life-savers. We are the ones who pull the people out of the water and pull them to safety. We want to give people the tools to know the warning signs."

Davis said key signs of someone considering suicide is feeling burdensome, feeling alone or like they don't belong and acquired capability for suicide including a lack of fear of death and pain or access to or familiarity with firearms.

While these factors are things to look for, Everette said there is one more key sign that loved ones often miss, when a loved one suddenly goes from being sad to happy.

"Whenever you have a big decision in your life you're trying to decide, 'what do I do?' They may struggle at first," Everette said. "Then, you may think this person is doing good (when they're suddenly happy). Actually, you have to be careful because this person may be at peace with their decision."

The next ASIST training is at 8 a.m. Sept. 27-28 at Frontier Chapel. It is open to all soldiers and civilians living and working at Fort Leavenworth. To sign-up, call Everette at 684-2869.

Everette said while it's important for everyone to receive some kind of suicide prevention training, it's particularly important for those involved with the military.

“Looking at soldiers sometimes you just see them as strong, unbreakable people. They carry a lot and they’ve been through a lot. They have good baggage, they have bad baggage, and sometimes it becomes overwhelming,” Everette said. “But they tend to hide it because we’re in a world where you want to move up and they think, ‘I have to keep this under wraps so nobody knows so I can get to the next level.’ Then, a lot of times they may go, deploy and come back and not get the help they need. Things may start to trigger that and have an effect on the home as well.

“So, it’s important that soldiers are aware that there is help out there before it gets to that point to where they just feel hopeless and like they’re a burden,” she said. “This is where ASIST comes in. It’s all about caring, taking that time and loaning oneself out emotionally and showing someone you care.”

Along with the monthly training and the ASIST, ASAP also offers individual unit training upon request.

In recognition of Suicide Prevention Month, ASAP is also hosting the third annual Suicide Prevention Task Force Golf Tournament at 1 p.m. Sept. 7 at Trails West Golf Course. The event is a four-person scramble that includes one round of golf, cart rental, prizes, range balls, beverage tickets and a meal following the round. Cost is \$45 for members and \$55 for nonmembers. Prepay and save \$5. For more information, call (913) 651-7176.

National Suicide Prevention Week is Sept. 10-16 and World Suicide Prevention Day is Sept. 10.

The Veterans Crisis hotline, available 24 hours a day, can be reached at 1-800-273-8255 or text 838255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): [VA Medical Center Being Renamed in Honor of Veteran](#) (6 September, 23.9M uvm; Washington, DC)

HUNTINGTON, W.Va. — A Veterans Affairs Medical Center in West Virginia is holding a ceremony to change its name.

The U.S. Department of Veterans Affairs said the VA Medical Center in Huntington will be renamed in honor of Hershel "Woody" Williams during the ceremony Sunday. Williams is a retired Marine and Department of Veterans Affairs service officer. The VA said he is a longtime advocate for veterans and their families.

State and federal officeholders are expected to speak at the 2 p.m. event. Other participants include the West Virginia National Guard 249th Army Band and members of the Huntington Symphony.

The renaming was made through a U.S. House resolution signed by President Donald Trump in June.

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7.2 - Milwaukee Journal Sentinel: [Wisconsin man who ran Costa Rican Packers bar gets prison term for Veterans Affairs fraud](#) (6 September, Bruce Bielmetti, 4.8M uvm; Milwaukee, WI)

A former Appleton man who ran a Packers bar and led Harley-Davidson tours in Costa Rica while telling Veterans Affairs officials in Milwaukee that he was unable to work was sentenced Thursday to a year and a day in federal prison.

Daniel Kososki, 54, pleaded guilty in May to one of five fraud counts filed against him last fall. As part of the deal, he agreed to pay restitution of nearly \$150,000 to the VA, the difference in benefits he received by falsely claiming 100% disabled status under a program called Individual Unemployability.

Though sentencing guidelines called for a sentence of 24 to 30 months in prison, as part of a plea agreement the government and Kososki's attorney agreed to jointly recommend the year-and-a-day term, which U.S. District Judge J.P. Stadtmueller adopted. He also imposed a year of supervised release after the prison term, for which Kososki will voluntarily surrender next month.

Kososki claimed that lingering effects of a head injury he sustained in a car accident while on active Army duty in Germany in the 1980s left him with headaches so extreme that he had become "an anxious, depressed recluse" and unable to work. But federal prosecutors charged that during the time he received benefits, he was running Coconutz, a large bar and restaurant in Costa Rica, and HD Devil's Paradise Tours for Harley-Davidson riders.

"Mr. Kososki led a double life for more than 10 years," wrote Assistant U.S. Attorney Kelly Watzka in a sentencing memorandum.

Watzka included photos that show Kososki working and smiling among crowds and in the kitchen at Coconutz, and commenting on a large Harley ride in Costa Rica.

"Like Sturgis 70 years ago. Smaller is better but it's always funny til someone gets hurt, then it's hilarious!!"

Court records indicate Kososki last year sold his interest in the bar, which he once claimed was the largest Packers bar south of Mexico.

Watzka said no one disputed Kososki was injured while on duty, or even that he was entitled to some benefits.

"This is a case about a liar who repeatedly insisted he was physically and mentally incapable of working while first earning in excess of \$80,000 a year as a financial consultant, and then while operating a lucrative bar and restaurant in Costa Rica as well as conducting Harley-Davidson motorcycle tours around the country," Watzka said.

Watzka wrote, "Mr. Kososki's scheme was possible, in part, because the VA must rely on the honesty and integrity of the veterans it serves. Mr. Kososki apparently has lingering physical ailments — but he clearly exaggerated the extent to which those issues impaired his ability to work."

Kososki told the Journal Sentinel last year that the VA offered him the Individual Unemployability benefits and that he was working administratively to work things out when he was charged criminally. Coverage of that, he said, made his mother cry.

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7.3 - MedPage Today: [Why Do Female Troops Get Pregnant During Deployment?](#)
[Military's efforts to provide contraception seen falling short](#) (6 September, Shannon Firth, 1.5M uvm; New York, NY)

WASHINGTON -- Active duty women in the U.S. military are more likely to have an unintended pregnancy than civilian women in the U.S. population, according to one military official and some researchers and advocates interviewed by MedPage Today.

Historically, servicewomen have had difficulty accessing birth control due to logistical as well as cultural barriers. In addition, abortions and abortion counseling are not provided by the Department of Defense (DOD) or the Department of Veterans Affairs (VA).

Stakeholders within and outside of these agencies are thus looking to increase access to effective, longer-lasting forms of contraception.

"We need to really do a good job considering contraceptive needs and tailoring them to active duty women," said Terry Adirim, MD, MPH, MBA, Principal Assistant Secretary of Defense for Health Affairs at the DOD, who spoke at the recent National Meeting on Active Duty and Veteran Women's Health.

"I think we could be doing a better job at ensuring that active duty women get really good [contraception] counseling services," Adirim added, noting that the DOD has a lot to learn from the VA.

VA beneficiaries' rates of unintended pregnancy are similar to those of the general population and they seek abortion as frequently as women in the larger U.S. population, according to a 2018 analysis based on the Examining Contraceptive Use and Unmet Need (ECUUN) study.

Adirim said that, personally, she believes in encouraging greater use of long-acting reversible contraception (LARC).

In a phone interview following the meeting, during which a press representative was present, Adirim said the rates of unintended pregnancy were only "slightly higher" than in the general population; she cited a 2011 systematic review published in Military Medicine among other research.

Kate Grindlay Kelly, MSPH, project director and associate of the Free the Pill project for Ibis Reproductive Health, a nonprofit research and advocacy group, who co-authored the review, said that even a small increase is worrisome given that the rates of unintended pregnancy among the general population are already high.

In that 2011 review, an estimated 7% of active duty women ages 18 to 44 reported an unintended pregnancy in the prior year, versus 5% in the U.S. general population, she said in a

phone call with MedPage Today. (Much of the data on unintended pregnancy in the military are relatively old.)

Another 2011 paper published in *Contraception* found that 54% of pregnancies among active-duty women in 2005 were unintended.

Parsing the Data

Adirim stressed, however, that the military "skews younger" within the 18-44 range and that "younger people tend to take more risks."

The review and other studies have suggested that more of these unintended pregnancies involved younger servicewomen -- i.e., those under 30.

Yet in a separate 2013 study published in *Obstetrics & Gynecology* that adjusted for age differences in the military versus the general population, Grindlay Kelly and her colleagues found that the unintended pregnancy rate among servicewomen was still 50% higher (78 unintended pregnancies per 1,000 women versus 52 per 1,000 women in the general U.S. population).

These findings were counter-intuitive, she noted: "Given that the military population has full insurance coverage and access to contraceptive care, you would expect that [unintended pregnancy rates] would be lower than in the overall U.S. population."

Other research has focused on challenges that active duty women have had in accessing birth control, especially while deployed. Among different military branches, contraceptive use ranged from 50% to 88% among women stationed in the U.S., but that number dipped to 39% to 77% during deployment according to several studies cited in the 2011 review paper.

In still another study published in 2012, Grindlay Kelly and a colleague also found that, of 281 servicewomen responding to an online survey, one-third reported difficulty accessing their preferred birth control method and 59% had not spoken to a military provider about contraception before being deployed.

But there aren't good data on service members using particular methods of birth control, Grindlay Kelly said.

At the meeting, Adirim described increasing the use of effective birth control as an area where the military "could and must do better."

"By policy, we encourage access to contraceptives," Adirim said during a follow-up phone call. "We stock every brand available, and if we don't have it by some chance, we get it," and this includes LARC.

While a range of contraception options are available for active duty women stateside through the military's TRICARE insurance, Grindlay Kelly said there are real barriers during deployment.

Sex and the Female Soldier

Not only did her research find that routine pre-deployment counseling on birth control was often lacking, some women were prescribed birth control methods that required refills, which weren't

always easy to obtain. Additionally, a 2012 American Journal of Obstetrics & Gynecology study cited other challenges, including "working long shifts across multiple time zones," which can make adherence to a daily contraceptive method difficult.

In more recent surveys, Ellen Haring, director at the Service Women's Action Network, found that 95% of all active-duty servicewomen have access to their preferred method of birth control, but only 74% have access while they are deployed.

Her research included several hundred servicewomen and is due to be published in November.

Among retired servicewomen, however, the percentage who had access to their preferred birth control during deployment was only 34%, she found. In other words, "it seems to be getting better," she said.

Prohibitions around sexual activity may also impact women's access to contraception, Haring added.

Grindlay Kelly said she has seen evidence of women not seeking birth control through the military "for fear of reprimand," although she didn't know if that has changed.

Her 2011 Contraception study highlighted that "implicit or explicit policies" around sexual activity discouraged some servicewomen or their providers from talking about contraception: "We were directed not to have sex, so birth control was not a conversation," said one survey respondent who served in Iraq in 2008.

Haring surveyed respondents across all categories -- active duty, reserve and guard, veteran and retired military -- and cited examples of providers who had told them, "We're not going to give you birth control, because you shouldn't be having sex while you're deployed," she said.

She called that argument "enormously stupid" because most of these women seek hormonal contraception primarily to suppress their periods during deployment.

Neither the DOD nor the VA will pay for servicewomen's abortions, Adirim and Patricia Hayes, PhD, chief consultant for Women's Health Services for the VA, both confirmed at the meeting.

However, the DOD makes exceptions in cases of rape, incest, and endangerment to the mother's life. Emergency contraception is also required to be made available at all military sites, Grindlay Kelly said.

An in-depth survey of 21 servicewomen published in Perspectives on Sexual and Reproductive Health in 2017 shows the financial and personal challenges that result from these policies, including difficulties maintaining confidentiality.

Getting Better?

There are still bright spots in the military's efforts to improve contraception access, Grindlay Kelly said. LARC use appears to have risen "pretty significantly," from 17.2% in 2012 to 21.7% in 2017, according to a study published in Medical Surveillance Monthly Report in 2017, she noted -- a trend she said she finds "encouraging."

Recent legislative efforts such as the 2016 National Defense Authorization Act mandate that clinical practice guidelines be established for contraception care and that service members have access to comprehensive contraceptive counseling during annual pre-deployment and deployment visits, she noted.

"It's very possible that access to contraceptive counseling and to a wider range of methods is available now," Grindlay Kelly said, noting that her data precede these policies. She added that she is waiting for new updated data to better understand the impact of such policies.

Another speaker at the meeting, Cara Krulewitch, PhD, CNM, director of women's health, medical ethics, and patient advocacy for the DOD, noted that contraceptive counseling encounters reached 16.3% in 2017, which she said she believes is an under-reported count, since not every provider who prescribes birth control documents the conversation.

Krulewitch also spoke of a new pilot program, a full-service walk-in clinic for contraception known as Operation PINC (Process Improvement for Non-Delayed Contraception) based in San Diego, where as many as 400 servicewomen are seen in a month.

A 2017 study of Operation PINC published in Military Medicine found an increase in long-acting reversible contraception initiation from 23% to 39%, Grindlay Kelly noted.

"I think that this could help to really improve contraceptive care for deployed women."

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7.4 - Stars and Stripes: [Legislation seeks to allow battlefield crosses in national cemeteries](#) (6 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Lawmakers on Wednesday considered a bill to force the National Cemetery Administration to allow battlefield crosses, following the controversial removal of the grave markers from three veterans cemeteries last year.

Battlefield crosses, made up of a dead soldier's rifle, helmet, boots and dog tags, are used to mark a death in combat. A stone depiction of one was removed from the Ohio Western Reserve National Cemetery last September, sparking outcry from local veterans and elected officials.

The Department of Veterans Affairs, which manages national veterans' cemeteries, said at the time that VA policy prohibited realistic-looking depictions of firearms.

Displays were also removed from cemeteries in Illinois and Michigan, said Rep. Jim Renacci, R-Ohio, during a hearing Wednesday of the House Committee on Veterans' Affairs subpanel on disability assistance and memorial affairs.

"This misrepresentation of policy ignores the special place of the battlefield cross occupies in the hearts of our veterans," Renacci said.

The battlefield cross in Ohio was put there by a local VFW chapter, members of which were "in dismay" when the memorial was removed, the VFW said Wednesday in a statement.

"To VFW members, all of whom have deployed into harm's way in a foreign land, the battlefield cross has a special significance," VFW director Carlos Fuentes said. "It is used to honor and remember our brothers and sisters who have made the ultimate sacrifice."

In response to their complaints, the VA returned the displays later in 2017.

Renacci, however, said he thinks a rule permitting depictions of battlefield crosses should be put into law so VA officials in the future can't decide to remove them again. He introduced H.R. 4312, the Fallen Warrior Battlefield Cross Memorial Act, to allow them.

"As the removal last year demonstrated, policies and their interpretations can change," Renacci said. "Without the force of law, there are no permanent protections in place."

The VA is opposed to the bill.

Matthew Sullivan, a deputy undersecretary with the VA's National Cemetery Administration, said the legislation would prevent the VA from establishing standards for what the battlefield crosses would look like. The VA typically has oversight about the size and design of memorials placed in national cemeteries.

"It raises questions of VA's ability to establish design standards to ensure consistency in appearance and maintenance of monuments," he said.

The bill must be considered by the full House Committee on Veterans' Affairs before going for a vote on the House floor.

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7.5 - Oakland Press: [Miracle Quilts organization celebrates 10-year anniversary](#) (6 September, Sharon Longman, 441k uvm; Pontiac, MI)

Miracle Quilts for Our Wounded Troops founder Carole Carroll and her members are gearing up for their 10th year.

Their next meeting will be held from 10 a.m. to 3 p.m. Saturday, Sept. 8 at Independence Village, 701 Market Street, Oxford. Their mission is to create patriotic quilts to present to wounded troops at hospitals, to those currently serving and homeless veterans.

"Our focus in the early fall is getting started on Christmas and winter quilts that will be delivered to the Ann Arbor VA hospital in November," Carole said.

"We are also making items for children of veterans that are patients at Walter Reed National Medical Hospital. We are making quilts, pillowcases and Halloween themed bags. Those will be delivered in October in time for Halloween."

Some of the places that received the quilts this summer were veteran patients at Troy Beaumont Hospital, Fisher House-Hines in Illinois, Fisher House-Landstuhl in Germany and VA Hospital-Detroit, along with numerous individual veterans.

Miracle Quilts is always looking for sewers and people to do the quilting process. Those planning on attending the meeting, bring a sewing machine and basic sewing supplies. For more information, call Carole at 248-321-8669.

- Spaghetti Dinner with Jack's Revenge Band: American Legion Charles Edwards Post 14 hosts a Spaghetti Dinner and Jack's Revenge Band Saturday, Sept. 8, at 1340 W Maple Road, Troy. The event is open to the public. Dinner is from 5 to 7 p.m., and the band plays from 8 to 11 p.m. Donations are welcome. For more information call Denise Johnson at 248-321-0102.

- Care Package Drive: White Chapel Memorial Park Cemetery hosts its Annual Care Package Drive for Troops serving Overseas during the Patriots Race Sunday, Sept. 9, at 621 W. Long Lake Road, Troy. Race participants are encouraged to donate items to the care package drive. Michigan Military Moms will pack and send them. The collection continues from 8 a.m. to 6 p.m. through Sept. 16 at White Chapel's Temple of Memories. For more information, call 248-362-7670 or visit www.WhiteChapelCemetery.com for a full list of suggested items to donate.

- Dinner Dance: American Legion Cook-Nelson Post 20 hosts the post's 98th Anniversary with a Dinner Dance from 7 p.m. to midnight, Saturday, Sept. 15 at the St. George Cultural Center, 43816 Woodward Avenue. Bloomfield Hills. The guest speaker will be past Department of Michigan Cmdr. Richard Chatman. Tickets are \$35 and can be purchased at the post, 206 Auburn Avenue, Pontiac, or from a member. For more information, call Cmdr. Joe Carr at 248-496-6538 or Auxiliary President Sandra Carter at 313-506-1550.

- Packing Party: A Desert Angels Packing Party is from 4 to 6:30 p.m. Thursday, Sept. 13, at The Oakland County Sportsmen's Club, 4770 Waterford Road, Clarkston. For more information and a complete list of requested items, visit www.thedesertangel.org or call 248-736-6403.

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7.6 - KWWL (NBC-7): [Event hopes to support local homeless veterans](#) (6 September, Taylor Vessel, 440k uvm; Dubuque, IA)

WATERLOO - The local VA office held its first 'stand down' event in Black Hawk County, providing vets who are homeless or nearly homeless a place to get a hot meal, medical services, and even a backpack filled with new winter clothing. Organizers say they couldn't do it without the help of so many volunteers:

"One really cool thing about Black Hawk County is so many people here in Black Hawk County when they hear 'veterans in need' or that veterans need something, they just come running," said Kevin Dill, the director of the local VA office.

Dill hopes that this will be just the start of an annual event locally for struggling vets.

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7.7 - KRGV (ABC-5, Video): [Harlingen Veteran Says VA Should Aid with Transition to Civilian Life](#) (6 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

HARLINGEN – A Harlingen veteran says those who have served need more help transitioning into civilian life.

Veteran James Monayao served in the U.S. Army from 2008 to 2014 and now works as a nurse.

"My transition was very challenging in many ways because I didn't have a full-time job. I didn't have the steady paycheck that would come in when I was still in the service," says Monayao.

KRGV's Frank McCaffrey reached out to the veteran service office in Brownsville to find answers.

Josue Silguero with the Cameron County Veterans Service Office says veterans are referred to the VOC Rehab Program offered by the U.S. Department of Veterans Affairs.

He explains the program is usually successful in guiding a veteran to the right education or to a job.

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7.8 - WKBN (CBS-27): [Local VA eager to see abandoned Youngstown house transformed into apartments](#) (6 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

It's a problem those working at the local Veterans Administration clinic see on a regular basis.

"Yesterday, I received seven calls from veterans in our community that are either on a couch, sleeping in their car or in a park," Dr. Robert Marcus said.

Marcus is the veteran outreach director for the clinic. He believes there are close to a thousand male and female vets in the region who have no place to call their own -- and few places to look for help.

"Youngstown didn't have any beds dedicated to homeless vets -- that's absurd -- let alone Mahoning County. We do now," said Matt Slater, with Family and Community Services.

County commissioners will soon be receiving a grant worth three-quarters of a million dollars through the Veterans Services Administration. The money will help provide housing for vets, as well as job training and other programs.

"This grant is unique in it's not just transitional housing, but it's transition in place," Slater said. "What that means is we're putting veterans in apartments where they're literally going to be taking over the lease and being permanently housed."

A century home on Youngstown's north side is being converted into apartments where homeless vets can start to get back on their feet.

"So it's our jobs to prepare them to be able to take over that lease, pay rent, pay utilities and get back into the community," Slater said.

Eventually, organizers hope to have 15 apartments around the area, working with the Youngstown Metropolitan Housing Authority and the local veterans commission.

The house sat empty and abandoned for more than a decade but the first two apartments for vets should be ready in the next few weeks.

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7.9 - WTOC (TV-11, Video): [Glennville's veteran cemetery receives prestigious award](#) (7 September, Dal Cannady, 193k uvm; Savannah, GA)

Glennville, GA - A Glennville cemetery has been awarded for being a place that remembers those who served our country.

The presentation on Thursday confirmed what folks in Glennville have known for years: that their veteran's cemetery that cares for the legacy of service members and their grieving families is among the best in the nation.

The chapel hosted what may have been its most cheerful gathering ever. Veterans came, not to mourn the comrades, but to honor those who run the state veteran's cemetery in Glennville. Only four new sites in the nation earned the Operational Excellence Award this year.

"We're a small state cemetery," said Ernie Cowart, Director. "In consideration of all the big national cemeteries, for them to come down here to do this is a big honor."

Only a handful of state cemeteries have earned the honor, originally reserved for national sites. Leaders from the U.S. Department of Veterans Affairs says Glennville scored among the best in serving military families.

"When I drove into the cemetery and saw the appearance here, I knew that this is a national shrine just like we expect of all of our National cemeteries," said Randy Reeves, Under-Secretary, Dept. of Veterans Affairs.

Cowart says his team strives for the best because they only get one chance to show a family the nation's gratitude for service.

"We're the last step in someone's life," Cowart said. "Loved ones entrust us to take care of their deceased family member. This is the last thing they see of them."

The undersecretary says Glennville's cemetery helps preserve the legacy of those service members forever.

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7.10 - The Vindicator: [Grant provides just a start to assisting homeless vets](#) (6 September, 193k uvm; Youngstown, OH)

Mahoning County Commissioner Anthony Traficanti minced no words Thursday in describing one of this nation's most pernicious social ills: "This homelessness issue in America has become a plague."

In Ohio alone, that plague has stricken at least 60,000 people, according to a study and census released earlier this year by the Ohio Human Services Data Warehouse. As that advocacy group for the homeless points out, that total represents more than the entire populations of Vinton, Monroe, Noble and Morgan counties in Ohio combined.

The malady of homelessness too often breeds a wide set of related symptoms ranging from abject poverty to substance abuse to mental illness to criminal behavior.

That's why it remains so critically important that the homeless, many of whom shun any spotlight or pride-stripping charity, get the help they need in our nation, state and community.

This week, Mahoning County took one giant leap toward the long-term goal of eradicating that plague through receipt of grant funding to establish a program to find permanent and suitable shelter for the ranks of homeless military veterans in our midst.

Major grant

Specifically, the U.S. Department of Veterans Affairs on Tuesday awarded a \$741,851 grant to finance housing for homeless veterans in Mahoning County. The county, with the help of the Family and Community Services agency in Ravenna, will use the grant to provide housing to about 15 down-on-their-luck veterans.

Leading the charge to establish the program has been Mahoning Commissioner Carol Rimedio-Righetti. "It's a good day for veterans in the Valley," she remarked upon word of the grant's approval.

Rimedio-Righetti, many will recall, has been on the front lines for many years in searching for solutions to homelessness among Valley veterans. She was the architect of a proposal over the past few years to renovate about 18,000 square feet of the county-owned Oakhill Renaissance Place into transitional housing for homeless female veterans. Unfortunately, state legislators did not see fit to include funding for that deserved project in their capital-improvements budget earlier this year.

While we hope Rimedio-Righetti and her robust corps of allies continue to work for realization of the Oakhill project, we're nonetheless pleased by the launch of this new program.

Clearly, the need is great.

According to Dr. Robert Marcus, a homeless veterans' outreach coordinator with the U.S. Department of Veterans Affairs for Mahoning, Trumbull, Columbiana and Portage counties, an estimated 1,000 homeless military veterans suffer in his service area alone.

Given that estimate, it is shameful that Mahoning County has had no dedicated beds or shelters for homeless veterans. Matthew Slater, director of veteran services for Family and Community Services, called that glaring void "absurd."

The program promises a sturdy foundation for a strong start, considering it will involve partnerships with government entities, veterans service groups and the Youngstown Metropolitan Housing Authority.

Such community-based programs maintain a solid track record for success. The National Coalition for Homeless Veterans has found that the most effective programs are “community-based, nonprofit ‘Veterans helping Veterans’ groups. The Veteran will feel a greater connection when the community reaches out to help, encouraging him or her to ‘pay it forward’ to other Veterans.”

Additional funding

Of course, this program will not be capable of responding to the needs of all homeless veterans in our region. That’s why continued aggressive campaigns to seek out funding and other resources for broader programs must continue.

On the federal level, more community assistance to help homeless veterans would be available with passage of the Helping Homeless Veterans Act of 2017. We hope our region’s congressional delegation would work to help move that legislation out of the Veterans Affairs Health Subcommittee, where it has been stuck in the muck since January 2017.

For the time being, however, the new Mahoning County program holds much promise.

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7.11 - The Herald-Dispatch: [VA hosting renaming ceremony Sunday](#) (6 September, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will be officially renamed during a ceremony at 2 p.m. Sunday, Sept. 9, at the center's campus at 1540 Spring Valley Drive in Huntington.

The former Huntington VA Medical Center was renamed earlier this summer through U.S. House Resolution 3363, giving the center's namesake to the 94-year-old Medal of Honor recipient and veterans and family advocate.

Williams, a West Virginia native who has lived in Ona for more than 40 years, received the Medal of Honor for his action against the Japanese during the Battle of Iwo Jima in World War II's Pacific Theater. He is one of three surviving Medal of Honor recipients from World War II, the last surviving recipient from the Pacific Theater, and the last surviving Marine recipient of the war.

"The community is invited to join us in celebrating the dedication," said Brian Nimmo, medical center director. "Staff members are excited about the name change honoring Mr. Williams.

"I'm thrilled; he's a hero in West Virginia. We will use his legacy as motivation to meet his high standard of service for others."

Speakers are expected to include both U.S. Sens. Shelley Moore Capito, R-W.Va., and Joe Manchin, D-W.Va.; West Virginia Gov. Jim Justice; and U.S Reps. Evan Jenkins, R-W.Va., and Alex Mooney, R-W.Va.

The ceremony is open to the public, though the area is expecting rain Sunday and covered seating is limited. Traffic will be directed to the large parking lot to the left as guests ascend the hill.

The ceremony also will be streamed live at www.facebook.com/VAHuntington.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans, primarily in 10 West Virginia counties, two southern Ohio counties and 12 eastern Kentucky counties.

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7.12 - Mountain Xpress: [Aura Foundation helps homeless women veterans](#) (6 September, Kiesha Kay, 189k uvm; Asheville, NC)

Alyce Knafllich knows how to rise up from the ashes and create a new life: She's done it time and again. Knafllich was homeless for nine years, wandering and wondering where her next meal would be coming from, never knowing for sure where she'd rest her head.

"When you're homeless, you don't have time to think about goals and dreams and schemes," she says. "Every day becomes another battle for simple survival."

But battling doesn't scare this military veteran, and these days, Knafllich is dreaming big. In 2009, she began volunteering for causes that mattered to her, particularly helping women, veterans and homeless people. In 2014, she created the Aura Foundation, a nonprofit that serves homeless women veterans in Buncombe, Haywood and Henderson counties. Two years later, the group bought a building on Meadowbrook Terrace in Hendersonville to house the dream: a place women veterans can call home while they find the resources needed to regain independence.

"Everything takes time and money," Knafllich explains. "It takes time to get approved for disability, and about everybody gets denied at least once. Appeals can take more than a year. It takes time to get set up with long-term housing, to be able to get money together for rent deposits, to get the money for utility deposits. I want a place where women veterans can find peace while they pull their plans together."

The building's owners worked with her, and the group was able to purchase the property — a former assisted living facility that had sat vacant for years — for just \$10,600. Then, at the closing, the real estate agent handed her a check for \$5,000, and Knafllich thought she was on her way. In fact, however, the journey was just beginning. "It's been a roller coaster ride," she says now.

Just get it done

The property needs substantial renovations, and a disagreement about how to proceed brought her nonprofit to a temporary halt last fall as several board members quit. Ever the phoenix, though, Knafllich kept going.

"When somebody says I can't do something, it's just a bigger challenge to me," she explains. "I dig in and get it done." Having determined that the building is repairable, the Aura Foundation's reconstituted board is now working on getting a design for the renovation.

In the meantime, the organization has established a GoFundMe page (see box, “Next Steps”) and has been holding periodic fundraisers. An Aug. 25 event called the Hawaiian Cowgirl Party drew 96 people and raised \$1,356. “We want to have fun raising funds,” notes Knafllich.

Pressing needs

The National Center for Veterans Analysis and Statistics, a program of the Department of Veterans Affairs, estimates that Buncombe County is home to more than 18,000 veterans; some 2,000 of them are women. During this year’s National Point in Time Count on Jan. 31, the Asheville-Buncombe Homeless Initiative counted 554 homeless people, nearly half of whom were veterans.

Homeless women veterans, says Knafllich, tend to be self-reliant, intelligent people with a strong work ethic and a dedication to personal fitness. But posttraumatic stress disorder stemming from such issues as combat, physical assault or other forms of military sexual trauma can wreak havoc with their feeling of being in control, making it even harder for them to ask for help when they need it most. According to the VA’s National Center for PTSD, 1 in 4 women and 1 in 100 men say they’ve experienced sexual trauma in the military.

These experiences can severely undermine a person’s ability to trust. Aura hopes to earn and rebuild that trust. “We’re helping people who’ve served our country,” says Knafllich. “All veterans deserve respect.” To that end, she’s assembled a cadre of dedicated volunteers who are willing to do the heavy lifting, whether it’s cleaning up the building, collecting donations or educating the community.

Betty Sharpless, who began volunteering with Aura three years ago, says, “I have taken over 15 loads of debris to the Hendersonville dump, provided refreshments at the dance benefits, cut grass, mopped floors, worked the booth at [gay pride] events and rounded up clothes for incoming women vets,” many of whom have only the clothes they’re wearing. “Just recently,” continues Sharpless, she “hosted an outdoor music event. I’m looking forward to working my first veteran stand-down.”

Standing up for women vets

During the Vietnam War, a stand-down was a time when troops could get a break from combat, receiving care and enjoying camaraderie. Today, the National Coalition for Homeless Veterans helps organize and publicize these annual events across the country. The Charles George VA Medical Center administers the Asheville Stand Down for Veterans each year in conjunction with many other local entities, including FIRST at Blue Ridge, the Asheville Buncombe Community Christian Ministry, Homeward Bound, the Veterans of Foreign Wars and the American Legion. The next such event will happen Friday, Sept. 7 (see box), providing information about education, housing, legal resources, health care, mental health options and more. Eligible veterans who are homeless or at risk of becoming homeless may also receive services such as meals, haircuts and medical screenings at the event.

Still, that doesn’t begin to address the needs. “There’s not enough for homeless women veterans,” says Aura board member Deb Love. “Some of them don’t realize they qualify for benefits. We help them get self-supporting.”

Aura’s work isn’t limited to the proposed shelter facility, however. One homeless woman was given a donated trailer in poor condition, and Aura raised funds to replace the floor and subfloor

and make it habitable. The organization also has a three-bedroom apartment in Asheville that temporarily houses women veterans while they work on putting together a longer-term situation.

“We step in and help, donating time, energy and money,” Love explains. “We all have overcome our own obstacles.”

In addition, Aura helps homeless women veterans connect with resources available through the Department of Veterans Affairs and community groups. The VA has traditionally placed homeless women veterans in Steadfast House, a transitional housing facility that also serves women who aren’t veterans. But being in a general population isn’t always the best option for coordinating veteran resources and rebuilding shattered self-confidence, says Knafllich.

Still, the goal is always “to give women a hand up, not a handout, so they can give back once they’re better,” notes Love.

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7.13 - ConnectingVets.com (Video): [Changing lives in Oklahoma, one rock at a time](#) (6 September, Jonathan Kaupanger; New York, NY)

Some rocks are simply just better than others. There’s the Rock of Gibraltar guarding the entrance to the Mediterranean Sea. Of course, we have Plymouth Rock here in the U.S. In Mecca, you’ll find the Black Stone of the Kaaba. The Blarney Stone in Ireland, Kindness Rocks at the Oklahoma VAMC, Rosetta Stone from Egypt and Scotland’s Stone of Scone, just to name a few.

Wait... Oklahoma Kindness Rocks?

As you walk up to the front doors of the Oklahoma VA Healthcare System in Oklahoma City, you’ll find a festively painted rock garden with the sole and wonderful purpose of brightening up your day.

“We started by hiding them around the hospital,” says Stacy Rine, Public Affairs Officer at the Oklahoma VAMC. “Kind of like an Easter Egg. We wanted to have this brightly painted rock with a really nice inspirational message, so if you’re walking by you just randomly saw this rock.” The rocks were painted, some include inspiring messages while others just a simple picture. The idea was to just brighten somebody’s day.

Two problems jumped up right from the start. At about a million square feet, Oklahoma’s VAMC is a big hospital. “Finding an Easter egg is kind of difficult,” adds Rine. “People were looking for them, but you can’t always find something when you’re looking for it.” This was an easy fix for Rine, who create a rock garden by the front entrance. But this brought out the second problem, people would walk by but didn’t want to take them.

These rocks are designed for people to take and either keep or share with somebody who needs some type of kindness in their day. This was solved by adding a sign in the garden. “One message at just the right moment can change your entire day... outlook... life.” Visitors are instructed to either take one, share one or even leave one to inspire another person.

Rine says they go through about 500 Kindness Rocks each week. The majority come from the local community groups that typically support veterans at the Oklahoma City VAMC. Staff paints some, church groups help out and even people who are just there to visit veterans in the hospital add their artistic touch to the rock garden. But these inspirational rocks aren't just local igneous, sedimentary or metamorphic – they are interstate rocks too.

"A few weeks ago we had 250 rocks shipped all the way from Manassas, Virginia to our hospital," says Rine. A woman in Virginia was about to visit her best friend who was a patient at the VAMC in Oklahoma. Her husband was a veteran and she was inspired by the Oklahoma Kindness Rocks. She painted the rocks in Virginia and had all 250 shipped to the Sooner State.

The Kindness Rocks are helping. "We've been getting some great responses from our veterans," says Rine. "Nobody actually wants to come to a hospital; you come to a hospital because you need to be here. People have told me [the rocks] have reduced their anxiety of walking in a hospital and reduced their stress level."

Rine keeps a few of these special rocks on her desk, as one would expect. Just a small pile of five. The one she sees first, every time she walks into her office has a message that we all should take to our hearts: Be the reason somebody smiles today!

If the Oklahoma Kindness Rocks inspire you to spread some love, grab a rock, paint it and drop it in the mail to the Oklahoma VAMC. Or you can find someone closer to home who just needs a brighter day because Kindness Rocks.

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7.14 - Leavenworth Times: [Scouts treat veterans to donated chocolates](#) (6 September, Mark Rountree, 49k uvm; Leavenworth, KS)

A donation from a Leavenworth native living overseas has put smiles on the faces of veterans living at the domiciliary at the Eisenhower VA Medical Center.

Patricia Vaughn Snodgrass grew up in Leavenworth but is now living in Switzerland. She recently contacted representatives of Boy Scout Troop 1028 of Platte City, Missouri, requesting a purchase of chocolate bars from the troop's current fundraiser. Further, she requested that the troop deliver the chocolates to the veterans at the VA.

The Boy Scouts made good on their promise to pay it forward Tuesday night outside of the domiciliary.

Approximately 40 residents at the domiciliary attended the event. They each received a candy bar and talked to the Boy Scouts for about two hours.

"The (scouts) really enjoyed it and were inspired by the experience," said Bill Skahan, spokesman for the troop. "They really bonded with the veterans."

"This is so much more than just a candy bar story," said Joe Burks, public affairs officer for the VA Eastern Kansas Health Care System. "It shows the veterans that people care and that the community rallies around them."

Burks said the veterans were grateful for the troop's gesture.

"The scouts stepped up and recognized the veterans' service," Burks said. "The veterans were very grateful."

Burks said the VA always welcomes community support for the veterans.

"We welcome the community to engage with the veterans in any way," he said.

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7.15 - Plumas County News: [DAV van serves Lassen and north Plumas veterans](#) (6 September, Gregg Scott, 43k uvm; Quincy, CA)

Since 1987 there have been a few volunteers that have devotedly served the veterans of northern Plumas and Lassen counties by providing transportation from Susanville to the Reno VA Hospital and back.

Most of their clientele are from the greater Susanville area, but quite a few veterans that live in the Westwood and Lake Almanor area use the service as well.

It has been said more than once that the DAV van service is one of the best-kept secrets in the region.

Well, be assured that is certainly not the intent of any veteran or veteran service individual that already knows about it.

Aubrey Hawkins has been driving and/or coordinating the service for over 10 years now and he makes a point of telling everyone that mentions the Reno VA about the ride service available.

The van travels to the Reno VA Hospital every Tuesday and Thursday. It can carry four patients over and back. The van leaves from the VA Clinic in Susanville two hours prior to the first appointment time scheduled. Riders will be notified of the departure time.

Because of the varying departure times, reservations for a ride should be called in as soon as the veteran's medical appointment is made.

Hawkins said, "It's better to make a ride appointment a month (over even two) ahead of time. The longer they wait the more chance of the van being full for that day."

Hawkins is the ride coordinator for the DAV van and will be happy to sign up veterans and answer any questions they might have. The number is 258-0319.

Hawkins offered a big thank you to the volunteers that have been faithfully driving each week as they make it possible for those vets that don't drive, can't drive or can't afford to drive make it to their appointments.

He also extended an invitation to anyone that would like to help by driving the van a day or two a month.

Drivers don't have to be a veteran to volunteer.

The pay is minimal — a free breakfast or lunch at the hospital — but the gratification is plentiful with the grateful thanks of the veterans served.

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7.16 - The Independent: [Therapy Dogs to Take Part in Stand Down at the Fairgrounds](#) (6 September, 19k uvm; Livermore, CA)

Valley Humane Society's Canine Comfort Pet Therapy teams are once again stepping up to participate in East Bay Stand Down. Hundreds of homeless and at-risk Veterans from across the San Francisco Bay Area will be able to experience the healing power of dogs on September 14 and 15 of a four-day event at the Alameda County Fairgrounds.

Every two years, East Bay Stand Down organizes community groups to provide needed services to homeless and at-risk Veterans. Canine Comfort Pet Therapy teams will be on-hand sharing their unique brand of unconditional love and support as part of a Wellness group focusing on mind and body healing.

Overseeing the Wellness group is Valley Humane Society board member Paul Wankle. "I look forward to each Stand Down as an opportunity to serve our Veterans in honor of my parents who served during WWII," said Paul, "and to joining the rest of the Canine Comfort team with my latest dog Enzo in providing the Vets emotional support." Of Laura Morrison, the Valley Humane Society volunteer coordinating this year's therapy dog teams, Paul said, "Laura has done a wonderful job increasing the number of teams for 2018."

Laura and her dog Marleau visit Veteran's Affairs in Livermore weekly as part of their regular Canine Comfort activities.

Countless research projects have shown animal interaction to be great medicine for humans. Interacting with a dog has been proven to change a person's brain chemistry by increasing chemicals like oxytocin, endorphins, dopamine, and serotonin. The release of these chemicals has a direct effect on those suffering from a number of physiological and mental illnesses. "When I started working at Valley Humane Society, I was surprised how many doctors prescribed time at our facility cuddling with animals to their patients suffering from depression," said Valley Humane Society Executive Director, Melanie Sadek.

Valley Humane Society's Canine Comfort Pet Therapy program boasts a roster of nearly 200 therapy dog teams and an excellent reputation in pet therapy, thanks to a thorough screening process which requires background checks on handlers and annual veterinary check-ups for participating dogs. Canine Comfort teams visit locations all over the East Bay, including Veterans Affairs in Livermore where Valley Humane Society is the VA's exclusive pet therapy provider.

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7.17 - KMW (NPR-89.1): [Dole VA Center Set to Open Women's Care Facility](#) (6 September, Ray Strunk, 17k uvm; Wichita, KS)

Female veterans will soon have more health care options in Wichita.

The Dole VA Medical Center is set to open a women's care facility on Sept. 28. The new building will be located on the center's main campus on East Kellogg.

The \$1.4 million facility will serve more than 1,500 female veterans who are currently enrolled at the medical center.

Akeam Ashford, a public affairs officer for the Wichita VA, said the medical center has lacked a private space for women.

"We still had space for our women veterans, we still cared for them, but it was in kind of a joint space," Ashford said. "So you have to think about privacy, safety, dignity and sensitivity to gender issues and specific needs."

Those issues, he said, will be solved by the new facility.

The 2,700-square-foot addition will include four exam rooms, two procedure treatment rooms and a private waiting room. The facility will centralize all women's primary care and specialty care services.

There will be a ribbon cutting ceremony Sept. 28 at 12:30 p.m. A meet and greet with female veterans will begin at 2 p.m. at the Dole VA Auditorium, followed by public tours of the new facility.

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8. [Other](#)

8.1 - The San Diego Union-Tribune: [Man admits stealing \\$145,000 in VA benefits after military widow's death](#) (6 September, Alex Riggins, 493k uvm; San Diego, CA)

An Oceanside man has pleaded guilty to stealing more than \$145,000 from the U.S. Department of Veterans Affairs by continuing to receive compensation meant for a military widow for nearly 10 years after her death, federal prosecutors said.

Michael Vanden Brink, 57, waived an indictment, was arraigned and pleaded guilty to a charge of theft of public property Wednesday in U.S. District Court, according to court documents and prosecutors from the U.S. Attorney's Office for the Southern District of California.

Prosecutors said Brink shared a bank account with the widow of a military veteran who began to receive Dependency and Indemnity Compensation benefits from the VA in 1972. When the woman died in June 2004, the benefits should have stopped.

Instead, Brink continued to receive and use the payments, which were deposited directly into the shared bank account, between July 2004 and February 2014, according to Assistant U.S. Atty. Matthew Brehm and Special Assistant U.S. Atty. Jeffrey Hill.

The nature of the relationship that allowed Brink to share a bank account with the widow, who was identified only by her initials, was unclear.

According to prosecutors, Brink admitted that he knew the benefit payments should have stopped arriving when the woman died, and that he was not entitled to use the benefits. He told a judge that he accepted \$145,035 in fraudulent payments from the VA for his own use.

The fraud was uncovered by investigators from the VA's Office of Inspector General.

As part of his plea agreement, Brink agreed to pay full restitution to the VA, prosecutors said. His crime carries a maximum penalty of 10 years in prison.

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Veterans Affairs Media Summary and News Clips

7 September 2018

1. [Top Stories](#)

1.1 - The Washington Times: [Medical marijuana bill let veterans obtain weed with VA's approval](#) (6 September, Andrew Blake, 10.8M uvm; Washington, DC)

Marijuana proponents have argued that its benefits offer a non-lethal alternative to opioids, and states that have legalized the plant for medical purposes have subsequently experienced a drop in annual fatal opioid overdoses by nearly 25 percent, lawmakers said in support of the bill. "VA has not taken a position on the bill," VA press secretary Curt Cashour told The Washington Times on Thursday. "Marijuana is illegal under federal law, and until federal law changes, VA is not able to prescribe it."

[Hyperlink to Above](#)

1.2 - The Arizona Republic (Video): [Audit shows VA overpaid contractors by over \\$101 million for medical work](#) (6 September, Dennis Wagner, 10.8M uvm; Phoenix, AZ)

Two health care contractors running the federal government's Veterans Choice Program collected more than \$101 million in overpayments during 2016-17, an audit released Thursday by the VA Office of Inspector General shows. "Because of ineffective controls, OCC (the VA Office of Community Care) failed to identify improper claims," an executive summary for the report says.

[Hyperlink to Above](#)

1.3 - The Boston Globe: [Sen. Warren calls for increased oversight of troubled Bedford VA](#) (6 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

Massachusetts Senator Elizabeth Warren sent a sharply critical letter Thursday to the nation's secretary of veterans affairs, demanding new, high-level oversight of the agency's Bedford medical center, which has been the subject of repeated complaints of abuse and neglect. Warren called on the VA to increase "senior level" monitoring of the facility, release agency inspection reports, and give federal lawmakers more oversight.

[Hyperlink to Above](#)

1.4 - Military Times: [Vets' medical marijuana debate revived](#) (6 September, Leo Shane III, 2.1M uvm; Springfield, VA)

Medical marijuana for veterans is having another moment on Capitol Hill. As lawmakers work to wrap-up their pre-election work in the next three weeks, they're also considering a host of proposals that could have wide-ranging effects on veterans' ability to access cannabis for a host of ailments. Among the ideas are broadening research into the medicinal effects of cannabis, allowing veterans to discuss use of marijuana with Veterans Affairs physicians, and new legislation introduced this week which would essentially decriminalize the drug for veterans across the country.

[Hyperlink to Above](#)

1.5 - Military Times: [The Pentagon is easing its controversial new GI Bill restrictions — but only for some troops](#) (6 September, Natalie Gross, 2.1M uvm; Springfield, VA)

Earlier this year, the Department of Defense rolled out a change to its GI Bill transfer policy that would keep long-serving troops from passing those benefits on to their dependents. But that

won't apply to service members who have been wounded in combat, Pentagon officials announced today. Purple Heart recipients will be able to transfer their benefits, regardless of how many years they have served in the military or whether they are able to commit to a longer period of service.

[Hyperlink to Above](#)

1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [As Medical Marijuana Becomes More Accepted, Veterans Urge The VA To Prescribe It](#) (6 September, Julia Ochoa, 278k uvm; San Diego, CA)

Charles Claybaker spent five tours in Afghanistan, kicking in doors and taking out terrorists. But an aircraft crash in 2010 left the Army Ranger with a crushed leg, hip and spine and a traumatic brain injury. Army doctors loaded him up with a dozen prescriptions to numb the pain and keep his PTSD in check. But Claybaker said the pills transformed him from a highly-trained fighter into a zombie for at least two hours a day.

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1.7 - Federal Computer Week: [VA looks to stabilize tech team](#) (6 September, Adam Mazmanian, 189k uvm; Vienna, VA)

The post of top technology officer at the Department of Veterans Affairs is notoriously hard to fill. One of the few Senate-confirmed CIO posts in government, the VA's assistant secretary for information and technology manages a \$4 billion budget, about 8,000 employees and is responsible for networks, equipment, cybersecurity and software at hundreds of facilities nationwide.

[Hyperlink to Above](#)

1.8 - U.S. News & World Report (AP): [It Wasn't Me: Trump Officials Who Deny Writing the NYT Op-Ed](#) (6 September, 23.9M uvm; Washington, DC)

Lots of Trump administration officials were quick on Thursday to scratch their names off the list of potential authors of an unsigned New York Times opinion piece by a member of the so-called resistance working to thwart "reckless decisions" by President Donald Trump. Among the officials who have spoken out... "Neither Secretary Wilkie nor anyone else at VA wrote the op-ed." — Curt Cashour, spokesman for Veterans Affairs Secretary Robert Wilkie.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Politico: [FDA launches medical device plan](#) (6 September, Darius Tahir, 23.9M uvm; Arlington, VA)

VA confirmation hearing: James Gfrerer, nominated by President Donald Trump as the VA's new chief information officer, told a Senate confirmation hearing Wednesday that he would hold officials accountable for sticking to milestones in the 10-year Cerner implementation. "There's a huge change management component so clinicians will have to go through a substantial, rigorous process to conform their workflows to the IT systems," he said.

[Hyperlink to Above](#)

3.2 - Medical Xpress: [Telehealth helps promote safe antibiotic prescribing practices in remote healthcare](#) (6 September, 1.5M uvm; New York, NY)

A pilot project at two rural VA medical centers demonstrated that telehealth videoconferencing promoted antibiotic stewardship efforts by linking remote facilities to infectious diseases-trained professionals, according to a study published today in Infection Control & Hospital Epidemiology, the journal of the Society for Healthcare Epidemiology of America. Antibiotic stewardship helps promote safe prescribing practices to prevent adverse medication events and reduce antibiotic resistance.

[Hyperlink to Above](#)

3.3 - Healthcare IT News: [VA CIO nominee to fix cybersecurity, EHR modernization](#) (6 September, Jessica Davis, 438k uvm; Chicago, IL)

Improving communication at the Department of Veterans Affairs as it transitions onto modern technology platforms would be a top priority for President Donald Trump's nominee for the VA Chief Information Officer, James Gfrerer. He testified before the Senate VA committee on Wednesday. Gfrerer also plans to put an end to the cybersecurity vulnerabilities that have put the VA on the Office of Inspector General's high-risk list for the last three years. Gfrerer comes from the risk and security practice of Ernst and Young.

[Hyperlink to Above](#)

3.4 - Erie Times-News: [Decade of improvements for Erie VA hospital](#) (6 September, David Bruce, 320k uvm; Erie, PA)

Erie Veterans Affairs Medical Center has undergone a decade of almost constant construction as it evolves from a 1950s-style hospital to a modern health-care campus. New buildings have popped up on the Erie VAMC grounds in recent years, while others are currently being constructed and work continues on several different floors of the main hospital. Nearly \$60 million has been spent upgrading the facility since 2008.

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3.5 - Health Exec: [Rural facilities improve antibiotic stewardship with videoconferencing teams](#) (6 September, Nicholas Leider, 20k uvm)

Rural healthcare providers and facilities face numerous geographic obstacles to providing adequate care. Researchers showed how telehealth videoconferencing can connect remotely located VA medical centers with infectious disease experts to improve antibiotic stewardship. The team, published Sept. 6 in Infection Control & Hospital Epidemiology, held weekly video-linked meetings at two different sites that included pharmacists, nurses and clinicians with an infection disease physician at another VA facility.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - WLS (ABC-7): [U.S. Navy corpsmen train for trauma at Stroger Hospital](#) (6 September, Stacey Baca, 920k uvm; Chicago, IL)

For the first time, Navy corpsmen are training in one of the busiest trauma units in the country, Stroger Hospital. The program is a partnership between the hospital and the Lovell Federal Health Care Center in North Chicago. It means seasoned doctors and nurses are teaching the next generation of the military members before they're deployed. Young sailors are now at Stroger Hospital learning about gunshot wounds, stabbings and severe trauma.

[Hyperlink to Above](#)

4.2 - WFED (AM-1500, Audio): [Veterans Health Administration not ensuring reusable equipment is cleaned](#) (6 September, Eric White, 854k uvm; Washington, DC)

The Veterans Health Administration doesn't know if its reusable medical equipment is being cleaned between uses. The Government Accountability Office said VHA has no rules or stipulations to ensure the equipment is properly processed after use, which includes being cleaned, disinfected or sterilized. GAO recommended VHA put rules in place to make sure the inspections happen.

[Hyperlink to Above](#)

4.3 - The News-Review: [VA employee survey indicates unhappiness with management continues](#) (6 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The results of a 2018 All Employee Survey of Roseburg Veterans Affairs Medical Center staff suggest negative views of management remain despite a rollover of the top brass. However, the head of the employee union at the VA said he believes morale has improved since Interim Director Dave Whitmer took over this year. The survey, which is taken every year at the VA, drew responses from 836 employees this year.

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4.4 - FEDweek: [VA Reports More Than 10 Percent Vacancies](#) (6 September, 51k uvm; Glen Allen, VA)

The VA has said that 42,239 full-time positions are vacant, more than 40,400 of them in its largest component, the Veterans Health Administration, which accounts for nearly 376,000 of the total department-wide of 419,353. "VHA's workforce challenges mirror those of the health care industry as a whole. There is a national shortage of healthcare professionals, especially for physicians and nurse . . . VHA remains fully engaged in a fiercely competitive clinical recruitment market," it said.

[Hyperlink to Above](#)

4.5 - MedTech Dive: [Watchdog slams Veterans Health Administration on device sterility](#) (6 September, Nick Paul Taylor, 344 uvd; Washington, DC)

Veterans Affairs Medical Centers use reusable medical equipment (RME) in the care of the 9 million veterans enrolled in the VHA's healthcare system. After each endoscope, surgical instrument and other piece of RME is used, it must be cleaned, disinfected or sterilized to ensure it is safe for use on the next patient. The challenge of ensuring sterility has increased as devices have become more complex, culminating in an endoscope cleaning taking more than one hour of active work.

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5. [Improve Timeliness of Service](#)

5.1 - The Hill: [Medicare-for-all: Too costly and for too little care](#) (6 September, Dr. Deane Waldman, 11.8M uvm; Washington, DC)

Last week, The Hill reported that the Congressional Budget Office is refusing to score a Medicare-for-All bill now before the House. That's probably because the CBO doesn't think it's going to get a vote anytime soon — despite growing support from Democrats, 123 of whom have now signed on as cosponsors.

[Hyperlink to Above](#)

5.2 - Advocate: [Don't Let the VA Stop Transition-Related Care](#) (6 September, Charlotte Clymer, 2.1M uvm; Los Angeles, CA)

The official motto for the Department of Veterans Affairs, adopted in 1960, comes from the close of Abraham Lincoln's second inaugural address, widely considered one of the greatest speeches in American history: "To care for him who shall have borne the battle and for his widow, and his orphan." The Civil War was in its final days, and Lincoln was attempting to heal the wounds of a reunited nation, seen and unseen.

[Hyperlink to Above](#)

5.3 - WTLV (NBC-12, Video): [New bill could have VA doctors prescribe medical marijuana to veterans](#) (6 September, Kamrel Eppinger, 321k uvm; Jacksonville, FL)

On Wednesday, Sen. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) filed a new piece of legislation that would allow Veteran Affairs doctors to write prescriptions for medical marijuana. The Bill is called the Veterans Medical Marijuana Safe Harbor Act. If passed, it would also allocate \$15 million in funding to research the effects marijuana has on veterans.

[Hyperlink to Above](#)

5.4 - Erie Times-News: [Erie VA hospital has 'positive' review](#) (6 September, David Bruce, 320k uvm; Erie, PA)

A review of the Erie Veterans Affairs Medical Center showed the hospital is providing quality medical care to its patients, though the review did make several recommendations to improve patient safety and care. The Comprehensive Healthcare Inspection Program Review was conducted in March 2018 during a weeklong visit to the Erie VAMC by inspectors with the Department of Veterans Affairs Office of Healthcare Inspections.

[Hyperlink to Above](#)

5.5 - Dothan Eagle: [Dothan VA clinics to merge into one facility](#) (6 September, Kayla Rutledge, 195k uvm; Dothan, AL)

Two clinics that have been serving veteran needs in Dothan will become one by the end of November. According to a statement by the Central Alabama Healthcare System, the clinic on Alexander Drive serving physical care needs will close and merge with the current clinic caring for veterans' mental health needs at 3753 Ross Clark Circle.

[Hyperlink to Above](#)

5.6 - WWSB (ABC-7, Video): [Debate Over Medical Marijuana Helping Veterans With PTSD](#) (6 September, Jackie Kelly, 195k uvm; Sarasota, FL)

Senator Bill Nelson of Florida has proposed a "Veterans Medical Marijuana Safe Harbor Act". It would allow VA doctors to prescribe cannabis to veterans in states where medical marijuana is legal, which includes Florida. "If there's a plant that you can grow in your backyard that can help you then why can't you," Vietnam Veteran, Robert Jordan said.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Fayetteville Observer: [VA annual summit tackles mental health, family discussions](#) (6 September, Rachel Riley, 439k uvm; Fayetteville, NC)

Dance saved Alfredo Hurtado's life. That was Hurtado's personal assessment that he shared with an audience Thursday at a mental health summit hosted by the Fayetteville Veterans Affairs at Methodist University. Hurtado joined the Army on Oct. 12, 2000. By 2001, he was stationed at Fort Bragg and deployed to guard the crash site of the Pentagon after 9/11.

[Hyperlink to Above](#)

6.2 - Fort Leavenworth Lamp: [Suicide prevention, awareness theme of month](#) (6

September, Katie Peterson, 14k uvm; Fort Leavenworth, KS)

September is Suicide Prevention and Awareness Month. During the month, mental health advocates, prevention organizations, survivors, allies and community members come together to promote suicide prevention awareness, according to suicidepreventionlifeline.org. At Fort Leavenworth, the Army Substance Abuse Program is one of the key prevention organizations...

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [VA Medical Center Being Renamed in Honor of Veteran](#) (6 September, 23.9M uvm; Washington, DC)

A Veterans Affairs Medical Center in West Virginia is holding a ceremony to change its name. The U.S. Department of Veterans Affairs said the VA Medical Center in Huntington will be renamed in honor of Hershel "Woody" Williams during the ceremony Sunday. Williams is a retired Marine and Department of Veterans Affairs service officer. The VA said he is a longtime advocate for veterans and their families.

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7.2 - Milwaukee Journal Sentinel: [Wisconsin man who ran Costa Rican Packers bar gets prison term for Veterans Affairs fraud](#) (6 September, Bruce Bielmetti, 4.8M uvm; Milwaukee, WI)

A former Appleton man who ran a Packers bar and led Harley-Davidson tours in Costa Rica while telling Veterans Affairs officials in Milwaukee that he was unable to work was sentenced Thursday to a year and a day in federal prison. Daniel Kososki, 54, pleaded guilty in May to one of five fraud counts filed against him last fall. As part of the deal, he agreed to pay restitution of nearly \$150,000 to the VA, the difference in benefits he received by falsely claiming 100% disabled status under a program called Individual Unemployability.

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7.3 - MedPage Today: [Why Do Female Troops Get Pregnant During Deployment?](#)

[Military's efforts to provide contraception seen falling short](#) (6 September, Shannon Firth, 1.5M uvm; New York, NY)

Active duty women in the U.S. military are more likely to have an unintended pregnancy than civilian women in the U.S. population, according to one military official and some researchers and advocates interviewed by MedPage Today. Historically, servicewomen have had difficulty accessing birth control due to logistical as well as cultural barriers. In addition, abortions and abortion counseling are not provided by the Department of Defense (DOD) or the Department of Veterans Affairs (VA).

[Hyperlink to Above](#)

7.4 - Stars and Stripes: [Legislation seeks to allow battlefield crosses in national cemeteries](#) (6 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Lawmakers on Wednesday considered a bill to force the National Cemetery Administration to allow battlefield crosses, following the controversial removal of the grave markers from three veterans cemeteries last year. Battlefield crosses, made up of a dead soldier's rifle, helmet, boots and dog tags, are used to mark a death in combat. A stone depiction of one was removed from the Ohio Western Reserve National Cemetery last September, sparking outcry from local veterans and elected officials.

[Hyperlink to Above](#)

7.5 - Oakland Press: [Miracle Quilts organization celebrates 10-year anniversary](#) (6

September, Sharon Longman, 441k uvm; Pontiac, MI)

Miracle Quilts for Our Wounded Troops founder Carole Carroll and her members are gearing up for their 10th year. Their next meeting will be held from 10 a.m. to 3 p.m. Saturday, Sept. 8 at Independence Village, 701 Market Street, Oxford. Their mission is to create patriotic quilts to present to wounded troops at hospitals, to those currently serving and homeless veterans.

[Hyperlink to Above](#)

7.6 - KWWL (NBC-7): [Event hopes to support local homeless veterans](#) (7 September, Taylor Vessel, 440k uvm; Dubuque, IA)

The local VA office held its first 'stand down' event in Black Hawk County, providing vets who are homeless or nearly homeless a place to get a hot meal, medical services, and even a backpack filled with new winter clothing. Organizers say they couldn't do it without the help of so many volunteers.

[Hyperlink to Above](#)

7.7 - KRGV (ABC-5, Video): [Harlingen Veteran Says VA Should Aid with Transition to Civilian Life](#) (6 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Harlingen veteran says those who have served need more help transitioning into civilian life. Veteran James Monayao served in the U.S. Army from 2008 to 2014 and now works as a nurse. "My transition was very challenging in many ways because I didn't have a full-time job. I didn't have the steady paycheck that would come in when I was still in the service," says Monayao.

[Hyperlink to Above](#)

7.8 - WKBN (CBS-27): [Local VA eager to see abandoned Youngstown house transformed into apartments](#) (6 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

It's a problem those working at the local Veterans Administration clinic see on a regular basis. "Yesterday, I received seven calls from veterans in our community that are either on a couch, sleeping in their car or in a park," Dr. Robert Marcus said. Marcus is the veteran outreach director for the clinic. He believes there are close to a thousand male and female vets in the region who have no place to call their own -- and few places to look for help.

[Hyperlink to Above](#)

7.9 - WTOG (TV-11, Video): [Glennville's veteran cemetery receives prestigious award](#) (7 September, Dal Cannady, 193k uvm; Savannah, GA)

A Glennville cemetery has been awarded for being a place that remembers those who served our country. The presentation on Thursday confirmed what folks in Glennville have known for years: that their veteran's cemetery that cares for the legacy of service members and their grieving families is among the best in the nation. The chapel hosted what may have been its most cheerful gathering ever.

[Hyperlink to Above](#)

7.10 - The Vindicator: [Grant provides just a start to assisting homeless vets](#) (6 September, 193k uvm; Youngstown, OH)

Mahoning County Commissioner Anthony Traficanti minced no words Thursday in describing one of this nation's most pernicious social ills: "This homelessness issue in America has become a plague." In Ohio alone, that plague has stricken at least 60,000 people, according to a study and census released earlier this year by the Ohio Human Services Data Warehouse.

[Hyperlink to Above](#)

7.11 - The Herald-Dispatch: [VA hosting renaming ceremony Sunday](#) (6 September, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will be officially renamed during a ceremony at 2 p.m. Sunday, Sept. 9, at the center's campus at 1540 Spring Valley Drive in Huntington. The former Huntington VA Medical Center was renamed earlier this summer through U.S. House Resolution 3363, giving the center's namesake to the 94-year-old Medal of Honor recipient and veterans and family advocate.

[Hyperlink to Above](#)

7.12 - Mountain Xpress: [Aura Foundation helps homeless women veterans](#) (6 September, Kiesa Kay, 189k uvm; Asheville, NC)

Alyce Knaflsch knows how to rise up from the ashes and create a new life: She's done it time and again. Knaflsch was homeless for nine years, wandering and wondering where her next meal would be coming from, never knowing for sure where she'd rest her head. "When you're homeless, you don't have time to think about goals and dreams and schemes," she says. "Every day becomes another battle for simple survival."

[Hyperlink to Above](#)

7.13 - ConnectingVets.com (Video): [Changing lives in Oklahoma, one rock at a time](#) (6 September, Jonathan Kaupanger; New York, NY)

Some rocks are simply just better than others. There's the Rock of Gibraltar guarding the entrance to the Mediterranean Sea. Of course, we have Plymouth Rock here in the U.S. In Mecca, you'll find the Black Stone of the Kaaba. The Blarney Stone in Ireland, Kindness Rocks at the Oklahoma VAMC, Rosetta Stone from Egypt and Scotland's Stone of Scone, just to name a few.

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7.14 - Leavenworth Times: [Scouts treat veterans to donated chocolates](#) (6 September, Mark Rountree, 49k uvm; Leavenworth, KS)

A donation from a Leavenworth native living overseas has put smiles on the faces of veterans living at the domiciliary at the Eisenhower VA Medical Center. Patricia Vaughn Snodgrass grew up in Leavenworth but is now living in Switzerland. She recently contacted representatives of Boy Scout Troop 1028 of Platte City, Missouri, requesting a purchase of chocolate bars from the troop's current fundraiser. Further, she requested that the troop deliver the chocolates to the veterans at the VA.

[Hyperlink to Above](#)

7.15 - Plumas County News: [DAV van serves Lassen and north Plumas veterans](#) (6 September, Gregg Scott, 43k uvm; Quincy, CA)

Since 1987 there have been a few volunteers that have devotedly served the veterans of northern Plumas and Lassen counties by providing transportation from Susanville to the Reno VA Hospital and back. Most of their clientele are from the greater Susanville area, but quite a few veterans that live in the Westwood and Lake Almanor area use the service as well.

[Hyperlink to Above](#)

7.16 - The Independent: [Therapy Dogs to Take Part in Stand Down at the Fairgrounds](#) (6 September, 19k uvm; Livermore, CA)

Valley Humane Society's Canine Comfort Pet Therapy teams are once again stepping up to participate in East Bay Stand Down. Hundreds of homeless and at-risk Veterans from across the San Francisco Bay Area will be able to experience the healing power of dogs on September 14 and 15 of a four-day event at the Alameda County Fairgrounds.

[Hyperlink to Above](#)

7.17 - KMWU (NPR-89.1): [Dole VA Center Set to Open Women's Care Facility](#) (6 September, Ray Strunk, 17k uvm; Wichita, KS)

Female veterans will soon have more health care options in Wichita. The Dole VA Medical Center is set to open a women's care facility on Sept. 28. The new building will be located on the center's main campus on East Kellogg. The \$1.4 million facility will serve more than 1,500 female veterans who are currently enrolled at the medical center. Akeam Ashford, a public affairs officer for the Wichita VA, said the medical center has lacked a private space for women.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - The San Diego Union-Tribune: [Man admits stealing \\$145,000 in VA benefits after military widow's death](#) (6 September, Alex Riggins, 493k uvm; San Diego, CA)

An Oceanside man has pleaded guilty to stealing more than \$145,000 from the U.S. Department of Veterans Affairs by continuing to receive compensation meant for a military widow for nearly 10 years after her death, federal prosecutors said. Michael Vanden Brink, 57, waived an indictment, was arraigned and pleaded guilty to a charge of theft of public property Wednesday in U.S. District Court, according to court documents and prosecutors from the U.S. Attorney's Office for the Southern District of California.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - The Washington Times: [Medical marijuana bill let veterans obtain weed with VA's approval](#) (6 September, Andrew Blake, 10.8M uvm; Washington, DC)

Democrats have proposed legislation that would let the U.S. Department of Veterans Affairs recommend marijuana to patients receiving treatment in states that have legalized the plant for medicinal purposes, eliminating obstacles caused by its status as a federally controlled substance.

Introduced by Sens. Bill Nelson of Florida and Brian Schatz of Hawaii, the bill would allow “veterans to use, possess or transport medical marijuana and to discuss the use of medical marijuana with a physician of the Department of Veterans Affairs as authorized by State law,” according to a copy of its language released Wednesday.

“Federal law prohibits VA doctors from prescribing or recommending medical marijuana to veterans,” Mr. Nelson said in a statement. “This legislation will allow veterans in Florida and elsewhere the same access to legitimately prescribed medication, just as any other patient in those 31 states would have.”

While most states in the country have legalized marijuana for medicinal purposes or recreational purposes, the plant is considered a Schedule 1 substance under federal law, effectively prohibiting VA physicians from even discussing its potential health benefits with veterans seeking treatment through the government.

In addition to letting VA physicians recommend medical marijuana to veterans, the proposed Veterans Medical Marijuana Safe Harbor Act would direct the VA to research its impact and any potentially reduction of opioid abuse among veterans.

Opioids account for about 63 percent of all drug deaths in the U.S., and previous research found that veterans are twice as likely to die from an accident opioid overdose than non-veterans, according to the bill's sponsors.

Marijuana proponents have argued that its benefits offer a non-lethal alternative to opioids, and states that have legalized the plant for medical purposes have subsequently experienced a drop in annual fatal opioid overdoses by nearly 25 percent, lawmakers said in support of the bill.

“VA has not taken a position on the bill,” VA press secretary Curt Cashour told The Washington Times on Thursday. “Marijuana is illegal under federal law, and until federal law changes, VA is not able to prescribe it.”

Justin Strekal, political director for the National Organization for the Reform of Marijuana Laws (NORML), issued a statement applauding the proposal.

“The Veterans Medical Marijuana Safe Harbor Act would provide crucial medical and civil protections for the men and women who put their lives on the line to serve this country,” Mr. Strekal said. “It is unconscionable that these brave individuals who protect our nation’s freedoms would be treated as criminals when they return home just for treating their medical ailments with a safe and effective option.”

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1.2 - The Arizona Republic (Video): [Audit shows VA overpaid contractors by over \\$101 million for medical work](#) (6 September, Dennis Wagner, 10.8M uvm; Phoenix, AZ)

Two health care contractors running the federal government's Veterans Choice Program collected more than \$101 million in overpayments during 2016-17, an audit released Thursday by the VA Office of Inspector General shows.

"Because of ineffective controls, OCC (the VA Office of Community Care) failed to identify improper claims," an executive summary for the report says.

The two VA contractors, Phoenix-based TriWest Healthcare Alliance Corp and Health Net Federal Services of California, allegedly collected \$66.1 million in excess payments via duplicate bills, and \$35.3 million more as a result of other errors.

The Veterans Choice Program was created in 2015 amid a health care crisis first exposed at the Phoenix VA Medical Center. Tens of thousands of patients nationwide were backlogged in an appointment system that spewed phony data. Many died or suffered while awaiting care.

Congress responded by authorizing \$10 billion to pay for private medical appointments for veterans who could not get timely treatment through the VA.

TriWest and Health Net administer the program, setting up provider networks, booking appointments and processing payments.

TriWest President and CEO David McIntyre said overpayments were a product of past "mechanical errors on both sides," but the system has been markedly improved over the past 18 months.

McIntyre has stressed that billing mistakes are common in the insurance industry, and the VA's processing system was plagued by problems.

Health Net officials did not immediately respond to requests for comment.

Three years ago, the VA fell behind in reimbursing the two contractors, owing them hundreds of millions of dollars and endangering their liquidity. That problem was resolved by shifting to a "bulk payment" system with little or no review of individual billings.

Although the VA is at fault for internal control failures, inspectors also found hundreds of thousands of bills were "improperly submitted."

The audit scrutinized 4.8 million medical charges. More than 5 percent of those were duplicates, mostly submitted by Health Net.

About 10 percent of the bills had other errors. A majority of those charges were submitted by TriWest.

McIntyre said in many cases there was not an error or overpayment. Instead, he contended, the VA system was unable to recognize discounts that TriWest was passing on from providers. He

added that TriWest has spent \$10 million trying to resolve audit issues with the inspector general and Department of Justice.

The audit says Health Net has repaid \$41 million.

McIntyre said TriWest is working with the VA on a reimbursement process. He estimates the company owes about \$50 million.

The audit comes amid continuing turmoil at an agency with 350,000 employees serving about 9 million veterans at an annual expense of nearly \$200 billion. It also comes as the Trump administration is moving to overhaul private-care options.

In March, President Donald Trump fired Secretary David Shulkin and nominated his personal physician, Ronnie Jackson, for the job. Amid charges of unprofessional conduct, Jackson was forced to bow out. Rear Adm. Robert Wilkie was then nominated and confirmed for the cabinet post.

Meanwhile, Trump signed the VA Mission Act, which includes provisions to consolidate Veterans Choice and other community-care programs, creating a streamlined system with clear procedures.

The VA announced in April that Health Net's contract will expire this month. McIntyre said his TriWest is finalizing a two-year extension of its contract.

The audit released Thursday is the second to address issues in the multibillion-dollar Choice contracts. In November, the Office of Inspector General found the two contractors had received at least \$89 million in overpayments.

Back then, the U.S. Attorney's Office in Phoenix was pursuing a subpoena for possible witnesses to wire fraud and misuses of government funds. McIntyre said he's never been advised of a grand jury probe. The status of that inquiry is unknown.

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1.3 - The Boston Globe: [Sen. Warren calls for increased oversight of troubled Bedford VA](#) (6 September, Andrea Estes, 8.8M uvm; Dorchester, MA)

Massachusetts Senator Elizabeth Warren sent a sharply critical letter Thursday to the nation's secretary of veterans affairs, demanding new, high-level oversight of the agency's Bedford medical center, which has been the subject of repeated complaints of abuse and neglect.

Warren called on the VA to increase "senior level" monitoring of the facility, release agency inspection reports, and give federal lawmakers more oversight.

"When it comes to our veterans, more of the same old substandard care is unacceptable," Warren wrote to the recently appointed VA secretary, Robert Wilkie.

Warren's letter came days after a Boston Globe/USA Today report detailed questionable care at the Bedford VA's nursing home, one of the federal agency's worst-rated facilities among 133 nationwide.

The report described how a nurse's aide was allowed to resign after throwing an elderly dementia patient into bed, while another aide, who reported the misconduct, was fired. It followed a series of other incidents at the facility, which was scored one star out of five by the VA itself, based on high rates of bedsores, medication, and decline in veterans' health.

Warren wrote she was "growing sick and tired of hearing and reading heart-wrenching story after heart-wrenching story about veterans treated as if their sacrifices for our country do not matter." She said she had "serious questions about whether the new leadership at this facility is resulting in significantly improved care or is simply producing more of the same."

Republican State Representative Geoff Diehl, who faces off against Warren in November's election, said he has "a comprehensive plan to help veterans and improve their access to quality health care."

"While I agree with her concern about the serious problems at the Bedford VA, Elizabeth Warren has failed to make veterans and their care a priority," Diehl said in a statement.

VA spokeswoman Maureen Heard said in a statement that Bedford is "constantly striving to improve the quality of its health care."

"While the Bedford VA (nursing home) has a one star rating, this reflects the exceptionally difficult case-mix the facility serves," she said. Heard noted that the agency did not substantiate allegations that an aide threw an elderly dementia patient into bed.

On Wednesday, one day after the Globe/USA Today report, the new leader of the Bedford VA, Joan Clifford, sent an e-mail to the staff.

"I am proud of the work we have done and will continue to do in addressing improvement opportunities and will work with all of you to regain the trust of our veterans," she wrote.

"Every negative story erodes the trust our veterans deserve and reminds us that we have a lot of work to do. I know that the majority of our staff are caring, dedicated individuals committed to our mission."

The Bedford hospital has been beset by allegations of neglect and misconduct. The family of Charles Amidon, a highly decorated, 84-year-old lieutenant colonel, said he was slapped and bruised, and ignored for hours at a time. He contracted scabies that was undiagnosed for five months, his family said.

Employees have told the Globe drug abuse is common at the facility. Earlier this year, a 41-year-old Boston man was indicted for allegedly selling crack to a resident in the medical center.

In her letter, Warren also demanded an update into the investigation of the death of William Nutter, a Vietnam vet, who died in his bed in July 2016. The nurse's aide who was supposed to check on him hourly admitted she was playing video games on her computer.

Warren had requested information in October 2017 from former VA secretary David Shulkin, who declined to comment because the investigation was ongoing.

“Ten months have passed since then without any substantive update on this matter,” Warren wrote Thursday.

The VA’s inspector general, as well as federal prosecutors in Boston, launched probes into Nutter’s death. It’s unclear what, if anything, resulted from these investigations. The US attorney’s office did not immediately respond to a request for comment Thursday.

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1.4 - Military Times: [Vets' medical marijuana debate revived](#) (6 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Medical marijuana for veterans is having another moment on Capitol Hill.

As lawmakers work to wrap-up their pre-election work in the next three weeks, they’re also considering a host of proposals that could have wide-ranging effects on veterans’ ability to access cannabis for a host of ailments.

Among the ideas are broadening research into the medicinal effects of cannabis, allowing veterans to discuss use of marijuana with Veterans Affairs physicians, and new legislation introduced this week which would essentially decriminalize the drug for veterans across the country.

All of the plans still face a difficult path before they can become reality. Neither the White House nor VA officials have expressed support for expanded use of medical marijuana, even as advocates like the American Legion have touted it as a possible alternative to highly-addictive opioids.

Marijuana remains a schedule 1 substance under current federal rules, defined as a drug with “no currently accepted medical use and a high potential for abuse.” That limits how much federal research can be conducted on cannabis and how much federal employees — like VA physicians — can say to veterans about its potential uses.

The most ambitious of the new proposals is legislation introduced Wednesday that would “allow veterans to use, possess, or transport medical marijuana” in accordance with state laws. Currently, 31 states allow some use of the drug for therapeutic purposes.

The measure, sponsored by Democratic Sens. Bill Nelson of Florida and Brian Schatz of Hawaii, sets aside \$15 million for additional medical cannabis research and staffing assistance. It would also require VA physicians discuss marijuana as a potential treatment option in states where its use is legal.

The idea of allowing VA doctors to speak more freely about the drug with patients has already been approved by a bipartisan Senate panel several times in recent years, and was included as part of a Senate-passed appropriations measure currently being finalized by a congressional conference committee.

If lawmakers opt to leave the language in the annual VA budget legislation, it could encourage veterans to be more open about their recreational use and interest in opioid alternatives. However, House members have repeatedly rejected the idea in the past.

But some of that opposition may be eroding too.

Late last month, House Veterans Affairs Committee Chairman Phil Roe, R-Tenn., was among the authors of a bipartisan letter to VA Secretary Robert Wilkie asking for “a rigorous clinical trial into the safety and efficacy of medical cannabis for veterans with post-traumatic stress disorder and chronic pain.”

The memo — also signed by Democratic Rep. Tim Walz of Minnesota and Sens. Jon Tester, D-Mont., and Dan Sullivan, R-Alaska — is the latest in a series of requests by members of Congress for VA to be more aggressive in researching the medical potential of the drug, to put to rest either fears surrounding its use or boasts about its benefits.

Without those answers, “both VA doctors and veterans will remain in the dark about this potentially beneficial alternate treatment,” the letter said. “While in the midst of a deadly opioid epidemic, it is irresponsible to turn a blind eye to a possible substitute.”

In the end, the biggest obstacle to any change in federal medical marijuana policy this year may not be ideological fights but instead the congressional calendar.

Both the House and Senate are expected to leave for a pre-election recess starting at the end of September. Before then, they have a host of appropriations bills to finalize (or risk a government shutdown) and a host of nominations to consider (including Supreme Court justice nominee Brett Kavanaugh).

When lawmakers return in mid-November, the lame-duck session is not expected to tackle many controversial issues, given the post-election changes that will occur on Capitol Hill a few weeks later.

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1.5 - Military Times: [The Pentagon is easing its controversial new GI Bill restrictions — but only for some troops](#) (6 September, Natalie Gross, 2.1M uvm; Springfield, VA)

Earlier this year, the Department of Defense rolled out a change to its GI Bill transfer policy that would keep long-serving troops from passing those benefits on to their dependents.

But that won't apply to service members who have been wounded in combat, Pentagon officials announced today. Purple Heart recipients will be able to transfer their benefits, regardless of how many years they have served in the military or whether they are able to commit to a longer period of service.

"Secretary Mattis has been clear, we must recognize the sacrifices these service members have made," Stephanie Miller, director of accessions policy in the Office of the Secretary of Defense, said in a statement announcing the change. "This policy reflects our continuing commitment to Wounded Warriors and their families."

Under the new GI Bill transfer policy, which has been highly controversial, service members who have been in the military for more than 16 years will no longer be able to transfer GI Bill benefits to their dependents as of July 12, 2019. That's a change from current policy, which

doesn't place a cap on time-in-service for transferability, provided service members can commit to four more years in the service.

The new policy also put an immediate end to the eligibility of some service members to transfer their benefits, including those who could not commit to the additional service requirement because of mandatory retirement, high-year tenure or medical issues.

These changes will no longer apply to Purple Heart recipients, though "all other laws and DOD policies concerning the transferability of unused Post-9/11 educational benefits remain in effect," according to the Pentagon's statement Wednesday. Since announcing its new policy, Pentagon officials have said the changes reflect the original purpose of the benefit as a recruiting and retention incentive.

Troops affected by the new 16-year cap still have several months to transfer their benefits before the new policy goes into effect.

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1.6 - KPBS (NPR-89.5/PBS-15, American Homefront): [As Medical Marijuana Becomes More Accepted, Veterans Urge The VA To Prescribe It](#) (6 September, Julia Ochoa, 278k uvm; San Diego, CA)

Charles Claybaker spent five tours in Afghanistan, kicking in doors and taking out terrorists. But an aircraft crash in 2010 left the Army Ranger with a crushed leg, hip and spine and a traumatic brain injury.

Army doctors loaded him up with a dozen prescriptions to numb the pain and keep his PTSD in check.

But Claybaker said the pills transformed him from a highly-trained fighter into a zombie for at least two hours a day.

"I'm talking mouth open, staring into space," Claybaker said.

Claybaker decided he would rather live in constant pain. He took himself off opioids and suffered for eight months.

Then, after retiring and moving back to St. Petersburg, Fla. he discovered marijuana - and he said it changed his life.

"I can just take a couple of puffs sometimes. It just depends on the day and what's going on or how bad it is," Claybaker said.

He says marijuana relieved his pain and helped with his anxiety. Claybaker says marijuana also helped him focus and he finally started feeling more like himself.

"I was a 2013 gold medalist at the Warrior Games in archery, I graduated summa cum laude from Eckerd College, I started my own charity. I adopted my 14-year-old brother who is now on a full-ride scholarship to Oregon State," he said. "I understand that marijuana has some ills, but for me personally, it absolutely helped me do all those things."

In order to get the drug, though, he had to break the law. Though medicinal marijuana is legal in Florida, the federal government says it's a crime to use it. Claybaker and other soldiers can't get prescriptions from the VA, and their insurance won't cover the cost.

Under VA policies, the agency says it will not recommend marijuana nor help veterans obtain it. The VA says veterans who use marijuana will not be denied VA care, but they need to obtain the substance themselves and pay for it out-of-pocket. A month's supply from a dispensary can be more than \$500.

Claybaker was among more than a dozen veterans recently profiled in a 20-page report by the Sarasota Herald-Tribune. They're pushing the federal government to reclassify marijuana. The vets are using the drug to treat conditions ranging from pain to PTSD.

But the veterans face an uphill battle. That's because marijuana is classified as a schedule 1 drug, which means it has no medical value. The classification, along with the its federal illegal status, means there hasn't been a lot of medical research on marijuana.

"We're realizing that there's a lot of holes here in our knowledge," said Ziva Cooper, an associate professor of clinical neurobiology at Columbia University Medical Center.

Last year, Cooper and other researchers published a study that evaluated 10,000 scientific papers in which marijuana was referenced. They found substantial evidence that chronic pain can be reduced by marijuana and substances known as cannabinoids that are found in it. Those cannabinoids include a widely sold product known as CBD.

But, the report found no scientific studies on marijuana's use for PTSD.

"We need those rigorous double-blind, placebo-controlled studies to inform us if cannabis can actually help with this, or cannabinoids," Cooper said.

Janine Lutz said marijuana could have saved her son, John, who died from suicide after serving as a Marine Lance Corporal in Iraq and Afghanistan.

He returned home to Davie, Fla. in 2011 with knee and back injuries and a severe case of PTSD.

In 2013, doctors at the VA prescribed an anti-anxiety medication for his PTSD, despite a note in his records that it had led to a previous suicide attempt. His mom said he was dead within a week.

"I would call that a pharmaceutically-induced suicide," Janine Lutz said. "And I actually sued the VA for that and I won my case."

Lutz received \$250,000 in a settlement with the VA.

Today Lutz runs the Live To Tell Foundation, which supports military veterans. Families of vets who died by suicide send her their photos, which she laminates and links to her traveling Memorial Wall. Her "Buddy Up" events bring veterans together so they can form bonds and look out for one another.

It was at those events that she learned how many veterans self-medicate with marijuana. Lutz said the government needs to act.

"Stop playing games with the lives of America's sons and daughters, and if they want cannabis, give it to them and stop giving them these psychotropic dangerous drugs that are destroying their bodies and their minds," Lutz said.

The American Legion polled its 2 million members and found 92 percent favored marijuana research and 81 percent support federal legalization.

The group has since joined in the effort to push Congress to reclassify marijuana from a Schedule 1 drug.

So far, that request has gone nowhere.

VA Secretary Robert Wilkie said he has to follow the rules.

"I'm not a doctor, never played one on television. I'm not a scientist," Wilkie said in an interview. "I will follow the federal law. And the federal law is very clear."

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1.7 - Federal Computer Week: [VA looks to stabilize tech team](#) (6 September, Adam Mazmanian, 189k uvm; Vienna, VA)

The post of top technology officer at the Department of Veterans Affairs is notoriously hard to fill. One of the few Senate-confirmed CIO posts in government, the VA's assistant secretary for information and technology manages a \$4 billion budget, about 8,000 employees and is responsible for networks, equipment, cybersecurity and software at hundreds of facilities nationwide.

James Gfrerer, the Trump administration's pick to lead OI&T, faced lawmakers on the Senate Veterans Affairs Committee on Sept. 5, at a mostly friendly hearing that didn't dive too deeply into tech operations at the agency or touch on news reports that much of the VA's activity is being directed by Trump loyalists outside the agency.

Gfrerer comes to government from the risk and cybersecurity practice at Ernst and Young, but he also had a long career as a Marine officer specializing in IT. He's a patient of the Veterans Health Administration and a client of the Veterans Benefits Administration. He told lawmakers that among his key priorities would be to improve interaction between OI&T and VHA and VBA as work proceeds on new systems, in particular the 10-year plan to switch to a commercial electronic health record platform.

Gfrerer said he'd be an advocate for maintaining the legacy Vista system during the 10-year march to adopting a new health record system.

He also told the lawmakers that he is looking to knock out cybersecurity weaknesses repeatedly identified in inspector general reports, many of which have lingered for years. He also made a point of saying

"I've read the OIG report on material weakness. It's a sustained pattern of unpreparedness. As someone who has their personal health information in the VA system, and even if it was Lance Corporal Gfrerer, I would be pretty hot under the collar if there were continued material weaknesses and insecurity," he said.

Senators dwelled on the prospects for the health record transition, which includes adopting a commercial system from Cerner to align with efforts underway at the Department of Defense.

"This is really going to make or break VA going forward," said Sen. Jon Tester (D-Mont.), the ranking member on the committee.

Gfrerer pointed out that the health record modernization is headed by a new office in VA that reports directly up to the agency's deputy secretary, with OI&T playing a "direct supporting role to that effort ... ensuring that network infrastructure and all the other resources are up to par" to support the adoption of a new system.

Gfrerer is expected to be confirmed. He'll replace Camilo Sandoval, a veteran of the Trump campaign who holds the job on an acting basis.

Senators also heard from Tamara Bonzanto, a Navy veteran and senior staffer of the House Veterans Affairs Committee who is the nominee to serve as assistant secretary of VA Office of Accountability and Whistleblower Protection.

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1.8 - U.S. News & World Report (AP): [It Wasn't Me: Trump Officials Who Deny Writing the NYT Op-Ed](#) (6 September, 23.9M uvm; Washington, DC)

Lots of Trump administration officials were quick on Thursday to scratch their names off the list of potential authors of an unsigned New York Times opinion piece by a member of the so-called resistance working to thwart "reckless decisions" by President Donald Trump.

Among the officials who have spoken out:

"The Vice President puts his name on his Op-Eds. The @nytimes should be ashamed and so should the person who wrote the false, illogical, and gutless op-ed. Our office is above such amateur acts." — tweet from Jarrod Agen, communications director for Vice President Mike Pence.

—

"@stevenmnuchin1 is honored to serve @POTUS & the American people. He feels it was irresponsible for @nytimes to print this anonymous piece. Now, dignified public servants are forced to deny being the source. It is laughable to think this could come from the Secretary." — tweet from Tony Sayegh, spokesman for Treasury Secretary Steven Mnuchin.

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"It's not mine." — Secretary of State Mike Pompeo, speaking at a news conference in India.

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"No." — U.S. Ambassador Nikki Haley, responding to a shouted question on whether she was the anonymous author.

"Speculation that The New York Times op-ed was written by me or my Principal Deputy is patently false. We did not. From the beginning of our tenure, we have insisted that the entire IC remain focused on our mission to provide the President and policymakers with the best intelligence possible." — statement by Dan Coats, director of national intelligence.

"I did not write and am thoroughly appalled by this op-ed. I couldn't be prouder of our work at Commerce and of @POTUS." — tweet by Commerce Secretary Wilbur Ross.

"I am not the author of the New York Times OpEd, nor do I agree with its characterizations. Hiding behind anonymity and smearing the President of the United States does not make you an 'unsung hero', it makes you a coward, unworthy of serving this Nation." — tweet by Energy Secretary Rick Perry.

"It was not his op-ed." — Thomas Crosson, spokesman for Defense Secretary Jim Mattis.

"Secretary Nielsen is focused on leading the men and women of DHS and protecting the homeland - not writing anonymous and false opinion pieces for the New York Times. These types of political attacks are beneath the Secretary and the Department's mission." — Tyler Houlton, press secretary for Homeland Security Secretary Kirstjen Nielsen.

"It was not him." — Caitlin Oakley, spokeswoman for Health and Human Services Secretary Alex Azar.

"He didn't write it. ... Acting Administrator Wheeler supports President Trump 100% and is honored to serve in his cabinet, he also believes whoever wrote the op-ed should resign." — John Konkus, spokesman for Andrew Wheeler, the acting administrator of the Environmental Protection Agency.

"Secretary DeVos is not a Washington insider and does not play Washington insider games. She has the courage of her convictions and signs her opinions. She is not the author." — Liz Hill, spokeswoman for Education Secretary Betsy DeVos.

"Neither Secretary Wilkie nor anyone else at VA wrote the op-ed." — Curt Cashour, spokesman for Veterans Affairs Secretary Robert Wilkie.

"The Secretary didn't write the op-ed." — Raffi Williams, spokesman for Housing Secretary Ben Carson.

"No to all of your questions." — Michawn Rich, spokeswoman for Agriculture Secretary Sonny Perdue, when asked whether Perdue had any role in the column or knew who wrote it.

When asked if the op-ed writer was Attorney General Jeff Sessions, a Justice Department spokesman referred The Associated Press to White House press secretary Sarah Huckabee Sanders' Thursday statement in which she calls the writer an "anonymous coward" and "gutless loser" and says the people who work for the president "stand united together and fully support" him.

"No." — White House counsel Don McGahn, when asked outside the Supreme Court confirmation hearing for Brett Kavanaugh if he wrote the op-ed.

"For those who have inquired, this is to confirm that Secretary Chao is not the author of the op-ed." — Department of Transportation communications office on Secretary Elaine Chao.

"Amb Huntsman: Come to find, when you're serving as the U.S. envoy in Moscow, you're an easy target on all sides. Anything sent out by me would have carried my name. An early political lesson I learned: never send an anonymous op-ed." — tweet from Andrea Kalan, spokeswoman at the U.S. Embassy in Moscow, quoting U.S. Ambassador to Russia Jon Huntsman.

"I am not author of the anonymous @nytimes op-ed. @realDonaldTrump has a clear governing vision for the country and his record of results is remarkable. I am proud to serve as a member of President Trump's @Cabinet to advocate on behalf of America's 30 million small businesses." — tweet from Linda McMahon, administrator of the Small Business Administration.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Politico: [FDA launches medical device plan](#) (6 September, Darius Tahir, 23.9M uvm; Arlington, VA)

[...]

VA confirmation hearing: James Gfrerer, nominated by President Donald Trump as the VA's new chief information officer, told a Senate confirmation hearing Wednesday that he would hold officials accountable for sticking to milestones in the 10-year Cerner implementation.

"There's a huge change management component so clinicians will have to go through a substantial, rigorous process to conform their workflows to the IT systems," he said.

Gfrerer was not asked about the resignation of the EHR modernization office's chief, Genevieve Morris, whose departure Aug. 24 after five weeks on the job apparently was partly due to disagreements over the degree of variation planned for the VA and DoD versions of Cerner, according to well-placed officials.

In a speech to the American Legion last week, Veterans Affairs Secretary Robert Wilkie said the VA and DoD EHR implementations would be "joined at the hip" to assure records flow cleanly between them. Some VA officials worry that too much similarity will mean the Cerner system won't meet their needs.

Gfrerer, whose cybersecurity and IT experience doesn't include health care, said he would create a structured "scorecard" approach to monitoring progress on the EHR implementation and other agency IT work.

The EHR modernization office reports directly to the deputy VA secretary while his office supports VistA during the estimated 10-year Cerner rollout, Gfrerer told the Senate Veterans' Affairs Committee hearing. It will be "absolutely essential" to maintain VistA throughout the transition, he said.

[...]

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3.2 - Medical Xpress: [Telehealth helps promote safe antibiotic prescribing practices in remote healthcare](#) (6 September, 1.5M uvm; New York, NY)

A pilot project at two rural VA medical centers demonstrated that telehealth videoconferencing promoted antibiotic stewardship efforts by linking remote facilities to infectious diseases-trained professionals, according to a study published today in *Infection Control & Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America. Antibiotic stewardship helps promote safe prescribing practices to prevent adverse medication events and reduce antibiotic resistance.

"It can be difficult for more rural facilities to employ the staff needed for infection control initiatives to work," said Robin Jump, MD, Ph.D., senior author of the study and physician-scientist with the Louis Stokes Cleveland VA Medical Center. "Telehealth can be a low-cost and effective way to provide facilities with the expertise needed to implement these initiatives—eliminating some of the barriers that have typically thwarted these efforts."

The project created hour-long weekly video-linked meetings to connect rural VA pharmacists, infection preventionists, staff nurses, and other clinicians with an infectious diseases physician at a geographically distant VA facility. These meetings were set up to form a videoconference antimicrobial stewardship team, or VAST.

Despite the serious threat posed by antibiotic resistance, there is an insufficient number of infectious diseases-trained physicians and pharmacists to meet the urgent need for comprehensive antibiotic stewardship programs across many healthcare settings. For example,

a 2012 survey of the Veterans Health Administration found that among 130 medical centers providing inpatient care, 40 percent did not have a full-time infectious diseases physician on staff. This leaves implementation of antibiotic stewardship programs to clinicians who have not received specialty training in infectious diseases or antibiotic stewardship.

"When antibiotic stewardship programs are left to those who are not trained to run them, they are more susceptible to issues and can ultimately be ineffective," said Lauren Stevens Ph.D., an author of the study. "As a result, our goal of reducing these multi-drug resistant organisms is more difficult to meet."

The pilot project found that the VAST teams reviewed an average of at least three cases each week and implemented more than two-thirds of the recommendations generated by the interdisciplinary team members during the sessions. The most common recommendation was to stop antibiotics. While the teams reviewed cases from both acute care and long-term units, the most common clinical conditions discussed were pneumonia/respiratory syndromes, including chronic obstructive pulmonary disease.

In interviews with researchers, VAST participants reported that the sessions increased their awareness of antibiotic stewardship principles, helping them to adapt their practice patterns and engage in antibiotic stewardship efforts. They specifically mentioned feeling greater confidence in their ability to make more targeted antibiotic choices, to reduce the time patients were on antibiotics, and to utilize more effective methods whenever possible (i.e. intravenous to oral conversions).

"This study is a great example of how technology can help provide access to expert knowledge and practices that are not always readily available to smaller facilities," said Jump.

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3.3 - Healthcare IT News: [VA CIO nominee to fix cybersecurity, EHR modernization](#) (6 September, Jessica Davis, 438k uvm; Chicago, IL)

Improving communication at the Department of Veterans Affairs as it transitions onto modern technology platforms would be a top priority for President Donald Trump's nominee for the VA Chief Information Officer, James Gfrerer. He testified before the Senate VA committee on Wednesday.

Gfrerer also plans to put an end to the cybersecurity vulnerabilities that have put the VA on the Office of Inspector General's high-risk list for the last three years. Gfrerer comes from the risk and security practice of Ernst and Young.

"I've read the OIG report on material weakness. It's a sustained pattern of unpreparedness," Gfrerer told the committee. "As someone who has their personal health information in the VA system, and even if it was Lance Corporal Gfrerer, I would be pretty hot under the collar if there were continued material weaknesses and insecurity."

Not only that, but Gfrerer would advocated for maintaining the agency's legacy VistA EHR -- which is "absolutely essential," while it transitions to the new Cerner platform. Officials expect the implementation project will take 10 years, with the pilot sites going live in the Pacific Northwest by 2020.

The plan to roll out the same platform as the Department of Defense was a top concern for Sen. Jon Tester, D-Montana, who said “this is really going to make or break the VA going forward.” But Gfrerer directed Tester to the new Office of Electronic Health Record Modernization, already making progress.

OEHRM reports directly to the VA Deputy Secretary and has support from the Office of Technology. Both will ensure the network infrastructure and other technology resources are “up to par” to support the EHR implementation.

Gfrerer told the committee he’ll keep officials accountable to the projected milestones for the project, using a “scorecard” method to monitor the progress of the EHR project and other IT work.

“There’s a huge change management component so clinicians will have to go through a substantial, rigorous process to conform their workflows to the IT systems,” Gfrerer said.

Most recently, OEHRM Chief Health Informatics Officer Genevieve Morris stepped down from her leadership role, citing leadership taking the project in a different direction than originally plan. Surprisingly, the committee did not ask Gfrerer about Morris during the hearing.

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3.4 - Erie Times-News: [Decade of improvements for Erie VA hospital](#) (6 September, David Bruce, 320k uvm; Erie, PA)

Erie Veterans Affairs Medical Center has undergone a decade of almost constant construction as it evolves from a 1950s-style hospital to a modern health-care campus.

New buildings have popped up on the Erie VAMC grounds in recent years, while others are currently being constructed and work continues on several different floors of the main hospital. Nearly \$60 million has been spent upgrading the facility since 2008.

“We need a hospital that meets our patients’ demands,” Erie VAMC Director John Gennaro said. “The old set-up didn’t do that. Once we are finished, this will be a state-of-the-art hospital.”

Erie VAMC is trying to adapt to the changing needs of the veterans who seek its services. Fewer of them receive surgeries and other inpatient services at the hospital, while more of them seek behavioral-health treatment and other outpatient services.

The hospital’s number of medical admissions declined from 1,235 in 2008 to 281 in 2017, while the number of its annual medical outpatient visits rose from 231,378 to 261,243 and its annual behavioral health visits increased from 28,951 to 50,373 during that same period.

Construction started in 2008 with the creation of the hospital’s new main entrance and an expanded outpatient clinic. In 2012, the hospital closed its intensive care unit and converted its emergency department into an urgent-care center.

A new behavioral health clinic was built in 2014, followed by an ambulatory-surgery clinic in 2015 and a parking garage in 2016.

The hospital then started a five-year, \$35 million renovation plan that includes a new boiler plant, five emergency power generators, a new entrance, and an eight-bed behavioral-health residential treatment center that will open in 2019.

The plan also includes a 22-room Community Living Center on campus, which will house veterans now living inside the hospital. They are expected to move into the new nursing home in the spring when the second phase of its construction begins.

“These are all private rooms with private bathrooms specially designed for our residents,” Gennaro said as he gave a tour of the building. “When it’s finished, I will stack this up with any other long-term care facility in the area.”

At the same time, the hospital’s former third-floor operating rooms are being converted into a new, expanded dental clinic that will open in the spring. Operating rooms remain on the second floor as part of the outpatient surgery clinic.

It’s been painstaking work as crews remove multiple layers of operating-room flooring that were installed to meet various health regulations over the years, said Rob Petrone, Erie VAMC’s general engineer.

“It’s like going through the strata of a rock,” Petrone said. “The ORs had a really good original floor but it was porous. So eventually they had to install a new impervious one over it.”

Construction is also happening in the hospital’s basement, where a new cafeteria is being built. It will increase the seating from around 25 to 80 and a semiprivate room is being built that can be used for patient birthday parties or staff celebrations.

The new cafeteria is expected to open in mid-October, Gennaro said.

“It will also have extended hours,” Gennaro said. “We plan on keeping it open evenings and weekends.”

Crews also are performing some restorative work on the behavioral health clinic. A manufacturer’s defect has caused some of the siding to fall off, so the building is getting resided, Petrone said.

“The old siding was cement and now we’re going with brick,” Petrone said. “We expect it to be finished by Christmas.”

Though a defect caused the additional work, money for the new siding — about \$750,000 — is coming out of the Erie VAMC budget. The company that made the siding is no longer in business, Erie VAMC officials said.

Work is completed on a new East 38th Street entrance to the Erie VAMC but it won’t open until spring. The Pennsylvania Department of Transportation had to order a specially designed traffic-light pole that won’t be built until winter, Gennaro said.

Gennaro said he didn’t want to open the entrance for safety reasons until PennDOT installs the light and does some roadwork to East 38th Street.

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3.5 - Health Exec: [Rural facilities improve antibiotic stewardship with videoconferencing teams](#) (6 September, Nicholas Leider, 20k uvm)

Rural healthcare providers and facilities face numerous geographic obstacles to providing adequate care. Researchers showed how telehealth videoconferencing can connect remotely located VA medical centers with infectious disease experts to improve antibiotic stewardship.

The team, published Sept. 6 in Infection Control & Hospital Epidemiology, held weekly video-linked meetings at two different sites that included pharmacists, nurses and clinicians with an infection disease physician at another VA facility.

"It can be difficult for more rural facilities to employ the staff needed for infection control initiatives to work," said Robin Jump, MD, PhD, senior author of the study and physician-scientist with the Louis Stokes Cleveland VA Medical Center. "Telehealth can be a low-cost and effective way to provide facilities with the expertise needed to implement these initiatives—eliminating some of the barriers that have typically thwarted these efforts."

Those involved in the teleconferencing formed videoconference antimicrobial stewardship teams (VAST). These groups addressed 3.3 cases per hour-long session, with the two teams accepting 69.7 percent of VAST recommendations. In follow-up interviews, team members reported appreciation for the video sessions in improving antibiotic stewardship and patient care.

With as many as three in 10 antibiotic prescriptions deemed unnecessary, medical professionals recognize the need for antibiotic stewardship—both to prevent resistance and reduce adverse events.

"When antibiotic stewardship programs are left to those who are not trained to run them, they are more susceptible to issues and can ultimately be ineffective," said Lauren Stevens PhD, an author of the study, in a prepared statement. "As a result, our goal of reducing these multi-drug resistant organisms is more difficult to meet."

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4. [Focus Resources More Efficiently](#)

4.1 - WLS (ABC-7): [U.S. Navy corpsmen train for trauma at Stroger Hospital](#) (6 September, Stacey Baca, 920k uvm; Chicago, IL)

For the first time, Navy corpsmen are training in one of the busiest trauma units in the country, Stroger Hospital. The program is a partnership between the hospital and the Lovell Federal Health Care Center in North Chicago. It means seasoned doctors and nurses are teaching the next generation of the military members before they're deployed.

Young sailors are now at Stroger Hospital learning about gunshot wounds, stabbings and severe trauma.

"The first time they see one of these patients they freeze a little bit, but then they are more prepared for what they're going to see. It's one of the few good things that can come out of the violence that is happening here in Chicago," said Dr. Frederic Starr, a Stroger Trauma Surgeon and part of the Navy Corpsmen Program.

Because the violence is so intense at times, Stroger Hospital is often crowded with loved ones. Inside, corpsmen have witnessed all this first-hand in the trauma and E.R. units during the seven-week program.

"It's not easy because we're trying to save a human's life, but it's clock work. The job is clock work. We all know what we're supposed to do," said HN Desmond Lane, U.S. Navy Corpsman.

"What we do here and what we do on the battlefield... it's all taking care of the patient. It's all about the patient," said HM3 Justin Butcher, U.S. Navy Corpsman.

The 16 corpsman graduated Thursday, ready to tackle their next assignments.

"We don't want them to see something for the first time out on a battlefield or on board a ship, so this is a great opportunity for them. It's about building the confidence," said Force Master Chief Hosea Smith Jr. with the U.S. Navy Bureau of Medicine & Surgery.

"It's really rewarding to know how to do this and be able to snap out it and do this because it's someone's life," said HM3 Michelle Ramirez, U.S. Navy Corpsman.

Learning life-saving skills and learning from one of the best trauma teams that it's ultimately teamwork.

"I felt at home essentially... being in your space and comfortable is a huge deal when it comes to working in trauma because you have a team around you. Team chemistry, not unlike the Navy, in a trauma unit is just as big as anything else," said HM3 Jacob Alvarez, U.S. Navy Corpsman.

Dr. Starr said the corpsmen's first shift was 11 a.m to 11 p.m. Of course, everything happened at midnight. It was one of the busiest nights the doctor had in 10 years.

After that, they changed the corpsmen's schedules - 4 p.m. to 3 in the morning. They were able to learn quite a bit during that time.

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4.2 - WFED (AM-1500, Audio): [Veterans Health Administration not ensuring reusable equipment is cleaned](#) (6 September, Eric White, 854k uvm; Washington, DC)

- The Veterans Health Administration doesn't know if its reusable medical equipment is being cleaned between uses. The Government Accountability Office said VHA has no rules or stipulations to ensure the equipment is properly processed after use, which includes being cleaned, disinfected or sterilized. GAO recommended VHA put rules in place to make sure the inspections happen. (Government Accountability Office)

- House Democrats from D.C., Maryland and Virginia want congressional leaders to reconsider the president's planned pay freeze for civilian federal employees. The eight members wrote to House Speaker Paul Ryan and Senate Majority Leader Mitch McConnell, urging them to work the Senate's proposed 1.9 percent pay raise through the appropriations process. The Senate has already agreed to a raise for civilian employees. (Federal News Radio)

[...]

- The Senate Veterans Affairs Committee heard from two nominees with tough jobs ahead of them. James Gfrerer was nominated to be VA's CIO and Tamara Bonzanto would take over its new Office of Accountability and Whistleblower Protection. Both promised to help Secretary Robert Wilkie embark on a long-awaited culture change at the department. (Federal News Radio)

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4.3 - The News-Review: [VA employee survey indicates unhappiness with management continues](#) (6 September, Carisa Cegavske, 160k uvm; Roseburg, OR)

The results of a 2018 All Employee Survey of Roseburg Veterans Affairs Medical Center staff suggest negative views of management remain despite a rollover of the top brass. However, the head of the employee union at the VA said he believes morale has improved since Interim Director Dave Whitmer took over this year.

The survey, which is taken every year at the VA, drew responses from 836 employees this year. That's 71 percent of the staff members who are part of the Roseburg VA, including the clinics it runs in Eugene and on the coast. Overall, the scores were similar to last year's.

Whitmer, who came on board in February, said the key metric in his view is the improved score for Best Place to Work. Last year, the Roseburg VA scored 54 out of 100 on that measure. It received a score of 60 this year.

Whitmer said the best place to work score is made up of a combination of scores on how engaged employees are, whether they would recommend others work at the VA and how they view senior leaders.

The overall scores employees gave to both their supervisors and senior leadership were low this year, as they were last year. Whitmer said the overall rating of leadership remains lower than at other VAs.

"I've been here for seven months and I think we're making improvement, but this is a marathon to regain trust of the staff and the community," he said. "It's certainly not a sprint, but I think we're going in the right direction."

The responses varied dramatically depending on the kind of work the staffers performed. Some departments, including the police and security service, human resources, fiscal services and housekeeping staff, gave VA leadership high marks.

The most committed group of VA workers, according to the survey results, were the nurses. Sixty-seven percent of them said they had no intention of quitting the VA. Nurses gave middle-of-the-road scores overall about supervisors and the work environment as a whole.

Overall, physicians and other clinical staff appeared particularly unhappy with leadership and with the work environment. One-third of the physicians said they felt disengaged from the VA, a concern since high turnover has been one of the institution's biggest problems over the years. The physicians reported high levels of exhaustion. Even so, 47 percent said they don't intend to leave.

Whitmer said the survey results will be used to identify the changes each supervisor needs to make. Based on this year's survey, they'll be working to improve communication, increase accountability for work standards and address staff workloads.

Karl Tanner, president of the American Federation of Public Employees Local 1042 that represents Roseburg VA employees, said Whitmer is the best director he's seen in his 17 years at the VA, and things are improving.

"Do I see the environment changing at the VA? To that, I answer a very clear, definite 'Yes,'" he said. "We don't have as much bullying and intimidation. We don't have the real bad incidents going on with all of the employee harassment and everything else."

Tanner thinks doctors are more unhappy than nurses and administrative staff because their work conditions are worse. Because the VA has a shortage of doctors, those it does have are so inundated with patients they are working 20 to 40 hours overtime every week, sometimes without even time for a lunch break, he said.

Tanner said one reason employees are dissatisfied with supervisors is that the VA doesn't have the mentorship program it needs to help supervisors do a better job.

He also said employees remain afraid of the human resources department, which he said boasts of its high number of disciplinary actions against employees. Their initial response to issues with an employee remains to recommend firing or disciplinary action, Tanner said.

"We don't hire bad employees. We hire great employees and we make them bad by not giving them the direction, training, supervision or management that they need. That's what we see in the employee survey," Tanner said.

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4.4 - FEDweek: [VA Reports More Than 10 Percent Vacancies](#) (6 September, 51k uvm; Glen Allen, VA)

The VA has said that 42,239 full-time positions are vacant, more than 40,400 of them in its largest component, the Veterans Health Administration, which accounts for nearly 376,000 of the total department-wide of 419,353.

“VHA’s workforce challenges mirror those of the health care industry as a whole. There is a national shortage of healthcare professionals, especially for physicians and nurse . . . VHA remains fully engaged in a fiercely competitive clinical recruitment market,” it said.

A recently passed law required the VA to report on its vacancies, which have been pegged at widely varying numbers as Congress and others attempt to assess the impact on care to veterans. Authorized positions at the VA, the second-largest department after DoD, have increased 12.5 percent annually on average since 2014.

The report says the VA experiences attrition averaging 9.2 percent annually, compared with what it said is an 11 percent average among other Cabinet departments. In the VHA, it added, the turnover rate is 9.1 percent, which it said compares even more favorably with the 20-30 percent range in the healthcare industry overall.

“There is a consistent turnover of employees in large organizations such as VHA due to normal retirements and job changes,” the department said. “Staffing plans consider normal rates of workforce turnover, retirement, and growth, and the expectation that there will always be vacant positions.”

It cited steps including using recruitment incentives and student loan reimbursements; increasing maximums for salaries of physicians; enhanced recruiting and advertising programs; expanded opportunities for telemedicine providers; and efforts to transition military medical personnel into VA positions.

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4.5 - MedTech Dive: [Watchdog slams Veterans Health Administration on device sterility](#) (6 September, Nick Paul Taylor, 344 uvd; Washington, DC)

Veterans Affairs Medical Centers use reusable medical equipment (RME) in the care of the 9 million veterans enrolled in the VHA’s healthcare system. After each endoscope, surgical instrument and other piece of RME is used, it must be cleaned, disinfected or sterilized to ensure it is safe for use on the next patient. The challenge of ensuring sterility has increased as devices have become more complex, culminating in an endoscope cleaning taking more than one hour of active work.

The VHA has put a RME reprocessing system in place to ensure equipment is clean and ready for use when needed. Failure to adequately enforce this system could lead to patients being infected or the delay or cancellation of procedures due to a lack of properly reprocessed devices.

The VHA and its medical centers have struggled with RME reprocessing in the past. In 2009, two VAMCs warned 10,000 veterans that they may have been exposed to hepatitis B, hepatitis C and HIV because they were treated with poorly-processed endoscopes. Two years later, GAO found that the VHA had failed to ensure VAMCs were up to speed on reprocessing. The issues have continued to mount up. A report in March detailed reprocessing-related delays.

The congressional watchdog identified sources of the VHA’s reprocessing problems. In its report, GAO takes the VHA to task for failing to ensure VAMCs are following its policies. Annual inspections by the Veterans Integrated Service Networks are supposed to give the VHA a look

at practices at VA medical centers. However, GAO found the VHA was missing inspection reports for 27% of the center's sterile processing units. There is no evidence that 8% of the inspections were performed.

Without access to the reports, the VHA cannot meet its responsibility to oversee RME reprocessing. The reports that are available suggest there is room for improvement. GAO found issues related to quality and training were the most common causes of nonadherence. That finding chimes with other observations made by GAO, which is concerned that the sterile processing units struggle to hire and retain qualified staff.

GAO is recommending the Under Secretary of Veterans Affairs for Health examine the workforce needs of VAMC sterile services units, while also ensuring that inspection reports are consistently collected, analyzed and used to guide improvements.

The VA agreed with the report's recommendations and pledged to set up an oversight process for site inspections and reporting. It said it would analyze the findings in a written briefing on its website by July 2019.

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5. Improve Timeliness of Service

5.1 - The Hill: [Medicare-for-all: Too costly and for too little care](#) (6 September, Dr. Deane Waldman, 11.8M uvm; Washington, DC)

Last week, The Hill reported that the Congressional Budget Office is refusing to score a Medicare-for-All bill now before the House. That's probably because the CBO doesn't think it's going to get a vote anytime soon — despite growing support from Democrats, 123 of whom have now signed on as cosponsors.

The lack of reliable numbers from the CBO is hobbling the debate — which should be, like all policy discussions, essentially a cost-benefit analysis. We don't know the costs. We do know the promised benefits: universal coverage. What is missing from the debate is the benefit we really want: care. Can we get it with Medicare-for-All?

The CBO should put pencil to paper on House Bill 676 – Medicare for All, code for single payer healthcare, which has been shown to reduce access to care.

Let's start with costs. The best estimate we have now is from Charles Blahous of Mercatus Center at George Mason University. He puts the price tag of single-payer healthcare at \$32.6 trillion over ten years.

This would double what we spend annually on healthcare, more than \$3.3 trillion in 2017. According to Dr. Blahous, the additional cost of single payer would consume essentially all tax revenue, leaving nothing for education, infrastructure, defense, etc. Even worse, he wrote, “doubling all currently projected federal individual and corporate income tax collections would be insufficient to finance the added federal costs of the [Medicare for-All, single-payer] plan.” Can you imagine a politician getting elected who admits Medicare-for-All will double your tax bill?

To achieve the cost of “only” \$32.6 trillion, Blahous calculated that the federal government would have to cut doctor reimbursements to 40 percent of private insurance payments, which are already negotiated down below usual and customary prices.

Put simply, this means physicians would be paid a salary they simply will not and frankly cannot afford to accept, not with medical student loans averaging more than \$183,000 at graduation and 60-70 percent overhead costs for a primary care doctor’s office. Doctors will simply retire or find more remunerative, non-clinical work in research or administration.

This is already happening in Great Britain, which often cited as the model (or at least the justification) for Medicare-for-All. The National Health Service is experiencing severe doctor shortages and doctors going out on strike, as it faces increasing demand from an aging population.

The net effect of single payer in the U.S. will be many fewer care providers – even as 323 million Americans are clamoring for their promised “right to health care.” Wait times for care went up with Obamacare. With Medicare-for-All, they will be interminable.

It’s all about rationing. In single-payer systems, the government saves money not by more efficient administration, but by controlling both the budget and by limiting allowable treatments. In other words, they ration care by restricting allocations to facilities (resulting in too few operating rooms or burn units), reducing payment schedules (resulting in fewer physicians available to treat patients), and delaying or denying treatments that are very expensive. It is easy to get an inexpensive antibiotic but you wait forever to receive costly cancer chemotherapy or heart surgery.

When my British mother broke her hip at age 78, she was scheduled for surgery 27 months in the future and would have to remain immobile in bed till then. For a woman of her age, that was a death sentence. She would have joined other unfortunates in single payer systems who experience death-by-queueing.

In Canada, thoracic surgeon Ciaran McNamee sued the Alberta Provincial Trust claiming a series of patient records showed that limited budget allocations caused Canadians to die waiting in line for care.

In the U.S., we already have a single-payer health care system, called the Veterans Administration Hospital system. A 2015 internal audit of the VA reported, “307,000 veterans may have died waiting for care.” Death-by-queueing happens right here — to our service men and women.

Of course, Medicare-for-All supporters don’t want us to look at the VA. Instead, they invoke the brand name of a popular program — Medicare. That’s deceptive; Medicare is a benefit that millions of American workers earned through a lifetime of contributions into the system. Single-payer health care, as proposed in HB 676, would be much more like a universalized Medicaid, with all the accompanying problems and inefficiencies.

Perhaps the CBO is right; it’s not very likely that a Medicare-for-All scheme will get to the House floor in the near future, because as Americans learn more about it, support drops. Americans are an independent bunch. When they realize Medicare-for-All means government bureaucrats — not families — make the final decisions about their health and even their lives, they’ll promptly reject it.

Dr. Deane Waldman, MD, MBA, is a retired pediatric cardiologist and Director of the Center for Health Care Policy at the nonprofit Texas Public Policy Foundation.

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5.2 - Advocate: [Don't Let the VA Stop Transition-Related Care](#) (6 September, Charlotte Clymer, 2.1M uvm; Los Angeles, CA)

The official motto for the Department of Veterans Affairs, adopted in 1960, comes from the close of Abraham Lincoln's second inaugural address, widely considered one of the greatest speeches in American history: "To care for him who shall have borne the battle and for his widow, and his orphan." The Civil War was in its final days, and Lincoln was attempting to heal the wounds of a reunited nation, seen and unseen. It set the tone for one of the few enduring issues on which the vast majority of Americans are in total agreement: ensuring service members and their families receive care and respect.

According to Gallup, 78 percent of Americans have a "great deal" or "quite a lot" of confidence in the military, more than twice the approval of any other American institution, a place of honor it has held for the past two decades. Few things unite the country in opinion as much as the effort to reform the VA and provide compassionate and competent care for veterans. And so, as a transgender veteran, I am heartbroken that for as much reverence and awe that politicians and citizens alike afford to my service in uniform, my status as a transgender person seems to painfully supersede that service.

For decades, the VA has excluded coverage of medically necessary surgical procedures to treat gender dysphoria, a medical term describing the overwhelming stress and anxiety experienced by transgender persons who feel incongruent in how our gender identity aligns with our presentation and the way the world perceives us based on that presentation.

The VA's exclusion of many forms of transition-related health care flies in the face of every major medical authority; even the agency acknowledged that "recent medical research shows that gender dysphoria is a serious condition that has had severe medical consequences for certain patients if transition-related surgeries and procedures are not provided." This led to a proposed rule change in early 2016.

However, after the change in administration, the VA failed to act and maintained the policy of exclusion.

This is, of course, not the first time Donald Trump and Mike Pence have attacked transgender people serving their country. After the president tweeted his impulsive ban on transgender troops, people of all political beliefs and backgrounds spoke out against that unconstitutional policy.

Now we are called to protect transgender veterans, but the window is quickly closing on our ability to oppose this discriminatory and dangerous rule. Public comments in opposition to maintaining a ban on transition-related care are due on Friday. Please take a few moments to submit one.

In our current political climate, in which so many issues seem to prompt contentious and often hateful debate, one principle we should all be able to rally behind is that all veterans, regardless of who they are, should be able to receive quality health care from a grateful nation they so honorably served.

That singular principle — honoring service — is most evident in how we acknowledge the service and sacrifice of those buried in Arlington National Cemetery. For three years, I served in the unit that laid to rest service members, veterans, and their loved ones. I cannot tell you if those caskets belonged to people of any particular gender or race, or whether the person was gay or straight, transgender, or cisgender. The most obvious feature of that final resting place is the uniformity and equality on display: all the same headstones in formation, all the same flag-draped caskets brought into eternity.

We didn't need to know if the people in the caskets we carried were transgender; we knew all we needed to know: They served with honor.

There is more at stake with this proposed rule than the health care and quality of life of transgender veterans, though that should be enough. This is also about the soul of our country, so burdened by a declining faith in our institutions, in our leaders, in the belief that sacrifice in America is honored with the promise of doing our best to ensure it was worthwhile.

Transgender veterans have already paid our dues. It is time the Department of Veterans Affairs embody this nation's sacred obligation by honoring that.

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5.3 - WTLV (NBC-12, Video): [New bill could have VA doctors prescribe medical marijuana to veterans](#) (6 September, Kamrel Eppinger, 321k uvm; Jacksonville, FL)

On Wednesday, Sen. Bill Nelson (D-Fla.) and Brian Schatz (D-Hawaii) filed a new piece of legislation that would allow Veteran Affairs doctors to write prescriptions for medical marijuana.

The Bill is called the Veterans Medical Marijuana Safe Harbor Act. If passed, it would also allocate \$15 million in funding to research the effects marijuana has on veterans.

Currently, veterans living in Florida and the 30 other states with medical marijuana programs are forced to visit treatment clinics for prescriptions instead making a trip to their VA doctor. A press release from Senator Nelson states the law needs to change.

"Federal law prohibits VA doctors from prescribing or recommending medical marijuana to veterans, this legislation will allow veterans in Florida and elsewhere the same access to legitimately prescribed medication, just as any other patient in those 31 states would have," Nelson noted.

Those in favor of the bill argue that it would help reduce opioid abuse from veterans and also help treat veterans who suffer from PTSD or Post Traumatic Stress Disorder.

The bill is supported by the American Academy of Pain Medicine, Veterans Cannabis Project, Veterans for Medical Cannabis Access, Americans for Safe Access, NORML, Marijuana Policy

Project, Drug Policy Alliance, Multidisciplinary Association for Psychedelic Studies, Veterans Cannabis Coalition and National Cannabis Industry Association.

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5.4 - Erie Times-News: [Erie VA hospital has 'positive' review](#) (6 September, David Bruce, 320k uvm; Erie, PA)

A review of the Erie Veterans Affairs Medical Center showed the hospital is providing quality medical care to its patients, though the review did make several recommendations to improve patient safety and care.

The Comprehensive Healthcare Inspection Program Review was conducted in March 2018 during a weeklong visit to the Erie VAMC by inspectors with the Department of Veterans Affairs Office of Healthcare Inspections.

The review covered operations between 2014 and 2018.

"Overall it was a very positive, successful survey," Erie VAMC Director John Gennaro said. "It reflected and affirmed our overall five-star quality rating."

Erie VAMC earned a five-star rating from the Department of Veterans Affairs in 2017 for performing within the top 10 percent of VA facilities nationwide in health-care quality, employee satisfaction, access to care and efficiency.

The CHIP review focused on inpatient and outpatient care at Erie VAMC. It included the following recommendations:

- The hospital's chief of staff must identify at least one of 11 aspects of care when conducting a peer review.
- Medical directors must approve each provider's re-credentialing evaluation individually.
- Staff must follow proper medication administration, storage and disposal policies.

"We have addressed these recommendations and corrected the problems," Gennaro said. "The survey also showed that we are above the VA average across the board in patient satisfaction."

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5.5 - Dothan Eagle: [Dothan VA clinics to merge into one facility](#) (6 September, Kayla Rutledge, 195k uvm; Dothan, AL)

Two clinics that have been serving veteran needs in Dothan will become one by the end of November.

According to a statement by the Central Alabama Healthcare System, the clinic on Alexander Drive serving physical care needs will close and merge with the current clinic caring for veterans' mental health needs at 3753 Ross Clark Circle.

“Central Alabama Veterans Health Care System will be consolidating primary care and mental health services into one Dothan VA Clinic by Nov. 30, 2018,” the statement reads. “Veterans will still be able to obtain health care in Dothan and/or Fort Rucker. This consolidation will provide patient centered care to serve our veterans better.”

The statement comes amid concern from veterans about having access to continued care in Dothan.

The two facilities have been operated separately for about 12 years. However, VA contractor CR Associates, which operates primary care facilities for VA Community Based Outpatient Clinics (CBOCs) throughout the country, was recently notified its contract would not be renewed for the Alexander Drive facility.

Charles Robbins, who oversees CR Associates, said he has not been told why the contract is being pulled by the VA.

“Our performance measures are met, and we’re not doing anything wrong. The care is good,” Robbins said.

There has been little communication regarding what will happen to patients of the CBOC in Dothan, Robbins said. He was notified of the consolidation just 30 days ago, which he said does not give the VA much time to transition patients to other clinics.

“It takes time to gear up staff and advertise positions. It takes time to prepare facilities and supplies and notify patients and coordinate where they’re going,” Robbins said. “We need to know that (in order) to help them coordinate what they’re doing and ensure the patients we have provided care for will receive the same services they have been receiving, but right now we are unsure of that.”

Within the contract between CR Associates and the U.S. Department of Veterans Affairs there is a Unilateral Extension Clause. The clause was built into the contract to allow the VA to extend CR Associates’ services by six months at any time with a phone call. Robbins said he has not received any information regarding the extension of the contract at this time.

Robbins said there has been little communication as far as what overall plan the Central Alabama Veterans Health Care System has in mind, and his major concern is ensuring the veterans that currently receive services at the contracted location will obtain the same services at another easily accessible facility.

Alabama has a long history with VA patient delays, one that prompted U.S. Rep. Martha Roby (R-Montgomery) to call for extensive reform within the VA structure in order to alleviate patient appointment delays after a scandal involving falsified wait time documents engulfed the VA in 2014.

“It is very unusual to not have open dialogue or a plan with any type of transition as it affects patient care and continuity,” Robbins said. “It’s unusual because we do this all over the country, and it really has been that quite as far as this transition goes. It’s usually a pretty open process. We don’t mean any criticism to (the VA), but we want to assure the patients are taken care of after the closure. We have an obligation to do that.”

Robbins said CR Associates considers itself to be a partner with the VA, and would like to aid in the transition in any way possible. He added the best vehicle for information on the status of a patient's care is to contact the VA.

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5.6 - WWSB (ABC-7, Video): [Debate Over Medical Marijuana Helping Veterans With PTSD](#)
(6 September, Jackie Kelly, 195k uvm; Sarasota, FL)

Senator Bill Nelson of Florida has proposed a "Veterans Medical Marijuana Safe Harbor Act".

It would allow VA doctors to prescribe cannabis to veterans in states where medical marijuana is legal, which includes Florida.

People along the Suncoast have different opinions on this proposal.

"If there's a plant that you can grow in your backyard that can help you then why can't you," Vietnam Veteran, Robert Jordan said.

Jordan said he has been a medical marijuana activist for over 20 years. In the past he received drugs from the VA to help with his PTSD, but he found himself addicted.

"I overdosed I think three times and had to go to the hospital and one time I died and they had to bring me back now that was the stuff that they gave me. Now I took it, I'll take responsibility, but I got hooked and if anybody knows anything about addiction you never get enough," Jordan said.

After being 10 years sober of those drugs, he chooses to use medical marijuana, which he said helps.

"At night time I can take a few puffs and I sleep like a baby no more nightmares, no more waking up in a sweat and all this stuff so there's something to it and when I wake up in the morning I don't need it," said Jordan.

But people like Sarasota County Commissioner, Michael Moran, don't believe medical marijuana should be used, "While I would do everything in my power to support our veterans, I cannot support the smoking of marijuana as a mental health solution for helping our soldiers. "

But Jordan said not providing options like medical marijuana to veterans is a disservice, "They love us when we're fighting and they love us when they put us in the ground , when they bury us, oh he was a veteran he was a good man and all of that stuff, but in between very little has been changing for veterans in the United States."

The U.S. Department of Veterans Affairs say there is no evidence of medical marijuana helping veterans with PTSD, but they say there are studies that show it being harmful instead.

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6. Suicide Prevention

6.1 - The Fayetteville Observer: [VA annual summit tackles mental health, family discussions](#) (6 September, Rachel Riley, 439k uvm; Fayetteville, NC)

Dance saved Alfredo Hurtado's life.

That was Hurtado's personal assessment that he shared with an audience Thursday at a mental health summit hosted by the Fayetteville Veterans Affairs at Methodist University.

Hurtado joined the Army on Oct. 12, 2000.

By 2001, he was stationed at Fort Bragg and deployed to guard the crash site of the Pentagon after 9/11.

In 2002, he spent a nine-month deployment in Afghanistan, leaving without a scratch; but in 2004, his Humvee was hit by a roadside bomb in Iraq, leaving him with shrapnel all over his body and a head injury.

"That kind of messed up my view of the world and view of humanity," Hurtado said.

After getting out of the Army in July 2005, he went to the Durham Veterans Affairs Center and was treated for post-traumatic stress.

Dependent on medication and coping with anxiety, Hurtado attempted to take his life in 2010.

"I didn't want to be on pills," he said. "I wasn't myself. I wasn't sleeping."

Shortly after, his wife gave him a leather-bound book and encouraged him to write what he was feeling. A musician since he was 14, the words he wrote were put to music and put on a CD that Hurtado's wife sent to the director of the Black Box Dance Theatre.

Hurtado composed music for the dance company for about a year before deciding he wanted to dance in 2012.

That decision, Hurtado said, made him "feel human again."

"Art saved my life," Hurtado said, "and it doesn't matter what kind of art it is as long as you feel human again."

Ensuring veterans feel human again was emphasized at Thursday's summit.

Veterans are the most important members of the treatment team, said Daliborka Danelisen, chief of the Fayetteville VA Medical Center's mental health services.

Executive Order 13822 that was approved in January allows the veteran to take ownership of their care, said Joy Fealy-Kalar, a VA health care consultant for the Office of Patient Centered Care and Cultural Transformation.

The order allows any veteran to attend an introduction to a whole health course, take a 6-9 week course around whole health and be paired with peers to promote whole health.

“It’s more of a partnership of what can you do?” Kalar said. “What are you willing to do.”

All VA facilities also have complementary integrated health services, she said, such as yoga and tai chi.

“The mental health model and whole health are hand in hand together,” Kalar said.

Danelisen said the road to recovery involves families, too.

“Their families share their best and their not so best moments of their life,” she said.

The theme of the summit focused on families, with topics that ranged from military children and deployments to inclusion care of LGBTQ veterans and families and encouraging family or friends and the veteran to have a lethal care plan or locking and taking away a firearm if the veteran is at risk for suicide.

LGBTQ veterans experience depression and suicide ideas at twice the rate of heterosexual veterans, said Ashley Broadway-Mack, president of The American Military Partner Association.

Mack emphasized how shifting duty stations can create anxiety for families that may have a child who is in the LGBTQ community.

She encouraged providers to have signs or use language to support the community, and shared a personal account of how her wife, an Army officer, encourages fellow soldiers to see her family.

“We’re just like everybody else,” Mack said.

The purpose of Thursday’s summit is to bring community partners and providers, veterans, family members, veteran service organizations and the VA staff together to receive feedback related to provide preventative ways to improve health and wellness for veterans, said Sita Kanithi, a local recovery coordinator for the Fayetteville VA Medical Center and an organizer of the summit.

After the summit, attendees provide feedback of what they learned and what is or isn’t working, along with creating awareness of connecting veterans to local services in the area.

The Fayetteville VA takes care of about 75,000 veterans in Coastal North Carolina, said James Laterza, Fayetteville VA Medical Center director.

“It’s about the one person that you’re taking care of and it’s not about the 60 minutes you may get twice a year to meet with the patient,” Laterza said. “It’s about the rest of the minutes of the year and the rest of the hours a year.”

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6.2 - Fort Leavenworth Lamp: [Suicide prevention, awareness theme of month](#) (6 September, Katie Peterson, 14k uvm; Fort Leavenworth, KS)

September is Suicide Prevention and Awareness Month. During the month, mental health advocates, prevention organizations, survivors, allies and community members come together to promote suicide prevention awareness, according to suicidepreventionlifeline.org.

At Fort Leavenworth, the Army Substance Abuse Program is one of the key prevention organizations, hosting monthly training for soldiers and civilians living and working at Fort Leavenworth at 8 a.m. every first Wednesday of the month at the Post Theater. Suicide prevention training is a yearly requirement for all soldiers and Army civilians.

This month's training Sept. 5 focused on the theme of bringing about awareness and identifying the risk factors and warning signs, said Elizabeth Everette, ASAP suicide prevention manager.

The guest speaker for the September training was Dr. Stephanie Davis, suicide prevention coordinator for Veterans Affairs Eastern Kansas Health Care System.

According to the VA, from 2005 to 2015, the rate of veteran suicide increased 35.3 percent for men and 45.2 percent for women.

According to Davis, 123 Americans die each day by suicide. Of that 123, one or two are active-duty service members and 20 are veterans. Suicide is the 10th leading cause of death in the nation. In veterans with post-traumatic stress disorder, research shows the risk of suicide increases with suicidal ideation rates between 22-56 percent and suicidal attempt rates between 8-32 percent.

Seventy percent of veteran suicides happen within the first 90 days following transition from active duty, Davis said.

"That transition is very hard for soldiers," Everette said. "They go from they have a purpose in life to 'I don't have a purpose in life.'"

ASAP's focus when promoting suicide prevention is on training soldiers and civilians to become more aware of the signs in someone considering suicide and ways to help.

One way is through the Applied Suicide Intervention Skills Training.

"This gives them the training they need to ask them outright," Everette said. "We are the life-savers. We are the ones who pull the people out of the water and pull them to safety. We want to give people the tools to know the warning signs."

Davis said key signs of someone considering suicide is feeling burdensome, feeling alone or like they don't belong and acquired capability for suicide including a lack of fear of death and pain or access to or familiarity with firearms.

While these factors are things to look for, Everette said there is one more key sign that loved ones often miss, when a loved one suddenly goes from being sad to happy.

"Whenever you have a big decision in your life you're trying to decide, 'what do I do?' They may struggle at first," Everette said. "Then, you may think this person is doing good (when they're suddenly happy). Actually, you have to be careful because this person may be at peace with their decision."

The next ASIST training is at 8 a.m. Sept. 27-28 at Frontier Chapel. It is open to all soldiers and civilians living and working at Fort Leavenworth. To sign-up, call Everette at 684-2869.

Everette said while it's important for everyone to receive some kind of suicide prevention training, it's particularly important for those involved with the military.

"Looking at soldiers sometimes you just see them as strong, unbreakable people. They carry a lot and they've been through a lot. They have good baggage, they have bad baggage, and sometimes it becomes overwhelming," Everette said. "But they tend to hide it because we're in a world where you want to move up and they think, 'I have to keep this under wraps so nobody knows so I can get to the next level.' Then, a lot of times they may go, deploy and come back and not get the help they need. Things may start to trigger that and have an effect on the home as well.

"So, it's important that soldiers are aware that there is help out there before it gets to that point to where they just feel hopeless and like they're a burden," she said. "This is where ASIST comes in. It's all about caring, taking that time and loaning oneself out emotionally and showing someone you care."

Along with the monthly training and the ASIST, ASAP also offers individual unit training upon request.

In recognition of Suicide Prevention Month, ASAP is also hosting the third annual Suicide Prevention Task Force Golf Tournament at 1 p.m. Sept. 7 at Trails West Golf Course. The event is a four-person scramble that includes one round of golf, cart rental, prizes, range balls, beverage tickets and a meal following the round. Cost is \$45 for members and \$55 for nonmembers. Prepay and save \$5. For more information, call (913) 651-7176.

National Suicide Prevention Week is Sept. 10-16 and World Suicide Prevention Day is Sept. 10.

The Veterans Crisis hotline, available 24 hours a day, can be reached at 1-800-273-8255 or text 838255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): [VA Medical Center Being Renamed in Honor of Veteran](#) (6 September, 23.9M uvm; Washington, DC)

HUNTINGTON, W.Va. — A Veterans Affairs Medical Center in West Virginia is holding a ceremony to change its name.

The U.S. Department of Veterans Affairs said the VA Medical Center in Huntington will be renamed in honor of Hershel "Woody" Williams during the ceremony Sunday. Williams is a retired Marine and Department of Veterans Affairs service officer. The VA said he is a longtime advocate for veterans and their families.

State and federal officeholders are expected to speak at the 2 p.m. event. Other participants include the West Virginia National Guard 249th Army Band and members of the Huntington Symphony.

The renaming was made through a U.S. House resolution signed by President Donald Trump in June.

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7.2 - Milwaukee Journal Sentinel: [Wisconsin man who ran Costa Rican Packers bar gets prison term for Veterans Affairs fraud](#) (6 September, Bruce Bielmetti, 4.8M uvm; Milwaukee, WI)

A former Appleton man who ran a Packers bar and led Harley-Davidson tours in Costa Rica while telling Veterans Affairs officials in Milwaukee that he was unable to work was sentenced Thursday to a year and a day in federal prison.

Daniel Kososki, 54, pleaded guilty in May to one of five fraud counts filed against him last fall. As part of the deal, he agreed to pay restitution of nearly \$150,000 to the VA, the difference in benefits he received by falsely claiming 100% disabled status under a program called Individual Unemployability.

Though sentencing guidelines called for a sentence of 24 to 30 months in prison, as part of a plea agreement the government and Kososki's attorney agreed to jointly recommend the year-and-a-day term, which U.S. District Judge J.P. Stadtmueller adopted. He also imposed a year of supervised release after the prison term, for which Kososki will voluntarily surrender next month.

Kososki claimed that lingering effects of a head injury he sustained in a car accident while on active Army duty in Germany in the 1980s left him with headaches so extreme that he had become "an anxious, depressed recluse" and unable to work. But federal prosecutors charged that during the time he received benefits, he was running Coconutz, a large bar and restaurant in Costa Rica, and HD Devil's Paradise Tours for Harley-Davidson riders.

"Mr. Kososki led a double life for more than 10 years," wrote Assistant U.S. Attorney Kelly Watzka in a sentencing memorandum.

Watzka included photos that show Kososki working and smiling among crowds and in the kitchen at Coconutz, and commenting on a large Harley ride in Costa Rica.

"Like Sturgis 70 years ago. Smaller is better but it's always funny til someone gets hurt, then it's hilarious!!"

Court records indicate Kososki last year sold his interest in the bar, which he once claimed was the largest Packers bar south of Mexico.

Watzka said no one disputed Kososki was injured while on duty, or even that he was entitled to some benefits.

"This is a case about a liar who repeatedly insisted he was physically and mentally incapable of working while first earning in excess of \$80,000 a year as a financial consultant, and then while

operating a lucrative bar and restaurant in Costa Rica as well as conducting Harley-Davidson motorcycle tours around the country," Watzka said.

Watzka wrote, "Mr. Kososki's scheme was possible, in part, because the VA must rely on the honesty and integrity of the veterans it serves. Mr. Kososki apparently has lingering physical ailments — but he clearly exaggerated the extent to which those issues impaired his ability to work."

Kososki told the Journal Sentinel last year that the VA offered him the Individual Unemployability benefits and that he was working administratively to work things out when he was charged criminally. Coverage of that, he said, made his mother cry.

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7.3 - MedPage Today: [Why Do Female Troops Get Pregnant During Deployment? Military's efforts to provide contraception seen falling short](#) (6 September, Shannon Firth, 1.5M uvm; New York, NY)

WASHINGTON -- Active duty women in the U.S. military are more likely to have an unintended pregnancy than civilian women in the U.S. population, according to one military official and some researchers and advocates interviewed by MedPage Today.

Historically, servicewomen have had difficulty accessing birth control due to logistical as well as cultural barriers. In addition, abortions and abortion counseling are not provided by the Department of Defense (DOD) or the Department of Veterans Affairs (VA).

Stakeholders within and outside of these agencies are thus looking to increase access to effective, longer-lasting forms of contraception.

"We need to really do a good job considering contraceptive needs and tailoring them to active duty women," said Terry Adirim, MD, MPH, MBA, Principal Assistant Secretary of Defense for Health Affairs at the DOD, who spoke at the recent National Meeting on Active Duty and Veteran Women's Health.

"I think we could be doing a better job at ensuring that active duty women get really good [contraception] counseling services," Adirim added, noting that the DOD has a lot to learn from the VA.

VA beneficiaries' rates of unintended pregnancy are similar to those of the general population and they seek abortion as frequently as women in the larger U.S. population, according to a 2018 analysis based on the Examining Contraceptive Use and Unmet Need (ECUUN) study.

Adirim said that, personally, she believes in encouraging greater use of long-acting reversible contraception (LARC).

In a phone interview following the meeting, during which a press representative was present, Adirim said the rates of unintended pregnancy were only "slightly higher" than in the general population; she cited a 2011 systematic review published in Military Medicine among other research.

Kate Grindlay Kelly, MSPH, project director and associate of the Free the Pill project for Ibis Reproductive Health, a nonprofit research and advocacy group, who co-authored the review, said that even a small increase is worrisome given that the rates of unintended pregnancy among the general population are already high.

In that 2011 review, an estimated 7% of active duty women ages 18 to 44 reported an unintended pregnancy in the prior year, versus 5% in the U.S. general population, she said in a phone call with MedPage Today. (Much of the data on unintended pregnancy in the military are relatively old.)

Another 2011 paper published in Contraception found that 54% of pregnancies among active-duty women in 2005 were unintended.

Parsing the Data

Adirim stressed, however, that the military "skews younger" within the 18-44 range and that "younger people tend to take more risks."

The review and other studies have suggested that more of these unintended pregnancies involved younger servicewomen -- i.e., those under 30.

Yet in a separate 2013 study published in Obstetrics & Gynecology that adjusted for age differences in the military versus the general population, Grindlay Kelly and her colleagues found that the unintended pregnancy rate among servicewomen was still 50% higher (78 unintended pregnancies per 1,000 women versus 52 per 1,000 women in the general U.S. population).

These findings were counter-intuitive, she noted: "Given that the military population has full insurance coverage and access to contraceptive care, you would expect that [unintended pregnancy rates] would be lower than in the overall U.S. population."

Other research has focused on challenges that active duty women have had in accessing birth control, especially while deployed. Among different military branches, contraceptive use ranged from 50% to 88% among women stationed in the U.S., but that number dipped to 39% to 77% during deployment according to several studies cited in the 2011 review paper.

In still another study published in 2012, Grindlay Kelly and a colleague also found that, of 281 servicewomen responding to an online survey, one-third reported difficulty accessing their preferred birth control method and 59% had not spoken to a military provider about contraception before being deployed.

But there aren't good data on service members using particular methods of birth control, Grindlay Kelly said.

At the meeting, Adirim described increasing the use of effective birth control as an area where the military "could and must do better."

"By policy, we encourage access to contraceptives," Adirim said during a follow-up phone call. "We stock every brand available, and if we don't have it by some chance, we get it," and this includes LARC.

While a range of contraception options are available for active duty women stateside through the military's TRICARE insurance, Grindlay Kelly said there are real barriers during deployment.

Sex and the Female Soldier

Not only did her research find that routine pre-deployment counseling on birth control was often lacking, some women were prescribed birth control methods that required refills, which weren't always easy to obtain. Additionally, a 2012 American Journal of Obstetrics & Gynecology study cited other challenges, including "working long shifts across multiple time zones," which can make adherence to a daily contraceptive method difficult.

In more recent surveys, Ellen Haring, director at the Service Women's Action Network, found that 95% of all active-duty servicewomen have access to their preferred method of birth control, but only 74% have access while they are deployed.

Her research included several hundred servicewomen and is due to be published in November.

Among retired servicewomen, however, the percentage who had access to their preferred birth control during deployment was only 34%, she found. In other words, "it seems to be getting better," she said.

Prohibitions around sexual activity may also impact women's access to contraception, Haring added.

Grindlay Kelly said she has seen evidence of women not seeking birth control through the military "for fear of reprimand," although she didn't know if that has changed.

Her 2011 Contraception study highlighted that "implicit or explicit policies" around sexual activity discouraged some servicewomen or their providers from talking about contraception: "We were directed not to have sex, so birth control was not a conversation," said one survey respondent who served in Iraq in 2008.

Haring surveyed respondents across all categories -- active duty, reserve and guard, veteran and retired military -- and cited examples of providers who had told them, "We're not going to give you birth control, because you shouldn't be having sex while you're deployed," she said.

She called that argument "enormously stupid" because most of these women seek hormonal contraception primarily to suppress their periods during deployment.

Neither the DOD nor the VA will pay for servicewomen's abortions, Adirim and Patricia Hayes, PhD, chief consultant for Women's Health Services for the VA, both confirmed at the meeting.

However, the DOD makes exceptions in cases of rape, incest, and endangerment to the mother's life. Emergency contraception is also required to be made available at all military sites, Grindlay Kelly said.

An in-depth survey of 21 servicewomen published in Perspectives on Sexual and Reproductive Health in 2017 shows the financial and personal challenges that result from these policies, including difficulties maintaining confidentiality.

Getting Better?

There are still bright spots in the military's efforts to improve contraception access, Grindlay Kelly said. LARC use appears to have risen "pretty significantly," from 17.2% in 2012 to 21.7% in 2017, according to a study published in Medical Surveillance Monthly Report in 2017, she noted -- a trend she said she finds "encouraging."

Recent legislative efforts such as the 2016 National Defense Authorization Act mandate that clinical practice guidelines be established for contraception care and that service members have access to comprehensive contraceptive counseling during annual pre-deployment and deployment visits, she noted.

"It's very possible that access to contraceptive counseling and to a wider range of methods is available now," Grindlay Kelly said, noting that her data precede these policies. She added that she is waiting for new updated data to better understand the impact of such policies.

Another speaker at the meeting, Cara Krulewitch, PhD, CNM, director of women's health, medical ethics, and patient advocacy for the DOD, noted that contraceptive counseling encounters reached 16.3% in 2017, which she said she believes is an under-reported count, since not every provider who prescribes birth control documents the conversation.

Krulewitch also spoke of a new pilot program, a full-service walk-in clinic for contraception known as Operation PINC (Process Improvement for Non-Delayed Contraception) based in San Diego, where as many as 400 servicewomen are seen in a month.

A 2017 study of Operation PINC published in Military Medicine found an increase in long-acting reversible contraception initiation from 23% to 39%, Grindlay Kelly noted.

"I think that this could help to really improve contraceptive care for deployed women."

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7.4 - Stars and Stripes: [Legislation seeks to allow battlefield crosses in national cemeteries](#) (6 September, Nikki Wentling, 1.5M uvm; Washington, DC)

Lawmakers on Wednesday considered a bill to force the National Cemetery Administration to allow battlefield crosses, following the controversial removal of the grave markers from three veterans cemeteries last year.

Battlefield crosses, made up of a dead soldier's rifle, helmet, boots and dog tags, are used to mark a death in combat. A stone depiction of one was removed from the Ohio Western Reserve National Cemetery last September, sparking outcry from local veterans and elected officials.

The Department of Veterans Affairs, which manages national veterans' cemeteries, said at the time that VA policy prohibited realistic-looking depictions of firearms.

Displays were also removed from cemeteries in Illinois and Michigan, said Rep. Jim Renacci, R-Ohio, during a hearing Wednesday of the House Committee on Veterans' Affairs subpanel on disability assistance and memorial affairs.

"This misrepresentation of policy ignores the special place of the battlefield cross occupies in the hearts of our veterans," Renacci said.

The battlefield cross in Ohio was put there by a local VFW chapter, members of which were "in dismay" when the memorial was removed, the VFW said Wednesday in a statement.

"To VFW members, all of whom have deployed into harm's way in a foreign land, the battlefield cross has a special significance," VFW director Carlos Fuentes said. "It is used to honor and remember our brothers and sisters who have made the ultimate sacrifice."

In response to their complaints, the VA returned the displays later in 2017.

Renacci, however, said he thinks a rule permitting depictions of battlefield crosses should be put into law so VA officials in the future can't decide to remove them again. He introduced H.R. 4312, the Fallen Warrior Battlefield Cross Memorial Act, to allow them.

"As the removal last year demonstrated, policies and their interpretations can change," Renacci said. "Without the force of law, there are no permanent protections in place."

The VA is opposed to the bill.

Matthew Sullivan, a deputy undersecretary with the VA's National Cemetery Administration, said the legislation would prevent the VA from establishing standards for what the battlefield crosses would look like. The VA typically has oversight about the size and design of memorials placed in national cemeteries.

"It raises questions of VA's ability to establish design standards to ensure consistency in appearance and maintenance of monuments," he said.

The bill must be considered by the full House Committee on Veterans' Affairs before going for a vote on the House floor.

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7.5 - Oakland Press: [Miracle Quilts organization celebrates 10-year anniversary](#) (6 September, Sharon Longman, 441k uvm; Pontiac, MI)

Miracle Quilts for Our Wounded Troops founder Carole Carroll and her members are gearing up for their 10th year.

Their next meeting will be held from 10 a.m. to 3 p.m. Saturday, Sept. 8 at Independence Village, 701 Market Street, Oxford. Their mission is to create patriotic quilts to present to wounded troops at hospitals, to those currently serving and homeless veterans.

"Our focus in the early fall is getting started on Christmas and winter quilts that will be delivered to the Ann Arbor VA hospital in November," Carole said.

"We are also making items for children of veterans that are patients at Walter Reed National Medical Hospital. We are making quilts, pillowcases and Halloween themed bags. Those will be delivered in October in time for Halloween."

Some of the places that received the quilts this summer were veteran patients at Troy Beaumont Hospital, Fisher House-Hines in Illinois, Fisher House-Landstuhl in Germany and VA Hospital-Detroit, along with numerous individual veterans.

Miracle Quilts is always looking for sewers and people to do the quilting process. Those planning on attending the meeting, bring a sewing machine and basic sewing supplies. For more information, call Carole at 248-321-8669.

- Spaghetti Dinner with Jack's Revenge Band: American Legion Charles Edwards Post 14 hosts a Spaghetti Dinner and Jack's Revenge Band Saturday, Sept. 8, at 1340 W Maple Road, Troy. The event is open to the public. Dinner is from 5 to 7 p.m., and the band plays from 8 to 11 p.m. Donations are welcome. For more information call Denise Johnson at 248-321-0102.
- Care Package Drive: White Chapel Memorial Park Cemetery hosts its Annual Care Package Drive for Troops serving Overseas during the Patriots Race Sunday, Sept. 9, at 621 W. Long Lake Road, Troy. Race participants are encouraged to donate items to the care package drive. Michigan Military Moms will pack and send them. The collection continues from 8 a.m. to 6 p.m. through Sept. 16 at White Chapel's Temple of Memories. For more information, call 248-362-7670 or visit www.WhiteChapelCemetery.com for a full list of suggested items to donate.
- Dinner Dance: American Legion Cook-Nelson Post 20 hosts the post's 98th Anniversary with a Dinner Dance from 7 p.m. to midnight, Saturday, Sept. 15 at the St. George Cultural Center, 43816 Woodward Avenue. Bloomfield Hills. The guest speaker will be past Department of Michigan Cmdr. Richard Chatman. Tickets are \$35 and can be purchased at the post, 206 Auburn Avenue, Pontiac, or from a member. For more information, call Cmdr. Joe Carr at 248-496-6538 or Auxiliary President Sandra Carter at 313-506-1550.
- Packing Party: A Desert Angels Packing Party is from 4 to 6:30 p.m. Thursday, Sept. 13, at The Oakland County Sportsmen's Club, 4770 Waterford Road, Clarkston. For more information and a complete list of requested items, visit www.thedesertangel.org or call 248-736-6403.

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7.6 - KWWL (NBC-7): [Event hopes to support local homeless veterans](#) (6 September, Taylor Vessel, 440k uvm; Dubuque, IA)

WATERLOO - The local VA office held its first 'stand down' event in Black Hawk County, providing vets who are homeless or nearly homeless a place to get a hot meal, medical services, and even a backpack filled with new winter clothing. Organizers say they couldn't do it without the help of so many volunteers:

"One really cool thing about Black Hawk County is so many people here in Black Hawk County when they hear 'veterans in need' or that veterans need something, they just come running," said Kevin Dill, the director of the local VA office.

Dill hopes that this will be just the start of an annual event locally for struggling vets.

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7.7 - KRGV (ABC-5, Video): [Harlingen Veteran Says VA Should Aid with Transition to Civilian Life](#) (6 September, Frank McCaffrey, 275k uvm; Weslaco, TX)

HARLINGEN – A Harlingen veteran says those who have served need more help transitioning into civilian life.

Veteran James Monayao served in the U.S. Army from 2008 to 2014 and now works as a nurse.

"My transition was very challenging in many ways because I didn't have a full-time job. I didn't have the steady paycheck that would come in when I was still in the service," says Monayao.

KRGV's Frank McCaffrey reached out to the veteran service office in Brownsville to find answers.

Josue Silguero with the Cameron County Veterans Service Office says veterans are referred to the VOC Rehab Program offered by the U.S. Department of Veterans Affairs.

He explains the program is usually successful in guiding a veteran to the right education or to a job.

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7.8 - WKBN (CBS-27): [Local VA eager to see abandoned Youngstown house transformed into apartments](#) (6 September, Gerry Ricciutti, 197k uvm; Youngstown, OH)

It's a problem those working at the local Veterans Administration clinic see on a regular basis.

"Yesterday, I received seven calls from veterans in our community that are either on a couch, sleeping in their car or in a park," Dr. Robert Marcus said.

Marcus is the veteran outreach director for the clinic. He believes there are close to a thousand male and female vets in the region who have no place to call their own -- and few places to look for help.

"Youngstown didn't have any beds dedicated to homeless vets -- that's absurd -- let alone Mahoning County. We do now," said Matt Slater, with Family and Community Services.

County commissioners will soon be receiving a grant worth three-quarters of a million dollars through the Veterans Services Administration. The money will help provide housing for vets, as well as job training and other programs.

"This grant is unique in it's not just transitional housing, but it's transition in place," Slater said. "What that means is we're putting veterans in apartments where they're literally going to be taking over the lease and being permanently housed."

A century home on Youngstown's north side is being converted into apartments where homeless vets can start to get back on their feet.

"So it's our jobs to prepare them to be able to take over that lease, pay rent, pay utilities and get back into the community," Slater said.

Eventually, organizers hope to have 15 apartments around the area, working with the Youngstown Metropolitan Housing Authority and the local veterans commission.

The house sat empty and abandoned for more than a decade but the first two apartments for vets should be ready in the next few weeks.

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7.9 - WTOC (TV-11, Video): [Glennville's veteran cemetery receives prestigious award](#) (7 September, Dal Cannady, 193k uvm; Savannah, GA)

Glennville, GA - A Glennville cemetery has been awarded for being a place that remembers those who served our country.

The presentation on Thursday confirmed what folks in Glennville have known for years: that their veteran's cemetery that cares for the legacy of service members and their grieving families is among the best in the nation.

The chapel hosted what may have been its most cheerful gathering ever. Veterans came, not to mourn the comrades, but to honor those who run the state veteran's cemetery in Glennville. Only four new sites in the nation earned the Operational Excellence Award this year.

"We're a small state cemetery," said Ernie Cowart, Director. "In consideration of all the big national cemeteries, for them to come down here to do this is a big honor."

Only a handful of state cemeteries have earned the honor, originally reserved for national sites. Leaders from the U.S. Department of Veterans Affairs says Glennville scored among the best in serving military families.

"When I drove into the cemetery and saw the appearance here, I knew that this is a national shrine just like we expect of all of our National cemeteries," said Randy Reeves, Under-Secretary, Dept. of Veterans Affairs.

Cowart says his team strives for the best because they only get one chance to show a family the nation's gratitude for service.

"We're the last step in someone's life," Cowart said. "Loved ones entrust us to take care of their deceased family member. This is the last thing they see of them."

The undersecretary says Glennville's cemetery helps preserve the legacy of those service members forever.

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7.10 - The Vindicator: [Grant provides just a start to assisting homeless vets](#) (6 September, 193k uvm; Youngstown, OH)

Mahoning County Commissioner Anthony Traficanti minced no words Thursday in describing one of this nation's most pernicious social ills: "This homelessness issue in America has become a plague."

In Ohio alone, that plague has stricken at least 60,000 people, according to a study and census released earlier this year by the Ohio Human Services Data Warehouse. As that advocacy group for the homeless points out, that total represents more than the entire populations of Vinton, Monroe, Noble and Morgan counties in Ohio combined.

The malady of homelessness too often breeds a wide set of related symptoms ranging from abject poverty to substance abuse to mental illness to criminal behavior.

That's why it remains so critically important that the homeless, many of whom shun any spotlight or pride-stripping charity, get the help they need in our nation, state and community.

This week, Mahoning County took one giant leap toward the long-term goal of eradicating that plague through receipt of grant funding to establish a program to find permanent and suitable shelter for the ranks of homeless military veterans in our midst.

Major grant

Specifically, the U.S. Department of Veterans Affairs on Tuesday awarded a \$741,851 grant to finance housing for homeless veterans in Mahoning County. The county, with the help of the Family and Community Services agency in Ravenna, will use the grant to provide housing to about 15 down-on-their-luck veterans.

Leading the charge to establish the program has been Mahoning Commissioner Carol Rimedio-Righetti. "It's a good day for veterans in the Valley," she remarked upon word of the grant's approval.

Rimedio-Righetti, many will recall, has been on the front lines for many years in searching for solutions to homelessness among Valley veterans. She was the architect of a proposal over the past few years to renovate about 18,000 square feet of the county-owned Oakhill Renaissance Place into transitional housing for homeless female veterans. Unfortunately, state legislators did not see fit to include funding for that deserved project in their capital-improvements budget earlier this year.

While we hope Rimedio-Righetti and her robust corps of allies continue to work for realization of the Oakhill project, we're nonetheless pleased by the launch of this new program.

Clearly, the need is great.

According to Dr. Robert Marcus, a homeless veterans' outreach coordinator with the U.S. Department of Veterans Affairs for Mahoning, Trumbull, Columbiana and Portage counties, an estimated 1,000 homeless military veterans suffer in his service area alone.

Given that estimate, it is shameful that Mahoning County has had no dedicated beds or shelters for homeless veterans. Matthew Slater, director of veteran services for Family and Community Services, called that glaring void "absurd."

The program promises a sturdy foundation for a strong start, considering it will involve partnerships with government entities, veterans service groups and the Youngstown Metropolitan Housing Authority.

Such community-based programs maintain a solid track record for success. The National Coalition for Homeless Veterans has found that the most effective programs are "community-based, nonprofit 'Veterans helping Veterans' groups. The Veteran will feel a greater connection when the community reaches out to help, encouraging him or her to 'pay it forward' to other Veterans."

Additional funding

Of course, this program will not be capable of responding to the needs of all homeless veterans in our region. That's why continued aggressive campaigns to seek out funding and other resources for broader programs must continue.

On the federal level, more community assistance to help homeless veterans would be available with passage of the Helping Homeless Veterans Act of 2017. We hope our region's congressional delegation would work to help move that legislation out of the Veterans Affairs Health Subcommittee, where it has been stuck in the muck since January 2017.

For the time being, however, the new Mahoning County program holds much promise.

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7.11 - The Herald-Dispatch: [VA hosting renaming ceremony Sunday](#) (6 September, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will be officially renamed during a ceremony at 2 p.m. Sunday, Sept. 9, at the center's campus at 1540 Spring Valley Drive in Huntington.

The former Huntington VA Medical Center was renamed earlier this summer through U.S. House Resolution 3363, giving the center's namesake to the 94-year-old Medal of Honor recipient and veterans and family advocate.

Williams, a West Virginia native who has lived in Ona for more than 40 years, received the Medal of Honor for his action against the Japanese during the Battle of Iwo Jima in World War II's Pacific Theater. He is one of three surviving Medal of Honor recipients from World War II, the last surviving recipient from the Pacific Theater, and the last surviving Marine recipient of the war.

"The community is invited to join us in celebrating the dedication," said Brian Nimmo, medical center director. "Staff members are excited about the name change honoring Mr. Williams.

"I'm thrilled; he's a hero in West Virginia. We will use his legacy as motivation to meet his high standard of service for others."

Speakers are expected to include both U.S. Sens. Shelley Moore Capito, R-W.Va., and Joe Manchin, D-W.Va.; West Virginia Gov. Jim Justice; and U.S. Reps. Evan Jenkins, R-W.Va., and Alex Mooney, R-W.Va.

The ceremony is open to the public, though the area is expecting rain Sunday and covered seating is limited. Traffic will be directed to the large parking lot to the left as guests ascend the hill.

The ceremony also will be streamed live at www.facebook.com/VAHuntington.

The Hershel "Woody" Williams VA Medical Center serves more than 30,000 veterans, primarily in 10 West Virginia counties, two southern Ohio counties and 12 eastern Kentucky counties.

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7.12 - Mountain Xpress: [Aura Foundation helps homeless women veterans](#) (6 September, Kiesa Kay, 189k uvm; Asheville, NC)

Alyce Knafllich knows how to rise up from the ashes and create a new life: She's done it time and again. Knafllich was homeless for nine years, wandering and wondering where her next meal would be coming from, never knowing for sure where she'd rest her head.

"When you're homeless, you don't have time to think about goals and dreams and schemes," she says. "Every day becomes another battle for simple survival."

But battling doesn't scare this military veteran, and these days, Knafllich is dreaming big. In 2009, she began volunteering for causes that mattered to her, particularly helping women, veterans and homeless people. In 2014, she created the Aura Foundation, a nonprofit that serves homeless women veterans in Buncombe, Haywood and Henderson counties. Two years later, the group bought a building on Meadowbrook Terrace in Hendersonville to house the dream: a place women veterans can call home while they find the resources needed to regain independence.

"Everything takes time and money," Knafllich explains. "It takes time to get approved for disability, and about everybody gets denied at least once. Appeals can take more than a year. It takes time to get set up with long-term housing, to be able to get money together for rent deposits, to get the money for utility deposits. I want a place where women veterans can find peace while they pull their plans together."

The building's owners worked with her, and the group was able to purchase the property — a former assisted living facility that had sat vacant for years — for just \$10,600. Then, at the closing, the real estate agent handed her a check for \$5,000, and Knafllich thought she was on her way. In fact, however, the journey was just beginning. "It's been a roller coaster ride," she says now.

Just get it done

The property needs substantial renovations, and a disagreement about how to proceed brought her nonprofit to a temporary halt last fall as several board members quit. Ever the phoenix, though, Knafllich kept going.

“When somebody says I can’t do something, it’s just a bigger challenge to me,” she explains. “I dig in and get it done.” Having determined that the building is repairable, the Aura Foundation’s reconstituted board is now working on getting a design for the renovation.

In the meantime, the organization has established a GoFundMe page (see box, “Next Steps”) and has been holding periodic fundraisers. An Aug. 25 event called the Hawaiian Cowgirl Party drew 96 people and raised \$1,356. “We want to have fun raising funds,” notes Knafllich.

Pressing needs

The National Center for Veterans Analysis and Statistics, a program of the Department of Veterans Affairs, estimates that Buncombe County is home to more than 18,000 veterans; some 2,000 of them are women. During this year’s National Point in Time Count on Jan. 31, the Asheville-Buncombe Homeless Initiative counted 554 homeless people, nearly half of whom were veterans.

Homeless women veterans, says Knafllich, tend to be self-reliant, intelligent people with a strong work ethic and a dedication to personal fitness. But posttraumatic stress disorder stemming from such issues as combat, physical assault or other forms of military sexual trauma can wreak havoc with their feeling of being in control, making it even harder for them to ask for help when they need it most. According to the VA’s National Center for PTSD, 1 in 4 women and 1 in 100 men say they’ve experienced sexual trauma in the military.

These experiences can severely undermine a person’s ability to trust. Aura hopes to earn and rebuild that trust. “We’re helping people who’ve served our country,” says Knafllich. “All veterans deserve respect.” To that end, she’s assembled a cadre of dedicated volunteers who are willing to do the heavy lifting, whether it’s cleaning up the building, collecting donations or educating the community.

Betty Sharpless, who began volunteering with Aura three years ago, says, “I have taken over 15 loads of debris to the Hendersonville dump, provided refreshments at the dance benefits, cut grass, mopped floors, worked the booth at [gay pride] events and rounded up clothes for incoming women vets,” many of whom have only the clothes they’re wearing. “Just recently,” continues Sharpless, she “hosted an outdoor music event. I’m looking forward to working my first veteran stand-down.”

Standing up for women vets

During the Vietnam War, a stand-down was a time when troops could get a break from combat, receiving care and enjoying camaraderie. Today, the National Coalition for Homeless Veterans helps organize and publicize these annual events across the country. The Charles George VA Medical Center administers the Asheville Stand Down for Veterans each year in conjunction with many other local entities, including FIRST at Blue Ridge, the Asheville Buncombe Community Christian Ministry, Homeward Bound, the Veterans of Foreign Wars and the American Legion. The next such event will happen Friday, Sept. 7 (see box), providing information about education, housing, legal resources, health care, mental health options and more. Eligible veterans who are homeless or at risk of becoming homeless may also receive services such as meals, haircuts and medical screenings at the event.

Still, that doesn't begin to address the needs. "There's not enough for homeless women veterans," says Aura board member Deb Love. "Some of them don't realize they qualify for benefits. We help them get self-supporting."

Aura's work isn't limited to the proposed shelter facility, however. One homeless woman was given a donated trailer in poor condition, and Aura raised funds to replace the floor and subfloor and make it habitable. The organization also has a three-bedroom apartment in Asheville that temporarily houses women veterans while they work on putting together a longer-term situation.

"We step in and help, donating time, energy and money," Love explains. "We all have overcome our own obstacles."

In addition, Aura helps homeless women veterans connect with resources available through the Department of Veterans Affairs and community groups. The VA has traditionally placed homeless women veterans in Steadfast House, a transitional housing facility that also serves women who aren't veterans. But being in a general population isn't always the best option for coordinating veteran resources and rebuilding shattered self-confidence, says Knaflich.

Still, the goal is always "to give women a hand up, not a handout, so they can give back once they're better," notes Love.

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7.13 - ConnectingVets.com (Video): [Changing lives in Oklahoma, one rock at a time](#) (6 September, Jonathan Kaupanger; New York, NY)

Some rocks are simply just better than others. There's the Rock of Gibraltar guarding the entrance to the Mediterranean Sea. Of course, we have Plymouth Rock here in the U.S. In Mecca, you'll find the Black Stone of the Kaaba. The Blarney Stone in Ireland, Kindness Rocks at the Oklahoma VAMC, Rosetta Stone from Egypt and Scotland's Stone of Scone, just to name a few.

Wait... Oklahoma Kindness Rocks?

As you walk up to the front doors of the Oklahoma VA Healthcare System in Oklahoma City, you'll find a festively painted rock garden with the sole and wonderful purpose of brightening up your day.

"We started by hiding them around the hospital," says Stacy Rine, Public Affairs Officer at the Oklahoma VAMC. "Kind of like an Easter Egg. We wanted to have this brightly painted rock with a really nice inspirational message, so if you're walking by you just randomly saw this rock." The rocks were painted, some include inspiring messages while others just a simple picture. The idea was to just brighten somebody's day.

Two problems jumped up right from the start. At about a million square feet, Oklahoma's VAMC is a big hospital. "Finding an Easter egg is kind of difficult," adds Rine. "People were looking for them, but you can't always find something when you're looking for it." This was an easy fix for Rine, who create a rock garden by the front entrance. But this brought out the second problem, people would walk by but didn't want to take them.

These rocks are designed for people to take and either keep or share with somebody who needs some type of kindness in their day. This was solved by adding a sign in the garden. “One message at just the right moment can change your entire day... outlook... life.” Visitors are instructed to either take one, share one or even leave one to inspire another person.

Rine says they go through about 500 Kindness Rocks each week. The majority come from the local community groups that typically support veterans at the Oklahoma City VAMC. Staff paints some, church groups help out and even people who are just there to visit veterans in the hospital add their artistic touch to the rock garden. But these inspirational rocks aren’t just local igneous, sedimentary or metamorphic – they are interstate rocks too.

“A few weeks ago we had 250 rocks shipped all the way from Manassas, Virginia to our hospital,” says Rine. A woman in Virginia was about to visit her best friend who was a patient at the VAMC in Oklahoma. Her husband was a veteran and she was inspired by the Oklahoma Kindness Rocks. She painted the rocks in Virginia and had all 250 shipped to the Sooner State.

The Kindness Rocks are helping. “We’ve been getting some great responses from our veterans,” says Rine. “Nobody actually wants to come to a hospital; you come to a hospital because you need to be here. People have told me [the rocks] have reduced their anxiety of walking in a hospital and reduced their stress level.”

Rine keeps a few of these special rocks on her desk, as one would expect. Just a small pile of five. The one she sees first, every time she walks into her office has a message that we all should take to our hearts: Be the reason somebody smiles today!

If the Oklahoma Kindness Rocks inspire you to spread some love, grab a rock, paint it and drop it in the mail to the Oklahoma VAMC. Or you can find someone closer to home who just needs a brighter day because Kindness Rocks.

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7.14 - Leavenworth Times: [Scouts treat veterans to donated chocolates](#) (6 September, Mark Rountree, 49k uvm; Leavenworth, KS)

A donation from a Leavenworth native living overseas has put smiles on the faces of veterans living at the domiciliary at the Eisenhower VA Medical Center.

Patricia Vaughn Snodgrass grew up in Leavenworth but is now living in Switzerland. She recently contacted representatives of Boy Scout Troop 1028 of Platte City, Missouri, requesting a purchase of chocolate bars from the troop’s current fundraiser. Further, she requested that the troop deliver the chocolates to the veterans at the VA.

The Boy Scouts made good on their promise to pay it forward Tuesday night outside of the domiciliary.

Approximately 40 residents at the domiciliary attended the event. They each received a candy bar and talked to the Boy Scouts for about two hours.

“The (scouts) really enjoyed it and were inspired by the experience,” said Bill Skahan, spokesman for the troop. “They really bonded with the veterans.”

“This is so much more than just a candy bar story,” said Joe Burks, public affairs officer for the VA Eastern Kansas Health Care System. “It shows the veterans that people care and that the community rallies around them.”

Burks said the veterans were grateful for the troop’s gesture.

“The scouts stepped up and recognized the veterans’ service,” Burks said. “The veterans were very grateful.”

Burks said the VA always welcomes community support for the veterans.

“We welcome the community to engage with the veterans in any way,” he said.

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7.15 - Plumas County News: [DAV van serves Lassen and north Plumas veterans](#) (6 September, Gregg Scott, 43k uvm; Quincy, CA)

Since 1987 there have been a few volunteers that have devotedly served the veterans of northern Plumas and Lassen counties by providing transportation from Susanville to the Reno VA Hospital and back.

Most of their clientele are from the greater Susanville area, but quite a few veterans that live in the Westwood and Lake Almanor area use the service as well.

It has been said more than once that the DAV van service is one of the best-kept secrets in the region.

Well, be assured that is certainly not the intent of any veteran or veteran service individual that already knows about it.

Aubrey Hawkins has been driving and/or coordinating the service for over 10 years now and he makes a point of telling everyone that mentions the Reno VA about the ride service available.

The van travels to the Reno VA Hospital every Tuesday and Thursday. It can carry four patients over and back. The van leaves from the VA Clinic in Susanville two hours prior to the first appointment time scheduled. Riders will be notified of the departure time.

Because of the varying departure times, reservations for a ride should be called in as soon as the veteran’s medical appointment is made.

Hawkins said, “It’s better to make a ride appointment a month (over even two) ahead of time. The longer they wait the more chance of the van being full for that day.”

Hawkins is the ride coordinator for the DAV van and will be happy to sign up veterans and answer any questions they might have. The number is 258-0319.

Hawkins offered a big thank you to the volunteers that have been faithfully driving each week as they make it possible for those vets that don't drive, can't drive or can't afford to drive make it to their appointments.

He also extended an invitation to anyone that would like to help by driving the van a day or two a month.

Drivers don't have to be a veteran to volunteer.

The pay is minimal — a free breakfast or lunch at the hospital — but the gratification is plentiful with the grateful thanks of the veterans served.

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7.16 - The Independent: [Therapy Dogs to Take Part in Stand Down at the Fairgrounds](#) (6 September, 19k uvm; Livermore, CA)

Valley Humane Society's Canine Comfort Pet Therapy teams are once again stepping up to participate in East Bay Stand Down. Hundreds of homeless and at-risk Veterans from across the San Francisco Bay Area will be able to experience the healing power of dogs on September 14 and 15 of a four-day event at the Alameda County Fairgrounds.

Every two years, East Bay Stand Down organizes community groups to provide needed services to homeless and at-risk Veterans. Canine Comfort Pet Therapy teams will be on-hand sharing their unique brand of unconditional love and support as part of a Wellness group focusing on mind and body healing.

Overseeing the Wellness group is Valley Humane Society board member Paul Wankle. "I look forward to each Stand Down as an opportunity to serve our Veterans in honor of my parents who served during WWII," said Paul, "and to joining the rest of the Canine Comfort team with my latest dog Enzo in providing the Vets emotional support." Of Laura Morrison, the Valley Humane Society volunteer coordinating this year's therapy dog teams, Paul said, "Laura has done a wonderful job increasing the number of teams for 2018."

Laura and her dog Marleau visit Veteran's Affairs in Livermore weekly as part of their regular Canine Comfort activities.

Countless research projects have shown animal interaction to be great medicine for humans. Interacting with a dog has been proven to change a person's brain chemistry by increasing chemicals like oxytocin, endorphins, dopamine, and serotonin. The release of these chemicals has a direct effect on those suffering from a number of physiological and mental illnesses. "When I started working at Valley Humane Society, I was surprised how many doctors prescribed time at our facility cuddling with animals to their patients suffering from depression," said Valley Humane Society Executive Director, Melanie Sadek.

Valley Humane Society's Canine Comfort Pet Therapy program boasts a roster of nearly 200 therapy dog teams and an excellent reputation in pet therapy, thanks to a thorough screening process which requires background checks on handlers and annual veterinary check-ups for participating dogs. Canine Comfort teams visit locations all over the East Bay, including

Veterans Affairs in Livermore where Valley Humane Society is the VA's exclusive pet therapy provider.

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7.17 - KMW (NPR-89.1): [Dole VA Center Set to Open Women's Care Facility](#) (6 September, Ray Strunk, 17k uvm; Wichita, KS)

Female veterans will soon have more health care options in Wichita.

The Dole VA Medical Center is set to open a women's care facility on Sept. 28. The new building will be located on the center's main campus on East Kellogg.

The \$1.4 million facility will serve more than 1,500 female veterans who are currently enrolled at the medical center.

Akeam Ashford, a public affairs officer for the Wichita VA, said the medical center has lacked a private space for women.

"We still had space for our women veterans, we still cared for them, but it was in kind of a joint space," Ashford said. "So you have to think about privacy, safety, dignity and sensitivity to gender issues and specific needs."

Those issues, he said, will be solved by the new facility.

The 2,700-square-foot addition will include four exam rooms, two procedure treatment rooms and a private waiting room. The facility will centralize all women's primary care and specialty care services.

There will be a ribbon cutting ceremony Sept. 28 at 12:30 p.m. A meet and greet with female veterans will begin at 2 p.m. at the Dole VA Auditorium, followed by public tours of the new facility.

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8. [Other](#)

8.1 - The San Diego Union-Tribune: [Man admits stealing \\$145,000 in VA benefits after military widow's death](#) (6 September, Alex Riggins, 493k uvm; San Diego, CA)

An Oceanside man has pleaded guilty to stealing more than \$145,000 from the U.S. Department of Veterans Affairs by continuing to receive compensation meant for a military widow for nearly 10 years after her death, federal prosecutors said.

Michael Vanden Brink, 57, waived an indictment, was arraigned and pleaded guilty to a charge of theft of public property Wednesday in U.S. District Court, according to court documents and prosecutors from the U.S. Attorney's Office for the Southern District of California.

Prosecutors said Brink shared a bank account with the widow of a military veteran who began to receive Dependency and Indemnity Compensation benefits from the VA in 1972. When the woman died in June 2004, the benefits should have stopped.

Instead, Brink continued to receive and use the payments, which were deposited directly into the shared bank account, between July 2004 and February 2014, according to Assistant U.S. Atty. Matthew Brehm and Special Assistant U.S. Atty. Jeffrey Hill.

The nature of the relationship that allowed Brink to share a bank account with the widow, who was identified only by her initials, was unclear.

According to prosecutors, Brink admitted that he knew the benefit payments should have stopped arriving when the woman died, and that he was not entitled to use the benefits. He told a judge that he accepted \$145,035 in fraudulent payments from the VA for his own use.

The fraud was uncovered by investigators from the VA's Office of Inspector General.

As part of his plea agreement, Brink agreed to pay full restitution to the VA, prosecutors said. His crime carries a maximum penalty of 10 years in prison.

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From:

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Subject: [EXTERNAL] 5 September Veterans Affairs Media Summary and News Clips

Date: Wed Sep 05 2018 05:20:27 CDT

Attachments: 180905_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

5 September 2018

1. [Top Stories](#)

1.1 - USA Today and The Boston Globe: [Bedsores, neglect, alleged abuse: Inside low-rated VA nursing homes](#) (4 September, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

The nurse's aide was busy getting a patient ready for bed when she noticed a commotion behind a privacy curtain on the other side of the room. She heard Russ Bonanno, a 94-year-old veteran, shout, "Ow, ow, ow." "It sounded like fighting," said Julee, who asked that her last name not be used out of fear of retaliation. When she went to check what was happening, she saw another aide trying to hoist Bonanno from his wheelchair to his bed, normally a two-person job.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Colin Kaepernick's Nike Deal Prompts Flurry of Debate](#) (4 September, Rob Maaddi, 23.9M uvm; Washington, DC)

An endorsement deal between Nike and Colin Kaepernick prompted a flood of debate Tuesday as sports fans reacted to the apparel giant backing an athlete known mainly for starting a wave of protests among NFL players of police brutality, racial inequality and other social issues. The deal unveiled by Nike and the former San Francisco 49ers quarterback was a trending topic on Twitter and other social networks, with some fans urging a boycott of the company's clothes and sneakers — even burning and cutting out the signature swoosh logos on their gear.

[Hyperlink to Above](#)

1.3 - Military.com: [No Clear Plan to Fill More Than 45,000 Job Vacancies at VA](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans released eye-opening figures over the weekend showing that the VA had more than 45,000 full-time job vacancies -- thousands more than had previously been reported. Under the new quarterly reporting requirements of the VA Mission Act, signed into law by President Donald Trump in June, the VA said that as of June 30 there were "45,239 overall vacancies at the department, out of a total of 419,353 full-time authorized and budgeted positions."

[Hyperlink to Above](#)

1.4 - Military.com: [VA Working to Slash Opioid Use as Study Finds Ibuprofen May Be Just as Effective](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

After a year-long study showing that non-opioids can be just as effective and far less risky for treatment of most types of chronic pain concluded wrapped up early this year, the VA is seeing marked success in its effort to cut prescription rates for opioid drugs.

[Hyperlink to Above](#)

1.5 - Military Times: [One in 10 VA jobs is unfilled, leaving gaps in veterans services](#) (4 September, Leo Shane III, 2.1M uvm; Springfield, VA)

More than one in 10 Veterans Affairs jobs is currently unfilled, a vacancy rate being downplayed by department officials but likely to raise serious worries among lawmakers who have already voiced concerns about a lack of medical professionals for veterans programs. More than 45,000

department posts are currently unfilled, with about 40,000 in the Veterans Health Administration alone, according to new data released by the department last week.

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1.6 - Stars and Stripes: [Lawmakers ask VA secretary to research marijuana as an alternative to opioids](#) (4 September, Nikki Wentling, 1.5M uvm; Washington, DC)

A bipartisan group of lawmakers are urging the new Department of Veterans Affairs secretary to research marijuana as a treatment for post-traumatic stress disorder and chronic pain. In a letter to VA Secretary Robert Wilkie on Thursday, the lawmakers asked him to initiate a “rigorous clinical trial” of the drug. In recent years, more veterans have come out in support of marijuana as a potential alternative to addictive opioids.

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1.7 - Times Union: [Report: Albany VA surgeon misrepresented surgery outcomes](#) (4 September, Bethany Bump, 1.5M uvm; Albany, NY)

A surgeon at the Stratton VA Medical Center in Albany misrepresented surgical outcomes to three cancer patients whose tumors later grew and needed additional operations, according to a report from the federal Department of Veterans Affairs' Office of Inspector General. The office conducted a review of the local veterans' hospital after a confidential complaint was made in January 2017 regarding its surgery services. A report was published last week.

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1.8 - WFED (AM-1500, Video): [New VA appeals trial an opportunity for both veterans and the agency](#) (4 September, Nicole Ogrysko, 854k uvm; Washington, DC)

It's been a year since Congress first passed the Veterans Appeals Improvement and Modernization Act and gave the Veterans Benefits Administration an 18-month window to implement the new program. The agency has less than six months now to stand up a brand new appeals process for veterans, many of whom have longstanding claims and have been waiting on a decision for years.

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1.9 - KPBS (NPR-89.5/PBS-15, American Homefront, Video): [VA Program To Lower Suicide Rate Has Few Takers](#) (4 September, Steve Walsh, 278k uvm; San Diego, CA)

The Veterans Health Administration in 2017 offered to treat vets who don't normally qualify for care because they earned a less-than-honorable discharge. Almost no one used the program. Now veterans' groups are hoping a change in the program will help that group of veterans when they struggle with thoughts of suicide.

[Hyperlink to Above](#)

1.10 - WUNC (NPR-91.5, American Homefront, Audio): [The VA Has Expanded Its Crisis Line, Helping It Better Respond To Veterans In Need](#) (4 September, Sarah Harris, 165k uvm; Chapel Hill, NC)

If you're a veteran who's not doing so well - if you're suicidal, or depressed, or just want to talk - there's a number to call: 1-800-273-8255. The number rings at the Department of Veterans Affairs Veterans Crisis Line. Originally operated from a single call center in Canandaigua, N.Y.,

the line now has three centers and more than 600 responders. They answer about 2000 calls per day, many of them from veterans who are considering suicide.

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2. [Greater Choice for Veterans](#)

2.1 - The Hill: [Congress plans new meeting on spending bills](#) (4 September, Niv Elis, 11.8M uvm; Washington, DC)

The House and Senate will meet to sort out differences for the first package of 2019 spending bills on Wednesday, a month after the original meeting was abruptly cancelled. The meeting is the first step in an ambitious plan to pass nine of 12 spending bills ahead of the September 30 deadline to fund the government for the new fiscal year.

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3. [Modernize Our System](#)

3.1 - WTHI (FOX-10, Video): [New Temporary Va Clinic Opens In Terre Haute](#) (4 September, 191k uvm; Terre Haute, IN)

A new veterans clinic in Terre Haute has officially opened. The new VA Clinic is located along West Honey Creek Drive. A VA spokesperson told us this clinic is temporary and will only be used for a couple of years. A location for the new permanent VA Clinic has not been chosen.

[Hyperlink to Above](#)

3.2 - Tribune Star: [New VA outpatient clinic opens in Terre Haute. Will serve as 'bridge' until larger facility opens in three years](#) (4 September, Alex Modesitt, 77k uvm; Terre Haute, IN)

A new outpatient clinic for veterans opened in Terre Haute on Tuesday and will serve as a "bridge" until the larger facility opens in three years, a Veteran Health Indiana spokesman said. The Veterans Affairs Community-Based Outpatient Clinic, now located on 380 W. Honey Creek Drive, is a third larger than the previous clinic and boasts several new treatment services.

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3.3 - ExecutiveGov: [VA to Leverage AI to Reform Customer Service; Rosetta Lue Quoted](#) (4 September, Monica Jackson, 20k uvm; Tysons Corner, VA)

Rosetta Lue, senior contact center adviser at the Department of Veterans Affairs' Office of Information Technology, said the department plans to employ artificial intelligence tools to reform its customer service operations, Federal News Radio reported Friday. Lue said during the Digital Government Institute's 930Gov conference that the federal agency will possibly rely on AI to analyze data from numerous call centers and websites, as well as automate tasks to further serve veterans and their families.

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4. [Focus Resources More Efficiently](#)

4.1 - Politico: [Soon-Shiong's hospital system declares bankruptcy](#) (4 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

The Senate Committee on Veterans' Affairs will hold a hearing Wednesday on James Paul Gfrerer's nomination to become the VA's first permanent chief information officer since the start of the Trump administration, Pro eHealth's Arthur Allen reports.

[Hyperlink to Above](#)

4.2 - WTSP (CBS-10, Video): [Tampa Bay VA official defends nursing home after low ratings](#) (4 September, Courtney Robinson and Tim Chong, 1.5M uvm; Saint Petersburg, FL)
A USA Today report is giving scathing reviews to the nation's VA nursing homes, including in Tampa, prompting responses from local facilities. The report found several incidents that took place at Tampa Bay area facilities, from bed sores and falls to catheters left in bladders and patients left in serious pain.

[Hyperlink to Above](#)

4.3 - WFED (AM-1500, Audio): [Looking for a job? VA has over 45,000 openings](#) (4 September, Eric White, 854k uvm; Washington, DC)
The Veterans Health Administration still has 40,000 vacancies to fill. The Veterans Affairs Department released its figures on employment vacancies as of June 30. The agency has close to 2,000 vacancies in the Veterans Benefits Administration and 2,500 vacancies in the department's staff offices. In total, VA has more than 45,000 open jobs. Agency leaders also released plans to fill the openings at VHA.

[Hyperlink to Above](#)

4.4 - St. Cloud Times (Video): [St. Cloud VA scores 2 of 5 on quality indicators recently made public](#) (4 September, Jenny Berg, 192k uvm; Saint Cloud, MN)
Patients at St. Cloud VA Health Care System are more likely to report being in severe pain or receive anti-psychotic drugs than patients at private nursing homes, according to internal VA documents published by USA TODAY and The Boston Globe. USA TODAY and the Globe — which have been jointly investigating VA nursing homes — first published in June information on quality of care at VA nursing homes that was outlined in internal documents but not made available to the public.

[Hyperlink to Above](#)

4.5 - The Daily News: [Unfair to cancel federal pay raise](#) (4 September, Mark Miller, 54k uvm; Iron Mountain, MI)
On Thursday, just before Labor Day, Trump showed what he thinks of workers, particularly the 686 federal workers who take care of our veterans at the Oscar G. Johnson VA Medical Center in Iron Mountain. Trump said, "We must maintain efforts to put our nation on a fiscally sustainable course, and federal agency budgets cannot sustain such increases," as he cancelled the 2.1 percent cost-of-living adjustment due to go into effect for federal employees on Jan. 1, 2019.

[Hyperlink to Above](#)

4.6 - Radiology Business Journal: [VA radiologist earns White House Leadership Fellowship](#) (4 September, Subrata Thakar, 20k uvm; Providence, RI)

Michelle Dorsey, MD, the chief of radiology at the Phoenix VA Health System in Arizona, has been awarded a White House Leadership Fellowship. Dorsey is the first Department of Veterans Affairs (VA) physician and radiologist to earn the fellowship. She will join the White House Office of Management and Budget for the Customer Experience Cross-Agency Priority (CAP) Goal.

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5. [Improve Timeliness of Service](#)

5.1 - Psychology Today: [An Additional Therapy for Post-Traumatic Stress Disorder](#) (4 September, Eugene Rubin MD, PhD and Charles Zorumski MD, 11.8M uvm; New York, NY)
It is estimated that 13-20 percent of U.S. troops returning from Iraq and Afghanistan and about 30 percent of Vietnam-era veterans suffer from post-traumatic stress disorder (PTSD). However, PTSD is difficult to treat. Currently available treatments include SSRI antidepressant medications and certain psychotherapies.

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5.2 - The News-Press: [If the VA can stop Agent Orange, maybe it can stop red tide: your say](#) (4 September, John D. Hofstetter, 862k uvm; Fort Myers, FL)

A new NOAA research model indicates nutrients flowing from the Mississippi River may stimulate harmful algal blooms to grow on the continental shelf off the west coast of Florida. The peer-reviewed hypothesis is being published in a special issue on Florida Red Tide in the journal "Continental Shelf Research." According to the model, algal blooms form on the Florida Coast because of weather and gulf currents.

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5.3 - WEAR (ABC-3): [VA Clinics cancel, reschedule appointments ahead of Tropical Storm Gordon](#) (5 September, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The U. S. Department of Veterans Affairs has announced that all Veterans appointments that were scheduled on Tuesday, Sept 4 through noon Wednesday, September 5 will be canceled and rescheduled for patients in Biloxi, Mississippi and Mobile, Alabama.

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5.4 - Task & Purpose (Video): [Petraeus To Congress: It's Time To Get Serious About Burn Pits](#) (3 September, Jared Keller and Jeff Schogol, 102k uvm; New York, NY)

Retired Army Gen. David Petraeus urged Congress in an interview with Fox News on Monday to make good on its "sacred obligation" to support the growing number of veterans sickened by exposure to burn pits at U.S. military bases abroad. "By and large, our country does an extraordinary amount for our veterans and for those who are serving in uniform, and for their families," Petraeus, currently a board member for Iraq and Afghanistan Veterans of America, told Fox News.

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5.5 - American Military News (Video): [Petraeus: Helping veteran burn pit victims is 'sacred obligation'](#) (4 September, Laura Widener, 34k uvd; New York, NY)

A prominent retired Army general recently spoke out about the necessity of helping a group of veterans said to be abandoned by the U.S. government. Gen. David Petraeus, former commander of U.S. Central Command and Multi-National Force-Iraq, said America must aid service members who experienced numerous medical issues after exposure to burn pits on military bases, Fox News reported Monday.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - KNSD (NBC-7, Video): ['Suicide is my Cancer': Veteran Gets Help at VA Aspire Center](#) (4 September, Bridget Naso, 2.1M uvm; San Diego, CA)

At a graduation ceremony at the VA Aspire Center, Randy Elston receives a certificate and a coin symbolizing the start of a new life. The Marine veteran survived being struck by three improvised explosive devices while in combat in Iraq. And he has survived much more. "Suicide is my cancer, it's my disease," he says.

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6.2 - Task & Purpose: [If Congress Really Wants To Fix Our Veterans' Mental Health Crisis, It Will Pass The Hemp Act](#) (4 September, Lt. Col. Steve Danyluk, 629k uvm; New York, NY)

A veteran is 250 times more likely to die from suicide or an opioid-related overdose than their counterpart currently serving in Afghanistan. In 2017, according to icasualties.org, there were a total of fifteen U.S. military fatalities in Afghanistan. The same year, the Veterans Administration released a seminal report placing veteran deaths by suicide at an average of twenty per day. Anecdotal evidence suggests that many of these deaths are directly related to the over-prescription of opioids and other psychotropic medications that plague our veteran population.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Reboot Camp): [This GI Bill change was supposed to take effect Aug. 1. It still hasn't happened.](#) (4 September, Natalie Gross, 2.1M uvm; Springfield, VA)

It's been more than a month since the Veterans Affairs Department was required by law to change the way it calculates housing stipends for student veterans using the Post-9/11 GI Bill to pay for college. Yet the agency still has not completed the necessary technology updates to make that happen. Meanwhile, many veterans are sure to receive checks with the wrong amount — an error VA officials have previously said will not cost veterans money.

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7.2 - WFAA (ABC-8, Video): [Tiny home camp for homeless veterans begins in Dallas](#) (4 September, Monica Hernandez, 2.1M uvm; Dallas, TX)

Men and women who serve our country sometimes end up with no place to call home, forced to suffer on the streets. A new community aims to provide a haven for homeless veterans, all with less than 200 square feet. North Texas Capacity Builders/Operation Tiny House, along with The

Homeless Veterans Services, is preparing to open Dallas' first tiny home community for homeless veterans on West Elmore in South Dallas.

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7.3 - KSDK (NBC-5, Video): [Jefferson Barracks National Cemetery to expand](#) (4 September, 1.5M uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is growing. The St. Louis County Council voted unanimously Tuesday night to sell more than 33 acres of land in Sylvan Springs Park to the U.S. Department of Veterans of Affairs. Jefferson Barracks was simply running out of room and it would be completely full in ten years. The vote will allow the cemetery to continue to expand through 2045.

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7.4 - KSAZ (FOX-10, Video): [Veteran mounts protest, claims U.S. government "abandoned him"](#) (4 September, Linda Williams, 590k uvm; Phoenix, AZ)

An army veteran says he has been abandoned by the U.S. Government, and is taking to the streets hoping to get his story out. This is the second time Peter Soshea has taken to the streets with his banner. He's taking his case to the people because the government he served won't listen to him. On a busy street corner, Soshea, a cancer patient, sends a message to any one who will read it. "The VA, - Abandoned me."

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7.5 - WANE (CBS-15, Video): [Shepherd's House to receive grant to pay for 20 beds](#) (3 September, Ruben Solis, 444k uvm; Fort Wayne, IN)

After an uncertain year last year, Shepherd's House has learned of much different news when it comes to their funding. The organization has qualified for Department of Veterans Affairs assistance. The 2019 grant will help cover costs for 20 out of their 38 beds. "It feels good to reassure them, we're going to be here for the long haul," Shepherd's House manager Tracey Barr said.

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7.6 - KVLV (NBC-11, Video): [UPDATE: Construction for N.D.'s first VA national cemetery back on track](#) (4 September, Rose Itzcovitz, 198k uvm; Fargo, ND)

Construction is in full swing for the first-ever Veterans Affairs' national cemetery opening near Harwood, North Dakota. Despite earlier reports that the cemetery would be one year behind schedule in its opening, we're now hearing it's back on track. The cemetery was first set to open in 2018. And while it likely won't be ready that soon, it's not quite as behind as we were originally told.

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7.7 - WOAI (NBC-4, Video): [Understanding the appeals process for veterans](#) (4 September, 134k uvm; San Antonio, TX)

3-minute video: The Appeals Modernization Act provides a much better experience when dealing with the Veteran Benefit Appeals process. Find out what the new law requires of the VA and how to get more information.

[Hyperlink to Above](#)

7.8 - WJMN (CBS-3): [VA to Host Workshops Transforming Uniforms to Handmade Paper](#)
(4 September, 38k uvm; Escanaba, MI)

The Oscar G. Johnson VA Medical Center's Suicide Prevention Program is pleased to announce a series of workshops on September 11 and 12 featuring artist Drew Cameron, of Combat Paper, who will help participants convert donated military uniforms into handmade paper.

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7.9 - Beyond Pesticides: [Vietnam Demands Compensation from Monsanto for Devastating Harm Caused By Agent Orange During War](#) (4 September, 9k uvm;

Washington, DC)

Close on the heels of the recent landmark California decision against Monsanto, maker of the glyphosate-based pesticide Roundup, Vietnam has demanded that the company pay damages to the many victims of its Agent Orange herbicide and defoliant, which Monsanto supplied to the U.S. military during the Vietnam War. (Monsanto was not the only U.S. manufacturer of the compound; there were nine in total.)

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7.10 - Fillmore County Journal: [State Veterans Cemetery – Preston receives certificate of recognition](#) (4 September, Barb Jeffers, 6k uvm; Preston, MN)

State officials visited the Minnesota State Veterans Cemetery in Preston, Minn., on August 24, 2018, for a very special presentation, as the staff at the veterans cemetery was presented a certificate of recognition. The certificate of recognition was presented by Randy Reeves, Under Secretary for Memorial Affairs, with the U. S. Department of Veterans Affairs.

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8. [Other](#)

1. [Top Stories](#)

1.1 - USA Today and The Boston Globe: [Bedsore, neglect, alleged abuse: Inside low-rated VA nursing homes](#) (4 September, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

BEDFORD, Mass. – The nurse’s aide was busy getting a patient ready for bed when she noticed a commotion behind a privacy curtain on the other side of the room. She heard Russ Bonanno, a 94-year-old veteran, shout, “Ow, ow, ow.”

“It sounded like fighting,” said Julee, who asked that her last name not be used out of fear of retaliation. When she went to check what was happening, she saw another aide trying to hoist Bonanno from his wheelchair to his bed, normally a two-person job.

Julee said she watched the other aide simply toss the elderly dementia patient onto the bed.

“Let me tell you how brutal that guy was with the veteran,” Julee wrote to her supervisor two days after the alleged incident May 18. “After he was done, (we) went and checked Mr. Bonanno. The guy was wet. Everything needed to be changed.”

The aide accused of roughly handling Bonanno quietly resigned, but Julee, the aide who blew the whistle, was fired two weeks later. She said her supervisor told her she had attendance problems.

Welcome to one of the lowest-rated nursing homes for veterans in the nation run by the U.S. Department of Veterans Affairs. The facility, at the VA hospital in Bedford, Massachusetts, is among 11 nationwide to earn the lowest-possible one-star rating from the agency based on both overall quality and the results of surprise inspections. The ratings are on a scale of one to five, with one being the lowest.

The others are scattered from Lyons, New Jersey, to Prescott, Arizona, and from Dayton and Chillicothe, Ohio, to Tampa, Florida.

Concerning conditions

Bedford’s rating reflected an array of problems with care provided to the more than 200 veterans who live there, including bedsore, high rates of medication and decline of veterans’ health, according to statistics outlined in documents obtained by USA TODAY and The Boston Globe, which have jointly investigated VA nursing homes.

The poor grade for surprise inspections in part reflected the staff’s treatment of residents. In 2017, inspectors from the Long Term Care Institute found several instances of neglect, including a veteran lying naked in bed covered by a urine- and feces-stained sheet. Their report cited another veteran who struggled to shove food into his mouth with his hands after trying unsuccessfully to use a spoon. Staffers were nearby.

The report came against the backdrop of another resident who died in his bed in July 2016 while the nurse’s aide who was supposed to check on him played video games on her computer. The aide, who has since resigned, was supposed to check on Bill Nutter hourly because he had a condition that could cause his heart to stop without warning.

Joan Clifford, the Bedford VA hospital director who also oversees the nursing home, defended the quality of care there and said the team always strives to improve it.

“On my first day there, I walked all the units, and I was struck at how well cared for the nursing home patients were,” she said.

Clifford said Julee was fired for reasons she could not discuss and not for her reporting of the alleged abuse of Bonanno. She acknowledged that the aide accused of poor care was allowed to resign. If he hadn’t, she said, disciplinary “action would have been taken.”

Clifford said the one-star quality rating the facility received from the VA didn’t take into account the complexity of the patient population, which includes many patients with dementia or psychiatric problems.

“There have been improvements, and we’re expecting a better score next time,” she said.

‘Dandruff and heavy stains’

Her reassurances mean little to the family of Charles Amidon, a highly decorated veteran who once served as medical adviser to the South Vietnamese army. For four years, the retired lieutenant colonel has lived in Bedford VA’s Building 4, where Nutter died.

“We have experiences with civilian hospitals,” Amidon’s son, Christopher, said, noting that his father had stayed at a private, long-term care facility. “You see the level of care. It was like night and day. ... (In Bedford,) I noticed patients in wheelchairs sitting in the hallway who hadn’t been bathed. They had dandruff and heavy stains.”

Clifford said she couldn’t discuss individual veterans’ cases without the necessary releases from the patient or the family members.

The troubles in Bedford are part of a larger concern for the VA’s care of elderly veterans across the country. This year, the Globe and USA TODAY revealed that internal ratings showed 60 VA nursing homes – nearly half of the agency’s nursing homes nationwide – received the lowest ranking for quality as of Dec. 31, 2017. (Among the homes rated lowest for quality in the first quarter this year, only 11, including Bedford, also got one star ratings for surprise inspections.)

The agency released the ratings to the public only after the two news organizations asked questions about them.

Three months earlier, the VA gave one star to just 13 of its nursing homes nationwide, including Bedford. The number of worst-rated facilities increased to 60 when the VA changed the ratings to compare VA nursing homes with private facilities rather than just with each other.

Under the new system, Bedford rated worse than private nursing home averages on 10 of 11 key quality indicators last year, including rates of bedsores and residents in serious pain. Across the country, more than 100 VA nursing homes scored worse than private nursing homes on a majority of indicators.

After the reports by USA TODAY and the Globe, the House Veterans Affairs Committee launched an investigation and expects to hold a hearing this fall on VA nursing home care.

VA spokesman Curt Cashour said the agency uses the data “to drive improvements across the system,” noting that only one VA nursing home saw a significant decline this year. The VA has 133 nursing homes that serve 46,000 veterans annually.

Cashour has said agency nursing homes score lower on key quality indicators because they have residents with more complicated medical conditions, but “overall,” the VA nursing home system “compares closely” with the private sector.

He said the VA has worked since June to have patient information redacted from inspection reports of VA nursing homes by an outside contractor, Wisconsin-based Long Term Care Institute. He said the VA would release them once that is done.

In the meantime, they remain confidential, as they have been for nearly a decade.

Writhing in pain

The Bedford inspection report was one of two obtained by USA TODAY and the Globe. The other was on the VA nursing home in West Palm Beach, Florida, which also received one star out of five based on poor inspection findings.

Inspectors in March cited facility staff there for letting a resident sit for hours in soiled sheets. They left another with a bloodied boot. Two residents had bedsores, a potential sign of neglect.

Staff failed to medicate a resident who appeared to be writhing in pain during wound treatment and dressing changes, the report said. The resident, who suffered from dementia and Parkinson’s disease, moaned and groaned, grimaced, clenched his jaw and balled up his fists.

Inspectors found another resident crying out in pain who couldn’t participate in daily activities such as therapy. “The resident did not receive the care and services necessary to address the resident’s pain,” the report said.

Cashour said the facility has since recruited a new nurse manager who is “overseeing a robust improvement plan” for resident pain management and care delivery.

At the Bedford nursing home, Charles Amidon is largely bedridden with Parkinson’s disease. His wife, Helga, said he can’t read or watch TV much because the VA-issued glasses don’t help his poor eyesight. Before early July, he hadn’t showered since April, though he may have been cleaned with a cloth in his bed. Last year, he came down with scabies, a contagious skin rash, that went undiagnosed for five months.

Amidon’s son, Christopher, said he saw a nurse mock the way his father walked, hunched over and breathing heavily. His father and other veterans sometimes waited hours for nurses to respond when they pressed their buzzers for help. In January, he said, his father called and said the staff had been slapping him.

Amidon himself said the care was “adequate.”

“There are some good people here,” he said.

His family said they believe he fears that if he complains, he will be treated even worse. His wife and son say that now that Amidon’s Parkinson’s disease has advanced, they are less afraid to

speak their minds about the quality of the care in Bedford. Previously, they had feared, like him, that anything they said could result in worse care.

"If I won the lottery, I would take my father out of there," Christopher said, explaining that placing his father in a high-quality private nursing home was unaffordable – costing tens of thousands of dollars a month.

All they hope for is to take Amidon to the family's summer home on Orrs' Island in Maine one last time, though they doubt their wish will come true.

"The morning light there is beautiful," Helga said.

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1.2 - U.S. News & World Report (AP): [Colin Kaepernick's Nike Deal Prompts Flurry of Debate](#) (4 September, Rob Maaddi, 23.9M uvm; Washington, DC)

An endorsement deal between Nike and Colin Kaepernick prompted a flood of debate Tuesday as sports fans reacted to the apparel giant backing an athlete known mainly for starting a wave of protests among NFL players of police brutality, racial inequality and other social issues.

The deal unveiled by Nike and the former San Francisco 49ers quarterback was a trending topic on Twitter and other social networks, with some fans urging a boycott of the company's clothes and sneakers — even burning and cutting out the signature swoosh logos on their gear.

Others pushed back, saying the backlash against Nike showed the polarizing debate has morphed well beyond whether NFL players should be allowed to demonstrate for social causes while the national anthem plays in stadiums before games.

The league itself weighed in Tuesday afternoon with an executive saying the social issues Kaepernick has raised are valid.

"We embrace the role and responsibility of everyone involved with this game to promote meaningful, positive change in our communities," said Jocelyn Moore, the NFL's executive vice president of communications and public affairs. "The social justice issues that Colin and other professional athletes have raised deserve our attention and action."

Moore's statement was paired with a detailed breakdown of things players and league executives have done together to learn about and address social issues, including community meetings, lobbying and financially supporting local programs.

On Twitter, country music star John Rich posted a picture of one of his crew members holding the tops of a cut pair of Nike socks, with the caption: "Get ready @Nike multiply that by the millions." The tweet garnered about 10,000 retweets and 30,000 likes, plus thousands of critical comments.

Rich, part of the duo Big & Rich and a former contestant of President Donald Trump's reality show "The Celebrity Apprentice," said he supported the right to protest but Nike lost his support when it endorsed Kaepernick.

Mixed martial arts fighter Elias Theodorou, a UFC middleweight, tweeted a widely shared picture of the Nike logo with a meme that read: "Instead of throwing away your Nike gear give to one of the millions of homeless veterans you pretend to care about."

Philadelphia Eagles safety Malcolm Jenkins said: "I hope other corporations follow (Nike's) example."

San Francisco 49ers cornerback Richard Sherman, tweeted: "Proud to be an @usnikefootball athlete. Stand for something or fall for anything. Few moments in history has that been more true!"

Trump, a frequent critic of protesting NFL players, said Tuesday in an interview with the Daily Caller that he thinks it's a "terrible message" for Nike to use Kaepernick in ads, but that it's their decision whether to use the quarterback.

"I think it's a terrible message that they're sending and the purpose of them doing it, maybe there's a reason for them doing it," Trump said, adding it's "a message that shouldn't be sent."

Trump said it's ultimately a business decision for Nike.

"In another way, it is what this country is all about, that you have certain freedoms to do things that other people think you shouldn't do, but I personally am on a different side of it," he said.

Trump has loudly urged the league to suspend or fire players who demonstrate during the anthem, repeatedly diving into what has developed into one of the most contentious debates in sports.

Kaepernick already had a deal with Nike that was set to expire, but it was renegotiated into a multiyear deal to make him one of the faces of Nike's 30th anniversary "Just Do It" campaign, according to a person familiar with the contract. The person spoke to The Associated Press on condition of anonymity because Nike hasn't officially announced the contract.

The person said Nike will feature Kaepernick on several platforms, including billboards, television commercials and online ads. Nike also will create an apparel line for Kaepernick, including a signature shoe, and contribute to his Know Your Rights charity, the person said. The deal puts Kaepernick in the top bracket of NFL players with Nike.

"I stand for anybody that believes in change. I stand for anybody that believes in a positive attitude," LeBron James said Tuesday night at a Nike fashion show and awards ceremony in New York. "I stand with Nike, every day, all day."

Nike also provides all NFL teams with game day uniforms and sideline apparel, a partnership that was extended in March to run through 2028.

Last week, Kaepernick scored a legal victory in his grievance against the NFL and its 32 teams when an arbitrator allowed his case to continue to trial. The quarterback claims that owners conspired to keep him out of the league because of his protests. His case hinges on whether owners worked together rather than decided individually to not sign Kaepernick.

A similar grievance is still pending by former 49ers teammate Eric Reid, a Pro Bowl safety who joined in the protests.

Meanwhile, the league and players union still haven't resolved whether players will be punished this season if they choose to kneel or demonstrate during the national anthem. Owners approved a policy requiring players to stand if they are on the sideline during "The Star-Spangled Banner," allowing them to stay off the field if they wish.

But the league and union put that on hold after the Miami Dolphins faced backlash for classifying the protests as conduct potentially detrimental to the team — putting players at risk of fines or suspensions.

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1.3 - Military.com: [No Clear Plan to Fill More Than 45,000 Job Vacancies at VA](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans released eye-opening figures over the weekend showing that the VA had more than 45,000 full-time job vacancies -- thousands more than had previously been reported.

Under the new quarterly reporting requirements of the VA Mission Act, signed into law by President Donald Trump in June, the VA said that as of June 30 there were "45,239 overall vacancies at the department, out of a total of 419,353 full-time authorized and budgeted positions."

Previous estimates on job vacancies at the VA had put the total at about 35,000.

The vast majority of the vacancies were on the healthcare side of the department at the Veterans Health Administration (VHA), where there were 40,456 vacancies out of a total of 375,953 full-time, authorized and budgeted VHA positions, the VA said.

In addition, there were about 1,978 vacancies in the Veterans Benefits Administration, out of a total of 25,560 full-time positions; 233 in the National Cemetery Administration, out of a total of 2,179 positions; and 2,572 in staff offices out of a total of 15,661 positions, the VA said.

"President Trump has made it clear that achieving the optimal workforce at VA is a top priority as we look to provide the best care and benefits to our nation's heroes," VA Secretary Robert Wilkie said in a statement accompanying the release of the figures Sept. 1.

Wilkie did not describe what "optimal" meant in terms of hiring, but said his "priority has been to have a clear and accurate picture of our vacancies, and getting this information out publicly is an important step in transparency to veterans and taxpayers."

How many of the total vacancies would be filled was open to question in a Congress that has yet to appropriate funding for the VA Mission Act itself and in an administration that began its tenure with a job freeze aimed at trimming the federal workforce.

However, members of Congress from both sides of the aisle have repeatedly pressed the VA to speed up hirings.

At a hearing of the Senate Veterans Affairs Committee in January, then-VA Secretary Dr. David Shulkin, who was fired by Trump in March, said that the latest figures from October 2017 showed that there were 35,345 full-time job vacancies at the VA.

He had previously said that filling the vacancies was the "single most challenging thing" holding up progress at the VA.

Sen. Johnny Isakson, R-Georgia, the Committee's chairman, told Shulkin "there are no excuses for why we don't correct the problems we've had hiring."

In the release Sept. 1, the VA said that its current workforce stands at about 374,000, the largest in federal government after the Defense Department.

From the start of Fiscal Year 2014 to the end of Fiscal 2017, VA achieved a job growth rate of 12.5 percent but that was offset by a job turnover rate of 9.2 percent.

However, the VA said that its turnover rate was better than other cabinet-level departments, which averaged a turnover rate of 11 percent in Fiscal 2017.

Hiring, particularly for the VHA, has been made more difficult by the "national shortage of healthcare professionals, especially for physicians and nurses," that has been noted by the American Association of Colleges of Nursing and the Association of American Medical Colleges, the VA said.

The VA cited a number of initiatives to boost hiring including, targeted nationwide recruitment advertising and marketing; the "Take A Closer Look at VA" trainee outreach recruitment program; expanding opportunities for telemedicine providers; and coordination with the Defense Department to recruit transitioning service members.

Under the VA Mission Act, the VA also has new authority to offer recent medical school graduates loan repayment opportunities in exchange for service in VA Medical Centers through the Specialty Education Loan Repayment Program (SELRP).

In the release, the VA stressed that job vacancies should not be equated with performance.

"The best indicators of adequate staffing levels include veteran access to care and health care outcomes -- not vacancies," the VA said.

One indicator, cited was the statistic for Fiscal Year 2018 showing that 21 percent of all appointments have been completed the same day that the appointment was requested.

Another indicator was the reduction in the average time it took to complete an urgent referral to a specialist from 19.3 days in FY 2014 to 3.2 days in FY 2017 and 2.0 days in FY 2018. In July, the number was down to 1.3 days, the VA said.

The VA also made the oft-repeated claim, backed up by outside studies, that "veterans receive the same or better care at VA medical centers as patients at non-VA hospitals."

The VA said that there was a variation in performance from one VA Medical Center to the next, but added that "the variation was even wider among non-VA hospitals."

"Despite a challenging and ultra-competitive market for filling healthcare positions across the country, VA has worked with Congress and other key stakeholders to deploy a number of new and important tools to help us reduce our vacancies," Wilkie said. "We are always looking for new ways to recruit high-quality talent, and will continue to do everything we can to provide the best quality care for our nation's veterans," he said.

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1.4 - Military.com: [VA Working to Slash Opioid Use as Study Finds Ibuprofen May Be Just as Effective](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

After a year-long study showing that non-opioids can be just as effective and far less risky for treatment of most types of chronic pain concluded wrapped up early this year, the VA is seeing marked success in its effort to cut prescription rates for opioid drugs.

"Many people do have expectations that opioids are just amazingly effective for pain. You know, it turns out that's probably not true," said Dr. Erin Krebs, a general internist and researcher at the Minneapolis VA Center for Chronic Disease Outcomes Research.

"We found in this trial no evidence that opioids were doing a better job for chronic pain than the non-opioid medications we already have on hand," said Krebs, who also is an associate professor of medicine at the University of Minnesota.

The VA's efforts to cut opioid prescriptions began well before President Donald Trump last October declared the opioid epidemic a national public health emergency.

"Nobody has seen anything like what is going on now" but "we can be the generation that ends the opioid epidemic," Trump said at a White House East Room ceremony.

In line with the VA's commitment to curb opioid use, the VA in January became the only health care system nationwide to post prescription rates for opioids.

The data on opioids dispensed by VA pharmacies showed an overall and sometimes dramatic decrease in their use by veterans for treatment of chronic pain from 2012 to 2018.

At the Manhattan VA Medical Center in New York, the rate was cut in half, from eight percent to four percent; at the Fargo VA Medical Center in North Dakota, the rate went down from 11 percent to five percent; at the C.W. Bill Young VA Medical Center in Florida from 15 to 6 percent; and at the West Los Angeles VA Medical Center in California from 16 to 7 percent.

According to the National Center for Health Statistics at the Centers for Disease Control and Prevention, more than 72,000 drug overdose deaths attributable to opioids occurred in 2017.

Of that total, the sharpest increase resulted from the use of fentanyl and fentanyl analogs (synthetic opioids), with nearly 30,000 deaths recorded, the CDC said.

The number of troops and veterans who succumbed to overdoses is difficult to determine, since the CDC and healthcare systems have different accounting methods, Krebs said in an interview last week. However, VA case studies indicate that veterans are twice as likely to die from an accidental opioid overdose compared to the general population.

The National Institutes of Health reached the same conclusion in a study on veterans' death rates from opioid "poisonings" in 2005 when the scope of the epidemic began to take shape in the national consciousness.

The objective of the study was "to describe the rate of accidental poisoning mortality in the Veterans Health Administration (VHA) during fiscal year 2005" and "assess differences with rates observed in the general U.S. population," NIH said.

"After accounting for gender and age distribution, VHA patients had nearly twice the rate of fatal accidental poisoning compared with adults in the general U.S. population," the study found. "Opioid medications and cocaine were frequently mentioned as the agents causing poisoning on death records."

To gauge the comparative effectiveness of opioids and non-opioids in pain treatment, Krebs oversaw a study on long-term results.

Her work, called the Strategies for Prescribing Analgesics Comparative Effectiveness (SPACE) study, was funded by the National Institutes of Health and the Patient-Centered Outcomes Research Institute.

"I wouldn't have been willing to bet much money on the outcome of this trial. This was a study where we really did not know how it was going to come out," Krebs said.

The study involved 240 patients, including 120 who received opioids, and 120 who were treated with non-opioids. She said 234 completed the year-long testing and follow-ups.

The test participants were experiencing chronic lower back and hip pain, and knee arthritis pain, which Krebs said were "the two most common reasons people take opioids long-term."

The non-opioids used in the study were mainly acetaminophen and anti-inflammatories such as ibuprofen, she said.

"We found in this trial no evidence that opioids were doing a better job for chronic pain than the non-opioid medications we already have on hand," Krebs said.

The official conclusion of the study was that "treatment with opioids was not superior to treatment with non-opioid medications for improving pain-related function over 12 months ... Results do not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain."

Krebs said high expectations for the effectiveness of opioid drugs are common across the general population, not just among veterans.

"So getting that word out is important," she said. "And not just getting the word out, but saying, 'hey, we do have effective existing treatments for pain and we have a lot of other options that certainly are safer and mostly, probably, work better as well.'"

These alternative treatments, she said, include exercise plans and other complementary therapies such as yoga and tai chi to work in combination with non-opioids for pain treatment.

According to the Department of Health and Human Services (HHS), the factors that led to the opioid epidemic are clear.

"In the late 1990s, pharmaceutical companies re-assured the medical community that patients would not become addicted to opioid pain relievers and healthcare providers began to prescribe them at greater rates," HHS said. "Increased prescription of opioid medications led to widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive."

When asked if she agreed with the HHS assessment, Krebs said it was complicated.

"There's a lot of blame to go around, but I think that's kind of the generally accepted narrative," she said.

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1.5 - Military Times: [One in 10 VA jobs is unfilled, leaving gaps in veterans services](#) (4 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — More than one in 10 Veterans Affairs jobs is currently unfilled, a vacancy rate being downplayed by department officials but likely to raise serious worries among lawmakers who have already voiced concerns about a lack of medical professionals for veterans programs.

More than 45,000 department posts are currently unfilled, with about 40,000 in the Veterans Health Administration alone, according to new data released by the department last week.

The rate was even higher among VA staff offices, with more than 2,500 vacancies, nearly 17 percent of the budgeted management posts.

The figures were touted as another step toward transparency in federal government by VA officials, but were mandated to be made public by Congress in the recently passed VA Mission Act. The data was released just before 5 p.m. on the Friday before the extended Labor Day holiday weekend.

VA officials also called the information release positive news for their department, since it shows their employee turnover rates "compare favorably with other large cabinet-level agencies."

But the number of vacancies — roughly 11 percent of the department's workforce — is almost 10,000 higher than total open positions reported by VA officials.

For months, Democratic lawmakers have said the rising number of vacancies threatens to undermine VA care and services, and have criticized department leaders for not doing enough to fill the roles.

They have also pressed Republican colleagues to require VA fill many of those open positions before expanding care options outside the VA system, arguing that not properly staffing hospitals and clinics undermines the department's ability to handle veterans' medical needs.

In a statement, VA said their health systems' "workforce challenges" mirror that of the larger American health care industry.

“There is a national shortage of healthcare professionals, especially for physicians and nurses,” officials said. “VHA remains fully engaged in a fiercely competitive clinical recruitment market.”

The department also issued a pre-emptive rebuttal to critics of the staffing issues, calling them in line with other large health care systems and that “the best indicators of adequate staffing levels include veteran access to care and health care outcomes, not vacancies.”

At his confirmation hearing in July, VA Secretary Robert Wilkie said he was not in favor of a “blunderbuss approach to filling the vacancies” because that could lead to a host of unqualified candidates undertaking sensitive department posts.

In a statement on Friday, Wilkie said that his department is “always looking for new ways to recruit high-quality talent, and will continue to do everything we can to provide the best quality care for our nation’s veterans.”

Lawmakers have also been critical of leadership gaps at the department. President Donald Trump has been unable to nominate a new head of VA health services since becoming president in January 2017, and numerous other top jobs have turned over in the last 20 months.

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1.6 - Stars and Stripes: [Lawmakers ask VA secretary to research marijuana as an alternative to opioids](#) (4 September, Nikki Wentling, 1.5M uvm; Washington, DC)

A bipartisan group of lawmakers are urging the new Department of Veterans Affairs secretary to research marijuana as a treatment for post-traumatic stress disorder and chronic pain.

In a letter to VA Secretary Robert Wilkie on Thursday, the lawmakers asked him to initiate a “rigorous clinical trial” of the drug. In recent years, more veterans have come out in support of marijuana as a potential alternative to addictive opioids.

“We believe VA has the authority, ability and capacity to carry out such a study,” they wrote. “Many of our nation’s veterans already use medicinal cannabis, and they deserve to have full knowledge of the potential benefits and side effects of this alternative therapy.”

Rep. Phil Roe, R-Tenn., and Sen. Dan Sullivan, R-Alaska, signed the letter, along with Democrats Sen. Jon Tester of Montana and Rep. Tim Walz of Minnesota.

Their appeal follows months of seeking help on the issue from former VA Secretary David Shulkin. During Shulkin’s last months in the job, Walz urged him to support marijuana research. Shulkin cited bureaucratic red tape as a reason why the agency couldn’t.

Wilkie, who was sworn in as VA secretary in July, hasn’t spoken publicly about medical marijuana as a potential treatment for veterans.

“I think this is an opportunity to get him on the record and get a more clear understanding of what his perception is about how the VA can conduct cannabis research,” said Eric Goepel, founder of the Veterans Cannabis Coalition, an advocacy group founded by veterans to promote the legal use of marijuana.

Nick Etten, a former Navy SEAL who founded the Veterans Cannabis Project, another veterans advocacy group dedicated to the medicinal use of marijuana, said he also has “no idea” where Wilkie stands on the drug. The lawmakers asked him for a prompt response to their letter.

“Secretary Wilkie has the opportunity to put medicine before politics and address one of the greatest needs of veterans right now, and that is alternative therapies for the signature wounds of war,” Etten said. “I hope he does the right thing and addresses this directly and aggressively.”

Roe and Walz, the chairman and ranking Democrat on the House Committee on Veterans' Affairs, introduced legislation in April to clarify that the VA has the authority to study marijuana.

The purpose of the bill, titled the VA Medicinal Cannabis Research Act, is to push the VA to initiate research, but it stops short of mandating it.

The House committee unanimously sent the bill to the full House in May. However, it's uncertain when – or whether – it will be scheduled for a vote on the House floor.

“Chairman Roe is still supportive of [the bill] but is open to other avenues to facilitate research, which is why he signed Senator Tester's letter,” said Tiffany Haverly, communications director for Roe. “The chairman believes scientific evidence is needed before VA can determine whether or not medicinal cannabis is an effective treatment for veterans.”

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1.7 - Times Union: [Report: Albany VA surgeon misrepresented surgery outcomes](#) (4 September, Bethany Bump, 1.5M uvm; Albany, NY)

A surgeon at the Stratton VA Medical Center in Albany misrepresented surgical outcomes to three cancer patients whose tumors later grew and needed additional operations, according to a report from the federal Department of Veterans Affairs' Office of Inspector General.

The office conducted a review of the local veterans' hospital after a confidential complaint was made in January 2017 regarding its surgery services. A report was published last week.

The review centered around a procedure known as radiofrequency ablation, in which a special needle is inserted directly into a tumor and electromagnetic energy is applied. That produces heat which can destroy the tumor. Such procedures can be performed by a surgeon using ultrasound for guidance, or under the skin by an interventional radiologist.

The OIG report found that in the case of two patients — both men in their 60s with cirrhosis of the liver — the surgeon used this procedure but was unable to “ablate” or remove the tumors. When follow-up MRIs revealed even larger tumors, the surgeon called the patients and informed them the masses were residual or recurrent — leftover masses from the initial operation or new ones altogether.

“This was inaccurate,” the report notes of this characterization, adding: “Accurate information was necessary for (the patient) to have a full understanding of the actual outcomes, ongoing risks, and benefits, and the option to select another provider or facility for cancer care.”

A third patient of the surgeon, another man in his 60s with cirrhosis and Hepatitis C, received the same procedure on a 2.7-centimeter mass in his liver. A followup MRI "revealed a substantial portion" of the tumor was missed. The surgeon mischaracterized this outcome to the patient, as well, according to the report.

In all three cases, the patients were referred for follow-up procedures from an interventional radiologist, who was able to successfully remove the masses using imaging guidance.

The OIG report notes that the surgeon who performed the initial operations did not have adequate documentation showing their competence to perform the procedure, and recommended that the hospital review its credentialing and privileging program in response.

The report also recommended improvements to the hospital's peer-review program and professional practice evaluations, and called on Stratton to develop processes that will document, report and track all cases involving liver patients and procedure outcomes.

The Albany VA has already started implementing some of these recommendations, and improvements have been recognized by both regional and external reviews, hospital spokesman Peter Potter said Tuesday.

"When mistakes are made, Albany VAMC works to fix them in order to ensure veterans are getting all of the support, benefits and services they have earned," he said.

The surgeon, whose name was not provided, was not disciplined.

Albany VA Director Darlene Delancey, in a response to the OIG report, said the cases were referred to an ethics consulting team for review, but deemed out of their scope. The cases were then referred to local general counsel and human resources.

"The conclusion was there is no evidence of intentional or negligent misrepresentation of the clinical condition to the patients, and no basis for further ethical or disciplinary referral," she wrote.

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1.8 - WFED (AM-1500, Video): [New VA appeals trial an opportunity for both veterans and the agency](#) (4 September, Nicole Ogrysko, 854k uvm; Washington, DC)

It's been a year since Congress first passed the Veterans Appeals Improvement and Modernization Act and gave the Veterans Benefits Administration an 18-month window to implement the new program. The agency has less than six months now to stand up a brand new appeals process for veterans, many of whom have longstanding claims and have been waiting on a decision for years.

VBA has since published regulations, developed new IT capabilities and trained employees on the new system. Despite skepticism from critics, the department said it will be ready to fully roll out the new appeals program by the congressionally-mandated February 2019 deadline.

New process giving decisions in 100 days

In the meantime, VBA is encouraging veterans who have pending claims now to opt into a new process: The Rapid Appeals Modernization Plan (RAMP). Veterans who choose to participate in RAMP can select one of two review lanes.

Nearly 50,000 vets are participating in RAMP to date, said David McLenachen, director of VBA's appeals management office. Most veterans in the new program are receiving a decision within a 100-day average, he said.

VBA, however, still wants more veterans to opt in to the new program. It sees RAMP as an opportunity for veterans to get a decision on an appeal more quickly, and as a chance for VBA to prove itself while perfecting a relatively new process.

The agency is visiting local regional offices, talking to veterans claims attorneys and using social media to get the word out. It's also mailed roughly 300,000 letters to veterans with an invitation to try the program.

Still, VBA acknowledged that convincing veterans that a new program could suit their needs. Many of them are accustomed to the previous, complex process for filing claim.

"When you've been in a process for several years and using it, you've invested a lot of time into it, it's a very difficult choice to opt into something brand new," McLenachen said in an interview. "We really need veterans to understand that they can benefit from opting into the RAMP program."

Meanwhile, VBA is moving quickly behind the scenes to prepare for the program's full roll-out in February.

VBA had told the House Veterans Affairs Committee back in July that it planned to complete roughly 35 percent of needed IT upgrades for a new appeals system by the end of the summer. VBA's remaining IT work is expected to be done by December.

Sticking to a schedule

House committee members were skeptical of the new IT timeline. But VBA said VA's Office of Information and Technology had done a more thorough analysis of the project and adjusted the schedule from there.

"We have a very high-level of confidence," McLenachen said of VBA's planned IT upgrades. "The teams that are working on the veterans benefits management system have been for a number of years. They're very experienced, [and] they've worked together a long time. I have to rely on the information I receive from the IT officials, but they're very confident that this team is going to deliver on time, and I have no reason to question that estimate." The department is also enlisting the U.S. Digital Service, which is developing other tools for both VBA and the Board of Veterans Appeals to help speed up the decision-making process itself for claims and appeals, McLenachen said.

VBA is designing new training sessions on the changes in the appeals modernization law and the new RAMP program.

"Part of that 18-month implementation period that Congress gave us allowed us time to develop the training that we need to include what we learned from running the RAMP program,"

McLenachen said. “As we have lessons-learned in the RAMP program, we’re able to use that information to design the training that employees are going to need in the future, and that’s ongoing right now.”

McLenachen said 10 regional offices with 1,495 employees have been processing RAMP claims this past year. VA has requested funding for an additional 605 VBA employees for fiscal 2019, which McLenachen said will help the agency work through the new appeals program and address backlogged claims.

VBA is preparing for that hiring now, assuming the funding becomes available, he said.

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1.9 - KPBS (NPR-89.5/PBS-15, American Homefront, Video): [VA Program To Lower Suicide Rate Has Few Takers](#) (4 September, Steve Walsh, 278k uvm; San Diego, CA)

The Veterans Health Administration in 2017 offered to treat vets who don’t normally qualify for care because they earned a less-than-honorable discharge. Almost no one used the program.

Now veterans' groups are hoping a change in the program will help that group of veterans when they struggle with thoughts of suicide.

Roadside Bomb

At his home outside San Diego, former Marine Lance Cpl. Josh Onan keeps some photographs next to his TV. The photos are from his days as a Marine. In 2006, he was in Ramadi, Iraq when his Humvee was hit by a roadside bomb.

“I remember laying down in the truck. Waking up, there is dust and debris all over me,” Onan said. “And there was an Iraqi colonel, who is sitting in the truck with us and he’s just screaming, screaming and I don’t understand what he’s saying. So, that’s when I realized, ‘Oh here we go, something big is happening.’”

During the next year, Onan would be in and out of trouble: small infractions, which he chalks up to the amount of medication prescribed for his head injury and post-traumatic stress disorder. Then, while on leave, he was caught with a small amount of cocaine. That was it. He was kicked out of the Marines.

Onan looks at a picture of himself in his battle gear.

“I’m 32 years old now, and this guy is 20, and I look up to this guy,” he said. “I know it’s me but I miss everything about him. Sometimes it’s hard to find this guy.”

Onan is one of the thousands of veterans who have other-than-honorable discharges. They don’t typically qualify for VA benefits, even though vets like Onan have a high suicide rate.

To address that, the VA last summer started a new program: this group of veterans can come into the VA and be treated for mental health issues at least for 90 days.

KPBS asked the VA how many people used the program in the first year. The VA figures show nationally 115 veterans used the program. Advocates said the number is a fraction of the veterans who would now qualify for mental health care. Twenty-five of those patients were in San Diego.

"They came in saying they had an urgent need and they were evaluated and received care for that urgent need whether it was a substance use disorder or suicidal thoughts," said Dr. Neal Doran, of VA San Diego.

Veterans advocates are disappointed that just 115 people took advantage of the program. The VA released figures last year that estimated there are more than 500,000 veterans with other-than-honorable discharges.

"It's not possible that that's the number of people who need help. It's a failure to contact them. To fully inform them. And to break the stigma," said Kristofer Goldsmith, an Iraq vet who works with the Vietnam Veterans of America.

Vietnam Veterans of America lobbied the VA to help veterans with other-than-honorable discharges.

"It's a program that most people who are eligible for haven't heard of. Because the VA refused to do any outreach," said Vietnam Veterans of America Executive Director Rick Weidman.

He said the VA just didn't promote the program.

There was an internal debate over whether the VA could pay to reach out to veterans who normally don't qualify for VA care, Weidman said.

Illness Related To Service

The stakes are about to get higher.

Sen. Chris Murphy, D-Connecticut, along with a bi-partisan group of lawmakers, was able to insert language in a budget bill that turned the VA program into law. The new law will make all vets with other-than-honorable discharges eligible for mental health care if their illness is related to their service. The VA is also required to actively seek out the veterans who qualify.

The law also removes the 90-day cap, which makes the program begun last year even harder to navigate, according to Kate Richardson. She's the legal director for Swords to Plowshares, which has worked with other-than-honorably discharged veterans since the Vietnam War.

The VA has 180 days from when the law passed in March to start the new program. Finding those veterans will still be difficult.

"I felt shunned. I still feel shunned," Onan said.

After years of being rejected, Onan now is getting his PTSD treatment paid for by the VA. He said treatment has been a lifesaver, but he fears the alienation he felt will make it difficult for other vets to seek help.

"I wouldn't be surprised that a lot of them aren't alive," he said. "And the reason I say that, is without treatment and without proper care, even loved ones. I don't think I could have done it without God and my family. Every day I tell my wife, 'I'm done. I'm done.'"

The VA has not released details about how the new program will operate.

The VA released a written statement: "In July 2017, VA started providing urgent mental health care to former service members with Other Than Honorable (OTH) discharges. VA is currently in the process of writing implementation regulations which will provide further guidance on expanding mental health care outreach to service members in need."

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1.10 - WUNC (NPR-91.5, American Homefront, Audio): [The VA Has Expanded Its Crisis Line, Helping It Better Respond To Veterans In Need](#) (4 September, Sarah Harris, 165k uvm; Chapel Hill, NC)

If you're a veteran who's not doing so well - if you're suicidal, or depressed, or just want to talk - there's a number to call: 1-800-273-8255.

The number rings at the Department of Veterans Affairs Veterans Crisis Line. Originally operated from a single call center in Canandaigua, N.Y., the line now has three centers and more than 600 responders. They answer about 2000 calls per day, many of them from veterans who are considering suicide.

"A successful call in my mind is one in which someone is just about to kill themselves, and our responder talks them down, safety plans, does the consult, and gets them connected with their local VA," said crisis line Assistant Deputy Director Julianne Mullane.

Two years ago, more than thirty percent of calls rolled over to backup centers operated by subcontractors, or - in some cases - to voicemail. The VA was sharply criticized by veterans groups and members of Congress, who said the line's poor response rate meant the agency was failing vets in their time of greatest need.

"We had much more demand than we had capacity to satisfy that demand," said crisis line Deputy Director Robert Corrado.

He said that at the time of the complaints, the VA was in the middle of opening a second call center in Atlanta. There's now a third in Topeka, Kansas. The agency also changed the algorithm that routes incoming calls.

"We've gone from [call rollover rates of] thirty percent to less than one percent," Corrado said. "That means we're effectively answering every call that comes in."

Corrado measures the crisis line's success one anecdote at a time, like the call from the mother of a young soldier in Iraq whose girlfriend had just broken up with him.

"He was sitting in a tent somewhere in Iraq, and was Skyping with his mother," Corrado recounted, "and while he was Skyping, he was holding a gun to his head. So his mother called the crisis line and told us what was going on."

Corrado said responders were able to locate the soldier and get help from the Red Cross and military police.

"His mother actually watched as the Red Cross entered the tent, wrestled the gun away from him, and saved his life," Corrado said.

Stories like this are powerful. But one frustration for crisis line counselors is that they don't know what happens to callers once they hang up the phone. The calls are anonymous, and counselors don't follow up, so there's no easy way to measure success.

"I don't think we've gotten a good grasp on that," Mullane said. "I think we're constantly trying to figure out ways to better measure our efficacy."

But broader research on suicide hotlines suggest that they work. A 2017 study found almost 80 percent of people who called helplines said making the call stopped them from killing themselves.

"You diminish the crisis, you help someone through a very difficult time and decrease the risk that that this crisis will lead to a suicide attempt," said University of Quebec at Montreal psychology professor Brian Mishara, who studies suicide prevention.

But Misara adds that telephone help lines can't solve a caller's long-term problems. And Carrado agrees that the VA crisis line is only one tool in the effort to reduce veteran suicide rates - which are about twenty percent higher than rates in the general population.

"Our business is not to sit here and think, what can the VA do to eliminate the need for a crisis center," Carrado said. "Our job is what can we do at the veterans crisis line to provide service to those who need it."

The VA has rolled out a broader anti-suicide effort that includes offering treatment to suicidal veterans even if their mental health issues aren't service related. It's also recruiting more than 2000 additional mental health professionals to work in the VA system.

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2. Greater Choice for Veterans

2.1 - The Hill: [Congress plans new meeting on spending bills](#) (4 September, Niv Elis, 11.8M uvm; Washington, DC)

The House and Senate will meet to sort out differences for the first package of 2019 spending bills on Wednesday, a month after the original meeting was abruptly cancelled.

The meeting is the first step in an ambitious plan to pass nine of 12 spending bills ahead of the September 30 deadline to fund the government for the new fiscal year.

The chambers had been on schedule to conference the "minibus" package of three spending bills, covering Energy and Water, Military Construction and Veterans Affairs, and the Legislative

Branch, on July 12. At the last minute, a disagreement over how to fund a veterans health program led to that meeting being canceled.

The bipartisan Senate bill used emergency funding to pay for the Veterans Choice Program, leaving more resources for other veterans programs. The House bill funded the program as part of the spending cap.

While appropriators say they have made progress, and the House has penciled in a possible vote on the conferenced bill for Friday, the sides have not yet finalized a solution to the problem.

“It’s still being worked,” said Rep. Nita Lowey (D-N.Y.), the ranking member of the House Appropriations committee.

Sen. Richard Shelby (R-Ala.), the lead Senate appropriator, also said that progress had been made, but nothing was fully solved.

“Solved is a strong word,” he joked. “We think we’re working toward a resolution of it.”

In the meantime, the House confirmed a group of conferees for a second package of spending bills, the defense and the bill covering labor, health, human services and education.

While the Senate passed the bills together, the House has not yet voted on its version of the Labor bill, and is likely to skip the step altogether. Conservatives are unhappy with the idea of tying it to defense in conference, however.

“I’m not in favor of attaching Labor HHS to defense. Any time you do that, you’re using our military men and women as leverage in a way that’s not appropriate,” said Rep. Mark Meadows (R-N.C.), the chairman of the conservative House Freedom Caucus.

But when asked what sort of leverage the group had to prevent such a move, Meadows shook his head before replying: “Very little.”

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[3. Modernize Our System](#)

3.1 - WTHI (FOX-10, Video): [New Temporary Va Clinic Opens In Terre Haute](#) (4 September, 191k uvm; Terre Haute, IN)

A new veterans clinic in Terre Haute has officially opened.

The new VA Clinic is located along West Honey Creek Drive.

A VA spokesperson told us this clinic is temporary and will only be used for a couple of years.

A location for the new permanent VA Clinic has not been chosen.

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3.2 - Tribune Star: [New VA outpatient clinic opens in Terre Haute. Will serve as 'bridge' until larger facility opens in three years](#) (4 September, Alex Modesitt, 77k uvm; Terre Haute, IN)

A new outpatient clinic for veterans opened in Terre Haute on Tuesday and will serve as a "bridge" until the larger facility opens in three years, a Veteran Health Indiana spokesman said.

The Veterans Affairs Community-Based Outpatient Clinic, now located on 380 W. Honey Creek Drive, is a third larger than the previous clinic and boasts several new treatment services.

"We didn't just transfer the same old stuff when we moved buildings," VHI spokesman Peter Scovill said. "We wanted to significantly upgrade the services we offer before we take the next big step."

To help address the growing mental-health needs of veterans, the Terre Haute CBOC has expanded its services and now houses mental-health professionals at the clinic.

"It's great, because if someone showed up for a primary care visit and the nurse or physician noted the patient was in some sort of stress or crisis, they could be serviced by mental-health providers right there," Scovill said.

In that same vein, the clinic will now offer tele-health services that are aimed at reducing the number of trips veterans from the Wabash Valley would have to make to the VA hospital in Indianapolis.

Scovill said advancement of technologies in the medical field make telehealth, or communication with a medical specialist via a video call, more viable.

"Say a patient came in and was suffering from some cardiac malady," Scovill said. "We would now be able to take his vitals, run an EKG (electrocardiogram) and facilitate for a cardiac specialist to observe and talk to the patient via remote video feed."

Scovill said the clinic also plans to have a visiting cardiologist and pulmonary specialist in the office every Tuesday. He reiterated the clinic's expanded services are part of VHI's effort to reduce Valley veterans' trips to Indianapolis.

Scovill also touched on where VHI is in its process to build a new \$25 million, 37,000 square foot VA facility in Terre Haute.

He said solicitations for bids were sent out a little less than a month ago and are expected back sometime next Spring. From there, he said a bid will be selected and either renovation of an existing space or new construction will start.

The facility is on track to open in late-2021 or early 2022, Scovill said.

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3.3 - ExecutiveGov: [VA to Leverage AI to Reform Customer Service; Rosetta Lue Quoted](#) (4 September, Monica Jackson, 20k uvm; Tysons Corner, VA)

Rosetta Lue, senior contact center adviser at the Department of Veterans Affairs' Office of Information Technology, said the department plans to employ artificial intelligence tools to reform its customer service operations, Federal News Radio reported Friday.

Lue said during the Digital Government Institute's 930Gov conference that the federal agency will possibly rely on AI to analyze data from numerous call centers and websites, as well as automate tasks to further serve veterans and their families.

She added that there is still a need for the VA to standardize its data collection and storage processes to allow AI systems to correctly analyze the information.

"Besides the technology and websites, I really have to say, the place that we're finding all those nuggets of information is in that data and that data management approach to analytics and AI, natural language and robotics," the VA official explained.

The effort comes after the Office of Management and Budget required the VA and other agencies to modify their public service offerings under the President's Management Agenda.

VA Secretary Robert Wilkie recently announced that he will prioritize the overhaul of the department's customer service operations, which presents administrative and bureaucratic problems.

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4. [Focus Resources More Efficiently](#)

4.1 - Politico: [Soon-Shiong's hospital system declares bankruptcy](#) (4 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

[...]

The Senate Committee on Veterans' Affairs will hold a hearing Wednesday on James Paul Gfrerer's nomination to become the VA's first permanent chief information officer since the start of the Trump administration, Pro eHealth's Arthur Allen reports.

Gfrerer was a Marine for 20 years, including a stint as the first director of the Marine Corps Information Operations Center, which runs psychological warfare training and operations. He joined Ernst & Young in 2015 and previously was detailed to the State Department, where he focused on cyber issues.

The VA has not had a permanent chief information officer — the CIO also leads the VA's Office of Information and Technology — since Laverne Council left early in 2017. Camilo Sandoval, a former Trump campaign official, has been acting CIO since this spring.

The CIO will play a key role in the Cerner EHR implementation. The officer directly in charge of that project, Genevieve Morris, quit Friday after barely five weeks on the job.

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4.2 - WTSP (CBS-10, Video): [Tampa Bay VA official defends nursing home after low ratings](#) (4 September, Courtney Robinson and Tim Chong, 1.5M uvm; Saint Petersburg, FL)

A USA Today report is giving scathing reviews to the nation's VA nursing homes, including in Tampa, prompting responses from local facilities.

The report found several incidents that took place at Tampa Bay area facilities, from bed sores and falls to catheters left in bladders and patients left in serious pain.

According to the rankings by the Department of Veterans Affairs, Haley's Cove at James A. Haley Veterans Hospital in Tampa received one star out of five, while Bay Pines VA Healthcare System Community Living Center in St. Petersburg received two stars.

Dangel said VA facilities face more challenges than private facilities which make it more difficult for them to get high ratings in surveys.

"VA nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, terminal illness, and other conditions rarely seen in private nursing homes," he said.

"Also, private sector nursing homes admit patients selectively, whereas – unlike the private sector – VA will not refuse service to any eligible Veteran, no matter how challenging the veteran's conditions are to treat. In other words, VA nursing homes often house residents with more complex medical needs that private sector facilities will not accept, which makes achieving good quality ratings more challenging."

Dangel said Bay Pines is working to improve care by improving documentation, making more frequent rounds and retraining personnel. Also, Hale has improved all its care plans and revised how restraints are used to prevent falls.

Dangel sought to reassure veterans who receive their care at the facilities.

"The Tampa and Bay Pines VA CLCs deliver high-quality nursing home care. That's why hundreds of Veterans trust us with their care year after year."

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4.3 - WFED (AM-1500, Audio): [Looking for a job? VA has over 45,000 openings](#) (4 September, Eric White, 854k uvm; Washington, DC)

The Veterans Health Administration still has 40,000 vacancies to fill. The Veterans Affairs Department released its figures on employment vacancies as of June 30. The agency has close to 2,000 vacancies in the Veterans Benefits Administration and 2,500 vacancies in the department's staff offices. In total, VA has more than 45,000 open jobs. Agency leaders also released plans to fill the openings at VHA. They said VHA's workforce challenges mirror those

of the health care industry as there is a national shortage of health care professionals, especially for physicians and nurses. (Department of Veterans Affairs)

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4.4 - St. Cloud Times (Video): [St. Cloud VA scores 2 of 5 on quality indicators recently made public](#) (4 September, Jenny Berg, 192k uvm; Saint Cloud, MN)

Patients at St. Cloud VA Health Care System are more likely to report being in severe pain or receive anti-psychotic drugs than patients at private nursing homes, according to internal VA documents published by USA TODAY and The Boston Globe.

USA TODAY and the Globe — which have been jointly investigating VA nursing homes — first published in June information on quality of care at VA nursing homes that was outlined in internal documents but not made available to the public.

The data showed residents at more than two-thirds of Department of Veterans Affairs nursing homes last year were more likely to have serious bed sores and suffer serious pain more than counterparts in private nursing homes.

The nursing homes, called community living centers, are rated on 11 quality indicators such as residents developing bed sores and declines in daily living skills.

The St. Cloud VA got a rating of two of five stars as of Dec. 31, 2017. It scored worse than private nursing homes nationwide on six of the 11 quality indicators. Those are:

- Patients who reported pain in the past five days — 40.64 percent, compared to 5.59 percent at private nursing homes.
- Short-stay residents in serious pain in the past five days — 33.29 percent, compared to 13.32 percent at private nursing homes.
- Patients who received anti-psychotic drugs — 32.43 percent, compared to 15.48 percent at private nursing homes.
- Patients who had a catheter left in their bladder — 15.08 percent, compared to 1.83 percent at private nursing homes.
- Patients who got a urinary tract infection in the past month — 4.39 percent, compared to 3.42 percent at private nursing homes.
- Short-stay residents receiving anti-psychotic drugs — 3.15 percent, compared to 1.98 percent at private nursing homes.

Barry Venable, public affairs officer for the St. Cloud VA, said VA nursing homes tend to have a higher proportion of residents with various conditions that really aren't seen in nursing homes.

"We have a higher proportion of residents who have significant pain and pain issues," he said. "We see patients with spinal cord injuries, mental illness, homelessness, (post traumatic stress disorder), combat injuries, terminal illness and — the bottom line is — in many ways, our nursing home residents are very medically challenged."

Venable said the quality indicators are one of three measures that get combined to form each site's overall rating. The other indicators are survey results and staffing.

The St. Cloud VA's composite ranking is two stars, according to Venable. But the site's staff rating, he said, is five stars and takes into account the number of staff dedicated to patients and the frequency of care.

"In terms of staffing, nobody staffs nursing homes like the VA does," he said.

St. Cloud VA scored better than private nursing homes nationally in five indicators: short-stay residents who developed bed sores; patients who rapidly lost the ability to perform daily activities; patients who experienced a fall and suffered major injuries; patients who had serious bed scores; and patients who were physically restrained on a daily basis.

The data released by USA TODAY and the Globe in July showed 60 VA nursing homes — nearly half of the agency's nursing homes nationwide — received the agency's lowest quality ranking of one out of five scores.

In another story published Tuesday, USA TODAY and the Globe looked at the 11 VA facilities to earn the lowest-possible one-star rating from the agency on both overall quality and the results of surprise inspections; none of those are in Minnesota.

The USA TODAY and the Globe reported that "federal regulations require private nursing homes to disclose voluminous data on the health care they provide. The federal government uses the data to calculate quality measures and posts them on a federal website. ... But the rules don't apply to the VA."

The VA uses similar data to track quality at its nursing homes but none of the information was previously released to the public.

Following the reports by USA TODAY and the Globe, the House Veterans Affairs Committee launched an investigation and expects to hold a hearing this fall.

Venable said the quality indicator system wasn't designed so much as to report out as it was to report in and drive system improvements. The indicators are also the same ones used by Centers for Medicare and Medicaid Services to show private sector nursing home performance.

But because patient demographics vary between VA nursing homes and private facilities, comparing the quality indicators isn't always apples to apples, Venable said.

"These are not indicators of the care an individual is receiving. These are aggregate metrics across a facility and across a system. That's an important distinction," he said.

St. Cloud VA has a 225-bed community living center, which is on average about 93 percent occupied, Venable said. The VA also has a 148-bed residential rehabilitation and treatment program and a large outpatient medicine operation that serves about 39,000 patients each year.

"What's important is it's more transparency," Venable said of the quality indicators obtained by USA TODAY and the Globe. "It's making this data public so that veterans can be educated consumers of their health care, and the important point is not what you scored but what you're doing about it."

"What I can assure everyone of is our great staff here do, in fact, provide comprehensive and compassionate care to our veterans in our nursing home," Venable said.

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4.5 - The Daily News: [Unfair to cancel federal pay raise](#) (4 September, Mark Miller, 54k uvm; Iron Mountain, MI)

On Thursday, just before Labor Day, Trump showed what he thinks of workers, particularly the 686 federal workers who take care of our veterans at the Oscar G. Johnson VA Medical Center in Iron Mountain. Trump said, "We must maintain efforts to put our nation on a fiscally sustainable course, and federal agency budgets cannot sustain such increases," as he cancelled the 2.1 percent cost-of-living adjustment due to go into effect for federal employees on Jan. 1, 2019. Trump did this just days after saying "the economy has never been better." So the denial of the cost of living increase — actually less than the rate of inflation, —will result in a 3 percent decrease in real wages. The \$5 billion the COLA would cost is 1/30th the \$150 billion in Trump's tax cuts, most going to the wealthy, (83 percent, according to The Tax Policy Center, as quoted in the Daily Intelligencer in December).

I wrote U.S. Representative Jack Bergman with my concern. His answer:

"At a time when our national debt is greater than \$20 trillion and annual budget deficits are in the hundreds of billions of dollars, we must be vigilant about how we prioritize the federal budget. As your representative, I will support proposals that cut the size and scope of the federal budget, reform broken federal programs, and decrease our federal deficits each year."

In other words, Bergman parroted Trump and did not commit work to enact the well-deserved 2.1 percent COLA for the federal workers who cook the food, administer the medications, clean the floors, make clinical decisions, treat the PTSD, and ease the burdens of all the veterans who need, use and depend on the care provided by the Oscar G. Johnson VA hospital. These workers are not faceless bureaucrats, distant ciphers shuffling red tape. They are our neighbors, friends and family, taking care of Uncle Fred who was in Korea, cousin Jim who was in Vietnam and Ted, who came back from Iraq. The federal workers, like everyone else, need their pay to be adequate so they can support themselves and their families in Dickinson County.

Hope you had a happy Labor Day and will support the federal workers who labor in our community.

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4.6 - Radiology Business Journal: [VA radiologist earns White House Leadership Fellowship](#) (4 September, Subrata Thakar, 20k uvm; Providence, RI)

Michelle Dorsey, MD, the chief of radiology at the Phoenix VA Health System in Arizona, has been awarded a White House Leadership Fellowship. Dorsey is the first Department of Veterans Affairs (VA) physician and radiologist to earn the fellowship. She will join the White House Office of Management and Budget for the Customer Experience Cross-Agency Priority (CAP) Goal.

“This fellowship will prepare me to develop transformative, collaborative programs that can make genuine difference in the lives of veterans,” Dorsey told the American College of Radiology in a prepared statement. “In particular, I anticipate that my work in ‘customer experience’ will translate into actionable initiatives here in Phoenix to enhance veterans’ satisfaction with the delivery of care.”

Specifically, Dorsey will assist in the development of customer service improvement initiatives to areas like Medicare, veterans’ healthcare services, airport security screening, emergency and disaster relief and federal student aid.

“Cross-Agency Priority (CAP) Goals are a tool used by leadership to accelerate progress on a limited number of Presidential priority areas where implementation requires active collaboration among multiple agencies,” according to a federal government website. “Long-term in nature, CAP Goals drive cross-government collaboration to tackle government-wide management challenges affecting most agencies. As a subset of Presidential priorities, CAP Goals are used to implement the President’s Management Agenda and are complemented by other cross-agency coordination and goal-setting efforts.”

The ACR noted under Dorsey’s direction at the Phoenix VA, the department performed 150,000 exams in 2017 and had a 95 percent completion rate within 30 days. Measured rates of employee and patient satisfaction also increased under her leadership.

Dorsey believes radiologists can contribute a unique skill set to customer experience-related tasks as are able to solve problems using analytical thinking, where they detect and analyze abnormalities, can develop a differential diagnosis and can also consult and communicate with patients and referring physicians.

Dorsey noted “cross-agency initiatives can and should be approached in a similar fashion.”

“Ultimately everyone has their own path, and we must all find ways to advance the practice of medicine and improve the overall human condition,” Dorsey said. “As physicians, that is truly our highest calling.”

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5. Improve Timeliness of Service

5.1 - Psychology Today: [An Additional Therapy for Post-Traumatic Stress Disorder](#) (4 September, Eugene Rubin MD, PhD and Charles Zorumski MD, 11.8M uvm; New York, NY)

It is estimated that 13-20 percent of U.S. troops returning from Iraq and Afghanistan and about 30 percent of Vietnam-era veterans suffer from post-traumatic stress disorder (PTSD). However, PTSD is difficult to treat. Currently available treatments include SSRI antidepressant medications and certain psychotherapies.

Preliminary studies indicate that treatments with different underlying mechanisms may also be helpful. For example, there is some evidence that MDMA (ecstasy)-assisted psychotherapy may be effective in reducing PTSD symptoms. Phase 3 studies are being launched to test MDMA in a large number of individuals. Another approach takes advantage of the fact that memories, when recalled, can be modified and then reconsolidated. Using this technique, a person recalls uncomfortable memories and is then given a drug that interferes with the reconsolidation of such memories. Currently available drugs like propranolol, a commonly used antihypertensive medication that can interfere with memory reconsolidation if administered at a specific time during memory recall, can be used for this purpose.

Jill Bormann and colleagues are studying a different approach to the treatment of PTSD—mantram repetition therapy. These investigators previously demonstrated that, when administered in a group setting, this therapy reduced PTSD symptom severity, improved sleep, and increased individuals' ability to manage their PTSD symptoms. In a more recent study published in the *American Journal of Psychiatry*, the Bormann group compared individually delivered mantram repetition therapy to present-centered psychotherapy, a treatment that has been shown to alleviate some symptoms of PTSD.

What is mantram repetition therapy? It is a type of mindfulness therapy based on the idea that silently repeating a “mantram” (a spiritually based word or phrase) helps a person focus attention, relax, and become more present in the moment. In the mantram repetition program, Bormann’s group teaches mantram repetition along with two other techniques: “slowing down” and “one-pointed attention.” (One-pointed attention is the ability to concentrate on one task at a time.) Taken together, these techniques teach individuals how to focus their thoughts in the present moment.

Present-centered therapy is a supportive, problem-solving psychotherapy. Like mantram repetition therapy, it does not involve recalling trauma-related memories. It has been shown to be more effective than a waiting list condition in treating symptoms of PTSD. In some studies, it has been used as a so-called “active control” in trials of therapies for PTSD.

The Bormann et al. study involved 173 veterans at two Veterans Affairs (VA) outpatient clinics who had been diagnosed with military-related PTSD. Standardized assessments were used to exclude individuals with other severe psychiatric disorders. Symptoms of PTSD were assessed with the Clinician-Administered PTSD Scale as well as a self-reported PTSD checklist. Participants were randomized to one of two groups: one received mantram repetition therapy and the other received present-centered therapy. Both groups met with therapists individually for eight 1-hour weekly sessions.

The individuals who received mantram repetition therapy had a greater decrease in PTSD symptoms at the end of the eight weeks of treatment than those who received present-centered psychotherapy. They also experienced better sleep outcomes. The results of this study suggest that relatively simple mindfulness techniques may lessen the symptoms of PTSD.

It should be noted that more than half the study participants were taking medications for PTSD when they were enrolled into the study. These participants had been on a stable dosage for at least the previous six weeks and were instructed to continue taking their medications as prescribed. There was no difference between the two study groups in medication use. The investigators asked all participants to refrain from participating in other forms of psychotherapy during the course of the study.

More research is necessary to establish the efficacy of newer treatments for PTSD. It is possible that a combination of pharmacologic (SSRIs) and non-pharmacologic (mantram repetition, cognitive behavioral therapy, present-centered therapy) approaches may be helpful in treating this serious disorder. Symptom remission may be an achievable goal.

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5.2 - The News-Press: [If the VA can stop Agent Orange, maybe it can stop red tide: your say](#) (4 September, John D. Hofstetter, 862k uvm; Fort Myers, FL)

A new NOAA research model indicates nutrients flowing from the Mississippi River may stimulate harmful algal blooms to grow on the continental shelf off the west coast of Florida.

The peer-reviewed hypothesis is being published in a special issue on Florida Red Tide in the journal "Continental Shelf Research." According to the model, algal blooms form on the Florida Coast because of weather and gulf currents. The algae grows offshore, supplied with additional nutrients that appear to have originated from the Mississippi River, in a process driven by normal seasonal wind patterns.

According to the Veterans Administration all Agent Orange stopped at the mouth of the rivers. Therefore they do not have to give any Agent Orange Benefits to "Blue Water" Navy sailors who served in the harbors or Territorial Seas, because according to the VA they were not in Vietnam.

Maybe we can get the Veterans Administration to stop the nutrients at the mouth of the Mississippi river like they did in Vietnam and stop red tide. Just like it stopped Agent Orange illness in "Blue Water" Navy sailors.

John D Hofstetter, "Blue Water" Navy sailor, North Fort Myers

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5.3 - WEAR (ABC-3): [VA Clinics cancel, reschedule appointments ahead of Tropical Storm Gordon](#) (5 September, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The U. S. Department of Veterans Affairs has announced that all Veterans appointments that were schedule on Tuesday, Sept 4 through noon Wednesday, September 5 will be canceled and rescheduled for patients in Biloxi, Mississippi and Mobile, Alabama.

The following appointments will have to be rescheduled:

outpatient behavioral health

The Joint Ambulatory Care Center in Pensacola, Eglin Air Force Base VA Clinic, and Panama City Beach VA Clinics in northwest Florida will operate as normal on Tuesday, Sept 4. and Wednesday, September 5.

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5.4 - Task & Purpose (Video): [Petraeus To Congress: It's Time To Get Serious About Burn Pits](#) (3 September, Jared Keller and Jeff Schogol, 629k uvm; New York, NY)

Retired Army Gen. David Petraeus urged Congress in an interview with Fox News on Monday to make good on its “sacred obligation” to support the growing number of veterans sickened by exposure to burn pits at U.S military bases abroad.

“By and large, our country does an extraordinary amount for our veterans and for those

5.5 - American Military News (Video): [Petraeus: Helping veteran burn pit victims is 'sacred obligation'](#) (4 September, Laura Widener, 34k uvd; New York, NY)

A prominent retired Army general recently spoke out about the necessity of helping a group of veterans said to be abandoned by the U.S. government.

Gen. David Petraeus, former commander of U.S. Central Command and Multi-National Force-Iraq, said America must aid service members who experienced numerous medical issues after exposure to burn pits on military bases, Fox News reported Monday.

"It's a sacred obligation," Petraeus said, in an exclusive Fox News interview. "And by and large, our country does an extraordinary amount for our veterans and for those who are serving in uniform, and for their families."

Petraeus said this veteran group of burn pit victims has been largely ignored by Washington and Veterans Affairs, and have not been receiving adequate care for their medical issues.

"But comparing what our VA does to any other country's care of veterans... this is the gold standard. Certainly, a gold standard that can always improve, without question. This is an issue, though, where we have a sacred obligation, and we need to meet that obligation," he told Fox.

Military base burn pits have been used since the 1990s as a method of disposing various levels of waste, including toxic chemicals and medical waste. The open-air burn pits introduced several pollutants into the air, including carbon monoxide and dioxin.

During the Iraq War in 2005, more than 300,000 troops stationed in the Middle East were exposed to the fumes and smoke emitting from at least 63 burn pits.

More than 140,000 active duty service members and retirees are named in the Burn Pit Registry.

Thousands of veterans and contractors alike who returned from the Middle East reportedly developed numerous health problems, including cancer, respiratory issues and blood disorders – all of which is attributed to inhaling the chemicals and toxins from burn pits.

Petraeus noted that prioritizing the war made trash disposal a low priority.

"At that time we weren't worried about burn pits. We were worried about just getting enough water for our troops in the really hot summer," Petraeus said. "We were looking forward to the time where we might get some real food, real rations, as opposed to MREs and so forth."

"They obviously fought us back. But over time, in that tour, in particular, you start noticing other issues," Petraeus continued. "So, yes, there is serious combat going on. But you're noticing that there's this massive burn pit that is up-wind of us. So it blows over this huge base, Camp Victory, where we had 25,000 or more soldiers based and stationed."

"We had a number of other locations, again, where we had these burn pits. And you start to notice it more and more. And I got more and more concerned during that time – I mean, it'd been something I'd noticed previously," he said. "But now I realize that we've got all these soldiers who are, on really bad days, inhaling whatever it is that's being burned in these pits."

Although incinerators were discussed as a disposal option and some even brought in for use, problems operating the incinerators resulted in the continued use of burn pits as an easier option.

In a letter to Congress, Petraeus requested support for the Burn Pits Accountability Act.

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6. [Suicide Prevention](#)

6.1 - KNSD (NBC-7, Video): ['Suicide is my Cancer': Veteran Gets Help at VA Aspire Center](#)
(4 September, Bridget Naso, 2.1M uvm; San Diego, CA)

At a graduation ceremony at the VA Aspire Center, Randy Elston receives a certificate and a coin symbolizing the start of a new life.

The Marine veteran survived being struck by three improvised explosive devices while in combat in Iraq.

And he has survived much more. "Suicide is my cancer, it's my disease," he says.

Elston tells NBC 7 he struggled for nearly a decade. After returning from war, his injuries and life experiences started taking a toll - and he attempted to take his life, twice. "It seems so easy. It just seems like something you can turn off, but it isn't." He says veterans need to get professional help.

And on this day as Elston is surrounded by fellow veterans who are sharing how much he has inspired them and helped them through dark times, you can see why it was the Aspire Center that finally helped Elston breakthrough. "If you need something we're there for each other," he says.

Dr. Lu Le is the medical director and says this is about community. "That I am with brothers that are similarly struggling and this is not something that I have to suffer by myself," he says.

Lee says the challenge for many combat veterans is that they've survived terrifying high-stress situations most can never imagine. "It's the afterthought of like - the would've, could've, should've thinking and the self-blame and the guilt and sense of I didn't do enough or I did something that I shouldn't of done that really eats at the person," Lee tells NBC 7.

The Aspire Center is a comprehensive 6-month program where veterans get housing, food, group and one-on-one therapy. Elston says in the beginning, "You don't want to have to open up to other people, you don't want to have to say this is how I'm feeling ...but we have to."

The therapy helps veterans deal with the past trauma they have been unable to cope with up to now. Elston says, "They do it so intensively it really brings out a lot of those emotions." And getting through those emotions and getting help is the way to move forward.

As Randy Elston prepares to move forward to be reunited with his two young daughters in Arizona he wants other veterans to know it is important to get help. "It's not something you can do on your own," he advises.

As for that coin, it reads; "I came with hope, worked and learned, I have a new life, a life that I earned."

September is Suicide Prevention Awareness Month. On average every day nationwide 20 veterans take their own lives. If you need help or know someone who does the National Suicide Prevention Lifeline number is 1-800-273-8255.

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6.2 - Task & Purpose: If Congress Really Wants To Fix Our Veterans' Mental Health Crisis, It Will Pass The Hemp Act (4 September, Lt. Col. Steve Danyluk, 629k uvm; New York, NY)

A veteran is 250 times more likely to die from suicide or an opioid-related overdose than their counterpart currently serving in Afghanistan. In 2017, according to icasualties.org, there were a total of fifteen U.S. military fatalities in Afghanistan. The same year, the Veterans Administration released a seminal report placing veteran deaths by suicide at an average of twenty per day. Anecdotal evidence suggests that many of these deaths are directly related to the over-prescription of opioids and other psychotropic medications that plague our veteran population.

As a combat veteran who has spent more than a decade working with severely injured veterans, I can attest to the devastating effect that the reliance on VA-prescribed medications has had on my brothers and sisters. Veterans have even coined a term for this deadly cocktail: zombie dope. But this may change dramatically in the coming months, and the change will come from the most unlikely of sources, Mitch McConnell's 2018 Farm Bill and its ancillary Hemp Act.

The Farm Bill has already passed committee on the Senate side and has been sent to the House for review. Should it pass on the floor and be signed into law by President Donald Trump, it will put to bed any questions surrounding the federal legality of a hemp derivative that shows enormous medicinal promise: cannabidiol, or CBD.

Unlike marijuana, which contains little CBD, hemp is rich in the CBD compound and carries only trace amounts of THC. The World Health Organization recently released a report stating that CBD has "no addictive properties, is non-psychoactive, evinces no discernible side effects and shows great potential to serve as a viable form of treatment for a number of maladies." Many researchers believe CBD can be instrumental in weaning individuals off of an opioid addiction as well.

Surveys conducted by Warfighter Hemp, a company I founded and am a partner in, show that 90% of the veterans who use CBD derived from industrial hemp for chronic pain and 92% who use it for symptoms of PTSD report it as "highly effective," and a substantial number have reported that because of CBD they are now opioid-free.

Until now, hemp has largely been conflated with its more famous, or infamous, sister plant, marijuana. Both hemp and marijuana are forms of cannabis. But it is important to note that the two are separate plants in the cannabis family. McConnell's Farm Bill will codify this nuance by defining industrial hemp as a federally legal agricultural product that can be shipped, along with

its seeds and derivatives, throughout all fifty states so long as it contains less than .3% THC, and will definitely remove industrial hemp from the Controlled Substance Act.

Another pending bill that pertains to veterans and medicinal cannabis is HR 5520 co-sponsored by Reps. Tim Walz, Democrat from Minnesota, and Mike Coffman, Republican from Colorado, both of whom sit on the powerful House Veterans Affairs Committee. HR 5520 calls on the VA to initiate a study into the efficacy of medicinal cannabis for the treatment of chronic pain and PTSD.

Even if HR 5520 passes, though, considerable hurdles litter its path, the biggest one being that marijuana is listed as a Schedule 1 drug by the CSA. Assuming the Farm Bill passes, CBD derived from industrial hemp (which is not marijuana) will not be subject to the CSA. Not only can the study that HR5520 calls for proceed using hemp-derived CBD, the VA will be able to legally dispense CBD derived from industrial hemp to veterans as an alternative to opioids in the same manner that it currently issues Vitamin D and other supplements to veterans.

Finally, veterans will have a real opportunity to choose something other than the opioids that are taking so many lives.

Lt. Col (ret.) Steve Danyluk served 30 years in both the Active and Reserve Components of the Marine Corps and is a founder of Warfighter Consulting, a Limited Liability Corporation dedicated to raising awareness of CBD in the veteran community.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military Times (Reboot Camp): This GI Bill change was supposed to take effect Aug. 1. It still hasn't happened. (4 September, Natalie Gross, 2.1M uvm; Springfield, VA)

It's been more than a month since the Veterans Affairs Department was required by law to change the way it calculates housing stipends for student veterans using the Post-9/11 GI Bill to pay for college. Yet the agency still has not completed the necessary technology updates to make that happen.

Meanwhile, many veterans are sure to receive checks with the wrong amount — an error VA officials have previously said will not cost veterans money. The department will reimburse GI Bill users for any underpayments and let them pocket overpayments.

A VA spokesperson said in an email last week that the department was still working on the remaining technology updates and was in the process of preparing to notify students about the impact to their payments.

The VA blew through its original July 16 deadline to have the technology ready in time for the Aug. 1 launch of the housing stipend changes under the Forever GI Bill, passed last year. The new law states that the amount students receive for their housing allowance each month — equivalent to what an active-duty E-5 with dependents would receive — should be based on the location of the campus where they take the most classes. Previously, the amount was based on the location of the school's main campus.

Although the Forever GI Bill set the deadline as Aug. 1, VA officials told Congress they needed more time and expected to have the changes made by the middle of August. The spokesperson did not return multiple requests for comment on a projected completion date.

"Many of the benefits that (the Forever GI Bill) ensures have already been implemented; however it's troubling to me that VA still has not yet finalized the IT systems needed to fully implement the law, despite having a year to do so," said Rep. Phil Roe, chairman of the House Committee on Veterans Affairs, whose Subcommittee on Economic Opportunity has held two hearings on the implementation of the bill. "It is now a month (past) the deadline set in the law and two weeks past VA's self-imposed deadline to have the system fully running, and the department's failure to do so is unacceptable as it could impact payments for upwards of 650,000 veterans."

Roe told Military Times he plans to "continue to conduct aggressive oversight of VA to ensure this law is properly and quickly implemented and see to it that VA fixes this serious problem."

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7.2 - WFAA (ABC-8, Video): [Tiny home camp for homeless veterans begins in Dallas](#) (4 September, Monica Hernandez, 2.1M uvm; Dallas, TX)

Men and women who serve our country sometimes end up with no place to call home, forced to suffer on the streets.

A new community aims to provide a haven for homeless veterans, all with less than 200 square feet.

North Texas Capacity Builders/Operation Tiny House, along with The Homeless Veterans Services, is preparing to open Dallas' first tiny home community for homeless veterans on West Elmore in South Dallas.

It's called Joanna's Veterans Camp, named after Joanna Webb-Murria, the late grandmother of North Texas Capacity Builders executive director Valerie Ballard, who once lived there.

From the outside, it looks like any other home in the South Dallas neighborhood.

Inside, it will be a community center for homeless vets. There's an office where veterans can be processed to be connected to services, an area where they can do laundry and a kitchen where they can cook. One veteran will live in the community center and be able to respond to veterans' needs 24/7.

In the backyard, there are five small wooden platforms. Each will hold a tiny home to provide emergency housing for homeless veterans. Each will be 170 square feet or less.

So far, one tiny home is complete, and will be moved onto the property Wednesday. The non-profit organizations is in desperate need of volunteers, donations and trailers to build more.

The goal is to build one dozen tiny homes for homeless veterans between September 11 and November 11, which is Veteran's Day. Churches and other community organizations are also offering up land for the project.

Roy Thompson is one of 52 veterans currently on a waiting list to live in a tiny home.

"From being in a proud position in the military to a not so proud position being homeless, everyone I'm sure looks at it different but for me it was degrading," said Thompson, a Marine Corps veteran.

Operation Tiny House is working with the VA in hopes of beginning a tiny home village for homeless veterans, with dozens of tiny homes on a 2.4-acre lot near the VA hospital and Veterans Resource Center in South Dallas. Veterans would grow their own food, and each would be assigned a specific job in the village.

"This is a dream come true for veterans just to get them off the street so they can have something of their own," said Ballard. "Some are unsheltered, living under bridges on streets. It is very important the community comes together and helps us to build these tiny houses."

"I'd like to ask people to help serve the people who have served. You know, freedom's not free," Thompson said.

Find more information on North Texas Capacity Builders/Operation Tiny House here or email tinyhousesforvets@gmail.com.

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7.3 - KSDK (NBC-5, Video): [Jefferson Barracks National Cemetery to expand](#) (4 September, 1.5M uvm; Saint Louis, MO)

ST. LOUIS COUNTY — Jefferson Barracks National Cemetery is growing.

The St. Louis County Council voted unanimously Tuesday night to sell more than 33 acres of land in Sylvan Springs Park to the U.S. Department of Veterans of Affairs.

Jefferson Barracks was simply running out of room and it would be completely full in ten years.

The vote will allow the cemetery to continue to expand through 2045.

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7.4 - KSAZ (FOX-10, Video): [Veteran mounts protest, claims U.S. government "abandoned him"](#) (4 September, Linda Williams, 590k uvm; Phoenix, AZ)

An army veteran says he has been abandoned by the U.S. Government, and is taking to the streets hoping to get his story out.

This is the second time Peter Soshea has taken to the streets with his banner. He's taking his case to the people because the government he served won't listen to him.

On a busy street corner, Soshea, a cancer patient, sends a message to any one who will read it.

"The VA, - Abandoned me."

Soshea is talking about the Department of Veteran's Affairs, which he says he's been fighting for more than 4.5 years to get benefits they owe him.

"This is pretty much the only thing i can do," said Soshea.

The 58-year-old served 12 years in the Army and the Coast Guard. Soshea says because the VA won't approve his claim that his Leukemia was caused by his service, he only gets 10% of his benefits, which amounts to about \$135 a month.

If it were at 100% for cancer, Soshea would receive over \$3,000 a month.

Soshea says an oncologist at the Phoenix Veterans Hospital has said his Leukemia was likely caused by his radiation exposure in 1980, as an Army Atomic Demolition Munitions Specialist. Despite filling out reams of paperwork, he says the Veterans Affairs won't acknowledge it.

"I think they're just waiting for me to die, and the chances of me dying are so high," said Soshea. "I've been on chemo everyday for the last six years, and that's how I've lost most of my teeth."

Soshea says he feels abandoned by the government, but not by his fellow Americans.

"People stop and thank me for my service, and honk when I'm sitting out there with my banner," said Soshea.

Late this afternoon, FOX 10 did receive a response from the Department of Veterans Affairs. Officials said they strive to provide veterans with benefits they have earned in a timely fashion, but that radiation claims like mr Soshea's are complex, and can take time to process. They are working to verify certain aspects of Soshea's time in the service, and will keep him informed throughout the process.

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7.5 - WANE (CBS-15, Video): [Shepherd's House to receive grant to pay for 20 beds](#) (3 September, Ruben Solis, 444k uvm; Fort Wayne, IN)

After an uncertain year last year, Shepherd's House has learned of much different news when it comes to their funding.

The organization has qualified for Department of Veterans Affairs assistance. The 2019 grant will help cover costs for 20 out of their 38 beds.

"It feels good to reassure them, we're going to be here for the long haul," Shepherd's House manager Tracey Barr said.

The shelter on Tennessee Avenue has been helping homeless veterans get back on their feet for the last 20 years.

"We have a social worker, we have case management, we have recovery classes here, we have psycho-education, we have everything that is available to a veteran, we have mental health," said Barr.

Last year, the nonprofit was on the brink of closing its doors after the VA initially denied their annual \$500,000 grant. After hearing of this, donations started pouring in from the community and Shepherd's House held fundraisers. The house then ended up receiving an extension for the 38 beds, but that money would only help them cover costs for at least a year.

While it's not the full funding they once received, the grant money this year means the organization can keep helping veterans, news Barr welcomes.

"We have 38 beds available in our facility but they approved us for 20, so we'll have to continue to fundraise and come up with other ways in which to fund the other beds," said Barr.

Barr said there is consistent fundraising coming to them, small and large. The house also has several fundraising events lined up.

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7.6 - KVLV (NBC-11, Video): [UPDATE: Construction for N.D.'s first VA national cemetery back on track](#) (4 September, Rose Itzcovitz, 198k uvm; Fargo, ND)

HARWOOD, N.D. - Construction is in full swing for the first-ever Veterans Affairs' national cemetery opening near Harwood, North Dakota. Despite earlier reports that the cemetery would be one year behind schedule in its opening, we're now hearing it's back on track.

The cemetery was first set to open in 2018. And while it likely won't be ready that soon, it's not quite as behind as we were originally told.

The Department of Veterans Affairs says it's set to open this coming spring or summer.

We spoke to a member of the construction company on site, Wilbert Cemetery Construction, based in Missouri. Superintendent, Cris Wilson, says the opening is all weather dependent.

"It's kind of a new thing for us," he said, "cuz we're kind of based in the south, so this northern weather...snow was still on the ground when we wanted to start, so that pushed everything back a month, but everybody's working real hard, putting in extra hours to get everything opened up on time."

The construction company tells us it could finish up as early as this November—but more likely will be working until March. The VA says further steps will have to be taken after construction is finished before the cemetery can officially open.

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7.7 - WOAI (NBC-4, Video): [Understanding the appeals process for veterans](#) (4 September, 134k uvm; San Antonio, TX)

3-minute video: The Appeals Modernization Act provides a much better experience when dealing with the Veteran Benefit Appeals process. Find out what the new law requires of the VA and how to get more information.

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7.8 - WJMN (CBS-3): [VA to Host Workshops Transforming Uniforms to Handmade Paper](#)
(4 September, 38k uvm; Escanaba, MI)

IRON MOUNTAIN – The Oscar G. Johnson VA Medical Center’s Suicide Prevention Program is pleased to announce a series of workshops on September 11 and 12 featuring artist Drew Cameron, of Combat Paper, who will help participants convert donated military uniforms into handmade paper.

Individual workshops will be held 9 to 11 a.m. CDT on Tuesday and Wednesday, September 11 and 12, in the medical center’s outpatient waiting area. A third session will be held from noon to 2 p.m. CDT on Wednesday in the outdoor pavilion behind the facility. Veterans do not need to bring a uniform to participate in the workshops.

September is Suicide Prevention Month and the VA medical center’s Suicide Prevention Program encourages Veterans and all those who support Veterans to seek out opportunities to make connections with one another. One of those opportunities can be found in participating in the meaningful experience of transforming something worn in military service into a piece of art.

Combat Paper is a workshop process that transforms military uniforms into handmade paper and is led by veteran Drew Cameron. The handmade paper can be created into prints, books and artwork that carries with it the experiences of military service in the transformed woven threads, repurposed into paper. Combat Paper is based in Iowa and has been facilitating workshops across the country for over a decade. Their work is archived in numerous public collections and libraries throughout the United States including the Library of Congress. www.combatpaper.org

Workshops are reserved for Veterans, Hospital guests, and staff. Uniform donations are also being accepted. For more information or to donate uniforms, contact Sharon Anastas at (906)774-3300 extension 32541 or Sharon.Anastas@va.gov.

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7.9 - Beyond Pesticides: [Vietnam Demands Compensation from Monsanto for Devastating Harm Caused By Agent Orange During War](#) (4 September, 9k uvm; Washington, DC)

Close on the heels of the recent landmark California decision against Monsanto, maker of the glyphosate-based pesticide Roundup, Vietnam has demanded that the company pay damages to the many victims of its Agent Orange herbicide and defoliant, which Monsanto supplied to the U.S. military during the Vietnam War. (Monsanto was not the only U.S. manufacturer of the compound; there were nine in total.) U.S. forces, in a program dubbed Operation Ranch Hand, used more than 13 million gallons of the compound in Vietnam — nearly one-third of the 20

million gallons of all herbicides used during the war in Laos, Cambodia, and Vietnam. In Vietnam alone, 4.5 million acres were impacted by Agent Orange.

Nguyen Phuong Tra, a spokesperson for Vietnam's foreign ministry, said, "The [U.S.] verdict serves as a legal precedent which refutes previous claims that the herbicides made by Monsanto and other chemical corporations in the U.S. and provided for the U.S. army in the war are harmless. . . . Vietnam has suffered tremendous consequences from the war, especially with regard to the lasting and devastating effects of toxic chemicals, including Agent Orange."

Around the world, the U.S. case may be sparking bolder actions on the toxic weed killer. In that watershed decision, the jury in San Francisco County Superior Court awarded Dewayne "Lee" Johnson \$289 million in compensatory and punitive damages for his exposure to Monsanto's Roundup (whose active ingredient is glyphosate) that caused his subsequent development of non-Hodgkin's lymphoma, as well as for the corporation's deliberate and protracted cover-ups to keep the risks of exposure to glyphosate hidden from the public and regulators.

Agent Orange got its moniker because of the color of the band around the 55-gallon drums in which the chemical was transported. Other herbicides used by U.S. forces in Vietnam were identified as Agents White, Blue, Purple, Pink, and Green. The Orange version — comprising 2,4-D (2,4-dichlorophenoxyacetic acid, still widely used as a broadleaf herbicide) and 2,4,5-T (2,4,5-trichlorophenoxyacetic acid) — was used to defoliate food crops and forest cover used by North Vietnamese and Viet Cong troops during the Vietnam War. The toxic compound was sprayed heavily on forested areas, farmland and rice paddies, waterways, and roads. Military members — numbering approximately 2.6 million — were not the only people potentially exposed; crops and water sources used by non-combatant South Vietnamese people were also affected.

The compound contained significant amounts of the synthetic contaminant dioxin (2,3,7,8-tetrachlorodibenzo-p-dioxin), often called TCDD. Dioxins are highly toxic chemicals that persist for years in the environment (especially in soils, lake and river sediments, and the food chain), and accumulate in fatty tissues of animals. Dioxins are carcinogenic, toxic even at very low exposure levels, and responsible for both acute and long-term effects. They have been proven to cause not only cancer, but also, other grave health problems, such as birth defects, extreme rashes (chloracne and related conditions), and severe neurological and psychological issues. This has been true for both Vietnamese military and civilian people who were exposed, and for U.S. Vietnam-era service members. It should be noted that those in the military are not the only workers impacted by TCDD; workers in other sectors have registered health effects, including employees in pesticide manufacturing and transport facilities, farm and forestry operations, and pulp and paper mills.

Many Vietnam Era service members have long charged Agent Orange with responsibility for a host of maladies they suffered both in the field, and in the years after their return stateside. They began to link their exposures to Agent Orange with the myriad chronic health issues some were developing. In 1979, the first class action suit was brought against five manufacturers (with more added to the suit later on) in the U.S. District Court for the Southern District of New York. The suit was brought by the class comprising Vietnam veterans, and their spouses, parents, and children; it did not name the federal government as a third-party defendant. (A 1950 U.S. Supreme Court case gave rise to the Feres doctrine, which prevents claims against the federal government by armed forces members and their families for injuries arising from, or in the course of, activity incident to military service.) The outcome was a settlement in the form of a \$180 million fund to be used to: (1) provide cash payments to totally disabled veterans and

survivors of deceased veterans; (2) establish a class assistance foundation to help meet the medical, social, and legal service needs of members of the class; and (3) establish a trust fund for New Zealand and Australian class members. Because a settlement was made out of court, no determination of the causal relationship between Agent Orange exposure and veterans' health outcomes was made.

Subsequently, beginning with the first claims the Veterans Administration (VA) received related to Agent Orange in 1977, veterans' groups and other advocates have worked persistently to get recognition for the harms of Agent Orange to veterans — and in some cases, to their children — as well as coverage for medical needs and disability. It has been, no doubt, a maddening journey, with repeated delays in progress and glacially incremental expansion of coverages.

Any federal attempt to deal with coverage for exposed veterans started with the 1984 Congressional passage of Public Law 98-542, which “provide[d] compensation to Vietnam veterans for soft tissue sarcoma and require[d] the VA [U.S. Department of Veterans Affairs] to establish standards for Agent Orange and atomic radiation compensation” (which law the VA has been charged with largely ignoring). This was followed by a 1989 order, by a federal judge, that the VA reconsider 31,000 Vietnam Era vets' claims related to health impacts of exposure, and the Agent Orange Act of 1991, which established that certain diseases tied to chemical exposure would be presumed related to a veteran's military service and would make such veterans eligible for benefits.

This act really marked the beginning of at least passive acknowledgement, by the federal government, that its use of Agent Orange was causal of many health problems. The health issues covered by this “presumption policy” has grown over time to include: non-Hodgkin's lymphoma, soft-tissue sarcoma, and chloracne (1991); multiple myeloma, respiratory cancers, Hodgkin's disease, and porphyria cutanea tarda, a metabolic disease (1994); type II diabetes (2001); chronic lymphocytic leukemia (2003); AL amyloidosis (2009); chronic B-cell leukemias, Parkinson's disease, and ischemic heart disease (2010); prostate cancer (2015); and peripheral neuropathy (2016). VetsHQ is an online veterans' community that describes its mission as “helping ensure America's commitments to veterans and their families are honored.” Its website provides many tools for vets, and a very useful timeline of significant events in the Agent Orange saga.

A 2018 update on coverage from the VA is available [here](#). The agency reported in June of this year that its presumption policy — which sets out the diseases or syndromes that are assumed related to Agent Orange exposure — has resulted in increased utilization of VA healthcare benefits by veterans. The agency notes that a study by researchers from the War Related Illness and Injury Study Center (WRIISC) at the VA New Jersey Healthcare System found that the “law passed by Congress nearly 30 years ago [the Agent Orange Act of 1991] has largely met its goal: helping affected Veterans get the care they need.”

Yet progress in veterans receiving the support they need has been interspersed with plenty of setbacks, including denials of claims, government statements of inconclusive causation, and delays or failures of potentially helpful legislation. For example, until 2015, military personnel who worked in, on, or around the C-123 — the aircraft that delivered Agent Orange in Vietnam and elsewhere in Asia during or after the Vietnam War — were deemed ineligible for medical care and disability coverage for their exposures. These contaminated transport aircraft were never decontaminated after their Southeast Asia service, and some were repurposed, back in the U.S., for basic transport operations, such as cargo shipping and medical evacuation missions.

The VA had declared that “dried residues” of Agent Orange in these C-123s were likely not harmful, but a 2014 study showed that people who worked on or around the C-123 were very likely to have been exposed to dioxin from those residues. Beyond Pesticides reported, in June 2015, that things were looking more hopeful, saying, “After years of denial and obstruction, Air Force and Air Force Reserve veterans now have the chance to receive compensation for their exposure to the highly toxic herbicide Agent Orange on contaminated aircraft used after the Vietnam War.” In that year, 1,500–2,100 service members did gain eligibility for coverage.

A further example of the difficulties veterans have had and continue to have: as Pro Publica reported in 2015, the 1991 Agent Orange Act made eligible for benefits veterans with certain diseases who “‘must have actually set foot on Vietnamese soil or served on a craft in its rivers (also known as “brown water veterans”),’ according to the Congressional Research Service. . . . Those who instead spent time on deep-water Navy ships (called ‘Blue Water Navy’ veterans) do not qualify unless they can show that they spent time on Vietnam land or rivers.” Now, in 2018, a U.S. House of Representatives bill (HR 299) that would extend Agent Orange disability benefits and health care to 70,000–90,000 veterans who served aboard ships in territorial waters off Vietnam during the war, passed the House unanimously, but is being opposed by the VA, which is urging the Senate to quash it.

Paul R. Lawrence, VA Undersecretary for Benefits, testified that “There’s still no credible scientific evidence to support extending Agent Orange-related benefits to shipboard personnel who never went ashore in Vietnam or patrolled its rivers. Without such evidence, he said, it would be wrong, and would create a disastrous precedent, to award VA benefits.” Although David Shulkin, the first VA secretary under the Trump administration, had said, one year into the job, “These veterans have waited too long and this is a responsibility that this country has. . . . It is a high priority for us,” the scorching comment from Mr. Lawrence came days after the subsequent secretary, Robert Wilkie, assumed the secretary post.

Pro Publica offers a helpful guide to which groups are covered for Agent Orange–related issues, or are seeking coverage. Those groups include: those who served in Vietnam; Air Force personnel exposed to contaminated C-123 aircraft; Blue Water veterans; those who served in or near the Korean DMZ (demilitarized zone), 1968–1971; Air Force personnel who worked in Thailand, 1961–1975; and children of veterans. Currently, kids of Vietnam Era vets with spina bifida qualify for benefits, and children of female vets qualify if they suffer from 18 other various conditions. There may be coming research on potential epigenetic effects on children of veterans that could add others to the coverage list.

Halfway across the world, people in Vietnam are dealing with many of the same health, never mind environmental (such as persistence of dioxin in the food chain) issues. In 2012, as Beyond Pesticides reported, the U.S. launched its first major effort to address environmental contamination brought on by its use of Agent Orange during the Vietnam War — after decades of denying Vietnamese requests for assistance in a cleanup. Five years later, PBS reported a mixed picture, and perhaps waning commitment, on keeping on top of that task, given costs. Whether Vietnam’s latest attempt to achieve some justice for its affected people bears future fruit — in what may, in light of the recent California award, be a changing landscape on corporate culpability for harms to human health — will be a development eagerly awaited by that country, and by advocates for policies on toxic chemicals that will actually protect people and our environments.

For more information about the legacy of Agent Orange, see Beyond Pesticides' Pesticide Induced Diseases Database.

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7.10 - Fillmore County Journal: [State Veterans Cemetery – Preston receives certificate of recognition](#) (4 September, Barb Jeffers, 6k uvm; Preston, MN)

State officials visited the Minnesota State Veterans Cemetery in Preston, Minn., on August 24, 2018, for a very special presentation, as the staff at the veterans cemetery was presented a certificate of recognition.

The certificate of recognition was presented by Randy Reeves, Under Secretary for Memorial Affairs, with the U. S. Department of Veterans Affairs.

Also attending the event was Pamela Powers, U. S. Department of Veterans Affairs Chief of Staff; Brad Lindsay, Deputy Commissioner of Programs and Services with the MDVA; Robert Gross, Administrator of the Minnesota State Veterans Cemetery – Preston; State Representative Greg Davids, Nathan Pike, Preston/Harmony Memorial Rifle Squad; Minnesota State Veterans Cemetery staff, members of the Patriot Guard, P.O.W. riders and others.

Reeves presented the certificate of recognition to Gross, which resulted in a rigorous round of applause from those in attendance.

The certificate reads: "In recognition of the ongoing partnership between the Minnesota State Veterans Cemetery at Preston and the National Cemetery Administration. Your cooperation was paramount in helping the NCA raise the national profile and importance of the American civic tradition of honoring veterans through memorialization. We respect and applaud your commitment to serving Preston-area veterans and families, maintaining your cemetery to the highest standards, and providing great customer service to everyone that visits."

"I greatly appreciate it," stated Gross, saying, "it's truly an honor" to receive the certificate of recognition.

"It's a very heartfelt location up here, both based on what we do but also I think based on everyone's reasons for being here and being a part of this," commented Gross.

"We wanted to come and we wanted to thank the supervisor and all of the team members here for your commitment to our veterans, but also for your generosity and hospitality in opening up this beautiful, beautiful cemetery to be a part of the story that we are telling across the nation about how our veterans are served," noted Reeves.

"My team came here to shoot the video that we did to be able to commemorate the 40th anniversary of the State Veterans Cemetery Program, but as soon as I saw that and as soon as I got the word back on the outpouring here, because I was going to be in the state, there was no way that I would not have come to Preston and there is no way I would not have been here to recognize this cemetery and its staff and to also recognize and thank this entire community," explained Reeves.

“The film crew that came out did a great job, but the reason that video turned out so well is because of the people and the sincerity of those of you that are here serving veterans every day,” stated Reeves.

“When I was invited to come to the Preston cemetery I was very excited to meet you all and see all the great things you are doing for our veterans and their families,” stated Powers.

“It’s a really important mission taking care of our veterans and their families at a very difficult time,” noted Powers.

Powers expressed to the staff at the veterans cemetery, “On behalf of the Secretary, we want to thank you guys for all you do,” and adding, “it’s a noble mission and I’m sure it’s not easy,” she said.

Powers, who grew up in Prior Lake, Minn., told the veterans cemetery staff, “It’s good to be here, I look forward to learning more about what you do.”

Reeves complimented Davids for his vital role in getting the veterans cemetery to Preston. “To me, there are two kinds of heroes; there are veterans and there are those who serve veterans – thank you for being the hero in this community and to our veterans for putting the priority in the state house to make sure that this is here,” Reeves said to Davids. Davids is also on the Veterans Affairs Committee so it is clear how important veterans are to the state representative.

“The State Cemetery Program and the State Veterans Home Program are the most successful state and federal partnerships across the entire federal government,” pointed out Reeves. “The two programs are things we can use as the models to push us forward to do all of those other things more and better together,” he said.

Powers agreed, saying, “One of the things that is important to the Secretary is community and state partnerships,” as she elaborated, “there is so much more we can do on that end across the spectrum of supporting veterans,” including suicide prevention, homelessness, getting veterans employed and more.

“Minnesota is a very veteran friendly state,” commented Lindsay, which is easily evident when meeting and talking with local residents.

“Without the commissioner and many, many people like him our success would not have happened – we have been able to do a lot in conjunction with the VA,” expressed Reeves.

“I want to compliment the commissioner and his folks for the wonderful job that they do,” stated Davids. Pike agreed as he also thanked Lindsay for all they do for our veterans.

Gross thanked everyone for their support including the Minnesota Department of Veterans Affairs saying, “MDVA has been nothing but supportive to us in our endeavors.” He also noted that political involvement was crucial as he explained, “We couldn’t have done it without support from the legislation – plain and simple,” and also recognized the Preston/Harmony Memorial Rifle Squad, Patriot Guard and P.O.W. riders and the community for their commitment to veterans and their families.

Following the presentation of the certificate of recognition, the officials received a tour of the veterans cemetery from Gross.

Reeves, above all, wants to thank veterans. “Thank you for your service. Thank you for being that special 1% that serves our nation so that we can all be free each and every day. The fabric, really, of America, is each and every one of those veterans who goes and serves and then some day comes back to their community and serves their community and their nation for the rest of their lives built upon the foundation that they received during their military service,” he said.

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8. [Other](#)

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Veterans Affairs Media Summary and News Clips

5 September 2018

1. [Top Stories](#)

1.1 - USA Today and The Boston Globe: [Bedsores, neglect, alleged abuse: Inside low-rated VA nursing homes](#) (4 September, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

The nurse's aide was busy getting a patient ready for bed when she noticed a commotion behind a privacy curtain on the other side of the room. She heard Russ Bonanno, a 94-year-old veteran, shout, "Ow, ow, ow." "It sounded like fighting," said Julee, who asked that her last name not be used out of fear of retaliation. When she went to check what was happening, she saw another aide trying to hoist Bonanno from his wheelchair to his bed, normally a two-person job.

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1.2 - U.S. News & World Report (AP): [Colin Kaepernick's Nike Deal Prompts Flurry of Debate](#) (4 September, Rob Maaddi, 23.9M uvm; Washington, DC)

An endorsement deal between Nike and Colin Kaepernick prompted a flood of debate Tuesday as sports fans reacted to the apparel giant backing an athlete known mainly for starting a wave of protests among NFL players of police brutality, racial inequality and other social issues. The deal unveiled by Nike and the former San Francisco 49ers quarterback was a trending topic on Twitter and other social networks, with some fans urging a boycott of the company's clothes and sneakers — even burning and cutting out the signature swoosh logos on their gear.

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1.3 - Military.com: [No Clear Plan to Fill More Than 45,000 Job Vacancies at VA](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans released eye-opening figures over the weekend showing that the VA had more than 45,000 full-time job vacancies — thousands more than had previously been reported. Under the new quarterly reporting requirements of the VA Mission Act, signed into law by President Donald Trump in June, the VA said that as of June 30 there were "45,239 overall vacancies at the department, out of a total of 419,353 full-time authorized and budgeted positions."

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1.4 - Military.com: [VA Working to Slash Opioid Use as Study Finds Ibuprofen May Be Just as Effective](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

After a year-long study showing that non-opioids can be just as effective and far less risky for treatment of most types of chronic pain concluded wrapped up early this year, the VA is seeing marked success in its effort to cut prescription rates for opioid drugs.

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1.5 - Military Times: [One in 10 VA jobs is unfilled, leaving gaps in veterans services](#) (4 September, Leo Shane III, 2.1M uvm; Springfield, VA)

More than one in 10 Veterans Affairs jobs is currently unfilled, a vacancy rate being downplayed by department officials but likely to raise serious worries among lawmakers who have already voiced concerns about a lack of medical professionals for veterans programs. More than 45,000

department posts are currently unfilled, with about 40,000 in the Veterans Health Administration alone, according to new data released by the department last week.

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1.6 - Stars and Stripes: [Lawmakers ask VA secretary to research marijuana as an alternative to opioids](#) (4 September, Nikki Wentling, 1.5M uvm; Washington, DC)

A bipartisan group of lawmakers are urging the new Department of Veterans Affairs secretary to research marijuana as a treatment for post-traumatic stress disorder and chronic pain. In a letter to VA Secretary Robert Wilkie on Thursday, the lawmakers asked him to initiate a “rigorous clinical trial” of the drug. In recent years, more veterans have come out in support of marijuana as a potential alternative to addictive opioids.

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1.7 - Times Union: [Report: Albany VA surgeon misrepresented surgery outcomes](#) (4 September, Bethany Bump, 1.5M uvm; Albany, NY)

A surgeon at the Stratton VA Medical Center in Albany misrepresented surgical outcomes to three cancer patients whose tumors later grew and needed additional operations, according to a report from the federal Department of Veterans Affairs' Office of Inspector General. The office conducted a review of the local veterans' hospital after a confidential complaint was made in January 2017 regarding its surgery services. A report was published last week.

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1.8 - WFED (AM-1500, Video): [New VA appeals trial an opportunity for both veterans and the agency](#) (4 September, Nicole Ogrysko, 854k uvm; Washington, DC)

It's been a year since Congress first passed the Veterans Appeals Improvement and Modernization Act and gave the Veterans Benefits Administration an 18-month window to implement the new program. The agency has less than six months now to stand up a brand new appeals process for veterans, many of whom have longstanding claims and have been waiting on a decision for years.

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1.9 - KPBS (NPR-89.5/PBS-15, American Homefront, Video): [VA Program To Lower Suicide Rate Has Few Takers](#) (4 September, Steve Walsh, 278k uvm; San Diego, CA)

The Veterans Health Administration in 2017 offered to treat vets who don't normally qualify for care because they earned a less-than-honorable discharge. Almost no one used the program. Now veterans' groups are hoping a change in the program will help that group of veterans when they struggle with thoughts of suicide.

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1.10 - WUNC (NPR-91.5, American Homefront, Audio): [The VA Has Expanded Its Crisis Line, Helping It Better Respond To Veterans In Need](#) (4 September, Sarah Harris, 165k uvm; Chapel Hill, NC)

If you're a veteran who's not doing so well - if you're suicidal, or depressed, or just want to talk - there's a number to call: 1-800-273-8255. The number rings at the Department of Veterans Affairs Veterans Crisis Line. Originally operated from a single call center in Canandaigua, N.Y.,

the line now has three centers and more than 600 responders. They answer about 2000 calls per day, many of them from veterans who are considering suicide.

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2. Greater Choice for Veterans

2.1 - The Hill: [Congress plans new meeting on spending bills](#) (4 September, Niv Elis, 11.8M uvm; Washington, DC)

The House and Senate will meet to sort out differences for the first package of 2019 spending bills on Wednesday, a month after the original meeting was abruptly cancelled. The meeting is the first step in an ambitious plan to pass nine of 12 spending bills ahead of the September 30 deadline to fund the government for the new fiscal year.

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3. Modernize Our System

3.1 - WTHI (FOX-10, Video): [New Temporary Va Clinic Opens In Terre Haute](#) (4 September, 191k uvm; Terre Haute, IN)

A new veterans clinic in Terre Haute has officially opened. The new VA Clinic is located along West Honey Creek Drive. A VA spokesperson told us this clinic is temporary and will only be used for a couple of years. A location for the new permanent VA Clinic has not been chosen.

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3.2 - Tribune Star: [New VA outpatient clinic opens in Terre Haute. Will serve as 'bridge' until larger facility opens in three years](#) (4 September, Alex Modesitt, 77k uvm; Terre Haute, IN)

A new outpatient clinic for veterans opened in Terre Haute on Tuesday and will serve as a "bridge" until the larger facility opens in three years, a Veteran Health Indiana spokesman said. The Veterans Affairs Community-Based Outpatient Clinic, now located on 380 W. Honey Creek Drive, is a third larger than the previous clinic and boasts several new treatment services.

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3.3 - ExecutiveGov: [VA to Leverage AI to Reform Customer Service; Rosetta Lue Quoted](#) (4 September, Monica Jackson, 20k uvm; Tysons Corner, VA)

Rosetta Lue, senior contact center adviser at the Department of Veterans Affairs' Office of Information Technology, said the department plans to employ artificial intelligence tools to reform its customer service operations, Federal News Radio reported Friday. Lue said during the Digital Government Institute's 930Gov conference that the federal agency will possibly rely on AI to analyze data from numerous call centers and websites, as well as automate tasks to further serve veterans and their families.

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4. Focus Resources More Efficiently

4.1 - Politico: [Soon-Shiong's hospital system declares bankruptcy](#) (4 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

The Senate Committee on Veterans' Affairs will hold a hearing Wednesday on James Paul Gfrerer's nomination to become the VA's first permanent chief information officer since the start of the Trump administration, Pro eHealth's Arthur Allen reports.

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4.2 - WTSP (CBS-10, Video): [Tampa Bay VA official defends nursing home after low ratings](#) (4 September, Courtney Robinson and Tim Chong, 1.5M uvm; Saint Petersburg, FL)
A USA Today report is giving scathing reviews to the nation's VA nursing homes, including in Tampa, prompting responses from local facilities. The report found several incidents that took place at Tampa Bay area facilities, from bed sores and falls to catheters left in bladders and patients left in serious pain.

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4.3 - WFED (AM-1500, Audio): [Looking for a job? VA has over 45,000 openings](#) (4 September, Eric White, 854k uvm; Washington, DC)
The Veterans Health Administration still has 40,000 vacancies to fill. The Veterans Affairs Department released its figures on employment vacancies as of June 30. The agency has close to 2,000 vacancies in the Veterans Benefits Administration and 2,500 vacancies in the department's staff offices. In total, VA has more than 45,000 open jobs. Agency leaders also released plans to fill the openings at VHA.

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4.4 - St. Cloud Times (Video): [St. Cloud VA scores 2 of 5 on quality indicators recently made public](#) (4 September, Jenny Berg, 192k uvm; Saint Cloud, MN)
Patients at St. Cloud VA Health Care System are more likely to report being in severe pain or receive anti-psychotic drugs than patients at private nursing homes, according to internal VA documents published by USA TODAY and The Boston Globe. USA TODAY and the Globe — which have been jointly investigating VA nursing homes — first published in June information on quality of care at VA nursing homes that was outlined in internal documents but not made available to the public.

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4.5 - The Daily News: [Unfair to cancel federal pay raise](#) (4 September, Mark Miller, 54k uvm; Iron Mountain, MI)

On Thursday, just before Labor Day, Trump showed what he thinks of workers, particularly the 686 federal workers who take care of our veterans at the Oscar G. Johnson VA Medical Center in Iron Mountain. Trump said, "We must maintain efforts to put our nation on a fiscally sustainable course, and federal agency budgets cannot sustain such increases," as he cancelled the 2.1 percent cost-of-living adjustment due to go into effect for federal employees on Jan. 1, 2019.

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4.6 - Radiology Business Journal: [VA radiologist earns White House Leadership Fellowship](#) (4 September, Subrata Thakar, 20k uvm; Providence, RI)

Michelle Dorsey, MD, the chief of radiology at the Phoenix VA Health System in Arizona, has been awarded a White House Leadership Fellowship. Dorsey is the first Department of Veterans Affairs (VA) physician and radiologist to earn the fellowship. She will join the White House Office of Management and Budget for the Customer Experience Cross-Agency Priority (CAP) Goal.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Psychology Today: [An Additional Therapy for Post-Traumatic Stress Disorder](#) (4 September, Eugene Rubin MD, PhD and Charles Zorumski MD, 11.8M uvm; New York, NY)
It is estimated that 13-20 percent of U.S. troops returning from Iraq and Afghanistan and about 30 percent of Vietnam-era veterans suffer from post-traumatic stress disorder (PTSD). However, PTSD is difficult to treat. Currently available treatments include SSRI antidepressant medications and certain psychotherapies.

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5.2 - The News-Press: [If the VA can stop Agent Orange, maybe it can stop red tide: your say](#) (4 September, John D. Hofstetter, 862k uvm; Fort Myers, FL)

A new NOAA research model indicates nutrients flowing from the Mississippi River may stimulate harmful algal blooms to grow on the continental shelf off the west coast of Florida. The peer-reviewed hypothesis is being published in a special issue on Florida Red Tide in the journal "Continental Shelf Research." According to the model, algal blooms form on the Florida Coast because of weather and gulf currents.

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5.3 - WEAR (ABC-3): [VA Clinics cancel, reschedule appointments ahead of Tropical Storm Gordon](#) (5 September, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The U. S. Department of Veterans Affairs has announced that all Veterans appointments that were scheduled on Tuesday, Sept 4 through noon Wednesday, September 5 will be canceled and rescheduled for patients in Biloxi, Mississippi and Mobile, Alabama.

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5.4 - Task & Purpose (Video): [Petraeus To Congress: It's Time To Get Serious About Burn Pits](#) (3 September, Jared Keller and Jeff Schogol, 102k uvm; New York, NY)

Retired Army Gen. David Petraeus urged Congress in an interview with Fox News on Monday to make good on its "sacred obligation" to support the growing number of veterans sickened by exposure to burn pits at U.S. military bases abroad. "By and large, our country does an extraordinary amount for our veterans and for those who are serving in uniform, and for their families," Petraeus, currently a board member for Iraq and Afghanistan Veterans of America, told Fox News.

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5.5 - American Military News (Video): [Petraeus: Helping veteran burn pit victims is 'sacred obligation'](#) (4 September, Laura Widener, 34k uvd; New York, NY)

A prominent retired Army general recently spoke out about the necessity of helping a group of veterans said to be abandoned by the U.S. government. Gen. David Petraeus, former commander of U.S. Central Command and Multi-National Force-Iraq, said America must aid service members who experienced numerous medical issues after exposure to burn pits on military bases, Fox News reported Monday.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - KNSD (NBC-7, Video): ['Suicide is my Cancer': Veteran Gets Help at VA Aspire Center](#) (4 September, Bridget Naso, 2.1M uvm; San Diego, CA)

At a graduation ceremony at the VA Aspire Center, Randy Elston receives a certificate and a coin symbolizing the start of a new life. The Marine veteran survived being struck by three improvised explosive devices while in combat in Iraq. And he has survived much more. "Suicide is my cancer, it's my disease," he says.

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6.2 - Task & Purpose: [If Congress Really Wants To Fix Our Veterans' Mental Health Crisis, It Will Pass The Hemp Act](#) (4 September, Lt. Col. Steve Danyluk, 629k uvm; New York, NY)

A veteran is 250 times more likely to die from suicide or an opioid-related overdose than their counterpart currently serving in Afghanistan. In 2017, according to icasualties.org, there were a total of fifteen U.S. military fatalities in Afghanistan. The same year, the Veterans Administration released a seminal report placing veteran deaths by suicide at an average of twenty per day. Anecdotal evidence suggests that many of these deaths are directly related to the over-prescription of opioids and other psychotropic medications that plague our veteran population.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Reboot Camp): [This GI Bill change was supposed to take effect Aug. 1. It still hasn't happened.](#) (4 September, Natalie Gross, 2.1M uvm; Springfield, VA)

It's been more than a month since the Veterans Affairs Department was required by law to change the way it calculates housing stipends for student veterans using the Post-9/11 GI Bill to pay for college. Yet the agency still has not completed the necessary technology updates to make that happen. Meanwhile, many veterans are sure to receive checks with the wrong amount — an error VA officials have previously said will not cost veterans money.

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7.2 - WFAA (ABC-8, Video): [Tiny home camp for homeless veterans begins in Dallas](#) (4 September, Monica Hernandez, 2.1M uvm; Dallas, TX)

Men and women who serve our country sometimes end up with no place to call home, forced to suffer on the streets. A new community aims to provide a haven for homeless veterans, all with

less than 200 square feet. North Texas Capacity Builders/Operation Tiny House, along with The Homeless Veterans Services, is preparing to open Dallas' first tiny home community for homeless veterans on West Elmore in South Dallas.

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7.3 - KSDK (NBC-5, Video): [Jefferson Barracks National Cemetery to expand](#) (4 September, 1.5M uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is growing. The St. Louis County Council voted unanimously Tuesday night to sell more than 33 acres of land in Sylvan Springs Park to the U.S. Department of Veterans of Affairs. Jefferson Barracks was simply running out of room and it would be completely full in ten years. The vote will allow the cemetery to continue to expand through 2045.

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7.4 - KSAZ (FOX-10, Video): [Veteran mounts protest, claims U.S. government "abandoned him"](#) (4 September, Linda Williams, 590k uvm; Phoenix, AZ)

An army veteran says he has been abandoned by the U.S. Government, and is taking to the streets hoping to get his story out. This is the second time Peter Soshea has taken to the streets with his banner. He's taking his case to the people because the government he served won't listen to him. On a busy street corner, Soshea, a cancer patient, sends a message to any one who will read it. "The VA, - Abandoned me."

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7.5 - WANE (CBS-15, Video): [Shepherd's House to receive grant to pay for 20 beds](#) (3 September, Ruben Solis, 444k uvm; Fort Wayne, IN)

After an uncertain year last year, Shepherd's House has learned of much different news when it comes to their funding. The organization has qualified for Department of Veterans Affairs assistance. The 2019 grant will help cover costs for 20 out of their 38 beds. "It feels good to reassure them, we're going to be here for the long haul," Shepherd's House manager Tracey Barr said.

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7.6 - KVLV (NBC-11, Video): [UPDATE: Construction for N.D.'s first VA national cemetery back on track](#) (4 September, Rose Itzcovitz, 198k uvm; Fargo, ND)

Construction is in full swing for the first-ever Veterans Affairs' national cemetery opening near Harwood, North Dakota. Despite earlier reports that the cemetery would be one year behind schedule in its opening, we're now hearing it's back on track. The cemetery was first set to open in 2018. And while it likely won't be ready that soon, it's not quite as behind as we were originally told.

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7.7 - WOAI (NBC-4, Video): [Understanding the appeals process for veterans](#) (4 September, 134k uvm; San Antonio, TX)

3-minute video: The Appeals Modernization Act provides a much better experience when dealing with the Veteran Benefit Appeals process. Find out what the new law requires of the VA and how to get more information.

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7.8 - WJMN (CBS-3): [VA to Host Workshops Transforming Uniforms to Handmade Paper](#)

(4 September, 38k uvm; Escanaba, MI)

The Oscar G. Johnson VA Medical Center's Suicide Prevention Program is pleased to announce a series of workshops on September 11 and 12 featuring artist Drew Cameron, of Combat Paper, who will help participants convert donated military uniforms into handmade paper.

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7.9 - Beyond Pesticides: [Vietnam Demands Compensation from Monsanto for Devastating Harm Caused By Agent Orange During War](#)

(4 September, 9k uvm; Washington, DC)

Washington, DC)

Close on the heels of the recent landmark California decision against Monsanto, maker of the glyphosate-based pesticide Roundup, Vietnam has demanded that the company pay damages to the many victims of its Agent Orange herbicide and defoliant, which Monsanto supplied to the U.S. military during the Vietnam War. (Monsanto was not the only U.S. manufacturer of the compound; there were nine in total.)

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7.10 - Fillmore County Journal: [State Veterans Cemetery – Preston receives certificate of recognition](#)

(4 September, Barb Jeffers, 6k uvm; Preston, MN)

State officials visited the Minnesota State Veterans Cemetery in Preston, Minn., on August 24, 2018, for a very special presentation, as the staff at the veterans cemetery was presented a certificate of recognition. The certificate of recognition was presented by Randy Reeves, Under Secretary for Memorial Affairs, with the U. S. Department of Veterans Affairs.

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8. [Other](#)

1. [Top Stories](#)

1.1 - USA Today and The Boston Globe: [Bedsore, neglect, alleged abuse: Inside low-rated VA nursing homes](#) (4 September, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

BEDFORD, Mass. – The nurse’s aide was busy getting a patient ready for bed when she noticed a commotion behind a privacy curtain on the other side of the room. She heard Russ Bonanno, a 94-year-old veteran, shout, “Ow, ow, ow.”

“It sounded like fighting,” said Julee, who asked that her last name not be used out of fear of retaliation. When she went to check what was happening, she saw another aide trying to hoist Bonanno from his wheelchair to his bed, normally a two-person job.

Julee said she watched the other aide simply toss the elderly dementia patient onto the bed.

“Let me tell you how brutal that guy was with the veteran,” Julee wrote to her supervisor two days after the alleged incident May 18. “After he was done, (we) went and checked Mr. Bonanno. The guy was wet. Everything needed to be changed.”

The aide accused of roughly handling Bonanno quietly resigned, but Julee, the aide who blew the whistle, was fired two weeks later. She said her supervisor told her she had attendance problems.

Welcome to one of the lowest-rated nursing homes for veterans in the nation run by the U.S. Department of Veterans Affairs. The facility, at the VA hospital in Bedford, Massachusetts, is among 11 nationwide to earn the lowest-possible one-star rating from the agency based on both overall quality and the results of surprise inspections. The ratings are on a scale of one to five, with one being the lowest.

The others are scattered from Lyons, New Jersey, to Prescott, Arizona, and from Dayton and Chillicothe, Ohio, to Tampa, Florida.

Concerning conditions

Bedford’s rating reflected an array of problems with care provided to the more than 200 veterans who live there, including bedsores, high rates of medication and decline of veterans’ health, according to statistics outlined in documents obtained by USA TODAY and The Boston Globe, which have jointly investigated VA nursing homes.

The poor grade for surprise inspections in part reflected the staff’s treatment of residents. In 2017, inspectors from the Long Term Care Institute found several instances of neglect, including a veteran lying naked in bed covered by a urine- and feces-stained sheet. Their report cited another veteran who struggled to shove food into his mouth with his hands after trying unsuccessfully to use a spoon. Staffers were nearby.

The report came against the backdrop of another resident who died in his bed in July 2016 while the nurse’s aide who was supposed to check on him played video games on her computer. The aide, who has since resigned, was supposed to check on Bill Nutter hourly because he had a condition that could cause his heart to stop without warning.

Joan Clifford, the Bedford VA hospital director who also oversees the nursing home, defended the quality of care there and said the team always strives to improve it.

“On my first day there, I walked all the units, and I was struck at how well cared for the nursing home patients were,” she said.

Clifford said Julee was fired for reasons she could not discuss and not for her reporting of the alleged abuse of Bonanno. She acknowledged that the aide accused of poor care was allowed to resign. If he hadn’t, she said, disciplinary “action would have been taken.”

Clifford said the one-star quality rating the facility received from the VA didn’t take into account the complexity of the patient population, which includes many patients with dementia or psychiatric problems.

“There have been improvements, and we’re expecting a better score next time,” she said.

‘Dandruff and heavy stains’

Her reassurances mean little to the family of Charles Amidon, a highly decorated veteran who once served as medical adviser to the South Vietnamese army. For four years, the retired lieutenant colonel has lived in Bedford VA’s Building 4, where Nutter died.

“We have experiences with civilian hospitals,” Amidon’s son, Christopher, said, noting that his father had stayed at a private, long-term care facility. “You see the level of care. It was like night and day. ... (In Bedford,) I noticed patients in wheelchairs sitting in the hallway who hadn’t been bathed. They had dandruff and heavy stains.”

Clifford said she couldn’t discuss individual veterans’ cases without the necessary releases from the patient or the family members.

The troubles in Bedford are part of a larger concern for the VA’s care of elderly veterans across the country. This year, the Globe and USA TODAY revealed that internal ratings showed 60 VA nursing homes – nearly half of the agency’s nursing homes nationwide – received the lowest ranking for quality as of Dec. 31, 2017. (Among the homes rated lowest for quality in the first quarter this year, only 11, including Bedford, also got one star ratings for surprise inspections.)

The agency released the ratings to the public only after the two news organizations asked questions about them.

Three months earlier, the VA gave one star to just 13 of its nursing homes nationwide, including Bedford. The number of worst-rated facilities increased to 60 when the VA changed the ratings to compare VA nursing homes with private facilities rather than just with each other.

Under the new system, Bedford rated worse than private nursing home averages on 10 of 11 key quality indicators last year, including rates of bedsores and residents in serious pain. Across the country, more than 100 VA nursing homes scored worse than private nursing homes on a majority of indicators.

After the reports by USA TODAY and the Globe, the House Veterans Affairs Committee launched an investigation and expects to hold a hearing this fall on VA nursing home care.

VA spokesman Curt Cashour said the agency uses the data “to drive improvements across the system,” noting that only one VA nursing home saw a significant decline this year. The VA has 133 nursing homes that serve 46,000 veterans annually.

Cashour has said agency nursing homes score lower on key quality indicators because they have residents with more complicated medical conditions, but “overall,” the VA nursing home system “compares closely” with the private sector.

He said the VA has worked since June to have patient information redacted from inspection reports of VA nursing homes by an outside contractor, Wisconsin-based Long Term Care Institute. He said the VA would release them once that is done.

In the meantime, they remain confidential, as they have been for nearly a decade.

Writhing in pain

The Bedford inspection report was one of two obtained by USA TODAY and the Globe. The other was on the VA nursing home in West Palm Beach, Florida, which also received one star out of five based on poor inspection findings.

Inspectors in March cited facility staff there for letting a resident sit for hours in soiled sheets. They left another with a bloodied boot. Two residents had bedsores, a potential sign of neglect.

Staff failed to medicate a resident who appeared to be writhing in pain during wound treatment and dressing changes, the report said. The resident, who suffered from dementia and Parkinson’s disease, moaned and groaned, grimaced, clenched his jaw and balled up his fists.

Inspectors found another resident crying out in pain who couldn’t participate in daily activities such as therapy. “The resident did not receive the care and services necessary to address the resident’s pain,” the report said.

Cashour said the facility has since recruited a new nurse manager who is “overseeing a robust improvement plan” for resident pain management and care delivery.

At the Bedford nursing home, Charles Amidon is largely bedridden with Parkinson's disease. His wife, Helga, said he can’t read or watch TV much because the VA-issued glasses don’t help his poor eyesight. Before early July, he hadn’t showered since April, though he may have been cleaned with a cloth in his bed. Last year, he came down with scabies, a contagious skin rash, that went undiagnosed for five months.

Amidon’s son, Christopher, said he saw a nurse mock the way his father walked, hunched over and breathing heavily. His father and other veterans sometimes waited hours for nurses to respond when they pressed their buzzers for help. In January, he said, his father called and said the staff had been slapping him.

Amidon himself said the care was “adequate.”

“There are some good people here,” he said.

His family said they believe he fears that if he complains, he will be treated even worse. His wife and son say that now that Amidon’s Parkinson’s disease has advanced, they are less afraid to

speak their minds about the quality of the care in Bedford. Previously, they had feared, like him, that anything they said could result in worse care.

"If I won the lottery, I would take my father out of there," Christopher said, explaining that placing his father in a high-quality private nursing home was unaffordable – costing tens of thousands of dollars a month.

All they hope for is to take Amidon to the family's summer home on Orrs' Island in Maine one last time, though they doubt their wish will come true.

"The morning light there is beautiful," Helga said.

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1.2 - U.S. News & World Report (AP): [Colin Kaepernick's Nike Deal Prompts Flurry of Debate](#) (4 September, Rob Maaddi, 23.9M uvm; Washington, DC)

An endorsement deal between Nike and Colin Kaepernick prompted a flood of debate Tuesday as sports fans reacted to the apparel giant backing an athlete known mainly for starting a wave of protests among NFL players of police brutality, racial inequality and other social issues.

The deal unveiled by Nike and the former San Francisco 49ers quarterback was a trending topic on Twitter and other social networks, with some fans urging a boycott of the company's clothes and sneakers — even burning and cutting out the signature swoosh logos on their gear.

Others pushed back, saying the backlash against Nike showed the polarizing debate has morphed well beyond whether NFL players should be allowed to demonstrate for social causes while the national anthem plays in stadiums before games.

The league itself weighed in Tuesday afternoon with an executive saying the social issues Kaepernick has raised are valid.

"We embrace the role and responsibility of everyone involved with this game to promote meaningful, positive change in our communities," said Jocelyn Moore, the NFL's executive vice president of communications and public affairs. "The social justice issues that Colin and other professional athletes have raised deserve our attention and action."

Moore's statement was paired with a detailed breakdown of things players and league executives have done together to learn about and address social issues, including community meetings, lobbying and financially supporting local programs.

On Twitter, country music star John Rich posted a picture of one of his crew members holding the tops of a cut pair of Nike socks, with the caption: "Get ready @Nike multiply that by the millions." The tweet garnered about 10,000 retweets and 30,000 likes, plus thousands of critical comments.

Rich, part of the duo Big & Rich and a former contestant of President Donald Trump's reality show "The Celebrity Apprentice," said he supported the right to protest but Nike lost his support when it endorsed Kaepernick.

Mixed martial arts fighter Elias Theodorou, a UFC middleweight, tweeted a widely shared picture of the Nike logo with a meme that read: "Instead of throwing away your Nike gear give to one of the millions of homeless veterans you pretend to care about."

Philadelphia Eagles safety Malcolm Jenkins said: "I hope other corporations follow (Nike's) example."

San Francisco 49ers cornerback Richard Sherman, tweeted: "Proud to be an @usnikefootball athlete. Stand for something or fall for anything. Few moments in history has that been more true!"

Trump, a frequent critic of protesting NFL players, said Tuesday in an interview with the Daily Caller that he thinks it's a "terrible message" for Nike to use Kaepernick in ads, but that it's their decision whether to use the quarterback.

"I think it's a terrible message that they're sending and the purpose of them doing it, maybe there's a reason for them doing it," Trump said, adding it's "a message that shouldn't be sent."

Trump said it's ultimately a business decision for Nike.

"In another way, it is what this country is all about, that you have certain freedoms to do things that other people think you shouldn't do, but I personally am on a different side of it," he said.

Trump has loudly urged the league to suspend or fire players who demonstrate during the anthem, repeatedly diving into what has developed into one of the most contentious debates in sports.

Kaepernick already had a deal with Nike that was set to expire, but it was renegotiated into a multiyear deal to make him one of the faces of Nike's 30th anniversary "Just Do It" campaign, according to a person familiar with the contract. The person spoke to The Associated Press on condition of anonymity because Nike hasn't officially announced the contract.

The person said Nike will feature Kaepernick on several platforms, including billboards, television commercials and online ads. Nike also will create an apparel line for Kaepernick, including a signature shoe, and contribute to his Know Your Rights charity, the person said. The deal puts Kaepernick in the top bracket of NFL players with Nike.

"I stand for anybody that believes in change. I stand for anybody that believes in a positive attitude," LeBron James said Tuesday night at a Nike fashion show and awards ceremony in New York. "I stand with Nike, every day, all day."

Nike also provides all NFL teams with game day uniforms and sideline apparel, a partnership that was extended in March to run through 2028.

Last week, Kaepernick scored a legal victory in his grievance against the NFL and its 32 teams when an arbitrator allowed his case to continue to trial. The quarterback claims that owners conspired to keep him out of the league because of his protests. His case hinges on whether owners worked together rather than decided individually to not sign Kaepernick.

A similar grievance is still pending by former 49ers teammate Eric Reid, a Pro Bowl safety who joined in the protests.

Meanwhile, the league and players union still haven't resolved whether players will be punished this season if they choose to kneel or demonstrate during the national anthem. Owners approved a policy requiring players to stand if they are on the sideline during "The Star-Spangled Banner," allowing them to stay off the field if they wish.

But the league and union put that on hold after the Miami Dolphins faced backlash for classifying the protests as conduct potentially detrimental to the team — putting players at risk of fines or suspensions.

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1.3 - Military.com: [No Clear Plan to Fill More Than 45,000 Job Vacancies at VA](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans released eye-opening figures over the weekend showing that the VA had more than 45,000 full-time job vacancies -- thousands more than had previously been reported.

Under the new quarterly reporting requirements of the VA Mission Act, signed into law by President Donald Trump in June, the VA said that as of June 30 there were "45,239 overall vacancies at the department, out of a total of 419,353 full-time authorized and budgeted positions."

Previous estimates on job vacancies at the VA had put the total at about 35,000.

The vast majority of the vacancies were on the healthcare side of the department at the Veterans Health Administration (VHA), where there were 40,456 vacancies out of a total of 375,953 full-time, authorized and budgeted VHA positions, the VA said.

In addition, there were about 1,978 vacancies in the Veterans Benefits Administration, out of a total of 25,560 full-time positions; 233 in the National Cemetery Administration, out of a total of 2,179 positions; and 2,572 in staff offices out of a total of 15,661 positions, the VA said.

"President Trump has made it clear that achieving the optimal workforce at VA is a top priority as we look to provide the best care and benefits to our nation's heroes," VA Secretary Robert Wilkie said in a statement accompanying the release of the figures Sept. 1.

Wilkie did not describe what "optimal" meant in terms of hiring, but said his "priority has been to have a clear and accurate picture of our vacancies, and getting this information out publicly is an important step in transparency to veterans and taxpayers."

How many of the total vacancies would be filled was open to question in a Congress that has yet to appropriate funding for the VA Mission Act itself and in an administration that began its tenure with a job freeze aimed at trimming the federal workforce.

However, members of Congress from both sides of the aisle have repeatedly pressed the VA to speed up hirings.

At a hearing of the Senate Veterans Affairs Committee in January, then-VA Secretary Dr. David Shulkin, who was fired by Trump in March, said that the latest figures from October 2017 showed that there were 35,345 full-time job vacancies at the VA.

He had previously said that filling the vacancies was the "single most challenging thing" holding up progress at the VA.

Sen. Johnny Isakson, R-Georgia, the Committee's chairman, told Shulkin "there are no excuses for why we don't correct the problems we've had hiring."

In the release Sept. 1, the VA said that its current workforce stands at about 374,000, the largest in federal government after the Defense Department.

From the start of Fiscal Year 2014 to the end of Fiscal 2017, VA achieved a job growth rate of 12.5 percent but that was offset by a job turnover rate of 9.2 percent.

However, the VA said that its turnover rate was better than other cabinet-level departments, which averaged a turnover rate of 11 percent in Fiscal 2017.

Hiring, particularly for the VHA, has been made more difficult by the "national shortage of healthcare professionals, especially for physicians and nurses," that has been noted by the American Association of Colleges of Nursing and the Association of American Medical Colleges, the VA said.

The VA cited a number of initiatives to boost hiring including, targeted nationwide recruitment advertising and marketing; the "Take A Closer Look at VA" trainee outreach recruitment program; expanding opportunities for telemedicine providers; and coordination with the Defense Department to recruit transitioning service members.

Under the VA Mission Act, the VA also has new authority to offer recent medical school graduates loan repayment opportunities in exchange for service in VA Medical Centers through the Specialty Education Loan Repayment Program (SELRP).

In the release, the VA stressed that job vacancies should not be equated with performance.

"The best indicators of adequate staffing levels include veteran access to care and health care outcomes -- not vacancies," the VA said.

One indicator, cited was the statistic for Fiscal Year 2018 showing that 21 percent of all appointments have been completed the same day that the appointment was requested.

Another indicator was the reduction in the average time it took to complete an urgent referral to a specialist from 19.3 days in FY 2014 to 3.2 days in FY 2017 and 2.0 days in FY 2018. In July, the number was down to 1.3 days, the VA said.

The VA also made the oft-repeated claim, backed up by outside studies, that "veterans receive the same or better care at VA medical centers as patients at non-VA hospitals."

The VA said that there was a variation in performance from one VA Medical Center to the next, but added that "the variation was even wider among non-VA hospitals."

"Despite a challenging and ultra-competitive market for filling healthcare positions across the country, VA has worked with Congress and other key stakeholders to deploy a number of new and important tools to help us reduce our vacancies," Wilkie said. "We are always looking for new ways to recruit high-quality talent, and will continue to do everything we can to provide the best quality care for our nation's veterans," he said.

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1.4 - Military.com: [VA Working to Slash Opioid Use as Study Finds Ibuprofen May Be Just as Effective](#) (4 September, Richard Sisk, 9M uvm; San Francisco, CA)

After a year-long study showing that non-opioids can be just as effective and far less risky for treatment of most types of chronic pain concluded wrapped up early this year, the VA is seeing marked success in its effort to cut prescription rates for opioid drugs.

"Many people do have expectations that opioids are just amazingly effective for pain. You know, it turns out that's probably not true," said Dr. Erin Krebs, a general internist and researcher at the Minneapolis VA Center for Chronic Disease Outcomes Research.

"We found in this trial no evidence that opioids were doing a better job for chronic pain than the non-opioid medications we already have on hand," said Krebs, who also is an associate professor of medicine at the University of Minnesota.

The VA's efforts to cut opioid prescriptions began well before President Donald Trump last October declared the opioid epidemic a national public health emergency.

"Nobody has seen anything like what is going on now" but "we can be the generation that ends the opioid epidemic," Trump said at a White House East Room ceremony.

In line with the VA's commitment to curb opioid use, the VA in January became the only health care system nationwide to post prescription rates for opioids.

The data on opioids dispensed by VA pharmacies showed an overall and sometimes dramatic decrease in their use by veterans for treatment of chronic pain from 2012 to 2018.

At the Manhattan VA Medical Center in New York, the rate was cut in half, from eight percent to four percent; at the Fargo VA Medical Center in North Dakota, the rate went down from 11 percent to five percent; at the C.W. Bill Young VA Medical Center in Florida from 15 to 6 percent; and at the West Los Angeles VA Medical Center in California from 16 to 7 percent.

According to the National Center for Health Statistics at the Centers for Disease Control and Prevention, more than 72,000 drug overdose deaths attributable to opioids occurred in 2017.

Of that total, the sharpest increase resulted from the use of fentanyl and fentanyl analogs (synthetic opioids), with nearly 30,000 deaths recorded, the CDC said.

The number of troops and veterans who succumbed to overdoses is difficult to determine, since the CDC and healthcare systems have different accounting methods, Krebs said in an interview last week. However, VA case studies indicate that veterans are twice as likely to die from an accidental opioid overdose compared to the general population.

The National Institutes of Health reached the same conclusion in a study on veterans' death rates from opioid "poisonings" in 2005 when the scope of the epidemic began to take shape in the national consciousness.

The objective of the study was "to describe the rate of accidental poisoning mortality in the Veterans Health Administration (VHA) during fiscal year 2005" and "assess differences with rates observed in the general U.S. population," NIH said.

"After accounting for gender and age distribution, VHA patients had nearly twice the rate of fatal accidental poisoning compared with adults in the general U.S. population," the study found. "Opioid medications and cocaine were frequently mentioned as the agents causing poisoning on death records."

To gauge the comparative effectiveness of opioids and non-opioids in pain treatment, Krebs oversaw a study on long-term results.

Her work, called the Strategies for Prescribing Analgesics Comparative Effectiveness (SPACE) study, was funded by the National Institutes of Health and the Patient-Centered Outcomes Research Institute.

"I wouldn't have been willing to bet much money on the outcome of this trial. This was a study where we really did not know how it was going to come out," Krebs said.

The study involved 240 patients, including 120 who received opioids, and 120 who were treated with non-opioids. She said 234 completed the year-long testing and follow-ups.

The test participants were experiencing chronic lower back and hip pain, and knee arthritis pain, which Krebs said were "the two most common reasons people take opioids long-term."

The non-opioids used in the study were mainly acetaminophen and anti-inflammatories such as ibuprofen, she said.

"We found in this trial no evidence that opioids were doing a better job for chronic pain than the non-opioid medications we already have on hand," Krebs said.

The official conclusion of the study was that "treatment with opioids was not superior to treatment with non-opioid medications for improving pain-related function over 12 months ... Results do not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain."

Krebs said high expectations for the effectiveness of opioid drugs are common across the general population, not just among veterans.

"So getting that word out is important," she said. "And not just getting the word out, but saying, 'hey, we do have effective existing treatments for pain and we have a lot of other options that certainly are safer and mostly, probably, work better as well.'"

These alternative treatments, she said, include exercise plans and other complementary therapies such as yoga and tai chi to work in combination with non-opioids for pain treatment.

According to the Department of Health and Human Services (HHS), the factors that led to the opioid epidemic are clear.

"In the late 1990s, pharmaceutical companies re-assured the medical community that patients would not become addicted to opioid pain relievers and healthcare providers began to prescribe them at greater rates," HHS said. "Increased prescription of opioid medications led to widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive."

When asked if she agreed with the HHS assessment, Krebs said it was complicated.

"There's a lot of blame to go around, but I think that's kind of the generally accepted narrative," she said.

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1.5 - Military Times: [One in 10 VA jobs is unfilled, leaving gaps in veterans services](#) (4 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — More than one in 10 Veterans Affairs jobs is currently unfilled, a vacancy rate being downplayed by department officials but likely to raise serious worries among lawmakers who have already voiced concerns about a lack of medical professionals for veterans programs.

More than 45,000 department posts are currently unfilled, with about 40,000 in the Veterans Health Administration alone, according to new data released by the department last week.

The rate was even higher among VA staff offices, with more than 2,500 vacancies, nearly 17 percent of the budgeted management posts.

The figures were touted as another step toward transparency in federal government by VA officials, but were mandated to be made public by Congress in the recently passed VA Mission Act. The data was released just before 5 p.m. on the Friday before the extended Labor Day holiday weekend.

VA officials also called the information release positive news for their department, since it shows their employee turnover rates "compare favorably with other large cabinet-level agencies."

But the number of vacancies — roughly 11 percent of the department's workforce — is almost 10,000 higher than total open positions reported by VA officials.

For months, Democratic lawmakers have said the rising number of vacancies threatens to undermine VA care and services, and have criticized department leaders for not doing enough to fill the roles.

They have also pressed Republican colleagues to require VA fill many of those open positions before expanding care options outside the VA system, arguing that not properly staffing hospitals and clinics undermines the department's ability to handle veterans' medical needs.

In a statement, VA said their health systems' "workforce challenges" mirror that of the larger American health care industry.

“There is a national shortage of healthcare professionals, especially for physicians and nurses,” officials said. “VHA remains fully engaged in a fiercely competitive clinical recruitment market.”

The department also issued a pre-emptive rebuttal to critics of the staffing issues, calling them in line with other large health care systems and that “the best indicators of adequate staffing levels include veteran access to care and health care outcomes, not vacancies.”

At his confirmation hearing in July, VA Secretary Robert Wilkie said he was not in favor of a “blunderbuss approach to filling the vacancies” because that could lead to a host of unqualified candidates undertaking sensitive department posts.

In a statement on Friday, Wilkie said that his department is “always looking for new ways to recruit high-quality talent, and will continue to do everything we can to provide the best quality care for our nation’s veterans.”

Lawmakers have also been critical of leadership gaps at the department. President Donald Trump has been unable to nominate a new head of VA health services since becoming president in January 2017, and numerous other top jobs have turned over in the last 20 months.

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1.6 - Stars and Stripes: [Lawmakers ask VA secretary to research marijuana as an alternative to opioids](#) (4 September, Nikki Wentling, 1.5M uvm; Washington, DC)

A bipartisan group of lawmakers are urging the new Department of Veterans Affairs secretary to research marijuana as a treatment for post-traumatic stress disorder and chronic pain.

In a letter to VA Secretary Robert Wilkie on Thursday, the lawmakers asked him to initiate a “rigorous clinical trial” of the drug. In recent years, more veterans have come out in support of marijuana as a potential alternative to addictive opioids.

“We believe VA has the authority, ability and capacity to carry out such a study,” they wrote. “Many of our nation’s veterans already use medicinal cannabis, and they deserve to have full knowledge of the potential benefits and side effects of this alternative therapy.”

Rep. Phil Roe, R-Tenn., and Sen. Dan Sullivan, R-Alaska, signed the letter, along with Democrats Sen. Jon Tester of Montana and Rep. Tim Walz of Minnesota.

Their appeal follows months of seeking help on the issue from former VA Secretary David Shulkin. During Shulkin’s last months in the job, Walz urged him to support marijuana research. Shulkin cited bureaucratic red tape as a reason why the agency couldn’t.

Wilkie, who was sworn in as VA secretary in July, hasn’t spoken publicly about medical marijuana as a potential treatment for veterans.

“I think this is an opportunity to get him on the record and get a more clear understanding of what his perception is about how the VA can conduct cannabis research,” said Eric Goepel, founder of the Veterans Cannabis Coalition, an advocacy group founded by veterans to promote the legal use of marijuana.

Nick Etten, a former Navy SEAL who founded the Veterans Cannabis Project, another veterans advocacy group dedicated to the medicinal use of marijuana, said he also has “no idea” where Wilkie stands on the drug. The lawmakers asked him for a prompt response to their letter.

“Secretary Wilkie has the opportunity to put medicine before politics and address one of the greatest needs of veterans right now, and that is alternative therapies for the signature wounds of war,” Etten said. “I hope he does the right thing and addresses this directly and aggressively.”

Roe and Walz, the chairman and ranking Democrat on the House Committee on Veterans’ Affairs, introduced legislation in April to clarify that the VA has the authority to study marijuana.

The purpose of the bill, titled the VA Medicinal Cannabis Research Act, is to push the VA to initiate research, but it stops short of mandating it.

The House committee unanimously sent the bill to the full House in May. However, it’s uncertain when – or whether – it will be scheduled for a vote on the House floor.

“Chairman Roe is still supportive of [the bill] but is open to other avenues to facilitate research, which is why he signed Senator Tester’s letter,” said Tiffany Haverly, communications director for Roe. “The chairman believes scientific evidence is needed before VA can determine whether or not medicinal cannabis is an effective treatment for veterans.”

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1.7 - Times Union: [Report: Albany VA surgeon misrepresented surgery outcomes](#) (4 September, Bethany Bump, 1.5M uvm; Albany, NY)

A surgeon at the Stratton VA Medical Center in Albany misrepresented surgical outcomes to three cancer patients whose tumors later grew and needed additional operations, according to a report from the federal Department of Veterans Affairs’ Office of Inspector General.

The office conducted a review of the local veterans’ hospital after a confidential complaint was made in January 2017 regarding its surgery services. A report was published last week.

The review centered around a procedure known as radiofrequency ablation, in which a special needle is inserted directly into a tumor and electromagnetic energy is applied. That produces heat which can destroy the tumor. Such procedures can be performed by a surgeon using ultrasound for guidance, or under the skin by an interventional radiologist.

The OIG report found that in the case of two patients — both men in their 60s with cirrhosis of the liver — the surgeon used this procedure but was unable to “ablate” or remove the tumors. When follow-up MRIs revealed even larger tumors, the surgeon called the patients and informed them the masses were residual or recurrent — leftover masses from the initial operation or new ones altogether.

“This was inaccurate,” the report notes of this characterization, adding: “Accurate information was necessary for (the patient) to have a full understanding of the actual outcomes, ongoing risks, and benefits, and the option to select another provider or facility for cancer care.”

A third patient of the surgeon, another man in his 60s with cirrhosis and Hepatitis C, received the same procedure on a 2.7-centimeter mass in his liver. A followup MRI "revealed a substantial portion" of the tumor was missed. The surgeon mischaracterized this outcome to the patient, as well, according to the report.

In all three cases, the patients were referred for follow-up procedures from an interventional radiologist, who was able to successfully remove the masses using imaging guidance.

The OIG report notes that the surgeon who performed the initial operations did not have adequate documentation showing their competence to perform the procedure, and recommended that the hospital review its credentialing and privileging program in response.

The report also recommended improvements to the hospital's peer-review program and professional practice evaluations, and called on Stratton to develop processes that will document, report and track all cases involving liver patients and procedure outcomes.

The Albany VA has already started implementing some of these recommendations, and improvements have been recognized by both regional and external reviews, hospital spokesman Peter Potter said Tuesday.

"When mistakes are made, Albany VAMC works to fix them in order to ensure veterans are getting all of the support, benefits and services they have earned," he said.

The surgeon, whose name was not provided, was not disciplined.

Albany VA Director Darlene Delancey, in a response to the OIG report, said the cases were referred to an ethics consulting team for review, but deemed out of their scope. The cases were then referred to local general counsel and human resources.

"The conclusion was there is no evidence of intentional or negligent misrepresentation of the clinical condition to the patients, and no basis for further ethical or disciplinary referral," she wrote.

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1.8 - WFED (AM-1500, Video): [New VA appeals trial an opportunity for both veterans and the agency](#) (4 September, Nicole Ogrysko, 854k uvm; Washington, DC)

It's been a year since Congress first passed the Veterans Appeals Improvement and Modernization Act and gave the Veterans Benefits Administration an 18-month window to implement the new program. The agency has less than six months now to stand up a brand new appeals process for veterans, many of whom have longstanding claims and have been waiting on a decision for years.

VBA has since published regulations, developed new IT capabilities and trained employees on the new system. Despite skepticism from critics, the department said it will be ready to fully roll out the new appeals program by the congressionally-mandated February 2019 deadline.

New process giving decisions in 100 days

In the meantime, VBA is encouraging veterans who have pending claims now to opt into a new process: The Rapid Appeals Modernization Plan (RAMP). Veterans who choose to participate in RAMP can select one of two review lanes.

Nearly 50,000 vets are participating in RAMP to date, said David McLenachen, director of VBA's appeals management office. Most veterans in the new program are receiving a decision within a 100-day average, he said.

VBA, however, still wants more veterans to opt in to the new program. It sees RAMP as an opportunity for veterans to get a decision on an appeal more quickly, and as a chance for VBA to prove itself while perfecting a relatively new process.

The agency is visiting local regional offices, talking to veterans claims attorneys and using social media to get the word out. It's also mailed roughly 300,000 letters to veterans with an invitation to try the program.

Still, VBA acknowledged that convincing veterans that a new program could suit their needs. Many of them are accustomed to the previous, complex process for filing claim.

"When you've been in a process for several years and using it, you've invested a lot of time into it, it's a very difficult choice to opt into something brand new," McLenachen said in an interview. "We really need veterans to understand that they can benefit from opting into the RAMP program."

Meanwhile, VBA is moving quickly behind the scenes to prepare for the program's full roll-out in February.

VBA had told the House Veterans Affairs Committee back in July that it planned to complete roughly 35 percent of needed IT upgrades for a new appeals system by the end of the summer. VBA's remaining IT work is expected to be done by December.

Sticking to a schedule

House committee members were skeptical of the new IT timeline. But VBA said VA's Office of Information and Technology had done a more thorough analysis of the project and adjusted the schedule from there.

"We have a very high-level of confidence," McLenachen said of VBA's planned IT upgrades. "The teams that are working on the veterans benefits management system have been for a number of years. They're very experienced, [and] they've worked together a long time. I have to rely on the information I receive from the IT officials, but they're very confident that this team is going to deliver on time, and I have no reason to question that estimate." The department is also enlisting the U.S. Digital Service, which is developing other tools for both VBA and the Board of Veterans Appeals to help speed up the decision-making process itself for claims and appeals, McLenachen said.

VBA is designing new training sessions on the changes in the appeals modernization law and the new RAMP program.

"Part of that 18-month implementation period that Congress gave us allowed us time to develop the training that we need to include what we learned from running the RAMP program,"

McLenachen said. “As we have lessons-learned in the RAMP program, we’re able to use that information to design the training that employees are going to need in the future, and that’s ongoing right now.”

McLenachen said 10 regional offices with 1,495 employees have been processing RAMP claims this past year. VA has requested funding for an additional 605 VBA employees for fiscal 2019, which McLenachen said will help the agency work through the new appeals program and address backlogged claims.

VBA is preparing for that hiring now, assuming the funding becomes available, he said.

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1.9 - KPBS (NPR-89.5/PBS-15, American Homefront, Video): [VA Program To Lower Suicide Rate Has Few Takers](#) (4 September, Steve Walsh, 278k uvm; San Diego, CA)

The Veterans Health Administration in 2017 offered to treat vets who don’t normally qualify for care because they earned a less-than-honorable discharge. Almost no one used the program.

Now veterans' groups are hoping a change in the program will help that group of veterans when they struggle with thoughts of suicide.

Roadside Bomb

At his home outside San Diego, former Marine Lance Cpl. Josh Onan keeps some photographs next to his TV. The photos are from his days as a Marine. In 2006, he was in Ramadi, Iraq when his Humvee was hit by a roadside bomb.

“I remember laying down in the truck. Waking up, there is dust and debris all over me,” Onan said. “And there was an Iraqi colonel, who is sitting in the truck with us and he’s just screaming, screaming and I don’t understand what he’s saying. So, that’s when I realized, ‘Oh here we go, something big is happening.’”

During the next year, Onan would be in and out of trouble: small infractions, which he chalks up to the amount of medication prescribed for his head injury and post-traumatic stress disorder. Then, while on leave, he was caught with a small amount of cocaine. That was it. He was kicked out of the Marines.

Onan looks at a picture of himself in his battle gear.

“I’m 32 years old now, and this guy is 20, and I look up to this guy,” he said. “I know it’s me but I miss everything about him. Sometimes it’s hard to find this guy.”

Onan is one of the thousands of veterans who have other-than-honorable discharges. They don’t typically qualify for VA benefits, even though vets like Onan have a high suicide rate.

To address that, the VA last summer started a new program: this group of veterans can come into the VA and be treated for mental health issues at least for 90 days.

KPBS asked the VA how many people used the program in the first year. The VA figures show nationally 115 veterans used the program. Advocates said the number is a fraction of the veterans who would now qualify for mental health care. Twenty-five of those patients were in San Diego.

"They came in saying they had an urgent need and they were evaluated and received care for that urgent need whether it was a substance use disorder or suicidal thoughts," said Dr. Neal Doran, of VA San Diego.

Veterans advocates are disappointed that just 115 people took advantage of the program. The VA released figures last year that estimated there are more than 500,000 veterans with other-than-honorable discharges.

"It's not possible that that's the number of people who need help. It's a failure to contact them. To fully inform them. And to break the stigma," said Kristofer Goldsmith, an Iraq vet who works with the Vietnam Veterans of America.

Vietnam Veterans of America lobbied the VA to help veterans with other-than-honorable discharges.

"It's a program that most people who are eligible for haven't heard of. Because the VA refused to do any outreach," said Vietnam Veterans of America Executive Director Rick Weidman.

He said the VA just didn't promote the program.

There was an internal debate over whether the VA could pay to reach out to veterans who normally don't qualify for VA care, Weidman said.

Illness Related To Service

The stakes are about to get higher.

Sen. Chris Murphy, D-Connecticut, along with a bi-partisan group of lawmakers, was able to insert language in a budget bill that turned the VA program into law. The new law will make all vets with other-than-honorable discharges eligible for mental health care if their illness is related to their service. The VA is also required to actively seek out the veterans who qualify.

The law also removes the 90-day cap, which makes the program begun last year even harder to navigate, according to Kate Richardson. She's the legal director for Swords to Plowshares, which has worked with other-than-honorably discharged veterans since the Vietnam War.

The VA has 180 days from when the law passed in March to start the new program. Finding those veterans will still be difficult.

"I felt shunned. I still feel shunned," Onan said.

After years of being rejected, Onan now is getting his PTSD treatment paid for by the VA. He said treatment has been a lifesaver, but he fears the alienation he felt will make it difficult for other vets to seek help.

"I wouldn't be surprised that a lot of them aren't alive," he said. "And the reason I say that, is without treatment and without proper care, even loved ones. I don't think I could have done it without God and my family. Every day I tell my wife, 'I'm done. I'm done.'"

The VA has not released details about how the new program will operate.

The VA released a written statement: "In July 2017, VA started providing urgent mental health care to former service members with Other Than Honorable (OTH) discharges. VA is currently in the process of writing implementation regulations which will provide further guidance on expanding mental health care outreach to service members in need."

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1.10 - WUNC (NPR-91.5, American Homefront, Audio): [The VA Has Expanded Its Crisis Line, Helping It Better Respond To Veterans In Need](#) (4 September, Sarah Harris, 165k uvm; Chapel Hill, NC)

If you're a veteran who's not doing so well - if you're suicidal, or depressed, or just want to talk - there's a number to call: 1-800-273-8255.

The number rings at the Department of Veterans Affairs Veterans Crisis Line. Originally operated from a single call center in Canandaigua, N.Y., the line now has three centers and more than 600 responders. They answer about 2000 calls per day, many of them from veterans who are considering suicide.

"A successful call in my mind is one in which someone is just about to kill themselves, and our responder talks them down, safety plans, does the consult, and gets them connected with their local VA," said crisis line Assistant Deputy Director Julianne Mullane.

Two years ago, more than thirty percent of calls rolled over to backup centers operated by subcontractors, or - in some cases - to voicemail. The VA was sharply criticized by veterans groups and members of Congress, who said the line's poor response rate meant the agency was failing vets in their time of greatest need.

"We had much more demand than we had capacity to satisfy that demand," said crisis line Deputy Director Robert Corrado.

He said that at the time of the complaints, the VA was in the middle of opening a second call center in Atlanta. There's now a third in Topeka, Kansas. The agency also changed the algorithm that routes incoming calls.

"We've gone from [call rollover rates of] thirty percent to less than one percent," Corrado said. "That means we're effectively answering every call that comes in."

Corrado measures the crisis line's success one anecdote at a time, like the call from the mother of a young soldier in Iraq whose girlfriend had just broken up with him.

"He was sitting in a tent somewhere in Iraq, and was Skyping with his mother," Corrado recounted, "and while he was Skyping, he was holding a gun to his head. So his mother called the crisis line and told us what was going on."

Corrado said responders were able to locate the soldier and get help from the Red Cross and military police.

"His mother actually watched as the Red Cross entered the tent, wrestled the gun away from him, and saved his life," Corrado said.

Stories like this are powerful. But one frustration for crisis line counselors is that they don't know what happens to callers once they hang up the phone. The calls are anonymous, and counselors don't follow up, so there's no easy way to measure success.

"I don't think we've gotten a good grasp on that," Mullane said. "I think we're constantly trying to figure out ways to better measure our efficacy."

But broader research on suicide hotlines suggest that they work. A 2017 study found almost 80 percent of people who called helplines said making the call stopped them from killing themselves.

"You diminish the crisis, you help someone through a very difficult time and decrease the risk that that this crisis will lead to a suicide attempt," said University of Quebec at Montreal psychology professor Brian Mishara, who studies suicide prevention.

But Misara adds that telephone help lines can't solve a caller's long-term problems. And Carrado agrees that the VA crisis line is only one tool in the effort to reduce veteran suicide rates - which are about twenty percent higher than rates in the general population.

"Our business is not to sit here and think, what can the VA do to eliminate the need for a crisis center," Carrado said. "Our job is what can we do at the veterans crisis line to provide service to those who need it."

The VA has rolled out a broader anti-suicide effort that includes offering treatment to suicidal veterans even if their mental health issues aren't service related. It's also recruiting more than 2000 additional mental health professionals to work in the VA system.

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2. Greater Choice for Veterans

2.1 - The Hill: [Congress plans new meeting on spending bills](#) (4 September, Niv Elis, 11.8M uvm; Washington, DC)

The House and Senate will meet to sort out differences for the first package of 2019 spending bills on Wednesday, a month after the original meeting was abruptly cancelled.

The meeting is the first step in an ambitious plan to pass nine of 12 spending bills ahead of the September 30 deadline to fund the government for the new fiscal year.

The chambers had been on schedule to conference the "minibus" package of three spending bills, covering Energy and Water, Military Construction and Veterans Affairs, and the Legislative

Branch, on July 12. At the last minute, a disagreement over how to fund a veterans health program led to that meeting being canceled.

The bipartisan Senate bill used emergency funding to pay for the Veterans Choice Program, leaving more resources for other veterans programs. The House bill funded the program as part of the spending cap.

While appropriators say they have made progress, and the House has penciled in a possible vote on the conferenced bill for Friday, the sides have not yet finalized a solution to the problem.

“It’s still being worked,” said Rep. Nita Lowey (D-N.Y.), the ranking member of the House Appropriations committee.

Sen. Richard Shelby (R-Ala.), the lead Senate appropriator, also said that progress had been made, but nothing was fully solved.

“Solved is a strong word,” he joked. “We think we’re working toward a resolution of it.”

In the meantime, the House confirmed a group of conferees for a second package of spending bills, the defense and the bill covering labor, health, human services and education.

While the Senate passed the bills together, the House has not yet voted on its version of the Labor bill, and is likely to skip the step altogether. Conservatives are unhappy with the idea of tying it to defense in conference, however.

“I’m not in favor of attaching Labor HHS to defense. Any time you do that, you’re using our military men and women as leverage in a way that’s not appropriate,” said Rep. Mark Meadows (R-N.C.), the chairman of the conservative House Freedom Caucus.

But when asked what sort of leverage the group had to prevent such a move, Meadows shook his head before replying: “Very little.”

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3. Modernize Our System

3.1 - WTHI (FOX-10, Video): [New Temporary Va Clinic Opens In Terre Haute](#) (4 September, 191k uvm; Terre Haute, IN)

A new veterans clinic in Terre Haute has officially opened.

The new VA Clinic is located along West Honey Creek Drive.

A VA spokesperson told us this clinic is temporary and will only be used for a couple of years.

A location for the new permanent VA Clinic has not been chosen.

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3.2 - Tribune Star: [New VA outpatient clinic opens in Terre Haute. Will serve as 'bridge' until larger facility opens in three years](#) (4 September, Alex Modesitt, 77k uvm; Terre Haute, IN)

A new outpatient clinic for veterans opened in Terre Haute on Tuesday and will serve as a "bridge" until the larger facility opens in three years, a Veteran Health Indiana spokesman said.

The Veterans Affairs Community-Based Outpatient Clinic, now located on 380 W. Honey Creek Drive, is a third larger than the previous clinic and boasts several new treatment services.

"We didn't just transfer the same old stuff when we moved buildings," VHI spokesman Peter Scovill said. "We wanted to significantly upgrade the services we offer before we take the next big step."

To help address the growing mental-health needs of veterans, the Terre Haute CBOC has expanded its services and now houses mental-health professionals at the clinic.

"It's great, because if someone showed up for a primary care visit and the nurse or physician noted the patient was in some sort of stress or crisis, they could be serviced by mental-health providers right there," Scovill said.

In that same vein, the clinic will now offer tele-health services that are aimed at reducing the number of trips veterans from the Wabash Valley would have to make to the VA hospital in Indianapolis.

Scovill said advancement of technologies in the medical field make telehealth, or communication with a medical specialist via a video call, more viable.

"Say a patient came in and was suffering from some cardiac malady," Scovill said. "We would now be able to take his vitals, run an EKG (electrocardiogram) and facilitate for a cardiac specialist to observe and talk to the patient via remote video feed."

Scovill said the clinic also plans to have a visiting cardiologist and pulmonary specialist in the office every Tuesday. He reiterated the clinic's expanded services are part of VHI's effort to reduce Valley veterans' trips to Indianapolis.

Scovill also touched on where VHI is in its process to build a new \$25 million, 37,000 square foot VA facility in Terre Haute.

He said solicitations for bids were sent out a little less than a month ago and are expected back sometime next Spring. From there, he said a bid will be selected and either renovation of an existing space or new construction will start.

The facility is on track to open in late-2021 or early 2022, Scovill said.

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3.3 - ExecutiveGov: [VA to Leverage AI to Reform Customer Service; Rosetta Lue Quoted](#) (4 September, Monica Jackson, 20k uvm; Tysons Corner, VA)

Rosetta Lue, senior contact center adviser at the Department of Veterans Affairs' Office of Information Technology, said the department plans to employ artificial intelligence tools to reform its customer service operations, Federal News Radio reported Friday.

Lue said during the Digital Government Institute's 930Gov conference that the federal agency will possibly rely on AI to analyze data from numerous call centers and websites, as well as automate tasks to further serve veterans and their families.

She added that there is still a need for the VA to standardize its data collection and storage processes to allow AI systems to correctly analyze the information.

"Besides the technology and websites, I really have to say, the place that we're finding all those nuggets of information is in that data and that data management approach to analytics and AI, natural language and robotics," the VA official explained.

The effort comes after the Office of Management and Budget required the VA and other agencies to modify their public service offerings under the President's Management Agenda.

VA Secretary Robert Wilkie recently announced that he will prioritize the overhaul of the department's customer service operations, which presents administrative and bureaucratic problems.

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4. Focus Resources More Efficiently

4.1 - Politico: [Soon-Shiong's hospital system declares bankruptcy](#) (4 September, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

[...]

The Senate Committee on Veterans' Affairs will hold a hearing Wednesday on James Paul Gfrerer's nomination to become the VA's first permanent chief information officer since the start of the Trump administration, Pro eHealth's Arthur Allen reports.

Gfrerer was a Marine for 20 years, including a stint as the first director of the Marine Corps Information Operations Center, which runs psychological warfare training and operations. He joined Ernst & Young in 2015 and previously was detailed to the State Department, where he focused on cyber issues.

The VA has not had a permanent chief information officer — the CIO also leads the VA's Office of Information and Technology — since Laverne Council left early in 2017. Camilo Sandoval, a former Trump campaign official, has been acting CIO since this spring.

The CIO will play a key role in the Cerner EHR implementation. The officer directly in charge of that project, Genevieve Morris, quit Friday after barely five weeks on the job.

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4.2 - WTSP (CBS-10, Video): [Tampa Bay VA official defends nursing home after low ratings](#) (4 September, Courtney Robinson and Tim Chong, 1.5M uvm; Saint Petersburg, FL)

A USA Today report is giving scathing reviews to the nation's VA nursing homes, including in Tampa, prompting responses from local facilities.

The report found several incidents that took place at Tampa Bay area facilities, from bed sores and falls to catheters left in bladders and patients left in serious pain.

According to the rankings by the Department of Veterans Affairs, Haley's Cove at James A. Haley Veterans Hospital in Tampa received one star out of five, while Bay Pines VA Healthcare System Community Living Center in St. Petersburg received two stars.

Dangel said VA facilities face more challenges than private facilities which make it more difficult for them to get high ratings in surveys.

"VA nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, terminal illness, and other conditions rarely seen in private nursing homes," he said.

"Also, private sector nursing homes admit patients selectively, whereas – unlike the private sector – VA will not refuse service to any eligible Veteran, no matter how challenging the veteran's conditions are to treat. In other words, VA nursing homes often house residents with more complex medical needs that private sector facilities will not accept, which makes achieving good quality ratings more challenging."

Dangel said Bay Pines is working to improve care by improving documentation, making more frequent rounds and retraining personnel. Also, Hale has improved all its care plans and revised how restraints are used to prevent falls.

Dangel sought to reassure veterans who receive their care at the facilities.

"The Tampa and Bay Pines VA CLCs deliver high-quality nursing home care. That's why hundreds of Veterans trust us with their care year after year."

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4.3 - WFED (AM-1500, Audio): [Looking for a job? VA has over 45,000 openings](#) (4 September, Eric White, 854k uvm; Washington, DC)

The Veterans Health Administration still has 40,000 vacancies to fill. The Veterans Affairs Department released its figures on employment vacancies as of June 30. The agency has close to 2,000 vacancies in the Veterans Benefits Administration and 2,500 vacancies in the department's staff offices. In total, VA has more than 45,000 open jobs. Agency leaders also released plans to fill the openings at VHA. They said VHA's workforce challenges mirror those

of the health care industry as there is a national shortage of health care professionals, especially for physicians and nurses. (Department of Veterans Affairs)

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4.4 - St. Cloud Times (Video): [St. Cloud VA scores 2 of 5 on quality indicators recently made public](#) (4 September, Jenny Berg, 192k uvm; Saint Cloud, MN)

Patients at St. Cloud VA Health Care System are more likely to report being in severe pain or receive anti-psychotic drugs than patients at private nursing homes, according to internal VA documents published by USA TODAY and The Boston Globe.

USA TODAY and the Globe — which have been jointly investigating VA nursing homes — first published in June information on quality of care at VA nursing homes that was outlined in internal documents but not made available to the public.

The data showed residents at more than two-thirds of Department of Veterans Affairs nursing homes last year were more likely to have serious bed sores and suffer serious pain more than counterparts in private nursing homes.

The nursing homes, called community living centers, are rated on 11 quality indicators such as residents developing bed sores and declines in daily living skills.

The St. Cloud VA got a rating of two of five stars as of Dec. 31, 2017. It scored worse than private nursing homes nationwide on six of the 11 quality indicators. Those are:

- Patients who reported pain in the past five days — 40.64 percent, compared to 5.59 percent at private nursing homes.
- Short-stay residents in serious pain in the past five days — 33.29 percent, compared to 13.32 percent at private nursing homes.
- Patients who received anti-psychotic drugs — 32.43 percent, compared to 15.48 percent at private nursing homes.
- Patients who had a catheter left in their bladder — 15.08 percent, compared to 1.83 percent at private nursing homes.
- Patients who got a urinary tract infection in the past month — 4.39 percent, compared to 3.42 percent at private nursing homes.
- Short-stay residents receiving anti-psychotic drugs — 3.15 percent, compared to 1.98 percent at private nursing homes.

Barry Venable, public affairs officer for the St. Cloud VA, said VA nursing homes tend to have a higher proportion of residents with various conditions that really aren't seen in nursing homes.

"We have a higher proportion of residents who have significant pain and pain issues," he said. "We see patients with spinal cord injuries, mental illness, homelessness, (post traumatic stress disorder), combat injuries, terminal illness and — the bottom line is — in many ways, our nursing home residents are very medically challenged."

Venable said the quality indicators are one of three measures that get combined to form each site's overall rating. The other indicators are survey results and staffing.

The St. Cloud VA's composite ranking is two stars, according to Venable. But the site's staff rating, he said, is five stars and takes into account the number of staff dedicated to patients and the frequency of care.

"In terms of staffing, nobody staffs nursing homes like the VA does," he said.

St. Cloud VA scored better than private nursing homes nationally in five indicators: short-stay residents who developed bed sores; patients who rapidly lost the ability to perform daily activities; patients who experienced a fall and suffered major injuries; patients who had serious bed scores; and patients who were physically restrained on a daily basis.

The data released by USA TODAY and the Globe in July showed 60 VA nursing homes — nearly half of the agency's nursing homes nationwide — received the agency's lowest quality ranking of one out of five scores.

In another story published Tuesday, USA TODAY and the Globe looked at the 11 VA facilities to earn the lowest-possible one-star rating from the agency on both overall quality and the results of surprise inspections; none of those are in Minnesota.

The USA TODAY and the Globe reported that "federal regulations require private nursing homes to disclose voluminous data on the health care they provide. The federal government uses the data to calculate quality measures and posts them on a federal website. ... But the rules don't apply to the VA."

The VA uses similar data to track quality at its nursing homes but none of the information was previously released to the public.

Following the reports by USA TODAY and the Globe, the House Veterans Affairs Committee launched an investigation and expects to hold a hearing this fall.

Venable said the quality indicator system wasn't designed so much as to report out as it was to report in and drive system improvements. The indicators are also the same ones used by Centers for Medicare and Medicaid Services to show private sector nursing home performance.

But because patient demographics vary between VA nursing homes and private facilities, comparing the quality indicators isn't always apples to apples, Venable said.

"These are not indicators of the care an individual is receiving. These are aggregate metrics across a facility and across a system. That's an important distinction," he said.

St. Cloud VA has a 225-bed community living center, which is on average about 93 percent occupied, Venable said. The VA also has a 148-bed residential rehabilitation and treatment program and a large outpatient medicine operation that serves about 39,000 patients each year.

"What's important is it's more transparency," Venable said of the quality indicators obtained by USA TODAY and the Globe. "It's making this data public so that veterans can be educated consumers of their health care, and the important point is not what you scored but what you're doing about it."

"What I can assure everyone of is our great staff here do, in fact, provide comprehensive and compassionate care to our veterans in our nursing home," Venable said.

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4.5 - The Daily News: [Unfair to cancel federal pay raise](#) (4 September, Mark Miller, 54k uvm; Iron Mountain, MI)

On Thursday, just before Labor Day, Trump showed what he thinks of workers, particularly the 686 federal workers who take care of our veterans at the Oscar G. Johnson VA Medical Center in Iron Mountain. Trump said, "We must maintain efforts to put our nation on a fiscally sustainable course, and federal agency budgets cannot sustain such increases," as he cancelled the 2.1 percent cost-of-living adjustment due to go into effect for federal employees on Jan. 1, 2019. Trump did this just days after saying "the economy has never been better." So the denial of the cost of living increase — actually less than the rate of inflation, —will result in a 3 percent decrease in real wages. The \$5 billion the COLA would cost is 1/30th the \$150 billion in Trump's tax cuts, most going to the wealthy, (83 percent, according to The Tax Policy Center, as quoted in the Daily Intelligencer in December).

I wrote U.S. Representative Jack Bergman with my concern. His answer:

"At a time when our national debt is greater than \$20 trillion and annual budget deficits are in the hundreds of billions of dollars, we must be vigilant about how we prioritize the federal budget. As your representative, I will support proposals that cut the size and scope of the federal budget, reform broken federal programs, and decrease our federal deficits each year."

In other words, Bergman parroted Trump and did not commit work to enact the well-deserved 2.1 percent COLA for the federal workers who cook the food, administer the medications, clean the floors, make clinical decisions, treat the PTSD, and ease the burdens of all the veterans who need, use and depend on the care provided by the Oscar G. Johnson VA hospital. These workers are not faceless bureaucrats, distant ciphers shuffling red tape. They are our neighbors, friends and family, taking care of Uncle Fred who was in Korea, cousin Jim who was in Vietnam and Ted, who came back from Iraq. The federal workers, like everyone else, need their pay to be adequate so they can support themselves and their families in Dickinson County.

Hope you had a happy Labor Day and will support the federal workers who labor in our community.

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4.6 - Radiology Business Journal: [VA radiologist earns White House Leadership Fellowship](#) (4 September, Subrata Thakar, 20k uvm; Providence, RI)

Michelle Dorsey, MD, the chief of radiology at the Phoenix VA Health System in Arizona, has been awarded a White House Leadership Fellowship. Dorsey is the first Department of Veterans Affairs (VA) physician and radiologist to earn the fellowship. She will join the White House Office of Management and Budget for the Customer Experience Cross-Agency Priority (CAP) Goal.

“This fellowship will prepare me to develop transformative, collaborative programs that can make genuine difference in the lives of veterans,” Dorsey told the American College of Radiology in a prepared statement. “In particular, I anticipate that my work in ‘customer experience’ will translate into actionable initiatives here in Phoenix to enhance veterans’ satisfaction with the delivery of care.”

Specifically, Dorsey will assist in the development of customer service improvement initiatives to areas like Medicare, veterans’ healthcare services, airport security screening, emergency and disaster relief and federal student aid.

“Cross-Agency Priority (CAP) Goals are a tool used by leadership to accelerate progress on a limited number of Presidential priority areas where implementation requires active collaboration among multiple agencies,” according to a federal government website. “Long-term in nature, CAP Goals drive cross-government collaboration to tackle government-wide management challenges affecting most agencies. As a subset of Presidential priorities, CAP Goals are used to implement the President’s Management Agenda and are complemented by other cross-agency coordination and goal-setting efforts.”

The ACR noted under Dorsey’s direction at the Phoenix VA, the department performed 150,000 exams in 2017 and had a 95 percent completion rate within 30 days. Measured rates of employee and patient satisfaction also increased under her leadership.

Dorsey believes radiologists can contribute a unique skill set to customer experience-related tasks as are able to solve problems using analytical thinking, where they detect and analyze abnormalities, can develop a differential diagnosis and can also consult and communicate with patients and referring physicians.

Dorsey noted “cross-agency initiatives can and should be approached in a similar fashion.”

“Ultimately everyone has their own path, and we must all find ways to advance the practice of medicine and improve the overall human condition,” Dorsey said. “As physicians, that is truly our highest calling.”

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5. Improve Timeliness of Service

5.1 - Psychology Today: [An Additional Therapy for Post-Traumatic Stress Disorder](#) (4 September, Eugene Rubin MD, PhD and Charles Zorumski MD, 11.8M uvm; New York, NY)

It is estimated that 13-20 percent of U.S. troops returning from Iraq and Afghanistan and about 30 percent of Vietnam-era veterans suffer from post-traumatic stress disorder (PTSD).

However, PTSD is difficult to treat. Currently available treatments include SSRI antidepressant medications and certain psychotherapies.

Preliminary studies indicate that treatments with different underlying mechanisms may also be helpful. For example, there is some evidence that MDMA (ecstasy)-assisted psychotherapy may be effective in reducing PTSD symptoms. Phase 3 studies are being launched to test MDMA in a large number of individuals. Another approach takes advantage of the fact that memories, when recalled, can be modified and then reconsolidated. Using this technique, a person recalls uncomfortable memories and is then given a drug that interferes with the reconsolidation of such memories. Currently available drugs like propranolol, a commonly used antihypertensive medication that can interfere with memory reconsolidation if administered at a specific time during memory recall, can be used for this purpose.

Jill Bormann and colleagues are studying a different approach to the treatment of PTSD—mantram repetition therapy. These investigators previously demonstrated that, when administered in a group setting, this therapy reduced PTSD symptom severity, improved sleep, and increased individuals' ability to manage their PTSD symptoms. In a more recent study published in the *American Journal of Psychiatry*, the Bormann group compared individually delivered mantram repetition therapy to present-centered psychotherapy, a treatment that has been shown to alleviate some symptoms of PTSD.

What is mantram repetition therapy? It is a type of mindfulness therapy based on the idea that silently repeating a "mantram" (a spiritually based word or phrase) helps a person focus attention, relax, and become more present in the moment. In the mantram repetition program, Bormann's group teaches mantram repetition along with two other techniques: "slowing down" and "one-pointed attention." (One-pointed attention is the ability to concentrate on one task at a time.) Taken together, these techniques teach individuals how to focus their thoughts in the present moment.

Present-centered therapy is a supportive, problem-solving psychotherapy. Like mantram repetition therapy, it does not involve recalling trauma-related memories. It has been shown to be more effective than a waiting list condition in treating symptoms of PTSD. In some studies, it has been used as a so-called "active control" in trials of therapies for PTSD.

The Bormann et al. study involved 173 veterans at two Veterans Affairs (VA) outpatient clinics who had been diagnosed with military-related PTSD. Standardized assessments were used to exclude individuals with other severe psychiatric disorders. Symptoms of PTSD were assessed with the Clinician-Administered PTSD Scale as well as a self-reported PTSD checklist. Participants were randomized to one of two groups: one received mantram repetition therapy and the other received present-centered therapy. Both groups met with therapists individually for eight 1-hour weekly sessions.

The individuals who received mantram repetition therapy had a greater decrease in PTSD symptoms at the end of the eight weeks of treatment than those who received present-centered psychotherapy. They also experienced better sleep outcomes. The results of this study suggest that relatively simple mindfulness techniques may lessen the symptoms of PTSD.

It should be noted that more than half the study participants were taking medications for PTSD when they were enrolled into the study. These participants had been on a stable dosage for at least the previous six weeks and were instructed to continue taking their medications as prescribed. There was no difference between the two study groups in medication use. The

investigators asked all participants to refrain from participating in other forms of psychotherapy during the course of the study.

More research is necessary to establish the efficacy of newer treatments for PTSD. It is possible that a combination of pharmacologic (SSRIs) and non-pharmacologic (mantram repetition, cognitive behavioral therapy, present-centered therapy) approaches may be helpful in treating this serious disorder. Symptom remission may be an achievable goal.

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5.2 - The News-Press: [If the VA can stop Agent Orange, maybe it can stop red tide: your say](#) (4 September, John D. Hofstetter, 862k uvm; Fort Myers, FL)

A new NOAA research model indicates nutrients flowing from the Mississippi River may stimulate harmful algal blooms to grow on the continental shelf off the west coast of Florida.

The peer-reviewed hypothesis is being published in a special issue on Florida Red Tide in the journal "Continental Shelf Research." According to the model, algal blooms form on the Florida Coast because of weather and gulf currents. The algae grows offshore, supplied with additional nutrients that appear to have originated from the Mississippi River, in a process driven by normal seasonal wind patterns.

According to the Veterans Administration all Agent Orange stopped at the mouth of the rivers. Therefore they do not have to give any Agent Orange Benefits to "Blue Water" Navy sailors who served in the harbors or Territorial Seas, because according to the VA they were not in Vietnam.

Maybe we can get the Veterans Administration to stop the nutrients at the mouth of the Mississippi river like they did in Vietnam and stop red tide. Just like it stopped Agent Orange illness in "Blue Water" Navy sailors.

John D Hofstetter, "Blue Water" Navy sailor, North Fort Myers

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5.3 - WEAR (ABC-3): [VA Clinics cancel, reschedule appointments ahead of Tropical Storm Gordon](#) (5 September, Ly'Nita Carter, 161k uvm; Pensacola, FL)

The U. S. Department of Veterans Affairs has announced that all Veterans appointments that were schedule on Tuesday, Sept 4 through noon Wednesday, September 5 will be canceled and rescheduled for patients in Biloxi, Mississippi and Mobile, Alabama.

The following appointments will have to be rescheduled:

- outpatient behavioral health
- primary care
- specialty care

The Biloxi and Mobile VA Outpatient Clinic operations will resume at noon Wednesday, Sept 5.

The Joint Ambulatory Care Center in Pensacola, Eglin Air Force Base VA Clinic, and Panama City Beach VA Clinics in northwest Florida will operate as normal on Tuesday, Sept 4. and Wednesday, September 5.

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5.4 - Task & Purpose (Video): [Petraeus To Congress: It's Time To Get Serious About Burn Pits](#) (3 September, Jared Keller and Jeff Schogol, 629k uvm; New York, NY)

Retired Army Gen. David Petraeus urged Congress in an interview with Fox News on Monday to make good on its “sacred obligation” to support the growing number of veterans sickened by exposure to burn pits at U.S military bases abroad.

- “By and large, our country does an extraordinary amount for our veterans and for those who are serving in uniform, and for their families,” Petraeus, currently a board member for Iraq and Afghanistan Veterans of America, told Fox News. “But comparing what our VA does to any other country’s care of veterans...this is the gold standard. Certainly, a gold standard that can always improve, without question. This is an issue, though, where we have a sacred obligation, and we need to meet that obligation.”
- In a July letter to Congress mentioned by Fox News and obtained by Task & Purpose, Petraeus called upon lawmakers to support the Burn Pits Accountability Act, legislation introduced in May that would direct the Department of Defense to include questions regarding burn pit exposure among U.S. service members health assessments.
- “If a service member reports being exposed, he or she will be enrolled in the Veterans Administration’s Airborne Hazards and Open Burn Pit Registry,” wrote Petraeus of the 154,000-veteran strong VA database. “Over time, this will increase the quantity of data that the VA can evaluate, better enabling it to determine the effect of burn pit exposure and to identify the most effective treatment for those affected.”

Claims arising from burn pit exposure claims are usually handled slowly and inconsistently by VA medical centers. Veterans’ advocates have for years urged the VA to define illnesses arising from burn pit exposure as presumptive-service connected disabilities tied to the circumstances of a deployment.

While the Pentagon and VA maintain that there is empirical evidence of correlation or causality between burn pit exposure and deadly respiratory illness among U.S. service members, a February ruling by an administrative court judge established an important precedent by detailing the connection between exposure and lung disease in a federal contractor.

As the IAVA noted in June, better data means better evidence. “Although established in 2014, only 141,000 have completed the registry questionnaire out of the 3.5 million veterans the VA says are eligible to register,” legislative director Tom Porter testified in June. “Only 1.7 percent of the post-9/11 veterans eligible to register have done so, and only 35 percent of IAVA members exposed have.”

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5.5 - American Military News (Video): [Petraeus: Helping veteran burn pit victims is 'sacred obligation'](#) (4 September, Laura Widener, 34k uvd; New York, NY)

A prominent retired Army general recently spoke out about the necessity of helping a group of veterans said to be abandoned by the U.S. government.

Gen. David Petraeus, former commander of U.S. Central Command and Multi-National Force-Iraq, said America must aid service members who experienced numerous medical issues after exposure to burn pits on military bases, Fox News reported Monday.

"It's a sacred obligation," Petraeus said, in an exclusive Fox News interview. "And by and large, our country does an extraordinary amount for our veterans and for those who are serving in uniform, and for their families."

Petraeus said this veteran group of burn pit victims has been largely ignored by Washington and Veterans Affairs, and have not been receiving adequate care for their medical issues.

"But comparing what our VA does to any other country's care of veterans... this is the gold standard. Certainly, a gold standard that can always improve, without question. This is an issue, though, where we have a sacred obligation, and we need to meet that obligation," he told Fox.

Military base burn pits have been used since the 1990s as a method of disposing various levels of waste, including toxic chemicals and medical waste. The open-air burn pits introduced several pollutants into the air, including carbon monoxide and dioxin.

During the Iraq War in 2005, more than 300,000 troops stationed in the Middle East were exposed to the fumes and smoke emitting from at least 63 burn pits.

More than 140,000 active duty service members and retirees are named in the Burn Pit Registry.

Thousands of veterans and contractors alike who returned from the Middle East reportedly developed numerous health problems, including cancer, respiratory issues and blood disorders – all of which is attributed to inhaling the chemicals and toxins from burn pits.

Petraeus noted that prioritizing the war made trash disposal a low priority.

"At that time we weren't worried about burn pits. We were worried about just getting enough water for our troops in the really hot summer," Petraeus said. "We were looking forward to the time where we might get some real food, real rations, as opposed to MREs and so forth."

"They obviously fought us back. But over time, in that tour, in particular, you start noticing other issues," Petraeus continued. "So, yes, there is serious combat going on. But you're noticing that there's this massive burn pit that is up-wind of us. So it blows over this huge base, Camp Victory, where we had 25,000 or more soldiers based and stationed."

"We had a number of other locations, again, where we had these burn pits. And you start to notice it more and more. And I got more and more concerned during that time – I mean, it'd been something I'd noticed previously," he said. "But now I realize that we've got all these soldiers who are, on really bad days, inhaling whatever it is that's being burned in these pits."

Although incinerators were discussed as a disposal option and some even brought in for use, problems operating the incinerators resulted in the continued use of burn pits as an easier option.

In a letter to Congress, Petraeus requested support for the Burn Pits Accountability Act.

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6. [Suicide Prevention](#)

6.1 - KNSD (NBC-7, Video): ['Suicide is my Cancer': Veteran Gets Help at VA Aspire Center](#)
(4 September, Bridget Naso, 2.1M uvm; San Diego, CA)

At a graduation ceremony at the VA Aspire Center, Randy Elston receives a certificate and a coin symbolizing the start of a new life.

The Marine veteran survived being struck by three improvised explosive devices while in combat in Iraq.

And he has survived much more. "Suicide is my cancer, it's my disease," he says.

Elston tells NBC 7 he struggled for nearly a decade. After returning from war, his injuries and life experiences started taking a toll - and he attempted to take his life, twice. "It seems so easy. It just seems like something you can turn off, but it isn't." He says veterans need to get professional help.

And on this day as Elston is surrounded by fellow veterans who are sharing how much he has inspired them and helped them through dark times, you can see why it was the Aspire Center that finally helped Elston breakthrough. "If you need something we're there for each other," he says.

Dr. Lu Le is the medical director and says this is about community. "That I am with brothers that are similarly struggling and this is not something that I have to suffer by myself," he says.

Lee says the challenge for many combat veterans is that they've survived terrifying high-stress situations most can never imagine. "It's the afterthought of like - the would've, could've, should've thinking and the self-blame and the guilt and sense of I didn't do enough or I did something that I shouldn't of done that really eats at the person," Lee tells NBC 7.

The Aspire Center is a comprehensive 6-month program where veterans get housing, food, group and one-on-one therapy. Elston says in the beginning, "You don't want to have to open up to other people, you don't want to have to say this is how I'm feeling ...but we have to."

The therapy helps veterans deal with the past trauma they have been unable to cope with up to now. Elston says, "They do it so intensively it really brings out a lot of those emotions." And getting through those emotions and getting help is the way to move forward.

As Randy Elston prepares to move forward to be reunited with his two young daughters in Arizona he wants other veterans to know it is important to get help. "It's not something you can do on your own," he advises.

As for that coin, it reads; "I came with hope, worked and learned, I have a new life, a life that I earned."

September is Suicide Prevention Awareness Month. On average every day nationwide 20 veterans take their own lives. If you need help or know someone who does the National Suicide Prevention Lifeline number is 1-800-273-8255.

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6.2 - Task & Purpose: [If Congress Really Wants To Fix Our Veterans' Mental Health Crisis, It Will Pass The Hemp Act](#) (4 September, Lt. Col. Steve Danyluk, 629k uvm; New York, NY)

A veteran is 250 times more likely to die from suicide or an opioid-related overdose than their counterpart currently serving in Afghanistan. In 2017, according to icasualties.org, there were a total of fifteen U.S. military fatalities in Afghanistan. The same year, the Veterans Administration released a seminal report placing veteran deaths by suicide at an average of twenty per day. Anecdotal evidence suggests that many of these deaths are directly related to the over-prescription of opioids and other psychotropic medications that plague our veteran population.

As a combat veteran who has spent more than a decade working with severely injured veterans, I can attest to the devastating effect that the reliance on VA-prescribed medications has had on my brothers and sisters. Veterans have even coined a term for this deadly cocktail: zombie dope. But this may change dramatically in the coming months, and the change will come from the most unlikely of sources, Mitch McConnell's 2018 Farm Bill and its ancillary Hemp Act.

The Farm Bill has already passed committee on the Senate side and has been sent to the House for review. Should it pass on the floor and be signed into law by President Donald Trump, it will put to bed any questions surrounding the federal legality of a hemp derivative that shows enormous medicinal promise: cannabidiol, or CBD.

Unlike marijuana, which contains little CBD, hemp is rich in the CBD compound and carries only trace amounts of THC. The World Health Organization recently released a report stating that CBD has "no addictive properties, is non-psychoactive, evinces no discernible side effects and shows great potential to serve as a viable form of treatment for a number of maladies." Many researchers believe CBD can be instrumental in weaning individuals off of an opioid addiction as well.

Surveys conducted by Warfighter Hemp, a company I founded and am a partner in, show that 90% of the veterans who use CBD derived from industrial hemp for chronic pain and 92% who use it for symptoms of PTSD report it as "highly effective," and a substantial number have reported that because of CBD they are now opioid-free.

Until now, hemp has largely been conflated with its more famous, or infamous, sister plant, marijuana. Both hemp and marijuana are forms of cannabis. But it is important to note that the two are separate plants in the cannabis family. McConnell's Farm Bill will codify this nuance by

defining industrial hemp as a federally legal agricultural product that can be shipped, along with its seeds and derivatives, throughout all fifty states so long as it contains less than .3% THC, and will definitely remove industrial hemp from the Controlled Substance Act.

Another pending bill that pertains to veterans and medicinal cannabis is HR 5520 co-sponsored by Reps. Tim Walz, Democrat from Minnesota, and Mike Coffman, Republican from Colorado, both of whom sit on the powerful House Veterans Affairs Committee. HR 5520 calls on the VA to initiate a study into the efficacy of medicinal cannabis for the treatment of chronic pain and PTSD.

Even if HR 5520 passes, though, considerable hurdles litter its path, the biggest one being that marijuana is listed as a Schedule 1 drug by the CSA. Assuming the Farm Bill passes, CBD derived from industrial hemp (which is not marijuana) will not be subject to the CSA. Not only can the study that HR5520 calls for proceed using hemp-derived CBD, the VA will be able to legally dispense CBD derived from industrial hemp to veterans as an alternative to opioids in the same manner that it currently issues Vitamin D and other supplements to veterans.

Finally, veterans will have a real opportunity to choose something other than the opioids that are taking so many lives.

Lt. Col (ret.) Steve Danyluk served 30 years in both the Active and Reserve Components of the Marine Corps and is a founder of Warfighter Consulting, a Limited Liability Corporation dedicated to raising awareness of CBD in the veteran community.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military Times (Reboot Camp): [This GI Bill change was supposed to take effect Aug. 1. It still hasn't happened.](#) (4 September, Natalie Gross, 2.1M uvm; Springfield, VA)

It's been more than a month since the Veterans Affairs Department was required by law to change the way it calculates housing stipends for student veterans using the Post-9/11 GI Bill to pay for college. Yet the agency still has not completed the necessary technology updates to make that happen.

Meanwhile, many veterans are sure to receive checks with the wrong amount — an error VA officials have previously said will not cost veterans money. The department will reimburse GI Bill users for any underpayments and let them pocket overpayments.

A VA spokesperson said in an email last week that the department was still working on the remaining technology updates and was in the process of preparing to notify students about the impact to their payments.

The VA blew through its original July 16 deadline to have the technology ready in time for the Aug. 1 launch of the housing stipend changes under the Forever GI Bill, passed last year. The new law states that the amount students receive for their housing allowance each month — equivalent to what an active-duty E-5 with dependents would receive — should be based on the

location of the campus where they take the most classes. Previously, the amount was based on the location of the school's main campus.

Although the Forever GI Bill set the deadline as Aug. 1, VA officials told Congress they needed more time and expected to have the changes made by the middle of August. The spokesperson did not return multiple requests for comment on a projected completion date.

"Many of the benefits that (the Forever GI Bill) ensures have already been implemented; however it's troubling to me that VA still has not yet finalized the IT systems needed to fully implement the law, despite having a year to do so," said Rep. Phil Roe, chairman of the House Committee on Veterans Affairs, whose Subcommittee on Economic Opportunity has held two hearings on the implementation of the bill. "It is now a month (past) the deadline set in the law and two weeks past VA's self-imposed deadline to have the system fully running, and the department's failure to do so is unacceptable as it could impact payments for upwards of 650,000 veterans."

Roe told Military Times he plans to "continue to conduct aggressive oversight of VA to ensure this law is properly and quickly implemented and see to it that VA fixes this serious problem."

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7.2 - WFAA (ABC-8, Video): [Tiny home camp for homeless veterans begins in Dallas](#) (4 September, Monica Hernandez, 2.1M uvm; Dallas, TX)

Men and women who serve our country sometimes end up with no place to call home, forced to suffer on the streets.

A new community aims to provide a haven for homeless veterans, all with less than 200 square feet.

North Texas Capacity Builders/Operation Tiny House, along with The Homeless Veterans Services, is preparing to open Dallas' first tiny home community for homeless veterans on West Elmore in South Dallas.

It's called Joanna's Veterans Camp, named after Joanna Webb-Murria, the late grandmother of North Texas Capacity Builders executive director Valerie Ballard, who once lived there.

From the outside, it looks like any other home in the South Dallas neighborhood.

Inside, it will be a community center for homeless vets. There's an office where veterans can be processed to be connected to services, an area where they can do laundry and a kitchen where they can cook. One veteran will live in the community center and be able to respond to veterans' needs 24/7.

In the backyard, there are five small wooden platforms. Each will hold a tiny home to provide emergency housing for homeless veterans. Each will be 170 square feet or less.

So far, one tiny home is complete, and will be moved onto the property Wednesday. The non-profit organizations is in desperate need of volunteers, donations and trailers to build more.

The goal is to build one dozen tiny homes for homeless veterans between September 11 and November 11, which is Veteran's Day. Churches and other community organizations are also offering up land for the project.

Roy Thompson is one of 52 veterans currently on a waiting list to live in a tiny home.

"From being in a proud position in the military to a not so proud position being homeless, everyone I'm sure looks at it different but for me it was degrading," said Thompson, a Marine Corps veteran.

Operation Tiny House is working with the VA in hopes of beginning a tiny home village for homeless veterans, with dozens of tiny homes on a 2.4-acre lot near the VA hospital and Veterans Resource Center in South Dallas. Veterans would grow their own food, and each would be assigned a specific job in the village.

"This is a dream come true for veterans just to get them off the street so they can have something of their own," said Ballard. "Some are unsheltered, living under bridges on streets. It is very important the community comes together and helps us to build these tiny houses."

"I'd like to ask people to help serve the people who have served. You know, freedom's not free," Thompson said.

Find more information on North Texas Capacity Builders/Operation Tiny House here or email tinyhousesforvets@gmail.com.

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7.3 - KSDK (NBC-5, Video): [Jefferson Barracks National Cemetery to expand](#) (4 September, 1.5M uvm; Saint Louis, MO)

ST. LOUIS COUNTY — Jefferson Barracks National Cemetery is growing.

The St. Louis County Council voted unanimously Tuesday night to sell more than 33 acres of land in Sylvan Springs Park to the U.S. Department of Veterans of Affairs.

Jefferson Barracks was simply running out of room and it would be completely full in ten years.

The vote will allow the cemetery to continue to expand through 2045.

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7.4 - KSAZ (FOX-10, Video): [Veteran mounts protest, claims U.S. government "abandoned him"](#) (4 September, Linda Williams, 590k uvm; Phoenix, AZ)

An army veteran says he has been abandoned by the U.S. Government, and is taking to the streets hoping to get his story out.

This is the second time Peter Soshea has taken to the streets with his banner. He's taking his case to the people because the government he served won't listen to him.

On a busy street corner, Soshea, a cancer patient, sends a message to any one who will read it.

"The VA, - Abandoned me."

Soshea is talking about the Department of Veteran's Affairs, which he says he's been fighting for more than 4.5 years to get benefits they owe him.

"This is pretty much the only thing i can do," said Soshea.

The 58-year-old served 12 years in the Army and the Coast Guard. Soshea says because the VA won't approve his claim that his Leukemia was caused by his service, he only gets 10% of his benefits, which amounts to about \$135 a month.

If it were at 100% for cancer, Soshea would receive over \$3,000 a month.

Soshea says an oncologist at the Phoenix Veterans Hospital has said his Leukemia was likely caused by his radiation exposure in 1980, as an Army Atomic Demolition Munitions Specialist. Despite filling out reams of paperwork, he says the Veterans Affairs won't acknowledge it.

"I think they're just waiting for me to die, and the chances of me dying are so high," said Soshea. "I've been on chemo everyday for the last six years, and that's how I've lost most of my teeth."

Soshea says he feels abandoned by the government, but not by his fellow Americans.

"People stop and thank me for my service, and honk when I'm sitting out there with my banner," said Soshea.

Late this afternoon, FOX 10 did receive a response from the Department of Veterans Affairs. Officials said they strive to provide veterans with benefits they have earned in a timely fashion, but that radiation claims like mr Soshea's are complex, and can take time to process. They are working to verify certain aspects of Soshea's time in the service, and will keep him informed throughout the process.

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7.5 - WANE (CBS-15, Video): [Shepherd's House to receive grant to pay for 20 beds](#) (3 September, Ruben Solis, 444k uvm; Fort Wayne, IN)

After an uncertain year last year, Shepherd's House has learned of much different news when it comes to their funding.

The organization has qualified for Department of Veterans Affairs assistance. The 2019 grant will help cover costs for 20 out of their 38 beds.

"It feels good to reassure them, we're going to be here for the long haul," Shepherd's House manager Tracey Barr said.

The shelter on Tennessee Avenue has been helping homeless veterans get back on their feet for the last 20 years.

"We have a social worker, we have case management, we have recovery classes here, we have psycho-education, we have everything that is available to a veteran, we have mental health," said Barr.

Last year, the nonprofit was on the brink of closing its doors after the VA initially denied their annual \$500,000 grant. After hearing of this, donations started pouring in from the community and Shepherd's House held fundraisers. The house then ended up receiving an extension for the 38 beds, but that money would only help them cover costs for at least a year.

While it's not the full funding they once received, the grant money this year means the organization can keep helping veterans, news Barr welcomes.

"We have 38 beds available in our facility but they approved us for 20, so we'll have to continue to fundraise and come up with other ways in which to fund the other beds," said Barr.

Barr said there is consistent fundraising coming to them, small and large. The house also has several fundraising events lined up.

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7.6 - KVLV (NBC-11, Video): [UPDATE: Construction for N.D.'s first VA national cemetery back on track](#) (4 September, Rose Itzcovitz, 198k uvm; Fargo, ND)

HARWOOD, N.D. - Construction is in full swing for the first-ever Veterans Affairs' national cemetery opening near Harwood, North Dakota. Despite earlier reports that the cemetery would be one year behind schedule in its opening, we're now hearing it's back on track.

The cemetery was first set to open in 2018. And while it likely won't be ready that soon, it's not quite as behind as we were originally told.

The Department of Veterans Affairs says it's set to open this coming spring or summer.

We spoke to a member of the construction company on site, Wilbert Cemetery Construction, based in Missouri. Superintendent, Cris Wilson, says the opening is all weather dependent.

"It's kind of a new thing for us," he said, "'cuz we're kind of based in the south, so this northern weather...snow was still on the ground when we wanted to start, so that pushed everything back a month, but everybody's working real hard, putting in extra hours to get everything opened up on time."

The construction company tells us it could finish up as early as this November—but more likely will be working until March. The VA says further steps will have to be taken after construction is finished before the cemetery can officially open.

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7.7 - WOAI (NBC-4, Video): [Understanding the appeals process for veterans](#) (4 September, 134k uvm; San Antonio, TX)

3-minute video: The Appeals Modernization Act provides a much better experience when dealing with the Veteran Benefit Appeals process. Find out what the new law requires of the VA and how to get more information.

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7.8 - WJMN (CBS-3): [VA to Host Workshops Transforming Uniforms to Handmade Paper](#) (4 September, 38k uvm; Escanaba, MI)

IRON MOUNTAIN – The Oscar G. Johnson VA Medical Center’s Suicide Prevention Program is pleased to announce a series of workshops on September 11 and 12 featuring artist Drew Cameron, of Combat Paper, who will help participants convert donated military uniforms into handmade paper.

Individual workshops will be held 9 to 11 a.m. CDT on Tuesday and Wednesday, September 11 and 12, in the medical center’s outpatient waiting area. A third session will be held from noon to 2 p.m. CDT on Wednesday in the outdoor pavilion behind the facility. Veterans do not need to bring a uniform to participate in the workshops.

September is Suicide Prevention Month and the VA medical center’s Suicide Prevention Program encourages Veterans and all those who support Veterans to seek out opportunities to make connections with one another. One of those opportunities can be found in participating in the meaningful experience of transforming something worn in military service into a piece of art.

Combat Paper is a workshop process that transforms military uniforms into handmade paper and is led by veteran Drew Cameron. The handmade paper can be created into prints, books and artwork that carries with it the experiences of military service in the transformed woven threads, repurposed into paper. Combat Paper is based in Iowa and has been facilitating workshops across the country for over a decade. Their work is archived in numerous public collections and libraries throughout the United States including the Library of Congress. www.combatpaper.org

Workshops are reserved for Veterans, Hospital guests, and staff. Uniform donations are also being accepted. For more information or to donate uniforms, contact Sharon Anastas at (906)774-3300 extension 32541 or Sharon.Anastas@va.gov.

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7.9 - Beyond Pesticides: [Vietnam Demands Compensation from Monsanto for Devastating Harm Caused By Agent Orange During War](#) (4 September, 9k uvm; Washington, DC)

Close on the heels of the recent landmark California decision against Monsanto, maker of the glyphosate-based pesticide Roundup, Vietnam has demanded that the company pay damages to the many victims of its Agent Orange herbicide and defoliant, which Monsanto supplied to the U.S. military during the Vietnam War. (Monsanto was not the only U.S. manufacturer of the

compound; there were nine in total.) U.S. forces, in a program dubbed Operation Ranch Hand, used more than 13 million gallons of the compound in Vietnam — nearly one-third of the 20 million gallons of all herbicides used during the war in Laos, Cambodia, and Vietnam. In Vietnam alone, 4.5 million acres were impacted by Agent Orange.

Nguyen Phuong Tra, a spokesperson for Vietnam's foreign ministry, said, "The [U.S.] verdict serves as a legal precedent which refutes previous claims that the herbicides made by Monsanto and other chemical corporations in the U.S. and provided for the U.S. army in the war are harmless. . . . Vietnam has suffered tremendous consequences from the war, especially with regard to the lasting and devastating effects of toxic chemicals, including Agent Orange."

Around the world, the U.S. case may be sparking bolder actions on the toxic weed killer. In that watershed decision, the jury in San Francisco County Superior Court awarded Dewayne "Lee" Johnson \$289 million in compensatory and punitive damages for his exposure to Monsanto's Roundup (whose active ingredient is glyphosate) that caused his subsequent development of non-Hodgkin's lymphoma, as well as for the corporation's deliberate and protracted cover-ups to keep the risks of exposure to glyphosate hidden from the public and regulators.

Agent Orange got its moniker because of the color of the band around the 55-gallon drums in which the chemical was transported. Other herbicides used by U.S. forces in Vietnam were identified as Agents White, Blue, Purple, Pink, and Green. The Orange version — comprising 2,4-D (2,4-dichlorophenoxyacetic acid, still widely used as a broadleaf herbicide) and 2,4,5-T (2,4,5-trichlorophenoxyacetic acid) — was used to defoliate food crops and forest cover used by North Vietnamese and Viet Cong troops during the Vietnam War. The toxic compound was sprayed heavily on forested areas, farmland and rice paddies, waterways, and roads. Military members — numbering approximately 2.6 million — were not the only people potentially exposed; crops and water sources used by non-combatant South Vietnamese people were also affected.

The compound contained significant amounts of the synthetic contaminant dioxin (2,3,7,8-tetrachlorodibenzo-p-dioxin), often called TCDD. Dioxins are highly toxic chemicals that persist for years in the environment (especially in soils, lake and river sediments, and the food chain), and accumulate in fatty tissues of animals. Dioxins are carcinogenic, toxic even at very low exposure levels, and responsible for both acute and long-term effects. They have been proven to cause not only cancer, but also, other grave health problems, such as birth defects, extreme rashes (chloracne and related conditions), and severe neurological and psychological issues. This has been true for both Vietnamese military and civilian people who were exposed, and for U.S. Vietnam-era service members. It should be noted that those in the military are not the only workers impacted by TCDD; workers in other sectors have registered health effects, including employees in pesticide manufacturing and transport facilities, farm and forestry operations, and pulp and paper mills.

Many Vietnam Era service members have long charged Agent Orange with responsibility for a host of maladies they suffered both in the field, and in the years after their return stateside. They began to link their exposures to Agent Orange with the myriad chronic health issues some were developing. In 1979, the first class action suit was brought against five manufacturers (with more added to the suit later on) in the U.S. District Court for the Southern District of New York. The suit was brought by the class comprising Vietnam veterans, and their spouses, parents, and children; it did not name the federal government as a third-party defendant. (A 1950 U.S. Supreme Court case gave rise to the Feres doctrine, which prevents claims against the federal government by armed forces members and their families for injuries arising from, or in the

course of, activity incident to military service.) The outcome was a settlement in the form of a \$180 million fund to be used to: (1) provide cash payments to totally disabled veterans and survivors of deceased veterans; (2) establish a class assistance foundation to help meet the medical, social, and legal service needs of members of the class; and (3) establish a trust fund for New Zealand and Australian class members. Because a settlement was made out of court, no determination of the causal relationship between Agent Orange exposure and veterans' health outcomes was made.

Subsequently, beginning with the first claims the Veterans Administration (VA) received related to Agent Orange in 1977, veterans' groups and other advocates have worked persistently to get recognition for the harms of Agent Orange to veterans — and in some cases, to their children — as well as coverage for medical needs and disability. It has been, no doubt, a maddening journey, with repeated delays in progress and glacially incremental expansion of coverages.

Any federal attempt to deal with coverage for exposed veterans started with the 1984 Congressional passage of Public Law 98-542, which “provide[d] compensation to Vietnam veterans for soft tissue sarcoma and require[d] the VA [U.S. Department of Veterans Affairs] to establish standards for Agent Orange and atomic radiation compensation” (which law the VA has been charged with largely ignoring). This was followed by a 1989 order, by a federal judge, that the VA reconsider 31,000 Vietnam Era vets' claims related to health impacts of exposure, and the Agent Orange Act of 1991, which established that certain diseases tied to chemical exposure would be presumed related to a veteran's military service and would make such veterans eligible for benefits.

This act really marked the beginning of at least passive acknowledgement, by the federal government, that its use of Agent Orange was causal of many health problems. The health issues covered by this “presumption policy” has grown over time to include: non-Hodgkin's lymphoma, soft-tissue sarcoma, and chloracne (1991); multiple myeloma, respiratory cancers, Hodgkin's disease, and porphyria cutanea tarda, a metabolic disease (1994); type II diabetes (2001); chronic lymphocytic leukemia (2003); AL amyloidosis (2009); chronic B-cell leukemias, Parkinson's disease, and ischemic heart disease (2010); prostate cancer (2015); and peripheral neuropathy (2016). VetsHQ is an online veterans' community that describes its mission as “helping ensure America's commitments to veterans and their families are honored.” Its website provides many tools for vets, and a very useful timeline of significant events in the Agent Orange saga.

A 2018 update on coverage from the VA is available [here](#). The agency reported in June of this year that its presumption policy — which sets out the diseases or syndromes that are assumed related to Agent Orange exposure — has resulted in increased utilization of VA healthcare benefits by veterans. The agency notes that a study by researchers from the War Related Illness and Injury Study Center (WRIISC) at the VA New Jersey Healthcare System found that the “law passed by Congress nearly 30 years ago [the Agent Orange Act of 1991] has largely met its goal: helping affected Veterans get the care they need.”

Yet progress in veterans receiving the support they need has been interspersed with plenty of setbacks, including denials of claims, government statements of inconclusive causation, and delays or failures of potentially helpful legislation. For example, until 2015, military personnel who worked in, on, or around the C-123 — the aircraft that delivered Agent Orange in Vietnam and elsewhere in Asia during or after the Vietnam War — were deemed ineligible for medical care and disability coverage for their exposures. These contaminated transport aircraft were never decontaminated after their Southeast Asia service, and some were repurposed, back in

the U.S., for basic transport operations, such as cargo shipping and medical evacuation missions.

The VA had declared that “dried residues” of Agent Orange in these C-123s were likely not harmful, but a 2014 study showed that people who worked on or around the C-123 were very likely to have been exposed to dioxin from those residues. Beyond Pesticides reported, in June 2015, that things were looking more hopeful, saying, “After years of denial and obstruction, Air Force and Air Force Reserve veterans now have the chance to receive compensation for their exposure to the highly toxic herbicide Agent Orange on contaminated aircraft used after the Vietnam War.” In that year, 1,500–2,100 service members did gain eligibility for coverage.

A further example of the difficulties veterans have had and continue to have: as Pro Publica reported in 2015, the 1991 Agent Orange Act made eligible for benefits veterans with certain diseases who “‘must have actually set foot on Vietnamese soil or served on a craft in its rivers (also known as ‘brown water veterans’),’ according to the Congressional Research Service. . . . Those who instead spent time on deep-water Navy ships (called ‘Blue Water Navy’ veterans) do not qualify unless they can show that they spent time on Vietnam land or rivers.” Now, in 2018, a U.S. House of Representatives bill (HR 299) that would extend Agent Orange disability benefits and health care to 70,000–90,000 veterans who served aboard ships in territorial waters off Vietnam during the war, passed the House unanimously, but is being opposed by the VA, which is urging the Senate to quash it.

Paul R. Lawrence, VA Undersecretary for Benefits, testified that “There’s still no credible scientific evidence to support extending Agent Orange-related benefits to shipboard personnel who never went ashore in Vietnam or patrolled its rivers. Without such evidence, he said, it would be wrong, and would create a disastrous precedent, to award VA benefits.” Although David Shulkin, the first VA secretary under the Trump administration, had said, one year into the job, “These veterans have waited too long and this is a responsibility that this country has. . . . It is a high priority for us,” the scorching comment from Mr. Lawrence came days after the subsequent secretary, Robert Wilkie, assumed the secretary post.

Pro Publica offers a helpful guide to which groups are covered for Agent Orange–related issues, or are seeking coverage. Those groups include: those who served in Vietnam; Air Force personnel exposed to contaminated C-123 aircraft; Blue Water veterans; those who served in or near the Korean DMZ (demilitarized zone), 1968–1971; Air Force personnel who worked in Thailand, 1961–1975; and children of veterans. Currently, kids of Vietnam Era vets with spina bifida qualify for benefits, and children of female vets qualify if they suffer from 18 other various conditions. There may be coming research on potential epigenetic effects on children of veterans that could add others to the coverage list.

Halfway across the world, people in Vietnam are dealing with many of the same health, never mind environmental (such as persistence of dioxin in the food chain) issues. In 2012, as Beyond Pesticides reported, the U.S. launched its first major effort to address environmental contamination brought on by its use of Agent Orange during the Vietnam War — after decades of denying Vietnamese requests for assistance in a cleanup. Five years later, PBS reported a mixed picture, and perhaps waning commitment, on keeping on top of that task, given costs. Whether Vietnam’s latest attempt to achieve some justice for its affected people bears future fruit — in what may, in light of the recent California award, be a changing landscape on corporate culpability for harms to human health — will be a development eagerly awaited by that country, and by advocates for policies on toxic chemicals that will actually protect people and our environments.

For more information about the legacy of Agent Orange, see Beyond Pesticides' Pesticide Induced Diseases Database.

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7.10 - Fillmore County Journal: [State Veterans Cemetery – Preston receives certificate of recognition](#) (4 September, Barb Jeffers, 6k uvm; Preston, MN)

State officials visited the Minnesota State Veterans Cemetery in Preston, Minn., on August 24, 2018, for a very special presentation, as the staff at the veterans cemetery was presented a certificate of recognition.

The certificate of recognition was presented by Randy Reeves, Under Secretary for Memorial Affairs, with the U. S. Department of Veterans Affairs.

Also attending the event was Pamela Powers, U. S. Department of Veterans Affairs Chief of Staff; Brad Lindsay, Deputy Commissioner of Programs and Services with the MDVA; Robert Gross, Administrator of the Minnesota State Veterans Cemetery – Preston; State Representative Greg Davids, Nathan Pike, Preston/Harmony Memorial Rifle Squad; Minnesota State Veterans Cemetery staff, members of the Patriot Guard, P.O.W. riders and others.

Reeves presented the certificate of recognition to Gross, which resulted in a rigorous round of applause from those in attendance.

The certificate reads: "In recognition of the ongoing partnership between the Minnesota State Veterans Cemetery at Preston and the National Cemetery Administration. Your cooperation was paramount in helping the NCA raise the national profile and importance of the American civic tradition of honoring veterans through memorialization. We respect and applaud your commitment to serving Preston-area veterans and families, maintaining your cemetery to the highest standards, and providing great customer service to everyone that visits."

"I greatly appreciate it," stated Gross, saying, "it's truly an honor" to receive the certificate of recognition.

"It's a very heartfelt location up here, both based on what we do but also I think based on everyone's reasons for being here and being a part of this," commented Gross.

"We wanted to come and we wanted to thank the supervisor and all of the team members here for your commitment to our veterans, but also for your generosity and hospitality in opening up this beautiful, beautiful cemetery to be a part of the story that we are telling across the nation about how our veterans are served," noted Reeves.

"My team came here to shoot the video that we did to be able to commemorate the 40th anniversary of the State Veterans Cemetery Program, but as soon as I saw that and as soon as I got the word back on the outpouring here, because I was going to be in the state, there was no way that I would not have come to Preston and there is no way I would not have been here to recognize this cemetery and its staff and to also recognize and thank this entire community," explained Reeves.

"The film crew that came out did a great job, but the reason that video turned out so well is because of the people and the sincerity of those of you that are here serving veterans every day," stated Reeves.

"When I was invited to come to the Preston cemetery I was very excited to meet you all and see all the great things you are doing for our veterans and their families," stated Powers.

"It's a really important mission taking care of our veterans and their families at a very difficult time," noted Powers.

Powers expressed to the staff at the veterans cemetery, "On behalf of the Secretary, we want to thank you guys for all you do," and adding, "it's a noble mission and I'm sure it's not easy," she said.

Powers, who grew up in Prior Lake, Minn., told the veterans cemetery staff, "It's good to be here, I look forward to learning more about what you do."

Reeves complimented Davids for his vital role in getting the veterans cemetery to Preston. "To me, there are two kinds of heroes; there are veterans and there are those who serve veterans – thank you for being the hero in this community and to our veterans for putting the priority in the state house to make sure that this is here," Reeves said to Davids. Davids is also on the Veterans Affairs Committee so it is clear how important veterans are to the state representative.

"The State Cemetery Program and the State Veterans Home Program are the most successful state and federal partnerships across the entire federal government," pointed out Reeves. "The two programs are things we can use as the models to push us forward to do all of those other things more and better together," he said.

Powers agreed, saying, "One of the things that is important to the Secretary is community and state partnerships," as she elaborated, "there is so much more we can do on that end across the spectrum of supporting veterans," including suicide prevention, homelessness, getting veterans employed and more.

"Minnesota is a very veteran friendly state," commented Lindsay, which is easily evident when meeting and talking with local residents.

"Without the commissioner and many, many people like him our success would not have happened – we have been able to do a lot in conjunction with the VA," expressed Reeves.

"I want to compliment the commissioner and his folks for the wonderful job that they do," stated Davids. Pike agreed as he also thanked Lindsay for all they do for our veterans.

Gross thanked everyone for their support including the Minnesota Department of Veterans Affairs saying, "MDVA has been nothing but supportive to us in our endeavors." He also noted that political involvement was crucial as he explained, "We couldn't have done it without support from the legislation – plain and simple," and also recognized the Preston/Harmony Memorial Rifle Squad, Patriot Guard and P.O.W. riders and the community for their commitment to veterans and their families.

Following the presentation of the certificate of recognition, the officials received a tour of the veterans cemetery from Gross.

Reeves, above all, wants to thank veterans. “Thank you for your service. Thank you for being that special 1% that serves our nation so that we can all be free each and every day. The fabric, really, of America, is each and every one of those veterans who goes and serves and then some day comes back to their community and serves their community and their nation for the rest of their lives built upon the foundation that they received during their military service,” he said.

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8. [Other](#)

From:

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Cc:

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Subject: [EXTERNAL] 4 September Veterans Affairs Media Summary and News Clips

Date: Tue Sep 04 2018 05:15:32 CDT

Attachments: 180904_Veterans Affairs Media Summary and News Clips.docx
180904_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

Document ID: 0.7.1705.683142-000001

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Filename: 180904_Veterans Affairs Media Summary and News Clips.docx

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Veterans Affairs Media Summary and News Clips

4 September 2018

1. [Top Stories](#)

1.1 - FOX News (Video): [Petraeus: US has 'sacred obligation' to help burn-pit veterans](#) (3 September, Lea Gabrielle and Perry Chiaramonte, 32.5M uvm; New York, NY)
Army Gen. David Petraeus, who was instrumental in guiding U.S. troops during the Iraq War, says that America's service members should be receiving assistance for the mounting medical issues that they fear have come as a result of being exposed to burn pits while stationed at military bases.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Las Cruces Fly Fishing Group Helps Heal Veterans With PTSD](#) (2 September, 23.9M uvm; Washington, DC)

A Veterans Administration clinic in Las Cruces is helping disabled military veterans deal with post-traumatic stress disorder through a program that uses the therapeutic benefits of fly fishing. Project Healing Waters is free for disabled veterans like Ray Kirby, who is haunted by experiences he went through during his service, the Las Cruces Sun-News reported.

[Hyperlink to Above](#)

1.3 - The Arizona Republic (Video): [Phoenix Veterans Affairs Center flooded with flowers after Sen. John McCain's death](#) (2 September, Bree Burkitt, 10.8M uvm; Phoenix, AZ)

It started with the arrival of an elaborate wreath from the Arizona Diamondbacks on Tuesday. The single floral arrangement arrived at the Carl T. Hayden Veterans Affairs Medical Center without any fanfare. Soon after, dozens of bouquets and floral arrangements poured into the Phoenix facility.

[Hyperlink to Above](#)

1.4 - Military.com: [Amputees in High Heels: VA Research Zeroes in on Quality of Life](#) (2 September, Richard Sisk, 9M uvm; San Francisco, CA)

Researchers from the Department of Veterans Affairs have played roles in a number of scientific and medical breakthroughs that have had a profound impact on modern life: the liver transplant, the nicotine patch and artificial lungs, to name just three.

[Hyperlink to Above](#)

1.5 - The Boston Globe: [Bed sores, neglect, alleged abuse: inside the Bedford VA nursing home](#) (4 September, Andrea Estes and Donovan Slack, 8.8M uvm; Dorchester, MA)

The nurse's aide was busy getting a patient ready for bed when she noticed a commotion on the other side of the room behind a privacy curtain. She could hear Russ Bonanno, a 94-year-old veteran, shouting "ow, ow, ow."

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2. [Greater Choice for Veterans](#)

2.1 - The Daily Item: [Valley VA doctors optimistic about new health care program](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

Two of the Valley's Veterans Health Administration-approved medical providers agree that the VA Choice program is problematic, at best, and are hopeful a new program can close the gaps in veterans health care.

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3. Modernize Our System

3.1 - KFSN (ABC-30, Video): [VA hospital expanding into Clovis](#) (3 September, Gilbert Magallon, 617k uvm; Fresno, CA)

A dirt lot on the northeast corner of Herndon and Armstrong is the future home of the Veterans Affairs Central California Health Care System's newest campus. The VA plans to transform the empty nine-acre space into their new ambulatory care center. "We know that that facility will help decompress our VA facility here in Fresno and that will ultimately turn and help our veterans," said spokesperson Cameron Porter.

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4. Focus Resources More Efficiently

4.1 - The Daily Caller: [The Government Needs To Hold More Federal Employees Accountable For Misconduct](#) (3 September, Rep. Louie Gohmert (R-Texas), 12M uvm; Washington, DC)

When Hurricane Harvey crashed onto Texas shores, the Federal Emergency Management Agency (FEMA) worked tirelessly to come to our citizens' aid. Unfortunately, in the months since then, information has been released regarding a top FEMA official who abused his position to harass co-workers and create inappropriate environments.

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4.2 - Military Times: [This week in Congress: Summer vacation is over](#) (3 September, Leo Shane III, 2.1M uvm; Springfield, VA)

The confirmation hearing before the Senate for Supreme Court Justice nominee Brett Kavanaugh will be the headline event on Capitol Hill this week, but Congress' return to Capitol Hill this week also means a flurry of defense-related work before the October recess arrives.

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4.3 - KSTU (FOX-13, Video): [Veterans receive mental health support, hope to break down barriers in 6th annual summit](#) (2 September, Jennifer Stagg, 1.6M uvm; Salt Lake City, UT)
Every day 20 United States military veterans commit suicide. That topic was front and center at the 6th annual Salt Lake Veterans Administration Mental Health Summit. The goal of the summit is to get out the message that there are resources to help veterans work through their problems.

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4.4 - Union Leader: [Sullivan wasn't the problem](#) (3 September, Vera R. Boals, 318k uvm; Manchester, NH)

To the Editor: It is beyond belief that you would try to blame Maura Sullivan for the problems of the Department of Veterans Affairs. I arrived here 14 years ago and found the Manchester VA Medical Center to be dirty, rude, and to lack the specialists that I needed to deal with my service connected disability. In short, totally typical of what I had come to expect of the VA.

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4.5 - Union-Bulletin: [Lawmaker talks health care with vets in Walla Walla](#) (2 September, Andy Porter, 60k uvm; Walla Walla, WA)

Improving health care for veterans was the center of a town hall held by U.S. Rep. Cathy McMorris Rodgers, R-Wash., Friday. McMorris Rodgers met with about 50 veterans at the VFW Post 992 on Colville Street as part of a daylong swing through Walla Walla. During the hourlong session, McMorris Rodgers heard both compliments and complaints about the VA health care system both locally and nationally.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - WFLD (FOX-32, Video): [Vets complain of poor VA dental care, non-profit group steps in to help](#) (3 September, Natalie Bomke, 579k uvm; Chicago, IL)

They fought for our country and now they are fighting for care. FOX 32 has learned of serious neglect in the national policy for our veterans' dental care. In some cases, the Department of Veterans Affairs is allowed to pull out all of a veteran's teeth, but not replace them, leaving the veteran toothless.

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6. [Suicide Prevention](#)

6.1 - KREX (CBS-5, Video): [GJ VA Suicide Prevention Outreach](#) (3 September, 34k uvm; Grand Junction, CO)

4-minute video: The Grand Junction Veterans Health Care System has hired Rainy Raeman as their new Suicide Prevention Coordinator.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Hill: [This Labor Day, let's remember the contributions of our vets](#) (3 September, Rory Riley-Topping, 11.8M uvm; Washington, DC)

As with many of our federal holidays, what we celebrate on Labor Day often times has nothing to do with the reason for the holiday's existence. Today, as we put away our white clothing and say farewell to summer, I encourage you to take a few minutes to appreciate the origins of Labor Day and also to acknowledge the current role that our nation's veterans play in the workforce.

[Hyperlink to Above](#)

7.2 - The Journal Gazette: [Shepherd's House gets cleared for VA funds](#) (3 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

Roughly a year after it was rejected and then approved for federal funds, a Fort Wayne shelter for homeless military veterans will receive a grant that pays for more than half its usual occupancy. Shepherd's House has learned it qualified for Department of Veterans Affairs assistance covering 20 beds in fiscal 2019, which begins Oct. 1. "We are grateful to the VA for continuing to work with us," Shepherd's House manager Tracey Barr said Sunday by telephone.

[Hyperlink to Above](#)

7.3 - Times Leader: [Wilkes-Barre VA opens Military Masterpieces gallery](#) (1 September, Mary Therese Biebel, 308k uvm; Wilkes Barre, PA)

"Three, two, one ... Yay!" After the countdown and before the applause, veteran John Wolczyk gripped an over-size pair of scissors on Friday afternoon and cut a red, white and blue ribbon to officially open "Military Masterpieces," a new art gallery at the Veterans Administration Medical Center that will showcase the work of residents in the facility's Community Living Center.

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7.4 - The Chippewa Herald (The Dunn County News): [Park packed for dedication of Vietnam veterans memorial](#) (3 September, Patt Eggert, 199k uvm; Chippewa Falls, WI)

Tom Prince Park in Colfax was packed the morning of Aug. 30, defying efforts to count or estimate the crowd. Colfax Superintendent of Schools Bill Yingst began the ceremony to dedicate a Vietnam Veterans memorial marker and sign. Assisting Yingst were Gary Stene, village president, Rev. Les Walck, Lutheran minister, state legislators Rep. Rob Summerfield and Sen. Terry Moulton, and Jake Leinenkugel, of the beer company family and now a veteran's affairs advisor in Washington, D.C.

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7.5 - KSLA (CBS-12, Video): [Golden Age Games athletes bring home the hardware. The ArkLaTex military veterans already are looking toward next year's competitions](#) (30

August, Marie Wixel, 192k uvm; Shreveport, LA)

Earlier this month, we introduced to you the ArkLaTex team of veterans who headed to New Mexico to compete in this year's National Veterans Golden Age Games. The multi-event sport is designed to improve the quality of life in our senior veterans. Now there's a little more excitement filling the gym at Overton Brooks VA Medical Center in Shreveport.

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7.6 - The Reporter: [Kelli's Heroes: October's North Bay Stand Down needs support](#) (2 September, Kelli Germeraad, 67k uvm; Vacaville, CA)

Each year in October organizers plan an event, the North Bay Stand Down, to assist homeless and at risk veterans in a three-day encampment where veterans can obtain local community, county, state and Veterans Administration benefits, services and resources. The North Bay Stand Down looks to reach out to the counties of Solano, Napa and Yolo for honorably discharged veterans who are homeless, as well as providing resources to those veterans...

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7.7 - Call Newspapers: [St. Louis County sells half of Sylvan Springs Park to expand Jefferson Barracks gravesites](#) (2 September, Gloria Lloyd, 400k uvd; Saint Louis, MO)

The plan to sell half of Sylvan Springs Park to the federal government to expand Jefferson Barracks National Cemetery is finally moving its way through the County Council after years tied up in court. The council is set to take a final vote on the \$2.5 million sale when it meets Tuesday.

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8. [Other](#)

8.1 - The Washington Post: [Organs infected with hepatitis C can now be transplanted](#) (2 September, Michael Ollove, 43.9M uvm; Washington, DC)

New antiviral drugs that promise a cure for the millions of Americans with chronic hepatitis are also benefiting another category of patients: those awaiting organ transplants. Those patients can now receive an organ that has tested positive for hepatitis C, and if they become infected, they can be administered the antivirals to rid them of the disease.

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8.2 - The Topeka Capital-Journal: [#TopCity What? Are there plans for the residential properties on the VA campus?](#) (3 September, Katie Moore, 853k uvm; Topeka, KS)

Federal, state and nonprofit entities will get first dibs on residences sitting empty on the Topeka VA campus. Reader Don Marker asked about the properties that sit on the northeast part of the campus through The Topeka Capital-Journal's #TopCity What?, which looks into questions submitted by community members.

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1. [Top Stories](#)

1.1 - FOX News (Video): [Petraeus: US has 'sacred obligation' to help burn-pit veterans](#) (3 September, Lea Gabrielle and Perry Chiaramonte, 32.5M uvm; New York, NY)

Army Gen. David Petraeus, who was instrumental in guiding U.S. troops during the Iraq War, says that America's service members should be receiving assistance for the mounting medical issues that they fear have come as a result of being exposed to burn pits while stationed at military bases.

Petraeus, the former commander of U.S. Central Command and Multi-National Force-Iraq, said it's time for the service members exposed to the dangers of burn pits -- and who say they have been abandoned by the Veterans Affairs Department and Washington -- to be provided with proper care.

"It's a sacred obligation," Petraeus, a retired four-star general, told Fox News during an exclusive interview at his Manhattan office. "And by and large, our country does an extraordinary amount for our veterans and for those who are serving in uniform, and for their families."

"But comparing what our VA does to any other country's care of veterans...this is the gold standard. Certainly, a gold standard that can always improve, without question. This is an issue, though, where we have a sacred obligation, and we need to meet that obligation."

The haphazard method of getting rid of trash, chemicals and even medical waste -- in open-air burn pits -- during the wars in Iraq and Afghanistan generated numerous pollutants, including carbon monoxide and dioxin -- the same chemical compound found in Agent Orange, the dangerous defoliant used during the Vietnam War from 1961 to 1971.

As early as Operation Desert Storm in 1991, burn pits were used on U.S. military bases in Iraq. At the height of the Iraq War in 2005, more than 300,000 troops were stationed there and potentially exposed to the smoke and fumes from burn pits. Estimates place the number of burn pits around that time at 63.

Thousands of veterans and former contractors returned from the Middle East and have developed cancer, respiratory problems and blood disorders from what they claim is their exposure to toxins from the flaming pits. More than 140,000 active-service members and retirees have put their names on a Burn Pit Registry created by the Veterans Administration.

Petraeus offered an explanation when asked about why burn pits were used on military bases, conceding that the realities of war kept concerns about how to dispose of waste a low priority at that time.

"At that time we weren't worried about burn pits. We were worried about just getting enough water for our troops in the really hot summer," he says. "We were looking forward to the time where we might get some real food, real rations, as opposed to MREs and so forth."

The general explained how the rebuilding of Iraq's infrastructure and the troop surge in 2007 were the high priorities at that time, but that the potential danger of burn pits was undeniable.

"They obviously fought us back. But over time, in that tour, in particular, you start noticing other issues," Petraeus said. "So, yes, there is serious combat going on. But you're noticing that there's this massive burn pit that is up-wind of us. So it blows over this huge base, Camp Victory, where we had 25,000 or more soldiers based and stationed."

"We had a number of other locations, again, where we had these burn pits. And you start to notice it more and more. And I got more and more concerned during that time -- I mean, it'd been something I'd noticed previously," he said. "But now I realize that we've got all these soldiers who are, on really bad days, inhaling whatever it is that's being burned in these pits."

Petraeus recalled during the sit-down that requests to install incinerators were made during the time of the surge and followed up when he moved to Central Command, but that it presented issues of its own.

"Well, it was something that had to be done for a long period of time," he said of burn-pit disposal. "But at a certain point, it set in that perhaps there's a better way of doing it."

"Incinerators were actually brought in in some cases. And then there were even problems just getting incinerators to work. Unfortunately, sometimes it was easier still just to put it in a hole and burn it."

Petraeus points out that our troops during that time were at what he calls a "survival stage" and many options did not exist to dispose of the massive amounts of waste generated on our military operations.

"You have to do something with that. And now it's way beyond just human waste," he says. "It's also all of the byproducts of just daily life. And a lot of that gets dumped into a hole in the ground, and gasoline, or whatever it is -- poured on it, and someone -- torches it. And it's the way of disposing of what otherwise can no longer be buried."

The general conceded that this crude method had persisted for a long time and that as bases grew in certain areas, burn pits also grew significantly.

"The results of those, this enormous plume of black smoke and so forth was very, very noticeable," Petraeus recalled. "[W]hen the wind was blowing and the burn pit was in operation at a number of these different bases."

"Needless to say, you'd try to put it so the wind wouldn't blow it over there. But the winds vary. And they changed. And there was never any perfect method to that."

Since 2013, Petraeus has been with global investment firm Kohlberg Kravis Roberts [KKR], where he serves as chair of their KKR Global Institute. He has also thrown his support behind efforts made in Washington to bring reform to the complicated process many veterans go through when they file a claim through the Veterans Administration.

In July, Petraeus sent a letter to Congress asking lawmakers to consider backing the Burn Pits Accountability Act -- a recent bill brought before Capitol Hill by Reps. Tulsi Gabbard, D-Hawaii, and Brian Mast, R-Fla.

"I know that you share the sense of obligation that virtually all Americans have to those who have stepped forward at a time of war," he wrote in the open letter.

While steps toward reform are underway, there still is cause for concern for our troops who are currently in Iraq.

A recent report from Fox News shows that burn pits are still being used in at least one military base in Iraq.

In a series of images obtained exclusively by Fox News, a burn pit near Camp Taji, Iraq, is seen spewing thick clouds of black smoke into the air on a near-daily basis. According to one soldier stationed at the base, the pits are set ablaze as many as five times a week. The images were taken on and around June 3.

The pits, seen in the pictures originally provided, are situated in a part of Camp Taji known as an "amber zone" — an area adjacent to U.S. Military operations where Iraqi National Forces operate. The soldier told Fox News that while the unit's part of the camp is not using burn pits for trash disposal, it's not exactly clear where their trash ends up.

When asked about his thoughts on the burning still going on so close to where U.S. troops are stationed, General Petraeus expressed trepidation when seeing photos of the pits being operated in Taji's amber zone.

"It's actually the Iraqis who are using those now. But that still is a concern for us. And it should be," he says. "I think as time has gone by we have come to realize that this is a bigger issue than clearly it was in the earlier years of these two wars."

"And with that awareness, obviously we can certainly do a better job."

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1.2 - U.S. News & World Report (AP): [Las Cruces Fly Fishing Group Helps Heal Veterans With PTSD](#) (2 September, 23.9M uvm; Washington, DC)

LAS CRUCES, N.M. — A Veterans Administration clinic in Las Cruces is helping disabled military veterans deal with post-traumatic stress disorder through a program that uses the therapeutic benefits of fly fishing.

Project Healing Waters is free for disabled veterans like Ray Kirby, who is haunted by experiences he went through during his service, the Las Cruces Sun-News reported .

The local group has about 10 veterans who participate regularly and gets one or two new members each year.

Kirby's life was on a downhill spiral after he returned from a tour in Iraq where he saw "mankind at its absolute worst."

He was diagnosed with PTSD in 2006.

He's gone through two failed marriages and was kicked out of his mother's Las Cruces home after a few months of living there.

"I was angry at the military," he said. "I was angry at myself. I was angry at the world. I drank and drank. I was in denial."

The Army veteran happened to see a brochure on the program in 2012 at the Las Cruces VA clinic.

He was connected to fellow veteran Ron Bellerose who leads the program and taught Kirby the basics of fly fishing.

Project Healing Waters provides members with rods, reels, flies and supplies for making them and covers travel and all related costs for overnight fishing trips.

The program takes members on two to three trips per year. Most excursions are overnight trips because of the lack of fishable streams in southern New Mexico.

Kirby remembers one November day when he joined the group for a fly fishing trip to Rio Penasco in southern New Mexico.

He didn't catch any trout that day, but he loved it nonetheless.

"It felt so good — listening to the wind, hearing the birds chirping," he said. "It was a cold, rainy day, but I will never forget it."

Kirby still struggles with mental health issues and is trying hard to stay away from alcohol for good, but he said fly fishing has helped him cope and he is in better shape today because of it.

"Compared to where I was, (I'm) a billion times better," he said. "I don't have nightmares as often. I'm still working on managing my emotions."

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1.3 - The Arizona Republic (Video): [Phoenix Veterans Affairs Center flooded with flowers after Sen. John McCain's death](#) (2 September, Bree Burkitt, 10.8M uvm; Phoenix, AZ)

It started with the arrival of an elaborate wreath from the Arizona Diamondbacks on Tuesday.

The single floral arrangement arrived at the Carl T. Hayden Veterans Affairs Medical Center without any fanfare.

Soon after, dozens of bouquets and floral arrangements poured into the Phoenix facility.

The countless donations were the result of one line on Sen. John McCain's website:

"If so inclined, flowers may be sent to your local VA Hospital. Thank you."

McCain, who died of brain cancer on Aug. 25 at age 81, was a Navy aviator who was shot down over North Vietnam in 1967 and held as a prisoner of war until 1973. Throughout his life, he frequently advocated for veterans.

The simple request on the bottom of the web page brought nearly a hundred arrangements to the Phoenix facility, said Cindy Dorfner, chief of public affairs for the Department of Veterans Affairs.

Dorfner and other officials didn't know of the six-term Republican senator's wishes until they were inundated with flowers.

Some were from notable names, like Massachusetts Congressman Joe Kennedy. Many came from mourners throughout the state.

"In honor and memory of Senator McCain and his service to this great nation," one person wrote on the card that accompanied an intricate patriotic wreath.

The numerous arrangements were dispersed throughout rooms of residents in the community living center and rooms of veterans staying overnight for in-patient procedures. Others were placed in common areas and the chapel.

The McCain family also donated dozens of calla lilies from Thursday's memorial service at the North Phoenix Baptist Church.

"We are honored the McCain family thought of doing this, and we know it brightened the day of many veterans," Dorfner said.

McCain's death resonated with the residents in the community living center, Dorfner said. Many of them also had served in the Vietnam War and were the same age as McCain.

They quietly held their own memorial service in remembrance of McCain during the week, which was filled with larger ceremonies in Arizona and Washington, D.C.

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1.4 - Military.com: [Amputees in High Heels: VA Research Zeroes in on Quality of Life](#) (2 September, Richard Sisk, 9M uvm; San Francisco, CA)

Researchers from the Department of Veterans Affairs have played roles in a number of scientific and medical breakthroughs that have had a profound impact on modern life: the liver transplant, the nicotine patch and artificial lungs, to name just three.

And now, as they seek to meet the needs of an increasingly diverse population of wounded and disabled veterans from the current era of war, VA design experts say they're going beyond barebones medical needs and aiming to help vets live more comfortably, with technology adapted to their lifestyle and interests. It's work that requires them to listen to veterans more closely and involve them and their feedback in the development process to a greater extent than ever before.

One example of this work can be seen at the Office of Research and Development of the Department of Veterans Affairs, where they've come up with a 3D-printed ankle and foot device for a prosthetic leg to give amputees adjustable heels.

Thanks to this research, stilettos are no longer out of the question for veteran amputees. Outside researchers at Johns Hopkins University and elsewhere have developed similar devices, but Dr. Andrew Hansen of the Minneapolis VA Healthcare System said the VA's "Shape & Roll" prosthetic foot is unisex.

"This study focused on high heels, but the results work just as well for cowboy boots," Hansen said in a VA release.

The adjustable-heel prosthetic was an example of VA's commitment to research in areas that haven't been pursued by the private sector, said Dr. Rachel Ramoni, the VA's chief research and development officer.

"Actually, there's a couple of things going on with 3D printing; you can print a foot for every type of shoe," Ramoni told Military.com.

The foot-ankle prosthetic also demonstrates a willingness at the VA to take feedback from wounded and disabled veterans themselves on what they need to accommodate the lifestyles they wish to return to or pursue, she said.

Ramoni also cited current research into upper-arm prosthetics for women as an example of this work.

"That's a small segment of the population; it's a small market," Ramoni said. "It's not an area where somebody would say 'Well, it's an obvious money making opportunity.' So it might not be good business, but it's the right thing to do."

The other challenge with research on upper-arm prosthetics for women is that so little work has been done in the field previously, Ramoni said.

"The sizing of the prosthetic is a big deal," she said, and "we don't know about women's upper arm satisfaction, because all of the surveys were designed for men."

The work on adjustable heels and the upper-arm prosthetic research are among more than 2,000 projects involving 3,400 researchers now underway at the Office of Research and Development. ORD operates on a budget of about \$722 million from the VA, supplemented by contributions from the National Institutes of Health, the Department of Defense and others, for a total of about \$1.5 billion, Ramoni said.

The money is being spent with a new emphasis on listening to vets regarding where they want the research to go, Ramoni said.

A Disabled Vet Tackles Design

Dr. Rory Cooper was an Army sergeant in Germany in 1980 when he lost the use of his legs from spinal cord injuries in a bicycle accident.

He now is a director and senior research career scientist for the Human Engineering Research Laboratories, a VA Rehabilitation Research and Development Center and home of the VA Technology Transfer Assistance Program.

Cooper is also a Paralyzed Veterans of America distinguished professor at the University of Pittsburgh. As such, he is an advocate for what leaders in his field call "participatory action engineering," or, more simply put, listening to the people you're trying to help.

Cooper said his frustration with the ivory-tower approach to human engineering grew out of his own experience trying to get a better wheelchair.

"I was trying to solve some of my own problems," he said of his approach to design research. He found that he and other veterans often were in "isolation" from the researchers.

Cooper said that surveys and talking to the veterans themselves are "ways to initiate the design process, rather than having somebody sitting at their desk or surfing their computer, trying to understand what you want."

Designers and researchers should "start by asking [the veterans] ... to prioritize," Cooper said.

He said his current research was focused on robotics, artificial intelligence and what he called "adaptive reconditioning technology" to help veterans participate in sports and recreation.

One such example: a robotic bed. One of the little-known everyday problems for disabled veterans, and their caregivers, is getting in and out bed, Cooper said.

"If you don't have the use of your arms or legs, or you're weakened, that's a huge problem," he said.

The bed is currently a work in progress, but Cooper said the initial thought was to have a "chair-into-bed kind of a docking system, and the chair kind of puts you into the bed while a conveyer pulls you into the bed."

A Secret Weapon: Veterans

The VA has a major advantage over the teaching hospitals and the private sector in conducting wide-ranging tests and surveys that require huge numbers of volunteers, said Ramoni, the VA's chief research officer.

"Veterans are absolutely core to our program," she said. "Our program is able to make these discoveries because of the thousands of VA patients volunteering here," and "what we do is driven by their needs."

Outside researchers, she said, often ask how they can learn from current VA practices and how VA scientists get so many people involved in the development process.

"We say what we have is not something you can learn; that you have a population of veterans who want to continue to serve their fellow veterans and the entire nation by participating in these studies," Ramoni said. "It's just amazing to me how committed veterans are to continuing to serve and continuing to make discoveries that will help everybody."

The Next Big Breakthrough

Ramoni noted that VA's ongoing Million Veteran Program (MVP) on genome research has now enrolled more than 670,000 veteran volunteers, to make it by far the world's largest genome database.

In the program, begun in 2011, participants donate blood, from which DNA is extracted. Then a baseline and periodic follow-up surveys track the veterans' military careers, and their health and lifestyles.

The research seeks to determine whether the genetic information in the database could hold keys to preventing and treating diseases.

"We believe MVP will accelerate our understanding of disease detection, progression, prevention and treatment by combining this rich clinical, environmental and genomic data," former VA Secretary Dr. David Shulkin said.

The MVP research opened the possibility for determining whether genetic factors were contributors to PTSD and Gulf War illness, Ramoni said.

Many veterans shared the same experiences in the same places in combat, and others were in the same places in the Gulf War; some developed PTSD and Gulf War illness, others didn't, Ramoni said.

"The question we all ask is, why is that? Are there genetic markers for PTSD susceptibility, or are there genetic markers for Gulf War illness? Genes might help reveal that," she said.

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1.5 - The Boston Globe: [Bed sores, neglect, alleged abuse: inside the Bedford VA nursing home](#) (4 September, Andrea Estes and Donovan Slack, 8.8M uvm; Dorchester, MA)

The nurse's aide was busy getting a patient ready for bed when she noticed a commotion on the other side of the room behind a privacy curtain. She could hear Russ Bonanno, a 94-year-old veteran, shouting "ow, ow, ow."

"It sounded like fighting" said Julee, who asked that her last name not be used out of fear of retaliation. But when she walked to the other side of the room, she saw another aide trying to hoist Bonanno from his wheelchair to his bed, normally a two-person job.

Then, as she watched, Julee said, the other aide simply tossed the elderly dementia patient onto the bed.

"Let me tell you how brutal that guy was with the veteran," Julee wrote to her supervisor two days after the May 18 incident. "After he was done, (we) went and checked Mr. Bonanno. The guy was wet. Everything needed to be changed."

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The troubles in Bedford are part of a larger concern for the VA’s care of elderly veterans across the country. Earlier this year, the Globe and USA Today revealed that internal ratings showed 60 VA nursing homes — nearly half of such facilities nationwide — received the lowest ranking for quality as of Dec. 31, 2017. (Among the homes rated lowest for quality in the first quarter this year, only 11, including Bedford, also got one-star ratings for surprise inspections.)

But the agency only released the ratings to the public after the two news organizations began asking questions about them.

In late 2017, the VA gave one star to only 13 nursing homes nationwide, including Bedford. The number of worst-rated facilities increased to 60 three months later, when the VA changed the ratings to compare VA nursing homes to private facilities rather than just to each other.

Under the new system, Bedford rated worse than private nursing home averages on 10 of 11 key quality indicators last year. Across the country, more than 100 VA nursing homes scored worse than private nursing homes on a majority of the indicators.

VA spokesman Curt Cashour said the agency is using the data “to drive improvements across the system,” noting that only one VA nursing home saw a significant decline in its quality rating this year.

Cashour has said that VA nursing homes score lower on key quality indicators because they have residents with more complex medical conditions, but that “overall,” the VA nursing home system “compares closely” with the private sector.

This much is clear: The Bedford VA nursing home has been buffeted by controversy since 2016 when director Christine Croteau was transferred to Washington, D.C., amid an ethics investigation. David Shulkin, a former VA secretary, confirmed that she had been demoted but did not disclose the reasons.

Since then, the Bedford nursing home has had two interim directors before Clifford, who once served as a nurse executive at the Boston VA, took over in March. In between Croteau’s departure and Clifford’s arrival, the Globe revealed the circumstances surrounding the death of Nutter, whose family is preparing to sue the VA for the aide’s inattentive care.

The aide, Patricia Waible, eventually admitted that she was playing video games on her computer and didn’t check on Nutter on the night he died, the Globe reported in October.

"I hold the VA responsible for all of this. They're responsible for their employees," said Nutter's daughter, Brigitte Darton. "How many other people did this lady cause issues with?"

Among current residents of the Bedford nursing home, opinions of the care are mixed.

Amidon is now largely bed-ridden with advanced Parkinson's disease, unable to read or watch TV much, his wife, Helga, said, because the VA-issued glasses don't help his poor eyesight. She also said that before early July, he hadn't showered since April, though he may have been cleaned with a cloth in his bed.

"The care is adequate," Amidon himself said recently. But his family doesn't agree. They say he's afraid if he complains he'll be treated even worse. "There are some good people here," he added.

Amidon's son Christopher said his father is being overly polite. Christopher said he saw a nurse mocking the way his father walked, hunched over and breathing heavily. His father and other veterans sometimes waited hours for nurses to respond when they pressed their buzzers for help.

In January of this year, he said, his father called and said the staff had been slapping him.

In May of 2017, he came down with scabies but the contagious rash wasn't diagnosed for five months, his wife said.

Nursing home director Clifford said she was surprised to hear of the family's complaints and would like to hear from the family firsthand.

"I'm really disappointed. I want things out in the open so I can address them," she said. "My ultimate responsibility is to provide the best care for these veterans in a dignified manner. I don't want the few cases that are not great to overshadow the great cases."

Clifford confirmed that she was troubled by the reported manhandling of Russ Bonanno, and she said the issue was resolved when the employee, Anthony Santos, agreed to resign.

For his part, Santos denied the incident happened. "It was made-up story because I am not popular because I won't be yelled at or cursed at (by) management or staff. I transferred the veteran," he wrote in an e-mail, adding that he "quit because (of) the toxic work environment."

Julee remains suspicious that she was targeted for being a whistle-blower, noting that she was never warned about attendance issues and she was popular with patients and their families.

Nick Bonanno, Russ's son, was upset his father was manhandled and that Julee was let go — she stood out among the employees for her compassion and kindness, he said.

"She made a real effort to engage the vets — singing, chatting, joking with them, creating a social connection that is so important," he said, adding that there are other caring staffers at the facility. But Julee, he said, "was very committed to caring for these men, not just showing up to work a shift. I only know what I saw, and what I saw was positive."

As for Charles Amidon, his wife and son say that now that he is in the late stages of Parkinson's disease, they are less afraid to speak their minds about the quality of the care in Bedford. Previously, they had feared that anything they said could result in worse care for him.

"If I won the lottery, I would take my father out of there," said Christopher, explaining that placing his father in a high-quality private nursing home was unaffordable — costing tens of thousands of dollars a month.

Now, all they hope for is that they can take Charles Amidon to the family's summer home on Orr's Island in Maine one last time, though they doubt their wish will come true.

"The morning light there is beautiful," Helga Amidon said.

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2. [Greater Choice for Veterans](#)

2.1 - The Daily Item: [Valley VA doctors optimistic about new health care program](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

LEWISBURG — Two of the Valley's Veterans Health Administration-approved medical providers agree that the VA Choice program is problematic, at best, and are hopeful a new program can close the gaps in veterans health care.

The VA Choice program allowed veterans to use their local doctors if they lived more than 40 miles from a VA hospital. But appointments had to be made through a third-party company, Health Net Federal Services. The additional layer of bureaucracy was the problem, said Dr. Ronald Companion, of Shamokin Dam.

Companion has treated veterans since 2009, but admitted he is getting rid of his VA Choice patients. The program ends Sept. 30.

"Veterans Choice has been the law the last three years and at times it has been a problem for the vets getting their medications," Companion said. "Under the new VA Mission program we are hopeful that it will be an advantage to veterans because they won't have to spend a lot of time asking for this, asking for that, going on the internet. VA Choice was a problem."

Acupuncturist Trey Casimir, of Lewisburg, also an approved medical provider, had problems as well with Health Net.

Casimir said he was contacted by the VA five years ago asking if he was interested in providing acupuncture to interested veterans locally. It went very well, he said, initially.

"I treated half a dozen people over the course of two or three years," he said. "It's a big bureaucracy and the wheels move slowly but the people gave me accurate information. I submitted my claims. I got paid.

"Things tended to move a little bit slowly when I was dealing directly with the VA, but compared to private insurance, certainly things happened in a timely manner. I'd get an authorization

within a few days or a week of getting the phone call, I could get the vet in right away. When I submitted my claims I'd be paid the amount that was agreed upon within a reasonable amount of time. I was thrilled to be associated with the VA and also to provide services to our veterans."

Then along came Health Net in 2016, which had a contract with the VA to manage the Veterans Choice program.

"I had trouble being paid," he said. Veterans would have their appointments made by Health Net, and sometimes they weren't informed of the date.

It took months and many phone calls, many not returned, to get through to Health Net.

"It took me going to my Congressman, Tom Marino, to get back on the Health Net radar, and eventually this summer all my past invoices were paid," Casimir said.

Now he's back in business and, like Companion, hopes the new program will be more efficient. But as of this week, few details are known about VA Mission.

"We just found out about it ourselves," Casimir said.

The armed forces are at the cutting edge of things that will help veterans, Casimir noted, and they have been utilizing acupuncture for more than a dozen years.

They have also been training medics in battlefield acupuncture, which is using very simple points in the ear to keep a person calm if they are injured. And they found that it is as effective as giving them morphine, with fewer complications afterward.

Persons who have more severe injuries turn to expert practitioners like Casimir.

"I would love to be an in-house provider and go to Wilkes Barre or one of the other centers and work there," he said. "Instead they have used me as needed for veterans who live in the area."

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3. Modernize Our System

3.1 - KFSN (ABC-30, Video): [VA hospital expanding into Clovis](#) (3 September, Gilbert Magallon, 617k uvm; Fresno, CA)

CLOVIS, Calif. -- A dirt lot on the northeast corner of Herndon and Armstrong is the future home of the Veterans Affairs Central California Health Care System's newest campus.

The VA plans to transform the empty nine-acre space into their new ambulatory care center.

"We know that that facility will help decompress our VA facility here in Fresno and that will ultimately turn and help our veterans," said spokesperson Cameron Porter.

Drew Bessinger, Clovis Mayor pro tem says it is a win-win situation that contributes to Clovis' vision

"It complements our existing efforts to bring in quality medical care and careers to the City of Clovis."

The expansion will add to the growing medical community in the northeast part of town. The Herndon Armstrong Professional Center sits across the street from the lot. It's home to multiple medical agencies and businesses. The Valley Children's Clovis Campus is located down the road. The Clovis Community Medical Center is just a few blocks further.

"We want to have Clovis become a destination for the entire Central Valley for medical care. Instead of going to LA, San Francisco, you can come to Clovis," said Bessinger.

Before construction starts, the lot will be transformed into satellite parking for employees and veterans heading. From the Clovis parking lot, shuttles will transport them to the Fresno hospital. Porter says that a lack of parking is one of the most significant issues the Fresno VA currently faces.

The ambulatory care center project is still in the works and awaiting approval. Once approved, it could take at least ten years before the facility is completed.

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4. Focus Resources More Efficiently

4.1 - The Daily Caller: [The Government Needs To Hold More Federal Employees Accountable For Misconduct](#) (3 September, Rep. Louie Gohmert (R-Texas), 12M uvm; Washington, DC)

When Hurricane Harvey crashed onto Texas shores, the Federal Emergency Management Agency (FEMA) worked tirelessly to come to our citizens' aid. Unfortunately, in the months since then, information has been released regarding a top FEMA official who abused his position to harass co-workers and create inappropriate environments.

According to numerous reports, FEMA personnel chief, Corey Coleman, fostered a culture of widespread sexual harassment during his time with the agency. This case makes clear that while a majority of civil servants are working tirelessly for the American people, a few bad actors can corrupt an entire agency.

In our current system, the process for removing these bad actors is nearly impossible.

According to data obtained by FedScope, only 0.5 percent of federal employees have been fired in recent years for poor performance or misconduct. Meanwhile, a 2015 Government Accountability Office (GAO) report revealed that once a decision is made to fire a federal employee, removing them from office can take between six months to a year, if not longer.

Draining the swamp is not just fiscally responsible, it is absolutely essential to creating a lasting climate of accountability in our nation's capital – which is the real battle we are fighting.

Washington dysfunction runs deep. True change must uproot systemic injustices and remove those in government who perpetuate them. Meanwhile, all of us in government must begin insisting upon excellence and stop incentivizing ineptitude.

This is the essence of the MERIT (Modern Employment Reform, Improvement, and Transformation) Act — a piece of legislation I am proud to co-sponsor. The MERIT Act allows for the expedited removal of federal employees who have either engaged in misconduct or who are failing to perform their duties. It also expedites the appeals process in the event these employees protest their termination.

Don't forget the case of the VA employee found guilty of neglecting patients with extraordinary waits for treatment or care, and fraudulently creating imaginary, short wait-times which led to employee performance bonuses. She also accepted \$50,000 in gifts from the medical industry, while accusations of retaliation against whistleblowers were leveled against her. The Obama Administration's VA leaders fired her in 2015. A federal Circuit Court of Appeals decided the VA should not have fired her. She needed to be back at the VA preventing veterans from getting the care they desperately needed even if her actions led to their death.

The sensible reforms of the new MERIT Act were included in the bipartisan VA Accountability and Whistleblower Protection Act, a law overwhelmingly approved by Congress and signed by President Trump last year. Lawmakers of both parties have praised this legislation for giving the VA secretary the tools necessary to "hold bad employees accountable" and end the culture of corruption at the U.S. Veterans Affairs (VA) administration.

Thanks to this legislation and no thanks to federal courts, our veterans have a better chance of receiving the support and medical care they deserve.

Unfortunately, these rules only apply to the VA. The rest of the federal government remains shockingly impervious to accountability.

Alarming, recent efforts by the Trump administration to hold the federal government more accountable have been struck down by activist judges. A federal district judge recently invalidated most of the provisions of three executive orders President Trump issued to make it easier to fire federal employees.

Abuse exists in all areas of government and we cannot ignore it unless it affects our veterans. This is no way to run a government.

Some federal employees may be concerned, but hard-working employees should take heart that if we can get this passed, supervisors who abuse other federal employees can be removed and the abused federal employees can have a decent workplace free of protected dictators. Some employees have related how miserable their federal employment was because of a horrendous boss that federal law protected from being fired.

This law will change that.

Glaring employment issues at the EPA, the Department of the Interior, the Justice Department, IRS, and the Intelligence agencies among so many other agencies, require that we take the bipartisan reforms being successfully implemented at the VA and apply them across the federal behemoth.

No matter the agency or department, civil service abuse of other federal employees and the American people who are forced to bow before capricious federal abusers must not be tolerated any longer. Further, bureaucratic insolence, maltreatment of other workers and the general public while it also drains taxpayers' pocketbooks can no longer be rewarded with lifetime employment and pensions.

There simply has to be accountability, before the cure for the spoils system illness becomes worse than the disease.

Enabling lawlessness and rewarding lethargy is the way of the swamp. We will never drain the swamp unless we can fire the swamp.

To show your support for the MERIT Act, please take a moment to visit the website FireTheSwamp.com and let your lawmaker know you support extending the bipartisan good government reforms adopted by the VA to the rest of the federal government.

Congressman Gohmert is the Vice Chairman of the Natural Resources Committee and the Vice Chair of the Judiciary Subcommittee on Crime, Terrorism and Homeland Security.

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4.2 - Military Times: [This week in Congress: Summer vacation is over](#) (3 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — The confirmation hearing before the Senate for Supreme Court Justice nominee Brett Kavanaugh will be the headline event on Capitol Hill this week, but Congress' return to Capitol Hill this week also means a flurry of defense-related work before the October recess arrives.

Lawmakers have until the end of the month to settle their appropriations bills, including the defense and Veterans Affairs spending plans for fiscal 2019. The House and Senate could agree to a continuing resolution to prevent a government shutdown if a full federal budget compromise isn't reached, but for now they're optimistic they'll finish the work.

Defense and Veterans Affairs committees also have their own nominations to handle. The Senate Veterans' Affairs Committee this week will consider President Donald Trump's pick to take over the VA's whistleblower office, and other Pentagon and State Department officials are expected to get their hearings in the next few weeks.

Any work not completed by Sept. 28 will remain unresolved until late November, when both chambers return to town for a few weeks of a lame duck session.

Wednesday, Sept. 5

Senate Foreign Relations — 10 a.m. — 419 Dirksen
NATO

Outside experts will testify before the committee on the value of NATO and long-term challenges to the alliance.

House Veterans' Affairs — 10 a.m. — 334 Cannon

VHA practices

Department officials will testify before the committee on concerns over VA health facilities policies for sterilizing medical instruments.

House Veterans' Affairs — 1 p.m. — 334 Cannon

Pending legislation

The subcommittee on disability assistance will consider a series of pending bills.

Senate Veterans' Affairs — 2:30 p.m. — 418 Russell

Nominations

The committee will consider the nomination of Tamara Bonzanto to be the head of VA's Accountability and Whistleblower Protection office and James Gfrerer to be assistant secretary for information and technology.

Senate Foreign Relations — 2:30 p.m. — 419 Dirksen

China

Outside experts will testify on the security and political challenges posed by Chinese defense moves.

Thursday, Sept. 6

House Veterans' Affairs — 2 p.m. — 334 Cannon

Housing assistance

VA officials will testify before the committee on the department's specially adaptive housing grant programs.

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4.3 - KSTU (FOX-13, Video): [Veterans receive mental health support, hope to break down barriers in 6th annual summit](#) (2 September, Jennifer Stagg, 1.6M uvm; Salt Lake City, UT)

Every day 20 United States military veterans commit suicide.

That topic was front and center at the 6th annual Salt Lake Veterans Administration Mental Health Summit.

The goal of the summit is to get out the message that there are resources to help veterans work through their problems.

"The biggest hurdle in getting vets to come to mental health services is the stigma," Cynthia Hudgens, Peer Support Specialist at the Salt Lake City VA Hospital said.

Hudgens works with veterans who suffer from post-traumatic stress disorder and military sexual trauma, as well as with LGBT veterans.

She was active duty from 1975 to 1980, and in the Utah National Guard from 1984 to 2014.

Hudgens believes most veterans think it's a sign of weakness to admit to having mental issues.

Others fear they will be labeled as insane, and it will keep them from getting a job or keeping the one they have.

Hudgens suffered mental health issues, but she too worried about keeping her job, and didn't seek help until she retired.

After a short period in therapy, she realized, "this stuff works."

She thinks veterans are uniquely equipped to face their mental health challenges.

"We have the same courage, commitment, strength and honor that we had when we signed our name on that dotted line and we were willing to put our lives at risk," Hudgens said. "We can call upon all of that to heal from PTSD, from sexual trauma, from anything else that life's thrown our way."

Another reason veterans don't seek help is because it will force them to deal with things that are very difficult.

"They have to deal with some emotional pain, and that's a hard process," Stephen Sheppard who manages the Residential Substance Abuse Treatment program at the Salt Lake City VA said. "But we're here to support people through their emotional pain, give them tools to cope, help them connect to other people in the community, connect to other veterans, build support and eventually overcome and manage those difficult, painful things much more effectively."

The summit brought together dozens of mental health experts from around the Intermountain West to tackle the suicide crisis.

"We're here to try to promote that treatment's available, we're here to promote that treatment works," Sheppard said. "And that recovery's possible and not only is recovery possible but that building a really wonderful quality of life is what our goal is all about here at the VA."

Here's a link to the Salt Lake VA Center where the resources are detailed.

Also listed on the website is the number to the Veterans Crisis Line which is 1-800-273-8255.

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4.4 - Union Leader: [Sullivan wasn't the problem](#) (3 September, Vera R. Boals, 318k uvm; Manchester, NH)

To the Editor: It is beyond belief that you would try to blame Maura Sullivan for the problems of the Department of Veterans Affairs.

I arrived here 14 years ago and found the Manchester VA Medical Center to be dirty, rude, and to lack the specialists that I needed to deal with my service connected disability. In short, totally typical of what I had come to expect of the VA.

My father, who served more than 28 years in the U.S. Army, refused to his last breath to step foot in a VA hospital as he was treated so badly when he retired in 1980. The problems with the

VA did not start with President Obama and are certainly not being improved by the current administration.

What did happen is that the Obama administration declined to cover it up, instead bringing the issues to light, and starting to work on improvements. To say that Sullivan was a part of the problem is unfair and untrue.

As a veteran, I am tired to death of hearing politicians offering to start wars over this insult or that political slight. We need people who are tested leaders and can get the job done. Maura Sullivan is the woman for the job, and I will certainly vote for her on Sept. 11.

VERA R. BOALS

Strafford

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4.5 - Union-Bulletin: [Lawmaker talks health care with vets in Walla Walla](#) (2 September, Andy Porter, 60k uvm; Walla Walla, WA)

Improving health care for veterans was the center of a town hall held by U.S. Rep. Cathy McMorris Rodgers, R-Wash., Friday.

McMorris Rodgers met with about 50 veterans at the VFW Post 992 on Colville Street as part of a daylong swing through Walla Walla. During the hourlong session, McMorris Rodgers heard both compliments and complaints about the VA health care system both locally and nationally.

At the start of the meeting, McMorris Rodgers recalled how when she was first running for Congress in 2003, a federal commission had come out with a recommendation to close the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla.

"I remember being down here at a town-hall meeting where there were hundreds and hundreds of people that had showed up to demand that the facility stay open," she said. "And to see where we are today, it has been remarkable and a real tribute to so many in this community who have committed to making sure that not only is there a medical center there, but so many other additions to make certain that our veterans get the care that they need."

McMorris Rodgers went on to note the recent passage of the \$52 billion VA Mission Act, a major overhaul of how the Department of Veterans Affairs provides access for veterans to receive care in the private sector, as well as other efforts to improve services.

During the subsequent discussion, the topics ranged from proposals to store medical records on veterans' identity cards by microchip, a pilot program to coordinate record keeping between the Department of Defense and the VA and the ongoing need to provide a continuity of care between the VA system and private medical care.

McMorris Rodgers also defended passage of legislation enacting tax cuts, saying that while she is concerned about the national debt, the cuts have improved the economy, created job growth and helped stop companies from moving out of the country.

Before her meeting with the veterans, McMorris Rodgers held visits with Lt. Col. Christian Dietz, the new commander of the U.S. Army Corps of Engineers Walla Walla District, and with Walla Walla VA hospital officials. After the town hall, she visited with officials at Northwest Grain Growers and Providence St. Mary Medical Center, then toured the Walla Walla Foundry.

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5. [Improve Timeliness of Service](#)

5.1 - WFLD (FOX-32, Video): [Vets complain of poor VA dental care, non-profit group steps in to help](#) (3 September, Natalie Bomke, 579k uvm; Chicago, IL)

They fought for our country and now they are fighting for care. FOX 32 has learned of serious neglect in the national policy for our veterans' dental care.

In some cases, the Department of Veterans Affairs is allowed to pull out all of a veteran's teeth, but not replace them, leaving the veteran toothless.

Charles Medalis served his country in Vietnam, but 50 years later, he's taking on a new battle. Medalis suffered an extensive infection in his mouth back in 2015.

Doctors from the Department of Veterans Affairs performed surgery and had to pull out all off his teeth.

"So they called me in there, and they ripped 23 teeth out at once," Medalis said.

The surgery fixed the infection, but Medalis was left toothless. He then asked for dentures, but was told he didn't qualify for dental care from the VA.

"It changes your whole life, you can't eat right, you can't look right, and people don't understand what you say as much," Medalis said.

He was left looking for answers, and then the group "Smiles for Veterans" stepped in.

"If it had not been for our program, Smiles for Veterans, providing Charles with that full set of dentures, he would have been toothless for 3 years," said Patricia DeVore.

DeVore is the founder of Smiles for Veterans -- a program developed by VFW Auxiliary Post 74-52 in Montgomery, Illinois.

In three years, the non-profit has funded dental care for nearly 100 veterans who don't qualify for it through the VA.

"Most are Vietnam-era veterans, they were subjected to Agent Orange, which everybody knows that poison stays in their systems forever, and one of the places that it does first show its ugly head is on the mouth, their teeth," DeVore said.

In the fine print, seven categories of veterans are eligible for VA dental care including former POW's, homeless veterans and veterans deemed 100 percent disabled by the VA.

Medalis fell into the latter category earlier this year, and received dental implants from the VA.

"They should replace your teeth, they should make you whole again, under any conditions," he said.

"There's a cost to it, but there's also a cost to not doing it, that leads to much more expensive health problems among our veterans, so healthy veterans ultimately save dollars in the long run for the VA," said Congressman Randy Hultgren.

"Vets gave this country a shot at losing their life, and anybody who does that should be reconsidered and given benefits," Medalis said.

The Department of Veterans Affairs told FOX 32 that, "when veterans do not meet VA dental eligibility criteria, we try to work with agency partners to help ensure they receive the dental care they need."

However, the veterans we spoke with indicated it was up to them to fund the cost of dentures or partials.

Seven Illinois congressmen and women are co-sponsors of legislation that would provide dental care to all veterans.

Smiles for Veterans is asking you to contact your member of congress and urge them to become a co-sponsor.

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6. [Suicide Prevention](#)

6.1 - KREX (CBS-5, Video): [GJ VA Suicide Prevention Outreach](#) (3 September, 34k uvm; Grand Junction, CO)

4-minute video: The Grand Junction Veterans Health Care System has hired Rainy Raeman as their new Suicide Prevention Coordinator.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Hill: [This Labor Day, let's remember the contributions of our vets](#) (3 September, Rory Riley-Topping, 11.8M uvm; Washington, DC)

As with many of our federal holidays, what we celebrate on Labor Day often times has nothing to do with the reason for the holiday's existence. Today, as we put away our white clothing and say farewell to summer, I encourage you to take a few minutes to appreciate the origins of Labor Day and also to acknowledge the current role that our nation's veterans play in the workforce.

By way of background, the origins of the labor movement are as old as the nation itself, and have their founding in the beginnings of the republican ideals of the American Revolution, including “foster[ing] social equality, celebrat[ing] honest labor, and rel[y]ing on an independent, virtuous citizenship.”

The earliest recorded strike to protest a wage reduction took place in New York in 1768. Over the next hundred years, trade unions gathered strength in many urban areas in an effort to fight against diluted and cheap labor and promote safer working conditions. By 1894, Labor Day was recognized as an official national holiday “dedicated to the social and economic achievements of American workers.”

Current labor-related issues impacting the Department of Veterans Affairs are two-fold. Although the role of labor unions for VA employees is a topic that has frequented news headlines lately, a second, and more important issue pertaining to veterans is the consequences they suffer when they are excluded from making social and economic achievements as American workers due to service-related disabilities.

As we take today to appreciate the value of the American worker, VA should take the opportunity to get serious about updating its rating schedule for disabilities in order to improve the lives of veterans having difficulty reintegrating into the workforce due to disability.

In addition to modernizing the rating criteria for disabilities, VA must also improve its efforts to rehabilitate veterans back into the workforce through ideas such as quality of life payments, as opposed to payments designed primarily to offset lack of employment, as well as strengthening its vocational rehabilitation programs.

The current system of disability compensation at the VA is designed to compensate veterans for, “as far as can practicably be determined, the average impairment in earning capacity resulting from such diseases and injuries[incurred during service] and their residual conditions in civil occupations.” Although VA does regularly schedule some veterans for examinations to evaluate how a disability may have improved or deteriorated over time, generally speaking, once a veteran receives disability compensation, they receive those payments for life.

Unfortunately, the VA’s rating schedule for disabilities itself also seems to be for life, despite the fact that it is severely outdated and thus often fails to accurately match specific disabilities with the appropriate degree of impairment in earning capacity.

The rating schedule for disabilities has not been overhauled since just after World War II, when the United States’ economy was largely centered around manufacturing and farming, as opposed to the current economy which is dominated by more sedentary and technology-based occupations.

Congressional oversight is an integral and necessary component toward implementing these needed improvements. It is important to remember that the recommendation that VA “reorganize its [disability] regulations in a logical, coherent manner” arose from the October 2001 VA Claims Processing Task Force Report to the Secretary of Veterans Affairs, nearly 17 years ago.

Similarly, in the 2007 Institute of Medicine report, “A 21st Century System for Evaluating Veterans for Disability Benefits,” the IOM recommended that VA “immediately update the current Rating Schedule.”

Despite these recommendations, efforts to update and revise VA's schedule for rating disabilities over the years, including the release of several drafts in the federal register, have failed to result in the implementation of any meaningful modernization of the VA's Rating Schedule.

Given the growth in disability roles both at the VA and in other government programs, it is surprising that VA has not been more engaged on this troubling economic development. Indeed, although the veteran population fell by 18 percent from 2000 to 2012, the number of veterans receiving disability compensation rose from 2.3 million to 3.7 million during the same time period.

As was recently noted at a hearing before the House Committee on Veterans' Affairs by journalist Sebastian Junger in the context of PTSD benefits:

"If you want to create hundreds of thousands of depressed alcoholics in our society, give them

Just enough money so they never have to work again and tell them that they are too disabled to contribute to society in any way. In the civilian population — which does not have access to lifelong PTSD disability — trauma reaction is considered both treatable and temporary. . . . We are not doing veterans a favor by warehousing them in a lifelong entitlement program."

Junger's point, although unpopular in some advocacy circles, is a valid one — many disabilities are treatable and temporary, and improved health outcomes are associated with employment and community integration as opposed to relying on disability payments alone.

Indeed, as recently noted by Kenneth Hergenrather, a member of the National Working Positive Coalition and professor at George Washington University, longitudinal research into the relationship between employment status and health reveal that both mental and physical health deteriorate in the face of unemployment and, by contrast, employment correlated directly with better mental health; less distress, anxiety and depression; better quality of life; and better physical health, as measured by pain fatigue, and difficulty completing activities of daily living.

Although ensuring veterans have access to benefits they've earned through their service is undoubtedly important, society's role must not stop there.

Stereotyping all veterans as charity cases in need of government entitlements and benevolent handouts from non-profits does not benefit veterans themselves nor does it improve health outcomes and, in turn the economy, by giving disabled veterans the opportunity to rejoin the workforce.

As noted by the poet Maya Angelou, "nothing will work unless you do." We must do better at helping veterans rehabilitate and return to the workforce, rather than leaving them dependent on an entitlement system proven detrimental to their overall health and well-being.

Rory E. Riley-Topping served as a litigation staff attorney for the National Veterans Legal Services Program (NVLSP), where she represented veterans and their survivors before the U.S. Court of Appeals for Veterans Claims.

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7.2 - The Journal Gazette: [Shepherd's House gets cleared for VA funds](#) (3 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

Roughly a year after it was rejected and then approved for federal funds, a Fort Wayne shelter for homeless military veterans will receive a grant that pays for more than half its usual occupancy.

Shepherd's House has learned it qualified for Department of Veterans Affairs assistance covering 20 beds in fiscal 2019, which begins Oct. 1.

"We are grateful to the VA for continuing to work with us," Shepherd's House manager Tracey Barr said Sunday by telephone.

Barr said the nonprofit faith-based shelter on Tennessee Avenue near Spy Run averaged 35 homeless veterans a day in 2017. A year ago, Shepherd's House ended up receiving a VA funding extension for 38 beds after its initial application was denied.

The VA Grant and Per Diem Program for transitional housing had in recent years supplied about \$500,000 annually to Shepherd's House, or 80 percent of its total budget. Under the 2019 grant formula, the shelter will receive about \$45 a day for each homeless veteran it houses up to 20 veterans, Barr said, which would be a maximum of \$328,500.

Private donations for the shelter ramped up last year when it looked like Shepherd's House would lose its VA grant. Barr said Shepherd's House has received about \$260,000 in private donations since then.

"We've had to get into that to keep operations going and continue to take care of veterans," she said Sunday.

U.S. Rep. Jim Banks intervened with VA on behalf of Shepherd's House last summer.

"Shepherd's House plays a vital role in our community and provides hope to many Hoosier veterans in need of assistance," Banks, R-3rd, said this weekend in a statement. "Last year, I fought to restore funding for Shepherd's House. This year, I was proud to help ensure it continued to receive funding to carry out its mission. Shepherd's House has a bright future, and I will continue to support efforts in Congress that help our veterans and the organizations that serve them."

Both Banks, a member of the House Veterans' Affairs Committee, and Barr noted that VA approved Shepherd's House as a clinical treatment model. Shepherd's House offers addiction treatment services to homeless veterans in addition to temporary housing.

"We are the only one in our area that will have a clinical model," Barr said. "We think that's a real positive, that we can provide more services in the substance abuse and mental health areas."

The only other Indiana program to receive VA homeless housing money for next year is Indianapolis-based Hoosier Veterans Assistance Foundation of Indiana. It qualified for aid for 10 beds in the service-intensive model, which offers residential services that lead to permanent housing.

VA has several housing models in its Grant and Per Diem Program. They include short-term housing, hospital recovery housing and services for veterans adjusting to permanent housing.

In a news release, VA said it plans to spend \$200 million in fiscal year 2019 to support more than 13,000 transitional housing beds for homeless veterans across the nation.

Barr said private fundraising will continue for Shepherd's House, with seven events planned the rest of this year, including a Sept. 18 charity golf outing at Chestnut Hills Golf Club sponsored by Ruoff Home Mortgage.

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7.3 - Times Leader: [Wilkes-Barre VA opens Military Masterpieces gallery](#) (1 September, Mary Therese Biebel, 308k uvm; Wilkes Barre, PA)

"Three, two, one ... Yay!"

After the countdown and before the applause, veteran John Wolczyk gripped an over-size pair of scissors on Friday afternoon and cut a red, white and blue ribbon to officially open "Military Masterpieces," a new art gallery at the Veterans Administration Medical Center that will showcase the work of residents in the facility's Community Living Center.

"Where's Marilyn Monroe?" veteran Cliff German teased as friends, family, VA staff and professional photographers recorded the event with cellphones and large cameras.

If any movie stars were on hand, they were incognito.

The celebrities of the day were the gentlemen who have been taking Friday afternoon art classes with instructor Judith Keats.

"Bill, did you do that?" a nurse's aide sang out, letting Bill Hastie, formerly of West Pittston, know she admired his watercolor paintings of a cardinal and a sunflower.

"I'm trying to hide," Hastie said, shifting his weight in his wheelchair as he explained he didn't think his artwork was all that good.

"It's pretty!" the nurse's aide insisted.

"He's a critic — of his own work," said Hastie's daughter, Megan,

Keats, who teaches art at Keystone College when she's not at the VA, praised her veteran students for being "willing to try something new. Some are in their late 80s or in their 90s and this is the first drawing they ever did," she said. "One gentleman had a stroke and lost use of his dominant hand, so he learned to use his non-dominant hand."

"Almost everybody who comes in (to the art class) goes out with joy," she said with a smile. "This really pulls them out. Art has the ability to do that."

The veterans chose to paint or draw anything that interested them, from eagles to military jeeps to the kind of fish they might have caught on an angling expedition.

Charles Anistranski, 94, a retired history teacher from Coughlin High School and an infantry veteran, had several color pencil and graphite drawings on display, including a squirrel and a rabbit. He likes to use flowers as a subject, too, because it reminds him of his garden.

“He had no idea he could draw so well,” Keats said.

Hastie, 99, described the art class as a good form of stress relief — and it seems he’s no stranger to stress, having served in North Africa, Sicily and the Italian Campaign during World War II, often “under heavy fire,” and surviving the Knox Mine Disaster of 1959.

Art is “just about the only thing my dad was not involved with before he came here,” Megan Hastie said. “He was involved in public speaking, co-authored the book “Anthracite Labor Wars” with Robert Wolensky and he was an avid gardener.”

Marigolds from Hastie’s home garden have been transplanted to the Community Living Center’s garden, Megan Hastie said. “One of the joys of the day is to go out there and see the monarch butterflies.”

The art program is another highlight of her dad’s life at the Community Living Center, she said, adding it is “a collaboration of the recreational staff with volunteers and donors.”

The program can use donations, Keats said, and anyone interested in helping the veterans tap into their creative potential can write out a check to Voluntary Services, make a notation that it is for the “Military Masterpieces” project, and send it to the VA Medical Center at 1111 East End Blvd.

“This isn’t busy work,” Keats said as she stood before several rows of neatly matted and framed pieces of art. “They’re learning real skills. It’s fine art and that’s why we treat it this way.”

New “Military Masterpieces” from the veterans will be displayed every three months, head nurse Linda Zaneski said. “We are thrilled with this program.”

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7.4 - The Chippewa Herald (The Dunn County News): [Park packed for dedication of Vietnam veterans memorial](#) (3 September, Patt Eggert, 199k uvm; Chippewa Falls, WI)

Tom Prince Park in Colfax was packed the morning of Aug. 30, defying efforts to count or estimate the crowd.

Colfax Superintendent of Schools Bill Yingst began the ceremony to dedicate a Vietnam Veterans memorial marker and sign. Assisting Yingst were Gary Stene, village president, Rev. Les Walck, Lutheran minister, state legislators Rep. Rob Summerfield and Sen. Terry Moulton, and Jake Leinenkugel, of the beer company family and now a veteran’s affairs advisor in Washington, D.C.

Leinenkugel told the students that in his judgment, the VA deserved a grade of “A plus” for its ability to bury veterans and serve the surviving families, but a grade of “C minus” for other

services for veterans: “We need to do better,” he said, noting that “C minus” is not a grade you want to bring home.

Scores of Vietnam veterans from the region were present, and speakers told them their service was appreciated even if their return home reception may not have been all that it should have been 50 years ago.

Elementary students at Colfax walked the few blocks to the park with handmade cards and signs for the veterans thanking them for their service — and made it their mission to shake hands with a veteran.

As a Huey helicopter flew over right on cue, it provided what Yingst said was the “sound of freedom” to end the presentation. The helicopter soon landed in the ball field to the delight of both young and old alike.

Members of the local Russell Toyce American Legion Post unveiled the sign and monument, after which school lunch crews served a picnic lunch.

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7.5 - KSLA (CBS-12, Video): [Golden Age Games athletes bring home the hardware. The ArkLaTex military veterans already are looking toward next year's competitions](#) (30 August, Marie Wixel, 192k uvm; Shreveport, LA)

Earlier this month, we introduced to you the ArkLaTex team of veterans who headed to New Mexico to compete in this year's National Veterans Golden Age Games.

The multi-event sport is designed to improve the quality of life in our senior veterans.

Now there's a little more excitement filling the gym at Overton Brooks VA Medical Center in Shreveport.

Some veterans are embracing a healthier lifestyle; and they have the hardware to prove it.

“You got to stay moving; if you don't move, you're going to lose it,” Air Force veteran Jackie Perry said.

It's been nearly three weeks since this year's ArkLaTex team returned from New Mexico.

And their sights already are set on next year.

“I'm going to add the discus and the javelin this year for next year,” Perry explained. “Trying to get my arm strength up and go for it.”

Perry said he is doing pretty good, considering he tore his bicep a few years ago.

“I didn't think I could do anything. I couldn't even lift a gallon of milk with it. To come out and get a gold medal last year and the silver this year, I'm doing good.”

Air Force veteran Michael Anthony Davis Sr. said he won two bronze medals on his first time out.

"One for shuffleboard and one for disc blind golf; and I've never played either one before. So it was great."

He's proof that the games serve a far greater purpose than just competing.

"Since I've become blind in one eye and very low vision in the other, unless I'm with my wife, I really don't get off into things," Davis explained.

"It (the games) gave me confidence. I used to feel as though I was handicapped, and now there is so much technology involved in things like that I'm able to just have a productive lifestyle, quality of life. And that's what it's all about."

Navy veteran Leonard White said he didn't do as well as he wanted to at the games.

"But I did pretty good, so I am inspired to train harder this year to compete and give a better competition next year," he said with a smile.

"I have a first place in pickleball doubles, first place in pickleball singles, first place in discus, first place in javelin, second place in bowling and a third place in horseshoes and a first place in 100 meters," bragged Joe Lodrige, a 90-year-old who brought home seven medals.

However, his trip home didn't go exactly as he had planned. "I had a stroke on the way back," he said.

"I believe what really helped me recover from it was the fact that I feel that I was in good physical condition. Hopefully mental condition also," Lodrige said, laughing.

Army veteran Shelton McCrainey likes the camaraderie, "... bringing veterans of different wars together and being able to meet other veterans and talk to them and compete, which we did very very well.

You can bet they're ready to bring the heat next year, leading by example both at home and in competition.

"Keep moving and keep doing what you like to do, have fun," Perry said.

The 2019 Golden Age Games will be held in Anchorage, Alaska.

These guys are already starting to raise money and are looking for sponsors to help them get there.

One way to help them right now, they say, is to buy popcorn from the cart Thursday mornings at Overton Brooks VA Medical Center.

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7.6 - The Reporter: [Kelli's Heroes: October's North Bay Stand Down needs support](#) (2 September, Kelli Germeraad, 67k uvm; Vacaville, CA)

Each year in October organizers plan an event, the North Bay Stand Down, to assist homeless and at risk veterans in a three-day encampment where veterans can obtain local community, county, state and Veterans Administration benefits, services and resources.

The North Bay Stand Down looks to reach out to the counties of Solano, Napa and Yolo for honorably discharged veterans who are homeless, as well as providing resources to those veterans returning from Operation Iraqi Freedom/Operation Enduring freedom, families of those still serving overseas, and the families of those who made the ultimate sacrifice while serving our nation. Organizers want to ensure that those who need the help and resources the most are getting it.

This year is no different and planning has already begun for the 17th annual stand down which will take place at the Dixon May Fair grounds from Oct. 16-18 .

Veterans and their families will be in attendance Oct. 16-18, while set up will begin Oct. 15.

As in past years, the success of this event depends largely on the willingness of those in the community to serve as volunteers or donate to the cause. During the last 16 years, organizers of the event have built a good foundation, and garnered support from local and area businesses, donors and individuals and in order to continue this endeavor, your support is welcomed and encouraged.

Veterans attending the Stand Down need to pre-register online in advance at the website. Pre-registration is necessary for any veteran, by Oct. 5 who may need to utilize court services. Pre-registration is highly recommended for every veteran attending the stand down.

Volunteers are needed in many areas, and must sign up via the website as well. As with any large endeavor, the success of this event would not be possible without volunteers to help. Consider giving a few hours of your time to help our veterans.

According to recent US Department of Veterans Affairs statistics, veterans comprise roughly 30 percent of the homeless population in the United States and within our communities. The adversities of homelessness include lack of safe shelters, unemployment, physical and emotional disabilities, substance abuse and hopelessness.

And for many veterans these adversities can lead to a self-generating cycle, which in turn can lead to complete isolation from mainstream society. The stand down has assisted many veterans in our communities in getting their lives back on track. Whether our veterans served in Korea, Vietnam, Iraq Afghanistan, or any other military action, during war time or peacetime, the event is set up to bring them back home. More than just a three day encampment, the North Bay Stand Down represents our community saying "Welcome Home."

For information, Veterans registration, or to volunteer, please visit the website: www.nbstanddown.org or call the Solano County Veterans Service Office at (707) 784-6590 or Jeff Jewell, North Bay Stand Down Director at (707) 446-3582.

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7.7 - Call Newspapers: St. Louis County sells half of Sylvan Springs Park to expand Jefferson Barracks gravesites (2 September, Gloria Lloyd, 400k uvd; Saint Louis, MO)

The plan to sell half of Sylvan Springs Park to the federal government to expand Jefferson Barracks National Cemetery is finally moving its way through the County Council after years tied up in court.

The council is set to take a final vote on the \$2.5 million sale when it meets Tuesday.

It voted unanimously last week to grant preliminary approval to the sale, with 5th District Councilman Pat Dolan, D-Richmond Heights, absent.

The sale appears to be a done deal since the county won a court battle to sell 38 acres of the 72-acre park after park advocates sued to stop the sale. But in the summer of 2015, opinion was split down the middle on whether county parkland should be converted to graves.

When the U.S. Department of Veterans Affairs first sought the sale, the agency estimated that Jefferson Barracks, the fifth-busiest of the 132 national cemeteries, could run out of new gravesites by 2021 if it is not expanded.

Now it is saying that with extra land it has since acquired from the VA Medical Center that adds space for 13,000 gravesites, the cemetery can make it to 2028 without Sylvan Springs Park and 2048 with it.

But the idea behind the sale is the same: As more military veterans and their families seek to be buried in the national cemetery, space is running out. And although the Sylvan Springs sale is now estimated to add 20 years to the cemetery's lifespan, the cemetery will have the same space limitations after 2048 and will still have to decide whether to expand elsewhere or try to acquire more land nearby.

When County Executive Steve Stenger first raised the idea in 2015, public opinion was passionate on both sides and fairly evenly divided at two public hearings held at The Pavilion at Lemay.

In a show of hands at the end of a nearly three-hour public hearing at The Pavilion, 42 residents told county and federal officials they favored selling the park and 59 opposed the move. Dozens of public speakers were evenly divided on the issue, with a slight edge for those who didn't want to sell.

At the time, the only member of the County Council who attended the hearing was then-6th District Councilman Kevin O'Leary, D-Oakville.

County Parks Director Gary Bess said an online survey showed 60 percent in favor.

The current legislator for the 6th District, Councilman Ernie Trakas, R-Oakville, did not respond to requests for comment.

At least 15 property owners surrounding Sylvan Springs attended the original hearing, with many saying their homes will be jeopardized if the federal government expands the cemetery into their backyard.

And green-space advocates like the Open Space Council's Katherine Dockery argued that since Sylvan Springs is only a short-term solution, more parkland could be taken in the future for the same purpose.

Former county Parks Director Marty Koch was so upset by the idea of selling Sylvan Springs that he sued, but lost.

This time around, the Open Space Council is staying out of the debate.

Instead, public comments at last week's council meeting were dominated by several military veterans who urged the council to approve the sale so that their fellow service members can be buried there.

Council Chairman Sam Page, D-Creve Coeur, said the "issue has been resolved," and the council is moving forward with the sale despite also passing a potential Charter amendment for the November ballot that would send sales of parkland to a public vote.

"It's a solitary event, so it appears that there's support from the council to go through with this," Page said. "This is a small sale for a worthy cause, and I think the county recognizes that. It will remain green space, but it's green space that serves people in the armed forces."

The county bought the property from Jefferson Barracks for \$3,500 in 1950.

"The sale of parkland is always controversial," Bess said, adding, "I think this is an appropriate use of our land... one of the most worthy reasons I can imagine."

The \$2.5 million from the sale will go to improving the other half of Sylvan Springs along with other county parks.

"It's a holy place for me," said veteran Al Katzenberger, who argued that Sylvan Springs is underutilized as a park but would be well used for graves. "It's unfortunate that we need this land, but it's very well needed by a lot of people."

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8. [Other](#)

8.1 - The Washington Post: [Organs infected with hepatitis C can now be transplanted](#) (2 September, Michael Ollove, 43.9M uvm; Washington, DC)

New antiviral drugs that promise a cure for the millions of Americans with chronic hepatitis are also benefiting another category of patients: those awaiting organ transplants.

Those patients can now receive an organ that has tested positive for hepatitis C, and if they become infected, they can be administered the antivirals to rid them of the disease.

The cost of the antivirals has dropped since their introduction, although at a low of \$26,400 for an eight-week course of treatment, they remain expensive. For that reason, many state

Medicaid agencies and some commercial insurers have restricted access to the medication, though a number of them are modifying the restrictions.

Transplant specialists say the availability of organs from donors with hepatitis C is easing the chronic shortage of organs.

"I am not aware of any other development that has allowed us to expand the donor pool in this way," said Kelly Schlendorf, medical director of the adult heart transplant program at Vanderbilt University Medical Center, which started using hearts infected with hepatitis C in 2016 after successful transplants of infected livers at the Nashville hospital.

"We've been able to transplant 50 more hearts into patients on the waiting list," Schlendorf said. "That's 50 hearts that wouldn't have been used before."

It is too early to know exactly how many more organs might eventually become available as a result of new policies regarding organs infected with hepatitis C, said David Klassen, chief medical officer of the United Network for Organ Sharing (UNOS), the nonprofit that runs the nation's transplant system.

The use of those organs is still being tested, as transplant centers and organ procurement centers develop protocols and most potential donors don't yet know about these new standards.

But transplants of hepatitis C-infected organs have increased dramatically. In 2013, 482 hepatitis C-positive organs were used in transplants, according to UNOS data. By last year, 1,491 of the 37,795 organs used in transplants had tested positive for hepatitis C.

And in the first five months of 2018, the number had already reached 803.

"If you increase donations by 10 percent overall, you've made a hell of an impact," said Christopher Sciortino, surgical director of the Advanced Heart Failure Center at the University of Pittsburgh Medical Center and the lead investigator into the use of hepatitis C-infected hearts in transplantation. "This is going to have the biggest impact we've seen in decades."

In a grim irony, the increase in organs available for transplants is caused in part by the opioid epidemic engulfing the United States. Heroin addicts often share needles, contributing to the 400 percent increase in acute hepatitis C among 18-to-29-year-olds from 2004 to 2014, according to the Centers for Disease

Control and Prevention. Among those ages 30 to 39, the uptick was 325 percent.

"A little less than 15 percent of our donations are the result of the epidemic," said Kevin Cmunt, head of Gift of Hope, an organ procurement agency covering parts of Illinois and Indiana.

In 2016, an estimated 42,000 people died of opioid overdoses in the United States. Those two data points — the sharp increase in hepatitis C and the surge of opioid deaths — suggest that many more organs may be available for transplants.

"For all the damage [the opioid epidemic] has caused, the potential benefit is organ donation," said Michael Chang, head of gastroenterology and hepatology at the Veterans Affairs Portland Health Care System in Oregon.

Long waiting times

UNOS manages the national transplant waiting lists and evaluates donors and recipients based on compatibility and need. Geography also plays a major role, because organs have limited viability after the donor's death, ranging from four to six hours for hearts and lungs to 24 to 36 hours for kidneys.

The shortage for all is severe. In 2017, 34,770 organ transplants were performed in the United States. The number of patients on the waiting list for organs is more than 114,000. The biggest demand by far is for kidneys, followed by the liver, the heart, the pancreas, lungs and intestines.

"The long and short of it is the big limitation in getting patients transplants is the availability of donors," Sciortino said.

He recalled one woman in his hospital who waited three months for a heart before a hepatitis C heart became available. "Before, that heart wouldn't have been used at all. Now — she's doing great."

The CDC estimates that 3.5 million people in the United States have hepatitis C, meaning they have been exposed to the virus and are producing antibodies to fight it. Not everyone with hepatitis C antibodies will go on to develop the virus, and between 15 and 20 percent will clear the virus without needing treatment.

The rest are considered to have chronic hepatitis C, putting them at risk for developing an active virus that, left untreated, can cause cirrhosis and liver cancer and impair the kidneys. The CDC says that hepatitis C kills more Americans than any other infectious disease.

Decades ago, people testing positive for hepatitis C were not automatically rejected as organ donors under the theory that it could take years, even decades, for the virus to develop. Compared with the immediate perils of a failing organ, the risk seemed worth it.

But according to Klassen, use of hepatitis C-infected organs fell out of favor, and the practice all but stopped. An exception was made for recipients who already had tested positive for hepatitis C.

Before 2014, there were treatments for hepatitis C, but they had harsh side effects and their cure rate was no better than 45 percent.

But in 2013, drugmakers received federal approval for a new generation of direct-acting antiviral medications that boasted cure rates above 95 percent, virtually no side effects and a 12-week treatment period. This is compared with older drugs that could take up to a year. However, the new drugs came with jaw-dropping price tags — as much as \$168,000 for a full course of treatment.

The price rattled insurers and prompted sharp criticism from patients and public officials. Medicaid agencies restricted who could receive the new drugs, reserving them for patients considered the sickest and those abstaining from alcohol. They also limited prescribing privileges to certain medical specialties.

With more competition, the price of antivirals has dropped. Many Medicaid agencies lowered their requirements for how sick a patient had to be (measured by liver damage), and at least 17 dropped the requirement altogether.

At least two states, California and Oregon, have removed restrictions for Medicaid patients who have undergone transplants. Few commercial insurers have similar guarantees.

Several transplant physicians around the country said that if insurers have refused to pay for the antivirals, their hospitals have covered the expenses themselves, sometimes with the help of donations. But payment remains a concern for transplant centers. Some automatically provide hepatitis C treatment for transplant patients who received an infected organ. Others wait for signs that the transplanted patient is developing the virus.

“Every center feels strongly that they need to be able to guarantee treatment” for hepatitis C, said Emily Blumberg, director of the transplant infectious-diseases program at the Hospital of the University of Pennsylvania.

Spending the money is good public policy, Vanderbilt’s Schlendorf said. “What needs to be considered is the cost of not getting a transplant quickly. It means more days in the [intensive care unit] waiting and more time on a heart pump. Those are more expensive than a course of hep C medicine.”

Ollove is a reporter for Stateline, an initiative of the Pew Charitable Trusts.

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8.2 - The Topeka Capital-Journal: [#TopCity What? Are there plans for the residential properties on the VA campus?](#) (3 September, Katie Moore, 853k uvm; Topeka, KS)

Federal, state and nonprofit entities will get first dibs on residences sitting empty on the Topeka VA campus.

Reader Don Marker asked about the properties that sit on the northeast part of the campus through The Topeka Capital-Journal’s #TopCity What?, which looks into questions submitted by community members.

The VA is working with the Office of Asset Enterprise Management and the General Services Administration to offer the residences to federal, state or nonprofit organizations. If there aren’t any takers, the properties will be sold to the general public, VA Eastern Kansas spokesman Joseph Burks said, adding that there isn’t a timeline on the sale of the residences.

The homes once were occupied by managers who supervised VA departments.

The VA began vacating the houses around 2000.

“When one property would become empty, we would not reoccupy,” Burks said.

Officials believe the last tenant left in 2012. The properties were going to be converted to veteran housing, but that didn’t pan out.

A housing project for military veterans is in the works.

A new Topeka organization called Sancta Bellator, which is Latin for “warrior sanctuary,” is being formed to help at-risk veterans with things like housing. The grassroots group will make veterans with dependents priority for housing services, said Doug Mulqueen. They will also help veterans get connected to community services.

The organization is in the process of constructing its bylaws. It plans to partner with local business leaders and also work with the Topeka Police Department’s crisis intervention team, Mulqueen said. They have also met with the VA.

“We just want to take care of fellow veterans and do the right thing,” Mulqueen said.

According to the National Coalition for Homeless Veterans, an estimated 40,056 veterans are homeless on a given night.

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Veterans Affairs Media Summary and News Clips

4 September 2018

1. [Top Stories](#)

1.1 - FOX News (Video): [Petraeus: US has 'sacred obligation' to help burn-pit veterans](#) (3 September, Lea Gabrielle and Perry Chiaramonte, 32.5M uvm; New York, NY)
Army Gen. David Petraeus, who was instrumental in guiding U.S. troops during the Iraq War, says that America's service members should be receiving assistance for the mounting medical issues that they fear have come as a result of being exposed to burn pits while stationed at military bases.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Las Cruces Fly Fishing Group Helps Heal Veterans With PTSD](#) (2 September, 23.9M uvm; Washington, DC)

A Veterans Administration clinic in Las Cruces is helping disabled military veterans deal with post-traumatic stress disorder through a program that uses the therapeutic benefits of fly fishing. Project Healing Waters is free for disabled veterans like Ray Kirby, who is haunted by experiences he went through during his service, the Las Cruces Sun-News reported.

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1.3 - The Arizona Republic (Video): [Phoenix Veterans Affairs Center flooded with flowers after Sen. John McCain's death](#) (2 September, Bree Burkitt, 10.8M uvm; Phoenix, AZ)

It started with the arrival of an elaborate wreath from the Arizona Diamondbacks on Tuesday. The single floral arrangement arrived at the Carl T. Hayden Veterans Affairs Medical Center without any fanfare. Soon after, dozens of bouquets and floral arrangements poured into the Phoenix facility.

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1.4 - Military.com: [Amputees in High Heels: VA Research Zeroes in on Quality of Life](#) (2 September, Richard Sisk, 9M uvm; San Francisco, CA)

Researchers from the Department of Veterans Affairs have played roles in a number of scientific and medical breakthroughs that have had a profound impact on modern life: the liver transplant, the nicotine patch and artificial lungs, to name just three.

[Hyperlink to Above](#)

1.5 - The Boston Globe: [Bed sores, neglect, alleged abuse: inside the Bedford VA nursing home](#) (4 September, Andrea Estes and Donovan Slack, 8.8M uvm; Dorchester, MA)

The nurse's aide was busy getting a patient ready for bed when she noticed a commotion on the other side of the room behind a privacy curtain. She could hear Russ Bonanno, a 94-year-old veteran, shouting "ow, ow, ow."

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2. [Greater Choice for Veterans](#)

2.1 - The Daily Item: [Valley VA doctors optimistic about new health care program](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

Two of the Valley's Veterans Health Administration-approved medical providers agree that the VA Choice program is problematic, at best, and are hopeful a new program can close the gaps in veterans health care.

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3. [Modernize Our System](#)

3.1 - KFSN (ABC-30, Video): [VA hospital expanding into Clovis](#) (3 September, Gilbert Magallon, 617k uvm; Fresno, CA)

A dirt lot on the northeast corner of Herndon and Armstrong is the future home of the Veterans Affairs Central California Health Care System's newest campus. The VA plans to transform the empty nine-acre space into their new ambulatory care center. "We know that that facility will help decompress our VA facility here in Fresno and that will ultimately turn and help our veterans," said spokesperson Cameron Porter.

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4. [Focus Resources More Efficiently](#)

4.1 - The Daily Caller: [The Government Needs To Hold More Federal Employees Accountable For Misconduct](#) (3 September, Rep. Louie Gohmert (R-Texas), 12M uvm; Washington, DC)

When Hurricane Harvey crashed onto Texas shores, the Federal Emergency Management Agency (FEMA) worked tirelessly to come to our citizens' aid. Unfortunately, in the months since then, information has been released regarding a top FEMA official who abused his position to harass co-workers and create inappropriate environments.

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4.2 - Military Times: [This week in Congress: Summer vacation is over](#) (3 September, Leo Shane III, 2.1M uvm; Springfield, VA)

The confirmation hearing before the Senate for Supreme Court Justice nominee Brett Kavanaugh will be the headline event on Capitol Hill this week, but Congress' return to Capitol Hill this week also means a flurry of defense-related work before the October recess arrives.

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4.3 - KSTU (FOX-13, Video): [Veterans receive mental health support, hope to break down barriers in 6th annual summit](#) (2 September, Jennifer Stagg, 1.6M uvm; Salt Lake City, UT)

Every day 20 United States military veterans commit suicide. That topic was front and center at the 6th annual Salt Lake Veterans Administration Mental Health Summit. The goal of the summit is to get out the message that there are resources to help veterans work through their problems.

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4.4 - Union Leader: [Sullivan wasn't the problem](#) (3 September, Vera R. Boals, 318k uvm; Manchester, NH)

To the Editor: It is beyond belief that you would try to blame Maura Sullivan for the problems of the Department of Veterans Affairs. I arrived here 14 years ago and found the Manchester VA Medical Center to be dirty, rude, and to lack the specialists that I needed to deal with my service connected disability. In short, totally typical of what I had come to expect of the VA.

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4.5 - Union-Bulletin: [Lawmaker talks health care with vets in Walla Walla](#) (2 September, Andy Porter, 60k uvm; Walla Walla, WA)

Improving health care for veterans was the center of a town hall held by U.S. Rep. Cathy McMorris Rodgers, R-Wash., Friday. McMorris Rodgers met with about 50 veterans at the VFW Post 992 on Colville Street as part of a daylong swing through Walla Walla. During the hourlong session, McMorris Rodgers heard both compliments and complaints about the VA health care system both locally and nationally.

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5. [Improve Timeliness of Service](#)

5.1 - WFLD (FOX-32, Video): [Vets complain of poor VA dental care, non-profit group steps in to help](#) (3 September, Natalie Bomke, 579k uvm; Chicago, IL)

They fought for our country and now they are fighting for care. FOX 32 has learned of serious neglect in the national policy for our veterans' dental care. In some cases, the Department of Veterans Affairs is allowed to pull out all of a veteran's teeth, but not replace them, leaving the veteran toothless.

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6. [Suicide Prevention](#)

6.1 - KREX (CBS-5, Video): [GJ VA Suicide Prevention Outreach](#) (3 September, 34k uvm; Grand Junction, CO)

4-minute video: The Grand Junction Veterans Health Care System has hired Rainy Raeman as their new Suicide Prevention Coordinator.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Hill: [This Labor Day, let's remember the contributions of our vets](#) (3 September, Rory Riley-Topping, 11.8M uvm; Washington, DC)

As with many of our federal holidays, what we celebrate on Labor Day often times has nothing to do with the reason for the holiday's existence. Today, as we put away our white clothing and say farewell to summer, I encourage you to take a few minutes to appreciate the origins of Labor Day and also to acknowledge the current role that our nation's veterans play in the workforce.

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7.2 - The Journal Gazette: [Shepherd's House gets cleared for VA funds](#) (3 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

Roughly a year after it was rejected and then approved for federal funds, a Fort Wayne shelter for homeless military veterans will receive a grant that pays for more than half its usual occupancy. Shepherd's House has learned it qualified for Department of Veterans Affairs assistance covering 20 beds in fiscal 2019, which begins Oct. 1. "We are grateful to the VA for continuing to work with us," Shepherd's House manager Tracey Barr said Sunday by telephone.

[Hyperlink to Above](#)

7.3 - Times Leader: [Wilkes-Barre VA opens Military Masterpieces gallery](#) (1 September, Mary Therese Biebel, 308k uvm; Wilkes Barre, PA)

"Three, two, one ... Yay!" After the countdown and before the applause, veteran John Wolczyk gripped an over-size pair of scissors on Friday afternoon and cut a red, white and blue ribbon to officially open "Military Masterpieces," a new art gallery at the Veterans Administration Medical Center that will showcase the work of residents in the facility's Community Living Center.

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7.4 - The Chippewa Herald (The Dunn County News): [Park packed for dedication of Vietnam veterans memorial](#) (3 September, Patt Eggert, 199k uvm; Chippewa Falls, WI)

Tom Prince Park in Colfax was packed the morning of Aug. 30, defying efforts to count or estimate the crowd. Colfax Superintendent of Schools Bill Yingst began the ceremony to dedicate a Vietnam Veterans memorial marker and sign. Assisting Yingst were Gary Stene, village president, Rev. Les Walck, Lutheran minister, state legislators Rep. Rob Summerfield and Sen. Terry Moulton, and Jake Leinenkugel, of the beer company family and now a veteran's affairs advisor in Washington, D.C.

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7.5 - KSLA (CBS-12, Video): [Golden Age Games athletes bring home the hardware. The ArkLaTex military veterans already are looking toward next year's competitions](#) (30 August, Marie Waxel, 192k uvm; Shreveport, LA)

Earlier this month, we introduced to you the ArkLaTex team of veterans who headed to New Mexico to compete in this year's National Veterans Golden Age Games. The multi-event sport is designed to improve the quality of life in our senior veterans. Now there's a little more excitement filling the gym at Overton Brooks VA Medical Center in Shreveport.

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1. [Top Stories](#)

1.1 - FOX News (Video): [Petraeus: US has 'sacred obligation' to help burn-pit veterans](#) (3 September, Lea Gabrielle and Perry Chiaramonte, 32.5M uvm; New York, NY)

Army Gen. David Petraeus, who was instrumental in guiding U.S. troops during the Iraq War, says that America's service members should be receiving assistance for the mounting medical issues that they fear have come as a result of being exposed to burn pits while stationed at military bases.

Petraeus, the former commander of U.S. Central Command and Multi-National Force-Iraq, said it's time for the service members exposed to the dangers of burn pits -- and who say they have been abandoned by the Veterans Affairs Department and Washington -- to be provided with proper care.

"It's a sacred obligation," Petraeus, a retired four-star general, told Fox News during an exclusive interview at his Manhattan office. "And by and large, our country does an extraordinary amount for our veterans and for those who are serving in uniform, and for their families."

"But comparing what our VA does to any other country's care of veterans...this is the gold standard. Certainly, a gold standard that can always improve, without question. This is an issue, though, where we have a sacred obligation, and we need to meet that obligation."

The haphazard method of getting rid of trash, chemicals and even medical waste -- in open-air burn pits -- during the wars in Iraq and Afghanistan generated numerous pollutants, including carbon monoxide and dioxin -- the same chemical compound found in Agent Orange, the dangerous defoliant used during the Vietnam War from 1961 to 1971.

As early as Operation Desert Storm in 1991, burn pits were used on U.S. military bases in Iraq. At the height of the Iraq War in 2005, more than 300,000 troops were stationed there and potentially exposed to the smoke and fumes from burn pits. Estimates place the number of burn pits around that time at 63.

Thousands of veterans and former contractors returned from the Middle East and have developed cancer, respiratory problems and blood disorders from what they claim is their exposure to toxins from the flaming pits. More than 140,000 active-service members and retirees have put their names on a Burn Pit Registry created by the Veterans Administration.

Petraeus offered an explanation when asked about why burn pits were used on military bases, conceding that the realities of war kept concerns about how to dispose of waste a low priority at that time.

"At that time we weren't worried about burn pits. We were worried about just getting enough water for our troops in the really hot summer," he says. "We were looking forward to the time where we might get some real food, real rations, as opposed to MREs and so forth."

The general explained how the rebuilding of Iraq's infrastructure and the troop surge in 2007 were the high priorities at that time, but that the potential danger of burn pits was undeniable.

"They obviously fought us back. But over time, in that tour, in particular, you start noticing other issues," Petraeus said. "So, yes, there is serious combat going on. But you're noticing that there's this massive burn pit that is up-wind of us. So it blows over this huge base, Camp Victory, where we had 25,000 or more soldiers based and stationed."

"We had a number of other locations, again, where we had these burn pits. And you start to notice it more and more. And I got more and more concerned during that time -- I mean, it'd been something I'd noticed previously," he said. "But now I realize that we've got all these soldiers who are, on really bad days, inhaling whatever it is that's being burned in these pits."

Petraeus recalled during the sit-down that requests to install incinerators were made during the time of the surge and followed up when he moved to Central Command, but that it presented issues of its own.

"Well, it was something that had to be done for a long period of time," he said of burn-pit disposal. "But at a certain point, it set in that perhaps there's a better way of doing it."

"Incinerators were actually brought in in some cases. And then there were even problems just getting incinerators to work. Unfortunately, sometimes it was easier still just to put it in a hole and burn it."

Petraeus points out that our troops during that time were at what he calls a "survival stage" and many options did not exist to dispose of the massive amounts of waste generated on our military operations.

"You have to do something with that. And now it's way beyond just human waste," he says. "It's also all of the byproducts of just daily life. And a lot of that gets dumped into a hole in the ground, and gasoline, or whatever it is -- poured on it, and someone -- torches it. And it's the way of disposing of what otherwise can no longer be buried."

The general conceded that this crude method had persisted for a long time and that as bases grew in certain areas, burn pits also grew significantly.

"The results of those, this enormous plume of black smoke and so forth was very, very noticeable," Petraeus recalled. "[W]hen the wind was blowing and the burn pit was in operation at a number of these different bases."

"Needless to say, you'd try to put it so the wind wouldn't blow it over there. But the winds vary. And they changed. And there was never any perfect method to that."

Since 2013, Petraeus has been with global investment firm Kohlberg Kravis Roberts [KKR], where he serves as chair of their KKR Global Institute. He has also thrown his support behind efforts made in Washington to bring reform to the complicated process many veterans go through when they file a claim through the Veterans Administration.

In July, Petraeus sent a letter to Congress asking lawmakers to consider backing the Burn Pits Accountability Act -- a recent bill brought before Capitol Hill by Reps. Tulsi Gabbard, D-Hawaii, and Brian Mast, R-Fla.

"I know that you share the sense of obligation that virtually all Americans have to those who have stepped forward at a time of war," he wrote in the open letter.

While steps toward reform are underway, there still is cause for concern for our troops who are currently in Iraq.

A recent report from Fox News shows that burn pits are still being used in at least one military base in Iraq.

In a series of images obtained exclusively by Fox News, a burn pit near Camp Taji, Iraq, is seen spewing thick clouds of black smoke into the air on a near-daily basis. According to one soldier stationed at the base, the pits are set ablaze as many as five times a week. The images were taken on and around June 3.

The pits, seen in the pictures originally provided, are situated in a part of Camp Taji known as an "amber zone" — an area adjacent to U.S. Military operations where Iraqi National Forces operate. The soldier told Fox News that while the unit's part of the camp is not using burn pits for trash disposal, it's not exactly clear where their trash ends up.

When asked about his thoughts on the burning still going on so close to where U.S. troops are stationed, General Petraeus expressed trepidation when seeing photos of the pits being operated in Taji's amber zone.

"It's actually the Iraqis who are using those now. But that still is a concern for us. And it should be," he says. "I think as time has gone by we have come to realize that this is a bigger issue than clearly it was in the earlier years of these two wars."

"And with that awareness, obviously we can certainly do a better job."

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1.2 - U.S. News & World Report (AP): [Las Cruces Fly Fishing Group Helps Heal Veterans With PTSD](#) (2 September, 23.9M uvm; Washington, DC)

LAS CRUCES, N.M. — A Veterans Administration clinic in Las Cruces is helping disabled military veterans deal with post-traumatic stress disorder through a program that uses the therapeutic benefits of fly fishing.

Project Healing Waters is free for disabled veterans like Ray Kirby, who is haunted by experiences he went through during his service, the Las Cruces Sun-News reported .

The local group has about 10 veterans who participate regularly and gets one or two new members each year.

Kirby's life was on a downhill spiral after he returned from a tour in Iraq where he saw "mankind at its absolute worst."

He was diagnosed with PTSD in 2006.

He's gone through two failed marriages and was kicked out of his mother's Las Cruces home after a few months of living there.

"I was angry at the military," he said. "I was angry at myself. I was angry at the world. I drank and drank. I was in denial."

The Army veteran happened to see a brochure on the program in 2012 at the Las Cruces VA clinic.

He was connected to fellow veteran Ron Bellerose who leads the program and taught Kirby the basics of fly fishing.

Project Healing Waters provides members with rods, reels, flies and supplies for making them and covers travel and all related costs for overnight fishing trips.

The program takes members on two to three trips per year. Most excursions are overnight trips because of the lack of fishable streams in southern New Mexico.

Kirby remembers one November day when he joined the group for a fly fishing trip to Rio Penasco in southern New Mexico.

He didn't catch any trout that day, but he loved it nonetheless.

"It felt so good — listening to the wind, hearing the birds chirping," he said. "It was a cold, rainy day, but I will never forget it."

Kirby still struggles with mental health issues and is trying hard to stay away from alcohol for good, but he said fly fishing has helped him cope and he is in better shape today because of it.

"Compared to where I was, (I'm) a billion times better," he said. "I don't have nightmares as often. I'm still working on managing my emotions."

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1.3 - The Arizona Republic (Video): [Phoenix Veterans Affairs Center flooded with flowers after Sen. John McCain's death](#) (2 September, Bree Burkitt, 10.8M uvm; Phoenix, AZ)

It started with the arrival of an elaborate wreath from the Arizona Diamondbacks on Tuesday.

The single floral arrangement arrived at the Carl T. Hayden Veterans Affairs Medical Center without any fanfare.

Soon after, dozens of bouquets and floral arrangements poured into the Phoenix facility.

The countless donations were the result of one line on Sen. John McCain's website:

"If so inclined, flowers may be sent to your local VA Hospital. Thank you."

McCain, who died of brain cancer on Aug. 25 at age 81, was a Navy aviator who was shot down over North Vietnam in 1967 and held as a prisoner of war until 1973. Throughout his life, he frequently advocated for veterans.

The simple request on the bottom of the web page brought nearly a hundred arrangements to the Phoenix facility, said Cindy Dorfner, chief of public affairs for the Department of Veterans Affairs.

Dorfner and other officials didn't know of the six-term Republican senator's wishes until they were inundated with flowers.

Some were from notable names, like Massachusetts Congressman Joe Kennedy. Many came from mourners throughout the state.

"In honor and memory of Senator McCain and his service to this great nation," one person wrote on the card that accompanied an intricate patriotic wreath.

The numerous arrangements were dispersed throughout rooms of residents in the community living center and rooms of veterans staying overnight for in-patient procedures. Others were placed in common areas and the chapel.

The McCain family also donated dozens of calla lilies from Thursday's memorial service at the North Phoenix Baptist Church.

"We are honored the McCain family thought of doing this, and we know it brightened the day of many veterans," Dorfner said.

McCain's death resonated with the residents in the community living center, Dorfner said. Many of them also had served in the Vietnam War and were the same age as McCain.

They quietly held their own memorial service in remembrance of McCain during the week, which was filled with larger ceremonies in Arizona and Washington, D.C.

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1.4 - Military.com: [Amputees in High Heels: VA Research Zeroes in on Quality of Life](#) (2 September, Richard Sisk, 9M uvm; San Francisco, CA)

Researchers from the Department of Veterans Affairs have played roles in a number of scientific and medical breakthroughs that have had a profound impact on modern life: the liver transplant, the nicotine patch and artificial lungs, to name just three.

And now, as they seek to meet the needs of an increasingly diverse population of wounded and disabled veterans from the current era of war, VA design experts say they're going beyond barebones medical needs and aiming to help vets live more comfortably, with technology adapted to their lifestyle and interests. It's work that requires them to listen to veterans more closely and involve them and their feedback in the development process to a greater extent than ever before.

One example of this work can be seen at the Office of Research and Development of the Department of Veterans Affairs, where they've come up with a 3D-printed ankle and foot device for a prosthetic leg to give amputees adjustable heels.

Thanks to this research, stilettos are no longer out of the question for veteran amputees. Outside researchers at Johns Hopkins University and elsewhere have developed similar devices, but Dr. Andrew Hansen of the Minneapolis VA Healthcare System said the VA's "Shape & Roll" prosthetic foot is unisex.

"This study focused on high heels, but the results work just as well for cowboy boots," Hansen said in a VA release.

The adjustable-heel prosthetic was an example of VA's commitment to research in areas that haven't been pursued by the private sector, said Dr. Rachel Ramoni, the VA's chief research and development officer.

"Actually, there's a couple of things going on with 3D printing; you can print a foot for every type of shoe," Ramoni told Military.com.

The foot-ankle prosthetic also demonstrates a willingness at the VA to take feedback from wounded and disabled veterans themselves on what they need to accommodate the lifestyles they wish to return to or pursue, she said.

Ramoni also cited current research into upper-arm prosthetics for women as an example of this work.

"That's a small segment of the population; it's a small market," Ramoni said. "It's not an area where somebody would say 'Well, it's an obvious money making opportunity.' So it might not be good business, but it's the right thing to do."

The other challenge with research on upper-arm prosthetics for women is that so little work has been done in the field previously, Ramoni said.

"The sizing of the prosthetic is a big deal," she said, and "we don't know about women's upper arm satisfaction, because all of the surveys were designed for men."

The work on adjustable heels and the upper-arm prosthetic research are among more than 2,000 projects involving 3,400 researchers now underway at the Office of Research and Development. ORD operates on a budget of about \$722 million from the VA, supplemented by contributions from the National Institutes of Health, the Department of Defense and others, for a total of about \$1.5 billion, Ramoni said.

The money is being spent with a new emphasis on listening to vets regarding where they want the research to go, Ramoni said.

A Disabled Vet Tackles Design

Dr. Rory Cooper was an Army sergeant in Germany in 1980 when he lost the use of his legs from spinal cord injuries in a bicycle accident.

He now is a director and senior research career scientist for the Human Engineering Research Laboratories, a VA Rehabilitation Research and Development Center and home of the VA Technology Transfer Assistance Program.

Cooper is also a Paralyzed Veterans of America distinguished professor at the University of Pittsburgh. As such, he is an advocate for what leaders in his field call "participatory action engineering," or, more simply put, listening to the people you're trying to help.

Cooper said his frustration with the ivory-tower approach to human engineering grew out of his own experience trying to get a better wheelchair.

"I was trying to solve some of my own problems," he said of his approach to design research. He found that he and other veterans often were in "isolation" from the researchers.

Cooper said that surveys and talking to the veterans themselves are "ways to initiate the design process, rather than having somebody sitting at their desk or surfing their computer, trying to understand what you want."

Designers and researchers should "start by asking [the veterans] ... to prioritize," Cooper said.

He said his current research was focused on robotics, artificial intelligence and what he called "adaptive reconditioning technology" to help veterans participate in sports and recreation.

One such example: a robotic bed. One of the little-known everyday problems for disabled veterans, and their caregivers, is getting in and out bed, Cooper said.

"If you don't have the use of your arms or legs, or you're weakened, that's a huge problem," he said.

The bed is currently a work in progress, but Cooper said the initial thought was to have a "chair-into-bed kind of a docking system, and the chair kind of puts you into the bed while a conveyer pulls you into the bed."

A Secret Weapon: Veterans

The VA has a major advantage over the teaching hospitals and the private sector in conducting wide-ranging tests and surveys that require huge numbers of volunteers, said Ramoni, the VA's chief research officer.

"Veterans are absolutely core to our program," she said. "Our program is able to make these discoveries because of the thousands of VA patients volunteering here," and "what we do is driven by their needs."

Outside researchers, she said, often ask how they can learn from current VA practices and how VA scientists get so many people involved in the development process.

"We say what we have is not something you can learn; that you have a population of veterans who want to continue to serve their fellow veterans and the entire nation by participating in these studies," Ramoni said. "It's just amazing to me how committed veterans are to continuing to serve and continuing to make discoveries that will help everybody."

The Next Big Breakthrough

Ramoni noted that VA's ongoing Million Veteran Program (MVP) on genome research has now enrolled more than 670,000 veteran volunteers, to make it by far the world's largest genome database.

In the program, begun in 2011, participants donate blood, from which DNA is extracted. Then a baseline and periodic follow-up surveys track the veterans' military careers, and their health and lifestyles.

The research seeks to determine whether the genetic information in the database could hold keys to preventing and treating diseases.

"We believe MVP will accelerate our understanding of disease detection, progression, prevention and treatment by combining this rich clinical, environmental and genomic data," former VA Secretary Dr. David Shulkin said.

The MVP research opened the possibility for determining whether genetic factors were contributors to PTSD and Gulf War illness, Ramoni said.

Many veterans shared the same experiences in the same places in combat, and others were in the same places in the Gulf War; some developed PTSD and Gulf War illness, others didn't, Ramoni said.

"The question we all ask is, why is that? Are there genetic markers for PTSD susceptibility, or are there genetic markers for Gulf War illness? Genes might help reveal that," she said.

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1.5 - The Boston Globe: [Bed sores, neglect, alleged abuse: inside the Bedford VA nursing home](#) (4 September, Andrea Estes and Donovan Slack, 8.8M uvm; Dorchester, MA)

The nurse's aide was busy getting a patient ready for bed when she noticed a commotion on the other side of the room behind a privacy curtain. She could hear Russ Bonanno, a 94-year-old veteran, shouting "ow, ow, ow."

"It sounded like fighting" said Julee, who asked that her last name not be used out of fear of retaliation. But when she walked to the other side of the room, she saw another aide trying to hoist Bonanno from his wheelchair to his bed, normally a two-person job.

Then, as she watched, Julee said, the other aide simply tossed the elderly dementia patient onto the bed.

"Let me tell you how brutal that guy was with the veteran," Julee wrote to her supervisor two days after the May 18 incident. "After he was done, (we) went and checked Mr. Bonanno. The guy was wet. Everything needed to be changed."

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The troubles in Bedford are part of a larger concern for the VA’s care of elderly veterans across the country. Earlier this year, the Globe and USA Today revealed that internal ratings showed 60 VA nursing homes — nearly half of such facilities nationwide — received the lowest ranking for quality as of Dec. 31, 2017. (Among the homes rated lowest for quality in the first quarter this year, only 11, including Bedford, also got one-star ratings for surprise inspections.)

But the agency only released the ratings to the public after the two news organizations began asking questions about them.

In late 2017, the VA gave one star to only 13 nursing homes nationwide, including Bedford. The number of worst-rated facilities increased to 60 three months later, when the VA changed the ratings to compare VA nursing homes to private facilities rather than just to each other.

Under the new system, Bedford rated worse than private nursing home averages on 10 of 11 key quality indicators last year. Across the country, more than 100 VA nursing homes scored worse than private nursing homes on a majority of the indicators.

VA spokesman Curt Cashour said the agency is using the data “to drive improvements across the system,” noting that only one VA nursing home saw a significant decline in its quality rating this year.

Cashour has said that VA nursing homes score lower on key quality indicators because they have residents with more complex medical conditions, but that “overall,” the VA nursing home system “compares closely” with the private sector.

This much is clear: The Bedford VA nursing home has been buffeted by controversy since 2016 when director Christine Croteau was transferred to Washington, D.C., amid an ethics investigation. David Shulkin, a former VA secretary, confirmed that she had been demoted but did not disclose the reasons.

Since then, the Bedford nursing home has had two interim directors before Clifford, who once served as a nurse executive at the Boston VA, took over in March. In between Croteau’s departure and Clifford’s arrival, the Globe revealed the circumstances surrounding the death of Nutter, whose family is preparing to sue the VA for the aide’s inattentive care.

The aide, Patricia Waible, eventually admitted that she was playing video games on her computer and didn’t check on Nutter on the night he died, the Globe reported in October.

"I hold the VA responsible for all of this. They're responsible for their employees," said Nutter's daughter, Brigitte Darton. "How many other people did this lady cause issues with?"

Among current residents of the Bedford nursing home, opinions of the care are mixed.

Amidon is now largely bed-ridden with advanced Parkinson's disease, unable to read or watch TV much, his wife, Helga, said, because the VA-issued glasses don't help his poor eyesight. She also said that before early July, he hadn't showered since April, though he may have been cleaned with a cloth in his bed.

"The care is adequate," Amidon himself said recently. But his family doesn't agree. They say he's afraid if he complains he'll be treated even worse. "There are some good people here," he added.

Amidon's son Christopher said his father is being overly polite. Christopher said he saw a nurse mocking the way his father walked, hunched over and breathing heavily. His father and other veterans sometimes waited hours for nurses to respond when they pressed their buzzers for help.

In January of this year, he said, his father called and said the staff had been slapping him.

In May of 2017, he came down with scabies but the contagious rash wasn't diagnosed for five months, his wife said.

Nursing home director Clifford said she was surprised to hear of the family's complaints and would like to hear from the family firsthand.

"I'm really disappointed. I want things out in the open so I can address them," she said. "My ultimate responsibility is to provide the best care for these veterans in a dignified manner. I don't want the few cases that are not great to overshadow the great cases."

Clifford confirmed that she was troubled by the reported manhandling of Russ Bonanno, and she said the issue was resolved when the employee, Anthony Santos, agreed to resign.

For his part, Santos denied the incident happened. "It was made-up story because I am not popular because I won't be yelled at or cursed at (by) management or staff. I transferred the veteran," he wrote in an e-mail, adding that he "quit because (of) the toxic work environment."

Julee remains suspicious that she was targeted for being a whistle-blower, noting that she was never warned about attendance issues and she was popular with patients and their families.

Nick Bonanno, Russ's son, was upset his father was manhandled and that Julee was let go — she stood out among the employees for her compassion and kindness, he said.

"She made a real effort to engage the vets — singing, chatting, joking with them, creating a social connection that is so important," he said, adding that there are other caring staffers at the facility. But Julee, he said, "was very committed to caring for these men, not just showing up to work a shift. I only know what I saw, and what I saw was positive."

As for Charles Amidon, his wife and son say that now that he is in the late stages of Parkinson's disease, they are less afraid to speak their minds about the quality of the care in Bedford. Previously, they had feared that anything they said could result in worse care for him.

"If I won the lottery, I would take my father out of there," said Christopher, explaining that placing his father in a high-quality private nursing home was unaffordable — costing tens of thousands of dollars a month.

Now, all they hope for is that they can take Charles Amidon to the family's summer home on Orr's Island in Maine one last time, though they doubt their wish will come true.

"The morning light there is beautiful," Helga Amidon said.

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2. [Greater Choice for Veterans](#)

2.1 - The Daily Item: [Valley VA doctors optimistic about new health care program](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

LEWISBURG — Two of the Valley's Veterans Health Administration-approved medical providers agree that the VA Choice program is problematic, at best, and are hopeful a new program can close the gaps in veterans health care.

The VA Choice program allowed veterans to use their local doctors if they lived more than 40 miles from a VA hospital. But appointments had to be made through a third-party company, Health Net Federal Services. The additional layer of bureaucracy was the problem, said Dr. Ronald Companion, of Shamokin Dam.

Companion has treated veterans since 2009, but admitted he is getting rid of his VA Choice patients. The program ends Sept. 30.

"Veterans Choice has been the law the last three years and at times it has been a problem for the vets getting their medications," Companion said. "Under the new VA Mission program we are hopeful that it will be an advantage to veterans because they won't have to spend a lot of time asking for this, asking for that, going on the internet. VA Choice was a problem."

Acupuncturist Trey Casimir, of Lewisburg, also an approved medical provider, had problems as well with Health Net.

Casimir said he was contacted by the VA five years ago asking if he was interested in providing acupuncture to interested veterans locally. It went very well, he said, initially.

"I treated half a dozen people over the course of two or three years," he said. "It's a big bureaucracy and the wheels move slowly but the people gave me accurate information. I submitted my claims. I got paid."

"Things tended to move a little bit slowly when I was dealing directly with the VA, but compared to private insurance, certainly things happened in a timely manner. I'd get an authorization

within a few days or a week of getting the phone call, I could get the vet in right away. When I submitted my claims I'd be paid the amount that was agreed upon within a reasonable amount of time. I was thrilled to be associated with the VA and also to provide services to our veterans."

Then along came Health Net in 2016, which had a contract with the VA to manage the Veterans Choice program.

"I had trouble being paid," he said. Veterans would have their appointments made by Health Net, and sometimes they weren't informed of the date.

It took months and many phone calls, many not returned, to get through to Health Net.

"It took me going to my Congressman, Tom Marino, to get back on the Health Net radar, and eventually this summer all my past invoices were paid," Casimir said.

Now he's back in business and, like Companion, hopes the new program will be more efficient. But as of this week, few details are known about VA Mission.

"We just found out about it ourselves," Casimir said.

The armed forces are at the cutting edge of things that will help veterans, Casimir noted, and they have been utilizing acupuncture for more than a dozen years.

They have also been training medics in battlefield acupuncture, which is using very simple points in the ear to keep a person calm if they are injured. And they found that it is as effective as giving them morphine, with fewer complications afterward.

Persons who have more severe injuries turn to expert practitioners like Casimir.

"I would love to be an in-house provider and go to Wilkes Barre or one of the other centers and work there," he said. "Instead they have used me as needed for veterans who live in the area."

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3. Modernize Our System

3.1 - KFSN (ABC-30, Video): [VA hospital expanding into Clovis](#) (3 September, Gilbert Magallon, 617k uvm; Fresno, CA)

CLOVIS, Calif. -- A dirt lot on the northeast corner of Herndon and Armstrong is the future home of the Veterans Affairs Central California Health Care System's newest campus.

The VA plans to transform the empty nine-acre space into their new ambulatory care center.

"We know that that facility will help decompress our VA facility here in Fresno and that will ultimately turn and help our veterans," said spokesperson Cameron Porter.

Drew Bessinger, Clovis Mayor pro tem says it is a win-win situation that contributes to Clovis' vision

"It complements our existing efforts to bring in quality medical care and careers to the City of Clovis."

The expansion will add to the growing medical community in the northeast part of town. The Herndon Armstrong Professional Center sits across the street from the lot. It's home to multiple medical agencies and businesses. The Valley Children's Clovis Campus is located down the road. The Clovis Community Medical Center is just a few blocks further.

"We want to have Clovis become a destination for the entire Central Valley for medical care. Instead of going to LA, San Francisco, you can come to Clovis," said Bessinger.

Before construction starts, the lot will be transformed into satellite parking for employees and veterans heading. From the Clovis parking lot, shuttles will transport them to the Fresno hospital. Porter says that a lack of parking is one of the most significant issues the Fresno VA currently faces.

The ambulatory care center project is still in the works and awaiting approval. Once approved, it could take at least ten years before the facility is completed.

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4. Focus Resources More Efficiently

4.1 - The Daily Caller: [The Government Needs To Hold More Federal Employees Accountable For Misconduct](#) (3 September, Rep. Louie Gohmert (R-Texas), 12M uvm; Washington, DC)

When Hurricane Harvey crashed onto Texas shores, the Federal Emergency Management Agency (FEMA) worked tirelessly to come to our citizens' aid. Unfortunately, in the months since then, information has been released regarding a top FEMA official who abused his position to harass co-workers and create inappropriate environments.

According to numerous reports, FEMA personnel chief, Corey Coleman, fostered a culture of widespread sexual harassment during his time with the agency. This case makes clear that while a majority of civil servants are working tirelessly for the American people, a few bad actors can corrupt an entire agency.

In our current system, the process for removing these bad actors is nearly impossible.

According to data obtained by FedScope, only 0.5 percent of federal employees have been fired in recent years for poor performance or misconduct. Meanwhile, a 2015 Government Accountability Office (GAO) report revealed that once a decision is made to fire a federal employee, removing them from office can take between six months to a year, if not longer.

Draining the swamp is not just fiscally responsible, it is absolutely essential to creating a lasting climate of accountability in our nation's capital – which is the real battle we are fighting.

Washington dysfunction runs deep. True change must uproot systemic injustices and remove those in government who perpetuate them. Meanwhile, all of us in government must begin insisting upon excellence and stop incentivizing ineptitude.

This is the essence of the MERIT (Modern Employment Reform, Improvement, and Transformation) Act — a piece of legislation I am proud to co-sponsor. The MERIT Act allows for the expedited removal of federal employees who have either engaged in misconduct or who are failing to perform their duties. It also expedites the appeals process in the event these employees protest their termination.

Don't forget the case of the VA employee found guilty of neglecting patients with extraordinary waits for treatment or care, and fraudulently creating imaginary, short wait-times which led to employee performance bonuses. She also accepted \$50,000 in gifts from the medical industry, while accusations of retaliation against whistleblowers were leveled against her. The Obama Administration's VA leaders fired her in 2015. A federal Circuit Court of Appeals decided the VA should not have fired her. She needed to be back at the VA preventing veterans from getting the care they desperately needed even if her actions led to their death.

The sensible reforms of the new MERIT Act were included in the bipartisan VA Accountability and Whistleblower Protection Act, a law overwhelmingly approved by Congress and signed by President Trump last year. Lawmakers of both parties have praised this legislation for giving the VA secretary the tools necessary to "hold bad employees accountable" and end the culture of corruption at the U.S. Veterans Affairs (VA) administration.

Thanks to this legislation and no thanks to federal courts, our veterans have a better chance of receiving the support and medical care they deserve.

Unfortunately, these rules only apply to the VA. The rest of the federal government remains shockingly impervious to accountability.

Alarming, recent efforts by the Trump administration to hold the federal government more accountable have been struck down by activist judges. A federal district judge recently invalidated most of the provisions of three executive orders President Trump issued to make it easier to fire federal employees.

Abuse exists in all areas of government and we cannot ignore it unless it affects our veterans. This is no way to run a government.

Some federal employees may be concerned, but hard-working employees should take heart that if we can get this passed, supervisors who abuse other federal employees can be removed and the abused federal employees can have a decent workplace free of protected dictators. Some employees have related how miserable their federal employment was because of a horrendous boss that federal law protected from being fired.

This law will change that.

Glaring employment issues at the EPA, the Department of the Interior, the Justice Department, IRS, and the Intelligence agencies among so many other agencies, require that we take the bipartisan reforms being successfully implemented at the VA and apply them across the federal behemoth.

No matter the agency or department, civil service abuse of other federal employees and the American people who are forced to bow before capricious federal abusers must not be tolerated any longer. Further, bureaucratic insolence, maltreatment of other workers and the general public while it also drains taxpayers' pocketbooks can no longer be rewarded with lifetime employment and pensions.

There simply has to be accountability, before the cure for the spoils system illness becomes worse than the disease.

Enabling lawlessness and rewarding lethargy is the way of the swamp. We will never drain the swamp unless we can fire the swamp.

To show your support for the MERIT Act, please take a moment to visit the website FireTheSwamp.com and let your lawmaker know you support extending the bipartisan good government reforms adopted by the VA to the rest of the federal government.

Congressman Gohmert is the Vice Chairman of the Natural Resources Committee and the Vice Chair of the Judiciary Subcommittee on Crime, Terrorism and Homeland Security.

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4.2 - Military Times: [This week in Congress: Summer vacation is over](#) (3 September, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — The confirmation hearing before the Senate for Supreme Court Justice nominee Brett Kavanaugh will be the headline event on Capitol Hill this week, but Congress' return to Capitol Hill this week also means a flurry of defense-related work before the October recess arrives.

Lawmakers have until the end of the month to settle their appropriations bills, including the defense and Veterans Affairs spending plans for fiscal 2019. The House and Senate could agree to a continuing resolution to prevent a government shutdown if a full federal budget compromise isn't reached, but for now they're optimistic they'll finish the work.

Defense and Veterans Affairs committees also have their own nominations to handle. The Senate Veterans' Affairs Committee this week will consider President Donald Trump's pick to take over the VA's whistleblower office, and other Pentagon and State Department officials are expected to get their hearings in the next few weeks.

Any work not completed by Sept. 28 will remain unresolved until late November, when both chambers return to town for a few weeks of a lame duck session.

Wednesday, Sept. 5

Senate Foreign Relations — 10 a.m. — 419 Dirksen
NATO

Outside experts will testify before the committee on the value of NATO and long-term challenges to the alliance.

House Veterans' Affairs — 10 a.m. — 334 Cannon

VHA practices

Department officials will testify before the committee on concerns over VA health facilities policies for sterilizing medical instruments.

House Veterans' Affairs — 1 p.m. — 334 Cannon

Pending legislation

The subcommittee on disability assistance will consider a series of pending bills.

Senate Veterans' Affairs — 2:30 p.m. — 418 Russell

Nominations

The committee will consider the nomination of Tamara Bonzanto to be the head of VA's Accountability and Whistleblower Protection office and James Gfrerer to be assistant secretary for information and technology.

Senate Foreign Relations — 2:30 p.m. — 419 Dirksen

China

Outside experts will testify on the security and political challenges posed by Chinese defense moves.

Thursday, Sept. 6

House Veterans' Affairs — 2 p.m. — 334 Cannon

Housing assistance

VA officials will testify before the committee on the department's specially adaptive housing grant programs.

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4.3 - KSTU (FOX-13, Video): [Veterans receive mental health support, hope to break down barriers in 6th annual summit](#) (2 September, Jennifer Stagg, 1.6M uvm; Salt Lake City, UT)

Every day 20 United States military veterans commit suicide.

That topic was front and center at the 6th annual Salt Lake Veterans Administration Mental Health Summit.

The goal of the summit is to get out the message that there are resources to help veterans work through their problems.

"The biggest hurdle in getting vets to come to mental health services is the stigma," Cynthia Hudgens, Peer Support Specialist at the Salt Lake City VA Hospital said.

Hudgens works with veterans who suffer from post-traumatic stress disorder and military sexual trauma, as well as with LGBT veterans.

She was active duty from 1975 to 1980, and in the Utah National Guard from 1984 to 2014.

Hudgens believes most veterans think it's a sign of weakness to admit to having mental issues.

Others fear they will be labeled as insane, and it will keep them from getting a job or keeping the one they have.

Hudgens suffered mental health issues, but she too worried about keeping her job, and didn't seek help until she retired.

After a short period in therapy, she realized, "this stuff works."

She thinks veterans are uniquely equipped to face their mental health challenges.

"We have the same courage, commitment, strength and honor that we had when we signed our name on that dotted line and we were willing to put our lives at risk," Hudgens said. "We can call upon all of that to heal from PTSD, from sexual trauma, from anything else that life's thrown our way."

Another reason veterans don't seek help is because it will force them to deal with things that are very difficult.

"They have to deal with some emotional pain, and that's a hard process," Stephen Sheppard who manages the Residential Substance Abuse Treatment program at the Salt Lake City VA said. "But we're here to support people through their emotional pain, give them tools to cope, help them connect to other people in the community, connect to other veterans, build support and eventually overcome and manage those difficult, painful things much more effectively."

The summit brought together dozens of mental health experts from around the Intermountain West to tackle the suicide crisis.

"We're here to try to promote that treatment's available, we're here to promote that treatment works," Sheppard said. "And that recovery's possible and not only is recovery possible but that building a really wonderful quality of life is what our goal is all about here at the VA."

Here's a link to the Salt Lake VA Center where the resources are detailed.

Also listed on the website is the number to the Veterans Crisis Line which is 1-800-273-8255.

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4.4 - Union Leader: [Sullivan wasn't the problem](#) (3 September, Vera R. Boals, 318k uvm; Manchester, NH)

To the Editor: It is beyond belief that you would try to blame Maura Sullivan for the problems of the Department of Veterans Affairs.

I arrived here 14 years ago and found the Manchester VA Medical Center to be dirty, rude, and to lack the specialists that I needed to deal with my service connected disability. In short, totally typical of what I had come to expect of the VA.

My father, who served more than 28 years in the U.S. Army, refused to his last breath to step foot in a VA hospital as he was treated so badly when he retired in 1980. The problems with the

VA did not start with President Obama and are certainly not being improved by the current administration.

What did happen is that the Obama administration declined to cover it up, instead bringing the issues to light, and starting to work on improvements. To say that Sullivan was a part of the problem is unfair and untrue.

As a veteran, I am tired to death of hearing politicians offering to start wars over this insult or that political slight. We need people who are tested leaders and can get the job done. Maura Sullivan is the woman for the job, and I will certainly vote for her on Sept. 11.

VERA R. BOALS

Strafford

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4.5 - Union-Bulletin: [Lawmaker talks health care with vets in Walla Walla](#) (2 September, Andy Porter, 60k uvm; Walla Walla, WA)

Improving health care for veterans was the center of a town hall held by U.S. Rep. Cathy McMorris Rodgers, R-Wash., Friday.

McMorris Rodgers met with about 50 veterans at the VFW Post 992 on Colville Street as part of a daylong swing through Walla Walla. During the hourlong session, McMorris Rodgers heard both compliments and complaints about the VA health care system both locally and nationally.

At the start of the meeting, McMorris Rodgers recalled how when she was first running for Congress in 2003, a federal commission had come out with a recommendation to close the Jonathan M. Wainwright Memorial Veterans Affairs Medical Center in Walla Walla.

"I remember being down here at a town-hall meeting where there were hundreds and hundreds of people that had showed up to demand that the facility stay open," she said. "And to see where we are today, it has been remarkable and a real tribute to so many in this community who have committed to making sure that not only is there a medical center there, but so many other additions to make certain that our veterans get the care that they need."

McMorris Rodgers went on to note the recent passage of the \$52 billion VA Mission Act, a major overhaul of how the Department of Veterans Affairs provides access for veterans to receive care in the private sector, as well as other efforts to improve services.

During the subsequent discussion, the topics ranged from proposals to store medical records on veterans' identity cards by microchip, a pilot program to coordinate record keeping between the Department of Defense and the VA and the ongoing need to provide a continuity of care between the VA system and private medical care.

McMorris Rodgers also defended passage of legislation enacting tax cuts, saying that while she is concerned about the national debt, the cuts have improved the economy, created job growth and helped stop companies from moving out of the country.

Before her meeting with the veterans, McMorris Rodgers held visits with Lt. Col. Christian Dietz, the new commander of the U.S. Army Corps of Engineers Walla Walla District, and with Walla Walla VA hospital officials. After the town hall, she visited with officials at Northwest Grain Growers and Providence St. Mary Medical Center, then toured the Walla Walla Foundry.

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5. Improve Timeliness of Service

5.1 - WFLD (FOX-32, Video): [Vets complain of poor VA dental care, non-profit group steps in to help](#) (3 September, Natalie Bomke, 579k uvm; Chicago, IL)

They fought for our country and now they are fighting for care. FOX 32 has learned of serious neglect in the national policy for our veterans' dental care.

In some cases, the Department of Veterans Affairs is allowed to pull out all of a veteran's teeth, but not replace them, leaving the veteran toothless.

Charles Medalis served his country in Vietnam, but 50 years later, he's taking on a new battle. Medalis suffered an extensive infection in his mouth back in 2015.

Doctors from the Department of Veterans Affairs performed surgery and had to pull out all off his teeth.

"So they called me in there, and they ripped 23 teeth out at once," Medalis said.

The surgery fixed the infection, but Medalis was left toothless. He then asked for dentures, but was told he didn't qualify for dental care from the VA.

"It changes your whole life, you can't eat right, you can't look right, and people don't understand what you say as much," Medalis said.

He was left looking for answers, and then the group "Smiles for Veterans" stepped in.

"If it had not been for our program, Smiles for Veterans, providing Charles with that full set of dentures, he would have been toothless for 3 years," said Patricia DeVore.

DeVore is the founder of Smiles for Veterans -- a program developed by VFW Auxiliary Post 74-52 in Montgomery, Illinois.

In three years, the non-profit has funded dental care for nearly 100 veterans who don't qualify for it through the VA.

"Most are Vietnam-era veterans, they were subjected to Agent Orange, which everybody knows that poison stays in their systems forever, and one of the places that it does first show its ugly head is on the mouth, their teeth," DeVore said.

In the fine print, seven categories of veterans are eligible for VA dental care including former POW's, homeless veterans and veterans deemed 100 percent disabled by the VA.

Medalis fell into the latter category earlier this year, and received dental implants from the VA.

"They should replace your teeth, they should make you whole again, under any conditions," he said.

"There's a cost to it, but there's also a cost to not doing it, that leads to much more expensive health problems among our veterans, so healthy veterans ultimately save dollars in the long run for the VA," said Congressman Randy Hultgren.

"Vets gave this country a shot at losing their life, and anybody who does that should be re-considered and given benefits," Medalis said.

The Department of Veterans Affairs told FOX 32 that, "when veterans do not meet VA dental eligibility criteria, we try to work with agency partners to help ensure they receive the dental care they need."

However, the veterans we spoke with indicated it was up to them to fund the cost of dentures or partials.

Seven Illinois congressmen and women are co-sponsors of legislation that would provide dental care to all veterans.

Smiles for Veterans is asking you to contact your member of congress and urge them to become a co-sponsor.

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6. Suicide Prevention

6.1 - KREX (CBS-5, Video): [GJ VA Suicide Prevention Outreach](#) (3 September, 34k uvm; Grand Junction, CO)

4-minute video: The Grand Junction Veterans Health Care System has hired Rainy Raeman as their new Suicide Prevention Coordinator.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Hill: [This Labor Day, let's remember the contributions of our vets](#) (3 September, Rory Riley-Topping, 11.8M uvm; Washington, DC)

As with many of our federal holidays, what we celebrate on Labor Day often times has nothing to do with the reason for the holiday's existence. Today, as we put away our white clothing and say farewell to summer, I encourage you to take a few minutes to appreciate the origins of

Labor Day and also to acknowledge the current role that our nation's veterans play in the workforce.

By way of background, the origins of the labor movement are as old as the nation itself, and have their founding in the beginnings of the republican ideals of the American Revolution, including "foster[ing] social equality, celebrat[ing] honest labor, and rel[ying] on an independent, virtuous citizenship."

The earliest recorded strike to protest a wage reduction took place in New York in 1768. Over the next hundred years, trade unions gathered strength in many urban areas in an effort to fight against diluted and cheap labor and promote safer working conditions. By 1894, Labor Day was recognized as an official national holiday "dedicated to the social and economic achievements of American workers."

Current labor-related issues impacting the Department of Veterans Affairs are two-fold. Although the role of labor unions for VA employees is a topic that has frequented news headlines lately, a second, and more important issue pertaining to veterans is the consequences they suffer when they are excluded from making social and economic achievements as American workers due to service-related disabilities.

As we take today to appreciate the value of the American worker, VA should take the opportunity to get serious about updating its rating schedule for disabilities in order to improve the lives of veterans having difficulty reintegrating into the workforce due to disability.

In addition to modernizing the rating criteria for disabilities, VA must also improve its efforts to rehabilitate veterans back into the workforce through ideas such as quality of life payments, as opposed to payments designed primarily to offset lack of employment, as well as strengthening its vocational rehabilitation programs.

The current system of disability compensation at the VA is designed to compensate veterans for, "as far as can practicably be determined, the average impairment in earning capacity resulting from such diseases and injuries[incurred during service] and their residual conditions in civil occupations." Although VA does regularly schedule some veterans for examinations to evaluate how a disability may have improved or deteriorated over time, generally speaking, once a veteran receives disability compensation, they receive those payments for life.

Unfortunately, the VA's rating schedule for disabilities itself also seems to be for life, despite the fact that it is severely outdated and thus often fails to accurately match specific disabilities with the appropriate degree of impairment in earning capacity.

The rating schedule for disabilities has not been overhauled since just after World War II, when the United States' economy was largely centered around manufacturing and farming, as opposed to the current economy which is dominated by more sedentary and technology-based occupations.

Congressional oversight is an integral and necessary component toward implementing these needed improvements. It is important to remember that the recommendation that VA "reorganize its [disability] regulations in a logical, coherent manner" arose from the October 2001 VA Claims Processing Task Force Report to the Secretary of Veterans Affairs, nearly 17 years ago.

Similarly, in the 2007 Institute of Medicine report, “A 21st Century System for Evaluating Veterans for Disability Benefits,” the IOM recommended that VA “immediately update the current Rating Schedule.”

Despite these recommendations, efforts to update and revise VA’s schedule for rating disabilities over the years, including the release of several drafts in the federal register, have failed to result in the implementation of any meaningful modernization of the VA’s Rating Schedule.

Given the growth in disability roles both at the VA and in other government programs, it is surprising that VA has not been more engaged on this troubling economic development. Indeed, although the veteran population fell by 18 percent from 2000 to 2012, the number of veterans receiving disability compensation rose from 2.3 million to 3.7 million during the same time period.

As was recently noted at a hearing before the House Committee on Veterans’ Affairs by journalist Sebastian Junger in the context of PTSD benefits:

“If you want to create hundreds of thousands of depressed alcoholics in our society, give them

Just enough money so they never have to work again and tell them that they are too disabled to contribute to society in any way. In the civilian population — which does not have access to lifelong PTSD disability — trauma reaction is considered both treatable and temporary. . . . We are not doing veterans a favor by warehousing them in a lifelong entitlement program.”

Junger’s point, although unpopular in some advocacy circles, is a valid one — many disabilities are treatable and temporary, and improved health outcomes are associated with employment and community integration as opposed to relying on disability payments alone.

Indeed, as recently noted by Kenneth Hergenrather, a member of the National Working Positive Coalition and professor at George Washington University, longitudinal research into the relationship between employment status and health reveal that both mental and physical health deteriorate in the face of unemployment and, by contrast, employment correlated directly with better mental health; less distress, anxiety and depression; better quality of life; and better physical health, as measured by pain fatigue, and difficulty completing activities of daily living.

Although ensuring veterans have access to benefits they’ve earned through their service is undoubtedly important, society’s role must not stop there.

Stereotyping all veterans as charity cases in need of government entitlements and benevolent handouts from non-profits does not benefit veterans themselves nor does it improve health outcomes and, in turn the economy, by giving disabled veterans the opportunity to rejoin the workforce.

As noted by the poet Maya Angelou, “nothing will work unless you do.” We must do better at helping veterans rehabilitate and return to the workforce, rather than leaving them dependent on an entitlement system proven detrimental to their overall health and well-being.

Rory E. Riley-Topping served as a litigation staff attorney for the National Veterans Legal Services Program (NVLSP), where she represented veterans and their survivors before the U.S. Court of Appeals for Veterans Claims.

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7.2 - The Journal Gazette: [Shepherd's House gets cleared for VA funds](#) (3 September, Brian Francisco, 797k uvm; Fort Wayne, IN)

Roughly a year after it was rejected and then approved for federal funds, a Fort Wayne shelter for homeless military veterans will receive a grant that pays for more than half its usual occupancy.

Shepherd's House has learned it qualified for Department of Veterans Affairs assistance covering 20 beds in fiscal 2019, which begins Oct. 1.

"We are grateful to the VA for continuing to work with us," Shepherd's House manager Tracey Barr said Sunday by telephone.

Barr said the nonprofit faith-based shelter on Tennessee Avenue near Spy Run averaged 35 homeless veterans a day in 2017. A year ago, Shepherd's House ended up receiving a VA funding extension for 38 beds after its initial application was denied.

The VA Grant and Per Diem Program for transitional housing had in recent years supplied about \$500,000 annually to Shepherd's House, or 80 percent of its total budget. Under the 2019 grant formula, the shelter will receive about \$45 a day for each homeless veteran it houses up to 20 veterans, Barr said, which would be a maximum of \$328,500.

Private donations for the shelter ramped up last year when it looked like Shepherd's House would lose its VA grant. Barr said Shepherd's House has received about \$260,000 in private donations since then.

"We've had to get into that to keep operations going and continue to take care of veterans," she said Sunday.

U.S. Rep. Jim Banks intervened with VA on behalf of Shepherd's House last summer.

"Shepherd's House plays a vital role in our community and provides hope to many Hoosier veterans in need of assistance," Banks, R-3rd, said this weekend in a statement. "Last year, I fought to restore funding for Shepherd's House. This year, I was proud to help ensure it continued to receive funding to carry out its mission. Shepherd's House has a bright future, and I will continue to support efforts in Congress that help our veterans and the organizations that serve them."

Both Banks, a member of the House Veterans' Affairs Committee, and Barr noted that VA approved Shepherd's House as a clinical treatment model. Shepherd's House offers addiction treatment services to homeless veterans in addition to temporary housing.

"We are the only one in our area that will have a clinical model," Barr said. "We think that's a real positive, that we can provide more services in the substance abuse and mental health areas."

The only other Indiana program to receive VA homeless housing money for next year is Indianapolis-based Hoosier Veterans Assistance Foundation of Indiana. It qualified for aid for 10 beds in the service-intensive model, which offers residential services that lead to permanent housing.

VA has several housing models in its Grant and Per Diem Program. They include short-term housing, hospital recovery housing and services for veterans adjusting to permanent housing.

In a news release, VA said it plans to spend \$200 million in fiscal year 2019 to support more than 13,000 transitional housing beds for homeless veterans across the nation.

Barr said private fundraising will continue for Shepherd's House, with seven events planned the rest of this year, including a Sept. 18 charity golf outing at Chestnut Hills Golf Club sponsored by Ruoff Home Mortgage.

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7.3 - Times Leader: [Wilkes-Barre VA opens Military Masterpieces gallery](#) (1 September, Mary Therese Biebel, 308k uvm; Wilkes Barre, PA)

"Three, two, one ... Yay!"

After the countdown and before the applause, veteran John Wolczyk gripped an over-size pair of scissors on Friday afternoon and cut a red, white and blue ribbon to officially open "Military Masterpieces," a new art gallery at the Veterans Administration Medical Center that will showcase the work of residents in the facility's Community Living Center.

"Where's Marilyn Monroe?" veteran Cliff German teased as friends, family, VA staff and professional photographers recorded the event with cellphones and large cameras.

If any movie stars were on hand, they were incognito.

The celebrities of the day were the gentlemen who have been taking Friday afternoon art classes with instructor Judith Keats.

"Bill, did you do that?" a nurse's aide sang out, letting Bill Hastie, formerly of West Pittston, know she admired his watercolor paintings of a cardinal and a sunflower.

"I'm trying to hide," Hastie said, shifting his weight in his wheelchair as he explained he didn't think his artwork was all that good.

"It's pretty!" the nurse's aide insisted.

"He's a critic — of his own work," said Hastie's daughter, Megan,

Keats, who teaches art at Keystone College when she's not at the VA, praised her veteran students for being "willing to try something new. Some are in their late 80s or in their 90s and this is the first drawing they ever did," she said. "One gentleman had a stroke and lost use of his dominant hand, so he learned to use his non-dominant hand."

“Almost everybody who comes in (to the art class) goes out with joy,” she said with a smile. “This really pulls them out. Art has the ability to do that.”

The veterans chose to paint or draw anything that interested them, from eagles to military jeeps to the kind of fish they might have caught on an angling expedition.

Charles Anistranski, 94, a retired history teacher from Coughlin High School and an infantry veteran, had several color pencil and graphite drawings on display, including a squirrel and a rabbit. He likes to use flowers as a subject, too, because it reminds him of his garden.

“He had no idea he could draw so well,” Keats said.

Hastie, 99, described the art class as a good form of stress relief — and it seems he’s no stranger to stress, having served in North Africa, Sicily and the Italian Campaign during World War II, often “under heavy fire,” and surviving the Knox Mine Disaster of 1959.

Art is “just about the only thing my dad was not involved with before he came here,” Megan Hastie said. “He was involved in public speaking, co-authored the book “Anthracite Labor Wars” with Robert Wolensky and he was an avid gardener.”

Marigolds from Hastie’s home garden have been transplanted to the Community Living Center’s garden, Megan Hastie said. “One of the joys of the day is to go out there and see the monarch butterflies.”

The art program is another highlight of her dad’s life at the Community Living Center, she said, adding it is “a collaboration of the recreational staff with volunteers and donors.”

The program can use donations, Keats said, and anyone interested in helping the veterans tap into their creative potential can write out a check to Voluntary Services, make a notation that it is for the “Military Masterpieces” project, and send it to the VA Medical Center at 1111 East End Blvd.

“This isn’t busy work,” Keats said as she stood before several rows of neatly matted and framed pieces of art. “They’re learning real skills. It’s fine art and that’s why we treat it this way.”

New “Military Masterpieces” from the veterans will be displayed every three months, head nurse Linda Zaneski said. “We are thrilled with this program.”

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7.4 - The Chippewa Herald (The Dunn County News): [Park packed for dedication of Vietnam veterans memorial](#) (3 September, Patt Eggert, 199k uvm; Chippewa Falls, WI)

Tom Prince Park in Colfax was packed the morning of Aug. 30, defying efforts to count or estimate the crowd.

Colfax Superintendent of Schools Bill Yingst began the ceremony to dedicate a Vietnam Veterans memorial marker and sign. Assisting Yingst were Gary Stene, village president, Rev. Les Walck, Lutheran minister, state legislators Rep. Rob Summerfield and Sen. Terry Moulton,

and Jake Leinenkugel, of the beer company family and now a veteran's affairs advisor in Washington, D.C.

Leinenkugel told the students that in his judgment, the VA deserved a grade of "A plus" for its ability to bury veterans and serve the surviving families, but a grade of "C minus" for other services for veterans: "We need to do better," he said, noting that "C minus" is not a grade you want to bring home.

Scores of Vietnam veterans from the region were present, and speakers told them their service was appreciated even if their return home reception may not have been all that it should have been 50 years ago.

Elementary students at Colfax walked the few blocks to the park with handmade cards and signs for the veterans thanking them for their service — and made it their mission to shake hands with a veteran.

As a Huey helicopter flew over right on cue, it provided what Yingst said was the "sound of freedom" to end the presentation. The helicopter soon landed in the ball field to the delight of both young and old alike.

Members of the local Russell Toyce American Legion Post unveiled the sign and monument, after which school lunch crews served a picnic lunch.

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7.5 - KSLA (CBS-12, Video): [Golden Age Games athletes bring home the hardware. The ArkLaTex military veterans already are looking toward next year's competitions](#) (30 August, Marie Waxel, 192k uvm; Shreveport, LA)

Earlier this month, we introduced to you the ArkLaTex team of veterans who headed to New Mexico to compete in this year's National Veterans Golden Age Games.

The multi-event sport is designed to improve the quality of life in our senior veterans.

Now there's a little more excitement filling the gym at Overton Brooks VA Medical Center in Shreveport.

Some veterans are embracing a healthier lifestyle; and they have the hardware to prove it.

"You got to stay moving; if you don't move, you're going to lose it," Air Force veteran Jackie Perry said.

It's been nearly three weeks since this year's ArkLaTex team returned from New Mexico.

And their sights already are set on next year.

"I'm going to add the discus and the javelin this year for next year," Perry explained. "Trying to get my arm strength up and go for it."

Perry said he is doing pretty good, considering he tore his bicep a few years ago.

"I didn't think I could do anything. I couldn't even lift a gallon of milk with it. To come out and get a gold medal last year and the silver this year, I'm doing good."

Air Force veteran Michael Anthony Davis Sr. said he won two bronze medals on his first time out.

"One for shuffleboard and one for disc blind golf; and I've never played either one before. So it was great."

He's proof that the games serve a far greater purpose than just competing.

"Since I've become blind in one eye and very low vision in the other, unless I'm with my wife, I really don't get off into things," Davis explained.

"It (the games) gave me confidence. I used to feel as though I was handicapped, and now there is so much technology involved in things like that I'm able to just have a productive lifestyle, quality of life. And that's what it's all about."

Navy veteran Leonard White said he didn't do as well as he wanted to at the games.

"But I did pretty good, so I am inspired to train harder this year to compete and give a better competition next year," he said with a smile.

"I have a first place in pickleball doubles, first place in pickleball singles, first place in discus, first place in javelin, second place in bowling and a third place in horseshoes and a first place in 100 meters," bragged Joe Lodrige, a 90-year-old who brought home seven medals.

However, his trip home didn't go exactly as he had planned. "I had a stroke on the way back," he said.

"I believe what really helped me recover from it was the fact that I feel that I was in good physical condition. Hopefully mental condition also," Lodrige said, laughing.

Army veteran Shelton McCrainey likes the camaraderie, "... bringing veterans of different wars together and being able to meet other veterans and talk to them and compete, which we did very very well.

You can bet they're ready to bring the heat next year, leading by example both at home and in competition.

"Keep moving and keep doing what you like to do, have fun," Perry said.

The 2019 Golden Age Games will be held in Anchorage, Alaska.

These guys are already starting to raise money and are looking for sponsors to help them get there.

One way to help them right now, they say, is to buy popcorn from the cart Thursday mornings at Overton Brooks VA Medical Center.

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7.6 - The Reporter: [Kelli's Heroes: October's North Bay Stand Down needs support](#) (2 September, Kelli Germeraad, 67k uvm; Vacaville, CA)

Each year in October organizers plan an event, the North Bay Stand Down, to assist homeless and at risk veterans in a three-day encampment where veterans can obtain local community, county, state and Veterans Administration benefits, services and resources.

The North Bay Stand Down looks to reach out to the counties of Solano, Napa and Yolo for honorably discharged veterans who are homeless, as well as providing resources to those veterans returning from Operation Iraqi Freedom/Operation Enduring freedom, families of those still serving overseas, and the families of those who made the ultimate sacrifice while serving our nation. Organizers want to ensure that those who need the help and resources the most are getting it.

This year is no different and planning has already begun for the 17th annual stand down which will take place at the Dixon May Fair grounds from Oct. 16-18 .

Veterans and their families will be in attendance Oct. 16-18, while set up will begin Oct. 15.

As in past years, the success of this event depends largely on the willingness of those in the community to serve as volunteers or donate to the cause. During the last 16 years, organizers of the event have built a good foundation, and garnered support from local and area businesses, donors and individuals and in order to continue this endeavor, your support is welcomed and encouraged.

Veterans attending the Stand Down need to pre-register online in advance at the website. Pre-registration is necessary for any veteran, by Oct. 5 who may need to utilize court services. Pre-registration is highly recommended for every veteran attending the stand down.

Volunteers are needed in many areas, and must sign up via the website as well. As with any large endeavor, the success of this event would not be possible without volunteers to help. Consider giving a few hours of your time to help our veterans.

According to recent US Department of Veterans Affairs statistics, veterans comprise roughly 30 percent of the homeless population in the United States and within our communities. The adversities of homelessness include lack of safe shelters, unemployment, physical and emotional disabilities, substance abuse and hopelessness.

And for many veterans these adversities can lead to a self-generating cycle, which in turn can lead to complete isolation from mainstream society. The stand down has assisted many veterans in our communities in getting their lives back on track. Whether our veterans served in Korea, Vietnam, Iraq Afghanistan, or any other military action, during war time or peacetime, the event is set up to bring them back home. More than just a three day encampment, the North Bay Stand Down represents our community saying "Welcome Home."

For information, Veterans registration, or to volunteer, please visit the website: www.nbstanddown.org or call the Solano County Veterans Service Office at (707) 784-6590 or Jeff Jewell, North Bay Stand Down Director at (707) 446-3582.

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7.7 - Call Newspapers: [St. Louis County sells half of Sylvan Springs Park to expand Jefferson Barracks gravesites](#) (2 September, Gloria Lloyd, 400k uvd; Saint Louis, MO)

The plan to sell half of Sylvan Springs Park to the federal government to expand Jefferson Barracks National Cemetery is finally moving its way through the County Council after years tied up in court.

The council is set to take a final vote on the \$2.5 million sale when it meets Tuesday.

It voted unanimously last week to grant preliminary approval to the sale, with 5th District Councilman Pat Dolan, D-Richmond Heights, absent.

The sale appears to be a done deal since the county won a court battle to sell 38 acres of the 72-acre park after park advocates sued to stop the sale. But in the summer of 2015, opinion was split down the middle on whether county parkland should be converted to graves.

When the U.S. Department of Veterans Affairs first sought the sale, the agency estimated that Jefferson Barracks, the fifth-busiest of the 132 national cemeteries, could run out of new gravesites by 2021 if it is not expanded.

Now it is saying that with extra land it has since acquired from the VA Medical Center that adds space for 13,000 gravesites, the cemetery can make it to 2028 without Sylvan Springs Park and 2048 with it.

But the idea behind the sale is the same: As more military veterans and their families seek to be buried in the national cemetery, space is running out. And although the Sylvan Springs sale is now estimated to add 20 years to the cemetery's lifespan, the cemetery will have the same space limitations after 2048 and will still have to decide whether to expand elsewhere or try to acquire more land nearby.

When County Executive Steve Stenger first raised the idea in 2015, public opinion was passionate on both sides and fairly evenly divided at two public hearings held at The Pavilion at Lemay.

In a show of hands at the end of a nearly three-hour public hearing at The Pavilion, 42 residents told county and federal officials they favored selling the park and 59 opposed the move. Dozens of public speakers were evenly divided on the issue, with a slight edge for those who didn't want to sell.

At the time, the only member of the County Council who attended the hearing was then-6th District Councilman Kevin O'Leary, D-Oakville.

County Parks Director Gary Bess said an online survey showed 60 percent in favor.

The current legislator for the 6th District, Councilman Ernie Trakas, R-Oakville, did not respond to requests for comment.

At least 15 property owners surrounding Sylvan Springs attended the original hearing, with many saying their homes will be jeopardized if the federal government expands the cemetery into their backyard.

And green-space advocates like the Open Space Council's Katherine Dockery argued that since Sylvan Springs is only a short-term solution, more parkland could be taken in the future for the same purpose.

Former county Parks Director Marty Koch was so upset by the idea of selling Sylvan Springs that he sued, but lost.

This time around, the Open Space Council is staying out of the debate.

Instead, public comments at last week's council meeting were dominated by several military veterans who urged the council to approve the sale so that their fellow service members can be buried there.

Council Chairman Sam Page, D-Creve Coeur, said the "issue has been resolved," and the council is moving forward with the sale despite also passing a potential Charter amendment for the November ballot that would send sales of parkland to a public vote.

"It's a solitary event, so it appears that there's support from the council to go through with this," Page said. "This is a small sale for a worthy cause, and I think the county recognizes that. It will remain green space, but it's green space that serves people in the armed forces."

The county bought the property from Jefferson Barracks for \$3,500 in 1950.

"The sale of parkland is always controversial," Bess said, adding, "I think this is an appropriate use of our land... one of the most worthy reasons I can imagine."

The \$2.5 million from the sale will go to improving the other half of Sylvan Springs along with other county parks.

"It's a holy place for me," said veteran Al Katzenberger, who argued that Sylvan Springs is underutilized as a park but would be well used for graves. "It's unfortunate that we need this land, but it's very well needed by a lot of people."

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8. [Other](#)

8.1 - The Washington Post: [Organs infected with hepatitis C can now be transplanted](#) (2 September, Michael Ollove, 43.9M uvm; Washington, DC)

New antiviral drugs that promise a cure for the millions of Americans with chronic hepatitis are also benefiting another category of patients: those awaiting organ transplants.

Those patients can now receive an organ that has tested positive for hepatitis C, and if they become infected, they can be administered the antivirals to rid them of the disease.

The cost of the antivirals has dropped since their introduction, although at a low of \$26,400 for an eight-week course of treatment, they remain expensive. For that reason, many state Medicaid agencies and some commercial insurers have restricted access to the medication, though a number of them are modifying the restrictions.

Transplant specialists say the availability of organs from donors with hepatitis C is easing the chronic shortage of organs.

"I am not aware of any other development that has allowed us to expand the donor pool in this way," said Kelly Schlendorf, medical director of the adult heart transplant program at Vanderbilt University Medical Center, which started using hearts infected with hepatitis C in 2016 after successful transplants of infected livers at the Nashville hospital.

"We've been able to transplant 50 more hearts into patients on the waiting list," Schlendorf said. "That's 50 hearts that wouldn't have been used before."

It is too early to know exactly how many more organs might eventually become available as a result of new policies regarding organs infected with hepatitis C, said David Klassen, chief medical officer of the United Network for Organ Sharing (UNOS), the nonprofit that runs the nation's transplant system.

The use of those organs is still being tested, as transplant centers and organ procurement centers develop protocols and most potential donors don't yet know about these new standards.

But transplants of hepatitis C-infected organs have increased dramatically. In 2013, 482 hepatitis C-positive organs were used in transplants, according to UNOS data. By last year, 1,491 of the 37,795 organs used in transplants had tested positive for hepatitis C.

And in the first five months of 2018, the number had already reached 803.

"If you increase donations by 10 percent overall, you've made a hell of an impact," said Christopher Sciortino, surgical director of the Advanced Heart Failure Center at the University of Pittsburgh Medical Center and the lead investigator into the use of hepatitis C-infected hearts in transplantation. "This is going to have the biggest impact we've seen in decades."

In a grim irony, the increase in organs available for transplants is caused in part by the opioid epidemic engulfing the United States. Heroin addicts often share needles, contributing to the 400 percent increase in acute hepatitis C among 18-to-29-year-olds from 2004 to 2014, according to the Centers for Disease

Control and Prevention. Among those ages 30 to 39, the uptick was 325 percent.

"A little less than 15 percent of our donations are the result of the epidemic," said Kevin Cmun, head of Gift of Hope, an organ procurement agency covering parts of Illinois and Indiana.

In 2016, an estimated 42,000 people died of opioid overdoses in the United States. Those two data points — the sharp increase in hepatitis C and the surge of opioid deaths — suggest that many more organs may be available for transplants.

“For all the damage [the opioid epidemic] has caused, the potential benefit is organ donation,” said Michael Chang, head of gastroenterology and hepatology at the Veterans Affairs Portland Health Care System in Oregon.

Long waiting times

UNOS manages the national transplant waiting lists and evaluates donors and recipients based on compatibility and need. Geography also plays a major role, because organs have limited viability after the donor’s death, ranging from four to six hours for hearts and lungs to 24 to 36 hours for kidneys.

The shortage for all is severe. In 2017, 34,770 organ transplants were performed in the United States. The number of patients on the waiting list for organs is more than 114,000. The biggest demand by far is for kidneys, followed by the liver, the heart, the pancreas, lungs and intestines.

“The long and short of it is the big limitation in getting patients transplants is the availability of donors,” Sciortino said.

He recalled one woman in his hospital who waited three months for a heart before a hepatitis C heart became available. “Before, that heart wouldn’t have been used at all. Now — she’s doing great.”

The CDC estimates that 3.5 million people in the United States have hepatitis C, meaning they have been exposed to the virus and are producing antibodies to fight it. Not everyone with hepatitis C antibodies will go on to develop the virus, and between 15 and 20 percent will clear the virus without needing treatment.

The rest are considered to have chronic hepatitis C, putting them at risk for developing an active virus that, left untreated, can cause cirrhosis and liver cancer and impair the kidneys. The CDC says that hepatitis C kills more Americans than any other infectious disease.

Decades ago, people testing positive for hepatitis C were not automatically rejected as organ donors under the theory that it could take years, even decades, for the virus to develop. Compared with the immediate perils of a failing organ, the risk seemed worth it.

But according to Klassen, use of hepatitis C-infected organs fell out of favor, and the practice all but stopped. An exception was made for recipients who already had tested positive for hepatitis C.

Before 2014, there were treatments for hepatitis C, but they had harsh side effects and their cure rate was no better than 45 percent.

But in 2013, drugmakers received federal approval for a new generation of direct-acting antiviral medications that boasted cure rates above 95 percent, virtually no side effects and a 12-week treatment period. This is compared with older drugs that could take up to a year. However, the new drugs came with jaw-dropping price tags — as much as \$168,000 for a full course of treatment.

The price rattled insurers and prompted sharp criticism from patients and public officials. Medicaid agencies restricted who could receive the new drugs, reserving them for patients

considered the sickest and those abstaining from alcohol. They also limited prescribing privileges to certain medical specialties.

With more competition, the price of antivirals has dropped. Many Medicaid agencies lowered their requirements for how sick a patient had to be (measured by liver damage), and at least 17 dropped the requirement altogether.

At least two states, California and Oregon, have removed restrictions for Medicaid patients who have undergone transplants. Few commercial insurers have similar guarantees.

Several transplant physicians around the country said that if insurers have refused to pay for the antivirals, their hospitals have covered the expenses themselves, sometimes with the help of donations. But payment remains a concern for transplant centers. Some automatically provide hepatitis C treatment for transplant patients who received an infected organ. Others wait for signs that the transplanted patient is developing the virus.

“Every center feels strongly that they need to be able to guarantee treatment” for hepatitis C, said Emily Blumberg, director of the transplant infectious-diseases program at the Hospital of the University of Pennsylvania.

Spending the money is good public policy, Vanderbilt’s Schlendorf said. “What needs to be considered is the cost of not getting a transplant quickly. It means more days in the [intensive care unit] waiting and more time on a heart pump. Those are more expensive than a course of hep C medicine.”

Ollove is a reporter for Stateline, an initiative of the Pew Charitable Trusts.

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8.2 - The Topeka Capital-Journal: [#TopCity What? Are there plans for the residential properties on the VA campus?](#) (3 September, Katie Moore, 853k uvm; Topeka, KS)

Federal, state and nonprofit entities will get first dibs on residences sitting empty on the Topeka VA campus.

Reader Don Marker asked about the properties that sit on the northeast part of the campus through The Topeka Capital-Journal’s #TopCity What?, which looks into questions submitted by community members.

The VA is working with the Office of Asset Enterprise Management and the General Services Administration to offer the residences to federal, state or nonprofit organizations. If there aren’t any takers, the properties will be sold to the general public, VA Eastern Kansas spokesman Joseph Burks said, adding that there isn’t a timeline on the sale of the residences.

The homes once were occupied by managers who supervised VA departments.

The VA began vacating the houses around 2000.

“When one property would become empty, we would not reoccupy,” Burks said.

Officials believe the last tenant left in 2012. The properties were going to be converted to veteran housing, but that didn't pan out.

A housing project for military veterans is in the works.

A new Topeka organization called Sancta Bellator, which is Latin for "warrior sanctuary," is being formed to help at-risk veterans with things like housing. The grassroots group will make veterans with dependents priority for housing services, said Doug Mulqueen. They will also help veterans get connected to community services.

The organization is in the process of constructing its bylaws. It plans to partner with local business leaders and also work with the Topeka Police Department's crisis intervention team, Mulqueen said. They have also met with the VA.

"We just want to take care of fellow veterans and do the right thing," Mulqueen said.

According to the National Coalition for Homeless Veterans, an estimated 40,056 veterans are homeless on a given night.

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From:

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Subject: [EXTERNAL] 2 September Veterans Affairs Media Summary and News Clips

Date: Sun Sep 02 2018 05:16:21 CDT

Attachments: 180902_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

2 September 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Blumenthal Co-Sponsors Bill on 1966 Spain H-Bomb Accident](#) (1 September, 23.9M uvm; Washington, DC)

U.S. Sen. Richard Blumenthal is co-sponsoring a bill that would ensure health care and other benefits for military veterans who became ill from radiation exposure after responding to a 1966 accident involving U.S. hydrogen bombs in Spain. The Connecticut Democrat announced the legislation this week. His co-sponsors are fellow Democratic Sens. Elizabeth Warren of Massachusetts and Dianne Feinstein of California.

[Hyperlink to Above](#)

1.2 - The Day: [When it comes to medical marijuana, veterans often have to improvise](#) (1 September, Julia Bergman, 440k uvm; New London, CT)

It wasn't until years after she got out of the Navy that Elizabeth Bietts went to the Department of Veterans Affairs. Bietts, who worked as an airplane mechanic, said she was raped 12 times during her almost seven years in the Navy, and didn't talk about it until she went to file a claim for benefits with the VA years later.

[Hyperlink to Above](#)

1.3 - The Daily Item: [Change in VA health care welcome, but confusing as launch date nears](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

On Oct. 1 the entire veterans health care system changes. Confusion remains despite the quickly approaching launch of the new VA Mission health care plan, not only among area veterans, but also county officials tasked with helping vets when they have health problems.

[Hyperlink to Above](#)

1.4 - WTAM (AM-1100, Cleveland's Morning News with Wills and Snyder, Audio): [VA Secretary Robert Wilkie](#) (31 August, 9k uvd; Independence, OH)

Five-minute audio: Bill talked to the Secretary of Veteran Affairs Robert Wilkie about his visit to Cleveland which includes a dedication in memorial to Ohio's military tradition and the Gold Star families.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Daily Item (Video): [Veterans need Mission health care plan to deliver](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

Frustrated by the Veterans Health Administration over difficulties in getting needed medication and angered by frequent delays getting access to medical specialists, Valley veterans have not been happy with their health care program over the past few years.

[Hyperlink to Above](#)

2.2 - The Daily Item: [America still bungling veterans health care](#) (1 September, 189k uvm; Sunbury, PA)

Why can't we figure out how to give America's veterans the appropriate, timely and meaningful medical care they so richly deserve? It has been more than four years since the nation learned of the considerable issues with Veterans Affairs. Now, as we approach the rollout of another program designed to aid our nation's veterans, it sounds like the same problems may still exist. Perhaps just as troubling, no one is certain what the new program holds.

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3. Modernize Our System

3.1 - The Gazette: Guest Column: Online is great for vets, if they can get access (1

September, Jason Forrester, 873k uvm; Colorado Springs, CO)

President Lincoln's promise to care for those "who have borne the battle" is a constant reminder that America has a solemn obligation to support our veterans after they have sacrificed for our country. Even before the end of World War II, President Franklin Roosevelt signed the first GI Bill to help provide education, housing, business loans, unemployment payments, and job training.

[Hyperlink to Above](#)

4. Focus Resources More Efficiently

5. Improve Timeliness of Service

5.1 - Deseret News: V.A. preaches optimism to Utah's health providers in the face of veterans' behavioral health challenges (1 September, Ben Lockhart, 9.4M uvm; Salt Lake City, UT)

Stephan Sheppard recalls one military veteran he worked with who tried to take his own life twice in one night. "His girlfriend broke up with him right as he was coming off methamphetamine. He became extremely depressed, grabbed a small-caliber handgun, and shot himself in the head," Sheppard said. "He woke up about five hours later, realized that he was still around, managed to get the gun, shot himself again, woke up in intensive care with residual cognitive difficulties."

[Hyperlink to Above](#)

5.2 - Valley News: Sunday Seniors: Advance Directives Provide Clear Guidance for Care (1 September, Liz Sauchelli, 162k uvm; West Lebanon, NH)

Advance directives come up frequently in conversations about health care decision-making as people age. Their purpose is to provide written instructions for medical care in instances where a patient is unable communicate them herself. Jill Morton, a community care social worker at the White River Junction VA Medical Center, runs advance directives workshops twice a week for veterans and their families. In an email Q&A, Morton discussed what advance directives are and why they are important.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WJW (FOX-8, Video): [Cleveland monument dedicated to Gold Star families](#) (31

August, Jen Steer, 659k uvm; Cleveland, OH)

A monument was dedicated to Gold Star families in Cleveland Friday morning. The tribute to families who lost loved ones while serving our country sits at East 105th Street and East Boulevard by the Louis Stokes Cleveland VA Medical Center. Medal of Honor Recipient Hershel "Woody" Williams, who served as a Marine in World War II, spoke at the event, and was joined by VA Secretary Robert Wilkie and U.S. Navy Under Secretary Thomas Modly.

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7.2 - The Fayetteville Observer: [VA employee competes in Highland Games in Scotland](#) (1

September, Drew Brooks, 439k uvm; Fayetteville, NC)

Amanda Ford felt like a rock star. A Highland Games athlete from Wilmington, Ford was one of a few Americans invited to compete at the Mey Highland & Cultural Games in Scotland last month. There, her team — Uncle Sam's Highlanders — was greeted warmly by the natives.

[Hyperlink to Above](#)

7.3 - Citizens' Voice: [Veterans' artwork featured in 'Military Masterpieces' exhibit](#) (1

September, 272k uvm; Wilkes-Barre, PA)

The Department of Veterans Affairs Medical Center in Plains Twp. hosted a showcase Friday of the artistic talents of veterans residing at the Community Living Center. A ribbon-cutting ceremony was held for the new exhibit, entitled 'Military Masterpieces.' Veterans living in the Community Living Center create original artwork during the facility's weekly art program, which recognizes the progress and recovery made via art therapy through self-expression.

[Hyperlink to Above](#)

7.4 - WhatcomTalk: [Meet Doris Kent: Gold Star Mother and Warrior for Hope](#) (1

September, Jessica Hamilton, 14k uvm; Olympia, WA)

It began when a Vietnam veteran died from a heart attack. His widow struggled with her grief, finances and raising four children on her own. She applied for assistance from the U.S.

Department of Veteran Affairs (VA) but was denied. As a result, she and her children lived in poverty for 17 years.

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8. [Other](#)

8.1 - FOX News: [VA Dept. nurse admits poisoning husband with eye drops over three days, faces murder rap](#) (1 September, Robert Gearty, 32.5M uvm; New York, NY)

A South Carolina man who appeared to have died of a fall was poisoned with eye drops by his wife who has been charged with murder, according to reports. Detectives arrested Lana Sue Clayton, 52, a U.S. Department of Veterans Affairs nurse, Friday in the July 21 death of Steven

Clayton at their upscale waterfront home in Clover, The Herald in Rock Hill, S.C. She was also charged with unlawful malicious tampering of food.

[Hyperlink to Above](#)

8.2 - Washington Examiner: [Mental Health Inc. focuses on a real issue, but offers failed solutions](#) (1 September, Jake Grant, 4.8M uvm; Washington, DC)

Art Levine's book, Mental Health, Inc.: How Corruption, Lax Oversight and Failed Reforms Endanger Our Most Vulnerable Citizens, makes clear the need to reform a healthcare system in which thousands of people with mental illness are overprescribed medicines that sometimes result in needless fatalities. With a focus on antipsychotic drugs, Levine spells out the sinister implications involved with the relationship between government institutions and mammoth drug companies — while simultaneously calling for additional government interference in the market.

[Hyperlink to Above](#)

8.3 - WSB (ABC-2, Video): [VA worker accused of poisoning, killing husband with eye drops](#) (1 September, 4.8M uvm; Atlanta, GA)

Investigators in South Carolina said they've arrested and charged a woman with murder after she poisoned her husband. Lana Sue Clayton is also charged with unlawful malicious tampering of food between the dates of July 19 and July 21. Lana Clayton worked for the U.S. Department of Veterans Affairs in Charlotte, according to her Facebook page, The Herald in Rock Hill, South Carolina, reported.

[Hyperlink to Above](#)

8.4 - KPBS (NPR-89.5/PBS-15, American Homefront): [Dozens Of Veterans Are Running For Congress. But Does Military Service Prepare Them For Politics?](#) (1 September, Carson Frame and Bobbie O'Brien, 278k uvm; San Diego, CA)

Dozens of military veterans — many of them with recent service in Afghanistan and Iraq — are offering themselves as an antidote to Washington's partisan rancor. They're running for Congress, often as political newcomers challenging longtime incumbents. Their campaign ads and websites play up their military experience and their service to the country.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Blumenthal Co-Sponsors Bill on 1966 Spain H-Bomb Accident](#) (1 September, 23.9M uvm; Washington, DC)

HARTFORD, Conn. (AP) — U.S. Sen. Richard Blumenthal is co-sponsoring a bill that would ensure health care and other benefits for military veterans who became ill from radiation exposure after responding to a 1966 accident involving U.S. hydrogen bombs in Spain.

The Connecticut Democrat announced the legislation this week. His co-sponsors are fellow Democratic Sens. Elizabeth Warren of Massachusetts and Dianne Feinstein of California.

The Palomares Veterans Act of 2018 would create the presumption of a service-related disability for many of the 1,600 military members who responded to the accident near Palomares, Spain, and were denied benefits by the Department of Veterans Affairs. Ailing veterans are suing the VA.

Radioactive plutonium was released near Palomares in January 1966, after a U.S. B-52 bomber and refueling plane crashed. Four hydrogen bombs crashed but didn't explode.

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1.2 - The Day: [When it comes to medical marijuana, veterans often have to improvise](#) (1 September, Julia Bergman, 440k uvm; New London, CT)

It wasn't until years after she got out of the Navy that Elizabeth Bietts went to the Department of Veterans Affairs. Bietts, who worked as an airplane mechanic, said she was raped 12 times during her almost seven years in the Navy, and didn't talk about it until she went to file a claim for benefits with the VA years later.

"All these emotions had been suppressed, buried deep inside. I hadn't thought about it or talked about it," Bietts, 36, of Vernon, said during a recent phone interview. "I'd learned to live with it. Thinking about it again, it was a lot."

It kept "eating away at me," she said, until it got the point where she asked her fiancé to take her to a facility to get some help. The VA prescribed her different antidepressants, which "made her want to check out and not participate in life," she said.

Then a friend suggested she look into medical marijuana.

Until then, she had a stigma about marijuana from being in the military that it's "not good for you, you're not supposed to do it, it's illegal." But after about two to three weeks of using cannabis, she started noticing a huge difference.

"The VA, they just throw pills at you," Bietts said. "When I started using cannabis, it was completely different. Now I participate in my life. I'm active. I actually care. It's a complete 180 now."

Bietts applied for a medical marijuana card from the state of Connecticut, and received one in October 2017. She said she uses medical marijuana daily but stressed that she's responsible about when and how she uses it. She uses medical marijuana in a variety of ways, often baking or making lemonade with it. She keeps a journal of the different strains she's tried, in what form, and how it affected her, so she knows what to get at the dispensary.

Veterans like Bietts have had to navigate using medical marijuana on their own, given its federal classification as a Schedule 1 drug, meaning it's illegal, so VA doctors can't recommend or prescribe it. At the same time, states increasingly are legalizing marijuana for recreational and medicinal use. At least 30 states have legalized medical marijuana. Veterans who use medical marijuana still can receive care and benefits from the VA.

Medical marijuana became legal in Connecticut in 2012. There are 30 approved conditions that qualify adults for the state's medical marijuana program, and eight for patients under 18.

The Connecticut chapter of Iraq and Afghanistan Veterans of America plans to make easing access to medical marijuana for vets its top legislative priority. The group, with the help of Yale's Legal Veterans Services Clinic, is exploring the possibility of creating a form that would allow VA doctors to certify a veteran has one or more of the qualifying conditions. There have been several proposals in the General Assembly in recent years to waive the registration and administration fee for veterans.

The Department of Consumer Protection, which administers Connecticut's medical marijuana program, does not keep track of whether or not someone is a veteran when they register, so there's no way to know exactly how many Connecticut veterans are using medical marijuana. As of Aug. 26, there were 27,717 registered patients in Connecticut. There are nine dispensaries, four growers and 956 registered physicians in the state, according to data from DCP.

Derek Cloutier, cofounder of the New England Veterans Alliance, a nonprofit that aims to help veterans improve their quality of life through more natural and safer alternatives to pharmaceuticals, said he hears daily from vets asking for help. Cloutier, a Marine combat veteran, said cannabis pulled him off of a "dark road" and got him to socialize again without having to be at a bar.

"We want to open the eyes of vets who have been stigmatized by medical marijuana," he said. "We're not doctors, but we can tell you how we've done it."

The group hosts a "veteran check in" monthly at a medical cannabis social club in Wakefield, R.I. Vets come from all over to attend the meetup, where they pass around a joint and talk about what's on their mind.

Bietts has attended the meeting and said she felt safe expressing what happened to her during her naval service.

"You're around other like-minded people who have gone through similar things to what you've gone through. Everyone gets it," she said. "When you get out of the military, when you go back home, you kind of feel like you're alone. ... When you go to a NEVA meet up, you're back in the brotherhood. You're back to that feeling where you have your people."

Bietts said not all VA doctors are close-minded about medical marijuana but one doctor at the VA's facility in Newington made her feel "like a criminal" for having her card. The doctor, upon finding out, asked her if she abused opioids or used heroin, she said.

"I work full-time at a decent job. I'm a mom. I'm trying to be an upstanding citizen," she said.

During his tenure as secretary of the federal VA, David Shulkin eased some rules, allowing VA doctors to start talking to veterans about medical marijuana. The VA has funded marijuana studies but none of them have looked at its therapeutic potential. The American Legion and Veterans of Foreign Wars both support expanding research. VA spokesman Curt Cashour told the New York Times in an article published July 25 that because it's illegal federally, there's regulatory barriers to the VA studying it.

In Connecticut, Democratic gubernatorial candidate Ned Lamont has said, if elected, he would try to legalize marijuana for recreational use, regulate it, tax it and use the tax money for opioid treatment programs. His Republican opponent, Bob Stefanowski, has said he has concerns that need to be addressed, like the need for a test for driving impairment, before looking at legalizing it.

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1.3 - The Daily Item: [Change in VA health care welcome, but confusing as launch date nears](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

On Oct. 1 the entire veterans health care system changes.

Confusion remains despite the quickly approaching launch of the new VA Mission health care plan, not only among area veterans, but also county officials tasked with helping vets when they have health problems.

"We received a memo about a new plan called VA Mission that goes into effect Oct. 1," said Tony Korzanaski, director of veterans affairs, Snyder County. But beyond that memo, he said, little detail is yet available. VA Mission replaces the Veterans Choice Program, initiated in 2014.

President Donald Trump signed the VA Mission Act in June to replace the Veterans Choice Program and expand private health care options amid a fight between the White House and Congress over how to pay for it.

"I can't give you any details about the new plan, other than when it starts," Korzanaski said, flatly. "Really, I wish I could tell you more."

In the past, veterans' chief complaints about VA health care involved timely scheduling of appointments, care and services.

According to the VA Mission Act, the Department of Veterans Affairs is required to coordinate timely care, including help for those who need VA medical services outside their region of residence.

The Act outlines a number of requirements, including making sure "veterans do not experience a lapse in health care services."

Improvements

Under the VA Mission Act, the Department of Veterans Affairs is now required to provide, “access to community care if VA does not offer the care or services the veteran requires, VA does not operate a full-service medical facility in the state a veteran resides, and the veteran was eligible for care in the community under the 40-mile rule in the Veterans Choice Program” and when the veteran meets certain requirements.

VA Mission also expands caregivers assistance to the families of disabled veterans and orders an inventory of the Department of Veterans Affairs’ more than 1,100 facilities with a long-term view to trim excess.

So far, so good, said some providers.

“The idea that I’ll be able to deal directly with the VA is a good return to the way things were before Health Net (Federal Services) got involved,” said acupuncturist Trey Casimir, of Lewisburg, a VA-approved healthcare provider for about five years.

“This is a very big day,” said Trump, when he signed the bill on Jun 18. Trump made veterans care one of the signature issues of his run for the White House. “All during the campaign, I’d say, ‘Why can’t they just go out and see a doctor instead of standing in line?’ We’re allowing our veterans to get access to the best medical care available, whether it’s at the VA or at a private provider.”

In his remarks, Trump did not mention that funds to pay for the bill have yet to be identified, or that the White House and Congress are at odds on funding mechanisms. The bill’s projected costs over five years are also in dispute.

Critics of the bill have warned that over-reliance on private-care options could lead to the “privatization” of VA health care, but Trump said, “If the VA can’t meet the needs of the veteran in a timely manner, that veteran will have the right to go right outside to a private doctor. It’s so simple and yet so complicated.”

Funding issues remain

The issue of funding has plagued the existing Veterans Choice Program since it was enacted in response to the wait-times scandals of 2014 in which VA officials were caught doctoring records to show better performance.

The Choice program allowed veterans who lived more than 40 miles from a VA facility or had to wait more than 30 days for an appointment to have access to private care, but the program was time limited and Congress has struggled to come up with money for extensions.

The program was again due to run out of funding May 31, but the VA said there was enough money remaining to keep it in operation until Trump signed the VA Mission Act.

The new bill called for \$5.2 billion in funding to keep the existing Choice program in operation for a year while the VA worked through reforms to consolidate the seven private-care options into one system while eliminating the 30-day, 40-mile restrictions.

House Minority Leader Nancy Pelosi, D-Calif., cautioned that the lack of new money for the legislation sets up “another VA crisis and billions in budget cuts to critical veteran initiatives down the road.”

Privatization

The Government Accountability Office said veterans could wait up to 70 days for private-care appointments under the Choice program because of poor communication between the VA and its facilities and “an insufficient number, mix or geographic distribution of community providers.”

The VA has more than 360,000 employees serving the health care needs of about nine million veterans annually. Most of them are represented by the American Federation of Government Employees (AFGE), which opposed the VA Mission Act.

The AFGE said that the act amounts to “opening the door to privatization of the country’s largest health care system.”

The major veterans service organizations (VSOs) also initially feared privatization but came around to backing the VA Mission Act as a catalyst for improving care while preserving the VA’s role as the main provider of health care.

Backed by VFW

In a statement after the signing ceremony, Keith Harman, national commander of the 1.7 million-member Veterans of Foreign Wars, said, “The VFW and other veterans service organizations worked closely with Congress and the White House to help create a carefully negotiated bipartisan deal with the fingerprints of veterans who rely on the VA all over it.”

Besides expanding private-care options, the bill would also address long-time concerns of the VSOs on the restrictions in the current program to provide small stipends to family members who care for severely disabled veterans.

The program has been limited to post-9/11 veterans, but the bill was aimed at expanding caregivers assistance over two years to veterans of all eras.

The Congressional Budget Office has estimated that more than 41,000 caregivers could be added to the rolls under the new bill over the next five years at a cost of nearly \$7 billion.

“If you wore that uniform, if at some point you worked in that uniform,” Trump said, “you deserve the absolute best and that’s what we’re doing.”

The Associated Press contributed to this report.

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1.4 - WTAM (AM-1100, Cleveland's Morning News with Wills and Snyder, Audio): [VA Secretary Robert Wilkie](#) (31 August, 9k uvd; Independence, OH)

Five-minute audio: Bill talked to the Secretary of Veteran Affairs Robert Wilkie about his visit to Cleveland which includes a dedication in memorial to Ohio's military tradition and the Gold Star families.

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2. Greater Choice for Veterans

2.1 - The Daily Item (Video): [Veterans need Mission health care plan to deliver](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

Frustrated by the Veterans Health Administration over difficulties in getting needed medication and angered by frequent delays getting access to medical specialists, Valley veterans have not been happy with their health care program over the past few years.

John Fromille, of Selinsgrove, a Marine wounded in Iraq, and judged 90 percent disabled, has to wait nine months to see a specialist for several medical issues, including heart palpitations; Joseph Hoffman, of Freeburg, a Korean War veteran diagnosed with dementia, has had a hard time getting his supply of medications.

"It's not right," said Fromille, who served from 2003 to 2007. "The waits, the delays, veterans shouldn't have to put up with delays to get their critical medication."

Despite these challenges Fromille and others have hope. A new program, VA Mission, begins on Oct. 1. No one, not even doctors, know much about VA Mission. But veterans are nevertheless hoping the new program will be an improvement over the phased out Veterans Choice.

The Veterans Access, Choice, and Accountability Act of 2014 was intended to give veterans more leeway in choosing their doctors, said Army veteran Bob Heckrote, of Hughesville, but vets like Heckrote and Fromille got bogged down in too much bureaucracy.

Phone calls made and not returned; lengthy delays in reaching doctors, the veterans agreed. VA Mission — passed on June 6, 2018 — hopes to fix that, according to Snyder County director of veterans affairs Tony Korzenaski, by eliminating the middle man, which in this case was a company called Health Net Federal Services.

In the near term, according to the Veterans Administration, the VA Mission Act of 2018 appropriates \$5.2 billion in mandatory funding to continue to provide care to veterans until the new, consolidated Veterans Community Care Program is operational — approximately one year after the enactment of the Act.

Delays, cancellations

Fromille was wounded twice in Iraq and has two Purple Hearts. "I have vision loss in my left eye, complete hearing loss in my left ear. I have 30 to 40 pieces of shrapnel inside me. I've been diagnosed with traumatic brain injury as well as PTSD."

When he first got out of the service in 2007 he got his disability rating in three weeks. Normally, it can take up to a year, he said. "Things moved well because U.S. Rep. Chris Carney took care of me and streamlined the process," he said.

Once he had to use the VA health care system it was a different story. "For the past two years my health care has gotten worse," Fromille said.

Fromille goes to the Lebanon VA because of their specialists. "For me, that is an 85-mile trip one way. Then, for eight, nine months I've had problems getting in for a physical and an echocardiogram because I was having pains in my chest. They (the VA) would call me and schedule an appointment 28 days out. Then 27 days later, call me and say they'd have to cancel the appointment and then schedule another one 28 days out.

"And they literally did that to me eight, nine months in a row," he said. "It's frustrating. What can you do? I'm trying to get in for these specialty treatments, to the traumatic injury team or a heart specialist. They kept pushing me off."

Clarity, frustration

Hoffman, 81, has dementia. He was in the Army from 1951 to 1953. His wife, Marian, is now doing the best she can as caregiver, but recently she has been frustrated trying to get Joseph the medication he needs to survive.

Hoffman has moments where his thinking becomes crystal clear, and at times his frustrations come out, mostly when talking about health care. "I'm just so angry, I could scream sometimes," he said, getting upset.

Joseph doesn't get much exercise, his wife said. "He is supposed to get up and use his walker," she said, "but he doesn't. I'm not going to push him but I wish he would." Her frustration with the VA is palpable and she is not very optimistic about a new program being initiated about which she knows very little. She tried to deal with officials at the Wilkes-Barre VA herself, but that got her nowhere, other than making her more confused and frustrated.

In desperation, the Hoffmans called on Korzenaski for help.

Anyone who called the VA Choice phone number got a recorded message saying they are no longer doing authorizations, and they referred people to their local VA health care centers. Authorizations are needed by patients to see specialists, Marian said.

"I think one of the problems the Hoffmans had was this new Missions Act" starts Oct. 1, he said. "And Veterans Choice, who used to do the authorization, stopped doing that on July 3."

Knowing that the Hoffmans were confused and needed medication, Korzenaski called Wilkes-Barre Care, which participates in the Community Care Program for vets. Community Care exists for vets if they need care that the VA cannot provide.

VA Choice specifically refers to a vet needing specialty services available at VA hospitals, such as the one in Wilkes-Barre. If the vet lived more than 40 miles from the hospital, or if an appointment could not be made in less than 30 days, the vet could go to approved community doctors, such as Dr. Rodney Companion, the local approved doctor in Shamokin Dam.

Korzenaski was told that before any medical services could be provided a contract between the VA and Dr. Rodney Companion, the local approved doctor, in Shamokin Dam, had to be signed. He then called Companion's office to let them know a contract would be on its way. Authorization by the VA is needed before a community doctor outside the VA can treat a vet and be paid by the VA.

"The Hoffmans were eligible for community care based on discussions with their VA provider, but they had to obtain pre-authorization from VA before seeing a community care provider," Korzenaski said. "In addition, care needed or recommended beyond the scope of that authorization had to be approved by the VA facility that authorized the care."

"Trouble was, the middle man, health net, was no longer in business with the VA."

"We have been given three months supplies of meds," said Marian. "So we're OK for now. But I am a bit nervous since they'll run out. I hope we can work things out."

Korzenaski isn't sure how VA Mission will work. He said he's hopeful, "but it will have it's growing pains."

Vets: Cut out middle man

Navy veteran (2005-2015) Bradley Beda, of Danville, hopes the new program cuts out the middleman as promised. That was the problem with VA Choice, he said. Beda has not had need of a specialist, so he has remained outside of the VA Choice program. But a fellow vet, a friend of his, has had nightmarish dealings with the VA.

"I have a friend," Beda said, "who had a heart issue and he was not allowed to go outside and see a heart specialist for a second opinion. He had to first go to Wilkes-Barre VA Hospital, and then to Philadelphia before the VA would approve him to see a heart specialist."

It was scary, Beda continued, "because my friend was having mini-strokes as this was happening. He was told to go through VA people and he told me he just didn't believe what was happening to him."

Heckrote, who served in the Army from 2003-2015, works for student services at Bloomsburg University, but helps run the space reserved for students who are also veterans.

Before talking with The Daily Item he emphasized that he is speaking for himself and his views do not represent the university.

His health insurance is now through his wife's plan, he said. "I haven't been to the VA at all because I was a little soured on it. My initial experience with the VA was quite lengthy and complicated. Things are now more efficient and I don't have to deal with the frustration of the VA."

In his dealing with student veterans, he said, "I've experienced the students going through a plethora of experiences and I recall two students that I helped submit VA claims and they were through and done in a very short amount of time, which was astonishing. But on the medical side of the house, I'm still seeing people waiting a long time to get into doctors. One student was trying to get in for mental health services and it took him several months to get that initial appointment. It's experiences like that that are all over the place, that have soured me

personally. But for me, I have other options. For those who don't it is a very frustrating experience."

Meanwhile, Fromille's hope is that with this new program things will work out. "If we could take what we have with the VA Choice program, let the veterans choose and yet streamline the process I think that would be the best process for veterans all the way around."

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2.2 - The Daily Item: [America still bungling veterans health care](#) (1 September, 189k uvm; Sunbury, PA)

Why can't we figure out how to give America's veterans the appropriate, timely and meaningful medical care they so richly deserve?

It has been more than four years since the nation learned of the considerable issues with Veterans Affairs. Now, as we approach the rollout of another program designed to aid our nation's veterans, it sounds like the same problems may still exist. Perhaps just as troubling, no one is certain what the new program holds.

In less than a month, veterans across the United States will switch from the current Veterans Choice program to Veterans Mission, passed earlier this year. The new program is designed to streamline the process for veterans to get care sooner and closer to home.

Among the key changes is eliminating the 40-mile, 30-day rule. That option allowed veterans to see a "private doctor in their community when they couldn't get an appointment at a VA clinic within 30 days, or if they lived more than a 40-mile drive from a VA medical facility." Now, if a veteran and doctor agree that a medical options outside of the VA system is most beneficial, a veteran can see a local medical provider.

This rule is especially helpful for veterans in the Valley. The closest VA hospitals are Wilkes-Barre and Lebanon, both well outside the 40-mile range.

Eliminating the 30-day rule is just as vital.

One Valley veteran told The Daily Item a frustrating story of regular cancellations. John Fromille, of Selinsgrove, a Marine wounded in Iraq, goes to the Lebanon VA, a facility with a specialist he needs. "For me, that is an 85-mile trip one way. Then, for eight, nine months I've had problems getting in for a physical and an echocardiogram because I was having pains in my chest," he said. "(The VA) would call me and schedule an appointment 28 days out. Then 27 days later, call me and say they'd have to cancel the appointment and then schedule another one 28 days out.

"And they literally did that to me eight, nine months in a row."

What a horrible mess!

Earlier this year, The Washington Post highlighted five urgent problems that needed to be addressed:

1. Boost employee morale within the VA and making salaries competitive with the private sector.
2. Expand programs for female veterans.
3. Funding for VA programs.
4. Update an out-of-date record-keeping system.
5. Fill vacancies, including more than 30,000 clinical openings.

Implementing any or all of those will help. One big step forward in the new VA Mission plan, veterans say, is the elimination of Health Net Federal Services, which served as the go-between for veterans and the VA and medical professionals. Eliminating a level of bureaucracy has to help.

“Let the veterans choose and streamline the process. I think that would be the best process for veterans all the way around,” said Fromille, in a simple statement that says so much.

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3. Modernize Our System

3.1 - The Gazette: [Guest Column: Online is great for vets, if they can get access](#) (1 September, Jason Forrester, 873k uvm; Colorado Springs, CO)

President Lincoln’s promise to care for those “who have borne the battle” is a constant reminder that America has a solemn obligation to support our veterans after they have sacrificed for our country. Even before the end of World War II, President Franklin Roosevelt signed the first GI Bill to help provide education, housing, business loans, unemployment payments, and job training. And even after the controversies of Vietnam and Iraq, Congress came together on a bipartisan basis to expand veterans’ benefits, most recently a decade ago.

And with extended deployments and a new “permanent war” continuing in hotspots across the globe, one would expect that to be true today. But it’s a joyless testament to our broken politics that meaningful support for our veterans isn’t top of mind in the body politic. And with the needs being so great and the government’s tools so often inadequate, it falls to the rest of us — in the business community, civil society and elsewhere — to fill the leadership void.

In a little noticed but boldly important recent move, Comcast/NBCU stepped up to the plate to provide returning veterans virtual cost-free access to the internet. Alone, the effort won’t salve every wound, repair VA health care, or ensure true civic reintegration for returning veterans, but it’s a start. More importantly, it shows someone is thinking about them and that corporate America is digging deep to provide access to the most revolutionary development of our age. Other companies must now follow.

The simple act of providing internet access can, for some, be life-changing and to paraphrase Robert Kennedy, send out “ripples of hope” to our vets. Online access to the VA’s benefits website alone, for instance, can change that bureaucracy from an obstacle to a partner, putting a huge array of tools, services, and information within easy reach.

Home broadband also supercharges health care — enabling advanced services like telemedicine and remote diagnoses. Online access is often the difference between sickness and health for 30 percent of veterans who live in rural communities hours from the closest VA clinic, and especially for older, low-income veterans half of whom lack access to the internet and are more likely to face illness than others their age.

Essentially free online access is also a great digital update for the original GI Bill as a pathway to jobs. Over 90 percent of employers recruit online, and most new jobs in the past decade are independent contractors fueled by digital platforms in the online “gig” economy. There is little economic mobility for the digitally marooned.

And most important of all are the social and cultural dimensions. Greater social connectivity is critical for reintegrating returning veterans and tales are legion of veterans banding together online to bring the “leave no one behind” ethos that sustained them overseas to the homefront — with internet-enabled social networks, check-ins, and rapid response teams ready to rush to an at risk veteran’s home if the community sees troubling red flags. The spike in veterans’ suicides is a shameful and painful crisis — an unspeakable horror and a national abdication — and online connection and counseling has become the frontline of prevention.

But, despite the gaping need, fewer than two thirds of low-income veterans have home broadband — compared with over 80 percent for the overall population. With 3 million post-9/11 veterans alone, that’s over a million former service members cut off from the information, programs, and social engagement they deserve.

Other companies also have brilliant test-tube programs that, like Comcast/NBCU’s Internet Essentials program, are proven to work with targeted communities when properly honed. And as important as all those civic givebacks are — and each is important — there is no community more deserving and more in need than the men and women who lay their lives down to protect us.

These experiments have demonstrated how low-cost online access, combined with training and the proper “on the ground” outreach could quickly move new populations and demographics online. With the largest digital divide experiment ever, Comcast/NBCU has done that for 6 million low-income Americans. Other companies also have the expertise to know what would make a difference.”

It’s time now for everyone to step up, honor the words of Lincoln, and similarly provide our returning veterans with the best digital skills and services possible.

Jason Forrester served as a deputy assistant secretary of defense from 2013-2015 and has been an advocate for veterans, troops, and their families for almost a dozen years.

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[4. Focus Resources More Efficiently](#)

[5. Improve Timeliness of Service](#)

5.1 - Deseret News: [V.A. preaches optimism to Utah's health providers in the face of veterans' behavioral health challenges](#) (1 September, Ben Lockhart, 9.4M uvm; Salt Lake City, UT)

Stephan Sheppard recalls one military veteran he worked with who tried to take his own life twice in one night.

"His girlfriend broke up with him right as he was coming off methamphetamine. He became extremely depressed, grabbed a small-caliber handgun, and shot himself in the head," Sheppard said. "He woke up about five hours later, realized that he was still around, managed to get the gun, shot himself again, woke up in intensive care with residual cognitive difficulties."

But after the man miraculously survived both gunshots, his life began to change significantly. That he was able to do so after being hopeless enough to attempt suicide twice in one day, Sheppard said, serves as a testament that in behavioral therapy, "rehabilitation works."

"He managed to finish his ... high school diploma, worked at vocational rehabilitation, found employment, lives independently," Sheppard said. "So, treatment works. That's just one of many, many, many examples."

Sheppard said thanks to "the fierce resilience of the human spirit," no person is a lost cause, no matter how much they tell themselves they are.

"That is what we are fighting for, is to renurture the fighting spirit that everyone has," Sheppard said, holding back tears.

Sheppard, manager of the Substance Abuse Residential Rehabilitation Treatment Program at the George E. Wahlen Department of Veterans Affairs Medical Center in Salt Lake City, presented his expertise on the intersection of veterans and mental illness Thursday to dozens of Utah physicians, counselors, social workers and others for the department's annual Mental Health Summit.

"What we do here matters," Sheppard told the group.

The purpose of the summit is "to no longer ... be the hospital on the hill, but to be more integrated with the community," said Scott Hill, chief of mental health service for Veterans Affairs in Salt Lake City.

Communication and partnerships with professionals in other health care systems are critical to comprehensively serving all of Utah's military veterans, Hill said, particularly because veterans suffering from post-traumatic stress disorder frequently prefer to live in some of the most remote parts of Utah in an attempt to "go to places where other people aren't around."

"Some of our areas in the state of Utah are two or three people per square mile, and that's where our veterans often live, which makes it very challenging to get mental health care to those individuals," Hill told the Deseret News. "So we have to use telehealth and other things, or community partners that we contract with, in order to provide that care in those rural locations."

Sheppard told summitgoers that existing research indicates a disproportionate number of veterans suffer from post-traumatic stress disorder, as between 15 and 20 percent will have it at some point. Though for some wars, such as Vietnam, those figures are higher.

Studies also show veterans suffer clinical depression at a higher than normal rate, with some research showing it affects 1 in 5 of them, Sheppard said. About 7 percent of military veterans also suffer from substance abuse disorder, he said.

The different conditions can exacerbate one another's effects, Sheppard said.

A veteran with post-traumatic stress disorder is four times more likely to consider suicide than a veteran without it, he said. And a veteran with that condition in combination with other behavioral illnesses, including substance abuse or depression, is 5.7 times as likely to consider it compared to a veteran suffering from none of them.

"In terms of acting out on suicidality, when people are disinhibiting the frontal executive areas of their brain, acting out becomes more likely," Sheppard said. "So being under the influence is going to probably do something to the person's mood and is probably going to increase the likelihood they're going to act on (suicidal) thoughts."

According to Sheppard, it is unfortunately not uncommon for these behavioral health conditions to overlap. For example, studies show about 75 percent of veterans with post-traumatic stress syndrome also having substance abuse disorder and vice versa, he said.

Sheppard also went in-depth describing what each condition feels like. "Think about what it's like to try to sleep when some portion of your brain thinks you're about to be killed," he said of post-traumatic stress disorder. Speaking on depression, he said that "at the heart of it is this brokenness — 'I'm no good, I'm of no worth, I don't really matter, there's nothing I can do about it.'"

Veterans suffering from severe depression "will tell you that they don't know how to get out of it. And so the helplessness becomes profound," Sheppard said.

Substance abuse disorder influences the brain so that its "priority systems begin to get reorganized and reworked, so that the things that would be motivators and de-motivators no longer do so," he said.

"The compulsion ... can be absolutely all-consuming, and fatal," Sheppard said.

1 comment on this story

However, there is hope, Sheppard said, because patients with each of those powerful conditions do respond to treatment. Much of Thursday's summit focused on describing those treatments, and connecting Veterans Affairs providers with other health professionals to ensure correct patient referrals can be made at the proper time, with no veteran falling through the cracks.

"What we do is important. I don't think it's enough to just relieve suffering. It's not good enough. We can do that, we can reduce suffering, but that's not going to hold a person, especially (with) addiction," he said.

"What you've really got to do is build (their) quality of life — connecting with people, feeling productive and useful ... being able to sit still in your own skin. Quality of life is really what this is about."

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5.2 - Valley News: [Sunday Seniors: Advance Directives Provide Clear Guidance for Care](#)
(1 September, Liz Sauchelli, 162k uvm; West Lebanon, NH)

White River Junction — Advance directives come up frequently in conversations about health care decision-making as people age.

Their purpose is to provide written instructions for medical care in instances where a patient is unable communicate them herself.

Jill Morton, a community care social worker at the White River Junction VA Medical Center, runs advance directives workshops twice a week for veterans and their families.

In an email Q&A, Morton discussed what advance directives are and why they are important. The interview has been edited for length, style and clarity.

Question: In simplest terms, what is an advance directive?

Answer: The short answer is that an advance directive is a legal document that states a person's preferences for medical treatment and medical decision-making. Most advance directives have two components: The durable power of attorney for health care — which appoints someone to make medical decisions should the person lack capacity to decide for themselves — and a "treatment preferences" section (sometimes referred to as a living will), where a person can specify what kind of treatment they would or would not want in different circumstances.

Treatment and care preferences usually focus on what is desired at the very end of life and in situations of being in a permanently unconscious state, although other preferences can also be expressed, including pain control, acceptance of blood products, spiritual care preferences, mental health care, and who should and should not be involved in discussions about your treatment.

Q: Why are they important?

A: For most people, a key desire is to avoid aggressive care that can cause suffering and prevent meaningful interactions with loved ones at the very end of life.

Other people wish to avoid huge financial burdens related to care that has no benefit. Others want to spend their last months, weeks, or days at home with loved ones with comfort-oriented care, with the best chance of being alert and able to participate in normal day-to-day activities.

Advance directives can provide reassurance and comfort to loved ones in that they know what you would want for care and are not saddled with the responsibility of choosing for you.

Q: What does a person need to do to put together an advance directive and what are the first steps they should take?

A: In short: “Think about it, talk about it, complete an AD.” Think about your treatment preferences — starting with situations of being at the end of life or permanently unconscious — and consider who would be the best person to make decisions for you in line with your stated wishes and values. This person should be someone you trust, who knows you well, who can handle making complex decisions in a stressful medical environment and communicate effectively with doctors and other loved ones.

Then, review and complete an advance directive form. In Vermont, a widely recognized AD form is provided by the Vermont Ethics Network. The short form is most often used, but there is also a longer form for people who really want to spell things out in detail

. In New Hampshire, the Foundation for Healthy Communities has created a straightforward AD document that complies with N.H. law. The VA provides an advance directive for veterans.

However, you can choose any document that complies with local and state laws. Documents for the VA, New Hampshire and Vermont require two witnesses for your signature. The Twin States have an optional page for a notary signature. Once completed, copies of an advance directive should be provided to your agent, alternate agent, local hospital and primary care provider. Keep the original and copies in a place where they can be retrieved easily.

Q: Who should be involved in the process?

A: You and your loved ones and/or chosen surrogate decision-maker(s). Your agent does not need to be present when you complete your advance directive.

Q: Are advance directives different for veterans? Why?

A: Veterans in New Hampshire and Vermont have the same options for completing an AD as non-veterans. They can choose to complete the form provided by the VA or a state advance directive. State AD forms and VA forms are honored across health systems, so only one is needed.

Q: At what age should someone get started on planning their advance care?

A: Any adult of any age and health status can benefit from having a basic advance directive. Medical crises can happen to anyone.

Q: How can someone learn more about advance directives?

A: Veterans and their loved ones can learn more about advance directives by attending one of the weekly “Advance Care Planning” workshops held on Wednesdays and Thursdays, 1-2 p.m. in Building 39, Room 241, at the VA in White River Junction. Dartmouth-Hitchcock Medical Center also offers free one on one consultations and advance care planning workshops at various locations in Vermont and New Hampshire through their Honoring Care Decisions program. They can be reached at 800-730-7577.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WJW (FOX-8, Video): Cleveland monument dedicated to Gold Star families (31 August, Jen Steer, 659k uvm; Cleveland, OH)

A monument was dedicated to Gold Star families in Cleveland Friday morning.

The tribute to families who lost loved ones while serving our country sits at East 105th Street and East Boulevard by the Louis Stokes Cleveland VA Medical Center.

Medal of Honor Recipient Hershel "Woody" Williams, who served as a Marine in World War II, spoke at the event, and was joined by VA Secretary Robert Wilkie and U.S. Navy Under Secretary Thomas Modly.

"I continue to try to stress that these monuments, these memorials for loved ones, it's not about me at all. I'm just a cog in the wheel and I hope I can keep the wheel turning so that all over America people will come to the realization of the sacrifice that has kept us a great people," Williams said, who created a foundation to honor Gold Star families.

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7.2 - The Fayetteville Observer: VA employee competes in Highland Games in Scotland (1 September, Drew Brooks, 439k uvm; Fayetteville, NC)

Amanda Ford felt like a rock star.

A Highland Games athlete from Wilmington, Ford was one of a few Americans invited to compete at the Mey Highland & Cultural Games in Scotland last month.

There, her team — Uncle Sam's Highlanders — was greeted warmly by the natives.

They were interviewed by local tabloids and greeted by Prince Charles. And Ford was flocked by young girls who were not used to seeing a female competitor.

"I was actually pretty surprised by how well we were welcomed," Ford said. "I think we shocked the crowd and athletes alike."

Ford, who works for the Fayetteville Veterans Affairs at the Wilmington Health Care Center, is a former Marine who has spent the past four years competing in Highland Games across the country.

Before that, Ford had not even so much as heard of the sport, which celebrates Scottish and Celtic culture through events like a caber toss, stone put and hammer throw.

Ford said she quickly took to the sport and has risen through the ranks while falling in love with the larger Highland Games community.

"I travel all over the U.S. for it now," she said. "To be honest, what really draws me back is the small community. There are such great people."

Ford has competed across the Carolinas, Tennessee, Virginia and Michigan, among other states. But she said her experience in Scotland was "top of the top."

Ford was chosen to be part of a team of seven Americans who competed at the Mey Highland & Cultural Games at John O'Groats in the far North Highlands of Scotland on Aug. 4.

The team included military veterans and adaptive athletes, including some who have lost limbs or have been confined to wheelchairs.

Uncle Sam's Highlanders were led by Alex "The Tank" Armor, a Highland Games athlete who competes in a wheelchair and the reigning "America's Strongest Athlete with Disabilities."

Ford said the competition was the first time American athletes had been invited to compete at the Mey Games and the first time adaptive athletes had been part of the competition.

The goal, she said, was to show officials in Scotland how to incorporate adaptive athletes into future Highland Games, something that has taken place in American for at least five years.

"We had an amazing showing," Ford said of the experience. "I really don't know how I can top that."

Ford, who served in the Marine Corps from 2004 to 2008, works in the sterile processing section of the Wilmington Health Care Center.

She said it isn't easy, juggling her job, children and family amid training for Highland Games.

"But when you want something bad enough, you make it work," she said.

Ford left the Marines as a corporal and served as an aviation operations specialist and later as an aerial observer and door gunner in CH-46E helicopters.

Most of the men in her family had served in the military, she said. And an uncle who told her she "couldn't hack it as a girl in the Marine Corps," was the initial inspiration for her service.

"I naturally chose that branch of service to prove him wrong and prove myself worthy," she said.

Now, she's helping to break similar barriers in the Highland Games.

While female competitors are becoming increasingly common and well-respected stateside, Ford said they are still uncommon in Scotland.

She and another American helped draw attention to female athletes, she said, by outcompeting many of the male athletes at the Mey Games.

Ford said female fans, including many young girls, embraced the Americans, posing for photographs with flexed arms.

“It’s still all surreal,” she said.

Learn more about Ford or follow her on social media at [AmandaFord.athlete](#) on Instagram or [AmandaFordAthlete](#) on Facebook.

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7.3 - Citizens' Voice: [Veterans' artwork featured in 'Military Masterpieces' exhibit](#) (1 September, 272k uvm; Wilkes-Barre, PA)

The Department of Veterans Affairs Medical Center in Plains Twp. hosted a showcase Friday of the artistic talents of veterans residing at the Community Living Center. A ribbon-cutting ceremony was held for the new exhibit, entitled ‘Military Masterpieces.’ Veterans living in the Community Living Center create original artwork during the facility’s weekly art program, which recognizes the progress and recovery made via art therapy through self-expression.

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7.4 - WhatcomTalk: [Meet Doris Kent: Gold Star Mother and Warrior for Hope](#) (1 September, Jessica Hamilton, 14k uvm; Olympia, WA)

It began when a Vietnam veteran died from a heart attack. His widow struggled with her grief, finances and raising four children on her own. She applied for assistance from the U.S. Department of Veteran Affairs (VA) but was denied. As a result, she and her children lived in poverty for 17 years.

Then she met Doris Kent, Veteran Benefits Program Specialist at the Opportunity Council in Bellingham. Kent says when she met the widow “she had been on welfare and had just survived breast cancer in a trailer. She had no running water, no toilets and she survived it all. She raised four kids; none of them finished high school.” Kent’s boss told her that the woman wasn’t likely to be eligible for VA money. Kent tried anyway.

A few months later, the woman went to the bank, afraid that she was overdrawn. When the teller handed her a balance slip, she thought it was wrong. He assured her it was the correct amount and “she started crying right there in the bank,” Kent says. The VA had given the woman back pay from the original date filed 17 years before – all because of Kent’s relentless advocating on the woman’s behalf. Kent wonders, “If [the money] were with her the entire time, would it have made a difference for those kids?”

Kent has made it her life’s mission to help veterans and their families make claims for benefits they don’t know they’re eligible for. She sees her own family in the veterans that come to see her.

Kent comes from a family of service members. Her father and brother “both died at age 52 from conditions related to Agent Orange they were exposed to in Vietnam.” Kent watched her mother

struggle after their deaths, financially and emotionally. She wonders how her mother's life might have been different if she had known about the benefits she was eligible for.

Kent has three boys who all joined the army. Her son, Corporal Jonathon Santos, "went in on July 11, 2001 and then September 11th happened," says Kent. Santos was hoping to earn his way through college with the GI bill. Exactly two months later everything changed. Three years later he was killed in a roadside explosion while serving in Iraq. Kent has dedicated her time to helping others like him. She honors his memory with every veteran she helps.

The Opportunity Council is funded by a grant with criteria of eligibility. Kent's job is to find out if veterans and families asking for help are eligible. If they aren't, she has created an alternative.

"I have the Veteran Navigator Program I started in 2010," she says. "I trained and worked with a group of volunteer veterans and family members to go and offer these services." A group of eight volunteers host pop up information sessions all over Whatcom County once a month. Through this program, she has helped thousands of veterans and their families collect millions of dollars through Veterans Affairs.

"The VA health care system is absolutely amazing," she says. They'll buy hearing aids, glasses, counseling, hospital stays, prosthetics, chemotherapy, etc. "Many of the veterans tell me it's amazing and they feel really positive about their interactions and encounters in the VA health care system," she says.

The hard part is getting them into the system and past mountains of paperwork. Many veterans suffer from PTSD and traumatic brain injuries. They don't understand each little box needing to be checked or how to fax in 70 pages of paperwork. One square filled incorrectly or form left out of the pile pushes back the start of benefits, sometimes indefinitely. Kent feels it's her mission to help.

"I'm good with paperwork," Kent says modestly. She wants to use this gift to take care of others. She relives her son's loss with each person that walks through the door and does it tirelessly although it doesn't bring healing to her broken heart.

Kent has been diagnosed with complicated grief, rendering her unable to move on from the loss of her son. She tears up on several accounts of the struggles she's heard from veterans.

She listens to each story, recounting that many "tell me things they've never told anyone before and that is really powerful." People see in her a kind, deeply caring soul. Often veterans are homeless and have no voice elsewhere; they've alienated friends and family because of PTSD or other traumas.

"It's not about just the money, it's the healthcare and the acknowledgment of their service," says Kent. She brought countless people experiencing homelessness in off the streets and gave them a kind shoulder to cry on. Paperwork is the least of her gifts. She is diligent, kind, compassionate and empathetic.

"I cannot rest until our county hires a full-time Veteran Services Officer," Kent says. She's hoping this position will be created by the Whatcom County Veteran Service Advisory Board. Full time volunteers are stretched to capacity and need someone to fight for veterans permanently.

If you're a veteran or family member in need, or would like to volunteer, attend a Veteran Navigator program. The next ones will be held:

September 8, Lynden Library 10:00 a.m. – 1:00 p.m.

October 13, Ferndale Library 10:00 a.m. – 1:00 p.m.

November 10, Orcas Island School Library 10:00 a.m. – 4:00 p.m.

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8. [Other](#)

8.1 - FOX News: [VA Dept. nurse admits poisoning husband with eye drops over three days, faces murder rap](#) (1 September, Robert Gearty, 32.5M uvm; New York, NY)

A South Carolina man who appeared to have died of a fall was poisoned with eye drops by his wife who has been charged with murder, according to reports.

Detectives arrested Lana Sue Clayton, 52, a U.S. Department of Veterans Affairs nurse, Friday in the July 21 death of Steven Clayton at their upscale waterfront home in Clover, The Herald in Rock Hill, S.C. She was also charged with unlawful malicious tampering of food.

Steven Clayton, 64, was found in the foyer of his home after what appeared to be a fall down the stairs, the paper reported.

An autopsy determined he died of poisoning, according to the paper. She then confessed to spiking his water with a chemical found in over-the-counter eye drops to relieve redness.

She poisoned him over a three-day period until he died, the paper reported, citing arrest warrants.

"The investigation autopsy toxicology tests discovered poisonous levels of Tetrahydrozoline in the body of the victim," the York County Sheriff's Office said. "Lana Clayton admitted to investigators she administered the substance to Stephen Clayton without his knowledge."

No motive has been established.

A probate judge appointed Lana Clayton personal representative of his estate.

The couple lived in a house valued at \$822,000 the paper reported. The home is a copy of the famous George Washington Mount Vernon estate, that Steve Clayton lovingly restored, a friend told the paper.

Steve Clayton was founder, president and CEO of Physical Therapy Resources, a national company with branches throughout the United States until his retirement in 1995, his online obituary says.

"His family and friends will forever remember his laughter and celebrate him for as long as we live," the obituary says.

Lana Clayton was booked into the local jail.

"That's crazy," neighbor Deborah Pollard told WSOC-TV. They're finding all kinds of ways to do crazy things nowadays aren't they.

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8.2 - Washington Examiner: [Mental Health Inc. focuses on a real issue, but offers failed solutions](#) (1 September, Jake Grant, 4.8M uvm; Washington, DC)

Art Levine's book, *Mental Health, Inc.: How Corruption, Lax Oversight and Failed Reforms Endanger Our Most Vulnerable Citizens*, makes clear the need to reform a healthcare system in which thousands of people with mental illness are overprescribed medicines that sometimes result in needless fatalities. With a focus on antipsychotic drugs, Levine spells out the sinister implications involved with the relationship between government institutions and mammoth drug companies — while simultaneously calling for additional government interference in the market.

Levine spends the book's introduction railing against Republicans who want to repeal Obamacare, saying, "The [Trump] administration and Republican leaders have a vested interest in failure: they have done whatever they could to hasten Obamacare's demise and limit the scope of Medicaid." Yet, the third chapter is titled, "The Secret History of the VA's Tragedies in Tomah and Phoenix," and describes the horrible abuses that Veterans Affairs have shrouded in secrecy while covering up patient deaths in order to defend their employees.

On the crony relationship between drug companies and the federal government, Levine explains, "As secret corporate records disclosed in litigation showed, the VA's pain management team became a propaganda arm for the drug industry fueled in part by a \$200,00 grant from Purdue Pharma, the manufacturer of OxyContin." But Levine ignores the irony in making the argument that more people should be covered by government healthcare and then proceeds to write 300 pages citing example after example of no-good interest groups working in tandem with the government to sell a dangerous product.

The author's solution is simple: Provide more oversight and regulation in one of the most regulated sectors of the economy. All the while, Levine fails to address the perverse incentives created when companies reap the benefits from government influence in the distribution of prescription drugs.

Levine's examples of abuse continue in kind. Drugs, he writes, are overprescribed in jails, residential treatment centers, and nursing homes. And, in explaining the legal trouble with Los Angeles County and their prisons, Levine notes the staggering number of federal employees charged with spreading this drug problem. "Since December 2013, federal prosecutors have hit the sheriff's department with nearly two dozen federal criminal indictments," Levine writes. "Most of the twenty-one convicted guards and administrators ... have been sentenced to prison." Here again the author calls for more oversight — even though people are already being held accountable for their actions. It simply is not a solution to call for additional government regulations when the existing ones are busy doing the opposite of what they should be: deterring overprescription.

Out of the blue, the author brings up guns — a topic that has nothing to do with the book. Even so, Levine's stance on the issue becomes clear when he writes on what he sees as a quandary with only a couple of solutions. "With gun control dead for the foreseeable future, can the nation really have only two choices: either force meds on the untreated, chronically mentally ill who seem dangerous, or do nothing while some crazed young men plan mass slaughter?"

Yet, the book discusses no relationship between gun control and mental health, or even solutions to solve that issue. Instead, the author blames a continued lack of governmental steps toward gun control as another reason why gun violence remains an issue in our society. Even though evidence has shown that gun control probably would not have thwarted many of the recent mass shootings, Levine uses concerns about gun safety as a point supporting government influence in the lives of citizens.

It seems that, from Levine's perspective, the government has too much power when it comes to prescribing opioids and other dangerous antipsychotic drugs. Yet, in regulating firearms, they haven't gone far enough!

Amid the praise of Obamacare and the "Republicans want to take away your health insurance" rhetoric leftists rely on, the truth on mental healthcare rears its head only a few pages into the book: Levine concedes that, in many cases, insurance doesn't even matter. "Even if you retain your mental health coverage under Trump, most people can't afford it: nearly half of all psychiatrists don't take private insurance or Medicare." There are successful ways that veterans have dealt with PTSD without using drugs, and, to his credit, the author points to them. But he fails to explain why the repeal of Obamacare is a central issue when many of these providers do not even accept insurance. The real reason the author meanders on to this tangent lies in his fervor for an unrelated progressive cause rather than actual concern about solutions.

Levine is right: People all over the United States are hurt when they are prescribed dangerous drugs they don't need. But, in this, the fault belongs to a system that's largely overseen by the government. As for public policy solutions, we must focus on ways to lower the cost of successful treatment for people who are in real need. Bringing in more government oversight or regulation only ups the price for those who struggle to afford it in the first place. In response to the VA's malfeasance, precious few people were fired or indicted. This is the issue, as those committing the atrocities have to be held accountable. But whenever the federal government wants to protect one of its own, it tends to look the other way.

This is why the government must be treated like a company whenever its customers are hurt by its products. Think about it. If Walmart were selling products that killed thousands of Americans every year, they would be sued for millions of dollars. Why is it that when the federal government is responsible, the problem gets swept under the rug?

Mental Health, Inc. did succeed in providing a good deal of insight into the current mental health drug system and its flaws, yet it failed to provide realistic solutions. Making arguments about government failures while calling for more government solutions doesn't make sense. Further regulation isn't going to solve this crisis, but a revamp of the incentive structure surrounding mental health and prescription drugs just might.

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8.3 - WSB (ABC-2, Video): [VA worker accused of poisoning, killing husband with eye drops](#) (1 September, 4.8M uvm; Atlanta, GA)

YORK COUNTY, S.C. - Investigators in South Carolina said they've arrested and charged a woman with murder after she poisoned her husband.

Lana Sue Clayton is also charged with unlawful malicious tampering of food between the dates of July 19 and July 21.

Lana Clayton worked for the U.S. Department of Veterans Affairs in Charlotte, according to her Facebook page, The Herald in Rock Hill, South Carolina, reported.

Officials said Clayton's husband, Stephen, died July 21 from poisoning. They said the crime took place at the couple's home on Island Forks Road in Clover.

"It just makes no sense," said Deborah Pollard, who lives nearby.

Authorities said toxicology tests found poisonous levels of tetrahydrozoline in the body of the victim. That's the chemical found in over-the-counter eye drops to relieve redness. Lana Clayton confessed to spiking his water with the chemical, according to The Herald.

"Somebody does something like that? That's crazy," said Sean Magan, who lives nearby.

They said Lana Clayton admitted to giving her husband the substance without his knowledge.

"That's crazy," Pollard said. "They're just finding all kinds of ways to do crazy things now a day aren't they."

Lana Clayton was booked into the York County Detention Center.

Neighbors told our sister-station, WSOC-TV, off-camera that the Claytons were married for eight years.

One woman said Lana attended a neighborhood Bible study and Stephen was known for his big personality.

Neighbors said Stephen Clayton's funeral was held earlier this month in the backyard of their home before detectives determined his cause of death.

No other details were released.

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8.4 - KPBS (NPR-89.5/PBS-15, American Homefront): [Dozens Of Veterans Are Running For Congress. But Does Military Service Prepare Them For Politics?](#) (1 September, Carson Frame and Bobbie O'Brien, 278k uvm; San Diego, CA)

Dozens of military veterans — many of them with recent service in Afghanistan and Iraq — are offering themselves as an antidote to Washington's partisan rancor.

They're running for Congress, often as political newcomers challenging longtime incumbents. Their campaign ads and websites play up their military experience and their service to the country.

"We're at a record low number of veteran representatives in Congress, and it's no coincidence that we're at a record level of toxic, hyper-partisanship," said Texas congressional candidate MJ Hegar, an Air Force veteran who is running as a Democrat in a historically Republican district that includes Fort Hood. "I have a record of putting this country ahead of myself."

Hegar is challenging eight-term incumbent John Carter, a non-veteran with an extensive background in military affairs. She kicked off her campaign in June with an autobiographical video that earned more than 4 million views online and raised upwards of \$750,000. It puts her combat experience front and center, starting with the day she earned the Purple Heart.

"I was on a rescue mission in Afghanistan as a combat search and rescue pilot. I heard the windshield crack and realized I'd been shot," Hegar tells viewers as the scene unfolds onscreen. "But I continued the mission and airlifted the patients out. After taking even more fire, we crashed a few miles away."

Grounded by the attack, Hegar tried to get a different job in air support, but Pentagon policy at the time barred women from combat roles. With assistance from the American Civil Liberties Union, Hegar challenged the policy in court and won.

Now, as she runs for Congress, Hegar said she put her military service at the center of her campaign not as a strategic move but as a reflection of who she is.

She argues that, while military experience isn't the only thing that defines a candidate, veterans are uniquely equipped to deal with socially and politically divisive issues.

"I think that veterans have been thrust into a melting pot of people, have had to take on large-scale obstacles, and have been all around the world and immersed in other cultures," she said.

At a campaign event in Austin, Democrats Debra Coe said Hegar has the kind of background that can help their party win control of Congress.

"She's not afraid of anything" Coe said. "She's fierce, and that's what we need."

Female veterans run in several states

Hegar is one of more than 400 veterans who've run for Congress this year, though some have already lost their primaries. As of mid-August, about 80 had won their party nominations; ten of those are women.

In addition to Hegar, they include fellow Texas Democrat Gina Ortiz Jones, a former Air Force intelligence officer; Kentucky Democrat Amy McGrath, a former Marine pilot; and New Jersey Democrat Mikie Sherrill, who served as a Navy helicopter pilot.

For former military members, it's not always easy to transition to politics.

"You're out there in a very nasty and polarized political environment; that's a big change from what most of our constituents saw in the military," said Norm Bonnyman of Veterans Campaign, a non-partisan organization that trains veterans to run for office.

Among the challenges facing veterans: As newcomers to politics, they often have little experience raising money and may lack the political connections they need to get party support. Many also lack deep ties to a community because they moved around a lot during their years in the service.

"While they have the discipline, while they have drive, while they have the leadership traits that a lot of folks are interested in seeing in their elected officials, those barriers to entry are very high," Bonnyman said.

Then there are the gerrymandered, less competitive districts that make it hard for anybody to beat an incumbent.

"You can run a very compelling candidate with a military biography, but you can't move a plus 20 Republican district into the Democrats' column with merely changing the biography of your candidate," said Jeremy Teigen, a political scientist from Ramapo College of New Jersey who wrote the book *Why Veterans Run*.

Rep. John Carter, R-TX, has been serving in Congress since 2003. Though he's not a veteran, he's talked a lot during his campaign about his support of the military.

Incumbents stress their military support

Carter, the Republican incumbent in Texas' 31st District, has said little during his reelection campaign about the military service of Hegar, his Democratic challenger. But he's played up his own support of the military.

Carter wrote and championed the Veterans Transplant Coverage Act, a newly-passed piece of legislation that allows veterans to receive organ transplants from non-veterans with their VA coverage. He also pushed to get additional funding for Fort Hood as part of the defense budget.

"By their very nature, soldiers and the military demand more attention, and I'm glad to give it to them," Carter said. "My overall congressional experience has been heavily centered on veterans affairs."

Carter has run against veterans before and never lost.

"I think we rise or fall on our accomplishments of our lives," Carter said. "That's generally how I run my race, whoever I'm running against. "

During a recent appearance by Carter at an American Legion post, many voters in the heavily Republican district said they didn't know much about Hegar, and that her veteran status was unlikely to make them vote across party lines.

"I won't vote for a Democrat," said American Legion member American Legion member Larry Gossett. "Their philosophies and their beliefs are nothing close to what mine are."

The Cook Political Report in August ranked the seat "Likely Republican" in the November election.

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Veterans Affairs Media Summary and News Clips

2 September 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Blumenthal Co-Sponsors Bill on 1966 Spain H-Bomb Accident](#) (1 September, 23.9M uvm; Washington, DC)

U.S. Sen. Richard Blumenthal is co-sponsoring a bill that would ensure health care and other benefits for military veterans who became ill from radiation exposure after responding to a 1966 accident involving U.S. hydrogen bombs in Spain. The Connecticut Democrat announced the legislation this week. His co-sponsors are fellow Democratic Sens. Elizabeth Warren of Massachusetts and Dianne Feinstein of California.

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1.2 - The Day: [When it comes to medical marijuana, veterans often have to improvise](#) (1 September, Julia Bergman, 440k uvm; New London, CT)

It wasn't until years after she got out of the Navy that Elizabeth Bietts went to the Department of Veterans Affairs. Bietts, who worked as an airplane mechanic, said she was raped 12 times during her almost seven years in the Navy, and didn't talk about it until she went to file a claim for benefits with the VA years later.

[Hyperlink to Above](#)

1.3 - The Daily Item: [Change in VA health care welcome, but confusing as launch date nears](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

On Oct. 1 the entire veterans health care system changes. Confusion remains despite the quickly approaching launch of the new VA Mission health care plan, not only among area veterans, but also county officials tasked with helping vets when they have health problems.

[Hyperlink to Above](#)

1.4 - WTAM (AM-1100, Cleveland's Morning News with Wills and Snyder, Audio): [VA Secretary Robert Wilkie](#) (31 August, 9k uvd; Independence, OH)

Five-minute audio: Bill talked to the Secretary of Veteran Affairs Robert Wilkie about his visit to Cleveland which includes a dedication in memorial to Ohio's military tradition and the Gold Star families.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Daily Item (Video): [Veterans need Mission health care plan to deliver](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

Frustrated by the Veterans Health Administration over difficulties in getting needed medication and angered by frequent delays getting access to medical specialists, Valley veterans have not been happy with their health care program over the past few years.

[Hyperlink to Above](#)

2.2 - The Daily Item: [America still bungling veterans health care](#) (1 September, 189k uvm; Sunbury, PA)

Why can't we figure out how to give America's veterans the appropriate, timely and meaningful medical care they so richly deserve? It has been more than four years since the nation learned of the considerable issues with Veterans Affairs. Now, as we approach the rollout of another program designed to aid our nation's veterans, it sounds like the same problems may still exist. Perhaps just as troubling, no one is certain what the new program holds.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - The Gazette: [Guest Column: Online is great for vets, if they can get access](#) (1 September, Jason Forrester, 873k uvm; Colorado Springs, CO)

President Lincoln's promise to care for those "who have borne the battle" is a constant reminder that America has a solemn obligation to support our veterans after they have sacrificed for our country. Even before the end of World War II, President Franklin Roosevelt signed the first GI Bill to help provide education, housing, business loans, unemployment payments, and job training.

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4. [Focus Resources More Efficiently](#)

5. [Improve Timeliness of Service](#)

5.1 - Deseret News: [V.A. preaches optimism to Utah's health providers in the face of veterans' behavioral health challenges](#) (1 September, Ben Lockhart, 9.4M uvm; Salt Lake City, UT)

Stephan Sheppard recalls one military veteran he worked with who tried to take his own life twice in one night. "His girlfriend broke up with him right as he was coming off methamphetamine. He became extremely depressed, grabbed a small-caliber handgun, and shot himself in the head," Sheppard said. "He woke up about five hours later, realized that he was still around, managed to get the gun, shot himself again, woke up in intensive care with residual cognitive difficulties."

[Hyperlink to Above](#)

5.2 - Valley News: [Sunday Seniors: Advance Directives Provide Clear Guidance for Care](#) (1 September, Liz Sauchelli, 162k uvm; West Lebanon, NH)

Advance directives come up frequently in conversations about health care decision-making as people age. Their purpose is to provide written instructions for medical care in instances where a patient is unable communicate them herself. Jill Morton, a community care social worker at the White River Junction VA Medical Center, runs advance directives workshops twice a week for veterans and their families. In an email Q&A, Morton discussed what advance directives are and why they are important.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WJW (FOX-8, Video): Cleveland monument dedicated to Gold Star families (31

August, Jen Steer, 659k uvm; Cleveland, OH)

A monument was dedicated to Gold Star families in Cleveland Friday morning. The tribute to families who lost loved ones while serving our country sits at East 105th Street and East Boulevard by the Louis Stokes Cleveland VA Medical Center. Medal of Honor Recipient Hershel "Woody" Williams, who served as a Marine in World War II, spoke at the event, and was joined by VA Secretary Robert Wilkie and U.S. Navy Under Secretary Thomas Modly.

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7.2 - The Fayetteville Observer: VA employee competes in Highland Games in Scotland (1

September, Drew Brooks, 439k uvm; Fayetteville, NC)

Amanda Ford felt like a rock star. A Highland Games athlete from Wilmington, Ford was one of a few Americans invited to compete at the Mey Highland & Cultural Games in Scotland last month. There, her team — Uncle Sam's Highlanders — was greeted warmly by the natives.

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7.3 - Citizens' Voice: Veterans' artwork featured in 'Military Masterpieces' exhibit (1

September, 272k uvm; Wilkes-Barre, PA)

The Department of Veterans Affairs Medical Center in Plains Twp. hosted a showcase Friday of the artistic talents of veterans residing at the Community Living Center. A ribbon-cutting ceremony was held for the new exhibit, entitled 'Military Masterpieces.' Veterans living in the Community Living Center create original artwork during the facility's weekly art program, which recognizes the progress and recovery made via art therapy through self-expression.

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7.4 - WhatcomTalk: Meet Doris Kent: Gold Star Mother and Warrior for Hope (1

September, Jessica Hamilton, 14k uvm; Olympia, WA)

It began when a Vietnam veteran died from a heart attack. His widow struggled with her grief, finances and raising four children on her own. She applied for assistance from the U.S. Department of Veteran Affairs (VA) but was denied. As a result, she and her children lived in poverty for 17 years.

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8. Other

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1. [Top Stories](#)

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HARTFORD, Conn. (AP) — U.S. Sen. Richard Blumenthal is co-sponsoring a bill that would ensure health care and other benefits for military veterans who became ill from radiation exposure after responding to a 1966 accident involving U.S. hydrogen bombs in Spain.

The Connecticut Democrat announced the legislation this week. His co-sponsors are fellow Democratic Sens. Elizabeth Warren of Massachusetts and Dianne Feinstein of California.

The Palomares Veterans Act of 2018 would create the presumption of a service-related disability for many of the 1,600 military members who responded to the accident near Palomares, Spain, and were denied benefits by the Department of Veterans Affairs. Ailing veterans are suing the VA.

Radioactive plutonium was released near Palomares in January 1966, after a U.S. B-52 bomber and refueling plane crashed. Four hydrogen bombs crashed but didn't explode.

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1.2 - The Day: [When it comes to medical marijuana, veterans often have to improvise](#) (1 September, Julia Bergman, 440k uvm; New London, CT)

It wasn't until years after she got out of the Navy that Elizabeth Bietts went to the Department of Veterans Affairs. Bietts, who worked as an airplane mechanic, said she was raped 12 times during her almost seven years in the Navy, and didn't talk about it until she went to file a claim for benefits with the VA years later.

"All these emotions had been suppressed, buried deep inside. I hadn't thought about it or talked about it," Bietts, 36, of Vernon, said during a recent phone interview. "I'd learned to live with it. Thinking about it again, it was a lot."

It kept "eating away at me," she said, until it got the point where she asked her fiancé to take her to a facility to get some help. The VA prescribed her different antidepressants, which "made her want to check out and not participate in life," she said.

Then a friend suggested she look into medical marijuana.

Until then, she had a stigma about marijuana from being in the military that it's "not good for you, you're not supposed to do it, it's illegal." But after about two to three weeks of using cannabis, she started noticing a huge difference.

"The VA, they just throw pills at you," Bietts said. "When I started using cannabis, it was completely different. Now I participate in my life. I'm active. I actually care. It's a complete 180 now."

Bietts applied for a medical marijuana card from the state of Connecticut, and received one in October 2017. She said she uses medical marijuana daily but stressed that she's responsible about when and how she uses it. She uses medical marijuana in a variety of ways, often baking or making lemonade with it. She keeps a journal of the different strains she's tried, in what form, and how it affected her, so she knows what to get at the dispensary.

Veterans like Bietts have had to navigate using medical marijuana on their own, given its federal classification as a Schedule 1 drug, meaning it's illegal, so VA doctors can't recommend or prescribe it. At the same time, states increasingly are legalizing marijuana for recreational and medicinal use. At least 30 states have legalized medical marijuana. Veterans who use medical marijuana still can receive care and benefits from the VA.

Medical marijuana became legal in Connecticut in 2012. There are 30 approved conditions that qualify adults for the state's medical marijuana program, and eight for patients under 18.

The Connecticut chapter of Iraq and Afghanistan Veterans of America plans to make easing access to medical marijuana for vets its top legislative priority. The group, with the help of Yale's Legal Veterans Services Clinic, is exploring the possibility of creating a form that would allow VA doctors to certify a veteran has one or more of the qualifying conditions. There have been several proposals in the General Assembly in recent years to waive the registration and administration fee for veterans.

The Department of Consumer Protection, which administers Connecticut's medical marijuana program, does not keep track of whether or not someone is a veteran when they register, so there's no way to know exactly how many Connecticut veterans are using medical marijuana. As of Aug. 26, there were 27,717 registered patients in Connecticut. There are nine dispensaries, four growers and 956 registered physicians in the state, according to data from DCP.

Derek Cloutier, cofounder of the New England Veterans Alliance, a nonprofit that aims to help veterans improve their quality of life through more natural and safer alternatives to pharmaceuticals, said he hears daily from vets asking for help. Cloutier, a Marine combat veteran, said cannabis pulled him off of a "dark road" and got him to socialize again without having to be at a bar.

"We want to open the eyes of vets who have been stigmatized by medical marijuana," he said. "We're not doctors, but we can tell you how we've done it."

The group hosts a "veteran check in" monthly at a medical cannabis social club in Wakefield, R.I. Vets come from all over to attend the meetup, where they pass around a joint and talk about what's on their mind.

Bietts has attended the meeting and said she felt safe expressing what happened to her during her naval service.

"You're around other like-minded people who have gone through similar things to what you've gone through. Everyone gets it," she said. "When you get out of the military, when you go back home, you kind of feel like you're alone. ... When you go to a NEVA meet up, you're back in the brotherhood. You're back to that feeling where you have your people."

Bietts said not all VA doctors are close-minded about medical marijuana but one doctor at the VA's facility in Newington made her feel "like a criminal" for having her card. The doctor, upon finding out, asked her if she abused opioids or used heroin, she said.

"I work full-time at a decent job. I'm a mom. I'm trying to be an upstanding citizen," she said.

During his tenure as secretary of the federal VA, David Shulkin eased some rules, allowing VA doctors to start talking to veterans about medical marijuana. The VA has funded marijuana studies but none of them have looked at its therapeutic potential. The American Legion and Veterans of Foreign Wars both support expanding research. VA spokesman Curt Cashour told the New York Times in an article published July 25 that because it's illegal federally, there's regulatory barriers to the VA studying it.

In Connecticut, Democratic gubernatorial candidate Ned Lamont has said, if elected, he would try to legalize marijuana for recreational use, regulate it, tax it and use the tax money for opioid treatment programs. His Republican opponent, Bob Stefanowski, has said he has concerns that need to be addressed, like the need for a test for driving impairment, before looking at legalizing it.

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1.3 - The Daily Item: [Change in VA health care welcome, but confusing as launch date nears](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

On Oct. 1 the entire veterans health care system changes.

Confusion remains despite the quickly approaching launch of the new VA Mission health care plan, not only among area veterans, but also county officials tasked with helping vets when they have health problems.

"We received a memo about a new plan called VA Mission that goes into effect Oct. 1," said Tony Korzanaski, director of veterans affairs, Snyder County. But beyond that memo, he said, little detail is yet available. VA Mission replaces the Veterans Choice Program, initiated in 2014.

President Donald Trump signed the VA Mission Act in June to replace the Veterans Choice Program and expand private health care options amid a fight between the White House and Congress over how to pay for it.

"I can't give you any details about the new plan, other than when it starts," Korzanaski said, flatly. "Really, I wish I could tell you more."

In the past, veterans' chief complaints about VA health care involved timely scheduling of appointments, care and services.

According to the VA Mission Act, the Department of Veterans Affairs is required to coordinate timely care, including help for those who need VA medical services outside their region of residence.

The Act outlines a number of requirements, including making sure "veterans do not experience a lapse in health care services."

Improvements

Under the VA Mission Act, the Department of Veterans Affairs is now required to provide, “access to community care if VA does not offer the care or services the veteran requires, VA does not operate a full-service medical facility in the state a veteran resides, and the veteran was eligible for care in the community under the 40-mile rule in the Veterans Choice Program” and when the veteran meets certain requirements.

VA Mission also expands caregivers assistance to the families of disabled veterans and orders an inventory of the Department of Veterans Affairs’ more than 1,100 facilities with a long-term view to trim excess.

So far, so good, said some providers.

“The idea that I’ll be able to deal directly with the VA is a good return to the way things were before Health Net (Federal Services) got involved,” said acupuncturist Trey Casimir, of Lewisburg, a VA-approved healthcare provider for about five years.

“This is a very big day,” said Trump, when he signed the bill on Jun 18. Trump made veterans care one of the signature issues of his run for the White House. “All during the campaign, I’d say, ‘Why can’t they just go out and see a doctor instead of standing in line?’ We’re allowing our veterans to get access to the best medical care available, whether it’s at the VA or at a private provider.”

In his remarks, Trump did not mention that funds to pay for the bill have yet to be identified, or that the White House and Congress are at odds on funding mechanisms. The bill’s projected costs over five years are also in dispute.

Critics of the bill have warned that over-reliance on private-care options could lead to the “privatization” of VA health care, but Trump said, “If the VA can’t meet the needs of the veteran in a timely manner, that veteran will have the right to go right outside to a private doctor. It’s so simple and yet so complicated.”

Funding issues remain

The issue of funding has plagued the existing Veterans Choice Program since it was enacted in response to the wait-times scandals of 2014 in which VA officials were caught doctoring records to show better performance.

The Choice program allowed veterans who lived more than 40 miles from a VA facility or had to wait more than 30 days for an appointment to have access to private care, but the program was time limited and Congress has struggled to come up with money for extensions.

The program was again due to run out of funding May 31, but the VA said there was enough money remaining to keep it in operation until Trump signed the VA Mission Act.

The new bill called for \$5.2 billion in funding to keep the existing Choice program in operation for a year while the VA worked through reforms to consolidate the seven private-care options into one system while eliminating the 30-day, 40-mile restrictions.

House Minority Leader Nancy Pelosi, D-Calif., cautioned that the lack of new money for the legislation sets up “another VA crisis and billions in budget cuts to critical veteran initiatives down the road.”

Privatization

The Government Accountability Office said veterans could wait up to 70 days for private-care appointments under the Choice program because of poor communication between the VA and its facilities and “an insufficient number, mix or geographic distribution of community providers.”

The VA has more than 360,000 employees serving the health care needs of about nine million veterans annually. Most of them are represented by the American Federation of Government Employees (AFGE), which opposed the VA Mission Act.

The AFGE said that the act amounts to “opening the door to privatization of the country’s largest health care system.”

The major veterans service organizations (VSOs) also initially feared privatization but came around to backing the VA Mission Act as a catalyst for improving care while preserving the VA’s role as the main provider of health care.

Backed by VFW

In a statement after the signing ceremony, Keith Harman, national commander of the 1.7 million-member Veterans of Foreign Wars, said, “The VFW and other veterans service organizations worked closely with Congress and the White House to help create a carefully negotiated bipartisan deal with the fingerprints of veterans who rely on the VA all over it.”

Besides expanding private-care options, the bill would also address long-time concerns of the VSOs on the restrictions in the current program to provide small stipends to family members who care for severely disabled veterans.

The program has been limited to post-9/11 veterans, but the bill was aimed at expanding caregivers assistance over two years to veterans of all eras.

The Congressional Budget Office has estimated that more than 41,000 caregivers could be added to the rolls under the new bill over the next five years at a cost of nearly \$7 billion.

“If you wore that uniform, if at some point you worked in that uniform,” Trump said, “you deserve the absolute best and that’s what we’re doing.”

The Associated Press contributed to this report.

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1.4 - WTAM (AM-1100, Cleveland's Morning News with Wills and Snyder, Audio): [VA Secretary Robert Wilkie](#) (31 August, 9k uvd; Independence, OH)

Five-minute audio: Bill talked to the Secretary of Veteran Affairs Robert Wilkie about his visit to Cleveland which includes a dedication in memorial to Ohio's military tradition and the Gold Star families.

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2. Greater Choice for Veterans

2.1 - The Daily Item (Video): [Veterans need Mission health care plan to deliver](#) (1 September, Rick Dandes, 189k uvm; Sunbury, PA)

Frustrated by the Veterans Health Administration over difficulties in getting needed medication and angered by frequent delays getting access to medical specialists, Valley veterans have not been happy with their health care program over the past few years.

John Fromille, of Selinsgrove, a Marine wounded in Iraq, and judged 90 percent disabled, has to wait nine months to see a specialist for several medical issues, including heart palpitations; Joseph Hoffman, of Freeburg, a Korean War veteran diagnosed with dementia, has had a hard time getting his supply of medications.

"It's not right," said Fromille, who served from 2003 to 2007. "The waits, the delays, veterans shouldn't have to put up with delays to get their critical medication."

Despite these challenges Fromille and others have hope. A new program, VA Mission, begins on Oct. 1. No one, not even doctors, know much about VA Mission. But veterans are nevertheless hoping the new program will be an improvement over the phased out Veterans Choice.

The Veterans Access, Choice, and Accountability Act of 2014 was intended to give veterans more leeway in choosing their doctors, said Army veteran Bob Heckrote, of Hughesville, but vets like Heckrote and Fromille got bogged down in too much bureaucracy.

Phone calls made and not returned; lengthy delays in reaching doctors, the veterans agreed. VA Mission — passed on June 6, 2018 — hopes to fix that, according to Snyder County director of veterans affairs Tony Korzenaski, by eliminating the middle man, which in this case was a company called Health Net Federal Services.

In the near term, according to the Veterans Administration, the VA Mission Act of 2018 appropriates \$5.2 billion in mandatory funding to continue to provide care to veterans until the new, consolidated Veterans Community Care Program is operational — approximately one year after the enactment of the Act.

Delays, cancellations

Fromille was wounded twice in Iraq and has two Purple Hearts. "I have vision loss in my left eye, complete hearing loss in my left ear. I have 30 to 40 pieces of shrapnel inside me. I've been diagnosed with traumatic brain injury as well as PTSD."

When he first got out of the service in 2007 he got his disability rating in three weeks. Normally, it can take up to a year, he said. "Things moved well because U.S. Rep. Chris Carney took care of me and streamlined the process," he said.

Once he had to use the VA health care system it was a different story. "For the past two years my health care has gotten worse," Fromille said.

Fromille goes to the Lebanon VA because of their specialists. "For me, that is an 85-mile trip one way. Then, for eight, nine months I've had problems getting in for a physical and an echocardiogram because I was having pains in my chest. They (the VA) would call me and schedule an appointment 28 days out. Then 27 days later, call me and say they'd have to cancel the appointment and then schedule another one 28 days out.

"And they literally did that to me eight, nine months in a row," he said. "It's frustrating. What can you do? I'm trying to get in for these specialty treatments, to the traumatic injury team or a heart specialist. They kept pushing me off."

Clarity, frustration

Hoffman, 81, has dementia. He was in the Army from 1951 to 1953. His wife, Marian, is now doing the best she can as caregiver, but recently she has been frustrated trying to get Joseph the medication he needs to survive.

Hoffman has moments where his thinking becomes crystal clear, and at times his frustrations come out, mostly when talking about health care. "I'm just so angry, I could scream sometimes," he said, getting upset.

Joseph doesn't get much exercise, his wife said. "He is supposed to get up and use his walker," she said, "but he doesn't. I'm not going to push him but I wish he would." Her frustration with the VA is palpable and she is not very optimistic about a new program being initiated about which she knows very little. She tried to deal with officials at the Wilkes-Barre VA herself, but that got her nowhere, other than making her more confused and frustrated.

In desperation, the Hoffmans called on Korzenaski for help.

Anyone who called the VA Choice phone number got a recorded message saying they are no longer doing authorizations, and they referred people to their local VA health care centers. Authorizations are needed by patients to see specialists, Marian said.

"I think one of the problems the Hoffmans had was this new Missions Act" starts Oct. 1, he said. "And Veterans Choice, who used to do the authorization, stopped doing that on July 3."

Knowing that the Hoffmans were confused and needed medication, Korzenaski called Wilkes-Barre Care, which participates in the Community Care Program for vets. Community Care exists for vets if they need care that the VA cannot provide.

VA Choice specifically refers to a vet needing specialty services available at VA hospitals, such as the one in Wilkes-Barre. If the vet lived more than 40 miles from the hospital, or if an appointment could not be made in less than 30 days, the vet could go to approved community doctors, such as Dr. Rodney Companion, the local approved doctor in Shamokin Dam.

Korzenaski was told that before any medical services could be provided a contract between the VA and Dr. Rodney Companion, the local approved doctor, in Shamokin Dam, had to be signed. He then called Companion's office to let them know a contract would be on its way. Authorization by the VA is needed before a community doctor outside the VA can treat a vet and be paid by the VA.

"The Hoffmans were eligible for community care based on discussions with their VA provider, but they had to obtain pre-authorization from VA before seeing a community care provider," Korzenaski said. "In addition, care needed or recommended beyond the scope of that authorization had to be approved by the VA facility that authorized the care.

"Trouble was, the middle man, health net, was no longer in business with the VA."

"We have been given three months supplies of meds," said Marian. "So we're OK for now. But I am a bit nervous since they'll run out. I hope we can work things out."

Korzenaski isn't sure how VA Mission will work. He said he's hopeful, "but it will have it's growing pains."

Vets: Cut out middle man

Navy veteran (2005-2015) Bradley Beda, of Danville, hopes the new program cuts out the middleman as promised. That was the problem with VA Choice, he said. Beda has not had need of a specialist, so he has remained outside of the VA Choice program. But a fellow vet, a friend of his, has had nightmarish dealings with the VA.

"I have a friend," Beda said, "who had a heart issue and he was not allowed to go outside and see a heart specialist for a second opinion. He had to first go to Wilkes-Barre VA Hospital, and then to Philadelphia before the VA would approve him to see a heart specialist."

It was scary, Beda continued, "because my friend was having mini-strokes as this was happening. He was told to go through VA people and he told me he just didn't believe what was happening to him."

Heckrote, who served in the Army from 2003-2015, works for student services at Bloomsburg University, but helps run the space reserved for students who are also veterans.

Before talking with The Daily Item he emphasized that he is speaking for himself and his views do not represent the university.

His health insurance is now through his wife's plan, he said. "I haven't been to the VA at all because I was a little soured on it. My initial experience with the VA was quite lengthy and complicated. Things are now more efficient and I don't have to deal with the frustration of the VA."

In his dealing with student veterans, he said, "I've experienced the students going through a plethora of experiences and I recall two students that I helped submit VA claims and they were through and done in a very short amount of time, which was astonishing. But on the medical side of the house, I'm still seeing people waiting a long time to get into doctors. One student was trying to get in for mental health services and it took him several months to get that initial appointment. It's experiences like that that are all over the place, that have soured me

personally. But for me, I have other options. For those who don't it is a very frustrating experience."

Meanwhile, Fromille's hope is that with this new program things will work out. "If we could take what we have with the VA Choice program, let the veterans choose and yet streamline the process I think that would be the best process for veterans all the way around."

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2.2 - The Daily Item: [America still bungling veterans health care](#) (1 September, 189k uvm; Sunbury, PA)

Why can't we figure out how to give America's veterans the appropriate, timely and meaningful medical care they so richly deserve?

It has been more than four years since the nation learned of the considerable issues with Veterans Affairs. Now, as we approach the rollout of another program designed to aid our nation's veterans, it sounds like the same problems may still exist. Perhaps just as troubling, no one is certain what the new program holds.

In less than a month, veterans across the United States will switch from the current Veterans Choice program to Veterans Mission, passed earlier this year. The new program is designed to streamline the process for veterans to get care sooner and closer to home.

Among the key changes is eliminating the 40-mile, 30-day rule. That option allowed veterans to see a "private doctor in their community when they couldn't get an appointment at a VA clinic within 30 days, or if they lived more than a 40-mile drive from a VA medical facility." Now, if a veteran and doctor agree that a medical options outside of the VA system is most beneficial, a veteran can see a local medical provider.

This rule is especially helpful for veterans in the Valley. The closest VA hospitals are Wilkes-Barre and Lebanon, both well outside the 40-mile range.

Eliminating the 30-day rule is just as vital.

One Valley veteran told The Daily Item a frustrating story of regular cancellations. John Fromille, of Selinsgrove, a Marine wounded in Iraq, goes to the Lebanon VA, a facility with a specialist he needs. "For me, that is an 85-mile trip one way. Then, for eight, nine months I've had problems getting in for a physical and an echocardiogram because I was having pains in my chest," he said. "(The VA) would call me and schedule an appointment 28 days out. Then 27 days later, call me and say they'd have to cancel the appointment and then schedule another one 28 days out.

"And they literally did that to me eight, nine months in a row."

What a horrible mess!

Earlier this year, The Washington Post highlighted five urgent problems that needed to be addressed:

1. Boost employee morale within the VA and making salaries competitive with the private sector.
2. Expand programs for female veterans.
3. Funding for VA programs.
4. Update an out-of-date record-keeping system.
5. Fill vacancies, including more than 30,000 clinical openings.

Implementing any or all of those will help. One big step forward in the new VA Mission plan, veterans say, is the elimination of Health Net Federal Services, which served as the go-between for veterans and the VA and medical professionals. Eliminating a level of bureaucracy has to help.

“Let the veterans choose and streamline the process. I think that would be the best process for veterans all the way around,” said Fromille, in a simple statement that says so much.

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3. Modernize Our System

3.1 - The Gazette: [Guest Column: Online is great for vets, if they can get access](#) (1 September, Jason Forrester, 873k uvm; Colorado Springs, CO)

President Lincoln’s promise to care for those “who have borne the battle” is a constant reminder that America has a solemn obligation to support our veterans after they have sacrificed for our country. Even before the end of World War II, President Franklin Roosevelt signed the first GI Bill to help provide education, housing, business loans, unemployment payments, and job training. And even after the controversies of Vietnam and Iraq, Congress came together on a bipartisan basis to expand veterans’ benefits, most recently a decade ago.

And with extended deployments and a new “permanent war” continuing in hotspots across the globe, one would expect that to be true today. But it’s a joyless testament to our broken politics that meaningful support for our veterans isn’t top of mind in the body politic. And with the needs being so great and the government’s tools so often inadequate, it falls to the rest of us — in the business community, civil society and elsewhere — to fill the leadership void.

In a little noticed but boldly important recent move, Comcast/NBCU stepped up to the plate to provide returning veterans virtual cost-free access to the internet. Alone, the effort won’t salve every wound, repair VA health care, or ensure true civic reintegration for returning veterans, but it’s a start. More importantly, it shows someone is thinking about them and that corporate America is digging deep to provide access to the most revolutionary development of our age. Other companies must now follow.

The simple act of providing internet access can, for some, be life-changing and to paraphrase Robert Kennedy, send out “ripples of hope” to our vets. Online access to the VA’s benefits website alone, for instance, can change that bureaucracy from an obstacle to a partner, putting a huge array of tools, services, and information within easy reach.

Home broadband also supercharges health care — enabling advanced services like telemedicine and remote diagnoses. Online access is often the difference between sickness and health for 30 percent of veterans who live in rural communities hours from the closest VA clinic, and especially for older, low-income veterans half of whom lack access to the internet and are more likely to face illness than others their age.

Essentially free online access is also a great digital update for the original GI Bill as a pathway to jobs. Over 90 percent of employers recruit online, and most new jobs in the past decade are independent contractors fueled by digital platforms in the online “gig” economy. There is little economic mobility for the digitally marooned.

And most important of all are the social and cultural dimensions. Greater social connectivity is critical for reintegrating returning veterans and tales are legion of veterans banding together online to bring the “leave no one behind” ethos that sustained them overseas to the homefront — with internet-enabled social networks, check-ins, and rapid response teams ready to rush to an at risk veteran’s home if the community sees troubling red flags. The spike in veterans’ suicides is a shameful and painful crisis — an unspeakable horror and a national abdication — and online connection and counseling has become the frontline of prevention.

But, despite the gaping need, fewer than two thirds of low-income veterans have home broadband — compared with over 80 percent for the overall population. With 3 million post-9/11 veterans alone, that’s over a million former service members cut off from the information, programs, and social engagement they deserve.

Other companies also have brilliant test-tube programs that, like Comcast/NBCU’s Internet Essentials program, are proven to work with targeted communities when properly honed. And as important as all those civic givebacks are — and each is important — there is no community more deserving and more in need than the men and women who lay their lives down to protect us.

These experiments have demonstrated how low-cost online access, combined with training and the proper “on the ground” outreach could quickly move new populations and demographics online. With the largest digital divide experiment ever, Comcast/NBCU has done that for 6 million low-income Americans. Other companies also have the expertise to know what would make a difference.”

It’s time now for everyone to step up, honor the words of Lincoln, and similarly provide our returning veterans with the best digital skills and services possible.

Jason Forrester served as a deputy assistant secretary of defense from 2013-2015 and has been an advocate for veterans, troops, and their families for almost a dozen years.

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4. [Focus Resources More Efficiently](#)

5. Improve Timeliness of Service

5.1 - Deseret News: V.A. preaches optimism to Utah's health providers in the face of veterans' behavioral health challenges (1 September, Ben Lockhart, 9.4M uvm; Salt Lake City, UT)

Stephan Sheppard recalls one military veteran he worked with who tried to take his own life twice in one night.

"His girlfriend broke up with him right as he was coming off methamphetamine. He became extremely depressed, grabbed a small-caliber handgun, and shot himself in the head," Sheppard said. "He woke up about five hours later, realized that he was still around, managed to get the gun, shot himself again, woke up in intensive care with residual cognitive difficulties."

But after the man miraculously survived both gunshots, his life began to change significantly. That he was able to do so after being hopeless enough to attempt suicide twice in one day, Sheppard said, serves as a testament that in behavioral therapy, "rehabilitation works."

"He managed to finish his ... high school diploma, worked at vocational rehabilitation, found employment, lives independently," Sheppard said. "So, treatment works. That's just one of many, many, many examples."

Sheppard said thanks to "the fierce resilience of the human spirit," no person is a lost cause, no matter how much they tell themselves they are.

"That is what we are fighting for, is to renurture the fighting spirit that everyone has," Sheppard said, holding back tears.

Sheppard, manager of the Substance Abuse Residential Rehabilitation Treatment Program at the George E. Wahlen Department of Veterans Affairs Medical Center in Salt Lake City, presented his expertise on the intersection of veterans and mental illness Thursday to dozens of Utah physicians, counselors, social workers and others for the department's annual Mental Health Summit.

"What we do here matters," Sheppard told the group.

The purpose of the summit is "to no longer ... be the hospital on the hill, but to be more integrated with the community," said Scott Hill, chief of mental health service for Veterans Affairs in Salt Lake City.

Communication and partnerships with professionals in other health care systems are critical to comprehensively serving all of Utah's military veterans, Hill said, particularly because veterans suffering from post-traumatic stress disorder frequently prefer to live in some of the most remote parts of Utah in an attempt to "go to places where other people aren't around."

"Some of our areas in the state of Utah are two or three people per square mile, and that's where our veterans often live, which makes it very challenging to get mental health care to those individuals," Hill told the Deseret News. "So we have to use telehealth and other things, or community partners that we contract with, in order to provide that care in those rural locations."

Sheppard told summitgoers that existing research indicates a disproportionate number of veterans suffer from post-traumatic stress disorder, as between 15 and 20 percent will have it at some point. Though for some wars, such as Vietnam, those figures are higher.

Studies also show veterans suffer clinical depression at a higher than normal rate, with some research showing it affects 1 in 5 of them, Sheppard said. About 7 percent of military veterans also suffer from substance abuse disorder, he said.

The different conditions can exacerbate one another's effects, Sheppard said.

A veteran with post-traumatic stress disorder is four times more likely to consider suicide than a veteran without it, he said. And a veteran with that condition in combination with other behavioral illnesses, including substance abuse or depression, is 5.7 times as likely to consider it compared to a veteran suffering from none of them.

"In terms of acting out on suicidality, when people are disinhibiting the frontal executive areas of their brain, acting out becomes more likely," Sheppard said. "So being under the influence is going to probably do something to the person's mood and is probably going to increase the likelihood they're going to act on (suicidal) thoughts."

According to Sheppard, it is unfortunately not uncommon for these behavioral health conditions to overlap. For example, studies show about 75 percent of veterans with post-traumatic stress syndrome also having substance abuse disorder and vice versa, he said.

Sheppard also went in-depth describing what each condition feels like. "Think about what it's like to try to sleep when some portion of your brain thinks you're about to be killed," he said of post-traumatic stress disorder. Speaking on depression, he said that "at the heart of it is this brokenness — 'I'm no good, I'm of no worth, I don't really matter, there's nothing I can do about it.'"

Veterans suffering from severe depression "will tell you that they don't know how to get out of it. And so the helplessness becomes profound," Sheppard said.

Substance abuse disorder influences the brain so that its "priority systems begin to get reorganized and reworked, so that the things that would be motivators and de-motivators no longer do so," he said.

"The compulsion ... can be absolutely all-consuming, and fatal," Sheppard said.

1 comment on this story

However, there is hope, Sheppard said, because patients with each of those powerful conditions do respond to treatment. Much of Thursday's summit focused on describing those treatments, and connecting Veterans Affairs providers with other health professionals to ensure correct patient referrals can be made at the proper time, with no veteran falling through the cracks.

"What we do is important. I don't think it's enough to just relieve suffering. It's not good enough. We can do that, we can reduce suffering, but that's not going to hold a person, especially (with) addiction," he said.

"What you've really got to do is build (their) quality of life — connecting with people, feeling productive and useful ... being able to sit still in your own skin. Quality of life is really what this is about."

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5.2 - Valley News: [Sunday Seniors: Advance Directives Provide Clear Guidance for Care](#)
(1 September, Liz Sauchelli, 162k uvm; West Lebanon, NH)

White River Junction — Advance directives come up frequently in conversations about health care decision-making as people age.

Their purpose is to provide written instructions for medical care in instances where a patient is unable communicate them herself.

Jill Morton, a community care social worker at the White River Junction VA Medical Center, runs advance directives workshops twice a week for veterans and their families.

In an email Q&A, Morton discussed what advance directives are and why they are important. The interview has been edited for length, style and clarity.

Question: In simplest terms, what is an advance directive?

Answer: The short answer is that an advance directive is a legal document that states a person's preferences for medical treatment and medical decision-making. Most advance directives have two components: The durable power of attorney for health care — which appoints someone to make medical decisions should the person lack capacity to decide for themselves — and a "treatment preferences" section (sometimes referred to as a living will), where a person can specify what kind of treatment they would or would not want in different circumstances.

Treatment and care preferences usually focus on what is desired at the very end of life and in situations of being in a permanently unconscious state, although other preferences can also be expressed, including pain control, acceptance of blood products, spiritual care preferences, mental health care, and who should and should not be involved in discussions about your treatment.

Q: Why are they important?

A: For most people, a key desire is to avoid aggressive care that can cause suffering and prevent meaningful interactions with loved ones at the very end of life.

Other people wish to avoid huge financial burdens related to care that has no benefit. Others want to spend their last months, weeks, or days at home with loved ones with comfort-oriented care, with the best chance of being alert and able to participate in normal day-to-day activities.

Advance directives can provide reassurance and comfort to loved ones in that they know what you would want for care and are not saddled with the responsibility of choosing for you.

Q: What does a person need to do to put together an advance directive and what are the first steps they should take?

A: In short: “Think about it, talk about it, complete an AD.” Think about your treatment preferences — starting with situations of being at the end of life or permanently unconscious — and consider who would be the best person to make decisions for you in line with your stated wishes and values. This person should be someone you trust, who knows you well, who can handle making complex decisions in a stressful medical environment and communicate effectively with doctors and other loved ones.

Then, review and complete an advance directive form. In Vermont, a widely recognized AD form is provided by the Vermont Ethics Network. The short form is most often used, but there is also a longer form for people who really want to spell things out in detail

. In New Hampshire, the Foundation for Healthy Communities has created a straightforward AD document that complies with N.H. law. The VA provides an advance directive for veterans.

However, you can choose any document that complies with local and state laws. Documents for the VA, New Hampshire and Vermont require two witnesses for your signature. The Twin States have an optional page for a notary signature. Once completed, copies of an advance directive should be provided to your agent, alternate agent, local hospital and primary care provider. Keep the original and copies in a place where they can be retrieved easily.

Q: Who should be involved in the process?

A: You and your loved ones and/or chosen surrogate decision-maker(s). Your agent does not need to be present when you complete your advance directive.

Q: Are advance directives different for veterans? Why?

A: Veterans in New Hampshire and Vermont have the same options for completing an AD as non-veterans. They can choose to complete the form provided by the VA or a state advance directive. State AD forms and VA forms are honored across health systems, so only one is needed.

Q: At what age should someone get started on planning their advance care?

A: Any adult of any age and health status can benefit from having a basic advance directive. Medical crises can happen to anyone.

Q: How can someone learn more about advance directives?

A: Veterans and their loved ones can learn more about advance directives by attending one of the weekly “Advance Care Planning” workshops held on Wednesdays and Thursdays, 1-2 p.m. in Building 39, Room 241, at the VA in White River Junction. Dartmouth-Hitchcock Medical Center also offers free one on one consultations and advance care planning workshops at various locations in Vermont and New Hampshire through their Honoring Care Decisions program. They can be reached at 800-730-7577.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WJW (FOX-8, Video): Cleveland monument dedicated to Gold Star families (31 August, Jen Steer, 659k uvm; Cleveland, OH)

A monument was dedicated to Gold Star families in Cleveland Friday morning.

The tribute to families who lost loved ones while serving our country sits at East 105th Street and East Boulevard by the Louis Stokes Cleveland VA Medical Center.

Medal of Honor Recipient Hershel "Woody" Williams, who served as a Marine in World War II, spoke at the event, and was joined by VA Secretary Robert Wilkie and U.S. Navy Under Secretary Thomas Modly.

"I continue to try to stress that these monuments, these memorials for loved ones, it's not about me at all. I'm just a cog in the wheel and I hope I can keep the wheel turning so that all over America people will come to the realization of the sacrifice that has kept us a great people," Williams said, who created a foundation to honor Gold Star families.

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7.2 - The Fayetteville Observer: VA employee competes in Highland Games in Scotland (1 September, Drew Brooks, 439k uvm; Fayetteville, NC)

Amanda Ford felt like a rock star.

A Highland Games athlete from Wilmington, Ford was one of a few Americans invited to compete at the Mey Highland & Cultural Games in Scotland last month.

There, her team — Uncle Sam's Highlanders — was greeted warmly by the natives.

They were interviewed by local tabloids and greeted by Prince Charles. And Ford was flocked by young girls who were not used to seeing a female competitor.

"I was actually pretty surprised by how well we were welcomed," Ford said. "I think we shocked the crowd and athletes alike."

Ford, who works for the Fayetteville Veterans Affairs at the Wilmington Health Care Center, is a former Marine who has spent the past four years competing in Highland Games across the country.

Before that, Ford had not even so much as heard of the sport, which celebrates Scottish and Celtic culture through events like a caber toss, stone put and hammer throw.

Ford said she quickly took to the sport and has risen through the ranks while falling in love with the larger Highland Games community.

"I travel all over the U.S. for it now," she said. "To be honest, what really draws me back is the small community. There are such great people."

Ford has competed across the Carolinas, Tennessee, Virginia and Michigan, among other states. But she said her experience in Scotland was "top of the top."

Ford was chosen to be part of a team of seven Americans who competed at the Mey Highland & Cultural Games at John O'Groats in the far North Highlands of Scotland on Aug. 4.

The team included military veterans and adaptive athletes, including some who have lost limbs or have been confined to wheelchairs.

Uncle Sam's Highlanders were led by Alex "The Tank" Armor, a Highland Games athlete who competes in a wheelchair and the reigning "America's Strongest Athlete with Disabilities."

Ford said the competition was the first time American athletes had been invited to compete at the Mey Games and the first time adaptive athletes had been part of the competition.

The goal, she said, was to show officials in Scotland how to incorporate adaptive athletes into future Highland Games, something that has taken place in American for at least five years.

"We had an amazing showing," Ford said of the experience. "I really don't know how I can top that."

Ford, who served in the Marine Corps from 2004 to 2008, works in the sterile processing section of the Wilmington Health Care Center.

She said it isn't easy, juggling her job, children and family amid training for Highland Games.

"But when you want something bad enough, you make it work," she said.

Ford left the Marines as a corporal and served as an aviation operations specialist and later as an aerial observer and door gunner in CH-46E helicopters.

Most of the men in her family had served in the military, she said. And an uncle who told her she "couldn't hack it as a girl in the Marine Corps," was the initial inspiration for her service.

"I naturally chose that branch of service to prove him wrong and prove myself worthy," she said.

Now, she's helping to break similar barriers in the Highland Games.

While female competitors are becoming increasingly common and well-respected stateside, Ford said they are still uncommon in Scotland.

She and another American helped draw attention to female athletes, she said, by outcompeting many of the male athletes at the Mey Games.

Ford said female fans, including many young girls, embraced the Americans, posing for photographs with flexed arms.

“It’s still all surreal,” she said.

Learn more about Ford or follow her on social media at [AmandaFord.athlete](#) on Instagram or [AmandaFordAthlete](#) on Facebook.

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7.3 - Citizens' Voice: [Veterans' artwork featured in 'Military Masterpieces' exhibit](#) (1 September, 272k uvm; Wilkes-Barre, PA)

The Department of Veterans Affairs Medical Center in Plains Twp. hosted a showcase Friday of the artistic talents of veterans residing at the Community Living Center. A ribbon-cutting ceremony was held for the new exhibit, entitled ‘Military Masterpieces.’ Veterans living in the Community Living Center create original artwork during the facility’s weekly art program, which recognizes the progress and recovery made via art therapy through self-expression.

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7.4 - WhatcomTalk: [Meet Doris Kent: Gold Star Mother and Warrior for Hope](#) (1 September, Jessica Hamilton, 14k uvm; Olympia, WA)

It began when a Vietnam veteran died from a heart attack. His widow struggled with her grief, finances and raising four children on her own. She applied for assistance from the U.S. Department of Veteran Affairs (VA) but was denied. As a result, she and her children lived in poverty for 17 years.

Then she met Doris Kent, Veteran Benefits Program Specialist at the Opportunity Council in Bellingham. Kent says when she met the widow “she had been on welfare and had just survived breast cancer in a trailer. She had no running water, no toilets and she survived it all. She raised four kids; none of them finished high school.” Kent’s boss told her that the woman wasn’t likely to be eligible for VA money. Kent tried anyway.

A few months later, the woman went to the bank, afraid that she was overdrawn. When the teller handed her a balance slip, she thought it was wrong. He assured her it was the correct amount and “she started crying right there in the bank,” Kent says. The VA had given the woman back pay from the original date filed 17 years before – all because of Kent’s relentless advocating on the woman’s behalf. Kent wonders, “If [the money] were with her the entire time, would it have made a difference for those kids?”

Kent has made it her life’s mission to help veterans and their families make claims for benefits they don’t know they’re eligible for. She sees her own family in the veterans that come to see her.

Kent comes from a family of service members. Her father and brother “both died at age 52 from conditions related to Agent Orange they were exposed to in Vietnam.” Kent watched her mother

struggle after their deaths, financially and emotionally. She wonders how her mother's life might have been different if she had known about the benefits she was eligible for.

Kent has three boys who all joined the army. Her son, Corporal Jonathon Santos, "went in on July 11, 2001 and then September 11th happened," says Kent. Santos was hoping to earn his way through college with the GI bill. Exactly two months later everything changed. Three years later he was killed in a roadside explosion while serving in Iraq. Kent has dedicated her time to helping others like him. She honors his memory with every veteran she helps.

The Opportunity Council is funded by a grant with criteria of eligibility. Kent's job is to find out if veterans and families asking for help are eligible. If they aren't, she has created an alternative.

"I have the Veteran Navigator Program I started in 2010," she says. "I trained and worked with a group of volunteer veterans and family members to go and offer these services." A group of eight volunteers host pop up information sessions all over Whatcom County once a month. Through this program, she has helped thousands of veterans and their families collect millions of dollars through Veterans Affairs.

"The VA health care system is absolutely amazing," she says. They'll buy hearing aids, glasses, counseling, hospital stays, prosthetics, chemotherapy, etc. "Many of the veterans tell me it's amazing and they feel really positive about their interactions and encounters in the VA health care system," she says.

The hard part is getting them into the system and past mountains of paperwork. Many veterans suffer from PTSD and traumatic brain injuries. They don't understand each little box needing to be checked or how to fax in 70 pages of paperwork. One square filled incorrectly or form left out of the pile pushes back the start of benefits, sometimes indefinitely. Kent feels it's her mission to help.

"I'm good with paperwork," Kent says modestly. She wants to use this gift to take care of others. She relives her son's loss with each person that walks through the door and does it tirelessly although it doesn't bring healing to her broken heart.

Kent has been diagnosed with complicated grief, rendering her unable to move on from the loss of her son. She tears up on several accounts of the struggles she's heard from veterans.

She listens to each story, recounting that many "tell me things they've never told anyone before and that is really powerful." People see in her a kind, deeply caring soul. Often veterans are homeless and have no voice elsewhere; they've alienated friends and family because of PTSD or other traumas.

"It's not about just the money, it's the healthcare and the acknowledgment of their service," says Kent. She brought countless people experiencing homelessness in off the streets and gave them a kind shoulder to cry on. Paperwork is the least of her gifts. She is diligent, kind, compassionate and empathetic.

"I cannot rest until our county hires a full-time Veteran Services Officer," Kent says. She's hoping this position will be created by the Whatcom County Veteran Service Advisory Board. Full time volunteers are stretched to capacity and need someone to fight for veterans permanently.

If you're a veteran or family member in need, or would like to volunteer, attend a Veteran Navigator program. The next ones will be held:

September 8, Lynden Library 10:00 a.m. – 1:00 p.m.

October 13, Ferndale Library 10:00 a.m. – 1:00 p.m.

November 10, Orcas Island School Library 10:00 a.m. – 4:00 p.m.

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8. [Other](#)

8.1 - FOX News: [VA Dept. nurse admits poisoning husband with eye drops over three days, faces murder rap](#) (1 September, Robert Gearty, 32.5M uvm; New York, NY)

A South Carolina man who appeared to have died of a fall was poisoned with eye drops by his wife who has been charged with murder, according to reports.

Detectives arrested Lana Sue Clayton, 52, a U.S. Department of Veterans Affairs nurse, Friday in the July 21 death of Steven Clayton at their upscale waterfront home in Clover, The Herald in Rock Hill, S.C. She was also charged with unlawful malicious tampering of food.

Steven Clayton, 64, was found in the foyer of his home after what appeared to be a fall down the stairs, the paper reported.

An autopsy determined he died of poisoning, according to the paper. She then confessed to spiking his water with a chemical found in over-the-counter eye drops to relieve redness.

She poisoned him over a three-day period until he died, the paper reported, citing arrest warrants.

"The investigation autopsy toxicology tests discovered poisonous levels of Tetrahydrozoline in the body of the victim," the York County Sheriff's Office said. "Lana Clayton admitted to investigators she administered the substance to Stephen Clayton without his knowledge."

No motive has been established.

A probate judge appointed Lana Clayton personal representative of his estate.

The couple lived in a house valued at \$822,000 the paper reported. The home is a copy of the famous George Washington Mount Vernon estate, that Steve Clayton lovingly restored, a friend told the paper.

Steve Clayton was founder, president and CEO of Physical Therapy Resources, a national company with branches throughout the United States until his retirement in 1995, his online obituary says.

"His family and friends will forever remember his laughter and celebrate him for as long as we live," the obituary says.

Lana Clayton was booked into the local jail.

"That's crazy," neighbor Deborah Pollard told WSOC-TV. They're finding all kinds of ways to do crazy things nowadays aren't they.

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8.2 - Washington Examiner: [Mental Health Inc. focuses on a real issue, but offers failed solutions](#) (1 September, Jake Grant, 4.8M uvm; Washington, DC)

Art Levine's book, *Mental Health, Inc.: How Corruption, Lax Oversight and Failed Reforms Endanger Our Most Vulnerable Citizens*, makes clear the need to reform a healthcare system in which thousands of people with mental illness are overprescribed medicines that sometimes result in needless fatalities. With a focus on antipsychotic drugs, Levine spells out the sinister implications involved with the relationship between government institutions and mammoth drug companies — while simultaneously calling for additional government interference in the market.

Levine spends the book's introduction railing against Republicans who want to repeal Obamacare, saying, "The [Trump] administration and Republican leaders have a vested interest in failure: they have done whatever they could to hasten Obamacare's demise and limit the scope of Medicaid." Yet, the third chapter is titled, "The Secret History of the VA's Tragedies in Tomah and Phoenix," and describes the horrible abuses that Veterans Affairs have shrouded in secrecy while covering up patient deaths in order to defend their employees.

On the crony relationship between drug companies and the federal government, Levine explains, "As secret corporate records disclosed in litigation showed, the VA's pain management team became a propaganda arm for the drug industry fueled in part by a \$200,00 grant from Purdue Pharma, the manufacturer of OxyContin." But Levine ignores the irony in making the argument that more people should be covered by government healthcare and then proceeds to write 300 pages citing example after example of no-good interest groups working in tandem with the government to sell a dangerous product.

The author's solution is simple: Provide more oversight and regulation in one of the most regulated sectors of the economy. All the while, Levine fails to address the perverse incentives created when companies reap the benefits from government influence in the distribution of prescription drugs.

Levine's examples of abuse continue in kind. Drugs, he writes, are overprescribed in jails, residential treatment centers, and nursing homes. And, in explaining the legal trouble with Los Angeles County and their prisons, Levine notes the staggering number of federal employees charged with spreading this drug problem. "Since December 2013, federal prosecutors have hit the sheriff's department with nearly two dozen federal criminal indictments," Levine writes. "Most of the twenty-one convicted guards and administrators ... have been sentenced to prison." Here again the author calls for more oversight — even though people are already being held accountable for their actions. It simply is not a solution to call for additional government regulations when the existing ones are busy doing the opposite of what they should be: deterring overprescription.

Out of the blue, the author brings up guns — a topic that has nothing to do with the book. Even so, Levine's stance on the issue becomes clear when he writes on what he sees as a quandary with only a couple of solutions. "With gun control dead for the foreseeable future, can the nation really have only two choices: either force meds on the untreated, chronically mentally ill who seem dangerous, or do nothing while some crazed young men plan mass slaughter?"

Yet, the book discusses no relationship between gun control and mental health, or even solutions to solve that issue. Instead, the author blames a continued lack of governmental steps toward gun control as another reason why gun violence remains an issue in our society. Even though evidence has shown that gun control probably would not have thwarted many of the recent mass shootings, Levine uses concerns about gun safety as a point supporting government influence in the lives of citizens.

It seems that, from Levine's perspective, the government has too much power when it comes to prescribing opioids and other dangerous antipsychotic drugs. Yet, in regulating firearms, they haven't gone far enough!

Amid the praise of Obamacare and the "Republicans want to take away your health insurance" rhetoric leftists rely on, the truth on mental healthcare rears its head only a few pages into the book: Levine concedes that, in many cases, insurance doesn't even matter. "Even if you retain your mental health coverage under Trump, most people can't afford it: nearly half of all psychiatrists don't take private insurance or Medicare." There are successful ways that veterans have dealt with PTSD without using drugs, and, to his credit, the author points to them. But he fails to explain why the repeal of Obamacare is a central issue when many of these providers do not even accept insurance. The real reason the author meanders on to this tangent lies in his fervor for an unrelated progressive cause rather than actual concern about solutions.

Levine is right: People all over the United States are hurt when they are prescribed dangerous drugs they don't need. But, in this, the fault belongs to a system that's largely overseen by the government. As for public policy solutions, we must focus on ways to lower the cost of successful treatment for people who are in real need. Bringing in more government oversight or regulation only ups the price for those who struggle to afford it in the first place. In response to the VA's malfeasance, precious few people were fired or indicted. This is the issue, as those committing the atrocities have to be held accountable. But whenever the federal government wants to protect one of its own, it tends to look the other way.

This is why the government must be treated like a company whenever its customers are hurt by its products. Think about it. If Walmart were selling products that killed thousands of Americans every year, they would be sued for millions of dollars. Why is it that when the federal government is responsible, the problem gets swept under the rug?

Mental Health, Inc. did succeed in providing a good deal of insight into the current mental health drug system and its flaws, yet it failed to provide realistic solutions. Making arguments about government failures while calling for more government solutions doesn't make sense. Further regulation isn't going to solve this crisis, but a revamp of the incentive structure surrounding mental health and prescription drugs just might.

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8.3 - WSB (ABC-2, Video): [VA worker accused of poisoning, killing husband with eye drops](#) (1 September, 4.8M uvm; Atlanta, GA)

YORK COUNTY, S.C. - Investigators in South Carolina said they've arrested and charged a woman with murder after she poisoned her husband.

Lana Sue Clayton is also charged with unlawful malicious tampering of food between the dates of July 19 and July 21.

Lana Clayton worked for the U.S. Department of Veterans Affairs in Charlotte, according to her Facebook page, The Herald in Rock Hill, South Carolina, reported.

Officials said Clayton's husband, Stephen, died July 21 from poisoning. They said the crime took place at the couple's home on Island Forks Road in Clover.

"It just makes no sense," said Deborah Pollard, who lives nearby.

Authorities said toxicology tests found poisonous levels of tetrahydrozoline in the body of the victim. That's the chemical found in over-the-counter eye drops to relieve redness. Lana Clayton confessed to spiking his water with the chemical, according to The Herald.

"Somebody does something like that? That's crazy," said Sean Magan, who lives nearby.

They said Lana Clayton admitted to giving her husband the substance without his knowledge.

"That's crazy," Pollard said. "They're just finding all kinds of ways to do crazy things now a day aren't they."

Lana Clayton was booked into the York County Detention Center.

Neighbors told our sister-station, WSOC-TV, off-camera that the Claytons were married for eight years.

One woman said Lana attended a neighborhood Bible study and Stephen was known for his big personality.

Neighbors said Stephen Clayton's funeral was held earlier this month in the backyard of their home before detectives determined his cause of death.

No other details were released.

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8.4 - KPBS (NPR-89.5/PBS-15, American Homefront): [Dozens Of Veterans Are Running For Congress. But Does Military Service Prepare Them For Politics?](#) (1 September, Carson Frame and Bobbie O'Brien, 278k uvm; San Diego, CA)

Dozens of military veterans — many of them with recent service in Afghanistan and Iraq — are offering themselves as an antidote to Washington's partisan rancor.

They're running for Congress, often as political newcomers challenging longtime incumbents. Their campaign ads and websites play up their military experience and their service to the country.

"We're at a record low number of veteran representatives in Congress, and it's no coincidence that we're at a record level of toxic, hyper-partisanship," said Texas congressional candidate MJ Hegar, an Air Force veteran who is running as a Democrat in a historically Republican district that includes Fort Hood. "I have a record of putting this country ahead of myself."

Hegar is challenging eight-term incumbent John Carter, a non-veteran with an extensive background in military affairs. She kicked off her campaign in June with an autobiographical video that earned more than 4 million views online and raised upwards of \$750,000. It puts her combat experience front and center, starting with the day she earned the Purple Heart.

"I was on a rescue mission in Afghanistan as a combat search and rescue pilot. I heard the windshield crack and realized I'd been shot," Hegar tells viewers as the scene unfolds onscreen. "But I continued the mission and airlifted the patients out. After taking even more fire, we crashed a few miles away."

Grounded by the attack, Hegar tried to get a different job in air support, but Pentagon policy at the time barred women from combat roles. With assistance from the American Civil Liberties Union, Hegar challenged the policy in court and won.

Now, as she runs for Congress, Hegar said she put her military service at the center of her campaign not as a strategic move but as a reflection of who she is.

She argues that, while military experience isn't the only thing that defines a candidate, veterans are uniquely equipped to deal with socially and politically divisive issues.

"I think that veterans have been thrust into a melting pot of people, have had to take on large-scale obstacles, and have been all around the world and immersed in other cultures," she said.

At a campaign event in Austin, Democrats Debra Coe said Hegar has the kind of background that can help their party win control of Congress.

"She's not afraid of anything" Coe said. "She's fierce, and that's what we need."

Female veterans run in several states

Hegar is one of more than 400 veterans who've run for Congress this year, though some have already lost their primaries. As of mid-August, about 80 had won their party nominations; ten of those are women.

In addition to Hegar, they include fellow Texas Democrat Gina Ortiz Jones, a former Air Force intelligence officer; Kentucky Democrat Amy McGrath, a former Marine pilot; and New Jersey Democrat Mikie Sherrill, who served as a Navy helicopter pilot.

For former military members, it's not always easy to transition to politics.

"You're out there in a very nasty and polarized political environment; that's a big change from what most of our constituents saw in the military," said Norm Bonnyman of Veterans Campaign, a non-partisan organization that trains veterans to run for office.

Among the challenges facing veterans: As newcomers to politics, they often have little experience raising money and may lack the political connections they need to get party support. Many also lack deep ties to a community because they moved around a lot during their years in the service.

"While they have the discipline, while they have drive, while they have the leadership traits that a lot of folks are interested in seeing in their elected officials, those barriers to entry are very high," Bonnyman said.

Then there are the gerrymandered, less competitive districts that make it hard for anybody to beat an incumbent.

"You can run a very compelling candidate with a military biography, but you can't move a plus 20 Republican district into the Democrats' column with merely changing the biography of your candidate," said Jeremy Teigen, a political scientist from Ramapo College of New Jersey who wrote the book *Why Veterans Run*.

Rep. John Carter, R-TX, has been serving in Congress since 2003. Though he's not a veteran, he's talked a lot during his campaign about his support of the military.

Incumbents stress their military support

Carter, the Republican incumbent in Texas' 31st District, has said little during his reelection campaign about the military service of Hegar, his Democratic challenger. But he's played up his own support of the military.

Carter wrote and championed the Veterans Transplant Coverage Act, a newly-passed piece of legislation that allows veterans to receive organ transplants from non-veterans with their VA coverage. He also pushed to get additional funding for Fort Hood as part of the defense budget.

"By their very nature, soldiers and the military demand more attention, and I'm glad to give it to them," Carter said. "My overall congressional experience has been heavily centered on veterans affairs."

Carter has run against veterans before and never lost.

"I think we rise or fall on our accomplishments of our lives," Carter said. "That's generally how I run my race, whoever I'm running against. "

During a recent appearance by Carter at an American Legion post, many voters in the heavily Republican district said they didn't know much about Hegar, and that her veteran status was unlikely to make them vote across party lines.

"I won't vote for a Democrat," said American Legion member American Legion member Larry Gossett. "Their philosophies and their beliefs are nothing close to what mine are."

The Cook Political Report in August ranked the seat "Likely Republican" in the November election.

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From:

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Subject: [EXTERNAL] 31 August Veterans Affairs Media Summary and News Clips

Date: Fri Aug 31 2018 05:20:12 CDT

Attachments: 180831_Veterans Affairs Media Summary and News Clips.docx
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Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

31 August 2018

1. [Top Stories](#)

1.1 - People: [John McCain's Wife Asks Mourners to Honor Her Husband by Sending Flowers to Hospitalized Veterans](#) (30 August, Susan Keating, 43.5M uvm; New York, NY)

At the Department of Veterans Affairs, which serves some 9 million veterans at 1,243 medical facilities around the country, the flowers will be much appreciated. "Sen. McCain's family once again showed the sense of selfless service that has been their hallmark for over a century," says Secretary of Veterans Affairs Robert Wilkie in a statement to PEOPLE. Veterans, too, welcome the proffered gifts.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Trump Cancels Pay Raise Due to Federal Workers in January](#) (30 August, Darlene Superville, 23.9M uvm; Washington, DC)

President Donald Trump is canceling pay raises due in January for most civilian federal employees, he informed Congress on Thursday, citing budget constraints. But the workers still could see a slightly smaller boost in their pay under a proposal lawmakers are considering. Trump said he was nixing a 2.1 percent across-the-board raise for most workers as well as separate locality pay increases averaging 25.7 percent.

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1.3 - Military.com: [Pence Heaps Praise on McCain in American Legion Address](#) (30

August, Richard Sisk, 9M uvm; San Francisco, CA)

Vice President Mike Pence praised Sen. John McCain on Thursday to a veterans service organization that had joined others in criticizing President Donald Trump's response after the death of the Navy combat veteran and two-time Republican presidential candidate. "I can assure you, America will always remember and honor the lifetime of service of United States Senator John McCain," Pence said in an address to the 100th National Convention of the two-million-member American Legion in Minneapolis.

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1.4 - Military Times: [What happens now that veterans can file class-action suits against VA?](#) (30 August, Leo Shane III, 2.1M uvm; Springfield, VA)

A recent federal court ruling allowing class-action suits against the Department of Veterans Affairs could lead to a host of new legal options for veterans who share similar illnesses, service records or bureaucratic headaches. "It is a watershed moment," said Greg Rinckey, a founding partner of the the law firm Tully Rinckey PLLC, which specializes in military law. "For veterans dealing with Gulf War illness or Agent Orange claims ... this makes it easier for them to fight against big government."

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1.5 - Pioneer Press: [Pence addresses American Legion in Minneapolis, honors McCain; also attends fundraiser](#) (30 August, Christopher Magan, 2.1M uvm; Saint Paul, MN)

Vice President Mike Pence made his second Twin Cities stop of the summer Thursday, speaking to the American Legion national convention in Minneapolis and attending a political fundraiser in Bloomington. Pence and President Donald Trump have both made their presence

felt in Minnesota as the campaign season for the November midterm elections gets into full swing.

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1.6 - Stars and Stripes (Military Update): [VA cites slow-rolled Agent Orange report to oppose spina bifida bill](#) (30 August, Tom Philpott, 1.5M uvm; Washington, DC)

More than two years ago, in March 2016, the Department of Veterans Affairs received the latest in a series of scientific literature reviews from the National Academy of Medicine on Agent Orange-associated ailments.

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1.7 - Stars and Stripes: [Pence: Trump is a 'champion,' 'ally' to veterans](#) (30 August, Nikki Wentling, 1.5M uvm; Washington, DC)

Speaking to hundreds of American Legion members on Thursday, Vice President Mike Pence lauded President Donald Trump as a champion to veterans and listed off a series of what he described as major achievements under his administration. Pence spoke to several hundred Legion members on the last day of the organization's national convention in Minneapolis – an event that marked the Legion's 100th year.

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1.8 - WFED (AM-1500): [Arbitrator tells VA to re-hire employees removed due to faulty accountability act implementation](#) (30 August, Nicole Ogrysko, 854k uvm; Washington, DC)

A Federal Mediation and Conciliation Service (FMCS) arbitrator has delivered a blow to the Veterans Affairs Department and its new authorities in the VA Accountability and Whistleblower Protection Act. The arbitrator says VA has violated the terms of its contract with the American Federation of Government Employees (AFGE) in implementing certain provisions of the accountability act.

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1.9 - FedScoop: [Wilkie: VA and DOD 'will be joined from the hip' on EHR rollout](#) (30 August, Billy Mitchell, 57k uvm; Washington, DC)

The departments of Veterans Affairs and Defense will be inseparable as they roll out interoperable modernized electronic health records (EHR) systems over the next decade, VA Secretary Robert Wilkie said Wednesday.

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2. [Greater Choice for Veterans](#)

2.1 - Star Tribune: [American Legion's repeated differences with Trump called unprecedented](#) (30 August, Randy Furst, 10.8M uvm; Minneapolis, MN)

As the American Legion wrapped up its historic 100th national convention this week in Minneapolis, the nation's largest veterans organization found itself making history on another front. The traditionally conservative Legion is publicly at odds with President Donald Trump on issues that include a proposed national military parade, the future of veterans' medical care, and this week, lowering flags to half-staff in honor of the late U.S. Sen. John McCain.

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2.2 - The Daily Signal: [Congress Should Ensure VA Health Care Funding, but Only Within Budget Caps](#) (30 August, Justin Bogie and Dody Eid, 1.1M uvm; Washington, DC)

The appropriations process in Congress came to an unexpected halt July 19 as heated debates over funding the Department of Veterans Affairs could not be resolved. That hurdle was preceded by a summer of controversy regarding the reform of veterans' health care funding. The outcome of those negotiations will affect not only our nation's finest, but also the broader spending process.

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2.3 - Bloomberg Government: [Energy, Veterans Money Measure Top Priority When House Returns](#) (30 August, Jack Fitzpatrick, 197k uvm; Washington, DC)

A spending package covering energy, nuclear security, the Veterans Affairs Department and the legislative branch could be sent to the president early next month if lawmakers can settle the last few differences between House and Senate appropriations bills.

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3. [Modernize Our System](#)

3.1 - WFED (AM-1500): [VA and DOD both bit; Congress asks, can they chew?](#) (30 August, Tom Temin, 854k uvm; Washington, DC)

This all came to mind when reading about the upcoming hearing of James Gfrerer to become chief information officer at Veterans Affairs. If confirmed, the Navy Academy grad, career Marine and former Ernst & Young director will need to establish tempo. The VA's project to replace its Vista electronic health record has stalled. One reason is there's no one really in charge.

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3.2 - WMAZ (CBS-13, Video): [Dublin VA center adds new \\$8.5M building to memory care unit](#) (30 August, 446k uvm; Macon, GA)

The Carl Vinson VA Medical Center in Dublin is expanding its memory care unit. The center held a ribbon cutting on Thursday for the new \$8.5 million building. This comes after the center was ranked one of the 11 worst centers in the nation. The low ranking and disturbing data sparked a visit from United States Representative Rick Allen earlier in August. 32 patients currently stay in the ward, with some sharing a room.

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3.3 - The Vindicator: [Lawmakers urge VA secretary to partner with Northside for VA facility](#) (30 August, Justin Dennis, 193k uvm; Youngstown, OH)

Ohio lawmakers are urging the U.S. Department of Veterans Affairs to partner with Northside Regional Medical Center's operator to house VA services at the facility. U.S. Reps. Tim Ryan of Howland, D-13th, and Bill Johnson of Marietta, R-6th, and U.S. Sen. Sherrod Brown, D-Ohio, submitted a letter Wednesday to VA Secretary Robert Wilkie, suggesting the department partner with Northside operator Steward Health Care of Boston, which recently announced the Youngstown hospital would close by Sept. 20.

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3.4 - Health Data Management: [Congressman voices concerns about VA Office of EHR Modernization](#) (30 August, Greg Slabodkin, 143k uvm; Chicago, IL)

Responding to the recent departures of senior leaders at the Department of Veterans Affairs, a House subcommittee chairman is worried that the VA office in charge of EHR modernization is floundering. Last month, the VA established the Office of Electronic Health Record Modernization to oversee the preparation, deployment and maintenance of a new Cerner EHR system, which will replace the agency's decades-old Veterans Health Information Systems and Technology Architecture.

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3.5 - EHR Intelligence: [IN Rep Demands Transparency on VA EHR Modernization Leadership](#) (30 August, Kate Monica, 50k uvm; Danvers, MA)

House Subcommittee on Technology Modernization and Representative Jim Banks (R-IN) urged VA Secretary Robert Wilkie to improve transparency into VA EHR modernization project leadership in a recent letter. Banks also requested that Wilkie immediately appoint permanent leaders to head the Office of Electronic Health Record Modernization (OEHRM) in the wake of former Chief Health Information Officer (CHIO) Genevieve Morris' resignation on August 24.

[Hyperlink to Above](#)

3.6 - HC+O News: [New State-of-the-Art Facility Replacement to Treat Veterans in Colorado](#) (30 August, Roxanne Squires, 14k uvm; San Rafael, CA)

The highly anticipated Rocky Mountain Regional VA Medical Center (VAMC) has finally opened its doors to patients, replacing its former 60-year-old hospital building with a new and luminous 1.2 million-square-foot facility. The VAMC will provide care for more than 390,000 Veterans and will offer services including a 30-bed spinal cord injury clinic, aquatic therapy, mammography, and PET scans for cancer and prosthetics.

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4. [Focus Resources More Efficiently](#)

4.1 - The Register-Guard: [Never had a bad doctor in experience with VA](#) (30 August, Albert Fisher, 438k uvm; Eugene, OR)

I have used the Veterans Administration health system for 10 years now. I have the best primary doctor one could have. I have never had a bad doctor yet at the VA facilities in Eugene, Roseburg or Portland. I have heard many times, over and over, the same guys on van rides talk about how bad doctors are. I asked them why they used the VA system, and they do not respond.

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4.2 - KCUR (NPR-89.3): [U.S. Government Appeals Judge's Ruling That VA Was Liable In Death Of Kansas City Veteran](#) (30 August, Dan Margolies, 198k uvm; Kansas City, MO)

When a federal judge decided in July that the Veterans Health Administration was liable for the death of an Iraq veteran who was treated at the VA and later killed himself, it was thought to be

one of the few instances nationwide where the VA has been held directly responsible for a veteran's suicide. Now the federal government is appealing that verdict.

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4.3 - The Herald: [VA is looking for volunteer drivers](#) (30 August, Michael Roknick, 73k uvm; Sharon, PA)

Local military veterans are seeking volunteers ready for action. Veterans in the area needing medical treatment usually go to the Veteran Administration's Michael Marzano Clinic in Hermitage. But a large number of these vets need higher skilled medical care that's only available at VA hospitals in Butler and the Pittsburgh area.

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4.4 - Tribune Chronicle: [Ryan looks at VA to fill Northside](#) (30 August, Raymond L. Smith, 64k uvm; Warren, OH)

Looking at ways to use the Northside Regional Medical Center facility, U.S. Rep. Timothy J. Ryan this week sent a letter asking Veterans Affairs Secretary Robert Wilkie for possible suggestions on how the agency, through private-public partnerships, can use the facility to help veterans living in the tri-county area.

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4.5 - Greater Fort Wayne Business Weekly: [Union pushes to have VA jobs filled](#) (30 August, Linda Lipp, 11k uvm; Fort Wayne, IN)

The unions that represent workers at Veterans Administration facilities are in a fight that goes well beyond labor relations issues and right to the heart of the way this nation cares for its veterans. That's the opinion of Bill Reuille, president of American Federation of Government Employees Local 1384, which represents about 700 front-line VA workers in Fort Wayne and another 200 at a clinic in Mishawaka.

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4.6 - Fort Hood Sentinel: [36th Eng Bde Soldiers volunteer at Waco VA](#) (30 August, Kelby Wingert, 7k uvm; Fort Hood, TX)

Soldiers and Family members from the 36th Engineer Brigade volunteered their day updating the outdoor basketball court and spending time visiting with residents at the Doris Miller Veteran Affairs Medical Center in Waco, Saturday morning.

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[5. Improve Timeliness of Service](#)

5.1 - Sioux City Journal: [VA looking for alternative options to transport veterans to new Dakota Dunes clinic](#) (30 August, Ian Richardson, 810k uvm; Sioux City, IA)

The Sioux Falls Veterans Administration Health Care System is looking into ways to widen transportation options for veterans traveling to its new VA clinic under construction in Dakota Dunes. Unlike its current location in Sioux City's Indian Hills neighborhood that sits near a Sioux City Transit bus stop, the new clinic will sit more than 1½ miles away from the nearest city bus stop, although it does receive transit service through the Siouxland Regional Transit System.

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5.2 - WKBW (ABC-7): [Lawmakers call for investigation into closure of Adult Day Health Care program](#) (29 August, Christine Streich, 318k uvm; Buffalo, NY)

Two congressional lawmakers are calling for an investigation into the way the VA is handling the closure of an adult day care program for veterans. Sen. Charles Schumer and Rep. Brian Higgins say they're concerned the VA may have violated patient privacy laws by releasing the veterans personal medical information to a private company soliciting business from veterans.

[Hyperlink to Above](#)

5.3 - The Daily News: [Many thanks to Batavia and Buffalo VAMC and others for care of Vietnam combat hero in his last days](#) (30 August, Barbara K. Dawson, 192k uvm; Batavia, NY)

On the first anniversary of the passing of my husband James C. Dawson III, who was a proud Vietnam Combat Veteran, I would like to express my gratitude to the Batavia and Buffalo VAMC for the wonderful medical care my husband received from both facilities.

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5.4 - The Virgin Islands Daily News: [Air ambulance provider to transport local vets](#) (30 August, A.J. Rao, 51k uvm; St. Louis, VI)

A local air ambulance provider is now authorized to transport veterans in need of emergency medical care to centers outside the territory, a decision that aims to cut down wait times and potentially save lives. This week, the VA Caribbean Healthcare System and the V.I. Office of Veterans Affairs announced the inclusion of AeroMD in the authorized list of air ambulance providers.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - Tampa Bay Times: [‘What the hell did you do to my daughter?’ He was accused of a crime he swore he never committed; she believed her 4-year-old](#) (30 August, Lane Derogory, 4.8M uvm; Saint Petersburg, FL)

Veterans Affairs sent a social worker. The woman's first question: "So you're not down as a predator?" Holcomb said no. Three times. A jury had cleared him. Did she want to see the paperwork? Shouldn't that be in his file? "Well, in case you are a predator," she said, "just so you know, we don't discriminate against those people."

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Forbes: [Flight Training Caps Will Save GI Bill \\$504 Million Over 10 Years, But Will They Cost Pilots?](#) (30 August, Marisa Garcia, 29.7M uvm; New York, NY)

New legislation, establishing a maximum tuition and fee structure for all VA-funded flight programs, will save the GI Bill \$504.4 million over the next ten years, according to estimates

from the Veterans Administration. A number of veterans groups agree with the Department of Veterans Affairs that the costs of financing pilots' careers—without fee caps—are unsustainable.

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7.2 - The Boston Globe: [For military veterans, colleges can ease the way to civilian life](#)

(30 August, Cynthia Fernandez, 8.8M uvm; Dorchester, MA)

Karen Connick's role at Quincy College fits like a glove. The retired colonel spends her days helping students navigate the distance between service life and student life. Her efforts have helped the college receive a gold rating from Military Friendly, a Pennsylvania-based company that ranks schools around the country based on how well they support veterans in their transition to civilian life.

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7.3 - Pittsburgh Tribune-Review: [Twitter chat will answer questions about Forever GI Bill](#)

(30 August, Jamie Martines, 1.5M uvm; Warrendale, PA)

Veterans looking to tap into education benefits offered by the Forever GI Bill can get their questions answered in real time by logging on to a live Twitter chat Thursday at 2 p.m. To join the Twitter chat, follow the hashtag #askVBA, along with the Benefits Administration of the U.S. Department of Veterans Affairs (their handle is @VAVetBenefits) and the Student Veterans of America (their handle is @studentvets).

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7.4 - KSDK (NBC-5, Video): [Community split over possible expansion of Jefferson Barracks National Cemetery](#)

(30 August, Chris Davis, 1.5M uvm; Saint Louis, MO)

Jennifer Noble spent Wednesday afternoon with her family, visiting several loved ones out at Jefferson Barracks National Cemetery. "Most people need a spot to come to and visualize and help them deal with the loss," she said. There are a few more of her relatives that haven't passed yet but will one day reside nearby.

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7.5 - Roll Call: [Tsongas and Turner Want VA to Answer for Sexual Assault Survivors Report](#)

(30 August, Eric Garcia, 430k uvm; Washington, DC)

The bipartisan co-chairs of the Military Sexual Assault Prevention Caucus want the Veterans Benefits Administration to answer for a recent report showing negligence. A report released last week from the Department of Veterans' Affairs Inspector General found the VBA incorrectly processed 1,300 of 2,700 benefit claims related to sexual assault between April and September 2017. The revelation comes despite the VBA announcement in 2011 that it updated guidance by saying it would take a "liberal approach" in examining claims.

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7.6 - WSAW (CBS-7, Video): [North Florida doctors bring a big, furry idea to veterans health event](#)

(30 August, Peter Zampa, 196k uvm; Wausau, WI)

Imagine having a pet without the hassle of feeding and cleaning up after it everyday. It's a concept North Florida veterans health workers are taking to Washington, D.C. this week at the Veterans Health Administration Innovation Experience. "We're looking at ways that we can still

give that sense of pet ownership and companionship," said Dr. Carrie Ambrose from the North Florida/South Georgia Veterans Health system.

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7.7 - The Winchester Star: [Unclaimed remains to get proper military burial](#) (30 August, Brian Brehm, 154k uvm; Winchester, VA)

They were soldiers once, four eager young men who stood in defense of their country. Time passed. Their military service ended and they started careers and families. Eventually, their time came to an end. Omps Funeral Home in Winchester cremated the remains of these veterans and waited to hand them over to next of kin. Days turned to weeks, weeks to months, months to years.

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7.8 - Community Idea Stations (Audio): [Richmond Expands Supportive Housing for Homeless Veterans](#) (30 August, Megan Pauly, 59k uvm)

Richmond's public housing authority has six new housing vouchers for homeless veterans. The vouchers not only include rental assistance, but also cover case management and clinical services through the department of veteran's affairs. Herschel Harris served in the army in the late 70s and early 80s. He has a bad back and PTSD, which has made it hard for him to work. Right now, he's homeless.

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7.9 - WVNews (The Fairmont News): [Clarksburg VA holds fifth annual Veterans Stand Down in Fairmont](#) (30 August, John Mark Shaver, 15k uvm; Clarksburg, WV)

Twelve months ago, Army veteran William Watkins had hit rock bottom. With options limited and seemingly no way out of his problems, he was pointed toward the Louis A. Johnson VA Medical Center, and thanks to its programming and social work, Watkins is a new man.

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7.10 - ConnectingVets.com (CBS Radio): [VA Secretary to speak at inaugural Military Women's Coalition meeting](#) (29 August, Eric Dehm, New York, NY)

There's a new headliner at the inaugural Women's Military Coalition meeting Sep. 7th in Atlanta, Ga. During an appearance on the Morning Briefing radio show, Service Women's Action Network (SWAN) CEO Lydia Watts announced that VA Secretary Robert Wilkie will be on hand to deliver the opening remarks at the event.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Man Shot by Police Out of Hospital, Charged With Assault](#) (30 August, 23.9M uvm; Washington, DC)

Kitsap County prosecutors have charged a 72-year-old man who was shot and injured by police after he allegedly pulled a gun on them in May. Fred Sowell is charged with first-degree assault for pointing a pistol at two officers. He's also accused of assaulting his wife. The Kitsap Sun

reports Sowell was booked into jail Tuesday after he was released from a Tacoma hospital where he had been since he was shot.

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8.2 - WSOC (ABC-9, Video): [President Trump to sign executive order in Charlotte on Friday](#) (30 August, 2.1M uvm; Charlotte, NC)

Charlotte will take center stage Friday afternoon for a landmark announcement about your retirement. President Donald Trump will fly to Charlotte where he will sign an executive order called "Strengthening Retirement Security in America." A White House spokesperson said that means promoting programs for retirement security and expanding access to retirement savings plans for workers.

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1. Top Stories

1.1 - People: John McCain's Wife Asks Mourners to Honor Her Husband by Sending Flowers to Hospitalized Veterans (30 August, Susan Keating, 43.5M uvm; New York, NY)

A good way to pay tribute to John McCain during upcoming memorial services is to honor hospitalized veterans, the late senator's family says.

"If so inclined, flowers may be sent to your local VA Hospital," reads a note on the official website listing upcoming memorial events for McCain, who died Saturday of brain cancer at age 81.

The gesture is a fitting tribute to the man who volunteered to serve the country in a time of war, and who spent more than five years as a prisoner of war in North Vietnam, friends of McCain say.

"John loved the men and women of the armed forces," says longtime family friend Richard Rovsek. "It meant so much to him to see them recognized."

While in captivity, McCain was extensively tortured and brutally beaten, and emerged with injuries that remained with him for the rest of his life.

At the Department of Veterans Affairs, which serves some 9 million veterans at 1,243 medical facilities around the country, the flowers will be much appreciated.

"Sen. McCain's family once again showed the sense of selfless service that has been their hallmark for over a century," says Secretary of Veterans Affairs Robert Wilkie in a statement to PEOPLE.

Veterans, too, welcome the proffered gifts.

"So often these heroes in VA facilities across the country go without notice or the thanks they deserve," says Chad Longell, who deployed with the Army in Iraq and Afghanistan, and is a director for the Global War on Terror Memorial Foundation. "This gesture not only enriches the life of the veteran receiving it, but it also serves as a reminder of the sacrifice made in service in defense of the country we are all blessed to be citizens of."

The suggestion to send flowers to veterans came from the senator's widow, Cindy McCain, says Carla Eudy, a fundraiser who has worked with and been friends with the family for decades.

"It was Cindy's idea," Eudy tells PEOPLE.

Services for McCain have been held in Arizona, and will continue on the East Coast, after the senator's body arrives Thursday night at Joint Base Andrews in Maryland. The senator will lie in state on Friday at the U.S. Capitol, where doors will open to the public at 2 p.m. On Saturday at 8:30 a.m., his body will travel via motorcade from the Capitol for wreath-laying at the Vietnam Veterans Memorial.

A memorial service will be held later that day at the Washington National Cathedral. The final ceremony will be at the U.S. Naval Academy in Annapolis, Maryland, where McCain will be buried alongside his Naval Academy classmate, Admiral Chuck Larson.

Says VA Secretary Wilkie: "He and his family are in the hearts and prayers of all of America's warriors. He will be missed by all of those who have worn the uniform."

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1.2 - U.S. News & World Report (AP): [Trump Cancels Pay Raise Due to Federal Workers in January](#) (30 August, Darlene Superville, 23.9M uvm; Washington, DC)

President Donald Trump is canceling pay raises due in January for most civilian federal employees, he informed Congress on Thursday, citing budget constraints. But the workers still could see a slightly smaller boost in their pay under a proposal lawmakers are considering.

Trump said he was nixing a 2.1 percent across-the-board raise for most workers as well as separate locality pay increases averaging 25.7 percent.

"We must maintain efforts to put our Nation on a fiscally sustainable course, and Federal agency budgets cannot sustain such increases," Trump said. The president last year signed a package of tax cuts that is forecast to add about \$1.5 trillion to federal deficits over 10 years.

As workers across the country head into the Labor Day weekend, Trump cited the "significant" cost of the federal workforce, and called for their pay to be based on performance and designed to recruit, retain and reward "high-performing Federal employees and those with critical skill sets."

At the same time, Trump planned during a Friday appearance in Charlotte, North Carolina, to direct the Labor and Treasury departments to issue regulations designed to make it easier for small businesses to pool resources so they can offer retirement savings plans to their workers, administration officials told reporters. Most small businesses say high costs discourage them from offering plans like 401(k)s, the officials said.

Democrats criticized Trump for moving to cancel the scheduled pay raise, citing tax cuts he signed into law last December. That law provided steep tax cuts for corporations and the wealthiest Americans, and more modest reductions for middle- and low-income individuals and families.

"Trump has delivered yet another slap in the face to American workers," said Democratic National Committee Chairman Tom Perez.

Under the law, the 2.1 percent raise takes effect automatically unless the president and Congress act to change it. Congress is currently debating a proposal for a slightly lower, 1.9 percent across-the-board raise to be included in a funding bill that would require Trump's signature to keep most government functions operating past September.

Unions representing the 2 million-member federal workforce urged Congress to pass the 1.9 percent pay raise.

"President Trump's plan to freeze wages for these patriotic workers next year ignores the fact that they are worse off today financially than they were at the start of the decade," said J. David Cox Sr., national president of the American Federation of Government Employees, which represents some 700,000 federal workers.

"They have already endured years of little to no increases and their paychecks cannot stretch any further as education, health care costs, gas and other goods continue to get more expensive," added Tony Reardon, national president of the National Treasury Employees Union.

Cox said federal worker pay and benefits have been cut by more than \$200 billion since 2011.

Congress has approved legislation to give military service members a 2.6 percent pay raise, the biggest in nine years, but funding must still be approved.

In July, the Trump administration sharply revised upward its deficit estimates compared to the estimates in the budget proposal it sent Congress in February. The worsening deficit reflects the impact of the \$1.5 trillion, 10-year tax cut, as well as increased spending for the military and domestic programs that Congress approved earlier this year.

The administration's July budget update projected a deficit of \$890 billion for the fiscal year that ends Sept. 30, up from the February estimate of \$873 billion. The \$890 billion projection represents a 34 percent increase from the \$666 billion in 2017.

For 2019, the administration is projecting the deficit will top \$1 trillion and stay above that level for the next three years.

The only other period when the federal government ran deficits above \$1 trillion was the four years from 2009 through 2012, when the government used tax cuts and increased spending to combat the 2008 fiscal crisis and the worst economic downturn since the 1930s.

Trump's call for a federal pay freeze was included in his budget proposal for 2019, the Office of Management and Budget said. Officials did not immediately say whether the pay freeze would also apply to White House staffers.

Rep. Gerry Connolly, D-Va., who represents many federal workers, blamed what he said was Trump's mismanagement of federal government.

"His tax bill exploded the deficit, and now he is trying to balance the budget on the backs of federal workers," Connolly said.

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1.3 - Military.com: [Pence Heaps Praise on McCain in American Legion Address](#) (30 August, Richard Sisk, 9M uvm; San Francisco, CA)

Vice President Mike Pence praised Sen. John McCain on Thursday to a veterans service organization that had joined others in criticizing President Donald Trump's response after the death of the Navy combat veteran and two-time Republican presidential candidate.

"I can assure you, America will always remember and honor the lifetime of service of United States Senator John McCain," Pence said in an address to the 100th National Convention of the two-million-member American Legion in Minneapolis.

"By honoring him, we also honor all of you," he said to prolonged applause.

McCain, who died Saturday after a long battle against brain cancer, "came from a long line of service in uniform," Pence said in a reference to McCain's father and grandfather, both four-star admirals.

"He served in the Vietnam War. He spent five-and-a-half years as a prisoner of war, and he did not yield," he said. As a senator, McCain became "one of the most unwavering advocates of our Armed Forces to ever serve."

Pence's fulsome praise contrasted with Trump's hesitancy in issuing a proclamation allowing flags to be flown at half-staff atop the White House and at all federal buildings and military facilities until McCain's interment Sunday at the U.S. Naval Academy cemetery.

The White House did not put out the traditional statement honoring the passing of a member of Congress. Instead, Trump sent out a Tweet offering condolences to the McCain family. The White House rooftop flag was at half-staff, but only for 24 hours under the usual protocol for members of Congress.

By Monday morning, it was back to full staff, prompting widespread criticism from the Legion, AMVETS and others, including members of Congress from both sides of the aisle. The flag atop the U.S. Capitol remained at half-staff.

A presidential proclamation was needed to keep flags at half-staff, but Trump ignored shouted questions on the issue through most of Monday.

In a statement, Legion National Commander Denise Rohan said: "On behalf of The American Legion's two million wartime veterans, I strongly urge you to make an appropriate presidential proclamation noting Senator McCain's death and legacy of service to our nation, and that our nation's flag be half-staffed through his interment."

Joe Chenelly, AMVETS national executive director, said, "The White House is openly showcasing its blatant disrespect for Senator McCain's many decades of service and sacrifice to our country as well as the service of all his fellow veterans."

By late afternoon Monday, the flag atop the White House was returned to half-staff, and Trump later issued the proclamation and a statement. "Despite our differences on policy and politics, I respect Senator John McCain's service to our country and, in his honor, have signed a proclamation to fly the flag of the United States at half-staff until the day of his interment," he said.

On CBS' "This Morning" program Thursday, Sen. Lindsey Graham, R-South Carolina, a close friend of McCain's, said he found Trump's initial response to McCain's death "disturbing."

"It bothers me greatly when the president says things about John McCain. The way he's handled the passing of John was disturbing. He finally got it right," Graham said.

In his address to the Legion, Pence cited a list of the Trump administration's achievements, including reforming the Department of Veterans Affairs and expanding options for private health care. "We're now giving veterans real access to the real-time health care choices they deserve," he said, although funding for the bill meant to improve access -- the VA Mission Act -- has yet to be appropriated by Congress.

Pence noted that Trump addressed the Legion's convention last year and used the occasion to sign a bill to improve and speed up the veterans' disability benefits appeals process. "In case you haven't noticed, you have an ally and a champion in President Donald Trump," Pence said. "In this White House, veterans benefits are not entitlements" but rather "the earned compensation for men and women who served in the uniform of the United States."

He also noted Trump's action in boosting funding for the armed forces to "make the strongest military in the history of the world stronger still. The era of budget cuts to our armed forces is over."

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1.4 - Military Times: [What happens now that veterans can file class-action suits against VA?](#) (30 August, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — A recent federal court ruling allowing class-action suits against the Department of Veterans Affairs could lead to a host of new legal options for veterans who share similar illnesses, service records or bureaucratic headaches.

"It is a watershed moment," said Greg Rinckey, a founding partner of the the law firm Tully Rinckey PLLC, which specializes in military law. "For veterans dealing with Gulf War illness or Agent Orange claims ... this makes it easier for them to fight against big government."

On Aug. 23, an eight-judge panel on the U.S. Court of Veterans Appeals ruled that in "appropriate cases," class-action lawsuits against VA will be allowed. In the ruling, Chief Judge Robert Davis wrote that he hopes the decision will "shape our jurisprudence for years to come and ... bring about positive change for our nation's veterans."

Previous court rulings had questioned long-standing precedent prohibiting such group lawsuits, even as other class-action filings have been brought against other federal entities. Rinckey said the move makes it possible for a group of veterans with similar grievances to use their numbers to put pressure on VA, and win legal relief.

"For an individual vet, this doesn't change anything," he said. "But it opens a whole new type of cases that can be brought against VA, and how those veterans complaints can be answered."

The irony of the appeals court ruling is that the case which allowed class-action lawsuits to move forward — Monk v. Wilkie — denied the plaintiff's claim that his case should proceed as one. The panel ruled his desire to group together all veterans facing a wait of more than a year for appeals claims did not meet previously established standards for forming a class.

Catherine McCarthy, a student at the Veterans Legal Services Clinic at Yale Law School who handled the Monk lawsuit, said officials there are still considering whether to refile the case with new parameters.

But she said the ruling provides a roadmap for a host of other legal complaints. In several other clinic cases, plaintiffs have already eyed class-action suits for veterans who were exposed to toxic chemicals while serving, and for veterans whose benefits cases are stuck in bureaucratic processing.

“It’s still trial and error at this point to see what will work,” she said. “But it’s a great opportunity, because so much of what we hear wrong about VA are systemic problems, not just one veteran dealing with a single issue.”

John Rowan, national president of Vietnam Veterans of America, said when he first heard of the court ruling, his first thoughts turned to the ongoing Agent Orange fights between his membership and VA.

The department has a long-list of rare cancers and other illnesses connected to exposure with the chemical defoliant during the Vietnam War, allowing veterans to receive expedited consideration for benefits.

But Rowan said some veterans who served in the region are excluded from that presumptive status — including so-called “blue water” veterans who served in ships off the coast of Vietnam — and others have rare medical problems like brain cancer not covered in existing department policies. A class-action suit by either of those groups might force VA policy changes.

“The good thing is once there is a court ruling, it’s a done deal,” he said. “If the court orders them to make a change, there’s no budget aspect to it like there is with legislative fixes.”

Rinckey said veterans dealing with burn pit exposure illnesses and other toxic chemical exposure from the recent wars could also use the new legal avenues to force VA changes. But one thing the new legal precedent won’t alter is the timeline for these type of lawsuits to be resolved.

“VA moves very slow on these issues, but so do the courts,” he said. “And now you’ll have to establish a class, support that and then argue for a fix. It’s a lot of time and expense, so you won’t see every small law firm jumping on this.”

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1.5 - Pioneer Press: [Pence addresses American Legion in Minneapolis, honors McCain; also attends fundraiser](#) (30 August, Christopher Magan, 2.1M uvm; Saint Paul, MN)

Vice President Mike Pence made his second Twin Cities stop of the summer Thursday, speaking to the American Legion national convention in Minneapolis and attending a political fundraiser in Bloomington.

Pence and President Donald Trump have both made their presence felt in Minnesota as the campaign season for the November midterm elections gets into full swing. This summer’s previous White House visits were in support of congressional candidate Pete Stauber and other Republicans in a state Trump lost by just 1.5 percent of the vote.

State Republicans have repeatedly said they are confident they can turn the typically blue state red this fall.

Pence's Thursday visit began with a speech to the American Legion's 100th national convention at the Minneapolis Convention Center. Pence told the crowd of veterans his interest in government got its spark from a speech contest hosted by the group four decades ago.

"It began my lifelong love for the Constitution of the United States," Pence said.

Minneapolis also has a historic connection to the American Legion. The organization held its first convention there and returned to mark its centennial anniversary.

The vice president's remarks were heavily focused on what he described as the administration's "great renewal" of the military and its support for soldiers and veterans. That included hearty praise for Navy veteran and U.S. Sen. John McCain, who died Saturday of brain cancer.

"I can assure you America will always remember and honor the lifetime of service of United States Senator John McCain," Pence said to applause.

Earlier in the week, while the convention was underway, the American Legion released a statement "strongly" urging the White House to issue the "appropriate proclamation" noting McCain's death and ordering flags flown at half-staff until his interment. Most flags across the U.S. remained lowered after McCain died, but the flag at the White House had temporarily been returned to full staff part of Monday.

McCain and Trump had repeatedly traded barbs, and the president's proclamation noted their differences on "policy and politics."

Minnesota Legionnaires attending the event were pleased the White House recognized the legacy of the senator and former Vietnam prisoner of war.

"I was surprised by the (initial) decision and whether it was personal or administrative, I don't know," Jensen of Gaylord, Minn., said of the flag controversy. "I'm glad the president chose to honor John McCain."

Jensen was also pleased Pence highlighted successful veterans programs and new policies enacted by the administration. Pence noted legislation Trump signed to expedite veterans disability appeals, how the unemployment rate for veterans has dropped to a 20-year low and reforms in the VA health care system.

"As the president has said, no one who defends our country in uniform should have to fight for their lives when they get home," Pence said.

Most of the Legion's convention business had already been wrapped up, so the crowd on hand for Pence's speech barely filled a third of the sprawling hall. Organizers said between 10,000 and 12,000 people attended the convention, but many had prearranged travel plans that kept them from the vice president's remarks.

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1.6 - Stars and Stripes (Military Update): [VA cites slow-rolled Agent Orange report to oppose spina bifida bill](#) (30 August, Tom Philpott, 1.5M uvm; Washington, DC)

More than two years ago, in March 2016, the Department of Veterans Affairs received the latest in a series of scientific literature reviews from the National Academy of Medicine on Agent Orange-associated ailments.

This one raised the possibility that VA might add as many as four new conditions — bladder cancer, hypothyroidism, Parkinson-like tremors and perhaps even hypertension — to its list of 14 illnesses it presumes have been caused by exposure to herbicides the U.S. military sprayed during the Vietnam War.

The report delivered in 2016 moved bladder cancer and hypothyroidism from “inadequate or insufficient” evidence of association to herbicide exposure up to the “limited or suggestive” evidence of association. That’s the same level VA previously relied upon to award Agent Orange benefits for conditions including laryngeal cancer, cancers of the lung, bronchus or trachea, and prostate cancer.

Hypertension (high blood pressure), the report said, remained in the “limited or suggestive evidence” category too, where it was placed in a previous study. That’s the same evidence level used to add ischemic heart disease to the Agent Orange presumptive disease list for near automatic award of benefits.

The Academy also clarified that Vietnam veterans with “Parkinson-like symptoms,” but without a formal diagnosis of Parkinson’s disease, should be considered eligible for presumption of exposure to Agent Orange, just as Parkinson’s disease previously was connected to service in Vietnam.

At the same time, the birth defect spina bifida in the offspring of Vietnam veterans was demoted by the Academy since its last report, from the “limited or suggestive” association category down to “inadequate or insufficient.”

The Academy, previously called the Institute of Medicine, delivered this last report, Veterans and Agent Orange: Update 2014, after a panel of scientific experts spent two years reviewing the latest medical literature on health effects of dioxin and other harmful compounds in herbicides associated with certain diseases.

VA officials promised to review the results and that then-VA Secretary Bob McDonald would act on the Academy report’s findings by July 2016. With this report, however, the secretary faced no timeline for reaching a decision. That’s because Congress had allowed a statutory 180-day deadline governing secretarial actions on Agent Orange scientific reviews to expire in 2015.

The consequence has been that the Obama administration in its final year did nothing more than study the report. The same has been true with the Trump administration during its first 19 months. While Vietnam veterans with, for example, bladder cancer await a decision on whether they will gain VA health care and compensation, VA has been silent on the 2016 Academy findings.

That changed slightly on Aug. 1. During a hearing of the Senate Veterans’ Affairs Committee dominated by discussion of the House-passed Blue Water Navy Vietnam Veterans Act (HR 299), VA Undersecretary for Benefits Paul R. Lawrence and VA’s chief consultant on post-

deployment health, Dr. Ralph Erickson, referred to the latest Academy report on Agent Orange. They did so not to propose that a disease be added to VA's list of conditions presumed caused by Agent Orange. Instead they cited the report to urge senators to reject a House amendment to HR 299 that would extend Agent Orange benefits to certain Vietnam-era veterans who served in Thailand and had children born with spina bifida.

In his written testimony, Lawrence said VA "is concerned there is continued scientific uncertainty surrounding the association of spina bifida and exposure to Agent Orange. As found in the last relevant [Academy] report, an association between spina bifida and exposure to Agent Orange is no longer shown."

Erickson reinforced the point with Sen. John Boozman, R-Ark., after the senator said he was glad to see the House bill included a bill he had co-sponsored to provide Agent Orange benefits "to any child of a veteran with covered service in Thailand who is affected by spina bifida." If the Senate passed an identical bill, said Boozman, children of Thailand-service veterans would get "the same health care, monetary allowance and vocational training" given children of Vietnam veterans with spina bifida.

"Are you all for or against that provision," Boozman asked.

Erickson noted that the Academy in 2016 "actually downgraded the evidence for there being an association of spina bifida and the children of Vietnam veterans. That doesn't mean VA withdrew that benefit. However, at the present time, extending the benefit further is a little tricky because the scientific foundation per the National Academy of Medicine has diminished remarkably."

Following the hearing we asked if VA officials weren't using the Academy report selectively now — ignoring it as a justification to add ailments to the Agent Orange presumptive list but citing it to try to block benefits to more veterans with children born with spina bifida. The department challenged that view.

"Citing a specific scientific report to discuss pending legislation (HR 299) is nothing other than a reasonable and relevant way to address specific legislative provisions under consideration," said Curt Cashour, VA press secretary.

"The issue of additional Agent Orange presumptive conditions is completely separate from HR 299, and the notion that the two issues must always be discussed together is contrary to what VA and the Senate committee were specifically examining at the August 1 hearing," Cashour added.

Carlos Fuentes, director of national legislation for Veterans of Foreign Wars, said the Academy's downgrade of evidence associated with spina bifida means more research is needed. That's why VFW "has pushed for passage of the Toxic Exposure Research Act to require the [Academy] to evaluate what research is needed to determine whether descendants of exposed veterans are impacted," he said.

Meanwhile VFW is urging the VA secretary "to make a decision as soon as possible" on the other conditions reviewed in the last Academy report.

Those decisions now pass to Robert Wilkie, the new VA secretary. We asked VA when Wilkie plans to announce decisions on these other ailments.

“We have no announcements on Agent Orange presumptive conditions at this time,” said spokesman Cashour.

After then-Secretary McDonald opted to leave those decisions for the Trump administration, Dr. David Shulkin became the new president’s first VA secretary. Shulkin had served as McDonald’s top health official during that period when teams of experts at VA spent months reviewing the Academy’s last report.

By summer of 2017, Shulkin had promised a decision on adding new ailments to the presumptive list by Nov. 1. He later told the Senate Veterans’ Affairs Committee he had delivered his recommendations by that date to the White House’s Office of Management and Budget. But OMB had “asked for some additional data to be able to ... get financial estimates for this. So, we are committed ... to get this resolved in the very near future,” Shulkin said.

Shulkin was fired in March this year before revealing which conditions, if any, he wanted added to the presumptive list. That his recommendations had costs that the OMB needed to assess suggests Shulkin wanted at least one more ailment to qualify for Agent Orange benefits.

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1.7 - Stars and Stripes: [Pence: Trump is a 'champion,' 'ally' to veterans](#) (30 August, Nikki Wentling, 1.5M uvm; Washington, DC)

MINNEAPOLIS — Speaking to hundreds of American Legion members on Thursday, Vice President Mike Pence lauded President Donald Trump as a champion to veterans and listed off a series of what he described as major achievements under his administration.

Pence spoke to several hundred Legion members on the last day of the organization’s national convention in Minneapolis – an event that marked the Legion’s 100th year. During a 25-minute speech, Pence lauded Trump’s work for veterans, his “America First” national security strategy and efforts to increase military spending.

“In case you haven’t noticed, you have an ally and champion in President Donald Trump,” Pence said. “Just as you fought for our freedom, we will always fight for you.”

In June, Trump signed the \$55 billion VA Mission Act, which aims to expand veterans’ access to private-sector health care. Pence described it Thursday as one of the “largest and most important VA reforms in a generation” and said the administration was living up to the promise to give veterans freedom and choice in their health care.

However, the Mission Act remains unfunded because of a \$1.7 billion funding shortfall. Congress is likely to tackle the issue when it returns from summer break.

Pence’s remarks to the Legion came just days after the organization clashed with the White House over protocols for honoring Sen. John McCain, who died Saturday from brain cancer. After pressure from the Legion and other veterans organizations that criticized the White House for raising its flag to full-staff, Trump issued a proclamation and ordered flags lowered to half-staff through McCain’s interment.

“Senator John McCain was an American hero and cherished member of the American Legion,” the organization wrote to Trump on Monday. “I strongly urge you to make an appropriate presidential proclamation noting Senator McCain’s death and legacy of service to our nation.”

Throughout the three-day convention, speakers at the Legion convention spoke about McCain’s military service and his work in Congress for veterans and the military. The convention started Tuesday with a moment of silence for him.

About the time Pence took the stage Thursday, McCain’s memorial service started in Phoenix.

Pence spoke briefly about him, describing him as “one of the most unwavering advocates of our Armed Forces.”

“There’s a particular veteran on the hearts and minds of people all across America as we gather here,” Pence said. “He came from a long line of service in uniform, served in the Vietnam War, spent five and a half years as a prisoner of war and did not yield. After he made it home, he took on a new kind of service in the halls of our nation’s capital.

“I can assure you, America will always remember and honor the lifetime of service of United States Senator John McCain.”

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1.8 - WFED (AM-1500): [Arbitrator tells VA to re-hire employees removed due to faulty accountability act implementation](#) (30 August, Nicole Ogrysko, 854k uvm; Washington, DC)

A Federal Mediation and Conciliation Service (FMCS) arbitrator has delivered a blow to the Veterans Affairs Department and its new authorities in the VA Accountability and Whistleblower Protection Act.

The arbitrator says VA has violated the terms of its contract with the American Federation of Government Employees (AFGE) in implementing certain provisions of the accountability act.

AFGE filed a grievance last September. The union, which represents more than 220,000 VA employees, said the department’s new performance guidance contradicts the collective bargaining agreement it signed with the agency back in 2011.

As Federal News Radio has previously reported, VA issued several updates to performance guidance after Congress passed the accountability act back in June 2017. That guidance, though it ultimately went through several iterations, essentially eliminated the use of a standard, formalized performance improvement period (PIP) for certain VA employees to address their managers’ concerns.

Technically, the arbitrator’s decision isn’t final yet. VA can choose to appeal the decision with the Federal Labor Relations Authority within 30 days. But if VA stays silent on the matter for the next month, the arbitrator’s decision stands as final.

In that case, VA must begin to take steps to comply with the terms in its collective bargaining agreement with AFGE, according to the arbitrator.

In addition, the agency must “rescind any adverse action taken against bargaining unit employees for unacceptable performance who did not first receive a PIP complying with the provisions [of the contract and] as a result, reinstate and/or make whole any such bargaining unit employee, including but not limited to back pay, restored leave and other benefits,” FMCS wrote in its decision.

“We came to work at the VA because we believe in the mission of caring for the men and women who served this country,” AFGE National Veterans Affairs Council President Alma Lee said in a statement. “But instead of getting support for our work, we’ve been dealing with managers moving the goalposts and using these bogus standards to fire dedicated public servants. It’s disgraceful. And I’m so glad the arbitrator ruled on the side of reason, allowing us to get back to work serving those who have borne the battle.”

In a statement to Federal News Radio, VA spokesman Curt Cashour said the department will review the FMCS’ decision and determine an appropriate response.

AFGE’s master agreement with VA details the way both parties agreed to measure employee performance and hold workers accountable to those standards.

According to the AFGE agreement, VA supervisors must identify an employee’s performance deficiencies, and together with the employee and a local union representative, develop a performance improvement plan (PIP). The PIP should detail specific actions the employee should take to improve and include other provisions for further counseling or special training.

PIPs should give the employee “a reasonable opportunity of at least 90 calendar days” to resolve specific, identified performance-related problems, the agreement said. During this time, employees and their supervisors should maintain constant communication.

VA’s current performance management guidance did not give a specific timeline by which employees are expected to improve their performance.

Instead of placing employees on a 90-day Performance Improvement Plan (PIP), supervisors can fire or demote an employee if:

An employee fails a critical element in his or her performance plan;

The House VA Committee heard from the department last month, which insisted it wasn't using the new accountability legislation to to disproportionately fire lower-ranking employees over senior managers and executives.

The VA inspector general is also reviewing the department's implementation of the accountability act.

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1.9 - FedScoop: [Wilkie: VA and DOD 'will be joined from the hip' on EHR rollout](#) (30 August, Billy Mitchell, 57k uvm; Washington, DC)

The departments of Veterans Affairs and Defense will be inseparable as they roll out interoperable modernized electronic health records (EHR) systems over the next decade, VA Secretary Robert Wilkie said Wednesday.

Wilkie served as an undersecretary within the Pentagon until he took over as acting VA secretary in later March. He told a room full of veterans at the American Legion National Convention in Minneapolis that Secretary of Defense Jim Mattis gave him the parting order that "from here on out, DOD and VA will be joined from the hip."

"I have been given instructions from him to make our new electronic health care system work so that from the time any young American enters the service to take his first or her first physical to the time that he or she first walks into the VA, there will be a continuous, holistic record," Wilkie said.

Wilkie detailed his father's gripping recovery from an attack during an operation in Cambodia in 1970 as an anecdote of the sacrifice men and women in uniform make for their country. It would take more than a year for then-Army Lt. Col. Robert Wilkie Sr. to return home, and he came back a relic of his old self, losing more than 100 pounds in that time.

And then, when we would visit the VA for care, he had to carry around hundreds of pages of medical records. "No longer will people like my father have to carry around an 800-page record that began, for him, in the Kennedy administration," Wilkie said.

"Gen. Mattis said it simply: 'The time to talk is over,'" Wilkie said. "I pledge to you on his behalf that together we will create a real solution, a good solution and the best solution for all of those who have committed their lives to the defense of this great nation."

The VA signed a \$10 billion contract with Cerner in May to replace its legacy electronic health record system, VistA, with a new system over the next 10 years. The Cerner system is also used by the Department of Defense's EHR modernization, MHS GENESIS — leaders hope this will help improve interoperability and coordination between the agencies.

The department recently launched the VA Office of Electronic Health Record Modernization specifically to oversee the \$10 billion modernization project. But only about two months in, two key leaders have already resigned from the office, adding to the worries on Capitol Hill that political and bureaucratic strife at the VA could undermine this massive modernization.

Wilkie spoke of the EHR modernization Wednesday as an example of his broader directive to hone in on customer service to veterans.

“When a veteran comes to VA it is not up to him to employ a cauldron of lawyers to get the VA to say yes,” he said. “It is up to VA to say yes to the veteran. Many of the issues I encountered when I was acting secretary were not with the quality of VA care but with just getting our veterans through the door to get that care.”

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2. Greater Choice for Veterans

2.1 - Star Tribune: American Legion's repeated differences with Trump called unprecedented (30 August, Randy Furst, 10.8M uvm; Minneapolis, MN)

As the American Legion wrapped up its historic 100th national convention this week in Minneapolis, the nation's largest veterans organization found itself making history on another front.

The traditionally conservative Legion is publicly at odds with President Donald Trump on issues that include a proposed national military parade, the future of veterans' medical care, and this week, lowering flags to half-staff in honor of the late U.S. Sen. John McCain.

“This level of criticism is unprecedented,” said Thomas Rumer, a historian and author of “The American Legion, An Official History 1919 to 1989,” a book commissioned by the organization. “It's not the kind of thing they're known for — criticizing presidential action.”

The Legion's statements about Trump's policies lack the hard edge of some of Trump's harshest critics but still are unusual for an organization that has been especially friendly to Republican presidents. The Legion does not endorse candidates.

Asked about its recent statements about Trump policies, Joseph Plenzler, a spokesman for the national Legion, said, “The American Legion has been a staunch watchdog for the veteran community for a century.”

Legionnaires attending the convention said they back their organization's recent stances concerning White House policies.

“The Legion was created to safeguard the rights of veterans,” said Juan Cruz, 54, a Navy veteran and Legion adjutant for Puerto Rico. “And I'm pretty sure other veteran services organizations are in agreement.”

“I concur with the comments made by the American Legion,” said Thomas McDonald, 69. “It's their duty to speak out.”

Despite the Legion's criticism, however, many Legion members interviewed at the convention continue to support Trump.

"I think he's great," said Royce Loesch, 72, of Pierre, S.D., an Army veteran. "I think he's doing a good job in every aspect, except I think he tweets too much."

Lawrence Jacobs, a professor at the University of Minnesota's Humphrey School of Public Affairs, said the Legion is influential in veterans circles, and if its positions cause even a small number of veterans to sit out the fall midterms or 2020 presidential election, it could be "very harmful" to the political futures of Trump and the Republican Party.

"Veterans overwhelmingly are very pro-Republican, and the Legion has a long history of being one of the most conservative organizations," Jacobs said. "For the president to get this kind of pushback from such a veterans organization is unheard of."

The Legion weighed in after Trump ordered U.S. flags lowered to half-staff at the White House in honor of McCain, who died Saturday, then quickly had them raised again. Denise Rohan, the Legion's outgoing national commander, berated Trump's silence on McCain, along with the flag, in a statement.

"On the behalf of the American Legion's two million wartime veterans, I strongly urge you to make an appropriate presidential proclamation, noting Senator McCain's death and legacy of service to our nation, and that our nation's flag be half-staffed through his interment," she wrote. Quickly afterward, Trump reversed himself, ordering the flags lowered while issuing a statement.

The Legion and White House also clashed over Trump's plan to hold a large military parade in Washington, D.C., this fall. With reports that the parade could cost \$92 million, Trump announced last week he'd wait until next year to hold it.

The Legion used the decision to make a point: "The American Legion appreciates that our President wants to show in a dramatic fashion our nation's support for our troops. However, until such time as we can celebrate victory in the War on Terrorism and bring our military home, we think the parade money would be better spent fully funding the Department of Veterans Affairs and giving our troops and their families the best care possible."

The remarks reflected the Legion's opposition to reports that the White House urged Republicans to reject \$50 billion in funding for the Veterans Affairs Mission Act, which would outsource some medical care for veterans to private medical clinics.

Instead, the White House wants the costs to come out of the Department of Veterans Affairs budget, which the Legion and other critics say would result in cuts in other veterans services.

This month, the Legion again offered strong words after a ProPublica report that Trump was getting advice on how to run the VA by a trio of private citizens who have never served in the U.S. military or government. The Legion's public reaction was swift.

"We are not about to tell President Donald Trump who he can or cannot take advice from, but we hope that he carefully considers the qualifications of those offering that advice when it comes to the treatment and well-being of America's veterans," Rohan said in a statement.

In the hallways of the Minneapolis Convention Center this week, several veterans discussed the president.

"I've liked what he's done," said Theo Chambers, a Navy veteran from West Virginia. "I don't think the media has been really fair to him and that's why he's gone so much to Twitter."

Preston Herald III, 70, a Navy veteran from Washington, D.C., said he did not like Trump's policies or overall performance in office, singling out his campaign criticism of McCain for being captured by the North Vietnamese after he was shot down.

"That was an affront to an American hero," he said.

Army veteran Arthur Hart, 75, of Champlin, said he's not surprised by the Legion's stances. "If any other president had said the same things, the Legion would have taken the same position," he said.

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2.2 - The Daily Signal: [Congress Should Ensure VA Health Care Funding, but Only Within Budget Caps](#) (30 August, Justin Bogie and Dody Eid, 1.1M uvm; Washington, DC)

The appropriations process in Congress came to an unexpected halt July 19 as heated debates over funding the Department of Veterans Affairs could not be resolved.

That hurdle was preceded by a summer of controversy regarding the reform of veterans' health care funding. The outcome of those negotiations will affect not only our nation's finest, but also the broader spending process.

The discussion began in early June, when President Donald Trump signed into law the VA MISSION Act of 2018. The legislative overhaul aims to improve veterans' health care by increasing funding for private care options and consolidating those options into one program.

The first year would require a direct appropriation in the amount of \$5.2 billion for the Veterans Choice Program. After one year, the Veterans Community Care Program will supplant it as the consolidated private care program within the VA.

The Congressional Budget Office estimates that the program will cost \$46.5 billion over the 2019-2023 period, assuming necessary appropriations.

The Committee for a Responsible Federal Budget recommended paying for the Veterans Community Care Program appropriation with savings from other programs. While the final bill did not include such provisions, current law and spending cap restrictions require appropriators to pay for the Veterans Community Care Program by funneling money from other discretionary spending programs annually.

Unsurprisingly, appropriators in the House and Senate are seeking to scrap those requirements, demanding an additional \$1.6 billion to keep the program funded through 2019 and setting off a debate that shut down conference negotiations for the energy and water/military construction and Veterans Affairs appropriations bill.

Busting the caps, they argue, is necessary to provide the quality care our veterans deserve.

In isolation, that busting of caps might seem worth the cost. After all, our veterans deserve the best.

The problem is that busting caps has serious long-term fiscal effects that will only worsen our budgetary crisis. While it may only be \$1.6 billion this year, it isn't difficult to foresee that number climbing into the tens or even hundreds of billions over the next decade.

We've seen situations like this before. Whether it's disaster relief, overseas contingency operations, or emergency spending, Congress' cap-busting isn't a one-time affair. Outside-the-cap spending continues for the indefinite future.

We're now reaching \$150 billion in spending outside of cap limitations, and adding VA spending to the pile worsens the situation while also setting bad precedent.

The proposal is ultimately part of a broader narrative, one that hopes to remove caps from the budgeting process entirely.

Doing so would be a mistake.

These caps force legislators to think seriously about their spending habits and could be effective measures to keep new spending out of the federal budget. They also mandate discussion about the efficacy of discretionary programs and the priorities of policymakers on an annual basis.

One of the characteristics of good governance is accountability, and ensuring annual discussion of fiscal appropriations is critical to that end.

Unfortunately, lawmakers are inching toward an appropriations process that is neither fiscally responsible, nor politically accountable.

Some legislators have already proposed softening cap requirements and, in more extreme cases, eliminating them altogether. An amendment offered by Rep. Nita Lowey, D-N.Y., the ranking member of the House Appropriations Committee, would unbind annual appropriations to the Veterans Community Care Program from spending cap limitations.

The Committee for a Responsible Federal Budget estimates that this adjustment would cost \$55 billion or more over the next decade. Even worse, should other sections of the VA MISSION Act also be exempt from annual caps, the total cost could rise to more than \$100 billion.

Veterans' health care is important, and improvement of VA services through alternative private facilities is a step in the right direction, but spending cap adjustment proposals like the Lowey amendment are dangerous brush-offs of fiscal responsibility.

Congress needs to carefully deliberate budgetary provisions on a case-by-case basis to keep programs under control. Offsets, whether they come from within VA programs or other federal programs, should be the bare minimum requirement for new spending initiatives.

A feasible long-term strategy for improving veterans' health care access must include a balanced federal budget, yet we are edging closer to a dire debt situation.

This year, Social Security will dip into its reserves for the first time since 1982, and is projected by its trustees to become insolvent by 2034. By 2023, the United States will spend more on interest than on the military.

The last thing we need is more irresponsibility from Congress for the sake of political expediency.

Appropriators need to stick to discretionary spending cap limitations, before the Veterans Community Care Program transforms from health care reform to fiscal headache.

Justin Bogie is a senior policy analyst in fiscal affairs at The Heritage Foundation. Dody Eid is a member of the Young Leaders Program at The Heritage Foundation.

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2.3 - Bloomberg Government: [Energy, Veterans Money Measure Top Priority When House Returns](#) (30 August, Jack Fitzpatrick, 197k uvm; Washington, DC)

A spending package covering energy, nuclear security, the Veterans Affairs Department and the legislative branch could be sent to the president early next month if lawmakers can settle the last few differences between House and Senate appropriations bills.

Senators hope to hold a formal conference meeting with their House counterparts next week on a measure covering Military Construction-VA, Energy and Water, and Legislative Branch funds, Senate Appropriations Chairman Richard Shelby (R-Ala.) and the committee's Energy and Water Subcommittee Chairman Lamar Alexander (R-Tenn.) said Tuesday.

It would be the first fiscal 2019 spending legislation sent to President Donald Trump for his signature.

"Our goal is to finish—to have a conference—shortly after we come back," Alexander said.

The House has passed six appropriations bills and the Senate nine. The measures passed in one chamber all differ at least slightly from their counterparts. The two sides have yet to hold a conference meeting to reconcile the differences.

Senate Majority Leader Mitch McConnell (R-Ky.) has said that he wants to send Trump nine appropriations bills by Sept. 30, the end of the fiscal year.

Shelby said he and House Appropriations Chairman Rodney Frelinghuysen (R-N.J.) , during a Tuesday meeting, focused mainly on how to pass the first "minibus" that each of the chambers passed, covering Military Construction-VA, Energy and Water and Legislative Branch.

"We've got four good weeks," Shelby told reporters Tuesday. "And we're going to hopefully meet the deadline, but we can't meet it without their help."

Appropriators scheduled a conference committee meeting for the energy and veterans minibuss in July, but that was postponed. Frelinghuysen cited scheduling conflicts, but lawmakers were still debating a few major issues.

One sticking point was how to come up with an additional \$1.7 billion in the Military Construction-VA bill to fund the VA MISSION Act (Pub. Law 115-182), which gives veterans more flexibility to seek health-care in non-VA facilities.

Shelby said negotiators are close to an agreement on that front, but it isn't final. He declined to share details, other than that lawmakers won't surpass statutory spending limits.

"We think we have a way to work that out, but we haven't crystallized it yet with the other side," Shelby said.

Lawmakers also struggled to hash out differences in their Energy and Water bills, including environmental policy riders included in the House bill but absent in the Senate version. The House legislation would also fund the controversial Yucca Mountain nuclear waste repository, while the Senate measure wouldn't.

The differences won't be settled until the House returns to Washington next week, Shelby said.

"It's not squared away because they're not here yet," Shelby said.

RESCISSIONS

The White House won't send Congress a second request to rescind old, unspent funds, Senate Appropriations ranking member Patrick Leahy (D-Vt.) said in a statement Tuesday. The Trump administration had notified lawmakers about its decision in the afternoon, Leahy spokesman Jay Tilton said.

A rumored rescissions request to cut the State Department's foreign aid funding "would have set a terrible precedent and harmed programs that further United States interests around the world," Leahy's statement said.

An earlier rescissions request for about \$15 billion in clawbacks failed in the Senate.

A new rescissions request could "poison the well" as lawmakers negotiate spending bills, Shelby said shortly before Leahy's statement.

A rescissions package might be a wasted effort, Senate Majority Whip John Cornyn (R-Texas) said this month.

"What justifies floor time is the ability to get a result, not just to go through a ritual that is condemned to failure," Cornyn said.

Read BGOV's Bill Summaries on four of the appropriations measures in the House and Senate:

- The Senate Homeland Security funding bill
- The Senate State and Foreign Aid funding bill
- The House State and Foreign Aid funding bill
- The House Labor, HHS, and Education funding bill

The Bloomberg Government Budget and Appropriations e-brief will resume publication on Sept. 4.

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3. Modernize Our System

3.1 - WFED (AM-1500): VA and DOD both bit; Congress asks, can they chew? (30 August, Tom Temin, 854k uvm; Washington, DC)

Daily crossword puzzle addicts know that the puzzle gets harder as the week drones on. I can tell within a few minutes if I'll get through most or all of Saturday's challenge. The longer it takes to solve the first few clues, the less likely I'll finish the puzzle.

My goal is puzzle tempo, not slog.

Tempo — it's an important quality to getting things done. Former President Bill Clinton is a famous doer of crossword puzzles. He even wrote one for the New York Times. You could argue that Clinton's life has had a respectable tempo. He was elected President at the age of 46.

This all came to mind when reading about the upcoming hearing of James Gfrerer to become chief information officer at Veterans Affairs. If confirmed, the Navy Academy grad, career Marine and former Ernst & Young director will need to establish tempo.

The VA's project to replace its Vista electronic health record has stalled. One reason is there's no one really in charge. A parade of people has passed through the VA's CIO office over the last year and a half. History shows the longer these projects drag on without showing tangible progress, the worse they're likely to go in the long run. No doubt in members' minds the Coast Guard's failed effort at a new EHR. After throwing away tens of millions of dollars, the Coast Guard ended up going back to paper records.

When former Secretary David Shulkin established the VA project by fiat, he likely thought he was slicing through a gordian knot. He may have actually woven a new one.

I wrote recently that if VA Secretary Robert Wilkie does nothing but fix the personnel and personnel management issues at the department, he'll be a success. If Gfrerer would do nothing other than getting the VA's new electronic health record project righted and on a good tempo, he too would be a success. Like a tough puzzle, this project seems to be going nowhere fast.

Congress is already fed up with the effort, as it is with a parallel effort in the Defense Department. Both departments are working on new EHRs from the same vendor. In theory the results will be interoperable records. The Veterans Affairs Committee even has a special sub-panel just to oversee VA modernization projects. Subcommittee Chairman (R-Ind.) has expressed "great concern about the deteriorating and rudderless leadership" of the EHR program.

Banks only came to Washington last year, but I imagine he's been briefed about the dreary record these big IT projects have. He's right to focus on the need for sustained management. Someone has to own that project. The owner will have to ride herd on the requirements generated by VA and on the contractors.

In theory, VA, like DoD, is adopting a commercial product, in this case MHS Genesis from the Cerner Corp. Judging from the DoD's slow and partially effective initial installations, it feels like a development project. Senators added an amendment to an appropriations bill to have the Government Accountability Office look into it. They don't need a new law to have GAO examine something, though. DoD is already under a legal mandate to have its own independent study done.

I've often observed when congressional oversight is petty or interfering. In these cases it's merited and coming early enough to prevent billions from going down the drain.

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3.2 - WMAZ (CBS-13, Video): [Dublin VA center adds new \\$8.5M building to memory care unit](#) (30 August, 446k uvm; Macon, GA)

The Carl Vinson VA Medical Center in Dublin is expanding its memory care unit.

The center held a ribbon cutting on Thursday for the new \$8.5 million building.

This comes after the center was ranked one of the 11 worst centers in the nation.

The low ranking and disturbing data sparked a visit from United States Representative Rick Allen earlier in August.

32 patients currently stay in the ward, with some sharing a room.

The new building will add 14 new rooms, each with a separate bathroom, allowing those patients to have their own space.

Work on the new building started in November 2016, and it will officially open in October.

The center will slowly begin moving patients who are sharing a room over to the new rooms within the next couple of months.

The rooms are also equipped with padded floors, in case a patient should fall.

The expansion also includes additional office space for staff.

"We are dedicated to serve our veterans and give them the best possible care," said David VanMeter, interim director of the Dublin VA, in a press release. "This project is just one of many ways we can give back to them."

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3.3 - The Vindicator: [Lawmakers urge VA secretary to partner with Northside for VA facility](#) (30 August, Justin Dennis, 193k uvm; Youngstown, OH)

Ohio lawmakers are urging the U.S. Department of Veterans Affairs to partner with Northside Regional Medical Center's operator to house VA services at the facility.

U.S. Reps. Tim Ryan of Howland, D-13th, and Bill Johnson of Marietta, R-6th, and U.S. Sen. Sherrod Brown, D-Ohio, submitted a letter Wednesday to VA Secretary Robert Wilkie, suggesting the department partner with Northside operator Steward Health Care of Boston, which recently announced the Youngstown hospital would close by Sept. 20.

The letter suggests the facility could become a space for VA services such as transitional housing for veterans struggling with homelessness or substance abuse or 3-D fabrication of prosthetic limbs through America Makes, a national 3-D printing institute.

“There’s, I think, a potential for a research and development facility there that we could tie to America Makes ... where we may be able to do some 3-D printing with those prosthetics; or a veteran’s village where we can handle homelessness and maybe some housing and other kinds of senior care,” Ryan said during a brief news conference Wednesday in Niles.

“[We’re] just exploring all options here. We can’t let that facility die,” he said.

Steward has been in contact with officials about Northside’s future but has yet to offer up any plans for the facility. Neither Steward nor the VA had officially responded to the letter Wednesday afternoon, Ryan said.

Any partnered facility likely would not become a VA-run hospital, as the department is currently divesting itself of hospitals to focus on community-based clinics, Ryan said.

“We’re already bringing back tens of millions of dollars in federal money for America Makes. We could tie it into other federal money through the VA and create a synergy there that could lead to some job creation and stabilization there on the North Side and in southern Liberty Township,” Ryan said. “The more organizations who [are] involved – both public and private sector – the more sustainable it is over the long-term and the more it’s going to lead to job creation [and] development and provide the kind of services we need.”

Jan Brown of Youngstown, first national vice commander of AMVETS, said that need is for more availability of mental-health services.

“We need more mental- health professionals. ... And it’s not just our clinic; it’s across the nation,” she said. “There’s a shortage of mental-health professionals. They can’t fill them fast enough in the VA system.

“There’s a huge need for it. Our veteran population is aging quickly. Our Vietnam-era veterans are in their 70s. The youngest are in their mid-60s.”

Leo Connelly, former commander of Disabled American Veterans, said he wants public officials and private partners to first sit down and do the math to develop a feasible program in the Northside facility, which was built in the late 1920s.

“There’s a number of things that could be there. I think it would be excellent for a nursing home for veterans. Split that [space] up and help the homeless,” he said.

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3.4 - Health Data Management: [Congressman voices concerns about VA Office of EHR Modernization](#) (30 August, Greg Slabodkin, 143k uvm; Chicago, IL)

Responding to the recent departures of senior leaders at the Department of Veterans Affairs, a House subcommittee chairman is worried that the VA office in charge of EHR modernization is floundering.

Last month, the VA established the Office of Electronic Health Record Modernization to oversee the preparation, deployment and maintenance of a new Cerner EHR system, which will replace the agency's decades-old Veterans Health Information Systems and Technology Architecture.

However, Rep. Jim Banks (R-Ind.), chairman of the House Subcommittee on Technology Modernization, sent a letter to VA Secretary Robert Wilkie expressing his "great concern" about the agency's "deteriorating and rudderless leadership" and its ability to manage a \$10 billion Cerner EHR contract.

"The resignation of the Chief Health Information Officer, the program's top leader, comes only three days after the resignation of the Chief Medical Officer," Banks wrote to Wilkie. "As a result, at most half of the program's senior leadership positions are occupied, and its rank-and-file positions are only sparsely filled, primarily with detailees. This comes at a time when VA is making the most pivotal decisions as to the design of the Cerner EHR system."

CMO Ash Zenooz, MD, announced her resignation last Tuesday. And, CHIO Genevieve Morris, a Trump administration political appointee who was on loan to the VA from the Office of the National Coordinator for Health IT, resigned abruptly from both agencies on Friday.

"Despite several requests, I was not even able to meet with the EHRM leadership team before these departures," according to Banks.

For her part, Morris had been working at the VA Office of EHR Modernization to ensure that the agency's Cerner implementation went as smoothly as possible. However, Morris indicated in her resignation letter that she was resigning because the "VA's leadership intends to take the EHR modernization effort in a different direction than we were headed."

The VA announced that John Windom has been appointed acting CHIO of the Office of EHR Modernization to replace Morris.

"We are pleased that John Windom will now take over as Acting CHIO for OEHRM," said VA Secretary Wilkie in a written statement. "John is a recently retired Navy captain who played a key leadership role in the Pentagon's electronic health record modernization efforts, and in leading VA's negotiations with Cerner over the last year."

Nonetheless, in his letter to Wilkie, Banks urged him to identify a permanent CHIO immediately who "possesses the requisite medical and technical knowledge and demonstrates managerial competency for such a large EHR transition." In addition, Banks urged the VA secretary to pick a CMO from within the Veterans Health Administration, insisting that "it is crucial that this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes."

Further, Banks requested that Wilkie provide the Subcommittee on Technology Modernization with a detailed organizational chart for the VA Office of EHR Modernization, listing each federal

position and full-time contractor while “indicating the name of each position’s incumbent or its vacant status” by September 7.

Last month, the House Committee on Veterans’ Affairs formally approved the creation of the Subcommittee on Technology Modernization—with Banks as its chairman—to provide oversight of the VA’s rollout of the Cerner Millennium platform.

“It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest,” Banks told Wilkie. “I am dedicated to pursuing a constructive oversight agenda to encourage VA to make the right decisions, but any engagement is difficult without stable leadership.”

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3.5 - EHR Intelligence: [IN Rep Demands Transparency on VA EHR Modernization Leadership](#) (30 August, Kate Monica, 50k uvm; Danvers, MA)

House Subcommittee on Technology Modernization and Representative Jim Banks (R-IN) urged VA Secretary Robert Wilkie to improve transparency into VA EHR modernization project leadership in a recent letter.

Banks also requested that Wilkie immediately appoint permanent leaders to head the Office of Electronic Health Record Modernization (OEHRM) in the wake of former Chief Health Information Officer (CHIO) Genevieve Morris’ resignation on August 24.

In the letter, Banks expresses “great concern about the deteriorating and rudderless leadership” of OEHRM.

OEHRM was established in July to ensure the VA Cerner EHR modernization project runs smoothly. The oversight panel manages the preparation, deployment, and maintenance of VA’s new system, as well as all EHR-integrated health IT tools.

“The resignation of the Chief Health Information Officer, the program’s top leader, comes only three days after the resignation of the Chief Medical Officer,” stated Banks. “As a result, at most half of the program’s leadership positions are occupied, and its rank-and-file positions are only sparsely filled, primarily with detailees.”

The lack of permanent VA leadership is especially concerning given the Cerner EHR implementation is slated to begin on October 1, 2018, Banks maintained.

“It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest,” wrote Banks. “In fact, despite several requests, I was not even able to meet with the EHRM leadership team before these departures.”

The lack of stable leadership at the helm of OEHRM has made it difficult for Banks and his subcommittee to engage with the oversight program to discuss an agenda for guiding VA decision-making.

Banks urged Wilkie to immediately identify a permanent CHIO with the medical and technical expertise to competently manage the \$10 billion EHR implementation project.

“I also urge you to select a Chief Medical Officer (CMO) from within the Veterans Health Administration; it is crucial that this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes,” Banks stated.

Finally, Banks requested Wilkie provide his subcommittee with a detailed organizational chart of all federal positions and full-time contractor positions part of OEHRM by September 7, 2018.

The organizational chart should list the names of the individuals in each position and flag any positions still left vacant, Banks said.

Problems with permanent leadership at OEHRM follows persistent issues at VA with stable staffing in the federal agency’s higher-up positions.

In April, former VA CIO Scott Blackburn resigned from his post amidst negotiations to finalize the VA Cerner contract.

Blackburn had been serving as the department’s acting CIO since October 2017 and had played a significant role in launching VA’s replacement project of the homegrown VistA system.

Before Blackburn, former VA Secretary David Shulkin was removed from the head of the federal department following accusations from the Inspector General that he had improperly accepted tickets to the Wimbledon tennis tournament.

The Trump administration struggled from March until July to confirm a new VA Secretary.

Wilkie was confirmed as the new permanent secretary on July 24. Wilkie had been serving as the VA Acting Secretary since Shulkin left his post and officially signed the Cerner contract in mid-May after months of delay.

The first implementation of VA’s Cerner EHR system is expected to go live in March 2020.

Per provisions of the Veteran’s Electronic Health Record Modernization Oversight Act of 2017, OEHRM will receive certain documents related to the implementation process including project timelines, costs, the health IT strategic architecture plan, and the transition plan for implementing updated architecture.

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3.6 - HC+O News: [New State-of-the-Art Facility Replacement to Treat Veterans in Colorado](#) (30 August, Roxanne Squires, 14k uvm; San Rafael, CA)

AURORA, Co. – The highly anticipated Rocky Mountain Regional VA Medical Center (VAMC) has finally opened its doors to patients, replacing its former 60-year-old hospital building with a new and luminous 1.2 million-square-foot facility.

The VAMC will provide care for more than 390,000 Veterans and will offer services including a 30-bed spinal cord injury clinic, aquatic therapy, mammography, and PET scans for cancer and prosthetics.

There will also be expanded telehealth services, polytrauma and a traumatic brain injury unit located on the 31-acre site. Additionally, the hospital includes 900,000-square-feet of parking space for staff and patients.

In the beginning, renovations to the Clinic [Building South], formerly University Physician, Inc., was awarded a \$571 million to Kiewit Turner (KT) of Englewood and initiated construction in April 2011.

The Campus Construction project, also awarded to KT, began in November 2011 while U.S. Army Corps of Engineers (USACE) issued substantial completion to KT in January 2018. Turner Construction of New York also served as the general contractor.

The Center's design concentrates on sustainability, which incorporates photovoltaic panels, solar evacuated tubing and optimal daylighting throughout the curtainwall system, all of which help produce energy-cost savings.

The Concourse building connects all buildings of the hospital, providing weather-protected access to the various services as well as a space for community.

An infusion clinic is located on the third floor, facing west, providing ideal views of the Rocky Mountains. The openness and lighting along with the artwork are there to help improve patient care and are abundant throughout the facility. There are also private rooms with an area for family members to wait and stay.

Most notably, the Spinal Cord Injury Unit (SCI) stands as one of the only 25 other facilities in this country to provide services that qualify for specific rehabilitation needs of Veterans with spinal cord injuries. The SCI also features an outdoor rehabilitation garden, allowing patients with spinal cord injuries to adapt to their chairs in a protected environment.

"Open space within the Concourse Building and throughout the campus promotes opportunities for Veterans and their families to engage with others within the Veteran community," said Jennifer Williams, project executive, construction and facilities management of the Denver Replacement Project.

"The SCI and Mental Health have several rooms which are two person rooms to help with the peer to peer support for either the new SCI patient or a mental health patient. The entire campus has very special design elements from showcasing each branch of service to naming the reception areas after a Colorado mountain."

Williams continued, stating that this is to assist with wayfinding and to also provide a sense of community. Additionally, the medical center has partnered with the VFW to bring in Veteran Artwork which is for sale, helping support Veterans as a result.

Unlike the previous facility, the new building allows the hospital to adopt new technologies with the campus having a fully integrated physical access control system, which includes both security cameras and various card readers.

The unique feature of this system is that it was integrated with the existing Eastern Colorado Health Care System which spans the entire eastern side of Colorado and into Kansas.

The campus includes many other innovative technology components to assist with patient care and patient experience, including the Sip and Puff technology that allows paralyzed Veterans to control equipment in their room with their mouths.

“The biggest challenge on this project has been shifting the focus from the problems this project faced in the past to celebrating the successes of this project today, said Williams. “This facility, which incorporates new services and technologies, will enable VA to serve nearly 400,000 Colorado Veterans and their families. Some of the most proud moments on this project have been helping a Veteran find their way to an appointment or the Canteen while listening to their comments on what a wonderful facility this really is.”

The Rocky Mountain Regional VAMC officially opened for outpatient services on July 27 and present Denver VA patients moved into the facility on August 4.

Although the facility is already open, the VA medical center is continuing its work to address the growing Veteran population in the region by guaranteeing high-quality services while a PTSD clinic is planned to be built on the campus as soon as possible.

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4. Focus Resources More Efficiently

4.1 - The Register-Guard: [Never had a bad doctor in experience with VA](#) (30 August, Albert Fisher, 438k uvm; Eugene, OR)

I have used the Veterans Administration health system for 10 years now. I have the best primary doctor one could have.

I have never had a bad doctor yet at the VA facilities in Eugene, Roseburg or Portland. I have heard many times, over and over, the same guys on van rides talk about how bad doctors are. I asked them why they used the VA system, and they do not respond.

I don't get any disability pay like the complainers do.

I hope the VA keeps up the good work in Eugene, Roseburg and Portland. So many depend on them.

Albert Fisher, Springfield

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4.2 - KCUR (NPR-89.3): [U.S. Government Appeals Judge's Ruling That VA Was Liable In Death Of Kansas City Veteran](#) (30 August, Dan Margolies, 198k uvm; Kansas City, MO)

When a federal judge decided in July that the Veterans Health Administration was liable for the death of an Iraq veteran who was treated at the VA and later killed himself, it was thought to be one of the few instances nationwide where the VA has been held directly responsible for a veteran's suicide.

Now the federal government is appealing that verdict.

A notice of appeal filed Wednesday said the United States is seeking review of the judgment by U.S. District Judge Julie Robinson, as well as her findings of fact and conclusions of law.

Robinson found the VA liable for the death of Cpl. William Draughon of Kansas City and awarded more than \$480,000 in damages to Draughon's father and his two children.

Draughon, a graduate of North Kansas City High School, was a squad leader and gunner in Iraq for seven months in 2004 before he was honorably discharged from the Marine Corps.

Evidence at the trial showed that after he returned to the Kansas City area, he began drinking heavily and was diagnosed with post-traumatic stress disorder. During one of several hospitalizations at the Kansas City VA, he'd been flagged as being at high risk for suicide. Although no risk assessment was done, a suicide prevention coordinator at the hospital removed the high-risk flag from his electronic medical records 90 days later.

On St. Patrick's Day, 2010, after arguing with his girlfriend, Draughon shot and killed himself in front of his girlfriend and brother. He was 28 years old.

Draughon's family, believing the VA was negligent in its care of Draughon, sued the agency for negligence. The case was tried by Robinson, who found that the VA had breached its own standards of care by removing Draughon from its high-risk list for suicides.

Jim Cross, a spokesman for the U.S. Attorney's office in Kansas, which filed the notice of appeal on behalf of the government, said his office would have no comment.

"The motion speaks for itself," Cross said.

Michael Raupp, a lawyer who represented the Draughon family, said he was "confident in the decision that Judge Robinson made – all the rulings she made throughout the course of the proceedings."

"We'll withhold any comment until we see the basis on which the appeal is proceeding," he said.

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4.3 - The Herald: [VA is looking for volunteer drivers](#) (30 August, Michael Roknick, 73k uvm; Sharon, PA)

HERMITAGE – Local military veterans are seeking volunteers ready for action.

Veterans in the area needing medical treatment usually go to the Veteran Administration's Michael Marzano Clinic in Hermitage. But a large number of these vets need higher skilled medical care that's only available at VA hospitals in Butler and the Pittsburgh area.

“Many of these people can’t drive,” said Wayne Stratos, a member and adjutant of the Mercer County Disabled American Veterans Chapter 55. “We have a standing problem with drivers. We can use all the help we can get.”

A Vietnam War veteran, Stratos, said there are vets who can rely on family members to drive them to medical visits.

But that isn’t always the case.

“You can have your family scattered around the country,” he said.

Age also is a factor in vets being unable to drive.

“Even Vietnam vets are about 70, and we have many from World War II and the Korean era,” Stratos said.

Three vans bought by the Mercer County DAV are ready for duty to transport vets. But there aren’t enough drivers to meet the need.

“The problem is these veterans have had to cancel much-needed appointments for a lack of a drivers,” Stratos said. “We get a lot of calls from buddies who need a ride.”

In recent years, the VA has come under withering fire for shoddy medical care or not getting veterans into treatment centers soon enough.

That isn’t the case here, Stratos said.

“In western Pennsylvania and eastern Ohio, we have some of the best VA care in the country,” he said.

To become qualified, driver volunteers have to pass a regular physical exam, have a valid driving license with a clean driving record.

“You don’t have to be a veteran to become a driver,” Stratos said.

THOSE interested in volunteering should contact the Department of Veterans Affairs Voluntary Service in Butler at 1-800-362-8262, Ext. 6957.

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4.4 - Tribune Chronicle: [Ryan looks at VA to fill Northside](#) (30 August, Raymond L. Smith, 64k uvm; Warren, OH)

YOUNGSTOWN — Looking at ways to use the Northside Regional Medical Center facility, U.S. Rep. Timothy J. Ryan this week sent a letter asking Veterans Affairs Secretary Robert Wilkie for possible suggestions on how the agency, through private-public partnerships, can use the facility to help veterans living in the tri-county area.

Ideas include using the soon-to-be-closed facility as a VA clinic that works with the Youngstown-based America Makes to make prosthetics for wounded warriors, and the creation of a "Veterans Village," where veterans can get transitional to permanent housing and are providing other supportive services.

The letter, also signed by U.S. Bill Johnson, R-Ohio, and U.S. Sen. Sherrod Brown, D-Ohio, emphasized the VA's opportunity to capitalize on an established building.

A veteran's village, similar to one located in San Diego, would provide a place to help veterans with specific needs.

"Where we can handle some homelessness and maybe some housing and other kinds of senior care," Ryan, D-Howland, said. "There's a golf course right there with Stambaugh Golf Course, the Jewish Community Center is right next door, they have a pool, they have programming, so just exploring all options. We can't let that facility die."

"The VA could partner with America Makes, the National Additive Manufacturing Innovation Institute, to develop Northside Regional Medical Center into a center of excellence for VA prosthetics," he said. "By utilizing America Makes' state of the art additive manufacturing technology, the VA could develop new prosthetics technologies for our wounded warriors."

As a member of the subcommittee on defense, Ryan said he has influence on VA's funding.

Steward Health Care Systems LLC announced earlier this month it would be closing Northside Regional Medical Center on Sept. 20, although its employees will be paid through Oct. 14.

Officials with the hospital chain stated it is closing the area's oldest hospital because Northside Regional Medical Center has been chronically under-utilized. Steward purchased Northside in 2017, along with Trumbull Regional Medical Center, Hillside Rehabilitation Hospital and Sharon Regional Hospital.

Since the announcement, area political and business leaders have been looking at what can be done to help displaced worker and what to do with the hospital building.

Ryan said Veterans Affairs likely would not be looking at the facility as a hospital, because the VA is divesting from hospitals and creating more community-based clinics.

"I just want to make sure no stone is left unturned," he said.

Finding ways to get the VA to work with America Makes would create a level of synergy and add new jobs in the area, Ryan said.

Herm Breuer, director of Trumbull County Veterans Services in Warren, said the VA would not come in and take over the facility, but would partner with private groups and other organizations in developing programs for veterans.

"Having a veterans village or developing other programs would be great," Breuer said. "It would be a regional facility that would attract veterans from Cleveland, Pittsburgh and other communities. We have about 60,000 veterans in our region, if you count those in Mahoning and the Shenango County areas," he said.

Ryan said they need to look outside the box in finding ways to utilize Northside.

“We need to look at every opportunity,” he said. “Just because this is now a hospital, it does not have to remain a medical facility.”

Ryan hopes he has some influence with Wilkie, since he is on the committee that funds the VA.

“Nothing is certain,” Ryan said. “We want to plant the seed of an idea. It may get some consideration because the idea is tied to something that already exists.”

He has not spoken to representatives of Steward Hospitals about this particular action plan, but Ryan said they have been at the table when discussions were taking place about the future of the facility.

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4.5 - Greater Fort Wayne Business Weekly: [Union pushes to have VA jobs filled](#) (30 August, Linda Lipp, 11k uvm; Fort Wayne, IN)

The unions that represent workers at Veterans Administration facilities are in a fight that goes well beyond labor relations issues and right to the heart of the way this nation cares for its veterans.

That’s the opinion of Bill Reuille, president of American Federation of Government Employees Local 1384, which represents about 700 front-line VA workers in Fort Wayne and another 200 at a clinic in Mishawaka.

The AFGE estimates that about 49,000 VA jobs across the country are not being filled, and that is affecting both the quality of care veterans are provided as well as staff safety and well-being.

“The staffing issues go back to the veteran experience,” Reuille said. “When we don’t have the staff, the veteran has to wait or he has to be sent out to another location. And we know the numbers: It’s 40 percent cheaper to see vets at the VA than to send them out.”

Staffing levels at the VA have been a problem for a number of years, he acknowledged. But now, even though the federal budget included funding to fill vacant positions, most seem to have been frozen. Reuille believes that the real goal of the Trump administration is to privatize the services the VA provides.

“We want to avoid privatization at all costs,” Reuille said. “We don’t want to see the VA going that way. We want to keep the VA around because we know how to deal with our people. We enjoy the vets. It’s a really good community — more than just a hospital. We know their issues, we know their names, their granddaughters’ names. We have so many with service dogs and I can tell you what their dogs’ names are. I’ve worked in the private sector and you don’t have that.”

Reuille also said he often thinks of the words on a sign outside the VA. “We see ‘the price of freedom’ every single day when we come to work, and a lot of people aren’t lucky enough to do that.”

Fort Wayne VA staffing levels are actually much better than many other areas, probably in the top 10, Reuille estimated. A check of the VA Northern Indiana Health Care System reveals just 27 job openings listed in the region; 18 of which are in Fort Wayne.

Members of Local 1384, veterans and supporters staged a rally at the VA in Fort Wayne Aug. 23 to bring greater public awareness to the issue. Among those attending was Courtney Tritch, the Democratic candidate for Congress in the third district. Reuille said he was in touch with staff in the office of incumbent Republican Congressman Jim Banks, which did not send anyone to the rally.

“Everybody is busy; I understand,” Reuille said. “I’m not partisan one way or another. As long as you’re here to back labor and back veterans, I back you. I’m for everybody who wants to come support us, who wants to support veterans. I’m 100 percent on board with that. Ideologically we may have differences but we should be all on the same page there.”

The AFGE is one of several unions that represent VA workers nationwide. With 700,000 members, it is the largest of the government employee unions, and the largest portion of its membership are workers at the VA. But it is not only the AFGE that is under attack, he said. Organizations that represent Social Security workers, Immigration and Customs Enforcement workers and others are also fighting efforts to force them out.

“That’s what Bill Reuille, president of AFGE Local Council 1384 believes,” he said. “That’s what I believe is what this administration wants. The unions are all in the labor fight of their life.”

Rallies like the one in Fort Wayne have been held elsewhere as well.

“We just want the people to know how important November is going to be,” Reuille said. “We want people who are not just running around saying, ‘yeah, I’m for the vets, I’m all for the vets.’ Well, you’re not for the vets if you’re not staffing the VA. It’s not even a political thing. It’s just common sense.”

Business Weekly made numerous attempts to contact the VA for comment for this story. None was successful.

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4.6 - Fort Hood Sentinel: [36th Eng Bde Soldiers volunteer at Waco VA](#) (30 August, Kelby Wingert, 7k uvm; Fort Hood, TX)

WACO — Soldiers and Family members from the 36th Engineer Brigade volunteered their day updating the outdoor basketball court and spending time visiting with residents at the Doris Miller Veteran Affairs Medical Center in Waco, Saturday morning.

The project is one of several volunteer service projects at the VA hospital the brigade has been involved in, said 2nd Lt. Heather Bengé, 36th Eng. Bde. unit public affairs representative.

“Waco is our partner community and we’ve been working with Miss Eva (Gergely) at the VA hospital to support them through a few different events that they host throughout the year,” Bengé said. “She had said it would be really great if we could help them paint the basketball court because it’s something that they haven’t done for a while and it needed a facelift. So we

wanted to do something that would maybe motivate and inspire some of the veterans who like to play on the basketball court to use it.”

The 16 volunteers, a mix of Soldiers and Family members, completed the first phase of repainting the basketball court. Plans include eventually adding the emblems of each of the armed services onto the center of the court to represent the service of all veterans who visit the Waco VA.

The Doris Miller Veteran Affairs Medical Center provides primary care and behavioral health services for veterans in the Waco area. It is also a psychiatric facility, housing inpatient programs for chronically mentally ill patients and for blind rehabilitation.

Gergely, the medical center’s voluntary service specialist, said upgrading and updating the hospital’s recreation facilities is “huge” for improving the care and quality of life for the veterans in residence.

“Just to let the veterans know that there are people out there that care about them but also to get the veterans motivated to be more active again on their breaks outside of class or in the evening times go over to the basketball court and shoot some hoops and to blow off some of that steam,” she said.

The recreation facilities will also help support the adaptive sports clinic program the hospital is preparing to kick off, Gergely said.

After the basketball court service project, the volunteers were joined by some resident veterans for lunch.

Volunteer 2nd Lt. Nina Ford said she hoped the volunteers spending time with the veterans would help the veterans feel more connected to the active duty service members, and vice versa.

“I thought it would be nice to give back to those who paved the way for us, so I think that coming out here to the veterans’ hospital and actually improving their facility would be very helpful,” she said.

The volunteer opportunity gave the volunteers something back as well.

“I think it’s awesome because it’s always great to talk to veterans, people who have been there before,” said volunteer 1st Lt. Takeya McHaney. “They can give us insight and guidance that we can use.”

Col. James Koeppen, 36th Eng. Bde. commander, is passionate about being active with the VA, Bengé said. That passion is appreciated by Gergely.

“We’re really grateful for this new partnership with the brigade,” Gergely said. “Just to have the support of Col. Koeppen as well, he’s been here a few times to see the impact that they’re making on this campus.”

The brigade’s next volunteer opportunity with the Waco VA will be on Sept. 5 for the hospital’s mobile food bank distribution from 9-11 a.m.

"We're going to send a few of our Soldiers, but anyone is welcome to volunteer," Bengé said.

Those interested in volunteering can visit <https://cafb.volunteerhub.com>.

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5. [Improve Timeliness of Service](#)

5.1 - [Sioux City Journal: VA looking for alternative options to transport veterans to new Dakota Dunes clinic](#) (30 August, Ian Richardson, 810k uvm; Sioux City, IA)

DAKOTA DUNES -- The Sioux Falls Veterans Administration Health Care System is looking into ways to widen transportation options for veterans traveling to its new VA clinic under construction in Dakota Dunes.

Unlike its current location in Sioux City's Indian Hills neighborhood that sits near a Sioux City Transit bus stop, the new clinic will sit more than 1½ miles away from the nearest city bus stop, although it does receive transit service through the Siouxland Regional Transit System.

Sioux City Council members recently discussed whether they should look into ways to fund an extension to the city's transit system to support the relocated clinic.

"I would like the city to take a look at that to see if there's anything they can do that would help," Councilman Pete Groetken said.

In April 2017, the VA broke ground on the new clinic at 365 W. Anchor Drive in Dakota Dunes with plans to relocate its current facility from the Indian Hills Shopping Centre on Sioux City's north side. The Dakota Dunes building will be three times the size of the current space and will allow doctors and staff to expand services for more than 15,000 veterans in Northwest Iowa, Northeast Nebraska and Southeast South Dakota.

The new clinic is projected to open toward the end of October.

Sioux City Transit has a handful of stops in North Sioux City through an agreement with Sioux City, but the buses do not travel into Dakota Dunes, a planned community. The nearest bus stop, near River Drive and North Derby Lane in North Sioux City, is approximately 1.7 miles one-way from the new clinic.

The Sioux Falls VA Health Care System, which operates the metro area clinic, is looking into alternatives to assist veterans who rely on public transportation, said Dan Hubbard, the acting associate director.

"We're still researching what's available and what we can do to assist," he said. "Our goal is to ensure that all beneficiary eligible veterans have access to transportation to get there."

One option under consideration, Hubbard said, is to deploy vans donated to the VA by the Disabled Veterans of America. "We currently have one of those vans in Sioux City, and we're exploring putting another one at the Dakota Dunes site to assist in filling that gap," he said.

In addition, Dakota Dunes has an agreement with Siouxland Regional Transit System to provide service in the area, which should help veterans, said Jeff Dooley, district manager of the Dakota Dunes Community Improvement District.

"The SRTS system should provide that service," Dooley said. "As this VA clinic gets up and running, we'll work with them to be sure none of those barriers exist."

SRTS public transit service to southern Union County, South Dakota, runs 5:30 a.m. to 7 p.m. Monday through Saturday. The cost for a one-way trip ranges from \$5 to \$15, depending on the start and end point.

Sioux City Transit buses run from 6 a.m. to 6 p.m. Monday through Friday and start an hour later on Saturdays. Fares cost \$1.80, and veterans with a VA documented service-connected disability who present their VA photo ID ride free.

Assistant Sioux City Manager Mike Collett said there could be some discussions on the North Sioux City route during the council's budget hearings next year, but pointed out SRTS already provides service to Dakota Dunes.

"We have to balance the cost of an additional route with the demand and look at what alternatives (are offered)," Collett said.

At the Aug. 20 council meeting, Mayor Bob Scott and Councilman Alex Watters voiced frustration the clinic had been moved out of Iowa's fourth largest city, where a large number of the veterans it serves live.

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5.2 - WKBW (ABC-7): [Lawmakers call for investigation into closure of Adult Day Health Care program](#) (29 August, Christine Streich, 318k uvm; Buffalo, NY)

Two congressional lawmakers are calling for an investigation into the way the VA is handling the closure of an adult day care program for veterans.

Sen. Charles Schumer and Rep. Brian Higgins say they're concerned the VA may have violated patient privacy laws by releasing the veterans personal medical information to a private company soliciting business from veterans.

The VA's Adult Day Health Care is a popular program for veterans with Alzheimer's, dementia and other impairments. For six-hours a day, twice a week, those veterans receive physical therapy and therapeutic exercise, participate in recreational activities like trivia and singing, receive health education and medication management and share meals. The veterans say they rely on the program for the social, physical and mental enrichment it provides, and family members and caregivers say they rely on the support system.

In July, the Amherst facility told its participants it would be ending services by October 1st because the building that houses the program is set to be demolished. VA officials told participants they would be working with them to help them transition to new programs that offer similar services. Sen. Schumer and Rep. Higgins say that in their haste to make those transitions happen, the VA may have shared the veteran's private medical information.

Sen. Schumer and Rep. Higgins further argue that the Buffalo VA's decision to privatize this care for our veterans does not save costs or improve care.

Sen. Schumer and Rep. Higgins say they've spent weeks speaking with local veterans and families affected by the decision to close the Adult Day Health Care program, and they say they've repeatedly urged the leadership of the Buffalo VA to reverse their decision.

Senator Schumer also wrote to VA Secretary Robert Wilkie extolling the great services provided at the Western New York ADHC and calling for the program to continue.

Congressman Higgins has asked VA Regional Director Dr. Joan McInerney to intervene and reverse the decision.

Senator Schumer and Congressman Higgins also co-authored a letter to the U.S. Department of Health and Human Services Office for Civil Rights on behalf of local veterans and the Adult Day Health Care program.

The VA Western New York Healthcare System released this statement:

"This decision will allow VA to serve up to twice as many Veterans with existing resources, and give Veterans and their families more choice over their health care.

To date, 83 percent of the Veterans enrolled in this program have selected locations to receive adult day health care close to home at VA expense, and VA Western New York Healthcare System is continuing to work with Veterans and their families to transition them to community providers.

VA will adjust services and staffing through the month of September as Veterans enroll with community providers to ensure no Veteran is left without services.

VA is reviewing the offer by WS Development to extend a short-term lease. Given that estimates for comparable space in the greater Buffalo market continue to increase, the decision to transition these services to community providers is a more responsible use of resources, allowing more veterans to be served in the long term.

VA Western New York Healthcare System is looking in to the privacy concerns identified and will take appropriate action. Appropriate medical information is shared with prospective contractors only when a Veteran expresses interest in applying to that program, as is standard practice with medical referrals. "

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5.3 - The Daily News: [Many thanks to Batavia and Buffalo VAMC and others for care of Vietnam combat hero in his last days](#) (30 August, Barbara K. Dawson, 192k uvm; Batavia, NY)

On the first anniversary of the passing of my husband James C. Dawson III, who was a proud Vietnam Combat Veteran, I would like to express my gratitude to the Batavia and Buffalo VAMC for the wonderful medical care my husband received from both facilities.

Never once was he denied service, or had to wait for an appointment, on the contrary they always called us ahead of time to schedule or remind us of appointments.

Every department, medical, OT, PT, lab dental, vision, and the wonderful caring staff of third floor Oak Lodge! All caring, devoted and respectful people, who Jim loved like his own family.

Thank you to Home Based Primary Care, who came to our house to care for him, when travel became difficult. You were my angels!

Lastly, thank you Earl Schmidt, and the Orleans County veterans VSA, you were there every step of the way with guidance, and coordinating ways to make everything easier ... Thank You all.

Barbara K. Dawson

Albion

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5.4 - The Virgin Islands Daily News: [Air ambulance provider to transport local vets](#) (30 August, A.J. Rao, 51k uvm; St. Louis, VI)

A local air ambulance provider is now authorized to transport veterans in need of emergency medical care to centers outside the territory, a decision that aims to cut down wait times and potentially save lives.

This week, the VA Caribbean Healthcare System and the V.I. Office of Veterans Affairs announced the inclusion of AeroMD in the authorized list of air ambulance providers.

AeroMD, a veteran-run company, is based on St. Thomas and provides aircraft with state-of-the-art medical equipment to replicate services in a modern-day emergency room, according to the company's website.

Patrick Farrell, V.I. state director of veterans affairs, said AeroMD allows veterans to rely on a local aircraft instead of one coming from San Juan, which has the closest VA medical center outside the territory.

"It's a win-win situation for the veterans of the Virgin Islands because it's a matter of waiting four to 12 hours for a plane versus having a plane 15 minutes down the road that just has to be activated," he said. "As we all know, emergencies can be a life or death situation and time is of the essence."

Farrell said prior to AeroMD, a San Juan-based provider was used for veterans in the territory. As a result, there were a number of instances where airlifting veterans took longer than desired.

"It made sense to have AeroMD be our first option because they have planes right here," Farrell said. "It just didn't make sense to wait for another provider to come from outside of the territory."

Farrell said he hopes the addition of AeroMD will help local veterans gain back their faith in the veterans system.

"For many years, veterans in the Virgin Islands have always felt underserved and not equal to veterans on the mainland," Farrell said. "So, it's our mission and our goal to make sure that our veterans feel equal to any other veteran across the nation because we fought the same wars and been in the same battlefields."

There are an estimated 8,000 documented veterans living in the Virgin Islands, according to Farrell.

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6. [Suicide Prevention](#)

6.1 - Tampa Bay Times: [‘What the hell did you do to my daughter?’ He was accused of a crime he swore he never committed; she believed her 4-year-old](#) (30 August, Lane DeGregory, 4.8M uvm; Saint Petersburg, FL)

On the evening of the accusation, before the police came, Austin Holcomb walked to his neighbors' house to get his son.

The boy, who was almost 4, had been playing there all afternoon.

The neighbors' house was a wreck. That Saturday, they had been moving furniture, rearranging rooms. "Can you help me for a minute?" the husband asked. "You want a beer?"

Four kids were upstairs. Holcomb's son and his friend's two boys were playing computer games in a loft. The neighbors' daughter, 4, had a fever and was huddled in her parents' bed.

Holcomb drank a couple of beers, then helped his friend remove a large mirror from a white dresser. He carried the mirror upstairs, turned on the light in the master bedroom and saw the girl sleeping. He set it by the door, flicked off the light and came back downstairs.

But his friend wanted to put the dresser by the door, so Holcomb ran back up to make room. His friend heard the mirror move.

Both times, the neighbor later told police, Holcomb was back downstairs in less than a minute.

"Come on," Holcomb, 27, called to his son. "It's time to go."

A while later, as he was tucking his boy into bed, the neighbor's wife banged on his back door, screaming, "What the hell did you do to my daughter? How could you do this?"

"What are you talking about?" he asked.

Spitting out the words between sobs, the woman said her daughter had just told her he "licked my tee-tee — and asked if I liked it."

Holcomb reeled. "I would never do that! I didn't do anything," he insisted. "I swear on my life I never touched her."

[...]

He decided his family would be better off without him.

Early the next morning, he sent his wife a text:

"I want you both to have the best life this world has to offer. I can't give u that, this world keeps s----- on me....we could fight, spend 10s of thousands on lawyers, play the game as they call it. But I don't want to play games ... u can sell the house and start over with money to spare. I want to be relieved of the ugliness of this world ... I love you, Forever and a day. Only God can judge me. Plz forgive me, I just don't know what else to do."

• • •

Jodi Holcomb messaged back, "Babe no!!!" Then, "I'm looking for u." And "I love you." She sent him a photo of them. She called her father-in-law, who called the suicide hotline, then police.

At War Veteran's Memorial Park off Bay Pines Boulevard, an officer discovered Austin Holcomb's white Subaru parked in a clearing. The keys were on the front left tire. A cellphone was on the passenger seat.

Two more officers soon arrived and as they were talking near the car, they heard a branch break in the woods. They looked up.

They ran to Holcomb, about 150 feet away. One officer grabbed his feet, another cut the thick rope noosed around his neck. The third officer performed CPR.

When Holcomb came to, the right side of his face drooped. His right arm was numb, as if he'd had a stroke. He looked up and said, "I didn't mean to hurt anyone."

He insisted he didn't want a doctor. He just wanted to go home. But officers handcuffed him to a stretcher, and an ambulance carried him to Bay Pines VA Hospital.

There, he got angry.

"Why am I still alive?" he yelled. "God, did you just keep me alive to spend the rest of my life in prison?"

Doctors held him for a week, to make sure he wouldn't hurt himself or anyone else. When he got out, he and Jodi went to pick up a pizza. They were a speed bump away from his parents' house when they heard sirens, saw red and blue lights. A pack of police dogs and a SWAT team surrounded them.

Holcomb was charged with lewd and lascivious molestation and sexual battery on a child under 12, a capital felony. The judge denied bail.

[...]

The story of Holcomb's arrest spread across the internet. His charges were read on the TV news.

St. Petersburg College kicked him out of the firefighting program. If he was found not guilty, he could reapply. In the meantime, with two weeks left to finish the course, he had to pay back \$3,000 from his GI Bill.

[...]

Veterans Affairs sent a social worker. The woman's first question: "So you're not down as a predator?" Holcomb said no. Three times. A jury had cleared him. Did she want to see the paperwork? Shouldn't that be in his file? "Well, in case you are a predator," she said, "just so you know, we don't discriminate against those people."

The VA also sent Holcomb to a counselor, because of his suicide attempt. They talked about the case and his time in the Navy, when he saw friends kill themselves and fishermen caught in the drug war.

But the best help he said he got was from the minister who had visited him in jail. After 20 years at Park Place Wesleyan Church, Phil Lewis had left his congregation to become a full-time counselor. He also was renovating a house and hired Holcomb to help.

By early spring, Holcomb had earned his first paycheck. Soon, he was talking about his next fixer-upper: a home of his own.

"We talked to Navy Federal. We can get a VA loan," he told Lewis one afternoon as they were painting a bedroom. "This job has helped more than you know. Just being around you, knowing you're listening. ... You showed me how much energy it takes to hate, and how to let that go." Holcomb put down his roller and wiped his eyes.

"God can use the good and bad in our lives," said the pastor. "Does he allow bad things to happen? Yes. But he can also use the hell of our lives to bring about really good stuff."

Holcomb nodded. The minister went back to painting. "You know, I almost thank God for all this," Holcomb said softly. "A lot of people wouldn't have this relationship with God unless they'd gone through something really awful. So maybe I am lucky?"

[...]

"You know Rod, from the VA?" Jodi Holcomb shook her head no. "My counselor? Anyway, he's mostly geared toward military combat vets. But since I'm also married, and have a kid, Rod thinks we should do couples' counseling."

She stared at him. "Well, that's what he said," her husband said. "I told him we'd both been under a lot of stress."

She couldn't deny that. The only thing she had splurged on for their new home was a cream-colored pillow, with gray lettering: Pray more. Worry less.

"Until you get into college," she said, "I'm going to be stressed."

The GI Bill will help with housing expenses, but Holcomb can't use it unless he is enrolled. So until then, money is tight. In a recent rain, their side yard already had flooded, rivulets running from beneath the neighbor's fence, pooling around their garage. They will have to fix that, figure out a way to split the cost.

But neither of them wants to meet the new neighbors.

[...]

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

[7.1 - Forbes: Flight Training Caps Will Save GI Bill \\$504 Million Over 10 Years, But Will They Cost Pilots?](#) (30 August, Marisa Garcia, 29.7M uvm; New York, NY)

New legislation, establishing a maximum tuition and fee structure for all VA-funded flight programs, will save the GI Bill \$504.4 million over the next ten years, according to estimates from the Veterans Administration. A number of veterans groups agree with the Department of Veterans Affairs that the costs of financing pilots' careers—without fee caps—are unsustainable.

In response to an article published this month which covered the concerns from aviation organizations about an educational cap on pilot fees, at a time when the aviation industry faces a critical pilot shortage, the office of Veterans Affairs reached out to clarify its position.

A Spokesperson for Chairman Phil Roe, M.D., House Committee on Veterans' Affairs disputed claims from the Aircraft Owners and Pilots Association (AOPA), that new legislation treats aviation programs differently from other educational programs covered by the GI Bill.

"The intent of the legislation is to simply align the amount of tuition and fees allowable for flight training at a Public Institution of Higher Learning (IHL) with the existing cap on tuition and fees for private and non-profit schools (currently \$22,805 a year)," the Spokesperson said. "This is the same cap that applies for tuition and fees at all other private IHL programs like Harvard, Stanford, even private law and medical schools."

Even specialized aviation education university Embry-Riddle, a private institution of higher learning, is subject to this cap. The Spokesperson said, "Veteran pilots have to find additional funding to assist them in covering costs at this school."

Costs and Caps

Between 2013 and 2014 the number of student veterans who took flight training courses at public institutions rose by 9%, while the total costs to the GI Bill rose by 87%, according to the office of Veterans Affairs.

Some private flight training companies exploited a loophole in the GI Bill which allowed them to overcharge by offering contract services to public schools, which previously had no cap on spending.

Though better oversight of these programs cut back this exploitation, new GI Bill legislation aims to better control costs in future.

Some groups representing veterans addressed the matter with the Subcommittee on Economic Opportunity, Committee on Veterans Affairs, U.S. House of Representatives in October of 2017, during a review of the new Post-9/11 GI Bill, which included revised language to manage the cap on flight training.

Robert Worley, director of Education Service, at the Veterans Benefits Administration, of the Department of Veterans Affairs explained the changes to disbursements to the Subcommittee. They include eliminating the requirement for veterans to possess a valid private pilot certificate before they could qualify to receive benefits for flight training, and allowing vets to double their monthly payments to cover classroom as well as flight training costs.

"The amount of each accelerated payment would be equal to twice the amount for tuition and fees, otherwise payable to an individual. The amount of monthly stipends (i.e., monthly housing allowance, kickers, etc.) would not be accelerated. Two months of entitlement would be charged for each accelerated payment. This provision would apply to training that begins on or after the date of enactment," he said.

The total funding under the GI Bill would be the same, but the legislation also puts pressure on educational institutions to charge less.

"It would limit the amount of tuition and fees payable for a program that requires flight training to the same amount per academic year that applies to programs at private or foreign IHLs. Second, it would prohibit the payment of tuition and fees associated with non-required (i.e., elective) flight training," Worley said.

Flight Hour Requirements

The dispute between aviation groups and veterans comes down to a difference of opinion of what constitutes "elective flight training".

While the FAA previously accepted 250 flight hours for a first officer Air Transport Pilot (ATP) Certificate, the requirements changed to 1,500 flight hours in 2013, as a safety measure following findings on the crash of Colgan flight 3407. This change has made qualifying for a commercial pilots license more expensive, and there are limited opportunities for pilots to earn salaries while accruing flight hours.

Aviation groups are concerned that a critical staffing shortage could threaten growth. They see veterans as a significant, qualified base of new recruits. But the question remains whether the GI Bill should fund the future of aviation.

"Despite the large number of institutions who provide flight training at costs around \$22,800 per student per year, in FY16 the VA reported a number of schools charging \$130,000, on average. While representatives from these schools argue this type of training is costly due to high-end equipment, the cost for similar training at 61% of the schools who accepted GI Bill benefits was significantly lower. This is concerning at best. To continue to pay these schools at such high costs is not an appropriate use of tax payer money," advocates for Veterans Education Success told the Subcommittee.

The American Legion also expressed support for the cap to the Subcommittee. John Kamin, assistant director, Veteran Education and Employment for the American Legion called attention to an exposé by the Los Angeles Times which raised awareness of exorbitant fees charged to the GI Bill by some flight training contractors. At the same time, Kamin acknowledged that better oversight had been effective in stopping such practices.

“Increased oversight from the Department of Veterans Affairs and State Approving Agencies (SAAs) has resulted in lowered overall expenditures for flight training to \$48.4 million in 2016, from a height of \$79.8 million in 2014,” Kamin told the Subcommittee. “Among the external factors responsible for this reduction was a 100% compliance survey conducted by SAAs in 2015 that resulted in 12 suspensions and withdrawals; largely due to violations of the 85-15 rule. However, the mandate to micromanage flight programs is unsustainable, even as institutions learn to adjust to the requirements while hedging veteran credit enrollment. For these reasons The American Legion believes that a solution is still necessary to ensure that the Post-9/11 GI Bill and the Harry W. Colmery GI Bill remain an honorable investment of public dollars.”

In the view of American Legion, the cap at \$22,850 for institutions of higher learning offering flight training is adequate, with accelerated double payments giving veterans the flexibility to pay for flight training at the same time as coursework.

“This would appear to alleviate concerns for discouraging pursuit of aviation while putting the choice in the hands of the veteran for how to appropriately allocate their GI Bill. The American Legion commends the Committee for this measured approach, and is encouraged by the cost savings that have been made at aviation programs,” Kamin said.

Still, veterans may not be able to accrue enough flight hours on the GI Bill for entry-level jobs in commercial aviation, except by self-funding the difference.

The Spokesperson for Veterans Affairs did not confirm when asked whether the total funds allotted to veterans for other high-cost careers like medicine was in line with the total costs for pilot careers.

The new 9/11 GI Bill provides additional funding for careers in demand from industry. They include high-tech careers and STEM (Science, Technology, Engineering and Math) careers—which also overlap with the educational requirements for commercial pilots.

The Spokesperson for Veterans Affairs did not confirm when asked whether the Department would consider pilot training for commercial aviation as qualifying for the STEM provision.

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7.2 - The Boston Globe: [For military veterans, colleges can ease the way to civilian life](#) (30 August, Cynthia Fernandez, 8.8M uvm; Dorchester, MA)

Karen Connick’s role at Quincy College fits like a glove. The retired colonel spends her days helping students navigate the distance between service life and student life.

Her efforts have helped the college receive a gold rating from Military Friendly, a Pennsylvania-based company that ranks schools around the country based on how well they support veterans in their transition to civilian life.

"I just retired from 30 years in the Army," said Connick, the college's military and veterans' services specialist. "A lot of the big mystery sometimes is just navigating the paperwork for a lot of the young men and women coming out of the service. It's come in so handy to speak the same language, so to speak, with the [Department of Veterans Affairs]."

Quincy College, which has about 250 veterans enrolled, is the only Massachusetts school to make Military Friendly's top 10 lists for 2018-2019. In all, 24 colleges in the state received ratings, including Massachusetts Bay Community College and Bunker Hill Community College, which earned silver, and Middlesex Community College and the University of Massachusetts Lowell, which earned bronze.

The founders of Military Friendly are Navy veterans who noticed the lack of support available to men and women leaving military service. In 2003 they launched their survey, which now contacts more than 8,800 institutions and ranks them based on student retention, graduation rates, job placement, and participation in programs such as the VA's Principal of Excellence and Veteran Success on Campus Program.

Timothy Quinn, coordinator of the Veterans Resource Center at Middlesex Community College in Bedford, said his role is to ease the transition of "battle-hardened" veterans into the role of college students. This is no easy feat.

"In the post-9/11 world," he said, "a lot of veterans are coming back with PTSD, mental ailments, traumatic brain injuries."

Middlesex, which also has a campus in Lowell, aids more than 300 veterans with programs such as yoga classes, meditation sessions, acupuncture, and other services to help with post-traumatic stress disorder, sleep, migraines, and focus.

Another program for veterans is smoking cessation, Quinn said. Many veterans smoked while in the service, and the stress of becoming a student and civilian can worsen the habit.

The school's office of disability support services also works hand-in-hand with the veterans resource center. Alerting professors of special circumstances can help smooth class time for veterans. A morning class might become burdensome for a veteran with migraines. Sunglasses — which are usually not permitted in the classroom — can help the veteran evade the head-splitting pain.

The question of when to begin is answered at Quincy College: When you are ready.

The school has courses that begin every month, with rolling admissions. This flexibility allows veterans to figure out "that work-life balance, or that family-life balance," said Taggard Boyle, associate vice president of marketing and communications at the college.

If a veteran enrolls and has trouble adjusting, Connick can help. The office offers counseling sessions with "student success coaches," she said, "for anyone who is hitting a bump . . . when life gets in the way."

Beginning this month, the college will offer the two most popular degrees among veterans — criminal justice and business — completely online.

Johnathan Zepeda, a 22-year-old veteran who left Coast Guard service this year, has started taking classes for a degree in English at Quincy College. He said veterans can enrich a campus.

"They have a different outlook on life," Zepeda said, "a different approach to the way that they do things. Most, they have drive to succeed and be outstanding in their community."

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7.3 - Pittsburgh Tribune-Review: [Twitter chat will answer questions about Forever GI Bill](#) (30 August, Jamie Martines, 1.5M uvm; Warrendale, PA)

Veterans looking to tap into education benefits offered by the Forever GI Bill can get their questions answered in real time by logging on to a live Twitter chat Thursday at 2 p.m.

To join the Twitter chat, follow the hashtag #askVBA, along with the Benefits Administration of the U.S. Department of Veterans Affairs (their handle is @VAVetBenefits) and the Student Veterans of America (their handle is @studentvets).

If you can't make the live chat Thursday, look back on the session by searching the hashtag #askVBA.

Also known as the Harry W. Colmery Veterans Educational Assistance Act of 2017, the Forever GI Bill is intended to update education benefits for veterans. For example, it eliminates a 15-year time limit for using the Post-9/11 GI Bill benefit, allows benefits to be used for independent study or online programs and expands guidelines for work-study activities.

Department of Veterans Affairs records show that 559,000 to 814,000 veterans tapped into those benefits in each of the past six years, according to a 2017 Tribune-Review report.

That adds up to \$28 billion in tuition and fees paid to schools during that period. About \$1.1 billion went to Pennsylvania schools.

In 2017, more than 600 veterans were studying at the University of Pittsburgh in Oakland and its campuses in Greensburg, Johnstown, Titusville and Bradford.

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7.4 - KSDK (NBC-5, Video): [Community split over possible expansion of Jefferson Barracks National Cemetery](#) (30 August, Chris Davis, 1.5M uvm; Saint Louis, MO)

Jennifer Noble spent Wednesday afternoon with her family, visiting several loved ones out at Jefferson Barracks National Cemetery.

"Most people need a spot to come to and visualize and help them deal with the loss," she said.

There are a few more of her relatives that haven't passed yet but will one day reside nearby.

"It's the only one accepting new burials," said Noble.

Securing a spot for those relatives is not a guarantee at this point.

The assistant director of Jefferson Barracks National Cemetery said if nothing else changes, they will be at full capacity in just 10 years.

"If we are able to get the land from Sylvan Springs, that will extend the use of Jefferson Barracks through 2045," said Darrell Ryan.

It now appears the St. Louis County Council is willing to make that happen. The director of St. Louis County Parks told 5 On Your Side the county is offering to sell half of Sylvan Springs Park with Halsey Street being the dividing line.

Everything south of that road, except for the spring itself, would be transitioned over to burial grounds.

"We just wish they could have gone somewhere else," said Charlotte Day, an opponent of the park sale.

Day lives near Sylvan Springs and said she hates to lose her park oasis.

"Kids learn how to ride their bikes, they come maybe just to have lunch," she said.

Day said, knowing her husband resides at Jefferson Barracks and she'll join him when her time comes.

"It's just that we wanted a better option. They just came in and decided this is what was going to happen," said Day.

She's also worried selling 34 acres is just a temporary fix, delaying the inevitable.

5 On Your Side took that question to Ryan.

"The National Cemetery Association's goal is to provide all veterans and their families burial options within 75 miles of their home, so we'll always be looking to provide a burial option of that nature for the St. Louis area," said Ryan.

That's a source of comfort for the Noble family, knowing her family will have their place too among the heroes in hallowed ground.

"To know that we won't have to worry our scramble for a site, that's a big relief, that takes a lot of pressure off," said Noble.

The V.A. would have to pay \$2.4 million for those 34 acres. The final vote on the land deal takes place next Tuesday.

That doesn't mean that southern portion of Sylvan Springs closes automatically.

There's a clause in the deal where the V.A. can actually lease the park back to the county for the next 10 years, for just \$1 a year. That move would keep the full park open until the V.A. needs it to start expanding the cemetery.

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7.5 - Roll Call: [Tsongas and Turner Want VA to Answer for Sexual Assault Survivors Report](#) (30 August, Eric Garcia, 430k uvm; Washington, DC)

The bipartisan co-chairs of the Military Sexual Assault Prevention Caucus want the Veterans Benefits Administration to answer for a recent report showing negligence.

A report released last week from the Department of Veterans' Affairs Inspector General found the VBA incorrectly processed 1,300 of 2,700 benefit claims related to sexual assault between April and September 2017.

The revelation comes despite the VBA announcement in 2011 that it updated guidance by saying it would take a "liberal approach" in examining claims.

Reps. Mike Turner and Niki Tsongas criticized the administration in a letter to Paul Laurence, undersecretary of benefits at the department.

"The number of veterans potentially impacted is staggering and unacceptable," the letter said.

Turner, a Republican, and Tsongas, a Democrat who is retiring at the end of this term, requested written responses about how the department processes claims, how the VBA became aware the benefits were not properly processed, what oversight will be put in place and what the plan is for reviewing trauma claims that were denied after the 2011 change.

"We expect that your administration is working diligently to correct these problems to ensure that veterans and survivors of sexual assault are provided the benefits and resources they deserve," the letter said.

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7.6 - WSAW (CBS-7, Video): [North Florida doctors bring a big, furry idea to veterans health event](#) (30 August, Peter Zampa, 196k uvm; Wausau, WI)

WASHINGTON (Gray DC) - Imagine having a pet without the hassle of feeding and cleaning up after it everyday. It's a concept North Florida veterans health workers are taking to Washington, D.C. this week at the Veterans Health Administration Innovation Experience.

"We're looking at ways that we can still give that sense of pet ownership and companionship," said Dr. Carrie Ambrose from the North Florida/South Georgia Veterans Health system.

Dr. Ambrose and her colleague Dr. Carly Ostrom are getting these robotic pets in the paws of veterans. The doctors say veterans with dementia moving into new environments can be stressful and aggravating. Some may not be able to handle their own pets, so these robotic replacements help fill the void.

"We've seen reduction in aggressive behaviors, more pro-social behaviors such as engagement with the pet and with other veterans. They like to show off their pet," said Ambrose.

They say the pets have helped lead to a 75 percent reduction in aggressive behavior. Ostrom believes it's a cost-effective way to get these veterans a life-like interaction with a pet.

"It's hard to quantify how meaningful our pets can be to us so to be able to give that to a veteran is important," said Dr. Ostrom.

VA leaders tell us it's full speed ahead with this kind of innovation. They say these gatherings allow for face-to-face collaboration that leads to smarter care for veterans.

"We're here because we want to ensure that the veteran experience is the best possible that we can deliver and innovation is one way that we get there," said John D'Adamo, acting director of the Veterans Health Administration Innovators Network.

D'Adamo says bringing folks together from around the country allows for education and collaboration. He stresses that one-size-fits-all innovation is not effective when the focus needs to be on each individual veteran.

"Working with individuals and being understanding of their unique needs. So we really want to encourage that with all of our projects," said D'Adamo.

The third annual event concludes Thursday night.

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7.7 - The Winchester Star: [Unclaimed remains to get proper military burial](#) (30 August, Brian Brehm, 154k uvm; Winchester, VA)

They were soldiers once, four eager young men who stood in defense of their country.

Time passed. Their military service ended and they started careers and families. Eventually, their time came to an end.

Omps Funeral Home in Winchester cremated the remains of these veterans and waited to hand them over to next of kin. Days turned to weeks, weeks to months, months to years.

On Wednesday morning, Veterans of Foreign Wars (VFW) Post 2123 of Winchester stepped in to give these veterans their long-overdue last respects.

Post Commander Richard Petro said the ashes of Dr. Hugh Bailey Lynn, Alexander Hamilton Harris, Arley Lemuel Kerns Jr. and Richard Charles Vetland — as well as the remains of Lynn's wife, Lillian Lowe Smith Lynn — would be taken to the National Cemetery in Culpeper for interment with full military honors.

The boxed remains were placed atop a wheeled cart and draped in an American flag. Four members of the VFW Post 2123 Honor Guard escorted them outside the funeral home on Amherst Street to a waiting van, where six additional post members stood at attention and snapped solemn salutes.

Once the remains were placed inside the van, Omps Funeral Home President Larry Omps and Vice President David A. Zimmerman folded the flag and presented it to a member of the Honor Guard.

Behind the van, a lone bugler played taps.

"Thank you all for coming as we honor these veterans and take them to their final resting place in Culpeper," Petro said to the small gathering.

He said the National Cemetery in Winchester is full, which is why the interment will be in Culpeper.

Hugh Lynn served in the Army from 1941 to 1946 and attained the rank of major. He retired as a pediatric surgeon and was living with his wife at Shenandoah Valley Westminster-Canterbury in Winchester when he died Nov. 10, 2015, at the age of 101. Lillian Lynn passed away 11 months later at the age of 102.

Information on the remaining three veterans was much more scarce.

Kerns, who lived in Frederick County, was 72 when he died Jan. 10, 2016, at the Blue Ridge Hospice Residential Center in Winchester.

Harris died July 29, 2013, at the age of 55, and Vetland was 61 when he passed away Jan. 13, 2012. No further details were available.

With the exception of Vetland, whose remains were assigned to an executor, each of the veterans had relatives who had been contacted by Omps numerous times over the years, but their remains went unclaimed.

"Some had asked if they could wait till another time to pick them up, and we said yes and stored them here," Zimmerman said. "Then there were multiple calls [that went unanswered]."

"So we took it upon ourselves as a post and benefactor of veterans to make sure they got a proper burial," Petro said. "Because they were unclaimed, the VA [Veterans Administration] and various other organizations are taking care of the cost through a program called Unaccompanied Veterans."

Petro said the four veterans will be publicly honored at 2 p.m. Sept. 14 at Culpeper National Cemetery as their names are formally added to the list of service members interred in the hallowed grounds.

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7.8 - Community Idea Stations (Audio): [Richmond Expands Supportive Housing for Homeless Veterans](#) (30 August, Megan Pauly, 59k uvm)

Richmond's public housing authority has six new housing vouchers for homeless veterans. The vouchers not only include rental assistance, but also cover case management and clinical services through the department of veteran's affairs.

Herschel Harris served in the army in the late 70s and early 80s. He has a bad back and PTSD, which has made it hard for him to work. Right now, he's homeless. But, he's received a housing voucher because he's a veteran and is happy about the prospect of paying no more than 30% of his income in rent. Otherwise, he says...

"My money would be gone, and I wouldn't have anything to sustain eating, travel to and from VA appointments, personal hygiene, walking clothes, getting a haircut every once in a while. Or heaven forbid, going to a movie...I haven't been to a movie in 30 years."

But now, he needs to find a landlord willing to accept the voucher.

"And that's the issue that most of our veterans have: I have the voucher, now what."

That's Kenyatta Green, director of Richmond's housing choice voucher program.

"So trying to bridge that gap: how do we get them into affordable housing? How do we make sure that they're safe, how do we make sure that they're stable?"

With the extra six vouchers, she says there are a total of 15 vouchers for veterans yet to be claimed.

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7.9 - WVNews (The Fairmont News): [Clarksburg VA holds fifth annual Veterans Stand Down in Fairmont](#) (30 August, John Mark Shaver, 15k uvm; Clarksburg, WV)

FAIRMONT — Twelve months ago, Army veteran William Watkins had hit rock bottom.

With options limited and seemingly no way out of his problems, he was pointed toward the Louis A. Johnson VA Medical Center, and thanks to its programming and social work, Watkins is a new man.

"A year ago, I was drug addict living under a bridge and in a homeless shelter, and a year later here I am, sober, because of the (VA's) resources that are out here," Watkins said. "If it wasn't for these resources, my life would not be where it's at today. Now, I have my own place, my own car and I'm going to have my own kid with my fiancée. I have become a normal part of everyday society, and it would have never happened if it wasn't for the VA."

Watkins was sharing his success story with others at the VA's fifth annual Veterans Stand Down at the new Fairmont Armory. All veterans were welcome to attend and pick up some free food, literature and a wide variety of other resources, according to the medical center's homeless program manager, Amber Kovach.

"It's a one-day resource fair for all veterans," Kovach said. "We have state, local and federal agencies providing resources here. We have free haircuts and massages. We have the Mountaineer Food Bank. You can register for enrollment in the VA if you're eligible or you can talk to legal services. ... There are all kinds of resources here."

Those in attendance could also visit with local nonprofits and organizations, and could even look into help with substance abuse or legal issues while at the event.

Kovach said that, when she sees success stories like that of Watkins, it makes her proud of the work she's done, and it motivates her and others to start helping the next person in need.

"You meet somebody who has lost everything and you help them get back on their feet and provide that support they need and help them get back into housing," Kovach said. "It's a wonderful, rewarding job and experience."

While the event has only been around for a few years, it has already undergone an evolution to be able to provide to more people in the area, Kovach said.

"Originally, the Stand Down was for homeless veterans, but we noticed in our area that it would be an event good for all veterans," Kovach said. "There could be somebody who just lost their job yesterday, and we have work forces here and they can go talk to them. There's something here for every veteran."

Watkins, who has helped out with VA functions since turning his life around, said there's always help for people who need it, and it's just a matter of getting the word out that it's available.

"All of these resources that they have out here are here to help the veterans," Watkins said. "A lot of veterans don't know that these resources are here, so getting the resources out here to them is extremely important. ... All it takes is one person to say that these resources are (available), and then these veterans can take advantage of those."

With his life back on track, Watkins is ready to give back to those who are in situations similar to the one he was in last year, and said that through working together with others, everyone can become a better version of themselves.

"My testimony has helped a lot of people, actually," Watkins said. "They've told me that hearing my testimony has sparked something in their mind for them to be able to change for the better. When there's veterans at the VA or in town who I see struggling, I'm able to help them and show them the possibility of where I'm at today. That can be them."

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7.10 - ConnectingVets.com (CBS Radio): [VA Secretary to speak at inaugural Military Women's Coalition meeting](#) (29 August, Eric Dehm, New York, NY)

There's a new headliner at the inaugural Women's Military Coalition meeting Sep. 7th in Atlanta, Ga. During an appearance on the Morning Briefing radio show, Service Women's Action Network (SWAN) CEO Lydia Watts announced that VA Secretary Robert Wilkie will be on hand to deliver the opening remarks at the event.

The day-long meeting will be attended by representatives from over 70 organizations that focus on the issues facing women veterans and/or those currently serving. Watts says Secretary Wilkie agreeing to speak at the event on short notice, and altering his schedule to do so, is a good sign that he plans to make women's issues a significant focus during his time at VA.

"We are very, very optimistic that that's what this development shows," Watts said. "To be candid, I thought it was such a long shot that he would be able to come... we certainly were very

pleased to see his seeming commitment, and we hope that's an indicator of his commitment moving forward to addressing some of these issues that continue to plague the VA regarding women veterans."

While seating at the event is at capacity, having filled up faster than expected, the SWAN CEO says access to a live stream of the event is still available to organizations with a track record of working on behalf of women vets and they can reach out to SWAN to make arrangements for that by e-mailing SWAN's Director of Programs and research Dr. Ellen Haring at ellen@ServiceWomen.org.

As for the general public, and organizations who don't typically deal with women's issues, Watts says they can look forward to a recap of the event to be released by SWAN and the coalition after the event.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Man Shot by Police Out of Hospital, Charged With Assault](#) (30 August, 23.9M uvm; Washington, DC)

PORT ORCHARD, Wash. — Kitsap County prosecutors have charged a 72-year-old man who was shot and injured by police after he allegedly pulled a gun on them in May.

Fred Sowell is charged with first-degree assault for pointing a pistol at two officers. He's also accused of assaulting his wife.

The Kitsap Sun reports Sowell was booked into jail Tuesday after he was released from a Tacoma hospital where he had been since he was shot.

Kitsap County sheriff's deputies responded after a family member called May 15 to report an armed man in mental distress. Deputies tried to pull him over but he drove away.

Authorities say that when deputies found him, Sowell got out of his car and allegedly pointed a pistol at the officers. They fired at Sowell.

Court documents say Sowell was upset about care he was getting at the Veterans Administration.

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8.2 - WSOC (ABC-9, Video): [President Trump to sign executive order in Charlotte on Friday](#) (30 August, 2.1M uvm; Charlotte, NC)

Charlotte will take center stage Friday afternoon for a landmark announcement about your retirement.

President Donald Trump will fly to Charlotte where he will sign an executive order called "Strengthening Retirement Security in America."

A White House spokesperson said that means promoting programs for retirement security and expanding access to retirement savings plans for workers.

Interstate 77 AND I-485 are expected to be impacted by Trump's motorcade.

Mark Harris, who is running for North Carolina's 9th Congressional District, is grateful the president's motorcade will be rolling through town on Friday, in large part, to host a fundraiser supporting his campaign.

"I think it speaks volumes about the importance of this race," Harris told Channel 9.

Air Force One will land at Charlotte Douglas Airport and Trump will spend time at Carmel Country Club in south Charlotte.

The president will sign the executive order at the Harris Campus of Central Piedmont Community Campus near the airport.

The executive order is expected to help small business owners offer 401K plans to employees.

Trump will be joined by the U.S. labor secretary.

The public signing of the executive order will follow a private fundraiser for U.S. Rep. Harris (R-N.C., 9th District) and U.S. Rep. Ted Budd (R-N.C., 13th District), a source told Channel 9.

That fundraiser will be at Carmel Country Club.

"It's very tough for a small business to compete against the big guys," said Ben Edwards, who owns a small business.

Edwards said his small business, "Ben's v-Twins," a motorcycle repair specialist, has never been able to offer retirement benefits to employees.

Government statistics show that 40 percent of America's workforce does not have access to 401K plans.

The majority are employees of small businesses.

"If you can offer a 401K, or anything similar to that, to an employee, it's definitely going to keep them happier," Edwards said.

While the details of Trump's executive order remain under wraps, Harris said that offering retirement benefits should be a no-brainer, bi-partisan issue.

"I think every American ought to be able to have that opportunity," Harris said.

Friday's announcement about retirement plans comes after Trump's surprise move to cancel raises for federal workers.

This impacts hundreds of Charlotte workers at the Veterans Affairs Housing Authority or other agencies.

They were all supposed to get a 2.1 percent pay hike next year, but Trump said he's canceling it because of a rising federal deficit.

Two groups are planning protests during Trump's Charlotte visit.

"Indivisible Charlotte" will rally outside the CPCC Harris campus before and during the executive order signing. "Indivisible N.C. District 9" will protest outside Carmel Country Club.

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Veterans Affairs Media Summary and News Clips

31 August 2018

1. [Top Stories](#)

1.1 - People: [John McCain's Wife Asks Mourners to Honor Her Husband by Sending Flowers to Hospitalized Veterans](#) (30 August, Susan Keating, 43.5M uvm; New York, NY)

At the Department of Veterans Affairs, which serves some 9 million veterans at 1,243 medical facilities around the country, the flowers will be much appreciated. "Sen. McCain's family once again showed the sense of selfless service that has been their hallmark for over a century," says Secretary of Veterans Affairs Robert Wilkie in a statement to PEOPLE. Veterans, too, welcome the proffered gifts.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Trump Cancels Pay Raise Due to Federal Workers in January](#) (30 August, Darlene Superville, 23.9M uvm; Washington, DC)

President Donald Trump is canceling pay raises due in January for most civilian federal employees, he informed Congress on Thursday, citing budget constraints. But the workers still could see a slightly smaller boost in their pay under a proposal lawmakers are considering. Trump said he was nixing a 2.1 percent across-the-board raise for most workers as well as separate locality pay increases averaging 25.7 percent.

[Hyperlink to Above](#)

1.3 - Military.com: [Pence Heaps Praise on McCain in American Legion Address](#) (30 August, Richard Sisk, 9M uvm; San Francisco, CA)

Vice President Mike Pence praised Sen. John McCain on Thursday to a veterans service organization that had joined others in criticizing President Donald Trump's response after the death of the Navy combat veteran and two-time Republican presidential candidate. "I can assure you, America will always remember and honor the lifetime of service of United States Senator John McCain," Pence said in an address to the 100th National Convention of the two-million-member American Legion in Minneapolis.

[Hyperlink to Above](#)

1.4 - Military Times: [What happens now that veterans can file class-action suits against VA?](#) (30 August, Leo Shane III, 2.1M uvm; Springfield, VA)

A recent federal court ruling allowing class-action suits against the Department of Veterans Affairs could lead to a host of new legal options for veterans who share similar illnesses, service records or bureaucratic headaches. "It is a watershed moment," said Greg Rinckey, a founding partner of the law firm Tully Rinckey PLLC, which specializes in military law. "For veterans dealing with Gulf War illness or Agent Orange claims ... this makes it easier for them to fight against big government."

[Hyperlink to Above](#)

1.5 - Pioneer Press: [Pence addresses American Legion in Minneapolis, honors McCain; also attends fundraiser](#) (30 August, Christopher Magan, 2.1M uvm; Saint Paul, MN)

Vice President Mike Pence made his second Twin Cities stop of the summer Thursday, speaking to the American Legion national convention in Minneapolis and attending a political fundraiser in Bloomington. Pence and President Donald Trump have both made their presence

felt in Minnesota as the campaign season for the November midterm elections gets into full swing.

[Hyperlink to Above](#)

1.6 - Stars and Stripes (Military Update): [VA cites slow-rolled Agent Orange report to oppose spina bifida bill](#) (30 August, Tom Philpott, 1.5M uvm; Washington, DC)

More than two years ago, in March 2016, the Department of Veterans Affairs received the latest in a series of scientific literature reviews from the National Academy of Medicine on Agent Orange-associated ailments.

[Hyperlink to Above](#)

1.7 - Stars and Stripes: [Pence: Trump is a 'champion,' 'ally' to veterans](#) (30 August, Nikki Wentling, 1.5M uvm; Washington, DC)

Speaking to hundreds of American Legion members on Thursday, Vice President Mike Pence lauded President Donald Trump as a champion to veterans and listed off a series of what he described as major achievements under his administration. Pence spoke to several hundred Legion members on the last day of the organization's national convention in Minneapolis – an event that marked the Legion's 100th year.

[Hyperlink to Above](#)

1.8 - WFED (AM-1500): [Arbitrator tells VA to re-hire employees removed due to faulty accountability act implementation](#) (30 August, Nicole Ogrysko, 854k uvm; Washington, DC)

A Federal Mediation and Conciliation Service (FMCS) arbitrator has delivered a blow to the Veterans Affairs Department and its new authorities in the VA Accountability and Whistleblower Protection Act. The arbitrator says VA has violated the terms of its contract with the American Federation of Government Employees (AFGE) in implementing certain provisions of the accountability act.

[Hyperlink to Above](#)

1.9 - FedScoop: [Wilkie: VA and DOD 'will be joined from the hip' on EHR rollout](#) (30 August, Billy Mitchell, 57k uvm; Washington, DC)

The departments of Veterans Affairs and Defense will be inseparable as they roll out interoperable modernized electronic health records (EHR) systems over the next decade, VA Secretary Robert Wilkie said Wednesday.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - Star Tribune: [American Legion's repeated differences with Trump called unprecedented](#) (30 August, Randy Furst, 10.8M uvm; Minneapolis, MN)

As the American Legion wrapped up its historic 100th national convention this week in Minneapolis, the nation's largest veterans organization found itself making history on another front. The traditionally conservative Legion is publicly at odds with President Donald Trump on issues that include a proposed national military parade, the future of veterans' medical care, and this week, lowering flags to half-staff in honor of the late U.S. Sen. John McCain.

[Hyperlink to Above](#)

2.2 - The Daily Signal: [Congress Should Ensure VA Health Care Funding, but Only Within Budget Caps](#) (30 August, Justin Bogie and Dody Eid, 1.1M uvm; Washington, DC)

The appropriations process in Congress came to an unexpected halt July 19 as heated debates over funding the Department of Veterans Affairs could not be resolved. That hurdle was preceded by a summer of controversy regarding the reform of veterans' health care funding. The outcome of those negotiations will affect not only our nation's finest, but also the broader spending process.

[Hyperlink to Above](#)

2.3 - Bloomberg Government: [Energy, Veterans Money Measure Top Priority When House Returns](#) (30 August, Jack Fitzpatrick, 197k uvm; Washington, DC)

A spending package covering energy, nuclear security, the Veterans Affairs Department and the legislative branch could be sent to the president early next month if lawmakers can settle the last few differences between House and Senate appropriations bills.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - WFED (AM-1500): [VA and DOD both bit; Congress asks, can they chew?](#) (30 August, Tom Temin, 854k uvm; Washington, DC)

This all came to mind when reading about the upcoming hearing of James Gfrerer to become chief information officer at Veterans Affairs. If confirmed, the Navy Academy grad, career Marine and former Ernst & Young director will need to establish tempo. The VA's project to replace its Vista electronic health record has stalled. One reason is there's no one really in charge.

[Hyperlink to Above](#)

3.2 - WMAZ (CBS-13, Video): [Dublin VA center adds new \\$8.5M building to memory care unit](#) (30 August, 446k uvm; Macon, GA)

The Carl Vinson VA Medical Center in Dublin is expanding its memory care unit. The center held a ribbon cutting on Thursday for the new \$8.5 million building. This comes after the center was ranked one of the 11 worst centers in the nation. The low ranking and disturbing data sparked a visit from United States Representative Rick Allen earlier in August. 32 patients currently stay in the ward, with some sharing a room.

[Hyperlink to Above](#)

3.3 - The Vindicator: [Lawmakers urge VA secretary to partner with Northside for VA facility](#) (30 August, Justin Dennis, 193k uvm; Youngstown, OH)

Ohio lawmakers are urging the U.S. Department of Veterans Affairs to partner with Northside Regional Medical Center's operator to house VA services at the facility. U.S. Reps. Tim Ryan of Howland, D-13th, and Bill Johnson of Marietta, R-6th, and U.S. Sen. Sherrod Brown, D-Ohio, submitted a letter Wednesday to VA Secretary Robert Wilkie, suggesting the department

partner with Northside operator Steward Health Care of Boston, which recently announced the Youngstown hospital would close by Sept. 20.

[Hyperlink to Above](#)

3.4 - Health Data Management: [Congressman voices concerns about VA Office of EHR Modernization](#)

(30 August, Greg Slabodkin, 143k uvm; Chicago, IL)

Responding to the recent departures of senior leaders at the Department of Veterans Affairs, a House subcommittee chairman is worried that the VA office in charge of EHR modernization is floundering. Last month, the VA established the Office of Electronic Health Record Modernization to oversee the preparation, deployment and maintenance of a new Cerner EHR system, which will replace the agency's decades-old Veterans Health Information Systems and Technology Architecture.

[Hyperlink to Above](#)

3.5 - EHR Intelligence: [IN Rep Demands Transparency on VA EHR Modernization Leadership](#)

(30 August, Kate Monica, 50k uvm; Danvers, MA)

House Subcommittee on Technology Modernization and Representative Jim Banks (R-IN) urged VA Secretary Robert Wilkie to improve transparency into VA EHR modernization project leadership in a recent letter. Banks also requested that Wilkie immediately appoint permanent leaders to head the Office of Electronic Health Record Modernization (OEHRM) in the wake of former Chief Health Information Officer (CHIO) Genevieve Morris' resignation on August 24.

[Hyperlink to Above](#)

3.6 - HC+O News: [New State-of-the-Art Facility Replacement to Treat Veterans in Colorado](#)

(30 August, Roxanne Squires, 14k uvm; San Rafael, CA)

The highly anticipated Rocky Mountain Regional VA Medical Center (VAMC) has finally opened its doors to patients, replacing its former 60-year-old hospital building with a new and luminous 1.2 million-square-foot facility. The VAMC will provide care for more than 390,000 Veterans and will offer services including a 30-bed spinal cord injury clinic, aquatic therapy, mammography, and PET scans for cancer and prosthetics.

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4. [Focus Resources More Efficiently](#)

4.1 - The Register-Guard: [Never had a bad doctor in experience with VA](#)

(30 August, Albert Fisher, 438k uvm; Eugene, OR)

I have used the Veterans Administration health system for 10 years now. I have the best primary doctor one could have. I have never had a bad doctor yet at the VA facilities in Eugene, Roseburg or Portland. I have heard many times, over and over, the same guys on van rides talk about how bad doctors are. I asked them why they used the VA system, and they do not respond.

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4.2 - KCUR (NPR-89.3): [U.S. Government Appeals Judge's Ruling That VA Was Liable In Death Of Kansas City Veteran](#)

(30 August, Dan Margolies, 198k uvm; Kansas City, MO)

When a federal judge decided in July that the Veterans Health Administration was liable for the death of an Iraq veteran who was treated at the VA and later killed himself, it was thought to be one of the few instances nationwide where the VA has been held directly responsible for a veteran's suicide. Now the federal government is appealing that verdict.

[Hyperlink to Above](#)

4.3 - The Herald: [VA is looking for volunteer drivers](#) (30 August, Michael Roknick, 73k uvm; Sharon, PA)

Local military veterans are seeking volunteers ready for action. Veterans in the area needing medical treatment usually go to the Veteran Administration's Michael Marzano Clinic in Hermitage. But a large number of these vets need higher skilled medical care that's only available at VA hospitals in Butler and the Pittsburgh area.

[Hyperlink to Above](#)

4.4 - Tribune Chronicle: [Ryan looks at VA to fill Northside](#) (30 August, Raymond L. Smith, 64k uvm; Warren, OH)

Looking at ways to use the Northside Regional Medical Center facility, U.S. Rep. Timothy J. Ryan this week sent a letter asking Veterans Affairs Secretary Robert Wilkie for possible suggestions on how the agency, through private-public partnerships, can use the facility to help veterans living in the tri-county area.

[Hyperlink to Above](#)

4.5 - Greater Fort Wayne Business Weekly: [Union pushes to have VA jobs filled](#) (30 August, Linda Lipp, 11k uvm; Fort Wayne, IN)

The unions that represent workers at Veterans Administration facilities are in a fight that goes well beyond labor relations issues and right to the heart of the way this nation cares for its veterans. That's the opinion of Bill Reuille, president of American Federation of Government Employees Local 1384, which represents about 700 front-line VA workers in Fort Wayne and another 200 at a clinic in Mishawaka.

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4.6 - Fort Hood Sentinel: [36th Eng Bde Soldiers volunteer at Waco VA](#) (30 August, Kelby Wingert, 7k uvm; Fort Hood, TX)

Soldiers and Family members from the 36th Engineer Brigade volunteered their day updating the outdoor basketball court and spending time visiting with residents at the Doris Miller Veteran Affairs Medical Center in Waco, Saturday morning.

[Hyperlink to Above](#)

[5. Improve Timeliness of Service](#)

5.1 - Sioux City Journal: [VA looking for alternative options to transport veterans to new Dakota Dunes clinic](#) (30 August, Ian Richardson, 810k uvm; Sioux City, IA)

The Sioux Falls Veterans Administration Health Care System is looking into ways to widen transportation options for veterans traveling to its new VA clinic under construction in Dakota Dunes. Unlike its current location in Sioux City's Indian Hills neighborhood that sits near a Sioux

City Transit bus stop, the new clinic will sit more than 1½ miles away from the nearest city bus stop, although it does receive transit service through the Siouxland Regional Transit System.

[Hyperlink to Above](#)

5.2 - WKBW (ABC-7): [Lawmakers call for investigation into closure of Adult Day Health Care program](#) (29 August, Christine Streich, 318k uvm; Buffalo, NY)

Two congressional lawmakers are calling for an investigation into the way the VA is handling the closure of an adult day care program for veterans. Sen. Charles Schumer and Rep. Brian Higgins say they're concerned the VA may have violated patient privacy laws by releasing the veterans personal medical information to a private company soliciting business from veterans.

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5.3 - The Daily News: [Many thanks to Batavia and Buffalo VAMC and others for care of Vietnam combat hero in his last days](#) (30 August, Barbara K. Dawson, 192k uvm; Batavia, NY)

On the first anniversary of the passing of my husband James C. Dawson III, who was a proud Vietnam Combat Veteran, I would like to express my gratitude to the Batavia and Buffalo VAMC for the wonderful medical care my husband received from both facilities.

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5.4 - The Virgin Islands Daily News: [Air ambulance provider to transport local vets](#) (30 August, A.J. Rao, 51k uvm; St. Louis, VI)

A local air ambulance provider is now authorized to transport veterans in need of emergency medical care to centers outside the territory, a decision that aims to cut down wait times and potentially save lives. This week, the VA Caribbean Healthcare System and the V.I. Office of Veterans Affairs announced the inclusion of AeroMD in the authorized list of air ambulance providers.

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6. [Suicide Prevention](#)

6.1 - Tampa Bay Times: [‘What the hell did you do to my daughter?’ He was accused of a crime he swore he never committed; she believed her 4-year-old](#) (30 August, Lane

Deregory, 4.8M uvm; Saint Petersburg, FL)

Veterans Affairs sent a social worker. The woman's first question: "So you're not down as a predator?" Holcomb said no. Three times. A jury had cleared him. Did she want to see the paperwork? Shouldn't that be in his file? "Well, in case you are a predator," she said, "just so you know, we don't discriminate against those people."

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Forbes: [Flight Training Caps Will Save GI Bill \\$504 Million Over 10 Years, But Will They Cost Pilots?](#) (30 August, Marisa Garcia, 29.7M uvm; New York, NY)

New legislation, establishing a maximum tuition and fee structure for all VA-funded flight programs, will save the GI Bill \$504.4 million over the next ten years, according to estimates from the Veterans Administration. A number of veterans groups agree with the Department of Veterans Affairs that the costs of financing pilots' careers—without fee caps—are unsustainable.

[Hyperlink to Above](#)

7.2 - The Boston Globe: [For military veterans, colleges can ease the way to civilian life](#)

(30 August, Cynthia Fernandez, 8.8M uvm; Dorchester, MA)

Karen Connick's role at Quincy College fits like a glove. The retired colonel spends her days helping students navigate the distance between service life and student life. Her efforts have helped the college receive a gold rating from Military Friendly, a Pennsylvania-based company that ranks schools around the country based on how well they support veterans in their transition to civilian life.

[Hyperlink to Above](#)

7.3 - Pittsburgh Tribune-Review: [Twitter chat will answer questions about Forever GI Bill](#)

(30 August, Jamie Martinez, 1.5M uvm; Warrendale, PA)

Veterans looking to tap into education benefits offered by the Forever GI Bill can get their questions answered in real time by logging on to a live Twitter chat Thursday at 2 p.m. To join the Twitter chat, follow the hashtag #askVBA, along with the Benefits Administration of the U.S. Department of Veterans Affairs (their handle is @VAVetBenefits) and the Student Veterans of America (their handle is @studentvets).

[Hyperlink to Above](#)

7.4 - KSDK (NBC-5, Video): [Community split over possible expansion of Jefferson Barracks National Cemetery](#)

(30 August, Chris Davis, 1.5M uvm; Saint Louis, MO)

Jennifer Noble spent Wednesday afternoon with her family, visiting several loved ones out at Jefferson Barracks National Cemetery. "Most people need a spot to come to and visualize and help them deal with the loss," she said. There are a few more of her relatives that haven't passed yet but will one day reside nearby.

[Hyperlink to Above](#)

7.5 - Roll Call: [Tsongas and Turner Want VA to Answer for Sexual Assault Survivors Report](#)

(30 August, Eric Garcia, 430k uvm; Washington, DC)

The bipartisan co-chairs of the Military Sexual Assault Prevention Caucus want the Veterans Benefits Administration to answer for a recent report showing negligence. A report released last week from the Department of Veterans' Affairs Inspector General found the VBA incorrectly processed 1,300 of 2,700 benefit claims related to sexual assault between April and September 2017. The revelation comes despite the VBA announcement in 2011 that it updated guidance by saying it would take a "liberal approach" in examining claims.

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7.6 - WSAW (CBS-7, Video): [North Florida doctors bring a big, furry idea to veterans health event](#)

(30 August, Peter Zampa, 196k uvm; Wausau, WI)

Imagine having a pet without the hassle of feeding and cleaning up after it everyday. It's a concept North Florida veterans health workers are taking to Washington, D.C. this week at the Veterans Health Administration Innovation Experience. "We're looking at ways that we can still give that sense of pet ownership and companionship," said Dr. Carrie Ambrose from the North Florida/South Georgia Veterans Health system.

[Hyperlink to Above](#)

7.7 - The Winchester Star: [Unclaimed remains to get proper military burial](#) (30 August, Brian Brehm, 154k uvm; Winchester, VA)

They were soldiers once, four eager young men who stood in defense of their country. Time passed. Their military service ended and they started careers and families. Eventually, their time came to an end. Omps Funeral Home in Winchester cremated the remains of these veterans and waited to hand them over to next of kin. Days turned to weeks, weeks to months, months to years.

[Hyperlink to Above](#)

7.8 - Community Idea Stations (Audio): [Richmond Expands Supportive Housing for Homeless Veterans](#) (30 August, Megan Pauly, 59k uvm)

Richmond's public housing authority has six new housing vouchers for homeless veterans. The vouchers not only include rental assistance, but also cover case management and clinical services through the department of veteran's affairs. Herschel Harris served in the army in the late 70s and early 80s. He has a bad back and PTSD, which has made it hard for him to work. Right now, he's homeless.

[Hyperlink to Above](#)

7.9 - WVNews (The Fairmont News): [Clarksburg VA holds fifth annual Veterans Stand Down in Fairmont](#) (30 August, John Mark Shaver, 15k uvm; Clarksburg, WV)

Twelve months ago, Army veteran William Watkins had hit rock bottom. With options limited and seemingly no way out of his problems, he was pointed toward the Louis A. Johnson VA Medical Center, and thanks to its programming and social work, Watkins is a new man.

[Hyperlink to Above](#)

7.10 - ConnectingVets.com (CBS Radio): [VA Secretary to speak at inaugural Military Women's Coalition meeting](#) (29 August, Eric Dehm, New York, NY)

There's a new headliner at the inaugural Women's Military Coalition meeting Sep. 7th in Atlanta, Ga. During an appearance on the Morning Briefing radio show, Service Women's Action Network (SWAN) CEO Lydia Watts announced that VA Secretary Robert Wilkie will be on hand to deliver the opening remarks at the event.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Man Shot by Police Out of Hospital, Charged With Assault](#) (30 August, 23.9M uvm; Washington, DC)

Kitsap County prosecutors have charged a 72-year-old man who was shot and injured by police after he allegedly pulled a gun on them in May. Fred Sowell is charged with first-degree assault for pointing a pistol at two officers. He's also accused of assaulting his wife. The Kitsap Sun reports Sowell was booked into jail Tuesday after he was released from a Tacoma hospital where he had been since he was shot.

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8.2 - WSOC (ABC-9, Video): [President Trump to sign executive order in Charlotte on Friday](#) (30 August, 2.1M uvm; Charlotte, NC)

Charlotte will take center stage Friday afternoon for a landmark announcement about your retirement. President Donald Trump will fly to Charlotte where he will sign an executive order called "Strengthening Retirement Security in America." A White House spokesperson said that means promoting programs for retirement security and expanding access to retirement savings plans for workers.

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1. [Top Stories](#)

1.1 - People: [John McCain's Wife Asks Mourners to Honor Her Husband by Sending Flowers to Hospitalized Veterans](#) (30 August, Susan Keating, 43.5M uvm; New York, NY)

A good way to pay tribute to John McCain during upcoming memorial services is to honor hospitalized veterans, the late senator's family says.

"If so inclined, flowers may be sent to your local VA Hospital," reads a note on the official website listing upcoming memorial events for McCain, who died Saturday of brain cancer at age 81.

The gesture is a fitting tribute to the man who volunteered to serve the country in a time of war, and who spent more than five years as a prisoner of war in North Vietnam, friends of McCain say.

"John loved the men and women of the armed forces," says longtime family friend Richard Rovsek. "It meant so much to him to see them recognized."

While in captivity, McCain was extensively tortured and brutally beaten, and emerged with injuries that remained with him for the rest of his life.

At the Department of Veterans Affairs, which serves some 9 million veterans at 1,243 medical facilities around the country, the flowers will be much appreciated.

"Sen. McCain's family once again showed the sense of selfless service that has been their hallmark for over a century," says Secretary of Veterans Affairs Robert Wilkie in a statement to PEOPLE.

Veterans, too, welcome the proffered gifts.

"So often these heroes in VA facilities across the country go without notice or the thanks they deserve," says Chad Longell, who deployed with the Army in Iraq and Afghanistan, and is a director for the Global War on Terror Memorial Foundation. "This gesture not only enriches the life of the veteran receiving it, but it also serves as a reminder of the sacrifice made in service in defense of the country we are all blessed to be citizens of."

The suggestion to send flowers to veterans came from the senator's widow, Cindy McCain, says Carla Eudy, a fundraiser who has worked with and been friends with the family for decades.

"It was Cindy's idea," Eudy tells PEOPLE.

Services for McCain have been held in Arizona, and will continue on the East Coast, after the senator's body arrives Thursday night at Joint Base Andrews in Maryland. The senator will lie in state on Friday at the U.S. Capitol, where doors will open to the public at 2 p.m. On Saturday at 8:30 a.m., his body will travel via motorcade from the Capitol for wreath-laying at the Vietnam Veterans Memorial.

A memorial service will be held later that day at the Washington National Cathedral. The final ceremony will be at the U.S. Naval Academy in Annapolis, Maryland, where McCain will be buried alongside his Naval Academy classmate, Admiral Chuck Larson.

Says VA Secretary Wilkie: "He and his family are in the hearts and prayers of all of America's warriors. He will be missed by all of those who have worn the uniform."

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1.2 - U.S. News & World Report (AP): [Trump Cancels Pay Raise Due to Federal Workers in January](#) (30 August, Darlene Superville, 23.9M uvm; Washington, DC)

President Donald Trump is canceling pay raises due in January for most civilian federal employees, he informed Congress on Thursday, citing budget constraints. But the workers still could see a slightly smaller boost in their pay under a proposal lawmakers are considering.

Trump said he was nixing a 2.1 percent across-the-board raise for most workers as well as separate locality pay increases averaging 25.7 percent.

"We must maintain efforts to put our Nation on a fiscally sustainable course, and Federal agency budgets cannot sustain such increases," Trump said. The president last year signed a package of tax cuts that is forecast to add about \$1.5 trillion to federal deficits over 10 years.

As workers across the country head into the Labor Day weekend, Trump cited the "significant" cost of the federal workforce, and called for their pay to be based on performance and designed to recruit, retain and reward "high-performing Federal employees and those with critical skill sets."

At the same time, Trump planned during a Friday appearance in Charlotte, North Carolina, to direct the Labor and Treasury departments to issue regulations designed to make it easier for small businesses to pool resources so they can offer retirement savings plans to their workers, administration officials told reporters. Most small businesses say high costs discourage them from offering plans like 401(k)s, the officials said.

Democrats criticized Trump for moving to cancel the scheduled pay raise, citing tax cuts he signed into law last December. That law provided steep tax cuts for corporations and the wealthiest Americans, and more modest reductions for middle- and low-income individuals and families.

"Trump has delivered yet another slap in the face to American workers," said Democratic National Committee Chairman Tom Perez.

Under the law, the 2.1 percent raise takes effect automatically unless the president and Congress act to change it. Congress is currently debating a proposal for a slightly lower, 1.9 percent across-the-board raise to be included in a funding bill that would require Trump's signature to keep most government functions operating past September.

Unions representing the 2 million-member federal workforce urged Congress to pass the 1.9 percent pay raise.

"President Trump's plan to freeze wages for these patriotic workers next year ignores the fact that they are worse off today financially than they were at the start of the decade," said J. David

Cox Sr., national president of the American Federation of Government Employees, which represents some 700,000 federal workers.

"They have already endured years of little to no increases and their paychecks cannot stretch any further as education, health care costs, gas and other goods continue to get more expensive," added Tony Reardon, national president of the National Treasury Employees Union.

Cox said federal worker pay and benefits have been cut by more than \$200 billion since 2011.

Congress has approved legislation to give military service members a 2.6 percent pay raise, the biggest in nine years, but funding must still be approved.

In July, the Trump administration sharply revised upward its deficit estimates compared to the estimates in the budget proposal it sent Congress in February. The worsening deficit reflects the impact of the \$1.5 trillion, 10-year tax cut, as well as increased spending for the military and domestic programs that Congress approved earlier this year.

The administration's July budget update projected a deficit of \$890 billion for the fiscal year that ends Sept. 30, up from the February estimate of \$873 billion. The \$890 billion projection represents a 34 percent increase from the \$666 billion in 2017.

For 2019, the administration is projecting the deficit will top \$1 trillion and stay above that level for the next three years.

The only other period when the federal government ran deficits above \$1 trillion was the four years from 2009 through 2012, when the government used tax cuts and increased spending to combat the 2008 fiscal crisis and the worst economic downturn since the 1930s.

Trump's call for a federal pay freeze was included in his budget proposal for 2019, the Office of Management and Budget said. Officials did not immediately say whether the pay freeze would also apply to White House staffers.

Rep. Gerry Connolly, D-Va., who represents many federal workers, blamed what he said was Trump's mismanagement of federal government.

"His tax bill exploded the deficit, and now he is trying to balance the budget on the backs of federal workers," Connolly said.

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1.3 - Military.com: [Pence Heaps Praise on McCain in American Legion Address](#) (30 August, Richard Sisk, 9M uvm; San Francisco, CA)

Vice President Mike Pence praised Sen. John McCain on Thursday to a veterans service organization that had joined others in criticizing President Donald Trump's response after the death of the Navy combat veteran and two-time Republican presidential candidate.

"I can assure you, America will always remember and honor the lifetime of service of United States Senator John McCain," Pence said in an address to the 100th National Convention of the two-million-member American Legion in Minneapolis.

"By honoring him, we also honor all of you," he said to prolonged applause.

McCain, who died Saturday after a long battle against brain cancer, "came from a long line of service in uniform," Pence said in a reference to McCain's father and grandfather, both four-star admirals.

"He served in the Vietnam War. He spent five-and-a-half years as a prisoner of war, and he did not yield," he said. As a senator, McCain became "one of the most unwavering advocates of our Armed Forces to ever serve."

Pence's fulsome praise contrasted with Trump's hesitancy in issuing a proclamation allowing flags to be flown at half-staff atop the White House and at all federal buildings and military facilities until McCain's interment Sunday at the U.S. Naval Academy cemetery.

The White House did not put out the traditional statement honoring the passing of a member of Congress. Instead, Trump sent out a Tweet offering condolences to the McCain family. The White House rooftop flag was at half-staff, but only for 24 hours under the usual protocol for members of Congress.

By Monday morning, it was back to full staff, prompting widespread criticism from the Legion, AMVETS and others, including members of Congress from both sides of the aisle. The flag atop the U.S. Capitol remained at half-staff.

A presidential proclamation was needed to keep flags at half-staff, but Trump ignored shouted questions on the issue through most of Monday.

In a statement, Legion National Commander Denise Rohan said: "On behalf of The American Legion's two million wartime veterans, I strongly urge you to make an appropriate presidential proclamation noting Senator McCain's death and legacy of service to our nation, and that our nation's flag be half-staffed through his interment."

Joe Chenelly, AMVETS national executive director, said, "The White House is openly showcasing its blatant disrespect for Senator McCain's many decades of service and sacrifice to our country as well as the service of all his fellow veterans."

By late afternoon Monday, the flag atop the White House was returned to half-staff, and Trump later issued the proclamation and a statement. "Despite our differences on policy and politics, I respect Senator John McCain's service to our country and, in his honor, have signed a proclamation to fly the flag of the United States at half-staff until the day of his interment," he said.

On CBS' "This Morning" program Thursday, Sen. Lindsey Graham, R-South Carolina, a close friend of McCain's, said he found Trump's initial response to McCain's death "disturbing."

"It bothers me greatly when the president says things about John McCain. The way he's handled the passing of John was disturbing. He finally got it right," Graham said.

In his address to the Legion, Pence cited a list of the Trump administration's achievements, including reforming the Department of Veterans Affairs and expanding options for private health care. "We're now giving veterans real access to the real-time health care choices they deserve," he said, although funding for the bill meant to improve access -- the VA Mission Act -- has yet to be appropriated by Congress.

Pence noted that Trump addressed the Legion's convention last year and used the occasion to sign a bill to improve and speed up the veterans' disability benefits appeals process. "In case you haven't noticed, you have an ally and a champion in President Donald Trump," Pence said. "In this White House, veterans benefits are not entitlements" but rather "the earned compensation for men and women who served in the uniform of the United States."

He also noted Trump's action in boosting funding for the armed forces to "make the strongest military in the history of the world stronger still. The era of budget cuts to our armed forces is over."

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1.4 - Military Times: [What happens now that veterans can file class-action suits against VA?](#) (30 August, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — A recent federal court ruling allowing class-action suits against the Department of Veterans Affairs could lead to a host of new legal options for veterans who share similar illnesses, service records or bureaucratic headaches.

"It is a watershed moment," said Greg Rinckey, a founding partner of the the law firm Tully Rinckey PLLC, which specializes in military law. "For veterans dealing with Gulf War illness or Agent Orange claims ... this makes it easier for them to fight against big government."

On Aug. 23, an eight-judge panel on the U.S. Court of Veterans Appeals ruled that in "appropriate cases," class-action lawsuits against VA will be allowed. In the ruling, Chief Judge Robert Davis wrote that he hopes the decision will "shape our jurisprudence for years to come and ... bring about positive change for our nation's veterans."

Previous court rulings had questioned long-standing precedent prohibiting such group lawsuits, even as other class-action filings have been brought against other federal entities. Rinckey said the move makes it possible for a group of veterans with similar grievances to use their numbers to put pressure on VA, and win legal relief.

"For an individual vet, this doesn't change anything," he said. "But it opens a whole new type of cases that can be brought against VA, and how those veterans complaints can be answered."

The irony of the appeals court ruling is that the case which allowed class-action lawsuits to move forward — Monk v. Wilkie — denied the plaintiff's claim that his case should proceed as one. The panel ruled his desire to group together all veterans facing a wait of more than a year for appeals claims did not meet previously established standards for forming a class.

Catherine McCarthy, a student at the Veterans Legal Services Clinic at Yale Law School who handled the Monk lawsuit, said officials there are still considering whether to refile the case with new parameters.

But she said the ruling provides a roadmap for a host of other legal complaints. In several other clinic cases, plaintiffs have already eyed class-action suits for veterans who were exposed to toxic chemicals while serving, and for veterans whose benefits cases are stuck in bureaucratic processing.

“It’s still trial and error at this point to see what will work,” she said. “But it’s a great opportunity, because so much of what we hear wrong about VA are systemic problems, not just one veteran dealing with a single issue.”

John Rowan, national president of Vietnam Veterans of America, said when he first heard of the court ruling, his first thoughts turned to the ongoing Agent Orange fights between his membership and VA.

The department has a long-list of rare cancers and other illnesses connected to exposure with the chemical defoliant during the Vietnam War, allowing veterans to receive expedited consideration for benefits.

But Rowan said some veterans who served in the region are excluded from that presumptive status — including so-called “blue water” veterans who served in ships off the coast of Vietnam — and others have rare medical problems like brain cancer not covered in existing department policies. A class-action suit by either of those groups might force VA policy changes.

“The good thing is once there is a court ruling, it’s a done deal,” he said. “If the court orders them to make a change, there’s no budget aspect to it like there is with legislative fixes.”

Rinckey said veterans dealing with burn pit exposure illnesses and other toxic chemical exposure from the recent wars could also use the new legal avenues to force VA changes. But one thing the new legal precedent won’t alter is the timeline for these type of lawsuits to be resolved.

“VA moves very slow on these issues, but so do the courts,” he said. “And now you’ll have to establish a class, support that and then argue for a fix. It’s a lot of time and expense, so you won’t see every small law firm jumping on this.”

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1.5 - Pioneer Press: [Pence addresses American Legion in Minneapolis, honors McCain; also attends fundraiser](#) (30 August, Christopher Magan, 2.1M uvm; Saint Paul, MN)

Vice President Mike Pence made his second Twin Cities stop of the summer Thursday, speaking to the American Legion national convention in Minneapolis and attending a political fundraiser in Bloomington.

Pence and President Donald Trump have both made their presence felt in Minnesota as the campaign season for the November midterm elections gets into full swing. This summer’s previous White House visits were in support of congressional candidate Pete Stauber and other Republicans in a state Trump lost by just 1.5 percent of the vote.

State Republicans have repeatedly said they are confident they can turn the typically blue state red this fall.

Pence's Thursday visit began with a speech to the American Legion's 100th national convention at the Minneapolis Convention Center. Pence told the crowd of veterans his interest in government got its spark from a speech contest hosted by the group four decades ago.

"It began my lifelong love for the Constitution of the United States," Pence said.

Minneapolis also has a historic connection to the American Legion. The organization held its first convention there and returned to mark its centennial anniversary.

The vice president's remarks were heavily focused on what he described as the administration's "great renewal" of the military and its support for soldiers and veterans. That included hearty praise for Navy veteran and U.S. Sen. John McCain, who died Saturday of brain cancer.

"I can assure you America will always remember and honor the lifetime of service of United States Senator John McCain," Pence said to applause.

Earlier in the week, while the convention was underway, the American Legion released a statement "strongly" urging the White House to issue the "appropriate proclamation" noting McCain's death and ordering flags flown at half-staff until his interment. Most flags across the U.S. remained lowered after McCain died, but the flag at the White House had temporarily been returned to full staff part of Monday.

McCain and Trump had repeatedly traded barbs, and the president's proclamation noted their differences on "policy and politics."

Minnesota Legionnaires attending the event were pleased the White House recognized the legacy of the senator and former Vietnam prisoner of war.

"I was surprised by the (initial) decision and whether it was personal or administrative, I don't know," Jensen of Gaylord, Minn., said of the flag controversy. "I'm glad the president chose to honor John McCain."

Jensen was also pleased Pence highlighted successful veterans programs and new policies enacted by the administration. Pence noted legislation Trump signed to expedite veterans disability appeals, how the unemployment rate for veterans has dropped to a 20-year low and reforms in the VA health care system.

"As the president has said, no one who defends our country in uniform should have to fight for their lives when they get home," Pence said.

Most of the Legion's convention business had already been wrapped up, so the crowd on hand for Pence's speech barely filled a third of the sprawling hall. Organizers said between 10,000 and 12,000 people attended the convention, but many had prearranged travel plans that kept them from the vice president's remarks.

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1.6 - Stars and Stripes (Military Update): [VA cites slow-rolled Agent Orange report to oppose spina bifida bill](#) (30 August, Tom Philpott, 1.5M uvm; Washington, DC)

More than two years ago, in March 2016, the Department of Veterans Affairs received the latest in a series of scientific literature reviews from the National Academy of Medicine on Agent Orange-associated ailments.

This one raised the possibility that VA might add as many as four new conditions — bladder cancer, hypothyroidism, Parkinson-like tremors and perhaps even hypertension — to its list of 14 illnesses it presumes have been caused by exposure to herbicides the U.S. military sprayed during the Vietnam War.

The report delivered in 2016 moved bladder cancer and hypothyroidism from “inadequate or insufficient” evidence of association to herbicide exposure up to the “limited or suggestive” evidence of association. That’s the same level VA previously relied upon to award Agent Orange benefits for conditions including laryngeal cancer, cancers of the lung, bronchus or trachea, and prostate cancer.

Hypertension (high blood pressure), the report said, remained in the “limited or suggestive evidence” category too, where it was placed in a previous study. That’s the same evidence level used to add ischemic heart disease to the Agent Orange presumptive disease list for near automatic award of benefits.

The Academy also clarified that Vietnam veterans with “Parkinson-like symptoms,” but without a formal diagnosis of Parkinson’s disease, should be considered eligible for presumption of exposure to Agent Orange, just as Parkinson’s disease previously was connected to service in Vietnam.

At the same time, the birth defect spina bifida in the offspring of Vietnam veterans was demoted by the Academy since its last report, from the “limited or suggestive” association category down to “inadequate or insufficient.”

The Academy, previously called the Institute of Medicine, delivered this last report, Veterans and Agent Orange: Update 2014, after a panel of scientific experts spent two years reviewing the latest medical literature on health effects of dioxin and other harmful compounds in herbicides associated with certain diseases.

VA officials promised to review the results and that then-VA Secretary Bob McDonald would act on the Academy report’s findings by July 2016. With this report, however, the secretary faced no timeline for reaching a decision. That’s because Congress had allowed a statutory 180-day deadline governing secretarial actions on Agent Orange scientific reviews to expire in 2015.

The consequence has been that the Obama administration in its final year did nothing more than study the report. The same has been true with the Trump administration during its first 19 months. While Vietnam veterans with, for example, bladder cancer await a decision on whether they will gain VA health care and compensation, VA has been silent on the 2016 Academy findings.

That changed slightly on Aug. 1. During a hearing of the Senate Veterans’ Affairs Committee dominated by discussion of the House-passed Blue Water Navy Vietnam Veterans Act (HR 299), VA Undersecretary for Benefits Paul R. Lawrence and VA’s chief consultant on post-

deployment health, Dr. Ralph Erickson, referred to the latest Academy report on Agent Orange. They did so not to propose that a disease be added to VA's list of conditions presumed caused by Agent Orange. Instead they cited the report to urge senators to reject a House amendment to HR 299 that would extend Agent Orange benefits to certain Vietnam-era veterans who served in Thailand and had children born with spina bifida.

In his written testimony, Lawrence said VA "is concerned there is continued scientific uncertainty surrounding the association of spina bifida and exposure to Agent Orange. As found in the last relevant [Academy] report, an association between spina bifida and exposure to Agent Orange is no longer shown."

Erickson reinforced the point with Sen. John Boozman, R-Ark., after the senator said he was glad to see the House bill included a bill he had co-sponsored to provide Agent Orange benefits "to any child of a veteran with covered service in Thailand who is affected by spina bifida." If the Senate passed an identical bill, said Boozman, children of Thailand-service veterans would get "the same health care, monetary allowance and vocational training" given children of Vietnam veterans with spina bifida.

"Are you all for or against that provision," Boozman asked.

Erickson noted that the Academy in 2016 "actually downgraded the evidence for there being an association of spina bifida and the children of Vietnam veterans. That doesn't mean VA withdrew that benefit. However, at the present time, extending the benefit further is a little tricky because the scientific foundation per the National Academy of Medicine has diminished remarkably."

Following the hearing we asked if VA officials weren't using the Academy report selectively now — ignoring it as a justification to add ailments to the Agent Orange presumptive list but citing it to try to block benefits to more veterans with children born with spina bifida. The department challenged that view.

"Citing a specific scientific report to discuss pending legislation (HR 299) is nothing other than a reasonable and relevant way to address specific legislative provisions under consideration," said Curt Cashour, VA press secretary.

"The issue of additional Agent Orange presumptive conditions is completely separate from HR 299, and the notion that the two issues must always be discussed together is contrary to what VA and the Senate committee were specifically examining at the August 1 hearing," Cashour added.

Carlos Fuentes, director of national legislation for Veterans of Foreign Wars, said the Academy's downgrade of evidence associated with spina bifida means more research is needed. That's why VFW "has pushed for passage of the Toxic Exposure Research Act to require the [Academy] to evaluate what research is needed to determine whether descendants of exposed veterans are impacted," he said.

Meanwhile VFW is urging the VA secretary "to make a decision as soon as possible" on the other conditions reviewed in the last Academy report.

Those decisions now pass to Robert Wilkie, the new VA secretary. We asked VA when Wilkie plans to announce decisions on these other ailments.

“We have no announcements on Agent Orange presumptive conditions at this time,” said spokesman Cashour.

After then-Secretary McDonald opted to leave those decisions for the Trump administration, Dr. David Shulkin became the new president’s first VA secretary. Shulkin had served as McDonald’s top health official during that period when teams of experts at VA spent months reviewing the Academy’s last report.

By summer of 2017, Shulkin had promised a decision on adding new ailments to the presumptive list by Nov. 1. He later told the Senate Veterans’ Affairs Committee he had delivered his recommendations by that date to the White House’s Office of Management and Budget. But OMB had “asked for some additional data to be able to ... get financial estimates for this. So, we are committed ... to get this resolved in the very near future,” Shulkin said.

Shulkin was fired in March this year before revealing which conditions, if any, he wanted added to the presumptive list. That his recommendations had costs that the OMB needed to assess suggests Shulkin wanted at least one more ailment to qualify for Agent Orange benefits.

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1.7 - Stars and Stripes: [Pence: Trump is a 'champion,' 'ally' to veterans](#) (30 August, Nikki Wentling, 1.5M uvm; Washington, DC)

MINNEAPOLIS — Speaking to hundreds of American Legion members on Thursday, Vice President Mike Pence lauded President Donald Trump as a champion to veterans and listed off a series of what he described as major achievements under his administration.

Pence spoke to several hundred Legion members on the last day of the organization’s national convention in Minneapolis – an event that marked the Legion’s 100th year. During a 25-minute speech, Pence lauded Trump’s work for veterans, his “America First” national security strategy and efforts to increase military spending.

“In case you haven’t noticed, you have an ally and champion in President Donald Trump,” Pence said. “Just as you fought for our freedom, we will always fight for you.”

In June, Trump signed the \$55 billion VA Mission Act, which aims to expand veterans’ access to private-sector health care. Pence described it Thursday as one of the “largest and most important VA reforms in a generation” and said the administration was living up to the promise to give veterans freedom and choice in their health care.

However, the Mission Act remains unfunded because of a \$1.7 billion funding shortfall. Congress is likely to tackle the issue when it returns from summer break.

Pence’s remarks to the Legion came just days after the organization clashed with the White House over protocols for honoring Sen. John McCain, who died Saturday from brain cancer. After pressure from the Legion and other veterans organizations that criticized the White House for raising its flag to full-staff, Trump issued a proclamation and ordered flags lowered to half-staff through McCain’s interment.

“Senator John McCain was an American hero and cherished member of the American Legion,” the organization wrote to Trump on Monday. “I strongly urge you to make an appropriate presidential proclamation noting Senator McCain’s death and legacy of service to our nation.”

Throughout the three-day convention, speakers at the Legion convention spoke about McCain’s military service and his work in Congress for veterans and the military. The convention started Tuesday with a moment of silence for him.

About the time Pence took the stage Thursday, McCain’s memorial service started in Phoenix.

Pence spoke briefly about him, describing him as “one of the most unwavering advocates of our Armed Forces.”

“There’s a particular veteran on the hearts and minds of people all across America as we gather here,” Pence said. “He came from a long line of service in uniform, served in the Vietnam War, spent five and a half years as a prisoner of war and did not yield. After he made it home, he took on a new kind of service in the halls of our nation’s capital.

“I can assure you, America will always remember and honor the lifetime of service of United States Senator John McCain.”

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1.8 - WFED (AM-1500): [Arbitrator tells VA to re-hire employees removed due to faulty accountability act implementation](#) (30 August, Nicole Ogrysko, 854k uvm; Washington, DC)

A Federal Mediation and Conciliation Service (FMCS) arbitrator has delivered a blow to the Veterans Affairs Department and its new authorities in the VA Accountability and Whistleblower Protection Act.

The arbitrator says VA has violated the terms of its contract with the American Federation of Government Employees (AFGE) in implementing certain provisions of the accountability act.

AFGE filed a grievance last September. The union, which represents more than 220,000 VA employees, said the department’s new performance guidance contradicts the collective bargaining agreement it signed with the agency back in 2011.

As Federal News Radio has previously reported, VA issued several updates to performance guidance after Congress passed the accountability act back in June 2017. That guidance, though it ultimately went through several iterations, essentially eliminated the use of a standard, formalized performance improvement period (PIP) for certain VA employees to address their managers’ concerns.

Technically, the arbitrator’s decision isn’t final yet. VA can choose to appeal the decision with the Federal Labor Relations Authority within 30 days. But if VA stays silent on the matter for the next month, the arbitrator’s decision stands as final.

In that case, VA must begin to take steps to comply with the terms in its collective bargaining agreement with AFGE, according to the arbitrator.

In addition, the agency must “rescind any adverse action taken against bargaining unit employees for unacceptable performance who did not first receive a PIP complying with the provisions [of the contract and] as a result, reinstate and/or make whole any such bargaining unit employee, including but not limited to back pay, restored leave and other benefits,” FMCS wrote in its decision.

“We came to work at the VA because we believe in the mission of caring for the men and women who served this country,” AFGE National Veterans Affairs Council President Alma Lee said in a statement. “But instead of getting support for our work, we’ve been dealing with managers moving the goalposts and using these bogus standards to fire dedicated public servants. It’s disgraceful. And I’m so glad the arbitrator ruled on the side of reason, allowing us to get back to work serving those who have borne the battle.”

In a statement to Federal News Radio, VA spokesman Curt Cashour said the department will review the FMCS’ decision and determine an appropriate response.

AFGE’s master agreement with VA details the way both parties agreed to measure employee performance and hold workers accountable to those standards.

According to the AFGE agreement, VA supervisors must identify an employee’s performance deficiencies, and together with the employee and a local union representative, develop a performance improvement plan (PIP). The PIP should detail specific actions the employee should take to improve and include other provisions for further counseling or special training.

PIPs should give the employee “a reasonable opportunity of at least 90 calendar days” to resolve specific, identified performance-related problems, the agreement said. During this time, employees and their supervisors should maintain constant communication.

VA’s current performance management guidance did not give a specific timeline by which employees are expected to improve their performance.

Instead of placing employees on a 90-day Performance Improvement Plan (PIP), supervisors can fire or demote an employee if:

- An employee fails a critical element in his or her performance plan;
- There’s a “reasonable belief” that an employee’s “performance deficiency is so serious that it cannot be improved;”
- The deficiency poses a clear danger to the employee or others;
- The deficiency presents a risk to important services for veterans; or
- An employee repeatedly fails non-critical elements of his or her performance plan.

Several VA employees, especially those at the Veterans Benefits Administration, have previously told Federal News Radio they felt like one mistake at work could cost them their jobs.

The VA accountability act and its implementation has earned attention from some members of Congress.

Democrats on the Senate VA Committee had expressed similar concerns with VA’s implementation of the new authority and its performance management guidance, citing

instances where managers attempted to remove employees for missing a deadline or moving slowly after a workplace injury.

The House VA Committee heard from the department last month, which insisted it wasn't using the new accountability legislation to to disproportionately fire lower-ranking employees over senior managers and executives.

The VA inspector general is also reviewing the department's implementation of the accountability act.

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1.9 - FedScoop: [Wilkie: VA and DOD 'will be joined from the hip' on EHR rollout](#) (30 August, Billy Mitchell, 57k uvm; Washington, DC)

The departments of Veterans Affairs and Defense will be inseparable as they roll out interoperable modernized electronic health records (EHR) systems over the next decade, VA Secretary Robert Wilkie said Wednesday.

Wilkie served as an undersecretary within the Pentagon until he took over as acting VA secretary in later March. He told a room full of veterans at the American Legion National Convention in Minneapolis that Secretary of Defense Jim Mattis gave him the parting order that "from here on out, DOD and VA will be joined from the hip."

"I have been given instructions from him to make our new electronic health care system work so that from the time any young American enters the service to take his first or her first physical to the time that he or she first walks into the VA, there will be a continuous, holistic record," Wilkie said.

Wilkie detailed his father's gripping recovery from an attack during an operation in Cambodia in 1970 as an anecdote of the sacrifice men and women in uniform make for their country. It would take more than a year for then-Army Lt. Col. Robert Wilkie Sr. to return home, and he came back a relic of his old self, losing more than 100 pounds in that time.

And then, when we would visit the VA for care, he had to carry around hundreds of pages of medical records. "No longer will people like my father have to carry around an 800-page record that began, for him, in the Kennedy administration," Wilkie said.

"Gen. Mattis said it simply: 'The time to talk is over,'" Wilkie said. "I pledge to you on his behalf that together we will create a real solution, a good solution and the best solution for all of those who have committed their lives to the defense of this great nation."

The VA signed a \$10 billion contract with Cerner in May to replace its legacy electronic health record system, VistA, with a new system over the next 10 years. The Cerner system is also used by the Department of Defense's EHR modernization, MHS GENESIS — leaders hope this will help improve interoperability and coordination between the agencies.

The department recently launched the VA Office of Electronic Health Record Modernization specifically to oversee the \$10 billion modernization project. But only about two months in, two

key leaders have already resigned from the office, adding to the worries on Capitol Hill that political and bureaucratic strife at the VA could undermine this massive modernization.

Wilkie spoke of the EHR modernization Wednesday as an example of his broader directive to hone in on customer service to veterans.

“When a veteran comes to VA it is not up to him to employ a cauldron of lawyers to get the VA to say yes,” he said. “It is up to VA to say yes to the veteran. Many of the issues I encountered when I was acting secretary were not with the quality of VA care but with just getting our veterans through the door to get that care.”

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2. Greater Choice for Veterans

2.1 - Star Tribune: American Legion's repeated differences with Trump called unprecedented (30 August, Randy Furst, 10.8M uvm; Minneapolis, MN)

As the American Legion wrapped up its historic 100th national convention this week in Minneapolis, the nation's largest veterans organization found itself making history on another front.

The traditionally conservative Legion is publicly at odds with President Donald Trump on issues that include a proposed national military parade, the future of veterans' medical care, and this week, lowering flags to half-staff in honor of the late U.S. Sen. John McCain.

“This level of criticism is unprecedented,” said Thomas Rumer, a historian and author of “The American Legion, An Official History 1919 to 1989,” a book commissioned by the organization. “It's not the kind of thing they're known for — criticizing presidential action.”

The Legion's statements about Trump's policies lack the hard edge of some of Trump's harshest critics but still are unusual for an organization that has been especially friendly to Republican presidents. The Legion does not endorse candidates.

Asked about its recent statements about Trump policies, Joseph Plenzler, a spokesman for the national Legion, said, “The American Legion has been a staunch watchdog for the veteran community for a century.”

Legionnaires attending the convention said they back their organization's recent stances concerning White House policies.

“The Legion was created to safeguard the rights of veterans,” said Juan Cruz, 54, a Navy veteran and Legion adjutant for Puerto Rico. “And I'm pretty sure other veteran services organizations are in agreement.”

“I concur with the comments made by the American Legion,” said Thomas McDonald, 69. “It's their duty to speak out.”

Despite the Legion's criticism, however, many Legion members interviewed at the convention continue to support Trump.

"I think he's great," said Royce Loesch, 72, of Pierre, S.D., an Army veteran. "I think he's doing a good job in every aspect, except I think he tweets too much."

Lawrence Jacobs, a professor at the University of Minnesota's Humphrey School of Public Affairs, said the Legion is influential in veterans circles, and if its positions cause even a small number of veterans to sit out the fall midterms or 2020 presidential election, it could be "very harmful" to the political futures of Trump and the Republican Party.

"Veterans overwhelmingly are very pro-Republican, and the Legion has a long history of being one of the most conservative organizations," Jacobs said. "For the president to get this kind of pushback from such a veterans organization is unheard of."

The Legion weighed in after Trump ordered U.S. flags lowered to half-staff at the White House in honor of McCain, who died Saturday, then quickly had them raised again. Denise Rohan, the Legion's outgoing national commander, berated Trump's silence on McCain, along with the flag, in a statement.

"On the behalf of the American Legion's two million wartime veterans, I strongly urge you to make an appropriate presidential proclamation, noting Senator McCain's death and legacy of service to our nation, and that our nation's flag be half-staffed through his interment," she wrote. Quickly afterward, Trump reversed himself, ordering the flags lowered while issuing a statement.

The Legion and White House also clashed over Trump's plan to hold a large military parade in Washington, D.C., this fall. With reports that the parade could cost \$92 million, Trump announced last week he'd wait until next year to hold it.

The Legion used the decision to make a point: "The American Legion appreciates that our President wants to show in a dramatic fashion our nation's support for our troops. However, until such time as we can celebrate victory in the War on Terrorism and bring our military home, we think the parade money would be better spent fully funding the Department of Veterans Affairs and giving our troops and their families the best care possible."

The remarks reflected the Legion's opposition to reports that the White House urged Republicans to reject \$50 billion in funding for the Veterans Affairs Mission Act, which would outsource some medical care for veterans to private medical clinics.

Instead, the White House wants the costs to come out of the Department of Veterans Affairs budget, which the Legion and other critics say would result in cuts in other veterans services.

This month, the Legion again offered strong words after a ProPublica report that Trump was getting advice on how to run the VA by a trio of private citizens who have never served in the U.S. military or government. The Legion's public reaction was swift.

"We are not about to tell President Donald Trump who he can or cannot take advice from, but we hope that he carefully considers the qualifications of those offering that advice when it comes to the treatment and well-being of America's veterans," Rohan said in a statement.

In the hallways of the Minneapolis Convention Center this week, several veterans discussed the president.

“I’ve liked what he’s done,” said Theo Chambers, a Navy veteran from West Virginia. “I don’t think the media has been really fair to him and that’s why he’s gone so much to Twitter.”

Preston Herald III, 70, a Navy veteran from Washington, D.C., said he did not like Trump’s policies or overall performance in office, singling out his campaign criticism of McCain for being captured by the North Vietnamese after he was shot down.

“That was an affront to an American hero,” he said.

Army veteran Arthur Hart, 75, of Champlin, said he’s not surprised by the Legion’s stances. “If any other president had said the same things, the Legion would have taken the same position,” he said.

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2.2 - The Daily Signal: [Congress Should Ensure VA Health Care Funding, but Only Within Budget Caps](#) (30 August, Justin Bogie and Dody Eid, 1.1M uvm; Washington, DC)

The appropriations process in Congress came to an unexpected halt July 19 as heated debates over funding the Department of Veterans Affairs could not be resolved.

That hurdle was preceded by a summer of controversy regarding the reform of veterans’ health care funding. The outcome of those negotiations will affect not only our nation’s finest, but also the broader spending process.

The discussion began in early June, when President Donald Trump signed into law the VA MISSION Act of 2018. The legislative overhaul aims to improve veterans’ health care by increasing funding for private care options and consolidating those options into one program.

The first year would require a direct appropriation in the amount of \$5.2 billion for the Veterans Choice Program. After one year, the Veterans Community Care Program will supplant it as the consolidated private care program within the VA.

The Congressional Budget Office estimates that the program will cost \$46.5 billion over the 2019-2023 period, assuming necessary appropriations.

The Committee for a Responsible Federal Budget recommended paying for the Veterans Community Care Program appropriation with savings from other programs. While the final bill did not include such provisions, current law and spending cap restrictions require appropriators to pay for the Veterans Community Care Program by funneling money from other discretionary spending programs annually.

Unsurprisingly, appropriators in the House and Senate are seeking to scrap those requirements, demanding an additional \$1.6 billion to keep the program funded through 2019 and setting off a debate that shut down conference negotiations for the energy and water/military construction and Veterans Affairs appropriations bill.

Busting the caps, they argue, is necessary to provide the quality care our veterans deserve.

In isolation, that busting of caps might seem worth the cost. After all, our veterans deserve the best.

The problem is that busting caps has serious long-term fiscal effects that will only worsen our budgetary crisis. While it may only be \$1.6 billion this year, it isn't difficult to foresee that number climbing into the tens or even hundreds of billions over the next decade.

We've seen situations like this before. Whether it's disaster relief, overseas contingency operations, or emergency spending, Congress' cap-busting isn't a one-time affair. Outside-the-cap spending continues for the indefinite future.

We're now reaching \$150 billion in spending outside of cap limitations, and adding VA spending to the pile worsens the situation while also setting bad precedent.

The proposal is ultimately part of a broader narrative, one that hopes to remove caps from the budgeting process entirely.

Doing so would be a mistake.

These caps force legislators to think seriously about their spending habits and could be effective measures to keep new spending out of the federal budget. They also mandate discussion about the efficacy of discretionary programs and the priorities of policymakers on an annual basis.

One of the characteristics of good governance is accountability, and ensuring annual discussion of fiscal appropriations is critical to that end.

Unfortunately, lawmakers are inching toward an appropriations process that is neither fiscally responsible, nor politically accountable.

Some legislators have already proposed softening cap requirements and, in more extreme cases, eliminating them altogether. An amendment offered by Rep. Nita Lowey, D-N.Y., the ranking member of the House Appropriations Committee, would unbind annual appropriations to the Veterans Community Care Program from spending cap limitations.

The Committee for a Responsible Federal Budget estimates that this adjustment would cost \$55 billion or more over the next decade. Even worse, should other sections of the VA MISSION Act also be exempt from annual caps, the total cost could rise to more than \$100 billion.

Veterans' health care is important, and improvement of VA services through alternative private facilities is a step in the right direction, but spending cap adjustment proposals like the Lowey amendment are dangerous brush-offs of fiscal responsibility.

Congress needs to carefully deliberate budgetary provisions on a case-by-case basis to keep programs under control. Offsets, whether they come from within VA programs or other federal programs, should be the bare minimum requirement for new spending initiatives.

A feasible long-term strategy for improving veterans' health care access must include a balanced federal budget, yet we are edging closer to a dire debt situation.

This year, Social Security will dip into its reserves for the first time since 1982, and is projected by its trustees to become insolvent by 2034. By 2023, the United States will spend more on interest than on the military.

The last thing we need is more irresponsibility from Congress for the sake of political expediency.

Appropriators need to stick to discretionary spending cap limitations, before the Veterans Community Care Program transforms from health care reform to fiscal headache.

Justin Bogie is a senior policy analyst in fiscal affairs at The Heritage Foundation. Dody Eid is a member of the Young Leaders Program at The Heritage Foundation.

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2.3 - Bloomberg Government: [Energy, Veterans Money Measure Top Priority When House Returns](#) (30 August, Jack Fitzpatrick, 197k uvm; Washington, DC)

A spending package covering energy, nuclear security, the Veterans Affairs Department and the legislative branch could be sent to the president early next month if lawmakers can settle the last few differences between House and Senate appropriations bills.

Senators hope to hold a formal conference meeting with their House counterparts next week on a measure covering Military Construction-VA, Energy and Water, and Legislative Branch funds, Senate Appropriations Chairman Richard Shelby (R-Ala.) and the committee's Energy and Water Subcommittee Chairman Lamar Alexander (R-Tenn.) said Tuesday.

It would be the first fiscal 2019 spending legislation sent to President Donald Trump for his signature.

"Our goal is to finish—to have a conference—shortly after we come back," Alexander said.

The House has passed six appropriations bills and the Senate nine. The measures passed in one chamber all differ at least slightly from their counterparts. The two sides have yet to hold a conference meeting to reconcile the differences.

Senate Majority Leader Mitch McConnell (R-Ky.) has said that he wants to send Trump nine appropriations bills by Sept. 30, the end of the fiscal year.

Shelby said he and House Appropriations Chairman Rodney Frelinghuysen (R-N.J.) , during a Tuesday meeting, focused mainly on how to pass the first "minibus" that each of the chambers passed, covering Military Construction-VA, Energy and Water and Legislative Branch.

"We've got four good weeks," Shelby told reporters Tuesday. "And we're going to hopefully meet the deadline, but we can't meet it without their help."

Appropriators scheduled a conference committee meeting for the energy and veterans minibuss in July, but that was postponed. Frelinghuysen cited scheduling conflicts, but lawmakers were still debating a few major issues.

One sticking point was how to come up with an additional \$1.7 billion in the Military Construction-VA bill to fund the VA MISSION Act (Pub. Law 115-182), which gives veterans more flexibility to seek health-care in non-VA facilities.

Shelby said negotiators are close to an agreement on that front, but it isn't final. He declined to share details, other than that lawmakers won't surpass statutory spending limits.

"We think we have a way to work that out, but we haven't crystallized it yet with the other side," Shelby said.

Lawmakers also struggled to hash out differences in their Energy and Water bills, including environmental policy riders included in the House bill but absent in the Senate version. The House legislation would also fund the controversial Yucca Mountain nuclear waste repository, while the Senate measure wouldn't.

The differences won't be settled until the House returns to Washington next week, Shelby said.

"It's not squared away because they're not here yet," Shelby said.

RESCISSIONS

The White House won't send Congress a second request to rescind old, unspent funds, Senate Appropriations ranking member Patrick Leahy (D-Vt.) said in a statement Tuesday. The Trump administration had notified lawmakers about its decision in the afternoon, Leahy spokesman Jay Tilton said.

A rumored rescissions request to cut the State Department's foreign aid funding "would have set a terrible precedent and harmed programs that further United States interests around the world," Leahy's statement said.

An earlier rescissions request for about \$15 billion in clawbacks failed in the Senate.

A new rescissions request could "poison the well" as lawmakers negotiate spending bills, Shelby said shortly before Leahy's statement.

A rescissions package might be a wasted effort, Senate Majority Whip John Cornyn (R-Texas) said this month.

"What justifies floor time is the ability to get a result, not just to go through a ritual that is condemned to failure," Cornyn said.

Read BGOV's Bill Summaries on four of the appropriations measures in the House and Senate:

- The Senate Homeland Security funding bill
- The Senate State and Foreign Aid funding bill
- The House State and Foreign Aid funding bill
- The House Labor, HHS, and Education funding bill

The Bloomberg Government Budget and Appropriations e-brief will resume publication on Sept. 4.

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3. Modernize Our System

3.1 - WFED (AM-1500): [VA and DOD both bit; Congress asks, can they chew?](#) (30 August, Tom Temin, 854k uvm; Washington, DC)

Daily crossword puzzle addicts know that the puzzle gets harder as the week drones on. I can tell within a few minutes if I'll get through most or all of Saturday's challenge. The longer it takes to solve the first few clues, the less likely I'll finish the puzzle.

My goal is puzzle tempo, not slog.

Tempo — it's an important quality to getting things done. Former President Bill Clinton is a famous doer of crossword puzzles. He even wrote one for the New York Times. You could argue that Clinton's life has had a respectable tempo. He was elected President at the age of 46.

This all came to mind when reading about the upcoming hearing of James Gfrerer to become chief information officer at Veterans Affairs. If confirmed, the Navy Academy grad, career Marine and former Ernst & Young director will need to establish tempo.

The VA's project to replace its Vista electronic health record has stalled. One reason is there's no one really in charge. A parade of people has passed through the VA's CIO office over the last year and a half. History shows the longer these projects drag on without showing tangible progress, the worse they're likely to go in the long run. No doubt in members' minds the Coast Guard's failed effort at a new EHR. After throwing away tens of millions of dollars, the Coast Guard ended up going back to paper records.

When former Secretary David Shulkin established the VA project by fiat, he likely thought he was slicing through a gordian knot. He may have actually woven a new one.

I wrote recently that if VA Secretary Robert Wilkie does nothing but fix the personnel and personnel management issues at the department, he'll be a success. If Gfrerer would do nothing other than getting the VA's new electronic health record project righted and on a good tempo, he too would be a success. Like a tough puzzle, this project seems to be going nowhere fast.

Congress is already fed up with the effort, as it is with a parallel effort in the Defense Department. Both departments are working on new EHRs from the same vendor. In theory the results will be interoperable records. The Veterans Affairs Committee even has a special sub-panel just to oversee VA modernization projects. Subcommittee Chairman (R-Ind.) has expressed "great concern about the deteriorating and rudderless leadership" of the EHR program.

Banks only came to Washington last year, but I imagine he's been briefed about the dreary record these big IT projects have. He's right to focus on the need for sustained management. Someone has to own that project. The owner will have to ride herd on the requirements generated by VA and on the contractors.

In theory, VA, like DoD, is adopting a commercial product, in this case MHS Genesis from the Cerner Corp. Judging from the DoD's slow and partially effective initial installations, it feels like a development project. Senators added an amendment to an appropriations bill to have the Government Accountability Office look into it. They don't need a new law to have GAO examine something, though. DoD is already under a legal mandate to have its own independent study done.

I've often observed when congressional oversight is petty or interfering. In these cases it's merited and coming early enough to prevent billions from going down the drain.

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3.2 - WMAZ (CBS-13, Video): [Dublin VA center adds new \\$8.5M building to memory care unit](#) (30 August, 446k uvm; Macon, GA)

The Carl Vinson VA Medical Center in Dublin is expanding its memory care unit.

The center held a ribbon cutting on Thursday for the new \$8.5 million building.

This comes after the center was ranked one of the 11 worst centers in the nation.

The low ranking and disturbing data sparked a visit from United States Representative Rick Allen earlier in August.

32 patients currently stay in the ward, with some sharing a room.

The new building will add 14 new rooms, each with a separate bathroom, allowing those patients to have their own space.

Work on the new building started in November 2016, and it will officially open in October.

The center will slowly begin moving patients who are sharing a room over to the new rooms within the next couple of months.

The rooms are also equipped with padded floors, in case a patient should fall.

The expansion also includes additional office space for staff.

"We are dedicated to serve our veterans and give them the best possible care," said David VanMeter, interim director of the Dublin VA, in a press release. "This project is just one of many ways we can give back to them."

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3.3 - The Vindicator: [Lawmakers urge VA secretary to partner with Northside for VA facility](#) (30 August, Justin Dennis, 193k uvm; Youngstown, OH)

Ohio lawmakers are urging the U.S. Department of Veterans Affairs to partner with Northside Regional Medical Center's operator to house VA services at the facility.

U.S. Reps. Tim Ryan of Howland, D-13th, and Bill Johnson of Marietta, R-6th, and U.S. Sen. Sherrod Brown, D-Ohio, submitted a letter Wednesday to VA Secretary Robert Wilkie, suggesting the department partner with Northside operator Steward Health Care of Boston, which recently announced the Youngstown hospital would close by Sept. 20.

The letter suggests the facility could become a space for VA services such as transitional housing for veterans struggling with homelessness or substance abuse or 3-D fabrication of prosthetic limbs through America Makes, a national 3-D printing institute.

“There’s, I think, a potential for a research and development facility there that we could tie to America Makes ... where we may be able to do some 3-D printing with those prosthetics; or a veteran’s village where we can handle homelessness and maybe some housing and other kinds of senior care,” Ryan said during a brief news conference Wednesday in Niles.

“[We’re] just exploring all options here. We can’t let that facility die,” he said.

Steward has been in contact with officials about Northside’s future but has yet to offer up any plans for the facility. Neither Steward nor the VA had officially responded to the letter Wednesday afternoon, Ryan said.

Any partnered facility likely would not become a VA-run hospital, as the department is currently divesting itself of hospitals to focus on community-based clinics, Ryan said.

“We’re already bringing back tens of millions of dollars in federal money for America Makes. We could tie it into other federal money through the VA and create a synergy there that could lead to some job creation and stabilization there on the North Side and in southern Liberty Township,” Ryan said. “The more organizations who [are] involved – both public and private sector – the more sustainable it is over the long-term and the more it’s going to lead to job creation [and] development and provide the kind of services we need.”

Jan Brown of Youngstown, first national vice commander of AMVETS, said that need is for more availability of mental-health services.

“We need more mental- health professionals. ... And it’s not just our clinic; it’s across the nation,” she said. “There’s a shortage of mental-health professionals. They can’t fill them fast enough in the VA system.

“There’s a huge need for it. Our veteran population is aging quickly. Our Vietnam-era veterans are in their 70s. The youngest are in their mid-60s.”

Leo Connelly, former commander of Disabled American Veterans, said he wants public officials and private partners to first sit down and do the math to develop a feasible program in the Northside facility, which was built in the late 1920s.

“There’s a number of things that could be there. I think it would be excellent for a nursing home for veterans. Split that [space] up and help the homeless,” he said.

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3.4 - Health Data Management: [Congressman voices concerns about VA Office of EHR Modernization](#) (30 August, Greg Slabodkin, 143k uvm; Chicago, IL)

Responding to the recent departures of senior leaders at the Department of Veterans Affairs, a House subcommittee chairman is worried that the VA office in charge of EHR modernization is floundering.

Last month, the VA established the Office of Electronic Health Record Modernization to oversee the preparation, deployment and maintenance of a new Cerner EHR system, which will replace the agency's decades-old Veterans Health Information Systems and Technology Architecture.

However, Rep. Jim Banks (R-Ind.), chairman of the House Subcommittee on Technology Modernization, sent a letter to VA Secretary Robert Wilkie expressing his "great concern" about the agency's "deteriorating and rudderless leadership" and its ability to manage a \$10 billion Cerner EHR contract.

"The resignation of the Chief Health Information Officer, the program's top leader, comes only three days after the resignation of the Chief Medical Officer," Banks wrote to Wilkie. "As a result, at most half of the program's senior leadership positions are occupied, and its rank-and-file positions are only sparsely filled, primarily with detailees. This comes at a time when VA is making the most pivotal decisions as to the design of the Cerner EHR system."

CMO Ash Zenooz, MD, announced her resignation last Tuesday. And, CHIO Genevieve Morris, a Trump administration political appointee who was on loan to the VA from the Office of the National Coordinator for Health IT, resigned abruptly from both agencies on Friday.

"Despite several requests, I was not even able to meet with the EHRM leadership team before these departures," according to Banks.

For her part, Morris had been working at the VA Office of EHR Modernization to ensure that the agency's Cerner implementation went as smoothly as possible. However, Morris indicated in her resignation letter that she was resigning because the "VA's leadership intends to take the EHR modernization effort in a different direction than we were headed."

The VA announced that John Windom has been appointed acting CHIO of the Office of EHR Modernization to replace Morris.

"We are pleased that John Windom will now take over as Acting CHIO for OEHRM," said VA Secretary Wilkie in a written statement. "John is a recently retired Navy captain who played a key leadership role in the Pentagon's electronic health record modernization efforts, and in leading VA's negotiations with Cerner over the last year."

Nonetheless, in his letter to Wilkie, Banks urged him to identify a permanent CHIO immediately who "possesses the requisite medical and technical knowledge and demonstrates managerial competency for such a large EHR transition." In addition, Banks urged the VA secretary to pick a CMO from within the Veterans Health Administration, insisting that "it is crucial that this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes."

Further, Banks requested that Wilkie provide the Subcommittee on Technology Modernization with a detailed organizational chart for the VA Office of EHR Modernization, listing each federal

position and full-time contractor while “indicating the name of each position’s incumbent or its vacant status” by September 7.

Last month, the House Committee on Veterans’ Affairs formally approved the creation of the Subcommittee on Technology Modernization—with Banks as its chairman—to provide oversight of the VA’s rollout of the Cerner Millennium platform.

“It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest,” Banks told Wilkie. “I am dedicated to pursuing a constructive oversight agenda to encourage VA to make the right decisions, but any engagement is difficult without stable leadership.”

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3.5 - EHR Intelligence: [IN Rep Demands Transparency on VA EHR Modernization Leadership](#) (30 August, Kate Monica, 50k uvm; Danvers, MA)

House Subcommittee on Technology Modernization and Representative Jim Banks (R-IN) urged VA Secretary Robert Wilkie to improve transparency into VA EHR modernization project leadership in a recent letter.

Banks also requested that Wilkie immediately appoint permanent leaders to head the Office of Electronic Health Record Modernization (OEHRM) in the wake of former Chief Health Information Officer (CHIO) Genevieve Morris’ resignation on August 24.

In the letter, Banks expresses “great concern about the deteriorating and rudderless leadership” of OEHRM.

OEHRM was established in July to ensure the VA Cerner EHR modernization project runs smoothly. The oversight panel manages the preparation, deployment, and maintenance of VA’s new system, as well as all EHR-integrated health IT tools.

“The resignation of the Chief Health Information Officer, the program’s top leader, comes only three days after the resignation of the Chief Medical Officer,” stated Banks. “As a result, at most half of the program’s leadership positions are occupied, and its rank-and-file positions are only sparsely filled, primarily with detailees.”

The lack of permanent VA leadership is especially concerning given the Cerner EHR implementation is slated to begin on October 1, 2018, Banks maintained.

“It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest,” wrote Banks. “In fact, despite several requests, I was not even able to meet with the EHRM leadership team before these departures.”

The lack of stable leadership at the helm of OEHRM has made it difficult for Banks and his subcommittee to engage with the oversight program to discuss an agenda for guiding VA decision-making.

Banks urged Wilkie to immediately identify a permanent CHIO with the medical and technical expertise to competently manage the \$10 billion EHR implementation project.

“I also urge you to select a Chief Medical Officer (CMO) from within the Veterans Health Administration; it is crucial that this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes,” Banks stated.

Finally, Banks requested Wilkie provide his subcommittee with a detailed organizational chart of all federal positions and full-time contractor positions part of OEHRM by September 7, 2018.

The organizational chart should list the names of the individuals in each position and flag any positions still left vacant, Banks said.

Problems with permanent leadership at OEHRM follows persistent issues at VA with stable staffing in the federal agency’s higher-up positions.

In April, former VA CIO Scott Blackburn resigned from his post amidst negotiations to finalize the VA Cerner contract.

Blackburn had been serving as the department’s acting CIO since October 2017 and had played a significant role in launching VA’s replacement project of the homegrown VistA system.

Before Blackburn, former VA Secretary David Shulkin was removed from the head of the federal department following accusations from the Inspector General that he had improperly accepted tickets to the Wimbledon tennis tournament.

The Trump administration struggled from March until July to confirm a new VA Secretary.

Wilkie was confirmed as the new permanent secretary on July 24. Wilkie had been serving as the VA Acting Secretary since Shulkin left his post and officially signed the Cerner contract in mid-May after months of delay.

The first implementation of VA’s Cerner EHR system is expected to go live in March 2020.

Per provisions of the Veteran’s Electronic Health Record Modernization Oversight Act of 2017, OEHRM will receive certain documents related to the implementation process including project timelines, costs, the health IT strategic architecture plan, and the transition plan for implementing updated architecture.

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3.6 - HC+O News: [New State-of-the-Art Facility Replacement to Treat Veterans in Colorado](#) (30 August, Roxanne Squires, 14k uvm; San Rafael, CA)

AURORA, Co. – The highly anticipated Rocky Mountain Regional VA Medical Center (VAMC) has finally opened its doors to patients, replacing its former 60-year-old hospital building with a new and luminous 1.2 million-square-foot facility.

The VAMC will provide care for more than 390,000 Veterans and will offer services including a 30-bed spinal cord injury clinic, aquatic therapy, mammography, and PET scans for cancer and prosthetics.

There will also be expanded telehealth services, polytrauma and a traumatic brain injury unit located on the 31-acre site. Additionally, the hospital includes 900,000-square-feet of parking space for staff and patients.

In the beginning, renovations to the Clinic [Building South], formerly University Physician, Inc., was awarded a \$571 million to Kiewit Turner (KT) of Englewood and initiated construction in April 2011.

The Campus Construction project, also awarded to KT, began in November 2011 while U.S. Army Corps of Engineers (USACE) issued substantial completion to KT in January 2018. Turner Construction of New York also served as the general contractor.

The Center's design concentrates on sustainability, which incorporates photovoltaic panels, solar evacuated tubing and optimal daylighting throughout the curtainwall system, all of which help produce energy-cost savings.

The Concourse building connects all buildings of the hospital, providing weather-protected access to the various services as well as a space for community.

An infusion clinic is located on the third floor, facing west, providing ideal views of the Rocky Mountains. The openness and lighting along with the artwork are there to help improve patient care and are abundant throughout the facility. There are also private rooms with an area for family members to wait and stay.

Most notably, the Spinal Cord Injury Unit (SCI) stands as one of the only 25 other facilities in this country to provide services that qualify for specific rehabilitation needs of Veterans with spinal cord injuries. The SCI also features an outdoor rehabilitation garden, allowing patients with spinal cord injuries to adapt to their chairs in a protected environment.

"Open space within the Concourse Building and throughout the campus promotes opportunities for Veterans and their families to engage with others within the Veteran community," said Jennifer Williams, project executive, construction and facilities management of the Denver Replacement Project.

"The SCI and Mental Health have several rooms which are two person rooms to help with the peer to peer support for either the new SCI patient or a mental health patient. The entire campus has very special design elements from showcasing each branch of service to naming the reception areas after a Colorado mountain."

Williams continued, stating that this is to assist with wayfinding and to also provide a sense of community. Additionally, the medical center has partnered with the VFW to bring in Veteran Artwork which is for sale, helping support Veterans as a result.

Unlike the previous facility, the new building allows the hospital to adopt new technologies with the campus having a fully integrated physical access control system, which includes both security cameras and various card readers.

The unique feature of this system is that it was integrated with the existing Eastern Colorado Health Care System which spans the entire eastern side of Colorado and into Kansas.

The campus includes many other innovative technology components to assist with patient care and patient experience, including the Sip and Puff technology that allows paralyzed Veterans to control equipment in their room with their mouths.

“The biggest challenge on this project has been shifting the focus from the problems this project faced in the past to celebrating the successes of this project today, said Williams. “This facility, which incorporates new services and technologies, will enable VA to serve nearly 400,000 Colorado Veterans and their families. Some of the most proud moments on this project have been helping a Veteran find their way to an appointment or the Canteen while listening to their comments on what a wonderful facility this really is.”

The Rocky Mountain Regional VAMC officially opened for outpatient services on July 27 and present Denver VA patients moved into the facility on August 4.

Although the facility is already open, the VA medical center is continuing its work to address the growing Veteran population in the region by guaranteeing high-quality services while a PTSD clinic is planned to be built on the campus as soon as possible.

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4. Focus Resources More Efficiently

4.1 - The Register-Guard: Never had a bad doctor in experience with VA (30 August, Albert Fisher, 438k uvm; Eugene, OR)

I have used the Veterans Administration health system for 10 years now. I have the best primary doctor one could have.

I have never had a bad doctor yet at the VA facilities in Eugene, Roseburg or Portland. I have heard many times, over and over, the same guys on van rides talk about how bad doctors are. I asked them why they used the VA system, and they do not respond.

I don't get any disability pay like the complainers do.

I hope the VA keeps up the good work in Eugene, Roseburg and Portland. So many depend on them.

Albert Fisher, Springfield

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4.2 - KCUR (NPR-89.3): U.S. Government Appeals Judge's Ruling That VA Was Liable In Death Of Kansas City Veteran (30 August, Dan Margolies, 198k uvm; Kansas City, MO)

When a federal judge decided in July that the Veterans Health Administration was liable for the death of an Iraq veteran who was treated at the VA and later killed himself, it was thought to be one of the few instances nationwide where the VA has been held directly responsible for a veteran's suicide.

Now the federal government is appealing that verdict.

A notice of appeal filed Wednesday said the United States is seeking review of the judgment by U.S. District Judge Julie Robinson, as well as her findings of fact and conclusions of law.

Robinson found the VA liable for the death of Cpl. William Draughon of Kansas City and awarded more than \$480,000 in damages to Draughon's father and his two children.

Draughon, a graduate of North Kansas City High School, was a squad leader and gunner in Iraq for seven months in 2004 before he was honorably discharged from the Marine Corps.

Evidence at the trial showed that after he returned to the Kansas City area, he began drinking heavily and was diagnosed with post-traumatic stress disorder. During one of several hospitalizations at the Kansas City VA, he'd been flagged as being at high risk for suicide. Although no risk assessment was done, a suicide prevention coordinator at the hospital removed the high-risk flag from his electronic medical records 90 days later.

On St. Patrick's Day, 2010, after arguing with his girlfriend, Draughon shot and killed himself in front of his girlfriend and brother. He was 28 years old.

Draughon's family, believing the VA was negligent in its care of Draughon, sued the agency for negligence. The case was tried by Robinson, who found that the VA had breached its own standards of care by removing Draughon from its high-risk list for suicides.

Jim Cross, a spokesman for the U.S. Attorney's office in Kansas, which filed the notice of appeal on behalf of the government, said his office would have no comment.

"The motion speaks for itself," Cross said.

Michael Raupp, a lawyer who represented the Draughon family, said he was "confident in the decision that Judge Robinson made – all the rulings she made throughout the course of the proceedings."

"We'll withhold any comment until we see the basis on which the appeal is proceeding," he said.

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4.3 - The Herald: [VA is looking for volunteer drivers](#) (30 August, Michael Roknick, 73k uvm; Sharon, PA)

HERMITAGE – Local military veterans are seeking volunteers ready for action.

Veterans in the area needing medical treatment usually go to the Veteran Administration's Michael Marzano Clinic in Hermitage. But a large number of these vets need higher skilled medical care that's only available at VA hospitals in Butler and the Pittsburgh area.

“Many of these people can’t drive,” said Wayne Stratos, a member and adjutant of the Mercer County Disabled American Veterans Chapter 55. “We have a standing problem with drivers. We can use all the help we can get.”

A Vietnam War veteran, Stratos, said there are vets who can rely on family members to drive them to medical visits.

But that isn’t always the case.

“You can have your family scattered around the country,” he said.

Age also is a factor in vets being unable to drive.

“Even Vietnam vets are about 70, and we have many from World War II and the Korean era,” Stratos said.

Three vans bought by the Mercer County DAV are ready for duty to transport vets. But there aren’t enough drivers to meet the need.

“The problem is these veterans have had to cancel much-needed appointments for a lack of a drivers,” Stratos said. “We get a lot of calls from buddies who need a ride.”

In recent years, the VA has come under withering fire for shoddy medical care or not getting veterans into treatment centers soon enough.

That isn’t the case here, Stratos said.

“In western Pennsylvania and eastern Ohio, we have some of the best VA care in the country,” he said.

To become qualified, driver volunteers have to pass a regular physical exam, have a valid driving license with a clean driving record.

“You don’t have to be a veteran to become a driver,” Stratos said.

THOSE interested in volunteering should contact the Department of Veterans Affairs Voluntary Service in Butler at 1-800-362-8262, Ext. 6957.

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4.4 - Tribune Chronicle: [Ryan looks at VA to fill Northside](#) (30 August, Raymond L. Smith, 64k uvm; Warren, OH)

YOUNGSTOWN — Looking at ways to use the Northside Regional Medical Center facility, U.S. Rep. Timothy J. Ryan this week sent a letter asking Veterans Affairs Secretary Robert Wilkie for possible suggestions on how the agency, through private-public partnerships, can use the facility to help veterans living in the tri-county area.

Ideas include using the soon-to-be-closed facility as a VA clinic that works with the Youngstown-based America Makes to make prosthetics for wounded warriors, and the creation of a "Veterans Village," where veterans can get transitional to permanent housing and are providing other supportive services.

The letter, also signed by U.S. Bill Johnson, R-Ohio, and U.S. Sen. Sherrod Brown, D-Ohio, emphasized the VA's opportunity to capitalize on an established building.

A veteran's village, similar to one located in San Diego, would provide a place to help veterans with specific needs.

"Where we can handle some homelessness and maybe some housing and other kinds of senior care," Ryan, D-Howland, said. "There's a golf course right there with Stambaugh Golf Course, the Jewish Community Center is right next door, they have a pool, they have programming, so just exploring all options. We can't let that facility die."

"The VA could partner with America Makes, the National Additive Manufacturing Innovation Institute, to develop Northside Regional Medical Center into a center of excellence for VA prosthetics," he said. "By utilizing America Makes' state of the art additive manufacturing technology, the VA could develop new prosthetics technologies for our wounded warriors."

As a member of the subcommittee on defense, Ryan said he has influence on VA's funding.

Steward Health Care Systems LLC announced earlier this month it would be closing Northside Regional Medical Center on Sept. 20, although its employees will be paid through Oct. 14.

Officials with the hospital chain stated it is closing the area's oldest hospital because Northside Regional Medical Center has been chronically under-utilized. Steward purchased Northside in 2017, along with Trumbull Regional Medical Center, Hillside Rehabilitation Hospital and Sharon Regional Hospital.

Since the announcement, area political and business leaders have been looking at what can be done to help displaced worker and what to do with the hospital building.

Ryan said Veterans Affairs likely would not be looking at the facility as a hospital, because the VA is divesting from hospitals and creating more community-based clinics.

"I just want to make sure no stone is left unturned," he said.

Finding ways to get the VA to work with America Makes would create a level of synergy and add new jobs in the area, Ryan said.

Herm Breuer, director of Trumbull County Veterans Services in Warren, said the VA would not come in and take over the facility, but would partner with private groups and other organizations in developing programs for veterans.

"Having a veterans village or developing other programs would be great," Breuer said. "It would be a regional facility that would attract veterans from Cleveland, Pittsburgh and other communities. We have about 60,000 veterans in our region, if you count those in Mahoning and the Shenango County areas," he said.

Ryan said they need to look outside the box in finding ways to utilize Northside.

“We need to look at every opportunity,” he said. “Just because this is now a hospital, it does not have to remain a medical facility.”

Ryan hopes he has some influence with Wilkie, since he is on the committee that funds the VA.

“Nothing is certain,” Ryan said. “We want to plant the seed of an idea. It may get some consideration because the idea is tied to something that already exists.”

He has not spoken to representatives of Steward Hospitals about this particular action plan, but Ryan said they have been at the table when discussions were taking place about the future of the facility.

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4.5 - Greater Fort Wayne Business Weekly: [Union pushes to have VA jobs filled](#) (30 August, Linda Lipp, 11k uvm; Fort Wayne, IN)

The unions that represent workers at Veterans Administration facilities are in a fight that goes well beyond labor relations issues and right to the heart of the way this nation cares for its veterans.

That’s the opinion of Bill Reuille, president of American Federation of Government Employees Local 1384, which represents about 700 front-line VA workers in Fort Wayne and another 200 at a clinic in Mishawaka.

The AFGE estimates that about 49,000 VA jobs across the country are not being filled, and that is affecting both the quality of care veterans are provided as well as staff safety and well-being.

“The staffing issues go back to the veteran experience,” Reuille said. “When we don’t have the staff, the veteran has to wait or he has to be sent out to another location. And we know the numbers: It’s 40 percent cheaper to see vets at the VA than to send them out.”

Staffing levels at the VA have been a problem for a number of years, he acknowledged. But now, even though the federal budget included funding to fill vacant positions, most seem to have been frozen. Reuille believes that the real goal of the Trump administration is to privatize the services the VA provides.

“We want to avoid privatization at all costs,” Reuille said. “We don’t want to see the VA going that way. We want to keep the VA around because we know how to deal with our people. We enjoy the vets. It’s a really good community — more than just a hospital. We know their issues, we know their names, their granddaughters’ names. We have so many with service dogs and I can tell you what their dogs’ names are. I’ve worked in the private sector and you don’t have that.”

Reuille also said he often thinks of the words on a sign outside the VA. “We see ‘the price of freedom’ every single day when we come to work, and a lot of people aren’t lucky enough to do that.”

Fort Wayne VA staffing levels are actually much better than many other areas, probably in the top 10, Reuille estimated. A check of the VA Northern Indiana Health Care System reveals just 27 job openings listed in the region; 18 of which are in Fort Wayne.

Members of Local 1384, veterans and supporters staged a rally at the VA in Fort Wayne Aug. 23 to bring greater public awareness to the issue. Among those attending was Courtney Tritch, the Democratic candidate for Congress in the third district. Reuille said he was in touch with staff in the office of incumbent Republican Congressman Jim Banks, which did not send anyone to the rally.

“Everybody is busy; I understand,” Reuille said. “I’m not partisan one way or another. As long as you’re here to back labor and back veterans, I back you. I’m for everybody who wants to come support us, who wants to support veterans. I’m 100 percent on board with that. Ideologically we may have differences but we should be all on the same page there.”

The AFGE is one of several unions that represent VA workers nationwide. With 700,000 members, it is the largest of the government employee unions, and the largest portion of its membership are workers at the VA. But it is not only the AFGE that is under attack, he said. Organizations that represent Social Security workers, Immigration and Customs Enforcement workers and others are also fighting efforts to force them out.

“That’s what Bill Reuille, president of AFGE Local Council 1384 believes,” he said. “That’s what I believe is what this administration wants. The unions are all in the labor fight of their life.”

Rallies like the one in Fort Wayne have been held elsewhere as well.

“We just want the people to know how important November is going to be,” Reuille said. “We want people who are not just running around saying, ‘yeah, I’m for the vets, I’m all for the vets.’ Well, you’re not for the vets if you’re not staffing the VA. It’s not even a political thing. It’s just common sense.”

Business Weekly made numerous attempts to contact the VA for comment for this story. None was successful.

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4.6 - Fort Hood Sentinel: [36th Eng Bde Soldiers volunteer at Waco VA](#) (30 August, Kelby Wingert, 7k uvm; Fort Hood, TX)

WACO — Soldiers and Family members from the 36th Engineer Brigade volunteered their day updating the outdoor basketball court and spending time visiting with residents at the Doris Miller Veteran Affairs Medical Center in Waco, Saturday morning.

The project is one of several volunteer service projects at the VA hospital the brigade has been involved in, said 2nd Lt. Heather Bengé, 36th Eng. Bde. unit public affairs representative.

“Waco is our partner community and we’ve been working with Miss Eva (Gergely) at the VA hospital to support them through a few different events that they host throughout the year,” Bengé said. “She had said it would be really great if we could help them paint the basketball court because it’s something that they haven’t done for a while and it needed a facelift. So we

wanted to do something that would maybe motivate and inspire some of the veterans who like to play on the basketball court to use it.”

The 16 volunteers, a mix of Soldiers and Family members, completed the first phase of repainting the basketball court. Plans include eventually adding the emblems of each of the armed services onto the center of the court to represent the service of all veterans who visit the Waco VA.

The Doris Miller Veteran Affairs Medical Center provides primary care and behavioral health services for veterans in the Waco area. It is also a psychiatric facility, housing inpatient programs for chronically mentally ill patients and for blind rehabilitation.

Gergely, the medical center’s voluntary service specialist, said upgrading and updating the hospital’s recreation facilities is “huge” for improving the care and quality of life for the veterans in residence.

“Just to let the veterans know that there are people out there that care about them but also to get the veterans motivated to be more active again on their breaks outside of class or in the evening times go over to the basketball court and shoot some hoops and to blow off some of that steam,” she said.

The recreation facilities will also help support the adaptive sports clinic program the hospital is preparing to kick off, Gergely said.

After the basketball court service project, the volunteers were joined by some resident veterans for lunch.

Volunteer 2nd Lt. Nina Ford said she hoped the volunteers spending time with the veterans would help the veterans feel more connected to the active duty service members, and vice versa.

“I thought it would be nice to give back to those who paved the way for us, so I think that coming out here to the veterans’ hospital and actually improving their facility would be very helpful,” she said.

The volunteer opportunity gave the volunteers something back as well.

“I think it’s awesome because it’s always great to talk to veterans, people who have been there before,” said volunteer 1st Lt. Takeya McHaney. “They can give us insight and guidance that we can use.”

Col. James Koeppen, 36th Eng. Bde. commander, is passionate about being active with the VA, Bengé said. That passion is appreciated by Gergely.

“We’re really grateful for this new partnership with the brigade,” Gergely said. “Just to have the support of Col. Koeppen as well, he’s been here a few times to see the impact that they’re making on this campus.”

The brigade’s next volunteer opportunity with the Waco VA will be on Sept. 5 for the hospital’s mobile food bank distribution from 9-11 a.m.

"We're going to send a few of our Soldiers, but anyone is welcome to volunteer," Bengé said.

Those interested in volunteering can visit <https://cafb.volunteerhub.com>.

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5. Improve Timeliness of Service

5.1 - Sioux City Journal: [VA looking for alternative options to transport veterans to new Dakota Dunes clinic](#) (30 August, Ian Richardson, 810k uvm; Sioux City, IA)

DAKOTA DUNES -- The Sioux Falls Veterans Administration Health Care System is looking into ways to widen transportation options for veterans traveling to its new VA clinic under construction in Dakota Dunes.

Unlike its current location in Sioux City's Indian Hills neighborhood that sits near a Sioux City Transit bus stop, the new clinic will sit more than 1½ miles away from the nearest city bus stop, although it does receive transit service through the Siouxland Regional Transit System.

Sioux City Council members recently discussed whether they should look into ways to fund an extension to the city's transit system to support the relocated clinic.

"I would like the city to take a look at that to see if there's anything they can do that would help," Councilman Pete Groetken said.

In April 2017, the VA broke ground on the new clinic at 365 W. Anchor Drive in Dakota Dunes with plans to relocate its current facility from the Indian Hills Shopping Centre on Sioux City's north side. The Dakota Dunes building will be three times the size of the current space and will allow doctors and staff to expand services for more than 15,000 veterans in Northwest Iowa, Northeast Nebraska and Southeast South Dakota.

The new clinic is projected to open toward the end of October.

Sioux City Transit has a handful of stops in North Sioux City through an agreement with Sioux City, but the buses do not travel into Dakota Dunes, a planned community. The nearest bus stop, near River Drive and North Derby Lane in North Sioux City, is approximately 1.7 miles one-way from the new clinic.

The Sioux Falls VA Health Care System, which operates the metro area clinic, is looking into alternatives to assist veterans who rely on public transportation, said Dan Hubbard, the acting associate director.

"We're still researching what's available and what we can do to assist," he said. "Our goal is to ensure that all beneficiary eligible veterans have access to transportation to get there."

One option under consideration, Hubbard said, is to deploy vans donated to the VA by the Disabled Veterans of America. "We currently have one of those vans in Sioux City, and we're exploring putting another one at the Dakota Dunes site to assist in filling that gap," he said.

In addition, Dakota Dunes has an agreement with Siouxland Regional Transit System to provide service in the area, which should help veterans, said Jeff Dooley, district manager of the Dakota Dunes Community Improvement District.

"The SRTS system should provide that service," Dooley said. "As this VA clinic gets up and running, we'll work with them to be sure none of those barriers exist."

SRTS public transit service to southern Union County, South Dakota, runs 5:30 a.m. to 7 p.m. Monday through Saturday. The cost for a one-way trip ranges from \$5 to \$15, depending on the start and end point.

Sioux City Transit buses run from 6 a.m. to 6 p.m. Monday through Friday and start an hour later on Saturdays. Fares cost \$1.80, and veterans with a VA documented service-connected disability who present their VA photo ID ride free.

Assistant Sioux City Manager Mike Collett said there could be some discussions on the North Sioux City route during the council's budget hearings next year, but pointed out SRTS already provides service to Dakota Dunes.

"We have to balance the cost of an additional route with the demand and look at what alternatives (are offered)," Collett said.

At the Aug. 20 council meeting, Mayor Bob Scott and Councilman Alex Watters voiced frustration the clinic had been moved out of Iowa's fourth largest city, where a large number of the veterans it serves live.

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5.2 - WKBW (ABC-7): [Lawmakers call for investigation into closure of Adult Day Health Care program](#) (29 August, Christine Streich, 318k uvm; Buffalo, NY)

Two congressional lawmakers are calling for an investigation into the way the VA is handling the closure of an adult day care program for veterans.

Sen. Charles Schumer and Rep. Brian Higgins say they're concerned the VA may have violated patient privacy laws by releasing the veterans personal medical information to a private company soliciting business from veterans.

The VA's Adult Day Health Care is a popular program for veterans with Alzheimer's, dementia and other impairments. For six-hours a day, twice a week, those veterans receive physical therapy and therapeutic exercise, participate in recreational activities like trivia and singing, receive health education and medication management and share meals. The veterans say they rely on the program for the social, physical and mental enrichment it provides, and family members and caregivers say they rely on the support system.

In July, the Amherst facility told its participants it would be ending services by October 1st because the building that houses the program is set to be demolished. VA officials told participants they would be working with them to help them transition to new programs that offer similar services. Sen. Schumer and Rep. Higgins say that in their haste to make those transitions happen, the VA may have shared the veteran's private medical information.

Sen. Schumer and Rep. Higgins further argue that the Buffalo VA's decision to privatize this care for our veterans does not save costs or improve care.

Sen. Schumer and Rep. Higgins say they've spent weeks speaking with local veterans and families affected by the decision to close the Adult Day Health Care program, and they say they've repeatedly urged the leadership of the Buffalo VA to reverse their decision.

Senator Schumer also wrote to VA Secretary Robert Wilkie extolling the great services provided at the Western New York ADHC and calling for the program to continue.

Congressman Higgins has asked VA Regional Director Dr. Joan McInerney to intervene and reverse the decision.

Senator Schumer and Congressman Higgins also co-authored a letter to the U.S. Department of Health and Human Services Office for Civil Rights on behalf of local veterans and the Adult Day Health Care program.

The VA Western New York Healthcare System released this statement:

"This decision will allow VA to serve up to twice as many Veterans with existing resources, and give Veterans and their families more choice over their health care.

To date, 83 percent of the Veterans enrolled in this program have selected locations to receive adult day health care close to home at VA expense, and VA Western New York Healthcare System is continuing to work with Veterans and their families to transition them to community providers.

VA will adjust services and staffing through the month of September as Veterans enroll with community providers to ensure no Veteran is left without services.

VA is reviewing the offer by WS Development to extend a short-term lease. Given that estimates for comparable space in the greater Buffalo market continue to increase, the decision to transition these services to community providers is a more responsible use of resources, allowing more veterans to be served in the long term.

VA Western New York Healthcare System is looking in to the privacy concerns identified and will take appropriate action. Appropriate medical information is shared with prospective contractors only when a Veteran expresses interest in applying to that program, as is standard practice with medical referrals. "

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5.3 - The Daily News: [Many thanks to Batavia and Buffalo VAMC and others for care of Vietnam combat hero in his last days](#) (30 August, Barbara K. Dawson, 192k uvm; Batavia, NY)

On the first anniversary of the passing of my husband James C. Dawson III, who was a proud Vietnam Combat Veteran, I would like to express my gratitude to the Batavia and Buffalo VAMC for the wonderful medical care my husband received from both facilities.

Never once was he denied service, or had to wait for an appointment, on the contrary they always called us ahead of time to schedule or remind us of appointments.

Every department, medical, OT, PT, lab dental, vision, and the wonderful caring staff of third floor Oak Lodge! All caring, devoted and respectful people, who Jim loved like his own family.

Thank you to Home Based Primary Care, who came to our house to care for him, when travel became difficult. You were my angels!

Lastly, thank you Earl Schmidt, and the Orleans County veterans VSA, you were there every step of the way with guidance, and coordinating ways to make everything easier ... Thank You all.

Barbara K. Dawson

Albion

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5.4 - The Virgin Islands Daily News: [Air ambulance provider to transport local vets](#) (30 August, A.J. Rao, 51k uvm; St. Louis, VI)

A local air ambulance provider is now authorized to transport veterans in need of emergency medical care to centers outside the territory, a decision that aims to cut down wait times and potentially save lives.

This week, the VA Caribbean Healthcare System and the V.I. Office of Veterans Affairs announced the inclusion of AeroMD in the authorized list of air ambulance providers.

AeroMD, a veteran-run company, is based on St. Thomas and provides aircraft with state-of-the-art medical equipment to replicate services in a modern-day emergency room, according to the company's website.

Patrick Farrell, V.I. state director of veterans affairs, said AeroMD allows veterans to rely on a local aircraft instead of one coming from San Juan, which has the closest VA medical center outside the territory.

"It's a win-win situation for the veterans of the Virgin Islands because it's a matter of waiting four to 12 hours for a plane versus having a plane 15 minutes down the road that just has to be activated," he said. "As we all know, emergencies can be a life or death situation and time is of the essence."

Farrell said prior to AeroMD, a San Juan-based provider was used for veterans in the territory. As a result, there were a number of instances where airlifting veterans took longer than desired.

"It made sense to have AeroMD be our first option because they have planes right here," Farrell said. "It just didn't make sense to wait for another provider to come from outside of the territory."

Farrell said he hopes the addition of AeroMD will help local veterans gain back their faith in the veterans system.

"For many years, veterans in the Virgin Islands have always felt underserved and not equal to veterans on the mainland," Farrell said. "So, it's our mission and our goal to make sure that our veterans feel equal to any other veteran across the nation because we fought the same wars and been in the same battlefields."

There are an estimated 8,000 documented veterans living in the Virgin Islands, according to Farrell.

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6. [Suicide Prevention](#)

6.1 - Tampa Bay Times: [‘What the hell did you do to my daughter?’ He was accused of a crime he swore he never committed; she believed her 4-year-old](#) (30 August, Lane DeGregory, 4.8M uvm; Saint Petersburg, FL)

On the evening of the accusation, before the police came, Austin Holcomb walked to his neighbors' house to get his son.

The boy, who was almost 4, had been playing there all afternoon.

The neighbors' house was a wreck. That Saturday, they had been moving furniture, rearranging rooms. "Can you help me for a minute?" the husband asked. "You want a beer?"

Four kids were upstairs. Holcomb's son and his friend's two boys were playing computer games in a loft. The neighbors' daughter, 4, had a fever and was huddled in her parents' bed.

Holcomb drank a couple of beers, then helped his friend remove a large mirror from a white dresser. He carried the mirror upstairs, turned on the light in the master bedroom and saw the girl sleeping. He set it by the door, flicked off the light and came back downstairs.

But his friend wanted to put the dresser by the door, so Holcomb ran back up to make room. His friend heard the mirror move.

Both times, the neighbor later told police, Holcomb was back downstairs in less than a minute.

"Come on," Holcomb, 27, called to his son. "It's time to go."

A while later, as he was tucking his boy into bed, the neighbor's wife banged on his back door, screaming, "What the hell did you do to my daughter? How could you do this?"

"What are you talking about?" he asked.

Spitting out the words between sobs, the woman said her daughter had just told her he "licked my tee-tee — and asked if I liked it."

Holcomb reeled. "I would never do that! I didn't do anything," he insisted. "I swear on my life I never touched her."

[...]

He decided his family would be better off without him.

Early the next morning, he sent his wife a text:

"I want you both to have the best life this world has to offer. I can't give u that, this world keeps s----- on me....we could fight, spend 10s of thousands on lawyers, play the game as they call it. But I don't want to play games ... u can sell the house and start over with money to spare. I want to be relieved of the ugliness of this world ... I love you, Forever and a day. Only God can judge me. Plz forgive me, I just don't know what else to do."

• • •

Jodi Holcomb messaged back, "Babe no!!!" Then, "I'm looking for u." And "I love you." She sent him a photo of them. She called her father-in-law, who called the suicide hotline, then police.

At War Veteran's Memorial Park off Bay Pines Boulevard, an officer discovered Austin Holcomb's white Subaru parked in a clearing. The keys were on the front left tire. A cellphone was on the passenger seat.

Two more officers soon arrived and as they were talking near the car, they heard a branch break in the woods. They looked up.

They ran to Holcomb, about 150 feet away. One officer grabbed his feet, another cut the thick rope noosed around his neck. The third officer performed CPR.

When Holcomb came to, the right side of his face drooped. His right arm was numb, as if he'd had a stroke. He looked up and said, "I didn't mean to hurt anyone."

He insisted he didn't want a doctor. He just wanted to go home. But officers handcuffed him to a stretcher, and an ambulance carried him to Bay Pines VA Hospital.

There, he got angry.

"Why am I still alive?" he yelled. "God, did you just keep me alive to spend the rest of my life in prison?"

Doctors held him for a week, to make sure he wouldn't hurt himself or anyone else. When he got out, he and Jodi went to pick up a pizza. They were a speed bump away from his parents' house when they heard sirens, saw red and blue lights. A pack of police dogs and a SWAT team surrounded them.

Holcomb was charged with lewd and lascivious molestation and sexual battery on a child under 12, a capital felony. The judge denied bail.

[...]

The story of Holcomb's arrest spread across the internet. His charges were read on the TV news.

St. Petersburg College kicked him out of the firefighting program. If he was found not guilty, he could reapply. In the meantime, with two weeks left to finish the course, he had to pay back \$3,000 from his GI Bill.

[...]

Veterans Affairs sent a social worker. The woman's first question: "So you're not down as a predator?" Holcomb said no. Three times. A jury had cleared him. Did she want to see the paperwork? Shouldn't that be in his file? "Well, in case you are a predator," she said, "just so you know, we don't discriminate against those people."

The VA also sent Holcomb to a counselor, because of his suicide attempt. They talked about the case and his time in the Navy, when he saw friends kill themselves and fishermen caught in the drug war.

But the best help he said he got was from the minister who had visited him in jail. After 20 years at Park Place Wesleyan Church, Phil Lewis had left his congregation to become a full-time counselor. He also was renovating a house and hired Holcomb to help.

By early spring, Holcomb had earned his first paycheck. Soon, he was talking about his next fixer-upper: a home of his own.

"We talked to Navy Federal. We can get a VA loan," he told Lewis one afternoon as they were painting a bedroom. "This job has helped more than you know. Just being around you, knowing you're listening. ... You showed me how much energy it takes to hate, and how to let that go." Holcomb put down his roller and wiped his eyes.

"God can use the good and bad in our lives," said the pastor. "Does he allow bad things to happen? Yes. But he can also use the hell of our lives to bring about really good stuff."

Holcomb nodded. The minister went back to painting. "You know, I almost thank God for all this," Holcomb said softly. "A lot of people wouldn't have this relationship with God unless they'd gone through something really awful. So maybe I am lucky?"

[...]

"You know Rod, from the VA?" Jodi Holcomb shook her head no. "My counselor? Anyway, he's mostly geared toward military combat vets. But since I'm also married, and have a kid, Rod thinks we should do couples' counseling."

She stared at him. "Well, that's what he said," her husband said. "I told him we'd both been under a lot of stress."

She couldn't deny that. The only thing she had splurged on for their new home was a cream-colored pillow, with gray lettering: Pray more. Worry less.

"Until you get into college," she said, "I'm going to be stressed."

The GI Bill will help with housing expenses, but Holcomb can't use it unless he is enrolled. So until then, money is tight. In a recent rain, their side yard already had flooded, rivulets running from beneath the neighbor's fence, pooling around their garage. They will have to fix that, figure out a way to split the cost.

But neither of them wants to meet the new neighbors.

[...]

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Forbes: [Flight Training Caps Will Save GI Bill \\$504 Million Over 10 Years, But Will They Cost Pilots?](#) (30 August, Marisa Garcia, 29.7M uvm; New York, NY)

New legislation, establishing a maximum tuition and fee structure for all VA-funded flight programs, will save the GI Bill \$504.4 million over the next ten years, according to estimates from the Veterans Administration. A number of veterans groups agree with the Department of Veterans Affairs that the costs of financing pilots' careers—without fee caps—are unsustainable.

In response to an article published this month which covered the concerns from aviation organizations about an educational cap on pilot fees, at a time when the aviation industry faces a critical pilot shortage, the office of Veterans Affairs reached out to clarify its position.

A Spokesperson for Chairman Phil Roe, M.D., House Committee on Veterans' Affairs disputed claims from the Aircraft Owners and Pilots Association (AOPA), that new legislation treats aviation programs differently from other educational programs covered by the GI Bill.

"The intent of the legislation is to simply align the amount of tuition and fees allowable for flight training at a Public Institution of Higher Learning (IHL) with the existing cap on tuition and fees for private and non-profit schools (currently \$22,805 a year)," the Spokesperson said. "This is the same cap that applies for tuition and fees at all other private IHL programs like Harvard, Stanford, even private law and medical schools."

Even specialized aviation education university Embry-Riddle, a private institution of higher learning, is subject to this cap. The Spokesperson said, "Veteran pilots have to find additional funding to assist them in covering costs at this school."

Costs and Caps

Between 2013 and 2014 the number of student veterans who took flight training courses at public institutions rose by 9%, while the total costs to the GI Bill rose by 87%, according to the office of Veterans Affairs.

Some private flight training companies exploited a loophole in the GI Bill which allowed them to overcharge by offering contract services to public schools, which previously had no cap on spending.

Though better oversight of these programs cut back this exploitation, new GI Bill legislation aims to better control costs in future.

Some groups representing veterans addressed the matter with the Subcommittee on Economic Opportunity, Committee on Veterans Affairs, U.S. House of Representatives in October of 2017, during a review of the new Post-9/11 GI Bill, which included revised language to manage the cap on flight training.

Robert Worley, director of Education Service, at the Veterans Benefits Administration, of the Department of Veterans Affairs explained the changes to disbursements to the Subcommittee. They include eliminating the requirement for veterans to possess a valid private pilot certificate before they could qualify to receive benefits for flight training, and allowing vets to double their monthly payments to cover classroom as well as flight training costs.

"The amount of each accelerated payment would be equal to twice the amount for tuition and fees, otherwise payable to an individual. The amount of monthly stipends (i.e., monthly housing allowance, kickers, etc.) would not be accelerated. Two months of entitlement would be charged for each accelerated payment. This provision would apply to training that begins on or after the date of enactment," he said.

The total funding under the GI Bill would be the same, but the legislation also puts pressure on educational institutions to charge less.

"It would limit the amount of tuition and fees payable for a program that requires flight training to the same amount per academic year that applies to programs at private or foreign IHLs. Second, it would prohibit the payment of tuition and fees associated with non-required (i.e., elective) flight training," Worley said.

Flight Hour Requirements

The dispute between aviation groups and veterans comes down to a difference of opinion of what constitutes "elective flight training".

While the FAA previously accepted 250 flight hours for a first officer Air Transport Pilot (ATP) Certificate, the requirements changed to 1,500 flight hours in 2013, as a safety measure following findings on the crash of Colgan flight 3407. This change has made qualifying for a commercial pilots license more expensive, and there are limited opportunities for pilots to earn salaries while accruing flight hours.

Aviation groups are concerned that a critical staffing shortage could threaten growth. They see veterans as a significant, qualified base of new recruits. But the question remains whether the GI Bill should fund the future of aviation.

"Despite the large number of institutions who provide flight training at costs around \$22,800 per student per year, in FY16 the VA reported a number of schools charging \$130,000, on average. While representatives from these schools argue this type of training is costly due to high-end equipment, the cost for similar training at 61% of the schools who accepted GI Bill benefits was significantly lower. This is concerning at best. To continue to pay these schools at such high costs is not an appropriate use of tax payer money," advocates for Veterans Education Success told the Subcommittee.

The American Legion also expressed support for the cap to the Subcommittee. John Kamin, assistant director, Veteran Education and Employment for the American Legion called attention to an exposé by the Los Angeles Times which raised awareness of exorbitant fees charged to the GI Bill by some flight training contractors. At the same time, Kamin acknowledged that better oversight had been effective in stopping such practices.

“Increased oversight from the Department of Veterans Affairs and State Approving Agencies (SAAs) has resulted in lowered overall expenditures for flight training to \$48.4 million in 2016, from a height of \$79.8 million in 2014,” Kamin told the Subcommittee. “Among the external factors responsible for this reduction was a 100% compliance survey conducted by SAAs in 2015 that resulted in 12 suspensions and withdrawals; largely due to violations of the 85-15 rule. However, the mandate to micromanage flight programs is unsustainable, even as institutions learn to adjust to the requirements while hedging veteran credit enrollment. For these reasons The American Legion believes that a solution is still necessary to ensure that the Post-9/11 GI Bill and the Harry W. Colmery GI Bill remain an honorable investment of public dollars.”

In the view of American Legion, the cap at \$22,850 for institutions of higher learning offering flight training is adequate, with accelerated double payments giving veterans the flexibility to pay for flight training at the same time as coursework.

“This would appear to alleviate concerns for discouraging pursuit of aviation while putting the choice in the hands of the veteran for how to appropriately allocate their GI Bill. The American Legion commends the Committee for this measured approach, and is encouraged by the cost savings that have been made at aviation programs,” Kamin said.

Still, veterans may not be able to accrue enough flight hours on the GI Bill for entry-level jobs in commercial aviation, except by self-funding the difference.

The Spokesperson for Veterans Affairs did not confirm when asked whether the total funds allotted to veterans for other high-cost careers like medicine was in line with the total costs for pilot careers.

The new 9/11 GI Bill provides additional funding for careers in demand from industry. They include high-tech careers and STEM (Science, Technology, Engineering and Math) careers—which also overlap with the educational requirements for commercial pilots.

The Spokesperson for Veterans Affairs did not confirm when asked whether the Department would consider pilot training for commercial aviation as qualifying for the STEM provision.

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7.2 - The Boston Globe: [For military veterans, colleges can ease the way to civilian life](#) (30 August, Cynthia Fernandez, 8.8M uvm; Dorchester, MA)

Karen Connick’s role at Quincy College’ fits like a glove. The retired colonel spends her days helping students navigate the distance between service life and student life.

Her efforts have helped the college receive a gold rating from Military Friendly, a Pennsylvania-based company that ranks schools around the country based on how well they support veterans in their transition to civilian life.

"I just retired from 30 years in the Army," said Connick, the college's military and veterans' services specialist. "A lot of the big mystery sometimes is just navigating the paperwork for a lot of the young men and women coming out of the service. It's come in so handy to speak the same language, so to speak, with the [Department of Veterans Affairs]."

Quincy College, which has about 250 veterans enrolled, is the only Massachusetts school to make Military Friendly's top 10 lists for 2018-2019. In all, 24 colleges in the state received ratings, including Massachusetts Bay Community College and Bunker Hill Community College, which earned silver, and Middlesex Community College and the University of Massachusetts Lowell, which earned bronze.

The founders of Military Friendly are Navy veterans who noticed the lack of support available to men and women leaving military service. In 2003 they launched their survey, which now contacts more than 8,800 institutions and ranks them based on student retention, graduation rates, job placement, and participation in programs such as the VA's Principal of Excellence and Veteran Success on Campus Program.

Timothy Quinn, coordinator of the Veterans Resource Center at Middlesex Community College in Bedford, said his role is to ease the transition of "battle-hardened" veterans into the role of college students. This is no easy feat.

"In the post-9/11 world," he said, "a lot of veterans are coming back with PTSD, mental ailments, traumatic brain injuries."

Middlesex, which also has a campus in Lowell, aids more than 300 veterans with programs such as yoga classes, meditation sessions, acupuncture, and other services to help with post-traumatic stress disorder, sleep, migraines, and focus.

Another program for veterans is smoking cessation, Quinn said. Many veterans smoked while in the service, and the stress of becoming a student and civilian can worsen the habit.

The school's office of disability support services also works hand-in-hand with the veterans resource center. Alerting professors of special circumstances can help smooth class time for veterans. A morning class might become burdensome for a veteran with migraines. Sunglasses — which are usually not permitted in the classroom — can help the veteran evade the head-splitting pain.

The question of when to begin is answered at Quincy College: When you are ready.

The school has courses that begin every month, with rolling admissions. This flexibility allows veterans to figure out "that work-life balance, or that family-life balance," said Taggard Boyle, associate vice president of marketing and communications at the college.

If a veteran enrolls and has trouble adjusting, Connick can help. The office offers counseling sessions with "student success coaches," she said, "for anyone who is hitting a bump . . . when life gets in the way."

Beginning this month, the college will offer the two most popular degrees among veterans — criminal justice and business — completely online.

Johnathan Zepeda, a 22-year-old veteran who left Coast Guard service this year, has started taking classes for a degree in English at Quincy College. He said veterans can enrich a campus.

"They have a different outlook on life," Zepeda said, "a different approach to the way that they do things. Most, they have drive to succeed and be outstanding in their community."

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7.3 - Pittsburgh Tribune-Review: [Twitter chat will answer questions about Forever GI Bill](#) (30 August, Jamie Martines, 1.5M uvm; Warrendale, PA)

Veterans looking to tap into education benefits offered by the Forever GI Bill can get their questions answered in real time by logging on to a live Twitter chat Thursday at 2 p.m.

To join the Twitter chat, follow the hashtag #askVBA, along with the Benefits Administration of the U.S. Department of Veterans Affairs (their handle is @VAVetBenefits) and the Student Veterans of America (their handle is @studentvets).

If you can't make the live chat Thursday, look back on the session by searching the hashtag #askVBA.

Also known as the Harry W. Colmery Veterans Educational Assistance Act of 2017, the Forever GI Bill is intended to update education benefits for veterans. For example, it eliminates a 15-year time limit for using the Post-9/11 GI Bill benefit, allows benefits to be used for independent study or online programs and expands guidelines for work-study activities.

Department of Veterans Affairs records show that 559,000 to 814,000 veterans tapped into those benefits in each of the past six years, according to a 2017 Tribune-Review report.

That adds up to \$28 billion in tuition and fees paid to schools during that period. About \$1.1 billion went to Pennsylvania schools.

In 2017, more than 600 veterans were studying at the University of Pittsburgh in Oakland and its campuses in Greensburg, Johnstown, Titusville and Bradford.

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7.4 - KSDK (NBC-5, Video): [Community split over possible expansion of Jefferson Barracks National Cemetery](#) (30 August, Chris Davis, 1.5M uvm; Saint Louis, MO)

Jennifer Noble spent Wednesday afternoon with her family, visiting several loved ones out at Jefferson Barracks National Cemetery.

"Most people need a spot to come to and visualize and help them deal with the loss," she said.

There are a few more of her relatives that haven't passed yet but will one day reside nearby.

"It's the only one accepting new burials," said Noble.

Securing a spot for those relatives is not a guarantee at this point.

The assistant director of Jefferson Barracks National Cemetery said if nothing else changes, they will be at full capacity in just 10 years.

"If we are able to get the land from Sylvan Springs, that will extend the use of Jefferson Barracks through 2045," said Darrell Ryan.

It now appears the St. Louis County Council is willing to make that happen. The director of St. Louis County Parks told 5 On Your Side the county is offering to sell half of Sylvan Springs Park with Halsey Street being the dividing line.

Everything south of that road, except for the spring itself, would be transitioned over to burial grounds.

"We just wish they could have gone somewhere else," said Charlotte Day, an opponent of the park sale.

Day lives near Sylvan Springs and said she hates to lose her park oasis.

"Kids learn how to ride their bikes, they come maybe just to have lunch," she said.

Day said, knowing her husband resides at Jefferson Barracks and she'll join him when her time comes.

"It's just that we wanted a better option. They just came in and decided this is what was going to happen," said Day.

She's also worried selling 34 acres is just a temporary fix, delaying the inevitable.

5 On Your Side took that question to Ryan.

"The National Cemetery Association's goal is to provide all veterans and their families burial options within 75 miles of their home, so we'll always be looking to provide a burial option of that nature for the St. Louis area," said Ryan.

That's a source of comfort for the Noble family, knowing her family will have their place too among the heroes in hallowed ground.

"To know that we won't have to worry our scramble for a site, that's a big relief, that takes a lot of pressure off," said Noble.

The V.A. would have to pay \$2.4 million for those 34 acres. The final vote on the land deal takes place next Tuesday.

That doesn't mean that southern portion of Sylvan Springs closes automatically.

There's a clause in the deal where the V.A. can actually lease the park back to the county for the next 10 years, for just \$1 a year. That move would keep the full park open until the V.A. needs it to start expanding the cemetery.

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7.5 - Roll Call: [Tsongas and Turner Want VA to Answer for Sexual Assault Survivors Report](#) (30 August, Eric Garcia, 430k uvm; Washington, DC)

The bipartisan co-chairs of the Military Sexual Assault Prevention Caucus want the Veterans Benefits Administration to answer for a recent report showing negligence.

A report released last week from the Department of Veterans' Affairs Inspector General found the VBA incorrectly processed 1,300 of 2,700 benefit claims related to sexual assault between April and September 2017.

The revelation comes despite the VBA announcement in 2011 that it updated guidance by saying it would take a "liberal approach" in examining claims.

Reps. Mike Turner and Niki Tsongas criticized the administration in a letter to Paul Laurence, undersecretary of benefits at the department.

"The number of veterans potentially impacted is staggering and unacceptable," the letter said.

Turner, a Republican, and Tsongas, a Democrat who is retiring at the end of this term, requested written responses about how the department processes claims, how the VBA became aware the benefits were not properly processed, what oversight will be put in place and what the plan is for reviewing trauma claims that were denied after the 2011 change.

"We expect that your administration is working diligently to correct these problems to ensure that veterans and survivors of sexual assault are provided the benefits and resources they deserve," the letter said.

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7.6 - WSAW (CBS-7, Video): [North Florida doctors bring a big, furry idea to veterans health event](#) (30 August, Peter Zampa, 196k uvm; Wausau, WI)

WASHINGTON (Gray DC) - Imagine having a pet without the hassle of feeding and cleaning up after it everyday. It's a concept North Florida veterans health workers are taking to Washington, D.C. this week at the Veterans Health Administration Innovation Experience.

"We're looking at ways that we can still give that sense of pet ownership and companionship," said Dr. Carrie Ambrose from the North Florida/South Georgia Veterans Health system.

Dr. Ambrose and her colleague Dr. Carly Ostrom are getting these robotic pets in the paws of veterans. The doctors say veterans with dementia moving into new environments can be stressful and aggravating. Some may not be able to handle their own pets, so these robotic replacements help fill the void.

"We've seen reduction in aggressive behaviors, more pro-social behaviors such as engagement with the pet and with other veterans. They like to show off their pet," said Ambrose.

They say the pets have helped lead to a 75 percent reduction in aggressive behavior. Ostrom believes it's a cost-effective way to get these veterans a life-like interaction with a pet.

"It's hard to quantify how meaningful our pets can be to us so to be able to give that to a veteran is important," said Dr. Ostrom.

VA leaders tell us it's full speed ahead with this kind of innovation. They say these gatherings allow for face-to-face collaboration that leads to smarter care for veterans.

"We're here because we want to ensure that the veteran experience is the best possible that we can deliver and innovation is one way that we get there," said John D'Adamo, acting director of the Veterans Health Administration Innovators Network.

D'Adamo says bringing folks together from around the country allows for education and collaboration. He stresses that one-size-fits-all innovation is not effective when the focus needs to be on each individual veteran.

"Working with individuals and being understanding of their unique needs. So we really want to encourage that with all of our projects," said D'Adamo.

The third annual event concludes Thursday night.

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7.7 - The Winchester Star: [Unclaimed remains to get proper military burial](#) (30 August, Brian Brehm, 154k uvm; Winchester, VA)

They were soldiers once, four eager young men who stood in defense of their country.

Time passed. Their military service ended and they started careers and families. Eventually, their time came to an end.

Omps Funeral Home in Winchester cremated the remains of these veterans and waited to hand them over to next of kin. Days turned to weeks, weeks to months, months to years.

On Wednesday morning, Veterans of Foreign Wars (VFW) Post 2123 of Winchester stepped in to give these veterans their long-overdue last respects.

Post Commander Richard Petro said the ashes of Dr. Hugh Bailey Lynn, Alexander Hamilton Harris, Arley Lemuel Kerns Jr. and Richard Charles Vetland — as well as the remains of Lynn's wife, Lillian Lowe Smith Lynn — would be taken to the National Cemetery in Culpeper for interment with full military honors.

The boxed remains were placed atop a wheeled cart and draped in an American flag. Four members of the VFW Post 2123 Honor Guard escorted them outside the funeral home on

Amherst Street to a waiting van, where six additional post members stood at attention and snapped solemn salutes.

Once the remains were placed inside the van, Omps Funeral Home President Larry Omps and Vice President David A. Zimmerman folded the flag and presented it to a member of the Honor Guard.

Behind the van, a lone bugler played taps.

“Thank you all for coming as we honor these veterans and take them to their final resting place in Culpeper,” Petro said to the small gathering.

He said the National Cemetery in Winchester is full, which is why the interment will be in Culpeper.

Hugh Lynn served in the Army from 1941 to 1946 and attained the rank of major. He retired as a pediatric surgeon and was living with his wife at Shenandoah Valley Westminister-Canterbury in Winchester when he died Nov. 10, 2015, at the age of 101. Lillian Lynn passed away 11 months later at the age of 102.

Information on the remaining three veterans was much more scarce.

Kerns, who lived in Frederick County, was 72 when he died Jan. 10, 2016, at the Blue Ridge Hospice Residential Center in Winchester.

Harris died July 29, 2013, at the age of 55, and Vetland was 61 when he passed away Jan. 13, 2012. No further details were available.

With the exception of Vetland, whose remains were assigned to an executor, each of the veterans had relatives who had been contacted by Omps numerous times over the years, but their remains went unclaimed.

“Some had asked if they could wait till another time to pick them up, and we said yes and stored them here,” Zimmerman said. “Then there were multiple calls [that went unanswered].”

“So we took it upon ourselves as a post and benefactor of veterans to make sure they got a proper burial,” Petro said. “Because they were unclaimed, the VA [Veterans Administration] and various other organizations are taking care of the cost through a program called Unaccompanied Veterans.”

Petro said the four veterans will be publicly honored at 2 p.m. Sept. 14 at Culpeper National Cemetery as their names are formally added to the list of service members interred in the hallowed grounds.

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7.8 - Community Idea Stations (Audio): [Richmond Expands Supportive Housing for Homeless Veterans](#) (30 August, Megan Pauly, 59k uvm)

Richmond's public housing authority has six new housing vouchers for homeless veterans. The vouchers not only include rental assistance, but also cover case management and clinical services through the department of veteran's affairs.

Herschel Harris served in the army in the late 70s and early 80s. He has a bad back and PTSD, which has made it hard for him to work. Right now, he's homeless. But, he's received a housing voucher because he's a veteran and is happy about the prospect of paying no more than 30% of his income in rent. Otherwise, he says...

"My money would be gone, and I wouldn't have anything to sustain eating, travel to and from VA appointments, personal hygiene, walking clothes, getting a haircut every once in a while. Or heaven forbid, going to a movie...I haven't been to a movie in 30 years."

But now, he needs to find a landlord willing to accept the voucher.

"And that's the issue that most of our veterans have: I have the voucher, now what."

That's Kenyatta Green, director of Richmond's housing choice voucher program.

"So trying to bridge that gap: how do we get them into affordable housing? How do we make sure that they're safe, how do we make sure that they're stable?"

With the extra six vouchers, she says there are a total of 15 vouchers for veterans yet to be claimed.

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7.9 - WVNews (The Fairmont News): [Clarksburg VA holds fifth annual Veterans Stand Down in Fairmont](#) (30 August, John Mark Shaver, 15k uvm; Clarksburg, WV)

FAIRMONT — Twelve months ago, Army veteran William Watkins had hit rock bottom.

With options limited and seemingly no way out of his problems, he was pointed toward the Louis A. Johnson VA Medical Center, and thanks to its programming and social work, Watkins is a new man.

"A year ago, I was drug addict living under a bridge and in a homeless shelter, and a year later here I am, sober, because of the (VA's) resources that are out here," Watkins said. "If it wasn't for these resources, my life would not be where it's at today. Now, I have my own place, my own car and I'm going to have my own kid with my fiancée. I have become a normal part of everyday society, and it would have never happened if it wasn't for the VA."

Watkins was sharing his success story with others at the VA's fifth annual Veterans Stand Down at the new Fairmont Armory. All veterans were welcome to attend and pick up some free food, literature and a wide variety of other resources, according to the medical center's homeless program manager, Amber Kovach.

"It's a one-day resource fair for all veterans," Kovach said. "We have state, local and federal agencies providing resources here. We have free haircuts and massages. We have the

Mountaineer Food Bank. You can register for enrollment in the VA if you're eligible or you can talk to legal services. ... There are all kinds of resources here."

Those in attendance could also visit with local nonprofits and organizations, and could even look into help with substance abuse or legal issues while at the event.

Kovach said that, when she sees success stories like that of Watkins, it makes her proud of the work she's done, and it motivates her and others to start helping the next person in need.

"You meet somebody who has lost everything and you help them get back on their feet and provide that support they need and help them get back into housing," Kovach said. "It's a wonderful, rewarding job and experience."

While the event has only been around for a few years, it has already undergone an evolution to be able to provide to more people in the area, Kovach said.

"Originally, the Stand Down was for homeless veterans, but we noticed in our area that it would be an event good for all veterans," Kovach said. "There could be somebody who just lost their job yesterday, and we have work forces here and they can go talk to them. There's something here for every veteran."

Watkins, who has helped out with VA functions since turning his life around, said there's always help for people who need it, and it's just a matter of getting the word out that it's available.

"All of these resources that they have out here are here to help the veterans," Watkins said. "A lot of veterans don't know that these resources are here, so getting the resources out here to them is extremely important. ... All it takes is one person to say that these resources are (available), and then these veterans can take advantage of those."

With his life back on track, Watkins is ready to give back to those who are in situations similar to the one he was in last year, and said that through working together with others, everyone can become a better version of themselves.

"My testimony has helped a lot of people, actually," Watkins said. "They've told me that hearing my testimony has sparked something in their mind for them to be able to change for the better. When there's veterans at the VA or in town who I see struggling, I'm able to help them and show them the possibility of where I'm at today. That can be them."

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7.10 - ConnectingVets.com (CBS Radio): [VA Secretary to speak at inaugural Military Women's Coalition meeting](#) (29 August, Eric Dehm, New York, NY)

There's a new headliner at the inaugural Women's Military Coalition meeting Sep. 7th in Atlanta, Ga. During an appearance on the Morning Briefing radio show, Service Women's Action Network (SWAN) CEO Lydia Watts announced that VA Secretary Robert Wilkie will be on hand to deliver the opening remarks at the event.

The day-long meeting will be attended by representatives from over 70 organizations that focus on the issues facing women veterans and/or those currently serving. Watts says Secretary

Wilkie agreeing to speak at the event on short notice, and altering his schedule to do so, is a good sign that he plans to make women's issues a significant focus during his time at VA.

"We are very, very optimistic that that's what this development shows," Watts said. "To be candid, I thought it was such a long shot that he would be able to come... we certainly were very pleased to see his seeming commitment, and we hope that's an indicator of his commitment moving forward to addressing some of these issues that continue to plague the VA regarding women veterans."

While seating at the event is at capacity, having filled up faster than expected, the SWAN CEO says access to a live stream of the event is still available to organizations with a track record of working on behalf of women vets and they can reach out to SWAN to make arrangements for that by e-mailing SWAN's Director of Programs and research Dr. Ellen Haring at ellen@ServiceWomen.org.

As for the general public, and organizations who don't typically deal with women's issues, Watts says they can look forward to a recap of the event to be released by SWAN and the coalition after the event.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Man Shot by Police Out of Hospital, Charged With Assault](#) (30 August, 23.9M uvm; Washington, DC)

PORT ORCHARD, Wash. — Kitsap County prosecutors have charged a 72-year-old man who was shot and injured by police after he allegedly pulled a gun on them in May.

Fred Sowell is charged with first-degree assault for pointing a pistol at two officers. He's also accused of assaulting his wife.

The Kitsap Sun reports Sowell was booked into jail Tuesday after he was released from a Tacoma hospital where he had been since he was shot.

Kitsap County sheriff's deputies responded after a family member called May 15 to report an armed man in mental distress. Deputies tried to pull him over but he drove away.

Authorities say that when deputies found him, Sowell got out of his car and allegedly pointed a pistol at the officers. They fired at Sowell.

Court documents say Sowell was upset about care he was getting at the Veterans Administration.

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8.2 - WSOC (ABC-9, Video): [President Trump to sign executive order in Charlotte on Friday](#) (30 August, 2.1M uvm; Charlotte, NC)

Charlotte will take center stage Friday afternoon for a landmark announcement about your retirement.

President Donald Trump will fly to Charlotte where he will sign an executive order called "Strengthening Retirement Security in America."

A White House spokesperson said that means promoting programs for retirement security and expanding access to retirement savings plans for workers.

Interstate 77 AND I-485 are expected to be impacted by Trump's motorcade.

Mark Harris, who is running for North Carolina's 9th Congressional District, is grateful the president's motorcade will be rolling through town on Friday, in large part, to host a fundraiser supporting his campaign.

"I think it speaks volumes about the importance of this race," Harris told Channel 9.

Air Force One will land at Charlotte Douglas Airport and Trump will spend time at Carmel Country Club in south Charlotte.

The president will sign the executive order at the Harris Campus of Central Piedmont Community Campus near the airport.

The executive order is expected to help small business owners offer 401K plans to employees.

Trump will be joined by the U.S. labor secretary.

The public signing of the executive order will follow a private fundraiser for U.S. Rep. Harris (R-N.C., 9th District) and U.S. Rep. Ted Budd (R-N.C., 13th District), a source told Channel 9.

That fundraiser will be at Carmel Country Club.

"It's very tough for a small business to compete against the big guys," said Ben Edwards, who owns a small business.

Edwards said his small business, "Ben's v-Twins," a motorcycle repair specialist, has never been able to offer retirement benefits to employees.

Government statistics show that 40 percent of America's workforce does not have access to 401K plans.

The majority are employees of small businesses.

"If you can offer a 401K, or anything similar to that, to an employee, it's definitely going to keep them happier," Edwards said.

While the details of Trump's executive order remain under wraps, Harris said that offering retirement benefits should be a no-brainer, bi-partisan issue.

"I think every American ought to be able to have that opportunity," Harris said.

Friday's announcement about retirement plans comes after Trump's surprise move to cancel raises for federal workers.

This impacts hundreds of Charlotte workers at the Veterans Affairs Housing Authority or other agencies.

They were all supposed to get a 2.1 percent pay hike next year, but Trump said he's canceling it because of a rising federal deficit.

Two groups are planning protests during Trump's Charlotte visit.

"Indivisible Charlotte" will rally outside the CPCC Harris campus before and during the executive order signing. "Indivisible N.C. District 9" will protest outside Carmel Country Club.

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From:

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Cc:

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Subject: [EXTERNAL] 30 August Veterans Affairs Media Summary and News Clips

Date: Thu Aug 30 2018 05:27:36 CDT

Attachments: 180830_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

30 August 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment. Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

[Hyperlink to Above](#)

1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

[Hyperlink to Above](#)

1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security. The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

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1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference. Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America. Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

[Hyperlink to Above](#)

[Hyperlink to Audio](#)

1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years. The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

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1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services. That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

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1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans exposed to radioactive debris more than five decades ago haven't made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they're hoping Congress can intervene.

[Hyperlink to Above](#)

1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

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2. [Greater Choice for Veterans](#)

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program. Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down. Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

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3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration. The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress. The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

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3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release. "From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated.

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3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital. Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

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3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips. This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

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4. Focus Resources More Efficiently

4.1 - WCCO (CBS-4, Video): Department of Veterans Affairs Secretary Speaks In Minneapolis (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

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4.2 - Wyoming Tribune-Eagle: Cheyenne VA fails to serve the region’s veterans fairly (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA. Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug.

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4.3 - Independent Tribune: County welcomes Veterans Services director (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance. It wasn’t his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those “trials and tribulations” himself, he says.

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4.4 - The Daily News: Two nurses graduate from VA hospital transition program (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program. Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

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5. Improve Timeliness of Service

5.1 - WIVB (CBS-4, Video): [Schumer, Higgins call for federal probe of VA clinic closure](#)
(29 August, Al Vaughters, 443k uvm; Buffalo, NY)

Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care. "When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

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6. [Suicide Prevention](#)

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk. "The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

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6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help. The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

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6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#)
(29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend. Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide. When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country.

Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members. Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That's according to the agency's inspector general.

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7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday. Fort Worth Housing Solutions, the city's public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

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7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward. The St. Louis County Council has voted 6-0 to advance the plan. With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

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7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen. Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

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7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#) (29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders. "Finally, after all these years," said the Air Force Veteran. From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits

appeals ruling he had just received in the mail. "This is my order that my service connection for Agent Orange was granted," he said with a half-smile.

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7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is the final resting place of our country's heroes, but it is running out of space. "With the current land we have now we're going to run out of space at Jefferson Barracks in 2021," said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director. Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans...

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7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)

A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead. "I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said. Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

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7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)

Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

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8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)

Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain. Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

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8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)

An official with the Hampton VA Medical Center blamed an "oversight in communication" for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and

U.S. Sen. John McCain, who died Saturday. A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff.

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8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain. McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

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8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain. A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use. However, whites are at higher risk of opioid overdose, according to researchers. The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

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1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul bill that President Donald Trump signed recently in response to the long waits for appointments and short-staffing that have plagued VA hospitals across the country.

"It is our job is to serve you well and honorably, showing you the same kind of dignity and devotion that you gave to America," Wilkie told the group's 100th annual convention, which was held in Minneapolis. "My prime directive is customer service. When a veteran comes to VA it is not up to him to employ a cauldron of layers to get VA to say yes. It is up to VA to say yes to them."

Wilkie said it's "absolutely essential" to have caregivers who specialize veterans' special needs.

"This is not an option that the private sector can provide," he said. "The private sector cannot replicate VA's expertise in things like spinal cord injury, traumatic brain injury, rehabilitative services, prosthetics, audiology, services for the blind, suicide prevention."

Wilkie, a former assistant secretary of defense under President George W. Bush and former undersecretary for current Defense Secretary Jim Mattis, replaced David Shulkin, who was fired amid ethics charges and internal rebellion over the role of private care for veterans. He's tasked with delivering on Trump's campaign promises to fire ineffective VA employees and steer more patients to the private sector.

The agency is the government's second-largest department, serving 9 million veterans, and its struggles prompted some in the administration to advocate for the privatization of some of its services. Major veterans groups have opposed that, saying the solution is full funding for core VA medical centers.

Veterans at the convention reported mixed experiences with the VA medical system, depending on where they live. Calvin Boswell, a former Navy Seabee from Columbus, Mississippi, who served from 1980-2004, said he gets very good care at the VA hospital in Tuscaloosa, Alabama.

"They do an awesome job," he said.

But Janet Grass, an Iraq War vet from Dubuque, Iowa, who spent over 22 years in the Navy, said she and her Army veteran son, who recently returned from his third tour in Afghanistan, aren't satisfied with the VA medical center in Iowa City. She said it takes weeks to get an appointment there, but she puts up with the three-hour round trip because it's even harder to see a doctor at the small VA clinic in Dubuque.

"You never get the same doctor. So your care is not consistent because the system is so overbooked," Grass said.

Wilkie also paid tribute to Sen. John McCain, the Navy aviator, prisoner of war and Arizona Republican who died of brain cancer Saturday at 81. American Legion leaders took Trump to task on Monday after flags at the White House, which flew at half staff through the weekend, were raised to full height on Monday. Trump later relented amid criticism and ordered them lowered again through McCain's interment this Sunday.

"A few days ago we lost one of America's great warriors, and a man whose lifetime of selfless services reminds us all why we do what we do," Wilkie said. "I want to thank the American Legion for honoring John McCain."

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1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

MINNEAPOLIS (AP) — The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He told the Legion's 100th annual convention on Wednesday in Minneapolis that the VA owes veterans "the same kind of dignity and devotion" they gave to America.

He says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

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1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

In an address to the 100th national convention of the two-million-member American Legion, Wilkie also said he has the commitment of Defense Secretary Jim Mattis to work together on developing a new electronic "patient-centered health care system" to allow for smooth transitions from active-duty to veteran status.

To stress the point on electronic records, Wilkie, an Air Force Reserve colonel who was sworn into office July 30, referred, as he frequently does, to the experience of his late father, retired

Army Lt. Col. Robert Leon Wilkie Sr., who was severely wounded in the U.S. operation in Cambodia in 1970.

His father was 6-foot-2 and 240 pounds before he was wounded, Wilkie said, and came home weighing 115 pounds. For treatment at the VA, the second-largest government department after the Pentagon, his father had to carry around 800 pages of medical records to ensure care, he added.

Wilkie, the former assistant secretary of defense for personnel and readiness at the Pentagon, said he received a final order from Mattis, a retired Marine general, when he left the Pentagon to go to the VA: "From here on out, the Defense Department and the VA will be joined at the hip" on electronic records.

In his 21-minute address to the Legion in Minneapolis, Wilkie said the VA provides excellent care. The problem is "just getting our veterans through the door to get that care."

"The VA is about serving veterans. Our responsibility is to serve you well and honorably. My prime directive is customer service," he said, and it should not be up to the veteran "to employ a cauldron of lawyers to get the VA to say 'Yes.' It's up to the VA to say 'Yes' to them. That is where the VA must go."

In that effort, "I pledge to you that this is a bottom-up organization, that the Legion has a seat at the table, that you have an open door to the 10th floor," where his office is located at VA headquarters, he added.

Wilkie said customer service should improve under the VA Mission Act, which was signed into law by President Donald Trump in June and is aimed at giving veterans improved access to private-sector care when it is in their best interests.

He said increased funding under the act should alleviate many of the problems associated with the previous Choice Program, although Congress has yet to appropriate funding. The Mission Act is projected to cost more than \$50 billion over five years.

Wilkie also repeated assurances he made at his Senate confirmation hearing that improved access to private care is not a smokescreen for the "privatization" of the VA health care system at more than 1,200 facilities nationwide.

Veterans need care from providers who can speak "in the language of veterans" and who "know what you've been through," he said, adding that that is "not an option that the private sector can provide."

The private sector also "cannot replicate" what the VA does on spinal cord and traumatic brain injuries, prosthetics, services for the blind, and suicide prevention, Wilkie said.

His electronic health records (EHR) pledge has been met with skepticism in the House, where a new oversight subcommittee has been set up to check on the \$10 billion-plus contract he signed as acting VA secretary with Cerner Corp of Kansas City, Missouri.

The VA is undertaking the largest transition to EHR ever attempted in the U.S., requiring oversight from the new Subcommittee on Technology Modernization, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said in a statement last month.

"As the department embarks on the nation's largest overhaul, it is critical that we ensure veterans and taxpayers are protected throughout the transition," he said in a statement Thursday.

Roe, a physician, said, "I have personally gone through a transition to a new health record system when I was in private practice, and I know how much potential there is for a project like this to be a costly disruption. Congress has a duty to conduct rigorous oversight every step of the way."

He named Rep. Jim Banks, R-Indiana, a former Navy Reserve supply officer and Afghanistan veteran, to head the new subcommittee.

"Service members and veterans deserve a seamless, lifetime medical record and an electronic health record system that supports the highest quality care," Banks said. "However, I have no illusions about the challenge confronting VA in this monumental undertaking."

At the beginning of his remarks, Wilkie paid tribute to the passing of Sen. John McCain, R-Arizona, who died Aug. 25 after a year-long battle against glioblastoma, a terminal form of brain cancer.

"A few days ago, we lost one of America's great warriors, a man whose lifetime of selfless service reminds all of us why we do what we do. I want to thank the American Legion for honoring Sen. John McCain," he said.

Wilkie made no mention of the action of Denise Rohan, the Legion's national commander, in joining with AMVETS in charging that Trump had failed to show "proper respect" for McCain by having the rooftop flag of the White House returned to full staff Monday morning.

Trump later issued a proclamation returning the flag atop the White House and on all public federal buildings and military bases to half-staff until McCain's interment this weekend at the U.S. Naval Academy cemetery.

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1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

MINNEAPOLIS — For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security.

The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

Its political influence was evident Monday, when criticism from the Legion and other veterans groups, in part, led President Donald Trump to order the White House flag lowered to half-staff in honor of Sen. John McCain, who died Saturday.

“When this organization says something, Washington listens,” said David Rehbein, a past national commander of the organization.

But at its national convention this week doubts about its influence emerged, prompted by concerns about its membership numbers and who the Trump administration is listening to about veterans policies.

The Legion has dipped to about 2 million today from more than 3 million in the 1990s. Fewer members means less authority in Washington, said Denise Rohan, its current national commander.

“Our voice was heard much louder,” she said. “It is being heard now, just not as loud as it used to be. I am hoping somehow, we can turn around whatever is going on.”

At the same time, two Democrats on the House Committee on Veterans’ Affairs warned Wednesday that Trump’s administration could be taking cues on VA policies from entities other than traditional veterans service organizations.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House committee, warned of the growing influence of Concerned Veterans for America, a conservative advocacy group in the Koch brothers’ political network that has been afforded more access to the VA under Trump’s administration.

“They should be concerned,” Walz said of the Legion. “I think there’s a disproportionate voice in CVA that needs to be balanced with the American Legion, [Disabled American Veterans] and [Veterans of Foreign Wars].”

There also have been reports of Trump looking elsewhere for advice on the VA. Earlier this month, ProPublica, a nonprofit news organization, reported three wealthy members of Trump’s private club in Palm Beach, Fla., were dictating decisions about the agency.

The trio, dubbed the “Mar-a-Lago Crowd,” comprises Marvel Entertainment Chairman Ike Perlmutter, lawyer Marc Sherman and Bruce Moskowitz, a Palm Beach doctor. None of them have served in the U.S. military or government.

The report triggered outcry from Democrats, some of whom requested investigations by congressional committees and government watchdogs.

“The Legion and other veterans service organizations are right to be concerned given the revelations of a shadow VA governance at Mar-a-Lago,” said Rep. Mark Takano, D-Calif. “Only time will tell whether Secretary Wilkie is making decisions for the VA, and not some shadow group.”

Wilkie has served as VA secretary for about one month. He addressed the crowd of thousands of veterans in Minneapolis on Wednesday, appearing to reassure the group about its role as an adviser on VA issues.

“I pledge to you that this is a bottom-up organization, that the Legion has the seat at the table, that you have an open door to that 10th floor of the Department of Veterans Affairs,” Wilkie said. The secretary’s office is located on the 10th floor of VA headquarters in downtown Washington.

Despite the recent controversy, Rohan, who will end her tenure as American Legion commander Thursday, is optimistic.

"Talking to Secretary Wilkie, I'm confident that he will be listening to us," she said. "As he gathers information from us, hopefully he'll pass it on to the administration. Those relationships continue to build, and as they continue to build, so will the understanding of the American Legion's place."

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1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference.

Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America.

Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

He told KNSI's Bob Hughes that the St. Cloud VA gives veterans care in their own communities.

"We have to give them the opportunity and their families to use doctors that are closer to them so that burden doesn't fall on them to make such long trips."

In the past, veterans had to drive hundreds of miles round trip to see a doctor.

Minnesota's VA serves 325 thousand veterans.

Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Secretary Wilkie says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

To hear Bob's conversation with the secretary, [click here](#).

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1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

CLAYTON, Mo. — St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years.

The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

The cemetery will run out of burial plots between 2021 and 2027, officials said. The extra acreage would give the cemetery an additional 20 years of capacity, according to a VA environmental assessment.

"It's unfortunate that we need this land, but it is very well needed by a lot of people," said Al Katzenberger, American Legion liaison to the cemetery.

The VA would lease the lower half of the park back to the county for about a decade until the space is needed for new burials.

St. Louis County Parks Director Gary Bess said funds from the land sale would be reinvested into the rest of the park.

The deal comes as county government officials have been trying to limit their authority to sell parkland by proposing a change that would require a public vote before any such transaction. But members of the St. Louis County Council said they had already committed to the Sylvan Springs Park deal in 2015.

An environmental law firm in 2015 filed a lawsuit on behalf of county residents to block the sale. But the St. Louis County Circuit Court and the state court of appeals ruled that the county had the authority to sell the property.

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1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services.

That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

Last week, various alternative treatments were discussed at a hearing of the Creating Options for Veterans' Expedited Recovery Commission – also known as the COVER Commission – with Leinenkugel as chairman. The body's charter is to study the Department of Veterans' Affairs' own model for prioritizing evidence-based therapy and assess the "potential benefits of

incorporating complementary and integrative health treatments available in non-Department facilities.”

In a small ballroom in the basement of the JW Marriott hotel in Washington, five senior VA doctors expressed some openness to private options – but with clear limits. All fiercely defended the VA’s current approach to mental health care and cautioned against widely adopting any unproven treatments.

The acting assistant deputy undersecretary for health for patient care services, Dr. Marsden McGuire, warned against “quackery” and medical claims “made falsely, with ill intent.” He said he’s received complaints from VA psychiatrists who have been urged to adopt dubious treatments. He then recommended that the agency invest its limited resources in those treatments most likely to help.

“There is some concern that if we put out these things as a magic bullet, we will redirect attention from things that actually have stronger evidence, that are going to work,” McGuire said.

Alternative treatments include simple, less costly approaches such as yoga and acupuncture, as well as more expensive treatments with complicated names, such as hyperbaric oxygen therapy, in which patients are placed in pressurized tubes that deliver high levels of oxygen to the body, and magnetic resonance therapy, a “brain zapping” technique that uses magnets to influence the movement of protons in the cortex.

Private providers are offering effective and conventional mental health treatments as a triage force in what has become an urgent suicide crisis among veterans, with roughly 20 former servicemembers taking their own lives every day.

Amid these emergency conditions, some VA officials and veterans advocates are pushing for wider adoption of experimental treatments, arguing that no veteran should be denied therapy that could potentially help treat mental illness or lessen trauma.

Yet others see these private interests as profit seekers, snake-oil salesmen or pill peddlers eager to bring veterans into a private system in which oversight is lax, PTSD expertise is thin and familiarity with military culture is limited.

While many of these organizations work outside the VA entirely, others are aggressively engaged with the agency in an attempt to peel off patients directly through a partnership or to secure research money, pilot programs or an agency stamp of approval.

Dr. Matthew Friedman, a clinical psychiatrist and one of the founders of the VA’s National Center for PTSD, said he’s recently witnessed an uptick in “self-proclaimed magicians” who are eager to partner with the agency.

“The answer is: If it hasn’t been proven, it’s not something the VA should endorse,” Friedman said. “They should live by the same rules other treatments live by; they should be tested in rigorous, randomized clinical trials. That’s the coin of the realm. And if they haven’t done that ... stay away, baby. Stay away.”

In June 2017, Leinenkugel sent an email to VA leadership with the subject line “Big Bold Ideas.” His proposals included cutting back staff at the agency’s central office by 35 percent, merging all

homelessness programs for veterans into the U.S. Department of Housing and Urban Development, and ramping up suicide prevention efforts.

In this mental health care offensive, Leinenkugel urged the VA to “invite best private care entities to fully participate.”

At the first COVER Commission meeting in late July, Leinenkugel vouched for hyperbaric treatment, saying his support came after two groups spent a year lobbying him on its benefits.

“They’re gaining resonance on the Hill and also in states,” he said. “So whether or not we think that treatment works or has any evidence base to it at this point in time, it is not relevant to me. I think it needs to be explored.”

Despite positive anecdotal results, hyperbaric treatment for PTSD has been debunked by several studies, including one by the VA and Department of Defense that deemed it ineffective. In recent years, various interests have sought federal reimbursement for hyperbaric PTSD treatment, including the Princeton Wound Care Center, Healogics and the International Hyperbaric Medical Association.

A COVER commissioner, Tom Beeman, is the executive in residence at the Pennsylvania College of Health Sciences, affiliated with the University of Pennsylvania Health System, which boasts one of the most comprehensive hyperbaric programs in the nation.

“VA would not likely buy a lot of hyperbaric equipment, but instead send people to use it in the private sector,” said a senior congressional staffer who was not authorized to speak with the press. “The VA represents a potentially big revenue stream for private interests.”

The COVER Commission states in its charter that all members must be “of recognized standing and distinction within the medical community with a background in treating mental health.”

Yet at least four members, including Leinenkugel, don’t meet these requirements, which has alarmed some mental health advocates. Some also are concerned that Casin Spero, a former official at the Koch brothers-backed Concerned Veterans for America, recently was appointed as the commission’s chief adviser.

That organization advocates for more private options for VA patients, and organization officials helped craft the Veterans Empowerment Act, a bill that calls for the “termination of functions of the Veterans Health Administration directly related to the furnishing of hospital care, medical services, and other health care.”

Other actors, including executives from major private health care companies, are expected to offer advisory roles as the commission moves forward.

At the start of last week’s meeting, Leinenkugel stated his desire to be an “actionable committee” with the mission of influencing the VA, White House and Congress to make the “necessary and right changes” to the VA’s mental health care efforts. The VA and the White House did not respond to questions submitted by Reveal from The Center for Investigative Reporting.

Shortage of mental health providers

For years, the VA's primary response to PTSD was medication. Reveal obtained documents that showed that from 2001 to 2012, VA prescriptions for four of the most common opioids – hydrocodone, oxycodone, methadone, and morphine – increased by more than 270 percent. The report sparked national outrage and meaningful reforms inside the agency.

Since 2012, the agency has drastically cut down opioid prescription rates and sought to promote talk therapies as the best first-line treatment for PTSD. And while private entities have denigrated the VA for not embracing their alternative treatments, more than 90 percent of VA facilities today offer some type of supplemental therapy, from meditation and yoga to sweat lodges staffed by medicine men.

While VA officials are acutely aware of the agency's need to provide options to all veterans, many also worry about solving a more basic problem: shortages of mental health providers inside the agency.

Since 2010, the number of veterans receiving care for PTSD from the Veterans Health Administration has grown by more than 50 percent. The VA has not been able to hire or retain enough mental health professionals to keep up with demand. Currently, it has a 12 percent vacancy rate for psychiatrists and a 13 percent rate for psychologists.

Many at the VA worry that by adopting or endorsing unproven treatments, the agency will steer precious budget dollars away from needed hiring and clinically efficacious treatments and toward the pursuit of dubious, often expensive options. The cost of a single hyperbaric treatment, for instance, can be more than \$1,000.

Carl Castro, director of the University of Southern California's Center for Innovation and Research on Veterans & Military Families, said alternative PTSD treatments are "seductive for people who are suffering."

"Some of these treatments surely are about making money, but for the most part, people generally want to make veterans better," Castro said. "Still, these types of treatment should never be mandated. If a nonprofit wants to spend money on providing them, fine. But you shouldn't mandate taxpayer dollars for something that's not evidence based. That, to me, is unethical."

While the widespread use of hyperbaric therapy is being mulled in Washington, the VA made the treatment available to VA patients in eastern Oklahoma and Northern California in November. Following political pressure from Rep. Pete Sessions, R-Texas, VA officials said at last week's COVER Commission meeting that the VA soon will offer the treatments to patients in San Antonio and plans to bring it to Tampa, Florida, in the next two months.

Seeking novel treatments

Pressure to consider experimental private treatments extends beyond the COVER Commission. In April 2017, then-VA Secretary David Shulkin launched the Center for Compassionate Care Innovation, focused on forging partnerships with novel mental health and pain providers.

Any type of treatment may be submitted to the office as a formal proposal, which, if found to be safe and potentially helpful, could result in deployment at hospitals across the country. The recent hyperbaric pilot was spearheaded by the center.

A month after the center was established, the VA issued a directive that any agency-approved alternative therapy “must be made available to Veterans across the system, either within a VA medical facility or in the community.” Two months after the center was launched, the House Veterans’ Affairs Committee held a hearing about the promise of alternative therapies.

The hearing featured panelists from the private sector who often criticized the VA while boosting the private sector. Sebastian Junger, a documentary filmmaker and author with no psychological training, asserted that the agency was improperly diagnosing PTSD and turning veterans into “permanently damaged wards of the state.”

“If you want to create hundreds of thousands of depressed alcoholics in our society, give them just enough money to never have to work again and tell them they are too disabled to contribute to society in any meaningful way,” Junger said.

Kristofer Goldsmith, assistant director for policy and government relations for Vietnam Veterans of America, described the hearing as one of the most irksome he’d ever attended on Capitol Hill.

“It was frustrating to sit there listening to a bunch of folks who know nothing about health care talk about how bad VA health care is and how superior their services are,” he said. “The bottom line is these guys want government money behind their pet projects, yet they have no evidence their approach is better than the VA’s.”

While some major veterans organizations have offered qualified support for alternative private-sector treatments, their testimony at the hearing prioritized support for the VA’s mental health care system over outsourcing to experimental providers.

As veterans and VA officials pointed out, studies consistently show that VA mental health care outperforms the private sector. In November 2015, Psychiatric Services – a peer-reviewed journal of the American Psychiatric Association – released a study that found that “in every case, VA performance was superior to that of the private sector by more than 30 percent.”

Lobbying for alternative therapies

Since Trump took office, there has been a flurry of lobbying from private mental health interests of all sizes, including four organizations that testified before the House last summer.

One of those four – Boulder Crest Retreat – offers what’s called post-traumatic growth therapy to veterans for free at luxury retreats in Arizona and Virginia. The treatment is based on the idea that adversity can spur positive mental growth. It has received glowing national press attention from the likes of CNN’s Jake Tapper and NBC’s Megyn Kelly, and the retreat released a six-month interim longitudinal study that claims its treatment has shown improvements that surpass outcomes inside the VA.

Yet the study, which was not peer-reviewed and has no control group, is far from conclusive. It initially measured 49 people but followed up with only 19, and their self-reported improvements generally are limited.

Dr. Anthony Mancini, an associate professor of psychology at Pace University, has written about how acute adversity has organically resulted in positive long-term growth. But Mancini said he isn’t aware of any treatment that has proven such growth can be spurred through therapy.

“People have built a cottage industry out of post-traumatic growth; it’s an appealing idea,” he said. “I think the world would be better if it were true, but I don’t see the evidence for it.”

Dusty Baxley, executive director of Boulder Crest, said he has “no interest in responding to skeptics,” but said, “we take a wellness-based approach, and we know it works.”

Since September, Boulder Crest has spent nearly \$50,000 on federal lobbying. Boulder Crest and other alternative treatment providers have found allies among their home state lawmakers, too.

In late May, U.S. Rep. Scott Taylor, a Virginia Republican, introduced legislation to require the VA to study the benefits of private post-traumatic growth treatments like the kind offered at Boulder Crest.

Even though the VA objected to Taylor’s bill – with agency guidance contending that it “would be inappropriate to assign suicidal Veterans who are not receiving mental health care to an intervention of unknown effectiveness” it has racked up 21 co-sponsors. Boulder Crest was the subject of a flattering VA press release in December and has established an informal partnership with the VA.

Similarly, a bill from Republican U.S. Rep. Stephen Knight, the No Hero Left Untreated Act, demands that the VA carry out a one-year pilot program to provide access to magnetic-guided resonance therapy.

Magnetic resonance therapy has shown promise, but early clinical trials have been flawed. One study, for example, was conducted without a control group, had no female participants and did not follow up to gauge long-term efficacy. Multiple studies examining alternative PTSD treatments, including magnetic resonance therapy, have relied on self-reported results, as opposed to engaging participants in what’s called the clinician-administered PTSD scale, the gold standard in PTSD assessment.

Knight’s district in California includes part of Los Angeles, where the preeminent advocate of magnetic therapy, Dr. Yi Jin, offers it through the Brain Treatment Center clinics.

While the Brain Treatment Center hasn’t hired a congressional lobbyist, PeakLogic – a software company that has created a platform to manage and monitor the novel treatments – registered a lobbyist in March.

Some private interests are looking to get federal dollars for programs that largely overlap with VA initiatives. For instance, several federal lawmakers, including Senate Majority Leader Mitch McConnell, repeatedly have pushed the VA to support an online cognitive behavioral health program from Magellan Health, despite the fact that the VA has created similar online tools.

Amazon also has shown interest in replicating signature VA mental health services. According to emails obtained by Reveal through a public records request, the COVER Commission’s Leinenkugel scheduled a meeting with officials to discuss trauma care treatment and suicide prevention, noting to colleagues that the company had “some great tools/ideas.”

Tim Bomke, military program manager at Amazon, wrote in an email: “Our precise expectation would be providing technology solution(s) for use in poly-trauma/rehab facilities and suicide prevention.”

One specific idea floated by Amazon was to offer its signature Dash Button – which allows customers to order staple goods such as toilet paper with one click – to help prevent veteran suicide. The idea appears to largely overlap with the VA's suicide prevention hotline, which soon will be accessible by typing in just three digits.

Pharmaceutical interests

While the VA has scaled back its use of drugs to treat mental health issues and last year prioritized psychotherapy as a primary treatment for PTSD, a cadre of pharmacological interests is making a play to bring new pills to market that they say can stave off symptoms of military trauma.

Leading this charge is the Coalition to Heal Invisible Wounds, a trade group formed in February 2017. The group is made up of Cohen Veterans Bioscience – funded by disgraced hedge fund billionaire Steve Cohen – and Tonix Pharmaceuticals and Otsuka America Pharmaceutical Inc.

The coalition has spent \$320,000 on lobbying efforts since spring 2017, aimed chiefly at “enhancing VA and (Defense Department) support for clinical research and development of new treatments.” Tonix has spent an additional \$100,000 on lobbying, and Cohen has personally spent \$360,000. In House testimony last summer, the group said it was seeking greater access to VA patients and PTSD datasets to develop drugs, as well as more grant money for clinical studies.

Dr. Lori Davis, associate chief of staff for research and development at the Tuscaloosa VA Medical Center in Alabama, has been a paid consultant for both Tonix and Otsuka.

Some inside the VA are hopeful that pharmaceutical companies are taking an interest in PTSD after years of little development for treatments. Yet the drugs in development by these interests include antipsychotic medications and muscle relaxants, which already have been proven to have potentially dangerous side effects.

Some also are concerned that if promising drugs are brought to market, the VA could face steep prices, despite helping with development. ProPublica reported earlier this month that PTSD researchers working for Cohen were asked to sign over their intellectual property rights, a move they viewed as a “revenue grab.”

After receiving fast-track designation from the Food and Drug Administration for its PTSD drug Tonmya, Tonix abandoned its late-stage study of the muscle relaxant in late July. Twelve weeks of treatment showed little difference in symptoms between those on the drug and those receiving a placebo. In the trial, the drug showed some promise among veterans with recent trauma, and the company plans to continue its development, with a redesigned clinical trial coming soon.

Lobbying has extended to alternative drug treatments, too, including ketamine. Ketamine has shown promise to bring long-term depression relief, but the VA and Defense Department's clinical practice guidelines recommend against its use due to “long-term safety and efficacy concerns.” Multiple private entities offer ketamine treatment to veterans struggling with PTSD, and Dr. Carl J. Bonnett, founder and medical director of Klarisana, has advocated for VA reimbursements for ketamine treatments offered in his Austin and San Antonio clinics.

Lack of VA oversight

Since the 2014 VA Choice Act greatly increased the number of veterans seeking private care, the law's champions – both inside and outside government – have claimed the thousands of private partners are providing top-notch care.

Yet documents shared with Reveal show that when the VA partners with private providers, there is virtually no oversight of the quality of that care.

An internal 2018 analysis of community care found a “lack of transparency, communication and information sharing about how issues pertaining to quality and patient safety in (the private sector) are addressed.” Similarly, the VA's Center for Compassionate Care Innovation does not track the long-term efficacy of the alternative PTSD treatments it offers through private partners.

The documents further suggest that no standardized reporting mechanisms exist for patients to report adverse events in the private sector and noted little collaboration and communication between the VA and the two contractors administering private care through the Veterans Choice program: Health Net Federal Services and TriWest Healthcare Alliance.

Documents also reveal that private providers often don't share medical records – such as what types of treatment or medication they gave – with VA providers. Official VA policy is to request these medical records only three times before closing out the request, a directive that has led to thousands of VA patients with black holes in their records.

A VA researcher in California told Reveal that many veterans who have been weaned from opioids and benzodiazepines at agency facilities return from private care back on the addictive, potentially lethal mixtures of medications.

Dr. Tauheed Zaman, medical director of the Addiction Consult and Prescription Opioid Safety Team at the San Francisco VA Health Care System, said this problem largely arises because private providers work in a fee-for-service system and are reimbursed more for medication management than for providing long-term care.

The Trump administration now is working to set up a permanent private care network mandated through the recent passage of the VA MISSION Act, which will almost surely make private mental health care appointments more common. And while the MISSION Act requires the agency to establish quality standards for private providers, it's unclear exactly how care will be measured and what level of VA oversight private providers will allow.

Bills pending in Congress would further outsource mental health care to the private sector. One draft from Sen. Bill Cassidy, R-La., would distribute grants to private providers for suicide prevention efforts. Another bill, sponsored by Sen. Joni Ernst, R-Iowa, would allow a veteran to seek private mental health care if he or she provides a written or verbal statement requesting such care. Currently, VA doctors make these calls in consultation with patients based chiefly on what makes the most sense for their mental health.

USC's Castro said he saw multiple dubious treatments come before him during his tenure as the director of the Military Operational Medicine Research Program. He recalls when the Defense Department invested millions for computer equipment to conduct interactive virtual reality exposure therapies. The therapy was hailed in the media, yet multiple clinical trials showed it was no more effective than traditional talk therapy.

“You can get a soldier to reimagine their trauma without virtual reality, but it looked cool to the generals,” Castro said. “It wasn’t necessary, but the government bought 30 or 40 of these rigs. Now, they are literally sitting next to the freaking brooms in hospital closets; I’ve seen them.”

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1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans exposed to radioactive debris more than five decades ago haven’t made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they’re hoping Congress can intervene.

On Wednesday, Sen. Richard Blumenthal, D-Conn., joined a group of advocates to unveil new legislation that would force VA to offer presumptive status to veterans involved the 1966 cleanup of an accident involving nuclear bombs in Palomares, Spain, an incident that may have given radiation poisoning to more than 1,600 American service members.

“These veterans were exposed to nuclear materials without any warning or protection that today would be considered routine,” Blumenthal said. “The quickest way to get them what they deserve now is for Congress to act.”

Veterans involved in the accident have been unsuccessfully petitioning VA on their case since the mid-1970s, after a host of strange cancers and other illnesses began appearing among individuals involved in the Palomares incident.

In January 1966, seven airmen were killed and four more injured when a B-52 crashed into a KC-135 during a refueling mission off the coast of Spain. The B-52 was carrying four nuclear weapons at the time of the accident, and two of them exploded near the town of Palomares, spreading radioactive plutonium over hundreds of acres.

U.S. officials quickly ordered military personnel into the area to collect contaminated debris, crops and soil in an effort to repair the damage.

But veterans involved in that clean up say they were given no protective clothing or respiratory devices, and told very little about the potential long-term health effects about exposure to the nuclear material.

John Garman, one of the first airmen on the scene, said he remembers loading thousands of 55-gallon drums with contaminated top soil that was sent back to the United States for safe disposal.

“The civilians who buried those barrels in South Carolina were covered under federal law, but not us,” said Garaman, who developed bladder cancer at age 35 and multiple respiratory problems in later years. “Since I first filed in 1981, the VA has denied all of my claims.”

Department officials have long insisted that not enough scientific evidence exists to classify all of the health problems as service-related illnesses, and spotty Air Force records of the work and contamination levels have added to the problem.

Last December, the Veterans Legal Services Clinic at Yale Law School filed suit against VA to force recognition of the illnesses and benefits payouts, but that case has yet to move forward. Officials from Vietnam Veterans of America said many of the affected troops are elderly or deceased, meaning further delays could prove tragic.

Blumenthal called VA's refusal to address the Palomares issue the latest in a long line of controversial decisions related to wartime exposure.

Recently, VA has come under criticism for its opposition to grant presumptive benefits status to so-called "blue water veterans" who served in ships off the coast of Vietnam and claim extensive Agent Orange contamination in their daily work. Several veterans groups have also accused the department of not doing enough to document illnesses connected to the use of burn pits in Iraq and Afghanistan.

VA officials have warned that deviating from long-held scientific standards for benefits awards could create financial problems for the department, by opening up support payments to tens of thousands of additional veterans.

Blumenthal said he does not believe this group presents a significant new financial burden for the department. But, he also called the cost issue irrelevant.

"This is about the principle of helping these veterans," he said.

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1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

On Jan. 17, 1966, an Air Force B-52 bomber collided with a refueling plane, dropping four hydrogen bombs near Palomares, a small farming village on the Spanish coast. The bombs did not detonate, but two of them cracked on impact, releasing more than 3 billion micrograms of plutonium over the Spanish countryside. That's nearly half the amount released when the atomic bomb dropped on Nagasaki during World War II.

In the months following the Palomares accident, the U.S. military ordered approximately 1,600 service members, mainly U.S. airmen, to the site to search for airplane and bomb parts and to remove irradiated crops and soil.

Palomares vet John Garman, 76, of Pahrump, Nev., who arrived on scene within five hours of the crash, said at no time during the weeks he spent there was he offered protective clothing or respiratory equipment. He said that he's developed numerous medical issues, including cancer, and that since 1981, the VA has denied all of his claims for compensation for radiation exposure. Garman was among three Palomares vets who submitted comment as part of a news conference at Yale Law School in New Haven announcing the legislation from Blumenthal.

"They were given no warning or protective gear," Blumenthal said Wednesday in New Haven. "They have been failed completely by the VA, which should be presuming that this kind of exposure entitles them to disability compensation. These benefits are their right."

Yale's Veteran Legal Services Clinic is representing Palomares vets in two separate cases. The first seeks to compel the Pentagon to release service member records, medical records, environmental records and other information related to the accident and cleanup, to help the vets in filing benefits claims. The other is a motion with the U.S. Court of Appeals for Veterans Claims seeking to bring a class-action lawsuit challenging the VA's refusal to provide compensation to Palomares vets.

Blumenthal's bill, the Palomares Veterans Act of 2018, co-sponsored by Sens. Dianne Feinstein, D-Calif., and Elizabeth Warren, D-Mass., would amend current law to include the Palomares cleanup as a "radiation risk activity."

The VA does not currently recognize Palomares as a radiation-risk activity, which would allow vets, who were exposed to radiation during their military service, with certain medical conditions to be entitled to disability benefits.

"The Air Force's methodology for assigning radiation exposure estimates following the cleanup operation did not follow scientific protocol and has been determined unreliable — grave errors this legislation seeks to correct," a news release from Blumenthal's office says.

Given that more than 50 years have passed since the cleanup, Vietnam Veterans of America, which has advocated for Palomares vets to be eligible for disability compensation, estimates there are fewer than 1,000 of these vets still living who would file a claim for benefits. There's been no cost analysis done to see how much it would cost to provide compensation to these vets, according to Blumenthal, who said the cost would be "negligible." His legislation also would make surviving spouses and the children of Palomares vets eligible for benefits paid when a vet's death results from a service-related injury or disease.

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2. Greater Choice for Veterans

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program.

Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

"When you call the toll-free number it just says that the (Health Net) program ended Aug. 1," said a Quincy area veteran who asked that his name not be used.

The Veterans Choice Program allows eligible veterans to receive health care from a community provider, rather than waiting for a VA hospital appointment or traveling more than 40 miles to a

VA facility. Health Net previously coordinated for some area veterans to get health care at local hospitals, rather than driving to Iowa City, Iowa.

"It's a two and a half hour trip to Iowa City, and I end up losing a day of work. I just can't handle that," the veteran said.

A spokeswoman from the U.S. Department of Veterans Affairs directed the veteran to the community care office, which she said can coordinate with private sector health care providers.

In most cases veterans who get the OK for private sector health care may be covered for repeat visits for up to two or three months.

J.D. Dalfonso, a spokesman for U.S. Rep. Darin LaHood, R-Dunlap, said LaHood's office is aware of the issue. Dalfonso said the office works with veterans on issues like this on a weekly basis and helps navigate the bureaucracy.

"We want veterans to know that Veterans Choice has been extended for another year. That's when the VA Mission Act takes effect, and it should dramatically improve veterans programs," Dalfonso said.

When President Donald Trump signed the VA Mission Act on June 6, he said it would expand private health care options for veterans.

"We're allowing our veterans to get access to the best medical care available, whether it's at the VA or at a private provider," Trump said during a signing ceremony in the White House Rose Garden.

The \$55 billion program also orders an inventory of the 1,100 facilities operated by the Department of Veterans Affairs, with plans to eliminate any waste in that agency.

Veterans who need a ride to Iowa City for health care also have the option of taking a bus on Tuesday, Wednesday or Thursday. Linda Bassett, travel coordinator for the local DAV, has been seeking volunteer bus drivers for the service and can be reached at 217-228-0695.

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3. Modernize Our System

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down.

Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

Morris shared a copy of her resignation letter on Twitter, citing changes in the project's direction.

"Over the last few weeks, it has become clear to me that the VA's leadership intends to take the EHR modernization effort in a different direction than we were headed, and since my service as CHIO (chief health information officer) was always intended to be an interim solution, I am offering my resignation to the administration effective immediately," she wrote.

John Windom was appointed acting CHIO, according to industry trade publication Healthcare Informatics. Windom had served in the same role for the Office of Electronic Health Record Modernization since August 2017.

Morris' resignation is one of several leadership changes that have shaken the VA this year, and resulted in delays to the signing of Cerner's \$10 billion contract. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, will leave Sept. 4, according to Politico. Acting Chief Information Officer Scott Blackburn resigned in April.

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3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

MONTROSE, NY – Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration.

The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

"Just as veterans were called to serve our country, we are called to ensure that they receive the services and care they have earned and deserve, including help with recovery from injuries sustained during their service," said Lowey (D-NY17/Rockland-Westchester). "I am thrilled that after nearly three years since breaking ground on the new facility, and after nearly 17 years since the pool closed, local veterans will have access to state-of-the-art recreational and therapeutic options to help them heal. I will continue fighting in Congress to do everything I can to honor and serve veterans and their families."

Lowey worked as the Ranking Member on the House Appropriations Committee to ensure robust funding for VA construction accounts. She helped secure \$6 million in federal funding to upgrade the Montrose VA pool facility and to reconstruct damaged parts of the pool building.

"High-quality, Veteran-centered care is the daily focus at VA Hudson Valley and it is a privilege to serve those who have served. We are excited that our Veterans will get to enjoy the benefits of this therapeutic pool and we are grateful to Congresswoman Nita Lowey for her support of this project and for her efforts on behalf of Veterans," said VA Hudson Valley Health Care System Director Margaret B. Caplan.

Lowey can help constituents of New York's 17th Congressional District who need assistance with the federal government. Veterans experiencing issues with federal agencies, including the Department of Veterans Affairs, should contact Lowey's White Plains District Office (914-428-1707), New City District Office (845-639-3485), or visit her website for more information.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress.

The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

VA hasn't had a permanent CIO in more than 18 months, and earlier in August, it lost two of its top executives leading the agency's electronic health record modernization.

Genevieve Morris, who was on detail from the Office of the National Coordinator for Health IT, resigned from her position as chief health information officer for VA's EHR Modernization Office. Morris announced her resignation on Twitter.

Chief Medical Officer Ash Zenooz has also announced her resignation.

Their departures leave the EHR Modernization Office with about half of its senior leadership positions staffed. Rank-and-file positions are "sparsely" filled and mostly staffed by detailees, according to Rep. Jim Banks (R-Ind.), who leads the new House Veterans Affairs Subcommittee on Technology Modernization.

In a letter to VA Secretary Robert Wilkie, Banks called the department's leadership dedicated to the EHR modernization "deteriorating" and "rudderless."

"It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest," Banks wrote. "In fact, despite several requests, I was not even able to meet with the EHRM leadership team before these departures. I am dedicated to pursuing a constructive oversight agenda to encourage VA to make the right decisions, but any engagement is difficult without stable leadership."

Banks urged Wilkie to immediately find a new chief health information officer and a new chief medical officer, who, he said, should come from within the Veterans Health Administration.

"It is crucial this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes," Banks said.

He requested a detailed organizational chart of the EHR Modernization Office, along with the contractors assigned to support the project.

Banks' subcommittee is tasked to oversee VA's implementation of a new electronic record, among other IT projects.

The subcommittee has the first of at least three planned hearings on the VA EHR effort scheduled for mid-September.

Congress, the Government Accountability Office and other former VA executive have said having a permanent, strong leader behind VA's EHR modernization efforts will be key to its success.

Gfrerer would come to VA from his current position as an executive director with Ernst & Young, where he worked in the firm's cybersecurity practice. He also joins a long list of VA CIOs — both permanent and interim — who are veterans. Gfrerer served in the Marine Corps for more than 20 years, and was a Defense Department detailee to the Department of State, where he led interagency portfolios in counterterrorism and cybersecurity.

In addition to Gfrerer, the Senate VA Committee next week will also hear from Tamara Bonzanto, the president's nominee to lead VA's Office of Accountability and Whistleblower Protection.

If confirmed, Bonzanto also faces a difficult task: establishing a relatively new office as a trusted place for veterans and their whistleblower claims.

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3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

PANAMA CITY BEACH - Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release.

"From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated. "Walk-in service for hearing aid adjustment and repair will be available from 1-2:30 p.m. daily, starting on Sept. 17."

The PCB VA Clinic is located at 2600 Veterans Way along Magnolia Beach Road and is open 8 a.m. to 4:30 p.m. Monday through Friday. It is closed on federal holidays and weekends.

"We are over the moon to be able to provide these services to veterans," stated Margaret Peak, chief of audiology and speech pathology service for Gulf Coast Veterans Health Care System, the regional VA provider, in the news release. "Panama City veterans have waited a long time for these types of services, so we are very excited to get started."

Up to this point, veterans needing audiology services frequently had to travel to the Joint Ambulatory Care Center in Pensacola to receive those services, or receive VA-purchased care in the community, the news release stated.

Peak said the clinic recently hired a staff audiologist and will soon hire an audiology health technician to handle the 1,000 to 1,800 patients she believes will be served in the new clinic's first year of operation.

To schedule an audiology appointment at the PCB VA Clinic, current VA patients receiving care in PCB should call 850-636-7000. New VA patients should visit the facility to enroll for VA care.

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3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital.

Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

It would not be a veterans hospital, but more like the Veterans Village in San Diego that deals with at-risk veterans.

"Where we can handle some homelessness and maybe some housing and other kinds of senior care. There's A golf course right there with Stambaugh golf course, the Jewish Community Center is right next door, they have a pool they have programming, so just exploring all options. We can't let that facility die," said Ryan.

The lawmakers also point to the opportunity for the VA to take advantage of Youngstown's capacity for additive manufacturing.

"I think there's potential for a research and development facility there that we could tie to America Makes with prosthetics for example, we might be able to do some 3-D printing and develop new prosthetics technologies," said Ryan.

The Director of Veterans Affairs in Trumbull County Herman Breuer said it's a good idea.

"When you've got both federal services, local services, and possibly private services all providing assistance to veterans I think that would be a great thing," said Herman Breuer.

Northside Medical Center will be closing on September 20th.

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3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

RUSSELLVILLE, Ark. — Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips.

This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

By using a secure, video conferencing system available at the Russellville Community Based Outpatient Clinic (CBOC), the Telebenefits program will enable Veterans in Russellville and surrounding communities the opportunity to have a virtual, in-person meeting with a representative at the Little Rock Regional Benefits Office.

The most common questions asked are about eligibility for service-connected compensation, nonservice-connected pension, survivor benefits, burial benefits, guaranteed VA home loans, specially adapted housing and automobile grants, Vocational Rehabilitation and Employment, and education benefits.

Veterans interested in participating in the Telebenefits program can call the CBOC in Russellville at (479) 880-5100 to schedule a Telebenefits session. The CBOC is located at 3106 West 2nd Court in Russellville.

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4. Focus Resources More Efficiently

4.1 - WCCO (CBS-4, Video): [Department of Veterans Affairs Secretary Speaks In Minneapolis](#) (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

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4.2 - Wyoming Tribune-Eagle: [Cheyenne VA fails to serve the region’s veterans fairly](#) (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA.

Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug. There is a sense that you can’t be fired unless you kill someone, which only promotes continued disrespect and blind disregard for the law and our care.

Mental health is a joke, and most people who work there don’t care about us. The application of treatment is universal, rather than individual. What works for some doesn’t work for all, so why is my treatment the same as others, especially when it’s known to be a trigger for me?

I was scheduled for a colonoscopy. I called REPEATEDLY to inquire why. The response I received each time was, "I don't know why; your doctor ordered it." I was prepped for the procedure, still asking why until the doctor, who performs the procedure, came in and asked the same question, "Why are you having a colonoscopy? You are young." The procedure was for a different Lisa Smith.

The fear of a health issue and lack of communication had me do the entire prep process, to include drinking the chemicals necessary prior to my appointment.

Continuity of care is nonexistent. In a year, I had approximately six different primary-care providers.

In contrast, the PT/OT and audiology teams are WONDERFUL.

After an 11½-year fight, I received P&T (permanent and total disability); however, the cause of my disability was changed to be ONLY PTSD. The cause of my PTSD was removed as if it never happened. I was held captive, starved, raped, beaten and tortured. I've had more than 30 surgeries, yet the rating exonerates them from the support and future care that I will need.

Our Cheyenne VA loves to screw our veterans.

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4.3 - Independent Tribune: [County welcomes Veterans Services director](#) (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance.

It wasn't his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those "trials and tribulations" himself, he says.

Veterans sought his help so much that upper management intervened, Miller says. From then on, he helped outside working hours. He took "smoke breaks" (he doesn't smoke). He arrived early. He left late.

"I promised God that if I was able to get assistance, I would spend the rest of my life helping any veteran I could," Miller says.

Now, he can devote all his time to doing just that as the new director of Cabarrus County Veterans Services.

"It's rewarding to see the difference it can make in people's lives," Miller says. "Coming here gives me the opportunity to have all the assets available to help veterans and their families."

Miller was born in Salisbury, and spent time in Concord and Charlotte before returning to Rowan County and graduating from Salisbury High School. After his departure from the Marines, Miller

worked for several years at Piedmont Correctional Institute in Rowan County. He ultimately wanted to be a N.C. Highway Patrol trooper, but a service-related leg injury prevented it.

Miller worked in retail sales and management before joining the VA. He honed a strong customer service-minded approach while in retail, he says. That serves him well in his current role.

"It's always been natural for me to open up to people, share my smile and give people the opportunity for comfort," he says. "Great customer service is very important to me."

Cabarrus County Veterans Services boasts an experienced staff and a new location at The Old Creamery (363 Church Street N., Suite 180), and Miller wants to educate the public about all the services the department provides.

"I encourage veterans to stop by and speak with us about their military experience and give us a chance to find out if they qualify to receive benefits," he says. "The main thing about me is ... I'll do whatever it takes to get things done with the resources we have here – we'll fight to help each and every veteran and their families."

Miller and his wife, Wanda, have four children and two grandchildren.

Cabarrus County Veterans Services provides free assistance with U.S. Department of Veterans Affairs programs, including:

[...]

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4.4 - The Daily News: [Two nurses graduate from VA hospital transition program](#) (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program.

Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

Uren is on the general medical inpatient unit, while Wollmer works in the Community Living Center for long-term care and short-term rehabilitation.

During the program, Uren and Wollmer shadowed various clinical positions outside of their normal duties to gain a better understanding how all departments work together to provide patient care.

The program finished with each graduate giving medical center leadership a presentation on current research that could benefit the medical center.

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5. Improve Timeliness of Service

5.1 - WIVB (CBS-4, Video): Schumer, Higgins call for federal probe of VA clinic closure (29 August, Al Vaughters, 443k uvm; Buffalo, NY)

AMHERST, N.Y. - Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care.

"When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

Ron Kraft is among more than 100 military veterans who receive outpatient treatment at the VA's Adult Day Health Care program in Amherst, but VA officials have decided to close the clinic Friday, one month earlier than they originally announced.

Kraft's daughter, Kim Baglio believes the sharing of her dad's medical file to strangers without his permission is a violation of his privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), and possibly a civil rights violation.

She also said, his file had more than just his medical information, "Actually at the back of his package of records there were two pages from another man's information, also from the VA."

Rep. Brian Higgins and Sen. Charles Schumer also believe this incident might be a violation of Ron Kraft's civil rights, and suspect there may be others.

The two lawmakers have written a joint letter to the the U.S. Department of Health and Human Services, asking for the Division of Civil Rights to undertake an investigation.

Higgins believes the VA is moving too quickly to transition the veterans in an orderly fashion, "I think this is indicative of the VA's rush to close this adult health care facility which is very, very popular."

The Buffalo Congressman also suspects the VA needs to take a closer look at how the health care center is being closed.

"They are saying that these veterans are accepting of the situation. They are not accepting the situation. They are having this imposed on them. That is not how we treat our veterans."

The VA Western NY Healthcare System issued a statement concerning the closure of the Amherst outpatient clinic, and Ron Kraft's medical records which read, in part, the VA "is looking into the privacy concerns identified, and will take appropriate action."

The statment went on to say, "medical information is shared with prospective contractors only when a Veteran expresses interest in applying to that program, as is standard practice with medical referrals."

The VA is also considering an offer from the developer that owns the Adult Day Health Care clinic's building which would allow the center to remain open for another six months, rent-free.

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6. Suicide Prevention

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk.

"The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

Ursano and his colleagues tracked the medical histories of thousands of enlisted soldiers (not including Guard or Reserve members) who served from 2004 through 2009. Attempted suicide risk factors were similar for soldiers with and without a prior diagnosis of a mental health disorder, the researchers found.

What did seem to raise the odds for suicide attempts?

According to the new data, female soldiers were more at risk than males; younger soldiers were at higher odds than older ones; less educated soldiers face higher risks than more educated service members, and odds for a suicide attempt were especially high during a soldier's first year of service.

Other risk factors included being demoted or late for promotion, or having been in a combat arms or combat medic military occupational specialty.

The risk of suicide attempt was also higher among soldiers with a history of family violence, having been the victim of a crime, or having committed a crime.

"Important times for identifying risk may be present after recent physical injury, family violence or being a victim or perpetrator of a crime," Ursano said in a university news release.

Health issues also seemed key. The study found that soldiers who attempted suicide were more likely to have had at least one outpatient clinic visit in the two months before their attempted suicide, and those with eight or more visits were three to five times more likely to attempt suicide.

Interestingly, combat injury was associated with an increased risk of attempted suicide only among those without a history of a mental health disorder, Ursano's group reported.

Psychiatrists weren't overly surprised by the finding that a soldier's history of mental illness wasn't a big predictor of suicide risk.

"The ability to predict suicidal acts or behavior has been found historically to be quite limited worldwide, and there is evidence that military services members are especially vulnerable due to their exposure to increased, variable stressors," noted Dr. Shawna Newman, of Lenox Hill Hospital in New York City.

Dr. Brian Keefe is a psychiatrist and medical director at Zucker Hillside Hospital in Glen Oaks, N.Y. Reviewing the study, he said that "suicide is a complicated, multifactorial problem. The significant percentage of soldiers with no psychiatric diagnosis who attempt suicide shouldn't surprise any mental health clinician who routinely works with suicidal patients."

He also stressed that lack of a prior diagnosis does not necessarily mean that mental health issues weren't there.

"Estimates in civilian populations suggest that somewhere between 40-50 percent of people with psychiatric disorders don't receive any treatment at all," Keefe said.

And because members of the military are trained to "wear both physical and psychological armor" as they defend the United States, they may be even more reluctant to seek out mental health services than civilians are, he reasoned.

Finally, Keefe said, "there is a growing body of literature demonstrating that most complete suicides are impulsive in nature -- that the time between decision to kill oneself and action may be minutes, not hours or days."

So, efforts to "suicide-proof" the living environment might be key to preventing suicidal thoughts from becoming suicidal acts, Keefe said.

"From nets on bridges, to home safes for unloaded weapons, to breakaway closet and shower rods in college dorms, all members of society -- not just doctors -- can take steps to reduce the rising suicide rate," he said.

The study was published Aug. 29 in JAMA Psychiatry.

More information

The U.S. Veterans Affairs Administration has more on suicide prevention.

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6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help.

The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

What ended with a veteran from Conneaut, Ohio killed started with just two 911 calls. "There was a man that was about half a mile east of Elk Park Road and Ridge Road."

36-year-old Matthew Orrenmaa was shot and killed by a state police officer last week, but the Erie County District Attorney finds the officer's actions justified and lawful.

Dashcam video shows Orrenmaa skipping and running towards police, holding a black object in his hands. Investigators also recovered a note near his body signed, "My children, do not be disappointed".

The founder of an organization that focuses on veteran suicide prevention is responding to that video. Venus Azevedo-Laboda, Boots On Ground Founder, says, "It breaks my heart because, I said this morning, are they not hearing us? Are we not loud enough? It's hard. You know? Especially when it happens here at home."

Experts say there are a few warning signs to look out for if you think a one may be experiencing suicidal thoughts. Jeff Rose, Behavioral Health for Erie VA Medical Center, says, "If they start isolating, not wanting to be around people, engaging in risky behavior such as drinking, use of drugs..."

The Erie VA offers several resources for veterans and coordinators say seeking help can sometimes be the difference between life or death. Rose says, "Unfortunately, there are still 20 veteran suicides a day, but if you look at it, 14 of the 20 are not engaged in treatment. Veterans that are engaged in treatment and utilize the resources the VA has are at much lower risk of suicide."

Veterans and their loved ones are encouraged to call the Veteran Crisis Line at 1-800-273-8255, ext. 1 text them at 838255, or chat online at www.veteranscrisisline.net.

Also, the Erie VA's Behavioral Health Clinic at 814-860-2038, where same-day service is available and they have extended hours (evening and weekend appointments).

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6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#) (29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend.

Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide.

When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

"That transition is very difficult, it's a very hard time when they go from the military culture to the civilian culture." Rose said

While the VA lends their hands out to a struggling veteran, this effort can't be done alone. As friends and family members could be the first line of support, on their way to treatment, and it starts with being open to conversation.

Denise Kolivoski of the National Alliance on Mental Illness of Erie County says a mental illness should be treated like a physical injury. And loved ones should urge the person to seek treatment just as they would with a regular doctor.

"We really need folks to believe recovery is possible." Kolivoski said

The conversation may be uncomfortable, but Kolivoski and Rose both agree it could be life-saving.

"Sometimes people are just waiting to be asked because they don't want to be the first to say it. But once they're asked, the floodgates are open." Rose said.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country.

Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

Shreve is turning to faith-based organizations to help with the tragedy that is veteran suicide. She says training these organizations in suicide prevention creates a communal atmosphere for helping veterans in need.

"We maybe reach one at the training but then they can go and reach maybe 10 more or 20 more so that people will be looking for the signs of risk and know that it's okay to ask, 'Are you thinking of harming yourself?'" said Shreve.

Shreve says in addition to training, they give out gunlocks to veterans in North Dakota. She says that extra hurdle in accessing a firearm can give the individual a moment of clarity to opt out of suicide.

"We need to get them past that rough spot and back into a frame of mind where they can proceed ahead," said Shreve.

VA leaders tell us it is full speed ahead with this kind of innovation. They say these gatherings allow for face to face collaboration that lead to smarter care for veterans.

“We’re here because we want to ensure that the veteran experience is the best possible that we can deliver,” said John D’Adamo Jr., the acting director of the Veterans Health Administration Innovators Network.

D’Adamo says bringing folks together from around the country allows them to bounce ideas off each other. He stresses that one-size-fits-all innovation is not effective when the focus should be on each individual veteran.

“Working with individuals and being understanding of their unique needs. So we really want to encourage that with all of our projects,” said D’Adamo.

Shreve says they are planning another mass training in Fargo later in September.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members.

Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That’s according to the agency’s inspector general.

Errors included failing to request medical exams or records; not checking whether a report about the alleged assault had been filed; and not clarifying contradictory or insufficient medical opinions, according to the audit.

If those steps had been taken, some veterans may have qualified for compensation.

These claims are more common than you might think. In each of the last three years, the Veterans Benefits Administration has processed about 12,000 applications for disability benefits for PTSD related to sexual trauma. In fiscal year 2017, about 5,500 of those claims were denied.

Investigating claims of sexual assaults that happened some time ago can be difficult. Claims raised by service members can be especially hard to get to the bottom of because of the military’s unique culture, the inspector general said.

Victims may be reluctant to report an assault if the perpetrator is a superior officer. They may fear being punished or receiving poor performance reviews. Victims may also lack faith that the system will take them seriously.

If the victim later seeks benefits for post-traumatic stress disorder, the lack of a report can undermine a claim.

The Veterans Benefits Administration is supposed to take a “liberal approach” and do all it can to substantiate claims, including reviewing a veteran’s records to look for changes in health or behavior, known as “markers,” that could indicate they had suffered a trauma.

That didn’t always happen.

Here are a few examples of denied claims the inspector general said were mishandled.

* The VA concluded there was insufficient evidence to support a claim that a sexual assault resulted in pregnancy. Yet military medical records showed the veteran was pregnant and gave birth consistent with the timeline of the reported assault. The VA requested a medical exam and it supported the claim. But the claim was denied because the exam finding’s “vague language” made that opinion unclear to the claims processor. Clarification should have been sought.

* The VA concluded there were no “markers” in a veteran’s file to support a claim, so a medical examination was unnecessary. The veteran’s job performance declined after the alleged sexual assault, though, which is a behavioral marker. The veteran also had reported the in-service assault to VA medical center personnel and she was treated by a private medical provider. A medical exam should have been requested.

The inspector general pointed to a change in how some claims were processed as a possible reason for the mistakes.

The VA used to require that specialists handle sensitive cases such as those alleging sexual assault. But it did away with that requirement in 2016, resulting in some claims being handled by inexperienced officials. The inspector general recommended that specialists be used in the future, and the VA agreed to do so by November.

The VA also agreed to review all military sexual assault benefits claims that were denied between October 2016 and June. That may fix past mistakes, but the focus must be on improving the system to prevent future errors. Mishandling such important claims can heap even more harm on someone who is struggling to deal with an unspeakable event.

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7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday.

Fort Worth Housing Solutions, the city’s public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

The grants are part of HUD-VASH, which stands for Veterans Affairs Supportive Housing Program.

Under the program, veterans are required to pay a third of their income for rent. If they have no income, they pay a minimum of \$50 a month. The rest is paid for by vouchers.

"I'm really excited where we're going with this program," said Mayor Betsy Price.

The goal is to get every homeless vet off the street, she said.

"I think we can get there," Price said. "I think the community has a heart for serving those who served us."

The number of homeless veterans in Fort Worth dropped 15 percent last year, she said.

The same federal grant program now helps 369 veterans in Fort Worth with rental subsidies and nearly 10,000 across the country, HUD said.

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7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward.

The St. Louis County Council has voted 6-0 to advance the plan.

With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

"If we're going to sell parkland, I can't think of a more appropriate reason to sell it, than to give our vets a final resting place," said St. Louis County Parks Director, Gary Bess.

The close to 70-acre Sylvan Springs County Park is next to the cemetery. It was part of the Jefferson Barracks military complex until St. Louis County bought it for \$3,500 in 1950, Bess said.

Now, the Department of Veterans Affairs wants to buy back about half of the park for close to \$2.4 million.

Coupled with land acquired from the nearby VA hospital, it will hopefully extend burials through 2045, with burials on the parkland beginning in about 10 years.

Critics have come from all sides.

People have questioned whether St. Louis County should charge any money for land to be used for veterans' graves. People against the sale of any park land actually sued to stop this deal but lost, Bess said.

On the November ballot, St. Louis County voters will decide whether to change the law regarding future sales of parkland.

"It will basically require a vote of all St. Louis County residents before parkland can be sold," Bess said.

St. Louis County did not set the sale price.

A spokesperson for the Department of Veterans Affairs told Fox2/News 11 that the department hired an independent appraiser set the “fair market” sale price.

The money will go directly to park improvements county-wide, Bess said.

The St. Louis County Council is expected to give final approval next week.

The Department of Veterans Affairs National Cemetery Administration will hold a public meeting on Sept. 5, 2018, at the Jefferson Barracks VA Medical Center at 6:30 p.m. The purpose of the meeting is to provide information about the draft Environmental Assessment available on the NCA website.

It addresses acquisition of a portion of Sylvan Springs County Park located adjacent to Jefferson Barracks National Cemetery (JBNC) to continue to offer burial access to St. Louis-area Veterans and their families.

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7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

SOUTH COUNTY, Mo. - St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen.

Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

Under the legislation, County Executive Steve Stenger would be authorized to sell nearly 35 acres of the park to the Department of Veterans Affairs for \$2.4 million.

The lower half of the park is the area that would be sold under this deal however, it wouldn't close right away.

The Post reports that the V.A. would lease the land back to the county for about ten years until it's needed for new burials. The St. Louis County Parks director says the county would reinvest the proceeds from the sale into the rest of the park.

Jefferson Barracks is one of the five busiest national cemeteries in the country and it's the only national cemetery in our region that is accepting new burials. In 2012 the cemetery added 15 acres from the nearby V.A. Medical Center and is expected to add 15 acres from the medical center. Those acquisitions should extend the burial capacity to 2028.

After that, the land at Sylvan Springs Park across the street Jefferson Barracks Cemetery would be used. This expansion would give the cemetery an additional 20 years of capacity.

In that past concerns have been raised about losing park space for this purpose and there is a move to put any future county sales of parkland before a public vote.

however, county leaders say this sale was committed to back in 2015.

A final vote is expected at the next county council meeting in a week.

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7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#) (29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

Avon, Minn. – This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders.

“Finally, after all these years,” said the Air Force Veteran.

From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits appeals ruling he had just received in the mail.

“This is my order that my service connection for Agent Orange was granted,” he said with a half-smile.

To get to this moment has been a 13-year journey.

The fight for benefits

Morris first applied for VA benefits for his coronary artery disease and type 2 diabetes in 2005. He strongly suspected his illnesses were the result of exposure to Agent Orange.

The toxic herbicide the U.S. military used to remove jungle foliage in Vietnam, was also used in Korea along the de facto border between the North and South known as the demilitarized zone or DMZ.

The VA’s website states veterans who served in Korea in or near the DMZ between April 1, 1968 and August 31, 1971, and have a disease the VA recognizes as associated with Agent Orange exposure are presumed to have been exposed to herbicides.

Morris served in Korea in 1970 and 1971 with the Airforce 6175th Security Police Squadron. However, the VA repeatedly denied the disability compensation claims he filed citing insufficient evidence.

“Nothing but denials, denials,” Morris exclaimed.

The VA’s argument was there’s no proof Morris was at the DMZ. His main duty station was KUN SAN Air Force Base, located on the shores of the Yellow Sea on South Korea’s west coast. That’s about 109 miles south of the DMZ.

But Morris contended he’d spent several weeks at the DMZ for training. “If you were in the 6175th police squadron, it was mandatory that you went to the DMZ for your combat and weapons training,” he said.

"We were basically digging into the dirt where the Agent Orange was being sprayed," he added. The government lost much of Morris's military records in a fire, but he had other proof he was at the DMZ.

In addition to so-called "buddy letters" from fellow service members that confirm he was at the DMZ for training, Morris has a cassette recording he mailed from Korea to his parents in St. Cloud, MN.

He showed KARE 11 the original Air Mail postage and Customs Declaration that states "cassette tape."

In the recording, which is basically a voice letter to his family, he describes being at combat preparedness school and firing all sorts of weapons "up at the DMZ."

Morris, reapplied for benefits again in 2012, but was again denied. That's when Morris says the runaround from the VA really began.

The Disconnects

Morris continued to appeal his case and on January 18, 2016, he received a letter from the Regional Benefits Director in St. Paul stating that his records were being transferred to the Board of Veterans' Appeals (BVA) in Washington. The letter also stated, "BVA will notify you when they have received your records."

A year passed and Morris says that notification never came.

"I think they're using pony express because I still haven't gotten my conference," Morris said with resigned laugh while speaking with KARE 11 in March 2017.

He said he called the Department of Veterans Affairs in January 2017 and was told he'd receive a letter by early March.

When that letter did not arrive as promised, he called the Department of Veterans Affairs again. This time he recorded the phone call.

The woman who answered was courteous, but could find no record that a letter was supposed to be mailed.

"The Board of Veterans' Appeals are the ones that would set that up for you," she tells Morris during the call.

The VA employee gave him two numbers he could use to reach the BVA. One was 1-800-923-8387. The other was 202-565-5436.

The recording shows she then politely offers to transfer Morris to the 202 number.

"Thank you for your service to our country," she says. "I'm going to transfer you to the 202 number. That's 202-565-5436. That's the Board of Veterans' Appeals. One moment please."

The phone rang a few times then went to an automated message stating the number is no longer in service.

Instead of directing Morris to a new VA number, the automated directory assistance recording suggests connecting to private businesses including locksmiths, plumbers and a veterinary service.

"I needed to find out where I was in line with my video conference on my appeal, I got a locksmith instead," Morris said as he smacked his hand in frustration on his kitchen table.

At first Morris thought it might have been a misdial by the VA employee who transferred him.

"I couldn't believe it you know, I thought well they gave me the wrong number," he remembers thinking. "So, I redialed the number she read off to me and I got the recording again."

Next Morris says he tried calling the other number he'd been given, the 1-800 line. But that didn't work either. "The phone's ringing and the phone's ringing," he recalled.

Morris says it just rang dozens of times, then disconnected with no opportunity to even leave a message.

The veteran's next call was to the KARE 11 investigative team. KARE tried calling the same numbers Morris was told he had to use to get answers about his Agent Orange benefits claim.

The results were the same.

One line was disconnected and routed the caller to locksmiths and veterinarians. Meanwhile, the 1-800 line rang for more than three-minutes, then disconnected. Both numbers given to Morris were at the time listed on the Board of Veterans Appeals official web page and instruction documents.

"I am sure I am not the only veteran out there with these problems," Morris said.

He was not alone.

At that time, VA records showed there was a backlog of 469,098 benefits appeals claims.

Congressional Response

Bob Morris's story of disconnects and denials made waves all the way to the nation's capital.

"Because this was just an outrage," Senator Amy Klobuchar (D-MN) said after watching KARE 11's report.

Both Senator Klobuchar, and Congressman Tim Walz (D-MN) who serves on the House Committee on Veterans Affairs, began demanding answers.

Rep. Walz introduced legislation to help cut red tape and reform the VA's appeals process. "The problem is, if Bob's appeal would have been heard in a timely manner, he wouldn't be needing to make this call," Rep. Walz said at the time.

The Quicker Veterans Benefits Delivery Act of 2017 sailed through Congress with bipartisan support and on March 9, 2018 President Trump signed it into law.

"Our veterans put their lives on the line for us and the least we can do is ensure they are getting the benefits they have earned when they need them," said Rep. Walz about the new law. "I recognize the benefit-claims backlog wasn't created overnight and won't be solved immediately, but we can and must do better. This bipartisan law will enhance VA's current efforts to break the backlog by helping it become more efficient. As a result, it will help veterans get the benefits – and the care – they deserve in a timely manner."

Also because of Bob's story, an antiquated VA call center was shut down.

"Bob Morris has done a service for all veterans across the country because what he came upon was a mess," said Senator Klobuchar who also helped Bob finally get that benefit appeals hearing he'd been calling about in the first place.

Bob's Agent Orange Case

Bob's Board of Veterans' Appeals hearing was finally held in December 2017 via video conference with Veterans Law Judge Michael Herman.

"I'm saying an extra prayer today," Bob told KARE 11 as he walked into the Whipple Federal Building for the hearing. "And hoping for the best."

After five more months of waiting, the judge's ruling on Morris's case recently arrived in the mail.

"It's a long wait, but I finally got the good news," Morris said while flipping through the long-awaited ruling.

"The board has granted the veteran's claim of entitlement to service connection for coronary artery disease and diabetes," Morris read aloud from the document.

"I'm sort of in shock yet, but it's a good feeling finally after all those denials," he added.

"This is just an example, we have veterans that get really a raw deal from the bureaucracy and one of my jobs and our great staff in Minnesota's job is to work with them to get through this red tape," said Senator Klobuchar of the ruling in the Morris case. "And he had such a strong case for disability based on his service, and yet he had to wait for years and years."

Morris continues to seek VA benefits for his bladder cancer which he believes is also linked to Agent Orange.

However, the VA does not recognize that illness as presumptive side effect of Agent Orange exposure.

It's said to be evaluating new research as it decides whether to extend benefits to exposed vets with bladder cancer.

That's a fight Morris says he plans to continue.

"There's got to be some changes made, that's for sure you know," he said.

Our investigation of VA phone problems began after a tip from a viewer. If you want to blow the whistle on a problem, email us at: investigations@kare11.com.

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7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is the final resting place of our country's heroes, but it is running out of space.

"With the current land we have now we're going to run out of space at Jefferson Barracks in 2021," said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director.

Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans and families where they don't have to drive more than 75 miles from their own home which is why finding available land nearby is crucial.

Jefferson Barracks VA Medical Center donated 12 acres of land that will start to be developed in 2019.

That space is estimated to last until 2028 which is where the proposed sale of a county parks comes in.

St Louis County Council approved a bill Tuesday night that allows the sale of the 33.64 acres of Sylvan Springs County Park which is roughly two miles away.

"We're not in the business of selling parkland. It's just as important to us, as it is for all our users. We want it there for the future, but in this particular case the need of our veterans I think outweighed the need of the green space," said Gary Bess, St Louis County Parks and Recreation Director.

A provision was added in the proposed sale that the County Parks Department could lease the park back from the VA for up to 10 years for a dollar before the land is developed for cemetery use.

The sale is expected to be finalized at the St Louis County Council meeting on Tuesday, September 4.

"We're hopeful that we will continue to be able to provide the dignified burial services for our veterans and family members so we're hopeful," said Ryan.

Ryan said they estimate acquiring the parkland would expand the use of the cemetery until 2045.

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7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)

A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead.

"I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said.

Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

"They couldn't process anything because I was listed as 'deceased' in September of 1991," Herren said.

Herren served in the military for eight years -- four in the Army and four in the National Guard, where she found herself in Iraq.

"We were the first units in Desert Shield and Desert Storm, and we really didn't know what to expect," Herren said.

What she also didn't expect is having to prove she was alive when she came back.

"I finally got listed as 'non-deceased' back in April of this year," Herren said.

But then another problem came up.

"It took another three months to get my ID card," Herren said. "Because I was listed as 'deceased' on that system, too."

Which leads us to now, where Herren said she wasn't able to renew her 12 daily prescriptions because she was also listed as "deceased" on that system.

"It shouldn't have happened the first time, much less three times," Herren said.

Herren said she is thankful for all the help she's received from Charles George VAMC employees.

This is a statement sent to News 13 by Armenthis Lester, Public Affairs Officer at Charles George VAMC, regarding Herren's case:

"The issue Ms. Herrin is having originated with the Health and Eligibility Center in Atlanta, GA. This is a national office separate from Charles George VA Medical Center. However, our administrative office staff worked with the Health and Eligibility Center to assist this Veteran, and as of Monday, August 27, 2018, her issue is resolved. We honor Ms. Herrin's service to this country and our desire is for Veterans to get the care they need, when they need it."

News 13 also reached out to the Health and Eligibility Center with the VA to find out what initially led to the problem. We're still waiting to hear back.

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7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)

Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

Daytime activities and events include:

10AM - 4PM - Show and Shine Car Show

3:30 - 7PM - Kids Zone (Armed Forces/Law Enforcement Touch-A-Truck, food vendors, crafts, & more (\$10 all you can play)

6-10PM - Concert featuring chart-topping country band Ricochet

General Admission concert tickets are \$10 and \$20 for VIP. Prices will go up at the gate so buy them online now!

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8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)

Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain.

Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

Spokesmen for the VA Medical Center and the 293rd Infantry Regiment said they require direction from superiors before changing the placement of their American flags.

"I do not have discretion as to setting the flag to half-mast," Lt. Col. Jeremy Gulley, commanding officer of the 293rd, said in an email. He said his unit changed flag position at its Cook Road armory after being notified by the Indiana National Guard's Joint Force Headquarters in Indianapolis.

Tom Blackburn, public affairs officer at VA Northern Indiana Health Care System, said in an email that the medical center "waited for the official proclamation from the White House and approval through the VA channels" to put the flag at the VA Medical Center at half-staff Tuesday morning.

A spokesperson for the General Services Administration said the Adair Federal Building positions its flag according to notifications sent by the Department of Homeland Security.

The U.S. Flag Code states that the president may issue an order that the flag be flown at half-staff after the deaths of “principal figures” of the federal government and governors “as a mark of respect to their memory.”

The White House reportedly flew its American flag at half-staff Saturday evening, raised it to full-staff by Monday morning, then lowered it to half-staff again Monday afternoon after facing public criticism, including from the American Legion. McCain, a Vietnam War veteran and former prisoner of war, and President Donald Trump had been longtime adversaries.

Trump issued a proclamation late Monday afternoon instructing that flags be lowered to half-staff at public buildings and grounds until McCain's interment, which will be Sunday.

Hours before Trump's proclamation, Gov. Eric Holcomb had directed that American flags be flown at half-staff across Indiana in honor of McCain. Although the flag at the Adair building remained at full-staff Monday, the one across Harrison Street at Lincoln Financial Group was flying at half-staff.

The flag code states a governor may proclaim that the national flag be flown at half-staff after the death of a current or former government official from that governor's state or territory. But ABC News reported Monday that 11 governors in addition to Holcomb had called for half-staff flags ahead of Trump's proclamation.

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8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)

An official with the Hampton VA Medical Center blamed an “oversight in communication” for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and U.S. Sen. John McCain, who died Saturday.

A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff. The Albemarle Primary Outpatient Clinic is a facility under the Hampton VA Medical Center, a federal entity subject to President Donald Trump's proclamation Monday that the U.S. flag “be flown at half-staff at the White House and upon all public buildings and grounds ... until sunset, on the day of interment.” McCain's burial is set for Sunday, according to published reports.

Sheila Fair Bailey, a health system specialist with the Hampton VA Medical Center, acknowledged that VA officials had provided guidance to VA facilities to fly U.S. flags at half-staff from Aug. 27 until Sept. 2, the date of McCain's burial. She said the Elizabeth City clinic's failure to lower its U.S. flag to half-staff was “clearly an oversight in communication.”

“I will have a member of our team work in concert with our Albemarle Clinic to immediately rectify the issue,” she said.

The flag outside the clinic was flying at half-staff on Wednesday.

Trump issued his proclamation following outcry over his decision to have the White House flag raised to full-staff on Monday, according to national reports. Trump and McCain notably disagreed over the years and Trump criticized McCain's military service, including his time spent as a prisoner of war during the Vietnam War.

Notably, Elizabeth City's parks also failed to fly U.S. flags at half-staff on Tuesday, though city council did hold a moment of silence during its meeting Monday night for both McCain and Sam Roebuck, the latter a local businessman who is the namesake of Elizabeth City State University's Roebuck Stadium.

Gov. Roy Cooper also issued an order Monday to state agencies, though not local governments, to fly their flags at half-staff until McCain's burial.

McCain, 81, died of brain cancer.

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8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain.

McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

Then, upon returning to Murray late that afternoon, they saw the flag was not at half-staff at many locations.

"People should already know about that, and it's so disrespectful to the military veterans of the local county to see this," said Miller, who served in the Navy. "It goes back to Civics class. This is what you do.

"They knew what to do at Fort Campbell (a U.S. Army base about an hour east of Murray). Their flags were at half-staff when we were there Monday."

Flags throughout Murray were at half-staff by Tuesday and are expected to remain at half-staff through Sunday, the day McCain is buried in Arizona.

One reason for flags not being half-staff in not only Murray, but also Clarksville and other locations Monday might have been what was happening at the White House in Washington. The flag was lowered to half-staff during the middle of the day, then was raised back to full-staff that afternoon, before being returned to half-staff late that afternoon, which is when President Donald Trump ordered all U.S. flags to be flown at half-staff through Sunday.

By that time, places such as schools, government buildings and some businesses had closed for the day.

The office of Kentucky Gov. Matt Bevin states that one of the conditions in which flags should be flown at half-staff in Kentucky is when a president gives the order to honor “principal figures of the United States government and the governor of a state as a mark of respect to their memory. In the event of the death of a present or former official of the government of any state, the governor of that state may proclaim that the U.S. flag be flown at half-staff.”

“We realize that many places don’t fall under the (Department of Defense), like Fort Campbell. For them, this was something that was already understood,” said McAllister, an Army veteran who also served with the Coast Guard. “Going back to Clarksville, it’s hard to get in there, as a veteran, and see the flag not where it’s supposed to be, and there were people coming in for their appointments that were disgruntled about it. We talked to them about it and they told us how they felt.

“So then we go to Fort Campbell and saw that their flags were at half-staff. Then we drive back to Murray and see pretty much none were at half-staff.”

McAllister said that his and Miller’s mission is much like that of McCain, a Republican, who had been a senator since 1987 and ran for president in 2008, losing to Democrat Barack Obama. McCain was known to many as “the maverick” for his willingness to trust his own values and convictions on votes, even going against his own party on some issues.

“I’m glad we did what we did (walking into several locations in Murray Monday to tell them how they felt) and we just hope this gets people to think a little bit,” McAllister said of himself and Miller. “What a striking difference he was to what we’re seeing so much today. To shine way above and beyond all of that evokes the positive part of politics, along with his willingness to work across party lines.”

“He was about ‘We the people,’ instead of his party,” Miller said. “Plus you look at what he did as a POW. He wouldn’t accept his release until everyone ahead of him had gone first. I’m not sure I could’ve done that. He deserves to be honored by everyone.”

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8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain.

A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use.

However, whites are at higher risk of opioid overdose, according to researchers.

The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

“If they were black and tested positive for marijuana, they were twice as likely to have opioids discontinued, and for cocaine, they were three times more likely,” said lead researcher, Julie Gaither.

According to the report, researchers analyzed the health records of more than 15,000 patients who received opioids from the Veterans Administration between 2000 and 2010.

The Centers for Disease Control and Prevention requires that patients are screened for illicit drug use after starting opioids.

But, Gaither says there is no mandate to immediately stop a patient from taking prescription opioids if they test positive for illicit drugs and a more universal approach to monitoring is needed.

“It’s our feeling that without clear guidance, physicians are falling back on ingrained stereotypes, including racial stereotyping,” said Gaither.

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Veterans Affairs Media Summary and News Clips

30 August 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment. Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

[Hyperlink to Above](#)

1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

[Hyperlink to Above](#)

1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security. The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

[Hyperlink to Above](#)

1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference. Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America. Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

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[Hyperlink to Audio](#)

1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years. The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

[Hyperlink to Above](#)

1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services. That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

[Hyperlink to Above](#)

1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans exposed to radioactive debris more than five decades ago haven't made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they're hoping Congress can intervene.

[Hyperlink to Above](#)

1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program. Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down. Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

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3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration. The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress. The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

[Hyperlink to Above](#)

3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release. "From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated.

[Hyperlink to Above](#)

3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital. Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

[Hyperlink to Above](#)

3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips. This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - WCCO (CBS-4, Video): [Department of Veterans Affairs Secretary Speaks In Minneapolis](#) (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

[Hyperlink to Above](#)

4.2 - Wyoming Tribune-Eagle: [Cheyenne VA fails to serve the region’s veterans fairly](#) (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA. Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug.

[Hyperlink to Above](#)

4.3 - Independent Tribune: [County welcomes Veterans Services director](#) (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance. It wasn’t his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those “trials and tribulations” himself, he says.

[Hyperlink to Above](#)

4.4 - The Daily News: [Two nurses graduate from VA hospital transition program](#) (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program. Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - WIVB (CBS-4, Video): [Schumer, Higgins call for federal probe of VA clinic closure](#) (29 August, Al Vaughters, 443k uvm; Buffalo, NY)

Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care. "When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk. "The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

[Hyperlink to Above](#)

6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help. The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

[Hyperlink to Above](#)

6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#) (29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend. Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide. When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country. Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

[Hyperlink to Above](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members. Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That's according to the agency's inspector general.

[Hyperlink to Above](#)

7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday. Fort Worth Housing Solutions, the city's public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

[Hyperlink to Above](#)

7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward. The St. Louis County Council has voted 6-0 to advance the plan. With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

[Hyperlink to Above](#)

7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen. Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

[Hyperlink to Above](#)

7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#) (29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders. “Finally, after all these years,” said the Air Force Veteran. From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits appeals ruling he had just received in the mail. “This is my order that my service connection for Agent Orange was granted,” he said with a half-smile.

[Hyperlink to Above](#)

7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is the final resting place of our country’s heroes, but it is running out of space. “With the current land we have now we’re going to run out of space at Jefferson Barracks in 2021,” said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director. Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans...

[Hyperlink to Above](#)

7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)

A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead. "I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said. Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

[Hyperlink to Above](#)

7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)

Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)

Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain. Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

[Hyperlink to Above](#)

8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)

An official with the Hampton VA Medical Center blamed an “oversight in communication” for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and U.S. Sen. John McCain, who died Saturday. A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff.

[Hyperlink to Above](#)

8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain. McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

[Hyperlink to Above](#)

8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain. A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use. However, whites are at higher risk of opioid overdose, according to researchers. The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

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1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul bill that President Donald Trump signed recently in response to the long waits for appointments and short-staffing that have plagued VA hospitals across the country.

"It is our job is to serve you well and honorably, showing you the same kind of dignity and devotion that you gave to America," Wilkie told the group's 100th annual convention, which was held in Minneapolis. "My prime directive is customer service. When a veteran comes to VA it is not up to him to employ a cauldron of layers to get VA to say yes. It is up to VA to say yes to them."

Wilkie said it's "absolutely essential" to have caregivers who specialize veterans' special needs.

"This is not an option that the private sector can provide," he said. "The private sector cannot replicate VA's expertise in things like spinal cord injury, traumatic brain injury, rehabilitative services, prosthetics, audiology, services for the blind, suicide prevention."

Wilkie, a former assistant secretary of defense under President George W. Bush and former undersecretary for current Defense Secretary Jim Mattis, replaced David Shulkin, who was fired amid ethics charges and internal rebellion over the role of private care for veterans. He's tasked with delivering on Trump's campaign promises to fire ineffective VA employees and steer more patients to the private sector.

The agency is the government's second-largest department, serving 9 million veterans, and its struggles prompted some in the administration to advocate for the privatization of some of its services. Major veterans groups have opposed that, saying the solution is full funding for core VA medical centers.

Veterans at the convention reported mixed experiences with the VA medical system, depending on where they live. Calvin Boswell, a former Navy Seabee from Columbus, Mississippi, who served from 1980-2004, said he gets very good care at the VA hospital in Tuscaloosa, Alabama.

"They do an awesome job," he said.

But Janet Grass, an Iraq War vet from Dubuque, Iowa, who spent over 22 years in the Navy, said she and her Army veteran son, who recently returned from his third tour in Afghanistan, aren't satisfied with the VA medical center in Iowa City. She said it takes weeks to get an appointment there, but she puts up with the three-hour round trip because it's even harder to see a doctor at the small VA clinic in Dubuque.

"You never get the same doctor. So your care is not consistent because the system is so overbooked," Grass said.

Wilkie also paid tribute to Sen. John McCain, the Navy aviator, prisoner of war and Arizona Republican who died of brain cancer Saturday at 81. American Legion leaders took Trump to task on Monday after flags at the White House, which flew at half staff through the weekend, were raised to full height on Monday. Trump later relented amid criticism and ordered them lowered again through McCain's interment this Sunday.

"A few days ago we lost one of America's great warriors, and a man whose lifetime of selfless services reminds us all why we do what we do," Wilkie said. "I want to thank the American Legion for honoring John McCain."

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1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

MINNEAPOLIS (AP) — The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He told the Legion's 100th annual convention on Wednesday in Minneapolis that the VA owes veterans "the same kind of dignity and devotion" they gave to America.

He says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

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1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

In an address to the 100th national convention of the two-million-member American Legion, Wilkie also said he has the commitment of Defense Secretary Jim Mattis to work together on developing a new electronic "patient-centered health care system" to allow for smooth transitions from active-duty to veteran status.

To stress the point on electronic records, Wilkie, an Air Force Reserve colonel who was sworn into office July 30, referred, as he frequently does, to the experience of his late father, retired

Army Lt. Col. Robert Leon Wilkie Sr., who was severely wounded in the U.S. operation in Cambodia in 1970.

His father was 6-foot-2 and 240 pounds before he was wounded, Wilkie said, and came home weighing 115 pounds. For treatment at the VA, the second-largest government department after the Pentagon, his father had to carry around 800 pages of medical records to ensure care, he added.

Wilkie, the former assistant secretary of defense for personnel and readiness at the Pentagon, said he received a final order from Mattis, a retired Marine general, when he left the Pentagon to go to the VA: "From here on out, the Defense Department and the VA will be joined at the hip" on electronic records.

In his 21-minute address to the Legion in Minneapolis, Wilkie said the VA provides excellent care. The problem is "just getting our veterans through the door to get that care."

"The VA is about serving veterans. Our responsibility is to serve you well and honorably. My prime directive is customer service," he said, and it should not be up to the veteran "to employ a cauldron of lawyers to get the VA to say 'Yes.' It's up to the VA to say 'Yes' to them. That is where the VA must go."

In that effort, "I pledge to you that this is a bottom-up organization, that the Legion has a seat at the table, that you have an open door to the 10th floor," where his office is located at VA headquarters, he added.

Wilkie said customer service should improve under the VA Mission Act, which was signed into law by President Donald Trump in June and is aimed at giving veterans improved access to private-sector care when it is in their best interests.

He said increased funding under the act should alleviate many of the problems associated with the previous Choice Program, although Congress has yet to appropriate funding. The Mission Act is projected to cost more than \$50 billion over five years.

Wilkie also repeated assurances he made at his Senate confirmation hearing that improved access to private care is not a smokescreen for the "privatization" of the VA health care system at more than 1,200 facilities nationwide.

Veterans need care from providers who can speak "in the language of veterans" and who "know what you've been through," he said, adding that that is "not an option that the private sector can provide."

The private sector also "cannot replicate" what the VA does on spinal cord and traumatic brain injuries, prosthetics, services for the blind, and suicide prevention, Wilkie said.

His electronic health records (EHR) pledge has been met with skepticism in the House, where a new oversight subcommittee has been set up to check on the \$10 billion-plus contract he signed as acting VA secretary with Cerner Corp of Kansas City, Missouri.

The VA is undertaking the largest transition to EHR ever attempted in the U.S., requiring oversight from the new Subcommittee on Technology Modernization, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said in a statement last month.

"As the department embarks on the nation's largest overhaul, it is critical that we ensure veterans and taxpayers are protected throughout the transition," he said in a statement Thursday.

Roe, a physician, said, "I have personally gone through a transition to a new health record system when I was in private practice, and I know how much potential there is for a project like this to be a costly disruption. Congress has a duty to conduct rigorous oversight every step of the way."

He named Rep. Jim Banks, R-Indiana, a former Navy Reserve supply officer and Afghanistan veteran, to head the new subcommittee.

"Service members and veterans deserve a seamless, lifetime medical record and an electronic health record system that supports the highest quality care," Banks said. "However, I have no illusions about the challenge confronting VA in this monumental undertaking."

At the beginning of his remarks, Wilkie paid tribute to the passing of Sen. John McCain, R-Arizona, who died Aug. 25 after a year-long battle against glioblastoma, a terminal form of brain cancer.

"A few days ago, we lost one of America's great warriors, a man whose lifetime of selfless service reminds all of us why we do what we do. I want to thank the American Legion for honoring Sen. John McCain," he said.

Wilkie made no mention of the action of Denise Rohan, the Legion's national commander, in joining with AMVETS in charging that Trump had failed to show "proper respect" for McCain by having the rooftop flag of the White House returned to full staff Monday morning.

Trump later issued a proclamation returning the flag atop the White House and on all public federal buildings and military bases to half-staff until McCain's interment this weekend at the U.S. Naval Academy cemetery.

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1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

MINNEAPOLIS — For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security.

The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

Its political influence was evident Monday, when criticism from the Legion and other veterans groups, in part, led President Donald Trump to order the White House flag lowered to half-staff in honor of Sen. John McCain, who died Saturday.

"When this organization says something, Washington listens," said David Rehbein, a past national commander of the organization.

But at its national convention this week doubts about its influence emerged, prompted by concerns about its membership numbers and who the Trump administration is listening to about veterans policies.

The Legion has dipped to about 2 million today from more than 3 million in the 1990s. Fewer members means less authority in Washington, said Denise Rohan, its current national commander.

"Our voice was heard much louder," she said. "It is being heard now, just not as loud as it used to be. I am hoping somehow, we can turn around whatever is going on."

At the same time, two Democrats on the House Committee on Veterans' Affairs warned Wednesday that Trump's administration could be taking cues on VA policies from entities other than traditional veterans service organizations.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House committee, warned of the growing influence of Concerned Veterans for America, a conservative advocacy group in the Koch brothers' political network that has been afforded more access to the VA under Trump's administration.

"They should be concerned," Walz said of the Legion. "I think there's a disproportionate voice in CVA that needs to be balanced with the American Legion, [Disabled American Veterans] and [Veterans of Foreign Wars]."

There also have been reports of Trump looking elsewhere for advice on the VA. Earlier this month, ProPublica, a nonprofit news organization, reported three wealthy members of Trump's private club in Palm Beach, Fla., were dictating decisions about the agency.

The trio, dubbed the "Mar-a-Lago Crowd," comprises Marvel Entertainment Chairman Ike Perlmutter, lawyer Marc Sherman and Bruce Moskowitz, a Palm Beach doctor. None of them have served in the U.S. military or government.

The report triggered outcry from Democrats, some of whom requested investigations by congressional committees and government watchdogs.

"The Legion and other veterans service organizations are right to be concerned given the revelations of a shadow VA governance at Mar-a-Lago," said Rep. Mark Takano, D-Calif. "Only time will tell whether Secretary Wilkie is making decisions for the VA, and not some shadow group."

Wilkie has served as VA secretary for about one month. He addressed the crowd of thousands of veterans in Minneapolis on Wednesday, appearing to reassure the group about its role as an adviser on VA issues.

"I pledge to you that this is a bottom-up organization, that the Legion has the seat at the table, that you have an open door to that 10th floor of the Department of Veterans Affairs," Wilkie said. The secretary's office is located on the 10th floor of VA headquarters in downtown Washington.

Despite the recent controversy, Rohan, who will end her tenure as American Legion commander Thursday, is optimistic.

"Talking to Secretary Wilkie, I'm confident that he will be listening to us," she said. "As he gathers information from us, hopefully he'll pass it on to the administration. Those relationships continue to build, and as they continue to build, so will the understanding of the American Legion's place."

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1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference.

Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America.

Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

He told KNSI's Bob Hughes that the St. Cloud VA gives veterans care in their own communities.

"We have to give them the opportunity and their families to use doctors that are closer to them so that burden doesn't fall on them to make such long trips."

In the past, veterans had to drive hundreds of miles round trip to see a doctor.

Minnesota's VA serves 325 thousand veterans.

Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Secretary Wilkie says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

To hear Bob's conversation with the secretary, [click here](#).

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1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

CLAYTON, Mo. — St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years.

The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

The cemetery will run out of burial plots between 2021 and 2027, officials said. The extra acreage would give the cemetery an additional 20 years of capacity, according to a VA environmental assessment.

"It's unfortunate that we need this land, but it is very well needed by a lot of people," said Al Katzenberger, American Legion liaison to the cemetery.

The VA would lease the lower half of the park back to the county for about a decade until the space is needed for new burials.

St. Louis County Parks Director Gary Bess said funds from the land sale would be reinvested into the rest of the park.

The deal comes as county government officials have been trying to limit their authority to sell parkland by proposing a change that would require a public vote before any such transaction. But members of the St. Louis County Council said they had already committed to the Sylvan Springs Park deal in 2015.

An environmental law firm in 2015 filed a lawsuit on behalf of county residents to block the sale. But the St. Louis County Circuit Court and the state court of appeals ruled that the county had the authority to sell the property.

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1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services.

That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

Last week, various alternative treatments were discussed at a hearing of the Creating Options for Veterans' Expedited Recovery Commission – also known as the COVER Commission – with Leinenkugel as chairman. The body's charter is to study the Department of Veterans' Affairs' own model for prioritizing evidence-based therapy and assess the "potential benefits of

incorporating complementary and integrative health treatments available in non-Department facilities.”

In a small ballroom in the basement of the JW Marriott hotel in Washington, five senior VA doctors expressed some openness to private options – but with clear limits. All fiercely defended the VA’s current approach to mental health care and cautioned against widely adopting any unproven treatments.

The acting assistant deputy undersecretary for health for patient care services, Dr. Marsden McGuire, warned against “quackery” and medical claims “made falsely, with ill intent.” He said he’s received complaints from VA psychiatrists who have been urged to adopt dubious treatments. He then recommended that the agency invest its limited resources in those treatments most likely to help.

“There is some concern that if we put out these things as a magic bullet, we will redirect attention from things that actually have stronger evidence, that are going to work,” McGuire said.

Alternative treatments include simple, less costly approaches such as yoga and acupuncture, as well as more expensive treatments with complicated names, such as hyperbaric oxygen therapy, in which patients are placed in pressurized tubes that deliver high levels of oxygen to the body, and magnetic resonance therapy, a “brain zapping” technique that uses magnets to influence the movement of protons in the cortex.

Private providers are offering effective and conventional mental health treatments as a triage force in what has become an urgent suicide crisis among veterans, with roughly 20 former servicemembers taking their own lives every day.

Amid these emergency conditions, some VA officials and veterans advocates are pushing for wider adoption of experimental treatments, arguing that no veteran should be denied therapy that could potentially help treat mental illness or lessen trauma.

Yet others see these private interests as profit seekers, snake-oil salesmen or pill peddlers eager to bring veterans into a private system in which oversight is lax, PTSD expertise is thin and familiarity with military culture is limited.

While many of these organizations work outside the VA entirely, others are aggressively engaged with the agency in an attempt to peel off patients directly through a partnership or to secure research money, pilot programs or an agency stamp of approval.

Dr. Matthew Friedman, a clinical psychiatrist and one of the founders of the VA’s National Center for PTSD, said he’s recently witnessed an uptick in “self-proclaimed magicians” who are eager to partner with the agency.

“The answer is: If it hasn’t been proven, it’s not something the VA should endorse,” Friedman said. “They should live by the same rules other treatments live by; they should be tested in rigorous, randomized clinical trials. That’s the coin of the realm. And if they haven’t done that ... stay away, baby. Stay away.”

In June 2017, Leinenkugel sent an email to VA leadership with the subject line “Big Bold Ideas.” His proposals included cutting back staff at the agency’s central office by 35 percent, merging

all homelessness programs for veterans into the U.S. Department of Housing and Urban Development, and ramping up suicide prevention efforts.

In this mental health care offensive, Leinenkugel urged the VA to “invite best private care entities to fully participate.”

At the first COVER Commission meeting in late July, Leinenkugel vouched for hyperbaric treatment, saying his support came after two groups spent a year lobbying him on its benefits.

“They’re gaining resonance on the Hill and also in states,” he said. “So whether or not we think that treatment works or has any evidence base to it at this point in time, it is not relevant to me. I think it needs to be explored.”

Despite positive anecdotal results, hyperbaric treatment for PTSD has been debunked by several studies, including one by the VA and Department of Defense that deemed it ineffective. In recent years, various interests have sought federal reimbursement for hyperbaric PTSD treatment, including the Princeton Wound Care Center, Healogics and the International Hyperbaric Medical Association.

A COVER commissioner, Tom Beeman, is the executive in residence at the Pennsylvania College of Health Sciences, affiliated with the University of Pennsylvania Health System, which boasts one of the most comprehensive hyperbaric programs in the nation.

“VA would not likely buy a lot of hyperbaric equipment, but instead send people to use it in the private sector,” said a senior congressional staffer who was not authorized to speak with the press. “The VA represents a potentially big revenue stream for private interests.”

The COVER Commission states in its charter that all members must be “of recognized standing and distinction within the medical community with a background in treating mental health.”

Yet at least four members, including Leinenkugel, don’t meet these requirements, which has alarmed some mental health advocates. Some also are concerned that Casin Spero, a former official at the Koch brothers-backed Concerned Veterans for America, recently was appointed as the commission’s chief adviser.

That organization advocates for more private options for VA patients, and organization officials helped craft the Veterans Empowerment Act, a bill that calls for the “termination of functions of the Veterans Health Administration directly related to the furnishing of hospital care, medical services, and other health care.”

Other actors, including executives from major private health care companies, are expected to offer advisory roles as the commission moves forward.

At the start of last week’s meeting, Leinenkugel stated his desire to be an “actionable committee” with the mission of influencing the VA, White House and Congress to make the “necessary and right changes” to the VA’s mental health care efforts. The VA and the White House did not respond to questions submitted by Reveal from The Center for Investigative Reporting.

Shortage of mental health providers

For years, the VA's primary response to PTSD was medication. Reveal obtained documents that showed that from 2001 to 2012, VA prescriptions for four of the most common opioids – hydrocodone, oxycodone, methadone, and morphine – increased by more than 270 percent. The report sparked national outrage and meaningful reforms inside the agency.

Since 2012, the agency has drastically cut down opioid prescription rates and sought to promote talk therapies as the best first-line treatment for PTSD. And while private entities have denigrated the VA for not embracing their alternative treatments, more than 90 percent of VA facilities today offer some type of supplemental therapy, from meditation and yoga to sweat lodges staffed by medicine men.

While VA officials are acutely aware of the agency's need to provide options to all veterans, many also worry about solving a more basic problem: shortages of mental health providers inside the agency.

Since 2010, the number of veterans receiving care for PTSD from the Veterans Health Administration has grown by more than 50 percent. The VA has not been able to hire or retain enough mental health professionals to keep up with demand. Currently, it has a 12 percent vacancy rate for psychiatrists and a 13 percent rate for psychologists.

Many at the VA worry that by adopting or endorsing unproven treatments, the agency will steer precious budget dollars away from needed hiring and clinically efficacious treatments and toward the pursuit of dubious, often expensive options. The cost of a single hyperbaric treatment, for instance, can be more than \$1,000.

Carl Castro, director of the University of Southern California's Center for Innovation and Research on Veterans & Military Families, said alternative PTSD treatments are "seductive for people who are suffering."

"Some of these treatments surely are about making money, but for the most part, people generally want to make veterans better," Castro said. "Still, these types of treatment should never be mandated. If a nonprofit wants to spend money on providing them, fine. But you shouldn't mandate taxpayer dollars for something that's not evidence based. That, to me, is unethical."

While the widespread use of hyperbaric therapy is being mulled in Washington, the VA made the treatment available to VA patients in eastern Oklahoma and Northern California in November. Following political pressure from Rep. Pete Sessions, R-Texas, VA officials said at last week's COVER Commission meeting that the VA soon will offer the treatments to patients in San Antonio and plans to bring it to Tampa, Florida, in the next two months.

Seeking novel treatments

Pressure to consider experimental private treatments extends beyond the COVER Commission. In April 2017, then-VA Secretary David Shulkin launched the Center for Compassionate Care Innovation, focused on forging partnerships with novel mental health and pain providers.

Any type of treatment may be submitted to the office as a formal proposal, which, if found to be safe and potentially helpful, could result in deployment at hospitals across the country. The recent hyperbaric pilot was spearheaded by the center.

A month after the center was established, the VA issued a directive that any agency-approved alternative therapy “must be made available to Veterans across the system, either within a VA medical facility or in the community.” Two months after the center was launched, the House Veterans’ Affairs Committee held a hearing about the promise of alternative therapies.

The hearing featured panelists from the private sector who often criticized the VA while boosting the private sector. Sebastian Junger, a documentary filmmaker and author with no psychological training, asserted that the agency was improperly diagnosing PTSD and turning veterans into “permanently damaged wards of the state.”

“If you want to create hundreds of thousands of depressed alcoholics in our society, give them just enough money to never have to work again and tell them they are too disabled to contribute to society in any meaningful way,” Junger said.

Kristofer Goldsmith, assistant director for policy and government relations for Vietnam Veterans of America, described the hearing as one of the most irksome he’d ever attended on Capitol Hill.

“It was frustrating to sit there listening to a bunch of folks who know nothing about health care talk about how bad VA health care is and how superior their services are,” he said. “The bottom line is these guys want government money behind their pet projects, yet they have no evidence their approach is better than the VA’s.”

While some major veterans organizations have offered qualified support for alternative private-sector treatments, their testimony at the hearing prioritized support for the VA’s mental health care system over outsourcing to experimental providers.

As veterans and VA officials pointed out, studies consistently show that VA mental health care outperforms the private sector. In November 2015, Psychiatric Services – a peer-reviewed journal of the American Psychiatric Association – released a study that found that “in every case, VA performance was superior to that of the private sector by more than 30 percent.”

Lobbying for alternative therapies

Since Trump took office, there has been a flurry of lobbying from private mental health interests of all sizes, including four organizations that testified before the House last summer.

One of those four – Boulder Crest Retreat – offers what’s called post-traumatic growth therapy to veterans for free at luxury retreats in Arizona and Virginia. The treatment is based on the idea that adversity can spur positive mental growth. It has received glowing national press attention from the likes of CNN’s Jake Tapper and NBC’s Megyn Kelly, and the retreat released a six-month interim longitudinal study that claims its treatment has shown improvements that surpass outcomes inside the VA.

Yet the study, which was not peer-reviewed and has no control group, is far from conclusive. It initially measured 49 people but followed up with only 19, and their self-reported improvements generally are limited.

Dr. Anthony Mancini, an associate professor of psychology at Pace University, has written about how acute adversity has organically resulted in positive long-term growth. But Mancini said he isn’t aware of any treatment that has proven such growth can be spurred through therapy.

“People have built a cottage industry out of post-traumatic growth; it’s an appealing idea,” he said. “I think the world would be better if it were true, but I don’t see the evidence for it.”

Dusty Baxley, executive director of Boulder Crest, said he has “no interest in responding to skeptics,” but said, “we take a wellness-based approach, and we know it works.”

Since September, Boulder Crest has spent nearly \$50,000 on federal lobbying. Boulder Crest and other alternative treatment providers have found allies among their home state lawmakers, too.

In late May, U.S. Rep. Scott Taylor, a Virginia Republican, introduced legislation to require the VA to study the benefits of private post-traumatic growth treatments like the kind offered at Boulder Crest.

Even though the VA objected to Taylor’s bill – with agency guidance contending that it “would be inappropriate to assign suicidal Veterans who are not receiving mental health care to an intervention of unknown effectiveness” it has racked up 21 co-sponsors. Boulder Crest was the subject of a flattering VA press release in December and has established an informal partnership with the VA.

Similarly, a bill from Republican U.S. Rep. Stephen Knight, the No Hero Left Untreated Act, demands that the VA carry out a one-year pilot program to provide access to magnetic-guided resonance therapy.

Magnetic resonance therapy has shown promise, but early clinical trials have been flawed. One study, for example, was conducted without a control group, had no female participants and did not follow up to gauge long-term efficacy. Multiple studies examining alternative PTSD treatments, including magnetic resonance therapy, have relied on self-reported results, as opposed to engaging participants in what’s called the clinician-administered PTSD scale, the gold standard in PTSD assessment.

Knight’s district in California includes part of Los Angeles, where the preeminent advocate of magnetic therapy, Dr. Yi Jin, offers it through the Brain Treatment Center clinics.

While the Brain Treatment Center hasn’t hired a congressional lobbyist, PeakLogic – a software company that has created a platform to manage and monitor the novel treatments – registered a lobbyist in March.

Some private interests are looking to get federal dollars for programs that largely overlap with VA initiatives. For instance, several federal lawmakers, including Senate Majority Leader Mitch McConnell, repeatedly have pushed the VA to support an online cognitive behavioral health program from Magellan Health, despite the fact that the VA has created similar online tools.

Amazon also has shown interest in replicating signature VA mental health services. According to emails obtained by Reveal through a public records request, the COVER Commission’s Leinenkugel scheduled a meeting with officials to discuss trauma care treatment and suicide prevention, noting to colleagues that the company had “some great tools/ideas.”

Tim Bomke, military program manager at Amazon, wrote in an email: “Our precise expectation would be providing technology solution(s) for use in poly-trauma/rehab facilities and suicide prevention.”

One specific idea floated by Amazon was to offer its signature Dash Button – which allows customers to order staple goods such as toilet paper with one click – to help prevent veteran suicide. The idea appears to largely overlap with the VA’s suicide prevention hotline, which soon will be accessible by typing in just three digits.

Pharmaceutical interests

While the VA has scaled back its use of drugs to treat mental health issues and last year prioritized psychotherapy as a primary treatment for PTSD, a cadre of pharmacological interests is making a play to bring new pills to market that they say can stave off symptoms of military trauma.

Leading this charge is the Coalition to Heal Invisible Wounds, a trade group formed in February 2017. The group is made up of Cohen Veterans Bioscience – funded by disgraced hedge fund billionaire Steve Cohen – and Tonix Pharmaceuticals and Otsuka America Pharmaceutical Inc.

The coalition has spent \$320,000 on lobbying efforts since spring 2017, aimed chiefly at “enhancing VA and (Defense Department) support for clinical research and development of new treatments.” Tonix has spent an additional \$100,000 on lobbying, and Cohen has personally spent \$360,000. In House testimony last summer, the group said it was seeking greater access to VA patients and PTSD datasets to develop drugs, as well as more grant money for clinical studies.

Dr. Lori Davis, associate chief of staff for research and development at the Tuscaloosa VA Medical Center in Alabama, has been a paid consultant for both Tonix and Otsuka.

Some inside the VA are hopeful that pharmaceutical companies are taking an interest in PTSD after years of little development for treatments. Yet the drugs in development by these interests include antipsychotic medications and muscle relaxants, which already have been proven to have potentially dangerous side effects.

Some also are concerned that if promising drugs are brought to market, the VA could face steep prices, despite helping with development. ProPublica reported earlier this month that PTSD researchers working for Cohen were asked to sign over their intellectual property rights, a move they viewed as a “revenue grab.”

After receiving fast-track designation from the Food and Drug Administration for its PTSD drug Tonmya, Tonix abandoned its late-stage study of the muscle relaxant in late July. Twelve weeks of treatment showed little difference in symptoms between those on the drug and those receiving a placebo. In the trial, the drug showed some promise among veterans with recent trauma, and the company plans to continue its development, with a redesigned clinical trial coming soon.

Lobbying has extended to alternative drug treatments, too, including ketamine. Ketamine has shown promise to bring long-term depression relief, but the VA and Defense Department’s clinical practice guidelines recommend against its use due to “long-term safety and efficacy concerns.” Multiple private entities offer ketamine treatment to veterans struggling with PTSD, and Dr. Carl J. Bonnett, founder and medical director of Klarisana, has advocated for VA reimbursements for ketamine treatments offered in his Austin and San Antonio clinics.

Lack of VA oversight

Since the 2014 VA Choice Act greatly increased the number of veterans seeking private care, the law's champions – both inside and outside government – have claimed the thousands of private partners are providing top-notch care.

Yet documents shared with Reveal show that when the VA partners with private providers, there is virtually no oversight of the quality of that care.

An internal 2018 analysis of community care found a “lack of transparency, communication and information sharing about how issues pertaining to quality and patient safety in (the private sector) are addressed.” Similarly, the VA's Center for Compassionate Care Innovation does not track the long-term efficacy of the alternative PTSD treatments it offers through private partners.

The documents further suggest that no standardized reporting mechanisms exist for patients to report adverse events in the private sector and noted little collaboration and communication between the VA and the two contractors administering private care through the Veterans Choice program: Health Net Federal Services and TriWest Healthcare Alliance.

Documents also reveal that private providers often don't share medical records – such as what types of treatment or medication they gave – with VA providers. Official VA policy is to request these medical records only three times before closing out the request, a directive that has led to thousands of VA patients with black holes in their records.

A VA researcher in California told Reveal that many veterans who have been weaned from opioids and benzodiazepines at agency facilities return from private care back on the addictive, potentially lethal mixtures of medications.

Dr. Tauheed Zaman, medical director of the Addiction Consult and Prescription Opioid Safety Team at the San Francisco VA Health Care System, said this problem largely arises because private providers work in a fee-for-service system and are reimbursed more for medication management than for providing long-term care.

The Trump administration now is working to set up a permanent private care network mandated through the recent passage of the VA MISSION Act, which will almost surely make private mental health care appointments more common. And while the MISSION Act requires the agency to establish quality standards for private providers, it's unclear exactly how care will be measured and what level of VA oversight private providers will allow.

Bills pending in Congress would further outsource mental health care to the private sector. One draft from Sen. Bill Cassidy, R-La., would distribute grants to private providers for suicide prevention efforts. Another bill, sponsored by Sen. Joni Ernst, R-Iowa, would allow a veteran to seek private mental health care if he or she provides a written or verbal statement requesting such care. Currently, VA doctors make these calls in consultation with patients based chiefly on what makes the most sense for their mental health.

USC's Castro said he saw multiple dubious treatments come before him during his tenure as the director of the Military Operational Medicine Research Program. He recalls when the Defense Department invested millions for computer equipment to conduct interactive virtual reality exposure therapies. The therapy was hailed in the media, yet multiple clinical trials showed it was no more effective than traditional talk therapy.

“You can get a soldier to reimagine their trauma without virtual reality, but it looked cool to the generals,” Castro said. “It wasn’t necessary, but the government bought 30 or 40 of these rigs. Now, they are literally sitting next to the freaking brooms in hospital closets; I’ve seen them.”

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1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans exposed to radioactive debris more than five decades ago haven’t made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they’re hoping Congress can intervene.

On Wednesday, Sen. Richard Blumenthal, D-Conn., joined a group of advocates to unveil new legislation that would force VA to offer presumptive status to veterans involved the 1966 cleanup of an accident involving nuclear bombs in Palomares, Spain, an incident that may have given radiation poisoning to more than 1,600 American service members.

“These veterans were exposed to nuclear materials without any warning or protection that today would be considered routine,” Blumenthal said. “The quickest way to get them what they deserve now is for Congress to act.”

Veterans involved in the accident have been unsuccessfully petitioning VA on their case since the mid-1970s, after a host of strange cancers and other illnesses began appearing among individuals involved in the Palomares incident.

In January 1966, seven airmen were killed and four more injured when a B-52 crashed into a KC-135 during a refueling mission off the coast of Spain. The B-52 was carrying four nuclear weapons at the time of the accident, and two of them exploded near the town of Palomares, spreading radioactive plutonium over hundreds of acres.

U.S. officials quickly ordered military personnel into the area to collect contaminated debris, crops and soil in an effort to repair the damage.

But veterans involved in that clean up say they were given no protective clothing or respiratory devices, and told very little about the potential long-term health effects about exposure to the nuclear material.

John Garman, one of the first airmen on the scene, said he remembers loading thousands of 55-gallon drums with contaminated top soil that was sent back to the United States for safe disposal.

“The civilians who buried those barrels in South Carolina were covered under federal law, but not us,” said Garaman, who developed bladder cancer at age 35 and multiple respiratory problems in later years. “Since I first filed in 1981, the VA has denied all of my claims.”

Department officials have long insisted that not enough scientific evidence exists to classify all of the health problems as service-related illnesses, and spotty Air Force records of the work and contamination levels have added to the problem.

Last December, the Veterans Legal Services Clinic at Yale Law School filed suit against VA to force recognition of the illnesses and benefits payouts, but that case has yet to move forward. Officials from Vietnam Veterans of America said many of the affected troops are elderly or deceased, meaning further delays could prove tragic.

Blumenthal called VA's refusal to address the Palomares issue the latest in a long line of controversial decisions related to wartime exposure.

Recently, VA has come under criticism for its opposition to grant presumptive benefits status to so-called "blue water veterans" who served in ships off the coast of Vietnam and claim extensive Agent Orange contamination in their daily work. Several veterans groups have also accused the department of not doing enough to document illnesses connected to the use of burn pits in Iraq and Afghanistan.

VA officials have warned that deviating from long-held scientific standards for benefits awards could create financial problems for the department, by opening up support payments to tens of thousands of additional veterans.

Blumenthal said he does not believe this group presents a significant new financial burden for the department. But, he also called the cost issue irrelevant.

"This is about the principle of helping these veterans," he said.

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1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

On Jan. 17, 1966, an Air Force B-52 bomber collided with a refueling plane, dropping four hydrogen bombs near Palomares, a small farming village on the Spanish coast. The bombs did not detonate, but two of them cracked on impact, releasing more than 3 billion micrograms of plutonium over the Spanish countryside. That's nearly half the amount released when the atomic bomb dropped on Nagasaki during World War II.

In the months following the Palomares accident, the U.S. military ordered approximately 1,600 service members, mainly U.S. airmen, to the site to search for airplane and bomb parts and to remove irradiated crops and soil.

Palomares vet John Garman, 76, of Pahrump, Nev., who arrived on scene within five hours of the crash, said at no time during the weeks he spent there was he offered protective clothing or respiratory equipment. He said that he's developed numerous medical issues, including cancer, and that since 1981, the VA has denied all of his claims for compensation for radiation exposure. Garman was among three Palomares vets who submitted comment as part of a news conference at Yale Law School in New Haven announcing the legislation from Blumenthal.

"They were given no warning or protective gear," Blumenthal said Wednesday in New Haven. "They have been failed completely by the VA, which should be presuming that this kind of exposure entitles them to disability compensation. These benefits are their right."

Yale's Veteran Legal Services Clinic is representing Palomares vets in two separate cases. The first seeks to compel the Pentagon to release service member records, medical records, environmental records and other information related to the accident and cleanup, to help the vets in filing benefits claims. The other is a motion with the U.S. Court of Appeals for Veterans Claims seeking to bring a class-action lawsuit challenging the VA's refusal to provide compensation to Palomares vets.

Blumenthal's bill, the Palomares Veterans Act of 2018, co-sponsored by Sens. Dianne Feinstein, D-Calif., and Elizabeth Warren, D-Mass., would amend current law to include the Palomares cleanup as a "radiation risk activity."

The VA does not currently recognize Palomares as a radiation-risk activity, which would allow vets, who were exposed to radiation during their military service, with certain medical conditions to be entitled to disability benefits.

"The Air Force's methodology for assigning radiation exposure estimates following the cleanup operation did not follow scientific protocol and has been determined unreliable — grave errors this legislation seeks to correct," a news release from Blumenthal's office says.

Given that more than 50 years have passed since the cleanup, Vietnam Veterans of America, which has advocated for Palomares vets to be eligible for disability compensation, estimates there are fewer than 1,000 of these vets still living who would file a claim for benefits. There's been no cost analysis done to see how much it would cost to provide compensation to these vets, according to Blumenthal, who said the cost would be "negligible." His legislation also would make surviving spouses and the children of Palomares vets eligible for benefits paid when a vet's death results from a service-related injury or disease.

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2. [Greater Choice for Veterans](#)

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program.

Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

"When you call the toll-free number it just says that the (Health Net) program ended Aug. 1," said a Quincy area veteran who asked that his name not be used.

The Veterans Choice Program allows eligible veterans to receive health care from a community provider, rather than waiting for a VA hospital appointment or traveling more than 40 miles to a

VA facility. Health Net previously coordinated for some area veterans to get health care at local hospitals, rather than driving to Iowa City, Iowa.

"It's a two and a half hour trip to Iowa City, and I end up losing a day of work. I just can't handle that," the veteran said.

A spokeswoman from the U.S. Department of Veterans Affairs directed the veteran to the community care office, which she said can coordinate with private sector health care providers.

In most cases veterans who get the OK for private sector health care may be covered for repeat visits for up to two or three months.

J.D. Dalfonso, a spokesman for U.S. Rep. Darin LaHood, R-Dunlap, said LaHood's office is aware of the issue. Dalfonso said the office works with veterans on issues like this on a weekly basis and helps navigate the bureaucracy.

"We want veterans to know that Veterans Choice has been extended for another year. That's when the VA Mission Act takes effect, and it should dramatically improve veterans programs," Dalfonso said.

When President Donald Trump signed the VA Mission Act on June 6, he said it would expand private health care options for veterans.

"We're allowing our veterans to get access to the best medical care available, whether it's at the VA or at a private provider," Trump said during a signing ceremony in the White House Rose Garden.

The \$55 billion program also orders an inventory of the 1,100 facilities operated by the Department of Veterans Affairs, with plans to eliminate any waste in that agency.

Veterans who need a ride to Iowa City for health care also have the option of taking a bus on Tuesday, Wednesday or Thursday. Linda Bassett, travel coordinator for the local DAV, has been seeking volunteer bus drivers for the service and can be reached at 217-228-0695.

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3. Modernize Our System

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down.

Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

Morris shared a copy of her resignation letter on Twitter, citing changes in the project's direction.

"Over the last few weeks, it has become clear to me that the VA's leadership intends to take the EHR modernization effort in a different direction than we were headed, and since my service as CHIO (chief health information officer) was always intended to be an interim solution, I am offering my resignation to the administration effective immediately," she wrote.

John Windom was appointed acting CHIO, according to industry trade publication Healthcare Informatics. Windom had served in the same role for the Office of Electronic Health Record Modernization since August 2017.

Morris' resignation is one of several leadership changes that have shaken the VA this year, and resulted in delays to the signing of Cerner's \$10 billion contract. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, will leave Sept. 4, according to Politico. Acting Chief Information Officer Scott Blackburn resigned in April.

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3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

MONTROSE, NY – Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration.

The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

"Just as veterans were called to serve our country, we are called to ensure that they receive the services and care they have earned and deserve, including help with recovery from injuries sustained during their service," said Lowey (D-NY17/Rockland-Westchester). "I am thrilled that after nearly three years since breaking ground on the new facility, and after nearly 17 years since the pool closed, local veterans will have access to state-of-the-art recreational and therapeutic options to help them heal. I will continue fighting in Congress to do everything I can to honor and serve veterans and their families."

Lowey worked as the Ranking Member on the House Appropriations Committee to ensure robust funding for VA construction accounts. She helped secure \$6 million in federal funding to upgrade the Montrose VA pool facility and to reconstruct damaged parts of the pool building.

"High-quality, Veteran-centered care is the daily focus at VA Hudson Valley and it is a privilege to serve those who have served. We are excited that our Veterans will get to enjoy the benefits of this therapeutic pool and we are grateful to Congresswoman Nita Lowey for her support of this project and for her efforts on behalf of Veterans," said VA Hudson Valley Health Care System Director Margaret B. Caplan.

Lowey can help constituents of New York's 17th Congressional District who need assistance with the federal government. Veterans experiencing issues with federal agencies, including the Department of Veterans Affairs, should contact Lowey's White Plains District Office (914-428-1707), New City District Office (845-639-3485), or visit her website for more information.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress.

The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

VA hasn't had a permanent CIO in more than 18 months, and earlier in August, it lost two of its top executives leading the agency's electronic health record modernization.

Genevieve Morris, who was on detail from the Office of the National Coordinator for Health IT, resigned from her position as chief health information officer for VA's EHR Modernization Office. Morris announced her resignation on Twitter.

Chief Medical Officer Ash Zenooz has also announced her resignation.

Their departures leave the EHR Modernization Office with about half of its senior leadership positions staffed. Rank-and-file positions are "sparsely" filled and mostly staffed by detailees, according to Rep. Jim Banks (R-Ind.), who leads the new House Veterans Affairs Subcommittee on Technology Modernization.

In a letter to VA Secretary Robert Wilkie, Banks called the department's leadership dedicated to the EHR modernization "deteriorating" and "rudderless."

"It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest," Banks wrote. "In fact, despite several requests, I was not even able to meet with the EHRM leadership team before these departures. I am dedicated to pursuing a constructive oversight agenda to encourage VA to make the right decisions, but any engagement is difficult without stable leadership."

Banks urged Wilkie to immediately find a new chief health information officer and a new chief medical officer, who, he said, should come from within the Veterans Health Administration.

"It is crucial this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes," Banks said.

He requested a detailed organizational chart of the EHR Modernization Office, along with the contractors assigned to support the project.

Banks' subcommittee is tasked to oversee VA's implementation of a new electronic record, among other IT projects.

The subcommittee has the first of at least three planned hearings on the VA EHR effort scheduled for mid-September.

Congress, the Government Accountability Office and other former VA executive have said having a permanent, strong leader behind VA's EHR modernization efforts will be key to its success.

Gfrerer would come to VA from his current position as an executive director with Ernst & Young, where he worked in the firm's cybersecurity practice. He also joins a long list of VA CIOs — both permanent and interim — who are veterans. Gfrerer served in the Marine Corps for more than 20 years, and was a Defense Department detailee to the Department of State, where he led interagency portfolios in counterterrorism and cybersecurity.

In addition to Gfrerer, the Senate VA Committee next week will also hear from Tamara Bonzanto, the president's nominee to lead VA's Office of Accountability and Whistleblower Protection.

If confirmed, Bonzanto also faces a difficult task: establishing a relatively new office as a trusted place for veterans and their whistleblower claims.

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3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

PANAMA CITY BEACH - Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release.

"From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated. "Walk-in service for hearing aid adjustment and repair will be available from 1-2:30 p.m. daily, starting on Sept. 17."

The PCB VA Clinic is located at 2600 Veterans Way along Magnolia Beach Road and is open 8 a.m. to 4:30 p.m. Monday through Friday. It is closed on federal holidays and weekends.

"We are over the moon to be able to provide these services to veterans," stated Margaret Peak, chief of audiology and speech pathology service for Gulf Coast Veterans Health Care System, the regional VA provider, in the news release. "Panama City veterans have waited a long time for these types of services, so we are very excited to get started."

Up to this point, veterans needing audiology services frequently had to travel to the Joint Ambulatory Care Center in Pensacola to receive those services, or receive VA-purchased care in the community, the news release stated.

Peak said the clinic recently hired a staff audiologist and will soon hire an audiology health technician to handle the 1,000 to 1,800 patients she believes will be served in the new clinic's first year of operation.

To schedule an audiology appointment at the PCB VA Clinic, current VA patients receiving care in PCB should call 850-636-7000. New VA patients should visit the facility to enroll for VA care.

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3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital.

Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

It would not be a veterans hospital, but more like the Veterans Village in San Diego that deals with at-risk veterans.

"Where we can handle some homelessness and maybe some housing and other kinds of senior care. There's A golf course right there with Stambaugh golf course, the Jewish Community Center is right next door, they have a pool they have programming, so just exploring all options. We can't let that facility die," said Ryan.

The lawmakers also point to the opportunity for the VA to take advantage of Youngstown's capacity for additive manufacturing.

"I think there's potential for a research and development facility there that we could tie to America Makes with prosthetics for example, we might be able to do some 3-D printing and develop new prosthetics technologies," said Ryan.

The Director of Veterans Affairs in Trumbull County Herman Breuer said it's a good idea.

"When you've got both federal services, local services, and possibly private services all providing assistance to veterans I think that would be a great thing," said Herman Breuer.

Northside Medical Center will be closing on September 20th.

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3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

RUSSELLVILLE, Ark. — Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips.

This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

By using a secure, video conferencing system available at the Russellville Community Based Outpatient Clinic (CBOC), the Telebenefits program will enable Veterans in Russellville and surrounding communities the opportunity to have a virtual, in-person meeting with a representative at the Little Rock Regional Benefits Office.

The most common questions asked are about eligibility for service-connected compensation, nonservice-connected pension, survivor benefits, burial benefits, guaranteed VA home loans, specially adapted housing and automobile grants, Vocational Rehabilitation and Employment, and education benefits.

Veterans interested in participating in the Telebenefits program can call the CBOC in Russellville at (479) 880-5100 to schedule a Telebenefits session. The CBOC is located at 3106 West 2nd Court in Russellville.

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4. Focus Resources More Efficiently

4.1 - WCCO (CBS-4, Video): Department of Veterans Affairs Secretary Speaks In Minneapolis (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

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4.2 - Wyoming Tribune-Eagle: Cheyenne VA fails to serve the region’s veterans fairly (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA.

Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug. There is a sense that you can’t be fired unless you kill someone, which only promotes continued disrespect and blind disregard for the law and our care.

Mental health is a joke, and most people who work there don’t care about us. The application of treatment is universal, rather than individual. What works for some doesn’t work for all, so why is my treatment the same as others, especially when it’s known to be a trigger for me?

I was scheduled for a colonoscopy. I called REPEATEDLY to inquire why. The response I received each time was, "I don't know why; your doctor ordered it." I was prepped for the procedure, still asking why until the doctor, who performs the procedure, came in and asked the same question, "Why are you having a colonoscopy? You are young." The procedure was for a different Lisa Smith.

The fear of a health issue and lack of communication had me do the entire prep process, to include drinking the chemicals necessary prior to my appointment.

Continuity of care is nonexistent. In a year, I had approximately six different primary-care providers.

In contrast, the PT/OT and audiology teams are WONDERFUL.

After an 11½-year fight, I received P&T (permanent and total disability); however, the cause of my disability was changed to be ONLY PTSD. The cause of my PTSD was removed as if it never happened. I was held captive, starved, raped, beaten and tortured. I've had more than 30 surgeries, yet the rating exonerates them from the support and future care that I will need.

Our Cheyenne VA loves to screw our veterans.

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4.3 - Independent Tribune: [County welcomes Veterans Services director](#) (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance.

It wasn't his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those "trials and tribulations" himself, he says.

Veterans sought his help so much that upper management intervened, Miller says. From then on, he helped outside working hours. He took "smoke breaks" (he doesn't smoke). He arrived early. He left late.

"I promised God that if I was able to get assistance, I would spend the rest of my life helping any veteran I could," Miller says.

Now, he can devote all his time to doing just that as the new director of Cabarrus County Veterans Services.

"It's rewarding to see the difference it can make in people's lives," Miller says. "Coming here gives me the opportunity to have all the assets available to help veterans and their families."

Miller was born in Salisbury, and spent time in Concord and Charlotte before returning to Rowan County and graduating from Salisbury High School. After his departure from the Marines, Miller

worked for several years at Piedmont Correctional Institute in Rowan County. He ultimately wanted to be a N.C. Highway Patrol trooper, but a service-related leg injury prevented it.

Miller worked in retail sales and management before joining the VA. He honed a strong customer service-minded approach while in retail, he says. That serves him well in his current role.

"It's always been natural for me to open up to people, share my smile and give people the opportunity for comfort," he says. "Great customer service is very important to me."

Cabarrus County Veterans Services boasts an experienced staff and a new location at The Old Creamery (363 Church Street N., Suite 180), and Miller wants to educate the public about all the services the department provides.

"I encourage veterans to stop by and speak with us about their military experience and give us a chance to find out if they qualify to receive benefits," he says. "The main thing about me is ... I'll do whatever it takes to get things done with the resources we have here – we'll fight to help each and every veteran and their families."

Miller and his wife, Wanda, have four children and two grandchildren.

Cabarrus County Veterans Services provides free assistance with U.S. Department of Veterans Affairs programs, including:

[...]

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4.4 - The Daily News: [Two nurses graduate from VA hospital transition program](#) (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program.

Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

Uren is on the general medical inpatient unit, while Wollmer works in the Community Living Center for long-term care and short-term rehabilitation.

During the program, Uren and Wollmer shadowed various clinical positions outside of their normal duties to gain a better understanding how all departments work together to provide patient care.

The program finished with each graduate giving medical center leadership a presentation on current research that could benefit the medical center.

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5. Improve Timeliness of Service

5.1 - WIVB (CBS-4, Video): [Schumer, Higgins call for federal probe of VA clinic closure](#)
(29 August, Al Vaughters, 443k uvm; Buffalo, NY)

AMHERST, N.Y. - Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care.

"When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

Ron Kraft is among more than 100 military veterans who receive outpatient treatment at the VA's Adult Day Health Care program in Amherst, but VA officials have decided to close the clinic Friday, one month earlier than they originally announced.

Kraft's daughter, Kim Baglio believes the sharing of her dad's medical file to strangers without his permission is a violation of his privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), and possibly a civil rights violation.

She also said, his file had more than just his medical information, "Actually at the back of his package of records there were two pages from another man's information, also from the VA."

Rep. Brian Higgins and Sen. Charles Schumer also believe this incident might be a violation of Ron Kraft's civil rights, and suspect there may be others.

The two lawmakers have written a joint letter to the the U.S. Department of Health and Human Services, asking for the Division of Civil Rights to undertake an investigation.

Higgins believes the VA is moving too quickly to transition the veterans in an orderly fashion, "I think this is indicative of the VA's rush to close this adult health care facility which is very, very popular."

The Buffalo Congressman also suspects the VA needs to take a closer look at how the health care center is being closed.

"They are saying that these veterans are accepting of the situation. They are not accepting the situation. They are having this imposed on them. That is not how we treat our veterans."

The VA Western NY Healthcare System issued a statement concerning the closure of the Amherst outpatient clinic, and Ron Kraft's medical records which read, in part, the VA "is looking into the privacy concerns identified, and will take appropriate action."

The statment went on to say, "medical information is shared with prospective contractors only when a Veteran expresses interest in applying to that program, as is standard practice with medical referrals."

The VA is also considering an offer from the developer that owns the Adult Day Health Care clinic's building which would allow the center to remain open for another six months, rent-free.

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6. [Suicide Prevention](#)

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk.

"The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

Ursano and his colleagues tracked the medical histories of thousands of enlisted soldiers (not including Guard or Reserve members) who served from 2004 through 2009. Attempted suicide risk factors were similar for soldiers with and without a prior diagnosis of a mental health disorder, the researchers found.

What did seem to raise the odds for suicide attempts?

According to the new data, female soldiers were more at risk than males; younger soldiers were at higher odds than older ones; less educated soldiers face higher risks than more educated service members, and odds for a suicide attempt were especially high during a soldier's first year of service.

Other risk factors included being demoted or late for promotion, or having been in a combat arms or combat medic military occupational specialty.

The risk of suicide attempt was also higher among soldiers with a history of family violence, having been the victim of a crime, or having committed a crime.

"Important times for identifying risk may be present after recent physical injury, family violence or being a victim or perpetrator of a crime," Ursano said in a university news release.

Health issues also seemed key. The study found that soldiers who attempted suicide were more likely to have had at least one outpatient clinic visit in the two months before their attempted suicide, and those with eight or more visits were three to five times more likely to attempt suicide.

Interestingly, combat injury was associated with an increased risk of attempted suicide only among those without a history of a mental health disorder, Ursano's group reported.

Psychiatrists weren't overly surprised by the finding that a soldier's history of mental illness wasn't a big predictor of suicide risk.

"The ability to predict suicidal acts or behavior has been found historically to be quite limited worldwide, and there is evidence that military services members are especially vulnerable due to their exposure to increased, variable stressors," noted Dr. Shawna Newman, of Lenox Hill Hospital in New York City.

Dr. Brian Keefe is a psychiatrist and medical director at Zucker Hillside Hospital in Glen Oaks, N.Y. Reviewing the study, he said that "suicide is a complicated, multifactorial problem. The significant percentage of soldiers with no psychiatric diagnosis who attempt suicide shouldn't surprise any mental health clinician who routinely works with suicidal patients."

He also stressed that lack of a prior diagnosis does not necessarily mean that mental health issues weren't there.

"Estimates in civilian populations suggest that somewhere between 40-50 percent of people with psychiatric disorders don't receive any treatment at all," Keefe said.

And because members of the military are trained to "wear both physical and psychological armor" as they defend the United States, they may be even more reluctant to seek out mental health services than civilians are, he reasoned.

Finally, Keefe said, "there is a growing body of literature demonstrating that most complete suicides are impulsive in nature -- that the time between decision to kill oneself and action may be minutes, not hours or days."

So, efforts to "suicide-proof" the living environment might be key to preventing suicidal thoughts from becoming suicidal acts, Keefe said.

"From nets on bridges, to home safes for unloaded weapons, to breakaway closet and shower rods in college dorms, all members of society -- not just doctors -- can take steps to reduce the rising suicide rate," he said.

The study was published Aug. 29 in JAMA Psychiatry.

More information

The U.S. Veterans Affairs Administration has more on suicide prevention.

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6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help.

The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

What ended with a veteran from Conneaut, Ohio killed started with just two 911 calls. "There was a man that was about half a mile east of Elk Park Road and Ridge Road."

36-year-old Matthew Orrenmaa was shot and killed by a state police officer last week, but the Erie County District Attorney finds the officer's actions justified and lawful.

Dashcam video shows Orrenmaa skipping and running towards police, holding a black object in his hands. Investigators also recovered a note near his body signed, "My children, do not be disappointed".

The founder of an organization that focuses on veteran suicide prevention is responding to that video. Venus Azevedo-Laboda, Boots On Ground Founder, says, "It breaks my heart because, I said this morning, are they not hearing us? Are we not loud enough? It's hard. You know? Especially when it happens here at home."

Experts say there are a few warning signs to look out for if you think a one may be experiencing suicidal thoughts. Jeff Rose, Behavioral Health for Erie VA Medical Center, says, "If they start isolating, not wanting to be around people, engaging in risky behavior such as drinking, use of drugs..."

The Erie VA offers several resources for veterans and coordinators say seeking help can sometimes be the difference between life or death. Rose says, "Unfortunately, there are still 20 veteran suicides a day, but if you look at it, 14 of the 20 are not engaged in treatment. Veterans that are engaged in treatment and utilize the resources the VA has are at much lower risk of suicide."

Veterans and their loved ones are encouraged to call the Veteran Crisis Line at 1-800-273-8255, ext. 1 text them at 838255, or chat online at www.veteranscrisisline.net.

Also, the Erie VA's Behavioral Health Clinic at 814-860-2038, where same-day service is available and they have extended hours (evening and weekend appointments).

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6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#)
(29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend.

Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide.

When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

"That transition is very difficult, it's a very hard time when they go from the military culture to the civilian culture." Rose said

While the VA lends their hands out to a struggling veteran, this effort can't be done alone. As friends and family members could be the first line of support, on their way to treatment, and it starts with being open to conversation.

Denise Kolivoski of the National Alliance on Mental Illness of Erie County says a mental illness should be treated like a physical injury. And loved ones should urge the person to seek treatment just as they would with a regular doctor.

"We really need folks to believe recovery is possible." Kolivoski said

The conversation may be uncomfortable, but Kolivoski and Rose both agree it could be life-saving.

"Sometimes people are just waiting to be asked because they don't want to be the first to say it. But once they're asked, the floodgates are open." Rose said.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country.

Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

Shreve is turning to faith-based organizations to help with the tragedy that is veteran suicide. She says training these organizations in suicide prevention creates a communal atmosphere for helping veterans in need.

"We maybe reach one at the training but then they can go and reach maybe 10 more or 20 more so that people will be looking for the signs of risk and know that it's okay to ask, 'Are you thinking of harming yourself?'" said Shreve.

Shreve says in addition to training, they give out gunlocks to veterans in North Dakota. She says that extra hurdle in accessing a firearm can give the individual a moment of clarity to opt out of suicide.

"We need to get them past that rough spot and back into a frame of mind where they can proceed ahead," said Shreve.

VA leaders tell us it is full speed ahead with this kind of innovation. They say these gatherings allow for face to face collaboration that lead to smarter care for veterans.

“We’re here because we want to ensure that the veteran experience is the best possible that we can deliver,” said John D’Adamo Jr., the acting director of the Veterans Health Administration Innovators Network.

D’Adamo says bringing folks together from around the country allows them to bounce ideas off each other. He stresses that one-size-fits-all innovation is not effective when the focus should be on each individual veteran.

“Working with individuals and being understanding of their unique needs. So we really want to encourage that with all of our projects,” said D’Adamo.

Shreve says they are planning another mass training in Fargo later in September.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members.

Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That’s according to the agency’s inspector general.

Errors included failing to request medical exams or records; not checking whether a report about the alleged assault had been filed; and not clarifying contradictory or insufficient medical opinions, according to the audit.

If those steps had been taken, some veterans may have qualified for compensation.

These claims are more common than you might think. In each of the last three years, the Veterans Benefits Administration has processed about 12,000 applications for disability benefits for PTSD related to sexual trauma. In fiscal year 2017, about 5,500 of those claims were denied.

Investigating claims of sexual assaults that happened some time ago can be difficult. Claims raised by service members can be especially hard to get to the bottom of because of the military’s unique culture, the inspector general said.

Victims may be reluctant to report an assault if the perpetrator is a superior officer. They may fear being punished or receiving poor performance reviews. Victims may also lack faith that the system will take them seriously.

If the victim later seeks benefits for post-traumatic stress disorder, the lack of a report can undermine a claim.

The Veterans Benefits Administration is supposed to take a “liberal approach” and do all it can to substantiate claims, including reviewing a veteran’s records to look for changes in health or behavior, known as “markers,” that could indicate they had suffered a trauma.

That didn’t always happen.

Here are a few examples of denied claims the inspector general said were mishandled.

* The VA concluded there was insufficient evidence to support a claim that a sexual assault resulted in pregnancy. Yet military medical records showed the veteran was pregnant and gave birth consistent with the timeline of the reported assault. The VA requested a medical exam and it supported the claim. But the claim was denied because the exam finding’s “vague language” made that opinion unclear to the claims processor. Clarification should have been sought.

* The VA concluded there were no “markers” in a veteran’s file to support a claim, so a medical examination was unnecessary. The veteran’s job performance declined after the alleged sexual assault, though, which is a behavioral marker. The veteran also had reported the in-service assault to VA medical center personnel and she was treated by a private medical provider. A medical exam should have been requested.

The inspector general pointed to a change in how some claims were processed as a possible reason for the mistakes.

The VA used to require that specialists handle sensitive cases such as those alleging sexual assault. But it did away with that requirement in 2016, resulting in some claims being handled by inexperienced officials. The inspector general recommended that specialists be used in the future, and the VA agreed to do so by November.

The VA also agreed to review all military sexual assault benefits claims that were denied between October 2016 and June. That may fix past mistakes, but the focus must be on improving the system to prevent future errors. Mishandling such important claims can heap even more harm on someone who is struggling to deal with an unspeakable event.

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7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday.

Fort Worth Housing Solutions, the city’s public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

The grants are part of HUD-VASH, which stands for Veterans Affairs Supportive Housing Program.

Under the program, veterans are required to pay a third of their income for rent. If they have no income, they pay a minimum of \$50 a month. The rest is paid for by vouchers.

"I'm really excited where we're going with this program," said Mayor Betsy Price.

The goal is to get every homeless vet off the street, she said.

"I think we can get there," Price said. "I think the community has a heart for serving those who served us."

The number of homeless veterans in Fort Worth dropped 15 percent last year, she said.

The same federal grant program now helps 369 veterans in Fort Worth with rental subsidies and nearly 10,000 across the country, HUD said.

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7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward.

The St. Louis County Council has voted 6-0 to advance the plan.

With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

"If we're going to sell parkland, I can't think of a more appropriate reason to sell it, than to give our vets a final resting place," said St. Louis County Parks Director, Gary Bess.

The close to 70-acre Sylvan Springs County Park is next to the cemetery. It was part of the Jefferson Barracks military complex until St. Louis County bought it for \$3,500 in 1950, Bess said.

Now, the Department of Veterans Affairs wants to buy back about half of the park for close to \$2.4 million.

Coupled with land acquired from the nearby VA hospital, it will hopefully extend burials through 2045, with burials on the parkland beginning in about 10 years.

Critics have come from all sides.

People have questioned whether St. Louis County should charge any money for land to be used for veterans' graves. People against the sale of any park land actually sued to stop this deal but lost, Bess said.

On the November ballot, St. Louis County voters will decide whether to change the law regarding future sales of parkland.

"It will basically require a vote of all St. Louis County residents before parkland can be sold," Bess said.

St. Louis County did not set the sale price.

A spokesperson for the Department of Veterans Affairs told Fox2/News 11 that the department hired an independent appraiser set the "fair market" sale price.

The money will go directly to park improvements county-wide, Bess said.

The St. Louis County Council is expected to give final approval next week.

The Department of Veterans Affairs National Cemetery Administration will hold a public meeting on Sept. 5, 2018, at the Jefferson Barracks VA Medical Center at 6:30 p.m. The purpose of the meeting is to provide information about the draft Environmental Assessment available on the NCA website.

It addresses acquisition of a portion of Sylvan Springs County Park located adjacent to Jefferson Barracks National Cemetery (JBNC) to continue to offer burial access to St. Louis-area Veterans and their families.

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7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

SOUTH COUNTY, Mo. - St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen.

Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

Under the legislation, County Executive Steve Stenger would be authorized to sell nearly 35 acres of the park to the Department of Veterans Affairs for \$2.4 million.

The lower half of the park is the area that would be sold under this deal however, it wouldn't close right away.

The Post reports that the V.A. would lease the land back to the county for about ten years until it's needed for new burials. The St. Louis County Parks director says the county would reinvest the proceeds from the sale into the rest of the park.

Jefferson Barracks is one of the five busiest national cemeteries in the country and it's the only national cemetery in our region that is accepting new burials. In 2012 the cemetery added 15 acres from the nearby V.A. Medical Center and is expected to add 15 acres from the medical center. Those acquisitions should extend the burial capacity to 2028.

After that, the land at Sylvan Springs Park across the street Jefferson Barracks Cemetery would be used. This expansion would give the cemetery an additional 20 years of capacity.

In that past concerns have been raised about losing park space for this purpose and there is a move to put any future county sales of parkland before a public vote.

however, county leaders say this sale was committed to back in 2015.

A final vote is expected at the next county council meeting in a week.

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7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#)
(29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

Avon, Minn. – This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders.

“Finally, after all these years,” said the Air Force Veteran.

From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits appeals ruling he had just received in the mail.

“This is my order that my service connection for Agent Orange was granted,” he said with a half-smile.

To get to this moment has been a 13-year journey.

The fight for benefits

Morris first applied for VA benefits for his coronary artery disease and type 2 diabetes in 2005. He strongly suspected his illnesses were the result of exposure to Agent Orange.

The toxic herbicide the U.S. military used to remove jungle foliage in Vietnam, was also used in Korea along the de facto border between the North and South known as the demilitarized zone or DMZ.

The VA’s website states veterans who served in Korea in or near the DMZ between April 1, 1968 and August 31, 1971, and have a disease the VA recognizes as associated with Agent Orange exposure are presumed to have been exposed to herbicides.

Morris served in Korea in 1970 and 1971 with the Airforce 6175th Security Police Squadron. However, the VA repeatedly denied the disability compensation claims he filed citing insufficient evidence.

“Nothing but denials, denials,” Morris exclaimed.

The VA’s argument was there’s no proof Morris was at the DMZ. His main duty station was KUN SAN Air Force Base, located on the shores of the Yellow Sea on South Korea’s west coast. That’s about 109 miles south of the DMZ.

But Morris contended he’d spent several weeks at the DMZ for training. “If you were in the 6175th police squadron, it was mandatory that you went to the DMZ for your combat and weapons training,” he said.

"We were basically digging into the dirt where the Agent Orange was being sprayed," he added. The government lost much of Morris's military records in a fire, but he had other proof he was at the DMZ.

In addition to so-called "buddy letters" from fellow service members that confirm he was at the DMZ for training, Morris has a cassette recording he mailed from Korea to his parents in St. Cloud, MN.

He showed KARE 11 the original Air Mail postage and Customs Declaration that states "cassette tape."

In the recording, which is basically a voice letter to his family, he describes being at combat preparedness school and firing all sorts of weapons "up at the DMZ."

Morris, reapplied for benefits again in 2012, but was again denied. That's when Morris says the runaround from the VA really began.

The Disconnects

Morris continued to appeal his case and on January 18, 2016, he received a letter from the Regional Benefits Director in St. Paul stating that his records were being transferred to the Board of Veterans' Appeals (BVA) in Washington. The letter also stated, "BVA will notify you when they have received your records."

A year passed and Morris says that notification never came.

"I think they're using pony express because I still haven't gotten my conference," Morris said with resigned laugh while speaking with KARE 11 in March 2017.

He said he called the Department of Veterans Affairs in January 2017 and was told he'd receive a letter by early March.

When that letter did not arrive as promised, he called the Department of Veterans Affairs again. This time he recorded the phone call.

The woman who answered was courteous, but could find no record that a letter was supposed to be mailed.

"The Board of Veterans' Appeals are the ones that would set that up for you," she tells Morris during the call.

The VA employee gave him two numbers he could use to reach the BVA. One was 1-800-923-8387. The other was 202-565-5436.

The recording shows she then politely offers to transfer Morris to the 202 number.

"Thank you for your service to our country," she says. "I'm going to transfer you to the 202 number. That's 202-565-5436. That's the Board of Veterans' Appeals. One moment please."

The phone rang a few times then went to an automated message stating the number is no longer in service.

Instead of directing Morris to a new VA number, the automated directory assistance recording suggests connecting to private businesses including locksmiths, plumbers and a veterinary service.

"I needed to find out where I was in line with my video conference on my appeal, I got a locksmith instead," Morris said as he smacked his hand in frustration on his kitchen table.

At first Morris thought it might have been a misdial by the VA employee who transferred him.

"I couldn't believe it you know, I thought well they gave me the wrong number," he remembers thinking. "So, I redialed the number she read off to me and I got the recording again."

Next Morris says he tried calling the other number he'd been given, the 1-800 line. But that didn't work either. "The phone's ringing and the phone's ringing," he recalled.

Morris says it just rang dozens of times, then disconnected with no opportunity to even leave a message.

The veteran's next call was to the KARE 11 investigative team. KARE tried calling the same numbers Morris was told he had to use to get answers about his Agent Orange benefits claim.

The results were the same.

One line was disconnected and routed the caller to locksmiths and veterinarians. Meanwhile, the 1-800 line rang for more than three-minutes, then disconnected. Both numbers given to Morris were at the time listed on the Board of Veterans Appeals official web page and instruction documents.

"I am sure I am not the only veteran out there with these problems," Morris said.

He was not alone.

At that time, VA records showed there was a backlog of 469,098 benefits appeals claims.

Congressional Response

Bob Morris's story of disconnects and denials made waves all the way to the nation's capital.

"Because this was just an outrage," Senator Amy Klobuchar (D-MN) said after watching KARE 11's report.

Both Senator Klobuchar, and Congressman Tim Walz (D-MN) who serves on the House Committee on Veterans Affairs, began demanding answers.

Rep. Walz introduced legislation to help cut red tape and reform the VA's appeals process. "The problem is, if Bob's appeal would have been heard in a timely manner, he wouldn't be needing to make this call," Rep. Walz said at the time.

The Quicker Veterans Benefits Delivery Act of 2017 sailed through Congress with bipartisan support and on March 9, 2018 President Trump signed it into law.

"Our veterans put their lives on the line for us and the least we can do is ensure they are getting the benefits they have earned when they need them," said Rep. Walz about the new law. "I recognize the benefit-claims backlog wasn't created overnight and won't be solved immediately, but we can and must do better. This bipartisan law will enhance VA's current efforts to break the backlog by helping it become more efficient. As a result, it will help veterans get the benefits – and the care – they deserve in a timely manner."

Also because of Bob's story, an antiquated VA call center was shut down.

"Bob Morris has done a service for all veterans across the country because what he came upon was a mess," said Senator Klobuchar who also helped Bob finally get that benefit appeals hearing he'd been calling about in the first place.

Bob's Agent Orange Case

Bob's Board of Veterans' Appeals hearing was finally held in December 2017 via video conference with Veterans Law Judge Michael Herman.

"I'm saying an extra prayer today," Bob told KARE 11 as he walked into the Whipple Federal Building for the hearing. "And hoping for the best."

After five more months of waiting, the judge's ruling on Morris's case recently arrived in the mail.

"It's a long wait, but I finally got the good news," Morris said while flipping through the long-awaited ruling.

"The board has granted the veteran's claim of entitlement to service connection for coronary artery disease and diabetes," Morris read aloud from the document.

"I'm sort of in shock yet, but it's a good feeling finally after all those denials," he added.

"This is just an example, we have veterans that get really a raw deal from the bureaucracy and one of my jobs and our great staff in Minnesota's job is to work with them to get through this red tape," said Senator Klobuchar of the ruling in the Morris case. "And he had such a strong case for disability based on his service, and yet he had to wait for years and years."

Morris continues to seek VA benefits for his bladder cancer which he believes is also linked to Agent Orange.

However, the VA does not recognize that illness as presumptive side effect of Agent Orange exposure.

It's said to be evaluating new research as it decides whether to extend benefits to exposed vets with bladder cancer.

That's a fight Morris says he plans to continue.

"There's got to be some changes made, that's for sure you know," he said.

Our investigation of VA phone problems began after a tip from a viewer. If you want to blow the whistle on a problem, email us at: investigations@kare11.com.

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7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is the final resting place of our country's heroes, but it is running out of space.

"With the current land we have now we're going to run out of space at Jefferson Barracks in 2021," said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director.

Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans and families where they don't have to drive more than 75 miles from their own home which is why finding available land nearby is crucial.

Jefferson Barracks VA Medical Center donated 12 acres of land that will start to be developed in 2019.

That space is estimated to last until 2028 which is where the proposed sale of a county parks comes in.

St Louis County Council approved a bill Tuesday night that allows the sale of the 33.64 acres of Sylvan Springs County Park which is roughly two miles away.

"We're not in the business of selling parkland. It's just as important to us, as it is for all our users. We want it there for the future, but in this particular case the need of our veterans I think outweighed the need of the green space," said Gary Bess, St Louis County Parks and Recreation Director.

A provision was added in the proposed sale that the County Parks Department could lease the park back from the VA for up to 10 years for a dollar before the land is developed for cemetery use.

The sale is expected to be finalized at the St Louis County Council meeting on Tuesday, September 4.

"We're hopeful that we will continue to be able to provide the dignified burial services for our veterans and family members so we're hopeful," said Ryan.

Ryan said they estimate acquiring the parkland would expand the use of the cemetery until 2045.

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7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)

A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead.

"I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said.

Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

"They couldn't process anything because I was listed as 'deceased' in September of 1991," Herren said.

Herren served in the military for eight years -- four in the Army and four in the National Guard, where she found herself in Iraq.

"We were the first units in Desert Shield and Desert Storm, and we really didn't know what to expect," Herren said.

What she also didn't expect is having to prove she was alive when she came back.

"I finally got listed as 'non-deceased' back in April of this year," Herren said.

But then another problem came up.

"It took another three months to get my ID card," Herren said. "Because I was listed as 'deceased' on that system, too."

Which leads us to now, where Herren said she wasn't able to renew her 12 daily prescriptions because she was also listed as "deceased" on that system.

"It shouldn't have happened the first time, much less three times," Herren said.

Herren said she is thankful for all the help she's received from Charles George VAMC employees.

This is a statement sent to News 13 by Armenthis Lester, Public Affairs Officer at Charles George VAMC, regarding Herren's case:

"The issue Ms. Herrin is having originated with the Health and Eligibility Center in Atlanta, GA. This is a national office separate from Charles George VA Medical Center. However, our administrative office staff worked with the Health and Eligibility Center to assist this Veteran, and as of Monday, August 27, 2018, her issue is resolved. We honor Ms. Herrin's service to this country and our desire is for Veterans to get the care they need, when they need it."

News 13 also reached out to the Health and Eligibility Center with the VA to find out what initially led to the problem. We're still waiting to hear back.

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7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)

Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

Daytime activities and events include:

10AM - 4PM - Show and Shine Car Show

3:30 - 7PM - Kids Zone (Armed Forces/Law Enforcement Touch-A-Truck, food vendors, crafts, & more (\$10 all you can play)

6-10PM - Concert featuring chart-topping country band Ricochet

General Admission concert tickets are \$10 and \$20 for VIP. Prices will go up at the gate so buy them online now!

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8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)

Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain.

Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

Spokesmen for the VA Medical Center and the 293rd Infantry Regiment said they require direction from superiors before changing the placement of their American flags.

"I do not have discretion as to setting the flag to half-mast," Lt. Col. Jeremy Gulley, commanding officer of the 293rd, said in an email. He said his unit changed flag position at its Cook Road armory after being notified by the Indiana National Guard's Joint Force Headquarters in Indianapolis.

Tom Blackburn, public affairs officer at VA Northern Indiana Health Care System, said in an email that the medical center "waited for the official proclamation from the White House and approval through the VA channels" to put the flag at the VA Medical Center at half-staff Tuesday morning.

A spokesperson for the General Services Administration said the Adair Federal Building positions its flag according to notifications sent by the Department of Homeland Security.

The U.S. Flag Code states that the president may issue an order that the flag be flown at half-staff after the deaths of “principal figures” of the federal government and governors “as a mark of respect to their memory.”

The White House reportedly flew its American flag at half-staff Saturday evening, raised it to full-staff by Monday morning, then lowered it to half-staff again Monday afternoon after facing public criticism, including from the American Legion. McCain, a Vietnam War veteran and former prisoner of war, and President Donald Trump had been longtime adversaries.

Trump issued a proclamation late Monday afternoon instructing that flags be lowered to half-staff at public buildings and grounds until McCain's interment, which will be Sunday.

Hours before Trump's proclamation, Gov. Eric Holcomb had directed that American flags be flown at half-staff across Indiana in honor of McCain. Although the flag at the Adair building remained at full-staff Monday, the one across Harrison Street at Lincoln Financial Group was flying at half-staff.

The flag code states a governor may proclaim that the national flag be flown at half-staff after the death of a current or former government official from that governor's state or territory. But ABC News reported Monday that 11 governors in addition to Holcomb had called for half-staff flags ahead of Trump's proclamation.

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8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)

An official with the Hampton VA Medical Center blamed an “oversight in communication” for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and U.S. Sen. John McCain, who died Saturday.

A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff. The Albemarle Primary Outpatient Clinic is a facility under the Hampton VA Medical Center, a federal entity subject to President Donald Trump's proclamation Monday that the U.S. flag “be flown at half-staff at the White House and upon all public buildings and grounds ... until sunset, on the day of interment.” McCain's burial is set for Sunday, according to published reports.

Sheila Fair Bailey, a health system specialist with the Hampton VA Medical Center, acknowledged that VA officials had provided guidance to VA facilities to fly U.S. flags at half-staff from Aug. 27 until Sept. 2, the date of McCain's burial. She said the Elizabeth City clinic's failure to lower its U.S. flag to half-staff was “clearly an oversight in communication.”

“I will have a member of our team work in concert with our Albemarle Clinic to immediately rectify the issue,” she said.

The flag outside the clinic was flying at half-staff on Wednesday.

Trump issued his proclamation following outcry over his decision to have the White House flag raised to full-staff on Monday, according to national reports. Trump and McCain notably disagreed over the years and Trump criticized McCain's military service, including his time spent as a prisoner of war during the Vietnam War.

Notably, Elizabeth City's parks also failed to fly U.S. flags at half-staff on Tuesday, though city council did hold a moment of silence during its meeting Monday night for both McCain and Sam Roebuck, the latter a local businessman who is the namesake of Elizabeth City State University's Roebuck Stadium.

Gov. Roy Cooper also issued an order Monday to state agencies, though not local governments, to fly their flags at half-staff until McCain's burial.

McCain, 81, died of brain cancer.

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8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain.

McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

Then, upon returning to Murray late that afternoon, they saw the flag was not at half-staff at many locations.

"People should already know about that, and it's so disrespectful to the military veterans of the local county to see this," said Miller, who served in the Navy. "It goes back to Civics class. This is what you do.

"They knew what to do at Fort Campbell (a U.S. Army base about an hour east of Murray). Their flags were at half-staff when we were there Monday."

Flags throughout Murray were at half-staff by Tuesday and are expected to remain at half-staff through Sunday, the day McCain is buried in Arizona.

One reason for flags not being half-staff in not only Murray, but also Clarksville and other locations Monday might have been what was happening at the White House in Washington. The flag was lowered to half-staff during the middle of the day, then was raised back to full-staff that afternoon, before being returned to half-staff late that afternoon, which is when President Donald Trump ordered all U.S. flags to be flown at half-staff through Sunday.

By that time, places such as schools, government buildings and some businesses had closed for the day.

The office of Kentucky Gov. Matt Bevin states that one of the conditions in which flags should be flown at half-staff in Kentucky is when a president gives the order to honor “principal figures of the United States government and the governor of a state as a mark of respect to their memory. In the event of the death of a present or former official of the government of any state, the governor of that state may proclaim that the U.S. flag be flown at half-staff.”

“We realize that many places don’t fall under the (Department of Defense), like Fort Campbell. For them, this was something that was already understood,” said McAllister, an Army veteran who also served with the Coast Guard. “Going back to Clarksville, it’s hard to get in there, as a veteran, and see the flag not where it’s supposed to be, and there were people coming in for their appointments that were disgruntled about it. We talked to them about it and they told us how they felt.

“So then we go to Fort Campbell and saw that their flags were at half-staff. Then we drive back to Murray and see pretty much none were at half-staff.”

McAllister said that his and Miller’s mission is much like that of McCain, a Republican, who had been a senator since 1987 and ran for president in 2008, losing to Democrat Barack Obama. McCain was known to many as “the maverick” for his willingness to trust his own values and convictions on votes, even going against his own party on some issues.

“I’m glad we did what we did (walking into several locations in Murray Monday to tell them how they felt) and we just hope this gets people to think a little bit,” McAllister said of himself and Miller. “What a striking difference he was to what we’re seeing so much today. To shine way above and beyond all of that evokes the positive part of politics, along with his willingness to work across party lines.”

“He was about ‘We the people,’ instead of his party,” Miller said. “Plus you look at what he did as a POW. He wouldn’t accept his release until everyone ahead of him had gone first. I’m not sure I could’ve done that. He deserves to be honored by everyone.”

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8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain.

A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use.

However, whites are at higher risk of opioid overdose, according to researchers.

The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

“If they were black and tested positive for marijuana, they were twice as likely to have opioids discontinued, and for cocaine, they were three times more likely,” said lead researcher, Julie Gaither.

According to the report, researchers analyzed the health records of more than 15,000 patients who received opioids from the Veterans Administration between 2000 and 2010.

The Centers for Disease Control and Prevention requires that patients are screened for illicit drug use after starting opioids.

But, Gaither says there is no mandate to immediately stop a patient from taking prescription opioids if they test positive for illicit drugs and a more universal approach to monitoring is needed.

“It’s our feeling that without clear guidance, physicians are falling back on ingrained stereotypes, including racial stereotyping,” said Gaither.

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From:

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Subject: [EXTERNAL] 30 August Veterans Affairs Media Summary and News Clips

Date: Thu Aug 30 2018 05:27:36 CDT

Attachments: 180830_Veterans Affairs Media Summary and News Clips.docx
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

30 August 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment. Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

[Hyperlink to Above](#)

1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

[Hyperlink to Above](#)

1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security. The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

[Hyperlink to Above](#)

1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference. Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America. Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

[Hyperlink to Above](#)

[Hyperlink to Audio](#)

1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years. The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

[Hyperlink to Above](#)

1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services. That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

[Hyperlink to Above](#)

1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans exposed to radioactive debris more than five decades ago haven't made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they're hoping Congress can intervene.

[Hyperlink to Above](#)

1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program. Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down. Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

[Hyperlink to Above](#)

3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration. The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress. The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

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3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release. "From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated.

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3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital. Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

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3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips. This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

[Hyperlink to Above](#)

4. Focus Resources More Efficiently

4.1 - WCCO (CBS-4, Video): Department of Veterans Affairs Secretary Speaks In Minneapolis (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

[Hyperlink to Above](#)

4.2 - Wyoming Tribune-Eagle: Cheyenne VA fails to serve the region’s veterans fairly (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA. Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug.

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4.3 - Independent Tribune: County welcomes Veterans Services director (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance. It wasn’t his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those “trials and tribulations” himself, he says.

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4.4 - The Daily News: Two nurses graduate from VA hospital transition program (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program. Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

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5. Improve Timeliness of Service

5.1 - WIVB (CBS-4, Video): [Schumer, Higgins call for federal probe of VA clinic closure](#)
(29 August, Al Vaughters, 443k uvm; Buffalo, NY)

Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care. "When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk. "The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

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6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help. The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

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6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#)
(29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend. Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide. When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country.

Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members. Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That's according to the agency's inspector general.

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7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday. Fort Worth Housing Solutions, the city's public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

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7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward. The St. Louis County Council has voted 6-0 to advance the plan. With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

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7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen. Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

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7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#) (29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders. "Finally, after all these years," said the Air Force Veteran. From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits

appeals ruling he had just received in the mail. "This is my order that my service connection for Agent Orange was granted," he said with a half-smile.

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7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)
Jefferson Barracks National Cemetery is the final resting place of our country's heroes, but it is running out of space. "With the current land we have now we're going to run out of space at Jefferson Barracks in 2021," said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director. Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans...

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7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)
A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead. "I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said. Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

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7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)
Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

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8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)
Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain. Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

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8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)
An official with the Hampton VA Medical Center blamed an "oversight in communication" for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and

U.S. Sen. John McCain, who died Saturday. A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff.

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8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain. McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

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8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain. A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use. However, whites are at higher risk of opioid overdose, according to researchers. The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

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1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul bill that President Donald Trump signed recently in response to the long waits for appointments and short-staffing that have plagued VA hospitals across the country.

"It is our job is to serve you well and honorably, showing you the same kind of dignity and devotion that you gave to America," Wilkie told the group's 100th annual convention, which was held in Minneapolis. "My prime directive is customer service. When a veteran comes to VA it is not up to him to employ a cauldron of layers to get VA to say yes. It is up to VA to say yes to them."

Wilkie said it's "absolutely essential" to have caregivers who specialize veterans' special needs.

"This is not an option that the private sector can provide," he said. "The private sector cannot replicate VA's expertise in things like spinal cord injury, traumatic brain injury, rehabilitative services, prosthetics, audiology, services for the blind, suicide prevention."

Wilkie, a former assistant secretary of defense under President George W. Bush and former undersecretary for current Defense Secretary Jim Mattis, replaced David Shulkin, who was fired amid ethics charges and internal rebellion over the role of private care for veterans. He's tasked with delivering on Trump's campaign promises to fire ineffective VA employees and steer more patients to the private sector.

The agency is the government's second-largest department, serving 9 million veterans, and its struggles prompted some in the administration to advocate for the privatization of some of its services. Major veterans groups have opposed that, saying the solution is full funding for core VA medical centers.

Veterans at the convention reported mixed experiences with the VA medical system, depending on where they live. Calvin Boswell, a former Navy Seabee from Columbus, Mississippi, who served from 1980-2004, said he gets very good care at the VA hospital in Tuscaloosa, Alabama.

"They do an awesome job," he said.

But Janet Grass, an Iraq War vet from Dubuque, Iowa, who spent over 22 years in the Navy, said she and her Army veteran son, who recently returned from his third tour in Afghanistan, aren't satisfied with the VA medical center in Iowa City. She said it takes weeks to get an appointment there, but she puts up with the three-hour round trip because it's even harder to see a doctor at the small VA clinic in Dubuque.

"You never get the same doctor. So your care is not consistent because the system is so overbooked," Grass said.

Wilkie also paid tribute to Sen. John McCain, the Navy aviator, prisoner of war and Arizona Republican who died of brain cancer Saturday at 81. American Legion leaders took Trump to task on Monday after flags at the White House, which flew at half staff through the weekend, were raised to full height on Monday. Trump later relented amid criticism and ordered them lowered again through McCain's interment this Sunday.

"A few days ago we lost one of America's great warriors, and a man whose lifetime of selfless services reminds us all why we do what we do," Wilkie said. "I want to thank the American Legion for honoring John McCain."

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1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

MINNEAPOLIS (AP) — The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He told the Legion's 100th annual convention on Wednesday in Minneapolis that the VA owes veterans "the same kind of dignity and devotion" they gave to America.

He says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

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1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

In an address to the 100th national convention of the two-million-member American Legion, Wilkie also said he has the commitment of Defense Secretary Jim Mattis to work together on developing a new electronic "patient-centered health care system" to allow for smooth transitions from active-duty to veteran status.

To stress the point on electronic records, Wilkie, an Air Force Reserve colonel who was sworn into office July 30, referred, as he frequently does, to the experience of his late father, retired

Army Lt. Col. Robert Leon Wilkie Sr., who was severely wounded in the U.S. operation in Cambodia in 1970.

His father was 6-foot-2 and 240 pounds before he was wounded, Wilkie said, and came home weighing 115 pounds. For treatment at the VA, the second-largest government department after the Pentagon, his father had to carry around 800 pages of medical records to ensure care, he added.

Wilkie, the former assistant secretary of defense for personnel and readiness at the Pentagon, said he received a final order from Mattis, a retired Marine general, when he left the Pentagon to go to the VA: "From here on out, the Defense Department and the VA will be joined at the hip" on electronic records.

In his 21-minute address to the Legion in Minneapolis, Wilkie said the VA provides excellent care. The problem is "just getting our veterans through the door to get that care."

"The VA is about serving veterans. Our responsibility is to serve you well and honorably. My prime directive is customer service," he said, and it should not be up to the veteran "to employ a cauldron of lawyers to get the VA to say 'Yes.' It's up to the VA to say 'Yes' to them. That is where the VA must go."

In that effort, "I pledge to you that this is a bottom-up organization, that the Legion has a seat at the table, that you have an open door to the 10th floor," where his office is located at VA headquarters, he added.

Wilkie said customer service should improve under the VA Mission Act, which was signed into law by President Donald Trump in June and is aimed at giving veterans improved access to private-sector care when it is in their best interests.

He said increased funding under the act should alleviate many of the problems associated with the previous Choice Program, although Congress has yet to appropriate funding. The Mission Act is projected to cost more than \$50 billion over five years.

Wilkie also repeated assurances he made at his Senate confirmation hearing that improved access to private care is not a smokescreen for the "privatization" of the VA health care system at more than 1,200 facilities nationwide.

Veterans need care from providers who can speak "in the language of veterans" and who "know what you've been through," he said, adding that that is "not an option that the private sector can provide."

The private sector also "cannot replicate" what the VA does on spinal cord and traumatic brain injuries, prosthetics, services for the blind, and suicide prevention, Wilkie said.

His electronic health records (EHR) pledge has been met with skepticism in the House, where a new oversight subcommittee has been set up to check on the \$10 billion-plus contract he signed as acting VA secretary with Cerner Corp of Kansas City, Missouri.

The VA is undertaking the largest transition to EHR ever attempted in the U.S., requiring oversight from the new Subcommittee on Technology Modernization, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said in a statement last month.

"As the department embarks on the nation's largest overhaul, it is critical that we ensure veterans and taxpayers are protected throughout the transition," he said in a statement Thursday.

Roe, a physician, said, "I have personally gone through a transition to a new health record system when I was in private practice, and I know how much potential there is for a project like this to be a costly disruption. Congress has a duty to conduct rigorous oversight every step of the way."

He named Rep. Jim Banks, R-Indiana, a former Navy Reserve supply officer and Afghanistan veteran, to head the new subcommittee.

"Service members and veterans deserve a seamless, lifetime medical record and an electronic health record system that supports the highest quality care," Banks said. "However, I have no illusions about the challenge confronting VA in this monumental undertaking."

At the beginning of his remarks, Wilkie paid tribute to the passing of Sen. John McCain, R-Arizona, who died Aug. 25 after a year-long battle against glioblastoma, a terminal form of brain cancer.

"A few days ago, we lost one of America's great warriors, a man whose lifetime of selfless service reminds all of us why we do what we do. I want to thank the American Legion for honoring Sen. John McCain," he said.

Wilkie made no mention of the action of Denise Rohan, the Legion's national commander, in joining with AMVETS in charging that Trump had failed to show "proper respect" for McCain by having the rooftop flag of the White House returned to full staff Monday morning.

Trump later issued a proclamation returning the flag atop the White House and on all public federal buildings and military bases to half-staff until McCain's interment this weekend at the U.S. Naval Academy cemetery.

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1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

MINNEAPOLIS — For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security.

The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

Its political influence was evident Monday, when criticism from the Legion and other veterans groups, in part, led President Donald Trump to order the White House flag lowered to half-staff in honor of Sen. John McCain, who died Saturday.

“When this organization says something, Washington listens,” said David Rehbein, a past national commander of the organization.

But at its national convention this week doubts about its influence emerged, prompted by concerns about its membership numbers and who the Trump administration is listening to about veterans policies.

The Legion has dipped to about 2 million today from more than 3 million in the 1990s. Fewer members means less authority in Washington, said Denise Rohan, its current national commander.

“Our voice was heard much louder,” she said. “It is being heard now, just not as loud as it used to be. I am hoping somehow, we can turn around whatever is going on.”

At the same time, two Democrats on the House Committee on Veterans’ Affairs warned Wednesday that Trump’s administration could be taking cues on VA policies from entities other than traditional veterans service organizations.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House committee, warned of the growing influence of Concerned Veterans for America, a conservative advocacy group in the Koch brothers’ political network that has been afforded more access to the VA under Trump’s administration.

“They should be concerned,” Walz said of the Legion. “I think there’s a disproportionate voice in CVA that needs to be balanced with the American Legion, [Disabled American Veterans] and [Veterans of Foreign Wars].”

There also have been reports of Trump looking elsewhere for advice on the VA. Earlier this month, ProPublica, a nonprofit news organization, reported three wealthy members of Trump’s private club in Palm Beach, Fla., were dictating decisions about the agency.

The trio, dubbed the “Mar-a-Lago Crowd,” comprises Marvel Entertainment Chairman Ike Perlmutter, lawyer Marc Sherman and Bruce Moskowitz, a Palm Beach doctor. None of them have served in the U.S. military or government.

The report triggered outcry from Democrats, some of whom requested investigations by congressional committees and government watchdogs.

“The Legion and other veterans service organizations are right to be concerned given the revelations of a shadow VA governance at Mar-a-Lago,” said Rep. Mark Takano, D-Calif. “Only time will tell whether Secretary Wilkie is making decisions for the VA, and not some shadow group.”

Wilkie has served as VA secretary for about one month. He addressed the crowd of thousands of veterans in Minneapolis on Wednesday, appearing to reassure the group about its role as an adviser on VA issues.

“I pledge to you that this is a bottom-up organization, that the Legion has the seat at the table, that you have an open door to that 10th floor of the Department of Veterans Affairs,” Wilkie said. The secretary’s office is located on the 10th floor of VA headquarters in downtown Washington.

Despite the recent controversy, Rohan, who will end her tenure as American Legion commander Thursday, is optimistic.

"Talking to Secretary Wilkie, I'm confident that he will be listening to us," she said. "As he gathers information from us, hopefully he'll pass it on to the administration. Those relationships continue to build, and as they continue to build, so will the understanding of the American Legion's place."

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1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference.

Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America.

Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

He told KNSI's Bob Hughes that the St. Cloud VA gives veterans care in their own communities.

"We have to give them the opportunity and their families to use doctors that are closer to them so that burden doesn't fall on them to make such long trips."

In the past, veterans had to drive hundreds of miles round trip to see a doctor.

Minnesota's VA serves 325 thousand veterans.

Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Secretary Wilkie says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

To hear Bob's conversation with the secretary, [click here](#).

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1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

CLAYTON, Mo. — St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years.

The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

The cemetery will run out of burial plots between 2021 and 2027, officials said. The extra acreage would give the cemetery an additional 20 years of capacity, according to a VA environmental assessment.

"It's unfortunate that we need this land, but it is very well needed by a lot of people," said Al Katzenberger, American Legion liaison to the cemetery.

The VA would lease the lower half of the park back to the county for about a decade until the space is needed for new burials.

St. Louis County Parks Director Gary Bess said funds from the land sale would be reinvested into the rest of the park.

The deal comes as county government officials have been trying to limit their authority to sell parkland by proposing a change that would require a public vote before any such transaction. But members of the St. Louis County Council said they had already committed to the Sylvan Springs Park deal in 2015.

An environmental law firm in 2015 filed a lawsuit on behalf of county residents to block the sale. But the St. Louis County Circuit Court and the state court of appeals ruled that the county had the authority to sell the property.

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1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services.

That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

Last week, various alternative treatments were discussed at a hearing of the Creating Options for Veterans' Expedited Recovery Commission – also known as the COVER Commission – with Leinenkugel as chairman. The body's charter is to study the Department of Veterans' Affairs' own model for prioritizing evidence-based therapy and assess the "potential benefits of

incorporating complementary and integrative health treatments available in non-Department facilities.”

In a small ballroom in the basement of the JW Marriott hotel in Washington, five senior VA doctors expressed some openness to private options – but with clear limits. All fiercely defended the VA’s current approach to mental health care and cautioned against widely adopting any unproven treatments.

The acting assistant deputy undersecretary for health for patient care services, Dr. Marsden McGuire, warned against “quackery” and medical claims “made falsely, with ill intent.” He said he’s received complaints from VA psychiatrists who have been urged to adopt dubious treatments. He then recommended that the agency invest its limited resources in those treatments most likely to help.

“There is some concern that if we put out these things as a magic bullet, we will redirect attention from things that actually have stronger evidence, that are going to work,” McGuire said.

Alternative treatments include simple, less costly approaches such as yoga and acupuncture, as well as more expensive treatments with complicated names, such as hyperbaric oxygen therapy, in which patients are placed in pressurized tubes that deliver high levels of oxygen to the body, and magnetic resonance therapy, a “brain zapping” technique that uses magnets to influence the movement of protons in the cortex.

Private providers are offering effective and conventional mental health treatments as a triage force in what has become an urgent suicide crisis among veterans, with roughly 20 former servicemembers taking their own lives every day.

Amid these emergency conditions, some VA officials and veterans advocates are pushing for wider adoption of experimental treatments, arguing that no veteran should be denied therapy that could potentially help treat mental illness or lessen trauma.

Yet others see these private interests as profit seekers, snake-oil salesmen or pill peddlers eager to bring veterans into a private system in which oversight is lax, PTSD expertise is thin and familiarity with military culture is limited.

While many of these organizations work outside the VA entirely, others are aggressively engaged with the agency in an attempt to peel off patients directly through a partnership or to secure research money, pilot programs or an agency stamp of approval.

Dr. Matthew Friedman, a clinical psychiatrist and one of the founders of the VA’s National Center for PTSD, said he’s recently witnessed an uptick in “self-proclaimed magicians” who are eager to partner with the agency.

“The answer is: If it hasn’t been proven, it’s not something the VA should endorse,” Friedman said. “They should live by the same rules other treatments live by; they should be tested in rigorous, randomized clinical trials. That’s the coin of the realm. And if they haven’t done that ... stay away, baby. Stay away.”

In June 2017, Leinenkugel sent an email to VA leadership with the subject line “Big Bold Ideas.” His proposals included cutting back staff at the agency’s central office by 35 percent, merging all

homelessness programs for veterans into the U.S. Department of Housing and Urban Development, and ramping up suicide prevention efforts.

In this mental health care offensive, Leinenkugel urged the VA to “invite best private care entities to fully participate.”

At the first COVER Commission meeting in late July, Leinenkugel vouched for hyperbaric treatment, saying his support came after two groups spent a year lobbying him on its benefits.

“They’re gaining resonance on the Hill and also in states,” he said. “So whether or not we think that treatment works or has any evidence base to it at this point in time, it is not relevant to me. I think it needs to be explored.”

Despite positive anecdotal results, hyperbaric treatment for PTSD has been debunked by several studies, including one by the VA and Department of Defense that deemed it ineffective. In recent years, various interests have sought federal reimbursement for hyperbaric PTSD treatment, including the Princeton Wound Care Center, Healogics and the International Hyperbaric Medical Association.

A COVER commissioner, Tom Beeman, is the executive in residence at the Pennsylvania College of Health Sciences, affiliated with the University of Pennsylvania Health System, which boasts one of the most comprehensive hyperbaric programs in the nation.

“VA would not likely buy a lot of hyperbaric equipment, but instead send people to use it in the private sector,” said a senior congressional staffer who was not authorized to speak with the press. “The VA represents a potentially big revenue stream for private interests.”

The COVER Commission states in its charter that all members must be “of recognized standing and distinction within the medical community with a background in treating mental health.”

Yet at least four members, including Leinenkugel, don’t meet these requirements, which has alarmed some mental health advocates. Some also are concerned that Casin Spero, a former official at the Koch brothers-backed Concerned Veterans for America, recently was appointed as the commission’s chief adviser.

That organization advocates for more private options for VA patients, and organization officials helped craft the Veterans Empowerment Act, a bill that calls for the “termination of functions of the Veterans Health Administration directly related to the furnishing of hospital care, medical services, and other health care.”

Other actors, including executives from major private health care companies, are expected to offer advisory roles as the commission moves forward.

At the start of last week’s meeting, Leinenkugel stated his desire to be an “actionable committee” with the mission of influencing the VA, White House and Congress to make the “necessary and right changes” to the VA’s mental health care efforts. The VA and the White House did not respond to questions submitted by Reveal from The Center for Investigative Reporting.

Shortage of mental health providers

For years, the VA's primary response to PTSD was medication. Reveal obtained documents that showed that from 2001 to 2012, VA prescriptions for four of the most common opioids – hydrocodone, oxycodone, methadone, and morphine – increased by more than 270 percent. The report sparked national outrage and meaningful reforms inside the agency.

Since 2012, the agency has drastically cut down opioid prescription rates and sought to promote talk therapies as the best first-line treatment for PTSD. And while private entities have denigrated the VA for not embracing their alternative treatments, more than 90 percent of VA facilities today offer some type of supplemental therapy, from meditation and yoga to sweat lodges staffed by medicine men.

While VA officials are acutely aware of the agency's need to provide options to all veterans, many also worry about solving a more basic problem: shortages of mental health providers inside the agency.

Since 2010, the number of veterans receiving care for PTSD from the Veterans Health Administration has grown by more than 50 percent. The VA has not been able to hire or retain enough mental health professionals to keep up with demand. Currently, it has a 12 percent vacancy rate for psychiatrists and a 13 percent rate for psychologists.

Many at the VA worry that by adopting or endorsing unproven treatments, the agency will steer precious budget dollars away from needed hiring and clinically efficacious treatments and toward the pursuit of dubious, often expensive options. The cost of a single hyperbaric treatment, for instance, can be more than \$1,000.

Carl Castro, director of the University of Southern California's Center for Innovation and Research on Veterans & Military Families, said alternative PTSD treatments are "seductive for people who are suffering."

"Some of these treatments surely are about making money, but for the most part, people generally want to make veterans better," Castro said. "Still, these types of treatment should never be mandated. If a nonprofit wants to spend money on providing them, fine. But you shouldn't mandate taxpayer dollars for something that's not evidence based. That, to me, is unethical."

While the widespread use of hyperbaric therapy is being mulled in Washington, the VA made the treatment available to VA patients in eastern Oklahoma and Northern California in November. Following political pressure from Rep. Pete Sessions, R-Texas, VA officials said at last week's COVER Commission meeting that the VA soon will offer the treatments to patients in San Antonio and plans to bring it to Tampa, Florida, in the next two months.

Seeking novel treatments

Pressure to consider experimental private treatments extends beyond the COVER Commission. In April 2017, then-VA Secretary David Shulkin launched the Center for Compassionate Care Innovation, focused on forging partnerships with novel mental health and pain providers.

Any type of treatment may be submitted to the office as a formal proposal, which, if found to be safe and potentially helpful, could result in deployment at hospitals across the country. The recent hyperbaric pilot was spearheaded by the center.

A month after the center was established, the VA issued a directive that any agency-approved alternative therapy “must be made available to Veterans across the system, either within a VA medical facility or in the community.” Two months after the center was launched, the House Veterans’ Affairs Committee held a hearing about the promise of alternative therapies.

The hearing featured panelists from the private sector who often criticized the VA while boosting the private sector. Sebastian Junger, a documentary filmmaker and author with no psychological training, asserted that the agency was improperly diagnosing PTSD and turning veterans into “permanently damaged wards of the state.”

“If you want to create hundreds of thousands of depressed alcoholics in our society, give them just enough money to never have to work again and tell them they are too disabled to contribute to society in any meaningful way,” Junger said.

Kristofer Goldsmith, assistant director for policy and government relations for Vietnam Veterans of America, described the hearing as one of the most irksome he’d ever attended on Capitol Hill.

“It was frustrating to sit there listening to a bunch of folks who know nothing about health care talk about how bad VA health care is and how superior their services are,” he said. “The bottom line is these guys want government money behind their pet projects, yet they have no evidence their approach is better than the VA’s.”

While some major veterans organizations have offered qualified support for alternative private-sector treatments, their testimony at the hearing prioritized support for the VA’s mental health care system over outsourcing to experimental providers.

As veterans and VA officials pointed out, studies consistently show that VA mental health care outperforms the private sector. In November 2015, Psychiatric Services – a peer-reviewed journal of the American Psychiatric Association – released a study that found that “in every case, VA performance was superior to that of the private sector by more than 30 percent.”

Lobbying for alternative therapies

Since Trump took office, there has been a flurry of lobbying from private mental health interests of all sizes, including four organizations that testified before the House last summer.

One of those four – Boulder Crest Retreat – offers what’s called post-traumatic growth therapy to veterans for free at luxury retreats in Arizona and Virginia. The treatment is based on the idea that adversity can spur positive mental growth. It has received glowing national press attention from the likes of CNN’s Jake Tapper and NBC’s Megyn Kelly, and the retreat released a six-month interim longitudinal study that claims its treatment has shown improvements that surpass outcomes inside the VA.

Yet the study, which was not peer-reviewed and has no control group, is far from conclusive. It initially measured 49 people but followed up with only 19, and their self-reported improvements generally are limited.

Dr. Anthony Mancini, an associate professor of psychology at Pace University, has written about how acute adversity has organically resulted in positive long-term growth. But Mancini said he isn’t aware of any treatment that has proven such growth can be spurred through therapy.

“People have built a cottage industry out of post-traumatic growth; it’s an appealing idea,” he said. “I think the world would be better if it were true, but I don’t see the evidence for it.”

Dusty Baxley, executive director of Boulder Crest, said he has “no interest in responding to skeptics,” but said, “we take a wellness-based approach, and we know it works.”

Since September, Boulder Crest has spent nearly \$50,000 on federal lobbying. Boulder Crest and other alternative treatment providers have found allies among their home state lawmakers, too.

In late May, U.S. Rep. Scott Taylor, a Virginia Republican, introduced legislation to require the VA to study the benefits of private post-traumatic growth treatments like the kind offered at Boulder Crest.

Even though the VA objected to Taylor’s bill – with agency guidance contending that it “would be inappropriate to assign suicidal Veterans who are not receiving mental health care to an intervention of unknown effectiveness” it has racked up 21 co-sponsors. Boulder Crest was the subject of a flattering VA press release in December and has established an informal partnership with the VA.

Similarly, a bill from Republican U.S. Rep. Stephen Knight, the No Hero Left Untreated Act, demands that the VA carry out a one-year pilot program to provide access to magnetic-guided resonance therapy.

Magnetic resonance therapy has shown promise, but early clinical trials have been flawed. One study, for example, was conducted without a control group, had no female participants and did not follow up to gauge long-term efficacy. Multiple studies examining alternative PTSD treatments, including magnetic resonance therapy, have relied on self-reported results, as opposed to engaging participants in what’s called the clinician-administered PTSD scale, the gold standard in PTSD assessment.

Knight’s district in California includes part of Los Angeles, where the preeminent advocate of magnetic therapy, Dr. Yi Jin, offers it through the Brain Treatment Center clinics.

While the Brain Treatment Center hasn’t hired a congressional lobbyist, PeakLogic – a software company that has created a platform to manage and monitor the novel treatments – registered a lobbyist in March.

Some private interests are looking to get federal dollars for programs that largely overlap with VA initiatives. For instance, several federal lawmakers, including Senate Majority Leader Mitch McConnell, repeatedly have pushed the VA to support an online cognitive behavioral health program from Magellan Health, despite the fact that the VA has created similar online tools.

Amazon also has shown interest in replicating signature VA mental health services. According to emails obtained by Reveal through a public records request, the COVER Commission’s Leinenkugel scheduled a meeting with officials to discuss trauma care treatment and suicide prevention, noting to colleagues that the company had “some great tools/ideas.”

Tim Bomke, military program manager at Amazon, wrote in an email: “Our precise expectation would be providing technology solution(s) for use in poly-trauma/rehab facilities and suicide prevention.”

One specific idea floated by Amazon was to offer its signature Dash Button – which allows customers to order staple goods such as toilet paper with one click – to help prevent veteran suicide. The idea appears to largely overlap with the VA's suicide prevention hotline, which soon will be accessible by typing in just three digits.

Pharmaceutical interests

While the VA has scaled back its use of drugs to treat mental health issues and last year prioritized psychotherapy as a primary treatment for PTSD, a cadre of pharmacological interests is making a play to bring new pills to market that they say can stave off symptoms of military trauma.

Leading this charge is the Coalition to Heal Invisible Wounds, a trade group formed in February 2017. The group is made up of Cohen Veterans Bioscience – funded by disgraced hedge fund billionaire Steve Cohen – and Tonix Pharmaceuticals and Otsuka America Pharmaceutical Inc.

The coalition has spent \$320,000 on lobbying efforts since spring 2017, aimed chiefly at “enhancing VA and (Defense Department) support for clinical research and development of new treatments.” Tonix has spent an additional \$100,000 on lobbying, and Cohen has personally spent \$360,000. In House testimony last summer, the group said it was seeking greater access to VA patients and PTSD datasets to develop drugs, as well as more grant money for clinical studies.

Dr. Lori Davis, associate chief of staff for research and development at the Tuscaloosa VA Medical Center in Alabama, has been a paid consultant for both Tonix and Otsuka.

Some inside the VA are hopeful that pharmaceutical companies are taking an interest in PTSD after years of little development for treatments. Yet the drugs in development by these interests include antipsychotic medications and muscle relaxants, which already have been proven to have potentially dangerous side effects.

Some also are concerned that if promising drugs are brought to market, the VA could face steep prices, despite helping with development. ProPublica reported earlier this month that PTSD researchers working for Cohen were asked to sign over their intellectual property rights, a move they viewed as a “revenue grab.”

After receiving fast-track designation from the Food and Drug Administration for its PTSD drug Tonmya, Tonix abandoned its late-stage study of the muscle relaxant in late July. Twelve weeks of treatment showed little difference in symptoms between those on the drug and those receiving a placebo. In the trial, the drug showed some promise among veterans with recent trauma, and the company plans to continue its development, with a redesigned clinical trial coming soon.

Lobbying has extended to alternative drug treatments, too, including ketamine. Ketamine has shown promise to bring long-term depression relief, but the VA and Defense Department's clinical practice guidelines recommend against its use due to “long-term safety and efficacy concerns.” Multiple private entities offer ketamine treatment to veterans struggling with PTSD, and Dr. Carl J. Bonnett, founder and medical director of Klarisana, has advocated for VA reimbursements for ketamine treatments offered in his Austin and San Antonio clinics.

Lack of VA oversight

Since the 2014 VA Choice Act greatly increased the number of veterans seeking private care, the law's champions – both inside and outside government – have claimed the thousands of private partners are providing top-notch care.

Yet documents shared with Reveal show that when the VA partners with private providers, there is virtually no oversight of the quality of that care.

An internal 2018 analysis of community care found a “lack of transparency, communication and information sharing about how issues pertaining to quality and patient safety in (the private sector) are addressed.” Similarly, the VA's Center for Compassionate Care Innovation does not track the long-term efficacy of the alternative PTSD treatments it offers through private partners.

The documents further suggest that no standardized reporting mechanisms exist for patients to report adverse events in the private sector and noted little collaboration and communication between the VA and the two contractors administering private care through the Veterans Choice program: Health Net Federal Services and TriWest Healthcare Alliance.

Documents also reveal that private providers often don't share medical records – such as what types of treatment or medication they gave – with VA providers. Official VA policy is to request these medical records only three times before closing out the request, a directive that has led to thousands of VA patients with black holes in their records.

A VA researcher in California told Reveal that many veterans who have been weaned from opioids and benzodiazepines at agency facilities return from private care back on the addictive, potentially lethal mixtures of medications.

Dr. Tauheed Zaman, medical director of the Addiction Consult and Prescription Opioid Safety Team at the San Francisco VA Health Care System, said this problem largely arises because private providers work in a fee-for-service system and are reimbursed more for medication management than for providing long-term care.

The Trump administration now is working to set up a permanent private care network mandated through the recent passage of the VA MISSION Act, which will almost surely make private mental health care appointments more common. And while the MISSION Act requires the agency to establish quality standards for private providers, it's unclear exactly how care will be measured and what level of VA oversight private providers will allow.

Bills pending in Congress would further outsource mental health care to the private sector. One draft from Sen. Bill Cassidy, R-La., would distribute grants to private providers for suicide prevention efforts. Another bill, sponsored by Sen. Joni Ernst, R-Iowa, would allow a veteran to seek private mental health care if he or she provides a written or verbal statement requesting such care. Currently, VA doctors make these calls in consultation with patients based chiefly on what makes the most sense for their mental health.

USC's Castro said he saw multiple dubious treatments come before him during his tenure as the director of the Military Operational Medicine Research Program. He recalls when the Defense Department invested millions for computer equipment to conduct interactive virtual reality exposure therapies. The therapy was hailed in the media, yet multiple clinical trials showed it was no more effective than traditional talk therapy.

“You can get a soldier to reimagine their trauma without virtual reality, but it looked cool to the generals,” Castro said. “It wasn’t necessary, but the government bought 30 or 40 of these rigs. Now, they are literally sitting next to the freaking brooms in hospital closets; I’ve seen them.”

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1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans exposed to radioactive debris more than five decades ago haven’t made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they’re hoping Congress can intervene.

On Wednesday, Sen. Richard Blumenthal, D-Conn., joined a group of advocates to unveil new legislation that would force VA to offer presumptive status to veterans involved the 1966 cleanup of an accident involving nuclear bombs in Palomares, Spain, an incident that may have given radiation poisoning to more than 1,600 American service members.

“These veterans were exposed to nuclear materials without any warning or protection that today would be considered routine,” Blumenthal said. “The quickest way to get them what they deserve now is for Congress to act.”

Veterans involved in the accident have been unsuccessfully petitioning VA on their case since the mid-1970s, after a host of strange cancers and other illnesses began appearing among individuals involved in the Palomares incident.

In January 1966, seven airmen were killed and four more injured when a B-52 crashed into a KC-135 during a refueling mission off the coast of Spain. The B-52 was carrying four nuclear weapons at the time of the accident, and two of them exploded near the town of Palomares, spreading radioactive plutonium over hundreds of acres.

U.S. officials quickly ordered military personnel into the area to collect contaminated debris, crops and soil in an effort to repair the damage.

But veterans involved in that clean up say they were given no protective clothing or respiratory devices, and told very little about the potential long-term health effects about exposure to the nuclear material.

John Garman, one of the first airmen on the scene, said he remembers loading thousands of 55-gallon drums with contaminated top soil that was sent back to the United States for safe disposal.

“The civilians who buried those barrels in South Carolina were covered under federal law, but not us,” said Garaman, who developed bladder cancer at age 35 and multiple respiratory problems in later years. “Since I first filed in 1981, the VA has denied all of my claims.”

Department officials have long insisted that not enough scientific evidence exists to classify all of the health problems as service-related illnesses, and spotty Air Force records of the work and contamination levels have added to the problem.

Last December, the Veterans Legal Services Clinic at Yale Law School filed suit against VA to force recognition of the illnesses and benefits payouts, but that case has yet to move forward. Officials from Vietnam Veterans of America said many of the affected troops are elderly or deceased, meaning further delays could prove tragic.

Blumenthal called VA's refusal to address the Palomares issue the latest in a long line of controversial decisions related to wartime exposure.

Recently, VA has come under criticism for its opposition to grant presumptive benefits status to so-called "blue water veterans" who served in ships off the coast of Vietnam and claim extensive Agent Orange contamination in their daily work. Several veterans groups have also accused the department of not doing enough to document illnesses connected to the use of burn pits in Iraq and Afghanistan.

VA officials have warned that deviating from long-held scientific standards for benefits awards could create financial problems for the department, by opening up support payments to tens of thousands of additional veterans.

Blumenthal said he does not believe this group presents a significant new financial burden for the department. But, he also called the cost issue irrelevant.

"This is about the principle of helping these veterans," he said.

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1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

On Jan. 17, 1966, an Air Force B-52 bomber collided with a refueling plane, dropping four hydrogen bombs near Palomares, a small farming village on the Spanish coast. The bombs did not detonate, but two of them cracked on impact, releasing more than 3 billion micrograms of plutonium over the Spanish countryside. That's nearly half the amount released when the atomic bomb dropped on Nagasaki during World War II.

In the months following the Palomares accident, the U.S. military ordered approximately 1,600 service members, mainly U.S. airmen, to the site to search for airplane and bomb parts and to remove irradiated crops and soil.

Palomares vet John Garman, 76, of Pahrump, Nev., who arrived on scene within five hours of the crash, said at no time during the weeks he spent there was he offered protective clothing or respiratory equipment. He said that he's developed numerous medical issues, including cancer, and that since 1981, the VA has denied all of his claims for compensation for radiation exposure. Garman was among three Palomares vets who submitted comment as part of a news conference at Yale Law School in New Haven announcing the legislation from Blumenthal.

"They were given no warning or protective gear," Blumenthal said Wednesday in New Haven. "They have been failed completely by the VA, which should be presuming that this kind of exposure entitles them to disability compensation. These benefits are their right."

Yale's Veteran Legal Services Clinic is representing Palomares vets in two separate cases. The first seeks to compel the Pentagon to release service member records, medical records, environmental records and other information related to the accident and cleanup, to help the vets in filing benefits claims. The other is a motion with the U.S. Court of Appeals for Veterans Claims seeking to bring a class-action lawsuit challenging the VA's refusal to provide compensation to Palomares vets.

Blumenthal's bill, the Palomares Veterans Act of 2018, co-sponsored by Sens. Dianne Feinstein, D-Calif., and Elizabeth Warren, D-Mass., would amend current law to include the Palomares cleanup as a "radiation risk activity."

The VA does not currently recognize Palomares as a radiation-risk activity, which would allow vets, who were exposed to radiation during their military service, with certain medical conditions to be entitled to disability benefits.

"The Air Force's methodology for assigning radiation exposure estimates following the cleanup operation did not follow scientific protocol and has been determined unreliable — grave errors this legislation seeks to correct," a news release from Blumenthal's office says.

Given that more than 50 years have passed since the cleanup, Vietnam Veterans of America, which has advocated for Palomares vets to be eligible for disability compensation, estimates there are fewer than 1,000 of these vets still living who would file a claim for benefits. There's been no cost analysis done to see how much it would cost to provide compensation to these vets, according to Blumenthal, who said the cost would be "negligible." His legislation also would make surviving spouses and the children of Palomares vets eligible for benefits paid when a vet's death results from a service-related injury or disease.

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2. [Greater Choice for Veterans](#)

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program.

Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

"When you call the toll-free number it just says that the (Health Net) program ended Aug. 1," said a Quincy area veteran who asked that his name not be used.

The Veterans Choice Program allows eligible veterans to receive health care from a community provider, rather than waiting for a VA hospital appointment or traveling more than 40 miles to a

VA facility. Health Net previously coordinated for some area veterans to get health care at local hospitals, rather than driving to Iowa City, Iowa.

"It's a two and a half hour trip to Iowa City, and I end up losing a day of work. I just can't handle that," the veteran said.

A spokeswoman from the U.S. Department of Veterans Affairs directed the veteran to the community care office, which she said can coordinate with private sector health care providers.

In most cases veterans who get the OK for private sector health care may be covered for repeat visits for up to two or three months.

J.D. Dalfonso, a spokesman for U.S. Rep. Darin LaHood, R-Dunlap, said LaHood's office is aware of the issue. Dalfonso said the office works with veterans on issues like this on a weekly basis and helps navigate the bureaucracy.

"We want veterans to know that Veterans Choice has been extended for another year. That's when the VA Mission Act takes effect, and it should dramatically improve veterans programs," Dalfonso said.

When President Donald Trump signed the VA Mission Act on June 6, he said it would expand private health care options for veterans.

"We're allowing our veterans to get access to the best medical care available, whether it's at the VA or at a private provider," Trump said during a signing ceremony in the White House Rose Garden.

The \$55 billion program also orders an inventory of the 1,100 facilities operated by the Department of Veterans Affairs, with plans to eliminate any waste in that agency.

Veterans who need a ride to Iowa City for health care also have the option of taking a bus on Tuesday, Wednesday or Thursday. Linda Bassett, travel coordinator for the local DAV, has been seeking volunteer bus drivers for the service and can be reached at 217-228-0695.

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3. Modernize Our System

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down.

Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

Morris shared a copy of her resignation letter on Twitter, citing changes in the project's direction.

"Over the last few weeks, it has become clear to me that the VA's leadership intends to take the EHR modernization effort in a different direction than we were headed, and since my service as CHIO (chief health information officer) was always intended to be an interim solution, I am offering my resignation to the administration effective immediately," she wrote.

John Windom was appointed acting CHIO, according to industry trade publication Healthcare Informatics. Windom had served in the same role for the Office of Electronic Health Record Modernization since August 2017.

Morris' resignation is one of several leadership changes that have shaken the VA this year, and resulted in delays to the signing of Cerner's \$10 billion contract. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, will leave Sept. 4, according to Politico. Acting Chief Information Officer Scott Blackburn resigned in April.

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3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

MONTROSE, NY – Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration.

The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

"Just as veterans were called to serve our country, we are called to ensure that they receive the services and care they have earned and deserve, including help with recovery from injuries sustained during their service," said Lowey (D-NY17/Rockland-Westchester). "I am thrilled that after nearly three years since breaking ground on the new facility, and after nearly 17 years since the pool closed, local veterans will have access to state-of-the-art recreational and therapeutic options to help them heal. I will continue fighting in Congress to do everything I can to honor and serve veterans and their families."

Lowey worked as the Ranking Member on the House Appropriations Committee to ensure robust funding for VA construction accounts. She helped secure \$6 million in federal funding to upgrade the Montrose VA pool facility and to reconstruct damaged parts of the pool building.

"High-quality, Veteran-centered care is the daily focus at VA Hudson Valley and it is a privilege to serve those who have served. We are excited that our Veterans will get to enjoy the benefits of this therapeutic pool and we are grateful to Congresswoman Nita Lowey for her support of this project and for her efforts on behalf of Veterans," said VA Hudson Valley Health Care System Director Margaret B. Caplan.

Lowey can help constituents of New York's 17th Congressional District who need assistance with the federal government. Veterans experiencing issues with federal agencies, including the Department of Veterans Affairs, should contact Lowey's White Plains District Office (914-428-1707), New City District Office (845-639-3485), or visit her website for more information.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress.

The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

VA hasn't had a permanent CIO in more than 18 months, and earlier in August, it lost two of its top executives leading the agency's electronic health record modernization.

Genevieve Morris, who was on detail from the Office of the National Coordinator for Health IT, resigned from her position as chief health information officer for VA's EHR Modernization Office. Morris announced her resignation on Twitter.

Chief Medical Officer Ash Zenooz has also announced her resignation.

Their departures leave the EHR Modernization Office with about half of its senior leadership positions staffed. Rank-and-file positions are "sparsely" filled and mostly staffed by detailees, according to Rep. Jim Banks (R-Ind.), who leads the new House Veterans Affairs Subcommittee on Technology Modernization.

In a letter to VA Secretary Robert Wilkie, Banks called the department's leadership dedicated to the EHR modernization "deteriorating" and "rudderless."

"It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest," Banks wrote. "In fact, despite several requests, I was not even able to meet with the EHRM leadership team before these departures. I am dedicated to pursuing a constructive oversight agenda to encourage VA to make the right decisions, but any engagement is difficult without stable leadership."

Banks urged Wilkie to immediately find a new chief health information officer and a new chief medical officer, who, he said, should come from within the Veterans Health Administration.

"It is crucial this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes," Banks said.

He requested a detailed organizational chart of the EHR Modernization Office, along with the contractors assigned to support the project.

Banks' subcommittee is tasked to oversee VA's implementation of a new electronic record, among other IT projects.

The subcommittee has the first of at least three planned hearings on the VA EHR effort scheduled for mid-September.

Congress, the Government Accountability Office and other former VA executive have said having a permanent, strong leader behind VA's EHR modernization efforts will be key to its success.

Gfrerer would come to VA from his current position as an executive director with Ernst & Young, where he worked in the firm's cybersecurity practice. He also joins a long list of VA CIOs — both permanent and interim — who are veterans. Gfrerer served in the Marine Corps for more than 20 years, and was a Defense Department detailee to the Department of State, where he led interagency portfolios in counterterrorism and cybersecurity.

In addition to Gfrerer, the Senate VA Committee next week will also hear from Tamara Bonzanto, the president's nominee to lead VA's Office of Accountability and Whistleblower Protection.

If confirmed, Bonzanto also faces a difficult task: establishing a relatively new office as a trusted place for veterans and their whistleblower claims.

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3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

PANAMA CITY BEACH - Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release.

"From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated. "Walk-in service for hearing aid adjustment and repair will be available from 1-2:30 p.m. daily, starting on Sept. 17."

The PCB VA Clinic is located at 2600 Veterans Way along Magnolia Beach Road and is open 8 a.m. to 4:30 p.m. Monday through Friday. It is closed on federal holidays and weekends.

"We are over the moon to be able to provide these services to veterans," stated Margaret Peak, chief of audiology and speech pathology service for Gulf Coast Veterans Health Care System, the regional VA provider, in the news release. "Panama City veterans have waited a long time for these types of services, so we are very excited to get started."

Up to this point, veterans needing audiology services frequently had to travel to the Joint Ambulatory Care Center in Pensacola to receive those services, or receive VA-purchased care in the community, the news release stated.

Peak said the clinic recently hired a staff audiologist and will soon hire an audiology health technician to handle the 1,000 to 1,800 patients she believes will be served in the new clinic's first year of operation.

To schedule an audiology appointment at the PCB VA Clinic, current VA patients receiving care in PCB should call 850-636-7000. New VA patients should visit the facility to enroll for VA care.

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3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital.

Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

It would not be a veterans hospital, but more like the Veterans Village in San Diego that deals with at-risk veterans.

"Where we can handle some homelessness and maybe some housing and other kinds of senior care. There's A golf course right there with Stambaugh golf course, the Jewish Community Center is right next door, they have a pool they have programming, so just exploring all options. We can't let that facility die," said Ryan.

The lawmakers also point to the opportunity for the VA to take advantage of Youngstown's capacity for additive manufacturing.

"I think there's potential for a research and development facility there that we could tie to America Makes with prosthetics for example, we might be able to do some 3-D printing and develop new prosthetics technologies," said Ryan.

The Director of Veterans Affairs in Trumbull County Herman Breuer said it's a good idea.

"When you've got both federal services, local services, and possibly private services all providing assistance to veterans I think that would be a great thing," said Herman Breuer.

Northside Medical Center will be closing on September 20th.

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3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

RUSSELLVILLE, Ark. — Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips.

This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

By using a secure, video conferencing system available at the Russellville Community Based Outpatient Clinic (CBOC), the Telebenefits program will enable Veterans in Russellville and surrounding communities the opportunity to have a virtual, in-person meeting with a representative at the Little Rock Regional Benefits Office.

The most common questions asked are about eligibility for service-connected compensation, nonservice-connected pension, survivor benefits, burial benefits, guaranteed VA home loans, specially adapted housing and automobile grants, Vocational Rehabilitation and Employment, and education benefits.

Veterans interested in participating in the Telebenefits program can call the CBOC in Russellville at (479) 880-5100 to schedule a Telebenefits session. The CBOC is located at 3106 West 2nd Court in Russellville.

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4. Focus Resources More Efficiently

4.1 - WCCO (CBS-4, Video): [Department of Veterans Affairs Secretary Speaks In Minneapolis](#) (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

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4.2 - Wyoming Tribune-Eagle: [Cheyenne VA fails to serve the region’s veterans fairly](#) (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA.

Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug. There is a sense that you can’t be fired unless you kill someone, which only promotes continued disrespect and blind disregard for the law and our care.

Mental health is a joke, and most people who work there don’t care about us. The application of treatment is universal, rather than individual. What works for some doesn’t work for all, so why is my treatment the same as others, especially when it’s known to be a trigger for me?

I was scheduled for a colonoscopy. I called REPEATEDLY to inquire why. The response I received each time was, "I don't know why; your doctor ordered it." I was prepped for the procedure, still asking why until the doctor, who performs the procedure, came in and asked the same question, "Why are you having a colonoscopy? You are young." The procedure was for a different Lisa Smith.

The fear of a health issue and lack of communication had me do the entire prep process, to include drinking the chemicals necessary prior to my appointment.

Continuity of care is nonexistent. In a year, I had approximately six different primary-care providers.

In contrast, the PT/OT and audiology teams are WONDERFUL.

After an 11½-year fight, I received P&T (permanent and total disability); however, the cause of my disability was changed to be ONLY PTSD. The cause of my PTSD was removed as if it never happened. I was held captive, starved, raped, beaten and tortured. I've had more than 30 surgeries, yet the rating exonerates them from the support and future care that I will need.

Our Cheyenne VA loves to screw our veterans.

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4.3 - Independent Tribune: [County welcomes Veterans Services director](#) (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance.

It wasn't his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those "trials and tribulations" himself, he says.

Veterans sought his help so much that upper management intervened, Miller says. From then on, he helped outside working hours. He took "smoke breaks" (he doesn't smoke). He arrived early. He left late.

"I promised God that if I was able to get assistance, I would spend the rest of my life helping any veteran I could," Miller says.

Now, he can devote all his time to doing just that as the new director of Cabarrus County Veterans Services.

"It's rewarding to see the difference it can make in people's lives," Miller says. "Coming here gives me the opportunity to have all the assets available to help veterans and their families."

Miller was born in Salisbury, and spent time in Concord and Charlotte before returning to Rowan County and graduating from Salisbury High School. After his departure from the Marines, Miller

worked for several years at Piedmont Correctional Institute in Rowan County. He ultimately wanted to be a N.C. Highway Patrol trooper, but a service-related leg injury prevented it.

Miller worked in retail sales and management before joining the VA. He honed a strong customer service-minded approach while in retail, he says. That serves him well in his current role.

"It's always been natural for me to open up to people, share my smile and give people the opportunity for comfort," he says. "Great customer service is very important to me."

Cabarrus County Veterans Services boasts an experienced staff and a new location at The Old Creamery (363 Church Street N., Suite 180), and Miller wants to educate the public about all the services the department provides.

"I encourage veterans to stop by and speak with us about their military experience and give us a chance to find out if they qualify to receive benefits," he says. "The main thing about me is ... I'll do whatever it takes to get things done with the resources we have here – we'll fight to help each and every veteran and their families."

Miller and his wife, Wanda, have four children and two grandchildren.

Cabarrus County Veterans Services provides free assistance with U.S. Department of Veterans Affairs programs, including:

[...]

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4.4 - The Daily News: [Two nurses graduate from VA hospital transition program](#) (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program.

Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

Uren is on the general medical inpatient unit, while Wollmer works in the Community Living Center for long-term care and short-term rehabilitation.

During the program, Uren and Wollmer shadowed various clinical positions outside of their normal duties to gain a better understanding how all departments work together to provide patient care.

The program finished with each graduate giving medical center leadership a presentation on current research that could benefit the medical center.

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5. Improve Timeliness of Service

5.1 - WIVB (CBS-4, Video): Schumer, Higgins call for federal probe of VA clinic closure (29 August, Al Vaughters, 443k uvm; Buffalo, NY)

AMHERST, N.Y. - Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care.

"When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

Ron Kraft is among more than 100 military veterans who receive outpatient treatment at the VA's Adult Day Health Care program in Amherst, but VA officials have decided to close the clinic Friday, one month earlier than they originally announced.

Kraft's daughter, Kim Baglio believes the sharing of her dad's medical file to strangers without his permission is a violation of his privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), and possibly a civil rights violation.

She also said, his file had more than just his medical information, "Actually at the back of his package of records there were two pages from another man's information, also from the VA."

Rep. Brian Higgins and Sen. Charles Schumer also believe this incident might be a violation of Ron Kraft's civil rights, and suspect there may be others.

The two lawmakers have written a joint letter to the the U.S. Department of Health and Human Services, asking for the Division of Civil Rights to undertake an investigation.

Higgins believes the VA is moving too quickly to transition the veterans in an orderly fashion, "I think this is indicative of the VA's rush to close this adult health care facility which is very, very popular."

The Buffalo Congressman also suspects the VA needs to take a closer look at how the health care center is being closed.

"They are saying that these veterans are accepting of the situation. They are not accepting the situation. They are having this imposed on them. That is not how we treat our veterans."

The VA Western NY Healthcare System issued a statement concerning the closure of the Amherst outpatient clinic, and Ron Kraft's medical records which read, in part, the VA "is looking into the privacy concerns identified, and will take appropriate action."

The statment went on to say, "medical information is shared with prospective contractors only when a Veteran expresses interest in applying to that program, as is standard practice with medical referrals."

The VA is also considering an offer from the developer that owns the Adult Day Health Care clinic's building which would allow the center to remain open for another six months, rent-free.

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6. Suicide Prevention

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk.

"The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

Ursano and his colleagues tracked the medical histories of thousands of enlisted soldiers (not including Guard or Reserve members) who served from 2004 through 2009. Attempted suicide risk factors were similar for soldiers with and without a prior diagnosis of a mental health disorder, the researchers found.

What did seem to raise the odds for suicide attempts?

According to the new data, female soldiers were more at risk than males; younger soldiers were at higher odds than older ones; less educated soldiers face higher risks than more educated service members, and odds for a suicide attempt were especially high during a soldier's first year of service.

Other risk factors included being demoted or late for promotion, or having been in a combat arms or combat medic military occupational specialty.

The risk of suicide attempt was also higher among soldiers with a history of family violence, having been the victim of a crime, or having committed a crime.

"Important times for identifying risk may be present after recent physical injury, family violence or being a victim or perpetrator of a crime," Ursano said in a university news release.

Health issues also seemed key. The study found that soldiers who attempted suicide were more likely to have had at least one outpatient clinic visit in the two months before their attempted suicide, and those with eight or more visits were three to five times more likely to attempt suicide.

Interestingly, combat injury was associated with an increased risk of attempted suicide only among those without a history of a mental health disorder, Ursano's group reported.

Psychiatrists weren't overly surprised by the finding that a soldier's history of mental illness wasn't a big predictor of suicide risk.

"The ability to predict suicidal acts or behavior has been found historically to be quite limited worldwide, and there is evidence that military services members are especially vulnerable due to their exposure to increased, variable stressors," noted Dr. Shawna Newman, of Lenox Hill Hospital in New York City.

Dr. Brian Keefe is a psychiatrist and medical director at Zucker Hillside Hospital in Glen Oaks, N.Y. Reviewing the study, he said that "suicide is a complicated, multifactorial problem. The significant percentage of soldiers with no psychiatric diagnosis who attempt suicide shouldn't surprise any mental health clinician who routinely works with suicidal patients."

He also stressed that lack of a prior diagnosis does not necessarily mean that mental health issues weren't there.

"Estimates in civilian populations suggest that somewhere between 40-50 percent of people with psychiatric disorders don't receive any treatment at all," Keefe said.

And because members of the military are trained to "wear both physical and psychological armor" as they defend the United States, they may be even more reluctant to seek out mental health services than civilians are, he reasoned.

Finally, Keefe said, "there is a growing body of literature demonstrating that most complete suicides are impulsive in nature -- that the time between decision to kill oneself and action may be minutes, not hours or days."

So, efforts to "suicide-proof" the living environment might be key to preventing suicidal thoughts from becoming suicidal acts, Keefe said.

"From nets on bridges, to home safes for unloaded weapons, to breakaway closet and shower rods in college dorms, all members of society -- not just doctors -- can take steps to reduce the rising suicide rate," he said.

The study was published Aug. 29 in JAMA Psychiatry.

More information

The U.S. Veterans Affairs Administration has more on suicide prevention.

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6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help.

The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

What ended with a veteran from Conneaut, Ohio killed started with just two 911 calls. "There was a man that was about half a mile east of Elk Park Road and Ridge Road."

36-year-old Matthew Orrenmaa was shot and killed by a state police officer last week, but the Erie County District Attorney finds the officer's actions justified and lawful.

Dashcam video shows Orrenmaa skipping and running towards police, holding a black object in his hands. Investigators also recovered a note near his body signed, "My children, do not be disappointed".

The founder of an organization that focuses on veteran suicide prevention is responding to that video. Venus Azevedo-Laboda, Boots On Ground Founder, says, "It breaks my heart because, I said this morning, are they not hearing us? Are we not loud enough? It's hard. You know? Especially when it happens here at home."

Experts say there are a few warning signs to look out for if you think a one may be experiencing suicidal thoughts. Jeff Rose, Behavioral Health for Erie VA Medical Center, says, "If they start isolating, not wanting to be around people, engaging in risky behavior such as drinking, use of drugs..."

The Erie VA offers several resources for veterans and coordinators say seeking help can sometimes be the difference between life or death. Rose says, "Unfortunately, there are still 20 veteran suicides a day, but if you look at it, 14 of the 20 are not engaged in treatment. Veterans that are engaged in treatment and utilize the resources the VA has are at much lower risk of suicide."

Veterans and their loved ones are encouraged to call the Veteran Crisis Line at 1-800-273-8255, ext. 1 text them at 838255, or chat online at www.veteranscrisisline.net.

Also, the Erie VA's Behavioral Health Clinic at 814-860-2038, where same-day service is available and they have extended hours (evening and weekend appointments).

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6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#)
(29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend.

Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide.

When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

"That transition is very difficult, it's a very hard time when they go from the military culture to the civilian culture." Rose said

While the VA lends their hands out to a struggling veteran, this effort can't be done alone. As friends and family members could be the first line of support, on their way to treatment, and it starts with being open to conversation.

Denise Kolivoski of the National Alliance on Mental Illness of Erie County says a mental illness should be treated like a physical injury. And loved ones should urge the person to seek treatment just as they would with a regular doctor.

"We really need folks to believe recovery is possible." Kolivoski said

The conversation may be uncomfortable, but Kolivoski and Rose both agree it could be life-saving.

"Sometimes people are just waiting to be asked because they don't want to be the first to say it. But once they're asked, the floodgates are open." Rose said.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country.

Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

Shreve is turning to faith-based organizations to help with the tragedy that is veteran suicide. She says training these organizations in suicide prevention creates a communal atmosphere for helping veterans in need.

"We maybe reach one at the training but then they can go and reach maybe 10 more or 20 more so that people will be looking for the signs of risk and know that it's okay to ask, 'Are you thinking of harming yourself?'" said Shreve.

Shreve says in addition to training, they give out gunlocks to veterans in North Dakota. She says that extra hurdle in accessing a firearm can give the individual a moment of clarity to opt out of suicide.

"We need to get them past that rough spot and back into a frame of mind where they can proceed ahead," said Shreve.

VA leaders tell us it is full speed ahead with this kind of innovation. They say these gatherings allow for face to face collaboration that lead to smarter care for veterans.

“We’re here because we want to ensure that the veteran experience is the best possible that we can deliver,” said John D’Adamo Jr., the acting director of the Veterans Health Administration Innovators Network.

D’Adamo says bringing folks together from around the country allows them to bounce ideas off each other. He stresses that one-size-fits-all innovation is not effective when the focus should be on each individual veteran.

“Working with individuals and being understanding of their unique needs. So we really want to encourage that with all of our projects,” said D’Adamo.

Shreve says they are planning another mass training in Fargo later in September.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members.

Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That’s according to the agency’s inspector general.

Errors included failing to request medical exams or records; not checking whether a report about the alleged assault had been filed; and not clarifying contradictory or insufficient medical opinions, according to the audit.

If those steps had been taken, some veterans may have qualified for compensation.

These claims are more common than you might think. In each of the last three years, the Veterans Benefits Administration has processed about 12,000 applications for disability benefits for PTSD related to sexual trauma. In fiscal year 2017, about 5,500 of those claims were denied.

Investigating claims of sexual assaults that happened some time ago can be difficult. Claims raised by service members can be especially hard to get to the bottom of because of the military’s unique culture, the inspector general said.

Victims may be reluctant to report an assault if the perpetrator is a superior officer. They may fear being punished or receiving poor performance reviews. Victims may also lack faith that the system will take them seriously.

If the victim later seeks benefits for post-traumatic stress disorder, the lack of a report can undermine a claim.

The Veterans Benefits Administration is supposed to take a “liberal approach” and do all it can to substantiate claims, including reviewing a veteran’s records to look for changes in health or behavior, known as “markers,” that could indicate they had suffered a trauma.

That didn’t always happen.

Here are a few examples of denied claims the inspector general said were mishandled.

* The VA concluded there was insufficient evidence to support a claim that a sexual assault resulted in pregnancy. Yet military medical records showed the veteran was pregnant and gave birth consistent with the timeline of the reported assault. The VA requested a medical exam and it supported the claim. But the claim was denied because the exam finding’s “vague language” made that opinion unclear to the claims processor. Clarification should have been sought.

* The VA concluded there were no “markers” in a veteran’s file to support a claim, so a medical examination was unnecessary. The veteran’s job performance declined after the alleged sexual assault, though, which is a behavioral marker. The veteran also had reported the in-service assault to VA medical center personnel and she was treated by a private medical provider. A medical exam should have been requested.

The inspector general pointed to a change in how some claims were processed as a possible reason for the mistakes.

The VA used to require that specialists handle sensitive cases such as those alleging sexual assault. But it did away with that requirement in 2016, resulting in some claims being handled by inexperienced officials. The inspector general recommended that specialists be used in the future, and the VA agreed to do so by November.

The VA also agreed to review all military sexual assault benefits claims that were denied between October 2016 and June. That may fix past mistakes, but the focus must be on improving the system to prevent future errors. Mishandling such important claims can heap even more harm on someone who is struggling to deal with an unspeakable event.

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7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday.

Fort Worth Housing Solutions, the city’s public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

The grants are part of HUD-VASH, which stands for Veterans Affairs Supportive Housing Program.

Under the program, veterans are required to pay a third of their income for rent. If they have no income, they pay a minimum of \$50 a month. The rest is paid for by vouchers.

"I'm really excited where we're going with this program," said Mayor Betsy Price.

The goal is to get every homeless vet off the street, she said.

"I think we can get there," Price said. "I think the community has a heart for serving those who served us."

The number of homeless veterans in Fort Worth dropped 15 percent last year, she said.

The same federal grant program now helps 369 veterans in Fort Worth with rental subsidies and nearly 10,000 across the country, HUD said.

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7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward.

The St. Louis County Council has voted 6-0 to advance the plan.

With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

"If we're going to sell parkland, I can't think of a more appropriate reason to sell it, than to give our vets a final resting place," said St. Louis County Parks Director, Gary Bess.

The close to 70-acre Sylvan Springs County Park is next to the cemetery. It was part of the Jefferson Barracks military complex until St. Louis County bought it for \$3,500 in 1950, Bess said.

Now, the Department of Veterans Affairs wants to buy back about half of the park for close to \$2.4 million.

Coupled with land acquired from the nearby VA hospital, it will hopefully extend burials through 2045, with burials on the parkland beginning in about 10 years.

Critics have come from all sides.

People have questioned whether St. Louis County should charge any money for land to be used for veterans' graves. People against the sale of any park land actually sued to stop this deal but lost, Bess said.

On the November ballot, St. Louis County voters will decide whether to change the law regarding future sales of parkland.

"It will basically require a vote of all St. Louis County residents before parkland can be sold," Bess said.

St. Louis County did not set the sale price.

A spokesperson for the Department of Veterans Affairs told Fox2/News 11 that the department hired an independent appraiser set the “fair market” sale price.

The money will go directly to park improvements county-wide, Bess said.

The St. Louis County Council is expected to give final approval next week.

The Department of Veterans Affairs National Cemetery Administration will hold a public meeting on Sept. 5, 2018, at the Jefferson Barracks VA Medical Center at 6:30 p.m. The purpose of the meeting is to provide information about the draft Environmental Assessment available on the NCA website.

It addresses acquisition of a portion of Sylvan Springs County Park located adjacent to Jefferson Barracks National Cemetery (JBNC) to continue to offer burial access to St. Louis-area Veterans and their families.

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7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

SOUTH COUNTY, Mo. - St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen.

Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

Under the legislation, County Executive Steve Stenger would be authorized to sell nearly 35 acres of the park to the Department of Veterans Affairs for \$2.4 million.

The lower half of the park is the area that would be sold under this deal however, it wouldn't close right away.

The Post reports that the V.A. would lease the land back to the county for about ten years until it's needed for new burials. The St. Louis County Parks director says the county would reinvest the proceeds from the sale into the rest of the park.

Jefferson Barracks is one of the five busiest national cemeteries in the country and it's the only national cemetery in our region that is accepting new burials. In 2012 the cemetery added 15 acres from the nearby V.A. Medical Center and is expected to add 15 acres from the medical center. Those acquisitions should extend the burial capacity to 2028.

After that, the land at Sylvan Springs Park across the street Jefferson Barracks Cemetery would be used. This expansion would give the cemetery an additional 20 years of capacity.

In that past concerns have been raised about losing park space for this purpose and there is a move to put any future county sales of parkland before a public vote.

however, county leaders say this sale was committed to back in 2015.

A final vote is expected at the next county council meeting in a week.

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7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#) (29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

Avon, Minn. – This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders.

“Finally, after all these years,” said the Air Force Veteran.

From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits appeals ruling he had just received in the mail.

“This is my order that my service connection for Agent Orange was granted,” he said with a half-smile.

To get to this moment has been a 13-year journey.

The fight for benefits

Morris first applied for VA benefits for his coronary artery disease and type 2 diabetes in 2005. He strongly suspected his illnesses were the result of exposure to Agent Orange.

The toxic herbicide the U.S. military used to remove jungle foliage in Vietnam, was also used in Korea along the de facto border between the North and South known as the demilitarized zone or DMZ.

The VA’s website states veterans who served in Korea in or near the DMZ between April 1, 1968 and August 31, 1971, and have a disease the VA recognizes as associated with Agent Orange exposure are presumed to have been exposed to herbicides.

Morris served in Korea in 1970 and 1971 with the Airforce 6175th Security Police Squadron. However, the VA repeatedly denied the disability compensation claims he filed citing insufficient evidence.

“Nothing but denials, denials,” Morris exclaimed.

The VA’s argument was there’s no proof Morris was at the DMZ. His main duty station was KUN SAN Air Force Base, located on the shores of the Yellow Sea on South Korea’s west coast. That’s about 109 miles south of the DMZ.

But Morris contended he’d spent several weeks at the DMZ for training. “If you were in the 6175th police squadron, it was mandatory that you went to the DMZ for your combat and weapons training,” he said.

"We were basically digging into the dirt where the Agent Orange was being sprayed," he added. The government lost much of Morris's military records in a fire, but he had other proof he was at the DMZ.

In addition to so-called "buddy letters" from fellow service members that confirm he was at the DMZ for training, Morris has a cassette recording he mailed from Korea to his parents in St. Cloud, MN.

He showed KARE 11 the original Air Mail postage and Customs Declaration that states "cassette tape."

In the recording, which is basically a voice letter to his family, he describes being at combat preparedness school and firing all sorts of weapons "up at the DMZ."

Morris, reapplied for benefits again in 2012, but was again denied. That's when Morris says the runaround from the VA really began.

The Disconnects

Morris continued to appeal his case and on January 18, 2016, he received a letter from the Regional Benefits Director in St. Paul stating that his records were being transferred to the Board of Veterans' Appeals (BVA) in Washington. The letter also stated, "BVA will notify you when they have received your records."

A year passed and Morris says that notification never came.

"I think they're using pony express because I still haven't gotten my conference," Morris said with resigned laugh while speaking with KARE 11 in March 2017.

He said he called the Department of Veterans Affairs in January 2017 and was told he'd receive a letter by early March.

When that letter did not arrive as promised, he called the Department of Veterans Affairs again. This time he recorded the phone call.

The woman who answered was courteous, but could find no record that a letter was supposed to be mailed.

"The Board of Veterans' Appeals are the ones that would set that up for you," she tells Morris during the call.

The VA employee gave him two numbers he could use to reach the BVA. One was 1-800-923-8387. The other was 202-565-5436.

The recording shows she then politely offers to transfer Morris to the 202 number.

"Thank you for your service to our country," she says. "I'm going to transfer you to the 202 number. That's 202-565-5436. That's the Board of Veterans' Appeals. One moment please."

The phone rang a few times then went to an automated message stating the number is no longer in service.

Instead of directing Morris to a new VA number, the automated directory assistance recording suggests connecting to private businesses including locksmiths, plumbers and a veterinary service.

"I needed to find out where I was in line with my video conference on my appeal, I got a locksmith instead," Morris said as he smacked his hand in frustration on his kitchen table.

At first Morris thought it might have been a misdial by the VA employee who transferred him.

"I couldn't believe it you know, I thought well they gave me the wrong number," he remembers thinking. "So, I redialed the number she read off to me and I got the recording again."

Next Morris says he tried calling the other number he'd been given, the 1-800 line. But that didn't work either. "The phone's ringing and the phone's ringing," he recalled.

Morris says it just rang dozens of times, then disconnected with no opportunity to even leave a message.

The veteran's next call was to the KARE 11 investigative team. KARE tried calling the same numbers Morris was told he had to use to get answers about his Agent Orange benefits claim.

The results were the same.

One line was disconnected and routed the caller to locksmiths and veterinarians. Meanwhile, the 1-800 line rang for more than three-minutes, then disconnected. Both numbers given to Morris were at the time listed on the Board of Veterans Appeals official web page and instruction documents.

"I am sure I am not the only veteran out there with these problems," Morris said.

He was not alone.

At that time, VA records showed there was a backlog of 469,098 benefits appeals claims.

Congressional Response

Bob Morris's story of disconnects and denials made waves all the way to the nation's capital.

"Because this was just an outrage," Senator Amy Klobuchar (D-MN) said after watching KARE 11's report.

Both Senator Klobuchar, and Congressman Tim Walz (D-MN) who serves on the House Committee on Veterans Affairs, began demanding answers.

Rep. Walz introduced legislation to help cut red tape and reform the VA's appeals process. "The problem is, if Bob's appeal would have been heard in a timely manner, he wouldn't be needing to make this call," Rep. Walz said at the time.

The Quicker Veterans Benefits Delivery Act of 2017 sailed through Congress with bipartisan support and on March 9, 2018 President Trump signed it into law.

"Our veterans put their lives on the line for us and the least we can do is ensure they are getting the benefits they have earned when they need them," said Rep. Walz about the new law. "I recognize the benefit-claims backlog wasn't created overnight and won't be solved immediately, but we can and must do better. This bipartisan law will enhance VA's current efforts to break the backlog by helping it become more efficient. As a result, it will help veterans get the benefits – and the care – they deserve in a timely manner."

Also because of Bob's story, an antiquated VA call center was shut down.

"Bob Morris has done a service for all veterans across the country because what he came upon was a mess," said Senator Klobuchar who also helped Bob finally get that benefit appeals hearing he'd been calling about in the first place.

Bob's Agent Orange Case

Bob's Board of Veterans' Appeals hearing was finally held in December 2017 via video conference with Veterans Law Judge Michael Herman.

"I'm saying an extra prayer today," Bob told KARE 11 as he walked into the Whipple Federal Building for the hearing. "And hoping for the best."

After five more months of waiting, the judge's ruling on Morris's case recently arrived in the mail.

"It's a long wait, but I finally got the good news," Morris said while flipping through the long-awaited ruling.

"The board has granted the veteran's claim of entitlement to service connection for coronary artery disease and diabetes," Morris read aloud from the document.

"I'm sort of in shock yet, but it's a good feeling finally after all those denials," he added.

"This is just an example, we have veterans that get really a raw deal from the bureaucracy and one of my jobs and our great staff in Minnesota's job is to work with them to get through this red tape," said Senator Klobuchar of the ruling in the Morris case. "And he had such a strong case for disability based on his service, and yet he had to wait for years and years."

Morris continues to seek VA benefits for his bladder cancer which he believes is also linked to Agent Orange.

However, the VA does not recognize that illness as presumptive side effect of Agent Orange exposure.

It's said to be evaluating new research as it decides whether to extend benefits to exposed vets with bladder cancer.

That's a fight Morris says he plans to continue.

"There's got to be some changes made, that's for sure you know," he said.

Our investigation of VA phone problems began after a tip from a viewer. If you want to blow the whistle on a problem, email us at: investigations@kare11.com.

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7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is the final resting place of our country's heroes, but it is running out of space.

"With the current land we have now we're going to run out of space at Jefferson Barracks in 2021," said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director.

Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans and families where they don't have to drive more than 75 miles from their own home which is why finding available land nearby is crucial.

Jefferson Barracks VA Medical Center donated 12 acres of land that will start to be developed in 2019.

That space is estimated to last until 2028 which is where the proposed sale of a county parks comes in.

St Louis County Council approved a bill Tuesday night that allows the sale of the 33.64 acres of Sylvan Springs County Park which is roughly two miles away.

"We're not in the business of selling parkland. It's just as important to us, as it is for all our users. We want it there for the future, but in this particular case the need of our veterans I think outweighed the need of the green space," said Gary Bess, St Louis County Parks and Recreation Director.

A provision was added in the proposed sale that the County Parks Department could lease the park back from the VA for up to 10 years for a dollar before the land is developed for cemetery use.

The sale is expected to be finalized at the St Louis County Council meeting on Tuesday, September 4.

"We're hopeful that we will continue to be able to provide the dignified burial services for our veterans and family members so we're hopeful," said Ryan.

Ryan said they estimate acquiring the parkland would expand the use of the cemetery until 2045.

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7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)

A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead.

"I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said.

Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

"They couldn't process anything because I was listed as 'deceased' in September of 1991," Herren said.

Herren served in the military for eight years -- four in the Army and four in the National Guard, where she found herself in Iraq.

"We were the first units in Desert Shield and Desert Storm, and we really didn't know what to expect," Herren said.

What she also didn't expect is having to prove she was alive when she came back.

"I finally got listed as 'non-deceased' back in April of this year," Herren said.

But then another problem came up.

"It took another three months to get my ID card," Herren said. "Because I was listed as 'deceased' on that system, too."

Which leads us to now, where Herren said she wasn't able to renew her 12 daily prescriptions because she was also listed as "deceased" on that system.

"It shouldn't have happened the first time, much less three times," Herren said.

Herren said she is thankful for all the help she's received from Charles George VAMC employees.

This is a statement sent to News 13 by Armenthis Lester, Public Affairs Officer at Charles George VAMC, regarding Herren's case:

"The issue Ms. Herrin is having originated with the Health and Eligibility Center in Atlanta, GA. This is a national office separate from Charles George VA Medical Center. However, our administrative office staff worked with the Health and Eligibility Center to assist this Veteran, and as of Monday, August 27, 2018, her issue is resolved. We honor Ms. Herrin's service to this country and our desire is for Veterans to get the care they need, when they need it."

News 13 also reached out to the Health and Eligibility Center with the VA to find out what initially led to the problem. We're still waiting to hear back.

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7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)

Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

Daytime activities and events include:

10AM - 4PM - Show and Shine Car Show

3:30 - 7PM - Kids Zone (Armed Forces/Law Enforcement Touch-A-Truck, food vendors, crafts, & more (\$10 all you can play)

6-10PM - Concert featuring chart-topping country band Ricochet

General Admission concert tickets are \$10 and \$20 for VIP. Prices will go up at the gate so buy them online now!

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8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)

Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain.

Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

Spokesmen for the VA Medical Center and the 293rd Infantry Regiment said they require direction from superiors before changing the placement of their American flags.

"I do not have discretion as to setting the flag to half-mast," Lt. Col. Jeremy Gulley, commanding officer of the 293rd, said in an email. He said his unit changed flag position at its Cook Road armory after being notified by the Indiana National Guard's Joint Force Headquarters in Indianapolis.

Tom Blackburn, public affairs officer at VA Northern Indiana Health Care System, said in an email that the medical center "waited for the official proclamation from the White House and approval through the VA channels" to put the flag at the VA Medical Center at half-staff Tuesday morning.

A spokesperson for the General Services Administration said the Adair Federal Building positions its flag according to notifications sent by the Department of Homeland Security.

The U.S. Flag Code states that the president may issue an order that the flag be flown at half-staff after the deaths of “principal figures” of the federal government and governors “as a mark of respect to their memory.”

The White House reportedly flew its American flag at half-staff Saturday evening, raised it to full-staff by Monday morning, then lowered it to half-staff again Monday afternoon after facing public criticism, including from the American Legion. McCain, a Vietnam War veteran and former prisoner of war, and President Donald Trump had been longtime adversaries.

Trump issued a proclamation late Monday afternoon instructing that flags be lowered to half-staff at public buildings and grounds until McCain's interment, which will be Sunday.

Hours before Trump's proclamation, Gov. Eric Holcomb had directed that American flags be flown at half-staff across Indiana in honor of McCain. Although the flag at the Adair building remained at full-staff Monday, the one across Harrison Street at Lincoln Financial Group was flying at half-staff.

The flag code states a governor may proclaim that the national flag be flown at half-staff after the death of a current or former government official from that governor's state or territory. But ABC News reported Monday that 11 governors in addition to Holcomb had called for half-staff flags ahead of Trump's proclamation.

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8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)

An official with the Hampton VA Medical Center blamed an “oversight in communication” for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and U.S. Sen. John McCain, who died Saturday.

A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff. The Albemarle Primary Outpatient Clinic is a facility under the Hampton VA Medical Center, a federal entity subject to President Donald Trump's proclamation Monday that the U.S. flag “be flown at half-staff at the White House and upon all public buildings and grounds ... until sunset, on the day of interment.” McCain's burial is set for Sunday, according to published reports.

Sheila Fair Bailey, a health system specialist with the Hampton VA Medical Center, acknowledged that VA officials had provided guidance to VA facilities to fly U.S. flags at half-staff from Aug. 27 until Sept. 2, the date of McCain's burial. She said the Elizabeth City clinic's failure to lower its U.S. flag to half-staff was “clearly an oversight in communication.”

“I will have a member of our team work in concert with our Albemarle Clinic to immediately rectify the issue,” she said.

The flag outside the clinic was flying at half-staff on Wednesday.

Trump issued his proclamation following outcry over his decision to have the White House flag raised to full-staff on Monday, according to national reports. Trump and McCain notably disagreed over the years and Trump criticized McCain's military service, including his time spent as a prisoner of war during the Vietnam War.

Notably, Elizabeth City's parks also failed to fly U.S. flags at half-staff on Tuesday, though city council did hold a moment of silence during its meeting Monday night for both McCain and Sam Roebuck, the latter a local businessman who is the namesake of Elizabeth City State University's Roebuck Stadium.

Gov. Roy Cooper also issued an order Monday to state agencies, though not local governments, to fly their flags at half-staff until McCain's burial.

McCain, 81, died of brain cancer.

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8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain.

McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

Then, upon returning to Murray late that afternoon, they saw the flag was not at half-staff at many locations.

"People should already know about that, and it's so disrespectful to the military veterans of the local county to see this," said Miller, who served in the Navy. "It goes back to Civics class. This is what you do.

"They knew what to do at Fort Campbell (a U.S. Army base about an hour east of Murray). Their flags were at half-staff when we were there Monday."

Flags throughout Murray were at half-staff by Tuesday and are expected to remain at half-staff through Sunday, the day McCain is buried in Arizona.

One reason for flags not being half-staff in not only Murray, but also Clarksville and other locations Monday might have been what was happening at the White House in Washington. The flag was lowered to half-staff during the middle of the day, then was raised back to full-staff that afternoon, before being returned to half-staff late that afternoon, which is when President Donald Trump ordered all U.S. flags to be flown at half-staff through Sunday.

By that time, places such as schools, government buildings and some businesses had closed for the day.

The office of Kentucky Gov. Matt Bevin states that one of the conditions in which flags should be flown at half-staff in Kentucky is when a president gives the order to honor “principal figures of the United States government and the governor of a state as a mark of respect to their memory. In the event of the death of a present or former official of the government of any state, the governor of that state may proclaim that the U.S. flag be flown at half-staff.”

“We realize that many places don’t fall under the (Department of Defense), like Fort Campbell. For them, this was something that was already understood,” said McAllister, an Army veteran who also served with the Coast Guard. “Going back to Clarksville, it’s hard to get in there, as a veteran, and see the flag not where it’s supposed to be, and there were people coming in for their appointments that were disgruntled about it. We talked to them about it and they told us how they felt.

“So then we go to Fort Campbell and saw that their flags were at half-staff. Then we drive back to Murray and see pretty much none were at half-staff.”

McAllister said that his and Miller’s mission is much like that of McCain, a Republican, who had been a senator since 1987 and ran for president in 2008, losing to Democrat Barack Obama. McCain was known to many as “the maverick” for his willingness to trust his own values and convictions on votes, even going against his own party on some issues.

“I’m glad we did what we did (walking into several locations in Murray Monday to tell them how they felt) and we just hope this gets people to think a little bit,” McAllister said of himself and Miller. “What a striking difference he was to what we’re seeing so much today. To shine way above and beyond all of that evokes the positive part of politics, along with his willingness to work across party lines.”

“He was about ‘We the people,’ instead of his party,” Miller said. “Plus you look at what he did as a POW. He wouldn’t accept his release until everyone ahead of him had gone first. I’m not sure I could’ve done that. He deserves to be honored by everyone.”

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8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain.

A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use.

However, whites are at higher risk of opioid overdose, according to researchers.

The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

“If they were black and tested positive for marijuana, they were twice as likely to have opioids discontinued, and for cocaine, they were three times more likely,” said lead researcher, Julie Gaither.

According to the report, researchers analyzed the health records of more than 15,000 patients who received opioids from the Veterans Administration between 2000 and 2010.

The Centers for Disease Control and Prevention requires that patients are screened for illicit drug use after starting opioids.

But, Gaither says there is no mandate to immediately stop a patient from taking prescription opioids if they test positive for illicit drugs and a more universal approach to monitoring is needed.

“It’s our feeling that without clear guidance, physicians are falling back on ingrained stereotypes, including racial stereotyping,” said Gaither.

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Veterans Affairs Media Summary and News Clips

30 August 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment. Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

[Hyperlink to Above](#)

1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

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1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security. The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

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1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference. Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America. Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

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1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years. The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

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1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services. That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

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1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans exposed to radioactive debris more than five decades ago haven't made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they're hoping Congress can intervene.

[Hyperlink to Above](#)

1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

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2. [Greater Choice for Veterans](#)

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program. Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

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3. [Modernize Our System](#)

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down. Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

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3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration. The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress. The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

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3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release. "From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated.

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3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital. Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

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3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips. This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

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4. [Focus Resources More Efficiently](#)

4.1 - WCCO (CBS-4, Video): [Department of Veterans Affairs Secretary Speaks In Minneapolis](#) (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

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4.2 - Wyoming Tribune-Eagle: [Cheyenne VA fails to serve the region’s veterans fairly](#) (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA. Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug.

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4.3 - Independent Tribune: [County welcomes Veterans Services director](#) (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance. It wasn’t his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those “trials and tribulations” himself, he says.

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4.4 - The Daily News: [Two nurses graduate from VA hospital transition program](#) (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program. Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

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5. [Improve Timeliness of Service](#)

5.1 - WIVB (CBS-4, Video): [Schumer, Higgins call for federal probe of VA clinic closure](#) (29 August, Al Vaughters, 443k uvm; Buffalo, NY)

Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care. "When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

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6. [Suicide Prevention](#)

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk. "The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

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6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help. The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

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6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#) (29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend. Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide. When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country. Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members. Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That's according to the agency's inspector general.

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7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday. Fort Worth Housing Solutions, the city's public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

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7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward. The St. Louis County Council has voted 6-0 to advance the plan. With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

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7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen. Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

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7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#) (29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders. “Finally, after all these years,” said the Air Force Veteran. From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits appeals ruling he had just received in the mail. “This is my order that my service connection for Agent Orange was granted,” he said with a half-smile.

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7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is the final resting place of our country’s heroes, but it is running out of space. “With the current land we have now we’re going to run out of space at Jefferson Barracks in 2021,” said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director. Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans...

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7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)

A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead. "I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said. Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

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7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)

Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

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8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)

Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain. Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

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8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)

An official with the Hampton VA Medical Center blamed an “oversight in communication” for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and U.S. Sen. John McCain, who died Saturday. A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff.

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8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain. McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

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8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain. A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use. However, whites are at higher risk of opioid overdose, according to researchers. The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

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1. [Top Stories](#)

1.1 - ABC News (AP): [Veterans affairs secretary vows not to privatize agency](#) (29 August, Steve Karnowski, 24.1M uvm; New York, NY)

The new secretary of veterans affairs pledged to the American Legion on Wednesday that he won't privatize his agency's health care services even as it increases options for veterans to seek care in the private sector.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul bill that President Donald Trump signed recently in response to the long waits for appointments and short-staffing that have plagued VA hospitals across the country.

"It is our job is to serve you well and honorably, showing you the same kind of dignity and devotion that you gave to America," Wilkie told the group's 100th annual convention, which was held in Minneapolis. "My prime directive is customer service. When a veteran comes to VA it is not up to him to employ a cauldron of layers to get VA to say yes. It is up to VA to say yes to them."

Wilkie said it's "absolutely essential" to have caregivers who specialize veterans' special needs.

"This is not an option that the private sector can provide," he said. "The private sector cannot replicate VA's expertise in things like spinal cord injury, traumatic brain injury, rehabilitative services, prosthetics, audiology, services for the blind, suicide prevention."

Wilkie, a former assistant secretary of defense under President George W. Bush and former undersecretary for current Defense Secretary Jim Mattis, replaced David Shulkin, who was fired amid ethics charges and internal rebellion over the role of private care for veterans. He's tasked with delivering on Trump's campaign promises to fire ineffective VA employees and steer more patients to the private sector.

The agency is the government's second-largest department, serving 9 million veterans, and its struggles prompted some in the administration to advocate for the privatization of some of its services. Major veterans groups have opposed that, saying the solution is full funding for core VA medical centers.

Veterans at the convention reported mixed experiences with the VA medical system, depending on where they live. Calvin Boswell, a former Navy Seabee from Columbus, Mississippi, who served from 1980-2004, said he gets very good care at the VA hospital in Tuscaloosa, Alabama.

"They do an awesome job," he said.

But Janet Grass, an Iraq War vet from Dubuque, Iowa, who spent over 22 years in the Navy, said she and her Army veteran son, who recently returned from his third tour in Afghanistan, aren't satisfied with the VA medical center in Iowa City. She said it takes weeks to get an appointment there, but she puts up with the three-hour round trip because it's even harder to see a doctor at the small VA clinic in Dubuque.

"You never get the same doctor. So your care is not consistent because the system is so overbooked," Grass said.

Wilkie also paid tribute to Sen. John McCain, the Navy aviator, prisoner of war and Arizona Republican who died of brain cancer Saturday at 81. American Legion leaders took Trump to task on Monday after flags at the White House, which flew at half staff through the weekend, were raised to full height on Monday. Trump later relented amid criticism and ordered them lowered again through McCain's interment this Sunday.

"A few days ago we lost one of America's great warriors, and a man whose lifetime of selfless services reminds us all why we do what we do," Wilkie said. "I want to thank the American Legion for honoring John McCain."

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1.2 - U.S. News & World Report (AP): [Veterans Affairs Secretary Vows Not to Privatize Agency](#) (29 August, Steve Karnowski, 23.9M uvm; Washington, DC)

MINNEAPOLIS (AP) — The new secretary of veterans affairs has pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Robert Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He told the Legion's 100th annual convention on Wednesday in Minneapolis that the VA owes veterans "the same kind of dignity and devotion" they gave to America.

He says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

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1.3 - Military.com: [VA Secretary Says Department Has New Mission: Customer Service](#) (29 August, Richard Sisk, 9M uvm; San Francisco, CA)

Department of Veterans Affairs Secretary Robert Wilkie pledged Wednesday to usher in a new era of "customer service" at the government's second-largest bureaucracy that will give veterans the care they've earned without having to resort to a "cauldron of lawyers."

In an address to the 100th national convention of the two-million-member American Legion, Wilkie also said he has the commitment of Defense Secretary Jim Mattis to work together on developing a new electronic "patient-centered health care system" to allow for smooth transitions from active-duty to veteran status.

To stress the point on electronic records, Wilkie, an Air Force Reserve colonel who was sworn into office July 30, referred, as he frequently does, to the experience of his late father, retired

Army Lt. Col. Robert Leon Wilkie Sr., who was severely wounded in the U.S. operation in Cambodia in 1970.

His father was 6-foot-2 and 240 pounds before he was wounded, Wilkie said, and came home weighing 115 pounds. For treatment at the VA, the second-largest government department after the Pentagon, his father had to carry around 800 pages of medical records to ensure care, he added.

Wilkie, the former assistant secretary of defense for personnel and readiness at the Pentagon, said he received a final order from Mattis, a retired Marine general, when he left the Pentagon to go to the VA: "From here on out, the Defense Department and the VA will be joined at the hip" on electronic records.

In his 21-minute address to the Legion in Minneapolis, Wilkie said the VA provides excellent care. The problem is "just getting our veterans through the door to get that care."

"The VA is about serving veterans. Our responsibility is to serve you well and honorably. My prime directive is customer service," he said, and it should not be up to the veteran "to employ a cauldron of lawyers to get the VA to say 'Yes.' It's up to the VA to say 'Yes' to them. That is where the VA must go."

In that effort, "I pledge to you that this is a bottom-up organization, that the Legion has a seat at the table, that you have an open door to the 10th floor," where his office is located at VA headquarters, he added.

Wilkie said customer service should improve under the VA Mission Act, which was signed into law by President Donald Trump in June and is aimed at giving veterans improved access to private-sector care when it is in their best interests.

He said increased funding under the act should alleviate many of the problems associated with the previous Choice Program, although Congress has yet to appropriate funding. The Mission Act is projected to cost more than \$50 billion over five years.

Wilkie also repeated assurances he made at his Senate confirmation hearing that improved access to private care is not a smokescreen for the "privatization" of the VA health care system at more than 1,200 facilities nationwide.

Veterans need care from providers who can speak "in the language of veterans" and who "know what you've been through," he said, adding that that is "not an option that the private sector can provide."

The private sector also "cannot replicate" what the VA does on spinal cord and traumatic brain injuries, prosthetics, services for the blind, and suicide prevention, Wilkie said.

His electronic health records (EHR) pledge has been met with skepticism in the House, where a new oversight subcommittee has been set up to check on the \$10 billion-plus contract he signed as acting VA secretary with Cerner Corp of Kansas City, Missouri.

The VA is undertaking the largest transition to EHR ever attempted in the U.S., requiring oversight from the new Subcommittee on Technology Modernization, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said in a statement last month.

"As the department embarks on the nation's largest overhaul, it is critical that we ensure veterans and taxpayers are protected throughout the transition," he said in a statement Thursday.

Roe, a physician, said, "I have personally gone through a transition to a new health record system when I was in private practice, and I know how much potential there is for a project like this to be a costly disruption. Congress has a duty to conduct rigorous oversight every step of the way."

He named Rep. Jim Banks, R-Indiana, a former Navy Reserve supply officer and Afghanistan veteran, to head the new subcommittee.

"Service members and veterans deserve a seamless, lifetime medical record and an electronic health record system that supports the highest quality care," Banks said. "However, I have no illusions about the challenge confronting VA in this monumental undertaking."

At the beginning of his remarks, Wilkie paid tribute to the passing of Sen. John McCain, R-Arizona, who died Aug. 25 after a year-long battle against glioblastoma, a terminal form of brain cancer.

"A few days ago, we lost one of America's great warriors, a man whose lifetime of selfless service reminds all of us why we do what we do. I want to thank the American Legion for honoring Sen. John McCain," he said.

Wilkie made no mention of the action of Denise Rohan, the Legion's national commander, in joining with AMVETS in charging that Trump had failed to show "proper respect" for McCain by having the rooftop flag of the White House returned to full staff Monday morning.

Trump later issued a proclamation returning the flag atop the White House and on all public federal buildings and military bases to half-staff until McCain's interment this weekend at the U.S. Naval Academy cemetery.

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1.4 - Stars and Stripes: [American Legion's influence with the VA questioned at annual convention](#) (29 August, Nikki Wentling, 1.5M uvm; Washington, DC)

MINNEAPOLIS — For 100 years, the American Legion has been a voice for veterans in Washington, influencing government policy on veterans' health care, education and national security.

The group lobbied to create the U.S. Veterans Bureau in the 1920s, pushed Congress to adopt the GI Bill in 1944 and was the first to call for the resignation of former Department of Veterans Affairs Secretary Eric Shinseki following the VA wait-time scandal in 2014.

Its political influence was evident Monday, when criticism from the Legion and other veterans groups, in part, led President Donald Trump to order the White House flag lowered to half-staff in honor of Sen. John McCain, who died Saturday.

"When this organization says something, Washington listens," said David Rehbein, a past national commander of the organization.

But at its national convention this week doubts about its influence emerged, prompted by concerns about its membership numbers and who the Trump administration is listening to about veterans policies.

The Legion has dipped to about 2 million today from more than 3 million in the 1990s. Fewer members means less authority in Washington, said Denise Rohan, its current national commander.

"Our voice was heard much louder," she said. "It is being heard now, just not as loud as it used to be. I am hoping somehow, we can turn around whatever is going on."

At the same time, two Democrats on the House Committee on Veterans' Affairs warned Wednesday that Trump's administration could be taking cues on VA policies from entities other than traditional veterans service organizations.

Rep. Tim Walz, D-Minn., the ranking Democrat on the House committee, warned of the growing influence of Concerned Veterans for America, a conservative advocacy group in the Koch brothers' political network that has been afforded more access to the VA under Trump's administration.

"They should be concerned," Walz said of the Legion. "I think there's a disproportionate voice in CVA that needs to be balanced with the American Legion, [Disabled American Veterans] and [Veterans of Foreign Wars]."

There also have been reports of Trump looking elsewhere for advice on the VA. Earlier this month, ProPublica, a nonprofit news organization, reported three wealthy members of Trump's private club in Palm Beach, Fla., were dictating decisions about the agency.

The trio, dubbed the "Mar-a-Lago Crowd," comprises Marvel Entertainment Chairman Ike Perlmutter, lawyer Marc Sherman and Bruce Moskowitz, a Palm Beach doctor. None of them have served in the U.S. military or government.

The report triggered outcry from Democrats, some of whom requested investigations by congressional committees and government watchdogs.

"The Legion and other veterans service organizations are right to be concerned given the revelations of a shadow VA governance at Mar-a-Lago," said Rep. Mark Takano, D-Calif. "Only time will tell whether Secretary Wilkie is making decisions for the VA, and not some shadow group."

Wilkie has served as VA secretary for about one month. He addressed the crowd of thousands of veterans in Minneapolis on Wednesday, appearing to reassure the group about its role as an adviser on VA issues.

"I pledge to you that this is a bottom-up organization, that the Legion has the seat at the table, that you have an open door to that 10th floor of the Department of Veterans Affairs," Wilkie said. The secretary's office is located on the 10th floor of VA headquarters in downtown Washington.

Despite the recent controversy, Rohan, who will end her tenure as American Legion commander Thursday, is optimistic.

"Talking to Secretary Wilkie, I'm confident that he will be listening to us," she said. "As he gathers information from us, hopefully he'll pass it on to the administration. Those relationships continue to build, and as they continue to build, so will the understanding of the American Legion's place."

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1.5 - KNSI (AP-1450/AP-99.3, Audio): [Secretary: St. Cloud VA Is Doing It Right](#) (29 August, Jake Judd, 30k uvm; Saint Cloud, MN)

The new secretary of veterans affairs is in Minnesota for the American Legion Conference.

Robert Wilkie spoke at the Legion's 100th annual convention in Minneapolis and says the VA owes veterans "the same kind of dignity and devotion" they gave to America.

Wilkie says VA clinics like the one in St. Cloud is doing it right when it comes to taking care of veterans.

He told KNSI's Bob Hughes that the St. Cloud VA gives veterans care in their own communities.

"We have to give them the opportunity and their families to use doctors that are closer to them so that burden doesn't fall on them to make such long trips."

In the past, veterans had to drive hundreds of miles round trip to see a doctor.

Minnesota's VA serves 325 thousand veterans.

Wilkie, who was sworn in last month, also pledged better customer service as a result of the VA overhaul signed recently in response to the long waits for appointments at VA medical centers across the country.

He pledged to the American Legion that he won't privatize the agency even as it increases options for veterans to seek private sector treatment.

Secretary Wilkie says it's essential to have specialized caregivers who know what veterans have been through, and that's "not an option that the private sector can provide." He says the private sector can't replicate the VA's expertise.

To hear Bob's conversation with the secretary, [click here](#).

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1.6 - U.S. News & World Report (AP): [St. Louis County Parkland to Be Sold for Cemetery Expansion](#) (29 August, 23.9M uvm; Washington, DC)

CLAYTON, Mo. — St. Louis County is preparing to sell parkland for the expansion of the Jefferson Barracks National Cemetery, which is expected to run out of space in the next few years.

The County Council voted unanimously on Tuesday to advance a bill that would authorize the sale of 33.6 acres (13.6 hectares) of the Sylvan Springs Park to the U.S. Department of Veterans Affairs for \$2.4 million, The St. Louis Post-Dispatch reported. Final approval is expected next week.

The cemetery will run out of burial plots between 2021 and 2027, officials said. The extra acreage would give the cemetery an additional 20 years of capacity, according to a VA environmental assessment.

"It's unfortunate that we need this land, but it is very well needed by a lot of people," said Al Katzenberger, American Legion liaison to the cemetery.

The VA would lease the lower half of the park back to the county for about a decade until the space is needed for new burials.

St. Louis County Parks Director Gary Bess said funds from the land sale would be reinvested into the rest of the park.

The deal comes as county government officials have been trying to limit their authority to sell parkland by proposing a change that would require a public vote before any such transaction. But members of the St. Louis County Council said they had already committed to the Sylvan Springs Park deal in 2015.

An environmental law firm in 2015 filed a lawsuit on behalf of county residents to block the sale. But the St. Louis County Circuit Court and the state court of appeals ruled that the county had the authority to sell the property.

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1.7 - Reveal (CIR): [VA's mental health care crisis draws private firms pitching dubious PTSD treatments](#) (29 August, Jasper Ceraven and Suzanne Gordon, 124k uvm; Emeryville, CA)

After Wisconsin beer mogul Jake Leinenkugel was tapped by President Donald Trump in 2017 as a White House adviser on veterans' issues, he quickly identified mental health care as a top priority, alongside privatization of services.

That combination has touched off a behind-the-scenes race by private companies, some offering questionable – or at least unproven – treatments for the signature injury of modern war: post-traumatic stress disorder.

Last week, various alternative treatments were discussed at a hearing of the Creating Options for Veterans' Expedited Recovery Commission – also known as the COVER Commission – with Leinenkugel as chairman. The body's charter is to study the Department of Veterans' Affairs' own model for prioritizing evidence-based therapy and assess the "potential benefits of

incorporating complementary and integrative health treatments available in non-Department facilities.”

In a small ballroom in the basement of the JW Marriott hotel in Washington, five senior VA doctors expressed some openness to private options – but with clear limits. All fiercely defended the VA’s current approach to mental health care and cautioned against widely adopting any unproven treatments.

The acting assistant deputy undersecretary for health for patient care services, Dr. Marsden McGuire, warned against “quackery” and medical claims “made falsely, with ill intent.” He said he’s received complaints from VA psychiatrists who have been urged to adopt dubious treatments. He then recommended that the agency invest its limited resources in those treatments most likely to help.

“There is some concern that if we put out these things as a magic bullet, we will redirect attention from things that actually have stronger evidence, that are going to work,” McGuire said.

Alternative treatments include simple, less costly approaches such as yoga and acupuncture, as well as more expensive treatments with complicated names, such as hyperbaric oxygen therapy, in which patients are placed in pressurized tubes that deliver high levels of oxygen to the body, and magnetic resonance therapy, a “brain zapping” technique that uses magnets to influence the movement of protons in the cortex.

Private providers are offering effective and conventional mental health treatments as a triage force in what has become an urgent suicide crisis among veterans, with roughly 20 former servicemembers taking their own lives every day.

Amid these emergency conditions, some VA officials and veterans advocates are pushing for wider adoption of experimental treatments, arguing that no veteran should be denied therapy that could potentially help treat mental illness or lessen trauma.

Yet others see these private interests as profit seekers, snake-oil salesmen or pill peddlers eager to bring veterans into a private system in which oversight is lax, PTSD expertise is thin and familiarity with military culture is limited.

While many of these organizations work outside the VA entirely, others are aggressively engaged with the agency in an attempt to peel off patients directly through a partnership or to secure research money, pilot programs or an agency stamp of approval.

Dr. Matthew Friedman, a clinical psychiatrist and one of the founders of the VA’s National Center for PTSD, said he’s recently witnessed an uptick in “self-proclaimed magicians” who are eager to partner with the agency.

“The answer is: If it hasn’t been proven, it’s not something the VA should endorse,” Friedman said. “They should live by the same rules other treatments live by; they should be tested in rigorous, randomized clinical trials. That’s the coin of the realm. And if they haven’t done that ... stay away, baby. Stay away.”

In June 2017, Leinenkugel sent an email to VA leadership with the subject line “Big Bold Ideas.” His proposals included cutting back staff at the agency’s central office by 35 percent, merging

all homelessness programs for veterans into the U.S. Department of Housing and Urban Development, and ramping up suicide prevention efforts.

In this mental health care offensive, Leinenkugel urged the VA to “invite best private care entities to fully participate.”

At the first COVER Commission meeting in late July, Leinenkugel vouched for hyperbaric treatment, saying his support came after two groups spent a year lobbying him on its benefits.

“They’re gaining resonance on the Hill and also in states,” he said. “So whether or not we think that treatment works or has any evidence base to it at this point in time, it is not relevant to me. I think it needs to be explored.”

Despite positive anecdotal results, hyperbaric treatment for PTSD has been debunked by several studies, including one by the VA and Department of Defense that deemed it ineffective. In recent years, various interests have sought federal reimbursement for hyperbaric PTSD treatment, including the Princeton Wound Care Center, Healogics and the International Hyperbaric Medical Association.

A COVER commissioner, Tom Beeman, is the executive in residence at the Pennsylvania College of Health Sciences, affiliated with the University of Pennsylvania Health System, which boasts one of the most comprehensive hyperbaric programs in the nation.

“VA would not likely buy a lot of hyperbaric equipment, but instead send people to use it in the private sector,” said a senior congressional staffer who was not authorized to speak with the press. “The VA represents a potentially big revenue stream for private interests.”

The COVER Commission states in its charter that all members must be “of recognized standing and distinction within the medical community with a background in treating mental health.”

Yet at least four members, including Leinenkugel, don’t meet these requirements, which has alarmed some mental health advocates. Some also are concerned that Casin Spero, a former official at the Koch brothers-backed Concerned Veterans for America, recently was appointed as the commission’s chief adviser.

That organization advocates for more private options for VA patients, and organization officials helped craft the Veterans Empowerment Act, a bill that calls for the “termination of functions of the Veterans Health Administration directly related to the furnishing of hospital care, medical services, and other health care.”

Other actors, including executives from major private health care companies, are expected to offer advisory roles as the commission moves forward.

At the start of last week’s meeting, Leinenkugel stated his desire to be an “actionable committee” with the mission of influencing the VA, White House and Congress to make the “necessary and right changes” to the VA’s mental health care efforts. The VA and the White House did not respond to questions submitted by Reveal from The Center for Investigative Reporting.

Shortage of mental health providers

For years, the VA's primary response to PTSD was medication. Reveal obtained documents that showed that from 2001 to 2012, VA prescriptions for four of the most common opioids – hydrocodone, oxycodone, methadone, and morphine – increased by more than 270 percent. The report sparked national outrage and meaningful reforms inside the agency.

Since 2012, the agency has drastically cut down opioid prescription rates and sought to promote talk therapies as the best first-line treatment for PTSD. And while private entities have denigrated the VA for not embracing their alternative treatments, more than 90 percent of VA facilities today offer some type of supplemental therapy, from meditation and yoga to sweat lodges staffed by medicine men.

While VA officials are acutely aware of the agency's need to provide options to all veterans, many also worry about solving a more basic problem: shortages of mental health providers inside the agency.

Since 2010, the number of veterans receiving care for PTSD from the Veterans Health Administration has grown by more than 50 percent. The VA has not been able to hire or retain enough mental health professionals to keep up with demand. Currently, it has a 12 percent vacancy rate for psychiatrists and a 13 percent rate for psychologists.

Many at the VA worry that by adopting or endorsing unproven treatments, the agency will steer precious budget dollars away from needed hiring and clinically efficacious treatments and toward the pursuit of dubious, often expensive options. The cost of a single hyperbaric treatment, for instance, can be more than \$1,000.

Carl Castro, director of the University of Southern California's Center for Innovation and Research on Veterans & Military Families, said alternative PTSD treatments are "seductive for people who are suffering."

"Some of these treatments surely are about making money, but for the most part, people generally want to make veterans better," Castro said. "Still, these types of treatment should never be mandated. If a nonprofit wants to spend money on providing them, fine. But you shouldn't mandate taxpayer dollars for something that's not evidence based. That, to me, is unethical."

While the widespread use of hyperbaric therapy is being mulled in Washington, the VA made the treatment available to VA patients in eastern Oklahoma and Northern California in November. Following political pressure from Rep. Pete Sessions, R-Texas, VA officials said at last week's COVER Commission meeting that the VA soon will offer the treatments to patients in San Antonio and plans to bring it to Tampa, Florida, in the next two months.

Seeking novel treatments

Pressure to consider experimental private treatments extends beyond the COVER Commission. In April 2017, then-VA Secretary David Shulkin launched the Center for Compassionate Care Innovation, focused on forging partnerships with novel mental health and pain providers.

Any type of treatment may be submitted to the office as a formal proposal, which, if found to be safe and potentially helpful, could result in deployment at hospitals across the country. The recent hyperbaric pilot was spearheaded by the center.

A month after the center was established, the VA issued a directive that any agency-approved alternative therapy “must be made available to Veterans across the system, either within a VA medical facility or in the community.” Two months after the center was launched, the House Veterans’ Affairs Committee held a hearing about the promise of alternative therapies.

The hearing featured panelists from the private sector who often criticized the VA while boosting the private sector. Sebastian Junger, a documentary filmmaker and author with no psychological training, asserted that the agency was improperly diagnosing PTSD and turning veterans into “permanently damaged wards of the state.”

“If you want to create hundreds of thousands of depressed alcoholics in our society, give them just enough money to never have to work again and tell them they are too disabled to contribute to society in any meaningful way,” Junger said.

Kristofer Goldsmith, assistant director for policy and government relations for Vietnam Veterans of America, described the hearing as one of the most irksome he’d ever attended on Capitol Hill.

“It was frustrating to sit there listening to a bunch of folks who know nothing about health care talk about how bad VA health care is and how superior their services are,” he said. “The bottom line is these guys want government money behind their pet projects, yet they have no evidence their approach is better than the VA’s.”

While some major veterans organizations have offered qualified support for alternative private-sector treatments, their testimony at the hearing prioritized support for the VA’s mental health care system over outsourcing to experimental providers.

As veterans and VA officials pointed out, studies consistently show that VA mental health care outperforms the private sector. In November 2015, Psychiatric Services – a peer-reviewed journal of the American Psychiatric Association – released a study that found that “in every case, VA performance was superior to that of the private sector by more than 30 percent.”

Lobbying for alternative therapies

Since Trump took office, there has been a flurry of lobbying from private mental health interests of all sizes, including four organizations that testified before the House last summer.

One of those four – Boulder Crest Retreat – offers what’s called post-traumatic growth therapy to veterans for free at luxury retreats in Arizona and Virginia. The treatment is based on the idea that adversity can spur positive mental growth. It has received glowing national press attention from the likes of CNN’s Jake Tapper and NBC’s Megyn Kelly, and the retreat released a six-month interim longitudinal study that claims its treatment has shown improvements that surpass outcomes inside the VA.

Yet the study, which was not peer-reviewed and has no control group, is far from conclusive. It initially measured 49 people but followed up with only 19, and their self-reported improvements generally are limited.

Dr. Anthony Mancini, an associate professor of psychology at Pace University, has written about how acute adversity has organically resulted in positive long-term growth. But Mancini said he isn’t aware of any treatment that has proven such growth can be spurred through therapy.

“People have built a cottage industry out of post-traumatic growth; it’s an appealing idea,” he said. “I think the world would be better if it were true, but I don’t see the evidence for it.”

Dusty Baxley, executive director of Boulder Crest, said he has “no interest in responding to skeptics,” but said, “we take a wellness-based approach, and we know it works.”

Since September, Boulder Crest has spent nearly \$50,000 on federal lobbying. Boulder Crest and other alternative treatment providers have found allies among their home state lawmakers, too.

In late May, U.S. Rep. Scott Taylor, a Virginia Republican, introduced legislation to require the VA to study the benefits of private post-traumatic growth treatments like the kind offered at Boulder Crest.

Even though the VA objected to Taylor’s bill – with agency guidance contending that it “would be inappropriate to assign suicidal Veterans who are not receiving mental health care to an intervention of unknown effectiveness” it has racked up 21 co-sponsors. Boulder Crest was the subject of a flattering VA press release in December and has established an informal partnership with the VA.

Similarly, a bill from Republican U.S. Rep. Stephen Knight, the No Hero Left Untreated Act, demands that the VA carry out a one-year pilot program to provide access to magnetic-guided resonance therapy.

Magnetic resonance therapy has shown promise, but early clinical trials have been flawed. One study, for example, was conducted without a control group, had no female participants and did not follow up to gauge long-term efficacy. Multiple studies examining alternative PTSD treatments, including magnetic resonance therapy, have relied on self-reported results, as opposed to engaging participants in what’s called the clinician-administered PTSD scale, the gold standard in PTSD assessment.

Knight’s district in California includes part of Los Angeles, where the preeminent advocate of magnetic therapy, Dr. Yi Jin, offers it through the Brain Treatment Center clinics.

While the Brain Treatment Center hasn’t hired a congressional lobbyist, PeakLogic – a software company that has created a platform to manage and monitor the novel treatments – registered a lobbyist in March.

Some private interests are looking to get federal dollars for programs that largely overlap with VA initiatives. For instance, several federal lawmakers, including Senate Majority Leader Mitch McConnell, repeatedly have pushed the VA to support an online cognitive behavioral health program from Magellan Health, despite the fact that the VA has created similar online tools.

Amazon also has shown interest in replicating signature VA mental health services. According to emails obtained by Reveal through a public records request, the COVER Commission’s Leinenkugel scheduled a meeting with officials to discuss trauma care treatment and suicide prevention, noting to colleagues that the company had “some great tools/ideas.”

Tim Bomke, military program manager at Amazon, wrote in an email: “Our precise expectation would be providing technology solution(s) for use in poly-trauma/rehab facilities and suicide prevention.”

One specific idea floated by Amazon was to offer its signature Dash Button – which allows customers to order staple goods such as toilet paper with one click – to help prevent veteran suicide. The idea appears to largely overlap with the VA’s suicide prevention hotline, which soon will be accessible by typing in just three digits.

Pharmaceutical interests

While the VA has scaled back its use of drugs to treat mental health issues and last year prioritized psychotherapy as a primary treatment for PTSD, a cadre of pharmacological interests is making a play to bring new pills to market that they say can stave off symptoms of military trauma.

Leading this charge is the Coalition to Heal Invisible Wounds, a trade group formed in February 2017. The group is made up of Cohen Veterans Bioscience – funded by disgraced hedge fund billionaire Steve Cohen – and Tonix Pharmaceuticals and Otsuka America Pharmaceutical Inc.

The coalition has spent \$320,000 on lobbying efforts since spring 2017, aimed chiefly at “enhancing VA and (Defense Department) support for clinical research and development of new treatments.” Tonix has spent an additional \$100,000 on lobbying, and Cohen has personally spent \$360,000. In House testimony last summer, the group said it was seeking greater access to VA patients and PTSD datasets to develop drugs, as well as more grant money for clinical studies.

Dr. Lori Davis, associate chief of staff for research and development at the Tuscaloosa VA Medical Center in Alabama, has been a paid consultant for both Tonix and Otsuka.

Some inside the VA are hopeful that pharmaceutical companies are taking an interest in PTSD after years of little development for treatments. Yet the drugs in development by these interests include antipsychotic medications and muscle relaxants, which already have been proven to have potentially dangerous side effects.

Some also are concerned that if promising drugs are brought to market, the VA could face steep prices, despite helping with development. ProPublica reported earlier this month that PTSD researchers working for Cohen were asked to sign over their intellectual property rights, a move they viewed as a “revenue grab.”

After receiving fast-track designation from the Food and Drug Administration for its PTSD drug Tonmya, Tonix abandoned its late-stage study of the muscle relaxant in late July. Twelve weeks of treatment showed little difference in symptoms between those on the drug and those receiving a placebo. In the trial, the drug showed some promise among veterans with recent trauma, and the company plans to continue its development, with a redesigned clinical trial coming soon.

Lobbying has extended to alternative drug treatments, too, including ketamine. Ketamine has shown promise to bring long-term depression relief, but the VA and Defense Department’s clinical practice guidelines recommend against its use due to “long-term safety and efficacy concerns.” Multiple private entities offer ketamine treatment to veterans struggling with PTSD, and Dr. Carl J. Bonnett, founder and medical director of Klarisana, has advocated for VA reimbursements for ketamine treatments offered in his Austin and San Antonio clinics.

Lack of VA oversight

Since the 2014 VA Choice Act greatly increased the number of veterans seeking private care, the law's champions – both inside and outside government – have claimed the thousands of private partners are providing top-notch care.

Yet documents shared with Reveal show that when the VA partners with private providers, there is virtually no oversight of the quality of that care.

An internal 2018 analysis of community care found a “lack of transparency, communication and information sharing about how issues pertaining to quality and patient safety in (the private sector) are addressed.” Similarly, the VA's Center for Compassionate Care Innovation does not track the long-term efficacy of the alternative PTSD treatments it offers through private partners.

The documents further suggest that no standardized reporting mechanisms exist for patients to report adverse events in the private sector and noted little collaboration and communication between the VA and the two contractors administering private care through the Veterans Choice program: Health Net Federal Services and TriWest Healthcare Alliance.

Documents also reveal that private providers often don't share medical records – such as what types of treatment or medication they gave – with VA providers. Official VA policy is to request these medical records only three times before closing out the request, a directive that has led to thousands of VA patients with black holes in their records.

A VA researcher in California told Reveal that many veterans who have been weaned from opioids and benzodiazepines at agency facilities return from private care back on the addictive, potentially lethal mixtures of medications.

Dr. Tauheed Zaman, medical director of the Addiction Consult and Prescription Opioid Safety Team at the San Francisco VA Health Care System, said this problem largely arises because private providers work in a fee-for-service system and are reimbursed more for medication management than for providing long-term care.

The Trump administration now is working to set up a permanent private care network mandated through the recent passage of the VA MISSION Act, which will almost surely make private mental health care appointments more common. And while the MISSION Act requires the agency to establish quality standards for private providers, it's unclear exactly how care will be measured and what level of VA oversight private providers will allow.

Bills pending in Congress would further outsource mental health care to the private sector. One draft from Sen. Bill Cassidy, R-La., would distribute grants to private providers for suicide prevention efforts. Another bill, sponsored by Sen. Joni Ernst, R-Iowa, would allow a veteran to seek private mental health care if he or she provides a written or verbal statement requesting such care. Currently, VA doctors make these calls in consultation with patients based chiefly on what makes the most sense for their mental health.

USC's Castro said he saw multiple dubious treatments come before him during his tenure as the director of the Military Operational Medicine Research Program. He recalls when the Defense Department invested millions for computer equipment to conduct interactive virtual reality exposure therapies. The therapy was hailed in the media, yet multiple clinical trials showed it was no more effective than traditional talk therapy.

“You can get a soldier to reimagine their trauma without virtual reality, but it looked cool to the generals,” Castro said. “It wasn’t necessary, but the government bought 30 or 40 of these rigs. Now, they are literally sitting next to the freaking brooms in hospital closets; I’ve seen them.”

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1.8 - Military Times: [Lawmaker presses for quicker action to help military clean-up crews of 1966 nuclear accident](#) (29 August, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans exposed to radioactive debris more than five decades ago haven’t made much progress in the courts to have their illnesses recognized by the Department of Veterans Affairs, so now they’re hoping Congress can intervene.

On Wednesday, Sen. Richard Blumenthal, D-Conn., joined a group of advocates to unveil new legislation that would force VA to offer presumptive status to veterans involved the 1966 cleanup of an accident involving nuclear bombs in Palomares, Spain, an incident that may have given radiation poisoning to more than 1,600 American service members.

“These veterans were exposed to nuclear materials without any warning or protection that today would be considered routine,” Blumenthal said. “The quickest way to get them what they deserve now is for Congress to act.”

Veterans involved in the accident have been unsuccessfully petitioning VA on their case since the mid-1970s, after a host of strange cancers and other illnesses began appearing among individuals involved in the Palomares incident.

In January 1966, seven airmen were killed and four more injured when a B-52 crashed into a KC-135 during a refueling mission off the coast of Spain. The B-52 was carrying four nuclear weapons at the time of the accident, and two of them exploded near the town of Palomares, spreading radioactive plutonium over hundreds of acres.

U.S. officials quickly ordered military personnel into the area to collect contaminated debris, crops and soil in an effort to repair the damage.

But veterans involved in that clean up say they were given no protective clothing or respiratory devices, and told very little about the potential long-term health effects about exposure to the nuclear material.

John Garman, one of the first airmen on the scene, said he remembers loading thousands of 55-gallon drums with contaminated top soil that was sent back to the United States for safe disposal.

“The civilians who buried those barrels in South Carolina were covered under federal law, but not us,” said Garaman, who developed bladder cancer at age 35 and multiple respiratory problems in later years. “Since I first filed in 1981, the VA has denied all of my claims.”

Department officials have long insisted that not enough scientific evidence exists to classify all of the health problems as service-related illnesses, and spotty Air Force records of the work and contamination levels have added to the problem.

Last December, the Veterans Legal Services Clinic at Yale Law School filed suit against VA to force recognition of the illnesses and benefits payouts, but that case has yet to move forward. Officials from Vietnam Veterans of America said many of the affected troops are elderly or deceased, meaning further delays could prove tragic.

Blumenthal called VA's refusal to address the Palomares issue the latest in a long line of controversial decisions related to wartime exposure.

Recently, VA has come under criticism for its opposition to grant presumptive benefits status to so-called "blue water veterans" who served in ships off the coast of Vietnam and claim extensive Agent Orange contamination in their daily work. Several veterans groups have also accused the department of not doing enough to document illnesses connected to the use of burn pits in Iraq and Afghanistan.

VA officials have warned that deviating from long-held scientific standards for benefits awards could create financial problems for the department, by opening up support payments to tens of thousands of additional veterans.

Blumenthal said he does not believe this group presents a significant new financial burden for the department. But, he also called the cost issue irrelevant.

"This is about the principle of helping these veterans," he said.

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1.9 - The Day: [Bill would make veterans involved in 1966 nuclear cleanup eligible for benefits](#) (29 August, Julia Bergman, 440k uvm; New London, CT)

U.S. Sen. Richard Blumenthal, D-Conn., is introducing legislation that would make about 1,000 Air Force veterans, who cleaned up one of the worst nuclear accidents in history, eligible for disability compensation from the Department of Veterans Affairs.

On Jan. 17, 1966, an Air Force B-52 bomber collided with a refueling plane, dropping four hydrogen bombs near Palomares, a small farming village on the Spanish coast. The bombs did not detonate, but two of them cracked on impact, releasing more than 3 billion micrograms of plutonium over the Spanish countryside. That's nearly half the amount released when the atomic bomb dropped on Nagasaki during World War II.

In the months following the Palomares accident, the U.S. military ordered approximately 1,600 service members, mainly U.S. airmen, to the site to search for airplane and bomb parts and to remove irradiated crops and soil.

Palomares vet John Garman, 76, of Pahrump, Nev., who arrived on scene within five hours of the crash, said at no time during the weeks he spent there was he offered protective clothing or respiratory equipment. He said that he's developed numerous medical issues, including cancer, and that since 1981, the VA has denied all of his claims for compensation for radiation exposure. Garman was among three Palomares vets who submitted comment as part of a news conference at Yale Law School in New Haven announcing the legislation from Blumenthal.

"They were given no warning or protective gear," Blumenthal said Wednesday in New Haven. "They have been failed completely by the VA, which should be presuming that this kind of exposure entitles them to disability compensation. These benefits are their right."

Yale's Veteran Legal Services Clinic is representing Palomares vets in two separate cases. The first seeks to compel the Pentagon to release service member records, medical records, environmental records and other information related to the accident and cleanup, to help the vets in filing benefits claims. The other is a motion with the U.S. Court of Appeals for Veterans Claims seeking to bring a class-action lawsuit challenging the VA's refusal to provide compensation to Palomares vets.

Blumenthal's bill, the Palomares Veterans Act of 2018, co-sponsored by Sens. Dianne Feinstein, D-Calif., and Elizabeth Warren, D-Mass., would amend current law to include the Palomares cleanup as a "radiation risk activity."

The VA does not currently recognize Palomares as a radiation-risk activity, which would allow vets, who were exposed to radiation during their military service, with certain medical conditions to be entitled to disability benefits.

"The Air Force's methodology for assigning radiation exposure estimates following the cleanup operation did not follow scientific protocol and has been determined unreliable — grave errors this legislation seeks to correct," a news release from Blumenthal's office says.

Given that more than 50 years have passed since the cleanup, Vietnam Veterans of America, which has advocated for Palomares vets to be eligible for disability compensation, estimates there are fewer than 1,000 of these vets still living who would file a claim for benefits. There's been no cost analysis done to see how much it would cost to provide compensation to these vets, according to Blumenthal, who said the cost would be "negligible." His legislation also would make surviving spouses and the children of Palomares vets eligible for benefits paid when a vet's death results from a service-related injury or disease.

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2. Greater Choice for Veterans

2.1 - Quincy Herald-Whig: [Veterans have options after losing one care liaison](#) (29 August, Doug Wilson, 186k uvm; Quincy, IL)

Illinois veterans are learning that Health Net, a managed care service, is no longer handling coordination with hospitals and health care providers as part of the Veterans Choice Program.

Veterans still have access to all the health care they've earned, but loss of Health Net means additional steps will be needed to get care outside of Veterans Administration hospitals.

"When you call the toll-free number it just says that the (Health Net) program ended Aug. 1," said a Quincy area veteran who asked that his name not be used.

The Veterans Choice Program allows eligible veterans to receive health care from a community provider, rather than waiting for a VA hospital appointment or traveling more than 40 miles to a

VA facility. Health Net previously coordinated for some area veterans to get health care at local hospitals, rather than driving to Iowa City, Iowa.

"It's a two and a half hour trip to Iowa City, and I end up losing a day of work. I just can't handle that," the veteran said.

A spokeswoman from the U.S. Department of Veterans Affairs directed the veteran to the community care office, which she said can coordinate with private sector health care providers.

In most cases veterans who get the OK for private sector health care may be covered for repeat visits for up to two or three months.

J.D. Dalfonso, a spokesman for U.S. Rep. Darin LaHood, R-Dunlap, said LaHood's office is aware of the issue. Dalfonso said the office works with veterans on issues like this on a weekly basis and helps navigate the bureaucracy.

"We want veterans to know that Veterans Choice has been extended for another year. That's when the VA Mission Act takes effect, and it should dramatically improve veterans programs," Dalfonso said.

When President Donald Trump signed the VA Mission Act on June 6, he said it would expand private health care options for veterans.

"We're allowing our veterans to get access to the best medical care available, whether it's at the VA or at a private provider," Trump said during a signing ceremony in the White House Rose Garden.

The \$55 billion program also orders an inventory of the 1,100 facilities operated by the Department of Veterans Affairs, with plans to eliminate any waste in that agency.

Veterans who need a ride to Iowa City for health care also have the option of taking a bus on Tuesday, Wednesday or Thursday. Linda Bassett, travel coordinator for the local DAV, has been seeking volunteer bus drivers for the service and can be reached at 217-228-0695.

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3. Modernize Our System

3.1 - BizJournals.com (Kansas City Business Journal): [VA exec overseeing Cerner project resigns](#) (29 August, Elise Reuter, 19.2M uvm; Charlotte, NC)

A Department of Veterans Affairs official overseeing the project to build a new electronic health record system with Cerner Corp. stepped down.

Genevieve Morris, who served as chief health information officer for the VA's Office of EHR Modernization, announced her resignation Friday. Morris had been in the temporary position for just a month. Her full-time role is principal deputy national coordinator for the Department of Health and Human Services.

Morris shared a copy of her resignation letter on Twitter, citing changes in the project's direction.

"Over the last few weeks, it has become clear to me that the VA's leadership intends to take the EHR modernization effort in a different direction than we were headed, and since my service as CHIO (chief health information officer) was always intended to be an interim solution, I am offering my resignation to the administration effective immediately," she wrote.

John Windom was appointed acting CHIO, according to industry trade publication Healthcare Informatics. Windom had served in the same role for the Office of Electronic Health Record Modernization since August 2017.

Morris' resignation is one of several leadership changes that have shaken the VA this year, and resulted in delays to the signing of Cerner's \$10 billion contract. Acting VA Secretary Robert Wilkie signed the contract in May, after the resignation of VA Secretary David Shulkin.

Ashwini Zenooz, the chief medical officer heading up the VA's EHR implementation, will leave Sept. 4, according to Politico. Acting Chief Information Officer Scott Blackburn resigned in April.

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3.2 - Patch.com (Peekskill): [Swimming Pool At Montrose VA Reopens After 17 Years](#) (29 August, Lanning Taliaferro, 1.2M uvd; Peekskill-Cortlandt, NY)

MONTROSE, NY – Congresswoman Nita Lowey recently joined in the grand opening of the Montrose VA facility's new indoor pool. The pool facility, which had been closed for nearly 17 years due to disrepair and safety concerns, will provide year-round recreational and therapy options for patients of the Veterans Administration.

The original, regular temperature indoor pool at the Montrose VA facility had been converted to a therapy pool in 1999. However, the pool closed in 2002 for major upgrades and repairs.

"Just as veterans were called to serve our country, we are called to ensure that they receive the services and care they have earned and deserve, including help with recovery from injuries sustained during their service," said Lowey (D-NY17/Rockland-Westchester). "I am thrilled that after nearly three years since breaking ground on the new facility, and after nearly 17 years since the pool closed, local veterans will have access to state-of-the-art recreational and therapeutic options to help them heal. I will continue fighting in Congress to do everything I can to honor and serve veterans and their families."

Lowey worked as the Ranking Member on the House Appropriations Committee to ensure robust funding for VA construction accounts. She helped secure \$6 million in federal funding to upgrade the Montrose VA pool facility and to reconstruct damaged parts of the pool building.

"High-quality, Veteran-centered care is the daily focus at VA Hudson Valley and it is a privilege to serve those who have served. We are excited that our Veterans will get to enjoy the benefits of this therapeutic pool and we are grateful to Congresswoman Nita Lowey for her support of this project and for her efforts on behalf of Veterans," said VA Hudson Valley Health Care System Director Margaret B. Caplan.

Lowey can help constituents of New York's 17th Congressional District who need assistance with the federal government. Veterans experiencing issues with federal agencies, including the Department of Veterans Affairs, should contact Lowey's White Plains District Office (914-428-1707), New City District Office (845-639-3485), or visit her website for more information.

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3.3 - WFED (AM-1500): [Senate sets date for VA CIO nomination hearing, amid concerns of 'rudderless' EHR leadership](#) (29 August, Nicole Ogrysko, 854k uvm; Washington, DC)

The president's pick to lead the Veterans Affairs Department's biggest IT initiative in its history will soon have his day before Congress.

The Senate Veterans Affairs Committee announced a Sept. 5 nomination hearing for James Gfrerer, the nominee to be VA's permanent assistant secretary for information and technology.

VA hasn't had a permanent CIO in more than 18 months, and earlier in August, it lost two of its top executives leading the agency's electronic health record modernization.

Genevieve Morris, who was on detail from the Office of the National Coordinator for Health IT, resigned from her position as chief health information officer for VA's EHR Modernization Office. Morris announced her resignation on Twitter.

Chief Medical Officer Ash Zenooz has also announced her resignation.

Their departures leave the EHR Modernization Office with about half of its senior leadership positions staffed. Rank-and-file positions are "sparsely" filled and mostly staffed by detailees, according to Rep. Jim Banks (R-Ind.), who leads the new House Veterans Affairs Subcommittee on Technology Modernization.

In a letter to VA Secretary Robert Wilkie, Banks called the department's leadership dedicated to the EHR modernization "deteriorating" and "rudderless."

"It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest," Banks wrote. "In fact, despite several requests, I was not even able to meet with the EHRM leadership team before these departures. I am dedicated to pursuing a constructive oversight agenda to encourage VA to make the right decisions, but any engagement is difficult without stable leadership."

Banks urged Wilkie to immediately find a new chief health information officer and a new chief medical officer, who, he said, should come from within the Veterans Health Administration.

"It is crucial this person commands the respect of the VHA workforce, as he or she must represent its views in the extremely sensitive task of redesigning clinical processes," Banks said.

He requested a detailed organizational chart of the EHR Modernization Office, along with the contractors assigned to support the project.

Banks' subcommittee is tasked to oversee VA's implementation of a new electronic record, among other IT projects.

The subcommittee has the first of at least three planned hearings on the VA EHR effort scheduled for mid-September.

Congress, the Government Accountability Office and other former VA executive have said having a permanent, strong leader behind VA's EHR modernization efforts will be key to its success.

Gfrerer would come to VA from his current position as an executive director with Ernst & Young, where he worked in the firm's cybersecurity practice. He also joins a long list of VA CIOs — both permanent and interim — who are veterans. Gfrerer served in the Marine Corps for more than 20 years, and was a Defense Department detailee to the Department of State, where he led interagency portfolios in counterterrorism and cybersecurity.

In addition to Gfrerer, the Senate VA Committee next week will also hear from Tamara Bonzanto, the president's nominee to lead VA's Office of Accountability and Whistleblower Protection.

If confirmed, Bonzanto also faces a difficult task: establishing a relatively new office as a trusted place for veterans and their whistleblower claims.

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3.4 - News Herald: [Audiology services coming to PCB VA clinic](#) (29 August, 190k uvm; Panama City, FL)

PANAMA CITY BEACH - Audiology services will be available for veterans at the Panama City Beach VA Clinic starting in September, according to a news release.

"From Sept. 4-14, enrolled veterans will be able to receive hearing aid adjustments and repairs via walk-in from 9 a.m. to 3 p.m. Starting on Sept. 17, veterans will be able to schedule appointments for hearing tests, hearing aid fittings and other services," the news release stated. "Walk-in service for hearing aid adjustment and repair will be available from 1-2:30 p.m. daily, starting on Sept. 17."

The PCB VA Clinic is located at 2600 Veterans Way along Magnolia Beach Road and is open 8 a.m. to 4:30 p.m. Monday through Friday. It is closed on federal holidays and weekends.

"We are over the moon to be able to provide these services to veterans," stated Margaret Peak, chief of audiology and speech pathology service for Gulf Coast Veterans Health Care System, the regional VA provider, in the news release. "Panama City veterans have waited a long time for these types of services, so we are very excited to get started."

Up to this point, veterans needing audiology services frequently had to travel to the Joint Ambulatory Care Center in Pensacola to receive those services, or receive VA-purchased care in the community, the news release stated.

Peak said the clinic recently hired a staff audiologist and will soon hire an audiology health technician to handle the 1,000 to 1,800 patients she believes will be served in the new clinic's first year of operation.

To schedule an audiology appointment at the PCB VA Clinic, current VA patients receiving care in PCB should call 850-636-7000. New VA patients should visit the facility to enroll for VA care.

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3.5 - WFMJ (NBC-21): [Lawmakers push new idea for Veterans Village at Northside](#) (30 August, Glenn Stevens, 160k uvm; Youngstown, OH)

Ohio lawmakers are making a new pitch for a veterans services center at the soon-to-close Northside Hospital.

Congressman Tim Ryan has joined with Congressman Bill Johnson and Senator Sherrod Brown in sending a letter to VA Secretary Robert Wilkie about utilizing Northside to house Veterans Services in a public-private partnership.

It would not be a veterans hospital, but more like the Veterans Village in San Diego that deals with at-risk veterans.

"Where we can handle some homelessness and maybe some housing and other kinds of senior care. There's A golf course right there with Stambaugh golf course, the Jewish Community Center is right next door, they have a pool they have programming, so just exploring all options. We can't let that facility die," said Ryan.

The lawmakers also point to the opportunity for the VA to take advantage of Youngstown's capacity for additive manufacturing.

"I think there's potential for a research and development facility there that we could tie to America Makes with prosthetics for example, we might be able to do some 3-D printing and develop new prosthetics technologies," said Ryan.

The Director of Veterans Affairs in Trumbull County Herman Breuer said it's a good idea.

"When you've got both federal services, local services, and possibly private services all providing assistance to veterans I think that would be a great thing," said Herman Breuer.

Northside Medical Center will be closing on September 20th.

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3.6 - Paris Express: [New technology allows veterans to speak to VA representatives](#) (29 August, 7k uvm; Paris, AR)

RUSSELLVILLE, Ark. — Using high-definition cameras, veterans can now speak directly with a Department of Veterans Affairs representative who has access to benefit information at their fingertips.

This initiative allows veterans to “meet” face-to-face with VA Regional Office staff without incurring the expense and inconvenience of traveling to the VA Regional Office in North Little Rock.

By using a secure, video conferencing system available at the Russellville Community Based Outpatient Clinic (CBOC), the Telebenefits program will enable Veterans in Russellville and surrounding communities the opportunity to have a virtual, in-person meeting with a representative at the Little Rock Regional Benefits Office.

The most common questions asked are about eligibility for service-connected compensation, nonservice-connected pension, survivor benefits, burial benefits, guaranteed VA home loans, specially adapted housing and automobile grants, Vocational Rehabilitation and Employment, and education benefits.

Veterans interested in participating in the Telebenefits program can call the CBOC in Russellville at (479) 880-5100 to schedule a Telebenefits session. The CBOC is located at 3106 West 2nd Court in Russellville.

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4. Focus Resources More Efficiently

4.1 - WCCO (CBS-4, Video): Department of Veterans Affairs Secretary Speaks In Minneapolis (29 August, Angela Davis, 27.5M uvm; Minneapolis, MN)

Two-minute video: The top leader of the United States Department of Veterans Affairs is in Minneapolis, speaking to members of the American Legion on Wednesday morning.

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4.2 - Wyoming Tribune-Eagle: Cheyenne VA fails to serve the region’s veterans fairly (29 August, Lisa Smith, 152k uvm; Cheyenne, WY)

In response to the letter written by Cecil Smith, I too am a 100 percent disabled vet, and we have VERY different experiences with the Cheyenne VA.

Privacy laws are not followed at the Cheyenne VA. It seems that everyone talks about you, not just the doctors but the front desk staff, too. They can also be rude. Yet when these incidents are reported, the staff responsible is simply moved so the issue is swept under the rug. There is a sense that you can’t be fired unless you kill someone, which only promotes continued disrespect and blind disregard for the law and our care.

Mental health is a joke, and most people who work there don’t care about us. The application of treatment is universal, rather than individual. What works for some doesn’t work for all, so why is my treatment the same as others, especially when it’s known to be a trigger for me?

I was scheduled for a colonoscopy. I called REPEATEDLY to inquire why. The response I received each time was, "I don't know why; your doctor ordered it." I was prepped for the procedure, still asking why until the doctor, who performs the procedure, came in and asked the same question, "Why are you having a colonoscopy? You are young." The procedure was for a different Lisa Smith.

The fear of a health issue and lack of communication had me do the entire prep process, to include drinking the chemicals necessary prior to my appointment.

Continuity of care is nonexistent. In a year, I had approximately six different primary-care providers.

In contrast, the PT/OT and audiology teams are WONDERFUL.

After an 11½-year fight, I received P&T (permanent and total disability); however, the cause of my disability was changed to be ONLY PTSD. The cause of my PTSD was removed as if it never happened. I was held captive, starved, raped, beaten and tortured. I've had more than 30 surgeries, yet the rating exonerates them from the support and future care that I will need.

Our Cheyenne VA loves to screw our veterans.

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4.3 - Independent Tribune: [County welcomes Veterans Services director](#) (29 August, 63k uvm; Concord, NC)

During his decade-long tenure at the W.G. Hefner VA Medical Center in Salisbury, Tony R. Miller became a go-to for veterans needing help navigating the sometimes winding path of federal assistance.

It wasn't his job – he worked in research and academic affairs – but Miller was injured during his time in the Marine Corps and spent nearly 20 years going through those "trials and tribulations" himself, he says.

Veterans sought his help so much that upper management intervened, Miller says. From then on, he helped outside working hours. He took "smoke breaks" (he doesn't smoke). He arrived early. He left late.

"I promised God that if I was able to get assistance, I would spend the rest of my life helping any veteran I could," Miller says.

Now, he can devote all his time to doing just that as the new director of Cabarrus County Veterans Services.

"It's rewarding to see the difference it can make in people's lives," Miller says. "Coming here gives me the opportunity to have all the assets available to help veterans and their families."

Miller was born in Salisbury, and spent time in Concord and Charlotte before returning to Rowan County and graduating from Salisbury High School. After his departure from the Marines, Miller

worked for several years at Piedmont Correctional Institute in Rowan County. He ultimately wanted to be a N.C. Highway Patrol trooper, but a service-related leg injury prevented it.

Miller worked in retail sales and management before joining the VA. He honed a strong customer service-minded approach while in retail, he says. That serves him well in his current role.

"It's always been natural for me to open up to people, share my smile and give people the opportunity for comfort," he says. "Great customer service is very important to me."

Cabarrus County Veterans Services boasts an experienced staff and a new location at The Old Creamery (363 Church Street N., Suite 180), and Miller wants to educate the public about all the services the department provides.

"I encourage veterans to stop by and speak with us about their military experience and give us a chance to find out if they qualify to receive benefits," he says. "The main thing about me is ... I'll do whatever it takes to get things done with the resources we have here – we'll fight to help each and every veteran and their families."

Miller and his wife, Wanda, have four children and two grandchildren.

Cabarrus County Veterans Services provides free assistance with U.S. Department of Veterans Affairs programs, including:

[...]

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4.4 - The Daily News: [Two nurses graduate from VA hospital transition program](#) (29 August, 54k uvm; Iron Mountain, MI)

Two nurses at the Oscar G. Johnson VA Medical Center have graduated from its Registered Nurse Transition-to-Practice Program.

Kaitlyn Uren and Syvannah Wollmer participated in the 12-month program, which uses a comprehensive VA curriculum designed to assist post-graduate nurses in transitioning from entry-level registered nurse to competent nursing professional. It provides the nurse with additional training to enhance patient care at the bedside and support development.

Uren is on the general medical inpatient unit, while Wollmer works in the Community Living Center for long-term care and short-term rehabilitation.

During the program, Uren and Wollmer shadowed various clinical positions outside of their normal duties to gain a better understanding how all departments work together to provide patient care.

The program finished with each graduate giving medical center leadership a presentation on current research that could benefit the medical center.

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5. Improve Timeliness of Service

5.1 - WIVB (CBS-4, Video): [Schumer, Higgins call for federal probe of VA clinic closure](#)
(29 August, Al Vaughters, 443k uvm; Buffalo, NY)

AMHERST, N.Y. - Air Force veteran Ron Kraft and his daughter, Kim Baglio, were practically speechless when they went to the open house of a private healthcare facility, and saw the staff had already received his medical records from the U. S. Department of Veterans Affairs, where he has been receiving care.

"When I found out that they already had my medical records I was not very happy at all," Kraft said. Did anyone at the VA ask him if they could share his records? "I never gave them permission at all."

Ron Kraft is among more than 100 military veterans who receive outpatient treatment at the VA's Adult Day Health Care program in Amherst, but VA officials have decided to close the clinic Friday, one month earlier than they originally announced.

Kraft's daughter, Kim Baglio believes the sharing of her dad's medical file to strangers without his permission is a violation of his privacy rights under the Health Insurance Portability and Accountability Act (HIPAA), and possibly a civil rights violation.

She also said, his file had more than just his medical information, "Actually at the back of his package of records there were two pages from another man's information, also from the VA."

Rep. Brian Higgins and Sen. Charles Schumer also believe this incident might be a violation of Ron Kraft's civil rights, and suspect there may be others.

The two lawmakers have written a joint letter to the the U.S. Department of Health and Human Services, asking for the Division of Civil Rights to undertake an investigation.

Higgins believes the VA is moving too quickly to transition the veterans in an orderly fashion, "I think this is indicative of the VA's rush to close this adult health care facility which is very, very popular."

The Buffalo Congressman also suspects the VA needs to take a closer look at how the health care center is being closed.

"They are saying that these veterans are accepting of the situation. They are not accepting the situation. They are having this imposed on them. That is not how we treat our veterans."

The VA Western NY Healthcare System issued a statement concerning the closure of the Amherst outpatient clinic, and Ron Kraft's medical records which read, in part, the VA "is looking into the privacy concerns identified, and will take appropriate action."

The statment went on to say, "medical information is shared with prospective contractors only when a Veteran expresses interest in applying to that program, as is standard practice with medical referrals."

The VA is also considering an offer from the developer that owns the Adult Day Health Care clinic's building which would allow the center to remain open for another six months, rent-free.

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6. [Suicide Prevention](#)

6.1 - U.S. News & World Report (HealthDay News): [Soldiers' Suicide Attempts Often Come Without Prior Mental Health Diagnosis](#) (29 August, Robert Preidt, 23.9M uvm; Washington, DC)

Many U.S. Army soldiers who attempt suicide have no prior diagnosis of a mental health issue, new research shows, and such histories may not be a good predictor of a soldier's suicide risk.

"The study is one of few to be able to examine risk of suicide attempt among those without a past mental health diagnosis," said study lead author Dr. Robert Ursano. He directs the Center for the Study of Traumatic Stress at Uniformed Services University of the Health Sciences in Bethesda, Md.

Ursano and his colleagues tracked the medical histories of thousands of enlisted soldiers (not including Guard or Reserve members) who served from 2004 through 2009. Attempted suicide risk factors were similar for soldiers with and without a prior diagnosis of a mental health disorder, the researchers found.

What did seem to raise the odds for suicide attempts?

According to the new data, female soldiers were more at risk than males; younger soldiers were at higher odds than older ones; less educated soldiers face higher risks than more educated service members, and odds for a suicide attempt were especially high during a soldier's first year of service.

Other risk factors included being demoted or late for promotion, or having been in a combat arms or combat medic military occupational specialty.

The risk of suicide attempt was also higher among soldiers with a history of family violence, having been the victim of a crime, or having committed a crime.

"Important times for identifying risk may be present after recent physical injury, family violence or being a victim or perpetrator of a crime," Ursano said in a university news release.

Health issues also seemed key. The study found that soldiers who attempted suicide were more likely to have had at least one outpatient clinic visit in the two months before their attempted suicide, and those with eight or more visits were three to five times more likely to attempt suicide.

Interestingly, combat injury was associated with an increased risk of attempted suicide only among those without a history of a mental health disorder, Ursano's group reported.

Psychiatrists weren't overly surprised by the finding that a soldier's history of mental illness wasn't a big predictor of suicide risk.

"The ability to predict suicidal acts or behavior has been found historically to be quite limited worldwide, and there is evidence that military services members are especially vulnerable due to their exposure to increased, variable stressors," noted Dr. Shawna Newman, of Lenox Hill Hospital in New York City.

Dr. Brian Keefe is a psychiatrist and medical director at Zucker Hillside Hospital in Glen Oaks, N.Y. Reviewing the study, he said that "suicide is a complicated, multifactorial problem. The significant percentage of soldiers with no psychiatric diagnosis who attempt suicide shouldn't surprise any mental health clinician who routinely works with suicidal patients."

He also stressed that lack of a prior diagnosis does not necessarily mean that mental health issues weren't there.

"Estimates in civilian populations suggest that somewhere between 40-50 percent of people with psychiatric disorders don't receive any treatment at all," Keefe said.

And because members of the military are trained to "wear both physical and psychological armor" as they defend the United States, they may be even more reluctant to seek out mental health services than civilians are, he reasoned.

Finally, Keefe said, "there is a growing body of literature demonstrating that most complete suicides are impulsive in nature -- that the time between decision to kill oneself and action may be minutes, not hours or days."

So, efforts to "suicide-proof" the living environment might be key to preventing suicidal thoughts from becoming suicidal acts, Keefe said.

"From nets on bridges, to home safes for unloaded weapons, to breakaway closet and shower rods in college dorms, all members of society -- not just doctors -- can take steps to reduce the rising suicide rate," he said.

The study was published Aug. 29 in JAMA Psychiatry.

More information

The U.S. Veterans Affairs Administration has more on suicide prevention.

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6.2 - WJET (ABC-24, Video): [Where veterans can call for help...](#) (29 August, Jackie Roberts, 191k uvm; Erie, PA)

The dashcam video released in an officer-involved shooting leaves veterans' advocates urging those in need to ask for help.

The Erie County District Attorney shared telling evidence recovered from the scene of that fatal shooting, including a letter from the Cleveland Veterans Medical Center found in the man's car, indicating he either sought out treatment or had been treated for suicidal ideations.

What ended with a veteran from Conneaut, Ohio killed started with just two 911 calls. "There was a man that was about half a mile east of Elk Park Road and Ridge Road."

36-year-old Matthew Orrenmaa was shot and killed by a state police officer last week, but the Erie County District Attorney finds the officer's actions justified and lawful.

Dashcam video shows Orrenmaa skipping and running towards police, holding a black object in his hands. Investigators also recovered a note near his body signed, "My children, do not be disappointed".

The founder of an organization that focuses on veteran suicide prevention is responding to that video. Venus Azevedo-Laboda, Boots On Ground Founder, says, "It breaks my heart because, I said this morning, are they not hearing us? Are we not loud enough? It's hard. You know? Especially when it happens here at home."

Experts say there are a few warning signs to look out for if you think a one may be experiencing suicidal thoughts. Jeff Rose, Behavioral Health for Erie VA Medical Center, says, "If they start isolating, not wanting to be around people, engaging in risky behavior such as drinking, use of drugs..."

The Erie VA offers several resources for veterans and coordinators say seeking help can sometimes be the difference between life or death. Rose says, "Unfortunately, there are still 20 veteran suicides a day, but if you look at it, 14 of the 20 are not engaged in treatment. Veterans that are engaged in treatment and utilize the resources the VA has are at much lower risk of suicide."

Veterans and their loved ones are encouraged to call the Veteran Crisis Line at 1-800-273-8255, ext. 1 text them at 838255, or chat online at www.veteranscrisisline.net.

Also, the Erie VA's Behavioral Health Clinic at 814-860-2038, where same-day service is available and they have extended hours (evening and weekend appointments).

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6.3 - WSEE (CBS-35, Video): [Examining the resources for suicidal or depressed veterans](#)
(29 August, Andrew Hyman, 23k uvm; Erie, PA)

And VA hospital's like the one in Erie are here to help buck the trend.

Assistant Chief of Behavioral Health at the Erie VA, Jeff Rose says the hospital offers one on one clinicians to help a veteran address any feelings of depression or suicide.

When a local veteran calls the veteran's crisis line, a report is sent to the Erie VA, and they usually try to follow up with the veteran.

"That transition is very difficult, it's a very hard time when they go from the military culture to the civilian culture." Rose said

While the VA lends their hands out to a struggling veteran, this effort can't be done alone. As friends and family members could be the first line of support, on their way to treatment, and it starts with being open to conversation.

Denise Kolivoski of the National Alliance on Mental Illness of Erie County says a mental illness should be treated like a physical injury. And loved ones should urge the person to seek treatment just as they would with a regular doctor.

"We really need folks to believe recovery is possible." Kolivoski said

The conversation may be uncomfortable, but Kolivoski and Rose both agree it could be life-saving.

"Sometimes people are just waiting to be asked because they don't want to be the first to say it. But once they're asked, the floodgates are open." Rose said.

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6.4 - Gray Television (Video): [Fargo VA Chaplain brings faith-based suicide prevention approach to Washington](#) (29 August, Peter Zampa, 19k uvm; Washington, DC)

A Fargo VA leader is in our nation's capital this week sharing her work on suicide prevention. Her faith-based approach to prevention is peaking the interest of folks from around the country.

Julia Shreve, the Chief Chaplain for the Fargo VA Health Care System is bringing her big ideas to the Veterans Health Administration Innovation Experience event in Washington, D.C.

Shreve is turning to faith-based organizations to help with the tragedy that is veteran suicide. She says training these organizations in suicide prevention creates a communal atmosphere for helping veterans in need.

"We maybe reach one at the training but then they can go and reach maybe 10 more or 20 more so that people will be looking for the signs of risk and know that it's okay to ask, 'Are you thinking of harming yourself?'" said Shreve.

Shreve says in addition to training, they give out gunlocks to veterans in North Dakota. She says that extra hurdle in accessing a firearm can give the individual a moment of clarity to opt out of suicide.

"We need to get them past that rough spot and back into a frame of mind where they can proceed ahead," said Shreve.

VA leaders tell us it is full speed ahead with this kind of innovation. They say these gatherings allow for face to face collaboration that lead to smarter care for veterans.

“We’re here because we want to ensure that the veteran experience is the best possible that we can deliver,” said John D’Adamo Jr., the acting director of the Veterans Health Administration Innovators Network.

D’Adamo says bringing folks together from around the country allows them to bounce ideas off each other. He stresses that one-size-fits-all innovation is not effective when the focus should be on each individual veteran.

“Working with individuals and being understanding of their unique needs. So we really want to encourage that with all of our projects,” said D’Adamo.

Shreve says they are planning another mass training in Fargo later in September.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Morning Call: [Soldiers' claims of sexual assault not adequately investigated](#) (29 August, Paul Muschick, 2.1M uvm; Allentown, PA)

Allegations of sexual assault are being taken a lot more seriously these days in many walks of life. Some victims still are struggling to be heard, though, including military service members.

Last year, the U.S. Department of Veterans Affairs mishandled an estimated 1,300 claims for disability benefits for post-traumatic stress disorder stemming from sexual assaults during military service. That’s according to the agency’s inspector general.

Errors included failing to request medical exams or records; not checking whether a report about the alleged assault had been filed; and not clarifying contradictory or insufficient medical opinions, according to the audit.

If those steps had been taken, some veterans may have qualified for compensation.

These claims are more common than you might think. In each of the last three years, the Veterans Benefits Administration has processed about 12,000 applications for disability benefits for PTSD related to sexual trauma. In fiscal year 2017, about 5,500 of those claims were denied.

Investigating claims of sexual assaults that happened some time ago can be difficult. Claims raised by service members can be especially hard to get to the bottom of because of the military’s unique culture, the inspector general said.

Victims may be reluctant to report an assault if the perpetrator is a superior officer. They may fear being punished or receiving poor performance reviews. Victims may also lack faith that the system will take them seriously.

If the victim later seeks benefits for post-traumatic stress disorder, the lack of a report can undermine a claim.

The Veterans Benefits Administration is supposed to take a “liberal approach” and do all it can to substantiate claims, including reviewing a veteran’s records to look for changes in health or behavior, known as “markers,” that could indicate they had suffered a trauma.

That didn’t always happen.

Here are a few examples of denied claims the inspector general said were mishandled.

* The VA concluded there was insufficient evidence to support a claim that a sexual assault resulted in pregnancy. Yet military medical records showed the veteran was pregnant and gave birth consistent with the timeline of the reported assault. The VA requested a medical exam and it supported the claim. But the claim was denied because the exam finding’s “vague language” made that opinion unclear to the claims processor. Clarification should have been sought.

* The VA concluded there were no “markers” in a veteran’s file to support a claim, so a medical examination was unnecessary. The veteran’s job performance declined after the alleged sexual assault, though, which is a behavioral marker. The veteran also had reported the in-service assault to VA medical center personnel and she was treated by a private medical provider. A medical exam should have been requested.

The inspector general pointed to a change in how some claims were processed as a possible reason for the mistakes.

The VA used to require that specialists handle sensitive cases such as those alleging sexual assault. But it did away with that requirement in 2016, resulting in some claims being handled by inexperienced officials. The inspector general recommended that specialists be used in the future, and the VA agreed to do so by November.

The VA also agreed to review all military sexual assault benefits claims that were denied between October 2016 and June. That may fix past mistakes, but the focus must be on improving the system to prevent future errors. Mishandling such important claims can heap even more harm on someone who is struggling to deal with an unspeakable event.

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7.2 - KXAS (NBC-5, Video): [Homeless Vets in Fort Worth Get Hand Up](#) (29 August, Scott Gordon, 2.1M uvm; Fort Worth, TX)

Another 22 homeless veterans in Fort Worth will get financial help finding permanent homes, the city announced Wednesday.

Fort Worth Housing Solutions, the city’s public housing authority, was awarded grants from the U.S. Department of Housing and Urban Development and the Veterans Administration.

The grants are part of HUD-VASH, which stands for Veterans Affairs Supportive Housing Program.

Under the program, veterans are required to pay a third of their income for rent. If they have no income, they pay a minimum of \$50 a month. The rest is paid for by vouchers.

"I'm really excited where we're going with this program," said Mayor Betsy Price.

The goal is to get every homeless vet off the street, she said.

"I think we can get there," Price said. "I think the community has a heart for serving those who served us."

The number of homeless veterans in Fort Worth dropped 15 percent last year, she said.

The same federal grant program now helps 369 veterans in Fort Worth with rental subsidies and nearly 10,000 across the country, HUD said.

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7.3 - KTVI (FOX-2, Video): [St. Louis County to sell parkland to Jefferson Barracks National Cemetery](#) (29 August, Andy Banker, 1.9M uvm; Saint Louis, MO)

After years of debate, a plan to extend burials at Jefferson Barracks National Cemetery has taken a big step forward.

The St. Louis County Council has voted 6-0 to advance the plan.

With more than 218,000 people already buried at the South County location, the cemetery could run out of plots here as early as 2021.

"If we're going to sell parkland, I can't think of a more appropriate reason to sell it, than to give our vets a final resting place," said St. Louis County Parks Director, Gary Bess.

The close to 70-acre Sylvan Springs County Park is next to the cemetery. It was part of the Jefferson Barracks military complex until St. Louis County bought it for \$3,500 in 1950, Bess said.

Now, the Department of Veterans Affairs wants to buy back about half of the park for close to \$2.4 million.

Coupled with land acquired from the nearby VA hospital, it will hopefully extend burials through 2045, with burials on the parkland beginning in about 10 years.

Critics have come from all sides.

People have questioned whether St. Louis County should charge any money for land to be used for veterans' graves. People against the sale of any park land actually sued to stop this deal but lost, Bess said.

On the November ballot, St. Louis County voters will decide whether to change the law regarding future sales of parkland.

"It will basically require a vote of all St. Louis County residents before parkland can be sold," Bess said.

St. Louis County did not set the sale price.

A spokesperson for the Department of Veterans Affairs told Fox2/News 11 that the department hired an independent appraiser set the "fair market" sale price.

The money will go directly to park improvements county-wide, Bess said.

The St. Louis County Council is expected to give final approval next week.

The Department of Veterans Affairs National Cemetery Administration will hold a public meeting on Sept. 5, 2018, at the Jefferson Barracks VA Medical Center at 6:30 p.m. The purpose of the meeting is to provide information about the draft Environmental Assessment available on the NCA website.

It addresses acquisition of a portion of Sylvan Springs County Park located adjacent to Jefferson Barracks National Cemetery (JBNC) to continue to offer burial access to St. Louis-area Veterans and their families.

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7.4 - KTVI (FOX-2, Video): [Jefferson Barracks plans to expand, but needs part of Sylvan Springs park to do it](#) (29 August, Chris Regnier, 1.9M uvm; Saint Louis, MO)

SOUTH COUNTY, Mo. - St. Louis County is close to selling the southern half of Sylvan Springs Park to the federal government for the expansion of Jefferson Barracks National Cemetery. This issue has been talked about in the past but now it appears likely that it will happen.

Our partners at The Post Dispatch reports that by a six to nothing vote Tuesday night, the St. Louis County Council advanced a bill that would allow the purchase to go forward.

Under the legislation, County Executive Steve Stenger would be authorized to sell nearly 35 acres of the park to the Department of Veterans Affairs for \$2.4 million.

The lower half of the park is the area that would be sold under this deal however, it wouldn't close right away.

The Post reports that the V.A. would lease the land back to the county for about ten years until it's needed for new burials. The St. Louis County Parks director says the county would reinvest the proceeds from the sale into the rest of the park.

Jefferson Barracks is one of the five busiest national cemeteries in the country and it's the only national cemetery in our region that is accepting new burials. In 2012 the cemetery added 15 acres from the nearby V.A. Medical Center and is expected to add 15 acres from the medical center. Those acquisitions should extend the burial capacity to 2028.

After that, the land at Sylvan Springs Park across the street Jefferson Barracks Cemetery would be used. This expansion would give the cemetery an additional 20 years of capacity.

In that past concerns have been raised about losing park space for this purpose and there is a move to put any future county sales of parkland before a public vote.

however, county leaders say this sale was committed to back in 2015.

A final vote is expected at the next county council meeting in a week.

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7.5 - WXIA (NBC-11, Video): [One veteran's fight for benefits sparks new VA reform law](#)
(29 August, A.J. Lagoe, 1.5M uvm; Atlanta, GA)

Avon, Minn. – This Memorial Day, Bob Morris walks with the light step of a man with a monument sized weight lifted off his shoulders.

“Finally, after all these years,” said the Air Force Veteran.

From a large envelope with a Department of Veterans Affairs seal on it, Morris pulled out a 10-page benefits appeals ruling he had just received in the mail.

“This is my order that my service connection for Agent Orange was granted,” he said with a half-smile.

To get to this moment has been a 13-year journey.

The fight for benefits

Morris first applied for VA benefits for his coronary artery disease and type 2 diabetes in 2005. He strongly suspected his illnesses were the result of exposure to Agent Orange.

The toxic herbicide the U.S. military used to remove jungle foliage in Vietnam, was also used in Korea along the de facto border between the North and South known as the demilitarized zone or DMZ.

The VA’s website states veterans who served in Korea in or near the DMZ between April 1, 1968 and August 31, 1971, and have a disease the VA recognizes as associated with Agent Orange exposure are presumed to have been exposed to herbicides.

Morris served in Korea in 1970 and 1971 with the Airforce 6175th Security Police Squadron. However, the VA repeatedly denied the disability compensation claims he filed citing insufficient evidence.

“Nothing but denials, denials,” Morris exclaimed.

The VA’s argument was there’s no proof Morris was at the DMZ. His main duty station was KUN SAN Air Force Base, located on the shores of the Yellow Sea on South Korea’s west coast. That’s about 109 miles south of the DMZ.

But Morris contended he’d spent several weeks at the DMZ for training. “If you were in the 6175th police squadron, it was mandatory that you went to the DMZ for your combat and weapons training,” he said.

"We were basically digging into the dirt where the Agent Orange was being sprayed," he added. The government lost much of Morris's military records in a fire, but he had other proof he was at the DMZ.

In addition to so-called "buddy letters" from fellow service members that confirm he was at the DMZ for training, Morris has a cassette recording he mailed from Korea to his parents in St. Cloud, MN.

He showed KARE 11 the original Air Mail postage and Customs Declaration that states "cassette tape."

In the recording, which is basically a voice letter to his family, he describes being at combat preparedness school and firing all sorts of weapons "up at the DMZ."

Morris, reapplied for benefits again in 2012, but was again denied. That's when Morris says the runaround from the VA really began.

The Disconnects

Morris continued to appeal his case and on January 18, 2016, he received a letter from the Regional Benefits Director in St. Paul stating that his records were being transferred to the Board of Veterans' Appeals (BVA) in Washington. The letter also stated, "BVA will notify you when they have received your records."

A year passed and Morris says that notification never came.

"I think they're using pony express because I still haven't gotten my conference," Morris said with resigned laugh while speaking with KARE 11 in March 2017.

He said he called the Department of Veterans Affairs in January 2017 and was told he'd receive a letter by early March.

When that letter did not arrive as promised, he called the Department of Veterans Affairs again. This time he recorded the phone call.

The woman who answered was courteous, but could find no record that a letter was supposed to be mailed.

"The Board of Veterans' Appeals are the ones that would set that up for you," she tells Morris during the call.

The VA employee gave him two numbers he could use to reach the BVA. One was 1-800-923-8387. The other was 202-565-5436.

The recording shows she then politely offers to transfer Morris to the 202 number.

"Thank you for your service to our country," she says. "I'm going to transfer you to the 202 number. That's 202-565-5436. That's the Board of Veterans' Appeals. One moment please."

The phone rang a few times then went to an automated message stating the number is no longer in service.

Instead of directing Morris to a new VA number, the automated directory assistance recording suggests connecting to private businesses including locksmiths, plumbers and a veterinary service.

"I needed to find out where I was in line with my video conference on my appeal, I got a locksmith instead," Morris said as he smacked his hand in frustration on his kitchen table.

At first Morris thought it might have been a misdial by the VA employee who transferred him.

"I couldn't believe it you know, I thought well they gave me the wrong number," he remembers thinking. "So, I redialed the number she read off to me and I got the recording again."

Next Morris says he tried calling the other number he'd been given, the 1-800 line. But that didn't work either. "The phone's ringing and the phone's ringing," he recalled.

Morris says it just rang dozens of times, then disconnected with no opportunity to even leave a message.

The veteran's next call was to the KARE 11 investigative team. KARE tried calling the same numbers Morris was told he had to use to get answers about his Agent Orange benefits claim.

The results were the same.

One line was disconnected and routed the caller to locksmiths and veterinarians. Meanwhile, the 1-800 line rang for more than three-minutes, then disconnected. Both numbers given to Morris were at the time listed on the Board of Veterans Appeals official web page and instruction documents.

"I am sure I am not the only veteran out there with these problems," Morris said.

He was not alone.

At that time, VA records showed there was a backlog of 469,098 benefits appeals claims.

Congressional Response

Bob Morris's story of disconnects and denials made waves all the way to the nation's capital.

"Because this was just an outrage," Senator Amy Klobuchar (D-MN) said after watching KARE 11's report.

Both Senator Klobuchar, and Congressman Tim Walz (D-MN) who serves on the House Committee on Veterans Affairs, began demanding answers.

Rep. Walz introduced legislation to help cut red tape and reform the VA's appeals process. "The problem is, if Bob's appeal would have been heard in a timely manner, he wouldn't be needing to make this call," Rep. Walz said at the time.

The Quicker Veterans Benefits Delivery Act of 2017 sailed through Congress with bipartisan support and on March 9, 2018 President Trump signed it into law.

"Our veterans put their lives on the line for us and the least we can do is ensure they are getting the benefits they have earned when they need them," said Rep. Walz about the new law. "I recognize the benefit-claims backlog wasn't created overnight and won't be solved immediately, but we can and must do better. This bipartisan law will enhance VA's current efforts to break the backlog by helping it become more efficient. As a result, it will help veterans get the benefits – and the care – they deserve in a timely manner."

Also because of Bob's story, an antiquated VA call center was shut down.

"Bob Morris has done a service for all veterans across the country because what he came upon was a mess," said Senator Klobuchar who also helped Bob finally get that benefit appeals hearing he'd been calling about in the first place.

Bob's Agent Orange Case

Bob's Board of Veterans' Appeals hearing was finally held in December 2017 via video conference with Veterans Law Judge Michael Herman.

"I'm saying an extra prayer today," Bob told KARE 11 as he walked into the Whipple Federal Building for the hearing. "And hoping for the best."

After five more months of waiting, the judge's ruling on Morris's case recently arrived in the mail.

"It's a long wait, but I finally got the good news," Morris said while flipping through the long-awaited ruling.

"The board has granted the veteran's claim of entitlement to service connection for coronary artery disease and diabetes," Morris read aloud from the document.

"I'm sort of in shock yet, but it's a good feeling finally after all those denials," he added.

"This is just an example, we have veterans that get really a raw deal from the bureaucracy and one of my jobs and our great staff in Minnesota's job is to work with them to get through this red tape," said Senator Klobuchar of the ruling in the Morris case. "And he had such a strong case for disability based on his service, and yet he had to wait for years and years."

Morris continues to seek VA benefits for his bladder cancer which he believes is also linked to Agent Orange.

However, the VA does not recognize that illness as presumptive side effect of Agent Orange exposure.

It's said to be evaluating new research as it decides whether to extend benefits to exposed vets with bladder cancer.

That's a fight Morris says he plans to continue.

"There's got to be some changes made, that's for sure you know," he said.

Our investigation of VA phone problems began after a tip from a viewer. If you want to blow the whistle on a problem, email us at: investigations@kare11.com.

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7.6 - KMOV (CBS-4, Video): [Jefferson Barracks National Cemetery running out of space, close to acquiring parkland](#) (29 August, Emily Pritchard, 866k uvm; Saint Louis, MO)

Jefferson Barracks National Cemetery is the final resting place of our country's heroes, but it is running out of space.

"With the current land we have now we're going to run out of space at Jefferson Barracks in 2021," said Darrell Ryan, Jefferson Barracks National Cemetery Assistant Director.

Ryan said their goal as the National Cemetery Administration is to provide burial services for veterans and families where they don't have to drive more than 75 miles from their own home which is why finding available land nearby is crucial.

Jefferson Barracks VA Medical Center donated 12 acres of land that will start to be developed in 2019.

That space is estimated to last until 2028 which is where the proposed sale of a county parks comes in.

St Louis County Council approved a bill Tuesday night that allows the sale of the 33.64 acres of Sylvan Springs County Park which is roughly two miles away.

"We're not in the business of selling parkland. It's just as important to us, as it is for all our users. We want it there for the future, but in this particular case the need of our veterans I think outweighed the need of the green space," said Gary Bess, St Louis County Parks and Recreation Director.

A provision was added in the proposed sale that the County Parks Department could lease the park back from the VA for up to 10 years for a dollar before the land is developed for cemetery use.

The sale is expected to be finalized at the St Louis County Council meeting on Tuesday, September 4.

"We're hopeful that we will continue to be able to provide the dignified burial services for our veterans and family members so we're hopeful," said Ryan.

Ryan said they estimate acquiring the parkland would expand the use of the cemetery until 2045.

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7.7 - WLOS (ABC-13, Video): [Iraq veteran finds out VA has declared her dead](#) (29 August, Raphael Pires, 480k uvm; Asheville, NC)

A Candler veteran who was trying to get medical treatment through Veterans Affairs found out the agency has declared her dead.

"I said, 'I look pretty well preserved for being dead for 26 years,'" Judith Herren, an Iraq War veteran, said.

Herren said the problem started back in November when she decided to consider getting treatment at Charles George Veterans Affairs Medical Center in Asheville.

"They couldn't process anything because I was listed as 'deceased' in September of 1991," Herren said.

Herren served in the military for eight years -- four in the Army and four in the National Guard, where she found herself in Iraq.

"We were the first units in Desert Shield and Desert Storm, and we really didn't know what to expect," Herren said.

What she also didn't expect is having to prove she was alive when she came back.

"I finally got listed as 'non-deceased' back in April of this year," Herren said.

But then another problem came up.

"It took another three months to get my ID card," Herren said. "Because I was listed as 'deceased' on that system, too."

Which leads us to now, where Herren said she wasn't able to renew her 12 daily prescriptions because she was also listed as "deceased" on that system.

"It shouldn't have happened the first time, much less three times," Herren said.

Herren said she is thankful for all the help she's received from Charles George VAMC employees.

This is a statement sent to News 13 by Armenthis Lester, Public Affairs Officer at Charles George VAMC, regarding Herren's case:

"The issue Ms. Herrin is having originated with the Health and Eligibility Center in Atlanta, GA. This is a national office separate from Charles George VA Medical Center. However, our administrative office staff worked with the Health and Eligibility Center to assist this Veteran, and as of Monday, August 27, 2018, her issue is resolved. We honor Ms. Herrin's service to this country and our desire is for Veterans to get the care they need, when they need it."

News 13 also reached out to the Health and Eligibility Center with the VA to find out what initially led to the problem. We're still waiting to hear back.

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7.8 - KREX (CBS-5, Video): [Mesa Mall Freedom Festival](#) (29 August, Jennifer Lee, 34k uvm; Grand Junction, CO)

Join Mesa Mall and the VA Medical Center this Saturday, September 1st, for Freedom Fest, a patriotic celebration and military appreciation event.

Daytime activities and events include:

10AM - 4PM - Show and Shine Car Show

3:30 - 7PM - Kids Zone (Armed Forces/Law Enforcement Touch-A-Truck, food vendors, crafts, & more (\$10 all you can play)

6-10PM - Concert featuring chart-topping country band Ricochet

General Admission concert tickets are \$10 and \$20 for VIP. Prices will go up at the gate so buy them online now!

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8. [Other](#)

8.1 - The Journal Gazette: [Local flags need official OK before being lowered](#) (29 August, Brian Francisco, 797k uvm; Fort Wayne, IN)

Federal agencies in Fort Wayne waited until after receiving guidance from supervisors elsewhere to fly their American flags at half-staff in tribute to U.S. Sen. John McCain.

Flags at the E. Ross Adair Federal Building and U.S. Courthouse, the Veterans Affairs Medical Center and the Army National Guard's 1st Battalion, 293rd Infantry Regiment were at full-staff Monday evening and half-staff Tuesday morning. McCain, R-Ariz., died Saturday from brain cancer.

Spokesmen for the VA Medical Center and the 293rd Infantry Regiment said they require direction from superiors before changing the placement of their American flags.

"I do not have discretion as to setting the flag to half-mast," Lt. Col. Jeremy Gulley, commanding officer of the 293rd, said in an email. He said his unit changed flag position at its Cook Road armory after being notified by the Indiana National Guard's Joint Force Headquarters in Indianapolis.

Tom Blackburn, public affairs officer at VA Northern Indiana Health Care System, said in an email that the medical center "waited for the official proclamation from the White House and approval through the VA channels" to put the flag at the VA Medical Center at half-staff Tuesday morning.

A spokesperson for the General Services Administration said the Adair Federal Building positions its flag according to notifications sent by the Department of Homeland Security.

The U.S. Flag Code states that the president may issue an order that the flag be flown at half-staff after the deaths of “principal figures” of the federal government and governors “as a mark of respect to their memory.”

The White House reportedly flew its American flag at half-staff Saturday evening, raised it to full-staff by Monday morning, then lowered it to half-staff again Monday afternoon after facing public criticism, including from the American Legion. McCain, a Vietnam War veteran and former prisoner of war, and President Donald Trump had been longtime adversaries.

Trump issued a proclamation late Monday afternoon instructing that flags be lowered to half-staff at public buildings and grounds until McCain's interment, which will be Sunday.

Hours before Trump's proclamation, Gov. Eric Holcomb had directed that American flags be flown at half-staff across Indiana in honor of McCain. Although the flag at the Adair building remained at full-staff Monday, the one across Harrison Street at Lincoln Financial Group was flying at half-staff.

The flag code states a governor may proclaim that the national flag be flown at half-staff after the death of a current or former government official from that governor's state or territory. But ABC News reported Monday that 11 governors in addition to Holcomb had called for half-staff flags ahead of Trump's proclamation.

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8.2 - Daily Advance: [VA: Not lowering flag 'oversight'](#) (29 August, 53k uvm; Elizabeth City, NC)

An official with the Hampton VA Medical Center blamed an “oversight in communication” for the failure of the U.S. Department of Veterans Affairs clinic in Elizabeth City to fly its U.S. flag at half-staff on Tuesday in accordance with a White House proclamation honoring military veteran and U.S. Sen. John McCain, who died Saturday.

A local resident who identified himself as a veteran reported Tuesday that the flag at the Albemarle Primary Outpatient Clinic was at full-staff. The Albemarle Primary Outpatient Clinic is a facility under the Hampton VA Medical Center, a federal entity subject to President Donald Trump's proclamation Monday that the U.S. flag “be flown at half-staff at the White House and upon all public buildings and grounds ... until sunset, on the day of interment.” McCain's burial is set for Sunday, according to published reports.

Sheila Fair Bailey, a health system specialist with the Hampton VA Medical Center, acknowledged that VA officials had provided guidance to VA facilities to fly U.S. flags at half-staff from Aug. 27 until Sept. 2, the date of McCain's burial. She said the Elizabeth City clinic's failure to lower its U.S. flag to half-staff was “clearly an oversight in communication.”

“I will have a member of our team work in concert with our Albemarle Clinic to immediately rectify the issue,” she said.

The flag outside the clinic was flying at half-staff on Wednesday.

Trump issued his proclamation following outcry over his decision to have the White House flag raised to full-staff on Monday, according to national reports. Trump and McCain notably disagreed over the years and Trump criticized McCain's military service, including his time spent as a prisoner of war during the Vietnam War.

Notably, Elizabeth City's parks also failed to fly U.S. flags at half-staff on Tuesday, though city council did hold a moment of silence during its meeting Monday night for both McCain and Sam Roebuck, the latter a local businessman who is the namesake of Elizabeth City State University's Roebuck Stadium.

Gov. Roy Cooper also issued an order Monday to state agencies, though not local governments, to fly their flags at half-staff until McCain's burial.

McCain, 81, died of brain cancer.

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8.3 - Murray Ledger & Times: [Local veterans wish flag was handled better for McCain](#) (29 August, John Wright, 21k uvm; Murray, KY)

Murray military veterans Greg Miller and Bob McAllister say they wish the custom of lowering the American flag to half-staff would have been handled with more care this week in the wake of the death of Arizona U.S. Sen. John McCain.

McCain, also a highly-decorated Navy veteran who was a prisoner of war during the Vietnam War, died Saturday. Yet, when Miller and McAllister went to the Veterans Administration clinic in Clarksville, Tennessee Monday, they saw that the flag at that facility was not lowered to half-staff.

Then, upon returning to Murray late that afternoon, they saw the flag was not at half-staff at many locations.

"People should already know about that, and it's so disrespectful to the military veterans of the local county to see this," said Miller, who served in the Navy. "It goes back to Civics class. This is what you do.

"They knew what to do at Fort Campbell (a U.S. Army base about an hour east of Murray). Their flags were at half-staff when we were there Monday."

Flags throughout Murray were at half-staff by Tuesday and are expected to remain at half-staff through Sunday, the day McCain is buried in Arizona.

One reason for flags not being half-staff in not only Murray, but also Clarksville and other locations Monday might have been what was happening at the White House in Washington. The flag was lowered to half-staff during the middle of the day, then was raised back to full-staff that afternoon, before being returned to half-staff late that afternoon, which is when President Donald Trump ordered all U.S. flags to be flown at half-staff through Sunday.

By that time, places such as schools, government buildings and some businesses had closed for the day.

The office of Kentucky Gov. Matt Bevin states that one of the conditions in which flags should be flown at half-staff in Kentucky is when a president gives the order to honor “principal figures of the United States government and the governor of a state as a mark of respect to their memory. In the event of the death of a present or former official of the government of any state, the governor of that state may proclaim that the U.S. flag be flown at half-staff.”

“We realize that many places don’t fall under the (Department of Defense), like Fort Campbell. For them, this was something that was already understood,” said McAllister, an Army veteran who also served with the Coast Guard. “Going back to Clarksville, it’s hard to get in there, as a veteran, and see the flag not where it’s supposed to be, and there were people coming in for their appointments that were disgruntled about it. We talked to them about it and they told us how they felt.

“So then we go to Fort Campbell and saw that their flags were at half-staff. Then we drive back to Murray and see pretty much none were at half-staff.”

McAllister said that his and Miller’s mission is much like that of McCain, a Republican, who had been a senator since 1987 and ran for president in 2008, losing to Democrat Barack Obama. McCain was known to many as “the maverick” for his willingness to trust his own values and convictions on votes, even going against his own party on some issues.

“I’m glad we did what we did (walking into several locations in Murray Monday to tell them how they felt) and we just hope this gets people to think a little bit,” McAllister said of himself and Miller. “What a striking difference he was to what we’re seeing so much today. To shine way above and beyond all of that evokes the positive part of politics, along with his willingness to work across party lines.”

“He was about ‘We the people,’ instead of his party,” Miller said. “Plus you look at what he did as a POW. He wouldn’t accept his release until everyone ahead of him had gone first. I’m not sure I could’ve done that. He deserves to be honored by everyone.”

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8.4 - Raycom News Network: [Black patients prescribed opioids are more likely to be tested for illicit drugs, study says](#) (29 August, 5k uvm; Montgomery, AL)

Racial bias has been found in how doctors treat patients who are prescribed opioids for chronic pain.

A study by Yale University found that black patients who receive opioids long-term are more likely than whites to be tested for illicit drug use.

However, whites are at higher risk of opioid overdose, according to researchers.

The study also found that blacks are more likely to have opioids discontinued following a positive drug test.

“If they were black and tested positive for marijuana, they were twice as likely to have opioids discontinued, and for cocaine, they were three times more likely,” said lead researcher, Julie Gaither.

According to the report, researchers analyzed the health records of more than 15,000 patients who received opioids from the Veterans Administration between 2000 and 2010.

The Centers for Disease Control and Prevention requires that patients are screened for illicit drug use after starting opioids.

But, Gaither says there is no mandate to immediately stop a patient from taking prescription opioids if they test positive for illicit drugs and a more universal approach to monitoring is needed.

“It’s our feeling that without clear guidance, physicians are falling back on ingrained stereotypes, including racial stereotyping,” said Gaither.

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From: (b) (6)
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Subject: FW: [EXTERNAL] 27 August Veterans Affairs Media Summary and News Clips
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Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

27 August 2018

1. [Top Stories](#)

1.1 - Tampa Bay Times: [Tampa's Haley VA makes point about pain management with acupuncture](#) (26 August, Mike Merino, 4.8M uvm; Saint Petersburg, FL)

As the helicopter spiraled downward, the main rotor blades sheared and the tail boom separated from the aircraft. Everyone miraculously survived, but McHenry has carried immense pain from the accident for 49 years. "I'll never ever forget that day," McHenry said. "I survived, but because of it, I've been to more VA doctors than I care to remember. For years I've been seeking any form of pain relief without getting hooked on drugs."

[Hyperlink to Above](#)

1.2 - WFED (AM-1500): [Federal district judge invalidates 9 provisions of Trump executive orders](#) (25 August, Nicole Ogrysko, 854k uvm; Washington, DC)

In a highly-anticipated decision, a federal district judge invalidated nine provisions of the president's executive orders on official time, collective bargaining and employee removals, in response to a series of legal challenges from a coalition of federal unions. The decision, which came late Friday night, prevents agencies from implementing or enacting the following provisions of the president's Eos.

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1.3 - Loyola Maroon: [Loyola law grad confirmed as Secretary of Veterans Affairs](#) (27 August, Christopher Gilyard, 5k uvm; New Orleans, LA)

Loyola law grad Robert Wilkie A'88 continues his military service as the new Secretary of Veterans Affairs. Wilkie was confirmed on July 23. Under his new title as "Secretary of Veterans Affairs," Wilkie will provide services to the U.S. veterans. This includes health care services, benefits programs, and the ability to access the nation's countless national cemeteries to deceased military soldiers and their dependents.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Register-Guard: [Privatizing VA services won't improve patient care](#) (26 August, Rick Staggenborg, 438k uvm; Eugene, OR)

The VA Mission Act in Congress creates a permanent Community Care program to replace the temporary Choice program that currently refers Veterans Administration patients to private providers. This will divert \$22 billion over five years that could be used to address staffing shortages that have led to long wait times for care in some VA facilities.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

3.1 - Pioneer Press: [Information has value, but we often have no way to use it](#) (26 August, Edward Lotterman, 2.1M uvm; Saint Paul, MN)

There's gold in them thar hills of modern computerized medical records, but a combination of private market failure and government inaction means that valuable lodes that could improve health and save lives remain hidden under tons of waste. We don't fully use information lying latent of hundreds of millions of medical records because no one faces suitable incentives to change the situation.

[Hyperlink to Above](#)

3.2 - The Journal Gazette: [Streamlined records big boost to vets](#) (27 August, Jim Banks, 797k uvm; Fort Wayne, IN)

If you only read the headlines, you'd think today's political climate is particularly divisive. But as a member of the House Committee on Veterans' Affairs, I've seen firsthand the bipartisan work of this Congress, which has been the most productive in decades in securing victories for our nation's veterans.

[Hyperlink to Above](#)

3.3 - KHGI (ABC-13): [Ribbon-cutting ceremony unveils the new Central Nebraska Veterans' Home](#) (26 August, Lauren Kummer, 76k uvm; Axtell, NE)

After years of work and planning, the new Central Nebraska Veterans' Home (CNVH) is finally coming to completion. Smiles lit the faces of veterans' planning to move into the new home. "I never thought it would be possible. I figured we will try and it and get nowhere," said Bob Labart, a veteran planning to move into the new CNVH.

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4. [Focus Resources More Efficiently](#)

4.1 - Government Executive: [Judge Strikes Down Trump Executive Orders Limiting Federal Employee Union Bargaining](#) (25 August, Erich Wagner, 870k uvm; Washington, DC)
U.S. District Court Judge Ketanji Brown Jackson late Friday night struck down most provisions of the Trump administration's controversial workforce executive orders, concluding that they conflicted with the 1978 Civil Service Reform Act.

[Hyperlink to Above](#)

4.2 - The Fayetteville Observer: [Fayetteville VA to host mental health summit Sept. 6](#) (25 August, Drew Brooks, 439k uvm; Fayetteville, NC)

The Fayetteville VA will host its annual Community Mental Health Summit next month in an effort to promote collaboration between the local Department of Veterans Affairs and community partners. The Sept. 6 event is open to area mental health providers, veteran service organizations, religious leaders, VA staff and government officials.

[Hyperlink to Above](#)

4.3 - Spectrum News Rochester (Video): [Going Green: Therapeutic horticulture](#) (26 August, Terry Ettinger, 395k uvm; Rochester, NY)

Two-minute video: On the roof of the spinal cord injury and trauma unit at the Syracuse VA Medical Center, there's a unique flower and vegetable garden. Terry Ettinger explains its significance in this installment of Going Green.

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5. Improve Timeliness of Service

5.1 - Providence Journal: Veterans Journal: VA, Walgreens collaborate to improve veterans' care coordination

(26 August, George W. Reilly, 1.2M uvm; Providence, RI)
As part of the U.S. Department of Veterans Affairs' efforts to improve care coordination for veterans, the department is working with pharmacy services provider Walgreens to coordinate patient and pharmaceutical care for VA-enrolled patients.

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6. Suicide Prevention

6.1 - WSLU (NPR-89.5, American Homefront Project): For veterans in crisis, a number to call

(27 August, Sarah Harris, 144k uvm; Canton, NY)
The Department of Veterans Affairs' crisis line fields about 2,000 calls per day. It provides counseling to distressed and suicidal veterans - and has hired hundreds of additional counselors to meet the demand. If you're a veteran who's not doing so well - if you're suicidal, or depressed, or just want to talk—there's a number for you to call: 1-800-273-8255.

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6.2 - The Advertiser-Tribune: Local group wants to raise awareness of PTSD

(26 August, Jacob Gurney, 64k uvm; Tiffin, OH)
A local veteran who has struggled with Post-Traumatic Stress Disorder and suicide now is trying to help other veterans through a non-profit organization he started. Kevin VanHoosier started Awareness 22 to spread awareness of PTSD. The number 22 is in reference to the statistic that on average 22 combat veterans commit suicide daily stemming from PTSD and alcohol and drug abuse.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Free Lance-Star: Stafford woman digs up past, finds burial spot of relative and Civil War veteran

(26 August, Scott Shenk, 828k uvm; Fredericksburg, VA)
In an effort to fill a void, a Stafford County woman dug up her family roots. In the process, Sherry Cooper discovered the name of an unknown little girl in a picture that hung in her childhood home ever since she can remember. That girl turned out to be her great-aunt, who was interred in a local, unmarked burial plot with a Civil War veteran and his family.

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7.2 - Daily Reflector: Symposium to address military women's health

(26 August, 161k uvm; Greenville, NC)
What does a veteran look like? The only way to know for sure if someone is a veteran is to ask — but people do not often ask women. This can have significant implications when it comes to

health care. “Once upon a time it was a given that all men served. But having women in the military is not new. Somehow it’s still always a shock when people find out I was in the Army,” Teri Reid said.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - The Washington Post (Video): [John McCain embodied time-honored virtues](#) (25 August, Jennifer Rubin, 43.9M uvm; Washington, DC)

Never have we needed Sen. John McCain (R-Ariz.) more. He died Saturday after a heroic battle with brain cancer, which he bore without self-pity. He embodied time-honored virtues — courage, loyalty, patriotism, honor. His unimaginable resolve and bravery as a POW in North Vietnam freed him in a sense to fear nothing in the realm of politics — not losing, not unpopularity, not venom from his critics.

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8.2 - FOX News: [John McCain's political accomplishments](#) (26 August, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

John McCain was a U.S. senator for more than three decades. Before that, he was a congressman. And during his tenure in the Senate, he became the Republican nominee for president. McCain died Saturday at age 81 after suffering from glioblastoma, an aggressive brain tumor.

[Hyperlink to Above](#)

8.3 - The Eagle: [Hundreds turn out for Beto O'Rourke's town hall in Navasota](#) (26 August, Rebecca Fiedler, 196k uvm; Bryan, TX)

An enthusiastic crowd of hundreds filled VFW Post No. 4006 in Navasota and spilled outside for U.S. Senate candidate Beto O'Rourke's campaign town hall meeting on Saturday. O'Rourke, who is hoping to defeat incumbent Sen. Ted Cruz in November's election, has been steadily making his way across the state and has visited all 254 counties, taking questions from voters.

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8.4 - Killeen Daily Herald: [Actor with ties to Fort Hood to star in Indie film 'American Desert'](#) (26 August, David A. Bryant, 156k uvm; Killeen, TX)

Abell was able to introduce Brandt to a host of other combat veterans who had experienced some of the things Brandt's character is facing — to include dealing with Veterans Affairs for medical care, the over-prescription of pain killers and the fight to get off the drugs once addicted. “American Desert” is set in 2010 during the big draw-down of forces, and Brandt's character is caught up in the middle of it.

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1. [Top Stories](#)

1.1 - Tampa Bay Times: [Tampa's Haley VA makes point about pain management with acupuncture](#) (26 August, Mike Merino, 4.8M uvm; Saint Petersburg, FL)

TAMPA — Above the war-torn jungles of Vietnam in 1969, U.S. Marine Capt. Bob McHenry piloted a ch-53 Sea Stallion helicopter after completing another dangerous ammunition support mission.

When enemy fire struck one of his engines, McHenry spotted a bright reddish-orange flame rising from his cockpit window. A direct hit left McHenry in his crew in peril. A crash, or, maybe death seemed inevitable.

As the helicopter spiraled downward, the main rotor blades sheared and the tail boom separated from the aircraft.

Everyone miraculously survived, but McHenry has carried immense pain from the accident for 49 years.

"I'll never ever forget that day," McHenry said. "I survived, but because of it, I've been to more VA doctors than I care to remember. For years I've been seeking any form of pain relief without getting hooked on drugs."

In 2015, McHenry researched the world of alternative medicine and discovered the possibilities that came with acupuncture. Unfortunately, no doctors provided the treatment at Tampa's James A. Haley Veterans Hospital.

So, with the help of his VA primary doctor, he navigated the request through the proper medical channels and received authorization that same year to begin receiving treatment from an approved private provider.

Now the Veterans Health Administration has begun to open their eyes to the medical treatment.

The science of acupuncture involves the utilization of very thin needles that are inserted through the patient's skin at strategic points of the body with little to no discomfort. It's also a key component of traditional Chinese medicine that is practiced throughout the world. Research suggests it can help relieve pain, and it is used for a wide range of other health-related issues.

In the past, the VA pain management relied on traditional forms of relief, often dispensing powerful opioids. However, that use has resulted in unintended consequences.

According to a January 2017 edition of Psychology Today, the number of veterans addicted to opioid painkillers rose to 68,000 between 2010 and 2015, often leading to hospitalization, homelessness and even suicide.

The numbers have played a role in leading the VA to include acupuncture as an alternative health strategy, all in hopes of reducing dependence on addictive pharmaceutical drugs.

"We began approving acupuncture as one of our medical tools around 2008," said Charles Brock, the Haley chief of Neurology Services and associate dean of Veterans Affairs who also serves as a pain medicine specialist and certified acupuncturist.

"In the context of pain medicine, what appears to be most beneficial is interdisciplinary, and a truly multi-modal pain medicine delivery program. Pain management is not something where there is a medicine or specific procedure that will automatically cure a patient.

"So, when we are treating our veterans with pain issues, we have to treat them with multiple modality fashions in order to achieve lasting long-term results. And acupuncture is recognized as one of those modalities."

Tampa's Su Thi Ho Campo is a licensed acupuncture physician. She has treated McHenry in her South Tampa clinic since he was approved.

Campo, like other licensed practitioners of the 2,600-year-old practice of Chinese acupuncture, was systematically brought onto the VA outpatient medical team to assist suffering veterans with issues such as chronic pain, post traumatic stress disorder (PTSD) and other various medical problems.

It's important to note that this modality is not designed to replace other forms of treatment or therapy, but is meant to offer veterans an alternative to traditional medicine.

"It's an honor to treat our veterans like Mr. McHenry, for the chronic long-term pain they received while in active military service," Campo said. "They are so grateful when they finally get some relief."

McHenry says he doesn't expect acupuncture to cure him, but he appreciates its impact.

"It gives me the physical and mental comfort to perform activities I can't normally do. Besides, throughout my military career, I've been stuck with needles of all shapes and sizes, and that makes acupuncture a breeze."

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1.2 - WFED (AM-1500): [Federal district judge invalidates 9 provisions of Trump executive orders](#) (25 August, Nicole Ogrysko, 854k uvm; Washington, DC)

In a highly-anticipated decision, a federal district judge invalidated nine provisions of the president's executive orders on official time, collective bargaining and employee removals, in response to a series of legal challenges from a coalition of federal unions.

The decision, which came late Friday night, prevents agencies from implementing or enacting the following provisions of the president's EOs:

The imposition of a 25 percent cap on the use of official time,

The one-hour per bargaining unit employee formula to be applied to set an aggregate

In the three months that the EOs have been operational, collaboration between labor and management — which was already on unstable turf — has soured.

Some agencies had already begun to implement pieces of the executive orders, after the Office of Personnel Management told departments with open collective bargaining agreements to begin informing union representatives of the changes.

The Social Security Administration and Housing and Urban Development Department had told union representatives to vacate federal offices and return government-issued property.

The Health and Human Services Department revived previously-stalled collective bargaining negotiations and quickly presented new bargaining proposals to NTEU. HHS has declared an impasse.

Union representatives have been making plans to limit official time at the Veterans Affairs Department following guidance from the acting secretary. AFGE, however, filed a grievance with VA, citing “chaotic” implementation of the president’s official time EO.

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1.3 - Loyola Maroon: [Loyola law grad confirmed as Secretary of Veterans Affairs](#) (27 August, Christopher Gilyard, 5k uvm; New Orleans, LA)

Loyola law grad Robert Wilkie A’88 continues his military service as the new Secretary of Veterans Affairs. Wilkie was confirmed on July 23.

Under his new title as “Secretary of Veterans Affairs,” Wilkie will provide services to the U.S veterans. This includes health care services, benefits programs, and the ability to access the nation’s countless national cemeteries to deceased military soldiers and their dependents.

Wilkie has a storied past with the military. He was raised in Fort Bragg in North Carolina where his father served in the United States Army in the 82nd Airborne Division. Today, Wilkie is an officer in the United States Air Force Reserve assigned to the Office of the Chief of Staff. Before that, however, Wilkie served in the United States Navy Reserve with the Joint Forces Intelligence Command, Naval Special Warfare Group Two, and the Office of Naval Intelligence.

In a press release, Senator Roger Wicker of Mississippi complimented Wilkie on his confirmation.

“Robert Wilkie is well-prepared to lead the VA and implement reforms to provide better health care and service to our nation’s Veteran Affairs,” said Wicker.

Wicker was not the only one to approve of President Trump’s nominee.

“Acting secretary Wilkie has performed beyond expectations, embracing the monumental task of assuming control of the nation’s largest bureaucracy.” Member of the Veteran’s Affair Committee, Clay Higgins, said.

Wilkie has not only graduated with an Honor’s degree from Loyola University, but he has also earned a Masters of Law in International and Comparative Law from Georgetown University as

well as a Masters in Strategic Studies from the U.S Army War College. Wilkie has also gone on to publish numerous articles in Parameters, Air and Space Power Journal, and more. Secretary Wilkie has gone on to serve Secretary James Mattis, under his Secretary of Defense for Personnel and Readiness. His history goes on to include 20 years of federal service at the national and international levels.

In a ceremony in the Oval Office, President Trump praised Wilkie's abilities to lead Veterans Affairs.

"Since day one, my administration has been focused on serving men and women who make freedom possible: our great veterans," said Trump. "These American heroes deserve only the best and they will have it under Robert Wilkie. I have no doubt about it."

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2. [Greater Choice for Veterans](#)

2.1 - The Register-Guard: [Privatizing VA services won't improve patient care](#) (26 August, Rick Staggenborg, 438k uvm; Eugene, OR)

The VA Mission Act in Congress creates a permanent Community Care program to replace the temporary Choice program that currently refers Veterans Administration patients to private providers. This will divert \$22 billion over five years that could be used to address staffing shortages that have led to long wait times for care in some VA facilities.

The case for investing more VA resources on private care is based on specious claims of pervasive problems in wait times and poor quality of care. In fact, the VA's record in both is exceptional.

These highly misleading claims are being promoted by Concerned Veterans of America, a Koch brothers-funded organization with little veteran representation. The group's strategy is to portray the VA as failing, making privatization seem a better alternative.

What isn't mentioned is that the use of VA funds to pay for private care makes it impossible to address the problems Concerned Veterans for America claims are inherent flaws of the VA. Privatization does, however, generate substantial profits for investors in the health care industry. The real motivation behind expanding outsourcing seems to be maximizing private profit, not helping vets get more timely or higher quality care.

The Choice program was introduced as a stopgap measure to improve wait times until the problem could be addressed. It has expanded to the point that over 40 percent of patient visits are outsourced to the private sector. Under the Mission Act, referrals will be significantly increased, with more patients being dumped on an already overburdened system of private care that has already produced wait times longer than the VA's.

Every dollar invested in private care ultimately comes from money necessary to fully fund and staff the VA. This diversion of funds results in fewer services and compromises the system of integrated care that only the VA provides, while the cost of private care is substantially higher than VA care.

It is ironic that the Community Care program would require the hiring of large numbers of specialists merely to process referrals and provider billing. In the Roseburg system, there will be 70 Community Care staff in a system that had less than 900 employees as of 2014. It's not hard to imagine the impact that hiring 70 new clinicians could have had.

Privatizing services will result in a degradation of care. Private providers have much less experience meeting the special needs of veterans. Shockingly, the VA is already referring mental health patients to the private sector, which doesn't meet the standards of the VA's cutting-edge suicide prevention practices.

As someone who has been both a physician and a patient at the VA, I can attest that the problems the VA does have are not as serious as the flaws in the private health care system. I gave up using private insurance and now get my care entirely through the VA. As a result, I get fully integrated care in a system designed to serve vets.

VA care consistently rates higher on key performance and patient satisfaction measures compared to private care, at an estimated 30 percent less cost. Neither the cost savings, the high quality of care or the integrated nature of the system would be possible in the private sector, where the need to generate profits precludes many of the features of the VA system.

Those who put their lives on the line for our country deserve the best care possible. Despite the propaganda about the quality of care at the VA, both objective measures and patient satisfaction ratings indicate otherwise. An essential feature of the VA system that leads to these outcomes is the integrated nature of services. Money taken out of the system and lost to the private sector is not available to fund the VA's comprehensive services and to fix problems such as long wait times at some facilities that are largely the result of inadequate staffing.

If we want to keep our promises to our vets, we cannot accept the stripping down of the VA to generate private profits. If you agree, contact your members of Congress and let them know that they need to take a closer look at what the Mission Act will do to the VA and the veterans who depend on it.

Rick Staggenborg, M.D., of Roseburg is chair of Veterans For Peace Chapter 181 in Douglas County.

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3. Modernize Our System

3.1 - Pioneer Press: [Information has value, but we often have no way to use it](#) (26 August, Edward Lotterman, 2.1M uvw; Saint Paul, MN)

There's gold in them thar hills of modern computerized medical records, but a combination of private market failure and government inaction means that valuable lodes that could improve health and save lives remain hidden under tons of waste. We don't fully use information lying latent of hundreds of millions of medical records because no one faces suitable incentives to change the situation.

To understand this, start with my health coverage situation and an incident at my clinic last month.

I am fortunate in that I have great health coverage. I am on Medicare. As retired military reservist, I am covered by Tricare, the military health system. And as a veteran, I can get services from the Veterans Administration.

Since I have such good benefits, I can seek care pretty much where I want. I have had the same wonderful primary care physician for over 20 years at a great nearby clinic I have used for over 30. These are now part of a larger system that includes a hospital where I have been admitted several times. I have also seen other specialists in that system over the years, including an ENT who cared for me with a cancer, a podiatrist who fused a toe joint, an ophthalmologist, an eye surgeon and a couple of dermatologists.

But I also chose to go elsewhere for orthopedic care of osteoarthritis and for a cardiologist to deal with chronic hypertension punctuated by extreme high BP events. These are in another big local system. And then I get a few services from the VA. In general, my level of satisfaction with all three providers is very high.

All now have computerized online records. I get a “visit summary” in hard copy and can review any past ones online. I can email my providers and get prompt responses. I can look at test results going back many years.

Every visit summary lists all my medications. And the ones from my home clinic list 18 of my “health problems” from seasonal hayfever through my BMI, the buckle around my left eye after a vitrectomy, my mother’s colon cancer to my pseudophakia (both eyes). All that is missing is my male pattern baldness and the heartbreak of psoriasis.

Also missing is the fact that I served in Vietnam and had extensive exposure to Agent Orange. That specific gap isn’t all that important, but it is symptomatic of a broader problem involving millions of people with a wide range of health issues.

A couple months ago at my annual checkup, my PCP noted probably benign spots on my legs but said I should see a dermatology nurse practitioner just to get them checked out. At the appointment, a young, pleasant and competent LPN did the preliminaries. Going through the usual litany of medications and health concerns, I mentioned Vietnam and Agent Orange. Her reaction was about what it might have been to “nice day if it don’t rain.”

The nurse practitioner was similarly professional and competent. She inventoried every spec on my body and the nurse logged them. We discussed my having farmed and thus skin cancer dangers. Ditto for having worked at over 14,000 feet in the Peruvian Andes and the sunburns one gets when nothing remains above you to filter UV rays. I forgot to mention Vietnam. She gave me a clean bill of health, admonished me to apply sunscreen daily and told me to return in a year.

On reviewing the visit summary, I thought again about Agent Orange. I am sure my primary physician knows my Vietnam service. And over the past 18 months, I mentioned it to a nephrologist, an endocrinologist, three cardiologists, a neurologist and sundry ER nurses and doctors across both major systems I use. Nowhere does it show up in my charts or visit summaries. The VA knows my service history of course as I am one of the 2.9 million Vietnam

veterans eligible for care for any of 18 “presumptive” diseases caused by exposure. Luckily, I have not gotten any yet, but I have old comrades, neighbors and schoolmates who have.

The economic point here is not about this specific issue I face. It is that we have spent hundreds of millions of dollars computerizing individual health charts for nearly everyone in the population. These facilitate the provision of care. Yet we are not mining these enormous data sets to solve other mysteries.

Google, Facebook and other internet companies troll through billions of searches and posts and tell retailers whether to send us coupons for nursing bras or Preparation H, or publishers to offer subscriptions to Railway Age or Quilter’s World. They do this because there is money to be made.

Yet no one is making similar sweeps through hundreds of millions of medical charts to find correlations between long-term use of medications, alone or in combination and health problems or between environmental exposures like Agent Orange or the chemicals used in printing or body shops or other variables that might affect long-term health. Few, if any researchers are sifting through populations of patients to look for links between problems early in life and other ones late in life. People got polio for centuries, but “post-polio syndrome” was only recognized a few decades ago. Many people suspected problems with the diet supplement fen-phen, but it was an observant RN who prompted its link to heart valve damage in thousands of users.

Catch-22s develop and are not resolved. Tests of new drugs involve small samples of people over limited periods of time. Yet we have data on tens of millions of people who take these drugs over years and ignore it. There is no requirement to tease out any possible side effects after the fact. If something isn’t on the original list, you can tell your doctor about your hunch of a link and hear “that isn’t a listed side effect.” It is sort of like the Corps of Engineers doing cost-benefit studies before a waterway is built, but avoiding any evaluation how projects actually turned out.

The Agent Orange problem is symptomatic. It took decades of health problems for vets before the VA issued its list of 18 diseases presumed linked to the herbicide. There are other maladies for which many suspect a link, but for which scientific evidence is still deemed inadequate. The VA has researched four more and decided a link existed, but since David Shulkin had to step down as VA Secretary, the issue has languished. One of the four is hypertension that does not respond well to medication. The study supporting that determination was based on two samples of under 10,000 individuals. There must be computerized medical records for at least 2 million of the 2.9 million of us exposed, but there is no institutional means for data on this large population to be analyzed to try to answer the same question.

Certainly there are issues of privacy, especially when one frequently hears about hackers breaking into databases. Yet the IRS, for example has sensitive information on hundreds of millions of households, and its in-house researchers do complex tabulations. Data sets purged of information that might identify any individual or business are made available to credentialed researchers. Same for information from periodic censuses of agriculture and manufacturing.

The health providers that invested millions in computerizing records benefit in better patient outcomes and more efficient clinics. Large ones like Mayo with big research programs may analyze data for their own patients. Yet on the whole, there is little effort to systematize access to data across hundreds of providers nor to include data on work, household or other exposures

or experiences that may have links to subsequent health outcomes. Coordination is a classic “public good” that won’t take place without government action.

Yes, this may be resolved over time. In the meantime, however, we collectively have poorer health because of an institutional failure to analyze priceless data sitting on hundreds of computers.

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3.2 - The Journal Gazette: [Streamlined records big boost to vets](#) (27 August, Jim Banks, 797k uvm; Fort Wayne, IN)

If you only read the headlines, you'd think today's political climate is particularly divisive.

But as a member of the House Committee on Veterans' Affairs, I've seen firsthand the bipartisan work of this Congress, which has been the most productive in decades in securing victories for our nation's veterans.

Republicans and Democrats in the House have worked together to pass more than 70 bills addressing the needs of our veterans, 26 of which have been signed into law by President Donald Trump.

This legislation has included major reforms, such as bringing accountability to the Department of Veterans Affairs, increasing transparency in the timeliness and quality of care, and streamlining the broken appeals process for disability claims.

Although we've made progress, the work is far from over. As the VA begins a multibillion-dollar, 10-year effort to overhaul the VA's electronic health records system, Congress has a vital oversight role.

VA health care currently relies on an electronic health records system that was groundbreaking in the 1980s but is now increasingly starved of new capabilities.

Operations and maintenance costs are \$1 billion a year and climbing, and its ability to communicate with the Department of Defense's system is far from seamless.

When service members become veterans, their medical records still do not automatically follow them into the VA. When the department refers veterans to private providers in their communities, the only way to transfer records is often by fax.

For years outside experts have been recommending the VA and Department of Defense implement the same commercial electronic health records system to allow for a seamless, lifetime medical record.

In May, the VA began the largest electronic health records modernization program in the country and signed one of the largest IT contracts in the federal government – following the Department of Defense, which began this process in 2013.

As this project moves forward, it must be managed properly.

The VA has a long and troubling history of IT mismanagement, and far too often Congress finds out a government program is failing after it has already become a crisis.

Last month, the House Committee on Veterans' Affairs created a new subcommittee on technology modernization that will provide thorough oversight of the project.

I was honored to be chosen as chairman of this important subcommittee, and I commit to veterans and taxpayers to ask the hard questions.

As the subcommittee prepares for its first hearing next month, ensuring that caring for our nation's heroes remains above partisan politics is one of my priorities.

This is an extraordinary opportunity to achieve a decades-old goal of seamless, lifetime health records. Congress and the VA must remain focused on the actual needs of veterans and the dedicated VA employees who care for them.

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3.3 - KHGI (ABC-13): [Ribbon-cutting ceremony unveils the new Central Nebraska Veterans' Home](#) (26 August, Lauren Kummer, 76k uvm; Axtell, NE)

KEARNEY, Neb. — After years of work and planning, the new Central Nebraska Veterans' Home (CNVH) is finally coming to completion.

Smiles lit the faces of veterans' planning to move into the new home.

"I never thought it would be possible. I figured we will try and it and get nowhere," said Bob Labart, a veteran planning to move into the new CNVH.

"It's going to be a different location which is something to look forward too. We're each going to have our own bathroom and it looks like we are going to have bigger rooms," another veteran, Patricia Abbott.

Moving the veterans' home from Grand Island to Kearney has been a controversial topic but the consensus deemed to be positive in speaking to veterans', even with the distance.

"I look at it like when we were in the military. Sometimes they would move you and I look at it and I make it like when I was in the military. We would have to move and have to move. This is a better facility," said Jose Trejo, a veteran currently living in the Grand Island Veterans' Home.

Service men and women from all branches were represented as Governor Pete Ricketts and the Nebraska Department of Veterans' Affairs hosted a ribbon cutting ceremony.

"We seek to make Nebraska the most veteran and military friendly state in the country. With the central Nebraska Veterans' Home we are living up to that promise to remember to take care of our veterans," said Governor Ricketts.

The new state-of-the-art facility is 338 thousand square feet separated into 10 buildings.

"We honor our military not only with our words but with our actions. So today, I am proud to take part in the official opening on this beautiful 225-bed home that will serve the needs of our veterans'. God bless our Nebraska veterans' and all at the federal, state and community levels that have made this project possible," said U.S. Senator Deb Fischer.

The residents are set to move into the home this fall.

There are also plans to build a Central Nebraska Veterans' Memorial.

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4. Focus Resources More Efficiently

4.1 - Government Executive: Judge Strikes Down Trump Executive Orders Limiting Federal Employee Union Bargaining (25 August, Erich Wagner, 870k uvm; Washington, DC)

U.S. District Court Judge Ketanji Brown Jackson late Friday night struck down most provisions of the Trump administration's controversial workforce executive orders, concluding that they conflicted with the 1978 Civil Service Reform Act.

Jackson found that the three executive orders, which seek to make it easier to fire federal workers and significantly reduce how unions can collectively bargain and represent employees, disregard Congress' conclusion that good-faith labor-management negotiations are "in the public interest."

"As to the merits of the unions' contentions, while past precedents and pertinent statutory language indicate that the president has the authority to issue executive orders that carry the force of law with respect to federal labor relations, it is undisputed that no such orders can operate to eviscerate the right to bargain collectively as envisioned in the [statute]," Jackson wrote. "In this Court's view, the challenged provisions of the executive orders at issue have that cumulative effect."

In May, President Trump issued the three executive orders, the first of which seeks to standardize the length of performance improvement plans at 30 days governmentwide and exempt adverse personnel actions from grievance proceedings. Another seeks to streamline collective bargaining negotiations, and the third order significantly reduces the number of work hours union members can spend on official time as well as the activities that are eligible for the practice.

More than a dozen federal employee unions filed lawsuits shortly after the orders were announced to block their implementation. But in June, the Office of Personnel Management issued guidance to agencies suggesting that if a collective bargaining agreement expired, provisions of the edicts could be implemented unilaterally.

Since then, unions have described a series of changes to workplace policies as "chaos." Several agencies have immediately reduced the amount of time union officials can spend on representational activities, and they have moved to evict unions from agency office space.

Jackson found that nearly every key provision of the executive orders, when implemented, would amount to instructing agencies to bargain in bad faith.

"The orders' requirements, such as the directive that agencies should 'ordinarily' seek to conclude collective bargaining negotiations within five to seven months, or should limit the applicability of grievance procedures 'whenever reasonable,' effectively instruct federal agencies and executive departments to approach collective bargaining in a manner that clearly runs counter to the [law's] expectation of good-faith conduct on the part of negotiating parties," she wrote.

In legal filings and in a four-hour hearing, the unions argued that Trump's actions conflict with the 1978 Civil Service Reform Act, and that the law precludes the president from weighing in on collective bargaining altogether. But attorneys with the Justice Department said a provision of the law grants Trump the authority to remove discrete issues, like official time, from the scope of collective bargaining negotiations.

In her decision, Jackson described that argument as "specious."

"The strangeness of defendants' contention that, in the context of a statute that Congress has crafted to protect workers' rights to good-faith collective bargaining, Congress intended to confer upon the president the power to issue executive orders that nullify those protections, cannot be overstated," she wrote. "[Defendants] employ an analysis that is akin to verbal jujitsu: their first move is to contend that the president can certainly issue executive orders that qualify as 'governmentwide rules;' then, they confidently maintain that the president has the authority to opt to make such governmentwide rules apply to federal-sector labor relations 'in a specific way.'"

One key provision that Jackson upheld was instruction to agencies that, if a union is deemed to be bargaining in bad faith, an agency head should consider filing an unfair labor practice or unilaterally implementing changes to an agreement. She said that guidance does not conflict with the Civil Service Reform Act.

Federal employee unions lauded the decision Saturday morning. In a statement, the Federal Workers Alliance, a coalition of 13 federal employee unions including the National Federation of Federal Employees and the International Federation of Professional and Technical Engineers, called it a "historic" victory for labor rights.

"The coalition argued successfully that a majority of the three executive orders violated statutory law, thereby violating the rights of federal employees," said co-chairwoman Sarah Suszczyk. "We are very pleased that the court agreed that the president far exceeded his authority, and that the apolitical career federal workforce shall be protected from these illegal, politically motivated executive orders."

"The judge rightly found that the president is not above the law and cannot, through these blatantly anti-union and anti-worker executive orders, eviscerate employee rights and undermine the collective bargaining process established by Congress," said Tony Reardon, national president of the National Treasury Employees Union. "Today's ruling is a resounding victory for all who want a fair and effective civil service."

The White House did not immediately respond to a request for comment.

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4.2 - The Fayetteville Observer: [Fayetteville VA to host mental health summit Sept. 6](#) (25 August, Drew Brooks, 439k uvm; Fayetteville, NC)

The Fayetteville VA will host its annual Community Mental Health Summit next month in an effort to promote collaboration between the local Department of Veterans Affairs and community partners.

The Sept. 6 event is open to area mental health providers, veteran service organizations, religious leaders, VA staff and government officials.

It will be at the Methodist University physician assistant program auditorium at 5400 Ramsey St. Sign-in begins at 8 a.m., and the event is scheduled through 4 p.m.

The Fayetteville VA has hosted similar events each year since 2013.

This year's theme is "Whole Health for the Whole Family," officials said. Topics will relate to military children, spouses, LGBT families, suicide prevention and the VA's whole health approach to care.

Speakers, panel discussions and a resource fair will be part of the free summit, as will hands-on demonstrations of interactive wellness activities.

The summit is aimed at identifying existing resources and services and starting conversations on how to bridge the gaps between services, officials said.

Registration is required. For more information, go to [Mental-Health-Summit-2018.eventbrite.com](#).

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4.3 - Spectrum News Rochester (Video): [Going Green: Therapeutic horticulture](#) (26 August, Terry Ettinger, 395k uvm; Rochester, NY)

Two-minute video: On the roof of the spinal cord injury and trauma unit at the Syracuse VA Medical Center, there's a unique flower and vegetable garden. Terry Ettinger explains its significance in this installment of Going Green.

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5. [Improve Timeliness of Service](#)

5.1 - Providence Journal: [Veterans Journal: VA, Walgreens collaborate to improve veterans' care coordination](#) (26 August, George W. Reilly, 1.2M uvm; Providence, RI)

As part of the U.S. Department of Veterans Affairs' efforts to improve care coordination for veterans, the department is working with pharmacy services provider Walgreens to coordinate patient and pharmaceutical care for VA-enrolled patients.

With the click of a button, VA providers will be able to see the entire medication and immunization history of VA-enrolled patients who receive their prescription and immunization needs at a Walgreens pharmacy. "This arrangement is the first of its kind and it's a strong collaboration," VA Secretary Robert Wilkie said.

As it expands its community care program, VA is actively refining its ability to track medication prescribed by community providers. Prior to the arrangement, VA providers would ask patients to inform them about medications filled at Walgreens or elsewhere. With the VA-Walgreens exchange, VA providers can now easily view medications directly that are prescribed to VA-enrolled patients by community providers and filled at Walgreens pharmacies.

For the past five years, VA and Walgreens have partnered to provide flu shots at no cost for enrolled veterans, improving vaccination rates and access to immunizations.

VA exchanges standards-based medical information securely and electronically with participating community health care partners, such as Walgreens, to ensure the best possible care coordination and medication management. Currently, VA exchanges health information with more than 170 community health care partners, representing 1,288 hospitals, 537 federally qualified health centers, 261 nursing homes, 8,649 pharmacies (including 8,000 Walgreens stores) and more than 22,431 health clinics.

Additional information about the VA Health Information Exchange Program can be found online at www.va.gov/vler.

New rating schedule for skin conditions

Effective Aug. 13, the U.S. Department of Veterans Affairs updated portions of the VA Schedule for Rating Disabilities that evaluate conditions related to the skin (see online with all other updated bodily conditions at www.benefits.va.gov/WARMS/bookc.asp#o). The VASRD is the collection of federal regulations used by Veterans Benefits Administration claims processors to evaluate the severity of disabilities and assign disability ratings.

The VA is in the process of updating all 15 body systems of the VASRD to reflect modern medicine more accurately and provide clearer rating decisions. "With modern medicine advancing at a rapid rate," Wilkie said, "it's important to ensure VA's disability rating schedule and rating decisions reflect these advancements."

No conditions were removed from the new skin rating schedule but several diagnostic codes were restructured or revised. Claims pending prior to Aug. 13 will be considered under both the old and new rating criteria, and whichever criteria are more favorable to the veteran will be applied. Claims filed on or after Aug. 13 will be rated under the new rating schedule.

By updating the rating schedule for skin conditions, VA claims processors can make more consistent decisions with greater ease and ensure veterans understand these decisions.

VA has issued several VASRD updates since September 2017, including those for dental and oral conditions, for the endocrine system, gynecological conditions and disorders of the breast and eye conditions (www.benefits.va.gov/WARMS/bookc.asp#o).

Agent Orange bill in Senate's hands

Six weeks after the U.S. House of Representatives unanimously passed the Blue Water Navy Vietnam Veterans Act, restoring benefits to sailors who served in the bays, harbors and territorial seas of South Vietnam, the fate of the bill is now in the hands of the Senate Veterans Affairs Committee, chaired by Sen. Johnny Isakson, R-Ga.

On June 25, the House passed the long-sought bill by a vote of 382-0, restoring benefits that had been authorized by Congress in 1991 but later stripped by a VA administrative decision. As a result, thousands of Navy service personnel who served aboard ships during the Vietnam War lost coverage for conditions caused by exposure to Agent Orange.

Since that decision, the VA has denied claims to sailors on the basis that they never set foot on Vietnamese soil, although several significant studies have shown that runoff from Agent Orange-impacted areas flowed into the harbors where U.S. ships were stationed. It was subsequently ingested into shipboard distillation and purification systems, where it was actually enriched, according to Navy records, and made more potent. Countless Navy personnel were not only exposed to the toxin, but bathed in it, drank it and ate food that was cooked in it.

A VA undersecretary recently testified that science did not support the claims of exposure, thereby contradicting testimony by multiple veterans service organizations, hydrologists and Navy experts. The bill has now been tabled in the Senate Veterans Affairs Committee, with limited days left for the full Senate to act.

If the bill is not passed before the next Congress takes office in January, supporters of the bill, including the Louisiana-based Military-Veterans Advocacy, will have to start over from scratch.

Vet-to-Vet support group to gather

The Vet to Vet support group will gather on Wednesday, Aug. 29, from 7 to 8:30 p.m. in classroom 2, fifth floor, main hospital at the Providence VA Medical Center, 830 Chalkstone Ave., Providence. This group welcomes veterans of all eras and any questions about the group and its goals can be emailed to Stephen Mandile at sjmandile@gmail.com.

The group is interested in learning about and utilizing alternative and holistic healing approaches and methodologies to treat ailments and conditions that affect them physically, mentally, emotionally or psychologically, thereby reducing the use of opiates and other pharmacological drugs used to suppress and temporarily manage pain symptoms and mental health concerns, without any stigmas.

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6. [Suicide Prevention](#)

6.1 - WSLU (NPR-89.5, American Homefront Project): [For veterans in crisis, a number to call](#) (27 August, Sarah Harris, 144k uvm; Canton, NY)

The Department of Veterans Affairs' crisis line fields about 2,000 calls per day. It provides counseling to distressed and suicidal veterans - and has hired hundreds of additional counselors to meet the demand.

If you're a veteran who's not doing so well – if you're suicidal, or depressed, or just want to talk—there's a number for you to call: 1-800-273-8255.

Responders at three call centers field thousands of calls. Julianne Mullane is the crisis line's assistant deputy director.

"A successful call in my mind is one in which someone is just about to kill themselves, and our responder talks them down, safety plans, does the consult, and gets them connected with their local VA," she said.

The first step: gaining a caller's trust.

"So if someone says yeah I feel like I want to die—yeah, you've got a lot going on. Rather than trying to argue with them about why they want to live," Mullane said.

Crisis line deputy director Robert Corrado remembers when responders helped a young soldier in Iraq whose girlfriend had just broken up with him.

"He was sitting in a tent somewhere in Iraq and was Skyping with his mother," Corrado recounted. "And while he was Skyping he was holding a gun to his head. So his mother called the crisis line and told us what was going on."

Responders were able to locate the soldier, get help from the Red Cross and military police, take the gun away, and save his life.

Stories like this are powerful. But one frustration for crisis line counselors is that they don't know what happens to callers once they hang up the phone. The calls are anonymous and counselors don't follow up with callers, so there's no easy way to measure success.

I don't think we've gotten a good grasp on [metrics]," Mullane said. "I think we're constantly trying to figure out ways to better measure our efficacy."

But research suggests crisis line do work. A 2017 study found almost 80 percent of people who called helplines said making the call stopped them from killing themselves.

University of Quebec at Montreal psychology professor Brian Mishara studies suicide prevention, and says help lines have a role to play.

"You diminish the crisis, you help someone through a very difficult time and decrease the risk that that this crisis will lead to a suicide attempt, but you're not going to solve their long-term problems," Mishara said.

One thing the VA can measure is how many calls it answers.

Two years ago, more than 30 percent of calls rolled over to backup centers operated by subcontractors, or in some cases, went to voicemail.

“We had much more demand than we had capacity to satisfy that demand,” explained deputy director Robert Corrado Corrado. Back then, he said, they were in the middle of opening a second call center in Atlanta. There’s now a third in Topeka, Kansas. They also changed the algorithm that routes incoming calls.

“We went from [call rollover rates of] 30 percent to less than one percent,” Corrado said. “That means we’re effectively answering every call that comes in.”

Meanwhile, veteran suicide rates remain stagnant. Veterans are about twenty percent more likely to die by suicide than people who haven’t served.

Corrado acknowledges that the hotline alone can’t fix the bigger problem.

“Our business is not to sit here and think, what can the VA do to eliminate the need for a crisis center? Our job is what can we do at the veterans crisis line to provide service to those who need it,” he said.

The VA has rolled out a broader anti-suicide effort that includes offering treatment to suicidal veterans even if their mental health issues aren’t service related. It’s also recruiting more than 2,000 mental health professionals to work in the VA system.

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6.2 - The Advertiser-Tribune: [Local group wants to raise awareness of PTSD](#) (26 August, Jacob Gurney, 64k uvm; Tiffin, OH)

A local veteran who has struggled with Post-Traumatic Stress Disorder and suicide now is trying to help other veterans through a non-profit organization he started.

Kevin VanHoosier started Awareness 22 to spread awareness of PTSD. The number 22 is in reference to the statistic that on average 22 combat veterans commit suicide daily stemming from PTSD and alcohol and drug abuse.

“Being actually almost one of the 22 and with all my combat experience, stuff we’re exposed to, it’s like I can relate to the soldiers and the veterans that go through this,” he said.

Kevin said that May 19, his wife, Tammy, “pretty much pulled a gun out of his mouth.” Kevin said he told his wife to call 911 because he knew he needed help and he was taken to Mercy Health – Tiffin Hospital where he stayed a night. He then spent a week at Mercy Health – St. Charles Hospital before spending six weeks at Cleveland Veteran Affairs Medical Center.

Kevin said he got the idea for the organization June 27. Tammy said one of Kevin’s best friends he met in treatment, Jon Caito, helped come up with the organization. Kevin said it came out of their minds sitting in inpatient care. He said it was like once the light turned on for them, they wanted to get the light turned on for others.

He said he and Tammy already have talked a couple of veterans out of suicide and to get help.

"It's just one of those things I wanted to take my nightmare and turn it into somebody else's dream," Kevin said. "I wanted to take my faults, my personal defects and turn it around into something positive that can help save lives. It's one of those things, it's already worth it because we already helped save a couple lives so if we don't save another life, it was still worth it."

Kevin was born and raised in Sycamore and was a 1992 graduate of Mohawk High School. Joining the U.S. Army after graduation, Kevin started off as a mechanic and platoon sergeant on an Apache helicopter before going to flight school where he flew a CH-47. He said he had an incident in Iraq and went to logistics and retired out of U.S. Army Central as a chief warrant officer 4.

Kevin served from February 1993 to April 2013, and in that span he went to Bosnia three times, Iraq once and Afghanistan twice, accruing about 6 1/2 years of combat time.

After returning to civilian life, he said he thought the world changed, but he didn't realize it was him. Depression sunk in and he was hyper-vigilant, had nightmares, flashbacks, high anxiety and a lot of panic including not being able to be around crowds, Kevin said.

"I can't be like normal people it's like, even if I go to a concert or anywhere, I have to have my back against the wall where I can see everything. Even going to Walmart, the first course of action is you got to look for an exit route, a safety strategy and look around for threats and harms and see if I see bulges of guns or knives or anything like that," he said.

Kevin said he was in an inpatient hospital about 12 or 13 different times after he got back from Afghanistan and he had one good friend, Brian Halm, who he met at the hospital. Halm designed the logos for Awareness 22.

"(Halm) kind of helped me along when he'd see me get to a low point, he would pull me back up and check on me and it really did help because just having that one person that kind of understood really pulled me out, but then I sank back down," Kevin said.

Kevin turned to alcohol, which he used to "numb the pain," but he didn't know he was an alcoholic. He said when you get pulled out of your military environment and go back home, everybody expects you to be who you were, but one of the most common symptoms of PTSD is substance abuse.

"Alcohol is mainly because it's legal and for me, that's where I started was the military to cope with my combat stresses. We would get drug tests a lot, so it's like, I'm not going to go that route or I probably would have because I was self-medicating and it became an addictive behavior," Kevin said. "When I got out, that stayed with me and that's all I had was the bottle."

He said he didn't know how to cope and couldn't distinguish reality from non-reality.

"I'd mutilate myself, I would drink. I would play roulette with myself, I would stab myself. If I hit an artery, if I do, I do; if I don't, I don't. I guess it wasn't my time to go though," Kevin said. "For probably 5 years, I wasn't suicidal, but I didn't care if I died or not, I was just very numb."

He said from day one, the military starts training to desensitize you to act under pressure and be successful in combat. Kevin said that feeling does not go away when you re-enter civilian life.

“Without proper help, you’re just going to get worse and worse because every day, you lose relationships, you lose contact with the outside world because they don’t understand or you come off as abrasive and don’t know any different...,” he said.

Kevin said he felt that nobody understood him or wanted to be around him because he was inapproachable, and he didn’t want to be around people because he felt like he had to constantly explain himself.

“Ever since I was diagnosed with PTSD, most of my family have turned their backs on me. So, I would lay around three or four days at a time and just think, ‘Is this all there is to life for me? Did I already peak? Is this what I got to live for?’ So, it’s like if I take my life, those I love, I can pay them back through life insurance money and they won’t have to deal with my outbursts and my pain and misery anymore,” he said. “I know if I felt that way, obviously more of them do every day.”

By bringing awareness to PTSD, they can make the topic not taboo and safer so people can talk about it, Kevin said.

“When I finally was at my last rope and had nothing else to live for, when I (attempted suicide), I didn’t realize the support that I would get from people. That’s what I want those in their bedroom right now thinking of ending it — to know that people love them and support them and that it can turn around because it did for me,” Kevin said.

After an incident in inpatient care where he panicked when Veterans Affairs was out of his medicine for two days, he said he relapsed and self-medicated with cough medicine, which calmed him down, but then “God woke him up.”

“The next day, it’s like I got hit by a lightning bolt and it was like I went through a 12-step program all at one time. It was really weird because it was like I had a spiritual awakening. I was so overridden with guilt and I started thinking of everybody I had done wrong and started seeing myself from their shoes and I understood so much,” Kevin said. “I went and did a Facebook Live video. I was pretty much talking about PTSD, talking about what alcohol had done to me, those I’ve hurt, just a little bit of everything, but it kicked off and it went viral.”

He said many people contact him after the video to show support or say that their loved one watched the video and it was nice to know that they’re not alone. Kevin said he is making videos every two weeks about his experiences and he encourages people to watch them because it has helped others.

He said the goal of Awareness 22 is to bring awareness and help save those that risk their lives for ours. Kevin said many civilians don’t understand PTSD, and therefore those affected bottle up their emotions and don’t seek help.

“If you weren’t over there, you don’t understand,” he said. “So that’s what this is doing with this organization. We’re not only spreading awareness but we’re educating the population on everything we go through. We are helping those that need talked to and talking them out of suicide. Guiding them where to find help, how to find help, making sure they get the help.”

Tammy said she and Kevin make sure to tell people that they’re not doctors, psychiatrists or counselors, and they speak from their personal experience.

“We can give a little bit of insight or tell them where to get help or lend an ear to listen and just say, ‘I’m not telling you what to do, but this is what we did’ and just kind of give them another angle or perspective of the playing field of what’s going on,” Kevin said.

Tammy said for spouses and family members of those affected by PTSD, the most important thing to do is get educated on what people with it go through and to get counseling for themselves as well.

Kevin said loved ones should be patient with those struggling with PTSD and show support and love because it is a mental illness. Kevin said like most people, those with PTSD don’t like being told what to do or being shamed for what they already are ashamed of.

“We have our moments, but just show love and support and patience regardless of how they feel because we’re struggling day to day and if we don’t get that love and support and patience towards us, we read into it, overthink it or whatever, and it makes it worse,” he said.

Tammy said she grew up a farm girl and had two uncles and a grandfather who served in the military.

“They never talked about it for obvious reasons that I understand now,” she said. “Just educate yourself and if you don’t want to educate yourself, then don’t allow your stupidity, I’m sorry if that’s the wrong word, but don’t allow your stupidity to judge veterans or anything. I mean, PTSD is a thing not just for combat ... but there are other things in life that can happen to cause PTSD and that’s why we said civilians can benefit from this program too.”

Kevin said they hope Awareness22 can eventually raise money to get people help. On their Facebook page, they also advertise state and federal programs offered for veterans. Tammy said many veterans don’t know about the programs, and though VA has great programs, it doesn’t always make it easy to get help.

“Even if it’s just taking our laptop and helping a veteran and sitting down and filling out that half hour questionnaire to help them get that, we just want to be able to help,” she said.

Awareness 22 is to offer merchandise and hosting fundraisers. Find the organization on Facebook and donate through the organization’s website at www.Awareness22.com or through PayPal at paypal.me/awareness22.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Free Lance-Star: [Stafford woman digs up past, finds burial spot of relative and Civil War veteran](#) (26 August, Scott Shenk, 828k uvm; Fredericksburg, VA)

In an effort to fill a void, a Stafford County woman dug up her family roots.

In the process, Sherry Cooper discovered the name of an unknown little girl in a picture that hung in her childhood home ever since she can remember. That girl turned out to be her great-aunt, who was interred in a local, unmarked burial plot with a Civil War veteran and his family.

On Sunday afternoon, Cooper and about a dozen others gathered to lay headstones for the five people buried on the property, owned by Alice Stewart, along Brooke Road in Stafford.

Several men dug shallow holes and tamped the headstones into the earth in a shady grove near the two-lane road.

"I'm gonna play taps," said Cooper, a 51-year-old lifelong Stafford resident with a long list of local relatives. She held up her smartphone and the bugle sounded.

Everyone grew silent. Men removed their hats.

When the song ended, Cooper wiped away tears from under her glasses.

"That makes me cry every time," she said.

A dark time led Cooper to the search that turned up the burial spot of the Staples family and Doris Purks, who died on Jan. 7, 1917.

Purks was an aunt of Cooper's mother, Phyllis Watson Cooper.

It was the death of Cooper's mother in 2014 that sparked her interest in the family tree.

Through extensive research online and at the county courthouse, along with help from her extended family, Cooper found where Purks was buried.

Cooper said she'd long wondered about the identity of the young girl in a photo that has always hung at the family's Stafford home where she grew up and currently lives with her father.

The girl turned out to be Purks. The framed photo of the toddler set on an easel next to the headstones Sunday. Three headstones were placed at the spot—one specially made by a relative of Cooper; one for Peleg Staples; and another for his wife, Mary Ella, and two of the couples' sons, William and Henry.

"It's been up there a long time," Cooper said of the picture from her childhood home.

"Forty years," her father, Horace Cooper, said with a chuckle. "I never did know who that was."

Purks was just a year and three months old when she died. Cooper said the death certificate pointed to complications with indigestion as the cause of the toddler's demise.

Cooper said they don't know the exact location of the burial site, but it was on the Stafford property, which at the time served as a farm owned by the Staples.

The parents of Doris Purks—Alfred and Mammie—were friends with Peleg and Mary Ella Staples.

Peleg Staples fought for the Union in the Civil War. He was injured in the Battle of Gettysburg and a second time later during the war. He died in June 1917 at the age of 72.

Mary Ella Staples died just more than three years later at the age of 70. Both of their sons died earlier. Henry died in July 1889, less than a month after his birth, and William in 1907 at the age of 26.

Sherry Cooper said Mary Ella and William each was struck and killed by a train.

According to findagrave.com, one of the tools Cooper used in her research, Mary Ella was gravely injured while pushing several grandchildren off the tracks to safety.

There also is a connection between Doris Purks and their untimely deaths.

Alfred Purks worked for the railroad, and Cooper said many in her family have and still do work for railroad companies.

Despite not knowing the exact spot where her great-aunt is buried, she noted an apple tree near where the headstones were set.

According to family, the burial spot was near the “old apple tree.”

“I really didn’t know much about my family,” Cooper said, recalling why she started the search following her mother’s death. “I did a lot of digging.”

Part of that digging involved contacting the U.S. Department of Veterans Affairs, which donated the headstone for Peleg Staples.

While her mother’s death prompted her search, Cooper added that she also did it so her 13-year-old daughter, Brooke, will know the family history.

“I want her to know,” she said.

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7.2 - Daily Reflector: [Symposium to address military women’s health](#) (26 August, 161k uvm; Greenville, NC)

What does a veteran look like?

The only way to know for sure if someone is a veteran is to ask — but people do not often ask women. This can have significant implications when it comes to health care.

“Once upon a time it was a given that all men served. But having women in the military is not new. Somehow it’s still always a shock when people find out I was in the Army,” Teri Reid said.

Reid spent eight years on active duty and 20 years in the reserves as a nurse in the Army, part of a tradition that dates back to the foundation of the Army Nurse Corps in 1901.

While Reid considers herself fortunate to have not had any major health issues, as a veteran and a health care professional, she knows how important it is for providers to understand their patients’ experiences.

Area health care providers will have a chance to learn more about women service members like Reid at the second annual Military Women's Health Symposium on Sept. 19. Organized by East Carolina University, Durham VA Medical Center, Eastern Area Health Education Center and other partners, this symposium was started to bring civilian and military providers together to share emerging knowledge and best practices in treating this population.

There are more than 82,500 women veterans in North Carolina, according to 2017 statistics from the U.S. Department of Veterans Affairs. In active duty, women make up about 15 percent of the armed forces and serve in ever-expanding roles.

Reid attended the first conference in Greenville in 2017 after her friend and former supervisee Chrissy Sanford invited her to come along. Sanford was also in the Army Nurse Corps with 20 years of service. Both Reid and Sanford are pediatric nurse practitioners. Reid served on various bases in the United States treating soldiers' children. Sanford served in various capacities, including deployment to Iraq in 2006-07, where she helped treat Iraqi children among other duties.

"Last year's conference sounded so applicable to what we experienced and what we thought needed to be discussed," Sanford said. "I think the conference was very good — so many different topics of discussion and great audience participation. I think it was very beneficial for all the participants. It brought up many issues specific to female veterans."

This year's topics include cardiovascular risk, musculoskeletal injuries, sexual trauma, suicide risk and prevention, transgender care and more. Other activities include a panel discussion with military women and trauma-sensitive yoga.

"Women comprise the fastest-growing veteran subpopulation," said Dr. Keita Franklin, executive director for suicide prevention at the U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention. Franklin is scheduled to present at the conference.

In addition to veterans, the conference will also focus on active duty service members.

One of the most important things providers can do is ask women about past military service, Reid said, adding, "and don't be shocked if she says yes."

Military women's health care needs can be unique and beyond the familiarity of a civilian provider, so they need to know which services are available to them, Sanford said. "People don't know what to say other than thank you for your service. We're honored and proud to serve, but we need more."

The program is jointly provided by the Office of Continuing Medical Education of the Brody School of Medicine at ECU, University of North Carolina Eshelman School of Pharmacy, Vidant Health, Duke Area Health Education Center, and the Durham VA Medical Center in association with Eastern Area Health Education Center.

To find out more or register for the conference, visit <https://www.easternahec.net/courses-and-events/55921/2018-military-womens-health-symposium>.

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8. [Other](#)

8.1 - The Washington Post (Video): [John McCain embodied time-honored virtues](#) (25 August, Jennifer Rubin, 43.9M uvm; Washington, DC)

Never have we needed Sen. John McCain (R-Ariz.) more. He died Saturday after a heroic battle with brain cancer, which he bore without self-pity.

He embodied time-honored virtues — courage, loyalty, patriotism, honor. His unimaginable resolve and bravery as a POW in North Vietnam freed him in a sense to fear nothing in the realm of politics — not losing, not unpopularity, not venom from his critics.

As a result, he made every other politician look small and craven. Voting out of expediency or to gain partisan advantage? What a waste, what a foolish thing to do after you've endured unrelenting agony for your refusal to capitulate to captors.

Not hobbled by partisan toadyism, he was able to stake out important and lonely ground on human rights, on climate change, on campaign finance, on immigration reform, on establishing relations with Vietnam, on rejecting unqualified nominees and on the miserable president we must now endure. One could differ strongly with him on the merits of these and other issues but never cease to marvel at his defiance of petty political hacks.

He hated the right people — bullies, tyrants, party hacks — and loved the right people — U.S. servicemen, dissidents and our stalwart democratic allies (because they are democratic).

He made plenty of mistakes — doozies. There was the savings and loan fiasco, the selection of Sarah Palin as his running mate in 2008 and his conviction there were weapons of mass destruction in Iraq. When he erred however no one was more dogged in course correction. The S&L scandal begat finance reform; the WMD debacle begat heroic support for the surge which turned the tide in a war that was losing political support (thereby allowing Iraq to muddle through to the present).

He was a patriot but not a nationalist. His devotion was to the ideals of America, to the greatest of America that was possible from time to time. He passionately believed America was a land of immigrants who could be as American as the native born and without whom American greatness would be impossible.

Along with his family, or rather because they were family, military men, veterans and their families were his primary concern and the recipients of his unyielding love. Whether reform of Veterans Affairs or strengthening the armed forces he remained their truest friend and defender.

There was not in my lifetime a character in politics whom I admired more than McCain. His self-effacing humor, his intolerance of partisan nonsense, his courage and his puckish delight in infuriating hacks made him a unique figure in the Senate and in the country as a whole. If people wanted to know why I was a Republican (before I left the party) I told them, "I'm a John McCain Republican." There is no such thing any more with the passing of McCain and the descent of the GOP into right-wing populism.

To say the Senate will be diminished without his presence is like saying a car is diminished by lack of an engine.

We live in a time of moral dolts and intellectual frauds but also in the America that McCain so loved and strived to improve. We can grieve his absence and bemoan our loss of leadership but ultimately to honor him we must defend our magnificent democracy, insist on its goodness and guarantee it remains the planet's last, best hope.

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8.2 - FOX News: [John McCain's political accomplishments](#) (26 August, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

John McCain was a U.S. senator for more than three decades. Before that, he was a congressman. And during his tenure in the Senate, he became the Republican nominee for president.

McCain died Saturday at age 81 after suffering from glioblastoma, an aggressive brain tumor.

Before McCain was a politician, he served in the U.S. Navy in the Vietnam War. He was a prisoner of war for more than five years and suffered lasting injuries, including to his arms and right leg.

Here's a look at some things McCain accomplished throughout his lengthy political career.

Liaison to the Senate – late 1970s

While McCain's job as a liaison to the Senate was supposedly more of a "glorified valet," according to the Los Angeles Times, the Navy veteran turned the position into what the newspaper called "an apprenticeship" that would help launch his political career.

McCain in the House – 1982

The Arizonan won his first campaign in November 1982 when he was elected to the U.S. House of Representatives.

McCain had moved to Arizona in 1982.

He was re-elected to the House in 1984.

Striking gold in the Senate – 1986

McCain replaced longtime Republican Sen. Barry Goldwater in the Senate in a 1986 election.

He would continuously be re-elected to the Senate until his death.

Keating Five scandal – 1989

The Keating Five scandal refers to a group of senators who were accused of meeting with federal banking regulators on behalf of financier Charles Keating Jr.

Aside from McCain, the Keating Five included: Sens. Alan Cranston, D-Calif., Dennis DeConcini, D-Ariz., John Glenn, D-Ohio, and Donald Riegle, D-Mich.

The five senators allegedly attempted to pressure federal regulators on behalf of Keating – who was a massive campaign contributor to the five and would eventually spend time in prison for fraud related to his Lincoln Savings and Loan Association. The FBI and Senate Ethics Committee investigated.

McCain was given a mild rebuke for his involvement in the scandal. At the time of his death, McCain was the only one of the five still serving in the U.S. Senate.

Vietnam – 1990s

McCain is credited with being instrumental in helping to revive a diplomatic relationship between the U.S. and Vietnam. He also praised former President Bill Clinton for restoring that tie in 1995.

“Human rights progress in Vietnam should also be better served by restoring relations with that country,” McCain said in a 1995 statement. “The Vietnamese have already developed complex relations with the rest of the free world. Instead of vainly trying to isolate Vietnam, the United States should test the proposition that greater exposure to Americans will render Vietnam more susceptible to the influence of our values.”

Veterans Hospice Benefit Act – 1991

McCain sponsored the Veterans Hospice Benefit Act in 1991 that, in part, created a pilot program that provided hospice care for terminally ill veterans.

Agent Orange Act – 1991

McCain co-sponsored the Agent Orange Act in 1991 – legislation that affirmed certain diseases suffered by veterans could be the result of harmful chemical exposure related to their service. That recognition would make those veterans eligible for specific benefits.

Following McCain’s brain cancer diagnosis, there was speculation his illness could be related to chemicals he came into contact with while in Vietnam.

Chairman of the Commerce Committee – 1997

McCain would serve as chairman of the Senate Committee on Commerce, Science & Transportation from 1997 until 2001. He would also resume the role from 2003 to 2005.

The committee handles issues such as: aviation, communications, transportation security, fisheries, disasters, space, tourism, consumer issues and product safety, among many other things.

An influential person – 1997

TIME magazine named McCain one of the “25 Most Influential People in America” in 1997.

McCain for President, Part 1 – 1999

In Nashua, N.H., McCain officially announced his candidacy for the Republican nomination for president on Sept. 27, 1999.

“I don’t begin this mission with any sense of entitlement. America doesn’t owe me anything,” McCain said. “I am the son and grandson of Navy admirals, and I was born into America’s service. It wasn’t until I was deprived of her company that I fell in love with America, and it has been my honor to serve her and her great cause of freedom.”

“It is because I owe America more than she has ever owed me that I am a candidate for president of the United States,” he said.

Endorsement of George W. Bush – 2000

McCain would eventually endorse eventual President George W. Bush, but the two didn’t see eye-to-eye on issues, according to reports at the time.

Bush said McCain as his primary opponent made him “a better candidate.”

McCain takes on campaign finance reform – 2002

Along with then-Sen. Russ Feingold, D-Wis., McCain introduced the Bipartisan Campaign Reform Act – or the McCain-Feingold Act. The legislation enacted regulations of political campaign financing, particularly with soft money contributions.

Chairman of the Indian Affairs Committee – 2005

McCain served as the chairman of the Indian Affairs Committee from 2005 to 2006.

McCain’s gang – 2005

McCain was part of the so-called “Gang of 14” – a group of senators who worked together to end a kerfuffle over judicial nominations.

Aside from McCain, the group included: Sens. Robert Byrd, D-W.Va.; Lincoln Chaffee R-R.I.; Susan Collins, R-Maine; Mike DeWine, R-Ohio; Lindsey Graham, R-S.C.; Daniel Inouye, D-Hawaii; Mary Landrieu, D-La.; Joe Lieberman, D-Conn.; Ben Nelson, D-Neb.; Mark Pryor, D-Ark.; Ken Salazar, D-Colo.; Olympia Snowe, R-Maine; and John Warner, R-Va.

Only Graham and Collins remain in the Senate today.

McCain and Kennedy take on immigration

Along with the late Sen. Ted Kennedy, D-Mass., McCain pushed for immigration reform that would include, among other things, a pathway to citizenship for some undocumented immigrants.

The bill also called for Mexico to crack down on its own border security and take steps to combat immigrant smugglers, the Washington Times reported then.

In 2006, McCain and Kennedy signed onto another immigration reform bill that would make it out of the Senate. This bill, too, would call for a strengthening of the U.S. border with Mexico and provide a pathway to citizenship for certain undocumented immigrants.

McCain for President, Part 2 – 2007

After teasing his announcement on news programs, McCain officially announced – again from New Hampshire – that he was putting his hat in the ring for the presidency.

Picking Palin – 2008

Surprising many, McCain picked then-Alaska Gov. Sarah Palin as his running mate.

“She’s not from these parts, and she’s not from Washington, but when you get to know her, you’re going to be as impressed as I am,” McCain said then.

Obama for President – 2008

McCain lost the presidency to Barack Obama, a senator from Illinois. Joe Biden – who is a friend of McCain’s – was Obama’s running mate.

Another gang – 2013

McCain was part of the bipartisan so-called “Gang of Eight” senators who came up with a comprehensive immigration reform bill in 2013.

Aside from McCain, the group included: Sens. Michael Bennet, D-Colo.; Dick Durbin, D-Ill.; Jeff Flake, R-Ariz.; Lindsey Graham, R-S.C.; Bob Menendez, D-N.J.; Marco Rubio, R-Fla.; and Chuck Schumer, D-N.Y.

Their bill passed the Senate but would die in the House of Representatives. It would also become a point of contention for Republicans in the future.

McCain goes to Syria – 2013

McCain traveled to Syria in 2013 to meet with rebels in the conflicted country – becoming the highest ranking U.S. official to do so at the time.

McCain goes to Egypt – 2013

McCain also traveled to Egypt in 2013 and said the ousting of former President Mohamed Morsi was a “coup.”

Along with longtime colleague and friend Sen. Lindsey Graham, R-S.C., McCain pushed for the U.S. to “suspend assistance to Egypt” after the military removed Morsi from office.

McCain goes to Ukraine – 2013

McCain traveled to Ukraine in 2013 and talked to anti-government protesters who wanted the country's government to align more with Europe than Russia.

"We are here to support your just cause, the sovereign right of Ukraine to determine its own destiny freely and independently. And the destiny you seek lies in Europe," McCain said during his address.

Chairman of the Armed Services committee - 2015

McCain served as the chairman of the Senate’s Armed Services Committee since 2015.

At the time, the New York Times described the opportunity as McCain’s “dream job” and the “the only job in Washington, other than being president, that he ever wanted.”

McCain goes back to Syria – 2017

McCain made a secret trip to Syria in February 2017 to “visit U.S. forces deployed there and to discuss counter-ISIL campaign and ongoing operations,” his spokesperson later said.

McCain versus health care - 2017

McCain came back to the Senate following his brain cancer diagnosis to deliver crucial votes on Republicans’ efforts to dismantle Obama’s health care law.

He first voted to move ahead the debate on the law and was warmly received by lawmakers on both sides of the aisle. But when push came to shove, McCain voted no on the effort to repeal and replace ObamaCare.

"I believe we could do better working together, Republicans and Democrats, and have not yet really tried," McCain said at the time. "Nor could I support it without knowing how much it would cost, how it will affect insurance premiums and how many people would be helped or hurt by it."

Liberty Medal recipient – 2017

McCain received the annual Liberty Medal award in Philadelphia for his "lifetime of sacrifice and service." The award is "given to men and women of courage and conviction who have strived to secure the blessings of liberty to people the world over," the Constitution Center said.

Biden presented the award to McCain.

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8.3 - The Eagle: [Hundreds turn out for Beto O'Rourke's town hall in Navasota](#) (26 August, Rebecca Fiedler, 196k uvm; Bryan, TX)

An enthusiastic crowd of hundreds filled VFW Post No. 4006 in Navasota and spilled outside for U.S. Senate candidate Beto O'Rourke's campaign town hall meeting on Saturday.

O'Rourke, who is hoping to defeat incumbent Sen. Ted Cruz in November's election, has been steadily making his way across the state and has visited all 254 counties, taking questions from voters.

"This is not surprising, to see so many people turn out," said Texas Supreme Court justice candidate Kathy Cheng, who had attended the meeting. "My understanding is that [several hundred] people were here today. That's a pretty good turnout for Navasota. And it's not surprising to see voter turnout from all parties. That's what's so great about the campaign; he's got Republicans and Democrats turning out."

O'Rourke covered a wide variety of topics in his discussion, first giving a short speech and then taking questions and comments from those in the audience. He spoke of widespread educational needs, treatment of veterans by the U.S. Department of Veterans Affairs, health care changes, reform in the criminal justice system and more. The crowd applauded when O'Rourke responded to a question about Social Security with nearly two minutes of Spanish after the questioner said she did not speak fluent English.

One issue the El Paso-based representative honed in on was that of immigration. He pointed out that his hometown -- a city with a thriving Hispanic population -- is, in his estimation, one of the safest communities in the state.

"That's not in spite of [immigrants]; it's because those people have chosen us," he said. "They want to start a new life in this country, and they have left what's comfortable to them. They've left their family and community, their country, their culture, their language -- they came here to the U.S. to do better for themselves and their kids. They also came because they were inspired by this place and want to contribute to its greatness. If that's a problem, that's a wonderful problem to have."

A woman expressed her concern over the opioid crisis and wanted to know what O'Rourke planned to do. He responded by discussing his disdain for the actions of Purdue Pharma, whom he said knowingly distributed addictive drugs. He stressed that the decisions of the VA to

address the crisis by abruptly depriving veteran patients of their medicine was a mistake that needs to be corrected, and that drug users with addictions need medical and psychological help, not incarceration. He also said medical cannabis should be legalized within state lines as an alternative to opioid prescription.

This particular topic spoke to Navasota resident Michele Jelinek, a disabled retired nurse who spoke to The Eagle following the town hall session. She said she feels health care restrictions have affected her and her husband -- who has Parkinson's disease -- directly, and she likes the idea of some big changes being made, particular in medicinal distribution.

"Pain and hope brought me here today," she said. "I like that [O'Rourke] has heart and a brain, which he seems to use. He brings hope. He's saying things we've all heard before, but we've not heard it with that enthusiasm, and not with the situation being as bad as it is now."

Another audience member, Bryan resident Sedrick Gilbert, chided his fellow audience members for hissing at the mention of the Republican Party.

"We need to see each other as human beings," Gilbert said. "If we're going to fight, we should fight for what's right, not against each other."

Some in the crowd wanted to know how O'Rourke planned to make a difference with Republicans in the U.S. Senate. O'Rourke brought up the Veteran Urgent Mental Healthcare Act.

"That bill was going nowhere unless we could get Republicans to come together and cross the line," O'Rourke said. "And I so feared that my constituents [would ever think] I would come back to them and say, 'We wrote a great piece of legislation, but you see, my party is not in power, and Republicans are standing in the way -- they just don't like veterans as much as we Democrats like veterans.' My constituents would call B.S. the moment that left my lips. Anticipating that, we found a Republican with whom we could work -- Mike Coffman from Colorado. He wrote a version of the bill that was a little bit different than mine, not a version of a perfection, but we compromised. We introduced the consensus legislation, made our case to our colleagues on both sides of the aisle and got that passed in the House in December."

Cheng said it was encouraging to see through some of O'Rourke's rallies that, in her opinion, so many voters are starting to ignore party lines.

"I've heard many voters say this is not the country that they [once] knew," she said. "I know for me, this is not the country I fell in love with. I feel that regardless of ethnicity and class. ... For example, during Hurricane Harvey, we didn't ask when helping someone in need what their political party was. We extend our hands because we are human beings. That's why we are the envy of the world."

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8.4 - Killeen Daily Herald: [Actor with ties to Fort Hood to star in Indie film 'American Desert'](#) (26 August, David A. Bryant, 156k uvm; Killeen, TX)

An actor and screenwriter who lived some of his formative years in Copperas Cove while his father was stationed at Fort Hood as a helicopter pilot is set to hit the big screen in an Indie film titled “American Desert,” a gritty drama from RBW International Inc.

Will Brandt, known for his roles in “Animal Kingdom” and “Jane the Virgin,” co-wrote the film with Sundance alum Adrian Bartol, who is directing the movie. The film centers around Matt Benning, a U.S. Army veteran who served in Afghanistan who finds himself entangled in a dangerous web of drugs, violence and toxic love that eventually has him running — and hiding — for his life. Production on the film commenced July 28 in the Mojave Desert and is set to be released mid-to-late 2019.

A lot of things got Brandt interested in doing the film.

“My conditioning as a child and growing up in the military was a nice background for this,” he said. “As compared to being in Hollywood and seeing how ... detached everyone is from that world, how foreign it is for them, and also seeing the types of films that were coming out and their lack of scope of reality they were doing justice to.”

A lot of veterans, many of them combat vets, end up in Los Angeles after their service, Brandt said, giving him and his writing partner the opportunity to run the idea by the “experts” to see if it was a story they would be interested in.

“We started exploring it and found there was a story there,” he said. “A lot of doors opened. One of the gentlemen in the film, named Tim Abell, is an ex-Delta Force operator, and I did as much research as I could with him. I grew up in the military, but I don’t know what it’s like to go fight. So to stand in their shoes and say, ‘oh, I know what it’s like,’ is a complete fallacy. That was my biggest struggle — to step into those shoes ... those are big shoes to fill.”

Abell was able to introduce Brandt to a host of other combat veterans who had experienced some of the things Brandt’s character is facing — to include dealing with Veterans Affairs for medical care, the over-prescription of pain killers and the fight to get off the drugs once addicted.

“American Desert” is set in 2010 during the big draw-down of forces, and Brandt’s character is caught up in the middle of it.

“He’s an Army infantryman and he’s trying to assimilate back into society,” he said. “He comes back to small-town America and tries to get a job, and there’s not a whole lot of jobs to be had, despite his real-world experience. He’s also seen some stuff and has been described a myriad of different medications. He’s just trying to make sense of his new life.”

The character, Benning, meets a girl named Brandi Wells (played by Ruby Modine from “Shameless”) who isn’t quite the best for him. Both have their own demons, which tend to play off of each other in negative ways.

“He’s on a lot of narcotics, this guy that I’m playing, and that doesn’t allow for the healing of (post traumatic stress) — the brain just keeps swelling,” Brandt said. “Matt’s having a hard time sleeping and at the same time he’s a normal young man, wanting to do the normal things young men do. He’s finding it almost impossible to do that, his PTSD is getting worse and he can’t find any sort of relief for that, so he turns to other things. We kind of deal with that in the film.”

Brandt said he hopes the story will appeal to not only veterans, but to those who don't understand them.

"I hope it also appeals to civilians so they can understand service members a little better," he said. "I hope that I represent everyone well in the movie, and I'm grateful for everything (the soldiers) do for us and our country."

The film also stars Michael Ironside (Starship Troopers, Top Gun), Robert LaSardo (Nip/Tuck, Death Race), Callum Blue (The Princess Diaries 2: Royal Engagement, Colombiana) and Amber Coney (Dead of Summer, Mother, May I Sleep with Danger?).

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Veterans Affairs Media Summary and News Clips

27 August 2018

1. [Top Stories](#)

1.1 - Tampa Bay Times: [Tampa's Haley VA makes point about pain management with acupuncture](#) (26 August, Mike Merino, 4.8M uvm; Saint Petersburg, FL)

As the helicopter spiraled downward, the main rotor blades sheared and the tail boom separated from the aircraft. Everyone miraculously survived, but McHenry has carried immense pain from the accident for 49 years. "I'll never ever forget that day," McHenry said. "I survived, but because of it, I've been to more VA doctors than I care to remember. For years I've been seeking any form of pain relief without getting hooked on drugs."

[Hyperlink to Above](#)

1.2 - WFED (AM-1500): [Federal district judge invalidates 9 provisions of Trump executive orders](#) (25 August, Nicole Ogrysko, 854k uvm; Washington, DC)

In a highly-anticipated decision, a federal district judge invalidated nine provisions of the president's executive orders on official time, collective bargaining and employee removals, in response to a series of legal challenges from a coalition of federal unions. The decision, which came late Friday night, prevents agencies from implementing or enacting the following provisions of the president's Eos.

[Hyperlink to Above](#)

1.3 - Loyola Maroon: [Loyola law grad confirmed as Secretary of Veterans Affairs](#) (27 August, Christopher Gilyard, 5k uvm; New Orleans, LA)

Loyola law grad Robert Wilkie A'88 continues his military service as the new Secretary of Veterans Affairs. Wilkie was confirmed on July 23. Under his new title as "Secretary of Veterans Affairs," Wilkie will provide services to the U.S. veterans. This includes health care services, benefits programs, and the ability to access the nation's countless national cemeteries to deceased military soldiers and their dependents.

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2. [Greater Choice for Veterans](#)

2.1 - The Register-Guard: [Privatizing VA services won't improve patient care](#) (26 August, Rick Staggenborg, 438k uvm; Eugene, OR)

The VA Mission Act in Congress creates a permanent Community Care program to replace the temporary Choice program that currently refers Veterans Administration patients to private providers. This will divert \$22 billion over five years that could be used to address staffing shortages that have led to long wait times for care in some VA facilities.

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3. [Modernize Our System](#)

3.1 - Pioneer Press: [Information has value, but we often have no way to use it](#) (26 August, Edward Lotterman, 2.1M uvm; Saint Paul, MN)

There's gold in them thar hills of modern computerized medical records, but a combination of private market failure and government inaction means that valuable lodes that could improve health and save lives remain hidden under tons of waste. We don't fully use information lying latent of hundreds of millions of medical records because no one faces suitable incentives to change the situation.

[Hyperlink to Above](#)

3.2 - The Journal Gazette: [Streamlined records big boost to vets](#) (27 August, Jim Banks, 797k uvm; Fort Wayne, IN)

If you only read the headlines, you'd think today's political climate is particularly divisive. But as a member of the House Committee on Veterans' Affairs, I've seen firsthand the bipartisan work of this Congress, which has been the most productive in decades in securing victories for our nation's veterans.

[Hyperlink to Above](#)

3.3 - KHGI (ABC-13): [Ribbon-cutting ceremony unveils the new Central Nebraska Veterans' Home](#) (26 August, Lauren Kummer, 76k uvm; Axtell, NE)

After years of work and planning, the new Central Nebraska Veterans' Home (CNVH) is finally coming to completion. Smiles lit the faces of veterans' planning to move into the new home. "I never thought it would be possible. I figured we will try and it and get nowhere," said Bob Labart, a veteran planning to move into the new CNVH.

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4. [Focus Resources More Efficiently](#)

4.1 - Government Executive: [Judge Strikes Down Trump Executive Orders Limiting Federal Employee Union Bargaining](#) (25 August, Erich Wagner, 870k uvm; Washington, DC)
U.S. District Court Judge Ketanji Brown Jackson late Friday night struck down most provisions of the Trump administration's controversial workforce executive orders, concluding that they conflicted with the 1978 Civil Service Reform Act.

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4.2 - The Fayetteville Observer: [Fayetteville VA to host mental health summit Sept. 6](#) (25 August, Drew Brooks, 439k uvm; Fayetteville, NC)

The Fayetteville VA will host its annual Community Mental Health Summit next month in an effort to promote collaboration between the local Department of Veterans Affairs and community partners. The Sept. 6 event is open to area mental health providers, veteran service organizations, religious leaders, VA staff and government officials.

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4.3 - Spectrum News Rochester (Video): [Going Green: Therapeutic horticulture](#) (26 August, Terry Ettinger, 395k uvm; Rochester, NY)

Two-minute video: On the roof of the spinal cord injury and trauma unit at the Syracuse VA Medical Center, there's a unique flower and vegetable garden. Terry Ettinger explains its significance in this installment of Going Green.

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5. [Improve Timeliness of Service](#)

5.1 - Providence Journal: [Veterans Journal: VA, Walgreens collaborate to improve veterans' care coordination](#) (26 August, George W. Reilly, 1.2M uvm; Providence, RI)

As part of the U.S. Department of Veterans Affairs' efforts to improve care coordination for veterans, the department is working with pharmacy services provider Walgreens to coordinate patient and pharmaceutical care for VA-enrolled patients.

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6. [Suicide Prevention](#)

6.1 - WSLU (NPR-89.5, American Homefront Project): [For veterans in crisis, a number to call](#) (27 August, Sarah Harris, 144k uvm; Canton, NY)

The Department of Veterans Affairs' crisis line fields about 2,000 calls per day. It provides counseling to distressed and suicidal veterans - and has hired hundreds of additional counselors to meet the demand. If you're a veteran who's not doing so well - if you're suicidal, or depressed, or just want to talk—there's a number for you to call: 1-800-273-8255.

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6.2 - The Advertiser-Tribune: [Local group wants to raise awareness of PTSD](#) (26 August, Jacob Gurney, 64k uvm; Tiffin, OH)

A local veteran who has struggled with Post-Traumatic Stress Disorder and suicide now is trying to help other veterans through a non-profit organization he started. Kevin VanHoosier started Awareness 22 to spread awareness of PTSD. The number 22 is in reference to the statistic that on average 22 combat veterans commit suicide daily stemming from PTSD and alcohol and drug abuse.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Free Lance-Star: [Stafford woman digs up past, finds burial spot of relative and Civil War veteran](#) (26 August, Scott Shenk, 828k uvm; Fredericksburg, VA)

In an effort to fill a void, a Stafford County woman dug up her family roots. In the process, Sherry Cooper discovered the name of an unknown little girl in a picture that hung in her childhood home ever since she can remember. That girl turned out to be her great-aunt, who was interred in a local, unmarked burial plot with a Civil War veteran and his family.

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7.2 - Daily Reflector: [Symposium to address military women's health](#) (26 August, 161k uvm; Greenville, NC)

What does a veteran look like? The only way to know for sure if someone is a veteran is to ask — but people do not often ask women. This can have significant implications when it comes to

health care. “Once upon a time it was a given that all men served. But having women in the military is not new. Somehow it’s still always a shock when people find out I was in the Army,” Teri Reid said.

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8. [Other](#)

8.1 - The Washington Post (Video): [John McCain embodied time-honored virtues](#) (25 August, Jennifer Rubin, 43.9M uvm; Washington, DC)

Never have we needed Sen. John McCain (R-Ariz.) more. He died Saturday after a heroic battle with brain cancer, which he bore without self-pity. He embodied time-honored virtues — courage, loyalty, patriotism, honor. His unimaginable resolve and bravery as a POW in North Vietnam freed him in a sense to fear nothing in the realm of politics — not losing, not unpopularity, not venom from his critics.

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8.2 - FOX News: [John McCain's political accomplishments](#) (26 August, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

John McCain was a U.S. senator for more than three decades. Before that, he was a congressman. And during his tenure in the Senate, he became the Republican nominee for president. McCain died Saturday at age 81 after suffering from glioblastoma, an aggressive brain tumor.

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8.3 - The Eagle: [Hundreds turn out for Beto O'Rourke's town hall in Navasota](#) (26 August, Rebecca Fiedler, 196k uvm; Bryan, TX)

An enthusiastic crowd of hundreds filled VFW Post No. 4006 in Navasota and spilled outside for U.S. Senate candidate Beto O'Rourke's campaign town hall meeting on Saturday. O'Rourke, who is hoping to defeat incumbent Sen. Ted Cruz in November's election, has been steadily making his way across the state and has visited all 254 counties, taking questions from voters.

[Hyperlink to Above](#)

8.4 - Killeen Daily Herald: [Actor with ties to Fort Hood to star in indie film 'American Desert'](#) (26 August, David A. Bryant, 156k uvm; Killeen, TX)

Abell was able to introduce Brandt to a host of other combat veterans who had experienced some of the things Brandt's character is facing — to include dealing with Veterans Affairs for medical care, the over-prescription of pain killers and the fight to get off the drugs once addicted. “American Desert” is set in 2010 during the big draw-down of forces, and Brandt's character is caught up in the middle of it.

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1. [Top Stories](#)

1.1 - Tampa Bay Times: [Tampa's Haley VA makes point about pain management with acupuncture](#) (26 August, Mike Merino, 4.8M uvm; Saint Petersburg, FL)

TAMPA — Above the war-torn jungles of Vietnam in 1969, U.S. Marine Capt. Bob McHenry piloted a ch-53 Sea Stallion helicopter after completing another dangerous ammunition support mission.

When enemy fire struck one of his engines, McHenry spotted a bright reddish-orange flame rising from his cockpit window. A direct hit left McHenry in his crew in peril. A crash, or, maybe death seemed inevitable.

As the helicopter spiraled downward, the main rotor blades sheared and the tail boom separated from the aircraft.

Everyone miraculously survived, but McHenry has carried immense pain from the accident for 49 years.

"I'll never ever forget that day," McHenry said. "I survived, but because of it, I've been to more VA doctors than I care to remember. For years I've been seeking any form of pain relief without getting hooked on drugs."

In 2015, McHenry researched the world of alternative medicine and discovered the possibilities that came with acupuncture. Unfortunately, no doctors provided the treatment at Tampa's James A. Haley Veterans Hospital.

So, with the help of his VA primary doctor, he navigated the request through the proper medical channels and received authorization that same year to begin receiving treatment from an approved private provider.

Now the Veterans Health Administration has begun to open their eyes to the medical treatment.

The science of acupuncture involves the utilization of very thin needles that are inserted through the patient's skin at strategic points of the body with little to no discomfort. It's also a key component of traditional Chinese medicine that is practiced throughout the world. Research suggests it can help relieve pain, and it is used for a wide range of other health-related issues.

In the past, the VA pain management relied on traditional forms of relief, often dispensing powerful opioids. However, that use has resulted in unintended consequences.

According to a January 2017 edition of Psychology Today, the number of veterans addicted to opioid painkillers rose to 68,000 between 2010 and 2015, often leading to hospitalization, homelessness and even suicide.

The numbers have played a role in leading the VA to include acupuncture as an alternative health strategy, all in hopes of reducing dependence on addictive pharmaceutical drugs.

"We began approving acupuncture as one of our medical tools around 2008," said Charles Brock, the Haley chief of Neurology Services and associate dean of Veterans Affairs who also serves as a pain medicine specialist and certified acupuncturist.

"In the context of pain medicine, what appears to be most beneficial is interdisciplinary, and a truly multi-modal pain medicine delivery program. Pain management is not something where there is a medicine or specific procedure that will automatically cure a patient.

"So, when we are treating our veterans with pain issues, we have to treat them with multiple modality fashions in order to achieve lasting long-term results. And acupuncture is recognized as one of those modalities."

Tampa's Su Thi Ho Campo is a licensed acupuncture physician. She has treated McHenry in her South Tampa clinic since he was approved.

Campo, like other licensed practitioners of the 2,600-year-old practice of Chinese acupuncture, was systematically brought onto the VA outpatient medical team to assist suffering veterans with issues such as chronic pain, post traumatic stress disorder (PTSD) and other various medical problems.

It's important to note that this modality is not designed to replace other forms of treatment or therapy, but is meant to offer veterans an alternative to traditional medicine.

"It's an honor to treat our veterans like Mr. McHenry, for the chronic long-term pain they received while in active military service," Campo said. "They are so grateful when they finally get some relief."

McHenry says he doesn't expect acupuncture to cure him, but he appreciates its impact.

"It gives me the physical and mental comfort to perform activities I can't normally do. Besides, throughout my military career, I've been stuck with needles of all shapes and sizes, and that makes acupuncture a breeze."

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1.2 - WFED (AM-1500): [Federal district judge invalidates 9 provisions of Trump executive orders](#) (25 August, Nicole Ogrysko, 854k uvm; Washington, DC)

In a highly-anticipated decision, a federal district judge invalidated nine provisions of the president's executive orders on official time, collective bargaining and employee removals, in response to a series of legal challenges from a coalition of federal unions.

The decision, which came late Friday night, prevents agencies from implementing or enacting the following provisions of the president's EOs:

- The imposition of a 25 percent cap on the use of official time,
- The prohibition against employees' right to petition and communicate with Congress,
- The ban on the use of official time by union representatives to prepare and present grievances,

- The one-hour per bargaining unit employee formula to be applied to set an aggregate cap on the use of official time,
- The limitations placed on unions' use of agency facilities, such as office space and computers,
- The exclusion of challenges to performance ratings and incentive pay from the scope of the negotiated grievance procedure,
- The limitation of performance improvement periods (PIPs) to 30 days, with agencies alone having the discretion to apply longer periods,
- The direction to agencies to press for the exclusion of removals from the scope of the negotiated grievance procedure, and,
- The prohibition against bargaining over the "permissive" subjects.

More than a dozen federal unions, led by the American Federation of Government Employees (AFGE), National Treasury Employees Union (NTEU) and National Federation of Government Employees (NFFE), had separately sued the Trump administration over the president's executive orders, which the administration released May 25, earlier this summer.

Together, they consolidated their lawsuits and sought summary judgment on four separate motions before the U.S. District Court for the District of Columbia.

In her opinion, D.C. District Court Judge Ketanji Jackson did not declare the executive orders themselves as violations of the law. The president did not overstep his executive authority or constitutional power by issuing these executive orders on federal labor-management relations, she said.

But, nine of the provisions outlined in the Trump's three executive orders conflict with the original intention Congress had in drafting and passing the Civil Service Reform Act and Federal Labor-Management Relations Statute back in 1978.

"This court has concluded that many of the challenged provisions of the orders at issue here effectively reduce the scope of the right to bargain collectively as Congress has crafted it, or impair the ability of agency officials to bargain in good faith as Congress has directed, and therefore cannot be sustained," Jackson wrote.

Federal unions early Saturday morning declared the court's decision a win.

"These provisions were flatly inconsistent with the civil service law established by Congress," NTEU National President Tony Reardon said in a statement. "Congress meant for unions and agencies to bargain over how official time and grievance procedures can best be used to help employees and agencies work better together. It was wrong for the president, through unilateral, executive fiat, to ban bargaining over such matters."

Suzanne Summerlin, NFFE associate general counsel, said: "Federal employees can return to work on Monday knowing that their rights are intact, and that presidential overreach targeting career civil servants was curbed."

Jackson in July heard a series of oral arguments from attorneys representing both the unions and the Trump administration. Jackson had initially told federal unions she planned to issue a decision soon after oral arguments on July 25, but she pushed the timeline back when it became apparent the case was complex.

In the three months that the EOs have been operational, collaboration between labor and management — which was already on unstable turf — has soured.

Some agencies had already begun to implement pieces of the executive orders, after the Office of Personnel Management told departments with open collective bargaining agreements to begin informing union representatives of the changes.

The Social Security Administration and Housing and Urban Development Department had told union representatives to vacate federal offices and return government-issued property.

The Health and Human Services Department revived previously-stalled collective bargaining negotiations and quickly presented new bargaining proposals to NTEU. HHS has declared an impasse.

Union representatives have been making plans to limit official time at the Veterans Affairs Department following guidance from the acting secretary. AFGE, however, filed a grievance with VA, citing “chaotic” implementation of the president’s official time EO.

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1.3 - Loyola Maroon: [Loyola law grad confirmed as Secretary of Veterans Affairs](#) (27 August, Christopher Gilyard, 5k uvm; New Orleans, LA)

Loyola law grad Robert Wilkie A’88 continues his military service as the new Secretary of Veterans Affairs. Wilkie was confirmed on July 23.

Under his new title as “Secretary of Veterans Affairs,” Wilkie will provide services to the U.S veterans. This includes health care services, benefits programs, and the ability to access the nation’s countless national cemeteries to deceased military soldiers and their dependents.

Wilkie has a storied past with the military. He was raised in Fort Bragg in North Carolina where his father served in the United States Army in the 82nd Airborne Division. Today, Wilkie is an officer in the United States Air Force Reserve assigned to the Office of the Chief of Staff. Before that, however, Wilkie served in the United States Navy Reserve with the Joint Forces Intelligence Command, Naval Special Warfare Group Two, and the Office of Naval Intelligence.

In a press release, Senator Roger Wicker of Mississippi complimented Wilkie on his confirmation.

“Robert Wilkie is well-prepared to lead the VA and implement reforms to provide better health care and service to our nation’s Veteran Affairs,” said Wicker.

Wicker was not the only one to approve of President Trump’s nominee.

“Acting secretary Wilkie has performed beyond expectations, embracing the monumental task of assuming control of the nation’s largest bureaucracy.” Member of the Veteran’s Affair Committee, Clay Higgins, said.

Wilkie has not only graduated with an Honor's degree from Loyola University, but he has also earned a Masters of Law in International and Comparative Law from Georgetown University as well as a Masters in Strategic Studies from the U.S Army War College. Wilkie has also gone on to publish numerous articles in Parameters, Air and Space Power Journal, and more. Secretary Wilkie has gone on to serve Secretary James Mattis, under his Secretary of Defense for Personnel and Readiness. His history goes on to include 20 years of federal service at the national and international levels.

In a ceremony in the Oval Office, President Trump praised Wilkie's abilities to lead Veterans Affairs.

"Since day one, my administration has been focused on serving men and women who make freedom possible: our great veterans," said Trump. "These American heroes deserve only the best and they will have it under Robert Wilkie. I have no doubt about it."

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2. Greater Choice for Veterans

2.1 - The Register-Guard: [Privatizing VA services won't improve patient care](#) (26 August, Rick Staggenborg, 438k uvm; Eugene, OR)

The VA Mission Act in Congress creates a permanent Community Care program to replace the temporary Choice program that currently refers Veterans Administration patients to private providers. This will divert \$22 billion over five years that could be used to address staffing shortages that have led to long wait times for care in some VA facilities.

The case for investing more VA resources on private care is based on specious claims of pervasive problems in wait times and poor quality of care. In fact, the VA's record in both is exceptional.

These highly misleading claims are being promoted by Concerned Veterans of America, a Koch brothers-funded organization with little veteran representation. The group's strategy is to portray the VA as failing, making privatization seem a better alternative.

What isn't mentioned is that the use of VA funds to pay for private care makes it impossible to address the problems Concerned Veterans for America claims are inherent flaws of the VA. Privatization does, however, generate substantial profits for investors in the health care industry. The real motivation behind expanding outsourcing seems to be maximizing private profit, not helping vets get more timely or higher quality care.

The Choice program was introduced as a stopgap measure to improve wait times until the problem could be addressed. It has expanded to the point that over 40 percent of patient visits are outsourced to the private sector. Under the Mission Act, referrals will be significantly increased, with more patients being dumped on an already overburdened system of private care that has already produced wait times longer than the VA's.

Every dollar invested in private care ultimately comes from money necessary to fully fund and staff the VA. This diversion of funds results in fewer services and compromises the system of

integrated care that only the VA provides, while the cost of private care is substantially higher than VA care.

It is ironic that the Community Care program would require the hiring of large numbers of specialists merely to process referrals and provider billing. In the Roseburg system, there will be 70 Community Care staff in a system that had less than 900 employees as of 2014. It's not hard to imagine the impact that hiring 70 new clinicians could have had.

Privatizing services will result in a degradation of care. Private providers have much less experience meeting the special needs of veterans. Shockingly, the VA is already referring mental health patients to the private sector, which doesn't meet the standards of the VA's cutting-edge suicide prevention practices.

As someone who has been both a physician and a patient at the VA, I can attest that the problems the VA does have are not as serious as the flaws in the private health care system. I gave up using private insurance and now get my care entirely through the VA. As a result, I get fully integrated care in a system designed to serve vets.

VA care consistently rates higher on key performance and patient satisfaction measures compared to private care, at an estimated 30 percent less cost. Neither the cost savings, the high quality of care or the integrated nature of the system would be possible in the private sector, where the need to generate profits precludes many of the features of the VA system.

Those who put their lives on the line for our country deserve the best care possible. Despite the propaganda about the quality of care at the VA, both objective measures and patient satisfaction ratings indicate otherwise. An essential feature of the VA system that leads to these outcomes is the integrated nature of services. Money taken out of the system and lost to the private sector is not available to fund the VA's comprehensive services and to fix problems such as long wait times at some facilities that are largely the result of inadequate staffing.

If we want to keep our promises to our vets, we cannot accept the stripping down of the VA to generate private profits. If you agree, contact your members of Congress and let them know that they need to take a closer look at what the Mission Act will do to the VA and the veterans who depend on it.

Rick Staggenborg, M.D., of Roseburg is chair of Veterans For Peace Chapter 181 in Douglas County.

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3. Modernize Our System

3.1 - Pioneer Press: [Information has value, but we often have no way to use it](#) (26 August, Edward Lotterman, 2.1M uvm; Saint Paul, MN)

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latent of hundreds of millions of medical records because no one faces suitable incentives to change the situation.

To understand this, start with my health coverage situation and an incident at my clinic last month.

I am fortunate in that I have great health coverage. I am on Medicare. As retired military reservist, I am covered by Tricare, the military health system. And as a veteran, I can get services from the Veterans Administration.

Since I have such good benefits, I can seek care pretty much where I want. I have had the same wonderful primary care physician for over 20 years at a great nearby clinic I have used for over 30. These are now part of a larger system that includes a hospital where I have been admitted several times. I have also seen other specialists in that system over the years, including an ENT who cared for me with a cancer, a podiatrist who fused a toe joint, an ophthalmologist, an eye surgeon and a couple of dermatologists.

But I also chose to go elsewhere for orthopedic care of osteoarthritis and for a cardiologist to deal with chronic hypertension punctuated by extreme high BP events. These are in another big local system. And then I get a few services from the VA. In general, my level of satisfaction with all three providers is very high.

All now have computerized online records. I get a "visit summary" in hard copy and can review any past ones online. I can email my providers and get prompt responses. I can look at test results going back many years.

Every visit summary lists all my medications. And the ones from my home clinic list 18 of my "health problems" from seasonal hayfever through my BMI, the buckle around my left eye after a vitrectomy, my mother's colon cancer to my pseudophakia (both eyes). All that is missing is my male pattern baldness and the heartbreak of psoriasis.

Also missing is the fact that I served in Vietnam and had extensive exposure to Agent Orange. That specific gap isn't all that important, but it is symptomatic of a broader problem involving millions of people with a wide range of health issues.

A couple months ago at my annual checkup, my PCP noted probably benign spots on my legs but said I should see a dermatology nurse practitioner just to get them checked out. At the appointment, a young, pleasant and competent LPN did the preliminaries. Going through the usual litany of medications and health concerns, I mentioned Vietnam and Agent Orange. Her reaction was about what it might have been to "nice day if it don't rain."

The nurse practitioner was similarly professional and competent. She inventoried every spec on my body and the nurse logged them. We discussed my having farmed and thus skin cancer dangers. Ditto for having worked at over 14,000 feet in the Peruvian Andes and the sunburns one gets when nothing remains above you to filter UV rays. I forgot to mention Vietnam. She gave me a clean bill of health, admonished me to apply sunscreen daily and told me to return in a year.

On reviewing the visit summary, I thought again about Agent Orange. I am sure my primary physician knows my Vietnam service. And over the past 18 months, I mentioned it to a nephrologist, an endocrinologist, three cardiologists, a neurologist and sundry ER nurses and

doctors across both major systems I use. Nowhere does it show up in my charts or visit summaries. The VA knows my service history of course as I am one of the 2.9 million Vietnam veterans eligible for care for any of 18 “presumptive” diseases caused by exposure. Luckily, I have not gotten any yet, but I have old comrades, neighbors and schoolmates who have.

The economic point here is not about this specific issue I face. It is that we have spent hundreds of millions of dollars computerizing individual health charts for nearly everyone in the population. These facilitate the provision of care. Yet we are not mining these enormous data sets to solve other mysteries.

Google, Facebook and other internet companies troll through billions of searches and posts and tell retailers whether to send us coupons for nursing bras or Preparation H, or publishers to offer subscriptions to Railway Age or Quilter’s World. They do this because there is money to be made.

Yet no one is making similar sweeps through hundreds of millions of medical charts to find correlations between long-term use of medications, alone or in combination and health problems or between environmental exposures like Agent Orange or the chemicals used in printing or body shops or other variables that might affect long-term health. Few, if any researchers are sifting through populations of patients to look for links between problems early in life and other ones late in life. People got polio for centuries, but “post-polio syndrome” was only recognized a few decades ago. Many people suspected problems with the diet supplement fen-phen, but it was an observant RN who prompted its link to heart valve damage in thousands of users.

Catch-22s develop and are not resolved. Tests of new drugs involve small samples of people over limited periods of time. Yet we have data on tens of millions of people who take these drugs over years and ignore it. There is no requirement to tease out any possible side effects after the fact. If something isn’t on the original list, you can tell your doctor about your hunch of a link and hear “that isn’t a listed side effect.” It is sort of like the Corps of Engineers doing cost-benefit studies before a waterway is built, but avoiding any evaluation how projects actually turned out.

The Agent Orange problem is symptomatic. It took decades of health problems for vets before the VA issued its list of 18 diseases presumed linked to the herbicide. There are other maladies for which many suspect a link, but for which scientific evidence is still deemed inadequate. The VA has researched four more and decided a link existed, but since David Shulkin had to step down as VA Secretary, the issue has languished. One of the four is hypertension that does not respond well to medication. The study supporting that determination was based on two samples of under 10,000 individuals. There must be computerized medical records for at least 2 million of the 2.9 million of us exposed, but there is no institutional means for data on this large population to be analyzed to try to answer the same question.

Certainly there are issues of privacy, especially when one frequently hears about hackers breaking into databases. Yet the IRS, for example has sensitive information on hundreds of millions of households, and its in-house researchers do complex tabulations. Data sets purged of information that might identify any individual or business are made available to credentialed researchers. Same for information from periodic censuses of agriculture and manufacturing.

The health providers that invested millions in computerizing records benefit in better patient outcomes and more efficient clinics. Large ones like Mayo with big research programs may

analyze data for their own patients. Yet on the whole, there is little effort to systematize access to data across hundreds of providers nor to include data on work, household or other exposures or experiences that may have links to subsequent health outcomes. Coordination is a classic “public good” that won’t take place without government action.

Yes, this may be resolved over time. In the meantime, however, we collectively have poorer health because of an institutional failure to analyze priceless data sitting on hundreds of computers.

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3.2 - The Journal Gazette: [Streamlined records big boost to vets](#) (27 August, Jim Banks, 797k uvm; Fort Wayne, IN)

If you only read the headlines, you’d think today’s political climate is particularly divisive.

But as a member of the House Committee on Veterans’ Affairs, I’ve seen firsthand the bipartisan work of this Congress, which has been the most productive in decades in securing victories for our nation’s veterans.

Republicans and Democrats in the House have worked together to pass more than 70 bills addressing the needs of our veterans, 26 of which have been signed into law by President Donald Trump.

This legislation has included major reforms, such as bringing accountability to the Department of Veterans Affairs, increasing transparency in the timeliness and quality of care, and streamlining the broken appeals process for disability claims.

Although we’ve made progress, the work is far from over. As the VA begins a multibillion-dollar, 10-year effort to overhaul the VA’s electronic health records system, Congress has a vital oversight role.

VA health care currently relies on an electronic health records system that was groundbreaking in the 1980s but is now increasingly starved of new capabilities.

Operations and maintenance costs are \$1 billion a year and climbing, and its ability to communicate with the Department of Defense’s system is far from seamless.

When service members become veterans, their medical records still do not automatically follow them into the VA. When the department refers veterans to private providers in their communities, the only way to transfer records is often by fax.

For years outside experts have been recommending the VA and Department of Defense implement the same commercial electronic health records system to allow for a seamless, lifetime medical record.

In May, the VA began the largest electronic health records modernization program in the country and signed one of the largest IT contracts in the federal government – following the Department of Defense, which began this process in 2013.

As this project moves forward, it must be managed properly.

The VA has a long and troubling history of IT mismanagement, and far too often Congress finds out a government program is failing after it has already become a crisis.

Last month, the House Committee on Veterans' Affairs created a new subcommittee on technology modernization that will provide thorough oversight of the project.

I was honored to be chosen as chairman of this important subcommittee, and I commit to veterans and taxpayers to ask the hard questions.

As the subcommittee prepares for its first hearing next month, ensuring that caring for our nation's heroes remains above partisan politics is one of my priorities.

This is an extraordinary opportunity to achieve a decades-old goal of seamless, lifetime health records. Congress and the VA must remain focused on the actual needs of veterans and the dedicated VA employees who care for them.

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3.3 - KHGI (ABC-13): [Ribbon-cutting ceremony unveils the new Central Nebraska Veterans' Home](#) (26 August, Lauren Kummer, 76k uvm; Axtell, NE)

KEARNEY, Neb. — After years of work and planning, the new Central Nebraska Veterans' Home (CNVH) is finally coming to completion.

Smiles lit the faces of veterans' planning to move into the new home.

"I never thought it would be possible. I figured we will try and it and get nowhere," said Bob Labart, a veteran planning to move into the new CNVH.

"It's going to be a different location which is something to look forward too. We're each going to have our own bathroom and it looks like we are going to have bigger rooms," another veteran, Patricia Abbott.

Moving the veterans' home from Grand Island to Kearney has been a controversial topic but the consensus deemed to be positive in speaking to veterans', even with the distance.

"I look at it like when we were in the military. Sometimes they would move you and I look at it and I make it like when I was in the military. We would have to move and have to move. This is a better facility," said Jose Trejo, a veteran currently living in the Grand Island Veterans' Home.

Service men and women from all branches were represented as Governor Pete Ricketts and the Nebraska Department of Veterans' Affairs hosted a ribbon cutting ceremony.

"We seek to make Nebraska the most veteran and military friendly state in the country. With the central Nebraska Veterans' Home we are living up to that promise to remember to take care of our veterans," said Governor Ricketts.

The new state-of-the-art facility is 338 thousand square feet separated into 10 buildings.

"We honor our military not only with our words but with our actions. So today, I am proud to take part in the official opening on this beautiful 225-bed home that will serve the needs of our veterans'. God bless our Nebraska veterans' and all at the federal, state and community levels that have made this project possible," said U.S. Senator Deb Fischer.

The residents are set to move into the home this fall.

There are also plans to build a Central Nebraska Veterans' Memorial.

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4. Focus Resources More Efficiently

4.1 - Government Executive: Judge Strikes Down Trump Executive Orders Limiting Federal Employee Union Bargaining (25 August, Erich Wagner, 870k uvm; Washington, DC)

U.S. District Court Judge Ketanji Brown Jackson late Friday night struck down most provisions of the Trump administration's controversial workforce executive orders, concluding that they conflicted with the 1978 Civil Service Reform Act.

Jackson found that the three executive orders, which seek to make it easier to fire federal workers and significantly reduce how unions can collectively bargain and represent employees, disregard Congress' conclusion that good-faith labor-management negotiations are "in the public interest."

"As to the merits of the unions' contentions, while past precedents and pertinent statutory language indicate that the president has the authority to issue executive orders that carry the force of law with respect to federal labor relations, it is undisputed that no such orders can operate to eviscerate the right to bargain collectively as envisioned in the [statute]," Jackson wrote. "In this Court's view, the challenged provisions of the executive orders at issue have that cumulative effect."

In May, President Trump issued the three executive orders, the first of which seeks to standardize the length of performance improvement plans at 30 days governmentwide and exempt adverse personnel actions from grievance proceedings. Another seeks to streamline collective bargaining negotiations, and the third order significantly reduces the number of work hours union members can spend on official time as well as the activities that are eligible for the practice.

More than a dozen federal employee unions filed lawsuits shortly after the orders were announced to block their implementation. But in June, the Office of Personnel Management issued guidance to agencies suggesting that if a collective bargaining agreement expired, provisions of the edicts could be implemented unilaterally.

Since then, unions have described a series of changes to workplace policies as "chaos." Several agencies have immediately reduced the amount of time union officials can spend on representational activities, and they have moved to evict unions from agency office space.

Jackson found that nearly every key provision of the executive orders, when implemented, would amount to instructing agencies to bargain in bad faith.

"The orders' requirements, such as the directive that agencies should 'ordinarily' seek to conclude collective bargaining negotiations within five to seven months, or should limit the applicability of grievance procedures 'whenever reasonable,' effectively instruct federal agencies and executive departments to approach collective bargaining in a manner that clearly runs counter to the [law's] expectation of good-faith conduct on the part of negotiating parties," she wrote.

In legal filings and in a four-hour hearing, the unions argued that Trump's actions conflict with the 1978 Civil Service Reform Act, and that the law precludes the president from weighing in on collective bargaining altogether. But attorneys with the Justice Department said a provision of the law grants Trump the authority to remove discrete issues, like official time, from the scope of collective bargaining negotiations.

In her decision, Jackson described that argument as "specious."

"The strangeness of defendants' contention that, in the context of a statute that Congress has crafted to protect workers' rights to good-faith collective bargaining, Congress intended to confer upon the president the power to issue executive orders that nullify those protections, cannot be overstated," she wrote. "[Defendants] employ an analysis that is akin to verbal jujitsu: their first move is to contend that the president can certainly issue executive orders that qualify as 'governmentwide rules;' then, they confidently maintain that the president has the authority to opt to make such governmentwide rules apply to federal-sector labor relations 'in a specific way.'"

One key provision that Jackson upheld was instruction to agencies that, if a union is deemed to be bargaining in bad faith, an agency head should consider filing an unfair labor practice or unilaterally implementing changes to an agreement. She said that guidance does not conflict with the Civil Service Reform Act.

Federal employee unions lauded the decision Saturday morning. In a statement, the Federal Workers Alliance, a coalition of 13 federal employee unions including the National Federation of Federal Employees and the International Federation of Professional and Technical Engineers, called it a "historic" victory for labor rights.

"The coalition argued successfully that a majority of the three executive orders violated statutory law, thereby violating the rights of federal employees," said co-chairwoman Sarah Suszczyk. "We are very pleased that the court agreed that the president far exceeded his authority, and that the apolitical career federal workforce shall be protected from these illegal, politically motivated executive orders."

"The judge rightly found that the president is not above the law and cannot, through these blatantly anti-union and anti-worker executive orders, eviscerate employee rights and undermine the collective bargaining process established by Congress," said Tony Reardon, national president of the National Treasury Employees Union. "Today's ruling is a resounding victory for all who want a fair and effective civil service."

The White House did not immediately respond to a request for comment.

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4.2 - The Fayetteville Observer: [Fayetteville VA to host mental health summit Sept. 6](#) (25 August, Drew Brooks, 439k uvm; Fayetteville, NC)

The Fayetteville VA will host its annual Community Mental Health Summit next month in an effort to promote collaboration between the local Department of Veterans Affairs and community partners.

The Sept. 6 event is open to area mental health providers, veteran service organizations, religious leaders, VA staff and government officials.

It will be at the Methodist University physician assistant program auditorium at 5400 Ramsey St. Sign-in begins at 8 a.m., and the event is scheduled through 4 p.m.

The Fayetteville VA has hosted similar events each year since 2013.

This year's theme is "Whole Health for the Whole Family," officials said. Topics will relate to military children, spouses, LGBT families, suicide prevention and the VA's whole health approach to care.

Speakers, panel discussions and a resource fair will be part of the free summit, as will hands-on demonstrations of interactive wellness activities.

The summit is aimed at identifying existing resources and services and starting conversations on how to bridge the gaps between services, officials said.

Registration is required. For more information, go to [Mental-Health-Summit-2018.eventbrite.com](#).

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4.3 - Spectrum News Rochester (Video): [Going Green: Therapeutic horticulture](#) (26 August, Terry Ettinger, 395k uvm; Rochester, NY)

Two-minute video: On the roof of the spinal cord injury and trauma unit at the Syracuse VA Medical Center, there's a unique flower and vegetable garden. Terry Ettinger explains its significance in this installment of Going Green.

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5. [Improve Timeliness of Service](#)

5.1 - Providence Journal: [Veterans Journal: VA, Walgreens collaborate to improve veterans' care coordination](#) (26 August, George W. Reilly, 1.2M uvm; Providence, RI)

As part of the U.S. Department of Veterans Affairs' efforts to improve care coordination for veterans, the department is working with pharmacy services provider Walgreens to coordinate patient and pharmaceutical care for VA-enrolled patients.

With the click of a button, VA providers will be able to see the entire medication and immunization history of VA-enrolled patients who receive their prescription and immunization needs at a Walgreens pharmacy. "This arrangement is the first of its kind and it's a strong collaboration," VA Secretary Robert Wilkie said.

As it expands its community care program, VA is actively refining its ability to track medication prescribed by community providers. Prior to the arrangement, VA providers would ask patients to inform them about medications filled at Walgreens or elsewhere. With the VA-Walgreens exchange, VA providers can now easily view medications directly that are prescribed to VA-enrolled patients by community providers and filled at Walgreens pharmacies.

For the past five years, VA and Walgreens have partnered to provide flu shots at no cost for enrolled veterans, improving vaccination rates and access to immunizations.

VA exchanges standards-based medical information securely and electronically with participating community health care partners, such as Walgreens, to ensure the best possible care coordination and medication management. Currently, VA exchanges health information with more than 170 community health care partners, representing 1,288 hospitals, 537 federally qualified health centers, 261 nursing homes, 8,649 pharmacies (including 8,000 Walgreens stores) and more than 22,431 health clinics.

Additional information about the VA Health Information Exchange Program can be found online at www.va.gov/vler.

New rating schedule for skin conditions

Effective Aug. 13, the U.S. Department of Veterans Affairs updated portions of the VA Schedule for Rating Disabilities that evaluate conditions related to the skin (see online with all other updated bodily conditions at www.benefits.va.gov/WARMS/bookc.asp#o). The VASRD is the collection of federal regulations used by Veterans Benefits Administration claims processors to evaluate the severity of disabilities and assign disability ratings.

The VA is in the process of updating all 15 body systems of the VASRD to reflect modern medicine more accurately and provide clearer rating decisions. "With modern medicine advancing at a rapid rate," Wilkie said, "it's important to ensure VA's disability rating schedule and rating decisions reflect these advancements."

No conditions were removed from the new skin rating schedule but several diagnostic codes were restructured or revised. Claims pending prior to Aug. 13 will be considered under both the old and new rating criteria, and whichever criteria are more favorable to the veteran will be applied. Claims filed on or after Aug. 13 will be rated under the new rating schedule.

By updating the rating schedule for skin conditions, VA claims processors can make more consistent decisions with greater ease and ensure veterans understand these decisions.

VA has issued several VASRD updates since September 2017, including those for dental and oral conditions, for the endocrine system, gynecological conditions and disorders of the breast and eye conditions (www.benefits.va.gov/WARMS/bookc.asp#o).

Agent Orange bill in Senate's hands

Six weeks after the U.S. House of Representatives unanimously passed the Blue Water Navy Vietnam Veterans Act, restoring benefits to sailors who served in the bays, harbors and territorial seas of South Vietnam, the fate of the bill is now in the hands of the Senate Veterans Affairs Committee, chaired by Sen. Johnny Isakson, R-Ga.

On June 25, the House passed the long-sought bill by a vote of 382-0, restoring benefits that had been authorized by Congress in 1991 but later stripped by a VA administrative decision. As a result, thousands of Navy service personnel who served aboard ships during the Vietnam War lost coverage for conditions caused by exposure to Agent Orange.

Since that decision, the VA has denied claims to sailors on the basis that they never set foot on Vietnamese soil, although several significant studies have shown that runoff from Agent Orange-impacted areas flowed into the harbors where U.S. ships were stationed. It was subsequently ingested into shipboard distillation and purification systems, where it was actually enriched, according to Navy records, and made more potent. Countless Navy personnel were not only exposed to the toxin, but bathed in it, drank it and ate food that was cooked in it.

A VA undersecretary recently testified that science did not support the claims of exposure, thereby contradicting testimony by multiple veterans service organizations, hydrologists and Navy experts. The bill has now been tabled in the Senate Veterans Affairs Committee, with limited days left for the full Senate to act.

If the bill is not passed before the next Congress takes office in January, supporters of the bill, including the Louisiana-based Military-Veterans Advocacy, will have to start over from scratch.

Vet-to-Vet support group to gather

The Vet to Vet support group will gather on Wednesday, Aug. 29, from 7 to 8:30 p.m. in classroom 2, fifth floor, main hospital at the Providence VA Medical Center, 830 Chalkstone Ave., Providence. This group welcomes veterans of all eras and any questions about the group and its goals can be emailed to Stephen Mandile at sjmandile@gmail.com.

The group is interested in learning about and utilizing alternative and holistic healing approaches and methodologies to treat ailments and conditions that affect them physically, mentally, emotionally or psychologically, thereby reducing the use of opiates and other pharmacological drugs used to suppress and temporarily manage pain symptoms and mental health concerns, without any stigmas.

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6. [Suicide Prevention](#)

6.1 - WSLU (NPR-89.5, American Homefront Project): [For veterans in crisis, a number to call](#) (27 August, Sarah Harris, 144k uvm; Canton, NY)

The Department of Veterans Affairs' crisis line fields about 2,000 calls per day. It provides counseling to distressed and suicidal veterans - and has hired hundreds of additional counselors to meet the demand.

If you're a veteran who's not doing so well - if you're suicidal, or depressed, or just want to talk—there's a number for you to call: 1-800-273-8255.

Responders at three call centers field thousands of calls. Julianne Mullane is the crisis line's assistant deputy director.

"A successful call in my mind is one in which someone is just about to kill themselves, and our responder talks them down, safety plans, does the consult, and gets them connected with their local VA," she said.

The first step: gaining a caller's trust.

"So if someone says yeah I feel like I want to die—yeah, you've got a lot going on. Rather than trying to argue with them about why they want to live," Mullane said.

Crisis line deputy director Robert Corrado remembers when responders helped a young soldier in Iraq whose girlfriend had just broken up with him.

"He was sitting in a tent somewhere in Iraq and was Skyping with his mother," Corrado recounted. "And while he was Skyping he was holding a gun to his head. So his mother called the crisis line and told us what was going on."

Responders were able to locate the soldier, get help from the Red Cross and military police, take the gun away, and save his life.

Stories like this are powerful. But one frustration for crisis line counselors is that they don't know what happens to callers once they hang up the phone. The calls are anonymous and counselors don't follow up with callers, so there's no easy way to measure success.

I don't think we've gotten a good grasp on [metrics]," Mullane said. "I think we're constantly trying to figure out ways to better measure our efficacy."

But research suggests crisis line do work. A 2017 study found almost 80 percent of people who called helplines said making the call stopped them from killing themselves.

University of Quebec at Montreal psychology professor Brian Mishara studies suicide prevention, and says help lines have a role to play.

"You diminish the crisis, you help someone through a very difficult time and decrease the risk that that this crisis will lead to a suicide attempt, but you're not going to solve their long-term problems," Mishara said.

One thing the VA can measure is how many calls it answers.

Two years ago, more than 30 percent of calls rolled over to backup centers operated by subcontractors, or in some cases, went to voicemail.

“We had much more demand than we had capacity to satisfy that demand,” explained deputy director Robert Corrado Corrado. Back then, he said, they were in the middle of opening a second call center in Atlanta. There’s now a third in Topeka, Kansas. They also changed the algorithm that routes incoming calls.

“We went from [call rollover rates of] 30 percent to less than one percent,” Corrado said. “That means we’re effectively answering every call that comes in.”

Meanwhile, veteran suicide rates remain stagnant. Veterans are about twenty percent more likely to die by suicide than people who haven’t served.

Corrado acknowledges that the hotline alone can’t fix the bigger problem.

“Our business is not to sit here and think, what can the VA do to eliminate the need for a crisis center? Our job is what can we do at the veterans crisis line to provide service to those who need it,” he said.

The VA has rolled out a broader anti-suicide effort that includes offering treatment to suicidal veterans even if their mental health issues aren’t service related. It’s also recruiting more than 2,000 mental health professionals to work in the VA system.

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6.2 - The Advertiser-Tribune: [Local group wants to raise awareness of PTSD](#) (26 August, Jacob Gurney, 64k uvm; Tiffin, OH)

A local veteran who has struggled with Post-Traumatic Stress Disorder and suicide now is trying to help other veterans through a non-profit organization he started.

Kevin VanHoosier started Awareness 22 to spread awareness of PTSD. The number 22 is in reference to the statistic that on average 22 combat veterans commit suicide daily stemming from PTSD and alcohol and drug abuse.

“Being actually almost one of the 22 and with all my combat experience, stuff we’re exposed to, it’s like I can relate to the soldiers and the veterans that go through this,” he said.

Kevin said that May 19, his wife, Tammy, “pretty much pulled a gun out of his mouth.” Kevin said he told his wife to call 911 because he knew he needed help and he was taken to Mercy Health – Tiffin Hospital where he stayed a night. He then spent a week at Mercy Health – St. Charles Hospital before spending six weeks at Cleveland Veteran Affairs Medical Center.

Kevin said he got the idea for the organization June 27. Tammy said one of Kevin’s best friends he met in treatment, Jon Caito, helped come up with the organization. Kevin said it came out of their minds sitting in inpatient care. He said it was like once the light turned on for them, they wanted to get the light turned on for others.

He said he and Tammy already have talked a couple of veterans out of suicide and to get help.

"It's just one of those things I wanted to take my nightmare and turn it into somebody else's dream," Kevin said. "I wanted to take my faults, my personal defects and turn it around into something positive that can help save lives. It's one of those things, it's already worth it because we already helped save a couple lives so if we don't save another life, it was still worth it."

Kevin was born and raised in Sycamore and was a 1992 graduate of Mohawk High School. Joining the U.S. Army after graduation, Kevin started off as a mechanic and platoon sergeant on an Apache helicopter before going to flight school where he flew a CH-47. He said he had an incident in Iraq and went to logistics and retired out of U.S. Army Central as a chief warrant officer 4.

Kevin served from February 1993 to April 2013, and in that span he went to Bosnia three times, Iraq once and Afghanistan twice, accruing about 6 1/2 years of combat time.

After returning to civilian life, he said he thought the world changed, but he didn't realize it was him. Depression sunk in and he was hyper-vigilant, had nightmares, flashbacks, high anxiety and a lot of panic including not being able to be around crowds, Kevin said.

"I can't be like normal people it's like, even if I go to a concert or anywhere, I have to have my back against the wall where I can see everything. Even going to Walmart, the first course of action is you got to look for an exit route, a safety strategy and look around for threats and harms and see if I see bulges of guns or knives or anything like that," he said.

Kevin said he was in an inpatient hospital about 12 or 13 different times after he got back from Afghanistan and he had one good friend, Brian Halm, who he met at the hospital. Halm designed the logos for Awareness 22.

"(Halm) kind of helped me along when he'd see me get to a low point, he would pull me back up and check on me and it really did help because just having that one person that kind of understood really pulled me out, but then I sank back down," Kevin said.

Kevin turned to alcohol, which he used to "numb the pain," but he didn't know he was an alcoholic. He said when you get pulled out of your military environment and go back home, everybody expects you to be who you were, but one of the most common symptoms of PTSD is substance abuse.

"Alcohol is mainly because it's legal and for me, that's where I started was the military to cope with my combat stresses. We would get drug tests a lot, so it's like, I'm not going to go that route or I probably would have because I was self-medicating and it became an addictive behavior," Kevin said. "When I got out, that stayed with me and that's all I had was the bottle."

He said he didn't know how to cope and couldn't distinguish reality from non-reality.

"I'd mutilate myself, I would drink. I would play roulette with myself, I would stab myself. If I hit an artery, if I do, I do; if I don't, I don't. I guess it wasn't my time to go though," Kevin said. "For probably 5 years, I wasn't suicidal, but I didn't care if I died or not, I was just very numb."

He said from day one, the military starts training to desensitize you to act under pressure and be successful in combat. Kevin said that feeling does not go away when you re-enter civilian life.

“Without proper help, you’re just going to get worse and worse because every day, you lose relationships, you lose contact with the outside world because they don’t understand or you come off as abrasive and don’t know any different...,” he said.

Kevin said he felt that nobody understood him or wanted to be around him because he was inapproachable, and he didn’t want to be around people because he felt like he had to constantly explain himself.

“Ever since I was diagnosed with PTSD, most of my family have turned their backs on me. So, I would lay around three or four days at a time and just think, ‘Is this all there is to life for me? Did I already peak? Is this what I got to live for?’ So, it’s like if I take my life, those I love, I can pay them back through life insurance money and they won’t have to deal with my outbursts and my pain and misery anymore,” he said. “I know if I felt that way, obviously more of them do every day.”

By bringing awareness to PTSD, they can make the topic not taboo and safer so people can talk about it, Kevin said.

“When I finally was at my last rope and had nothing else to live for, when I (attempted suicide), I didn’t realize the support that I would get from people. That’s what I want those in their bedroom right now thinking of ending it — to know that people love them and support them and that it can turn around because it did for me,” Kevin said.

After an incident in inpatient care where he panicked when Veterans Affairs was out of his medicine for two days, he said he relapsed and self-medicated with cough medicine, which calmed him down, but then “God woke him up.”

“The next day, it’s like I got hit by a lightning bolt and it was like I went through a 12-step program all at one time. It was really weird because it was like I had a spiritual awakening. I was so overridden with guilt and I started thinking of everybody I had done wrong and started seeing myself from their shoes and I understood so much,” Kevin said. “I went and did a Facebook Live video. I was pretty much talking about PTSD, talking about what alcohol had done to me, those I’ve hurt, just a little bit of everything, but it kicked off and it went viral.”

He said many people contact him after the video to show support or say that their loved one watched the video and it was nice to know that they’re not alone. Kevin said he is making videos every two weeks about his experiences and he encourages people to watch them because it has helped others.

He said the goal of Awareness 22 is to bring awareness and help save those that risk their lives for ours. Kevin said many civilians don’t understand PTSD, and therefore those affected bottle up their emotions and don’t seek help.

“If you weren’t over there, you don’t understand,” he said. “So that’s what this is doing with this organization. We’re not only spreading awareness but we’re educating the population on everything we go through. We are helping those that need talked to and talking them out of suicide. Guiding them where to find help, how to find help, making sure they get the help.”

Tammy said she and Kevin make sure to tell people that they’re not doctors, psychiatrists or counselors, and they speak from their personal experience.

“We can give a little bit of insight or tell them where to get help or lend an ear to listen and just say, ‘I’m not telling you what to do, but this is what we did’ and just kind of give them another angle or perspective of the playing field of what’s going on,” Kevin said.

Tammy said for spouses and family members of those affected by PTSD, the most important thing to do is get educated on what people with it go through and to get counseling for themselves as well.

Kevin said loved ones should be patient with those struggling with PTSD and show support and love because it is a mental illness. Kevin said like most people, those with PTSD don’t like being told what to do or being shamed for what they already are ashamed of.

“We have our moments, but just show love and support and patience regardless of how they feel because we’re struggling day to day and if we don’t get that love and support and patience towards us, we read into it, overthink it or whatever, and it makes it worse,” he said.

Tammy said she grew up a farm girl and had two uncles and a grandfather who served in the military.

“They never talked about it for obvious reasons that I understand now,” she said. “Just educate yourself and if you don’t want to educate yourself, then don’t allow your stupidity, I’m sorry if that’s the wrong word, but don’t allow your stupidity to judge veterans or anything. I mean, PTSD is a thing not just for combat ... but there are other things in life that can happen to cause PTSD and that’s why we said civilians can benefit from this program too.”

Kevin said they hope Awareness22 can eventually raise money to get people help. On their Facebook page, they also advertise state and federal programs offered for veterans. Tammy said many veterans don’t know about the programs, and though VA has great programs, it doesn’t always make it easy to get help.

“Even if it’s just taking our laptop and helping a veteran and sitting down and filling out that half hour questionnaire to help them get that, we just want to be able to help,” she said.

Awareness 22 is to offer merchandise and hosting fundraisers. Find the organization on Facebook and donate through the organization’s website at www.Awareness22.com or through PayPal at paypal.me/awareness22.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Free Lance-Star: [Stafford woman digs up past, finds burial spot of relative and Civil War veteran](#) (26 August, Scott Shenk, 828k uvm; Fredericksburg, VA)

In an effort to fill a void, a Stafford County woman dug up her family roots.

In the process, Sherry Cooper discovered the name of an unknown little girl in a picture that hung in her childhood home ever since she can remember. That girl turned out to be her great-aunt, who was interred in a local, unmarked burial plot with a Civil War veteran and his family.

On Sunday afternoon, Cooper and about a dozen others gathered to lay headstones for the five people buried on the property, owned by Alice Stewart, along Brooke Road in Stafford.

Several men dug shallow holes and tamped the headstones into the earth in a shady grove near the two-lane road.

"I'm gonna play taps," said Cooper, a 51-year-old lifelong Stafford resident with a long list of local relatives. She held up her smartphone and the bugle sounded.

Everyone grew silent. Men removed their hats.

When the song ended, Cooper wiped away tears from under her glasses.

"That makes me cry every time," she said.

A dark time led Cooper to the search that turned up the burial spot of the Staples family and Doris Purks, who died on Jan. 7, 1917.

Purks was an aunt of Cooper's mother, Phyllis Watson Cooper.

It was the death of Cooper's mother in 2014 that sparked her interest in the family tree.

Through extensive research online and at the county courthouse, along with help from her extended family, Cooper found where Purks was buried.

Cooper said she'd long wondered about the identity of the young girl in a photo that has always hung at the family's Stafford home where she grew up and currently lives with her father.

The girl turned out to be Purks. The framed photo of the toddler set on an easel next to the headstones Sunday. Three headstones were placed at the spot—one specially made by a relative of Cooper; one for Peleg Staples; and another for his wife, Mary Ella, and two of the couples' sons, William and Henry.

"It's been up there a long time," Cooper said of the picture from her childhood home.

"Forty years," her father, Horace Cooper, said with a chuckle. "I never did know who that was."

Purks was just a year and three months old when she died. Cooper said the death certificate pointed to complications with indigestion as the cause of the toddler's demise.

Cooper said they don't know the exact location of the burial site, but it was on the Stafford property, which at the time served as a farm owned by the Staples.

The parents of Doris Purks—Alfred and Mammie—were friends with Peleg and Mary Ella Staples.

Peleg Staples fought for the Union in the Civil War. He was injured in the Battle of Gettysburg and a second time later during the war. He died in June 1917 at the age of 72.

Mary Ella Staples died just more than three years later at the age of 70. Both of their sons died earlier. Henry died in July 1889, less than a month after his birth, and William in 1907 at the age of 26.

Sherry Cooper said Mary Ella and William each was struck and killed by a train.

According to findagrave.com, one of the tools Cooper used in her research, Mary Ella was gravely injured while pushing several grandchildren off the tracks to safety.

There also is a connection between Doris Purks and their untimely deaths.

Alfred Purks worked for the railroad, and Cooper said many in her family have and still do work for railroad companies.

Despite not knowing the exact spot where her great-aunt is buried, she noted an apple tree near where the headstones were set.

According to family, the burial spot was near the “old apple tree.”

“I really didn’t know much about my family,” Cooper said, recalling why she started the search following her mother’s death. “I did a lot of digging.”

Part of that digging involved contacting the U.S. Department of Veterans Affairs, which donated the headstone for Peleg Staples.

While her mother’s death prompted her search, Cooper added that she also did it so her 13-year-old daughter, Brooke, will know the family history.

“I want her to know,” she said.

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7.2 - Daily Reflector: [Symposium to address military women’s health](#) (26 August, 161k uvm; Greenville, NC)

What does a veteran look like?

The only way to know for sure if someone is a veteran is to ask — but people do not often ask women. This can have significant implications when it comes to health care.

“Once upon a time it was a given that all men served. But having women in the military is not new. Somehow it’s still always a shock when people find out I was in the Army,” Teri Reid said.

Reid spent eight years on active duty and 20 years in the reserves as a nurse in the Army, part of a tradition that dates back to the foundation of the Army Nurse Corps in 1901.

While Reid considers herself fortunate to have not had any major health issues, as a veteran and a health care professional, she knows how important it is for providers to understand their patients’ experiences.

Area health care providers will have a chance to learn more about women service members like Reid at the second annual Military Women's Health Symposium on Sept. 19. Organized by East Carolina University, Durham VA Medical Center, Eastern Area Health Education Center and other partners, this symposium was started to bring civilian and military providers together to share emerging knowledge and best practices in treating this population.

There are more than 82,500 women veterans in North Carolina, according to 2017 statistics from the U.S. Department of Veterans Affairs. In active duty, women make up about 15 percent of the armed forces and serve in ever-expanding roles.

Reid attended the first conference in Greenville in 2017 after her friend and former supervisee Chrissy Sanford invited her to come along. Sanford was also in the Army Nurse Corps with 20 years of service. Both Reid and Sanford are pediatric nurse practitioners. Reid served on various bases in the United States treating soldiers' children. Sanford served in various capacities, including deployment to Iraq in 2006-07, where she helped treat Iraqi children among other duties.

"Last year's conference sounded so applicable to what we experienced and what we thought needed to be discussed," Sanford said. "I think the conference was very good — so many different topics of discussion and great audience participation. I think it was very beneficial for all the participants. It brought up many issues specific to female veterans."

This year's topics include cardiovascular risk, musculoskeletal injuries, sexual trauma, suicide risk and prevention, transgender care and more. Other activities include a panel discussion with military women and trauma-sensitive yoga.

"Women comprise the fastest-growing veteran subpopulation," said Dr. Keita Franklin, executive director for suicide prevention at the U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention. Franklin is scheduled to present at the conference.

In addition to veterans, the conference will also focus on active duty service members.

One of the most important things providers can do is ask women about past military service, Reid said, adding, "and don't be shocked if she says yes."

Military women's health care needs can be unique and beyond the familiarity of a civilian provider, so they need to know which services are available to them, Sanford said. "People don't know what to say other than thank you for your service. We're honored and proud to serve, but we need more."

The program is jointly provided by the Office of Continuing Medical Education of the Brody School of Medicine at ECU, University of North Carolina Eshelman School of Pharmacy, Vidant Health, Duke Area Health Education Center, and the Durham VA Medical Center in association with Eastern Area Health Education Center.

To find out more or register for the conference, visit <https://www.easternahec.net/courses-and-events/55921/2018-military-womens-health-symposium>.

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8. Other

8.1 - The Washington Post (Video): [John McCain embodied time-honored virtues](#) (25 August, Jennifer Rubin, 43.9M uvm; Washington, DC)

Never have we needed Sen. John McCain (R-Ariz.) more. He died Saturday after a heroic battle with brain cancer, which he bore without self-pity.

He embodied time-honored virtues — courage, loyalty, patriotism, honor. His unimaginable resolve and bravery as a POW in North Vietnam freed him in a sense to fear nothing in the realm of politics — not losing, not unpopularity, not venom from his critics.

As a result, he made every other politician look small and craven. Voting out of expediency or to gain partisan advantage? What a waste, what a foolish thing to do after you've endured unrelenting agony for your refusal to capitulate to captors.

Not hobbled by partisan toadyism, he was able to stake out important and lonely ground on human rights, on climate change, on campaign finance, on immigration reform, on establishing relations with Vietnam, on rejecting unqualified nominees and on the miserable president we must now endure. One could differ strongly with him on the merits of these and other issues but never cease to marvel at his defiance of petty political hacks.

He hated the right people — bullies, tyrants, party hacks — and loved the right people — U.S. servicemen, dissidents and our stalwart democratic allies (because they are democratic).

He made plenty of mistakes — doozies. There was the savings and loan fiasco, the selection of Sarah Palin as his running mate in 2008 and his conviction there were weapons of mass destruction in Iraq. When he erred however no one was more dogged in course correction. The S&L scandal begat finance reform; the WMD debacle begat heroic support for the surge which turned the tide in a war that was losing political support (thereby allowing Iraq to muddle through to the present).

He was a patriot but not a nationalist. His devotion was to the ideals of America, to the greatest of America that was possible from time to time. He passionately believed America was a land of immigrants who could be as American as the native born and without whom American greatness would be impossible.

Along with his family, or rather because they were family, military men, veterans and their families were his primary concern and the recipients of his unyielding love. Whether reform of Veterans Affairs or strengthening the armed forces he remained their truest friend and defender.

There was not in my lifetime a character in politics whom I admired more than McCain. His self-effacing humor, his intolerance of partisan nonsense, his courage and his puckish delight in infuriating hacks made him a unique figure in the Senate and in the country as a whole. If people wanted to know why I was a Republican (before I left the party) I told them, "I'm a John McCain Republican." There is no such thing any more with the passing of McCain and the descent of the GOP into right-wing populism.

To say the Senate will be diminished without his presence is like saying a car is diminished by lack of an engine.

We live in a time of moral dolts and intellectual frauds but also in the America that McCain so loved and strived to improve. We can grieve his absence and bemoan our loss of leadership but ultimately to honor him we must defend our magnificent democracy, insist on its goodness and guarantee it remains the planet's last, best hope.

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8.2 - FOX News: [John McCain's political accomplishments](#) (26 August, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

John McCain was a U.S. senator for more than three decades. Before that, he was a congressman. And during his tenure in the Senate, he became the Republican nominee for president.

McCain died Saturday at age 81 after suffering from glioblastoma, an aggressive brain tumor.

Before McCain was a politician, he served in the U.S. Navy in the Vietnam War. He was a prisoner of war for more than five years and suffered lasting injuries, including to his arms and right leg.

Here's a look at some things McCain accomplished throughout his lengthy political career.

Liaison to the Senate – late 1970s

While McCain's job as a liaison to the Senate was supposedly more of a "glorified valet," according to the Los Angeles Times, the Navy veteran turned the position into what the newspaper called "an apprenticeship" that would help launch his political career.

McCain in the House – 1982

The Arizonan won his first campaign in November 1982 when he was elected to the U.S. House of Representatives.

McCain had moved to Arizona in 1982.

He was re-elected to the House in 1984.

Striking gold in the Senate – 1986

McCain replaced longtime Republican Sen. Barry Goldwater in the Senate in a 1986 election.

He would continuously be re-elected to the Senate until his death.

Keating Five scandal – 1989

The Keating Five scandal refers to a group of senators who were accused of meeting with federal banking regulators on behalf of financier Charles Keating Jr.

Aside from McCain, the Keating Five included: Sens. Alan Cranston, D-Calif., Dennis DeConcini, D-Ariz., John Glenn, D-Ohio, and Donald Riegle, D-Mich.

The five senators allegedly attempted to pressure federal regulators on behalf of Keating – who was a massive campaign contributor to the five and would eventually spend time in prison for fraud related to his Lincoln Savings and Loan Association. The FBI and Senate Ethics Committee investigated.

McCain was given a mild rebuke for his involvement in the scandal. At the time of his death, McCain was the only one of the five still serving in the U.S. Senate.

Vietnam – 1990s

McCain is credited with being instrumental in helping to revive a diplomatic relationship between the U.S. and Vietnam. He also praised former President Bill Clinton for restoring that tie in 1995.

“Human rights progress in Vietnam should also be better served by restoring relations with that country,” McCain said in a 1995 statement. “The Vietnamese have already developed complex relations with the rest of the free world. Instead of vainly trying to isolate Vietnam, the United States should test the proposition that greater exposure to Americans will render Vietnam more susceptible to the influence of our values.”

Veterans Hospice Benefit Act – 1991

McCain sponsored the Veterans Hospice Benefit Act in 1991 that, in part, created a pilot program that provided hospice care for terminally ill veterans.

Agent Orange Act – 1991

McCain co-sponsored the Agent Orange Act in 1991 – legislation that affirmed certain diseases suffered by veterans could be the result of harmful chemical exposure related to their service. That recognition would make those veterans eligible for specific benefits.

Following McCain’s brain cancer diagnosis, there was speculation his illness could be related to chemicals he came into contact with while in Vietnam.

Chairman of the Commerce Committee – 1997

McCain would serve as chairman of the Senate Committee on Commerce, Science & Transportation from 1997 until 2001. He would also resume the role from 2003 to 2005.

The committee handles issues such as: aviation, communications, transportation security, fisheries, disasters, space, tourism, consumer issues and product safety, among many other things.

An influential person – 1997

TIME magazine named McCain one of the “25 Most Influential People in America” in 1997.

McCain for President, Part 1 – 1999

In Nashua, N.H., McCain officially announced his candidacy for the Republican nomination for president on Sept. 27, 1999.

“I don’t begin this mission with any sense of entitlement. America doesn’t owe me anything,” McCain said. “I am the son and grandson of Navy admirals, and I was born into America’s service. It wasn’t until I was deprived of her company that I fell in love with America, and it has been my honor to serve her and her great cause of freedom.”

“It is because I owe America more than she has ever owed me that I am a candidate for president of the United States,” he said.

Endorsement of George W. Bush – 2000

McCain would eventually endorse eventual President George W. Bush, but the two didn’t see eye-to-eye on issues, according to reports at the time.

Bush said McCain as his primary opponent made him “a better candidate.”

McCain takes on campaign finance reform – 2002

Along with then-Sen. Russ Feingold, D-Wis., McCain introduced the Bipartisan Campaign Reform Act – or the McCain-Feingold Act. The legislation enacted regulations of political campaign financing, particularly with soft money contributions.

Chairman of the Indian Affairs Committee – 2005

McCain served as the chairman of the Indian Affairs Committee from 2005 to 2006.

McCain’s gang – 2005

McCain was part of the so-called “Gang of 14” – a group of senators who worked together to end a kerfuffle over judicial nominations.

Aside from McCain, the group included: Sens. Robert Byrd, D-W.Va.; Lincoln Chaffee R-R.I.; Susan Collins, R-Maine; Mike DeWine, R-Ohio; Lindsey Graham, R-S.C.; Daniel Inouye, D-Hawaii; Mary Landrieu, D-La.; Joe Lieberman, D-Conn.; Ben Nelson, D-Neb.; Mark Pryor, D-Ark.; Ken Salazar, D-Colo.; Olympia Snowe, R-Maine; and John Warner, R-Va.

Only Graham and Collins remain in the Senate today.

McCain and Kennedy take on immigration

Along with the late Sen. Ted Kennedy, D-Mass., McCain pushed for immigration reform that would include, among other things, a pathway to citizenship for some undocumented immigrants.

The bill also called for Mexico to crack down on its own border security and take steps to combat immigrant smugglers, the Washington Times reported then.

In 2006, McCain and Kennedy signed onto another immigration reform bill that would make it out of the Senate. This bill, too, would call for a strengthening of the U.S. border with Mexico and provide a pathway to citizenship for certain undocumented immigrants.

McCain for President, Part 2 – 2007

After teasing his announcement on news programs, McCain officially announced – again from New Hampshire – that he was putting his hat in the ring for the presidency.

Picking Palin – 2008

Surprising many, McCain picked then-Alaska Gov. Sarah Palin as his running mate.

“She’s not from these parts, and she’s not from Washington, but when you get to know her, you’re going to be as impressed as I am,” McCain said then.

Obama for President – 2008

McCain lost the presidency to Barack Obama, a senator from Illinois. Joe Biden – who is a friend of McCain’s – was Obama’s running mate.

Another gang – 2013

McCain was part of the bipartisan so-called “Gang of Eight” senators who came up with a comprehensive immigration reform bill in 2013.

Aside from McCain, the group included: Sens. Michael Bennet, D-Colo.; Dick Durbin, D-Ill.; Jeff Flake, R-Ariz.; Lindsey Graham, R-S.C.; Bob Menendez, D-N.J.; Marco Rubio, R-Fla.; and Chuck Schumer, D-N.Y.

Their bill passed the Senate but would die in the House of Representatives. It would also become a point of contention for Republicans in the future.

McCain goes to Syria – 2013

McCain traveled to Syria in 2013 to meet with rebels in the conflicted country – becoming the highest ranking U.S. official to do so at the time.

McCain goes to Egypt – 2013

McCain also traveled to Egypt in 2013 and said the ousting of former President Mohamed Morsi was a “coup.”

Along with longtime colleague and friend Sen. Lindsey Graham, R-S.C., McCain pushed for the U.S. to “suspend assistance to Egypt” after the military removed Morsi from office.

McCain goes to Ukraine – 2013

McCain traveled to Ukraine in 2013 and talked to anti-government protesters who wanted the country's government to align more with Europe than Russia.

"We are here to support your just cause, the sovereign right of Ukraine to determine its own destiny freely and independently. And the destiny you seek lies in Europe," McCain said during his address.

Chairman of the Armed Services committee - 2015

McCain served as the chairman of the Senate’s Armed Services Committee since 2015.

At the time, the New York Times described the opportunity as McCain’s “dream job” and the “the only job in Washington, other than being president, that he ever wanted.”

McCain goes back to Syria – 2017

McCain made a secret trip to Syria in February 2017 to “visit U.S. forces deployed there and to discuss counter-ISIL campaign and ongoing operations,” his spokesperson later said.

McCain versus health care - 2017

McCain came back to the Senate following his brain cancer diagnosis to deliver crucial votes on Republicans’ efforts to dismantle Obama’s health care law.

He first voted to move ahead the debate on the law and was warmly received by lawmakers on both sides of the aisle. But when push came to shove, McCain voted no on the effort to repeal and replace ObamaCare.

"I believe we could do better working together, Republicans and Democrats, and have not yet really tried," McCain said at the time. "Nor could I support it without knowing how much it would cost, how it will affect insurance premiums and how many people would be helped or hurt by it."

Liberty Medal recipient – 2017

McCain received the annual Liberty Medal award in Philadelphia for his "lifetime of sacrifice and service." The award is "given to men and women of courage and conviction who have strived to secure the blessings of liberty to people the world over," the Constitution Center said.

Biden presented the award to McCain.

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8.3 - The Eagle: [Hundreds turn out for Beto O'Rourke's town hall in Navasota](#) (26 August, Rebecca Fiedler, 196k uvm; Bryan, TX)

An enthusiastic crowd of hundreds filled VFW Post No. 4006 in Navasota and spilled outside for U.S. Senate candidate Beto O'Rourke's campaign town hall meeting on Saturday.

O'Rourke, who is hoping to defeat incumbent Sen. Ted Cruz in November's election, has been steadily making his way across the state and has visited all 254 counties, taking questions from voters.

"This is not surprising, to see so many people turn out," said Texas Supreme Court justice candidate Kathy Cheng, who had attended the meeting. "My understanding is that [several hundred] people were here today. That's a pretty good turnout for Navasota. And it's not surprising to see voter turnout from all parties. That's what's so great about the campaign; he's got Republicans and Democrats turning out."

O'Rourke covered a wide variety of topics in his discussion, first giving a short speech and then taking questions and comments from those in the audience. He spoke of widespread educational needs, treatment of veterans by the U.S. Department of Veterans Affairs, health care changes, reform in the criminal justice system and more. The crowd applauded when O'Rourke responded to a question about Social Security with nearly two minutes of Spanish after the questioner said she did not speak fluent English.

One issue the El Paso-based representative honed in on was that of immigration. He pointed out that his hometown -- a city with a thriving Hispanic population -- is, in his estimation, one of the safest communities in the state.

"That's not in spite of [immigrants]; it's because those people have chosen us," he said. "They want to start a new life in this country, and they have left what's comfortable to them. They've left their family and community, their country, their culture, their language -- they came here to the U.S. to do better for themselves and their kids. They also came because they were inspired by this place and want to contribute to its greatness. If that's a problem, that's a wonderful problem to have."

A woman expressed her concern over the opioid crisis and wanted to know what O'Rourke planned to do. He responded by discussing his disdain for the actions of Purdue Pharma, whom he said knowingly distributed addictive drugs. He stressed that the decisions of the VA to

address the crisis by abruptly depriving veteran patients of their medicine was a mistake that needs to be corrected, and that drug users with addictions need medical and psychological help, not incarceration. He also said medical cannabis should be legalized within state lines as an alternative to opioid prescription.

This particular topic spoke to Navasota resident Michele Jelinek, a disabled retired nurse who spoke to The Eagle following the town hall session. She said she feels health care restrictions have affected her and her husband -- who has Parkinson's disease -- directly, and she likes the idea of some big changes being made, particular in medicinal distribution.

"Pain and hope brought me here today," she said. "I like that [O'Rourke] has heart and a brain, which he seems to use. He brings hope. He's saying things we've all heard before, but we've not heard it with that enthusiasm, and not with the situation being as bad as it is now."

Another audience member, Bryan resident Sedrick Gilbert, chided his fellow audience members for hissing at the mention of the Republican Party.

"We need to see each other as human beings," Gilbert said. "If we're going to fight, we should fight for what's right, not against each other."

Some in the crowd wanted to know how O'Rourke planned to make a difference with Republicans in the U.S. Senate. O'Rourke brought up the Veteran Urgent Mental Healthcare Act.

"That bill was going nowhere unless we could get Republicans to come together and cross the line," O'Rourke said. "And I so feared that my constituents [would ever think] I would come back to them and say, 'We wrote a great piece of legislation, but you see, my party is not in power, and Republicans are standing in the way -- they just don't like veterans as much as we Democrats like veterans.' My constituents would call B.S. the moment that left my lips. Anticipating that, we found a Republican with whom we could work -- Mike Coffman from Colorado. He wrote a version of the bill that was a little bit different than mine, not a version of a perfection, but we compromised. We introduced the consensus legislation, made our case to our colleagues on both sides of the aisle and got that passed in the House in December."

Cheng said it was encouraging to see through some of O'Rourke's rallies that, in her opinion, so many voters are starting to ignore party lines.

"I've heard many voters say this is not the country that they [once] knew," she said. "I know for me, this is not the country I fell in love with. I feel that regardless of ethnicity and class. ... For example, during Hurricane Harvey, we didn't ask when helping someone in need what their political party was. We extend our hands because we are human beings. That's why we are the envy of the world."

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8.4 - Killeen Daily Herald: [Actor with ties to Fort Hood to star in Indie film 'American Desert'](#) (26 August, David A. Bryant, 156k uvm; Killeen, TX)

An actor and screenwriter who lived some of his formative years in Copperas Cove while his father was stationed at Fort Hood as a helicopter pilot is set to hit the big screen in an Indie film titled “American Desert,” a gritty drama from RBW International Inc.

Will Brandt, known for his roles in “Animal Kingdom” and “Jane the Virgin,” co-wrote the film with Sundance alum Adrian Bartol, who is directing the movie. The film centers around Matt Benning, a U.S. Army veteran who served in Afghanistan who finds himself entangled in a dangerous web of drugs, violence and toxic love that eventually has him running — and hiding — for his life. Production on the film commenced July 28 in the Mojave Desert and is set to be released mid-to-late 2019.

A lot of things got Brandt interested in doing the film.

“My conditioning as a child and growing up in the military was a nice background for this,” he said. “As compared to being in Hollywood and seeing how ... detached everyone is from that world, how foreign it is for them, and also seeing the types of films that were coming out and their lack of scope of reality they were doing justice to.”

A lot of veterans, many of them combat vets, end up in Los Angeles after their service, Brandt said, giving him and his writing partner the opportunity to run the idea by the “experts” to see if it was a story they would be interested in.

“We started exploring it and found there was a story there,” he said. “A lot of doors opened. One of the gentlemen in the film, named Tim Abell, is an ex-Delta Force operator, and I did as much research as I could with him. I grew up in the military, but I don’t know what it’s like to go fight. So to stand in their shoes and say, ‘oh, I know what it’s like,’ is a complete fallacy. That was my biggest struggle — to step into those shoes ... those are big shoes to fill.”

Abell was able to introduce Brandt to a host of other combat veterans who had experienced some of the things Brandt’s character is facing — to include dealing with Veterans Affairs for medical care, the over-prescription of pain killers and the fight to get off the drugs once addicted.

“American Desert” is set in 2010 during the big draw-down of forces, and Brandt’s character is caught up in the middle of it.

“He’s an Army infantryman and he’s trying to assimilate back into society,” he said. “He comes back to small-town America and tries to get a job, and there’s not a whole lot of jobs to be had, despite his real-world experience. He’s also seen some stuff and has been described a myriad of different medications. He’s just trying to make sense of his new life.”

The character, Benning, meets a girl named Brandi Wells (played by Ruby Modine from “Shameless”) who isn’t quite the best for him. Both have their own demons, which tend to play off of each other in negative ways.

“He’s on a lot of narcotics, this guy that I’m playing, and that doesn’t allow for the healing of (post traumatic stress) — the brain just keeps swelling,” Brandt said. “Matt’s having a hard time sleeping and at the same time he’s a normal young man, wanting to do the normal things young men do. He’s finding it almost impossible to do that, his PTSD is getting worse and he can’t find any sort of relief for that, so he turns to other things. We kind of deal with that in the film.”

Brandt said he hopes the story will appeal to not only veterans, but to those who don't understand them.

"I hope it also appeals to civilians so they can understand service members a little better," he said. "I hope that I represent everyone well in the movie, and I'm grateful for everything (the soldiers) do for us and our country."

The film also stars Michael Ironside (Starship Troopers, Top Gun), Robert LaSardo (Nip/Tuck, Death Race), Callum Blue (The Princess Diaries 2: Royal Engagement, Colombiana) and Amber Coney (Dead of Summer, Mother, May I Sleep with Danger?).

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From: [REDACTED] EOP/WHO
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To: (b) (5)
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Cc: Syrek, Christopher D. (Chris)
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(fydibohf23spdlt)/cn=recipients/cn=syrek, christopher d.069>;
Miller, Max L. EOP/WHO <[REDACTED]@who.eop.gov>
Bcc:
Subject: [EXTERNAL] Updated Toolkit
Date: Fri Aug 24 2018 09:16:19 CDT
Attachments: VA Organization Toolkit 8.24.xlsx

Good Morning,

Updated toolkit is attached. Elizabeth Murphy has a clean vet - just waiting on her 1019.

Best,

[REDACTED]

Staff Assistant | Presidential Personnel

Executive Office of the President

Eisenhower Executive Office Building #145

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[REDACTED]@who.eop.gov

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Veterans Affairs
Daily update · August 23, 2018

NEWS

Cheyenne Veterans Affairs complex should be praised

Wyoming Tribune

I want the general public and the employees at the Cheyenne Veterans Affairs complex to know that not all veterans are dissatisfied with the treatment ...

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Kelly Fitzpatrick picked as director of Oregon Department of Veterans Affairs

Statesman Journal

Gov. Kate Brown has appointed Kelly Fitzpatrick, a 16-year U.S. Army veteran, as director of the Oregon Department of Veterans Affairs. She's been a ...

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The VA Mishandled Nearly Half Of PTSD Claims Linked To Sexual Assault

Task & Purpose

A new report by the Veterans Affairs Inspector General found that almost half of the sexual assault post-traumatic stress disorder claims denied during ...

Hundreds of Thousands of Veterans' Appeals Dragged Out by Huge Backlog - Wall Street Journal

Report: VA Denied Sexual Trauma Claims - OzarksFirst.com

VA's wrongful denial of sexual trauma cases shows that the agency still needs an overhaul - The Hill
Full Coverage

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VA Montana Health Care again has temporary chief of staff

Great Falls Tribune

BILLINGS — The Veterans Affairs Montana Health Care System has a temporary chief of staff for the eighth time in as many years. The Billings Gazette ...

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VA wrongly denied benefits for victims of military sexual trauma: report

Fox News

The Department of Veteran Affairs wrongly denied benefits for thousands of veterans who claimed they suffer from post-traumatic stress disorder ...

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Parade dollars should go toward healthcare for veterans

Daily Press

The money once considered for a military parade in Washington, D.C. should instead be directed toward support for the Department of Veterans ...

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VA Montana Health Care again has temporary chief of staff

Bristol Herald Courier (press release) (blog)

BILLINGS, Mont. (AP) — The Veterans Affairs Montana Health Care System has a temporary chief of staff for the eighth time in as many years.

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Senator Hirono Calls for Oversight on “Mar-a-Lago Crowd”

Maui Now

Senator Mazie K. Hirono and five other members of the Senate Veterans' Affairs Committee urged Chairman Johnny Isakson to call an oversight ...

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Here's what else the Trump administration did this summer

CNN

The move would reverse Obama administration efforts to combat climate ... Headline: Mar-a-Lago allies touted direct line to Trump, Kushner at VA.

ICYMI: Here's what else the Trump administration did this summer - NBC2 News

Full Coverage

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Local VA Clinic closed due to flooding

Zanesville Times Recorder

ZANESVILLE - The Zanesville Veterans Affairs Clinic at 2800 Maple Ave. is temporarily closed due to a break in the hot water heater that caused ...

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WEB

Brown Office Convenes Roundtable with Ohio Veterans in Toledo

Senator Sherrod Brown

As a member of the Senate Committee on Veterans' Affairs, Brown has long fought to improve the lives of Ohio veterans. Some of his recent actions ...

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Veterans Affairs Media Summary and News Clips

23 August 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Hundreds of Thousands of Veterans' Appeals Dragged Out by Huge Backlog](#) (22 August, Ben Kesling, 43.5M uvm; New York, NY)

Hundreds of thousands of veterans face yearslong delays in their appeals of disability rulings because of a backlog of cases choking the Department of Veterans Affairs, but a new round of efforts aims to improve and speed up the claims-and-appeals process. This backlog causes a number of problems, according to the department's inspector general and veterans advocates, as well as VA statistics.

[Hyperlink to Above](#)

1.2 - FOX News: [VA wrongly denied benefits for victims of military sexual trauma: report](#) (22 August, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

The Department of Veteran Affairs wrongly denied benefits for thousands of veterans who claimed they suffer from post-traumatic stress disorder relating to a sexual assault that occurred during their military service, a new government watchdog report found. The Office of Inspector General found that nearly half of the cases brought forward by veterans who claimed they suffer from sexual assault-related PTSD were not properly processed by VA staff.

[Hyperlink to Above](#)

1.3 - The Atlantic (Video): [How the VA is Using AI to Target Cancer](#) (22 August, 23.9M uvm; Washington, DC)

When Tam Mai Huynh found out in 2016 that the source of his nagging cough was lung cancer, it came as a shock. A recently retired Army Special Forces veteran and married father of two young children, Huynh never had smoked. Nor did he have a family history of cancer. Nevertheless, the disease had spread to Huynh's spine, lymph nodes, and brain. He began chemotherapy, driving two hours every two to three weeks from his home to the U.S. Department of Veterans Affairs (VA) hospital in Durham, North Carolina.

[Hyperlink to Above](#)

1.4 - KTBC (FOX-7, Video): [Austin gets 'first V.A. hospital' as part of Dell Medical School/Veterans Affairs partnership](#) (22 August, Casey Claiborne, 156k uvm; Austin, TX)

"[I] truly believe it was an honor to serve in the service for my country and I would do it over again in a heartbeat," said Carl Williams, an Air Force Veteran who calls Austin home. "My wife and I have been married for 44 years. I lost her 8 years ago. And so I'm a bachelor now. I live alone with my dog. I live out on the farm," Williams said.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - SoundCloud (Nurse Talk, Audio): [Listen Carefully... The Veterans Administration Is Already Engaged in Privatization](#) (21 August, 1.6M uvd; New York, NY)

Ahead of Robert Willkie's confirmation as the new Secretary of the Department of Veterans Affairs, Trump loyalists at the agency took aggressive steps to purge or reassign staff members

perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves.

[Hyperlink to Above](#)

3. Modernize Our System

3.1 - KFDA (CBS-10, Video): New primary care facility opens at Thomas E. Creek VA Medical Center in Amarillo

(23 August, Jami Seymore, 193k uvm; Amarillo, TX)
Crowds cheered as the VA officially opened the new Primary Care facility at the Thomas E. Creek VA Medical Center in Amarillo, a facility, leaders say, will provide better healthcare for local veterans. "It's going to allow our veterans to receive healthcare much more quickly in a modern facility," said Alejandro Ortiz, a general engineer for the U.S. Department of Veterans Affairs.

[Hyperlink to Above](#)

3.2 - KAMR (NBC-4, KCIT/FOX-14, Video): Thomas E. Creek VAMC Opens New Primary Care Building

(22 August, Karl Wehmhoener, 54k uvm; Amarillo, TX)
The Amarillo VA Health Care System hosted a ribbon cutting for the newest addition to the Thomas E. Creek VA Medical Center, Primary Care this morning. The newly designed Primary Care building was built to improve the care the Amarillo VA provides to Veterans and to facilitate better communication amongst the health care professionals, which make up Primary Care teams all in a fully-modern facility.

[Hyperlink to Above](#)

3.3 - American Military News (Video): New VA medical center cost nearly \$2B – more than 5 times what it was supposed to

(22 August, Laura Widener, 34k uvd; New York, NY)
After more than a decade of delays, a new Veteran's Affairs medical center in Colorado has opened and come under fire for its total building cost. The Rocky Mountain Regional VA Medical Center, which opened in Aurora, is now considered the most expensive VA medical center ever with a price tag of \$1.73 billion, according to an NBC News report on Friday.

[Hyperlink to Above](#)

4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): VA Montana Health Care Again Has Temporary Chief of Staff

(22 August, 23.9M uvm; Washington, DC)
The Veterans Affairs Montana Health Care System has a temporary chief of staff for the eighth time in as many years. The Billings Gazette reports Deputy Chief of Staff Marilyn Lajoie took over as interim following William Campbell's retirement in April. Campbell joined the Montana VA system in September 2016, first as interim chief of staff before taking the permanent position.

[Hyperlink to Above](#)

4.2 - WFMY (CBS-2, Video): NC Veteran Worried About Prescription Drugs Left On His Porch

(22 August, Erica Stapleton, 612k uvm; Greensboro, NC)

For years, Samuel Scoles always had to sign for his packages. But lately, that's changed. Scoles, a U.S. Navy veteran, says he gets his medications through the VA and they're delivered to his house by a delivery service. But over the past two months he hasn't had to sign for them. "I receive opioids for pain," he explains. "And the opioids that I get are some of the strongest that are prescribed."

[Hyperlink to Above](#)

4.3 - WSAW (CBS-7): [Outing to raise funds for VA golf course in memory of Jason Simcakoski](#) (22 August, 196k uvm; Wausau, WI)

After pushing for safeguards against over-prescribing opioids to our nation's veterans the Jason Simcakoski foundation is back with another project. To tell us all about the First Annual Simmy Foundation Golf Outing Sunrise 7 was joined by Jason's father Marv Simcakoski. The mission of the Jason Simcakoski Foundation, Inc. is to promote and provide better health and mental health services to veterans and their families.

[Hyperlink to Above](#)

4.4 - WPSD (NBC-6, Video): [Bost says Marion VA Medical Center improving after misread radiology scans](#) (21 August, Logan Gay, 191k uvm; Paducah, KY)

More problems at the Marion VA Medical Center have left some the hospital serves aghast. The Veterans Affairs Committee uncovered in January several issues with the human resource department — including difficulties retaining staff and failures to track and discipline staff. Tuesday, U.S. Rep. Mike Bost followed up on those issues with hospital employees and veterans.

[Hyperlink to Above](#)

4.5 - The World: [Veterans voice their frustrations at VA hosted town hall in North Bend](#) (22 August, Amanda Linares, 73k uvm; Coos Bay, OR)

The Roseburg Veterans Administration Health Care System held a veterans town hall meeting at the North Bend VA Clinic on Tuesday evening. Interim medical director David Whitmer addressed a packed room of concerned citizens on an array of issues and updates.

[Hyperlink to Above](#)

4.6 - Alton Daily News (WBGZ/USA-1570, Audio): [V.A. Chairman Stops in Springfield, Hears Concerns About Benefits](#) (22 August, Greg Bishop, 13k uvm; Alton, IL)

The top veteran benefits policymaker in the U.S. House got an earful Monday during a visit to Springfield. U.S. Rep. Rodney Davis hosted U.S. Rep Phil Roe, the Tennessee Republican who is chairman of the House Committee on Veterans' Affairs, for a discussion event at the University of Illinois Springfield. The two heard from veterans and university officials who said unfunded mandates slow delivery of education benefits for those who have served in the U.S. military.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Austin American-Statesman: [Partnership means covered hospital care closer to home for Austin vets](#) (22 August, Taylor Goldenstein, 2.1M uvm; Austin, TX)

Austin veterans who need intensive care from a hospital will now have an option closer to home, officials announced Wednesday. Previously, veterans who went to the Department of Veterans Affairs clinic in Austin but ended up needing hospitalization were sent to the VA hospital in Temple, the nearest option despite being about an hour away, said Christopher Sandles, who directs the Central Texas Veterans Health Care System

[Hyperlink to Above](#)

5.2 - Medical Xpress: [Stressed, toxic, zombie cells seen for first time in Alzheimer's](#) (22 August, 1.5M uvm; New York, NY)

A type of cellular stress known to be involved in cancer and aging has now been implicated, for the first time, in Alzheimer's disease. UT Health San Antonio faculty researchers reported the discovery Monday [August 20, 2018] in the journal Aging Cell. The team found that the stress, called cellular senescence, is associated with harmful tau protein tangles that are a hallmark of 20 human brain diseases, including Alzheimer's and traumatic brain injury.

[Hyperlink to Above](#)

5.3 - The Spokesman-Review: [CMR made VA improve](#) (22 August, Ike Bailey, 874k uvm; Spokane, WA)

I am a veteran. I have had issues with the Spokane VA hospital in the past and also with the Veterans Administration on my disability. I had contacted Sen. Patty Murray on these issues and nothing was accomplished. After the negative response I received, I immediately contacted Cathy. I got results and very positive ones on both issues I had and was taken care of in a timely manner.

[Hyperlink to Above](#)

5.4 - Daily Press: [Parade dollars should go toward healthcare for veterans](#) (22 August, Editorial Board, 863k uvm; Newport News, VA)

Postponed are the marching troops, the artillery and armored carriers traveling in formation down Washington, D.C.'s streets. The parade President Donald Trump scheduled to honor U.S. military veterans and commemorate the 100th anniversary of the end of World War I has been put on indefinite hold. The exact reasons aren't quite clear, although we suspect the estimated \$90 million price tag to hold such an event plays a factor.

[Hyperlink to Above](#)

5.5 - KWTB (CBS-9, Video): [Veterans Voice Concerns At Medical Marijuana Meeting](#) (23 August, Dana Hertneky, 862k uvm; Oklahoma City, OK)

Starting this weekend, patients and businesses can begin applying for licenses to take or sell medical marijuana. Wednesday, lawmakers met to continue hammering out the law that will regulate the industry. Until lawmakers take action, the industry will be working under those emergency rules the Board of Health passed.

[Hyperlink to Above](#)

5.6 - Wyoming Tribune-Eagle: [Cheyenne Veterans Affairs complex should be praised](#) (22 August, Cecil Smith, 154k uvm; Cheyenne, WY)

I want the general public and the employees at the Cheyenne Veterans Affairs complex to know that not all veterans are dissatisfied with the treatment they receive there. I have been using the facilities at the Cheyenne VA for about three years and have received excellent care.

[Hyperlink to Above](#)

5.7 - Daily Miner (The Daily Courier): [VA leader promised improvement, rating goes up](#) (22 August, Nanci Hutson, 131k uvm; Kingman, AZ)
In two months, the local VA has earned a one-star elevation for its 85-bed capacity nursing home on the main campus, a promised improvement the medical director says speaks to the staff's determination to provide the very best care to the most vulnerable veterans in northern Arizona.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - WYFF (NBC-4, Video): [Simpsonville doctor hosts fundraiser in memory of brother who died by suicide](#) (22 August, Brennan McDavid, 1.1M uvm; Greenville, SC)
The Department of Veterans Affairs estimates 22 vets die by suicide each day. It is a harsh reality that hits home for Dr. Elliot Hirshorn, whose younger brother, Zach, killed himself. "He was great at giving hugs and a big smile," said Hirshorn

[Hyperlink to Above](#)

6.2 - WJON (CMN-1240, Video): [Brainerd VA Clinic Hosting Suicide Awareness Forum](#) (22 August, 57k uvm; Saint Cloud, MN)
We've all heard the statistic: 22 veterans a day take their own lives, and the Brainerd VA Clinic is holding an event designed to fight that. The clinic will be holding a Veteran Mental Health and Suicide Awareness Forum on Thursday. The event is free to attend and no registration is required. The VA says if you're interested in preventing suicide, you're invited to attend.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [94-Year-Old Kentucky Veteran Receiving Medals 72 Years Late](#) (23 August, 23.9M uvm; Washington, DC)
A 94-year-old U.S. Navy veteran has waited 72 years, but he is going to receive the medals he's due from World War II. William Edward Gilbert is a patient of Robley Rex Veterans Affairs Medical Center in Louisville. The hospital said he recently mentioned to his providers that he had never received his medals. The providers promptly took care of the problem.

[Hyperlink to Above](#)

7.2 - U.S. News & World Report (Video): [Colorado Jail Helps Inmates Who Have Suffered Traumatic Brain Injuries](#) (22 August, Casey Leins, 23.9M uvm; Washington, DC)
From 2007 to 2008, Kevin Leeper was a soldier in the U.S. Army, stationed in Iraq. Now, at age 31, he wears a different uniform: a tan jumpsuit and a barcode around his wrist. Leeper has

been serving time at Colorado's Boulder County Jail since March, on charges of menacing and attempted murder.

[Hyperlink to Above](#)

7.3 - The Hill: [VA's wrongful denial of sexual trauma cases shows that the agency still needs an overhaul](#) (22 August, Rory E. Riley, 11.8M uvm; Washington, DC)

At his first public speech since being confirmed as Secretary of Veterans Affairs, Robert Wilkie pledged to veterans at the AMVETS annual convention in Orlando, FL, last week that he would create a more user-friendly experience for veterans at the VA, specifically stating that “VA exists to make life easier for veterans.”

[Hyperlink to Above](#)

7.4 - KTBS (ABC-3): [VA program aimed at helping veterans become home owners](#) (22 August, Alison Lorraine, 298k uvm; Shreveport, LA)

A local veteran says he was ready to take his own life. Brett Smith said he couldn't hold a job or provide for his family and was living in a dilapidated mobile home with his wife and three kids. The mental and physical anguish he dealt with for years had left him with nowhere else to turn, until he came across a program at the VA to help him get back on his feet.

[Hyperlink to Above](#)

7.5 - The Times: [Did You Hear? Presidential certificate honors memory of deceased veterans](#) (22 August, Marsha Keefer, 191k uvm; Beaver, PA)

Our country honors the memory of deceased veterans with an embossed certificate signed by the president, but receipt is not automatic. A request must be made by family or friends. The recognition has been offered for more than 50 years, but many families may not know about it, said Jerry Fisher of Brighton Township, a Vietnam-era veteran who shared information about the program with The Times.

[Hyperlink to Above](#)

7.6 - Kokomo Tribune: [VA underfunding women's services](#) (22 August, Tobi Beck, 77k uvm; Kokomo, IN)

In many ways, we are still unable to accommodate our female veterans. While the language on our forms is no longer at issue, today the Department of Veterans' Affairs fails to fund or underfunds women's health services. According to the VA, women veterans are the fastest-growing group of veterans in the country — and they also face greater health-related challenges after their military service.

[Hyperlink to Above](#)

7.7 - The Miami Times: [Going for gold: Veterans compete in national competition that wins medals and better well-being](#) (22 August, Janiah Adams, 13k uvm; Miami, FL)

At the Bruce W. Carter Department of Veterans Affairs Medical Center are a group of former service people who have proven to be champions. In their late 60s into their 70s, aren't afraid to run a mile or throw a horseshoe. In fact, they train for months throughout the year to qualify themselves for the National Veterans Golden Age Games. But the training these vets receive physically carries out into other aspects of their lives.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - The Hill: [Trump awards posthumous Medal of Honor to family of fallen Air Force sergeant](#) (22 August, Brett Samuels, 11.8M uvm; Washington, DC)

Chapman, a Connecticut native, is the 19th member of the Air Force to receive the Medal of Honor. Secretary of Veterans' Affairs Robert Wilkie attended Wednesday's ceremony, as did Sens. John Boozman (R-Ark.), Richard Blumenthal (D-Conn.), Chris Murphy (D-Conn.), Bob Casey (D-Pa.), Pat Toomey (R-Pa.), Rep. Matt Gaetz (R-Fla.) and Rep. John Larson (D-Conn.).

[Hyperlink to Above](#)

8.2 - NBC News: ['Black Man in a White Coat': New Memoir Takes on Race and Medicine](#)

(22 August, Pamela K. Johnson, 9.6M uvm; New York, NY)

A professor at Duke University Medical School who practices at Durham VA Medical Center, Tweedy recalls being attracted to his profession, in part, because he figured that "numbers, equations and formulas would not be messy the way that life can be." And yet they were.

[Hyperlink to Above](#)

8.3 - San Antonio Express-News: [Operator of dog training school charged with fraud, money laundering](#) (22 August, Guillermo Contreras, 718k uvm; San Antonio, TX)

Federal agents on Wednesday arrested a principal figure of a canine-training operation after he was indicted by a grand jury on charges related to fraud and money laundering. Bradley Croft, 46, who has said he was a founder of Universal K9, was taken into custody days after his property was the target of a raid by agents with the FBI, and the IRS' Criminal Investigation division.

[Hyperlink to Above](#)

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Hundreds of Thousands of Veterans' Appeals Dragged Out by Huge Backlog](#) (22 August, Ben Kesling, 43.5M uvm; New York, NY)

WASHINGTON - Hundreds of thousands of veterans face yearslong delays in their appeals of disability rulings because of a backlog of cases choking the Department of Veterans Affairs, but a new round of efforts aims to improve and speed up the claims-and-appeals process.

This backlog causes a number of problems, according to the department's inspector general and veterans advocates, as well as VA statistics. Rushed rulings on initial claims can be riddled with errors. Veterans who appeal their cases typically wait between three and seven years for resolutions to their appeals, according to the Government Accountability Office. An inspector general report also found that one in 14 veterans dies while awaiting a decision on their disability claim appeal.

The appeals system remains "horribly flawed," said Chief Judge Robert Davis, the top judge on the U.S. Court of Appeals for Veterans Claims, the independent federal court that oversees and reviews rulings from the VA's internal appeals board. The pressure to deal with a heavy backlog of disability claims "contributes to poor decision making," he said in an interview.

VA officials say they have worked hard to process disability claims—and appeals to those claims—faster. The department in recent years has added funding and personnel and has invested in technology to increase its efficiency. Last year, President Trump signed the Veterans Appeals Improvement and Modernization Act of 2017, which will go into full effect next year and will create rapid-appeals lanes to speed the process.

The VA is on track to process a record 80,000 appeals in 2018, said spokesman Curt Cashour, thanks to the increased funding and personnel. As of August 2018, the appeals backlog stood at about 238,000, according to VA data.

A program designed by the U.S. Digital Service, a government tech incubator, also streamlined the process, reduced clerical errors and allowed judges to more quickly read a case.

"VA believes veterans are waiting too long for appellate decisions," said Mr. Cashour. He said the department expects the appeals modernization law will make needed changes to the system, but others remain skeptical.

"We are anxiously awaiting to see if the appeals modernization act will make any lasting change and provide any lasting benefits for veterans," said Judge Davis. "I'm not sure that's the case."

The disability-claim process can be complicated. Many veterans claim multiple injuries, each of which requires its own decision. As a veteran's case works its way through the system, claimed disabilities can worsen or change and require new documentation and medical examinations. The outcome of the appeal can determine the amount of disability payments and access to future treatment.

A disability claim is first decided at one of 56 regional offices, and the VA decided 1.4 million claims for disability benefits in 2017. Of those claims, more than 90,000 cases were formally appealed to a VA board. In those cases, the board found flaws or requested more information for 57%, VA statistics show.

Judge Davis said his higher-level veterans appeals court hears about 4,000 cases a year, and of those, about 3,000 are found to have some sort of error, problem or need for more information.

Employees are rewarded for speed rather than quality, said Bart Stitchman, executive director of National Veterans Legal Services Program, a nonprofit that focuses on VA benefits issues.

“Time pressure to get claims out the door causes them to cut corners,” he said of the regional VA offices that handle disability claims. “If the veteran is tenacious, the cutting of the corner will finally be caught, but a lot of veterans don’t appeal.”

VA officials dispute the assertion that employees are taking shortcuts or that veterans are being harmed. But the VA’s Office of Inspector General concluded in a report this year that the department “did not dedicate sufficient resources to timely address appeals” as it pushed initial claims through the system faster.

An inspector-general report issued this week showed that a 2016 procedure change intended to streamline the claims process ended up leaving complex claims being decided by undertrained VA employees.

Veterans say the process is confusing, and they often have to turn to lawyers for help navigating the process.

Navy combat veteran Lawrence Acree appealed his case after the VA rejected his claims for multiple disabilities that he said stemmed from his service, including psychiatric illness.

When he showed up for the appeals hearing, though, he said he unwittingly forfeited many of his claims because he was confused by the process. It took a pro bono lawyer and years of litigation for his case to be heard in June by a federal court—highlighting another layer of complexity: Many veterans who appeal their cases don’t have lawyers, because technically, the process doesn’t require them.

“I can see why a lot of veterans get frustrated and give up, and a lot of them don’t feel they have anywhere to turn,” Mr. Acree said. “It was frustrating, especially with me taking different medications, and things were a little confusing for me. When I got denied a couple of times, I got a bit of depression.”

Judge Kimberly Moore of the U.S. Court of Appeals for the Federal Circuit wrote in a June decision about VA appeals that the system leaves veterans “trapped for years in a bureaucratic labyrinth.” She wrote: “The takeaway from all this is quite simple: hiring a lawyer and filing a mandamus petition forces the VA to act,” she said.

Mr. Cashour, the VA spokesman, said the VA “has dedicated processes and people in place to conduct quality reviews to ensure accuracy of decisions.” He said that veterans without lawyers weren’t at a disadvantage.

Mr. Acree disagrees. He said he felt like his case got traction only after he enlisted the services of his lawyer, Natalie Bennett, who agreed.

“It shouldn’t be only when you have a lawyer that you get taken seriously. The VA has a statutory mandate to assist the veterans in all ways that they can,” said Ms. Bennett. “It doesn’t seem like that’s always happening.”

Mr. Acree won his appeal, but his case isn’t closed. It just means his disability claim goes back into the line. He’s still waiting for a decision.

[Back to Top](#)

1.2 - FOX News: [VA wrongly denied benefits for victims of military sexual trauma: report](#) (22 August, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

The Department of Veteran Affairs wrongly denied benefits for thousands of veterans who claimed they suffer from post-traumatic stress disorder relating to a sexual assault that occurred during their military service, a new government watchdog report found.

The Office of Inspector General found that nearly half of the cases brought forward by veterans who claimed they suffer from sexual assault-related PTSD were not properly processed by VA staff.

According to the report released Tuesday, the VA denied 5,500 of 12,000 claims submitted in fiscal year 2017 by veterans who said they suffered from PTSD related to a sexual assault while they were serving in the military. Of those claims, 1,300 were denied during a five-month period last year without due diligence by the VA.

“The review team found that staff did not follow required procedures for processing these claims, which potentially resulted in undue stress to veterans,” the report said. “[A] mental health provider reported that veterans are confused and upset when [the VA] denies their claims, and this undue stress can interfere with the treatment process.”

Inspectors blamed the denials on inadequate training for veteran service representatives, who make decisions on the claims after searching through a veteran’s record for signs of sexual trauma.

The report’s findings come despite the VA’s implementation of rules in 2011 that were supposed to ease requirements and afford liberal consideration to claims related to military sexual trauma. The rules were loosened because evidence of sexual assaults was difficult to find as many were not reported or victims did not seek immediate medical care.

The IG said claims for military sexual trauma were once handled by VA representatives with specialized training, but that changed in 2016.

“However many [representatives] do not have the experience or expertise to process [military sexual trauma] related claims,” the report said.

Additionally, the VA no longer requires military sexual trauma claims to be subjected to special or additional review.

In one case, a veteran told the VA she had been sexually assaulted, which resulted in a pregnancy. Her military medical records showed she gave birth to a child months after the alleged assault. A VA medical examiner supported her story, but a service representative denied her claim because of “vague language” used by the examiner.

In other instances, veterans were denied benefits before a VA representative contacted them by phone or sent letters requesting information about their alleged assaults.

The IG said veterans who were denied benefits might be less likely to keep trying to obtain help from the VA.

“The review team concluded that the trauma of restating or reliving stressful events could cause psychological harm to victims and prevent them from pursuing their claims,” he said.

The inspector general has asked the VA to review the thousands of claims that were denied in fiscal year 2017 and correct any mistakes. The agency estimated it would complete the review by Sept. 30, 2019.

The IG also recommended improved training and the creation of a specialized group that would handle claims related to military sexual trauma.

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1.3 - The Atlantic (Video): [How the VA is Using AI to Target Cancer](#) (22 August, 23.9M uvm; Washington, DC)

When Tam Mai Huynh found out in 2016 that the source of his nagging cough was lung cancer, it came as a shock. A recently retired Army Special Forces veteran and married father of two young children, Huynh never had smoked. Nor did he have a family history of cancer.

Nevertheless, the disease had spread to Huynh’s spine, lymph nodes, and brain. He began chemotherapy, driving two hours every two to three weeks from his home to the U.S. Department of Veterans Affairs (VA) hospital in Durham, North Carolina. The treatments he received there left the former officer nauseated and exhausted, unable to work or spend much time playing with his children.

“You just feel like someone beat you up and stepped all over you for about a week,” Huynh says. “And then you start to recover and then you get to normal, and then it happens all over again. And it keeps going on like that.”

Doctors offered Huynh an alternative: participation in a incorporating IBM’s technology that would use analysis of his cancer’s DNA and a comprehensive database of existing medical literature to help them identify medications that could be more targeted and produce fewer side effects than chemotherapy.

“They asked if I wanted to run some more tests, and I said, “Well, gee, that’s a no-brainer,” Huynh says. “Why not?”

In the ongoing battle against cancer, precision oncology is one of the most recent fronts—an effort, says Michael Kelley, MD, national program director for oncology at the VA, to “give the right care to the right person at the right time.” For patients like Huynh, that process has several steps: First, their tumors are examined at a molecular level to identify genetic abnormalities that are then matched to ones known to cause cancer; then those matches are cross-referenced against medical literature describing the efficacy of various anti-cancer drugs that have been approved by the Food and Drug Administration or are in clinical trials; finally, all of that information is used to surface insights as to which mutations may be actionable for a personalized course of treatment.

“If you’re a rifleman, or hunter, being able to hit the bull’s-eye over and over is precision,” Dr. Kelley says. “[This] is the same concept applied to medicine.”

Hitting that bull’s-eye is difficult, time-consuming work. Precision oncology currently relies on teams of 10 to 15 doctors, called molecular tumor boards, to meet once a week to examine patients’ cancer-cell DNA reports, look for actionable mutations, share and compare their knowledge of available and potentially useful treatments, and determine a specific course of therapy.

Therein lies a bottleneck. The boards can only review about a dozen patients a week, or roughly 1,000 cases per year. But the need is much greater—particularly for the VA, the nation’s largest integrated health-care system.

War veterans suffer disproportionately high rates of cancer, and VA facilities care for 3.5 percent of the United States’ cancer patients, the biggest group within a single health system in the country. And although the VA’s mission is to deliver cutting-edge cancer care to its patients, 36 percent of veterans with cancer live in rural areas—a higher percentage than the national average—so that goal can be especially challenging, according to Neil Spector, MD, a medical oncologist and cancer biologist at Duke University, oncologist at the Durham Veterans Affairs Medical Center, and director of the Veterans Health Administration National Precision Oncology Program.

“Our mission is a bit different than large academic centers or a lot of health-care systems [in] that we’ve got to reach broadly for any veteran in the United States—whether they’re in rural Alaska, or Hawaii, or wherever they may be,” Dr. Spector says. “We need to offer them access to cutting-edge molecular tumor testing and access to cutting-edge clinical trials of targeted therapies and immunotherapies.”

Enter Watson for Genomics. As part of former Vice President Joe Biden’s program Cancer Moonshot, the VA and IBM announced in 2016 that had a goal of bringing precision oncology to 10,000 veterans with cancer over a two-year span, an almost 30-fold increase from the number that had been receiving targeted therapies within the VA system.

To treat patients such as Huynh, VA doctors collect samples of blood and/or tumor tissue and send them to specialized laboratories for molecular testing. Test results are fed into the Watson artificial-intelligence platform, which identifies targetable mutations, finds potential therapies, and creates a report for clinicians.

The system can create a report in seconds—or, during particularly high-use times, minutes. “It’s very, very fast,” Dr. Kelley says. “Whereas a molecular tumor board does not convene continuously. I can’t get a result in the middle of the night. [The] VA spans multiple time zones,

and the tumor board might not even be every week, so you might have to wait a couple of weeks to get an answer...so there has to be a different approach for us.”

Technologies such as are making the VA’s scale possible. As of April 2018, IBM and the VA had analyzed more than 2,400 tumor samples from nearly 2,200 patients.

One of those patients is Huynh, who stopped his intravenous chemotherapy sessions and instead began taking a daily pill containing a drug known to impact of the specific mutation in his tumors.

Since the change, Huynh has been able to return to work in an office job. He no longer has to drive every few weeks to Durham. He’s now able to spend more time with his wife and children and not feel sapped and queasy while doing so.

“I got my hair back,” he says. “That definitely helps, even though I’m married...The medicine is a lot less harsh, much less side effects.”

Huynh’s treating physician is equally pleased. “It makes me feel really good,” Dr. Kelley says. “I certainly saw what he was going through.”

Dr. Kelley is quick to caution that Watson for Genomics is neither a panacea nor a replacement for human expertise and judgement. Cancer is an almost unfathomably difficult medical problem. There are no technological silver bullets. But the system, he says, can be a useful tool—a way to help frontline doctors make better decisions by from a broad range of published research and evidence generated by experts around the world and then applying them in a way that is relevant to the individual patient’s cancer.

Huynh’s personal battle is ongoing. He has stage IV lung cancer, the most advanced form of the disease. “I’m going to die of cancer,” he says. “No doubt about it in anybody’s mind.” Thanks to a different medication, however, he has been able to make more of the time he has left. “I feel that this has been positive for me,” he says. “And I’ve benefited because my quality of life is much better.

“With this program, I would tell the physicians and the patients: Don’t just accept your treatment, find out what else is out there. There’s always something new going on, so keep looking. Don’t give up hope. As long as you have breath in you, there’s still a chance.”

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1.4 - KTBC (FOX-7, Video): [Austin gets 'first V.A. hospital' as part of Dell Medical School/Veterans Affairs partnership](#) (22 August, Casey Claiborne, 156k uvm; Austin, TX)

“[I] truly believe it was an honor to serve in the service for my country and I would do it over again in a heartbeat,” said Carl Williams, an Air Force Veteran who calls Austin home.

“My wife and I have been married for 44 years. I lost her 8 years ago. And so I’m a bachelor now. I live alone with my dog. I live out on the farm,” Williams said.

Williams says his farm is close to Austin's V.A. Outpatient Clinic which will play an integral role in a new collaboration between the Central Texas Veterans Health Care System, Dell Medical School at the University of Texas and Seton Healthcare.

The union was announced at a press conference Wednesday morning. "We really collaborate so that we do a residency-training program and patients can be seen in the outpatient setting and training residents in that setting and then handing them off if they need inpatient care at Dell Seton Medical Center at the University of Texas," said Christann Vasquez, President of Dell Seton.

Christopher Sandles, with Central Texas Veterans Health Care says this is one of several partnerships they've entered into over the past year, bringing care closer to communities.

"Really positions us to have what will really be our first V.A. hospital in the Austin market. For years with the distance that we've had between our Austin outpatient clinic and our Temple campus, many cases if a veteran requires hospitalization, we've in some cases, transported veterans all the way from Austin to Temple," Sandles said.

Williams says before the outpatient clinic opened, he had to drive to Temple a lot. "I used to do it on a regular basis and we'd take a whole day to go down there to get the care that you needed and now you can receive it right here in the Austin area," Williams said.

Seton says now providers at the outpatient clinic can admit veterans directly to Dell Seton -- and they'll get care from a shared clinical team. "It helps me tremendously, it gives me another outlet as far as where they can send me coming to the Dell Seton Medical Center here. For the other veterans it also provides more hospital bed space for them," Williams said.

Williams says he can't express how deeply he feels about the level of care he can get so close to home now. "Until you've been in a situation where you don't know where you're going to get your medications, where you're going to get your care from or if you're going to be able to get the care, or if you are going to be able to afford that care. The V.A. has filled that role and the Dell Medical Center will also fall in that same category with us," Williams said.

Dell Seton says in addition to what they announced today, they're also planning future research opportunities with the V.A. to create new therapies and care for veterans.

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2. Greater Choice for Veterans

2.1 - SoundCloud (Nurse Talk, Audio): [Listen Carefully... The Veterans Administration Is Already Engaged in Privatization](#) (21 August, 1.6M uvd; New York, NY)

Ahead of Robert Willkie's confirmation as the new Secretary of the Department of Veterans Affairs, Trump loyalists at the agency took aggressive steps to purge or reassign staff members perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves. The reshuffling marked a new stage in a long estrangement between civil servants and Trump loyalists at VA, where staff upheaval and sinking morale threaten to derail service to one of the president's key constituencies, according to current and

former employees. RN and Chair of NNOC NNU Irma Westmoreland answers questions about the VA and the recent #REDforFED protest.

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3. Modernize Our System

3.1 - KFDA (CBS-10, Video): [New primary care facility opens at Thomas E. Creek VA Medical Center in Amarillo](#) (23 August, Jami Seymore, 193k uvm; Amarillo, TX)

Crowds cheered as the VA officially opened the new Primary Care facility at the Thomas E. Creek VA Medical Center in Amarillo, a facility, leaders say, will provide better healthcare for local veterans.

"It's going to allow our veterans to receive healthcare much more quickly in a modern facility," said Alejandro Ortiz, a general engineer for the U.S. Department of Veterans Affairs. "They're going to be able to receive a higher quality of healthcare. It's an exciting time for our veterans and it's nice to see."

The nearly \$10 million facility is designed with convenience and accessibility for veterans.

"It's a one-stop shop," said Ortiz. "They're able to check in and register with our clerks, be walked to their exam rooms and rather than moving around from building to building, room to room, we take all our healthcare to our veterans in that same exam room."

Whether the veteran needs to see one doctor or multiple specialists, almost all care can be done from a single room.

"We focused on veteran-centered care to where all the staff will go to the veteran," said Donna Pekrul, nurse manager for the Primary Care facility. "Provider will then go into the room and see the veteran and then if they need to see the social worker, mental health, the dietician, the pharmacist, they will all go into that room to see the veteran."

Nurses say the feedback has been great so far.

"I think it's wonderful," said Pekrul. "I've gotten a lot of good feedback from the veterans, stating that they really like the concept, they don't have to go over to the main building or have to go to lab or x-ray or the social worker because it's all in different buildings and they really enjoy that they can go to one place."

A veteran, himself, Ortiz is proud of his work on the Primary Care Building.

"It gives me a great sense of pride to see the commitment the VA is making to us," said Ortiz. "Just seeing it in the real world and seeing it be applied, it gives me a very proud feeling."

A new reality, helping those who served our country for years to come.

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3.2 - KAMR (NBC-4, KCIT/FOX-14, Video): [Thomas E. Creek VAMC Opens New Primary Care Building](#) (22 August, Karl Wehmhoener, 54k uvm; Amarillo, TX)

The Amarillo VA Health Care System hosted a ribbon cutting for the newest addition to the Thomas E. Creek VA Medical Center, Primary Care this morning.

The newly designed Primary Care building was built to improve the care the Amarillo VA provides to Veterans and to facilitate better communication amongst the health care professionals, which make up Primary Care teams all in a fully-modern facility.

The new facility is located directly across from the emergency room.

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3.3 - American Military News (Video): [New VA medical center cost nearly \\$2B – more than 5 times what it was supposed to](#) (22 August, Laura Widener, 34k uvd; New York, NY)

After more than a decade of delays, a new Veteran's Affairs medical center in Colorado has opened and come under fire for its total building cost.

The Rocky Mountain Regional VA Medical Center, which opened in Aurora, is now considered the most expensive VA medical center ever with a price tag of \$1.73 billion, according to an NBC News report on Friday.

The original cost of the facility was \$328 million. Due to delays and cost overruns, the facility was completed 14 years later for \$1.73 billion. Located in a suburb of Denver, the facility spans 31 acres and is comprised of 12 buildings. It is expected to replace the current VA medical center in Denver.

The facility rests on the site of the former Fitzsimons Army Base and Medical Center, which closed in 1999.

The facility was originally anticipated to open in 2013, but was continually pushed back all the way until 2018. In 2015, Congress ordered the construction's management to be transferred out of the VA's hands and into the U.S. Army Corps of Engineers' control. The center was considered half-built at the point of the transition, and the transfer was said to have significantly sped up completion.

The VA's mismanagement of the project was considered the sole source of the delays and other problems. Senior officials at the VA had testified in front of Congress to discuss the problems, but due to lack of accountability, changes were not implemented to solve the problems.

Veterans in the area were frustrated over the delays for the much-needed facility. The old facility in Denver is considered inadequate, with outdated equipment and a facility of only half the size of the new facility.

A ribbon-cutting ceremony took place in late July to commemorate the facility's long-awaited opening.

Peter O'Rourke, who was the VA's Acting Secretary at the time, told the ceremony attendees: "This is a great day for the VA, for Denver and for Colorado."

Ralph Bozella, president of the United Veterans Committee of Colorado, said: "After years of unfulfilled promises, plans, false starts, well-documented problems and issues, changes in VA leadership, changes in Congressional delegation, yes, we have survived it."

"This wonderful thing is built," he added.

The facility is expected to open a spinal cord injury center in approximately six months, and will add a center specializing in treatment for post-traumatic stress disorder (PTSD) within 18 months after contract approval.

Until these centers are open, part of the Denver VA will remain open, as it offers both services. An estimated \$350 million will be required to maintain and upkeep the Denver facility until 2023.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): [VA Montana Health Care Again Has Temporary Chief of Staff](#) (22 August, 23.9M uvm; Washington, DC)

BILLINGS, Mont. (AP) — The Veterans Affairs Montana Health Care System has a temporary chief of staff for the eighth time in as many years.

The Billings Gazette reports Deputy Chief of Staff Marilyn Lajoie took over as interim following William Campbell's retirement in April. Campbell joined the Montana VA system in September 2016, first as interim chief of staff before taking the permanent position.

VA spokesman Patrick Hutchison says the VA Montana System has had four "permanently assigned" chiefs of staff going back to 1986.

There's been a similar level of turnover among VA Montana hospital directors. The Gazette reports the Montana VA system has had five directors since 2009.

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4.2 - WFMY (CBS-2, Video): [NC Veteran Worried About Prescription Drugs Left On His Porch](#) (22 August, Erica Stapleton, 612k uvm; Greensboro, NC)

CASWELL COUNTY, N.C. -- For years, Samuel Scoles always had to sign for his packages. But lately, that's changed.

Scoles, a U.S. Navy veteran, says he gets his medications through the VA and they're delivered to his house by a delivery service. But over the past two months he hasn't had to sign for them.

"I receive opioids for pain," he explains. "And the opioids that I get are some of the strongest that are prescribed."

He's worried the drugs might wind up in the wrong hands.

"We see it everyday on the news," Scoles explains. "People will have packages taken off their porch and I'm just concerned about that."

He adds, his information would be on the medications which could pose more problems for him.

"They're going to come back to me and say why does this person have these medicines?"

Scoles reached out to the VA in Durham and was told there was a change in policy. As it turns out, the VA sent letters to veterans in May, letting them know of the changes.

Sharonda Pearson, Director of Public Affairs for Durham VA Health Care System, sent this statement to WFMY News 2:

At the request of many Veterans and in an effort to improve customer service, Durham VA changed its medication delivery process in June 2018 to no longer require a signature for packages delivered by United Parcel Services. Veterans were notified about the change in advance and were offered the opportunity to continue requiring a signature for delivery of packages if they so desired. We spoke to Mr. Scoles today, apologized for his experience and changed his delivery preference for all future medications. We encourage any Veteran with questions about the new process to contact the VA Pharmacy at 919-286-0411 extension 2383 between the hours of 8:30 a.m. – 6:30 p.m.

If you aren't a veteran, there are other ways you can protect your packages.

In their policy, FedEx explains you can request proof of pickup when requesting an order.

Amazon says they don't deliver prescription drugs, but when placing any order online there's an option to get your package sent to a self-service locker where you can pick it up at your convenience.

UPS, which is what the VA uses to ship Scoles his medications, says a mailer can request signatures on packages. A company spokesperson also says people might want to consider using UPS My Choice, which is a free service that helps customers track their packages and see when they might be delivered so a customer can plan to be home.

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4.3 - WSAW (CBS-7): [Outing to raise funds for VA golf course in memory of Jason Simcakoski](#) (22 August, 196k uvm; Wausau, WI)

WAUSAU, Wis., (WSAW)-- After pushing for safeguards against over-prescribing opioids to our nation's veterans the Jason Simcakoski foundation is back with another project.

To tell us all about the First Annual Simmy Foundation Golf Outing Sunrise 7 was joined by Jason's father Marv Simcakoski.

The mission of the Jason Simcakoski Foundation, Inc. is to promote and provide better health and mental health services to veterans and their families. Also to provide alternative non-medicated therapies for improved functioning in their daily lives.

The family started their mission after the death of 35-year-old Jason Simcakoski in 2014. He overdosed on a deadly combination of 14 prescription drugs, including opiates.

Jason's story led to the Jason Simcakoski Memorial Opioid Safety Act, a 2016 law which installed sweeping guidelines for the VA system, nationwide.

Now, the Foundation is organizing the First Annual Simmy Foundation Golf Outing. The outing's goal is raise \$20,000 toward the restoration of the Tomah VA Golf Course project.

The nine-hole course has been closed since 2014. It's part of the hospital's therapeutic recreation program.

The first annual Simmy Foundation Golf Outing will be held August 25, 2018 at Glacier Wood Golf Club in Iola. \$100 per player includes golf, cart, official event t-shirt, dinner after the round.

To register visit: <http://simmyfoundation.org/events/>

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4.4 - WPSD (NBC-6, Video): [Bost says Marion VA Medical Center improving after misread radiology scans](#) (21 August, Logan Gay, 191k uvm; Paducah, KY)

MARION, IL — More problems at the Marion VA Medical Center have left some the hospital serves aghast.

The Veterans Affairs Committee uncovered in January several issues with the human resource department — including difficulties retaining staff and failures to track and discipline staff.

Tuesday, U.S. Rep. Mike Bost followed up on those issues with hospital employees and veterans.

Vietnam Veteran Rocky Morris and a group of veterans are speaking up for veterans who can't speak for themselves. The group at the hospital Tuesday expressed dismay at the news of a report that uncovered misread radiology scans at the VA.

"Shocked, shocked that something like this could happen," said Morris.

Morris said this issue hit him close to home. "We had a friend from Benton that was one of them. It's going to cost him his life," he said.

Bost — who was there with Tennessee Rep. Phil Roe — said he believes the radiology department is making progress.

"We met with the radiology group today. We listened. They are working to improve that. We believe that they are. We believe they are meeting the goals and criteria that was set forth by

the report to make sure that what happened here as far as the reading of the X-rays does not happen again,” said Bost.

Morris said he has had good service from the VA hospital, but it could always be better.

“The complaints come from when we can get it better and nobody listens,” said Morris.

Morris said he will continue to push for change. Bost said it’s his understanding that patients impacted were notified about the misread scans. He could not recall the number of affected patients when asked Tuesday.

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4.5 - The World: [Veterans voice their frustrations at VA hosted town hall in North Bend](#) (22 August, Amanda Linares, 73k uvm; Coos Bay, OR)

NORTH BEND — The Roseburg Veterans Administration Health Care System held a veterans town hall meeting at the North Bend VA Clinic on Tuesday evening. Interim medical director David Whitmer addressed a packed room of concerned citizens on an array of issues and updates.

Among one of the most pressing issues regarding the recent decrease in medical providers, Whitmer informed attendees that the hospital has secured three live medical providers for the North Bend clinic. The staff includes a physician who will continue to work roughly another six weeks until he is cleared to transfer to another hospital in Florida.

The second position is being held by a physician who has already committed to a 90-day contract with the clinic and a third physician is also expected to come in, although it is unclear what their timeframe will be. All three medical providers are expected to be practicing together by the end of September.

In the meeting, Whitmer noted the addition of a Telehealth service provider, who will act as the fourth overall physician for the clinic. Telehealth is a real-time interactive video conferencing program that allows physicians to consult with patients from a remote location. The provider conferencing through the service will actually be based out of Boise, Idaho.

During a question and answer portion of the meeting, a community member did raise his concern about the effectiveness of the Telehealth provider and was unsure exactly how it worked. Dr. Todd Queire, chief of primary care at the Roseburg VA Health Care System, said the system works in conjunction with the clinic’s existing nursing staff to aid along with any physical components of the exam.

However, most of the consultation will be done by talking through the patient’s symptoms and medical history. Queire also added the service allows for physicians to be able to hear a patient’s heart beat through an electronic stethoscope and as well as evaluate their breathing.

As the meeting continued, Whitmer discussed a possible expansion to the clinic to be completed in phases beginning in early 2020. According to Whitmer, the lease has already been extended to allow for their staff to continue assessing the building to see what the potential growth will look like.

"I did get a chance to talk to our strategic planner and the likely scenario is for us is to actually expand this particular space," said Whitmer. "This space wasn't designed to what we call our PAC standard, which is our primary care standards."

According to Whitmer, the expansion will take about six-to-12 months to complete. The interim director also informed the room of a few more updates including the upcoming VA Mission Act, which was signed by President Trump in June, to expand the use of private-sector healthcare to veterans outside the VA system.

"It's going to be a yearlong process when it is implemented," said Whitmer. "This would give you many more choices to get health care locally. We already started to establish what we call "relationship managers" with Bay Area Hospital and other local hospitals."

As the meeting transitioned to the audience for questions, veterans in the crowd got the chance to voice their opinions on the running operations of the clinic. Among the frustrations raised was the VA's lack of communication in notifying patients when a physician exited the clinic and its large turnaround.

One veteran suggested the VA leadership staff conduct exit interviews and figure out the exact reasons physicians have been leaving the area. Another veteran talked about higher volume hospitals like those in Roseburg or Eugene potentially recruiting physicians from the area. He also spoke of feeling like the patients at the North Bend VA clinic because it is smaller capacity as not being a top priority.

Whitmer replied with their office's continued efforts to recruit and retain future physicians to the area. Although, he pointed out several times the doctors do have free will and could transfer or move to another hospital if outside of their contractual agreement.

"When we recruit a doctor we pay for their moving expenses," said Whitmer. "We also put them in temporary housing for 90 days while they search for housing. It's a fairly big investment that you make when you transition one doctor from one area to another."

The town hall concluded with talks of evaluating the county's urgent care needs and figuring out the best ways to address them on a limited operating budget.

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4.6 - Alton Daily News (WBGZ/USA-1570, Audio): [V.A. Chairman Stops in Springfield, Hears Concerns About Benefits](#) (22 August, Greg Bishop, 13k uvm; Alton, IL)

The top veteran benefits policymaker in the U.S. House got an earful Monday during a visit to Springfield.

U.S. Rep. Rodney Davis hosted U.S. Rep Phil Roe, the Tennessee Republican who is chairman of the House Committee on Veterans' Affairs, for a discussion event at the University of Illinois Springfield. The two heard from veterans and university officials who said unfunded mandates slow delivery of education benefits for those who have served in the U.S. military.

Roe said the mandates are burdensome and that compliance can cost thousands of dollars per student.

“It adds no value, it just adds cost to the education, and guess where that cost is passed along to? The student,” Roe said.

That also costs the taxpayers paying for the benefits.

Some of those at the event said veterans were foregoing taking summer courses because of the lack of timely funding. Some college administrators raised concerns about the potential for online courses being mistaken for distance learning, which could result in funds being denied. In college these days, online learning is ubiquitous.

Garrett Anderson, outreach coordinator for the Chez Center for Wounded Veterans in Higher Education at the University of Illinois, said he hoped the congressmen came away with ideas for legislation to help veterans.

“And ways that these bills can be tweaked and altered so our universities don’t have these unfunded mandates or these other issues that are really crippling our universities and so they can give the best education to the next generation of veterans,” Anderson said.

Others raised concerns about staffing levels at the Department of Veterans Affairs. Roe took note of a story he heard from a student veteran at the event.

“She couldn’t get paid for 45 days, well her light bill comes every month,” Roe said. “So those are the kinds of things that really mean something to individual veterans. We can fix that. These are not things that are not fixable.”

Anderson said there must be some controls in place.

“We can’t streamline everyone’s benefits,” Anderson said. “We have to actually guarantee what benefits are going to the right people so that we are using our public funds for the most appropriate manner.”

Other concerns raised included Illinois state lawmakers failing to appropriate money in the latest budget to the Illinois Student Assistance Commission Illinois Veteran Grant Program, a matter that is out of the control of the federal government.

Some veterans also said there needs to be more programs to help veterans transition from service to school.

Roe said he plans to learn more this fall about homeless veterans and those that have Post Traumatic Stress Disorder, PTSD. He said the VA is spending a lot of money, but questioned if it’s it working. PTSD treatment needs to be about wellness, Roe said, not just money for having PTSD.

Roe said he’ll take the concerns he heard back to Congress.

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5. [Improve Timeliness of Service](#)

5.1 - Austin American-Statesman: [Partnership means covered hospital care closer to home for Austin vets](#) (22 August, Taylor Goldenstein, 2.1M uvm; Austin, TX)

Austin veterans who need intensive care from a hospital will now have an option closer to home, officials announced Wednesday.

Previously, veterans who went to the Department of Veterans Affairs clinic in Austin but ended up needing hospitalization were sent to the VA hospital in Temple, the nearest option despite being about an hour away, said Christopher Sandles, who directs the Central Texas Veterans Health Care System. If the need for care was more urgent, a patient might have been directed to a local emergency room, but there was no guarantee the resulting care would be covered under VA benefits.

As of a new partnership unveiled Wednesday, the local VA clinic will now send veterans to Dell Seton Medical Center to receive covered care. Dr. Michael Pignone, chair of internal medicine at the Dell Medical School, said the veterans' care will be more seamless this way, as they'll be seen by the same clinical team at the hospital and clinic.

That's thanks in part to another element of the partnership: a new primary care residency program through the medical school and Seton Healthcare Family. Starting next year, four new internal medicine residents a year will join the Austin outpatient clinic, Pignone said.

"Many of our veterans have very complex medical issues, oftentimes the complications of their service or just the complications of getting older in the United States," Pignone said. "But they also have amazing stories of strengths, and it's so helpful to our medical students and our residents and, frankly, our faculty, to be able to have the opportunity to learn from those patients and serve them at the same time."

A third aspect of the partnership is that Dell Medical School will collaborate with Central Texas Veterans Health Care System to conduct veteran-related medical research, though officials said Wednesday that logistics are still being worked out. Medical school dean Clay Johnston said the VA will lease space from Dell Medical School for its researchers.

"The health issues that veterans face are substantial," Johnston said. "The challenges are great and to be able to partner with the VA to think about how to do things better ... it's a huge opportunity and a great honor."

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5.2 - Medical Xpress: [Stressed, toxic, zombie cells seen for first time in Alzheimer's](#) (22 August, 1.5M uvm; New York, NY)

A type of cellular stress known to be involved in cancer and aging has now been implicated, for the first time, in Alzheimer's disease. UT Health San Antonio faculty researchers reported the discovery Monday [August 20, 2018] in the journal *Aging Cell*.

The team found that the stress, called cellular senescence, is associated with harmful tau protein tangles that are a hallmark of 20 human brain diseases, including Alzheimer's and

traumatic brain injury. The researchers identified senescent cells in postmortem brain tissue from Alzheimer's patients and then found them in postmortem tissue from another brain disease, progressive supranuclear palsy.

Cellular senescence allows the stressed cell to survive, but the cell may become like a zombie, functioning abnormally and secreting substances that kill cells around it. "When cells enter this stage, they change their genetic programming and become pro-inflammatory and toxic," said study senior author Miranda E. Orr, Ph.D., VA research health scientist at the South Texas Veterans Health Care System, faculty member of the Sam and Ann Barshop Institute for Longevity and Aging Studies, and instructor of pharmacology at UT Health San Antonio. "Their existence means the death of surrounding tissue."

Improvements in brain structure and function

The team confirmed the discovery in four types of mice that model Alzheimer's disease. The researchers then used a combination of drugs to clear senescent cells from the brains of middle-aged Alzheimer's mice. The drugs are dasatinib, a chemotherapy medication that is U.S. Food and Drug Administration-approved to treat leukemia, and quercetin, a natural flavonoid compound found in fruits, vegetables and some beverages such as tea.

After three months of treatment, the findings were exciting. "The mice were 20 months old and had advanced brain disease when we started the therapy," Dr. Orr said. "After clearing the senescent cells, we saw improvements in brain structure and function. This was observed on brain MRI studies (magnetic resonance imaging) and postmortem histology studies of cell structure. The treatment seems to have stopped the disease in its tracks."

"The fact we were able to treat very old mice and see improvement gives us hope that this treatment might work in human patients even after they exhibit symptoms of a brain disease," said Nicolas Musi, M.D., study first author, who is Professor of Medicine and Director of the Sam and Ann Barshop Institute at UT Health San Antonio. He also directs the VA-sponsored Geriatric Research, Education and Clinical Center (GRECC) in the South Texas Veterans Health Care System.

Typically, in testing an intervention in Alzheimer's mice, the therapy only works if mice are treated before the disease starts, Dr. Musi said.

Tau protein accumulation is responsible

In Alzheimer's disease, patient brain tissue accumulates tau protein tangles as well as another protein deposit called amyloid beta plaques. The team found that tau accumulation was responsible for cell senescence. Researchers compared Alzheimer's mice that had only tau tangles with mice that had only amyloid beta plaques. Senescence was identified only in the mice with tau tangles.

In other studies to confirm this, reducing tau genetically also reduced senescence. The reverse also held true. Increasing tau genetically increased senescence.

Importantly, the drug combination reduced not only cell senescence but also tau tangles in the Alzheimer's mice. This is a drug treatment that does not specifically target tau, but it effectively reduced the tangle pathology, Dr. Orr said.

"When we looked at their brains three months later, we found that the brains had deteriorated less than mice that received placebo control treatment," she said. "We don't think brain cells actually grew back, but there was less loss of neurons, less brain ventricle enlargement, improved cerebral blood flow and a decrease in the tau tangles. These drugs were able to clear the tau pathology."

Potentially a therapy to be tested in humans

"This is the first of what we anticipate will be many studies to better understand this process," Dr. Musi said. "Because these drugs are approved for other uses in humans, we think a logical next step would be to start pilot studies in people."

The drugs specifically target—and therefore only kill—the senescent cells. Because the drugs have a short half-life, they are cleared quickly by the body and no side effects were observed.

Dasatinib is an oral medication. The mice were treated with the combination every other week. "So in the three months of treatment, they only received the drug six times," Dr. Orr said. "The drug goes in, does its job and is cleared. Senescent cells come back with time, but we expect that it would be possible to take the drug again and be cleared out again. That's a huge benefit—it wouldn't be a drug that people would have to take every day."

Dosage and frequency in humans would need to be determined in clinical trials, she said.

Next, the researchers will study whether cell senescence is present in traumatic brain injury. TBI is a brain injury that develops tau protein accumulation and is a significant cause of disability in both military and non-military settings, Dr. Orr said.

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5.3 - The Spokesman-Review: [CMR made VA improve](#) (22 August, Ike Bailey, 874k uvm; Spokane, WA)

I am a veteran. I have had issues with the Spokane VA hospital in the past and also with the Veterans Administration on my disability.

I had contacted Sen. Patty Murray on these issues and nothing was accomplished. After the negative response I received, I immediately contacted Cathy. I got results and very positive ones on both issues I had and was taken care of in a timely manner.

Why would I want to give my vote away to another person when I know I can trust Cathy McMorris Rogers who has stood my me and cared?

The Spokane VA Hospital has done wonders on making things better and their staff currently.

They have made a 100 percent improvement over the years and hope that Cathy continues to give them her support as she has in the past.

Ike Bailey

Spokane

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5.4 - Daily Press: [Parade dollars should go toward healthcare for veterans](#) (22 August, Editorial Board, 863k uvm; Newport News, VA)

Postponed are the marching troops, the artillery and armored carriers traveling in formation down Washington, D.C.'s streets.

The parade President Donald Trump scheduled to honor U.S. military veterans and commemorate the 100th anniversary of the end of World War I has been put on indefinite hold. The exact reasons aren't quite clear, although we suspect the estimated \$90 million price tag to hold such an event plays a factor.

As multi-million-dollar "feel good" events go, the problem with the president's military parade is that it leaves nothing of substance in its wake once the processions have passed, the crowds return home and the street sweepers take over. Besides, the various military bases across the country each hold air shows, open houses and other similar events to invite the public to experience our armed forces up close and personal.

Regardless of potential costs and reasons for canceling, a parade would have been misguided. That is not just the feeling of this board, it is also the stance of the American Legion. The money would be better spent by redirecting it to the Department of Veterans Affairs.

The president's proposed 2019 fiscal year budget includes \$198.6 billion for the VA, a \$12.1 billion increase from the previous budget. That's a good step. But he could go even further by shifting any money set aside for a parade to providing medical care for our military.

Any veteran can tell you the VA can be a daunting maze of obstacles with seemingly indefinite waits and lost paperwork. The department continues to grapple with staffing shortages and bureaucratic quagmires that hinder improvement.

Just this month, the inspector general also found almost half of the sexual assault post-traumatic stress disorder claims denied during a four-month period in 2017 were incorrectly processed, potentially denying benefits to more than 1,000 veterans.

As of July 1, nearly 700,000 veterans were waiting longer than a month for appointments. Some 76,000 of those were waiting longer than six months, according to a VA inspector general report.

Wait times had become so bad across the VA system in 2014 that at least 40 veterans died waiting for appointments at the Phoenix Veterans Affairs Health Care system where staff kept a secret waiting list used to hide the actual backlog of appointments.

In that same year, the Hampton Veterans Affairs Medical Center had the worst average wait times of any of the agency's hospitals nationwide. In the three years before that, the hospital saw its workload jump by nearly a third as a result of aging baby-boomer veterans and the glut of soldiers, sailors, airmen and Marines coming home from wars in Iraq and Afghanistan.

Staff at the Hampton VA has since worked hard to reduce the logjam. And a veterans center being planned on the Southside will improve the system of care within the region.

Systemic problems at the VA still exist though. The malfeasance and delayed processing of paperwork at the VA must come to an end.

More funding and new approaches to providing core services are two key areas the department needs to make substantive changes.

Will \$90 million (that would have been used on a parade) fix all of the VA's problems? Absolutely not. But every cent counts when it comes to providing the adequate healthcare we guaranteed veterans the day they signed up (or were drafted) for the military.

The Department of Veterans Affairs evolved from the first federal Veterans' facility established for Civil War soldiers and sailors of the Union Army. That means we have been promising healthcare to those volunteers for more than 150 years, and yet the federal government still can not get it right.

President Trump could make veterans healthcare the hallmark reform of his tenure, focusing (and following through) on VA reforms, rather than getting caught in the quagmire of trade wars and NFL national anthem protests.

If patriotism is what the president seeks, then he could attack the problems that plague the VA. What nobler an act could there be than ensuring veterans have exemplary access to medical care?

Spurned of a Washington, D.C. parade, President Trump said he now plans to visit Paris to see the parade down the Avenue des Champs-Élysées to mark the centennial of the end of World War I in mid-November.

We wish him the best of luck in his travels, and maybe he will use that time to repair relationships with European Union members.

The president also said he will attend an event at an unspecified later date honoring the military at Joint Base Andrews. Pentagon officials have said the only upcoming event at Andrews is an air show scheduled for May 10-12.

Hopefully those event wet the president's appetite for a grand military showing — hopefully.

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5.5 - KWTB (CBS-9, Video): [Veterans Voice Concerns At Medical Marijuana Meeting](#) (23 August, Dana Hertneky, 862k uvm; Oklahoma City, OK)

Starting this weekend, patients and businesses can begin applying for licenses to take or sell medical marijuana.

Wednesday, lawmakers met to continue hammering out the law that will regulate the industry. Until lawmakers take action, the industry will be working under those emergency rules the Board of Health passed.

The group of lawmakers have been meeting every Wednesday and for the first time took public comment on what those laws should look like. Many speakers were advocating on behalf of veterans.

"I'm shaking here, I'm in great pain. I have anxiety, bi-polar disorder," Gordon Flick, a Vietnam Veteran, told lawmakers.

Flick says he's 100 percent service connected disabled, but none of his providers at the VA will write him a recommendation for a medical marijuana license. A doctor that would, will cost him \$300. So, he's asking the committee to modify the law to allow for free or extremely low-cost access to medical marijuana to veterans.

"I think that you should give me the free weed card the same way I get a free disability placard," said Flick.

Ray Jennings, also a veteran, stood in front of the group.

"How many in this room is a stage four cancer survivor?" asked Jennings.

No one else raised their hand.

"That's what I thought," said Jennings. He credits medical marijuana for saving his life.

Jennings spoke to lawmakers on behalf of a non-profit who is working on building a grow house to provide free medical marijuana for veterans. He also wants to make sure veterans have free access to doctors who will write them a recommendation. He wants to make sure the law allows for that.

For veterans in nursing homes, Ron Marlett, a social worker, asked lawmakers to make sure that nursing homes allow patients access.

"We know that we have to do something to help our veterans, we owe them that," said Marlett.

Speakers from the public also talked about limits on dispensaries, and access for everyone.

Before the public comment session, two doctors addressed the committee. Both expressed concerns about medical marijuana, including potential side effects and societal problems.

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5.6 - Wyoming Tribune-Eagle: [Cheyenne Veterans Affairs complex should be praised](#) (22 August, Cecil Smith, 154k uvm; Cheyenne, WY)

I want the general public and the employees at the Cheyenne Veterans Affairs complex to know that not all veterans are dissatisfied with the treatment they receive there.

I have been using the facilities at the Cheyenne VA for about three years and have received excellent care.

The receptionists at the primary care desk and the information desk in the main building are always courteous and helpful. They volunteer to escort anyone not familiar with the building to their area of appointment.

My assigned PA and RN have given me excellent care every time I have seen them. I can call them at any time and discuss any problem I have.

The Physical Therapy Department is top-notch. I have difficulty walking without assistance, and they have provided me with canes, a walker, a wheelchair and instructions on care and use of these items. They also have exercise programs for people with limited physical ability.

The Optical Department is on par with any civilian eye clinic I have used. I have used the lab frequently and the pharmacy occasionally. Both departments have given me excellent service.

The DAV representative has been very helpful in explaining the compensation and benefits veterans are entitled to.

I have never experienced any excessive delays when I have had appointments at our VA. I have never had an unpleasant encounter with any employee. They have all been helpful, courteous and professional.

They should be applauded, not criticized. I have spoken with several of my fellow Korea and Vietnam vets, and they all feel as I do. Perhaps we who have experienced the pain and perils of combat are a bit more appreciative of the treatment we receive from the VA.

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5.7 - Daily Miner (The Daily Courier): [VA leader promised improvement, rating goes up](#) (22 August, Nanci Hutson, 131k uvm; Kingman, AZ)

PRESCOTT VALLEY – In two months, the local VA has earned a one-star elevation for its 85-bed capacity nursing home on the main campus, a promised improvement the medical director says speaks to the staff's determination to provide the very best care to the most vulnerable veterans in northern Arizona.

In June, Northern Arizona Veteran Affairs Health Care System was notified by national officials that its nursing home facility, the Community Living Center, earned the lowest rating of any VA in the country – the rankings are 1-5 with 1 the lowest. Since that time, the VA has corrected deficiencies so the center that now has 65 patients is ranked as a two-star facility.

The VA “truly cares about veterans and is devoted to providing outstanding care to our nation's heroes,” said Medical Center Director Barbara Oemcke in a news release on Monday.

After the quarterly inspection results were released, Oemcke expressed confidence the CLC would be getting attention so the next review would be more positive. But she did note that it is an older facility on the campus that is now undergoing some \$30 million worth of remodeling, renovations and new construction to enhance services for in-patient and out-patient veterans. Once the current improvements are complete, Oemcke said she has high hopes the federal VA leaders will be open to upgrading and enhancing the long-term care space.

Families of several patients took umbrage to the low ranking because they said their beloved veterans were receiving, or had received prior to their death, the highest quality care.

Though the rankings did specify a need for improved pain management and attention to potential falls and some physical improvements, including attention to the water temperature in patient bathrooms, the inspectors who rated the facility gave a 5 ranking to the CLC staff. The staff and their leaders were lauded for “best practices” and commitment to the best interests of their patients and families. Inspectors noted that patients clearly have a connection and admiration for their caregivers.

In its latest scores, Oemcke said the VA showed improvement in eight of 11 quality measures. Some of the improvements include a decrease in the use of newly prescribed antipsychotic medication, a decrease in falls that injure patients and a decrease in the presence of “pressure ulcers.”

At the time of the first report, Oemcke said the VA already was addressing the installation of new water temperature gauges to better control the faucets and showers so that patients are comfortable.

The CLC is a specialty unit that provides both long-term nursing care as well as skilled rehabilitation and hospice care. Clinical staffing demands are higher in these long-term, in-patient facilities because the veterans require more complex care. The mission, though, of this VA is to maintain those services, rather than focus strictly on emergency or outpatient care, Oemcke said in an earlier interview on the rankings.

As an organization, the local VA is in a period of transition.

The 162-acre campus is in the midst of a two-year construction period to enhance and upgrade its aging facilities. The VA, too, is seeking to hire new administrative leadership and fill vacancies that have prompted clinical staffing shortages.

Oemcke’s mantra has been one of patience and perseverance. She promises the VA now and in the future will remain this region’s leading advocate for all veterans.

“Our goal is to continue to enforce our mission and core values while providing the best quality health care for Veterans,” Oemcke said in the news release.

The VA’s Community Living Center staff “is dedicated to quality improvement activities and determined to continue these efforts – one veteran at a time.”

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6. Suicide Prevention

6.1 - WYFF (NBC-4, Video): [Simpsonville doctor hosts fundraiser in memory of brother who died by suicide](#) (22 August, Brennan McDavid, 1.1M uvm; Greenville, SC)

SIMPSONVILLE, S.C. — The Department of Veterans Affairs estimates 22 vets die by suicide each day.

It is a harsh reality that hits home for Dr. Elliot Hirshorn, whose younger brother, Zach, killed himself.

"He was great at giving hugs and a big smile," said Hirshorn

The last memory he has of his brother is on Labor Day weekend. Hirshorn said they spent the afternoon playing with the kids outside. Then everyone went indoors to watch the movie "Frozen."

"He put that movie in and was fast-forwarding from one song to the next, and so we were all just singing the songs," he said.

Hirshorn never imagined that his brother would kill himself that night.

"Clearly there is something going on in the brain that takes you from one place to the other and that's what we're trying to prevent," he said.

Zach served in the military for 10 years and went overseas to Iraq, where he suffered physical and emotional damage. Hirshorn said his brother was diagnosed with post-traumatic stress disorder and prescribed medication.

"The medication sometimes can provide symptom relief, but it doesn't address the root cause of what is going on," he said.

Hirshorn is a functional neurologist, which means he studies brain function as it relates to depression, anxiety, anger and insomnia. He uses specifically designed therapies to strengthen certain parts of the brain and nervous system.

"These things, they're not typically part of the VA program, and so there is a financial burden for the veteran to be able to get care," he said.

So Hirshorn started Sgt. Zach's Freedom Foundation to give local vets with PTSD access to therapy.

He will host a silent auction and cornhole tournament this Saturday, 5-9 p.m. at Rail Line Brewing. The event will feature barbecue, live music and a special bourbon-infused beer, in memory of his brother.

"If we can keep one family from going through what we've had to go through the last four years, that makes everything that we're doing worth it," he said.

Veterans having a mental health emergency are urged to call the Veterans Crisis Line at 1-800-273-8255, then press 1 for veterans.

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6.2 - WJON (CMN-1240, Video): [Brainerd VA Clinic Hosting Suicide Awareness Forum](#) (22 August, 57k uvm; Saint Cloud, MN)

BRAINERD -- We've all heard the statistic: 22 veterans a day take their own lives, and the Brainerd VA Clinic is holding an event designed to fight that.

The clinic will be holding a Veteran Mental Health and Suicide Awareness Forum on Thursday. The event is free to attend and no registration is required. The VA says if you're interested in preventing suicide, you're invited to attend.

The forum will be at the Brainerd VA Health Clinic from 6:00 p.m. - 8:30 p.m., they're at 722 Northwest 7th Street in Brainerd.

The forum is designed to "provide participants with essential strategies to prevent suicide". They'll go over suicide awareness training, different safety measures and more.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [94-Year-Old Kentucky Veteran Receiving Medals 72 Years Late](#) (23 August, 23.9M uvm; Washington, DC)

LOUISVILLE, Ky. (AP) — A 94-year-old U.S. Navy veteran has waited 72 years, but he is going to receive the medals he's due from World War II.

William Edward Gilbert is a patient of Robley Rex Veterans Affairs Medical Center in Louisville. The hospital said he recently mentioned to his providers that he had never received his medals. The providers promptly took care of the problem.

On Thursday, Rear Adm. Michael E. Jabaley will present the Asiatic-Pacific Campaign Medal, World War II Victory Medal, Silver Star and American Campaign Medal to Gilbert.

Gilbert lives with his only son, Bruce. Gilbert's son said his father served from 1943 until 1946 and served on the USS Indiana in the Pacific during the war, earning the rank of steward's mate. Gilbert worked as a custodian at Jewish Hospital until his retirement in 1989.

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7.2 - U.S. News & World Report (Video): [Colorado Jail Helps Inmates Who Have Suffered Traumatic Brain Injuries](#) (22 August, Casey Leins, 23.9M uvm; Washington, DC)

BOULDER, Colo. — From 2007 to 2008, Kevin Leeper was a soldier in the U.S. Army, stationed in Iraq. Now, at age 31, he wears a different uniform: a tan jumpsuit and a barcode around his wrist.

Leeper has been serving time at Colorado's Boulder County Jail since March, on charges of menacing and attempted murder.

Before he left for Iraq, he says he was "a pretty stable kid." Leeper was in a band, was an avid skateboarder and lived what he calls a pretty normal lifestyle. After his return, he started using heroin and OxyContin, causing him to fail his urinalysis tests for the Army. Leeper had already fulfilled his required six years of service, but this ended his military career.

He says he also joined a motorcycle gang, got into fights and became an alcoholic.

Leeper attributes some of his behavior to the traumatic brain injury and the post-traumatic stress disorder he developed while overseas.

The Department of Veterans Affairs diagnosed him with a traumatic brain injury, which Leeper believes he sustained during daily mortar attacks on the Army base. He believes the injury makes it difficult for him to concentrate, causes him to "space out" during conversations and contributes to his long-term memory issues. The attacks also probably contributed to his PTSD, which he says "pretty much rules my life." It makes him anxious, and leads him to interpret situations as threatening, even when they are not.

He says his VA counselor told him he was "kind of recreating the war scene" by participating in gang activities and fighting once he was home.

"(I was) keeping the adrenaline high by being in risky situations," Leeper explains, "because that's what was natural for me."

He received some treatment for his PTSD through the VA and was involved in a traumatic brain injury program, but says he dropped out because of his alcoholism.

Now, though, Leeper is benefiting from Boulder County Jail's efforts to help inmates who have suffered traumatic brain injuries and reduce their recidivism rates, which are higher than those of the general population. It's part of a state-funded project led by Judy Dettmer, director of the state-run Mindsource - Brain Injury Network.

Through the project, facilities such as Boulder County Jail are able to better identify inmates with a history of a traumatic brain injury and teach them how to cope with their cognitive deficits. Leeper's memory and concentration issues are classic symptoms of traumatic brain injury survivors, according to Dettmer. Other common symptoms include lack of impulse control and sensory overload.

Jail staff identify brain injury survivors by asking screening questions; those who test positive are then given a symptom questionnaire to pinpoint their cognitive deficits or neuropsychological impairments. The jail uses those results to help them learn coping mechanisms.

Leeper, who tested positive for a traumatic brain injury, says the diagnosis has helped him to better understand his injury and how it has changed his cognitive abilities.

"(Now that) the memory loss and the mental slowness have been diagnosed, it's just kind of freeing in a way. I don't judge myself as bad," Leeper says.

Additionally, inmates who are found to have had traumatic brain injuries are connected with the Brain Injury Alliance of Colorado (BIAC), a partner in Dettmer's project. BIAC assigns the inmates case managers, who help them reintegrate into society during their probation period.

Boulder County Jail also recently implemented a psychoeducation course, which a few sites working with Mindsource - Brain Injury Network have tested so far. The course is facilitated by Christopher Heins, who supervises the facility's Jail Education and Transition program, and two of his colleagues.

The curriculum is designed to help inmates better understand their condition, how it impacts their life, and how they can overcome the obstacles they face, Heins says. The classes are structured in a way that keeps the students focused, using traditional teaching methods as well as videos and interactive exercises. In one part of Heins' first class, which was on emotional regulation, participants were able to share their own experiences.

"(There were) men from various modules (parts of the jail), who don't see each other that often, all openly sharing about their experiences," Heins says.

There are 10 participants in the course, which includes seven weeks of once-per-week classes, and there are already inmates on the waitlist for the next go-round, according to Heins.

Leeper, who was chosen to participate, says the class has helped him better understand how his cognitive issues are related to his traumatic brain injury.

"It's just raising my awareness of it all," he says, adding that he has learned a lot of research surrounding traumatic brain injuries, including how prevalent they are in the jail population.

Inmates aren't the only ones taking classes at the jail. In early June, the facility's deputies started a course, taught by Dettmer and BIAC's Corrections Program Manager Jaime Horsfall, to learn about traumatic brain injuries.

Heins says the deputies are now aware of how prevalent traumatic brain injury survivors are in jail and probation populations and are learning how to better identify and work with inmates who are affected by these injuries.

Matt Marostica, a deputy at the jail who was interviewed before the classes started, says he doesn't know exactly which inmates have experienced a traumatic brain injury, but the more acute cases are pretty evident. Some of these inmates have very slow response times, he says.

"We really break (directions) down one step at a time," Marostica says, adding that he has also purchased earplugs for inmates who suffer from sensitivity to noise, or sensory overload, due to their injuries.

Gregory Clem, a deputy who has worked at the jail for 23 years, says he can also usually identify traumatic brain injury victims. He's noticed that many of them seem very confused when they first enter the jail.

"A lot of (working with them) is just patience and understanding," he says.

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7.3 - The Hill: [VA's wrongful denial of sexual trauma cases shows that the agency still needs an overhaul](#) (22 August, Rory E. Riley, 11.8M uvm; Washington, DC)

At his first public speech since being confirmed as Secretary of Veterans Affairs, Robert Wilkie pledged to veterans at the AMVETS annual convention in Orlando, FL, last week that he would create a more user-friendly experience for veterans at the VA, specifically stating that “VA exists to make life easier for veterans.”

As highlighted by a VA OIG report issued this week that focused on denied claims for military sexual trauma (MST), Wilkie certainly has his work cut out for him. Specifically, that report found that, due to claims processing errors that resulted from VA’s rush to eliminate its backlog of claims — a number often touted by VA critics as evidence of its failing practices — many MST claims were denied without proper application of applicable law and regulations.

In order to successfully follow through on his goal of making the VA more user-friendly for veterans, Wilkie must implement a cultural shift away from VA’s current emphasis on easily-manipulated numbers and statistics to evaluate performance to one that focuses on the experience of each individual veteran.

When people talk about the VA, one of the most frequent topics of conversation is about the numbers.

The VA is the second largest cabinet department in terms of size — it employees nearly 383,000 federal employees. It is the fifth largest in terms of budget, with a total outlay of nearly \$200 billion, annually. There are currently just over 360,00 disability claims pending, although this is down significantly from the backlog of over one million claims several years ago.

Congress and the media also love statistics, particularly when it comes to evaluating the VA. Oversight hearings and the subsequent reporting on them often hinge on improvements or lack thereof regarding percentages and wait times in both the health- care and the benefits arenas.

Of course, there are both benefits and drawbacks to the reliance on these types of statistics to evaluate performance.

On the one hand, numbers provide tangible ways to measure performance for a department that appears to constantly be struggling to keep up with its burgeoning workload. On the other hand, VA has been caught, on multiple occasions, manipulating those numbers to create the appearance of success, at the expense of veterans’ health and well-being.

Thus, when the OIG report came out this week noting that the VA improperly processed approximately half of denied claims for MST, which amounts to approximately 1,300 claims, at first glance, this may seem like a minor problem.

Particularly when compared to some of the VA’s other recent headlines, including reports of infighting amongst department leadership, a lawsuit pertaining to the influence of several men known as the “Mar-a-Lago Crowd,” and mismanagement of its caregiver program, the number of MST claims impacted by the report appears to be a drop in VA’s overflowing bucket of problems.

However, sometimes minor statistics can have major implications for the veterans that are impacted by them, something that VA has unfortunately, at times, lost sight of. This is why VA must work to improve, and not overlook, the processing of MST and other complex claims. Even one veteran who has their claim wrongly denied is too many.

Whether related to the military or not, sexual assault is a serious mental health issue for the victim. And, as has been highlighted by the #MeToo movement, it is a much bigger problem than many realized, particularly in situations that involve power differentials such as employment, politics and the military.

In addition to complicating a very serious issue for those individual veterans who are suffering from MST and filing related claims, from an organizational standpoint, VA has two major issues of its own related to this report.

First, VA does not appear to have learned from its past mistakes. In 2002, VA relaxed the evidentiary standards for MST claims, but after noting inconsistent application of its own regulations, in 2011, VA began assigning MST-related claims to specific adjudicators and accordingly, in 2013, VA invited nearly 3,000 veterans whose MST claims were denied to resubmit them.

Similarly, in response to this week's OIG report, VA agreed to reevaluate all denied MST claims decided between Oct. 1, 2016, through June 30, 2018. Although VA should be given credit for working to fix its past mistakes, a more successful strategy would be to follow applicable laws and regulations the first time.

Processing claims correctly so veterans can receive the benefits they have earned, rather than forcing victims of significant trauma to relive that experience due to VA's own ineptitude, is what ultimately makes things easier for veterans.

Moreover, for an agency that often struggles with backlogs and long wait times, consistently requiring those whose claims have been adjudicated incorrectly to resubmit them only furthers many of VA's internal workload problems.

Second, the subject scenarios in this week's OIG report on MST highlight the crux of VA's problems when it relies on numbers and performance metrics to measure success; such measures are often short-sighted and fail to ultimately correct the problem. Although rushing through its backlog of claims due to over-emphasis on the backlog numbers temporarily eliminates criticism related to that number, it does not actually improve the lives of veterans, particularly if their claims are wrongly denied as a result.

The MST claims such as those highlighted in this OIG report highlight that, in the long run, this actually creates more work and more delays for veterans — the exact opposite of making their lives easier. If making life easier for veterans is Wilkie's goal, ending the over-reliance on performance statistics is a good starting point.

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7.4 - KTBS (ABC-3): [VA program aimed at helping veterans become home owners](#) (22 August, Alison Lorraine, 298k uvm; Shreveport, LA)

A local veteran says he was ready to take his own life.

Brett Smith said he couldn't hold a job or provide for his family and was living in a dilapidated mobile home with his wife and three kids.

The mental and physical anguish he dealt with for years had left him with nowhere else to turn, until he came across a program at the VA to help him get back on his feet.

"We're actually comfortable for the first time in a very long time," said Smith, shortly after completing a Veterans Affairs housing program administered by Overton Brooks VA Medical Center.

But a couple years earlier, Brett wasn't himself.

"I was ready to take my own life."

The four years Brett spent overseas after enlisting in the army in 1990, at just 17-years-old, had left an impact on him that would haunt him for the rest of his life.

"I wake up 3-4 times a night. I have a lot of combat related nightmares."

He was immediately sent to Kuwait after a couple short weeks in boot camp. Smith started off as a tank driver, but was moved to the gunner position. During his time there - an accident that effects him to this day.

"While I'm stationed there, we accidentally blow up our own motor pool."

And today he suffers from an injured ankle, hearing and visual problems, and post-traumatic stress disorder, all from his time overseas.

"I was at my wits end. I couldn't figure out why I couldn't hold a job, why I couldn't support my family, what was going on," added Smith.

He says for fifteen years, he just sat on it. Until his wife convinced him to get any kind of assistance they could from the VA.

"When I joined the homeless program, we were in a dilapidated 16x40 mobile home. All five of us piled in there."

The program, also known as "HUD-VASH," is a partnership between the Department of Housing and Urban Development and the VA that combines HUD housing vouchers with VA supportive services to help veterans who are homeless and their families find and sustain permanent housing.

A couple years back, Overton Brooks VA placed the Smith's in a home in Mooringsport, Louisiana. All in an effort to help Smith get back on his feet.

"They gave me everything I needed to get back to where I am now."

He learned computer skills, received treatment for PTSD, and was able to start applying for VA loans to get his credit up.

The confidence he gained from HUD-VASH helped him to sustain a job with General Dynamics, where he does computer services for VA's across the globe.

It's his version of paying it forward.

"This is me giving back to them for everything they've done for me."

Until he's ready to buy a home of his own, his certificate hangs in the hallway as a constant reminder that helped him get through one of the toughest moments in his life.

Officials at Overton Brooks say 90% of veterans who graduate the HUD-VASH program leave with permanent housing. Smith says he hopes by spring he'll be in the position to buy a home.

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7.5 - The Times: [Did You Hear? Presidential certificate honors memory of deceased veterans](#) (22 August, Marsha Keefer, 191k uvm; Beaver, PA)

Our country honors the memory of deceased veterans with an embossed certificate signed by the president, but receipt is not automatic. A request must be made by family or friends.

The recognition has been offered for more than 50 years, but many families may not know about it, said Jerry Fisher of Brighton Township, a Vietnam-era veteran who shared information about the program with The Times.

President John F. Kennedy initiated the Presidential Memorial Certificate in 1962 to express the nation's gratitude for service in the Armed Forces. All deceased veterans honorably discharged from active duty are eligible. Certain National Guard and reserve members may also qualify. Excluded are convicted sex offenders or those who committed a state or federal capital crime.

The U.S. Department of Veterans Affairs administers the certificate program through the National Cemetery Association.

The free, gold-embossed certificate includes the Great Seal of the United States, name of the deceased veteran and this text in calligraphic script, followed by the president's signature:

"The United States of America honors the memory of (veteran's name).

"This certificate is awarded by a grateful nation in recognition of devoted and selfless consecration to the service of our country in the Armed Forces of the United States."

A deceased veteran's next of kin, relatives, friends or an authorized service representative such as a funeral director acting on their behalf may request a certificate.

Applicants must sign a form and provide photocopies of the veteran's official military discharge document (DD-214 form) and death certificate.

Forms are available on the National Cemetery Administration website at www.cem.va.gov/pmc.asp or by calling 800-827-1000. Certificates also may be requested in person at any Veterans Administration Regional Office.

Completed applications can be mailed or faxed.

[...]

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7.6 - Kokomo Tribune: [VA underfunding women's services](#) (22 August, Tobi Beck, 77k uvm; Kokomo, IN)

Last week, I was honored to join local and state officials, my fellow servicemen and servicewomen, and the Kokomo community at Foster Park, as Hoosiers remembered Marine Sgt. Opha May Johnson.

In boot camp, there are certain names you learn. The names of those who came before you and blazed a trail so you would benefit. For Marines, one of those names is Sgt. Opha May Johnson.

Opha May Johnson was the first woman to enlist and serve in the Marines during World War I. A Kokomo, Indiana, native, this fearless woman broke ground that paved the way for hundreds of thousands of women behind her to serve their country: a patriotic giant. As a female combat veteran, I owe a part of my military service to the women who paved the way.

When Opha May enlisted, she received the same pay as her male counterparts. But when it came to her physical exam, the Marines were not prepared to accommodate a woman. She was examined fully clothed because only male doctors were available. Her forms were full of crossed-out pronouns, because the only forms that had ever been used were made for men.

We have come a long way since those days, but we still have much work to do. In many ways, we are still unable to accommodate our female veterans. While the language on our forms is no longer at issue, today the Department of Veterans' Affairs fails to fund or underfunds women's health services.

According to the VA, women veterans are the fastest-growing group of veterans in the country — and they also face greater health-related challenges after their military service. Suicide rates among female veterans has jumped up a shocking 85 percent since 2001, and female vets frequently do not receive care until years after their service has ended.

Despite these disturbing facts, many VA hospitals do not adequately staff doctors or nurses who are able to meet the basic needs of this group. Necessities such as breast cancer screenings, Pap smears or pre-natal care are often not available at a local VA hospital. Forced to seek alternative care, servicewomen are told to find private doctors instead. This results in many of our servicewomen being turned away from any doctors' office, unable to find a private medical professional covered under their plan. These services are vital parts of every woman's health care regimen, but all too often we leave our female veterans high and dry when it comes to meeting their needs.

I considered it a great privilege to attend last week's event in remembrance of Sgt. Johnson. I believe it is important to honor our history, but it is equally important to learn from it. When we fail to meet the needs of all of our veterans, including our servicewomen, we fail to truly honor them.

Sgt. Opha May Johnson broke barriers as the first female Marine to enlist. As a woman who served in a combat role, I have seen many barriers broken in my lifetime — and I know we can

come together as a country to break yet another. Let's honor our history by helping those in our present.

Tobi Beck is the Democratic candidate for Indiana's 4th Congressional District.

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7.7 - The Miami Times: [Going for gold: Veterans compete in national competition that wins medals and better well-being](#) (22 August, Janiah Adams, 13k uvm; Miami, FL)

At the Bruce W. Carter Department of Veterans Affairs Medical Center are a group of former service people who have proven to be champions. In their late 60s into their 70s, aren't afraid to run a mile or throw a horseshoe. In fact, they train for months throughout the year to qualify themselves for the National Veterans Golden Age Games. But the training these vets receive physically carries out into other aspects of their lives.

"It's a senior adaptive rehabilitation program and it's designed to improve the quality of life for older veterans. So, we're basically promoting a healthier leisure lifestyle and overall health for seniors," said Zuleika Smith, a recreation therapist at the Bruce W. Carter VA Medical Center in Miami. She's also one of the two coaches who help the veterans to train throughout the year.

The national games are held every two years. The team of 14 veterans recently returned from Albuquerque, New Mexico, where the games were held earlier this month. Their fourth time competing, this year, the team won four gold medals, four silver medals, five bronze medals, a fourth and a fifth-place ribbon.

The basic qualifications for the national games is that the veterans have to be registered at a veterans affairs medical center, have to be turning 55 by the end of the year of the competition, and they must get medical clearance from their primary physician.

The games have many athletic events, including bowling, basketball, air rifle, table tennis, swimming, golf and track and field.

"We've been fortunate to receive different donations of equipment, [and] monies from some organizations in the past, so we've been able to purchase some equipment," Smith said. "We've formed some community partnerships with different places in the community to use their facilities in order to train."

During their months of training, the two coaches create a schedule for the different events for which they'll train.

"Friday, we usually practice track and field, basketball and horseshoes and also the power walk," Smith said. "Some of the guys go out on their own sometimes and meet up and practice. We have somebody that coaches them in badminton and some of them meet up on Fridays and go bowling together. So, it's a concerted effort between us and some of the vets. Some, on their personal time, are part of bowling clubs or go golfing every week. Some of them have their own routines they follow."

With all of this training, Smith said many of the vets can do things most people in their age group would find difficult to do. She said competing not only improves their health, but boosts confidence.

Charles James, a 77-year-old Vietnam veteran, said training for the games helps him to stay fit.

"I started practicing around January, and some started even before that. Once a week, I would go in and practice my craft. I play golf all the time," James said.

James competed in the basketball free throw contest, horseshoes, badminton, bowling and golf. He won a gold medal in basketball and won first place in golf.

"You want to go do well because the other members of your team, you're pulling for them," he said. "There are two to three other Vietnam vets, so you automatically have some kind of relationship with them. Now, you have a reason to get up in the morning and be active instead of staying home and watching TV."

Michael Chambers, a 71-year-old veteran who served in the Vietnam war from 1967-1968, said the games are valuable to him physically, emotionally and socially.

"You get to meet a lot of guys. More often than not, you're meeting guys who served in Vietnam the same time you were there," Chambers said. "Now you're in a group of people who are speaking and getting to express themselves so it's very valuable to me."

Chambers suffered from two strokes in his lifetime, which caused his left side to be weaker than his right. He said his balance is "somewhat bad."

"Moving, it allows you to get better with coordination," Chambers said. "I know I'll never get the coordination I had, but I'm satisfied with the fact that I'm alive and these games help you to stay alive. It helps you to get up in the morning and do what you need to do and live a better life."

Smith said the team will continue to practice for local senior games, which are open to all seniors, starting in September. At that point, the veterans will set rehabilitation goals. Those goals can range from physical ability to mental health, Smith said.

"If we're talking about something with Post Traumatic Stress Disorder or depression, having them work together in a group kind of forces them to form a bond," she said. "We try to keep it like a family unit. The team is good at coming out to support each other. We've seen some people kind of come into their own and we see their true personality come out ... We as coaches and therapists have seen their progression over the years."

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8. [Other](#)

8.1 - The Hill: [Trump awards posthumous Medal of Honor to family of fallen Air Force sergeant](#) (22 August, Brett Samuels, 11.8M uvm; Washington, DC)

President Trump on Wednesday awarded a posthumous Medal of Honor to the widow of an Air Force technical sergeant who died on a rescue mission in Afghanistan.

Air Force Tech Sgt. John Chapman was honored Wednesday for charging into enemy fire and securing enemy positions during a 2002 mission that went awry. Trump presented the nation's highest military honor to Chapman's widow, Valerie Nessel, during a ceremony at the White House.

Chapman and other troops pressed through deep snow and a hail of enemy gunfire in search of team members who were stranded when a helicopter crash-landed near the peak of Takur Ghar, a 10,000-foot mountain in Afghanistan.

Trump said Chapman was the first to clear an enemy bunker and exposed himself to gunfire to secure a second bunker. He was shot and lost consciousness.

"Even though he was mortally wounded, he regained consciousness and he fought on," Trump said. "And he really fought. We have proof of that fight. He really fought."

"Through his extraordinary sacrifice, John helped save more than 20 American service members," Trump added.

Chapman, a Connecticut native, is the 19th member of the Air Force to receive the Medal of Honor.

Secretary of Veterans' Affairs Robert Wilkie attended Wednesday's ceremony, as did Sens. John Boozman (R-Ark.), Richard Blumenthal (D-Conn.), Chris Murphy (D-Conn.), Bob Casey (D-Pa.), Pat Toomey (R-Pa.), Rep. Matt Gaetz (R-Fla.) and Rep. John Larson (D-Conn.).

Earlier this year, Trump awarded the Medal of Honor to retired Navy SEAL Britt Slabinski for his efforts during the same mission.

The mission, known as the Battle at Roberts Ridge, came under scrutiny after the fact for lack of planning and communication at senior levels, The Washington Post reported.

The newspaper reported that Slabinski and other team members believed Chapman was dead and retreated from the mountain.

The Air Force reviewed drone footage years later that showed Chapman was likely just unconscious and was forced to fight extremists alone after he regained consciousness.

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8.2 - NBC News: ['Black Man in a White Coat': New Memoir Takes on Race and Medicine](#) (22 August, Pamela K. Johnson, 9.6M uvm; New York, NY)

Dr. Damon Tweedy was just a medical student some years back when a 50-year-old African-American woman arrived in the ER complaining of chest pain. While the team prepared to treat her, she went into cardiac arrest and died.

In some ways the scenario reflects the vulnerability of being black in America: dying younger—and frequently from preventable diseases—Tweedy writes in his new memoir, "Black Man in a White Coat: A Doctor's Reflection on Race and Medicine."

"I always enjoyed reading medical stories...but so few talked about race," he explained. "So I wrote the book I wanted to read."

A professor at Duke University Medical School who practices at Durham VA Medical Center, Tweedy recalls being attracted to his profession, in part, because he figured that "numbers, equations and formulas would not be messy the way that life can be." And yet they were.

He recalls being on the receiving end of a number of racial micro-aggressions, such as the time his professor assumed that he was there only to fix the lights. Or when an admissions interviewer questioned whether he could succeed in medical school, despite a high GPA.

"My first thought was that I'd done something wrong," he says. The flames of insecurity were fanned, quite possibly, by being only the second in his immediate family to attend college; his father never finished high school.

A PAINFUL HISTORY

Going in, Tweedy was well aware of medicine's checkered past as it relates to people of color: The Tuskegee Experiment allowed nearly 400 unsuspecting African-American men with syphilis to go untreated for decades, so a government agency could collect data on the effects of the disease. And over the decades, would-be health-care providers have taken it upon themselves to sterilize poor women of color so they wouldn't reproduce.

In fact, when Tweedy was a student, a clinic nurse suggested they ask a 19-year-old black woman—whose baby was stillborn because of crack abuse—if she wanted her tubes tied. Ultimately, cooler heads prevailed.

Black Man in a White Coat

As Tweedy continued his education and training, he discovered a passion for treating the mind over the body.

"The emotional side is every bit as important as the physical side," he asserts. But getting Black folks to seek psychiatric treatment can pose quite a challenge.

"They figure it's not necessary, and that there are ways [to get help] other than talking to a stranger—like going to church or talking to family," says Tweedy, who is married to a doctor and has two young children. The physician also finds that both black patients and white doctors sometimes mistakenly view African Americans as being more resilient because they've survived slavery and segregation, while continuing to confront institutional racism. But that assumption can decrease the likelihood that African Americans get diagnosed or treated.

'OFFERED A PATIENT MORE'

One of Tweedy's favorite stories in the book is about a woman who sought his help to face her anxieties and anger towards an emotionally abusive black father. She was a biracial PhD student who felt ambivalent about finishing her degree.

A few years later their paths crossed again, and Tweedy discovered that the woman had earned her PhD, married a black man, and found a position as a professor.

"I couldn't know whether she would have arrived at this place in life with someone else's guidance, or even on her own," the author says, "but for once, I felt that by being a black doctor...I had truly offered a patient something more."

As Tweedy and his black classmates sought role models who looked like them over the years, many held presidential candidate Ben Carson in high regard. Tweedy recalls the time that he and his peers visited the illustrious doctor's home. But Carson's more recent comment that Obamacare is "the worst thing since slavery" struck Tweedy as irresponsible and bizarre.

As protests swell around the series of mostly unarmed, young black men dying at the hands of police, the author is even more alarmed by the number of blacks who pass away at early ages because of heart disease, diabetes, and other preventable illnesses.

"It's not as catchy in terms of a news story, but it's a real issue," he said.

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8.3 - San Antonio Express-News: [Operator of dog training school charged with fraud, money laundering](#) (22 August, Guillermo Contreras, 718k uvm; San Antonio, TX)

Federal agents on Wednesday arrested a principal figure of a canine-training operation after he was indicted by a grand jury on charges related to fraud and money laundering.

Bradley Croft, 46, who has said he was a founder of Universal K9, was taken into custody days after his property was the target of a raid by agents with the FBI, and the IRS' Criminal Investigation division. The agencies would not comment Wednesday, but the Express-News verified the arrest through other sources. The indictment is not yet public but is expected to be released when Croft appears in federal court on Thursday.

The agents served a search warrant Aug. 8 on Universal K9 at 15329 Tradesman, near Loop 1604 on the North Side, which is billed as a nonprofit. Of 31 dogs found on the site, 26 were removed by the city's Animal Care Services.

Councilman Manny Pelaez, who represents the district there, said in an online post on Aug. 8 that "the IRS and the FBI just shut down an operation that was preying on veterans and not doing right by dogs. That's a good thing worthy of mention and support."

San Antonio Police Department officers assisted. The Express-News confirmed that the Department of Veterans Affairs also was involved in the investigation.

"Universal K9 specifically outreaches to veterans and offers a two-week K9 Handlers course or a ten-week trainers course in which any veteran may utilize his or her GI Bill to cover 100% of course costs, including the canine," Universal K9 said in a lawsuit it filed recently against former students.

It costs \$12,500 for a 10-month course, according to exhibits included in the lawsuit.

Lawyers for Universal K9 filed a motion dismissing the lawsuit the day after the raid.

Universal K9 is also listed as a nonprofit foundation that donates dogs to police departments and has been featured on local and national media, including CBS News and the Express-News.

But veterans who took the course said in previous interviews that things did not appear to be on the up and up, and some alleged the government was being defrauded by the way Universal K9 handled federal funding.

Croft has a criminal history that includes violent outbursts, state District Court records show. In 1995, for example, his lawyers negotiated plea deals that left him with deferred adjudication probation for lesser charges after being charged with deadly conduct or other felonies.

In one case, he admitted shooting into the ground during an argument with his then-girlfriend. After police showed up, he challenged them and got into a fight with them, according to court records.

He also was accused of firing a gun at a moving car at a couple that he and a friend got into an argument with, the records show. Croft and the friend followed the couple on Interstate 10 when Croft fired the gun and hit the couple's vehicle, flattening their tire.

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Veterans Affairs Media Summary and News Clips

23 August 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [Hundreds of Thousands of Veterans' Appeals Dragged Out by Huge Backlog](#) (22 August, Ben Kesling, 43.5M uvm; New York, NY)

Hundreds of thousands of veterans face yearslong delays in their appeals of disability rulings because of a backlog of cases choking the Department of Veterans Affairs, but a new round of efforts aims to improve and speed up the claims-and-appeals process. This backlog causes a number of problems, according to the department's inspector general and veterans advocates, as well as VA statistics.

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1.2 - FOX News: [VA wrongly denied benefits for victims of military sexual trauma: report](#)

(22 August, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

The Department of Veteran Affairs wrongly denied benefits for thousands of veterans who claimed they suffer from post-traumatic stress disorder relating to a sexual assault that occurred during their military service, a new government watchdog report found. The Office of Inspector General found that nearly half of the cases brought forward by veterans who claimed they suffer from sexual assault-related PTSD were not properly processed by VA staff.

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1.3 - The Atlantic (Video): [How the VA is Using AI to Target Cancer](#) (22 August, 23.9M uvm; Washington, DC)

When Tam Mai Huynh found out in 2016 that the source of his nagging cough was lung cancer, it came as a shock. A recently retired Army Special Forces veteran and married father of two young children, Huynh never had smoked. Nor did he have a family history of cancer. Nevertheless, the disease had spread to Huynh's spine, lymph nodes, and brain. He began chemotherapy, driving two hours every two to three weeks from his home to the U.S. Department of Veterans Affairs (VA) hospital in Durham, North Carolina.

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1.4 - KTBC (FOX-7, Video): [Austin gets 'first V.A. hospital' as part of Dell Medical School/Veterans Affairs partnership](#) (22 August, Casey Claiborne, 156k uvm; Austin, TX)

"[I] truly believe it was an honor to serve in the service for my country and I would do it over again in a heartbeat," said Carl Williams, an Air Force Veteran who calls Austin home. "My wife and I have been married for 44 years. I lost her 8 years ago. And so I'm a bachelor now. I live alone with my dog. I live out on the farm," Williams said.

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2. [Greater Choice for Veterans](#)

2.1 - SoundCloud (Nurse Talk, Audio): [Listen Carefully... The Veterans Administration Is Already Engaged in Privatization](#) (21 August, 1.6M uvd; New York, NY)

Ahead of Robert Willkie's confirmation as the new Secretary of the Department of Veterans Affairs, Trump loyalists at the agency took aggressive steps to purge or reassign staff members

perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves.

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3. Modernize Our System

3.1 - KFDA (CBS-10, Video): New primary care facility opens at Thomas E. Creek VA Medical Center in Amarillo

(23 August, Jami Seymore, 193k uvm; Amarillo, TX)
Crowds cheered as the VA officially opened the new Primary Care facility at the Thomas E. Creek VA Medical Center in Amarillo, a facility, leaders say, will provide better healthcare for local veterans. "It's going to allow our veterans to receive healthcare much more quickly in a modern facility," said Alejandro Ortiz, a general engineer for the U.S. Department of Veterans Affairs.

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3.2 - KAMR (NBC-4, KCIT/FOX-14, Video): Thomas E. Creek VAMC Opens New Primary Care Building

(22 August, Karl Wehmhoener, 54k uvm; Amarillo, TX)
The Amarillo VA Health Care System hosted a ribbon cutting for the newest addition to the Thomas E. Creek VA Medical Center, Primary Care this morning. The newly designed Primary Care building was built to improve the care the Amarillo VA provides to Veterans and to facilitate better communication amongst the health care professionals, which make up Primary Care teams all in a fully-modern facility.

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3.3 - American Military News (Video): New VA medical center cost nearly \$2B – more than 5 times what it was supposed to

(22 August, Laura Widener, 34k uvd; New York, NY)
After more than a decade of delays, a new Veteran's Affairs medical center in Colorado has opened and come under fire for its total building cost. The Rocky Mountain Regional VA Medical Center, which opened in Aurora, is now considered the most expensive VA medical center ever with a price tag of \$1.73 billion, according to an NBC News report on Friday.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): VA Montana Health Care Again Has Temporary Chief of Staff

(22 August, 23.9M uvm; Washington, DC)
The Veterans Affairs Montana Health Care System has a temporary chief of staff for the eighth time in as many years. The Billings Gazette reports Deputy Chief of Staff Marilyn Lajoie took over as interim following William Campbell's retirement in April. Campbell joined the Montana VA system in September 2016, first as interim chief of staff before taking the permanent position.

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4.2 - WFMY (CBS-2, Video): [NC Veteran Worried About Prescription Drugs Left On His Porch](#) (22 August, Erica Stapleton, 612k uvm; Greensboro, NC)

For years, Samuel Scoles always had to sign for his packages. But lately, that's changed. Scoles, a U.S. Navy veteran, says he gets his medications through the VA and they're delivered to his house by a delivery service. But over the past two months he hasn't had to sign for them. "I receive opioids for pain," he explains. "And the opioids that I get are some of the strongest that are prescribed."

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4.3 - WSAW (CBS-7): [Outing to raise funds for VA golf course in memory of Jason Simcakoski](#) (22 August, 196k uvm; Wausau, WI)

After pushing for safeguards against over-prescribing opioids to our nation's veterans the Jason Simcakoski foundation is back with another project. To tell us all about the First Annual Simmy Foundation Golf Outing Sunrise 7 was joined by Jason's father Marv Simcakoski. The mission of the Jason Simcakoski Foundation, Inc. is to promote and provide better health and mental health services to veterans and their families.

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4.4 - WPSD (NBC-6, Video): [Bost says Marion VA Medical Center improving after misread radiology scans](#) (21 August, Logan Gay, 191k uvm; Paducah, KY)

More problems at the Marion VA Medical Center have left some the hospital serves aghast. The Veterans Affairs Committee uncovered in January several issues with the human resource department — including difficulties retaining staff and failures to track and discipline staff. Tuesday, U.S. Rep. Mike Bost followed up on those issues with hospital employees and veterans.

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4.5 - The World: [Veterans voice their frustrations at VA hosted town hall in North Bend](#) (22 August, Amanda Linares, 73k uvm; Coos Bay, OR)

The Roseburg Veterans Administration Health Care System held a veterans town hall meeting at the North Bend VA Clinic on Tuesday evening. Interim medical director David Whitmer addressed a packed room of concerned citizens on an array of issues and updates.

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4.6 - Alton Daily News (WBGZ/USA-1570, Audio): [V.A. Chairman Stops in Springfield. Hears Concerns About Benefits](#) (22 August, Greg Bishop, 13k uvm; Alton, IL)

The top veteran benefits policymaker in the U.S. House got an earful Monday during a visit to Springfield. U.S. Rep. Rodney Davis hosted U.S. Rep Phil Roe, the Tennessee Republican who is chairman of the House Committee on Veterans' Affairs, for a discussion event at the University of Illinois Springfield. The two heard from veterans and university officials who said unfunded mandates slow delivery of education benefits for those who have served in the U.S. military.

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5. [Improve Timeliness of Service](#)

5.1 - Austin American-Statesman: [Partnership means covered hospital care closer to home for Austin vets](#) (22 August, Taylor Goldenstein, 2.1M uvm; Austin, TX)

Austin veterans who need intensive care from a hospital will now have an option closer to home, officials announced Wednesday. Previously, veterans who went to the Department of Veterans Affairs clinic in Austin but ended up needing hospitalization were sent to the VA hospital in Temple, the nearest option despite being about an hour away, said Christopher Sandles, who directs the Central Texas Veterans Health Care System

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5.2 - Medical Xpress: [Stressed, toxic, zombie cells seen for first time in Alzheimer's](#) (22 August, 1.5M uvm; New York, NY)

A type of cellular stress known to be involved in cancer and aging has now been implicated, for the first time, in Alzheimer's disease. UT Health San Antonio faculty researchers reported the discovery Monday [August 20, 2018] in the journal Aging Cell. The team found that the stress, called cellular senescence, is associated with harmful tau protein tangles that are a hallmark of 20 human brain diseases, including Alzheimer's and traumatic brain injury.

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5.3 - The Spokesman-Review: [CMR made VA improve](#) (22 August, Ike Bailey, 874k uvm; Spokane, WA)

I am a veteran. I have had issues with the Spokane VA hospital in the past and also with the Veterans Administration on my disability. I had contacted Sen. Patty Murray on these issues and nothing was accomplished. After the negative response I received, I immediately contacted Cathy. I got results and very positive ones on both issues I had and was taken care of in a timely manner.

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5.4 - Daily Press: [Parade dollars should go toward healthcare for veterans](#) (22 August, Editorial Board, 863k uvm; Newport News, VA)

Postponed are the marching troops, the artillery and armored carriers traveling in formation down Washington, D.C.'s streets. The parade President Donald Trump scheduled to honor U.S. military veterans and commemorate the 100th anniversary of the end of World War I has been put on indefinite hold. The exact reasons aren't quite clear, although we suspect the estimated \$90 million price tag to hold such an event plays a factor.

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5.5 - KWTV (CBS-9, Video): [Veterans Voice Concerns At Medical Marijuana Meeting](#) (23 August, Dana Hertneky, 862k uvm; Oklahoma City, OK)

Starting this weekend, patients and businesses can begin applying for licenses to take or sell medical marijuana. Wednesday, lawmakers met to continue hammering out the law that will regulate the industry. Until lawmakers take action, the industry will be working under those emergency rules the Board of Health passed.

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5.6 - Wyoming Tribune-Eagle: [Cheyenne Veterans Affairs complex should be praised](#) (22 August, Cecil Smith, 154k uvm; Cheyenne, WY)

I want the general public and the employees at the Cheyenne Veterans Affairs complex to know that not all veterans are dissatisfied with the treatment they receive there. I have been using the facilities at the Cheyenne VA for about three years and have received excellent care.

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5.7 - Daily Miner (The Daily Courier): [VA leader promised improvement, rating goes up](#) (22 August, Nanci Hutson, 131k uvm; Kingman, AZ)

In two months, the local VA has earned a one-star elevation for its 85-bed capacity nursing home on the main campus, a promised improvement the medical director says speaks to the staff's determination to provide the very best care to the most vulnerable veterans in northern Arizona.

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6. [Suicide Prevention](#)

6.1 - WYFF (NBC-4, Video): [Simpsonville doctor hosts fundraiser in memory of brother who died by suicide](#) (22 August, Brennan McDavid, 1.1M uvm; Greenville, SC)

The Department of Veterans Affairs estimates 22 vets die by suicide each day. It is a harsh reality that hits home for Dr. Elliot Hirshorn, whose younger brother, Zach, killed himself. "He was great at giving hugs and a big smile," said Hirshorn

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6.2 - WJON (CMN-1240, Video): [Brainerd VA Clinic Hosting Suicide Awareness Forum](#) (22 August, 57k uvm; Saint Cloud, MN)

We've all heard the statistic: 22 veterans a day take their own lives, and the Brainerd VA Clinic is holding an event designed to fight that. The clinic will be holding a Veteran Mental Health and Suicide Awareness Forum on Thursday. The event is free to attend and no registration is required. The VA says if you're interested in preventing suicide, you're invited to attend.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - U.S. News & World Report (AP): [94-Year-Old Kentucky Veteran Receiving Medals 72 Years Late](#) (23 August, 23.9M uvm; Washington, DC)

A 94-year-old U.S. Navy veteran has waited 72 years, but he is going to receive the medals he's due from World War II. William Edward Gilbert is a patient of Robley Rex Veterans Affairs Medical Center in Louisville. The hospital said he recently mentioned to his providers that he had never received his medals. The providers promptly took care of the problem.

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7.2 - U.S. News & World Report (Video): [Colorado Jail Helps Inmates Who Have Suffered Traumatic Brain Injuries](#) (22 August, Casey Leins, 23.9M uvm; Washington, DC)

From 2007 to 2008, Kevin Leeper was a soldier in the U.S. Army, stationed in Iraq. Now, at age 31, he wears a different uniform: a tan jumpsuit and a barcode around his wrist. Leeper has been serving time at Colorado's Boulder County Jail since March, on charges of menacing and attempted murder.

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7.3 - The Hill: [VA's wrongful denial of sexual trauma cases shows that the agency still needs an overhaul](#) (22 August, Rory E. Riley, 11.8M uvm; Washington, DC)

At his first public speech since being confirmed as Secretary of Veterans Affairs, Robert Wilkie pledged to veterans at the AMVETS annual convention in Orlando, FL, last week that he would create a more user-friendly experience for veterans at the VA, specifically stating that "VA exists to make life easier for veterans."

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7.4 - KTBS (ABC-3): [VA program aimed at helping veterans become home owners](#) (22 August, Alison Lorraine, 298k uvm; Shreveport, LA)

A local veteran says he was ready to take his own life. Brett Smith said he couldn't hold a job or provide for his family and was living in a dilapidated mobile home with his wife and three kids. The mental and physical anguish he dealt with for years had left him with nowhere else to turn, until he came across a program at the VA to help him get back on his feet.

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7.5 - The Times: [Did You Hear? Presidential certificate honors memory of deceased veterans](#) (22 August, Marsha Keefer, 191k uvm; Beaver, PA)

Our country honors the memory of deceased veterans with an embossed certificate signed by the president, but receipt is not automatic. A request must be made by family or friends. The recognition has been offered for more than 50 years, but many families may not know about it, said Jerry Fisher of Brighton Township, a Vietnam-era veteran who shared information about the program with The Times.

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7.6 - Kokomo Tribune: [VA underfunding women's services](#) (22 August, Tobi Beck, 77k uvm; Kokomo, IN)

In many ways, we are still unable to accommodate our female veterans. While the language on our forms is no longer at issue, today the Department of Veterans' Affairs fails to fund or underfunds women's health services. According to the VA, women veterans are the fastest-growing group of veterans in the country — and they also face greater health-related challenges after their military service.

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7.7 - The Miami Times: [Going for gold: Veterans compete in national competition that wins medals and better well-being](#) (22 August, Janiah Adams, 13k uvm; Miami, FL)

At the Bruce W. Carter Department of Veterans Affairs Medical Center are a group of former service people who have proven to be champions. In their late 60s into their 70s, aren't afraid to run a mile or throw a horseshoe. In fact, they train for months throughout the year to qualify

themselves for the National Veterans Golden Age Games. But the training these vets receive physically carries out into other aspects of their lives.

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8. [Other](#)

8.1 - The Hill: [Trump awards posthumous Medal of Honor to family of fallen Air Force sergeant](#) (22 August, Brett Samuels, 11.8M uvm; Washington, DC)

Chapman, a Connecticut native, is the 19th member of the Air Force to receive the Medal of Honor. Secretary of Veterans' Affairs Robert Wilkie attended Wednesday's ceremony, as did Sens. John Boozman (R-Ark.), Richard Blumenthal (D-Conn.), Chris Murphy (D-Conn.), Bob Casey (D-Pa.), Pat Toomey (R-Pa.), Rep. Matt Gaetz (R-Fla.) and Rep. John Larson (D-Conn.).

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8.2 - NBC News: ['Black Man in a White Coat': New Memoir Takes on Race and Medicine](#)

(22 August, Pamela K. Johnson, 9.6M uvm; New York, NY)

A professor at Duke University Medical School who practices at Durham VA Medical Center, Tweedy recalls being attracted to his profession, in part, because he figured that "numbers, equations and formulas would not be messy the way that life can be." And yet they were.

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8.3 - San Antonio Express-News: [Operator of dog training school charged with fraud, money laundering](#) (22 August, Guillermo Contreras, 718k uvm; San Antonio, TX)

Federal agents on Wednesday arrested a principal figure of a canine-training operation after he was indicted by a grand jury on charges related to fraud and money laundering. Bradley Croft, 46, who has said he was a founder of Universal K9, was taken into custody days after his property was the target of a raid by agents with the FBI, and the IRS' Criminal Investigation division.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [Hundreds of Thousands of Veterans' Appeals Dragged Out by Huge Backlog](#) (22 August, Ben Kesling, 43.5M uvm; New York, NY)

WASHINGTON - Hundreds of thousands of veterans face yearslong delays in their appeals of disability rulings because of a backlog of cases choking the Department of Veterans Affairs, but a new round of efforts aims to improve and speed up the claims-and-appeals process.

This backlog causes a number of problems, according to the department's inspector general and veterans advocates, as well as VA statistics. Rushed rulings on initial claims can be riddled with errors. Veterans who appeal their cases typically wait between three and seven years for resolutions to their appeals, according to the Government Accountability Office. An inspector general report also found that one in 14 veterans dies while awaiting a decision on their disability claim appeal.

The appeals system remains "horribly flawed," said Chief Judge Robert Davis, the top judge on the U.S. Court of Appeals for Veterans Claims, the independent federal court that oversees and reviews rulings from the VA's internal appeals board. The pressure to deal with a heavy backlog of disability claims "contributes to poor decision making," he said in an interview.

VA officials say they have worked hard to process disability claims—and appeals to those claims—faster. The department in recent years has added funding and personnel and has invested in technology to increase its efficiency. Last year, President Trump signed the Veterans Appeals Improvement and Modernization Act of 2017, which will go into full effect next year and will create rapid-appeals lanes to speed the process.

The VA is on track to process a record 80,000 appeals in 2018, said spokesman Curt Cashour, thanks to the increased funding and personnel. As of August 2018, the appeals backlog stood at about 238,000, according to VA data.

A program designed by the U.S. Digital Service, a government tech incubator, also streamlined the process, reduced clerical errors and allowed judges to more quickly read a case.

"VA believes veterans are waiting too long for appellate decisions," said Mr. Cashour. He said the department expects the appeals modernization law will make needed changes to the system, but others remain skeptical.

"We are anxiously awaiting to see if the appeals modernization act will make any lasting change and provide any lasting benefits for veterans," said Judge Davis. "I'm not sure that's the case."

The disability-claim process can be complicated. Many veterans claim multiple injuries, each of which requires its own decision. As a veteran's case works its way through the system, claimed disabilities can worsen or change and require new documentation and medical examinations. The outcome of the appeal can determine the amount of disability payments and access to future treatment.

A disability claim is first decided at one of 56 regional offices, and the VA decided 1.4 million claims for disability benefits in 2017. Of those claims, more than 90,000 cases were formally appealed to a VA board. In those cases, the board found flaws or requested more information for 57%, VA statistics show.

Judge Davis said his higher-level veterans appeals court hears about 4,000 cases a year, and of those, about 3,000 are found to have some sort of error, problem or need for more information.

Employees are rewarded for speed rather than quality, said Bart Stitchman, executive director of National Veterans Legal Services Program, a nonprofit that focuses on VA benefits issues.

“Time pressure to get claims out the door causes them to cut corners,” he said of the regional VA offices that handle disability claims. “If the veteran is tenacious, the cutting of the corner will finally be caught, but a lot of veterans don’t appeal.”

VA officials dispute the assertion that employees are taking shortcuts or that veterans are being harmed. But the VA’s Office of Inspector General concluded in a report this year that the department “did not dedicate sufficient resources to timely address appeals” as it pushed initial claims through the system faster.

An inspector-general report issued this week showed that a 2016 procedure change intended to streamline the claims process ended up leaving complex claims being decided by undertrained VA employees.

Veterans say the process is confusing, and they often have to turn to lawyers for help navigating the process.

Navy combat veteran Lawrence Acree appealed his case after the VA rejected his claims for multiple disabilities that he said stemmed from his service, including psychiatric illness.

When he showed up for the appeals hearing, though, he said he unwittingly forfeited many of his claims because he was confused by the process. It took a pro bono lawyer and years of litigation for his case to be heard in June by a federal court—highlighting another layer of complexity: Many veterans who appeal their cases don’t have lawyers, because technically, the process doesn’t require them.

“I can see why a lot of veterans get frustrated and give up, and a lot of them don’t feel they have anywhere to turn,” Mr. Acree said. “It was frustrating, especially with me taking different medications, and things were a little confusing for me. When I got denied a couple of times, I got a bit of depression.”

Judge Kimberly Moore of the U.S. Court of Appeals for the Federal Circuit wrote in a June decision about VA appeals that the system leaves veterans “trapped for years in a bureaucratic labyrinth.” She wrote: “The takeaway from all this is quite simple: hiring a lawyer and filing a mandamus petition forces the VA to act,” she said.

Mr. Cashour, the VA spokesman, said the VA “has dedicated processes and people in place to conduct quality reviews to ensure accuracy of decisions.” He said that veterans without lawyers weren’t at a disadvantage.

Mr. Acree disagrees. He said he felt like his case got traction only after he enlisted the services of his lawyer, Natalie Bennett, who agreed.

“It shouldn’t be only when you have a lawyer that you get taken seriously. The VA has a statutory mandate to assist the veterans in all ways that they can,” said Ms. Bennett. “It doesn’t seem like that’s always happening.”

Mr. Acree won his appeal, but his case isn’t closed. It just means his disability claim goes back into the line. He’s still waiting for a decision.

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1.2 - FOX News: [VA wrongly denied benefits for victims of military sexual trauma: report](#) (22 August, Lucia I. Suarez Sang, 32.5M uvm; New York, NY)

The Department of Veteran Affairs wrongly denied benefits for thousands of veterans who claimed they suffer from post-traumatic stress disorder relating to a sexual assault that occurred during their military service, a new government watchdog report found.

The Office of Inspector General found that nearly half of the cases brought forward by veterans who claimed they suffer from sexual assault-related PTSD were not properly processed by VA staff.

According to the report released Tuesday, the VA denied 5,500 of 12,000 claims submitted in fiscal year 2017 by veterans who said they suffered from PTSD related to a sexual assault while they were serving in the military. Of those claims, 1,300 were denied during a five-month period last year without due diligence by the VA.

“The review team found that staff did not follow required procedures for processing these claims, which potentially resulted in undue stress to veterans,” the report said. “[A] mental health provider reported that veterans are confused and upset when [the VA] denies their claims, and this undue stress can interfere with the treatment process.”

Inspectors blamed the denials on inadequate training for veteran service representatives, who make decisions on the claims after searching through a veteran’s record for signs of sexual trauma.

The report’s findings come despite the VA’s implementation of rules in 2011 that were supposed to ease requirements and afford liberal consideration to claims related to military sexual trauma. The rules were loosened because evidence of sexual assaults was difficult to find as many were not reported or victims did not seek immediate medical care.

The IG said claims for military sexual trauma were once handled by VA representatives with specialized training, but that changed in 2016.

“However many [representatives] do not have the experience or expertise to process [military sexual trauma] related claims,” the report said.

Additionally, the VA no longer requires military sexual trauma claims to be subjected to special or additional review.

In one case, a veteran told the VA she had been sexually assaulted, which resulted in a pregnancy. Her military medical records showed she gave birth to a child months after the alleged assault. A VA medical examiner supported her story, but a service representative denied her claim because of “vague language” used by the examiner.

In other instances, veterans were denied benefits before a VA representative contacted them by phone or sent letters requesting information about their alleged assaults.

The IG said veterans who were denied benefits might be less likely to keep trying to obtain help from the VA.

“The review team concluded that the trauma of restating or reliving stressful events could cause psychological harm to victims and prevent them from pursuing their claims,” he said.

The inspector general has asked the VA to review the thousands of claims that were denied in fiscal year 2017 and correct any mistakes. The agency estimated it would complete the review by Sept. 30, 2019.

The IG also recommended improved training and the creation of a specialized group that would handle claims related to military sexual trauma.

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1.3 - The Atlantic (Video): [How the VA is Using AI to Target Cancer](#) (22 August, 23.9M uvm; Washington, DC)

When Tam Mai Huynh found out in 2016 that the source of his nagging cough was lung cancer, it came as a shock. A recently retired Army Special Forces veteran and married father of two young children, Huynh never had smoked. Nor did he have a family history of cancer.

Nevertheless, the disease had spread to Huynh’s spine, lymph nodes, and brain. He began chemotherapy, driving two hours every two to three weeks from his home to the U.S. Department of Veterans Affairs (VA) hospital in Durham, North Carolina. The treatments he received there left the former officer nauseated and exhausted, unable to work or spend much time playing with his children.

“You just feel like someone beat you up and stepped all over you for about a week,” Huynh says. “And then you start to recover and then you get to normal, and then it happens all over again. And it keeps going on like that.”

Doctors offered Huynh an alternative: participation in a incorporating IBM’s technology that would use analysis of his cancer’s DNA and a comprehensive database of existing medical literature to help them identify medications that could be more targeted and produce fewer side effects than chemotherapy.

“They asked if I wanted to run some more tests, and I said, “Well, gee, that’s a no-brainer,” Huynh says. “Why not?”

In the ongoing battle against cancer, precision oncology is one of the most recent fronts—an effort, says Michael Kelley, MD, national program director for oncology at the VA, to “give the right care to the right person at the right time.” For patients like Huynh, that process has several steps: First, their tumors are examined at a molecular level to identify genetic abnormalities that are then matched to ones known to cause cancer; then those matches are cross-referenced against medical literature describing the efficacy of various anti-cancer drugs that have been approved by the Food and Drug Administration or are in clinical trials; finally, all of that information is used to surface insights as to which mutations may be actionable for a personalized course of treatment.

“If you’re a rifleman, or hunter, being able to hit the bull’s-eye over and over is precision,” Dr. Kelley says. “[This] is the same concept applied to medicine.”

Hitting that bull’s-eye is difficult, time-consuming work. Precision oncology currently relies on teams of 10 to 15 doctors, called molecular tumor boards, to meet once a week to examine patients’ cancer-cell DNA reports, look for actionable mutations, share and compare their knowledge of available and potentially useful treatments, and determine a specific course of therapy.

Therein lies a bottleneck. The boards can only review about a dozen patients a week, or roughly 1,000 cases per year. But the need is much greater—particularly for the VA, the nation’s largest integrated health-care system.

War veterans suffer disproportionately high rates of cancer, and VA facilities care for 3.5 percent of the United States’ cancer patients, the biggest group within a single health system in the country. And although the VA’s mission is to deliver cutting-edge cancer care to its patients, 36 percent of veterans with cancer live in rural areas—a higher percentage than the national average—so that goal can be especially challenging, according to Neil Spector, MD, a medical oncologist and cancer biologist at Duke University, oncologist at the Durham Veterans Affairs Medical Center, and director of the Veterans Health Administration National Precision Oncology Program.

“Our mission is a bit different than large academic centers or a lot of health-care systems [in] that we’ve got to reach broadly for any veteran in the United States—whether they’re in rural Alaska, or Hawaii, or wherever they may be,” Dr. Spector says. “We need to offer them access to cutting-edge molecular tumor testing and access to cutting-edge clinical trials of targeted therapies and immunotherapies.”

Enter Watson for Genomics. As part of former Vice President Joe Biden’s program Cancer Moonshot, the VA and IBM announced in 2016 that had a goal of bringing precision oncology to 10,000 veterans with cancer over a two-year span, an almost 30-fold increase from the number that had been receiving targeted therapies within the VA system.

To treat patients such as Huynh, VA doctors collect samples of blood and/or tumor tissue and send them to specialized laboratories for molecular testing. Test results are fed into the Watson artificial-intelligence platform, which identifies targetable mutations, finds potential therapies, and creates a report for clinicians.

The system can create a report in seconds—or, during particularly high-use times, minutes. “It’s very, very fast,” Dr. Kelley says. “Whereas a molecular tumor board does not convene continuously. I can’t get a result in the middle of the night. [The] VA spans multiple time zones,

and the tumor board might not even be every week, so you might have to wait a couple of weeks to get an answer...so there has to be a different approach for us.”

Technologies such as are making the VA’s scale possible. As of April 2018, IBM and the VA had analyzed more than 2,400 tumor samples from nearly 2,200 patients.

One of those patients is Huynh, who stopped his intravenous chemotherapy sessions and instead began taking a daily pill containing a drug known to impact of the specific mutation in his tumors.

Since the change, Huynh has been able to return to work in an office job. He no longer has to drive every few weeks to Durham. He’s now able to spend more time with his wife and children and not feel sapped and queasy while doing so.

“I got my hair back,” he says. “That definitely helps, even though I’m married...The medicine is a lot less harsh, much less side effects.”

Huynh’s treating physician is equally pleased. “It makes me feel really good,” Dr. Kelley says. “I certainly saw what he was going through.”

Dr. Kelley is quick to caution that Watson for Genomics is neither a panacea nor a replacement for human expertise and judgement. Cancer is an almost unfathomably difficult medical problem. There are no technological silver bullets. But the system, he says, can be a useful tool—a way to help frontline doctors make better decisions by from a broad range of published research and evidence generated by experts around the world and then applying them in a way that is relevant to the individual patient’s cancer.

Huynh’s personal battle is ongoing. He has stage IV lung cancer, the most advanced form of the disease. “I’m going to die of cancer,” he says. “No doubt about it in anybody’s mind.” Thanks to a different medication, however, he has been able to make more of the time he has left. “I feel that this has been positive for me,” he says. “And I’ve benefited because my quality of life is much better.

“With this program, I would tell the physicians and the patients: Don’t just accept your treatment, find out what else is out there. There’s always something new going on, so keep looking. Don’t give up hope. As long as you have breath in you, there’s still a chance.”

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1.4 - KTBC (FOX-7, Video): [Austin gets 'first V.A. hospital' as part of Dell Medical School/Veterans Affairs partnership](#) (22 August, Casey Claiborne, 156k uvm; Austin, TX)

“[I] truly believe it was an honor to serve in the service for my country and I would do it over again in a heartbeat,” said Carl Williams, an Air Force Veteran who calls Austin home.

“My wife and I have been married for 44 years. I lost her 8 years ago. And so I’m a bachelor now. I live alone with my dog. I live out on the farm,” Williams said.

Williams says his farm is close to Austin's V.A. Outpatient Clinic which will play an integral role in a new collaboration between the Central Texas Veterans Health Care System, Dell Medical School at the University of Texas and Seton Healthcare.

The union was announced at a press conference Wednesday morning. "We really collaborate so that we do a residency-training program and patients can be seen in the outpatient setting and training residents in that setting and then handing them off if they need inpatient care at Dell Seton Medical Center at the University of Texas," said Christann Vasquez, President of Dell Seton.

Christopher Sandles, with Central Texas Veterans Health Care says this is one of several partnerships they've entered into over the past year, bringing care closer to communities.

"Really positions us to have what will really be our first V.A. hospital in the Austin market. For years with the distance that we've had between our Austin outpatient clinic and our Temple campus, many cases if a veteran requires hospitalization, we've in some cases, transported veterans all the way from Austin to Temple," Sandles said.

Williams says before the outpatient clinic opened, he had to drive to Temple a lot. "I used to do it on a regular basis and we'd take a whole day to go down there to get the care that you needed and now you can receive it right here in the Austin area," Williams said.

Seton says now providers at the outpatient clinic can admit veterans directly to Dell Seton -- and they'll get care from a shared clinical team. "It helps me tremendously, it gives me another outlet as far as where they can send me coming to the Dell Seton Medical Center here. For the other veterans it also provides more hospital bed space for them," Williams said.

Williams says he can't express how deeply he feels about the level of care he can get so close to home now. "Until you've been in a situation where you don't know where you're going to get your medications, where you're going to get your care from or if you're going to be able to get the care, or if you are going to be able to afford that care. The V.A. has filled that role and the Dell Medical Center will also fall in that same category with us," Williams said.

Dell Seton says in addition to what they announced today, they're also planning future research opportunities with the V.A. to create new therapies and care for veterans.

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2. Greater Choice for Veterans

2.1 - SoundCloud (Nurse Talk, Audio): [Listen Carefully... The Veterans Administration Is Already Engaged in Privatization](#) (21 August, 1.6M uvd; New York, NY)

Ahead of Robert Willkie's confirmation as the new Secretary of the Department of Veterans Affairs, Trump loyalists at the agency took aggressive steps to purge or reassign staff members perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves. The reshuffling marked a new stage in a long estrangement between civil servants and Trump loyalists at VA, where staff upheaval and sinking morale threaten to derail service to one of the president's key constituencies, according to current and

former employees. RN and Chair of NNOC NNU Irma Westmoreland answers questions about the VA and the recent #REDforFED protest.

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3. Modernize Our System

3.1 - KFDA (CBS-10, Video): New primary care facility opens at Thomas E. Creek VA Medical Center in Amarillo (23 August, Jami Seymore, 193k uvm; Amarillo, TX)

Crowds cheered as the VA officially opened the new Primary Care facility at the Thomas E. Creek VA Medical Center in Amarillo, a facility, leaders say, will provide better healthcare for local veterans.

"It's going to allow our veterans to receive healthcare much more quickly in a modern facility," said Alejandro Ortiz, a general engineer for the U.S. Department of Veterans Affairs. "They're going to be able to receive a higher quality of healthcare. It's an exciting time for our veterans and it's nice to see."

The nearly \$10 million facility is designed with convenience and accessibility for veterans.

"It's a one-stop shop," said Ortiz. "They're able to check in and register with our clerks, be walked to their exam rooms and rather than moving around from building to building, room to room, we take all our healthcare to our veterans in that same exam room."

Whether the veteran needs to see one doctor or multiple specialists, almost all care can be done from a single room.

"We focused on veteran-centered care to where all the staff will go to the veteran," said Donna Pekarul, nurse manager for the Primary Care facility. "Provider will then go into the room and see the veteran and then if they need to see the social worker, mental health, the dietician, the pharmacist, they will all go into that room to see the veteran."

Nurses say the feedback has been great so far.

"I think it's wonderful," said Pekarul. "I've gotten a lot of good feedback from the veterans, stating that they really like the concept, they don't have to go over to the main building or have to go to lab or x-ray or the social worker because it's all in different buildings and they really enjoy that they can go to one place."

A veteran, himself, Ortiz is proud of his work on the Primary Care Building.

"It gives me a great sense of pride to see the commitment the VA is making to us," said Ortiz. "Just seeing it in the real world and seeing it be applied, it gives me a very proud feeling."

A new reality, helping those who served our country for years to come.

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3.2 - KAMR (NBC-4, KCIT/FOX-14, Video): [Thomas E. Creek VAMC Opens New Primary Care Building](#) (22 August, Karl Wehmhoener, 54k uvm; Amarillo, TX)

The Amarillo VA Health Care System hosted a ribbon cutting for the newest addition to the Thomas E. Creek VA Medical Center, Primary Care this morning.

The newly designed Primary Care building was built to improve the care the Amarillo VA provides to Veterans and to facilitate better communication amongst the health care professionals, which make up Primary Care teams all in a fully-modern facility.

The new facility is located directly across from the emergency room.

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3.3 - American Military News (Video): [New VA medical center cost nearly \\$2B – more than 5 times what it was supposed to](#) (22 August, Laura Widener, 34k uvd; New York, NY)

After more than a decade of delays, a new Veteran's Affairs medical center in Colorado has opened and come under fire for its total building cost.

The Rocky Mountain Regional VA Medical Center, which opened in Aurora, is now considered the most expensive VA medical center ever with a price tag of \$1.73 billion, according to an NBC News report on Friday.

The original cost of the facility was \$328 million. Due to delays and cost overruns, the facility was completed 14 years later for \$1.73 billion. Located in a suburb of Denver, the facility spans 31 acres and is comprised of 12 buildings. It is expected to replace the current VA medical center in Denver.

The facility rests on the site of the former Fitzsimons Army Base and Medical Center, which closed in 1999.

The facility was originally anticipated to open in 2013, but was continually pushed back all the way until 2018. In 2015, Congress ordered the construction's management to be transferred out of the VA's hands and into the U.S. Army Corps of Engineers' control. The center was considered half-built at the point of the transition, and the transfer was said to have significantly sped up completion.

The VA's mismanagement of the project was considered the sole source of the delays and other problems. Senior officials at the VA had testified in front of Congress to discuss the problems, but due to lack of accountability, changes were not implemented to solve the problems.

Veterans in the area were frustrated over the delays for the much-needed facility. The old facility in Denver is considered inadequate, with outdated equipment and a facility of only half the size of the new facility.

A ribbon-cutting ceremony took place in late July to commemorate the facility's long-awaited opening.

Peter O'Rourke, who was the VA's Acting Secretary at the time, told the ceremony attendees: "This is a great day for the VA, for Denver and for Colorado."

Ralph Bozella, president of the United Veterans Committee of Colorado, said: "After years of unfulfilled promises, plans, false starts, well-documented problems and issues, changes in VA leadership, changes in Congressional delegation, yes, we have survived it."

"This wonderful thing is built," he added.

The facility is expected to open a spinal cord injury center in approximately six months, and will add a center specializing in treatment for post-traumatic stress disorder (PTSD) within 18 months after contract approval.

Until these centers are open, part of the Denver VA will remain open, as it offers both services. An estimated \$350 million will be required to maintain and upkeep the Denver facility until 2023.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): [VA Montana Health Care Again Has Temporary Chief of Staff](#) (22 August, 23.9M uvm; Washington, DC)

BILLINGS, Mont. (AP) — The Veterans Affairs Montana Health Care System has a temporary chief of staff for the eighth time in as many years.

The Billings Gazette reports Deputy Chief of Staff Marilyn Lajoie took over as interim following William Campbell's retirement in April. Campbell joined the Montana VA system in September 2016, first as interim chief of staff before taking the permanent position.

VA spokesman Patrick Hutchison says the VA Montana System has had four "permanently assigned" chiefs of staff going back to 1986.

There's been a similar level of turnover among VA Montana hospital directors. The Gazette reports the Montana VA system has had five directors since 2009.

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4.2 - WFMY (CBS-2, Video): [NC Veteran Worried About Prescription Drugs Left On His Porch](#) (22 August, Erica Stapleton, 612k uvm; Greensboro, NC)

CASWELL COUNTY, N.C. -- For years, Samuel Scoles always had to sign for his packages. But lately, that's changed.

Scoles, a U.S. Navy veteran, says he gets his medications through the VA and they're delivered to his house by a delivery service. But over the past two months he hasn't had to sign for them.

"I receive opioids for pain," he explains. "And the opioids that I get are some of the strongest that are prescribed."

He's worried the drugs might wind up in the wrong hands.

"We see it everyday on the news," Scoles explains. "People will have packages taken off their porch and I'm just concerned about that."

He adds, his information would be on the medications which could pose more problems for him.

"They're going to come back to me and say why does this person have these medicines?"

Scoles reached out to the VA in Durham and was told there was a change in policy. As it turns out, the VA sent letters to veterans in May, letting them know of the changes.

Sharonda Pearson, Director of Public Affairs for Durham VA Health Care System, sent this statement to WFMY News 2:

At the request of many Veterans and in an effort to improve customer service, Durham VA changed its medication delivery process in June 2018 to no longer require a signature for packages delivered by United Parcel Services. Veterans were notified about the change in advance and were offered the opportunity to continue requiring a signature for delivery of packages if they so desired. We spoke to Mr. Scoles today, apologized for his experience and changed his delivery preference for all future medications. We encourage any Veteran with questions about the new process to contact the VA Pharmacy at 919-286-0411 extension 2383 between the hours of 8:30 a.m. – 6:30 p.m.

If you aren't a veteran, there are other ways you can protect your packages.

In their policy, FedEx explains you can request proof of pickup when requesting an order.

Amazon says they don't deliver prescription drugs, but when placing any order online there's an option to get your package sent to a self-service locker where you can pick it up at your convenience.

UPS, which is what the VA uses to ship Scoles his medications, says a mailer can request signatures on packages. A company spokesperson also says people might want to consider using UPS My Choice, which is a free service that helps customers track their packages and see when they might be delivered so a customer can plan to be home.

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4.3 - WSAW (CBS-7): [Outing to raise funds for VA golf course in memory of Jason Simcakoski](#) (22 August, 196k uvm; Wausau, WI)

WAUSAU, Wis., (WSAW)-- After pushing for safeguards against over-prescribing opioids to our nation's veterans the Jason Simcakoski foundation is back with another project.

To tell us all about the First Annual Simmy Foundation Golf Outing Sunrise 7 was joined by Jason's father Marv Simcakoski.

The mission of the Jason Simcakoski Foundation, Inc. is to promote and provide better health and mental health services to veterans and their families. Also to provide alternative non-medicated therapies for improved functioning in their daily lives.

The family started their mission after the death of 35-year-old Jason Simcakoski in 2014. He overdosed on a deadly combination of 14 prescription drugs, including opiates.

Jason's story led to the Jason Simcakoski Memorial Opioid Safety Act, a 2016 law which installed sweeping guidelines for the VA system, nationwide.

Now, the Foundation is organizing the First Annual Simmy Foundation Golf Outing. The outing's goal is raise \$20,000 toward the restoration of the Tomah VA Golf Course project.

The nine-hole course has been closed since 2014. It's part of the hospital's therapeutic recreation program.

The first annual Simmy Foundation Golf Outing will be held August 25, 2018 at Glacier Wood Golf Club in Iola. \$100 per player includes golf, cart, official event t-shirt, dinner after the round.

To register visit: <http://simmyfoundation.org/events/>

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4.4 - WPSD (NBC-6, Video): [Bost says Marion VA Medical Center improving after misread radiology scans](#) (21 August, Logan Gay, 191k uvm; Paducah, KY)

MARION, IL — More problems at the Marion VA Medical Center have left some the hospital serves aghast.

The Veterans Affairs Committee uncovered in January several issues with the human resource department — including difficulties retaining staff and failures to track and discipline staff.

Tuesday, U.S. Rep. Mike Bost followed up on those issues with hospital employees and veterans.

Vietnam Veteran Rocky Morris and a group of veterans are speaking up for veterans who can't speak for themselves. The group at the hospital Tuesday expressed dismay at the news of a report that uncovered misread radiology scans at the VA.

"Shocked, shocked that something like this could happen," said Morris.

Morris said this issue hit him close to home. "We had a friend from Benton that was one of them. It's going to cost him his life," he said.

Bost — who was there with Tennessee Rep. Phil Roe — said he believes the radiology department is making progress.

"We met with the radiology group today. We listened. They are working to improve that. We believe that they are. We believe they are meeting the goals and criteria that was set forth by

the report to make sure that what happened here as far as the reading of the X-rays does not happen again,” said Bost.

Morris said he has had good service from the VA hospital, but it could always be better.

“The complaints come from when we can get it better and nobody listens,” said Morris.

Morris said he will continue to push for change. Bost said it’s his understanding that patients impacted were notified about the misread scans. He could not recall the number of affected patients when asked Tuesday.

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4.5 - The World: [Veterans voice their frustrations at VA hosted town hall in North Bend](#) (22 August, Amanda Linares, 73k uvm; Coos Bay, OR)

NORTH BEND — The Roseburg Veterans Administration Health Care System held a veterans town hall meeting at the North Bend VA Clinic on Tuesday evening. Interim medical director David Whitmer addressed a packed room of concerned citizens on an array of issues and updates.

Among one of the most pressing issues regarding the recent decrease in medical providers, Whitmer informed attendees that the hospital has secured three live medical providers for the North Bend clinic. The staff includes a physician who will continue to work roughly another six weeks until he is cleared to transfer to another hospital in Florida.

The second position is being held by a physician who has already committed to a 90-day contract with the clinic and a third physician is also expected to come in, although it is unclear what their timeframe will be. All three medical providers are expected to be practicing together by the end of September.

In the meeting, Whitmer noted the addition of a Telehealth service provider, who will act as the fourth overall physician for the clinic. Telehealth is a real-time interactive video conferencing program that allows physicians to consult with patients from a remote location. The provider conferencing through the service will actually be based out of Boise, Idaho.

During a question and answer portion of the meeting, a community member did raise his concern about the effectiveness of the Telehealth provider and was unsure exactly how it worked. Dr. Todd Queire, chief of primary care at the Roseburg VA Health Care System, said the system works in conjunction with the clinic’s existing nursing staff to aid along with any physical components of the exam.

However, most of the consultation will be done by talking through the patient’s symptoms and medical history. Queire also added the service allows for physicians to be able to hear a patient’s heart beat through an electronic stethoscope and as well as evaluate their breathing.

As the meeting continued, Whitmer discussed a possible expansion to the clinic to be completed in phases beginning in early 2020. According to Whitmer, the lease has already been extended to allow for their staff to continue assessing the building to see what the potential growth will look like.

"I did get a chance to talk to our strategic planner and the likely scenario is for us is to actually expand this particular space," said Whitmer. "This space wasn't designed to what we call our PAC standard, which is our primary care standards."

According to Whitmer, the expansion will take about six-to-12 months to complete. The interim director also informed the room of a few more updates including the upcoming VA Mission Act, which was signed by President Trump in June, to expand the use of private-sector healthcare to veterans outside the VA system.

"It's going to be a yearlong process when it is implemented," said Whitmer. "This would give you many more choices to get health care locally. We already started to establish what we call "relationship managers" with Bay Area Hospital and other local hospitals."

As the meeting transitioned to the audience for questions, veterans in the crowd got the chance to voice their opinions on the running operations of the clinic. Among the frustrations raised was the VA's lack of communication in notifying patients when a physician exited the clinic and its large turnaround.

One veteran suggested the VA leadership staff conduct exit interviews and figure out the exact reasons physicians have been leaving the area. Another veteran talked about higher volume hospitals like those in Roseburg or Eugene potentially recruiting physicians from the area. He also spoke of feeling like the patients at the North Bend VA clinic because it is smaller capacity as not being a top priority.

Whitmer replied with their office's continued efforts to recruit and retain future physicians to the area. Although, he pointed out several times the doctors do have free will and could transfer or move to another hospital if outside of their contractual agreement.

"When we recruit a doctor we pay for their moving expenses," said Whitmer. "We also put them in temporary housing for 90 days while they search for housing. It's a fairly big investment that you make when you transition one doctor from one area to another."

The town hall concluded with talks of evaluating the county's urgent care needs and figuring out the best ways to address them on a limited operating budget.

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4.6 - Alton Daily News (WBGZ/USA-1570, Audio): [V.A. Chairman Stops in Springfield, Hears Concerns About Benefits](#) (22 August, Greg Bishop, 13k uvm; Alton, IL)

The top veteran benefits policymaker in the U.S. House got an earful Monday during a visit to Springfield.

U.S. Rep. Rodney Davis hosted U.S. Rep Phil Roe, the Tennessee Republican who is chairman of the House Committee on Veterans' Affairs, for a discussion event at the University of Illinois Springfield. The two heard from veterans and university officials who said unfunded mandates slow delivery of education benefits for those who have served in the U.S. military.

Roe said the mandates are burdensome and that compliance can cost thousands of dollars per student.

“It adds no value, it just adds cost to the education, and guess where that cost is passed along to? The student,” Roe said.

That also costs the taxpayers paying for the benefits.

Some of those at the event said veterans were foregoing taking summer courses because of the lack of timely funding. Some college administrators raised concerns about the potential for online courses being mistaken for distance learning, which could result in funds being denied. In college these days, online learning is ubiquitous.

Garrett Anderson, outreach coordinator for the Chez Center for Wounded Veterans in Higher Education at the University of Illinois, said he hoped the congressmen came away with ideas for legislation to help veterans.

“And ways that these bills can be tweaked and altered so our universities don’t have these unfunded mandates or these other issues that are really crippling our universities and so they can give the best education to the next generation of veterans,” Anderson said.

Others raised concerns about staffing levels at the Department of Veterans Affairs. Roe took note of a story he heard from a student veteran at the event.

“She couldn’t get paid for 45 days, well her light bill comes every month,” Roe said. “So those are the kinds of things that really mean something to individual veterans. We can fix that. These are not things that are not fixable.”

Anderson said there must be some controls in place.

“We can’t streamline everyone’s benefits,” Anderson said. “We have to actually guarantee what benefits are going to the right people so that we are using our public funds for the most appropriate manner.”

Other concerns raised included Illinois state lawmakers failing to appropriate money in the latest budget to the Illinois Student Assistance Commission Illinois Veteran Grant Program, a matter that is out of the control of the federal government.

Some veterans also said there needs to be more programs to help veterans transition from service to school.

Roe said he plans to learn more this fall about homeless veterans and those that have Post Traumatic Stress Disorder, PTSD. He said the VA is spending a lot of money, but questioned if it’s it working. PTSD treatment needs to be about wellness, Roe said, not just money for having PTSD.

Roe said he’ll take the concerns he heard back to Congress.

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5. Improve Timeliness of Service

5.1 - Austin American-Statesman: Partnership means covered hospital care closer to home for Austin vets (22 August, Taylor Goldenstein, 2.1M uvm; Austin, TX)

Austin veterans who need intensive care from a hospital will now have an option closer to home, officials announced Wednesday.

Previously, veterans who went to the Department of Veterans Affairs clinic in Austin but ended up needing hospitalization were sent to the VA hospital in Temple, the nearest option despite being about an hour away, said Christopher Sandles, who directs the Central Texas Veterans Health Care System. If the need for care was more urgent, a patient might have been directed to a local emergency room, but there was no guarantee the resulting care would be covered under VA benefits.

As of a new partnership unveiled Wednesday, the local VA clinic will now send veterans to Dell Seton Medical Center to receive covered care. Dr. Michael Pignone, chair of internal medicine at the Dell Medical School, said the veterans' care will be more seamless this way, as they'll be seen by the same clinical team at the hospital and clinic.

That's thanks in part to another element of the partnership: a new primary care residency program through the medical school and Seton Healthcare Family. Starting next year, four new internal medicine residents a year will join the Austin outpatient clinic, Pignone said.

"Many of our veterans have very complex medical issues, oftentimes the complications of their service or just the complications of getting older in the United States," Pignone said. "But they also have amazing stories of strengths, and it's so helpful to our medical students and our residents and, frankly, our faculty, to be able to have the opportunity to learn from those patients and serve them at the same time."

A third aspect of the partnership is that Dell Medical School will collaborate with Central Texas Veterans Health Care System to conduct veteran-related medical research, though officials said Wednesday that logistics are still being worked out. Medical school dean Clay Johnston said the VA will lease space from Dell Medical School for its researchers.

"The health issues that veterans face are substantial," Johnston said. "The challenges are great and to be able to partner with the VA to think about how to do things better ... it's a huge opportunity and a great honor."

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5.2 - Medical Xpress: Stressed, toxic, zombie cells seen for first time in Alzheimer's (22 August, 1.5M uvm; New York, NY)

A type of cellular stress known to be involved in cancer and aging has now been implicated, for the first time, in Alzheimer's disease. UT Health San Antonio faculty researchers reported the discovery Monday [August 20, 2018] in the journal *Aging Cell*.

The team found that the stress, called cellular senescence, is associated with harmful tau protein tangles that are a hallmark of 20 human brain diseases, including Alzheimer's and

traumatic brain injury. The researchers identified senescent cells in postmortem brain tissue from Alzheimer's patients and then found them in postmortem tissue from another brain disease, progressive supranuclear palsy.

Cellular senescence allows the stressed cell to survive, but the cell may become like a zombie, functioning abnormally and secreting substances that kill cells around it. "When cells enter this stage, they change their genetic programming and become pro-inflammatory and toxic," said study senior author Miranda E. Orr, Ph.D., VA research health scientist at the South Texas Veterans Health Care System, faculty member of the Sam and Ann Barshop Institute for Longevity and Aging Studies, and instructor of pharmacology at UT Health San Antonio. "Their existence means the death of surrounding tissue."

Improvements in brain structure and function

The team confirmed the discovery in four types of mice that model Alzheimer's disease. The researchers then used a combination of drugs to clear senescent cells from the brains of middle-aged Alzheimer's mice. The drugs are dasatinib, a chemotherapy medication that is U.S. Food and Drug Administration-approved to treat leukemia, and quercetin, a natural flavonoid compound found in fruits, vegetables and some beverages such as tea.

After three months of treatment, the findings were exciting. "The mice were 20 months old and had advanced brain disease when we started the therapy," Dr. Orr said. "After clearing the senescent cells, we saw improvements in brain structure and function. This was observed on brain MRI studies (magnetic resonance imaging) and postmortem histology studies of cell structure. The treatment seems to have stopped the disease in its tracks."

"The fact we were able to treat very old mice and see improvement gives us hope that this treatment might work in human patients even after they exhibit symptoms of a brain disease," said Nicolas Musi, M.D., study first author, who is Professor of Medicine and Director of the Sam and Ann Barshop Institute at UT Health San Antonio. He also directs the VA-sponsored Geriatric Research, Education and Clinical Center (GRECC) in the South Texas Veterans Health Care System.

Typically, in testing an intervention in Alzheimer's mice, the therapy only works if mice are treated before the disease starts, Dr. Musi said.

Tau protein accumulation is responsible

In Alzheimer's disease, patient brain tissue accumulates tau protein tangles as well as another protein deposit called amyloid beta plaques. The team found that tau accumulation was responsible for cell senescence. Researchers compared Alzheimer's mice that had only tau tangles with mice that had only amyloid beta plaques. Senescence was identified only in the mice with tau tangles.

In other studies to confirm this, reducing tau genetically also reduced senescence. The reverse also held true. Increasing tau genetically increased senescence.

Importantly, the drug combination reduced not only cell senescence but also tau tangles in the Alzheimer's mice. This is a drug treatment that does not specifically target tau, but it effectively reduced the tangle pathology, Dr. Orr said.

"When we looked at their brains three months later, we found that the brains had deteriorated less than mice that received placebo control treatment," she said. "We don't think brain cells actually grew back, but there was less loss of neurons, less brain ventricle enlargement, improved cerebral blood flow and a decrease in the tau tangles. These drugs were able to clear the tau pathology."

Potentially a therapy to be tested in humans

"This is the first of what we anticipate will be many studies to better understand this process," Dr. Musi said. "Because these drugs are approved for other uses in humans, we think a logical next step would be to start pilot studies in people."

The drugs specifically target—and therefore only kill—the senescent cells. Because the drugs have a short half-life, they are cleared quickly by the body and no side effects were observed.

Dasatinib is an oral medication. The mice were treated with the combination every other week. "So in the three months of treatment, they only received the drug six times," Dr. Orr said. "The drug goes in, does its job and is cleared. Senescent cells come back with time, but we expect that it would be possible to take the drug again and be cleared out again. That's a huge benefit—it wouldn't be a drug that people would have to take every day."

Dosage and frequency in humans would need to be determined in clinical trials, she said.

Next, the researchers will study whether cell senescence is present in traumatic brain injury. TBI is a brain injury that develops tau protein accumulation and is a significant cause of disability in both military and non-military settings, Dr. Orr said.

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5.3 - The Spokesman-Review: [CMR made VA improve](#) (22 August, Ike Bailey, 874k uvm; Spokane, WA)

I am a veteran. I have had issues with the Spokane VA hospital in the past and also with the Veterans Administration on my disability.

I had contacted Sen. Patty Murray on these issues and nothing was accomplished. After the negative response I received, I immediately contacted Cathy. I got results and very positive ones on both issues I had and was taken care of in a timely manner.

Why would I want to give my vote away to another person when I know I can trust Cathy McMorris Rogers who has stood my me and cared?

The Spokane VA Hospital has done wonders on making things better and their staff currently.

They have made a 100 percent improvement over the years and hope that Cathy continues to give them her support as she has in the past.

Ike Bailey

Spokane

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5.4 - Daily Press: [Parade dollars should go toward healthcare for veterans](#) (22 August, Editorial Board, 863k uvm; Newport News, VA)

Postponed are the marching troops, the artillery and armored carriers traveling in formation down Washington, D.C.'s streets.

The parade President Donald Trump scheduled to honor U.S. military veterans and commemorate the 100th anniversary of the end of World War I has been put on indefinite hold. The exact reasons aren't quite clear, although we suspect the estimated \$90 million price tag to hold such an event plays a factor.

As multi-million-dollar "feel good" events go, the problem with the president's military parade is that it leaves nothing of substance in its wake once the processions have passed, the crowds return home and the street sweepers take over. Besides, the various military bases across the country each hold air shows, open houses and other similar events to invite the public to experience our armed forces up close and personal.

Regardless of potential costs and reasons for canceling, a parade would have been misguided. That is not just the feeling of this board, it is also the stance of the American Legion. The money would be better spent by redirecting it to the Department of Veterans Affairs.

The president's proposed 2019 fiscal year budget includes \$198.6 billion for the VA, a \$12.1 billion increase from the previous budget. That's a good step. But he could go even further by shifting any money set aside for a parade to providing medical care for our military.

Any veteran can tell you the VA can be a daunting maze of obstacles with seemingly indefinite waits and lost paperwork. The department continues to grapple with staffing shortages and bureaucratic quagmires that hinder improvement.

Just this month, the inspector general also found almost half of the sexual assault post-traumatic stress disorder claims denied during a four-month period in 2017 were incorrectly processed, potentially denying benefits to more than 1,000 veterans.

As of July 1, nearly 700,000 veterans were waiting longer than a month for appointments. Some 76,000 of those were waiting longer than six months, according to a VA inspector general report.

Wait times had become so bad across the VA system in 2014 that at least 40 veterans died waiting for appointments at the Phoenix Veterans Affairs Health Care system where staff kept a secret waiting list used to hide the actual backlog of appointments.

In that same year, the Hampton Veterans Affairs Medical Center had the worst average wait times of any of the agency's hospitals nationwide. In the three years before that, the hospital saw its workload jump by nearly a third as a result of aging baby-boomer veterans and the glut of soldiers, sailors, airmen and Marines coming home from wars in Iraq and Afghanistan.

Staff at the Hampton VA has since worked hard to reduce the logjam. And a veterans center being planned on the Southside will improve the system of care within the region.

Systemic problems at the VA still exist though. The malfeasance and delayed processing of paperwork at the VA must come to an end.

More funding and new approaches to providing core services are two key areas the department needs to make substantive changes.

Will \$90 million (that would have been used on a parade) fix all of the VA's problems? Absolutely not. But every cent counts when it comes to providing the adequate healthcare we guaranteed veterans the day they signed up (or were drafted) for the military.

The Department of Veterans Affairs evolved from the first federal Veterans' facility established for Civil War soldiers and sailors of the Union Army. That means we have been promising healthcare to those volunteers for more than 150 years, and yet the federal government still can not get it right.

President Trump could make veterans healthcare the hallmark reform of his tenure, focusing (and following through) on VA reforms, rather than getting caught in the quagmire of trade wars and NFL national anthem protests.

If patriotism is what the president seeks, then he could attack the problems that plague the VA. What nobler an act could there be than ensuring veterans have exemplary access to medical care?

Spurned of a Washington, D.C. parade, President Trump said he now plans to visit Paris to see the parade down the Avenue des Champs-Élysées to mark the centennial of the end of World War I in mid-November.

We wish him the best of luck in his travels, and maybe he will use that time to repair relationships with European Union members.

The president also said he will attend an event at an unspecified later date honoring the military at Joint Base Andrews. Pentagon officials have said the only upcoming event at Andrews is an air show scheduled for May 10-12.

Hopefully those event wet the president's appetite for a grand military showing — hopefully.

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5.5 - KWTB (CBS-9, Video): [Veterans Voice Concerns At Medical Marijuana Meeting](#) (23 August, Dana Hertneky, 862k uvm; Oklahoma City, OK)

Starting this weekend, patients and businesses can begin applying for licenses to take or sell medical marijuana.

Wednesday, lawmakers met to continue hammering out the law that will regulate the industry. Until lawmakers take action, the industry will be working under those emergency rules the Board of Health passed.

The group of lawmakers have been meeting every Wednesday and for the first time took public comment on what those laws should look like. Many speakers were advocating on behalf of veterans.

"I'm shaking here, I'm in great pain. I have anxiety, bi-polar disorder," Gordon Flick, a Vietnam Veteran, told lawmakers.

Flick says he's 100 percent service connected disabled, but none of his providers at the VA will write him a recommendation for a medical marijuana license. A doctor that would, will cost him \$300. So, he's asking the committee to modify the law to allow for free or extremely low-cost access to medical marijuana to veterans.

"I think that you should give me the free weed card the same way I get a free disability placard," said Flick.

Ray Jennings, also a veteran, stood in front of the group.

"How many in this room is a stage four cancer survivor?" asked Jennings.

No one else raised their hand.

"That's what I thought," said Jennings. He credits medical marijuana for saving his life.

Jennings spoke to lawmakers on behalf of a non-profit who is working on building a grow house to provide free medical marijuana for veterans. He also wants to make sure veterans have free access to doctors who will write them a recommendation. He wants to make sure the law allows for that.

For veterans in nursing homes, Ron Marlett, a social worker, asked lawmakers to make sure that nursing homes allow patients access.

"We know that we have to do something to help our veterans, we owe them that," said Marlett.

Speakers from the public also talked about limits on dispensaries, and access for everyone.

Before the public comment session, two doctors addressed the committee. Both expressed concerns about medical marijuana, including potential side effects and societal problems.

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5.6 - Wyoming Tribune-Eagle: [Cheyenne Veterans Affairs complex should be praised](#) (22 August, Cecil Smith, 154k uvm; Cheyenne, WY)

I want the general public and the employees at the Cheyenne Veterans Affairs complex to know that not all veterans are dissatisfied with the treatment they receive there.

I have been using the facilities at the Cheyenne VA for about three years and have received excellent care.

The receptionists at the primary care desk and the information desk in the main building are always courteous and helpful. They volunteer to escort anyone not familiar with the building to their area of appointment.

My assigned PA and RN have given me excellent care every time I have seen them. I can call them at any time and discuss any problem I have.

The Physical Therapy Department is top-notch. I have difficulty walking without assistance, and they have provided me with canes, a walker, a wheelchair and instructions on care and use of these items. They also have exercise programs for people with limited physical ability.

The Optical Department is on par with any civilian eye clinic I have used. I have used the lab frequently and the pharmacy occasionally. Both departments have given me excellent service.

The DAV representative has been very helpful in explaining the compensation and benefits veterans are entitled to.

I have never experienced any excessive delays when I have had appointments at our VA. I have never had an unpleasant encounter with any employee. They have all been helpful, courteous and professional.

They should be applauded, not criticized. I have spoken with several of my fellow Korea and Vietnam vets, and they all feel as I do. Perhaps we who have experienced the pain and perils of combat are a bit more appreciative of the treatment we receive from the VA.

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5.7 - Daily Miner (The Daily Courier): [VA leader promised improvement, rating goes up](#) (22 August, Nanci Hutson, 131k uvm; Kingman, AZ)

PRESCOTT VALLEY – In two months, the local VA has earned a one-star elevation for its 85-bed capacity nursing home on the main campus, a promised improvement the medical director says speaks to the staff's determination to provide the very best care to the most vulnerable veterans in northern Arizona.

In June, Northern Arizona Veteran Affairs Health Care System was notified by national officials that its nursing home facility, the Community Living Center, earned the lowest rating of any VA in the country – the rankings are 1-5 with 1 the lowest. Since that time, the VA has corrected deficiencies so the center that now has 65 patients is ranked as a two-star facility.

The VA “truly cares about veterans and is devoted to providing outstanding care to our nation’s heroes,” said Medical Center Director Barbara Oemcke in a news release on Monday.

After the quarterly inspection results were released, Oemcke expressed confidence the CLC would be getting attention so the next review would be more positive. But she did note that it is an older facility on the campus that is now undergoing some \$30 million worth of remodeling, renovations and new construction to enhance services for in-patient and out-patient veterans. Once the current improvements are complete, Oemcke said she has high hopes the federal VA leaders will be open to upgrading and enhancing the long-term care space.

Families of several patients took umbrage to the low ranking because they said their beloved veterans were receiving, or had received prior to their death, the highest quality care.

Though the rankings did specify a need for improved pain management and attention to potential falls and some physical improvements, including attention to the water temperature in patient bathrooms, the inspectors who rated the facility gave a 5 ranking to the CLC staff. The staff and their leaders were lauded for “best practices” and commitment to the best interests of their patients and families. Inspectors noted that patients clearly have a connection and admiration for their caregivers.

In its latest scores, Oemcke said the VA showed improvement in eight of 11 quality measures. Some of the improvements include a decrease in the use of newly prescribed antipsychotic medication, a decrease in falls that injure patients and a decrease in the presence of “pressure ulcers.”

At the time of the first report, Oemcke said the VA already was addressing the installation of new water temperature gauges to better control the faucets and showers so that patients are comfortable.

The CLC is a specialty unit that provides both long-term nursing care as well as skilled rehabilitation and hospice care. Clinical staffing demands are higher in these long-term, in-patient facilities because the veterans require more complex care. The mission, though, of this VA is to maintain those services, rather than focus strictly on emergency or outpatient care, Oemcke said in an earlier interview on the rankings.

As an organization, the local VA is in a period of transition.

The 162-acre campus is in the midst of a two-year construction period to enhance and upgrade its aging facilities. The VA, too, is seeking to hire new administrative leadership and fill vacancies that have prompted clinical staffing shortages.

Oemcke’s mantra has been one of patience and perseverance. She promises the VA now and in the future will remain this region’s leading advocate for all veterans.

“Our goal is to continue to enforce our mission and core values while providing the best quality health care for Veterans,” Oemcke said in the news release.

The VA’s Community Living Center staff “is dedicated to quality improvement activities and determined to continue these efforts – one veteran at a time.”

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6. Suicide Prevention

6.1 - WYFF (NBC-4, Video): [Simpsonville doctor hosts fundraiser in memory of brother who died by suicide](#) (22 August, Brennan McDavid, 1.1M uvm; Greenville, SC)

SIMPSONVILLE, S.C. — The Department of Veterans Affairs estimates 22 vets die by suicide each day.

It is a harsh reality that hits home for Dr. Elliot Hirshorn, whose younger brother, Zach, killed himself.

"He was great at giving hugs and a big smile," said Hirshorn

The last memory he has of his brother is on Labor Day weekend. Hirshorn said they spent the afternoon playing with the kids outside. Then everyone went indoors to watch the movie "Frozen."

"He put that movie in and was fast-forwarding from one song to the next, and so we were all just singing the songs," he said.

Hirshorn never imagined that his brother would kill himself that night.

"Clearly there is something going on in the brain that takes you from one place to the other and that's what we're trying to prevent," he said.

Zach served in the military for 10 years and went overseas to Iraq, where he suffered physical and emotional damage. Hirshorn said his brother was diagnosed with post-traumatic stress disorder and prescribed medication.

"The medication sometimes can provide symptom relief, but it doesn't address the root cause of what is going on," he said.

Hirshorn is a functional neurologist, which means he studies brain function as it relates to depression, anxiety, anger and insomnia. He uses specifically designed therapies to strengthen certain parts of the brain and nervous system.

"These things, they're not typically part of the VA program, and so there is a financial burden for the veteran to be able to get care," he said.

So Hirshorn started Sgt. Zach's Freedom Foundation to give local vets with PTSD access to therapy.

He will host a silent auction and cornhole tournament this Saturday, 5-9 p.m. at Rail Line Brewing. The event will feature barbecue, live music and a special bourbon-infused beer, in memory of his brother.

"If we can keep one family from going through what we've had to go through the last four years, that makes everything that we're doing worth it," he said.

Veterans having a mental health emergency are urged to call the Veterans Crisis Line at 1-800-273-8255, then press 1 for veterans.

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6.2 - WJON (CMN-1240, Video): [Brainerd VA Clinic Hosting Suicide Awareness Forum](#) (22 August, 57k uvm; Saint Cloud, MN)

BRAINERD -- We've all heard the statistic: 22 veterans a day take their own lives, and the Brainerd VA Clinic is holding an event designed to fight that.

The clinic will be holding a Veteran Mental Health and Suicide Awareness Forum on Thursday. The event is free to attend and no registration is required. The VA says if you're interested in preventing suicide, you're invited to attend.

The forum will be at the Brainerd VA Health Clinic from 6:00 p.m. - 8:30 p.m., they're at 722 Northwest 7th Street in Brainerd.

The forum is designed to "provide participants with essential strategies to prevent suicide". They'll go over suicide awareness training, different safety measures and more.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - U.S. News & World Report (AP): [94-Year-Old Kentucky Veteran Receiving Medals 72 Years Late](#) (23 August, 23.9M uvm; Washington, DC)

LOUISVILLE, Ky. (AP) — A 94-year-old U.S. Navy veteran has waited 72 years, but he is going to receive the medals he's due from World War II.

William Edward Gilbert is a patient of Robley Rex Veterans Affairs Medical Center in Louisville. The hospital said he recently mentioned to his providers that he had never received his medals. The providers promptly took care of the problem.

On Thursday, Rear Adm. Michael E. Jabaley will present the Asiatic-Pacific Campaign Medal, World War II Victory Medal, Silver Star and American Campaign Medal to Gilbert.

Gilbert lives with his only son, Bruce. Gilbert's son said his father served from 1943 until 1946 and served on the USS Indiana in the Pacific during the war, earning the rank of steward's mate. Gilbert worked as a custodian at Jewish Hospital until his retirement in 1989.

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7.2 - U.S. News & World Report (Video): [Colorado Jail Helps Inmates Who Have Suffered Traumatic Brain Injuries](#) (22 August, Casey Leins, 23.9M uvm; Washington, DC)

BOULDER, Colo. — From 2007 to 2008, Kevin Leeper was a soldier in the U.S. Army, stationed in Iraq. Now, at age 31, he wears a different uniform: a tan jumpsuit and a barcode around his wrist.

Leeper has been serving time at Colorado's Boulder County Jail since March, on charges of menacing and attempted murder.

Before he left for Iraq, he says he was "a pretty stable kid." Leeper was in a band, was an avid skateboarder and lived what he calls a pretty normal lifestyle. After his return, he started using heroin and OxyContin, causing him to fail his urinalysis tests for the Army. Leeper had already fulfilled his required six years of service, but this ended his military career.

He says he also joined a motorcycle gang, got into fights and became an alcoholic.

Leeper attributes some of his behavior to the traumatic brain injury and the post-traumatic stress disorder he developed while overseas.

The Department of Veterans Affairs diagnosed him with a traumatic brain injury, which Leeper believes he sustained during daily mortar attacks on the Army base. He believes the injury makes it difficult for him to concentrate, causes him to "space out" during conversations and contributes to his long-term memory issues. The attacks also probably contributed to his PTSD, which he says "pretty much rules my life." It makes him anxious, and leads him to interpret situations as threatening, even when they are not.

He says his VA counselor told him he was "kind of recreating the war scene" by participating in gang activities and fighting once he was home.

"(I was) keeping the adrenaline high by being in risky situations," Leeper explains, "because that's what was natural for me."

He received some treatment for his PTSD through the VA and was involved in a traumatic brain injury program, but says he dropped out because of his alcoholism.

Now, though, Leeper is benefiting from Boulder County Jail's efforts to help inmates who have suffered traumatic brain injuries and reduce their recidivism rates, which are higher than those of the general population. It's part of a state-funded project led by Judy Dettmer, director of the state-run Mindsource - Brain Injury Network.

Through the project, facilities such as Boulder County Jail are able to better identify inmates with a history of a traumatic brain injury and teach them how to cope with their cognitive deficits. Leeper's memory and concentration issues are classic symptoms of traumatic brain injury survivors, according to Dettmer. Other common symptoms include lack of impulse control and sensory overload.

Jail staff identify brain injury survivors by asking screening questions; those who test positive are then given a symptom questionnaire to pinpoint their cognitive deficits or neuropsychological impairments. The jail uses those results to help them learn coping mechanisms.

Leeper, who tested positive for a traumatic brain injury, says the diagnosis has helped him to better understand his injury and how it has changed his cognitive abilities.

"(Now that) the memory loss and the mental slowness have been diagnosed, it's just kind of freeing in a way. I don't judge myself as bad," Leeper says.

Additionally, inmates who are found to have had traumatic brain injuries are connected with the Brain Injury Alliance of Colorado (BIAC), a partner in Dettmer's project. BIAC assigns the inmates case managers, who help them reintegrate into society during their probation period.

Boulder County Jail also recently implemented a psychoeducation course, which a few sites working with Mindsource - Brain Injury Network have tested so far. The course is facilitated by Christopher Heins, who supervises the facility's Jail Education and Transition program, and two of his colleagues.

The curriculum is designed to help inmates better understand their condition, how it impacts their life, and how they can overcome the obstacles they face, Heins says. The classes are structured in a way that keeps the students focused, using traditional teaching methods as well as videos and interactive exercises. In one part of Heins' first class, which was on emotional regulation, participants were able to share their own experiences.

"(There were) men from various modules (parts of the jail), who don't see each other that often, all openly sharing about their experiences," Heins says.

There are 10 participants in the course, which includes seven weeks of once-per-week classes, and there are already inmates on the waitlist for the next go-round, according to Heins.

Leeper, who was chosen to participate, says the class has helped him better understand how his cognitive issues are related to his traumatic brain injury.

"It's just raising my awareness of it all," he says, adding that he has learned a lot of research surrounding traumatic brain injuries, including how prevalent they are in the jail population.

Inmates aren't the only ones taking classes at the jail. In early June, the facility's deputies started a course, taught by Dettmer and BIAC's Corrections Program Manager Jaime Horsfall, to learn about traumatic brain injuries.

Heins says the deputies are now aware of how prevalent traumatic brain injury survivors are in jail and probation populations and are learning how to better identify and work with inmates who are affected by these injuries.

Matt Marostica, a deputy at the jail who was interviewed before the classes started, says he doesn't know exactly which inmates have experienced a traumatic brain injury, but the more acute cases are pretty evident. Some of these inmates have very slow response times, he says.

"We really break (directions) down one step at a time," Marostica says, adding that he has also purchased earplugs for inmates who suffer from sensitivity to noise, or sensory overload, due to their injuries.

Gregory Clem, a deputy who has worked at the jail for 23 years, says he can also usually identify traumatic brain injury victims. He's noticed that many of them seem very confused when they first enter the jail.

"A lot of (working with them) is just patience and understanding," he says.

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7.3 - The Hill: [VA's wrongful denial of sexual trauma cases shows that the agency still needs an overhaul](#) (22 August, Rory E. Riley, 11.8M uvm; Washington, DC)

At his first public speech since being confirmed as Secretary of Veterans Affairs, Robert Wilkie pledged to veterans at the AMVETS annual convention in Orlando, FL, last week that he would create a more user-friendly experience for veterans at the VA, specifically stating that “VA exists to make life easier for veterans.”

As highlighted by a VA OIG report issued this week that focused on denied claims for military sexual trauma (MST), Wilkie certainly has his work cut out for him. Specifically, that report found that, due to claims processing errors that resulted from VA’s rush to eliminate its backlog of claims — a number often touted by VA critics as evidence of its failing practices — many MST claims were denied without proper application of applicable law and regulations.

In order to successfully follow through on his goal of making the VA more user-friendly for veterans, Wilkie must implement a cultural shift away from VA’s current emphasis on easily-manipulated numbers and statistics to evaluate performance to one that focuses on the experience of each individual veteran.

When people talk about the VA, one of the most frequent topics of conversation is about the numbers.

The VA is the second largest cabinet department in terms of size — it employs nearly 383,000 federal employees. It is the fifth largest in terms of budget, with a total outlay of nearly \$200 billion, annually. There are currently just over 360,000 disability claims pending, although this is down significantly from the backlog of over one million claims several years ago.

Congress and the media also love statistics, particularly when it comes to evaluating the VA. Oversight hearings and the subsequent reporting on them often hinge on improvements or lack thereof regarding percentages and wait times in both the health-care and the benefits arenas.

Of course, there are both benefits and drawbacks to the reliance on these types of statistics to evaluate performance.

On the one hand, numbers provide tangible ways to measure performance for a department that appears to constantly be struggling to keep up with its burgeoning workload. On the other hand, VA has been caught, on multiple occasions, manipulating those numbers to create the appearance of success, at the expense of veterans’ health and well-being.

Thus, when the OIG report came out this week noting that the VA improperly processed approximately half of denied claims for MST, which amounts to approximately 1,300 claims, at first glance, this may seem like a minor problem.

Particularly when compared to some of the VA’s other recent headlines, including reports of infighting amongst department leadership, a lawsuit pertaining to the influence of several men known as the “Mar-a-Lago Crowd,” and mismanagement of its caregiver program, the number of MST claims impacted by the report appears to be a drop in VA’s overflowing bucket of problems.

However, sometimes minor statistics can have major implications for the veterans that are impacted by them, something that VA has unfortunately, at times, lost sight of. This is why VA must work to improve, and not overlook, the processing of MST and other complex claims. Even one veteran who has their claim wrongly denied is too many.

Whether related to the military or not, sexual assault is a serious mental health issue for the victim. And, as has been highlighted by the #MeToo movement, it is a much bigger problem than many realized, particularly in situations that involve power differentials such as employment, politics and the military.

In addition to complicating a very serious issue for those individual veterans who are suffering from MST and filing related claims, from an organizational standpoint, VA has two major issues of its own related to this report.

First, VA does not appear to have learned from its past mistakes. In 2002, VA relaxed the evidentiary standards for MST claims, but after noting inconsistent application of its own regulations, in 2011, VA began assigning MST-related claims to specific adjudicators and accordingly, in 2013, VA invited nearly 3,000 veterans whose MST claims were denied to resubmit them.

Similarly, in response to this week's OIG report, VA agreed to reevaluate all denied MST claims decided between Oct. 1, 2016, through June 30, 2018. Although VA should be given credit for working to fix its past mistakes, a more successful strategy would be to follow applicable laws and regulations the first time.

Processing claims correctly so veterans can receive the benefits they have earned, rather than forcing victims of significant trauma to relive that experience due to VA's own ineptitude, is what ultimately makes things easier for veterans.

Moreover, for an agency that often struggles with backlogs and long wait times, consistently requiring those whose claims have been adjudicated incorrectly to resubmit them only furthers many of VA's internal workload problems.

Second, the subject scenarios in this week's OIG report on MST highlight the crux of VA's problems when it relies on numbers and performance metrics to measure success; such measures are often short-sighted and fail to ultimately correct the problem. Although rushing through its backlog of claims due to over-emphasis on the backlog numbers temporarily eliminates criticism related to that number, it does not actually improve the lives of veterans, particularly if their claims are wrongly denied as a result.

The MST claims such as those highlighted in this OIG report highlight that, in the long run, this actually creates more work and more delays for veterans — the exact opposite of making their lives easier. If making life easier for veterans is Wilkie's goal, ending the over-reliance on performance statistics is a good starting point.

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7.4 - KTBS (ABC-3): [VA program aimed at helping veterans become home owners](#) (22 August, Alison Lorraine, 298k uvm; Shreveport, LA)

A local veteran says he was ready to take his own life.

Brett Smith said he couldn't hold a job or provide for his family and was living in a dilapidated mobile home with his wife and three kids.

The mental and physical anguish he dealt with for years had left him with nowhere else to turn, until he came across a program at the VA to help him get back on his feet.

"We're actually comfortable for the first time in a very long time," said Smith, shortly after completing a Veterans Affairs housing program administered by Overton Brooks VA Medical Center.

But a couple years earlier, Brett wasn't himself.

"I was ready to take my own life."

The four years Brett spent overseas after enlisting in the army in 1990, at just 17-years-old, had left an impact on him that would haunt him for the rest of his life.

"I wake up 3-4 times a night. I have a lot of combat related nightmares."

He was immediately sent to Kuwait after a couple short weeks in boot camp. Smith started off as a tank driver, but was moved to the gunner position. During his time there - an accident that effects him to this day.

"While I'm stationed there, we accidentally blow up our own motor pool."

And today he suffers from an injured ankle, hearing and visual problems, and post-traumatic stress disorder, all from his time overseas.

"I was at my wits end. I couldn't figure out why I couldn't hold a job, why I couldn't support my family, what was going on," added Smith.

He says for fifteen years, he just sat on it. Until his wife convinced him to get any kind of assistance they could from the VA.

"When I joined the homeless program, we were in a dilapidated 16x40 mobile home. All five of us piled in there."

The program, also known as "HUD-VASH," is a partnership between the Department of Housing and Urban Development and the VA that combines HUD housing vouchers with VA supportive services to help veterans who are homeless and their families find and sustain permanent housing.

A couple years back, Overton Brooks VA placed the Smith's in a home in Mooringsport, Louisiana. All in an effort to help Smith get back on his feet.

"They gave me everything I needed to get back to where I am now."

He learned computer skills, received treatment for PTSD, and was able to start applying for VA loans to get his credit up.

The confidence he gained from HUD-VASH helped him to sustain a job with General Dynamics, where he does computer services for VA's across the globe.

It's his version of paying it forward.

"This is me giving back to them for everything they've done for me."

Until he's ready to buy a home of his own, his certificate hangs in the hallway as a constant reminder that helped him get through one of the toughest moments in his life.

Officials at Overton Brooks say 90% of veterans who graduate the HUD-VASH program leave with permanent housing. Smith says he hopes by spring he'll be in the position to buy a home.

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7.5 - The Times: [Did You Hear? Presidential certificate honors memory of deceased veterans](#) (22 August, Marsha Keefer, 191k uvm; Beaver, PA)

Our country honors the memory of deceased veterans with an embossed certificate signed by the president, but receipt is not automatic. A request must be made by family or friends.

The recognition has been offered for more than 50 years, but many families may not know about it, said Jerry Fisher of Brighton Township, a Vietnam-era veteran who shared information about the program with The Times.

President John F. Kennedy initiated the Presidential Memorial Certificate in 1962 to express the nation's gratitude for service in the Armed Forces. All deceased veterans honorably discharged from active duty are eligible. Certain National Guard and reserve members may also qualify. Excluded are convicted sex offenders or those who committed a state or federal capital crime.

The U.S. Department of Veterans Affairs administers the certificate program through the National Cemetery Association.

The free, gold-embossed certificate includes the Great Seal of the United States, name of the deceased veteran and this text in calligraphic script, followed by the president's signature:

"The United States of America honors the memory of (veteran's name).

"This certificate is awarded by a grateful nation in recognition of devoted and selfless consecration to the service of our country in the Armed Forces of the United States."

A deceased veteran's next of kin, relatives, friends or an authorized service representative such as a funeral director acting on their behalf may request a certificate.

Applicants must sign a form and provide photocopies of the veteran's official military discharge document (DD-214 form) and death certificate.

Forms are available on the National Cemetery Administration website at www.cem.va.gov/pmc.asp or by calling 800-827-1000. Certificates also may be requested in person at any Veterans Administration Regional Office.

Completed applications can be mailed or faxed.

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7.6 - Kokomo Tribune: [VA underfunding women's services](#) (22 August, Tobi Beck, 77k uvm; Kokomo, IN)

Last week, I was honored to join local and state officials, my fellow servicemen and servicewomen, and the Kokomo community at Foster Park, as Hoosiers remembered Marine Sgt. Opha May Johnson.

In boot camp, there are certain names you learn. The names of those who came before you and blazed a trail so you would benefit. For Marines, one of those names is Sgt. Opha May Johnson.

Opha May Johnson was the first woman to enlist and serve in the Marines during World War I. A Kokomo, Indiana, native, this fearless woman broke ground that paved the way for hundreds of thousands of women behind her to serve their country: a patriotic giant. As a female combat veteran, I owe a part of my military service to the women who paved the way.

When Opha May enlisted, she received the same pay as her male counterparts. But when it came to her physical exam, the Marines were not prepared to accommodate a woman. She was examined fully clothed because only male doctors were available. Her forms were full of crossed-out pronouns, because the only forms that had ever been used were made for men.

We have come a long way since those days, but we still have much work to do. In many ways, we are still unable to accommodate our female veterans. While the language on our forms is no longer at issue, today the Department of Veterans' Affairs fails to fund or underfunds women's health services.

According to the VA, women veterans are the fastest-growing group of veterans in the country — and they also face greater health-related challenges after their military service. Suicide rates among female veterans has jumped up a shocking 85 percent since 2001, and female vets frequently do not receive care until years after their service has ended.

Despite these disturbing facts, many VA hospitals do not adequately staff doctors or nurses who are able to meet the basic needs of this group. Necessities such as breast cancer screenings, Pap smears or pre-natal care are often not available at a local VA hospital. Forced to seek alternative care, servicewomen are told to find private doctors instead. This results in many of our servicewomen being turned away from any doctors' office, unable to find a private medical professional covered under their plan. These services are vital parts of every woman's health care regimen, but all too often we leave our female veterans high and dry when it comes to meeting their needs.

I considered it a great privilege to attend last week's event in remembrance of Sgt. Johnson. I believe it is important to honor our history, but it is equally important to learn from it. When we fail to meet the needs of all of our veterans, including our servicewomen, we fail to truly honor them.

Sgt. Opha May Johnson broke barriers as the first female Marine to enlist. As a woman who served in a combat role, I have seen many barriers broken in my lifetime — and I know we can come together as a country to break yet another. Let's honor our history by helping those in our present.

Tobi Beck is the Democratic candidate for Indiana's 4th Congressional District.

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7.7 - The Miami Times: [Going for gold: Veterans compete in national competition that wins medals and better well-being](#) (22 August, Janiah Adams, 13k uvm; Miami, FL)

At the Bruce W. Carter Department of Veterans Affairs Medical Center are a group of former service people who have proven to be champions. In their late 60s into their 70s, aren't afraid to run a mile or throw a horseshoe. In fact, they train for months throughout the year to qualify themselves for the National Veterans Golden Age Games. But the training these vets receive physically carries out into other aspects of their lives.

"It's a senior adaptive rehabilitation program and it's designed to improve the quality of life for older veterans. So, we're basically promoting a healthier leisure lifestyle and overall health for seniors," said Zuleika Smith, a recreation therapist at the Bruce W. Carter VA Medical Center in Miami. She's also one of the two coaches who help the veterans to train throughout the year.

The national games are held every two years. The team of 14 veterans recently returned from Albuquerque, New Mexico, where the games were held earlier this month. Their fourth time competing, this year, the team won four gold medals, four silver medals, five bronze medals, a fourth and a fifth-place ribbon.

The basic qualifications for the national games is that the veterans have to be registered at a veterans affairs medical center, have to be turning 55 by the end of the year of the competition, and they must get medical clearance from their primary physician.

The games have many athletic events, including bowling, basketball, air rifle, table tennis, swimming, golf and track and field.

"We've been fortunate to receive different donations of equipment, [and] monies from some organizations in the past, so we've been able to purchase some equipment," Smith said. "We've formed some community partnerships with different places in the community to use their facilities in order to train."

During their months of training, the two coaches create a schedule for the different events for which they'll train.

"Friday, we usually practice track and field, basketball and horseshoes and also the power walk," Smith said. "Some of the guys go out on their own sometimes and meet up and practice. We have somebody that coaches them in badminton and some of them meet up on Fridays and go bowling together. So, it's a concerted effort between us and some of the vets. Some, on their personal time, are part of bowling clubs or go golfing every week. Some of them have their own routines they follow."

With all of this training, Smith said many of the vets can do things most people in their age group would find difficult to do. She said competing not only improves their health, but boosts confidence.

Charles James, a 77-year-old Vietnam veteran, said training for the games helps him to stay fit.

"I started practicing around January, and some started even before that. Once a week, I would go in and practice my craft. I play golf all the time," James said.

James competed in the basketball free throw contest, horseshoes, badminton, bowling and golf. He won a gold medal in basketball and won first place in golf.

"You want to go do well because the other members of your team, you're pulling for them," he said. "There are two to three other Vietnam vets, so you automatically have some kind of relationship with them. Now, you have a reason to get up in the morning and be active instead of staying home and watching TV."

Michael Chambers, a 71-year-old veteran who served in the Vietnam war from 1967-1968, said the games are valuable to him physically, emotionally and socially.

"You get to meet a lot of guys. More often than not, you're meeting guys who served in Vietnam the same time you were there," Chambers said. "Now you're in a group of people who are speaking and getting to express themselves so it's very valuable to me."

Chambers suffered from two strokes in his lifetime, which caused his left side to be weaker than his right. He said his balance is "somewhat bad."

"Moving, it allows you to get better with coordination," Chambers said. "I know I'll never get the coordination I had, but I'm satisfied with the fact that I'm alive and these games help you to stay alive. It helps you to get up in the morning and do what you need to do and live a better life."

Smith said the team will continue to practice for local senior games, which are open to all seniors, starting in September. At that point, the veterans will set rehabilitation goals. Those goals can range from physical ability to mental health, Smith said.

"If we're talking about something with Post Traumatic Stress Disorder or depression, having them work together in a group kind of forces them to form a bond," she said. "We try to keep it like a family unit. The team is good at coming out to support each other. We've seen some people kind of come into their own and we see their true personality come out ... We as coaches and therapists have seen their progression over the years."

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8. [Other](#)

8.1 - The Hill: [Trump awards posthumous Medal of Honor to family of fallen Air Force sergeant](#) (22 August, Brett Samuels, 11.8M uvm; Washington, DC)

President Trump on Wednesday awarded a posthumous Medal of Honor to the widow of an Air Force technical sergeant who died on a rescue mission in Afghanistan.

Air Force Tech Sgt. John Chapman was honored Wednesday for charging into enemy fire and securing enemy positions during a 2002 mission that went awry. Trump presented the nation's highest military honor to Chapman's widow, Valerie Nessel, during a ceremony at the White House.

Chapman and other troops pressed through deep snow and a hail of enemy gunfire in search of team members who were stranded when a helicopter crash-landed near the peak of Takur Ghar, a 10,000-foot mountain in Afghanistan.

Trump said Chapman was the first to clear an enemy bunker and exposed himself to gunfire to secure a second bunker. He was shot and lost consciousness.

"Even though he was mortally wounded, he regained consciousness and he fought on," Trump said. "And he really fought. We have proof of that fight. He really fought."

"Through his extraordinary sacrifice, John helped save more than 20 American service members," Trump added.

Chapman, a Connecticut native, is the 19th member of the Air Force to receive the Medal of Honor.

Secretary of Veterans' Affairs Robert Wilkie attended Wednesday's ceremony, as did Sens. John Boozman (R-Ark.), Richard Blumenthal (D-Conn.), Chris Murphy (D-Conn.), Bob Casey (D-Pa.), Pat Toomey (R-Pa.), Rep. Matt Gaetz (R-Fla.) and Rep. John Larson (D-Conn.).

Earlier this year, Trump awarded the Medal of Honor to retired Navy SEAL Britt Slabinski for his efforts during the same mission.

The mission, known as the Battle at Roberts Ridge, came under scrutiny after the fact for lack of planning and communication at senior levels, The Washington Post reported.

The newspaper reported that Slabinski and other team members believed Chapman was dead and retreated from the mountain.

The Air Force reviewed drone footage years later that showed Chapman was likely just unconscious and was forced to fight extremists alone after he regained consciousness.

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8.2 - NBC News: ['Black Man in a White Coat': New Memoir Takes on Race and Medicine](#)
(22 August, Pamela K. Johnson, 9.6M uvm; New York, NY)

Dr. Damon Tweedy was just a medical student some years back when a 50-year-old African-American woman arrived in the ER complaining of chest pain. While the team prepared to treat her, she went into cardiac arrest and died.

In some ways the scenario reflects the vulnerability of being black in America: dying younger—and frequently from preventable diseases—Tweedy writes in his new memoir, "Black Man in a White Coat: A Doctor's Reflection on Race and Medicine."

"I always enjoyed reading medical stories...but so few talked about race," he explained. "So I wrote the book I wanted to read."

A professor at Duke University Medical School who practices at Durham VA Medical Center, Tweedy recalls being attracted to his profession, in part, because he figured that "numbers, equations and formulas would not be messy the way that life can be." And yet they were.

He recalls being on the receiving end of a number of racial micro-aggressions, such as the time his professor assumed that he was there only to fix the lights. Or when an admissions interviewer questioned whether he could succeed in medical school, despite a high GPA.

"My first thought was that I'd done something wrong," he says. The flames of insecurity were fanned, quite possibly, by being only the second in his immediate family to attend college; his father never finished high school.

A PAINFUL HISTORY

Going in, Tweedy was well aware of medicine's checkered past as it relates to people of color: The Tuskegee Experiment allowed nearly 400 unsuspecting African-American men with syphilis to go untreated for decades, so a government agency could collect data on the effects of the disease. And over the decades, would-be health-care providers have taken it upon themselves to sterilize poor women of color so they wouldn't reproduce.

In fact, when Tweedy was a student, a clinic nurse suggested they ask a 19-year-old black woman—whose baby was stillborn because of crack abuse—if she wanted her tubes tied. Ultimately, cooler heads prevailed.

Black Man in a White Coat

As Tweedy continued his education and training, he discovered a passion for treating the mind over the body.

"The emotional side is every bit as important as the physical side," he asserts. But getting Black folks to seek psychiatric treatment can pose quite a challenge.

"They figure it's not necessary, and that there are ways [to get help] other than talking to a stranger—like going to church or talking to family," says Tweedy, who is married to a doctor and has two young children. The physician also finds that both black patients and white doctors sometimes mistakenly view African Americans as being more resilient because they've survived slavery and segregation, while continuing to confront institutional racism. But that assumption can decrease the likelihood that African Americans get diagnosed or treated.

'OFFERED A PATIENT MORE'

One of Tweedy's favorite stories in the book is about a woman who sought his help to face her anxieties and anger towards an emotionally abusive black father. She was a biracial PhD student who felt ambivalent about finishing her degree.

A few years later their paths crossed again, and Tweedy discovered that the woman had earned her PhD, married a black man, and found a position as a professor.

"I couldn't know whether she would have arrived at this place in life with someone else's guidance, or even on her own," the author says, "but for once, I felt that by being a black doctor...I had truly offered a patient something more."

As Tweedy and his black classmates sought role models who looked like them over the years, many held presidential candidate Ben Carson in high regard. Tweedy recalls the time that he and his peers visited the illustrious doctor's home. But Carson's more recent comment that Obamacare is "the worst thing since slavery" struck Tweedy as irresponsible and bizarre.

As protests swell around the series of mostly unarmed, young black men dying at the hands of police, the author is even more alarmed by the number of blacks who pass away at early ages because of heart disease, diabetes, and other preventable illnesses.

"It's not as catchy in terms of a news story, but it's a real issue," he said.

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8.3 - San Antonio Express-News: [Operator of dog training school charged with fraud, money laundering](#) (22 August, Guillermo Contreras, 718k uvm; San Antonio, TX)

Federal agents on Wednesday arrested a principal figure of a canine-training operation after he was indicted by a grand jury on charges related to fraud and money laundering.

Bradley Croft, 46, who has said he was a founder of Universal K9, was taken into custody days after his property was the target of a raid by agents with the FBI, and the IRS' Criminal Investigation division. The agencies would not comment Wednesday, but the Express-News verified the arrest through other sources. The indictment is not yet public but is expected to be released when Croft appears in federal court on Thursday.

The agents served a search warrant Aug. 8 on Universal K9 at 15329 Tradesman, near Loop 1604 on the North Side, which is billed as a nonprofit. Of 31 dogs found on the site, 26 were removed by the city's Animal Care Services.

Councilman Manny Pelaez, who represents the district there, said in an online post on Aug. 8 that "the IRS and the FBI just shut down an operation that was preying on veterans and not doing right by dogs. That's a good thing worthy of mention and support."

San Antonio Police Department officers assisted. The Express-News confirmed that the Department of Veterans Affairs also was involved in the investigation.

"Universal K9 specifically outreaches to veterans and offers a two-week K9 Handlers course or a ten-week trainers course in which any veteran may utilize his or her GI Bill to cover 100% of course costs, including the canine," Universal K9 said in a lawsuit it filed recently against former students.

It costs \$12,500 for a 10-month course, according to exhibits included in the lawsuit.

Lawyers for Universal K9 filed a motion dismissing the lawsuit the day after the raid.

Universal K9 is also listed as a nonprofit foundation that donates dogs to police departments and has been featured on local and national media, including CBS News and the Express-News.

But veterans who took the course said in previous interviews that things did not appear to be on the up and up, and some alleged the government was being defrauded by the way Universal K9 handled federal funding.

Croft has a criminal history that includes violent outbursts, state District Court records show. In 1995, for example, his lawyers negotiated plea deals that left him with deferred adjudication probation for lesser charges after being charged with deadly conduct or other felonies.

In one case, he admitted shooting into the ground during an argument with his then-girlfriend. After police showed up, he challenged them and got into a fight with them, according to court records.

He also was accused of firing a gun at a moving car at a couple that he and a friend got into an argument with, the records show. Croft and the friend followed the couple on Interstate 10 when Croft fired the gun and hit the couple's vehicle, flattening their tire.

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From: Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>
To: Deere, Judd P. EOP/WHO <judson.p.deere@who.eop.gov>; Parkinson, Zach Z. EOP/WHO <andrew.z.parkinson@who.eop.gov>; Fetalvo, Ninio J. EOP/WHO <ninio.j.fetalvo@who.eop.gov>; Anthony.M.Paranzino@who.eop.gov <anthony.m.paranzino@who.eop.gov>; Magyarits, Caroline S. EOP/WHO <caroline.s.magyarits@who.eop.gov>; Carolina L. Hurley (Carolina.L.Hurley@who.eop.gov) <carolina.l.hurley@who.eop.gov>; Alexa Henning (Katherine.A.Henning@who.eop.gov) <katherine.a.henning@who.eop.gov>
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Bcc:
Subject: VA Comms Update - August 21, 2018
Date: Tue Aug 21 2018 12:08:04 CDT
Attachments:

Inquiries – Nothing significant

Top Stories

*Politico: VA struggles continue

*The Fayetteville Observer: Our View: VA chief's approach to change just might work

*Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Top Issues and Accomplishments

*August 21 – Secretary Wilkie hosted a Veterans Service Organization Breakfast at the VA Central Office.

*August 24 - Secretary Wilkie will speak at the 2018 Secretary of Defense Employer Support Freedom Awards Ceremony in the Pentagon

*August 29 – Secretary Wilkie will speak at the American Legion Convention in Minneapolis, MN. (Media engagements TBD).

*August 30 – Secretary Wilkie will speak at the Paralyzed Veterans of America Health Forum in Dallas, TX. (Media engagements TBD).

*October 8 – Secretary Wilkie will speak at the Association of the U.S. Army Annual Conference in Washington, D.C. on October 8th - 12:30-1:30p.m., (Media engagements TBD).

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

(b) (6)

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: (b) (6)
To: Ulyot, John </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacoulyoj>; Cashour, Curtis </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=vacocashoc>; Hutton, James </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=james.hutton>
Cc:
Bcc:
Subject: FW: [EXTERNAL] FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department
Date: Mon Aug 20 2018 17:14:28 CDT
Attachments:

FYI

Sent with Good (www.good.com)

From: Henke, Robert (Veterans Affairs)
Sent: Monday, August 20, 2018 2:09:42 PM
To: Powers, Pamela; Tucker, Brooks
Subject: [EXTERNAL] FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

icymi

From: Moore, Camlin (Veterans Affairs)
Sent: Monday, August 20, 2018 12:05 PM
To: x
Cc: x
Subject: FW: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

By Lauren Clason

Top Republican lawmakers have no plans to examine the alleged influence that a trio of President Donald Trump's friends have at the Department of Veterans Affairs, even as Democrats call for an investigation.

The controversy peaked in recent weeks after reports that Marvel Entertainment Chairman Ike Perlmutter, Palm Beach doctor Bruce Moskowitz and D.C. lawyer Marc Sherman hold undue sway with VA leadership, including senior adviser Peter O'Rourke, who formerly served as acting secretary. Liberal veterans group VoteVets filed a lawsuit against the administration last week, claiming the VA is violating federal protocol related to private influence in matters of federal policy.

Scrutiny of the department is high as recently confirmed Secretary Robert Wilkie assumes control of a massive overhaul of the popular Veterans Choice Program giving veterans access to private doctors. Veterans groups are closely watching how the department will implement the bipartisan project, particularly whether it will funnel more resources away from VA facilities.

Multiple Democrats have called for an investigation into the influence of the three outsider advisers to Trump, and House VA Committee ranking member Tim Walz is seeking details of correspondence from the department. But Republican leaders of both the House and Senate veterans committees don't agree the issue warrants congressional intervention.

Senate Veterans' Affairs Committee Chairman Johnny Isakson said the problem was largely solved after Wilkie was sworn in last month.

"I think we're moving ahead," he said. "Most of them are out of there."

Isakson added that the three men worked around the committee but never affected the committee's agenda.

"There wasn't anything I could do about it," he said. "It never caused us any trouble. It was certainly disruptive and held the VA back some, but we got a great secretary now."

A spokeswoman for Tennessee Republican Phil Roe, Isakson's counterpart on the House Veterans' Affairs Committee, said Roe also believes Wilkie is capable of running the agency independently despite outside pressure.

The VA has also rejected the notion that the three friends ever had any direct influence over the department.

“Secretary Wilkie has been clear how he does business — no one from outside the administration dictates VA policies or decisions — that’s up to him and President Trump,” spokesman James Hutton said in an email. “Period.”

But Democrats aren’t satisfied. Democratic Reps. Julia Brownley and Ann McLane Kuster have petitioned VA Inspector General Michael Missal to investigate and asked Roe to hold a hearing on the matter.

“Not only are these individuals making policy decisions without nomination by the President or Senate confirmation, they have reportedly made personnel decisions that adversely affected the careers of numerous VA employees who felt their counsel was contrary to the delivery of quality care to our nation’s veterans,” the congresswomen wrote to Missal.

Republicans are less concerned. Sen. Mike Rounds said he has concerns about the VA, but they don’t include Trump’s friends.

“I don’t know that it’s necessary to investigate it,” he said. “I think if the president wants to have discussions, he most certainly is welcome to bring in outsiders to have discussions.”

GOP Sen. Bill Cassidy said the issue has to be more than what he called “Trump derangement syndrome” on the part of the president’s critics to warrant an investigation. Presidents routinely have friends and other informal advisers they seek out for opinions, he added.

“I think it would have to make sure that it crossed those thresholds before I would be particularly concerned,” he said.

Website: <http://www.rollcall.com/news/politics/republicans-downplay-influence-trump-friends-veterans>

From: Bloomberg Government <alerts@bgov.com>
Sent: Monday, August 20, 2018 11:51 AM
To: (b) (6)

Subject: Alert: Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

Roll Call: Republicans Won't Probe Influence of Trump Friends at Veterans Department

August 20, 2018 11:50AM ET | Roll Call

Veterans Affairs Chairman Johnny Isakson, R-Ga., speaks during a hearing of Veterans Affairs secretary nominee Robert Wilkie in front of the Senate Veterans' Affairs Committee in the Dirksen Senate Office Building Wednesday June 27, 2018. (Photo By ...

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Cc:
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Subject: [EXTERNAL] Google Alert - Veterans Affairs
Date: Mon Aug 20 2018 08:03:08 CDT
Attachments:

Veterans Affairs
Daily update · August 20, 2018

NEWS

Veteran Affairs Health Van Clinics scheduled in Calaveras County

Calaveras Enterprise

The Veteran Affairs (VA) Health Van Clinics will be visiting two locations in Calaveras County within the next two months; West Point and Valley ...

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On July 20, the VA announced that it had implemented one of the three orders Trump signed restricting union leaders from doing union business on ...

Trump brags about VA changes, but affected workers say the result has not been good for veterans -

Janesville Gazette

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Ore. veteran services and a growing VA

Ontario Argus Observer

With the appointment of, yet again, another Secretary of Veteran Affairs, the conversations around the coffee table lately have been on just how does ...

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Veterans and veggies flourish at VA garden

Citizens Voice

Volunteers Lynn and Joseph Brice near one of the veterans gardening projects at the Wilkes Barre VA Medical Center. cv20vets4 DAVE ...

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State disrespected military veterans

The Gazette: Eastern Iowa Breaking News and Headlines

Documents obtained by The Gazette show the Iowa Democratic Veterans' Caucus had made application to the Iowa Department of Veterans Affairs at ...

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VA sets public meeting on missed test results

Northwest Arkansas Democrat-Gazette

FAYETTEVILLE -- The Veterans Health Care System of the Ozarks will host another town hall meeting

Monday in its ongoing review of missed ...

VA Brings Focus to Impaired Doctor's Misdiagnosing Through Further Investigation - KNWA

Full Coverage

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Veterans Journal: Corruption and cronyism charges swirling around the VA

The Providence Journal

Then-VA Secretary David Shulkin reportedly said of Moskowitz, "Who the hell is this person who practices medicine in Florida and has never run a ...

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Meg Loncharic: Volunteer generates well-being for veterans

GoErie.com

Perhaps you've noticed the expansion activity and redevelopment going on at the Erie Veterans Affairs Medical Center at East 38th Street and Old ...

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Veterans Home in jeopardy

Bismarck Tribune

The Administrative Committee on Veterans Affairs has oversight of the NDVH governing board. Based on their minutes, they too seem unconcerned ...

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Norman's American Legion Post receives state, national awards

Norman Transcript

The awards are focused around the American Legion credo, which rests on four pillars – Veterans Affairs & Rehabilitation; National Security; ...

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Subject: [EXTERNAL] 20 August Veterans Affairs Media Summary and News Clips

Date: Mon Aug 20 2018 05:15:03 CDT

Attachments: 180820_Veterans Affairs Media Summary and News Clips.docx
180820_Veterans Affairs Media Summary and News Clips.pdf

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

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Veterans Affairs Media Summary and News Clips

20 August 2018

1. [Top Stories](#)

1.1 - The San Diego Union-Tribune: [Trump touts VA overhaul, but affected workers say the result has not been good for veterans](#) (19 August, Andrew Dyer, 493k uvm; San Diego, CA)

A trio of executive orders signed by President Trump in May to take on what he considers a bloated and inefficient federal workforce are working as intended, administration officials say, although Department of Veteran Affairs workers and union members say the implementation is hurting workers — and veterans.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Maine Senator Gets Behind Push for Cannabis for Veterans](#) (20 August, 23.9M uvm; Washington, DC)

Maine's independent senator says he is getting behind an effort to research how medicinal cannabis could help veterans. Sen. Angus King is part of a bipartisan group of legislators that wants to authorize the U.S. Department of Veterans Affairs to advance research about the safety and efficacy of medicinal cannabis for veterans who suffer from post-traumatic stress disorder and chronic pain.

[Hyperlink to Above](#)

1.3 - Pittsburgh Tribune-Review (Video): [Allegheny Township man reaches new heights as inspiring wheelchair athlete](#) (19 August, Renatta Signorini, 1.5M uvm; Warrendale, PA)

Jerry Baylor has spent decades inspiring others. Sometimes, it's when he gives them a small stone he has meticulously hand-painted. Or when he helps someone modify a fly fishing pole to use after a spinal cord injury. But often, it's when the 73-year-old Allegheny Township man is using his own wheelchair to win medals.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Erie Times-News: [Volunteer generates well-being for veterans](#) (19 August, Meg Loncharic, 320k uvm; Erie, PA)

Ben Montifiori is one of hundreds who give their time at Erie Veterans Affairs Medical Center. Perhaps you've noticed the expansion activity and redevelopment going on at the Erie Veterans Affairs Medical Center at East 38th Street and Old French Road. Maybe you've visited or cruised by for a look-see at this facility, where some 700 employees are committed to the good work being done.

[Hyperlink to Above](#)

4.2 - FedSmith: [VA Takes Action to Restrict Collective Bargaining and Official Time](#) (19 August, Ian Smith, 276k uvm; Washington, DC)

The Department of Veterans Affairs announced last week that it is taking back rights it gave away under the previous administration to preclude collective bargaining on issues indirectly related to VA providers' professional conduct or competence. Consequently, unions can no longer engage in collective bargaining when it comes to professional conduct and patient care by VA providers.

[Hyperlink to Above](#)

4.3 - KNWA (FOX-24): [VA Brings Focus to Impaired Doctor's Misdiagnosing Through Further Investigation](#) (19 August, Ashlyn Brothers, 191k uvm; Fayetteville, AR)

It's been just over two months since the VA Medical Center in Fayetteville announced an impaired doctor misdiagnosed seven people. The Veterans Health Care System of the Ozarks announced they will investigate close to two thousand of the pathologist's other cases.

[Hyperlink to Above](#)

4.4 - Northwest Arkansas Democrat-Gazette: [VA sets public meeting on missed test results. Questions remain about review](#) (19 August, Doug Thompson, 162k uvm; Fayetteville, AR)

The Veterans Health Care System of the Ozarks will host another town hall meeting Monday in its ongoing review of missed diagnoses that proved fatal to at least one patient. Kelvin L. Parks, interim medical center director, said at the first town hall meeting July 9 that about 2,500 cases had been reviewed so far. Every case will be reviewed by a pathologist from outside the Fayetteville-based system, he said.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - AL.com: [Alabama veteran wins top awards at Golden Age Games](#) (19 August, Shelly Haskins, 11.5M uvm; Birmingham, AL)

At 69, Henry Lee Preston still has serious game. For the past dozen years, Preston, a Vietnam veteran from Adamsville, has been representing Alabama at the Veterans Administration's Golden Age Games, often as the state's only competitor.

[Hyperlink to Above](#)

7.2 - Newsday: [Crews to begin repairing historic iron fencing at Long Island National Cemetery](#) (19 August, Khristopher J. Brooks, 3.2M uvm; Melville, NY)

Repair work will begin Monday on the Long Island National Cemetery's perimeter fence, a face-lift that the director of the 364-acre Pinelawn cemetery said will be "phenomenal." The black, spear point-topped iron fencing along the cemetery's exterior on Wellwood Avenue was installed in 1937 at the opening of the cemetery.

[Hyperlink to Above](#)

7.3 - Citizens' Voice: [Veterans and veggies flourish at VA garden](#) (19 August, Bill Wellock, 272k uvm; Wilkes-Barre, PA)

In the cupholder of his wheelchair, Ron Strauss carried a taste of summer. It was one you can eat: A tomato, picked from the community garden at the Department of Veterans Affairs Medical Center in Plains Twp. "I'm the city boy around here, but I still enjoy gardening," said Strauss, a 75-year-old U.S. Army veteran from Philadelphia.

[Hyperlink to Above](#)

7.4 - Janesville Gazette: [Homeless veteran lived in the shadow of downtown](#) (19 August, Neil Johnson, 164k uvm; Janesville, WI)

Dan Eccles' body was pulled from the Rock River near the Centerway Dam, just downstream from a spot on the river bank where he was known to crawl into the weeds to sleep at night. Eccles' world, such as it was, spanned a quarter-mile, unpaved trail along the west side of the Rock River near downtown Janesville.

[Hyperlink to Above](#)

7.5 - Aitkin Independent Age: ['Can Gramma play?'](#) (19 August, Brielle Bredsten, 15k uvm; Aitkin, MN)

At 66 years old, veteran Debby Yates doesn't let her disabilities prevent her from going for the Gold. On July 29 through Aug. 6, Yates traveled to Orlando, Fla. to attend the 38th Annual National Veteran's Wheelchair Games, joining 651 players competing in adaptive sports.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - Military.com: [The Military Is Overhauling Troops' Chow as Obesity Rates Soar](#) (19 August, Gina Harkins, Richard Sisk, 9M uvm; San Francisco, CA)

Marines are about to see some major updates to their chow halls this fall -- the latest in a slew of changes the military services have made in recent years to get troops choosing healthier foods. Like the rest of the country, the military is grappling with high rates of overweight and obese troops.

[Hyperlink to Above](#)

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1. [Top Stories](#)

1.1 - The San Diego Union-Tribune: [Trump touts VA overhaul, but affected workers say the result has not been good for veterans](#) (19 August, Andrew Dyer, 493k uvm; San Diego, CA)

A trio of executive orders signed by President Trump in May to take on what he considers a bloated and inefficient federal workforce are working as intended, administration officials say, although Department of Veteran Affairs workers and union members say the implementation is hurting workers — and veterans.

The workers and union members say the orders, in combination with a new VA accountability law signed by Trump last year, are creating chaos and hurting morale. A VA spokesman said the new rules are holding employees accountable for their performance — or lack thereof.

The president touted the success in comments to the Veterans of Foreign Wars national convention in July, pointing to the number of fired employees as a benchmark for progress.

“We’ve gotten rid of a lot of people over the last year,” he said. “Only the bad ones. The good ones we cherish.”

On July 20, the VA announced it had implemented one of the three orders Trump signed restricting union leaders from doing union business on official time, funded by taxpayers. The VA said the changes are freeing up employees to spend more serving for veterans rather than “union bosses.”

Union leaders say they are serving their members and the agency at large with the union work they do on official time — by performing human resources-related functions such as contract disputes, leave requests and filing grievances.

A change in the law

In June 2017, Trump signed the Department of Veterans Affairs Accountability and Whistleblower Protection Act into law, changing the process by which the VA reviews employee performance deficiencies as well as the time frames within which the agency must address them.

The department, which serves the nation’s roughly 20 million veterans, had been under pressure to shorten the wait times in claims processing and at its medical centers.

Although Trump promotes the firings made possible under the law, VA employees — speaking in their capacity as union leaders — said they have hurt morale throughout the agency.

Anthony Gallagher, the president of the San Diego chapter of the union, reviews disability claims at the Veterans Benefits Administration. He serves about 625 VA workers.

Gallagher described an agency at war with its own employees. He said that since the accountability law was passed, he’s been in a constant battle to protect his members.

“They’re taking away our rights for due process that are in our (union) contract,” he said. “Basically, the (law) has turned us into at-will employees.”

Another benefits rating specialist, Jim Rihel, serves as the AFGE president in Philadelphia. He said it is as though the VA is determined to fire as many employees as possible.

“We’re spending more time worrying about our jobs than doing them,” he said.

Thousands fired

The VA employs more than 300,000 people. According to the latest numbers from the VA, as of the end of June, 2,743 employees have been fired since Trump took office.

David Cox Sr., the national president of the 700,000-member American Federation of Government Employees, said the firings are harming veterans — and not improving the agency.

“I don’t know any business that has fired its way to success,” he said.

Of the fired employees, 60 held supervisory job titles, including former department secretary David Shulkin, who was fired in March.

The agency’s press secretary, Curt Cashour, said restructuring under the new law has resulted in improved performance in the benefit administration.

“When it comes to compensation and pension rating claims, VA has reduced the average completion time from 113 days to 99 days,” he said in an email.

Lee Blackmon, the federal director of the National Association of Government Employees — another federal workers union — said the firings were affecting morale and patient care.

“Employees are under stress, tension increases (and) call-outs go up,” she said. “It’s not a happy or good place to work right now. If you feel threatened, what kind of care can you give?”

The new accountability law simplified the process for terminating VA employees and, according to Gallagher, the agency is not acting in good faith in its assessment of employee performance.

Gallagher said workers they represent had their job descriptions changed without being notified, then were written-up for not performing up to those new standards.

“They’ll change the standard without telling you, without testing it,” Gallagher said. “If you change the (job) description, you change the requirement that you had...or they make it so high that you can’t do it.”

Cashour denied the agency changed workers’ job descriptions without notification.

“That’s false,” he said in an email.

An agency in ‘chaos’

The three executive orders Trump signed in May directed federal agencies to aggressively negotiate labor contracts, further streamlined the firing process and put strict limits on “official time” — taxpayer funding of union work done at the agency, which was authorized in the Civil Service Reform Act of 1978.

More than a dozen unions have sued the Trump Administration, claiming the orders violate the 1978 law.

Arguments were heard in July, and a judge is expected to rule Aug. 24.

Previously, employees in leadership positions in the union might devote up to 100 percent of their workdays performing union-related work. Under the new rules, no more than 25 percent of official time may be used for union business.

In an email, Cashour said the Trump administration is protecting taxpayers and ensuring more paid VA time is spent serving veterans.

“Prior to this executive order, VA employees spent more than a million hours a year doing taxpayer-funded work for union bosses instead of taking care of veterans,” Cashour said. “This policy will expand VA’s ability to provide patient care by ensuring employees... will be spending more of their time placing veterans — not union bosses — first in everything they do.”

Gallagher, who until recently was one of those “100 percent” official time employees, said his work conducting union business focused on serving VA employees, not “union bosses.”

“A lot of work is in reporting deficiencies in health and morale,” he said, adding that he used to help employees — union and non-union — file grievances, but that the new orders now forbid him from doing so.

Gallagher also said the VA had botched implementation of the order.

“They have no plan,” he said. “It’s causing chaos.”

Cashour disagreed.

“The implementation is going very well,” he said, noting that guidance was sent to VA facilities as recently as July 17.

‘A red herring’

A recent report by ProPublica detailed how three members of Trump’s Mar-a-Lago club in Florida were secretly shaping policy at VA by communicating with officials daily on policy and personnel decisions.

Democrats in Congress condemned the report, saying they would investigate private interference in the agency. The liberal veterans organization VoteVets on Thursday sued the Trump Administration, claiming that the “Mar-a-Lago Council is violating federal laws that regulate the ability of private interests to shape federal policy.”

Iraq and Afghanistan Veterans of America, a veteran advocacy nonprofit, supported last year's accountability law and supports the firing of "bad-performing" employees, but a spokesman said the group has noticed the department's current chaotic conditions.

"We see that," said Tom Porter, IAVA's legislative director. "A lot of employees (are) leaving, the result of that hurts vets. We need stability at the VA to help vets, not meet a political agenda."

Porter said that agenda is privatization of the VA. Former Secretary Shulkin told NPR in March that there were political forces at work in the department, and that his firing was connected to his resistance to privatization.

The VA has posted a statement on its website saying there is no such push.

"There is no effort underway to privatize VA," it says, "and to suggest otherwise is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding Veterans' health care."

[Back to Top](#)

1.2 - U.S. News & World Report (AP): [Maine Senator Gets Behind Push for Cannabis for Veterans](#) (20 August, 23.9M uvm; Washington, DC)

PORTLAND, Maine (AP) — Maine's independent senator says he is getting behind an effort to research how medicinal cannabis could help veterans.

Sen. Angus King is part of a bipartisan group of legislators that wants to authorize the U.S. Department of Veterans Affairs to advance research about the safety and efficacy of medicinal cannabis for veterans who suffer from post-traumatic stress disorder and chronic pain.

The scientific and medical research would be authorized by the VA Medicinal Cannabis Research Act of 2018. King says the act would clarify that research into medicinal cannabis is within the authority of the VA. It would also require the VA to report to Congress about how it plans to exercise such authority.

Iraq and Afghanistan Veterans of America supports the legislation.

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1.3 - Pittsburgh Tribune-Review (Video): [Allegheny Township man reaches new heights as inspiring wheelchair athlete](#) (19 August, Renatta Signorini, 1.5M uvm; Warrendale, PA)

Jerry Baylor has spent decades inspiring others.

Sometimes, it's when he gives them a small stone he has meticulously hand-painted.

Or when he helps someone modify a fly fishing pole to use after a spinal cord injury.

But often, it's when the 73-year-old Allegheny Township man is using his own wheelchair to win medals.

“That’s my primary goal — getting people out doing things who don’t think they have anything to do,” he said.

It’s been that way since 1980 when Baylor — known by the nickname “Bull” — was in a motorcycle crash that left him paralyzed. Before that, he was into football and competitive weight lifting and served in the U.S. Marines for four years, including a tour of duty in Vietnam in the 1960s.

After the crash, Baylor was re-introduced to sports as a quadriplegic patient at a Harmorville rehabilitation facility. Debbi Hutchins, a former recreational therapist there, remembered that he took to shotput. At that time, not many quadriplegics participated in sports and he had to continuously modify an old-style wheelchair for competition.

“It became his therapy because he tried to see how far he could throw it,” Hutchins recalled. “What he does with his disability is just amazing.”

He went to the first National Veterans Wheelchair Games and has since won hundreds of medals in track and field events all around the country, including 11 this year at the 38th annual competition in Florida. But with that success comes dogged determination.

“I compete against younger guys all the time,” Baylor said, smiling.

Now he spends most days training in specialized wheelchairs. He works out at a local YMCA and visits the Roaring Run Trail near Apollo with his racing wheelchair. Baylor is set up with kettlebells at home and practices shotput, javelin and discus in the yard.

He pushes himself through the halls of the Veterans Administration facility in Aspinwall twice weekly before volunteering there. Physical therapist Chad Evans directs patients interested in wheelchair sports to Baylor who serves as sports director for the Paralyzed Veterans of America’s Keystone Chapter, which covers all of Pennsylvania.

“When they find out that they can participate in all these adaptive sports, it basically changes their life,” Evans said. “It makes them more physically fit, in better shape and more healthy in the mind.”

Baylor is a good example to those veterans he reaches as a volunteer. He has been a “stabilizing force” for the Keystone Chapter thanks to his longevity with the organization, Executive Director Joe Dornbrock said.

“It frequently takes another veteran’s encouragement to do it,” he said.

Baylor plays quad rugby and pulls huge catfish out of the Allegheny River off of his boat, the “Cat Man Do.”

When he has free time, all those pebbles and stones he picks up while fishing get put to good use. Baylor spends hours painting intricate designs on them, from flowers to rabbits to houses. He wedges a paintbrush between two fingers and can finish 10 pebble-sized ladybugs in a couple hours.

But the larger rocks, like the ones with a vine full of flowers on top of a black background, take at least four hours each. He likes to hand them out to people who he comes in contact with throughout his days.

"I've probably given a pickup truck load away," he said.

Some of those recipients include past students of a recreational therapy for people with disabilities class at Slippery Rock University that used to be led by Hutchins. His perspective and abilities left students awestruck, she said.

"When you talk about spinal cord injuries in class ... it's hard to envision what that means in terms of what people can do," she said. "It really helps them to understand what the possibilities are versus what the disability is."

"He's my idol, I have no idea how he keeps up," she said.

For Baylor, it's not hard. He is dedicated to instilling hope in those who are facing a tough road, just like he was more than 30 years ago.

"It makes me feel good because I know what it was like when I started," Baylor said. "There's was plenty of reason to get disappointed. Over the years, I've taught people that they can do it."

"This gives me more reason to get up and go to keep on going."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Erie Times-News: [Volunteer generates well-being for veterans](#) (19 August, Meg Loncharic, 320k uvm; Erie, PA)

Ben Montifiori is one of hundreds who give their time at Erie Veterans Affairs Medical Center.

Perhaps you've noticed the expansion activity and redevelopment going on at the Erie Veterans Affairs Medical Center at East 38th Street and Old French Road. Maybe you've visited or cruised by for a look-see at this facility, where some 700 employees are committed to the good work being done. Construction projects have been ongoing for several years.

Bet you didn't know that Erie VA Medical Center serves upward of 50 residents and an estimated 22,000 veterans yearly. At the end of 2017, the center had 473 volunteers of all ages, including men, women, youth and retirees.

Among those known for his longstanding volunteer work is Ben Montifiori, an earnest humanitarian who just celebrated his 74th birthday in July.

He loves it, he said, likening his involvement at the Erie VA to having a second family. Last year, he was cited for his many services.

Montifiori has been a volunteer at the center for eight years. One of his greatest admirers is fellow volunteer Barb Ruhlman, who has been volunteering 4 hours every Friday for the past five years. You can find her in the front lobby making coffee for the visitors.

Ruhlman said Montifiori volunteers five to six days per week. He usually arrives via Lift early in the morning to get the coffee started in the lobby for the resident veterans, for the veterans and their families who have appointments, and for any visitors. He gets around in his motorized wheelchair, which he uses due to contracting polio as a child. Until several years ago, he was able to walk without too much trouble.

Montifiori filled out papers to join the U.S. Navy (his father served in the Navy) but was turned down due to his polio. As his way of giving back to our veterans, he has chosen to be a helping hand the Erie VA, whether it be organizing bingo, accompanying veterans on road trips or just being a friend and hanging out with them. He is also the commander of Disabled American Veterans Auxiliary No. 73 in Erie.

When he takes a day off, which is rare, "Where is Ben?" is the question asked by many. He reportedly has more than 10,000 hours of service at the Erie VA Medical Center.

Montifiori and his wife, Patricia Montifiori, are both Erie natives, married 52 years. They have three daughters, five grandchildren and four great-grandchildren. Pat Montifiori works as a teacher's aide at a local public school, so has her summers free to spend with her family and go on outings with them to the Erie Zoo, Presque Isle State Park and Waldameer Park & Water World. (Ben Montifiori goes, too, unless he is at the VA).

Pat Montifiori has been secretary of the same DAV Auxiliary for four years and counting. A few years ago, she checked off skydiving from her bucket list.

When asked where she gets her energy, she replied lightheartedly, "I get all my energy from Ben!"

Karen O'Neal, chief of voluntary service at the Erie VA Medical Center, is proud as can be of the volunteer family there. O'Neal, a 29-year employee who has been in her present position since May 1997, said there are always many different volunteer opportunities available at the center. To find out more about how you can help serve our veterans, please call the Voluntary Service Office at 860-2453.

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4.2 - FedSmith: [VA Takes Action to Restrict Collective Bargaining and Official Time](#) (19 August, Ian Smith, 276k uvm; Washington, DC)

The Department of Veterans Affairs announced last week that it is taking back rights it gave away under the previous administration to preclude collective bargaining on issues indirectly related to VA providers' professional conduct or competence. Consequently, unions can no longer engage in collective bargaining when it comes to professional conduct and patient care by VA providers.

"President Trump has made it clear that we want our providers laser-focused on caring for Veterans and that's exactly what we're doing here," said VA Secretary Robert Wilkie. "This move today ensures that unions can't bargain on issues related to our providers' professional conduct or competence, essentially patient care. Our nation's heroes deserve no less."

Wilkie rescinded a Memorandum of Understanding (MOU) that VA entered into in 2010 with National Nurses United, Service Employees International Union, National Federation of Federal Employees, and National Association of Government Employees on VA's application of 38 U.S.C. § 7422.

The VA announced last month that it had begun implementing one of President Trump's executive orders outlining new guidelines for how union officials use official time when representing federal employees. The revocation of the MOU is the latest step forward in the process of restricting union activity within the agency.

According to the VA, the executive order affects about 1,700 VA employees using taxpayer-funded union time – including two doctors, 65 nurses and 405 other employees who spent 100% of their taxpayer-funded time working on nothing but union business.

Approximately 300,000 VA employees are represented by one of five national unions. The executive order's restrictions regarding time spent on government work include member solicitation, lobbying activities, elections of union officials and collection of dues.

As part of VA's implementation of the executive order, VA employees who previously spent 100 percent of their official work hours on union issues can devote no more than 25 percent of that time to the union. Union leaders also must request and receive approval of their use of taxpayer-funded union time to allow the VA to monitor the use of this time to ensure that it's only used for authorized purposes.

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4.3 - KNWA (FOX-24): [VA Brings Focus to Impaired Doctor's Misdiagnosing Through Further Investigation](#) (19 August, Ashlyn Brothers, 191k uvm; Fayetteville, AR)

It's been just over two months since the VA Medical Center in Fayetteville announced an impaired doctor misdiagnosed seven people.

The Veterans Health Care System of the Ozarks announced they will investigate close to two thousand of the pathologist's other cases.

As of now, the Arkansas Department of Veteran's Affairs has gone through over 10 percent of the cases that could have been affected by that impaired pathologist whose identity is still not being released to the public.

Arkansas Sen. John Boozman (R) is sponsoring a bill that would increase oversight of VA doctors.

He filed an amendment to a recent spending bill aimed at improving VA responses in malpractice cases.

The organization conducts VA checks every year to analyze facilities and speak with veterans.

The organization said the Fayetteville VA could be one of its next stops.

"One of the biggest challenges that we see from the VA is that VA lacks the transparency," said Roscoe Butler, American Legion deputy director for healthcare.

"There is a tragic situation that happened, we wanted to bring it to the forefront," Boozman said.

The House and Senate passed bills with Boozman's reforms included.

Once the bills are signed into law, the VA will have 90 days to prepare and submit a response plan.

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4.4 - Northwest Arkansas Democrat-Gazette: [VA sets public meeting on missed test results. Questions remain about review](#) (19 August, Doug Thompson, 162k uvm; Fayetteville, AR)

The Veterans Health Care System of the Ozarks will host another town hall meeting Monday in its ongoing review of missed diagnoses that proved fatal to at least one patient.

Kelvin L. Parks, interim medical center director, said at the first town hall meeting July 9 that about 2,500 cases had been reviewed so far. Every case will be reviewed by a pathologist from outside the Fayetteville-based system, he said. The review was expected to take at least six more months, attendees were told.

The Fayetteville-based system has signed a contract with the University of Arkansas for Medical Sciences to independently review cases, sending pathologists to work full time on the matter, system spokeswoman Wanda Shull confirmed Friday. At least one more contract with a university-based system is under legal review with the Veterans Department, she said.

The review began after administrators discovered a pathologist at the system's hospital in Fayetteville had tested samples while impaired, administrators said at a June 18 news conference. The pathologist, Dr. Robert Morris Levy of Fayetteville, denies he worked impaired. Seven misdiagnosed cases were found in the review, according to U.S. Department of Veterans Affairs administrators.

The cases under review are prioritized by risk, Parks told the crowd. Tests for the most serious possible diagnoses, such as prostate biopsies for cancer, will be reviewed first, he said. Other risky conditions earmarked for priority are CT-guided needle biopsies, breast biopsies and endoscopies.

A number of pathologists from outside the Veteran's Department have volunteered their time to conduct reviews so far, Parks said in the July meeting. He did not disclose how many. Bringing UAMS pathologists and others into a full-time review will speed the process up considerably, he said.

Levy was fired in April, according to administrators. He had been suspended in March 2016 for being impaired, but he returned to work that October after counseling and after a check of his work found no errors at the time.

Levy was again taken off clinical work in October 2017 after what the hospital described as a second instance of working while impaired. His dismissal in April came after a personnel review.

All 19,794 veterans or family members whose cases were handled by Levy were sent letters that a review is underway, according to Parks. More than one test was performed on some of the patients, requiring review of more than 30,000 samples.

The Veterans Health Care System of the Ozarks serves veterans in 23 counties in Northwest Arkansas, southwest Missouri and eastern Oklahoma.

Levy confirmed in an earlier interview that he worked while impaired with alcohol in 2016 but said he did not work while impaired afterward. The system won't say if Levy is the pathologist involved because it's a personnel matter, Shull has said.

A crowd of at least 150 attended the last town hall, consisting almost exclusively of veterans or family members who had received letters telling them their cases were under review. That was according to a show of hands when Parks asked how many there had received a letter.

Most of the audience's questions regarded how anyone in the pathologist's position of responsibility could work impaired without anyone noticing or taking action. Parks told the crowd the system's handling of the matter is the subject of a separate investigation by the federal Veterans Affairs Office of Inspector General. There is no timeline on the inspector general's report, he said.

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7.1 - AL.com: [Alabama veteran wins top awards at Golden Age Games](#) (19 August, Shelly Haskins, 11.5M uvm; Birmingham, AL)

At 69, Henry Lee Preston still has serious game.

For the past dozen years, Preston, a Vietnam veteran from Adamsville, has been representing Alabama at the Veterans Administration's Golden Age Games, often as the state's only competitor.

He's thrown the javelin, run 100, 200- and 400-meter dashes, played basketball and even tossed horseshoes. You name the sport, he's probably competed in it over the years.

He started in 2007 in Indianapolis - "I rode the bus that first time" - and since then he's traveled all over the country. St. Louis, Missouri; Fayetteville, Arkansas; Des Moines, Iowa; and even Honolulu, Hawaii.

"Hawaii was great," Preston says, though he added that all of his trips to the games have been fun.

This year, the games were in Albuquerque, New Mexico. It was no Hawaii, he said, but it may have been the most fulfilling yet for Preston.

He had been little under the weather, so he didn't participate in track and field in the sweltering New Mexico heat. Instead, he played three-on-three basketball and his team placed fourth, losing by 2 points in the medal round.

But the biggest surprise came at the awards ceremony, where, after a dozen years of Golden Age Games competition, Preston was given the Hall of Fame Athlete Award, and the George Gandgi Inspiration Award.

The Gandgi Award, named for a competitor who won the gold medal in cycling in New York before passing away in 1995. It's presented to the competitor who shows the most support for fellow veterans, the best attitude and is the most inspirational to his fellow competitors.

"This is the first time any individual won both of the awards," said Preston. "I was selected for some reason or another."

Preston's late wife, Shelia Faye Preston, passed away on Christmas Eve in 2013. She had been not only his companion on all of those trips, but volunteered and did lots of work in support of the games and the veterans there.

For the past few years, a lifelong friend, Gracie Brown, has become his coach and traveling companion.

Brown, he said, is hoping to organize a full Alabama team for the next Golden Age Games, which will take place this coming June in Anchorage, Alaska.

He's paid his own way to all the games he's attended before, but this year they not only want to get a team of five to eight veteran athletes together to represent Alabama, but he'd like to get some sponsors to help foot the bill. The VA pays for meals when you get to the games, but it's the competitors' responsibility to pay for their travel and hotel rooms.

He figures that's going to cost at least \$1,500 per person for the trip to Anchorage. He's hoping businesses or individual donors will pitch in, even if it's just a little bit.

Preston said he's confident he'll find a way to get there, because it's been divine intervention that's kept him going and competing all of these years.

"I prepare for it through the year, but what keeps me going is the Lord Jesus Christ," he said.

Want to help?

If you want to join the Alabama Golden Age Games team, or donate to sponsor the trip the 2019 games in Anchorage, Alaska, email Henry Lee Preston at henrypreston@charter.net or call him at 205-401-0681.

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7.2 - Newsday: [Crews to begin repairing historic iron fencing at Long Island National Cemetery](#) (19 August, Khristopher J. Brooks, 3.2M uvm; Melville, NY)

Repair work will begin Monday on the Long Island National Cemetery's perimeter fence, a face-lift that the director of the 364-acre Pinelawn cemetery said will be "phenomenal."

The black, spear point-topped iron fencing along the cemetery's exterior on Wellwood Avenue was installed in 1937 at the opening of the cemetery. However, years of harsh weather and automobile accidents have rusted parts of the fence and ripped down other sections. Repairs are scheduled to be finished in April 2019.

"I can't wait until this is done because it's going to be phenomenal, which is deserving of all our veterans, nation's heroes, and their families," said Srey Austin, the cemetery's director.

Austin, who became director nine months ago, said she has seen three car accidents during her tenure.

Cemetery officials will restore the iron fence to its original luster, Austin said.

"The ones [sections] that we can save and salvage, we will send out for refurbishing," she said. "The ones we can't, we're getting a replica."

Austin said workers will also widen the space between the fence line and the curb along Wellwood Avenue, in part to allow for a new sidewalk.

"But also, that way, if a car gets into another accident, there's a little wiggle room," she said.

Construction will take place from 8 a.m. to 4:30 p.m. Monday through Friday until the project is complete. Wellwood will remain open during construction.

The fence work is part of a larger \$9.2 million repair plan that Rep. Thomas Suozzi (D-Glen Cove) announced in February. The project includes a new limestone-faced columbarium with 6,240 marble-covered niches. Other slated repairs include new chain-link fences and new aluminum-post fencing.

About 350,000 veterans and family members are buried at the cemetery.

Suoizzi, who helped secure the funding, said in February that the cemetery fence's condition doesn't "represent how much we value our veterans."

The columbarium work started about four weeks ago, Austin said, and the chain-link repair work began three weeks ago.

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7.3 - Citizens' Voice: [Veterans and veggies flourish at VA garden](#) (19 August, Bill Wellock, 272k uvm; Wilkes-Barre, PA)

PLAINS TWP. — In the cupholder of his wheelchair, Ron Strauss carried a taste of summer.

It was one you can eat: A tomato, picked from the community garden at the Department of Veterans Affairs Medical Center in Plains Twp.

"I'm the city boy around here, but I still enjoy gardening," said Strauss, a 75-year-old U.S. Army veteran from Philadelphia.

The tomato Strauss showed off was one of many the veterans at the center's nursing home harvest each year, along with other items. Flowers, cucumbers, zucchini, peppers, strawberries and raspberries were some of the plants they grew this year. A fig tree sapling is a recent addition.

Raised beds that be reached in a wheelchair and adaptive gardening equipment make the hobby accessible. Volunteers, like Lyn and Joe Brice, also help manage hard-to-reach spaces.

"My parents were gardeners. I was raised in the garden," Lyn Brice said. "If I can share it with those guys, it just makes them so happy to have a garden."

Residents in the community living center, the Veterans Affairs' name for its nursing homes across the country, take occasional trips away from the facility, but the garden is an easier and faster way to get outside.

Strauss appreciates the chance to get outside, work that keeps the mind and body active and the camaraderie of tending to the shared plots. Plus, you get to eat your work.

The garden is next to the closest doors from the nursing home to the outside. It's close to the space where many veterans who live at the center gather to relax and chat, and whether they tend to the garden or not, the plants make the space more pleasant.

For the veterans who live at the facility's community living center, it's a hobby that gives them hours of enjoyment. They're frequently telling recreation therapy assistant Maureen Cooper about something that needs to be done in the garden.

"They're involved in something that they've been involved in all of their life," she said.

The garden began about seven years ago at the request of from the work of a World War II veteran who lived in the facility's community living center. After he died, the staff and residents took to calling it the "victory garden," a nod to the gardens that popped up during that war to help

people access fresh produce at a time when supplies were stretched thin. The endeavor started small and grew larger year by year.

Many of the residents in the center grew up with gardening.

They told stories of working with family and neighbors to tend to large plots of land that would provide extra food in the aftermath of the Great Depression. To supplement the harvest, farmers dropped off truckloads of produce that were destined for preservation through canning.

The plants are a connection to veterans' lives before they came to live in the community living center. Rocco Petrillo, an 81-year-old U.S. Army veteran from Berwick, planted the fig tree, like one of his own he had years ago. Some of the marigolds and tomatoes are transplants from the former garden of Bill Hastie, a 99-year-old Army veteran from West Pittston who served in World War II.

Hastie was working in his garden the week before the stroke that led to him living in the community living center. The community garden is a source of continuity from his life before to his life now, said his daughter, Megan Hastie. He goes out for one to two hours nearly every day and enjoys that his neighbors in the center eat what he helps grow.

"You see the guys going out there and cruising around looking for what's ripe, or family members picking thing on their behalf," she said. "So I think this is a source of great, great pleasure."

Before he lived in the Department of Veterans Affairs Medical Center, John Wrazien's garden provided him with baskets of vegetables and hours of conversation.

In the evenings, he'd relax on his porch with friends. In the mornings, they'd come by for baskets of produce.

"Before I came here, it was a must. You lived off the garden," said Wrazien, 95 and a U.S. Army veteran.

"This is the best therapy there is," he said.

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7.4 - Janesville Gazette: [Homeless veteran lived in the shadow of downtown](#) (19 August, Neil Johnson, 164k uvm; Janesville, WI)

Dan Eccles' body was pulled from the Rock River near the Centerway Dam, just downstream from a spot on the river bank where he was known to crawl into the weeds to sleep at night.

Eccles' world, such as it was, spanned a quarter-mile, unpaved trail along the west side of the Rock River near downtown Janesville. The heavily wooded section of the Ice Age Trail runs north of Centerway, along the tangled railroad hillside just east of Mercyhealth Hospital and Trauma Center.

In that area across the river from Traxler Park where the Rock Aqua Jays perform, observers say they had seen Eccles and still see other homeless men in the woods and along the trails.

Some are drunk and dirty. Others sleep on old couch cushions and mattresses in plain view. Some take to the bushes and stay under blue tarps or in tents.

Others hide from view beneath outcropped retaining walls or alongside ravines and gullies where stormwater washes over discarded books of JOB cigarette rolling papers and empty cans of Steel Reserve malt liquor.

Eccles' death came seven weeks after a fight between two other homeless men in the same area. One of them staggered from the woods, his face split wide open after he was beaten with a tree branch.

As Janesville's downtown works on revitalization, Police Chief Dave Moore said there's growing concern about vagrancy and public drinking stemming from a homeless population that seems rooted downtown.

A local social worker said the tight rental market is making it harder for people of limited means to find housing. That's as some local homeless shelters have months-long waiting lists.

Police and social service agencies recently started talking about plans to address the homeless who live in the shadows of downtown Janesville.

Before his death, Dan Eccles had lived among those shadows.

A troubled man

Eccles, 68, was a Vietnam War veteran. While still a teenager, he served in the 27th Infantry Regiment of the U.S. Army, a group of fighters nicknamed the "Wolfhounds," his family said. He fought in Cù Chi in South Vietnam in 1968, fending off surprise attacks from a vast network of enemy, underground tunnels dug by the North Vietnamese and Viet Cong armies.

But it was in the wooded shadows tucked just beyond the motions of daily downtown life that Eccles most recently lived, ate, drank alcohol and slept.

It's where he died.

Moore said city staff and local social service agencies in the months before Eccles death had begun discussing a multi-faceted outreach program for the homeless focused in part around the city's downtown.

Eccles had multiple recent contacts with the police and courts, putting him on the local radar as a troubled homeless man who moved around downtown using a three-footed cane. He would have been a man a homeless outreach effort might aim to reach.

For Eccles, any outreach now is too late.

Janesville police said Eccles left behind some personal papers, a cane and a coat on a hillside near the ruins of a former brewery along the Ice Age Trail.

The hill drops off to tangled woods to a sandy shoreline along the Rock River. It's about a quarter mile upstream from the Centerway Dam area where Eccles' body was found Aug 6.

How Eccles ended up in the river remains unclear, but police think he might have fallen off the hillside and into the water, The Gazette reported earlier.

A medical examiner's initial findings suggest Eccles had a heart condition, according to a Gazette report. Janesville police say the death appears to have been "accidental" with no signs of foul play or suicide.

Edgerton resident John Eccles, Dan Eccles' brother, said Dan Eccles had been troubled since young adulthood. He had struggled to move on with his life after Vietnam and had been homeless off and on for years, struggling with alcohol abuse and remaining jobless much of his adult life.

"He was a Vietnam vet and one of the guys whose mind never came home from the war," John Eccles said. "Two minutes in a firefight can change your life."

John and Dan both served in Vietnam in the same regiment and were stationed at the same base, but they only crossed paths once during the war, John said. It was during an enemy mortar attack.

John Eccles said he, Dan and several of their siblings had been split up into foster care as children after their home burned. John has spent the last 25 years trying to locate all his siblings, but he said the one closest to him, Dan, had slipped in and out of his life for years.

John said Dan would disappear for months or years. Once, about two years ago, Dan resurfaced in Edgerton, homeless. John gave Dan a month's rent so he could stay at a motel in Janesville.

After that, John lost contact with his brother. It was the last time he saw him alive.

"Through the years, I tried so hard to help him financially, morally and spiritually. I tried everything. He wouldn't ever come out of it," John Eccles said. "What the war did was it made him drink, and drinking made him die."

According to Janesville Police Department and Rock County Court records, Dan Eccles had a string of misdemeanor arrests and ordinance citations tied to his recent time in Janesville—an existence one court record boiled down to as "homeless—lives on river bank."

Based on records of police contacts, Eccles' most recent period of homelessness might have spanned the last three or four months. It would have come in the months after Eccles was evicted from a Janesville apartment in late 2017 after he had been in jail, according to court records.

Janesville police since May 2017 report citing and arresting Eccles more than a dozen times for drinking and disorderly conduct in the downtown area and nearby city parks. In late June, just weeks before he died, Eccles was arrested after he showed up at Mercyhealth Hospital and Trauma Center, intoxicated, disorderly and verbally abusive toward hospital emergency room staff and police, according to a criminal complaint.

Earlier, in March 2018, police in Beloit had placed Eccles in an "emergency detention," according to police records.

Help?

Janesville resident Bob Baker, a trail maintenance volunteer with the local chapter of the Ice Age Trail walks sections of the trail near downtown daily. Baker said he had come across Eccles a few times in Eccles' final days.

Baker, who said he also served in Vietnam, talked to Eccles about the war. In the encounters, he said, Eccles usually was drinking alcohol, and he often seemed despondent and out of sorts.

Once, Baker said, Eccles told him he'd seen a man jump in the river near the Centerway Dam. Eccles said he'd reported it to police, and police told him he'd helped save a life.

Another time, Eccles complained he'd given a man money from his Social Security Disability payout to buy some items at a nearby gas station. He said the man left with the money and never returned.

About a week before police found Eccles dead, Baker said he saw Eccles near the Hedberg Public Library. He said Eccles told him someone through the Veteran's Administration was helping him find a place to live in Janesville.

According to a record from a July 30 court hearing on Eccles' disorderly conduct arrest at Mercy Hospital, Eccles was getting mail delivered to the Rock County Job Center in Janesville. Notes on the court appearance indicate Eccles was a "Vietnam veteran" and was "seeking treatment."

Police found Eccles dead a week later.

A Veterans Administration worker who John Eccles said attended his brother's funeral did not respond to a Gazette inquiry.

Baker said another homeless man who frequents downtown and the Ice Age Trail told him that in the days before Eccles's death, Eccles's skin had turned yellow—a sign of jaundice, which can come from liver problems.

Baker said it was clear to him Eccles needed help. He said he wonders if Eccles would still be alive if he'd gotten medical treatment or even had an emergency commitment, a step he believes might have dealt with his underlying problems, some of which Baker believes stemmed from alcohol abuse.

"He couldn't handle himself. His homelessness was identified, and his behavior was known about. But his condition, and where he was at with being able to handle himself, I don't think that was being addressed," Baker said.

Addressing a problem?

According to a Rock County Homeless Intervention Task Force homeless count from early in 2017, at least 338 people were living homeless in Rock and Walworth counties, either on the streets or in shelters. Most of the 338 were in Rock County, and that number is "probably the tip of the iceberg," said Jessica Locher, task force chairwoman.

An overnight count July 26 turned up 15 homeless people living outside in Janesville, including some found staying in the woods along the river near downtown.

Locher, who has led the federally-mandated counts for six years, said it's common not to find many homeless people since many hide because they don't want to be seen.

But she said the July count revealed the most homeless people ever found in Janesville in a single night.

Locher believes there likely are 350 to 400 homeless people in Rock County on any given day.

Locher said the regional housing crunch makes it more difficult for people to find affordable rental properties.

Locher said local agencies continue housing programs, such as rent vouchers, but those who are homeless and at risk are now competing against people with marginally better means for a slim number of leftover apartments or motel rooms.

Meanwhile, she said, some local shelters have waiting lists of three to four months. Most have policies that bar homeless people who are intoxicated on alcohol or drugs.

Police response

Police Chief Dave Moore said as Janesville's downtown sees revitalization, some residents and business operators have become increasingly concerned about a homeless population that for years has seemed rooted in downtown, nearby parks and other public spaces.

Moore said police have focused on an enforcement effort downtown in the past few months to stem public drinking, disorderly conduct, littering and people illegally sleeping in parks. He said a small enclave of homeless men who congregate in downtown and in nearby parks is responsible for a portion of that activity.

Moore said in the past few months, one homeless man was arrested 17 times, another 15 times, mostly for public drinking and disorderly conduct.

In June, police arrested a homeless man after he beat another homeless man with a tree branch, leaving a large gash on the man's head and breaking his arm, according to a Gazette report. The two were camping and drinking together in the woods off the Ice Age Trail. It was in the same area where observers say they'd spotted Eccles and other homeless men.

Moore said he believes police have made progress stemming public intoxication and related problems downtown.

Yet, Moore said, using tickets and arrests simply to push a homeless population from one part of the city to another would be short-sighted.

"Simple enforcement and displacement is not the answer," Moore said. "It really takes a different approach. We see that many of the homeless suffer from mental illness and addiction. We need to address them both," Moore said.

He said Janesville city administration met earlier this summer with Rock County Health Department authorities and several local social service agencies to begin to form a "multi-disciplined approach" to homelessness.

After the group's first meeting, police began handing homeless people flyers that explain types of local services that might be available. Moore said that's a small example of the type of outreach the group hopes can come.

Moore said the group plans later this month to lay out some more concrete plans. Moore said it's unrealistic to expect police or other agencies can reach every homeless person in the city.

"There's an acknowledgment that we're not going to be able to assist everyone. Some people are going to choose to be homeless," he said.

Epitaph

About a decade ago, John Eccles said Dan was hit by a vehicle along North Parker Drive. At the time, John said, his brother was intoxicated, with a blood-alcohol concentration that was "massive." He had survived but had to have bones in his leg reconstructed with metal. It's why he walked with a cane.

It was after that accident that John decided to buy his brother a burial plot. He wasn't sure how much longer it would take for his brother to die from his own lifestyle.

It took another decade for Dan Eccles' funeral day to come. John paid for that, too.

"I got to go buy a headstone for him still," he said. "But at least I know where he's at now. He's not cold or hungry or suffering somewhere."

John Eccles might not have seen another ceremony held for his brother. In the weeds along the Rock River near the big billboard off Centerway where Dan Eccles was known to sit and rest, someone stuck a rusted spoon in the dirt. It was a de facto memorial, a marker for Eccles, set next to a bouquet of wildflowers plucked somewhere along the Ice Age Trail.

The flowers were dry in the dirt. They had fallen out of a beer can cut in half and filled with water.

On the brown post of the billboard, someone scrawled an epitaph in bright green sidewalk chalk.

Under a drawn cross, the message reads: "Dan Eccles Will Always Be Remembered."

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7.5 - Aitkin Independent Age: ['Can Gramma play?'](#) (19 August, Brielle Bredsten, 15k uvm; Aitkin, MN)

At 66 years old, veteran Debby Yates doesn't let her disabilities prevent her from going for the Gold. On July 29 through Aug. 6, Yates traveled to Orlando, Fla. to attend the 38th Annual National Veteran's Wheelchair Games, joining 651 players competing in adaptive sports.

The National Veteran's Wheelchair Games has 19 different events that veterans can choose to participate in, such as: wheelchair basketball, softball, swimming, cycling, power lifting, trap shooting and more.

This year marked Yates' first playing adaptive sports, and she received a Gold medal for javelin and discus, Silver in nine-ball pool, and Bronze in shot put and wheelchair basketball.

"Wheelchair basketball was the most hard-fought game for me," Yates said.

Her service

After graduating from Anoka Senior High School in 1970, Yates joined the Transportation 63C Motor Pool of the Woman's Army Corp., and later served in the Army Reserves; then in the Marines during Guantanamo Bay, Cuba.

While serving as a driver for a fleet commander in the Marines, Yates was in three crashes involving a car, bus and helicopter in Cuba. "That's where most of my injuries came from," Yates said.

Resulting from the accidents, Yates suffered multiple traumatic brain injuries, a spinal cord injury, loss of hearing and three types of Post Traumatic Stress Disorder. She retired from the military on April 1, 1998.

At the age of 43, Yates had retired from her civilian job as a Metro Transit driver. She enrolled in classes at the University of Minnesota for non-degree seeking programs. She currently lives in Coon Rapids and owns a cabin near Sherwood Forest Campground in Aitkin. Her mother, Betty Lou Evans, previously lived on Lone Lake and still resides in town.

Adaptive sports

Last June, Yates joined the National Wheelchair Basketball Association (NWBA) while attending college. The NWBA provides qualified individuals with physical disabilities the opportunity to play, learn and compete in the sport of wheelchair basketball.

Through her involvement, Yates attended a basketball camp at the University of Arizona. The head coach of the university's Wildcats team, Peter Hughes, invited Yates to join the Division 1 wheelchair basketball team, also known as the Collegiate Division.

"Being the only player in the camp that went up against Gold medalist, Jenn Poiste, he said I was the best interim rookie that ever played the game," Yates said.

When Yates arrived home, she underwent hernia surgery. "The VA doctor couldn't believe I was able to play. Out-patient surgery turned into a hospital stay. Then I was discharged and back into the hospital when fluid built up. I was unable to swim or train."

With only 29 days to train for the games, Yates played in the winter quarter for the Wildcats.

According to Yates, she is the oldest collegiate wheelchair basketball player in the United States, and likely in the world.

There are many other amazing individuals on her collegiate team, like her friend Christine Hogins. "She has one leg, is speech impaired and totally hearing impaired. But she is always laughing and smiling," Yates said. "Just think, she is a Division 1 collegiate player."

38th National veterans Wheelchair games

Following the Wildcats' game, Team Military requested Yates play for its team, Mercury-Red, during the 38th Annual Veteran's Wheelchair Games. There were over 20 classifiers at the games.

The National Veterans Wheelchair Games is co-presented between the Department of Veterans Affairs and Paralyzed Veterans of America. The games serve veterans with spinal cord injury, multiple sclerosis, amputations and other central neurological impairments with the goal to increase their independence, healthy activity and quality of life through wheelchair sports and recreation.

Learn more by visiting <http://wheelchairgames.org>.

"How fitting that the oldest player be a veteran," Yates said.

During the game, teammates told Yates a player on the opposing team had taunted her by saying, "Can Granny play?" She was instructed to "backpick" him, although he had a reputation for being the best player on that team.

"A backpick is where you take your wheelchair and take an opposing player out of the game to allow your team to keep scoring," Yates explained.

Yates said she set the national record for longest filmed technical backpick, adding

"I asked him how old he was after the game. He was 29 and had been playing the game since he was 6," Yates said. "I had only been playing for four months and told him, 'Granny just kicked your rear!'"

Recreation Therapist Janelle Gustafson from the Minneapolis VA traveled with Yates to the games. "We're there to help support them getting to their events and assisting them with their equipment. The VA helps provide adaptive equipment to veterans actively participating in the adaptive sports," Gustafson said.

"She did really well. I think adaptive sports have been a really positive thing for her. Being an athlete her entire life, she was able to reconnect with that through adaptive sports. She also met a lot of other veterans and made connections," Gustafson said.

Next year, Yates plans to compete in wheelchair softball and basketball, as well as three track and field events, six swimming events and nine-ball pool. She also received two offers from Division 1 schools to join adaptive sports teams. In 2020, Yates hopes to try out for the wheelchair basketball team at the University of Minnesota.

"I would like to reach out to all veterans," Yates said. "When you want to improve and you want to get better, you do all the surgeries, you see all the doctors. But the activity in sports is an important part of staying healthy."

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8. [Other](#)

8.1 - Military.com: [The Military Is Overhauling Troops' Chow as Obesity Rates Soar](#) (19 August, Gina Harkins, Richard Sisk, 9M uvm; San Francisco, CA)

Marines are about to see some major updates to their chow halls this fall -- the latest in a slew of changes the military services have made in recent years to get troops choosing healthier foods.

Like the rest of the country, the military is grappling with high rates of overweight and obese troops. More than 17 percent of soldiers were classified as obese in the Army's 2016 and 2017 Health of the Force reports. And even the Marines, who boast having the military's most stringent physical requirements, fight to keep thousands in the ranks from tipping the scales toward the overweight category every year.

That has leaders looking for new ways to fuel their warfighters. It's part of a push toward total fitness, which means nutrition doesn't just support troops' physical needs, but their psychological health as well.

Here's a look at how the changes could affect your future meals.

THE ATHLETE'S TABLE

Division I athletic programs offer up some top-notch cuisine, and Marine Corps leaders are taking notice.

From lean proteins like mahi-mahi steaks and bison meatloaf at the University of Nebraska to made-to-order breakfasts and recovery-focused performance plates at the University of Oregon, the high-speed college menus are serving as models for what Marines can expect to see this fall.

Col. Stephen Armes, director of the Marine Corps' Force Fitness Division, refers to it as setting "the athlete's table."

"I've got two sons that are both college athletes and their dining facilities are phenomenal," he said. "Everything on the chow line is good, and it's also good for you."

Nikki Jupe, the University of Oregon's senior sports dietician, told Military.com that athletic performance is indirectly linked to nutrition. The right fuel can not only help someone take their physical talents to the next level with limited recovery time, but also lower their risk of injury and help them excel mentally.

All of that can benefit the military, she added.

"Incorporating the basic nutrition principles will build a foundation for mission readiness, cognitive performance as well as endurance performance," Jupe said. "Using different nutritional strategies [can also help] prepare for deployment."

FUELED TO FIGHT

The physical and mental demands troops face on the job can be taxing, so leaders want to build up service members' strength, endurance and mental agility.

The Army's Performance Triad program is meant to enhance warfighters' physical and mental performance -- and nutrition-rich foods are one of the keys, leaders say. The Navy's Sailor 2025 program includes a pillar on fitness and nutrition mindfulness, and the Air Force recently revamped the way it fuels its special operators.

Sharlene Holladay, a certified specialist in sports dietetics who serves as the Marine Corps' warfighter and performance dietician, is leading the charge to overhaul that service's dining options. Marines want food that helps enhance their performance in the field, she said.

So what can they expect to see?

"Cleaner proteins and better convenience-line grab-go options," she said. "Additionally, cold-bar options will offer traditional vegetables, chopped eggs, yogurt, cheese, salsa, legumes and trail mixes at all meals."

Marines in Okinawa, Japan, have been testing some of the new options for more than a year. They love the "cleaner fuel" additions, vegetarian options and the performance-enhancing foods, Holladay said.

Once the changes hit Marine Corps bases in the U.S. in October, Holladay and her team will continue collecting feedback and modifying menus to meet the wants and needs of the force.

The Navy stopped frying foods and selling soda aboard ships in 2014. And since the Army reported the highest rates of obese and overweight troops across the Defense Department, it has taken steps to improve nutrition in its 198 dining facilities.

"But we still have room for improvement," said Laura Mitvalsky, the director of health promotion and wellness at the Army Public Health Center.

A program called Go For Green "employs several nudging strategies to encourage soldiers to select healthy food and beverages," Mitvalsky said.

That includes labeling, food placement strategies, menu coding, featured plates, and educational marketing materials.

FRESH FIRST

In the University of Oregon's athlete's cafeteria, Jupe said students always have access to a full salad bar, fresh fruit, two lean proteins, two starches, two vegetables and hydration options that include Gatorade products, juice, water and tea.

Those are the kinds of foods Armes said Marines will see as soon as they walk into the chow halls.

That's because they're working to front-load anything that supports a Marine's physical performance, Holladay added. The Marine Corps will still use its "Fueled to Fight" labels and the green, yellow and red color codes the Navy Department adopted a few years ago to help personnel make healthy choices.

"If the food is labeled green when you go through the chow line, go as much as you want," Armes said. "If it's yellow, go with caution. If it's red, go minimal."

The Army has its own set of labels in dining facilities, exchanges and commissaries meant to help soldiers make better food choices. They're also encouraged to ditch sugary beverages in exchange for fresh fruit in the Express shops and the salad bars in the dining facilities.

"Small changes are key to increasing fruit and vegetable intake and improve soldiers' nutrition status," Mitvalsky said.

CREATURE COMFORTS

Just because the healthy items will be featured prominently doesn't mean troops' burgers or pizza will go away entirely. But in Marine chow halls, leathernecks are going to have to walk a lot farther -- and past a lot of other ideal food options -- before reaching them, Armes said.

Any food can fit within a healthy meal plan, Holladay said, and they want to leave it up to individual service members to make informed choices. They just need to keep their mission and standards in mind, she said.

Army Exchanges have also worked to get healthier quick service options aboard installations, too, after soldiers surveyed complained that so many on-base fast food restaurants hurt their healthy-eating goals. Now they can hit up Subway, Qdoba or Muscle Maker Grill, Mitvalsky said.

The Exchange is also working with existing restaurants on base to highlight healthy menu options, she added.

BETTER BREAKFASTS

Troops rarely get to sleep in, and physical-training sessions that start before sunrise aren't uncommon.

But when Marine leaders took a look at how recruits and officer candidates at boot camp and OCS prepared for those sessions, they found many weren't getting the fuel they needed.

"They've been really skimpy on breakfast because they knew they were going to the PT event," Armes said. "Or they go right to the PT event with nothing in their stomachs."

Cold bars didn't always include fruits and yogurts Marines could grab on the go, he added. That's about to change with more quick-grab items in the works for those on the move, Holladay said.

EDUCATING THE FORCE

In order to combat the number of overweight or obese troops in the ranks, the military is going to need to help troops make better decisions.

That starts with developing proper habits, Jupe said.

"Understanding these habits starts with education," she said. "Having a combat-registered dietitian be a part of the process allows for insight and initial/extended education to aid in better habits and body composition change."

The Army is working on providing leaders with more actionable information and strategies on its Performance Triad program to get soldiers paying more attention to their sleep patterns, activity levels and nutrition. That includes a push to integrate the program into more training courses and a cooking guide for soldiers who want to add more whole foods into their diets.

INJURY PREVENTION

Military service isn't always easy on the body, but dieticians and leaders want troops thinking about how proper nutrition can help combat some of those stressors.

The Air Force is offering more anti-inflammatory foods like avocados and some berries to help special-operations airmen whose job puts a lot of pressure on their bones and joints. And the Marine Corps has been fielding new 500-calorie performance nutrition packs filled with high-carbohydrate foods at boot camp and OCS.

The packs help top off glycogen stores that dip overnight before a morning PT session, Armes said, which can help reduce the threat of heat-related injuries.

Holladay said Marine leaders already work to partner meal times and training schedules to minimize weather-related injuries. Making sure troops are educated about fluid-in and fluid-loss and providing simple energy sources -- like those performance nutrition packs, applesauce, fruit or cereal -- can also help.

"Education on the ways of fluid loss, PT and how to hydrate are important," she added.

"Weighing in and out of activity, sweat testing, and assessing electrolyte levels are ways you can educate each individual to individually recover/prepare for PT. All of these tie back to how each person fuels their days for activity."

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Veterans Affairs Media Summary and News Clips

20 August 2018

1. [Top Stories](#)

1.1 - The San Diego Union-Tribune: [Trump touts VA overhaul, but affected workers say the result has not been good for veterans](#) (19 August, Andrew Dyer, 493k uvm; San Diego, CA)

A trio of executive orders signed by President Trump in May to take on what he considers a bloated and inefficient federal workforce are working as intended, administration officials say, although Department of Veteran Affairs workers and union members say the implementation is hurting workers — and veterans.

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1.2 - U.S. News & World Report (AP): [Maine Senator Gets Behind Push for Cannabis for Veterans](#) (20 August, 23.9M uvm; Washington, DC)

Maine's independent senator says he is getting behind an effort to research how medicinal cannabis could help veterans. Sen. Angus King is part of a bipartisan group of legislators that wants to authorize the U.S. Department of Veterans Affairs to advance research about the safety and efficacy of medicinal cannabis for veterans who suffer from post-traumatic stress disorder and chronic pain.

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1.3 - Pittsburgh Tribune-Review (Video): [Allegheny Township man reaches new heights as inspiring wheelchair athlete](#) (19 August, Renatta Signorini, 1.5M uvm; Warrendale, PA)

Jerry Baylor has spent decades inspiring others. Sometimes, it's when he gives them a small stone he has meticulously hand-painted. Or when he helps someone modify a fly fishing pole to use after a spinal cord injury. But often, it's when the 73-year-old Allegheny Township man is using his own wheelchair to win medals.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Erie Times-News: [Volunteer generates well-being for veterans](#) (19 August, Meg Loncharic, 320k uvm; Erie, PA)

Ben Montifiori is one of hundreds who give their time at Erie Veterans Affairs Medical Center. Perhaps you've noticed the expansion activity and redevelopment going on at the Erie Veterans Affairs Medical Center at East 38th Street and Old French Road. Maybe you've visited or cruised by for a look-see at this facility, where some 700 employees are committed to the good work being done.

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4.2 - FedSmith: [VA Takes Action to Restrict Collective Bargaining and Official Time](#) (19 August, Ian Smith, 276k uvm; Washington, DC)

The Department of Veterans Affairs announced last week that it is taking back rights it gave away under the previous administration to preclude collective bargaining on issues indirectly related to VA providers' professional conduct or competence. Consequently, unions can no longer engage in collective bargaining when it comes to professional conduct and patient care by VA providers.

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4.3 - KNWA (FOX-24): [VA Brings Focus to Impaired Doctor's Misdiagnosing Through Further Investigation](#) (19 August, Ashlyn Brothers, 191k uvm; Fayetteville, AR)

It's been just over two months since the VA Medical Center in Fayetteville announced an impaired doctor misdiagnosed seven people. The Veterans Health Care System of the Ozarks announced they will investigate close to two thousand of the pathologist's other cases.

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4.4 - Northwest Arkansas Democrat-Gazette: [VA sets public meeting on missed test results. Questions remain about review](#) (19 August, Doug Thompson, 162k uvm; Fayetteville, AR)

The Veterans Health Care System of the Ozarks will host another town hall meeting Monday in its ongoing review of missed diagnoses that proved fatal to at least one patient. Kelvin L. Parks, interim medical center director, said at the first town hall meeting July 9 that about 2,500 cases had been reviewed so far. Every case will be reviewed by a pathologist from outside the Fayetteville-based system, he said.

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5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - AL.com: [Alabama veteran wins top awards at Golden Age Games](#) (19 August, Shelly Haskins, 11.5M uvm; Birmingham, AL)

At 69, Henry Lee Preston still has serious game. For the past dozen years, Preston, a Vietnam veteran from Adamsville, has been representing Alabama at the Veterans Administration's Golden Age Games, often as the state's only competitor.

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7.2 - Newsday: [Crews to begin repairing historic iron fencing at Long Island National Cemetery](#) (19 August, Khristopher J. Brooks, 3.2M uvm; Melville, NY)

Repair work will begin Monday on the Long Island National Cemetery's perimeter fence, a face-lift that the director of the 364-acre Pinelawn cemetery said will be "phenomenal." The black, spear point-topped iron fencing along the cemetery's exterior on Wellwood Avenue was installed in 1937 at the opening of the cemetery.

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7.3 - Citizens' Voice: [Veterans and veggies flourish at VA garden](#) (19 August, Bill Wellock, 272k uvm; Wilkes-Barre, PA)

In the cupholder of his wheelchair, Ron Strauss carried a taste of summer. It was one you can eat: A tomato, picked from the community garden at the Department of Veterans Affairs Medical Center in Plains Twp. "I'm the city boy around here, but I still enjoy gardening," said Strauss, a 75-year-old U.S. Army veteran from Philadelphia.

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7.4 - Janesville Gazette: [Homeless veteran lived in the shadow of downtown](#) (19 August, Neil Johnson, 164k uvm; Janesville, WI)

Dan Eccles' body was pulled from the Rock River near the Centerway Dam, just downstream from a spot on the river bank where he was known to crawl into the weeds to sleep at night. Eccles' world, such as it was, spanned a quarter-mile, unpaved trail along the west side of the Rock River near downtown Janesville.

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7.5 - Aitkin Independent Age: ['Can Gramma play?'](#) (19 August, Brielle Bredsten, 15k uvm; Aitkin, MN)

At 66 years old, veteran Debby Yates doesn't let her disabilities prevent her from going for the Gold. On July 29 through Aug. 6, Yates traveled to Orlando, Fla. to attend the 38th Annual National Veteran's Wheelchair Games, joining 651 players competing in adaptive sports.

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8. [Other](#)

8.1 - Military.com: [The Military Is Overhauling Troops' Chow as Obesity Rates Soar](#) (19 August, Gina Harkins, Richard Sisk, 9M uvm; San Francisco, CA)

Marines are about to see some major updates to their chow halls this fall -- the latest in a slew of changes the military services have made in recent years to get troops choosing healthier foods. Like the rest of the country, the military is grappling with high rates of overweight and obese troops.

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1. [Top Stories](#)

1.1 - The San Diego Union-Tribune: [Trump touts VA overhaul, but affected workers say the result has not been good for veterans](#) (19 August, Andrew Dyer, 493k uvm; San Diego, CA)

A trio of executive orders signed by President Trump in May to take on what he considers a bloated and inefficient federal workforce are working as intended, administration officials say, although Department of Veteran Affairs workers and union members say the implementation is hurting workers — and veterans.

The workers and union members say the orders, in combination with a new VA accountability law signed by Trump last year, are creating chaos and hurting morale. A VA spokesman said the new rules are holding employees accountable for their performance — or lack thereof.

The president touted the success in comments to the Veterans of Foreign Wars national convention in July, pointing to the number of fired employees as a benchmark for progress.

“We’ve gotten rid of a lot of people over the last year,” he said. “Only the bad ones. The good ones we cherish.”

On July 20, the VA announced it had implemented one of the three orders Trump signed restricting union leaders from doing union business on official time, funded by taxpayers. The VA said the changes are freeing up employees to spend more serving for veterans rather than “union bosses.”

Union leaders say they are serving their members and the agency at large with the union work they do on official time — by performing human resources-related functions such as contract disputes, leave requests and filing grievances.

A change in the law

In June 2017, Trump signed the Department of Veterans Affairs Accountability and Whistleblower Protection Act into law, changing the process by which the VA reviews employee performance deficiencies as well as the time frames within which the agency must address them.

The department, which serves the nation’s roughly 20 million veterans, had been under pressure to shorten the wait times in claims processing and at its medical centers.

Although Trump promotes the firings made possible under the law, VA employees — speaking in their capacity as union leaders — said they have hurt morale throughout the agency.

Anthony Gallagher, the president of the San Diego chapter of the union, reviews disability claims at the Veterans Benefits Administration. He serves about 625 VA workers.

Gallagher described an agency at war with its own employees. He said that since the accountability law was passed, he’s been in a constant battle to protect his members.

“They’re taking away our rights for due process that are in our (union) contract,” he said. “Basically, the (law) has turned us into at-will employees.”

Another benefits rating specialist, Jim Rihel, serves as the AFGE president in Philadelphia. He said it is as though the VA is determined to fire as many employees as possible.

“We’re spending more time worrying about our jobs than doing them,” he said.

Thousands fired

The VA employs more than 300,000 people. According to the latest numbers from the VA, as of the end of June, 2,743 employees have been fired since Trump took office.

David Cox Sr., the national president of the 700,000-member American Federation of Government Employees, said the firings are harming veterans — and not improving the agency.

“I don’t know any business that has fired its way to success,” he said.

Of the fired employees, 60 held supervisory job titles, including former department secretary David Shulkin, who was fired in March.

The agency’s press secretary, Curt Cashour, said restructuring under the new law has resulted in improved performance in the benefit administration.

“When it comes to compensation and pension rating claims, VA has reduced the average completion time from 113 days to 99 days,” he said in an email.

Lee Blackmon, the federal director of the National Association of Government Employees — another federal workers union — said the firings were affecting morale and patient care.

“Employees are under stress, tension increases (and) call-outs go up,” she said. “It’s not a happy or good place to work right now. If you feel threatened, what kind of care can you give?”

The new accountability law simplified the process for terminating VA employees and, according to Gallagher, the agency is not acting in good faith in its assessment of employee performance.

Gallagher said workers they represent had their job descriptions changed without being notified, then were written-up for not performing up to those new standards.

“They’ll change the standard without telling you, without testing it,” Gallagher said. “If you change the (job) description, you change the requirement that you had...or they make it so high that you can’t do it.”

Cashour denied the agency changed workers’ job descriptions without notification.

“That’s false,” he said in an email.

An agency in ‘chaos’

The three executive orders Trump signed in May directed federal agencies to aggressively negotiate labor contracts, further streamlined the firing process and put strict limits on “official time” — taxpayer funding of union work done at the agency, which was authorized in the Civil Service Reform Act of 1978.

More than a dozen unions have sued the Trump Administration, claiming the orders violate the 1978 law.

Arguments were heard in July, and a judge is expected to rule Aug. 24.

Previously, employees in leadership positions in the union might devote up to 100 percent of their workdays performing union-related work. Under the new rules, no more than 25 percent of official time may be used for union business.

In an email, Cashour said the Trump administration is protecting taxpayers and ensuring more paid VA time is spent serving veterans.

“Prior to this executive order, VA employees spent more than a million hours a year doing taxpayer-funded work for union bosses instead of taking care of veterans,” Cashour said. “This policy will expand VA’s ability to provide patient care by ensuring employees... will be spending more of their time placing veterans — not union bosses — first in everything they do.”

Gallagher, who until recently was one of those “100 percent” official time employees, said his work conducting union business focused on serving VA employees, not “union bosses.”

“A lot of work is in reporting deficiencies in health and morale,” he said, adding that he used to help employees — union and non-union — file grievances, but that the new orders now forbid him from doing so.

Gallagher also said the VA had botched implementation of the order.

“They have no plan,” he said. “It’s causing chaos.”

Cashour disagreed.

“The implementation is going very well,” he said, noting that guidance was sent to VA facilities as recently as July 17.

‘A red herring’

A recent report by ProPublica detailed how three members of Trump’s Mar-a-Lago club in Florida were secretly shaping policy at VA by communicating with officials daily on policy and personnel decisions.

Democrats in Congress condemned the report, saying they would investigate private interference in the agency. The liberal veterans organization VoteVets on Thursday sued the Trump Administration, claiming that the “Mar-a-Lago Council is violating federal laws that regulate the ability of private interests to shape federal policy.”

Iraq and Afghanistan Veterans of America, a veteran advocacy nonprofit, supported last year's accountability law and supports the firing of "bad-performing" employees, but a spokesman said the group has noticed the department's current chaotic conditions.

"We see that," said Tom Porter, IAVA's legislative director. "A lot of employees (are) leaving, the result of that hurts vets. We need stability at the VA to help vets, not meet a political agenda."

Porter said that agenda is privatization of the VA. Former Secretary Shulkin told NPR in March that there were political forces at work in the department, and that his firing was connected to his resistance to privatization.

The VA has posted a statement on its website saying there is no such push.

"There is no effort underway to privatize VA," it says, "and to suggest otherwise is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding Veterans' health care."

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1.2 - U.S. News & World Report (AP): [Maine Senator Gets Behind Push for Cannabis for Veterans](#) (20 August, 23.9M uvm; Washington, DC)

PORTLAND, Maine (AP) — Maine's independent senator says he is getting behind an effort to research how medicinal cannabis could help veterans.

Sen. Angus King is part of a bipartisan group of legislators that wants to authorize the U.S. Department of Veterans Affairs to advance research about the safety and efficacy of medicinal cannabis for veterans who suffer from post-traumatic stress disorder and chronic pain.

The scientific and medical research would be authorized by the VA Medicinal Cannabis Research Act of 2018. King says the act would clarify that research into medicinal cannabis is within the authority of the VA. It would also require the VA to report to Congress about how it plans to exercise such authority.

Iraq and Afghanistan Veterans of America supports the legislation.

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1.3 - Pittsburgh Tribune-Review (Video): [Allegheny Township man reaches new heights as inspiring wheelchair athlete](#) (19 August, Renatta Signorini, 1.5M uvm; Warrendale, PA)

Jerry Baylor has spent decades inspiring others.

Sometimes, it's when he gives them a small stone he has meticulously hand-painted.

Or when he helps someone modify a fly fishing pole to use after a spinal cord injury.

But often, it's when the 73-year-old Allegheny Township man is using his own wheelchair to win medals.

“That’s my primary goal — getting people out doing things who don’t think they have anything to do,” he said.

It’s been that way since 1980 when Baylor — known by the nickname “Bull” — was in a motorcycle crash that left him paralyzed. Before that, he was into football and competitive weight lifting and served in the U.S. Marines for four years, including a tour of duty in Vietnam in the 1960s.

After the crash, Baylor was re-introduced to sports as a quadriplegic patient at a Harmarville rehabilitation facility. Debbi Hutchins, a former recreational therapist there, remembered that he took to shotput. At that time, not many quadriplegics participated in sports and he had to continuously modify an old-style wheelchair for competition.

“It became his therapy because he tried to see how far he could throw it,” Hutchins recalled. “What he does with his disability is just amazing.”

He went to the first National Veterans Wheelchair Games and has since won hundreds of medals in track and field events all around the country, including 11 this year at the 38th annual competition in Florida. But with that success comes dogged determination.

“I compete against younger guys all the time,” Baylor said, smiling.

Now he spends most days training in specialized wheelchairs. He works out at a local YMCA and visits the Roaring Run Trail near Apollo with his racing wheelchair. Baylor is set up with kettlebells at home and practices shotput, javelin and discus in the yard.

He pushes himself through the halls of the Veterans Administration facility in Aspinwall twice weekly before volunteering there. Physical therapist Chad Evans directs patients interested in wheelchair sports to Baylor who serves as sports director for the Paralyzed Veterans of America’s Keystone Chapter, which covers all of Pennsylvania.

“When they find out that they can participate in all these adaptive sports, it basically changes their life,” Evans said. “It makes them more physically fit, in better shape and more healthy in the mind.”

Baylor is a good example to those veterans he reaches as a volunteer. He has been a “stabilizing force” for the Keystone Chapter thanks to his longevity with the organization, Executive Director Joe Dornbrock said.

“It frequently takes another veteran’s encouragement to do it,” he said.

Baylor plays quad rugby and pulls huge catfish out of the Allegheny River off of his boat, the “Cat Man Do.”

When he has free time, all those pebbles and stones he picks up while fishing get put to good use. Baylor spends hours painting intricate designs on them, from flowers to rabbits to houses. He wedges a paintbrush between two fingers and can finish 10 pebble-sized ladybugs in a couple hours.

But the larger rocks, like the ones with a vine full of flowers on top of a black background, take at least four hours each. He likes to hand them out to people who he comes in contact with throughout his days.

"I've probably given a pickup truck load away," he said.

Some of those recipients include past students of a recreational therapy for people with disabilities class at Slippery Rock University that used to be led by Hutchins. His perspective and abilities left students awestruck, she said.

"When you talk about spinal cord injuries in class ... it's hard to envision what that means in terms of what people can do," she said. "It really helps them to understand what the possibilities are versus what the disability is."

"He's my idol, I have no idea how he keeps up," she said.

For Baylor, it's not hard. He is dedicated to instilling hope in those who are facing a tough road, just like he was more than 30 years ago.

"It makes me feel good because I know what it was like when I started," Baylor said. "There's was plenty of reason to get disappointed. Over the years, I've taught people that they can do it."

"This gives me more reason to get up and go to keep on going."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Erie Times-News: [Volunteer generates well-being for veterans](#) (19 August, Meg Loncharic, 320k uvm; Erie, PA)

Ben Montifiori is one of hundreds who give their time at Erie Veterans Affairs Medical Center.

Perhaps you've noticed the expansion activity and redevelopment going on at the Erie Veterans Affairs Medical Center at East 38th Street and Old French Road. Maybe you've visited or cruised by for a look-see at this facility, where some 700 employees are committed to the good work being done. Construction projects have been ongoing for several years.

Bet you didn't know that Erie VA Medical Center serves upward of 50 residents and an estimated 22,000 veterans yearly. At the end of 2017, the center had 473 volunteers of all ages, including men, women, youth and retirees.

Among those known for his longstanding volunteer work is Ben Montifiori, an earnest humanitarian who just celebrated his 74th birthday in July.

He loves it, he said, likening his involvement at the Erie VA to having a second family. Last year, he was cited for his many services.

Montifiori has been a volunteer at the center for eight years. One of his greatest admirers is fellow volunteer Barb Ruhlman, who has been volunteering 4 hours every Friday for the past five years. You can find her in the front lobby making coffee for the visitors.

Ruhlman said Montifiori volunteers five to six days per week. He usually arrives via Lift early in the morning to get the coffee started in the lobby for the resident veterans, for the veterans and their families who have appointments, and for any visitors. He gets around in his motorized wheelchair, which he uses due to contracting polio as a child. Until several years ago, he was able to walk without too much trouble.

Montifiori filled out papers to join the U.S. Navy (his father served in the Navy) but was turned down due to his polio. As his way of giving back to our veterans, he has chosen to be a helping hand the Erie VA, whether it be organizing bingo, accompanying veterans on road trips or just being a friend and hanging out with them. He is also the commander of Disabled American Veterans Auxiliary No. 73 in Erie.

When he takes a day off, which is rare, "Where is Ben?" is the question asked by many. He reportedly has more than 10,000 hours of service at the Erie VA Medical Center.

Montifiori and his wife, Patricia Montifiori, are both Erie natives, married 52 years. They have three daughters, five grandchildren and four great-grandchildren. Pat Montifiori works as a teacher's aide at a local public school, so has her summers free to spend with her family and go on outings with them to the Erie Zoo, Presque Isle State Park and Waldameer Park & Water World. (Ben Montifiori goes, too, unless he is at the VA).

Pat Montifiori has been secretary of the same DAV Auxiliary for four years and counting. A few years ago, she checked off skydiving from her bucket list.

When asked where she gets her energy, she replied lightheartedly, "I get all my energy from Ben!"

Karen O'Neal, chief of voluntary service at the Erie VA Medical Center, is proud as can be of the volunteer family there. O'Neal, a 29-year employee who has been in her present position since May 1997, said there are always many different volunteer opportunities available at the center. To find out more about how you can help serve our veterans, please call the Voluntary Service Office at 860-2453.

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4.2 - FedSmith: [VA Takes Action to Restrict Collective Bargaining and Official Time](#) (19 August, Ian Smith, 276k uvm; Washington, DC)

The Department of Veterans Affairs announced last week that it is taking back rights it gave away under the previous administration to preclude collective bargaining on issues indirectly related to VA providers' professional conduct or competence. Consequently, unions can no longer engage in collective bargaining when it comes to professional conduct and patient care by VA providers.

"President Trump has made it clear that we want our providers laser-focused on caring for Veterans and that's exactly what we're doing here," said VA Secretary Robert Wilkie. "This move today ensures that unions can't bargain on issues related to our providers' professional conduct or competence, essentially patient care. Our nation's heroes deserve no less."

Wilkie rescinded a Memorandum of Understanding (MOU) that VA entered into in 2010 with National Nurses United, Service Employees International Union, National Federation of Federal Employees, and National Association of Government Employees on VA's application of 38 U.S.C. § 7422.

The VA announced last month that it had begun implementing one of President Trump's executive orders outlining new guidelines for how union officials use official time when representing federal employees. The revocation of the MOU is the latest step forward in the process of restricting union activity within the agency.

According to the VA, the executive order affects about 1,700 VA employees using taxpayer-funded union time – including two doctors, 65 nurses and 405 other employees who spent 100% of their taxpayer-funded time working on nothing but union business.

Approximately 300,000 VA employees are represented by one of five national unions. The executive order's restrictions regarding time spent on government work include member solicitation, lobbying activities, elections of union officials and collection of dues.

As part of VA's implementation of the executive order, VA employees who previously spent 100 percent of their official work hours on union issues can devote no more than 25 percent of that time to the union. Union leaders also must request and receive approval of their use of taxpayer-funded union time to allow the VA to monitor the use of this time to ensure that it's only used for authorized purposes.

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4.3 - KNWA (FOX-24): [VA Brings Focus to Impaired Doctor's Misdiagnosing Through Further Investigation](#) (19 August, Ashlyn Brothers, 191k uvm; Fayetteville, AR)

It's been just over two months since the VA Medical Center in Fayetteville announced an impaired doctor misdiagnosed seven people.

The Veterans Health Care System of the Ozarks announced they will investigate close to two thousand of the pathologist's other cases.

As of now, the Arkansas Department of Veteran's Affairs has gone through over 10 percent of the cases that could have been affected by that impaired pathologist whose identity is still not being released to the public.

Arkansas Sen. John Boozman (R) is sponsoring a bill that would increase oversight of VA doctors.

He filed an amendment to a recent spending bill aimed at improving VA responses in malpractice cases.

The organization conducts VA checks every year to analyze facilities and speak with veterans.

The organization said the Fayetteville VA could be one of its next stops.

"One of the biggest challenges that we see from the VA is that VA lacks the transparency," said Roscoe Butler, American Legion deputy director for healthcare.

"There is a tragic situation that happened, we wanted to bring it to the forefront," Boozman said.

The House and Senate passed bills with Boozman's reforms included.

Once the bills are signed into law, the VA will have 90 days to prepare and submit a response plan.

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4.4 - Northwest Arkansas Democrat-Gazette: [VA sets public meeting on missed test results. Questions remain about review](#) (19 August, Doug Thompson, 162k uvm; Fayetteville, AR)

The Veterans Health Care System of the Ozarks will host another town hall meeting Monday in its ongoing review of missed diagnoses that proved fatal to at least one patient.

Kelvin L. Parks, interim medical center director, said at the first town hall meeting July 9 that about 2,500 cases had been reviewed so far. Every case will be reviewed by a pathologist from outside the Fayetteville-based system, he said. The review was expected to take at least six more months, attendees were told.

The Fayetteville-based system has signed a contract with the University of Arkansas for Medical Sciences to independently review cases, sending pathologists to work full time on the matter, system spokeswoman Wanda Shull confirmed Friday. At least one more contract with a university-based system is under legal review with the Veterans Department, she said.

The review began after administrators discovered a pathologist at the system's hospital in Fayetteville had tested samples while impaired, administrators said at a June 18 news conference. The pathologist, Dr. Robert Morris Levy of Fayetteville, denies he worked impaired. Seven misdiagnosed cases were found in the review, according to U.S. Department of Veterans Affairs administrators.

The cases under review are prioritized by risk, Parks told the crowd. Tests for the most serious possible diagnoses, such as prostate biopsies for cancer, will be reviewed first, he said. Other risky conditions earmarked for priority are CT-guided needle biopsies, breast biopsies and endoscopies.

A number of pathologists from outside the Veteran's Department have volunteered their time to conduct reviews so far, Parks said in the July meeting. He did not disclose how many. Bringing UAMS pathologists and others into a full-time review will speed the process up considerably, he said.

Levy was fired in April, according to administrators. He had been suspended in March 2016 for being impaired, but he returned to work that October after counseling and after a check of his work found no errors at the time.

Levy was again taken off clinical work in October 2017 after what the hospital described as a second instance of working while impaired. His dismissal in April came after a personnel review.

All 19,794 veterans or family members whose cases were handled by Levy were sent letters that a review is underway, according to Parks. More than one test was performed on some of the patients, requiring review of more than 30,000 samples.

The Veterans Health Care System of the Ozarks serves veterans in 23 counties in Northwest Arkansas, southwest Missouri and eastern Oklahoma.

Levy confirmed in an earlier interview that he worked while impaired with alcohol in 2016 but said he did not work while impaired afterward. The system won't say if Levy is the pathologist involved because it's a personnel matter, Shull has said.

A crowd of at least 150 attended the last town hall, consisting almost exclusively of veterans or family members who had received letters telling them their cases were under review. That was according to a show of hands when Parks asked how many there had received a letter.

Most of the audience's questions regarded how anyone in the pathologist's position of responsibility could work impaired without anyone noticing or taking action. Parks told the crowd the system's handling of the matter is the subject of a separate investigation by the federal Veterans Affairs Office of Inspector General. There is no timeline on the inspector general's report, he said.

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7.1 - AL.com: [Alabama veteran wins top awards at Golden Age Games](#) (19 August, Shelly Haskins, 11.5M uvm; Birmingham, AL)

At 69, Henry Lee Preston still has serious game.

For the past dozen years, Preston, a Vietnam veteran from Adamsville, has been representing Alabama at the Veterans Administration's Golden Age Games, often as the state's only competitor.

He's thrown the javelin, run 100, 200- and 400-meter dashes, played basketball and even tossed horseshoes. You name the sport, he's probably competed in it over the years.

He started in 2007 in Indianapolis - "I rode the bus that first time" - and since then he's traveled all over the country. St. Louis, Missouri; Fayetteville, Arkansas; Des Moines, Iowa; and even Honolulu, Hawaii.

"Hawaii was great," Preston says, though he added that all of his trips to the games have been fun.

This year, the games were in Albuquerque, New Mexico. It was no Hawaii, he said, but it may have been the most fulfilling yet for Preston.

He had been little under the weather, so he didn't participate in track and field in the sweltering New Mexico heat. Instead, he played three-on-three basketball and his team placed fourth, losing by 2 points in the medal round.

But the biggest surprise came at the awards ceremony, where, after a dozen years of Golden Age Games competition, Preston was given the Hall of Fame Athlete Award, and the George Gandgi Inspiration Award.

The Gandgi Award, named for a competitor who won the gold medal in cycling in New York before passing away in 1995. It's presented to the competitor who shows the most support for fellow veterans, the best attitude and is the most inspirational to his fellow competitors.

"This is the first time any individual won both of the awards," said Preston. "I was selected for some reason or another."

Preston's late wife, Shelia Faye Preston, passed away on Christmas Eve in 2013. She had been not only his companion on all of those trips, but volunteered and did lots of work in support of the games and the veterans there.

For the past few years, a lifelong friend, Gracie Brown, has become his coach and traveling companion.

Brown, he said, is hoping to organize a full Alabama team for the next Golden Age Games, which will take place this coming June in Anchorage, Alaska.

He's paid his own way to all the games he's attended before, but this year they not only want to get a team of five to eight veteran athletes together to represent Alabama, but he'd like to get some sponsors to help foot the bill. The VA pays for meals when you get to the games, but it's the competitors' responsibility to pay for their travel and hotel rooms.

He figures that's going to cost at least \$1,500 per person for the trip to Anchorage. He's hoping businesses or individual donors will pitch in, even if it's just a little bit.

Preston said he's confident he'll find a way to get there, because it's been divine intervention that's kept him going and competing all of these years.

"I prepare for it through the year, but what keeps me going is the Lord Jesus Christ," he said.

Want to help?

If you want to join the Alabama Golden Age Games team, or donate to sponsor the trip the 2019 games in Anchorage, Alaska, email Henry Lee Preston at henrypreston@charter.net or call him at 205-401-0681.

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7.2 - Newsday: [Crews to begin repairing historic iron fencing at Long Island National Cemetery](#) (19 August, Khristopher J. Brooks, 3.2M uvm; Melville, NY)

Repair work will begin Monday on the Long Island National Cemetery's perimeter fence, a face-lift that the director of the 364-acre Pinelawn cemetery said will be "phenomenal."

The black, spear point-topped iron fencing along the cemetery's exterior on Wellwood Avenue was installed in 1937 at the opening of the cemetery. However, years of harsh weather and automobile accidents have rusted parts of the fence and ripped down other sections. Repairs are scheduled to be finished in April 2019.

"I can't wait until this is done because it's going to be phenomenal, which is deserving of all our veterans, nation's heroes, and their families," said Srey Austin, the cemetery's director.

Austin, who became director nine months ago, said she has seen three car accidents during her tenure.

Cemetery officials will restore the iron fence to its original luster, Austin said.

"The ones [sections] that we can save and salvage, we will send out for refurbishing," she said. "The ones we can't, we're getting a replica."

Austin said workers will also widen the space between the fence line and the curb along Wellwood Avenue, in part to allow for a new sidewalk.

"But also, that way, if a car gets into another accident, there's a little wiggle room," she said.

Construction will take place from 8 a.m. to 4:30 p.m. Monday through Friday until the project is complete. Wellwood will remain open during construction.

The fence work is part of a larger \$9.2 million repair plan that Rep. Thomas Suozzi (D-Glen Cove) announced in February. The project includes a new limestone-faced columbarium with 6,240 marble-covered niches. Other slated repairs include new chain-link fences and new aluminum-post fencing.

About 350,000 veterans and family members are buried at the cemetery.

Suoizzi, who helped secure the funding, said in February that the cemetery fence's condition doesn't "represent how much we value our veterans."

The columbarium work started about four weeks ago, Austin said, and the chain-link repair work began three weeks ago.

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7.3 - Citizens' Voice: [Veterans and veggies flourish at VA garden](#) (19 August, Bill Wellock, 272k uvm; Wilkes-Barre, PA)

PLAINS TWP. — In the cupholder of his wheelchair, Ron Strauss carried a taste of summer.

It was one you can eat: A tomato, picked from the community garden at the Department of Veterans Affairs Medical Center in Plains Twp.

"I'm the city boy around here, but I still enjoy gardening," said Strauss, a 75-year-old U.S. Army veteran from Philadelphia.

The tomato Strauss showed off was one of many the veterans at the center's nursing home harvest each year, along with other items. Flowers, cucumbers, zucchini, peppers, strawberries and raspberries were some of the plants they grew this year. A fig tree sapling is a recent addition.

Raised beds that be reached in a wheelchair and adaptive gardening equipment make the hobby accessible. Volunteers, like Lyn and Joe Brice, also help manage hard-to-reach spaces.

"My parents were gardeners. I was raised in the garden," Lyn Brice said. "If I can share it with those guys, it just makes them so happy to have a garden."

Residents in the community living center, the Veterans Affairs' name for its nursing homes across the country, take occasional trips away from the facility, but the garden is an easier and faster way to get outside.

Strauss appreciates the chance to get outside, work that keeps the mind and body active and the camaraderie of tending to the shared plots. Plus, you get to eat your work.

The garden is next to the closest doors from the nursing home to the outside. It's close to the space where many veterans who live at the center gather to relax and chat, and whether they tend to the garden or not, the plants make the space more pleasant.

For the veterans who live at the facility's community living center, it's a hobby that gives them hours of enjoyment. They're frequently telling recreation therapy assistant Maureen Cooper about something that needs to be done in the garden.

"They're involved in something that they've been involved in all of their life," she said.

The garden began about seven years ago at the request of from the work of a World War II veteran who lived in the facility's community living center. After he died, the staff and residents took to calling it the "victory garden," a nod to the gardens that popped up during that war to

help people access fresh produce at a time when supplies were stretched thin. The endeavor started small and grew larger year by year.

Many of the residents in the center grew up with gardening.

They told stories of working with family and neighbors to tend to large plots of land that would provide extra food in the aftermath of the Great Depression. To supplement the harvest, farmers dropped off truckloads of produce that were destined for preservation through canning.

The plants are a connection to veterans' lives before they came to live in the community living center. Rocco Petrillo, an 81-year-old U.S. Army veteran from Berwick, planted the fig tree, like one of his own he had years ago. Some of the marigolds and tomatoes are transplants from the former garden of Bill Hastie, a 99-year-old Army veteran from West Pittston who served in World War II.

Hastie was working in his garden the week before the stroke that led to him living in the community living center. The community garden is a source of continuity from his life before to his life now, said his daughter, Megan Hastie. He goes out for one to two hours nearly every day and enjoys that his neighbors in the center eat what he helps grow.

"You see the guys going out there and cruising around looking for what's ripe, or family members picking thing on their behalf," she said. "So I think this is a source of great, great pleasure."

Before he lived in the Department of Veterans Affairs Medical Center, John Wrazien's garden provided him with baskets of vegetables and hours of conversation.

In the evenings, he'd relax on his porch with friends. In the mornings, they'd come by for baskets of produce.

"Before I came here, it was a must. You lived off the garden," said Wrazien, 95 and a U.S. Army veteran.

"This is the best therapy there is," he said.

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7.4 - Janesville Gazette: [Homeless veteran lived in the shadow of downtown](#) (19 August, Neil Johnson, 164k uvm; Janesville, WI)

Dan Eccles' body was pulled from the Rock River near the Centerway Dam, just downstream from a spot on the river bank where he was known to crawl into the weeds to sleep at night.

Eccles' world, such as it was, spanned a quarter-mile, unpaved trail along the west side of the Rock River near downtown Janesville. The heavily wooded section of the Ice Age Trail runs north of Centerway, along the tangled railroad hillside just east of Mercyhealth Hospital and Trauma Center.

In that area across the river from Traxler Park where the Rock Aqua Jays perform, observers say they had seen Eccles and still see other homeless men in the woods and along the trails.

Some are drunk and dirty. Others sleep on old couch cushions and mattresses in plain view. Some take to the bushes and stay under blue tarps or in tents.

Others hide from view beneath outcropped retaining walls or alongside ravines and gullies where stormwater washes over discarded books of JOB cigarette rolling papers and empty cans of Steel Reserve malt liquor.

Eccles' death came seven weeks after a fight between two other homeless men in the same area. One of them staggered from the woods, his face split wide open after he was beaten with a tree branch.

As Janesville's downtown works on revitalization, Police Chief Dave Moore said there's growing concern about vagrancy and public drinking stemming from a homeless population that seems rooted downtown.

A local social worker said the tight rental market is making it harder for people of limited means to find housing. That's as some local homeless shelters have months-long waiting lists.

Police and social service agencies recently started talking about plans to address the homeless who live in the shadows of downtown Janesville.

Before his death, Dan Eccles had lived among those shadows.

A troubled man

Eccles, 68, was a Vietnam War veteran. While still a teenager, he served in the 27th Infantry Regiment of the U.S. Army, a group of fighters nicknamed the "Wolfhounds," his family said. He fought in Cù Chi in South Vietnam in 1968, fending off surprise attacks from a vast network of enemy, underground tunnels dug by the North Vietnamese and Viet Cong armies.

But it was in the wooded shadows tucked just beyond the motions of daily downtown life that Eccles most recently lived, ate, drank alcohol and slept.

It's where he died.

Moore said city staff and local social service agencies in the months before Eccles death had begun discussing a multi-faceted outreach program for the homeless focused in part around the city's downtown.

Eccles had multiple recent contacts with the police and courts, putting him on the local radar as a troubled homeless man who moved around downtown using a three-footed cane. He would have been a man a homeless outreach effort might aim to reach.

For Eccles, any outreach now is too late.

Janesville police said Eccles left behind some personal papers, a cane and a coat on a hillside near the ruins of a former brewery along the Ice Age Trail.

The hill drops off to tangled woods to a sandy shoreline along the Rock River. It's about a quarter mile upstream from the Centerway Dam area where Eccles' body was found Aug 6.

How Eccles ended up in the river remains unclear, but police think he might have fallen off the hillside and into the water, The Gazette reported earlier.

A medical examiner's initial findings suggest Eccles had a heart condition, according to a Gazette report. Janesville police say the death appears to have been "accidental" with no signs of foul play or suicide.

Edgerton resident John Eccles, Dan Eccles' brother, said Dan Eccles had been troubled since young adulthood. He had struggled to move on with his life after Vietnam and had been homeless off and on for years, struggling with alcohol abuse and remaining jobless much of his adult life.

"He was a Vietnam vet and one of the guys whose mind never came home from the war," John Eccles said. "Two minutes in a firefight can change your life."

John and Dan both served in Vietnam in the same regiment and were stationed at the same base, but they only crossed paths once during the war, John said. It was during an enemy mortar attack.

John Eccles said he, Dan and several of their siblings had been split up into foster care as children after their home burned. John has spent the last 25 years trying to locate all his siblings, but he said the one closest to him, Dan, had slipped in and out of his life for years.

John said Dan would disappear for months or years. Once, about two years ago, Dan resurfaced in Edgerton, homeless. John gave Dan a month's rent so he could stay at a motel in Janesville.

After that, John lost contact with his brother. It was the last time he saw him alive.

"Through the years, I tried so hard to help him financially, morally and spiritually. I tried everything. He wouldn't ever come out of it," John Eccles said. "What the war did was it made him drink, and drinking made him die."

According to Janesville Police Department and Rock County Court records, Dan Eccles had a string of misdemeanor arrests and ordinance citations tied to his recent time in Janesville—an existence one court record boiled down to as "homeless—lives on river bank."

Based on records of police contacts, Eccles' most recent period of homelessness might have spanned the last three or four months. It would have come in the months after Eccles was evicted from a Janesville apartment in late 2017 after he had been in jail, according to court records.

Janesville police since May 2017 report citing and arresting Eccles more than a dozen times for drinking and disorderly conduct in the downtown area and nearby city parks. In late June, just weeks before he died, Eccles was arrested after he showed up at Mercyhealth Hospital and Trauma Center, intoxicated, disorderly and verbally abusive toward hospital emergency room staff and police, according to a criminal complaint.

Earlier, in March 2018, police in Beloit had placed Eccles in an "emergency detention," according to police records.

Help?

Janesville resident Bob Baker, a trail maintenance volunteer with the local chapter of the Ice Age Trail walks sections of the trail near downtown daily. Baker said he had come across Eccles a few times in Eccles' final days.

Baker, who said he also served in Vietnam, talked to Eccles about the war. In the encounters, he said, Eccles usually was drinking alcohol, and he often seemed despondent and out of sorts.

Once, Baker said, Eccles told him he'd seen a man jump in the river near the Centerway Dam. Eccles said he'd reported it to police, and police told him he'd helped save a life.

Another time, Eccles complained he'd given a man money from his Social Security Disability payout to buy some items at a nearby gas station. He said the man left with the money and never returned.

About a week before police found Eccles dead, Baker said he saw Eccles near the Hedberg Public Library. He said Eccles told him someone through the Veteran's Administration was helping him find a place to live in Janesville.

According to a record from a July 30 court hearing on Eccles' disorderly conduct arrest at Mercy Hospital, Eccles was getting mail delivered to the Rock County Job Center in Janesville. Notes on the court appearance indicate Eccles was a "Vietnam veteran" and was "seeking treatment."

Police found Eccles dead a week later.

A Veterans Administration worker who John Eccles said attended his brother's funeral did not respond to a Gazette inquiry.

Baker said another homeless man who frequents downtown and the Ice Age Trail told him that in the days before Eccles's death, Eccles's skin had turned yellow—a sign of jaundice, which can come from liver problems.

Baker said it was clear to him Eccles needed help. He said he wonders if Eccles would still be alive if he'd gotten medical treatment or even had an emergency commitment, a step he believes might have dealt with his underlying problems, some of which Baker believes stemmed from alcohol abuse.

"He couldn't handle himself. His homelessness was identified, and his behavior was known about. But his condition, and where he was at with being able to handle himself, I don't think that was being addressed," Baker said.

Addressing a problem?

According to a Rock County Homeless Intervention Task Force homeless count from early in 2017, at least 338 people were living homeless in Rock and Walworth counties, either on the streets or in shelters. Most of the 338 were in Rock County, and that number is "probably the tip of the iceberg," said Jessica Locher, task force chairwoman.

An overnight count July 26 turned up 15 homeless people living outside in Janesville, including some found staying in the woods along the river near downtown.

Locher, who has led the federally-mandated counts for six years, said it's common not to find many homeless people since many hide because they don't want to be seen.

But she said the July count revealed the most homeless people ever found in Janesville in a single night.

Locher believes there likely are 350 to 400 homeless people in Rock County on any given day.

Locher said the regional housing crunch makes it more difficult for people to find affordable rental properties.

Locher said local agencies continue housing programs, such as rent vouchers, but those who are homeless and at risk are now competing against people with marginally better means for a slim number of leftover apartments or motel rooms.

Meanwhile, she said, some local shelters have waiting lists of three to four months. Most have policies that bar homeless people who are intoxicated on alcohol or drugs.

Police response

Police Chief Dave Moore said as Janesville's downtown sees revitalization, some residents and business operators have become increasingly concerned about a homeless population that for years has seemed rooted in downtown, nearby parks and other public spaces.

Moore said police have focused on an enforcement effort downtown in the past few months to stem public drinking, disorderly conduct, littering and people illegally sleeping in parks. He said a small enclave of homeless men who congregate in downtown and in nearby parks is responsible for a portion of that activity.

Moore said in the past few months, one homeless man was arrested 17 times, another 15 times, mostly for public drinking and disorderly conduct.

In June, police arrested a homeless man after he beat another homeless man with a tree branch, leaving a large gash on the man's head and breaking his arm, according to a Gazette report. The two were camping and drinking together in the woods off the Ice Age Trail. It was in the same area where observers say they'd spotted Eccles and other homeless men.

Moore said he believes police have made progress stemming public intoxication and related problems downtown.

Yet, Moore said, using tickets and arrests simply to push a homeless population from one part of the city to another would be short-sighted.

"Simple enforcement and displacement is not the answer," Moore said. "It really takes a different approach. We see that many of the homeless suffer from mental illness and addiction. We need to address them both," Moore said.

He said Janesville city administration met earlier this summer with Rock County Health Department authorities and several local social service agencies to begin to form a "multi-disciplined approach" to homelessness.

After the group's first meeting, police began handing homeless people flyers that explain types of local services that might be available. Moore said that's a small example of the type of outreach the group hopes can come.

Moore said the group plans later this month to lay out some more concrete plans. Moore said it's unrealistic to expect police or other agencies can reach every homeless person in the city.

"There's an acknowledgment that we're not going to be able to assist everyone. Some people are going to choose to be homeless," he said.

Epitaph

About a decade ago, John Eccles said Dan was hit by a vehicle along North Parker Drive. At the time, John said, his brother was intoxicated, with a blood-alcohol concentration that was "massive." He had survived but had to have bones in his leg reconstructed with metal. It's why he walked with a cane.

It was after that accident that John decided to buy his brother a burial plot. He wasn't sure how much longer it would take for his brother to die from his own lifestyle.

It took another decade for Dan Eccles' funeral day to come. John paid for that, too.

"I got to go buy a headstone for him still," he said. "But at least I know where he's at now. He's not cold or hungry or suffering somewhere."

John Eccles might not have seen another ceremony held for his brother. In the weeds along the Rock River near the big billboard off Centerway where Dan Eccles was known to sit and rest, someone stuck a rusted spoon in the dirt. It was a de facto memorial, a marker for Eccles, set next to a bouquet of wildflowers plucked somewhere along the Ice Age Trail.

The flowers were dry in the dirt. They had fallen out of a beer can cut in half and filled with water.

On the brown post of the billboard, someone scrawled an epitaph in bright green sidewalk chalk.

Under a drawn cross, the message reads: "Dan Eccles Will Always Be Remembered."

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7.5 - Aitkin Independent Age: ['Can Gramma play?'](#) (19 August, Brielle Bredsten, 15k uvm; Aitkin, MN)

At 66 years old, veteran Debby Yates doesn't let her disabilities prevent her from going for the Gold. On July 29 through Aug. 6, Yates traveled to Orlando, Fla. to attend the 38th Annual National Veteran's Wheelchair Games, joining 651 players competing in adaptive sports.

The National Veteran's Wheelchair Games has 19 different events that veterans can choose to participate in, such as: wheelchair basketball, softball, swimming, cycling, power lifting, trap shooting and more.

This year marked Yates' first playing adaptive sports, and she received a Gold medal for javelin and discus, Silver in nine-ball pool, and Bronze in shot put and wheelchair basketball.

"Wheelchair basketball was the most hard-fought game for me," Yates said.

Her service

After graduating from Anoka Senior High School in 1970, Yates joined the Transportation 63C Motor Pool of the Woman's Army Corp., and later served in the Army Reserves; then in the Marines during Guantanamo Bay, Cuba.

While serving as a driver for a fleet commander in the Marines, Yates was in three crashes involving a car, bus and helicopter in Cuba. "That's where most of my injuries came from," Yates said.

Resulting from the accidents, Yates suffered multiple traumatic brain injuries, a spinal cord injury, loss of hearing and three types of Post Traumatic Stress Disorder. She retired from the military on April 1, 1998.

At the age of 43, Yates had retired from her civilian job as a Metro Transit driver. She enrolled in classes at the University of Minnesota for non-degree seeking programs. She currently lives in Coon Rapids and owns a cabin near Sherwood Forest Campground in Aitkin. Her mother, Betty Lou Evans, previously lived on Lone Lake and still resides in town.

Adaptive sports

Last June, Yates joined the National Wheelchair Basketball Association (NWBA) while attending college. The NWBA provides qualified individuals with physical disabilities the opportunity to play, learn and compete in the sport of wheelchair basketball.

Through her involvement, Yates attended a basketball camp at the University of Arizona. The head coach of the university's Wildcats team, Peter Hughes, invited Yates to join the Division 1 wheelchair basketball team, also known as the Collegiate Division.

"Being the only player in the camp that went up against Gold medalist, Jenn Poiste, he said I was the best interim rookie that ever played the game," Yates said.

When Yates arrived home, she underwent hernia surgery. "The VA doctor couldn't believe I was able to play. Out-patient surgery turned into a hospital stay. Then I was discharged and back into the hospital when fluid built up. I was unable to swim or train."

With only 29 days to train for the games, Yates played in the winter quarter for the Wildcats.

According to Yates, she is the oldest collegiate wheelchair basketball player in the United States, and likely in the world.

There are many other amazing individuals on her collegiate team, like her friend Christine Hogins. "She has one leg, is speech impaired and totally hearing impaired. But she is always laughing and smiling," Yates said. "Just think, she is a Division 1 collegiate player."

38th National veterans Wheelchair games

Following the Wildcats' game, Team Military requested Yates play for its team, Mercury-Red, during the 38th Annual Veteran's Wheelchair Games. There were over 20 classifiers at the games.

The National Veterans Wheelchair Games is co-presented between the Department of Veterans Affairs and Paralyzed Veterans of America. The games serve veterans with spinal cord injury, multiple sclerosis, amputations and other central neurological impairments with the goal to increase their independence, healthy activity and quality of life through wheelchair sports and recreation.

Learn more by visiting <http://wheelchairgames.org>.

"How fitting that the oldest player be a veteran," Yates said.

During the game, teammates told Yates a player on the opposing team had taunted her by saying, "Can Granny play?" She was instructed to "backpick" him, although he had a reputation for being the best player on that team.

"A backpick is where you take your wheelchair and take an opposing player out of the game to allow your team to keep scoring," Yates explained.

Yates said she set the national record for longest filmed technical backpick, adding

"I asked him how old he was after the game. He was 29 and had been playing the game since he was 6," Yates said. "I had only been playing for four months and told him, 'Granny just kicked your rear!'"

Recreation Therapist Janelle Gustafson from the Minneapolis VA traveled with Yates to the games. "We're there to help support them getting to their events and assisting them with their equipment. The VA helps provide adaptive equipment to veterans actively participating in the adaptive sports," Gustafson said.

"She did really well. I think adaptive sports have been a really positive thing for her. Being an athlete her entire life, she was able to reconnect with that through adaptive sports. She also met a lot of other veterans and made connections," Gustafson said.

Next year, Yates plans to compete in wheelchair softball and basketball, as well as three track and field events, six swimming events and nine-ball pool. She also received two offers from Division 1 schools to join adaptive sports teams. In 2020, Yates hopes to try out for the wheelchair basketball team at the University of Minnesota.

"I would like to reach out to all veterans," Yates said. "When you want to improve and you want to get better, you do all the surgeries, you see all the doctors. But the activity in sports is an important part of staying healthy."

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8. [Other](#)

8.1 - Military.com: [The Military Is Overhauling Troops' Chow as Obesity Rates Soar](#) (19 August, Gina Harkins, Richard Sisk, 9M uvm; San Francisco, CA)

Marines are about to see some major updates to their chow halls this fall -- the latest in a slew of changes the military services have made in recent years to get troops choosing healthier foods.

Like the rest of the country, the military is grappling with high rates of overweight and obese troops. More than 17 percent of soldiers were classified as obese in the Army's 2016 and 2017 Health of the Force reports. And even the Marines, who boast having the military's most stringent physical requirements, fight to keep thousands in the ranks from tipping the scales toward the overweight category every year.

That has leaders looking for new ways to fuel their warfighters. It's part of a push toward total fitness, which means nutrition doesn't just support troops' physical needs, but their psychological health as well.

Here's a look at how the changes could affect your future meals.

THE ATHLETE'S TABLE

Division I athletic programs offer up some top-notch cuisine, and Marine Corps leaders are taking notice.

From lean proteins like mahi-mahi steaks and bison meatloaf at the University of Nebraska to made-to-order breakfasts and recovery-focused performance plates at the University of Oregon, the high-speed college menus are serving as models for what Marines can expect to see this fall.

Col. Stephen Armes, director of the Marine Corps' Force Fitness Division, refers to it as setting "the athlete's table."

"I've got two sons that are both college athletes and their dining facilities are phenomenal," he said. "Everything on the chow line is good, and it's also good for you."

Nikki Jupe, the University of Oregon's senior sports dietitian, told Military.com that athletic performance is indirectly linked to nutrition. The right fuel can not only help someone take their physical talents to the next level with limited recovery time, but also lower their risk of injury and help them excel mentally.

All of that can benefit the military, she added.

"Incorporating the basic nutrition principles will build a foundation for mission readiness, cognitive performance as well as endurance performance," Jupe said. "Using different nutritional strategies [can also help] prepare for deployment."

FUELED TO FIGHT

The physical and mental demands troops face on the job can be taxing, so leaders want to build up service members' strength, endurance and mental agility.

The Army's Performance Triad program is meant to enhance warfighters' physical and mental performance -- and nutrition-rich foods are one of the keys, leaders say. The Navy's Sailor 2025 program includes a pillar on fitness and nutrition mindfulness, and the Air Force recently revamped the way it fuels its special operators.

Sharlene Holladay, a certified specialist in sports dietetics who serves as the Marine Corps' warfighter and performance dietician, is leading the charge to overhaul that service's dining options. Marines want food that helps enhance their performance in the field, she said.

So what can they expect to see?

"Cleaner proteins and better convenience-line grab-go options," she said. "Additionally, cold-bar options will offer traditional vegetables, chopped eggs, yogurt, cheese, salsa, legumes and trail mixes at all meals."

Marines in Okinawa, Japan, have been testing some of the new options for more than a year. They love the "cleaner fuel" additions, vegetarian options and the performance-enhancing foods, Holladay said.

Once the changes hit Marine Corps bases in the U.S. in October, Holladay and her team will continue collecting feedback and modifying menus to meet the wants and needs of the force.

The Navy stopped frying foods and selling soda aboard ships in 2014. And since the Army reported the highest rates of obese and overweight troops across the Defense Department, it has taken steps to improve nutrition in its 198 dining facilities.

"But we still have room for improvement," said Laura Mitvalsky, the director of health promotion and wellness at the Army Public Health Center.

A program called Go For Green "employs several nudging strategies to encourage soldiers to select healthy food and beverages," Mitvalsky said.

That includes labeling, food placement strategies, menu coding, featured plates, and educational marketing materials.

FRESH FIRST

In the University of Oregon's athlete's cafeteria, Jupe said students always have access to a full salad bar, fresh fruit, two lean proteins, two starches, two vegetables and hydration options that include Gatorade products, juice, water and tea.

Those are the kinds of foods Armes said Marines will see as soon as they walk into the chow halls.

That's because they're working to front-load anything that supports a Marine's physical performance, Holladay added. The Marine Corps will still use its "Fueled to Fight" labels and the green, yellow and red color codes the Navy Department adopted a few years ago to help personnel make healthy choices.

"If the food is labeled green when you go through the chow line, go as much as you want," Armes said. "If it's yellow, go with caution. If it's red, go minimal."

The Army has its own set of labels in dining facilities, exchanges and commissaries meant to help soldiers make better food choices. They're also encouraged to ditch sugary beverages in exchange for fresh fruit in the Express shops and the salad bars in the dining facilities.

"Small changes are key to increasing fruit and vegetable intake and improve soldiers' nutrition status," Mitvalsky said.

CREATURE COMFORTS

Just because the healthy items will be featured prominently doesn't mean troops' burgers or pizza will go away entirely. But in Marine chow halls, leathernecks are going to have to walk a lot farther -- and past a lot of other ideal food options -- before reaching them, Armes said.

Any food can fit within a healthy meal plan, Holladay said, and they want to leave it up to individual service members to make informed choices. They just need to keep their mission and standards in mind, she said.

Army Exchanges have also worked to get healthier quick service options aboard installations, too, after soldiers surveyed complained that so many on-base fast food restaurants hurt their healthy-eating goals. Now they can hit up Subway, Qdoba or Muscle Maker Grill, Mitvalsky said.

The Exchange is also working with existing restaurants on base to highlight healthy menu options, she added.

BETTER BREAKFASTS

Troops rarely get to sleep in, and physical-training sessions that start before sunrise aren't uncommon.

But when Marine leaders took a look at how recruits and officer candidates at boot camp and OCS prepared for those sessions, they found many weren't getting the fuel they needed.

"They've been really skimpy on breakfast because they knew they were going to the PT event," Armes said. "Or they go right to the PT event with nothing in their stomachs."

Cold bars didn't always include fruits and yogurts Marines could grab on the go, he added. That's about to change with more quick-grab items in the works for those on the move, Holladay said.

EDUCATING THE FORCE

In order to combat the number of overweight or obese troops in the ranks, the military is going to need to help troops make better decisions.

That starts with developing proper habits, Jupe said.

"Understanding these habits starts with education," she said. "Having a combat-registered dietitian be a part of the process allows for insight and initial/extended education to aid in better habits and body composition change."

The Army is working on providing leaders with more actionable information and strategies on its Performance Triad program to get soldiers paying more attention to their sleep patterns, activity levels and nutrition. That includes a push to integrate the program into more training courses and a cooking guide for soldiers who want to add more whole foods into their diets.

INJURY PREVENTION

Military service isn't always easy on the body, but dieticians and leaders want troops thinking about how proper nutrition can help combat some of those stressors.

The Air Force is offering more anti-inflammatory foods like avocados and some berries to help special-operations airmen whose job puts a lot of pressure on their bones and joints. And the Marine Corps has been fielding new 500-calorie performance nutrition packs filled with high-carbohydrate foods at boot camp and OCS.

The packs help top off glycogen stores that dip overnight before a morning PT session, Armes said, which can help reduce the threat of heat-related injuries.

Holladay said Marine leaders already work to partner meal times and training schedules to minimize weather-related injuries. Making sure troops are educated about fluid-in and fluid-loss and providing simple energy sources -- like those performance nutrition packs, applesauce, fruit or cereal -- can also help.

"Education on the ways of fluid loss, PT and how to hydrate are important," she added.

"Weighing in and out of activity, sweat testing, and assessing electrolyte levels are ways you can educate each individual to individually recover/prepare for PT. All of these tie back to how each person fuels their days for activity."

[Back to Top](#)

From:

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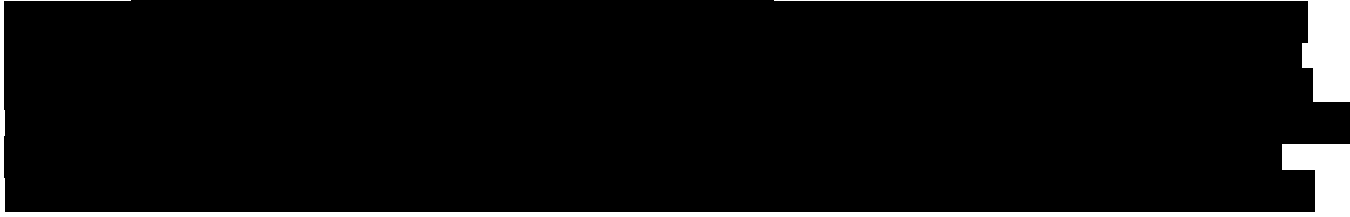


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Bcc:
Subject: VSO Communicators Meeting
Date: Fri Aug 17 2018 14:49:17 CDT
Attachments:

StartTime: Wed Sep 12 10:00:00 Central Daylight Time 2018
EndTime: Wed Sep 12 11:30:00 Central Daylight Time 2018
Location: (b) (6)



(b) (6)

Recurring: No
ShowReminder: Yes
ReminderMinutes: 15
ReminderTime: Wed Sep 12 09:45:00 Central Daylight Time 2018
Accepted: No

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)

Where: (b) (6)

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This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take

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. Someone will meet you in the lobby and escort you up after you have gone through security.

Several representatives that I have spoken to preferred to meet a little later in the day than our previous time of 8AM. Please let me know if you can attend at this new time. If this time works for the majority of you I will keep it, if not we can reschedule.

Best,

Bronwyn Emmet

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

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From:

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From: Emmet, Bronwyn </o=va/ou=vha office of
information/cn=recipients/cn=vhaewaemmetb>

To: (b) (6)



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Tallman, Gary

Cashour, Curtis (b) (6)

Syrek,

Christopher D. (Chris) (b) (6)

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National Veterans Outreach Office

Department of Veterans Affairs

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Explore VA today! <http://explore.va.gov/>

From: Emmet, Bronwyn </o=va/ou=vha office of
information/cn=recipients/cn=vhaewaemmetb>

To: (b) (6)

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Casin D. (b) (6)

Spero,

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Hutton, James (b) (6)

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Cashour, Curtis </o=va/ou=exchange

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Christopher D. (Chris) (b) (6)

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National Veterans Outreach Office

Department of Veterans Affairs

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Department of Veterans Affairs

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From:

(b) (6)

Cc:

Bcc:

Subject: FW: VoteVets v VA Re Alleged FACA Violations

Date: Fri Aug 17 2018 10:43:28 CDT

Attachments: VoteVets-Lawsuit.pdf

Hello Jim and Cathy, VoteVets is suing VA for matters pertaining to the "Mar-a-Lago Council".

Thanks,

Sonya

(b) (6)

Department of Veterans Affairs (586/02)

1500 E. Woodrow Wilson Dr.

Jackson, MS 39206

(b) (6)

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From: (b) (6)
Sent: Friday, August 17, 2018 9:23 AM
To: Cromwell, Sonya (OGC)
Subject: FW: VoteVets v VA Re Alleged FACA Violations

FYI

From: (b) (6)
Sent: Friday, August 17, 2018 9:46 AM
To: (b) (6)
Subject: VoteVets v VA Re Alleged FACA Violations

(b) (6)

Office of the Executive Secretary

Office of the Secretary, U.S. Dept. of Veterans Affairs (OSVA)

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Last Modified: Fri Aug 17 09:43:28 CDT 2018

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

VOTEVETS ACTION FUND
2201 Wisconsin Ave. NW, #320
Washington, DC 20007,

Plaintiff,

v.

No. 18-cv-1925

UNITED STATES DEPARTMENT OF
VETERANS AFFAIRS
810 Vermont Ave. NW
Washington, DC 20420; and

ROBERT WILKIE, in his official capacity as
Secretary of the United States
Department of Veterans Affairs,
810 Vermont Ave. NW
Washington, DC 20420,

Defendants.

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Plaintiff VoteVets Action Fund (“VoteVets”) hereby sues Defendants the United States Department of Veterans Affairs (the “Department” or the “VA”) and Robert Wilkie, in his official capacity as the Secretary of the VA, and alleges as follows:

1. President Trump and his Administration have made a practice of outsourcing decisionmaking on key issues of policy and government administration to private individuals, especially those who have business or social relationships with the President. These individuals have influenced, shaped, and dictated personnel and policy decisions made by the Administration. They have done so without being subjected to transparency requirements, conflict-of-interest screens, and other accountability rules required of public servants.

2. In this case, the influential individuals are members of President Trump’s social club, Mar-a-Lago; the usurped authority belongs to the United States Department of Veterans Affairs; and the victims are America’s veterans. Since January 2017, the Department has repeatedly sought the advice of, and acted on the basis of collective recommendations from, Ike Perlmutter, Bruce Moskowitz, and Marc Sherman. These members of the “Mar-a-Lago Council” (or the “Council”) are part of this prominent and powerful advisory committee not because of any particular expertise or relevant experience. They have none—no government experience, no U.S. military experience. Rather, each simply shares a financial relationship with President Trump as a dues-paying member of the Mar-a-Lago Club, a private golf and social club in Palm Beach, Florida, owned by the Trump Organization.

3. Since its inception, the Mar-a-Lago Council has operated in secret. The Trump Administration made no public announcement upon the Council’s creation, and despite the Council’s extensive activities—including more than twenty meetings—the Administration has failed to inform the public about the activities of a group empowered to make recommendations affecting the lives of millions of veterans.

4. While the full extent of the Mar-a-Lago Council’s work remains hidden, the scope of its influence is now coming into view. Through frequent phone calls and meetings with top officials at the Department, including private meetings held inside the Mar-a-Lago Club, the Council’s views are solicited and its advice followed on a broad range of policy and personnel matters concerning veterans. This is particularly true with respect to the makeup of the VA’s senior leadership. Upon the recommendation of the Mar-a-Lago Council, the VA has already made substantial changes to senior leadership posts, including the Secretary.

5. In addition to affecting personnel changes at prominent positions within the Department's leadership, the Mar-a-Lago Council has also advised the Department on, among other matters, building a national medical device registry at the VA, initiatives to prevent veteran suicide, the process for evaluating VA surgery programs, transforming the VA's digital records system, and privatizing the healthcare services currently provided by the VA.

6. The Mar-a-Lago Council has admitted that it serves as an advisory committee for the VA. The Council has boasted about its role, even. In a statement that they issued jointly, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman said that they, together, "saw an opportunity to assist the Department of Veterans Affairs's leadership," and that they, together, "offered [their] counsel . . . to assist the President, Secretary, and VA leadership in . . . making the essential decisions . . . that affect our nation's veterans." "At all times," they said, they "offered [their] help and advice on a voluntary basis." They "were on emails and conference calls with senior staff, and [then-]Secretary Shulkin referred on numerous occasions to his discussions with outside experts," including, presumably, them. They "discuss[ed] healthcare delivery and healthcare quality challenges facing the agency" and "were always willing to share [their] thoughts." Indeed, they "provided [their] advice and suggestions so that members of the Administration could consider [their suggestions] . . . to make [the Administration's] own decisions on actions to be taken."¹

7. According to their joint statement, the Mar-a-Lago Council is "proud of any contribution [it has] been able to make to improve the healthcare provided to the fine men and

¹ *Statement by Ike Perlmutter, Bruce Moskowitz and Marc Sherman to ProPublica* (July 18-20, 2018), <https://www.documentcloud.org/documents/4704885-Full-Statement-by-Perlmutter-Moskowitz-and-Sherman.html> [hereinafter Mar-a-Lago Council Statement].

women who are served by the VA.”² The VA, on the other hand, has thus far failed entirely to square the Council’s power and influence with federal law. Thus, because Defendants have flouted important transparency requirements, the full extent of the Mar-a-Lago Council’s influence, activities, and motives remains unknown. Consequently, veterans, their families, and other affected members of the public, like Plaintiff, have almost no insight into whether or how the Council has given consideration to issues critical to veterans, including the privatization of VA healthcare services. Moreover, the lack of transparency leaves the affected public with no view at all into what, if any, precautions have been taken to ensure that members of the Mar-a-Lago Council provide advice and recommendations out of concern for the public good and not their personal profit.

8. VoteVets, an advocate for veterans, now sues to redress this unlawful and dangerous departure from required procedures. Plaintiff brings this action to enforce the Federal Advisory Committee Act, 5 U.S.C. app. 2 (the “FACA” or the “Act”). The FACA was enacted in 1972 to curb the executive branch’s reliance on superfluous and secretive “advisory committees”: ad hoc, non-federal bodies that nonetheless counseled governmental decisionmakers on significant swaths of national policy. Prior to the FACA, special interests had used these committees—and the associated veneer of governmental legitimacy—to drive federal decisionmaking outside the light of public scrutiny, participation, and debate.

9. When the government fails to adhere to the FACA’s requirements, public confidence in the government as a whole is diminished. Where, as here, that failure relates to the provision of critical benefits to America’s veterans, the consequences are particularly stark.

² *Id.*

PARTIES

10. Plaintiff VoteVets, also known as VoteVets.org, is a not-for-profit organization incorporated under the laws of the District of Columbia. VoteVets has nearly 500,000 supporters with whom it regularly communicates about issues concerning veterans, including VA health care, veterans' employment, and veterans' education benefits. VoteVets' mission is to coordinate and execute public issue campaigns on topics such as these to ensure that the voices of America's veterans are heard regarding matters of public policy.

11. Defendant the United States Department of Veterans Affairs is a federal agency within the meaning of the FACA, 5 U.S.C. app. 2 § 3(3), and of the Administrative Procedure Act ("APA"), 5 U.S.C. § 551(1), that is headquartered in Washington, D.C.

12. Defendant Robert Wilkie is sued in his official capacity as Secretary of the United States Department of Veterans Affairs.

JURISDICTION AND VENUE

13. This Court has jurisdiction over this action pursuant to 28 U.S.C. § 1331 because this action arises under federal law, specifically the FACA, 5 U.S.C. app. 2, and the APA, 5 U.S.C. §§ 702, 706.

14. Venue is proper in this judicial district under 28 U.S.C. § 1391(e)(1)(A) because Defendants are an agency and an officer of the United States and because Defendant the VA resides in Washington, D.C.

STATUTORY FRAMEWORK

I. The Federal Advisory Committee Act

15. A sunshine law, the Federal Advisory Committee Act requires transparency and permits public participation when the executive branch establishes or uses non-federal bodies for the purpose of seeking advice and generating policy. When passing the FACA, Congress

explained that “[o]ne of the great dangers in the unregulated use of advisory committees is that special interest groups may use their membership on such bodies to promote their private concerns,” citing as an example an Industrial Waste Committee where “only representatives of industry were present[,]” and “[n]o representatives of conservation, environment, clean water, consumer, or other public interest groups were present.” H.R. Rep. No. 92-1017, at 6 (1972), *as reprinted in* 1972 U.S.C.C.A.N. 3491, 3496.

16. The FACA defines an “advisory committee” as

any committee, board, commission, council, conference, panel, task force, or other similar group, or any subcommittee or other subgroup . . . which is

- (A) established by statute or reorganization plan, or
- (B) established or utilized by the President, or
- (C) established or utilized by one or more agencies,

in the interest of obtaining advice or recommendations for the President or one or more agencies or officers of the Federal Government, except that such term excludes (i) any committee that is composed wholly of full-time, or permanent part-time, officers or employees of the Federal Government, and (ii) any committee that is created by the National Academy of Sciences or the National Academy of Public Administration.

5 U.S.C. app. 2 § 3(2). Advisory committees are subject to the FACA’s requirements unless specifically exempted by statute, *see id.* § 4(a); unless established by the Central Intelligence Agency, the Federal Reserve, or the Office of the Director of National Intelligence, *id.* § 4(b); or unless they are purely “local civic group[s]” or “[s]tate or local committee[s],” *id.* § 4(c). None of these exceptions applies here.

17. Among other things, the FACA requires: (1) before acting or meeting, an advisory committee must file a charter with the Administrator of the General Services Administration (“GSA”) or the head of the agency that created the committee; (2) the make-up of the committee must “be fairly balanced in terms of the points of view represented and the functions to be performed”; (3) the charter must contain appropriate provisions to “assure that the advice and

recommendations of the advisory committee will not be inappropriately influenced by the appointing authority or by any special interest, but will instead be the result of the advisory committee's independent judgment"; (4) all meetings must be open to the public; (5) notice of each meeting must be published in the Federal Register; (6) all interested persons must be allowed to attend, appear before, or file statements with the advisory committee; (7) all records, reports, transcripts, minutes, appendices, working papers, drafts, studies, agendas, and other documents made available to or prepared for or by the advisory committee must be available to the public, and (8) detailed minutes of each meeting must be kept. *Id.* §§ 5(b)(2)-(3), 5(c), 9(c), 10(a)(1)-(3), 10(b)-(c).

18. As specifically relevant here, the FACA requires that, before an advisory committee "meet[s] or take[s] any action," a charter for the committee, containing specified information, must be filed with the GSA Administrator, "in the case of Presidential advisory committees, or . . . with the head of the agency to whom any advisory committee reports and with the standing committees of the Senate and of the House of Representatives having legislative jurisdiction of such agency." *Id.* § 9(c).

19. The FACA also requires advisory committees to facilitate public comment and participation. Thus, an advisory committee must provide "timely notice" of its meetings to the public, *id.* § 10(a)(2), and must allow interested persons to "attend, appear before, or file statements with [the] committee, subject to such reasonable rules or regulations as the Administrator [of the GSA] may prescribe," *id.* § 10(a)(3). The Administrator of the GSA has implemented these statutory obligations by requiring advisory committees to publish notice of their meetings "at least 15 calendar days prior" to the meetings, unless documented and "exceptional circumstances" require otherwise. 41 C.F.R. § 102-3.150. All meetings must be

held “in a manner or place reasonably accessible to the public” and allow “[a]ny member of the public [to] speak to or otherwise address the advisory committee if the agency’s guidelines so permit.” *Id.* § 102-3.140(a), (d).

20. In addition, the FACA requires publication of “the records, reports, transcripts, minutes, appendixes, working papers, drafts, studies, agenda, [and] other documents . . . made available to or prepared for” the committee. 5 U.S.C. app. 2 § 10(b). These materials must be released well before the relevant advisory committee meeting, so that the public can “follow the substance of the [committee’s] discussions.” *Food Chem. News v. Dep’t of Health & Human Servs.*, 980 F.2d 1468, 1472 (D.C. Cir. 1992).

21. Finally, the FACA provides that “[d]etailed minutes,” containing specified information, “of each meeting of each advisory committee shall be kept.” 5 U.S.C. app. 2 § 10(c).

II. The VA’s FACA Guide

22. The VA publishes a VA Advisory Committee Management Guide that expands on agency expectations “to ensure that VA Federal Advisory Committees carry out their responsibilities under FACA.”³

23. In its Guide, the VA reiterates that when the FACA was enacted, Congress determined that “[n]ew committees should be established only when determined to be essential,” that “[t]here should be standard and uniform procedures governing the operation of committees,” that “Congress and the public should be kept informed of the number, purpose, membership

³ Department of Veterans Affairs, *Advisory Committee Management Guide* 1 (Aug. 2017), <https://www.va.gov/ADVISORY/docs/ACMO-2017ACMOGuidesignedbyCoSVA.pdf>.

activities, and costs of advisory committees,” and that “[t]he function of advisory committees should be advisory only.”⁴

24. The Guide emphasizes that “[n]o advisory committee may meet or take any action until a charter has been filed by VA’s [Committee Management Officer] in accordance with FACA.”⁵

25. The Guide notes that

One of VA’s principal objectives in managing its advisory committees is to ensure that committee members appropriately reflect the diversity of American society and the Veteran population. In the selection of members for discretionary committees, VA is required to consider a cross-section of those directly affected, interested, and qualified, as appropriate to the nature of the advisory committee. Committees requiring technical expertise should include persons with demonstrated professional or personal qualifications and experience relevant to the functions and tasks to be performed.⁶

III. The Administrative Procedure Act

26. The APA permits judicial review by persons “suffering legal wrong because of agency action, or adversely aggrieved by agency action.” 5 U.S.C. § 702; *see id.* §§ 702-704. Under the APA, a “reviewing court . . . shall compel agency action unlawfully withheld or unreasonably delayed,” *id.* § 706(1), and “hold unlawful and set aside agency action, findings, and conclusions found to be . . . arbitrary, capricious, an abuse of discretion, or not otherwise in accordance with law,” *id.* § 706(2)(A).

⁴ *Id.* at 3.

⁵ *Id.* at 10.

⁶ *Id.* at 18.

FACTS

I. The Mar-a-Lago Council Is Established and Holds Meetings Without Observance of Procedures Required by Law

27. In January 2017, the Mar-a-Lago Council was established to advise the VA on policy issues affecting veterans and the administration of the Department. As President-elect Trump said, the Council was created “to help” the Secretary of Veterans Affairs “straighten out the VA.”⁷

28. President Trump named Isaac “Ike” Perlmutter to lead the Council, and Bruce Moskowitz and Marc Sherman to serve on the Council.⁸

29. Mr. Perlmutter is the Chief Executive Officer for the entertainment and production company Marvel Entertainment. Mr. Moskowitz is a doctor practicing in West Palm Beach, Florida, and the founder of the Biomedical Research and Education Foundation. Mr. Sherman is a managing director who specializes in financial fraud and white-collar investigations with the consulting firm Alvarez & Marsal.⁹

30. While none of these men have notable experience with issues affecting veterans, all three do maintain personal relationships with President Trump that were formed or cemented through their affiliation with the President’s golf and social club, the Mar-a-Lago Club, where they are all members.

⁷ Natalia Wojcik et al., *Read the Transcript From Trump’s News Conference*, CNBC, Jan. 11, 2017, <https://www.cnbc.com/2017/01/11/transcript-of-president-elect-donald-j-trumps-news-conference.html>.

⁸ See Isaac Arnsdorf, *The Shadow Rulers of the VA*, ProPublica (Aug. 7, 2018), <https://www.propublica.org/article/ike-perlmutter-bruce-moskowitz-marc-sherman-shadow-rulers-of-the-va>.

⁹ *Id.*

31. In the words of all three Council members: “When we saw an opportunity to assist the Department of Veterans Affairs’s leadership in addressing some of the most intractable problems of the VA, we considered it an honor and a privilege to do so.”¹⁰

32. On information and belief, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman have not been hired or appointed to formal government positions by the President, the Department, or any other agency within the federal government.¹¹

33. On information and belief, no charter for the Council has been made or filed.

34. On the VA’s website, the VA discloses 28 advisory committees.¹² The Mar-a-Lago Council is not listed among them.

35. Given that the Council has operated in secret, the full scope of its activities are unknown, except to Defendants. However, publicly available information reveals that, as of the date of this filing, the Council has held more than twenty meetings, and has maintained a close working relationship with Defendants. Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman all participated in at least nine of these meetings.

- a. On December 28, 2016, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman convened a council of healthcare executives to meet with President-elect Trump. According to Mr. Trump’s spokesman, Sean Spicer, the meeting

¹⁰ Mar-a-Lago Council Statement, *supra* note 1.

¹¹ Arnsdorf, *supra* note 8.

¹² U.S. Department of Veterans Affairs, Advisory Committee Management Office, https://www.va.gov/ADVISORY/Advisory_Committees.asp.

included “lots of brainstorming on how to improve and reform [the Department of Veterans Affairs].”¹³

- b. On January 12, 2017, during a press conference, President-elect Trump said Mr. Perlmutter was “very, very involved” in advising his team on veterans affairs issues.¹⁴ Following the press conference, a “source with knowledge of the matter confirmed” that Mr. Perlmutter would “take on an informal, though ‘significant,’ advisory role in Trump’s administration with respect to veterans affairs.”¹⁵
- c. On or around February 7, 2017, the Mar-a-Lago Council met in person for the first time since President Trump took office.¹⁶ Then-Secretary of Veterans Affairs David Shulkin flew to Mar-a-Lago for the meeting with the Council. On information and belief, Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- d. Writing to then-Secretary Shulkin by email several days after the initial meeting at Mar-a-Lago, the Council outlined the pace at which they would update Mr. Shulkin on the Council’s recommendations and progress, saying

¹³ Priyanka Dayal McCluskey, *Partners HealthCare’s CEO Talks Obamacare, VA with Trump*, Bos. Globe, Dec. 28, 2016, <https://www.bostonglobe.com/business/2016/12/28/trump-meets-with-partners-chief-executive-fla/gwjDtaS4xrGLIU0HKUK4uK/story.html>.

¹⁴ Wojcik et al., *supra* note 7.

¹⁵ Tim Huddleston Jr., *Why Donald Trump Gave Marvel’s CEO a Shout-Out in His Press Conference*, Fortune, Jan. 11, 2017, <http://fortune.com/2017/01/11/donald-trump-marvel-ceo-ike-perlmutter/>.

¹⁶ *The Mar-a-Lago Crowd Documents*, DS-Moskowitz 1 Att 1-2_Redacted 2, ProPublica, <https://www.propublica.org/datastore/dataset/the-mar-a-lago-crowd-documents> [hereinafter ProPublica Documents]; see Arnsdorf, *supra* note 8.

they would “not need to meet in person monthly, but meet face to face only when necessary” along with “conference calls at a convenient time.”¹⁷

- e. On February 15, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin.¹⁸
- f. On February 23, 2017, the Mar-a-Lago Council held a 45-minute call with then-Secretary Shulkin and the President and CEO of CVS Health. Mr. Sherman was unable to participate on this call, but Mr. Moskowitz assured the group that he would update him following the call.¹⁹
- g. On February 28, 2017, the Mar-a-Lago Council held a one-hour call to discuss VA Technology Transfer with then-Secretary Shulkin and a medical technology transfer authority.²⁰ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- h. On March 3, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin and senior officials from Apple, the United States Digital Service, and the Mayo Clinic.²¹ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- i. On March 4, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin.²²

¹⁷ *Id.*

¹⁸ *Id.* at DS Sherman 1-1_Redacted.

¹⁹ *Id.* at DS Sherman 2-3_Redacted.

²⁰ *Id.* at DS Perlmutter 1-1_Redacted.

²¹ *Id.* at DS Perlmutter 2 att 1-1_Redacted.

²² *Id.* at DS Perlmutter 3-2_Redacted.

- j. On April 11, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin to discuss issues relating to fraud and abuse within the VA system.²³
- k. On April 12, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin and the Chairman and CEO of Kaiser Foundation Health Plan.²⁴ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- l. On April 17, 2017, the Mar-a-Lago Council held a 30-minute call with Johnson & Johnson's executive staff.²⁵ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- m. On April 17, 2017, the Mar-a-Lago Council attended a one-hour dinner with then-Secretary Shulkin.²⁶
- n. On April 27, 2017, the Mar-a-Lago Council attended a one-and-one-half hour breakfast with then-Secretary Shulkin.²⁷
- o. On April 27, 2017, the Mar-a-Lago Council attended a two-hour tour of the Walter Reed Army Medical Center.²⁸ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.

²³ *Id.* at DS Sherman 4-1_Redacted.

²⁴ *Id.* at DS Sherman 5-2_Redacted.

²⁵ *Id.* at DS Sherman 6-2_Redacted.

²⁶ *Id.* at DS Sherman 7-1_Redacted.

²⁷ *Id.* at DS Perlmutter 4-1_Redacted.

²⁸ *Id.* at DS Perlmutter 5-5a-2_Redacted.

- p. On May 30, 2017, the Mar-a-Lago Council held a thirty-minute call with then-Secretary Shulkin.²⁹
- q. On June 14, 2017, the Mar-a-Lago Council held an hour-and-a-half call with then-Secretary Shulkin and staff at the VA, Apple, the Mayo Clinic, Johns Hopkins University, Brigham Health, Connected Health and Partners Health Care, Biomedical Research & Education Foundation, Kaiser Permanente, the Cleveland Clinic, and Mount Sinai Health System.³⁰ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- r. On September 1, 2017, the Mar-a-Lago Council held a 30-minute call with then-Secretary Shulkin.³¹ Council participants included Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz.
- s. On December 18, 2017, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin, the CEO of the Miami Cancer Institute, and two executives from the American College of Surgeons.³² Mr. Sherman participated in the call; Mr. Perlmutter and Mr. Moskowitz were included in the correspondence scheduling the call.
- t. On January 29, 2018, the Mar-a-Lago Council held a one-hour call with then-Secretary Shulkin.³³

²⁹ *Id.* at DS Moskowitz 4-1a-2-Redacted.

³⁰ *Id.* at DS Moskowitz 6-1a-3_Redacted.

³¹ *Id.* at DS Sherman 9-2_Redacted.

³² *Id.* at DS Sherman 10-7_Redacted.

³³ *Id.* at DS Moskowitz 6-1_Redacted.

- u. On February 27, 2018, the Mar-a-Lago Council held a three-hour meeting with then-Secretary Shulkin.³⁴ On information and belief, the meeting occurred at the Mar-a-Lago Club.
- v. On Robert Wilkie's first day as then-acting VA Secretary, Mr. Sherman was waiting for Mr. Wilkie in his office.³⁵
- w. On April 2, 2018, the Mar-a-Lago Council held a 30-minute meeting with then-acting Secretary Wilkie.³⁶
- x. From November 2017 to at least April 2018, the Council participated "on two or three monthly calls" with the VA contracting team responsible for implementing a ten-year project to reform the VA's digital records system.³⁷
- y. On April 2, 2018, then-acting Secretary Wilkie met with the Council at the Mar-a-Lago Club.³⁸

36. Defendants and the Council failed to publish notices of these meetings in the Federal Register. Nor have Defendants or the Council made available any material that the Council has generated or received in connection with these meetings or with its work more generally. Finally, there is no record that Defendants and the Council have kept or published minutes of the Council's many meetings.

³⁴ *Id.* at DS Perlmutter 7-1_Redacted.

³⁵ Arnsdorf, *supra* note 8.

³⁶ ProPublica Documents, *supra* note 16, at RW Sherman 1 (Acting Sec)-1_Redacted.

³⁷ Arthur Allen, 'Who the Hell Is This Person?' Trump's Mar-a-Lago Pal Stymies VA Project, Politico, Apr. 30, 2018, <https://www.politico.com/story/2018/04/30/trump-doctor-health-technology-508297>.

³⁸ ProPublica Documents, *supra* note 16, at RW Itinerary-Fayetteville, NC-WPB, FL 04.17-20.2018-8_Redacted.

37. As further described below, had notices of the above meetings been published and had the meetings been open to the public, as required by the FACA, VoteVets would have mobilized efforts to ensure that its views on privatization on other veterans' issues were well-represented at the meetings.

II. The Mar-a-Lago Council Advises the Department on Policy and Personnel Matters

38. The Council has broad license to provide advice and recommendations to President Trump and the VA on all manner of issues affecting veterans and the administration of the Department, and Defendants have utilized such advice and recommendations.³⁹ According to public reports, the Council “is exerting sweeping influence on the VA from Mar-a-Lago.”⁴⁰

39. According to public reports, the Council “[s]poke with VA officials daily,” “review[ed] all manner of policy and personnel decisions,” “bombarded VA officials with demands,” and “prodded the VA to start new programs,” and “officials travelled to Mar-a-Lago at taxpayer expense to hear [the Council’s] views.”⁴¹ Indeed, in a statement by Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz, the Council admitted that “[s]ince late 2016, we have shared our views and perspectives on a number of occasions with VA leadership.”⁴²

40. Officials within the Department have confirmed the extent of the Mar-a-Lago Council’s influence. Discussing a ten-year project to reform the VA’s digital records system, one Department official said, “We just had to make the Mar-a-Lago [Council] comfortable with the deal. . . . They have someone’s ear. Power and influence are power and influence.”⁴³ A former

³⁹ See Arnsdorf, *supra* note 8.

⁴⁰ *Id.*

⁴¹ *Id.*

⁴² Mar-a-Lago Council Statement, *supra* note 1.

⁴³ Allen, *supra* note 37.

Department official went further, saying “[e]verything needs to be run by [the Mar-a-Lago Council]” because “[t]hey view themselves as making the decisions.”⁴⁴

41. Given that the Council has operated outside of public view, the full scope of its influence on policy matters is unknown, except to Defendants. However, publicly available information reveals that the Council is working to provide advice and recommendations with regard to, at a minimum, the following:

- a. *Nomination of David Shulkin*. On January 11, 2017, President Trump nominated David Shulkin to serve as Secretary of the VA. The nomination was made, in part, on the recommendation of the Mar-a-Lago Council.⁴⁵
- b. *Veteran suicide*. Beginning in February 2017, the Council convened a series of conference calls with executives at Johnson & Johnson, leading to the development of a public awareness campaign about veteran suicide.⁴⁶ The Council and the Department planned to promote the campaign by ringing the closing bell at the New York Stock Exchange. According to public reports, “[t]he event also turned into a promotional opportunity for Perlmutter’s company.” Marvel, its parent company, Disney, and Johnson & Johnson sponsored the event, where “Shulkin rang the closing bell standing near a preening and flexing Captain America, with Spider-Man waving from the trading pit, and Marvel swag was distributed to some of the attendees.”⁴⁷

⁴⁴ Arnsdorf, *supra* note 8 (quoting a former VA official).

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ *Id.*

- c. *Mobile application for veterans.* The Council recommended that Apple and the VA develop an app for veterans to find nearby medical services. The Council then facilitated a series of calls with senior Apple executives to implement their recommendation. In one such meeting, on June 14, 2017, Council members led a call regarding the recommendation in which, according to Department records, the following individuals participated: the Secretary of Veterans Affairs, the Acting Under-Secretary for Health, a Senior Advisor to the Secretary, the Acting Assistant Secretary & Chief Information Officer, a Senior Advisor to the Acting Under-Secretary for Health, the CEO of Apple, the COO of Apple, the Director of Global Government for Apple, the Vice President for Public Policy and Government Affairs of Apple, and more than ten executives from medical institutions.⁴⁸ VA officials reported back to the Council to update members on progress. In one email, a senior Department official told the Council, “I will update the tracker, and please do let me know if this helps answers [sic] questions around Apple’s efforts or if additional clarification is required.”⁴⁹ Council member Marc Moskowitz brought his son Aaron Moskowitz on to advise the VA on the project.
- d. *Medical device registry.* On June 4, 2018, at the recommendation of Council members, the VA organized a summit of experts on medical device registries with the goal of building a national registry that notified patients of medical device product recalls. Council members joined Department officials on

⁴⁸ ProPublica Documents, *supra* note 16, at DS Perlmutter-6-Att-6_Redacted.

⁴⁹ Arnsdorf, *supra* note 8.

weekly conference calls to discuss organizing the “Medical Device Registry Summit” and making a public commitment to build a registry at the VA. During his remarks at the summit, then-acting Secretary Peter O’Rourke thanked Council member Mr. Moskowitz for being one of the “driving forces” behind the initiative.⁵⁰ Leading up to the summit, SreyRam Kuy, a Senior Advisor to the VA Secretary charged with organizing the summit, requested a meeting with then-Secretary Shulkin to provide an “update on the Medical Device Registry Summit/Bruce Moskowitz efforts.”⁵¹

- e. *Cerner contract.* According to four former and current senior VA officials, Council members played a significant role in recommending, and at some points even directing, VA action on the transformation of the VA’s digital records system, the biggest health information technology project in history.⁵² In June 2017, then-Secretary Shulkin awarded a major contract for work related to the overhaul to Cerner Corp. However, due to Council member concerns with the company, the agreement was delayed for months.⁵³ During that time, a team of investigators from VA’s Office of Information and Technology were tasked with evaluating Council member concerns and were even directed to look into the Cerner system Mr. Moskowitz used in his personal business.⁵⁴ The Council’s involvement in the project was so

⁵⁰ *Id.*

⁵¹ ProPublica Documents, *supra* note 16, at DS-Moskowitz-7-1-Redacted.

⁵² Allen, *supra* note 37.

⁵³ *Id.*

⁵⁴ *Id.*

pervasive that on February 27, 2018, then-Secretary Shulkin flew to Mar-a-Lago for the purpose of meeting with Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman to “close the deal on the Cerner contract.”⁵⁵

- f. *VA privatization.* The Council has advised the Department to privatize essential healthcare services the VA provides to veterans. For example, in an email to then-Secretary Shulkin and other VA officials on September 18, 2017, the Council said,

We have been talking to Dr. Shulkin for many months about identifying the existence of healthcare delivery issues at VA medical centers As an example, we think that some of the VA hospitals are delivering some specialty healthcare when they shouldn’t and when referrals to private facilities or other VA centers would be a better option. Not every VA hospital has both the breadth and depth of specialized medical expertise in every specialty, which then creates risk to the patients and the system. One idea discussed was to institute a self-rating program, but self-ratings are rarely of any practical use. Our solution is to make use of the academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help in this effort. The purpose of this email is to see if you know of any impediments to taking them up on this offer and to get your thoughts in general about this approach.⁵⁶

On September 24, 2017, then-Secretary Shulkin responded to the Council recommendation, saying,

I agree with Ike and the team that measuring VA against private hospitals is critical—so while [the Centers for Medicare and Medicaid Services] is not able to deliver this for months we have now developed our own tool to do this—we are fine tuning the model this week and can share it by [F]riday. If it does not get us where we need to be then working quickly with an independent group would make a great deal of sense.⁵⁷

- g. *Evaluation of VA surgery programs.* At the Council’s recommendation, the VA developed a plan for the American College of Surgeons to evaluate the

⁵⁵ Arnsdorf, *supra* note 8.

⁵⁶ ProPublica Documents, *supra* note 16, at DS-Moskowitz-5-4_Redacted.

⁵⁷ *Id.*

surgery programs at several VA hospitals. In December 2017, after discussing the idea with then-Secretary Shulkin, Mr. Sherman reported back to Michael Zinner, a member of the American College of Surgeons' board of regents. In an email sent by Mr. Sherman to Mr. Zinner on December 6, 2017, Mr. Sherman said, "[The VA Secretary] is ready to kick it off and is standing by for me to set up a call with you, David Hoyt, me and him to do so."⁵⁸ After Mr. Zimmer assured Mr. Sherman that he would "get working on this call," Mr. Sherman added several individuals to the email chain, including Mr. Perlmutter and Mr. Moskowitz. When adding the Council members, Mr. Sherman explained that he was "including my gang as a cc."⁵⁹ On February 14, 2018, then-Secretary Shulkin emailed a progress update on the project to at least two Council members, telling the Council, "We're getting close."⁶⁰ Several months later, on March 7, 2018, then-Secretary Shulkin advised his staff to set up a conference call with the American College of Surgeons to develop a contract for the work, telling him he wanted the project "to start asap."⁶¹

- h. *Tracking human tissue devices.* On January 19, 2018, then-Secretary Shulkin and at least five other senior VA officials attended a meeting with the American Association of Tissue Banks ("AATB") and the AATB Tissue Policy Group. Following the meeting, the organizations sent then-Secretary

⁵⁸ *Id.* at DS-Sherman-10-7_Redacted.

⁵⁹ *Id.*

⁶⁰ *Id.* at DocumentsReport2018-07-09-11.

⁶¹ *Id.*

Shulkin a proposal to “partner with the VA” in developing “the development of appropriate systems for tracking and tracing all devices, including human tissue devices.”⁶² On February 2, 2018, then-Secretary Shulkin forwarded the proposal to Council member Mr. Moskowitz for the Council’s recommendation, saying “Bruce - what do you think of this?” Mr. Moskowitz responded with a recommendation, to which then-Secretary Shulkin stated, “Ok.”⁶³

- i. *Firing of David Shulkin.* Just as Mr. Shulkin’s tenure at the helm of the Department began, in part, on the recommendation of the Mar-a-Lago Council, it likewise came to an end once Mr. Shulkin fell out of favor with the Council. According to three former Trump Administration officials, while several factors contributed to Mr. Shulkin’s firing, it was his friction with the Mar-a-Lago Council over the Cerner contract that ultimately led to President Trump’s decision to remove the VA Secretary. On December 4, 2017, Jake Leinenkugel, the White House Senior Advisor on veterans affairs, sent a memo to a political appointee within the Department outlining “key items that need to be addressed within the VA Leadership structure.”⁶⁴ Among the items Mr. Leinenkugel highlighted were to “[p]ut [Shulkin] on notice to exit” and “[u]tilize outside team (*Ike*)” when considering options for replacing him.⁶⁵

⁶² *Id.*

⁶³ *Id.*

⁶⁴ Email from Jake Leinenkugel to Camilo J. Sandoval (Dec. 4, 2017), <https://assets.documentcloud.org/documents/4614204/Leinenkugel-Sandoval-Memo.pdf>.

⁶⁵ Arnsdorf, *supra* note 8 (emphasis added) (second alteration in the original).

- j. *Mental Health*. The Council provided input on the development of a mental health initiative. On February 28, 2018, Department chief of staff Peter O'Rourke responded to the Council's recommendations related to the new initiative, saying, "Received." "I will begin a project plan and develop a timeline for action."⁶⁶

42. In addition to its actions, the Council's own words, and the words of Trump Administration officials, show that in holding the meetings and making the recommendations detailed above, the Council operated as a group.

- a. When Mr. Sherman was unable to participate in a Council meeting on February 23, 2017, Mr. Moskowitz assured Council members that he would "update [Mr. Sherman] after the call."⁶⁷
- b. On September 7, 2017, Mr. Perlmutter sent an email to then-Secretary Shulkin regarding a story he had been told about a veteran having trouble accessing military records. With other Council members copied on the email, Mr. Perlmutter stated, "we are making very good progress, but this is an excellent reminder that we are still very far away from achieving our goals."⁶⁸
- c. On September 24, 2017, then-Secretary Shulkin responded to a Council recommendation saying, "I agree with Ike and the team that measuring VA against private hospitals is critical."⁶⁹ "Ike" refers to Mr. Perlmutter; "the team" refers to the Council.

⁶⁶ ProPublica Documents, *supra* note 16, at Responsive-Docs_Redacted.

⁶⁷ *Id.* at DS Sherman 2-3.

⁶⁸ *Id.* at DocumentsReport2018-07-09-11-53-56_Redacted[2].

⁶⁹ *Id.* at DS-Moskowitz-5-4_Redacted.

- d. On October 22, 2017, Mr. Perlmutter sent an email congratulating then-Secretary Shulkin for his interview on Fox News. With other Council members copied on the email, Mr. Perlmutter stated, “That interview really did a great service to what you (and we) are doing to improve the quality of care for our veterans for the long term.”⁷⁰
- e. On February 14, 2018, then-Secretary Shulkin emailed the Council to update members on progress regarding the implementation of a Council recommendation. Mr. Shulkin said, “We’re getting close.”⁷¹
- f. On February 24, 2018, then-Secretary Shulkin emailed Mr. Moskowitz to forward a data-sharing proposal the Department received from several major hospitals. Mr. Moskowitz replied to Mr. Shulkin, promising to “discuss with everyone.”⁷²
- g. On February 28, 2018, shortly after Peter O’Rourke became Department chief of staff, he emailed the Council—Mr. Perlmutter, Mr. Sherman, and Mr. Moskowitz—saying, “Thank you for your support of the President, the VA, and me as we work to make the VA great.” The Council replied to the email and shared contact information for Council members with Mr. O’Rourke, saying “please feel free to contact any of us at anytime . . . look forward to achieving the goals discussed.”⁷³

⁷⁰ *Id.* at DocumentsReport2018-07-09_11-53-56_Redacted[2].

⁷¹ *Id.*

⁷² *Id.*

⁷³ *Id.* at Responsive-Docs_Redacted.

- h. On February 28, 2018, Mr. Sherman responded to Mr. O'Rourke's e-mail, stating, "We are always excited to provide each of our thoughts to you and the Secretary as you both move forward in making decisions on how to best run and improve the veterans healthcare delivery system."⁷⁴
- i. On April 21, 2018, in an email to then-acting Secretary Wilkie, Mr. Moskowitz stated, "I am sure that I speak for the group, that both you and Peter astounded all of us on how quickly and accurately you assessed the key problems and more importantly the solutions that will be needed to finally move the VA in the right direction."⁷⁵
- j. In an April 21, 2018 email to then-acting Secretary Wilkie, Mr. Perlmutter expressed, "For the first time in 1 1/2 years we feel everyone is on the same page. . . . Again, please know we are available and want to help any possible way 24/7."⁷⁶
- k. Finally, in a statement issued jointly over July 18-20, 2018, Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman detailed the Mar-a-Lago Council's influence and activities. The joint statement is worth quoting at length (below). The statement's use of collective pronouns (*e.g.*, "we," "our"), without exception, and its descriptions of how the Council set about its business, underscore what the above lists of actions and statements make clear: that the Council operated as an advisory committee.

⁷⁴ *Id.*

⁷⁵ *Id.* at RE_[EXTERNAL] Meeting follow up_Redacted.

⁷⁶ *Id.* at RE_[EXTERNAL] From & Ike Perlmutter_Redacted.

Statement by Ike Perlmutter, Bruce Moskowitz and Marc Sherman

The three of us come from very different backgrounds, but we have long shared a deep concern for the health of our veterans. When we saw an opportunity to assist the Department of Veterans Affairs's leadership in addressing some of the most intractable problems of the VA, we considered it an honor and a privilege to do so. After the President's election, we saw an opportunity to share our expertise in organizational management and our personal relationships with healthcare experts around the country to assist the VA as it undertook an aggressive reform of its healthcare delivery and systems. We offered our counsel, and the advice of these healthcare experts, to assist the President, Secretary and VA leadership in their making the essential decisions—sometimes life or death—that affect our nation's veterans. At all times, we offered our help and advice on a voluntary basis, seeking nothing at all in return.

It was Mr. Perlmutter's personal relationship with the President that allowed us the opportunity to be of service. Since late 2016, we have shared our views and perspectives on a number of occasions with VA leadership. For the most part, those interactions were either to facilitate introductions to subject matter healthcare and technology experts with whom we had relationships, or to discuss healthcare delivery and healthcare quality challenges facing the agency and therefore affecting our veterans. While we were always willing to share our thoughts, we did not make or implement any type of policy, possess any authority over agency decisions, or direct government officials to take any actions. That was not our role, and we were at all times very well aware of that. We provided our advice and suggestions so that members of the Administration could consider them as they wished to make their own decisions on actions to be taken. To the extent anyone thought our role was anything other than that, we don't believe it was the result of anything we said or did.

At no time was our volunteer assistance a secret. We were on emails and conference calls with senior staff, and Secretary Shulkin referred on numerous occasions to his discussions with outside experts. He specifically mentioned one or more of us at public events covered by the media. We were also present at a post-meeting White House press gaggle on VA-related issues. We are proud of any contribution we have been able to make to improve the healthcare provided to the fine men and women who are served by the VA. None of us has gained any financial benefit from this volunteer effort, nor was that ever a consideration for us. The only benefit we gained was the satisfaction of helping America's veterans get the very best healthcare possible, in the most efficient and effective manner.

Since late 2016, we have shared our views and perspectives on various issues on a number of occasions with VA leadership. For the most part, those interactions were either to facilitate introductions to subject matter healthcare and technology experts with whom we had relationships, or to discuss healthcare delivery and

healthcare quality challenges facing the agency that affected America's veterans.
 ...⁷⁷

DEFENDANTS ARE VIOLATING THE FACA AND HARMING PLAINTIFF

43. As detailed above, the Mar-a-Lago Council is an advisory committee under the FACA. The Council has an organized structure, a fixed membership, and a specific purpose. The Council is comprised of at least three members—Mr. Perlmutter, Mr. Moskowitz, and Mr. Sherman—who, under Mr. Perlmutter's leadership, make recommendations and provide advice to the Department and other federal officials. The Council's aim is to influence how the Department carries out its mission with respect to an ever-growing number of discrete goals and projects.

44. Nonetheless, Defendants and the Council have not complied with the FACA's requirements. The Council lacks a charter. Defendants have not published notice of the Council's meetings, and thereby have thwarted any attempts by Plaintiff and others to participate in those meetings. Defendants have not made public the materials provided to or generated by the Council. And Defendants and the Council have not kept minutes of the Council's meetings, all in violation of the FACA, and with harmful effects on Plaintiff and others.

45. Plaintiff VoteVets has a distinct interest in the Administration's policies towards veterans, and in its efforts to privatize healthcare services for veterans in particular. VoteVets believes the VA healthcare system should not, and must not, be privatized. On April 4, 2018, VoteVets issued a statement criticizing the Administration's attempts to transfer the healthcare "system relied on by millions of American veterans into the hands of for-profit health groups." On March 5, 2018, in an effort to access information related to the Administration's privatization efforts, VoteVets submitted a Freedom of Information Act request to the VA. As relevant here,

⁷⁷ Mar-a-Lago Council Statement, *supra* note 1.

Plaintiff's FOIA request sought records related to the role private individuals and pro-privatization advocacy groups have played in influencing the Administration's VA healthcare policy. In particular, the request sought communications from the Department related the President Trump's firing of then-Secretary Shulkin and whether Mr. Shulkin's opposition to VA privatization efforts contributed to his termination. The Department failed to adequately respond to Plaintiff's FOIA request. As a result, Plaintiff was forced to file suit on April 4, 2018, to obtain the requested information.

46. VoteVets works to counter VA privatization efforts in a number of other ways as well. VoteVets educates its supporters via email and social media about the issue and the Administration's privatization plans. VoteVets advocates at the federal level for laws and policies that support and strengthen the continuation of a public VA healthcare system. VoteVets also expends significant resources educating the broader public about the dangers of VA privatization. For example, on September 14, 2017, VoteVets announced a \$400,000 advertising campaign across thirteen states to mobilize Americans to oppose the Administration's privatization efforts.

47. Given VoteVets' dedication to improving veterans policy and advocacy against the privatization of VA services—and therefore, its keen interest in understanding and uncovering the Mar-a-Lago Council's activities, and desire to take part in the Council's business—Defendants' violation of the FACA has harmed and will harm VoteVets in at least two ways. First, by violating the public records requirements of the FACA, Defendants have denied VoteVets its statutory right to review the Mar-a-Lago Council's documents and meeting minutes. Second, by violating the requirements of FACA, Defendants have deprived VoteVets of

its statutory right to participate in the Mar-a-Lago Council's meetings and represent its views to the Council regarding, among other issues, the privatization of VA services.

CLAIM FOR RELIEF

Count One (Violation of the FACA and the APA)

48. Plaintiff repeats and incorporates by reference each of the foregoing allegations as if fully set forth herein.

49. The Mar-a-Lago Council is an advisory committee within the meaning of the FACA because it is a "council . . . which is established or utilized by" Defendant the VA "in the interest of obtaining advice or recommendations for the President or one or more agencies or officers of the Federal Government." 5 U.S.C. app. 2 § 3(2).

50. By failing to file a charter for the Council, Defendants and the Council failed to comply with the FACA's non-discretionary requirement under 5 U.S.C. app. 2 § 9(c). Therefore, under the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

51. By failing to publish notice of Council meetings in the Federal Register and by failing to allow interested parties to attend those meetings, Defendants and the Council are failing to comply with the FACA's non-discretionary requirements under 5 U.S.C. app. 2 § 10(a)(1)-(3). Therefore, under the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

52. By failing to make available "the records reports, transcripts, minutes, appendixes, working papers, drafts, studies, agenda, or other documents which were made available to or prepared for or by" the Council, Defendants and the Council are failing to comply with the FACA's non-discretionary requirements under 5 U.S.C. app. 2 § 10(b). Therefore, under

the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

53. By failing to “ke[ep]” “[d]etailed minutes” of all Council meetings, Defendants and the Council are failing to comply with the FACA’s non-discretionary requirements under 5 U.S.C. app. 2 § 10(c). Therefore, under the APA, Defendants have unlawfully withheld or unreasonably delayed agency action, 5 U.S.C. § 706(1), and acted contrary to law, *id.* § 706(2)(A).

54. Defendants’ failure to comply with the FACA in relation to the Mar-a-Lago Council is “final agency action for which there is no other adequate remedy in a court,” and therefore is “subject to judicial review.” *Id.* § 704; *see id.* § 702.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays that this Court:

1. declare that Defendants’ creation and administration of the Mar-a-Lago Council violates the FACA and the APA, and that the Council is therefore unlawful;
2. enjoin Defendants from utilizing the Mar-a-Lago Council as an advisory committee unless and until Defendants and the Council comply with the FACA;
3. through the named Defendants, enjoin the Mar-a-Lago Council from meeting, advising Defendants, and otherwise conducting Council business unless and until Defendants and the Council comply with the FACA;
4. order Defendants to file a charter for the Council;
5. order Defendants to publish notice of the Council’s meetings in the Federal Register;
6. order Defendants to permit public participation at the Council’s meetings;

7. order Defendants to ensure that detailed minutes of the Council's meetings are kept;
8. order Defendants to provide to Plaintiff a full and complete copy of all records, reports, transcripts, minutes, appendices, working papers, drafts, studies, agendas, and other documents that have been made available to, or prepared for or by, the Council;
9. award Plaintiff its costs, attorneys' fees, and other disbursements for this action; and
10. grant any other relief this Court deems appropriate.

Dated: August 16, 2018

Respectfully submitted,

/s/ Adam Grogg

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Counsel for Plaintiff

From: (b) (6)
To: Cashour, Curtis (b) (6)
Cc:
Bcc:
Subject: [MARKETING] [EXTERNAL] POLITICO Playbook: Golden State notebook
Date: Fri Aug 17 2018 06:30:15 CDT
Attachments:

Presented by AARP: Playbook is POLITICO's must-read briefing on what's driving the day in Washington

Aug 17, 2018 [View in browser](#)

By Jake Sherman, Anna Palmer and Daniel Lippman

Presented by

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DRIVING THE DAY

GOLDEN STATE NOTEBOOK ... CALIFORNIA LT. GOV. GAVIN NEWSOM -- the Democratic nominee and favorite to become the next governor of California -- sat down with us for a newy interview yesterday in Los Angeles. The room was packed, and friendly to Newsom.

IN THE SAME WAY many Republicans see California as emblematic of what drags the country down, Newsom sees it as America's leading light. "Something special is happening out here. As imperfect as those poverty rates are. As imperfect as our efforts around addressing affordability are." He calls California "America's coming attraction."

-- HE IS LOOSE -- the way a candidate might be when they are the heavy favorite -- and talks confidently about California. He acknowledges Sacramento desperately needs to make the tax climate more favorable so states like Texas don't snatch jobs. He said he visited Rick Perry when he was governor of Texas to see what California can do better. Newsom also was pretty firm on a rewrite of the tax code, which he said should broaden the tax-paying base. He posited that Democrats "don't need to be profligate to be progressive" -- a Jerry Brown-ism. He is a Democrat who is, for the time being, talking about debts and deficits.

HE IS GOING TO HAVE BIG ISSUES, not least a gas-tax repeal effort pushed by Republicans that's already felled one Democrat, and a high-speed rail project that's over budget. "They are offering nothing but rhetoric to replace these dollars," Newsom said, via the L.A. Times write-up of our event, speaking of the gas-tax repeal effort. "The notion you're going to somehow find these efficiencies is nonsense."

-- L.A. TIMES' PHIL WILLON on Newsom and the high-speed rail: "Newsom acknowledged that the cost of California's high-speed rail project now far exceeds the estimated price tag when state voters approved the system in 2008. Still, the rail system would be a major catalyst for the California economy, especially if the first leg connecting the Central Valley to the Silicon Valley is completed, he said. 'That's

a project I can support,' Newsom said, adding that he hoped the completion of that first stage will attract private investors to pay for the extension of the rail line to Southern California." LAT

WHILE MUCH OF THE DEMOCRATIC PARTY is trying to figure out how to inject fresh blood into the mix while not casting aside longtime leaders, Newsom deftly navigated the divide -- praising both House Minority Leader Nancy Pelosi and Sen. Dianne Feinstein, but acknowledging the need for the party to modernize, grow and rebuild at the local level. He said the party shouldn't focus maniacally on a singular 2020 candidate, but worry about rebuilding the party from the bottom up. He also talked about his strong relationship with House Majority Leader Kevin McCarthy, who he says is very important for California.

ASKED ABOUT RUNNING FOR PRESIDENT, he says, "No, next question."

NEWSY BITES VIA ELI OKUN, the newest member of the Playbook team:

-- NEWSOM ON NANCY PELOSI: "I couldn't be more proud of her, and I think Democrats will rue the day of running away from her. ... She will be the next speaker, I have no doubt in my mind, and that's where she truly excels."

-- HE COMPARED TRUMP'S IMPACT on the national GOP to Gov. Pete Wilson's effect on the state party in the 1990s. "If you're Kevin McCarthy and all these quote unquote 'young gun leaders,' they should be scared bejesus about what the heck this guy's doing to them, walking off the same damn cliff."

-- NEWSOM ACKNOWLEDGED that some of the common Tucker Carlson critiques of California -- like its struggles with eradicating homelessness and poverty -- have merit. But he said that ignores the state's progress on several fronts and a "pretty remarkable economic picture" that has highlighted inclusion alongside growth. "This state has left clues to substantively answer a new narrative as it relates to the national narrative around the Democratic Party," he said.

Good Friday morning. SMART ANNIE KARNI STORY ... HEADS UP, NEWSOM ... "Trump wages war against New York: For the longtime Manhattanite, running against New York's political leaders is a mix of opportunity, muscle memory and method": "Even in the West Wing, all politics is local. President Donald Trump — raised in Queens, made in Manhattan — in the past week is finding his latest targets back home, turning New York political leaders into liberal punching bags that offer him familiar and useful foils ahead of the midterm elections.

"It's an old political playbook — attack elite, liberal New York, and the heartland loves you — but it's also personal for Trump, whose relationships with some of New York's political leaders go back generations.

"On Monday, the president deliberately attacked New York Gov. Andrew Cuomo, who is fighting for his third term, as a presidential wannabe. He told attendees at a fundraiser in Utica that Cuomo once promised he would 'never run for president against' him and then urged him to get in the race. 'Oh, please do it,' Trump goaded. 'Anybody who runs against Trump suffers.'

"Trump then quickly capitalized on a nuclear-level gaffe from Cuomo, who in a speech on Wednesday noted that America 'was never that great,' tweeting that Cuomo was 'having a total meltdown!'

"In between Trump's attacks and taunts directed at Cuomo, he managed to ding New York Sen. Kirsten Gillibrand as a do-nothing. And his former campaign manager, Corey Lewandowski, told reporters that the strongest Democratic nominee for president in 2020 would be former New York City Mayor Michael Bloomberg." POLITICO

... SPEAKING OF ELITE NEW YORK, TRUMP is going to the Hamptons today. He is attending a roundtable and luncheon in Southampton. At 2:30 p.m., Trump will fly from the Hamptons to New

Jersey to spend the weekend at his golf course in Bedminster.

A message from AARP:

POLITICO's series "The Deciders" takes a closer look at voters over 50 this cycle through original polling, cutting-edge data visualization, and POLITICO's award-winning on-the-ground narrative storytelling and photojournalism. This voting bloc will have the largest impact on the 2018 midterms.

NYT'S MAGGIE HABERMAN and KEN VOGEL ... PANIC IN THE WHITE HOUSE OVER OMAROSA'S '200' TAPES ... "The tapes of Ms. Manigault Newman's private conversations with Mr. Trump and other officials connected to him have rattled the White House in a way that few things other than the special counsel investigation into possible campaign collusion with Russia have. Mr. Trump's aides have been concerned that they will make appearances on other tapes, of which Ms. Manigault Newman is believed to have as many as 200. ...

"Some major donors to Mr. Trump were bothered by the revelations that the campaign may have been used as a slush fund to pay fired or troublesome employees, said Dan K. Eberhart, an Arizona donor and energy executive who serves as an adviser to the America First Policies group created to support Mr. Trump's agenda.

"It's diverting donor money that could be used to wage the midterm election battle or store resources for Trump's re-election,' Mr. Eberhart said. 'Instead, it's an elongated hush payment.' He added, though, that he did not believe it would dissuade donors. 'They still want to win elections,' he said." NYT

WAP0'S DAVID NAKAMURA and JOSH DAWSEY: "Trump gears up to strip more clearances from officials tied to Russia investigation" : "President Trump has told advisers that he is eager to strip more security clearances as part of an escalating attack against people who have criticized him or played a role in the investigation of alleged Russian interference in the 2016 presidential campaign, two White House officials said. ...

"Inside the West Wing, Trump is eager to move against others on the security clearance review list and could act soon, according to the White House officials, who spoke on the condition of anonymity to discuss internal deliberations.

"Trump believes he has emerged looking strong and decisive in his escalating feud with Brennan, the aides said, adding that he shows a visceral disdain for the former CIA director when he sees him on TV. But other aides would prefer a more thorough process or that he drop the matter altogether, and they are scrambling to review the list of people Trump says he'd like to strip of clearances. These officials said Trump did not focus on his power to remove clearances until this summer." WaPo

-- WILLIAM MCRAVEN in WaPo, "Revoke my security clearance, too, Mr. President": WaPo

ELANA SCHOR: "12 former top intelligence officials criticize Trump for pulling security clearance": "A dozen former top intelligence officials, representing previous Republican and Democratic administrations, issued a letter late Thursday supporting former CIA Director John Brennan and lambasting President Donald Trump's move to revoke his security clearance.

"The rare statement from the former officials — including former CIA directors who served under Presidents Ronald Reagan, George W. Bush and Bill Clinton — comes one day after Trump pulled Brennan's clearance and said he would evaluate clearances for other former intelligence officials, including two who signed on to the pro-Brennan statement.

"That move from the White House 'has nothing to do with who should and should not hold security clearances — and everything to do with an attempt to stifle free speech,' the dozen ex-intelligence officials wrote in their joint letter. 'You don't have to agree with what John Brennan says (and, again, not

all of us do) to agree with his right to say it, subject to his obligation to protect classified information." POLITICO

-- SIGNERS: Former CIA Directors William Webster, George Tenet, Porter Goss, Michael Hayden, Leon Panetta and David Petraeus; former CIA Deputy Directors John McLaughlin, Stephen Kappes, Michael Morel, Avril Haines and David Cohen; and former Director of National Intelligence James Clapper. The letter

THE STEP BACK -- "Revoking Clearance, Trump Aims Presidential Power at Russia Inquiry," by NYT's Michael Shear and Julian Barnes: "Law enforcement officials, lawmakers and members of the intelligence community expressed worry that the president's act of retaliation will have a potentially chilling effect on the United States' law enforcement and intelligence officers.

"Anxiety about Mr. Trump's next move could give investigators pause as they pursue cases, and it might hamper recruitment of a new generation of agents, they said. The president's decision to follow through on his threats to revoke Mr. Brennan's security clearance, they said, sent a shudder through the spies and intelligence officials he used to lead." NYT

NOT SO FAST -- "Trump's military parade delayed until 2019," by Jacqueline Klimas: "The controversial military parade ordered by President Donald Trump originally scheduled for Veterans Day will be delayed until 2019, the Pentagon announced Thursday night.

"The Defense Department, which first planned the parade for November to coincide with Veterans Day weekend and the 100th anniversary of the end of World War I, did not give a reason for abrupt change of plan, simply issuing a statement that said it has 'agreed to explore opportunities in 2019.'

"The announcement came only hours after a report by CNBC that the estimated cost of the parade is now as much as \$92 million — far more than previous estimates of between \$12 million and \$30 million." POLITICO ... The original CNBC report

NYT'S NOAH WEILAND: "Meet the Special Counsel Team: So Careful They Won't Even Disclose Their Shake Shack Orders"

MANAFORT TRIAL, DAY 14: DARREN SAMUELSON -- "Jurors go back at it at 9:30 a.m. Friday in their second day of deliberations in the Manafort trial. They have no set deadline, and the parlor game among everyone else watching is whether they will reach their verdict before the weekend or does the case spill into a fourth week.

"On their first day deliberating, the jurors spent more than seven hours in a ninth floor conference room on Thursday before signaling to Judge Ellis they had four questions they were trying to get some clarity on. The judge handled their most detailed question — seeking more information on the legal requirements for filing a foreign bank account — by reading them the original jury instructions both Mueller prosecutors and Manafort lawyers had agreed to on the subject.

"Ellis rejected the jurors request to get all the exhibits presented in the case — there were north of 400 — linked up directly with the specific counts Manafort faces. The judge did try to give the jurors a basic definition of what it means to find someone guilty beyond a reasonable doubt. But he wasn't as helpful in their request for a definition of a 'shelf company' and what the legal obligations are for such companies to file reports on their income. Instead the judge told the jurors they'd need to rely on their recollections of the evidence.

"For the record, it's a corporation with no recorded activity and it came up in this case when former Manafort aide Rick Gates testified that Manafort used Cyprus-based 'shelf companies' to park tens of millions of dollars earned for consulting work in Ukraine."

-- Here's how Darren will be keeping score in the tech-free courtroom once there is a verdict. Pic

BURGESS EVERETT in MISHAWAKA, INDIANA: "GOP's midterm peril: What if they win on killing Obamacare?": "Republican candidates are trying to have it both ways on Obamacare."

"On one hand, Republicans are still campaigning against the law, arguing a strong election result will allow them one more shot at repealing the Affordable Care Act with GOP majorities in both chambers. And many high-profile Senate GOP candidates support a lawsuit that would scuttle Obamacare if successful in the nation's courts, a case that will be heard by a federal judge in September."

"Yet at the same time Republicans are still touting the law's most popular provisions, arguing that after it is struck down they will be able to preserve protections for pre-existing conditions by passing a new bill. GOP challengers in four of the most competitive Senate races support the lawsuit." POLITICO

2020 WATCH -- DAVID SIDERS: "Kamala Harris to make first Iowa endorsement": "Sen. Kamala Harris will make her first endorsement in an Iowa campaign on Friday, her first inroad into the first-in-the-nation caucus state, sources said. Harris, a California Democrat edging closer to a run for president, will endorse Deidre DeJear for Iowa secretary of state, sources with knowledge of the endorsement told POLITICO." POLITICO

A message from AARP:

POLITICO Magazine's series "The Deciders" takes a closer look at voters over 50 in key battleground states this election cycle. Learn more at politico.com/thedeciders.

HEADS UP ... THE NRSC just dropped \$2.8 million on media opposing Sens. Jon Tester (D-Mont.), Heidi Heitkamp (D-N.D.), Joe Manchin (D-W.Va.) and Claire McCaskill (D-Mo.). McCaskill was the biggest buy.

CNN'S HADAS GOLD is moving to the network's London bureau, and will begin working from there Monday. She'll cover European business, politics and media. IF YOU'RE AT the Edinburgh TV festival Wednesday, Hadas will be there moderating a panel.

VALLEY TALK ... NYT A1 ... "Elon Musk Confronts a Fateful Tweet and an 'Excruciating' Year," by NYT's David Gelles, James B. Stewart, Jessica Silver-Greenberg and Kate Kelly: "Elon Musk was at home in Los Angeles, struggling to maintain his composure. 'This past year has been the most difficult and painful year of my career,' he said. 'It was excruciating.'"

"The year has only gotten more intense for Mr. Musk, the chairman and chief executive of the electric-car maker Tesla, since he abruptly declared on Twitter last week that he hoped to convert the publicly traded company into a private one. The episode kicked off a furor in the markets and within Tesla itself, and he acknowledged on Thursday that he was fraying."

"At multiple points in an hourlong interview with The New York Times, he choked up, noting that he nearly missed his brother's wedding this summer and spent his birthday holed up in Tesla's offices as the company raced to meet elusive production targets on a crucial new model."

"Asked if the exhaustion was taking a toll on his physical health, Mr. Musk answered: 'It's not been great, actually. I've had friends come by who are really concerned.'" NYT

-- ASHLEY GOLD: "Source: House panel considers subpoena for Twitter CEO": "Staff of the House Energy and Commerce Committee raised the possibility of a subpoena to get Twitter CEO Jack Dorsey to testify before the panel, during a tense meeting with representatives of the company Thursday,"

according to a Republican source familiar with the discussion.

"The source said Twitter is 'delaying' and 'stonewalling' the committee, which has been negotiating over the past few weeks to try to arrange Dorsey's testimony about the company's data and content policies." POLITICO

SUNDAY SO FAR ...

FOX

"FOX NEWS SUNDAY": Sen. Ron Johnson (R-Wis.). Panel: Rich Lowry, Jane Harman, Guy Benson and Mo Elleithee.

CNN

"STATE OF THE UNION": Montana Gov. Steve Bullock (D). Panel: Rep. Karen Bass (D-Calif.), Rick Santorum, S.E. Cupp and Jennifer Granholm.

NBC

"MEET THE PRESS": Yamiche Alcindor, Hugh Hewitt, Carol Lee and Eugene Robinson.

ABC

"THIS WEEK": Panel: Chris Christie, Jason Riley, Karen Finney and Matthew Dowd.

CNN

"INSIDE POLITICS": Julie Pace, Mike Bender, Toluse Olorunnipa and Sara Murray.

PLAYBOOK READS

PHOTO DU JOUR: The North Portico of the White House gets painted Thursday. | Andrew Harnik/AP Photo

TRUMP'S FRIENDS THWARTED ... "Veterans Group Sues to Block VA Shadow Rulers," by ProPublica's Isaac Arnsdorf: "A liberal veterans group is suing to block the influence of three outside advisers who have been secretly influencing the Department of Veterans Affairs from Mar-a-Lago, President Donald Trump's private club in Palm Beach, Florida.

"ProPublica reported last week that the advisers — Marvel Entertainment chairman Ike Perlmutter, West Palm Beach doctor Bruce Moskowitz and Washington lawyer Marc Sherman — have been shaping VA personnel and policy decisions despite having no official role or relevant expertise.

"The trio, sometimes referred to as the 'Mar-a-Lago Crowd,' is failing to disclose its activities as required by federal law, according to a lawsuit filed [Thursday] in federal court in Washington, D.C., by VoteVets, a liberal activist group that says it represents 500,000 supporters." ProPublica

K-FILE -- "Corey Stewart used racist stereotypes to disparage NFL players in 2017 campaign event," by CNN's Nathan McDermott: "Corey Stewart, the Republican nominee for U.S. Senate in Virginia, used racist stereotypes to disparage NFL players who protested during the National Anthem in an online

exchange with his supporters last year.

"A lot of these guys, I mean, they're thugs, they are beating up their girlfriends and their wives,' Stewart said, 'you know, they've got, you know, children all over the place that they don't pay attention to, don't father, with many different women, they are womanizers. These are not people that we should have our sons, or any of our children look up to. We need to have our children look up to real role models.'" CNN

THE INVESTIGATIONS -- "Judge: Trump's release of dossier memos opens door to disclosures from FBI," by Josh Gerstein: "President Donald Trump's decision to declassify competing congressional memos about the validity of the so-called Steele dossier means the FBI has lost its authority to rebuff Freedom of Information Act requests about the bureau's efforts to verify the report's intelligence linking Trump to Russia during the 2016 campaign, a federal judge ruled on Thursday." POLITICO

A message from AARP:

Will voters over 50 decide 2018? Visit politico.com/thedeciders to learn more.

MEDIAWATCH -- "Fox News Mistakes Patti LaBelle for Aretha Franklin" -- The Daily Beast: "At the end of an America's Newsroom segment memorializing the late singer-songwriter, Fox News cut to a still image of Franklin, captioned 'Aretha Franklin, Singer, 1942-2018,' inexplicably featuring a background photograph of LaBelle—who is not Franklin—singing for PBS in 2014. The flub was made all-the-more ironic by the fact that Franklin and LaBelle reportedly had a longstanding feud that only ended on Thursday morning when the 76-year-old legendary diva passed away." Daily Beast

-- ELIZA SHAPIRO is joining the New York Times' Metro team to cover education. She was most recently a reporter at POLITICO, where she covered NYC schools. The announcement

PLAYBOOK ON THE ROAD -- Thanks for another great batch of entries for week three! Send a pic of you or a friend reading Playbook on vacation to get featured next week and a chance to win a signed Matt Wuerker cartoon to Daniel, who's in Mykonos, Greece, this week to daniel@politico.com or tweet your photos to [@playbookplus](https://twitter.com/playbookplus) with the hashtag #PlaybookLoyal.

-- SOME OF THIS WEEK'S ENTRIES: CHRIS LU, former Obama deputy labor secretary who is now at the UVA Miller Center: "I'm at the Finnish Presidential Palace in Helsinki, site of the Trump-Putin summit. No sign of Putin's soccer ball gift." Pic ... TOMMY BURR, Salt Lake Tribune's D.C. bureau chief: Cape Cod National Seashore. Pic ... NICOLE NASON, assistant secretary of state for administration: "Reading PLAYBOOK in Turks and Caicos and I found out it's my birthday!" Pic ... PATRICK STEEL, CEO of POLITICO: "At the summit of Mt Major overlooking Lake Winnepesaukee." Pic ... RON BONJEAN, partner of Rokk Solutions, and SARA BONJEAN of Rose Strategies: "Carbon County Fair in Rawlins, Wyoming." Pics ...

... ERIN BILLINGS of Global Strategy Group: "Reading Playbook on top of the Beartooth pass in Montana." Pic ... ERIN STREETER, SVP of comms at NAM ([@erinstreeterNAM](https://twitter.com/erinstreeterNAM)): "At Wrigley Field! You can tell I'm a Nats fan because I'm wearing red and reading Playbook #PlaybookLoyal @apalmerdc @playbookplus." Pic ... See the rest of this week's entries, which come from Austria, Mexico, India, South Africa, Greece, Italy, Belgium, Israel, Laos, Canada, France, Scotland, French Polynesia, La Jolla and Pacifica, Calif., Saratoga Springs, N.Y., Bethany Beach, Del., Lutsen, Minn., Idaho, Manchester, Mass., Chicago, Lummi Island, Wash., Maui and Bakersfield, Calif.

PLAYBOOKERS

SPOTTED: Sen. Amy Klobuchar (D-Minn.) in line at the Giant on H Street. "She asked me to save her spot in line while she goes to get a potato," said our tipster ... Sen. Jeanne Shaheen (D-N.H.) at Terminal B at DCA heading out of town (pic) ... Sen. Bob Corker (R-Tenn.) on the phone and waiting to board a JetBlue flight from DCA to Boston (pic) ...

... Sen. Bernie Sanders (I-Vt.) and Jeff Weaver crossing Constitution Avenue together, near the DSCC. Sanders was later seen in the DCA American Admirals Club eating guacamole. "Loving the soup so much he had a second helping," said our tipster. Pic

BIRTHWEEK (was yesterday): Dave McCormick of Bridgewater Associates.

BIRTHDAY OF THE DAY: Glen Caplin, senior adviser for Sen. Kirsten Gillibrand (D-N.Y.). How he got his start in politics: "I worked in the music industry for ten years and was middling by and not loving what I was doing. My reaction to the re-election of President George W. Bush in 2004 was that I needed to either get in the game or stop complaining. So, I looked for a 2005 New York City mayoral campaign to work on. I have been very fortunate since to have had an amazing ride." Playbook Plus Q&A

BIRTHDAYS: Ron Bonjean, partner at Rokk Solutions. Ron, who shares a birthday with his dad, Ron Bonjean Sr., is celebrating by taking samba lessons with Jennifer Grey (hat tips: Sara, Tim, Katy and Ryan) ... former Sen. Norm Coleman (R-Minn.), now senior counsel at Hogan Lovells, is 69 (h/t Chase Kroll) ... Alexis Williams ... Rep. David Price (D-N.C.) is 78 ... Jamie Smith, chief marketing officer at the Linux Foundation and senior adviser at WestExec Advisors ... Ali Deckard ... Carl Sceusa, CEO of Revv, is 28 (h/ts Anton, Bubba and Megan) ... Elyse Cohen of the U.S. Chamber Foundation ... Leah Nelson of Sunshine Sachs (h/t Claire Tonneson) ... Derek McGinty ... Sabrina Schaeffer of the Herald Group (h/t Taylor Gross) ... Mike Buczkiewicz, supervising producer at "Morning Joe" ... Chris Golden ... Sonali Dohale ... David Kusnet (h/t Jon Haber) ... HuffPost's Elise Foley ... Mark Molaro ... Aaron Kinnari ... Matt Mittenenthal, director of comms for BuzzFeed News ... Carlee Griffeth, comms director for Rep. Kurt Schrader (D-Ore.), celebrating this weekend "during a self-made brewery tour of D.C. filled with friends and gluten free beer and cider" (h/t Matt Corridoni) ...

... Michael Bekesha, the only Republican on the D.C. ballot in November ... Phil de Vellis, principal at Democratic ad firm Beacon Media (h/t Ian Russell) ... Caroline Boothe, COS for Rep. Pete Sessions (R-Texas) ... Tyler Nickerson ... Alyson Chadwick ... Eric Stark ... Indonesia turns 73 on its Independence Day ... Monica Fernandez ... Ashley Harris ... Nick Hawatmeh ... Laura DeSimone ... Andrea McCarthy ... Kevin Lillard, who recently welcomed his first son Grayson (pic) ... Kate Gladney ... Boston Globe's Eric Moskowitz ... Margie Glick ... Will Ricciardella ... Yousef Saba ... Mandy Matti ... Sam Haass ... Rex Babin ... Kensey E. Johnson ... John Hayes ... Mike Davis ... Suzy Loftus ... Nancy Kirshner ... Robyn Garnett ... Diane Shust ... Ken Bailey ... Michael Alter ... Ken Bailey ... Alan Bowser ... Maegan Carberry ... Kate Stacy ... Kevin Mack ... Mary Lou Foy ... Lisa Stickan ... Greg Murphy ... Michael Kraft ... former Chinese president Jiang Zemin is 92 ... author Jonathan Franzen is 59.

A message from AARP:

POLITICO Magazine's series "The Deciders" takes a closer look at voters over 50 in key battleground states this election cycle through original polling, cutting-edge data visualization, and POLITICO's award-winning on-the-ground narrative storytelling and photojournalism. To date, the series has explored voters over 50 from America's largest retirement community in Florida. This group reflects those Americans who are motivated to vote by a desire to find a bygone era of traditional American values. The series has also explored whether Arizona finally turn blue this cycle? Will it be voter turnout with Hispanic voters over 50 or identity politics that decides the day? These are the questions at play in two crucial campaigns that will determine whether Democrats actually can win in the Grand Canyon State. Visit politico.com/thedeciders to follow the series and learn more.

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Jake Sherman @JakeSherman

Daniel Lippman @dlippman

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22209, USA

Please [click here](#) and follow the steps to unsubscribe.

From: (b) (6)
To:
Cc:
Bcc:
Subject: Secretary Stand Up Brief - OPIA - August 16, 2018
Date: Thu Aug 16 2018 08:30:29 CDT
Attachments: 180816_VA Secretary's Stand-Up Brief.pptx
image001.jpg

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Thursday, Aug. 16, 2018.

Sincerely,

(b) (6)
[Redacted signature block]

“Pursue, engage and impact a Veteran today!”

Document ID: 0.7.1705.640917-000001

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Filename: 180816_VA Secretary's Stand-Up Brief.pptx

Last Modified: Thu Aug 16 07:30:29 CDT 2018



VA Secretary's Stand-Up Brief

16 August 2018

Executive Summary

Two high-visibility articles, one on allegations of unpaid bills by *AP* and another on "unwarranted" medical examinations by *Washington Post*, were widely reprinted in national outlets across the country. *NPR* reported on a new "haven for homeless" Veterans coming to the previously troubled West Los Angeles VAMC.

Storyline	Outlets	Analysis	Trend	Priority
VA required "unwarranted reexaminations" for disability benefits	Wash. Post	<i>Washington Post</i> reported on last month's OIG findings that VA performed unnecessary medical examinations. According to the article, OIG found unwarranted examinations were performed in over one-third of the cases studied. The article included a statement by Press Sec. Cashour apologizing for any inconvenience and explaining the exams were meant to ensure all Veterans are receiving the benefits to which they are entitled.	Sustained	Resources
VA accused of failing to pay home health care bills	AP Home Health Care News	<i>AP</i> continued <i>Boston Globe's</i> previous reporting on VA's alleged failure to pay home health care bills resulting in 16 Veterans not receiving care. Steve Piork of the VA OPA reportedly said that while the inconvenience was regrettable, the bills were not paid due to the provider's failure to include complete Social Security numbers. The article indicated that the failure to pay bills is not an isolated case.	Sustained	Service
New "haven for homeless" at West LA VAMC	NPR	<i>NPR</i> detailed the plans for a new "haven for homeless veterans" at the West Los Angeles VAMC. The article explained parts of the property had previously been illegally rented for non-Veteran related activity and detailed fmr. Secretary McDonald's discovery and resolution of problem.	Emerged	Interests
Informal council at Mar-a-Lago influencing VA	KALW (NPR)	In this 52-minute episode of <i>Your Call</i> , <i>ProPublica</i> journalist Isaac Arnsdorf and senior reporter for <i>Reveal</i> at the Center for Investigative Reporting, Aaron Glantz, discuss the Mar-a-Lago allegations and "what it will take to reform the VA" and get Veterans the care they need.	Sustained	Resources / Service

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VA Secretary's Stand-Up Brief

16 August 2018

Social Media Takeaway

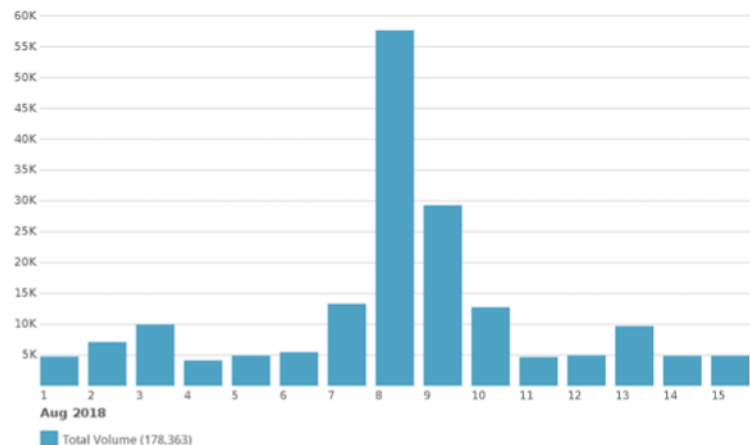
Social media volume remained steady with users engaging with posts from previous reporting periods.

Key Points

- @NathanHRubin's 14 August post listing 'publicly owned' agencies, including VA, in response to "fears of socialism" gained momentum and was the [most-retweeted](#) post yesterday (1.4k+ retweets).
- Veteran @KevinQuest's 11 August tweet praising VA care sustained as the [second](#) most-retweeted post, garnering an additional 1k+ retweets (2.3k+ total retweets).
- In the [third](#) most-retweeted post, @RedTRaccoon linked to the 14 August *Boston Globe* [article](#) claiming VA failed to pay a home healthcare provider (490+ retweets). The article was the top-shared URL yesterday, driven by this single tweet (200+ shares). Users also engaged with a second [post](#) by @RedTRaccoon concerning *Washington Post's* [report](#) that VA required "unwarranted reexaminations" for Veterans getting disability benefits (120+ retweets).
- The most popular Facebook [post](#) was on Opha May Johnson as the first woman to enlist in the Marine Corps (570+ reactions, 140+ shares). The post embedded a link to Marine Corps Times' [article](#), "The very few, the proud: 100 years of women in the Marine Corps."

Twitter and Facebook Volume:

1 August – 15 August



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: Mar-a-Lago	7% of Volume
Twitter	@KevinQuest	7% of Volume
Facebook	The very few, the proud: 100 years of women in the Marine Corps	570+ Reactions, 140+ Shares

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From: (b) (6)
To: Cashour, Curtis </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=vacocashoc>
Cc:
Bcc:
Subject: [EXTERNAL] Re: CNN inquiry
Date: Wed Aug 15 2018 13:36:55 CDT
Attachments: image001.png
image002.png
image003.png

Thanks Curtis, appreciate the quick response.

Zachary Cohen
Reporter, National Security
CNNPolitics.com

@ZcohenCNN

Please excuse any typos sent from this mobile device.

On Aug 15, 2018, at 1:29 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

Hi, Zachary. Please see below and please confirm receipt. Thanks.

Allegation: I was also hoping to get a response/ clarity from Dr. Franklin regarding some reporting we have that indicates she failed to execute several contracts while she was at DSPO – specifically \$11 million in contracts back in 2015.

Response: We refer you to the Department of Defense. A contact there is carla.m.gleason.mil@mail.mil

Under Secretary Wilkie, suicide prevention remains VA's top clinical priority and the department is addressing it through a public health approach. To guide its efforts, VA recently published the National Strategy for Preventing Veteran Suicide. The strategy provides a framework for identifying priorities, organizing efforts, and sharpening the national focus on Veteran suicide prevention over the next decade. VA is committed to preventing suicide among all Veterans, and to do that the department is building networks of support, communication, and care across the communities in which Veterans live and thrive.

Some examples of recent VA suicide prevention efforts include:

*Hiring a Suicide Prevention Coordinator at every VA health care facility to deliver targeted care to at-risk patients.

*Expanding the Veterans Crisis Line to three call centers and more than 700 employees, increasing our ability to provide 24/7 support.

*Partnering with the U.S. Department of Defense (DoD) and the U.S. Department of Homeland Security (DHS), as mandated by Executive Order, to support Veterans during their transition from military to civilian life.

** Launching REACH VET (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment) predictive analytics program to identify Veterans who may be at risk for suicide.

*Implementing the Mayor's Challenge to empower cities nationwide to build coalitions to prevent Veteran suicide.

*Expanding access to mental health care to ensure all Veterans can get the care they need.

*Creating new cross-sector partnerships to involve peers, family members, and the community in preventing Veteran suicide.

Curt Cashour

Press Secretary

Department of Veterans Affairs

(b) (6)

[REDACTED]

[REDACTED] –

From: Cohen, Zachary [mailto:Zachary.Cohen@turner.com]

Sent: Tuesday, August 14, 2018 2:12 PM

To: Cashour, Curtis (b) (6)

Subject: [EXTERNAL] Re: CNN inquiry

Specifically, the story relates to the program office's efforts to address/reduce the number of daily veteran suicides – so any insight on that would be helpful.

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Lastly, I was hoping to find out if Sec. Wilkie has given the suicide prevention office any guidance in

terms of the approach he wants them to take and any milestones or expectations regarding results he might have on lowering/ addressing the number of daily suicides – especially given the aging population of Vietnam vets and the fact that most of the vets who die by suicide each day are not under VHA care.

My deadline is slightly flexible but we plan to run the story on Thursday or Friday at the latest. Thanks for any help you can offer and feel free to give me a ring on my cell # below if you need any additional information.

Zachary Cohen

Reporter, National Security

(b) (6)

<image001.png>

From: "Cashour, Curtis" (b) (6)
Date: Tuesday, August 14, 2018 at 2:00 PM
To: "Cohen, Zachary" <Zachary.Cohen@turner.com>
Subject: RE: CNN inquiry

Thanks, Zachary. What is the specific angle of your story and deadline?

Curt Cashour

Press Secretary

Department of Veterans Affairs

(b) (6)

(b) (6)

From: Cohen, Zachary [mailto:Zachary.Cohen@turner.com]
Sent: Tuesday, August 14, 2018 1:58 PM
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Zachary Cohen

Reporter, National Security

(b) (6)

[REDACTED]

[REDACTED]

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From: "Cashour, Curtis" (b) (6)
Date: Wednesday, August 8, 2018 at 4:29 PM
To: "Cohen, Zachary" <Zachary.Cohen@turner.com>
Subject: RE: CNN inquiry

Hi, Zachary. Please see below and please confirm receipt. Thanks.

We appreciate hearing from experts both inside and outside VA as we look for better ways to serve our nation's heroes. This broad range of input from individuals both inside and outside VA has helped us immensely over the last year and a half – a period that hands-down has been VA's most productive in decades.

Under President Trump's leadership, VA has made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department while enjoying an unprecedented series of legislative successes.

We look forward to building on these improvements as we continue to reform VA under President Trump.

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Press Secretary

Department of Veterans Affairs

(b) (6)

[REDACTED]

[REDACTED]

From: Cohen, Zachary [mailto:Zachary.Cohen@turner.com]

Sent: Wednesday, August 08, 2018 4:27 PM

To: Cashour, Curtis (b) (6)

Subject: [EXTERNAL] CNN inquiry

Hi Curt,

I wanted to reach out and see if you could offer any sort of comment regarding the following story from ProPublica that published today. Thanks for any help you can offer.

<https://www.propublica.org/article/ike-perlmutter-bruce-moskowitz-marc-sherman-shadow-rulers-of-the-va>

Zachary Cohen

Reporter, National Security

(b) (6)

[REDACTED]

[REDACTED]

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Document ID: 0.7.1907.649283-000001

Owner: Cohen, Zachary <zachary.cohen@turner.com>

Filename: image001.png

Last Modified: Wed Aug 15 12:36:55 CDT 2018

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Document ID: 0.7.1907.649283-000003

Owner: Cohen, Zachary <zachary.cohen@turner.com>

Filename: image003.png

Last Modified: Wed Aug 15 12:36:55 CDT 2018

From: Scott, Traci A CIV OSD OUSD P-R (US)
<traci.a.scott4.civ@mail.mil>
To: Cashour, Curtis (b) (6)
Cc:
Bcc:
Subject: [EXTERNAL] Re: [Non-DoD Source] FW: CNN inquiry
Date: Wed Aug 15 2018 13:36:40 CDT
Attachments: image001.png
image002.png
image003.png

I can forward this as well. Carla just got back to me and is looking at it now.

Sent from my iPhone

On Aug 15, 2018, at 1:33 PM, Cashour, Curtis (b) (6) wrote:

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Fyi below...

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- **Launching REACH VET < Caution-<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2878> > (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment) predictive analytics program to identify Veterans who may be at risk for suicide.

- *Implementing the Mayor's Challenge < Caution-<https://www.blogs.va.gov/VAntage/49825/employers-answer-call-mayors-challenge-conference-help-prevent-suicide/> > to empower cities nationwide to build coalitions to prevent Veteran suicide.

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Press Secretary

Department of Veterans Affairs

(b) (6)

@curtcashour < Caution-<https://twitter.com/CurtCashour> >

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(b) (6) < Caution-mailto:(b) (6)

@curtcashour < Caution-https://urldefense.proofpoint.com/v2/url?u=https-3A__twitter.com_CurtCashour&d=DwMGaQ&c=W8uilUydLnv14aAum3Oieg&r=Aa_j7Ku5miC1lohPmeoA053PURI2weYb7_LInL5Xh4&m=s8NU3FoX5t-gmOF82sUVi85KkydnqBt78OxKdgWloME&s=f4VAy8I_sJTfjI_sUT3EMXr1CPDe2Beq_bwaB6XgUd0&e=>

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@curtcashour <Caution-https://urldefense.proofpoint.com/v2/url?u=https-3A__twitter.com_CurtCashour&d=DwMGaQ&c=W8uilUydLnv14aAum3Oieg&r=Aa_j7Ku5miC1lohhPmeoA053PURl2weYb7_LInL5Xh4&m=JXcpxu78MgsNa2lpedhXhyQ0NTzly53rdUigb2RBqFc&s=CWauPS5VSjLIOMZoinSvTdRiYqJ2wdZPSpt3fD8oY38&e= >

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Zachary Cohen

Reporter, National Security

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@ZcohenCNN

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Document ID: 0.7.1907.649284-000001

Owner: Scott, Traci A CIV OSD OUSD P-R (US) <traci.a.scott4.civ@mail.mil>

Filename: image001.png

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Image00

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CNN

AMERICAN
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Document ID: 0.7.1907.649284-000002

Owner: Scott, Traci A CIV OSD OUSD P-R (US) <traci.a.scott4.civ@mail.mil>

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CHANGING THE COURSE

VA-18-0457

CNN

AMERICAN
OVERSIGHT



DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

July 8, 2019

In Reply Refer To: 001B
FOIA Request: 18-11960-F

Daniel McGrath, Staff Attorney
Austin Evers, Executive Director
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005
foia@americanoversight.org; daniel.mcgrath@americanoversight.org

Dear Mr. McGrath:

This is the Sixth Partial Initial Agency Decision (IAD) to your Freedom of Information Act (FOIA) request to the Office of the Secretary, U.S. Dept. of Veterans Affairs (OSVA) dated and received August 23, 2018, and assigned FOIA tracking number **18-11960-F**. You requested: All records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar invitations/entries, meeting notices, meeting agendas, informational material, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between any of the individuals listed

- Veterans Affairs Officials
 - Darin Selnick, Senior Advisor to the Secretary
 - Casin Spero, Special Advisor
 - Individuals within the Offices of the Secretary and Deputy Secretary: David Shulkin, Former Secretary, and anyone acting on his behalf
 - Vivieca Wright Simpson, Former Chief of Staff
 - Pete O'Rourke, Former Chief of Staff, Former Acting Secretary, and Senior Advisor to the Secretary; and anyone acting on his behalf
 - Robert Wilkie, Secretary, and anyone acting on his behalf
 - Jacquelyn Hayes-Byrd, Acting Chief of Staff and Deputy Chief of Staff
 - Thomas Bowman, Deputy Secretary, and anyone acting on his behalf
 - Any political appointee* in the immediate Office of the Secretary or Deputy Secretary during the applicable time period not previously listed above
- Outside Recipients
 - Dan Caldwell
 - Nathan Anderson
 - Shannon Hough
 - Pete Hegseth
 - Any email address ending in @cv4a.org or @cvafoundation.org
 - Isaac "Ike" Perlmutter
 - Bruce Moskowitz
 - Marc Sherman
- All email communications between any of the individuals listed in Column A and any external individuals or organizations (i.e., emails with addresses ending in com/.org/.net/.mil/.edu) that mention one or more of the following search terms in the subject line, body of the email, or attachment:
 - a. "Concerned Veterans"
 - b. "Concerned Vets"
 - c. CVA

d. CV4A

Please provide all responsive records from January 20, 2017, through the date of the search.”

There is substantial overlap between FOIA request **18-11960-F** and your prior FOIA request **18-07426-F**, as there are responsive records responsive to both FOIA requests.

18-11960-F: 6th Partial IAD & Reasonable Searches Dated 12/19/18 & 5/2/19

On December 19, 2018, the OSVA FOIA Officer requested that the VA IT office search through the email boxes of the below twelve (12) custodians from January 20, 2017, to December 19, 2018:

- 1) Wilkie, Robert L., Jr., VA Secretary;
- 2) Shulkin, David, former VA Secretary;
- 3) O'Rourke, Peter M., former VA Acting Secretary;
- 4) Byrne, Jim, current VA Acting Deputy Secretary;
- 5) Bowman, Thomas, former VA Deputy Secretary;
- 6) Powers, Pam, current VA Chief of Staff;
- 7) Hayes-Byrd, Jacquelyn, former VA Acting Chief of Staff;
- 8) Wright-Simpson, Vivieca, former VA Chief of Staff;
- 9) Selnick, Darin, former VA White House Senior Advisor;
- 10) Lukach, Michael, former VA White House Senior Advisor;
- 11) Leinenkugel, Jake, former VA White House Senior Advisor; and,
- 12) Spero, Casin D, former VA White House Liaison.

The VA IT office provided search results, with the OSVA FOIA Officer to conduct secondary searches via the Clearwell e-discovery platform.

On May 2, 2019, using the Clearwell e-discovery platform, the OSVA FOIA Officer used the key terms “Concerned Veterans of America,” “CVA,” “cv4a.org,” “CV4A,” “Concerned Vets,” and “Concerned Veterans” to search through the email boxes of the aforementioned twelve (12) custodians. Excluding the previous Clearwell search results for the First through Third Partial Initial Agency Decisions, this May 2, 2019, Clearwell search yielded approximately two hundred twenty (220) emails and their attachments totaling approximately five thousand (5,000) pages.

Of the two hundred twenty (220) emails and their attachments totaling approximately five thousand (5,000) pages, OSVA now releases thirty-two (32) emails and their attachments totaling six hundred forty-nine (649) pages, Bates-numbered 5129-5777. After reviewing the six hundred forty-nine (649) pages, OSVA redacts some information with FOIA Exemptions 5 and 6.

Exemption 5 permits an agency to withhold material reflecting the thoughts, opinions, and recommendations of federal officials reviewing an issue. Under the deliberative process privilege and FOIA Exemption 5, OSVA redacts portions of deliberations requiring press releases and Mission Act policies. The redacted information is both predecisional and deliberative because it reflects preliminary opinions and recommendations, which do not reflect VA's final decision. Exposure of premature discussions before a final decision is made could create undue public confusion. The release of the redacted information would negatively impact the ability of federal employees to openly and frankly consider issues amongst themselves when deliberating, discussing, reviewing, and making recommendations on VA programs. The information reveals the thoughts, deliberations, and opinions that, if released, would have a chilling effect on the ability of federal officials to discuss, opine, recommend or be forthcoming about the agency's issues which require full and frank assessment. Here, the disclosure of the

withheld information is likely to compromise the integrity of this deliberative or decision-making process. Moreover, the predecisional character of a document is not altered by the passage of time. Bruscino v. BOP, No. 94-1955, 1995 WL 444406 at *5 (D.D. C. May 15, 1995), aff'd in part, No. 95-5212, 1996 WL 393101 (D.C. Cir. June 24, 1996).

5 U.S.C. § 552(b)(6) exempts from required disclosure "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." FOIA Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information being withheld, as indicated on the enclosed documents, under FOIA Exemption 6, consists of names, identities, email addresses, VA usernames, phone numbers, cellular numbers, and facsimile numbers of federal employees and private citizens; we however release the names and VA email addresses of VA Senior Executives. Federal civilian employees and private citizens retain a significant privacy interest under certain circumstances, such as in instances where the release of their information could represent a threat to their well-being, harassment, or their ability to function within their sphere of employment. The federal civilian employees and private citizens whose information is at issue have a substantial privacy interest in their personal information. In weighing the private versus the public interest, except names and VA email addresses of VA Senior Executives, we find that there is no public interest in knowing the names, identities, email addresses, VA usernames, phone numbers, cellular numbers, and facsimile numbers of federal civilian employees and private citizens. The coverage of FOIA Exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the individual is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government. Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the records, I have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest of the individuals whose names are redacted. The protected information has been redacted and (b)(6) inserted. Releasing even a single VA username reveals the pattern to ascertain VA usernames that VA employees use to log into VA Systems of Records; releasing VA usernames exposes the VA, its employees, and its contractors to potential hacking and information technology security liabilities and risks. "Withholding a telephone number or e-mail address, alone, is not sufficient to protect that [privacy] interest; alternate means of contacting and harassing these employees would be readily discoverable on the Internet if this court ordered their names disclosed." Long v. Immigration & Customs Enf't, 2017 U.S. Dist. LEXIS 160719 (D.C. Cir. 2017).

Thus far, OSVA has released to you five thousand six hundred twenty-five (5,625) pages for FOIA requests **18-07426-F** and **18-11960-F**.

18-11960-F: 5/10/19, 5th Partial IAD

On May 10, 2019, after re-reconsidering OSVA's FOIA Exemption 5 redactions to pages Bates-numbered 1003-1005 and 1124-1132, OSVA no longer redacts them per FOIA Exemption 5.

On May 10, 2019, after re-considering OSVA's FOIA Exemption 5 redactions to a briefing memorandum and talking points (Bates-numbered 1030-1031), OSVA still believes those redactions are warranted. Exemption 5 permits an agency to withhold material reflecting the thoughts, opinions, and recommendations of federal officials reviewing an issue. Under the deliberative process privilege and FOIA Exemption 5, OSVA redacts portions of talking points and a briefing memorandum prepared for Secretary Shulkin for his meeting with Rep. Cathy McMorris-Rodgers. The redacted information is both predecisional and deliberative because it reflects preliminary opinions and recommendations, which do not reflect VA's final decision. Exposure of premature discussions before a final decision is made could create undue public confusion. The release of the redacted information would negatively impact the ability of federal employees to openly and frankly consider issues amongst themselves when deliberating, discussing, reviewing, and making recommendations on VA programs. The information reveals the thoughts, deliberations, and opinions that, if released, would have a chilling effect on the ability of federal officials to discuss, opine, recommend or be forthcoming about the agency's issues which require full and frank assessment. Here, the disclosure of the withheld information is likely to compromise the integrity of this deliberative or decision-making process. Moreover, the predecisional character of a document is not altered by the passage of time. Bruscino v. BOP, No. 94-1955, 1995 WL 444406 at *5 (D.D. C. May 15, 1995), aff'd in part, No. 95-5212, 1996 WL 393101 (D.C. Cir. June 24, 1996); Access Reports v. DOJ, 926 F.2d 1192, 1196-97 (D.C. Cir. 1991) ("talking points" memoranda are predecisional); ACLU v. DHS, 738 F. Supp. 2d 93, 112 (D.D.C. 2010) ("talking points" are predecisional . . . the document itself suggests that a public statement was anticipated at the time of its creation, and given that no official statement has yet been made, the talking points remain ripe recommendations that are ready for adoption or rejection by the Department"); Sec. Fin. Life Ins. Co., No. 03-102-SBC, 2005 WL 839543, at *11 (D.D.C. Apr. 12, 2005) ("The undisputed evidence establishes that these [talking points] are deliberative"); Judicial Watch, Inc. v. U.S. Dep't of Commerce, 337 F. Supp. 2d 146, 174 (D.D.C. 2004) (protecting "talking points" and recommendations on how to answer questions); St. Louis Sewer Dist., No. 10-2103, at *18 (E.D. Mo. Mar. 2, 2012) (protecting e-mail communications, "press releases, talking points and 'Q & A,' drafts, and briefing materials"); Citizens for Responsibility & Ethics in Wash. v. DHS, 514 F. Supp. 2d 36, 44 (D.D.C. 2007) (protecting briefing materials concerning Hurricane Katrina response including proposed "solutions and approaches"); Judicial Watch, Inc. v. DOE, 310 F. Supp. 2d 271, 317 (D.D.C. 2004) (protecting briefing materials for Secretary of the Interior), aff'd in part, rev'd in part on other grounds & remanded, 412 F.3d 125, 133 (D.C. Cir. 2005); Klunzinger v. IRS, 27 F. Supp. 2d 1015, 1026 (W.D. 1998) (protecting paper to brief commissioner for meeting); Thompson v. Dep't of the Navy, No. 95-347, 1997 WL 527344, at *4 (D.D.C. Aug. 18, 1997) (protecting materials to brief senior officials responding to media inquiries, as "disclosure of materials reflecting the process by which the Navy formulates its policy concerning statements to and interactions with the press" could stifle frank communication within the agency), aff'd, No. 97-5292, 1998 WL 202253, at *1 (D.C. Cir. Mar. 11, 1998) (per curiam); Williams v. DOJ, 556 F. Supp. 63, 65 (D.D.C. 1982) (protecting "briefing papers prepared for the Attorney General prior to an appearance before a congressional committee").

18-11960-F: 5/8/19, 4th Partial IAD & Reasonable Searches Dated 12/19/18 & 5/2/19

From the aforementioned searches dated December 19, 2018, and May 2, 2019, yielding approximately two hundred twenty (220) emails and their attachments totaling approximately five thousand (5,000) pages, OSVA released fourteen (14) emails and their attachments totaling five hundred seventy-four (574) pages, Bates-numbered as 4555-5128 on May 8, 2019. On

May 8, 2019, after reviewing the five hundred seventy-four (574) pages, OSVA redacted some information with FOIA Exemptions 5 and 6.

5 U.S.C. § 552(b)(5) exempts from required disclosure “inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency.” Under the attorney-client and work product privileges, the VA redacted portions of records, emails, and communications between VA employees and attorneys relating to federal lawsuits against the VA. The release of this information would impede the ability of VA employees and attorneys to speak openly and frankly about legal issues concerning lawsuits against the VA. The release of this information would also compromise the VA’s legal positions for its lawsuits.

18-11960-F: 5/2/19, 3rd Partial IAD & Reasonable Searches Dated 9/6/18 & 9/11/18

On September 6, 2018, the OSVA FOIA Officer requested that the VA IT office search through the email boxes of the below ten (10) custodians from January 20, 2017, to September 6, 2018:

- 1) Wilkie, Robert L., Jr., VA Secretary;
- 2) Shulkin, David, former VA Secretary;
- 3) O'Rourke, Peter M., former VA Acting Secretary;
- 4) Bowman, Thomas, former VA Deputy Secretary;
- 5) Hayes-Byrd, Jacquelyn, former VA Acting Chief of Staff;
- 6) Wright-Simpson, Vivieca, former VA Chief of Staff;
- 7) Selnick, Darin, former VA White House Senior Advisor;
- 8) Lukach, Michael, former VA White House Senior Advisor;
- 9) Leinenkugel, Jake, former VA White House Senior Advisor; and,
- 10) Spero, Casin D, former VA White House Liaison.

The VA IT office provided search results, with the OSVA FOIA Officer to conduct secondary searches via the Clearwell e-discovery platform.

On September 11, 2018, using the Clearwell e-discovery platform, the OSVA FOIA Officer used the key terms “Concerned Veterans of America,” “CVA,” and “cv4a.org” to search the email boxes of: former VA Secretary David Shulkin, Robert Wilkie, Peter O'Rourke, Thomas Bowman, Jacquelyn Hayes-Byrd, Vivieca Wright-Simpson, Darin Selnick, Michael Lukach, Jake Leinenkugel, and Casin Spero. This Clearwell search yielded one hundred eighty-two (182) documents totaling three thousand five hundred thirty-one (3,531) pages.

On November 30, 2018, OSVA released to you one hundred seventy-nine (179) documents totaling three thousand five hundred twenty-four (3,524) pages, Bates-numbered as 996-4547 (with 1508-1535 intentionally left blank), redacted with FOIA Exemptions 4, 5, 6, 7(C), and 7(E). On February 14, 2019, OSVA released three (3) documents and their attachments totaling seven (7) pages, Bates-numbered as 4548-4554, redacted with FOIA Exemptions 5 and 6.

18-11960-F: 2/14/19, 2nd Partial IAD & Reasonable Searches Dated 9/6/18 & 9/11/18

From the aforementioned searches dated September 6, 2018, and September 11, 2018, OSVA released three (3) documents and their attachments totaling seven (7) pages, Bates-numbered as 4548-4554, on February 14, 2019, redacted with FOIA Exemptions 5 and 6.

18-11960-F: 11/30/18, Initial Partial IAD & Reasonable Searches Dated 9/6/18 & 9/11/18

Of the searches dated September 6, 2018, and September 11, 2018, OSVA released seventy-nine (179) documents totaling three thousand five hundred twenty-four (3,524) pages on

November 30, 2018, Bates-numbered as 996-4547 (with 1508-1535 intentionally left blank), on November 30, 2018.

After reviewing the three thousand five hundred twenty-four (3,524) pages, OSVA redacted some information with FOIA Exemptions 4, 5, 6, 7(C), and 7(E). 5 U.S.C. § 552(b)(4) exempts from disclosure “trade secrets and commercial or financial information obtained from a person and privileged or confidential.” Redacted information includes voluntary proposal submission verbiage, technical processes, technical approaches, and partnership or subcontracting agreements. The release of this information would likely lead to substantial competitive harm in reverse-engineering of the vendors’ technical approaches, processes, partnership, subcontracting, and business and labor strategies. RMS Indus. v. DOD, No. C-92-1545, slip op. at 7 (N.D. Cal. Nov. 24, 1992) (protecting “descriptions of equipment and the names of contacts, customers, key employees, and subcontractors” because “bidders only submit such information if it will not be released to their competitors”); BDM Corp. v. SBA, 2 Gov’t Disclosure Serv. (P-H) ¶ 81,189, at 81,495 (D.D.C. Mar. 20, 1981) (protecting names of consultants and subcontractors, performance, cost, and equipment information).

5 U.S.C. § 552(b)(7)(C) exempts from required disclosure information law enforcement information the disclosure of which “could reasonably be expected to constitute an unwarranted invasion of personal privacy.” Redacted information includes names and email addresses of White House employees with security clearances, as well as Redacted information includes names, identities, email addresses, and VA usernames of VA law enforcement employees. The release of this information would risk impersonation of these White House employees with security clearances also working on national security and law enforcement matters, as well as jeopardizing their health and safety and those the White House employees are charged with protecting. The release of this information would risk impersonation of VA law enforcement personnel and jeopardize the health and safety of not only law enforcement personnel, but those persons the VA law enforcement personnel protect including the VA Secretary.

5 U.S.C. § 552(b)(7)(E) exempts from required disclosure information that “would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law.” Redacted information includes VA usernames of VA law enforcement employees and shared VA email groups, for which VA law enforcement officials plan their law enforcement operations and protection of VA personnel. The release of this information would compromise the safety of VA law enforcement personnel and VA employees.

18-07426-F: 11/20/18, 2nd Partial IAD & Reasonable Searches Dated 5/8/18, 9/18/18, 10/12/18, 10/16/18, & 11/15/18

On October 12, 2018, and October 16, 2018, the OSVA FOIA office searched through former VA Acting Secretary Peter O’Rourke’s emails and calendars from May 4, 2018, to June 22, 2018. The OSVA FOIA office used the search terms Sherman, Perlmutter, Moskowitz, @frenchangel59.com, and Kushner. These October 12, 2018, and October 16, 2018, searches yielded forty-four (44) pages, which the VA released redacted as pages Bates-numbered 243-286 on November 20, 2018.

On September 18, 2018, and October 16, 2018, the OSVA FOIA office searched through former VA Acting Chief of Staff Jacquelyn Hayes-Byrd’s emails and calendars from November 8, 2016, to June 22, 2018. OSVA used the search terms Sherman, Perlmutter, Moskowitz,

@frenchangel59.com, and Kushner. This search yielded two hundred fifty-five (255) pages, which OSVA released redacted as pages Bates-numbered 287-541 on November 20, 2018.

On October 18, 2018, the OSVA FOIA office searched through the email boxes and calendars, from January 20, 2017, to June 22, 2018, of: 1) Bowman, Thomas, former VA Deputy Secretary; 2) Wright-Simpson, Vivieca, former VA Chief of Staff; 3) Selnick, Darin, former VA White House Senior Advisor; 4) Lukach, Michael, former VA White House Senior Advisor; 5) Leinenkugel, Jake, former VA White House Senior Advisor; and 6) Spero, Casin D, former VA White House Liaison. The OSVA FOIA office used the search terms Sherman, Perlmutter, Moskowitz, @frenchangel59.com, and Kushner. This search yielded two hundred seventy-two (272) pages, which OSVA released redacted as pages Bates-numbered 542-813 on November 20, 2018.

On November 15, 2018, the OSVA FOIA office searched through the email boxes and calendars from June 23, 2018, to September 6, 2018, including of:

- 1) Wilkie, Robert L., Jr., VA Secretary;
- 2) O'Rourke, Peter M., former VA Acting Secretary;
- 3) Bowman, Thomas, former VA Deputy Secretary;
- 4) Hayes-Byrd, Jacquelyn, former VA Acting Chief of Staff;
- 5) Wright-Simpson, Vivieca, former VA Chief of Staff;
- 6) Selnick, Darin, former VA White House Senior Advisor;
- 7) Lukach, Michael, former VA White House Senior Advisor;
- 8) Leinenkugel, Jake, former VA White House Senior Advisor; and,
- 9) Spero, Casin D, former VA White House Liaison.

The November 15, 2018, search yielded two pages, which OSVA release redacted as pages Bates-numbered 814-815 on November 20, 2018.

Our May 8, 2018 (our search cut-off date) search yielded fifty-six (56) pages of email communication to or from Jared Kushner. On November 20, 2018, OSVA released these fifty-six (56) pages redacted as pages Bates-numbered 816-871.

After reviewing six hundred twenty-nine (629) pages Bates-numbered 243-871, OSVA redacted some information with FOIA Exemptions 4, 5, 6, and 7(C). Pages bates-numbered 872-995 are intentionally left blank.

18-07426-F: 9/14/18, Partial IAD & Reasonable Searches Dated 5/8/18

On May 8, 2018, our search cut-off date, we searched through former VA Secretary David Shulkin's emails and calendars from February 14, 2017 (the date he became VA Secretary), to March 30, 2018 (the date he left VA). We searched through VA Secretary Robert Wilkie's emails and calendars from April 1, 2018 (the date he became VA Acting Secretary) to May 8, 2018.

We searched through former VA Acting Secretary Peter O'Rourke's emails and calendars from February 15, 2018 (the date he became VA Acting Chief of Staff), to May 3, 2018. VA will conduct a follow-up search of former VA Acting Secretary Peter O'Rourke's emails and calendars from May 4, 2018, to May 8, 2018.

OSVA searched for any emails to or from Mr. Perlmutter, Dr. Moskowitz, and Mr. Kushner. Our search thus far yielded two hundred ninety-eight (298) pages, of which fifty-six (56) pages

require consultation with the White House FOIA Liaison. After reviewing two hundred forty-two (242) pages, OSVA redacted some information with FOIA Exemptions 5, 6, 7(C), and 7(E). Bates-numbered as 1-242 on September 14, 2018.

FOIA Mediation

As part of the 2007 FOIA amendments, the Office of Government Information Services (OGIS) was created to offer mediation services to resolve disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. Using OGIS services does not affect your right to pursue litigation. Under the provisions of the FOIA Improvement Act of 2016, the following contact information is provided to assist FOIA requesters in resolving disputes:

VA Central Office FOIA Public Liaison:

Name: John Buck

Email Address: vacofoiaservice@va.gov

Office of Government Information Services (OGIS)

Email Address: ogis@nara.gov

Fax: 202-741-5769

Mailing address:

National Archives and Records Administration

8601 Adelphi Road

College Park, MD 20740-6001

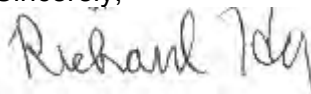
FOIA Appeal

This concludes OSVA's Sixth Partial IAD to request **18-11960-F**. Please be advised that should you desire to do so, you may appeal the determination made in this response to:

Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

If you should choose to file an appeal, please include a copy of this letter with your written appeal and clearly indicate the basis for your disagreement with the determination set forth in this response. Please be advised that in accordance with VA's implementing FOIA regulations at 38 C.F.R. § 1.559, your appeal must be postmarked no later than ninety (90) days of the date of this letter.

Sincerely,



Richard Ha, JD, CIPP/G
OSVA FOIA Officer

Attachment - Redacted pages Bates-numbered 5129-5777

From: Connell, Lawrence B.
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=a3e7233376344045980ad2141223
(b) (6)>

To: (b) (6)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=6c7b029b060147faa7ef8b9f19a0
(b) (6)> Stone, Richard A., MD
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=bd16619615d64adea22e45e63ff6
(b) (6)>

Cc: Ulliyot, John
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=c02392d86764480bb90e3854a5f3
(b) (6)> (b) (6) </o=exchangelabs/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=dba510634baa46a085e28c62c254
(b) (6)> Tucker, Brooks </o=exchangelabs/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=24ae47cff629405aa8557cc2cc79
(b) (6)> Syrek, Christopher D. (Chris)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=7699e816dfb941bf8048852495d7
(b) (6)> Powers, Pamela </o=exchangelabs/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=f6021d9c02594b52bc57194848ca
(b) (6)>

Bcc:

Subject: RE: CLC DC Walk Through

Date: Mon Nov 19 2018 20:49:35 CST

Attachments:

(b) (6)
Dr. Stone will not be in town during that time.

I will be

Sent with Good (www.good.com)

From: (b) (6)
Sent: Monday, November 19, 2018 3:22:42 PM
To: Stone, Richard A., MD; Connell, Lawrence B.
Cc: Ulliyot, John; (b) (6) Tucker, Brooks; Syrek, Christopher D. (Chris); Powers, Pamela
Subject: RE: CLC DC Walk Through

All,

Brooks reminds me that Dr. Stone also invited the VSO's to walk a CLC together and offered up the DC 2 Star facility. (b) (6) will be in town from 13-15 December and is willing to schedule time for a walk through.

If this can work for our team I can begin to coordinate this effort.

Please let me know.

(b) (6)

From: (b) (6)
Sent: Monday, November 19, 2018 5:25 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>; Connell, Lawrence B. <Lawrence.Connell@va.gov>
Cc: Ulyot, John <John.Ulyot@va.gov>; (b) (6) <(b) (6)@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Syrek, Christopher D. (Chris) <Christopher.Syrek@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>
Subject: CLC DC Walk Through

All,

Thank you for your support on today's phone call.

Participants included;

Enlisted Army National Guard US (EANGUS) Legislative and Government Affairs Director (b) (6)

(b) (6)

DAV – (b) (6) (b) (6)

PVA – (b) (6) & (b) (6)

AMVETS – Executive Director, (b) (6)

AMVETS – National Commander, (b) (6)

AMVEETS – (b) (6)

American Legion – Executive Director, (b) (6)

American Legion – National Commander, (b) (6)

VFW – Executive Director, (b) (6)

VFW – Comms, (b) (6)

VFW – (b) (6)

CVA – Executive Director, (b) (6)

WWP – Senior Vice President, Government & Community Relations, (b) (6)

Independence Fund – Chief Advocacy Officer, (b) (6)

Brief Overview/Summary of the phone call:

VSO CLC Call

Introduction: (b) (6) Dr. Stone

VFW, (b) (6) VSOs represented that they were not communicated to from the local PAOs, They feel they need a call when we at VA 'know a story is happening'

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AMVETS: (b) (6) the National Commander mentioned that verbal communications are real important.

Send me!

(b) (6)

Senior Advisor, VSO Liaison Office of the Secretary

U.S. Department of Veterans Affairs

810 Vermont Avenue, NW

Washington, D.C. 20420

Desk: (202) 461- (b) (6)

Email: (b) (6) va.gov

From: (b) (6)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=6c7b029b060147faa7ef8b9f19a0
(b) (6)>

To: Stone, Richard A., MD
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=bd16619615d64adea22e45e63ff6
(b) (6)> Connell, Lawrence B.
</o=exchangelabs/ou=exchange administrative group
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(b) (6)>

Cc: Ulyot, John
</o=exchangelabs/ou=exchange administrative group
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(b) (6)> Syrek, Christopher D. (Chris)
</o=exchangelabs/ou=exchange administrative group
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(b) (6)> Powers, Pamela </o=exchangelabs/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=f6021d9c02594b52bc57194848ca
(b) (6)>

Bcc:

Subject: RE: CLC DC Walk Through

Date: Mon Nov 19 2018 18:22:42 CST

Attachments:

All,

Brooks reminds me that Dr. Stone also invited the VSO's to walk a CLC together and offered up the DC 2 Star facility. (b) (6) will be in town from 13-15 December and is willing to schedule time for a walk through.

If this can work for our team I can begin to coordinate this effort.

Please let me know.

(b) (6)

From: (b) (6)
Sent: Monday, November 19, 2018 5:25 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>; Connell, Lawrence B. <Lawrence.Connell@va.gov>
Cc: Ulliyot, John <John.Ulliyot@va.gov>; (b) (6) <(b) (6)@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Syrek, Christopher D. (Chris) <Christopher.Syrek@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>
Subject: CLC DC Walk Through

All,

Thank you for your support on today's phone call.

Participants included;

Enlisted Army National Guard US (EANGUS) Legislative and Government Affairs Director (b) (6)

DAV – (b) (6)

PVA – (b) (6) & (b) (6)

AMVETS – Executive Director, (b) (6)

AMVETS – National Commander, (b) (6)

AMVEETS – (b) (6)

American Legion – Executive Director, (b) (6)

American Legion – National Commander, (b) (6)

VFW – Executive Director, (b) (6)

VFW – Comms, (b) (6)

VFW – (b) (6)

CVA – Executive Director, (b) (6)

WWP – Senior Vice President, Government & Community Relations, (b) (6)

Independence Fund – Chief Advocacy Officer, (b) (6)

Brief Overview/Summary of the phone call:

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Introduction: (b) (6) Dr. Stone

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Send me!

(b) (6)

Senior Advisor, VSO Liaison Office of the Secretary

U.S. Department of Veterans Affairs

810 Vermont Avenue, NW

Washington, D.C. 20420

Desk: (202) 461-(b) (6)

Email: (b) (6) va.gov

From: (b) (6)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=6c7b029b060147faa7ef8b9f19a0
(b) (6)

To: Stone, Richard A., MD
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=bd16619615d64adea22e45e63ff6
(b) (6) Connell, Lawrence B.
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(b) (6)

Cc: Ulliyot, John
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administrative group
(fydibohf23spdlt)/cn=recipients/cn=f6021d9c02594b52bc57194848ca
(b) (6)

Bcc:

Subject: CLC DC Walk Through

Date: Mon Nov 19 2018 17:24:41 CST

Attachments:

All,

Thank you for your support on today's phone call.

Participants included;

Enlisted Army National Guard US (EANGUS) Legislative and Government Affairs Director) (b) (6)

DAV – (b) (6) (b) (6)

PVA – (b) (6) & (b) (6)

AMVETS – Executive Director, (b) (6)

AMVETS – National Commander, (b) (6)

AMVEETS – (b) (6)

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Desk: (202) 461- (b) (6)

Email: (b) (6) va.gov

From: Syrek, Christopher D. (Chris)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=7699e816dfb941bf8048852495d7
(b) (6)>

To: Powers, Pamela
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Bcc:

Subject: Thursday Event Memo

Date: Tue Nov 13 2018 18:04:06 CST

Attachments: Copy of Attendees with Titles 11-9.xlsx
Event Memo - Supporting Veterans and Military Families through the State...v1_3 -
Hold.docx

Pam,

Final event memo for Thursday with list of attendees.

+ (b) (6) to include as a read ahead for SECVA before tomorrow's briefing.

+ (b) (6) and (b) (6) – you can add this to Pam and my books.

Thanks!

Christopher D. Syrek

Deputy Chief of Staff

U.S. Department of Veterans Affairs

Washington, D.C. 20420 | (202) 461-7486

Owner: Syrek, Christopher D. (Chris) </o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=7699e816dfb941bf8048852495d7c4c9-[REDACTED]
Filename: Copy of Attendees with Titles 11-9.xlsx
Last Modified: Tue Nov 13 17:04:06 CST 2018

Organization	Title
State of Alaska, Office of Veterans Affairs	Deputy Director
Student Veterans of America	Chapter Advisor
National Association of County Veteran Service Officers	
San Diego County Office	VSO
American Legion	Women and Minority Veterans Outreach Assistant Director
Concerned Veterans for America	
DC Office of Veterans Affairs	Director
Elizabeth Dole Foundation	Executive Director
General Assembly	Data Science Consultant
Military Order of the Purple Heart	National Legislative Director
Paralyzed Veterans of America	Associate Legislative Director
Republican Governors Public Policy Committee	Policy Advisor
US Department of Commerce	National Deputy Director
Veterans of Foreign War	Customer Support Claims Consultant
CNCN	Senior Advisor for Veterans, Military Fa
Florida State Legislature	Representative
Georgia Department of Human Services	Commissioner
Home Base Iowa	Project Manager
Iowa Workforce Development	Veterans Program Coordinator
Iowa Workforce Development	Director
Idaho Divisions of Veterans Affairs	Chief
Indiana Department of Veterans Affairs	State Veterans Leaders
Indiana Department of Veterans Affairs	Deputy Director
Kansas Department of Labor	Secretary
Kansas House of Representatives	Representative
Louisiana Workforce Commission	Secretary
Massachusetts National Guard	Adjutant General
American Legion	Deputy Director, Veterans Affairs and Rehabilitation Division
	Assistant Director, Veterans Employment and Education Division Staff
American Legion	
Arkansas Department of Veterans Affairs	Director
Cecil County Chapter 703 - Military Order of the Purple Heart	Commander
Disabled American Veterans	National Service Director
Maryland Department of Budget and Management	Local Veterans Employment Representa
Maryland Department of Veterans Affairs	Deputy Secretary
Maryland Department of Veterans Affairs	Director, Service and Benefits Program

NASWA	Executive Director
National Association of Workforce Boards	Membership Associate
Office of Governor Larry Hogan	State Federal Representative
Paralyzed Veterans of America	Executive Director
Veterans of Foreign War	Assistant Director, Compensation and Pension Policy
Congresswoman Chellie Pingree	Veteran Constituent Services and Field Representative
Michigan Veterans Affairs Agency	Deputy Director
Department of Employment Security	Director
Harrison County Veterans Service Office	Judicial District 1
Valley Veterans Service Center	VSO
Valley Veterans Service Center	Director
National Association of County Veteran Service Officers	
City of Havelock, NC	Mayor
New Hampshire State Legislature	Representative
National Association of County Veteran Service Officers	Washington Liaison Chair
New Jersey Department of Military and Veterans Affairs	Deputy Commissioner
Ocean County Veteran Service Office	Director
Nevada Department of Veterans Services	Deputy Director of Programs and Services
New York State Senate	Senator
New York State Senate	Chief of Staff, Senator Terrence Murphy
New York State Senate	Senator
Ashland County Veterans Service Office	Veterans Service Officer
National Association of County Veteran Service Officers	President
National Association of County Veteran Service Officers	1st Vice President
National Association of County Veteran Service Officers	Immediate Past President
Van Wert County Veterans Service Office	Veterans Service Officer
Oklahoma Department of Veterans Affairs	Director
PA House of Representatives	Research Analyst
Pennsylvania Department of Military Affairs	Sergeant Major
Pennsylvania House of Representatives	Representative
Pennsylvania Military & Veterans Affairs	Director, Bureau of Veterans Programs,
Only attending Tour	
Only attending Tour	
Only attending Tour	
Department of Employment and Workforce	Director
Lancaster County Veterans Affairs Office	Director
Project Josiah	Executive Director
SC Thrive	Executive Director

SCACVAO	Veterans Affairs Officer
SCACVAO	
SCACVAO	Veterans Affairs Officer
South Carolina Association of County Veterans Affairs Officers	President
Belvoir Spouses Club	
City of Killeen, TX	Mayor
Health and Human	Senior Policy Advisor
National Association of County Veteran Service Officers	
National Association of County Veteran Service Officers	
National Association of County Veteran Service Officers	
Texas Health and Human Services Commission	Program Director for Veterans Services
Texas Workforce Commission	Division Director
Texas Workforce Commission	Attorney and Policy Advisor
Utah Attorney General's Office	Attorney General
Utah House of Representatives	Representative
American Legion	Legislative Assistant Director
Americans for Prosperity	Government Relations
Blue Star Families	Mrs.
Blue Star Families	
Blue Star Families	CEO and Board President
Daughters of the American Revolution	National Legislative Director
Department of Veterans Affairs	Tribal Relations
	Chief of Staff, Office of Public and Intergovernmental Affairs
Department of Veterans Affairs	Deputy Chief of Staff
Kings George County	Legislative Assistant
National Military Family Association	Government Relations Director
National Military Mily Association	Government Relations Deputy Director
	Associate Executive Director of Government Relations
Paralyzed Veterans of America	Deputy Executive Director
Paralyzed Veterans of America	
Paralyzed Veterans of America	Associate Executive Director of Veterans Benefits
Student Veterans of America	Executive Director
Veterans of Foreign War	Veterans Casework Consultant
Virginia Department of Veterans Services	Staff of DVS Benefits Director
Virginia House of Delegates	Delegate
Vriginia Department of Veterans and Defense Affairs	Secretary
West Virginia House of Delegates	Representative
	Mrs.

	Veterans Chair
	Mr.
Department of Human Services	Secretary
King County, WA	Councilmember
National Association of County Veteran Service Officers	
Wisconsin Army National Guard	International Partnership Specialist
Wisconsin Veterans Affairs	Talent Initiatives Director
Wisconsin Veterans Affairs	State Field Representative
American Foundation for Suicide Prevention	Senior Vice President

First Name	Last Name	Contact Email	CITY	State
(b) (6)		@alaska.gov	Wasilla	AK
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(b) (6)		@cv4a.org	Washington	DC
(b) (6)		@dc.gov	Washington	DC
(b) (6)		@gmail.com	Washington	DC
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(b) (6)			@yahoo.com	Lancaster	SC
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(b) (6)				Lancaster	SC
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(b) (6)			@scthrive.org	Columbia	SC

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(b) (6)		@pva.org	BroadRun	VA
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(b) (6)			@wedc.org	GreenBay	WI
(b) (6)			@dva.wisconsin.gov	Westfield	WI
(b) (6)			@afsp.org	HarpersFerry	WV

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THE WHITE HOUSE
WASHINGTON

SUPPORTING VETERANS AND MILITARY FAMILIES

WHEN: Thursday, November 15, 2018
12:30 p.m. – 6:00 p.m.

LOCATION: Eisenhower Executive Office Building, South Court Auditorium

FORMAT: Conference

PRESS PLAN: POOL SPRAY

ATTIRE: Business

PROJECT OFFICER: (b) (6), (b) (7)(C), Assistant to the President & Counselor
(b) (6), (b) (7)(C), Deputy Assistant to the President & Director of Intergovernmental Affairs (IGA)

EXTERNAL PARTICIPANTS:

Attorney General Sean Reyes (R, UT)
State Veterans Affairs Leaders
State Adjutants General
State Workforce Development Leaders
State Human Services and Mental Health Leaders
State Legislators
County Veterans Affairs Leaders
County Commissioners
Tribal Veterans Affairs Leaders
Veterans' Service Organizations (American Legion, Veterans of Foreign Wars, Blue Star Families, Paralyzed Veterans of America, etc.)

**See Appendix I for Complete List of Attendees*

INTERNAL PARTICIPANTS:

Secretary Alex Acosta, U.S. Department of Labor
Secretary Robert Wilkie, U.S. Department of Veterans Affairs
(b) (6), (b) (7)(C), Assistant to the President & Director of the Domestic Policy Council
(b) (6), (b) (7)(C), Deputy Assistant to the President & Director, IGA
(b) (6), (b) (7)(C), Deputy Assistant to the President for Domestic Policy & Deputy Director of the Domestic Policy Council (DPC)
(b) (6), (b) (7)(C), Special Assistant to the President & Deputy Director, IGA

(b) (6), (b) (7)(C), Special Assistant to the President & Deputy Director, IGA

(b) (6), (b) (7)(C), Special Assistant to the President & Deputy Director, White House Office of Public Liaison

(b) (6), (b) (7)(C) Special Assistant to the President, DPC

John Ullyot, Assistant Secretary for Public and Intergovernmental Affairs, U.S. Department of Veterans Affairs (VA)

(b) (6), (b) (7)(C), Deputy Assistant Secretary of Defense, Force Education and Training, U.S. Department of Defense

Matt Miller, Deputy Assistant Secretary for Policy, Veterans' Employment and Training Service, U.S. Department of Labor

Margarita Devlin, Principal Deputy Under Secretary for Benefits, VA

EVENT BACKGROUND:

The President is committed to the ongoing care and support of our Veterans and their families. State and local governments play a vital role in helping achieve the shared goal of supporting our Veterans and military families – from improved health care to transitions in post-military employment to reducing Veterans' homelessness. The President will give remarks as part of a conference with State and local Veterans leaders to highlight the Trump Administration's accomplishments in supporting Veterans and military families and identify opportunities to further support our nation's Veterans in partnership. In May, President Trump signed an Executive Order enhancing opportunity for military spouses looking for employment in the Federal Government. Additionally, the President has taken many actions to support Veterans through improved healthcare services like telehealth and workforce training for returning Veterans, and homeless Veteran's reintegration. The President has made rebuilding our military one of his top priorities. The March 2018 omnibus spending bill also funded the VA at \$81.5 billion, including an additional \$2 billion for infrastructure programs to repair and enhance VA medical facilities and State Veterans Homes. In August, President Trump signed the NDAA authorizing \$716 billion for our national defense including a 2.6% military pay raise.

In 2017, White House IGA hosted a similar conference with Cabinet Members and State and local Veterans leaders to build relationships and identify opportunities to better serve Veterans and military families in partnership.

SEQUENCE OF EVENTS:

- 10:30 a.m. *Press pre-set for the President's Remarks*
- 12:30 p.m. (b) (6), (b) (7)(C) Provides Welcoming Remarks
- 12:32 p.m. Recorded Video of Second Lady Karen Pence's Remarks
- 12:38 p.m. John Ullyot Introduces Secretary Robert Wilkie
- 12:40 p.m. Secretary Wilkie Makes Remarks

12:55 p.m. Secretary Wilkie Q&A

1:10 p.m. Matt Miller Introduces Secretary Alex Acosta

1:12 p.m. Secretary Acosta Makes Remarks

1:29 p.m. Secretary Acosta Concludes Remarks and Remains on Stage

1:30 p.m. HOLD

1:31 p.m. HOLD

1:45 p.m. Federal Leaders Panel Discussion on Military Families
Moderator: (b) (6), (b) (7)(C), Special Assistant to the President and Deputy Director, White House Office of Public Liaison (Confirmed)
(b) (6), (b) (7)(C) Domestic Policy Council (Confirmed)
Matt Miller, Deputy Assistant Secretary, Department of Labor (Confirmed)

2:20 p.m. (b) (6), (b) (7)(C) Provides Breakout Session Overview

2:25 p.m. Movement to Breakout Session

2:40 p.m. Breakout Session 1

3:30 p.m. Transition

3:45 p.m. Breakout Session 2

4:30 p.m. Transition Attendees to 430ABC for Reception, or Exit

4:45 p.m. Reception begins in Room 430ABC

6:00 p.m. Reception ends

Breakout Topics:

1. Supporting Military Families (Cordell Hull 208)

Discussing Employment, Education, and Licensure for Military Spouse and Families

Department of Defense

(b) (6), (b) (7)(C), Director, Defense-State Liaison, Military Community and Family Policy (confirmed)

Department of Labor

Patti Greene, Director, Women's Bureau (Confirmed)

Daniel Greenberg, Senior Policy Advisor to the Secretary, DOL (Confirmed)

White House

Moderator: (b) (6), (b) (7)(C), White House Fellow, Office of the Vice President (Confirmed)

(b) (6), (b) (7)(C), White House Fellow, Office of the Vice President (Confirmed)

2. **Veteran Job Training and Re-Skilling (430ABC)**

Discussing Workforce Development and Education for Our Veterans

Department of Labor

Moderator: Matt Miller, Deputy Assistant Secretary for Policy, Veterans' Employment and Training Service (Confirmed)

Ivan Denton, Director of National Programs (Confirmed)

Department of Defense

— (b) (6), (b) (7)(C), Special Assistant, Office of the Under Secretary of Defense (Confirmed)

— (b) (6), (b) (7)(C), Deputy Assistant Secretary of Defense, Force Education and Training (Confirmed)

— Dr. (b) (6), (b) (7)(C), Director, Transition to Veterans Program Office (Confirmed)

Veterans Affairs

Josh Quill, Acting Chief of Staff, Veterans Benefits Administration (Confirmed)

3. **Preventing Veterans Suicide (South Court Auditorium)**

Discussing Veterans Mental Health Needs and Suicide Prevention

Veterans Affairs

Dr. David Carroll, Executive Director, Mental Health and Suicide Prevention, Veterans Health Administration

(b) (6), Deputy Director, Partnerships, Suicide Prevention Program, Veterans Health Administration

White House

Moderator: (b) (6), (b) (7)(C) Special Assistant to the President for Domestic Policy (Confirmed)

Health and Human Services

Meena Vythilingam, Senior Mental Health Advisor, Office of the Assistant Secretary for Health (Confirmed)

ATTACHMENTS:

Appendix I – List of Attendees (Names, Titles)

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Subject: VSO Communicators Meeting

Date: Wed Oct 31 2018 13:44:22 CDT

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Veterans Service Organization Communicators Meeting Agenda (7 November).docx

Good afternoon,

I have attached the agenda for next Wednesday's meeting here. Please note that we are starting the meeting fifteen minutes earlier than the last one, at 10:45 AM, and allow time for security. I look forward to seeing all of you next week. As always, feel free to contact me if you have any questions.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

LVA Class of 2017

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Veterans Service Organization Communicators Meeting **7 November, 2018**

Agenda

10:25 - 10:45: Security

10:45 – 10:50: Opening Remarks

10:50 - 11:40: Briefings

- **10:50 – 11:10: Office of Community Care Contracts update**
- **11:10 – 11:30: Office of Transition and Economic Development**
- **11:30 – 11:40: NCA update**

11:40 - Feedback from VSOs/MSOs

Closing Comments: OPIA

Next meeting:

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Bcc:
Subject: VA Operations Board (VAOB) Meeting
Date: Tue Oct 30 2018 17:33:13 CDT
Attachments: 181113 VAOB Final.pptx

StartTime: Tue Nov 13 09:00:00 Central Standard Time 2018
EndTime: Tue Nov 13 11:00:00 Central Standard Time 2018
Location: Omar Bradley Conference Room (OBCR)
Invitees: VA OB Members
Recurring: No
ShowReminder: No
Accepted: Yes
AcceptedTime: Mon Nov 05 09:46:00 Central Standard Time 2018

Good Evening, please accept our apologies for the delay with the attachments.

Copies will be provided at the meeting. We sincerely thank you for your patience and flexibility.

Chair: Acting Deputy Secretary, Mr. Jim Byrne

Principal Attendees: Assistant Secretaries, Under Secretaries and Key Officials

Purpose: The VAOB has bi-monthly meetings every 2nd and 4th Monday. The 2nd Monday meeting focuses on management issues (i.e., CXO updates, Congressionally Mandated/Tracked Reports, and Executive Correspondence). The 4th Monday meeting focuses on budget execution and performance.

Due to the holiday on Monday, November 12th (Veteran's Day), this meeting is rescheduled to Tuesday, November 13th.

Read ahead materials will be provided NLT two business days prior to the scheduled meeting. If your organization's POCs require updating, do not hesitate to contact EGM with these changes.

If you have any questions, please do not hesitate to contact Ms. (b) (6) at 202-266-(b) (6) or (b) (6) va.gov, or the Enterprise Governance Management (EGM) Team at EGMTeam@va.

gov. Thank you and have a great day.

Sincerely,

EGM Team

Owner: VA Governance Secretariat </o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=d2a15917ebf7403f9c7072ab12c2d0c4-egm ops>
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VA Operations Board Meeting

November 13, 2018
Omar Bradley Conference Room

Agenda

Item #	Topic	Briefer
1	Opening Comments	Mr. Jim Byrne, Acting Deputy Secretary of Veterans Affairs
2	Introduction	Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
3	Recurring Updates a. Congressionally Mandated Reports b. Executive Correspondence	Mr. Brooks Tucker, Assistant Secretary for Congressional and Legislative Affairs Mr. (b) (6) Office of the Executive Secretariat
4	CXO Updates	
	a. Chief Financial Officer	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer
	b. Chief Information Officer	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
	c. Chief Acquisition Officer	Ms. Karen Brazell, Principal Executive Director and Chief Acquisition Officer, Office of Acquisition, Logistics and Construction
	d. Customer Experience Officer	Dr. Lynda Davis, Chief Veterans Experience Officer
	e. Chief Human Capital Officer	Ms. Jacquelyn Hayes-Byrd, Acting Assistant Secretary for Human Resources and Administration

Agenda

Item #	Topic	Briefer
5	Management Deep Dive – Manpower Standards and Approach and Approach to Calculating Current Vacancies and Manpower	Ms. Carin Otero, Deputy Assistant Secretary, Office of Human Resources Management
6	Management Deep Dive – OAWP Policies and Operations	Mr. Kirk Nicholas, Executive Director, Office of Accountability and Whistleblower Protection
7	Management Deep Dive – IT UFR Process and Current Integrated Priority List	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
8	Management Deep Dive – VA Operational Planning	Mr. John Basso, Deputy Assistant Secretary, Planning and Performance Management, Office of Enterprise Integration
9	Upcoming VA Operations Board Meetings a. November 26 – Budget Execution and Performance Review b. December 10 – Management Issues	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
10	Closing Remarks and Actions	Mr. Jim Byrne, Acting Deputy Secretary for Veterans Affairs

VAOB Action Item Tracker

#	Action Item	Owner(s) (Lead/Support)	Due Date (or weekly default)	Status/Notes (Include anticipated/completion dates)	Next Steps, if any, after completion of Action Item
1	Provide Mr. Dat Tran and Mr. John Basso with Management issues that your organization would like to see reviewed in the VAOB	ALL	Ongoing	Ongoing.	
2	Meet with OIT to align VA & OIT Governance Boards	OEI	11/20	Ongoing. Preliminary meetings held with OEI and OIT. Additional meetings are being scheduled.	
3	Provide a list of proposed Customer Service Performance Measures for SES Performance Plans	OEI VEO	11/20	Memo dated 10/26/18 in VIEWS for comments.	
4	Every Office must provide updates to their Operational and Strategic Performance measures to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. OEI has met with all organizations. Awaiting final measures and data.	
5	Review the list of Congressional Reports and identify which report should be moved to the 'Unnecessary Report List'. Send updates to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. See Back Up slides.	
6	Provide a list of OGC POCs to address various legal issues within the agency	OGC	11/19	Completed. See Back Up slides.	None

Recurring Updates

Office of Congressional and Legislative Affairs

Congressionally Mandated Reports

Congressionally Mandated Reports

PAST DUE as of November 5, 2018

14 Congressionally Mandated Reports (CMRs) for FY18 (1 with ExecSec/OSVA for SECVA signature):

VHA: 9	(oldest 249 days overdue)
OALC: 1	(98 days overdue)
HRA: 1	(85 days overdue)
OIT: 2	(oldest 81 days overdue)
VBA: 1	(61 days overdue)

7 CMRs for FY19

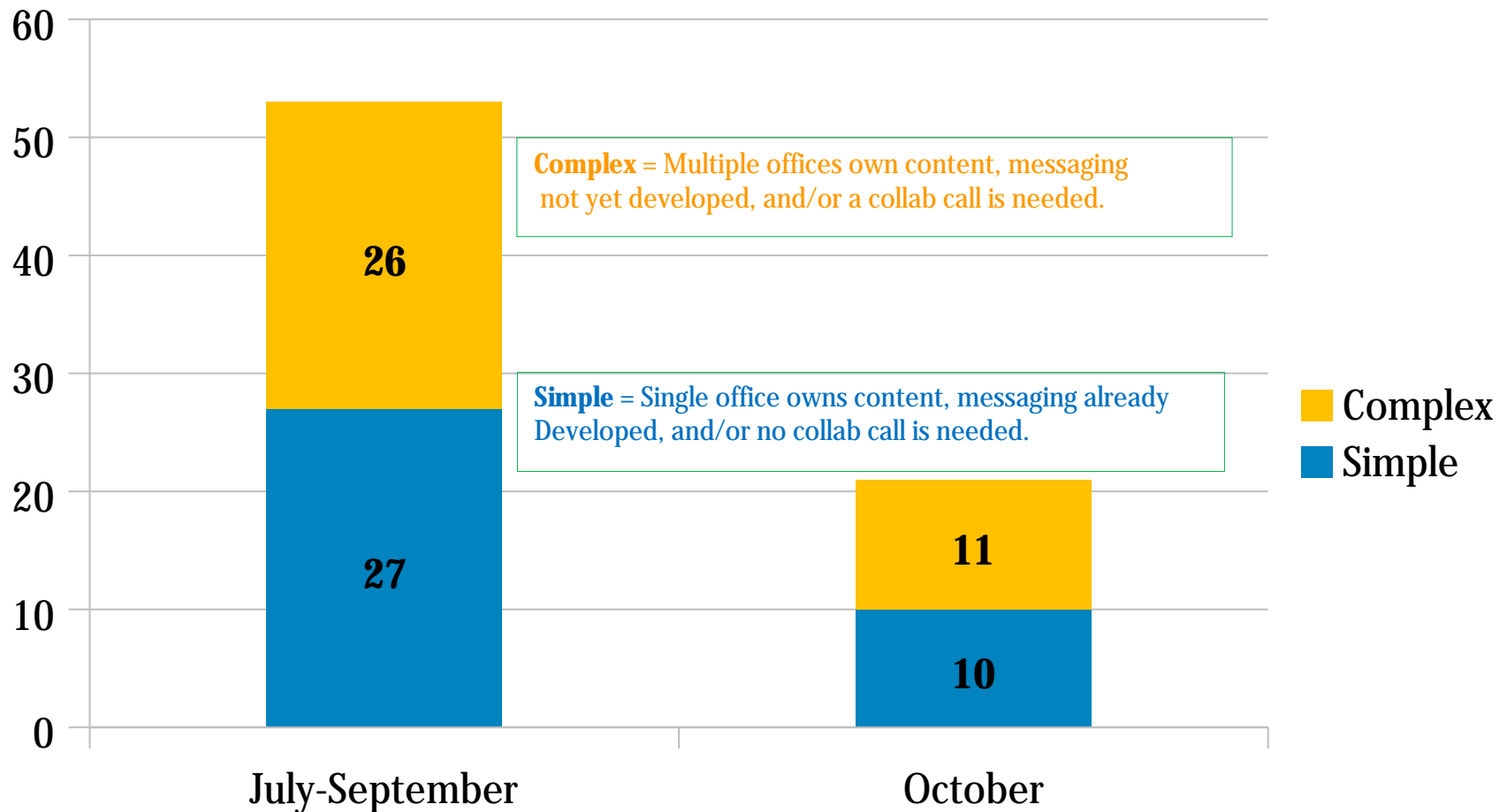
FYI

VIEWS letter for November 13, 2019 HVAC Health Hearing cleared OMB on November 2, 2018 with ExecSec for signature (two bills; hearing notice was very late; therefore, no opportunity was provided for a written testimony to be submitted).

Office of the Executive Secretary (EXECSEC)

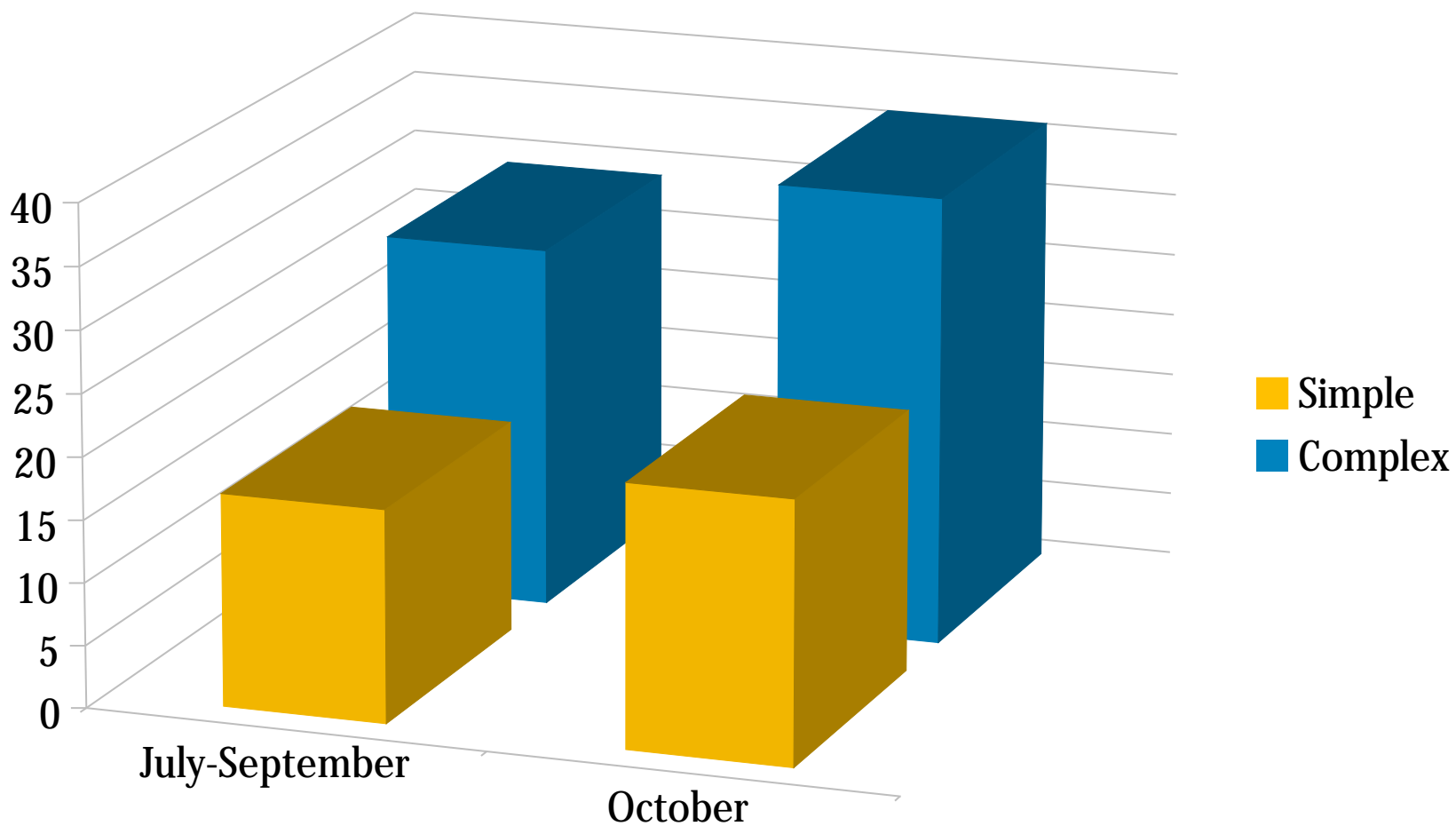
Congressional Responses Update

EXECSEC Congressional Responses Completed

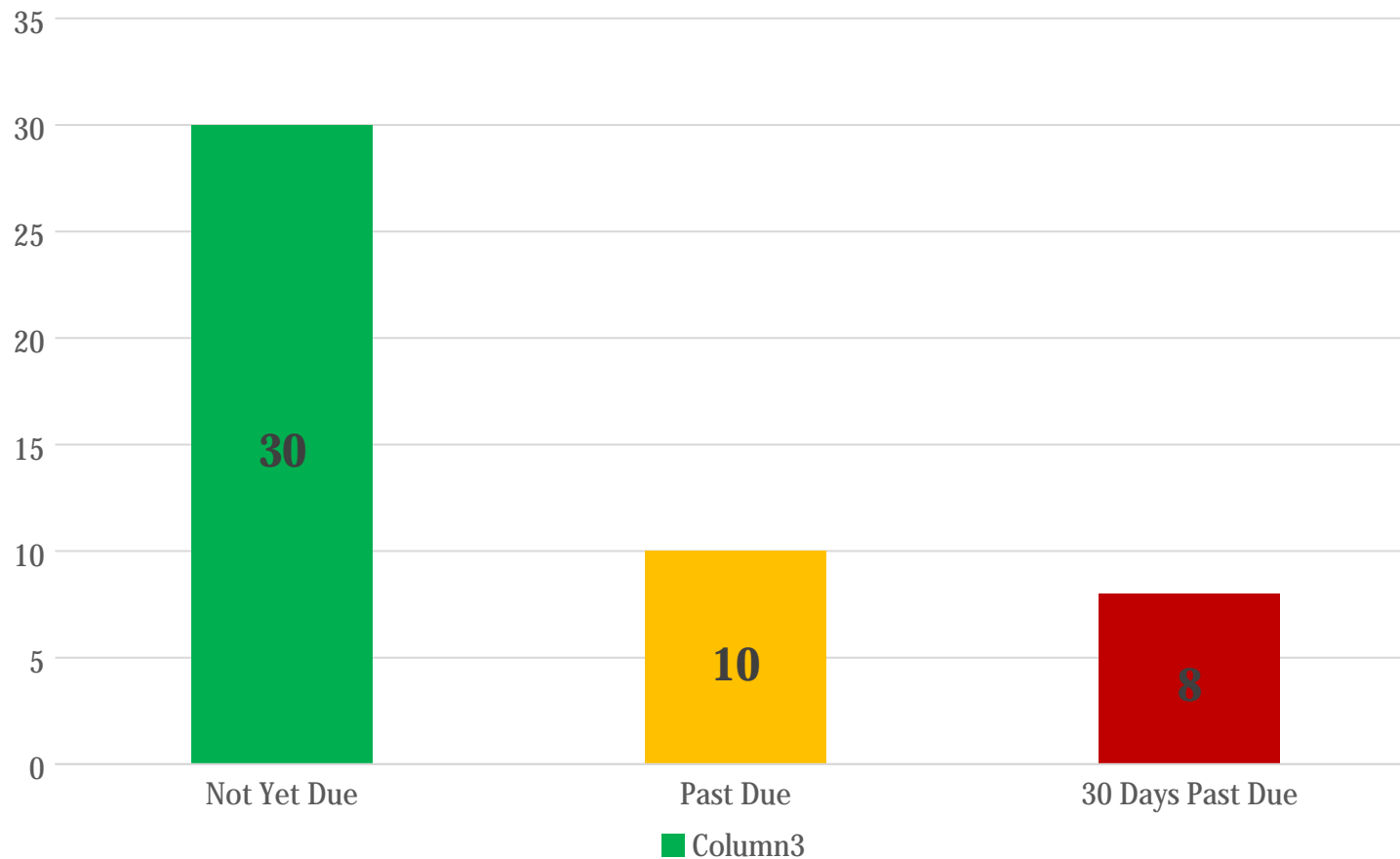


EXECSEC Congressional Responses - Average Days by Category

Average Days – Receipt to Signature Simple and Complex



EXECSEC Congressional Letters In-Work – As of November 9, 2018



CXO Updates

Chief Financial Officer

Overview

Purpose: Advise VA CFO on matters related to VA's overall financial management:

Collaborate to ensure financial priorities are consistent with VA's strategic goals and objectives.

Vet changes related to VA Financial Policy.

Last Session: November 1, 2018

New Focus: Deep Dive Sessions based on Council's preference

Updates

VA CFO Council Updates:

Deep Dive Topic: VA Reimbursables

Identified ways to improve overall accountability and timeliness of reimbursable funding agreements.

Realigned select reimbursements to Franchise Fund/BA.

Establishing Quarterly forum for customers/service providers.

Next Deep Dives:

VA Vacancies - HRSmart data

PIV Program Reimbursables

Chief Financial Officer

Primary Policies and Directives

Financial Policy Approvals: (five-year updates)
Volume I, Chapter 5 – Management Accountability and Responsibility for Internal Controls.
Volume II, Chapter 9 – Prior-Year Recovery.

Cancelled: VA's Travel Savings Award program
Implementation costs exceed travel saving benefits.
FY17: VA spent \$227M to save \$25K.

Risks

FY18 VA Financial Statement Audit:

End of Audit Meetings:
November 6, 2018 – Meeting with Clifton Larson Allen (CLA), OIG, and CFO stakeholders.
November 7, 2018 – Meeting with CLA, OIG, and SECVA.

Developing Corrective Action Plans (CAPs) for audit findings:
Initiating Financial Integrity Team (FIT) Program to support and lead proactive audit remediation.

Chief Information Officer

Overview

IT Governance Oversight Board (ITGB)-October 24, 2018

OIT Councils Supporting ITGB:

Program & Acquisition Review Council (PARC) met October 16, 2018.

Standards & Architecture Council (SAC) met October 22, 2018.

Organization & Workforce Council (OWC) met October 18, 2018.

Updates

IT Governance Oversight Board (ITGB) – October 24, 2018 (Next Meeting: December 2018):

PARC will research industry best practices and brief on incorporation of Cloud/Dev-Ops into the IT Governance Framework.

Analytics and Performance Management Committee (APMC) will develop specific CIO Governance Metrics for monthly review.

Standards and Architecture Council (SAC) – October 22, 2018:

Approved Enterprise Cybersecurity Strategy Program (ECSP) accountability plan for each Pillar.

Program and Acquisition Review Council (PARC) – October 16, 2018:

APMC to monitor major investments for risks, if risks are found, APMC will report to the Operations and Portfolio committee (OPMC) with recommendations for a TechSTAT Review. Budget, Planning and Acquisition Committee (BPAC) to perform an assessment of the Acquisition Review Module (ARM) threshold limits/ARM processes and provide recommendation on improving the tools acquisition tracking methods.

Chief Information Officer

Primary Policies and Directives

Key external policies guiding the Governance Oversight Board: Executive Order 13833: Enhancing the Effectiveness of Agency Chief Information Officers, FITARA, Clinger-Cohen Act of 1996, OMB Circular A-130, FISMA of 2014, Federal Managers' Financial Integrity Act (FMFIA), the Government Performance and Results Act Modernization Act of 2010 (GPRAMA), and National Institute of Standards and Technologies (NIST) Standards.

Working with OSP to address the Executive Order on Cyber Workforce.

Risks

Working through DoD/VA MedCOI MOU.
Working with VBA to address key issues on Colmery Act Sections Implementation.
Working to develop VHA's final 10 detailed business epics, which are delaying IT work on MISSION Act--three requirements are in progress. Working with OEI to accelerate Section 211 requirements.

Chief Acquisition Officer

Authority: Sec. 16A of the Office of Federal Procurement Policy (OFPP) Act, as amended, 41 U.S.C. 403, et seq.

Overview

Serves as principal interagency forum for monitoring and improving Federal acquisition system. Chaired by OMB's Deputy Director for Management; Vice-Chair selected by Council from among members; Members: Agency CAOs, Under Secretary of Defense for Acquisition, Logistics and Technology, and Senior Procurement Executives of each military department. The OFPP Administrator leads the Council on behalf of the Chair; administrative support is provided by GSA.

Meets every 3 months with ad hoc meetings as necessary.

Develops recommendations for the OMB Director on acquisition policies and requirements.

Assists the OFPP Administrator in identifying, developing and coordinating multi-agency improvement initiatives.

Furtheres integrity, fairness, competition, openness, and efficiency.

Appoints liaisons with Chief Information Officers Council, Chief Financial Officers Council, Human Resources Management Council, Small Business Procurement Advisory Council, and other councils or organizations, as appropriate.

Updates

Promotes effective business practices to ensure timely delivery of best value products & services and achieve public policy objectives.

Along with OPM, assesses and addresses hiring, training, and professional development needs of acquisition workforce.

Promotes President's Management Agenda in all aspects of acquisition system, as well as President's specific acquisition-related initiatives and policies.

Chief Acquisition Officer

Primary Policies and Directives

41 U.S.C.; codified in Federal Acquisition Regulation.

OMB Circular A-123, management's responsibility for Enterprise Risk Management and Internal Control.

Risks

Workforce attrition; aging workforce plus competition from commercial sector; mitigated by workforce investments.

Inefficient buying, effectively reduces federal capabilities; mitigated by application of "smart buying" best practices (a key Council focus).

Chief Acquisition Officer

Status of Recurring Reports to Key Stakeholders

Congressionally Mandated Reports

The two late CMRs represent Q3 and Q4 reports to Congress on Super Construction Projects. Q3 report awaits OM concurrence and Q4 awaits VHA and OM concurrences.

Q1 and Q2 were signed by SECVA on October 26, 2018.

GAO Priority Recommendations

GAO Report 17-70: VA CONSTRUCTION: Improved processes needed to monitor contract modifications, develop schedules, and estimate costs)

Per GAO: Recommendation #1 is closed as of October 10, 2018.

GAO Report 16-810: VA CONTRACTING: Improvements in policies and processes could yield cost savings and efficiency)

Currently being reviewed by GAO; awaiting GAO decision on OALC's closure request on recommendation #3.

Customer Experience Officer

CX Governance Board

Overview

Purpose: Hardwire insights and feedback from Veterans, their families, caregivers, and survivors into VA strategy and decision-making to inform and drive service recovery and performance improvement.

Participants:

Concurring Members – Under Secretaries, Chairman of Board, CVEO, CIO, and AS OPIA.

Consulted Members – All Assistant Secretaries

Board meet quarterly; Councils reporting to Board meet monthly.

Decision making process: Consensus – elevated to DEPSEC.

Elevation criteria: *Still under development.*

How decisions are communicated: *Still under development.*

Process to monitor implementation: Review of progress made by Councils reporting to Board.

Updates

Implementation of Secretary's Customer Service Policy.

Standing up Veterans Insight Council and expanding data reported to ensure enterprise decisions are powered by Veteran Signals.

Supports cross-cutting, Enterprise issues in alignment with PMA and A-11 such as Digital Modernization, Enterprise Contact Center standards and operations, Enterprise Outreach Strategy, and Service Recovery.

Pursuing Enterprise models of operations that are based in the VEO CX Framework and consistent with industry best practices.

Customer Experience Officer

CX Governance Board

Primary Policies and Directives

VA Customer Service Experience (CX) Policy was published August 22, 2018. Currently exploring the need for policies and directives in:

Digital domain requirements

Outreach

Service Recovery

Authoritative Data Sources with the Data Governance Council

Exploring opportunities to influence existing policies and directives with CX best practices.

Risks

CX Governance Board is planning the first meeting in early 2019:

Participation and support from concurrence members required to tackle difficult Enterprise decisions.

Timely establishment of the Veteran Insight Council:

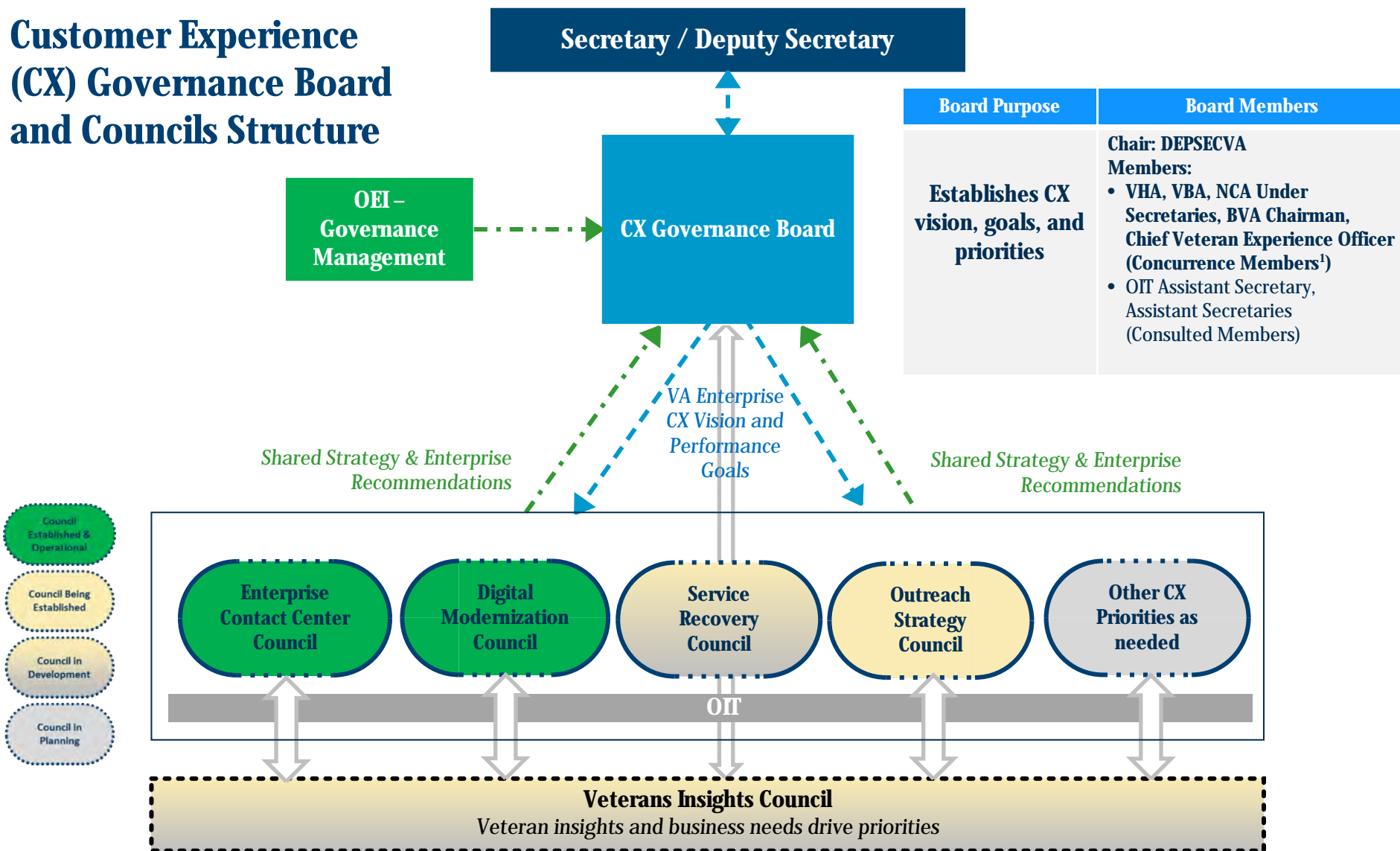
Support is needed in consolidating data stream inputs across the Enterprise to facilitate better decision-making.

IT UFR in FY19 Contact Center Modernization:

OIT will address the FY19 UFR.

Customer Experience Officer

Customer Experience (CX) Governance Board and Councils Structure



Chief Human Capital Officer

CHCOC

(Chief Human Capital
Officers Council)

Upcoming Events

Deputy CHCO Meeting (November 13, 2018)

Full Council Meeting (December 4, 2018)

Employee Engagement

President's Management Agenda

Priority Goal 3: Improve Performance Management and Engagement
20-20-20 Mandate (bottom 20% of the lowest scoring, level work units
by component/bureau)

Report Due November 15, 2018

Training Leaders

Upcoming Meeting

Next Meeting scheduled for December 5, 2018

No significant issues to report

DIVAC

(Diversity and Inclusion in
VA Council)

Membership Updates

Currently updating membership (VIEWS 117563)

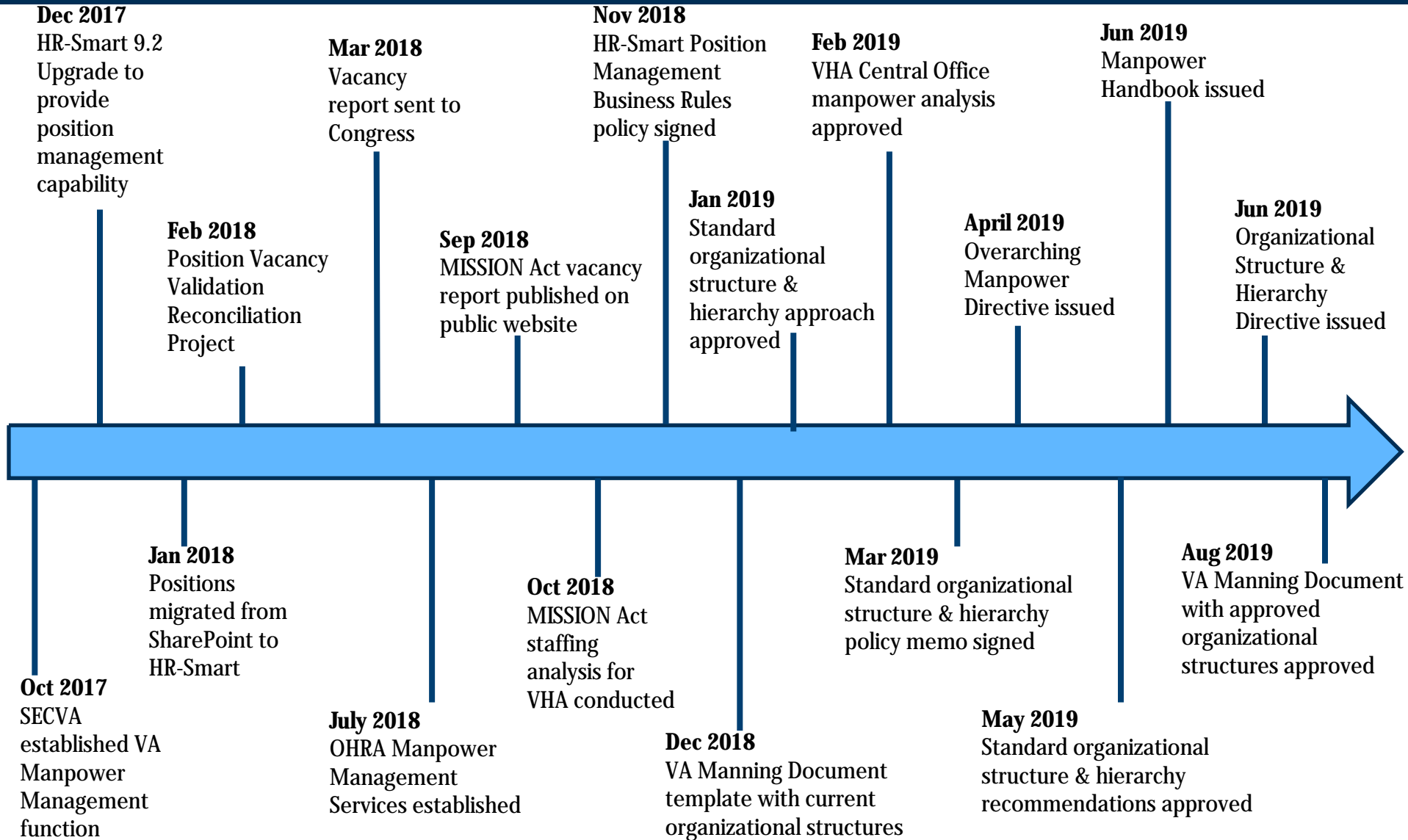
Next DIVAC Meeting scheduled for January 16, 2019

Management Deep Dives

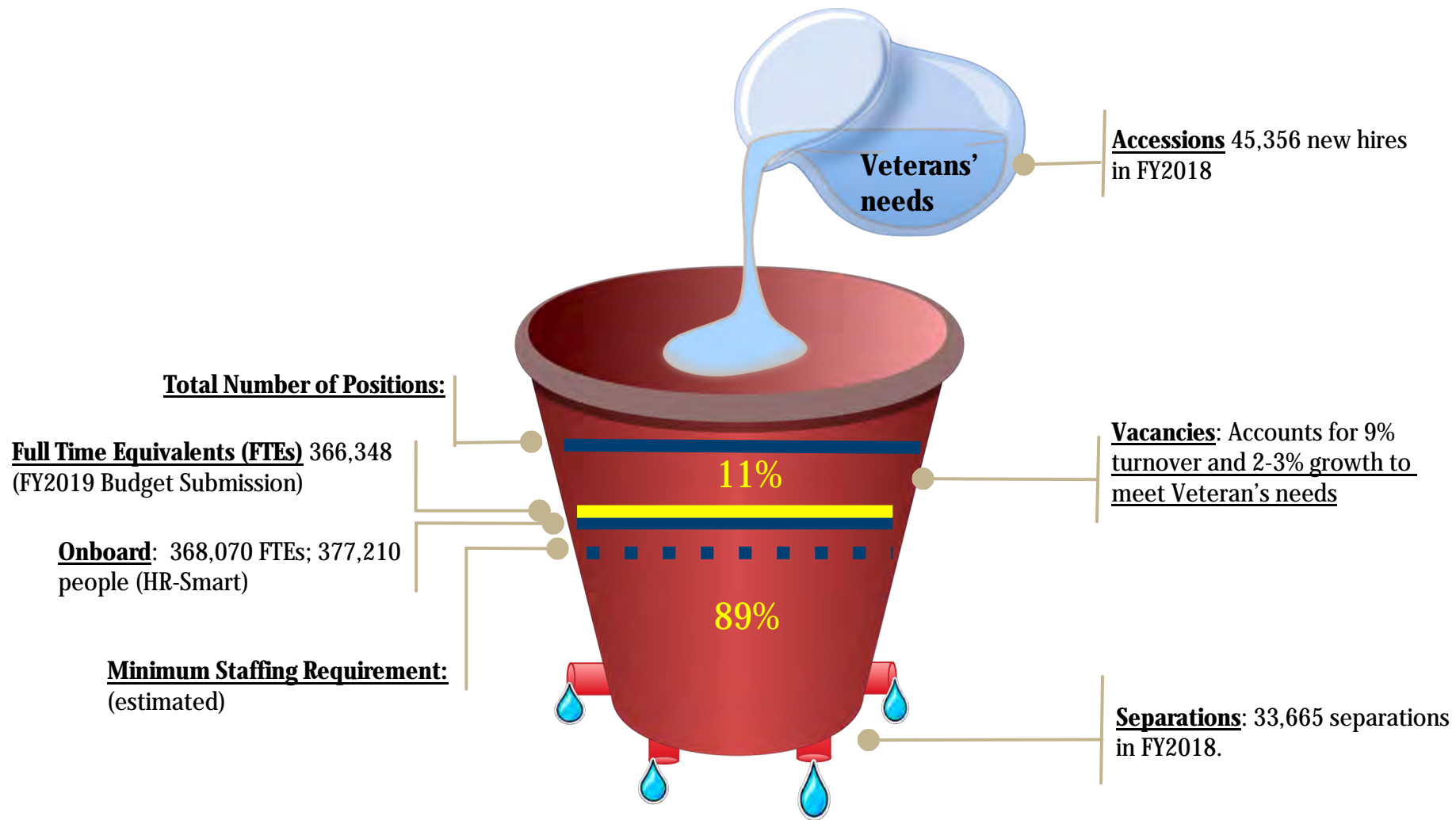
Human Resources and

Manpower Standards and Approach & Approach to Calculating Current Vacancies

Timeline to Manning Document



Flow of FTEs and Positions



Office of Accountability and Whistleblower Protection (OAWP) Policies and Operations

OAWP Metrics: Bottom Line Up Front (BLUF)

OAWP defines and manages work from a transactional process perspective.

- What:
 - Track work from receipt through resolution
 - Capture key hand-off's and milestones
- Why:
 - Provides staff and leadership a platform to discuss progress and growth in cases, FTE capacity, emerging trends or themes in submissions or case work
 - Enables constructive dialog around risks and issues as they arise – mitigate surprises

Key Performance Measures Include:

- Count Data: Incoming work, work processed; by type, by time period, by source, etc.
- Duration Data: Measure time in days between key events

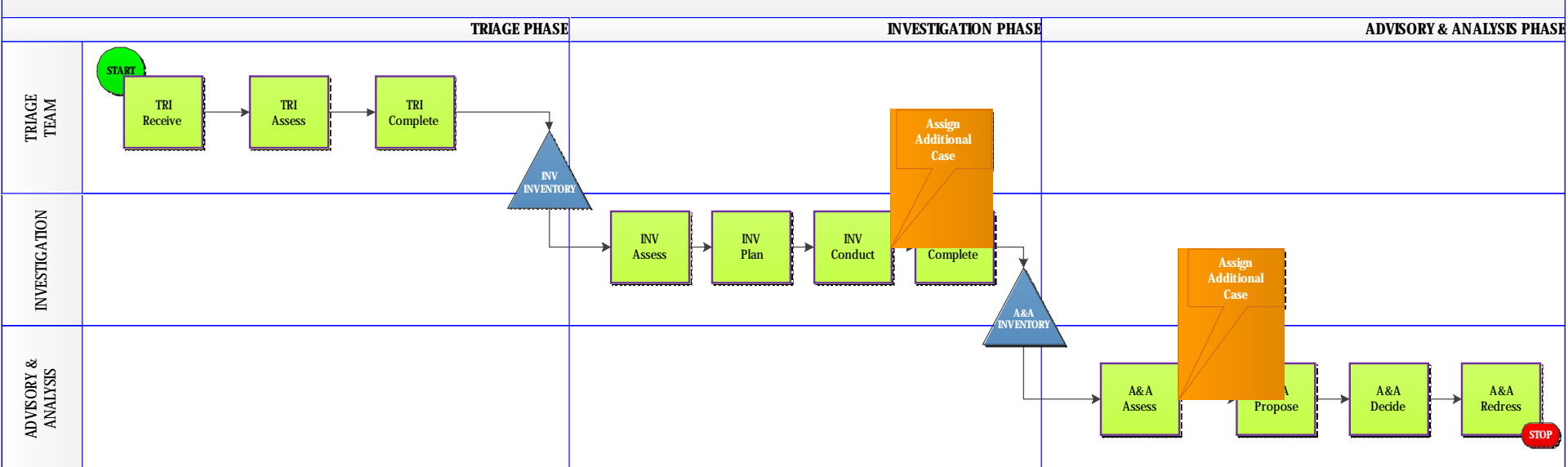
What's Next?

- Prepare Duration analysis
 - Process, policy and technology changes over time affect statistical relevance over time
 - Analyze data to identify statistically significant sub-populations of data in order to produce actionable duration analysis
- Use statistical control charts to assess process performance over time – in control or not? Differentiate between process noise and actual trends
- Assess repeatable performance and predict where process issues may arise

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



Map: Illustrates the high-level process for handling investigations and other matters within OAWP

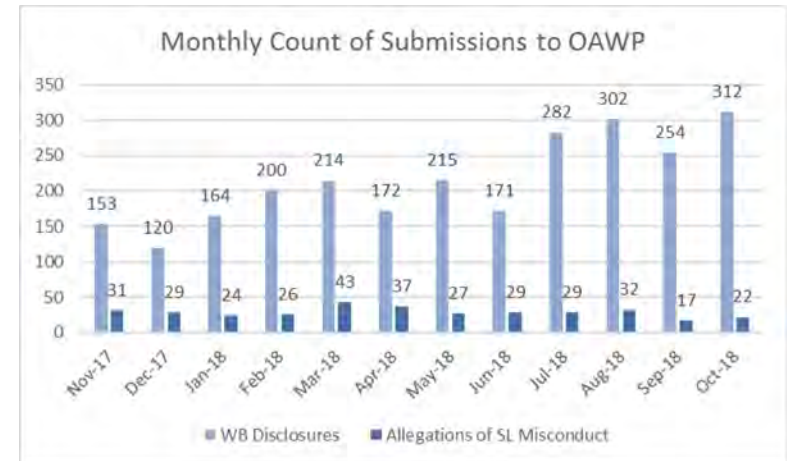
Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ ” indicates where time stamps are taken to enable duration analysis

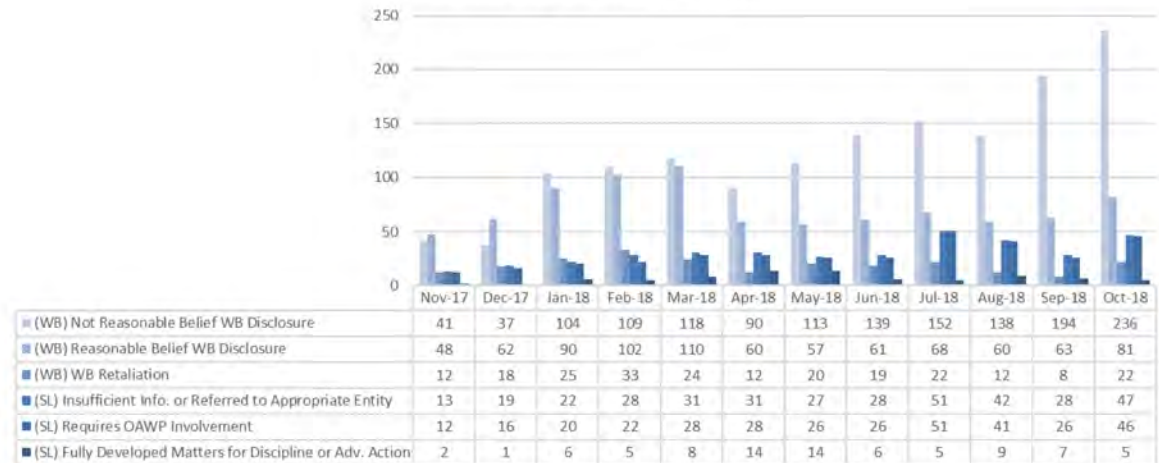
Count & Disposition of Submissions

WHAT: Count and Disposition of Submissions to OAWP

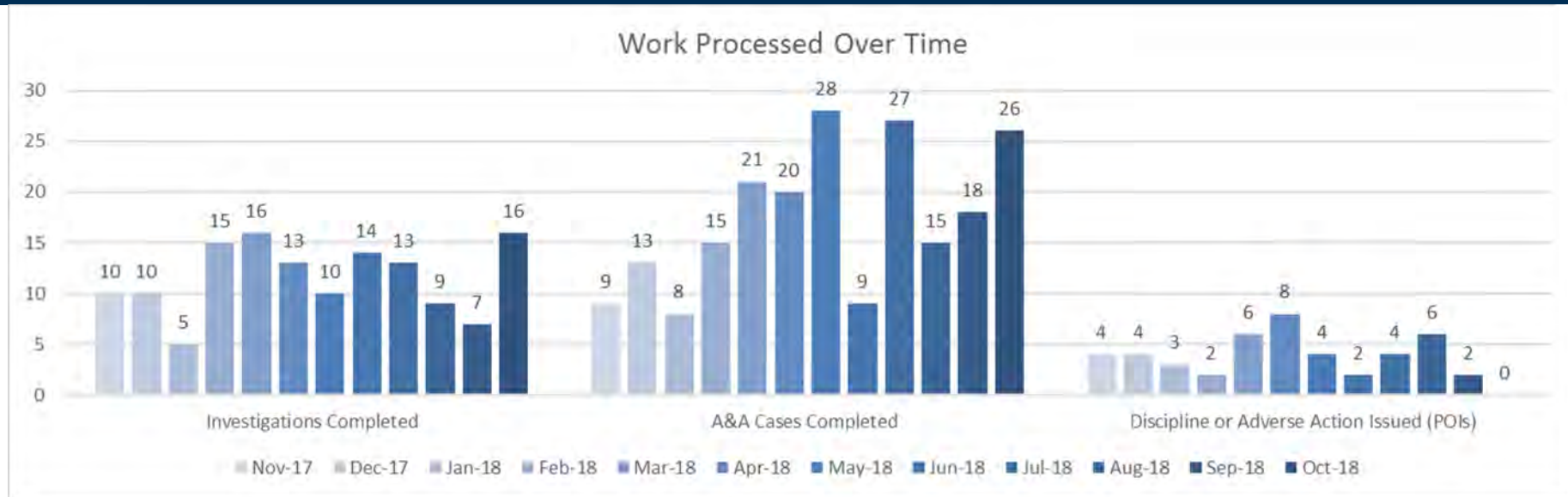
SO WHAT: Volume continues to grow across submission types



Disposition of Triaged Submissions

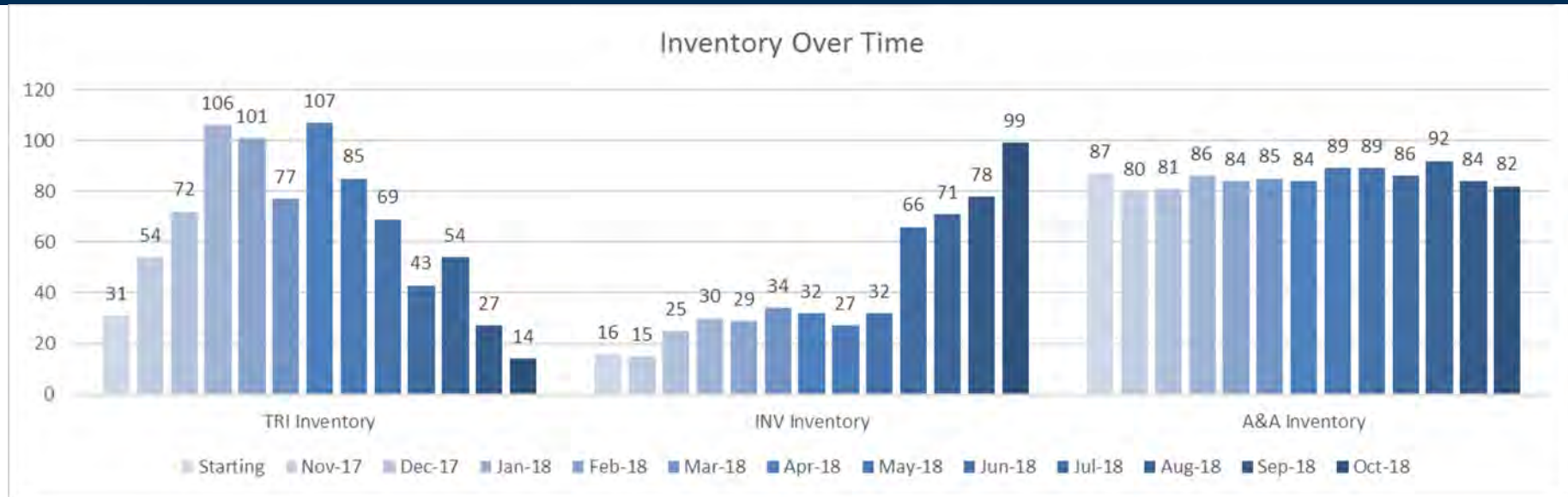


Count of Work Processed



- Concept for Illustration

Count of Inventory



NOTE: Concept for Illustration – data being refined for noise created by process changes during the period.

OAWP Emerging Policy & Process

OAWP Policy

Currently implementing directly from PL 115-41 and SecVA delegation February 2018

Revised SecVA delegation pending

- Adds “All GS-15 employees” to scope per SecVA testimony

- Delegates to AS, AWP authority to make determination of WB retaliation under 38 U.S.C. Section 731

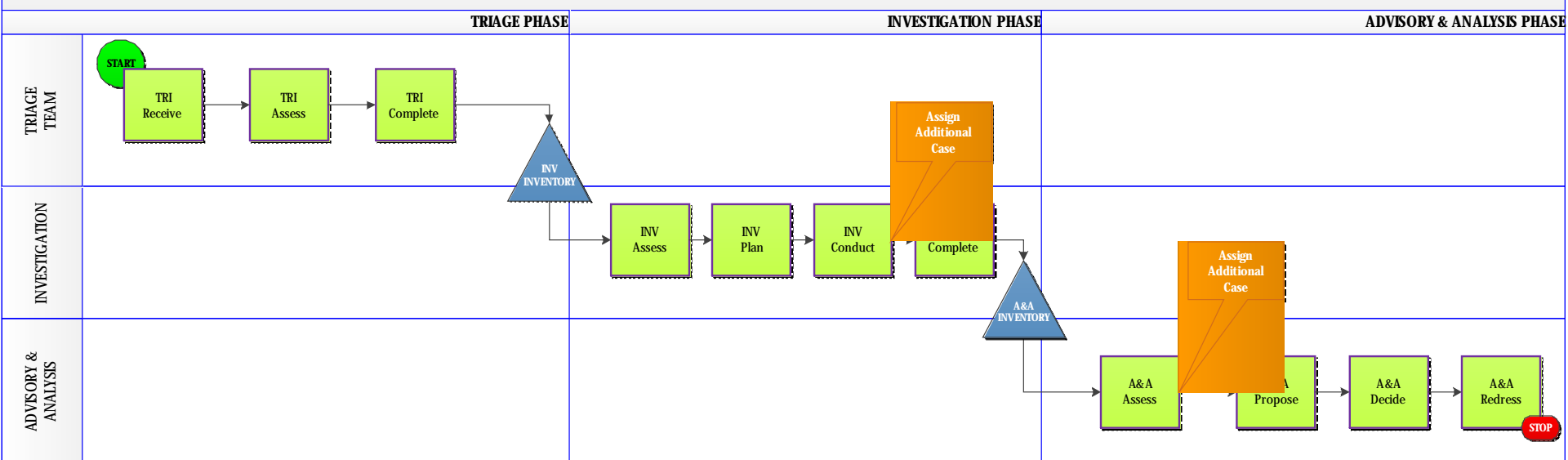
- Clarifies delegation of all items from 38 U.S.C. Section 323 to Executive Director, OAWP until AS appointed

OAWP Directive drafted, pending internal OAWP review/concurrence

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



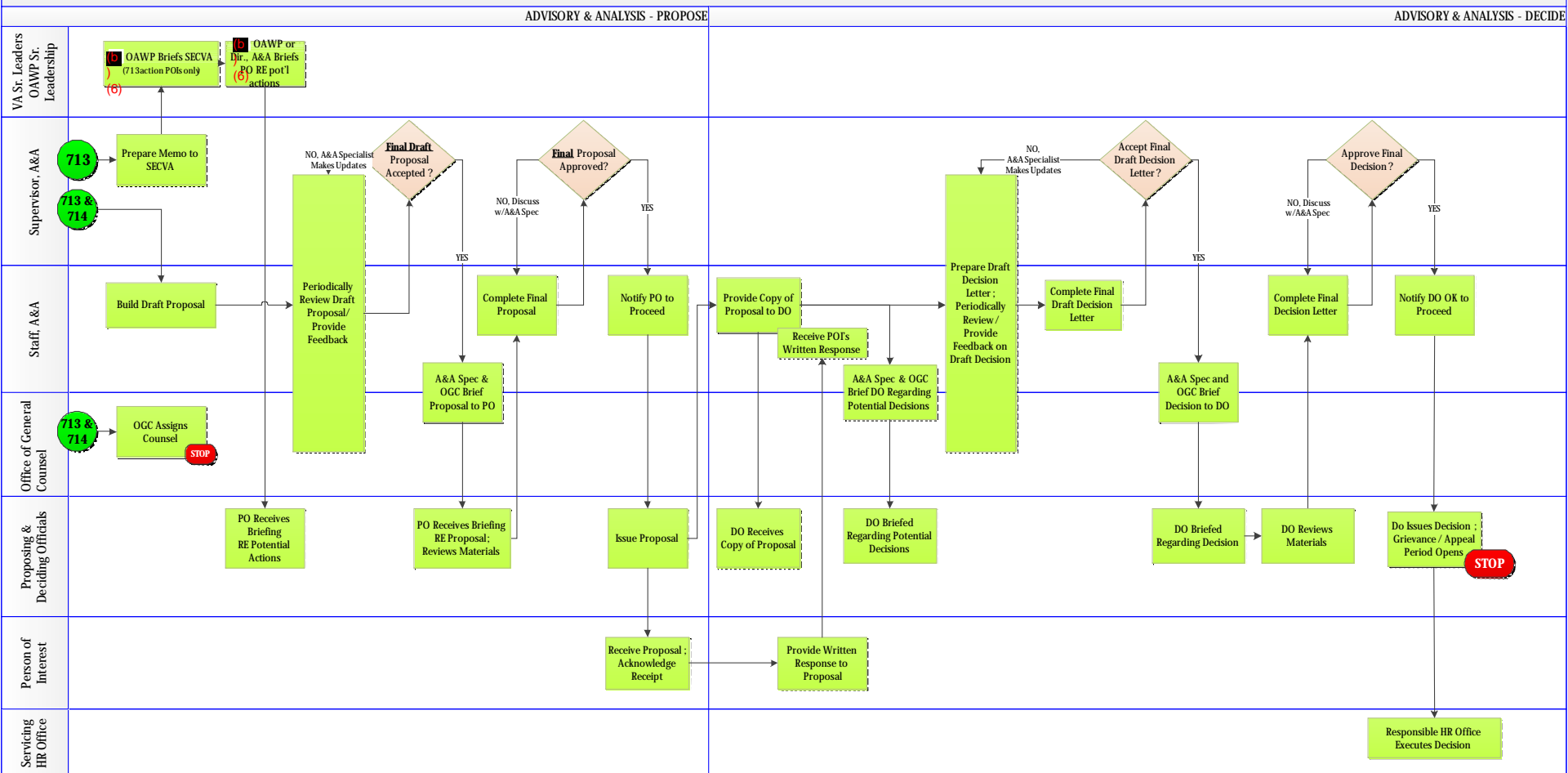
Map: Illustrates the high-level process for handling investigations and other matters within OAWP

Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ indicates where time stamps are taken to enable duration analysis

Process: Propose-Decide

OAWP Process Map: **ADVISORY & ANALYSIS - PROPOSE**
DATE OF MOST RECENT UPDATE 09 OCT 18



- Several hand-off's and review points slow progress
- Joint steps can be difficult to coordinate (e.g., briefings to PO, DO)

Work In Process (WIP)

OAWP High-level Process Summary with FY18 Summary Data Data As Of: 06 NOV 18

FY18 Data:

97: Average Days (Straight to A&A)
165: Average Days (OAWP In-Person Investigation)
176: Average Days (OAWP Virtual Investigation)
96: Average Days (External Investigation)

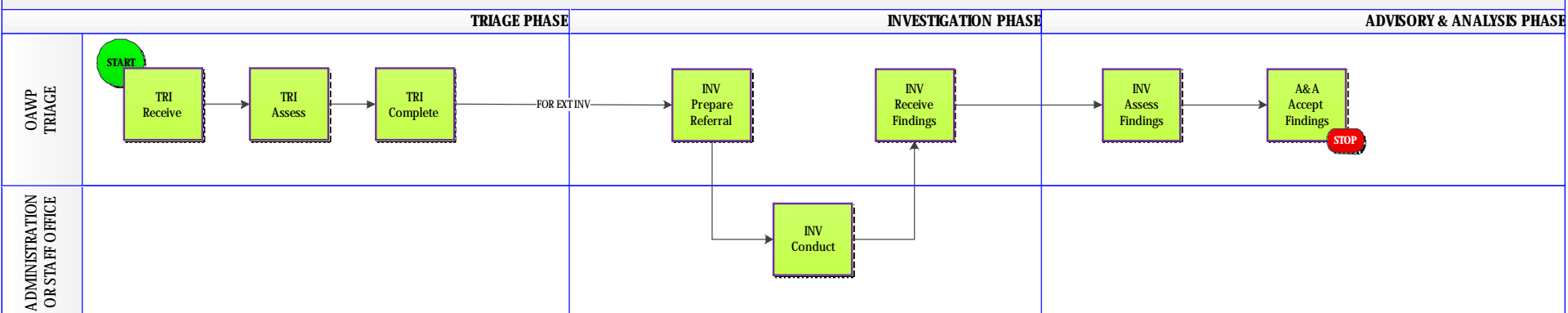
	TRIAGE	INVESTIGATION	ADVISORY & ANALYSIS
Work In Process (WIP)	351: Submissions in Triage (Open & On-Hold Items)	81: Matters in OAWP Investigation Inventory 83: Matters Being Investigated by OAWP 213: Matters Currently Referred to Another Entity for Investigation	1: Matters in OAWP Advisory & Analysis Inventory 53: Matters Being Assessed 38: POIs Being Assessed Disciplinary or Adverse Action
Work Completed Period FY18 Q4	854: Submissions Received 692: Submissions Triaged	99: Matters for OAWP Investigation 29: Investigations Completed by OAWP * 90: Matters Referred to Another Entity for WB Investigation 100: WB Investigations Completed by Another Entity * <i>*Some investigations completed in the period started prior to the period.</i>	49: Matters for OAWP A&A Assessment (includes "Straight to A & A" matters) 60: Matters Assessed for Potential Disciplinary or Adverse Action 14: Matters Resulted in an Action Recommendation for one or more POIs 20: POIs with Discipline or Adverse Action Recommended XX: POIs with Discipline of Adverse Action Issued 116: Referred Matters with Findings Accepted by OAWP
Durations Period FY18	NA: Average Days in Inventory 48: Average Days to Complete (SL Misconduct) 21: Average Days to Complete (WB Disclosures)	19: Average Days in Inventory (OAWP Investigations) 79: Average Days to Complete (OAWP Investigations) 87: Average Days to Complete (Investigations referred outside of OAWP) <i>*Some investigations completed in the period started prior to the period.</i>	16: Average Days in Inventory (Straight to A&A) 13: Average Days in Inventory (OAWP Investigation) 34: Average Days to Complete "Assess" (Straight to A&A + OAWP Investigation) 70: Average Days "Assess Complete" to "Discipline Issued" (Straight to A&A + OAWP Investigation)
OAWP Capacity	FTE: 19 Triage Specialists (authorized 20) Capacity (point in time): * TBD/ specialist (Standard) (being assessed now) * TBD/ specialist (Standard) (being assessed now)	FTE: 27 Investigators/ HR Specialists Capacity (point in time; across Assess-Plan-Conduct): * 2-3 cases/ investigator (Standard) * 4-5 cases/ investigator (Surge) (for limited time or complexity) * 54-81 cases/ OAWP (Standard)	FTE: 10 HR Specialists Capacity (point in time): * 2 cases/ specialist (Standard) (each case may have one or more POIs) * 4 cases/ specialist (Surge) (each case may have one or more POIs) * 20 cases/ OAWP (Standard)

- Investigations Inventory is growing quickly due to policy change to direct all retaliation investigations to OAWP investigators

Process: Admin/Staff Office-led Investigations

OAWP Summary Process & Metrics Map: EXTERNAL INVESTIGATIONS(WB Disclosures for Administration or Staff Office Investigation)

DATE OF MOST RECENT UPDATE 09 OCT 18



All disclosures submitted to OAWP are assessed

Reasonable belief matters are referred for investigation (either to OAWP investigators or respective Admin/ Staff Office); OAWP receives findings and assesses outcomes

Some submissions are not WB related, and are referred to the appropriate Admin/Staff Office for review and response directly to the disclosing party (e.g., safety concerns, Veteran or family member inquiries, etc.)

IT UFR Process and Current Integrated Priority List

Unfunded Requirement (UFR) Process

UFR Process

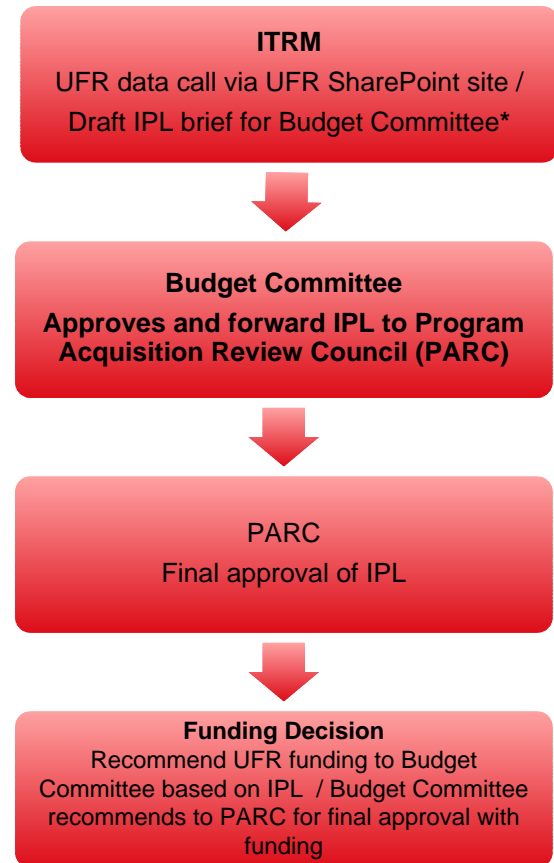
Series of actions which identifies unfunded projects, to be executable in the current fiscal year, that could be supported if funding becomes available.

Objective of the UFR Process: To create an Integrated Priority List (IPL) of UFRs.

Implementation of UFR Process: OIT Chief Financial Officer (CFO) determines there are sufficient funds to support additional projects that were not originally included in the Budget Operating Plan.

Outcome of the UFR Process: An unfunded IPL that is vetted and approved via the UFR Prioritization Working Group and OIT governance structure resulting in a funding decision (see IPL Process).

Unfunded Integrated Priority List (IPL) Process



**For FY19: Initial data call to submit UFRs will occur in Q1 (or as soon as policy is approved) for the upcoming Fiscal Year*

VA Operational Planning Office of Enterprise Integration

VA Operational Planning & Governance

Problem Statement: VA is currently unable to understand, measure, or manage successful achievement of the SECVA Priorities or effectively respond to emerging external requirements.

Objective: Leverage the Emerging Governance Structure and Processes to:

- Establish Planning Standards for VA Programs and Initiatives

- Document Intended Outcomes

- Create Measurable Objectives

- Enable Performance Improvement

- Drive Accountability

OEI's role:

- Establish Program Planning Standards

- Coordinate support for Programs and Initiatives

- Support identification and resolution of critical needs and/or operational issues

- Address systemic management and execution issues

- Support leaders in effectively managing their Programs and Initiatives

Intended Outcome:

- Create greater transparency for VA senior leadership regarding progress against achieving SECVA Priorities.

- Enhanced execution of Programs and Initiatives by surfacing and resolving issues impeding progress.

FY19 Operational Plans Candidates (1 of 2)

VHA

Mission Act

Community Care consolidation
Telehealth expansion
Caregiver compensation expansion
Assessment of Infrastructure and Resources

Mental Health

Filling MCOs for Mental Health
Implementing National Suicide Prevention EO

VHA Modernization

Supply Chain (Business Transformation)

Modernizing VHA supply chain*

VHA (cont)

Geographically Underserved Populations
Infrastructure gaps
Providing Healthcare
Mental Healthcare

VBA

Forever GI Bill*

Office of Transition and Economic Development milestones

BVA

Appeals Modernization*

NCA

Assumption of Veteran Cemeteries from DoD

* OEI will consolidate existing plans into Plan Format

FY19 Operational Plans Candidates (2 of 2)

OEI & OIT

Business requirements integration

Data integration

OIT

Interoperability of VA between Commercial
Care Provider IT Systems

OHRM

Manpower plan

Filling Mission Critical Occupations (MCOs)

EHRM

Execution plan

OAWP

Holding Executive leadership accountable

Establishment of roles and functions between
OWAP, Internal Controls, OGC, OIG

OM

Stop Fraud, Waste, and Abuse*

OALC

TBD (Business Transformation)

VEO

Veteran Experience Strategy implementation

Woman Veteran Equities

Providing Healthcare

Ending Homelessness

Improving Employment

Providing Mental Healthcare

* OEI will consolidate existing plans into common plan format

Operational Plan - Essential Elements of Information

Organizational or Program Mission

Vision Statement

Program Owner & Program Organizational Structure

Program/Initiative Objectives and measurable outcome targets

- Schedule (activities sequenced) and Milestones

- Customer Service Improvement Elements/Targets

- Performance Measures (baseline, goals, and stretch goals)

Resources

- Staffing Plan (Gov't FTE)

- Contract Support Requirements

- IT Requirements

- Acquisition Strategy

- Resource Gaps (if applicable) and impact on Performance Measures

- Dependencies

Risks/Issues & Mitigation Strategies

VA Operational Planning Model

Action	SECVA/ DEPSEC/ COSVA	Plan Owners	Staff Offices (Enabling Support)	Governance Board	Office of Enterprise Integration
Planning Standards				VAOB	✓
Program/Initiative Selection & Annual Objectives Refresh	✓			VAEB	
Operational Plan Development		✓	✓	VAOB	
Quality Assurance				VAOB	✓
Operational Plan Execution		✓	✓	VAOB	
Performance Management & Oversight				VAEB (Quarterly) VAOB (Monthly)	✓
Issue Resolution	✓			VAEB	

Back Up Slides

Enterprise Governance Bodies

Chair

SECVA

SECVA Stand-up (Meets Daily)

- Brief SECVA on key daily issues

Management Synchronization Meeting (Meets Weekly)

- Major near-term (30-day) milestones
Key issues and immediate Secretary decisions

VA Executive Board (VAEB) (Meets quarterly or as needed)

- VA strategy, policy, major investments

Under Secretaries Meeting (Meets Weekly)

- Execution priorities and strategic planning

VA Operations Board (Meets Bi-Monthly)

- Reviews budget execution, operations and performance; OIG/GAO high risk and issue management

Modernization Board (Meets Monthly (or as needed))

- Reviews performance and execution of VA Modernization initiatives/priorities & reform efforts

Mission Act Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

EHRM Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

President's Management Council* (Meets Quarterly)

- Oversees implementation of government-wide management policies/programs

Joint Executive Committee* (Meets Quarterly)

- Recommends strategic direction for the joint VA/DOD coordination/sharing
- Co-chaired by SECVA semi-annually
- Bi-monthly touchpoints with DOD

COSVA

Chief of Staff Council Meeting (Meets Weekly)

Manages execution of decisions made from other boards

AS/US/ Exec. Dir

Administration Governance
Bodies

CXO Governance Bodies

Strategic

Execution

Synchronization

*External Cross-Government bodies managed by the DEPSECVA

OGC POCs

Financial Management Business Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

The FMBT program (the purpose of which is to modernize the VA's legacy Financial Management System) was originally a procurement being administered by the United States Department of Agriculture (USDA) as a shared service, but USDA in December 2017 notified VA that it would no longer be the Federal Shared Service provider and VA was required to take over administration of all USDA awarded task orders. Accordingly, OGC has to provide guidance on transferring software licenses, terminating certain software licenses, acquiring new software licensing, modifying contracts, and awarding four new contracts (the awarded contracts ranged from \$12 million to \$750 million) in a compressed period of time in order to ensure the FMBT program continued without interruption.

Secondarily, involved through contracts supporting supply chain management objectives including the JEC, Joint Executive Counsel a DoD/ VA committee to support collaboration in efforts to provide medical care and share resources, routinely releases objectives requiring support from both PrLG. Most recent FY17/18 was the use of "ECat" a DoD interface which allows for an assisted acquisition to DoD.

Revenue Law Group SMEs: (b) (6) and (b) (6)

Supply Chain Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG)

Involved via procurement of follow on contract for commodities Medical Surgical Prime Vendor. PrLG has supported this effort over the last decade, and since FY16 also supported the NexGen approach and the 2.0. Currently working with OAL and VHA leadership and acquisitions to identify sources and coordination of efforts. Multiple inquiries by HVAC and SVAC as well as industry. Some litigation regarding the execution was resolved in September (Electra-Med matter).

Telehealth

Health Care Law Group SME: (b) (6) (this issue also involves the Personnel Law Group)

- Provided technical assistance for MISSION Act legislation
- Reviewed regulation that preceded MISSION Act legislation
- Addressing questions concerning prescribing of controlled substances
- Providing guidance on legal questions presented by program

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

Review of the contracts underlying the COTs and cloud services to ensure that execution of the project. Our office worked in FY16/17 to ensure that all items on contract were in scope. As an IDIQ additional work will be needed over the contract life cycle.

Information Law Group SME: (b) (6)
data governance and security issues.

Personnel Law Group SME: (b) (6) with (b) (6) and (b) (6)

assisted in developing regulations and working w VHA on anywhere-to-anywhere initiative (allowing VA providers who are not providing telehealth to allow them to provide services anywhere as long as its within their scope of practice).

OGC POCs

STOP Fraud, Waste and Abuse

Health Care Law Group SME: (b) (6) (Medicare data)

Participating in discussions about how this information may be used in future community care program.

(b) (6) -Participated in a discussion with ILG concerning current ability to use information from CMS.

Procurement Law Group SME: Bob Fleck and (b) (6)

Involved through Federal Acquisition Regulation (FAR) requirements (3 and 9.4) for procurement integrity as well as avoidance of conflict of interest.

This includes work of attorneys in specific contract matters as well as our Debarment and Suspension support.

Personnel Law Group SME: (b) (6)

advised on whether they can hire investigators (yes) and advising on follow-up issues on info sharing related to investigator findings.

Navigator Customer Experience

Not available

HR Modernization

Personnel Law Group SME: (b) (6)

met with them back in January but haven't heard anything from them since.

Appeals Modernization

Benefits Law Group SME: (b) (6)

Has worked closely with BVA and multiple VBA program offices to implement the Appeals Modernization Act.

Assisted in coordinating and reconciling inputs from multiple offices into a comprehensive proposed rule adding or revising more than 150 CFR sections.

Assisted VBA and BVA in implementing pilot programs to test aspects of the modernized appeals system.

Assisting in analyzing comments on proposed rule, developing responses for final rule notice.

Health Care Law Group – Lead SME: (b) (6) (HCLG has other SME's working with particular VHA Programs)

Working with VHA to help them understand requirements of the Appeals Modernization Act and how that will impact individual programs.

Working with VHA programs on developing templates for notices of decisions.

Working with VHA to develop interim final rule.

OGC POCs

Forever GI Bill

Benefits Law Group SME: (b) (6)

Provided Education Service advice regarding statutory interpretation.

Has been reviewing Education Service's preliminary drafts of the proposed rulemaking.

Procurement Law Group SMEs: Bob Fleck and (b) (6)

PrLG has supported VBA in revising the contracts supporting these programs. We have also advised regarding endorsements.

Mental Health Joint Action Plan

Health Care Law Group SMEs: (b) (6)

Providing legal guidance on VA's authorities to provide treatment

Providing legal review of materials developed for the initiative

Electronic Health Record Modernization (EHRM)

Procurement Law Group SMEs: Bob Fleck and (b) (6)

OGC was heavily involved in crafting the public interest determination and findings (D&F) the allowed a sole-source firm-fixed-price approximately \$10 Billion, Indefinite Delivery/Indefinite Quantity (ID/IQ) contract to Cerner to acquire the EHR system being deployed by the Department of Defense (DoD) and related services for deployment and transition across the VA enterprise in a manner that meets VA needs enabling seamless healthcare to Veterans and qualified beneficiaries. OGC was instrumental in supporting this award throughout all aspects of the program, from the pre-award contract negotiation, contract and multiple task order awards, and successful defense of bid protest challenges at the Agency and Federal Court level.

Personnel Law Group SMEs: (b) (6) and (b) (6)

hiring staff as T38 providers and helped draft legislation to accomplish this and advised on interim process with dotted line authority to allow T38 pay retention.

MISSION Act

Health Care Law Group SME's:

Community Care – (b) (6)

Caregivers – (b) (6)

Providing legal guidance on MISSION Act provisions to facilitate decision-making

Assisting in the drafting and development of necessary regulations implementing the law

Legal review of regulations

Personnel Law Group SME: (b) (6) and (b) (6)

podiatrist pay to ensure its similar to physician pay (b) (6) also advising on education programs (b) (6)

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Office of Budget				
Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Encouraging Public-Private Partnerships - 1st Q tr.	CFM	1/16/2018	1/30/2018	
National Outreach and Awareness Marketing Campaign - 1st Q tr.	OPIA	1/16/2018	1/30/2018	
Small, minority-and women-owned businesses - 1st Q tr.	OSVA	1/16/2018	1/30/2018	
Quarterly reporting - Major Construction - 1st Q tr.	OALC/CFM	1/16/2018	1/30/2018	
Appointment scheduling system	OIT	4/9/2018	4/23/2018	
Veterans data protection	OIT	4/9/2018	4/23/2018	
Spending plan	VHA	4/9/2018	4/23/2018	
Encouraging Public-Private Partnerships - 2nd Q tr.	CFM	4/16/2018	4/30/2018	
National Outreach and Awareness Marketing Campaign - 2nd Q tr.	OPIA	4/16/2018	4/30/2018	
Small, minority-and women-owned businesses - 2nd Q tr.	OSVA	4/16/2018	4/30/2018	
Quarterly reporting - Major Construction - 2nd Q tr.	OALC/CFM	4/16/2018	4/30/2018	
Central office responsiveness	OCLA	4/16/2018	4/30/2018	
West Los Angeles, California seismic corrections	CFM/OAEM	5/9/2018	5/23/2018	
Bakersfield outpatient clinic	CFM	5/9/2018	5/23/2018	
White House Veterans Complaint Hotline	VEO	5/9/2018	5/23/2018	
Hiring delays	VHA	5/9/2018	5/23/2018	
Kingdomware Decision	OIT	5/9/2018	5/23/2018	
Cybersecurity	OIT	5/9/2018	5/23/2018	
Rare cancers	VHA	6/8/2018	6/22/2018	
Improving Federal Burn Pits Registry	VHA	6/8/2018	6/22/2018	
Women's access to medical services	CFM	6/8/2018	6/22/2018	
Delayed provider payments	VHA	6/8/2018	6/22/2018	
Bakersfield outpatient clinic	CFM	7/9/2018	7/23/2018	
Financial Management and Health Care Delivery	VHA	7/9/2018	7/23/2018	
Mental health services training for community providers	VHA	7/9/2018	7/23/2018	
Position vacancies	VHA	7/9/2018	7/23/2018	
Rural caregivers	VHA	7/9/2018	7/23/2018	
Encouraging Public-Private Partnerships - 3rd Q tr.	CFM	7/16/2018	7/30/2018	
Long-Term Care - 3rd Q tr.	VHA	7/16/2018	7/30/2018	
Central office responsiveness - 3rd Q tr.	OCLA	7/16/2018	7/30/2018	
National Outreach and Awareness Marketing Campaign - 3rd Q tr.	OPIA	7/16/2018	7/30/2018	
Small, minority-and women-owned businesses - 3rd Q tr.	OSVA	7/16/2018	7/30/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Quarterly reporting - Major Construction -3rd Q tr.	O A L C / C F M	7/16/2018	7/30/2018	
High-cost areas	V H A	9/7/2018	9/21/2018	
Women's health	V H A	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	V H A	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	V H A	9/7/2018	9/21/2018	
National Center for Post-Traumatic Stress Disorder	V H A	9/7/2018	9/21/2018	
Treatment for Post-Traumatic Stress Disorder	V H A	9/7/2018	9/21/2018	
Opioid Safety	V H A	9/7/2018	9/21/2018	
Opioid Addiction Treatment Protocols	V H A	9/7/2018	9/21/2018	
Dependents and Prescription Drug Monitoring Programs	V H A	9/7/2018	9/21/2018	
Orthotics and Prosthetics Workforce	V H A	9/7/2018	9/21/2018	
DoD and V A Prescription Drug Purchasing	V H A	9/7/2018	9/21/2018	
Center for Compassionate Innovation	V H A	9/7/2018	9/21/2018	
Hospice Care	V H A	9/7/2018	9/21/2018	
Home and Community Based Services	V H A	9/7/2018	9/21/2018	
Burn Pits Research	V H A	9/7/2018	9/21/2018	
Filling Vacant Positions	H R A	9/7/2018	9/21/2018	
Construction Contracting Outreach	C F M	9/7/2018	9/21/2018	
Medical staff retention	V H A	9/7/2018	9/21/2018	
Management reforms	O P P	9/7/2018	9/21/2018	
Legacy system decommissioning plan	O I T	9/7/2018	9/21/2018	
Veterans Service Centers	V B A / V H A	9/14/2018	9/28/2018	
Financial Hardship and Bankruptcy	O G C	9/14/2018	9/28/2018	
Rural Veterans Coordination Pilot	V H A	9/14/2018	9/28/2018	
Assessing Homelessness in Rural Areas	V H A	9/14/2018	9/28/2018	
Prescription Drug Monitoring Program Utility	V H A	9/14/2018	9/28/2018	
National Center for Posttraumatic Stress Disorder (PTSD)	V H A	9/14/2018	9/28/2018	
Postpartum depression	V H A	9/14/2018	9/28/2018	
H U D - V A S H program	V H A	9/14/2018	9/28/2018	
Maternity care benefit, survey, and education campaign	V H A	9/14/2018	9/28/2018	
Training for V A personnel engaged in facility management	C F M	9/14/2018	9/28/2018	
Deferred maintenance	N C A	9/14/2018	9/28/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Filling Vacant Positions	HRA	10/16/2018	10/30/2018	
Caregivers program - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Hepatitis C Treatment - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Encouraging Public-Private Partnerships - 4th Q tr.	CFM	10/16/2018	10/30/2018	
Long-Term Care - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Veterans Health Administration - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Claims Processing - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Central office responsiveness - 4th Q tr.	OCLA	10/16/2018	10/30/2018	
Performance reporting - September	VBA	10/16/2018	10/30/2018	
Disability Claims Processing - September	VBA	10/16/2018	10/30/2018	
OIT Expenditure Plan - September	OIT	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	VBA	10/16/2018	10/30/2018	
National Outreach and Awareness Marketing Campaign - 4th Q tr.	OPIA	10/16/2018	10/30/2018	
Small, minority-and women-owned businesses - 4th Q tr.	OSVA	10/16/2018	10/30/2018	
Quarterly reporting - VHA - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Choice Act - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Hep C - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Transfers - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - GenAd - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Quarterly reporting - BVA - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Quarterly reporting - VBA GOE - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - VBA - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - NCA - 4th Q tr.	NCA	10/16/2018	10/30/2018	
Quarterly reporting - OIT - 4th Q tr.	OIT	10/16/2018	10/30/2018	
Quarterly reporting - Major Construction - 4th Q tr.	OALC/CFM	10/16/2018	10/30/2018	
Quarterly reporting - FTE - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Veterans Electronic Health Record - 4th Q tr.	EHR	10/16/2018	10/30/2018	
Caregivers	VHA	1/9/2019	1/23/2019	
Expenditure plan - Minor Construction	O AEM	3/8/2019	3/22/2019	
Medical staff retention	VHA	3/8/2019	3/22/2019	
Demand profile	VHA	3/9/2019	3/23/2019	

Upcoming VAOB Meetings

November 26 – Budget Execution and Performance Review

December 10 – Management Issues

December 24 – Cancelled

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Bcc:
Subject: VA Operations Board (VAOB) Meeting
Date: Tue Oct 30 2018 17:33:04 CDT
Attachments: 181113 VAOB Final.pptx

StartTime: Tue Nov 13 09:00:00 Central Standard Time 2018
EndTime: Tue Nov 13 11:00:00 Central Standard Time 2018
Location: Omar Bradley Conference Room (OBCR)
Invitees: VA OB Members
Recurring: No
ShowReminder: No
Accepted: Yes
AcceptedTime: Thu Nov 01 15:08:00 Central Daylight Time 2018

Good Evening, please accept our apologies for the delay with the attachments.

Copies will be provided at the meeting. We sincerely thank you for your patience and flexibility.

Chair: Acting Deputy Secretary, Mr. Jim Byrne

Principal Attendees: Assistant Secretaries, Under Secretaries and Key Officials

Purpose: The VAOB has bi-monthly meetings every 2nd and 4th Monday. The 2nd Monday meeting focuses on management issues (i.e., CXO updates, Congressionally Mandated/Tracked Reports, and Executive Correspondence). The 4th Monday meeting focuses on budget execution and performance.

Due to the holiday on Monday, November 12th (Veteran's Day), this meeting is rescheduled to Tuesday, November 13th.

Read ahead materials will be provided NLT two business days prior to the scheduled meeting. If your organization's POCs require updating, do not hesitate to contact EGM with these changes.

If you have any questions, please do not hesitate to contact Ms. (b) (6) at 202-266-(b) (6) or (b) (6) va.gov, or the Enterprise Governance Management (EGM) Team at EGMTeam@va.

gov. Thank you and have a great day.

Sincerely,

EGM Team

Owner: VA Governance Secretariat </o=exchangelabs/ou=exchange administrative group
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Last Modified: Tue Oct 30 16:33:04 CDT 2018

VA Operations Board Meeting

November 13, 2018
Omar Bradley Conference Room

Agenda

Item #	Topic	Briefer
1	Opening Comments	Mr. Jim Byrne, Acting Deputy Secretary of Veterans Affairs
2	Introduction	Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
3	Recurring Updates a. Congressionally Mandated Reports b. Executive Correspondence	Mr. Brooks Tucker, Assistant Secretary for Congressional and Legislative Affairs Mr. (b) (6) Office of the Executive Secretariat
4	CXO Updates	
	a. Chief Financial Officer	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer
	b. Chief Information Officer	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
	c. Chief Acquisition Officer	Ms. Karen Brazell, Principal Executive Director and Chief Acquisition Officer, Office of Acquisition, Logistics and Construction
	d. Customer Experience Officer	Dr. Lynda Davis, Chief Veterans Experience Officer
	e. Chief Human Capital Officer	Ms. Jacquelyn Hayes-Byrd, Acting Assistant Secretary for Human Resources and Administration

Agenda

Item #	Topic	Briefer
5	Management Deep Dive – Manpower Standards and Approach and Approach to Calculating Current Vacancies and Manpower	Ms. Carin Otero, Deputy Assistant Secretary, Office of Human Resources Management
6	Management Deep Dive – OAWP Policies and Operations	Mr. Kirk Nicholas, Executive Director, Office of Accountability and Whistleblower Protection
7	Management Deep Dive – IT UFR Process and Current Integrated Priority List	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
8	Management Deep Dive – VA Operational Planning	Mr. John Basso, Deputy Assistant Secretary, Planning and Performance Management, Office of Enterprise Integration
9	Upcoming VA Operations Board Meetings a. November 26 – Budget Execution and Performance Review b. December 10 – Management Issues	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
10	Closing Remarks and Actions	Mr. Jim Byrne, Acting Deputy Secretary for Veterans Affairs

VAOB Action Item Tracker

#	Action Item	Owner(s) (Lead/Support)	Due Date (or weekly default)	Status/Notes (Include anticipated/completion dates)	Next Steps, if any, after completion of Action Item
1	Provide Mr. Dat Tran and Mr. John Basso with Management issues that your organization would like to see reviewed in the VAOB	ALL	Ongoing	Ongoing.	
2	Meet with OIT to align VA & OIT Governance Boards	OEI	11/20	Ongoing. Preliminary meetings held with OEI and OIT. Additional meetings are being scheduled.	
3	Provide a list of proposed Customer Service Performance Measures for SES Performance Plans	OEI VEO	11/20	Memo dated 10/26/18 in VIEWS for comments.	
4	Every Office must provide updates to their Operational and Strategic Performance measures to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. OEI has met with all organizations. Awaiting final measures and data.	
5	Review the list of Congressional Reports and identify which report should be moved to the 'Unnecessary Report List'. Send updates to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. See Back Up slides.	
6	Provide a list of OGC POCs to address various legal issues within the agency	OGC	11/19	Completed. See Back Up slides.	None

Recurring Updates

Office of Congressional and Legislative Affairs

Congressionally Mandated Reports

Congressionally Mandated Reports

PAST DUE as of November 5, 2018

14 Congressionally Mandated Reports (CMRs) for FY18 (1 with ExecSec/OSVA for SECVA signature):

VHA: 9	(oldest 249 days overdue)
OALC: 1	(98 days overdue)
HRA: 1	(85 days overdue)
OIT: 2	(oldest 81 days overdue)
VBA: 1	(61 days overdue)

7 CMRs for FY19

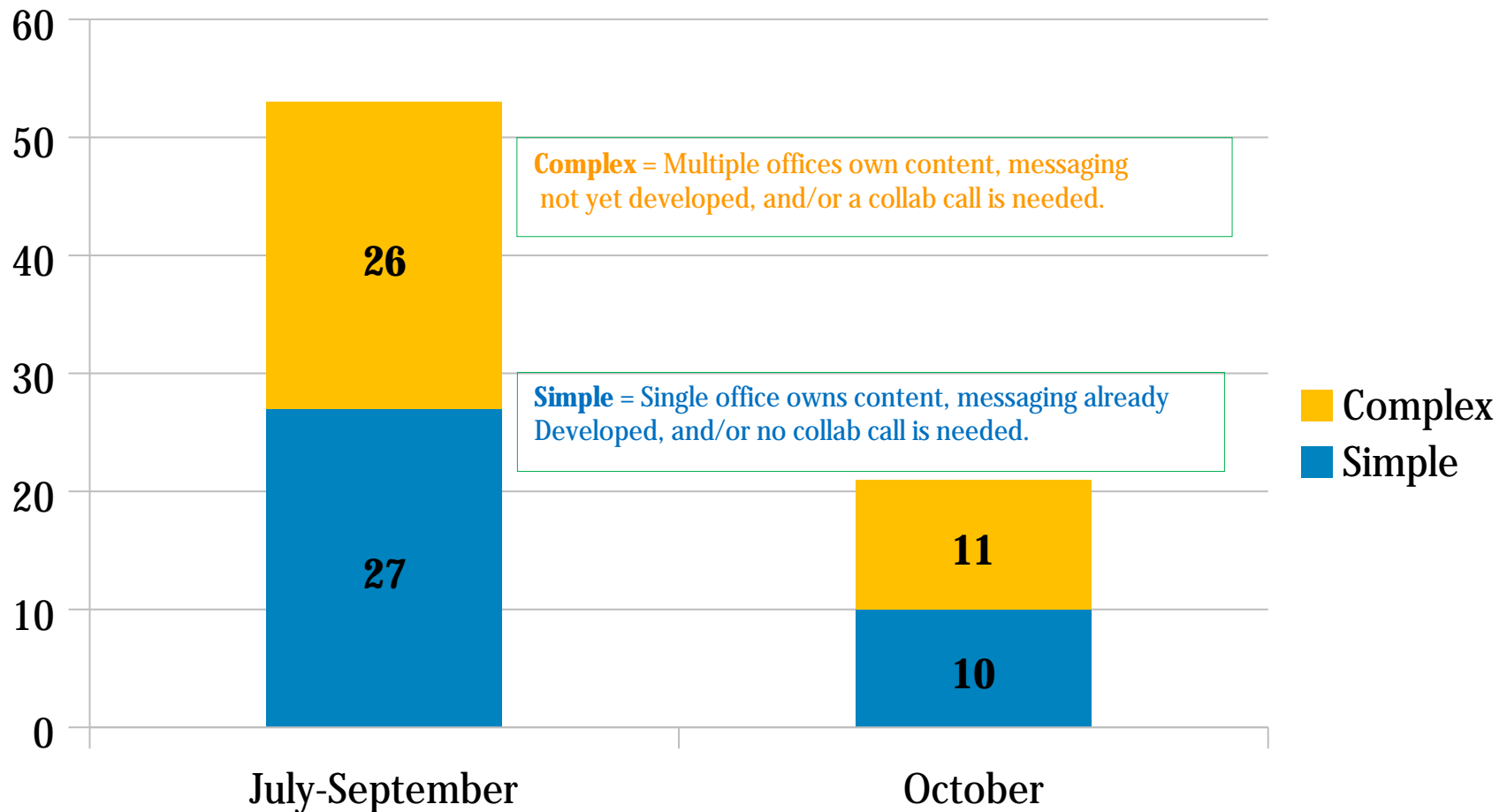
FYI

VIEWS letter for November 13, 2019 HVAC Health Hearing cleared OMB on November 2, 2018 with ExecSec for signature (two bills; hearing notice was very late; therefore, no opportunity was provided for a written testimony to be submitted).

Office of the Executive Secretary (EXECSEC)

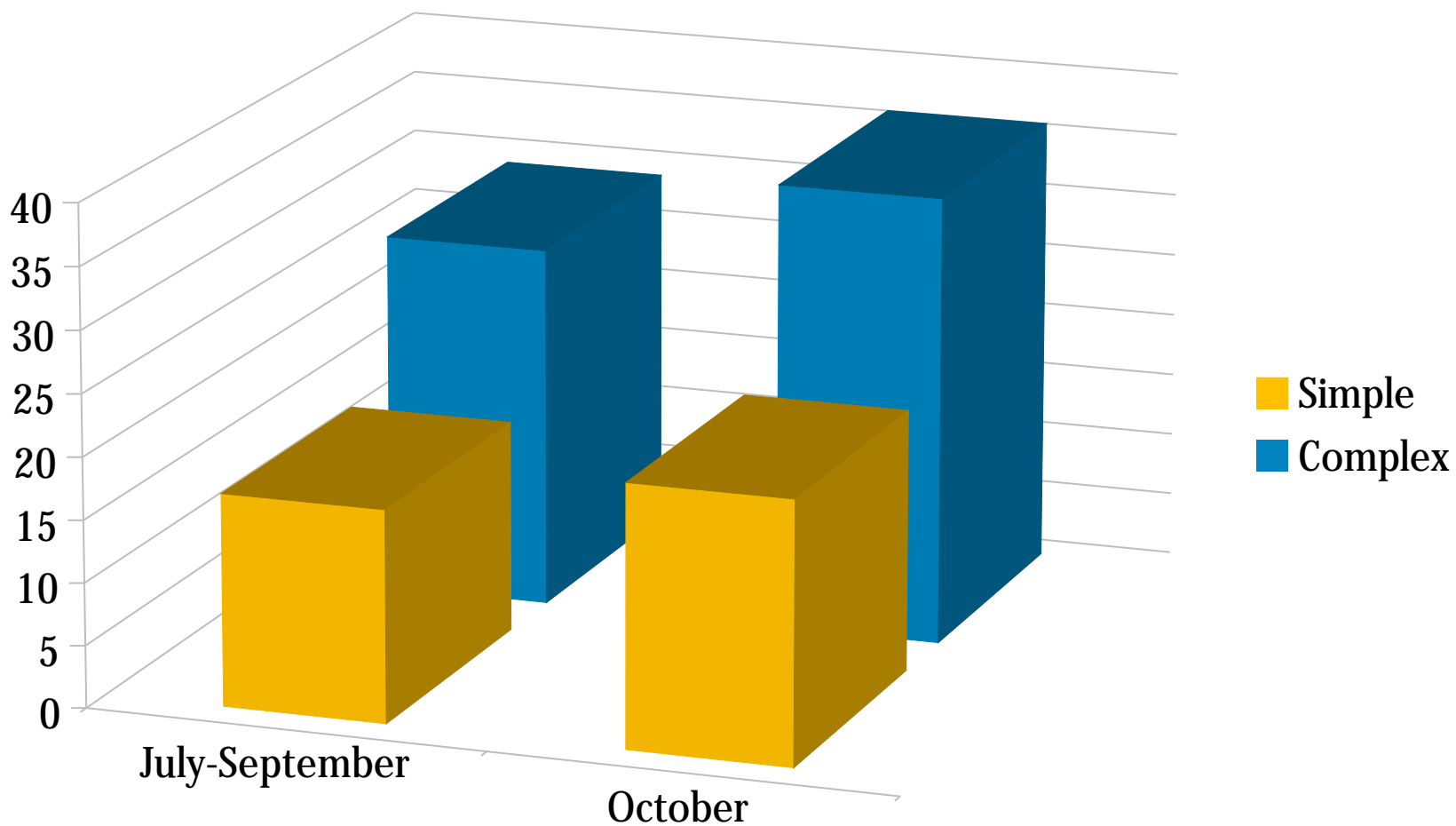
Congressional Responses Update

EXECSEC Congressional Responses Completed

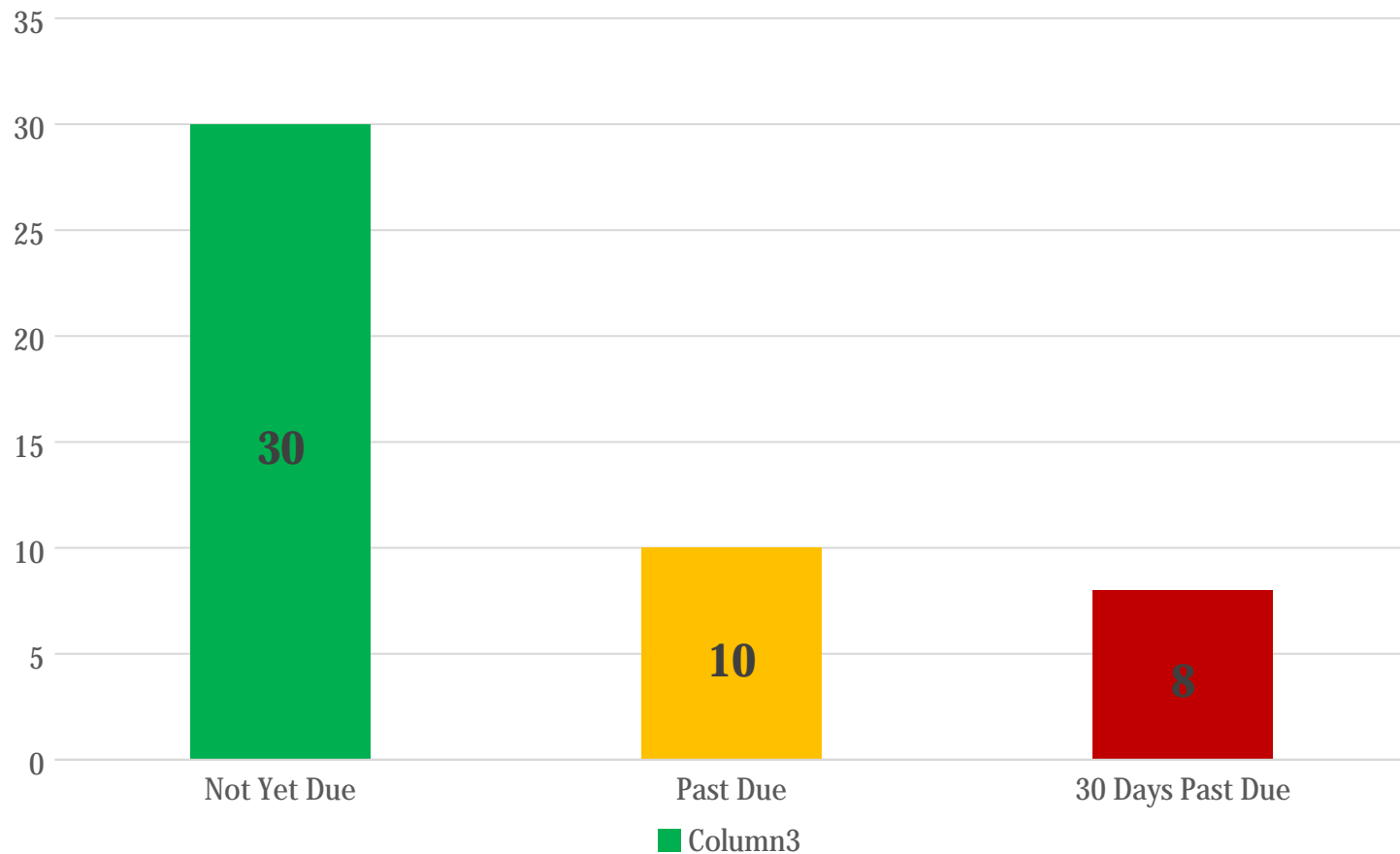


EXECSEC Congressional Responses - Average Days by Category

Average Days – Receipt to Signature Simple and Complex



EXECSEC Congressional Letters In-Work – As of November 9, 2018



CXO Updates

Chief Financial Officer

Overview

Purpose: Advise VA CFO on matters related to VA's overall financial management:

Collaborate to ensure financial priorities are consistent with VA's strategic goals and objectives.

Vet changes related to VA Financial Policy.

Last Session: November 1, 2018

New Focus: Deep Dive Sessions based on Council's preference

Updates

VA CFO Council Updates:

Deep Dive Topic: VA Reimbursables

Identified ways to improve overall accountability and timeliness of reimbursable funding agreements.

Realigned select reimbursements to Franchise Fund/BA.

Establishing Quarterly forum for customers/service providers.

Next Deep Dives:

VA Vacancies - HRSmart data

PIV Program Reimbursables

Chief Financial Officer

Primary Policies and Directives

Financial Policy Approvals: (five-year updates)
 Volume I, Chapter 5 – Management Accountability and Responsibility for Internal Controls.
 Volume II, Chapter 9 – Prior-Year Recovery.

Cancelled: VA's Travel Savings Award program
 Implementation costs exceed travel saving benefits.
 FY17: VA spent \$227M to save \$25K.

Risks

FY18 VA Financial Statement Audit:

End of Audit Meetings:
 November 6, 2018 – Meeting with Clifton Larson Allen (CLA), OIG, and CFO stakeholders.
 November 7, 2018 – Meeting with CLA, OIG, and SECVA.

Developing Corrective Action Plans (CAPs) for audit findings:
 Initiating Financial Integrity Team (FIT) Program to support and lead proactive audit remediation.

Chief Information Officer

Overview

IT Governance Oversight Board (ITGB)-October 24, 2018

OIT Councils Supporting ITGB:

Program & Acquisition Review Council (PARC) met October 16, 2018.

Standards & Architecture Council (SAC) met October 22, 2018.

Organization & Workforce Council (OWC) met October 18, 2018.

Updates

IT Governance Oversight Board (ITGB) – October 24, 2018 (Next Meeting: December 2018):

PARC will research industry best practices and brief on incorporation of Cloud/Dev-Ops into the IT Governance Framework.

Analytics and Performance Management Committee (APMC) will develop specific CIO Governance Metrics for monthly review.

Standards and Architecture Council (SAC) – October 22, 2018:

Approved Enterprise Cybersecurity Strategy Program (ECSP) accountability plan for each Pillar.

Program and Acquisition Review Council (PARC) – October 16, 2018:

APMC to monitor major investments for risks, if risks are found, APMC will report to the Operations and Portfolio committee (OPMC) with recommendations for a TechSTAT Review. Budget, Planning and Acquisition Committee (BPAC) to perform an assessment of the Acquisition Review Module (ARM) threshold limits/ARM processes and provide recommendation on improving the tools acquisition tracking methods.

Chief Information Officer

Primary Policies and Directives

Key external policies guiding the Governance Oversight Board: Executive Order 13833: Enhancing the Effectiveness of Agency Chief Information Officers, FITARA, Clinger-Cohen Act of 1996, OMB Circular A-130, FISMA of 2014, Federal Managers' Financial Integrity Act (FMFIA), the Government Performance and Results Act Modernization Act of 2010 (GPRAMA), and National Institute of Standards and Technologies (NIST) Standards.

Working with OSP to address the Executive Order on Cyber Workforce.

Risks

Working through DoD/VA MedCOI MOU.
Working with VBA to address key issues on Colmery Act Sections Implementation.
Working to develop VHA's final 10 detailed business epics, which are delaying IT work on MISSION Act--three requirements are in progress. Working with OEI to accelerate Section 211 requirements.

Chief Acquisition Officer

Authority: Sec. 16A of the Office of Federal Procurement Policy (OFPP) Act, as amended, 41 U.S.C. 403, et seq.

Overview

Serves as principal interagency forum for monitoring and improving Federal acquisition system. Chaired by OMB's Deputy Director for Management; Vice-Chair selected by Council from among members; Members: Agency CAOs, Under Secretary of Defense for Acquisition, Logistics and Technology, and Senior Procurement Executives of each military department. The OFPP Administrator leads the Council on behalf of the Chair; administrative support is provided by GSA.

Meets every 3 months with ad hoc meetings as necessary.

Develops recommendations for the OMB Director on acquisition policies and requirements.

Assists the OFPP Administrator in identifying, developing and coordinating multi-agency improvement initiatives.

Furtheres integrity, fairness, competition, openness, and efficiency.

Appoints liaisons with Chief Information Officers Council, Chief Financial Officers Council, Human Resources Management Council, Small Business Procurement Advisory Council, and other councils or organizations, as appropriate.

Updates

Promotes effective business practices to ensure timely delivery of best value products & services and achieve public policy objectives.

Along with OPM, assesses and addresses hiring, training, and professional development needs of acquisition workforce.

Promotes President's Management Agenda in all aspects of acquisition system, as well as President's specific acquisition-related initiatives and policies.

Chief Acquisition Officer

Primary Policies and Directives

41 U.S.C.; codified in Federal Acquisition Regulation.

OMB Circular A-123, management's responsibility for Enterprise Risk Management and Internal Control.

Risks

Workforce attrition; aging workforce plus competition from commercial sector; mitigated by workforce investments.

Inefficient buying, effectively reduces federal capabilities; mitigated by application of "smart buying" best practices (a key Council focus).

Chief Acquisition Officer

Status of Recurring Reports to Key Stakeholders

Congressionally Mandated Reports

The two late CMRs represent Q3 and Q4 reports to Congress on Super Construction Projects. Q3 report awaits OM concurrence and Q4 awaits VHA and OM concurrences.

Q1 and Q2 were signed by SECVA on October 26, 2018.

GAO Priority Recommendations

GAO Report 17-70: VA CONSTRUCTION: Improved processes needed to monitor contract modifications, develop schedules, and estimate costs)

Per GAO: Recommendation #1 is closed as of October 10, 2018.

GAO Report 16-810: VA CONTRACTING: Improvements in policies and processes could yield cost savings and efficiency)

Currently being reviewed by GAO; awaiting GAO decision on OALC's closure request on recommendation #3.

Customer Experience Officer

CX Governance Board

Overview

Purpose: Hardwire insights and feedback from Veterans, their families, caregivers, and survivors into VA strategy and decision-making to inform and drive service recovery and performance improvement.

Participants:

Concurring Members – Under Secretaries, Chairman of Board, CVEO, CIO, and AS OPIA.

Consulted Members – All Assistant Secretaries

Board meet quarterly; Councils reporting to Board meet monthly.

Decision making process: Consensus – elevated to DEPSEC.

Elevation criteria: *Still under development.*

How decisions are communicated: *Still under development.*

Process to monitor implementation: Review of progress made by Councils reporting to Board.

Updates

Implementation of Secretary's Customer Service Policy.

Standing up Veterans Insight Council and expanding data reported to ensure enterprise decisions are powered by Veteran Signals.

Supports cross-cutting, Enterprise issues in alignment with PMA and A-11 such as Digital Modernization, Enterprise Contact Center standards and operations, Enterprise Outreach Strategy, and Service Recovery.

Pursuing Enterprise models of operations that are based in the VEO CX Framework and consistent with industry best practices.

Customer Experience Officer

CX Governance Board

Primary Policies and Directives

VA Customer Service Experience (CX) Policy was published August 22, 2018. Currently exploring the need for policies and directives in:

Digital domain requirements

Outreach

Service Recovery

Authoritative Data Sources with the Data Governance Council

Exploring opportunities to influence existing policies and directives with CX best practices.

Risks

CX Governance Board is planning the first meeting in early 2019:

Participation and support from concurrence members required to tackle difficult Enterprise decisions.

Timely establishment of the Veteran Insight Council:

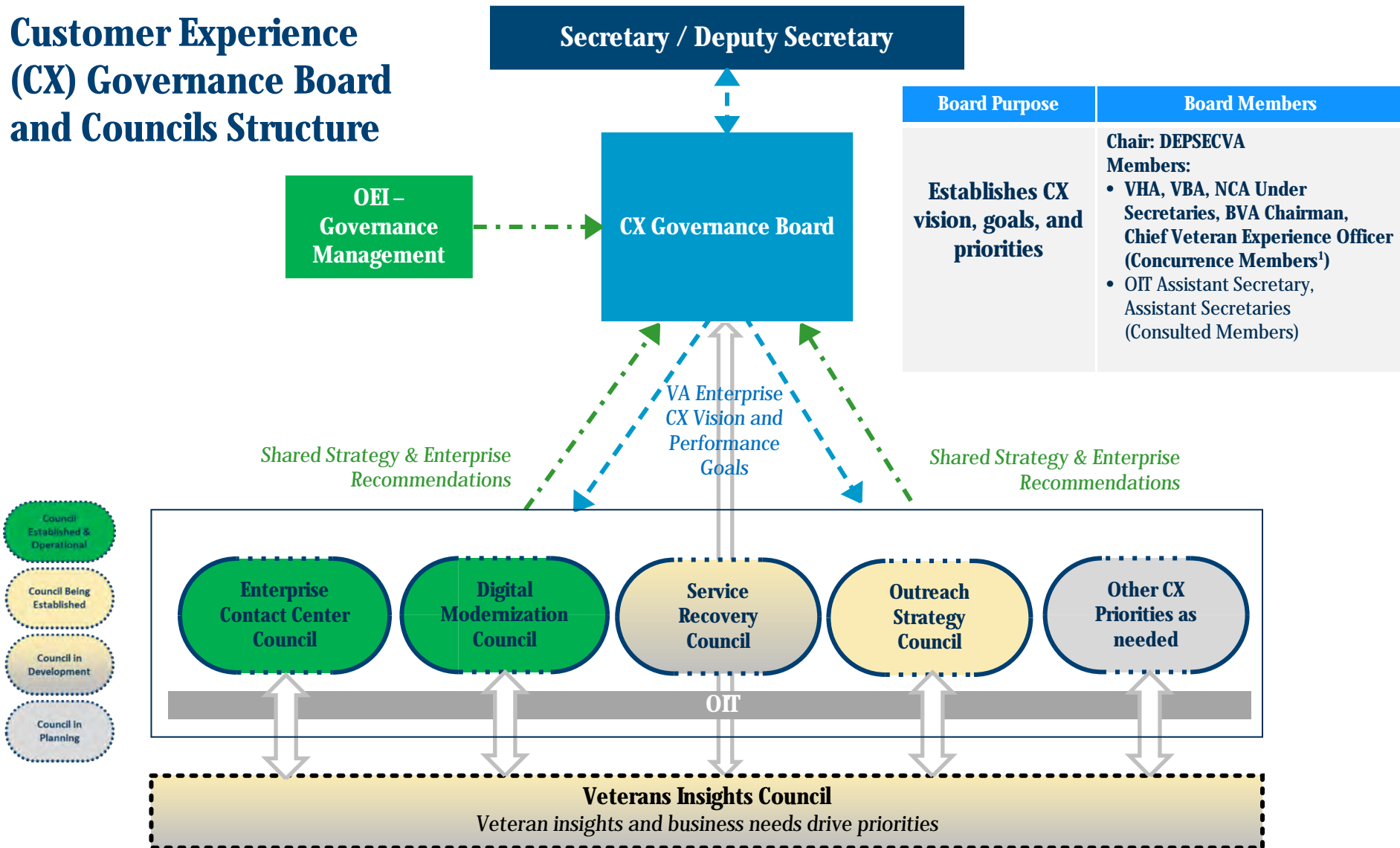
Support is needed in consolidating data stream inputs across the Enterprise to facilitate better decision-making.

IT UFR in FY19 Contact Center Modernization:

OIT will address the FY19 UFR.

Customer Experience Officer

Customer Experience (CX) Governance Board and Councils Structure



Chief Human Capital Officer

CHCOC

(Chief Human Capital
Officers Council)

Upcoming Events

Deputy CHCO Meeting (November 13, 2018)

Full Council Meeting (December 4, 2018)

Employee Engagement

President's Management Agenda

Priority Goal 3: Improve Performance Management and Engagement
20-20-20 Mandate (bottom 20% of the lowest scoring, level work units
by component/bureau)

Report Due November 15, 2018

Training Leaders

Upcoming Meeting

Next Meeting scheduled for December 5, 2018

No significant issues to report

DIVAC

(Diversity and Inclusion in
VA Council)

Membership Updates

Currently updating membership (VIEWS 117563)

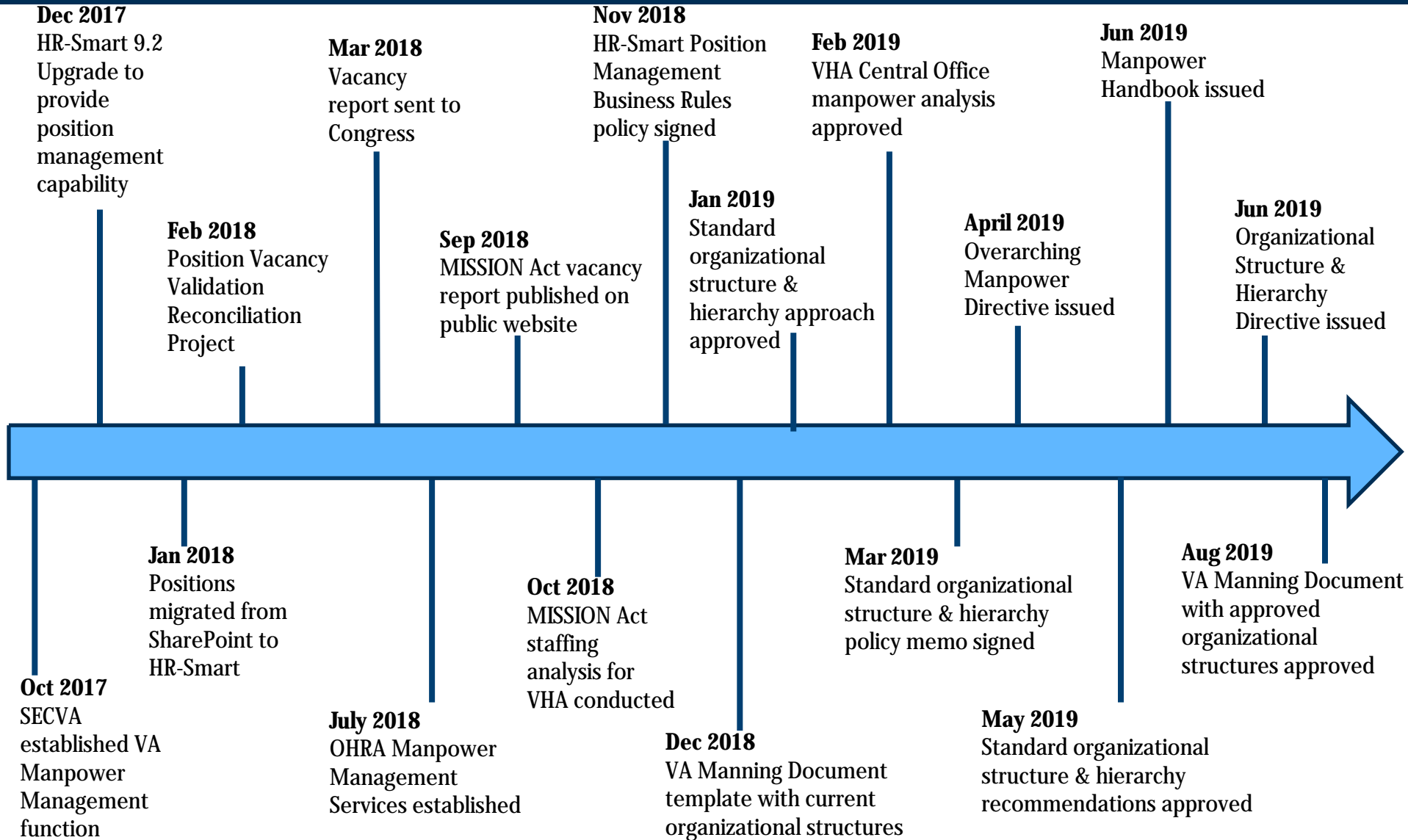
Next DIVAC Meeting scheduled for January 16, 2019

Management Deep Dives

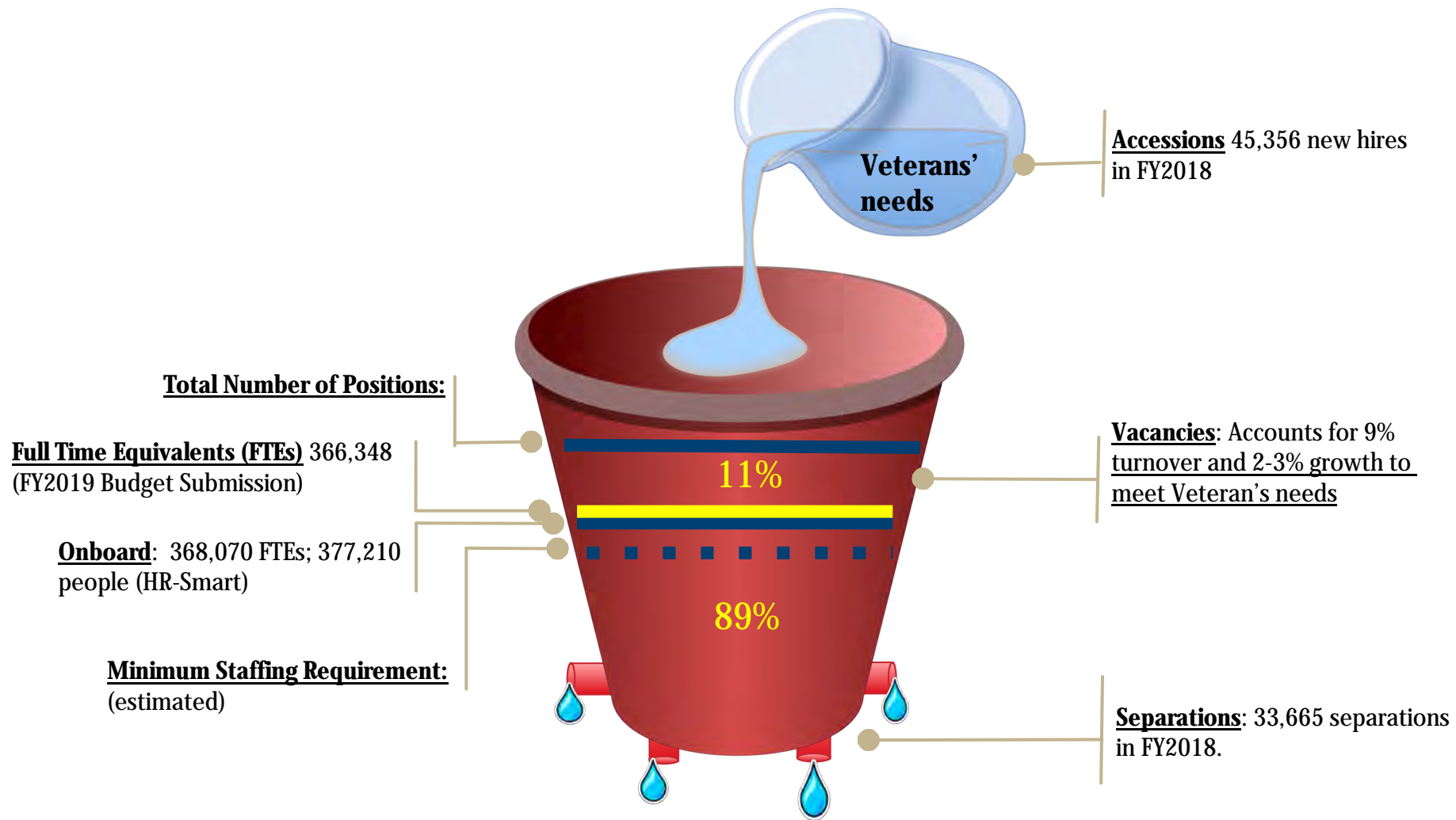
Human Resources and

Manpower Standards and Approach & Approach to Calculating Current Vacancies

Timeline to Manning Document



Flow of FTEs and Positions



Office of Accountability and Whistleblower Protection (OAWP) Policies and Operations

OAWP Metrics: Bottom Line Up Front (BLUF)

OAWP defines and manages work from a transactional process perspective.

- What:
 - Track work from receipt through resolution
 - Capture key hand-off's and milestones
- Why:
 - Provides staff and leadership a platform to discuss progress and growth in cases, FTE capacity, emerging trends or themes in submissions or case work
 - Enables constructive dialog around risks and issues as they arise – mitigate surprises

Key Performance Measures Include:

- Count Data: Incoming work, work processed; by type, by time period, by source, etc.
- Duration Data: Measure time in days between key events

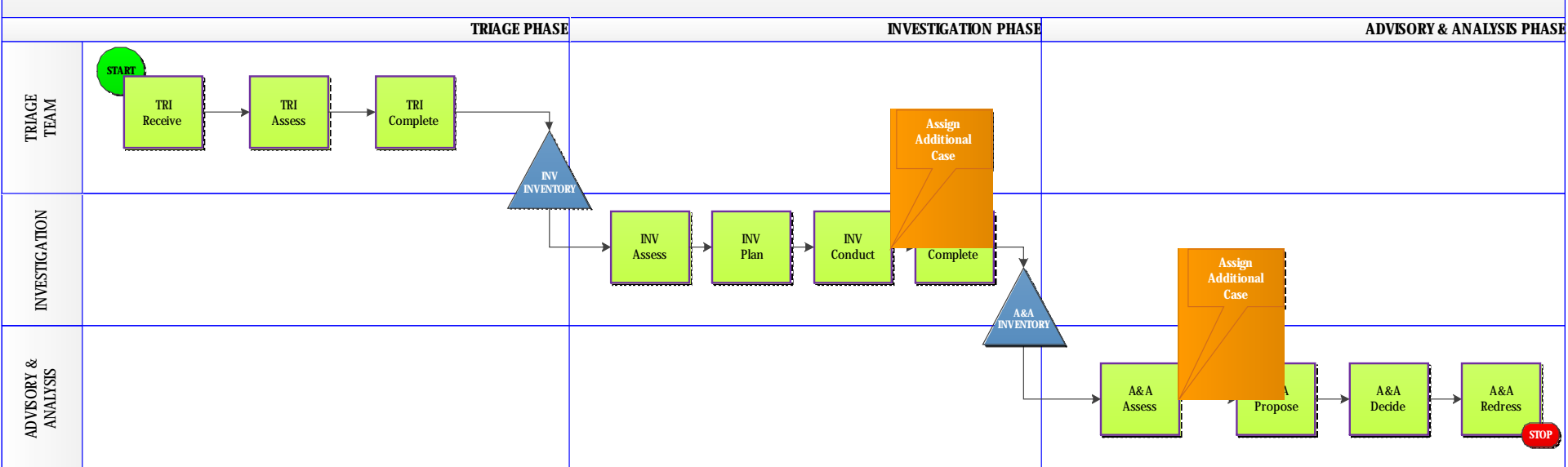
What's Next?

- Prepare Duration analysis
 - Process, policy and technology changes over time affect statistical relevance over time
 - Analyze data to identify statistically significant sub-populations of data in order to produce actionable duration analysis
- Use statistical control charts to assess process performance over time – in control or not? Differentiate between process noise and actual trends
- Assess repeatable performance and predict where process issues may arise

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



Map: Illustrates the high-level process for handling investigations and other matters within OAWP

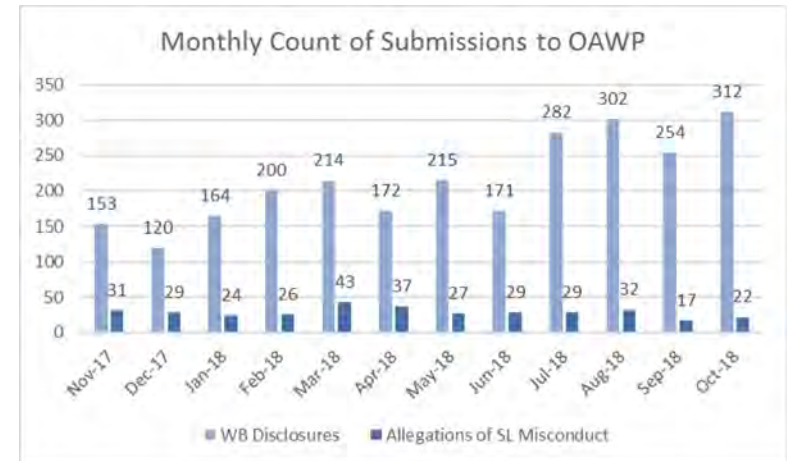
Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ ” indicates where time stamps are taken to enable duration analysis

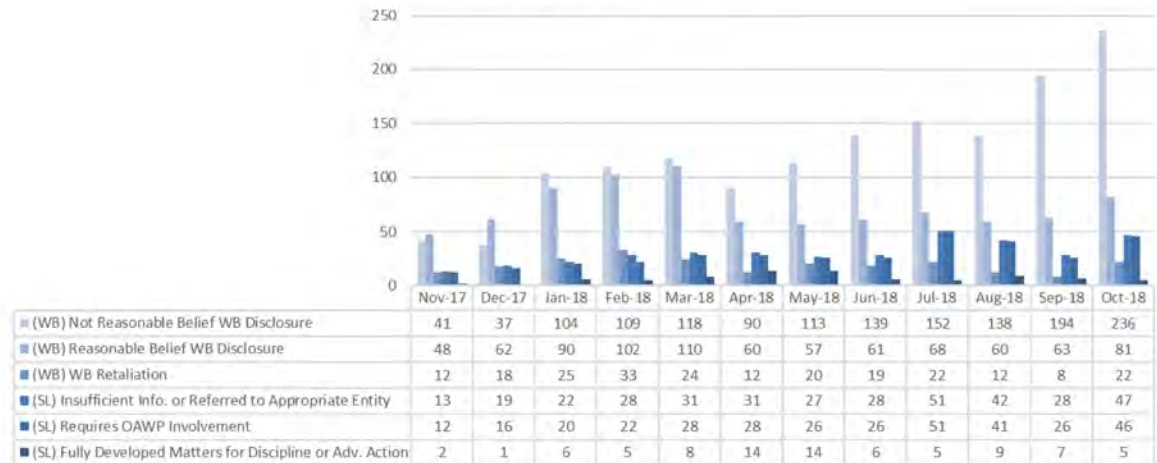
Count & Disposition of Submissions

WHAT: Count and Disposition of Submissions to OAWP

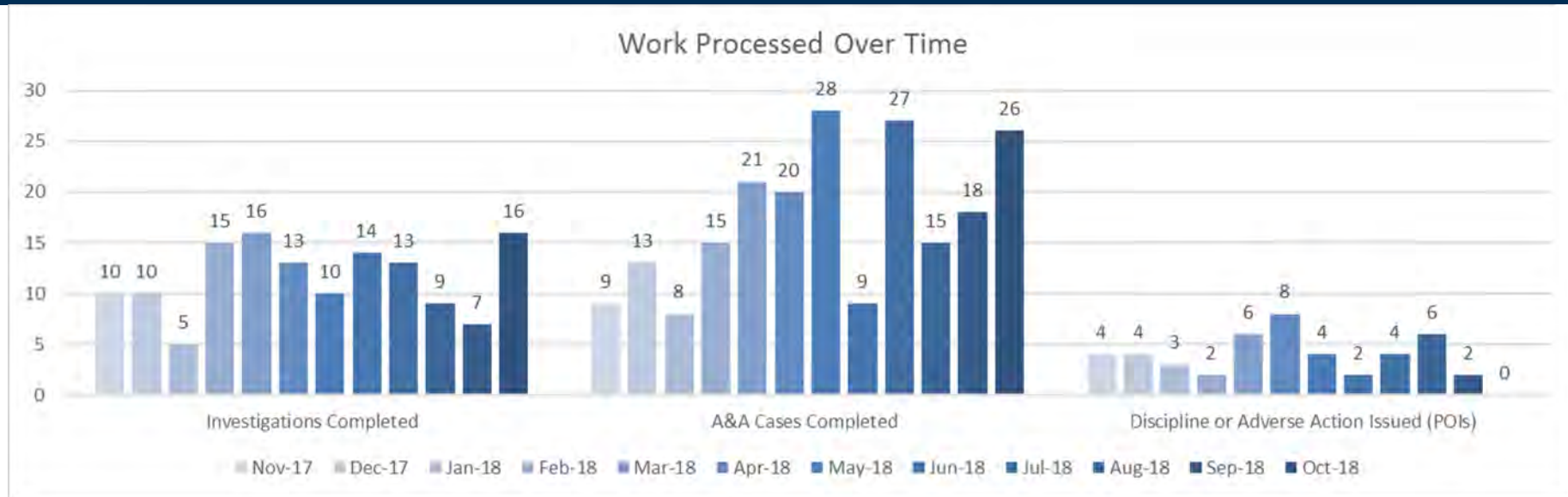
SO WHAT: Volume continues to grow across submission types



Disposition of Triaged Submissions

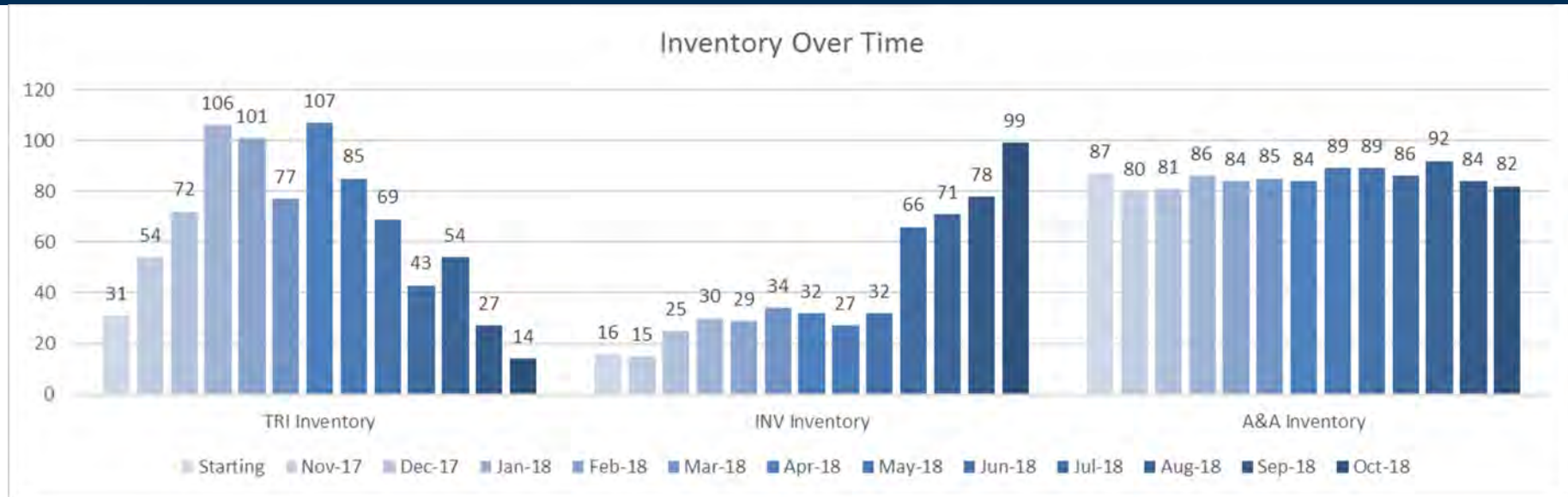


Count of Work Processed



- Concept for Illustration

Count of Inventory



NOTE: Concept for Illustration – data being refined for noise created by process changes during the period.

OAWP Emerging Policy & Process

OAWP Policy

Currently implementing directly from PL 115-41 and SecVA delegation February 2018

Revised SecVA delegation pending

- Adds “All GS-15 employees” to scope per SecVA testimony

- Delegates to AS, AWP authority to make determination of WB retaliation under 38 U.S.C. Section 731

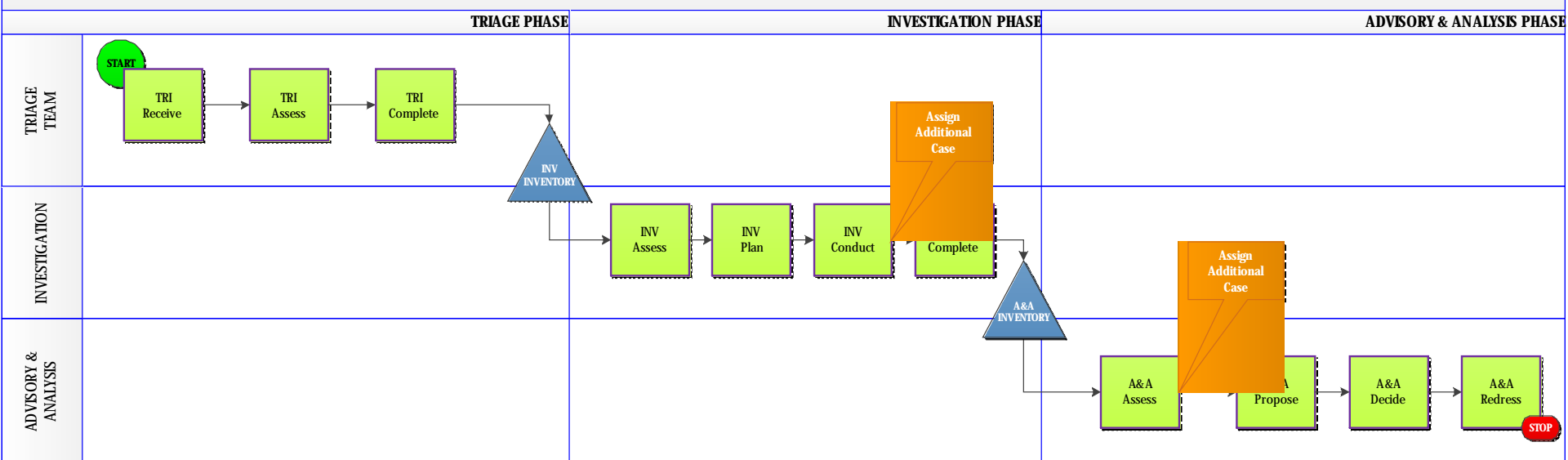
- Clarifies delegation of all items from 38 U.S.C. Section 323 to Executive Director, OAWP until AS appointed

OAWP Directive drafted, pending internal OAWP review/concurrence

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



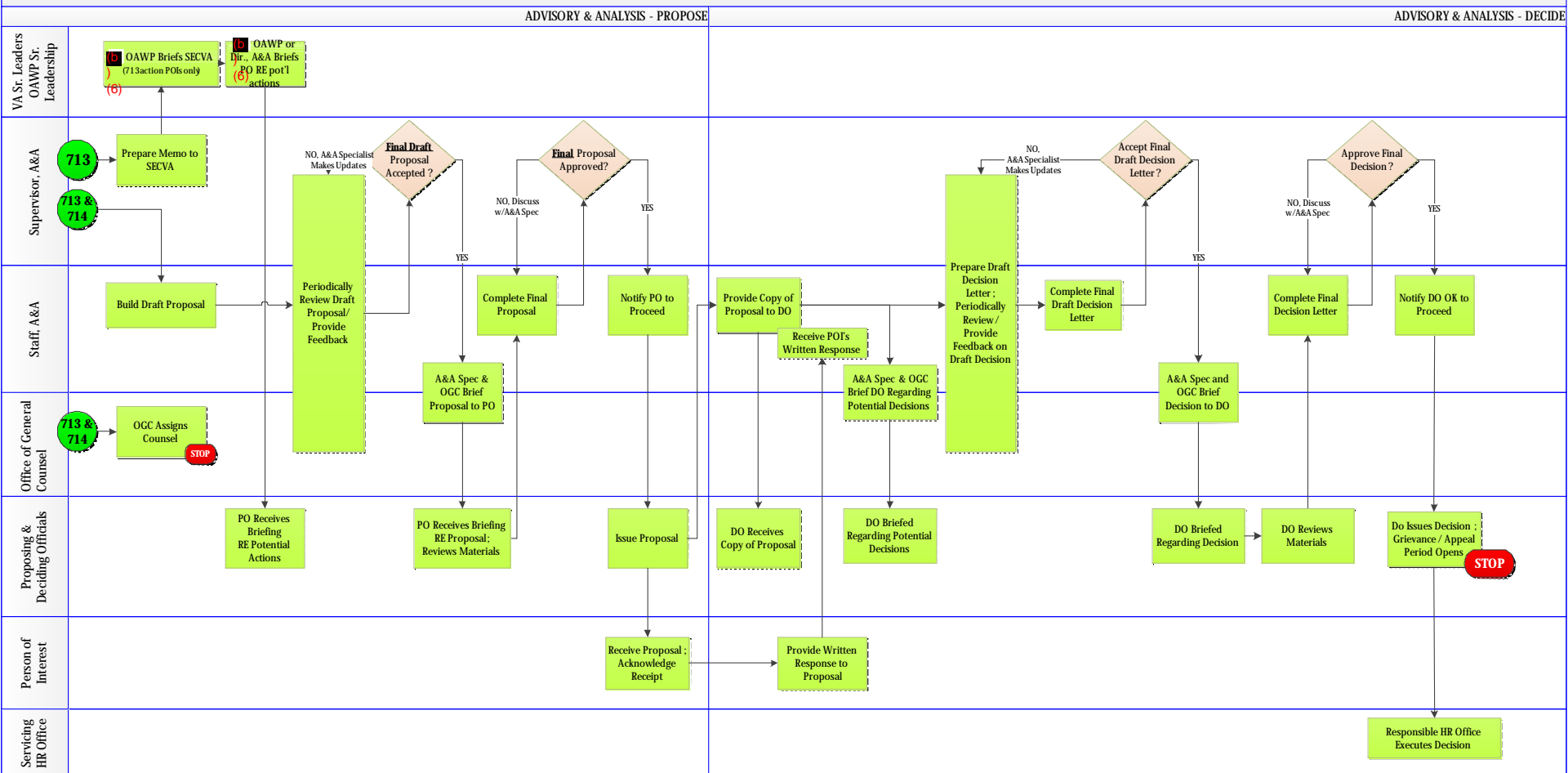
Map: Illustrates the high-level process for handling investigations and other matters within OAWP

Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ ” indicates where time stamps are taken to enable duration analysis

Process: Propose-Decide

OAWP Process Map: **ADVISORY & ANALYSIS - PROPOSE**
DATE OF MOST RECENT UPDATE 09 OCT 18



- Several hand-off's and review points slow progress
- Joint steps can be difficult to coordinate (e.g., briefings to PO, DO)

Work In Process (WIP)

OAWP High-level Process Summary with FY18 Summary Data Data As Of: 06 NOV 18

FY18 Data:

97: Average Days (Straight to A&A)
165: Average Days (OAWP In-Person Investigation)
176: Average Days (OAWP Virtual Investigation)
96: Average Days (External Investigation)

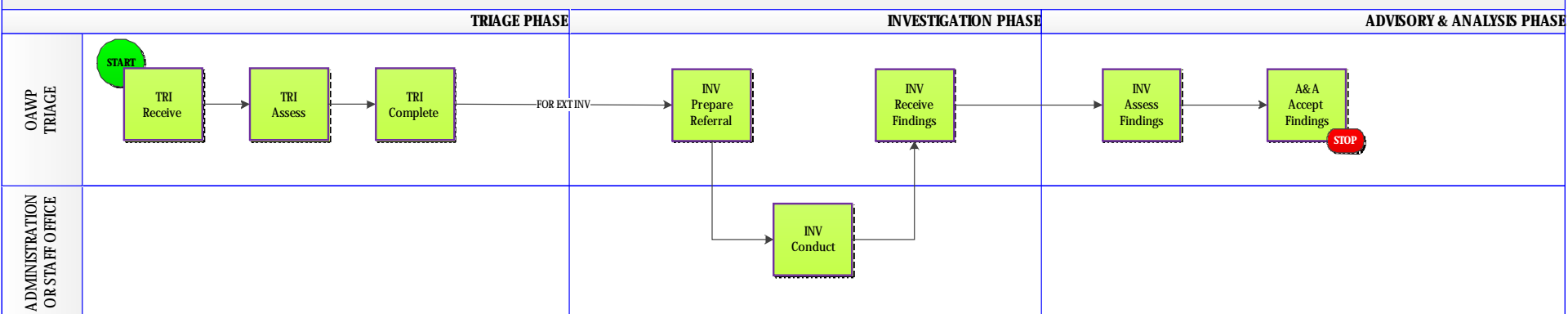
	TRIAGE	INVESTIGATION	ADVISORY & ANALYSIS
Work In Process (WIP)	351: Submissions in Triage (Open & On-Hold Items)	81: Matters in OAWP Investigation Inventory 83: Matters Being Investigated by OAWP 213: Matters Currently Referred to Another Entity for Investigation	1: Matters in OAWP Advisory & Analysis Inventory 53: Matters Being Assessed 38: POIs Being Assessed Disciplinary or Adverse Action
Work Completed Period FY18 Q4	854: Submissions Received 692: Submissions Triaged	99: Matters for OAWP Investigation 29: Investigations Completed by OAWP * 90: Matters Referred to Another Entity for WB Investigation 100: WB Investigations Completed by Another Entity * *Some investigations completed in the period started prior to the period.	49: Matters for OAWP A&A Assessment (includes "Straight to A & A" matters) 60: Matters Assessed for Potential Disciplinary or Adverse Action 14: Matters Resulted in an Action Recommendation for one or more POIs 20: POIs with Discipline or Adverse Action Recommended XX: POIs with Discipline of Adverse Action Issued 116: Referred Matters with Findings Accepted by OAWP
Durations Period FY18	NA: Average Days in Inventory 48: Average Days to Complete (SL Misconduct) 21: Average Days to Complete (WB Disclosures)	19: Average Days in Inventory (OAWP Investigations) 79: Average Days to Complete (OAWP Investigations) 87: Average Days to Complete (Investigations referred outside of OAWP) *Some investigations completed in the period started prior to the period.	16: Average Days in Inventory (Straight to A&A) 13: Average Days in Inventory (OAWP Investigation) 34: Average Days to Complete "Assess" (Straight to A&A + OAWP Investigation) 70: Average Days "Assess Complete" to "Discipline Issued" (Straight to A&A + OAWP Investigation)
OAWP Capacity	FTE: 19 Triage Specialists (authorized 20) Capacity (point in time): * TBD/ specialist (Standard) (being assessed now) * TBD/ specialist (Standard) (being assessed now)	FTE: 27 Investigators/ HR Specialists Capacity (point in time; across Assess-Plan-Conduct): * 2-3 cases/ investigator (Standard) * 4-5 cases/ investigator (Surge) (for limited time or complexity) * 54-81 cases/ OAWP (Standard)	FTE: 10 HR Specialists Capacity (point in time): * 2 cases/ specialist (Standard) (each case may have one or more POIs) * 4 cases/ specialist (Surge) (each case may have one or more POIs) * 20 cases/ OAWP (Standard)

- Investigations Inventory is growing quickly due to policy change to direct all retaliation investigations to OAWP investigators

Process: Admin/Staff Office-led Investigations

OAWP Summary Process & Metrics Map: EXTERNAL INVESTIGATIONS(WB Disclosures for Administration or Staff Office Investigation)

DATE OF MOST RECENT UPDATE 09 OCT 18



All disclosures submitted to OAWP are assessed

Reasonable belief matters are referred for investigation (either to OAWP investigators or respective Admin/ Staff Office); OAWP receives findings and assesses outcomes

Some submissions are not WB related, and are referred to the appropriate Admin/Staff Office for review and response directly to the disclosing party (e.g., safety concerns, Veteran or family member inquiries, etc.)

IT UFR Process and Current Integrated Priority List

Unfunded Requirement (UFR) Process

UFR Process

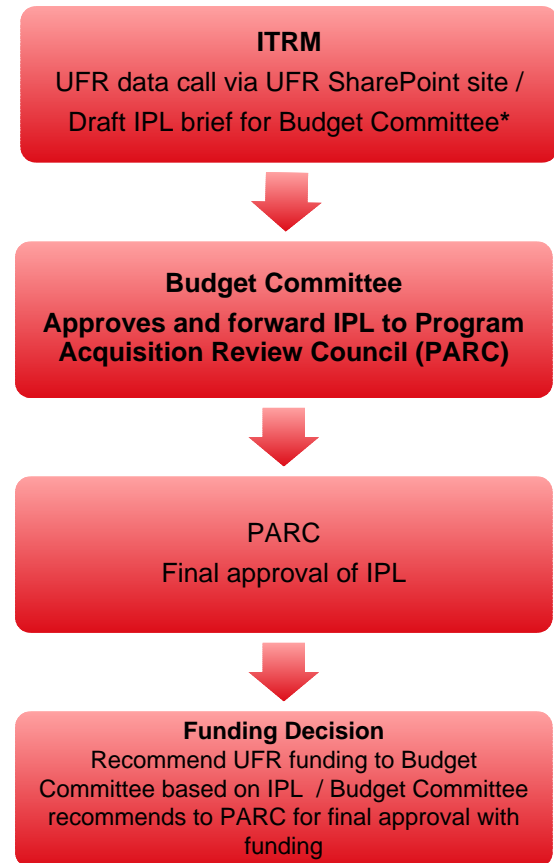
Series of actions which identifies unfunded projects, to be executable in the current fiscal year, that could be supported if funding becomes available.

Objective of the UFR Process: To create an Integrated Priority List (IPL) of UFRs.

Implementation of UFR Process: OIT Chief Financial Officer (CFO) determines there are sufficient funds to support additional projects that were not originally included in the Budget Operating Plan.

Outcome of the UFR Process: An unfunded IPL that is vetted and approved via the UFR Prioritization Working Group and OIT governance structure resulting in a funding decision (see IPL Process).

Unfunded Integrated Priority List (IPL) Process



**For FY19: Initial data call to submit UFRs will occur in Q1 (or as soon as policy is approved) for the upcoming Fiscal Year*

VA Operational Planning Office of Enterprise Integration

VA Operational Planning & Governance

Problem Statement: VA is currently unable to understand, measure, or manage successful achievement of the SECVA Priorities or effectively respond to emerging external requirements.

Objective: Leverage the Emerging Governance Structure and Processes to:

- Establish Planning Standards for VA Programs and Initiatives

- Document Intended Outcomes

- Create Measurable Objectives

- Enable Performance Improvement

- Drive Accountability

OEI's role:

- Establish Program Planning Standards

- Coordinate support for Programs and Initiatives

- Support identification and resolution of critical needs and/or operational issues

- Address systemic management and execution issues

- Support leaders in effectively managing their Programs and Initiatives

Intended Outcome:

- Create greater transparency for VA senior leadership regarding progress against achieving SECVA Priorities.

- Enhanced execution of Programs and Initiatives by surfacing and resolving issues impeding progress.

FY19 Operational Plans Candidates (1 of 2)

VHA

Mission Act

Community Care consolidation
 Telehealth expansion
 Caregiver compensation expansion
 Assessment of Infrastructure and Resources

Mental Health

Filling MCOs for Mental Health
 Implementing National Suicide Prevention EO

VHA Modernization

Supply Chain (Business Transformation)

Modernizing VHA supply chain*

VHA (cont)

Geographically Underserved Populations
 Infrastructure gaps
 Providing Healthcare
 Mental Healthcare

VBA

Forever GI Bill*

Office of Transition and Economic Development milestones

BVA

Appeals Modernization*

NCA

Assumption of Veteran Cemeteries from DoD

* OEI will consolidate existing plans into Plan Format

FY19 Operational Plans Candidates (2 of 2)

OEI & OIT

Business requirements integration

Data integration

OIT

Interoperability of VA between Commercial
Care Provider IT Systems

OHRM

Manpower plan

Filling Mission Critical Occupations (MCOs)

EHRM

Execution plan

OAWP

Holding Executive leadership accountable

Establishment of roles and functions between
OWAP, Internal Controls, OGC, OIG

OM

Stop Fraud, Waste, and Abuse*

OALC

TBD (Business Transformation)

VEO

Veteran Experience Strategy implementation

Woman Veteran Equities

Providing Healthcare

Ending Homelessness

Improving Employment

Providing Mental Healthcare

* OEI will consolidate existing plans into common plan format

Operational Plan - Essential Elements of Information

Organizational or Program Mission

Vision Statement

Program Owner & Program Organizational Structure

Program/Initiative Objectives and measurable outcome targets

- Schedule (activities sequenced) and Milestones

- Customer Service Improvement Elements/Targets

- Performance Measures (baseline, goals, and stretch goals)

Resources

- Staffing Plan (Gov't FTE)

- Contract Support Requirements

- IT Requirements

- Acquisition Strategy

- Resource Gaps (if applicable) and impact on Performance Measures

- Dependencies

Risks/Issues & Mitigation Strategies

VA Operational Planning Model

Action	SECVA/ DEPSEC/ COSVA	Plan Owners	Staff Offices (Enabling Support)	Governance Board	Office of Enterprise Integration
Planning Standards				VAOB	✓
Program/Initiative Selection & Annual Objectives Refresh	✓			VAEB	
Operational Plan Development		✓	✓	VAOB	
Quality Assurance				VAOB	✓
Operational Plan Execution		✓	✓	VAOB	
Performance Management & Oversight				VAEB (Quarterly) VAOB (Monthly)	✓
Issue Resolution	✓			VAEB	

Back Up Slides

Enterprise Governance Bodies

Chair

SECVA

SECVA Stand-up (Meets Daily)

- Brief SECVA on key daily issues

Management Synchronization Meeting (Meets Weekly)

- Major near-term (30-day) milestones
Key issues and immediate Secretary decisions

VA Executive Board (VAEB) (Meets quarterly or as needed)

- VA strategy, policy, major investments

Under Secretaries Meeting (Meets Weekly)

- Execution priorities and strategic planning

VA Operations Board (Meets Bi-Monthly)

- Reviews budget execution, operations and performance; OIG/GAO high risk and issue management

Modernization Board (Meets Monthly (or as needed))

- Reviews performance and execution of VA Modernization initiatives/priorities & reform efforts

Mission Act Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

EHRM Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

President's Management Council* (Meets Quarterly)

- Oversees implementation of government-wide management policies/programs

Joint Executive Committee* (Meets Quarterly)

- Recommends strategic direction for the joint VA/DOD coordination/sharing
- Co-chaired by SECVA semi-annually
- Bi-monthly touchpoints with DOD

COSVA

Chief of Staff Council Meeting (Meets Weekly)

Manages execution of decisions made from other boards

AS/US/ Exec. Dir

Administration Governance
Bodies

CXO Governance Bodies

Strategic

Execution

Synchronization

*External Cross-Government bodies managed by the DEPSECVA

OGC POCs

Financial Management Business Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

The FMBT program (the purpose of which is to modernize the VA's legacy Financial Management System) was originally a procurement being administered by the United States Department of Agriculture (USDA) as a shared service, but USDA in December 2017 notified VA that it would no longer be the Federal Shared Service provider and VA was required to take over administration of all USDA awarded task orders. Accordingly, OGC has to provide guidance on transferring software licenses, terminating certain software licenses, acquiring new software licensing, modifying contracts, and awarding four new contracts (the awarded contracts ranged from \$12 million to \$750 million) in a compressed period of time in order to ensure the FMBT program continued without interruption.

Secondarily, involved through contracts supporting supply chain management objectives including the JEC, Joint Executive Counsel a DoD/ VA committee to support collaboration in efforts to provide medical care and share resources, routinely releases objectives requiring support from both PrLG. Most recent FY17/18 was the use of "ECat" a DoD interface which allows for an assisted acquisition to DoD.

Revenue Law Group SMEs: (b) (6) and (b) (6)

Supply Chain Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG)

Involved via procurement of follow on contract for commodities Medical Surgical Prime Vendor. PrLG has supported this effort over the last decade, and since FY16 also supported the NexGen approach and the 2.0. Currently working with OAL and VHA leadership and acquisitions to identify sources and coordination of efforts. Multiple inquiries by HVAC and SVAC as well as industry. Some litigation regarding the execution was resolved in September (Electra-Med matter).

Telehealth

Health Care Law Group SME: (b) (6) (this issue also involves the Personnel Law Group)

- Provided technical assistance for MISSION Act legislation
- Reviewed regulation that preceded MISSION Act legislation
- Addressing questions concerning prescribing of controlled substances
- Providing guidance on legal questions presented by program

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

Review of the contracts underlying the COTs and cloud services to ensure that execution of the project. Our office worked in FY16/17 to ensure that all items on contract were in scope. As an IDIQ additional work will be needed over the contract life cycle.

Information Law Group SME: (b) (6)
data governance and security issues.

Personnel Law Group SME: (b) (6) with (b) (6) and (b) (6)

assisted in developing regulations and working w VHA on anywhere-to-anywhere initiative (allowing VA providers who are not providing telehealth to allow them to provide services anywhere as long as its within their scope of practice).

OGC POCs

STOP Fraud, Waste and Abuse

Health Care Law Group SME: (b) (6) (Medicare data)

Participating in discussions about how this information may be used in future community care program.

(b) (6) -Participated in a discussion with ILG concerning current ability to use information from CMS.

Procurement Law Group SME: Bob Fleck and (b) (6)

Involved through Federal Acquisition Regulation (FAR) requirements (3 and 9.4) for procurement integrity as well as avoidance of conflict of interest.

This includes work of attorneys in specific contract matters as well as our Debarment and Suspension support.

Personnel Law Group SME: (b) (6)

advised on whether they can hire investigators (yes) and advising on follow-up issues on info sharing related to investigator findings.

Navigator Customer Experience

Not available

HR Modernization

Personnel Law Group SME: (b) (6)

met with them back in January but haven't heard anything from them since.

Appeals Modernization

Benefits Law Group SME: (b) (6)

Has worked closely with BVA and multiple VBA program offices to implement the Appeals Modernization Act.

Assisted in coordinating and reconciling inputs from multiple offices into a comprehensive proposed rule adding or revising more than 150 CFR sections.

Assisted VBA and BVA in implementing pilot programs to test aspects of the modernized appeals system.

Assisting in analyzing comments on proposed rule, developing responses for final rule notice.

Health Care Law Group – Lead SME: (b) (6) (HCLG has other SME's working with particular VHA Programs)

Working with VHA to help them understand requirements of the Appeals Modernization Act and how that will impact individual programs.

Working with VHA programs on developing templates for notices of decisions.

Working with VHA to develop interim final rule.

OGC POCs

Forever GI Bill

Benefits Law Group SME: (b) (6)

Provided Education Service advice regarding statutory interpretation.

Has been reviewing Education Service's preliminary drafts of the proposed rulemaking.

Procurement Law Group SMEs: Bob Fleck and (b) (6)

PrLG has supported VBA in revising the contracts supporting these programs. We have also advised regarding endorsements.

Mental Health Joint Action Plan

Health Care Law Group SMEs: (b) (6)

Providing legal guidance on VA's authorities to provide treatment

Providing legal review of materials developed for the initiative

Electronic Health Record Modernization (EHRM)

Procurement Law Group SMEs: Bob Fleck and (b) (6)

OGC was heavily involved in crafting the public interest determination and findings (D&F) the allowed a sole-source firm-fixed-price approximately \$10 Billion, Indefinite Delivery/Indefinite Quantity (ID/IQ) contract to Cerner to acquire the EHR system being deployed by the Department of Defense (DoD) and related services for deployment and transition across the VA enterprise in a manner that meets VA needs enabling seamless healthcare to Veterans and qualified beneficiaries. OGC was instrumental in supporting this award throughout all aspects of the program, from the pre-award contract negotiation, contract and multiple task order awards, and successful defense of bid protest challenges at the Agency and Federal Court level.

Personnel Law Group SMEs: (b) (6) and (b) (6)

hiring staff as T38 providers and helped draft legislation to accomplish this and advised on interim process with dotted line authority to allow T38 pay retention.

MISSION Act

Health Care Law Group SME's:

Community Care – (b) (6)

Caregivers – (b) (6)

Providing legal guidance on MISSION Act provisions to facilitate decision-making

Assisting in the drafting and development of necessary regulations implementing the law

Legal review of regulations

Personnel Law Group SME: (b) (6) and (b) (6)

podiatrist pay to ensure its similar to physician pay (b) (6) also advising on education programs (b) (6)

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Office of Budget				
Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Encouraging Public-Private Partnerships - 1st Q tr.	CFM	1/16/2018	1/30/2018	
National Outreach and Awareness Marketing Campaign - 1st Q tr.	OPIA	1/16/2018	1/30/2018	
Small, minority-and women-owned businesses - 1st Q tr.	OSVA	1/16/2018	1/30/2018	
Quarterly reporting - Major Construction - 1st Q tr.	OALC/CFM	1/16/2018	1/30/2018	
Appointment scheduling system	OIT	4/9/2018	4/23/2018	
Veterans data protection	OIT	4/9/2018	4/23/2018	
Spending plan	VHA	4/9/2018	4/23/2018	
Encouraging Public-Private Partnerships - 2nd Q tr.	CFM	4/16/2018	4/30/2018	
National Outreach and Awareness Marketing Campaign - 2nd Q tr.	OPIA	4/16/2018	4/30/2018	
Small, minority-and women-owned businesses - 2nd Q tr.	OSVA	4/16/2018	4/30/2018	
Quarterly reporting - Major Construction - 2nd Q tr.	OALC/CFM	4/16/2018	4/30/2018	
Central office responsiveness	OCLA	4/16/2018	4/30/2018	
West Los Angeles, California seismic corrections	CFM/OAEM	5/9/2018	5/23/2018	
Bakersfield outpatient clinic	CFM	5/9/2018	5/23/2018	
White House Veterans Complaint Hotline	VEO	5/9/2018	5/23/2018	
Hiring delays	VHA	5/9/2018	5/23/2018	
Kingdomware Decision	OIT	5/9/2018	5/23/2018	
Cybersecurity	OIT	5/9/2018	5/23/2018	
Rare cancers	VHA	6/8/2018	6/22/2018	
Improving Federal Burn Pits Registry	VHA	6/8/2018	6/22/2018	
Women's access to medical services	CFM	6/8/2018	6/22/2018	
Delayed provider payments	VHA	6/8/2018	6/22/2018	
Bakersfield outpatient clinic	CFM	7/9/2018	7/23/2018	
Financial Management and Health Care Delivery	VHA	7/9/2018	7/23/2018	
Mental health services training for community providers	VHA	7/9/2018	7/23/2018	
Position vacancies	VHA	7/9/2018	7/23/2018	
Rural caregivers	VHA	7/9/2018	7/23/2018	
Encouraging Public-Private Partnerships - 3rd Q tr.	CFM	7/16/2018	7/30/2018	
Long-Term Care - 3rd Q tr.	VHA	7/16/2018	7/30/2018	
Central office responsiveness - 3rd Q tr.	OCLA	7/16/2018	7/30/2018	
National Outreach and Awareness Marketing Campaign - 3rd Q tr.	OPIA	7/16/2018	7/30/2018	
Small, minority-and women-owned businesses - 3rd Q tr.	OSVA	7/16/2018	7/30/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Quarterly reporting - Major Construction -3rd Q tr.	OALC/CFM	7/16/2018	7/30/2018	
High-cost areas	VHA	9/7/2018	9/21/2018	
Women's health	VHA	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	VHA	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	VHA	9/7/2018	9/21/2018	
National Center for Post-Traumatic Stress Disorder	VHA	9/7/2018	9/21/2018	
Treatment for Post-Traumatic Stress Disorder	VHA	9/7/2018	9/21/2018	
Opioid Safety	VHA	9/7/2018	9/21/2018	
Opioid Addiction Treatment Protocols	VHA	9/7/2018	9/21/2018	
Dependents and Prescription Drug Monitoring Programs	VHA	9/7/2018	9/21/2018	
Orthotics and Prosthetics Workforce	VHA	9/7/2018	9/21/2018	
DoD and VA Prescription Drug Purchasing	VHA	9/7/2018	9/21/2018	
Center for Compassionate Innovation	VHA	9/7/2018	9/21/2018	
Hospice Care	VHA	9/7/2018	9/21/2018	
Home and Community Based Services	VHA	9/7/2018	9/21/2018	
Burn Pits Research	VHA	9/7/2018	9/21/2018	
Filling Vacant Positions	HRA	9/7/2018	9/21/2018	
Construction Contracting Outreach	CFM	9/7/2018	9/21/2018	
Medical staff retention	VHA	9/7/2018	9/21/2018	
Management reforms	OPP	9/7/2018	9/21/2018	
Legacy system decommissioning plan	OIT	9/7/2018	9/21/2018	
Veterans Service Centers	VBA/VHA	9/14/2018	9/28/2018	
Financial Hardship and Bankruptcy	OGC	9/14/2018	9/28/2018	
Rural Veterans Coordination Pilot	VHA	9/14/2018	9/28/2018	
Assessing Homelessness in Rural Areas	VHA	9/14/2018	9/28/2018	
Prescription Drug Monitoring Program Utility	VHA	9/14/2018	9/28/2018	
National Center for Posttraumatic Stress Disorder (PTSD)	VHA	9/14/2018	9/28/2018	
Postpartum depression	VHA	9/14/2018	9/28/2018	
HUD-VA SH program	VHA	9/14/2018	9/28/2018	
Maternity care benefit, survey, and education campaign	VHA	9/14/2018	9/28/2018	
Training for VA personnel engaged in facility management	CFM	9/14/2018	9/28/2018	
Deferred maintenance	NCA	9/14/2018	9/28/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Filling Vacant Positions	HRA	10/16/2018	10/30/2018	
Caregivers program - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Hepatitis C Treatment - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Encouraging Public-Private Partnerships - 4th Q tr.	CFM	10/16/2018	10/30/2018	
Long-Term Care - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Veterans Health Administration - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Claims Processing - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Central office responsiveness - 4th Q tr.	OCLA	10/16/2018	10/30/2018	
Performance reporting - September	VBA	10/16/2018	10/30/2018	
Disability Claims Processing - September	VBA	10/16/2018	10/30/2018	
OIT Expenditure Plan - September	OIT	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	VBA	10/16/2018	10/30/2018	
National Outreach and Awareness Marketing Campaign - 4th Q tr.	OPIA	10/16/2018	10/30/2018	
Small, minority-and women-owned businesses - 4th Q tr.	OSVA	10/16/2018	10/30/2018	
Quarterly reporting - VHA - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Choice Act - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Hep C - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Transfers - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - GenAd - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Quarterly reporting - BVA - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Quarterly reporting - VBA GOE - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - VBA - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - NCA - 4th Q tr.	NCA	10/16/2018	10/30/2018	
Quarterly reporting - OIT - 4th Q tr.	OIT	10/16/2018	10/30/2018	
Quarterly reporting - Major Construction - 4th Q tr.	OALC/CFM	10/16/2018	10/30/2018	
Quarterly reporting - FTE - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Veterans Electronic Health Record - 4th Q tr.	EHR	10/16/2018	10/30/2018	
Caregivers	VHA	1/9/2019	1/23/2019	
Expenditure plan - Minor Construction	O AEM	3/8/2019	3/22/2019	
Medical staff retention	VHA	3/8/2019	3/22/2019	
Demand profile	VHA	3/9/2019	3/23/2019	

Upcoming VAOB Meetings

November 26 – Budget Execution and Performance Review

December 10 – Management Issues

December 24 – Cancelled

From: Darin Selnick <(b) (6) gmail.com>
To: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=(b) (6)>
Cc:
Bcc:
Subject: [EXTERNAL] Fwd: DOT / FAA Placement Possibilities
Date: Fri Oct 19 2018 15:24:37 CDT
Attachments: (b) (6) SECNAV MIL BIO.doc
(b) (6) resume.doc
(b) (6) JPG
Secretary (b) (6) 2.jpg

Hi (b) (6)

Please call me when you have a chance on this.

Thanks

Darin

----- Forwarded message -----

From: (b) (6) <(b) (6) aol.com>
Date: Fri, Oct 19, 2018 at 12:05 PM
Subject: DOT / FAA Placement Possibilities
To: (b) (6) gmail.com>

Greetings Darin,

First, I'd like to thank you for your sound advice and liaison. It seems that quite a few people I've interacted with at DOT, FAA in particular, believe that my expertise and forward thought would be of great productive value in a number of programs there. While I'm flattered, there are several programs I'm easily capable of managing there. My strong military, commercial, civilian aviation, and Congressional consulting experience combined with my extensive program management experiences at Naval air Systems Command would fit nicely in FAA's Next Gen, ATO, or any other area they need management expertise in. As a results oriented, policy driven person, I am confident that we can do a lot to bring aviation management and procedures into the 21st century. UAV integration and air traffic management are areas we can improve, for sure.

I'm asking if you would use your contacts to float my resume over at DOT / FAA for serious consideration as I'm readily available immediately. If I'm going to continued to be asked to consult with some of the FAA employees, I should be on the payroll (smile). I can ensure that I'll do whatever is necessary too get the President's agenda up and running at that organization with tangible metrics, and goal-oriented results.

Please find attached my resume, military bio, and a couple of pictures, though the Navy photo is now dated.

Again, thank you for any assistance you're able to provide. My hope the WH PPO will be agreeable.

(b) (6)
(703) 732- (b) (6) cell / text

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Last Modified: Fri Oct 19 14:24:37 CDT 2018

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UNITED STATES NAVY

[illegible]**CAREER HIGHLIGHTS, UNITED STATES NAVY (continued):**

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Excellent personal and professional references upon request.

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Cc:
Bcc:
Subject: VSO Communicators Meeting
Date: Fri Oct 12 2018 14:37:54 CDT

Attachments:

StartTime: Wed Nov 07 09:45:00 Central Standard Time 2018

EndTime: Wed Nov 07 11:15:00 Central Standard Time 2018

Location: 810 Vermont Avenue, Room 910

Invitees: (b) (6) moaa.org); (b) (6) purpleheart.org); (b) (6), (b) (2) amvets.org); (b) (6) hqafsa.org); (b) (6) mowww.org); (b) (6), (b) (2) davmail.org); (b) (6), (b) (2) woundedwarriorproject.org); (b) (6) studentveterans.org); (b) (6) legion.org); (b) (6) bva.org); (b) (6) co. waseca.mn.us); (b) (6) fra.org); Dan Caldwell (dcaldwell@cv4a.org); (b) (6) (VFW); (b) (6), (b) (2) treadc.org); (b) (6) moaa.org); (b) (6) (DISABLED ACCT); (b) (6), (b) (2) va.gov); (b) (6), (b) (2) jwv.org); Hutton, James; (b) (6) coausphs.org); (b) (6) va.gov); (b) (6) verizon.net); (b) (6) - The American Legion (b) (6) woundedwarriorproject.org); (b) (6) amvets.org); (b) (6), (b) (2) - Department of Veterans Affairs (b) (6) va.gov); (b) (6) usmcra.org); (b) (6) nacvso.org); (b) (6) hqafsa.org); (b) (6) hqafsa.org); (b) (6) VBAVACO; (b) (6) redcross.org); (b) (6) mcleague.org); (b) (6) legion.org); (b) (6) studentveterans.org); (b) (6) davmail.org); (b) (6) woundedwarriorproject.org); (b) (6), (b) (2) bva.org); (b) (6), (b) (2) iava.org); (b) (6) maine.gov); (b) (6) hqafsa.org); (b) (6) amvets.org); (b) (6) vva.org); (b) (6), (b) (2) R. VBAVACO (b) (6), (b) (2) va.gov); (b) (6) teamrubiconusa.org); (b) (6) vfw.org); (b) (6) vfw.org); (b) (6) teamrwb.org); (b) (6) Michelle B; (b) (6) VBAVACO; Syrek, Christopher D. (Chris); (b) (6) dav.org); (b) (6) iava.org); (b) (6) moaa.org); (b) (6) pva.org); (b) (6) Wagner, John (Wolf); (b) (6)

Recurring: No

ShowReminder: No

Accepted: No

This invitation is for the VSO Communicators Meeting at the VA Central Office. I know that November is a very busy month for everyone. Please let me know whether you or someone from your organization will be able to attend.

This meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security. An agenda will follow under separate cover.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

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Cc:
Bcc:
Subject: VSO Communicators Meeting
Date: Fri Oct 12 2018 14:37:52 CDT
Attachments:

This invitation is for the VSO Communicators Meeting at the VA Central Office. I know that November is a very busy month for everyone. Please let me know whether you or someone from your organization will be able to attend.

This meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security. An agenda will follow under separate cover.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

From: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
To: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Cc: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Bcc:
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 21:22:00 CDT
Attachments:

I did mention to OPIA that an op-ed is worth discussing.

Getting impression the (b) (5) .

Sent with Good (www.good.com)

From: RLW
Sent: Wednesday, September 19, 2018 6:01:50 PM
To: Tucker, Brooks
Cc: Powers, Pamela
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy

Certainly (b) (5) (b) (5)

Sent with Good (www.good.com)

From: Tucker, Brooks
Sent: Wednesday, September 19, 2018 5:52:49 PM
To: RLW
Cc: (b) (6) Powers, Pamela; (b) (6) Byrne, Jim; Lawrence, Paul R., VBAVACO
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

From: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
To: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Cc: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Bcc:
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 21:20:04 CDT
Attachments:

Yes, when they said a letter was coming I was under impression they would [REDACTED] (b) (5)

Sent with Good (www.good.com)

From: RLW
Sent: Wednesday, September 19, 2018 6:01:50 PM
To: Tucker, Brooks
Cc: Powers, Pamela
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy

Certainly [REDACTED] (b) (5)

Sent with Good (www.good.com)

From: Tucker, Brooks
Sent: Wednesday, September 19, 2018 5:52:49 PM
To: RLW
Cc: [REDACTED] (b) (6) Powers, Pamela; [REDACTED] (b) (6) Byrne, Jim; Lawrence, Paul R., VBAVACO
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

From: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
To: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Cc: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Bcc: [REDACTED]
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 21:01:50 CDT
Attachments:

Certainly [REDACTED] (b) (6)

Sent with Good (www.good.com)

From: Tucker, Brooks
Sent: Wednesday, September 19, 2018 5:52:49 PM
To: RLW
Cc: [REDACTED] (b) (6) Powers, Pamela; [REDACTED] (b) (6) Byrne, Jim; Lawrence, Paul R., VBAVACO
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

Sent with Good (www.good.com)

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Bcc:
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 20:52:49 CDT
Attachments: CVA_Letter of Opposition_Blue Water Navy Vietnam Vets Act.pdf

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

Sent with Good (www.good.com)

Owner: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)
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Filename: CVA_Letter of Opposition_Blue Water Navy Vietnam Vets Act.pdf
Last Modified: Wed Sep 19 19:52:49 CDT 2018



CONCERNED
VETERANS
FOR AMERICA

September 12, 2018

Secretary Robert Wilkie
Department of Veterans Affairs
810 Vermont Avenue, NW.
Washington, D.C. 20420

Dear Secretary Wilkie,

On behalf of Concerned Veterans for America, I would like to express our support for your position opposing H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018. While we recognize the good intentions of those in Congress who want to ensure veterans receive the benefits they were promised, we agree with the Department of Veterans Affairs (VA) that this sets an alarming precedent by creating a new presumption without the support of scientific evidence.

With the Institute of Medicine concluding in 2011 that exposure to Agent Orange among Blue Water Navy Veterans “cannot reasonably be determined,” lawmakers should end efforts to expand benefits until research conclusively supports such a change. This process protects the integrity of the VA’s benefits system and ensures the claims of veterans with clear service-connected injuries are prioritized and processed in a timely manner. The VA already applies a generous presumption of exposure to Agent Orange for Vietnam Veterans who served on brown water vessels or on ships that entered inland waterways. Expanding benefits without the backing of scientific evidence is a disservice to future and current generations of veterans.

The VA has long struggled to process current claims and appeals in a timely manner. This bill would add an influx of complicated and nuanced claims to an overburdened system. Due to the lack of conclusive scientific evidence to support this policy change, the bill includes a demarcation line for eligibility that might be impossible for the VA to even utilize. This combination of factors will further strain the VA benefits system.

Additionally, any expansion of benefits, particularly retroactive benefits, carries a significant price tag. The VA’s net cost estimate of \$5.5 billion over 10 years is likely conservative at best and the pay-for included in the bill is insufficient to cover the additional costs.

Accordingly, we urge the VA to continue to oppose the Blue Water Navy Veterans Act.

Sincerely,

Dan Caldwell
Executive Director
Concerned Veterans for America

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Bcc:

Subject: VSO Communicators Meeting
Date: Fri Sep 07 2018 13:52:00 CDT
Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)

~~*~*~*~*~*~*~*

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

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Bcc:

Subject: VSO Communicators Meeting
Date: Fri Sep 07 2018 13:52:00 CDT
Attachments:

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Cc:
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Subject: SECVA VSO Interactions
Date: Wed Sep 05 2018 18:31:25 CDT
Attachments: SECVA VSO Attendance.docx

Pam,

See below/attached for SECVA VSO interactions you asked for. If he doesn't want to include the 1 v. 1 meetings or the breakfast that is fine, at least wanted to provide the info. VHA visits you asked for are forthcoming, will have by tomorrow.

EVENT

DATE

VSO Breakfast

4/6/2018

VSO Breakfast

8/21/2018

1:1 American Legion

5/16/2018

1:1 VFW

5/4/2018

1:1 AMVETS

5/3/2018

1:1 DAV

5/1/2018

1:1 PVA

5/8/2018

1:1 V V A

5/18/2018

1:1 WWP

4/23/2018

1:1 CVA

5/4/2018

1:1 BVA

4/4/2018

AMVETS National Convention

8/8/2018 Orlando, FL

American Legion National Convention

8/29/2018 Minneapolis, MN

Paralyzed Veterans of America National Convention

8/30/2018 Dallas, TX

Jewish War Veterans Convention

8/10/2018 Tampa, FL

White House VSO Group Meeting

5/16/2018

Owner: Syrek, Christopher D. (Chris) </o=va/ou=exchange administrative group
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Filename: SECVA VSO Attendance.docx
Last Modified: Wed Sep 05 17:31:25 CDT 2018

SECVA VSO Attendance

EVENT	DATE
VSO Breakfast	4/6/2018
VSO Breakfast	8/21/2018
1:1 American Legion	5/16/2018
1:1 VFW	5/4/2018
1:1 AMVETS	5/3/2018
1:1 DAV	5/1/2018
1:1 PVA	5/8/2018
1:1 V V A	5/18/2018
1:1 WWP	4/23/2018
1:1 CVA	5/4/2018
1:1 BVA	4/4/2018
AMVETS National Convention	8/8/2018 Orlando, FL
American Legion National Convention	8/29/2018 Minneapolis, MN
Paralyzed Veterans of America National Convention	8/30/2018 Dallas, TX
Jewish War Veterans Convention	8/10/2018 Tampa, FL
White House VSO Group Meeting	5/16/2018

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Attachments:

VSO Communicators Meeting

Tue Sep 04 2018 10:16:52 CDT

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Attachments:

VSO Communicators Meeting

Tue Sep 04 2018 10:16:52 CDT

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security.

Several representatives that I have spoken to preferred to meet a little later in the day than our previous time of 8AM. Please let me know if you can attend at this new time. If this time works for the majority of you I will keep it, if not we can reschedule.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

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information/cn=recipients/cn=(b) (6)>
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Bcc:
Subject: VSO Communicators Meeting
Date: Tue Sep 04 2018 10:16:52 CDT
Attachments:

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security.

Several representatives that I have spoken to preferred to meet a little later in the day than our previous time of 8AM. Please let me know if you can attend at this new time. If this time works for the majority of you I will keep it, if not we can reschedule.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

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Bcc:

Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 13:13:54 CDT
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Bcc:

Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 13:13:54 CDT
Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)
Where: 810 Vermont Ave, OPIA Glass Conference Room

~~*~*~*~*~*~*~*

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone

through security.

Several representatives that I have spoken to preferred to meet a little later in the day than our previous time of 8AM. Please let me know if you can attend at this new time. If this time works for the majority of you I will keep it, if not we can reschedule.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

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Policy Team <policy@iava.org>
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Bcc:
Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 13:13:54 CDT
Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)
Where: 810 Vermont Ave, OPIA Glass Conference Room

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This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone

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Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

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Policy Team <policy@iava.org>
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Bcc:
Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 12:59:49 CDT
Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)
Where: 810 Vermont Ave, OPIA Glass Conference Room

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National Veterans Outreach Office

Department of Veterans Affairs

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E-mail: (b) (6) va.gov

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Policy Team <policy@iava.org>
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Christopher D. (Chris) </o=va/ou=exchange administrative group
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<(b) (6) woundedwarriorproject.org>; (b) (6)
<(b) (6) moaa.org>; (b) (6) <(b) (6) vfw.org>; IAVA
Policy Team <policy@iava.org>

Cc: (b) (6) </o=va/ou=exchange
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(b) (6) <(b) (6) stclaircounty.org>; (b) (6)
(b) (6) </o=va/ou=infrastructure/cn=recipients/cn=(b) (6)

Bcc:
Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 12:59:49 CDT
Attachments:

From: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
To: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Cc: Syrek, Christopher D. (Chris) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Bcc:
Subject: HR Numbers & VEO Breakfast
Date: Mon Aug 20 2018 17:39:41 CDT
Attachments: VSO Breakfast Agenda.docx

Sir,

I know Chris talked to you about the HR Release and you had asked for the draft. I just looked at it and it is a [REDACTED] (b) (5)

Also, attached is the invite list and suggested agenda. We will make sure this is done sooner and a good product is provided in the future.

Respectfully,

Pam

Pamela Powers

Veterans Affairs Chief of Staff

Office: 202-461-4846

Cell: 202-430-0049

Pamela.powers@VA.gov

Owner: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=[REDACTED]
Filename: VSO Breakfast Agenda.docx
Last Modified: Mon Aug 20 16:39:41 CDT 2018

VSO Breakfast Tuesday, August 21, 2018 8:00 to 9:00 am	
VA Invitees	<p>The Honorable Robert Wilkie, Secretary Pamela Powers, Chief of Staff, Office of the Secretary Dr. Paul Lawrence, Under Secretary, Veterans Benefits Administration, VA Randy Reeves, Under Secretary, National Cemetery Administration, VA Jim Byrne, Office of General Counsel, VA Brooks Tucker, Assistant Secretary, OCLA Dr. Steve Lieberman, Acting, Principal Deputy Under Secretary for Health, VHA</p>
VSO Invitees	<p>(b) (6) Executive Director, The American Legion (TAL) (b) (6) Executive Director, Disabled American Veterans (DAV) (b) (6) Executive Director, Paralyzed Veterans of America (PVA) (b) (6) Executive Director, American Veterans (AMVETS) (b) (6) Deputy Director for Policy & Government Affairs, Vietnam Veterans of America (VVA) (b) (6) Senior Director, Government Relations for Veterans-Wounded Warrior Care Military Officers Association of America (MOAA) (b) (6) Senior Vice President, Government and Community Relations, Wounded Warrior Project (WWP) (b) (6) President and CEO, Student Veterans of America (SVA) (b) (6) Deputy Director, Concerned Veterans of America (CVA) (b) (6) (alt (b) (6)) Washington, D.C. Director (Chief Advocacy), Independence Fund (b) (6) Executive Director, AMVETS (b) (6) National Executive Director, Fleet Reserve Association (b) (6) Executive Director, Veterans of Foreign Wars (b) (6), (b) (2) Director of Public Affairs, Blinded Veterans Association (b) (6) (assistant to (b) (6), (b) (2)) Blinded Veterans Association</p>
Welcome & Introductions	<p>The Honorable Robert Wilkie Secretary Department of Veterans Affairs</p> <p>**Introduce (b) (6), (b) (7)(C) Special Assistant to the President and Deputy Director for the White House Public Liaison</p> <p>**Introduce (b) (6), (b) (7)(C) Domestic Policy Council</p>
Leadership Updates	<p>Pamela Powers, Chief of Staff Col (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Peter O'Rourke Jacquelyn Hayes-Byrd, Acting Assistant Secretary for HR&A Dr. Richard A. Stone – Dr. Stone was appointed Executive in Charge, Office of the Under Secretary for Health, effective July 18, 2018. An Army Veteran, previously served as PDUSH from 2016 to 2017 Dr. Carolyn M. Clancy –Deputy Under Secretary for Health for Discovery and Advancement, consolidates the Office of Academic Affiliation (OAA) and the Office of Research and Development (ORD). Dr. Steven Lieberman – named “Acting” PDUSH (Principal Deputy Under Secretary for Health) from Assistant Deputy Under Secretary for Access for Care</p>

Secretary's Priorities	Customer Service Bottom-up Organization Business transformation
Electronic Health Records Management Update	Cerner Kickoff Solicit VSO input/debrief from Cerner Kickoff Event I and my team are confident that this is the right Solution
Blue Water Navy	<p>VA's view is that the evidence-based approach to creating or expanding presumptions should be maintained.</p> <p>Presumptions of exposure and/or medical causation should always be supported by historical, scientific, and/or medical evidence about the specific population of Veterans affected.</p> <p>VA recognizes Congress's prerogative in creating or expanding presumptions.</p> <p>However, VA is concerned that new Congressionally-created presumptions that are not adequately supported by evidence will erode confidence in the soundness and fairness of the Veterans' benefits system.</p> <p>Such statutory presumptions will lead to increased pressure on VA to create or expand additional presumptions administratively, under a similarly liberal approach.</p>

From: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
To: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Cc: Syrek, Christopher D. (Chris) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Bcc:
Subject: HR Numbers & VEO Breakfast
Date: Mon Aug 20 2018 17:39:41 CDT
Attachments: VSO Breakfast Agenda.docx

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Veterans Affairs Chief of Staff

Office: 202-461-4846

Cell: 202-430-0049

Pamela.powers@VA.gov

Owner: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=[REDACTED]
Filename: VSO Breakfast Agenda.docx
Last Modified: Mon Aug 20 16:39:41 CDT 2018

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To: Powers, Pamela </o=va/ou=exchange
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Cc:
Bcc:
Subject: Draft agenda for VSO breakfast
Date: Mon Aug 20 2018 17:33:49 CDT
Attachments: Document5.docx

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Filename: Document5.docx
Last Modified: Mon Aug 20 16:33:49 CDT 2018

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From: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
To: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
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Bcc:
Subject: Revised Seating Chart
Date: Mon Aug 20 2018 16:52:48 CDT
Attachments: SECVA VSO Bkfst Aug 21 Seating Chart.docx

In order to accommodate the larger group at the table and keep the Secretary in the middle we've adjusted the chart accordingly.

Please see attached.

*Note: Changes can be made up to the start of the breakfast.

Send me!

(b) (6)

Senior Advisor, VSO Liaison Office of the Secretary

Department of Veteran Affairs

810 Vermont Avenue, NW

Washington, D.C. 20420

Desk: (202) 461-(b) (6)

Email: (b) (6)@va.gov

Owner: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdlt)
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Filename: SECVA VSO Bkfst Aug 21 Seating Chart.docx
Last Modified: Mon Aug 20 15:52:48 CDT 2018

SECVA VSO Breakfast
Tuesday, Aug 21. 2018
8:00-9:00am
OBCR

Seating Chart

(b) (6)	FRA	
(b) (6)	AMVETS	(b) (6)
Jim Byrnes OGC		(b) (6)
Brooks Tucker Assistant Secretary, OCLA		(b) (6)
(b) (6), (b) (2)	VSO Liaison	(b) (6)
Pamela Powers Chief of Staff		(b) (6)
Secretary Wilkie		(b) (6)
(b) (6), (b) (7)(C)	Special Assistant to the President and Deputy Director for the White House Public Liaison	(b) (6) (ALTERNATE) (b) (6)
		(b) (6)
Randy Reeves US For Memorial Affairs		(b) (6)
Paul Lawrence US VBA		(b) (6)
Dr. Steven Lieberman P/DUSH		(b) (6)
(b) (5)	PVA	(b) (6) (Assistant to) (b) (6)
(b) (6)	Gold Star Wives	(b) (6)
		(b) (6)



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Cc: Syrek, Christopher D. (Chris) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Bcc:
Subject: Agenda Topics
Date: Mon Aug 20 2018 16:37:33 CDT
Attachments: SECVA VSO Bkfst Aug 21 Seating Chart.docx
VSO Breakfast Invitees and Agenda Aug21 2018.docx

Apologies, I sent out the wrong agenda for tomorrow's VSO breakfast in my previous email.

Please find the updated agenda and seating chart attached.

Send me!

(b) (6)

Owner: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=(b) (6)
Filename: SECVA VSO Bkfst Aug 21 Seating Chart.docx
Last Modified: Mon Aug 20 15:37:33 CDT 2018

SECVA VSO Breakfast
Tuesday, Aug 21, 2018
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OBCR

Seating Chart

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(b) (6)	AMVETS	(b) (6)	WWP
Jim Byrnes	OGC	(b) (6)	MOAA
Brooks Tucker	Assistant Secretary, OCLA	(b) (6)	VFW
Secretary Wilkie		(b) (6)	The American Legion
Pamela Powers	Chief of Staff	(b) (6)	Concerned Veterans of America
(b) (6), (b) (7)(C)	Special Assistant to the President and Deputy Director for the White House Public Liaison	(b) (6) (ALTERNATE) (b) (6)	Independence Fund
(b) (6), (b) (2)	VSO Liaison	(b) (6)	DAV
Randy Reeves	US For Memorial Affairs	(b) (6)	SVA
Paul Lawrence	US VBA	(b) (6)	VVA
Dr. Steven Lieberman	P/DUSH	(b) (6) (Assistant to) (b) (6)	Blinded Veterans Association
(b) (5)	PVA	(b) (6)	Blinded Veterans Association
(b) (6)	Gold Star Wives		



Owner: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=(b) (6)
Filename: VSO Breakfast Invitees and Agenda Aug21 2018.docx
Last Modified: Mon Aug 20 15:37:33 CDT 2018

Event/Meeting: VSO Breakfast with The Honorable Robert Wilkie, Acting Secretary, Department of Veterans Affairs

Date/Time: Tuesday, August 21st – 8:00 – 9:00 AM

Location: VACO Omar Bradley Conference Room (OBCR)

VA Invitees:

The Honorable Robert Wilkie, Acting Secretary
Pamela Powers, Chief of Staff, Office of the Secretary
Dr. Paul Lawrence, Under Secretary, Veterans Benefits Administration, VA
Randy Reeves, Under Secretary, National Cemetery Administration, VA
Jim Byrne, Office of General Counsel, VA

VSO Invitees:

(b) (6) Executive Director, The American Legion (TAL)
(b) (6) Executive Director, Disabled American Veterans (DAV)
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(b) (6) National Executive Director, Fleet Reserve Association
(b) (6) Executive Director, Veterans of Foreign Wars
(b) (6), Director of Public Affairs, Blinded Veterans Association
(b) (6) (assistant to (b) (6) Blinded Veterans Association

Agenda Topics:

Welcome/Introductions – The Honorable Robert Wilkie, Acting Secretary

Update – Leadership Updates

- Pamela Powers
- Col (b) (6), (b) (7)(C)
- Kevin Krhon
- Peter O'Rourke
- Jacquelyn Hayes-Byrd
- Dr. Richard A. Stone – Dr. Stone was appointed Executive in Charge, Office of the Under Secretary for Health, effective July 18, 2018. An Army Veteran, previously served as PDUSH from 2016 to 2017
- Dr. Carolyn M. Clancy –Deputy Under Secretary for Health for Discovery and Advancement, consolidates the Office of Academic Affiliation (OAA) and the Office of Research and Development (ORD).
- Dr. Steven Lieberman –Promoted from Assistant Deputy Under Secretary for Access for Care to PDUSH. Dr. Lieberman has over 25 years' experience with VHA

Priorities

- Customer Service
- Bottom-up Organization
- Business transformation

EHRM Update

- Cerner Kickoff
- Solicit VSO input/debrief from Cerner Kickoff Event
- I and my team are confident that this is the right Solution

Blue Water Navy

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NEWS Announcements

Clarify collective bargaining authority

**VA Secretary underscores low unemployment
for Veterans under President Trump**

From: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
To: (b) (6) </o=va/ou=va martinsburg/cn=recipients/cn=(b) (6) (b) (6)> </o=va/ou=va martinsburg/cn=recipients/cn=vacomitchm1>; Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Cc:
Bcc:
Subject: RE: Thursday
Date: Mon Aug 20 2018 16:25:29 CDT
Attachments: SECVA VSO Bkfst Aug 21 Seating Chart.docx

Got it thank you!

See attached seating chart for tomorrow morning's breakfast.

Thank you.

(b) (6)

From: (b) (6)
Sent: Monday, August 20, 2018 4:21 PM
To: (b) (6) <(b) (6) va.gov>
Subject: Thursday

Hi (b) (6) – need to move your meeting on Thursday to 2pm. Thank you.

(b) (6)

Owner: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=(b) (6)
Filename: SECVA VSO Bkfst Aug 21 Seating Chart.docx
Last Modified: Mon Aug 20 15:25:29 CDT 2018

SECVA VSO Breakfast
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8:00-9:00am
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AMVETS		WWP
Jim Byrnes		(b) (5)
OGC		MOAA
Brooks Tucker		(b) (6)
Assistant Secretary, OCLA		VFW
Secretary Wilkie		(b) (6)
		The American Legion
Pamela Powers		(b) (6)
Chief of Staff		Concerned Veterans of America
(b) (6), (b) (7)(C)		(b) (6) (ALTERNATE) (b) (6)
Special Assistant to the President and Deputy Director for the White House Public Liaison		Independence Fund
(b) (6), (b) (2)		(b) (6)
VSO Liaison		DAV
Randy Reeves		(b) (5)
US For Memorial Affairs		SVA
Paul Lawrence		(b) (5)
US VBA		VVA
Dr. Steven Lieberman		(b) (6) (Assistant to) (b) (6), (b) (2)
P/DUSH		
(b) (5)		Blinded Veterans Association
PVA		
(b) (6)		(b) (6), (b) (2)
Gold Star Wives		Blinded Veterans Association



V1

From: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
To: (b) (6)@outlook.com
<(b) (6)@outlook.com>
Cc:
Bcc:
Subject: FW: [EXTERNAL] VA Reform Agenda – Five Ways to Move Forward
Date: Sun Aug 19 2018 20:59:03 CDT
Attachments: Commission on Care_Final Report_063016_1815-3.pdf
Commission-on-Care-SECVA-to-POTUS-memo-and-enclosure-tech-edit-page-4....pdf
MISSION Act 2018_6_22 Deadlines and Milestones spreadsheet.xlsx
VA Directives Draft 060518.docx
VA Governance Directive0214.pdf
VA Reform Agenda 10082018.docx
VA Reform and Modernization Commission.docx
VA-ETP-FINAL-JULY-2003.pdf

Sent with Good (www.good.com)

From: Darin Selnick
Sent: Wednesday, August 15, 2018 10:08:20 PM
To: Powers, Pamela
Cc: (b) (6), (b) (7)(C), (b) (6)
Subject: [EXTERNAL] VA Reform Agenda – Five Ways to Move Forward

Hi Pam

Last week SECVA Wilkie asked me to put together for him, my ideas on 5 Ways to get VA reform moving.

Attached - VA Reform Agenda, are those 5 ideas. The additional attachments support the document and are referenced.

Can you please ensure that this gets to SECVA. I am happy to discuss them with you when I see you on Monday. Also let me know if SECVA would like to discuss this when I am in DC next week or on the phone sometime.

Best Regards

Darin Selnick
571-234-6003

Owner: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)
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Filename: Commission on Care_Final Report_063016_1815-3.pdf
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Commission on Care

Final Report



COMMISSION ON CARE

June 30, 2016

COMMISSION ON CARE

Final Report of the Commission on Care

June 30, 2016

Commission on Care
1575 I Street, NW
Washington, DC 20005



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COMMISSION ON CARE

1575 I Street, NW ▪ Washington, DC 20005

June 30, 2016

We are honored to submit to the President, through the Secretary of Veterans Affairs, in accordance with the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), the enclosed recommendations for transforming veterans' health care. We believe these recommendations are essential to ensure that our nation's veterans receive the health care they need and deserve, both now and in the future.

We worked with an absolute commitment to putting veterans at the heart of our deliberations, and believe our recommendations will create an integrated, community-based health care system for veterans that will be sustainable for the long term. During the term of the Commission on Care, we evaluated the 4,000-page *Independent Assessment Report*; held public meetings; listened to a broad range of stakeholders, including veterans and leaders of veterans service organizations; made site visits to Veterans Health Administration (VHA) facilities; and exchanged ideas with individual veterans, VA and VHA leaders, VHA employees and health care providers, members of Congress, economists, and health care experts.

Overall, the Commissioners agree with the findings of the *Independent Assessment Report*, which are consistent with the expansive body of other evidence the Commissioners have reviewed. This evidence shows that although care delivered by VA is in many ways comparable or better in clinical quality to that generally available in the private sector, it is inconsistent from facility to facility, and can be substantially compromised by problems with access, service, and poorly functioning operational systems and processes. The Commissioners also agree that America's veterans deserve much better, that many profound deficiencies in VHA operations require urgent reform, and that America's veterans deserve a better organized, high-performing health care system.

The most public and glaring deficiency was access problems. Congress attempted to solve this problem through a provision in VACAA that directed VHA to implement a temporary program allowing for greater choice. The Commission finds, however, that the design and execution of the *Choice Program* are flawed. In its place, we offer specific recommendations for standing up integrated veteran-centric, community-based delivery networks that will optimize the balance of access, quality, and cost-effectiveness.

The Commission also finds that the long-term viability of VHA care is threatened by problems with staffing, facilities, capital needs, information systems, health care disparities and procurement. Fixing these problems requires deliberate, concurrent, and sequential actions. It also requires fundamental changes in governance and leadership of VHA to guide the organization during the next two decades through the rapid changes coming in demographics, technology, and in the structure of the overall U.S. health care system.

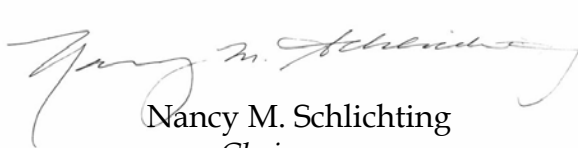
VHA has many excellent clinical programs, as well as research and educational programs, that provide a firm foundation on which to build. As the transformation process takes place, VHA must ensure that the current quality of care is not compromised, and that all care is on a trajectory of improvement. VHA has begun to make some of the most urgently needed changes outlined in the *Independent Assessment Report*, and we support this important work.

Implementing the recommendations in this report will greatly enhance VHA's ongoing reform efforts by providing both a systems-oriented framework and vitally needed changes in organizational structure. Foundational among these changes is forming a governing board to set long-term strategy and oversee the implementation of the transformation process, and building a strong, competency-based leadership system.

The remaining recommendations work in harmony to ensure veterans receive timely access to care, have options for where and how they receive care, are cared for in an environment that embraces diversity and inclusion, and are supported in making informed decisions about their own health and well-being. These recommendations are

not small-scale fixes to finite problems. Instead, they constitute a bold transformation of a complex system that will take years to fully realize, but that our country must undertake to provide our veterans with the high-quality health care they richly deserve.

Respectfully Submitted,



Nancy M. Schlichting
Chairperson




Delos M. Cosgrove, MD
Vice Chairperson



David P. Blom
Commissioner



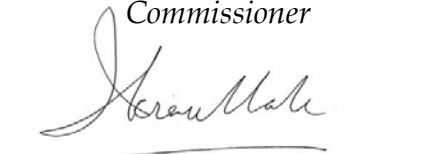
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EXECUTIVE SUMMARY

Two years ago, a scandal over VHA employees' manipulation of data systems to cover up long appointment scheduling delays made headlines and left the veterans' health care system reeling. The White House and Congress investigated the situation and identified chronic management and system failures, along with a troubled organizational culture. The White House appointed new leadership, including the secretary of veterans affairs (SECVA) and the undersecretary of health (USH), and Congress enacted substantial legislation that established a temporary program, the *Choice Program*, to fund expanded community care to alleviate wait times; directed a comprehensive independent assessment of VHA care delivery and management systems; and established this commission to review that assessment, examine access to care, and look more expansively at how veterans' care should be organized and delivered during the next 2 decades.

The independent assessment included an examination of the hospital care, medical services, and other health care provided in VA medical facilities.¹ The legislation identified 12 specific areas for in-depth evaluation:

- Demographics
- Health Care Capabilities
- Care Authorities
- Access Standards
- Workflow–Scheduling
- Workflow–Clinical
- Staffing/Productivity
- Health Information Technology
- Business Processes
- Supplies
- Facilities
- Leadership

The *Independent Assessment Report* provided a detailed analysis of the assessment and associated findings. The Commission work during the past 10 months was informed by the *Independent Assessment Report*, as well as by 26 days of public meetings (held in 12 sessions) with testimony by a broad range of experts and stakeholders, intensive deliberations, site visits to VHA facilities, and very importantly by the wide-ranging experience and expertise of commission members appointed by congressional leaders and the President.

In an effort to focus the Commission's recommendations and set the tone for subsequent change, the Commissioners developed a vision, a mission, and a set of values to drive reform as shown below. The vision provides the conceptual framework for the model of veterans' health care put forth in this report, and the mission and values shape the content of the recommendations.

Vision

Transforming veterans' health care to enhance quality, access, choice, and well-being.

- *Quality: Provide community-based, innovative care that drives improved outcomes.*
- *Access: Ensure timely access to the best providers for meeting veterans' health care needs.*

¹ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113–146, § 201(a)(1).

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- *Choice: Integrate health care within communities to foster convenience and efficiency.*
- *Well-Being: Support veterans in achieving optimal physical and mental health.*

Mission

Provide eligible veterans prompt access to quality health care.

Values

- Provide veteran-centric care.
- Involve all stakeholders, and especially veterans and their families, in designing the evolving future health care for veterans.
- Assimilate veterans into the greater community.
- Create community-based integrated networks to improve health care access and choice for veterans.

The recommendations in this report acknowledge that although VHA provides health care that is in many ways comparable or better in clinical quality to that generally available in the private sector, it is inconsistent from facility to facility, and can be substantially compromised by problems with access, service, and poorly functioning operational systems and processes.

Some of these challenges are not exclusive to VHA, and reflect large-scale problems in the U.S. health system in general, such as acute shortages of primary care doctors and lack of health care capacity in poor and rural areas. Other challenges reflect deficiencies within VHA itself, in areas such as staffing, facilities, capital needs, information systems, healthcare disparities and procurement.

It is important to understand VA's long history as a health care provider, which has included previous cycles of crisis and renewal that offer lessons for the present. It is also important to consider how VHA can implement major reform in a manner that is sustainable. This report addresses both of these issues.

The Commission's focus on access to care clearly highlighted the need for a long-range strategic evaluation of the veterans' health system. Access problems were the primary catalyst for the law establishing this body, and an examination of access has necessarily been central to the commission's work; however, Congress wisely directed the Commission to undertake a strategic examination as well.

The report begins with an *Introduction* that addresses the controversy over veterans' health care and gives a brief description of the Commission's vision for improving it. There are three main recommendation sections: *Redesigning the Veterans' Health Care Delivery System*; *Governance, Leadership, and Workforce*; and *Eligibility*. Each section includes detailed discussions of the high-level areas in which change must occur in the respective areas to facilitate bold reform. The format for each discussion includes identification of the problem, the Commission's recommendations for addressing the problem, background information, analysis, and implementation steps for Congress, VA, and other agencies. This executive summary provides a brief overview of each of the recommendations.

For the ease of our readers, the appendices contain all additional content. Of particular interest are appendices on *Financing the Vision and Model*, *Leadership Implementation*, *History as a Context for Systemic Transformation*, *Veteran Feedback*, and *Additional Resources*. These and other appendices provide policymakers and those charged with implementing the plan with a clear picture of the rationale for the recommendations and the context that frames them.

Recommendations

The Commission does not intend for these recommendations to be piecemeal fixes to everyday problems. Instead, they are presented as the foundation for far-reaching organizational transformation that adheres to a systems approach. The Commission's recommendations comprise the essential elements for such transformation.

Redesigning the Veterans' Health Care Delivery System

The VHA Care System

Recommendation #1: Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services.

Due to changing veteran demographics, increasing demand for VHA care in some markets and declining demand in other markets, more veterans being adjudicated as having service-connected conditions, aging facilities, provider shortages and vacancies, and other factors, VHA faces a misalignment of capacity and demand that threatens to become worse over time. Some facilities and services have low volumes of care that can create quality concerns, and in high demand areas, VHA often lacks the capacity to avoid lengthy wait times and other access issues.

With passage of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), Congress tasked VHA with creating the temporary *Choice Program*. It was designed to alleviate access issues by allowing for greater use of community care for enrolled veterans who meet the law's wait-time or distance-to-a-VHA-facility requirements.

Both the design and implementation of the law have proven to be flawed. VHA must instead establish high-performing, integrated, community-based health care networks, to be known as the VHA Care System.

The Commission Recommends That . . .

- VHA Care System governing board (see recommendation on p. 94) develop a national delivery system strategy, including criteria and standards for creating the VHA Care System, comprising high-performing, integrated, community-based health care networks, including VHA providers and facilities, Department of Defense and other federally-funded providers and facilities, and VHA-credentialed community providers and facilities.

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- Integrated community-based health care networks be developed with local VHA leadership input and knowledge to ensure their composition is reflective of local needs and veterans' preferences.
- Integrated, community-based health care networks must include existing VHA special-emphasis resources (e.g., spinal cord injury (SCI), blind rehabilitation, mental health, prosthetics, etc.). In areas for which VHA has special expertise, VHA should also play the role of enhancing care in the local communities by collaborating with community care providers to implement services that may not exist, focused on the needs of veterans (e.g., expansion of integrated primary care/mental health care).
- Networks be built out in a well-planned, phased approach, overseen by the new governing board, which determines the criteria for the phases to ensure effective execution of the strategy.
- VHA credential community providers. To qualify for participation in community networks, providers must be fully credentialed with appropriate education, training, and experience, provide veteran access that meets VHA standards, demonstrate high-quality clinical and utilization outcomes, demonstrate military cultural competency, and have capability for interoperable data exchange.
- Providers in the networks should be paid using the most contemporary payment approaches available to incentivize quality and appropriate utilization of health care services (i.e., using Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) physician payment methodology being proposed by CMS).
- The highest priority access to the VHA Care System be provided to service-connected veterans, and low-income veterans also be of high priority.
- The current time and distance criteria for community care access (30 days and 40 miles) be eliminated.
- Veterans choose a primary care provider from all credentialed primary care providers in the VHA Care System.
- All primary care providers in the VHA Care System coordinate care for veterans.
- VHA Care System provide overall health care coordination and navigation support for veterans.
- Veterans choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider.

The recommendations above work together to support the VHA Care System, as outlined in Table 1 below.

Table 1. VHA Care System Operations

Key Component	Expectations
Choice	<ul style="list-style-type: none"> ▪ Veterans can choose a primary care provider from all credentialed primary care providers in the VHA Care System. ▪ Veterans can receive their care at any VHA Care System location across the country with coordination by their primary care provider.
Care Coordination	<ul style="list-style-type: none"> ▪ All primary care providers in the VHA Care System must coordinate care for veterans. Specialty care is exclusively accessed through referrals from primary care providers. ▪ Veterans can choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider. ▪ Although primary care is traditionally defined as internal medicine or family practice, VHA may designate other specialty providers as primary care coordinators based on veterans' specific health needs (e.g., endocrinologists for diabetic patients, neurologists for patients with Parkinson's disease, OB/GYN for female patients). ▪ VHA will have overall responsibility of ensuring care coordination for veterans, including complex care navigation.

Clinical Operations

Recommendation #2: Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.

A shortage of providers and clinical managers, combined with inadequate support staff and policies that fail to optimize the talents and efficiency of all health professionals, detract from the effectiveness of VHA health care.

The problem starts with inadequate numbers of providers. Ninety-four percent of VHA sites with clinically meaningful access delays indicated that increasing the number of licensed independent practitioners was critical or very important to increasing access.²

At the same time, ineffective use of providers and other health professionals contributes to suboptimal productivity. Highly trained clinical personnel are often unable to perform at the top of their license, meaning they spend much of their time performing tasks that should be done by support staff.³ For example, doctors and nurses often escort patients; clean examination rooms; take vital signs; schedule; document care; and place the orders for consultations, prescriptions, or other necessary care that could be done more cost effectively by support staff. Twenty-three percent of VHA providers identified “not working to top of provider licensure” as a barrier in health care provision.⁴

² RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 95, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

³ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, ix, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁴ Ibid., 95.

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VHA is also currently failing to optimize use of advanced practice registered nurses (APRNs). APRNs are clinicians with advanced degrees who provide primary, acute, and specialty health care services.

The Commission Recommends That. . .

- VHA increase the efficiency and effectiveness of providers and other health professionals and support staff by adopting policies to allow them to make full use of their skills.
- Congress relieve VHA of bed closure reporting requirements under the Millennium Act.
- VHA continue to hire clinical managers and move forward on initiatives to increase the supply of medical support assistants.

Recommendation #3: Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally supported programs.

All federal providers and most health insurers have processes to ensure that beneficiaries have enforceable protections that allow them to obtain medically necessary care within their health benefits package.⁵ Such processes are imperative, particularly for care plans using capitated payment models for which there are incentives to conserve resources. Most veterans, and even their advocates, are unsure of VHA's process for resolving clinical disputes. This may be because there is not one policy in place for VHA, but 18 (one for each Veteran Integrated Service Network [VISN]).⁶

As part of the MyVA initiative, the Secretary of Veterans Affairs has set a goal of world-class service for veterans, including a proactive patient advocacy team that is integrated into patient-centered care and cultural transformation plans.⁷ The processes in place for patient grievances and central protections to ensure access to medically necessary care remain poorly understood despite these efforts. Also, they may be less comprehensive and fair than appeals processes private health insurers and other federal payers are required to provide.⁸

The Commission Recommends That . . .

- VHA convene an interdisciplinary panel to assist in developing a revised clinical-appeals process.

⁵ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>.

⁶ VHA Clinical Appeals, VHA Directive 2006-057 (2006).

⁷ "About the VHA Patient Advocate and Veteran Experience Program (VHA PA & VEP)," accessed from VA Intranet, May 31, 2016, <http://vaww.infoshare.va.gov/sites/OPCC/VEP/SitePages/vep-about.aspx>.

⁸ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>. VHA Clinical Appeals, VHA Directive 2006-057 (2006).

Recommendation #4: Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.

VHA has not effectively empowered its staff to identify problems and make changes to improve the overall quality of care.

Best practices exist in pockets of VHA; however, communication and support for implementation appear to be challenges. Various facilities indicate best practices are in place but seem isolated rather than widely adopted. Facilities often struggle to implement best practices, and information sharing is limited and ad hoc.⁹

VHA has a program of system engineering — Veterans Engineering Resource Center (VERC) — that can assist with transformation efforts, but it is not well known throughout VHA and until recently has been underutilized.

The Commission Recommends That . . .

- The Veterans Engineering Resource Center (VERC) be tasked to assist in transformation efforts, particularly in areas such as access and in areas that affect systemwide activities and require substantial change, such as human resources management, contracting, purchasing, and information technology.
- The many idea and innovation portals within VHA be consolidated under VERC.
- A culture to inspire and support continuous improvement of workflow processes be developed and fully funded.
- VHA's reengineering centers be enabled to identify proactively problem areas within the system and offer assistance.

Health Care Equity

Recommendation #5: Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

The Office of Health Equity (OHE), tasked with eliminating health disparities by building cultural and military competence within VHA, has not been given the resources or level of authority needed to be successful. Until VHA leadership establishes the elimination of health care disparities as a critical strategic priority and commits the resources required to address this problem, health care disparities will continue to persist among veteran patients.

⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs*, Assessment F (Workflow—Clinical), 14 and A-2, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

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A systematic review of VHA in 2007 identified the existence of racial and ethnic health inequalities. Health care disparities exist among veterans and especially among minority and vulnerable veterans.¹⁰ VHA cannot transform veterans' health care to enhance quality, access, choice, and well-being unless these health care disparities are addressed and eliminated. VHA has a plan for addressing these issues—the Health Equity Action Plan (HEAP)—but it has not been fully implemented.

The Commission Recommends That . . .

- VHA work to eliminate health disparities by establishing health care equity as a strategic priority.
- VHA provide the Office of Health Equity adequate resources and level of authority to successfully build cultural and military competence among all VHA Care System providers and employees.
- VHA ensure that the Health Equity Action Plan is fully implemented with adequate staffing, resources, and support.
- VHA increase the availability, quality, and use of race, ethnicity, and language data to improve the health of minority veterans and other vulnerable veteran populations with strong surveillance systems that monitor trends in health status, patient satisfaction, and quality measures.¹¹

Facility and Capital Assets

Recommendation #6: Develop and implement a robust strategy for meeting and managing VHA's facility and capital-asset needs.

Veterans who turn to VHA to meet health care needs should expect that its facilities have been designed and equipped to provide state-of-the-art care. As health care continues to move to ever greater use of ambulatory care delivery, VHA not only lacks modern health care facilities in many areas, but generally lacks the means to readily finance and acquire space, to realign its facilities as needed, or even to divest itself easily of unneeded buildings. Many of those barriers are statutory in nature, although VA's own internal processes compound its capital asset challenges. Establishing integrated care networks holds the promise of markedly improving veterans' access to care. That promise cannot be realized without transformative changes to VHA's capital structure. Political resistance doomed previous attempts to better align VHA's capital assets and veterans' needs. It is critical that an objective process be established to streamline and modernize VHA facilities in the context of building out the VHA Care System's integrated networks to ensure the ideal balance of facilities within each network. VHA needs as

¹⁰ Somnath Saha et al., *Racial and Ethnic Disparities in the VA Healthcare System: A Systematic Review*, U.S. Department of Veterans Affairs, Health Services Research & Development Service, June 2007, accessed June 22, 2016, <http://www.hsrd.research.va.gov/publications/esp/RacialDisparities-2007.pdf>.

¹¹ Kathleen G. Sebelius, Secretary, Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care*, accessed March 30, 2016, http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

much control as possible to drive the process to ensure that all facility plans are fully integrated with the strategic vision for the VHA Care System.

The Commission Recommends That . . .

- VA leaders streamline and strengthen the facility and capital asset program management and operations.
- The VHA Care System governing board be responsible for oversight of facility and capital asset management.
- Congress provide VHA greater budgetary flexibility to meets its facility and capital asset needs and greater statutory authority to divest itself of unneeded buildings.
- Congress enact legislation to establish a VHA facility and capital asset realignment process based on the DoD Base Realignment and Closure Commission (BRAC) process to be implemented as soon as practicable. The Commission recommends the VHA Care System governing board subsequently make facility decisions in alignment with system needs.
- New capital be focused on ambulatory care development to reflect health care trends.
- VHA move forward immediately with repurposing or selling facilities that have already been identified as being in need of closing.

Information Technology

Recommendation #7: Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.

To operate a high-performing VHA Care System, VA requires a comprehensive electronic health care information platform that is interoperable with other systems; enables scheduling, billing, claims, and payment, and provides tools that empower veterans to better manage their health. Creating a single, uniform, integrated IT platform will promote care continuity, cost savings, and consistent care delivery and business processes.¹² VA's antiquated, disjointed clinical and administrative systems cannot support these essential clinical and business processes and consequently are unable to support the Commission's transformation vision for VHA. In addition, VHA lacks an experienced senior health care IT leader focusing on the strategic health care IT needs of veterans.

The Commission Recommends That . . .

- VHA establish a Senior Executive Service (SES)-level position of VHA Care System chief information officer (CIO), selected by and reporting to the chief of VHA Care System (CVCS) with a dotted line to the VA CIO. The VHA CIO is responsible for developing

¹² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 43-44, accessed February 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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and implementing a comprehensive health IT strategy and developing and managing the health IT budget.

- VHA procure and implement a comprehensive, commercial off-the-shelf (COTS) information technology solution to include clinical, operational and financial systems that can support the transformation of VHA as described in this report.

Supply Chain

Recommendation #8: Transform the management of the supply chain in VHA.

Effective management of all aspects of the supply chain has become a competitive differentiator for health care delivery systems. Modernization and automation of the supply chain in health care have the potential to save hundreds of millions of dollars, if done well. VHA cannot modernize its supply chain management and create cost efficiencies because it is encumbered with confusing organizational structures, no expert leadership, antiquated IT systems that inhibit automation, bureaucratic purchasing requirements and procedures, and an ineffective approach to talent management.

The problems are systemic. The organizational structure is chaotic, contracting operations are not aligned to business functions, and processes are poorly constructed, lacking standardization across the organization. Information technology infrastructure is inadequate, and it lacks appropriate interoperability among IT systems. VHA is unable to produce high-quality data on supply chain utilization and does not effectively manage the process using the insights such data could provide.¹³

The Commission Recommends That . . .

- VHA establish an executive position for supply chain management, the VHA chief supply chain officer (CSCO), to drive supply chain transformation in VHA. This individual should be compensated relative to market factors.
- VA and VHA reorganize all procurement and logistics operations for VHA under the CSCO to achieve a vertically integrated business unit extending from the front line to central office. This business unit would be responsible for all functions in a fully integrated procure-to-pay cycle management that includes policy and procedures, contract development and solicitation, ordering, payment, logistics and inventory management, vendor relations and integration, data analytics and supply chain visibility, IT alignment, clinician engagement and value analysis, and talent management across all these supply chain functions.
- VA and VHA establish an integrated IT system to support business functions and supply chain management; appropriately train contracting and administrative staff in supply chain management; and update supply chain management policy and procedures to be consistent with best practice standards in health care.

¹³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, vi, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

- VHA support the Veterans Engineering Resource Center (VERC) Supply Chain Modernization Initiative including consistent support from leadership, continued funding and personnel, and the alignment of plans and funding within OIT to accomplish the modernization goals.

Governance, Leadership, and Workforce

Board of Directors

Recommendation #9: Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.

The existence—and concealment—of unacceptably long delays in care at the Phoenix VA Medical Center, and similar problems at multiple other VA medical centers, had both direct and indirect causes. Weak governance was found to be among those indirect causes.¹⁴ As the authors of a root-cause analysis of the Phoenix scandal highlighted, “a governance gap in leadership continuity and strategic oversight from one executive leadership team to another” contributed to the wait-time problems.¹⁵ The report authors observed, “Unlike other health care systems, VHA does not have a governance mechanism to fill the role of a board of directors.”¹⁶ The governance limitations made evident in the Phoenix scandal have profound implications for the long term. As discussed in this report, the Commission believes VHA must institute a far-reaching transformation of both its care delivery system and the management processes supporting it. Changes of the magnitude facing VHA would be difficult for any health care system to achieve. A transformation will take years to accomplish and must be sustained over time. Yet the short tenure of senior political appointees, each administration’s expectations for short-term results,¹⁷ and VHA’s operating in a “dynamic environment [in which it is] answering to a large number of stakeholders, sometimes with competing demands”¹⁸ offer little reason for optimism that real transformation could take hold without fundamental changes in governance.

The Commission Recommends That . . .

- Congress provide for the establishment of an 11-member board of directors accountable to the President, responsible for overall VHA Care System governance, and with decision-making authority to direct the transformation process and set long-term strategy. The Commission also recommends the governing board not be subject to the Federal Advisory Committee Act (FACA) and be structured based on the key elements included in Table 5.

¹⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xvi, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁵ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 3.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xiv, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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- The Board recommend a chief of VHA Care System (CVCS) to be approved by the President for an initial 5-year appointment. Additionally, the Commission recommends the governing board be empowered to reappoint this individual for a second 5-year term, to allow for continuity and to protect the CVCS from political transitions. If necessary, the CVCS can be removed by mutual agreement of the President and the governing board.

Leadership

Recommendation #10: Require leaders at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.

High-performing organizations have healthy cultures in which diverse staff feel respected and engaged at work. These workers, in turn, are better able to demonstrate compassion and caring toward customers in their delivery of high-quality services. Leaders at all levels of the organization are responsible for promoting a positive organizational environment and culture through how they treat staff and the systematic approach they take to decision making and management. VHA has among the lowest scores in organizational health in government. For the past decade, VHA's executives have not emphasized the importance of leadership attention to cultural health, and it has not been well integrated in training, assessments, and performance accountability systems.

The Commission Recommends That . . .

- VHA create an integrated and sustainable cultural transformation by aligning all programs and activities around a single, benchmarked concept.
- VHA align leaders at all levels of the organization in support of the cultural transformation strategy and hold them accountable for this change.
- VHA establish a transformation office to drive progress of this transformation and report on it to the CVCS and the new VHA Care System board of directors (see governance discussion in the previous section).

Recommendation #11: Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.

VHA, like any large organization, requires excellent leaders to succeed. Succession planning and robust structured programs to recruit, retain, develop, and advance high potential staff are essential to maintaining a pipeline of new leaders. In health care, leadership programs must prepare candidates with the specialized knowledge and skills required of health care executives, while also helping to mature their leadership traits. VHA does not use a single leadership competency model, and what it does use is not specific to health care or benchmarked to the private sector. VHA also does not use competency models as a tool to establish standards for hiring, assessment, and promotion. As a result, executive leaders and

promising staff members do not have the tools they need to guide career transitions and ensure VHA has the leaders it needs for the future.

The Commission Recommends That . . .

- VA establish, as an OMB management priority for VHA, the goal of implementing an effective leadership management system in the agency.
- VHA executives prioritize the leadership system for funding, strategic planning, and investment of their own time and attention.
- VHA adopt and implement a comprehensive system for leadership development and management that includes a strategic priority of diversity and inclusion.
- Congress create more opportunities to attract outside leaders and experts to serve in VHA through new and expanded authority for temporary rotations and direct hiring of health care management training graduates, senior military treatment facility leaders, and private not-for-profit and for-profit health care leaders and technical experts.

Recommendation #12: Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.

Leadership structures and processes should be organized to promote agile, clear decision making, the free flow of ideas, and identification of organizational priorities, as well as make clear reporting relationships and lines of accountability within the organization. VHA currently lacks effective national policies, a rational organizational structure, and clear role definitions that would support effective leadership of the organization. The responsibilities of VHA Central Office (VHACO) program offices are unclear, and the functions overlap or are duplicated. The role of the VISN is not clear, and the delegated responsibilities of the medical center director are not defined.

The Commission Recommends That . . .

- VHA redesign VHACO to create high-performing support functions that serve VISNs and facilities in their delivery of veteran-centric care.
- VHA clarify and define the roles and responsibilities of the VISNs, facilities, and reorganized VHA program offices in relation to one another, and within national standards, push decision making down to the lowest executive level with policies, budget, and tools that support this change.
- VHA establish leadership communication mechanisms within VHACO and between VHACO and the field to promote transparency, dialogue, and collaboration.
- VHA establish a transformation office, reporting to the CVCS with broad authority and a supporting budget to accomplish the transformation of VHA and manage the large-scale changes outlined throughout this report.

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Recommendation #13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.

To achieve the Commission’s vision of quality, access, and choice for veterans, VHA must effectively measure outcomes and hold leaders accountable for improvement. VHA can measure itself against internal best practices, but veterans deserve care that uniformly meets or exceeds private-sector quality standards. A clear, concise, balanced measure set—identical to private-sector standards—will give leadership, staff, and administrators focus and direction for their work. VHA leaders are responsible for delivering these quality outcomes to veterans. They do so by exercising leadership skills and traits in their management and direction to staff. Short-term gains can be realized at the expense of staff morale and well-being, but the long-term health of the organization cannot. Therefore, organizations must be sure to assess leaders’ performance not just on *what* they achieve but *how* they achieve it.

The Commission Recommends That . . .

Organizational Performance Measurement

- VHA streamline organizational performance measures, emphasize strategic alignment and meaningful effect, and use benchmarked measures that allow a direct comparison to the private sector.
- The new Office for Organizational Excellence work with experts to reorganize its internal structure to align business functions with field needs and consolidate and eliminate redundant or low-priority activities.

Personnel Performance Management System

- VHA create a new performance management system appropriate for health care executives, tied to health care executive competencies, and benchmarked to the private sector.
- The CVCS and all secondary raters hold primary raters accountable for creating meaningful distinctions in performance among leaders.
- VHA recognize meaningful distinctions in performance with meaningful awards.

Diversity and Cultural Competence

Recommendation #14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health outcomes.

The VHA Care System must implement a systemic approach to developing the cultural and military competence of its leadership, staff, and providers, as well as measure the effects of

these efforts on improving health outcomes for vulnerable veterans. Although VHA has made some strides in specific program areas, cultural competency is an essential part of providing effective care to veterans because of the unique needs military service, and especially participation in combat operations, may cause.

The Commission Recommends That . . .

- VHA implement a systemic approach to establishing cultural and military competence across VHA and its community providers, and provide the resources required to fully integrate the related strategy into veterans' care delivery.
- Cultural and military competency training be required on a regular basis for VHA Care System leadership, staff, and providers.
- Cultural and military competency be criteria for allowing community providers to participate in the VHA Care System.

Workforce

Recommendation #15: Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

VHA has staffing shortages and vacancies at every level of the organization and across numerous critical positions, including facility leadership, clinical staff, supply chain personnel, and customer service staff. VHA lacks competitive pay, must use inflexible hiring processes, and continues to use a talent management approach from the last century. A confusing mix of personnel authorities and position standards make staffing and management a struggle for both supervisors and human resources personnel. Title 5 was not created with a modern health care delivery system in mind and falls short of offering what is needed to create a high-performing health care system.

The Commission Recommends That . . .

- Congress create a new alternative personnel system that applies to all VHA employees and falls under Title 38 authority. The system must simplify human capital management in VHA; increase fairness for employees; and improve flexibility to respond to market conditions relating to compensation, benefits, and recruitment.
- VHA write and implement regulations for the new alternative personnel system, in collaboration with union partners, employees, and managers, that does all of the following:
 - Meets benchmark standards for human capital management in the health care sector and is easy for HR professionals and managers to administer.
 - Promotes veteran preferences and hiring.

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- Embodies merit system principles (merit-based, nonpartisan, nondiscrimination, due process) through simplified, sensible processes that work for managers and employees.
 - Creates one human capital management process for all employees in VHA for time and leave, compensation, advancement, performance evaluation, and disciplinary standards/processes.
 - Provides due process and appeals standards to adverse personnel actions.
 - Allows for pay advancement based on professional expertise, training, and demonstrated performance (not time-in-grade).
 - Promotes flexibility in organizational structure to allow positions and staff to grow as the needs of the organization change and the success of each individual merits.
 - Establishes simplified job documentation that is consistent across job categories and describes a clear path for staff professional development and career trajectories for advancement.
 - Eliminates most distinctions (except for benefits) between part-time and full-time employees.
 - Grandfathers current employees with respect to pay and benefits.
- VHA ensure all positions, to include human resources management staff, are adequately trained to fulfill duties.

Recommendation #16: Require top executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.

Effective planning for and management of human capital are core enabling requirements for any business: If the system that supports the employees fails, then the organization fails. Executive leaders must ensure the success of human capital management; however, for too long in VA, human capital management has not been a top priority for leadership time, attention, and funding support. Human capital management personnel must be equal members of the leadership team, contributing fully to strategic decisions and planning for future initiatives.

The Commission Recommends That . . .

- VHA hire a chief talent leader who holds responsibility for the operation's entire HR enterprise, is invested with the authority and budget to accomplish the envisioned transformation, and reports directly to the chief of VHA Care System.
- VA and VHA prioritize the transformation of human capital management with adequate attention, funding, and continuity of vision from executive leaders.
- VA align HR functions and processes to be consistent with best practice standards of high-performing health care systems.

- VA Human Resources and Administration and the Office of Information and Technology should create an HR information technology plan to support modernization of the HR processes and to provide meaningful data for tracking, quality improvement, and accountability.

Eligibility

Recommendation #17: Provide a streamlined path to eligibility for health care for those with an other-than-honorable discharge who have substantial honorable service.

Addressing access issues is at the core of the Commission's charge. Veterans face a range of barriers to care, from geographic barriers to facility-specific problems, such as long wait times for an appointment or lack of evening or weekend hours. These barriers, which affect even those with service-incurred health conditions, can be overcome. Some former service members, however, have encountered a more fundamental barrier when applying for care. Because of the character of their discharge, they are not considered veterans, and thus are not eligible for VA care.

In some cases, individuals have been dismissed from military services with an other-than-honorable (OTH) discharge because of actions that resulted from health conditions (such as traumatic brain injury [TBI], posttraumatic stress disorder [PTSD], or substance use) caused by, or exacerbated by, their service. Under VA regulations, these individuals do not meet the definition of a veteran, and are therefore ineligible for VHA medical care. This situation leaves a group of former service members who have service-incurred health issues (namely mental health issues) unable to receive the specialized care VHA provides.

The Commission Recommends That . . .

- VA revise its regulations to provide tentative eligibility to receive health care to former service members with an OTH discharge who are likely to be deemed eligible because of their substantial favorable service or extenuating circumstances that mitigate a finding of disqualifying conduct.

Recommendation #18: Establish an expert body to develop recommendations for VA care eligibility and benefit design.

Although VHA continues to offer the promise of health care to all eligible veterans, its capacity to meet that promise is constrained by appropriated funding.¹⁹

The Commission Recommends That . . .

- The President or Congress task another body to examine the need for changes in eligibility for VA care and/or benefits design, which would include simplifying eligibility criteria, and may include pilots for expanded eligibility for nonveterans to use

¹⁹ The MITRE Corporation, *Independent Assessment of the Health care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 24, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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underutilized VHA providers and facilities, providing payment through private insurance.

- The SECVA revise VA regulations to provide that service-connected-disabled veterans be afforded priority access to care, subject only to a higher priority dictated by clinical care needs.

Conclusion

The next 20 years will see continued dynamic change in health care, well beyond the Commission's capacity to forecast the future. What is clear, though, is that the concept of access to care is itself undergoing marked change. The potentially explosive growth of telemedicine, increasing emphasis on preventive care, and likely proliferation of technologies that permit routine home-based health monitoring and care of patients with chronic illnesses will dramatically affect access needs. We are also witnessing profound changes in the nature of patient-provider engagement and in where and how care is delivered. VHA must keep pace with, and even be a leader in, these changes.

Patient-access is a sharp lens through which to gauge how well a health system is functioning, particularly if we understand access to reflect not only timeliness, but care quality, and patient expectations. Providing veterans timely care remains a challenge today, notwithstanding establishment of the *Choice Program* and VHA leadership's focus on improving access. Access is not a problem for VHA alone: Delivering timely care is challenging for many providers and health systems, in part due to the unavailability of providers in some communities and national shortages of some categories of health professionals.

For VHA, an important conclusion is that providing timely access to care is not simply a matter of increasing staffing, modernizing IT systems, installing new leadership, or any other single effort, although all of these changes are needed. As the *Independent Assessment Report* emphasized, multiple systemic problems have contributed to VHA's access problems, and an integrated systems approach is essential to address the myriad issues affecting access to care and the service veterans receive.

The Commission's report underscores the importance of transforming VA health care delivery and the systems that underlie it. In employing the term transformation, the Commission means fundamental, dramatic change—change that requires new direction, new investment, and profound reengineering. Some will question that view, and perhaps challenge the notion that the nation should invest further in the VA health care system. None, however, should question the nation's obligation to those who sustained injury or illness in service, or who are at increased health risk as a result of deployments to combat zones or other service-related experiences.

In this report, the Commission fully acknowledges the deep problems the *Independent Assessment Report* described. Importantly, though, the Commission recognizes the VA health care system has valuable strengths, including some unique and exceptional clinical programs and services tailored to the needs of the millions of veterans who turn to VA for care. For

example, VHA's behavioral health programs, particularly with their integration of behavioral health and primary care, are largely unrivalled, and profoundly important to many who have suffered from the effects of battle and for whom VHA is a safety net. Even considering these strengths, some may question how a system beleaguered with the problems VHA faces can achieve lofty transformation goals. This is not the first time VHA has faced challenges; however, and history has demonstrated that with appropriate structure and strategies in place, transformation can be achieved and sustained.

Transformation is a difficult process that will require careful stewardship, sustainable leadership, and unwavering focus and commitment to the long-term vision and strategy. The Commission's recommendations in some areas acknowledge VHA's efforts to begin the transformation process and suggest that where these efforts align with the Commission's recommendations, they should be sustained. Reaping the fruits of transformation will take more than a single Congress or a single 4-year administration. For this reason, the Commission strongly recommends a new governance model and an extended term for the leader of the VHA Care System to sustain a continuing transformation. Even should VHA implement all the Commission's recommendations, it will not succeed in transforming on its own; it will require the full support from both the White House and Congress. Our nation's veterans deserve no less.

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INTRODUCTION

Two years ago, a scandal over VHA employees manipulating data systems to cover up long delays in scheduling care left the veterans' health care system reeling. The White House and Congress investigated the situation and identified chronic management and system failures, along with a troubled organizational culture. In response, the White House appointed new leadership, including the secretary of veterans affairs (SECVA) and undersecretary of health (USH), and Congress enacted substantial legislation that established a temporary program, the *Choice Program*, to fund expanded community care to alleviate wait times; directed a comprehensive independent assessment of VHA care delivery and management systems; and established this commission to review that assessment, examine access to care, and look more expansively at how veterans' care should be organized and delivered during the next 2 decades.

The Commission on Care's work during the past 10 months was informed by the *Independent Assessment Report*, as well as by 26 days of public meetings (held in 12 sessions) with testimony by a broad range of experts and stakeholders, intensive deliberations, site visits to VHA facilities, and very importantly by the wide-ranging experience and expertise of commission members appointed by congressional leaders and the President.

The charge given this Commission, with its emphasis on access to care, reflects the need for a long-range strategic evaluation of the veterans' health system. Access problems were the primary catalyst for the law establishing this body, and an examination of access has necessarily been central to the Commission's work; however, Congress wisely directed the Commission to undertake a strategic examination as well.

The next 20 years will see continued dynamic change in health care, well beyond the Commission's capacity to forecast the future. What is clear, however, is that the concept of access to care is itself undergoing marked change. The potentially explosive growth of telemedicine, increasing emphasis on preventive care, and likely proliferation of technologies that permit routine home-based health monitoring and care of patients with chronic illnesses will dramatically affect access needs. We are also witnessing profound changes in the nature of patient-provider engagement, and in where and how care is delivered. VHA must keep pace with, and even be a leader, in these changes.

Patient-access is a sharp lens through which to gauge how well a health system is functioning, particularly if we understand *access* to reflect not only timeliness, but care quality and patient expectations. Providing veterans timely care remains a challenge today, notwithstanding establishment of the *Choice Program* and VHA leadership's focus on improving access. Access is not a problem for VHA alone; Delivering timely care is challenging for many providers and health systems, in part due to the unavailability of providers in some communities and national shortages of some categories of health professionals.

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emphasized, multiple systemic problems have contributed to VHA's access problems, and an integrated systems approach is essential to address the myriad issues affecting access to care and the service veterans receive.

The commission's report underscores the importance of transforming VA health care delivery and the systems that underlie it. In employing the term *transformation*, the commission means fundamental, dramatic change—change that requires new direction, new investment, and profound reengineering. Some will question that view, and perhaps challenge the notion that the nation should invest further in the VA health care system. None, however, should question the obligation owed those who sustained injury or illness in service, or who are at increased health risk as a result of deployments to combat zones or other service-related experiences.

In this report, the Commission acknowledges the deep problems the *Independent Assessment Report* described. Importantly, though, the commission recognizes the VA health care system has valuable strengths, including some unique and exceptional clinical programs and services tailored to the needs of the millions of veterans who turn to VA for care. For example, VHA's behavioral health programs, particularly with their integration of behavioral health and primary care, are largely unrivalled, and profoundly important to many who have suffered from the effects of battle and for whom VHA is a safety net.

Others may question how a system with the range of problems VHA faces can meaningfully improve, let alone realize a transformation. Mindful of its 20-year charge, the Commission notes that VA health care faced similar challenges 20 years ago and underwent a historic transformation. The long history of the VA health care system has seen highs and lows. Among the lessons in that history is that the mission—to care for those who have borne the battle—is not only powerful, but enduring. History has demonstrated that transformation can be achieved, but also that structures and strategies for sustainability must be built into the framework.

As the commission report emphasizes, transformation is difficult. It is a process that will require careful stewardship, sustainable leadership, and unwavering focus and commitment to the long-term vision and strategy. VHA has begun some of this work; our recommendations in some areas acknowledge VHA's efforts and suggest that where they are aligned with the Commission's recommendations, they should be sustained. The fruits of the transformation, though, will not be realized over the course of a single Congress or a single 4-year administration. For this reason, the Commission, strongly recommends a new form of governance and an extended term for the leader of the VHA Care System to sustain a continuing transformation. Even should VHA implement all the Commission recommends, it will not succeed in transforming on its own; it will require the full support from both the White House and Congress. Our nation's veterans deserve no less.

COMMISSION RECOMMENDATIONS

Redesigning the Veterans' Health Care Delivery System

The VHA Care System

Recommendation #1: Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community-based health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services.

Problem

Due to changing veteran demographics, increasing demand for VHA care in some markets, and declining demand in other markets, more veterans being adjudicated as having service-connected conditions, aging facilities, provider shortages and vacancies, and other factors, VHA faces a misalignment of capacity and demand that threatens to become worse over time. Some facilities and services have low volumes of care that can create quality concerns, and in high demand areas, VHA often lacks the capacity to avoid lengthy wait times and other access issues.

With the passage of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), Congress tasked VHA with creating the temporary *Choice Program*. It was intended to alleviate access issues by allowing for greater use of community care for enrolled veterans who meet the law's wait-time or distance-to-a-VHA-facility requirements.

The Commission Recommends That . . .

- VHA Care System governing board (see Recommendation #9) develop a national delivery system strategy, including criteria and standards for creating the VHA Care System, comprising high-performing, integrated, community-based health care networks, including VHA providers and facilities, Department of Defense and other federally-funded providers and facilities, and VHA-credentialed community providers and facilities.
- Integrated, community-based health care networks be developed with *local* VHA leadership input and knowledge to ensure their composition is reflective of local needs and veterans' preferences.
- Integrated, community-based health care networks must include existing VHA special-emphasis resources (e.g., spinal cord injury (SCI), blind rehabilitation, mental health, prosthetics, etc.). In areas for which VHA has special expertise, VHA should also play the role of enhancing care in the local communities by collaborating with community care providers to implement services that may not exist, focused on the needs of veterans (e.g., expansion of integrated primary care/mental health care).
- Networks be built out in a well-planned, phased approach, overseen by the new governing board, which determines the criteria for the phases to ensure effective execution of the strategy.

Recommendations continue on next page. =>

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Both the design and implementation of the law have proven to be flawed. VHA must instead establish high-performing, integrated, community-based health care networks, to be known as the VHA Care System.

Background

VHA has long had authority to purchase hospital care and medical services based on geographic inaccessibility or VHA's lack of a required service.²⁰ In 2013, VA moved beyond the use of individual purchased-care authorizations to regional contracting under the Patient-Centered Community Care (PC3) Program.²¹ In all cases, purchased care was a secondary means of providing care, to be used "when VA health care facilities are not feasibly available."²² Even before the creation of the *Choice Program* in 2014, some 10 percent of VHA medical spending went for purchased-care services.

When Congress enabled what became known as the *Choice Program*, it tasked VHA with implementing a fundamentally new mechanism for purchasing care. Unlike traditional purchased-care authority (which still exists), the *Choice Program* promises veterans who meet specific geographic or wait-time-related criteria that they can elect to receive treatment from within a network of a community providers.²³

Under the current *Choice Program*, however, most VHA patients are promised little or no actual choice of providers outside VHA. To be eligible for the program, VHA patients must meet the following criteria:²⁴

The Commission Recommends That . . .

<= Recommendations continued from previous page.

- VHA credential community providers. To qualify for participation in community networks, providers must be fully credentialed with appropriate education, training, and experience, provide veteran access that meets VHA standards, demonstrate high-quality clinical and utilization outcomes, demonstrate military cultural competency, and have capability for interoperable data exchange.
- Providers in the networks be paid using the most contemporary payment approaches available to incentivize quality and appropriate utilization of health care services (i.e., using Medicare Access and CHIP Reauthorization Act of 2015 [MACRA] physician payment methodology being proposed by CMS).
- The highest priority access to the VHA Care System be provided to service-connected veterans, and low-income veterans also be of high priority.
- The current time and distance criteria for community care access (30 days and 40 miles) be eliminated.
- Veterans choose a primary care provider from all credentialed primary care providers in the VHA Care System.
- All primary care providers in the VHA Care System coordinate care for veterans.
- The VHA Care System provide overall health care coordination and navigation support for veterans.
- Veterans choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider.

²⁰ Contracts for Hospital Care and Medical Services in Non-Department Facilities, 38 U.S.C. § 1703(a).

²¹ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment C (Care Authorities)*, 37, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_C_Care_Authorities.pdf.

²² Non-VA Medical Care Program, VHA Directive 1601, (2013).

²³ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. 113-146, 128 Stat. 1754, (2014).

²⁴ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. 113-146, 128 Stat. 1754, (2014), as amended by Construction Authorization and Choice Improvement Act, Pub. L. No. 114-19, 129 Stat. 215, (2015). The Independent Assessment proposed that VA should "Develop and implement more sensitive standards of geographic access to care. VA should compare the 'one-size-fits-all' approach of driving distance to alternative standards that are more sensitive to differences between Veteran subgroups, clinical populations, geographic regions, and individual facilities. This

- Live more than 40 miles from the closest VHA facility with a full-time primary care provider
- Cannot be seen within 30 days of the date veterans' providers indicate they need to be seen.
- Cannot be seen within 30 days of veterans' preferred appointment date if providers have not provided a specific appointment date.

This standard is difficult to reconcile with other statutory priorities for VA care.²⁵ For example, under the *Choice Program*, a veteran with severe service-incurred health conditions may have no access to providers outside VHA, yet a veteran with no service-related disabilities does have such a choice.²⁶ Implementing the *Choice Program* has posed challenges, including difficulties arising from overlapping, but fundamentally different, care-purchasing authorities. Veterans, VHA staff, and community providers²⁷ have been confused because of conflicting requirements and processes in eligibility rules, referrals and authorizations, provider credentialing and network development, care coordination, and claims management.²⁸

Adding to the confusion is the fact that VHA, facing a 90-day deadline for implementing the program, outsourced the creation and management of its provider networks to two private contractors, thus blurring lines of responsibility and leaving both patients and providers confused about who exactly holds responsibility for what. In execution, the program has aggravated wait times and frustrated veterans, private-sector health care providers participating in networks, and VHA alike.²⁹

In October 2015, VA submitted a report to Congress that proposed legislation to harmonize the different purchased-care authorities into a single approach.³⁰ VA's report also set out a plan for establishing high-performing networks. The report acknowledged that "[n]o organization can excel at every capability," and that "[s]ervice delivery systems designed around core competencies . . . provide the highest potential value to their customers."³¹ As further articulated by Dr. David Shulkin, USH:

assessment highlighted the importance of time spent driving, mode of transportation, traffic, and availability of needed services as key considerations in assessing geographic access to care."

²⁵ Management of Health Care: Patient Enrollment System, 38 U.S.C. § 1705.

²⁶ Ibid.

²⁷ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment C (Care Authorities)*, 43, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_C_Care_Authorities.pdf. Pete Henry, retired VA medical center director, response to questions about the challenges facing field officials, email to Commission on Care staff, January 18, 2016.

²⁸ Department of Veterans Affairs, *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, 30, accessed January 13, 2016, http://www.va.gov/opa/publications/VA_Community_Care_Report_11_03_2015.pdf.

²⁹ "Despite \$10B 'Fix,' Veterans are Waiting Even Longer to See Doctors," Quil Lawrence, Eric Whitney, and Michael Tomsic, accessed May 16, 2016, <http://www.npr.org/sections/health-shots/2016/05/16/477814218/attempted-fix-for-va-health-delays-creates-new-bureaucracy>.

³⁰ Department of Veterans Affairs, *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, 30, accessed January 13, 2016, http://www.va.gov/opa/publications/VA_Community_Care_Report_11_03_2015.pdf.

³¹ Ibid., 18.

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It's become apparent that the VA alone cannot meet all the health care needs of U.S. veterans. The VA's mission and scope are not comparable to those of other U.S. health systems. Few other systems enroll patients in areas where they have no facilities for delivering care. Fewer still provide comprehensive medical, behavioral, and social services to a defined population of patients, establishing lifelong relationships with them. These realities, combined with the wait-time crisis, have led the VA to reexamine its approach to care delivery . . . [A]ddressing veterans' needs requires a new model of care: rather than remaining primarily a direct care provider, the VA should become an integrated payer and provider. This new vision would compel the VA to strengthen its current components that are uniquely positioned to meet veterans' needs, while working with the private sector to address critical access issues.³²

Analysis

VHA needs systemic transformation, and merely clarifying and simplifying the rules for purchased care, as proposed in the *Independent Assessment Report*, is not sufficient to achieve that goal. VHA must replace the arbitrary eligibility requirements and unworkable clinical and administrative restrictions of current purchased programs with the new VHA Care System, available to all enrolled veterans.

The VHA Care System is defined as VHA employed providers and facilities; Department of Defense (DoD) and other federally-funded providers and facilities; and community-based, VHA-credentialed community providers and facilities, forming integrated networks to deliver high-quality and high-access care to enrolled veterans across the United States. VHA may establish the networks with the use of national contractors or with internal resources, but networks should be developed with local VHA leadership input and knowledge to ensure their composition is reflective of local needs and veterans' preferences.

This new delivery model must preserve critical VHA programs and competencies that are unique to VHA or that are of higher quality or greater scope than is available in the private sector, either locally or nationally³³ They include specialized behavioral health care programs, integrated behavioral health and primary care (in patient-aligned care teams), specialized rehabilitation services, spinal cord injury centers, and services for homeless veterans.³⁴ These and similar programs and services are core competencies and special capabilities that serve the needs of combat veterans, veterans with conditions incurred or aggravated in service, and veterans reliant on safety-net services and supports.³⁵ Because of its unique capabilities and competencies, VHA should play an important role in expanding and enhancing the care of veterans across the United States by collaborating with local network providers to improve the

³² David J. Shulkin, "Beyond the VA Crisis — Becoming a High-Performance Network," *New England Journal of Medicine*, 374, (2016): 1003-1005, accessed June 15, 2016, <http://doi.org/10.1056/NEJMp1600307>.

³³ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment A (Demographics)*, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_A_Demographics.pdf.

³⁴ Special capabilities like spinal cord injury care, which draw from specialty care available in the full-service hospitals in which they are currently provided, merit continued support and investment. Thus, in instances where VHA might no longer operate a full-service hospital that had once housed a spinal cord injury center, it would need to establish community partnerships to assure veterans would continue to receive the same high quality care.

³⁵ David J. Shulkin, "Why VA Health Care Is Different," *Federal Practitioner*, 33, no. 5 (2016): 9-11, <http://www.fedprac.com/home/article/why-va-health-care-is-different/c8da5ba1261bdb726bddcbceea81f27.html>.

availability and quality of care in areas especially needed by veterans, such as mental health and rehabilitation.

Management and Oversight

VHA Care System networks will be built out in a well-planned, phased approach overseen by the new governing board, which will determine the criteria and sequencing for the phases, to ensure effective execution of the strategy. The timing and phasing criteria may include veteran service needs, access issues, quality issues, facility issues, and IT capabilities.

The networks within the VHA Care System will require ongoing management and evaluation of their performance. This process will be the responsibility of VHA management and board, with board oversight of network performance.

The governing board will oversee the budget for the VHA Care System. Local leadership will provide input on funding, and the local networks will determine their funding needs and submit their respective requests to the chief of VHA Care System (CVCS), formerly the undersecretary of health for VHA. The governing board will recommend to Congress the budget required to implement the VHA Care System, with multiyear appropriations. The local network leaders will have the flexibility to manage their respective network budgets based upon local needs. A key element of the new system will be combining a national strategy and local flexibility for managing the budget to allow for effective decision making to ensure veterans' needs are met.

Provider Payment

Providers in the networks should be paid using the most contemporary payment approaches available to incentivize quality and appropriate utilization of health care services (i.e., using Medicare Access and CHIP Reauthorization Act of 2015 [MACRA] physician payment methodology being proposed by CMS). MACRA is intended to move the health care industry away from a fee-for-service model to value-based payments.³⁶ Such a system is expected to drive improved quality and lower costs.³⁷

Care Administration

From a strategic perspective, service-connected disabled veterans should receive the highest priority access to the VHA Care System. This principle should guide access to all types and points of care. Veterans with limited financial means should also have high priority. If needed, cost sharing (applicable only to those who are non-service-connected disabled and not financially needy) can provide a means for offering broader choice. The current time and distance criteria for community care access (30 days and 40 miles) should be eliminated. VISN geography should also be eliminated as a factor in determining where veterans can access care. Eligible veterans should be permitted to receive care at any facility and by any provider in the VHA Care System, whether in a veteran's home VISN or not.

Choice and Care Coordination

The topic of choice was the most contentious issue considered by the Commission. Some Commissioners advocated complete choice of providers for veterans, with no requirement for

³⁶ "The Medicare Access CHIP Reauthorization Act (MACRA)" National Partnership for Families and Women, accessed June 6, 2016, <http://www.nationalpartnership.org/issues/health/macra.html>.

³⁷ Ibid.

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care coordination by primary care physicians. Others advocated for a tightly managed model with VHA controlling access to community providers, as is done today. After considering the costs of various design options, the importance of care coordination, and the need for greater veteran access to both primary care and specialty care services, the Commission agreed to the following design principles:

- VHA will establish and credential community networks with a focus on quality of providers, access to comprehensive services, and utilization of VHA resources.
- Veterans will have complete choice of primary care providers within the VHA Care System.
- All primary care providers in the VHA Care System (including VHA providers, DoD and other federally funded providers, and community providers) will coordinate veterans' care.
- Specialty care will require a referral from a primary care provider.
- VHA will assume overall responsibility for care coordination and navigation for all enrolled veterans.

Quality of care must be a core element of network design and consistently monitored with metrics that are routinely used by the private sector. Accordingly, VHA must adopt standards that both ensure networks are composed of high-quality providers and set appropriate expectations of those providers. Critically, all providers in the networks must have fully interoperable IT platforms to allow for complete data exchange. Providers must work together to maximize patients' well-being using evidence-based protocols of care.

Lack of coordination among providers is a major quality and patient-safety issue throughout the U.S. health care system. It is important for VHA to coordinate the care it provides because it serves an especially vulnerable population that has more chronic medical conditions, behavioral health conditions, and individuals of lower socioeconomic status than the general medical population.³⁸ Veterans who receive health care exclusively through VHA generally receive well-coordinated care, yet care is often highly fragmented among those combining VHA care with care secured through private health plans, Medicare, and TRICARE. This fragmentation often results in lower quality, threatens patient safety, and shifts cost among payers.³⁹

³⁸ Kenneth Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8, (2012): 789-790, accessed June 20, 2016, <http://doi.org/10.1001/jama.2012.196>.

³⁹ "The Impact of the Affordable Care Act on VA's Dual Eligible Population," Patricia Vandenberg et al., Department of Veterans Affairs, accessed June 2, 2016, <http://www.hsrd.research.va.gov/publications/forum/apr13/apr13-1.cfm>. Kenneth Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8, (2012): 789-790, accessed June 20, 2016, <http://doi.org/10.1001/jama.2012.196>. Brigham R. Frandsen et al., "Care Fragmentation, Quality, and Costs Among Chronically Ill Patients," *American Journal of Managed Care*, 21, no. 5, (2015): 355-362, accessed June 20, 2016, <http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/care-fragmentation-quality-costs-among-chronically-ill-patients>. Chuan-Fen Liu et al., "Use of Outpatient Care in Veterans Health Administration and Medicare among Veterans Receiving Primary Care in Community-Based and Hospital Outpatient Clinics," *Health Services Research*, 45, no. 5 part 1, (2010): 1268-1286, accessed June 20, 2016, <http://doi.org/10.1111/j.1475-6773.2010.01123.x>.

VHA Care System will operate as outlined in Table 2 below.

Table 2. VHA Care System Operations

Key Component	Expectations
Choice	<ul style="list-style-type: none"> ▪ Veterans can choose a primary care provider from all credentialed primary care providers in the VHA Care System. ▪ Veterans can receive their care at any VHA Care System location across the country with coordination by their primary care provider.
Care Coordination	<ul style="list-style-type: none"> ▪ All primary care providers in the VHA Care System must coordinate care for veterans. Specialty care is exclusively accessed through referrals from primary care providers. ▪ Veterans can choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider. ▪ Although primary care is traditionally defined as internal medicine or family practice, VHA may designate other specialty providers as primary care coordinators based on veterans' specific health needs (e.g., endocrinologists for diabetic patients, neurologists for patients with Parkinson's disease, OB/GYN for female patients). ▪ VHA will have overall responsibility of ensuring care coordination for veterans, including complex care navigation.

Scope of Provider Networks

In setting up networks within the VHA Care System, VHA must make critical tradeoffs regarding their size and scope. For example, establishing broad networks would expand veterans' choice, yet would also consume far more financial resources (i.e., taxpayer dollars) due to increased utilization or cost shifting. Currently, money VHA spends on expanding choice is not available to spend on other programs and services vital to its mission.⁴⁰

Health plans commonly limit the size and scope of networks as a cost-management tool, offering insurance products with narrow networks (managed care plans) or more open networks (preferred provider plans). Well-managed, narrow networks can maximize clinical quality by requiring participating clinicians to adhere to evidence-based protocols of care.⁴¹ Achieving high quality and cost effectiveness may constrain consumer choice. A patient's preferred doctor, clinic, or hospital may not be part of that smaller network or the narrow network may not offer sufficient geographic access for some patients.⁴²

VHA must balance these competing considerations. In doing so, it faces a variety of options. In addition to the scope of networks, for example, is the question of whether and how VHA will play a role in steering patients to different providers within the networks. This is another area involving tradeoffs among competing values and considerations. Private-sector health plans

⁴⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 23 accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁴¹ "What Tier Networks Will Mean to You," Ken Terry, accessed June 2, 2016, <http://medicaleconomics.modernmedicine.com/medical-economics/content/what-tiered-networks-will-mean-you>.

⁴² Ibid. U.S. Congress, House of Representatives, Committee on Ways and Means, Subcommittee on Health, *Hearing on "Health Care Consolidation"*, 112th Congress, 1st Session, (2011), (Statement of Paul B. Ginsburg, President, Center for Studying Health System Change, Research Director, National Institute for Health Care Reform), accessed June 2, 2016, http://waysandmeans.house.gov/UploadedFiles/Ginsburg_Testimony_9-9-11_Final.pdf.

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often require all specialty care to be preapproved through a referral from a primary care physician. Managed care plans may also use prospective and concurrent utilization review and care management for hospitalization. For prospective reviews, patients must receive approval from their health plan before being admitted to the hospital to ensure the admission is clinically appropriate. Plans may also use concurrent utilization or case management for inpatient care to ensure the care and tests ordered and the length of stay in the hospital are appropriate.⁴³

The Commission carefully weighed these issues in recommending an approach. The Commission considered the effect of cost using various configurations of VHA services and community delivered services (CDS). Options considered by the commission include the following:

- **Recommended Option:** This option provides an integrated network of VHA, DoD and other federally funded providers, and community providers, credentialed by VHA. It requires veterans to attain a referral from their primary care provider to access specialty care.
- **CDS Alternative 1:** The main difference between this option and the *Recommended Option* is primary care, inpatient medical and surgical care, and some standard specialty care would not be eligible for CDS networks and would be accessed within VHA unless the *Choice Program* distance exception applies.
- **CDS Alternative 2:** The division of care between VHA providers and CDS network providers would be the same as for *CDS Alternative 1*; however, veterans would only need to consult their primary care provider before seeking specialty care, rather than obtaining a referral.
- **CDS Alternative 3:** This option would combine the broad network in the *Recommended Option*, but would have no referral or consultation requirement; thus, it would be an extremely generous benefits package.
- **Premium Support:** Under this scenario, enrollees who are younger than 65 would choose a subsidized insurance premium with cost sharing. Access to VA services, including special services, would be eliminated.
- **Eligibility Expansion:** Under this scenario the VA health care system would expand to allow all veterans, regardless of priority group.
- **Other-Than-Honorable Discharges:** A policy change for which individuals with other-than-honorable (OTH) discharge is outlined in Recommendation #17. This option would allow temporary eligibility for VA health care to those with an OTH discharge until the adjudication process to determine long-term eligibility took place.

⁴³ Paul B. Ginsburg, "Achieving Health Care Cost Containment Through Provider Payment Reform that Engages Patients and Providers," *Health Affairs*, 32, no. 5, (2013): 929-934, accessed June 20, 2016, <http://doi.org/10.1377/hlthaff.2012.1007>. While these approaches can help keep costs down, patients, doctors and hospitals can experience the process as bureaucratic interference in clinical care. To implement utilization management, health plans usually include a strong clinical appeals process that both doctors and patients can access to question the decisions made by administrators.

Below is a more detailed summary of the Commission's *Recommended Option*. Additional information, including cost projections for all of the options above, can be found in Appendix A.

Cost Model for Commission Recommended Option

This option would expand community care. At least initially, all care currently provided by VA would continue to be available through VA. In addition, expanded community care, also called CDS, would be provided by an integrated network consisting of providers (medical practitioners including physicians, midlevel practitioners and therapists, and hospitals and clinics) vetted by VHA. The CDS network would include all primary and standard specialty care; it would not include special-emphasis care (care that is provided in a substantially different way than by VHA).⁴⁴ In 2014, 68 percent of care would have been eligible for CDS networks at current VHA prices. A referral from a primary care provider would be required to receive specialty care. This referral could come from a provider either at VHA or from the community network (i.e., from any provider in the VHA Care System). In this scenario, we assumed all other characteristics of the VHA Care System would remain the same as under current policy. We assume that the *Choice Program* ends and that those formerly in the *Choice Program* will take advantage of the community care offered in the CDS networks.

Both CDS networks and traditional Care in the Community (CITC) are priced at Medicare allowable rates by matching Medicare fee schedule data to VA Health Service Categories.⁴⁵ A few benefits that are not covered by Medicare, such as dental, are priced at historic CITC unit costs. Cost sharing for CDS networks is assumed to be the same as that for care in VA facilities. For care shifting into the CDS networks, we assume VA is able to adjust resources such that only the equipment and national overhead portions of unit costs remain in VA facilities. Note that unit costs do not include costs associated with the physical building or nonrecurring maintenance; those costs are not modeled.

We expect that allowing enrollees to get primary and standard specialty care in the community will increase reliance for care provided in the community because many veterans would have a choice among a larger number of providers and would be more likely to have the option to receive care at a more convenient location. We also expect enrollment to increase because some eligible veterans would be induced to enroll by the prospect of having VA pay for them to see a provider in the community. We assume that 60 percent of eligible care shifts from VA facilities to CDS networks. Currently reliance is 34 percent. Under this scenario, we model reliance levels of 40, 50, and 60 percent, which correspond to reliance rates increases of approximately 18, 47, and 76 percent, respectively. These reliance increases apply only to CDS care, not CDS-eligible care that is provided in VA facilities. Although the choice of providers is expanded and wait times are potentially reduced in VA, there continues to be a requirement for a referral to access specialty care, as there is in the current system. We modeled enrollment increases of 5, 15, and

⁴⁴ Special-emphasis care includes: prosthetics and orthotics, recreational therapy, rehabilitative care, pharmacy, home-based primary care, spinal cord injury and disorders, some categories of long-term services and supports, mental health, and homeless care. We count all mental health as special-emphasis because mental health categories cannot easily be differentiated by care that is VA special-emphasis and care that is not.

⁴⁵ Medicare Allowable rates were provided by Milliman at the request of VA. They were produced using repricing performed at the area-specific level for inpatient, outpatient, and professional care. For services that were not repriced within an HSC, Medicare amounts were estimated.

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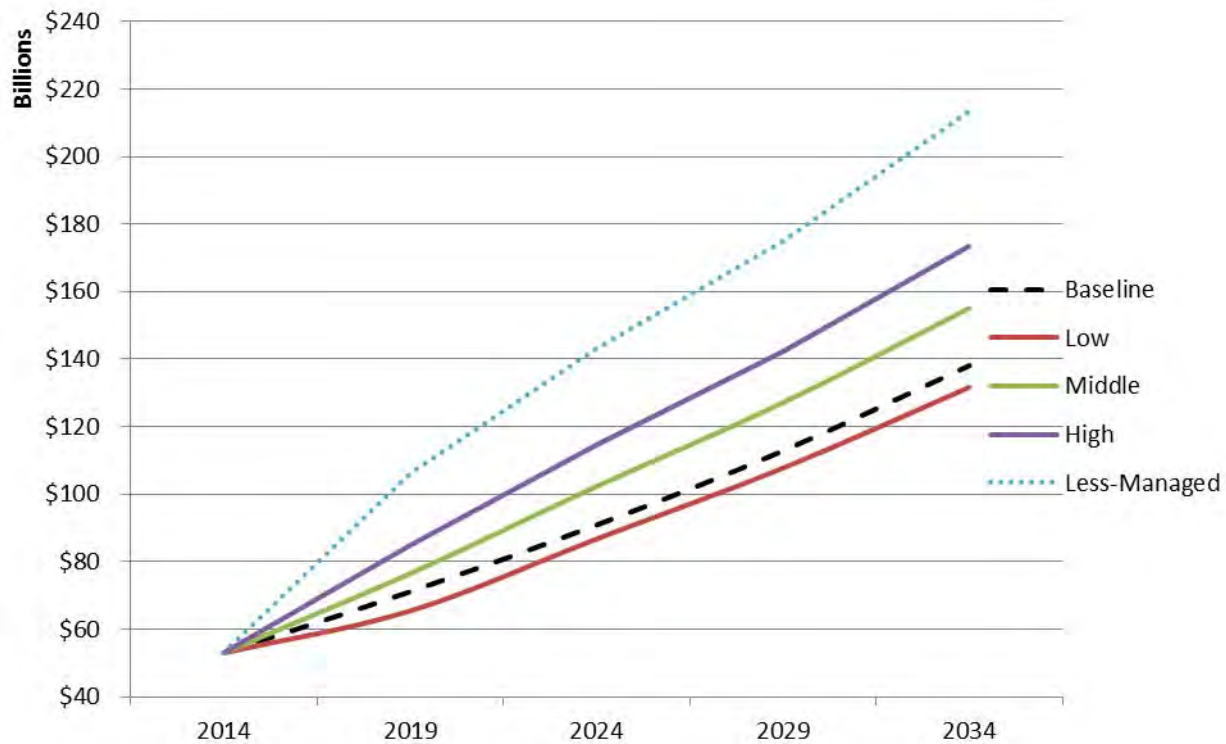
20 percent for the low, middle and high estimates, which assume integrated, narrow, and well-managed networks that are designed and managed with cost as one of the major considerations. We also modeled an enrollment increase of 50 percent, more consistent with a less-managed, relatively broad network for which cost is a less important consideration. Finally, we assume that newly entering veterans who receive treatment in CDS networks because of this policy have a 20 percent utilization increase for new demand in CDS networks. Much of this care was formerly subject to sizable cost sharing with private insurance or Medicare and now would be subject to little, if any, cost sharing associated with VA-financed care.

There are a number of caveats associated with our estimates. These caveats are important, and to the extent that these assumptions do not hold, the estimates will be inaccurate. The estimates do not include savings and costs of reducing or repurposing infrastructure, or effects on VA's teaching, research, and emergency preparedness missions. Medicare allowable rates are assumed adequate to provide all veterans with robust CDS networks in their local areas. For care priced at historic CITC rates, national average rates are assumed to represent future rates. Shifting care into CDS networks does not affect the unit cost of care that remains in VA facilities. Reductions in the volume of care within VA facilities, and potentially adverse effects on quality, are not addressed. Other than equipment and national overhead, the costs of care shifting out of VA facilities are phased out concurrently with other effects in the model. Finally, estimates do not include administrative costs associated with CDS networks; these costs could be substantial.

Figure 1 displays estimates for the *Recommended Option*. Estimates for well-managed, narrow networks range from \$65 billion to \$85 billion in 2019, with a middle estimate of \$76 billion. The middle estimate is moderately above the baseline projection of \$71 billion. Although reliance and enrollment increases push VA budgetary costs up, the switch from VA unit costs to the less costly Medicare allowable rates for CDS networks and CITC mitigate the increases. The estimate for the less-managed, broader network scenario is \$106 billion in 2019, illustrating that costs could increase markedly if governance of the network places less importance on cost or if VA were unsuccessful in tightly managing the network.

This model is described more fully in Appendix A, along with models for a range of other options, some of which are previously described in this section. Consult Appendix A for more details on the technical assumptions necessary to understand the results presented here. The assumptions and caveats detailed in Appendix A play a critical role in our estimates, and any deviation from these assumptions could substantially affect the estimates.

Figure 1. Projected Costs of Recommended Option



Mitigating Risks

Choice involves tradeoffs. Reducing drive times to see a doctor may lead to longer wait times, for example, if it induces substantially more veterans to seek more care.⁴⁶ VHA reliance on contracting could also have unintended consequences for already underserved communities. Providers in such communities who join the local VHA network may decide to limit the number of Medicare and Medicaid patients they accept into their practices. In other, highly concentrated health care markets, which are increasingly common throughout the United States, VHA may not be able to contract for care in the community except at higher prices.⁴⁷ Such circumstances underscore the importance of VHA retaining the option of building its own capacity.

Policymakers must also carefully weigh concerns that leaders of seven major veterans organizations expressed in a recent joint letter in which they warned “choice should never be the ultimate goal of a health care system designed to meet the unique needs of veterans.”⁴⁸ These organizations do not support providing unfettered choice, and the VSO leaders stated that “any health care reform proposal that elevates the principle of ‘choice’ above all other clinical considerations would have severe consequences for veterans who rely on VA, resulting

⁴⁶ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 284, accessed May 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

⁴⁷ David M. Cutler and Fiona Scott Morton, “Hospitals, Market Share, and Consolidation,” *Journal of the American Medical Association*, 310, no. 18, (2013): 1964-1970, accessed June 20, 2016, <http://doi.org/10.1001/jama.2013.281675>.

⁴⁸ Garry J. Augustine, Disabled American Veterans et al., letter sent to Commission on Care, April 29, 2016.

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in less ‘choice’ rather than the intended desire for more health care options for many disabled veterans.”⁴⁹

The Commission has addressed this concern in several ways, including the following:

- recommendations to substantially improve VHA operations, thereby enhancing the attractiveness of using VHA providers and facilities by enrolled veterans
- VHA control of network design
- VHA Care System governing board oversight of network execution and phasing
- high standards for community provider participation, including credentialing, military competence, and quality and utilization performance
- VHA oversight of care coordination and navigation
- requirement of primary care referral for specialty care

The Commission recognizes that greater choice of provider can result in higher utilization of health care services, which increases costs. This risk can be mitigated by recommendations in this report that will produce cost savings. To incentivize cost mitigation, all cost savings associated with improved efficiency and operations should be reinvested into the VHA Care System. Examples of cost mitigation strategies include the following:

- recovering third-party payments owed to VHA more effectively
- maintaining VHA as a secondary payer when veterans have other health insurance and treatment is for non-service-connected care
- increasing cost-sharing or changes in eligibility and/or benefit design could also substantially contain the projected costs of increasing provider-choice
- reducing fixed costs of underutilized facilities and services
- managing the supply chain to produce cost savings
- improving facilities to increase provider productivity (e.g., increase in outpatient exam rooms)
- adopting information technology that improves the quality and efficiency of care

Effectively implementing and managing integrated networks will require extensive changes in the governance and leadership of VHA, as well as flexible and smart procurement policies and

⁴⁹ Ibid.

contracting authorities, as discussed elsewhere in this report. The highest priority for standing up networks should be locations where VHA quality of care is deficient or capacity is strained.⁵⁰

Where capacity constraints exist within networks, first priority for care should go to those veterans with greatest medical need, followed by service-connected disabled veterans and indigent veterans.⁵¹ VHA should develop processes and procedures for insuring that veterans have the knowledge and assistance they need to make informed health care decision and to navigate effectively through the expanding health care networks. By employing strategies proven by other managed care plans, VHA will find administrative means to guard against inappropriate treatment, wasteful spending, and fraud.

As many surgical and medical procedures that previously required inpatient hospital stays have routinely become outpatient procedures, there continues to be a substantial shift from inpatient to outpatient care.⁵² Consequently, to ensure improved access to care for veterans, the VHA Care System and long-term plans for facilities should focus on creating a robust ambulatory network and reshaping inpatient resources to match expected demand. Additionally, to inform veterans' and providers' decisions and create increased accountability for performance, all VHA and community network providers and facilities must provide transparent information on inpatient and outpatient quality, service, and access using the same performance metrics, including those used by Medicare.

Implementation

Legislative Changes

- Enact legislation amending 38 U.S. Code, Chapter 17 to consolidate existing purchased-care authorities and authorize the SECVA to furnish enrolled veterans needed hospital care and medical services through agreements with providers the SECVA deems meet quality standards the SECVA will establish. Veterans would be eligible for community care on the same basis as for VHA-furnished care, and current wait time and geographic distance criteria should no longer be applicable.

VA Administrative Changes

- Develop national policy to govern local establishment of networks, and in doing so, focus its design and long-term planning on creating a robust ambulatory capability and reshaping inpatient resources to match expected demand.
- Establish standards that community providers must meet to qualify for participation in community networks, to include becoming fully credentialed, meeting patient-access criteria, demonstrating high-quality clinical outcomes and appropriate use decisions, demonstrating military cultural competency, and having capability for interoperable data exchange.

⁵⁰ Information on what medical centers are deficient in their care is available, for example, from the VHA's own Strategic Analytics for Improvement and Learning (SAIL) data.

⁵¹ It would seem prudent to begin such phased development by piloting that effort, and limiting the scope of unfettered choice to service-connected veterans.

⁵² Mehul V. Raval et al., "The Importance of Assessing Both Inpatient and Outpatient Surgical Quality," *Annals of Surgery*, 253, 3, (2011): 611-618, accessed June 20, 2016, <http://www.ncbi.nlm.nih.gov/pubmed/21183845>.

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- Establish systems to ensure that all primary care providers in the VHA Care System can effectively coordinate veterans' care.
- Provide veterans navigation services for complex care needs, including information needed by patients and their families for informed decision making about treatments and providers. Navigation services should assist veterans and their families with eligibility, cost-sharing, and other administrative issues.
- Establish policies and procedures to ensure that VHA provider as well as community providers within each network, provide transparent information (using the same metrics) on care-quality, service, and access.
- Eliminate the practice of cross-country referrals if quality care is available locally.
- Employ the most current payment approaches that incentivize quality and appropriate use of health care services.

Other Department and Agency Administrative Changes

- None required.

Clinical Operations

Recommendation #2: Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.

Problem

A shortage of providers and clinical managers, combined with inadequate support staff and policies that fail to optimize the talents and efficiency of all health professionals, detract from the effectiveness of VHA health care.

The problem starts with inadequate numbers of providers. Ninety-four percent of VHA sites with clinically meaningful access delays indicated that increasing the number of licensed independent practitioners was critical or very important to increasing access.⁵³

The Commission Recommends That . . .

- VHA increase the efficiency and effectiveness of providers and other health professionals and support staff by adopting policies to allow them to make full use of their skills.
- Congress relieve VHA of bed closure reporting requirements under the Millennium Act.
- VHA continue to hire clinical managers and move forward on initiatives to increase the supply of medical support assistants.

At the same time, ineffective use of providers and other health professionals contributes to suboptimal productivity. Highly trained clinical personnel are often unable to perform at the top of their license, meaning they spend much of their time performing tasks that should be done by support staff.⁵⁴ For example, doctors and nurses often escort patients; clean examination rooms; take vital signs; schedule; document care; and place the orders for consultations, prescriptions, or other necessary care that could be done more cost effectively by support staff. Twenty-three percent of VHA providers identified “not working to top of provider licensure” as a barrier in health care provision.⁵⁵

VHA is also currently failing to optimize use of advanced practice registered nurses (APRNs). APRNs are clinicians with advanced degrees who provide primary, acute, and specialty health care services.

Background

A large part of the VHA’s problem with inadequate clinical support staff derives from its difficulties in hiring, retaining, and training medical support assistants (MSAs). These individuals answer phones, schedule care, and verify health care eligibility, among other duties.

⁵³ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 95, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

⁵⁴ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, ix, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁵⁵ *Ibid.*, 95.

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Congress has recently given VHA the flexibility to offer MSAs market-based pay rates.⁵⁶ VHA is changing cumbersome rules that have made hiring new MSAs exceptionally time-consuming.⁵⁷

VHA is working to resolve its problems with resource allocation in clinics. For example, the agency has committed to increasing use of clinical managers to help medical centers better match resources to patient demand. Widely used by other health care systems, clinic managers enhance operations by ensuring that telephone protocols, scheduling, and clinic workflow are operating at peak efficiency. They also ensure that staff members are assigned appropriate caseloads and are meeting productivity standards and wait time targets and that administrative staff has appropriate training in scheduling, coding, and/or documentation.

Many states have already taken the steps to ensure APRNs have full practice authority. VHA is working to do the same, which will allow a vast increase in the number of VHA clinicians available to treat patients independently.⁵⁸

To effectively manage clinician supply for the inpatient setting, administrators require accurate bed count data. Currently in VHA, data integrity of bed counts is compromised as a consequence of disclosure requirements of Congress. VHA is required by statute to complete a complicated reporting, approval, and notification process when it closes hospital beds.⁵⁹ To avoid the reporting requirements some VA medical centers count beds as unavailable indefinitely. This action can skew occupancy rates and thwart planning activities. VHA developed its guidance in part to satisfy the Millennium Act⁶⁰ and other requirements that essentially froze beds at FY 1998 levels.⁶¹

Analysis

VHA has taken a number of measures to address data integrity issues. VHA has started hiring clinical managers to assist in managing resources for effective performance. VHA has made efforts to address problems affecting supply and training of MSAs. Additionally, VHA has recently proposed a rule that would authorize full practice for APRNs working within the agency.⁶²

These measures by themselves, however, will not be sufficient to solve the current problems. VHA must ensure all facilities have enough support positions—both clerical and clinical—to

⁵⁶ Sloan D. Gibson, Deputy Secretary, Department of Veterans Affairs, presentation to Commission on Care, April 18, 2016.

⁵⁷ 38 U.S.C. § 7401(3)(A)(iii).

⁵⁸ Establishing Medication Prescribing Authority for Advanced Practice Nurses, VHA Directive 2008-049, (2008).

⁵⁹ Inpatient Bed Change Program and Procedures, VHA Handbook 1000.01, (2010).

⁶⁰ The Veterans Millennium Health Care and Benefits Act, Pub. L. No. 106-117, 113 Stat. 1545, Sec. 301. Title III of the Millennium Act prohibits the secretary from closing in any fiscal year more than 50 percent of the beds within a department medical center unless the secretary first submits to the veterans' committees a justification for such closure and waits to take action on a closure until 21 days after the submission of the report. It also requires the secretary to report annually to the veterans committees on bed closures during the preceding fiscal year.

⁶¹ Extended Care Services, 38 U.S.C. § 1710B(b) requires staffing for extended care to remain at FY 1998 levels.

⁶² "VA Proposes to Grant Full Practice Authority to Advanced Practice Registered Nurses," Department of Veterans Affairs, accessed June 3, 2016, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2793>.

enable all clinicians to work at the top of their licenses and to avoid problems with turnover, unexpected staff absences, and surges in patient demand.⁶³

VHA must have authority to pay competitive rates for the personnel it needs. This goal would be accomplished in part by adopting Recommendation #15 of this report for creating a new personnel system under Title 38 for all VHA employees. Currently, for example, clinical managers and practitioners earn far more in the private sector.⁶⁴

As VHA develops improved clinic management tools such as the Health Operations Dashboard, these tools draw from clinical data, patient data, and other sources to allow managers to make decisions using real-time data.⁶⁵ To be effective tools, the data fed into them must be accurate. Relieving VHA from some of the reporting requirements of the Millennium Act will help accomplish effective use of the dashboard for inpatient management.

Implementation

Legislative Changes

- Create a new alternative personnel system under Title 38 authority as mentioned in Recommendation #15.
- Eliminate bed reporting requirements under the Millennium Bill, and require VHA to report new beds as closed, authorized, operating, staffed, or temporarily inactive within 90 days of enactment.

VA Administrative Changes

- Develop policy to allow full practice authority for APRNs.
- Develop leadership tracks, including clinical and group practice managers, for ambulatory settings.
- Develop training programs for medical support assistants (MSAs).
- Modify policy in VHA Handbook 1000.01, Inpatient Bed Change Program and Procedures, as appropriate.

Other Department and Agency Administrative Changes

- None required.

⁶³ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow—Scheduling)*, 17-18, accessed June 3 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

⁶⁴ For example, Salaries.com listed a median salary for Clinic Manager III (a manager of a clinic with more than 50 physicians) in Dallas, TX, as \$94,000.⁶⁴ The pay grade assigned for this position is GS-13, which pays about \$73,800 in the first step and increases up to \$96,000. Office of Personnel Management, *Schedule 1 General Schedule*, accessed March 31, 2016, <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/pay-executive-order-2016-adjustments-of-certain-rates-of-pay.pdf>.

⁶⁵ Sloan D. Gibson, Deputy Secretary for Veterans Affairs, presentation to Commission on Care, April 18, 2016.

Recommendation #3: Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally-supported programs.

Problem

All federal providers and most health insurers have processes to ensure that beneficiaries have enforceable protections that allow them to obtain medically necessary care within their health benefits package.⁶⁶ Such processes are imperative, particularly for care plans using capitated payment models for which there are incentives to conserve resources. Most veterans, and even their advocates, are unsure of VHA's process for resolving clinical disputes. This may be because there is not one policy in place for VHA, but 18 (one for each Veteran Integrated Service Network [VISN]).⁶⁷

The Commission Recommends That . . .

- VHA convene an interdisciplinary panel to assist in developing a national revised clinical-appeals process.

As part of the MyVA initiative, the SECVA has set a goal of world-class service for veterans, including a proactive patient advocacy team that is integrated into patient-centered care and cultural transformation plans.⁶⁸ The processes in place for patient grievances and central protections to ensure access to medically necessary care remain poorly understood despite these efforts. Also, they may be less comprehensive and fair than appeals processes private health insurers and other federal payers are required to provide.⁶⁹

Background

VHA policy has long required medical centers to operate a patient advocate program to address patient complaints.⁷⁰ In 1996, Congress enacted an eligibility reform statute that, for the first time, gave enrolled veterans access to a uniform benefits package.⁷¹ In implementing that law, VHA conducted a systemwide review of how clinical disputes were handled and consequently instituted an external appeal system in FY 2000. The policy, as outlined in a subsequent directive, allowed VISNs to request external professional boards to conduct impartial reviews of clinical determinations.⁷² That directive also addressed a process for internal clinical appeals. It stated as policy that patients or their representatives who have disputes regarding clinical determinations or services pertaining to provision or denial of care that are not resolved at the facility level must have access to a fair and impartial review of those disputes that could result in a different and/or improved clinical outcome. That policy requires VISN directors to have written policy and procedures in place for how internal appeals are to be handled. Under this policy, VISNs still have authority to request an external review at any time during the clinical

⁶⁶ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>.

⁶⁷ VHA Clinical Appeals, VHA Directive 2006-057, (2006).

⁶⁸ "About the VHA Patient Advocate and Veteran Experience Program (VHA PA & VEP)," accessed from VA Intranet, May 31, 2016, <http://vaww.infoshare.va.gov/sites/OPCC/VEP/SitePages/vep-about.aspx>.

⁶⁹ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>. VHA Clinical Appeals, VHA Directive 2006-057 (2006).

⁷⁰ VHA Clinical Appeals, VHA Directive 2006-057 (2006).

⁷¹ Veterans' Health Care Eligibility Reform Act of 1996, Pub. L. No. 104-262, 110 Stat. 3177 (1996).

⁷² VHA Clinical Appeals, VHA Directive 2006-057 (2006).

appeals process.⁷³ Although the directive itself expired in 2011, it continues to serve as guidance because it has not been renewed or replaced.

VHA policy directs that all facilities have a patient advocate office to manage and attempt to resolve complaints. That office, which can serve as the liaison between patients and clinicians, is generally the first stop for veterans who are dissatisfied with a clinical decision.⁷⁴ If a clinical issue is not resolved at the point of the service, it generally goes to the facility director, who is to provide veterans written notification of the facility's decision and inform veterans about the VISN's appeals process. Under the same policy directive, veterans may appeal the facility decision to the VISN director. That official, or a clinical review panel that he or she establishes, is to render a decision within 30 days (or 45 days if the director requests an external clinical review).⁷⁵ Should the VISN director agree with the facility, he or she must notify the veteran that the decision is final or may refer the matter to a VACO office to arrange for an external review.⁷⁶

The VHA process does not appear fully comparable to procedures required under other federal and federally-supported health care programs. For example, under the Affordable Care Act, health care plans are required to provide external reviews to beneficiaries whose internal appeals have been denied.⁷⁷ Unlike those and other appeals processes, veterans have no right to external review; such review is at the discretion of the VISN director. Medicare has an extensive review process for clinical disputes between its managed care organizations and beneficiaries. Beneficiaries have the right to an internal appeal with an option for an expedited review, an internal reconsideration of the initial review, an independent review, a hearing with an administrative law judge, a review by the Medicare Appeals Council and, finally, a federal district court review.⁷⁸ Medicaid has requirements for localities to review appeals from its beneficiaries and for states to offer timely access to fair hearings to determine whether managed care organizations have denied or terminated medically necessary care.⁷⁹ Although VHA's timeframe for decision making seems reasonable, the national policy makes no provision for an expedited review, unlike Medicare managed care organizations and plans providing health benefits to federal employees. VHA's policy is also silent on meeting with veterans to hear their cases much less hold hearings during any point of the appeal. Unlike Medicaid, VHA also lacks any provision for service-continuity while the matter is being appealed. The Commission recommends that VHA develop a revised clinical-appeals process that provides veterans protections at least comparable to those afforded patients under other federal and federally-supported programs, including, at a minimum, a right to an external review at the veteran's discretion.

⁷³ Ibid.

⁷⁴ VHA Patient Advocacy Program, VHA Handbook 1003.4, (2005).

⁷⁵ VHA Clinical Appeals, VHA Directive 2006-057, (2006).

⁷⁶ Ibid.

⁷⁷ "Appealing Health Plan Decisions," Department of Health & Human Services, accessed June 1, 2016, <http://www.hhs.gov/healthcare/about-the-law/cancellations-and-appeals/appealing-health-plan-decisions/index.html>.

⁷⁸ Centers for Medicare & Medicaid Services, *Managed Care Appeals Flowchart CY2016*, accessed May 26, 2016, <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Managed-Care-Appeals-Flow-Chart.pdf>.

⁷⁹ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>.

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Implementation***Legislative Changes***

- None required.

VA Administrative Changes

- Convene an interdisciplinary panel to assist in developing a revised clinical-appeals process and policy that includes all care provided within the VHA Care System, to include representation from Patient Care Services, MyVA's Patient Advocates and Veterans Experience Program, the Office of Equity, the National Center for Ethics in Health Care, and the Office of Access and Clinical Administration. VHA should have that panel examine and offer recommendations regarding the following:
 - Each level of review in the clinical-appeals process – from the facility's initial reconsideration to a final decision by the VISN director to assess the fairness and impartiality in those processes compared to Medicare Managed Care and Medicaid appeals processes and private-sector managed care providers' best practices.
 - Whether VHA should establish a uniform national clinical appeals process.
 - The advisability of requiring review panels consisting of individuals such as attorneys, clinicians, case managers, patient advocates, and administrators to review clinical appeals.
 - Whether hearings or judicial reviews are appropriate at any level of the appeals process.
 - Whether resolutions of clinical appeals are equitable for all types of veterans (service-connected or non-service-connected, by racial or ethnic group, by age, or gender).
 - Options for increasing veterans' awareness of the clinical-appeals process.
- Publish the new clinical appeals policy and process for comment and input by veterans, VHA business partners, and other stakeholders.
- Once the new policy is finalized, VHA must train staff on the new process.

Other Department and Agency Administrative Changes

- None required.

Recommendation #4: Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.

Problem

VHA has not effectively empowered its staff to identify problems and make changes to improve the overall quality of care.

Best practices exist in pockets of VHA; however, communication and support for implementation appear to be challenges. Various facilities indicate best practices are in place but seem isolated rather than widely adopted. Facilities often struggle to implement best practices, and information sharing is limited and ad hoc.⁸⁰

VHA has a program of systems engineering — the Veterans Engineering Resource Center (VERC) — that can assist with transformation efforts, but it is not well known throughout VHA and until recently has been underutilized.

The Commission Recommends That . . .

- The Veterans Engineering Resource Center (VERC) be tasked to assist in transformation efforts, particularly in areas such as access and in areas that affect systemwide activities and require substantial change, such as human resources management, contracting, purchasing, and information technology.
- The many idea and innovation portals within VHA be consolidated under VERC.
- A culture to inspire and support continuous improvement of workflow processes be developed and fully funded.
- VHA's reengineering centers be enabled to proactively identify problem areas within the system and offer assistance.

Background

To become a truly veteran-centric care provider, VHA is working to become a learning organization.⁸¹ Learning organizations focus on worker competency rather than on rules compliance. Instead of using results to identify high- and low-performers, VHA will use this information to identify opportunities to intervene with training or other resources to improve employees' performance universally. Employees and patients should benefit from this approach because it values listening and encourages risk taking and innovation.

VA and VHA have adopted the tenets of LEAN Six Sigma as a systemic change approach to move the system forward. This methodology employs a rigorous define, measure, analyze, improve, and control approach to systemic change. LEAN, initially used by manufacturers, has been used successfully by many health care organizations.⁸² The goal of implementing LEAN practices is to eliminate waste, ensuring that any work done adds value. The MyVA plan calls for MyVA districts and the Office of Policy and Planning to ensure the transmission of best practices and the adopting of LEAN throughout the enterprise to provide a more comprehensive view of quality that balances a results-oriented approach with more process-

⁸⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow—Clinical)*, 14 and A-2 accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

⁸¹ Sloan D. Gibson, Deputy Secretary for Veterans Affairs, Department of Veterans Affairs, Building on Excellence, 67, presentation to Commission on Care, April 18, 2016.

⁸² MyVA Integrated Plan, Department of Veterans Affairs, July 30, 2015, 12, accessed June 30, 2016, http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf

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oriented practice.⁸³ So far these efforts have been guided by trial and error, rather than directives and adopting a LEAN, process-driven model.⁸⁴ VHA must sustain its commitment to LEAN Six Sigma as a continuous improvement methodology.

VHA will have to use VERC staff and other trained staff members to ensure that principles of LEAN Six Sigma are applied at every level of the system. VERC has the mission to propose, develop, and facilitate innovative solutions to challenges within VHA health care delivery through the integration of systems engineering principles.

With VERC's reach already extending into access to care, health policy, population health, LEAN management, business systems, clinical systems, safety systems, and innovation, all other programs and initiatives become redundant or ancillary. VHA must assess its new system for best practice diffusion to ensure that selected practices are being appropriately scaled. This goal can best be achieved by collapsing all related efforts into VERC.

There are a number of emerging best practices within the health care sector that apply to all aspects of VHA – health care capabilities, staffing, access, supplies, and facilities – and involve the testing, dissemination, and application of procedures or systems that have been shown to improve approaches, processes, or systems.⁸⁵ VHA needs to have the opportunity to fully leverage and build on institutional strengths by implementing best practices.

VHA has recently developed the Diffusion of Excellence Initiative, which is designed to serve as the mechanism for improving practice through a combination of targeted national guidance and nationally-supported local best practice sharing and innovation.⁸⁶ Its organizational structure includes a governance board chaired by the USH, a Diffusion Council, and action teams responsible for implementing promising practices.

VHA also has many business lines charged with disseminating best practices information, including VERC, Systems Redesign SharePoint – Center for Improvement Education, VA Center for Innovation, MyVA – Best Practices in LEAN, MyVA Blog, MyVA Performance Improvement Hub, Knowledge Management System–Improvement in Action (I-ACT), VA Idea House, VA Pulse: Promising Practices Consortium, Evidence-based Synthesis Program (ESP), Quality Enhancement Research Initiative (QUERI), the Annual Conference on the Science of Dissemination and Implementation, and the Diffusion of Excellence Initiative.

Analysis

LEAN Six Sigma offers VHA a methodology to effect change and VERC offers VHA the agents to lead its implementation. VHA must consolidate its transformational tools, including its best

⁸³ MyVA Integrated Plan, Department of Veterans Affairs, July 30, 2015, 21, accessed June 30, 2016, http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf

⁸⁴ The MITRE Corporation, Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow—Clinical), viii accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

⁸⁵ Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, 41, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

⁸⁶ Sloan D. Gibson, Deputy Secretary for Veterans Affairs, Department of Veterans Affairs, Building on Excellence, 67, presentation to Commission on Care, April 18, 2016.

practice repositories within VERC. The VERC uses a systemic change process to streamline workflow and procedures by eliminating waste and redundancy to ensure that every step in the process adds value. The VERC offers services to VHA health care facilities upon request, but VHA would substantially benefit if the service was authorized to perform outreach to ensure awareness across the VHA Care System.⁸⁷

Until developing the Diffusion of Excellence Initiative, VHA lacked a uniform way to scale and optimize best practices throughout the enterprise. Although the Diffusion Initiative is initially targeting best practices from within VHA, to be successful, a long-term plan should also allow for the adoption of best practices from the private sector and other government sectors (e.g., the Medicare program related to pricing, contracting, privatization, value-based purchasing, management, and oversight). Plans should also allow for adaptation at the local and regional levels to reflect respective differences in provider supply, veteran needs, and marketplace characteristics.⁸⁸

VHA has multiple offices and sites invested in system reengineering, continuous process improvement, and best practices implementation. Repositories of best practices do not get information to the intended person or group that could benefit from the information and are dependent upon VHA employees knowing they exist.⁸⁹

VHA's National Leadership Council has proposed consolidating these best practice repositories under the VERC, which now serves within the Office of Organizational Excellence. Until recently, VERC has been underutilized because it is not known throughout the enterprise.⁹⁰

QUERI is a system that identifies evidence-based care practices that may be scaled for systemwide implementation. QUERI was integrally involved in the transformation of VHA from a largely hospital-based system to one centered on primary care⁹¹ and is now integral to the collaborative endeavor to transform VHA into a learning organization. QUERI recently released a policy brief that indicated veterans' reliance on VHA was strongly correlated to economic factors such as unemployment rates and availability of other health care coverage.⁹²

VA should use a systematic, continuous performance improvement process to improve access to care. Although many VA facilities achieve very high-performance ratings on key access and quality measures, a systematic effort is needed to improve performance. These efforts need to

⁸⁷ Heather Woodward-Hagg, PhD, Acting Director, VERC, briefing to Commission on Care, February 8, 2016.

⁸⁸ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment I (Business Processes)*, 28, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_I_Business_Processes.pdf

⁸⁹ Heather Woodward-Hagg, PhD, Acting Director, VERC, briefing to Commission on Care, February 8, 2016.

⁹⁰ Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, 27, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

⁹¹ "HSR&D Perspectives Blog, QUERI Corner: Surviving and Thriving," Amy Kilbourne, QUERI Program Director, January 20, 2015, accessed from VA Intranet, April 4, 2016, <http://vawww.blog.va.gov/hsrd/category/queri-corner/>.

⁹² Christine Yee, Austin Frakt, and Steven Pizer, U.S. Department of Veterans Affairs, "Economic and Policy Effects on Demand for VA Care," Partnered Evidence-based Policy Resource Center, Policy Brief, March 2016, accessed June 21, 2016, http://www.queri.research.va.gov/partnered_evaluation/YeeFraktPizer.pdf.

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be embedded into routine use across the VA system. The best solutions should be adjusted to reflect local needs and designed to respond to veterans' preferences, needs, and values.⁹³

A systems approach to health care is “one that applies scientific insights to understand the elements that influence health outcomes, models the relationships between those elements, and alters design, processes, or policies based on the resultant knowledge in order to produce better health at lower cost”⁹⁴ and would benefit VA greatly, especially with resources like VERC to serve as a guide.

Emerging best practices have improved health care access and scheduling in various locations and serve as promising bases for research, validation, and implementation.⁹⁵ A variety of quality improvement organizations are involved in establishing and maintaining standards in health care as well as developing measures for the monitoring and assessment of these standards, including The Centers for Medicare & Medicaid Services, the Joint Commission, the National Committee for Quality Assurance, and the National Quality Forum.⁹⁶

The tools of operations management, industrial engineering, and systems approaches are successful in increasing process gains and efficiencies. In particular, a wide range of industries have employed systems-based engineering approaches to address scheduling issues, among other logistical challenges.⁹⁷

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- Consolidate all best practices and continuous improvement portals under VERC to provide a more accessible and comprehensive approach to best practice sharing and adoption.

Other Department and Agency Administrative Changes

- None required.

⁹³ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 110 and 297 accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

⁹⁴ Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, 27 accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

⁹⁵ Ibid., 15.

⁹⁶ Ibid., 60.

⁹⁷ Ibid., 27-28.

Health Care Equity

Recommendation #5: Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

Problem

The Office of Health Equity (OHE), tasked with eliminating health disparities by building cultural and military competence within VHA, has not been given the resources or level of authority needed to be successful. Until VHA leadership establishes the elimination of health care disparities as a critical strategic priority and commits the resources required to address this problem, health care disparities will continue to persist among veteran patients.

The Commission Recommends That . . .

- VHA work to eliminate health disparities by establishing health care equity as a strategic priority.
- VHA provide the Office of Health Equity adequate resources and level of authority to successfully build cultural and military competence among all VHA Care System providers and employees.
- VHA ensure that the Health Equity Action Plan is fully implemented with adequate staffing, resources, and support.
- VHA increase the availability, quality, and use of race, ethnicity, and language data to improve the health of minority veterans and other vulnerable veteran populations with strong surveillance systems that monitor trends in health status, patient satisfaction, and quality measures.⁹⁸

A systematic review of VHA in 2015 identified the existence of racial and ethnic health inequalities. Health care disparities exist among veterans and especially among minority and vulnerable veterans.⁹⁹ VHA cannot transform veterans' health care to enhance quality, access, choice, and well-being unless these health care disparities are addressed and eliminated. VHA has a plan for addressing these issues—the Health Equity Action Plan (HEAP)—but it has not been fully implemented.

Background

It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.¹⁰⁰

Across the nation, health care systems are raising awareness about health care equity, inequality, and disparities.¹⁰¹ The growing incidence of health care disparities and inequities is said to be ascribed to individual and collective cultural indifference on the part of health care

⁹⁸ Kathleen G. Sebelius, Secretary, Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care*, accessed March 30, 2016, http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

⁹⁹ Department of Veterans Affairs, *Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA*, accessed May 19, 2016, <http://www.hsrd.research.va.gov/publications/esp/HealthDisparities.pdf>.

¹⁰⁰ Kathleen G. Sebelius, Secretary, Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care*, accessed March 30, 2016, http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

¹⁰¹ Centers for Disease Control and Prevention, *CDC Health Disparities and Inequalities Report – United States, 2013*, accessed April 5, 2016, <http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>.

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providers and the health care system as a whole.¹⁰² A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health based on racial or ethnic group, gender, age, sexual orientation, military era, geographic location, religion, socioeconomic status, mental health, cognitive/sensory/physical disability, and other characteristics historically linked to discrimination or exclusion.¹⁰³

The United States is becoming increasingly diverse, with racial and ethnic minorities making up more than 36 percent of the population.¹⁰⁴ Indicators of overall health, such as life expectancy and infant mortality, have improved for most Americans; however, some minorities still face comparatively greater likelihood of preventable disease, death, and disability.¹⁰⁵

Although the country's veteran population is projected to decline from 22 million to 14.5 million by 2040, the percentage of minority veterans will increase from 20 percent to 34 percent during the same period.¹⁰⁶ Currently, African Americans make up 11 percent of the veteran population, and Hispanics, 6 percent.¹⁰⁷

Survey data show that minority veterans use VA health care more than White veterans, as shown below:¹⁰⁸

- African American: 38 percent
- Hispanic: 34 percent
- American Indian/Alaska Native: 38 percent
- White: 32 percent

¹⁰² G.L.A. Harris, "Reducing Healthcare Disparities in the Military Through Cultural Competence," *JHHA* (2011), 146.

¹⁰³ "Office of Health Equity," U.S. Department of Veterans Affairs, accessed June 12, 2016, <http://www.va.gov/HEALTHY/index.asp>.

¹⁰⁴ "Minority Health and Health Equity – CDC," Centers for Disease Control and Prevention (CDC), accessed March 28, 2016, <http://www.cdc.gov/minorityhealth/index.html>.

¹⁰⁵ *Ibid.*

¹⁰⁶ National Center of Veterans Analysis and Statistics, *Minority Veterans 2011 Report*, May 2013, accessed April 6, 2016, http://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_2011.pdf.

¹⁰⁷ U.S. Census Bureau, *American Community Survey, Public Use Microdata Sample (PUMS)*, 2011. Department of Defense, *Population Representation in the Military Services Fiscal Year 2011 Report*, accessed April 5, 2016, http://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_2011.pdf.

¹⁰⁸ Reliance projections here are based on ambulatory care utilization. Westat, *2015 Survey of Veteran Enrollees' Health and Use of Health Care*, 82, accessed May 19, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

Survey data on racial and ethnic minority veterans' use of VHA health care offer revealing insights on current equity issues:¹⁰⁹

- Fifty-seven percent of African Americans indicated they are more likely to use VA as their primary source of health care as compared to 45 percent of Whites.¹¹⁰
- The percentage of African Americans who reported they use VA for all or most of their care needs is 18 percent higher than the percentage of Whites who do so.¹¹¹
- A higher percentage of Whites assessed their health to be good or excellent than did African Americans.¹¹²

Analysis

VHA Office of Health Equity

VA created the OHE in 2012 to identify health care inequities, understand the cause of them, and bring to clinical practice interventions intended to reduce disparity drivers within VA. OHE partners with other VA offices, federal government offices, and nongovernment institutions with missions aimed at promoting health equity.¹¹³ OHE has substantial stakeholder involvement from minority veterans groups, including the Advisory Committee on Minority Veterans (ACMV), rural veterans groups, women veterans, and the Office of Diversity and Inclusion (ODI).¹¹⁴ A staunch internal partner and stakeholder of OHE, ODI's mission is to foster a diverse workforce and an inclusive work environment. The OHE and ODI missions intersect with ODI's special emphasis programs, intended to engage affinity groups and agencies to raise the awareness of the importance of diversity and demonstrate VA's commitment to a diversity model.¹¹⁵

OHE's foundational work included updated systematic reviews and data analyses that not only revalidated VA's previous findings on health care inequities, but also identified more areas of health care disparity among veterans. For instance, hepatitis C virus (HCV) was noted to have disparate effect on racial/ethnic minority veterans and Vietnam-era veterans. Additionally, OHE convened stakeholders and worked with the Health Equity Coalition to develop the VHA Health Equity Action Plan (HEAP), which aligns with the VHA Strategic Plan Objective 1e: Quality & Equity, which states, "Veterans will receive timely, high quality, personalized, safe effective and equitable health care irrespective of geography, gender, race, age, culture or sexual

¹⁰⁹ Department of Veterans Affairs, *2011 Survey of Veteran Enrollees' Health and Reliance Upon VA*, accessed April 2, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SOE2011/SoE2011_Report.pdf.

¹¹⁰ Department of Veterans Affairs, *2011 Survey of Veteran Enrollees' Health and Reliance Upon VA*, 85, accessed April 2, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SOE2011/SoE2011_Report.pdf.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ Department of Veterans Affairs, Office of Health Equity, *US Department of Veterans Affairs Office of Health Equity Mission and Accomplishments*, accessed March 30, 2016, http://www.va.gov/HEALTHEQUITY/docs/OHE_Mission_and_Accomplishments_November_2015.pdf.

¹¹⁴ "Office of Diversity and Inclusion (ODI)," Department of Veterans Affairs, accessed May 13, 2016, <http://www.diversity.va.gov/>.

¹¹⁵ "Office of Diversity and Inclusion (ODI), Special Emphasis Programs," Department of Veterans Affairs, accessed May 17, 2016, <http://www.diversity.va.gov/programs/default.aspx>.

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orientation.”¹¹⁶ HEAP aims to address five strategic areas: awareness, leadership, health system and life experience, cultural and linguistic competency, and data that are vital for effectively implementing its mission. HEAP implementation strategies are conceptually modeled after the goals and strategies of the National Partnership for Action to End Health Disparities’ National Stakeholder Strategy for Achieving Health Equity sponsored by the U.S. Department of Health and Human Services.¹¹⁷

Despite OHE’s best efforts, HEAP was not fully implemented because VHA leadership failed to establish it as a strategic priority with adequate staffing, resources, and support, and the departure of the then USH, a champion for health equity. These factors led to the reduction of OHE staffing from 8 to 2 FTEs in FY 2013 and a realignment of OHE to several layers down in the organization. As a result of an FY 2015 budget reduction, OHE continues to operate with a two-person staff.¹¹⁸ The reduced staffing level is inadequate to meet the requirements and mission of the office.

OHE has a broad and challenging mission, particularly given the number of minority veterans who rely on VA health care, the health risks in those populations, and the health care disparities those populations experience.¹¹⁹ OHE faces serious challenges in its efforts to carry out its action plan and to realize its broad and critical mission, challenges intensified by its limited staffing and the downgrade of this office within VHA’s organization structure. These include the following:¹²⁰

- lack of quality data on vulnerable populations and disparate health outcomes
- health equity projects that have been delayed or halted due to staff and resource limitations
- lack of data on the overall impact of existing health equity initiatives at facilities
- lack of common definitions on vulnerable populations and health equity concepts

Notwithstanding its limited staffing, OHE has compiled a substantial record of accomplishments. Among its initiatives, OHE embarked in 2015 on a strategy of working collaboratively with the Quality Enhancement Research Initiative (QUERI) to advance health equity. The two collaborative efforts focus on using a population health approach to examine the distribution of diagnosed health conditions, mortality, and health care quality across the VA health care system. A fully staffed OHE would have the capability of creating additional

¹¹⁶ Department of Veterans Affairs, *VHA Strategic Plan: FY 2013–2018*, accessed May 17, 2016, http://www.va.gov/health/docs/VHA_STRATEGIC_PLAN_FY2013-2018.pdf.

¹¹⁷ “National Partnership For Action (NPA), National Stakeholder Strategy for Achieving Health Equity,” U.S. Department of Health & Human Services, accessed May 16, 2016, <http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

¹¹⁸ Uche S. Uchendu, Executive Director, OHE, briefing to Commission on Care, December 14, 2015.

¹¹⁹ “Management Brief no. 99,” Department of Veterans Affairs, accessed May 19, 2016, http://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no99. Somnath Saha et al., “Racial and Ethnic Disparities in the VA Health Care System: A Systematic Review,” *Journal of General Internal Medicine*, 23, no. 5, (2008): 654-671.

¹²⁰ Uche S. Uchendu, Executive Director, Office of Health Equity, briefing to Commission on Care, December 14, 2015.

analytical tools to manage the daily health care equity program and provide needed services to advance health equity.¹²¹

Health Care Disparities Among Minority Veterans

Minority groups are at increased risk of major, life-threatening health conditions, as documented in a substantial body of research¹²² and illustrated in the table below:¹²³

Table 3. Major Health Conditions in Racial/Ethnic Minority Groups

Major Health Conditions Identified and Examined in Racial/Ethnic Minority Groups		
African Americans	Hispanics	American Indian or Alaska Natives
<ul style="list-style-type: none"> ▪ Colon Cancer ▪ HIV ▪ Chronic Kidney Disease ▪ Diabetes ▪ Stroke ▪ Venous Thromboembolism (VTE) ▪ Cancer ▪ Heart Disease 	<ul style="list-style-type: none"> ▪ Hepatitis C ▪ Cancer ▪ Heart disease 	<ul style="list-style-type: none"> ▪ Major Non-cardiac Surgery ▪ Pregnant Women with PTSD

HCV is more prominent among some racial and ethnic minority veterans and they are less likely to receive treatment for HCV. In VHA, some racial and ethnic minorities diagnosed with HCV are disproportionately more at risk for having associated liver disease (ALD). Disparities among veterans in the incidence of HCV, illustrated in the graphs below, show the important policy and resource implications for VA.¹²⁴

¹²¹ Ibid.

¹²² Andy I. Choi et al., “White/Black Racial Differences in Risk of End-Stage Renal Disease and Death,” *The American Journal of Medicine*, 122, no. 7, (2009): 672-678. Andy I. Choi et al., “Racial Differences in End-Stage Renal Disease Rates in HIV Infection with Diabetes,” *Journal of the American Society of Nephrology*, 18, no. 11 (2007): 2968-2974. Hashem B. El-Serag et al., “Racial Differences in the Progression to Cirrhosis and Hepatocellular Carcinoma in HCV-Infected Veterans,” *The American Journal of Gastroenterology*, 109, no. 9, (2014): 1427-1435. Cleo A. Samuel et al., “Racial Disparities in Cancer Care in the Veterans Affairs Health Care System and the Role of Site of Care,” *American Journal of Public Health*, 104, Supplement 4, (2014): S562-571.

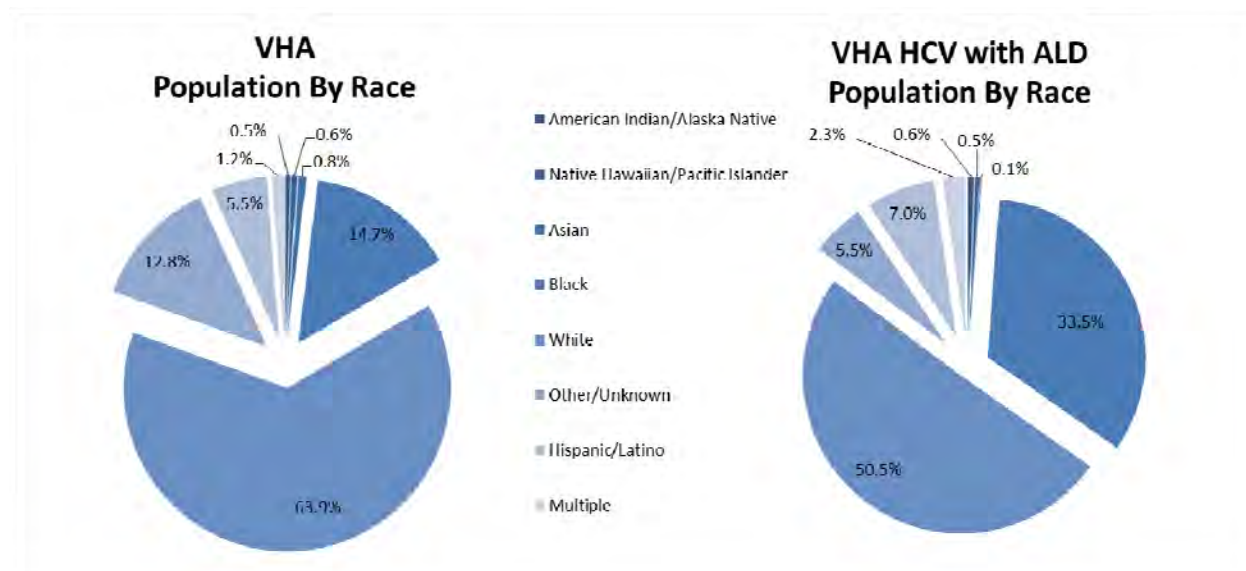
¹²³ Department of Veterans Affairs, *Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA*, accessed May 19, 2016,

<http://www.hsrd.research.va.gov/publications/esp/HealthDisparities.pdf>.

¹²⁴ Department of Veterans Affairs, Office of Health Equity, *Hepatitis C Factsheet, Hepatitis C, Advanced Liver Disease & Health Care Disparities*, accessed May 25, 2016, <https://github.com/departement-of-veterans-affairs/VHA-Asset/raw/master/Hep%20C%20FACT%20SHEET%20FINAL%2010162015.pdf>.

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Figure 2. Disparities Among Veterans in the Incidence of Hepatitis C Virus



A recent review of evidence related to racial and ethnic differences in outcomes for VA patients showed moderate- and low-strength evidence suggestive of gaps in morbidity and mortality outcomes among vulnerable veteran populations with major health conditions. These data, presented in the table below, highlight targets for further research.¹²⁵

Table 4. Comparison of Health Outcomes by Race

Comparison		Worse Health Outcomes For Racial Minority Group Relative to Reference Population (usually White)
Moderate-Strength Evidence		
(based on VA data from the early 2000s)		
African American v. White	Increased end-stage renal disease among chronic kidney disease patients	
	Increased end-stage renal disease among HIV patients (with or without diabetes)	
	Decreased colon cancer survival 3 years after diagnosis	
Hispanic v. White	Increased cirrhosis and hepatocellular carcinoma among hepatitis C patients	
Low-Strength Evidence		
(each finding supported by only a single retrospective study with important methodological limitations)		
African American v. White	Increased mortality among diabetes patients	
	Increased risk of preterm birth among PTSD patients	
	Increased mortality at 2 years post-hospitalization among stroke patients	
	Decreased survival 3 years after diagnosis of rectal cancer	
American Indian or Alaskan Native v. White	Increased risk of 30-day post-op mortality after major noncardiac surgery	
	Increased risk of preterm birth among PTSD patients	
Combined other racial/ethnic minority groups v. African American	Increased injury-related death among alcohol use disorder patients	

¹²⁵ "Management Brief no. 99," Department of Veterans Affairs, accessed May 19, 2016, http://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no99.

OHE's focus, health equity, is intended to combat health care disparities, namely, the differences in the preventive, diagnostic, or treatment services offered to veterans with similar health conditions. Health care disparities stem from a combination of complex factors occurring at the level of the health system, provider, and patient.¹²⁶ Health care disparities can result from biological differences among various racial/ethnic groups as well as from social disparities,¹²⁷ also termed social determinants, which stem from such factors as socioeconomic status, discrimination, education levels, housing, transportation, and crime and violence, and are causally linked to subsequent adult disease.¹²⁸ For example, poor-quality housing poses a risk of exposure to many conditions that can contribute to poor health, such as indoor allergens that can lead to and exacerbate asthma, injuries, and exposure to lead and other toxic substances.¹²⁹ Social determinants that drive health disparities among African Americans, Hispanics, American Indians, and Alaska Natives include race/ethnicity; gender; age; geographic location; religion; socio-economic status; sexual orientation; military era; disabilities, including cognitive, sensory, or physical; and other characteristics historically linked to discrimination or exclusion. Positioned in a department that also provides benefits that fall within the social determinants of health, OHE is in a unique position to improve veterans' health.

The Henry Ford Health System (HFHS) is an example of a health system that is committed to health equity and one VHA can emulate as it works to improve health equity. HFHS is a nonprofit, vertically integrated health care organization that serves the primary and specialty health care needs of residents in southeastern Michigan, including Detroit and its surrounding metropolitan area.¹³⁰ HFHS's comprehensive health equity staff has a health care equity campaign with a goal of increasing knowledge, awareness, and opportunities to ensure health care equity is understood and practiced by HFHS providers and other staff, the research community, and the community-at-large.¹³¹ The campaign is also intended to make health care equity a key, measurable aspect of clinical quality.¹³² A similar effort by VHA would create a system for tracking improvement of health equity over time and holding the organization accountable for ongoing efforts in this regard.

The VHA strategic plan for FY 2013–2018 states that veterans will receive timely, high quality, personalized, safe, effective, and *equitable* health care, irrespective of geography, gender, race, age, culture, or sexual orientation.¹³³ Although that statement signals a sensitivity to health equity, the level of funding support for the VHA office with the lead role in promoting health equity and reducing disparity calls into serious question the leadership priority and commitment to that strategic goal. VHA leadership must make health care equity a strategic

¹²⁶ Henry Ford Health System, *Healthcare Equity Campaign 2009-2011 Final Report*, accessed April 1, 2016, <http://www.henryford.com/documents/Diversity/Healthcare%20Equity%20Campaign%20Report.pdf>.

¹²⁷ James H. Price, Molly A. McKinney, and Robert E. Braun, *Social Determinants of Racial/Ethnic Health Disparities in Children and Adolescents*, accessed April 1, 2016, <http://www.sophe.org/Sophe/PDF/Webinars/20120416151902.pdf>.

¹²⁸ Ibid.

¹²⁹ "What Drives Health," Robert Wood Johnson Foundation, Commission to Build a Healthier America, accessed April 1, 2016, <http://www.commissiononhealth.org/WhatDrivesHealth.aspx>.

¹³⁰ Henry Ford Health System, *Healthcare Equity Campaign 2009-2011 Final Report*, accessed April 1, 2016, <http://www.henryford.com/documents/Diversity/Healthcare%20Equity%20Campaign%20Report.pdf>.

¹³¹ Ibid.

¹³² Ibid.

¹³³ Department of Veterans Affairs, *VHA Strategic Plan: FY 2013–2018*, accessed May 17, 2016, http://www.va.gov/health/docs/VHA_STRATEGIC_PLAN_FY2013-2018.pdf.

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priority by directing and funding the implementation of VHA HEAP nationwide and designating a leader and clinical champions within each VISN and VAMC, as a designated full-time equivalent (FTE), providing OHE budgetary support in FY 2017 and beyond to fully staff the office so that it can successfully achieve its mission and goals, to include providing additional needed funding to support implementation of the VHA HEAP; and ensuring OHE reports to the chief of VHA Care System (CVCS).

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- Make health equity a strategic priority by directing the implementation of the VHA HEAP nationwide and designating a leader and health equity clinical champion within each VISN and VAMC for whom part of their respective FTE position descriptions includes focusing on health equity issues.
- Reestablish OHE staffing based on the 2011 VHA Health Care Equality Workgroup recommendations to enable OHE to fulfill VHA's vision to provide appropriate individualized health care to each veteran in a method that eliminates disparate health outcomes and assures health equity. Action required includes, but is not limited to, funding FTE staffing levels commensurate with the scope and size of other federal offices of health equity.
- Reinstate OHE within the office of the CVCS to underscore health equity as a priority and to position the office to champion successfully the advancement of health equity for all veterans.¹³⁴
- Monitor and evaluate the department's success in implementing HEAP.

Other Department and Agency Administrative Changes

- None required.

¹³⁴ Department of Veteran Affairs, Health Equity Coalition Request for VHA Commitment, February 2016. Principal Deputy Under Secretary of Health Memorandum, Health Equity Coalition, March 21, 2013.

Facility and Capital Assets

Recommendation #6: Develop and implement a robust strategy for meeting and managing VHA's facility and capital-asset needs.

Problem

Veterans who turn to VHA to meet their health care needs should expect that its facilities have been designed and equipped to provide state-of-the-art care. As health care continues to move to ever greater use of ambulatory care delivery, VHA not only lacks modern ambulatory health care facilities in many areas, but generally lacks the means to readily finance and acquire space, to realign its facilities as needed, or even to divest itself easily of unneeded buildings. Many of these barriers are statutory in nature, although VA's own internal processes compound its capital asset challenges. Establishing integrated care networks, as proposed in

Recommendation #1 holds the promise of markedly improving veterans' access to care.

That promise cannot be realized without transformative changes to VHA's capital

structure. Political resistance doomed previous attempts to better align VHA's capital assets and veterans' needs. It is critical that an objective process be established to streamline and modernize VHA facilities in the context of the build out of the VHA Care System's integrated networks to ensure the ideal balance of facilities within each network. VHA needs as much control as possible to drive the process so that all facility plans are fully integrated with the strategic vision for the VHA Care System.

The Commission Recommends That . . .

- VA leaders streamline and strengthen the facility and capital asset program management and operations.
- The VHA Care System governing board be responsible for oversight of facility and capital asset management.
- Congress provide VHA greater budgetary flexibility to meet its facility and capital asset needs and greater statutory authority to divest itself of unneeded buildings.
- Congress enact legislation to establish a VHA facility and capital asset realignment process based on the DoD Base Realignment and Closure Commission process to be implemented as soon as practicable. The Commission recommends that the VHA Care System governing board subsequently make facility decisions in alignment with system needs.
- New capital be focused on ambulatory care development to reflect health care trends.
- VHA move forward immediately with repurposing or selling facilities that have already been identified as being in need of closing.

Background

Most VHA health care centers were designed when care was focused on inpatient hospital treatment. VA acquired some of these facilities nearly a century ago from the Public Health Service; many others were transferred from the War Department shortly after World War II.¹³⁵ The average VHA building is 50 years old – five times older than the average building age of not-for-profit hospital systems in the United States.¹³⁶ Most of its facilities were designed to meet markedly different needs than today's health care facilities. Some were tuberculosis

¹³⁵ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 62.

¹³⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, vi, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

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sanatoriums, others for years primarily housed patients with mental health conditions.¹³⁷ Although many have been extensively renovated, the renovations themselves are now outdated, and the condition of buildings shows this strain. Independent assessments of infrastructure and facilities showed that VHA facilities average a *C minus* score,¹³⁸ meaning much of the total facilities portfolio is nearing the end of its useful life, and 70 percent of facility correction repairs are being made on Grade D facilities.¹³⁹

During the past 8 years, veteran inpatient bed days of care have declined nearly 10 percent as outpatient clinic workload has increased more than 40 percent.¹⁴⁰ Current facilities, whether they have been maintained adequately or not, often do not support contemporary ambulatory care needs, with outpatient care often housed in converted inpatient spaces.

Through its capital planning methodology, VA has identified more than \$51 billion in total capital needs during the next 10 years.¹⁴¹ Capital funding during the past 4 years has averaged just \$2 billion annually.¹⁴² If funding levels remain consistent during the next 10 years, anticipated funding would be \$25 billion to \$35 billion less than the \$51 billion capital requirement.¹⁴³ VA planning must also take account of demographic changes and population migration that have led to underutilized medical centers in some areas of the country, and a need for new capacity in others.¹⁴⁴

Analysis

New Planning Paradigm

As the department acknowledged, “VA’s health care delivery model must . . . change.”¹⁴⁵ Importantly, it recognizes that “No organization can excel at every capability,” and stated “[s]ervice delivery systems designed around core competencies . . . provide the highest potential value to their customers.”¹⁴⁶ The acknowledgement that VHA can best serve veterans by focusing on its core competencies and unique capabilities, while relying more heavily on purchased care holds important implications for VHA’s capital needs and capital asset management. Rather than assessing VHA’s capital needs by reference to an expectation that each VA medical center, or constellation of medical centers, must provide virtually all needed hospital and medical services, capital needs must be redefined within the framework of the VHA Care System’s high-performing integrated community health care networks. VHA must determine what services it will continue to provide directly in a given community before it can determine its respective infrastructure needs. In identifying its core competencies, unique

¹³⁷ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 62.

¹³⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, 27, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹³⁹ *Ibid.*

¹⁴⁰ *Ibid.*, 46.

¹⁴¹ *Ibid.*, 17.

¹⁴² *Ibid.*, 18.

¹⁴³ *Ibid.*, 18.

¹⁴⁴ *Ibid.*, 59-61.

¹⁴⁵ Department of Veterans Affairs, *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, 18, accessed January 13, 2016, http://www.va.gov/opa/publications/VA_Community_Care_Report_11_03_2015.pdf.

¹⁴⁶ *Ibid.*

capabilities, and needed ancillary services, VHA would be setting at least a general framework through which network and local planners could assess where and how needed services would be delivered, including which would be provided directly by VHA and which through purchased care. Such a mapping exercise would be a first step in developing the integrated community health care networks.

The shape of an integrated delivery network will take different forms in each service-area, and planning and developing those local networks will necessarily require assessing VHA's physical plant and capacity in a new light. That reassessment process would inform capital planning, and must take account of at least three distinct needs: capital needs associated with buildings VA would retain; meeting new or replacement space needs; and the disposal of unused, unneeded property.

Property Divestiture

VHA's principal mission is to provide health care to veterans, yet over time it has acquired an ancillary mission: caretaker of an extensive portfolio of vacant buildings. As recently as October 2015, VA reported that its inventory includes 336 buildings that are vacant or less than 50 percent occupied, requiring it to expend patient-care funds to maintain more than 10,500,000 square feet of unneeded space.¹⁴⁷ The SECVA recently testified that it costs VA an estimated \$26 million annually to maintain and operate vacant and underutilized buildings.¹⁴⁸

VA's authority to carry out property-management is circumscribed in law,¹⁴⁹ and the department at times faces insurmountable challenges in either attempting to repurpose or divest itself of underutilized or vacant property.¹⁵⁰ In contrast to more rigid property-divestiture provisions, VA has had success in using a flexible authority to enter into long-term leases of VA property for *enhanced use*.¹⁵¹ This authority allows VA to lease underutilized capital

¹⁴⁷ Ibid., 92.

¹⁴⁸ "Witness Testimony of Honorable Robert A. McDonald, Secretary, U.S. Department of Veterans Affairs, Hearing on 2/10/2016: U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2017," House Committee on Veterans' Affairs, accessed June 20, 2016, <https://veterans.house.gov/witness-testimony/the-honorable-robert-a-mcdonald-2>.

¹⁴⁹ Authority for Transfer of Real Property; Department of Veterans Affairs Capital Asset Fund, 38 U.S.C. § 8118 Authority to Procure and Dispose of Property and to Negotiate for Common Services, 38 U.S.C. § 8122. For example, under section 8118, VA must receive at least full market value in transferring property, unless the property is transferred to an entity that provides services to homeless veterans, and any proposed transfer is subject to the requirement in section 8122 that VA first hold hearings, notify Congress in advance, and not proceed for a specified period. VA property can be determined to be "excess," though under 38 U.S.C. § 8122(d)(1), VA may not make such a declaration unless the property is not suitable for use for provision of services to homeless veterans and reviewed for possible disposal under the Property Act Disposal, administered by the General Services Administration (GSA) (40 U.S.C., subchapter III). GSA employs a rigorous, multistep process to assure that the asset is not needed by any other Federal agency. Under the Act, the agency disposing of the asset is responsible for funding disposal costs, including environmental remediation. GAO has testified that properties remain in an agency's possession for years and continue to accumulate maintenance and operations costs because of the legal requirements agencies must meet and the length of the process. (U.S. Government Accountability Office, *Federal Real Property: Progress Made on Planning and Data, but Unneeded Owned and Leased Facilities Remain*, GAO-11-520T (Washington, DC, 2011), 5, <http://www.gao.gov/products/GAO-11-520T>).

¹⁵⁰ With many properties under the protection of the National Historic Preservation Act (16 U.S.C. § 470h-3), VA faces obstacles and delays in efforts to divest itself of these properties; VACO staff report that stakeholder concerns have been obstacles.

¹⁵¹ Enhanced-Use Leases of Real Property, 38 U.S.C. §§ 8161-8169, as amended by Veterans Millennium Health Care and Benefits Act, Section 208, Pub. L. No. 106-117, 113 Stat. 1545 (1999), as in effect when GAO testified on this successful program (U.S. Government Accountability Office, *VA Real Property: VA Emphasizes Enhanced-Use Leases to*

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assets to private-sector entities for up to 75 years to develop housing for homeless and at-risk veterans and their families. Most recently, however, Congress imposed severe limits on that leasing authority.¹⁵²

Ongoing Capital Needs

Establishing a transformative new health care delivery model that relies more on purchased care will not eliminate the need for new clinics, facility renovations, and remedying VHA space deficiencies. The scope of those needs must still be determined in light of a proposed new delivery system, but they cannot be ignored. The *Independent Assessment Report* catalogued the challenges of managing and operating VA's capital program and the need to deploy best practices to improve total performance, and clearly address the importance of more modern facilities for delivering high quality care.¹⁵³

Of particular concern is an apparent breakdown in the process of bringing new clinics online and renewing the leases of existing clinics. With current law requiring congressional approval of any lease with an average annual rental of more than \$1 million,¹⁵⁴ a Congressional Budget Office (CBO) ruling¹⁵⁵ has upended the approval process and halted the leasing program.¹⁵⁶ Indicative of the scope of the problem, VHA's then USH testified in 2013 that VA, since 2008, had opened 180 leased medical facilities, 50 of which required authorization as major leases.¹⁵⁷ Currently, 24 major VA leases are in limbo.¹⁵⁸

Manage its Real Property Portfolio, GAO-09-776T (Washington, DC, 2009), <http://www.gao.gov/assets/130/122697.pdf>. For example, VA has authority to outlease its facilities for up to 3 years, but may not retain the proceeds of any such leasing (Authority to Procure and Dispose of Property and to Negotiate for Common Services, 38 U.S.C. § 8122(a)(1)). U.S. Government Accountability Office, *Federal Real Property: Progress Made on Planning and Data, but Unneeded Owned and Leased Facilities Remain*, GAO-11-520T (Washington, DC, 2011), 5, <http://www.gao.gov/products/GAO-11-520T>.

¹⁵² Before the sunset of that authority in 2011, VA could enter into such a long-term lease if (1) at least part of the property's use would contribute to VA's mission, (2) the lease would not be inconsistent with that mission; and (3) the lease would enhance the use of the property (Enhanced-Use Leases, 38 U.S.C. § 8162(a)(2)). Congress reauthorized enhanced-use leasing, but limited it to a single use: the development of supportive-housing for veterans who are homeless or at risk of homelessness (Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Sec. 211, Pub. L. No. 112-154, 126 Stat. 1165 (2012).)

¹⁵³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹⁵⁴ Congressional Approval of Certain Medical Facility Acquisitions, 38 U.S.C. § 8104.

¹⁵⁵ *Hearing on Assessing VA's Capital Inventory Options to Provide Veterans' Care Before the Committee on Veterans Affairs*, 113th Cong., 42 (June 27, 2013) (Statement of Robert A. Sunshine, Deputy Director, Congressional Budget Office), accessed June 20, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg82242/html/CHRG-113hhrg82242.htm>.

¹⁵⁶ *Ibid.* CBO maintains that the structure of VHA's lease transactions—the lease of a facility, designed by and built for VHA, and for which payments retire most or all of the debt over the life of the lease—is in the nature of a governmental purchase, and, as such, the full cost of acquiring the facility should be budgeted up front, rather than spread over the duration of the lease. As budget rules generally require that Congress offset that aggregate cost, CBO's position has had the effect of blocking what had previously been a manageable funding process.

¹⁵⁷ *Hearing on Assessing VA's Capital Inventory Options to Provide Veterans' Care Before the Committee on Veterans Affairs*, 113th Cong., 44 (June 27, 2013) (Statement of Robert A. Petzel, M.D., Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs), June 20, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg82242/html/CHRG-113hhrg82242.htm>.

¹⁵⁸ "Witness Testimony of Honorable Robert A. McDonald, Secretary, U.S. Department of Veterans Affairs, Hearing on 2/10/2016: U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2017," House Committee on Veterans' Affairs, accessed June 20, 2016, <https://veterans.house.gov/witness-testimony/the-honorable-robert-a-mcdonald-2>.

One of the primary benefits of leasing is that it can provide flexibility and speed.¹⁵⁹ But the time VHA has required to execute a lease, from planning through to activation, has taken almost 9 years in the case of a major lease,¹⁶⁰ in contrast with private-sector expectations of build-to-suit leases that often take fewer than 3 years.¹⁶¹

In acknowledging the magnitude of the challenges associated with VA's capital program and the budget constraints within which VA is operating, the *Independent Assessment Report* includes a suggestion that transformative options be considered, to include alternative vehicles for capital delivery such as public-private partnerships.¹⁶²

Capital Asset Management

Capital asset management itself requires reengineering. Facilities-related functions are dispersed through VA, resulting in a lack of accountability for outcomes, a mismatch between planning efforts and funding decisions, and separation of project execution and facilities management,¹⁶³ suggesting a need for transformative changes in operations.¹⁶⁴

In its work to foster transformation, department officials have recognized many organizational and process challenges that require priority attention, including the need to realign its infrastructure, identify new (private) sources of financing, streamline investment decision making and contracting, and improve the management of capital projects.¹⁶⁵ Organizational change aimed at streamlining and better aligning core processes is vital to effective operation of VA's facilities programs.

Capital-Asset Imperatives

The planning and development of a new delivery model centered on establishing integrated networks of care has major implications for identifying, planning for, and realizing VHA's capital needs. Greater reliance on community care, inherent in that model, establishes a new set of imperatives, specifically, a need for

- facility realignment
- more effective means of repurposing or other divestiture of unneeded buildings and land
- new, more effective tools to meet VHA's need for new clinic capacity and major construction
- more effective management of VHA's capital needs

¹⁵⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, 159, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹⁶⁰ Ibid., 159-160.

¹⁶¹ Ibid., 160.

¹⁶² Ibid., vii-ix, 34.

¹⁶³ Ibid., vi, 20.

¹⁶⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, K-5, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁶⁵ Interviews of VA staff by Commission on Care staff, April 2016.

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Facility Realignment

VA planning must closely examine the role of, and future for, individual facilities, in light of a transformative new delivery model. For more than a quarter century, VHA leaders have cited the need for medical center mission changes, realignments, disposal of unneeded buildings, and where indicated, hospital closures.¹⁶⁶ The critical importance of transforming VA health care delivery gives new urgency to providing tools to realign VHA's care-delivery infrastructure. The Commission recognizes that the SECVA does have authority to "consolidate, eliminate, abolish, or redistribute the functions of . . . [VA] facilities, and to carry out an administrative reorganization" of a field facility.¹⁶⁷ But that authority may generally not be unilaterally exercised.¹⁶⁸ In addition, despite VA's having established two previous commissions to address the need for facility realignment, leaders have had only limited success in achieving that objective. The exercise of SECVA's broad authority to reorganize is tempered by the prerogatives and fiscal authority held by Congress. Congress has rejected legislation that proposed a process to reassess the future of individual VA facilities,¹⁶⁹ reflecting concerns over veterans losing access to care and the potential of constituents losing employment. Such concerns can be addressed. To be successful, a capital asset realignment process must be conducted on a systemwide basis within a framework that provides for sound planning; the exercise of objective, independent expertise; and a reliable mechanism for implementation. Congress can look to and adapt a proven model¹⁷⁰ – the military base realignment and closure (BRAC) process – to meet those objectives and achieve marked improvements in access to care.

Congress should enact legislation, based on DoD's BRAC model, to establish a VHA capital asset realignment process to more effectively align VHA facilities and improve veteran's access to care. Creating a robust capital asset realignment process is vital because previous capital divestiture efforts have failed.¹⁷¹ This process should offer a level of rigor far beyond what currently exists for repurposing and selling capital assets. It should require VHA to employ criteria set by the VHA Care System governing board (see Recommendation #9) to conduct locally-based analyses of capital assets, based on national process criteria. Information generated would be used to assist an independent commission, established under the

¹⁶⁶ "VA Chief Seeks Panel to Revamp System," Christopher Scanlan, *Philly.com*, accessed December 31, 2015, http://articles.philly.com/1989-07-18/news/26134051_1_va-hospitals-derwinski-veterans-hospital. "Distinguished Group Selected for CARES Commission," Department of Veterans Affairs, Office of Public and Intergovernmental Affairs, March 3, 2003, accessed December 31, 2015, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=578>.

¹⁶⁷ Authority to Reorganize Offices, 38 U.S.C. § 510.

¹⁶⁸ Authority to Reorganize Offices, 38 U.S.C. § 510(c). In instances where a reorganization would reduce employment by 15 percent or more at a facility, VA must provide Congress a detailed plan and justification, and must defer implementation for at least 45 days.

¹⁶⁹ Veterans Millennium Health Care and Benefits Act, H.R. 2116, 106th Cong. (1999). Section 107 of House-passed H.R. 2116 would have established a mechanism for VA to cease providing hospital care at medical centers which were no longer providing high quality, efficient hospital care because of factors such as aging physical plant, functional obsolescence, and low utilization, and to redirect funds instead toward establishment of enhanced-service programs. In taking up H.R. 2116, the Senate did not adopt that provision, and it was not included in the Veterans Millennium Health Care and Benefits Act, Pub. L. No. 106-117, 113 Stat. 1545 (1999), accessed January 12, 2016, <https://www.gpo.gov/fdsys/pkg/PLAW-106publ117/html/PLAW-106publ117.htm>

¹⁷⁰ Defense Base Closure and Realignment Commission, *Defense Base Closure and Realignment Act of 1990 (as amended through FY 05 Authorization Act)*, accessed June 23, 2016, <http://www.brac.gov/docs/BRAC05Legislation.pdf>.

¹⁷¹ "VA Chief Seeks Panel to Revamp System," Christopher Scanlan, *Philly.com*, accessed December 31, 2015, http://articles.philly.com/1989-07-18/news/26134051_1_va-hospitals-derwinski-veterans-hospital. "Distinguished Group Selected for CARES Commission," Department of Veterans Affairs, Office of Public and Intergovernmental Affairs, March 3, 2003, accessed December 31, 2015, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=578>.

legislation, in making recommendations regarding realignment and capital asset needs.¹⁷² The independent commission would conduct a thorough, one-time process, to include making site visits and holding hearings to inform recommendations that would constitute a proposed national realignment plan. The VHA Care System governing board would review, and adopt or make recommendations to revise, the independent commission's recommended realignment plan. The commission would then empower the VHA Care System governing board to implement the recommendations unless, within a specified timeframe, Congress disapproves the entire plan on an up or down vote. The Commission on Care envisions that after the completion of a realignment carried out under such proposed legislation and in the course of ongoing VHA transformation, the VHA Care System governing board would make all additional facility alignment decisions, to meet veterans' needs and to fully integrate with the strategic vision for the VHA Care System.

Repurposing and Divestiture of Unneeded Buildings and Land

Maintaining health care facilities to provide state-of-the-art care requires ongoing financial support. Bearing the additional cost of maintaining outdated, vacant, and unused buildings diminishes operating funds needed for patient care, and yields no benefit. Even taking unused buildings offline and placing them in *mothball status*, requires tens of millions of dollars in basic building maintenance.¹⁷³ If VA could sell, repurpose, or otherwise divest itself of unused or underutilized buildings in a timely, cost-effective manner, it would free funds for the purposes for which they are appropriated.¹⁷⁴

Enhanced-use leasing authority has in the past provided VHA a viable tool that prevents the need for such unnecessary spending, while permitting development of vacant property for uses compatible with VHA's mission, and effective use of the proceeds, whether in cash or in kind.¹⁷⁵ This leasing mechanism has been put to particularly effective use in leveraging an asset that VHA can no longer use, but which has development potential, as consideration for an asset it may need, such as clinic space. But limiting enhanced-use leasing to a single use that may not be feasible in many locations precludes effective use of a valuable capital-alignment tool.

In many instances, however, the condition or remote location of VHA buildings does not lend itself to enhanced-use leasing. Given the need to dispose of a large inventory of vacant

¹⁷² The process should take into account the community health needs assessments (CHNA) that not-for-profit hospitals are required to carry out under current law, (Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, 124 Stat.119, sec. 9007(a) (2010)) and opportunities to engage community providers in collaborative partnerships. This provision requires tax-exempt hospitals to create a hospital community health needs assessment every three years. This hospital CHNA is developed alongside community stakeholders. The community health needs assessment requirements include: demographic assessment identifying the community the hospital serves; a community health needs assessment survey of perceived healthcare issues; quantitative analysis of actual health care issues; appraisal of current efforts to address the healthcare issues; and formulation of a 3-year plan under which the community comes together to address those remaining issues collectively.

¹⁷³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, 49, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹⁷⁴ *Ibid.*, B-13.

¹⁷⁵ *Hearing on Assessing VA's Capital Inventory Options to Provide Veterans' Care Before the Committee on Veterans Affairs*, 113th Cong., (June 27, 2013) (Statement of Robert A. Petzel, M.D., Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs), accessed June 20, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg82242/html/CHRG-113hhrg82242.htm>.

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buildings for which there is no realistic prospect of their being repurposed, a streamlined divestiture process is needed.

Meeting Clinic Capacity and Other Infrastructure Needs

Developing a new delivery model and establishing a thorough realignment process may shrink VHA's future capital needs but will not eliminate them. As congressional budget rules have frustrated VHA efforts to lease needed clinic space, it is critical that VHA and Congress find models or remedies to establish new ambulatory care space and renew leases of existing clinics. Congress and VHA should work together to find the means to meet VHA's need for new clinic capacity. Given an impasse in congressional authorization of VA clinic leasing based on build-to-lease contracts, VA should explore the feasibility of restructuring those arrangements. VA should explore an arrangement that remedies the concern that it is entering into capital leases. Such an approach, for which VA provides the builder with space needs rather than a complete design, would have the additional benefit of bringing projects on line much sooner. Absent an effective solution to meeting VA's ongoing need for clinic space, Congress must be willing, as it was in passing VACAA, to take extraordinary steps¹⁷⁶ to overcome a funding challenge, and, in this instance to waive, or suspend for at least 5 years, the operation of current congressional authorization and scorekeeping requirements governing major medical leases.

In addition to severe leasing challenges, current statutory spending limits make it difficult for VHA to modernize and renovate its aging facilities.¹⁷⁷ Notably, minor construction funds, available for "constructing, altering, extending, and improving"¹⁷⁸ any VA facility, are limited to \$10 million,¹⁷⁹ yet such projects may require substantially more given the age and condition of many VA buildings. Congress last lifted the threshold of what constitutes a major medical facility project – the amount above which a project requires specific authorization – more than a decade ago.¹⁸⁰ The Commission believes that with the tight controls a governing board would exercise, that threshold should be lifted substantially, providing needed flexibility to carry out minor construction projects.

As VHA works more closely with community providers and participates in discussions regarding community health needs, it should be open to opportunities to discuss and potentially work toward joint efforts at meeting infrastructure needs.¹⁸¹

¹⁷⁶ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113-146, 128 stat. 1754, sec. 803 (2014).

¹⁷⁷ VA Office of Inspector General, *Veterans Health Administration: Review of Minor Construction Program*, 8, accessed June 3, 2016, <http://www.va.gov/oig/pubs/VAOIG-12-03346-69.pdf>.

¹⁷⁸ Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, 129 Stat. 2242 Div. J., Title II, Department of Veterans Affairs (2015).

¹⁷⁹ A major medical facility project is one involving a total expenditure of more than \$10 million. Congressional Approval of Certain Medical Facility Acquisitions, 38 U.S.C. § 8104(a)(3)(A).

¹⁸⁰ Sec. 812 of the Veterans Benefits, Health Care, and Information Technology Act of 2006, Pub. L. No. 109-461, 120 Stat. 3403 (2006), raised the threshold as to what constitutes a major medical facility project from more than \$7 million to more than \$10 million.

¹⁸¹ One such public-private model, such as under discussion in Omaha, NE, where talks have centered on private donors' partially funding construction of a replacement medical center, necessarily poses challenges, but merits exploration and support. ("VA Exploring Public-Private Plan for New Facility," Lincoln Journal Star, accessed June 3, 2016, http://journalstar.com/news/state-and-regional/nebraska/va-exploring-public-private-plan-for-new-facility/article_6a90778e-6962-545f-a86a-3f27930bd84e.html.) Although Congress must ultimately provide apt facilities for VA care-delivery, the law has long authorized the SECVA to accept gifts or donations, for purposes of facility

Capital Asset Management

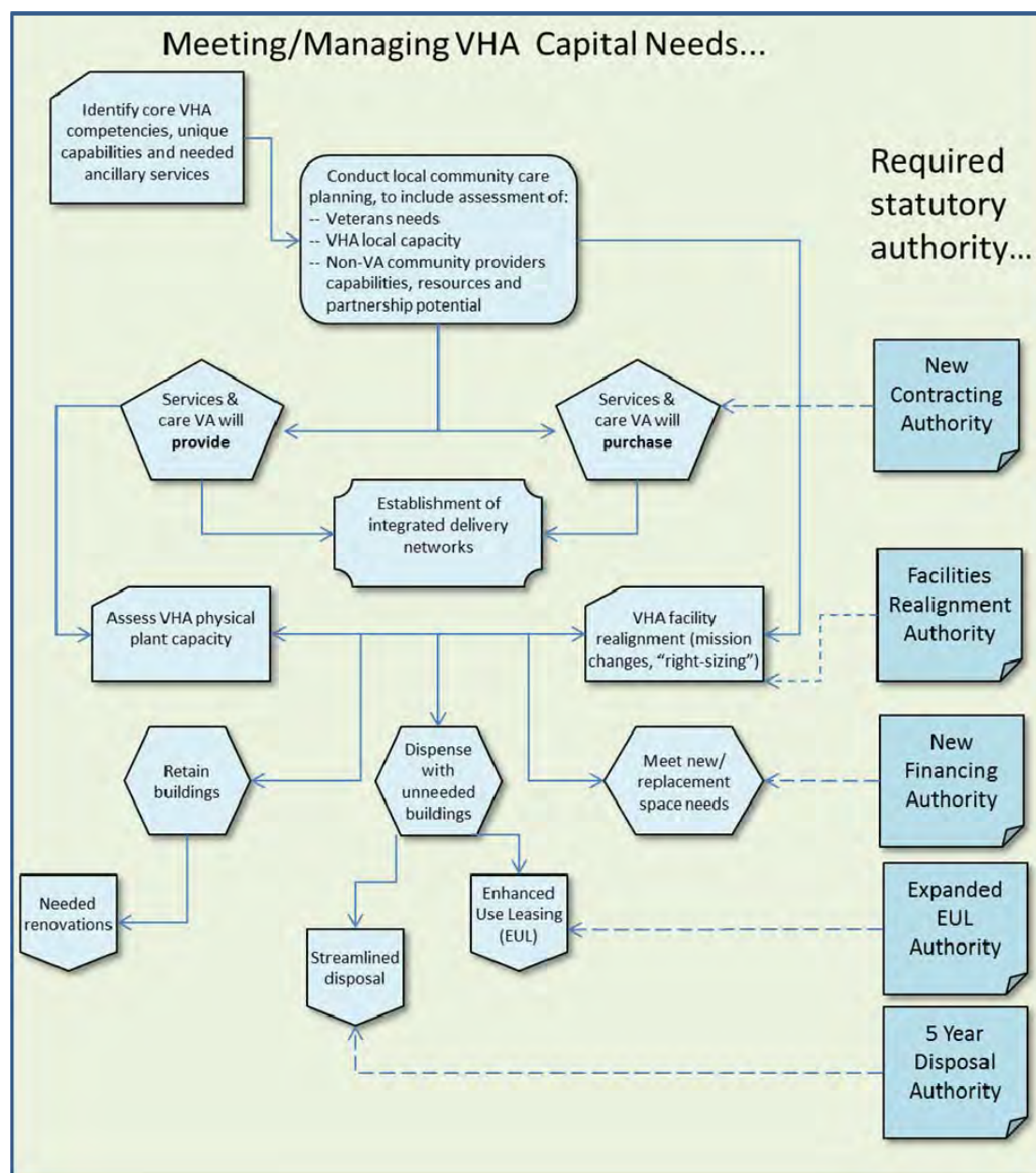
The Commission fully recognizes that VHA has much to do on its own to more effectively meet its capital asset needs. At the core, leaders must strengthen and streamline the capital asset programs' management and operation, to include better aligning the component elements; streamlining the leasing program, contracting, and investment decisions; managing and streamlining project delivery for construction and renovation; and adopting a facility (or building) life-cycle-model planning tool. These are all important elements of needed system transformation.

As depicted in Figure 3, meeting and managing VHA's capital-asset needs require an integrated approach that requires congressional support to tackle the multiple capital-asset challenges facing VHA. The Commission's recommendations for meeting and managing those interrelated capital-asset needs are set forth in the *Implementation* section following Figure 3.

construction. (Congressional Approval of Certain Medical Facility Acquisitions, 38 U.S.C. § 8104(e)) Nevertheless, new legislative authority would almost assuredly be needed to permit development of public-private partnerships that provide new platforms for the construction of new or replacement medical facilities. For example, H.R. 5099 would establish a pilot program permitting VA to enter into public-private partnership agreements to plan, design, and construct new VA facilities using private donations. To Establish a Pilot Program on Partnership Agreements to Construct New Facilities for the Department of Veterans Affairs, H.R. 5099, 114th Cong. (2016), <https://www.congress.gov/bill/114th-congress/house-bill/5099>.

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Figure 3. The Complicated Process of Meeting and Managing VHA's Capital-Needs

**Implementation****Legislative Changes**

- Provide VA new, more flexible authorities to realign facilities, meet capital-asset needs, and divest itself of unneeded buildings.
- Establishing a VHA capital asset realignment process that provides (notwithstanding any other law) for more effectively aligning VHA facilities with the objective of improving the access, quality, and cost-effectiveness of VA care, and provides for:

- Establishing an independent commission (empowered to hold public hearings, make site visits, and have full access to VHA analyses and data) charged with developing a national capital asset realignment plan that would include recommendations to the VHA Care System governing board (see Recommendation #9) for systemwide facility realignment (to include changes in facility mission, facility downsizing, integration of facilities, and closures), with the rationale for each recommended change.
- The proposed plan would identify (a) the criteria used in developing realignment recommendations, (b) proposals for reinvestment and savings/cost avoidance resulting from the realignment, (c) the projected care improvements that would result, and (d) mechanisms to minimize the adverse effects on displaced employees, to include assuring that, to the extent feasible, VA retrain and reemploys displaced employees.
- The VHA Care System governing board would be empowered to adopt or alter the proposed realignment plan, and to implement the final plan unless, within a specified timeframe, Congress disapproves the plan as a whole on an up-or-down vote.
- Waive or suspend for at least 5 years current authorization and scorekeeping requirements governing major medical facility leases under 38 U.S.C. § 8104.
- Amend 38 U.S.C. § 8104 to lift the threshold of what constitutes a major medical facility project from \$10 million to \$50 million.
- Amend pertinent provisions of 38 U.S.C. § 8161, and what follows, to reinstate and extend for 10 years the authority in prior law (as in effect on December 30, 2011) for VHA to enter into enhanced-use leases for any use that is not incompatible with VA's mission.
- Provide the VHA Care System governing board authority to promulgate regulations that for a period of not more than 5 years, and notwithstanding any other law, would ease the divestiture of unneeded vacant VHA buildings, to include (a) shifting to a third party the cost of meeting environmental requirements, (b) allowing VHA to retain the proceeds of any property sale, and (c) creating a streamlined process to address historic preservation considerations.

VA Administrative Changes

- None required.

Other Department and Agency Administrative Changes

- None required.

Information Technology

Recommendation #7: Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.

Problem

To operate a high-performing VHA Care System, VA requires a comprehensive electronic health care information platform that is interoperable with other systems and other health care providers; enables scheduling, billing, claims, and payment; and provides tools that empower veterans to better manage their health. Creating a single, uniform, integrated IT platform will promote care continuity, cost savings, and consistent care delivery and business processes.¹⁸²

VA's antiquated, disjointed clinical and administrative systems cannot support these essential clinical and business processes and consequently are unable to support the Commission's transformation vision for VHA. In addition, currently within VHA, there is no experienced senior health care IT leader focusing on the strategic health care IT needs of veterans and VHA staff.

The Commission Recommends That . . .

- VHA establish a Senior Executive Service (SES)-level position of VHA Care System chief information officer (CIO), selected by and reporting to the chief of VHA Care System (CVCS) with a dotted line to the VA CIO. The VHA CIO is responsible for developing and implementing a comprehensive health IT strategy and developing and managing the health IT budget.
- VHA procure and implement a comprehensive, commercial off-the-shelf (COTS) information technology solution to include clinical, operational and financial systems that can support the transformation of VHA as described in this report.

Background

A fully functional electronic health record (EHR) can improve the quality of patient care, help avert medical errors, and improve communication among providers and with patients.¹⁸³ Starting in the 1970s, VHA became a leader in the development of EHR technology with VistA and a computerized patient record system (CPRS).¹⁸⁴ Full implementation of the EHR, together with other reforms, helped improve the quality of care at VHA.¹⁸⁵ During the last decade, VHA has not been able to maintain an IT advantage.¹⁸⁶ Although in the past most VHA clinicians

¹⁸² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 43-44, accessed February 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁸³ "Does health information technology improve quality of care?" Robert Wood Johnson Foundation, accessed May 20, 2016, http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71333.

¹⁸⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 29-30, accessed April 4, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

¹⁸⁵ Phillip Longman, *Best Care Anywhere: Why VA Care Is Better Than Yours* (3rd ed., Berrett-Koehler Publishers, Inc., 2012). Jonathan B. Perlin, Robert M. Kolodner, and Robert H. Roswell, "The Veterans Health Administration: Quality, Value, Accountability, and Information as Transforming Strategies for Patient-Centered Care," *The American Journal of Managed Care* (November 2004), 828-836, accessed June 3, 2016, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.476.450&rep=rep1&type=pdf>.

¹⁸⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, vi, accessed April 5, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

have had a high opinion of the clinical applications and databases enabled by VistA and CPRS, a lack of upgrades has put VHA's EHR at risk of becoming obsolete.¹⁸⁷ Many large U.S. health care systems that were early adopters of homegrown EHR systems found themselves in similar circumstances and have since purchased and migrated to commercial off-the-shelf (COTS) products.¹⁸⁸ DoD recently made the same choice.¹⁸⁹

To achieve the Commission's vision of a health care system that delivers quality, access, choice, and veteran well-being, VHA requires effective, robust, and modern information technology systems. A robust EHR system would allow veterans and clinical providers to send, receive, find, and use electronic health information in a manner that is appropriate, secure, timely, and reliable. It would be seamlessly interoperable with other systems including DoD, private-sector providers, and with other VA enterprise systems such as those in the Veterans Benefits Administration (VBA). It would support VHA clinical workflow, evidence-based practice, and patient safety. It would provide clinicians, patients, and administrators the data, analytic power, and user interfaces required to monitor the effectiveness of care and improve it over time. A robust IT system for VHA should include more than just the EHR, however, extending to all the systems and tools required to facilitate and automate business processes that support access and veterans' care. These capabilities include an effective scheduling system, telephone systems, mobile applications, telehealth, financial management systems, human resources systems, and other systems that enable community care.

To realize such a transformation of IT in a system as complex as VHA requires exceptional leadership and staff, sufficient budget, a robust change management plan, effective systems for accountability and quality control, and efficient and agile contracting.¹⁹⁰ Presently, VHA appears to lack a majority of these factors required for success.¹⁹¹

Analysis

Leadership and Staff

Prior to 2006, VHA had a chief health informatics officer responsible for the VHA electronic record system and for coordinating with VA on IT systems. The programmers in VHA worked closely with the clinicians who used the tool to create a system that met their needs.¹⁹² VHA was able to prioritize clinical needs and patient safety requirements within its overall budget and plan for IT spending; however, there was no specific budget line item for the electronic health

¹⁸⁷ Ibid., 29-30.

¹⁸⁸ "\$5 Billion Leidos-Lockheed Deal: Size Still Matters," Frank Konkel, accessed February 4, 2016, http://www.nextgov.com/defense/2016/02/5b-leidos-lockheed-deal-size-still-matters-federal-it-contracting/125617/?oref=nextgov_today_nl.

¹⁸⁹ "DoD Awards Cerner, Leidos, Accenture EHR Contract," Tom Sullivan, accessed May 12, 2016, <http://www.healthcareitnews.com/news/dod-names-ehr-contract-winner>.

¹⁹⁰ LaVerne H. Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

¹⁹¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 41, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁹² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, v, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

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record system or related technology, and there was limited central oversight or accountability for information technology infrastructure.

VA's IT budget was centralized in 2006, and the Office of Information and Technology (OIT) was assigned to deliver, operate, and manage IT and its budget, across the department. With this change, VHA's needs became only one of the priorities that OIT has had to accommodate and VHA's priorities have not always prevailed.¹⁹³

To ensure that clinical needs and patient safety are a priority, many large health care systems, such as DoD, Cleveland Clinic, Geisinger, and Kaiser Permanente, have a medical CIO (i.e., CMIO) who manages and advocates for the clinical IT needs of the organization. A CMIO ensures that clinicians are involved in the selection of any IT systems they use to perform their job functions and provide patient care, including EHRs. Clinicians involved in the selection and deployment of an IT system are more likely to feel ownership of it and fully adopt its use. The CMIO usually reports to the health system's CEO or CMO, and working in concert with these individuals and the organization's CIO, makes sure that health information needs are prioritized and funded.¹⁹⁴

VA does not have staff with the necessary expertise to execute large-scale IT projects. Previous system implementations have failed because VA did not have individuals with adequate experience to effectively plan and manage system development and deployment. If VA had an adequate system and skilled staff to monitor and identify program and contracting problems affecting the progress of prior IT implementations, effective and timely decisions could have been made to either redirect or terminate VA IT projects that ultimately failed. To avoid repeating these previous IT implementation failures, VA needs to develop effective oversight systems and develop in-house staff with the expertise to oversee, fully support, manage, and execute complex integrated IT programs.¹⁹⁵

Given all of these critical needs, the Commission believes that it is essential for VHA to have a CIO with health care expertise and substantial experience, reporting to the chief of VHA Care System. The VHA CIO will be responsible for managing the complex implementation of a state-of-the-art comprehensive information system platform to support the new integrated VHA Care System, with the functionality, interoperability, and data management capabilities to support the delivery and coordination of high-quality health care for veterans. The CIO will need to work closely with clinical and operational leaders on the effective execution of the new system, and will also need to collaborate with the VA CIO to ensure the integration and coordination of the health care information system and the Veterans Benefit Administration system.

¹⁹³ Ibid., 10.

¹⁹⁴ "CMIOs Help Hospitals Make Tech Transitions," Naseem S. Miller, accessed May 13, 2016, <https://www.acep.org/content.aspx?id=79744>.

¹⁹⁵ Department of Veterans Affairs Office of the Inspector General, *Review of the Awards and Administration of Task Orders Issues by the Department of Veterans Affairs for the Replacement Scheduling Application Development Program*, accessed May 25, 2016, <http://www.va.gov/oig/52/reports/2009/VAOIG-09-01926-207.pdf>.

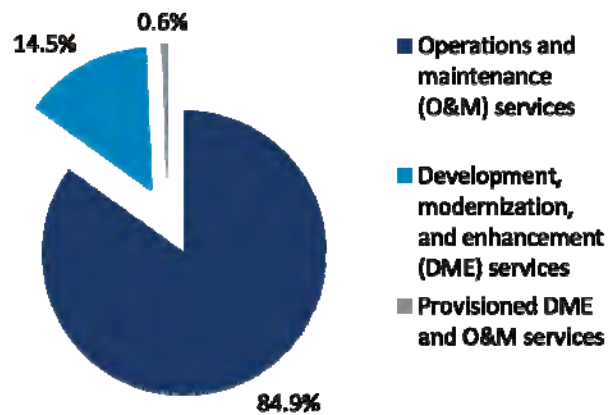
Budget

The 1-year budget appropriations cycle makes it difficult to secure multiyear funding for long-term development and important IT projects.¹⁹⁶ The budget process is disconnected from total lifecycle IT costs.¹⁹⁷ That disconnect has grown wider with a change in law¹⁹⁸ under which Congress provides VHA advanced medical care appropriations—in effect a 2-year budget—while health IT funding remains 1-year money.¹⁹⁹ As the Congressional Research Service (CRS) testified,

*providing an advance appropriation for some VHA accounts and funding IT accounts under a regular appropriation act could create a situation whereby, for example, VHA could not purchase computer software although it has procured medical equipment that needs software. Another example would be the difficulty of procuring IT infrastructure to support opening of a new community-based outpatient clinic (CBOC).*²⁰⁰

Spending on new systems and upgrades to existing systems now represents only 15 percent of VA's total IT budget (see Figure 4),²⁰¹ meaning that essential upgrades like a new scheduling package and EHR modernization have not had the funding or focus required to succeed. Clinical users have become increasingly frustrated by the lack of any clear advances with VistA during the past decade. Numerous VHA clinicians have experience with commercial EHR systems and want the same level of features, modern clinical capabilities, integration, and mobility they see emerging in the commercial marketplace.²⁰²

Figure 4. VA IT Spending



In July 2015, DoD awarded a \$4.3 billion, 10-year contract to overhaul the Pentagon's electronic health records for millions of active-duty military members and retirees. Officials estimate that

¹⁹⁶ "Coming in 2016: Cloud Legislation," Aisha Chowdhry and Adam Mazmanian, accessed January 12, 2016, <https://fcw.com/articles/2015/12/22/cloud-bill-2016.aspx>.

¹⁹⁷ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care, December 15, 2015.

¹⁹⁸ Veterans Health Care Budget Reform and Transparency Act of 2009, Pub. L. No. 111-81, 123 Stat. 2137 (2009).

¹⁹⁹ With the Consolidated and Further Continuing Appropriations Act, 2015, Pub. L. No. 113-235 (December 16, 2014), Congress expanded advanced appropriations to additional VA program accounts.

²⁰⁰ U.S. Congress, House of Representatives, Committee on Veterans Affairs, *Funding the U.S. Department of Veterans Affairs of the Future: Hearing before the Committee on Veterans Affairs U.S. House of Representatives*, 111th Congress, 1st Sess., April 29, 2009, 60, accessed June 3, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-111hhrg49914/pdf/CHRG-111hhrg49914.pdf>.

²⁰¹ Department of Veterans Affairs, *Information Technology Agency Summary*, accessed May 25, 2016, <https://itdashboard.gov/drupal/summary/029>.

²⁰² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, v, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

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during its potential 18-year life, the contract could be worth just less than \$9 billion.²⁰³ The recent Senate appropriations bill for VA OIT allots \$63 million toward development and modernization of VA's existing EHR (i.e., VistA Evolution).²⁰⁴ Assuming that VA's implementation of a new COTS EHR would be similar in size and scope to DoD's EHR implementation, VA would be short \$3.67 billion in funding for a new COTS EHR, given the current funding amount of \$63 million per year. VA will require a substantial increase in IT funding to support the successful implementation of a new comprehensive COTS EHR.

Robust Change Plan

Because VistA has been customized at each medical center, there are few standard data elements. The varied algorithms lead to a complex, heterogeneous mix of hardware and software that impedes system changes and new capabilities and raises operations and maintenance costs.²⁰⁵ Due to excessive project management overhead, a complex legacy IT infrastructure that is difficult to modernize, and more than 130 variations of the primary software system deployed across VHA medical facilities, the implementation of improved IT capabilities in the last 10 years has been extremely limited.²⁰⁶ VA is currently weighing whether to continue to modernize VistA or purchase a COTS health information technology platform. The Commission recommends moving to a COTS program.

Whether VHA moves forward with the purchase of a COTS product, as recommended by the Commission, or continues attempting to modernize VistA, VHA must effectively manage the change process. At present, a lack of standard clinical documentation has made it harder to develop effective clinical decision-support systems and hinders EHR information exchange among VA Medical Centers (VAMC), between VA and non-VA facilities (including those of DoD), and between VA and individual veterans. Shared data must be well labeled in a way that the receiving system can identify and properly ingest such data. An electronic medical record can contain as many as 100,000 different data fields. The lack of data standards presents challenges to using comparable data for analysis and disparities among the 130 tailored local instances of VistA, complicating information sharing, data aggregation, and analytics.²⁰⁷ VHA has not established comprehensive semantic definitions for data elements through the use of standard nomenclatures, terminologies, and code sets. Doing so is required to ensure consistency and integration across multiple systems, leverage follow-on IT products, and facilitate analytics for clinical decision making.²⁰⁸

The Office of the National Coordinator (ONC) for Health IT, under HHS, is responsible for advancing national connectivity and interoperability of health information technology. The

²⁰³ "Cerner wins \$4.3 billion DoD contract to overhaul electronic health records," Amy Brittain, *The Washington Post*, accessed May 25, 2016, https://www.washingtonpost.com/national/health-science/cerner-wins-dod-contract-to-overhaul-electronic-health-records/2015/07/29/7fbfccfa-35f5-11e5-b673-1df005a0fb28_story.html.

²⁰⁴ S. Rept. 114-237 – Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2017, accessed May 25, 2016, <https://www.congress.gov/congressional-report/114th-congress/senate-report/237/1>.

²⁰⁵ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 44, accessed February 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²⁰⁶ *Ibid.*, 41.

²⁰⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, vi, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁰⁸ *Ibid.*, viii.

ONC developed the National Interoperability Roadmap with the goal of being able to use electronic health information exchange, so information can follow a patient where and when it is needed, across organizational, health IT developer, and geographic boundaries. The roadmap lays out a clear path to catalyze the collaboration of stakeholders who are going to build and use the health IT infrastructure.²⁰⁹ VA's intent to expand veteran care to more community providers through the creation of locally-integrated health care networks will mean that it is important for VHA to follow the ONC roadmap and standards. Following this roadmap includes using the continuity of care document to exchange data, which was established by ONC and is followed by community health care providers. VA OIT is currently collaborating with the ONC on VA's plans for interoperability and has committed VA to following the roadmap.²¹⁰

VHA does not yet have a robust, detailed strategy and roadmap for IT initiatives across VHA that integrates veteran access to scheduling via phone, telehealth, and mobile apps.²¹¹ National deployment of the VistA Scheduling Enhancement and the veteran mobile scheduling Veteran Appointment Request app, are initial steps to prepare for the implementation of new COTS electronic medical system with a scheduling package.

To resolve the underlying systemic issues with VistA scheduling, VA awarded a contract for the implementation of VA's new COTS medical appointment scheduling system in August 2015.²¹² This system is a COTS scheduling solution that, when implemented, is expected to move VHA from primarily a face-to-face appointment model to a coherent, resource-based system with broad opportunities for improved services for VA stakeholders.²¹³ Deployment is awaiting the final decision on whether VHA will continue with VistA or purchase a full COTS product.

COTS Solution

The current VistA/computerized patient records systems are based on a tightly integrated, monolithic architecture and design with numerous and diverse functional components and associated interdependencies. These characteristics impose barriers to modernizing the respective systems. In addition, the high cost of infrastructure operation and maintenance (85 percent of the total IT budget) reduces funding available for new development efforts.²¹⁴ Maintenance and data sharing are further complicated because most VAMCs have customized their local versions of VistA, leading to approximately 130 different versions of VistA across the country.²¹⁵

²⁰⁹ "A Shared Nationwide Interoperability Roadmap Version 1.0," HealthIT.gov, accessed March 29, 2016, <https://www.healthit.gov/policy-researchers-implementers/interoperability>.

²¹⁰ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

²¹¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 44, accessed April 4, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²¹² "\$623M Medical Appointment Scheduling System (MASS) Contract," G2Xchange, accessed May 3, 2016, <https://www.g2xchange.com/statics/623m-medical-appointment-scheduling-system-mass-contract>.

²¹³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 40, accessed May 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²¹⁴ Ibid., vi.

²¹⁵ Ibid., vi.

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VHA relies on a VistA scheduling package to provide veterans with access to health care. The system is antiquated, highly inefficient, does not optimally support processes or allow for efficient scheduling of appointments. A report on scheduling published by the Northern Virginia Technology Council (NVTC) in October 2014, showed that VA's exam-scheduling processes are not enabled by state-of-the-art technologies or consistently applied standard operating procedures.²¹⁶ To improve this situation, VHA has developed, and is in the process of a national roll out of, VistA scheduling enhancements, which provides an improved user interface (i.e., graphic user interface or GUI). Although the new GUI will help veterans gain access to care by implementing better scheduling procedures, it does not address the need that managers, planners, and administrators have for accurate and timely data on clinic use.²¹⁷ For instance, VHA's new health care operations dashboard shows that more than 55 percent of clinic slots in VHA go unused each day.²¹⁸ However when questioned about this data, VHA notes that it is not correct.²¹⁹ The underlying VistA scheduling software does not allow accurate representation of clinician time toward each clinic stop. As a result, whether data is presented in a dashboard or a new GUI tool, as long as the underlying data cannot be captured accurately, then VHA will not have the information it needs to effectively manage the supply of clinic slots.²²⁰

VA's financial management information technology system is woefully outdated and VA has previously wasted approximately \$500 million in two failed attempts to replace it. Given VA's lack of an integrated finance and logistics IT system, VA has no method to perform commitment accounting.²²¹ VA's current financial management system does not support streamlining and automation of VA's revenue cycle.²²²

Community care processes currently include eligibility determinations, referrals and authorizations, care coordination, network management, claims, and customer service.²²³ VA's information technology systems limitations often demand manual processes to support community care that can reduce the timeliness and accuracy of data and obscure the true state of VHA's activities. Relying on manual processes slows collections and payment activities and introduces errors and waste into the process.²²⁴ Barriers to automation are multifactorial,

²¹⁶ Ibid., 39-40.

²¹⁷ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow—Scheduling)*, 26, accessed May, 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

²¹⁸ Crystal Wilson, Office of Analytics and Business Intelligence, Veterans Health Administration, email to Commission on Care staff, May 3, 2016.

²¹⁹ Joe Francis, Director of Clinical Analytics and Reporting, Veterans Health Administration, email to Commission on Care staff, May 3, 2016.

²²⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow—Scheduling)*, 26, accessed May, 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

²²¹ Jan R. Frye, *Letter to Secretary McDonald, March 19, 2015*, accessed May 17, 2016, http://extras.mnginteractive.com/live/media/site36/2015/0522/20150522_025126_WhistleblowerMemo.pdf.

²²² Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment I (Business Processes)*, 24, accessed May 24, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_I_Business_Processes.pdf.

²²³ Baligh Yehia, MD, ADUSH Community Care, briefing to Commission on Care, April 18 and 19, 2016.

²²⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 42, accessed March 28, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

including confusing eligibility rules governing which veterans may receive care outside VHA and for what conditions, in what circumstances, and which services may be billed to third-party insurers.²²⁵ In addition, there are multiple authorities for purchasing community care—all with different business rules²²⁶ and reimbursement rates, as well as antiquated financial management information systems that are not standardized to private-sector processes. All of these impediments are exacerbated by workers throughout the revenue cycle who are poorly compensated and marginally trained, experience high turnover, and work in environments with a continuous 20 percent vacancy rate;²²⁷ thus, they cannot effectively manage certain business practices such as insurance verification and ensuring clinicians complete necessary coding documentation.²²⁸

Many large U.S. health care systems that originally developed in-house EHRs have since purchased and migrated to COTS EHRs.²²⁹ DoD recently made the same choice, deciding to replace its homegrown EHR with a COTS product to take advantage of private-sector innovation and have an EHR that communicates with private-sector systems. For a system in which 60 to 70 percent of military health care takes place outside the DoD,²³⁰ this was an important business consideration that is also consistent with VHA's long term direction. Very large IT programs with purpose-built systems and labor-driven business models are shifting rapidly toward more open source, COTS systems. Large proprietary IT solutions are increasingly being replaced by less risky, agile, and open-source solutions or IT as-a-service models, and getting away from client-server models.²³¹

Interoperability

VHA's EHR issues stymie interoperability among VHA facilities as well as between VHA and DoD and other non-VHA providers. Multiple assessments noted the lack of interoperability resulted in incomplete patient records with potentially substantial implications for veterans and VHA. Incomplete records introduce unnecessary clinical risk, complicate the transition from

²²⁵ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report, Appendix I (Business Processes)*, 19-20, accessed April 26, 2015, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²²⁶ Baligh Yehia, MD, ADUSH Community Care, briefing to Commission on Care, April 18 and 19, 2016.

²²⁷ Healthcare Talent Management, Veterans Health Administration, email to Commission on Care, April 11, 2016. Northern Virginia Technology Council, *Opportunities to Improve the Scheduling of Medical Exams for America's Veterans*, accessed April 25, 2016, <http://www.va.gov/opa/choiceact/documents/NVTCTFinalReporttoVA-revised3.pdf>.

²²⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report, Appendix I, Business Processes*, I3-I4, accessed November 24, 2015, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²²⁹ "\$5 Billion Leidos-Lockheed Deal: Size Still Matters," Frank Konkel, accessed February 4, 2016, http://www.nextgov.com/defense/2016/02/5b-leidos-lockheed-deal-size-still-matters-federal-it-contracting/125617/?oref=nextgov_today_nl.

²³⁰ "DoD Awards Cerner, Leidos, Accenture EHR Contract," Tom Sullivan, accessed May 12, 2016, <http://www.healthcareitnews.com/news/dod-names-ehr-contract-winner>.

²³¹ "\$5 Billion Leidos-Lockheed Deal: Size Still Matters," Frank Konkel, accessed February 4, 2016, http://www.nextgov.com/defense/2016/02/5b-leidos-lockheed-deal-size-still-matters-federal-it-contracting/125617/?oref=nextgov_today_nl.

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DoD to VHA care, and inhibit VHA's ability to bill and collect revenue in an accurate and timely manner.²³²

As GAO reported in August 2015, VA and DoD have taken initial steps to increase interoperability between their existing electronic health record systems.²³³ They have deployed the Joint Legacy Viewer (JLV), which provides a patient-centric, integrated view of a patient's health data from VA, DoD, and community health partners on one screen. It has been available at all VA medical centers since October 2014 and currently has more than 70,000 users.²³⁴ The JLV is a positive step in supporting coordination of care among VA, DoD, and community partners, but it only allows for providers to view veterans'/service members' medical records and does not yet allow for the other agencies' medical records to be updated by providers.²³⁵

VA's next evolution in interoperability with DoD and community partners is the deployment of their Enterprise Health Management Platform (eHMP). eHMP is intended to provide VA streamlined access to complete patient history from VA, DoD, and community health partners in a single, reliable, customizable, and secure interface that is easy to use. It is reported to deliver a modern, web-based user interface and supporting infrastructure and is intended to replace the Computerized Patient Record System (CPRS) as VA's primary point-of-care application. The national rollout of eHMP is expected to be completed by December 2017.²³⁶

VHA does not have everything that is needed in an IT system to manage the business and clinical aspects of care in the community and support the overall veteran experience in an expanded community network. To address these gaps and provide health care well into the future, VA intends to develop in house a comprehensive and interoperable digital health platform (DHP). The DHP is intended to seamlessly integrate all of VHA's core processes, including scheduling, supply chain management, billing, and claims. Through consolidation of more than 40 contact center systems and more than 130 versions of the VistA EHR and clinical procurement/inventory systems, the DHP is designed to enable VHA's operation as a holistic, platform business and greatly reduce the cost of system maintenance across the IT enterprise.²³⁷

Because there is no unique patient identifier, problems exist with "1) accessing and integrating information from different providers and provider computer systems, 2) aggregating and providing a lifelong view of a patient's information, and 3) supporting population-based research and development."²³⁸ To accurately match veteran patient data that is exchanged between VA and non-VA providers, both organizations need to use the same unique patient

²³² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 44, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²³³ "Electronic Health Records: VA and DOD Need to Establish Goals and Metrics for Their Interoperability Efforts," U.S. Government Accountability Office, accessed April 1, 2016, <http://www.gao.gov/products/GAO-16-184T>.

²³⁴ Sloan Gibson, Deputy Secretary of Veterans Affairs et al., briefing to Commission on Care, April 18, 2016.

²³⁵ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, A-35, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²³⁶ Sloan Gibson, Deputy Secretary of Veterans Affairs et al., briefing to Commission on Care, April 18, 2016.

²³⁷ LaVerne H. Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

²³⁸ "Analysis of Unique Patient Identifier Options," Solomon I. Appavu, The Department of Health and Human Services, accessed May 20, 2016, <http://www.ncvhs.hhs.gov/wp-content/uploads/2014/08/APPAVU-508.pdf>.

identifier. This practice is currently not used.²³⁹ Each health care system uses a unique patient identifier number, but it is specific to that system.²⁴⁰ VA uses patients' social security numbers as unique identifiers; whereas, due to stricter security standards required by HIPPA privacy laws that community providers must adhere to, many non-VA providers use other personally identifiable information (e.g., first name, last name, date of birth, and phone number) to match patient identities between record systems. Studies have shown that patient identification error rates range from 7-20 percent.²⁴¹ For VA to accurately identify patients and their records, a unique national patient identifier is essential.

The security of electronic records is an ongoing concern. One in three Americans had health care records breached in 2015.²⁴² Recent hacks of U.S. hospital health care systems through the use of ransomware, viruses that hold systems hostage until victims pay for a key to regain access, further highlight the need for enhanced VA cybersecurity.²⁴³ VA's OIG has repeatedly identified the same weaknesses and deficiencies in VA's information security program in its annual FISMA audit reports.²⁴⁴ Although VA has recently made some progress in developing policies and procedures to address current security gaps, OIG's FY 2015 audit concluded that information security is still a *material weakness* for VA and that VA must take comprehensive measures to mitigate security vulnerabilities affecting VA's mission-critical systems.²⁴⁵ For sharing of veteran data to be secure, only the designated correct parties can have access to patients' data.²⁴⁶ Interoperability increases the risk to veterans' health records.²⁴⁷ Cybersecurity guidelines and best practices are being developed by HHS in response to the requirements in the recently enacted Cybersecurity Information Sharing Act;²⁴⁸ however, security protocols also cannot impede health information exchange with VA community providers and health systems. VA OIT needs to be involved in the health information exchange planning discussions, which

²³⁹ "Interoperability 2015: Current State and Next Steps", Kent Gale, KLAS Research, accessed March 9, 2016, <http://www.klasresearch.com/docs/default-source/default-document-library/2pg-emr-interoperability-industry-specific.pdf?sfvrsn=0>.

²⁴⁰ "Analysis of Unique Patient Identifier Options," Solomon I. Appavu, The Department of Health and Human Services, accessed May 20, 2016, <http://www.ncvhs.hhs.gov/wp-content/uploads/2014/08/APPVU-508.pdf>.

²⁴¹ "The Right Fit: How We Solve the Puzzle of Interoperability," Russell Branzell, Media Planet: Future of Health Care, accessed May 25, 2016, <http://www.futureofhealthcarenews.com/telemedicine/the-right-fit-how-we-solve-the-puzzle-of-interoperability>.

²⁴² "Public Health Enemies: Protecting Your Medical Records," Russell Branzell, Media Planet: Future of Health Care, accessed May 25, 2016, <http://www.futureofhealthcarenews.com/digital-health/public-health-enemies-protecting-your-medical-records>.

²⁴³ "Virus Infects Medstar Health System's Computers, Forcing an Online Shutdown," John Woodrow Cox, Karen Turner and Matt Zapotosky, accessed March 28, 2016, https://www.washingtonpost.com/local/virus-infects-medstar-health-systems-computers-hospital-officials-say/2016/03/28/480f7d66-f515-11e5-a3ce-f06b5ba21f33_story.html?hpid=hp_local-news_medstar-health-virus-345pm_percent3Ahomepage_percent2Fstory.

²⁴⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, A-24, accessed May 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁴⁵ Department of Veterans Affairs, Office of the Inspector General, *Federal Information Security Modernization Act Audit for Fiscal Year 2015*, accessed May 25, 2016, <http://www.va.gov/oig/pubs/VAOIG-15-01957-100.pdf>.

²⁴⁶ "Interoperability 2015: Current State and Next Steps; Market Immaturity Highlights Opportunity," Kent Gale, KLAS Research, accessed March 9, 2016, <http://www.klasresearch.com/docs/default-source/default-document-library/2pg-emr-interoperability-industry-specific.pdf?sfvrsn=0>.

²⁴⁷ Jon White, M.D., The Office of the National Coordinator for Health Information Technology, briefing to Commission on Care, December 15, 2015.

²⁴⁸ "Public Health Enemies: Protecting Your Medical Records," Russell Branzell, Media Planet: Future of Health Care, accessed May 17, 2016, <http://www.futureofhealthcarenews.com/digital-health/public-health-enemies-protecting-your-medical-records>.

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are currently handled solely within VHA, so that VA OIT can assist in removing impediments to health information exchange.²⁴⁹

Veterans currently have to opt in (i.e., provide consent) to allow VA to share their health information with non-VHA/community care providers. Although the technology is in place for VA to exchange patient health information with more than 100 health information exchange partners, only a fraction of data can be exchanged in these networks because, due to lack of awareness, only 3 percent of veterans have opted in to allow VA to share their health information.²⁵⁰ The standard industry policy is to have patients opt out of having their health data shared with their other health care providers. VA is prohibited from taking this approach because statutory language in 38 U.S.C. § 7332 prohibits VA from disclosing information relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus, or sickle cell anemia, except when required in emergencies, without written authorized consent from the patient.²⁵¹

In response to this limitation, VA approved and submitted Legislative Proposal VHA-10 (10P-07), Authority for the Department of Veterans Affairs (VA) to Release Patient Information under 38 U.S.C. § 7332 to Health Care Providers for Treatment of Shared Patients in 2013. The proposal allows veterans to opt out of sharing their data with VA community providers instead of having to opt in. The proposal was approved by OMB and was included in the president's 2015 Budget. VHA provided a briefing to a Senate Veterans Affairs Committee staff in April 2015 on this legislative proposal. A House Bill was introduced, but it limited the opt-out option to the *Choice Program*. VA's Office of Congressional and Legislative Affairs responded back to Congress that the bill should be expanded to include all external purchased care options (i.e., community providers) thus directly supporting more veterans.²⁵²

Collaboration between VA OIT and VHA is paramount to transforming VHA's health IT infrastructure. Such collaboration would be most effectively achieved by establishing an IT leader for VHA who is focused on ensuring that the strategic and operational IT needs of VHA clinicians, staff, and veterans are met. Current OIT leadership is in the process of modernizing VA's IT management processes, to include putting in place IT account managers (ITAMs) for each of the agency's departments, including VHA.²⁵³ An account manager is neither senior enough, nor has the level of expertise and experience, to manage the complexity of the VHA IT system. VHA's extensive IT needs require a VHA CIO with authority over the health IT budget and the execution of the health IT strategy. VA needs a robust process for IT investment decisions, especially those relating to VHA's health strategy. The VHA CIO would work with the CVCS and the VA CIO to define the health IT strategy and key IT acquisitions/projects and ensure that health IT funding is aligned and committed to the execution of VHA's health IT

²⁴⁹ Jamie Bennett, VLER Health Program Manager, phone call with Commission on Care Staff, March 2, 2016.

²⁵⁰ Elaine Hunolt, email on February 1, 2016 in response to follow-up questions from her briefing to the Commission on Care, December 15, 2015

²⁵¹ 38 U.S.C. § 7332 Subchapter III - Protection of Patient Rights Sec. 7332 - Confidentiality of certain medical records.

²⁵² Elaine Hunolt, email on February 1, 2016 in response to follow-up questions from her briefing to the Commission on Care, December 15, 2015.

²⁵³ "OI&T Enterprise Strategy: Putting Veterans First," LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care, December 15, 2015.

strategy. Rolling out a new system takes multiple years, and VA must commit to funding system deployments to completion.

The modernization of VHA's IT infrastructure requires a substantial increase in and reallocation of VA's IT budget to implement it. The budget process for VA health care IT funding should be the same as the process for VHA medical care funding. That shift can be accomplished by establishing a separate line item for *health* IT within VA's IT appropriation, and providing for advanced appropriations for that account. In addition, there is also a potential supplementary role for government-wide IT legislation. For example, H.R. 4897, the Information Technology Modernization Act of April 2016, would create a \$3.1 billion revolving fund for upgrading outdated federal IT systems.²⁵⁴

The Commission strongly recommends that VA purchase a comprehensive COTS health IT platform, and implement all information systems with minimal customization. VHA leadership is in the process of assessing whether VistA is the best solution to support veterans' future health care needs or whether a new EHR, such as a COTS product or open-source EHR, should be used.²⁵⁵ The decision to choose a COTS product would be consistent the approach adopted by DoD and by other large health systems that have moved away from homegrown solutions to commercial and open-source products. It would allow VHA to focus energy on excellent patient care as a core competency and shift the IT development and maintenance risk of software products to external vendors with more expertise in this area.²⁵⁶ It is also likely to accelerate interoperability as vendors continue to offer IT solutions that meet meaningful use standards and the roadmap published by ONC.

A COTS product must be able to execute key functionalities required by VHA. These requirements include one standard version of an EHR across all VHA sites of care; interoperability within VA, such as with Veterans Benefit Administration (VBA), and between VHA and DoD, and community providers; robust security; and the ability to accommodate a national unique patient identifier. This system must also be a robust clinical management tool that supports VHA clinical workflow and has a customizable interface for clinical users, allows for evidence-based clinical order sets and patient safety features like automated medication reconciliation, has robust analytic capability for both clinical and administrative functions, and enables automated abstraction and reporting of performance measures.

The system must also seamlessly support administrative functions like scheduling, patient intake, eligibility determination, referrals, and patient out-of-pocket expense determination. The system must enable effective business operations in billing coding, automated claims processing, and all aspects of supply chain management. This COTS purchase should include a scheduling package. Improvements in scheduling should dramatically increase access and satisfaction, as well as data quality, productivity, and operational reporting capabilities.

²⁵⁴ "Two IT Modernization Bills Could See Movement in Congress," Aisha Chowdhry, accessed April 28, 2016, <https://washingtontechnology.com/articles/2016/04/22/it-bills-congress.aspx>.

⁷³ Sloan Gibson, Deputy Secretary of Veterans Affairs et al., briefing to Commission on Care, April 18, 2016.

²⁵⁶ "DoD awards Cerner, Leidos, Accenture EHR Contract," Tom Sullivan, accessed May 12, 2016, <http://www.healthcareitnews.com/news/dod-names-ehr-contract-winner>.

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Broadening and improving scheduling capabilities will provide more opportunities for veterans to become active partners in their own care.²⁵⁷

For VHA to transition to a COTS product, the new VHA CIO must develop and implement a strategy that will allow the current nonstandard data to effectively roll into a new system, engage clinical-end users and internal experts in the procurement and transition process, ensure effective cybersecurity, and limit spending on the current systems to fund only critical changes required for continued operations. Finally, this plan should be coordinated with ONC and DoD.

Implementation

Legislative Changes

- Provide a specific appropriation to fully fund the complete development and deployment of the comprehensive COTS electronic health platform, recognizing this will require significant resources above the current annual appropriation and funding to support VHA's IT transformation; including funds that ensure appropriate training of all staff, recognize loss of staff productivity during implementation, and provide proper maintenance and upgrades of VA IT infrastructure in preparation for new and successor technologies.
- Establish within the Department's IT appropriation a line item for health IT, and provide for advanced appropriations for that account, consistent with the overall VHA IT strategy.
- Amend section 38 U.S.C. §7332, to authorize VA to share protected health information under the same rules as all other HIPAA protected information.

VA Administrative Changes

- Hire a CIO for the VHA IT transformation. The CIO should report to the CVCS, with secondary reporting responsibility to VA CIO.
- Establish a transformation strategy that addresses all of the following needs (as directed by the VHA CIO):
 - standardizes data elements in the current IT systems through the use of standard nomenclatures, terminologies and code sets in order to promote the transition to a COTS EHR and to support interoperability²⁵⁸
 - develops a robust cybersecurity plan for VHA IT infrastructure, in coordination with VA CIO and Chief Information Security Office, which addresses both current systems and defines
 - the requirements for new systems

²⁵⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 46, accessed May 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁵⁸ *Ibid.*, 55.

- collaborates with the Office of the National Coordinator for Health IT on national interoperability standards and implementation
- limits any continued VistA development and associated spending to only those upgrades required to keep VistA functioning until a new system is in place
- Plan and implement procurement of a comprehensive COTS electronic health platform that executes all of the following requirements:
 - establishes one logical version of an electronic health record platform in VHA²⁵⁹
 - standardizes evidenced-based, best practice clinical order sets across VHA
 - incorporates effective analytic capabilities to drive health and business outcomes and offers the ability to interface with other tools for data management and presentation²⁶⁰
 - modernizes appointment scheduling so that it accurately measures wait times, is not susceptible to data manipulation, and is focused on the individual needs of the veterans²⁶¹
 - accomplishes a coordinated IT infrastructure for appointment scheduling, coding, billing, claims payment, third party collections, and other core VHA business processes, including the following specific capabilities: integration across patient intake, medical records, coding, and billing systems; single sign-on capability; automated first-party claims matching; real-time estimate of out-of-pocket patient expenses; and automation to support algorithmic edits and claims correction²⁶²
 - supports the business processes required to implement integrated community care networks, including eligibility determinations, referrals and authorizations, care coordination, network management, claims and customer service
 - promotes full interoperability with IT systems across VA (including VBA and National Cemetery Administration) and between VA and DoD
 - supports the development of full interoperability with integrated community care network facilities and providers

²⁵⁹ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

²⁶⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, viii, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁶¹ The Independent Budget, *The Independent Budget—Veterans Agenda for the 114th Congress: Policy Recommendations for Congress and the Administration*, accessed May 17, 2016, http://www.independentbudget.org/2016/IB_FY16.pdf.

²⁶² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 49, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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- enables automated abstraction and reporting of quality performance measures including process and outcome measures of clinical quality, access measures, and cost effectiveness that are the same as the private sector
- includes functionality to use a national unique patient identifier
- integrates supply chain and financial systems with the electronic health records to provide accurate operational data²⁶³
- Streamline its current IT procurement processes so that IT procurement is expeditious, including lengthier contract vehicles with more options, the use of indefinite delivery indefinite quantity vehicles, blanket purchase agreements, time and material contracts, and flexible contract structures to allow for the onboarding of emerging technologies in a competitive fashion.
- Increase health IT expertise within VHA.

Other Department and Agency Administrative Changes

- CMS and federal health care providers should collaborate to develop a national unique patient identifier standard. CMS should require health care providers to use these identifiers as a condition of participation in Medicare and HHS should require federally qualified health centers to use them as a condition of participation. The President should require all federal health care providers to adopt the standard.

²⁶³ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

Supply Chain

Recommendation #8: Transform the management of the supply chain in VHA.

Problem

Effective management of all aspects of the supply chain has become a competitive differentiator for health care delivery systems. Modernization and automation of the supply chain in health care have the potential to save hundreds of millions of dollars, if done well. VHA cannot modernize its supply chain management and create cost efficiencies because it is encumbered with confusing organizational structures, no expert leadership, antiquated IT systems that inhibit automation, bureaucratic purchasing requirements and procedures, and an ineffective approach to talent management.

The problems are systemic. The organizational structure is chaotic, contracting operations are not aligned to business functions, and processes are poorly constructed, lacking standardization across the organization. Information technology infrastructure is inadequate, and it lacks appropriate interoperability among IT systems. VHA is unable to produce high-quality data on supply chain utilization and does not effectively manage the process using the insights such data could provide.²⁶⁴

Background

Health systems nationwide, under pressure from reforms driven by the Affordable Care Act, are looking at every aspect of their business to maximize cost savings, while maintaining quality services.²⁶⁵ This effort includes examining the supply chain for ways to save money.²⁶⁶

The Commission Recommends That . . .

- VHA establish an executive position for supply chain management, the VHA chief supply chain officer (CSCO), to drive supply chain transformation in VHA. This individual should be compensated relative to market factors.
- VA and VHA reorganize all procurement and logistics operations for VHA under the CSCO to achieve a vertically integrated business unit extending from the front line to central office. This business unit would be responsible for all functions in a fully integrated procure-to-pay cycle management that includes policy and procedures, contract development and solicitation, ordering, payment, logistics and inventory management, vendor relations and integration, data analytics and supply chain visibility, IT alignment, clinician engagement and value analysis, and talent management across all these supply chain functions.
- VA and VHA establish an integrated IT system to support business functions and supply chain management; appropriately train contracting and administrative staff in supply chain management; and update supply chain management policy and procedures to be consistent with best practice standards in health care.
- VHA support the Veterans Engineering Resource Center (VERC) Supply Chain Modernization Initiative including consistent support from leadership, continued funding and personnel, and the alignment of plans and funding within OIT to accomplish the modernization goals.

²⁶⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, vi, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁶⁵ Bob Kehoe, "Transforming Purchasing: Expect Sharp Focus on Comparative Effectiveness," *Health Facility Management Magazine*, 12, (2010): 34-37, accessed April 28, 2016, http://www.hfmmagazine.com/inc-hfm/pdfs/2010/10HFM12_Trends5.pdf.

²⁶⁶ "Supply Chain Efficiency Trends," Rodney Moore, accessed April 28, 2016, <http://www.healthcarefinancenews.com/news/supply-chain-efficiency-trends>. "5 Ways Supply Chain Can Reduce Rising Health Care Costs," Jasmine Pennie, accessed April 28, 2016, <http://hitconsultant.net/2013/05/13/5-ways-supply-chain-can-reduce-rising-health-care-costs/>.

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Price competition achieved through technology and aggressive management of supply chain efficiencies by retailers such as Walmart and Amazon are held up as just the kind of disruption that health care requires.²⁶⁷ Health care organizations as diverse as Kaiser Permanente, Cleveland Clinic, Stanford Medicine, and Johns Hopkins Health System have taken on the challenge of transforming their supply chains, realizing savings of as much as hundreds of millions of dollars.²⁶⁸ VHA, which in FY 2014 spent approximately \$3.4 billion on clinical supplies, medical devices, and prosthetic appliances, has an opportunity to realize similar savings.²⁶⁹

Opportunities for efficiency in the supply chain include reducing pricing for purchases and lowering operating costs of procurement processes. To achieve price savings, organizations must have detailed information on what products they use, understand and reduce variability in the products purchased, and aggressively negotiate pricing, usually by consolidating purchases to a small number of preferred vendors who are willing to offer volume discounts and improve service delivery. On the operations side, cost savings are achieved by managing inventory lifecycle and restocking processes; order management; and the logistics of shipping, receiving, and transportation to drive down costs and lower waste and breakage. In health care, it also pays to ensure that clinical staff, both nurses and doctors, are treating patients rather than conducting inventory checks or ordering and collecting supplies.²⁷⁰ To be successful in managing the supply chain in health care, a partnership with clinical staff is key. Variability in device and supply purchases can be driven by clinician preferences and thus, to reduce variability, clinicians must be engaged in analyzing product options and examining data on product effectiveness to determine what products to use with patients.²⁷¹

VHA has a successful internal model of aggressive supply chain management that can serve as a model for improving the management of medical, surgical and other supplies: the VHA Pharmacy Benefits Management Service (PBM). PBM has taken a systems approach to

²⁶⁷ John Agwunobi and Paul London, "Removing Costs from the Health Care Supply Chain: Lessons from Mass Retail," *Health Affairs*, 28, no 5, (2009): 1336-1342, accessed April 26, 2016, <http://content.healthaffairs.org/content/28/5/1336>.

²⁶⁸ "In Age of Mergers, Hospitals Get Strategic with Medical Supply Purchasing," Jeff Lagasse, accessed April 27, 2016, <http://www.healthcarefinancenews.com/news/age-mergers-hospitals-get-strategic-medical-supply-purchasing>. "Supply Chain Management," Cleveland Clinic, accessed April 27, 2016, <http://my.clevelandclinic.org/services/supply-chain-management>. "Stanford Medicine Cuts Medical Supply Costs Through Value-Based Ordering," Jeff Lagasse, accessed April 27, 2016, <http://www.healthcarefinancenews.com/news/stanford-medicine-cuts-medical-supply-costs-through-value-based-ordering>.

²⁶⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 47, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷⁰ "EY Provider Post: Choosing Your Innovation Pathway," EY, accessed April 26, 2016, <http://www.ey.com/US/en/Industries/United-States-sectors/Health-Care/Provider-Post--Choosing-your-innovation-pathway>.

²⁷¹ "Supply Chain Efficiency Trends," Rodney Moore, accessed April 28, 2016, <http://www.healthcarefinancenews.com/news/supply-chain-efficiency-trends>. "Strategic Supply Chain Management," Lee Ann Jarrow, accessed April 28, 2016, <http://www.hhnmag.com/articles/4522-strategic-supply-chain-management>. "Stanford Medicine Cuts Medical Supply Costs Through Value-Based Ordering," Jeff Lagasse, accessed April 27, 2016, <http://www.healthcarefinancenews.com/news/stanford-medicine-cuts-medical-supply-costs-through-value-based-ordering>.

managing pharmaceutical supplies, logistics, and prescribing.²⁷² PBM has largely solved the internal contracting deficiencies in VA by consolidating its activities under just two contracting organizations that oversee all national-level contracts for pharmaceuticals. PBM also applies effective mechanisms to drive standardization of supplies through a national formulary, clinical guidelines for prescribers and utilization review, and feedback to help clinicians identify outlier prescribing practices.²⁷³ Vital to the success of this program is the involvement of clinicians and pharmacists in a vertically integrated model of engagement and decision making through facility-level, Veterans Integrated Service Network (VISN)-level, and national-level PBM committees that contribute to formulary and clinical guideline decisions and manage utilization review with local clinicians.²⁷⁴ PBM also has a sophisticated web of communications, education, and engagement efforts to ensure clinical leaders across the system are helping drive PBM policy and practices.²⁷⁵ As a result, 90 percent of purchases are acquired through pharmaceutical prime vendor contracts.²⁷⁶

PBM, taking advantage of standardized industry nomenclature and bar codes for pharmaceuticals, has implemented automated dispensing, distribution, and ordering processes, including VA's Consolidated Mail Outpatient Pharmacy (CMOP).²⁷⁷ The use of CMOP, a system of seven highly automated pharmacies that process more than 460,000 prescriptions every work day, results in exceptional accuracy and lower processing costs than would result if filling prescriptions at each VAMC.²⁷⁸ Eighty percent of prescriptions in VHA are filled through CMOP,²⁷⁹ which has been recognized for the last 6 years as the best or one of the best mail order pharmacies in the country meeting or exceeding customer satisfaction scores of health care systems like Kaiser Permanente and on-line pharmacies like Express Scripts and Walgreens Online Pharmacy.²⁸⁰ Customer service, veteran satisfaction, and patient safety delivered through team-based care are a hallmark of the mission of PBM,²⁸¹ and are a useful reminder of the principles that must drive any successful transformation of supply chain management in VHA.

²⁷² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 19, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷³ *Ibid.*, 20.

²⁷⁴ VHA Formulary Management Process, VHA Handbook 1108.08 (2009).

²⁷⁵ Clinical Pharmacy Services, VHA Handbook 1108.11, 28-30 (2015). The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 32-34, accessed January 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 13, accessed January 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷⁷ *Ibid.*

²⁷⁸ "VA Mail Order Pharmacy," U.S. Department of Veterans Affairs, accessed April 29, 2016, http://www.pbm.va.gov/PBM/CMOP/VA_Mail_Order_Pharmacy.asp.

²⁷⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 13, accessed January 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁸⁰ "U.S. Pharmacy Study – Mail Order (2015)," J.D. Power, accessed April 29, 2016, <http://www.jdpower.com/ratings/study/U.S.-Pharmacy-Study-Mail-Order/631ENG2>.

²⁸¹ "Pharmacy Benefits Management Services," U.S. Department of Veterans Affairs, accessed April 29, 2016, <http://www.pbm.va.gov/PBM/index.asp>.

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Analysis

VHA's supply chain for clinical supplies, medical devices, and related services is inadequate compared to the agency's pharmacy organization or to best practices in leading hospital systems.

*Its contracting processes are bureaucratic and slow, which can delay veterans access to care. Purchasing processes are cumbersome which has driven VHA staff to work arounds and exacerbates the variation in prices VA pays for products. Utilization is difficult to measure or manage given a lack of data which likely leads to significant avoidable expense for VA.*²⁸²

Leadership and Organizational Structure and Function

Best-in-class supply chain organizations typically have a single group responsible for the strategy, sourcing, procurement, and logistics of clinical supplies and medical devices. The organization is typically led by an executive-level leader, such as a chief supply chain officer (CSCO), and personnel are aligned along product categories to develop and use deep expertise in the products and suppliers they manage.²⁸³ In contrast, the organizational structure for contracting, logistics, and supply management in VA and VHA is complex and duplicative.²⁸⁴ Four contracting entities are located within VA central office but report to two different management offices within VA's office of acquisition, logistics, and construction (OALC).²⁸⁵ Procurement personnel within VHA's regional contracting and VISN offices report to VHA's national office of procurement. In contrast, facility-based and VISN logistics personnel report to their local VAMC or VISN director and not to the national VHA logistics office.²⁸⁶ To further complicate the management picture, clinical supplies are managed by the logistics organization, yet medical devices are managed by the Prosthetics and Sensory Aid Service (PSAS)²⁸⁷ (see Figure 5). In most health care organizations, the supply chain chief operating officer and their integrated supply chain group manages the procurement and distribution of all clinical supplies and medical devices.²⁸⁸ This is not the case in VA. Senior leaders in VA's and VHA's supply chain organizations and field-based supply chain personnel indicate current organizational structure is too complex and should be simplified.

*National supply chain leaders expressed lack of clarity regarding the scope of responsibilities of the entities for which they are responsible, which has led to some tension and what one leader described as a 'turf war.' Others described a vacuum of ownership and accountability, and lack of clarity on roles and responsibilities.*²⁸⁹

²⁸² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, v, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁸³ Ibid., 57-58.

²⁸⁴ Ibid., ix.

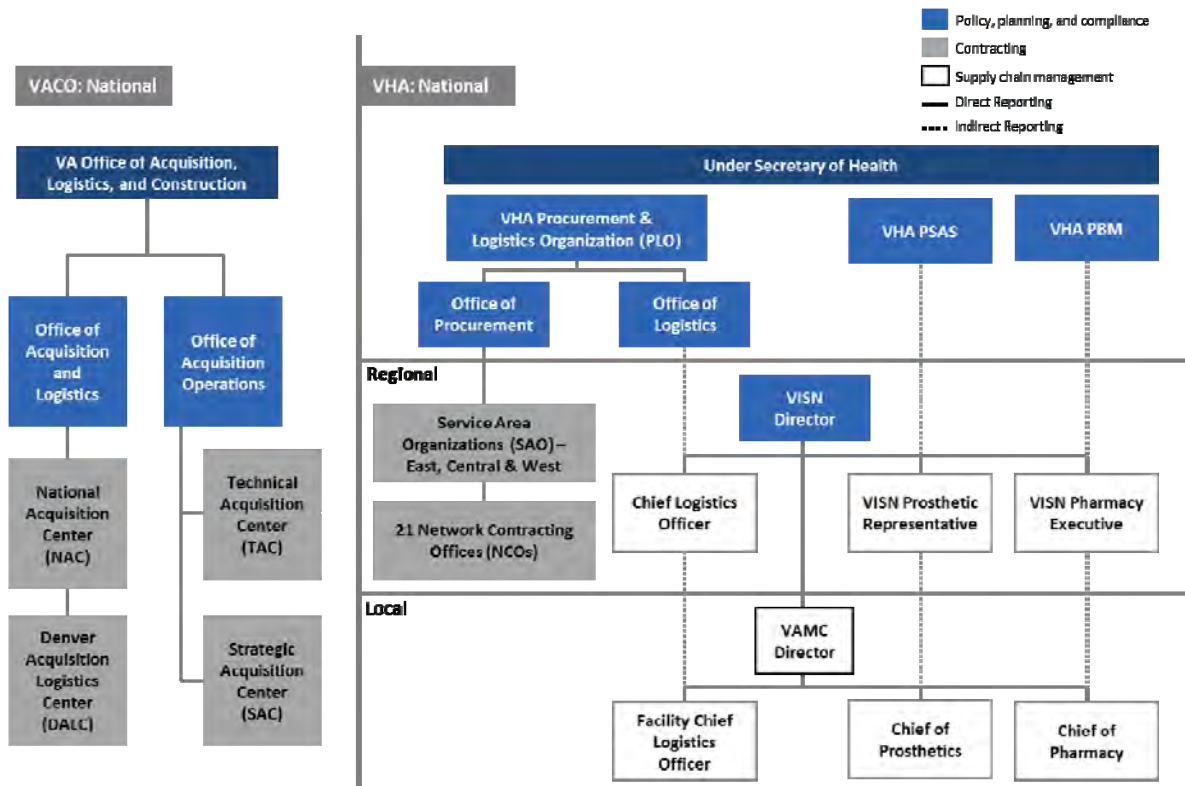
²⁸⁵ Ibid., 96-97.

²⁸⁶ Ibid., 47-50.

²⁸⁷ Ibid., 58.

²⁸⁸ Ibid.

²⁸⁹ Ibid., 55.

Figure 5. Organizations Comprising VA's Supply Chain²⁹⁰

Notes: Some VISNs may have different reporting relationships with facility prosthetics staff.

The separation of clinical supplies and prosthetics/medical devices causes issues in coordinating products needed for procedures. Frontline staff members indicate the time it takes to procure simple items through contracting (1 to 3 months) is problematic. For example, heart valve surgery may be delayed because some heart valves cost more than the micro-purchase threshold (\$3,000), thus the purchase must be made through the contracting process.²⁹¹ Medical center staff consistently expressed concern that VHA procurement offices are not responsive to the needs of a health care organization and do not communicate effectively with them,²⁹² findings borne out by low customer satisfaction scores given to these organizations.²⁹³

There is great overlap and redundancy in procurement and logistics functions in VA and VHA and the reporting structures are not aligned to ensure that the needs of veteran patients and their clinical providers are met. In an environment with limited sharing of best practices and a lack of transparent, open communications, the current complicated reporting structures impede customer-service quality and effectiveness. The original intent behind the current structure was to consolidate and strengthen purchasing power through the establishment of national contracts; however implementation of the vision has been poor and the result has been a

²⁹⁰ Ibid., 49.

²⁹¹ Ibid., 67.

²⁹² Ibid., 68.

²⁹³ Ibid., 69.

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complicated, bureaucratic system filled with redundancies.²⁹⁴ These broken processes serve as a precursor for catastrophic systems failures.²⁹⁵

There is an immediate need to consolidate and streamline procurement and logistics for medical and surgical supplies under one leader in VHA, the VHA chief supply chain officer (CSCO), who would be accountable for transforming VHA supply chain management. As identified under MyVA, medical and surgical supply chain management is the first priority but the rest of the supply chain needs to be addressed by the CSCO in a staged approach. The VERC or other experts in business process engineering must be engaged to create a vertically aligned organizational structure with clear delegated responsibilities at each level of the organization to create an efficient and responsive procurements and logistics process which the VHA CSCO would lead.

Clinical Engagement and Value Analysis

In contrast to pharmaceuticals, usage of clinical supplies and medical devices is not strictly monitored or managed in VA. In general, physicians and nurses can choose whichever products they believe are best for patients and the supply chain organization's role is to make those items available.²⁹⁶

VHA does not have a means to determine what supplies should be standardized or a feedback loop administrators and staff use to assess whether standards were being used when they did exist.²⁹⁷ As a result, limited product standardization has been achieved across VHA, despite VHA establishment of national standardization user groups in 2001 responsible for identifying items for standardization based on national procurement data.²⁹⁸ To date, national product standardization has been achieved in only a limited number of categories.²⁹⁹ Since 2011,

VHA required that medical centers establish Clinical Product Review Committees (CPRCs) to: (i) review and approve the use of new clinical items and reusable medical equipment (RME) at each medical center; (ii) maintain a list of approved expendable clinical supplies and RME by establishing and maintaining a Medical/Surgical Supply Formulary; and (iii) ensure compliance with nationally standardized contracts and blanket purchase agreements. In all sites visited, CPRCs exist and meet regularly but reviews were generally formalities.³⁰⁰

²⁹⁴ Ibid., 47-50.

²⁹⁵ Heather Woodward-Hagg, PhD, Acting Director, VERC, briefing to Commission on Care, February 8, 2016.

²⁹⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 54, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁹⁷ Ibid., xii.

²⁹⁸ VHA Handbook 1761.1, Standardization of Supplies and Equipment Procedures, July 2003.

²⁹⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 81, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³⁰⁰ Ibid., 82.

Under this 2011 policy, the establishment of VISN oversight committees was also required to provide accountability and feedback to the local committees, but these committees were apparently never established.³⁰¹

VHA, with the engagement of the Veterans Engineering Resource Center (VERC), is making progress on clinician alignment to accomplish value-based purchasing decisions for medical and surgical supplies. VERC has recently rolled out a national clinical product review committee (CPRC-E) e-portal to better organize this function. This portal provides a central system and standard processes for all new product requests and approvals to inform the procurement processes.³⁰²

In the area of medical and surgical supplies, clinician preference can drive variability in procurement and utilization. As has been done in VHA for pharmaceutical prescribing, a similar system to engage and align clinicians must be undertaken for medical devices and surgical supplies. VERC has started this process, but requires further funding and leadership support to fully implement a clinician-driven sourcing process. Current and future leaders of VA and VHA must ensure that VERC continues to receive the funding support and leadership engagement it needs to fully accomplish this transformation with support and direction from a VHA CSCO.

Information Technology, Data Standards, and Analytics

Information technology systems, data systems, and analytical capability for finance, inventory management, and purchasing impede VHA's ability to effectively manage its supply chain.³⁰³ VHA needs greater "end-to-end visibility into the operational and financial performance of their supply chain" and more effective means to accomplish supply chain budgeting, forecasting, inventory management and automation of at least some key supply chain functions.³⁰⁴

*VA lacks visibility into supplies and devices spending at the level of granularity usually seen in the private sector. For example, in the private sector, it is typically possible to measure clinical supply spend and utilization at the service, patient, or physician level. However, this is not possible in VHA because it does not capture such data. Therefore, supplies spend per case can only be calculated in aggregate, which is relatively meaningless and does not allow for fair comparison across hospitals, services, or physicians. This inhibits VA's ability to manage utilization and to understand fully the impact of product standardization efforts.*³⁰⁵

VERC is working to reduce the more than 130 versions of VistA in place across the country so that the same data sets can be tracked and reported.³⁰⁶ Funding was approved by OIT for the Future Transformation Tool (FTT) graphical user interface that will standardize product names

³⁰¹ Ibid., 54.

³⁰² Heather Woodward-Hagg, PhD, email to Commission on Care, March 17, 2016.

³⁰³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, x, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³⁰⁴ Ibid.

³⁰⁵ Ibid., 60.

³⁰⁶ Ibid.

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and provide data integration across all of VHA. Point of Use Solution, a commercial off the shelf supply management software product, has been purchased to achieve better inventory and demand management control and has been deployed to 32 percent of facilities, as of April 2016.³⁰⁷

True sustainment of a clinician driven process cannot be achieved with fragmented information systems that do not communicate. Leaders at all levels of the organization are not able to effectively identify and manage procurement requirements or provide effective feedback to clinicians on utilization. Similarly, automated inventory control, ordering, billing, and payment cannot occur without a seamless information technology infrastructure. With a current IT system in which fiscal, supply chain, and clinical informatics systems do not interface, the hopes of moving to automated processes for supply ordering, equipment life cycle management, and vendor communications cannot be realized. A plan for the transformation of supply chain management, developed by a VHA CSCO with support from VERC, must be fully integrated with planning and procurement within OI&T and fully financed to accomplish these important goals.

Policy and Procedures

Ninety-eight percent of all clinical supplies are acquired using purchase cards³⁰⁸ and 75 percent of what VHA spends on clinical supplies is made through this purchase mechanism.³⁰⁹ This is not a surprise given that the standard contracting process can take anywhere from 150 to 180 days to complete,³¹⁰ yet use of purchase cards is inefficient as this mechanism does not take advantage of economies of scale and potential cost savings an organization the size of VHA can achieve through price negotiations and strategic sourcing.³¹¹ It can also be contrary to law, as use of purchase cards often necessitates orders be split to remain under the \$3,000 purchase card limit.³¹² An analysis of purchase records showed that 38 percent of supply orders were made through standing vendor contracts which is in stark contrast to the private sector benchmark of aiming to complete 80-90 percent of supply purchases from master contracts with negotiated price discounts.³¹³ Indeed, the private sector trend in health care has been for hospitals and health care systems to form alliances in “group purchasing organizations” to achieve the scale that VHA naturally enjoys.³¹⁴ Weaknesses in logistic management have been recognized in VHA for some time and still remain.³¹⁵ For instance, a review of logistics business

³⁰⁷ Sloan D. Gibson, Deputy Secretary of Veterans Affairs, briefing to Commission on Care, April 28, 2016.

³⁰⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, xi, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³⁰⁹ Ibid., xii.

³¹⁰ Ibid., x.

³¹¹ U.S. Government Accountability Office, *Strategic Sourcing: Improved and Expanded Use Could Save Billions in Annual Procurement Costs*, accessed April 28, 2016, <http://www.gao.gov/assets/650/648644.pdf>.

³¹² U.S. Department of Veterans Affairs, Office of Inspector General, *Review of Potential Inappropriate Split Purchasing at VA New Jersey Health Care System*, accessed April 28, 2016, <http://www.va.gov/oig/pubs/VAOIG-11-00826-261.pdf>.

³¹³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, xii, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³¹⁴ Bob Kehoe, “Transforming Purchasing: Expect Sharp Focus on Comparative Effectiveness,” *Health Facility Management Magazine*, 12, (2010): 34-37, accessed April 28, 2016, http://www.hfmmagazine.com/inc-hfm/pdfs/2010/10HFM12_Trends5.pdf.

³¹⁵ U.S. Government Accountability Office, *Veteran’s Health Care: VHA Has Taken Steps to Address Deficiencies in Its Logistics Program, but Significant Concerns Remain*, accessed April 28, 2016, <http://www.gao.gov/assets/660/653886.pdf>.

practices at 17 VHA medical facilities in 2014 showed that none of the facilities achieved 100 percent compliance on the factors assessed, and the rate of noncompliance ranged from 53 to 88 percent, depending on the business metrics examined.³¹⁶

VA is inhibited by a failure to update its acquisition regulations to take advantage of modernization made in 2014 to the governmentwide regulations to promote simplified purchasing procedures.³¹⁷

VERC initiatives to improve VHA supply chain are intended to standardize business processes and address the great price variations for the purchasing of medical and surgical supplies. A national medical surgical prime vendor (MSPV) contract has been established. This development has several advantages to include (a) increased ability to leverage pricing negotiations; (b) standardized pricing; (c) elimination of redundant contract development, bidding, and selection; and (d) future ability to integrate with CPRC E-Portal.³¹⁸ VA has established a goal for 85 percent of all orders in FY 2016 be made under the prime vendor contract and has made 1,100 contracting officers available to meet demand against the contract.³¹⁹ As of April 2016, an estimated \$24.4 million in supply chain costs had already been avoided since January.³²⁰

The establishment of a new MSVP contract in April 2016, the assignment of 1,100 staff to support its use, and the expectation communicated to the field that 85 percent of all purchases be made from the contract are important steps in the right direction. For efficient ordering processes to take hold and be sustained across VHA, all of the policies and procedures from the bedside (or surgical suite) to the head contracting office must be reworked to align with the desired business outcomes. Reworking policies and procedures must occur together with appropriate training and communication at all levels of the organization. Each staff member involved in the procurement process must be held accountable for meeting the new requirements and expectations assigned to them. Updating the VA Acquisition Regulation (VAAR) is just one small piece of such a transformational change. The VERC or others with appropriate experience in aligning business processes within government should be assigned responsibility to finish developing and implementing plans for such a transformation under the direction of a VHA CSCO.

Contracting

Analysis of the *Independent Assessment Report* confirmed issues with the responsiveness of contracting. For example, at one facility, if a request was submitted to contracting that was incomplete or inaccurate, it took on average 21 to 39 days from the date of initial submission to

³¹⁶ U.S. Department of Veterans Affairs, *VA Supply Chain News*, Issue 13, Jan/Feb 2015.

³¹⁷ Jonathan Miller, Director of Logistics Operations, VHA Procurement & Logistics Office, phone call with Commission on Care, December 9, 2015.

³¹⁸ Heather Woodward-Hagg, PhD, Acting Director, Veterans Engineering Resource Center, phone call with Commission on Care, March 18, 2016.

³¹⁹ Sloan D. Gibson, Deputy Secretary of Veterans Affairs, briefing to Commission on Care, April 28, 2016.

³²⁰ Ibid.

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receive the first response from contracting requesting, for example, additional information or paperwork.³²¹ This problem appears to be a widespread.

In another instance, interviews conducted as part of the independent assessment showed that VA vendor contracting processes to order equipment valued at less than \$3,000, for example, scalars for dentistry, can be confusing and lengthy, leading to shortages in equipment and delays in clinic as equipment is located. Delays in sterile processing were also indicated by providers as an issue pertaining to equipment availability.³²²

Communication with contracting is another substantial challenge within VHA. In surveys that assessed the effectiveness of VA's contracting organization, VHA employees' customers rated the communications received from contracting officials the lowest of all contracting dimensions that were evaluated.³²³ Several interviewees recommended that VA provide more clarity on the status of contracting requests to help them plan and schedule care.³²⁴

Individuals in contracting believed that VAMC staff members were responsible for some of the delays in the contracting process. They reported that requests submitted to them from VAMCs were often incomplete or unclear and that facilities were poor at forecasting demand for items, leading to unpredictable peaks in demand for contracting services that exceeded their capacity. The VHA Procurement and Logistics Organization (PLO) and facilities are seeking to address these challenges by placing contract liaisons in facilities to better support contracting officer representatives throughout the process.³²⁵

Contracting compliance analysis showed substantial opportunity for improvement. Analysis of purchase order data showed that 38 percent of purchases were made on a government contract, 27 percent were made at open-market prices, and 34 percent did not have a source type specified.³²⁶ Private-sector organizations typically aim to buy 80 to 90 percent of their clinical supplies and medical devices on some type of negotiated contract.³²⁷

Interviews and observations undertaken as part of the independent assessment revealed that there are two primary reasons for VHA's relatively high share of open-market purchasing. First, in contrast to pharmaceutical purchasing, VHA's supply purchasing systems are not integrated

³²¹ The consulting team based this on an IFCAP/eCMS transmission log received during a VAMC site visit (2015). McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, x, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³²² Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 91, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

³²³ The consulting team derived this from a VHA procurement metrics book. McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 69, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³²⁴ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, x, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³²⁵ Ibid.

³²⁶ Ibid., xii.

³²⁷ Ibid.

with contract or pricing catalogs. Therefore, the purchasing process relies on buyers (often clinical staff) to research whether an item is on contract and through which contract a purchase should be made. Because of that complexity, several buyers reported that they bypass this step and buy products through the channel that is most familiar and convenient, for example, by replicating previous orders to their usual supplier, despite changes that may have occurred (new contracts and pricing arrangements, for example). Second, VHA has limited ability to monitor and drive compliance with the contract hierarchy because the required data are not captured electronically. In fact, more than 60 percent of all clinical supply items do not have a contract number listed.³²⁸

VHA's fragmented inventory management systems and processes also create challenges. VHA's current inventory management does not have a feedback loop to link inventory to product use, contracting, ordering, and vice versa. This lacking information prevents optimal use of the MSPV contract program and creates missed opportunities to establish more effective volume-based national or regional contracts. It also leads to peaks and troughs in demand for contracting services, which can overwhelm contracting's capacity.³²⁹

There are pockets of good performance and innovation in VHA that could be replicated across its supply chain. The *Independent Assessment Report* notes that the Denver Acquisition and Logistics Center (DALC) is a bright spot within VHA's supply chain organization in its acquisition and distribution of select devices such as hearing aids to veterans. It has developed an integrated operating model that brings together clinicians, contracting, finance, logistics, and program management. That integrated team makes decisions around product and supplier selection based on a holistic view of what is best for veterans and for VHA.³³⁰

Talent Management

VHA is unable to hire good talent to manage its supply chain. In 2014, 20 to 30 percent of logistics positions were unfilled, and 20 percent of medical supply aide jobs were vacant.³³¹ The causes were identified as lengthy time-to-hire, nonexistent internal career progression ladders for these individuals, and inability to provide competitive pay due to position downgrades made by OPM under Title 5.³³² Examples of recent downgrades include supply technician, mail manager, administrative officer, and materials handler.³³³

*It is well known in the health care industry that there is a shortage of supply chain talent currently. The private sector organizations interviewed during this assessment stated that they are recruiting more highly trained individuals than they did in the past and, because of competition for talent, are paying them more than they used to. This may be contributing to VHA's recruitment and retention challenges.*³³⁴

In Recommendation #15, the application of the more than 60-year old standards and processes used in the Title 5 personnel system does not serve the needs of a modern health care delivery

³²⁸ Ibid.

³²⁹ Ibid.

³³⁰ Ibid., xiii.

³³¹ Ibid.

³³² Ibid.

³³³ Ibid., 87.

³³⁴ Ibid., 88.

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organization. Health care supply chain management is a recognized field of study and a valued component of leadership teams at the highest performing health care organizations. For VHA to compete for top leadership talent in this field and frontline staff, logistics and procurement personnel must be included in a new excepted personnel system for VHA under Title 38 (see Recommendation #15).

To address talent management issues, VERC has established a new VA Acquisition Academy (VAAA) Supply Chain Management School.

*The mission of the Supply Chain Management School is to provide best-in-class education, training, professional development, and certification of the VA supply chain workforce. VAAA's competency-based curriculum addresses general and technical skills, VA-specific functional areas, and core activities for VA logistics professionals. Emphasis is on translating theory, fundamentals, and concepts to practical application with realistic VA-based scenarios utilizing hands-on application of problem-solving skills.*³³⁵

The supply chain management school is organized under VAAA which has been recognized by external organizations to offer high quality training.³³⁶

Implementation

Legislative Changes

- Establish a new excepted personnel system under Title 38 to permit VHA to compete effectively with the private sector for personnel required to run a complex health care system, including staff to manage and operate a modern supply chain system.

VA Administrative Changes

- Establish an executive position for supply chain management, a VHA chief supply chain officer (CSCO), to drive supply chain transformation in VHA. This individual should be compensated relative to market factors.
- Transform policy and procedures for supply chain management in parallel with identification and procurement of new management software: new software should support the new processes and not the existing, poorly organized business processes and requirements.
- Establish a staged process for the transformation of all supply chain operations in VHA under the direction of a VHA CSCO, with support from VERC.
- Reconcile the VAAR with the Federal Acquisition Regulation (FAR) to ensure the VAAR aligns with recent updates to the FAR to permit streamlined acquisition processes.
- Provide consistent and standardized training to ensure those developing and administering contracts have updated information regarding FAR and VAAR

³³⁵ "Message from the Vice Chancellor," Veterans Affairs Acquisition Academy, accessed April 28, 2016, <http://www.acquisitionacademy.va.gov/schools/scm/message.asp>.

³³⁶ "VA Acquisition Academy Recognized as a 2016 Learning Elite Organization," U.S. Department of Veterans Affairs, accessed May 13, 2016, <http://www.acquisitionacademy.va.gov/rss/index.xml#20160413b>.

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regulations as well as a thorough understanding of their responsibilities under the new approach to supply chain management and how to carry out these duties.

Other Department and Agency Administrative Changes

- None required.

Governance, Leadership, and Workforce

Board of Directors

Recommendation #9: Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.

Problem

The existence—and concealment—of unacceptably long delays in care at the Phoenix VA Medical Center (VAMC), and similar problems at multiple other VAMCs, had both direct and indirect causes. Weak governance was found to be among those indirect causes.³³⁷ As the authors of a root-cause analysis of the Phoenix scandal highlighted, “a governance gap in leadership continuity and strategic oversight from one executive leadership team to another” contributed to the wait-time problems.³³⁸ The report authors observed, “Unlike other health care systems, VHA does not have a governance mechanism to fill the role of a board of directors.”³³⁹ The governance limitations made evident in the Phoenix

scandal have profound implications for the long term. As discussed in this report, the Commission believes VHA must institute a far-reaching transformation of both its care delivery system and the management processes supporting it. Changes of the magnitude facing VHA would be difficult for any health care system to achieve. A transformation will take years to accomplish and must be sustained over time. Yet the short tenure of senior political appointees, each administration’s expectations for short-term results,³⁴⁰ and VHA’s operating in a “dynamic environment [in which it is] answering to a large number of stakeholders, sometimes with

The Commission Recommends That . . .

- Congress provide for the establishment of an 11-member board of directors accountable to the President, responsible for overall VHA Care System governance, and with decision-making authority to direct the transformation process and set long-term strategy. The Commission also recommends the governing board not be subject to the Federal Advisory Committee Act and be structured based on the key elements included in Table 5.
- The Board recommend a chief of VHA Care System (CVCS) to be approved by the President for an initial 5-year appointment. Additionally, the Commission recommends the governing board be empowered to reappoint this individual for a second 5-year term to allow for continuity and to protect the CVCS from political transition. If necessary, the CVCS can be removed by mutual agreement of the President and the governing board.

³³⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xvi, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

³³⁸ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 3.

³³⁹ Ibid.

³⁴⁰ Ibid.

competing demands”³⁴¹ offer little reason for optimism that real transformation could take hold without fundamental changes in governance.

Background

VHA, as an agency within a cabinet department, is accountable to the secretary of Veterans Affairs (SECVA) and to the President. This framework, when it works well, can provide VHA access to, and support from, the President and White House staff. Like other executive branch agencies, VA and VHA undergo Office of Management and Budget (OMB) oversight; must win OMB approval of proposed rulemaking, budgets, IT development, and performance plans; and are also subject to governmentwide regulation of such areas as procurement, personnel, and property management. VHA health care and operations are subject to close congressional scrutiny.³⁴² VHA undergoes oversight from several independent bodies, including the internal Office of the Inspector General audits and external Government Accountability Office audits.

Within VA, VHA participates in the VA Executive Board (VAEB) and Senior Review Group, which are designated as the principal governance bodies of the department.³⁴³ VAEB serves as the department’s risk-governance board and determines VA’s strategic direction. VAEB oversees the department’s planning, programming, budgeting, and execution. Notwithstanding certain strengths inherent in this framework, VHA governance can be paralyzed by bureaucratic decision-making processes and competing stakeholder concerns.³⁴⁴

Among its principal recommendations, the *Independent Assessment Report* calls for “establishing a governance board to develop fundamental policy, define the strategic direction, insulate VHA leadership from direct political intervention, and ensure accountability for the achievement of established performance measures.”³⁴⁵

Analysis

In recent years, VHA leadership priorities and strategic direction have been unclear. Leaders have been consumed by crisis and by responding to congressional demands, creating a reactive, rather than proactive environment.³⁴⁶ Additionally, the leadership vision has lacked continuity.³⁴⁷ The SECVA and deputy secretary of Veterans Affairs may exercise oversight of

³⁴¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xiv, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

³⁴² “Legislation,” U.S. House of Representatives, House Committee on Veterans’ Affairs, accessed June 15, 2016, http://veterans.house.gov/legislation?type=hearing&tid=All&tid_1=All&page=3. Over the course of calendar year 2015, the House Veterans Affairs Committee and its subcommittees alone held 18 oversight hearings relating to the Veterans Health Administration, with VHA and/or VA officials testifying as often as three times in a month.

³⁴³ Department of Veterans Affairs Governance Structure, VA Directive 0214 (2014).

³⁴⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 26, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

³⁴⁵ *Ibid.*, 23.

³⁴⁶ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 52-54.

³⁴⁷ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, vi-viii, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf. Linda Belton, former VHA VISN Director and Director of National Center for Organizational Development, written submission to the Commission on Care Staff, January 19, 2016.

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VHA and try to impose accountability, but incumbents do not necessarily have experience in federal health care administration or delivery.³⁴⁸ The SECVA has often lacked independent information and metrics on VHA performance, and the oversight, risk management, and compliance functions of VHA report to the undersecretary for health (USH) or to lower officials in VHA.³⁴⁹

Previous studies, dating back 20 years,³⁵⁰ have proposed fundamental change in VHA's governance and government structure, to include a proposal that it be restructured as a government corporation.³⁵¹ The earliest rationale for making VHA a government corporation was based on the view that the system needed a new service-delivery strategy,³⁵² and envisioned specific legislation to permit the corporation to operate more expansively under a wide range of reforms.³⁵³ Although the authors of the 1996 report presented a VHA government

³⁴⁸ Department of Veterans Affairs Governance Structure, VA Directive 0214 (2014). McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, viii, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf. Under Secretary of Health, 38 U.S.C. § 305. While statute requires the USH of VHA to be appointed “solely on the basis of demonstrated ability in the medical profession, in health-care administration and policy formulation, or in health-care fiscal management; and on the basis of substantial experience in connection with the programs of the Veterans Health Administration or programs of similar content and scope” there is no such selection criteria for the VA Secretary or VA Deputy Secretary. Of the eight men to hold the position of Secretary of Veterans Affairs, only one, James Peake would qualify to be USH (“United States Secretary of Veterans Affairs,” Wikipedia, accessed June 15, 2016, https://en.wikipedia.org/wiki/United_States_Secretary_of_Veterans_Affairs#List_of_Secretaries_of_Veterans_Affairs) and of the six men to hold the position of DEPSECVA, none would qualify to be USH.

³⁴⁹ Department of Veterans Affairs, *2014 Functional Organizational Manual v2.0: Description of Organization Structure, Missions, Functions, Tasks, and Authorities*, 57-58, accessed June 15, 2016, http://www.va.gov/ofcadmin/docs/va_functional_organization_manual_version_2.0a.pdf.

³⁵⁰ Veterans Benefits Improvement Act of 1994, Pub. L. No. 103-446, 108 Stat. 4645 (1994). In 1994, Congress in sec. 1104 of Public Law 103-446 called for an independent examination of the justifiability of establishing an alternative government structure to provide health care services for veterans, culminating in the 1996 report.

³⁵¹ Klemm Analysis Group, Lewin Group, Arthur Anderson LLP, *Feasibility Study: Transforming the Veterans Health Administration into a Government Corporation* (Washington, DC: Department of Veterans Affairs, 1996), 23. A government corporation has been described as “a government agency that is established by Congress to provide a market-oriented public service and to produce revenues that meet or approximate its expenditures.” Kevin R. Kosar, Congressional Research Service, *Federal Government Corporations: An Overview*, 2, accessed June 15, 2016, <https://fas.org/sgp/crs/misc/RL30365.pdf>. Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report* September 22, 2015. Concerned Veterans for America, *Fixing Veterans Health Care: A Bipartisan Policy Taskforce*, accessed June 15, 2016, <http://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf>. Commission on the Future for America's Veterans, *Preparing for the Next Generation*, 3, accessed June 15, 2016, http://s3.amazonaws.com/siteninja/site-ninja1-com/1438121489/original/2014-05_Commission-Report-on-America-Veterans.pdf. That task force study, for example, called for an independent governance model and stated that “the operational structure of VHA does not lend itself to progress. Due to its size, governmental structure and geographic extension it does not readily foster innovation and faces challenges in addressing the politics of changing demographics and ancient facilities.” The study report states, “VHA provides excellence in care in spite of its operations/governance structure, not because of it.”

³⁵² Klemm Analysis Group, Lewin Group, Arthur Anderson LLP, *Feasibility Study: Transforming the Veterans Health Administration into a Government Corporation* (Washington, DC: Department of Veterans Affairs, 1996), 23. The strategy was premised in part on the view that VHA would be operating in a resource-constrained environment and lacked the resources it would need to invest in making significant changes.

³⁵³ Ibid. The 1996 report proposed such measures as providing VHA authority to seek additional revenue streams, to include billing and keeping funds from Medicare, Medicaid, and other government sources; authorizing it to invest nonappropriated funds; developing a trust fund for deposit of Medicare taxes by active-duty personnel; incorporating VHA as a Federal Employee Health Benefits Plan selection; allowing it to become part of health maintenance organization (HMO) networks and open HMO enrollment to veterans; changing appropriation law to create

corporation as a means of achieving specific objectives, those objectives were largely met (though ultimately not fully sustained) by reforms within existing government structures and processes set in place by former USH Kenneth W. Kizer.³⁵⁴

Nearly 20 years later, the report analyzing the root causes of delayed care at the Phoenix and other VA centers proposed creation of “governance mechanisms to bridge ‘Secretary suite’ leadership transitions and provide more stable strategy, oversight, and stewardship.”³⁵⁵ Explaining that “the study team feels that the complexity of this organization requires a more stable and professionalized governance model that more closely resembles the governance of large health care systems in the private sector,”³⁵⁶ the study authors proposed the creation of a board-of-directors-type oversight board to set the strategy for the organization, define priorities, provide operational oversight, and review budget requests. “The board would . . . create a body that would be the steward of the organizational vision, providing institutional memory and continuity as senior political appointees transition.”³⁵⁷

Frequent turnover of the USH is a critical problem. Recently, each USH has served for only a relatively short period, leaving office with a change in administration or sooner. This pattern has deprived VHA of vitally needed sustained leadership and has likely contributed to short-term decision making. VHA history shows a connection between longer tenure and transformative accomplishment.³⁵⁸ As testimony to the Commission from three former USHs would indicate, brevity of tenure tends to limit leaders’ strategic horizon and create a pattern of leadership discontinuity. Because transformative change can only be realized through many years of focused leadership, VHA and those who depend on it cannot afford the senior leadership turnover routinely associated with a change in administration.

The complex, sustainable transformation VHA needs will take years to implement. To succeed, VHA needs strong, consistent leadership and a governance framework that can assure effective development and execution of transformation plans over time. The current governance structure emphasizes operational, rather than strategic priorities; experience has shown it to be incapable of sustaining transformational change. Establishing a well-designed, overarching-governance model would provide an opportunity to achieve objectives shared by both the executive and legislative branches.

To be effective, a VHA Care System governance model should be empowered with a governing board that exercises fiduciary-like responsibilities (not subject to the Federal Advisory Committee Act) to carry out the following key functions:

multiyear/no-year appropriations; reforming human resources management practices for increased flexibility in hiring and firing, compensation, leave, and other functions; and reforming; and reforming procurement and contracting.

³⁵⁴ Ibid., 46, 48. The Klemm report saw a VHA corporation as having greater capacity to focus on strategic as well as short term goals; greater results orientation; greater flexibility; greater capacity to replicate and develop best practices; upgraded staff competence and expertise at senior levels; and greater political independence.

³⁵⁵ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 59.

³⁵⁶ Ibid.

³⁵⁷ Ibid.

³⁵⁸ See Dr. William S. Middleton, Chief Medical Director (1955-1963) and Dr. Kenneth W. Kizer, Under Secretary for Health (1994-1999).

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- select the chief of VHA Care System (CVCS) and recommend the appointment of the CVCS to the President
- provide long-term, strategic direction for VHA Care System and establish priorities, milestones, and timelines
- oversee, direct, and make critical decisions regarding the transformation process
- review and approve major operational, business, and organizational plans
- set VHA Care System performance objectives and provide annual reports to Congress and the President on VHA Care System performance
- review and make decisions regarding VHA's budget request, and independently assess and report to Congress on the adequacy of VHA budgets

New governance and changes to assure continuity of leadership are critical to meeting the needs of VHA and veterans who depend on it. At the core of this foundational recommendation, the Commission calls for establishing a VHA board of directors,³⁵⁹ referred to as the VHA Care System governing board, which is independent of department leadership to provide governance, strategic direction, decision making, and oversight of VHA Care System's operations and transformation. Table 5 provides details regarding the governing board.

Table 5. Overview of VHA Care System Governing Board

Detailed Outline for VHA Care System Governing Board	
Voting Members	The President, the majority leader of the Senate, speaker of the House, the minority leaders of the Senate and House would each appoint two members. In addition, the SECVA would serve on the Board as a voting member.
Qualifications	Members would be selected to achieve collectively broad experience, expertise, and leadership, such as experience in senior management of large, private, integrated health care systems; clinical expertise; extensive experience with federal government health care systems; extensive experience with (though not current employment in) VHA; expertise in federal medical facility construction and leasing, and commercial property transactions; expertise in government contracting; expertise in federal health care budgeting and finance; expertise in health equity and disparities; and veterans' representation. Because of the importance of veterans' representation, at least one of each congressional leader's two appointees would be a veteran; at least one of the appointees of the President would be a veteran who receives VHA care.

³⁵⁹ Michael A. Froomkin, "Reinventing the Government Corporation," *University of Illinois Law Review*, (1995): 543, accessed June 15, 2016, <http://osaka.law.miami.edu/~froomkin/articles/reinvent.htm>. Congress need not create a government corporation to meet VHA's governance needs. The Commission notes that Congress has created entities it has called government corporations that are not predominantly commercial enterprises, rely on appropriations, and do not have the potential to become self-sustaining. A principal intention behind assigning this status and title has been to provide insulation from central management oversight agencies and the application of general management laws. When the corporation relies in whole or in part on appropriations, Congress retains the power of the purse, and the means of exercising it on matters large and small, and through formal and informal means.

Detailed Outline for VHA Care System Governing Board	
Terms	Governing board members would serve staggered terms of up to 7 years, with the governing board members electing a chair and vice chair from among the membership (other than the SECVA, who would not be eligible to serve as the chair) for 3-year terms.
Personnel Matters	Compensation would be at a rate equal to the daily equivalent of annual pay prescribed for level IV of the executive level. ³⁶⁰
Funding	Congress would provide a specific budget for the operation of the governing board as a separate account within VA's appropriations.
Relationship to the CVCS	Relationship to the CVCS: The governing board would provide the President its recommendation for a chief of VHA Care System (CVCS); the President would appoint that executive to a 5-year term; the governing board would annually review the CVCS's performance and be empowered to reappoint that official to a second 5-year term, to allow for continuity and to protect the CVCS from political transitions. The CVCS can be removed by mutual agreement of the President and the governing board.
Staff	The chairperson would determine the size and compensation of the permanent staff of the board, including an executive director responsible for governing board operations and a chief of staff. The director of the proposed transformation office within VHA would report to the chairperson through the CVCS.
Powers	<p>The board would have the power to do the following:</p> <ul style="list-style-type: none"> ▪ Select the CVCS and recommend the candidate to the President. ▪ Review the performance of the CVCS on an annual basis. ▪ Reappoint the CVCS to a second 5-year term. ▪ Remove the CVCS with the mutual agreement of the President. ▪ Direct and exercise decision-making authority regarding the transformation process and operations related to the transformation process. ▪ Establish priorities, milestones, and timelines for the transition process. ▪ Review and approve major new initiatives; major operational and organizational plans (including plans regarding capital asset and facility management); strategic and business plans; and goals and metrics for operational performance and established priorities. ▪ Oversee and manage facility and capital asset strategies and operations. ▪ Review, approve, and/or amend VHA's budget requests, and independently assess and comment on pertinent elements of the President's budget, as deemed appropriate.
Reporting	The board would report annually to the President and Congress on VHA's progress toward transformation.

Navigating transformation of one of the largest agencies in the federal government requires not only extraordinary leadership, but steady, sustained, long-range-focused governance. A governing board structured to provide continuity of membership—as the Commission proposes through staggered terms among members—is vital. A second critical step toward assuring such continuity would be to address the tenure of the CVCS and the process for selecting candidates for that position.³⁶¹ VHA, Congress, and the President would be better served by a VHA leader who holds a 5-year term of office, with the governing board empowered to reappoint that leader to a second 5-year term.

³⁶⁰ The rate of compensation provided for members of the Commission on Care.

³⁶¹ Under Secretary of Health, 38 U.S.C. § 305. Current law provides that the Under Secretary is appointed by the President with the advice and consent of the Senate. When a vacancy in that position occurs or is anticipated, the Secretary is to convene a commission (the composition of which is set forth in the statute) which is to recommend at least three individuals to the Secretary, who is to forward those names, with any comments the Secretary considers appropriate, to the President.

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It is important that that the CVCS report to the board and function as a chief executive officer of VHA. Although the Commission envisions that the President would appoint this official, it is critical that the governing board be empowered to recommend to the President an individual for appointment when the office becomes vacant. This would replace the framework in current law that requires the establishment of a new commission convened solely to carry out the task of recommending candidates to the President.³⁶²

A governing board must be tailored to the unique needs of VHA.³⁶³ It should include members of appropriate expertise and experience to provide strategic guidance and continuity of leadership and it should possess authority to exercise the powers needed to realize and sustain a VHA transformation.³⁶⁴

Although some might consider Congress to be VA or VHA's board of directors and might question the appropriateness of establishing a VHA board of directors, this governance model does not diminish Congress's role. Instead, a board that would report periodically to congressional committees would provide a level of close oversight and health care expertise that would complement, and in many ways enhance, Congress's work.

A change in governance alone will not bring about successful transformation. This recommendation must be instituted in concert with many other Commission recommendations. For example, a board will require data, and data systems, to carry out its responsibilities, and establishing these and other appropriate systems, as addressed throughout this report, is key to empowering a board to drive and sustain transformation.

Implementation

Legislative Changes

- Amend 38 U.S.C., Chapter 3 to establish a VHA Care System governing board.
 - Amend 38 U.S.C. § 305 – which currently provides in subsection (a) for the President to appoint the USH by and with the advice and consent of the Senate, and subsection (c) for the establishment of a commission to provide recommendations for appointees for USH when a vacancy is expected or has occurred – as follows:
 - Amend subsection (a) to provide for the President to appoint the CVCS to a 5-year term of office.
 - Repeal subsection (c) of that section.
 - Provide instead for the governing board to recommend a CVSC candidate.
 - Authorize the governing board to reappoint the CVSC to a second 5-year term.

VA Administrative Changes

- None required.

³⁶² Under Secretary of Health, 38 U.S.C. § 305.

³⁶³ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 60.

³⁶⁴ The Board is not an advisory body, and as such would not be subject to the Federal Advisory Committee Act.

Other Departments and Agency Administrative Changes

- None required.

Leadership**Recommendation #10: Require leaders at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.****Problem**

High-performing organizations have healthy cultures in which diverse staff members feel respected and engaged at work. These workers, in turn, are better able to demonstrate compassion and caring toward customers in their delivery of high-quality services. Leaders at all levels of the organization are responsible for promoting a positive organizational environment and culture through how they treat staff and the systematic approach they take to decision making and management. VHA has among the lowest scores in organizational health in government.³⁶⁵ For the past decade, VHA's executives have not emphasized the importance of leadership attention to cultural health, and it has not been well integrated in training, assessments, and performance accountability systems.

The Commission Recommends That . . .

- VHA create an integrated and sustainable cultural transformation by aligning all programs and activities around a single, benchmarked concept.
- VHA align leaders at all levels of the organization in support of the cultural transformation strategy and hold them accountable for this change.
- VHA establish a transformation office to drive progress of this transformation and report to the chief of the VHA Care System and the new VHA Care System governing board (also included in Recommendation #12).

Background

Healthy organizations successfully align, execute, and renew themselves through learning and innovation.³⁶⁶ They are characterized by a high level of trust, accountability, and ownership among staff; high functioning, empowered teams; and an environment that provides psychological safety and open communication, focuses on the needs of customers, and instills pride in performance.³⁶⁷ An inclusive workplace where diversity is valued, staff feel empowered and supported, are treated with fairness, and cooperation and open communication helps engage employees and drive organizational performance.³⁶⁸ Engaged

³⁶⁵ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 56, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

³⁶⁶ "Organizational Health: The Ultimate Competitive Advantage," Scott Keller and Colin Price, McKinsey Quarterly, June 2011, accessed June 9, 2016, <http://www.mckinsey.com/business-functions/organization/our-insights/organizational-health-the-ultimate-competitive-advantage>.

³⁶⁷ [http://organizationalhealth.vssc.med.va.gov/Resource percent20Library/Forms/AllItems.aspx](http://organizationalhealth.vssc.med.va.gov/Resource%20Library/Forms/AllItems.aspx)

³⁶⁸ "Diversity & Inclusion; Federal Workforce At-A-Glance," U.S. Office of Personnel Management, accessed May 13, 2016, <https://www.opm.gov/policy-data-oversight/diversity-and-inclusion/federal-workforce-at-a-glance/>.

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employees who are dedicated to their work and attached to the organization and its mission support a healthy organization.³⁶⁹

Companies that have a healthy organizational culture or engaged staff outperform those that do not. Companies that score in the top 25 percent of organizational health metrics outperform comparable companies in the bottom 25 percent by more than two-fold.³⁷⁰ Similarly, high employee engagement is correlated with better staff and customer experiences that include higher patient satisfaction, higher staff retention, better safety and quality, higher productivity and lower absenteeism.³⁷¹ Companies with engaged employees outperform those without by more than 200 percent.³⁷² Leaders and supervisors play a key role in establishing and sustaining employee engagement and in establishing a positive environment and culture that supports a healthy organization.³⁷³

Analysis

VHA staff and leaders are highly dedicated to the mission of VA and to serving veterans.³⁷⁴ This dedication is arguably VHA's greatest strength, and it can be leveraged to create and sustain positive change.³⁷⁵ There are substantial impediments to moving VHA forward, however, as noted in the *Independent Assessment Report*. There is a pervasive lack of trust throughout the organization.³⁷⁶ Staff perceives VHA to be bureaucratic and political and to lack a systems orientation.³⁷⁷ Employees want to work for an organization that is accountable and efficient, but instead they operate in a bureaucratic, siloed, and political organization.³⁷⁸ The culture creates risk aversion in staff, and when cultural factors are measured in VHA, none of the metrics align with the definition of a healthy organization.³⁷⁹ Staff find the work environment at VA challenging, with no connection to leadership, and feel they receive little positive

³⁶⁹ U.S. Office of Personnel Management, *Strategic Plan FY2014-2018: Recruit, Retain, and Honor*, 22, accessed January 25, 2016, <https://www.opm.gov/about-us/budget-performance/strategic-plans/2014-2018-strategic-plan.pdf>. Office of Management and Budget, *Memorandum for Heads of Executive Departments and Agencies: Strengthening Employee Engagement and Organizational Performance*, M-15-04, December 23, 2014, accessed May 16, 2016, <https://www.whitehouse.gov/sites/default/files/omb/memoranda/2015/m-15-04.pdf>.

³⁷⁰ "Organizational Health: The Ultimate Competitive Advantage," Scott Keller and Colin Price, McKinsey Quarterly, June 2011, accessed June 9, 2016, <http://www.mckinsey.com/business-functions/organization/our-insights/organizational-health-the-ultimate-competitive-advantage>.

³⁷¹ U.S. Department of Veterans Affairs, MyVA: Putting Veterans First, *Employee Engagement Handbook: A Guide for Frontline Leaders to Measure and Drive Engagement*, September 2015, 4. Melissa Bottrell, *Ethics Quality Helps Build Healthy Organizations*, VHA Organizational Health, Volume 19, Summer 2013, 4-5, accessed January 25, 2016, http://www.ethics.va.gov/docs/integratedethics/art_bottrell_orghealth_v19_2013.pdf.

³⁷² U.S. Department of Veterans Affairs, MyVA: Putting Veterans First, *Employee Engagement Handbook: A Guide for Frontline Leaders to Measure and Drive Engagement*, September 2015, 4. Dee Ramsel, *Improving VHA's Culture: A Presentation Before the National Leadership Council*, Veterans Health Administration, December 2015, 7-9. U.S. Office of Personnel Management, *2015 Federal Employee Viewpoint Survey: Employees Influencing Change*, 6, accessed May 16, 2016, https://www.fedview.opm.gov/2015FILES/2015_FEVS_Gwide_Final_Report.PDF.

³⁷³ Dee Ramsel, "Improving VHA's Culture. A Presentation Before the National Leadership Council, Veterans Health Administration," December 2015, 7-9.

³⁷⁴ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 43, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

³⁷⁵ *Ibid.*, 44.

³⁷⁶ *Ibid.*, 47.

³⁷⁷ *Ibid.*, 46.

³⁷⁸ *Ibid.*, 46.

³⁷⁹ *Ibid.*, 49-51.

reinforcement or clear feedback on performance.³⁸⁰ As demonstrated in the Federal Employee Viewpoint Survey for 2015, VHA staff does not believe top leaders lead (only 47 percent positive³⁸¹) and only 65 percent have a positive view of their immediate supervisor compared to 70 percent in other large federal agencies.³⁸²

Through the review of available documents and briefings from key staff, the Commission found VA and VHA have a number of activities intended to support a positive environment and culture in VHA (see Table 6), but the efforts are not systematic, integrated, or broadly deployed.³⁸³ The efforts are under-resourced to achieve success. Specifically, the effort lacks mandatory positions at the facilities to lead these efforts and has no requirements on the VHA Central Office (VHACO) program offices to participate in the efforts.³⁸⁴ At the same time, the efforts are duplicative in that multiple offices communicate similar, but distinct messages to field staff and leaders. VHA appears to lack systematic mechanisms to ensure leaders at all levels of the organization have the knowledge, skills, and ability to create an effective culture; metrics are not comprehensive or aligned with a single-change model; and leaders in VHACO and the field are not consistently held accountable for their actions in support of a positive organizational culture.³⁸⁵

*Table 6. Cultural Transformation Efforts in VA and VHA*³⁸⁶

Program/Initiative	Responsible Office
Servant Leadership	VHA National Center for Organizational Development
Leaders Developing Leaders	MyVA
Just Culture	VHA National Center for Patient Safety
Civility, Respect, and Engagement in the Workplace (CREW)	VHA National Center for Organizational Development
Organizational Transformation Pilot	MyVA
Employee Engagement Playbooks	MyVA
VHA Voices	VHA Office of Patient Centered Care and Cultural Transformation

³⁸⁰ Ibid., 53 and 60.

³⁸¹ U.S. Office of Personnel Management, *2015 Federal Employee Viewpoint Survey: Employees Influencing Change*, 47, accessed May 16, 2016, https://www.fedview.opm.gov/2015FILES/2015_FEVS_Gwide_Final_Report.PDF.

³⁸² Ibid.

³⁸³ Dee Ramsel, “Improving VHA’s Culture. A Presentation Before the National Leadership Council, Veterans Health Administration,” December 2015, 29-31. Dee Ramsel, Virginia Ashby Sharpe, Veterans Health Administration, conference call with staff of the Commission on Care, November 9, 2015.

³⁸⁴ See “Ethical Leadership, Fostering an Ethical Environment and Culture,” National Center for Ethics in Health Care, U.S. Department of Veterans Affairs, accessed June 22, 2016, <http://www.ethics.va.gov/integratedethics/elc.asp>. “Stop the Line for Patient Safety Initiative,” U.S. Department of Veterans Affairs, accessed June 22, 2016, <http://www.qualityandsafety.va.gov/StoptheLine/StoptheLine.asp>. “VHA Center for Organizational Development,” U.S. Department of Veterans Affairs, accessed from VA Intranet, May 16, 2016, http://vaww.va.gov/NCOD/Organizational_Health.asp. U.S. Department of Veterans Affairs, MyVA: Putting Veterans First, *Employee Engagement Handbook: A Guide for Frontline Leaders to Measure and Drive Engagement*, September 2015.

³⁸⁵ Dee Ramsel, “Improving VHA’s Culture. A Presentation Before the National Leadership Council, Veterans Health Administration,” December 2015, 13-14. Veterans Health Administration, *Draft Fiscal Year 2016 Performance Plan, Network Director and Medical Center Director*, November 20, 2015.

³⁸⁶ Dee Ramsel, “Improving VHA’s Culture. A Presentation Before the National Leadership Council, Veterans Health Administration,” December 2015, 29-31.

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VHA must rebuild a high-performing, healthy culture by cultivating greater employee collaboration, ownership, and accountability to accomplish its mission.³⁸⁷ This cultural transformation needs to occur at all levels of the organization (VA, VHACO, veterans integrated service network [VISN], VA medical center, and community-based outpatient clinic). To achieve transformation in VHA, create a healthy environment and culture, and sustain staff engagement, the solution must start with leaders. Leaders must understand and believe in the powerful effect they have on the climate and culture in their organization. Change occurs one employee at a time. Leaders at all levels must commit to this change process. They must be inspired by top executives and embrace the values and mission of VHA and then, in turn, inspire their teams, engaging with individual employees to make change. Leaders must be given the roadmap and tools to make such change and then be supported with training, coaching, and feedback to achieve success. They must also be held accountable for their personal behavior and for the actions they take to positively influence the environment and culture of their unit or facility. Leaders should not be on their own in this transformation. Fellow leaders, outside experts, national program offices, and VA and VHA top executives must provide them with incentives, support, feedback, coaching, and, when needed, admonishment to support this cultural transformation.

To align leaders at all levels with expectations for the cultural transformation, all leaders must understand the role they play in the process. VHA must create standards for the behavior and actions leaders adopt to accomplish the transformation and widely publicize the standards among leaders and staff to establish uniform expectations across the organization and a single vision of cultural transformation. The CVCS and other senior leaders must model and reinforce these behaviors to further embed expectations. These behaviors and actions should be integrated into leadership assessment tools such as a 360 evaluation, performance management frameworks, and coaching guides to ensure expected behaviors and actions are reinforced across the leadership development and advancement system. The strategy must include the development of tools, training, guidelines, and operating procedures that create a living curriculum to support leaders in developing and deploying these new skills and behaviors. Finally, to ensure leaders at all levels implement the behaviors and actions, the strategy must establish both explicit rewards and sanctions. The rewards and recognition (nonmonetary) should liberally acknowledge and publicize leaders and staff who embody the very best standards of behaviors and actions that support a positive organizational culture. At the same time, leaders and staff at all levels must clearly understand what behavior and actions are not acceptable and be held accountable through disciplinary action if they cross these boundaries. Expectations and repercussions should be clearly articulated.

VA and VHA have a number of competing models of organizational health and staff engagement. The models are not integrated with one another or with an overall leadership competency model. Some models are robust, coupling abundant resources and training, while others are not. To create a clear focus for engagement and organizational health and guide

³⁸⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 55 accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

transformation effectively, one model must be selected for use in VHA. To do so, VHA must establish a cross functional executive team to make this decision. The team should include all of the stakeholder offices involved in current efforts, but none of them should lead the effort, to avoid parochial interests driving decisions. Once a single model is selected, the executive team must then outline a clear strategy, involving and engaging the offices in VHA with relevant expertise and resources to support the execution, and put forward a single strategic plan. Consequently, each of those offices must also be required to stand down its own efforts that are not part of this new model going forward and align its work and budget behind a single focused model and strategy. Tools, training, and communication to support broad deployment must be part of the strategy, and the CVCS and the executive team must present a compelling, transparent rationale for what the model is, why it was selected, and how it is to be deployed. All leaders and staff members in the organization must understand their roles in cultural transformation and what is expected of them.

The strategy must establish and articulate a clear set of behaviors and actions expected of staff to ensure their alignment around the transformation. The standards should be incorporated into the hiring process to ensure that VHA is hiring into the new culture and avoids a poor fit from the start. These behavioral expectations must be articulated clearly in the on-boarding process and reinforced on an ongoing basis in performance evaluations, reviews, and individual development plans. Leaders at all levels of the organization must also reinforce these behavioral expectations with staff and be provided with tools, messages, and communication support to accomplish this. Leaders must also recognize and reward the positive examples of the desired behaviors and sanction the worst examples, up to and including discipline and removal.

The change strategy should also recognize that cultural transformation and staff engagement go beyond individual leader and staff behaviors. Systems and processes at both the local and national level can impede the realization of the positive organizational culture desired. As such, the transformation strategy must also anticipate changing systems and processes as an explicit component of transformation. Leaders at all levels must establish mechanisms to elicit staff concerns and have quality improvement tools in place to address them, such as LEAN Six Sigma. Line staff must be engaged as part of the solution to these system issues. Leaders should be transparent about these issues and publicly track and report on progress.

To ensure the effective execution of this strategy, specific responsibilities must be assigned to program offices. The program offices must also support the VISN and facilities in their transformation effort by developing the standards and guidance for them to use and making program office expertise available to support coordination, coaching, and sharing of best practices across the institution. The program offices must be held accountable for supporting the application of these same standards and process within VHACO.

Standards for facility implementation must include a funded, full-time equivalent employee to support each major facility director³⁸⁸ and be the point person to coordinate efforts with VHACO and other facilities. Facilities may take the opportunity to consolidate related functions that currently exist in the facility. Each facility must have a local mechanism, such as an organizational health council, to integrate and drive transformation locally. But this does not

³⁸⁸ This equates to one person at each of the approximately 141 VHA health care systems led by a facility director.

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mean the facility should create yet another committee or oversight group to accomplish the transformation. Instead, facilities must look to existing leadership structures and activities, consolidating similar efforts to create an efficient process.

Finally, the executive team must oversee the development of a consolidated and meaningful set of metrics, using community standards where available, to track cultural transformation, organizational health and staff engagement. The metrics should not only measure the desired outcomes but also provide insights to leaders on how to fix problems by providing sufficient detail and specificity to offer this insight. Once deployed, the metrics should be used by the executive team and responsible program offices to identify under-performing facilities and to provide additional expertise, resources, and support to help those facilities improve. If, after much support, the continuing behavior and actions of the leaders at the under-performing facility are identified as the cause of the long-term culture problem, these individuals must be removed from leadership positions in VHA.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Develop and implement a strategy for cultural transformation.
- Establish a cross-functional senior executive team reporting directly to the CVCS with long-term responsibility for creating, executing, and tracking the cultural transformation.
- Align frontline staff in support of the cultural transformation strategy.
- Require standards and a strategy for execution of the cultural transformation from every program office and facility and these efforts must be fully funded.
- Develop consolidated, meaningful metrics for organizational health and staff engagements with input from experts and field users.

Other Department and Agency Administrative Changes

- None required.

Recommendation #11: Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.

Problem

VHA, like any large organization, requires excellent leaders to succeed. Succession planning and robust structured programs to recruit, retain, develop, and advance high potential staff are essential to maintaining a pipeline of new leaders. In health care, leadership programs must prepare candidates with the specialized knowledge and skills required of health care executives, while also helping to mature their leadership traits. VHA does not use a single leadership competency model, and what it does use is not specific to health care or benchmarked to the private sector. VHA also does not use competency models as a tool to establish standards for hiring, assessment, and promotion. As a result, executive leaders and promising staff members do not have the tools they need to guide career transitions and ensure VHA has the leaders it needs for the future.

The Commission Recommends That . . .

- VA establish, as an Office of Management and Budget management priority for VHA, the goal of implementing an effective leadership management system in the agency.
- VHA executives prioritize the leadership system for funding, strategic planning, and investment of their own time and attention.
- VHA adopt and implement a comprehensive system for leadership development and management that includes a strategic priority of diversity and inclusion.
- Congress create more opportunities to attract outside leaders and experts to serve in VHA through new and expanded authority for temporary rotations and direct hiring of health care management training graduates, senior military treatment facility leaders, and private not-for-profit and for-profit health care leaders and technical experts.

Background

*Our Corps does two things for America: We make Marines and we win our nation's battles. Our ability to successfully accomplish the latter depends upon how well we do the former.*³⁸⁹

Effective leaders are required for organizational success. Thus, attracting, growing, and advancing leaders is a key business imperative across all sectors.³⁹⁰ The most urgent human capital management need worldwide, according to one survey, is the development of leadership talent.³⁹¹ This need is driven by a changing workforce that is motivated more by passion than by monetary incentives, a rapid advance in knowledge that quickly creates obsolescence, and technology drivers that change business practices over months instead of years.³⁹² Investing in new supervisors and emerging leaders is critically important because

³⁸⁹ U.S. Marine Corps, *Sustaining the Transformation*, Foreword, accessed June 9, 2016, [http://www.marines.mil/Portals/59/Publications/MCRP percent206-11D percent20Sustaining percent20the percent20Transformation.pdf](http://www.marines.mil/Portals/59/Publications/MCRP%20206-11D%20Sustaining%20the%20Transformation.pdf).

³⁹⁰ Jim Collins, *Good to Great: Why Some Companies Make the Leap . . . And Others Don't* (New York, NY: HarperCollins Publishers, Inc., 2001), 17-40. Fred Kiel, *Return on Character: The Real Reason Leaders and Their Companies Win* (Boston, MA: Harvard Business Review Press, 2015).

³⁹¹ Deloitte Consulting LLP and Bersin by Deloitte, *Global Human Capital Trends 2014: Engaging the 21st Century Workforce*, 25, accessed June 10, 2016, http://dupress.com/wp-content/uploads/2014/04/GlobalHumanCapitalTrends_2014.pdf.

³⁹² *Ibid.*, 3.

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employees report that when they quit a job they leave their supervisors and not their organization.³⁹³ In an organization like VHA, with more than 300,000 employees but only a bit more than 200 executives, VHA's 28,000 supervisors are responsible for leading the staff.³⁹⁴

Going back to at least 1998, the federal civilian sector has had difficulty identifying and promoting individuals with leadership skills.³⁹⁵ Staff members who can produce results and meet organizational objectives are promoted into supervisory and leadership positions.³⁹⁶ Yet, the skills needed to be a successful leader are different than those needed to be a successful technical expert. Today, soft skills such as empathy, effective listening, and team coaching are valued in leaders.³⁹⁷ The most effective leaders are those who consistently display integrity, high moral character, and the ability to inspire others.³⁹⁸ An effective leadership system develops leaders at all levels, from frontline supervisor to executives, and does so in all dimensions of leadership: "knowing, doing, and being."³⁹⁹

Analysis

In a review of VHA's approach to leadership development, the *Independent Assessment Report* noted the current system was not sufficient to meet VHA's need for high-quality, prepared leaders.⁴⁰⁰ VHA lacks a comprehensive approach to leadership development that would include formal structured programs such as networking, reflection, goal setting, learning, mentoring, experiential learning, and a clear career ladder. As a result, leaders are unable to fully prepare

³⁹³ "People Leave Managers, Not Companies," Victor Lipman, accessed June 10, 2016, <http://www.forbes.com/sites/#/sites/victorlipman/2015/08/04/people-leave-managers-not-companies/#78b15df216f3>.

³⁹⁴ Department of Veterans Affairs, Veterans Health Administration, *VHA Workforce Planning Report 2015*, 21-23, accessed June 10, 2016, http://vaww.succession.va.gov/Workforce_Planning/WorkforcePlanningLibrary/2015%20VHA%20Workforce%20Report.pdf.

³⁹⁵ U.S. Merit Systems Protection Board, Office of Policy and Evaluation Perspectives, *Federal Supervisors and Strategic Human Resources Management*, accessed June 10, 2016, <http://www.mspb.gov/netsearch/viewdocs.aspx?docnumber=280538&version=280868&application=ACROBAT>.

³⁹⁶ Ibid. Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title.

³⁹⁷ Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title. "Creating and Retaining Great Leaders," Dominique Jones, accessed June 10, 2016, <http://www.hrreview.co.uk/analysis/analysis-hr-news/dominique-jones-creating-and-retaining-great-leaders/60419>. "The One Leadership Skill That Impacts Overall Success," Lydia Dishman, accessed June 10, 2016, <http://www.fastcompany.com/3056176/hit-the-ground-running/the-one-leadership-skill-that-impacts-overall-success>.

³⁹⁸ Fred Kiel, *Return on Character: The Real Reason Leaders and Their Companies Win* (Boston, MA: Harvard Business Review Press, 2015). "The One Leadership Skill That Impacts Overall Success," Lydia Dishman, accessed June 10, 2016, <http://www.fastcompany.com/3056176/hit-the-ground-running/the-one-leadership-skill-that-impacts-overall-success>. Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title.

³⁹⁹ Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title. U.S. Marine Corps, *Sustaining the Transformation*, accessed June 9, 2016, [http://www.marines.mil/Portals/59/Publications/MCRP percent206-11D percent20Sustaining percent20the percent20Transformation.pdf](http://www.marines.mil/Portals/59/Publications/MCRP%20percent206-11D%20Sustaining%20the%20Transformation.pdf).

⁴⁰⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 37, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

for future roles.⁴⁰¹ Although VHA does have some components of a development program, the activities are not connected to a career path and not well coordinated. Comprehensive development efforts are impeded by the use of multiple competing competency models in VA that make it impossible to align assessment and development with a cohesive standard. Emerging leaders are left to navigate career progression largely on their own and may be stymied because development opportunities are cancelled due to budget restrictions. Even when promising young leaders complete the current activities, gaps remain in their experience and training because the training programs are not coordinated.⁴⁰² As a result, VHA does not have a robust pipeline of young leaders ready to take on higher-level responsibilities.⁴⁰³

Included in the *Independent Assessment Report* is a recommendation that VA stabilize, grow, and empower leaders. This recommendation includes suggestions to fill current vacancies with high-quality leaders, improve the attractiveness of the roles, ensure leaders are prepared to assume their roles, and create a comprehensive strategy that connects top performers to leadership opportunities and development plans.

There is little concrete information in the assessment to suggest how VA and VHA should accomplish these objectives. The commission examined VA's and VHA's current work to assess whether they have created plans to operationalize the leadership development recommendations articulated in the *Independent Assessment Report*.

Neither VA nor VHA has rationalized the multiple competency models within the department. A competency model is the core driver informing recruitment, development, assessment, and advancement in any comprehensive approach to leadership development and management.⁴⁰⁴ Having a cogent competency model is a prerequisite to a coherent strategy.⁴⁰⁵ Leading a health care organization requires specialized knowledge and skills not required of leaders in other fields.⁴⁰⁶ Thus, any competency model applied in VHA must include health care specific components. Health care executive competencies embrace such topics as an understanding of ethics in health care, management of self-governing professionals (e.g., physicians, nurses), the technical knowledge of health care regulation and operational management, and leading change, in addition to other leadership skills and knowledge.⁴⁰⁷

The current models used in VHA do not reference external benchmarks, and they are not health care specific. VHA plans to continue to use the High Performance Development Model (HPDM) as its competency model.⁴⁰⁸ HPDM was developed by VHA and is not benchmarked to private-sector competency models for health care executives. VHA plans to use the model to drive

⁴⁰¹ Ibid.

⁴⁰² Ibid., 38.

⁴⁰³ Ibid., 37.

⁴⁰⁴ The American College of Healthcare Executives, *ACHE Healthcare Executive: 2016 Competencies Assessment Tool*, accessed May 16, 2016, https://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf.

⁴⁰⁵ Ibid.

⁴⁰⁶ Ibid.

⁴⁰⁷ Ibid. "Joint Medical Executive Skills," Joint Medical Executive Skills Program, U.S. Department of Defense, accessed May 16, 2016, http://www.au.af.mil/au/awc/awcgate/leadership/med_exec_skills.htm. "NCHL Health Leadership Competency Model," National Center for Healthcare Leadership, accessed May 16, 2016, <http://www.nchl.org/static.asp?path=2852,3238>.

⁴⁰⁸ "NCHL Health Leadership Competency Model," National Center for Healthcare Leadership, accessed May 16, 2016, <http://www.nchl.org/static.asp?path=2852,3238>.

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position requirements, performance management, and training content.⁴⁰⁹ The plan mentions coordination with VA Learning University but provides no detail.⁴¹⁰ The plan also does not provide specific information about how the use of HPDM will link to formal recruitment, performance assessment, and advancement of leaders.⁴¹¹

VHA is working to understand the current career progression of candidates who move into field-based executive positions. VHA field leaders are cultivated from within VHA with about 98 percent advancing from lower-level field positions such as associate director, service chief, or chief of staff.⁴¹² As a result, field senior executives often lack outside experience and first-hand knowledge of alternative management methods.⁴¹³ Most companies look for a mix of internal and external hires, and the circumstances of the organization often drive the mix.⁴¹⁴ For instance, Henry Ford Health System, a successful growing company with a robust internal leadership development program has set a target of 70 percent internal promotions and 30 percent external hires.⁴¹⁵

The VHA pool of internal candidates is also deficient in racial and ethnic diversity with striking under-representation of women of color in all of the positions that constitute the pipeline for medical center director positions (see Figures 6 and 7).⁴¹⁶ VHA leadership development programs have failed to effectively recruit and advance under-represented minorities with a striking over-representation of White men in the leadership class that feeds the senior executive service (see Table 7).⁴¹⁷ Minority women shoulder the biggest burden of formal mentoring within the organization.⁴¹⁸ VHA also has the lowest representation of veterans among its staff (31 percent) compared to Veterans Benefit Administration (52 percent) and National Cemetery Administration (74 percent). The number of veterans among doctors and dentists in VHA is only about 14 percent of the employees.⁴¹⁹ Among leaders, 22 percent of senior executives are veterans and a similar number (23.8 percent) populate the leadership pipeline.⁴²⁰

⁴⁰⁹ Ibid.

⁴¹⁰ Ibid.

⁴¹¹ Ibid.

⁴¹² Under Secretary for Health, Veterans Health Administration, *Federal Equal Opportunity Recruitment Program (FEORP) Report FY2015 Accomplishment Report and FEORP FY2016 Plan Certification, Attachment A*, November 23, 2015.

⁴¹³ Ibid.

⁴¹⁴ Eric Krell, "Staffing Management: Look Outside or Seek Within?" *HR Magazine*, January/February 2015.

⁴¹⁵ "NCHL Health Leadership Competency Model," National Center for Healthcare Leadership, accessed May 16, 2016, <http://www.nchl.org/static.asp?path=2852,3238>.

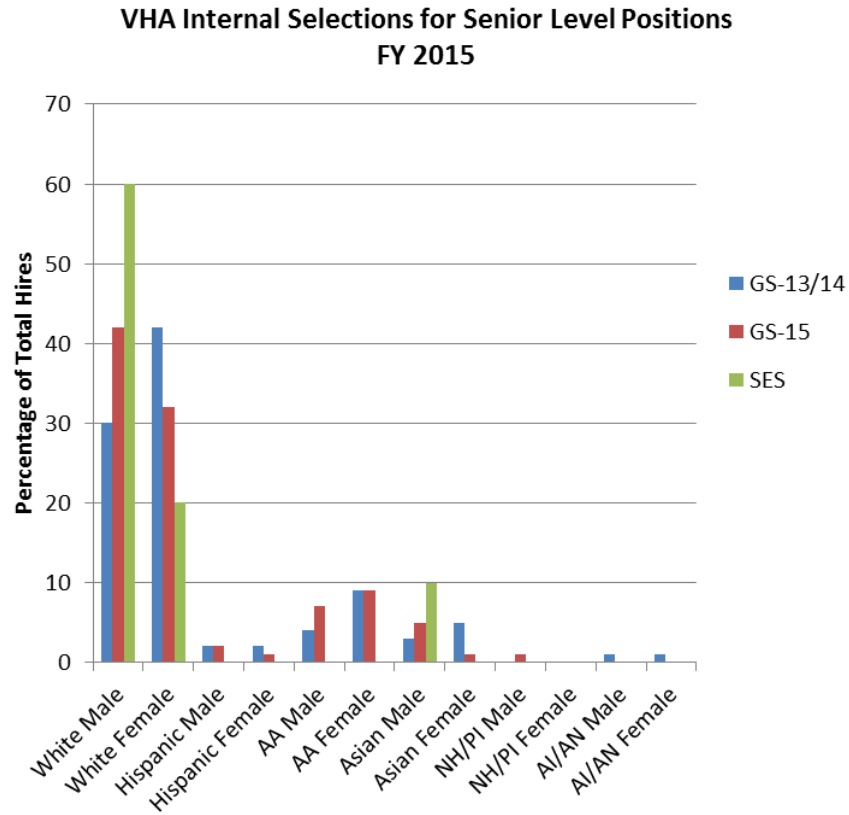
⁴¹⁶ Department of Veterans Affairs, Veterans Health Administration, *VHA Workforce Planning Report 2015*, 94, accessed June 10, 2016, http://vaww.succession.va.gov/Workforce_Planning/WorkforcePlanningLibrary/2015%20VHA%20Workforce%20Report.pdf.

⁴¹⁷ Under Secretary for Health, Veterans Health Administration, *Federal Equal Opportunity Recruitment Program (FEORP) Report FY2015 Accomplishment Report and FEORP FY2016 Plan Certification, Attachment A*, November 23, 2015.

⁴¹⁸ Ibid.

⁴¹⁹ Health Care Talent Management Office from PAID and NOA, September 17, 2015: Path to Medical Center Director, Healthcare Leadership Talent Institute.

⁴²⁰ VHA Health Care Talent Management Office, provided to Commission on Care for employees in VHA as of September 30, 2015 by request, March 8, 2016.

Figure 6. Diversity of Senior-Level Hires in VHA

AA = African American

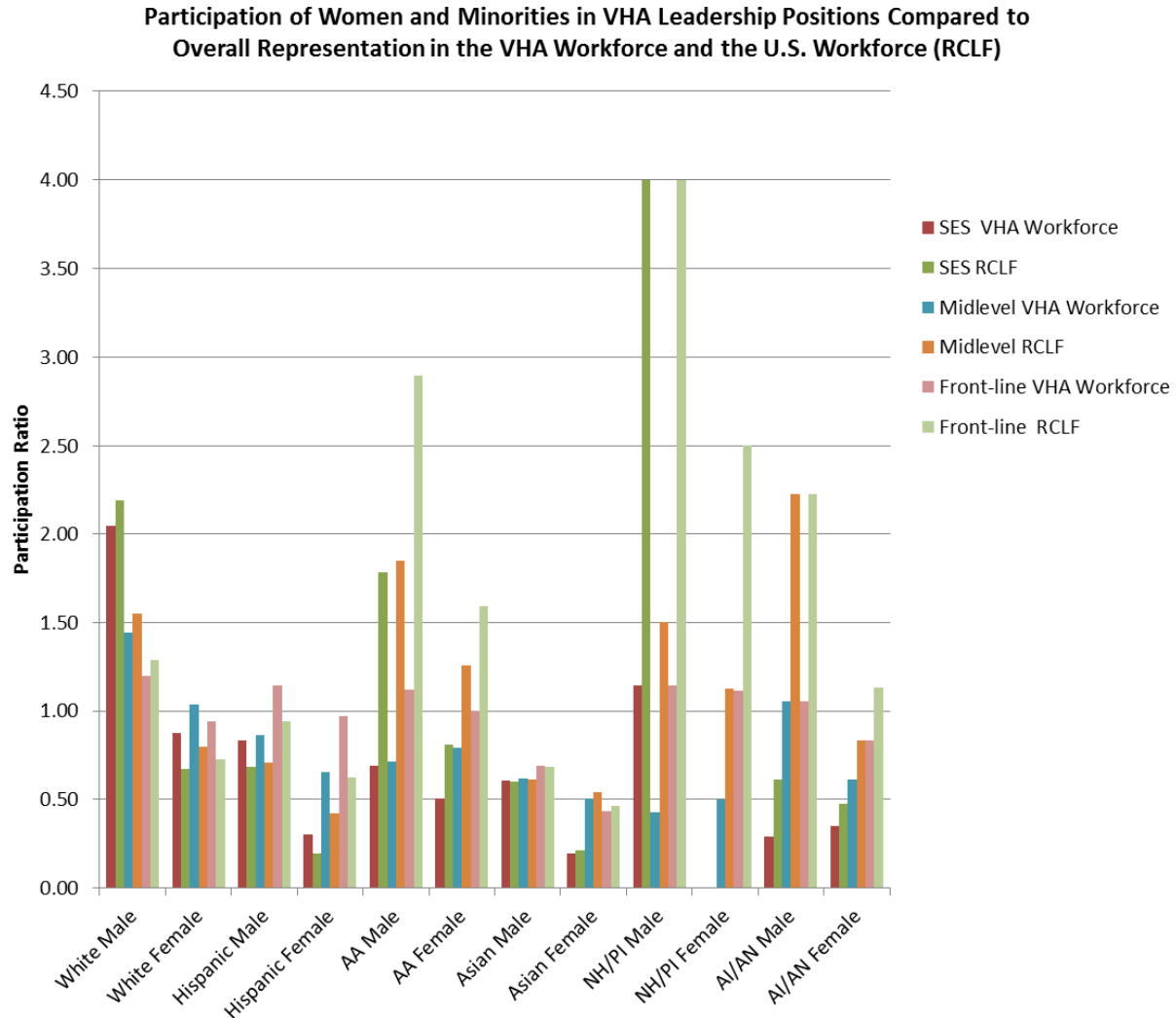
NH/PI = Native Hawaiian/Pacific Islander

AI/AN = American Indian/Alaska Native

Note: In FY 2015, VHA failed to select many candidates from diverse racial and ethnic backgrounds for senior executive positions. These data were drawn from the VHA annual equal employment opportunity (EEO) report.

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Figure 7. Minority Women are Under Represented in Higher-Level Positions in VHA



AA = African American

NH/PI = Native Hawaiian/Pacific Islander

AI/AN = American Indian/Alaska Native

Note: Women and particularly minority women are under-represented in comparison to their participation in the U.S. workforce (relevant civilian labor force [RCLF]) and their participation in the VHA workforce at higher levels in the organization. Some minority men are also under-represented in high-level positions. These data were derived from the VHA annual EEO report.

Table 7. White Males are Over Represented in VHA SES Development Program, HCLDP

	TCF 2015 (N)	GHATP 2014 (N)	Facility LEAD 2015 (N)	VISN/CO LEAD 2015 (N)	HCLDP 2015 (N)	VHA Workforce
White Male	35% (78)	30% (14)	19% (160)	22% (69)	41% (151)	23%
White Female	16% (35)	28% (13)	41% (342)	41% (127)	39% (144)	36%
African American Male	15% (33)	9% (4)	8% (66)	8% (24)	4% (14)	9%
African American Female	19% (42)	15% (7)	22% (180)	16% (50)	6% (23)	15%
Hispanic/Latino Male	4% (10)	4% (2)	3% (23)	4% (11)	1% (5)	3%
Hispanic/Latina Female	3% (7)	2% (1)	3% (29)	3% (10)	1% (4)	4%
Asian Male	4% (9)	2% (1)	1% (9)	>1% (2)	2% (7)	3%
Asian Female	2% (5)	9% (4)	2% (16)	4% (13)	3% (12)	5%
Native Hawaiian/Pacific Islander Male	0% (0)	0% (0)	>1% (3)	0% (0)	0% (0)	>1%
Native Hawaiian/Pacific Islander Female	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	>1%
American Indian/Alaska Native Male	2% (4)	0% (0)	>1% (1)	>1% (2)	1% (3)	1%
American Indian/Alaska Native Female	0% (0)	0% (0)	1% (7)	1% (4)	1% (3)	1%

Note: VHA offers career development opportunities from entry-level programs (TCF and GHATP) to an SES preparatory curriculum (HCLDP). Overall, White men make up about 23% of VHA employees but are over-represented in the HCLDP program at 41%. African American and Hispanic men and women are under-represented in the same program.

TCF= Technical Career Field; GHATP=Graduate Healthcare Administration Training Program; LEAD=Leadership, Effectiveness, Accountability, and Development; HCLDP=Health Care Leadership Development Program.

No evidence was presented to indicate that career progression mapping is occurring for positions within VHA central office, where high-quality leaders are also required.⁴²¹

⁴²¹ Department of Veterans Affairs, Veterans Health Administration, *VHA Workforce Planning Report 2015*, 94, accessed June 10, 2016, http://vaww.succession.va.gov/Workforce_Planning/WorkforcePlanningLibrary/2015%20VHA%20Workforce%20Report.pdf.

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VHA has much work to do to produce an effective leadership management system. Recruitment, retention, development and advancement are key processes that require immediate and sustained attention from VHA leaders. Without substantial changes, high-potential staff will continue to struggle to understand their career trajectory. Without a driving competency model and coordinated training to guide advancement, hiring decisions will continue to be made without uniform standards against which to measure applicants and new executive hires will continue to struggle to understand VHA and their role in leading it. Without the committed engagement and support of the chief of VHA Care System (CVCS) and the other top VHA executives for the leadership management system and their direct communications about and modeling of the leadership competencies, VHA will continue to flounder. As a result, veterans will be denied the high-performing health system they deserve.

Executive Commitment

The long-term success of any enterprise rests on having excellent leaders in key positions and sustaining them over time. To accomplish this goal, leadership management, development, and recruitment must be a core responsibility and a priority for VHA senior executives. To start, VA must include the goal of achieving an effective leadership management system in VHA as a component of the department's management agenda in the annual budget. The goal is a robust, high-quality, diverse leadership team in VHA. VA needs to establish a credible operational plan and accountability mechanisms for meeting this goal. Executive leaders are then held accountable for attaining the leadership management goals, including personally investing time in meeting diversity targets, recruitment plans, and succession planning objectives. These targets are to be reviewed in the individual performance of top leaders as well as in the Office of Management and Budget's ongoing review of the department's management objectives. Executive leaders need to also set and communicate clear expectations for the behavior of leaders and staff and to invest their own time in mentoring, coaching, and developing subordinate leaders and promising staff, including under-represented populations. They must be visible and role-model leadership competencies in meetings, training, and new-hire orientations. They must take an interest in developing leaders and help create opportunities for them to gain leadership experience and competencies. The CVCS and senior executives must keep in mind that their sole role is not to manage crises or to oversee a process or to manage up. Rather, their primary role is to lead their people. Their time and attention must reflect that priority.

Leadership Model

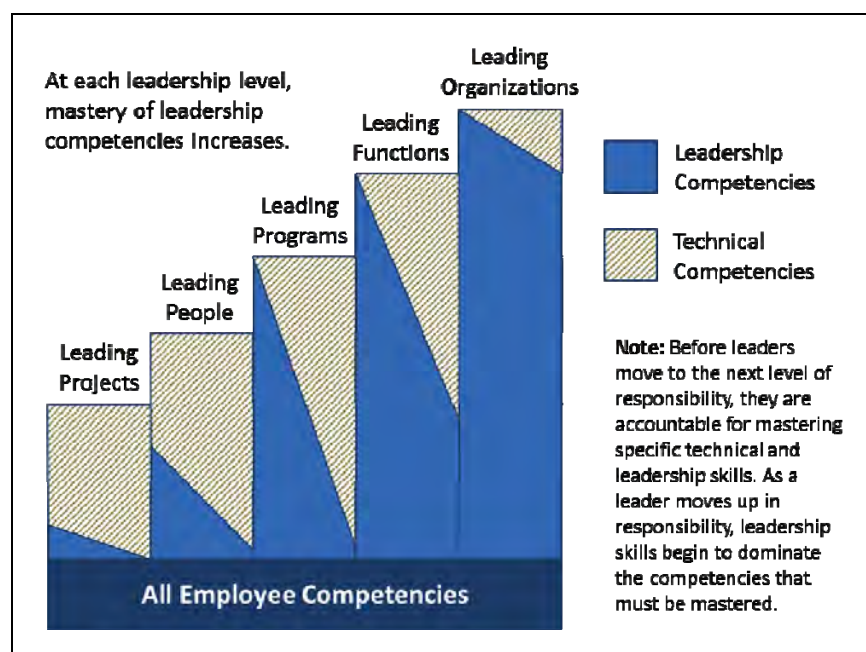
To establish clear leadership standards to guide hiring, development, and the advancement of leaders, VHA needs to adopt one benchmarked health care competency model. Currently, VHA is subject to the Office of Personnel Management executive core qualifications, HPDM, and standards for servant leadership. Although all of the models have value, none provide a clear trajectory for high-potential staff to follow, and they do not provide opportunities for VHA to intersect with leaders in the private sector. VHA must stop using these varied competency models and instead adopt a single model that is benchmarked to private-sector standards. The Commission is not making a recommendation about which model VHA should choose. Rather VHA should apply the criteria below to select a model around which to base its leadership development program:

- The standard must embrace leading through ethics and values, demonstrating character and concern for others, and creating a strong organizational culture.
- The standard must be health care based and describe the knowledge, skills, ability, and leadership bearing and behaviors that health care leaders must master to be effective.
- The standard must be a robust competency model including aligned training and tools to permit quick implementation.
- The model must describe different career tracks and the mastery requirements for key points in each career track. Key career tracks such as VISN director, facility director, and VHA Central Office (VHACO) program executive should fit into the competency model.
- A career path must specify the competencies that require mastery before moving to a higher position.
- VHA may need to enhance the model with competencies in care and services to Veterans and knowledge of military occupational health.

Training and Assessment

VHA needs to develop assessment tools based on the competency model, including 360, 180, self-assessment, and supervisory review processes. Leaders and developing leaders should be required to use at least one of the assessments each year and to apply the results to identifying their training and development needs. Findings from the assessments should be rolled into an individual development plan (IDP) for each leader or developing leader and enrollment in a leadership course should require a documented need from one of these assessments.

Figure 8. At Each Leadership Level, Mastery of Leadership Competencies Increases



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Training must be mapped against the competency model career track. All current leadership training should be mapped against the model. Gaps should be identified and filled with commercially available, or where needed, internally developed training. This training should include leadership competencies for the care of veterans, including an understanding of military occupational health, combat injuries and exposure, combat readjustments, and military sexual trauma. (See Appendix H for descriptions of such training material.) VHA should look for opportunities to partner with Department of Defense and the private sector to provide joint training and development opportunities to fill some of the identified gaps. VHA must develop one or more face-to-face training series that allow high-potential candidates to complete all the competencies required to move to the next career stage. As VHA strengthens its partnership with community providers and health systems, executive and high-potential training resources from VHA should be made available to community health care leaders and VHA should join training offered by these private-sector partners.

Based on the benchmarked competency model, VHA should collaborate with Academic Affiliates to establish two new programs. The first is to create opportunities for VHA physicians to gain masters-level training in health care management to prepare them to lead a medical facility. Second, VHA should work to create rotations in VHA for external physicians who are completing graduate health care management programs. Like academic affiliate residency training programs, VHA should collaborate with academic medicine to establish, fund, and run these programs with the goal that all participants rotate in management positions in VHA or VHA-partnered private-sector systems for six or more months during their training. Graduates of such programs would be candidates for recruitment into the VHA leadership pipeline and would encumber a pay-back commitment to VHA for any direct funding provided.

All training should include formal assessment to assure that learners have mastered the material and this mastery should be noted in their IDPs and training record.

As part of the leadership development model, experiential learning opportunities and formal coaching are critical to executive learning. Individual and group coaching standards and programs must be established for all developing and new leaders. A program for senior leaders to pair them with private-sector health care leaders must also be supported. VHA must establish rotation opportunities for developing leaders to rotate for substantial periods (e.g., 3 to 18 months) in not-for-profit hospital systems. This program could be structured as a certificate program that the employee and VHA jointly fund and include a payback commitment on the part of the trainee. Similar rotations from the private sector into VHA should be developed with health care system partners to help develop private-sector competencies in care for veterans and inject private-sector approaches into VHA.

Apply the Leadership Model

VHA is required to apply the competency model in all hiring decisions for executive career field positions. Thus all functional statements must be based on the model, all interview protocols must incorporate the competencies, and all candidates who are not internally certified to the standard of the job must undergo an assessment by a board to ensure they meet the position requirements. Conversely, internal candidates must be required to demonstrate mastery of the competencies before qualifying to apply for a position. VHA must adopt the strategies of executive recruiters to identify and recruit needed experts outside of government with the

competencies VHA seeks. Recruiters can look to the pipelines the Commission has recommended building to bring military treatment facility commanders and other senior leaders and private sector experts into VHA as a network for identifying additional recruits. Executive recruiters can particularly help ensure diverse candidates are identified for open positions.

VHA will require competency assessments and IDPs for all existing executives, potential executives, and new hires. Current leaders and new hires who have an identified gap in any competency must have it included in their IDP and be required to fill these deficiencies by a specific deadline or face demotion or dismissal. Completion of IDP development opportunities is required for advancement in grade or promotion to higher position within the leadership pipeline.

VHA will aggressively manage its leadership candidate pool by identifying and tracking all high-potential individuals. Diversity statistics should be tracked and diversity in this pool actively managed. This pool of candidates derives from annual ratings as well as leadership development program graduates. Supervisors and executive leaders must provide ongoing coaching for higher positions to this pool of developing leaders. VHA must identify anticipated succession needs and offer development opportunities that would help prepare candidates for these anticipated openings. Once the positions are open, individuals in the high-potential pool must receive notices of new job postings and detail opportunities that provide experience into higher positions. Candidates who agree to be in this pool should be required to enter into formal mentoring relationships with leaders outside their chain of command to further advance their career development. For highest-level positions (VISN director, facility director, VHACO chief officer) a formal pool of approved or precertified candidates should be established.

To expand the perspectives and management experience in its leadership pipeline, VHA must develop explicit strategies to on-ramp diverse candidates at critical midcareer transition points. This process includes creating pathways for retiring commanders and other senior officers of military treatment facilities to compete effectively for leadership positions in VHA. To increase VHA understanding of private-sector health care, VHA must develop midcareer entry points for private-sector candidates. This could be accomplished through the use of temporary hiring authority and the ability to convert these positions to permanent staff positions if leadership competencies standards have been met by the candidates. Such opportunities can be modeled on efforts recently announced by DoD and, wherever practicable, should be developed collaboratively with DoD to establish the legal and policy requirements for implementing these programs. Finally, the current graduate health administration training program (GHATP) program should be expanded to include more schools and programs with diverse trainees. This expansion must allow high-performing residents to continue to convert to full time positions.

On-boarding

A formal on-boarding process should be instituted for all new executive hires. In addition to the transactional knowledge the individual will need, on boarding should establish the expectations for what it means for that executive to be successful in VHA. The values of the organization and the expectations for ethical practice must be conveyed by the CVCS and the top leadership team. A formal assessment of knowledge and skills should be made during on-boarding and an IDP established to cover the probationary period of new hires if any deficiencies are identified.

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Completion of the IDP is required for continued employment. All new leadership hires should be assigned a coach based on their individual needs. Within their first 6 months of employment, the undersecretary for health and Secretary should meet with these new executives to build a relationship with them and hear their fresh perspectives on the performance of VHA.

Stabilize Leadership

VHA should immediately stabilize its leadership ranks by authorizing VA medical center and veterans integrated services network (VISN) director details to last up to a year with no restrictions on an acting leader competing for the permanent position. VHA should also create flexible capacity by creating more assistant-level positions (e.g., assistant director, assistant VISN chief medical officer, assistant nurse executive, deputy chief officer). These individuals would comprise the pool of potential leaders and also allow for cross filling positions that are empty due to development assignments, training, or other leadership development opportunities.

Implementation

Legislative Changes

- Establish direct-hire authority from the graduate health care administration training program, military treatment facility, and private-sector fellow pools, clarifying application of merit-system principles, including approaches to managing veterans' preference in these programs.
- Establish Intergovernmental Personnel Act authority for VHA to include the for-profit private sector; this could be done as a pilot program with a report to Congress before considering whether to make the authority permanent.

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Fund and implement leadership assessments, training, coaching, and developmental opportunities based on the new leadership competency model.
- Aggressively manage leadership recruitment, retention, development and advancement using the new leadership competency model: All hires and promotions are required to demonstrate these competencies.
- Require a formal on-boarding process for HPDM 3 and 4 leaders at all levels that reinforces the leadership competency model.
- Take immediate steps to stabilize the continuity of leadership by extending the length of authorized details to extend the continuity of leadership at medical centers and allow leaders detailed to a position to compete for a permanent appointment to the position by removing the non-compete requirements.

COMMISSION RECOMMENDATIONS

- Establish the competency model in regulation and include requirements for its use in hiring, promotion and dismissal and clarify the application of veterans' preference in executive development.

Other Department and Agency Administrative Changes

- None required.

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Recommendation #12: Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.

Problem

Leadership structures and processes should be organized to promote agile, clear decision making, the free flow of ideas, and identification of organizational priorities, as well as make clear reporting relationships and lines of accountability within the organization. VHA currently lacks effective national policies, a rational organizational structure, and clear role definitions that would support effective leadership of the organization. The responsibilities of VHA Central Office (VHACO) program offices are unclear, and their functions overlap or are duplicative. The role of the Veterans Integrated Service Network (VISN) is not clear, and the delegated responsibilities of the medical center director are not defined.

Background

A prerequisite of a successful, high-performing system is having strong leaders and a strong leadership system.⁴²² An organization's leadership system is "the way leadership is exercised, formally and informally, throughout the organization; the basis for key decisions and the way they are made, communicated, and carried out."⁴²³ It includes "structures and mechanisms for making decisions; ensuring two-way communication; selecting and developing leaders and managers; and reinforcing values, ethical behavior, directions, and performance expectations."⁴²⁴ In an organization the size of VHA, with a budget of \$69 billion,⁴²⁵ more than 300,000 employees, and more than 1,000 sites of care,⁴²⁶ strong leadership systems are essential.

The Commission Recommends That . . .

- VHA redesign VHA Central Office (VHACO) to create high-performing support functions that serve Veterans Integrated Service Networks (VISNs) and facilities in their delivery of veteran-centric care.
- VHA clarify and define the roles and responsibilities of the VISNs, facilities, and reorganized VHA program offices in relation to one another, and within national standards, push decision making down to the lowest executive level with policies, budget, and tools that support this change.
- VHA establish leadership communication mechanisms within VHACO and between VHACO and the field to promote transparency, dialogue, and collaboration.
- VHA establish a transformation office, reporting to the chief of VHA Care System with broad authority and a supporting budget to accomplish the transformation of VHA and manage the large-scale changes outlined throughout this report (also included in Recommendation #10).

⁴²² Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, (Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology, 2015), 50.

James Collins, *Good to Great: Why Some Companies Make the Leap and Others Don't*, (New York, NY: HarperCollins, 2001), 17-64.

⁴²³ Ibid.

⁴²⁴ Ibid.

⁴²⁵ Department of Veterans Affairs, *VA 2017 Budget Request: Fast Facts*, accessed March 10, 2016, <http://www.va.gov/budget/docs/summary/FY2017-FastFactsVAsBudgetHighlights.pdf>.

⁴²⁶ "About VHA," Department of Veterans Affairs, accessed February 5, 2016, <http://www.va.gov/health/aboutVHA.asp>.

In the last successful reorganization of VHA in 1995,⁴²⁷ the organizational design and functional roles of the leadership system were organized into clear structures with clear functions. The VISNs were responsible for operations⁴²⁸ and VHACO program offices were responsible for policy, guidelines, and outcomes.⁴²⁹ The National Leadership Board (made up of VISN directors and all program office leaders) was responsible for collective, fact-based decision making and the Friday Hotline call was used to communicate leadership priorities and decisions directly to VA medical center (VAMC) leadership. A negotiated performance measurement system based on consistent, benchmarked, outcome-focused metrics⁴³⁰ was also established that was supported by centralized functions that benefit from economies of scale.⁴³¹ As part of the reorganization, VHA experienced a reduction in staff and consolidation of VHACO offices to create a flat, agile leadership system.⁴³² Because this functional matrix was not sustained, VHA now faces the challenge of reinstituting an effective leadership system.

Analysis

Twenty years after the Kizer reorganization, VHA has a very different leadership system, under which it “is intensely, unnecessarily complex due to a lack of clear operating model, limited role clarity, fragmentation of authority, and overlapping responsibilities.”⁴³³ The *Independent Assessment Report* included the following findings about the VHA operating model:⁴³⁴

- VHACO has grown rapidly since 2009 from 753 in FY 2009 to 1,990 in FY 2014.
- The VISNs’ ability to manage and support their regions is heavily hampered by resourcing restrictions and direct VHACO control over VAMC operations.
- The VAMCs’ operating model suffers from powerful silos, which prevent an effective end-to-end mission focus.
- VA’s increasingly top-down management style, coupled with poor prioritization and the external political environment, result in a lack of clarity around strategic direction, reactivity to external headwinds, and flawed efforts to standardize.

VHACO has grown rapidly in the past few years.⁴³⁵ The growth in central office was driven in part by new ideas, new priorities, and new crises being addressed through the creation of new

⁴²⁷ Phillip Longman, *Best Care Anywhere: Why VA Health Care Would Work Better for Everyone* (San Francisco, CA: Berrett-Koehler Publishers, Inc., 2012), 54.

⁴²⁸ Kenneth Kizer, Veterans Health Administration, Department of Veterans Affairs, *Vision for Change: A Plan to Restructure the Veterans Health Administration*, 1995, 35. Kizer, Kenneth W and Ashish Jha, “Restoring Trust in VA Health Care,” *New England Journal of Medicine*, 371, (2014): 295-297.

⁴²⁹ Ibid.

⁴³⁰ Kenneth Kizer, Veterans Health Administration, Department of Veterans Affairs, *Vision for Change: A Plan to Restructure the Veterans Health Administration*, 1995, 61-72.

⁴³¹ Ibid., 33.

⁴³² Ibid., 60. Kenneth Kizer, Veterans Health Administration, Department of Veterans Affairs, *Prescription for Change: The Guiding Principles and Strategic Objectives Underlying the Transformation of the Veterans Healthcare System*, Objective 3 and 17, 1996.

⁴³³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 95, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁴³⁴ Ibid.

⁴³⁵ Ibid., 98.

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offices and new staff infrastructure to support it.⁴³⁶ A portion of the growth came from the centralization of functions that were previously managed in the field such as business office functions. The final component has come from the duplication in VHA of offices in which decision-making authority rests with VA, such as communications and regulatory management. VHA has also duplicated functions and responsibilities between two or more offices in VHA, such as primary care, surgery, mental health, and geriatrics and extended care. This increased growth in staff and offices has resulted in more complex and lengthy decision processes, often with little clarity as to whom ultimate responsibility for decisions or follow up falls.⁴³⁷

One symptom of the top-down management is VHACO control of budgeting and resource management. “Support funding is outside local control” and the “increasing share of Specific Purpose funding hinders” local leaders in their ability to use resources effectively.⁴³⁸ In FY 2015, specific-purpose funds were spread across more than 450 line items,⁴³⁹ taking money away from general purpose funding and restricting how this money can be used. Both VHACO and Congress have been complicit in taking control away from medical center directors through these budget controls.⁴⁴⁰ For instance, the congressional appropriation to fund VHA for 1998 included only five appropriation line items; medical care, medical administration, construction major, construction minor, and medical and prosthetic research.⁴⁴¹ In contrast, the budget request to Congress for FY 2016 included 12 budget categories relevant to VHA with some of those accounts having four or five subcategories.⁴⁴² In his testimony before the Commission and Congress, Secretary McDonald made the point that such fragmentation of the VHA budget and the prohibition to reallocate across budget categories without first receiving Congressional approval was an impediment to effective and agile management of the department.⁴⁴³ Greater Congressional control of VHA spending is understandable in light of VA’s lack of adequate management systems and data analytic capabilities to track expenditures in real time⁴⁴⁴ and report them to Congress and central office. The only means available to hold the medical centers

⁴³⁶ Ibid., 96-99.

⁴³⁷ Mike Mayo-Smith and Pat Vandenberg, *Task Force on Improving Effectiveness of VHA Governance: Report to the VHA Under Secretary for Health*, (Washington, DC, Veterans Health Administration, February 2015), 7-9.

⁴³⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Assessment L (Leadership)*, 102, accessed March 10, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁴³⁹ Ibid., 107.

⁴⁴⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Assessment L (Leadership)*, 102-108, accessed June 10, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁴⁴¹ PL 105-65, October 27, 1997.

⁴⁴² Department of Veterans Affairs Fiscal Year 2016 Budget Submission, Volume II Medical Programs and Information Technology, Accessed June 10, 2016, <http://www.va.gov/budget/products.asp>.

⁴⁴³ On January 21, 2016, Secretary of Veterans Affairs, Robert A. McDonald, provided the following testimony before the U.S. Senate Committee on Veteran’s Affairs “Flexible Budget Authority: We need flexible budget authority to avoid artificial restrictions that impede our delivery of care and benefits to Veterans. Currently, there are over 70 line items in VA’s budget that dedicate funds to a specific purpose without adequate flexibility to provide the best service to Veterans. These include limitations within the same general areas, such as health care funds that cannot be spent on health care needs and funding that can be used for only one type of Care in the Community program, but not others. These restrictions limit the ability of VA to deliver Veterans with care and benefits based on demand, rather than specific funding lines.” accessed June 10, 2016,

<http://www.veterans.senate.gov/imo/media/doc/VA%20Sec%20Testimony%2001.21.2016.pdf>

⁴⁴⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 105, accessed March 10, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

accountable was to fund the priority initiatives as separate budget lines or indicate allocations to be made under the specific-purpose process.

To fix the overly complex and bureaucratic structure of VHA, the *Independent Assessment Report* suggests that VHA “redesign (its) operating model to create clarity for decision-making authority, prioritization, and long-term support.”⁴⁴⁵ VHA must take a systems approach to reorient its leadership operations, restructuring and re-orienting VHACO program offices to ensure all of the following:⁴⁴⁶

- fact based, innovative decision making that is responsive to the field, other offices, and external stakeholder requirements
- feedback mechanisms to incorporate system learning into policy development and operational guidance
- communication mechanisms to effectively share information across offices and reach VISN and facilities to explain expectations and tie decisions to organizational values and goals
- effective execution of policy decisions through expert coaching, deployment of resources, and guidance based on external benchmarks and sharing of internal best practices
- analytic capability and infrastructure to effectively monitor progress and outcomes of all organizational priorities

Such a reorientation will involve a different skill set and expertise than currently required in VHACO. Transformation will call for recruiting new expertise, making advancement decisions based on these new competencies, reinforcing them through recognition and performance assessment, and developing new skills in current staff through training and coaching. This skill set includes a high level of technical expertise relevant to the program office; the ability to build relationships with external stakeholders; demonstrated skills in coaching, staff development, and training; certification in quality improvement methodologies; analytic capabilities to develop and track metrics; and the ability to lead transformational change. VHA must fully fund the retraining and the hiring of skilled staff in VHACO to accomplish this transformation.

For the VHACO program offices to work effectively with one another and with the field, the specific authority of each office must also be defined. Where overlap and confusion exists between offices, programs must be combined and streamlined or eliminated with a corresponding reduction in force. In changing the structure and orientation of VHACO program offices, VHA leadership can take the opportunity to align functions to achieve its stated priority of patient-centered care. In a fully aligned operating structure, business processes from the VAMC front line to central office must be organized to deliver important

⁴⁴⁵ Ibid., ix.

⁴⁴⁶ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, (Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology, 2015), 7, 34, and 50.

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patient outcomes rather than aligned in professional silos. For instance, instead of having an office of nursing, one for social work, and a lead for physician assistants, business offices should be aligned around the work they do together, like patient aligned care teams, to deliver positive outcomes for veterans.

The administrative operations of VHACO should also be flattened. Senior staff should be speaking directly to other senior staff to discuss and make decisions rather than relying on bureaucratic, paper-based processes as a means of negotiation: It is neither a healthy culture nor an efficient process. At the same time, VHACO needs to take full advantage of being a large-scale enterprise by centralizing functions such as acquisition package development, recruitment package development, and account reconciliation so that staff is not required in each program office to take on these occasional but complex activities. The net savings resulting from this reorganization and delayering of the bureaucracy must be reinvested in the transformation process.

VISNs must also examine the skills needed to take on an expanded role as facilitators, coaches, and guides in improving services and sharing best practices across facilities. VISNs are critical players in the feedback loop between service delivery and VHACO to identify ineffective processes, problems, and emerging issues that need to be raised to VHACO for help in clearing away barriers to effective operations. Similar to VHACO, VISNs must define the new skill set required by their staffs and establish these requirements in hiring, promotion, and performance evaluation as well as training and coaching staff to develop these competencies. Finally, the chief of VHA Care System (CVCS) should establish a required staffing ratio for the VISN office and reduce the staffing in VISNs that exceed this standard.

A new operating model also means that medical center directors must control the budget, staff, supplies, and infrastructure required to deliver needed health care. This model includes consolidation of budget lines and new authority and expanded authority to reallocate funds across the remaining budget categories. To manage the new VHA Care System and ensure that facility and network directors have the local control needed to make decisions about how to deliver services, fewer restrictions should be placed on the VHA budget. To start, specific-purpose funds must no longer be used to direct obligations at facilities. Congress should also work with the administration to reduce the number of budget lines and specific spending authorities back to a simpler system like that used in 1998. To support these changes and create transparency, medical centers should be accountable for their expenditure of funds by ensuring accurate, complete, and timely cost accounting. This last requirement, however, can only be met if it is supported by effective financial management data systems and fully trained staff and leadership who understand how to use such systems.

To support the leaders, program offices, and the field in this transformation, the CVCS must establish a transformation office that has appropriate expertise in business process reengineering and is fully funded to conduct this work. Existing offices with the requisite expertise, including the Office of Strategic Integration and the Veterans Engineering Resource Center (VERC), should be rolled into the transformation office. This office would oversee transformation and incubate new initiatives with the goal of incorporating them into regular work of other program offices once the new initiative is established. This mechanism, if used consistently, would prevent VHA from growing new offices as new priorities arise.

Finally, as part of cultural change within the leadership system, the CVCS, VISN directors, and program office leaders must promote open and productive dialogue among themselves about problems and solutions. To accomplish this goal, leaders must address both the culture within the leadership ranks, as well as establish systems and processes that support identification and discussion of problems. The CVCS must model this behavior by inviting input on problems and rewarding leaders when they bring issues forward, including rewarding them with access to expertise, staff, and money; removing barriers; and aligning other leaders in support of solutions.

In its work to oversee change in VHA, the transformation office will create an implementation plan for transformation, identifying key strategies and milestones. This plan will drive data collection, development of strategic goals and supporting objectives to encourage effective planning, accountability, and the ability to unearth critical gaps that need to be addressed. The transformation office will require each new initiative to establish a project plan and provide periodic reports that include all of the following components: tactic/action, initiative owner, cost (i.e., operational, equipment, contracts), number of FTEs, start and completion dates, outcome measures, strategic drivers, and milestone.⁴⁴⁷ The President's Management Agenda Scorecard will serve as the evaluation model. The Office of Management and Budget created this tool to evaluate new initiatives and track progress on outcomes over time with regular spotlight reports (red, yellow, green) to leadership.⁴⁴⁸

Implementation

Legislative Changes

- Simplify the VHA budget to include fewer accounts while at the same time requiring more transparent and detailed accounting of VHA expenditures.

VA Administrative Changes

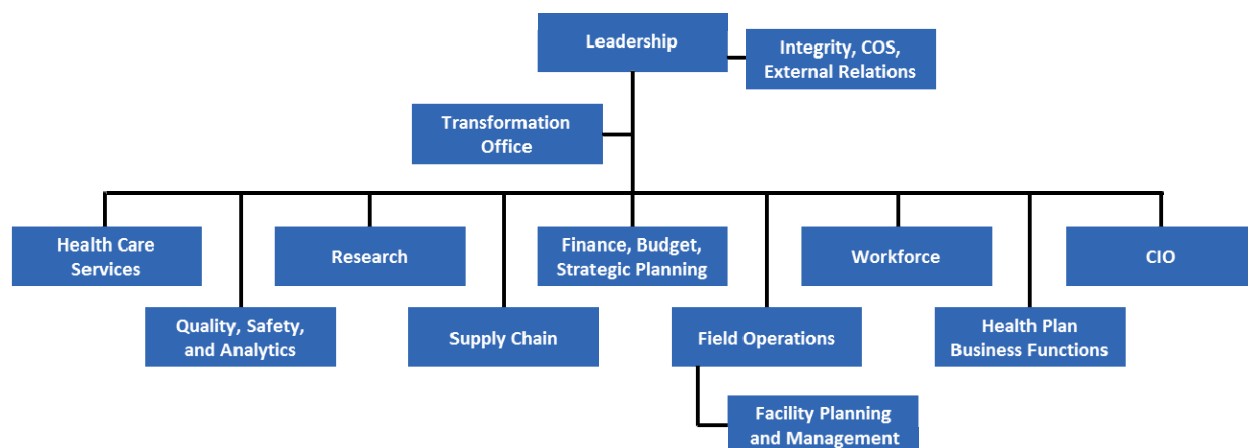
The following administrative changes are a priority during the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B. Responsibility for establishing a transformation plan with milestones, timelines, and evaluation of outcomes is assigned to the transformation office that the Commission recommends be established in VHA.

- Eliminate duplication within VHA and consolidate program offices to create a flat structure. Figure 9 is one model of an organizational chart for accomplishing this goal. This organizational chart shows how VHA can be streamlined to mirror the structure of large private-sector hospital systems. Figure 10 is the current VHA organizational chart, provided as a point of comparison and to emphasize the cumbersome nature of the current structure.

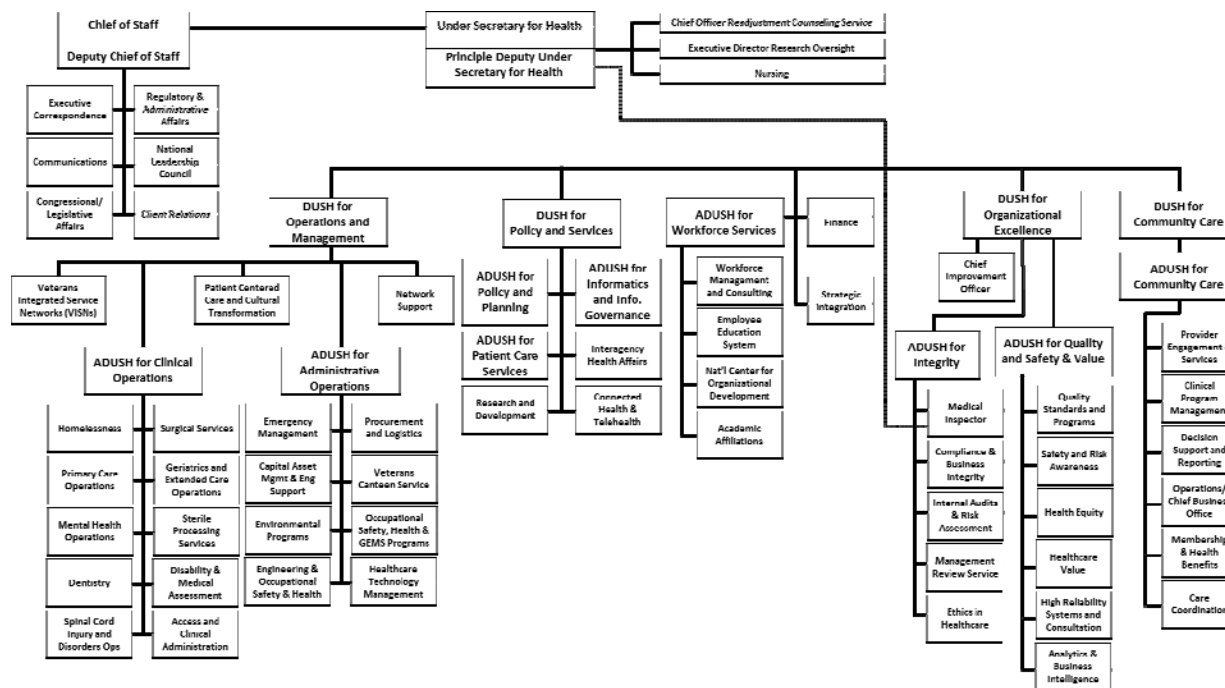
⁴⁴⁷ For example, see "VA Faith-based and Community Initiative President Management Agenda Scorecard," September 30, 2008,

⁴⁴⁸ "Office of Federal Financial Management President's Management Agenda," Office of Management and Budget, accessed June 15, 2016, https://www.whitehouse.gov/omb/financial_fia_pma/.

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Figure 9. Proposed VHA Organizational Chart⁴⁴⁹

Note: This organizational chart is an example of how to align VHA functions to create a flatter organization, remove duplication, and streamline decision making as discussed throughout this section of the report. Of note, the placement of the Transformation Office, CIO, and supply chain in this diagram is consistent with recommendations made by the Commission elsewhere in this report. In this chart, COS is chief of staff.

Figure 10. Current VHA Organizational Chart⁴⁵⁰

⁴⁴⁹ Modified from Appendix C, Mike Mayo-Smith and Pat Vandenberg, *Task Force on Improving Effectiveness of VHA Governance: Report to the VHA Under Secretary for Health*, (Washington, DC, Veterans Health Administration, February 2015), 41.

⁴⁵⁰ Ibid.

COMMISSION RECOMMENDATIONS

- Eliminate the duplication of functions between VHA and VA by closing VHA offices as needed.
- Create innovative organizational structures that are aligned to patient's needs rather than professional silos, to support clinical care.
- Undertake a reduction-in-force in VHACO that facilitates delayering and efficiency in communication and decision making.
- Establish a transformation office implementation plan to ensure effective and comprehensive implementation of the transformation across VHA. The transformation plan is to capture all of the transformation activities recommended in the Commission report, establish specific timelines and milestones for accomplishing each objective, and report on both progress and outcomes at least quarterly to VHA leadership and the governing board. Periodic evaluation of the effect of these change initiatives on internal and external stakeholders would also be appropriate.
- Clarify the roles and responsibilities of VISNs and facilities and implement a change strategy to orient staff and leaders to these new expectations. Establish effective leadership communication mechanisms to promote transparency, dialogue, and collaboration among VHACO offices and with the field.

Other Department and Agency Administrative Changes

- None required.

Recommendation #13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.

Problem

To achieve the Commission's vision of quality, access, and choice for veterans, VHA must effectively measure outcomes and hold leaders accountable for improvement. VHA can measure itself against internal best practices, but veterans deserve care that uniformly meets or exceeds private-sector quality standards. A clear, concise, balanced measure set, identical to private-sector standards, will give leadership, staff, and administrators focus and direction for their work. VHA leaders are responsible for delivering these quality outcomes for veterans. They do so by exercising leadership skills and traits in their management and direction to staff. Short-term gains can be realized at the expense of staff morale and well-being, but the long-term health of the organization cannot. Therefore, organizations must be sure to assess leaders' performance not just on *what* they achieve but *how* they achieve it.

Background

One of the criteria for performance excellence in health care is the measurement, analysis, and improvement of organizational performance.⁴⁵¹ Performance measurement is used to track daily operations, overall organizational performance, and progress in achieving organizational objectives and action plans. Performance measurement is also used to benchmark organizational performance against internal and external standards.

Organizational performance measurement is not the same as workforce performance management.⁴⁵² Workforce performance management is intended to reinforce intelligent risk taking, help focus the workforce on the needs of patients and other customers, and support

The Commission Recommends That . . .

Organizational Performance Measurement

- VHA streamline organizational performance measures, emphasize strategic alignment and meaningful effect, and use benchmarked measures that allow a direct comparison to the private sector.
- The new Office for Organizational Excellence work with experts to reorganize its internal structure to align business functions with field needs and consolidate and eliminate redundant or low-priority activities.

Workforce and Leadership Performance Management System

- VHA create a new performance management system appropriate for health care leaders, tied to health care leadership competencies, and benchmarked to the private sector.
- The CVCS and all secondary raters hold primary raters accountable for creating meaningful distinctions in performance among leaders.
- VHA recognize meaningful distinctions in performance with meaningful awards.

⁴⁵¹ Baldrige Performance Excellence Program, 2015-2016 *Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 16.

⁴⁵² Ibid., 20.

health care delivery and the achievement of action plans.⁴⁵³ Although there is a relationship between organizational performance measurement and workforce performance management, they are not synonymous processes.

Workforce performance management is made up of much more than just clinical outcome measures. As noted by the American College of Healthcare Executives (ACHE), performance evaluations of hospital CEOs must also evaluate leadership traits such as judgment, communication, and diplomacy.⁴⁵⁴ Furthermore, ACHE emphasizes the inclusion of individual professional objectives in performance plans, such as promoting ethical behavior, supporting diversity and inclusion within the organization, or fostering effective medical staff relationships.⁴⁵⁵ ACHE and other leading practitioners⁴⁵⁶ emphasize that performance management is not a plan or an event, but rather a continuous, ongoing process and conversation among the leaders and their reviewers. A workforce performance management system must also make meaningful distinctions among individuals⁴⁵⁷ and promote high performance through rewards, recognition, and incentive practices.⁴⁵⁸ Ideally, when coupled with a leadership competency model and development program, workforce performance management should also help to identify high-performing potential leaders and provide guidance to the workforce on how to move up in the leadership ranks.⁴⁵⁹ As deployed in FY 2015 and evaluated by the *Independent Assessment Report*, VHA's performance management system failed to effectively achieve any of these objectives.⁴⁶⁰

Analysis

One of the findings in the *Independent Assessment Report* was that “hundreds of operational performance measures overwhelm leaders and this, combined with limited transparency and inconsistent data availability, makes it difficult to focus on what is most important.” More than 300 measures spanned everything from critical clinical metrics to political priorities introduced to address the most recent crisis. VHA reports that it was tracking approximately 500 measures,

⁴⁵³ Ibid.

⁴⁵⁴ “Policy Statement: Evaluating the Performance of Hospital or Health System CEO,” November 2013 (revised), American College of Healthcare Executives, accessed February 18, 2016, <https://www.ache.org/policy/ceo-perf.cfm>.

⁴⁵⁵ Ibid.

⁴⁵⁶ Ibid. NeuroLeadership Institute’s “Reengineering Performance Management: How Companies are Evolving Beyond Ratings” webinar, scheduled on January 14, 12-1.

⁴⁵⁷ “Implementing FCAT-M Performance Management Competencies: Differentiating Performance,” Office of Personnel Management, Performance Management: Performance Management Cycle, accessed June 10, 2016, <https://www.opm.gov/policy-data-oversight/performance-management/performance-management-cycle/developing/differentiating-performance/>.

⁴⁵⁸ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization’s Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 20.

⁴⁵⁹ Office of Personnel Management. Proficiency Levels for Leadership Competencies. <https://www.opm.gov/policy-data-oversight/proficiencylevelsforleadershipcompetencies/>. “Joint Medical Executive Skills Institute,” Health.mil: The official website of the Military Health System and the Defense Health Agency, accessed June 13, 2016, <https://www.jmesi.army.mil/documents.asp>, National Center for Healthcare Leadership. NCHL Healthcare Leadership Competency Model. <http://www.nchl.org/static.asp?path=2852,3238>.

⁴⁶⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 78-79, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

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including 156 related to access, 29 measuring employee engagement, 18 on high-performing networks, 250 best practice measures, and seven related to trust.⁴⁶¹

Distinct from performance measurement, the performance management process⁴⁶² is a cycle that begins with clear input from top leadership on the priorities of the organization, followed by clear targets, performance tracking, reviews, and rewards. The *Independent Assessment Report* noted that, “Individual performance management processes are hindered by targets inconsistent with the VHA mission, delayed implementation, lack of meaningful performance dialogue, and limited rewards.”⁴⁶³ Many of the same system flaws that impede effective organizational performance also impede individual success. Performance plans are released late in the performance cycle,⁴⁶⁴ metrics are hard to track in real time and lack the detail required for individual performance assessment,⁴⁶⁵ and few plans are written to support shared accountability and team-based solutions. In addition, participants observed that the current senior executive performance agreements and rating process (a) do not result in meaningful distinctions in performance between individuals, (b) do not drive meaningful conversations about individual performance, (c) and do not consistently focus on key health care metrics of quality, safety, patient experience, operational efficiency, finance, and human resources.⁴⁶⁶ The *Independent Assessment Report* notes that the rewards currently offered to employees do not motivate them to work toward exceptional performance.⁴⁶⁷

Information provided to the Commission indicates that VHA has taken action to address some of these findings. First, the USH has reestablished a performance accountability workgroup (absent for a number of years) comprising leaders from the field and VHACO to provide oversight and direction to the performance measurement process.⁴⁶⁸ The workgroup has been charged with aligning metrics to each level of VHA, dramatically simplifying metrics, and increasing the capacity of the organization to focus on measures that truly matter.⁴⁶⁹ The group has created an aspirational vision of a performance measurement system that describes cascading accountability from the top of the organization with health system outcomes (reported annually) through strategic measures (reported quarterly), to tactical measures (reported monthly) to transactional measures (reported in real time).⁴⁷⁰ It is critical that these aspirations become policy.

⁴⁶¹ Carolyn Clancy and Joe Francis, Veterans Health Administration, meeting with Commission on Care staff, December 2015.

⁴⁶² McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 78, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁴⁶³ Ibid., 82.

⁴⁶⁴ Ibid., 82.

⁴⁶⁵ Ibid., 84.

⁴⁶⁶ Ibid., 84.

⁴⁶⁷ Ibid., 87.

⁴⁶⁸ David Shulkin, *Charter of the Performance Accountability Workgroup*, (Washington, DC, Veterans Health Administration, September 22, 2015).

⁴⁶⁹ Carolyn Clancy and Joe Francis, Veterans Health Administration, meeting with Commission on Care staff, December 2015.

⁴⁷⁰ Ibid.

Starting in the 1990s, VHA has used performance measurement, benchmarking, and reporting internally to motivate higher clinical quality performance by individuals and teams.⁴⁷¹ As a large, national health care system, internal benchmarking can be a valid method to drive change, yet both internal and external audiences may ask how well VHA performance compares to that of private-sector providers. VHA currently posts some patient quality, safety, and outcome measures on both its website and on the Department of Health and Human Services (HHS) Hospital Compare website.⁴⁷² These measures allow patients to evaluate the quality of care they receive from VA and make informed health care decisions. They include measures of timely and effective health care; measures of readmissions; complications of death, surgical complication measures and health-care related infection measures; survey data of patient experiences; and other measures required of hospitals participating in Medicare.⁴⁷³ Former USH Kizer believes this reporting is insufficient, noting

*the VA health care system has become increasingly insular and inward-looking. It now has little engagement with private-sector health care, and too often it has declined to make its performance data public. For example, it contributes only a small proportion of its data to Hospital Compare and has declined to participate in other public performance reporting forums such as the Leapfrog Group's efforts to assess patient safety.*⁴⁷⁴

The Commission has reviewed VHA's principal measurement approach, Strategic Analytics for Improvement and Learning Value Model (SAIL) and has determined that although it is modelled on private-sector approaches to measurement and rating, measures are not exactly the same as those reported in the private sector and consequently impede direct benchmark comparisons of VHA to the private sector. Updating these measures so they are consistent with the private sector will be especially important as integrated delivery networks are established and more care is received in the community, as they will allow for making objective comparisons.

Measurement, analysis, and improvement of organizational performance work together as a key system.⁴⁷⁵ The USH has signed a new organizational chart for VHA that acknowledges the interconnection of these elements by establishing an office for organizational excellence that encompasses all of these functions.⁴⁷⁶ To be effective, not only must all of the various units within this office work together but also they must work with personnel in the field to coach and develop their ability to effectively apply performance measurement and improve organizational performance.

⁴⁷¹ "What Can the Rest of the Health Care System Learn from the VA's Quality and Safety Transformation?" Ashish K. Jha, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, September 2006, accessed April 21, 2016, <https://psnet.ahrq.gov/perspectives/perspective/31/what-can-the-rest-of-the-health-care-system-learn-from-the-vas-quality-and-safety-transformation>.

⁴⁷² "Quality of Care: How Does Your Medical Center Perform?" Medical Center Performance Search (MCPS), U.S. Department of Veterans Affairs, accessed May 16, 2016, <http://www.va.gov/qualityofcare/apps/mcps-app.asp>.

⁴⁷³ Title XVIII of the Social Security Act 42 U.S.C. § 1395 et seq.

⁴⁷⁴ Kenneth Kizer and Ashish Jha, *Restoring Trust in VA Health Care*, N Engl J Med 2014; 371:295-297, July 24, 2014

⁴⁷⁵ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 16.

⁴⁷⁶ See the proposed organizational chart at end of Recommendation #12.

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These improvements in performance measurement do not appear to be mirrored on the performance management side of the equation. The draft FY 2016 performance plan template for network directors and medical center directors,⁴⁷⁷ although more streamlined than in previous years, continues to reflect confusion of performance measurement and performance management. It also continues to distribute all of the organization's key (and not so key) priorities under OPM executive core qualifications of leading change, leading people, business acumen, building coalitions, and results driven. The new, streamlined performance measures described above could be considered results-driven; however, the rest of the plan continues to be a confusing presentation of instructions to field leaders, restatements of policy, and performance objectives for action plans. Only the last category is appropriate for workforce performance management.⁴⁷⁸ The Corporate Senior Executive Management Office has implemented a new online performance management data tool that allows for tracking and assessment of the performance management process for senior executive service and equivalent leaders in VA.⁴⁷⁹

To improve performance measurement and organizational performance, the *Independent Assessment Report* recommends that VHA focus and simplify organizational performance measurement to clarify accountability, actively support the mission, and promote continuous improvement. Specifically, VHA must create a simplified, focused, balanced scorecard that reduces the total number of metrics to about 20; establish metrics that support cross-functional collaboration; cascade metrics down the organizational hierarchy; and make data tracking transparent, timely, broadly available, credible, reliable, and meaningful down to the lowest level of the organization. Furthermore, leaders should support continuous improvement, problem-solving, and the exchange of best practices across the organization rather than focusing on only correcting poor performance.⁴⁸⁰ The Commission broadly agrees with this approach to performance measurement. In addition, the Commission emphasizes that VHA customers and stakeholders require public reporting of clinical quality measures that are the same as, and therefore directly comparable to, measures used by the private sector. Although VHA may require an enhanced set of measures that reflects services not broadly deployed in the private sector, or for which measures do not yet exist, a minimum set that are the same as private-sector measures must be used by VHA. As VHA expands integration of care with the community, the use of the same measures as the private sector will be important so that direct comparisons can be made of care delivered inside VHA and that delivered under contract or partnership agreement by the VHA community care network.

VHA also requires a cohesive, integrated personnel performance management system that is specific to the knowledge, skills, and abilities required of health care leaders; includes

⁴⁷⁷ Veterans Health Administration, *Draft Fiscal Year 2016 Performance Plan Template*, Network Directors and Medical Center Director, November 20, 2015.

⁴⁷⁸ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 20.

⁴⁷⁹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁴⁸⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 81, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

accountability to key organizational outcomes; but also assesses organizational and professional objectives. A new personnel performance management system must be free of OPM requirements for executive core qualification and certification process and instead be benchmarked to the private sector⁴⁸¹ and consistent with the new leadership competency model. Congress required DoD to establish independent competency standards for the Commanders of Military Treatment Facilities (MTFs) and should consider doing the same for VHA.⁴⁸² This new performance management model must be based on both evaluation of leadership competencies and demonstrated success in delivering on strategic priorities. To break with current perceptions of the rating scales, it would be helpful to establish a new rating scale for the performance management system. Once the new system is developed, VHA must conduct training to describe the system, rating process, and expectations for both participants and raters.

A performance management system must also address the responsibilities of the rater. This includes clearly establishing written performance requirements for subordinates that are both timely (i.e., prior to the start of the rating period) and meaningful. Raters must be required to provide continuous feedback and assessment throughout the year to recognize and reward progress and outstanding achievements as well as to coach and trouble shoot when needed. The CVCS must establish this expectation by clearly communicating what is required of raters, and most importantly, by modeling the behavior. Finally, raters must provide meaningful ratings that distinguish achievement based on objective performance and demonstrated leadership skills. For instance, the Cleveland Clinic has moved to a system of forced rankings for which the top 10 percent of performers are celebrated and the bottom 10 percent are given intensive coaching or, if justified, sanctioned.⁴⁸³ To accomplish the last point, raters themselves must be given feedback and oversight to understand how their approach to rating compares to other leaders in the organization. If raters' assessments are not consistent with rating standards, their supervisor must bring this issue to their attention and include it in the performance assessment they receive.

The newly established performance management data tool can be used to support the performance management process. The submission of written performance plans (or failure to do so) can be tracked and reported; and the quality of those plans can be audited to provide feedback to raters. Final ratings and a comparison of raters can be conducted and provided to all of the executive raters in the organization. Finally, such a tool can also be used to identify and track high performers who deserve further investment and development as leaders from VHA.

⁴⁸¹ The American College of Healthcare Executives, *2016 Competencies Assessment Tool*, accessed May 16, 2016, https://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf. "NCHL Health Leadership Competency Model™," National Center for Healthcare Leadership, accessed May 16, 2016 <http://www.nchl.org/static.asp?path=2852,3238>.

⁴⁸² Department of Defense Appropriations Act of 1999, Pub. L. No 105-262, Section 8052 (1998): "None of the funds appropriated in this Act may be used to fill the commander's position at any military medical facility with a health care professional unless the prospective candidate can demonstrate professional administrative skills."

⁴⁸³ Delos M. (Toby) Cosgrove, MD, CEO, Cleveland Clinic, statement during Commission on Care public meeting, March 22, 2016.

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Implementation

Legislative Change

- Obtain legislative relief from the requirement to use the OPM executive core qualifications system of competencies and ratings and tied to new Title 38 pay authority for health care leaders (see Recommendation #15).

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Establish a workgroup and engage outside experts to create a new performance management system for VHA leaders that is appropriate for health care executives.
- Establish standards and processes to hold raters accountable for creating meaningful distinctions in performance between subordinate leaders.
- The new Office for Organizational Excellence should work with experts to reorganize their internal structure to align business functions with field needs and consolidate and eliminate redundant or low-priority activities.

Other Department and Agency Administrative Changes

- None required.

Diversity and Cultural Competence

Recommendation #14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health outcomes.

Problem

The VHA Care System must implement a systemic approach to developing the cultural and military competence of its leadership, staff, and providers, as well as measure the effects of these efforts on improving health outcomes for vulnerable veterans. Although VHA has made some strides in specific program areas, cultural competency is an essential part of providing effective care to veterans, and must become a strategic priority throughout the organization, because of the unique needs military service, and especially participation in combat operations, may cause.

The Commission Recommends That . . .

- VHA implement a systemic approach to establishing cultural and military competence across VHA and its community providers, and provide the resources required to fully integrate the related strategy into veteran's care delivery.
- Cultural and military competency training be required on a regular basis for VHA Care System leadership, staff, and providers.
- Cultural and military competency be criteria for allowing community providers to participate in the VHA Care System.

Background

Cultural competence is the ability of health care organizations and their providers to understand and respond effectively to the cultural, language, and in VA's case, military service experience brought by the patient to the health care encounter. It has been endorsed as a viable skill set to reduce, if not eliminate, the rate at which health care disparities occur. VHA has recognized the problem of health disparities among its patient population and has taken steps to address it by tasking certain internal offices with building cultural and military competence throughout the organization. For example, VHA established the Office of Health Equity (OHE) and charged it with championing the efforts to identify, understand, and address health care disparities among veterans.

Analysis

There are seven essential strategies for promoting and sustaining organizational and systemic cultural competence. These strategies include the following:⁴⁸⁴

- Provide executive-level support and accountability.
- Foster patient, community, and stakeholder participation and partnerships.
- Conduct organizational cultural competence assessments.
- Develop incremental and realistic cultural competence action plans.

⁴⁸⁴ Miriam E. Delphin-Rittmon et al., "Seven Essential Strategies for Promoting and Sustaining Systemic Cultural Competence," *Psychiatric Quarterly*, 84, (2013), 53-64.

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- Ensure linguistic competence.
- Diversify, develop, and retain a culturally competent workforce.
- Develop an agency strategy for managing staff and patient grievances.

VA has taken some steps to address cultural and military competence strategies, but these programs are not sufficient to address the breadth and depth of the problem. These strategies will not take hold and become fully ingrained in VHA's culture unless VHA leadership makes them a key priority and commits the resources and on-going, comprehensive training required to build cultural competencies across the entire VHA workforce.

Military Competency

In addition to addressing the needs of minority veterans and vulnerable veterans populations, VA must address military-specific needs and ensure that all providers in the VHA Care System have sufficient military competency (i.e., knowledge of specific issues and health care needs of those who served in the military). VHA's Office of Academic Affiliations developed a *Clinician Pocket Card* for providers that includes questions for clinicians to ask veterans about their military health history.⁴⁸⁵ The *Pocket Card* and similar resources should be given to all VHA and community providers to leverage during veteran patient medical assessments and appointments. In addition, VA's Office of Public Health (OPH) provides information on VA health care programs for veterans who were exposed to environmental and occupational hazards during military service, such as Agent Orange, chemicals leading to Gulf War veterans' illnesses, and Camp Lejeune water contamination.⁴⁸⁶ This military exposure information should be leveraged in VA's cultural competency strategy.

Health care disparities often result from patients' lack of trust in their health care provider; therefore, enhancing the patient-provider relationship is paramount in overcoming these disparities. Stereotypical thinking on the part of providers about certain patient groups, including veterans, may unwittingly influence their prognosis.⁴⁸⁷ Specific reasons for the increase of health care disparities in the military population include the following:

- the cultural norms of the military are such that to admit or display any signs of perceived weakness, especially related to mental health issues, discourages military personnel and veterans from seeking medical care and treatment
- changes in the demographical makeup of the civilian population result in similar changes to the military population
- a small but gradual increase in the number of foreign born personnel who have joined the ranks of the military

⁴⁸⁵ Department of Veterans Affairs, Office of Academic Affiliations, *Military Health History: Pocket Card for Health Professions Trainees and Clinicians*, accessed June 12, 2016, <http://www.va.gov/oaa/archive/Military-Health-History-Card-for-print.pdf>.

⁴⁸⁶ "Public Health: Military Exposures," U.S. Department of Veterans Affairs Intranet, accessed June 12, 2016, <http://vaww.publichealth.va.gov/exposures/index.asp>

⁴⁸⁷ G.L.A. Harris, "Reducing Healthcare Disparities in the Military Through Cultural Competence," JHHSA (2011), 148.

- a disengaged provider culture that may have become more immersed in the medical culture than the military culture

VA must make cultural and military competence a strategic priority, provide the resources needed to execute the strategy, and hold leadership and providers, both within VHA and community partners, accountable for strategy implementation and integration into VA's culture.

Women

Women are the fastest growing group within the veteran population.⁴⁸⁸ As of 2011, approximately 1.8 million (8 percent) of the 22.2 million veterans were women. Data indicate that by 2020 women veterans will comprise nearly 11 percent of the total veteran population. As the number of women veterans increases, VHA continues to prepare for an increasing demand for women veterans' health care needs.⁴⁸⁹ To address the health disparities affecting women veterans, VHA must provide high-quality, equitable care on par with that of men, deliver that care in a safe and healing environment, provide seamless coordination of services, and actively recognize women as veterans.⁴⁹⁰

In the past, VHA found gaps in its ability to provide comprehensive primary care for women veterans because many primary care providers had little or no exposure to women patients and women were often referred outside of primary care for gender-specific care. To close these gaps, VHA has implemented women's health comprehensive primary care clinic models with the goal of providing complete primary care from one designated women's health provider (DWHP) at one site. An analysis of FY 2012 data revealed that women assigned to DWHPs had more positive overall experiences with care and were more satisfied on six composite scores including access, communication, shared decision making, self-management support, comprehensiveness, and office staff.⁴⁹¹ VA has substantially reduced gender gaps in care,⁴⁹² but women veterans still encounter challenges when accessing care. VHA leadership must support the future planning of women's services and programming so that women veterans receive the highest quality health.⁴⁹³

LGBT Equity

In its systemwide implementation of cultural competency, VHA should leverage best practices from an area in which the agency is already an equity leader: treatment of LGBT patients. Every year since 2007, the Human Rights Campaign has published a Health Equality Index (HEI) report that aims to measure the quality of health care for LGBT patients based on core criteria

⁴⁸⁸ "Women Veterans Health Care," Department of Veterans Affairs, accessed June 12, 2016, <http://www.womenshealth.va.gov/>.

⁴⁸⁹ U.S. Department of Veterans Affairs, *Study of Barriers for Women Veterans to VA Health Care*, April 2015, accessed June 12, 2016, http://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf.

⁴⁹⁰ Patricia M. Hayes, Chief Consultant Women's Health Services, VHA Office of Patient Services, briefing to the Commission on Care, October 19, 2015.

⁴⁹¹ Ibid.

⁴⁹² Ibid.

⁴⁹³ "Women Veterans Health Care," Department of Veterans Affairs, accessed June 12, 2016, <http://www.womenshealth.va.gov/>.

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that require health care systems to couple strong policies with appropriate training.⁴⁹⁴ In 2016, VAMCs made up 20 percent of all HEI participants. Among participating VAMCs, 84 percent were designated with *Leader* status.⁴⁹⁵ VHA hospitals publicize that discrimination against LGBT patients and employees is prohibited. Senior managers are registered for HEI training. And equal visitation rights are granted to families and friends of LGBT patients. VHA hospitals play a critical role in promoting patient care equality in states where VHA is the only Equality Leader.⁴⁹⁶ VHA should create strong policies and mandatory training, like that used to promote health equity for LGBT patients, to address equity issues for racial and ethnic minorities and women.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- VHA Care System providers should be required to ask patients about their military health history and incorporate veterans' responses into patients' treatment plans.
- VHA leadership should support the future planning of women's services and programming so that women veterans receive the highest quality health care.
- VHA should leverage the best practices developed in support of LGBT equity and implement them across VHA.
- VHA Care System providers should be required to attend comprehensive, on-going cultural and military competency training.

Other Department and Agency Administrative Changes

- None required.

⁴⁹⁴ "How the VA is leading the way on LGBT patient care," Andrew Park, *The Week*, February 25, 2014, accessed June 12, 2016, <http://theweek.com/articles/450361/how-va-leading-way-lgbt-patient-care>.

⁴⁹⁵ "Office of Health Equity: Healthcare Equality Index," U.S. Department of Veterans Affairs, accessed June 15, 2016, http://www.va.gov/HEALTHYEQUITY/Healthcare_Equality_Index.asp

⁴⁹⁶ "How the VA is leading the way on LGBT patient care," Andrew Park, *The Week*, February 25, 2014, accessed June 12, 2016, <http://theweek.com/articles/450361/how-va-leading-way-lgbt-patient-care>.

Workforce

Recommendation #15: Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

Problem

VHA has staffing shortages and vacancies at every level of the organization and across numerous critical positions, including facility leadership, clinical staff, supply chain personnel, and customer service staff. VHA lacks competitive pay, must use inflexible hiring processes, and continues to use a talent management approach from the last century. A confusing mix of personnel authorities and position standards make staffing and management a struggle for both supervisors and human resources personnel. Title 5 was not created with a modern health care delivery system in mind and falls short of offering what is needed to create a high-performing health care system.

Background

During the 1990s, Congress passed the Government Performance and Results Act⁴⁹⁷ to correct shortcomings in the way government was managed and assessed in an effort to bring modern business management practices into the federal government. The law was updated in 2011,⁴⁹⁸ yet one essential

The Commission Recommends That . . .

- Congress create a new alternative personnel system that applies to all VHA employees and falls under Title 38 authority. The system must simplify human capital management in VHA; increase fairness for employees; and improve flexibility to respond to market conditions relating to compensation, benefits, and recruitment.
- VHA write and implement regulations for the new alternative personnel system, in collaboration with union partners, employees, and managers, that does all of the following:
 - Meets benchmark standards for human capital management in the health care sector and is easy for HR professionals and managers to administer.
 - Promotes veteran preferences and hiring.
 - Embodies merit system principles (merit-based, nonpartisan, nondiscrimination, due process) through simplified, sensible processes that work for managers and employees.
 - Creates one human capital management process for all employees in VHA for time and leave, compensation, advancement, performance evaluation, and disciplinary standards/processes.
 - Provides due process and appeals standards to adverse personnel actions.
 - Allows for pay advancement based on professional expertise, training, and demonstrated performance (not time-in-grade).
 - Promotes flexibility in organizational structure to allow positions and staff to grow as the needs of the organization change and the success of each individual merits.
 - Establishes simplified job documentation that is consistent across job categories and describes a clear path for staff professional development and career trajectories for advancement.
 - Eliminates most distinctions (except for benefits) between part-time and full-time employees.
 - Grandfathers current employees with respect to pay and benefits.
- VHA ensure all positions, to include human resources management staff, are adequately trained to fulfill duties.

⁴⁹⁷ Government Performance and Results Act of 1993, Pub. L. No. 103-62, 107 Stat. 285 (1993).

⁴⁹⁸ GPRA Modernization Act of 2010, Pub. L. No. 111-352, 124 Stat. 3866 (2011).

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component of modernizing the management of federal programs is still missing: reform of human capital management.⁴⁹⁹

The Civil Service Act was initially passed in 1883 and revised in 1978.⁵⁰⁰ The *general schedule*, which governs the pay and job classification process, was codified by regulation in 1949. The U.S. workforce, including the federal workforce, has changed dramatically since these laws and regulations were implemented. As noted in a recent report from the Partnership for Public Service, “the personnel system, designed more than 60 years ago, now governs more than 2 million workers and is a relic of a bygone era, reflecting a time when most federal jobs were clerical and required few specialized skills.”⁵⁰¹ As of 2013, nearly two-thirds of federal employees work in professional or administrative positions focused on knowledge-based work, with the Department of Veterans Affairs accounting for the largest percentage of such workers.⁵⁰²

The Partnership for Public Service calls for broad reform of the civil service system, noting that the

*the federal workforce has become an island disconnected from the larger talent market for knowledge-based professional and administrative occupations that are mission critical. . . . Federal employee pay . . . is not tied to the broader labor market, making it harder to compete with the private sector for talent. That disconnect is exacerbated by a job classification system that describes a workplace from the last century.*⁵⁰³

This system lacks mechanisms for rewarding top performers, demoting or firing poor performers, and holding managers accountable.⁵⁰⁴ The unnecessarily complex hiring system is difficult for applicants to navigate and makes it challenging for hiring managers to identify the most qualified candidates, hindering the ability to bring in experienced candidates from the private sector.⁵⁰⁵

*The civil service system has become a maze of rules and procedures that are not perceived as rational by the people who serve in government or by the general public. . . . Rigid policies . . . are now a burden on a government that needs to encourage flexibility and innovation to meet rapidly changing and difficult challenges.*⁵⁰⁶

⁴⁹⁹ U.S. General Accountability Office, Office of the Comptroller General, *Human Capital – A Self-Assessment Checklist for Agency Leaders*, accessed April 11, 2016, <http://www.gao.gov/assets/80/76520.pdf>. U.S. General Accountability Office, *Transforming the Civil Service: Building the Workforce of the Future – Results of a GAO Sponsored Symposium*, accessed April 11, 2016, <http://www.gao.gov/assets/200/197256.pdf>.

⁵⁰⁰ The Pendleton Civil Service Reform Act of 1883, Pub. L. No. 16, 22 Stat. 403 (1883).

⁵⁰¹ Partnership for Public Service, *Building the Enterprise: A New Civil Service Framework*, accessed April 11, 2016, <https://ourpublicservice.org/publications/download.php?id=18>.

⁵⁰² Ibid. The Department of Defense in total has more knowledge workers but the numbers for each service are reported independently and are below the total for the VA workforce.

⁵⁰³ Partnership for Public Service, *Building the Enterprise: A New Civil Service Framework*, accessed April 11, 2016, <https://ourpublicservice.org/publications/download.php?id=18>.

⁵⁰⁴ Ibid.

⁵⁰⁵ Ibid.

⁵⁰⁶ Ibid.

The General Accounting Office (GAO) also continues to point to human capital management as a high-risk area across government.⁵⁰⁷ DoD has proposed walking away from the Title 5 civil service system to support modernization of human capital management,⁵⁰⁸ President Barack Obama has repeatedly called for a commission to overhaul and modernize the civil service,⁵⁰⁹ and Congress is considering whether the time is right for civil service reform.⁵¹⁰

VHA currently uses three different personnel systems: Title 5 (the civil service/general schedule system) for senior executive service (SES) and other, mostly nonclinical, employees; Title 38 for physicians, dentists, and other specified health care professionals;⁵⁰⁹ and Title 38 Hybrid for allied health professionals such as pharmacists and licensed physical therapists.⁵¹⁰ Each system has its own set of requirements, procedures, and rules for the employees under its respective authority.⁵¹³ Currently, about two-thirds of VHA employees serve in the Title 38 Hybrid occupations.⁵¹⁴

VHA is not alone in having an excepted service system. More than a dozen agencies have special legislative authority to create a personnel system to fit their particular needs, including the Federal Bureau of Investigation, National Institutes of Health, National Security Agency, U.S. Public Health Service, Defense Intelligence Agency, U.S. Nuclear Regulatory Commission, and National Aeronautics and Space Administration.⁵¹¹ In an acknowledgement of the failure of the general schedule process to meet the needs of certain professions, OPM has also instituted governmentwide direct hiring authority for difficult-to-recruit positions, including medical officer, nurse, pharmacist, radiologic technician, and information technologist – all positions critically important to VHA’s mission success.

Modernizing human capital management is a global imperative for the private sector as well, with 92 percent of participants in one assessment of 7,000 businesses noting that a new approach to human resources is a critical organizational priority in 2016.⁵¹² According to a report from Deloitte, which examined broad human resource (HR) trends, “HR is redesigning almost everything it does – from recruiting to performance management to onboarding to reward systems” to learning and development.⁵¹³ Younger workers are driving many of these

⁵⁰⁷ U.S. GAO, *Federal Workforce—Human Capital Management Challenges and the Path to Reform, Testimony Before the Subcommittee on Federal Workforce U.S. Postal Service and the Census, Committee on Oversight and Government Reform, House of Representatives, Statement of Robert Goldenkoff*, GAO-14-723T, July 15, 2014, Washington, DC, 2014, accessed June 12, 2016, <http://www.gao.gov/assets/670/664772.pdf>.

⁵⁰⁸ “Draft Proposal Calls for Major Revamp of DoD Civilian Personnel System,” Jared Serbu, Federal News Radio, accessed April 8, 2016, <http://federalnewsradio.com/defense/2015/09/draft-proposal-calls-major-revamp-dod-civilian-personnel-system/>.

⁵⁰⁹ “Obama’s Budget Touts Progress Within Federal Workforce, but Offers It Nothing New,” Eric Katz, Government Executive, accessed April 8, 2016, <http://www.govexec.com/management/2016/02/obamas-budget-touts-progress-within-federal-workforce-offers-it-nothing-new/125815/>. The Office of Management and Budget, *Fiscal Year 2016 Budget of the U.S. Government*, accessed May 13, 2016, <https://www.whitehouse.gov/sites/default/files/omb/budget/fy2016/assets/budget.pdf>.

⁵⁰⁹ “Brace Yourselves: Congress Preps Civil Service Reform,” Andy Medici, Federal Times, accessed April 8, 2016, <http://www.federaltimes.com/story/government/management/oversight/2015/01/19/congress-civil-service-reform/21458717/>.

⁵¹⁰ Ibid.

⁵¹¹ See, e.g., 38 U.S.C. § 7401(1).

⁵¹² See, e.g., 38 U.S.C. § 7401(3).

⁵¹³ Joleen Clark, Jack Hetrick, and Donna Schroeder, “Leading Access Scheduling Initiative – People: Assessment of Hiring Barriers,” Alternative Personnel System (2014).

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changes with expectations for meaningful work, learning opportunities, and career progression.⁵¹⁴ These workers have been choosing the federal government in diminishing numbers, with only 6 percent of federal employees currently younger than 30 years of age (compared to 23 percent of the civilian workforce).⁵¹⁵ In VHA, millennials (those 34 and younger) make up only 15 percent of the workforce, but are disproportionately over-represented among staff that quit VHA, at 20 percent.⁵¹⁶

As of January 2016, VHA had a vacancy rate of 16 percent for all positions, despite filling more than 40,000 positions in FY 2015.⁵¹⁷ VHA faces the additional challenge that 40 percent of its overall workforce is eligible for retirement in the next few years.⁵¹⁸ This problem occurs in the face of acknowledged national shortages of physicians⁵¹⁹ and geographic misalignment of the current health care workforce that leaves many localities short of needed providers.⁵²⁰ Taken together, this information makes clear that excellence in human capital management continues to be a business imperative for VHA.

Analysis

The human resource function within VHA needs a fundamental overhaul to increase responsiveness, efficiency, and customer service, as well as to align its orientation to the business needs of VHA.⁵²¹ Medical center directors do not receive the support they need from HR to accomplish hiring, disciplining, and planning for succession of employees.⁵²² During exit interviews, staff members who leave VHA cite barriers to career growth, insufficient professional development, a lack of promotions, and poor on-boarding and training as reasons for departing.⁵²³ In a recent national survey of VA employees, improving end-to-end hiring, recognizing stellar job performance, and providing professional development and career

⁵¹⁴ U.S. GAO, *The Excepted Service: A Research Profile*, GAO/GGD-97-92, accessed April 12, 2016, <http://www.gao.gov/assets/80/79968.pdf>.

⁵¹⁵ Partnership for Public Service, *Building the Enterprise: A New Civil Service Framework*, accessed April 12, 2016, <https://ourpublicservice.org/publications/download.php?id=18>.

⁵¹⁶ Veterans Health Administration Workforce Management & Consulting Office, Healthcare Talent Management, *VHA Workforce Planning Report 2015*, 9 and 13, accessed June 12, 2016, http://www.vacareers.va.gov/assets/common/print/2015_VHA_Workforce_Succession_Strategic_Plan.pdf.

⁵¹⁷ “VA Struggles to Fill Medical Center Positions in Arizona, Across Nation,” Danika Worthington, Arizona Daily Sun, accessed April 5, 2016, http://azdailysun.com/news/local/va-struggles-to-fill-medical-center-positions-in-arizona-across/article_a14e6937-ecc1-5415-9391-7a6d759e5025.html.

⁵¹⁸ Joleen Clark, Jack Hetrick, and Donna Schroeder, *Leading Access Scheduling Initiative – People: Assessment of Hiring Barriers*, *Alternative Personnel System* (2014).

⁵¹⁹ IHS Inc., *The Complexities of Physician Supply and Demand: Projections from 2013-2025*, accessed April 12, 2016, <https://www.aamc.org/download/426242/data/ihsreportdownload.pdf>.

⁵²⁰ “Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations,” U.S. Department of Health and Human Services, Health Resources and Services Administration, accessed April 12, 2016, <http://www.hrsa.gov/shortage/>.

⁵²¹ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, x, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵²² Ibid., vii.

⁵²³ Veterans Health Administration Workforce Management & Consulting Office, Healthcare Talent Management, *VHA Workforce Planning Report 2015*, 9 and 13, accessed June 12, 2016, http://www.vacareers.va.gov/assets/common/print/2015_VHA_Workforce_Succession_Strategic_Plan.pdf.

planning ranked, numbers one, six, and nine respectively as top priorities for improving the employee experience at VA.⁵²⁴

The Civil Service System Does Not Support a High-Performing Health System.

Recruitment in VHA operates in an incredibly complex environment. Federal rules and regulations make HR more challenging than it is in the private sector.⁵²⁵ For example, interviews in 2014 with more than 500 VHA hiring managers and HR staff members pointed to the top problems with Title 5 recruitments as OPM classification standards, grading of position descriptions, position characterization, and the ranking and rating process.⁵²⁶ The group specifically noted that there are many staff positions required in a health care delivery system that do not translate into a general schedule occupational series; therefore, when the positions are graded, the grade and salary is too low to compete with the private sector. Examples of such positions are custodial workers (hospital employees need to apply antiseptic cleaning techniques, but general custodians do not) and general facilities and equipment maintenance (hospital employees need to understand the maintenance of such items as specialized medical equipment, positive pressure rooms, and sterile plumbing systems that are not requirements for general plant maintenance at an office building).⁵²⁷ In another example, VHA managers noted that the OPM classification standard for supply chain positions rendered VHA unable to compete for local talent because the assigned grade was too low.⁵²⁸

The general schedule system also has been identified as a barrier to career advancement.⁵²⁹ Clerical staff members in particular often cannot advance in pay and responsibility without leaving their positions and moving into a different job series.⁵³⁰ Similarly, frontline customer service staff under the general schedule cannot receive advanced steps within the grade for better performance or completing job-related certifications or degrees, unlike nurses and allied health professionals who can receive advances in pay for these accomplishments.⁵³¹

The hiring process in VHA is acknowledged to take too long.⁵³² “HR is expected to fill a position within 60 calendar days . . . but process requirements, even if perfectly executed, take about 49

⁵²⁴ “MyVA, Putting Veterans First,” MyVA Advisory Committee (MVAC), Meeting #4, February 1-2, 2016, 103.

⁵²⁵ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵²⁶ Joleen Clark, Jack Hetrick, and Donna Schroeder, Veterans Health Administration Leading Access Scheduling Initiative – People. Powerpoint of findings, July 29, 2014.

⁵²⁷ Veterans Health Administration, “Leading Access Scheduling Initiative – People, Assessment of Hiring Barriers,” VHA Classification Workgroup, 2014.

⁵²⁸ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, xiii, accessed December 28, 2015, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

⁵²⁹ Ibid.

⁵³⁰ “Classification and Qualification: Classifying General Schedule Positions,” U.S. Office of Personnel Management, accessed November 24, 2015, <https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions/>.

⁵³¹ Pay Administration, VA Directive 5007 (2002). Staffing, VA Directive 5005 (2002).

⁵³² McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 109, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

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to 62 days.” Hiring timelines can span 4-8 months compared to private-sector hiring that takes between 0.5 and 2 months.⁵³³

This finding was echoed in a Northern Virginia Technology Council report on information technology challenges in VA that indicated across the board hiring of needed staff proceeds too slowly. “The causes are complex, but much of the delay can be traced to redundant, inconsistent, and inefficient hiring processes.”⁵³⁴ One driver of extended VHA hiring times is the government background checks and the licensing and credential review for clinical staff that is managed through VetPro, an internet-enabled data bank for credentialing VHA personnel.⁵³⁵

Although addressing recruiting and hiring problems will not be easy, doing so is essential to maintaining VHA’s workforce.⁵³⁶ An internal VHA workgroup that examined HR concluded that a complete break with Title 5 and a reworking of current Title 38 hiring authority is required, stating:

*The existing Personnel system does not meet today’s market or demand. With VHA’s tremendous volume of occupations to hire and significant turn-over rate in critical positions, it is necessary to promote an efficient organizational system to be able to hire qualified candidates as quickly as possible. The current classification system led to disparity across the systems and only looks at the duties of the position versus the qualifications of the person. The VHA hiring system must be agile and attractive to recruit those that just graduated or are entering the workforce... An agency specific excepted employment system would allow VHA to meet the unique staffing demands that are required of a complex health care organization.*⁵³⁷

VHA is Not Competitive in Pay for Many Positions

Many VHA staff have substantially lower earning potential than their private-sector counterparts. Despite a generous benefits package and the possible opportunities for greater work-life balance, and for research and teaching in a system that serves the important role of caring for the nation’s veterans, lower salaries reduce VHA’s competitive edge in the marketplace when trying to attract top talent.⁵³⁸ For example, although VHA is often able to provide physicians an entry salary that is comparable or better than industry standards, physicians’ long-term earning potential is dramatically less in VHA than that of their private-sector peers. “At the top of the salary ranges, VHA providers made less than their counter parts

⁵³³ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow-Clinical)*, 45-49, accessed May 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

⁵³⁴ Northern Virginia Technology Council, *Opportunities to Improve the Scheduling of Medical Exams for America’s Veterans*, 12, accessed April 25, 2016, <http://www.va.gov/opa/choiceact/documents/NVTCFinalReporttoVA-revised3.pdf>.

⁵³⁵ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 37, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁵³⁶ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵³⁷ Joleen Clark, Jack Hetrick, and Donna Schroeder, Veterans Health Administration Leading Access Scheduling Initiative – People, *Alternative Personnel System Workgroup Report*, August 2014.

⁵³⁸ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 39, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

by up to \$310,000 and on average, \$74,631. The only specialties for which VHA physicians made equal to or more than industry averages were anesthesiology, nephrology, ophthalmology, and psychiatry.”⁵³⁹ In another example of barriers to competitive pay, current provisions in law limit VA to a 60 percent level of market pay compensation for allied health professionals, even when recruitment failures demonstrate the need to offer higher salaries.⁵⁴⁰ As noted above in the discussion on classification, failure to appropriately classify positions also leads to a salary that is not competitive with private-sector health care organizations for positions such as customer service personnel.

In the area of educational debt repayment relief, VHA lags behind other federal and state agencies that use such programs to fill critical physician shortages in medically under-served areas.⁵⁴¹ VHA can offer up to a maximum of \$60,000 for 2 years (\$30,000 per year). HRSA National Health Service Corps (NHSC) runs three programs: the NHSC loan repayment program that provides up to \$50,000 in loan payments, the Student-to-Student Loan Repayment Program for up to \$120,000, and the State Loan Repayment Program with each state establishing loan amounts that are administered by HRSA.⁵⁴² These amounts range broadly from \$80,000 in Arizona and Arkansas, \$90,000 in Colorado, \$100,000 in Georgia and Alabama, and \$190,000 in California.⁵⁴³

Clinic Staffing Is Impaired by Current Law, Regulation, and Policy

Successfully reallocating staff to meet veterans’ needs in a rapidly evolving health care environment is difficult in VHA. The *Independent Assessment* recommended that VHA use extended clinic hours and weekend clinics to better optimize space and increase access to care for veterans.⁵⁴⁴ VA policy currently prohibits full-time VA physicians from receiving fee-basis compensation from the same VA facility in which they are salaried, although they can, under certain circumstances, receive fee-basis appointments at other VA facilities.⁵⁴⁵

These restrictions can make it hard to meet policy requirements for night and weekend schedules⁵⁴⁶ without reducing staffing on inpatient units or under-resourced primary care clinics. Use of alternative work schedules and overtime pay for physicians to meet local patient demands should be under control of local medical center directors.

⁵³⁹ Ibid., 40.

⁵⁴⁰ Increases in Rates of Basic Pay, 38 U.S.C. § 7455.

⁵⁴¹ Joleen Clark, Jack Hetrick, and Donna Schroeder, Veterans Health Administration Leading Access Scheduling Initiative – People, *Alternative Personnel System Workgroup Report*, August 2014.

⁵⁴² “Loan Repayment Program,” U.S. Department of Health and Human Services, National Health Service Corps, accessed June 9, 2016, <http://nhsc.hrsa.gov/loanrepayment/>.

⁵⁴³ “Physician Loan Repayment Guide,” Jimmy Karnezis, accessed April 13, 2016, <https://www.credible.com/blog/physician-loan-repayment-guide/>.

⁵⁴⁴ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 136, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁵⁴⁵ VA Handbook 5005, pt. II, ch. 3, § A, para. 3b.

⁵⁴⁶ Extended Hours Access for Veterans Requiring Primary Care Including Women’s Health and Mental Health Services at Department of Veterans Affairs Medical Centers and Selected Community Based Outpatient Clinics, VHA Directive 2013-001 (2013).

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VHA Staff Receive Inadequate Training Including at Initial Hire

Leading practices include providing mandatory onboarding training that introduces policies, procedures, and necessary skills. Onboarding programs include various activities that expose new hires to the culture of the organization and expectations based on roles and responsibilities. A report released by the Society for Human Resources Management suggests, “Formal orientation programs help new employees understand many important aspects of their jobs and organizations, including the company’s culture and values, its goals and history and its power structure.”⁵⁴⁷ To make up for inadequate on-boarding and to fill current staff’s understanding of VA, VHA is providing VA 101 training for current employees, with 60 facilities having completed the training in FY 2015.⁵⁴⁸ Employees in VA continue to desire a wide array of training, including customer service training, professional development, peer-to-peer training, hands-on training, and role-specific training.⁵⁴⁹

HR Professionals Must Focus on People and Business Priorities Not Compliance

VHA job candidates indicate they have unsatisfactory recruiting experiences, noting failures in timely follow-up and communication.⁵⁵⁰ VA human resources management and administration indicate that VA HR professionals do not exhibit a uniform level of competency, frequently do not understand the employee recruitment process end-to-end, and fail to provide high quality consultative support to managers with respect to all HR functions, but particularly in the area of progressive discipline and firing of employees.⁵⁵¹ Currently HR professionals in VA are largely focused on compliance with a complex set of rules,⁵⁵² rather than adding true value to the organization and being able to be full partners in accomplishing VHA business objectives. Resolving these staffing issues would render the overall HR function more effective.

VHA must become the employer of choice to attract and retain the very best health care workforce. To help it accomplish this goal, VHA requires competitive pay and flexible hiring and talent management processes. VHA cannot achieve that goal within its current personnel systems. A uniform alternative personnel system under Title 38 for all VHA human capital management would accomplish all of the following:

- Meet the unique staffing demands of a health care delivery organization.
- Allow market-based compensation and pay-setting latitude using broad pay bands to support staff growth and progression within their job. VHA must consider total compensation (with benefits), as compared to market rates because the government provides many more benefits than private-sector organizations. Consequently, VA may

⁵⁴⁷Talya Bauer, Society for Human Resource Management, *Onboarding New Employees: Maximizing Success*, 2010, 9-10, accessed May 13, 2016, <https://www.shrm.org/about/foundation/products/documents/onboarding-percent20epg-percent20final.pdf>.

⁵⁴⁸ Veterans Health Administration, *Blueprint for Excellence: Fiscal Year 2015 Results: Communicating Accomplishments*, presented to the National Leadership Committee, March 22, 2016.

⁵⁴⁹ “MyVA, Putting Veterans First,” MyVA Advisory Committee (MVAC), Meeting #4, February 1-2, 2016, 103.

⁵⁵⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁵¹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁵² Ibid.

pay less than private-sector employers for a position, but the total compensation (with benefits) may end up being equivalent to private-sector total compensation.

- Allow flexibility in the processes used to hire staff including direct hiring when needed.
- Support career planning and professional development through the application of competency models and training specific for health care as part of position management.
- Simplify the management tasks for supervisors and hiring managers who will only need to know one set of rules and processes instead of four.
- Simplify the job of HR professionals who will only need to know one set of rules and processes instead of four.
- Allow development and training of the HR workforce in VHA to focus on only one personnel system to create true end-to-end hiring expertise.
- Reduce competition within government where shortages of HR professionals create competition for Title 5 trained HR professionals.
- Create streamlined and uniform standards and approach to discipline and dismissal.
- Create fairness among staff in sick leave, vacation pay, salary, awards and bonuses, and compensatory time off.
- Support flow of staff between the field and VHA Central Office (VHACO) under a single personnel system.

Establishing a new human capital management system in VHA will neither be easy nor quick, nor will it be a panacea that alone will fix all that is wrong with recruitment, retention, development, and advancement. In designing and implementing a new system, VHA must take full advantage of private-sector resources and expertise in human resource management and ensure that the new system is built to be compatible with the private-sector. As VHA moves toward greater integration of care delivery, with networks of community providers, compatibility in personnel systems and a resulting greater flow of employees between VHA and community sites can help create closer linkages between the two parts of the care delivery system.

Implementation

Legislative Changes

- Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.
- Update student loan reimbursement limits to be competitive with other federally administered programs and market conditions.

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- Establish an appeals process that provides staff appropriate due process that is based on the regulatory standards for the new alternative personnel system.

VA Administrative Changes

- Eliminate barriers to creating hiring pools for positions with frequent turnover (e.g., extend the length of time over which candidates can continue to be hired from a completed certification until all of the qualified candidates are hired or have declined offers).
- Eliminate barriers to initiating a recruitment process when vacancies are anticipated; positions need not be empty before recruitment ensues. In some cases, hires should also be made before the departure of key personnel to allow for on-the-job training and mentoring of the replacement.
- Benchmark credentialing to private-sector processes and consider outsourcing the process as much as practicable through centralized mechanisms.
- Release market pay and total compensation information to the field for all job categories using commercially available data and information, at least every 2 years.

Other Department and Agency Administrative Changes

- OPM should continue to oversee and administer benefits for VHA but not impose any of the other existing conditions or requirements on the management of the new alternative personnel system. The new personnel system should be governed by the new legislative requirements and those established during the anticipated rulemaking process in VA. These requirements include market-based pay, performance awards, or performance and disciplinary processes other than those imposed under Title 38.

Recommendation #16: Require VA and VHA executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.

Problem

Effective planning for and management of human capital are core enabling requirements for any organization. If the system that supports the employees fails, then the organization fails. Executive leaders must ensure the success of human capital management; however, for too long in VA, human capital management has not been a top priority for leadership time, attention, and funding support. Human capital management personnel must be equal members of the leadership team, contributing fully to strategic decisions and planning for future initiatives.

Background

As recognized by GAO, “to attain the highest level of performance and accountability, federal agencies depend on three enablers: people, process, and technology. The most important of these is people, because an agency’s people define its character and its capacity to perform.”⁵⁵³ Human capital management, although often viewed as a cost, must be viewed as an investment in business success.⁵⁵⁴ For too long, VA human capital management has been undervalued and under resourced. A 1993 report from GAO outlined many of the same deficiencies found in 2016: a focus on compliance instead of outcomes, a lack of proactive human capital planning and management, and a weak system of rewards and incentives to attract and retain qualified personnel.⁵⁵⁵

Today, VA Human Resources and Administration (HRA) shares responsibility for human capital management with VHA. Neither organization has been able to establish a high-performing, effective, human capital management system. For VHA to transform to a high-performing organization, human capital management must do the same.

Analysis

VA “needs a fundamental overhaul of the core support functions (including human resources) . . . to increase responsiveness and efficiency and improve customer service. These functions should be aligned with the needs of the VHA organizations delivering care to

The Commission Recommends That . . .

- VHA hire a chief talent leader who holds responsibility for the operation’s entire HR enterprise, is invested with the authority and budget to accomplish the envisioned transformation, and reports directly to the CVCS.
- VA and VHA prioritize the transformation of human capital management with adequate attention, funding, and continuity of vision from executive leaders.
- VA align HR functions and processes to be consistent with best practice standards of high-performing health care systems.
- VA Human Resources and Administration and the Office of Information and Technology should create an HR information technology plan to support modernization of the HR processes and to provide meaningful data for tracking, quality improvement, and accountability.

⁵⁵³ U.S. General Accountability Office, *Human Capital: A Self-Assessment Checklist for Agency Leaders*, GAO/OCG-00-14G, version 1, September 2000, 3, accessed June 10, 2016, <http://www.gao.gov/assets/80/76520.pdf>.

⁵⁵⁴ Ibid.

⁵⁵⁵ U.S. General Accountability Office, *Management of VA: Improved Human Resource Planning Needed to Achieve Strategic Goals*, GAO/HRD-93-10, March 1993, accessed June 10, 2016, <http://www.gao.gov/assets/220/217512.pdf>.

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Veterans.”⁵⁵⁶ Governance and responsibility for human capital management is fragmented and complicated.⁵⁵⁷ Medical center directors appear to be largely on their own in addressing human capital management needs, without competent and timely assistance to support hiring employees, planning for succession, and taking disciplinary actions.⁵⁵⁸ Recruiting takes too long and is cumbersome because information is not shared freely among the various organizational components.⁵⁵⁹ Candidates are not treated with respect, experience lengthy intervals between contacts from VA, fail to receive timely follow-up once candidates are selected, and experience a lengthy on-boarding process.⁵⁶⁰ Human capital management also fails to effectively support the disciplinary process, which is perceived as too long and too difficult.⁵⁶¹ Insufficient resources are devoted to training,⁵⁶² leaving VHA vulnerable to failure.

VA requires a comprehensive redesign of the human resources function to be more responsive, more efficient, and more focused on customer service.⁵⁶³ Transforming HR will require “redesigning key processes, shifting the mindset of [human resources] staff from compliance to effectiveness, training [human resources] and its customers on key roles and responsibilities, and rationalizing its technology systems.”⁵⁶⁴

Some progress has been made in updating human capital management functions. VA is in the process of implementing new talent management software to provide better process management and analytics.⁵⁶⁵ HRA has also started a new HR Academy.⁵⁶⁶ The academy is intended to demonstrate alignment between training resources and competency requirements⁵⁶⁷ and to describe the experience needed to advance to the next position level in human resources.⁵⁶⁸ VA instituted a new online senior executive service performance management system that permits real-time tracking of the performance management process and analysis of

⁵⁵⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 37, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁵⁵⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁵⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, L3, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁵⁵⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 109, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁶⁰ *Ibid.*, 110.

⁵⁶¹ *Ibid.*, 61.

⁵⁶² *Ibid.*, 67.

⁵⁶³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, L5, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁵⁶⁴ *Ibid.*

⁵⁶⁵ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁶⁶ *Ibid.*

⁵⁶⁷ Department of Veterans Affairs, HR Academy, *TMS User eIDP Checklist*, accessed January 25, 2016, www.vahracademy.va.gov/docs/TMSUserIDPChecklist.pdf.

⁵⁶⁸ “VA HR Academy: Resources,” Department of Veterans Affairs, accessed January 25, 2016, www.vahracademy.va.gov/resources.asp. Department of Veterans Affairs, *VA HR Competency Model Reference Guide*, accessed January 25, 2016, www.vahracademy.va.gov/docs/VAHRCompetencyModelReferenceGuide.pdf.

performance outcomes;⁵⁶⁹ however, HR specialists must still use as many as 30 different IT systems that do not communicate with each other to do their work.⁵⁷⁰ Although some new systems have been purchased, life cycle funding for them is not guaranteed by the Office of Information and Technology and no concrete plan has been approved to replace and consolidate the many current systems that are not interoperable. In addition, funding support for HRA initiatives overall are not planned, allocated, and maintained at consistent levels year-to-year in the departmental budget, impeding long term transformation.⁵⁷¹

A VHA workgroup was formed with HR subject matter experts and leadership to identify hiring barriers and develop recommendations for improvements. The workgroup fielded a survey in July 2014 to gather broad input from VHA on the deficiencies in the management of human capital in VHA. These experts concluded that VHA should move to a new alternative personnel system under Title 38.⁵⁷² (See Recommendation #15.)

Substantial deficiencies in human capital management still remain in VA. The funding mechanism to support the departments' human capital management does not support long-range planning and effective program implementation. The lines of authority and management for human capital management professionals do not permit consistency in the quality and skill of the human capital management professionals hired and promoted, nor does the reporting structure allow HRA to hold human capital management staff accountable for effective service delivery. The investment in human capital management information technology systems has been inadequate for decades.⁵⁷³

Top leadership, including the SECVA, DEPSECVA, and CVCS, must make the transformation of human resources a top priority as demonstrated by investing their personal time in human capital management transformation; reviewing and endorsing a transformation plan including the funding required to accomplish it; receiving regular progress updates; and engaging in problem-solving sessions with human capital management leaders to refine and advance transformation efforts. Top leadership must demonstrate to other leaders that human capital management transformation is an organizational priority by disseminating clear goals for transformation in planning documents, communicating expectations for change that are clear to all key employees, and sharing successes with subordinate leaders and employees. The CVCS must ensure that the executive who leads the human capital management function has the demonstrated knowledge, skills, and experience in human capital management to competently lead the function and make this individual part of the executive leadership team on par with other key functions like finance and clinical operations. (See suggested organization chart in Recommendation #12.)

⁵⁶⁹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁷⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 24, 110, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁷¹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁷² Ibid.

⁵⁷³ Ibid.

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The SECVA, DEPSECVA, and CVCS must engage subordinate leaders in the transformation process by ensuring the needs of these leaders have informed the transformation solutions; that subordinate leaders are assigned specific responsibilities under the transformation plan; and they are held accountable by the CVCS for outcomes. They must also ensure that the HR transformation and ongoing HR function is adequately resourced to be successful.

The VA HRA and VHA Workforce Management Office must engage change management experts to undertake a review of human resource business processes, management structures, funding, and technology needs to create a transformation agenda and human capital management plan. As VHA is shifting to a new alternative personnel system under Title 38, the human capital management plan should consolidate in VHA the HR functions, responsibility, and authority required to hire, manage, develop, reward, and discipline staff and consider whether functions such as benefit management remain with HRA or move to VHA. Furthermore, the plan should address all of the following issues:

- need for a chief of talent management
- consistency with benchmark standards of private-sector health care systems
- key organizational structures and roles and responsibilities of VA and VHA in human capital management that are clearly defined and consistent with benchmark organizations
- the full life cycle of human capital management (i.e., planning, recruitment, hiring, retention, development, performance management, and discipline), which should be supported effectively by human capital management and fully meet the needs of managers and staff
- federal sharing authority and the ability to outsource human capital management functions to the private sector are addressed
- IT investments and analytical capability to provide meaningful, timely data to managing staffing, performance tracking, and accountability
- meaningful performance metrics and risk management indicators that are established for human capital management⁵⁷⁴
- funding and full-time equivalent employee staffing for human capital functions that meet private-sector benchmark standards for health care
- knowledge, skills, and ability required of human capital management professionals at each grade and within each series, which should be clearly defined, and a requirement to assess current staff, new hires, and promotions against this standard, which should include procedures for dismissal

⁵⁷⁴ U.S. General Accountability Office, *Human Capital: A Self-Assessment Checklist for Agency Leaders*, GAO/OCG-00-14G, version 1, September 2000, 34, accessed June 10, 2016, <http://www.gao.gov/assets/80/76520.pdf>.

Once completed, this analysis and draft plan must be shared widely within the department to gain feedback and input, and it must be shared with OPM, OMB, and Congress. After incorporating feedback and finalizing the plan, HRA should engage change management experts to fully implement the transformation agenda and new human capital management plan. Implementation will require funding contributions from VA and VHA that the SECVA must mandate.

HRA must develop and implement an effective progressive discipline process for all staffing authorities (i.e., Title 5, Title 38, Title 38 Hybrid, Title 38 7306, and SES). This process must include clear standards, guidelines, and training for supervisors and managers on how to implement the new progressive discipline process. All managers and supervisors and human capital management professionals must complete the training, and VA must establish a process for ensuring that new supervisors and managers complete the training on an ongoing basis. HRA must develop HR staff to be effective coaches so they can provide the coaching and support that managers need as they embark on disciplinary procedures to ensure timely and effective interventions.

VHA supervisors and managers must be held accountable for applying these procedures when poor performance or conduct occurs. To enable accountability, VHA must have a technology infrastructure to actively track and manage poor performance (annual ratings and disciplinary actions) that both human capital managers and supervisors can use to keep track of issues.

The Commission notes GAO is launching a comprehensive audit of human capital management functions in VA to be delivered to Congress in September 2016.⁵⁷⁵ The review and resulting recommendations will provide further insights to promote meaningful transformation of human capital management in VHA.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Employ HR and change management experts to undertake a review of its business processes, management structures, funding, technology, and the legal authority needed in HR to create a transformation agenda and human capital management plan.
- Require VHA to allocate budget to fully support the change plan and ongoing HR operations.

⁵⁷⁵ Ms. Frieda Stenzel, lead investigator, U.S. Government Accountability Office, during an initial meeting with VACO HR&A about a new study being undertaken by GAO, December 18, 2015. The study is intended to 1) assess VHAs capacity to perform its workforce planning and talent management, and 2) evaluate the effectiveness of VHAs human capital functions.

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- Develop and implement an effective progressive discipline process for all staffing authorities.

Other Department and Agency Administrative Changes

- None required.

Eligibility

Recommendation #17: Provide a streamlined path to eligibility for health care for those with an other-than-honorable discharge who have substantial honorable service.

Problem

Addressing access issues is at the core of the Commission's charge. Veterans face a range of barriers to care, from geographic barriers to facility-specific problems, such as long wait times for an appointment or lack of evening or weekend hours. These barriers, which affect even those with service-incurred health conditions, can be overcome. Some former service members, however, have encountered a more fundamental barrier when applying for care. Because of the character of their discharge, they are not considered veterans, and thus are not eligible for VA care.

The Commission Recommends That . . .

- VA revise its regulations to provide tentative eligibility to receive health care to former service members with an other-than-honorable discharge who are likely to be deemed eligible because of their substantial favorable service or extenuating circumstances that mitigate a finding of disqualifying conduct.

In some cases, individuals have been dismissed from military service with an other-than-honorable (OTH) discharge because of actions that resulted from health conditions (such as traumatic brain injury, posttraumatic stress disorder [PTSD], or substance use) caused by, or exacerbated by, their service. Under VA regulations, these individuals do not meet the definition of a veteran, and are therefore ineligible for VHA medical care. This situation leaves a group of former service members who have service-incurred health issues (namely mental health issues) unable to receive the specialized care VHA provides.

Background

Veteran status is the basis for eligibility for all VA benefits,⁵⁷⁶ and under law a veteran is a person who has met three criteria: active-duty military service (subject to specified exceptions), 2 years of continuous service, and discharge or separation from the military under conditions other than dishonorable.⁵⁷⁷ The military characterizes discharges into one of five categories: honorable, general (under honorable conditions), OTH, bad conduct (adjudicated by a general court or special court-martial), and dishonorable.⁵⁷⁸

Congress has established specific bars to VA benefits. Those barred by statute include deserters, individuals sentenced by a general court-martial, and conscientious objectors who refused to perform military duty.⁵⁷⁹ VA regulations interpret the phrase "discharged or released . . . under conditions other than dishonorable" to mean that a discharge or release because of one of the following offenses is considered to have been issued under dishonorable conditions:

(1) acceptance of an OTH discharge to escape trial by general court-martial, (2) mutiny or

⁵⁷⁶ Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, 3, accessed May 26, 2016, <https://www.fas.org/sgp/crs/misc/R43928.pdf>.

⁵⁷⁷ Veterans Benefits, 38 U.S.C. § 101(2).

⁵⁷⁸ Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, 3, accessed May 26, 2016, <https://www.fas.org/sgp/crs/misc/R43928.pdf>.

⁵⁷⁹ Certain Bars to Benefits, 38 U.S.C. § 5303(a).

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spying, (3) an offense involving moral turpitude, (4) willful and persistent misconduct, and (5) certain homosexual acts involving aggravating circumstances.⁵⁸⁰

Limited exceptions to those statutory and regulatory bars permit VA to award of benefits. A claimant may be granted benefits if VA determines that the claimant was insane at the time of the offense leading up to discharge.⁵⁸¹ Benefits may be granted based on a prior period of other-than-dishonorable service for individuals with two or more periods of service.⁵⁸²

Former service members with an OTH discharge as a result of a regulatory (rather than a statutory) bar are eligible for VA care for service-incurred conditions.⁵⁸³ Former service members with OTH discharges are not recognized as veterans, so they will be routinely denied treatment unless they initiate, and prevail in, an adjudication conducted by the Veterans Benefits Administration as to the character of their discharge. No routine mechanism exists to trigger adjudication to determine if such a discharge is not dishonorable. In many instances, the character of an individual's discharge is predicated on behaviors that resulted from, or are linked to, behavioral health conditions that had their origin in service, yet VA regulation bars the individual from receiving benefits.⁵⁸⁴

Analysis

Veterans' benefits are understood to be earned. The principle has been described as follows: In harsh environments in which lives may be on the line, serious breaches of conduct that interfere with the military mission should rightfully brand the offender for life and should likewise prohibit them from being eligible for the special military benefits and entitlements reserved for honorable and meritorious service.⁵⁸⁵

Some argue the offender's mental state at the time of the misconduct must be taken into account when considering veteran status.⁵⁸⁶ For example, many service members have experienced combat and sustained psychological wounds of war that manifest behaviors that lead to military discipline.⁵⁸⁷ VA regulations not only fail to account for the role of those psychic wounds, but are themselves overbroad, weak discriminators as to what is truly dishonorable service. To illustrate, commentators have identified two regulatory bars as particularly problematic: those based on moral turpitude,⁵⁸⁸ and willful and persistent misconduct.⁵⁸⁹ Neither of those two regulatory terms, which originated in 1944,⁵⁹⁰ are defined; neither provides

⁵⁸⁰ Characters of Discharge, 38 C.F.R. 3.12(d).

⁵⁸¹ Certain Bars to Benefits, 38 U.S.C. § 5303(b).

⁵⁸² Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, 3, accessed May 26, 2016, <https://www.fas.org/sgp/crs/misc/R43928.pdf>.

⁵⁸³ Sec. 2, Pub. L. No. 95-126, 91 Stat. 1106 (1977).

⁵⁸⁴ Certain Bars to Benefits, 38 U.S.C. § 5303(a). Characters of Discharge, 38 C.F.R. 3.12(d).

⁵⁸⁵ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the Armed Forces," *Military Law Review*, 214, Winter, (2012): 12-13, accessed June 25, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁵⁸⁶ *Ibid.*, 13.

⁵⁸⁷ *Ibid.*

⁵⁸⁸ Characters of Discharge, 38 C.F.R. 3.12(d).

⁵⁸⁹ *Ibid.*

⁵⁹⁰ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the

criteria or examples of what is or is not covered. Both are ambiguous and susceptible to subjective judgment,⁵⁹¹ with great potential for different VA regional offices reaching different outcomes on the same facts.⁵⁹² VA officials have acknowledged that these terms are broad and imprecise,⁵⁹³ and advocates have documented the resultant disparities in VA adjudicative decisions.⁵⁹⁴

The only specific mental-health exception to the bar-to-benefits rules — that the person was insane at the time of the commission of offense⁵⁹⁵ — is very limited. VA regulations define the term *insane*, as follows:

*An insane person is one who, while not mentally defective or constitutionally psychopathic, except when a psychosis has been engrafted upon such basis condition, exhibits, due to disease, a more or less prolonged deviation from his normal method of behavior; or who interferes with the peace of society; or who has so departed (become antisocial) from the accepted standards of the community to which by birth and education he belongs as to lack the adaptability to make further adjustments to the social customs of the community in which he resides.*⁵⁹⁶

VA's Office of General Counsel (OGC), in a now almost 20-year old precedential opinion, has construed that regulation narrowly. Responding to a request for an opinion regarding the parameters for behavior that would constitute insanity under the regulation, the General Counsel advised, as follows:

*The question of insanity arises in numerous legal proceedings, and its meaning may vary according to the jurisdiction and the object or purpose of the proceeding. However, in all contexts, the term indicates a condition involving conduct which deviates severely from the social norm. Black's Law Dictionary, at 794, states that '[t]he term is more or less synonymous with . . . psychosis, which itself has been defined as "a mental disorder characterized by gross impairment in reality testing' or, in a more general sense, as a mental disorder in which 'mental functioning is sufficiently impaired as to interfere grossly with the . . . capacity to meet the ordinary demands of life.'*⁵⁹⁷

Armed Forces," *Military Law Review*, 214, Winter, (2012): 160-192, accessed June 25, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁵⁹¹ Ibid., 164, 186.

⁵⁹² Ibid., 10, 172. Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable*, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

⁵⁹³ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the Armed Forces," *Military Law Review*, 214, Winter, (2012): 67, accessed June 25, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁵⁹⁴ Ibid., 68-70.

⁵⁹⁵ Characters of Discharge, 38 C.F.R. 3.12(b).

⁵⁹⁶ Determinations of Insanity, 38 C.F.R. 3.354(a).

⁵⁹⁷ "Office of General Counsel: Opinions Year 1997," U.S. Department of Veterans Affairs, accessed June 15, 2016, <http://www.va.gov/ogc/opinions/1997precedentopinions.asp>. Vet. Aff. Op. Gen Couns. Prec. 20-97, VAOPGCPREC 20-97, 1997, accessed June 15, 2016, <http://www.va.gov/ogc/docs/1997/Prc20-97.doc>.

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As understood by VA OGC at the time, *insanity*, with its emphasis on gross impairment, and as reflected in practice,⁵⁹⁸ is a highly restrictive standard. That narrow standard is also limiting with respect to the range of symptoms that could be considered under the *insanity* exception: gross cognitive impairment or gross impairment in capacity to function in daily life. That limited range effectively excludes behaviors associated with a widely prevalent service-related condition, PTSD. Those behaviors, which often lead to disciplinary actions, include aggressive behavior, substance-abuse,⁵⁹⁹ impulsivity, and risk-taking (including sensation seeking, aggressive driving, interpersonal violence, and self-injurious or suicide-related behavior).⁶⁰⁰ Research has shown that combat veterans with PTSD and other psychiatric diagnoses have a heightened risk of misconduct outcomes.⁶⁰¹ Other than its *insanity* rule, the regulations provide no specific opportunity to consider mental health as a likely cause of, or mitigating factor in, disciplinary issues leading to an individual's discharge.

The following are illustrative examples of how these regulations have worked in practice:

- John, a service member with multiple deployments to Iraq and Afghanistan and 7 years of service, received an OTH discharge after self-medicating with marijuana. He was denied VA treatment for PTSD.⁶⁰²
- Tim, a rifleman with two purple hearts and four campaign ribbons for service in Vietnam, was sent to combat while still 17 years old, and had a nervous breakdown and suicide attempt before his 18th birthday. He was sent back to Vietnam involuntarily for a second tour, and had a third nervous breakdown that led to an AWOL and OTH discharge. He was denied service connection for PTSD because the nature of his discharge.
- Tom, a combat infantryman in the first Gulf War, on his return, started experiencing symptoms of PTSD and attempted suicide. He was denied leave to be with his family,

⁵⁹⁸ Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable,"* accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

⁵⁹⁹ Deirdre MacManus et al., "Aggressive and Violent Behavior Among Military Personnel Deployed to Iraq and Afghanistan: Prevalence and Link with Deployment and Combat Exposure," *Epidemiologic Reviews*, 37, no. 1, (2015): 196-212, <http://doi.org/10.1093/epirev/mxu006>.

Robyn M. Highfill-McRoy et al., "Psychiatric Diagnoses and Punishment for Misconduct: The Effects of PTSD in Combat-Deployed Marines," *BMC Psychiatry*, 10, no. 1 (2010): 88, <http://dx.doi.org/10.1186%2F1471-244X-10-88>.

⁶⁰⁰ Lisa M. James, Thad Q. Strom, and Jennie Leskela, "Risk-Taking Behaviors and Impulsivity Among Veterans With and Without PTSD and Mild TBI," *Military Medicine*, 179, no. 4, (2014): 357 – 363, <http://publications.amsus.org/doi/pdf/10.7205/MILMED-D-13-00241>.

⁶⁰¹ Robyn M. Highfill-McRoy et al., "Psychiatric Diagnoses and Punishment for Misconduct: The Effects of PTSD in Combat-Deployed Marines," *BMC Psychiatry*, 10, no. 1 (2010): 88, <http://dx.doi.org/10.1186%2F1471-244X-10-88>.

⁶⁰² Swords to Plowshares, presentation to Commission on Care, January 21, 2016, accessed June 25, 2016, <https://commissiononcare.sites.usa.gov/files/2016/03/Presentation-on-OTH-Discharges.pdf>. Note, in the interest of privacy the paper has used fictitious names to identify the former service members.

but left anyway. After a 60-day absence, he returned and was given an OTH discharge. He was denied services for 20 years.⁶⁰³

In short, the VA regulation used to determine whether the character of a veteran's OTH discharge is disqualifying does not take into account behavioral health problems associated with military service. As a result, former service members who were discharged for disciplinary problems that cannot be disassociated from PTSD or other behavioral health disorders are routinely barred from VA treatment for those disorders.

Individuals with PTSD and traumatic exposure are at heightened risk of substance abuse,⁶⁰⁴ depression,⁶⁰⁵ homelessness,⁶⁰⁶ premature mortality,⁶⁰⁷ and suicide.⁶⁰⁸ Access to VA health care is vital to successful reintegration of combat-traumatized veterans into society because it provides "the only reservoir of combat PTSD expertise."⁶⁰⁹

The importance of early access to needed treatment for behavioral health conditions like PTSD cannot be overstated,⁶¹⁰ yet many former service members are reluctant to seek treatment for behavioral health problems.⁶¹¹ Those with unfavorable discharge records who finally come forward to seek medical care must not only initiate a request for a character of discharge adjudication, but be prepared to confront a lengthy process if they elect to do so.⁶¹²

⁶⁰³ Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable*, 42, 44, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

⁶⁰⁴ Kipling M. Bohnert et al., "The Association Between Substance Use Disorders and Mortality among a Cohort of Veterans with Posttraumatic Stress Disorder: Variation by Age, Cohort, and Mortality Type," *Drug and Alcohol Dependence*, 128, no. 1-2, (2013): 98-103, <http://www.sciencedirect.com/science/article/pii/S0376871612003328>.

⁶⁰⁵ Leo Sher, Maria Dolores Braquehais, and Miquel Casas, "Posttraumatic Stress Disorder, Depression, and Suicide in Veterans" *Cleveland Clinic Journal of Medicine*, 79, no. 2 (2012): 92-97, <http://doi.org/10.3949/ccjm.79a.11069>.

⁶⁰⁶ Eve B. Carlson et al., "Traumatic Stressor Exposure and Post-Traumatic Symptoms in Homeless Veterans," *Military Medicine*, 178, no. 9, (2013): 970-973, <http://doi.org/10.7205/MILMED-D-13-00080>.

⁶⁰⁷ Joseph A. Boscarino, "Posttraumatic Stress Disorder and Mortality Among U.S. Army Veterans 30 Years After Military Service," *Annals of Epidemiology*, 16, no. 4 (2005): 248-256, <http://www.sciencedirect.com/science/article/pii/S1047279705001109>.

⁶⁰⁸ Holly J. Ramsawh et al., "Risk for Suicidal Behaviors Associated with PTSD, Depression, and their Comorbidity in the U.S. Army," *Journal of Affective Disorders*, 161, no. 1, (2014): 116-122, <http://www.sciencedirect.com/science/article/pii/S0165032714001189>.

⁶⁰⁹ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the Armed Forces," *Military Law Review*, 214, Winter, (2012): 14, accessed June 20, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁶¹⁰ Ronald C. Kessler, "Posttraumatic Stress Disorder: The Burden to the Individual and to Society," *Journal of Clinical Psychology*, 5, Suppl. 5, (2000): 4-12, accessed June 20, 2016, <http://www.ncbi.nlm.nih.gov/pubmed/10761674>.

⁶¹¹ American Public Health Association, "Removing Barriers to Mental Health Services for Veterans," accessed May 27, 2016, <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/51/removing-barriers-to-mental-health-services-for-veterans>.

⁶¹² Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable*, 74-78, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

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Several generations of former service members were exposed to combat trauma and continue to live with the psychological wounds of war. Lack of access to treatment for those who sustained psychological wounds that went untreated and were manifest in undesirable behavior in service is concerning. Although Congress could address this concern, VA has the means to remedy the problem without congressional action by amending its own regulations. VA could afford former service members needed treatment for their conditions when they are able to establish that their health problems were incurred in service.⁶¹³ In other circumstances, when it is likely an individual could establish eligibility for VA care, current regulation permits the individual to receive the care on the basis of a tentative eligibility determination.⁶¹⁴ This regulation permits VA to provide treatment without prior adjudication of the character of discharge.

VA should revise its regulations to lift the immediate bar to health care for former service members who have an OTH discharge. VA should award tentative eligibility for health care to at least some former service members who have an OTH discharge. The criteria for awarding tentative eligibility for care could include service in a combat theater, more than a single enlistment, duration of service, or some combination thereof. This approach would allow VA to provide meaningful access to treatment without delay for those likely to be granted eligibility. For health care purposes, VA should also revise its regulations by recognizing that the severe punishment of characterizing a person's service as OTH is not justified when extenuating circumstances (to include behavioral health issues at the time) explain or mitigate that misconduct that resulted in the OTH discharge.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- Amend 38 C.F.R. 17.34 to provide for tentative eligibility determinations applicable to individuals with OTH discharges who have had substantial honorable service, including service in a combat theater.
- Amend of 38 C.F.R. 3.12(d) to provide for recognition of extenuating circumstances that show, for purposes of health care eligibility, that service was not OTH.

Other Departments and Agency Administrative Changes

- None required.

⁶¹³ Sec. 2, Pub. L. No. 95-126, 91 Stat. 1106 (1977).

⁶¹⁴ Tentative Eligibility Determinations, 38 C.F.R. 17.34.

Recommendation #18: Establish an expert body to develop recommendations for VA care eligibility and benefit design.

Problem

Although VHA continues to offer the promise of health care to all veterans, its capacity to meet that promise is constrained by appropriated funding.⁶¹⁵ Congress and VA leadership must work to identify who VHA will serve, and what services it will provide, yet eligibility criteria have not been examined in 20 years.⁶¹⁶

Background

VHA's core mission is to care for veterans who has borne the battle. But its secondary mission of caring for veterans' non-service-connected health care needs is longstanding, dating back to Civil War origins. Congress has included veterans without service-connected needs among those eligible as highlighted below:

The Commission Recommends That . . .

- The President or Congress task another body to examine the need for changes in eligibility for VA care and/or benefits design, which would include simplifying eligibility criteria, and may include pilots for expanded eligibility for nonveterans to use underutilized VHA providers and facilities, providing payment through private insurance.
- The SECVA revise VA regulations to provide that service-connected-disabled veterans be afforded priority access to care, subject only to a higher priority dictated by clinical care needs.

- In March 1865, Congress incorporated the National Home for Disabled Volunteer Soldiers and Sailors, originally intended for Union veterans who suffered economic distress from disabilities incurred during the Civil War. The National Home constructed the first hospitals for Civil War veterans in 1866, and after a series of acts of Congress, those hospitals were opened in 1887 to veterans suffering economic distress from disabilities not incurred in military service.⁶¹⁷
- The World War Veterans Act of 1924, which established the Veterans Bureau⁶¹⁸ (the predecessor to the Department of Veterans Affairs), authorized its director to provide hospitalization and related travel expenses to veterans whose services dated back as far as 1897, regardless of the type or cause of their disabilities, as long as those veterans who were unable to pay received preferential admission.⁶¹⁹
- Public Law 85-56 (1957), which codified prior VA laws and regulations, effectively expanded eligibility to veterans of future wars, providing needed hospital care for veterans with service-connected disability incurred or aggravated during war, or for any other disability if the veteran is unable to pay for hospital care.⁶²⁰

⁶¹⁵ The MITRE Corporation, *Independent Assessment of the Health care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 24, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁶¹⁶ *Ibid.*, 25.

⁶¹⁷ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 62.

⁶¹⁸ The Veterans Bureau consolidated the National Home and other veterans-related functions housed in different government bureaucracies.

⁶¹⁹ World War Veterans Act, 1924, Pub. L. No. 68-242, (1924).

⁶²⁰ Veterans Benefits Act of 1957, Pub. L. No. 85-56, 71 Stat. 83 (1957). That law provided separate authority in section 512 for outpatient medical treatment, which was limited to treatment for a service-connected disability.

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- In 1966, Congress expanded eligibility for hospital care to *peacetime* veterans (of service after January 1955).⁶²¹
- In 1970, Congress extended eligibility for hospital care to veterans 65 and older for a non-service-connected disability,⁶²² exempting that group of veterans from taking the then-required oath affirming their inability to defray the expense of care for non-service-connect ailments.⁶²³
- With the Veterans Health Care Expansion Act of 1973, Congress eliminated the distinction between wartime and peacetime veterans for purposes of eligibility for outpatient care, and further expanded eligibility to outpatient care. It granted veterans who are 80 percent or more service-connected disabled eligibility for treatment of any condition, and authorized others eligible for hospital care to receive outpatient care to prepare for or preclude a need for hospitalization or to complete treatment initiated during hospitalization.⁶²⁴
- Congress expanded eligibility again in 1976, authorizing hospital care for treating a non-service-connected condition of any veteran 65 or older (without regard to ability to pay), authorizing outpatient care for any disability to any veteran 50 percent or more service-connected disabled, and directing VA to ensure, by regulation, special treatment priority to service-connected veterans and others receiving benefits because of a need for aid and attendance, or being permanently housebound.⁶²⁵

Eligibility laws for veterans' health care have changed substantially during the past century, yet the commitment to serving service-connected veterans and veterans in financial need has remained constant.

Prior to enactment of the Veterans' Health Care Eligibility Reform Act of 1996,⁶²⁶ VHA was a hospital-based model with entirely different eligibility rules for hospital care than for outpatient care. The eligibility reform law was aimed at transforming access to VA care from a 1950s hospital-based model to one that erased distinctions between eligibility for hospital and outpatient care.⁶²⁷ It essentially provided that all veterans are eligible for VA hospital care and *medical services*.⁶²⁸

⁶²¹ Veterans Readjustment Benefits Act of 1966, Pub. L. No. 89-358, 80 Stat. 12 (1966).

⁶²² Pub. L. No. 91-500.

⁶²³ S. Rep. No. 91-481.

⁶²⁴ Veterans Health Care Expansion Act of 1973, Pub. L. No. 93-82, 87 Stat. (1973).

⁶²⁵ Veterans Omnibus Health Care Act of 1976, Pub. L. No. 94-581, 90 Stat. 2842 (1976). The patchwork of eligibility provisions resulting from a succession of incremental changes set the stage for development and enactment of the Veterans' Health Care Eligibility Reform Act of 1996, Pub. Law 104-262.

⁶²⁶ Veterans' Health Care Eligibility Reform Act of 1996, Pub. L. No. 104-262, 110 Stat. 3177 (1996).

⁶²⁷ *Ibid.*

⁶²⁸ The term "medical services" was broadly defined to include in addition to medical examination and treatment, preventive health services; surgical services; wheelchairs, artificial limbs, and similar appliances; optometric and podiatric services; noninstitutional extended care services; and rehabilitative services (including services to restore physical, mental, and psychological functioning. Hospital, Nursing Home, Domiciliary, and Medical Care; General, 38 U.S.C. § 1701(6),(8). VA regulations more fully set out the "medical benefits package" that VA is to provide patients, as needed; VA regulations detail that the benefits package includes services ranging from emergency care and prescription drugs to

Recognizing there could be circumstances in which VHA might lack capacity to provide timely care, Congress noted in the reform act that the requirement to provide care would be in effect only to the degree to which there were appropriated funds to pay for such care.⁶²⁹ This qualified availability of care clearly indicated veterans' health care is not an entitlement. Congress went further, though, and established a statutory patient enrollment mechanism for VA to manage access.⁶³⁰ The law specifically requires VA to establish and operate a patient enrollment system managed in accordance with statutory priorities and within any additional priority classifications established by VA. The eligibility reform act gave VA tools both to limit demand consistent with available funding and to discourage veterans from seeking VA care simply to fill an occasional need not met by a private health plan.⁶³¹ The act also requires the SECVA to manage the enrollment system such that care is timely and of acceptable quality.⁶³²

The enrollment system the department established is not being used today to calibrate supply and demand as envisioned.⁶³³ Although law and VA regulation require a system of annual patient enrollment,⁶³⁴ VHA last curtailed enrollment in 2003, and then only for veterans who were deemed eligible based on the category 8 criteria (see Table 8) that include those with higher-level incomes who lack any higher priority. In 2009, the Obama administration eased access for higher income veterans. Under that policy, veterans whose gross household income exceeds VA's current geographic income limit by 10 percent or less may enroll for VA care, subject to cost-sharing requirements.⁶³⁵ In 2014, Congress established the *Choice Program* to expand availability of care through contracts with community providers. Veterans' choice was limited by reference to distance and wait-time issues, but was otherwise broadly open to any enrolled veterans.⁶³⁶

comprehensive rehabilitative services, home health services, noninstitutional extended care services, hospice care, and pregnancy and delivery services and newborn care. Medical Benefits Package, 38 C.F.R. 17.38.

⁶²⁹ Hospital, Nursing Home, Domiciliary, and Medical Care; General 38 U.S.C. § 1710(a)(4).

⁶³⁰ Management of Health Care: Patient Enrollment System, 38 U.S.C. § 1705. As explained in the report of the House Committee on Veterans Affairs which developed the legislation, "[T]he Act would...provide the VA with an important tool, the authority to design and manage access to care through a system of patient enrollment...Enrollment...would help the VA plan more effectively, so that facilities can better calculate and dedicate the resources needed to provide the care its enrollees require. The Act would direct the Secretary...to establish and operate a system of annual patient enrollment and require that veterans be enrolled in a manner giving relative degrees of preference in accordance with specified priorities. At the same time, it would vest discretion in the Secretary to determine the manner in which such enrollment (or registration) system would operate. For example, the VA would be able to establish a system which simply registers patients throughout all or part of a fiscal year, or could employ a time-limited registration period. Significantly, the Act would permit the Secretary to set priorities within the specified priority classifications established in the Act. The Secretary could, for example, establish a policy which, within any priority classification, gives veterans who have previously been "enrolled" as VA patients priority over new applicants. However, the Committee expects any enrollment system to be designed and administered to assure that any veteran with a service-connected condition would receive priority treatment for that condition whether or not that veteran had enrolled for VA care." H. Rep. No.104-690, 6-7.

⁶³¹ Veterans' Health Care Eligibility Reform Act of 1996, Pub. L. No. 104-262; 110 Stat. 3177 (1996).

⁶³² Management of Health Care: Patient Enrollment System, 38 U.S.C. § 1705(b).

⁶³³ H. Rep. No. 104-690, 16.

⁶³⁴ Enrollment, 38 C.F.R. sec. 17.36(c). VA regulations state that "[i]t is anticipated that that each year the Secretary will consider whether to change the categories and subcategories of veterans eligible to be enrolled."

⁶³⁵ Enrollment, 38 C.F.R. 17.36(b)(8)(ii),(iv).

⁶³⁶ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113-146 (2014). Surface Transportation and Veterans Health Care Choice Improvement Act of 2015, Pub. L. No. 114-41 (2015).

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Table 8. Priority Groups

Priority Group	Definition
1	<ul style="list-style-type: none"> ▪ Veterans with VA-rated service-connected disabilities 50% or more disabling ▪ Veterans determined by VA to be unemployable due to service-connected conditions
2	<ul style="list-style-type: none"> ▪ Veterans with VA-rated service-connected disabilities 30% or 40% disabling
3	<ul style="list-style-type: none"> ▪ Veterans who are former prisoners of war ▪ Veterans awarded a Purple Heart medal ▪ Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty ▪ Veterans with VA-rated service-connected disabilities 10% or 20% disabling ▪ Veterans awarded special eligibility classification under Title 38, U.S.C. § 1151, “benefits for individuals disabled by treatment or vocational rehabilitation” ▪ Veterans awarded the Medal of Honor
4	<ul style="list-style-type: none"> ▪ Veterans who are receiving aid and attendance or housebound benefits from VA ▪ Veterans who have been determined by VA to be catastrophically disabled
5	<ul style="list-style-type: none"> ▪ Non-service-connected veterans and noncompensable service-connected veterans rated 0% disabled by VA with annual income below VA’s and geographically (based on resident zip code) adjusted income limits ▪ Veterans receiving VA pension benefits ▪ Veterans eligible for Medicaid programs
6	<ul style="list-style-type: none"> ▪ Compensable 0% service-connected veterans ▪ Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki ▪ Project 112/SHAD (shipboard hazard and defense) participants ▪ Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975 ▪ Veterans of the Persian Gulf War who served between August 2, 1990 and November 11, 1998 ▪ *Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987 ▪ Veterans who served in a theater of combat operations after November 11, 1998 as follows: <ul style="list-style-type: none"> – Currently enrolled veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge. – **Combat veterans who were discharged between January 2009 and January 2011, and did not enroll in the VA health care during their five-year period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility period began February 12, 2015 with the signing of the Clay Hunt Suicide Prevention for America Veterans Act. <p>Note: At the end of this enhanced enrollment priority group placement time period veterans will be assigned to the highest Priority Group (PG) their unique eligibility status at that time qualifies for.</p> <p>*Note: While eligible for PG 6; until system changes are implemented you would be assigned to PG 7 or 8 depending on your income.</p> <p>*Note: While eligible for PG 6; due to system limitations, veterans will be manually assigned to PG 8c, yet eligible for the enhanced benefits</p>
7	<ul style="list-style-type: none"> ▪ Veterans with gross household income below the geographically-adjusted income limits for their resident location and who agree to pay copays

Priority Group	Definition
8	<ul style="list-style-type: none"> ▪ Veterans with gross household income above VA and the geographically-adjusted income limits for their resident location and who agrees to pay copays <p>Veterans eligible for enrollment:</p> <p>Noncompensable 0% service-connected:</p> <ul style="list-style-type: none"> – Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status – Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less <p>Non-service-connected and:</p> <ul style="list-style-type: none"> – Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status – Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA or geographic income limits by 10% or less <p>Veterans not eligible for enrollment:</p> <p>Veterans not meeting the criteria above:</p> <ul style="list-style-type: none"> – Subpriority e: Noncompensable 0% service-connected (eligible for care of their service-connected condition only) – Subpriority g: Non service-connected

Analysis

Two decades have passed since Congress last reexamined VHA eligibility and benefits, and many far-reaching changes that affect veterans' health care have occurred in that time. In more than a decade of war, 2.75 million troops have deployed to Iraq and Afghanistan⁶³⁷ where many have faced long and repeated deployments; constant risk of injury and death; and high levels of psychological disorders, substance abuse issues, and physical health problems.⁶³⁸ Post-9/11-era veterans are enrolling for VA care at historically high levels.⁶³⁹

Under current law and VA policy, enrollment is open to a relatively broad spectrum of veterans, though some veterans with higher incomes are not eligible to enroll.⁶⁴⁰ As discussed above, the law draws distinctions between those whose health problems have been adjudicated as service-connected and those whose problems are deemed non-service-connected. If Congress substantially reduced funding for VA medical care, the distinction would be important because those with service-connected issues have higher priority for enrollment. Under VA's current enrollment policy, which bars only veterans with higher incomes from receiving care, the

⁶³⁷ Defense Manpower Data Center, *Contingency Tracking System (CTS) Deployment File*, (Dec. 31, 2015).

⁶³⁸ Institute of Medicine of the National Academies, *Returning Home from Iraq and Afghanistan: Readjustment Needs of Veterans, Service Members, and Their Families*, (Washington, DC: The National Academies Press, 2013), accessed June 25, 2016, <http://www.nationalacademies.org/hmd/Reports/2013/Returning-Home-from-Iraq-and-Afghanistan.aspx>.

⁶³⁹ Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, *Profile of Post-9/11 Veterans: 2014*, accessed May 27, 2016, http://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2014.pdf.

⁶⁴⁰ Veterans Health Administration, *Enrollment Determinations*, VHA Handbook 1601A.03, 9-10 (2015). Veterans with gross household income that do not exceed VA's means test threshold and a geographic means test by more than 10 percent may enroll for care, while those with higher income and no other special eligibility may not.

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statutory service-connected enrollment priority has little practical significance.⁶⁴¹ Future budget constraints could result in more restrictive enrollment criteria⁶⁴² or recurrence of lengthy wait times that hinder service-connected, disabled veterans' ability to receive timely care.

Current eligibility law does afford special status to veterans who deployed to a combat theater. It grants a 5-year window of eligibility for care to those veterans who are not otherwise eligible.⁶⁴³ All combat veterans are also eligible for readjustment counseling services at VHA Vet Centers without needing to enroll in VHA care and without time limitation.⁶⁴⁴ It is questionable, however, if the 5-year time limit takes sufficient account of continued reluctance of some veterans to seek care for behavioral health problems⁶⁴⁵ or of the difficulties of establishing service-connection years later for conditions that may be linked to wartime exposures to toxic substances.⁶⁴⁶ It is challenging for veterans to establish service-connection for health conditions that may have been caused by or associated with a long-distant exposure for which there may be no documentation. Given emerging evidence that combat exposure should be considered a risk factor for coronary heart disease,⁶⁴⁷ it has been suggested that combat exposure may not only take a toll on psychological health, but may exert a physiologic toll as well.⁶⁴⁸

Congress has attempted to remedy the challenge of documenting toxic exposures and establishing that particular illnesses are linked to wartime or other service exposure. It has, for example, enacted statutes that provide certain veterans eligibility for health care on the presumption that they were exposed to particular toxic substances.⁶⁴⁹ Congress went a step further in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 which provided eligibility for care for several types of cancer and other specified conditions for family members of veterans who had been exposed to drinking water contaminated with industrial solvents and other toxic chemicals at the Marine Corp base.⁶⁵⁰

Congress has made only limited provision for VA to cover care for family members of certain veterans,⁶⁵¹ but with research suggesting that long combat deployments can take a

⁶⁴¹ Prior to 1996, provisions of law required VA to ensure special priority to service-connected veterans in furnishing outpatient care. 38 U.S.C. § 1712(i), repealed by § 101(c), Pub. L. No. 104-262.

⁶⁴² Enrollment, 38 C.F.R. 17.36(c)(1).

⁶⁴³ Hospital, Nursing Home, Domiciliary, and Medical Care; General, 38 U.S.C. § 1710(e)(3), as amended by Sec. 7, Pub. L. No. 114-2 (2015), accessed June 20, 2016, <https://www.govtrack.us/congress/bills/114/hr203/text>.

⁶⁴⁴ Readjustment Counseling Service, 38 U.S.C. § 7309.

⁶⁴⁵ American Public Health Association, "Removing Barriers to Mental Health Services for Veterans," accessed May 27, 2016, <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/51/removing-barriers-to-mental-health-services-for-veterans>.

⁶⁴⁶ Matthew S. King et al., "Constrictive Bronchiolitis in Soldiers Returning from Iraq and Afghanistan," *New England Journal of Medicine*, 365, no. 10 (2011): 222-230, accessed June 20, 2016, <http://doi.org/10.1056/NEJMoa1101388>.

⁶⁴⁷ Nancy F. Crum-Cianflone et. al., "Impact of Combat Deployment and Posttraumatic Stress Disorder on Newly Reported Coronary Heart Disease Among US Active Duty and Reserve Forces," *Circulation*, 129, (2014), accessed June 20, 2016, <http://doi.org/10.1161/CIRCULATIONAHA.113.005407>.

⁶⁴⁸ Rachel Lampert, "Veterans of Combat: Still at Risk When the Battle is Over," *Circulation*, 129, (2014): 1797-1798, accessed June 20, 2016, <http://doi.org/10.1161/CIRCULATIONAHA.114.009286>.

⁶⁴⁹ Hospital, Nursing Home, Domiciliary, and Medical Care; General, 38 U.S.C. § 1710(e)(10).

⁶⁵⁰ Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Pub. L. No. 112-154, 126 Stat. 1165 (2012).

⁶⁵¹ Health Care of Persons Other Than Veterans, 38 U.S.C. §§ 1781-1787.

psychological toll on family members,⁶⁵² there may be circumstances under which it might be argued that VA should afford such family members behavioral health services. Studies indicate that longer deployments, deployment extensions, and posttraumatic stress disorder in military personnel are associated with psychological problems for the spouse.⁶⁵³ Long-term effects are unknown, yet studies suggest children may have heightened risk for psychosocial issues during a parent's deployment.⁶⁵⁴

The experience of the nation's longest war and increased options available under the Affordable Care Act (ACA), particularly to previously uninsured non-service-connected veterans, may raise new questions for policymakers.⁶⁵⁵ VHA's most recent survey of enrollees showed that 20 percent of enrollees reported that they were uninsured, down from 22 percent in 2014.⁶⁵⁶ Enrollment in VHA-provided care meets the ACA requirement for health care coverage, creating pressure to continue to provide care to those enrolled.⁶⁵⁷ Given that VHA serves large numbers who are poor or near poor and have chronic medical conditions and behavioral health problems,⁶⁵⁸ it is important to note that receiving care under an ACA plan would not necessarily be a substitute for the rich benefits afforded through VHA. In addition, adults in this population are only eligible for coverage under ACA through state expansion of Medicaid that 19 states have elected not to accept, making this option unavailable to poor or near poor veterans in many parts of the country.⁶⁵⁹

Over time Congress has expanded VA health care eligibility to increasingly more cohorts of non-service-connected veterans. There is wide variability among different cohorts in the extent to which veterans rely on VA care. Those at the higher-income levels (priority categories 7 and 8) who were generally not eligible for ambulatory care prior to 1996, for example, rely on VA for

⁶⁵² Robyn M. Highfill-McRoy et al., "Psychiatric Diagnoses and Punishment for Misconduct: The Effects of PTSD in Combat-Deployed Marines," *BMC Psychiatry*, 10, no. 1 (2010): 88, accessed June 20, 2016, <http://dx.doi.org/10.1186%2F1471-244X-10-88>. Swords to Plowshares, presentation to Commission on Care, January 21, 2016, <https://commissiononcare.sites.usa.gov/files/2016/03/Presentation-on-OTH-Discharges.pdf>. Note, in the interest of privacy the paper has used fictitious names to identify the former servicemembers. Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable"*, 42, 44, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%20038%20USC%20101%282%292.pdf>.

⁶⁵³ H. [REDACTED] De Burgh et al., "The Impact of Deployment to Iraq or Afghanistan on Partners and Wives of Military Personnel," *International Review of Psychiatry*, 23, no. 2 (2011): 192-200, <http://www.ncbi.nlm.nih.gov/pubmed/21521089>.

⁶⁵⁴ Gregory H. Gorman, Matilde Eide, and Elizabeth Hisle-Gorman, accessed June 20, 2016, "Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints," *Pediatrics*, 126, no. 6 (2010): 1058-1066, accessed June 20, 2016, <http://doi.org/10.1542/peds.2009-2856>. Anita Chandra et al., "Children on the Homefront: The Experience of Children from Military Families," *Pediatrics*, 125, no. 1 (2010): 16-25, accessed June 20, 2016, <http://doi.org/10.1542/peds.2009-1180>.

⁶⁵⁵ Kenneth W. Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8 (2012): 789-790, accessed June 20, 2016, <http://doi.org/doi:10.1001/jama.2012.196>.

⁶⁵⁶ Westat, *2015 Survey of Veteran Enrollees' Health and Use of Health Care*, accessed May 27, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

⁶⁵⁷ "Affordable Care Act & Veterans," Department of Veterans Affairs, accessed May 27, 2016, <http://explore.va.gov/health-care-affordable-care-act?show=all>.

⁶⁵⁸ Kenneth W. Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8 (2012): 789-790, accessed June 20, 2016, <http://doi.org/doi:10.1001/jama.2012.196>.

⁶⁵⁹ "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – An Update," Rachel Garfield and Anthony Damico, Kaiser Family Foundation, accessed March 29, 2016, <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update/>.

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less than 22 percent of their outpatient care-needs, based on VA's most recent survey of veteran enrollees' health and use of care.⁶⁶⁰

One consideration, as suggested by a few Commissioners, is the feasibility of allowing veterans' family members and currently ineligible veterans to purchase VHA care through their health plans in areas where VHA hospitals and other facilities might otherwise need to close. In many parts of the country, VHA currently maintains hospitals and other health care facilities that are underutilized or in danger of becoming so. A related challenge is maintaining safe volume of care when patient loads decline. As an extensive literature attests, surgeons and other health care professionals tend to lose proficiency when they treat too few patients.⁶⁶¹ Similarly, VHA may be unable to continue offer specialty care in certain areas if it forced to close facilities. Patients in a polytrauma unit for example, require a full spectrum of routine and nonroutine health care.

Closing a low-volume hospital may be the answer in some instances. But closing VHA facilities reduces the choices available to veterans. Increasing the volume of patients treated by VHA in areas where it currently has excess capacity may ameliorate these challenges. See Appendix C for a further discussion of the challenge of future VHA hospital closures and an outline of suggested pilot programs.

Substantial changes have occurred since Congress last comprehensively examined eligibility for VHA care. These changes merit a reexamination of VA health care eligibility.⁶⁶² The Commission did not, however, view its charge of examining veterans' access and how best to organize VHA, locate health care resources, and deliver care in the years ahead⁶⁶³ as calling for it to make recommendations on this fundamental policy issue, and recommends that the President or Congress consider tasking another body to develop recommendations for VA care eligibility and benefit design. The Commission's work, however, has illuminated the fact that nothing in law or regulation assures a service-connected, disabled veteran of priority for care. VA can and should amend its regulations to provide for such priority, subject to a necessarily higher priority for urgent and emergent care.

Implementation

Legislative Changes

- Task another body to examine the need for changing eligibility for VA care and benefits design, which would include simplifying eligibility criteria, and may include exploring

⁶⁶⁰ Westat, *2015 Survey of Veteran Enrollees' Health and Use of Health Care*, 75, accessed May 27, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

⁶⁶¹ Ninh T. Nguyen et al., "The Relationship Between Hospital Volume and Outcome in Bariatric Surgery at Academic Medical Centers," *Annals of Surgery*, 240, no. 4 (2004): 586-594. D. R. Urbach and N. N. Baxter, "Does It Matter What a Hospital Is 'High Volume' For? Specificity of Hospital Volume-Outcome Associations for Surgical Procedures: Analysis of Administrative Data," *Quality and Safety in Health Care*, 13, no. 5 (2004): 379-383, <http://doi.org/10.1136/bmj.38030.642963.AE>. Edward L. Hannan et al., "Coronary Angioplasty Volume-Outcome Relationships for Hospitals and Cardiologists," *Journal of the American Medical Association*, 277, no. 11 (1997): 892-898, <http://doi.org/10.1001/jama.1997.03540350042031>.

⁶⁶² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 25, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁶⁶³ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113-146 (2014).

pilots for expanding eligibility for nonveterans to use underutilized providers and facilities when paid for through private insurance.

VA Administrative Changes

- SECVA should amend 38 C.F.R., chapter 17 to establish that veterans with service-connected disabilities shall be afforded priority for access to care, subject to the priority dictated by clinical care needs.

Other Departments and Agency Administrative Changes

- None required.

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APPENDIX A: FINANCING THE VISION AND MODEL

Estimating the Cost of Alternative Policy Proposals

This chapter presents estimates of the costs of allowing veterans access to expanded community care through integrated networks, as well as a range of other options. In the *Recommended Option*, the one chosen by the Commission and described in Recommendation #1, veterans would be eligible to receive community care for primary and standard specialty care with a referral from any primary care doctor in the VHA Care System. Special emphasis care, care provided in a distinctive fashion by VHA, is not included in community networks.

In addition to the *Recommended Option*, we considered three alternatives that are based on a similar concept of integrated networks, but which have potential costs that could vary dramatically due to differences in the openness of access to community care and the breadth of services eligible. We also estimated the costs of three options that differ in focus from the integrated network options, including options that move selected services entirely to the community, set up a premium support model, and expand access to all Priority 8 veterans. Finally, we estimated costs for two additional policies: expanding nurse navigator/care coordinator staff to help guide and coordinate veterans' care in the integrated networks of expanded community care and granting temporary eligibility for VA health care to those with other-than-honorable discharges.

Baseline Projections

We used projections from the Enrollee Health Care Projection Model (EHCPM) produced by VHA and Milliman as the baseline upon which to build our estimates. However, with the exception of the options involving premium support and an expansion of Priority 8 enrollment, we use separate analyses and not the EHCPM to derive the estimates. Costs of VA care are modeled as the product of utilization and cost per unit of care (unit cost). Utilization is dependent on both enrollment in, and reliance on, the VA health care system, total demand for health care, and other factors. Enrollment measures how many people enroll to receive VA health care, and reliance is the percentage of their medical care that enrollees receive through VA or VA-financed community care. Unit costs measure the cost of each health care service. Unit costs can be calculated for care in VA facilities, for care outside of VA facilities, or for both, depending on the scenario being estimated.

Utilization

Utilization depends on enrollment, reliance, total demand for health care, and characteristics of the health care system, such as medical technology and practice patterns. We discuss enrollment and reliance in further detail below, but overall demand for health care is similarly important. Enrollment, reliance, and overall demand each have a multiplicative effect on

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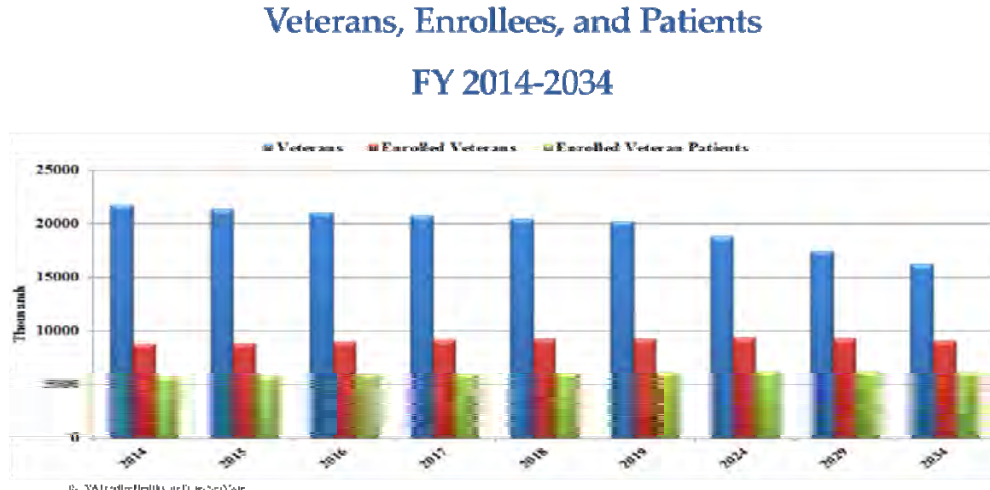
utilization and total costs. For example, if enrollment increases by 10 percent, costs will increase by 10 percent (assuming new enrollees have the same characteristics as existing enrollees). Thus, it is important to consider carefully the effect of any policy change on enrollment, reliance, and overall demand for health care. Each of these factors is subject to effects by policies that make care more convenient, less expensive, or less restricted.

Enrollment

Currently there are 22 million veterans, 9 million of whom have enrolled and 7 million of whom are eligible to enroll but have not done so. Even though the number of veterans is decreasing, projected numbers of enrollees and patients should remain relatively stable during the next 20 years. Younger veterans enroll at particularly high rates, and once enrolled, they remain continuously enrolled until death.

This enrollment trend is subject to change based on various inputs. Enrollment rates are projected based on current policy, and if policy changes, the number of enrollees and patients will change. For example, an increase in cost sharing would likely decrease enrollment and the number of patients, yet easing access to care would likely increase enrollment and the number of patients. Changes to other health insurance policies outside of VA can also affect enrollment and the number of patients (for example, changes to the Affordable Care Act).

Figure A-1. Changes in Number of Veterans, Enrollees over a 20-year Period



Reliance

On average, enrolled veterans receive 34 percent of their health care through VHA, and approximately 80 percent of enrollees have other health insurance in addition to VA health care. Many factors affect reliance rates including, age, income, service-connected disabilities, distance from VA facilities, cost-sharing levels, and characteristics of other insurance options. Any policy that affects the cost of receiving VA care, the convenience of receiving VA care, the cost or convenience of other health insurance held by enrollees, or demographic or health characteristics of enrollees, is likely to change reliance. Any increase in reliance will increase

costs to VHA, and the effect can be very large. In the absence of a policy change, VHA predicts that reliance will decline slightly from 34 percent to 32 percent during the next 20 years.

Unit Cost

Unit cost measures how much a particular service, procedure, or drug costs to provide. Unit costs can measure the cost of the unit of care in the VHA system or in the community, depending on where veterans receive care. We used unit cost projections from the EHCPM for 78 Health Care Service Categories (HSCs). The unit of measurement depends on the service. Examples include office visits, pathology procedures, vision exams, and inpatient surgical days. Unit cost projections reflect anticipated changes in price inflation and health care practice patterns, as well as historical trends. EHCPM projects separate unit costs, depending on whether veterans receive a service in a VA facility, in the community at historic Care in the Community (CITC) rates, or in the community at Medicare allowable rates. Any policy that affects the quantity of care provided in VA facilities, as opposed to the community, will have an effect on the total cost of care. If veterans receive care in the community, the rate of provider reimbursement will also affect costs.

Baseline Cost Projections

The baseline cost projections, produced by the EHCPM, show how cost will change in the future. They incorporate projected changes in enrollment, reliance, unit costs, and other factors. The projections reflect current policy with regard to enrollment eligibility and VA health care benefits, with the exception of the *Choice Program*, which is assumed to continue for veterans living more than 40 miles away from a VA medical care facility.⁶⁶⁴

We based the projections on assumptions about inflation and anticipated effects of changes in health care practice on the cost of VA health care in the next 20 years. New military conflicts, policies, legislation, regulations, and external factors, such as economic recession, can occur and change projected demand for VA health care during this period. The projections do not include requirements for several activities/programs not projected by the VA EHCPM, including nonrecurring maintenance; readjustment counseling; state-based, long-term services and support programs; and some components of the CHAMPVA program.

In the absence of any policy changes, costs increase from \$53 billion in 2014 to \$125 billion in 2032. This growth is largely due to inflation and how health care practices are expected to change over time, which reflects factors that affect the cost of both VA and non-VA health care. These trends increase the cost of VA health care regardless of changes in enrollment growth and demographics. Within enrollment, the increasing number of enrollees adjudicated for service-connected disabilities by the Veterans Benefit Administration (VBA) is the most significant driver of cost increases. Enrollees will likely increase their reliance to reflect the substantially higher reliance of enrollees in the service-connected Priorities 1-3.

These baseline estimates, along with our scenario estimates presented below, carry some key limitations. First, the EHCPM does not track capacity at VA facilities. We assume health care

⁶⁶⁴ Veterans qualifying based on wait times or excessive travel burdens are not included.

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utilization will increase or decrease at the average unit cost, when in fact it is the marginal cost that would be relevant for cost estimates. This marginal cost could be smaller or larger than the average cost, depending on existing capacity. Although we did make some assumptions about fixed and variable unit costs when care leaves VA facilities in our policy estimates below, precise estimates are not possible given data availability. Second, the EHCPM does not consider health care capacity in local communities. For these and other reasons, the EHCPM is best for the near future and for policy scenarios that do not stray dramatically from current policy. A 2008 RAND review of the EHCPM highlighted these limitations, which are particularly important for analyzing policy changes such as expanded community care.⁶⁶⁵ In light of the types of policy choices VHA is likely to consider in the future, it would be particularly beneficial for VHA to collect and incorporate the data necessary to mitigate these limitations. Due both to these limitations and to the general uncertainty regarding any long-term changes in the health care system, we suggest focusing attention on the 2019 estimates of the scenarios below, as 2019 is the first year to incorporate the fully phased-in effects of the scenarios.

Policy Estimates

In this section, we present results for the *Recommended Option* and three alternative options for expanding access to providers outside of VA through integrated networks. These options expand community care for different categories of care and vary by whether referrals are required to receive specialty care. We present estimates for several other scenarios we examined, each with a design or focus that differs from the integrated network options. Finally, we estimate costs for two other policies discussed in this report: (1) expanding the use of nurse navigators to help patients coordinate their care in VA and in the community, and (2) expanding eligibility to all veterans with an other-than-honorable (OTH) discharge until the adjudication process is complete to determine whether they will remain eligible.

Community-Delivered Services Networks

This section describes the *Recommended Option* and the first three alternative options. At least initially, all care currently provided by VA would continue to be provided by VA. In addition, expanded community care, also called Community-Delivered Services (CDS), will be provided by an integrated network consisting of providers (medical practitioners including physicians, midlevel practitioners and therapists, and hospitals and clinics) vetted by VA. CDS will focus on tertiary and quaternary care, and may include primary care and all standard specialty care, depending on the scenario considered. CDS will not include special-emphasis care and some types of specialty care provided in a distinctive fashion by VHA. The network of CDS providers that VA will coordinate varies by community. To make the flow of service both appropriate and smooth in operation, there will be navigators who will help guide veterans to the best and most appropriate providers inside and outside VA.

The Commission's recommendation to create the VHA Care System (see p. X) considers the ways in which health plans can vary the size and scope of networks as a means of managing costs. It highlights that broad, open networks offer greater choice, but narrow, well-managed

⁶⁶⁵ Katherine M. Harris, James P. Galasso, and Christine Eibner, "Review and Evaluation of the Enrollee Health Care Projection Model," RAND Corporation, Santa Monica, CA, 2008.

networks potentially result in lower costs. It discusses ways in which, after networks are designed, VHA could exercise additional cost controls by steering patients to different providers within the networks. Finally, the recommendation regarding the VHA Care System emphasizes that access and local needs are important considerations in setting up the integrated networks, and that governance of the networks should be a process of ongoing management and evaluation.

In the estimates that follow, we assume that networks are designed and governed in a way that gives major consideration to cost, choice, and access. We assume that management of the integrated networks would be an iterative process that involves continual evaluation of resulting outcomes, including cost outcomes, and that networks would be adjusted in light of those outcomes. We also assume that local communities and services with poor access would require more community providers and/or expanded capacity within VHA than those that already have adequate access. Finally, we assume that the networks will be integrated, relatively narrow, and well-managed with the aim of controlling costs effectively. One exception is that for the *Recommended Option*, we added an estimate that assumes less-managed, broader networks to illustrate that costs are sensitive to network size and management.

Technical Assumptions for Community-Delivered Services Options

We based our estimates on utilization and unit cost data and projections for 78 HSCs that we obtained from the VHA Office of Policy and Planning. Starting from a base year of 2014, we projected utilization and unit costs through 2034. For HSCs that are eligible for CDS networks, we assume a certain fraction of care, depending on the option, shifts from VA facilities to the networks. We assume traditional CITC will be offered and used at baseline levels.⁶⁶⁶ We assume that the *Choice Program* ends and that those formerly in the *Choice Program* will take advantage of the community care offered in the CDS networks. All effects are phased in during the first 5 years.

Both CDS networks and CITC are priced at Medicare allowable rates by matching Medicare fee schedule data to VA HSCs.⁶⁶⁷ A few benefits that are not covered by Medicare, such as dental, are priced at historic CITC unit costs. Cost sharing for CDS networks is assumed to be the same as that for care in VA facilities.

For care shifting into the CDS networks, we use data on the components of HSC unit costs that we obtained from the VA Allocation Resource Center. We assume VA is able to adjust resources such that only the equipment and national overhead portions of unit costs remain in VA facilities. These portions, which together averaged approximately 10 percent of care in 2014, form our proxy for the portion of unit costs that VA will not be able to shed in scenarios for which, on net, care leaves VA facilities for CDS networks. Note that unit costs do not include costs associated with the physical building or nonrecurring maintenance. These costs are not part of the EHCPM, and costs and/or savings associated with changes to facilities and nonrecurring maintenance are not included in our estimates.

⁶⁶⁶ CITC accounted for approximately 11 percent of modeled expenditures in the base year 2014.

⁶⁶⁷ Medicare Allowable rates were provided by Milliman at the request of VA. They were produced using repricing performed at the area-specific level for inpatient, outpatient, and professional care. For services that were not repriced within an HSC, Medicare amounts were estimated.

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Improving access, choice, and/or quality of services is likely to induce greater reliance and enrollment in the VA system. Although reliance and enrollment increases result in greater budgetary costs for VA, it is important to note that these increases do not represent societal costs or costs to the government. The VA budgetary cost increases may be associated with reductions in out-of-pocket expenses and improved health care benefits for patients, as well as savings to Medicare, Medicaid, and other government programs. Our cost estimates are confined solely to the VA budget.

Approximately 52 percent of eligible veterans have enrolled in VA health care, and enrolled veterans receive 34 percent of health care through VA. There is little data from which to anticipate how reliance and enrollment might change under the scenarios, and our estimates use wide ranges of assumptions for these parameters. In forming our assumptions, we consider a variety of factors, such as insurance coverage and other characteristics of eligible veterans (both enrolled and unenrolled), survey responses of veterans (both enrolled and unenrolled) on use and reasons for lack of use of VA health care, and research on take-up of health insurance coverage.⁶⁶⁸ We are confident that enrollment and reliance would increase more with greater patient choice and access. For all options, we present low, middle, and high estimates.

In addition to increases in reliance and enrollment, reduced cost sharing, increased convenience of receiving community care, and the removal of a requirement to get a referral for specialty care can increase the total amount of medical care that a patient receives. Depending on the option considered, some health care is subject to reduced cost sharing from levels typical of private insurance coverage and Medicare to the very small levels of cost sharing found in the VA system. We assume utilization increases for health care subject to lower cost sharing and/or removal of a requirement to get a referral, with our estimates based in part on the literature examining how cost sharing affects health care demand.⁶⁶⁹

Caveats

There are a number of caveats associated with all of our estimates. These caveats are important, and to the extent that these assumptions do not hold, the estimates will be inaccurate. The estimates do not include savings and costs of reducing or repurposing infrastructure, or effects on VA's teaching, research, and emergency preparedness missions. Medicare allowable rates are assumed adequate to provide all veterans with robust CDS networks in their local areas. For care priced at historic CITC rates, national average rates are assumed to represent future rates. Shifting care into CDS networks does not affect the unit cost of care that remains in VA facilities. Reductions in the volume of care within VA facilities, and potentially adverse effects quality, are not addressed. Other than equipment and national overhead, the costs of care shifting out of VA facilities are phased out concurrently with other effects in the model. New enrollees are assumed to cost slightly less than existing enrollees for *CDS Alternative 3* and the

⁶⁶⁸ Examples of sources include: the 2014 American Community Survey; the 2010 National Survey of Veterans; the 2015 Survey of Veteran Enrollees' Health and Use of Health Care; Katherine Baicker, William J. Congdon and Sendhil Mullainathan, "Health Insurance Coverage and Take-Up: Lessons from Behavioral Economics," *The Milbank Quarterly*, 90(1) (2012), 107-134.

⁶⁶⁹ Congressional Budget Office, "Key Issues in Analyzing Major Health Insurance Proposals," Washington, DC, 2008. Willard G. Manning, Joseph P. Newhouse, Naihua Duan, Emmett B. Keeler, Arleen Leibowitz, and M. Susan Marquis, "Health Insurance and the Demand for Medical Care: Evidence from a Randomized Experiment," *American Economic Review* 77(3) (1987), 251-77.

same as existing enrollees in the *Recommended Option* and *CDS Alternatives 1 and 2*.⁶⁷⁰ Finally, we do not estimate any administrative costs associated with CDS networks other than the additional RN care managers hired to handle the increased clinical and administrative burden of expanded community care. These additional, nonmodeled administrative costs could be substantial.

Commission Recommended Option

The *Recommended Option* would expand community care. At least initially, all care currently provided by VA would continue to be available through VA. In addition, expanded community care, also called CDS, would be provided by an integrated network consisting of providers (medical practitioners including physicians, midlevel practitioners and therapists, and hospitals and clinics) vetted by VA or a third-party administrator. The CDS network would include all primary and standard specialty care; it would not include special-emphasis care (care that is provided in VA in a distinct fashion).⁶⁷¹ In 2014, 68 percent of care would have been eligible for CDS networks at current VA prices. A referral from a primary care provider would be required to receive specialty care. This referral could come from a provider either at VHA or from the community network. In this scenario, we assumed all other characteristics of the VHA Care System would remain the same as under current policy. We assume that the *Choice Program* ends and that those formerly in the *Choice Program* will take advantage of the community care offered in the CDS networks.

We expect that allowing enrollees to get primary and standard specialty care in the community will increase reliance for care provided in the community because many veterans would have a choice among a larger number of providers and would be more likely to have the option to receive care at a more convenient location. We also expect enrollment to increase because some eligible veterans would be induced to enroll by the prospect of having VA pay for them to see a doctor in the community. We assume that 60 percent of eligible care shifts from VA facilities to CDS networks. Currently reliance is 34 percent. Under this scenario, we model reliance levels of 40, 50, and 60 percent, which correspond to reliance rates increases of approximately 18, 47, and 76 percent, respectively. These reliance increases apply only to CDS care, not CDS-eligible care that is provided in VA facilities. Although the choice of providers is expanded and wait times are potentially reduced in VA, there continues to be a requirement for a referral to access specialty care, as there is in the current system. We modeled enrollment increases of 5, 15, and 20 percent for the low, middle and high estimates, which assume integrated, narrow, and well-managed networks that are designed and managed with cost as one of the major considerations. We also modeled an enrollment increase of 50 percent, more consistent with a less-managed, relatively broad network for which cost is a less important consideration. Finally, we assume that newly entering veterans who receive treatment in CDS networks because of this policy have a 20 percent utilization increase for new demand in CDS networks. Much of this care was

⁶⁷⁰ Assumptions based on previous analysis by VHA and Milliman.

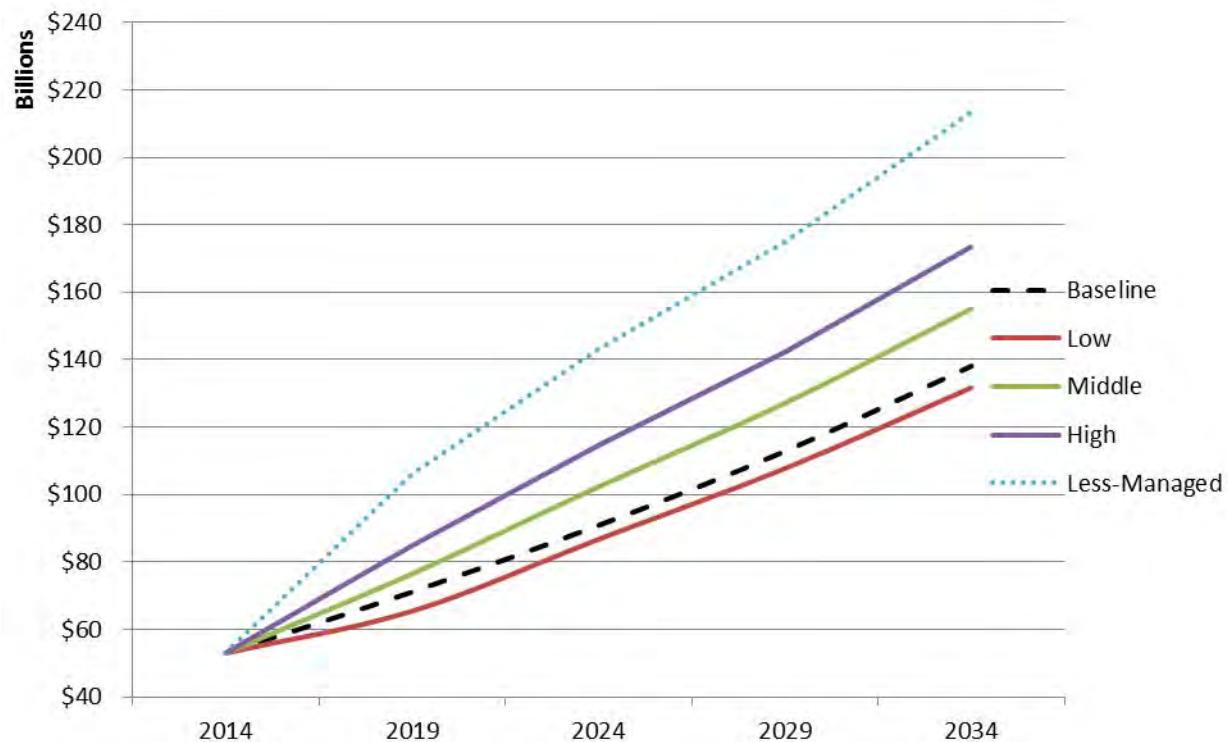
⁶⁷¹ Special-emphasis care includes: prosthetics and orthotics, recreational therapy, rehabilitative care, pharmacy, home-based primary care, spinal cord injury and disorders, some categories of long-term services and supports, mental health and homeless care. We count all mental health as special-emphasis because mental health categories cannot easily be differentiated by care that is VA special-emphasis and care that is not.

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formerly subject to sizable cost sharing with private insurance or Medicare, and now it would be subject to little if any cost sharing associated with VA-financed care.

Figure A-2 displays estimates for the *Recommended Option*. Estimates for well-managed, narrow networks range from \$65 billion to \$85 billion in 2019, with a middle estimate of \$76 billion. The middle estimate is moderately above the baseline projection of \$71 billion. Although reliance and enrollment increases push VA budgetary costs up, the switch from VA unit costs to the less costly Medicare allowable rates for CDS networks and CITC mitigate the increases. The estimate for the less-managed, broader network scenario is \$106 billion in 2019, illustrating that costs could increase markedly if governance of the network places less importance on cost or if VA were unsuccessful in tightly managing the network.

Figure A-2. Projected Costs of Recommended Option



APPENDIX A

FINANCING THE VISION AND MODEL

COST ESTIMATES Commission on Care Scenarios							
	Brief Description	Utilization Increase	Enrollment Increase (low, middle, high)	Reliance (low, middle, high)	Cost FY 2014 Actual (billions)	Cost FY 2019 Projected (billions)	Cost FY 2034 Projected (billions)
Baseline	2014 Actual		9,078,615	34%	\$53	\$ 71	\$ 138
Recommended (low)	Referral Based Care in VHCS (68% of current VHA care eligible as CDS)	+20% of new demand in CDS Care	5%	40%	\$	65	\$ 132
Recommended (middle)	same	same	15%	50%	\$	76	\$ 155
Recommended (high)	same	same	20%	60%	\$	85	\$ 173
Recommended (less-managed)	same	same	50%	60%	\$	106	\$ 213
Alternative 1 (low)	Similar to Recommended but primary care, inpatient med and surg and some standard specialty care not eligible for CDS remain in VHA (47% of care eligible for CDS)	+20% of new demand in CDS Care	0%	10%	\$	66	\$ 128
Alternative 1 (middle)	same	same	5%	35%	\$	73	\$ 140
Alternative 1 (high)	same	same	10%	50%	\$	78	\$ 151
Alternative 2 (low)	Similar to Alternative 1 but primary care coordinator must only be consulted; no referral required (47% of care eligible for CDS)	+20% CDS eligible Care	5%	60%	\$	97	\$ 191
Alternative 2 (middle)	same	same	10%	80%	\$	123	\$ 243
Alternative 2 (high)	same	same	20%	100%	\$	154	\$ 307
Alternative 3 (low)	Similar to Alternative 2 but primary care, inpatient med/surg and specialty care eligible for CDS and no consult required	+20% CDS eligible Care	75% (level)	80%	\$	167	\$ 320
Alternative 3 (middle)	same	same	85% (level)	90%	\$	206	\$ 395
Alternative 3 (high)	same	same	95% (level)	100%	\$	250	\$ 479
Keep Selected Services (low)	Move most standard ambulatory specialty care to community	+20% of new demand in CDS Care	0%	10%	\$	64	\$ 128
Keep Selected Services (middle)	same	same	4%	25%	\$	70	\$ 136
Keep Selected Services (high)	same	same	8%	40%	\$	75	\$ 145
Premium Support	Enrollees under age 65 can choose a subsidized insurance premium with cost sharing in lieu of VHA care	42% of enrollees <65 choose premium support	6%		\$	82	\$ 158
Eligibility Expansion	Allow all eligible veterans to enroll	increase to 30% market share among priority 8	5%		\$	72	\$ 140
Initiatives	Nurse navigators for CDS care				\$	71	\$ 138
	Make veterans with Other than Honorable Discharges Temporarily Eligible for VA Health Care While Claims are Adjudicated				\$	72	\$ 139

Additional Sample Cost Models

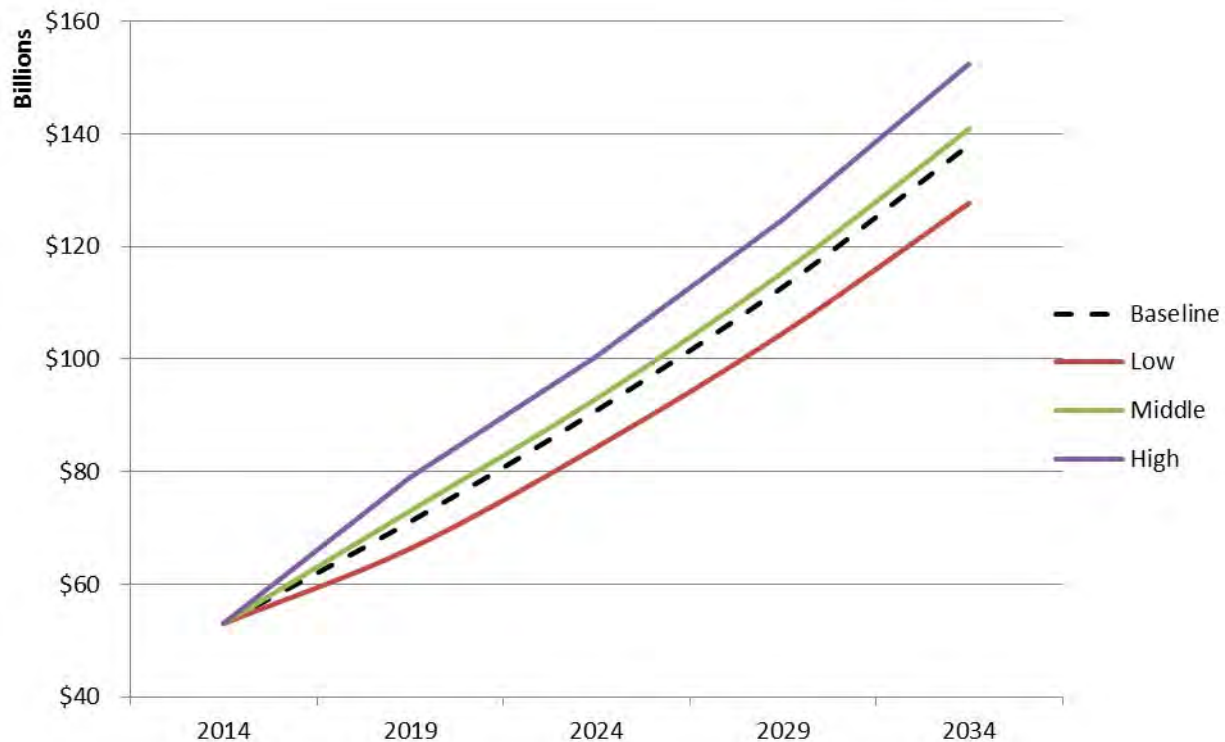
CDS Alternative 1

CDS Alternative 1 is similar to the Commission's *Recommended Option* above. The main difference is that a narrower subset of services is available in the CDS networks. Primary care, inpatient medical and surgical care, and some standard specialty care are not eligible for CDS networks and must be accessed within VA. The CDS network for *CDS Alternative 1* would focus on tertiary and quaternary care; it would not include primary care, some specialty care, inpatient medical and surgical care, and special-emphasis care (care that is provided in VA in a distinct fashion). In 2014, 47 percent of care would have been eligible for CDS networks.

Because less care is eligible for CDS networks than in the *Recommended Option*, less care will shift to CDS networks, reliance increases will be smaller, and enrollment increases will be smaller. We assumed that 50 percent of eligible care shifts from VA facilities to CDS networks. We modeled increases in reliance of 10, 35, and 50 percent, which correspond to reliance rates of approximately 37, 46, and 51 percent. These reliance increases pertain only to CDS care, not CDS-eligible care provided in VA facilities. We modeled enrollment increases of 0, 5, and 10 percent. As in the *Recommended Option*, we assume newly entering veterans who receive treatment in CDS networks because of this policy have a 20 percent utilization increase for new demand in CDS networks.

Figure A-3 displays estimates for CDS Alternative 1. Estimates range from \$66 billion to \$78 billion in 2019, with a middle estimate of \$73 billion. As in the *Recommended Option*, the middle estimate is close to the baseline projection of \$71 billion. Although reliance and enrollment increases push VA budgetary costs up, the switch from VA unit costs to Medicare allowable rates for CDS networks and CITC offsets these effects.

Figure A-3. Projected Costs of CDS Alternative 1



CDS Alternative 2

Like *CDS Alternative 1*, CDS care in *Alternative 2* would focus on tertiary and quaternary care. CDS networks would not include primary care, special-emphasis care, inpatient medical and surgical care, and some types of specialty care.

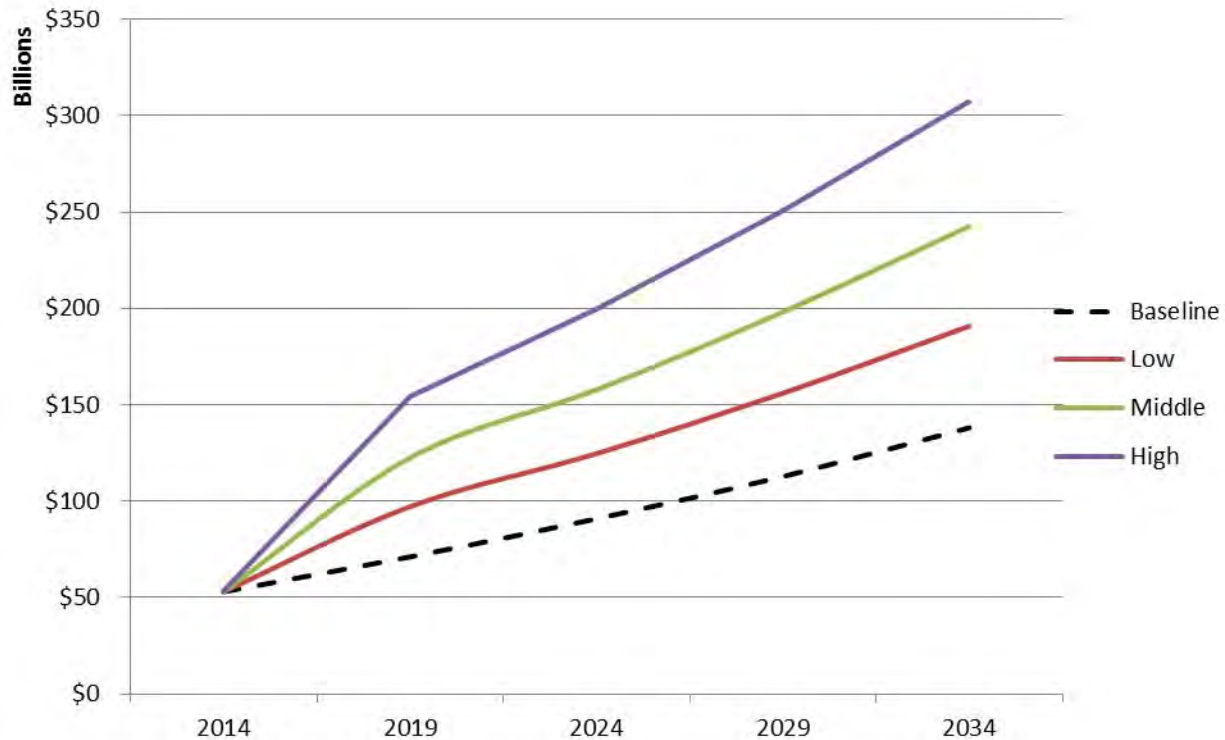
This option differs from the *Recommended Option* and *CDS Alternative 1* in that veterans must consult their VHA primary care provider in some way before seeking specialty care, but they *do not* need a referral to receive CDS eligible care whether they receive it in or out of VA. Some specialty care, all primary care, and all special-emphasis care are only provided in VA unless the veteran is eligible for traditional CITC. However, after the primary care consultation, the choice of whether to seek eligible care in CDS networks is entirely up to the veteran. As in *CDS Alternative 2*, the care eligible for CDS networks comprised 47 percent of total modeled expenditures in 2014.

We expect reliance increases to be relatively high, and we apply these reliance increases to CDS eligible care regardless of where veterans receive it because referrals are not required for any CDS eligible care. Further, we expect enrollment increases to be higher than the *Recommended Option* and *CDS Alternative 1* because the absence of a referral requirement makes this a more attractive policy for potential enrollees. We model reliance rates of 60, 80, and 100 percent for care eligible for CDS networks; enrollment increases of 5, 10, and 20 percent; 70 percent of VA facility care shifting into CDS networks; and a 20 percent utilization increase for CDS eligible care.

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Estimates are displayed in Figure A-4. In 2019, the baseline projection is \$71 billion. *CDS Alternative 2* estimates range from \$97 billion to \$154 billion, with a middle estimate of \$123 billion. The potential for considerable reliance and enrollment increases could push costs substantially higher than the baseline.

Figure A-4. Projected Costs of CDS Alternative 2



CDS Alternative 3

CDS Alternative 3 differs from *Alternative 2* in two main ways. First, a broader array of care is eligible for CDS networks. CDS would include primary and standard specialty care, including inpatient medical and surgical care. It would not include special-emphasis care (care that is provided in VA in a distinct fashion). This array of eligible care is the same as that for the *Recommended Option*, and comprised 68 percent of total modeled expenditures in 2014. Second, enrollees do not need to consult with a primary care doctor in order to access CDS eligible care.

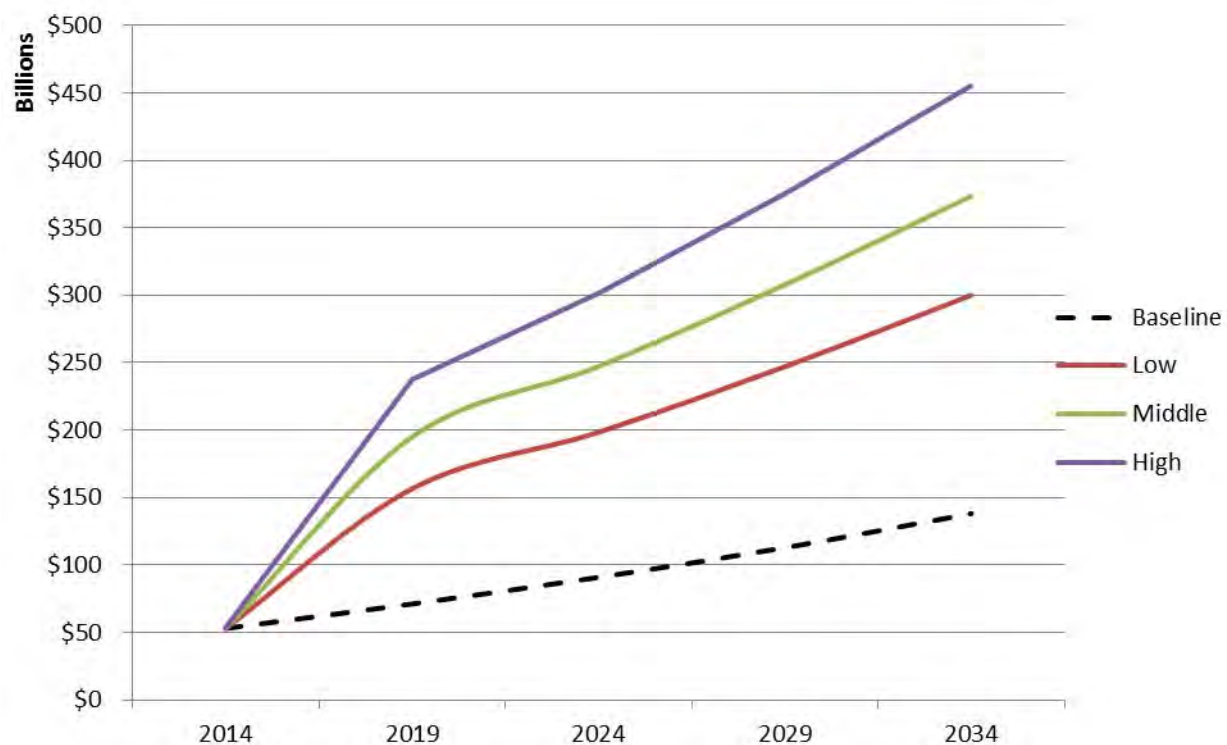
CDS Alternative 3 would offer an extremely generous benefits package for patients. With no referral or consultation, no premiums, and little if any copayments, patients would have access to a robust network of high-quality providers in their area. Although care within VA facilities would be available, no clinical contact would be necessary for those seeking care in CDS networks. Even within VA facilities, care is more attractive because patients would no longer need to consult their primary care doctors to receive specialty care. The benefits of this option contrast with the 10 to 30 percent cost sharing typical in Medicare and private coverage, the low

provider reimbursements, stigma and access barriers often associated with Medicaid,⁶⁷² and the requirements for referrals and/or prior authorizations that are widespread among health insurance plans. Few veterans would have reason to turn down such an attractive option.

Consequently, we model high ranges for reliance, enrollment, and care shifting into CDS networks. We model reliance rates of 80, 90, and 100 percent for all CDS eligible care; enrollment shares of 75, 85, and 95 percent; and a 70-percent rate of eligible care shifting from VA facilities to CDS networks. We apply the reliance increases to all care eligible for CDS networks, even if the care is provided in VA facilities or traditional CITC, because this option eliminates the need for consultations with primary care doctors for all CDS eligible care. Additionally, we assume that the total amount of CDS eligible care received by veterans from any provider and payer increases by 20 percent due to the lack of a referral requirement and/or reduced cost sharing.

Estimates are displayed in Figure A-5. In 2019, when effects are fully phased-in, estimated costs range from \$156 billion to \$237 billion, with a middle estimate of \$195 billion. This compares to a baseline projection of \$71 billion. Although estimates are highly uncertain, a key takeaway is that this option could result in very large cost increases relative to the baseline scenario, *Recommended Option*, and *CDS Alternatives 1 and 2*.

Figure A-5. Projected Costs of CDS Alternative 3



⁶⁷² Yu-Chu Shen and Stephen Zuckerman, “The Effect of Medicaid Payment Generosity on Access and Use among Beneficiaries,” *Health Services Research* 40, no. 3 (2005), 723-44. Jennifer Stuber and Karl Kronebusch, “Stigma and Other Determinants of Participation in TANF and Medicaid,” *Journal of Policy Analysis and Management* 23, no. 3 (2004), 509-530.

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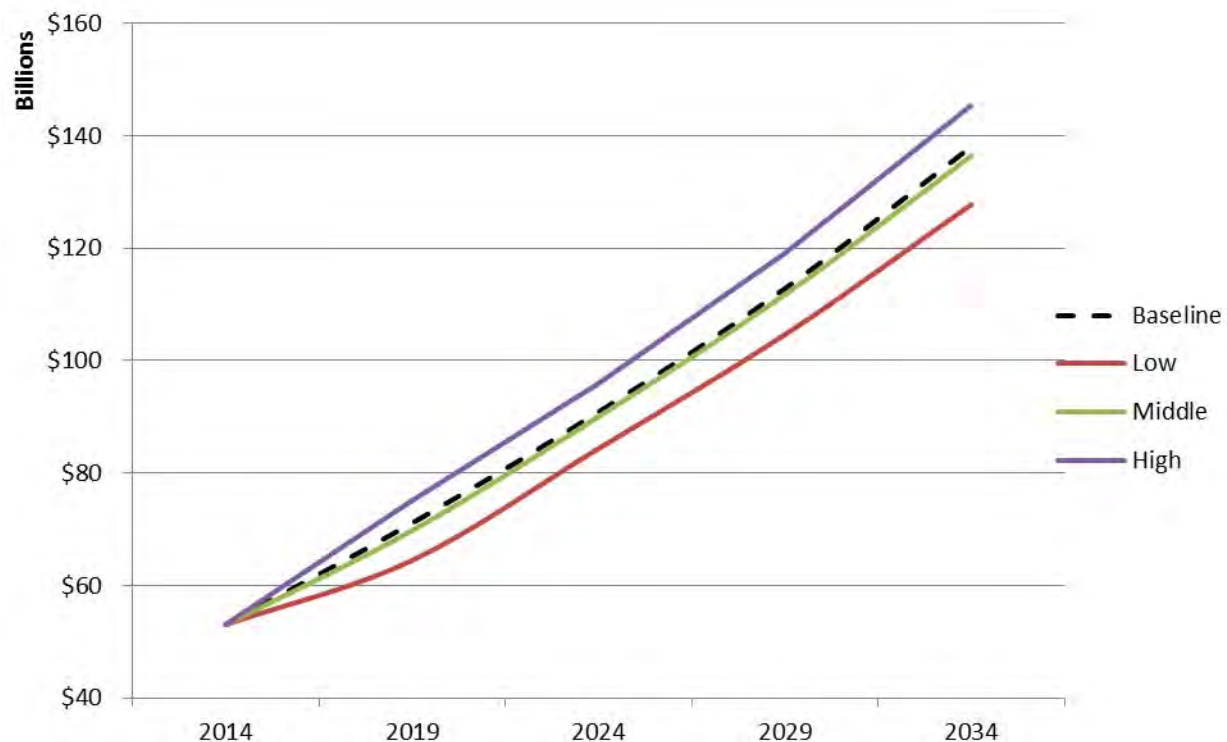
Keep Selected Services

The *Keep Selected Services (KSS)* scenario would move most standard ambulatory specialty care entirely into the community, yet keep the remainder of care entirely within VA facilities or traditional CITC. Although VA would no longer provide most standard ambulatory specialty care in VA facilities, it would continue to provide primary care, inpatient care, and special-emphasis care in VA facilities, including long term services and supports, prosthetics and orthotics services, inpatient and outpatient mental health and substance abuse, inpatient medical and surgical care, prescription drugs, medication management, recreational therapy, and immunizations. Under this scenario, approximately 35 percent of the cost of care currently provided in VA would be provided solely in the community. Providers in the community would receive Medicare rates.

We modeled increases in reliance of 10, 25, and 40 percent, which correspond to reliance rates of approximately 37, 43, and 48 percent. These reliance increases pertain only to care that moves into the community. We modeled enrollment increases of 0, 4, and 8 percent.

Estimates are displayed in Figure A-6. In 2019, when effects are fully phased-in, estimated costs range from \$64 billion to \$75 billion, with a middle estimate of \$70 billion. This estimate compares to a baseline projection of \$71 billion. Although estimates are highly uncertain, a key takeaway is that even with expanded community care, cost increases are constrained when veterans cannot choose whether they receive care in VA facilities or in the community.

Figure A-6. Projected Costs of Keep Selected Services Scenario



Premium Support⁶⁷³

Under the *Premium Support* (PS) scenario, all current and future enrollees younger than age 65 can choose a subsidized insurance premium with cost sharing (for some priorities) in lieu of their current VHA benefit. Enrollees electing the premium and cost sharing subsidy no longer have access to any VA services, including the special services VA offers. Under this scenario, there is an annual election period, and VA actively engages with enrollees to make a decision. Enrollees ages 65 and older receive no additional benefit options.

For those enrollees choosing the subsidized insurance program, the cost sharing varies by priority level: 10 percent for priorities 1 and 2; 20 percent for priorities 3 and 4; 30 percent for priorities 5 and 6; and 40 percent for priorities 7 and 8. Veterans would buy *Silver* policies on the state individual insurance exchanges, and VA would provide additional cost sharing assistance to meet the target subsidy. If enrollees purchased plans offered with lower cost sharing, such as *Gold* (20 percent cost sharing) or *Platinum* plans (10 percent cost sharing), the additional premium costs would likely exceed the cost of purchasing a Silver plan and subsidizing the cost sharing. The cost estimates did not consider the potential effect of adding a large number of veterans on exchange plans. Were VA to do this, considerations for veteran morbidity as well as the proposed cost sharing subsidies would need to be accounted for within the purchase of state exchange plans from commercial insurers.

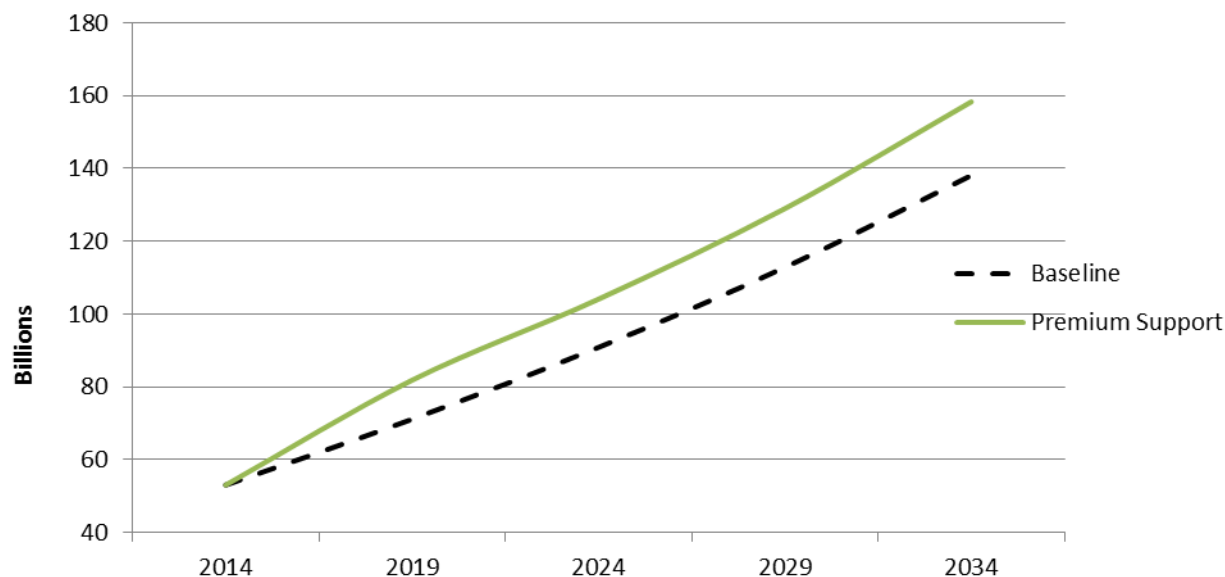
To determine participation rates in the subsidized premium program, we summarized enrollees' FY 2014 baseline data into cost brackets by attaching 2015 EHCPM unit costs to workload and then summarizing the total cost of workload provided to each enrollee. Overall, 42 percent of enrollees younger than age 65 were assumed to select the subsidized premium option, but the model assigned different rates of participation depending on enrollees' priority level and historical VA utilization. Enrollees with little to no costs were assumed to participate in the program at a higher rate as compared to those who had larger levels of VA costs. Participation rates for priority 5 veterans were assumed to be half the rates set for other priority levels. This assumption was made because many of these lower-income enrollees already have the option of participating in a highly subsidized state exchange plan with low cost sharing. It is also assumed that offering this option will motivate additional nonenrolled veterans to enroll to receive the subsidized premium plan. To estimate this effect, we analyzed the proportion of veterans by priority level with either no insurance or individual insurance plans, as reported in recent years of data captured by the American Community Survey (ACS). We estimated that this potential subsidy would lead to an additional 577,000 enrollees over the projection period.

Finally, it is assumed that the subsidized premium plan serves as a primary payer and does not supplement other coverage available to the enrollee, such as Medicare or employer sponsored insurance.

⁶⁷³ Analysis developed by Milliman for VHA Office of the Assistant Deputy Undersecretary for Health (ADUSH) for Policy and Planning.

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Figure A-7. Projected Costs of Premium Support Scenario



Eligibility Expansion⁶⁷⁴

Under the *Eligibility Expansion* (EE) scenario, the VA health care system expands to allow all veterans to enroll in VA health care. In 2014, half of veterans eligible under priorities 1-7, 8b,⁶⁷⁵ and 8d were enrolled, representing a 50 percent *market share*,⁶⁷⁶ with the highest market share among those with service-connected priorities. The market share among Priorities 8a and 8c was an estimated 21 percent, reflecting enrollment from before suspension began in January 2003 and from enrollees who initially enrolled in another priority and later transitioned to Priorities 8a and 8c. If the suspension of new priority 8 enrollment had never occurred, we estimate that the market share would be 28 percent in 2014 and 30 percent in 2021 under natural growth and priority transition rates.

Under a scenario of lifting priority 8 enrollment suspension beginning in FY 2017, we estimate that the market share would climb steadily during a 5-year phase-in period to reach 30 percent in 2021, which equates to 464,000 new priority 8 enrollees. The market share is not expected to reach the level observed among other priorities because Priority 8 veterans have higher incomes, are not service-connected disabled, are more likely to have employer-sponsored coverage and individually purchased health plans, and are less likely to be uninsured relative to other priorities. Further, regression analysis of market shares among veterans in census data demonstrated that higher income veterans, nondisabled veterans and veterans with employer-sponsored health insurance are all less likely to enroll. To develop the cost estimates, newly

⁶⁷⁴ Analysis developed by Milliman for VHA Office of the Assistant Deputy Undersecretary for Health (ADUSH) for Policy and Planning.

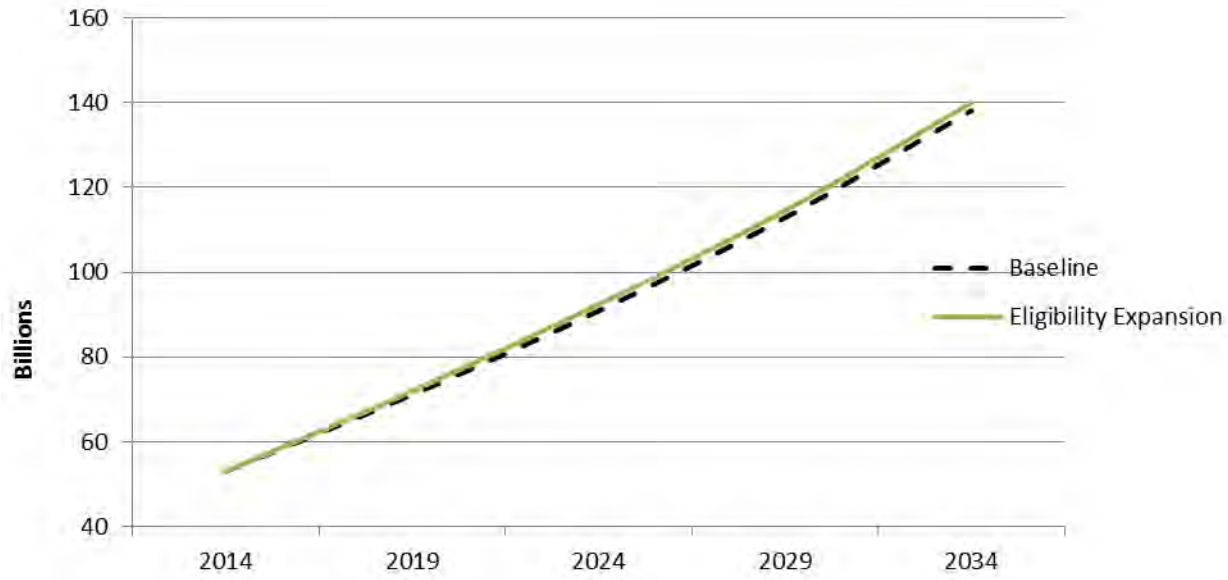
⁶⁷⁵ Priority 8b and 8d were enrolled on or after June 15, 2009 and have incomes that exceed the current VA or geographic income limits by 10 percent or less.

⁶⁷⁶ Market share is the percentage of veterans who are enrolled in VHA out of all veterans. This differs from the enrollment share, which is the percentage of eligible enrollees who are enrolled.

eligible priority 8 veterans are assumed to have the same morbidity and reliance as current priority 8 enrollees.

By 2032, based on the estimated market share, we project an additional 368,000 priority 8 enrollees with an additional \$1.8 billion in costs.

Figure A-8. Projected Costs of Eligibility Expansion Scenario



Additional Cost Factors

Nurse Navigators

VHA already has a robust care manager program that largely overlaps with the proposed nurse navigators in the CDS scenarios. VHA patient aligned care teams (PACTs) were created to coordinate care and maintain long-term relationships with patients. Most PACTs exist in a primary care setting, but there are also special-emphasis PACTs, such as those for spinal cord injury and disorders, geriatrics, and HIV care. All patients may choose to be assigned to a primary care PACT, and the vast majority do so: There are approximately 5.3 million unique patients in primary care PACTs out of a total of 5.8 million.

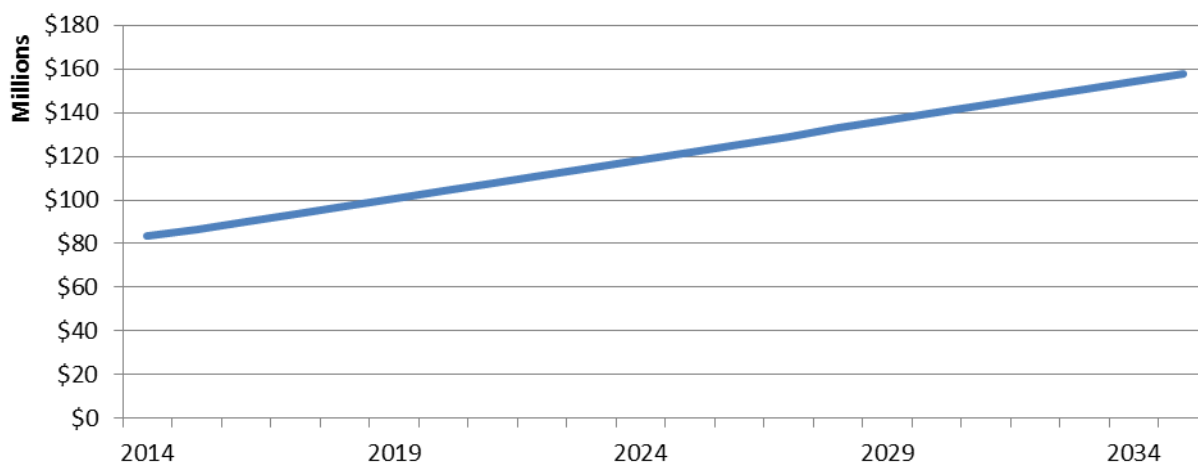
The primary care PACT typically consists of a provider, an RN care manager, a clinical associate, and a clerk. This team is assigned to a panel of approximately 1,200 patients. There are also expanded team members who are assigned to multiple panels, such as clinical pharmacy specialists, nutritionists, and behavioral health professionals. The RN care manager is the lynchpin of the primary care PACT.

One of the tasks of the care manager is to coordinate care received in VHA facilities with care received in the community. Because this coordination role would increase with the CDS scenarios, we provide a notional estimate for expanding the number of care managers to account for the additional administrative and clinical burden of an increase in community care.

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Based on discussions with VHA primary care operations and policy staff, we assume that one additional RN care manager per five panels would be necessary to handle a substantial increase in community care such as that associated with the CDS scenarios.⁶⁷⁷ Based on 2014 data on the number of patients in PACTs and the recommended panel size, we estimate that 882 RN care managers would need to be hired if the CDS scenarios were fully phased in. Incorporating the average total compensation of RN care managers (\$94.4 thousand in FY 2014) and inflating costs using the projected patient population and personnel inflation trend from the EHCPM, we generate the following cost estimates. These estimates are assumed to be fully phased in. The cost of this policy is \$100 million in 2019 and rises to \$158 million in 2034.

Figure A-9. Cost of Hiring Additional RN Care Managers



Other-than-Honorable Discharges

We also consider a policy for which those with an OTH discharge are made temporarily eligible for VA health care while their claims are adjudicated. The adjudication process would determine whether these individuals would remain eligible for care or would lose eligibility. Adjudication would be based on the reason for the discharge. For example, if the discharge were due to behavior associated with a mental health condition caused by serving in the military, that person would likely be positively adjudicated. However, the specific criteria for adjudicating cases still needs to be determined.

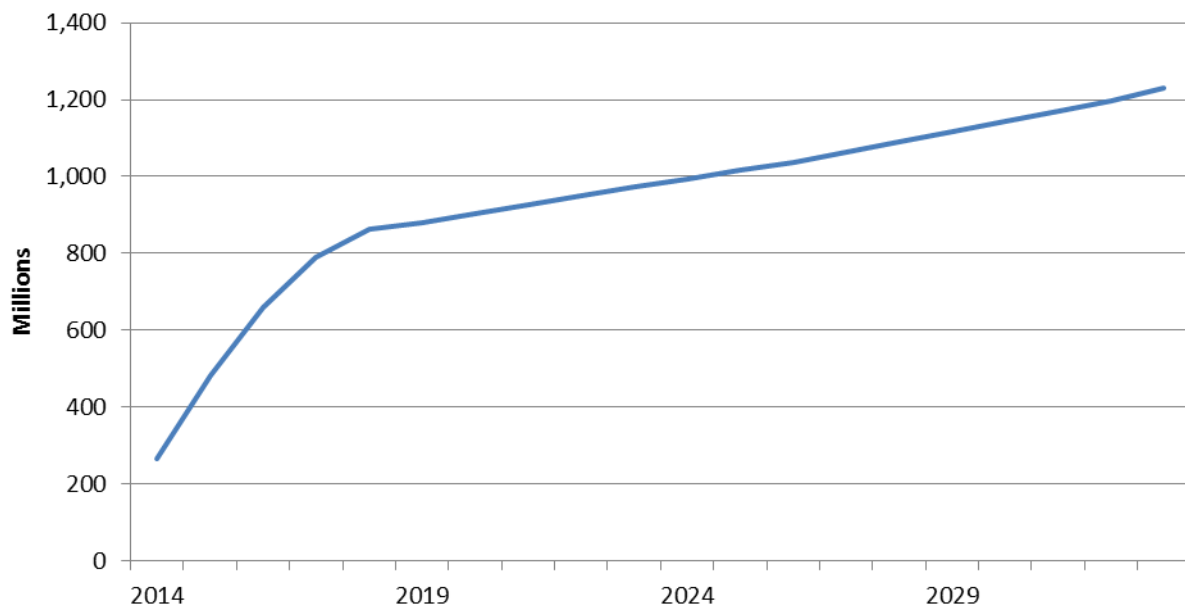
To model the cost of this proposal, we assume all people with an OTH discharge who would otherwise be eligible for VHA care are initially eligible. We assume that, consistent with the rest of the population, 73 percent of veterans with an OTH discharge are eligible for VA health care based on income and disability criteria. During a period of 5 years, their cases are examined, and 50 percent are positively adjudicated. Whether this number is actually higher or lower than 50 percent will depend on the exact details of the policy as well as the specific circumstances of veterans with an OTH discharge. In our model, the number of eligible veterans with an OTH discharge who enroll increases during the first 5 years as they become aware of the new rules. It

⁶⁷⁷ These estimates would differ depending on the CDS option pursued, but we provide a single notional estimate to give a sense of the magnitude of costs involved.

increases to 52 percent, which is the enrollment share of veterans who are currently eligible. In reality, this rate could be higher or lower for those with an OTH discharge if they are different from those who are already eligible. We assume costs per patient are similar to other veterans of the same age.

The cost of this policy increases from \$264 million in 2014 to \$1.23 billion in 2033. Fully phased-in, the cost is \$864 million in 2019. The shape of the cost curve reflects increasing enrollment during the first 5 years as veterans learn about the new rule and sign up. It also reflects adjudications as all enrolled veterans are initially eligible and then their eligibility is adjudicated during the 5 years. These calculations reflect estimates that the number of veterans with an OTH discharge for active duty military has fallen from a high of 8.8 percent in 2002 to 2.1 percent in 2015. We assume that the rate continues at 2.1 percent of discharges throughout the projection window.

Figure A-10. Projected Costs of Temporarily Covering Veterans with OTH Discharges



Conclusion

The estimated cost of allowing veterans to receive expanded community care through integrated networks varies dramatically depending on the specifics of the policy, including which categories of care are eligible for the community and whether referrals are required to access specialty care. We estimate that the *Recommended Option*, which provides increased community care that is reimbursed at Medicare allowable rates but maintains referrals for specialty care, increases costs modestly, assuming that networks are narrow and well-managed with cost as a major consideration. *CDS Alternative 1*, which offers a more restricted array of services eligible for CDS care, yet maintains a referral requirement, does not substantially increase costs. However, *CDS Alternative 3* and to a lesser degree *Alternative 2*, which eliminate the need for referrals for standard specialty care, potentially lead to very high costs. The estimated costs of the other scenarios range from small to substantial, though these costs would

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ultimately depend on the details of the proposals (e.g., the premium support schedule). Finally, we find that the costs of introducing expanded nurse navigators/care coordinators and making those with OTH discharge temporarily eligible are comparatively modest.

APPENDIX B: LEADERSHIP IMPLEMENTATION

Table B-1. Organizational Health and Cultural Transformation

Action	Responsible	Timeline
That VHA create a comprehensive, coordinated, sustainable cultural transformation effort by aligning programs and activities around a single, benchmarked concept.		
Establish the charter for the cross-functional SE team responsible for cultural transformation.	SECVA/DEPSECVA or CVCS depending on level	Now (0-6 mos)
Assess cultural transformation models and decide on a single model.	Chartered SE team	Now (0-6 mos)
Create an execution strategy for cultural transformation.	Chartered SE team	Now (0-6 mos)
Develop communication strategy and materials and release.	Chartered SE team	Near (18 mos)
That VHA aligns leaders at all levels in support of the cultural transformation strategy.		
Establish a subcommittee under the SE team to drive leadership transformation.	Chartered SE team	Near (6 mos)
Establish leadership standards for behaviors and actions.	Chartered SE team Subcommittee	Near (6-9 mos)
Publicize the standard.	Chartered SE team Subcommittee/CVCS/HTM	Near (12 mos)
Develop assessment tools.	SE Subcommittee/NCOD, NCEHC, HTM	Near (12-24 mos)
Establish expectations (in policy) for use of leadership standards in IDPs, performance review, hiring, promotions.	HTM/CVCS	Near (12-36 mos)
Provide coaching to the standard.	(Current HCM office responsible)	Near (24 mos)
Collect standards, training, support materials into a living curriculum for leaders.	EES/HTM	Near (24 mos)
Modify VA Directive 5021 (Employee/Management Relations) to include unacceptable behavior and unacceptable performance standards related to organizational transformation responsibilities of leaders and update table of penalties to correspond.	HRA/HTM	Future (36 mos)
That VHA align frontline staff in support of the cultural transformation strategy.		
Establish subcommittee to support staff transformation.	Chartered SE team	Near (9 mos)
Establish behavioral expectations/requirements for staff.	Subcommittee	Near (9-18 mos)
Develop hiring tools against the staff standard.	Subcommittee	Near (18-36 mos)
Establish requirements (in policy) for use of the standard for IDP, performance reviews, advancement in grade/promotions.	HTM/HRA/nursing and similar/unions	Near (18-36 mos)

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Action	Responsible	Timeline
Support leaders and supervisors at all levels of the organization to communicate and reinforce these standards with staff (see align leaders, above).	(Policy owner)	Near (18 mos)
Establish program office and VAMC standards and strategy for execution.		
Establish subcommittee to develop VAMC and PO execution standards.	Chartered SE team	Near (18 mos)
Establish execution strategy and policy requirements.	Chartered SE team Subcommittee/NCEHC/ NCOD	Near (18-36 mos)
Develop consolidated, meaningful metrics with input from experts and field users.		
Assign responsibility for metric development.	Chartered SE team/CVCS	Near (6 mos)
Develop and test metrics.	Organizational Excellence	Near (6-18 mos)
Deploy metrics.	Chartered SE team/CVCS/ (policy owner)	Near (18 mos)
Identify outliers and intervene.	SE team/CVCS/(policy owner)	Near (24 mos)

Table B-2. *Recruitment, Retention, Development, and Advancement*

Action	Responsible	Timeline
VHA executives are required to make the leadership system a top priority for funding, strategic planning, and investment of their own time and attention.		
Establish a VHA leadership management goal for inclusion in the 2018 budget with specific targets, including diversity targets.	VHA Human Capital Management/NLC leadership subcommittee of the HR committee	Now (3 mos)
Submit the leadership management goal to VA for inclusion in the budget submission for 2018.	VHA OPP and CVCS	Now (3 mos)
Adopt VHA leadership management goal and submit to OMB/White House.	VA OPP and SECVA	Now (3 mos)
Establish an operational plan and accountability mechanisms for meeting these goals.	VHA Human Capital Management/NLC leadership subcommittee of the HR committee	Now (4 mos)
Include yearly targets in the performance plan of the CVCS and SES members.	VHA NLC subcommittee on performance planning	Now (4 mos)
Schedule regular communication (at least quarterly) to the field that speaks to mission, vision, values, and expectations for ethical behavior.	CVCS	Now – ongoing
Schedule regular meetings with VHACO and field senior staff that allows for a discussion of mission, vision, values and expectations for ethical behavior.	CVCS	Now – ongoing
Develop opportunities for developing leaders to participate in the leadership and management decisions and processes of VHA.	CVCS /ask NLC executive committee to develop and implement a plan	Now (6 mos)
Adopt and implement a comprehensive system for leadership development and management.		
Convene a group to review ACHE and the National Center for Health Care Executives and devise a benchmarked model that meets the needs of health care executives in VHA as well as the private sector.	NCEHC with NCOD, & Human Capital Management; report to the NLC subcommittee for leadership development	Now (6 mos)
Create career tracks for key positions based on this new competency model.	HTM	Near (within 12 mos)
Fund and implement leadership assessments, training, coaching, and developmental opportunities based on the new leadership competency model.		
Develop assessment tools (360, 180, self-assessment, supervisory) to support the competency model.	HTM with support as required from other offices, e.g., NCOD, EES	Near (within 18 mos)
Assess existing training against the model and identify gaps.	EES	Near (18 mos)
Develop and implement a plan to fill these gaps.	EES/reporting to NLC to ensure funding	Near (plan 20 mos – fill gaps 36 mos depending on \$)

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Action	Responsible	Timeline
Assess opportunities to share additional leadership training with DoD and create a plan to implement it.	HEC/JEC	Near (9 mos)
Develop and fund a face-to-face training to fulfill competencies for critical career positions.	EES	Near (24 mos)
Develop a masters level training program for clinical leaders in partnership with academic medicine.	EES/Academic Affiliations	Near (36 mos)
Establish sharing agreements with non-profit institutions to permit the exchange of executives for extended rotations.	EES/Academic Affiliations	Near (18 mos)
Create an experiential learning program to parallel the competency model.	EES, HTM reporting to the leadership development subcommittee of the NLC	Near (24 mos)
Establish a coaching program.	HTM/EES	Near (18 mos)
Incorporate tracking of competency assessment, training, coaching, and IDP completion into an appropriate IT platform (e.g., TMS).	HRA/EES/Workforce Management and Consulting	Near (18 mos)
VHA is required to aggressively manage leadership recruitment, retention, development and advancement using the new leadership competency model: all hires and promotions are required to demonstrate these competencies.		
Create functional statements for all key positions based on the competency model.	HTM	Near (18 mos)
Create interview questions incorporating competencies for all key positions.	HTM	Near (12 mos)
Establish a process for certifying internal candidates for advancement to the next position.	Human Capital Management	Near (18 mos)
Incorporate the tracking of competency achievement with performance ratings and create a tracking mechanisms and pool of high potential candidates.	Human Capital Management	Near (18 mos)
Create regulatory requirements for the use of the competency model in hiring, promotion, development opportunities, and discipline; and incorporate procedures for veterans preferences.	Human Capital Management in VHA	Near (36 mos)
Establish an IDIQ, PBA or similar contract for executive recruitment.	Human Capital Management	Now (6 mos)
Establish requirement in policy for all ECF, SES / SES equivalent to complete IDP.	Human Capital Management	Future (following regulatory change)
Create on-ramp for retiring MTF.	Human Capital Management / DoD Coordination	Now (6 mos)
Expand (GHATP) program.	EES	Now (6 mos)
Establish a plan for developing and managing the candidate pool.	NLC subcommittee for leadership	Now (6 mos)
Require a formal on boarding process for leaders at all levels that re-enforces the leadership competency model.		
Establish an onboarding curriculum and process.	Human Capital Management, EES, HTM	Now and Near (18 mos)

APPENDIX B
LEADERSHIP IMPLEMENTATION

Action	Responsible	Timeline
VHA is required to take immediate steps to stabilize the continuity of leadership.		
Extend authority for length of details and ability to compete for the detail position.	Human Capital Management	Now (6 mos)
Establish and fund assistant level positions in all key career development tracks.	CVCS	Now (18 mos)

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Table B-3. Organizational Structure and Function

Action	Responsible	Timeline
Eliminate duplication within VHA and consolidate program offices to create a flat structure.		
Eliminate the duplication of functions between VHA and VA by closing VHA offices.		
Create innovative organizational structures to support clinical delivery that are aligned to patient's needs rather than professional silos.		
Undertake a reduction-in-force (RIF) in VHACO that promotes delayering and efficiency in communication and decision making.		
Publish a new organizational chart consistent with Figure 9.	CVCS	Now (1 mos)
Prepare an initial RIF for offices eliminated.	VHA Human Capital Management	Now (3 mos)
Engage VERC (or other resources with expertise in business process reengineering) to re-design the processes and structures with remaining offices to ensure end-to-end support for field function and to further reduce duplication; including clinical function re-organization.	Transformation Office/ VERC	Near (3-12 mos)
Each program office in collaboration with VERC or other transformation resources identifies areas of "stop work" with staffing and budget savings.	Transformation Office/ PO/ CVCS	Near (3-12 mos)
Publish clear roles, responsibilities and expectations that apply to all VHACO offices.	Transformation Office/ CVCS	Now (1 mos)
Develop in-service training to orient existing VHACO staff to the new expectations for the role of VHACO.	Transformation Office/ EES	Now (1 mos)
Develop training curriculum to support VHACO staff in developing the skills and competencies required.	Transformation Office/ EES	Near (18 mos)
Develop an engagement strategy to inspire VHACO staff to embrace their new role and tie to in-service training roll out.	Transformation Office/ CVCS	Now (1 mos)
Modify in-service training and implement in on-boarding process for new VHACO employees.	Transformation Office/ EES	Now (6 mos)
Adopt customer service training in VHACO and roll it out; include as part of new employee on-boarding in VHACO.	Transformation Office/ EES	Near (12 mos)
Draft basic competencies for VHACO program staff (e.g., customer service, quality improvement, coaching, effective communication, change leadership, data analytics).	Transformation Office/ HCM	Near (12 mos)
Require the basic competencies in functional statements as a basis for hiring and promotion.	Transformation Office/ Each PO	Near (18 mos)
Acquire, configure, and train PO staff on data analytics infrastructure to support program office and field tracking of key performance metrics.	Office of Organizational Excellence/OIT	Near (18 mos)

APPENDIX B
LEADERSHIP IMPLEMENTATION

Action	Responsible	Timeline
Clarify and specifically define the roles and responsibilities of the VISNs and facilities, pushing decision making down to the lowest level.		
Publish clear roles, responsibilities and expectations that apply to the VISNs.	Transformation Office/ CVCS	Now (1 mos)
Develop in-service training to orient existing VISN staff to the new expectations for the role of VISN.	Transformation Office/ EES	Now (1 mos)
Develop an engagement strategy to inspire VISN staff to embrace their new role and tie to in-service training roll out.	VISN directors	Now (1 mos)
Modify in-service training and implement in on-boarding process for new VISN employees.	Transformation Office/ EES	Now (6 mos)
Draft basic competencies for VISN staff (e.g., quality improvement, coaching, effective communication, change leadership, data analytics).	Transformation Office/ HCM	Near (12 mos)
Require the basic competencies in functional statements as a basis for hiring and promotion.	Transformation Office/ each PO	Near (18 mos)
Gain agreement from Congress to institute three appropriation lines only: medical, major construction, research.	CVCS/SECVA/OMB	Near (12 mos)
Eliminate segregation of specific-purpose funds to the VISNs and facilities.	CVCS/Office of Finance	Now (6 mos)
Modernize financial management system (FMS) to permit effective cost accounting and tracking of priority spending.	OIT/Office of Finance	Future (36 mos)
Develop training to support effective use of FMS to permit effective account tracking and reporting and roll it out.	Finance/EES	TBD post procurement
Establish quarterly spend reports covering all priority areas (e.g., NRM, IT, facility minor, purchased care, mental health, women's health, administration) by facility and release to Congress and the public.	Finance Office	TBD post procurement
Delegate decisions in recruitment, retention and advancement (e.g., hiring bonus, retention bonus, market pay) for staffing to the facility.	CVCS/HCM	Now (1 mos)
Delegate training and travel decisions.	CVCS/EES/OAA	Now (1 mos)
The USH establishes leadership communication mechanisms within VHACO and between VHACO and the field to promote transparency, dialogue and collaboration.		
Improve communication with field leadership and frontline employees through the liberal use of social media, town halls and other direct engagement channels with a dedicated champion to help the USH and senior staff in this endeavor.	CVCS	Now (3 mos)
Reestablish in-person leadership conferences, at least semi-annually, to foster communication and relationship building between VHACO, VISN and facility leadership.	CVCS/EES/NLC	Now (6 mos)
Add behavioral competencies to performance plans that promote effective communication amongst leaders.	CVCS	Near (12 mos)

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Action	Responsible	Timeline
Establish expectations and requirements for program office leaders to communicate the USH leadership messages, coordinate PO communications with the USH and with one another.	CVCS	Now (3 mos)
Establish a transformation office with broad authority and a supporting budget to accomplish the change.		
Establish the new transformation office in the organizational chart, populate with expertise in business process re-engineering, and fund initially using savings from closure and consolidation of offices in VHACO and a budget reduction to all other VHACO offices.	CVCS	Now (6 mos)
Create a Transformation Office strategic plan to educate and provide guidance to the new initiatives and support the goals of VA and VHA.	Transformation Office	Near (3-6 mos)
Create a new initiative implementation plan to include follow-on priorities, tasks and milestones. The Transformation Office will support the operation and the plan moving forward.	Transformation Office	Near (3-6mos)
The Transformation Office will be responsible for evaluating all new initiatives and programs using the President's Management Agenda Scorecard or a model that emulates its rating standards of Green represents success; yellow for mixed results; and red for unsatisfactory. These ratings are indicative of standards of success or failure.	Transformation Office	Near (3-6mos)

Table B-4. Performance Metrics and Management

Action	Responsible	Timeline
Create a new performance management system for VHA leaders appropriate for health care executives.		
Establish a workgroup and engage outside experts to create the new performance management system that is benchmarked to private-sector models, is consistent with the new leadership competency model, and recognizes both leadership competencies and success in delivering strategic priorities. The model should include a new rating scale.	Transformation Office/Human Capital Management	Now (6 mos)
Develop and conduct training on the new performance management system for all participants to describe the system, rating process, and expectations.	Human Capital Management	Near (6-12 mos)
Establish a mechanism to capture performance assessment outcomes and track and manage high-potential staff.	Human Capital Management/HRA	Now (3 mos)
Establish a project plan to deliver annual guidance on performance plans at least a month in advance of the new fiscal year (i.e., at the start of the new rating period).	Human Capital Management/CVCS/Sec/OMB	Now (3 mos)
Hold raters accountable for creating meaningful distinctions between leaders.		
Provide training to raters on the application of the new performance management system and expectations for ratings.	Human Capital Management	Future (12 mos)
Require raters to establish plans for subordinates that are timely and meaningful; track and provide feedback on meeting this goal.	Human Capital Management/HRA	Now (3 mos)
By modeling the behavior and communicating the requirement, establish expectations that raters, and secondary-level raters, engage in continuous dialogue and coaching with subordinates about performance throughout the year, not just at mid-year and at the end of the rating period.	CVCS	Now (3 mos)
Establish oversight and feedback process for raters and incorporate this into the raters performance evaluation.	Human Capital Management/CVCS	Now (12 mos)
Provide coaching to raters and focused reviews if their rating profile doesn't provide meaningful distinctions in performance.	Supervisors	Near (12 mos)

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Table B-5. Leadership Implementation: Human Capital Management

Action	Responsible	Timeline
VA re-align HR functions and processes to be consistent with best practice standards of high-performing health care systems.		
Charge HRA to undertake an HR transformation study and ensure budget and solicitation of customer requirements.	SECVA/DEPSECVA	Now (0-6 mos)
Engage HR and change management experts to develop a benchmark human capital management plan for VA.	HRA	Now (0-6 mos)
Circulate new human capital plan for feedback and finalize.	HRA with input from VHA, Congress, OPM, OMB, SECVA/DEPSECVA, CVCS	Now (6 mos)
That VA and VHA leaders make transformation of Human Capital management a priority, with adequate attention, funding and continuity of vision.		
Endorse human capital management plan and ensure alignment of budget, IT system funding, training resources, and accountability mechanisms to support it.	SECVA/DEPSECVA and CVCS, as applicable	Near (9 mos)
Employ HR and change management experts to fully implement the transformation agenda and the new human capital management plan.	HRA	Near (12-30 mos)
Create an HR IT technology plan.	HRA & OIT	Near (9 mos)
Establish meaningful measures and risk indicators for VA human capital management.	HRA	Future (24 mos)
Incorporate HR measures into systematic reporting to leadership; and as appropriate into performance plans for key subordinate leaders.	HRA, DEPSECVA, CVCS as appropriate	Near (18 mos)
VA develop and implement an effective progressive discipline process for all staffing authorities (i.e., Title 5, Title 38, Title 38 Hybrid, Title 38 7306, and SES).		
Develop clear standards, guidelines, and training on progressive discipline.	HRA (with support from OPM)	Now (6 mos)
Managers, supervisors and HR professionals complete training.	SECVA/ DEPSECVA and CVCS (HTM office)	Near (12 mos)
Train HR staff to be coaches in progressive discipline.	HRA	Now (6-12 mos)
Establish performance metrics for HR professionals and client feedback mechanisms to ensure effective coaching and support for progressive discipline process.	HRA	Near (12 mos)
Establish performance expectations for VA supervisors and managers to apply the progress discipline process.	SECVA/ DEPSECVA, CVCS	Near (12 mos)

APPENDIX C: PILOT PROJECTS FOR EVALUATING EXPANDED CARE

As discussed in Recommendation #18, some Commissioners support the idea of developing pilot programs to test the feasibility of avoiding VA hospital closures by allowing veterans' spouses and currently ineligible veterans to purchase VA care in selected areas.

Problem

In many parts of the country, VHA currently maintains hospitals and other health care facilities that are underutilized or in danger of becoming so. This trend is driven by four main factors: (a) the overall decline in the size of veterans population, (b) the migration of veterans away from some parts of the country, such as New England and the Upper-Midwest, (c) the general trend in health care toward less intensive use of acute-care hospital beds, and (d) increased use of purchased care, which now accounts for 27 percent of all appointments.

A related challenge is maintaining safe volume of care when patient loads decline. As extensive literature attests, surgeons and other health care professionals tend to lose proficiency when they treat too few patients.⁶⁷⁸

Simply closing a low-volume hospital is sometimes the answer. But closing a local VA hospital may mean that area veterans will have reduced access not only to routine, but also to specialty care related to their military service, such as for spinal cord or traumatic brain injuries. In many areas, such care is not available or is in short supply outside VHA.

At the same time, it may not be clinically feasible for VHA to engage in highly specialized care if it lacks the ability to offer other forms of care in the same setting. Patients in a polytrauma unit for example, require a full-spectrum of routine and nonroutine health care.

Increasing the volume of patients treated by VHA in areas where it currently has excess capacity may ameliorate these challenges. Toward that end, VHA could develop pilot programs to test the feasibility of enabling veterans' spouses and currently ineligible veterans in these areas to purchase VHA care through their health plans. These pilots could be tested in conjunction with the growth of the high-performance, integrated VHA networks recommended elsewhere in this report. These networks will allow VHA far more flexibility than in the past to expand or contract its local capacity in different markets as appropriate.

⁶⁷⁸ Ninh T. Nguyen et al., "The Relationship Between Hospital Volume and Outcome in Bariatric Surgery at Academic Medical Centers," *Annals of Surgery*, 240, no. 4 (2004): 586-594. D. R. Urbach and N. N. Baxter, "Does It Matter What a Hospital Is 'High Volume' For? Specificity of Hospital Volume-Outcome Associations for Surgical Procedures: Analysis of Administrative Data," *Quality and Safety in Health Care*, 13, no. 5 (2004): 379-383, <http://doi.org/10.1136/bmj.38030.642963.AE>. Edward L. Hannan et al., "Coronary Angioplasty Volume-Outcome Relationships for Hospitals and Cardiologists," *Journal of the American Medical Association*, 277, no. 11 (1997): 892-898, <http://doi.org/10.1001/jama.1997.03540350042031>.

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Background***Current Nonveteran Access to VHA Care***

VHA already treats many nonveterans. VHA estimates it treated 694,120 unique nonveteran patients at a total cost of \$1.9 billion in 2015,⁶⁷⁹ or 3.6 percent of total VHA obligations.⁶⁸⁰

By far the largest subgroup within the nonveteran patient population are participants in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). CHAMPVA beneficiaries are the dependents of permanently and totally disabled veterans, survivors of veterans who died from service-connected conditions or while on active duty, or spouses of veterans who at the time of death were rated permanently and totally disabled from a service-connected condition.

Congress authorized CHAMPVA in 1973. The authorization specifies that VHA is the secondary payer for those with Medicare Part A and B coverage. In cases for which VA medical facilities are equipped to provide the care, VA may use facilities not being used for the care of veterans to provide services to the dependent or survivor.

Congress has also directed VHA to offer specific health care services to many other classes of nonveterans. These include mental health and counseling services for family caregivers of seriously injured veterans of post-9/11 service. Several provisions of law also authorize VA care for certain family members of veterans who were exposed to toxic substances. In the case of veterans with 50 percent or more service-connected disability, VHA must provide by law “consultation, professional counseling, marriage and family counseling, training and mental health services as are necessary in connection with” the veteran’s treatment.⁶⁸¹

Analysis

Others who have developed strategic plans for the long-term future of VA health care have recommended expanding upon these precedents, specifically by allowing currently ineligible veterans and the spouses of veterans to purchase VHA care.⁶⁸² In effect, providing such care would allow VHA to operate as an accountable care organization, capable of receiving reimbursement from patients covered by Medicare, Medicaid, as well as by private insurance plans. Among the potential benefits envisioned are the following:

- optimizing patient safety, productivity, and cost-effectiveness by ensuring sufficient patient volumes in currently under-utilized facilities
- preserving mission critical veterans’ programs that would otherwise need to be terminated in many parts of the country
- optimizing the integration of VHA and non-VHA care within communities

⁶⁷⁹ Allocation Resource Center, information provided to Commission on Care, December 8, 2015.

⁶⁸⁰ Department of Veterans Affairs, “Volume II: Medical Programs and Information Technology Programs, Congressional Submission, FY 2016 Funding and FY 2017 Advance Appropriations,” accessed May 27, 2016, <http://www.va.gov/budget/products.asp>.

⁶⁸¹ Counseling, Training, and Mental Health Services for Immediate Family Members and Caregivers, 38 U.S.C. § 1782.

⁶⁸² Concerned Veterans for America, *Fixing Veterans Health Care: A Bipartisan Policy Taskforce*, accessed May 27, 2016, <http://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf>.

- providing a *public option* for health care to a wider range of veterans as well as nonveterans in communities where health care choices are currently limited
- bringing in new sources of revenue to contribute to the funding for veterans' healthcare

The pilot projects described below would specifically evaluate whether such a strategy will allow VHA to optimize the quality and cost-effectiveness of its health care system by avoiding low volumes of routine and specialty care in certain sections of the country. These pilot projects would also allow VHA to evaluate whether such a strategy could provide new revenues for sustaining the VA health system while providing other benefits to veterans and the public at large.

The chart below sketches six possible pilot projects designed to test different specific policy configurations. The configurations include projects in which VA care is marketed to health care plans on fee-for-service (FFS) basis, and plans in which VA facilities are markets to health care plans as Accountable Care Organizations that provide integrated health services to a fixed population of insured patients for a fixed cost.

*Demonstration Projects to Assess VHA's Capability to Treat
Nonveteran Spouses and Ineligible Priority 8 Veterans*

	Eligibility	Capitation/Fee For Service	Timing
Demonstration 1: FFS plan covering spouses	Non-veteran spouses of veterans (not CHAMPVA eligible) With Private Insurance	FFS	Years 2-7
Demonstration 2: FFS plan covering veterans currently ineligible for VA care	Priority 8 veterans now ineligible for enrollment with private insurance	FFS	Years 2-7
Demonstration 3: FFS plan covering spouses	Non-veteran spouses of veterans (not CHAMPVA eligible) with private insurance	FFS	Years 3-8
Demonstration 4: FSS plan covering veterans currently ineligible for VA care	Priority 8 veterans now ineligible for enrollment with private insurance and/or Medicare	FFS	Years 3-8
Demonstrations 5 and 6: Accountable health care organization plans for spouses and currently ineligible veterans	Ineligible Priority 8 and non-veteran spouses	Enrollment: May choose higher cost plan with more coverage and less copayment; lower cost option with less coverage and higher copayments.	Years 4-9

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	Eligibility	Capitation/Fee For Service	Timing
Demonstrations 7 and 8: Accountable health care organization plans for spouses and currently ineligible veterans	Ineligible Priority 8 and non-veteran spouses with private insurance and/or Medicare	Enrollment: May choose higher cost plan with more coverage and less copayment; or lower cost option with less coverage and higher copayments. Pilot sites would be deemed Accountable Health Care Organizations for Medicare Advantage plans.	Years 5-10

Certification of Access: Any participating VHA facility must certify that its waiting times for primary care, specialty care and behavioral health are less than 30 days.

Site selection: Sites should include facilities in different regions with various population densities (urban, suburban, rural) and levels of service complexity. VHA may also consider such factors as stability of medical center leadership, and whether local markets are underserved or subject to high degrees of market concentration among either providers or payers.

Assumptions

- Many provisions are subject to Congressional authorization.
- Participating VHA facilities will be able to retain any “profit” associated with treatment of new users without offset;
- Congress will (preferably) waive the current prohibition on Medicare funding federal health care programs,
- VHA will not be subject to proving “level of effort” in order to receive Medicare funds

Assessment

After the first year of operations, VHA will assess these projects according the following criteria:

- Was access to care or patient satisfaction among veterans already enrolled in the system affected by the demonstration?
- What was the level of patient satisfaction among new users purchasing VA care?
- Did VHA cover the costs of delivering care to its patients purchasing care? If so, what were its net revenues and how were they used?
- If VHA collected Medicare funds, did funding cover costs of delivering care?

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PILOT PROJECTS FOR EVALUATING EXPANDED CARE

- Were there administrative challenges in opening the VHA to new users? If so, what lessons were learned?
- How did VHA promote the demonstration project to those eligible?
- What are the recommended strategies for further implementation?
- Were there non-financial benefits to treatment of new users, such as diversifying case mix, providing sufficient volume to allow certain VHA services to remain available, or keeping scarce health professionals employed in an area that is medically underserved?
- How did the demonstrations affect the overall quality of care, market structure, pricing, and range of health care options available to both veterans and nonveterans in the surrounding community?

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APPENDIX D:

HISTORY AS A CONTEXT FOR SYSTEMIC TRANSFORMATION

History provides opportunities to see the problems and challenges facing VHA today through the lens of recurring themes from the past. Veterans' health care has, over the course of its history, been marked by periods of both progress and problems. Understanding the challenges of the past and the solutions used to address them provides context for building a plan for reforming veterans' health care in a manner that is flexible and sustainable.

Challenges and Growth

The federal government's role as a care provider for veterans has evolved, paralleling, to some extent, medicine's evolution. Prior to World War I, the only benefits afforded then-eligible veterans were pensions and domiciliary care (which involved only incidental medical treatment), provided under the National Home for Disabled Volunteer Soldiers and Sailors established after the Civil War.⁶⁸³

World War I brought real change. At the time, no single agency was responsible for the anticipated deluge of sick and wounded soldiers. The more than 200,000 wounded who returned home from battle quickly exceeded capacity of the U.S. Public Health Service (PHS), the National Home, and other agencies. According to one account of the period, "[c]haos and confusion reigned for more than two years . . . [n]ew hospital construction languished," and "[b]y 1921, veterans' care had become a national embarrassment."⁶⁸⁴ At the recommendation of a presidential committee, Congress passed legislation in 1921 to consolidate the several veterans-related bureaucracies into a single Veterans Bureau, to which the President Warren Harding transferred 57 PHS hospitals. A new administrator, Frank T. Hines, proposed care and treatment of veterans' non-service-connected ailments when facilities and bed space were available. Congress adopted the proposal in the World War Veterans Act of 1924.⁶⁸⁵

Under Hines' tenure, VA grew from 64 to 91 hospitals, nearly doubling bed capacity. Civil Service Commission personnel rules and low pay led to generally poor quality VA physicians, yet Congress rebuffed VA proposals to set up a VA Medical Corps.⁶⁸⁶ With many physicians having left VA to serve in World War II or for more lucrative practice, the VA health care system was left critically understaffed.⁶⁸⁷

⁶⁸³ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 4.

⁶⁸⁴ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 13-14.

⁶⁸⁵ *Ibid.*, 19.

⁶⁸⁶ *Ibid.*, 21.

⁶⁸⁷ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 149.

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World War II and the need to care for millions of service members, including 671,000 wounded, highlighted the problems facing VA. Scathing reports of shoddy veterans' care, including an exposé characterizing veterans' hospitals as backwaters of medicine, magnified the problems.⁶⁸⁸

Congressional hearings led to a shakeup in leadership and General Omar Bradley was appointed to head the agency, with its network of 97 hospitals, and a need for more.⁶⁸⁹ Dr. Paul Magnuson, who served as VA's chief medical director (CMD) from 1948 to 1951, later described the conditions at the time:

The majority of Veterans Administration hospitals were stuck in far off places, some of them on Indian reservations, others as much as fifty miles from the nearest through-line railway stop. The doctors were all full-time Civil Service employees, hemmed in by regulations and practically forbidden to do any research, attend any medical meetings or otherwise keep in touch with scientific progress. Operating rooms closed at noon so everybody could spend the afternoon happily doing required paperwork, while patients waited days and weeks for surgery.⁶⁹⁰

With President Harry Truman's statement that "the Veterans Administration will be modernized," new VA leadership worked with Congress to pass far-reaching legislation, Public Law 293, which created a VA Department of Medicine and Surgery (DM&S), and freed VA physicians, dentists, and nurses from the Civil Service Commission and its rules.⁶⁹¹ Within weeks, the chief medical director of the new DM&S issued a policy memorandum that outlined a cooperative affiliation agreement between VA and medical schools under which deans' committees would recommend consultants and attending physicians for appointment to VA, and residency-training programs would be established at VA hospitals. The law, and Policy Memorandum #2, broke a recruitment logjam and enabled the short-staffed department to hire medical professionals needed for the dozens of new VA hospitals being built. Soon after, medical students and residents began working in 32 VA hospitals. The reforms instituted under Bradley and his team were palpable,⁶⁹² with the physician staff at VA hospitals increasing from 2,300 (1,700 of whom were detailed by the military) in June 1945 to 4,000 full-time staff a year later.⁶⁹³ By 1948, VA had 125 hospitals in operation with 60 medical school affiliations and 2,000 residents.⁶⁹⁴

After this turn-around, Bradley left to become Army Chief of Staff, and under his successor, "who did not enjoy the same level of prestige and support that Bradley did . . . VA quickly

⁶⁸⁸ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 22.

⁶⁸⁹ *Ibid.*, 23-25.

⁶⁹⁰ *Ibid.*, 22.

⁶⁹¹ "31: The President's News Conference," Harry S. Truman Library & Museum, accessed June 3, 2016, <http://trumanlibrary.org/publicpapers/viewpapers.php?pid=38>.

⁶⁹² James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 27.

⁶⁹³ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 214.

⁶⁹⁴ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 28.

reverted to its pre-Bradley ways and remained that way for the next forty years,”⁶⁹⁵ according to one account.

By the early 1950s, the veteran population had grown to more than 20 million.⁶⁹⁶ VA was operating 162 hospitals, with an average census of more than 104,000 patients.⁶⁹⁷ A VA historian observed that “waiting lists contained 22,613 applicants awaiting admission, none of whom were service-connected, although some of the latter were hospitalized in other than VA hospitals.”⁶⁹⁸ At the time, non-service-connected veterans seeking care had to state under oath that they could not afford to pay for hospitalization, and admission was granted only when beds were available in VA or other federal hospitals.⁶⁹⁹ Critics called for reducing free medical care of non-service-connected veterans, and questioned whether some were getting care that they could afford. This issue led VA to institute a policy of formal counseling under which hospitals would supply the veterans with an estimated cost of care to assist them in determining their ability to pay.⁷⁰⁰

In contrast to the generous Bradley-era funding, the 1950s funding cuts necessitated layoffs, bed-closures, and moth-balling of newly constructed hospital wards.⁷⁰¹ During this period, annual debates over the DM&S budget centered on the number of beds VA should operate. VA leaders contended that the number should be 125,000, yet the director of the Bureau of the Budget (the predecessor to the Office of Management and Budget [OMB]) asserted 87,000 was sufficient.⁷⁰²

The expiration of the incumbent CMD’s term led to the appointment in 1955 of medical educator Dr. William Middleton, dean of the Wisconsin Medical School, and a long-time member of a VA special medical advisory group. One of his first acts as CMD was to champion medical research in VA and broaden its scope to include geriatric research. Soon after, Congress began earmarking funds for VA research, and expanded DM&S’ statutory role to include medical research.⁷⁰³ During Middleton’s tenure, from 1955 to 1963, VA research funding grew from some \$6 million to more than \$30 million.⁷⁰⁴ Middleton’s work laid the foundation for a research program long recognized for pioneering important medical technologies, including medical use of radioisotopes, dialysis, cardiac pacemakers, liver transplantation, as well as seminal studies that documented the benefits of coronary artery bypass surgery and drug treatment of hypertension.⁷⁰⁵ The program also stood out for its capacity to design and rapidly implement large-scale cooperative trials, first mounted in the 1950s with successful evaluation

⁶⁹⁵ Ibid., 29.

⁶⁹⁶ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 254.

⁶⁹⁷ Ibid.

⁶⁹⁸ Ibid.

⁶⁹⁹ Ibid., 253.

⁷⁰⁰ Ibid., 253-254.

⁷⁰¹ Ibid., 256.

⁷⁰² Ibid., 258.

⁷⁰³ Ibid., 262-263.

⁷⁰⁴ Ibid., 263-264.

⁷⁰⁵ Stanley Zucker et al., “Veterans Administration Support for Medical Research: Opinions of the Endangered Species of Physician-Scientists,” *The FASEB Journal*, 18, no. 13, (2004): 1481-1486, <http://doi.org/10.1096/fj.04-1573lfe>.

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of chemotherapy for tuberculosis.⁷⁰⁶ Working on issues relevant to veterans, VA researchers developed functional electrical stimulation systems to allow patients to move paralyzed limbs, helped develop the first ankle-foot prosthesis, and launched the largest-ever trial of psychotherapy to treat posttraumatic stress disorder.⁷⁰⁷

Middleton expanded the VA educational program. In addition to growing the number of medical residents it helped train, VA provided training to a large share of clinical psychologists, graduate dentists, student nurses, occupational and physical therapists, social work students, and dietetic interns. Middleton instituted numerous advances in VA care such as introducing outpatient care for preadmission workups and post-hospital treatment that allowed earlier release from inpatient stays. He moved VA away from operating hospitals for specific diseases (as had been done for tuberculosis and mental illness).⁷⁰⁸

The enactment of Medicare in 1965 raised questions about the effect that program would have on the VA health care system. The House Veterans Affairs Committee sent a questionnaire to a group of 10,000 veterans explaining the new program and asking the veteran to if they preferred VA care or treatment in a community hospital under Medicare.⁷⁰⁹ Some 59 percent responded, and nearly two-thirds of respondents preferred VA.⁷¹⁰ At the time, the policy governing those eligible for VA care based on financial need was that Medicare benefits were to be considered in determining an individual's ability to pay for needed care.⁷¹¹

The enactment of Medicare and other changes in health care in 1977, led to a commission being established by the National Academy of Sciences (NAS) which issued a report pursuant to a congressional directive to evaluate the VA health care system. Among its findings, the commission reported that VA had a surplus of acute beds and recommended that new facilities be constructed only after examining bed availability in the community. It also recommended that underutilized VA hospitals be closed or converted to long-term care facilities, and resources redistributed to permit a shift from inpatient to outpatient care. The NAS commission also recommended that VA experiment with models for community-based integrated care.⁷¹² The commission's recommendation for integrating the VA system into the nation's civilian health care program⁷¹³ provoked objection, particularly in Congress.⁷¹⁴ Hearings produced sharp rejections of the NAS commission findings and its call to end VA's role in providing health care to veterans.

⁷⁰⁶ Ibid.

⁷⁰⁷ Veterans Health Administration, *History of VA Research Accomplishments*, accessed June 3, 2016, http://www.research.va.gov/researchweek/press_packet/Accomplishments.pdf.

⁷⁰⁸ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 265-267.

⁷⁰⁹ Ibid., 390.

⁷¹⁰ Ibid.

⁷¹¹ Ibid.

⁷¹² *Hearings before the Subcommittee on Medical Facilities and Benefits of the Committee on Veterans Affairs*, 95th Cong., 1st Sess. (July 21, 1977), Statement of Dr. Saul Farber.

⁷¹³ J. William Hollingsworth and Philip K. Bondy, "The Role of Veterans Affairs Hospitals in the Health Care System," *New England Journal of Medicine*, 322, no. 10, (1990): 1851-1857, <http://doi.org/10.1056/NEJM199006283222605>.

⁷¹⁴ *Hearings before the Subcommittee on Medical Facilities and Benefits of the Committee on Veterans Affairs*, 95th Cong., 1st Sess. (July 21, 1977), Statement of Dr. Saul Farber.

The VA of the 1970s and 1980s is remembered as bureaucratic, reliant on paper health care records, and driven by patient admissions (on which budgets were based).⁷¹⁵ The quality of VA care was also an issue. Complaints from Vietnam veterans and critical media accounts fueled outrage, and led to the view that the system was broken. The question, how to fix it, reopened an earlier dialogue around making VA a cabinet-level department, a view strongly supported by veterans service organizations (VSOs) and veterans' leaders in the House of Representatives. In 1988, after years of debate, and opposition from administration offices and advisors, President Reagan signed legislation creating a Department of Veterans Affairs.⁷¹⁶ The new department, with DM&S now renamed the Veterans Health Services and Research Administration (to emphasize its research legacy in such fields as infectious disease, pacemaker technology, and prosthetics), employed some 194,000 people with a \$12 billion budget.⁷¹⁷

Facing an aging veteran population⁷¹⁸ expected to overwhelm the system by 2010, the new secretary, Edward Derwinski, in 1989 requested Congress establish an independent commission to review the alignment and mission structure of VA's hospitals. Congress rebuffed the request after VSOs, suspecting a plan to close hospitals, lobbied against it.⁷¹⁹ Derwinski created his own "Commission on the Future Structure of Veterans Health Care" that was to review all VA hospitals and recommend needed mission changes. Instead, the so-called Mission Commission called for expanding eligibility law to enable veterans to obtain the full continuum of VA health care services. Although the commission identified the need for fundamental restructuring of the VA health care system, the subject was soon overtaken by national health reform proposals, and what role VA might have under a universal coverage system.⁷²⁰

Dr. James Holsinger, a new under secretary for health (USH), made care quality a top goal and issued a Blueprint for Quality tool in 1992, setting the stage for more far-reaching changes instituted by his successor, Dr. Kenneth Kizer. Care quality, a perennial topic, had led to the previous under secretary's resignation following reports of multiple veterans' deaths under questionable circumstances at VA's North Chicago medical center.⁷²¹ Two years later, Derwinski lost his job after creating ire among veterans' organizations in response to his proposed pilot program to open two VA hospitals to poor, rural nonveterans.⁷²²

⁷¹⁵ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 30-31.

⁷¹⁶ Ibid., 33-40.

⁷¹⁷ Ibid., 50.

⁷¹⁸ As the General Accounting Office reported in 1990, "The Department of Veterans Affairs (VA) faces a major challenge: planning how to meet the long-term care needs of a rapidly aging veteran population. The number of veterans 65 years old and over is projected to grow to 9 million by 2000—a 50percent increase over the 1988 level.

U.S. Government Accountability Office, *VA Health Care: Improvements Needed in Nursing Home Planning*, GAO/HRD-90-98 (Washington, DC, 1990), accessed June 20, 2016, <http://www.gao.gov/assets/150/149139.pdf>.

⁷¹⁹ U.S. Government Accountability Office, *VA Health Care: Improvements Needed in Nursing Home Planning*, GAO/HRD-90-98 (Washington, DC, 1990), 51, accessed June 20, 2016, <http://www.gao.gov/assets/150/149139.pdf>.

⁷²⁰ U.S. Government Accountability Office, *Veterans' Health Care: Veterans' Perceptions of VA Services and VA's Role in Health Care Reform*, GAO/HEHS-95-14 (Washington, DC, 1994), accessed June 20, 2016, <http://archive.gao.gov/f0902a/153054.pdf>.

⁷²¹ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 53.

⁷²² "Angry Veterans Groups Say They Made Bush Oust Agency's Head," Eric Schmitt, accessed June 3, 2016, <http://www.nytimes.com/1992/09/29/us/angry-veterans-groups-say-they-made-bush-oust-agency-s-head.html>.

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Transformational Leadership

VA's second secretary, Jesse Brown, brought his passion as a veterans advocate to the department's leadership.⁷²³ Among Brown's most important early acts was selecting Dr. Kenneth Kizer, a prominent California physician-administrator and educator, from among 90 candidates identified by a search committee for the USH post.⁷²⁴ With experience heading the California department of public health, Kizer saw health care as a system, and data as a tool to improve it.⁷²⁵

Kizer, in essence, launched a major reengineering of the VA health care system through better use of information technology, measurement and reporting of performance, integration of services, and realigned payment policies.⁷²⁶ His vision was large and bold, underscored by his belief that "we have to be able to demonstrate that we have an equal or better value than the private sector, or frankly we should not exist."⁷²⁷ At VA, Kizer found a workforce trapped in a micro-managerial, command-and-control system in which there was little accountability.⁷²⁸ He set the tone for what was to come at a meeting with senior managers at which he stated,

*The old culture must give way to a new culture . . . that is based on innovation and creativity; a culture based on personal initiative and individual and collective accountability; a culture that is based on outcomes and heightened productivity; and a culture that is committed to change.*⁷²⁹

Among his first steps was the development of what was to become a Vision for Change, a new organizational model to restructure both field operations and central office management. At its core was the creation of 22 veterans integrated service networks, or VISNs, (replacing four regions which had been responsible for overseeing 40 to 45 hospitals each), with decision making shifted away from VA Central Office (VACO) to the new VISN directors. VISNs were to be the basic budgetary and planning unit, and to have staffs of no more than 7 to 10 employees.⁷³⁰ Each VISN was in charge of all the care provided to veterans in that network, and each was funded on a capitated basis rather than based on historical costs.⁷³¹ The VACO structure would be marked by its *flatness*, foregoing a tiered hierarchy.⁷³²

⁷²³ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 89.

⁷²⁴ *Ibid.*, 92.

⁷²⁵ Phillip Longman, *Best Care Anywhere: Why VA Health Care Would Work Better for Everyone* (San Francisco: Berrett-Koehler Publishers, Inc., 2012), 50-51.

⁷²⁶ Ashish K. Jha et al., "Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care," *New England Journal of Medicine*, 348, no. 22, (2003): 2218-2227, accessed June 20, 2016, <http://doi.org/10.1056/NEJMsa021899>.

⁷²⁷ Phillip Longman, *Best Care Anywhere: Why VA Health Care Would Work Better for Everyone* (San Francisco: Berrett-Koehler Publishers, Inc., 2012), 51.

⁷²⁸ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 97-8.

⁷²⁹ *Ibid.*, 105.

⁷³⁰ *Ibid.*, 110.

⁷³¹ "What Can the Rest of the Health Care System Learn from the VA's Quality and Safety Transformation," Ashish K. Jha, accessed June 3, 2016, <https://psnet.ahrq.gov/perspectives/perspective/31>.

⁷³² James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 111.

The system Kizer and his team inherited was characterized by a multitude of problems.⁷³³ Kizer and his team literally reengineered the veterans' health care system based on a set of transformation strategies: to create management accountability, integrate and coordinate services, improve the quality of care, align system finances with desired outcomes, and modernize information management.⁷³⁴

Kizer also launched a technological revolution in VHA with deployment of a powerful electronic medical record,⁷³⁵ and development of systems such as medication bar-coding to tackle medical errors and ensure patient safety.⁷³⁶

Some of Kizer's successes involved winning support within the administration and from Congress for bold initiatives. He won a critical concession from OMB that VA savings could be reinvested into VA, permitting his transformation efforts to be funded through internal cost-savings rather than new funding,⁷³⁷ and garnered support from Congress for a dramatic reduction of acute care beds and for closing massive regional offices.⁷³⁸ These steps and congressional passage of legislation to reform health care eligibility laws paved the way for establishing universal primary care in VA and developing community-based clinics across the country.⁷³⁹

Sweeping Reform

During a 5-year period, Kizer dramatically changed almost every major VHA management system and improved operational performance through the use of performance measures and contracts. He closed nearly 29,000 acute care beds, merged 52 medical centers into 25 multi-campus facilities, reduced staffing by almost 26,000, opened more than 300 community-based outpatient clinics, and treated 24 percent more patients. In addition to bringing measurable quality into VA health care, Kizer achieved marked reductions in waiting times and medical errors.⁷⁴⁰

Kizer's tenure brought dramatically improved quality, service, and operational efficiency to VHA yet threatened powerful interests. As he noted, "...places like Florida, Arizona, and the

⁷³³ Kenneth Kizer and R. Adams Dudley, "Extreme Makeover: Transformation of the Veterans Health Care System," *Annual Review of Public Health*, 30, (2009): 316, accessed June 20, 2016, <http://doi.org/10.1146/annurev.publhealth.29.020907.090940>.

⁷³⁴ Ibid., 318-323.

⁷³⁵ VA in 2006 won the Harvard Innovations in Government Award for its VistA system. James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 211.

⁷³⁶ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 157-165.

⁷³⁷ Kenneth Kizer and R. Adams Dudley, "Extreme Makeover: Transformation of the Veterans Health Care System," *Annual Review of Public Health*, 30, (2009): 323, accessed June 20, 2016, <http://doi.org/10.1146/annurev.publhealth.29.020907.090940>.

⁷³⁸ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 128-129.

⁷³⁹ Kenneth Kizer and R. Adams Dudley, "Extreme Makeover: Transformation of the Veterans Health Care System," *Annual Review of Public Health*, 30, (2009): 319-320, accessed June 20, 2016, <http://doi.org/10.1146/annurev.publhealth.29.020907.090940>.

⁷⁴⁰ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 170.

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Sun Belt States were not getting their fair share [of funds] and their elected officials were unhappy about it. People from Pennsylvania and Illinois and New York were not about to give their money away, so there was this big disconnect.”⁷⁴¹ Kizer’s team developed a capitation system to more equitably allocate funds across the system. Aware of the political ramifications, he implemented incremental changes during a 2- to 3-year period to make them as painless as possible. But the congressional goodwill he had enjoyed unraveled when Kizer and his VISN directors began cutting and consolidating facilities to accommodate VISN funding cuts. The threat of hospital mergers and consolidations ultimately led several senators to block his confirmation to a second term.⁷⁴²

Under new eligibility reform law, all veterans became *eligible* for VA health care, though its authors did not envision that the system could or would serve all eligible individuals, or even all who might someday seek VA care. The law’s priority-based enrollment system was intended to give VA a tool to align demand for care with its funding level.⁷⁴³ The law instead unleashed political pressure to expand enrollment, opening the door to an influx of veterans who historically had not been VA health care users and many of whom were already covered under military retirement benefits, private insurance, or Medicare.⁷⁴⁴ That expansion led to a tremendous demand for prescription drug benefits by new enrollees and in 2003, Secretary Tony Principi ended enrollment for higher income (category 8) veterans “to keep the system solvent.”⁷⁴⁵ At about the same time, other related pressures led Principi to establish an advisory body, the Capital Asset Realignment for Enhanced Services (CARES) Commission, to develop a comprehensive capital asset plan. Principi cited the age of VA facilities and the changes in medical practice, but also reminded a congressional oversight committee of a 1999 Government Accountability Office finding that “maintaining obsolete or duplicative structures diverts \$1 million a day, every day, every year, away from the care of veterans.” Principi did not want to repeat Kizer’s experience and hoped to avoid political backlash.⁷⁴⁶

The CARES Commission released a final report in February 2004 that recommended relatively few actual facility closures, though it proposed substantial facility mission changes at a number of facilities.⁷⁴⁷ As the then USH later recounted, “CARES, like so many things in Washington, was well-intended, but it was derailed politically once it began moving toward actual targeted action within specific congressional districts.”⁷⁴⁸

Despite such defeats, Principi and VA under secretaries following Kizer met formidable challenges, left legacies, and saw the veterans’ health care system continue to be heralded for several years.⁷⁴⁹ A cascade of other events muddled, and even blackened, VHA’s reputation:

⁷⁴¹ Ibid., 133-134.

⁷⁴² Ibid., 168-169.

⁷⁴³ Veterans Affairs Comm., Veterans’ Health Care Eligibility Reform Act of 1996, H. R. Rep. No. 104-690 (1996), accessed June 3, 2016, <https://www.congress.gov/congressional-report/104th-congress/house-report/690/1>.

⁷⁴⁴ James Rife, *Not Your Father’s VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 193.

⁷⁴⁵ Ibid., 194.

⁷⁴⁶ Ibid., 195.

⁷⁴⁷ Ibid., 196.

⁷⁴⁸ Ibid.

⁷⁴⁹ “The Best Care Anywhere,” Phillip Longman, *Washington Monthly*, accessed June 3, 2016,

accounts of veterans' suicides (and an alleged cover-up); incompetent surgeries and patient deaths at a high-visibility VA medical center (VAMC); failed software acquisitions;⁷⁵⁰ hard-hitting inspector general audit reports on issues such as system flaws, quality of care issues, and lack of timely care that fueled congressional oversight and other constraints. The 2014 scandal that erupted at the Phoenix VAMC represented a decisive turning point and set the stage once again for transforming veterans' health care.

Among initial steps on that long road to transforming the system, the Senate in July 2014 unanimously confirmed Robert A. McDonald, former chief executive officer of Proctor & Gamble, as secretary of veterans affairs. With a business career of delivering better results, McDonald, along with DEPSECVA Sloan Gibson and USH Dr. David Shulkin, has been working to improve VA's health care system and service delivery, and to set a framework for long-term reform. Days after McDonald's confirmation, Congress passed the Veterans Access, Choice, and Accountability Act of 2014, omnibus legislation to improve veterans' access to care. This legislation established the *Choice Program*, mandated an independent assessment of VHA, and established the Commission on Care.

<http://www.washingtonmonthly.com/features/2005/0501.longman.html>. "Revamped Veterans Health Care Now a Model," Gilbert Gaul, accessed June 3, 2016, <http://www.washingtonpost.com/wp-dyn/content/article/2005/08/21/AR2005082101073.html>. "The Best Medical Care in the U.S.: How Veterans Affairs Transformed Itself—and What it Means for the Rest of Us," Catherine Arnst, accessed June 3, 2016, <http://www.bloomberg.com/bw/stories/2006-07-16/the-best-medical-care-in-the-u-dot-s-dot>.

⁷⁵⁰ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 216-217.

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APPENDIX E: THE EVOLVING HEALTH CARE INDUSTRY

Health care has evolved in major ways since the federal government began providing care to veterans after the Civil War, and it will continue to evolve substantially in the future. There are a number of factors that drive evolution in health care, such as population and lifestyle changes, changes within the various health care professions, medical and information systems technology, and systems changes in management and operations.⁷⁵¹ IBM Center for Applied Insight reports that there are 18 trends to watch in health care.⁷⁵² These trends closely encompass those highlighted below. The categories in which the trends fall mirror key topic addressed in the Commission's report to include data system interoperability (10 trends), consumer technology (two trends), health care providers (two trends), government regulations (two trends), and human resources and leadership (two trends). With health care changing so rapidly, and in so many different ways, it is imperative that veterans' health care continually evolve to remain aligned with current and future trends. This section highlights key trends that, based on past experience and current practice, will likely shape health care in the future, were considerations in formulating the Commission's recommendations, and will likely affect transformation of veterans' health care.

Emergence of Large Health Care Systems

The health care industry is moving away from stand-alone community hospitals that serve the needs of a local constituency to large, multiple-campus health care systems.⁷⁵³ The industry will see more high profile mergers and acquisitions in the second half of 2016.⁷⁵⁴ The December 2015 Health Research Institute's report indicates that well-known health care systems may have a market advantage as Americans are willing to travel further for care from a well-known system. This may explain the development and affiliation for Mayo Clinic in Arizona and Florida, and Cleveland Clinic opening in Florida. The report also states that although people are willing to drive for care they are not willing to pay prices higher than the local market. Because of increasing use of outpatient services and same-day surgery, facilities within these health care systems require fewer inpatient beds.⁷⁵⁵ With the advancement of psychotropic drugs, the perceived need for large mental hospitals has declined.⁷⁵⁶ Because of shorter recovery stays, increased outpatient services, telemetry and other monitoring programs, and new medical inventions, hospitals are now built as smaller facilities with parts or sections that can be quickly

⁷⁵¹ Lynn Etheredge, Stanley B. Jones, and Lawrence Lewin, "What is Driving Health System Change?" *Health Affairs*, 15, 4, (1996): 93-104.

⁷⁵² "Healthcare Internet of Things 18 Trends to watch in 2016," Bill Chamberlain, IMB Center for Applied Insights, March 1, 2016, accessed June 20, 2016, <https://ibmcai.com/2016/03/01/healthcare-internet-of-things-18-trends-to-watch-in-2016>.

⁷⁵³ "Top Health Industry Issues of 2016: Thriving in a New Health Economy," PwC, accessed April 29, 2016, <https://www.pwc.com/us/en/health-industries/top-health-industry-issues/assets/2016-us-hri-top-issues.pdf>.

⁷⁵⁴ Ibid.

⁷⁵⁵ Ibid.

⁷⁵⁶ "How Release of Mental Patients Began," Richard Lyons, accessed May 1, 2016, <http://www.nytimes.com/1984/10/30/science/how-release-of-mental-patients-began.html?pagewanted=all>.

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modified for future changes and medical advances.⁷⁵⁷ VHA will need to consider this trend in evaluating its current physical plant and planning for future facility needs.

Management Changes

As health care systems become increasingly complex, there is a need to manage these institutions using current management theories and models.⁷⁵⁸ During the past few decades, hospital and health care management changed from being managed by a traditional top-down model to continuous quality improvement models that respond to issues such as staff satisfaction, medication errors, safety matters, and wasteful use of supplies. To address errors, hospitals have implemented Six Sigma principles. To address waste, hospitals have implemented LEAN principles. Embracing these changes in management approach and implementing Six Sigma and LEAN principles will support VHA's transformational process.

Health Care Payment

The health care industry is in the midst of transforming its payment model away from a fee-for-service model to value-based payments, a system that drives improved health outcomes.⁷⁵⁹ This transformation is tied to the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which health care experts expect to shape care delivery and payment reform across the U.S. health care system over the coming decades. Congress created MACRA as a transformative law to fast track the health care system's transition from a traditional fee-for-service payment model to new risk-bearing, coordinated care models.⁷⁶⁰ Because this legislation is still in rulemaking, it is premature for the Commission to weigh in on its potential effect on VA. The MACRA legislation expands the trend toward creation of accountable care organizations (ACOs) and bundled payments for care. ACO models have been reported to drive reduced hospitalization and generate cost savings.⁷⁶¹

Specialty Care Facilities

With changes in the federal payment for hospitals, some high-cost and longer-stay care treatments have been moving out of community hospitals to specialty hospitals. For example, long-term acute care hospitals primarily treat patients on ventilators; rehabilitation facilities treat short-term, post-acute patients who need primarily physical and occupational therapy services for orthopedic or stroke incidences; and cancer hospitals provide innovative treatments for Stage 4 cancer. As a result, community hospitals may no longer need beds to take care of these special patients. VHA will need to consider this trend in planning integrated care networks and evaluating its facility needs in conjunction with these networks.

⁷⁵⁷ "The Small Hospital of the Future," Shati Matambanadzo, accessed May 3, 2016, <http://www.healthcaredesignmagazine.com/article/small-hospital-future>.

⁷⁵⁸ "How to Solve the Cost Crisis in Health Care," Robert S. Kaplan and Michael E. Porter, accessed May 2, 2016, <https://hbr.org/2011/09/how-to-solve-the-cost-crisis-in-health-care>.

⁷⁵⁹ "The Medicare Access CHIP Reauthorization Act (MACRA)" National Partnership for Families and Women, accessed June 6, 2016, <http://www.nationalpartnership.org/issues/health/macra.html>.

⁷⁶⁰ "MACRA: Disrupting the health care system at every level," Deloitte, accessed June 23, 2016, <http://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/macra.html>.

⁷⁶¹ "Health Care Trends in 2016 Impact Patients While Seeking to More Efficiently Deliver Care," Jinger Jarrett, Inquisitr: Medicine, accessed May 2, 2016, <http://www.inquisitr.com/2710622/healthcare-trends-in-2016-impact-patients-while-seeking-to-more-efficiently-deliver-care/>.

Outpatient Care and Lifestyle-oriented Venues for Care

With improvements in surgical procedures, many surgeries that required post-surgery hospital stays are now routinely performed in outpatient settings.⁷⁶² Many nonsurgical procedures are being performed in outpatient clinics as well, such as medical imaging, cardiac catheterization, substance abuse treatment, gastrointestinal screening and cancer treatment.⁷⁶³ As care that was once provided only in hospitals is now provided in specialized medical clinics, care that was once provided only in physicians' offices is now being provided in alternative settings. As reported in Health Affairs, "another health care trend consumers are using to save both time and money is that rather than making appointments with their doctors, they are choosing to use walk-in clinics."⁷⁶⁴ Many of these clinics are located in pharmacies, retail chains, or supermarkets, allowing consumers quick, convenient, less-costly care.⁷⁶⁵ Do-it-yourself health care is also a trend, with increasingly more people taking responsibility for their health care. Consumers are using smart phone apps to monitor vital signs, medication adherence, and even urinalysis.⁷⁶⁶ As part of a commitment to continuous improvement, VHA will need to consider alternative venues as it creates integrated health care networks.

Medical Technology

Medical technology companies create life-changing innovation, and "advanced medical devices and diagnostics allow people to live longer, healthier and more productive lives."⁷⁶⁷ In fact, during the past 30 years, medical advancements helped add five years to U.S. life expectancy and reduce fatalities from heart disease, stroke, and breast cancer by more than half.⁷⁶⁸ These advancements also yield savings across the health care system by replacing more expensive procedures, reducing hospital stays, and allowing people to return to work more quickly.⁷⁶⁹ Ensuring veterans receive care that employs cutting-edge technology will be an important part of establishing integrated care networks.

Telemedicine

According to the American Telemedicine Association, "telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status."⁷⁷⁰ Telemedicine includes a growing variety of applications and

⁷⁶² Mehul V. Raval et al., "The Importance of Assessing Both Inpatient and Outpatient Surgical Quality," *Annals of Surgery*, 253, 3, (2011): 611-618, accessed June 20, 2016, <http://www.ncbi.nlm.nih.gov/pubmed/21183845>.

⁷⁶³ "The Strategy That Will Fix Health Care," Michael E. Porter and Thomas H. Lee, MD, accessed May 2, 2016, <https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>.

⁷⁶⁴ "Health Care Trends in 2016 Impact Patients While Seeking to More Efficiently Deliver Care," Jinger Jarrett, accessed May 2, 2016, <http://www.inquisitr.com/2710622/healthcare-trends-in-2016-impact-patients-while-seeking-to-more-efficiently-deliver-care/>.

⁷⁶⁵ Ibid.

⁷⁶⁶ "Top Health Industry Issues of 2016: Thriving in a New Health Economy," PwC, accessed May 2, 2016, <https://www.pwc.com/us/en/health-industries/top-health-industry-issues/assets/2016-us-hri-top-issues.pdf>.

⁷⁶⁷ "Value of Medical Technology," Advanced Medical Technology Association, accessed May 2, 2016, <http://advamed.org/page/74/value-in-medical-technology>.

⁷⁶⁸ "Value of Medical Innovation," HealthCare Institute of New Jersey, accessed May 2, 2016, <http://hinj.org/value-of-medical-innovation/>.

⁷⁶⁹ Ibid.

⁷⁷⁰ "What is Telemedicine," American Telemedicine Association, accessed May 2, 2016, <http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VwFrqfkrJaQ>.

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services using two-way video, email, smart phones, wireless tools, and other forms of telecommunications technology. The use of telemedicine has spread rapidly and is now becoming integrated into hospitals, specialty departments, home health agencies, private physician offices, as well as consumers' homes and workplaces. The following are examples of how telehealth is being used:

- A specialist assisting the primary care physician in rendering a diagnosis might use interactive video or store-and-forward transmission of diagnostic images or information.
- Home-use devices might be used to remotely collect information such as vital signs, blood glucose, or heart electrocardiogram data and transfer it in real time to a home health agency or a remote diagnostic testing facility for interpretation.
- Consumers' internet and wireless devices might be used to obtain specialized health information or participate in online peer-to-peer support groups.

VHA already excels in the use of telehealth and should expand upon its work in this area.

Midlevel Practitioners

During the past few decades, new categories of health care professionals have become increasingly commonplace in hospital settings. For example, hospitalists, physicians who specialize in the practice of hospital medicine, take over when the community-based physician admits his/her patient to the hospital.⁷⁷¹ The hospitalist does not perform the surgery but rather takes on the monitoring of the hospital services needed by the patient. Another example is medical technicians, who monitor the specialized medical equipment and devices that previously were under the purview of nurses in specialty units such as intensive care units. The growing physician shortage has led to reliance on mid-level health care providers. According to the Centers for Medicare and Medicaid Services' National Provider Identifier dataset, there were approximately 106,000 practicing nurse practitioners and 70,000 practicing physician assistants in 2010.⁷⁷² Provider trends may play into ways VHA can address its current staffing shortage.

Electronic Patient Health Information

Health records have undergone transformation from free-form physician notes of the 17th century to electronic health records (EHRs) of the 21st century. Today, providers are using clinical applications such as computerized physician order entry systems; EHRs; and radiology, pharmacy, and laboratory systems to track patient care and progress. Health plans are providing access to claims and care management, as well as member self-service applications.⁷⁷³ These advances allow the medical workforce to be more mobile and efficient (i.e., physicians can check patient records and test results from wherever they are). Though their use comes with

⁷⁷¹ "Definition of a Hospitalist and Hospital Medicine," Society of Hospital Medicine, accessed May 2, 2016, http://www.hospitalmedicine.org/Web/About_SHM/Hospitalist_Definition/Web/About_SHM/Industry/Hospital_Medicine_Hospital_Definition.aspx.

⁷⁷² "The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States," Agency for Healthcare Research and Quality, accessed May 2, 2016, <http://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html>.

⁷⁷³ "The Strategy That Will Fix Health Care," Michael E. Porter and Thomas H. Lee, MD, accessed May 2, 2016, <https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>.

inherent potential security and privacy risks, they will surely play a substantial role in shaping future health care.⁷⁷⁴ Interoperability of these sources of patient information will be a continuing key issue in private-sector, military, and veterans' healthcare organizations.

Population Health

Population health refers to considering incidence and prevalence of diseases in a given area to determine if the area or the environment is contributing to the illness. Physicians and other health care providers may look at a region's demographics to determine what types of care are needed within the population. For example, if 65 percent of the region is older than age 65, then a series of wellness programs that address the chronic care concerns of this population may be needed. From a population health perspective, communities and their respective populations are as important as the individual patients who comprise them when it comes to keeping residents healthy. For VHA, population health issues may revolve around populations of veterans who served in particular wars and operations and the respective injuries and illnesses associated with them.

Geriatric Care

In the United States and Western Europe the birth rate has slowed⁷⁷⁵ and people are living longer.⁷⁷⁶ Demographic researchers report that if an American makes it to age 65, he/she should have about 17 to 20 additional years of life.⁷⁷⁷ Nursing homes and assisted living facilities are now seeing increasingly more of residents' first-time admissions occurring at age 80 or older. Some congregate care retirement facilities report that even with admission in the 80s, the average life expectancy is another 12 or 13 years.⁷⁷⁸ The aging population accounts for increasingly more hospital admissions, and as a result, hospitals rely on more revenue from Medicare.⁷⁷⁹ The VHA beneficiary population mirrors the general U.S. population, and older veterans receiving care through VHA may be sicker than their private-sector counterparts.

Chronic Disease Care

Chronic conditions now account for more than 50 percent of the death rate. Acute problems had previously been the primary causes of death.⁷⁸⁰ Even HIV/AIDS has moved away from being considered an immediate death sentence, and now, with proper treatment, is considered by

⁷⁷⁴ "Summary of the HIPAA Privacy Rule," U.S. Department of Health and Human Services, accessed May 2, 2016, <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/>.

⁷⁷⁵ "Fact Sheet: The Decline in U.S. Fertility," Mark Mather, accessed May 2, 2016, <http://www.prb.org/publications/datasheets/2012/world-population-data-sheet/fact-sheet-us-population.aspx>.

⁷⁷⁶ National Center for Health Statistics, *Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities*, accessed May 2, 2016, <http://www.cdc.gov/nchs/data/health/us15.pdf>.

⁷⁷⁷ National Center for Health Statistics, *Life Expectancy at Birth, at Age 65, and at Age 75, by Sex, Race, and Hispanic Origin: United States, Selected Years 1900-2010*, accessed May 2, 2016, <http://www.cdc.gov/nchs/data/health/us11/022.pdf>.

⁷⁷⁸ Kathleen Harris, *CCRC Resident Demographics and Health Care Utilization: An Analysis*, accessed May 3, 2016, <http://www.avpowell.com/docs/Fall1997.pdf>.

⁷⁷⁹ "The Strategy That Will Fix Health Care," Michael E. Porter and Thomas H. Lee, MD, accessed May 2, 2016, <https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>.

⁷⁸⁰ "Chronic Disease Overview," Centers for Disease Control and Prevention, accessed May 2, 2016, <http://www.cdc.gov/chronicdisease/overview/>.

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most to be a chronic disease.⁷⁸¹ The Centers for Disease Control reports that since 2014, more Americans are dying as a result of chronic conditions and diseases than from acute diseases. Most chronic diseases result from lifestyle choices. Lifestyle diseases result from choices that individuals make.⁷⁸² Health care systems invest resources in addressing lifestyle-related issues caused by behaviors such as smoking, using opiates, and overeating.⁷⁸³ Lifestyle diseases such as cancer caused by smoking, addiction caused by drug use, and diabetes caused by obesity, are costly to treat.⁷⁸⁴ Because lifestyle diseases change over time, they are important to consider in thinking about the future of veterans' healthcare. Treating chronic diseases can be costly because care is ongoing, and assuming this trend continues to become more prominent, it will affect the cost of care and how it is provided.⁷⁸⁵

Needs-based Health Care

The Affordable Care Act requires all not-for-profit hospitals to complete a survey of the community (community health needs assessment, or CHNA) to show what entities in the community will address identified needs (asset mapping) and then report on how the hospital will address these needs in a community health care implementation program (CHIP).⁷⁸⁶ Starting in 2016, hospitals must post these reports on their websites and conduct these evaluations every 3 years thereafter. Monitoring community health needs can lead to preventing or stopping the spread of disease. For example, scarcity of quality food has been documented to result in poor school attendance and increased illness.⁷⁸⁷ Some Americans simply have not been exposed to how to prepare vegetables and fruits because they live in areas that are called *food deserts*, where healthy foods are not readily available. Identifying such needs and how they will be addressed can help improve health for specific populations.⁷⁸⁸ In Washington, DC, such a health assessment led to new treatments and protocols for addressing the appearance of a rare strain of tuberculosis brought in by a group of legal immigrants.⁷⁸⁹ Using CHNA and CHIP could be part of VHA's ongoing planning process.

⁷⁸¹ Steven G. Deeks, Sharon R. Lewin, and Diane V. Havlir, "The End of AIDS: HIV Infection as a Chronic Disease," *Lancet*, 382, 9903, (2013): 1525-1533.

⁷⁸² "Lifestyle Choices: Root Causes of Chronic Diseases," Cleveland Clinic, accessed May 2, 2016, https://my.clevelandclinic.org/health/transcripts/1444_lifestyle-choices-root-causes-of-chronic-diseases.

⁷⁸³ D. B. Resnik, "Responsibility for Health: Personal, Social, and Environmental," *Journal of Medical Ethics*, 33, 8, (2007): 444-445.

⁷⁸⁴ "How to Save a Trillion Dollars," Mark Bittman, accessed May 2, 2016, <http://opinionator.blogs.nytimes.com/2011/04/12/how-to-save-a-trillion-dollars/>.

⁷⁸⁵ "Why We Need Public Health to Improve Healthcare," National Association of Chronic Disease Directors, accessed May 2, 2016, <http://www.chronicdisease.org/?page=WhyWeNeedPH2impHC>.

⁷⁸⁶ "New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act," Internal Revenue Service, accessed May 2, 2016, <https://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501%28c%29%283%29-Hospitals-Under-the-Affordable-Care-Act>.

⁷⁸⁷ "Hunger In Our Schools: Breakfast Is A Crucial 'School Supply' For Kids In Need," Tom Nelson, accessed May 2, 2016, <http://blogs.usda.gov/2015/03/03/hunger-in-our-schools-breakfast-is-a-crucial-school-supply-for-kids-in-need/>.

⁷⁸⁸ "The Capital's Food Deserts," Jeremy Moorhead, accessed May 3, 2016, <http://eatocracy.cnn.com/2012/03/14/the-capitals-food-deserts/>.

⁷⁸⁹ District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration, *District of Columbia HIV/AIDS, Hepatitis, STD, and TB (HAHSTA) Annual Report: 2010*, accessed May 3, 2016, http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2010_Annual_Report_FINAL_0_0.pdf.

Behavioral Health

Treatment for mental health, now more commonly referred to as behavioral health, has changed dramatically since a 1968 federal law required individuals be cared for in the least restrictive environment.⁷⁹⁰ This law led to an expectation that most patients would receive care in out-patient facilities. Recently legislation was passed that requires insurance companies to increase the amount of payment for behavioral health, which could add more patients to the health care system.⁷⁹¹ VHA is a leader in mental health treatment and should continue to be a trendsetter in this regard.

Preventive Medicine

Traditionally, physicians were trained to cure illness and to restore the sick to health. The trend, however, is changing, and physicians are now trained in prevention and are more active participants in the prevention of illness.⁷⁹² Additionally, insurance and Medicare now cover preventive care and annual physicals, further supporting prevention.⁷⁹³ Preventive medicine is a key component of integrated health care and will need to be considered as VHA works to transform veterans' healthcare.

Pharmacy Changes

Health Affairs reports that "in 2015 . . . an alarming trend of new high-cost specialty pharmaceuticals entered the market. . . . Overall drug spending increased 12.2 percent last year, the highest rate of increase in more than a decade."⁷⁹⁴ Escalating drug prices account for some of this increase, including more than 3,500 generic drugs that at least doubled in price from 2008–2015 and about 400 drugs that increased in cost 1000 percent.⁷⁹⁵ Newly emerging and very expensive developments in the area of genomic medication also contribute to the increase. "One way to combat skyrocketing prices will be biosimilar drugs. These drugs are near substitutes for original brand drugs and could bring significant price discounts."⁷⁹⁶ Because many of VHA's beneficiaries seek only prescription benefits, prescription drug trends will be important to consider in the transformation process.

⁷⁹⁰ "How Release of Mental Patients Began," Richard Lyons, accessed May 2, 2016,

<http://www.nytimes.com/1984/10/30/science/how-release-of-mental-patients-began.html?pagewanted=all>.

⁷⁹¹ "Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA)," Substance Abuse and Mental Health Services Administration, accessed May 2, 2016, <http://www.samhsa.gov/health-financing/implementation-mental-health-parity-addiction-equity-act>.

⁷⁹² "Opinion 8.075 – Health Promotion and Preventive Care," American Medical Association, accessed May 2, 2016, <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion8075.page>.

⁷⁹³ "Preventive Services Covered Under the Affordable Care Act," U.S. Department of Health and Human Services, accessed May 2, 2016, <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca/>.

⁷⁹⁴ Anne Martin et al., "National Health Spending In 2014: Faster Growth Driven By Coverage Expansion And Prescription Drug Spending," *Health Affairs*, 35, 1, (2016): 150-160.

⁷⁹⁵ "Generic Drug Prices Quickly on the Rise," Anthony L. Komaroff, accessed May 2, 2016, <http://www.spokesman.com/stories/2016/feb/18/generic-drug-prices-quickly-on-the-rise/>.

⁷⁹⁶ "Top Health Industry Issues of 2016: Thriving in a New Health Economy," PwC, accessed May 2, 2016, <https://www.pwc.com/us/en/health-industries/top-health-industry-issues/assets/2016-us-hri-top-issues.pdf>.

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APPENDIX F:

THE COMMISSION'S PROCESS

Commission Meetings

From September 2015 to June 2016, the Commission held convened 12 sessions of public meetings (26 days). The content addressed at each meeting is listed in the following table.

September 21-22, 2015

Assessment A: Demographics	RAND Corporation <ul style="list-style-type: none"> Christine Eibner
Assessment B: Health Care Capabilities	RAND Corporation <ul style="list-style-type: none"> Peter Hussey, PhD
VA Leadership	Department of Veterans Affairs <ul style="list-style-type: none"> Bob McDonald, Secretary Sloan Gibson, Deputy Secretary David Shulkin, MD, Under Secretary for Health
Assessment C: Care Authorities	RAND Corporation <ul style="list-style-type: none"> Michael D. Greenberg
Assessment I: Business Processes	Grant Thornton LLP <ul style="list-style-type: none"> Lane Jackson Aamir Syed Sharif Ambrose
Assessment E: Scheduling Workflow	McKinsey & Company <ul style="list-style-type: none"> Kurt Grote, MD Alex Harris Pooja Kumar
Assessment F: Clinical Workflow	McKinsey & Company <ul style="list-style-type: none"> Kurt Grote, MD Gretchen Berlin
Assessment G: Staffing/Productivity/Time Allocation	Grant Thornton LLP <ul style="list-style-type: none"> Peter Erwin, PhD Hillary Peabody Erik Shannon
Assessment J: Supplies	McKinsey & Company <ul style="list-style-type: none"> Kurt Grote, MD Robin Roark, MD
Assessment K: Facilities	McKinsey & Company <ul style="list-style-type: none"> Vivian Riefberg John Means

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September 21-22, 2015 (continued)

VHA Leadership	Department of Veterans Affairs <ul style="list-style-type: none"> Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning
Assessment Leadership	CMS Alliance to Modernize Health care <ul style="list-style-type: none"> Stephen Kirin Jay Schnitzer, PhD, MD McKinsey & Company <ul style="list-style-type: none"> Vivian Riefberg
Assessment H: Health IT	MITRE Corporation <ul style="list-style-type: none"> Aparna Durvasula Glenn Himes McKinsey & Company <ul style="list-style-type: none"> Celia Huber Vivian Riefberg

October 6, 2015

Eligibility	Veterans Health Administration <ul style="list-style-type: none"> Stephanie Mardon, Chief Business Officer Kristin Cunningham, Director, Business Policy Affairs
2014 Choice Act/2015 Enhancement to Choice/Care in the Community, Current State	Veterans Health Administration <ul style="list-style-type: none"> Stephanie Mardon, Chief Business Officer Kristin Cunningham, Director, Business Policy Affairs
Future State of VA Community Care/ Care in the Community	Veterans Health Administration <ul style="list-style-type: none"> Joe Dalpiaz, Director, VISN 17 Baligh Yehia, MD, Senior Health Advisor to the Secretary of Veterans Affairs Gene Migliaccio, Deputy Chief Business Officer, Managed Care
Academic Affiliations	Veterans Health Administration <ul style="list-style-type: none"> Robert Jesse, MD, Chief, Office of Academic Affiliations Karen Sanders, MD, Deputy Chief, Office of Academic Affiliation Long-Term Care Richard Allman, MD, Chief Consultant, Geriatrics and Extended Care Services

October 19–20, 2015

Independent Assessment, Perspective on VA Health Care, and Q&A/Panel Discussion	<ul style="list-style-type: none"> ▪ Brett Giroir, MD, Senior Fellow, Health Policy Institute, Texas Medical Center ▪ Gail Wilensky, PhD, Senior Fellow at Project HOPE ▪ Jonathan Perlin, MD, Chief Medical Officer and President, Clinical Services at Hospital Corporation of America
Women's Health	Veterans Health Administration <ul style="list-style-type: none"> ▪ Patricia Hayes, PhD, Chief Consultant, VA Women's Health Services
Mental Health	Veterans Health Administration <ul style="list-style-type: none"> ▪ David Carroll, Executive Director, Mental Health Operations ▪ Harold Kudler, MD, Chief Mental Health Consultant
Homelessness	Veterans Health Administration <ul style="list-style-type: none"> ▪ Anne Dunn, Deputy Director, VHA Homeless Program Office
Assessment D: Access	Institute of Medicine <ul style="list-style-type: none"> ▪ Michael McGinnis, MD ▪ Marianne Hamilton Lopez
VACAA Section 203	Northern Virginia Technology Council <ul style="list-style-type: none"> ▪ Ken Mullins
Scheduling	Veterans Health Administration <ul style="list-style-type: none"> ▪ Michael Davies, MD, Executive Director of Access and Clinic Administration Program
MyVA Support Services Excellence Overview	Department of Veterans Affairs <ul style="list-style-type: none"> ▪ Bob Snyder, Executive Director, MyVA Task Force ▪ Tom Muir, Director, Support Services

November 16–17, 2015

Health Care Economics/Finance	<ul style="list-style-type: none"> ▪ Mark Yow, Acting Chief Financial Officer, VHA ▪ Paul Mango, McKinsey & Company ▪ Gail Wilensky, PhD, Senior Fellow at Project HOPE
Academic Affiliations	Association of American Medical Colleges <ul style="list-style-type: none"> ▪ Atul Grover, PhD, MD, Chief Public Policy Officer ▪ John E. Prescott, MD, Chief Affiliations Officer ▪ Matthew Schick, JD, Director, Government Regulations & Regulatory Counsel
VHA Clinical Matters	Veterans Health Administration <ul style="list-style-type: none"> ▪ Lucille Beck, PhD, Deputy Chief Patient Care Services Officer, Rehab and Prosthetic Services ▪ Donna Gage, PhD, RN, Chief Nursing Officer

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December 14-16, 2015

Minority Affairs and Health Equity	Department of Veterans Affairs <ul style="list-style-type: none"> Barbara Ward, Director, Center for Minority Affairs Veterans Health Administration <ul style="list-style-type: none"> Uchenna S. Uchendu, MD, Executive Director, Office of Health Equity
Framework for the Future of Veterans Health	<ul style="list-style-type: none"> Garry Augustine, Disabled American Veterans Carl Blake, Paralyzed Veterans of America Carlos Fuentes, Veterans of Foreign Wars Ray Kelley, Veterans of Foreign Wars
Veteran Service Organizations	<ul style="list-style-type: none"> Louis Celli, The American Legion Renee Campos, Military Officers Association of America
National Health Information Operability	<ul style="list-style-type: none"> Dr. Jon White, Deputy National Coordinator, Department of Health and Human Services
DoD I Procurement: Lesson Learned/Interagency Program Office	<ul style="list-style-type: none"> Chris Miller, Program Executive Officer, Defense Health Care Management Systems, Department of Defense
Health Information Exchange	<ul style="list-style-type: none"> Elaine Hunolt, Do-Director Interoperability Office, Veterans Health Administration Dr. Harry Leider, Chief Medical Officer, Walgreens James Wood, VP-Federal, Walgreens Mariann Yeager, Chief Executive Officer, The Sequoia Project
Vision for OI&T/Collaboration with VHA	<ul style="list-style-type: none"> LaVerne Council, Chief Information Officer, Department of Veterans Affairs
Leadership and Transformation	<ul style="list-style-type: none"> Charles Rossotti, Former Commissioner, Internal Revenue Service

January 19 and 21, 2016

VHA Leadership	<ul style="list-style-type: none"> Dr. Michael Kussman, former Undersecretary for Health, Veterans Health Administration Dr. Kenneth Kizer, former Undersecretary for Health, Veterans Health Administration
Labor Perspectives	American Federal of Government Employees <ul style="list-style-type: none"> Marilyn Park National Association of Veterans Affairs Physicians and Dentists <ul style="list-style-type: none"> Samuel Spagnolo Nurses Organization of Veterans Affairs <ul style="list-style-type: none"> Joan Clifford Sharon Johnson

January 19 and 21, 2016 (continued)

Behavioral Health	<ul style="list-style-type: none"> Association of Veterans Affairs Psychologist Leaders <ul style="list-style-type: none"> Thomas Kirchberg Russell Lemle Edgardo Padin-Rivera Antonette Zeiss American Psychiatric Association <ul style="list-style-type: none"> Jenny L. Boyer Association of Veterans Affairs Social Workers <ul style="list-style-type: none"> LeAnn Bruce Jerry Satterwhite
Homeless Veterans	<ul style="list-style-type: none"> Keith Armstrong, San Francisco Veterans Affairs Health care System
Other-Than-Honorable Discharges	<ul style="list-style-type: none"> Branford Adams

February 8-9, 2016

Construction Management	<ul style="list-style-type: none"> Lisa Freeman, Medical Center Director, Palo Alto Health care System
VISN and Field Leadership Perspectives	<ul style="list-style-type: none"> Joleen Clark, Former Network Director, VISN 8 Jon Gardner, Former Medical Center Director, Tucson VA Medical Center Lisa Freeman, Medical Center Director, Palo Alto Health care System
Implementation of the <i>Choice Program</i>	<ul style="list-style-type: none"> Billy Maynard, President HealthNet Federal Service David J. McIntyre, Jr., President and Chief Executive Officer, TriWest Healthcare Alliance
Update on VHA	<ul style="list-style-type: none"> Dr. David Shulkin, Undersecretary for Health, Veterans Health Administration
Determining Feasibility	<ul style="list-style-type: none"> Patrick Ryan, Former Staff Director and Chief Counsel, House Veterans Affairs Committee

February 29 – March 1, 2016

Economist Briefing	<ul style="list-style-type: none"> Gideon Lukens, PhD, Staff Economist Jamie Taber, PhD, Staff Economist
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March 21-23, 2016

Conversation with HVAC Chairman	<ul style="list-style-type: none"> Rep. Jeff Miller (R-FL)
Conversation with HVAC Member	<ul style="list-style-type: none"> Rep. Beto O'Rourke (D-TX)
Veterans Health Administration	<ul style="list-style-type: none"> Dr. David Shulkin, Undersecretary for Health Barbara Manning, Office of Policy and Planning Lyn Stoesen, Office of Policy and Planning

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March 21-23, 2016 (continued)

Economist Briefing

- Gideon Lukens, PhD, Staff Economist
- Merideth Randles, FSA, MAAA, Milliman, Inc.
- Jamie Taber, PhD, Staff Economist

April 18-19, 2016

Veterans Service Organizations

- Garry Augustine, Disabled American Veterans
- Peter Dickinson, Disabled American Veterans
- Verna Jones, American Legion
- Rick Weidman, Vietnam Veterans of America
- Bill Rausch, Got Your 6
- Ray Kelley, Veterans of Foreign Wars
- Rene Campos, Military Officers Association of America

Economist Briefing

- Gideon Lukens, PhD, Staff Economist
- Jamie Taber, PhD, Staff Economist

VA Leadership

Department of Veterans Affairs

- Bob McDonald, Secretary
- Sloan Gibson, Deputy Secretary

Community Care

- Baligh Yehia, MD, Assistant Deputy Under Secretary for Community Care, VHA

May 9-11, 2016

VA Office of General Counsel

- Leigh Bradley, General Counsel
- Jessica Tanner, Staff Attorney

Economist Briefing

- Gideon Lukens, PhD, Staff Economist
- Jamie Taber, PhD, Staff Economist

June 7-8, 2016

No speakers

Commission Workgroups

The Commission on Care organized itself into workgroups in order to complete an analysis of relevant issues, consider options, and suggest recommendations to the full Commission for debate. The Commission formed five workgroups with each responsible for sections of the Independent Assessment or other topics taken on by the group. In establishing each workgroup an effort was made to balance perspectives and expertise, although Commissioners expressed interests were also taken into account in forming the membership of each group. The membership of each workgroup and the topics taken on by each is summarized in Table F-1.

Table F-1. Workgroup Structure and Topics

WORKGROUP NAME	TOPICS	MEMBERSHIP	
Health Care Alignment	<ul style="list-style-type: none"> ▪ Demographics ▪ Health care Capabilities ▪ Care Authorities ▪ Access Standards ▪ Governance 	<ul style="list-style-type: none"> ▪ Blecker ▪ Johnson ▪ Longman ▪ Selnick 	<ul style="list-style-type: none"> ▪ Gorman ▪ Khan ▪ McClenney
Health Care Operations	<ul style="list-style-type: none"> ▪ Access Standards ▪ Workflow Scheduling ▪ Workflow Clinical ▪ Staffing Productivity 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ Harvey ▪ Longman ▪ Webster 	<ul style="list-style-type: none"> ▪ Gorman ▪ Hickey ▪ Taylor
Health Care Data, Tools & Infrastructure	<ul style="list-style-type: none"> ▪ Health IT ▪ Business Processes ▪ Supplies ▪ Facilities 	<ul style="list-style-type: none"> ▪ Blom ▪ Harvey ▪ Steele 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ Johnson ▪ Taylor
Health Care Leadership	<ul style="list-style-type: none"> ▪ Organizational Health ▪ Leadership Systems 	<ul style="list-style-type: none"> ▪ Blecker ▪ Hickey ▪ Selnick ▪ Steele 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ McClenney ▪ Schlichting
Health Care Trends	<ul style="list-style-type: none"> ▪ Market Trends ▪ Technology ▪ Financing ▪ Vision 	<ul style="list-style-type: none"> ▪ Blom ▪ Johnson ▪ Schlichting 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ Khan ▪ Webster

Each workgroup, together with any staff assigned to it, reviewed the findings and recommendations of the Independent Assessment and the Integrated Report; investigated external benchmarks and best practice models; heard testimony in public meetings (with the full Commission); met in workgroup session with VA employees, leaders, former staff and external experts to gather additional insights and explore relevant questions. Commissioners reviewed white papers and strawman proposals prepared by staff and by one another. Based on the assessments and group deliberations, each workgroup developed recommendations for consideration by the full Commission. Details of the process and outputs from each workgroup are described in the following sections.

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Health Care Alignment Workgroup

The alignment workgroup organized its work around six main topics: governance, realignment of facilities and services, medical sharing, eligibility, other than honorable discharges, and the organization of provider networks. The workgroup met in a face-to-face session on October 7, 2015 to review the charge of the workgroup, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each topic was introduced through a summary paper or summary points which then were used as the basis for a conference call or a face-to-face discussion. For most topics, subsequent calls were held to discuss more detailed papers or to re-visit outstanding issues not yet resolved.

Commissioners also reviewed draft papers and provided additional feedback, revisions, and comments through written comments. The papers were finalized for inclusion in the draft Commission report for discussion on April 19. A summary of the work completed on each topic is provided in the table below.

Table F-2. Alignment Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E=email review M=face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Governance	11/17/2015	M	Vivian Riefberg	9/22/2015	F
	1/7/2016	C	Stephen Kirin	9/22/2015	F
	1/28/2016	C	Jay Schnitzer	9/22/2015	F
	2/18/2016	C	Paul Light	10/30/2015	S
	3/3/2016	C	Charles Rossotti	12/16/2015	F
	3/10/2016	C	Michael Kussman	1/19/2016	F
	3/17/2016	C	Ken Kizer	1/19/2016	F
	4/7/2016	C	Jeff Miller	3/21/2016	F
Realignment of Facilities and Services	1/7/2016	C	Vivian Riefberg	9/22/2015	F
	1/28/2016	C	John Means	9/22/2015	F
	3/10/2016	C			
	3/17/2016	C			
	4/7/2016	C			
Medical Sharing	1/28/2016	C	Atul Gover	11/16/2015	F
	3/3/2016	C	John Prescott	11/16/2015	F
	3/10/2016	C	Mathew Schick	11/16/2015	F
	3/17/2016	C			
	4/7/2016	C			
Eligibility	11/17/2015	M	Christine Eibner	9/21/2015	F
	12/10/2015	C	Michael Greenberg	9/21/2015	F
	1/28/2016	C	Pat Vandenberg	9/21/2015	F
	2/25/2016	C	Stephenie Mardon	10/6/2015	F
	3/10/2016	C	Kristin Cunningham	10/6/2015	F
	3/17/2016	C	Gail Wilensky	10/19/2015	F
	4/7/2016	C	Michael McGinnis	10/20/2015	F
			Marianne Hamilton Lopez	10/20/2015	F
			Michael Kussman	1/19/2016	F
			Jeff Miller	3/21/2106	F

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E=email review M=face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Other-Than-Honorable Discharge	1/28/2016	C	Bradford Adams	1/20/2016	F
	2/18/2016	C			
	3/10/2016	C			
	3/17/2016	C			
	4/7/2016	C			
Organization of Provider Networks	1/28/2016	C	Peter Hussey	9/21/2015	F
	2/25/2016	C	Joe Dalpiaz	10/6/2015	F
	3/10/2016	C	Baligh Yehia	10/6/2015	F
	3/17/2016	C	Gene Migliaccio	10/6/2015	F
	4/7/2016	C	Michael Kussman	1/19/2016	F
			Jon Gardner	2/8/2016	F
			Billy Maynard	2/8/2016	F
			David McIntrye	2/8/2016	F
			Jeff Miller	3/21/2016	F
			Beto O'Rourke	3/22/2016	F

Health Care Operations Workgroup

The health care operations workgroup was organized around five main topics: access standards, scheduling, clinical workflow, staffing (HR), and productivity. The workgroup (select Commissioners and support staff) first met face-to-face on October 7, 2015 to: introduce the staff, review guiding principles and business rules, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each of the main topics was discussed. During the larger public sessions the Commissioners and staff heard directly from Veterans Affairs staff or outside experts to inform future deliberations. In follow-on meetings the workgroup continued to present research on the four main topics; and cover other issues that may have come up during sessions (i.e., Best Practices) or from questions posed by Commissioners. To supplement the Commission conferences, the workgroup held teleconferences to cover additional research or present information from subject matter experts or emailed informational briefs and write-ups for review before a workgroup teleconference. Feedback from the Commissioners was addressed and the potential recommendations were refined. These papers were finalized and readied for presentation to the full Commission for deliberation and feedback. A summary of the work completed on each topic is provided in the table below.

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Table F-3. Health Care Operations Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Access Standards	10/20/2015	M	Stephanie Mardon	10/6/2015	F
	12/3/2015	C	Kristin Cunningham	10/6/2015	F
	2/25/2016	C	Institute of Medicine	10/13/2015	S
	4/27/2016	C	Institute of Medicine	10/20/2015	F
Scheduling	10/7/2015	M	McKinsey Co	9/22/2015	F
			Stephanie Mardon	10/6/2015	F
			Kristin Cunningham	10/6/2015	F
			Dr. Michael Davies	10/14/2015	S
			Gary Monder	10/14/2015	S
			Steve Green	10/14/2015	S
			Michael McGinnis	10/14/2015	S
			Ken Mullins	10/14/2015	S
			Marianne Hamilton Lopez	10/14/2015	S
			Institute of Medicine	10/20/2015	F
			Dr. Michael Davies	10/20/2015	F
			Dr. Michael Davies	11/18/2015	W
Clinical Workflow	10/27/2015	C	McKinsey & Co.	9/22/2015	F
	2/18/2016	C	Nora Socci	12/29/2015	S
	4/6/2016	C	Diane Pulphus	2/3/2016	S
			Hugh Scott	2/26/2016	S
Staffing	11/4/2015	C	McKinsey Co	9/22/2015	F
	12/3/2015	C	Dr. Jonathan Perlin	10/19/2015	F
	1/20/2016	M	Barbara Ward	12/7/2015	S
	2/18/2016	C			
	2/25/2016	C			
	4/6/2016	C			
Productivity	12/15/2015	M	McKinsey Co	9/22/2015	F
			Gene Migliaccio	10/6/2015	F
			Boston VAMC	12/7/2015:	S
			Dr. Michael Charness		
			Melanie Gilhern		
			Meredith Walker		
Best Practices			Dr. Melanie Vielhauer		
			Rosemary Conlon		
	1/6/2016	C	McKinsey Co	9/22/2015	F
	1/20/2016	M	Dr. Theresa Cullen	12/2/2015	W
	2/25/2016	C	Dr. Daniel Bochicchio	12/3/2015	S
	3/14/2016	E	David Atkins	1/5/2016	S
			Linda Lipson	1/5/2016	S
			Amy Kilbourne	1/5/2016	S
			Bob Monte	1/5/2016	S
			Rachel Goffman	1/5/2016	S
			Dr. Daniel Bochicchio	1/20/2016	S
			Barbara Meadows	2/25/2016	W
			Barbara Meadows	3/17/2016	W

Health Care Data, Tools & Infrastructure Workgroup

The Health Care Data, Tools & Infrastructure (DTI) workgroup organized its work around four main topics: Health Information Technology, Business Processes, Supplies and Facilities. DTI first met face to face on October 7, 2015 to: introduce the staff, review the charge of DTI, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each of the main topics were discussed. During the larger public sessions the Commissioners and staff heard directly from Veterans Affairs staff or outside experts to inform future deliberations. In follow-on meetings the workgroup continued to present research via white papers on the four main topics; and cover other issues that may have come up during sessions or from questions posed by Commissioners. To supplement the Commission face-to-face meetings, the workgroup held teleconferences to cover additional research or present information from subject matter experts. Feedback from the Commissioners was incorporated into the white papers and the potential recommendations were refined. Commissioners then reviewed the draft papers derived from this process and provided additional feedback, revisions, and comments through meetings and written comments. These papers were finalized and readied for presentation to the full Commission for deliberation and feedback. A summary of the work completed on each topic is provided in the table below.

Table F-4. Data, Tools & Infrastructure Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call		S=met with staff		
	E= email review		W=met with workgroup		
	M= face-to-face meeting		F=full Commission testimony		
	Date	Type	Expert	Date	Type
Health IT	10/7/2015	M	MITRE Co	9/22/2015	F
	11/18/2015	C	Dr. Brett Giroir	10/19/2015	S
	12/2/2015	C	LaVerne Council,	10/27/15	HVAC
	3/7/2016	C	Chris Miller, Brian Burns		Hearing
	3/14/2016	C	Brookings Institution	11/6/2015	S
	3/21/2016	M	LaVerne Council	11/25/2015	S
	4/4/2016	C & E	Dr. Theresa Cullen	12/2/2015	W
			Chris Miller	12/15/2015	F
			Chuck Hume	12/15/2015	F
			Elaine Hunolt	12/15/2015	F
			Jim Wood	12/15/2015	F
			Mariam Yeager	12/15/2015	F
			LaVerne Council	12/15/2015	F
			Jamie Bennett	3/2/2016	S
			Margaret Donahue	3/11/2016	S
			Kai Miller	4/12/2016	S
Business Processes	10/20/2015	M	SecVA Bob McDonald	9/21/2015	F
	10/26/2015	M			
	3/14/2016	C			
	3/21/2016	M			
	4/4/2016	C			

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WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Supplies (Pharmaceutical & Medical Devices)	10/7/2015	M	McKinsey Co	9/21/2015	F
	10/26/2015	M	Jonathan Miller	12/4/2015	S
	2/23/2016	E	Tucker Taylor	12/4/2015	S
	2/24/2016	C			
	3/7/2016	C			
	3/14/2016	C			
	3/21/2016	M			
Facilities	10/7/2015	M	Bob McDonald	9/21/2015	F
	11/18/2015	M	Jim Sullivan	11/11/2015	S
	12/2/2015	C	Mark W. Johnson	12/21/2015	S
	12/22/2015	M	Kyle Reinhardt	12/22/2015	S
	2/16/2016	E	Thom Kurmel	12/22/2015	S
	2/17/2016	C	Rick Bond	12/22/2015	S
	2/24/2016	C & E	John Bulick	12/22/2015	S
	3/7/2016	C	John Kay	12/22/2015	S
	3/14/2016	C	Jim Sullivan	2/16/2016	S
	3/21/2016	M	Ed Bradley	2/16/2016	S
	4/4/2016	C	Jim Sullivan	2/17/2016	W
	4/11/2016	C	Jim Sullivan	3/15/2016	S
	4/27/2016	C			
Other	11/5/2015	E			
	11/6/2015	E			
	3/11/2016	E			

Health Care Leadership Workgroup

The leadership workgroup organized its work around five main topics: organizational health and cultural transformation and four leadership system issues: recruitment, retention, development and advancement; organizational structure and function; performance management and performance measurement; and human capital management. The workgroup met in a face-to-face session on October 7, 2015 to review the charge of the workgroup, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each topic received an evidence review and summary which was the basis for a conference call or a face-to-face discussion. On a few topics, Commissioners or staff heard directly from VA staff or outside experts to inform the deliberation. Then, in a second meeting on the topic, the Commissioners debated a strawman proposal and alternative recommendations based on the evidence review and the prior Commission discussion. Feedback from the Commissioners was incorporated into the strawman and the potential recommendations were refined. Commissioners then reviewed the draft papers derived from this process and provided additional feedback, revisions, and comments through meetings and written comments. The papers were finalized and presented to the full Commission for deliberation and feedback on March 22, 2016. A summary of the work completed on each topic is provided in the table below.

APPENDIX F
THE COMMISSION'S PROCESS

Table F-5. Leadership Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Organizational Health and Cultural Transformation	12/2/2015	C	Stephen Kirin	9/23/2015	F
	12/9/2015	C	Jay Schnitzer	9/23/2015	F
	2/9/2016	M	Vivian Riefberg	9/23/2015	F
	2/17/2016	C	Dee Ramsel	11/9/2015	S
	3/11/2016	E	Ashby Sharpe	11/9/2015	S
			Ken Berkowitz	11/9/2015	S
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
Recruitment, Retention, Development, and Advancement	11/17/2015	M	Stephen Kirin	9/23/2015	F
	11/25/2015	C	Jay Schnitzer	9/23/2015	F
	2/17/2016	C	Vivian Riefberg	9/23/2015	F
	2/24/2016	C	Volney Warner	11/9/2015	S
	3/9/2016	C	Lisa Red	11/17/2015	W
	3/11/2016	E	Payton Rica-Lewis	11/17/2015	W
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
			Georgia Coffey	2/22/2016	S
			David Perry	2/24/2016	S
			Audrey Oatis-Newsome	2/24/2016	S
Organizational Structure and Function	10/27/2015	C	Stephen Kirin	9/23/2015	F
	2/9/2016	M	Jay Schnitzer	9/23/2015	F
	2/19/2016	E	Vivian Riefberg	9/23/2015	F
	3/9/2016	C	Jon Perlin	10/20/2015	F
	3/11/2016	E	Charles Rossotti	12/16/2015	F
			Michael Kussman	1/19/2016	F
			Ken Kizer	1/19/2016	F
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
			Robin Hemphill	3/4/2016	S
Performance Management and Performance Measurement	11/4/2015	C	Stephen Kirin	9/23/2015	F
	11/12/2015	C	Jay Schnitzer	9/23/2015	F
	2/19/2016	E	Vivian Riefberg	9/23/2015	F
	3/9/2016	C	Jon Perlin	10/20/2015	F
	3/11/2016	E	Peter Almenoff	10/30/2015	S
			Joe Francis	1/8/2016	S
			Carolyn Clancy	1/8/2016	S
			Ken Kizer	1/19/2016	F
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
			Noel Baril	3/9/2016	S

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WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Human Capital Management	12/15/2015	M	Stephen Kirin	9/23/2015	F
	12/23/2015	C	Jay Schnitzer	9/23/2015	F
	3/11/2016	E	Vivian Riefberg	9/23/2015	F
			Sam Retherford	12/15/2015	W
			Joleen Clark	2/8/2016	F
Leadership Vision	1/6/2016	C			
	1/21/2016	M			
	2/3/2016	C			
	2/4/2016	E			
Leadership Pre-amble	3/14/2016	E			

Site Visits

Background

In the coming decades there will be increased demand for accountability in health care and increased emphasis on health care outcomes and measurements, and VHA will need to rise to meet these expectations to survive and remain competitive in the demanding and turbulent health care environment.⁷⁹⁷ The changing nature of health care organizations, including pressure to reduce costs, improve the quality of care, and meet stringent guidelines, has forced health care professionals to reexamine how they evaluate performance.⁷⁹⁸ Although many health care organizations have long recognized the need to look beyond financial measures when evaluating performance, many still struggle with what measures to select and how to use the results of those measures.⁷⁹⁹

As the nation's largest health care system in 2016, VHA employs more than 305,000 health care professionals and support staff at more than 1,000 sites of care, including hospitals, community-based outpatient clinics (CBOCs), nursing homes, domiciliaries, and 300 Vet Centers.⁸⁰⁰ Given the scope of this health care system, the Commission recognized the importance of direct lines of communication and interaction with VHA leaders, staff, and patients, to include conducting facility site visits. Commissioners conducted facility site visits to their local VA facilities to assist in the evaluation of the findings identified by the *Independent Assessment Report*, to contribute to an environmental scan of the VHA, and to inform the development of recommendations.⁸⁰¹

Scope of Site Visits

In January and February 2016, most of the 15 Commissioners conducted site visits to the VA medical centers (VAMCs) and CBOCs proximal to their respective residences. The Commissioners approached these site visits with a collaborative and information-seeking tone with the purpose of having open discussions with VAMC leadership, staff, and patients.

Individual Commissioners visited 12 VAMC facilities or CBOCs in 7 out of 19 Veteran Integrated Service Networks (VISNs). Additionally, all the Commissioners who attended the February 29, 2016, meeting in Dallas, TX, toured the Dallas VAMC.

⁷⁹⁷ Kenneth W. Kizer, M.D., M.P.H./Department of Veterans Affairs, *Prescription for Change: The Guiding Principles and Strategic Objectives Underlying the Transformation for the Veterans Healthcare System*, accessed March 1, 2016, <http://www.va.gov/healthpolicyplanning/rxweb.pdf>.

⁷⁹⁸ Kicab Castaneda-Mendez/Quality Digest, Performance Measurement in Health Care, accessed, March 1, 2016, <http://www.qualitydigest.com/magazine/1999/may/article/performance-measurement-health-care.html#>.

⁷⁹⁹ Ibid.

⁸⁰⁰ Department of Veterans Affairs, Undersecretary for Health, accessed March 1, 2016, <http://vawww.usv.va.gov/>.

⁸⁰¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, v, accessed March 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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Table F-6. VA Facility Site Visit Locations

VISN	VISN Name	VA Facility
2	VISN 2	VA Hudson Valley Health Care System (Montrose, NY)
6	VA Mid-Atlantic Health Care Network	Fredericksburg Community-based Outpatient Center, (Fredericksburg, VA)- part of Hunter Holmes McGuire VA Medical Center, Richmond, VA
7	VA Southeast Network	Ralph H. Johnson VA Medical Center (Charleston, NC) Wm. Jennings Bryan Dorn VA Medical Center (Columbia, SC)
10	VA Health Care System	VA Ann Arbor Health care System (Ann Arbor, MI) John D. Dingell VA Medical Center (Detroit, MI)
17	VA Heart of Texas Health Care System	Dallas VA Medical Center (Dallas, TX)
21	Sierra Pacific Network	Southern Nevada Health care System (Las Vegas, NV) VA Northern California Health Care System (Mather, CA) VA Palo Alto Health Care System (Palo Alto, CA)
22	Desert Pacific Health Care Network	Greater Los Angeles Health care System (Los Angeles, CA) VA San Diego Health care System (San Diego, CA)

The Commissioners were provided with a generic basic agenda as guidance, though they had the latitude to determine their own agendas as appropriate for the locations they visited. The model agenda included the following activities: a welcome and overview of the VA health care facility; tour of the facility; veteran discussion session (informal or formal); VHA employee session (e.g., informal or small group discussion); a discussion with the facility leadership, and were provided the recommended questions listed below:

- What does the medical center do well?
- What unique resources can the medical center draw on?
- What do others see as the strengths of the medical center?
- What could the medical center improve?
- Where does the medical center have fewer resources than others?
- What are others likely to see as weaknesses of medical center?
- What opportunities are open to the medical center?
- What trends could the medical center take advantage of?
- How can the medical center turn its strengths into opportunities?
- What threats could harm the medical center?
- What obstacles does the medical center face?
- What threats do the medical center's weaknesses expose it to?

- What is the impact of MyVA?
- How do employees view working at VA compared to two or three years ago? If there is a change, what is driving it?
- In your view, what is the most important factor affecting patient satisfaction with the care you provide?
- In your view, has there been a change in the perception of the quality of care provided by the medical center? If so, what might be driving this different perception?

Once the Commissioners completed their visits, they provided the data they gathered to Commission staff to be organized in a strengths-weaknesses-opportunities-threats (SWOT) analysis framework. A SWOT analysis is a simple but useful framework for analyzing the four factors as they are faced by an organization. It helps organizations develop strengths, minimize threats, and take the greatest advantage of available opportunities.⁸⁰²

Findings

VHA leadership and staff enthusiastically shared their time, insights, perspective, and data on organizational and operational processes with the Commissioners. The site visits provided insight and reinforced the findings of the *Independent Assessment Report*.

Confirming what the *Independent Assessment Report* stated, the Commissioners found VHA facilities' staff members exhibit a deep commitment to serving veterans, but that VHA's health care facilities deliver strikingly different patient experiences, apply inconsistent business processes, and differ widely on key measures of performance and efficiency.⁸⁰³ Based on Commissioners' observations of weaknesses, challenges, and threats related to daily operations, VAMC staff members appear to be searching for suitable solutions. Anecdotal responses provided to the Commissioners illuminated the following systemic problem areas at the VAMCs:

- Care authorities: health care capabilities (i.e., purchased care)
- Staffing: productivity (i.e., human resources), health care capabilities, access standards, clinical workflow
- Leadership: staffing, productivity (i.e., human resources)
- Facilities: health care authorities (i.e., patient-centered community care)

Data from Commissioners' observation notes were organized into a SWOT analysis chart based on the common themes of the Commissioners' facility site visits. The purpose of this exercise was to gather information to inform the Commission's recommendations and to confirm or

⁸⁰² "SWOT Analysis," Mind Tools, accessed March 15, 2016, https://www.mindtools.com/pages/article/newTMC_05.htm.

⁸⁰³ "Veterans Integrated Service Networks (VISN)," Department of Veterans Affairs, VHA, accessed March 14, 2016 <http://www.va.gov/directory/guide/division.asp?dnum=1>.

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dispute the findings of the *Independent Assessment Report*. The Commissioner site visit inputs are summarized in the table below.

Table F-7. SWOT Analysis of Commissioner Site Visit Observations

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> ▪ VA medical center workforce customer service and dedication ▪ Research and national databases ▪ Veterans service – connected services and programs ▪ Partnerships with medical schools and training programs 	<ul style="list-style-type: none"> ▪ Inefficient/ineffective HR policies ▪ High levels of staffing vacancies ▪ Lack of clinical space; inefficient configurations of clinical space ▪ Poor access to VA care for rural veterans ▪ Lack of an effective financial system to provide real-time payment process to veterans Choice and Purchased Care Programs ▪ Lack of effective VHA leadership workforce ▪ Lack of capacity/access to appointments in VHA ▪ Insufficient federal government health care appropriation rules 	<ul style="list-style-type: none"> ▪ Modernization of VA IT ▪ Customer service training/standards ▪ Strategic focus on VHA core mission ▪ Local funding flexibility from Congress ▪ New vision and mission for VHA health care ▪ Process/systems reengineering ▪ Recruitment of outside leader candidates and retention of high-performing VHA leaders 	<ul style="list-style-type: none"> ▪ Misalignment between Congress’s health care operational plans for veterans and VHA strategic health care plans ▪ Competing stakeholders health care interests ▪ Office of Personnel Management outdated standards/policies ▪ Insufficient VHA leadership development ▪ Insufficient IT funding ▪ The physician shortages around the nation has severely impacted the care of patients

Conclusions

Fundamental transformation of VHA is needed to ensure optimal delivery of veteran-centered, high-quality care. Essential to laying the path to excellence and strategic planning is a comprehensive understanding of the current state as well as the opportunities and threats facing the system. A robust connection between leaders in VHA Central Office and leaders in the field is critical to meet the needs of the veteran population served.

As part of the strategic planning process, VA/VHA leadership should make recurring site visits to VHA facilities, including VAMCs, VISN headquarters, and CBOCs to obtain current insight of the following critical areas: health care trends, health care operations, facility management and renovation/replacement, business processes and contracting, and other trends or issues affecting VAMCs. VA/VHA leaders should use performance management tools and activities to ensure the strategic goals are being met in an effective and efficient manner. It is a constant challenge to continuously and reliably measure the pulse of the organization. Site visits promote a healthy culture of sharing and building an understanding of organizational mission.

APPENDIX G: VETERAN FEEDBACK

In addition to the more than 4,000-page *Independent Assessment Report*, the Commission examined dozens of other reports, studies, and presentations as cited in the hundreds of footnotes dispersed throughout this Final Report. Collectively, these many sources provide a wealth of information on the challenges VHA confronts in realizing a vision for veterans' healthcare that leverages the strengths of VA and capitalizes on the potential non-VA providers offer.

A key source the Commission considered was the views of veterans themselves. Given the Commission's brief tenure, it was not possible to conduct a survey representative of the views of millions of veterans receiving health care from VHA. Instead, the Commission encouraged veterans to offer feedback on their health care experiences and the work of the Commission through its website. Many veterans service organizations (VSOs) also provided views representing their members in open sessions with the Commission and in formal letters and position statements directly to the Commission.

The feedback offered by veterans through the Commission's web site covered a range of health care topics, such as whether and to what extent care should be privatized, how much choice veterans should have in deciding on their care, and their assessment of the quality of care received. Not surprisingly, veterans (including a few who were also VA employees) are quite passionate about their views on health care. For the most part, veterans' feedback from the web site expressed opposition to efforts to *privatize* VHA, although a few did want more access to non-VA providers. The *Choice Program* was frequently criticized for long delays in appointments, convoluted or misapplied eligibility criteria, and issues with how providers should be reimbursed for treatment and how much the veteran should pay. When the quality of care was noted, on balance veterans praised the care received from VHA, with a few disappointed, especially when care was outsourced to non-VA providers. Because the feedback was unstructured, veterans could offer any observations they found pertinent.

The Disabled American Veterans (DAV) shared with the Commission a compendium of more than 4,000 verbatim comments on veterans' health care experiences gathered from their members during April 2016. The DAV reviewed the comments and categorized 82 percent of the comments as "overall positive experiences."⁸⁰⁴ The Commission staff reviewed the comments from DAV, with findings consistent to DAV's.

⁸⁰⁴ Comments from veterans about their experiences as users of the VA health care system, printout provided to Commission on Care by Disabled American Veterans, April 2016.

VA Efforts to Gather Input on Veterans Views on Health Care

Like most institutions that provide products and services to customers, VA/VHA solicits input from veterans on their health care needs and their views on specific services VA/VHA provides. Surveys, focus groups, and in-depth interviews are the more typical means for gathering input from veterans. On occasion, VA, like most agencies, encourages veterans and others to submit comments on a particular aspect of VA services and benefits.⁸⁰⁵

The following sections describe the more typical methods employed by VA/VHA to gather input from veterans.

VHA Survey of Veterans' Health and Use of VHA

Conducted by the assistant deputy undersecretary for policy and planning, the survey of veteran enrollees' health and use of health care (Survey of Enrollees) is an annual survey of more than 40,000 veterans who are enrolled in VA's health care system. The Survey of Enrollees was initially designed to give VHA the information it needed to predict the demand for services in the future. The data are used to develop health care budgets and to assist VA with its annual enrollment decisions. Over the years, the data have also been used to analyze policy decisions, provide insights into specific populations and their perspectives, and inform management decisions affecting delivery of care. In addition to collecting basic demographic information, the survey explores insurance coverage, use of health care inside and outside of VA, pharmaceutical use, attitudes and perceptions about VHA services, perceived health status, and trends in smoking among veterans enrolled in the VHA system.⁸⁰⁶

Survey of Healthcare Experiences of Patients⁸⁰⁷

The Survey of Healthcare Experiences of Patients (SHEP) program was initiated in 2002 in an effort to create standardized survey instruments administered monthly to assess ambulatory and inpatient care. In an effort to standardize its survey instruments with other health care providers, SHEP now employs the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey methodology for VHA's primary care and inpatient medical and surgical services. These surveys are supported in the public domain by the CAHPS Consortium, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, and National Committee for Quality Assurance. Although SHEP deployed the standardized CAHPS surveys,

⁸⁰⁵ "Quality of Care Feedback Form," Department of Veterans Affairs, accessed June 20, 2016, <http://www.va.gov/QUALITYOFCARE/apps/contact.asp>. As an example, the VA web site provides a Quality of Care feedback page for veterans and others to enter comments on the care a veteran received.

⁸⁰⁶ Westat, 2015 Survey of Veteran Enrollees' Health and Use of Health Care, accessed June 6, 2016, http://www.va.gov/healthpolicyplanning/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

⁸⁰⁷ For more details on SHEP and VHA's recent initiatives to expand the scope of the program, see "Health Services Research & Development, Commentary: Listening to Veterans about Access to Care," Steven M. Wright, VHA Office of Analytics and Business Intelligence, U.S. Department of Veterans Affairs, accessed June 20, 2016, <http://www.hsrd.research.va.gov/publications/forum/nov15/default.cfm?ForumMenu=nov15-1>.

the access questions were limited and did not evaluate the full scope of services used by veterans.

VHA intends to expand the SHEP program with additional surveys in 2016 and beyond. These surveys will focus on satisfaction with various specialty care services and experience with community care available through the Veterans Access, Choice, and Accountability Act of 2014. VHA has also launched a survey that focuses on new veteran enrollments and their experience with first clinic appointments.

Veteran Insights Panel

VHA also established a Veteran Insights Panel, comprising more than 3,200 veterans that are representative of users of VA health care.⁸⁰⁸ VHA interacts with the panel through email notification and a special access website (mobile device enabled). This approach provides VHA an opportunity to engage panel members in direct discussions, including real time feedback via live chat, about important themes and issues, and survey development and testing. The panel can be engaged collaboratively with operational program offices and researchers to prompt direct discussions with our veterans.

Voices of Veterans: On-going Research

Initiated in the spring of 2014, the VA Center for Innovation (VACI) sponsors an on-going effort to employ human-centered design (HCD)⁸⁰⁹ concepts in a pilot to explore veterans' experience with VA through the eyes of 40 veterans across a range of demographics and locations.⁸¹⁰ The pilot had two goals:

- To test the usefulness and application of an HCD methodology within the context of VA.
- To better understand veterans' experiences interacting with VA, identify pain points in the present day service delivery model, and explore opportunities to transform these interactions into a more veteran-centered experience.

Developing Veteran Personas

As a part of this pilot, VACI set out to identify high-level trends in ways veterans seek out assistance, use technology, take advantage of services, and react to challenging interactions. Based on these patterns, VACI created a set of four profiles, or personas, that represent the

⁸⁰⁸ Ibid.

⁸⁰⁹ Human-centered design (HCD) is a discipline in which the needs, behaviors and experiences of an organization's customers (or users) drive product, service, or technology design processes. It is a practice used heavily across the private sector to build a strong understanding of users, generate ideas for new products and services, test concepts with real people, and ultimately deliver easy-to-use products and positive customer experiences. HCD is a multi-disciplinary methodology which draws from the practices of ethnography, cognitive psychology, interaction and user experience design, service design, and design thinking. It is closely tied to "user-centered design," which applies parallel processes to technology projects, and "service design" which address the service specific experiences.

⁸¹⁰ U.S. Department of Veterans Affairs, Center for Innovation, *Toward a Veteran-Centered VA: Piloting Tools of Human-Centered Design for America's Vets, Findings Report, July 2014*, accessed June 20, 2016, http://www.innovation.va.gov/docs/Toward_A_Veteran_Centered_VA_JULY2014.pdf.

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kinds of users within the set of 40 veterans engaged in the pilot (see Table G-1). Each persona is an archetype based on commonalities observed among veterans who exhibited similar behaviors and approaches to accessing VA services. They are not categorized by positive or negative experiences, but by shared expectations and needs. These personas were designed to help VHA begin to understand that it is serving users who are seeking not just different services, but also varied degrees of contact, support, information, and so forth. For this exercise, VACI assessed veterans' modes of communication, channels, frequency, stated and observed needs, reactions to service experiences, military service, and analyzed observed behavior and service experiences.

*Table G-1. Veteran Profiles Developed by the VA Center for Innovation*⁸¹¹

THE LIFER	THE TRANSACTIONAL
<p>Frequently use VA services and plans to continue doing so. Look to VA to play a supporting, community-building role in life. Grateful for VA benefits, but get frustrated when problems arise which break up the continuity of care—like when doctors change too frequently and when they cannot get transportation to VA facilities. Generally, try to speak highly of VA and wants to contribute to making it work better for fellow veterans.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That VA cares and takes the time to understand veteran's needs and story ▪ That cost of VA services won't rise ▪ That veteran can reach someone at VA anytime <p>Needs</p> <ul style="list-style-type: none"> ▪ Does not want to tell story over and over, especially after using VA for so long ▪ Wants to know what is going on with services and especially benefits ▪ Likes patient, nurturing health care 	<p>Joined the military largely based on the promise of the opportunities it would provide in life. Plan to use VA services to "get life on track" post-service. Tend to be in the younger generation of veterans (OEF, OIF, OND). Often engaged in the veteran community, see other veterans as allies, and advocates in helping folks understand and use their benefits. Will share frustrations if feels like VA is not helping as promised.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That VA will deliver on its promises and help veteran access the benefits earned ▪ That VA has benefits available to veterans families ▪ That it will be a headache, and veterans will have to figure it out on their own with the help of network <p>Needs</p> <ul style="list-style-type: none"> ▪ Accurate expectations ▪ Financial support at times, especially for family ▪ To feel a part of a community

⁸¹¹ Ibid.

THE JUST-IN-CASE	THE INFREQUENT
<p>Proud of service, but does not need VA and plans on using it only as a backup. Mature and organized by nature, has all papers in order with VA and have a good idea of services for which they are eligible. Grateful for the benefits available, but see working with VA as a tradeoff for time and will likely only lean on VA as a backup plan.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That will likely never need VA benefits ▪ That VA will be there if needed ▪ That there are benefits available to family ▪ That private benefits are of higher quality and greater ease <p>Needs</p> <ul style="list-style-type: none"> ▪ Peace of mind ▪ To be assured that all documents are in order ▪ To easily get in touch with one person about one question 	<p>Does not think very much about VA. Have used VA benefits in lifetime, yet often years will go by between those interactions. This might be because these veterans live in places where it is difficult to access VA services, because veterans are financially comfortable, or because it seems like too much hassle. Tend to prefer quick interaction—a short phone call or a few clicks on a website.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That VA is slow—like any bureaucracy ▪ That VA is for “other, injured veterans who need it more” ▪ That someone will tell veterans when and if they are eligible for something <p>Needs</p> <ul style="list-style-type: none"> ▪ To be able to quickly navigate processes ▪ To be reminded every few years of how VA might be able to help

Vantage Point: VA’s Official Blog

In addition to surveys, focus groups, and town-hall sessions, VA instituted a blog on its website and invites veterans and others interested in veterans matters to submit guest posts of potential interest to others in the community. Like most blogs, the content offered is vetted by the VA. Since 2010, Vantage Point includes hundreds of contributors with articles on various health care topics.⁸¹²

Veterans’ Views Gathered by VSOs

Like VHA, the VSOs solicit input from their membership and other stakeholders on a variety of topics and issues relevant to veterans. Occasionally surveys and polls are undertaken, but most VSO efforts to gather input take place at the grassroots level during town halls, chapter meetings and other gatherings. While these venues often suffer from self-selection bias and non- or under-represented participant samples, these are nevertheless an important source of timely information on topics of interest and concern to veterans. What follows is a selection of VSO efforts to gather input on issues important to veterans.

⁸¹² “Vantage Point: Official Blog of the U.S. Department of Veterans Affairs,” Department of Veterans Affairs, accessed June 20, 2016, <http://www.blogs.va.gov/VAntage/>.

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The DAV Veterans Pulse Survey (2015)

In mid-2015 the DAV surveyed a nationally representative sample of veterans to solicit their views on issues important to veterans.⁸¹³ The survey includes questions on various aspects of veterans' healthcare. The survey consists of a national probability sample of 1,701 veterans intended to represent the veteran population in the United States. Oversampling occurred in certain subgroups, such as female veterans and veterans age 18-40 to allow for more precision in the response estimates for these subgroups.

Veterans of Foreign Wars Our Care Veterans Survey (2015)

In the fall of 2015, the Veterans of Foreign Wars of the U.S. (VFW) published a report on its veterans 2015 Health Care Options, Preferences and Expectations Survey.⁸¹⁴ In response to the intensified debate over reform of veterans' healthcare, the VFW launched a survey in the summer of 2015 designed to evaluate veterans' options, expectations, and preferences when seeking health care. The survey did not just focus on VA services, but sought to paint a picture of how the veterans' community at large interacts within the American health care infrastructure, and the choices they make in today's health care marketplace. According to the VFW report, 1,847 veterans responded to the survey, with 92 percent eligible for care and 83 percent of those eligible reporting that they utilize VA health care.⁸¹⁵ Respondents' average age was 65, with about two-thirds Vietnam War veterans.

VFW Survey of Women Veterans (2016)

In an effort to identify barriers women veterans face when accessing their earned veterans' benefits and services, the VFW has commissioned a survey of women veterans that will guide the VFW's policy priority goals for women veterans.⁸¹⁶ Though the survey data collection phase is completed, results have not been published prior to release of the Commission's Final Report.

⁸¹³ Disabled American Veterans (DAV), *The DAV Veterans Pulse Survey: A landmark study of the attitudes and perceptions of America's veterans*, accessed June 20, 2016, <https://www.dav.org/wp-content/uploads/DAV-Pulse-Report-Final.pdf>. The survey was conducted on behalf of DAV by GfK Knowledge Networks, Inc. using their KnowledgePanel® survey participants in November 2015.

⁸¹⁴ Veterans of Foreign Wars, *Our Care: A Report on Veterans' Options, Preferences and Expectations in Health Care*, September 22, 2015, accessed June 20, 2016, http://www.vfw.org/uploadedFiles/VFW.org/VFW_in_DC/VFWOurCareReport2015.pdf.

⁸¹⁵ Ibid., 4.

⁸¹⁶ "VFW Survey of Women Veterans: Help Hold the VA Accountable," Veterans of Foreign Wars, December 22, 2015, accessed June 20, 2016, <http://www.vfw.org/News-and-Events/Articles/2015-Articles/VFW-Survey-of-Women-Veterans/>.

The American Legion Survey of Patient Health Care Experiences (2014)

This survey of 3,116 opt-in, self-reported veterans focuses on satisfaction and levels of perceived benefits with VA's posttraumatic stress disorder/traumatic brain injury (PTSD/TBI) programs, including alternative and complementary treatments.⁸¹⁷

Survey questions include veteran status; gender; era of service; number of times deployed; diagnosis of TBI and/or PTSD; availability of appointments; time and distance to care facilities; treatment type (therapy, medication and complementary and alternative medicine); reported symptoms; efficacy of treatment; and side effects.

The American Legion Women Veterans Survey Report (2011)

This survey of 3,012 women veterans, and the resulting report, was prepared by ProSidian Consulting, LLC on behalf of The American Legion. The survey assessed the perceptions of and satisfaction with women veterans' health care and other benefits delivered to women veterans through the VA system. Additionally, the survey sought to determine the factors driving women veterans' decision to use the VA system as opposed to other private or public health care systems.⁸¹⁸

Iraq and Afghanistan Veterans of America Member Survey (2015)

During the first half of 2015, 1,501 Iraq and Afghanistan Veterans of America members completed a wide-ranging on-line survey covering such issues as employment, education, GI Bill usage, health (including mental health), VA utilization, VA benefits, reintegration and more. The survey was composed of approximately 300 questions, with respondents answering only questions relevant to their experiences. Health care topics included percent enrollment in and reliance on VA care; health insurance coverage by type; and experience rating for VA care. Usage percent and experiencing rating for the VA *Choice Program* was also covered separately.⁸¹⁹

The 2015 Wounded Warrior Project® Alumni Survey

This web-enabled, opt-in survey of 23,200 Wounded Warrior Project (WWP) members measures a series of outcome domains within the following general topics about WWP Alumni: background information (military experiences and demographic data), physical and mental well-being, and economic empowerment.⁸²⁰ This WWP membership survey has been conducted annually since 2010. As it has done in prior years, Westat conducts the survey and population-

⁸¹⁷ "Legion survey to measure effectiveness of PTSD/TBI treatment," The American Legion, July 29, 2015, accessed June 20, 2016, <http://www.legion.org/pressrelease/229354/legion-survey-measure-effectiveness-ptsdtbi-treatment>.

⁸¹⁸ ProSidian Consulting, LLC, *The American Legion Women Veterans Survey Report*, March 9, 2011, accessed June 20, 2016, http://www.legion.org/documents/legion/pdf/womens_veterans_survey_report.pdf.

⁸¹⁹ "Media Advisory: IAVA to Release Groundbreaking Veterans Survey," Iraq and Afghanistan Veterans of America (IAVA), May 23, 2016, accessed June 20, 2016, <http://iava.org/press-release/media-advisory-iava-to-release-groundbreaking-veterans-survey-2/>.

⁸²⁰ Westat, *2015 Wounded Warrior Project Survey, Report of Findings*, August 14, 2015, accessed June 20, 2016, https://www.woundedwarriorproject.org/media/2118/2015_wwp_alumni_survey_full_report.pdf.

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weights the reported results, to include adjustments for potential non-response bias, to be representative of the WWP membership base (approximately 59,000).

Right to Care: Voices of Swords to Plowshares' Veteran Community (2015)

The Swords to Plowshares, Institute for Veteran Policy interviewed in-person or by phone 22 veterans.⁸²¹ Although the topics were established in advance, Swords to Plowshares characterized these interviews as individual “conversations” with a preselected group of veterans. The veterans were chosen to represent a cross-section of combat eras and VHA usage levels. The topics covered included: navigating VA care, reliance on VA and non-VA care, comprehensiveness of care, and rating quality of care. The study includes extensive verbatim comments from veterans on these topics.

Comments from Veterans About Their Experiences as Users of VHA (DAV, 2016)

During April 2016, DAV reached out to veterans around the United States and asked them to share their experiences with the VA health care system. As a result, DAV received (as of April 2016) more than 4,000 responses from veterans sharing their own stories about the care they received from VHA.⁸²² The Commission’s review of the material showed that a majority of the veterans’ comments were positive in nature. DAV’s own analysis concluded that 82 percent of the comments could be categorized as “overall positive experiences.”

Other Surveys on Veterans Issues

In addition to efforts by VA and VSOs to gather feedback from veterans on their health care, other organizations have also addressed veterans’ health care issues.

Concerned Veterans for America Survey of Veterans' Healthcare (November, 2014)

The Concerned Veterans for America commissioned The Tarrance Group to conduct a national survey of 1,000 veterans during November 2014.⁸²³ This survey used a random, demographically representative sample of veterans. Four survey items addressed health care, including: knowledge of any problems at VA; need for reform of veterans’ healthcare; importance of more choice (or options) in health care for veterans; and importance of best possible veterans care, even if outside VA.

⁸²¹ Megan Zottarelli, *RIGHT to CARE: Voices of Swords to Plowshares' Veteran Community*, Swords to Plowshares, Institute for Veterans Policy, April 2016.

⁸²² Comments from veterans about their experiences as users of the VA health care system, printout provided to Commission on Care by Disabled American Veterans, April 2016.

⁸²³ Concerned Veterans for America, *Fixing Veterans Health Care*, A Bipartisan Policy Taskforce, accessed June 20, 2016, <http://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf>.

Vet Voice Foundation Survey of Veterans (October, 2015)

Chesapeake Beach Consulting and Lake Research Partners conducted 800 phone (landline and cell) interviews of veterans during October 2015. The results were population weighted by demographics. Topics included rating the job VA hospitals are doing in their area and the extent they favor/oppose privatizing some of VA's health care.

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APPENDIX H: ADDITIONAL RESOURCES

The VHA health care system is immense and complex. This report provides background for the areas for which the Commission has made recommendations, yet this information is but a glimpse at the intricacies of veterans' health care. The resources below may serve as a starting point for those who would like to develop a deeper understanding of the topic than the Commission could address in this report.

Independent Assessment Report

The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment A (Demographics)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_A_Demographics.pdf.

RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment C (Care Authorities)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_C_Care_Authorities.pdf.

Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow – Scheduling)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow – Clinical)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

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Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment I (Business Processes)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_I_Business_Processes.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

Veteran Health Competency Resources

American Nurses Foundation

The American Nurses Foundation, the philanthropic arm of the American Nurses Association, is launching an innovative web-based PTSD Toolkit for registered nurses. The toolkit provides easy to access information and simulation based on gaming techniques on how to identify, assess and refer veterans suffering from PTSD. www.nurseptsdtoolkit.org

American Osteopathic Association

The American Osteopathic Association (AOA) represents osteopathic physicians, many of whom are in primary care practice, and essentially all of whom treat America's veterans and their families. The AOA is raising awareness in the osteopathic community about the importance of having a comprehensive understanding of the unique physical and mental health care needs of our service members, veterans, and their families. The AOA is committed to ensuring that medical students, physicians, and other health care providers understand that an individual's physical and/or mental health condition may be linked to his or her military experience.

www.osteopathic.org/inside-aoa/public-policy/Pages/federal-initiatives.aspx

Center for Deployment Psychology

The Center for Deployment Psychology of the Uniformed Services University of the Health Sciences, Department of Medical and Clinical Psychology offer a wide variety of on-line courses and other resources to help uniformed clinical providers, VHA providers, and community clinicians provide care consistent with the needs and experience of military service members, veterans and their families.

<http://deploymentpsych.org/online-courses>

<http://deploymentpsych.org/military-culture-course-modules>

Rural Clergy Training Program

The Rural Clergy Training Program, an initiative of the VHA National Chaplain Center and the Office of Rural Health, offers training and information to clergy providing pastoral services to veterans and their families.

http://www.ruralhealth.va.gov/docs/ruralclergytraining/The_Clergy_Connection_December_2015.pdf

Swords to Plowshares Combat to Community Training

Swords to Plowshares is nationally recognized for its expertise in providing comprehensive services and promoting and protecting the rights of veterans. Swords to Plowshares' *Combat to Community*® training is a series of accredited cultural competency curricula developed by its Institute for Veteran Policy team with the purpose of educating the community to address the reintegration challenges veterans face and the unique skill sets they acquire in service. The training was developed for law enforcement, first responder, mental health, and service professionals to teach:

- Commonly shared attitudes, values, goals, and practice that often characterize service in the military
- Recruitment and retention strategies for veteran employment
- How deployment, combat experience, service related injuries, and disability can impact veterans
- How veteran or military family status can inform interactions and services
- Potential resources to refer veterans and families to for supportive services

The training incorporates knowledge developed by experts in the fields of veteran culture and direct services with practical tools and resources to increase understanding and improve interactions with veterans.

<https://www.swords-to-plowshares.org/combat-to-community>

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VA Military Culture Training Courses on TMS

The resources below are available to VA employees and contractors. Versions of these courses should be made available to community providers through an alternative to TMS that allows outside providers to access the training.

- **Military Culture Training for Health Care Professionals – Organization and Roles (VA 19332)**

The first module of this online course provides an overview of the differences between the explicit and implicit features of military culture and describes the characteristics of implicit military culture. The next module identifies four sources of information about implicit military culture and describes six defining characteristics of warrior ethos. The learner is provided information about the influence of military guiding ideals and values on the lives of service members and veterans. The final module offers an overview regarding the connotations of implicit military culture on the health care professional.

- **Military Culture Training for Health Care Professionals: Self-Awareness and Military Ethos (VA 19333)**

This online course, sponsored by the Department of Veterans Affairs and Department of Defense, helps health care professionals understand the role that military culture plays in the lives of those they serve. The course is comprised of four modules: 1) Self-Assessment and Introduction to Military Ethos, 2) Military Organization and Roles, 3) Stressors and Their Impact, and 4) Treatment Resources and Tools.

- **Military Culture Training for Health Care Professionals: Stressors & Resources (VA 19334)**

This online course offers the learner an explanation of how stress can be either helpful or harmful depending on the nature of the provoking stressor and the availability of resources. The four phases of modern operational deployment cycles is presented in great detail in module 3. The next two modules describe the characteristic operational stressors and the spectrum of operational stress states and outcomes experienced by service members and their families during each deployment cycle phase.

- **Military Culture Training for Health Care Professionals: Treatment Resources, Prevention & Treatment (VA 19335)**

This online course in the military culture curriculum outlines the military culture impact on patient care and the health care professional's role and explains the range of DoD and VA psychological health services. The course also provides information on interpreting military culture knowledge into patient assessment and treatment. Finally, the learner is exposed to the military culture implications of VA/DoD clinical practice guidelines relevant to the care of service members and veterans and the strategies for identifying current military culture relevant patient and health care professional resources.

- **Military Cultural Awareness (NFED 1341520)**

This military cultural awareness online course provides a common foundation for all VA employees. This course offers an overview of common military culture and courtesies, roles and ranks within the military, differences between the branches of the armed services, some of the conflicts in which veterans have served, and why this information

is important in helping VA employees better serve the needs of veterans and their families. After taking this course, participants will understand the perspective of the veterans they serve by having a greater awareness of the military experience, and the customs and courtesies that are common in the military environment.

- **PTSD 101: Understanding Military Culture When Treating PTSD (VA 9494)**
This online web-based course is part of the PTSD 101 education series which is presented by subject-matter experts to increase provider knowledge related to the assessment and treatment issues of PTSD. Each course specifically addresses trauma events, treatments, or special population issues, not normally addressed in general therapy protocols. This course is specifically designed to familiarize clinicians with military culture, terminology, demographics, and stressors. It also provides an overview of programs offered by DoD for managing combat or operational stress, as well as implications for assessment and treatment.
- **Why Military Culture Matters (Mobile Accessible) (VA 16353)**
This independent online study activity is designed to help the learner better connect with veterans and understand how veterans' military experiences influence their health. This course is formatted to be accessible using a VA networked mobile device.

Additional Sources

Asch, Steven M., Elizabeth A. McGlynn, Mary M. Hogan, Rodney A. Hayward, Paul Shekelle, Lisa Rubenstein, Joan Keese, John Adams, and Eve A. Kerr. "Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample." *Annals of Internal Medicine*, 141, no. 12 (2004): 938–945. <http://doi.org/10.7326/0003-4819-141-12-200412210-00010>.

Berlowitz, Dan R., Amy K. Rosen, Fei Wang, Dionyssios Tsilimingras, Pierre N. Tariot, Joe Engelhardt, Boris Kader, and Dana B. Mukamel. "Purchasing or Providing Nursing Home Care: Can Quality of Care Data Provide Guidance." *Journal of the American Geriatrics Society*, 53, no. 4 (2005): 603–608. <http://doi.org/10.1111/j.1532-5415.2005.53207.x>.

Bohnert, Kipling M., Paul N. Pfeiffer, Benjamin R. Szymanski, and John F. McCarthy. "Continuation of Care Following an Initial Primary Care Visit with a Mental Health Diagnosis: Differences by Receipt of VHA Primary Care-Mental Health Integration Services." *General Hospital Psychiatry*, 35, no. 1 (2013): 66–70. <http://doi.org/10.1016/j.genhosppsych.2012.09.002>.

Borzecki, Ann M., Cindy L. Christiansen, Susan Loveland, Priscilla Chew, and Amy K. Rosen. "Trends in the Inpatient Quality Indicators: the Veterans Health Administration Experience." *Medical Care*, 48, no. 8 (2010): 694–702. <http://doi.org/10.1097/MLR.0b013e3181e419e3>.

Chi, Ru-Chien, Gayle E. Reiber, and Kathleen M. Neuzil. "Influenza and Pneumococcal Vaccination in Older Veterans: Results from the Behavioral Risk Factor Surveillance

COMMISSION ON CARE FINAL REPORT

- System." *Journal of the American Geriatrics Society*, 54, no. 2 (2006): 217–223.
<http://doi.org/10.1111/j.1532-5415.2005.00577.x>.
- De Luca, Susan M., John R. Blosnich, Elizabeth A. W. Hentschel, Erika King, and Sally Amen. "Mental Health Care Utilization: How Race, Ethnicity and Veteran Status are Associated with Seeking Help." *Community Mental Health Journal*, 52, no. 2 (2016): 174–179.
<http://doi.org/10.1007/s10597-015-9964-3>.
- Hoffmire, Claire A., Janet E. Kemp, and Robert M. Bossarte. "Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010." *Psychiatric Services*, 66, no. 9 (2015): 959–965. <http://doi.org/10.1176/appi.ps.201400031>.
- Jha, Ashish K., Jonathan B. Perlin, Kenneth W. Kizer, and R. Adams Dudley. "Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care." *New England Journal of Medicine*, 348 (2003): 2218–2227. <http://doi.org/10.1056/NEJMsa021899>.
- Jha, Ashish K., Steven M. Wright, and Jonathan B. Perlin. "Performance Measures, Vaccinations, and Pneumonia Rates Among High-Risk Patients in Veterans Administration Health Care." *American Journal of Public Health*, 97, no. 12, 2167–2172.
<http://doi.org/10.2105/AJPH.2006.099440>.
- Karlin, Bradley. E., Gregory K. Brown, Mickey Trockel, Darby Cunning, Antonette M. Zeiss, and C. Barr Taylor. "National Dissemination of Cognitive Behavioral Therapy for Depression in the Department of Veterans Affairs Health Care System: Therapist and Patient-Level Outcomes." *Journal of Consulting and Clinical Psychology*, 80, no. 5 (2012): 707–718. <http://doi.org/10.1037/a0029328>
- Karlin, Bradley E., Josef I. Ruzek, Kathleen M. Chard, Afsoon Eftekhari, Candice M. Monson, Elizabeth A. Hembree, Patricia A. Resick, and Edna B. Foa. "Dissemination of Evidence-Based Psychological Treatments for Posttraumatic Stress Disorder in the Veterans Health Administration." *Journal of Traumatic Stress*, 23, no. 6 (2010): 663–673.
<http://doi.org/10.1002/jts.20588>.
- Keating, Nancy L., Mary Beth Landrum, Elizabeth B. Lamont, Samuel R. Bozeman, Steven H. Krasnow, Lawrence N. Shulman, Jennifer R. Brown, Craig C. Earle, William K. Oh, Michael Rabin, and Barbara J. McNeil. "Quality of Care for Older Patients with Cancer in the Veterans Health Administration Versus the Private Sector: A Cohort Study." *Annals of Internal Medicine*, 154, no. 11 (2011): 727–736. <http://doi.org/10.7326/0003-4819-154-11-201106070-00004>.
- Kerr, Eve A., Robert B. Gerzoff, Sarah L. Krein, Joseph V. Selby, John D. Piette, J. David Curb, William H. Herman, David G. Marrero, K.M. Venkat Narayan, Monika M. Safford, Theodore Thompson, and Carol M. Mangione. "Diabetes Care Quality in the Veterans Affairs Health Care System and Commercial Managed Care: The TRIAD Study." *Annals of Internal Medicine*, 141, no. 4 (2004): 272–281. <http://doi.org/10.7326/0003-4819-141-4-200408170-00007>.

- Kilbourne, Amy M., Rosalinda V. Ignacio, Hyungjin Myra Kim, and Frederic C. Blow. "Datapoints: Are VA Patients with Serious Mental Illness Dying Younger?" *Psychiatric Services*, 60, no. 5 (2015): 589. <http://doi.org/10.1176/appi.ps.60.5.589>.
- Krein, Sarah L., Timothy P. Hofer, Christine P. Kowalski, Russell N. Olmsted, Carol A. Kauffman, Jane H. Forman, Jane Banaszak-Holl, and Sanjay Saint. "Use of Central Venous Catheter-Related Bloodstream Infection Prevention Practices by US Hospitals." *Mayo Clinic Proceedings*, 82, no. 6 (2011): 672–678. <http://doi.org/10.4065/82.6.672>.
- Parikh-Patel, Arti, Cyllene R. Morris, Robert Martinsen, and Kenneth W. Kizer, "Disparities in Stage at Diagnosis, Survival, and Quality of Cancer Care in California by Source of Health Insurance." *California Cancer Reporting and Epidemiologic Surveillance Program, Institute for Population Health Improvement, University of California Davis*, October, 2015. <http://escholarship.org/uc/item/8xc078vj>.
- Petersen, Laura A., Sharon-Lise T. Normand, Jennifer Daley, and Barbara J. McNeil. "Outcome of Myocardial Infarction in Veterans Health Administration Patients as Compared with Medicare Patients." *New England Journal of Medicine*, 343, no. 26 (2000): 1934–1941. <http://doi.org/10.1056/NEJM200012283432606>.
- Petersen, Laura A., Sharon-Lise T. Normand, Lucian L. Leape, Barbara J. McNeil. "Comparison of Use of Medications After Acute Myocardial Infarction in the Veterans Health Administration and Medicare." *Circulation*, 104, no. 24 (2001): 2898–2904. <http://doi.org/10.1161/hc4901.100524>.
- Rehman, Shakaib U., Florence N. Hutchison, Katharine Hendrix, Eni C. Okonofua, Brent M. Egan. "Ethnic Differences in Blood Pressure Control Among Men at Veterans Affairs Clinics and Other Health Care Sites." *Archives of Internal Medicine*, 165, no. 9 (2005): 1041–1047. <http://doi.org/10.1001/archinte.165.9.1041>.
- Reiber, Gayle E., Thomas D. Koepsell, Charles Maynard, Linda B. Haas, and Edward J. Boyko. "Diabetes in Nonveterans, Veterans, and Veterans Receiving Department of Veterans Affairs Health Care." *Diabetes Care*, 27, Suppl. 2 (2004): B3–B9. http://dx.doi.org/10.2337/diacare.27.suppl_2.B3.
- Ross, Joseph S., Salomeh Keyhani, Patricia S. Keenan, Susannah M. Bernheim, Joan D. Penrod, Kenneth S. Boockvar, Alex D. Federman, Harlan M. Krumholz, and Albert L. Siu. "Use of Recommended Ambulatory Care Services: Is the Veterans Affairs Quality Gap Narrowing?" *Archives of Internal Medicine*, 168, no. 9 (2008): 950–958. <http://doi.org/10.1001/archinte.168.9.950>.
- Selim, Alfredo J., Dan Berlowitz, Lewis E. Kazis, William Rogers, Steven M. Wright, Shirley X. Qian, James A. Rothendler, Avron Spiro III, Donald Miller, Bernardo J. Selim, and Benjamin G. Fincke. "Comparison of Health Outcomes for Male Seniors in the Veterans Health Administration and Medicare Advantage Plans." *Health Services Research*, 45, no. 2 (2009): 376–396. <http://doi.org/10.1111/j.1475-6773.2009.01068.x>.
- Selim, Alfredo J., Lewis E. Kazis, William Rogers, Shirley Qian, James A. Rothendler, Austin Lee, Xinya S. Ren, Samuel C. Haffer, Russ Mardon, Donald Miller, Avron Spiro III, Bernardo

COMMISSION ON CARE FINAL REPORT

- J. Selim, and Benjamin G. Fincke. "Risk-Adjusted Mortality as an Indicator of Outcomes: Comparison of the Medicare Advantage Program with the Veterans' Health Administration." *Medical Care*, 44, no. 4 (2006): 359-365. <http://doi.org/10.1097/01.mlr.0000204119.27597.f1>.
- Trivedi, Amal N., and Regina C. Grebla. "Quality and Equity of Care in the Veterans Affairs Health-Care System and in Medicare Advantage Health Plans." *Medical Care*, 49, no. 6 (2011): 560-568. <http://doi.org/10.1097/MLR.0b013e31820fb0f6>.
- Trivedi, Amal N., Sierra Matula, Isomi Miake-Lye, Peter A. Glassman, Paul Shekelle, and Steven Asch. "Systematic Review: Comparison of the Quality of Medical Care in Veterans Affairs and Non-Veterans Affairs Settings." *Medical Care*, 49, no. 1 (2011): 76-88. <http://doi.org/10.1097/MLR.0b013e3181f53575>.
- Trockel, Mickey, Bradley E. Karlin, C. Barr Taylor, Gregory K. Brown, and Rachel Manber. "Effects of Cognitive Behavioral Therapy for Insomnia on Suicidal Ideation in Veterans." *SLEEP*, 38, no. 2 (2015): 259-265. <http://doi.org/10.5665/sleep.4410>.
- Watkins, Katherine E., Brad Smith, Ayse Akincigil, Melony E. Sorbero, Susan Paddock, Abigail Woodroffe, Cecilia Huang, Stephen Crystal, and Harold Alan Pincus. "The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans." *Psychiatric Services*, 67, no. 4 (2016): <http://doi.org/10.1176/appi.ps.201400537>.
- Weeks, W. B., A. N. West, A. K. Rosen, and J. P. Bagian. "Comparing Measures of Patient Safety for Inpatient Care Provided to Veterans Within and Outside the VA System in New York." *Quality & Safety in Health Care*, 17, no. 1 (2007): 58-64. <http://doi.org/10.1136/qshc.2006.020735>.
- Wright, Steven M., Laura A. Petersen, Rebecca P. Lamkin, and Jennifer Daley. "Increasing Use of Medicare Services by Veterans with Acute Myocardial Infarction." *Medical Care*, 37, no. 6 (1999): 529-537.

APPENDIX I: ENABLING DOCUMENTS

Veterans Access, Choice, and Accountability Act of 2014

TITLE II—HEALTH CARE ADMINISTRATIVE MATTERS

SEC. 201. INDEPENDENT ASSESSMENT OF THE HEALTH CARE DELIVERY SYSTEMS AND MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) INDEPENDENT ASSESSMENT. —

(1) ASSESSMENT. — Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity or entities described in subsection (b) to conduct an independent assessment of the hospital care, medical services, and other health care furnished in medical facilities of the Department. Such assessment shall address each of the following:

(A) Current and projected demographics and unique health care needs of the patient population served by the Department.

(B) Current and projected health care capabilities and resources of the Department, including hospital care, medical services, and other health care furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to veterans.

(C) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at non-Department facilities, including whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

(D) The appropriate system-wide access standard applicable to hospital care, medical services, and other health care furnished by and through the Department, including an identification of appropriate access standards for each individual specialty and post-care rehabilitation.

(E) The workflow process at each medical facility of the Department for scheduling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

(F) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services.

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(G) The staffing level at each medical facility of the Department and the productivity of each health care provider at such medical facility, compared with health care industry performance metrics, which may include an assessment of any of the following:

(i) The case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

(ii) The time spent by such health care provider on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

(I) At a medical facility that is affiliated with the Department.

(II) Conducting research.

(III) Training or supervising other health care professionals of the Department.

(H) The information technology strategies of the Department with respect to furnishing and managing health care, including an identification of any weaknesses and opportunities with respect to the technology used by Department, especially those strategies with respect to clinical documentation of episodes of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in Department or non-Department facilities.

(I) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third- party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

(iii) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, and other health care and to ensure that such amounts collected are accurate.

(iv) To increase the accuracy and timeliness of Department payments to vendors and providers.

(J) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care related services by the Department, including the following:

(i) The prices paid for, standardization of, and use by the Department of the following:

(I) Pharmaceuticals.

(II) Medical and surgical supplies.

(III) Medical devices.

(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

(iii) The strategy and systems used by the Department to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care related services to Veterans Integrated Service Networks and medical facilities of the Department.

(K) The process of the Department for carrying out construction and maintenance projects at medical facilities of the Department and the medical facility leasing program of the Department.

(L) The competency of leadership with respect to culture, accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management.

(2) PARTICULAR ELEMENTS OF CERTAIN ASSESSMENTS. —

(A) SCHEDULING ASSESSMENT. — In carrying out the assessment required by paragraph (1)I, the private sector entity or entities shall do the following:

(i) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

(ii) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

(iii) Assess whether changes in the technology or system used in scheduling appointments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

(iv) Assess whether health care providers of the Department are making changes to their schedules that hinder the ability of employees conducting such tasks to perform such tasks.

(v) Assess whether the establishment of a centralized call center throughout the Department for scheduling appointments at medical facilities of the Department would improve the process of scheduling such appointments.

(vi) Assess whether booking templates for each medical facility or clinic of the Department would improve the process of scheduling such appointments.

(vii) Assess any interim technology changes or attempts by Department to internally develop a long-term scheduling solutions with respect to the feasibility and cost effectiveness of such internally developed solutions compared to commercially available solutions.

(viii) Recommend actions, if any, to be taken by the Department to improve the process for scheduling such appointments, including the following:

COMMISSION ON CARE FINAL REPORT

(1) Changes in training materials provided to employees of the Department with respect to conducting tasks related to scheduling such appointments.

(II) Changes in monitoring and assessment conducted by the Department of wait times of veterans for such appointments.

(III) Changes in the system used to schedule such appointments, including changes to improve how the Department –

(aa) measures wait times of veterans for such appointments;

(bb) monitors the availability of health care providers of the Department; and

(cc) provides veterans the ability to schedule such appointments.

(IV) Such other actions as the private sector entity or entities considers appropriate.

(B) MEDICAL CONSTRUCTION AND MAINTENANCE PROJECT AND LEASING PROGRAM ASSESSMENT. – In carrying out the assessment required by paragraph (1)(K), the private sector entity or entities shall do the following:

(i) Review the process of the Department for identifying and designing proposals for construction and maintenance projects at medical facilities of the Department and leases for medical facilities of the Department.

(ii) Assess the process through which the Department determines the following:

(1) That a construction or maintenance project or lease is necessary with respect to a medical facility or proposed medical facility of the Department.

(II) The proper size of such medical facility or proposed medical facility with respect to treating veterans in the catchment area of such medical facility or proposed medical facility.

(iii) Assess the management processes of the Department with respect to the capital management programs of the department, including processes relating to the methodology for construction and design of medical facilities of the Department, the management of projects relating to the construction and design of such facilities, and the activation of such facilities.

(iv) Assess the medical facility leasing program of the Department.

(3) TIMING. – The private sector entity or entities carrying out the assessment required by paragraph (1) shall complete such assessment not later than 240 days after entering into the contract described in such paragraph.

(b) PRIVATE SECTOR ENTITIES DESCRIBED. – A private entity described in this subsection is a private entity that –

(1) has experience and proven outcomes in optimizing the performance of the health care delivery systems of the Veterans Health Administration and the private sector and in health care management; and

(2) specializes in implementing large-scale organizational and cultural transformations, especially with respect to health care delivery systems.

(c) PROGRAM INTEGRATOR. —

(1) IN GENERAL. — If the Secretary enters into contracts with more than one private sector entity under subsection (a), the Secretary shall designate one such entity that is predominately a health care organization as the program integrator.

(2) RESPONSIBILITIES. — The program integrator designated pursuant to paragraph (1) shall be responsible for coordinating the outcomes of the assessments conducted by the private entities pursuant to such contracts.

(d) REPORT ON ASSESSMENT. —

(1) IN GENERAL. — Not later than 60 days after completing the assessment required by subsection (a), the private sector entity or entities carrying out such assessment shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Commission on Care established under section 202 a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

(2) PUBLICATION. — Not later than 30 days after receiving the report under paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department of Veterans Affairs that is accessible to the public.

(e) NON-DEPARTMENT FACILITIES DEFINED. — In this section, the term “non-Department facilities” has the meaning given that term in section 1701 of title 38, United States Code.

SEC. 202. COMMISSION ON CARE.

(a) ESTABLISHMENT OF COMMISSION. —

(1) IN GENERAL. — There is established a commission, to be known as the “Commission on Care” (in this section referred to as the “Commission”), to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 20-year period beginning on the date of the enactment of this Act.

(2) MEMBERSHIP. —

(A) VOTING MEMBERS. — The Commission shall be composed of 15 voting members who are appointed as follows:

(i) Three members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

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(ii) Three members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a veteran.

(iii) Three members appointed by the Majority Leader of the Senate, at least one of whom shall be a veteran.

(iv) Three members appointed by the Minority Leader of the Senate, at least one of whom shall be a veteran.

(v) Three members appointed by the President, at least two of whom shall be veterans.

(B) QUALIFICATIONS. — Of the members appointed under subparagraph (A) —

(i) at least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code;

(ii) at least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000;

(iii) at least one member shall be familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)));

(iv) at least one member shall be familiar with the Veterans Health Administration but shall not be currently employed by the Veterans Health Administration; and

(v) at least one member shall be familiar with medical facility construction and leasing projects carried out by government entities and have experience in the building trades, including construction, engineering, and architecture.

I DATE. — The appointments of members of the Commission shall be made not later than 1 year after the date of the enactment of this Act.

(3) PERIOD OF APPOINTMENT. —

(A) IN GENERAL. — Members shall be appointed for the life of the Commission.

(B) VACANCIES. — Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

(4) INITIAL MEETING. — Not later than 15 days after the date on which eight voting members of the Commission have been appointed, the Commission shall hold its first meeting.

(5) MEETINGS. — The Commission shall meet at the call of the Chairperson.

(6) QUORUM. — A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(7) CHAIRPERSON AND VICE CHAIRPERSON. — The President shall designate a member of the commission to serve as Chairperson of the Commission. The Commission shall select a Vice Chairperson from among its members.

(b) DUTIES OF COMMISSION. —

(1) EVALUATION AND ASSESSMENT. — The Commission shall undertake a comprehensive evaluation and assessment of access to health care at the Department of Veterans Affairs.

(2) MATTERS EVALUATED AND ASSESSED. — In undertaking the comprehensive evaluation and assessment required by paragraph (1), the Commission shall evaluate and assess the results of the assessment conducted by the private sector entity or entities under section 201, including any findings, data, or recommendations included in such assessment.

(3) REPORTS. — The Commission shall submit to the President, through the Secretary of Veterans Affairs, reports as follows:

(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(B) Not later than 180 days after the date of the initial meeting of the Commission, a final report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(c) POWERS OF THE COMMISSION. —

(1) HEARINGS. — The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

(2) INFORMATION FROM FEDERAL AGENCIES. — The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

(d) COMMISSION PERSONNEL MATTERS. —

(1) COMPENSATION OF MEMBERS. —

(A) IN GENERAL. — Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily

COMMISSION ON CARE FINAL REPORT

equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission.

(B) OFFICERS OR EMPLOYEES OF THE UNITED STATES. — All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) TRAVEL EXPENSES. — The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) STAFF. —

(A) IN GENERAL. — The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION. — The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES. — Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES. — The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) TERMINATION OF THE COMMISSION. — The Commission shall terminate 30 days after the date on which the Commission submits the report under subsection (b)(3)(B).

(f) FUNDING. — The Secretary of Veterans Affairs shall make available to the Commission from amounts appropriated or otherwise made available to the Secretary such amounts as the Secretary and the Chairperson of the Commission jointly consider appropriate for the Commission to perform its duties under this section.

(g) EXECUTIVE ACTION. —

(1) ACTION ON RECOMMENDATIONS. — The President shall require the Secretary of Veterans Affairs and such other heads of relevant Federal departments and agencies to

implement each recommendation set forth in a report submitted under subsection (b)(3) that the President —

(A) considers feasible and advisable; and

(B) determines can be implemented without further legislative action.

(2) REPORTS. — Not later than 60 days after the date on which the President receives a report under subsection (b)(3), the President shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives and such other committees of Congress as the President considers appropriate a report setting forth the following:

(A) an assessment of the feasibility and advisability of each recommendation contained in the report received by the President.

(B) For each recommendation assessed as feasible and advisable under subparagraph (A) the following:

(i) Whether such recommendation requires legislative action.

(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

(iii) A description of any administrative action already taken to carry out such recommendation.

(iv) A description of any administrative action the President intends to be taken to carry out such recommendation and by whom.

H.R. 4437: Extension of Deadline for Submittal of Final Report by Commission on Care

[114th Congress Public Law 131]

[[Page 130 STAT. 292]]

Public Law 114-131

114th Congress

An Act

To extend the deadline for the submittal of the final report required by the Commission on Care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. 38 USC 1701; EXTENSION OF DEADLINE FOR SUBMITTAL OF FINAL REPORT BY COMMISSION ON CARE.

COMMISSION ON CARE FINAL REPORT

Section 202(b)(3)(B) of the Veterans Access, Choice, and Accountability Act of 2014, 128 Stat. 1775 (Public Law 113-146; 128 Stat. 1773) is amended by striking “Not later than 180 days after the date of the initial meeting of the Commission” and inserting “Not later than June 30, 2016”.

Approved February 29, 2016.

DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
COMMISSION ON CARE

1. OFFICIAL DESIGNATION: Commission on Care
2. AUTHORITY: The Commission on Care established as required by section 202 of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), Public Law 113-146, and operates under the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. App. 2.
3. OBJECTIVES AND SCOPE OF ACTIVITIES: The Commission on Care (the "Commission") is established to examine the access of Veterans to health care from the Department of Veterans Affairs (VA) and strategically examine how best to organize the Veterans Health Administration (VHA), locate health care resources, and deliver health care to Veterans during the 20-year period beginning on the date of the enactment of VACAA, August 7, 2014.
4. DUTIES OF THE COMMISSION:
 - A. Evaluation and Assessment: In accordance with section 202(b)(1), the Commission shall undertake a comprehensive evaluation and assessment of access to health care at VA.
 - B. Matters Evaluated and Assessed: In undertaking the comprehensive evaluation and assessment required by section 202(b)(1) of VACAA and paragraph (4)(A) above, the Commission shall evaluate and assess the results of the assessment conducted by the private sector entity or entities under section 201 of VACAA, including any findings, data, or recommendations included in such assessment.
 - C. Reports: In accordance with section 202(b)(3) of VACAA, submit an interim report not later than 90 days after the initial meeting of the Commission to the President, through the Secretary of Veterans Affairs, and a final report not later than 180 days after the initial meeting of the Commission. The reports shall include (i) the findings of the Commission with respect to the evaluation and assessment required by section 202(b)(1); and (ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through VHA.
5. OFFICIAL TO WHOM THE COMMISSION REPORTS: The Commission reports to the President, through the Secretary of Veterans Affairs.

VA is responsible for ensuring the reporting requirements of Section 6(b) of the FACA are fulfilled.

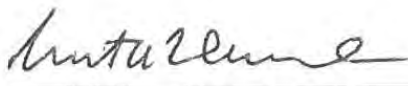
COMMISSION ON CARE FINAL REPORT

6. OFFICE RESPONSIBLE FOR PROVIDING THE NECESSARY SUPPORT FOR THE COMMISSION: VHA is responsible for providing support to the Commission.
7. ESTIMATED ANNUAL OPERATING COSTS AND STAFF-YEARS: Annual operating cost for the Commission is estimated at \$3,600,000 per year, including compensation of members and staff, in accordance with section 202(d) of VACAA. All members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulations for any travel made in connection with their duties as members of the Commission. Approximately 15 FTE are anticipated.
8. DESIGNATED FEDERAL OFFICER: The Designated Federal Officer (DFO) or an Alternate DFO, full-time or permanent part-time VA employees, will be present at all meetings, including subcommittee meetings. The DFO will work with the Commission Chair to schedule the meetings and develop meeting agendas. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.
9. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Commission will meet at the call of the Chair for the duration of the Commission. The Commission may hold such hearings, sit and act at such times and places, and take such testimony, and receive such evidence as the Commission considers advisable to carry out its duties under section 202 of VACAA. A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.
10. DURATION: The Commission is subject to the termination date as specified below in section 11.
11. TERMINATION: The Commission shall terminate 30 days after the date on which the Commission submits the final report required by section 202(b)(3)(B) of VACAA.
12. MEMBERSHIP: The Commission shall be composed of 15 voting members who are appointed as Special Government Employees and described in paragraph (A) below for the life of the Commission and have the qualifications described in paragraph (B) below:
 - A. APPOINTMENT AUTHORITY:
 - i. Three members appointed by the Speaker of the House of Representatives, at least one of whom shall be a Veteran.
 - ii. Three members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a Veteran.

- iii. Three members appointed by the Majority Leader of the Senate, at least one of whom shall be a Veteran.
 - iv. Three members appointed by the Minority Leader of the Senate, at least one of whom shall be a Veteran.
 - v. Three members appointed by the President, at least two of whom shall be Veterans.
- B. QUALIFICATIONS: Of the members appointed under 12(A) –
- i. At least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of Veterans under 38 U.S.C. 5902;
 - ii. At least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000;
 - iii. At least one member shall be familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined by in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C. 1396d(1)(2)(B));
 - iv. At least one member shall be familiar with VHA but shall not be currently employed by VHA; and
 - v. At least one member shall be familiar with medical facility construction and leasing projects carried out by government entities and have experience in the building trades, including construction, engineering, and architecture.
- C. CHAIRPERSON AND VICE CHAIRPERSON: The President shall designate a member of the Commission to serve as Chairperson of the Commission. The Commission shall select a Vice Chairperson from among its members.
- D. VACANCIES: If a vacancy occurs, it shall be filled in the same manner as the original appointment.
13. SUBCOMMITTEES: The Commission is authorized to establish subcommittees, with DFO approval, to perform specific projects or assignments as necessary and consistent with its mission. The Commission Chair shall notify the Secretary, through the DFO, of the establishment of any subcommittee, including its function, membership, and estimated duration. Subcommittees will report back to the Commission.
14. RECORDKEEPING: Records of the Committee shall be handled in accordance with General Records Schedule 26 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying, subject to the Freedom of Information Act 5, U.S.C. 552.

COMMISSION ON CARE FINAL REPORT

15. DATE CHARTER IS FILED:

Approved:  Date 7/14/15
Robert A. McDonald
Secretary of Veterans Affairs



APPENDIX J:

COMPOSITION OF THE COMMISSION

Nancy M. Schlichting, Chairperson

Appointed by President Barack Obama

Nancy M. Schlichting is Chief Executive Officer of Henry Ford Health System (HFHS), a nationally recognized \$5 billion health care organization with 27,000 employees and recipient of the 2011 Malcolm Baldrige National Quality Award, 2011 John M. Eisenberg Patient Safety Quality Award, and 2004 Foster G. McGaw Award. She is credited with leading the health system through a dramatic financial turnaround and for award-winning patient safety, customer service and diversity initiatives.

Schlichting joined HFHS in 1998 as its Senior Vice President and Chief Administrative Officer, served as Executive Vice President and Chief Operating Officer, President and CEO of Henry Ford Hospital and was named President and CEO of the System in 2003. Her career in health care administration spans over 35 years of experience in senior level executive positions.

Schlichting serves on several national and community boards including The Kresge Foundation, Walgreens Boots Alliance, the Federal Reserve Bank of Chicago – Detroit Branch, the Detroit Regional Chamber, the Detroit Economic Club, and the Downtown Detroit Partnership. Nancy is also a Fellow of the American College of Healthcare Executives.

In 2015, Schlichting was honored as one of the 100 Most Influential People in Healthcare by Modern Healthcare magazine, the eighth time she received this recognition. She was also named to the Top 25 Women in Healthcare by Modern Healthcare, the fourth time she received this recognition and the only Michigander named to the list. Her other awards include: NCHL Gail L. Warden Leadership Excellence award, ACHE Senior-Level Healthcare Executive Regent's Award, AHA/HRET 2014 TRUST Award, Becker's Hospital Review "40 of the Smartest People in Healthcare-2014," Crain's Detroit Business "2012 Newsmaker of the Year," HealthLeaders Media "20 People Who Make Healthcare Better-2012," and most recently was named one of "Crain's 100 Most Influential Women in Michigan."

Author of the acclaimed book, *Unconventional Leadership*, Schlichting is a highly regarded expert and accomplished speaker on strategic leadership, quality, patient/family-centered care, and diversity.

Schlichting received her A.B. in Public Policy Studies, Magna Cum Laude from Duke University and her M.B.A. from Cornell University. She has also been the recipient of honorary doctoral degrees from Walsh College, Eastern Michigan University and Central Michigan University.

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Delos M. (Toby) Cosgrove, MD, Vice Chairperson*Appointed by Speaker of the House John Boehner*

Toby Cosgrove, CEO of Cleveland Clinic, presides over a \$6.2 billion health care system comprising Cleveland Clinic, eight community hospitals, 16 family health and ambulatory surgery centers, Cleveland Clinic Florida, the Lou Ruvo Center for Brain Health in Las Vegas, Cleveland Clinic Toronto, and Cleveland Clinic Abu Dhabi. His leadership has emphasized patient care and patient experience, including the reorganization of clinical services into patient-centered, organ- and disease-based institutes. He launched major wellness initiatives for patients, employees, and communities. Under his leadership, Cleveland Clinic has consistently been named among America's top four hospitals by U.S. News & World Report and is one of only two hospitals named among America's 99 Most Ethical Companies by the Ethisphere Institute.

Cosgrove was a surgeon in the U.S. Air Force and served in Da Nang, Republic of Vietnam, as the chief of U.S. Air Force casualty staging flight. He received the Bronze Star and the Republic of Vietnam Commendation Medal.

He has published nearly 450 journal articles, book chapters, one book, and 17 training and continuing medical education films. He performed more than 22,000 operations and earned an international reputation for expertise in all areas of cardiac surgery, especially valve repair. As an innovator, Cosgrove has 30 patents filed for developing medical and clinical products used in surgical environments.

Cosgrove received his medical degree from the University of Virginia School of Medicine in Charlottesville, VA, and completed his clinical training at Massachusetts General Hospital, Boston Children's Hospital, and Brook General Hospital in London. He received a BA in biology from Williams College in Williamstown, MA.

Michael A. Blecker*Appointed by House Minority Leader Nancy Pelosi*

Michael Blecker has been associated with Swords to Plowshares since 1976 and has served as Executive Director since 1982. The agency was started in 1974 by returning Vietnam veterans and VISTA volunteers assigned to the VA regional office in San Francisco.

In the 1980s, when homelessness exploded, Swords to Plowshares started a transitional housing program with funding support from VA and the city and county of San Francisco. Swords to Plowshares continues to provide housing, employment, case management, and benefits advocacy for veterans from offices in San Francisco and Oakland. In 2005, the Iraq Vet Project (IVP) was established to help veterans of those wars and to shape policies affecting them. Recognizing Swords to Plowshares' long and effective history of challenging and shaping public policy with regard to veterans, in 2011, the IVP became known as the Institute for Veterans Policy.

Under Blecker's leadership, Swords to Plowshares' annual budget has grown from \$75,000 to nearly \$16 million. He has a nationwide reputation for dedicated service and as an authority on

veterans' services and veterans' rights. He served on the Advisory Committee on Homeless Veterans (2002-2007), which advises the Secretary of Veterans Affairs. He is cofounder of both the National Coalition for Homeless Veterans and the California Association of Veterans' Service Agencies. He has served on the Congressional Commission on Service Members and Veterans Transition Assistance, the California Senate Commission on Homeless Veterans, the San Francisco Mayor's Homeless Planning Committee, the National Agent Orange Settlement Advisory Board, The Agent Orange Information Center, and the Veterans Speakers Alliance.

Blecker served in the U.S. Army as a combat infantryman in Vietnam in 1968-69 with the 101st Airborne Division, achieving the rank of E-5. He received an AB degree in criminology from University of California, Berkeley and a JD degree from New College of California Law School.

David P. Blom

Appointed by Speaker of the House John Boehner

David Blom has been instrumental in the development and growth of the OhioHealth system. He has served as president of OhioHealth's central Ohio hospitals – Grant Medical Center, Riverside Methodist Hospital, and Doctors Hospital – while also serving as executive vice president and chief operating officer of OhioHealth. He was named president and CEO of OhioHealth in March 2002. He has a track record of achievement with a solid understanding of complex issues facing health care delivery. He has expertise in leading strategic initiatives, managing and developing human capital, improving profitability, and improving quality of care and customer experience.

Blom maintains many professional and community affiliations, currently serving as a board member of the Voluntary Hospitals of America (VHA), a member and treasurer of Columbus' Downtown Development Corporation (CDDC), member of the Columbus Partnership, and member of the local World President's Organization (WPO). In 2001, he was named a Top 100 Business Leader by Smart Business and in 2012 CEO of the Year by Columbus CEO Magazine.

He received a BA from Ohio State University and an MA in health care administration from The George Washington University.

David W. Gorman

Appointed by President Barack Obama

David Gorman is a retired, combat-disabled veteran of the Vietnam War, who was appointed executive director of the Disabled American Veterans (DAV) National Service and Legislative Headquarters in Washington, DC in 1995. His responsibilities include oversight of the DAV National Service, Legislative, and Voluntary Service Programs. He is the organization's principal spokesperson before Congress, the White House, and the U.S. Department of Veterans Affairs.

Gorman entered the U.S. Army in 1969 and served with the 173rd Airborne Brigade, the famed "Sky Soldiers" of the Vietnam War. During a campaign to secure an area in Central Vietnam

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where U.S. forces suffered extremely high casualties, Mr. Gorman was severely wounded. His wounds required amputation of both legs.

Discharged from the Army in 1970, he immediately joined the DAV and is currently a life member of the DAV's National Amputation Chapter and DAV Chapter 39 in Greer, SC.

Gorman retired from his post executive director at the Washington Headquarters for Disabled American Veterans and now resides in Simpsonville, SC. Gorman attended Cape Cod Community College.

The Honorable Thomas E. Harvey, Esq.

Appointed by Senate Majority Leader Mitch McConnell

Thomas Harvey is a Vietnam combat veteran whose decorations include the Silver Star, the Purple Heart and 12 others for valor and service. In Vietnam, he spent a year as a company commander with the 173rd Airborne brigade and a year and a half as an advisor with the Vietnamese Airborne Division.

A lawyer by training, Harvey has spent much of his professional career working with veterans and issues of concern to them. He has served as Chief Counsel and Staff Director of the Senate Veterans Affairs Committee, Deputy Administrator of the Veterans Administration, and Assistant Secretary for Congressional Affairs of the Department of Veterans Affairs. Following 5 years with a major Wall Street law firm, Harvey came to Washington, DC, in 1977 as a White House fellow, serving as an assistant to ADM Stansfield Turner, then director of the Central Intelligence Agency. He has also served in the Department of Defense and as General Counsel and Congressional Liaison of the United States Information Agency. For 5 years, he was Senior Counselor of the Institute of International Education, which administers the Fulbright Program on behalf of the U.S. Department of State, as well as a number of other international educational exchange programs.

He currently serves on the boards of the Milbank Memorial Fund, the focus of which is public health policy, and of the Art Students League of New York, where he studies watercolor painting. He holds both BA and JD degrees from the University of Notre Dame and a LLM degree from the New York University School of Law.

Maj. Stewart M. Hickey, USMC (ret.)

Appointed by Senate Majority Leader Mitch McConnell

Since 2011, Stewart Hickey has served as American Veterans (AMVETS) National Executive Director, operating the nation's fourth largest congressionally chartered veterans service organization and its subordinate organizations, and the daily advocacy of issues affecting veterans, national security, foreign affairs, and the economy.

Previously, Hickey was chief executive officer for the Hyndman (Pennsylvania) Area Health Center, a multisite community health center providing medical and dental services to several counties of Pennsylvania, West Virginia, and Maryland. His health care administration experience includes serving as chief human resources officer and chief operating officer of

Western Maryland Hospital Center in Hagerstown, Maryland, a 123-bed Joint Commission on Accreditation of Healthcare Organizations accredited, long-term care and sub-acute hospital with rehabilitation, occupational therapy, physical therapy, and respiratory care.

Hickey enlisted in the U.S. Marine Corps Reserve in February 1977, in Cumberland, MD, as an infantryman, and transferred to platoon leaders class in the summer of 1978. He served in Operation Desert Storm and Desert Shield and was awarded a Bronze Star Medal with Combat "V" for his achievements as commanding officer, Company D, Third Tank Battalion, Task Force RIPPER, 1st Marine Division, I Marine Expeditionary Force, Saudi Arabia from September 1990 to February 1991. His military education includes the Basic School, Armor Officer Basic, Amphibious Warfare School, Armor Officer Advanced Course, and Marine Corps Command and Staff College.

Hickey resides on his family farm in Cumberland Valley Township in McConnellsburg, PA. He and his wife, Ellen, have five children: Monroe, Ali, Charles, Andrew, and Bryce. Three of his sons, Andrew, Monroe, and Charles, followed their father's path and currently serve in the U.S. military.

Hickey received a BA in history from Penn State University and an MA in management from Webster University.

Rear Adm. Joyce M. Johnson, DO, US PHS (ret.)

Appointed by President Barack Obama

Joyce Johnson is a physician with senior public health leadership experience in civilian and military sectors.

Johnson served in the U.S. Public Health Service (Rear Admiral, Upper Half). Her last active-duty assignment was with the U.S. Coast Guard as Director, Health and Safety ("surgeon general"). She managed the Coast Guard's health care system, including 150 sickbays and clinics, and coordinated both medical and behavioral health care for the beneficiary population. She also had responsibility for the Coast Guard's safety and work-life programs. She held a Top Secret security clearance.

Other government assignments included senior scientific and management positions with the Food and Drug Administration (pharmaceutical safety and post-market surveillance) and the Substance Abuse and Mental Health Services Administration. She has held clinical positions at the National Institute of Mental Health and the Department of Veterans Affairs. At the Centers for Disease Control and Prevention, she was an Epidemiologic Intelligence Service (EIS) Officer and staff epidemiologist in the Center for Infectious Disease.

In the private sector, Johnson served as vice president, health sciences and chief medical officer for a large research organization, where she managed a portfolio of government contracts, including laboratory and social sciences research, and held a top secret security clearance.

Johnson is an osteopathic physician board certified in psychiatry and public health/preventive medicine. She is also a certified clinical pharmacologist and certified addiction specialist. In

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addition to her medical degree, she earned a master's degree in hospital and health administration. She has been conferred six honorary doctoral degrees. She is a Distinguished Life Fellow of the American Psychiatric Association.

Johnson has extensive international health experience on all seven continents. She has particular interests in global mental health, health systems development, infectious disease, and disaster relief. She has led five Flag Expeditions with the Explorers Club. For more than a decade she has been a consultant to the National Science Foundation on the health care system in Antarctica.

Johnson recently coauthored the book, *Lizard Bites and Street Riots, Travel Emergencies and Your Health, Safety and Security*, and writes a monthly medical column. She is a Clinical Professor and Adjunct Professor at Georgetown University. She has served on expert committees including the Committee on Substance Abuse in the Military, National Academy of Medicine. She is active in numerous professional associations including the American Psychiatric Association, serving on the Committee on Psychiatric Dimensions of Disasters; the American Osteopathic Association, serving on the Bureau of International Osteopathic Medicine; and the Explorers Club, serving on the Medical Committee.

The Honorable Ikram U. Khan, MD

Appointed by Senate Minority Leader Harry Reid

Ikram Khan currently, he is president and 50-percent partner of Quality Care Consultants, LLC, founded in March 1992. The company provides consultant services in health care strategy and policy development for employers and other health care organizations. The company assists clients in development and implementation of wellness and disease-management programs. The company also develops quality improvement initiatives and techniques and assists in development and implementation of programs for cost-effective utilization of medical resources. Major emphasis is on clinical outcomes and data monitoring analysis.

Khan is a member the United States Institute of Peace (USIP) Board of Directors; he was nominated by President George Bush, and confirmed by the U.S. Senate on June 5, 2008. He is also currently a member of the Nevada Homeland Security Commission, having been appointed by the Governor of Nevada.

He was nominated by President Clinton and confirmed by the U.S. Senate to serve as member of The Board of Regents Uniformed Services University of Health Sciences, an advisory board to U.S. Secretary of Defense (1999-2006).

Khan also served as Special Advisor on Healthcare to Former Nevada Governor Gibbons, was a member of the Nevada Academy of Health (appointed by Nevada Governor Gibbons), and is a past member of the Nevada Academy of Health Sciences (appointed by Nevada Governor Kenny Guinn). He is past member of Nevada Governor's Commission for Medical Education, Research and Training and was a member of the Nevada State Board of Medical Examiners for eight years. Dr. Khan received "Special Congressional Recognition" for invaluable community service in 1994 and a Congressional citation—"U.S. Senate - Honoring Dr. Ikram Khan"—on April 25, 1994.

Khan currently serves as member on the board of trustees at Sunrise Hospital Las Vegas-a 600 bed hospital. He has received recognition as “Most Influential Man in Southern Nevada” in 2000. He is also a recipient of a Las Vegas Chamber of Commerce community achievement award (October 1999), and a “Distinguished Community Service Award” from Anti-defamation League of B’nai B’rith (1994).

November 30, 1999 was declared “Dr. Ikram U. Khan Day” by the Governor of the State of Nevada, Mayor of Las Vegas, and the Board of Commissioners of Clark County.

During the course of his practice as General Surgeon, Khan has served in multiple leadership positions at various hospitals in Las Vegas.

Ikram Khan is president of quality Care Consultants LLC in Las Vegas Nevada. He received a doctor of medicine and surgery (MBBS) degree from University of Karachi, Pakistan.

Khan received a Doctor of Medicine and Surgery (MB, BS) in August 1972 from the University of Karachi, Pakistan. He completed post-graduate surgical residency in General Surgery in New York from 1974 through 1978, and practiced as a General Surgeon in Las Vegas through 2005.

Phillip J. Longman

Appointed by Senate Minority Leader Harry Reid

Phil Longman is a director at New America, a public policy institute. He is also a senior editor at the Washington Monthly and a lecturer at Johns Hopkins University, where he teaches a course in health care policy.

Longman has written extensively on issues related to health care delivery system reform, including in his book *Best Care Anywhere* (currently in its third edition). The book chronicles the quality transformation of the Veterans Health Administration during the 1990s and applies its lessons to the broader U.S. health care system.

Longman received a BA in philosophy from Oberlin College.

Col. Lucretia M. McClenney, USA (ret.)

Appointed by House Minority Leader Nancy Pelosi

Lucretia McClenney is a consultant with the Department of Defense Vietnam War Commemoration Office and Executive Coach with the Brookings Institute Executive Education Program. Previously she served as director of the Department of Veterans Affairs Center for Minority Veterans. As director, she served as the principal advisor to the Secretary of Veterans Affairs on policies and programs affecting minority veterans. Prior to her appointment, she served as special assistant to the assistant secretary for policy, planning, and preparedness, Department of Veterans Affairs (VA). She led the department’s emergency exercise planning, training, and evaluation program, and served as liaison to other government agencies. She has served on numerous working groups to include the congressionally mandated National Commission on VA Nursing, Task Force on Employment of Women at VA, and as the Secretary

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of Veterans Affairs' representative on the American Red Cross Board of Governors and Disaster and Chapter Services Committee.

Serving 30 years in the Army, McClenney retired as a colonel in November 2001. She served in various medical treatment facilities and on staffs worldwide serving as director, population health integration team, TRICARE management activity; chief nurse, European regional medical command and deputy commander for nursing, Landstuhl Regional Medical Command; deputy commander for nursing, Moncrief Army Community Hospital, Fort Jackson, South Carolina; assistant deputy for human resources, Office Of The Assistant Secretary Of The Army for Manpower and Reserve Affairs, the Pentagon; chief ambulatory nursing, Walter Reed Army Medical Center; senior policy analyst, Office of the Secretary of Defense (Health Affairs), The Pentagon; and member of the President's National Health Care Reform Task Force.

McClenney's military and civilian awards/decorations include the Legion of Merit (two oak leaf clusters), Defense Meritorious Service Medal, Meritorious Service Medal (seven oak leaf clusters), Army Commendation Medal (two oak leaf clusters), Navy Commendation Medal, Army Achievement Medal, Army Good Conduct Medal, the Army Staff Identification Badge, Office of the Secretary of Defense Staff Identification Badge, the coveted "9A" designator, in recognition of numerous achievements at the pinnacle of nursing excellence, and The Outstanding Civilian Service Medal for her significant contribution to the mission of the United States Army and Department of Defense in assisting with the production of the book, *For Children of Valor – Arlington National Cemetery*. Her professional affiliations include the Association of Military Surgeons of the United States, Sigma Theta Tau, National Nursing Honor Society, Alpha Kappa Alpha Sorority, Inc., Top Ladies of Distinction, Inc., The ROCKS, Inc., the Order of Military Medical Merit, Past President, Federal Health Care Executives Interagency Institute Alumni Association, and former Board Member of the Bon Secours Health Care System and Chair, Quality Committee.

She is a graduate of the Command and General Staff College and the United States Army War College Fellowship Program at George Washington University, Washington, DC. She is also a graduate of the Johnson & Johnson-Wharton's Fellows Program in Management for Nurse Executives, Wharton School of Business, University of Pennsylvania; Federal Health Care Executives Interagency Institute at George Washington University, Washington, DC; Leadership VA 2004; and Brookings Institute Executive Fellowship Program. She received a BSN from Murray State University and an MS in psychiatric/mental health nursing from Catholic University.

Capt. Darin S. Selnick, USAF (ret.)

Appointed by Speaker of the House John Boehner

Darin Selnick is an independent consultant who provides a variety of services to organizations in the areas of government and community relations, business development, and veterans' issues. He is currently the senior veterans affairs advisor for Concerned Veterans for America and served as executive director of the Fixing Veterans Health Care Bipartisan Taskforce. He also volunteers his time as Chairman of the West Los Angeles Veterans Home Support Foundation and as the Vice President of Development for the GI Film Festival.

From 2001–2009, Selnick was an appointee at the Department of Veteran Affairs. From 2004–2009 he served as the director of the center for faith-based and community initiatives. In this role he was responsible for the management and operations of the Center and was the VA liaison to the White House Office of faith-based and community initiatives. From 2001–2004 he served as Special Assistant to the Secretary and Associate Dean, VA Learning University. In this role he was responsible for providing program and operational oversight of VA Learning University.

Selnick is a retired Air Force officer who attained the rank of Captain. He has been very active in veterans' issues and joined the Jewish War Veterans in 1994. Since that time he has taken various leadership positions and is the past department commander of the Department of California. Mr. Selnick is also a member of the American Legion, AMVETS, Air Force Association, and National Association of Uniformed Services.

Darin Selnick currently serves as senior veterans' affairs advisor for Concerned Veterans for America and served as executive director of the Fixing Veterans Health Care Bipartisan Taskforce. He lives in Oceanside, CA. Selnick is retired from the U.S. Air Force. He received a BS in health science from California State University, Northridge and an MA in political science/public management from Midwestern State University.

Lt. Gen. Martin Steele, USMC (ret.)

Appointed by Senate Majority Leader Mitch McConnell

Martin Steele enlisted in the Marine Corps in January 1965 and rose from private to three-star general, culminating his military career in August 1999 as the deputy chief of staff for plans, policies, and operations at Headquarters, U.S. Marine Corps, in Washington, DC. A decorated combat veteran with 34½ years of service, he is a recognized expert in the integration of all elements of national power (diplomatic, economic, informational, and military) with strategic military war plans and has served as an executive strategic planner/policy director in multiple theaters across Asia. His extraordinary career was chronicled as one of three principals in the award winning military biography, *Boys of '67*, by Charles Jones.

Upon his retirement from active duty in 1999, he served as president and CEO of the Intrepid Sea-Air-Space Museum in New York City. Currently, Steele serves as The Associate Vice President for Veterans Partnerships, the Executive Director, Military Partnerships, and Co-chair of the Veterans Reintegration Steering Committee at the University of South Florida in Tampa, Florida. Additionally, Steele is the chairman and CEO of Steele Partners, Inc., a strategic advisory and leadership consulting company. He has led a philanthropic transition program assisting exiting Marines into private-sector jobs throughout the country, at no cost to the Marine participants, the Marine Corps, or the companies that provide employment opportunities.

Steele serves proudly on several boards across the country. He is currently the Chairman of the Board, Marine Corps Scholarship Foundation. He was appointed to the Board of Directors of Florida is for Veterans, Inc., a not for profit, state legislated organization designed to assist both Veterans and businesses throughout Florida in not only hiring Veterans but also developing entrepreneurship programs designed for veterans. He is a member of Fisher House Foundation;

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chairman of the advisory committee, Stability Institute; advisory committee member, Call of Duty Endowment; advisory board member, Stay in Step Foundation; advisory council member, Operation Helping Hand; member, Veterans Advantage; board member, University of Arkansas Veterans Resource and Information Center; and advisory committee member, Jesse Lewis Choose Love Movement.

Steele is a graduate of the University of Arkansas where he obtained a bachelor's degree in history and was recognized as a distinguished graduate of the Fulbright College of Arts and Sciences. He is a recipient of the 2013 Arkansas Alumni Award Citation of Distinguished Alumni, which recognizes exceptional professional and personal achievement and extraordinary distinction in a chosen field. He also holds master's degrees from Central Michigan University, Salve Regina College, and Naval War College.

Charlene M. Taylor

Appointed by House Minority Leader Nancy Pelosi

Charlene Taylor joined Kaiser Permanente in 1997 as the director of specialty services for the Permanente Medical Group at South Sacramento. In 2002 she became the service director for Kaiser Foundation Hospitals, responsible for perioperative and perinatal services at South Sacramento. In 2008, she was promoted to chief nursing officer at the Sacramento Medical Center where she was responsible for a 287-bed tertiary acute care hospital that conducted more than 11,000 operations per year. There, she oversaw 800 full-time employees and a budget of \$150 million. Taylor was promoted to chief operating officer in 2010 and retired from Kaiser Permanente in 2013.

Before working for Kaiser Permanente, Taylor served as assistant hospital administrator for Sutter Health at the Sutter Amador Hospital from 1988 to 1997. She is a member of the Veterans of Foreign Wars, Reserve Officers Association, and the Society of Air Force Nurses.

Taylor's patriotic and adventurous nature led her to join the Air Force as a reserve officer at the age of 40, rising to the rank of Lieutenant Colonel. She was commissioned as a Captain in the United States Air Force (Reserve Command) in October 1993, earning her flight nurse wings in 1994. She subsequently was selected to be a flight nurse instructor followed by a promotion to evaluator status. Her last squadron assignment was that of chief nurse at the 349 AMDS, Travis Air Force Base.

In addition to years of experience conducting aeromedical evacuation missions throughout the world, Taylor was activated in support of Operation Enduring Freedom from March 2003 to March 2004. In January 2005 she was selected to be the chief nurse of the 379th Expeditionary Aeromedical Squadron in support of Operation Iraqi Freedom. While transporting the injured out of Mosul, Iraq in a C-130, the aircraft took enemy fire, landing without casualties. Due to the demands of her civilian position, Taylor transferred to inactive status in the Air Force Reserve Command. Taylor is the recipient of two Meritorious Service medals, Expert Marksmanship (2), and multiple other medals.

Taylor currently serves on the Veterans Board. In 2012 she was appointed to the Board by Gov. Jerry Brown and approved by the Senate. She became chair in 2014 and continues to serve

in that role. The California Veterans Board serves as an advocate for veterans affairs, identifying needs and working to ensure and enhance the rights and benefits of California veterans and their dependents.

Taylor is a diploma nurse graduate from the Kaiser Foundation School of Nursing. She continued her education receiving a BSN from the State University of New York in Albany, New York. She earned a master's degree in nursing administration from the University of California, San Francisco.

Taylor lives in Elk Grove, CA.

Marshall W. Webster, MD

Appointed by Senate Minority Leader Harry Reid

Marshall Webster is a senior vice president of the University of Pittsburgh Medical Center (UPMC), and a distinguished service professor of surgery at the University of Pittsburgh. A graduate of Penn State University and the Johns Hopkins Medical School, he trained in surgery at the University of Pittsburgh, and subsequently served 2 years as a surgeon on active duty in the U.S. Navy.

Webster returned to the University of Pittsburgh as a faculty vascular surgeon, including initially, a part-time attending staff position at the Pittsburgh VA Medical Center for 3 years. He has held the Mark M. Ravitch Chair in Surgery, and has had a long academic career of clinical practice, research, and service in varied administrative leadership roles. From 2002–2012, he was an executive vice president of UPMC, president of UPMC's physician services division, and president of the University of Pittsburgh Physicians, the clinical practice plan of the university faculty.

His current focus is primarily strategic development: building clinical relationships and care models throughout the region with a large number of community hospitals and providers. Webster has oversight of UPMC's graduate medical education program, which sponsors a substantial number of resident rotations at the Pittsburgh VA Medical Center. He recently served for 2 years as the interim chair of the Department of Anesthesiology at UPMC. He has had a long-standing interest in patient safety and quality initiatives, and recently completed a 6-year term on the board of the Pennsylvania Patient Safety Authority.

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APPENDIX K: COMMISSION STAFF

Susan M. Webman, Esq.
Executive Director

Michael Bargmann.....	Program Analyst
Robert Burke, PhD	Program Analyst
Donald Cicotte.....	Program Analyst
Pauline Cilladi-Rehrer	DFO
John Clinton	Staff Assistant
Monica Cummins	Program Analyst, ADFO
Christopher Danns	Program Analyst
Stephen Dillard.....	Program Analyst, ADFO
Susan Edgerton.....	Program Analyst
Beth Engiles.....	Program Analyst
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Wilmya Goldsberry	Program Analyst
John Goodrich.....	Executive Officer/ DFO
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SaKeithia Taylor	Staff Assistant
Linda (Yvonne) Williams	Staff Assistant

DFO – Designated Federal Officer

ADFO – Assistant Designated Federal Officer

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APPENDIX L: ACRONYM LIST

ACRONYM	DEFINITION
ACA	Affordable Care Act
ACHE	American College of Healthcare Executives
APRN	Advanced Practice Registered Nurse
BRAC	Base Realignment and Closure
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CARES	Capital Asset Realignment for Enhanced Services
CDS	Community Delivered Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CITC	Care in the Community
CMD	Chief Medical Director
CMIO	Chief Medical Information Officer
CMOP	Consolidated Mail Outpatient Pharmacy
COTS	Commercial Off-The-Shelf
CPRC	Clinical Product Review Committee
CPRS	Computerized Patient Record System
CVA	Concerned Veterans for America
CVCS	Chief of VHA Care System
DAV	Disabled American Veterans
DEPSECVA	Deputy Secretary, Department of Veterans Affairs
DHP	Digital Health Platform
DM&S	Department of Medicine and Surgery
DoD	Department of Defense
DUSH	Deputy Under Secretary for Health
ECF	Executive Career Fields
EES	Employee Education System
EEO	Equal Employment Opportunity

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ACRONYM	DEFINITION
EHCPM	Enrollee Health Care Projection Model
eHMP	Enterprise Health Management Platform
EHR	Electronic Health Record
FFS	Fee-for-Service
FY	Fiscal Year
GAO	Government Accountability Office
GHATP	Graduate Health Administration Training Program
GUI	Graphic User Interface
HCD	Human-Centered Design
HEC	Healthcare Executive Council
HPDM	High Performance Development Model
HR	Human Resources
HRA	Human Resources and Administration
HSC	Health Service Category
HTM	Healthcare Talent Management
IAVA	Iraq and Afghanistan Veterans of America
IDIQ	Indefinite Delivery/Indefinite Quantity
IDN	Integrated Delivery Network
IDP	Individual Development Plan
IT	Information Technology
JC	Joint Commission
JEC	Joint Executive Committee
JLV	Joint Legacy Viewer
MSA	Medical Support Assistant
MTF	Military Treatment Facility
NAS	National Academy of Sciences
NCEHC	National Center for Ethics in Health Care
NCOD	National Center for Organization Development
NLC	National Leadership Council
NVTC	Northern Virginia Technology Council
OAA	Office of Academic Affiliations

APPENDIX L
ACRONYM LIST

ACRONYM	DEFINITION
OEF	Operation Enduring Freedom
OGC	Office of General Counsel
OI&T	Office of Information and Technology
OIF	Operation Iraqi Freedom
OMB	Office of Management and Budget
ONC	Office of the National Coordinator
OND	Operation New Dawn
OPM	Office of Personnel Management
OTH	Other Than Honorable (Discharge)
PACT	Patient Aligned Care Team
PC3	Patient-Centered Community Care
PG	Priority Group
PHS	U.S. Public Health Service
PO	Program Office
PTSD	Posttraumatic Stress Disorder
QUERI	Quality Enhancement Research Initiative
RCLF	Relevant Civilian Labor Force
RIF	Reduction in Force
SCI	Spinal Cord Injury
SECVA	Secretary, Department of Veterans Affairs
SE	Senior Executive
SES	Senior Executive Service
SHEP	Survey of Healthcare Experiences of Patients
TBI	Traumatic Brain Injury
TMS	Talent Management System
USH	Under Secretary for Health
VA	U.S. Department of Veterans Affairs
VACAA	Veterans Access, Choice, and Accountability Act of 2014
VACI	VA Center for Innovation
VACO	VA Central Office
VAEB	VA Executive Board

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ACRONYM	DEFINITION
VAMC	VA Medical Center
VERC	Veterans Engineering Resource Center
VFW	Veterans of Foreign Wars of the U.S.
VHA	Veterans Health Administration
VHACO	VHA Central Office
VISN	Veterans Integrated Service Network
VSO	Veterans Service Organization
WWP	Wounded Warrior Project



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**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

August 2, 2016

**The Honorable Barack Obama
President
The White House
Washington, DC 20500**

Dear Mr. President:

Two years ago, you tasked me to transform the Department of Veterans Affairs (VA) for the 21st Century. Since then, VA has established a comprehensive, enterprise-wide transformational process named MyVA, which has already increased Veterans' access to health care and begun improving Veterans' experience of VA's benefits and services.

The direction we have taken and the progress we have made has been largely validated by the Commission on Care (Commission) in its Final Report, which VA received on July 7, 2016. After thoroughly reviewing the report, and receiving input from our Veterans Service Organizations (VSOs), I am pleased to say that 12 of the Commission's 18 recommendations are objectives VA has already accomplished or has been working toward for the past two years as part of the MyVA transformation. Although we differ with the Commission on some details and are pursuing alternative approaches where warranted, we agree with the Commission that many changes planned by MyVA, recommended by the Commission, and strongly supported by VSOs, will likely require resources and remedies that only Congress can provide. These issues and our many transformation efforts are summarized in the enclosure to this letter.

VA strongly disagrees with the Commission on its proposed "board of directors" to run the Veterans Health Administration (VHA). Such a board is neither feasible nor advisable for both constitutional and practical reasons. The U.S. Department of Justice has concluded that the Constitution prevents Congress from appointing persons to exercise authority over Executive branch agencies and as such, would prevent the proposed board from exercising the authorities assigned to it by the Commission. The Commission's proposal would also seem to establish VHA as an independent agency, undoing the work of the VSOs in creating VA as a Cabinet-level department. The powers exercised by the proposed board would undermine the authority of the Secretary and the Under Secretary for Health, as well as weaken ownership of the MyVA transformation and VHA performance. This could potentially disrupt and degrade VA's implementation of critical care decisions that affect Veterans. The proposed independent VHA agency would also run counter to our ongoing efforts to improve the Veteran's experience by integrating Veterans health care with the many other services provided to Veterans by the Veterans Benefits Administration and the National Cemetery Administration.

At present, VA is served by 25 advisory committees, including a newly reconstituted Special Medical Advisory Group, which consists of leading medical practitioners and

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The Honorable Barack Obama

administrators, and a newly established MyVA Advisory Committee, which brings together business leaders, medical professionals, government executives, and Veteran advocates. These advisory committees advise VA on strategic direction, facilitate decision making, and introduce innovative business approaches from the public and private sectors. With their help, the Department has begun the process of transforming VHA from a loose federation of regional health care systems to a highly integrated national enterprise, based on a new model of care with VA as both the payer and provider. This model will provide Veterans with the full spectrum of health care services and additional choice, but without sacrificing VA's foundational health services upon which many Veterans depend. Additionally, many VSOs fear that the Commission's vision would compromise VA's ability to provide specialized care for spinal cord injury, prosthetics, traumatic brain injury, post-traumatic stress disorder, and other mental health needs, which the private sector is not as equipped to provide.

In October 2015, VA submitted to Congress our *Plan to Consolidate Community Care*, which lays out our vision of a consolidated community care program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff. This plan incorporates feedback from key stakeholders, including VHA field leadership and clinicians, representing diverse groups and backgrounds. VA has already begun what work we can without legislation to make the plan a reality. Over the course of the last 12 months, our Choice Provider Network has grown by 85 percent. The network now has over 350,000 providers and facilities across the Nation. Over 930,000 unique Veterans have used the Veterans Choice Program (VCP). Over 100,000 Veterans with 40-mile eligibility used VCP through May 2016. Authorizations for care under the Veterans Access, Choice, and Accountability Act (VACAA) have increased by 82 percent over 9 months (October 2015 to June 2016), and VCP authorizations have quadrupled from approximately 380,000 in fiscal year (FY) 2015 to almost 2 million in FY 2016.

However, VA cannot accomplish the ongoing transformation through MyVA or recommended by the Commission without critical legislative changes and funding. VA has aggressively pursued these needed changes and funding. As you know, more than 100 legislative proposals for Veterans were included in your 2017 Budget. Many of these proposals are vital to maintaining our ability to purchase community care. We continue to work to move these critical initiatives forward and are encouraged by the fact that most have been considered in legislative hearings or included in omnibus bills moving towards floor consideration, like the bipartisan *Veterans First Act*, which passed the Senate Veterans Affairs' Committee unanimously. These bills include some of the provisions of the *Purchased Health Care Streamlining and Modernization Act* we submitted to Congress in May 2015, such as enhanced-use lease authority, compensation reform for medical professionals, and a measure of budgetary flexibility to respond to Veterans' emerging

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The Honorable Barack Obama

needs and overcome artificial funding restrictions on providing Veterans care and benefits. These provisions would go a long way toward ensuring the success of MyVA, but other important legislative issues still need to be addressed, especially the consolidation of VA's many purchased care authorities and modernization of VA's archaic claims appeals process.

Your strong support for Veterans has been critical to the progress made so far, but VA needs Congress' assistance to make the transformation intended by the Commission and already underway in MyVA to accomplish the changes needed to serve Veterans as they need and deserve to be served now and for generations to come.

Thank you for your continued support of our Nation's Veterans

Sincerely,



Robert A. McDonald

Enclosure

**Enclosure
August 2016**

Department of Veterans Affairs Review of the Commission on Care

Over the past two years, the Department of Veterans Affairs (VA) has been working energetically, through its MyVA initiative, to transform the Veterans Health Administration (VHA) from a loose federation of regional health care systems to a highly integrated national enterprise, based on a new model of care with VA as both the payer and provider. This model will provide Veterans with the full spectrum of health care services, plus more choice, but without sacrificing VA's foundational health services that many Veterans depend on.

In October 2015, VA delivered to Congress a plan for evolving our current system into a high-performance network based on timely access to foundational services and integration of private-sector providers. Building on more than a decade of working with community partners through multiple mechanisms, this plan would consolidate the various mechanisms, expand our network of providers, and enhance the network's capability to deliver services essential to Veterans' health.

Many of the Commission on Care's (Commission) recommendations are aimed in the same direction and are already being implemented as part of VHA's MyVA transformation. VA finds 15 of 18 Commission recommendations feasible and advisable (#1-3, 5-8, 10-16, and 18) and 3 not feasible or advisable (#4, 9, and 17). VA is already implementing changes with the same intent as 12 recommendations (#1-3, 5, 7-8, 10-11, and 13-16); recommends alternative approaches to 2 recommendations to bring them in line with other MyVA reforms (#6 and 12); and will work with the President, Congress, Veterans Service Organizations, and other stakeholders on recommendation #18.

Many of the Commission's recommendations also require action by Congress. VA has aggressively pursued legislative changes and funding that would enable VA to achieve its MyVA vision. More than 100 proposals for legislative changes were included in the President's 2017 Budget. VA also submitted to Congress in May 2015 the *Purchased Health Care Streamlining and Modernization Act*, parts of which have been incorporated into the *Veterans First Act* in the Senate. Many of VA's proposals, which are vital to maintaining our ability to purchase non-VA care, are pending Congressional action.

Recommendation #1: VHA Care System

"Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community-based health care networks, to be known as the VHA Care System, from which Veterans will access high-quality health care services."

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach to achieve the vision described above.

In October 2015, VA submitted to Congress its *Plan to Consolidate Community Care*, which lays out our vision of a consolidated community care program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff. This plan incorporates feedback from key stakeholders, including VHA field leadership as well as clinicians, representing diverse groups and backgrounds.

Immediate steps to improve the stakeholder experience were identified and included in the plan, including reducing unnecessary steps in the processes to enroll and connect Veterans with community care; improving communications between VHA, provider, and Veterans; improving care coordination in the long term for Veterans through improved exchange of certain medical records; and aligning the Veteran's community care journey along five major touch points: eligibility, community care network, referral and authorization, care coordination, and provider claims payment.

Eligibility: The Plan recommends the creation of eligibility criteria to streamline the many different requirements for community care into standard criteria without opening community care to all enrolled Veterans. This is VA's principal point of difference with the Commission on its proposed VHA Care System. VA believes the Commission's recommendation to extend community-care eligibility to all Veterans by eliminating the Veteran Choice Program's (VCP) current time and distance criteria (30 days and 40 miles) is not advisable without Congressional funding due to the expected cost increase and desire to not sacrifice VA's four statutory missions: delivering hospital care and medical services to Veterans, educating and training health professionals, conducting medical and prosthetic research, and providing contingency support to other Federal agencies during emergencies. Many VSOs fear that the Commission's vision would jeopardize VA's ability to provide specialized care for spinal cord injury, prosthetics, traumatic brain injury, posttraumatic stress disorder (PTSD), and other mental health needs, which the private sector is not as equipped to provide. For this reason, VA opposes elimination of the current time and distance criteria.

Community Care Network: VA has since begun developing the requirements for the new community-care network contract, with standards and criteria developed from input by industry, facility staff, and program office staff representing a broad spectrum of needs. These standards and criteria will be included in the draft Request for Proposal (RFP) for the community care network that will open for bid later in calendar year 2016. **Legislation is needed** to improve Veterans experience by consolidating existing programs and standardizing eligibility criteria.

Referral and Authorization: To ensure that Veterans have access to the full spectrum of health care services, VA will focus on areas in which it can excel (VA-delivered foundational health services) and develop locally defined community partnerships for specialty care as needed. Standards and criteria for specialty care referrals are currently being developed for inclusion in the draft RFP. While the primary care provider will coordinate referrals for specialty care within the integrated VHA Care System, VA should be seen as the prime provider for special emphasis services. For example, VA is the leader in integrating primary care and mental health care and should be seen as the primary care provider for these services. When VA cannot provide a primary care provider, Veterans will be able to select from credentialed providers in the high-performing network.

Care Coordination: The Plan stresses care coordination with a focus on customer service, emphasizing the need for care coordination for Veterans who receive community care as well as in VA. This coordination would include both the primary care provider staff as well as other VA staff. In cases where VA cannot provide the care coordination for Veterans, the services may be provided through the community care network. In other cases, VA coordinators make more sense. This is true in the Alaska VA Healthcare System, where VA staff will fill an intermediary role currently performed by VCP contractor TriWest to make scheduling an inherently VA activity, in response to local concern that calling out-of-state VCP contractors resulted in delays in care coordination, mostly attributed to time-zone differences and a lack of understanding of Alaska's unique geography.

Provider Claims Payment: VHA is also already working to streamline reimbursement methodologies among its various community care programs and to develop a standardized, transparent process for reimbursing providers in an integrated delivery network. VHA and the Centers for Medical and Medicaid Services (CMS) are identifying CMS innovations in value-based payment methods on a limited basis. **Legislation is needed** to revise reimbursement rates under the Veterans Access, Choice, and Accountability Act to allow for flexibility from Medicare fee-for-service reimbursement methodologies to value-based methodologies of the future.

Legislation is needed to effectively consolidate existing community care programs, which would reduce confusion among Veterans, community providers, and VA staff. The Commission states that in order to achieve the recommendations, VA must have "flexible and smart procurement policies and contracting authorities." VA strongly agrees and has aggressively pursued legislative changes that would ensure that the appropriate level of flexibility is available to best serve Veterans. In May 2015, VA submitted the *Purchased Health Care Streamlining and Modernization Act* to Congress. This legislation supports key points of VA's *Plan to Consolidate Community Care* and would allow VA to enter into agreements with individual community providers outside of Federal Acquisition Regulations, without forcing providers to meet excessive compliance burdens.

VA is also concerned that the Commission's cost estimates do not accurately reflect the likely cost of its proposed system. From a baseline estimate of \$71 billion, the Commission estimates that the cost of its recommended option for Veterans' health care for fiscal year (FY) 2019 ranges from \$65 billion to \$85 billion, with a middle estimate of \$76 billion. However, the Commission estimates the cost could increase to \$106 billion in FY 2019 if VA is unsuccessful in tightly managing the network and focusing on costs. We appreciate the analysis underpinning the Commission's estimates, but caution that the cost of implementing the Commission's recommendation is likely to be significantly higher, for the following reasons:

- The estimates do not include the substantial investment in information technology (IT) resources that would be required to fully integrate VA care with community care or the administrative/contractual costs of operating the community-delivered services component of the integrated network.
- The estimates assume that VA can realign and consolidate personnel in five years to best provide health care to Veterans, which is an aggressive timeline.

- The estimates do not address the cost of realigning or divesting capital assets as additional care is delivered in the community. While VA agrees in principle with the Commission's recommendation to develop and implement a robust strategy for meeting and managing VHA's facility and capital-asset needs (see Recommendation #6), we note that the realignment, consolidation, and divestiture of capital assets will require substantial resources and time.
- The estimates are highly dependent on Veteran enrollment in, reliance on, and utilization of VA health care, all of which are difficult to predict, as most Veterans enrolled in the VA health care system have other sources of health care coverage. Extending community care to more Veterans could cause Veterans who now rely on Medicare, Medicaid, or private insurance to use VA care for more of their health care needs because of lower copays or greater convenience, increasing VA's costs.
- Finally, we must caution that the estimates do not reflect the entire VA Medical Care budget as they do not include the cost of programs that are not modeled by the VA Enrollee Health Care Projection Model. These programs include readjustment counseling, non-medical homeless programs, Caregivers, Health Professions Educational Assistance Program, Income Verification Match, CHAMPVA, Spina Bifida, Children of Women Vietnam Veterans, etc. In total, they are estimated to cost \$8.2 billion in FY 2017.

Recommendation #2: Enhancing Clinical Operations

“Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach.

VHA is already engaged in processes to make full use of the skills held by VHA providers and other health professionals. VHA is a leader in the use of clinical pharmacists to increase capacity by renewing prescriptions or ordering medication refills independently, after the initial prescription by a licensed physician or nurse practitioner. In addition, many VA clinical pharmacists have a scope of practice that provides prescribing authority and enables them to run pharmacist-managed clinics focused on medication therapy management for chronic diseases. For example, about one third of all prescriptions for the treatment of the Hepatitis C virus are written by clinical pharmacists

VHA has also developed a draft regulation that would standardize full practice authority for advanced practice nurses, to assure a consistent continuum of health care services by the practitioners across VHA and decrease the variability in advanced nurse practice that currently exists as a result of disparate State practice regulations. The proposed draft regulation was published in the *Federal Register*; we are now reviewing comments

received. Implementation of full practice authority will increase Veteran access by alleviating the effects of national health care provider shortages on VA staffing levels and enabling VA to provide additional health care services in medically under-served areas. Implementing this policy, as recommended by the Commission, will allow VA to parallel the policies of other Federal agencies, including the Department of Defense (DoD) and the Indian Health Service, as well as many institutions in the private sector.

VHA's Diffusion of Excellence initiative is an operational infrastructure that allows for sharing of promising practices across the enterprise. This model incentivizes and institutionalizes the identification and diffusion of practices nationwide so that every facility has the opportunity to implement the solutions that are most relevant to them. In the first round of submissions, 13 Gold Status Best Practices were selected from more than 250 ideas through a series of reviews and a final "Shark Tank" competition. The next step assigned each Gold Status Best Practice and their originating Gold Status Fellows to Action Teams managed by the Diffusion Council for implementation VHA-wide.

VA seconds the Commission's call for Congress to relieve VHA of bed-closure reporting requirements under the Millennium Act. The Act's arbitrary requirements have not kept up with changes in the Veteran population or the health care environment. **Legislation is needed** to remove the Act's bed change reporting codified at 38 U.S.C. 8110(d) and the staffing level and service requirements specific to such bed changes under section 38 U.S.C. 1710B(b), while retaining staffing and service requirements for all other Extended Care Services. VA would replace the mandated congressional reporting of bed closures with a stronger, clearer, and more stringent internal process to review and if appropriate, approve bed closure proposals.

VA is already moving forward to hire and train more clinical managers and medical support assistants (MSAs). In response to Section 303 of the Veterans Access, Choice, and Accountability Act of 2014 (PL 113-146), each VA Medical Center now has a Group Practice Manager (clinical manager). Additional hiring and training of these group practice managers will continue through February 2017. VHA is also developing new training and hiring procedures for MSAs throughout the organization as part of MyVA. VA has developed and launched an MSA hiring project called "Hire Right, Hire Fast" and is currently piloting a new hiring procedure that allows for industry-standard bulk hiring of MSAs to hire MSAs within 30 days of a vacancy. Two-week, standardized onboarding training for all new MSAs is also being developed and piloted. Both new processes will begin being deployed nationally this fall.

Recommendation #3: Appealing Clinical Decisions

"Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally-supported programs."

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach, taking into account important differences between the mission and authority of the VA health care system and other Federally-supported programs.

VHA is already in the early stages of developing a regulation in response to the Commission's recommendation. This regulation will establish a cohesive baseline national policy for clinical appeals. A clinical appeals regulation will be published for notice and comment in accordance with the Administrative Procedure Act. Recently enacted legislation in section 924 of the Comprehensive Addiction and Recovery Act of 2016 establishes an Office of Patient Advocacy in the Office of the Under Secretary for Health. In addition, in 2015 VHA established the Office of Client Relations to assist Veterans clinical care access concerns.

An interdisciplinary panel will be tasked with evaluating feedback from these offices and other Veteran support resources to improve the overall clinical appeals process, consistent with external benchmarks and factors described by the Commission, Federal regulations and statutes, and sound clinical practice. The resulting recommendations may differ in certain aspects from those envisioned by the Commission, but will undoubtedly be a uniform, fair, world-class clinical appeals process that protects Veterans and is fully compliant with law and regulation. VA's revised process will complement the Veterans Experience Office's efforts to better serve Veterans, make improvements based on customer feedback, and engage the community.

Recommendation #4: Consolidation of Improvement Efforts

“Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.”

VA finds this recommendation neither feasible nor advisable, but is already implementing an alternative approach that institutionalizes continuous improvement as part of VA's MyVA transformation.

Health care improvement takes place within a complex socio-technical system with multiple aspects of technology and technical expertise. Placing improvement under an engineering system, such as the Veterans Engineering Resource Center (VERC), may harness the technical aspects of improvement, but it will not provide the balance of critical cultural and people aspects. VA believes doing so would unbalance safety and efficiency and not be successfully transformational.

Ongoing VA transformation efforts have been achieved by specifically aligning VERC assets with enterprise priorities so that appropriate engineering perspectives and skills are interwoven with current organizational priorities. To institutionalize VHA's commitment to continuous improvement, VHA will realign the VERC and the operational improvement arm of Strategic Analytics for Improvement and Learning (SAIL) under the Principal Deputy Under Secretary for Health. This will elevate the health-system subject matter experts who drive transformation in VHA's organizational structure, while continuing to use the VERC to ensure that supporting engineering resources are available across all VA transformational efforts.

Additionally, VA's enterprise approach to improving performance—through Lean Six Sigma (Lean) tools and training, Leaders Developing Leaders training, MyVA Performance Improvement Teams, MyVA Communities, the MyVA Ideas House, and many other initiatives across the VA system—has taught us the value of a central repository for local programs and ideas, both successful and unsuccessful. To that end, VA and VHA have embraced the Integrated Operations Platform (IOP) hub, a knowledge-management technology platform developed by the VERC in partnership with subject matter experts. The IOP consolidates information on continuous improvement activities across VA in key programs, and as a result, best practices and innovation activities are currently visible in one common platform.

VA has invested significantly in developing Lean capacity at local levels so that problem solving is done at the lowest level and with a team of safety, quality, and improvement professionals. This prepares the local facilities to improve their current environment while scanning constantly for emergent new problems.

Recommendation #5: Eliminating Healthcare Disparities

“Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.”

VA finds this recommendation feasible and advisable and is already working to address each of the Commission's concerns as part of VA's MyVA transformation.

VA's Office of Health Equity (OHE) was established in 2012 with the mission of championing health equity among vulnerable Veterans. The office developed the Health Equity Action Plan (HEAP) in 2014 in conjunction with the Health Equity Coalition and with concurrence from the Under Secretary for Health. The HEAP is VHA's strategic roadmap to reducing Veteran health disparities. It aligns with the goals of MyVA and the VHA Strategic Plan. VHA will make health equity a priority by directing implementation of the HEAP nationwide.

The appropriate placement of OHE within the VHA organizational structure, along with adequate resources, will be considered as a priority component of the broader VHA restructuring addressed in Recommendation 12. This will take into account funding and staffing levels commensurate with the scope and size of Federal offices of health equity established in the Department of Health and Human Services, based on direction in the Affordable Care Act. VA will also identify health equity leaders and clinical champions in each VA District, Veteran Integrated Service Network (VISN), and Medical facility who can catalyze and monitor actions to implement the HEAP and further advance the elimination of health disparities.

VA has undertaken systematic actions to identify and address healthcare disparities and inequality. Examples include the development of Hepatitis C Virus Disparities dashboard projected, scheduled for launch by the end of FY 2016; data support and research collaborations with the Quality Enhancement Research Initiative designed to identify health care disparities; establishment of a Population Health office that has developed clinical case

registries focusing on the needs of special populations; and establishment of the Women's Health and Lesbian, Gay, Bisexual, Transgender (LGBT) program offices. VA Medical Facilities constitute 20 percent of Human Rights Campaign's Health Care Equality Index participants in 2016, and they were the only facilities to achieve leader status in some States.

Recommendation #6: Facilities and Capital Assets

“Develop and implement a robust strategy for meeting and managing VHA’s facility and capital asset needs.”

VA finds this recommendation feasible and advisable but recommends alternative approaches as part of VA’s MyVA transformation.

VA believes that the Commission's recommendation is critical to enabling the successful transformation of the large-scale health care system to a higher-performing integrated network to serve Veterans. Without a strong suite of capital planning programs, tools, and resources, VA will not be able to fully realize the benefits and Veteran outcomes expected from implementing an integrated health care network. VA also strongly agrees with the Commission that greater budgetary flexibility and greater statutory authority are essential to meeting VA’s facility needs, realigning VA’s capital assets, and streamlining processes to divest itself of unneeded buildings.

VA recommends alternative approaches to two issues:

- Once VA determines its mix of health care services and how they are provided at the market level based on the integrated health care approach, realignment of VA’s capital infrastructure framework will be needed. Instead of a realignment process encompassing both assets and services based on DoD’s Base Realignment and Closure Commission, VA proposes an independent facilities realignment commission (IFRC) to focus solely on VA’s infrastructure needs once the mission services are determined. The IFRC would develop a systematic capital-asset-focused realignment plan for infrastructure needs to be presented to the Secretary of Veterans Affairs and the President for decision, with Congress approving or disapproving the plan on an up-or-down vote.
- With regard to focusing new capital on ambulatory care development, VA proposes a balanced approach to maintain needed infrastructure and other key services (e.g., rehabilitation, community living centers, and treatment for spinal cord injury, traumatic brain injury, polytrauma, and PTSD), while at the same time appropriately investing in ambulatory care in needed markets. The balanced approach would be based on a market-by-market determination of the appropriate mix of services to ensure Veterans have access to needed care.

VA agrees with the recommendation to move forward immediately with repurposing or disposing facilities that have already been identified as being in need of closing. Continued focus in this area is needed and VA is already working towards this goal, subject to the availability of staff and resources.

VA also acknowledges that there will be anticipated challenges in implementing such large-scale realignments and restructuring of VA's footprint. **Legislation will likely be required** facilitating changes to VA's capital infrastructure to implement a transformation of this nature, including:

- Establishing an IFRC to develop a systematic capital-asset-focused realignment plan.
- Streamlining processes to meet the intent of laws and regulations, such as the National Historic Preservation Act and the National Environmental Policy Act that would make repurposing and divestiture more timely and effective.
- Potentially restructuring appropriations to allow for more flexible transfer and reprogramming authority, including potential threshold adjustments.
- Exploring methods (both legislative and administrative) to take advantage of private-sector financing.
- Revising the major medical lease authorization process to align the requirements in concert with practices at other Federal agencies.
- Granting VA authority to retain and utilize proceeds generated from real property divestitures.
- Expanding enhanced-use leasing authority.

Further analysis will be required to determine the specific level of resource investments required to implement the Commission's recommendations. It is clear that significant additional resources will be required. In addition, divestiture of unneeded VA assets is unlikely to generate significant savings because of the upfront resources required to execute the divestiture and minimal market value of the majority of VA's assets. Without the proper resources, tools, and authorities, attempts to divest of assets or streamline capital project execution will not be effective.

Recommendation #7: Modernizing IT Systems

“Modernize VA’s IT systems and infrastructure to improve veterans’ health and well-being and provide the foundation needed to transform VHA’s clinical and business processes.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach, understanding that investments in IT will force difficult decisions concerning the allocation of limited financial resources among all VA programs and services, as well as across the Federal government.

As part of the MyVA Breakthrough Initiative to transform VA IT, VA will soon appoint a Senior Executive System (SES)-equivalent position for a Chief Health Informatics Officer (CHIO), reporting to the Assistant Deputy Undersecretary for Health for Informatics and Information, to collaborate with the VA Chief Information Officer (CIO) and the IT Account Manager toward developing a comprehensive health IT strategy and supporting budget proposal. The CHIO and ADUSH will be responsible for prioritizing all health technology

programs and initiatives, with strategic technological guidance from the VA CIO and IT Account Manager for health. To comply with the Federal Information Technology Acquisition Reform Act (FITARA), the CHIO does not take the place of the VA CIO, but instead works in concert with IT management to ensure that health initiatives are appropriately prioritized within the portfolio, while the CIO works with VA senior leadership so that all technology initiatives are prioritized holistically, thus ensuring complete Veteran care. VHA and VA's Office of Information and Technology (OI&T) are already collaborating on the vision and strategy for a single integrated Digital Health Platform (DHP).

VA has also established five district senior-executive Customer Relationship Manager positions to work with the local VHA, Veterans Benefits Administration, National Cemetery Administration, and staff office leaders, aggregate feedback for analysis by VHA and OI&T senior leadership, and enhance a continuous feedback loop. The VA CIO recently established the Veteran-focused Integration Process program within the Enterprise Program Management Office (EPMO) to facilitate continuous improvement and constant collaboration.

The Commission recommended that the VA CIO develop and implement a strategy to allow the current nonstandard data to effectively roll into a new system, and engage clinical end-users and internal experts in the procurement and transition process. VHA is currently working with OI&T to ensure that the Veterans Information Systems and Technology Architecture (VISTA) data is mapped to national standards. The new CHIO will be responsible for engaging clinical end-users in the transition to the new DHP. The Under Secretary for Health and the CIO will establish a joint program office responsible for the implementation of the DHP. This process will be focused on delivering and coordinating high-quality care for Veterans.

The EPMO is responsible for portfolio management and has adopted a policy of "best-fit, buy-first" in its Strategic Sourcing function. This ensures that existing best-in-class technology solutions are purchased whenever possible, rather than being developed and maintained by VA. These functions, in combination with the role and focus of the IT Account Manager, will provide the required focus for VHA to implement a comprehensive commercial off-the-shelf IT solution to include clinical, operational, and financial systems.

Recommendation #8: Modernizing Supply Chain

"Transform the management of the supply chain in VHA."

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach.

VA believes the components of this recommendation that suggest establishment of a Chief Supply Chain Officer (CSCO) and realignment of all procurement and logistics operations under the CSCO executive position are feasible and advisable, but it recommends an alternative approach to fulfill the Commission's intent. The structural solution recommended by the Commission would not adequately address underlying management challenges associated with organizational complexity and the need to improve integration processes

impacting the supply chain. Realignment of VHA's supply-chain structure, including roles and responsibilities of the various VA Central Office staff offices, health networks, and medical facilities, should derive from and be integrated with the transformation of the overall VHA health care organization structure. The intent of the Commission will be met by addressing alignment issues as the supply-chain breakthrough initiative evolves and is synchronized with VHA's overarching strategies to transform VHA's organizational structure.

As an alternative, the intent of the Commission is already being addressed in an effective manner under the current MyVA Breakthrough Initiative to transform VHA's supply chain. This initiative is a more comprehensive approach to fulfilling the Commission's intent and is already driving much needed improvements in data visibility and quality, synchronization of technology deployments, standardization, contract compliance, and training. Already in FY 2016, VHA supply-chain transformation efforts have yielded approximately \$45 million in cost avoidance. VHA has also developed a two-year supply-chain transformation stabilization guidance that will put VHA in a far better position to make effective decisions and investments beyond FY 2018 for vertically aligning VHA's management structure and for more efficient sourcing and distribution of all clinical supplies and medical devices. This will increase the availability of supplies for the care of Veterans and result in cost avoidance for American taxpayers.

With regard to the component of the recommendation asking VA and VHA to establish an integrated IT system to support business functions and supply-chain management, although feasible it is more advisable that technology investments beyond those currently in the pipeline should be avoided until such time that a mature supply-chain baseline is established, upon which prudent future IT investment decisions can be based. This is especially important given VA's Financial Modernization System initiative and emerging plans for a new DHP, both of which will impact legacy and contemporary supply-chain systems and interfaces, as well as influence system-improvement alternatives and investment decisions over the next two to five years. Supply-chain system improvements must be integrated and synchronized with enterprise financial and health care system enhancements to achieve efficiencies in service delivery and support analysis of integrated data to meet VHA's current and future needs.

Finally, as suggested, VHA will continue to use VERC capabilities to support the transformation of supply-chain management in accordance with the MyVA Breakthrough Priority Initiative #12: VHA Supply Chain Transformation. As a point of clarification, the Commission report is technically incorrect in that the VERC is not leading the MyVA supply-chain modernization initiative; rather, the VERC is a highly valued enabling organization engaged by the VHA Procurement and Logistics Office to support the MyVA initiative.

Recommendation #9: Governance Board

"Establish a board of directors to provide overall Veterans Health Administration (VHA) Care System governance, set long-term strategy, and direct and oversee the transformation process."

VA finds the Commission's recommendation neither feasible nor advisable due to its unconstitutionality. However, VA believes the intent of the Commission can be achieved regarding the term appointment of the Under Secretary for Health.

The U.S. Department of Justice has concluded that the proposed board of directors, as appointed and with the powers proposed by the Commission, would be unconstitutional for several reasons. Permitting Congress to appoint the board members would violate the Constitution's Appointments Clause (U.S. Const. art. II § 2, cl. 2), as well as the separation of powers, insofar as congressionally appointed board members would be exercising significant operational authorities within the Executive Branch. In addition, giving this board authority to reappoint the Under Secretary for Health would violate the Appointments Clause and the separation of powers. Finally, requiring the board to concur with the President in removing the Under Secretary for Health would give the board a veto authority over the President, impairing the President's ability to "take Care that the Laws be faithfully executed," (U.S. Const. art. II, § 3), and violating the separation of powers.

The proposed board would also seem to separate VHA from VA without necessarily insulating VHA from political pressure or improving VHA oversight or operations. The powers exercised by the proposed board would undermine the authority of the Secretary and the Under Secretary for Health and weaken ownership of the MyVA transformation and VHA performance, potentially disrupting and degrading VA's implementation of critical care decisions affecting Veterans. The independence granted VHA would run counter to our ongoing efforts to improve the Veteran's experience by integrating Veterans health care with the many other services VA provides through the Veterans Benefits Administration and the National Cemetery Administration. Furthermore, VA is already advised by the Special Medical Advisory Group, which consists of leading medical practitioners and administrators, and by the MyVA Advisory Committee, which brings together business leaders, medical professionals, government executives, and Veteran advocates with diverse expertise in customer service, strategy development and implementation, business operations, capital asset planning, health care management, and Veterans' issues. These committees already provide VA with outside expert advice on strategic direction, facilitating decision making and introducing innovative business approaches from the public and private sectors.

The Commission correctly notes that frequent turnover of the Under Secretary for Health has had a negative impact on VHA and greater stability in this important leadership position is needed. VA supports a term appointment of the Under Secretary for Health spanning Presidential transitions to ensure continuity of leadership and continued transformation of VHA. Previously, 38 U.S.C. § 305 provided for a four-year term for the Under Secretary for Health with reappointment possible, but this provision was removed in 2006. A term appointment could be reinstated, beginning with the current Under Secretary for Health. This is critically important at this juncture given the need to see the ongoing transformation of VHA through to completion. Under Secretary for Health candidates are currently recommended by a commission established solely for that purpose. More analysis is needed to determine length of tenure and timing of reappointment.

Recommendation #10: Leadership Focus

“Require leaders at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA’s MyVA transformation, with some modifications in approach.

Recent or ongoing actions serving the Commission’s intent include:

- VA has established the MyVA Task Force to guide VA through the transformation and established a Department-wide MyVA transformation office, which has formulated an integrated plan for transformation and is organizing the work on 12 breakthrough priorities.
- Metrics and key performance indicators are in place for each breakthrough priority. Each breakthrough priority has a designated, accountable official who is a member of the senior leadership team and a near-full-time responsible official in charge of driving progress.
- One of the 12 breakthrough priorities in the MyVA Transformation is employee engagement, for which we have a comprehensive action plan.
- VA has also established a MyVA Advisory Committee (MVAC) consisting of business leaders, medical professionals, government executives, and Veteran advocates. VA leadership meets quarterly with the MVAC, leveraging them as a corporate board from which to seek counsel on the overall transformation.
- MyVA has engaged leaders and employees throughout the organization via Leaders Developing Leaders (LDL) (over 54,000 participants to date), VA101 (over 79,000 participants to date), various skills trainings, LDL projects, breakthrough pilots, broad communications to include the MyVA Story of the Week that goes out every Friday to all employees, and local initiatives.
- VA established MyVA district offices to facilitate transformation efforts throughout VA and also now conducts quarterly surveys of the VA workforce and incorporates this feedback into VA’s transformation actions.
- Secretary, Deputy Secretary, and Under Secretary for Health have provided role models for transparency, Veteran focus, and principles-based leadership.
- VHA programs and program offices and the Office Human Resources & Administration (HR&A) representatives have held regular meetings in the past year to discuss a single, benchmarked concept for organizational health and coordinate messaging.
- VHA’s National Leadership Council has endorsed personalized, proactive, patient-driven healthcare as one of VHA’s strategic goals and strongly supported the formation of organizational health councils.
- Many VHA facilities and networks have some version of an organizational health council already existing.
- All program offices and facilities receive employee survey data annually down to the workgroup level to facilitate action planning and improve employee engagement. Brief pulse surveys have recently been implemented to measure employee engagement at the facility level quarterly.
- VHA’s National Center for Organizational Development has use of Prosci change management materials and is pursuing a system-wide license.

Recommendation #11: Leadership Succession

“Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA’s MyVA transformation, with some modifications in approach.

VA is consolidating leadership training behind a model we created as part of our MyVA transformation called ILEAD. Previously, VA had multiple leadership models across VA, which led to no common language or culture of leadership, and the models were not customized for VA. The enterprise-wide ILEAD model will incorporate the principles of “servant leadership” and VA’s ICARE core values, aligned with the Federal Executive Core Qualifications. VHA and the VA Corporate Senior Executive Management Office are in the first stages of developing a competency model for VHA’s senior leadership positions that will incorporate VA’s ILEAD model with the technical competencies essential to successfully leading VHA’s complex clinical operations. The VHA senior leader competency models will ultimately cascade down through the organization and be incorporated in its hiring, development, performance assessment, and advancement programs.

VHA has outlined a leadership talent management strategy, benchmarked against the best practices in private industry, and begun initial development of processes and tools to give VHA greater insight and control over its health care leadership succession pipeline. Initial efforts are focused on creating a cadre of leaders to fill future medical center director positions. At the individual level, VHA senior executives serve as mentors to staff members, coaches for VHA leadership development programs, and models through their own leadership behavior.

Current VHA initiatives serving the Commission’s intent include:

- VHA made leadership development a priority of its MyVA effort, specifically to *develop and retain passionate leaders* to lead transformational efforts across the Administration.
- Filling key leadership position through a strong succession pipeline is identified as a priority for VHA in the 2016 *VHA Workforce and Succession Strategic Plan*.
- VHA has fully embraced the LDL philosophy—nearly 30,000 VHA employees have participated in the leader-led cascaded training since it began in September 2015.
- VHA’s National Leadership Council has adopted the VA leadership model, which now includes the concept of “servant leader.”
- VHA leaders are integrally involved in the development and conduct of its formal leadership development programs. Leaders serve as coaches and mentors to program participants, in addition to personally facilitating sessions on a wide variety of leadership topics.
- VHA established the Healthcare Leadership Talent Institute (HLTI) to provide coordinated focus to VHA’s talent management efforts. HLTI links VHA’s workforce-planning and talent-development programs through the design and

deployment of a set of talent management products and processes, which are in the pilot-testing phase.

- VHA is collaborating with the VA Corporate Senior Executive Management Office in implementing the December 2015 Executive Order on *Strengthening the SES*. These efforts include building a foundational leadership competency model for VA, instituting an executive rotation program to provide career-broadening experiences outside of each executive's current position, enhancing the SES performance management system, and outlining an SES-level talent-management process for VA-wide implementation.

Recommendation #12: Organizational Structures and Management Processes

“Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.”

VA finds this recommendation feasible and advisable but recommends an alternative approach to reorganizing the VHA Central Office (VHACO), consistent with VA's MyVA transformation.

VHACO has undergone a stepwise ascent to improving the organizational structure to be more responsive to field requirements through the development of large programs responsible for organizational excellence and developing the future state health care plan. Immediate reorganization would divert attention from key organizational priorities such as improving access to healthcare. Known challenges associated with reorganization (which occurs with the regularity of each presidential election cycle), are impaired employee engagement, loss of institutional knowledge, and diversion of attention from critical challenges such as insuring Veterans have same-day access to primary care and mental healthcare services. **Legislation would be required** to streamline appropriations, and review by oversight bodies would be impacted by the changes described. Finally, the reorganization for VHACO should derive from and be integrated with the transformation of the overall VHA health care organization structure. VHA will initiate a VHACO and VISN organization analysis at the beginning of calendar year 2017.

Recommendation #13: Performance Measurement

“Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach.

VHA is consolidating its healthcare operations metrics to provide a consistent, system-wide view of key performance indicators. In October 2015, VHA launched a Performance Accountability Work Group (PAWG) as a governance mechanism for performance measurement at all levels of the organization. The PAWG's first task was to conduct a systematic review of all existing performance measures (numbering over 500), which resulted in a core set of approximately 20 key indicators, aligned to industry-wide approaches. SAIL scoring system is a critical component of these indicators, as well as predictive trigger systems that are the main inputs into a health operations center, which will facilitate centralized quality management.

The leadership of the Office of Organizational Excellence (hereafter, 10E) has undertaken a strategic review across all current business processes to identify realignment opportunities—for instance, focusing ISO 9000 on its original target, which was the reprocessing of reusable medical equipment, and reinvesting the resources that will be freed up to enhance the ability of VERC to support the adoption of LEAN management approaches in support of the Under Secretary for Health's five priorities for strategic action.

We have also engaged a senior industry consultant to assist us with the process of executive recruitment and development; created a system-level VHA Performance Scorecard aligned along transformational priorities; simplified the template used for senior healthcare executive performance management plans; and started work to align business functions within the Office of Organizational Excellence to promote a unified approach to performance reporting, performance improvement, and the identification and spread of strong clinical and business practices.

Finally, the Diffusion of Excellence initiative (see Recommendation #2) sources best practices from frontline employees in the field, and brings the combined resources of 10E to support their implementation where appropriate in under-performing VA sites.

Recommendation #14: Cultural and Military Competence

“Foster cultural and military competence among all Veterans Health Administration (VHA) Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health care outcomes.”

VA finds this recommendation feasible and advisable and is already working to address the Commission's concern as part of VA's MyVA transformation.

VA has implemented training related to cultural and military competence, in some cases by partnering with external stakeholders (i.e., Equal Employment Opportunity Commission, the Joint Commission, Commission on Accredited Rehabilitation Facilities, DoD) and numerous national diversity-focused affinity and advocacy organizations. Examples of this coordinated training include Military Culture Training for Community Providers, Cultural Competency, Generational Diversity, Introduction to Military Ethos, Military Organization and Roles, Professional Stressors & Resources and Treatment Resources & Tools. From April 1, 2015, to July 22, 2016, the last four courses were accessed 2,533, 1,527, 1,172, and 1,070 times respectively. VA will continually assess its cultural and military

competence training portfolio for content, target audience, and training modalities to identify additional training needs.

VA Office of Diversity and Inclusion has mandatory training in the area of cultural competence as part of its Equal Employment Opportunity (EEO), Diversity and Inclusion, and Conflict Management training for all VA managers and supervisors and mandatory annual EEO, Workplace Harassment, and No FEAR training for all VA employees. VA also maintains programs focusing on targeted populations, including a LGBT Awareness Program (issues referenced in the Report), Office of Women's Health Services; Office of Health Equity; and a Center for Minority Veterans.

VHA also has a large portfolio of clinical training programs, including several in the area of cultural and military competence in healthcare delivery. The Office of Health Equity developed virtual patient cultural competency training under the Employee Education Service contract for the Virtual Medical Center project. Presently, military competence training is available to any provider, and they are encouraged to take the training. Providers currently under contract are not required to complete the course, but future contracts will require completion.

Recommendation #15: Alternative Personnel System

“Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.”

VA finds this recommendation feasible and advisable and is already working as part of VA's MyVA transformation, with some modifications in approach

VA supports the Commission's legislative proposal recommendation to establish a new alternative personnel system that applies to all VHA employees and falls under Title 38 authority, provided outside stakeholders support the legislative and policy changes required to create this new system.

VA currently is preparing for consideration a legislative proposal for the FY 2018 budget process to modify 38 United States Code to give the Secretary the authority to establish a human-resources management system unique to VA.

In the absence of a simple-to-administer alternative personnel system, VA has also proposed modifications to existing statutes to provide some relief to the currently complex personnel system and also help with recruitment and retention. These proposals include establishing an appointment and compensation system under Title 38 for VHA occupations of Medical Center Director, VISN Director, and other positions determined by the Secretary that have significant impact on the overall management of VA's health care system. VA is considering proposals to do the following:

- Eliminate Compensation Panels for physicians and dentists, which have been found to be administratively burdensome.
- Eliminate performance pay for physicians and dentists, which has been found to be extremely difficult to administer.
- Establish premium pay for physicians and dentists to allow flexibility in scheduling and eliminate the daily rate paid to these occupations based on 24/7 availability.
- Modify special rate limitation to increase the maximum allowable special rate supplement providing enhanced flexibility to pay competitively within local labor markets.
- Exempt VHA health care providers appointed to positions under 38 U.S.C. 7401 from the dual compensation restrictions for reemployed retired annuitants.

The VHA Strategic Human Resource (HR) Advisory Committee and Workforce Management and Consulting's Human Resource Development group are proposing a comprehensive VHA HR Readiness Program designed to improve the overall operational capabilities of the VHA HR community. The program will identify and integrate all existing and available internal and external training resources into a clear, consistent, and logical roadmap to readiness.

Under the MyVA program, the Staff Critical Positions Initiative was launched to improve hiring of key leadership and other critical positions throughout VHA. VHA is moving ahead with the "Hire Right, Hire Fast" initiative for MSAs. The initiative is being piloted at a number of facilities and will provide products and guidance in 2016, including additional screening for customer service tools, an interview scoring rubric, job posting templates, HR milestone scripts, and much more. These products are designed to increase the supply of MSAs, as well as emphasize the customer service principles and skills needed for success.

VHA has embarked on a Rapid Process Improvement Workshop effort within the HR community to examine the hiring process and identify improvement opportunities, to include operational processes and policies. Plans are also under development to establish a centralized architecture to designate lines of authority in setting training requirements, career paths, etc.

Recommendation #16: Effective Human Capital Management

"Require VA and VHA executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system."

VA finds the Commission's recommendation both feasible and advisable and is already pursuing the following initiatives as part of VA's MyVA transformation.

Hire Chief Talent Leader and Grant Authorities: VHA currently has a national search underway for its senior most HR executive position. Presently that role does not possess the authority recommended by the commission. It is anticipated that the HR&A transformation program, and the efforts associated with Recommendation 12 in conjunction with the Under Secretary for Health, would work together toward the optimal organization

structure for HR across VA and within the administrations including appropriate authorities. This process will help clarify the ideal roles and responsibilities of the VHA Chief Talent Leader.

Transform Human Capital Management: As part of MyVA, VA HR&A has launched the Critical Staffing Initiative to improve the hiring of key leadership and other critical positions throughout the VA. This effort has been working on near-term improvements to hiring medical center directors and other key medical center leaders. So far, this project has identified and is beginning to implement significant improvements to the hiring process and to proliferate hiring best practices across the organization. VA HR&A is currently planning a process to engage stakeholders across VA to identify next steps for implementing the recommendations outlined in recent study commissioned by VA. A concept paper entitled “VISN HR Shared Service Excellence” is also being evaluated. This concept paper incorporates a number of recommendations contained within the white paper noted above, but with specific emphasis on HR roles within the VISNs and VA Medical Centers. The Commission’s recommendations will be taken into consideration in the process.

Implement Best Practices: The VISN HR Shared Service Excellence paper is heavily weighted toward the sharing of best practices that have been developed in a few highly performing field HR organizations. Best practice sharing is also a significant component of the MyVA Critical Staffing initiative. Also, the HR&A transformation effort is intended to rely heavily on health care and other industry best practice models.

Develop HR Information Technology Plan: The Commission’s recommendation addresses an issue which VA’s early HR transformation efforts are just beginning to address. While there are currently efforts planned and underway to implement HR Smart for personnel and payroll records, and USA Staffing to enable the recruiting process (acknowledged by the Commission), VA would benefit from casting these and other anticipated efforts in a more strategic IT plan. Such a plan would better enable implementation and integration prioritization and capital planning.

Recommendation #17: Eligibility for Other-than-Honorable Service

“Provide a streamlined path to eligibility for health care for those with an other-than-honorable discharge who have substantial honorable service.”

VA finds this recommendation neither feasible nor advisable.

The Commission’s own estimates indicate this change would cost \$864 million in FY 2019, increasing to \$1.2 billion in FY 2033. This recommendation therefore appears to contemplate health care for anyone with an other-than-honorable discharge. While VA agrees with the principle of serving this population of Veterans, the cost of doing so makes the recommendation not feasible at this time.

Many Servicemembers with other-than-honorable discharges qualify for health care for service-connected conditions and other benefits under existing authorities. VA will continue to serve this population. VA is also drafting proposed regulations which will update and clarify 38 C.F.R. §§ 3.12 and 17.34 to improve processes and procedures relating to

character of discharge determinations and expand tentative health care eligibility for certain former Servicemembers.

These changes will address many of the concerns raised by the Commission. For example, the rules will provide improved guidance about the consideration of mitigating factors such as extended overseas deployments, mental health conditions, and other extenuating circumstances. Also, VBA has, within the past year, updated its manual to streamline its other-than-honorable adjudicative procedures to expedite health care eligibility determinations and improve the Veteran experience by shortening the wait time.

Recommendation #18: Expert Advisory Body for Defining Eligibility and Benefits

“Establish an expert body to develop recommendations for VA care eligibility and benefits design.”

VA finds this recommendation feasible and advisable.

Substantial changes in the delivery of health care have occurred since Congress last comprehensively examined eligibility for VHA care through passage of Public Law 104-262, *Veterans’ Health Care Eligibility Reform Act of 1996*, and taking a close look at eligibility criteria in light of current (and projected future) resources and demand makes sense in the context of VA’s ongoing efforts to reshape the future of VA health care. VA will work with the President, Congress, Veterans Service Organizations, and other stakeholders to determine the path forward in the tasking of an expert body to examine and, as appropriate, develop recommendations for changes in eligibility for VA health care benefits.

Recommendation 18 also includes a separate and distinct recommendation for VA to “revise VA regulations to provide that service-connected-disabled Veterans be afforded priority access to care, subject only to a higher priority dictated by clinical care needs.” While VA supports the objective, VA already has regulations (38 C.F.R. 17.49) and policy in place giving priority in scheduling to service-connected Veterans and believes these meet and fulfill the Commission’s intent.

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Deadlines and Milestone Dates from Mission based on 6/6/18 Signing			
Date	Page	Section	Description
6/5/2018	8	Sec. 101 (a) "1703(d)" Community Care Program	Last day that a veteran may grandfathered into the new program based on prior CHOICE 40-mile eligibility
6/6/2020	9	Sec. 101(a) "1703(d)" Community Care Program	Date to which a veteran who was prior CHOICE 40-mile eligible, but does not reside in one of the five low population states, may be grandfathered into the new program
6/5/2018	18	Sec. 101(a) "1703(h)" Community Care Program	Any new contract shall recognize and accept, on an interim basis, the credentials and qualifications of health care providers who are authorized to furnish hospital care and medical services to veterans under the CHOICE program as of this date
12/6/2019	22	Sec. 101(a) "1703(m)" Community Care Program	540 days after enactment and yearly thereafter, VA shall submit to Congress a review of the types and frequency of care sought under conditions in which care is required to be furnished through community providers
12/6/2019	25	Sec. 101(a) "1703(m)" Community Care Program	540 days after enactment and yearly thereafter, VA shall submit a report to Congress on the information gathered via the monitoring of hospital care, medical services, and extended care services furnished through community providers
6/6/2019	26	Sec. 101(b) Community Care Program	Effective date for the amended §1703 is the latter of the date that is 30 days after the final report required by PL 113-146 or the date on which SecVA promulgates regulations
6/6/2019	27	Sec. 101(c) Community Care Program	VA shall promulgate regulations to carry out §1703
10/6/2018	27	Sec. 101(c) Community Care program	First update on progress of establishing §1703 regulations
10/6/2018	43	Sec. 104(a) "1703B(d)" Access Standards	First update on progress towards developing access standards
3/6/2019	43	Sec. 104(a) "1703B(d)" Access Standards	Report detailing access standards submitted to Congress
12/6/2020	43	Sec. 104(a) "1703B(d)" Access Standards	Report to Congress on implementation of and compliance with access standards
6/6/2022	44	Sec. 104(a) "1703B(d)" Access Standards	Not later than 3 years after establishing access standards, requires a review and report to Congress on any findings regarding or needed modifications of the standards. Subsequent reports required no less than once every 3 years thereafter
10/6/2018	47	Sec. 104(a) "1703C(a)" Standards for Quality	First update on progress towards developing standards for quality
3/6/2019	47	Sec. 104(a) "1703C(a)" Standards for Quality	Report detailing standards for quality submitted to Congress
3/6/2020	48	Sec. 104(a) "1703C(b)" Standards for Quality	Publish the quality rating of facilities on CMS Hospital Compare website
3/6/2021	48	Sec. 104(a) "1703C(a)" Standards for Quality	Consider and solicit public comment on potential changes to measures used in standards
6/6/2019	51	Sec. 105(a) "1725A(g)" Walk-In Care	VA shall promulgate regulations to carry out this §1725A
6/5/2018	54	Sec. 106(a) "7330C(a)" Quadrennial VHA Review	VA shall submit to Congress the market area assessments completed by or being performed on the day before the date of enactment
6/6/2019	55	Sec. 106(a) "7330C(b)" Strategic Plan	VA shall submit to Congress a strategic plan to meet health care demand one year after enactment, and every four years thereafter
6/6/2019	60	Sec. 108(a) Prevention of certain health care providers from providing services	VA shall deny or revoke the eligibility of health care providers to provide non-VA care if the provider violated VA policy for safe care or the requirements of a medical license
6/6/2020	61	Sec. 108(d) Prevention of certain health care providers from providing services	Comptroller General shall submit a report on the implementation
As needed	63	Sec. 109(a) "1706A(a)" Remediation of Medical Service Lines	Not later than 30 days after determining that a medical service line of VA does not comply with the standards for quality established by VA, VA shall submit to Congress a report assessing what happened and a plan for remediation
As needed	64	Sec. 109(a) "1706A(c)" Remediation of Medical Service Lines	Following any submission of an assessment required by a medical service line not complying with the standards for quality, VA shall submit to Congress an interim progress report within 180 days
As needed	65	Sec. 109(a) "1706A(d)" Remediation of Medical Service Lines	Once each year a report will be submitted to Congress on all assessments required by a medical service line not complying with the standards for quality from the preceeding year
6/6/2019	68	Sec. 111(a) "1703(d)(3)" Prompt Payment	VA shall report annually to Congress on payment of overdue claims aggregated by paper and electronic
9/6/2018	71	Sec. 111(a) "1703(h)" Prompt Payment	VA shall submit to Congress a report on the feasibility and advisability of adopting funding mechanism similar to other Federal agencies to allow a contracted entity to distribute federal government funds
Annually	80	Sec. 121(d) Education Program	Once each year VA shall submit a report to Congress on the findings of the evaluation on the effectiveness of the education program for veterans on health care options

Annually	81	Sec. 122(b) Training Program	Once each year VA shall submit a report to Congress on the findings of the evaluation on the effectiveness of the training program for the administration of non-department health care programs
Annually	86	Sec. 131(c)(3) Safe Opioid Practices	Once each year VA shall submit a report to Congress evaluating the compliance of covered health care providers with safe opioid prescribing practices
6/6/2019	90	Sec. 133(c) Competency Standards	VA shall develop and implement competency standards for non-VA health care providers in clinical areas where VA has special expertise
45 days prior to budgetary impact	93	Sec. 141. Supplemental Appropriations	Shall submit to Congress justification for any supplemental appropriations requirement outside of the budget process no later than 45 days prior to budgetary impact on program or service
3/1/2019	94	Sec. 142 Choice Fund Flexibility	Amounts remaining in the Choice fund may be used for other non-Department provider programs
6/6/2019	95	Sec. 143 Sunset of CHOICE	VA may not use the authority under CHOICE to furnish care after this date
one year after provision of services or regulations	99	Sec. 151 (c) Telemedicine	VA shall submit a report to congress on the effectiveness of the use of telemedicine
	104	Sec. 152(a) "1703E(d)" Center for Innovation	Pilot Programs under this section shall terminate no later than 5 years after commencement of the program
12/6/2019	109	Sec. 152(a) "1703E(g)(3)" Center for Innovation	Subsection (f) waiver provision does not apply unless VA submits the first proposal for a pilot program not later than 18 months after enactment
Upon VA certification of implementation of the IT System	114	Sec. 161(a) Expansion of Caregiver Program	Upon VA certification of IT system to Congress, eligibility will expand to those who served on or before May 7, 1975 and on or after September 11, 2001 30 days after the date on which VA submits the certification to Congress, VA must publish the date specified in the Federal Register
2 years after VA certification of implementation of the IT System	115	Sec. 161(a) Expansion of Caregiver Program	2 years after certification submission, eligibility will be open to those who served after May 7, 1975 and before September 11, 2001.
9/4/2018	122	Sec. 162(d) Implementation of Caregiver IT system	Not later than 90 days after enactment, VA shall submit a report assessing the needs of the Caregiver program, the implementation of the IT system, and any changes needed
10/1/2018	120	Sec. 162(a) Implementation of Caregiver IT System	Not later than this date, VA shall implement an information technology system that fully supports the program and allows for data assessment and comprehensive monitoring
10/1/2019	124	Sec. 162(d) Implementation of Caregiver IT System	VA shall submit to Congress a report on the implementation, assessment, and monitoring of the Caregiver IT system
3/29/2019	121	Sec. 162(b) Implementation of Caregiver IT system	Not later than 180 days after implementing the IT system, VA shall use data to conduct an assessment of key program aspects
5/31/2021	127	Sec. 202(c) The Commission	The President shall transmit to Senate the nominations for appointment to the Commission not later than this date
2/1/2021	134	Sec. 203(a) Procedure for Making Recommendations	Not later than this date, VA shall publish in the Federal Register and transmit to Congress its criteria proposed to be used in making recommendations regarding the modernization or realignment of facilities of VHA The public will have at least 90 days to comment
5/31/2021	135	Sec. 203(a) Procedure for Making Recommendations	VA shall publish the final criteria and transmit them to Congress
1/31/2022	135	Sec. 203(b) Procedure for Making Recommendations	VA shall publish in the Federal Register and transmit to Congress and the Commission a report detailing the recommendations for realignment and modernization.
1/31/2023	143	Sec. 203(c) Procedure for Making Recommendations	The Commission shall transmit to the President a report containing the findings and conclusions based on review and analysis of the recommendations made by VA
2/15/2023	145	Sec. 203(d) Procedure for Making Recommendations	Not later than this date, the President shall transmit to the Commission and Congress a report containing the President's approval or disapproval of the Commission's recommendations
3/1/2023	145	Sec. 203(d) Procedure for Making Recommendations	If the President disapproves the recommendations of the Commission, in whole or in part, the President shall transmit to the Commission and Congress the reasons for that disapproval
3/15/2023	146	Sec. 203(d) Procedure for Making Recommendations	After consideration of the disapproval, the Commission shall transmit a report to the President with review and analysis of the disapproval and recommendations for modernization and realignment
3/30/2023	146	Sec. 203(b) Procedure for Making Recommendations	If the President fails to transmit to Congress an approval and certification described above by this date, the process for facility modernization and realignment shall be terminated
	147	Sec. 204(a) Actions Regarding Infrastructure	No later than 3 years after the President transmits the recommendation report to Congress, VA shall begin to implement recommendations
	147	Sec. 204(b) Actions Regarding Infrastructure	Secretary may not implement any recommendations if a joint resolution of disapproval is enacted within 45 days of report transmittal

	163	Sec. 207(e) AIR Account	No later than 60 days after the closure of the account VA shall submit to Congress a report of the funds credited to/expended from the account and any remaning funds in the account
9/30/2024	175	Sec. 211 Training of Construction Personnel	VA shall implement a covered training curriculum and covered certification program for members of occupational series related to construction or facilities management and contracting personnel in those specialties
12/6/2018	178	Sec. 213(a) Assessment of VA Health Care in the Pacific Territories	VA shall submit a report to Congress regarding health care furnished to veterans in the Pacific territories
6/6/2019	182	Sec. 302(a) Increase in Maximum Amount allowed under Education Debt Reduction Program	VA shall conduct a study on the demand for EDRP and report to Congress on that study's findings
	194	Sec. 304(b) Veterans Healing Veterans Medical Access and Scholarship Program	To be eligible, a veteran has to have been discharged from the Armed Forces not more than 10 years before the date of application for the Cals of 2019 to a covered medical school
12/6/2019	200	Sec. 401(a) Development of Criteria	VA shall develop criteria for the designation of certain medical facilities of the VA as underserved
6/6/2019	202	Sec. 401(a) Development of Criteria	Not later than one year after enactment and yearly thereafter, VA shall submit to Congress a plan to address the problem of underserved facilities
6/6/2019	203	Sec. 402(d) Pilot Program to Furnish Mobile Deployment Teams to Underserved Facilities	VA shall submit to Congress a report on the implementation of the pilot program
6/6/2021	203	Sec. 402(d) Pilot Program to Furnish Mobile Deployment Teams to Underserved Facilities	Upon the termination of the pilot program, VA shall submit a final report to Congress with recommendations on the feasibility and advisability of extending/expanding the program and making it permanent
6/6/2019	208	Sec. 403(c) Pilot Program on GME	One year after enactment, and yearly thereafter until termination of the pilot program, VA shall submit a report on implementation to Congress
8/7/2024	211	Sec. 403(d) Pilot Program on GME	Termination of the pilot program
1/8/2019	211	Sec. 501(a)"726(a)" Annual Report on Performance Awards and Bonuses	Not later than 100 days after the end of each fiscal year, VA shall submit to Congress a report that contains a description of all performance awards or bonuses awarded to high-level employees
7/6/2018	215	Sec. 502(b) Podiatrists in VA	The amendmentswith respect to pay grade shall apply to a pay period on or after 30 days after enactment
9/6/2018	216	Sec. 504(c) Authorization of Certain Major Medical Facility Projects of VA	VA shall submit to Congress information regarding expenditures, budgeting, justification of expenditures, and any agreements between VA and non-VA Federal entities as part of the Livermore CA realignment
9/6/2018	217	Sec. 505(a) VA Personnel Transparency	VA shall make publicly available on va.gov a number of metrics pertaining to VA employment. The information shall be updated quarterly
Annually	219	Sec. 505(b) VA Personnel Transparency	VA shall submit annually a report on steps taken to achieve full staffing
5/31/2019	220	Sec. 506(b) Program Peer Specialists in Patient Aligned Care Team Settings	VA shall establish the program at not fewer than 15 medical centers
5/31/2020	220	Sec. 506(b) Program Peer Specialists in Patient Aligned Care Team Settings	VA shall establish the program at not fewer than 30 medical centers
12/6/2018	221	Sec. 506(f) Program Peer Specialists in Patient Aligned Care Team Settings	Not later than 180 days after enactment, and every 180 days until VA determines the program is being carried out at the last location, VA shall submit to Congress a report on the program
	222	Sec. 506(f) Program Peer Specialists in Patient Aligned Care Team Settings	Not later than 180 days after the program is carried out in the last location VA, shall report to Congress on the feasibility and advisability of expanding the program
	224	Sec. 507(d) Medical Scribe Pilot	No later than 180 days after commencement of the pilot and every 180 days thereafter, Va shall report to Congress the status and effects of the pilot
	225	Sec. 507(d) Medical Scribe Pilot	Not later than 90 days after termination of the pilot GAO shall submit to Congress a report on the pilot program

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VA Directives Ideas Draft

(Goal – Improve VA Operations and the Culture)

VHA Tiger Teams – establishment and charter

- MISSION Act Implementation
- Commission on Care Recommendations Implementation
- Reengineer and Modernization of health care delivery at the facilities

VBA Tiger Teams – establishment and charter

- Disability and Compensation Claims and Appeals – process and implementation of legislation

Academic Affiliations – reorganization in VHA to report directly to PDUSH. This is a congressionally mandated mission. Possibly advisory committee

Office of Research - reorganization in VHA to report directly to PDUSH. This is a congressionally mandated mission. Development of private/public partnerships. Possibly advisory committee.

VHA VA Voluntary Service Office – direct to recruit more clinicians, IT expertise and private sector partnerships

Set up a Fraud Waste and Abuse Commission in accordance with POTUS campaign promise.

HR Reforms and OAWP – see commission on care recommendations

- Whistleblowers not fired if legitimate. Supervisor held accountable if target legitimate whistleblower
- New Bonus system based on performance outcomes and teams
- Hiring outside talent – speed and direct hire authority

New Employee Recognition policy -local and national quarterly awards program.

Winners get lunch with SECVA

New Veterans Customer Service Survey. What do veterans want and need from the VA.

Study/FACA – World Class Best Practices that can be applied to VA. This would cover all major areas – VHA, VBA, NCA, OIT. Recommendation on implementation.

Public/Private Partnership Competition. Get ideas and proposals for future public/private partnerships to improve VA operations and service to Veterans.

Transparency – have all administrations and staff offices identify what should be released to the public and posted on-line

Audit of VA fiscal spending, contracts and funds put off the books. Potential to stop significant FWA and recapture funds that can be repurposed. Can model like DoD audit.

Governance

- Reconstitute VA senior management and OIT governance process
- VHA – develop governance based on Commission on Care recommendation. Look at redoing the existing SMAG.

Clinical care staffing shortages- Do clinical contract support like is currently done with the CBOC to quickly fill clinical staffing gaps at the VAMCs or CBOCs.

Reestablish VA Learning University, its Board of Directors, steering committee and funding mechanism for department wide training. All existing training functions in the administrations and staff offices would have a dotted line to VALU.

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**Department of Veterans Affairs
Washington, DC 20420**

**VA DIRECTIVE 0214
August 11, 2014**

DEPARTMENT OF VETERANS AFFAIRS GOVERNANCE STRUCTURE

1. **REASON FOR ISSUE.** To prescribe policy for the Department of Veterans Affairs (VA) governance structure.
2. **SUMMARY OF CONTENTS.** This directive establishes the VA governance structure, and sets forth related policies, roles and responsibilities.
3. **RESPONSIBLE OFFICE.** The Office of Policy and Planning (008) is responsible for the contents in this Directive.
4. **RELATED HANDBOOK.** None.
5. **RESCISSIONS.** None

CERTIFIED BY:

/s/
Stephen W. Warren
Executive in Charge and
Chief Information Officer
Office of Information and Technology

BY DIRECTION OF THE SECRETARY OF VETERANS AFFAIRS:

/s/
Robert D. Snyder
Acting Assistant Secretary
Office of Policy and Planning

Distribution: Electronic Only

August 11, 2014

VA DIRECTIVE 0214

DEPARTMENT OF VETERANS AFFAIRS GOVERNANCE STRUCTURE

1. PURPOSE. This Directive establishes VA's governance structure, and related policies, roles, and responsibilities.

2. POLICY.

a. General. Governance is the process by which VA Senior Leadership makes decisions, provides strategic direction, and maintains accountability in a transparent and collaborative manner. This process enables informed decision-making based on current strategic objectives, VA's risk appetite, and responsible resource allocation.

(1) VA's principal governance bodies are the VA Executive Board (VAEB) and Senior Review Group (SRG). These bodies may formally charter other standing and ad-hoc cross-Department governance bodies, as needed. All VA governance bodies are intended to enable efficient decision-making and to promote the timely sharing of information on matters of mutual interest between and among VA's Administrations and Staff Offices.

(2) Through its role as the principal advisor to the Secretary on policy and strategy, the Office of Policy and Planning (OPP) will serve as the secretariat for the VAEB and SRG. The secretariat will establish standard operating procedures, request agenda items for consideration (see Appendix A for the agenda setting process), and prepare and transmit meeting materials.

b. VA Executive Board (VAEB).

(1) *Role of the VAEB.* The VAEB is the final decision making body for VA. The VAEB reviews and evaluates data and information to determine VA's strategic direction, oversee the Department's Planning, Programming, Budgeting and Execution (PPBE) process, and other activities by which it serves as the senior decision-making body for Department-wide decisions. The VAEB approves the Department's Strategic Plan, Agency Priority Goals, Multi-Year Program, Budget, Annual Performance Plan, and Annual Performance Accountability Report. The VAEB serves as the Department's Risk Governance Board. The VAEB also addresses any issues that are elevated from the Monthly Performance Review (MPR), Operational Management Review (OMR), Joint Executive Council (JEC) or Senior Review Group (SRG). As needed, the VAEB may direct the creation of additional Department governance bodies.

(2) *VAEB Membership.* The VAEB is chaired by the Secretary of VA (SECVA). The VAEB consists of: the Deputy Secretary of VA (DEPSEC); the Chief of Staff of VA (COSVA); the Under Secretaries for Health, Benefits and Memorial Affairs; all Assistant Secretaries and equivalents; the General Counsel; and the Chairman of the Board of Veterans Appeals. Members of the VAEB serve as senior advisors to the SECVA. At the request of the SECVA, other representatives (e.g. OSVA's Special Program Directors) may attend the meetings.

VA DIRECTIVE 0214**August 11, 2014****c. Senior Review Group (SRG).**

(1) *Role of the SRG.* The SRG ensures VAEB decisions and direction are implemented across the Department; serves as the senior decision-making body for operational and administrative matters that do not require a decision by the VAEB; and acts as the de-facto steering committee for standing and ad-hoc cross-Department governance bodies created by the VAEB. The SRG also serves as a forum for reviewing proposed agenda items for VAEB and SRG meetings.

(2) *Membership.* The SRG is chaired by the COSVA. The SRG consists of: the VA Deputy Chief of Staff ; the Principal Deputy Under Secretaries for Health, Benefits, and Memorial Affairs; all Principal Deputy Assistant Secretaries and equivalents; the Principal Deputy General Counsel; the Vice Chairman for the Board of Veterans' Appeals, OSVA's Special Program Directors (Center for Women Veterans (CWV), Center for Minority Veterans (CMV), Center for Faith Based and Neighborhood Partnerships (CFBNP), Office of Survivors Assistance (OSA), and Office of Small and Disadvantaged Business Utilization (OSDBU)). SRG members serve as advisors to the Chair. At the request of the COSVA, other representatives may attend the meetings.

d. Other cross-Department governance bodies. Standing and ad hoc cross-Department governance bodies are established at the direction of the SECVA, DEPSEC or COSVA. Reporting procedures are assigned by the VAEB and/or SRG.

(1) *Standing cross-Department governance bodies.* Standing cross-Department governance bodies include those bodies that are statutorily required and/or created at the direction of the VAEB, chaired by a Deputy Assistant Secretary or higher, and will be comprised of Senior Executive Service (SES) representatives from across the Department. These bodies meet on a recurring basis to provide input to strategic direction, ensure strategic objectives are achieved, manage risk, manage resources, or manage organizational design and reporting structures. See Appendix B for a list of current standing cross-department governance bodies.

Standing cross-Department governance bodies are required to develop a charter, which includes purpose and function, membership, roles and responsibilities of members, and a process for reporting status updates to VA Senior Leadership. The chair of each body is responsible for ensuring a charter is developed and approved, and the governance body is included in the VA Functional Organization Manual (FOM).

(2) *Ad hoc cross-Department governance bodies.* Ad hoc cross-Department governance bodies are created at the direction of the SECVA, DEPSEC, and COSVA, and consist of representatives from across the Department selected to address a short-term issue, challenge, or opportunity. These bodies accomplish a specific set of activities within a specified timeframe.

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Ad hoc cross-Department governance bodies are required to develop a work plan, which includes purpose, scope and objectives, projected timeframe of activities, milestones and deliverables, resources required, and a process for reporting status updates to the SRG.

3. RESPONSIBILITIES.

a. Under Secretaries, Assistant Secretaries and Equivalents. Under Secretaries, Assistant Secretaries, and Equivalents will:

- (1) Ensure attendance and participation in VA governance bodies in which their organization is a member.
- (2) Establish internal processes to elevate status, issues, or decisions to the SRG and/or VAEB, and to respond to requests for agenda items.
- (3) If applicable, ensure standing cross-Department governance bodies, which they chair (or co-chair), are formally chartered, have processes in place to efficiently and effectively report status, include members that have decision making authority for their organizations, and have a mechanism to note the chairmanship of the governance bodies in the VA FOM.
- (4) If applicable, ensure ad hoc cross-Department governance bodies, for which they are responsible to chair (or co-chair), have a work plan, and processes are in place to efficiently and effectively report status.
- (5) Elevate issues for decision to the VAEB and SRG as needed.

b. Office of Policy and Planning (OPP). OPP will:

- (1) Serve as the secretariat for the VAEB and SRG.
- (2) Establish standard operating procedures for VAEB and SRG.
- (3) Prepare and transmit meeting materials for the VAEB and SRG.

4. REFERENCES

- a.** 38 U.S.C. Chapter 5
- b.** VA Directive 0211, Functional Organization Manual Management

VA DIRECTIVE 0214**August 11, 2014****5. DEFINITIONS.**

a. Ad hoc cross-Department governance body. A body created at the direction of the SECVA, DEPSEC, COSVA, consisting of representatives from across the Administrations and Staff Offices, and whose purpose is to accomplish a specific set of activities within a specified timeframe.

b. Administration. A generic term used to identify one of the three major VA operational elements:

- (1) Veterans Health Administration (VHA)
- (2) Veterans Benefits Administration (VBA)
- (3) National Cemetery Administration (NCA)

When VHA, VBA and NCA are referred to as a group, the term “Administrations” may be used.

c. Department. A generic reference to the entire Department of Veterans Affairs which includes VA Central Office and all field facilities.

d. Staff Office. A generic term used to identify one of the offices included under VA Central Office. This does not refer to VHA, VBA, and NCA, nor does it refer to medical facilities, regional offices or cemeteries.

e. Standing cross-Department governance body. A body created at the direction of the VAEB, chaired by a Deputy Assistant Secretary or higher, comprised of SES representatives from across the Administrations and Staff Offices that meets on a recurring basis, and whose purpose is to provide strategic direction, ensure strategic objectives are achieved, manage risk, manage resources, or manage organizational design and reporting structures.

August 11, 2014

**VA DIRECTIVE 0214
Appendix A**

AGENDA SETTING PROCEDURES

Each quarter, OPP will:

1. Issue a formal agenda item call letter to VAEB and SRG members and the chairs of standing and ad-hoc cross-Department governance bodies.
2. Consolidate agenda items into a proposed three-month schedule and present the document to the SRG for review.
3. Present the proposed three-month schedule to the Chairs of the VAEB and SRG, or their designees, for approval.
4. Disseminate the approved three-month schedule to the VAEB, SRG, and chairs of standing and ad-hoc cross-Department governance bodies.

*Given changing priorities and emergent issues that may arise during the year, the Chairs of the VAEB and SRG, or their designees, will consider adding items to the agenda outside of the formal process on a case-by-case basis. VAEB and SRG members who want to add an agenda item outside of the formal process should contact OPP for further guidance.

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VA Reform Agenda – Five Ways to Move Forward

The 2015 Independent assessment of VHA performed in advance of the Commission on Care, identified four integrated cornerstones to fixing VHA, these cornerstones can also be used to reform and modernize all of VA. The cornerstone includes: Governance, Operations, Data and Tools, and Leadership. See page xviii of the Independent Assessment, https://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf

Although there are many initiatives and tasks that need to get done, below are five key initiatives and tasks that can provide significant forward momentum and are important to moving ahead with the needed VA reforms and modernization. It is crucial going forward to create a unified leadership team, with a roadmap for both short term tactical and long term strategic success.

1. **POTUS VA healthcare campaign promise** “Mr. Trump will ensure every veteran has the choice to seek care at the VA or at a private service provider of their own choice. Under a Trump Administration, no veteran will die waiting for service.”

Description: The MISSION Act was an intermediate step to achieving POTUS promise for full Choice. Commission on Care recommendation #1 provides a roadmap to fulfill that promise both operationally and fiscally (attached). However, it must be developed and tested out before it can be implemented. The Center for Innovation was created as the vehicle to test out full choice using pilots. Full choice also means fixed up and modern VA healthcare delivery and facilities. A vision and comprehensive plan needs to be developed to achieve this as a companion to the community care plan.

Action Items:

MISSION Act Implementation: Create a cross functional Tiger Team lead by Dr. Stone and Larry Connell with representation from VHA, OCLA, OPIA, OIT, Contracting. Develop full project plans with Gantt charts. Weekly status briefing to SECVA at senior management meeting.

Develop VHA Modernization and Healthcare Delivery Vision (VA Healthcare System)/Strategic and Project Plan: Incorporate/modify Commission on Care report/recommendations. Set up VHA tiger team with staff and contractor expertise. TRICARE Integration plan WH/JEC. Restart with WH the TRICARE Integration PCC to identify synergies, efficiencies and expertise that can be leveraged to improve both VA and DoD healthcare operations and be cost efficient.

Bring in needed expertise to VHA through DoD/HHS details, industry expertise (MITRE can assist).

Expand the use of contract providers such as VALOR for healthcare delivery shortages and quick relief for CBOCs/Hospitals. Currently 15% of CBOCs are contracted out and are under the VA name.

Center for Innovation: Set up the Center and develop the pilot(s) required to test out and fulfill POTUS Choice promise – using Commission on Care Recommendation 1 as an initial roadmap.

2. **Commission on Care Report Recommendations Implementation**

Description: In 2016 the Commission finished its report and made 18 recommendations. President Obama signed off on 15 of the 18 recommendations as feasible and advisable, <https://obamawhitehouse.archives.gov/the-press-office/2016/09/01/letter-president-report-va-commission-care>. Just like an EO, VA is still required to go forward with those recommendations. To date VA has taken very little action. Last year the Commissioners met with SECVA and staff to review progress, very little had taken place. VHA does have a tracking spreadsheet. Implementation of these recommendations are key to modernizing and improving VHA healthcare delivery and overall operations.

Action Items:

- Bring back key Commission members for one day to meet with SECVA and staff to review progress and have a working session on implementation
- VHA staff update tracking spreadsheet on progress
- Review the three recommendations not signed off by President Obama to see if they are feasible and advisable.
- Have VHA create implementation and project plans with Gantt chart.
- Set up VHA tiger team for implementation
- Report on status and results to WH and Congress

3. **Modernize and Restore VA Department-wide business operations and governance**

Description: Over the last eight years VA governance and business operations have fallen into disrepair and are extremely outdated and inefficient. This is most pronounced in the areas of OIT, HR and Training, Acquisition and Contracting, Governance. In addition, the accountability legislation has not been implemented fully or correctly due to lack of support and interference from the previous SECVA and his COS. Restoring, modernizing and properly operating these functions are critical for VA reform and success.

Action Items:

Set up tiger teams to restore and modernize the areas below. Bring in outside expertise from government and the private sector to develop the plans and oversee implementation with the responsible office.

HR operations needs total restructure: recruitment, hiring, retention, performance management, education and training

Restore and Rebuild VA Learning University and its governance and funding mechanisms. This was the Department-wide education and training and was very success until it was mismanaged, and then disbanded during the previous administration. New strategic plan will need to be developed. Attached is the old strategic plan.

Accountability Legislation Implementation – finish complying with legislation, fully staff OAWP and develop all the processes and procedure required.

Governance – SECVA McDonald stopped using the established Governance process and organization. SECVA Shulkin did not use it as well. This resulted in chaotic and poorly vetted decisions by SECVA and senior staff. This needs to be restored and updated to fit

the needs of VA today. Attached is the current governance structure that is not being used.

Contracting: Processes, procedures are inefficient, outdated and slow. This area needs a total overhaul and is negatively impacting MISSION Act implementation.

Business Transformation office residing in OEI – reporting to DEPSEC/COS: This new office would manage the tiger teams, process and project manage the overall VA reform and modernization efforts. Led by political, it would be a team of career and contract experts. It would work hand in hand with the business owners who would be accountable for results. A scorecard would grade the efforts and reported out quarterly to SECVA. Progress would be briefed to SECVA and the leadership team monthly.

4. **VA Modernization and Reform Commission** – see attached one pager

Description: The VA has numerous reform and modernization initiatives that have stagnated due to lack of focus and expertise. The private sector has expertise the VA needs, but VA has lacked a structure to utilize the expertise. Organizations such as Apple, Mayo Clinic, Cleveland Clinic, Kaiser Permanente among other have offered their expertise free of charge. Having a new and broad Commission that follows FACA, can be the vehicle to properly bring in and utilize private sector talent. WH DPC has been briefed and supports this concept.

Purpose: Provide VA with the best talent and expertise in the country to advise and assist in reforming and modernizing VA to ensure Veterans are provided world class service with all benefits among the three administrations.

Authorizing Directive: WH would create a directive from POTUS requiring VA to setup and manage the Commission and report back to POTUS through WH DPC on the results.

Structure: The commission would be in accordance with FACA, department-wide and divided into four subcommittees. Full commission meetings would be public, subcommittees would be private.

VHA

VBA

NCA

OIT/EHR

Action Items

VA meet with WH DPC and work together to develop the draft directive that would then go through WH Staff Sec for routing and approval.

5. **Senior Management 1 Day Retreat**– Political and Career (Sharing the vision, building the team, prioritizing operations and identifying quick wins)

Description: Each year there is normally around April there is a Senior Management retreat that bring together all the SES from around the country. Due to this year's unique circumstances, the retreat has not happened, and senior staff are unclear on the vision and direction of the new SECVA and his leadership team, his priorities and vision. This confusion

and lack of clarity is hampering operational effectiveness and morale. Before a department-wide senior management retreat can happen, it is important for the VACO senior leadership team to first meet. Recommend SECVA and his leadership VACO team have a 1-day retreat as soon as possible to set expectations, vision, priorities, process and operation procedures and tempo. After that meeting, then have the larger department-wide SES meeting so that all VA senior management are on the same page.

Action Items:

Develop a one-day senior management off-site retreat. Some of the topic areas include but are not limited to the following:

- Senior management team expectations: communication, performance, implementation, meetings, accountability, culture, work processes between SECVA office, three administrations and staff offices
- New VA Directives: Identification and Implementation – use to improve operations, governance, culture and morale, see attached list
- POTUS 10 Veterans Campaign Promises Implementation: These need to be completed as soon as possible. Review using tracking spreadsheet, which can be obtained from VA staff or WH DPC. Press and detractors will bring this up at Veterans Day and POTUS two-year anniversary.
- Review of business operations: governance, processes, procedures, Hill, press, decision making, WH, senior management meetings, stakeholders, interaction between SECVA office, staff offices and three administrations
- Develop an outline of what the follow up department-wide SES meeting should focus on, topic and outcomes.

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Proposed VA Reform and Modernization Commission

Purpose: Provide VA with the best talent and expertise in the country to advise and assist in reforming and modernizing VA to ensure Veterans are provided world class service and benefits.

Authorizing Directive: This would be a directive from POTUS requiring VA to setup and manage the Commission

Structure: The commission would be in accordance with FACA, department-wide and divided into four subcommittees. Full commission meetings would be public, subcommittees would be private.

VHA

VBA

NCA

OIT/EHR

Example Subcommittee Work

VHA: Choice legislation implementation, Eligibility and Benefit reform, Commission on Care recommendations, Facility modernization

VBA: Disability and Compensation reform

OIT/EHR: EHR implementation

Membership: All members appointed to the Commission would be required to fill specific qualifications and expertise needs

Experts in a variety of fields and industries, both private and government

Experts from the five medical centers

Stakeholders: VSOs and Congress

Benefits/Advantages:

Focus and direction that will accelerate reforming and modernizing VA

Provides faster movement and progress on POTUS commitment to veterans and campaign promises

Good public relations – focuses VSOs, Congress, Veterans and public on positive direction that VA is moving in

Provides avenue and mechanism to bring in experts and stakeholders

Ability to formally engage the five medical centers that have informally advising VA

Quarter Reporting: Full Commission and subcommittees will report out their progress and recommendation to POTUS, through SECVA and DPC.

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Department of Veteran Affairs

Education and Training Strategic Plan

July 2003



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Executive Summary

While the Department of Veterans Affairs (VA) provides substantial Administration-specific technical training in support of the Nations veterans, there has been limited coordination throughout the Department to ensure that all education and training efforts are aligned, consistent, and effective. With the advent of the Chief Human Capital Officers Act of 2002, new emphasis has been placed across the Federal government on workforce development. To address the legislation and continue to meet its mission, the VA has created this Department-wide Education and Training Strategic Plan (ETP) to communicate the overall vision and strategy while maintaining a clear alignment with the Department's mission and strategic plan.¹ The ETP is intended to institutionalize learning formally across the Department and encourage a culture of continuous learning for its employees.

To accomplish the goals of this effort as quickly as possible, a qualitative rather than a quantitative approach to data collection and analysis was used. Analyses and conclusions were drawn from data recently acquired from interviews, focus groups, and surveys, as well as information previously collected through prior initiatives. Based on strategic issues identified during data collection, corresponding strategic goals were then developed to help address the issues (summarized in the table below):

Strategic Issues	Strategic Goals
1. The Departmental focus on education and training requires more consistent support and funding.	1. Identify and assign a Departmental organization to ensure education and training is incorporated into budget, resourcing, planning, and performance measurement.
2. Effective planning for education and training programs needs to be strengthened and standardized throughout the Department.	2. Ensure education and training plans are developed and aligned with human capital plans at all organizational levels as a part of the VA strategic planning cycle.
3. VA does not have a clear line of responsibility and accountability for the implementation of a comprehensive Department-wide education and training plan.	3. Define and assign roles, responsibilities, and an accountability structure clearly for VA education and training.
4. Critical education and training gaps in leadership development and corporate career fields need to be addressed.	4. Enhance existing leadership development and cross-cutting career fields training programs to meet VA workforce needs.
5. Department-wide communications regarding VA education and training programs need to be more effective.	5. Develop and implement a communication and marketing plan to create a heightened awareness by employees at all levels on the full scope of learning opportunities and responsibilities.

¹ An Enabling Goal from the VA Strategic Plan (2001-2006) notes the importance of creating "an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources."



A “Strengths, Weaknesses, Opportunities, and Threats” or “SWOT” analysis was then conducted to help determine appropriate implementation tactics for achieving the goals identified by the Department-wide Education and Training Plan Working Group (Working Group) appointed by the Deputy Secretary to lead this initiative (summarized in the table below):

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Infrastructure for Distance Learning 2. Administration-specific Training 3. The High Performance Development Model (HPDM) 	<ol style="list-style-type: none"> 1. Lack of Departmental Focus on Education and Training 2. Lack of Department-wide Initiatives 3. Lack of Funding 4. Lack of Department-wide Learning Management System (LMS)
Opportunities	Threats
<ol style="list-style-type: none"> 1. Technology-Enabled Learning 2. Components of Leadership Development Training 3. Employee Orientation and Career Paths 4. Communications and Marketing Learning Opportunities 5. Leverage Department-wide Purchasing 6. Provide Clear Linkages to Human Capital Management 	<ol style="list-style-type: none"> 1. Placement of Education and Training Oversight 2. Insufficient or Poorly-Leveraged Resources 3. Lack of Performance-based Measures 4. Failure to Institutionalize and Champion Education and Training

To provide a path forward, the Working Group developed the following recommendations and suggested “next steps” for achieving ETP Goals:

1. Establish an Office of Employee Education and Training headed by a senior executive to serve as the focal point for education and training in support of VA strategic management of human capital. Among its responsibilities, this office will:
 - a. Be responsible and accountable for departmental education and training policy, planning, evaluation, and oversight;
 - b. Be responsible for managing the programs currently managed under the umbrella of VALU;
 - c. Be responsible for leading a governance structure for education and training issues of departmental significance (e.g., funding for VA-wide program needs, vetting proposals for department-level training programs, etc.);
 - d. Be responsible for filling identified, department-level operational gaps:
 1. Leadership and supervisory development training
 2. Training programs for VACO Staff Offices and cross-cutting career fields
 3. Other training with VA-wide applicability (e.g., customer service training, new employee orientation, etc.)



2. Institutionalize education and training planning as a component of VA's strategic planning and budgeting cycle to ensure adequacy of funding and alignment with Departmental strategic goals.
3. Complete the implementation of initiatives critical to the overall success of education and training within VA (recommended Office of Employee Education and Training should take a lead role) such as HPDM and implementing a Department-wide LMS.
4. Decide appropriate VA organizational alignment for the Office of Employee Education and Training.

Regardless of the direction chosen, several initiatives can be pursued immediately for positive change:

- Add the Chief Human Capital Officer (CHCO) to the VALU Board of Directors Executive Committee (helping ensure alignment with Human Capital Planning).
- Assign responsibility to an interim executive for implementing the strategies and supporting objectives outlined in the ETP.
- Prioritize initiatives and develop an implementation plan addressing high priority items.
- Expedite the acquisition of a Department-wide Learning Management System (LMS).
- Ensure the alignment between the ETP and ongoing education initiatives within the Department (e.g., e-Learning Strategy and Training Policy Revision).



1.0 Introduction

1.1 Purpose

The Department of Veterans Affairs (VA) is seeking to institutionalize learning across the entire organization. To achieve this goal, the VA has created this Department-wide Education and Training Strategic Plan (ETP) to communicate the overall vision and strategy within the Department. More specifically, the ETP:

- Sets near-term strategic direction and priorities for education and training, including career and leadership development and enhanced customer service;
- Aligns education and training initiatives with VA strategic goals;
- Helps to define the role and focus of the VA Learning University (VALU) in supporting the organization (specifically for FY2004-2007) while helping the organization to leverage existing assets more effectively;
- Establishes clear accountability for learning within the Department.

Currently, the way Federal Government manages its workforce is under significant transformation. With the advent of the Chief Human Capital Officers Act of 2002, new emphasis is being placed on workforce development, and the implementation of a culture of continuous learning. The ETP has been designed to respond to this charge while maintaining a clear alignment with the Department's mission and strategic plan.

In support of the Department's Enabling Goal and Objective E-1, the ETP will drive the needed change throughout VA to ensure that employee education and training programs will provide accessibility to the requisite knowledge and skills to ensure the delivery of world class service to the veterans and their families.²

To create this plan, VERTEX Solutions, Inc. (VERTEX) worked cooperatively with a Department-wide Education and Training Plan Working Group (Working Group), appointed by the Deputy Secretary to conduct a high-level assessment of the organization, validate previous efforts, and to identify emerging issues. This input was used to facilitate strategic planning sessions with Working Group participants to define the VA Education and Training Plan, the outcome of which is presented in this document.

1.2 Scope

The scope of this project was to facilitate a VA-wide Working Group to create an education and training strategic plan. Expected outcomes from this effort included:

- A definition of VA strategic education and training goals;

² The Enabling Goal is stated in the VA Strategic Plan (2001-2006) as "Create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources." Objective E-1 is defined as "Improve communications with veterans, employees, and stakeholders to share the Department's mission, goals, and results to increase awareness of benefits and services for veterans and their families."



- A high-level education and training strategy to support these goals including integration of Department-wide learning initiatives and resources;
- Desired outcomes and initial requirements for future training programs;
- Initial implementation tactics to include follow-on priorities, tasks, and milestones;
- The role of the VA Learning University (VALU) and its position within the organization;
- The defined relationship to Department human capital policies and plan.

1.3 Methodology

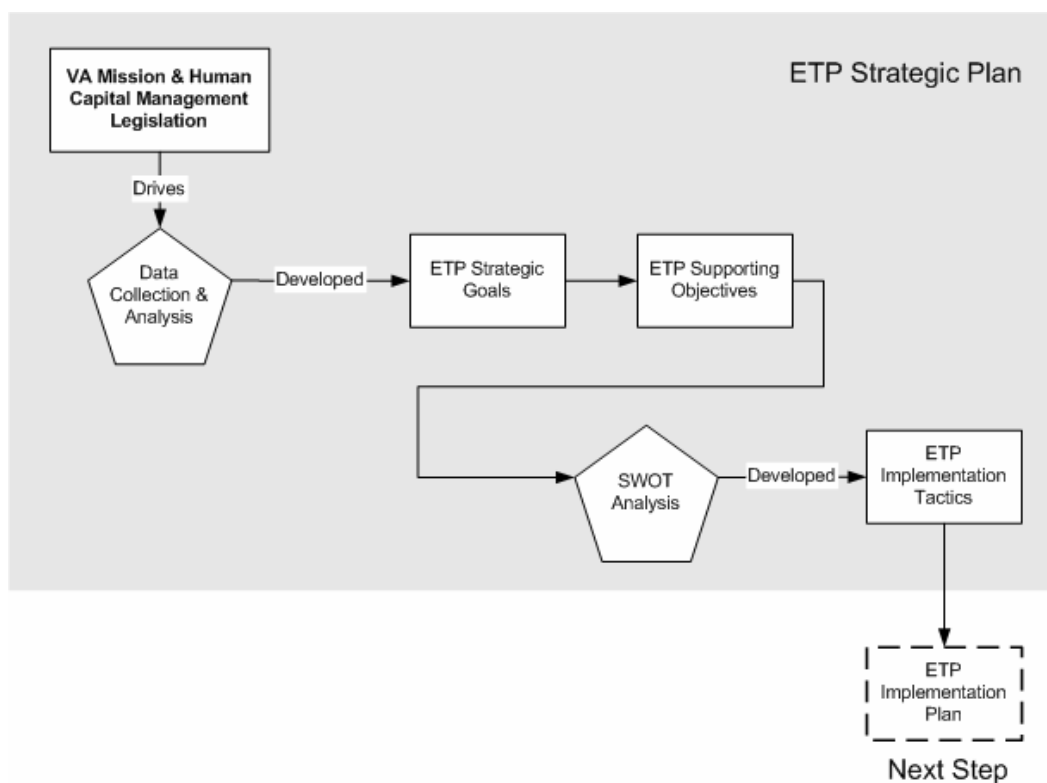


Figure 1 – ETP Methodology

To accomplish the goals of this effort as quickly as possible, VA and VERTEX agreed to use a qualitative rather than a quantitative approach to data collection and analysis. Rather than performing an exhaustive, quantitative data collection initiative Department-wide, analyses and conclusions were drawn from interviews, focus groups, surveys, and information previously collected through prior initiatives. More specifically, the data collection process included the following activities:

- Conducting a series of senior stakeholder interviews;
- Facilitating Department-wide focus groups with mid-level management;



- Developing a Department-wide, Web-based survey directed at a broader VA employee base; and
- Reviewing Government Furnished Information (GFI) for a more thorough understanding of existing processes and procedures.

The Web-based survey enabled the Working Group to gain a greater understanding of the perceived issues and attitudes toward education and training within the VA. The results of this phase were recorded in a Data Collection Report, and submitted to the VA for review and acceptance. Following submission of the report, VERTEX facilitated two, all day working sessions to develop the strategic vision, mission, core values, goals, high-level objectives, and concepts for a VA-wide education and training organization.

As illustrated in Figure 1 (page 5), and based on the strategic issues identified during data collection, corresponding strategic goals and supporting objectives (more detailed components of the goals) were developed to address the strategic issues. The goals and supporting objectives were then subjected to a “Strengths, Weaknesses, Opportunities, and Threats” or “SWOT” analysis to help determine appropriate implementation tactics for achieving the goals identified by the Working Group. These implementation tactics are provided in Section 5.0 – Recommendations and Next Steps (page20), and are intended to serve as the foundation for a formal implementation plan once the ETP is reviewed and approved by VA.



2.0 Strategic Issues

Based on an analysis of the data collected, five education and training strategic issues were identified. Based in part on the perceptions collected through the interviews, focus groups, and survey, these issues represent the basis for developing the ETP's strategic goals and objectives. These issues target the implementation of education and training as a Department-wide strategy.³

2.1 Departmental Focus

Strategic Issue 1: The Departmental focus on education and training requires more consistent support and funding.

Those participating in the assessment phase generally believe that education and training is important to accomplishing the Department mission. However, with the exception of mandated training (e.g., medical continuing education, equal employment opportunity, prevention of sexual harassment, etc.), the participants indicated that the requisite priority or emphasis on education and training is not demonstrated consistently at the Department-level. Participants emphasized this point by indicating the following:

- Department-level responsibility for education and training is often unclear or unknown.
- The Department reduces funding for education and training programs before similar reductions are taken in other program areas.
- Increased EEO complaints and labor grievances are perceived to be linked to a lack of Departmental supervisory training programs.
- Education and training interests are not represented adequately at the "planning table" for the Department.
- General supervisory support for education and training is currently in place, but most Administrations and Staff Offices have not allocated sufficient time for personnel to attend training programs.

2.2 Effective Planning

Strategic Issue 2: Effective planning for education and training programs needs to be strengthened and standardized throughout the Department.

While planning occurs in many forms throughout the Administrations, there appears to be no consistently applied and monitored planning process for education and training at the Department level. Participants emphasized this point by indicating the following:

- Effective learning strategies that address corporate career field education and training programs are incomplete.⁴

³ It is important to note that these strategies are not targeted toward the existing technical training efforts in place within each Administration. Instead, they are intended to improve and strengthen the coordination and Department-wide education and training efforts.

⁴ The terms Department-wide and corporate career fields refer to those administrative functions that exist across all Administrations and Staff Offices. Specifically, it refers to the following career fields: Information Technology, Human Resources, Public Affairs, Budget and Finance, and Acquisition.



- Department-level programs that provide Department-wide training (e.g., supervisor training, mission orientation) need to be established.
- The Department has not mapped the competencies or skills for many of its occupations.⁵
- Currently the creation, monitoring, and management of individual development plans (IDPs) are employed inconsistently throughout the Department.⁶
- Department-wide standards for education and training have yet to be established.
- The Departmental linkage between local, regional, and national education and training plans is often unknown or unclear.

2.3 Accountability

Strategic Issue 3: VA does not have a clear line of responsibility and accountability for the implementation of a comprehensive Department-wide education and training plan.

Participants in the assessment process repeatedly identified uncertainty regarding accountability throughout the Department-level management superstructure (first line supervisor to senior executive) for implementation of a comprehensive Department-wide education and training plan. The following statements collected during the assessment help to illustrate this uncertainty:

- There is no clear tie between education and training and the VA Strategic Plan.
- Departmental performance measures for education and training need to be established.
- The Department as a whole has yet to define measures relating to employee development in senior executive and upper management performance plans.
- The Department needs a more clearly defined central authority to implement training policy, and provide leadership and oversight.
- There is a lack of policy-mandated training plans for the Department.
- There is no system or tools in place for tracking, analyzing, and reporting training data to facilitate Departmental decision-making.

⁵ Competency and skill maps are tools used to organize the competencies and skills required to accomplish a job task successfully. The maps are usually created by collecting information on the relevance and importance of the task; the knowledge, skills and abilities required to perform the task; the rules, concepts and policies that apply to the task; and the steps involved in accomplishing the task.

⁶ It is important to note, however, that the use of IDPs has yet to be mandated by the Department.



2.4 Critical Gaps

Strategic Issue 4: Critical education and training gaps in leadership development and cross-cutting career fields need to be addressed.

Two areas were consistently singled out in the assessment as gaps in education and training programs at the Department level:

- Leadership Development (line supervisor to senior executive)
- Headquarters and field education training in cross-cutting career fields

Among the participants, it was regularly noted that while there were some excellent programs in the Administrations that support supervisory, management and leadership development, these programs have not been leveraged universally across the Department, nor meet any recognized Department standards. The result is a critical gap in the Departmental curriculum that supports the career advancement of current and future VA leaders (i.e., no clear “line of sight” for career advancement.)

Also noted was the need for effective programs to provide standardized education and training for personnel located at the Staff Offices and in cross-cutting career fields. There is no “basic” training for some specialties or a common baseline of knowledge coordinated at the Department level. The following findings help to illustrate this issue:

- The Department is facing a serious lack of qualified leaders, ranging from mid-level managers to senior executives, who are becoming eligible to retire.
- Few personnel in cross-cutting career fields across the Department attended education and training programs. The offerings provided were also fairly limited.⁷
- The Department’s annual budget does not strategically fund education and training programs for crosscutting career fields.

2.5 Communications

Strategic Issue 5: Department-wide communications regarding VA education and training programs need to be more effective.

The data indicates a considerable amount of confusion regarding current education and training programs as illustrated by the following:

- Senior leadership is unaware of some programs currently in place.
- Some participants in the assessment were unaware or unclear regarding some programs currently in place.
- The organizational location of VALU is unclear, and has created confusion among staff throughout the Department.

⁷ Acquisition Training is a notable exception.



3.0 Strategic Goals and Supporting Objectives

Based on the strategic issues identified in the previous section, the Working Group developed the following strategic goals and objectives. These goals and objectives represent the key elements of the ETP that will guide the Department forward in a coordinated manner to bring focus, accountability, and structure to education and training through effective planning and communications.

3.1 Strategic Transformation

Data collection efforts have shown that a solid foundation exists throughout the programs each Administration has developed to further the technical and professional competencies and skills required to accomplish their part of the Department's mission. The successful implementation of the VA Learning University (VALU) and growth of institutional programs such as Leadership VA has also created a basis for programs that span Department-wide in a strategic fashion.

The ETP takes these efforts and organizational strengths (See Section 4.1, page 14) and moves them forward to expand their strategies, elevate their importance, and institutionalize a new paradigm for education and training in VA. Through the strategic goals detailed in the following pages, the ETP will enable VA to respond better to the Department's Strategic Plan, and its enabling goal and objective to provide "world class service to veterans and their families" while "recruiting, developing, and retaining, a competent, committed, and diverse workforce."⁸

Furthermore, the ETP will help the VA's human capital planning efforts align with the goals of the Chief Human Capital Officers Act of 2002 by creating a structure, system of accountability, financial and human resources, policies, procedures and processes that will support effective workforce development strategies. This approach is targeted at reinforcing a culture of continuous learning that will attract and retain employees with superior abilities.⁹

Upon implementation of the ETP, the Department can expect:

- Clear Department-wide focus on education and training with consistent funding and support;
- Planning that will effectively address the education and training needs from a Department-wide perspective;
- A structure and system of accountability and responsibility to implement and sustain robust and successful Department-wide education and training programs;
- Closure in critical gaps affecting the development of VA employees in crosscutting career fields, and the subsequent generations of leaders to carry forward the mission of the Department without interruption; and
- A better-informed workforce and leadership, attuned to the educational offerings and the organizational framework supporting them.

⁸ VA Strategic Plan 2003-2007.

⁹ Homeland Security Act of 2003, Section 1402.



3.2 Strategic Goals

As mentioned earlier, each of the following goals have been developed in coordination with the VA Strategic Plan for 2003-2008, to ensure that they support the overall vision and mission of the Department:

- **Strategic Goal 1**
Identify and assign a Departmental organization to ensure education and training is incorporated into budget, resourcing, planning, and performance measurement.
- **Strategic Goal 2**
Ensure education and training plans are developed and aligned with human capital plans at all organizational levels as a part of the VA strategic planning cycle.
- **Strategic Goal 3**
Define and assign roles, responsibilities, and accountability structure clearly for VA education and training.
- **Strategic Goal 4**
Enhance existing leadership development and cross-cutting career field training programs to meet VA workforce needs.
- **Strategic Goal 5**
Develop and implement a communications and marketing plan to create a heightened awareness for employees at all levels on the full scope of learning opportunities.

3.3 Supporting Objectives

Derived from the strategic goals are the supporting objectives presented in Table 1 (page 12). Each objective describes how a goal can be attained through tactical action. These objectives will act as the initial step for the implementation phase of the strategic planning process. Further definition of the tactics that will be required for implementation can be found in Section 5.0 – Recommendations and Next Steps (page 20). Upon plan approval, these tactics will be expanded upon and incorporated into a comprehensive project plan.

**Table 1 – Strategic Goals and Supporting Objectives**

Strategic Goal #1	Identify and assign a Departmental organization to ensure education and training is incorporated into budget, resourcing, planning, and performance measurement.
High-level Objectives	<ol style="list-style-type: none"> 1. To oversee and coordinate the institutionalizing of education and training, the Department will establish an enduring office headed by a senior executive to champion and reinforce the initiatives identified in the Strategic Goals. 2. Design and implement a single governance structure for leadership of education and training for the Department. 3. Ensure adequate resources are allocated for education and training.
Strategic Goal #2	Ensure education and training plans are developed and aligned with human capital plans at all organizational levels as a part of the VA strategic planning cycle.
High-level Objectives	<ol style="list-style-type: none"> 1. Refine and implement a systematic planning cycle for the development of education and training plans linked to key annual planning cycles (e.g., budget, human capital, strategic). 2. Evaluate and measure effectiveness of education and training planning. 3. To implement HPDM more fully across the Department.
Strategic Goal #3	Define and assign roles, responsibilities, and accountability structure clearly for VA education and training.
High-level Objectives	<ol style="list-style-type: none"> 1. Develop and publish a revised VA training and education policy linked to strategic and human capital plans. 2. Define education and training performance measures for executives, managers, and supervisors relative to their levels of responsibility. 3. As a major component of the upcoming VA e-Learning Strategy, implement a Learning Management System (LMS) to capture and track education and training enterprise data for analysis and reporting (e.g., financial, production, learning history). 4. Anticipate and respond to emerging requirements (i.e., legislative, mandated, and mission-driven).



Strategic Goal #4	Enhance existing leadership development and cross-cutting career fields training programs to meet VA workforce needs.
<i>High-level Objectives</i>	<ol style="list-style-type: none"> 1. Identify VA-wide education and training standards for these programs (e.g., competencies, Instructional Systems Design models, and curriculum requirements). 2. Assess current program performance against the standards. 3. Develop and implement a curriculum for the cross-cutting career fields. 4. Implement short and long-term evaluation components to monitor ongoing performance in relation to the accepted standards.
Strategic Goal #5	Develop, implement, and maintain a communication and marketing plan to create a heightened awareness for employees at all levels on the full scope of learning opportunities.
<i>High-level Objectives</i>	<ol style="list-style-type: none"> 1. Develop a communication and marketing plan linked to the VA Education and Training Plan to disseminate information regarding employee education and development opportunities. 2. Implement, evaluate, and measure the effectiveness of the communication and marketing plan.



4.0 SWOT Analysis

The qualitative data collection efforts and facilitated sessions provided insight into the strengths, weaknesses, opportunities, and threats (“SWOT”) to a Department-wide education and training program. These four categories of influence will need to be considered throughout the implementation of the VA Education and Training Strategic Plan. Strengths and opportunities will provide the potential for “quick wins,” while weaknesses and threats will need to be addressed through a risk mitigation strategy.

4.1 Strengths

Strengths identified during the data collection process ranged from best practices to major Administration initiatives, indicating the success of individual education and training programs within the Department. Those strengths identified below will have a significant impact on the implementation of this strategic plan.

4.1.1 Infrastructure for Distance Learning

Within the Federal sector today, the VA is clearly a leader in the accessibility of technology-enabled learning. Through the VAKN satellite network, One Touch interactive Tele-training system, V-TEL videoconferencing capabilities, and VALO online offerings, employees can take advantage of educational offerings free of charge when and where they need them. Recently introduced, the Content Distribution Network (CDN) also provides access to video training content delivered directly to the employee’s desktop.

4.1.2 Administration-Specific Training

Another identified strength was the high quality of professional and technical training offered at the Administration, regional, and local levels. The analysis revealed that the unique nature of these environments necessitated training design, development, and delivery as administration-specific. The elements of the design and development efforts should be identified as models for future training programs, including those at the Department level and in corporate career fields.

4.1.3 The High Performance Development Model

The High Performance Development Model (HPDM), adopted Department-wide, defines core competencies for interpersonal and organizational excellence. This framework also includes 360-degree and 180-degree assessment tools that provide employees with feedback on individual strengths and opportunities for growth. On par with many corporate models, the coaching and mentoring element includes encouragement and development by an employee’s supervisor, rotations, team assignments, and learning events within the context of ongoing work. Recently adopted Department-wide, the HPDM provides a model for competency development and individual assessment for future training development. It will be important, furthermore, to incorporate HPDM tactically within the VA culture to maximize the Department’s investment in the model.



4.2 Weaknesses

The weaknesses identified below were further examined in the facilitated sessions. Some were elevated to strategic issues to ensure that they were addressed appropriately during implementation.

4.2.1 Lack of a Departmental Focus on Education and Training

Assessment participants consistently noted that the requisite priority or emphasis on education and training is not demonstrated consistently at the Department level. The participants in this effort often cited the lack of a Department Education and Training plan. While the administrations and Staff Offices may have plans, until now, there have been limited efforts to define Department-wide training needs.¹⁰

Another sign that the Departmental focus on education and training lacked solid backing was the absence of a process owner for education and training at the Department level, someone with a “seat at the table.” Opportunity and accessibility of training and education, furthermore, has also been noted as inconsistent throughout the Department because of “time away from work” and other resource-related concerns. Some assessment participants believe that a VA cultural shift towards solidifying and institutionalizing education and training across the Department is required, and that such a cultural change will result in improved services to the Nation’s veterans.

4.2.2 Lack of Department-wide Initiatives

There is a lack of training programs for cross-cutting career fields.¹¹ While the data collection revealed that most participants interviewed or surveyed believed that training should remain decentralized, a majority also felt that improved collaboration between administrations and Staff Offices would improve training programs for cross-cutting career fields. This was especially noted in leadership development programs. The Working Group has recognized the development of cross-cutting training as a strategic goal, identified the standardization of this training as a supporting objective, and emphasized the importance of better leveraging resources in the future.

¹⁰ A notable exception is the recent development of the VALU strategic learning priorities. These priorities include Career/Professional Development, Customer Service, Cross-Cutting Career Fields, Educating Employees Regarding Veterans, Emergency Preparedness, Employee Orientation/Reorientation, Information Management, Leadership and Management Development, Performance and Quality Improvement Tools and Methods, Personal Development, Quality of Work Life, Required Training, and University Degrees/Certificate Programs.

¹¹ As mentioned earlier, this excludes Acquisition Training, though opportunity and accessibility issues still apply (See Section 4.2.1 above).



4.2.3 Lack of Funding

Over time the budget for training and education in the Staff Offices has been cut with the expectation that the administrations would fund needed training. As recently as 10 years ago, Staff Offices had in place training programs in areas such as Human Resources and Finance, but over the past decade, these programs ceased to be funded due to budget cuts. As budget cuts become necessary from time to time within the Department, most surveyed believed that training resources were the first to be eliminated.

4.2.4 Lack of Department-Wide LMS

One final weakness noted was that the Department still does not have an enterprise Learning Management System (LMS) available to all employees and managers. Broadly defined, an LMS manages and facilitates the delivery of traditional and technology-enabled training, tracks student progress through the various types of training, and links training with required skills and competencies. As a centralized, Web-based application, the VA LMS is therefore envisioned as the nexus for all Departmental education and training opportunities.

Clearly, increasing the usage and effectiveness of training programs is critical to the development of a strong VA. An LMS would enable managers to provide employees with a single access point to all their training needs and allow blended delivery of the most effective learning methods. It would also allow collection of real-time data to support decision-making at both the Administration and Department levels. For these reasons, its criticality to Departmental education and training cannot be underestimated.

VA has been working on its LMS initiative for several years, and has been pursuing a highly configurable, commercial-off-the-shelf (COTS) application that would be available via the Intranet and Intranet. However, the recent e-Training initiative managed by OPM (known as "GoLearn") has been pursuing similar goals with the intent to provide centralized LMS services to the federal government. Since it has been unclear whether the services offered via GoLearn could meet the comprehensive and complex requirements of VA, the resulting protracted negotiations have led to the current acquisition and implementation delay.¹²

4.3 Opportunities

Assessment participants noted several opportunities for the advancement of training and education within the Department:

4.3.1 Technology-Enabled Learning

As identified in Section 4.1 (page 14), VA has in place a learning infrastructure that surpasses many government and private organizations. The ability to offer training in a variety of modalities will enable VA training managers to leverage technology-enabled learning across Department-wide training initiatives.

¹² The most recent negotiations between VA and GoLearn were on June 12, 2003. While there was agreement regarding the project's management structure and performance metrics, elements of the draft Inter Agency Agreement (IAA) relating to assumption of fiscal liability for cost overruns of the hosted solution were yet to be finalized. Signature authority for the IAA rests with the Deputy Secretary for VA.



With the variety of technologies now available for “blended” delivery, new and existing training is being converted to technology-enabled formats. For example, a significant amount of training in HPDM and leadership development uses a variety of learning technologies. VALU has also been asked to evaluate commercial distance learning products to extend the learning technology infrastructure even further.

VALO course modules can also be examined for blended opportunities, perhaps as pre-requisite or supplemental material to classroom or VAKN study.¹³ By examining job competencies, identifying knowledge and skills needed, then mapping critical tasks to training content, training managers can build a curriculum that addresses training needs and offers a variety of solutions to meet the needs of a population often limited in the amount of time that can be spent away from the job in the classroom.

4.3.2 Components of Leadership Development Training

Current leadership development programs continue to be improved and enhanced within the Department and Administrations. The Leadership VA (LVA) program was the most often mentioned success in the area of leadership development and inter-department collaboration. Other programs, listed below, are striving to prepare leaders for their future responsibilities within the Department:

- Leadership Advancement or “LEAD Program” (VBA and VHA);
- VHA Health Care Leadership Institute (HCLI);
- VBA Assistant Directors Development Program;
- Cemetery Director Training Program (NCA);
- Senior Executive Service (SES) Candidate Development Program.

These efforts can then become the foundation for the development of a VA leadership curriculum. Furthermore, by applying learning technology and linking the content with core leadership competencies, the content could then address a variety of learning styles through a more convenient blended solution.

4.3.3 Employee Orientation and Career Paths

The lack of a career path for most employees was often described as a weakness in the study. For example, it is unclear how an employee could determine their promotion potential, or which assignments to request to pursue career advancement. To address these issues, all VA employees need an understanding of learning expectations, opportunities, and career paths in their chosen field. This should include defined competencies as well as advancement or certification options. This career path should be determined as early as possible, beginning with a new employee orientation program that introduces new personnel to the organization and helps them to understand the mission of the organization and the constituents they serve. The program should also clearly define the goal of the VA to be the employer of choice, with a solid commitment to employee training and education.

¹³ VALO/VAKN is an example of a basic blended learning approach.



Leveraging the existing VA “Communities of Practice” – groups of people that have worked together for a period of time in a related area – could also help to define career paths by incorporating the issues and “lessons learned” encountered by the established career and skills-related communities within the Department. The implementation of an LMS, furthermore, will enable managers to build an individual development plan for each employee, mapping training opportunities and expectations to competencies, thereby enhancing career advancement. Each Administration and Staff Office can prepare for this implementation by designing and developing competencies for each grade level of that position and when appropriate, establishing certification procedures for employees in those occupations.

4.3.4 Communications and Marketing Learning Opportunities

The study noted that most employees are not aware of learning opportunities that are available to them. As VA implements the education and training plan for the Department, a marketing component must be included that will educate employees and managers of all the learning opportunities across the Department. This marketing/communication plan will inform employees and managers of the learning infrastructure in VA and the many opportunities for learning at their desktops. Again, a central goal of the marketing/communication should be to influence cultural changes in the VA towards institutionalizing education and training.

4.3.5 Leverage Department-wide Purchasing

As the largest civilian Department, VA has the ability to realize economies of scale and achieve greater management efficiencies by fully leveraging its purchasing power for training programs. For this reason, it is essential to eliminate practices that fragment the purchasing power for training programs and detract from the Department’s ability to achieve product consistency and obtain the most favorable terms and pricing.

4.3.6 Provide Clear Linkages to Human Capital Management

As mentioned earlier, the Chief Human Capital Officers Act focuses on ensuring the effective oversight of human resources, and directly supports the Department’s goal of recruiting, developing, and retaining a competent, committed, and diverse workforce. With such an alignment of legislative requirements and Departmental focus, there is an opportunity to highlight and reinforce this relationship through the Strategic Goals, recommendations, and “next steps” presented in the ETP.



4.4 Threats

Several threats were identified in the assessment phase of this project. These threats should be minimized as part of a risk mitigation strategy.

4.4.1 Placement of Education and Training Oversight

While the Office of Human Resources Management (OHRM) is responsible for education and training policy, it has played a limited role in the oversight of policy implementation and ongoing program evaluation. Current policy delegates substantial responsibility and accountability to the individual administrations and Staff Office heads. While the Administrations have managed their professional and technical training programs well, the lack of Departmental oversight has not ensured against redundancy of programs among the administrations, and a lack of training programs and resources for Staff Offices. The majority of survey, interview, and Working Group participants were very clear about the importance of proper placement of this oversight authority within the Department.

4.4.2 Insufficient or Poorly-Leveraged Resources

To demonstrate its commitment to education and training, the Department must protect funds and staffing levels allocated for education training and ensure that they are invested wisely in the development of an effective workforce. The Department must also work to make efficient use of available funds, leveraging its technological resources already in place with the implementation of a training development process that will meet and manage the needs of each employee. As the Department begins to map resources to training needs as identified in the strategic goals, more training and education can be delivered via alternative and blended modalities, providing more employees with access to training, when and where they need it. This effort, however, will require continued financial support and protected budgets for education and training.

4.4.3 Lack of Performance-based Measures

It is difficult to assess the effectiveness of training provided to both VA managers and employees because measures of effectiveness have to be better defined and applied across the Department. This was a repeated concern of executives interviewed, indicating that there are few formal measures in place linking training to an improvement in either individual or organizational performance. As the Department begins to address the objectives identified in the strategic goals, they will begin a process of establishing competencies and performance criteria by which to measure training efforts. By implementing a thorough evaluation plan (which will collect data that is in turn tracked and managed by the LMS), managers will have the information to link performance to organizational objectives.

4.4.4 Failure to Institutionalize and Champion Education and Training

The stability of any Departmental education and training program may be jeopardized if education and training is not institutionalized throughout the Department. To oversee and coordinate the institutionalizing of education and training, the Department will therefore need to establish an enduring office to champion and reinforce the initiatives identified in the Strategic Goals.



5.0 Recommendations and Next Steps

In consideration of the related ETP strengths, weaknesses, opportunities, and threats identified in Section 3.0 (page 10), the Working Group developed the following recommendations and suggested “next steps” for achieving the Strategic Goals and Supporting Objectives developed in Section 4.0 (page 14):

1. Establish an Office of Employee Education and Training headed by a senior executive to serve as the focal point for education and training in support of VA strategic management of human capital. Among its responsibilities, this office will:
 - a. Be responsible and accountable for departmental education and training policy, planning, evaluation, and oversight;
 - b. Be responsible for managing the programs currently managed under the umbrella of VALU;
 - c. Be responsible for leading a governance structure for education and training issues of departmental significance (e.g., funding for VA-wide program needs, vetting proposals for department-level training programs, etc.);
 - d. Be responsible for filling identified, department-level operational gaps:
 1. Leadership and supervisory development training
 2. Training programs for VACO Staff Offices and cross-cutting career fields
 3. Other training with VA-wide applicability (e.g., customer service training, new employee orientation, etc.)
2. Institutionalize education and training planning as a component of VA’s strategic planning and budgeting cycle to ensure adequacy of funding and alignment with Departmental strategic goals.
3. Complete implementation of initiatives critical to overall success of education and training within VA (recommended Office of Employee Education and Training should take a lead role):
 - a. High Performance Development Model (HPDM)
 - b. Learning Management System (LMS)
4. Decide on appropriate VA organizational alignment for Office of Education and Training – ideal is to associate this with the Chief Human Capital Officer because of the linkage between education and training and other programs central to strategic management of human capital.¹⁴

¹⁴ However, the office can function under any number of organizational configurations as long as its mission, role, responsibility, and authority are clear.



5. Take the following action as quickly as possible:
 - a. Approve, or modify and approve, the ETP.
 - b. Add the Chief Human Capital Officer (CHCO) to the VALU Board of Directors Executive Committee (helping ensure alignment with Human Capital Planning).
 - c. Assign responsibility to an interim executive for implementing the strategies and supporting objectives outlined in the ETP.
 - d. Develop an implementation plan that focuses on leadership and supervisory development training, training for cross-cutting career fields, and other training with VA-wide applicability (e.g., customer service and new employee orientation).
 - e. Expedite the acquisition of a Department-wide Learning Management System (LMS).
 - f. Ensure alignment between the ETP and ongoing education initiatives within the Department (e.g., e-Learning Strategy and Training Policy Revision).



Appendix A: Working Group, Interview, Focus Group, & Web Survey Participants

Working Group Participants

Working Group Member	Position/Organization
(b) (6)	Program Analyst, OI&T
(b) (6)	Deputy Chief of Staff
(b) (6)	Human Resource Manager, OI&T
(b) (6)	Executive/Workforce Planning & Development Officer
(b) (6)	Executive Assistant to VHA Chief Learning Officer
(b) (6)	Special Assistant to the Business Oversight Board
(b) (6)	Chief of Human Resources Division, NCA
(b) (6)	Special Assistant to the Director of Employee Development & Training
(b) (6)	Acting Dean of VALU and Chief Learning Officer of VHA
(b) (6)	Director of Employee Development and Training
(b) (6)	Director, HR Development
(b) (6)	Program Analyst, PP&P
(b) (6)	Director of Strategic Planning, PP&P
Selnick, Darin	Special Assistant and Associate Dean of VALU
(b) (6)	Management Analyst, OGC
(b) (6)	Education Program Manager, VALU
(b) (6)	Support, OGC

Interview Participants

Organization	Name	Position
VA	Dr. Leo Mackay	Deputy Secretary
	Nora Egan	Chief of Staff
VHA	Dr. Robert Roswell	Under Secretary for Health
	Dr. Jonathon Perlin	Deputy Under Secretary for Health
	Laura Miller	Deputy Under Secretary for Operation and Management
	Dr. Fran Murphy	Deputy Under Secretary for Health Policy Coordination
	Nevin Weaver	Chief of Staff
	Ken Clark	VISN 22 Network Director
	Jim Farsetta	VISN 3 Network Director
	(b) (6)	Acting Dean and Chief Learning Officer
NCA	Eric Benson	Acting Deputy Under Secretary for National Cemetery Administration
	(b) (6)	Acting Director of Field Operations in Memorial Affairs
VBA	Admiral Dan Cooper	Under Secretary for Benefits
	Bill Stinger	Acting Deputy Under Secretary for Benefits
	Bob Eply	Acting Deputy Under Secretary for Policy
	(b) (6)	Deputy Director of the Compensation and Pension Service
	(b) (6)	Director of Employee Development and Training
	(b) (6)	ADUS Office of Management
	(b) (6)	Area Director



Interview Participants (Continued)

Organization	Name	Position
Staff Offices & Cross-cutting Organizations	William H. Campbell	Assistant Secretary for Management
	David S. Derr	Acting DAS for Acquisition and Materiel Management
	Dennis Duffy	PDAS Policy Planning
	Dr. John Gauss	Assistant Secretary for Information Technology
	Gordon Mansfield	Assistant Secretary for Congressional Legislative Affairs
	Mark Catlett	PDAS for Management
	General Mick Kicklighter	Assistant Secretary for Policy and Planning
	Tim McClain	General Counsel
	Ventris Gibson	Deputy Assistant Secretary for Human Resources

Focus Group Participants

Organization	Name	Position
IG	Jon Wooditch	Assistant Inspector General
	(b) (6)	Director, Human Resources Mgmt Division
	(b) (6)	Deputy Assistant IG for Mgmt. & Administration
NCA	(b) (6)	Director, Mgmt. Support Services
	(b) (6)	Chief, Human Resources Div
OHRA	Bob Schultz	Principal DAS for HR&A
	Armando Rodriguez	DAS Diversity Management
	James Jones	DAS Resolution Management
OIT	(b) (6)	Dir., Office of Mgt.
	(b) (6)	Supervisory Computer Spec
	(b) (6)	Director, AAC
	(b) (6)	Human Resource Manager
OM	Jim Sullivan	Dep. Dir., OAEM
	Edward Murray	ADAS for Financial Systems
	(b) (6)	Core FLS Project Director
	(b) (6)	Executive Assistant
OPP	David Balland	Chief, Acquisition Training
	Gary Steinberg	Dep. Asst. Sec for Policy
	Gary Steinberg	Dep. Asst. Sec for Planning and Evaluation
VBA	(b) (6)	Director Loan Guaranty Service
	(b) (6)	Director Education Service
	(b) (6)	Director
	Stu Liff	Director, LA RO
	Monty Watson	Director, Montgomery RO
VHA	Dr. George Wolohojian	Director, Baltimore RO
	(b) (6)	Dir. Mgmt. Support Office
	Linda Belton	Dir. VISN 11
	(b) (6)	EES Integration Council
	Jonathan Gardner	Dir., VAMC Tucson

**Focus Group Participants (Continued)**

Organization	Name	Position
VHA	(b) (6)	Exec. Asst. Patient Care Services
	Max Lewis	Asst. Dep. Under Sec. Health Operations & Management
	(b) (6)	Chief of A&MM
	Larry Flesh	Network Medical Director
	Kimberly Jones	VA Western New York LPN
VHA / VALU	(b) (6)	Exec. Dir., Leadership VA
EES/VHA	(b) (6)	Managing Director
AFGE	(b) (6)	AFGE Local 1539 President
Union	5 Respondents	Union Representatives

Web Survey Recipients ¹

Organization	Name	Position
OHRA	(b) (6)	Training Mgr. Ofc. Resolution Management
OIT	Bruce Brody	ADAS for Computer Security
	(b) (6)	Director, IT Oversight
		Staff Assistant
		Program Analyst
OM		Materiel Management Specialist
	Rita Reed	DAS for Budget
	(b) (6)	Dep. Dir.
		Director of the Enterprise
		Lead Program Analyst
		Program Analyst
		Director
		Executive Director
		Executive Assistant
	Rom Mascetti	ADAS Financial Policy
	(b) (6)	Cost and Debt Mgt
		Cost Accounting and Medical
		Director, Accounting/Payroll
		Director, Acquisition Resources Service
		Director, Business Office
VBA	(b) (6)	Special Assistant to the Director of Employee Development & Training
VHA		Personnel Mgt Spec
		HR Consultant
		Chief, EEO/Civil Rights Policy Team
		Dir., Iron Mountain VAMC
		Acting Dir., Field Operations Div, EES
		Acting Dir., Admin Operations, EES
		Exec. Asst. to VHA CLO
		National Initiatives Div. Consultant

¹ Softcopy of the textual responses to the Web Survey are available upon request.



Appendix B: Government Furnished Information (GFI) Inventory

Index	GFI Title	File Name	Date Received	GFI Type
1	Charter for VA E-Learning Strategy Committee	Charter for VA Elearning Strategy.doc	3/13/03	Word Document
2	VA-wide Education and Training	education and training task order October 5.ppt	3/13/03	PowerPoint Slides
3	EES' Content Distribution Network Team Wins Network World's 2002 User Excellence Award	EES.doc	3/13/03	Word Document
4	EES FY03 National Training Priority Setting Process	EES FY03 National Training Priority Setting Process.doc	3/13/03	Word Document
5	VA e-Learning Strategy (draft)	e-learning strategy draft 15f3.doc	3/13/03	Word Document
6	Succession Planning for Engineers and Safety Professionals	Engineering Succession Planning.pdf	3/13/03	Adobe Acrobat File
7	EES FY03 National Training Priority Areas	FY03 Priority Areas description.doc	3/13/03	Word Document
8	Department of Veterans Affairs Strategic Plan: FY2001 – 2006	GAO_ VA Strategic Plan.htm	3/13/03	HTML File
9	VHA NATIONAL STRATEGIC PLANNING GUIDANCE: FY 2003–FY 2007	GAO_VHA NATIONAL STRATEGIC PLANNING GUIDANCE.doc	3/13/03	Word Document
10	SUMMARY OF HC ASSESSMENT STRATEGIES	HC Strats1+ Team Assignments.doc	3/13/03	Word Document
11	Model Human Resources Specialist Career Path	HR Career Training Tables.doc	3/13/03	Word Document
12	NATIONAL LEADERSHIP DEVELOPMENT PROGRAMS	Leadershipgrid 11-02.xls	3/13/03	Excel Spreadsheet
13	VA LEARNING UNIVERSITY OPERATIONAL PLAN	Operational Plan2.doc	3/13/03	Word Document
14	Employer of Choice	performance measure.doc	3/13/03	Word Document
15	Professional Development – Task Group Report	Professional Development Task Group Report-Final.doc	3/13/03	Word Document
16	President's Management Agenda – Scorecard Update	Scorecard update11 -- post performance review 9.30.doc	3/13/03	Word Document

VA Education and Training Strategic Plan



Index	GFI Title	File Name	Date Received	GFI Type
17	Sect1 – HCAAT	Sect1-HCAAT.doc	3/13/03	Word Document
18	Department-Wide Professional Development	Slides revised 1-3-01version 2.ppt	3/13/03	PowerPoint Slides
19	VA LEARNING UNIVERSITY STRATEGIC PLAN	VA Learning University.doc	3/13/03	Word Document
20	EXECUTIVE DECISION MEMO – VA Strategic Learning Priorities	VA Strategic Learning Priorities 2	3/13/03	Word Document
21	VALU BOD Organizational Charter	VALU BOD Charter (revised)	3/13/03	Word Document
22	Background Information in support of the Professional Development Task Group Recommendations (January 2002)	N/A – Hardcopy Only	3/14/03	Hardcopy
23	The Next Generation Work Group – Findings, Recommendations, and Summary	N/A – Hardcopy Only	3/14/03	Hardcopy
24	VA Learning University – VALU Implementation Plan (7/7/95, the “Moravec” Report)	N/A – Hardcopy Only	3/14/03	Hardcopy
25	Department of Veterans Affairs Workforce and Succession Planning (1/10/02)	N/A – Hardcopy Only	3/14/03	Hardcopy Slide Presentation
26	Decision Paper – “One-VA Training System” (1995)	N/A – Hardcopy Only	3/14/03	Hardcopy
27	DOIU – Department of the Interior University	N/A – Hardcopy Only	3/14/03	Hardcopy Brochure
28	Orientation to TVA University (2003)	N/A – Hardcopy Only	3/14/03	Hardcopy
29	VA Learning University – Implementation Action Plan (March 22, 1999)	N/A – Hardcopy Only	3/19/03	Hardcopy
30	Guide for Using the VSSC Data Site	VSSC Data Guide.doc	3/20/03	Word Document
31	Projection Instructions	Projection Instructions.xls	3/20/03	Excel Spreadsheet
32	Workforce and Succession Planning: Preparation of Organizational Plans	wfpguidance – final.doc	3/20/03	Word Document

VA Education and Training Strategic Plan



Index	GFI Title	File Name	Date Received	GFI Type
33	VA Directive 5002 -- DEPARTMENT OF VETERANS AFFAIRS (VA) WORKFORCE AND SUCCESSION PLANNING	wfpdirective – final.doc	3/20/03	Word Document
34	The High Performance Development Model (various printouts from VA Intranet)	N/A – Hardcopy Only	3/24/03	HTML Printouts
35	Milestone 1 Review Program Decision Briefing – VA Learning Management System (dated: 2/5/2003)	N/A – Hardcopy Only	3/24/03	PowerPoint Presentation
36	VA Directive 5015 – Employee Development	5015_Employee_Development.doc	3/25/03	Word Document
37	e-Learning 200 and Beyond – The State of the Industry (Corporate University Xchange, Inc., 2000)	elearning.pdf	3/25/03	Adobe Acrobat File
38	HPDM Brochure 1 from VA Intranet	hpdm.pdf	3/25/03	Adobe Acrobat File
39	HPDM Brochure 2 from VA Intranet	hpdm2.pdf	3/25/03	Adobe Acrobat File
40	HPDM – Core Competency Definitions & Behavioral Examples at Each Level	corecompetencydefinitions.pdf	3/25/03	Adobe Acrobat File
41	National Cemetery Administration – FY2001 – FY 2006 NCA Strategic Plan	NCAPlan20012006.doc	3/25/03	Word Document
42	National Cemetery Administration – Employee Training Delegation of Authority Memorandum	Training ApprovalDelegation.doc	3/25/03	Word Document
43	National Cemetery Administration – Training and Education Guidance (Draft SOP)	Training SOP(draft).doc	3/25/03	Word Document
44	HPDM Systems Thinking	Self-Study8-Systems_Thinking.doc	5/02/03	Word Document
45	HPDM Organizational Stewardship	Self-Study9-Organizational_Stewardship.doc	5/02/03	Word Document
46	HPDM Interpersonal Effectiveness	Self-Study4-Interpersonal_Effectiveness.doc	5/02/03	Word Document
47	VA Factor Analysis	VAFactor_Items_9_02.doc	5/02/03	Word Document
48	VHA Executive Resources Board Overview	2003aECF_Program_Overview.doc	5/02/03	Word Document

VA Education and Training Strategic Plan



Index	GFI Title	File Name	Date Received	GFI Type
49	VHA Executive Resources Board App Process	2003b_ECF_Application_Process.doc	5/02/03	Word Document
50	VHA Executive Resources Board Program Description	2003b_ECF_Development_Program_Description.doc	5/02/03	Word Document
51	VHA Workforce Succession Plan 2003-2007	VHA WF Succ Plan Draft 4_2_03am.doc	5/02/03	Word Document
52	Technical Career Fields Program Overview and Proposed Elements	NLB_Proposal_11_13_02.doc	5/02/03	Word Document
53	Mentoring Toolbox	mentoring_toolbox.doc	5/02/03	Word Document
54	VHA VISN/Facility Leadership Development Program	LEAD_DRAFT_REPORT_FINAL.doc	5/02/03	Word Document
55	EES IDP Policy Draft	EESIDPPolicydraft.doc	6/10/03	Word Document

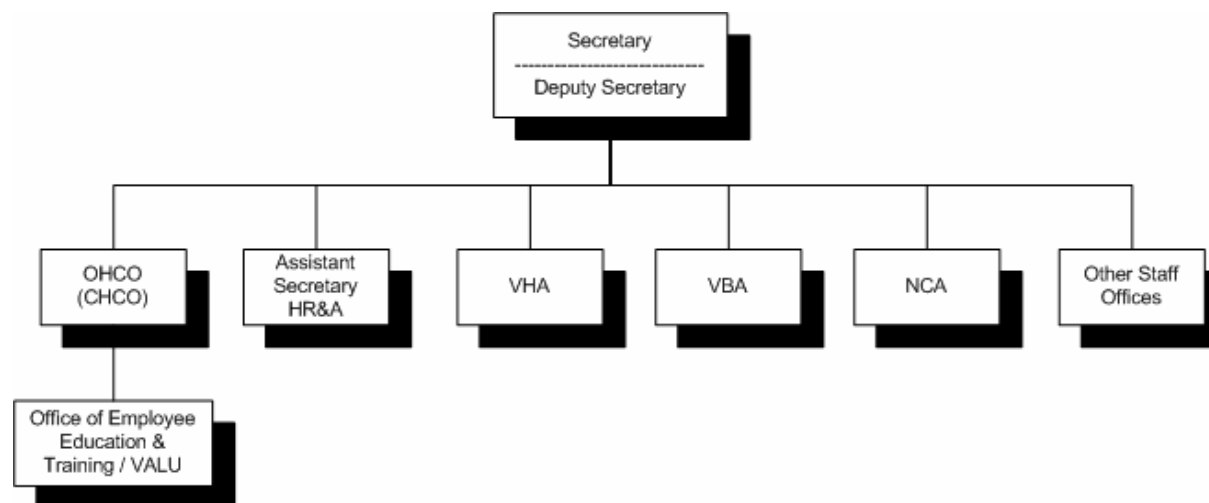


Appendix C: Proposed VALU Alternatives

Proposed Alternative Scenario #1

Establish an Office of Human Capital (OHC), reporting to the Secretary

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> Office of Human Capital, headed by an executive level CHCO, is not part of HR&A. It is a separate organization reporting to the Secretary Office of Employee Education and Training (OET)/VALU, OHRM training and policy function, and OHRM workforce planning reports to the CHCO CHCO is Department Chief Learning Officer (CLO) Will require revisiting the department decision not to make the Human Capital Officer separate from the Assistant Secretary for HR&A (AS/HR&A) CHCO does not have line authority over administration CLOs A cross-organizational governance structure will continue to exist 	<ul style="list-style-type: none"> Meets strategic issues and Department needs Ensures a corporate identity separate from VHA. Integrates key Human Capital components Demonstrates department commitment to learning Possesses sufficient authority to implement change Avoids perceived institutional bias surrounding HR Meets the legislative intent of the Human Capital legislation Creates a VA-wide learning system Has a seat at the table Is a fresh start Places corporate education in a more strategic position Facilitates coordination of education and educational policy 	<ul style="list-style-type: none"> Requires another direct report to the Secretary Requires start up funds Invites congressional scrutiny Subjects the Office to the constraints of the GOE budget Requires reporting to the Office of the Secretary which makes the Office vulnerable to administration changes Raises confusion regarding roles of Human Capital and HR Weakens HC Officer by fragmenting the HR functional responsibilities Raises issues of SES cap



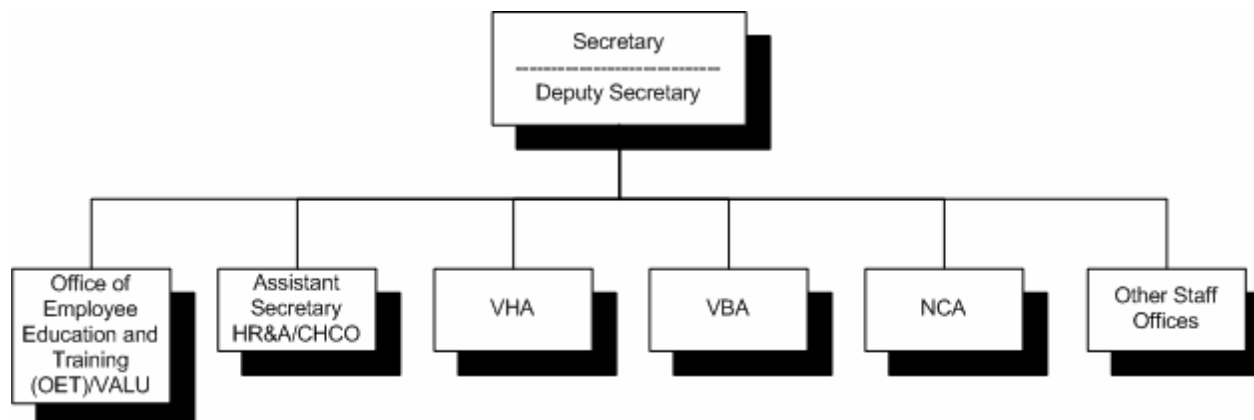
Appendix C: Proposed VALU Alternatives



Proposed Alternative Scenario #2

Establish Office of Employee Education and Training (OET), reporting to the Secretary

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> Office of Employee Education and Training (OET) head becomes the department CLO, reports to the Office of the Secretary OET head is a separate SES position from VHACLO SES OHRM training and policy function moves under OET VALU becomes a component of OET AS/HR&A/CHCO stays separate office Department CLO does not have line authority over administration CLOs A cross-organizational governance structure will continue to exist 	<ul style="list-style-type: none"> Meets strategic issues and Department needs Ensures a corporate identity separate from VHA. Demonstrates department commitment to learning Possesses sufficient authority to implement change Avoids perceived institutional bias surrounding HR Creates a VA-wide learning system Has a seat at the table Is a fresh new start Places corporate education in a more strategic position Is singly focused on education and training 	<ul style="list-style-type: none"> Requires another direct report to the Secretary Separates learning from Human Capital Officer functions Lacks line authority which makes it difficult to coordinate administration and Staff Office efforts Requires start up funds Invites congressional scrutiny Subjects the Office to the constraints GOE budget Requires reporting to the Office of the Secretary makes the Office vulnerable to administration changes Raises issues of SES cap



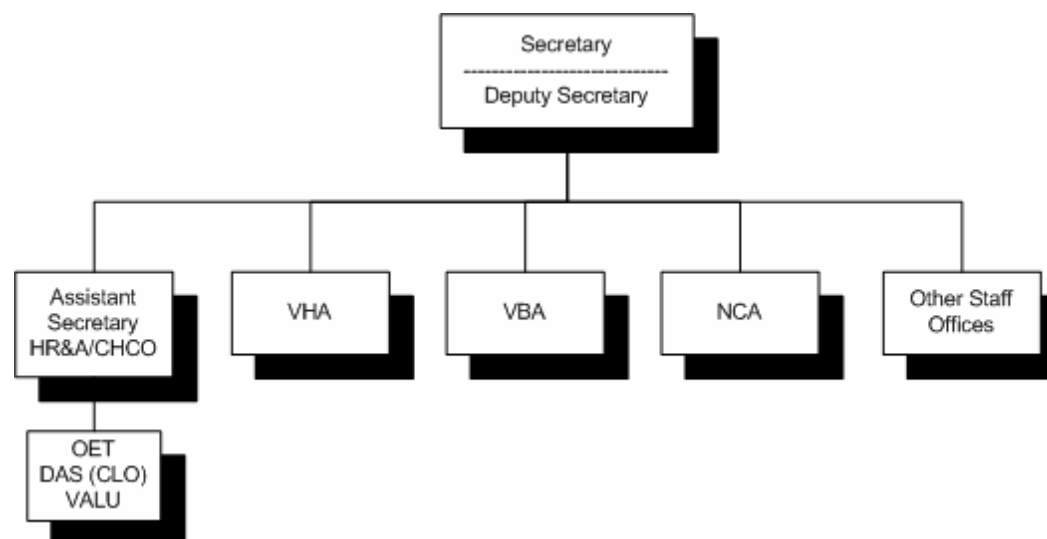
Appendix C: Proposed VALU Alternatives



Proposed Alternative Scenario #3

Establish Office of Employee Education and Training (OET), reporting to Asst. Secretary HR&A/CHCO

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> DAS for E&T Office reports to the AS/HR&A/CHCO, and is the CLO VALU and OHRM training and policy function report to the CHCO A cross-organizational governance structure will continue to exist Department CLO does not have line authority over administration CLOs 	<ul style="list-style-type: none"> Meets strategic issues and Department needs Ensures a corporate identity separate from VHA Integrates all key Human Capital components under CHCO Demonstrates department commitment to learning Possesses sufficient authority to implement change Meets the legislative intent of the Human Capital legislation Creates a VA-wide learning system Is a fresh new start Places corporate education policy in a more strategic position Minimizes start up costs and organizational disruption 	<ul style="list-style-type: none"> Requires new DAS position and issues of SES and DAS cap Subjects the Office to the constraints GOE budget Lacks line authority which makes it difficult to coordinate administration and Staff Office efforts Does not address the institutional bias surrounding HR&A Makes education and training compete with other HR&A functions No seat at the table

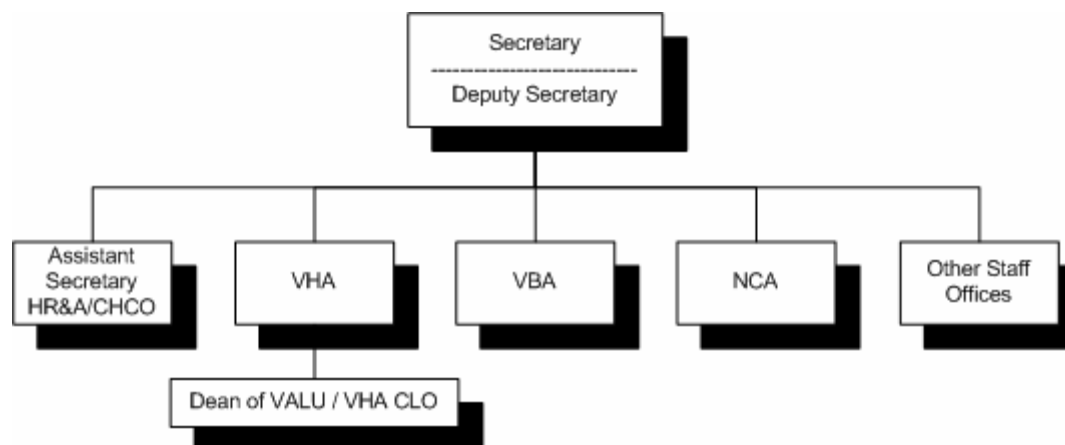




Appendix C: Proposed VALU Alternatives

Proposed Alternative Scenario #4 Preserve Current Organizational Structure

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> Dean of VALU also CLO VHA/EES Dean of VALU does not have line authority over other administration CLOs A cross-organizational governance structure will continue to exist CHCO is the AS/HR&A reporting to the Secretary OHRM retains Department training policy responsibility 	<ul style="list-style-type: none"> Existing organization with a track record of developing, and implementing educational infrastructure (VAKN, VALO, Online Catalog, etc.) Leverages existing VHA and EES resources to the benefit of the Department No start up costs or organizational disruption Saves an SES slot by keeping the dual position 	<ul style="list-style-type: none"> Does not address strategic issues and Department needs Does not ensure a corporate identity separate from VALU Does not demonstrate department commitment to learning Has insufficient authority to implement change No seat at the table Is subject to VHA influence Training policy and oversight functions are separate from CLO position.







DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

July 8, 2019

In Reply Refer To: 001B
FOIA Request: 18-11960-F

Daniel McGrath, Staff Attorney
Austin Evers, Executive Director
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005
foia@americanoversight.org; daniel.mcgrath@americanoversight.org

Dear Mr. McGrath:

This is the Sixth Partial Initial Agency Decision (IAD) to your Freedom of Information Act (FOIA) request to the Office of the Secretary, U.S. Dept. of Veterans Affairs (OSVA) dated and received August 23, 2018, and assigned FOIA tracking number **18-11960-F**. You requested: All records reflecting communications (including emails, email attachments, text messages, messages on messaging platforms (such as Slack, GChat or Google Hangouts, Lync, Skype, or WhatsApp), telephone call logs, calendar invitations/entries, meeting notices, meeting agendas, informational material, talking points, any handwritten or electronic notes taken during any oral communications, summaries of any oral communications, or other materials) between any of the individuals listed

- Veterans Affairs Officials
 - Darin Selnick, Senior Advisor to the Secretary
 - Casin Spero, Special Advisor
 - Individuals within the Offices of the Secretary and Deputy Secretary: David Shulkin, Former Secretary, and anyone acting on his behalf
 - Vivieca Wright Simpson, Former Chief of Staff
 - Pete O'Rourke, Former Chief of Staff, Former Acting Secretary, and Senior Advisor to the Secretary; and anyone acting on his behalf
 - Robert Wilkie, Secretary, and anyone acting on his behalf
 - Jacquelyn Hayes-Byrd, Acting Chief of Staff and Deputy Chief of Staff
 - Thomas Bowman, Deputy Secretary, and anyone acting on his behalf
 - Any political appointee* in the immediate Office of the Secretary or Deputy Secretary during the applicable time period not previously listed above
- Outside Recipients
 - Dan Caldwell
 - Nathan Anderson
 - Shannon Hough
 - Pete Hegseth
 - Any email address ending in @cv4a.org or @cvafoundation.org
 - Isaac "Ike" Perlmutter
 - Bruce Moskowitz
 - Marc Sherman
- All email communications between any of the individuals listed in Column A and any external individuals or organizations (i.e., emails with addresses ending in com/.org/.net/.mil/.edu) that mention one or more of the following search terms in the subject line, body of the email, or attachment:
 - a. "Concerned Veterans"
 - b. "Concerned Vets"
 - c. CVA

d. CV4A

Please provide all responsive records from January 20, 2017, through the date of the search.”

There is substantial overlap between FOIA request **18-11960-F** and your prior FOIA request **18-07426-F**, as there are responsive records responsive to both FOIA requests.

18-11960-F: 6th Partial IAD & Reasonable Searches Dated 12/19/18 & 5/2/19

On December 19, 2018, the OSVA FOIA Officer requested that the VA IT office search through the email boxes of the below twelve (12) custodians from January 20, 2017, to December 19, 2018:

- 1) Wilkie, Robert L., Jr., VA Secretary;
- 2) Shulkin, David, former VA Secretary;
- 3) O'Rourke, Peter M., former VA Acting Secretary;
- 4) Byrne, Jim, current VA Acting Deputy Secretary;
- 5) Bowman, Thomas, former VA Deputy Secretary;
- 6) Powers, Pam, current VA Chief of Staff;
- 7) Hayes-Byrd, Jacquelyn, former VA Acting Chief of Staff;
- 8) Wright-Simpson, Vivieca, former VA Chief of Staff;
- 9) Selnick, Darin, former VA White House Senior Advisor;
- 10) Lukach, Michael, former VA White House Senior Advisor;
- 11) Leinenkugel, Jake, former VA White House Senior Advisor; and,
- 12) Spero, Casin D, former VA White House Liaison.

The VA IT office provided search results, with the OSVA FOIA Officer to conduct secondary searches via the Clearwell e-discovery platform.

On May 2, 2019, using the Clearwell e-discovery platform, the OSVA FOIA Officer used the key terms “Concerned Veterans of America,” “CVA,” “cv4a.org,” “CV4A,” “Concerned Vets,” and “Concerned Veterans” to search through the email boxes of the aforementioned twelve (12) custodians. Excluding the previous Clearwell search results for the First through Third Partial Initial Agency Decisions, this May 2, 2019, Clearwell search yielded approximately two hundred twenty (220) emails and their attachments totaling approximately five thousand (5,000) pages.

Of the two hundred twenty (220) emails and their attachments totaling approximately five thousand (5,000) pages, OSVA now releases thirty-two (32) emails and their attachments totaling six hundred forty-nine (649) pages, Bates-numbered 5129-5777. After reviewing the six hundred forty-nine (649) pages, OSVA redacts some information with FOIA Exemptions 5 and 6.

Exemption 5 permits an agency to withhold material reflecting the thoughts, opinions, and recommendations of federal officials reviewing an issue. Under the deliberative process privilege and FOIA Exemption 5, OSVA redacts portions of deliberations requiring press releases and Mission Act policies. The redacted information is both predecisional and deliberative because it reflects preliminary opinions and recommendations, which do not reflect VA's final decision. Exposure of premature discussions before a final decision is made could create undue public confusion. The release of the redacted information would negatively impact the ability of federal employees to openly and frankly consider issues amongst themselves when deliberating, discussing, reviewing, and making recommendations on VA programs. The information reveals the thoughts, deliberations, and opinions that, if released, would have a chilling effect on the ability of federal officials to discuss, opine, recommend or be forthcoming about the agency's issues which require full and frank assessment. Here, the disclosure of the

withheld information is likely to compromise the integrity of this deliberative or decision-making process. Moreover, the predecisional character of a document is not altered by the passage of time. Bruscino v. BOP, No. 94-1955, 1995 WL 444406 at *5 (D.D. C. May 15, 1995), aff'd in part, No. 95-5212, 1996 WL 393101 (D.C. Cir. June 24, 1996).

5 U.S.C. § 552(b)(6) exempts from required disclosure "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." FOIA Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information being withheld, as indicated on the enclosed documents, under FOIA Exemption 6, consists of names, identities, email addresses, VA usernames, phone numbers, cellular numbers, and facsimile numbers of federal employees and private citizens; we however release the names and VA email addresses of VA Senior Executives. Federal civilian employees and private citizens retain a significant privacy interest under certain circumstances, such as in instances where the release of their information could represent a threat to their well-being, harassment, or their ability to function within their sphere of employment. The federal civilian employees and private citizens whose information is at issue have a substantial privacy interest in their personal information. In weighing the private versus the public interest, except names and VA email addresses of VA Senior Executives, we find that there is no public interest in knowing the names, identities, email addresses, VA usernames, phone numbers, cellular numbers, and facsimile numbers of federal civilian employees and private citizens. The coverage of FOIA Exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the individual is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government. Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the records, I have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest of the individuals whose names are redacted. The protected information has been redacted and (b)(6) inserted. Releasing even a single VA username reveals the pattern to ascertain VA usernames that VA employees use to log into VA Systems of Records; releasing VA usernames exposes the VA, its employees, and its contractors to potential hacking and information technology security liabilities and risks. "Withholding a telephone number or e-mail address, alone, is not sufficient to protect that [privacy] interest; alternate means of contacting and harassing these employees would be readily discoverable on the Internet if this court ordered their names disclosed." Long v. Immigration & Customs Enf't, 2017 U.S. Dist. LEXIS 160719 (D.C. Cir. 2017).

Thus far, OSVA has released to you five thousand six hundred twenty-five (5,625) pages for FOIA requests **18-07426-F** and **18-11960-F**.

18-11960-F: 5/10/19, 5th Partial IAD

On May 10, 2019, after re-reconsidering OSVA's FOIA Exemption 5 redactions to pages Bates-numbered 1003-1005 and 1124-1132, OSVA no longer redacts them per FOIA Exemption 5.

On May 10, 2019, after re-considering OSVA's FOIA Exemption 5 redactions to a briefing memorandum and talking points (Bates-numbered 1030-1031), OSVA still believes those redactions are warranted. Exemption 5 permits an agency to withhold material reflecting the thoughts, opinions, and recommendations of federal officials reviewing an issue. Under the deliberative process privilege and FOIA Exemption 5, OSVA redacts portions of talking points and a briefing memorandum prepared for Secretary Shulkin for his meeting with Rep. Cathy McMorris-Rodgers. The redacted information is both predecisional and deliberative because it reflects preliminary opinions and recommendations, which do not reflect VA's final decision. Exposure of premature discussions before a final decision is made could create undue public confusion. The release of the redacted information would negatively impact the ability of federal employees to openly and frankly consider issues amongst themselves when deliberating, discussing, reviewing, and making recommendations on VA programs. The information reveals the thoughts, deliberations, and opinions that, if released, would have a chilling effect on the ability of federal officials to discuss, opine, recommend or be forthcoming about the agency's issues which require full and frank assessment. Here, the disclosure of the withheld information is likely to compromise the integrity of this deliberative or decision-making process. Moreover, the predecisional character of a document is not altered by the passage of time. Bruscino v. BOP, No. 94-1955, 1995 WL 444406 at *5 (D.D. C. May 15, 1995), aff'd in part, No. 95-5212, 1996 WL 393101 (D.C. Cir. June 24, 1996); Access Reports v. DOJ, 926 F.2d 1192, 1196-97 (D.C. Cir. 1991) ("talking points" memoranda are predecisional); ACLU v. DHS, 738 F. Supp. 2d 93, 112 (D.D.C. 2010) ("talking points" are predecisional . . . the document itself suggests that a public statement was anticipated at the time of its creation, and given that no official statement has yet been made, the talking points remain ripe recommendations that are ready for adoption or rejection by the Department"); Sec. Fin. Life Ins. Co., No. 03-102-SBC, 2005 WL 839543, at *11 (D.D.C. Apr. 12, 2005) ("The undisputed evidence establishes that these [talking points] are deliberative"); Judicial Watch, Inc. v. U.S. Dep't of Commerce, 337 F. Supp. 2d 146, 174 (D.D.C. 2004) (protecting "talking points" and recommendations on how to answer questions); St. Louis Sewer Dist., No. 10-2103, at *18 (E.D. Mo. Mar. 2, 2012) (protecting e-mail communications, "press releases, talking points and 'Q & A,' drafts, and briefing materials"); Citizens for Responsibility & Ethics in Wash. v. DHS, 514 F. Supp. 2d 36, 44 (D.D.C. 2007) (protecting briefing materials concerning Hurricane Katrina response including proposed "solutions and approaches"); Judicial Watch, Inc. v. DOE, 310 F. Supp. 2d 271, 317 (D.D.C. 2004) (protecting briefing materials for Secretary of the Interior), aff'd in part, rev'd in part on other grounds & remanded, 412 F.3d 125, 133 (D.C. Cir. 2005); Klunzinger v. IRS, 27 F. Supp. 2d 1015, 1026 (W.D. 1998) (protecting paper to brief commissioner for meeting); Thompson v. Dep't of the Navy, No. 95-347, 1997 WL 527344, at *4 (D.D.C. Aug. 18, 1997) (protecting materials to brief senior officials responding to media inquiries, as "disclosure of materials reflecting the process by which the Navy formulates its policy concerning statements to and interactions with the press" could stifle frank communication within the agency), aff'd, No. 97-5292, 1998 WL 202253, at *1 (D.C. Cir. Mar. 11, 1998) (per curiam); Williams v. DOJ, 556 F. Supp. 63, 65 (D.D.C. 1982) (protecting "briefing papers prepared for the Attorney General prior to an appearance before a congressional committee").

18-11960-F: 5/8/19, 4th Partial IAD & Reasonable Searches Dated 12/19/18 & 5/2/19

From the aforementioned searches dated December 19, 2018, and May 2, 2019, yielding approximately two hundred twenty (220) emails and their attachments totaling approximately five thousand (5,000) pages, OSVA released fourteen (14) emails and their attachments totaling five hundred seventy-four (574) pages, Bates-numbered as 4555-5128 on May 8, 2019. On

May 8, 2019, after reviewing the five hundred seventy-four (574) pages, OSVA redacted some information with FOIA Exemptions 5 and 6.

5 U.S.C. § 552(b)(5) exempts from required disclosure “inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency.” Under the attorney-client and work product privileges, the VA redacted portions of records, emails, and communications between VA employees and attorneys relating to federal lawsuits against the VA. The release of this information would impede the ability of VA employees and attorneys to speak openly and frankly about legal issues concerning lawsuits against the VA. The release of this information would also compromise the VA’s legal positions for its lawsuits.

18-11960-F: 5/2/19, 3rd Partial IAD & Reasonable Searches Dated 9/6/18 & 9/11/18

On September 6, 2018, the OSVA FOIA Officer requested that the VA IT office search through the email boxes of the below ten (10) custodians from January 20, 2017, to September 6, 2018:

- 1) Wilkie, Robert L., Jr., VA Secretary;
- 2) Shulkin, David, former VA Secretary;
- 3) O'Rourke, Peter M., former VA Acting Secretary;
- 4) Bowman, Thomas, former VA Deputy Secretary;
- 5) Hayes-Byrd, Jacquelyn, former VA Acting Chief of Staff;
- 6) Wright-Simpson, Vivieca, former VA Chief of Staff;
- 7) Selnick, Darin, former VA White House Senior Advisor;
- 8) Lukach, Michael, former VA White House Senior Advisor;
- 9) Leinenkugel, Jake, former VA White House Senior Advisor; and,
- 10) Spero, Casin D, former VA White House Liaison.

The VA IT office provided search results, with the OSVA FOIA Officer to conduct secondary searches via the Clearwell e-discovery platform.

On September 11, 2018, using the Clearwell e-discovery platform, the OSVA FOIA Officer used the key terms “Concerned Veterans of America,” “CVA,” and “cv4a.org” to search the email boxes of: former VA Secretary David Shulkin, Robert Wilkie, Peter O’Rourke, Thomas Bowman, Jacquelyn Hayes-Byrd, Vivieca Wright-Simpson, Darin Selnick, Michael Lukach, Jake Leinenkugel, and Casin Spero. This Clearwell search yielded one hundred eighty-two (182) documents totaling three thousand five hundred thirty-one (3,531) pages.

On November 30, 2018, OSVA released to you one hundred seventy-nine (179) documents totaling three thousand five hundred twenty-four (3,524) pages, Bates-numbered as 996-4547 (with 1508-1535 intentionally left blank), redacted with FOIA Exemptions 4, 5, 6, 7(C), and 7(E). On February 14, 2019, OSVA released three (3) documents and their attachments totaling seven (7) pages, Bates-numbered as 4548-4554, redacted with FOIA Exemptions 5 and 6.

18-11960-F: 2/14/19, 2nd Partial IAD & Reasonable Searches Dated 9/6/18 & 9/11/18

From the aforementioned searches dated September 6, 2018, and September 11, 2018, OSVA released three (3) documents and their attachments totaling seven (7) pages, Bates-numbered as 4548-4554, on February 14, 2019, redacted with FOIA Exemptions 5 and 6.

18-11960-F: 11/30/18, Initial Partial IAD & Reasonable Searches Dated 9/6/18 & 9/11/18

Of the searches dated September 6, 2018, and September 11, 2018, OSVA released seventy-nine (179) documents totaling three thousand five hundred twenty-four (3,524) pages on

November 30, 2018, Bates-numbered as 996-4547 (with 1508-1535 intentionally left blank), on November 30, 2018.

After reviewing the three thousand five hundred twenty-four (3,524) pages, OSVA redacted some information with FOIA Exemptions 4, 5, 6, 7(C), and 7(E). 5 U.S.C. § 552(b)(4) exempts from disclosure “trade secrets and commercial or financial information obtained from a person and privileged or confidential.” Redacted information includes voluntary proposal submission verbiage, technical processes, technical approaches, and partnership or subcontracting agreements. The release of this information would likely lead to substantial competitive harm in reverse-engineering of the vendors’ technical approaches, processes, partnership, subcontracting, and business and labor strategies. RMS Indus. v. DOD, No. C-92-1545, slip op. at 7 (N.D. Cal. Nov. 24, 1992) (protecting “descriptions of equipment and the names of contacts, customers, key employees, and subcontractors” because “bidders only submit such information if it will not be released to their competitors”); BDM Corp. v. SBA, 2 Gov’t Disclosure Serv. (P-H) ¶ 81,189, at 81,495 (D.D.C. Mar. 20, 1981) (protecting names of consultants and subcontractors, performance, cost, and equipment information).

5 U.S.C. § 552(b)(7)(C) exempts from required disclosure information law enforcement information the disclosure of which “could reasonably be expected to constitute an unwarranted invasion of personal privacy.” Redacted information includes names and email addresses of White House employees with security clearances, as well as Redacted information includes names, identities, email addresses, and VA usernames of VA law enforcement employees. The release of this information would risk impersonation of these White House employees with security clearances also working on national security and law enforcement matters, as well as jeopardizing their health and safety and those the White House employees are charged with protecting. The release of this information would risk impersonation of VA law enforcement personnel and jeopardize the health and safety of not only law enforcement personnel, but those persons the VA law enforcement personnel protect including the VA Secretary.

5 U.S.C. § 552(b)(7)(E) exempts from required disclosure information that “would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law.” Redacted information includes VA usernames of VA law enforcement employees and shared VA email groups, for which VA law enforcement officials plan their law enforcement operations and protection of VA personnel. The release of this information would compromise the safety of VA law enforcement personnel and VA employees.

18-07426-F: 11/20/18, 2nd Partial IAD & Reasonable Searches Dated 5/8/18, 9/18/18, 10/12/18, 10/16/18, & 11/15/18

On October 12, 2018, and October 16, 2018, the OSVA FOIA office searched through former VA Acting Secretary Peter O’Rourke’s emails and calendars from May 4, 2018, to June 22, 2018. The OSVA FOIA office used the search terms Sherman, Perlmutter, Moskowitz, @frenchangel59.com, and Kushner. These October 12, 2018, and October 16, 2018, searches yielded forty-four (44) pages, which the VA released redacted as pages Bates-numbered 243-286 on November 20, 2018.

On September 18, 2018, and October 16, 2018, the OSVA FOIA office searched through former VA Acting Chief of Staff Jacquelyn Hayes-Byrd’s emails and calendars from November 8, 2016, to June 22, 2018. OSVA used the search terms Sherman, Perlmutter, Moskowitz,

@frenchangel59.com, and Kushner. This search yielded two hundred fifty-five (255) pages, which OSVA released redacted as pages Bates-numbered 287-541 on November 20, 2018.

On October 18, 2018, the OSVA FOIA office searched through the email boxes and calendars, from January 20, 2017, to June 22, 2018, of: 1) Bowman, Thomas, former VA Deputy Secretary; 2) Wright-Simpson, Vivieca, former VA Chief of Staff; 3) Selnick, Darin, former VA White House Senior Advisor; 4) Lukach, Michael, former VA White House Senior Advisor; 5) Leinenkugel, Jake, former VA White House Senior Advisor; and 6) Spero, Casin D, former VA White House Liaison. The OSVA FOIA office used the search terms Sherman, Perlmutter, Moskowitz, @frenchangel59.com, and Kushner. This search yielded two hundred seventy-two (272) pages, which OSVA released redacted as pages Bates-numbered 542-813 on November 20, 2018.

On November 15, 2018, the OSVA FOIA office searched through the email boxes and calendars from June 23, 2018, to September 6, 2018, including of:

- 1) Wilkie, Robert L., Jr., VA Secretary;
- 2) O'Rourke, Peter M., former VA Acting Secretary;
- 3) Bowman, Thomas, former VA Deputy Secretary;
- 4) Hayes-Byrd, Jacquelyn, former VA Acting Chief of Staff;
- 5) Wright-Simpson, Vivieca, former VA Chief of Staff;
- 6) Selnick, Darin, former VA White House Senior Advisor;
- 7) Lukach, Michael, former VA White House Senior Advisor;
- 8) Leinenkugel, Jake, former VA White House Senior Advisor; and,
- 9) Spero, Casin D, former VA White House Liaison.

The November 15, 2018, search yielded two pages, which OSVA release redacted as pages Bates-numbered 814-815 on November 20, 2018.

Our May 8, 2018 (our search cut-off date) search yielded fifty-six (56) pages of email communication to or from Jared Kushner. On November 20, 2018, OSVA released these fifty-six (56) pages redacted as pages Bates-numbered 816-871.

After reviewing six hundred twenty-nine (629) pages Bates-numbered 243-871, OSVA redacted some information with FOIA Exemptions 4, 5, 6, and 7(C). Pages bates-numbered 872-995 are intentionally left blank.

18-07426-F: 9/14/18, Partial IAD & Reasonable Searches Dated 5/8/18

On May 8, 2018, our search cut-off date, we searched through former VA Secretary David Shulkin's emails and calendars from February 14, 2017 (the date he became VA Secretary), to March 30, 2018 (the date he left VA). We searched through VA Secretary Robert Wilkie's emails and calendars from April 1, 2018 (the date he became VA Acting Secretary) to May 8, 2018.

We searched through former VA Acting Secretary Peter O'Rourke's emails and calendars from February 15, 2018 (the date he became VA Acting Chief of Staff), to May 3, 2018. VA will conduct a follow-up search of former VA Acting Secretary Peter O'Rourke's emails and calendars from May 4, 2018, to May 8, 2018.

OSVA searched for any emails to or from Mr. Perlmutter, Dr. Moskowitz, and Mr. Kushner. Our search thus far yielded two hundred ninety-eight (298) pages, of which fifty-six (56) pages

require consultation with the White House FOIA Liaison. After reviewing two hundred forty-two (242) pages, OSVA redacted some information with FOIA Exemptions 5, 6, 7(C), and 7(E). Bates-numbered as 1-242 on September 14, 2018.

FOIA Mediation

As part of the 2007 FOIA amendments, the Office of Government Information Services (OGIS) was created to offer mediation services to resolve disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. Using OGIS services does not affect your right to pursue litigation. Under the provisions of the FOIA Improvement Act of 2016, the following contact information is provided to assist FOIA requesters in resolving disputes:

VA Central Office FOIA Public Liaison:

Name: John Buck

Email Address: vacofoiaservice@va.gov

Office of Government Information Services (OGIS)

Email Address: ogis@nara.gov

Fax: 202-741-5769

Mailing address:

National Archives and Records Administration

8601 Adelphi Road

College Park, MD 20740-6001

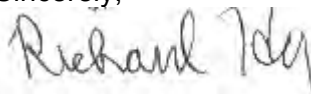
FOIA Appeal

This concludes OSVA's Sixth Partial IAD to request **18-11960-F**. Please be advised that should you desire to do so, you may appeal the determination made in this response to:

Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

If you should choose to file an appeal, please include a copy of this letter with your written appeal and clearly indicate the basis for your disagreement with the determination set forth in this response. Please be advised that in accordance with VA's implementing FOIA regulations at 38 C.F.R. § 1.559, your appeal must be postmarked no later than ninety (90) days of the date of this letter.

Sincerely,



Richard Ha, JD, CIPP/G
OSVA FOIA Officer

Attachment - Redacted pages Bates-numbered 5129-5777

From: Connell, Lawrence B.
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=a3e7233376344045980ad2141223
(b) (6)>

To: (b) (6)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=6c7b029b060147faa7ef8b9f19a0
(b) (6)> Stone, Richard A., MD
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=bd16619615d64adea22e45e63ff6
(b) (6)>

Cc: Ulliyot, John
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=c02392d86764480bb90e3854a5f3
(b) (6)> (b) (6) </o=exchangelabs/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=dba510634baa46a085e28c62c254
(b) (6)> Tucker, Brooks </o=exchangelabs/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=24ae47cff629405aa8557cc2cc79
(b) (6)> Syrek, Christopher D. (Chris)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=7699e816dfb941bf8048852495d7
(b) (6)> Powers, Pamela </o=exchangelabs/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=f6021d9c02594b52bc57194848ca
(b) (6)>

Bcc:

Subject: RE: CLC DC Walk Through

Date: Mon Nov 19 2018 20:49:35 CST

Attachments:

(b) (6)
Dr. Stone will not be in town during that time.

I will be

Sent with Good (www.good.com)

From: (b) (6)
Sent: Monday, November 19, 2018 3:22:42 PM
To: Stone, Richard A., MD; Connell, Lawrence B.
Cc: Ulliyot, John; (b) (6) Tucker, Brooks; Syrek, Christopher D. (Chris); Powers, Pamela
Subject: RE: CLC DC Walk Through

All,

Brooks reminds me that Dr. Stone also invited the VSO's to walk a CLC together and offered up the DC 2 Star facility. (b) (6) will be in town from 13-15 December and is willing to schedule time for a walk through.

If this can work for our team I can begin to coordinate this effort.

Please let me know.

(b) (6)

From: (b) (6)
Sent: Monday, November 19, 2018 5:25 PM
To: Stone, Richard A., MD <Richard.Stone2@va.gov>; Connell, Lawrence B. <Lawrence.Connell@va.gov>
Cc: Ulyot, John <John.Ulyot@va.gov>; (b) (6) <(b) (6)@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Syrek, Christopher D. (Chris) <Christopher.Syrek@va.gov>; Powers, Pamela <Pamela.Powers@va.gov>
Subject: CLC DC Walk Through

All,

Thank you for your support on today's phone call.

Participants included;

Enlisted Army National Guard US (EANGUS) Legislative and Government Affairs Director (b) (6)

(b) (6)

DAV – (b) (6)

PVA – (b) (6) & (b) (6)

AMVETS – Executive Director, (b) (6)

AMVETS – National Commander, (b) (6)

AMVEETS – (b) (6)

American Legion – Executive Director, (b) (6)

American Legion – National Commander, (b) (6)

VFW – Executive Director, (b) (6)

VFW – Comms, (b) (6)

VFW – (b) (6)

CVA – Executive Director, (b) (6)

WWP – Senior Vice President, Government & Community Relations, (b) (6)

Independence Fund – Chief Advocacy Officer, (b) (6)

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VSO CLC Call

Introduction: (b) (6) Dr. Stone

VFW, (b) (6) VSOs represented that they were not communicated to from the local PAOs, They feel they need a call when we at VA 'know a story is happening'

WWP; (b) (6) expounded on traditional communications and how we [VA] had done a good job with VBA and regularly meetings with Dr. Lawrence (*Side note, after the phone call (b) (6) raised the issue of tone and felt strongly that Dr. Stone was too 'heavy handed'). (b) (6) mentioned that she had previously spoken with (b) (6) about meetings and monthly meetings to avoid this type of communications 'misses.' (b) (6) also mentioned they were not party to the article and when asked to respond did not (of note, on Friday, November 16, 2018 (b) (6) WWP had asked for a heads up on the veracity of the story to share with their leadership).

AmVets – (b) (6) noted that communications synchronicity is about relationships and this story is like a Rorschach test – it's a matter of perspective and where the numbers convey one thing we still must improve from the anecdotal stories. He then asked about how Dr. Stone and VHA evaluate quality care in the community [outside the VA] and wanted to ensure that our (VHA) staffing sufficient?

VFW, (b) (6) Mentioned we need better communication needed and that VA should give them (VSOs) a heads up before the story goes to print.

Legion, (b) (6) Appreciated our communications and relationship and saw that as a solid way to avoid these types of incidents.

AMVETS: (b) (6) the National Commander mentioned that verbal communications are real important.

Send me!

(b) (6)

Senior Advisor, VSO Liaison Office of the Secretary

U.S. Department of Veterans Affairs

810 Vermont Avenue, NW

Washington, D.C. 20420

Desk: (202) 461- (b) (6)

Email: (b) (6) va.gov

From: (b) (6)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=6c7b029b060147faa7ef8b9f19a0
(b) (6)>

To: Stone, Richard A., MD
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=bd16619615d64adea22e45e63ff6
(b) (6)> Connell, Lawrence B.
</o=exchangelabs/ou=exchange administrative group
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(b) (6)>

Cc: Ulyot, John
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=c02392d86764480bb90e3854a5f3
(b) (6)> (b) (6) </o=exchangelabs/ou=exchange
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(b) (6)> Powers, Pamela </o=exchangelabs/ou=exchange
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(fydibohf23spdlt)/cn=recipients/cn=f6021d9c02594b52bc57194848ca
(b) (6)>

Bcc:

Subject: RE: CLC DC Walk Through

Date: Mon Nov 19 2018 18:22:42 CST

Attachments:

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(b) (6)

Senior Advisor, VSO Liaison Office of the Secretary

U.S. Department of Veterans Affairs

810 Vermont Avenue, NW

Washington, D.C. 20420

Desk: (202) 461-(b) (6)

Email: (b) (6) va.gov

From: (b) (6)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=6c7b029b060147faa7ef8b9f19a0
(b) (6)

To: Stone, Richard A., MD
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(b) (6) Connell, Lawrence B.
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(b) (6)

Cc: Ulyot, John
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(b) (6) Powers, Pamela </o=exchangelabs/ou=exchange
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(fydibohf23spdlt)/cn=recipients/cn=f6021d9c02594b52bc57194848ca
(b) (6)

Bcc:

Subject: CLC DC Walk Through

Date: Mon Nov 19 2018 17:24:41 CST

Attachments:

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(b) (6)

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U.S. Department of Veterans Affairs

810 Vermont Avenue, NW

Washington, D.C. 20420

Desk: (202) 461- (b) (6)

Email: (b) (6) va.gov

From: Syrek, Christopher D. (Chris)
</o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=7699e816dfb941bf8048852495d7
(b) (6)>

To: Powers, Pamela
</o=exchangelabs/ou=exchange administrative group
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(b) (6)>

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(fydibohf23spdlt)/cn=recipients/cn=9d21386fb099450d9a51ae5cdf06
(b) (6)>

Bcc:

Subject: Thursday Event Memo

Date: Tue Nov 13 2018 18:04:06 CST

Attachments: Copy of Attendees with Titles 11-9.xlsx
Event Memo - Supporting Veterans and Military Families through the State...v1_3 -
Hold.docx

Pam,

Final event memo for Thursday with list of attendees.

+ (b) (6) to include as a read ahead for SECVA before tomorrow's briefing.

+ (b) (6) and (b) (6) – you can add this to Pam and my books.

Thanks!

Christopher D. Syrek

Deputy Chief of Staff

U.S. Department of Veterans Affairs

Washington, D.C. 20420 | (202) 461-7486

Owner: Syrek, Christopher D. (Chris) </o=exchangelabs/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=7699e816dfb941bf8048852495d7c4c9-[REDACTED]
Filename: Copy of Attendees with Titles 11-9.xlsx
Last Modified: Tue Nov 13 17:04:06 CST 2018

Organization	Title
State of Alaska, Office of Veterans Affairs	Deputy Director
Student Veterans of America	Chapter Advisor
National Association of County Veteran Service Officers	
San Diego County Office	VSO
American Legion	Women and Minority Veterans Outreach Assistant Director
Concerned Veterans for America	
DC Office of Veterans Affairs	Director
Elizabeth Dole Foundation	Executive Director
General Assembly	Data Science Consultant
Military Order of the Purple Heart	National Legislative Director
Paralyzed Veterans of America	Associate Legislative Director
Republican Governors Public Policy Committee	Policy Advisor
US Department of Commerce	National Deputy Director
Veterans of Foreign War	Customer Support Claims Consultant
CNCN	Senior Advisor for Veterans, Military Fa
Florida State Legislature	Representative
Georgia Department of Human Services	Commissioner
Home Base Iowa	Project Manager
Iowa Workforce Development	Veterans Program Coordinator
Iowa Workforce Development	Director
Idaho Divisions of Veterans Affairs	Chief
Indiana Department of Veterans Affairs	State Veterans Leaders
Indiana Department of Veterans Affairs	Deputy Director
Kansas Department of Labor	Secretary
Kansas House of Representatives	Representative
Louisiana Workforce Commission	Secretary
Massachusetts National Guard	Adjutant General
American Legion	Deputy Director, Veterans Affairs and Rehabilitation Division
	Assistant Director, Veterans Employment and Education Division Staff
American Legion	
Arkansas Department of Veterans Affairs	Director
Cecil County Chapter 703 - Military Order of the Purple Heart	Commander
Disabled American Veterans	National Service Director
Maryland Department of Budget and Management	Local Veterans Employment Representa
Maryland Department of Veterans Affairs	Deputy Secretary
Maryland Department of Veterans Affairs	Director, Service and Benefits Program

NASWA	Executive Director
National Association of Workforce Boards	Membership Associate
Office of Governor Larry Hogan	State Federal Representative
Paralyzed Veterans of America	Executive Director
Veterans of Foreign War	Assistant Director, Compensation and Pension Policy
Congresswoman Chellie Pingree	Veteran Constituent Services and Field Representative
Michigan Veterans Affairs Agency	Deputy Director
Department of Employment Security	Director
Harrison County Veterans Service Office	Judicial District 1
Valley Veterans Service Center	VSO
Valley Veterans Service Center	Director
National Association of County Veteran Service Officers	
City of Havelock, NC	Mayor
New Hampshire State Legislature	Representative
National Association of County Veteran Service Officers	Washington Liaison Chair
New Jersey Department of Military and Veterans Affairs	Deputy Commissioner
Ocean County Veteran Service Office	Director
Nevada Department of Veterans Services	Deputy Director of Programs and Services
New York State Senate	Senator
New York State Senate	Chief of Staff, Senator Terrence Murphy
New York State Senate	Senator
Ashland County Veterans Service Office	Veterans Service Officer
National Association of County Veteran Service Officers	President
National Association of County Veteran Service Officers	1st Vice President
National Association of County Veteran Service Officers	Immediate Past President
Van Wert County Veterans Service Office	Veterans Service Officer
Oklahoma Department of Veterans Affairs	Director
PA House of Representatives	Research Analyst
Pennsylvania Department of Military Affairs	Sergeant Major
Pennsylvania House of Representatives	Representative
Pennsylvania Military & Veterans Affairs	Director, Bureau of Veterans Programs,
Only attending Tour	
Only attending Tour	
Only attending Tour	
Department of Employment and Workforce	Director
Lancaster County Veterans Affairs Office	Director
Project Josiah	Executive Director
SC Thrive	Executive Director

SCACVAO	Veterans Affairs Officer
SCACVAO	
SCACVAO	Veterans Affairs Officer
South Carolina Association of County Veterans Affairs Officers	President
Belvoir Spouses Club	
City of Killeen, TX	Mayor
Health and Human	Senior Policy Advisor
National Association of County Veteran Service Officers	
National Association of County Veteran Service Officers	
National Association of County Veteran Service Officers	
Texas Health and Human Services Commission	Program Director for Veterans Services
Texas Workforce Commission	Division Director
Texas Workforce Commission	Attorney and Policy Advisor
Utah Attorney General's Office	Attorney General
Utah House of Representatives	Representative
American Legion	Legislative Assistant Director
Americans for Prosperity	Government Relations
Blue Star Families	Mrs.
Blue Star Families	
Blue Star Families	CEO and Board President
Daughters of the American Revolution	National Legislative Director
Department of Veterans Affairs	Tribal Relations
	Chief of Staff, Office of Public and Intergovernmental Affairs
Department of Veterans Affairs	Deputy Chief of Staff
Kings George County	Legislative Assistant
National Military Family Association	Government Relations Director
National Military Mily Association	Government Relations Deputy Director
	Associate Executive Director of Government Relations
Paralyzed Veterans of America	Deputy Executive Director
Paralyzed Veterans of America	
Paralyzed Veterans of America	Associate Executive Director of Veterans Benefits
Student Veterans of America	Executive Director
Veterans of Foreign War	Veterans Casework Consultant
Virginia Department of Veterans Services	Staff of DVS Benefits Director
Virginia House of Delegates	Delegate
Vriginia Department of Veterans and Defense Affairs	Secretary
West Virginia House of Delegates	Representative
	Mrs.

	Veterans Chair
	Mr.
Department of Human Services	Secretary
King County, WA	Councilmember
National Association of County Veteran Service Officers	
Wisconsin Army National Guard	International Partnership Specialist
Wisconsin Veterans Affairs	Talent Initiatives Director
Wisconsin Veterans Affairs	State Field Representative
American Foundation for Suicide Prevention	Senior Vice President

First Name	Last Name	Contact Email	CITY	State
(b) (6)		@alaska.gov	Wasilla	AK
(b) (6)		@unlv.nevada.edu	Anchorage	AK
(b) (6)				
(b) (6)		@hwave.com	HuntingtonBeach	CA
(b) (6)		@sdcounty.ca.gov	SanDiego	CA
(b) (6)				
(b) (6)		@legion.org	DistrictofColumbia	DC
(b) (6)		@cv4a.org	Washington	DC
(b) (6)		@dc.gov	Washington	DC
(b) (6)		@gmail.com	Washington	DC
(b) (6)		@gmail.com	Washington	DC
(b) (6)		(b) (6) purpleheart.org	Washington	DC
(b) (6)		(b) (6) @pva.org	Washington	DC
(b) (6)		@gmail.com	Washington	DC
(b) (6)		(b) (6) chrisgarcia.us	Washington	DC
(b) (6)				
(b) (6)		@vfw.org	Washington	DC
(b) (6)		@cns.gov	Pensacola	FL
(b) (6)		@myfloridahouse.gov	Zephyrhills	FL
(b) (6)		@dhs.ga.gov	Marietta	GA
(b) (6)		iwd.iowa.gov	Clive	IA
(b) (6)		@iwd.iowa.gov	Ankeny	IA
(b) (6)		@iwd.iowa.gov	Granger	IA
(b) (6)		@veterans.idaho.gov	Meridian	ID
(b) (6)		@dva.in.gov	Indianapolis	IN
(b) (6)		@dva.in.gov	indianapolis	IN
(b) (6)		@ks.gov	Topeka	KS
(b) (6)		yahoo.com	Lawrence	KS
(b) (6)		@lwc.la.gov	BatonRouge	LA
(b) (6)		.mil@mail.mil	Florence	MA
(b) (6)				
(b) (6)		@legion.org	Columbia	MD
(b) (6)				
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(b) (6)		@arkansas.gov	Bowie	MD
(b) (6)		@gmail.com	BelAir	MD
(b) (6)		@dav.org	ChesapeakeBeach	MD
(b) (6)		@gmail.com	Randallstown	MD
(b) (6)		@maryland.gov	Westminster	MD
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(b) (6)		@va.gov	Westminster	MD

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(b) (6)			@michigan.gov	Mattawan	MI
(b) (6)			@mdes.ms.gov	Brandon	MS
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(b) (6)			@comcast.net	Washington	NJ
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(b) (6)			@gmail.com	YorktownHeights	NY
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(b) (6)			@nacvso.org	Medina	OH
(b) (6)			@vanwercounty.org	VanWert	OH
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(b) (6)			@yahoo.com	Lancaster	SC
(b) (6)			@lancastercountysc.net	Lancaster	SC
(b) (6)				Lancaster	SC
(b) (6)			@dew.sc.gov	Columbia	SC
(b) (6)			@lancastercountysc.net	Lancaster	SC
(b) (6)			@projectjosiah.org	Sumter	SC
(b) (6)			@scthrive.org	Columbia	SC

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(b) (6)		@bellsouth.net	BLLENHEIM	SC
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(b) (6)		@twc.state.tx.us	Austin	TX
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(b) (6)		@paulray.org	Clinton	UT
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(b) (6)		@legion.org	Fairfax	VA
(b) (6)		@afphq.org	Arlington	VA
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Christopher	Syrek	christopher.syrek@va.gov	Alexandria	VA
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(b) (6)				
(b) (6)		@militaryfamily.org	Alexandria	VA
(b) (6)				
(b) (6)		@pva.org	Arlington	VA
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(b) (6)				
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(b) (6)		@gmail.com	Alexandria	VA

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(b) (6)			@dva.wa.gov	Olympia	WA
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(b) (6)			@wedc.org	GreenBay	WI
(b) (6)			@dva.wisconsin.gov	Westfield	WI
(b) (6)			@afsp.org	HarpersFerry	WV

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THE WHITE HOUSE
WASHINGTON

SUPPORTING VETERANS AND MILITARY FAMILIES

WHEN: Thursday, November 15, 2018
12:30 p.m. – 6:00 p.m.

LOCATION: Eisenhower Executive Office Building, South Court Auditorium

FORMAT: Conference

PRESS PLAN: POOL SPRAY

ATTIRE: Business

PROJECT OFFICER: (b) (6), (b) (7)(C), Assistant to the President & Counselor
(b) (6), (b) (7)(C), Deputy Assistant to the President & Director of Intergovernmental Affairs (IGA)

EXTERNAL PARTICIPANTS:

Attorney General Sean Reyes (R, UT)
State Veterans Affairs Leaders
State Adjutants General
State Workforce Development Leaders
State Human Services and Mental Health Leaders
State Legislators
County Veterans Affairs Leaders
County Commissioners
Tribal Veterans Affairs Leaders
Veterans' Service Organizations (American Legion, Veterans of Foreign Wars, Blue Star Families, Paralyzed Veterans of America, etc.)

**See Appendix I for Complete List of Attendees*

INTERNAL PARTICIPANTS:

Secretary Alex Acosta, U.S. Department of Labor
Secretary Robert Wilkie, U.S. Department of Veterans Affairs
(b) (6), (b) (7)(C), Assistant to the President & Director of the Domestic Policy Council
(b) (6), (b) (7)(C), Deputy Assistant to the President & Director, IGA
(b) (6), (b) (7)(C), Deputy Assistant to the President for Domestic Policy & Deputy Director of the Domestic Policy Council (DPC)
(b) (6), (b) (7)(C), Special Assistant to the President & Deputy Director, IGA

(b) (6), (b) (7)(C), Special Assistant to the President & Deputy Director, IGA

(b) (6), (b) (7)(C), Special Assistant to the President & Deputy Director, White House Office of Public Liaison

(b) (6), (b) (7)(C) Special Assistant to the President, DPC

John Ullyot, Assistant Secretary for Public and Intergovernmental Affairs, U.S. Department of Veterans Affairs (VA)

(b) (6), (b) (7)(C), Deputy Assistant Secretary of Defense, Force Education and Training, U.S. Department of Defense

Matt Miller, Deputy Assistant Secretary for Policy, Veterans' Employment and Training Service, U.S. Department of Labor

Margarita Devlin, Principal Deputy Under Secretary for Benefits, VA

EVENT BACKGROUND:

The President is committed to the ongoing care and support of our Veterans and their families. State and local governments play a vital role in helping achieve the shared goal of supporting our Veterans and military families – from improved health care to transitions in post-military employment to reducing Veterans' homelessness. The President will give remarks as part of a conference with State and local Veterans leaders to highlight the Trump Administration's accomplishments in supporting Veterans and military families and identify opportunities to further support our nation's Veterans in partnership. In May, President Trump signed an Executive Order enhancing opportunity for military spouses looking for employment in the Federal Government. Additionally, the President has taken many actions to support Veterans through improved healthcare services like telehealth and workforce training for returning Veterans, and homeless Veteran's reintegration. The President has made rebuilding our military one of his top priorities. The March 2018 omnibus spending bill also funded the VA at \$81.5 billion, including an additional \$2 billion for infrastructure programs to repair and enhance VA medical facilities and State Veterans Homes. In August, President Trump signed the NDAA authorizing \$716 billion for our national defense including a 2.6% military pay raise.

In 2017, White House IGA hosted a similar conference with Cabinet Members and State and local Veterans leaders to build relationships and identify opportunities to better serve Veterans and military families in partnership.

SEQUENCE OF EVENTS:

- 10:30 a.m. *Press pre-set for the President's Remarks*
- 12:30 p.m. (b) (6), (b) (7)(C) Provides Welcoming Remarks
- 12:32 p.m. Recorded Video of Second Lady Karen Pence's Remarks
- 12:38 p.m. John Ullyot Introduces Secretary Robert Wilkie
- 12:40 p.m. Secretary Wilkie Makes Remarks

12:55 p.m. Secretary Wilkie Q&A

1:10 p.m. Matt Miller Introduces Secretary Alex Acosta

1:12 p.m. Secretary Acosta Makes Remarks

1:29 p.m. Secretary Acosta Concludes Remarks and Remains on Stage

1:30 p.m. HOLD

1:31 p.m. HOLD

1:45 p.m. Federal Leaders Panel Discussion on Military Families
Moderator: (b) (6), (b) (7)(C), Special Assistant to the President and Deputy Director, White House Office of Public Liaison (Confirmed)
(b) (6), (b) (7)(C) Domestic Policy Council (Confirmed)
Matt Miller, Deputy Assistant Secretary, Department of Labor (Confirmed)

2:20 p.m. (b) (6), (b) (7)(C) Provides Breakout Session Overview

2:25 p.m. Movement to Breakout Session

2:40 p.m. Breakout Session 1

3:30 p.m. Transition

3:45 p.m. Breakout Session 2

4:30 p.m. Transition Attendees to 430ABC for Reception, or Exit

4:45 p.m. Reception begins in Room 430ABC

6:00 p.m. Reception ends

Breakout Topics:

1. Supporting Military Families (Cordell Hull 208)

Discussing Employment, Education, and Licensure for Military Spouse and Families

Department of Defense

(b) (6), (b) (7)(C), Director, Defense-State Liaison, Military Community and Family Policy (confirmed)

Department of Labor

Patti Greene, Director, Women's Bureau (Confirmed)

Daniel Greenberg, Senior Policy Advisor to the Secretary, DOL (Confirmed)

White House

Moderator: (b) (6), (b) (7)(C), White House Fellow, Office of the Vice President (Confirmed)

(b) (6), (b) (7)(C), White House Fellow, Office of the Vice President (Confirmed)

2. **Veteran Job Training and Re-Skilling (430ABC)**

Discussing Workforce Development and Education for Our Veterans

Department of Labor

Moderator: Matt Miller, Deputy Assistant Secretary for Policy, Veterans' Employment and Training Service (Confirmed)

Ivan Denton, Director of National Programs (Confirmed)

Department of Defense

— (b) (6), (b) (7)(C), Special Assistant, Office of the Under Secretary of Defense (Confirmed)

— (b) (6), (b) (7)(C), Deputy Assistant Secretary of Defense, Force Education and Training (Confirmed)

— Dr. (b) (6), (b) (7)(C), Director, Transition to Veterans Program Office (Confirmed)

Veterans Affairs

Josh Quill, Acting Chief of Staff, Veterans Benefits Administration (Confirmed)

3. **Preventing Veterans Suicide (South Court Auditorium)**

Discussing Veterans Mental Health Needs and Suicide Prevention

Veterans Affairs

Dr. David Carroll, Executive Director, Mental Health and Suicide Prevention, Veterans Health Administration

(b) (6), Deputy Director, Partnerships, Suicide Prevention Program, Veterans Health Administration

White House

Moderator: (b) (6), (b) (7)(C) Special Assistant to the President for Domestic Policy (Confirmed)

Health and Human Services

Meena Vythilingam, Senior Mental Health Advisor, Office of the Assistant Secretary for Health (Confirmed)

ATTACHMENTS:

Appendix I – List of Attendees (Names, Titles)

From:

To:

(b) (6)
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<(b) (6) co.waseca.mn.us>; (b) (6) (b) (6) fra.org)
<(b) (6) fra.org>; Dan Caldwell (dcaldwell@cv4a.org)
<dcaldwell@cv4a.org>; (b) (6) <(b) (6) vfw.org>; (b) (6)
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Subject: VSO Communicators Meeting

Date: Wed Oct 31 2018 13:44:22 CDT

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Veterans Service Organization Communicators Meeting Agenda (7 November).docx

Good afternoon,

I have attached the agenda for next Wednesday's meeting here. Please note that we are starting the meeting fifteen minutes earlier than the last one, at 10:45 AM, and allow time for security. I look forward to seeing all of you next week. As always, feel free to contact me if you have any questions.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

LVA Class of 2017

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Veterans Service Organization Communicators Meeting **7 November, 2018**

Agenda

10:25 - 10:45: Security

10:45 – 10:50: Opening Remarks

10:50 - 11:40: Briefings

- **10:50 – 11:10: Office of Community Care Contracts update**
- **11:10 – 11:30: Office of Transition and Economic Development**
- **11:30 – 11:40: NCA update**

11:40 - Feedback from VSOs/MSOs

Closing Comments: OPIA

Next meeting:

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Bcc:
Subject: VA Operations Board (VAOB) Meeting
Date: Tue Oct 30 2018 17:33:13 CDT
Attachments: 181113 VAOB Final.pptx

StartTime: Tue Nov 13 09:00:00 Central Standard Time 2018
EndTime: Tue Nov 13 11:00:00 Central Standard Time 2018
Location: Omar Bradley Conference Room (OBCR)
Invitees: VA OB Members
Recurring: No
ShowReminder: No
Accepted: Yes
AcceptedTime: Mon Nov 05 09:46:00 Central Standard Time 2018

Good Evening, please accept our apologies for the delay with the attachments.

Copies will be provided at the meeting. We sincerely thank you for your patience and flexibility.

Chair: Acting Deputy Secretary, Mr. Jim Byrne

Principal Attendees: Assistant Secretaries, Under Secretaries and Key Officials

Purpose: The VAOB has bi-monthly meetings every 2nd and 4th Monday. The 2nd Monday meeting focuses on management issues (i.e., CXO updates, Congressionally Mandated/Tracked Reports, and Executive Correspondence). The 4th Monday meeting focuses on budget execution and performance.

Due to the holiday on Monday, November 12th (Veteran's Day), this meeting is rescheduled to Tuesday, November 13th.

Read ahead materials will be provided NLT two business days prior to the scheduled meeting. If your organization's POCs require updating, do not hesitate to contact EGM with these changes.

If you have any questions, please do not hesitate to contact Ms. (b) (6) at 202-266-(b) (6) or (b) (6) va.gov, or the Enterprise Governance Management (EGM) Team at EGMTeam@va.

gov. Thank you and have a great day.

Sincerely,

EGM Team

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VA Operations Board Meeting

November 13, 2018
Omar Bradley Conference Room

Agenda

Item #	Topic	Briefer
1	Opening Comments	Mr. Jim Byrne, Acting Deputy Secretary of Veterans Affairs
2	Introduction	Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
3	Recurring Updates a. Congressionally Mandated Reports b. Executive Correspondence	Mr. Brooks Tucker, Assistant Secretary for Congressional and Legislative Affairs Mr. (b) (6) Office of the Executive Secretariat
4	CXO Updates	
	a. Chief Financial Officer	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer
	b. Chief Information Officer	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
	c. Chief Acquisition Officer	Ms. Karen Brazell, Principal Executive Director and Chief Acquisition Officer, Office of Acquisition, Logistics and Construction
	d. Customer Experience Officer	Dr. Lynda Davis, Chief Veterans Experience Officer
	e. Chief Human Capital Officer	Ms. Jacquelyn Hayes-Byrd, Acting Assistant Secretary for Human Resources and Administration

Agenda

Item #	Topic	Briefer
5	Management Deep Dive – Manpower Standards and Approach and Approach to Calculating Current Vacancies and Manpower	Ms. Carin Otero, Deputy Assistant Secretary, Office of Human Resources Management
6	Management Deep Dive – OAWP Policies and Operations	Mr. Kirk Nicholas, Executive Director, Office of Accountability and Whistleblower Protection
7	Management Deep Dive – IT UFR Process and Current Integrated Priority List	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
8	Management Deep Dive – VA Operational Planning	Mr. John Basso, Deputy Assistant Secretary, Planning and Performance Management, Office of Enterprise Integration
9	Upcoming VA Operations Board Meetings a. November 26 – Budget Execution and Performance Review b. December 10 – Management Issues	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
10	Closing Remarks and Actions	Mr. Jim Byrne, Acting Deputy Secretary for Veterans Affairs

VAOB Action Item Tracker

#	Action Item	Owner(s) (Lead/Support)	Due Date (or weekly default)	Status/Notes (Include anticipated/completion dates)	Next Steps, if any, after completion of Action Item
1	Provide Mr. Dat Tran and Mr. John Basso with Management issues that your organization would like to see reviewed in the VAOB	ALL	Ongoing	Ongoing.	
2	Meet with OIT to align VA & OIT Governance Boards	OEI	11/20	Ongoing. Preliminary meetings held with OEI and OIT. Additional meetings are being scheduled.	
3	Provide a list of proposed Customer Service Performance Measures for SES Performance Plans	OEI VEO	11/20	Memo dated 10/26/18 in VIEWS for comments.	
4	Every Office must provide updates to their Operational and Strategic Performance measures to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. OEI has met with all organizations. Awaiting final measures and data.	
5	Review the list of Congressional Reports and identify which report should be moved to the 'Unnecessary Report List'. Send updates to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. See Back Up slides.	
6	Provide a list of OGC POCs to address various legal issues within the agency	OGC	11/19	Completed. See Back Up slides.	None

Recurring Updates

Office of Congressional and Legislative Affairs

Congressionally Mandated Reports

Congressionally Mandated Reports

PAST DUE as of November 5, 2018

14 Congressionally Mandated Reports (CMRs) for FY18 (1 with ExecSec/OSVA for SECVA signature):

VHA: 9	(oldest 249 days overdue)
OALC: 1	(98 days overdue)
HRA: 1	(85 days overdue)
OIT: 2	(oldest 81 days overdue)
VBA: 1	(61 days overdue)

7 CMRs for FY19

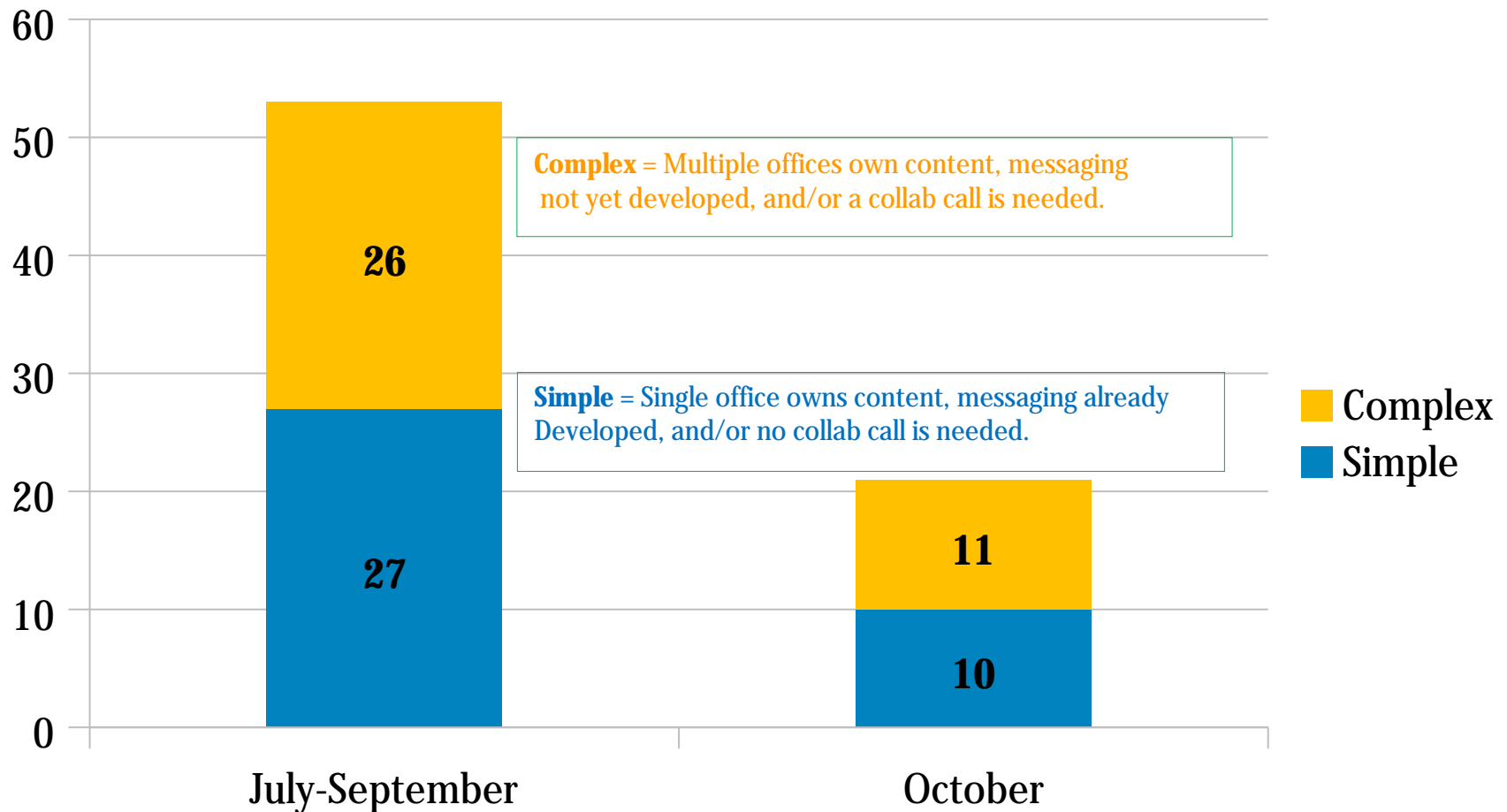
FYI

VIEWS letter for November 13, 2019 HVAC Health Hearing cleared OMB on November 2, 2018 with ExecSec for signature (two bills; hearing notice was very late; therefore, no opportunity was provided for a written testimony to be submitted).

Office of the Executive Secretary (EXECSEC)

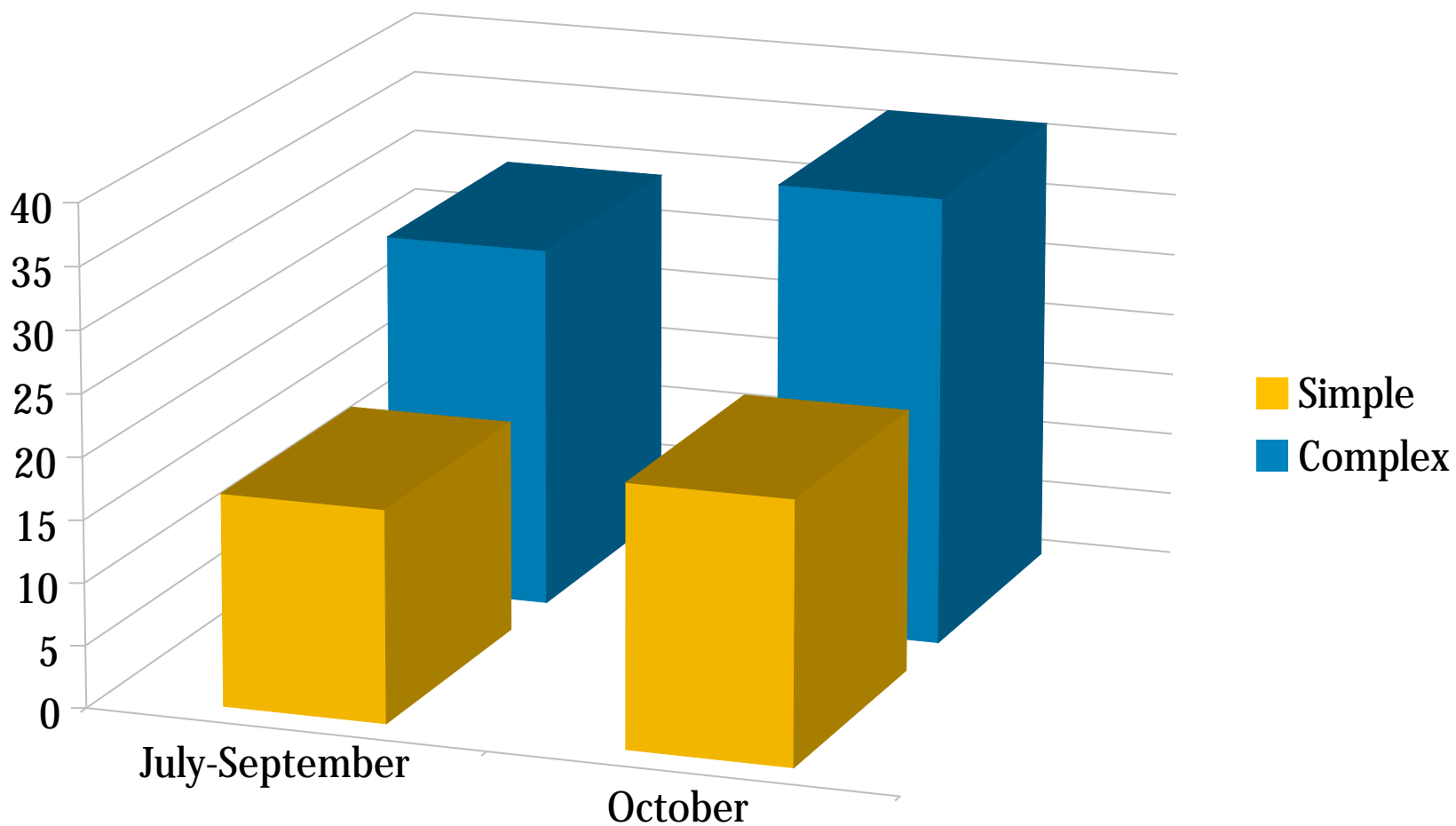
Congressional Responses Update

EXECSEC Congressional Responses Completed

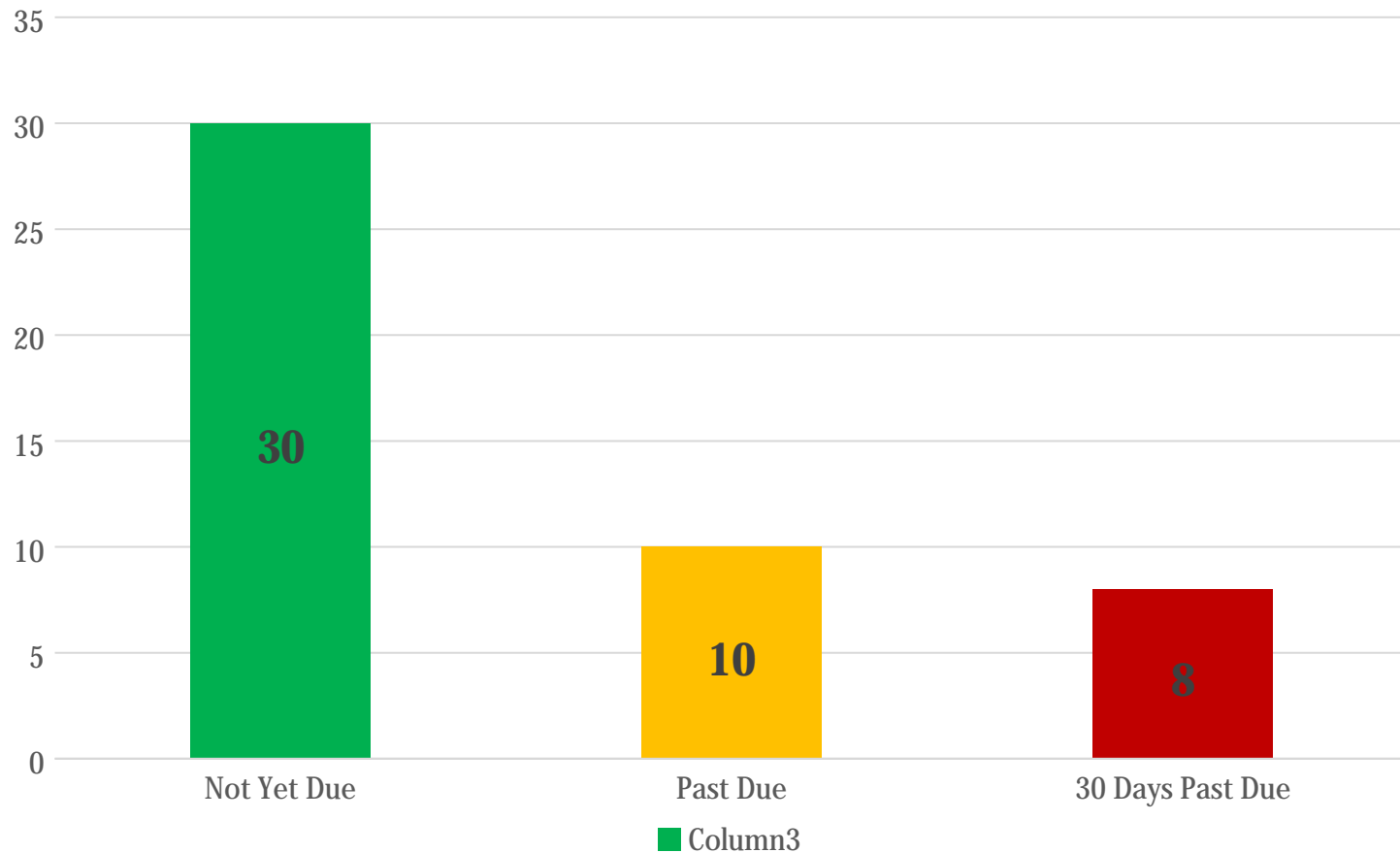


EXECSEC Congressional Responses - Average Days by Category

Average Days – Receipt to Signature Simple and Complex



EXECSEC Congressional Letters In-Work – As of November 9, 2018



CXO Updates

Chief Financial Officer

Overview

Purpose: Advise VA CFO on matters related to VA's overall financial management:

Collaborate to ensure financial priorities are consistent with VA's strategic goals and objectives.

Vet changes related to VA Financial Policy.

Last Session: November 1, 2018

New Focus: Deep Dive Sessions based on Council's preference

Updates

VA CFO Council Updates:

Deep Dive Topic: VA Reimbursables

Identified ways to improve overall accountability and timeliness of reimbursable funding agreements.

Realigned select reimbursements to Franchise Fund/BA.

Establishing Quarterly forum for customers/service providers.

Next Deep Dives:

VA Vacancies - HRSmart data

PIV Program Reimbursables

Chief Financial Officer

Primary Policies and Directives

Financial Policy Approvals: (five-year updates)
 Volume I, Chapter 5 – Management Accountability and Responsibility for Internal Controls.
 Volume II, Chapter 9 – Prior-Year Recovery.

Cancelled: VA's Travel Savings Award program
 Implementation costs exceed travel saving benefits.
 FY17: VA spent \$227M to save \$25K.

Risks

FY18 VA Financial Statement Audit:

End of Audit Meetings:
 November 6, 2018 – Meeting with Clifton Larson Allen (CLA), OIG, and CFO stakeholders.
 November 7, 2018 – Meeting with CLA, OIG, and SECVA.

Developing Corrective Action Plans (CAPs) for audit findings:
 Initiating Financial Integrity Team (FIT) Program to support and lead proactive audit remediation.

Chief Information Officer

Overview

IT Governance Oversight Board (ITGB)-October 24, 2018

OIT Councils Supporting ITGB:

Program & Acquisition Review Council (PARC) met October 16, 2018.

Standards & Architecture Council (SAC) met October 22, 2018.

Organization & Workforce Council (OWC) met October 18, 2018.

Updates

IT Governance Oversight Board (ITGB) – October 24, 2018 (Next Meeting: December 2018):

PARC will research industry best practices and brief on incorporation of Cloud/Dev-Ops into the IT Governance Framework.

Analytics and Performance Management Committee (APMC) will develop specific CIO Governance Metrics for monthly review.

Standards and Architecture Council (SAC) – October 22, 2018:

Approved Enterprise Cybersecurity Strategy Program (ECSP) accountability plan for each Pillar.

Program and Acquisition Review Council (PARC) – October 16, 2018:

APMC to monitor major investments for risks, if risks are found, APMC will report to the Operations and Portfolio committee (OPMC) with recommendations for a TechSTAT Review. Budget, Planning and Acquisition Committee (BPAC) to perform an assessment of the Acquisition Review Module (ARM) threshold limits/ARM processes and provide recommendation on improving the tools acquisition tracking methods.

Chief Information Officer

Primary Policies and Directives

Key external policies guiding the Governance Oversight Board: Executive Order 13833: Enhancing the Effectiveness of Agency Chief Information Officers, FITARA, Clinger-Cohen Act of 1996, OMB Circular A-130, FISMA of 2014, Federal Managers' Financial Integrity Act (FMFIA), the Government Performance and Results Act Modernization Act of 2010 (GPRAMA), and National Institute of Standards and Technologies (NIST) Standards.

Working with OSP to address the Executive Order on Cyber Workforce.

Risks

Working through DoD/VA MedCOI MOU.
Working with VBA to address key issues on Colmery Act Sections Implementation.
Working to develop VHA's final 10 detailed business epics, which are delaying IT work on MISSION Act--three requirements are in progress. Working with OEI to accelerate Section 211 requirements.

Chief Acquisition Officer

Authority: Sec. 16A of the Office of Federal Procurement Policy (OFPP) Act, as amended, 41 U.S.C. 403, et seq.

Overview

Serves as principal interagency forum for monitoring and improving Federal acquisition system. Chaired by OMB's Deputy Director for Management; Vice-Chair selected by Council from among members; Members: Agency CAOs, Under Secretary of Defense for Acquisition, Logistics and Technology, and Senior Procurement Executives of each military department. The OFPP Administrator leads the Council on behalf of the Chair; administrative support is provided by GSA.

Meets every 3 months with ad hoc meetings as necessary.

Develops recommendations for the OMB Director on acquisition policies and requirements.

Assists the OFPP Administrator in identifying, developing and coordinating multi-agency improvement initiatives.

Furtheres integrity, fairness, competition, openness, and efficiency.

Appoints liaisons with Chief Information Officers Council, Chief Financial Officers Council, Human Resources Management Council, Small Business Procurement Advisory Council, and other councils or organizations, as appropriate.

Updates

Promotes effective business practices to ensure timely delivery of best value products & services and achieve public policy objectives.

Along with OPM, assesses and addresses hiring, training, and professional development needs of acquisition workforce.

Promotes President's Management Agenda in all aspects of acquisition system, as well as President's specific acquisition-related initiatives and policies.

Chief Acquisition Officer

Primary Policies and Directives

41 U.S.C.; codified in Federal Acquisition Regulation.

OMB Circular A-123, management's responsibility for Enterprise Risk Management and Internal Control.

Risks

Workforce attrition; aging workforce plus competition from commercial sector; mitigated by workforce investments.

Inefficient buying, effectively reduces federal capabilities; mitigated by application of "smart buying" best practices (a key Council focus).

Chief Acquisition Officer

Status of Recurring Reports to Key Stakeholders

Congressionally Mandated Reports

The two late CMRs represent Q3 and Q4 reports to Congress on Super Construction Projects. Q3 report awaits OM concurrence and Q4 awaits VHA and OM concurrences.

Q1 and Q2 were signed by SECVA on October 26, 2018.

GAO Priority Recommendations

GAO Report 17-70: VA CONSTRUCTION: Improved processes needed to monitor contract modifications, develop schedules, and estimate costs)

Per GAO: Recommendation #1 is closed as of October 10, 2018.

GAO Report 16-810: VA CONTRACTING: Improvements in policies and processes could yield cost savings and efficiency)

Currently being reviewed by GAO; awaiting GAO decision on OALC's closure request on recommendation #3.

Customer Experience Officer

CX Governance Board

Overview

Purpose: Hardwire insights and feedback from Veterans, their families, caregivers, and survivors into VA strategy and decision-making to inform and drive service recovery and performance improvement.

Participants:

Concurring Members – Under Secretaries, Chairman of Board, CCEO, CIO, and AS OPIA.

Consulted Members – All Assistant Secretaries

Board meet quarterly; Councils reporting to Board meet monthly.

Decision making process: Consensus – elevated to DEPSEC.

Elevation criteria: *Still under development.*

How decisions are communicated: *Still under development.*

Process to monitor implementation: Review of progress made by Councils reporting to Board.

Updates

Implementation of Secretary's Customer Service Policy.

Standing up Veterans Insight Council and expanding data reported to ensure enterprise decisions are powered by Veteran Signals.

Supports cross-cutting, Enterprise issues in alignment with PMA and A-11 such as Digital Modernization, Enterprise Contact Center standards and operations, Enterprise Outreach Strategy, and Service Recovery.

Pursuing Enterprise models of operations that are based in the VEO CX Framework and consistent with industry best practices.

Customer Experience Officer

CX Governance Board

Primary Policies and Directives

VA Customer Service Experience (CX) Policy was published August 22, 2018. Currently exploring the need for policies and directives in:

Digital domain requirements

Outreach

Service Recovery

Authoritative Data Sources with the Data Governance Council

Exploring opportunities to influence existing policies and directives with CX best practices.

Risks

CX Governance Board is planning the first meeting in early 2019:

Participation and support from concurrence members required to tackle difficult Enterprise decisions.

Timely establishment of the Veteran Insight Council:

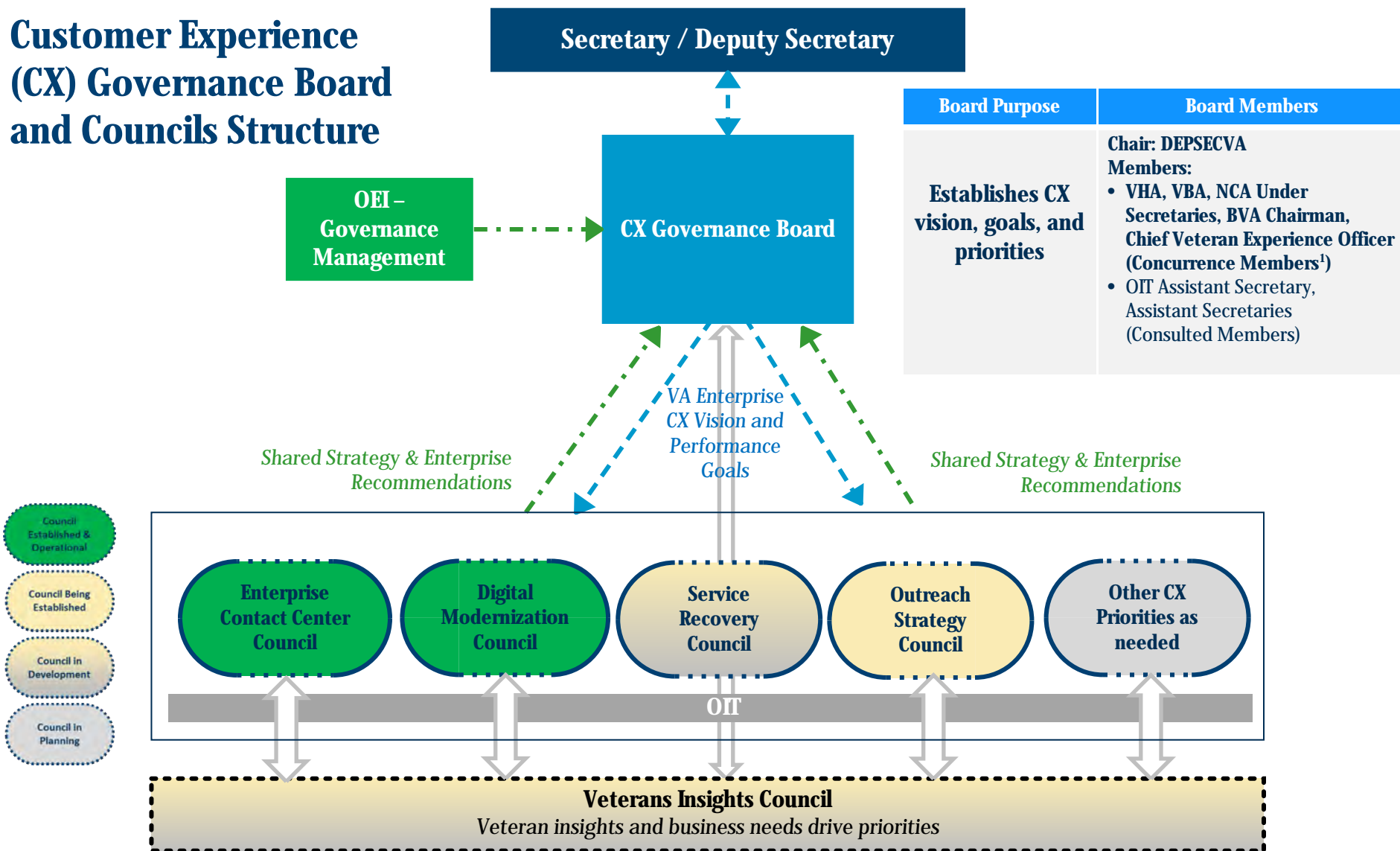
Support is needed in consolidating data stream inputs across the Enterprise to facilitate better decision-making.

IT UFR in FY19 Contact Center Modernization:

OIT will address the FY19 UFR.

Customer Experience Officer

Customer Experience (CX) Governance Board and Councils Structure



Chief Human Capital Officer

CHCOC

(Chief Human Capital
Officers Council)

Upcoming Events

Deputy CHCO Meeting (November 13, 2018)

Full Council Meeting (December 4, 2018)

Employee Engagement

President's Management Agenda

Priority Goal 3: Improve Performance Management and Engagement
20-20-20 Mandate (bottom 20% of the lowest scoring, level work units
by component/bureau)

Report Due November 15, 2018

Training Leaders

Upcoming Meeting

Next Meeting scheduled for December 5, 2018

No significant issues to report

DIVAC

(Diversity and Inclusion in
VA Council)

Membership Updates

Currently updating membership (VIEWS 117563)

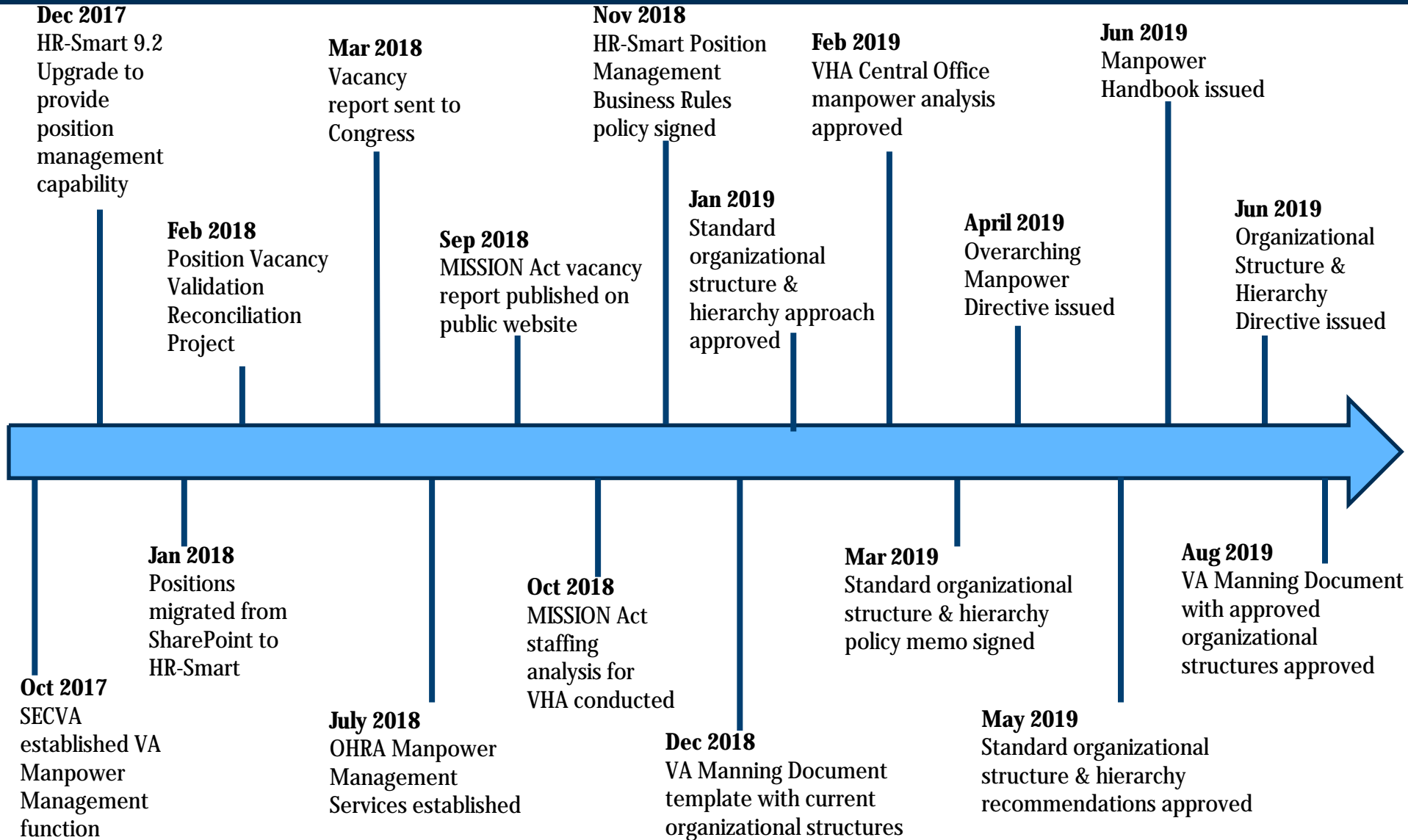
Next DIVAC Meeting scheduled for January 16, 2019

Management Deep Dives

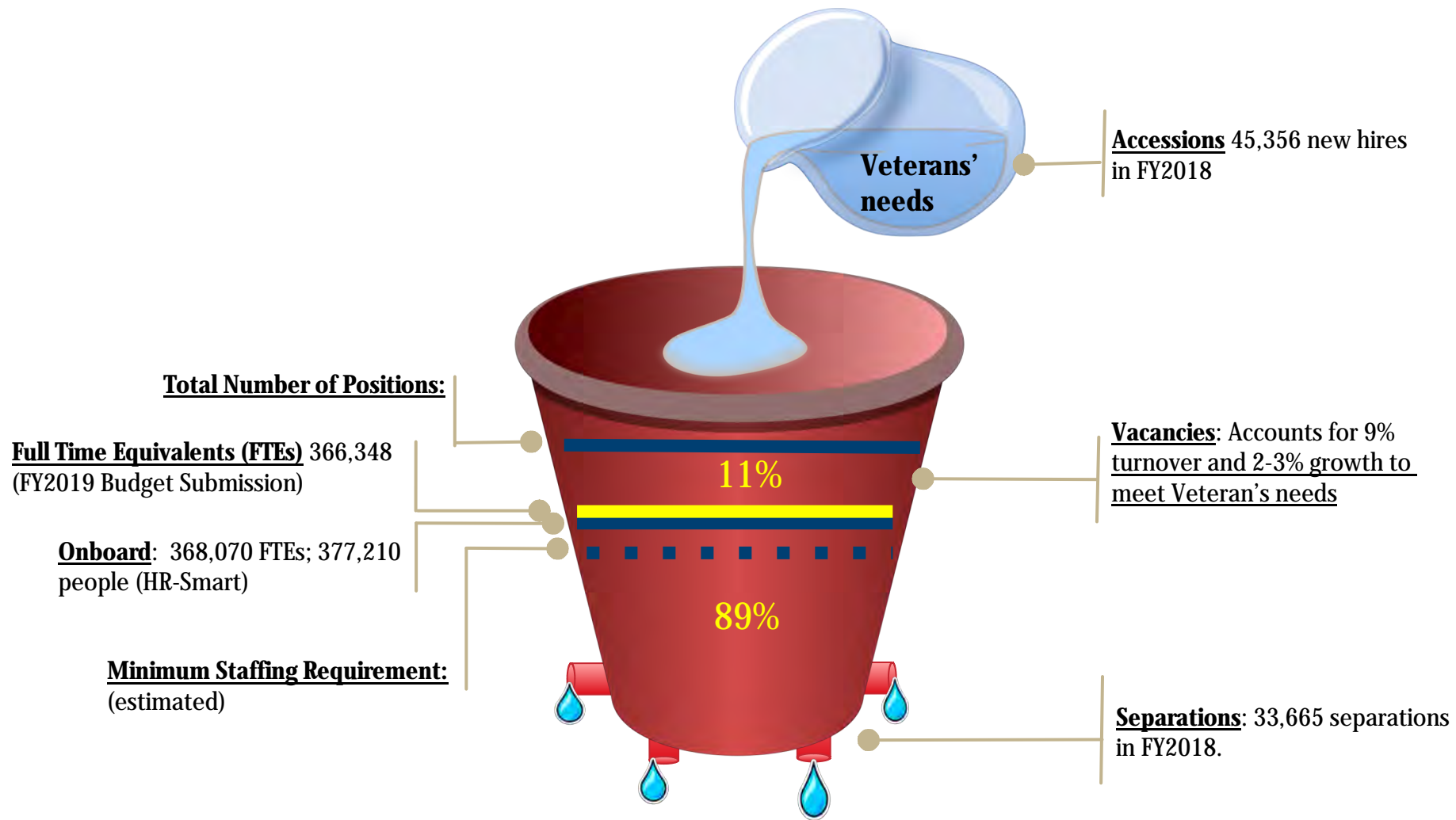
Human Resources and

Manpower Standards and Approach & Approach to Calculating Current Vacancies

Timeline to Manning Document



Flow of FTEs and Positions



Office of Accountability and Whistleblower Protection (OAWP) Policies and Operations

OAWP Metrics: Bottom Line Up Front (BLUF)

OAWP defines and manages work from a transactional process perspective.

- What:
 - Track work from receipt through resolution
 - Capture key hand-off's and milestones
- Why:
 - Provides staff and leadership a platform to discuss progress and growth in cases, FTE capacity, emerging trends or themes in submissions or case work
 - Enables constructive dialog around risks and issues as they arise – mitigate surprises

Key Performance Measures Include:

- Count Data: Incoming work, work processed; by type, by time period, by source, etc.
- Duration Data: Measure time in days between key events

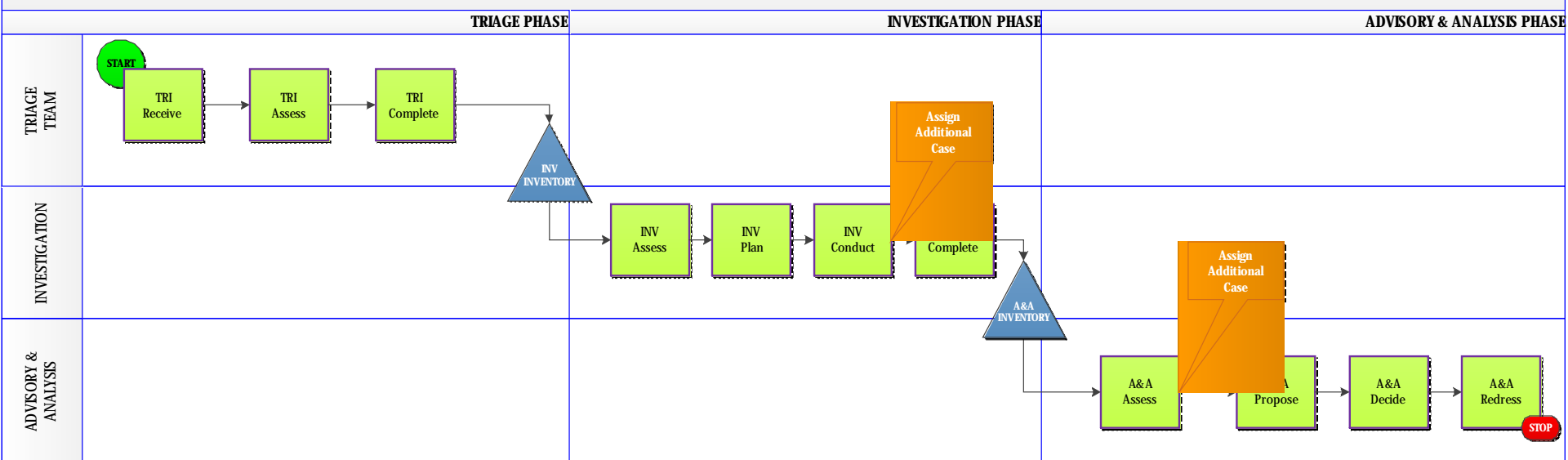
What's Next?

- Prepare Duration analysis
 - Process, policy and technology changes over time affect statistical relevance over time
 - Analyze data to identify statistically significant sub-populations of data in order to produce actionable duration analysis
- Use statistical control charts to assess process performance over time – in control or not? Differentiate between process noise and actual trends
- Assess repeatable performance and predict where process issues may arise

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



Map: Illustrates the high-level process for handling investigations and other matters within OAWP

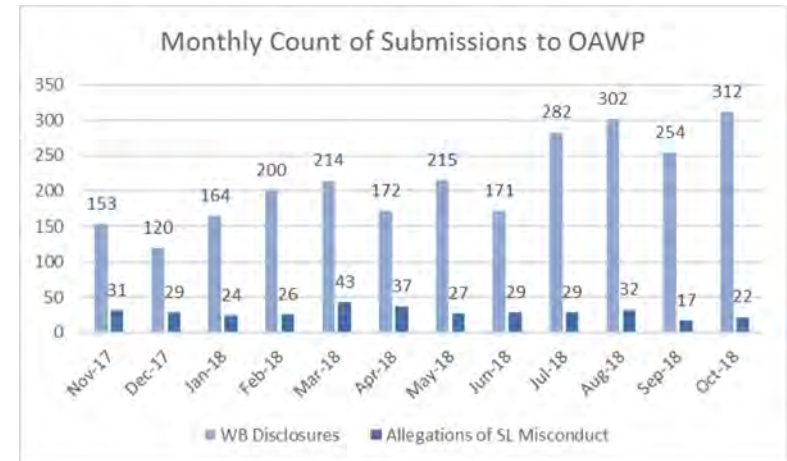
Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ ” indicates where time stamps are taken to enable duration analysis

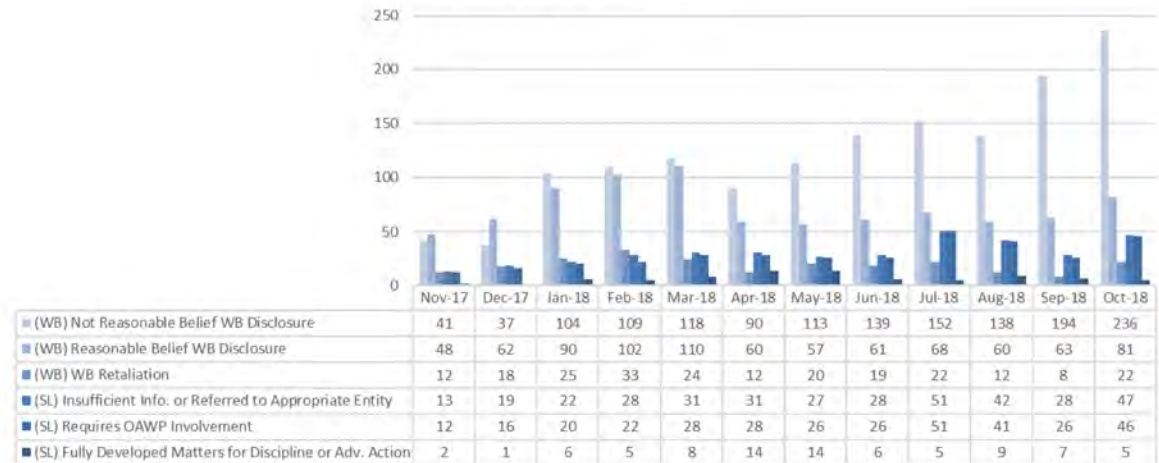
Count & Disposition of Submissions

WHAT: Count and Disposition of Submissions to OAWP

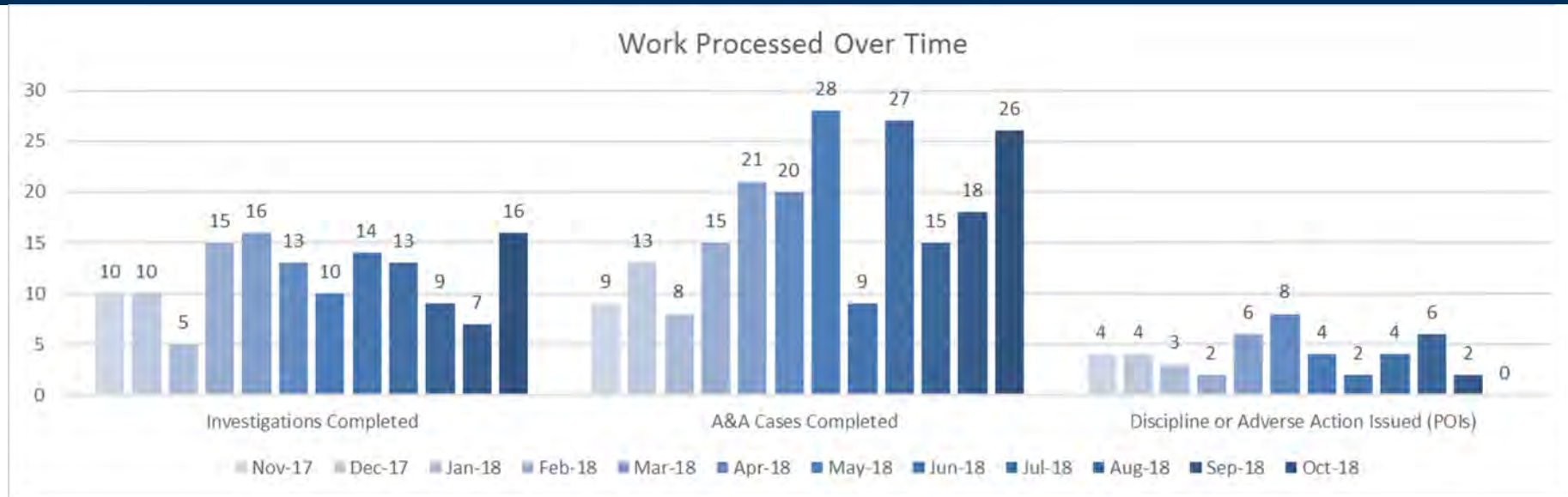
SO WHAT: Volume continues to grow across submission types



Disposition of Triaged Submissions

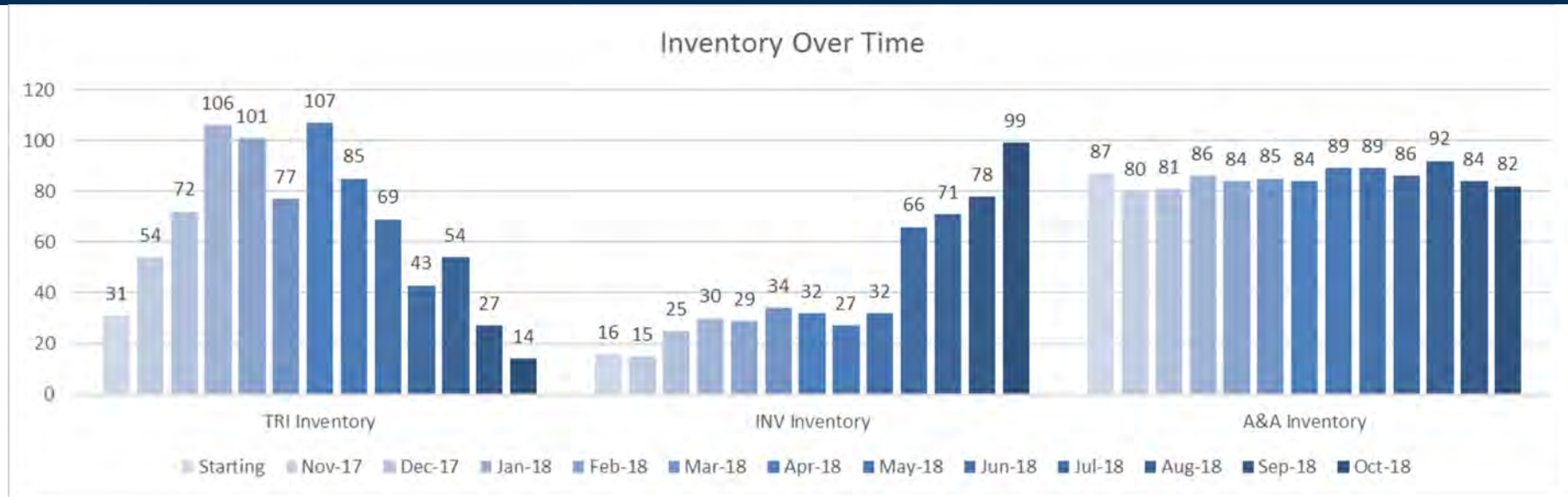


Count of Work Processed



- Concept for Illustration

Count of Inventory



NOTE: Concept for Illustration – data being refined for noise created by process changes during the period.

OAWP Emerging Policy & Process

OAWP Policy

Currently implementing directly from PL 115-41 and SecVA delegation February 2018

Revised SecVA delegation pending

- Adds “All GS-15 employees” to scope per SecVA testimony

- Delegates to AS, AWP authority to make determination of WB retaliation under 38 U.S.C. Section 731

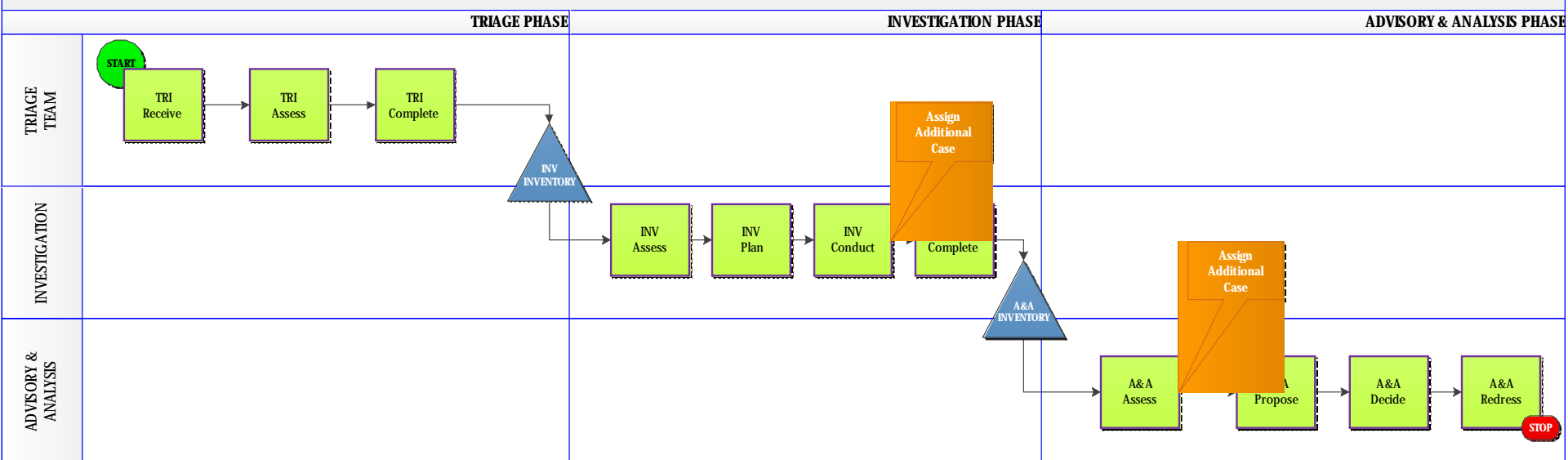
- Clarifies delegation of all items from 38 U.S.C. Section 323 to Executive Director, OAWP until AS appointed

OAWP Directive drafted, pending internal OAWP review/concurrence

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



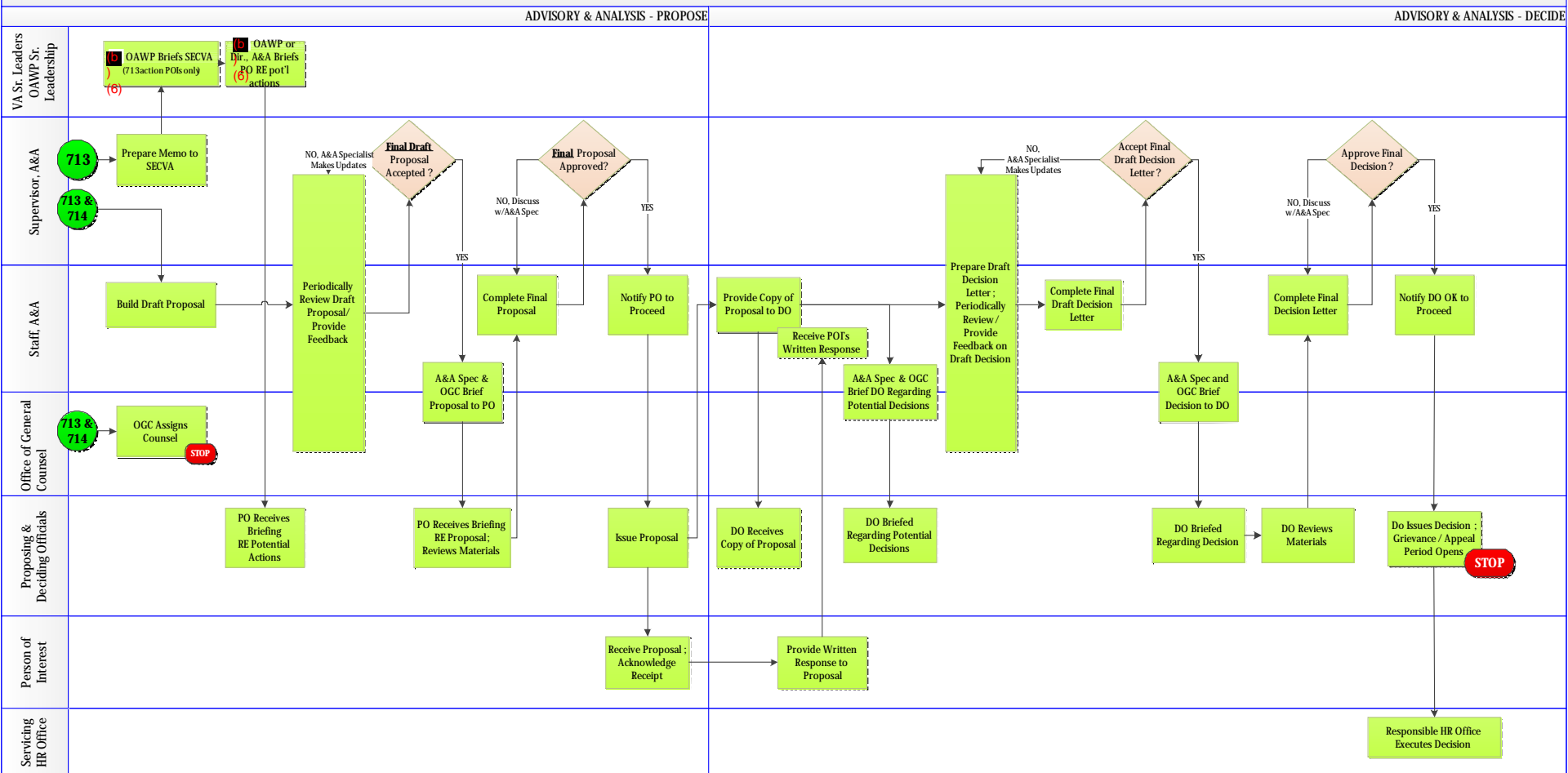
Map: Illustrates the high-level process for handling investigations and other matters within OAWP

Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ indicates where time stamps are taken to enable duration analysis

Process: Propose-Decide

OAWP Process Map: **ADVISORY & ANALYSIS - PROPOSE**
DATE OF MOST RECENT UPDATE 09 OCT 18



- Several hand-off's and review points slow progress
- Joint steps can be difficult to coordinate (e.g., briefings to PO, DO)

Work In Process (WIP)

OAWP High-level Process Summary with FY18 Summary Data Data As Of: 06 NOV 18

FY18 Data:

97: Average Days (Straight to A&A)
165: Average Days (OAWP In-Person Investigation)
176: Average Days (OAWP Virtual Investigation)
96: Average Days (External Investigation)

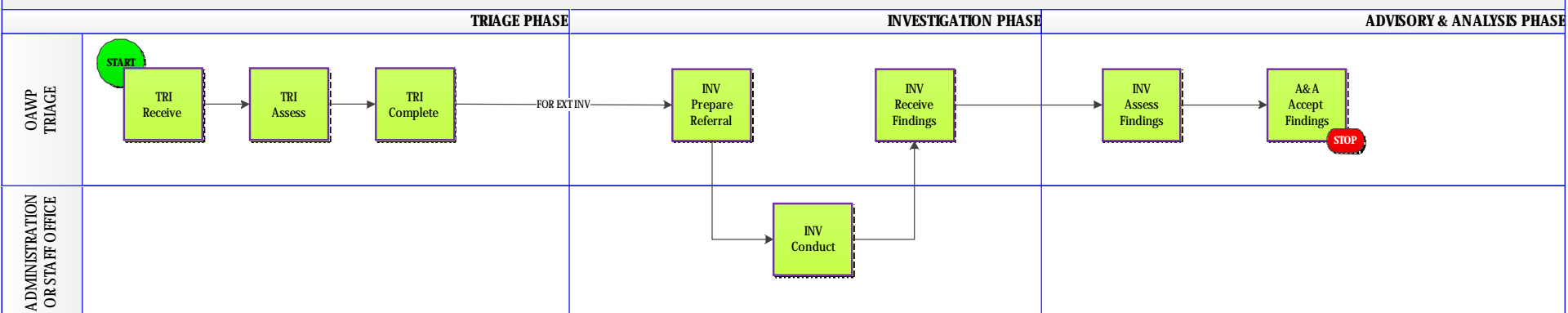
	TRIAGE	INVESTIGATION	ADVISORY & ANALYSIS
Work In Process (WIP)	351: Submissions in Triage (Open & On-Hold Items)	81: Matters in OAWP Investigation Inventory 83: Matters Being Investigated by OAWP 213: Matters Currently Referred to Another Entity for Investigation	1: Matters in OAWP Advisory & Analysis Inventory 53: Matters Being Assessed 38: POIs Being Assessed Disciplinary or Adverse Action
Work Completed Period FY18 Q4	854: Submissions Received 692: Submissions Triaged	99: Matters for OAWP Investigation 29: Investigations Completed by OAWP * 90: Matters Referred to Another Entity for WB Investigation 100: WB Investigations Completed by Another Entity * <i>*Some investigations completed in the period started prior to the period.</i>	49: Matters for OAWP A&A Assessment (includes "Straight to A & A" matters) 60: Matters Assessed for Potential Disciplinary or Adverse Action 14: Matters Resulted in an Action Recommendation for one or more POIs 20: POIs with Discipline or Adverse Action Recommended XX: POIs with Discipline of Adverse Action Issued 116: Referred Matters with Findings Accepted by OAWP
Durations Period FY18	NA: Average Days in Inventory 48: Average Days to Complete (SL Misconduct) 21: Average Days to Complete (WB Disclosures)	19: Average Days in Inventory (OAWP Investigations) 79: Average Days to Complete (OAWP Investigations) 87: Average Days to Complete (Investigations referred outside of OAWP) <i>*Some investigations completed in the period started prior to the period.</i>	16: Average Days in Inventory (Straight to A&A) 13: Average Days in Inventory (OAWP Investigation) 34: Average Days to Complete "Assess" (Straight to A&A + OAWP Investigation) 70: Average Days "Assess Complete" to "Discipline Issued" (Straight to A&A + OAWP Investigation)
OAWP Capacity	FTE: 19 Triage Specialists (authorized 20) Capacity (point in time): * TBD/ specialist (Standard) (being assessed now) * TBD/ specialist (Standard) (being assessed now)	FTE: 27 Investigators/ HR Specialists Capacity (point in time; across Assess-Plan-Conduct): * 2-3 cases/ investigator (Standard) * 4-5 cases/ investigator (Surge) (for limited time or complexity) * 54-81 cases/ OAWP (Standard)	FTE: 10 HR Specialists Capacity (point in time): * 2 cases/ specialist (Standard) (each case may have one or more POIs) * 4 cases/ specialist (Surge) (each case may have one or more POIs) * 20 cases/ OAWP (Standard)

- Investigations Inventory is growing quickly due to policy change to direct all retaliation investigations to OAWP investigators

Process: Admin/Staff Office-led Investigations

OAWP Summary Process & Metrics Map: EXTERNAL INVESTIGATIONS(WB Disclosures for Administration or Staff Office Investigation)

DATE OF MOST RECENT UPDATE 09 OCT 18



All disclosures submitted to OAWP are assessed

Reasonable belief matters are referred for investigation (either to OAWP investigators or respective Admin/ Staff Office); OAWP receives findings and assesses outcomes

Some submissions are not WB related, and are referred to the appropriate Admin/Staff Office for review and response directly to the disclosing party (e.g., safety concerns, Veteran or family member inquiries, etc.)

IT UFR Process and Current Integrated Priority List

Unfunded Requirement (UFR) Process

UFR Process

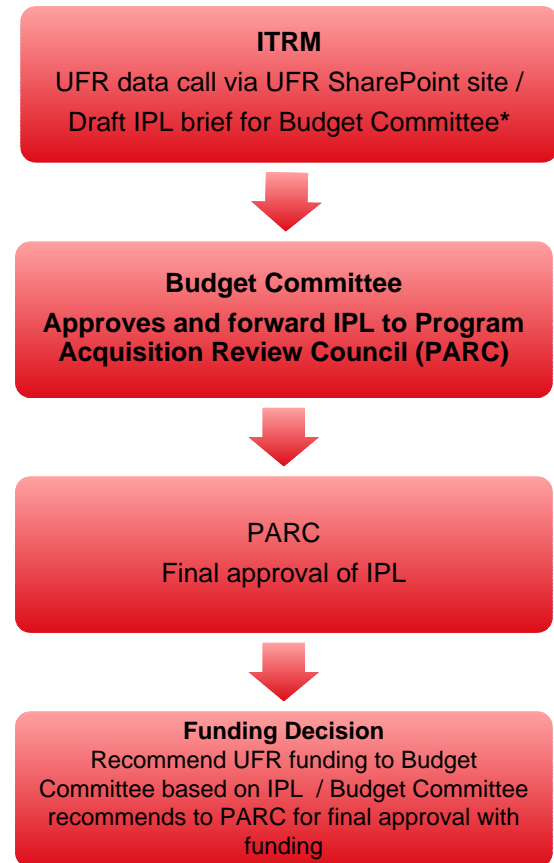
Series of actions which identifies unfunded projects, to be executable in the current fiscal year, that could be supported if funding becomes available.

Objective of the UFR Process: To create an Integrated Priority List (IPL) of UFRs.

Implementation of UFR Process: OIT Chief Financial Officer (CFO) determines there are sufficient funds to support additional projects that were not originally included in the Budget Operating Plan.

Outcome of the UFR Process: An unfunded IPL that is vetted and approved via the UFR Prioritization Working Group and OIT governance structure resulting in a funding decision (see IPL Process).

Unfunded Integrated Priority List (IPL) Process



**For FY19: Initial data call to submit UFRs will occur in Q1 (or as soon as policy is approved) for the upcoming Fiscal Year*

VA Operational Planning Office of Enterprise Integration

VA Operational Planning & Governance

Problem Statement: VA is currently unable to understand, measure, or manage successful achievement of the SECVA Priorities or effectively respond to emerging external requirements.

Objective: Leverage the Emerging Governance Structure and Processes to:

- Establish Planning Standards for VA Programs and Initiatives

- Document Intended Outcomes

- Create Measurable Objectives

- Enable Performance Improvement

- Drive Accountability

OEI's role:

- Establish Program Planning Standards

- Coordinate support for Programs and Initiatives

- Support identification and resolution of critical needs and/or operational issues

- Address systemic management and execution issues

- Support leaders in effectively managing their Programs and Initiatives

Intended Outcome:

- Create greater transparency for VA senior leadership regarding progress against achieving SECVA Priorities.

- Enhanced execution of Programs and Initiatives by surfacing and resolving issues impeding progress.

FY19 Operational Plans Candidates (1 of 2)

VHA

Mission Act

Community Care consolidation
Telehealth expansion
Caregiver compensation expansion
Assessment of Infrastructure and Resources

Mental Health

Filling MCOs for Mental Health
Implementing National Suicide Prevention EO

VHA Modernization

Supply Chain (Business Transformation)

Modernizing VHA supply chain*

VHA (cont)

Geographically Underserved Populations
Infrastructure gaps
Providing Healthcare
Mental Healthcare

VBA

Forever GI Bill*

Office of Transition and Economic Development milestones

BVA

Appeals Modernization*

NCA

Assumption of Veteran Cemeteries from DoD

* OEI will consolidate existing plans into Plan Format

FY19 Operational Plans Candidates (2 of 2)

OEI & OIT

Business requirements integration

Data integration

OIT

Interoperability of VA between Commercial
Care Provider IT Systems

OHRM

Manpower plan

Filling Mission Critical Occupations (MCOs)

EHRM

Execution plan

OAWP

Holding Executive leadership accountable

Establishment of roles and functions between
OWAP, Internal Controls, OGC, OIG

OM

Stop Fraud, Waste, and Abuse*

OALC

TBD (Business Transformation)

VEO

Veteran Experience Strategy implementation

Woman Veteran Equities

Providing Healthcare

Ending Homelessness

Improving Employment

Providing Mental Healthcare

* OEI will consolidate existing plans into common plan format

Operational Plan - Essential Elements of Information

Organizational or Program Mission

Vision Statement

Program Owner & Program Organizational Structure

Program/Initiative Objectives and measurable outcome targets

- Schedule (activities sequenced) and Milestones

- Customer Service Improvement Elements/Targets

- Performance Measures (baseline, goals, and stretch goals)

Resources

- Staffing Plan (Gov't FTE)

- Contract Support Requirements

- IT Requirements

- Acquisition Strategy

- Resource Gaps (if applicable) and impact on Performance Measures

- Dependencies

Risks/Issues & Mitigation Strategies

VA Operational Planning Model

Action	SECVA/ DEPSEC/ COSVA	Plan Owners	Staff Offices (Enabling Support)	Governance Board	Office of Enterprise Integration
Planning Standards				VAOB	✓
Program/Initiative Selection & Annual Objectives Refresh	✓			VAEB	
Operational Plan Development		✓	✓	VAOB	
Quality Assurance				VAOB	✓
Operational Plan Execution		✓	✓	VAOB	
Performance Management & Oversight				VAEB (Quarterly) VAOB (Monthly)	✓
Issue Resolution	✓			VAEB	

Back Up Slides

Enterprise Governance Bodies

Chair

SECVA

SECVA Stand-up (Meets Daily)

- Brief SECVA on key daily issues

Management Synchronization Meeting (Meets Weekly)

- Major near-term (30-day) milestones
Key issues and immediate Secretary decisions

VA Executive Board (VAEB) (Meets quarterly or as needed)

- VA strategy, policy, major investments

Under Secretaries Meeting (Meets Weekly)

- Execution priorities and strategic planning

VA Operations Board (Meets Bi-Monthly)

- Reviews budget execution, operations and performance; OIG/GAO high risk and issue management

Modernization Board (Meets Monthly (or as needed))

- Reviews performance and execution of VA Modernization initiatives/priorities & reform efforts

Mission Act Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

EHRM Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

President's Management Council* (Meets Quarterly)

- Oversees implementation of government-wide management policies/programs

Joint Executive Committee* (Meets Quarterly)

- Recommends strategic direction for the joint VA/DOD coordination/sharing
- Co-chaired by SECVA semi-annually
- Bi-monthly touchpoints with DOD

COSVA

Chief of Staff Council Meeting (Meets Weekly)

Manages execution of decisions made from other boards

AS/US/ Exec. Dir

Administration Governance
Bodies

CXO Governance Bodies

Strategic

Execution

Synchronization

*External Cross-Government bodies managed by the DEPSECVA

OGC POCs

Financial Management Business Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

The FMBT program (the purpose of which is to modernize the VA's legacy Financial Management System) was originally a procurement being administered by the United States Department of Agriculture (USDA) as a shared service, but USDA in December 2017 notified VA that it would no longer be the Federal Shared Service provider and VA was required to take over administration of all USDA awarded task orders. Accordingly, OGC has to provide guidance on transferring software licenses, terminating certain software licenses, acquiring new software licensing, modifying contracts, and awarding four new contracts (the awarded contracts ranged from \$12 million to \$750 million) in a compressed period of time in order to ensure the FMBT program continued without interruption.

Secondarily, involved through contracts supporting supply chain management objectives including the JEC, Joint Executive Counsel a DoD/ VA committee to support collaboration in efforts to provide medical care and share resources, routinely releases objectives requiring support from both PrLG. Most recent FY17/18 was the use of "ECat" a DoD interface which allows for an assisted acquisition to DoD.

Revenue Law Group SMEs: (b) (6) and (b) (6)

Supply Chain Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG)

Involved via procurement of follow on contract for commodities Medical Surgical Prime Vendor. PrLG has supported this effort over the last decade, and since FY16 also supported the NexGen approach and the 2.0. Currently working with OAL and VHA leadership and acquisitions to identify sources and coordination of efforts. Multiple inquiries by HVAC and SVAC as well as industry. Some litigation regarding the execution was resolved in September (Electra-Med matter).

Telehealth

Health Care Law Group SME: (b) (6) (this issue also involves the Personnel Law Group)

Provided technical assistance for MISSION Act legislation

Reviewed regulation that preceded MISSION Act legislation

Addressing questions concerning prescribing of controlled substances

Providing guidance on legal questions presented by program

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

Review of the contracts underlying the COTs and cloud services to ensure that execution of the project. Our office worked in FY16/17 to ensure that all items on contract were in scope. As an IDIQ additional work will be needed over the contract life cycle.

Information Law Group SME: (b) (6)
data governance and security issues.

Personnel Law Group SME: (b) (6) with (b) (6) and (b) (6)

assisted in developing regulations and working w VHA on anywhere-to-anywhere initiative (allowing VA providers who are not providing telehealth to allow them to provide services anywhere as long as its within their scope of practice).

OGC POCs

STOP Fraud, Waste and Abuse

Health Care Law Group SME: (b) (6) (Medicare data)

Participating in discussions about how this information may be used in future community care program.

(b) (6) -Participated in a discussion with ILG concerning current ability to use information from CMS.

Procurement Law Group SME: Bob Fleck and (b) (6)

Involved through Federal Acquisition Regulation (FAR) requirements (3 and 9.4) for procurement integrity as well as avoidance of conflict of interest.

This includes work of attorneys in specific contract matters as well as our Debarment and Suspension support.

Personnel Law Group SME: (b) (6)

advised on whether they can hire investigators (yes) and advising on follow-up issues on info sharing related to investigator findings.

Navigator Customer Experience

Not available

HR Modernization

Personnel Law Group SME: (b) (6)

met with them back in January but haven't heard anything from them since.

Appeals Modernization

Benefits Law Group SME: (b) (6)

Has worked closely with BVA and multiple VBA program offices to implement the Appeals Modernization Act.

Assisted in coordinating and reconciling inputs from multiple offices into a comprehensive proposed rule adding or revising more than 150 CFR sections.

Assisted VBA and BVA in implementing pilot programs to test aspects of the modernized appeals system.

Assisting in analyzing comments on proposed rule, developing responses for final rule notice.

Health Care Law Group – Lead SME: (b) (6) (HCLG has other SME's working with particular VHA Programs)

Working with VHA to help them understand requirements of the Appeals Modernization Act and how that will impact individual programs.

Working with VHA programs on developing templates for notices of decisions.

Working with VHA to develop interim final rule.

OGC POCs

Forever GI Bill

Benefits Law Group SME: (b) (6)

Provided Education Service advice regarding statutory interpretation.

Has been reviewing Education Service's preliminary drafts of the proposed rulemaking.

Procurement Law Group SMEs: Bob Fleck and (b) (6)

PrLG has supported VBA in revising the contracts supporting these programs. We have also advised regarding endorsements.

Mental Health Joint Action Plan

Health Care Law Group SMEs: (b) (6)

Providing legal guidance on VA's authorities to provide treatment

Providing legal review of materials developed for the initiative

Electronic Health Record Modernization (EHRM)

Procurement Law Group SMEs: Bob Fleck and (b) (6)

OGC was heavily involved in crafting the public interest determination and findings (D&F) the allowed a sole-source firm-fixed-price approximately \$10 Billion, Indefinite Delivery/Indefinite Quantity (ID/IQ) contract to Cerner to acquire the EHR system being deployed by the Department of Defense (DoD) and related services for deployment and transition across the VA enterprise in a manner that meets VA needs enabling seamless healthcare to Veterans and qualified beneficiaries. OGC was instrumental in supporting this award throughout all aspects of the program, from the pre-award contract negotiation, contract and multiple task order awards, and successful defense of bid protest challenges at the Agency and Federal Court level.

Personnel Law Group SMEs: (b) (6) and (b) (6)

hiring staff as T38 providers and helped draft legislation to accomplish this and advised on interim process with dotted line authority to allow T38 pay retention.

MISSION Act

Health Care Law Group SME's:

Community Care – (b) (6)

Caregivers – (b) (6)

Providing legal guidance on MISSION Act provisions to facilitate decision-making

Assisting in the drafting and development of necessary regulations implementing the law

Legal review of regulations

Personnel Law Group SME: (b) (6) and (b) (6)

podiatrist pay to ensure its similar to physician pay (b) (6) also advising on education programs (b) (6)

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Office of Budget				
Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Encouraging Public-Private Partnerships - 1st Q tr.	CFM	1/16/2018	1/30/2018	
National Outreach and Awareness Marketing Campaign - 1st Q tr.	OPIA	1/16/2018	1/30/2018	
Small, minority-and women-owned businesses - 1st Q tr.	OSVA	1/16/2018	1/30/2018	
Quarterly reporting - Major Construction - 1st Q tr.	OALC/CFM	1/16/2018	1/30/2018	
Appointment scheduling system	OIT	4/9/2018	4/23/2018	
Veterans data protection	OIT	4/9/2018	4/23/2018	
Spending plan	VHA	4/9/2018	4/23/2018	
Encouraging Public-Private Partnerships - 2nd Q tr.	CFM	4/16/2018	4/30/2018	
National Outreach and Awareness Marketing Campaign - 2nd Q tr.	OPIA	4/16/2018	4/30/2018	
Small, minority-and women-owned businesses - 2nd Q tr.	OSVA	4/16/2018	4/30/2018	
Quarterly reporting - Major Construction - 2nd Q tr.	OALC/CFM	4/16/2018	4/30/2018	
Central office responsiveness	OCLA	4/16/2018	4/30/2018	
West Los Angeles, California seismic corrections	CFM/OAEM	5/9/2018	5/23/2018	
Bakersfield outpatient clinic	CFM	5/9/2018	5/23/2018	
White House Veterans Complaint Hotline	VEO	5/9/2018	5/23/2018	
Hiring delays	VHA	5/9/2018	5/23/2018	
Kingdomware Decision	OIT	5/9/2018	5/23/2018	
Cybersecurity	OIT	5/9/2018	5/23/2018	
Rare cancers	VHA	6/8/2018	6/22/2018	
Improving Federal Burn Pits Registry	VHA	6/8/2018	6/22/2018	
Women's access to medical services	CFM	6/8/2018	6/22/2018	
Delayed provider payments	VHA	6/8/2018	6/22/2018	
Bakersfield outpatient clinic	CFM	7/9/2018	7/23/2018	
Financial Management and Health Care Delivery	VHA	7/9/2018	7/23/2018	
Mental health services training for community providers	VHA	7/9/2018	7/23/2018	
Position vacancies	VHA	7/9/2018	7/23/2018	
Rural caregivers	VHA	7/9/2018	7/23/2018	
Encouraging Public-Private Partnerships - 3rd Q tr.	CFM	7/16/2018	7/30/2018	
Long-Term Care - 3rd Q tr.	VHA	7/16/2018	7/30/2018	
Central office responsiveness - 3rd Q tr.	OCLA	7/16/2018	7/30/2018	
National Outreach and Awareness Marketing Campaign - 3rd Q tr.	OPIA	7/16/2018	7/30/2018	
Small, minority-and women-owned businesses - 3rd Q tr.	OSVA	7/16/2018	7/30/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Quarterly reporting - Major Construction -3rd Q tr.	OALC/CFM	7/16/2018	7/30/2018	
High-cost areas	VHA	9/7/2018	9/21/2018	
Women's health	VHA	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	VHA	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	VHA	9/7/2018	9/21/2018	
National Center for Post-Traumatic Stress Disorder	VHA	9/7/2018	9/21/2018	
Treatment for Post-Traumatic Stress Disorder	VHA	9/7/2018	9/21/2018	
Opioid Safety	VHA	9/7/2018	9/21/2018	
Opioid Addiction Treatment Protocols	VHA	9/7/2018	9/21/2018	
Dependents and Prescription Drug Monitoring Programs	VHA	9/7/2018	9/21/2018	
Orthotics and Prosthetics Workforce	VHA	9/7/2018	9/21/2018	
DoD and VA Prescription Drug Purchasing	VHA	9/7/2018	9/21/2018	
Center for Compassionate Innovation	VHA	9/7/2018	9/21/2018	
Hospice Care	VHA	9/7/2018	9/21/2018	
Home and Community Based Services	VHA	9/7/2018	9/21/2018	
Burn Pits Research	VHA	9/7/2018	9/21/2018	
Filling Vacant Positions	HRA	9/7/2018	9/21/2018	
Construction Contracting Outreach	CFM	9/7/2018	9/21/2018	
Medical staff retention	VHA	9/7/2018	9/21/2018	
Management reforms	OPP	9/7/2018	9/21/2018	
Legacy system decommissioning plan	OIT	9/7/2018	9/21/2018	
Veterans Service Centers	VBA/VHA	9/14/2018	9/28/2018	
Financial Hardship and Bankruptcy	OGC	9/14/2018	9/28/2018	
Rural Veterans Coordination Pilot	VHA	9/14/2018	9/28/2018	
Assessing Homelessness in Rural Areas	VHA	9/14/2018	9/28/2018	
Prescription Drug Monitoring Program Utility	VHA	9/14/2018	9/28/2018	
National Center for Posttraumatic Stress Disorder (PTSD)	VHA	9/14/2018	9/28/2018	
Postpartum depression	VHA	9/14/2018	9/28/2018	
HUD-VA SH program	VHA	9/14/2018	9/28/2018	
Maternity care benefit, survey, and education campaign	VHA	9/14/2018	9/28/2018	
Training for VA personnel engaged in facility management	CFM	9/14/2018	9/28/2018	
Deferred maintenance	NCA	9/14/2018	9/28/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Filling Vacant Positions	HRA	10/16/2018	10/30/2018	
Caregivers program - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Hepatitis C Treatment - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Encouraging Public-Private Partnerships - 4th Q tr.	CFM	10/16/2018	10/30/2018	
Long-Term Care - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Veterans Health Administration - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Claims Processing - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Central office responsiveness - 4th Q tr.	OCLA	10/16/2018	10/30/2018	
Performance reporting - September	VBA	10/16/2018	10/30/2018	
Disability Claims Processing - September	VBA	10/16/2018	10/30/2018	
OIT Expenditure Plan - September	OIT	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	VBA	10/16/2018	10/30/2018	
National Outreach and Awareness Marketing Campaign - 4th Q tr.	OPIA	10/16/2018	10/30/2018	
Small, minority-and women-owned businesses - 4th Q tr.	OSVA	10/16/2018	10/30/2018	
Quarterly reporting - VHA - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Choice Act - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Hep C - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Transfers - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - GenAd - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Quarterly reporting - BVA - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Quarterly reporting - VBA GOE - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - VBA - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - NCA - 4th Q tr.	NCA	10/16/2018	10/30/2018	
Quarterly reporting - OIT - 4th Q tr.	OIT	10/16/2018	10/30/2018	
Quarterly reporting - Major Construction - 4th Q tr.	OALC/CFM	10/16/2018	10/30/2018	
Quarterly reporting - FTE - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Veterans Electronic Health Record - 4th Q tr.	EHR	10/16/2018	10/30/2018	
Caregivers	VHA	1/9/2019	1/23/2019	
Expenditure plan - Minor Construction	O AEM	3/8/2019	3/22/2019	
Medical staff retention	VHA	3/8/2019	3/22/2019	
Demand profile	VHA	3/9/2019	3/23/2019	

Upcoming VAOB Meetings

November 26 – Budget Execution and Performance Review

December 10 – Management Issues

December 24 – Cancelled

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Bcc:
Subject: VA Operations Board (VAOB) Meeting
Date: Tue Oct 30 2018 17:33:04 CDT
Attachments: 181113 VAOB Final.pptx

StartTime: Tue Nov 13 09:00:00 Central Standard Time 2018
EndTime: Tue Nov 13 11:00:00 Central Standard Time 2018
Location: Omar Bradley Conference Room (OBCR)
Invitees: VA OB Members
Recurring: No
ShowReminder: No
Accepted: Yes
AcceptedTime: Thu Nov 01 15:08:00 Central Daylight Time 2018

Good Evening, please accept our apologies for the delay with the attachments.

Copies will be provided at the meeting. We sincerely thank you for your patience and flexibility.

Chair: Acting Deputy Secretary, Mr. Jim Byrne

Principal Attendees: Assistant Secretaries, Under Secretaries and Key Officials

Purpose: The VAOB has bi-monthly meetings every 2nd and 4th Monday. The 2nd Monday meeting focuses on management issues (i.e., CXO updates, Congressionally Mandated/Tracked Reports, and Executive Correspondence). The 4th Monday meeting focuses on budget execution and performance.

Due to the holiday on Monday, November 12th (Veteran's Day), this meeting is rescheduled to Tuesday, November 13th.

Read ahead materials will be provided NLT two business days prior to the scheduled meeting. If your organization's POCs require updating, do not hesitate to contact EGM with these changes.

If you have any questions, please do not hesitate to contact Ms. (b) (6) at 202-266-(b) (6) or (b) (6) va.gov, or the Enterprise Governance Management (EGM) Team at EGMTeam@va.

gov. Thank you and have a great day.

Sincerely,

EGM Team

Owner: VA Governance Secretariat </o=exchangelabs/ou=exchange administrative group
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Filename: 181113 VAOB Final.pptx
Last Modified: Tue Oct 30 16:33:04 CDT 2018

VA Operations Board Meeting

November 13, 2018
Omar Bradley Conference Room

Agenda

Item #	Topic	Briefer
1	Opening Comments	Mr. Jim Byrne, Acting Deputy Secretary of Veterans Affairs
2	Introduction	Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
3	Recurring Updates a. Congressionally Mandated Reports b. Executive Correspondence	Mr. Brooks Tucker, Assistant Secretary for Congressional and Legislative Affairs Mr. (b) (6) Office of the Executive Secretariat
4	CXO Updates	
	a. Chief Financial Officer	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer
	b. Chief Information Officer	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
	c. Chief Acquisition Officer	Ms. Karen Brazell, Principal Executive Director and Chief Acquisition Officer, Office of Acquisition, Logistics and Construction
	d. Customer Experience Officer	Dr. Lynda Davis, Chief Veterans Experience Officer
	e. Chief Human Capital Officer	Ms. Jacquelyn Hayes-Byrd, Acting Assistant Secretary for Human Resources and Administration

Agenda

Item #	Topic	Briefer
5	Management Deep Dive – Manpower Standards and Approach and Approach to Calculating Current Vacancies and Manpower	Ms. Carin Otero, Deputy Assistant Secretary, Office of Human Resources Management
6	Management Deep Dive – OAWP Policies and Operations	Mr. Kirk Nicholas, Executive Director, Office of Accountability and Whistleblower Protection
7	Management Deep Dive – IT UFR Process and Current Integrated Priority List	Mr. Camilo Sandoval, Executive-in-Charge, Office of Information and Technology
8	Management Deep Dive – VA Operational Planning	Mr. John Basso, Deputy Assistant Secretary, Planning and Performance Management, Office of Enterprise Integration
9	Upcoming VA Operations Board Meetings a. November 26 – Budget Execution and Performance Review b. December 10 – Management Issues	Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
10	Closing Remarks and Actions	Mr. Jim Byrne, Acting Deputy Secretary for Veterans Affairs

VAOB Action Item Tracker

#	Action Item	Owner(s) (Lead/Support)	Due Date (or weekly default)	Status/Notes (Include anticipated/completion dates)	Next Steps, if any, after completion of Action Item
1	Provide Mr. Dat Tran and Mr. John Basso with Management issues that your organization would like to see reviewed in the VAOB	ALL	Ongoing	Ongoing.	
2	Meet with OIT to align VA & OIT Governance Boards	OEI	11/20	Ongoing. Preliminary meetings held with OEI and OIT. Additional meetings are being scheduled.	
3	Provide a list of proposed Customer Service Performance Measures for SES Performance Plans	OEI VEO	11/20	Memo dated 10/26/18 in VIEWS for comments.	
4	Every Office must provide updates to their Operational and Strategic Performance measures to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. OEI has met with all organizations. Awaiting final measures and data.	
5	Review the list of Congressional Reports and identify which report should be moved to the 'Unnecessary Report List'. Send updates to OEI's Director of Performance, (b) (6) (b) (6) va.gov)	All	11/20	Ongoing. See Back Up slides.	
6	Provide a list of OGC POCs to address various legal issues within the agency	OGC	11/19	Completed. See Back Up slides.	None

Recurring Updates

Office of Congressional and Legislative Affairs

Congressionally Mandated Reports

Congressionally Mandated Reports

PAST DUE as of November 5, 2018

14 Congressionally Mandated Reports (CMRs) for FY18 (1 with ExecSec/OSVA for SECVA signature):

VHA: 9	(oldest 249 days overdue)
OALC: 1	(98 days overdue)
HRA: 1	(85 days overdue)
OIT: 2	(oldest 81 days overdue)
VBA: 1	(61 days overdue)

7 CMRs for FY19

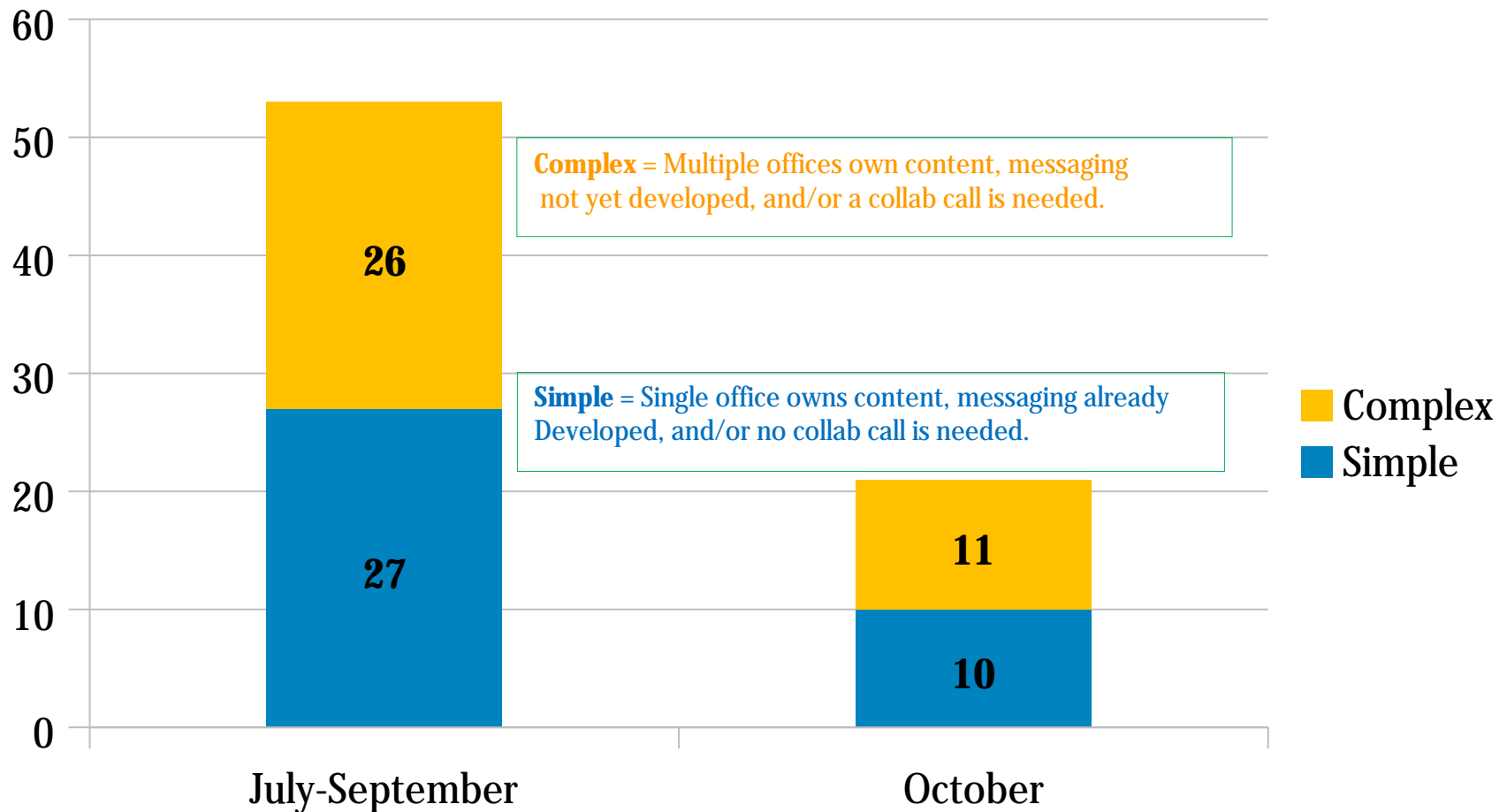
FYI

VIEWS letter for November 13, 2019 HVAC Health Hearing cleared OMB on November 2, 2018 with ExecSec for signature (two bills; hearing notice was very late; therefore, no opportunity was provided for a written testimony to be submitted).

Office of the Executive Secretary (EXECSEC)

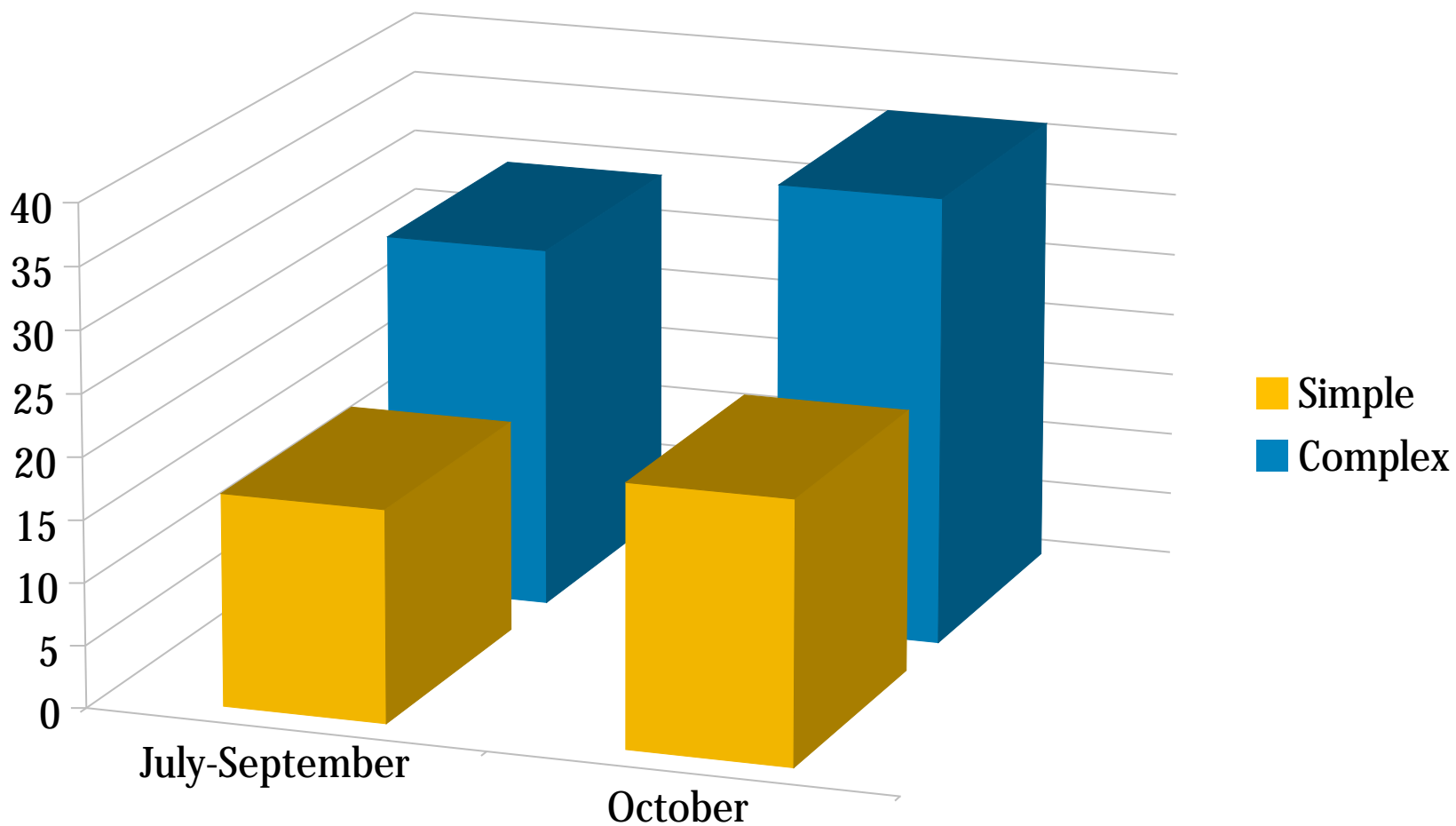
Congressional Responses Update

EXECSEC Congressional Responses Completed

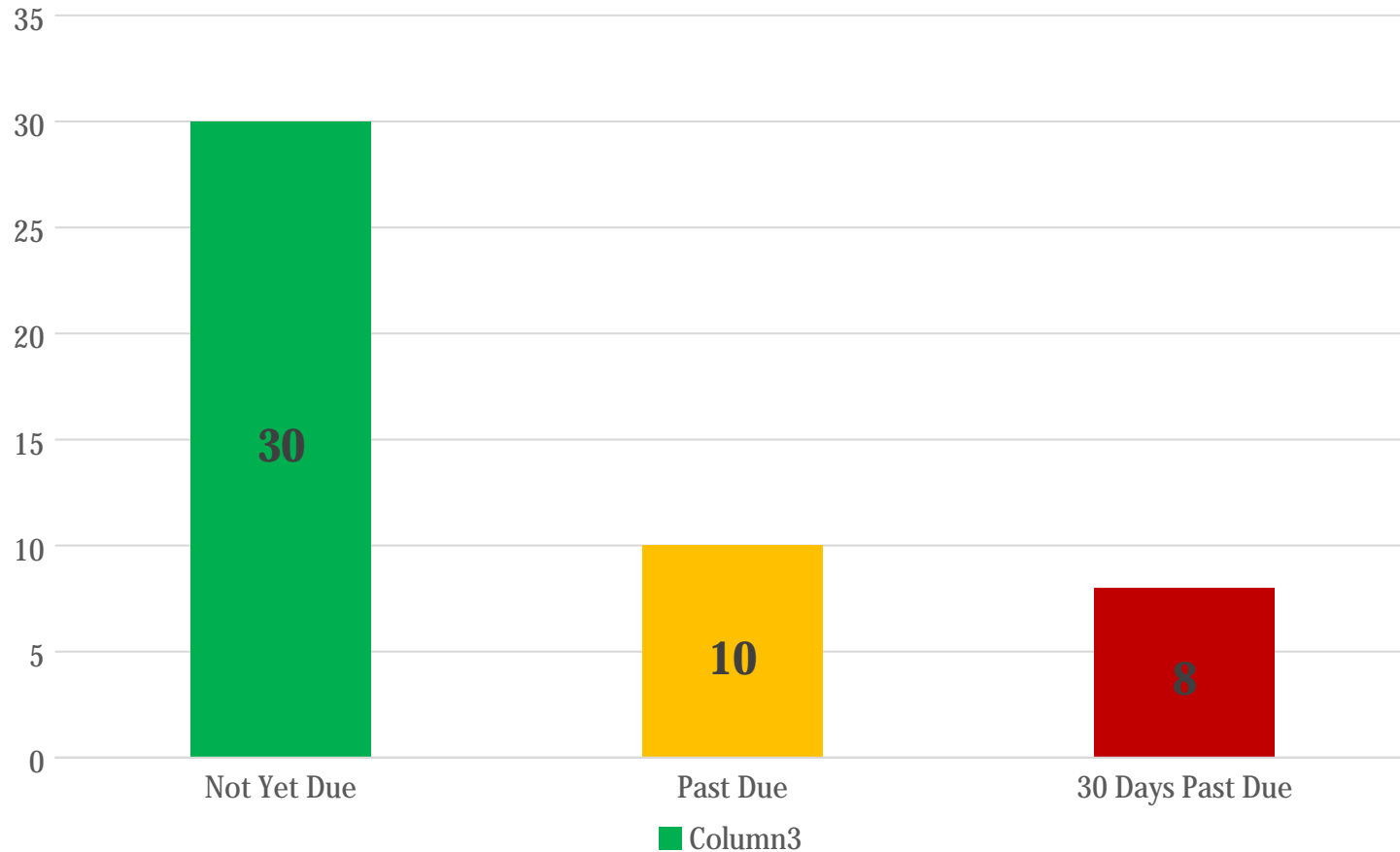


EXECSEC Congressional Responses - Average Days by Category

Average Days – Receipt to Signature Simple and Complex



EXECSEC Congressional Letters In-Work – As of November 9, 2018



CXO Updates

Chief Financial Officer

Overview

Purpose: Advise VA CFO on matters related to VA's overall financial management:

Collaborate to ensure financial priorities are consistent with VA's strategic goals and objectives.

Vet changes related to VA Financial Policy.

Last Session: November 1, 2018

New Focus: Deep Dive Sessions based on Council's preference

Updates

VA CFO Council Updates:

Deep Dive Topic: VA Reimbursables

Identified ways to improve overall accountability and timeliness of reimbursable funding agreements.

Realigned select reimbursements to Franchise Fund/BA.

Establishing Quarterly forum for customers/service providers.

Next Deep Dives:

VA Vacancies - HRSmart data

PIV Program Reimbursables

Chief Financial Officer

Primary Policies and Directives

Financial Policy Approvals: (five-year updates)
 Volume I, Chapter 5 – Management Accountability and Responsibility for Internal Controls.
 Volume II, Chapter 9 – Prior-Year Recovery.

Cancelled: VA's Travel Savings Award program
 Implementation costs exceed travel saving benefits.
 FY17: VA spent \$227M to save \$25K.

Risks

FY18 VA Financial Statement Audit:

End of Audit Meetings:
 November 6, 2018 – Meeting with Clifton Larson Allen (CLA), OIG, and CFO stakeholders.
 November 7, 2018 – Meeting with CLA, OIG, and SECVA.

Developing Corrective Action Plans (CAPs) for audit findings:
 Initiating Financial Integrity Team (FIT) Program to support and lead proactive audit remediation.

Chief Information Officer

Overview

IT Governance Oversight Board (ITGB)-October 24, 2018

OIT Councils Supporting ITGB:

Program & Acquisition Review Council (PARC) met October 16, 2018.

Standards & Architecture Council (SAC) met October 22, 2018.

Organization & Workforce Council (OWC) met October 18, 2018.

Updates

IT Governance Oversight Board (ITGB) – October 24, 2018 (Next Meeting: December 2018):

PARC will research industry best practices and brief on incorporation of Cloud/Dev-Ops into the IT Governance Framework.

Analytics and Performance Management Committee (APMC) will develop specific CIO Governance Metrics for monthly review.

Standards and Architecture Council (SAC) – October 22, 2018:

Approved Enterprise Cybersecurity Strategy Program (ECSP) accountability plan for each Pillar.

Program and Acquisition Review Council (PARC) – October 16, 2018:

APMC to monitor major investments for risks, if risks are found, APMC will report to the Operations and Portfolio committee (OPMC) with recommendations for a TechSTAT Review. Budget, Planning and Acquisition Committee (BPAC) to perform an assessment of the Acquisition Review Module (ARM) threshold limits/ARM processes and provide recommendation on improving the tools acquisition tracking methods.

Chief Information Officer

Primary Policies and Directives

Key external policies guiding the Governance Oversight Board: Executive Order 13833: Enhancing the Effectiveness of Agency Chief Information Officers, FITARA, Clinger-Cohen Act of 1996, OMB Circular A-130, FISMA of 2014, Federal Managers' Financial Integrity Act (FMFIA), the Government Performance and Results Act Modernization Act of 2010 (GPRAMA), and National Institute of Standards and Technologies (NIST) Standards.

Working with OSP to address the Executive Order on Cyber Workforce.

Risks

Working through DoD/VA MedCOI MOU.
Working with VBA to address key issues on Colmery Act Sections Implementation.
Working to develop VHA's final 10 detailed business epics, which are delaying IT work on MISSION Act--three requirements are in progress. Working with OEI to accelerate Section 211 requirements.

Chief Acquisition Officer

Authority: Sec. 16A of the Office of Federal Procurement Policy (OFPP) Act, as amended, 41 U.S.C. 403, et seq.

Overview

Serves as principal interagency forum for monitoring and improving Federal acquisition system. Chaired by OMB's Deputy Director for Management; Vice-Chair selected by Council from among members; Members: Agency CAOs, Under Secretary of Defense for Acquisition, Logistics and Technology, and Senior Procurement Executives of each military department. The OFPP Administrator leads the Council on behalf of the Chair; administrative support is provided by GSA.

Meets every 3 months with ad hoc meetings as necessary.

Develops recommendations for the OMB Director on acquisition policies and requirements.

Assists the OFPP Administrator in identifying, developing and coordinating multi-agency improvement initiatives.

Furtheres integrity, fairness, competition, openness, and efficiency.

Appoints liaisons with Chief Information Officers Council, Chief Financial Officers Council, Human Resources Management Council, Small Business Procurement Advisory Council, and other councils or organizations, as appropriate.

Updates

Promotes effective business practices to ensure timely delivery of best value products & services and achieve public policy objectives.

Along with OPM, assesses and addresses hiring, training, and professional development needs of acquisition workforce.

Promotes President's Management Agenda in all aspects of acquisition system, as well as President's specific acquisition-related initiatives and policies.

Chief Acquisition Officer

Primary Policies and Directives

41 U.S.C.; codified in Federal Acquisition Regulation.

OMB Circular A-123, management's responsibility for Enterprise Risk Management and Internal Control.

Risks

Workforce attrition; aging workforce plus competition from commercial sector; mitigated by workforce investments.

Inefficient buying, effectively reduces federal capabilities; mitigated by application of "smart buying" best practices (a key Council focus).

Chief Acquisition Officer

Status of Recurring Reports to Key Stakeholders

Congressionally Mandated Reports

The two late CMRs represent Q3 and Q4 reports to Congress on Super Construction Projects. Q3 report awaits OM concurrence and Q4 awaits VHA and OM concurrences.

Q1 and Q2 were signed by SECVA on October 26, 2018.

GAO Priority Recommendations

GAO Report 17-70: VA CONSTRUCTION: Improved processes needed to monitor contract modifications, develop schedules, and estimate costs)

Per GAO: Recommendation #1 is closed as of October 10, 2018.

GAO Report 16-810: VA CONTRACTING: Improvements in policies and processes could yield cost savings and efficiency)

Currently being reviewed by GAO; awaiting GAO decision on OALC's closure request on recommendation #3.

Customer Experience Officer

CX Governance Board

Overview

Purpose: Hardwire insights and feedback from Veterans, their families, caregivers, and survivors into VA strategy and decision-making to inform and drive service recovery and performance improvement.

Participants:

Concurring Members – Under Secretaries, Chairman of Board, CVEO, CIO, and AS OPIA.

Consulted Members – All Assistant Secretaries

Board meet quarterly; Councils reporting to Board meet monthly.

Decision making process: Consensus – elevated to DEPSEC.

Elevation criteria: *Still under development.*

How decisions are communicated: *Still under development.*

Process to monitor implementation: Review of progress made by Councils reporting to Board.

Updates

Implementation of Secretary's Customer Service Policy.

Standing up Veterans Insight Council and expanding data reported to ensure enterprise decisions are powered by Veteran Signals.

Supports cross-cutting, Enterprise issues in alignment with PMA and A-11 such as Digital Modernization, Enterprise Contact Center standards and operations, Enterprise Outreach Strategy, and Service Recovery.

Pursuing Enterprise models of operations that are based in the VEO CX Framework and consistent with industry best practices.

Customer Experience Officer

CX Governance Board

Primary Policies and Directives

VA Customer Service Experience (CX) Policy was published August 22, 2018. Currently exploring the need for policies and directives in:

Digital domain requirements

Outreach

Service Recovery

Authoritative Data Sources with the Data Governance Council

Exploring opportunities to influence existing policies and directives with CX best practices.

Risks

CX Governance Board is planning the first meeting in early 2019:

Participation and support from concurrence members required to tackle difficult Enterprise decisions.

Timely establishment of the Veteran Insight Council:

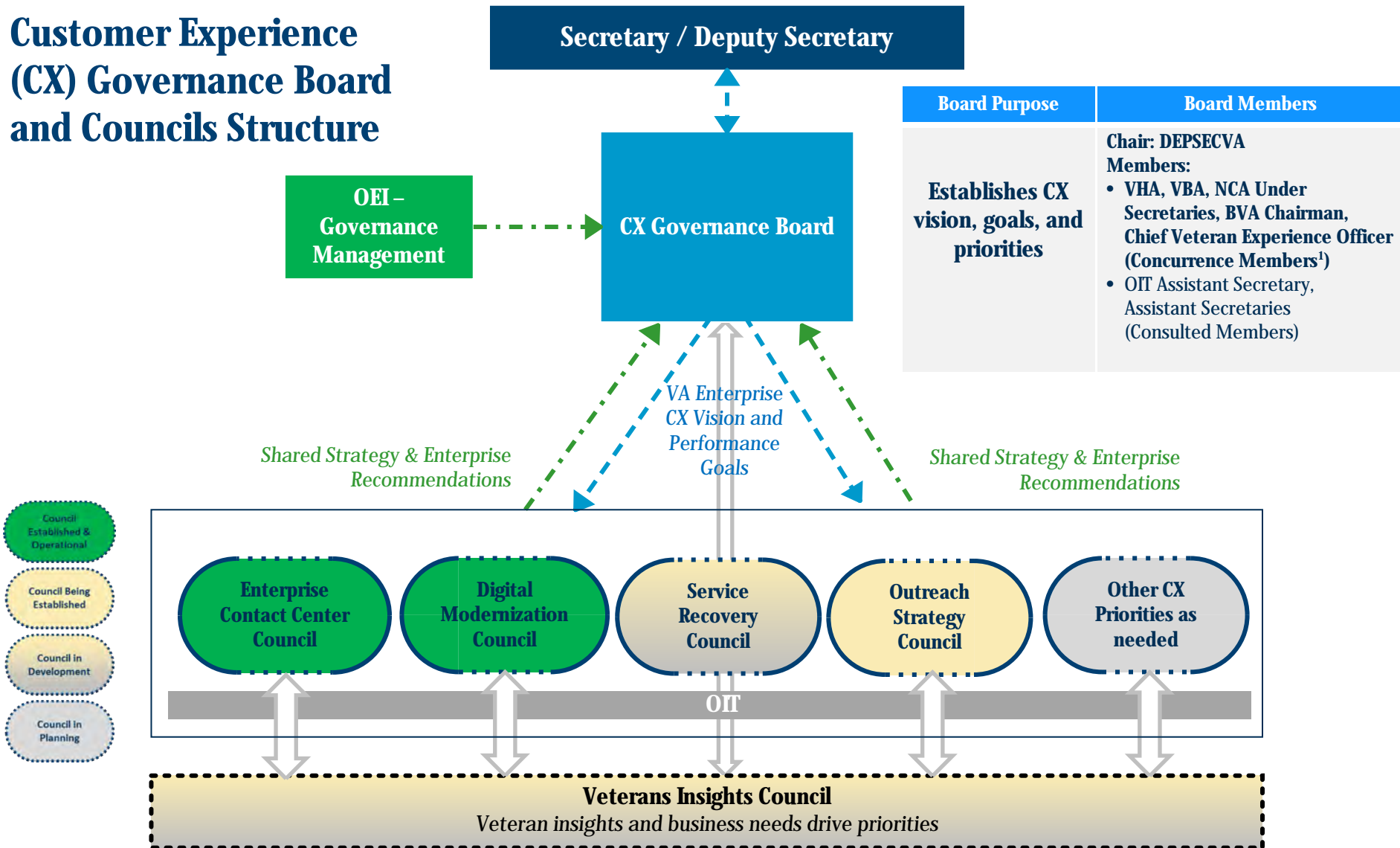
Support is needed in consolidating data stream inputs across the Enterprise to facilitate better decision-making.

IT UFR in FY19 Contact Center Modernization:

OIT will address the FY19 UFR.

Customer Experience Officer

Customer Experience (CX) Governance Board and Councils Structure



Chief Human Capital Officer

CHCOC

(Chief Human Capital
Officers Council)

Upcoming Events

Deputy CHCO Meeting (November 13, 2018)

Full Council Meeting (December 4, 2018)

Employee Engagement

President's Management Agenda

Priority Goal 3: Improve Performance Management and Engagement
20-20-20 Mandate (bottom 20% of the lowest scoring, level work units
by component/bureau)

Report Due November 15, 2018

Training Leaders

Upcoming Meeting

Next Meeting scheduled for December 5, 2018

No significant issues to report

DIVAC

(Diversity and Inclusion in
VA Council)

Membership Updates

Currently updating membership (VIEWS 117563)

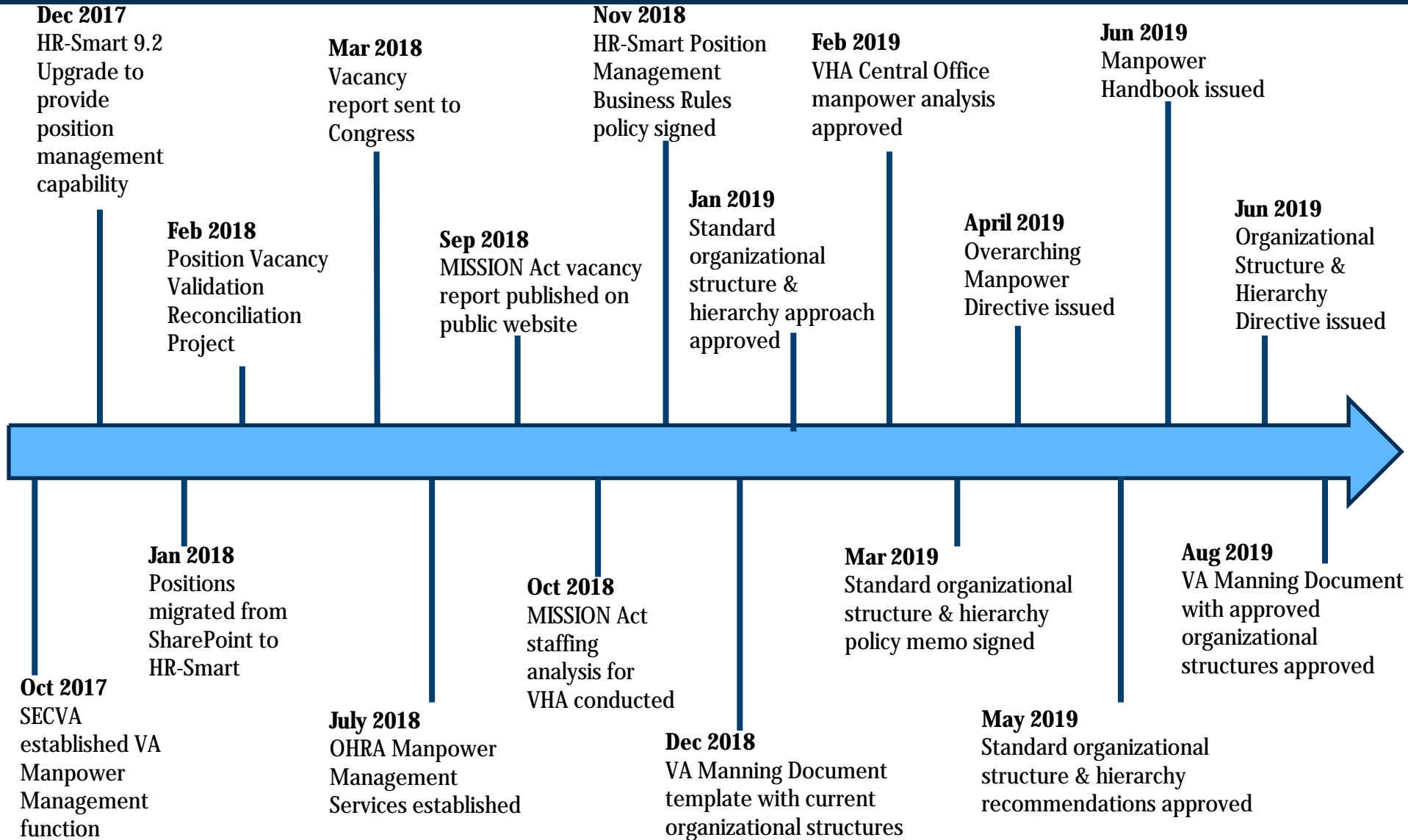
Next DIVAC Meeting scheduled for January 16, 2019

Management Deep Dives

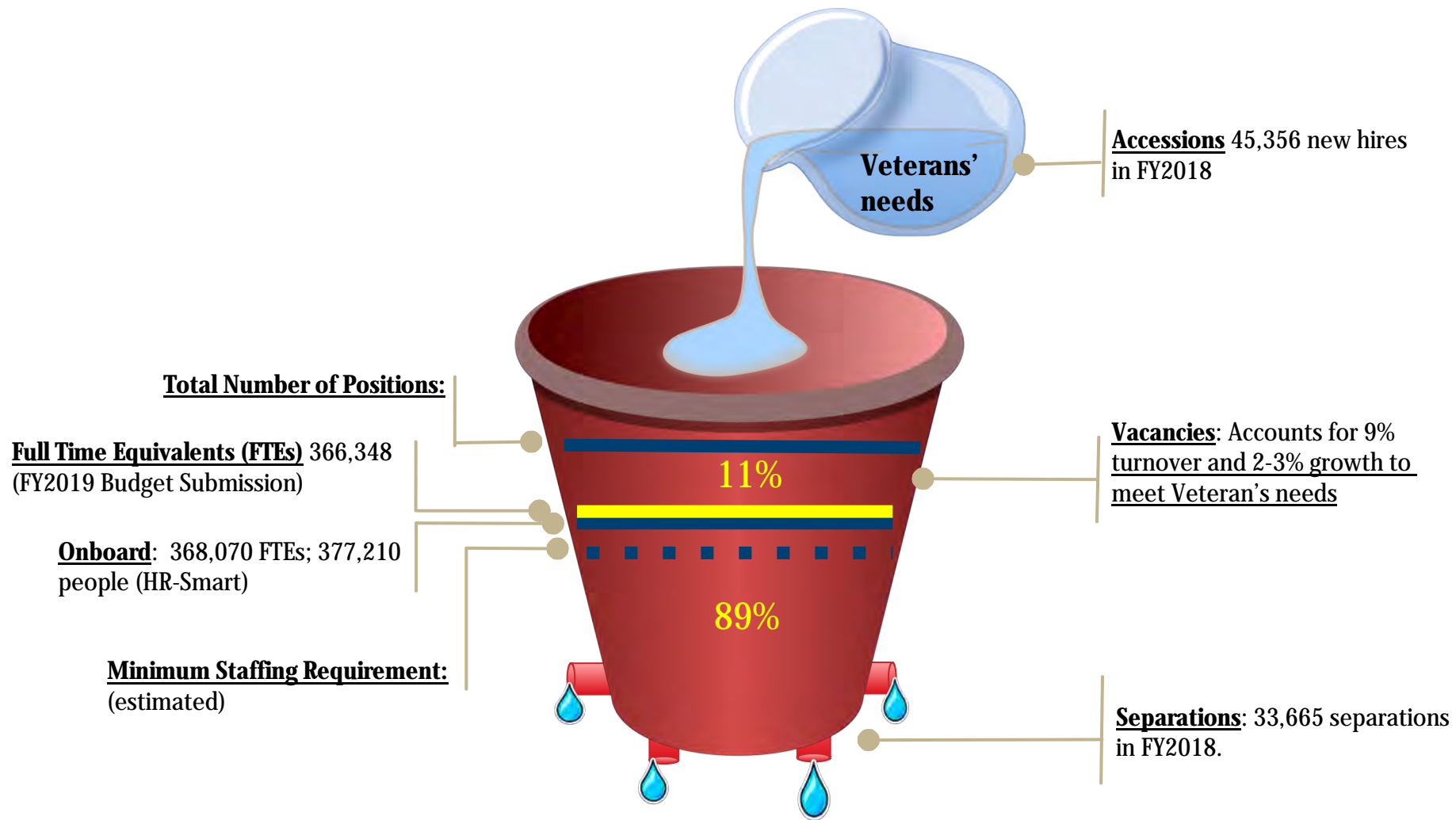
Human Resources and

Manpower Standards and Approach & Approach to Calculating Current Vacancies

Timeline to Manning Document



Flow of FTEs and Positions



Office of Accountability and Whistleblower Protection (OAWP) Policies and Operations

OAWP Metrics: Bottom Line Up Front (BLUF)

OAWP defines and manages work from a transactional process perspective.

- What:
 - Track work from receipt through resolution
 - Capture key hand-off's and milestones
- Why:
 - Provides staff and leadership a platform to discuss progress and growth in cases, FTE capacity, emerging trends or themes in submissions or case work
 - Enables constructive dialog around risks and issues as they arise – mitigate surprises

Key Performance Measures Include:

- Count Data: Incoming work, work processed; by type, by time period, by source, etc.
- Duration Data: Measure time in days between key events

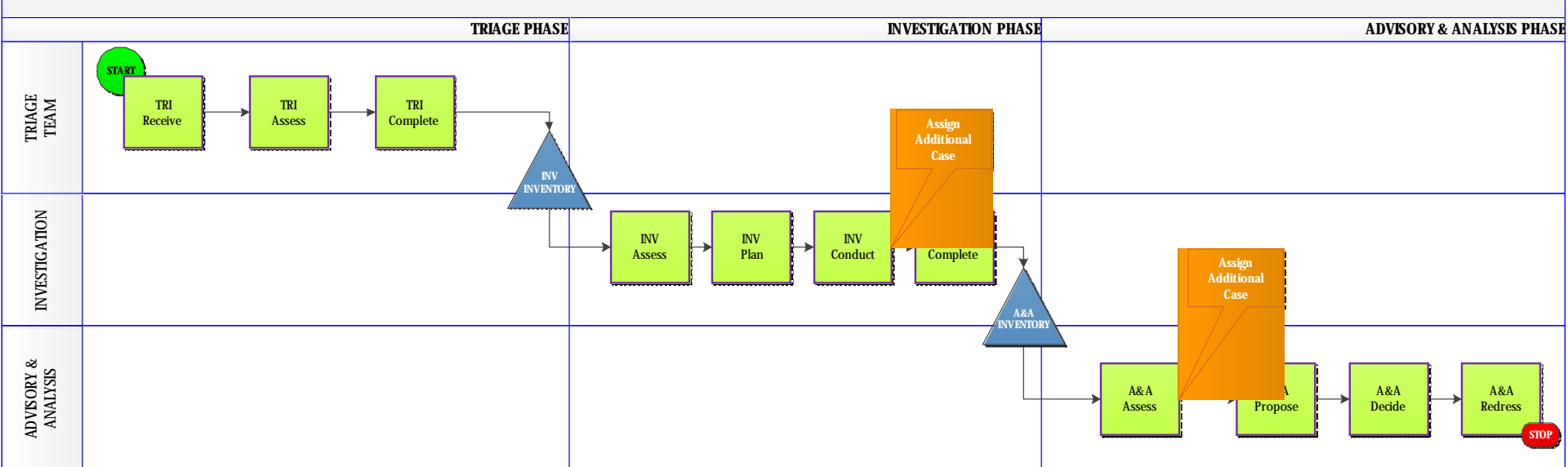
What's Next?

- Prepare Duration analysis
 - Process, policy and technology changes over time affect statistical relevance over time
 - Analyze data to identify statistically significant sub-populations of data in order to produce actionable duration analysis
- Use statistical control charts to assess process performance over time – in control or not? Differentiate between process noise and actual trends
- Assess repeatable performance and predict where process issues may arise

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



Map: Illustrates the high-level process for handling investigations and other matters within OAWP

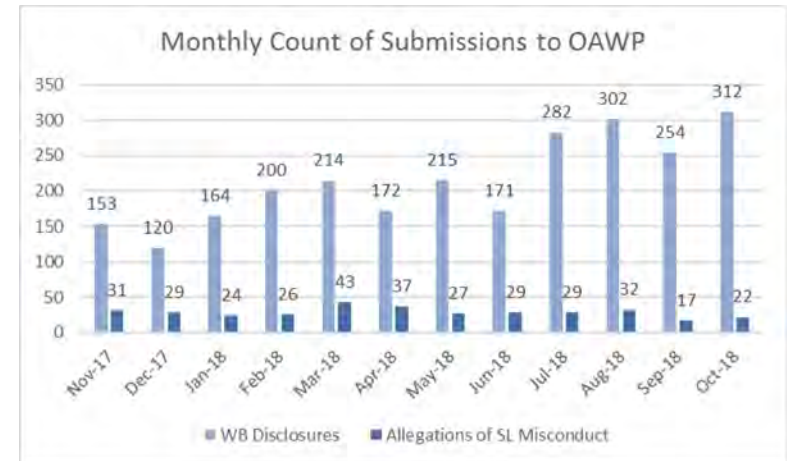
Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ ” indicates where time stamps are taken to enable duration analysis

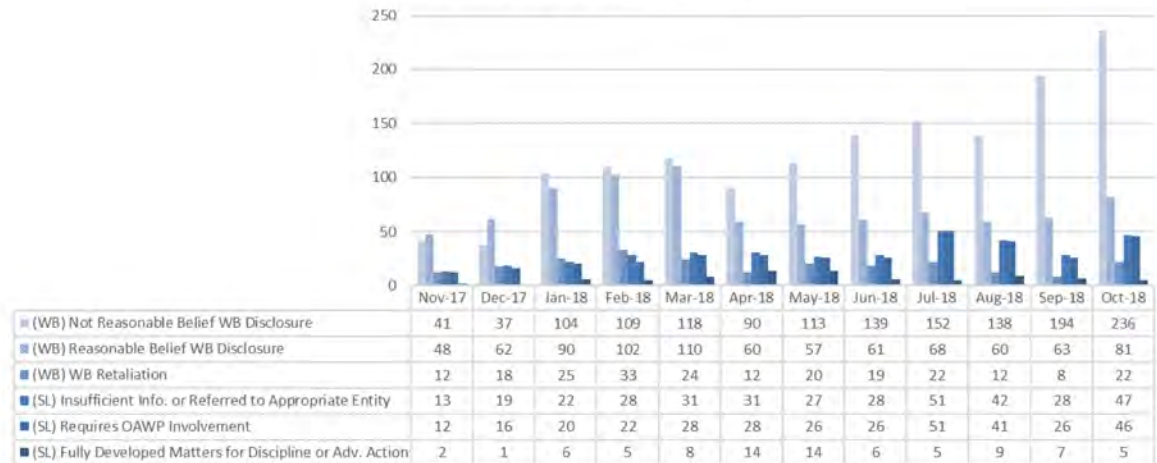
Count & Disposition of Submissions

WHAT: Count and Disposition of Submissions to OAWP

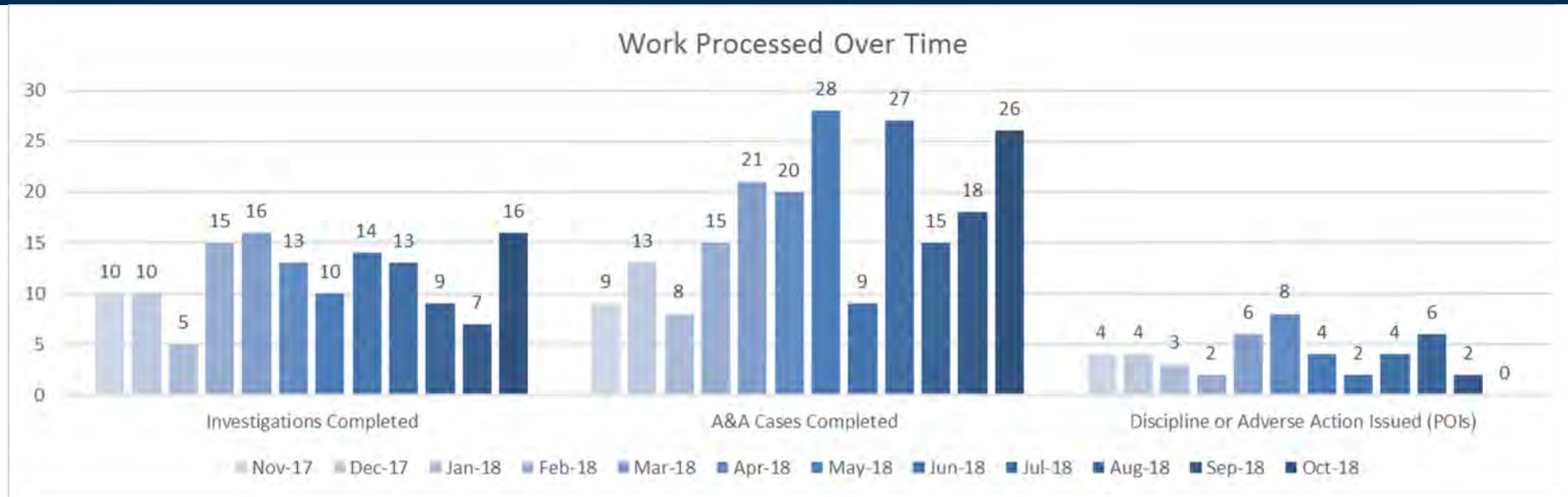
SO WHAT: Volume continues to grow across submission types



Disposition of Triaged Submissions



Count of Work Processed



- Concept for Illustration

Count of Inventory



NOTE: Concept for Illustration – data being refined for noise created by process changes during the period.

OAWP Emerging Policy & Process

OAWP Policy

Currently implementing directly from PL 115-41 and SecVA delegation February 2018

Revised SecVA delegation pending

- Adds “All GS-15 employees” to scope per SecVA testimony

- Delegates to AS, AWP authority to make determination of WB retaliation under 38 U.S.C. Section 731

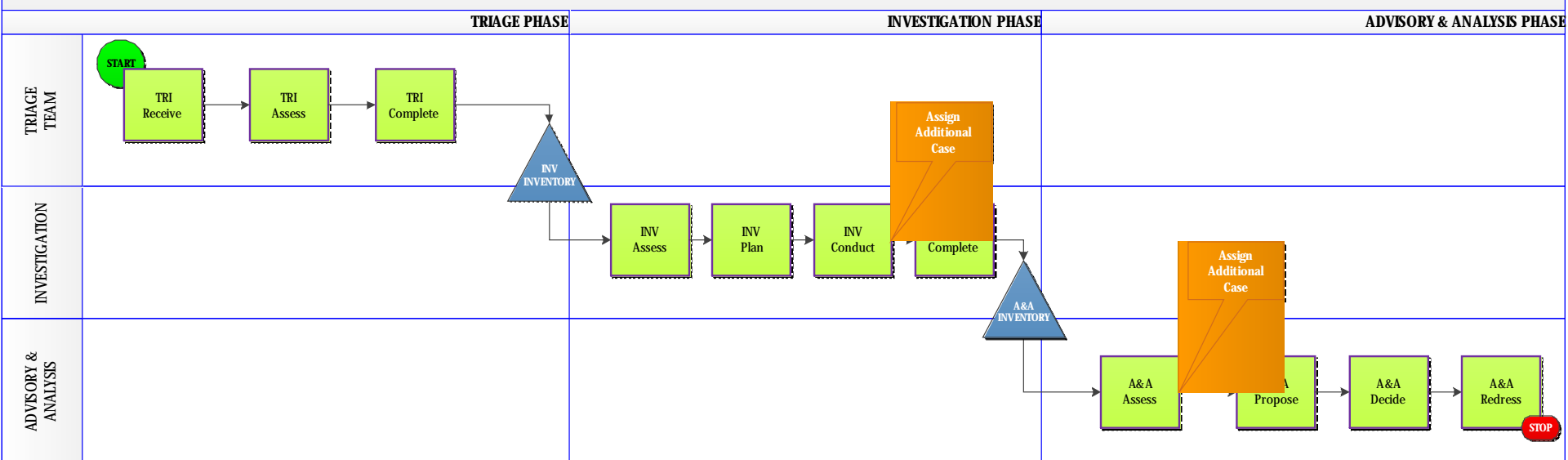
- Clarifies delegation of all items from 38 U.S.C. Section 323 to Executive Director, OAWP until AS appointed

OAWP Directive drafted, pending internal OAWP review/concurrence

Process: OAWP-led Investigations

OAWP Summary Process & Metrics Map: OAWP INTERNAL INVESTIGATIONS

DATE OF MOST RECENT UPDATE 09 OCT 18



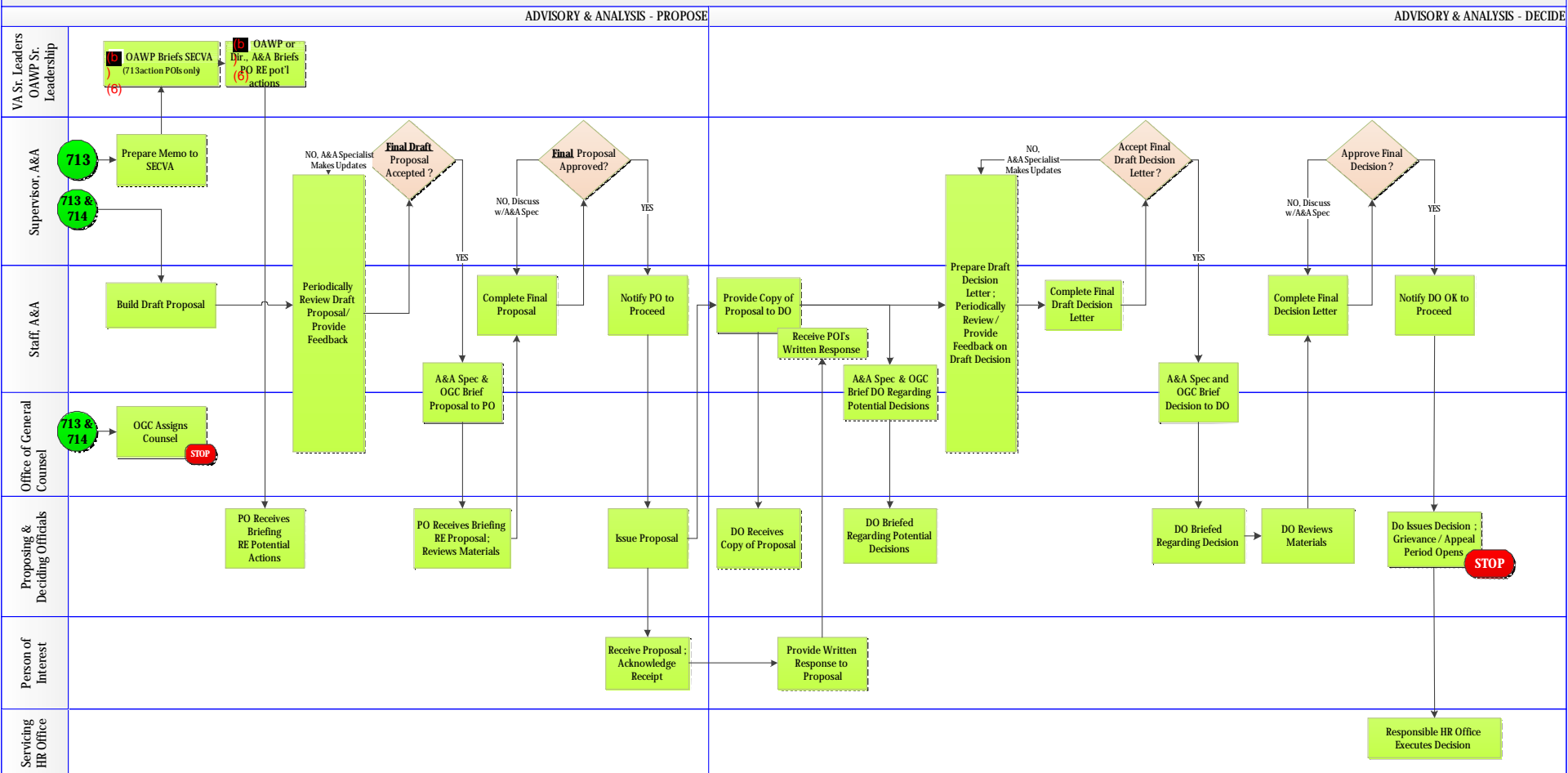
Map: Illustrates the high-level process for handling investigations and other matters within OAWP

Metrics:

- Count: submissions passing through the process can be counted and monitored to ensure progress
- Duration: “ ” indicates where time stamps are taken to enable duration analysis

Process: Propose-Decide

OAWP Process Map: **ADVISORY & ANALYSIS - PROPOSE**
DATE OF MOST RECENT UPDATE 09 OCT 18



- Several hand-off's and review points slow progress
- Joint steps can be difficult to coordinate (e.g., briefings to PO, DO)

Work In Process (WIP)

OAWP High-level Process Summary with FY18 Summary Data Data As Of: 06 NOV 18

FY18 Data:

97: Average Days (Straight to A&A)
165: Average Days (OAWP In-Person Investigation)
176: Average Days (OAWP Virtual Investigation)
96: Average Days (External Investigation)

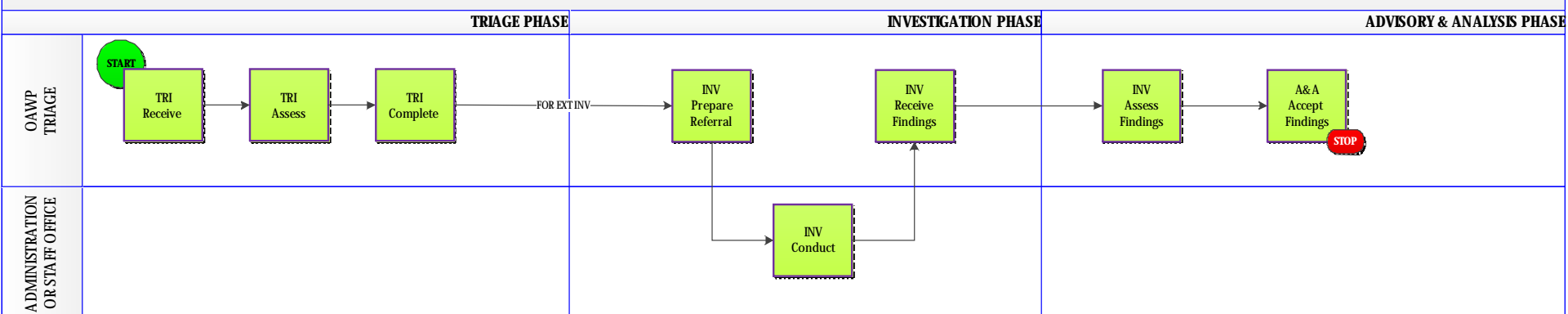
	TRIAGE	INVESTIGATION	ADVISORY & ANALYSIS
Work In Process (WIP)	351: Submissions in Triage (Open & On-Hold Items)	81: Matters in OAWP Investigation Inventory 83: Matters Being Investigated by OAWP 213: Matters Currently Referred to Another Entity for Investigation	1: Matters in OAWP Advisory & Analysis Inventory 53: Matters Being Assessed 38: POIs Being Assessed Disciplinary or Adverse Action
Work Completed Period FY18 Q4	854: Submissions Received 692: Submissions Triaged	99: Matters for OAWP Investigation 29: Investigations Completed by OAWP * 90: Matters Referred to Another Entity for WB Investigation 100: WB Investigations Completed by Another Entity * *Some investigations completed in the period started prior to the period.	49: Matters for OAWP A&A Assessment (includes "Straight to A & A" matters) 60: Matters Assessed for Potential Disciplinary or Adverse Action 14: Matters Resulted in an Action Recommendation for one or more POIs 20: POIs with Discipline or Adverse Action Recommended XX: POIs with Discipline of Adverse Action Issued 116: Referred Matters with Findings Accepted by OAWP
Durations Period FY18	NA: Average Days in Inventory 48: Average Days to Complete (SL Misconduct) 21: Average Days to Complete (WB Disclosures)	19: Average Days in Inventory (OAWP Investigations) 79: Average Days to Complete (OAWP Investigations) 87: Average Days to Complete (Investigations referred outside of OAWP) *Some investigations completed in the period started prior to the period.	16: Average Days in Inventory (Straight to A&A) 13: Average Days in Inventory (OAWP Investigation) 34: Average Days to Complete "Assess" (Straight to A&A + OAWP Investigation) 70: Average Days "Assess Complete" to "Discipline Issued" (Straight to A&A + OAWP Investigation)
OAWP Capacity	FTE: 19 Triage Specialists (authorized 20) Capacity (point in time): * TBD/ specialist (Standard) (being assessed now) * TBD/ specialist (Standard) (being assessed now)	FTE: 27 Investigators/ HR Specialists Capacity (point in time; across Assess-Plan-Conduct): * 2-3 cases/ investigator (Standard) * 4-5 cases/ investigator (Surge) (for limited time or complexity) * 54-81 cases/ OAWP (Standard)	FTE: 10 HR Specialists Capacity (point in time): * 2 cases/ specialist (Standard) (each case may have one or more POIs) * 4 cases/ specialist (Surge) (each case may have one or more POIs) * 20 cases/ OAWP (Standard)

- Investigations Inventory is growing quickly due to policy change to direct all retaliation investigations to OAWP investigators

Process: Admin/Staff Office-led Investigations

OAWP Summary Process & Metrics Map: EXTERNAL INVESTIGATIONS(WB Disclosures for Administration or Staff Office Investigation)

DATE OF MOST RECENT UPDATE 09 OCT 18



All disclosures submitted to OAWP are assessed

Reasonable belief matters are referred for investigation (either to OAWP investigators or respective Admin/ Staff Office); OAWP receives findings and assesses outcomes

Some submissions are not WB related, and are referred to the appropriate Admin/Staff Office for review and response directly to the disclosing party (e.g., safety concerns, Veteran or family member inquiries, etc.)

IT UFR Process and Current Integrated Priority List

Unfunded Requirement (UFR) Process

UFR Process

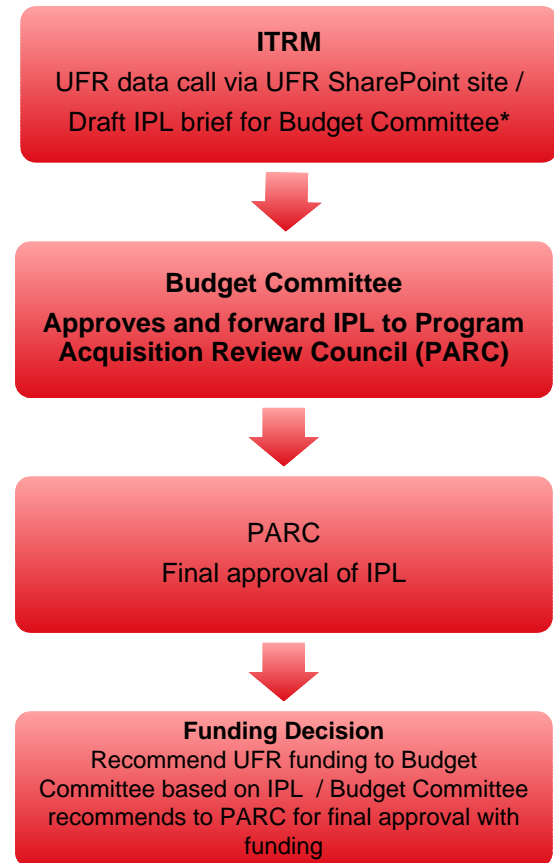
Series of actions which identifies unfunded projects, to be executable in the current fiscal year, that could be supported if funding becomes available.

Objective of the UFR Process: To create an Integrated Priority List (IPL) of UFRs.

Implementation of UFR Process: OIT Chief Financial Officer (CFO) determines there are sufficient funds to support additional projects that were not originally included in the Budget Operating Plan.

Outcome of the UFR Process: An unfunded IPL that is vetted and approved via the UFR Prioritization Working Group and OIT governance structure resulting in a funding decision (see IPL Process).

Unfunded Integrated Priority List (IPL) Process



**For FY19: Initial data call to submit UFRs will occur in Q1 (or as soon as policy is approved) for the upcoming Fiscal Year*

VA Operational Planning Office of Enterprise Integration

VA Operational Planning & Governance

Problem Statement: VA is currently unable to understand, measure, or manage successful achievement of the SECVA Priorities or effectively respond to emerging external requirements.

Objective: Leverage the Emerging Governance Structure and Processes to:

- Establish Planning Standards for VA Programs and Initiatives

- Document Intended Outcomes

- Create Measurable Objectives

- Enable Performance Improvement

- Drive Accountability

OEI's role:

- Establish Program Planning Standards

- Coordinate support for Programs and Initiatives

- Support identification and resolution of critical needs and/or operational issues

- Address systemic management and execution issues

- Support leaders in effectively managing their Programs and Initiatives

Intended Outcome:

- Create greater transparency for VA senior leadership regarding progress against achieving SECVA Priorities.

- Enhanced execution of Programs and Initiatives by surfacing and resolving issues impeding progress.

FY19 Operational Plans Candidates (1 of 2)

VHA

Mission Act

Community Care consolidation
Telehealth expansion
Caregiver compensation expansion
Assessment of Infrastructure and Resources

Mental Health

Filling MCOs for Mental Health
Implementing National Suicide Prevention EO

VHA Modernization

Supply Chain (Business Transformation)

Modernizing VHA supply chain*

VHA (cont)

Geographically Underserved Populations
Infrastructure gaps
Providing Healthcare
Mental Healthcare

VBA

Forever GI Bill*

Office of Transition and Economic Development milestones

BVA

Appeals Modernization*

NCA

Assumption of Veteran Cemeteries from DoD

* OEI will consolidate existing plans into Plan Format

FY19 Operational Plans Candidates (2 of 2)

OEI & OIT

Business requirements integration

Data integration

OIT

Interoperability of VA between Commercial
Care Provider IT Systems

OHRM

Manpower plan

Filling Mission Critical Occupations (MCOs)

EHRM

Execution plan

OAWP

Holding Executive leadership accountable

Establishment of roles and functions between
OWAP, Internal Controls, OGC, OIG

OM

Stop Fraud, Waste, and Abuse*

OALC

TBD (Business Transformation)

VEO

Veteran Experience Strategy implementation

Woman Veteran Equities

Providing Healthcare

Ending Homelessness

Improving Employment

Providing Mental Healthcare

* OEI will consolidate existing plans into common plan format

Operational Plan - Essential Elements of Information

Organizational or Program Mission

Vision Statement

Program Owner & Program Organizational Structure

Program/Initiative Objectives and measurable outcome targets

- Schedule (activities sequenced) and Milestones

- Customer Service Improvement Elements/Targets

- Performance Measures (baseline, goals, and stretch goals)

Resources

- Staffing Plan (Gov't FTE)

- Contract Support Requirements

- IT Requirements

- Acquisition Strategy

- Resource Gaps (if applicable) and impact on Performance Measures

- Dependencies

Risks/Issues & Mitigation Strategies

VA Operational Planning Model

Action	SECVA/ DEPSEC/ COSVA	Plan Owners	Staff Offices (Enabling Support)	Governance Board	Office of Enterprise Integration
Planning Standards				VAOB	✓
Program/Initiative Selection & Annual Objectives Refresh	✓			VAEB	
Operational Plan Development		✓	✓	VAOB	
Quality Assurance				VAOB	✓
Operational Plan Execution		✓	✓	VAOB	
Performance Management & Oversight				VAEB (Quarterly) VAOB (Monthly)	✓
Issue Resolution	✓			VAEB	

Back Up Slides

Enterprise Governance Bodies

Chair

SECVA

SECVA Stand-up (Meets Daily)

- Brief SECVA on key daily issues

Management Synchronization Meeting (Meets Weekly)

- Major near-term (30-day) milestones
Key issues and immediate Secretary decisions

VA Executive Board (VAEB) (Meets quarterly or as needed)

- VA strategy, policy, major investments

Under Secretaries Meeting (Meets Weekly)

- Execution priorities and strategic planning

VA Operations Board (Meets Bi-Monthly)

- Reviews budget execution, operations and performance; OIG/GAO high risk and issue management

Modernization Board (Meets Monthly (or as needed))

- Reviews performance and execution of VA Modernization initiatives/priorities & reform efforts

Mission Act Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

EHRM Enterprise Program Execution Reviews (Meets Weekly/As Needed)

- Detailed updates (cost, schedule and performance) of targeted initiatives

President's Management Council* (Meets Quarterly)

- Oversees implementation of government-wide management policies/programs

Joint Executive Committee* (Meets Quarterly)

- Recommends strategic direction for the joint VA/DOD coordination/sharing
- Co-chaired by SECVA semi-annually
- Bi-monthly touchpoints with DOD

COSVA

Chief of Staff Council Meeting (Meets Weekly)

Manages execution of decisions made from other boards

AS/US/ Exec. Dir

Administration Governance
Bodies

CXO Governance Bodies

Strategic

Execution

Synchronization

*External Cross-Government bodies managed by the DEPSECVA

OGC POCs

Financial Management Business Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

The FMBT program (the purpose of which is to modernize the VA's legacy Financial Management System) was originally a procurement being administered by the United States Department of Agriculture (USDA) as a shared service, but USDA in December 2017 notified VA that it would no longer be the Federal Shared Service provider and VA was required to take over administration of all USDA awarded task orders. Accordingly, OGC has to provide guidance on transferring software licenses, terminating certain software licenses, acquiring new software licensing, modifying contracts, and awarding four new contracts (the awarded contracts ranged from \$12 million to \$750 million) in a compressed period of time in order to ensure the FMBT program continued without interruption.

Secondarily, involved through contracts supporting supply chain management objectives including the JEC, Joint Executive Counsel a DoD/ VA committee to support collaboration in efforts to provide medical care and share resources, routinely releases objectives requiring support from both PrLG. Most recent FY17/18 was the use of "ECat" a DoD interface which allows for an assisted acquisition to DoD.

Revenue Law Group SMEs: (b) (6) and (b) (6)

Supply Chain Transformation

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG)

Involved via procurement of follow on contract for commodities Medical Surgical Prime Vendor. PrLG has supported this effort over the last decade, and since FY16 also supported the NexGen approach and the 2.0. Currently working with OAL and VHA leadership and acquisitions to identify sources and coordination of efforts. Multiple inquiries by HVAC and SVAC as well as industry. Some litigation regarding the execution was resolved in September (Electra-Med matter).

Telehealth

Health Care Law Group SME: (b) (6) (this issue also involves the Personnel Law Group)

- Provided technical assistance for MISSION Act legislation
- Reviewed regulation that preceded MISSION Act legislation
- Addressing questions concerning prescribing of controlled substances
- Providing guidance on legal questions presented by program

Procurement Law Group SMEs: Bob Fleck and (b) (6) (PrLG);

Review of the contracts underlying the COTs and cloud services to ensure that execution of the project. Our office worked in FY16/17 to ensure that all items on contract were in scope. As an IDIQ additional work will be needed over the contract life cycle.

Information Law Group SME: (b) (6)
data governance and security issues.

Personnel Law Group SME: (b) (6) with (b) (6) and (b) (6)

assisted in developing regulations and working w VHA on anywhere-to-anywhere initiative (allowing VA providers who are not providing telehealth to allow them to provide services anywhere as long as its within their scope of practice).

OGC POCs

STOP Fraud, Waste and Abuse

Health Care Law Group SME: (b) (6) (Medicare data)

Participating in discussions about how this information may be used in future community care program.

(b) (6) -Participated in a discussion with ILG concerning current ability to use information from CMS.

Procurement Law Group SME: Bob Fleck and (b) (6)

Involved through Federal Acquisition Regulation (FAR) requirements (3 and 9.4) for procurement integrity as well as avoidance of conflict of interest.

This includes work of attorneys in specific contract matters as well as our Debarment and Suspension support.

Personnel Law Group SME: (b) (6)

advised on whether they can hire investigators (yes) and advising on follow-up issues on info sharing related to investigator findings.

Navigator Customer Experience

Not available

HR Modernization

Personnel Law Group SME: (b) (6)

met with them back in January but haven't heard anything from them since.

Appeals Modernization

Benefits Law Group SME: (b) (6)

Has worked closely with BVA and multiple VBA program offices to implement the Appeals Modernization Act.

Assisted in coordinating and reconciling inputs from multiple offices into a comprehensive proposed rule adding or revising more than 150 CFR sections.

Assisted VBA and BVA in implementing pilot programs to test aspects of the modernized appeals system.

Assisting in analyzing comments on proposed rule, developing responses for final rule notice.

Health Care Law Group – Lead SME: (b) (6) (HCLG has other SME's working with particular VHA Programs)

Working with VHA to help them understand requirements of the Appeals Modernization Act and how that will impact individual programs.

Working with VHA programs on developing templates for notices of decisions.

Working with VHA to develop interim final rule.

OGC POCs

Forever GI Bill

Benefits Law Group SME: (b) (6)

Provided Education Service advice regarding statutory interpretation.

Has been reviewing Education Service's preliminary drafts of the proposed rulemaking.

Procurement Law Group SMEs: Bob Fleck and (b) (6)

PrLG has supported VBA in revising the contracts supporting these programs. We have also advised regarding endorsements.

Mental Health Joint Action Plan

Health Care Law Group SMEs: (b) (6)

Providing legal guidance on VA's authorities to provide treatment

Providing legal review of materials developed for the initiative

Electronic Health Record Modernization (EHRM)

Procurement Law Group SMEs: Bob Fleck and (b) (6)

OGC was heavily involved in crafting the public interest determination and findings (D&F) the allowed a sole-source firm-fixed-price approximately \$10 Billion, Indefinite Delivery/Indefinite Quantity (ID/IQ) contract to Cerner to acquire the EHR system being deployed by the Department of Defense (DoD) and related services for deployment and transition across the VA enterprise in a manner that meets VA needs enabling seamless healthcare to Veterans and qualified beneficiaries. OGC was instrumental in supporting this award throughout all aspects of the program, from the pre-award contract negotiation, contract and multiple task order awards, and successful defense of bid protest challenges at the Agency and Federal Court level.

Personnel Law Group SMEs: (b) (6) and (b) (6)

hiring staff as T38 providers and helped draft legislation to accomplish this and advised on interim process with dotted line authority to allow T38 pay retention.

MISSION Act

Health Care Law Group SME's:

Community Care – (b) (6)

Caregivers – (b) (6)

Providing legal guidance on MISSION Act provisions to facilitate decision-making

Assisting in the drafting and development of necessary regulations implementing the law

Legal review of regulations

Personnel Law Group SME: (b) (6) and (b) (6)

podiatrist pay to ensure its similar to physician pay (b) (6) also advising on education programs (b) (6)

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Office of Budget				
Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Encouraging Public-Private Partnerships - 1st Q tr.	CFM	1/16/2018	1/30/2018	
National Outreach and Awareness Marketing Campaign - 1st Q tr.	OPIA	1/16/2018	1/30/2018	
Small, minority-and women-owned businesses - 1st Q tr.	OSVA	1/16/2018	1/30/2018	
Quarterly reporting - Major Construction - 1st Q tr.	OALC/CFM	1/16/2018	1/30/2018	
Appointment scheduling system	OIT	4/9/2018	4/23/2018	
Veterans data protection	OIT	4/9/2018	4/23/2018	
Spending plan	VHA	4/9/2018	4/23/2018	
Encouraging Public-Private Partnerships - 2nd Q tr.	CFM	4/16/2018	4/30/2018	
National Outreach and Awareness Marketing Campaign - 2nd Q tr.	OPIA	4/16/2018	4/30/2018	
Small, minority-and women-owned businesses - 2nd Q tr.	OSVA	4/16/2018	4/30/2018	
Quarterly reporting - Major Construction - 2nd Q tr.	OALC/CFM	4/16/2018	4/30/2018	
Central office responsiveness	OCLA	4/16/2018	4/30/2018	
West Los Angeles, California seismic corrections	CFM/OAEM	5/9/2018	5/23/2018	
Bakersfield outpatient clinic	CFM	5/9/2018	5/23/2018	
White House Veterans Complaint Hotline	VEO	5/9/2018	5/23/2018	
Hiring delays	VHA	5/9/2018	5/23/2018	
Kingdomware Decision	OIT	5/9/2018	5/23/2018	
Cybersecurity	OIT	5/9/2018	5/23/2018	
Rare cancers	VHA	6/8/2018	6/22/2018	
Improving Federal Burn Pits Registry	VHA	6/8/2018	6/22/2018	
Women's access to medical services	CFM	6/8/2018	6/22/2018	
Delayed provider payments	VHA	6/8/2018	6/22/2018	
Bakersfield outpatient clinic	CFM	7/9/2018	7/23/2018	
Financial Management and Health Care Delivery	VHA	7/9/2018	7/23/2018	
Mental health services training for community providers	VHA	7/9/2018	7/23/2018	
Position vacancies	VHA	7/9/2018	7/23/2018	
Rural caregivers	VHA	7/9/2018	7/23/2018	
Encouraging Public-Private Partnerships - 3rd Q tr.	CFM	7/16/2018	7/30/2018	
Long-Term Care - 3rd Q tr.	VHA	7/16/2018	7/30/2018	
Central office responsiveness - 3rd Q tr.	OCLA	7/16/2018	7/30/2018	
National Outreach and Awareness Marketing Campaign - 3rd Q tr.	OPIA	7/16/2018	7/30/2018	
Small, minority-and women-owned businesses - 3rd Q tr.	OSVA	7/16/2018	7/30/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Quarterly reporting - Major Construction -3rd Q tr.	OALC/CFM	7/16/2018	7/30/2018	
High-cost areas	VHA	9/7/2018	9/21/2018	
Women's health	VHA	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	VHA	9/7/2018	9/21/2018	
Corporate Planning and High Performing Networks	VHA	9/7/2018	9/21/2018	
National Center for Post-Traumatic Stress Disorder	VHA	9/7/2018	9/21/2018	
Treatment for Post-Traumatic Stress Disorder	VHA	9/7/2018	9/21/2018	
Opioid Safety	VHA	9/7/2018	9/21/2018	
Opioid Addiction Treatment Protocols	VHA	9/7/2018	9/21/2018	
Dependents and Prescription Drug Monitoring Programs	VHA	9/7/2018	9/21/2018	
Orthotics and Prosthetics Workforce	VHA	9/7/2018	9/21/2018	
DoD and VA Prescription Drug Purchasing	VHA	9/7/2018	9/21/2018	
Center for Compassionate Innovation	VHA	9/7/2018	9/21/2018	
Hospice Care	VHA	9/7/2018	9/21/2018	
Home and Community Based Services	VHA	9/7/2018	9/21/2018	
Burn Pits Research	VHA	9/7/2018	9/21/2018	
Filling Vacant Positions	HRA	9/7/2018	9/21/2018	
Construction Contracting Outreach	CFM	9/7/2018	9/21/2018	
Medical staff retention	VHA	9/7/2018	9/21/2018	
Management reforms	OPP	9/7/2018	9/21/2018	
Legacy system decommissioning plan	OIT	9/7/2018	9/21/2018	
Veterans Service Centers	VBA/VHA	9/14/2018	9/28/2018	
Financial Hardship and Bankruptcy	OGC	9/14/2018	9/28/2018	
Rural Veterans Coordination Pilot	VHA	9/14/2018	9/28/2018	
Assessing Homelessness in Rural Areas	VHA	9/14/2018	9/28/2018	
Prescription Drug Monitoring Program Utility	VHA	9/14/2018	9/28/2018	
National Center for Posttraumatic Stress Disorder (PTSD)	VHA	9/14/2018	9/28/2018	
Postpartum depression	VHA	9/14/2018	9/28/2018	
HUD-VA SH program	VHA	9/14/2018	9/28/2018	
Maternity care benefit, survey, and education campaign	VHA	9/14/2018	9/28/2018	
Training for VA personnel engaged in facility management	CFM	9/14/2018	9/28/2018	
Deferred maintenance	NCA	9/14/2018	9/28/2018	

Monthly Execution Review (MER) – Congressional Reports

Data as of September 2018

Congressional Reports Pending as of October 24, 2018				
64 Overdue and 32 Coming Due on October 30, 2018 or later				
	LEGEND:	Reports Overdue	Reports Coming Due	Reports Completed
Report Topic	Responsible Organization	Date Due to Budget Office	Date Due to Congress	Date to Hill
Filling Vacant Positions	HRA	10/16/2018	10/30/2018	
Caregivers program - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Hepatitis C Treatment - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Encouraging Public-Private Partnerships - 4th Q tr.	CFM	10/16/2018	10/30/2018	
Long-Term Care - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Veterans Health Administration - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Claims Processing - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Central office responsiveness - 4th Q tr.	OCLA	10/16/2018	10/30/2018	
Performance reporting - September	VBA	10/16/2018	10/30/2018	
Disability Claims Processing - September	VBA	10/16/2018	10/30/2018	
OIT Expenditure Plan - September	OIT	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Disability Claims - 4th Q tr.	VBA	10/16/2018	10/30/2018	
National Outreach and Awareness Marketing Campaign - 4th Q tr.	OPIA	10/16/2018	10/30/2018	
Small, minority-and women-owned businesses - 4th Q tr.	OSVA	10/16/2018	10/30/2018	
Quarterly reporting - VHA - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Choice Act - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Hep C - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - Transfers - 4th Q tr.	VHA	10/16/2018	10/30/2018	
Quarterly reporting - GenAd - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Quarterly reporting - BVA - 4th Q tr.	BVA	10/16/2018	10/30/2018	
Quarterly reporting - VBA GOE - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - VBA - 4th Q tr.	VBA	10/16/2018	10/30/2018	
Quarterly reporting - NCA - 4th Q tr.	NCA	10/16/2018	10/30/2018	
Quarterly reporting - OIT - 4th Q tr.	OIT	10/16/2018	10/30/2018	
Quarterly reporting - Major Construction - 4th Q tr.	OALC/CFM	10/16/2018	10/30/2018	
Quarterly reporting - FTE - 4th Q tr.	OM-Budget	10/16/2018	10/30/2018	
Veterans Electronic Health Record - 4th Q tr.	EHR	10/16/2018	10/30/2018	
Caregivers	VHA	1/9/2019	1/23/2019	
Expenditure plan - Minor Construction	O AEM	3/8/2019	3/22/2019	
Medical staff retention	VHA	3/8/2019	3/22/2019	
Demand profile	VHA	3/9/2019	3/23/2019	

Upcoming VAOB Meetings

November 26 – Budget Execution and Performance Review

December 10 – Management Issues

December 24 – Cancelled

From: Darin Selnick <(b) (6) gmail.com>
To: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=(b) (6)>
Cc:
Bcc:
Subject: [EXTERNAL] Fwd: DOT / FAA Placement Possibilities
Date: Fri Oct 19 2018 15:24:37 CDT
Attachments: (b) (6) SECNAV MIL BIO.doc
(b) (6) resume.doc
(b) (6) JPG
Secretary (b) (6) 2.jpg

Hi (b) (6)

Please call me when you have a chance on this.

Thanks

Darin

----- Forwarded message -----

From: (b) (6) <(b) (6) aol.com>
Date: Fri, Oct 19, 2018 at 12:05 PM
Subject: DOT / FAA Placement Possibilities
To: (b) (6) gmail.com>

Greetings Darin,

First, I'd like to thank you for your sound advice and liaison. It seems that quite a few people I've interacted with at DOT, FAA in particular, believe that my expertise and forward thought would be of great productive value in a number of programs there. While I'm flattered, there are several programs I'm easily capable of managing there. My strong military, commercial, civilian aviation, and Congressional consulting experience combined with my extensive program management experiences at Naval air Systems Command would fit nicely in FAA's Next Gen, ATO, or any other area they need management expertise in. As a results oriented, policy driven person, I am confident that we can do a lot to bring aviation management and procedures into the 21st century. UAV integration and air traffic management are areas we can improve, for sure.

I'm asking if you would use your contacts to float my resume over at DOT / FAA for serious consideration as I'm readily available immediately. If I'm going to continued to be asked to consult with some of the FAA employees, I should be on the payroll (smile). I can ensure that I'll do whatever is necessary too get the President's agenda up and running at that organization with tangible metrics, and goal-oriented results.

Please find attached my resume, military bio, and a couple of pictures, though the Navy photo is now dated.

Again, thank you for any assistance you're able to provide. My hope the WH PPO will be agreeable.

(b) (6)
(703) 732- (b) (6) cell / text

Owner: Darin Selnick <(b) (6) gmail.com>
Filename: (b) (6) SECNAV MIL BIO.doc
Last Modified: Fri Oct 19 14:24:37 CDT 2018

CAPTAIN (b) (6) (b) (6)
United States Navy (Retired)

Captain (b) (6) (b) (6), (b) (2)
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Captain (b) (6) (b) (6), (b) (2)
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Owner: Darin Selnick <(b) (6) gmail.com>
Filename: (b) (6) (b) (6) resume.doc
Last Modified: Fri Oct 19 14:24:37 CDT 2018

A challenging **Executive Management** position where my experience as a senior U.S. Navy officer, business executive, Government Senior Executive (SES), Congressional consultant, and small business owner and law-enforcement trainer can be effectively utilized.

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Journal Pre-proof

(b) (6), (b) (2)

[illegible]**CAREER HIGHLIGHTS, UNITED STATES NAVY (continued):**

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Excellent personal and professional references upon request.

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Filename: (b) (6) JPG
Last Modified: Fri Oct 19 14:24:37 CDT 2018



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Owner: Darin Selnick <(b) (6) gmail.com>
Filename: Secretary (b) (6) 2.jpg
Last Modified: Fri Oct 19 14:24:37 CDT 2018

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 (Wolf) </o=va/ou=exchange administrative group
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Cc:
 Bcc:
 Subject: VSO Communicators Meeting
 Date: Fri Oct 12 2018 14:37:54 CDT

Attachments:

StartTime: Wed Nov 07 09:45:00 Central Standard Time 2018

EndTime: Wed Nov 07 11:15:00 Central Standard Time 2018

Location: 810 Vermont Avenue, Room 910

Invitees: (b) (6) moaa.org); (b) (6) purpleheart.org); (b) (6), (b) (2) amvets.org); (b) (6) hqafsa.org); (b) (6) mowww.org); (b) (6), (b) (2) davmail.org); (b) (6), (b) (2) woundedwarriorproject.org); (b) (6) studentveterans.org); (b) (6) legion.org); (b) (6) bva.org); (b) (6) co. waseca.mn.us); (b) (6) fra.org); Dan Caldwell (dcaldwell@cv4a.org); (b) (6) (VFW); (b) (6), (b) (2) treadc.org); (b) (6) moaa.org); (b) (6) (DISABLED ACCT); (b) (6), (b) (2) va.gov); (b) (6), (b) (2) jwv.org); Hutton, James; (b) (6) coausphs.org); (b) (6) va.gov); (b) (6) verizon.net); (b) (6) - The American Legion (b) (6) woundedwarriorproject.org); (b) (6) amvets.org); (b) (6), (b) (2) - Department of Veterans Affairs (b) (6) va.gov); (b) (6) usmcra.org); (b) (6) nacvso.org); (b) (6) hqafsa.org); (b) (6) hqafsa.org); (b) (6) VBAVACO; (b) (6) redcross.org); (b) (6) mcleague.org); (b) (6) legion.org); (b) (6) studentveterans.org); (b) (6) davmail.org); (b) (6) woundedwarriorproject.org); (b) (6), (b) (2) bva.org); (b) (6), (b) (2) iava.org); (b) (6) maine.gov); (b) (6) hqafsa.org); (b) (6) amvets.org); (b) (6) vva.org); (b) (6), (b) (2) R. VBAVACO (b) (6), (b) (2) va.gov); (b) (6) teamrubiconusa.org); (b) (6) vfw.org); (b) (6) vfw.org); (b) (6) teamrwb.org); (b) (6) Michelle B; (b) (6) VBAVACO; Syrek, Christopher D. (Chris); (b) (6) dav.org); (b) (6) iava.org); (b) (6) moaa.org); (b) (6) pva.org); (b) (6) Wagner, John (Wolf); (b) (6)

Recurring: No

ShowReminder: No

Accepted: No

This invitation is for the VSO Communicators Meeting at the VA Central Office. I know that November is a very busy month for everyone. Please let me know whether you or someone from your organization will be able to attend.

This meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security. An agenda will follow under separate cover.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

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Cc:
Bcc:
Subject: VSO Communicators Meeting
Date: Fri Oct 12 2018 14:37:52 CDT
Attachments:

This invitation is for the VSO Communicators Meeting at the VA Central Office. I know that November is a very busy month for everyone. Please let me know whether you or someone from your organization will be able to attend.

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(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

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From: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
To: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Cc: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Bcc:
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 21:22:00 CDT
Attachments:

I did mention to OPIA that an op-ed is worth discussing.

Getting impression the (b) (5) .

Sent with Good (www.good.com)

From: RLW
Sent: Wednesday, September 19, 2018 6:01:50 PM
To: Tucker, Brooks
Cc: Powers, Pamela
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy

Certainly (b) (5) (b) (5)

Sent with Good (www.good.com)

From: Tucker, Brooks
Sent: Wednesday, September 19, 2018 5:52:49 PM
To: RLW
Cc: (b) (6) Powers, Pamela; (b) (6) Byrne, Jim; Lawrence, Paul R., VBAVACO
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

From: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
To: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Cc: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
Bcc:
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 21:20:04 CDT
Attachments:

Yes, when they said a letter was coming I was under impression they would [REDACTED] (b) (5)

Sent with Good (www.good.com)

From: RLW
Sent: Wednesday, September 19, 2018 6:01:50 PM
To: Tucker, Brooks
Cc: Powers, Pamela
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy

Certainly [REDACTED] (b) (5)

Sent with Good (www.good.com)

From: Tucker, Brooks
Sent: Wednesday, September 19, 2018 5:52:49 PM
To: RLW
Cc: [REDACTED] (b) (6) Powers, Pamela; [REDACTED] (b) (6) Byrne, Jim; Lawrence, Paul R., VBAVACO
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

From: RLW </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
To: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED] (b) (6)>
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Bcc:
Subject: RE: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 21:01:50 CDT
Attachments:

Certainly [REDACTED] (b) (6)

Sent with Good (www.good.com)

From: Tucker, Brooks
Sent: Wednesday, September 19, 2018 5:52:49 PM
To: RLW
Cc: [REDACTED] (b) (6) Powers, Pamela; [REDACTED] (b) (6) Byrne, Jim; Lawrence, Paul R., VBAVACO
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

Sent with Good (www.good.com)

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Lawrence, Paul R., VBAVACO </o=va/ou=external (fydibohf25spdlt)/cn=recipients/cn=c6a642d2dc004b289a6c5c3a4c743452>
Bcc:
Subject: CVA Letter to SECVA on HR 299 Blue Water Navy
Date: Wed Sep 19 2018 20:52:49 CDT
Attachments: CVA_Letter of Opposition_Blue Water Navy Vietnam Vets Act.pdf

Mr Secretary, Please see attached, which was received this evening by OCLA.

Brooks

Sent with Good (www.good.com)

Owner: Tucker, Brooks </o=va/ou=exchange administrative group (fydibohf23spdlt)
/cn=recipients/cn=[REDACTED]
Filename: CVA_Letter of Opposition_Blue Water Navy Vietnam Vets Act.pdf
Last Modified: Wed Sep 19 19:52:49 CDT 2018



CONCERNED
VETERANS
FOR AMERICA

September 12, 2018

Secretary Robert Wilkie
Department of Veterans Affairs
810 Vermont Avenue, NW.
Washington, D.C. 20420

Dear Secretary Wilkie,

On behalf of Concerned Veterans for America, I would like to express our support for your position opposing H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018. While we recognize the good intentions of those in Congress who want to ensure veterans receive the benefits they were promised, we agree with the Department of Veterans Affairs (VA) that this sets an alarming precedent by creating a new presumption without the support of scientific evidence.

With the Institute of Medicine concluding in 2011 that exposure to Agent Orange among Blue Water Navy Veterans “cannot reasonably be determined,” lawmakers should end efforts to expand benefits until research conclusively supports such a change. This process protects the integrity of the VA’s benefits system and ensures the claims of veterans with clear service-connected injuries are prioritized and processed in a timely manner. The VA already applies a generous presumption of exposure to Agent Orange for Vietnam Veterans who served on brown water vessels or on ships that entered inland waterways. Expanding benefits without the backing of scientific evidence is a disservice to future and current generations of veterans.

The VA has long struggled to process current claims and appeals in a timely manner. This bill would add an influx of complicated and nuanced claims to an overburdened system. Due to the lack of conclusive scientific evidence to support this policy change, the bill includes a demarcation line for eligibility that might be impossible for the VA to even utilize. This combination of factors will further strain the VA benefits system.

Additionally, any expansion of benefits, particularly retroactive benefits, carries a significant price tag. The VA’s net cost estimate of \$5.5 billion over 10 years is likely conservative at best and the pay-for included in the bill is insufficient to cover the additional costs.

Accordingly, we urge the VA to continue to oppose the Blue Water Navy Veterans Act.

Sincerely,

Dan Caldwell
Executive Director
Concerned Veterans for America

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Bcc:

Subject: VSO Communicators Meeting
Date: Fri Sep 07 2018 13:52:00 CDT
Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)

~~*~*~*~*~*~*~*

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

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Subject: VSO Communicators Meeting
Date: Fri Sep 07 2018 13:52:00 CDT
Attachments:

From: Syrek, Christopher D. (Chris)
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To: Powers, Pamela </o=va/ou=exchange
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Cc:
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Subject: SECVA VSO Interactions
Date: Wed Sep 05 2018 18:31:25 CDT
Attachments: SECVA VSO Attendance.docx

Pam,

See below/attached for SECVA VSO interactions you asked for. If he doesn't want to include the 1 v. 1 meetings or the breakfast that is fine, at least wanted to provide the info. VHA visits you asked for are forthcoming, will have by tomorrow.

EVENT

DATE

VSO Breakfast

4/6/2018

VSO Breakfast

8/21/2018

1:1 American Legion

5/16/2018

1:1 VFW

5/4/2018

1:1 AMVETS

5/3/2018

1:1 DAV

5/1/2018

1:1 PVA

5/8/2018

1:1 V V A

5/18/2018

1:1 WWP

4/23/2018

1:1 CVA

5/4/2018

1:1 BVA

4/4/2018

AMVETS National Convention

8/8/2018 Orlando, FL

American Legion National Convention

8/29/2018 Minneapolis, MN

Paralyzed Veterans of America National Convention

8/30/2018 Dallas, TX

Jewish War Veterans Convention

8/10/2018 Tampa, FL

White House VSO Group Meeting

5/16/2018

Owner: Syrek, Christopher D. (Chris) </o=va/ou=exchange administrative group
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Filename: SECVA VSO Attendance.docx
Last Modified: Wed Sep 05 17:31:25 CDT 2018

SECVA VSO Attendance

EVENT	DATE
VSO Breakfast	4/6/2018
VSO Breakfast	8/21/2018
1:1 American Legion	5/16/2018
1:1 VFW	5/4/2018
1:1 AMVETS	5/3/2018
1:1 DAV	5/1/2018
1:1 PVA	5/8/2018
1:1 V V A	5/18/2018
1:1 WWP	4/23/2018
1:1 CVA	5/4/2018
1:1 BVA	4/4/2018
AMVETS National Convention	8/8/2018 Orlando, FL
American Legion National Convention	8/29/2018 Minneapolis, MN
Paralyzed Veterans of America National Convention	8/30/2018 Dallas, TX
Jewish War Veterans Convention	8/10/2018 Tampa, FL
White House VSO Group Meeting	5/16/2018

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Attachments:

VSO Communicators Meeting

Tue Sep 04 2018 10:16:52 CDT

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Subject:

Date:

Attachments:

VSO Communicators Meeting

Tue Sep 04 2018 10:16:52 CDT

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security.

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Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

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Subject: VSO Communicators Meeting
Date: Tue Sep 04 2018 10:16:52 CDT
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Bcc:

Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 13:13:54 CDT
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Cc:

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Bcc:

Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 13:13:54 CDT
Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)
Where: 810 Vermont Ave, OPIA Glass Conference Room

~~*~*~*~*~*~*~*~*

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone

through security.

Several representatives that I have spoken to preferred to meet a little later in the day than our previous time of 8AM. Please let me know if you can attend at this new time. If this time works for the majority of you I will keep it, if not we can reschedule.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

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Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 13:13:54 CDT
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Cc:

Bcc:

Subject: VSO Communicators Meeting

Date: Fri Aug 24 2018 12:59:49 CDT

Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)

Where: 810 Vermont Ave, OPIA Glass Conference Room

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Policy Team <policy@iava.org>
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Bcc:
Subject: VSO Communicators Meeting
Date: Fri Aug 24 2018 12:59:49 CDT
Attachments:

When: Wednesday, September 12, 2018 11:00 AM-12:30 PM. (UTC-05:00) Eastern Time (US & Canada)
Where: 810 Vermont Ave, OPIA Glass Conference Room

~~*~*~*~*~*~*~*

This invitation is for the VSO Communicators Meeting at the VA Central Office. The meeting will take place at 810 Vermont Avenue, NW, in the Office of Public and Intergovernmental Affairs', glass conference room 910. Someone will meet you in the lobby and escort you up after you have gone through security.

Several representatives that I have spoken to preferred to meet a little later in the day than our previous time of 8AM. Please let me know if you can attend at this new time. If this time works for the majority of you I will keep it, if not we can reschedule.

Best,

(b) (6)

Public Affairs Specialist

National Veterans Outreach Office

Department of Veterans Affairs

Phone: 202.461. (b) (6)

Cell: 202.746. (b) (6)

E-mail: (b) (6) va.gov

Explore VA today! <http://explore.va.gov/>

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Date: Fri Aug 24 2018 12:59:49 CDT
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Subject: HR Numbers & VEO Breakfast
Date: Mon Aug 20 2018 17:39:41 CDT
Attachments: VSO Breakfast Agenda.docx

Sir,

I know Chris talked to you about the HR Release and you had asked for the draft. I just looked at it and it is a [REDACTED] (b) (5)

Also, attached is the invite list and suggested agenda. We will make sure this is done sooner and a good product is provided in the future.

Respectfully,

Pam

Pamela Powers

Veterans Affairs Chief of Staff

Office: 202-461-4846

Cell: 202-430-0049

Pamela.powers@VA.gov

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Filename: VSO Breakfast Agenda.docx
Last Modified: Mon Aug 20 16:39:41 CDT 2018

VSO Breakfast Tuesday, August 21, 2018 8:00 to 9:00 am	
VA Invitees	<p>The Honorable Robert Wilkie, Secretary Pamela Powers, Chief of Staff, Office of the Secretary Dr. Paul Lawrence, Under Secretary, Veterans Benefits Administration, VA Randy Reeves, Under Secretary, National Cemetery Administration, VA Jim Byrne, Office of General Counsel, VA Brooks Tucker, Assistant Secretary, OCLA Dr. Steve Lieberman, Acting, Principal Deputy Under Secretary for Health, VHA</p>
VSO Invitees	<p>(b) (6) Executive Director, The American Legion (TAL) (b) (6) Executive Director, Disabled American Veterans (DAV) (b) (6) Executive Director, Paralyzed Veterans of America (PVA) (b) (6) Executive Director, American Veterans (AMVETS) (b) (6) Deputy Director for Policy & Government Affairs, Vietnam Veterans of America (VVA) (b) (6) Senior Director, Government Relations for Veterans-Wounded Warrior Care Military Officers Association of America (MOAA) (b) (6) Senior Vice President, Government and Community Relations, Wounded Warrior Project (WWP) (b) (6) President and CEO, Student Veterans of America (SVA) (b) (6) Deputy Director, Concerned Veterans of America (CVA) (b) (6) (alt (b) (6)) Washington, D.C. Director (Chief Advocacy), Independence Fund (b) (6) Executive Director, AMVETS (b) (6) National Executive Director, Fleet Reserve Association (b) (6) Executive Director, Veterans of Foreign Wars (b) (6), (b) (2) Director of Public Affairs, Blinded Veterans Association (b) (6) (assistant to (b) (6), (b) (2)) Blinded Veterans Association</p>
Welcome & Introductions	<p>The Honorable Robert Wilkie Secretary Department of Veterans Affairs</p> <p>**Introduce (b) (6), (b) (7)(C) Special Assistant to the President and Deputy Director for the White House Public Liaison</p> <p>**Introduce (b) (6), (b) (7)(C) Domestic Policy Council</p>
Leadership Updates	<p>Pamela Powers, Chief of Staff Col (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Peter O'Rourke Jacquelyn Hayes-Byrd, Acting Assistant Secretary for HR&A Dr. Richard A. Stone – Dr. Stone was appointed Executive in Charge, Office of the Under Secretary for Health, effective July 18, 2018. An Army Veteran, previously served as PDUSH from 2016 to 2017 Dr. Carolyn M. Clancy –Deputy Under Secretary for Health for Discovery and Advancement, consolidates the Office of Academic Affiliation (OAA) and the Office of Research and Development (ORD). Dr. Steven Lieberman – named “Acting” PDUSH (Principal Deputy Under Secretary for Health) from Assistant Deputy Under Secretary for Access for Care</p>

Secretary's Priorities	Customer Service Bottom-up Organization Business transformation
Electronic Health Records Management Update	Cerner Kickoff Solicit VSO input/debrief from Cerner Kickoff Event I and my team are confident that this is the right Solution
Blue Water Navy	<p>VA's view is that the evidence-based approach to creating or expanding presumptions should be maintained.</p> <p>Presumptions of exposure and/or medical causation should always be supported by historical, scientific, and/or medical evidence about the specific population of Veterans affected.</p> <p>VA recognizes Congress's prerogative in creating or expanding presumptions.</p> <p>However, VA is concerned that new Congressionally-created presumptions that are not adequately supported by evidence will erode confidence in the soundness and fairness of the Veterans' benefits system.</p> <p>Such statutory presumptions will lead to increased pressure on VA to create or expand additional presumptions administratively, under a similarly liberal approach.</p>

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VSO Invitees	<p>(b) (6) Executive Director, The American Legion (TAL) (b) (6) Executive Director, Disabled American Veterans (DAV) (b) (5) Executive Director, Paralyzed Veterans of America (PVA) (b) (5) Executive Director, American Veterans (AMVETS) (b) (5) Deputy Director for Policy & Government Affairs, Vietnam Veterans of America (VVA) (b) (5) Senior Director, Government Relations for Veterans-Wounded Warrior Care Military Officers Association of America (MOAA) (b) (6) Senior Vice President, Government and Community Relations, Wounded Warrior Project (WWP) (b) (5) President and CEO, Student Veterans of America (SVA) (b) (6) Deputy Director, Concerned Veterans of America (CVA) (b) (6) (alt (b) (6)) Washington, D.C. Director (Chief Advocacy), Independence Fund (b) (6) Executive Director, AMVETS (b) (6) National Executive Director, Fleet Reserve Association (b) (6) Executive Director, Veterans of Foreign Wars (b) (6), (b) (2) Director of Public Affairs, Blinded Veterans Association (b) (6) (assistant to (b) (6), (b) (2)) Blinded Veterans Association</p>
Welcome & Introductions	<p>The Honorable Robert Wilkie Secretary Department of Veterans Affairs</p> <p>**Introduce (b) (6), (b) (7)(C) Special Assistant to the President and Deputy Director for the White House Public Liaison</p> <p>**Introduce (b) (6), (b) (7)(C) Domestic Policy Council</p>
Leadership Updates	<p>Pamela Powers, Chief of Staff Col (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Peter O'Rourke Jacquelyn Hayes-Byrd, Acting Assistant Secretary for HR&A Dr. Richard A. Stone – Dr. Stone was appointed Executive in Charge, Office of the Under Secretary for Health, effective July 18, 2018. An Army Veteran, previously served as PDUSH from 2016 to 2017 Dr. Carolyn M. Clancy –Deputy Under Secretary for Health for Discovery and Advancement, consolidates the Office of Academic Affiliation (OAA) and the Office of Research and Development (ORD). Dr. Steven Lieberman – named “Acting” PDUSH (Principal Deputy Under Secretary for Health) from Assistant Deputy Under Secretary for Access for Care</p>

Secretary's Priorities	Customer Service Bottom-up Organization Business transformation
Electronic Health Records Management Update	Cerner Kickoff Solicit VSO input/debrief from Cerner Kickoff Event I and my team are confident that this is the right Solution
Blue Water Navy	<p>VA's view is that the evidence-based approach to creating or expanding presumptions should be maintained.</p> <p>Presumptions of exposure and/or medical causation should always be supported by historical, scientific, and/or medical evidence about the specific population of Veterans affected.</p> <p>VA recognizes Congress's prerogative in creating or expanding presumptions.</p> <p>However, VA is concerned that new Congressionally-created presumptions that are not adequately supported by evidence will erode confidence in the soundness and fairness of the Veterans' benefits system.</p> <p>Such statutory presumptions will lead to increased pressure on VA to create or expand additional presumptions administratively, under a similarly liberal approach.</p>

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To: Powers, Pamela </o=va/ou=exchange
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(Chris) </o=va/ou=exchange administrative group
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Bcc:
Subject: Revised Seating Chart
Date: Mon Aug 20 2018 16:52:48 CDT
Attachments: SECVA VSO Bkfst Aug 21 Seating Chart.docx

In order to accommodate the larger group at the table and keep the Secretary in the middle we've adjusted the chart accordingly.

Please see attached.

*Note: Changes can be made up to the start of the breakfast.

Send me!

(b) (6)

Senior Advisor, VSO Liaison Office of the Secretary

Department of Veteran Affairs

810 Vermont Avenue, NW

Washington, D.C. 20420

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SECVA VSO Breakfast
Tuesday, Aug 21. 2018
8:00-9:00am
OBCR

Seating Chart

(b) (6)	FRA	
(b) (6)	AMVETS	(b) (6)
Jim Byrnes OGC		(b) (6)
Brooks Tucker Assistant Secretary, OCLA		(b) (6)
(b) (6), (b) (2)	VSO Liaison	(b) (6)
Pamela Powers Chief of Staff		(b) (6)
Secretary Wilkie		(b) (6)
(b) (6), (b) (7)(C)	Special Assistant to the President and Deputy Director for the White House Public Liaison	(b) (6) (ALTERNATE) (b) (6)
		(b) (6)
Randy Reeves US For Memorial Affairs		(b) (6)
Paul Lawrence US VBA		(b) (6)
Dr. Steven Lieberman P/DUSH		(b) (6)
(b) (5)	PVA	(b) (6) (Assistant to) (b) (6)
(b) (6)	Gold Star Wives	(b) (6)
		(b) (6)



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Cc: Syrek, Christopher D. (Chris) </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)> Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Bcc:
Subject: Agenda Topics
Date: Mon Aug 20 2018 16:37:33 CDT
Attachments: SECVA VSO Bkfst Aug 21 Seating Chart.docx
VSO Breakfast Invitees and Agenda Aug21 2018.docx

Apologies, I sent out the wrong agenda for tomorrow's VSO breakfast in my previous email.

Please find the updated agenda and seating chart attached.

Send me!

(b) (6)

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SECVA VSO Breakfast
Tuesday, Aug 21, 2018
8:00-9:00am
OBCR

Seating Chart

(b) (6)	FRA	(b) (6)	
(b) (6)	AMVETS	(b) (6)	WWP
Jim Byrnes	OGC	(b) (6)	MOAA
Brooks Tucker	Assistant Secretary, OCLA	(b) (6)	VFW
Secretary Wilkie		(b) (6)	The American Legion
Pamela Powers	Chief of Staff	(b) (6)	Concerned Veterans of America
(b) (6), (b) (7)(C)	Special Assistant to the President and Deputy Director for the White House Public Liaison	(b) (6) (ALTERNATE) (b) (6)	Independence Fund
(b) (6), (b) (2)	VSO Liaison	(b) (6)	DAV
Randy Reeves	US For Memorial Affairs	(b) (6)	SVA
Paul Lawrence	US VBA	(b) (6)	VVA
Dr. Steven Lieberman	P/DUSH	(b) (6) (Assistant to) (b) (6)	Blinded Veterans Association
(b) (5)	PVA		
(b) (6)	Gold Star Wives	(b) (6)	Blinded Veterans Association



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Last Modified: Mon Aug 20 15:37:33 CDT 2018

Event/Meeting: VSO Breakfast with The Honorable Robert Wilkie, Acting Secretary, Department of Veterans Affairs

Date/Time: Tuesday, August 21st – 8:00 – 9:00 AM

Location: VACO Omar Bradley Conference Room (OBCR)

VA Invitees:

The Honorable Robert Wilkie, Acting Secretary
Pamela Powers, Chief of Staff, Office of the Secretary
Dr. Paul Lawrence, Under Secretary, Veterans Benefits Administration, VA
Randy Reeves, Under Secretary, National Cemetery Administration, VA
Jim Byrne, Office of General Counsel, VA

VSO Invitees:

(b) (6) Executive Director, The American Legion (TAL)
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(b) (6) Executive Director, Paralyzed Veterans of America (PVA)
(b) (6) Executive Director, American Veterans (AMVETS)
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(b) (6) Senior Director, Government Relations for Veterans-Wounded Warrior Care Military Officers Association of America (MOAA)
(b) (6) Senior Vice President, Government and Community Relations, Wounded Warrior Project (WWP)
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(b) (6) Deputy Director, Concerned Veterans of America (CVA)
(b) (6) (alt (b) (6) Washington, D.C. Director (Chief Advocacy), Independence Fund
(b) (6) Executive Director, AMVETS
(b) (6) National Executive Director, Fleet Reserve Association
(b) (6) Executive Director, Veterans of Foreign Wars
(b) (6), Director of Public Affairs, Blinded Veterans Association
(b) (6) (assistant to (b) (6) Blinded Veterans Association

Agenda Topics:

Welcome/Introductions – The Honorable Robert Wilkie, Acting Secretary

Update – Leadership Updates

- Pamela Powers
- Col (b) (6), (b) (7)(C)
- Kevin Krhon
- Peter O'Rourke
- Jacquelyn Hayes-Byrd
- Dr. Richard A. Stone – Dr. Stone was appointed Executive in Charge, Office of the Under Secretary for Health, effective July 18, 2018. An Army Veteran, previously served as PDUSH from 2016 to 2017
- Dr. Carolyn M. Clancy –Deputy Under Secretary for Health for Discovery and Advancement, consolidates the Office of Academic Affiliation (OAA) and the Office of Research and Development (ORD).
- Dr. Steven Lieberman –Promoted from Assistant Deputy Under Secretary for Access for Care to PDUSH. Dr. Lieberman has over 25 years' experience with VHA

Priorities

- Customer Service
- Bottom-up Organization
- Business transformation

EHRM Update

- Cerner Kickoff
- Solicit VSO input/debrief from Cerner Kickoff Event
- I and my team are confident that this is the right Solution

Blue Water Navy

- VA's view is that the evidence-based approach to creating or expanding presumptions should be maintained.
- Presumptions of exposure and/or medical causation should always be supported by historical, scientific, and/or medical evidence about the specific population of Veterans affected.
- VA recognizes Congress's prerogative in creating or expanding presumptions.
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- Such statutory presumptions will lead to increased pressure on VA to create or expand additional presumptions administratively, under a similarly liberal approach.

NEWS Announcements

Clarify collective bargaining authority

**VA Secretary underscores low unemployment
for Veterans under President Trump**

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Cc:
Bcc:
Subject: RE: Thursday
Date: Mon Aug 20 2018 16:25:29 CDT
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Got it thank you!

See attached seating chart for tomorrow morning's breakfast.

Thank you.

(b) (6)

From: (b) (6)
Sent: Monday, August 20, 2018 4:21 PM
To: (b) (6) <(b) (6) va.gov>
Subject: Thursday

Hi (b) (6) – need to move your meeting on Thursday to 2pm. Thank you.

(b) (6)

Owner: (b) (6) </o=va/ou=exchange administrative group (fydibohf23spdlt)
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SECVA VSO Breakfast
Tuesday, Aug 21, 2018
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Seating Chart

(b) (6)		
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AMVETS		WWP
Jim Byrnes		(b) (5)
OGC		MOAA
Brooks Tucker		(b) (6)
Assistant Secretary, OCLA		VFW
Secretary Wilkie		(b) (6)
		The American Legion
Pamela Powers		(b) (6)
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VSO Liaison		DAV
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P/DUSH		
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Gold Star Wives		Blinded Veterans Association



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To: (b) (6)@outlook.com
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Cc:
Bcc:
Subject: FW: [EXTERNAL] VA Reform Agenda – Five Ways to Move Forward
Date: Sun Aug 19 2018 20:59:03 CDT
Attachments: Commission on Care_Final Report_063016_1815-3.pdf
Commission-on-Care-SECVA-to-POTUS-memo-and-enclosure-tech-edit-page-4....pdf
MISSION Act 2018_6_22 Deadlines and Milestones spreadsheet.xlsx
VA Directives Draft 060518.docx
VA Governance Directive0214.pdf
VA Reform Agenda 10082018.docx
VA Reform and Modernization Commission.docx
VA-ETP-FINAL-JULY-2003.pdf

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From: Darin Selnick
Sent: Wednesday, August 15, 2018 10:08:20 PM
To: Powers, Pamela
Cc: (b) (6), (b) (7)(C), (b) (6)
Subject: [EXTERNAL] VA Reform Agenda – Five Ways to Move Forward

Hi Pam

Last week SECVA Wilkie asked me to put together for him, my ideas on 5 Ways to get VA reform moving.

Attached - VA Reform Agenda, are those 5 ideas. The additional attachments support the document and are referenced.

Can you please ensure that this gets to SECVA. I am happy to discuss them with you when I see you on Monday. Also let me know if SECVA would like to discuss this when I am in DC next week or on the phone sometime.

Best Regards

Darin Selnick
571-234-6003

Owner: Powers, Pamela </o=va/ou=exchange administrative group (fydibohf23spdlt)
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Commission on Care

Final Report

COMMISSION ON CARE

June 30, 2016

COMMISSION ON CARE

Final Report of the Commission on Care

June 30, 2016

Commission on Care
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COMMISSION ON CARE

1575 I Street, NW ▪ Washington, DC 20005

June 30, 2016

We are honored to submit to the President, through the Secretary of Veterans Affairs, in accordance with the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), the enclosed recommendations for transforming veterans' health care. We believe these recommendations are essential to ensure that our nation's veterans receive the health care they need and deserve, both now and in the future.

We worked with an absolute commitment to putting veterans at the heart of our deliberations, and believe our recommendations will create an integrated, community-based health care system for veterans that will be sustainable for the long term. During the term of the Commission on Care, we evaluated the 4,000-page *Independent Assessment Report*; held public meetings; listened to a broad range of stakeholders, including veterans and leaders of veterans service organizations; made site visits to Veterans Health Administration (VHA) facilities; and exchanged ideas with individual veterans, VA and VHA leaders, VHA employees and health care providers, members of Congress, economists, and health care experts.

Overall, the Commissioners agree with the findings of the *Independent Assessment Report*, which are consistent with the expansive body of other evidence the Commissioners have reviewed. This evidence shows that although care delivered by VA is in many ways comparable or better in clinical quality to that generally available in the private sector, it is inconsistent from facility to facility, and can be substantially compromised by problems with access, service, and poorly functioning operational systems and processes. The Commissioners also agree that America's veterans deserve much better, that many profound deficiencies in VHA operations require urgent reform, and that America's veterans deserve a better organized, high-performing health care system.

The most public and glaring deficiency was access problems. Congress attempted to solve this problem through a provision in VACAA that directed VHA to implement a temporary program allowing for greater choice. The Commission finds, however, that the design and execution of the *Choice Program* are flawed. In its place, we offer specific recommendations for standing up integrated veteran-centric, community-based delivery networks that will optimize the balance of access, quality, and cost-effectiveness.

The Commission also finds that the long-term viability of VHA care is threatened by problems with staffing, facilities, capital needs, information systems, health care disparities and procurement. Fixing these problems requires deliberate, concurrent, and sequential actions. It also requires fundamental changes in governance and leadership of VHA to guide the organization during the next two decades through the rapid changes coming in demographics, technology, and in the structure of the overall U.S. health care system.

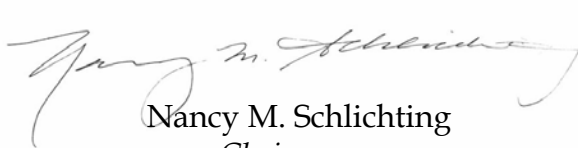
VHA has many excellent clinical programs, as well as research and educational programs, that provide a firm foundation on which to build. As the transformation process takes place, VHA must ensure that the current quality of care is not compromised, and that all care is on a trajectory of improvement. VHA has begun to make some of the most urgently needed changes outlined in the *Independent Assessment Report*, and we support this important work.

Implementing the recommendations in this report will greatly enhance VHA's ongoing reform efforts by providing both a systems-oriented framework and vitally needed changes in organizational structure. Foundational among these changes is forming a governing board to set long-term strategy and oversee the implementation of the transformation process, and building a strong, competency-based leadership system.

The remaining recommendations work in harmony to ensure veterans receive timely access to care, have options for where and how they receive care, are cared for in an environment that embraces diversity and inclusion, and are supported in making informed decisions about their own health and well-being. These recommendations are

not small-scale fixes to finite problems. Instead, they constitute a bold transformation of a complex system that will take years to fully realize, but that our country must undertake to provide our veterans with the high-quality health care they richly deserve.

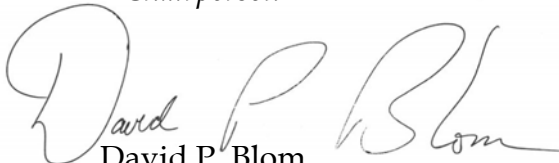
Respectfully Submitted,



Nancy M. Schlichting
Chairperson




Delos M. Cosgrove, MD
Vice Chairperson



David P. Blom
Commissioner



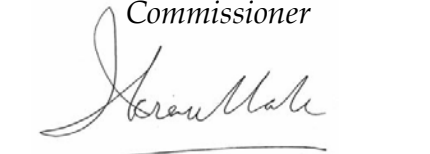
David W. Gorman
Commissioner




The Hon. Thomas E. Harvey, Esq.
Commissioner



Rear Adm. Joyce M. Johnson, DO, USPHS (ret.)
Commissioner




The Hon. Ikram U. Khan, MD
Commissioner



Phillip J. Longman
Commissioner



Col. Lucretia M. McClenney, USA (ret.)
Commissioner



Lt. Gen. Martin R. Steele, USMC (ret.)
Commissioner



Charlene M. Taylor
Commissioner



Marshall W. Webster, MD
Commissioner

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COMMISSION ON CARE FINAL REPORT

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EXECUTIVE SUMMARY

Two years ago, a scandal over VHA employees' manipulation of data systems to cover up long appointment scheduling delays made headlines and left the veterans' health care system reeling. The White House and Congress investigated the situation and identified chronic management and system failures, along with a troubled organizational culture. The White House appointed new leadership, including the secretary of veterans affairs (SECVA) and the undersecretary of health (USH), and Congress enacted substantial legislation that established a temporary program, the *Choice Program*, to fund expanded community care to alleviate wait times; directed a comprehensive independent assessment of VHA care delivery and management systems; and established this commission to review that assessment, examine access to care, and look more expansively at how veterans' care should be organized and delivered during the next 2 decades.

The independent assessment included an examination of the hospital care, medical services, and other health care provided in VA medical facilities.¹ The legislation identified 12 specific areas for in-depth evaluation:

- Demographics
- Health Care Capabilities
- Care Authorities
- Access Standards
- Workflow–Scheduling
- Workflow–Clinical
- Staffing/Productivity
- Health Information Technology
- Business Processes
- Supplies
- Facilities
- Leadership

The *Independent Assessment Report* provided a detailed analysis of the assessment and associated findings. The Commission work during the past 10 months was informed by the *Independent Assessment Report*, as well as by 26 days of public meetings (held in 12 sessions) with testimony by a broad range of experts and stakeholders, intensive deliberations, site visits to VHA facilities, and very importantly by the wide-ranging experience and expertise of commission members appointed by congressional leaders and the President.

In an effort to focus the Commission's recommendations and set the tone for subsequent change, the Commissioners developed a vision, a mission, and a set of values to drive reform as shown below. The vision provides the conceptual framework for the model of veterans' health care put forth in this report, and the mission and values shape the content of the recommendations.

Vision

Transforming veterans' health care to enhance quality, access, choice, and well-being.

- *Quality: Provide community-based, innovative care that drives improved outcomes.*
- *Access: Ensure timely access to the best providers for meeting veterans' health care needs.*

¹ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113–146, § 201(a)(1).

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- *Choice: Integrate health care within communities to foster convenience and efficiency.*
- *Well-Being: Support veterans in achieving optimal physical and mental health.*

Mission

Provide eligible veterans prompt access to quality health care.

Values

- Provide veteran-centric care.
- Involve all stakeholders, and especially veterans and their families, in designing the evolving future health care for veterans.
- Assimilate veterans into the greater community.
- Create community-based integrated networks to improve health care access and choice for veterans.

The recommendations in this report acknowledge that although VHA provides health care that is in many ways comparable or better in clinical quality to that generally available in the private sector, it is inconsistent from facility to facility, and can be substantially compromised by problems with access, service, and poorly functioning operational systems and processes.

Some of these challenges are not exclusive to VHA, and reflect large-scale problems in the U.S. health system in general, such as acute shortages of primary care doctors and lack of health care capacity in poor and rural areas. Other challenges reflect deficiencies within VHA itself, in areas such as staffing, facilities, capital needs, information systems, healthcare disparities and procurement.

It is important to understand VA's long history as a health care provider, which has included previous cycles of crisis and renewal that offer lessons for the present. It is also important to consider how VHA can implement major reform in a manner that is sustainable. This report addresses both of these issues.

The Commission's focus on access to care clearly highlighted the need for a long-range strategic evaluation of the veterans' health system. Access problems were the primary catalyst for the law establishing this body, and an examination of access has necessarily been central to the commission's work; however, Congress wisely directed the Commission to undertake a strategic examination as well.

The report begins with an *Introduction* that addresses the controversy over veterans' health care and gives a brief description of the Commission's vision for improving it. There are three main recommendation sections: *Redesigning the Veterans' Health Care Delivery System*; *Governance, Leadership, and Workforce*; and *Eligibility*. Each section includes detailed discussions of the high-level areas in which change must occur in the respective areas to facilitate bold reform. The format for each discussion includes identification of the problem, the Commission's recommendations for addressing the problem, background information, analysis, and implementation steps for Congress, VA, and other agencies. This executive summary provides a brief overview of each of the recommendations.

For the ease of our readers, the appendices contain all additional content. Of particular interest are appendices on *Financing the Vision and Model*, *Leadership Implementation*, *History as a Context for Systemic Transformation*, *Veteran Feedback*, and *Additional Resources*. These and other appendices provide policymakers and those charged with implementing the plan with a clear picture of the rationale for the recommendations and the context that frames them.

Recommendations

The Commission does not intend for these recommendations to be piecemeal fixes to everyday problems. Instead, they are presented as the foundation for far-reaching organizational transformation that adheres to a systems approach. The Commission's recommendations comprise the essential elements for such transformation.

Redesigning the Veterans' Health Care Delivery System

The VHA Care System

Recommendation #1: Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services.

Due to changing veteran demographics, increasing demand for VHA care in some markets and declining demand in other markets, more veterans being adjudicated as having service-connected conditions, aging facilities, provider shortages and vacancies, and other factors, VHA faces a misalignment of capacity and demand that threatens to become worse over time. Some facilities and services have low volumes of care that can create quality concerns, and in high demand areas, VHA often lacks the capacity to avoid lengthy wait times and other access issues.

With passage of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), Congress tasked VHA with creating the temporary *Choice Program*. It was designed to alleviate access issues by allowing for greater use of community care for enrolled veterans who meet the law's wait-time or distance-to-a-VHA-facility requirements.

Both the design and implementation of the law have proven to be flawed. VHA must instead establish high-performing, integrated, community-based health care networks, to be known as the VHA Care System.

The Commission Recommends That . . .

- VHA Care System governing board (see recommendation on p. 94) develop a national delivery system strategy, including criteria and standards for creating the VHA Care System, comprising high-performing, integrated, community-based health care networks, including VHA providers and facilities, Department of Defense and other federally-funded providers and facilities, and VHA-credentialed community providers and facilities.

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- Integrated community-based health care networks be developed with local VHA leadership input and knowledge to ensure their composition is reflective of local needs and veterans' preferences.
- Integrated, community-based health care networks must include existing VHA special-emphasis resources (e.g., spinal cord injury (SCI), blind rehabilitation, mental health, prosthetics, etc.). In areas for which VHA has special expertise, VHA should also play the role of enhancing care in the local communities by collaborating with community care providers to implement services that may not exist, focused on the needs of veterans (e.g., expansion of integrated primary care/mental health care).
- Networks be built out in a well-planned, phased approach, overseen by the new governing board, which determines the criteria for the phases to ensure effective execution of the strategy.
- VHA credential community providers. To qualify for participation in community networks, providers must be fully credentialed with appropriate education, training, and experience, provide veteran access that meets VHA standards, demonstrate high-quality clinical and utilization outcomes, demonstrate military cultural competency, and have capability for interoperable data exchange.
- Providers in the networks should be paid using the most contemporary payment approaches available to incentivize quality and appropriate utilization of health care services (i.e., using Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) physician payment methodology being proposed by CMS).
- The highest priority access to the VHA Care System be provided to service-connected veterans, and low-income veterans also be of high priority.
- The current time and distance criteria for community care access (30 days and 40 miles) be eliminated.
- Veterans choose a primary care provider from all credentialed primary care providers in the VHA Care System.
- All primary care providers in the VHA Care System coordinate care for veterans.
- VHA Care System provide overall health care coordination and navigation support for veterans.
- Veterans choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider.

The recommendations above work together to support the VHA Care System, as outlined in Table 1 below.

Table 1. VHA Care System Operations

Key Component	Expectations
Choice	<ul style="list-style-type: none"> ▪ Veterans can choose a primary care provider from all credentialed primary care providers in the VHA Care System. ▪ Veterans can receive their care at any VHA Care System location across the country with coordination by their primary care provider.
Care Coordination	<ul style="list-style-type: none"> ▪ All primary care providers in the VHA Care System must coordinate care for veterans. Specialty care is exclusively accessed through referrals from primary care providers. ▪ Veterans can choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider. ▪ Although primary care is traditionally defined as internal medicine or family practice, VHA may designate other specialty providers as primary care coordinators based on veterans' specific health needs (e.g., endocrinologists for diabetic patients, neurologists for patients with Parkinson's disease, OB/GYN for female patients). ▪ VHA will have overall responsibility of ensuring care coordination for veterans, including complex care navigation.

Clinical Operations

Recommendation #2: Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.

A shortage of providers and clinical managers, combined with inadequate support staff and policies that fail to optimize the talents and efficiency of all health professionals, detract from the effectiveness of VHA health care.

The problem starts with inadequate numbers of providers. Ninety-four percent of VHA sites with clinically meaningful access delays indicated that increasing the number of licensed independent practitioners was critical or very important to increasing access.²

At the same time, ineffective use of providers and other health professionals contributes to suboptimal productivity. Highly trained clinical personnel are often unable to perform at the top of their license, meaning they spend much of their time performing tasks that should be done by support staff.³ For example, doctors and nurses often escort patients; clean examination rooms; take vital signs; schedule; document care; and place the orders for consultations, prescriptions, or other necessary care that could be done more cost effectively by support staff. Twenty-three percent of VHA providers identified “not working to top of provider licensure” as a barrier in health care provision.⁴

² RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 95, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

³ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, ix, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁴ Ibid., 95.

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VHA is also currently failing to optimize use of advanced practice registered nurses (APRNs). APRNs are clinicians with advanced degrees who provide primary, acute, and specialty health care services.

The Commission Recommends That. . .

- VHA increase the efficiency and effectiveness of providers and other health professionals and support staff by adopting policies to allow them to make full use of their skills.
- Congress relieve VHA of bed closure reporting requirements under the Millennium Act.
- VHA continue to hire clinical managers and move forward on initiatives to increase the supply of medical support assistants.

Recommendation #3: Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally supported programs.

All federal providers and most health insurers have processes to ensure that beneficiaries have enforceable protections that allow them to obtain medically necessary care within their health benefits package.⁵ Such processes are imperative, particularly for care plans using capitated payment models for which there are incentives to conserve resources. Most veterans, and even their advocates, are unsure of VHA's process for resolving clinical disputes. This may be because there is not one policy in place for VHA, but 18 (one for each Veteran Integrated Service Network [VISN]).⁶

As part of the MyVA initiative, the Secretary of Veterans Affairs has set a goal of world-class service for veterans, including a proactive patient advocacy team that is integrated into patient-centered care and cultural transformation plans.⁷ The processes in place for patient grievances and central protections to ensure access to medically necessary care remain poorly understood despite these efforts. Also, they may be less comprehensive and fair than appeals processes private health insurers and other federal payers are required to provide.⁸

The Commission Recommends That . . .

- VHA convene an interdisciplinary panel to assist in developing a revised clinical-appeals process.

⁵ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>.

⁶ VHA Clinical Appeals, VHA Directive 2006-057 (2006).

⁷ "About the VHA Patient Advocate and Veteran Experience Program (VHA PA & VEP)," accessed from VA Intranet, May 31, 2016, <http://vaww.infoshare.va.gov/sites/OPCC/VEP/SitePages/vep-about.aspx>.

⁸ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>. VHA Clinical Appeals, VHA Directive 2006-057 (2006).

Recommendation #4: Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.

VHA has not effectively empowered its staff to identify problems and make changes to improve the overall quality of care.

Best practices exist in pockets of VHA; however, communication and support for implementation appear to be challenges. Various facilities indicate best practices are in place but seem isolated rather than widely adopted. Facilities often struggle to implement best practices, and information sharing is limited and ad hoc.⁹

VHA has a program of system engineering — Veterans Engineering Resource Center (VERC) — that can assist with transformation efforts, but it is not well known throughout VHA and until recently has been underutilized.

The Commission Recommends That . . .

- The Veterans Engineering Resource Center (VERC) be tasked to assist in transformation efforts, particularly in areas such as access and in areas that affect systemwide activities and require substantial change, such as human resources management, contracting, purchasing, and information technology.
- The many idea and innovation portals within VHA be consolidated under VERC.
- A culture to inspire and support continuous improvement of workflow processes be developed and fully funded.
- VHA's reengineering centers be enabled to identify proactively problem areas within the system and offer assistance.

Health Care Equity

Recommendation #5: Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

The Office of Health Equity (OHE), tasked with eliminating health disparities by building cultural and military competence within VHA, has not been given the resources or level of authority needed to be successful. Until VHA leadership establishes the elimination of health care disparities as a critical strategic priority and commits the resources required to address this problem, health care disparities will continue to persist among veteran patients.

⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs*, Assessment F (Workflow—Clinical), 14 and A-2, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

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A systematic review of VHA in 2007 identified the existence of racial and ethnic health inequalities. Health care disparities exist among veterans and especially among minority and vulnerable veterans.¹⁰ VHA cannot transform veterans' health care to enhance quality, access, choice, and well-being unless these health care disparities are addressed and eliminated. VHA has a plan for addressing these issues—the Health Equity Action Plan (HEAP)—but it has not been fully implemented.

The Commission Recommends That . . .

- VHA work to eliminate health disparities by establishing health care equity as a strategic priority.
- VHA provide the Office of Health Equity adequate resources and level of authority to successfully build cultural and military competence among all VHA Care System providers and employees.
- VHA ensure that the Health Equity Action Plan is fully implemented with adequate staffing, resources, and support.
- VHA increase the availability, quality, and use of race, ethnicity, and language data to improve the health of minority veterans and other vulnerable veteran populations with strong surveillance systems that monitor trends in health status, patient satisfaction, and quality measures.¹¹

Facility and Capital Assets

Recommendation #6: Develop and implement a robust strategy for meeting and managing VHA's facility and capital-asset needs.

Veterans who turn to VHA to meet health care needs should expect that its facilities have been designed and equipped to provide state-of-the-art care. As health care continues to move to ever greater use of ambulatory care delivery, VHA not only lacks modern health care facilities in many areas, but generally lacks the means to readily finance and acquire space, to realign its facilities as needed, or even to divest itself easily of unneeded buildings. Many of those barriers are statutory in nature, although VA's own internal processes compound its capital asset challenges. Establishing integrated care networks holds the promise of markedly improving veterans' access to care. That promise cannot be realized without transformative changes to VHA's capital structure. Political resistance doomed previous attempts to better align VHA's capital assets and veterans' needs. It is critical that an objective process be established to streamline and modernize VHA facilities in the context of building out the VHA Care System's integrated networks to ensure the ideal balance of facilities within each network. VHA needs as

¹⁰ Somnath Saha et al., *Racial and Ethnic Disparities in the VA Healthcare System: A Systematic Review*, U.S. Department of Veterans Affairs, Health Services Research & Development Service, June 2007, accessed June 22, 2016, <http://www.hsrd.research.va.gov/publications/esp/RacialDisparities-2007.pdf>.

¹¹ Kathleen G. Sebelius, Secretary, Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care*, accessed March 30, 2016, http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

much control as possible to drive the process to ensure that all facility plans are fully integrated with the strategic vision for the VHA Care System.

The Commission Recommends That . . .

- VA leaders streamline and strengthen the facility and capital asset program management and operations.
- The VHA Care System governing board be responsible for oversight of facility and capital asset management.
- Congress provide VHA greater budgetary flexibility to meets its facility and capital asset needs and greater statutory authority to divest itself of unneeded buildings.
- Congress enact legislation to establish a VHA facility and capital asset realignment process based on the DoD Base Realignment and Closure Commission (BRAC) process to be implemented as soon as practicable. The Commission recommends the VHA Care System governing board subsequently make facility decisions in alignment with system needs.
- New capital be focused on ambulatory care development to reflect health care trends.
- VHA move forward immediately with repurposing or selling facilities that have already been identified as being in need of closing.

Information Technology

Recommendation #7: Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.

To operate a high-performing VHA Care System, VA requires a comprehensive electronic health care information platform that is interoperable with other systems; enables scheduling, billing, claims, and payment, and provides tools that empower veterans to better manage their health. Creating a single, uniform, integrated IT platform will promote care continuity, cost savings, and consistent care delivery and business processes.¹² VA's antiquated, disjointed clinical and administrative systems cannot support these essential clinical and business processes and consequently are unable to support the Commission's transformation vision for VHA. In addition, VHA lacks an experienced senior health care IT leader focusing on the strategic health care IT needs of veterans.

The Commission Recommends That . . .

- VHA establish a Senior Executive Service (SES)-level position of VHA Care System chief information officer (CIO), selected by and reporting to the chief of VHA Care System (CVCS) with a dotted line to the VA CIO. The VHA CIO is responsible for developing

¹² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 43-44, accessed February 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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and implementing a comprehensive health IT strategy and developing and managing the health IT budget.

- VHA procure and implement a comprehensive, commercial off-the-shelf (COTS) information technology solution to include clinical, operational and financial systems that can support the transformation of VHA as described in this report.

Supply Chain

Recommendation #8: Transform the management of the supply chain in VHA.

Effective management of all aspects of the supply chain has become a competitive differentiator for health care delivery systems. Modernization and automation of the supply chain in health care have the potential to save hundreds of millions of dollars, if done well. VHA cannot modernize its supply chain management and create cost efficiencies because it is encumbered with confusing organizational structures, no expert leadership, antiquated IT systems that inhibit automation, bureaucratic purchasing requirements and procedures, and an ineffective approach to talent management.

The problems are systemic. The organizational structure is chaotic, contracting operations are not aligned to business functions, and processes are poorly constructed, lacking standardization across the organization. Information technology infrastructure is inadequate, and it lacks appropriate interoperability among IT systems. VHA is unable to produce high-quality data on supply chain utilization and does not effectively manage the process using the insights such data could provide.¹³

The Commission Recommends That . . .

- VHA establish an executive position for supply chain management, the VHA chief supply chain officer (CSCO), to drive supply chain transformation in VHA. This individual should be compensated relative to market factors.
- VA and VHA reorganize all procurement and logistics operations for VHA under the CSCO to achieve a vertically integrated business unit extending from the front line to central office. This business unit would be responsible for all functions in a fully integrated procure-to-pay cycle management that includes policy and procedures, contract development and solicitation, ordering, payment, logistics and inventory management, vendor relations and integration, data analytics and supply chain visibility, IT alignment, clinician engagement and value analysis, and talent management across all these supply chain functions.
- VA and VHA establish an integrated IT system to support business functions and supply chain management; appropriately train contracting and administrative staff in supply chain management; and update supply chain management policy and procedures to be consistent with best practice standards in health care.

¹³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, vi, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

- VHA support the Veterans Engineering Resource Center (VERC) Supply Chain Modernization Initiative including consistent support from leadership, continued funding and personnel, and the alignment of plans and funding within OIT to accomplish the modernization goals.

Governance, Leadership, and Workforce

Board of Directors

Recommendation #9: Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.

The existence—and concealment—of unacceptably long delays in care at the Phoenix VA Medical Center, and similar problems at multiple other VA medical centers, had both direct and indirect causes. Weak governance was found to be among those indirect causes.¹⁴ As the authors of a root-cause analysis of the Phoenix scandal highlighted, “a governance gap in leadership continuity and strategic oversight from one executive leadership team to another” contributed to the wait-time problems.¹⁵ The report authors observed, “Unlike other health care systems, VHA does not have a governance mechanism to fill the role of a board of directors.”¹⁶ The governance limitations made evident in the Phoenix scandal have profound implications for the long term. As discussed in this report, the Commission believes VHA must institute a far-reaching transformation of both its care delivery system and the management processes supporting it. Changes of the magnitude facing VHA would be difficult for any health care system to achieve. A transformation will take years to accomplish and must be sustained over time. Yet the short tenure of senior political appointees, each administration’s expectations for short-term results,¹⁷ and VHA’s operating in a “dynamic environment [in which it is] answering to a large number of stakeholders, sometimes with competing demands”¹⁸ offer little reason for optimism that real transformation could take hold without fundamental changes in governance.

The Commission Recommends That . . .

- Congress provide for the establishment of an 11-member board of directors accountable to the President, responsible for overall VHA Care System governance, and with decision-making authority to direct the transformation process and set long-term strategy. The Commission also recommends the governing board not be subject to the Federal Advisory Committee Act (FACA) and be structured based on the key elements included in Table 5.

¹⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xvi, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁵ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 3.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xiv, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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- The Board recommend a chief of VHA Care System (CVCS) to be approved by the President for an initial 5-year appointment. Additionally, the Commission recommends the governing board be empowered to reappoint this individual for a second 5-year term, to allow for continuity and to protect the CVCS from political transitions. If necessary, the CVCS can be removed by mutual agreement of the President and the governing board.

Leadership

Recommendation #10: Require leaders at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.

High-performing organizations have healthy cultures in which diverse staff feel respected and engaged at work. These workers, in turn, are better able to demonstrate compassion and caring toward customers in their delivery of high-quality services. Leaders at all levels of the organization are responsible for promoting a positive organizational environment and culture through how they treat staff and the systematic approach they take to decision making and management. VHA has among the lowest scores in organizational health in government. For the past decade, VHA's executives have not emphasized the importance of leadership attention to cultural health, and it has not been well integrated in training, assessments, and performance accountability systems.

The Commission Recommends That . . .

- VHA create an integrated and sustainable cultural transformation by aligning all programs and activities around a single, benchmarked concept.
- VHA align leaders at all levels of the organization in support of the cultural transformation strategy and hold them accountable for this change.
- VHA establish a transformation office to drive progress of this transformation and report on it to the CVCS and the new VHA Care System board of directors (see governance discussion in the previous section).

Recommendation #11: Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.

VHA, like any large organization, requires excellent leaders to succeed. Succession planning and robust structured programs to recruit, retain, develop, and advance high potential staff are essential to maintaining a pipeline of new leaders. In health care, leadership programs must prepare candidates with the specialized knowledge and skills required of health care executives, while also helping to mature their leadership traits. VHA does not use a single leadership competency model, and what it does use is not specific to health care or benchmarked to the private sector. VHA also does not use competency models as a tool to establish standards for hiring, assessment, and promotion. As a result, executive leaders and

promising staff members do not have the tools they need to guide career transitions and ensure VHA has the leaders it needs for the future.

The Commission Recommends That . . .

- VA establish, as an OMB management priority for VHA, the goal of implementing an effective leadership management system in the agency.
- VHA executives prioritize the leadership system for funding, strategic planning, and investment of their own time and attention.
- VHA adopt and implement a comprehensive system for leadership development and management that includes a strategic priority of diversity and inclusion.
- Congress create more opportunities to attract outside leaders and experts to serve in VHA through new and expanded authority for temporary rotations and direct hiring of health care management training graduates, senior military treatment facility leaders, and private not-for-profit and for-profit health care leaders and technical experts.

Recommendation #12: Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.

Leadership structures and processes should be organized to promote agile, clear decision making, the free flow of ideas, and identification of organizational priorities, as well as make clear reporting relationships and lines of accountability within the organization. VHA currently lacks effective national policies, a rational organizational structure, and clear role definitions that would support effective leadership of the organization. The responsibilities of VHA Central Office (VHACO) program offices are unclear, and the functions overlap or are duplicated. The role of the VISN is not clear, and the delegated responsibilities of the medical center director are not defined.

The Commission Recommends That . . .

- VHA redesign VHACO to create high-performing support functions that serve VISNs and facilities in their delivery of veteran-centric care.
- VHA clarify and define the roles and responsibilities of the VISNs, facilities, and reorganized VHA program offices in relation to one another, and within national standards, push decision making down to the lowest executive level with policies, budget, and tools that support this change.
- VHA establish leadership communication mechanisms within VHACO and between VHACO and the field to promote transparency, dialogue, and collaboration.
- VHA establish a transformation office, reporting to the CVCS with broad authority and a supporting budget to accomplish the transformation of VHA and manage the large-scale changes outlined throughout this report.

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Recommendation #13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.

To achieve the Commission’s vision of quality, access, and choice for veterans, VHA must effectively measure outcomes and hold leaders accountable for improvement. VHA can measure itself against internal best practices, but veterans deserve care that uniformly meets or exceeds private-sector quality standards. A clear, concise, balanced measure set—identical to private-sector standards—will give leadership, staff, and administrators focus and direction for their work. VHA leaders are responsible for delivering these quality outcomes to veterans. They do so by exercising leadership skills and traits in their management and direction to staff. Short-term gains can be realized at the expense of staff morale and well-being, but the long-term health of the organization cannot. Therefore, organizations must be sure to assess leaders’ performance not just on *what* they achieve but *how* they achieve it.

The Commission Recommends That . . .

Organizational Performance Measurement

- VHA streamline organizational performance measures, emphasize strategic alignment and meaningful effect, and use benchmarked measures that allow a direct comparison to the private sector.
- The new Office for Organizational Excellence work with experts to reorganize its internal structure to align business functions with field needs and consolidate and eliminate redundant or low-priority activities.

Personnel Performance Management System

- VHA create a new performance management system appropriate for health care executives, tied to health care executive competencies, and benchmarked to the private sector.
- The CVCS and all secondary raters hold primary raters accountable for creating meaningful distinctions in performance among leaders.
- VHA recognize meaningful distinctions in performance with meaningful awards.

Diversity and Cultural Competence

Recommendation #14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health outcomes.

The VHA Care System must implement a systemic approach to developing the cultural and military competence of its leadership, staff, and providers, as well as measure the effects of

these efforts on improving health outcomes for vulnerable veterans. Although VHA has made some strides in specific program areas, cultural competency is an essential part of providing effective care to veterans because of the unique needs military service, and especially participation in combat operations, may cause.

The Commission Recommends That . . .

- VHA implement a systemic approach to establishing cultural and military competence across VHA and its community providers, and provide the resources required to fully integrate the related strategy into veterans' care delivery.
- Cultural and military competency training be required on a regular basis for VHA Care System leadership, staff, and providers.
- Cultural and military competency be criteria for allowing community providers to participate in the VHA Care System.

Workforce

Recommendation #15: Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

VHA has staffing shortages and vacancies at every level of the organization and across numerous critical positions, including facility leadership, clinical staff, supply chain personnel, and customer service staff. VHA lacks competitive pay, must use inflexible hiring processes, and continues to use a talent management approach from the last century. A confusing mix of personnel authorities and position standards make staffing and management a struggle for both supervisors and human resources personnel. Title 5 was not created with a modern health care delivery system in mind and falls short of offering what is needed to create a high-performing health care system.

The Commission Recommends That . . .

- Congress create a new alternative personnel system that applies to all VHA employees and falls under Title 38 authority. The system must simplify human capital management in VHA; increase fairness for employees; and improve flexibility to respond to market conditions relating to compensation, benefits, and recruitment.
- VHA write and implement regulations for the new alternative personnel system, in collaboration with union partners, employees, and managers, that does all of the following:
 - Meets benchmark standards for human capital management in the health care sector and is easy for HR professionals and managers to administer.
 - Promotes veteran preferences and hiring.

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- Embodies merit system principles (merit-based, nonpartisan, nondiscrimination, due process) through simplified, sensible processes that work for managers and employees.
 - Creates one human capital management process for all employees in VHA for time and leave, compensation, advancement, performance evaluation, and disciplinary standards/processes.
 - Provides due process and appeals standards to adverse personnel actions.
 - Allows for pay advancement based on professional expertise, training, and demonstrated performance (not time-in-grade).
 - Promotes flexibility in organizational structure to allow positions and staff to grow as the needs of the organization change and the success of each individual merits.
 - Establishes simplified job documentation that is consistent across job categories and describes a clear path for staff professional development and career trajectories for advancement.
 - Eliminates most distinctions (except for benefits) between part-time and full-time employees.
 - Grandfathers current employees with respect to pay and benefits.
- VHA ensure all positions, to include human resources management staff, are adequately trained to fulfill duties.

Recommendation #16: Require top executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.

Effective planning for and management of human capital are core enabling requirements for any business: If the system that supports the employees fails, then the organization fails. Executive leaders must ensure the success of human capital management; however, for too long in VA, human capital management has not been a top priority for leadership time, attention, and funding support. Human capital management personnel must be equal members of the leadership team, contributing fully to strategic decisions and planning for future initiatives.

The Commission Recommends That . . .

- VHA hire a chief talent leader who holds responsibility for the operation's entire HR enterprise, is invested with the authority and budget to accomplish the envisioned transformation, and reports directly to the chief of VHA Care System.
- VA and VHA prioritize the transformation of human capital management with adequate attention, funding, and continuity of vision from executive leaders.
- VA align HR functions and processes to be consistent with best practice standards of high-performing health care systems.

- VA Human Resources and Administration and the Office of Information and Technology should create an HR information technology plan to support modernization of the HR processes and to provide meaningful data for tracking, quality improvement, and accountability.

Eligibility

Recommendation #17: Provide a streamlined path to eligibility for health care for those with an other-than-honorable discharge who have substantial honorable service.

Addressing access issues is at the core of the Commission's charge. Veterans face a range of barriers to care, from geographic barriers to facility-specific problems, such as long wait times for an appointment or lack of evening or weekend hours. These barriers, which affect even those with service-incurred health conditions, can be overcome. Some former service members, however, have encountered a more fundamental barrier when applying for care. Because of the character of their discharge, they are not considered veterans, and thus are not eligible for VA care.

In some cases, individuals have been dismissed from military services with an other-than-honorable (OTH) discharge because of actions that resulted from health conditions (such as traumatic brain injury [TBI], posttraumatic stress disorder [PTSD], or substance use) caused by, or exacerbated by, their service. Under VA regulations, these individuals do not meet the definition of a veteran, and are therefore ineligible for VHA medical care. This situation leaves a group of former service members who have service-incurred health issues (namely mental health issues) unable to receive the specialized care VHA provides.

The Commission Recommends That . . .

- VA revise its regulations to provide tentative eligibility to receive health care to former service members with an OTH discharge who are likely to be deemed eligible because of their substantial favorable service or extenuating circumstances that mitigate a finding of disqualifying conduct.

Recommendation #18: Establish an expert body to develop recommendations for VA care eligibility and benefit design.

Although VHA continues to offer the promise of health care to all eligible veterans, its capacity to meet that promise is constrained by appropriated funding.¹⁹

The Commission Recommends That . . .

- The President or Congress task another body to examine the need for changes in eligibility for VA care and/or benefits design, which would include simplifying eligibility criteria, and may include pilots for expanded eligibility for nonveterans to use

¹⁹ The MITRE Corporation, *Independent Assessment of the Health care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 24, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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underutilized VHA providers and facilities, providing payment through private insurance.

- The SECVA revise VA regulations to provide that service-connected-disabled veterans be afforded priority access to care, subject only to a higher priority dictated by clinical care needs.

Conclusion

The next 20 years will see continued dynamic change in health care, well beyond the Commission's capacity to forecast the future. What is clear, though, is that the concept of access to care is itself undergoing marked change. The potentially explosive growth of telemedicine, increasing emphasis on preventive care, and likely proliferation of technologies that permit routine home-based health monitoring and care of patients with chronic illnesses will dramatically affect access needs. We are also witnessing profound changes in the nature of patient-provider engagement and in where and how care is delivered. VHA must keep pace with, and even be a leader in, these changes.

Patient-access is a sharp lens through which to gauge how well a health system is functioning, particularly if we understand access to reflect not only timeliness, but care quality, and patient expectations. Providing veterans timely care remains a challenge today, notwithstanding establishment of the *Choice Program* and VHA leadership's focus on improving access. Access is not a problem for VHA alone: Delivering timely care is challenging for many providers and health systems, in part due to the unavailability of providers in some communities and national shortages of some categories of health professionals.

For VHA, an important conclusion is that providing timely access to care is not simply a matter of increasing staffing, modernizing IT systems, installing new leadership, or any other single effort, although all of these changes are needed. As the *Independent Assessment Report* emphasized, multiple systemic problems have contributed to VHA's access problems, and an integrated systems approach is essential to address the myriad issues affecting access to care and the service veterans receive.

The Commission's report underscores the importance of transforming VA health care delivery and the systems that underlie it. In employing the term transformation, the Commission means fundamental, dramatic change—change that requires new direction, new investment, and profound reengineering. Some will question that view, and perhaps challenge the notion that the nation should invest further in the VA health care system. None, however, should question the nation's obligation to those who sustained injury or illness in service, or who are at increased health risk as a result of deployments to combat zones or other service-related experiences.

In this report, the Commission fully acknowledges the deep problems the *Independent Assessment Report* described. Importantly, though, the Commission recognizes the VA health care system has valuable strengths, including some unique and exceptional clinical programs and services tailored to the needs of the millions of veterans who turn to VA for care. For

example, VHA's behavioral health programs, particularly with their integration of behavioral health and primary care, are largely unrivalled, and profoundly important to many who have suffered from the effects of battle and for whom VHA is a safety net. Even considering these strengths, some may question how a system beleaguered with the problems VHA faces can achieve lofty transformation goals. This is not the first time VHA has faced challenges; however, and history has demonstrated that with appropriate structure and strategies in place, transformation can be achieved and sustained.

Transformation is a difficult process that will require careful stewardship, sustainable leadership, and unwavering focus and commitment to the long-term vision and strategy. The Commission's recommendations in some areas acknowledge VHA's efforts to begin the transformation process and suggest that where these efforts align with the Commission's recommendations, they should be sustained. Reaping the fruits of transformation will take more than a single Congress or a single 4-year administration. For this reason, the Commission strongly recommends a new governance model and an extended term for the leader of the VHA Care System to sustain a continuing transformation. Even should VHA implement all the Commission's recommendations, it will not succeed in transforming on its own; it will require the full support from both the White House and Congress. Our nation's veterans deserve no less.

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INTRODUCTION

Two years ago, a scandal over VHA employees manipulating data systems to cover up long delays in scheduling care left the veterans' health care system reeling. The White House and Congress investigated the situation and identified chronic management and system failures, along with a troubled organizational culture. In response, the White House appointed new leadership, including the secretary of veterans affairs (SECVA) and undersecretary of health (USH), and Congress enacted substantial legislation that established a temporary program, the *Choice Program*, to fund expanded community care to alleviate wait times; directed a comprehensive independent assessment of VHA care delivery and management systems; and established this commission to review that assessment, examine access to care, and look more expansively at how veterans' care should be organized and delivered during the next 2 decades.

The Commission on Care's work during the past 10 months was informed by the *Independent Assessment Report*, as well as by 26 days of public meetings (held in 12 sessions) with testimony by a broad range of experts and stakeholders, intensive deliberations, site visits to VHA facilities, and very importantly by the wide-ranging experience and expertise of commission members appointed by congressional leaders and the President.

The charge given this Commission, with its emphasis on access to care, reflects the need for a long-range strategic evaluation of the veterans' health system. Access problems were the primary catalyst for the law establishing this body, and an examination of access has necessarily been central to the Commission's work; however, Congress wisely directed the Commission to undertake a strategic examination as well.

The next 20 years will see continued dynamic change in health care, well beyond the Commission's capacity to forecast the future. What is clear, however, is that the concept of access to care is itself undergoing marked change. The potentially explosive growth of telemedicine, increasing emphasis on preventive care, and likely proliferation of technologies that permit routine home-based health monitoring and care of patients with chronic illnesses will dramatically affect access needs. We are also witnessing profound changes in the nature of patient-provider engagement, and in where and how care is delivered. VHA must keep pace with, and even be a leader, in these changes.

Patient-access is a sharp lens through which to gauge how well a health system is functioning, particularly if we understand *access* to reflect not only timeliness, but care quality and patient expectations. Providing veterans timely care remains a challenge today, notwithstanding establishment of the *Choice Program* and VHA leadership's focus on improving access. Access is not a problem for VHA alone; Delivering timely care is challenging for many providers and health systems, in part due to the unavailability of providers in some communities and national shortages of some categories of health professionals.

For VHA, an important conclusion is that providing timely access to care is not simply a matter of increasing staffing, modernizing IT systems, installing new leadership, or any other single effort, although all of these changes are needed. As the *Independent Assessment Report*

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emphasized, multiple systemic problems have contributed to VHA's access problems, and an integrated systems approach is essential to address the myriad issues affecting access to care and the service veterans receive.

The commission's report underscores the importance of transforming VA health care delivery and the systems that underlie it. In employing the term *transformation*, the commission means fundamental, dramatic change—change that requires new direction, new investment, and profound reengineering. Some will question that view, and perhaps challenge the notion that the nation should invest further in the VA health care system. None, however, should question the obligation owed those who sustained injury or illness in service, or who are at increased health risk as a result of deployments to combat zones or other service-related experiences.

In this report, the Commission acknowledges the deep problems the *Independent Assessment Report* described. Importantly, though, the commission recognizes the VA health care system has valuable strengths, including some unique and exceptional clinical programs and services tailored to the needs of the millions of veterans who turn to VA for care. For example, VHA's behavioral health programs, particularly with their integration of behavioral health and primary care, are largely unrivalled, and profoundly important to many who have suffered from the effects of battle and for whom VHA is a safety net.

Others may question how a system with the range of problems VHA faces can meaningfully improve, let alone realize a transformation. Mindful of its 20-year charge, the Commission notes that VA health care faced similar challenges 20 years ago and underwent a historic transformation. The long history of the VA health care system has seen highs and lows. Among the lessons in that history is that the mission—to care for those who have borne the battle—is not only powerful, but enduring. History has demonstrated that transformation can be achieved, but also that structures and strategies for sustainability must be built into the framework.

As the commission report emphasizes, transformation is difficult. It is a process that will require careful stewardship, sustainable leadership, and unwavering focus and commitment to the long-term vision and strategy. VHA has begun some of this work; our recommendations in some areas acknowledge VHA's efforts and suggest that where they are aligned with the Commission's recommendations, they should be sustained. The fruits of the transformation, though, will not be realized over the course of a single Congress or a single 4-year administration. For this reason, the Commission, strongly recommends a new form of governance and an extended term for the leader of the VHA Care System to sustain a continuing transformation. Even should VHA implement all the Commission recommends, it will not succeed in transforming on its own; it will require the full support from both the White House and Congress. Our nation's veterans deserve no less.

COMMISSION RECOMMENDATIONS

Redesigning the Veterans' Health Care Delivery System

The VHA Care System

Recommendation #1: Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community-based health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services.

Problem

Due to changing veteran demographics, increasing demand for VHA care in some markets, and declining demand in other markets, more veterans being adjudicated as having service-connected conditions, aging facilities, provider shortages and vacancies, and other factors, VHA faces a misalignment of capacity and demand that threatens to become worse over time. Some facilities and services have low volumes of care that can create quality concerns, and in high demand areas, VHA often lacks the capacity to avoid lengthy wait times and other access issues.

With the passage of the Veterans Access, Choice, and Accountability Act of 2014 (VACA), Congress tasked VHA with creating the temporary *Choice Program*. It was intended to alleviate access issues by allowing for greater use of community care for enrolled veterans who meet the law's wait-time or distance-to-a-VHA-facility requirements.

The Commission Recommends That . . .

- VHA Care System governing board (see Recommendation #9) develop a national delivery system strategy, including criteria and standards for creating the VHA Care System, comprising high-performing, integrated, community-based health care networks, including VHA providers and facilities, Department of Defense and other federally-funded providers and facilities, and VHA-credentialed community providers and facilities.
- Integrated, community-based health care networks be developed with *local* VHA leadership input and knowledge to ensure their composition is reflective of local needs and veterans' preferences.
- Integrated, community-based health care networks must include existing VHA special-emphasis resources (e.g., spinal cord injury (SCI), blind rehabilitation, mental health, prosthetics, etc.). In areas for which VHA has special expertise, VHA should also play the role of enhancing care in the local communities by collaborating with community care providers to implement services that may not exist, focused on the needs of veterans (e.g., expansion of integrated primary care/mental health care).
- Networks be built out in a well-planned, phased approach, overseen by the new governing board, which determines the criteria for the phases to ensure effective execution of the strategy.

Recommendations continue on next page. =>

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Both the design and implementation of the law have proven to be flawed. VHA must instead establish high-performing, integrated, community-based health care networks, to be known as the VHA Care System.

Background

VHA has long had authority to purchase hospital care and medical services based on geographic inaccessibility or VHA's lack of a required service.²⁰ In 2013, VA moved beyond the use of individual purchased-care authorizations to regional contracting under the Patient-Centered Community Care (PC3) Program.²¹ In all cases, purchased care was a secondary means of providing care, to be used "when VA health care facilities are not feasibly available."²² Even before the creation of the *Choice Program* in 2014, some 10 percent of VHA medical spending went for purchased-care services.

When Congress enabled what became known as the *Choice Program*, it tasked VHA with implementing a fundamentally new mechanism for purchasing care. Unlike traditional purchased-care authority (which still exists), the *Choice Program* promises veterans who meet specific geographic or wait-time-related criteria that they can elect to receive treatment from within a network of a community providers.²³

Under the current *Choice Program*, however, most VHA patients are promised little or no actual choice of providers outside VHA. To be eligible for the program, VHA patients must meet the following criteria:²⁴

The Commission Recommends That . . .

<= Recommendations continued from previous page.

- VHA credential community providers. To qualify for participation in community networks, providers must be fully credentialed with appropriate education, training, and experience, provide veteran access that meets VHA standards, demonstrate high-quality clinical and utilization outcomes, demonstrate military cultural competency, and have capability for interoperable data exchange.
- Providers in the networks be paid using the most contemporary payment approaches available to incentivize quality and appropriate utilization of health care services (i.e., using Medicare Access and CHIP Reauthorization Act of 2015 [MACRA] physician payment methodology being proposed by CMS).
- The highest priority access to the VHA Care System be provided to service-connected veterans, and low-income veterans also be of high priority.
- The current time and distance criteria for community care access (30 days and 40 miles) be eliminated.
- Veterans choose a primary care provider from all credentialed primary care providers in the VHA Care System.
- All primary care providers in the VHA Care System coordinate care for veterans.
- The VHA Care System provide overall health care coordination and navigation support for veterans.
- Veterans choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider.

²⁰ Contracts for Hospital Care and Medical Services in Non-Department Facilities, 38 U.S.C. § 1703(a).

²¹ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment C (Care Authorities)*, 37, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_C_Care_Authorities.pdf.

²² Non-VA Medical Care Program, VHA Directive 1601, (2013).

²³ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. 113-146, 128 Stat. 1754, (2014).

²⁴ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. 113-146, 128 Stat. 1754, (2014), as amended by Construction Authorization and Choice Improvement Act, Pub. L. No. 114-19, 129 Stat. 215, (2015). The Independent Assessment proposed that VA should "Develop and implement more sensitive standards of geographic access to care. VA should compare the 'one-size-fits-all' approach of driving distance to alternative standards that are more sensitive to differences between Veteran subgroups, clinical populations, geographic regions, and individual facilities. This

- Live more than 40 miles from the closest VHA facility with a full-time primary care provider
- Cannot be seen within 30 days of the date veterans' providers indicate they need to be seen.
- Cannot be seen within 30 days of veterans' preferred appointment date if providers have not provided a specific appointment date.

This standard is difficult to reconcile with other statutory priorities for VA care.²⁵ For example, under the *Choice Program*, a veteran with severe service-incurred health conditions may have no access to providers outside VHA, yet a veteran with no service-related disabilities does have such a choice.²⁶ Implementing the *Choice Program* has posed challenges, including difficulties arising from overlapping, but fundamentally different, care-purchasing authorities. Veterans, VHA staff, and community providers²⁷ have been confused because of conflicting requirements and processes in eligibility rules, referrals and authorizations, provider credentialing and network development, care coordination, and claims management.²⁸

Adding to the confusion is the fact that VHA, facing a 90-day deadline for implementing the program, outsourced the creation and management of its provider networks to two private contractors, thus blurring lines of responsibility and leaving both patients and providers confused about who exactly holds responsibility for what. In execution, the program has aggravated wait times and frustrated veterans, private-sector health care providers participating in networks, and VHA alike.²⁹

In October 2015, VA submitted a report to Congress that proposed legislation to harmonize the different purchased-care authorities into a single approach.³⁰ VA's report also set out a plan for establishing high-performing networks. The report acknowledged that "[n]o organization can excel at every capability," and that "[s]ervice delivery systems designed around core competencies . . . provide the highest potential value to their customers."³¹ As further articulated by Dr. David Shulkin, USH:

assessment highlighted the importance of time spent driving, mode of transportation, traffic, and availability of needed services as key considerations in assessing geographic access to care."

²⁵ Management of Health Care: Patient Enrollment System, 38 U.S.C. § 1705.

²⁶ Ibid.

²⁷ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment C (Care Authorities)*, 43, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_C_Care_Authorities.pdf. Pete Henry, retired VA medical center director, response to questions about the challenges facing field officials, email to Commission on Care staff, January 18, 2016.

²⁸ Department of Veterans Affairs, *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, 30, accessed January 13, 2016, http://www.va.gov/opa/publications/VA_Community_Care_Report_11_03_2015.pdf.

²⁹ "Despite \$10B 'Fix,' Veterans are Waiting Even Longer to See Doctors," Quil Lawrence, Eric Whitney, and Michael Tomsic, accessed May 16, 2016, <http://www.npr.org/sections/health-shots/2016/05/16/477814218/attempted-fix-for-va-health-delays-creates-new-bureaucracy>.

³⁰ Department of Veterans Affairs, *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, 30, accessed January 13, 2016, http://www.va.gov/opa/publications/VA_Community_Care_Report_11_03_2015.pdf.

³¹ Ibid., 18.

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It's become apparent that the VA alone cannot meet all the health care needs of U.S. veterans. The VA's mission and scope are not comparable to those of other U.S. health systems. Few other systems enroll patients in areas where they have no facilities for delivering care. Fewer still provide comprehensive medical, behavioral, and social services to a defined population of patients, establishing lifelong relationships with them. These realities, combined with the wait-time crisis, have led the VA to reexamine its approach to care delivery . . . [A]ddressing veterans' needs requires a new model of care: rather than remaining primarily a direct care provider, the VA should become an integrated payer and provider. This new vision would compel the VA to strengthen its current components that are uniquely positioned to meet veterans' needs, while working with the private sector to address critical access issues.³²

Analysis

VHA needs systemic transformation, and merely clarifying and simplifying the rules for purchased care, as proposed in the *Independent Assessment Report*, is not sufficient to achieve that goal. VHA must replace the arbitrary eligibility requirements and unworkable clinical and administrative restrictions of current purchased programs with the new VHA Care System, available to all enrolled veterans.

The VHA Care System is defined as VHA employed providers and facilities; Department of Defense (DoD) and other federally-funded providers and facilities; and community-based, VHA-credentialed community providers and facilities, forming integrated networks to deliver high-quality and high-access care to enrolled veterans across the United States. VHA may establish the networks with the use of national contractors or with internal resources, but networks should be developed with local VHA leadership input and knowledge to ensure their composition is reflective of local needs and veterans' preferences.

This new delivery model must preserve critical VHA programs and competencies that are unique to VHA or that are of higher quality or greater scope than is available in the private sector, either locally or nationally.³³ They include specialized behavioral health care programs, integrated behavioral health and primary care (in patient-aligned care teams), specialized rehabilitation services, spinal cord injury centers, and services for homeless veterans.³⁴ These and similar programs and services are core competencies and special capabilities that serve the needs of combat veterans, veterans with conditions incurred or aggravated in service, and veterans reliant on safety-net services and supports.³⁵ Because of its unique capabilities and competencies, VHA should play an important role in expanding and enhancing the care of veterans across the United States by collaborating with local network providers to improve the

³² David J. Shulkin, "Beyond the VA Crisis — Becoming a High-Performance Network," *New England Journal of Medicine*, 374, (2016): 1003-1005, accessed June 15, 2016, <http://doi.org/10.1056/NEJMp1600307>.

³³ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment A (Demographics)*, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_A_Demographics.pdf.

³⁴ Special capabilities like spinal cord injury care, which draw from specialty care available in the full-service hospitals in which they are currently provided, merit continued support and investment. Thus, in instances where VHA might no longer operate a full-service hospital that had once housed a spinal cord injury center, it would need to establish community partnerships to assure veterans would continue to receive the same high quality care.

³⁵ David J. Shulkin, "Why VA Health Care Is Different," *Federal Practitioner*, 33, no. 5 (2016): 9-11, <http://www.fedprac.com/home/article/why-va-health-care-is-different/c8da5ba1261bdb726bddcbceea81f27.html>.

availability and quality of care in areas especially needed by veterans, such as mental health and rehabilitation.

Management and Oversight

VHA Care System networks will be built out in a well-planned, phased approach overseen by the new governing board, which will determine the criteria and sequencing for the phases, to ensure effective execution of the strategy. The timing and phasing criteria may include veteran service needs, access issues, quality issues, facility issues, and IT capabilities.

The networks within the VHA Care System will require ongoing management and evaluation of their performance. This process will be the responsibility of VHA management and board, with board oversight of network performance.

The governing board will oversee the budget for the VHA Care System. Local leadership will provide input on funding, and the local networks will determine their funding needs and submit their respective requests to the chief of VHA Care System (CVCS), formerly the undersecretary of health for VHA. The governing board will recommend to Congress the budget required to implement the VHA Care System, with multiyear appropriations. The local network leaders will have the flexibility to manage their respective network budgets based upon local needs. A key element of the new system will be combining a national strategy and local flexibility for managing the budget to allow for effective decision making to ensure veterans' needs are met.

Provider Payment

Providers in the networks should be paid using the most contemporary payment approaches available to incentivize quality and appropriate utilization of health care services (i.e., using Medicare Access and CHIP Reauthorization Act of 2015 [MACRA] physician payment methodology being proposed by CMS). MACRA is intended to move the health care industry away from a fee-for-service model to value-based payments.³⁶ Such a system is expected to drive improved quality and lower costs.³⁷

Care Administration

From a strategic perspective, service-connected disabled veterans should receive the highest priority access to the VHA Care System. This principle should guide access to all types and points of care. Veterans with limited financial means should also have high priority. If needed, cost sharing (applicable only to those who are non-service-connected disabled and not financially needy) can provide a means for offering broader choice. The current time and distance criteria for community care access (30 days and 40 miles) should be eliminated. VISN geography should also be eliminated as a factor in determining where veterans can access care. Eligible veterans should be permitted to receive care at any facility and by any provider in the VHA Care System, whether in a veteran's home VISN or not.

Choice and Care Coordination

The topic of choice was the most contentious issue considered by the Commission. Some Commissioners advocated complete choice of providers for veterans, with no requirement for

³⁶ "The Medicare Access CHIP Reauthorization Act (MACRA)" National Partnership for Families and Women, accessed June 6, 2016, <http://www.nationalpartnership.org/issues/health/macra.html>.

³⁷ Ibid.

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care coordination by primary care physicians. Others advocated for a tightly managed model with VHA controlling access to community providers, as is done today. After considering the costs of various design options, the importance of care coordination, and the need for greater veteran access to both primary care and specialty care services, the Commission agreed to the following design principles:

- VHA will establish and credential community networks with a focus on quality of providers, access to comprehensive services, and utilization of VHA resources.
- Veterans will have complete choice of primary care providers within the VHA Care System.
- All primary care providers in the VHA Care System (including VHA providers, DoD and other federally funded providers, and community providers) will coordinate veterans' care.
- Specialty care will require a referral from a primary care provider.
- VHA will assume overall responsibility for care coordination and navigation for all enrolled veterans.

Quality of care must be a core element of network design and consistently monitored with metrics that are routinely used by the private sector. Accordingly, VHA must adopt standards that both ensure networks are composed of high-quality providers and set appropriate expectations of those providers. Critically, all providers in the networks must have fully interoperable IT platforms to allow for complete data exchange. Providers must work together to maximize patients' well-being using evidence-based protocols of care.

Lack of coordination among providers is a major quality and patient-safety issue throughout the U.S. health care system. It is important for VHA to coordinate the care it provides because it serves an especially vulnerable population that has more chronic medical conditions, behavioral health conditions, and individuals of lower socioeconomic status than the general medical population.³⁸ Veterans who receive health care exclusively through VHA generally receive well-coordinated care, yet care is often highly fragmented among those combining VHA care with care secured through private health plans, Medicare, and TRICARE. This fragmentation often results in lower quality, threatens patient safety, and shifts cost among payers.³⁹

³⁸ Kenneth Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8, (2012): 789-790, accessed June 20, 2016, <http://doi.org/10.1001/jama.2012.196>.

³⁹ "The Impact of the Affordable Care Act on VA's Dual Eligible Population," Patricia Vandenberg et al., Department of Veterans Affairs, accessed June 2, 2016, <http://www.hsrd.research.va.gov/publications/forum/apr13/apr13-1.cfm>. Kenneth Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8, (2012): 789-790, accessed June 20, 2016, <http://doi.org/10.1001/jama.2012.196>. Brigham R. Frandsen et al., "Care Fragmentation, Quality, and Costs Among Chronically Ill Patients," *American Journal of Managed Care*, 21, no. 5, (2015): 355-362, accessed June 20, 2016, <http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/care-fragmentation-quality-costs-among-chronically-ill-patients>. Chuan-Fen Liu et al., "Use of Outpatient Care in Veterans Health Administration and Medicare among Veterans Receiving Primary Care in Community-Based and Hospital Outpatient Clinics," *Health Services Research*, 45, no. 5 part 1, (2010): 1268-1286, accessed June 20, 2016, <http://doi.org/10.1111/j.1475-6773.2010.01123.x>.

VHA Care System will operate as outlined in Table 2 below.

Table 2. VHA Care System Operations

Key Component	Expectations
Choice	<ul style="list-style-type: none"> ▪ Veterans can choose a primary care provider from all credentialed primary care providers in the VHA Care System. ▪ Veterans can receive their care at any VHA Care System location across the country with coordination by their primary care provider.
Care Coordination	<ul style="list-style-type: none"> ▪ All primary care providers in the VHA Care System must coordinate care for veterans. Specialty care is exclusively accessed through referrals from primary care providers. ▪ Veterans can choose their specialty care providers from all credentialed specialty care providers in the VHA Care System with a referral from their primary care provider. ▪ Although primary care is traditionally defined as internal medicine or family practice, VHA may designate other specialty providers as primary care coordinators based on veterans' specific health needs (e.g., endocrinologists for diabetic patients, neurologists for patients with Parkinson's disease, OB/GYN for female patients). ▪ VHA will have overall responsibility of ensuring care coordination for veterans, including complex care navigation.

Scope of Provider Networks

In setting up networks within the VHA Care System, VHA must make critical tradeoffs regarding their size and scope. For example, establishing broad networks would expand veterans' choice, yet would also consume far more financial resources (i.e., taxpayer dollars) due to increased utilization or cost shifting. Currently, money VHA spends on expanding choice is not available to spend on other programs and services vital to its mission.⁴⁰

Health plans commonly limit the size and scope of networks as a cost-management tool, offering insurance products with narrow networks (managed care plans) or more open networks (preferred provider plans). Well-managed, narrow networks can maximize clinical quality by requiring participating clinicians to adhere to evidence-based protocols of care.⁴¹ Achieving high quality and cost effectiveness may constrain consumer choice. A patient's preferred doctor, clinic, or hospital may not be part of that smaller network or the narrow network may not offer sufficient geographic access for some patients.⁴²

VHA must balance these competing considerations. In doing so, it faces a variety of options. In addition to the scope of networks, for example, is the question of whether and how VHA will play a role in steering patients to different providers within the networks. This is another area involving tradeoffs among competing values and considerations. Private-sector health plans

⁴⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 23 accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁴¹ "What Tier Networks Will Mean to You," Ken Terry, accessed June 2, 2016, <http://medicaleconomics.modernmedicine.com/medical-economics/content/what-tiered-networks-will-mean-you>.

⁴² Ibid. U.S. Congress, House of Representatives, Committee on Ways and Means, Subcommittee on Health, *Hearing on "Health Care Consolidation"*, 112th Congress, 1st Session, (2011), (Statement of Paul B. Ginsburg, President, Center for Studying Health System Change, Research Director, National Institute for Health Care Reform), accessed June 2, 2016, http://waysandmeans.house.gov/UploadedFiles/Ginsburg_Testimony_9-9-11_Final.pdf.

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often require all specialty care to be preapproved through a referral from a primary care physician. Managed care plans may also use prospective and concurrent utilization review and care management for hospitalization. For prospective reviews, patients must receive approval from their health plan before being admitted to the hospital to ensure the admission is clinically appropriate. Plans may also use concurrent utilization or case management for inpatient care to ensure the care and tests ordered and the length of stay in the hospital are appropriate.⁴³

The Commission carefully weighed these issues in recommending an approach. The Commission considered the effect of cost using various configurations of VHA services and community delivered services (CDS). Options considered by the commission include the following:

- **Recommended Option:** This option provides an integrated network of VHA, DoD and other federally funded providers, and community providers, credentialed by VHA. It requires veterans to attain a referral from their primary care provider to access specialty care.
- **CDS Alternative 1:** The main difference between this option and the *Recommended Option* is primary care, inpatient medical and surgical care, and some standard specialty care would not be eligible for CDS networks and would be accessed within VHA unless the *Choice Program* distance exception applies.
- **CDS Alternative 2:** The division of care between VHA providers and CDS network providers would be the same as for *CDS Alternative 1*; however, veterans would only need to consult their primary care provider before seeking specialty care, rather than obtaining a referral.
- **CDS Alternative 3:** This option would combine the broad network in the *Recommended Option*, but would have no referral or consultation requirement; thus, it would be an extremely generous benefits package.
- **Premium Support:** Under this scenario, enrollees who are younger than 65 would choose a subsidized insurance premium with cost sharing. Access to VA services, including special services, would be eliminated.
- **Eligibility Expansion:** Under this scenario the VA health care system would expand to allow all veterans, regardless of priority group.
- **Other-Than-Honorable Discharges:** A policy change for which individuals with other-than-honorable (OTH) discharge is outlined in Recommendation #17. This option would allow temporary eligibility for VA health care to those with an OTH discharge until the adjudication process to determine long-term eligibility took place.

⁴³ Paul B. Ginsburg, "Achieving Health Care Cost Containment Through Provider Payment Reform that Engages Patients and Providers," *Health Affairs*, 32, no. 5, (2013): 929-934, accessed June 20, 2016, <http://doi.org/10.1377/hlthaff.2012.1007>. While these approaches can help keep costs down, patients, doctors and hospitals can experience the process as bureaucratic interference in clinical care. To implement utilization management, health plans usually include a strong clinical appeals process that both doctors and patients can access to question the decisions made by administrators.

Below is a more detailed summary of the Commission's *Recommended Option*. Additional information, including cost projections for all of the options above, can be found in Appendix A.

Cost Model for Commission Recommended Option

This option would expand community care. At least initially, all care currently provided by VA would continue to be available through VA. In addition, expanded community care, also called CDS, would be provided by an integrated network consisting of providers (medical practitioners including physicians, midlevel practitioners and therapists, and hospitals and clinics) vetted by VHA. The CDS network would include all primary and standard specialty care; it would not include special-emphasis care (care that is provided in a substantially different way than by VHA).⁴⁴ In 2014, 68 percent of care would have been eligible for CDS networks at current VHA prices. A referral from a primary care provider would be required to receive specialty care. This referral could come from a provider either at VHA or from the community network (i.e., from any provider in the VHA Care System). In this scenario, we assumed all other characteristics of the VHA Care System would remain the same as under current policy. We assume that the *Choice Program* ends and that those formerly in the *Choice Program* will take advantage of the community care offered in the CDS networks.

Both CDS networks and traditional Care in the Community (CITC) are priced at Medicare allowable rates by matching Medicare fee schedule data to VA Health Service Categories.⁴⁵ A few benefits that are not covered by Medicare, such as dental, are priced at historic CITC unit costs. Cost sharing for CDS networks is assumed to be the same as that for care in VA facilities. For care shifting into the CDS networks, we assume VA is able to adjust resources such that only the equipment and national overhead portions of unit costs remain in VA facilities. Note that unit costs do not include costs associated with the physical building or nonrecurring maintenance; those costs are not modeled.

We expect that allowing enrollees to get primary and standard specialty care in the community will increase reliance for care provided in the community because many veterans would have a choice among a larger number of providers and would be more likely to have the option to receive care at a more convenient location. We also expect enrollment to increase because some eligible veterans would be induced to enroll by the prospect of having VA pay for them to see a provider in the community. We assume that 60 percent of eligible care shifts from VA facilities to CDS networks. Currently reliance is 34 percent. Under this scenario, we model reliance levels of 40, 50, and 60 percent, which correspond to reliance rates increases of approximately 18, 47, and 76 percent, respectively. These reliance increases apply only to CDS care, not CDS-eligible care that is provided in VA facilities. Although the choice of providers is expanded and wait times are potentially reduced in VA, there continues to be a requirement for a referral to access specialty care, as there is in the current system. We modeled enrollment increases of 5, 15, and

⁴⁴ Special-emphasis care includes: prosthetics and orthotics, recreational therapy, rehabilitative care, pharmacy, home-based primary care, spinal cord injury and disorders, some categories of long-term services and supports, mental health, and homeless care. We count all mental health as special-emphasis because mental health categories cannot easily be differentiated by care that is VA special-emphasis and care that is not.

⁴⁵ Medicare Allowable rates were provided by Milliman at the request of VA. They were produced using repricing performed at the area-specific level for inpatient, outpatient, and professional care. For services that were not repriced within an HSC, Medicare amounts were estimated.

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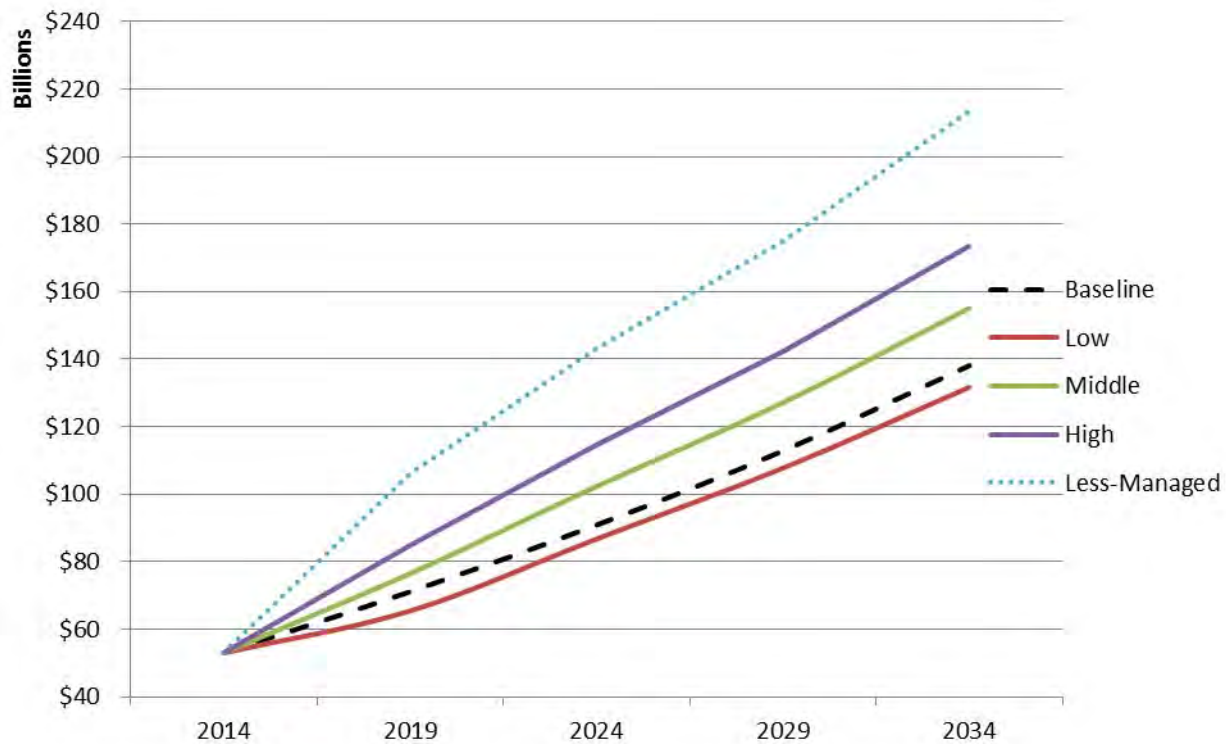
20 percent for the low, middle and high estimates, which assume integrated, narrow, and well-managed networks that are designed and managed with cost as one of the major considerations. We also modeled an enrollment increase of 50 percent, more consistent with a less-managed, relatively broad network for which cost is a less important consideration. Finally, we assume that newly entering veterans who receive treatment in CDS networks because of this policy have a 20 percent utilization increase for new demand in CDS networks. Much of this care was formerly subject to sizable cost sharing with private insurance or Medicare and now would be subject to little, if any, cost sharing associated with VA-financed care.

There are a number of caveats associated with our estimates. These caveats are important, and to the extent that these assumptions do not hold, the estimates will be inaccurate. The estimates do not include savings and costs of reducing or repurposing infrastructure, or effects on VA's teaching, research, and emergency preparedness missions. Medicare allowable rates are assumed adequate to provide all veterans with robust CDS networks in their local areas. For care priced at historic CITC rates, national average rates are assumed to represent future rates. Shifting care into CDS networks does not affect the unit cost of care that remains in VA facilities. Reductions in the volume of care within VA facilities, and potentially adverse effects on quality, are not addressed. Other than equipment and national overhead, the costs of care shifting out of VA facilities are phased out concurrently with other effects in the model. Finally, estimates do not include administrative costs associated with CDS networks; these costs could be substantial.

Figure 1 displays estimates for the *Recommended Option*. Estimates for well-managed, narrow networks range from \$65 billion to \$85 billion in 2019, with a middle estimate of \$76 billion. The middle estimate is moderately above the baseline projection of \$71 billion. Although reliance and enrollment increases push VA budgetary costs up, the switch from VA unit costs to the less costly Medicare allowable rates for CDS networks and CITC mitigate the increases. The estimate for the less-managed, broader network scenario is \$106 billion in 2019, illustrating that costs could increase markedly if governance of the network places less importance on cost or if VA were unsuccessful in tightly managing the network.

This model is described more fully in Appendix A, along with models for a range of other options, some of which are previously described in this section. Consult Appendix A for more details on the technical assumptions necessary to understand the results presented here. The assumptions and caveats detailed in Appendix A play a critical role in our estimates, and any deviation from these assumptions could substantially affect the estimates.

Figure 1. Projected Costs of Recommended Option



Mitigating Risks

Choice involves tradeoffs. Reducing drive times to see a doctor may lead to longer wait times, for example, if it induces substantially more veterans to seek more care.⁴⁶ VHA reliance on contracting could also have unintended consequences for already underserved communities. Providers in such communities who join the local VHA network may decide to limit the number of Medicare and Medicaid patients they accept into their practices. In other, highly concentrated health care markets, which are increasingly common throughout the United States, VHA may not be able to contract for care in the community except at higher prices.⁴⁷ Such circumstances underscore the importance of VHA retaining the option of building its own capacity.

Policymakers must also carefully weigh concerns that leaders of seven major veterans organizations expressed in a recent joint letter in which they warned “choice should never be the ultimate goal of a health care system designed to meet the unique needs of veterans.”⁴⁸ These organizations do not support providing unfettered choice, and the VSO leaders stated that “any health care reform proposal that elevates the principle of ‘choice’ above all other clinical considerations would have severe consequences for veterans who rely on VA, resulting

⁴⁶ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 284, accessed May 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

⁴⁷ David M. Cutler and Fiona Scott Morton, “Hospitals, Market Share, and Consolidation,” *Journal of the American Medical Association*, 310, no. 18, (2013): 1964-1970, accessed June 20, 2016, <http://doi.org/10.1001/jama.2013.281675>.

⁴⁸ Garry J. Augustine, Disabled American Veterans et al., letter sent to Commission on Care, April 29, 2016.

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in less ‘choice’ rather than the intended desire for more health care options for many disabled veterans.”⁴⁹

The Commission has addressed this concern in several ways, including the following:

- recommendations to substantially improve VHA operations, thereby enhancing the attractiveness of using VHA providers and facilities by enrolled veterans
- VHA control of network design
- VHA Care System governing board oversight of network execution and phasing
- high standards for community provider participation, including credentialing, military competence, and quality and utilization performance
- VHA oversight of care coordination and navigation
- requirement of primary care referral for specialty care

The Commission recognizes that greater choice of provider can result in higher utilization of health care services, which increases costs. This risk can be mitigated by recommendations in this report that will produce cost savings. To incentivize cost mitigation, all cost savings associated with improved efficiency and operations should be reinvested into the VHA Care System. Examples of cost mitigation strategies include the following:

- recovering third-party payments owed to VHA more effectively
- maintaining VHA as a secondary payer when veterans have other health insurance and treatment is for non-service-connected care
- increasing cost-sharing or changes in eligibility and/or benefit design could also substantially contain the projected costs of increasing provider-choice
- reducing fixed costs of underutilized facilities and services
- managing the supply chain to produce cost savings
- improving facilities to increase provider productivity (e.g., increase in outpatient exam rooms)
- adopting information technology that improves the quality and efficiency of care

Effectively implementing and managing integrated networks will require extensive changes in the governance and leadership of VHA, as well as flexible and smart procurement policies and

⁴⁹ Ibid.

contracting authorities, as discussed elsewhere in this report. The highest priority for standing up networks should be locations where VHA quality of care is deficient or capacity is strained.⁵⁰

Where capacity constraints exist within networks, first priority for care should go to those veterans with greatest medical need, followed by service-connected disabled veterans and indigent veterans.⁵¹ VHA should develop processes and procedures for insuring that veterans have the knowledge and assistance they need to make informed health care decision and to navigate effectively through the expanding health care networks. By employing strategies proven by other managed care plans, VHA will find administrative means to guard against inappropriate treatment, wasteful spending, and fraud.

As many surgical and medical procedures that previously required inpatient hospital stays have routinely become outpatient procedures, there continues to be a substantial shift from inpatient to outpatient care.⁵² Consequently, to ensure improved access to care for veterans, the VHA Care System and long-term plans for facilities should focus on creating a robust ambulatory network and reshaping inpatient resources to match expected demand. Additionally, to inform veterans' and providers' decisions and create increased accountability for performance, all VHA and community network providers and facilities must provide transparent information on inpatient and outpatient quality, service, and access using the same performance metrics, including those used by Medicare.

Implementation

Legislative Changes

- Enact legislation amending 38 U.S. Code, Chapter 17 to consolidate existing purchased-care authorities and authorize the SECVA to furnish enrolled veterans needed hospital care and medical services through agreements with providers the SECVA deems meet quality standards the SECVA will establish. Veterans would be eligible for community care on the same basis as for VHA-furnished care, and current wait time and geographic distance criteria should no longer be applicable.

VA Administrative Changes

- Develop national policy to govern local establishment of networks, and in doing so, focus its design and long-term planning on creating a robust ambulatory capability and reshaping inpatient resources to match expected demand.
- Establish standards that community providers must meet to qualify for participation in community networks, to include becoming fully credentialed, meeting patient-access criteria, demonstrating high-quality clinical outcomes and appropriate use decisions, demonstrating military cultural competency, and having capability for interoperable data exchange.

⁵⁰ Information on what medical centers are deficient in their care is available, for example, from the VHA's own Strategic Analytics for Improvement and Learning (SAIL) data.

⁵¹ It would seem prudent to begin such phased development by piloting that effort, and limiting the scope of unfettered choice to service-connected veterans.

⁵² Mehul V. Raval et al., "The Importance of Assessing Both Inpatient and Outpatient Surgical Quality," *Annals of Surgery*, 253, 3, (2011): 611-618, accessed June 20, 2016, <http://www.ncbi.nlm.nih.gov/pubmed/21183845>.

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- Establish systems to ensure that all primary care providers in the VHA Care System can effectively coordinate veterans' care.
- Provide veterans navigation services for complex care needs, including information needed by patients and their families for informed decision making about treatments and providers. Navigation services should assist veterans and their families with eligibility, cost-sharing, and other administrative issues.
- Establish policies and procedures to ensure that VHA provider as well as community providers within each network, provide transparent information (using the same metrics) on care-quality, service, and access.
- Eliminate the practice of cross-country referrals if quality care is available locally.
- Employ the most current payment approaches that incentivize quality and appropriate use of health care services.

Other Department and Agency Administrative Changes

- None required.

Clinical Operations

Recommendation #2: Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.

Problem

A shortage of providers and clinical managers, combined with inadequate support staff and policies that fail to optimize the talents and efficiency of all health professionals, detract from the effectiveness of VHA health care.

The problem starts with inadequate numbers of providers. Ninety-four percent of VHA sites with clinically meaningful access delays indicated that increasing the number of licensed independent practitioners was critical or very important to increasing access.⁵³

The Commission Recommends That . . .

- VHA increase the efficiency and effectiveness of providers and other health professionals and support staff by adopting policies to allow them to make full use of their skills.
- Congress relieve VHA of bed closure reporting requirements under the Millennium Act.
- VHA continue to hire clinical managers and move forward on initiatives to increase the supply of medical support assistants.

At the same time, ineffective use of providers and other health professionals contributes to suboptimal productivity. Highly trained clinical personnel are often unable to perform at the top of their license, meaning they spend much of their time performing tasks that should be done by support staff.⁵⁴ For example, doctors and nurses often escort patients; clean examination rooms; take vital signs; schedule; document care; and place the orders for consultations, prescriptions, or other necessary care that could be done more cost effectively by support staff. Twenty-three percent of VHA providers identified “not working to top of provider licensure” as a barrier in health care provision.⁵⁵

VHA is also currently failing to optimize use of advanced practice registered nurses (APRNs). APRNs are clinicians with advanced degrees who provide primary, acute, and specialty health care services.

Background

A large part of the VHA’s problem with inadequate clinical support staff derives from its difficulties in hiring, retaining, and training medical support assistants (MSAs). These individuals answer phones, schedule care, and verify health care eligibility, among other duties.

⁵³ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 95, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

⁵⁴ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, ix, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁵⁵ *Ibid.*, 95.

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Congress has recently given VHA the flexibility to offer MSAs market-based pay rates.⁵⁶ VHA is changing cumbersome rules that have made hiring new MSAs exceptionally time-consuming.⁵⁷

VHA is working to resolve its problems with resource allocation in clinics. For example, the agency has committed to increasing use of clinical managers to help medical centers better match resources to patient demand. Widely used by other health care systems, clinic managers enhance operations by ensuring that telephone protocols, scheduling, and clinic workflow are operating at peak efficiency. They also ensure that staff members are assigned appropriate caseloads and are meeting productivity standards and wait time targets and that administrative staff has appropriate training in scheduling, coding, and/or documentation.

Many states have already taken the steps to ensure APRNs have full practice authority. VHA is working to do the same, which will allow a vast increase in the number of VHA clinicians available to treat patients independently.⁵⁸

To effectively manage clinician supply for the inpatient setting, administrators require accurate bed count data. Currently in VHA, data integrity of bed counts is compromised as a consequence of disclosure requirements of Congress. VHA is required by statute to complete a complicated reporting, approval, and notification process when it closes hospital beds.⁵⁹ To avoid the reporting requirements some VA medical centers count beds as unavailable indefinitely. This action can skew occupancy rates and thwart planning activities. VHA developed its guidance in part to satisfy the Millennium Act⁶⁰ and other requirements that essentially froze beds at FY 1998 levels.⁶¹

Analysis

VHA has taken a number of measures to address data integrity issues. VHA has started hiring clinical managers to assist in managing resources for effective performance. VHA has made efforts to address problems affecting supply and training of MSAs. Additionally, VHA has recently proposed a rule that would authorize full practice for APRNs working within the agency.⁶²

These measures by themselves, however, will not be sufficient to solve the current problems. VHA must ensure all facilities have enough support positions—both clerical and clinical—to

⁵⁶ Sloan D. Gibson, Deputy Secretary, Department of Veterans Affairs, presentation to Commission on Care, April 18, 2016.

⁵⁷ 38 U.S.C. § 7401(3)(A)(iii).

⁵⁸ Establishing Medication Prescribing Authority for Advanced Practice Nurses, VHA Directive 2008-049, (2008).

⁵⁹ Inpatient Bed Change Program and Procedures, VHA Handbook 1000.01, (2010).

⁶⁰ The Veterans Millennium Health Care and Benefits Act, Pub. L. No. 106-117, 113 Stat. 1545, Sec. 301. Title III of the Millennium Act prohibits the secretary from closing in any fiscal year more than 50 percent of the beds within a department medical center unless the secretary first submits to the veterans' committees a justification for such closure and waits to take action on a closure until 21 days after the submission of the report. It also requires the secretary to report annually to the veterans committees on bed closures during the preceding fiscal year.

⁶¹ Extended Care Services, 38 U.S.C. § 1710B(b) requires staffing for extended care to remain at FY 1998 levels.

⁶² "VA Proposes to Grant Full Practice Authority to Advanced Practice Registered Nurses," Department of Veterans Affairs, accessed June 3, 2016, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2793>.

enable all clinicians to work at the top of their licenses and to avoid problems with turnover, unexpected staff absences, and surges in patient demand.⁶³

VHA must have authority to pay competitive rates for the personnel it needs. This goal would be accomplished in part by adopting Recommendation #15 of this report for creating a new personnel system under Title 38 for all VHA employees. Currently, for example, clinical managers and practitioners earn far more in the private sector.⁶⁴

As VHA develops improved clinic management tools such as the Health Operations Dashboard, these tools draw from clinical data, patient data, and other sources to allow managers to make decisions using real-time data.⁶⁵ To be effective tools, the data fed into them must be accurate. Relieving VHA from some of the reporting requirements of the Millennium Act will help accomplish effective use of the dashboard for inpatient management.

Implementation

Legislative Changes

- Create a new alternative personnel system under Title 38 authority as mentioned in Recommendation #15.
- Eliminate bed reporting requirements under the Millennium Bill, and require VHA to report new beds as closed, authorized, operating, staffed, or temporarily inactive within 90 days of enactment.

VA Administrative Changes

- Develop policy to allow full practice authority for APRNs.
- Develop leadership tracks, including clinical and group practice managers, for ambulatory settings.
- Develop training programs for medical support assistants (MSAs).
- Modify policy in VHA Handbook 1000.01, Inpatient Bed Change Program and Procedures, as appropriate.

Other Department and Agency Administrative Changes

- None required.

⁶³ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow—Scheduling)*, 17-18, accessed June 3 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

⁶⁴ For example, Salaries.com listed a median salary for Clinic Manager III (a manager of a clinic with more than 50 physicians) in Dallas, TX, as \$94,000.⁶⁴ The pay grade assigned for this position is GS-13, which pays about \$73,800 in the first step and increases up to \$96,000. Office of Personnel Management, *Schedule 1 General Schedule*, accessed March 31, 2016, <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/pay-executive-order-2016-adjustments-of-certain-rates-of-pay.pdf>.

⁶⁵ Sloan D. Gibson, Deputy Secretary for Veterans Affairs, presentation to Commission on Care, April 18, 2016.

Recommendation #3: Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally-supported programs.

Problem

All federal providers and most health insurers have processes to ensure that beneficiaries have enforceable protections that allow them to obtain medically necessary care within their health benefits package.⁶⁶ Such processes are imperative, particularly for care plans using capitated payment models for which there are incentives to conserve resources. Most veterans, and even their advocates, are unsure of VHA's process for resolving clinical disputes. This may be because there is not one policy in place for VHA, but 18 (one for each Veteran Integrated Service Network [VISN]).⁶⁷

The Commission Recommends That . . .

- VHA convene an interdisciplinary panel to assist in developing a national revised clinical-appeals process.

As part of the MyVA initiative, the SECVA has set a goal of world-class service for veterans, including a proactive patient advocacy team that is integrated into patient-centered care and cultural transformation plans.⁶⁸ The processes in place for patient grievances and central protections to ensure access to medically necessary care remain poorly understood despite these efforts. Also, they may be less comprehensive and fair than appeals processes private health insurers and other federal payers are required to provide.⁶⁹

Background

VHA policy has long required medical centers to operate a patient advocate program to address patient complaints.⁷⁰ In 1996, Congress enacted an eligibility reform statute that, for the first time, gave enrolled veterans access to a uniform benefits package.⁷¹ In implementing that law, VHA conducted a systemwide review of how clinical disputes were handled and consequently instituted an external appeal system in FY 2000. The policy, as outlined in a subsequent directive, allowed VISNs to request external professional boards to conduct impartial reviews of clinical determinations.⁷² That directive also addressed a process for internal clinical appeals. It stated as policy that patients or their representatives who have disputes regarding clinical determinations or services pertaining to provision or denial of care that are not resolved at the facility level must have access to a fair and impartial review of those disputes that could result in a different and/or improved clinical outcome. That policy requires VISN directors to have written policy and procedures in place for how internal appeals are to be handled. Under this policy, VISNs still have authority to request an external review at any time during the clinical

⁶⁶ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>.

⁶⁷ VHA Clinical Appeals, VHA Directive 2006-057, (2006).

⁶⁸ "About the VHA Patient Advocate and Veteran Experience Program (VHA PA & VEP)," accessed from VA Intranet, May 31, 2016, <http://vaww.infoshare.va.gov/sites/OPCC/VEP/SitePages/vep-about.aspx>.

⁶⁹ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>. VHA Clinical Appeals, VHA Directive 2006-057 (2006).

⁷⁰ VHA Clinical Appeals, VHA Directive 2006-057 (2006).

⁷¹ Veterans' Health Care Eligibility Reform Act of 1996, Pub. L. No. 104-262, 110 Stat. 3177 (1996).

⁷² VHA Clinical Appeals, VHA Directive 2006-057 (2006).

appeals process.⁷³ Although the directive itself expired in 2011, it continues to serve as guidance because it has not been renewed or replaced.

VHA policy directs that all facilities have a patient advocate office to manage and attempt to resolve complaints. That office, which can serve as the liaison between patients and clinicians, is generally the first stop for veterans who are dissatisfied with a clinical decision.⁷⁴ If a clinical issue is not resolved at the point of the service, it generally goes to the facility director, who is to provide veterans written notification of the facility's decision and inform veterans about the VISN's appeals process. Under the same policy directive, veterans may appeal the facility decision to the VISN director. That official, or a clinical review panel that he or she establishes, is to render a decision within 30 days (or 45 days if the director requests an external clinical review).⁷⁵ Should the VISN director agree with the facility, he or she must notify the veteran that the decision is final or may refer the matter to a VACO office to arrange for an external review.⁷⁶

The VHA process does not appear fully comparable to procedures required under other federal and federally-supported health care programs. For example, under the Affordable Care Act, health care plans are required to provide external reviews to beneficiaries whose internal appeals have been denied.⁷⁷ Unlike those and other appeals processes, veterans have no right to external review; such review is at the discretion of the VISN director. Medicare has an extensive review process for clinical disputes between its managed care organizations and beneficiaries. Beneficiaries have the right to an internal appeal with an option for an expedited review, an internal reconsideration of the initial review, an independent review, a hearing with an administrative law judge, a review by the Medicare Appeals Council and, finally, a federal district court review.⁷⁸ Medicaid has requirements for localities to review appeals from its beneficiaries and for states to offer timely access to fair hearings to determine whether managed care organizations have denied or terminated medically necessary care.⁷⁹ Although VHA's timeframe for decision making seems reasonable, the national policy makes no provision for an expedited review, unlike Medicare managed care organizations and plans providing health benefits to federal employees. VHA's policy is also silent on meeting with veterans to hear their cases much less hold hearings during any point of the appeal. Unlike Medicaid, VHA also lacks any provision for service-continuity while the matter is being appealed. The Commission recommends that VHA develop a revised clinical-appeals process that provides veterans protections at least comparable to those afforded patients under other federal and federally-supported programs, including, at a minimum, a right to an external review at the veteran's discretion.

⁷³ Ibid.

⁷⁴ VHA Patient Advocacy Program, VHA Handbook 1003.4, (2005).

⁷⁵ VHA Clinical Appeals, VHA Directive 2006-057, (2006).

⁷⁶ Ibid.

⁷⁷ "Appealing Health Plan Decisions," Department of Health & Human Services, accessed June 1, 2016, <http://www.hhs.gov/healthcare/about-the-law/cancellations-and-appeals/appealing-health-plan-decisions/index.html>.

⁷⁸ Centers for Medicare & Medicaid Services, *Managed Care Appeals Flowchart CY2016*, accessed May 26, 2016, <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Managed-Care-Appeals-Flow-Chart.pdf>.

⁷⁹ MaryBeth Musumeci, *A Guide to the Medicaid Appeals Process*, accessed June 3, 2016, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>.

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Implementation***Legislative Changes***

- None required.

VA Administrative Changes

- Convene an interdisciplinary panel to assist in developing a revised clinical-appeals process and policy that includes all care provided within the VHA Care System, to include representation from Patient Care Services, MyVA's Patient Advocates and Veterans Experience Program, the Office of Equity, the National Center for Ethics in Health Care, and the Office of Access and Clinical Administration. VHA should have that panel examine and offer recommendations regarding the following:
 - Each level of review in the clinical-appeals process – from the facility's initial reconsideration to a final decision by the VISN director to assess the fairness and impartiality in those processes compared to Medicare Managed Care and Medicaid appeals processes and private-sector managed care providers' best practices.
 - Whether VHA should establish a uniform national clinical appeals process.
 - The advisability of requiring review panels consisting of individuals such as attorneys, clinicians, case managers, patient advocates, and administrators to review clinical appeals.
 - Whether hearings or judicial reviews are appropriate at any level of the appeals process.
 - Whether resolutions of clinical appeals are equitable for all types of veterans (service-connected or non-service-connected, by racial or ethnic group, by age, or gender).
 - Options for increasing veterans' awareness of the clinical-appeals process.
- Publish the new clinical appeals policy and process for comment and input by veterans, VHA business partners, and other stakeholders.
- Once the new policy is finalized, VHA must train staff on the new process.

Other Department and Agency Administrative Changes

- None required.

Recommendation #4: Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.

Problem

VHA has not effectively empowered its staff to identify problems and make changes to improve the overall quality of care.

Best practices exist in pockets of VHA; however, communication and support for implementation appear to be challenges. Various facilities indicate best practices are in place but seem isolated rather than widely adopted. Facilities often struggle to implement best practices, and information sharing is limited and ad hoc.⁸⁰

VHA has a program of systems engineering — the Veterans Engineering Resource Center (VERC) — that can assist with transformation efforts, but it is not well known throughout VHA and until recently has been underutilized.

The Commission Recommends That . . .

- The Veterans Engineering Resource Center (VERC) be tasked to assist in transformation efforts, particularly in areas such as access and in areas that affect systemwide activities and require substantial change, such as human resources management, contracting, purchasing, and information technology.
- The many idea and innovation portals within VHA be consolidated under VERC.
- A culture to inspire and support continuous improvement of workflow processes be developed and fully funded.
- VHA's reengineering centers be enabled to proactively identify problem areas within the system and offer assistance.

Background

To become a truly veteran-centric care provider, VHA is working to become a learning organization.⁸¹ Learning organizations focus on worker competency rather than on rules compliance. Instead of using results to identify high- and low-performers, VHA will use this information to identify opportunities to intervene with training or other resources to improve employees' performance universally. Employees and patients should benefit from this approach because it values listening and encourages risk taking and innovation.

VA and VHA have adopted the tenets of LEAN Six Sigma as a systemic change approach to move the system forward. This methodology employs a rigorous define, measure, analyze, improve, and control approach to systemic change. LEAN, initially used by manufacturers, has been used successfully by many health care organizations.⁸² The goal of implementing LEAN practices is to eliminate waste, ensuring that any work done adds value. The MyVA plan calls for MyVA districts and the Office of Policy and Planning to ensure the transmission of best practices and the adopting of LEAN throughout the enterprise to provide a more comprehensive view of quality that balances a results-oriented approach with more process-

⁸⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow—Clinical)*, 14 and A-2 accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

⁸¹ Sloan D. Gibson, Deputy Secretary for Veterans Affairs, Department of Veterans Affairs, Building on Excellence, 67, presentation to Commission on Care, April 18, 2016.

⁸² MyVA Integrated Plan, Department of Veterans Affairs, July 30, 2015, 12, accessed June 30, 2016, http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf

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oriented practice.⁸³ So far these efforts have been guided by trial and error, rather than directives and adopting a LEAN, process-driven model.⁸⁴ VHA must sustain its commitment to LEAN Six Sigma as a continuous improvement methodology.

VHA will have to use VERC staff and other trained staff members to ensure that principles of LEAN Six Sigma are applied at every level of the system. VERC has the mission to propose, develop, and facilitate innovative solutions to challenges within VHA health care delivery through the integration of systems engineering principles.

With VERC's reach already extending into access to care, health policy, population health, LEAN management, business systems, clinical systems, safety systems, and innovation, all other programs and initiatives become redundant or ancillary. VHA must assess its new system for best practice diffusion to ensure that selected practices are being appropriately scaled. This goal can best be achieved by collapsing all related efforts into VERC.

There are a number of emerging best practices within the health care sector that apply to all aspects of VHA – health care capabilities, staffing, access, supplies, and facilities – and involve the testing, dissemination, and application of procedures or systems that have been shown to improve approaches, processes, or systems.⁸⁵ VHA needs to have the opportunity to fully leverage and build on institutional strengths by implementing best practices.

VHA has recently developed the Diffusion of Excellence Initiative, which is designed to serve as the mechanism for improving practice through a combination of targeted national guidance and nationally-supported local best practice sharing and innovation.⁸⁶ Its organizational structure includes a governance board chaired by the USH, a Diffusion Council, and action teams responsible for implementing promising practices.

VHA also has many business lines charged with disseminating best practices information, including VERC, Systems Redesign SharePoint – Center for Improvement Education, VA Center for Innovation, MyVA – Best Practices in LEAN, MyVA Blog, MyVA Performance Improvement Hub, Knowledge Management System–Improvement in Action (I-ACT), VA Idea House, VA Pulse: Promising Practices Consortium, Evidence-based Synthesis Program (ESP), Quality Enhancement Research Initiative (QUERI), the Annual Conference on the Science of Dissemination and Implementation, and the Diffusion of Excellence Initiative.

Analysis

LEAN Six Sigma offers VHA a methodology to effect change and VERC offers VHA the agents to lead its implementation. VHA must consolidate its transformational tools, including its best

⁸³ MyVA Integrated Plan, Department of Veterans Affairs, July 30, 2015, 21, accessed June 30, 2016, http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf

⁸⁴ The MITRE Corporation, Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow—Clinical), viii accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

⁸⁵ Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, 41, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

⁸⁶ Sloan D. Gibson, Deputy Secretary for Veterans Affairs, Department of Veterans Affairs, Building on Excellence, 67, presentation to Commission on Care, April 18, 2016.

practice repositories within VERC. The VERC uses a systemic change process to streamline workflow and procedures by eliminating waste and redundancy to ensure that every step in the process adds value. The VERC offers services to VHA health care facilities upon request, but VHA would substantially benefit if the service was authorized to perform outreach to ensure awareness across the VHA Care System.⁸⁷

Until developing the Diffusion of Excellence Initiative, VHA lacked a uniform way to scale and optimize best practices throughout the enterprise. Although the Diffusion Initiative is initially targeting best practices from within VHA, to be successful, a long-term plan should also allow for the adoption of best practices from the private sector and other government sectors (e.g., the Medicare program related to pricing, contracting, privatization, value-based purchasing, management, and oversight). Plans should also allow for adaptation at the local and regional levels to reflect respective differences in provider supply, veteran needs, and marketplace characteristics.⁸⁸

VHA has multiple offices and sites invested in system reengineering, continuous process improvement, and best practices implementation. Repositories of best practices do not get information to the intended person or group that could benefit from the information and are dependent upon VHA employees knowing they exist.⁸⁹

VHA's National Leadership Council has proposed consolidating these best practice repositories under the VERC, which now serves within the Office of Organizational Excellence. Until recently, VERC has been underutilized because it is not known throughout the enterprise.⁹⁰

QUERI is a system that identifies evidence-based care practices that may be scaled for systemwide implementation. QUERI was integrally involved in the transformation of VHA from a largely hospital-based system to one centered on primary care⁹¹ and is now integral to the collaborative endeavor to transform VHA into a learning organization. QUERI recently released a policy brief that indicated veterans' reliance on VHA was strongly correlated to economic factors such as unemployment rates and availability of other health care coverage.⁹²

VA should use a systematic, continuous performance improvement process to improve access to care. Although many VA facilities achieve very high-performance ratings on key access and quality measures, a systematic effort is needed to improve performance. These efforts need to

⁸⁷ Heather Woodward-Hagg, PhD, Acting Director, VERC, briefing to Commission on Care, February 8, 2016.

⁸⁸ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment I (Business Processes)*, 28, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_I_Business_Processes.pdf

⁸⁹ Heather Woodward-Hagg, PhD, Acting Director, VERC, briefing to Commission on Care, February 8, 2016.

⁹⁰ Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, 27, accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

⁹¹ "HSR&D Perspectives Blog, QUERI Corner: Surviving and Thriving," Amy Kilbourne, QUERI Program Director, January 20, 2015, accessed from VA Intranet, April 4, 2016, <http://vawww.blog.va.gov/hsrd/category/queri-corner/>.

⁹² Christine Yee, Austin Frakt, and Steven Pizer, U.S. Department of Veterans Affairs, "Economic and Policy Effects on Demand for VA Care," Partnered Evidence-based Policy Resource Center, Policy Brief, March 2016, accessed June 21, 2016, http://www.queri.research.va.gov/partnered_evaluation/YeeFraktPizer.pdf.

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be embedded into routine use across the VA system. The best solutions should be adjusted to reflect local needs and designed to respond to veterans' preferences, needs, and values.⁹³

A systems approach to health care is “one that applies scientific insights to understand the elements that influence health outcomes, models the relationships between those elements, and alters design, processes, or policies based on the resultant knowledge in order to produce better health at lower cost”⁹⁴ and would benefit VA greatly, especially with resources like VERC to serve as a guide.

Emerging best practices have improved health care access and scheduling in various locations and serve as promising bases for research, validation, and implementation.⁹⁵ A variety of quality improvement organizations are involved in establishing and maintaining standards in health care as well as developing measures for the monitoring and assessment of these standards, including The Centers for Medicare & Medicaid Services, the Joint Commission, the National Committee for Quality Assurance, and the National Quality Forum.⁹⁶

The tools of operations management, industrial engineering, and systems approaches are successful in increasing process gains and efficiencies. In particular, a wide range of industries have employed systems-based engineering approaches to address scheduling issues, among other logistical challenges.⁹⁷

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- Consolidate all best practices and continuous improvement portals under VERC to provide a more accessible and comprehensive approach to best practice sharing and adoption.

Other Department and Agency Administrative Changes

- None required.

⁹³ RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, 110 and 297 accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

⁹⁴ Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, 27 accessed January 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

⁹⁵ Ibid., 15.

⁹⁶ Ibid., 60.

⁹⁷ Ibid., 27-28.

Health Care Equity

Recommendation #5: Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

Problem

The Office of Health Equity (OHE), tasked with eliminating health disparities by building cultural and military competence within VHA, has not been given the resources or level of authority needed to be successful. Until VHA leadership establishes the elimination of health care disparities as a critical strategic priority and commits the resources required to address this problem, health care disparities will continue to persist among veteran patients.

The Commission Recommends That . . .

- VHA work to eliminate health disparities by establishing health care equity as a strategic priority.
- VHA provide the Office of Health Equity adequate resources and level of authority to successfully build cultural and military competence among all VHA Care System providers and employees.
- VHA ensure that the Health Equity Action Plan is fully implemented with adequate staffing, resources, and support.
- VHA increase the availability, quality, and use of race, ethnicity, and language data to improve the health of minority veterans and other vulnerable veteran populations with strong surveillance systems that monitor trends in health status, patient satisfaction, and quality measures.⁹⁸

A systematic review of VHA in 2015 identified the existence of racial and ethnic health inequalities. Health care disparities exist among veterans and especially among minority and vulnerable veterans.⁹⁹ VHA cannot transform veterans' health care to enhance quality, access, choice, and well-being unless these health care disparities are addressed and eliminated. VHA has a plan for addressing these issues—the Health Equity Action Plan (HEAP)—but it has not been fully implemented.

Background

It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.¹⁰⁰

Across the nation, health care systems are raising awareness about health care equity, inequality, and disparities.¹⁰¹ The growing incidence of health care disparities and inequities is said to be ascribed to individual and collective cultural indifference on the part of health care

⁹⁸ Kathleen G. Sebelius, Secretary, Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care*, accessed March 30, 2016, http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

⁹⁹ Department of Veterans Affairs, *Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA*, accessed May 19, 2016, <http://www.hsrd.research.va.gov/publications/esp/HealthDisparities.pdf>.

¹⁰⁰ Kathleen G. Sebelius, Secretary, Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care*, accessed March 30, 2016, http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

¹⁰¹ Centers for Disease Control and Prevention, *CDC Health Disparities and Inequalities Report – United States, 2013*, accessed April 5, 2016, <http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>.

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providers and the health care system as a whole.¹⁰² A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health based on racial or ethnic group, gender, age, sexual orientation, military era, geographic location, religion, socioeconomic status, mental health, cognitive/sensory/physical disability, and other characteristics historically linked to discrimination or exclusion.¹⁰³

The United States is becoming increasingly diverse, with racial and ethnic minorities making up more than 36 percent of the population.¹⁰⁴ Indicators of overall health, such as life expectancy and infant mortality, have improved for most Americans; however, some minorities still face comparatively greater likelihood of preventable disease, death, and disability.¹⁰⁵

Although the country's veteran population is projected to decline from 22 million to 14.5 million by 2040, the percentage of minority veterans will increase from 20 percent to 34 percent during the same period.¹⁰⁶ Currently, African Americans make up 11 percent of the veteran population, and Hispanics, 6 percent.¹⁰⁷

Survey data show that minority veterans use VA health care more than White veterans, as shown below:¹⁰⁸

- African American: 38 percent
- Hispanic: 34 percent
- American Indian/Alaska Native: 38 percent
- White: 32 percent

¹⁰² G.L.A. Harris, "Reducing Healthcare Disparities in the Military Through Cultural Competence," *JHHA* (2011), 146.

¹⁰³ "Office of Health Equity," U.S. Department of Veterans Affairs, accessed June 12, 2016, <http://www.va.gov/HEALTHY/index.asp>.

¹⁰⁴ "Minority Health and Health Equity – CDC," Centers for Disease Control and Prevention (CDC), accessed March 28, 2016, <http://www.cdc.gov/minorityhealth/index.html>.

¹⁰⁵ *Ibid.*

¹⁰⁶ National Center of Veterans Analysis and Statistics, *Minority Veterans 2011 Report*, May 2013, accessed April 6, 2016, http://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_2011.pdf.

¹⁰⁷ U.S. Census Bureau, *American Community Survey, Public Use Microdata Sample (PUMS)*, 2011. Department of Defense, *Population Representation in the Military Services Fiscal Year 2011 Report*, accessed April 5, 2016, http://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_2011.pdf

¹⁰⁸ Reliance projections here are based on ambulatory care utilization. Westat, *2015 Survey of Veteran Enrollees' Health and Use of Health Care*, 82, accessed May 19, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

Survey data on racial and ethnic minority veterans' use of VHA health care offer revealing insights on current equity issues:¹⁰⁹

- Fifty-seven percent of African Americans indicated they are more likely to use VA as their primary source of health care as compared to 45 percent of Whites.¹¹⁰
- The percentage of African Americans who reported they use VA for all or most of their care needs is 18 percent higher than the percentage of Whites who do so.¹¹¹
- A higher percentage of Whites assessed their health to be good or excellent than did African Americans.¹¹²

Analysis

VHA Office of Health Equity

VA created the OHE in 2012 to identify health care inequities, understand the cause of them, and bring to clinical practice interventions intended to reduce disparity drivers within VA. OHE partners with other VA offices, federal government offices, and nongovernment institutions with missions aimed at promoting health equity.¹¹³ OHE has substantial stakeholder involvement from minority veterans groups, including the Advisory Committee on Minority Veterans (ACMV), rural veterans groups, women veterans, and the Office of Diversity and Inclusion (ODI).¹¹⁴ A staunch internal partner and stakeholder of OHE, ODI's mission is to foster a diverse workforce and an inclusive work environment. The OHE and ODI missions intersect with ODI's special emphasis programs, intended to engage affinity groups and agencies to raise the awareness of the importance of diversity and demonstrate VA's commitment to a diversity model.¹¹⁵

OHE's foundational work included updated systematic reviews and data analyses that not only revalidated VA's previous findings on health care inequities, but also identified more areas of health care disparity among veterans. For instance, hepatitis C virus (HCV) was noted to have disparate effect on racial/ethnic minority veterans and Vietnam-era veterans. Additionally, OHE convened stakeholders and worked with the Health Equity Coalition to develop the VHA Health Equity Action Plan (HEAP), which aligns with the VHA Strategic Plan Objective 1e: Quality & Equity, which states, "Veterans will receive timely, high quality, personalized, safe effective and equitable health care irrespective of geography, gender, race, age, culture or sexual

¹⁰⁹ Department of Veterans Affairs, *2011 Survey of Veteran Enrollees' Health and Reliance Upon VA*, accessed April 2, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SOE2011/SoE2011_Report.pdf.

¹¹⁰ Department of Veterans Affairs, *2011 Survey of Veteran Enrollees' Health and Reliance Upon VA*, 85, accessed April 2, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SOE2011/SoE2011_Report.pdf.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ Department of Veterans Affairs, Office of Health Equity, *US Department of Veterans Affairs Office of Health Equity Mission and Accomplishments*, accessed March 30, 2016, http://www.va.gov/HEALTHEQUITY/docs/OHE_Mission_and_Accomplishments_November_2015.pdf.

¹¹⁴ "Office of Diversity and Inclusion (ODI)," Department of Veterans Affairs, accessed May 13, 2016, <http://www.diversity.va.gov/>.

¹¹⁵ "Office of Diversity and Inclusion (ODI), Special Emphasis Programs," Department of Veterans Affairs, accessed May 17, 2016, <http://www.diversity.va.gov/programs/default.aspx>.

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orientation.”¹¹⁶ HEAP aims to address five strategic areas: awareness, leadership, health system and life experience, cultural and linguistic competency, and data that are vital for effectively implementing its mission. HEAP implementation strategies are conceptually modeled after the goals and strategies of the National Partnership for Action to End Health Disparities’ National Stakeholder Strategy for Achieving Health Equity sponsored by the U.S. Department of Health and Human Services.¹¹⁷

Despite OHE’s best efforts, HEAP was not fully implemented because VHA leadership failed to establish it as a strategic priority with adequate staffing, resources, and support, and the departure of the then USH, a champion for health equity. These factors led to the reduction of OHE staffing from 8 to 2 FTEs in FY 2013 and a realignment of OHE to several layers down in the organization. As a result of an FY 2015 budget reduction, OHE continues to operate with a two-person staff.¹¹⁸ The reduced staffing level is inadequate to meet the requirements and mission of the office.

OHE has a broad and challenging mission, particularly given the number of minority veterans who rely on VA health care, the health risks in those populations, and the health care disparities those populations experience.¹¹⁹ OHE faces serious challenges in its efforts to carry out its action plan and to realize its broad and critical mission, challenges intensified by its limited staffing and the downgrade of this office within VHA’s organization structure. These include the following:¹²⁰

- lack of quality data on vulnerable populations and disparate health outcomes
- health equity projects that have been delayed or halted due to staff and resource limitations
- lack of data on the overall impact of existing health equity initiatives at facilities
- lack of common definitions on vulnerable populations and health equity concepts

Notwithstanding its limited staffing, OHE has compiled a substantial record of accomplishments. Among its initiatives, OHE embarked in 2015 on a strategy of working collaboratively with the Quality Enhancement Research Initiative (QUERI) to advance health equity. The two collaborative efforts focus on using a population health approach to examine the distribution of diagnosed health conditions, mortality, and health care quality across the VA health care system. A fully staffed OHE would have the capability of creating additional

¹¹⁶ Department of Veterans Affairs, *VHA Strategic Plan: FY 2013–2018*, accessed May 17, 2016, http://www.va.gov/health/docs/VHA_STRATEGIC_PLAN_FY2013-2018.pdf.

¹¹⁷ “National Partnership For Action (NPA), National Stakeholder Strategy for Achieving Health Equity,” U.S. Department of Health & Human Services, accessed May 16, 2016, <http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

¹¹⁸ Uche S. Uchendu, Executive Director, OHE, briefing to Commission on Care, December 14, 2015.

¹¹⁹ “Management Brief no. 99,” Department of Veterans Affairs, accessed May 19, 2016, http://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no99. Somnath Saha et al., “Racial and Ethnic Disparities in the VA Health Care System: A Systematic Review,” *Journal of General Internal Medicine*, 23, no. 5, (2008): 654-671.

¹²⁰ Uche S. Uchendu, Executive Director, Office of Health Equity, briefing to Commission on Care, December 14, 2015.

analytical tools to manage the daily health care equity program and provide needed services to advance health equity.¹²¹

Health Care Disparities Among Minority Veterans

Minority groups are at increased risk of major, life-threatening health conditions, as documented in a substantial body of research¹²² and illustrated in the table below:¹²³

Table 3. Major Health Conditions in Racial/Ethnic Minority Groups

Major Health Conditions Identified and Examined in Racial/Ethnic Minority Groups		
African Americans	Hispanics	American Indian or Alaska Natives
<ul style="list-style-type: none"> ▪ Colon Cancer ▪ HIV ▪ Chronic Kidney Disease ▪ Diabetes ▪ Stroke ▪ Venous Thromboembolism (VTE) ▪ Cancer ▪ Heart Disease 	<ul style="list-style-type: none"> ▪ Hepatitis C ▪ Cancer ▪ Heart disease 	<ul style="list-style-type: none"> ▪ Major Non-cardiac Surgery ▪ Pregnant Women with PTSD

HCV is more prominent among some racial and ethnic minority veterans and they are less likely to receive treatment for HCV. In VHA, some racial and ethnic minorities diagnosed with HCV are disproportionately more at risk for having associated liver disease (ALD). Disparities among veterans in the incidence of HCV, illustrated in the graphs below, show the important policy and resource implications for VA.¹²⁴

¹²¹ Ibid.

¹²² Andy I. Choi et al., “White/Black Racial Differences in Risk of End-Stage Renal Disease and Death,” *The American Journal of Medicine*, 122, no. 7, (2009): 672-678. Andy I. Choi et al., “Racial Differences in End-Stage Renal Disease Rates in HIV Infection with Diabetes,” *Journal of the American Society of Nephrology*, 18, no. 11 (2007): 2968-2974. Hashem B. El-Serag et al., “Racial Differences in the Progression to Cirrhosis and Hepatocellular Carcinoma in HCV-Infected Veterans,” *The American Journal of Gastroenterology*, 109, no. 9, (2014): 1427-1435. Cleo A. Samuel et al., “Racial Disparities in Cancer Care in the Veterans Affairs Health Care System and the Role of Site of Care,” *American Journal of Public Health*, 104, Supplement 4, (2014): S562-571.

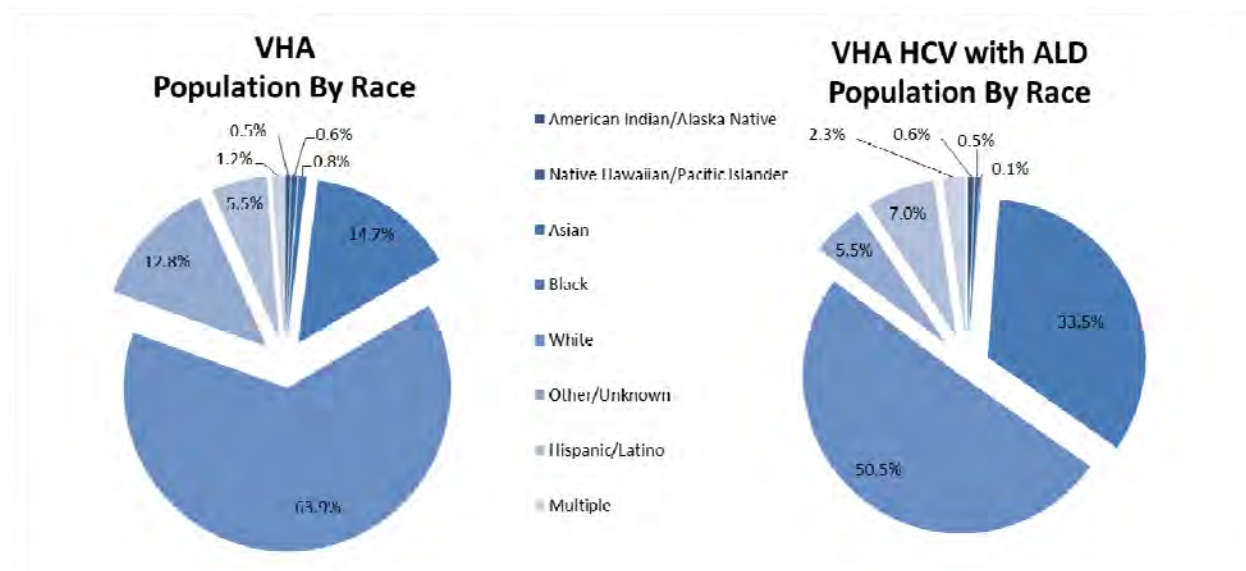
¹²³ Department of Veterans Affairs, *Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA*, accessed May 19, 2016,

<http://www.hsrd.research.va.gov/publications/esp/HealthDisparities.pdf>.

¹²⁴ Department of Veterans Affairs, Office of Health Equity, *Hepatitis C Factsheet, Hepatitis C, Advanced Liver Disease & Health Care Disparities*, accessed May 25, 2016, <https://github.com/departement-of-veterans-affairs/VHA-Asset/raw/master/Hep%20C%20FACT%20SHEET%20FINAL%2010162015.pdf>.

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Figure 2. Disparities Among Veterans in the Incidence of Hepatitis C Virus



A recent review of evidence related to racial and ethnic differences in outcomes for VA patients showed moderate- and low-strength evidence suggestive of gaps in morbidity and mortality outcomes among vulnerable veteran populations with major health conditions. These data, presented in the table below, highlight targets for further research.¹²⁵

Table 4. Comparison of Health Outcomes by Race

Comparison		Worse Health Outcomes For Racial Minority Group Relative to Reference Population (usually White)
Moderate-Strength Evidence		
(based on VA data from the early 2000s)		
African American v. White		Increased end-stage renal disease among chronic kidney disease patients
		Increased end-stage renal disease among HIV patients (with or without diabetes)
		Decreased colon cancer survival 3 years after diagnosis
Hispanic v. White		Increased cirrhosis and hepatocellular carcinoma among hepatitis C patients
Low-Strength Evidence		
(each finding supported by only a single retrospective study with important methodological limitations)		
African American v. White		Increased mortality among diabetes patients
		Increased risk of preterm birth among PTSD patients
		Increased mortality at 2 years post-hospitalization among stroke patients
		Decreased survival 3 years after diagnosis of rectal cancer
American Indian or Alaskan Native v. White		Increased risk of 30-day post-op mortality after major noncardiac surgery
		Increased risk of preterm birth among PTSD patients
Combined other racial/ethnic minority groups v. African American		Increased injury-related death among alcohol use disorder patients

¹²⁵ "Management Brief no. 99," Department of Veterans Affairs, accessed May 19, 2016, http://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no99.

OHE's focus, health equity, is intended to combat health care disparities, namely, the differences in the preventive, diagnostic, or treatment services offered to veterans with similar health conditions. Health care disparities stem from a combination of complex factors occurring at the level of the health system, provider, and patient.¹²⁶ Health care disparities can result from biological differences among various racial/ethnic groups as well as from social disparities,¹²⁷ also termed social determinants, which stem from such factors as socioeconomic status, discrimination, education levels, housing, transportation, and crime and violence, and are causally linked to subsequent adult disease.¹²⁸ For example, poor-quality housing poses a risk of exposure to many conditions that can contribute to poor health, such as indoor allergens that can lead to and exacerbate asthma, injuries, and exposure to lead and other toxic substances.¹²⁹ Social determinants that drive health disparities among African Americans, Hispanics, American Indians, and Alaska Natives include race/ethnicity; gender; age; geographic location; religion; socio-economic status; sexual orientation; military era; disabilities, including cognitive, sensory, or physical; and other characteristics historically linked to discrimination or exclusion. Positioned in a department that also provides benefits that fall within the social determinants of health, OHE is in a unique position to improve veterans' health.

The Henry Ford Health System (HFHS) is an example of a health system that is committed to health equity and one VHA can emulate as it works to improve health equity. HFHS is a nonprofit, vertically integrated health care organization that serves the primary and specialty health care needs of residents in southeastern Michigan, including Detroit and its surrounding metropolitan area.¹³⁰ HFHS's comprehensive health equity staff has a health care equity campaign with a goal of increasing knowledge, awareness, and opportunities to ensure health care equity is understood and practiced by HFHS providers and other staff, the research community, and the community-at-large.¹³¹ The campaign is also intended to make health care equity a key, measurable aspect of clinical quality.¹³² A similar effort by VHA would create a system for tracking improvement of health equity over time and holding the organization accountable for ongoing efforts in this regard.

The VHA strategic plan for FY 2013–2018 states that veterans will receive timely, high quality, personalized, safe, effective, and *equitable* health care, irrespective of geography, gender, race, age, culture, or sexual orientation.¹³³ Although that statement signals a sensitivity to health equity, the level of funding support for the VHA office with the lead role in promoting health equity and reducing disparity calls into serious question the leadership priority and commitment to that strategic goal. VHA leadership must make health care equity a strategic

¹²⁶ Henry Ford Health System, *Healthcare Equity Campaign 2009-2011 Final Report*, accessed April 1, 2016, <http://www.henryford.com/documents/Diversity/Healthcare%20Equity%20Campaign%20Report.pdf>.

¹²⁷ James H. Price, Molly A. McKinney, and Robert E. Braun, *Social Determinants of Racial/Ethnic Health Disparities in Children and Adolescents*, accessed April 1, 2016, <http://www.sophe.org/Sophe/PDF/Webinars/20120416151902.pdf>.

¹²⁸ Ibid.

¹²⁹ "What Drives Health," Robert Wood Johnson Foundation, Commission to Build a Healthier America, accessed April 1, 2016, <http://www.commissiononhealth.org/WhatDrivesHealth.aspx>.

¹³⁰ Henry Ford Health System, *Healthcare Equity Campaign 2009-2011 Final Report*, accessed April 1, 2016, <http://www.henryford.com/documents/Diversity/Healthcare%20Equity%20Campaign%20Report.pdf>.

¹³¹ Ibid.

¹³² Ibid.

¹³³ Department of Veterans Affairs, *VHA Strategic Plan: FY 2013–2018*, accessed May 17, 2016, http://www.va.gov/health/docs/VHA_STRATEGIC_PLAN_FY2013-2018.pdf.

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priority by directing and funding the implementation of VHA HEAP nationwide and designating a leader and clinical champions within each VISN and VAMC, as a designated full-time equivalent (FTE), providing OHE budgetary support in FY 2017 and beyond to fully staff the office so that it can successfully achieve its mission and goals, to include providing additional needed funding to support implementation of the VHA HEAP; and ensuring OHE reports to the chief of VHA Care System (CVCS).

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- Make health equity a strategic priority by directing the implementation of the VHA HEAP nationwide and designating a leader and health equity clinical champion within each VISN and VAMC for whom part of their respective FTE position descriptions includes focusing on health equity issues.
- Reestablish OHE staffing based on the 2011 VHA Health Care Equality Workgroup recommendations to enable OHE to fulfill VHA's vision to provide appropriate individualized health care to each veteran in a method that eliminates disparate health outcomes and assures health equity. Action required includes, but is not limited to, funding FTE staffing levels commensurate with the scope and size of other federal offices of health equity.
- Reinstate OHE within the office of the CVCS to underscore health equity as a priority and to position the office to champion successfully the advancement of health equity for all veterans.¹³⁴
- Monitor and evaluate the department's success in implementing HEAP.

Other Department and Agency Administrative Changes

- None required.

¹³⁴ Department of Veteran Affairs, Health Equity Coalition Request for VHA Commitment, February 2016. Principal Deputy Under Secretary of Health Memorandum, Health Equity Coalition, March 21, 2013.

Facility and Capital Assets

Recommendation #6: Develop and implement a robust strategy for meeting and managing VHA's facility and capital-asset needs.

Problem

Veterans who turn to VHA to meet their health care needs should expect that its facilities have been designed and equipped to provide state-of-the-art care. As health care continues to move to ever greater use of ambulatory care delivery, VHA not only lacks modern ambulatory health care facilities in many areas, but generally lacks the means to readily finance and acquire space, to realign its facilities as needed, or even to divest itself easily of unneeded buildings. Many of these barriers are statutory in nature, although VA's own internal processes compound its capital asset challenges. Establishing integrated care networks, as proposed in

Recommendation #1 holds the promise of markedly improving veterans' access to care. That promise cannot be realized without transformative changes to VHA's capital

structure. Political resistance doomed previous attempts to better align VHA's capital assets and veterans' needs. It is critical that an objective process be established to streamline and modernize VHA facilities in the context of the build out of the VHA Care System's integrated networks to ensure the ideal balance of facilities within each network. VHA needs as much control as possible to drive the process so that all facility plans are fully integrated with the strategic vision for the VHA Care System.

Background

Most VHA health care centers were designed when care was focused on inpatient hospital treatment. VA acquired some of these facilities nearly a century ago from the Public Health Service; many others were transferred from the War Department shortly after World War II.¹³⁵ The average VHA building is 50 years old – five times older than the average building age of not-for-profit hospital systems in the United States.¹³⁶ Most of its facilities were designed to meet markedly different needs than today's health care facilities. Some were tuberculosis

The Commission Recommends That . . .

- VA leaders streamline and strengthen the facility and capital asset program management and operations.
- The VHA Care System governing board be responsible for oversight of facility and capital asset management.
- Congress provide VHA greater budgetary flexibility to meet its facility and capital asset needs and greater statutory authority to divest itself of unneeded buildings.
- Congress enact legislation to establish a VHA facility and capital asset realignment process based on the DoD Base Realignment and Closure Commission process to be implemented as soon as practicable. The Commission recommends that the VHA Care System governing board subsequently make facility decisions in alignment with system needs.
- New capital be focused on ambulatory care development to reflect health care trends.
- VHA move forward immediately with repurposing or selling facilities that have already been identified as being in need of closing.

¹³⁵ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 62.

¹³⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, vi, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

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sanatoriums, others for years primarily housed patients with mental health conditions.¹³⁷ Although many have been extensively renovated, the renovations themselves are now outdated, and the condition of buildings shows this strain. Independent assessments of infrastructure and facilities showed that VHA facilities average a *C minus* score,¹³⁸ meaning much of the total facilities portfolio is nearing the end of its useful life, and 70 percent of facility correction repairs are being made on Grade D facilities.¹³⁹

During the past 8 years, veteran inpatient bed days of care have declined nearly 10 percent as outpatient clinic workload has increased more than 40 percent.¹⁴⁰ Current facilities, whether they have been maintained adequately or not, often do not support contemporary ambulatory care needs, with outpatient care often housed in converted inpatient spaces.

Through its capital planning methodology, VA has identified more than \$51 billion in total capital needs during the next 10 years.¹⁴¹ Capital funding during the past 4 years has averaged just \$2 billion annually.¹⁴² If funding levels remain consistent during the next 10 years, anticipated funding would be \$25 billion to \$35 billion less than the \$51 billion capital requirement.¹⁴³ VA planning must also take account of demographic changes and population migration that have led to underutilized medical centers in some areas of the country, and a need for new capacity in others.¹⁴⁴

Analysis

New Planning Paradigm

As the department acknowledged, “VA’s health care delivery model must . . . change.”¹⁴⁵ Importantly, it recognizes that “No organization can excel at every capability,” and stated “[s]ervice delivery systems designed around core competencies . . . provide the highest potential value to their customers.”¹⁴⁶ The acknowledgement that VHA can best serve veterans by focusing on its core competencies and unique capabilities, while relying more heavily on purchased care holds important implications for VHA’s capital needs and capital asset management. Rather than assessing VHA’s capital needs by reference to an expectation that each VA medical center, or constellation of medical centers, must provide virtually all needed hospital and medical services, capital needs must be redefined within the framework of the VHA Care System’s high-performing integrated community health care networks. VHA must determine what services it will continue to provide directly in a given community before it can determine its respective infrastructure needs. In identifying its core competencies, unique

¹³⁷ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 62.

¹³⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, 27, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹³⁹ *Ibid.*

¹⁴⁰ *Ibid.*, 46.

¹⁴¹ *Ibid.*, 17.

¹⁴² *Ibid.*, 18.

¹⁴³ *Ibid.*, 18.

¹⁴⁴ *Ibid.*, 59-61.

¹⁴⁵ Department of Veterans Affairs, *Plan to Consolidate Programs of Department of Veterans Affairs to Improve Access to Care*, 18, accessed January 13, 2016, http://www.va.gov/opa/publications/VA_Community_Care_Report_11_03_2015.pdf.

¹⁴⁶ *Ibid.*

capabilities, and needed ancillary services, VHA would be setting at least a general framework through which network and local planners could assess where and how needed services would be delivered, including which would be provided directly by VHA and which through purchased care. Such a mapping exercise would be a first step in developing the integrated community health care networks.

The shape of an integrated delivery network will take different forms in each service-area, and planning and developing those local networks will necessarily require assessing VHA's physical plant and capacity in a new light. That reassessment process would inform capital planning, and must take account of at least three distinct needs: capital needs associated with buildings VA would retain; meeting new or replacement space needs; and the disposal of unused, unneeded property.

Property Divestiture

VHA's principal mission is to provide health care to veterans, yet over time it has acquired an ancillary mission: caretaker of an extensive portfolio of vacant buildings. As recently as October 2015, VA reported that its inventory includes 336 buildings that are vacant or less than 50 percent occupied, requiring it to expend patient-care funds to maintain more than 10,500,000 square feet of unneeded space.¹⁴⁷ The SECVA recently testified that it costs VA an estimated \$26 million annually to maintain and operate vacant and underutilized buildings.¹⁴⁸

VA's authority to carry out property-management is circumscribed in law,¹⁴⁹ and the department at times faces insurmountable challenges in either attempting to repurpose or divest itself of underutilized or vacant property.¹⁵⁰ In contrast to more rigid property-divestiture provisions, VA has had success in using a flexible authority to enter into long-term leases of VA property for *enhanced use*.¹⁵¹ This authority allows VA to lease underutilized capital

¹⁴⁷ Ibid., 92.

¹⁴⁸ "Witness Testimony of Honorable Robert A. McDonald, Secretary, U.S. Department of Veterans Affairs, Hearing on 2/10/2016: U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2017," House Committee on Veterans' Affairs, accessed June 20, 2016, <https://veterans.house.gov/witness-testimony/the-honorable-robert-a-mcdonald-2>.

¹⁴⁹ Authority for Transfer of Real Property; Department of Veterans Affairs Capital Asset Fund, 38 U.S.C. § 8118 Authority to Procure and Dispose of Property and to Negotiate for Common Services, 38 U.S.C. § 8122. For example, under section 8118, VA must receive at least full market value in transferring property, unless the property is transferred to an entity that provides services to homeless veterans, and any proposed transfer is subject to the requirement in section 8122 that VA first hold hearings, notify Congress in advance, and not proceed for a specified period. VA property can be determined to be "excess," though under 38 U.S.C. § 8122(d)(1), VA may not make such a declaration unless the property is not suitable for use for provision of services to homeless veterans and reviewed for possible disposal under the Property Act Disposal, administered by the General Services Administration (GSA) (40 U.S.C., subchapter III). GSA employs a rigorous, multistep process to assure that the asset is not needed by any other Federal agency. Under the Act, the agency disposing of the asset is responsible for funding disposal costs, including environmental remediation. GAO has testified that properties remain in an agency's possession for years and continue to accumulate maintenance and operations costs because of the legal requirements agencies must meet and the length of the process. (U.S. Government Accountability Office, *Federal Real Property: Progress Made on Planning and Data, but Unneeded Owned and Leased Facilities Remain*, GAO-11-520T (Washington, DC, 2011), 5, <http://www.gao.gov/products/GAO-11-520T>).

¹⁵⁰ With many properties under the protection of the National Historic Preservation Act (16 U.S.C. § 470h-3), VA faces obstacles and delays in efforts to divest itself of these properties; VACO staff report that stakeholder concerns have been obstacles.

¹⁵¹ Enhanced-Use Leases of Real Property, 38 U.S.C. §§ 8161-8169, as amended by Veterans Millennium Health Care and Benefits Act, Section 208, Pub. L. No. 106-117, 113 Stat. 1545 (1999), as in effect when GAO testified on this successful program (U.S. Government Accountability Office, *VA Real Property: VA Emphasizes Enhanced-Use Leases to*

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assets to private-sector entities for up to 75 years to develop housing for homeless and at-risk veterans and their families. Most recently, however, Congress imposed severe limits on that leasing authority.¹⁵²

Ongoing Capital Needs

Establishing a transformative new health care delivery model that relies more on purchased care will not eliminate the need for new clinics, facility renovations, and remedying VHA space deficiencies. The scope of those needs must still be determined in light of a proposed new delivery system, but they cannot be ignored. The *Independent Assessment Report* catalogued the challenges of managing and operating VA's capital program and the need to deploy best practices to improve total performance, and clearly address the importance of more modern facilities for delivering high quality care.¹⁵³

Of particular concern is an apparent breakdown in the process of bringing new clinics online and renewing the leases of existing clinics. With current law requiring congressional approval of any lease with an average annual rental of more than \$1 million,¹⁵⁴ a Congressional Budget Office (CBO) ruling¹⁵⁵ has upended the approval process and halted the leasing program.¹⁵⁶ Indicative of the scope of the problem, VHA's then USH testified in 2013 that VA, since 2008, had opened 180 leased medical facilities, 50 of which required authorization as major leases.¹⁵⁷ Currently, 24 major VA leases are in limbo.¹⁵⁸

Manage its Real Property Portfolio, GAO-09-776T (Washington, DC, 2009), <http://www.gao.gov/assets/130/122697.pdf>. For example, VA has authority to outlease its facilities for up to 3 years, but may not retain the proceeds of any such leasing (Authority to Procure and Dispose of Property and to Negotiate for Common Services, 38 U.S.C. § 8122(a)(1)). U.S. Government Accountability Office, *Federal Real Property: Progress Made on Planning and Data, but Unneeded Owned and Leased Facilities Remain*, GAO-11-520T (Washington, DC, 2011), 5, <http://www.gao.gov/products/GAO-11-520T>.

¹⁵² Before the sunset of that authority in 2011, VA could enter into such a long-term lease if (1) at least part of the property's use would contribute to VA's mission, (2) the lease would not be inconsistent with that mission; and (3) the lease would enhance the use of the property (Enhanced-Use Leases, 38 U.S.C. § 8162(a)(2)). Congress reauthorized enhanced-use leasing, but limited it to a single use: the development of supportive-housing for veterans who are homeless or at risk of homelessness (Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Sec. 211, Pub. L. No. 112-154, 126 Stat. 1165 (2012).)

¹⁵³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹⁵⁴ Congressional Approval of Certain Medical Facility Acquisitions, 38 U.S.C. § 8104.

¹⁵⁵ *Hearing on Assessing VA's Capital Inventory Options to Provide Veterans' Care Before the Committee on Veterans Affairs*, 113th Cong., 42 (June 27, 2013) (Statement of Robert A. Sunshine, Deputy Director, Congressional Budget Office), accessed June 20, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg82242/html/CHRG-113hhrg82242.htm>.

¹⁵⁶ *Ibid.* CBO maintains that the structure of VHA's lease transactions—the lease of a facility, designed by and built for VHA, and for which payments retire most or all of the debt over the life of the lease—is in the nature of a governmental purchase, and, as such, the full cost of acquiring the facility should be budgeted up front, rather than spread over the duration of the lease. As budget rules generally require that Congress offset that aggregate cost, CBO's position has had the effect of blocking what had previously been a manageable funding process.

¹⁵⁷ *Hearing on Assessing VA's Capital Inventory Options to Provide Veterans' Care Before the Committee on Veterans Affairs*, 113th Cong., 44 (June 27, 2013) (Statement of Robert A. Petzel, M.D., Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs), June 20, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg82242/html/CHRG-113hhrg82242.htm>.

¹⁵⁸ “Witness Testimony of Honorable Robert A. McDonald, Secretary, U.S. Department of Veterans Affairs, Hearing on 2/10/2016: U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2017,” House Committee on Veterans' Affairs, accessed June 20, 2016, <https://veterans.house.gov/witness-testimony/the-honorable-robert-a-mcdonald-2>.

One of the primary benefits of leasing is that it can provide flexibility and speed.¹⁵⁹ But the time VHA has required to execute a lease, from planning through to activation, has taken almost 9 years in the case of a major lease,¹⁶⁰ in contrast with private-sector expectations of build-to-suit leases that often take fewer than 3 years.¹⁶¹

In acknowledging the magnitude of the challenges associated with VA's capital program and the budget constraints within which VA is operating, the *Independent Assessment Report* includes a suggestion that transformative options be considered, to include alternative vehicles for capital delivery such as public-private partnerships.¹⁶²

Capital Asset Management

Capital asset management itself requires reengineering. Facilities-related functions are dispersed through VA, resulting in a lack of accountability for outcomes, a mismatch between planning efforts and funding decisions, and separation of project execution and facilities management,¹⁶³ suggesting a need for transformative changes in operations.¹⁶⁴

In its work to foster transformation, department officials have recognized many organizational and process challenges that require priority attention, including the need to realign its infrastructure, identify new (private) sources of financing, streamline investment decision making and contracting, and improve the management of capital projects.¹⁶⁵ Organizational change aimed at streamlining and better aligning core processes is vital to effective operation of VA's facilities programs.

Capital-Asset Imperatives

The planning and development of a new delivery model centered on establishing integrated networks of care has major implications for identifying, planning for, and realizing VHA's capital needs. Greater reliance on community care, inherent in that model, establishes a new set of imperatives, specifically, a need for

- facility realignment
- more effective means of repurposing or other divestiture of unneeded buildings and land
- new, more effective tools to meet VHA's need for new clinic capacity and major construction
- more effective management of VHA's capital needs

¹⁵⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, 159, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹⁶⁰ Ibid., 159-160.

¹⁶¹ Ibid., 160.

¹⁶² Ibid., vii-ix, 34.

¹⁶³ Ibid., vi, 20.

¹⁶⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, K-5, accessed June 2, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁶⁵ Interviews of VA staff by Commission on Care staff, April 2016.

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Facility Realignment

VA planning must closely examine the role of, and future for, individual facilities, in light of a transformative new delivery model. For more than a quarter century, VHA leaders have cited the need for medical center mission changes, realignments, disposal of unneeded buildings, and where indicated, hospital closures.¹⁶⁶ The critical importance of transforming VA health care delivery gives new urgency to providing tools to realign VHA's care-delivery infrastructure. The Commission recognizes that the SECVA does have authority to "consolidate, eliminate, abolish, or redistribute the functions of . . . [VA] facilities, and to carry out an administrative reorganization" of a field facility.¹⁶⁷ But that authority may generally not be unilaterally exercised.¹⁶⁸ In addition, despite VA's having established two previous commissions to address the need for facility realignment, leaders have had only limited success in achieving that objective. The exercise of SECVA's broad authority to reorganize is tempered by the prerogatives and fiscal authority held by Congress. Congress has rejected legislation that proposed a process to reassess the future of individual VA facilities,¹⁶⁹ reflecting concerns over veterans losing access to care and the potential of constituents losing employment. Such concerns can be addressed. To be successful, a capital asset realignment process must be conducted on a systemwide basis within a framework that provides for sound planning; the exercise of objective, independent expertise; and a reliable mechanism for implementation. Congress can look to and adapt a proven model¹⁷⁰ — the military base realignment and closure (BRAC) process — to meet those objectives and achieve marked improvements in access to care.

Congress should enact legislation, based on DoD's BRAC model, to establish a VHA capital asset realignment process to more effectively align VHA facilities and improve veteran's access to care. Creating a robust capital asset realignment process is vital because previous capital divestiture efforts have failed.¹⁷¹ This process should offer a level of rigor far beyond what currently exists for repurposing and selling capital assets. It should require VHA to employ criteria set by the VHA Care System governing board (see Recommendation #9) to conduct locally-based analyses of capital assets, based on national process criteria. Information generated would be used to assist an independent commission, established under the

¹⁶⁶ "VA Chief Seeks Panel to Revamp System," Christopher Scanlan, *Philly.com*, accessed December 31, 2015, http://articles.philly.com/1989-07-18/news/26134051_1_va-hospitals-derwinski-veterans-hospital. "Distinguished Group Selected for CARES Commission," Department of Veterans Affairs, Office of Public and Intergovernmental Affairs, March 3, 2003, accessed December 31, 2015, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=578>.

¹⁶⁷ Authority to Reorganize Offices, 38 U.S.C. § 510.

¹⁶⁸ Authority to Reorganize Offices, 38 U.S.C. § 510(c). In instances where a reorganization would reduce employment by 15 percent or more at a facility, VA must provide Congress a detailed plan and justification, and must defer implementation for at least 45 days.

¹⁶⁹ Veterans Millennium Health Care and Benefits Act, H.R. 2116, 106th Cong. (1999). Section 107 of House-passed H.R. 2116 would have established a mechanism for VA to cease providing hospital care at medical centers which were no longer providing high quality, efficient hospital care because of factors such as aging physical plant, functional obsolescence, and low utilization, and to redirect funds instead toward establishment of enhanced-service programs. In taking up H.R. 2116, the Senate did not adopt that provision, and it was not included in the Veterans Millennium Health Care and Benefits Act, Pub. L. No. 106-117, 113 Stat. 1545 (1999), accessed January 12, 2016, <https://www.gpo.gov/fdsys/pkg/PLAW-106publ117/html/PLAW-106publ117.htm>

¹⁷⁰ Defense Base Closure and Realignment Commission, *Defense Base Closure and Realignment Act of 1990 (as amended through FY 05 Authorization Act)*, accessed June 23, 2016, <http://www.brac.gov/docs/BRAC05Legislation.pdf>.

¹⁷¹ "VA Chief Seeks Panel to Revamp System," Christopher Scanlan, *Philly.com*, accessed December 31, 2015, http://articles.philly.com/1989-07-18/news/26134051_1_va-hospitals-derwinski-veterans-hospital. "Distinguished Group Selected for CARES Commission," Department of Veterans Affairs, Office of Public and Intergovernmental Affairs, March 3, 2003, accessed December 31, 2015, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=578>.

legislation, in making recommendations regarding realignment and capital asset needs.¹⁷² The independent commission would conduct a thorough, one-time process, to include making site visits and holding hearings to inform recommendations that would constitute a proposed national realignment plan. The VHA Care System governing board would review, and adopt or make recommendations to revise, the independent commission's recommended realignment plan. The commission would then empower the VHA Care System governing board to implement the recommendations unless, within a specified timeframe, Congress disapproves the entire plan on an up or down vote. The Commission on Care envisions that after the completion of a realignment carried out under such proposed legislation and in the course of ongoing VHA transformation, the VHA Care System governing board would make all additional facility alignment decisions, to meet veterans' needs and to fully integrate with the strategic vision for the VHA Care System.

Repurposing and Divestiture of Unneeded Buildings and Land

Maintaining health care facilities to provide state-of-the-art care requires ongoing financial support. Bearing the additional cost of maintaining outdated, vacant, and unused buildings diminishes operating funds needed for patient care, and yields no benefit. Even taking unused buildings offline and placing them in *mothball status*, requires tens of millions of dollars in basic building maintenance.¹⁷³ If VA could sell, repurpose, or otherwise divest itself of unused or underutilized buildings in a timely, cost-effective manner, it would free funds for the purposes for which they are appropriated.¹⁷⁴

Enhanced-use leasing authority has in the past provided VHA a viable tool that prevents the need for such unnecessary spending, while permitting development of vacant property for uses compatible with VHA's mission, and effective use of the proceeds, whether in cash or in kind.¹⁷⁵ This leasing mechanism has been put to particularly effective use in leveraging an asset that VHA can no longer use, but which has development potential, as consideration for an asset it may need, such as clinic space. But limiting enhanced-use leasing to a single use that may not be feasible in many locations precludes effective use of a valuable capital-alignment tool.

In many instances, however, the condition or remote location of VHA buildings does not lend itself to enhanced-use leasing. Given the need to dispose of a large inventory of vacant

¹⁷² The process should take into account the community health needs assessments (CHNA) that not-for-profit hospitals are required to carry out under current law, (Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, 124 Stat.119, sec. 9007(a) (2010)) and opportunities to engage community providers in collaborative partnerships. This provision requires tax-exempt hospitals to create a hospital community health needs assessment every three years. This hospital CHNA is developed alongside community stakeholders. The community health needs assessment requirements include: demographic assessment identifying the community the hospital serves; a community health needs assessment survey of perceived healthcare issues; quantitative analysis of actual health care issues; appraisal of current efforts to address the healthcare issues; and formulation of a 3-year plan under which the community comes together to address those remaining issues collectively.

¹⁷³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, 49, accessed June 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

¹⁷⁴ *Ibid.*, B-13.

¹⁷⁵ *Hearing on Assessing VA's Capital Inventory Options to Provide Veterans' Care Before the Committee on Veterans Affairs*, 113th Cong., (June 27, 2013) (Statement of Robert A. Petzel, M.D., Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs), accessed June 20, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg82242/html/CHRG-113hhrg82242.htm>.

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buildings for which there is no realistic prospect of their being repurposed, a streamlined divestiture process is needed.

Meeting Clinic Capacity and Other Infrastructure Needs

Developing a new delivery model and establishing a thorough realignment process may shrink VHA's future capital needs but will not eliminate them. As congressional budget rules have frustrated VHA efforts to lease needed clinic space, it is critical that VHA and Congress find models or remedies to establish new ambulatory care space and renew leases of existing clinics. Congress and VHA should work together to find the means to meet VHA's need for new clinic capacity. Given an impasse in congressional authorization of VA clinic leasing based on build-to-lease contracts, VA should explore the feasibility of restructuring those arrangements. VA should explore an arrangement that remedies the concern that it is entering into capital leases. Such an approach, for which VA provides the builder with space needs rather than a complete design, would have the additional benefit of bringing projects on line much sooner. Absent an effective solution to meeting VA's ongoing need for clinic space, Congress must be willing, as it was in passing VACAA, to take extraordinary steps¹⁷⁶ to overcome a funding challenge, and, in this instance to waive, or suspend for at least 5 years, the operation of current congressional authorization and scorekeeping requirements governing major medical leases.

In addition to severe leasing challenges, current statutory spending limits make it difficult for VHA to modernize and renovate its aging facilities.¹⁷⁷ Notably, minor construction funds, available for "constructing, altering, extending, and improving"¹⁷⁸ any VA facility, are limited to \$10 million,¹⁷⁹ yet such projects may require substantially more given the age and condition of many VA buildings. Congress last lifted the threshold of what constitutes a major medical facility project – the amount above which a project requires specific authorization – more than a decade ago.¹⁸⁰ The Commission believes that with the tight controls a governing board would exercise, that threshold should be lifted substantially, providing needed flexibility to carry out minor construction projects.

As VHA works more closely with community providers and participates in discussions regarding community health needs, it should be open to opportunities to discuss and potentially work toward joint efforts at meeting infrastructure needs.¹⁸¹

¹⁷⁶ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113-146, 128 stat. 1754, sec. 803 (2014).

¹⁷⁷ VA Office of Inspector General, *Veterans Health Administration: Review of Minor Construction Program*, 8, accessed June 3, 2016, <http://www.va.gov/oig/pubs/VAOIG-12-03346-69.pdf>.

¹⁷⁸ Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, 129 Stat. 2242 Div. J., Title II, Department of Veterans Affairs (2015).

¹⁷⁹ A major medical facility project is one involving a total expenditure of more than \$10 million. Congressional Approval of Certain Medical Facility Acquisitions, 38 U.S.C. § 8104(a)(3)(A).

¹⁸⁰ Sec. 812 of the Veterans Benefits, Health Care, and Information Technology Act of 2006, Pub. L. No. 109-461, 120 Stat. 3403 (2006), raised the threshold as to what constitutes a major medical facility project from more than \$7 million to more than \$10 million.

¹⁸¹ One such public-private model, such as under discussion in Omaha, NE, where talks have centered on private donors' partially funding construction of a replacement medical center, necessarily poses challenges, but merits exploration and support. ("VA Exploring Public-Private Plan for New Facility," Lincoln Journal Star, accessed June 3, 2016, http://journalstar.com/news/state-and-regional/nebraska/va-exploring-public-private-plan-for-new-facility/article_6a90778e-6962-545f-a86a-3f27930bd84e.html.) Although Congress must ultimately provide apt facilities for VA care-delivery, the law has long authorized the SECVA to accept gifts or donations, for purposes of facility

Capital Asset Management

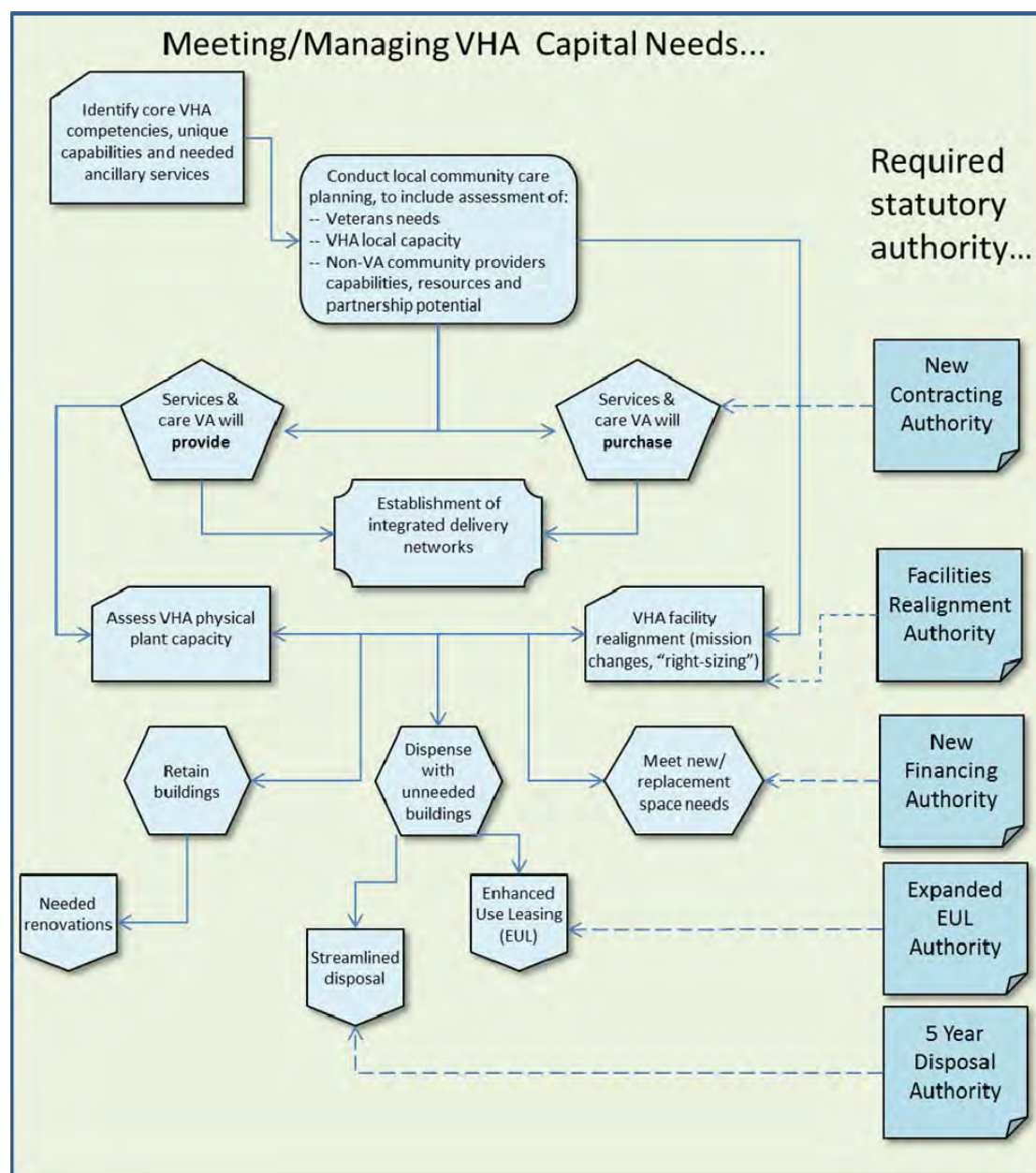
The Commission fully recognizes that VHA has much to do on its own to more effectively meet its capital asset needs. At the core, leaders must strengthen and streamline the capital asset programs' management and operation, to include better aligning the component elements; streamlining the leasing program, contracting, and investment decisions; managing and streamlining project delivery for construction and renovation; and adopting a facility (or building) life-cycle-model planning tool. These are all important elements of needed system transformation.

As depicted in Figure 3, meeting and managing VHA's capital-asset needs require an integrated approach that requires congressional support to tackle the multiple capital-asset challenges facing VHA. The Commission's recommendations for meeting and managing those interrelated capital-asset needs are set forth in the *Implementation* section following Figure 3.

construction. (Congressional Approval of Certain Medical Facility Acquisitions, 38 U.S.C. § 8104(e)) Nevertheless, new legislative authority would almost assuredly be needed to permit development of public-private partnerships that provide new platforms for the construction of new or replacement medical facilities. For example, H.R. 5099 would establish a pilot program permitting VA to enter into public-private partnership agreements to plan, design, and construct new VA facilities using private donations. To Establish a Pilot Program on Partnership Agreements to Construct New Facilities for the Department of Veterans Affairs, H.R. 5099, 114th Cong. (2016), <https://www.congress.gov/bill/114th-congress/house-bill/5099>.

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Figure 3. The Complicated Process of Meeting and Managing VHA's Capital-Needs

**Implementation****Legislative Changes**

- Provide VA new, more flexible authorities to realign facilities, meet capital-asset needs, and divest itself of unneeded buildings.
- Establishing a VHA capital asset realignment process that provides (notwithstanding any other law) for more effectively aligning VHA facilities with the objective of improving the access, quality, and cost-effectiveness of VA care, and provides for:

- Establishing an independent commission (empowered to hold public hearings, make site visits, and have full access to VHA analyses and data) charged with developing a national capital asset realignment plan that would include recommendations to the VHA Care System governing board (see Recommendation #9) for systemwide facility realignment (to include changes in facility mission, facility downsizing, integration of facilities, and closures), with the rationale for each recommended change.
- The proposed plan would identify (a) the criteria used in developing realignment recommendations, (b) proposals for reinvestment and savings/cost avoidance resulting from the realignment, (c) the projected care improvements that would result, and (d) mechanisms to minimize the adverse effects on displaced employees, to include assuring that, to the extent feasible, VA retrain and reemploys displaced employees.
- The VHA Care System governing board would be empowered to adopt or alter the proposed realignment plan, and to implement the final plan unless, within a specified timeframe, Congress disapproves the plan as a whole on an up-or-down vote.
- Waive or suspend for at least 5 years current authorization and scorekeeping requirements governing major medical facility leases under 38 U.S.C. § 8104.
- Amend 38 U.S.C. § 8104 to lift the threshold of what constitutes a major medical facility project from \$10 million to \$50 million.
- Amend pertinent provisions of 38 U.S.C. § 8161, and what follows, to reinstate and extend for 10 years the authority in prior law (as in effect on December 30, 2011) for VHA to enter into enhanced-use leases for any use that is not incompatible with VA's mission.
- Provide the VHA Care System governing board authority to promulgate regulations that for a period of not more than 5 years, and notwithstanding any other law, would ease the divestiture of unneeded vacant VHA buildings, to include (a) shifting to a third party the cost of meeting environmental requirements, (b) allowing VHA to retain the proceeds of any property sale, and (c) creating a streamlined process to address historic preservation considerations.

VA Administrative Changes

- None required.

Other Department and Agency Administrative Changes

- None required.

Information Technology

Recommendation #7: Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.

Problem

To operate a high-performing VHA Care System, VA requires a comprehensive electronic health care information platform that is interoperable with other systems and other health care providers; enables scheduling, billing, claims, and payment; and provides tools that empower veterans to better manage their health. Creating a single, uniform, integrated IT platform will promote care continuity, cost savings, and consistent care delivery and business processes.¹⁸²

VA's antiquated, disjointed clinical and administrative systems cannot support these essential clinical and business processes and consequently are unable to support the Commission's transformation vision for VHA. In addition, currently within VHA, there is no experienced senior health care IT leader focusing on the strategic health care IT needs of veterans and VHA staff.

The Commission Recommends That . . .

- VHA establish a Senior Executive Service (SES)-level position of VHA Care System chief information officer (CIO), selected by and reporting to the chief of VHA Care System (CVCS) with a dotted line to the VA CIO. The VHA CIO is responsible for developing and implementing a comprehensive health IT strategy and developing and managing the health IT budget.
- VHA procure and implement a comprehensive, commercial off-the-shelf (COTS) information technology solution to include clinical, operational and financial systems that can support the transformation of VHA as described in this report.

Background

A fully functional electronic health record (EHR) can improve the quality of patient care, help avert medical errors, and improve communication among providers and with patients.¹⁸³ Starting in the 1970s, VHA became a leader in the development of EHR technology with VistA and a computerized patient record system (CPRS).¹⁸⁴ Full implementation of the EHR, together with other reforms, helped improve the quality of care at VHA.¹⁸⁵ During the last decade, VHA has not been able to maintain an IT advantage.¹⁸⁶ Although in the past most VHA clinicians

¹⁸² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 43-44, accessed February 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁸³ "Does health information technology improve quality of care?" Robert Wood Johnson Foundation, accessed May 20, 2016, http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71333.

¹⁸⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 29-30, accessed April 4, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

¹⁸⁵ Phillip Longman, *Best Care Anywhere: Why VA Care Is Better Than Yours* (3rd ed., Berrett-Koehler Publishers, Inc., 2012). Jonathan B. Perlin, Robert M. Kolodner, and Robert H. Roswell, "The Veterans Health Administration: Quality, Value, Accountability, and Information as Transforming Strategies for Patient-Centered Care," *The American Journal of Managed Care* (November 2004), 828-836, accessed June 3, 2016, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.476.450&rep=rep1&type=pdf>.

¹⁸⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, vi, accessed April 5, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

have had a high opinion of the clinical applications and databases enabled by VistA and CPRS, a lack of upgrades has put VHA's EHR at risk of becoming obsolete.¹⁸⁷ Many large U.S. health care systems that were early adopters of homegrown EHR systems found themselves in similar circumstances and have since purchased and migrated to commercial off-the-shelf (COTS) products.¹⁸⁸ DoD recently made the same choice.¹⁸⁹

To achieve the Commission's vision of a health care system that delivers quality, access, choice, and veteran well-being, VHA requires effective, robust, and modern information technology systems. A robust EHR system would allow veterans and clinical providers to send, receive, find, and use electronic health information in a manner that is appropriate, secure, timely, and reliable. It would be seamlessly interoperable with other systems including DoD, private-sector providers, and with other VA enterprise systems such as those in the Veterans Benefits Administration (VBA). It would support VHA clinical workflow, evidence-based practice, and patient safety. It would provide clinicians, patients, and administrators the data, analytic power, and user interfaces required to monitor the effectiveness of care and improve it over time. A robust IT system for VHA should include more than just the EHR, however, extending to all the systems and tools required to facilitate and automate business processes that support access and veterans' care. These capabilities include an effective scheduling system, telephone systems, mobile applications, telehealth, financial management systems, human resources systems, and other systems that enable community care.

To realize such a transformation of IT in a system as complex as VHA requires exceptional leadership and staff, sufficient budget, a robust change management plan, effective systems for accountability and quality control, and efficient and agile contracting.¹⁹⁰ Presently, VHA appears to lack a majority of these factors required for success.¹⁹¹

Analysis

Leadership and Staff

Prior to 2006, VHA had a chief health informatics officer responsible for the VHA electronic record system and for coordinating with VA on IT systems. The programmers in VHA worked closely with the clinicians who used the tool to create a system that met their needs.¹⁹² VHA was able to prioritize clinical needs and patient safety requirements within its overall budget and plan for IT spending; however, there was no specific budget line item for the electronic health

¹⁸⁷ Ibid., 29-30.

¹⁸⁸ "\$5 Billion Leidos-Lockheed Deal: Size Still Matters," Frank Konkel, accessed February 4, 2016, http://www.nextgov.com/defense/2016/02/5b-leidos-lockheed-deal-size-still-matters-federal-it-contracting/125617/?oref=nextgov_today_nl.

¹⁸⁹ "DoD Awards Cerner, Leidos, Accenture EHR Contract," Tom Sullivan, accessed May 12, 2016, <http://www.healthcareitnews.com/news/dod-names-ehr-contract-winner>.

¹⁹⁰ LaVerne H. Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

¹⁹¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 41, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

¹⁹² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, v, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

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record system or related technology, and there was limited central oversight or accountability for information technology infrastructure.

VA's IT budget was centralized in 2006, and the Office of Information and Technology (OIT) was assigned to deliver, operate, and manage IT and its budget, across the department. With this change, VHA's needs became only one of the priorities that OIT has had to accommodate and VHA's priorities have not always prevailed.¹⁹³

To ensure that clinical needs and patient safety are a priority, many large health care systems, such as DoD, Cleveland Clinic, Geisinger, and Kaiser Permanente, have a medical CIO (i.e., CMIO) who manages and advocates for the clinical IT needs of the organization. A CMIO ensures that clinicians are involved in the selection of any IT systems they use to perform their job functions and provide patient care, including EHRs. Clinicians involved in the selection and deployment of an IT system are more likely to feel ownership of it and fully adopt its use. The CMIO usually reports to the health system's CEO or CMO, and working in concert with these individuals and the organization's CIO, makes sure that health information needs are prioritized and funded.¹⁹⁴

VA does not have staff with the necessary expertise to execute large-scale IT projects. Previous system implementations have failed because VA did not have individuals with adequate experience to effectively plan and manage system development and deployment. If VA had an adequate system and skilled staff to monitor and identify program and contracting problems affecting the progress of prior IT implementations, effective and timely decisions could have been made to either redirect or terminate VA IT projects that ultimately failed. To avoid repeating these previous IT implementation failures, VA needs to develop effective oversight systems and develop in-house staff with the expertise to oversee, fully support, manage, and execute complex integrated IT programs.¹⁹⁵

Given all of these critical needs, the Commission believes that it is essential for VHA to have a CIO with health care expertise and substantial experience, reporting to the chief of VHA Care System. The VHA CIO will be responsible for managing the complex implementation of a state-of-the-art comprehensive information system platform to support the new integrated VHA Care System, with the functionality, interoperability, and data management capabilities to support the delivery and coordination of high-quality health care for veterans. The CIO will need to work closely with clinical and operational leaders on the effective execution of the new system, and will also need to collaborate with the VA CIO to ensure the integration and coordination of the health care information system and the Veterans Benefit Administration system.

¹⁹³ Ibid., 10.

¹⁹⁴ "CMIOs Help Hospitals Make Tech Transitions," Naseem S. Miller, accessed May 13, 2016, <https://www.acep.org/content.aspx?id=79744>.

¹⁹⁵ Department of Veterans Affairs Office of the Inspector General, *Review of the Awards and Administration of Task Orders Issues by the Department of Veterans Affairs for the Replacement Scheduling Application Development Program*, accessed May 25, 2016, <http://www.va.gov/oig/52/reports/2009/VAOIG-09-01926-207.pdf>.

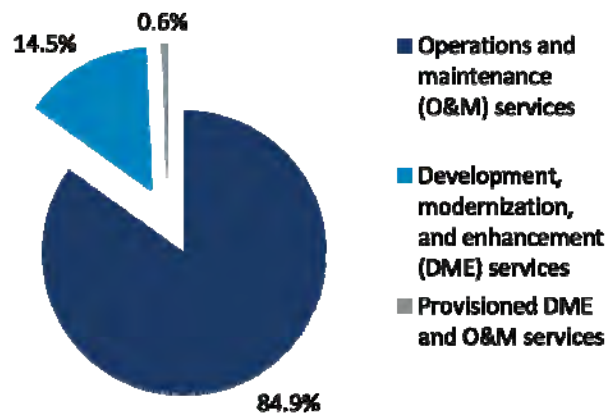
Budget

The 1-year budget appropriations cycle makes it difficult to secure multiyear funding for long-term development and important IT projects.¹⁹⁶ The budget process is disconnected from total lifecycle IT costs.¹⁹⁷ That disconnect has grown wider with a change in law¹⁹⁸ under which Congress provides VHA advanced medical care appropriations—in effect a 2-year budget—while health IT funding remains 1-year money.¹⁹⁹ As the Congressional Research Service (CRS) testified,

*providing an advance appropriation for some VHA accounts and funding IT accounts under a regular appropriation act could create a situation whereby, for example, VHA could not purchase computer software although it has procured medical equipment that needs software. Another example would be the difficulty of procuring IT infrastructure to support opening of a new community-based outpatient clinic (CBOC).*²⁰⁰

Spending on new systems and upgrades to existing systems now represents only 15 percent of VA's total IT budget (see Figure 4),²⁰¹ meaning that essential upgrades like a new scheduling package and EHR modernization have not had the funding or focus required to succeed. Clinical users have become increasingly frustrated by the lack of any clear advances with VistA during the past decade. Numerous VHA clinicians have experience with commercial EHR systems and want the same level of features, modern clinical capabilities, integration, and mobility they see emerging in the commercial marketplace.²⁰²

Figure 4. VA IT Spending



In July 2015, DoD awarded a \$4.3 billion, 10-year contract to overhaul the Pentagon's electronic health records for millions of active-duty military members and retirees. Officials estimate that

¹⁹⁶ "Coming in 2016: Cloud Legislation," Aisha Chowdhry and Adam Mazmanian, accessed January 12, 2016, <https://fcw.com/articles/2015/12/22/cloud-bill-2016.aspx>.

¹⁹⁷ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care, December 15, 2015.

¹⁹⁸ Veterans Health Care Budget Reform and Transparency Act of 2009, Pub. L. No. 111-81, 123 Stat. 2137 (2009).

¹⁹⁹ With the Consolidated and Further Continuing Appropriations Act, 2015, Pub. L. No. 113-235 (December 16, 2014), Congress expanded advanced appropriations to additional VA program accounts.

²⁰⁰ U.S. Congress, House of Representatives, Committee on Veterans Affairs, *Funding the U.S. Department of Veterans Affairs of the Future: Hearing before the Committee on Veterans Affairs U.S. House of Representatives*, 111th Congress, 1st Sess., April 29, 2009, 60, accessed June 3, 2016, <https://www.gpo.gov/fdsys/pkg/CHRG-111hhrg49914/pdf/CHRG-111hhrg49914.pdf>.

²⁰¹ Department of Veterans Affairs, *Information Technology Agency Summary*, accessed May 25, 2016, <https://itdashboard.gov/drupal/summary/029>.

²⁰² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, v, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

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during its potential 18-year life, the contract could be worth just less than \$9 billion.²⁰³ The recent Senate appropriations bill for VA OIT allots \$63 million toward development and modernization of VA's existing EHR (i.e., VistA Evolution).²⁰⁴ Assuming that VA's implementation of a new COTS EHR would be similar in size and scope to DoD's EHR implementation, VA would be short \$3.67 billion in funding for a new COTS EHR, given the current funding amount of \$63 million per year. VA will require a substantial increase in IT funding to support the successful implementation of a new comprehensive COTS EHR.

Robust Change Plan

Because VistA has been customized at each medical center, there are few standard data elements. The varied algorithms lead to a complex, heterogeneous mix of hardware and software that impedes system changes and new capabilities and raises operations and maintenance costs.²⁰⁵ Due to excessive project management overhead, a complex legacy IT infrastructure that is difficult to modernize, and more than 130 variations of the primary software system deployed across VHA medical facilities, the implementation of improved IT capabilities in the last 10 years has been extremely limited.²⁰⁶ VA is currently weighing whether to continue to modernize VistA or purchase a COTS health information technology platform. The Commission recommends moving to a COTS program.

Whether VHA moves forward with the purchase of a COTS product, as recommended by the Commission, or continues attempting to modernize VistA, VHA must effectively manage the change process. At present, a lack of standard clinical documentation has made it harder to develop effective clinical decision-support systems and hinders EHR information exchange among VA Medical Centers (VAMC), between VA and non-VA facilities (including those of DoD), and between VA and individual veterans. Shared data must be well labeled in a way that the receiving system can identify and properly ingest such data. An electronic medical record can contain as many as 100,000 different data fields. The lack of data standards presents challenges to using comparable data for analysis and disparities among the 130 tailored local instances of VistA, complicating information sharing, data aggregation, and analytics.²⁰⁷ VHA has not established comprehensive semantic definitions for data elements through the use of standard nomenclatures, terminologies, and code sets. Doing so is required to ensure consistency and integration across multiple systems, leverage follow-on IT products, and facilitate analytics for clinical decision making.²⁰⁸

The Office of the National Coordinator (ONC) for Health IT, under HHS, is responsible for advancing national connectivity and interoperability of health information technology. The

²⁰³ "Cerner wins \$4.3 billion DoD contract to overhaul electronic health records," Amy Brittain, *The Washington Post*, accessed May 25, 2016, https://www.washingtonpost.com/national/health-science/cerner-wins-dod-contract-to-overhaul-electronic-health-records/2015/07/29/7fbfccfa-35f5-11e5-b673-1df005a0fb28_story.html.

²⁰⁴ S. Rept. 114-237 – Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2017, accessed May 25, 2016, <https://www.congress.gov/congressional-report/114th-congress/senate-report/237/1>.

²⁰⁵ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 44, accessed February 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²⁰⁶ *Ibid.*, 41.

²⁰⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, vi, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁰⁸ *Ibid.*, viii.

ONC developed the National Interoperability Roadmap with the goal of being able to use electronic health information exchange, so information can follow a patient where and when it is needed, across organizational, health IT developer, and geographic boundaries. The roadmap lays out a clear path to catalyze the collaboration of stakeholders who are going to build and use the health IT infrastructure.²⁰⁹ VA's intent to expand veteran care to more community providers through the creation of locally-integrated health care networks will mean that it is important for VHA to follow the ONC roadmap and standards. Following this roadmap includes using the continuity of care document to exchange data, which was established by ONC and is followed by community health care providers. VA OIT is currently collaborating with the ONC on VA's plans for interoperability and has committed VA to following the roadmap.²¹⁰

VHA does not yet have a robust, detailed strategy and roadmap for IT initiatives across VHA that integrates veteran access to scheduling via phone, telehealth, and mobile apps.²¹¹ National deployment of the VistA Scheduling Enhancement and the veteran mobile scheduling Veteran Appointment Request app, are initial steps to prepare for the implementation of new COTS electronic medical system with a scheduling package.

To resolve the underlying systemic issues with VistA scheduling, VA awarded a contract for the implementation of VA's new COTS medical appointment scheduling system in August 2015.²¹² This system is a COTS scheduling solution that, when implemented, is expected to move VHA from primarily a face-to-face appointment model to a coherent, resource-based system with broad opportunities for improved services for VA stakeholders.²¹³ Deployment is awaiting the final decision on whether VHA will continue with VistA or purchase a full COTS product.

COTS Solution

The current VistA/computerized patient records systems are based on a tightly integrated, monolithic architecture and design with numerous and diverse functional components and associated interdependencies. These characteristics impose barriers to modernizing the respective systems. In addition, the high cost of infrastructure operation and maintenance (85 percent of the total IT budget) reduces funding available for new development efforts.²¹⁴ Maintenance and data sharing are further complicated because most VAMCs have customized their local versions of VistA, leading to approximately 130 different versions of VistA across the country.²¹⁵

²⁰⁹ "A Shared Nationwide Interoperability Roadmap Version 1.0," HealthIT.gov, accessed March 29, 2016, <https://www.healthit.gov/policy-researchers-implementers/interoperability>.

²¹⁰ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

²¹¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 44, accessed April 4, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²¹² "\$623M Medical Appointment Scheduling System (MASS) Contract," G2Xchange, accessed May 3, 2016, <https://www.g2xchange.com/statics/623m-medical-appointment-scheduling-system-mass-contract>.

²¹³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 40, accessed May 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²¹⁴ *Ibid.*, vi.

²¹⁵ *Ibid.*, vi.

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VHA relies on a VistA scheduling package to provide veterans with access to health care. The system is antiquated, highly inefficient, does not optimally support processes or allow for efficient scheduling of appointments. A report on scheduling published by the Northern Virginia Technology Council (NVTC) in October 2014, showed that VA's exam-scheduling processes are not enabled by state-of-the-art technologies or consistently applied standard operating procedures.²¹⁶ To improve this situation, VHA has developed, and is in the process of a national roll out of, VistA scheduling enhancements, which provides an improved user interface (i.e., graphic user interface or GUI). Although the new GUI will help veterans gain access to care by implementing better scheduling procedures, it does not address the need that managers, planners, and administrators have for accurate and timely data on clinic use.²¹⁷ For instance, VHA's new health care operations dashboard shows that more than 55 percent of clinic slots in VHA go unused each day.²¹⁸ However when questioned about this data, VHA notes that it is not correct.²¹⁹ The underlying VistA scheduling software does not allow accurate representation of clinician time toward each clinic stop. As a result, whether data is presented in a dashboard or a new GUI tool, as long as the underlying data cannot be captured accurately, then VHA will not have the information it needs to effectively manage the supply of clinic slots.²²⁰

VA's financial management information technology system is woefully outdated and VA has previously wasted approximately \$500 million in two failed attempts to replace it. Given VA's lack of an integrated finance and logistics IT system, VA has no method to perform commitment accounting.²²¹ VA's current financial management system does not support streamlining and automation of VA's revenue cycle.²²²

Community care processes currently include eligibility determinations, referrals and authorizations, care coordination, network management, claims, and customer service.²²³ VA's information technology systems limitations often demand manual processes to support community care that can reduce the timeliness and accuracy of data and obscure the true state of VHA's activities. Relying on manual processes slows collections and payment activities and introduces errors and waste into the process.²²⁴ Barriers to automation are multifactorial,

²¹⁶ Ibid., 39-40.

²¹⁷ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow—Scheduling)*, 26, accessed May, 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

²¹⁸ Crystal Wilson, Office of Analytics and Business Intelligence, Veterans Health Administration, email to Commission on Care staff, May 3, 2016.

²¹⁹ Joe Francis, Director of Clinical Analytics and Reporting, Veterans Health Administration, email to Commission on Care staff, May 3, 2016.

²²⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow—Scheduling)*, 26, accessed May, 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

²²¹ Jan R. Frye, *Letter to Secretary McDonald, March 19, 2015*, accessed May 17, 2016, http://extras.mnginteractive.com/live/media/site36/2015/0522/20150522_025126_WhistleblowerMemo.pdf.

²²² Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment I (Business Processes)*, 24, accessed May 24, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_I_Business_Processes.pdf.

²²³ Baligh Yehia, MD, ADUSH Community Care, briefing to Commission on Care, April 18 and 19, 2016.

²²⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 42, accessed March 28, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

including confusing eligibility rules governing which veterans may receive care outside VHA and for what conditions, in what circumstances, and which services may be billed to third-party insurers.²²⁵ In addition, there are multiple authorities for purchasing community care—all with different business rules²²⁶ and reimbursement rates, as well as antiquated financial management information systems that are not standardized to private-sector processes. All of these impediments are exacerbated by workers throughout the revenue cycle who are poorly compensated and marginally trained, experience high turnover, and work in environments with a continuous 20 percent vacancy rate;²²⁷ thus, they cannot effectively manage certain business practices such as insurance verification and ensuring clinicians complete necessary coding documentation.²²⁸

Many large U.S. health care systems that originally developed in-house EHRs have since purchased and migrated to COTS EHRs.²²⁹ DoD recently made the same choice, deciding to replace its homegrown EHR with a COTS product to take advantage of private-sector innovation and have an EHR that communicates with private-sector systems. For a system in which 60 to 70 percent of military health care takes place outside the DoD,²³⁰ this was an important business consideration that is also consistent with VHA's long term direction. Very large IT programs with purpose-built systems and labor-driven business models are shifting rapidly toward more open source, COTS systems. Large proprietary IT solutions are increasingly being replaced by less risky, agile, and open-source solutions or IT as-a-service models, and getting away from client-server models.²³¹

Interoperability

VHA's EHR issues stymie interoperability among VHA facilities as well as between VHA and DoD and other non-VHA providers. Multiple assessments noted the lack of interoperability resulted in incomplete patient records with potentially substantial implications for veterans and VHA. Incomplete records introduce unnecessary clinical risk, complicate the transition from

²²⁵ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report, Appendix I (Business Processes)*, 19-20, accessed April 26, 2015, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²²⁶ Baligh Yehia, MD, ADUSH Community Care, briefing to Commission on Care, April 18 and 19, 2016.

²²⁷ Healthcare Talent Management, Veterans Health Administration, email to Commission on Care, April 11, 2016. Northern Virginia Technology Council, *Opportunities to Improve the Scheduling of Medical Exams for America's Veterans*, accessed April 25, 2016, <http://www.va.gov/opa/choiceact/documents/NVTCFinalReporttoVA-revised3.pdf>.

²²⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report, Appendix I, Business Processes*, I3-I4, accessed November 24, 2015, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²²⁹ "\$5 Billion Leidos-Lockheed Deal: Size Still Matters," Frank Konkel, accessed February 4, 2016, http://www.nextgov.com/defense/2016/02/5b-leidos-lockheed-deal-size-still-matters-federal-it-contracting/125617/?oref=nextgov_today_nl.

²³⁰ "DoD Awards Cerner, Leidos, Accenture EHR Contract," Tom Sullivan, accessed May 12, 2016, <http://www.healthcareitnews.com/news/dod-names-ehr-contract-winner>.

²³¹ "\$5 Billion Leidos-Lockheed Deal: Size Still Matters," Frank Konkel, accessed February 4, 2016, http://www.nextgov.com/defense/2016/02/5b-leidos-lockheed-deal-size-still-matters-federal-it-contracting/125617/?oref=nextgov_today_nl.

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DoD to VHA care, and inhibit VHA's ability to bill and collect revenue in an accurate and timely manner.²³²

As GAO reported in August 2015, VA and DoD have taken initial steps to increase interoperability between their existing electronic health record systems.²³³ They have deployed the Joint Legacy Viewer (JLV), which provides a patient-centric, integrated view of a patient's health data from VA, DoD, and community health partners on one screen. It has been available at all VA medical centers since October 2014 and currently has more than 70,000 users.²³⁴ The JLV is a positive step in supporting coordination of care among VA, DoD, and community partners, but it only allows for providers to view veterans'/service members' medical records and does not yet allow for the other agencies' medical records to be updated by providers.²³⁵

VA's next evolution in interoperability with DoD and community partners is the deployment of their Enterprise Health Management Platform (eHMP). eHMP is intended to provide VA streamlined access to complete patient history from VA, DoD, and community health partners in a single, reliable, customizable, and secure interface that is easy to use. It is reported to deliver a modern, web-based user interface and supporting infrastructure and is intended to replace the Computerized Patient Record System (CPRS) as VA's primary point-of-care application. The national rollout of eHMP is expected to be completed by December 2017.²³⁶

VHA does not have everything that is needed in an IT system to manage the business and clinical aspects of care in the community and support the overall veteran experience in an expanded community network. To address these gaps and provide health care well into the future, VA intends to develop in house a comprehensive and interoperable digital health platform (DHP). The DHP is intended to seamlessly integrate all of VHA's core processes, including scheduling, supply chain management, billing, and claims. Through consolidation of more than 40 contact center systems and more than 130 versions of the VistA EHR and clinical procurement/inventory systems, the DHP is designed to enable VHA's operation as a holistic, platform business and greatly reduce the cost of system maintenance across the IT enterprise.²³⁷

Because there is no unique patient identifier, problems exist with "1) accessing and integrating information from different providers and provider computer systems, 2) aggregating and providing a lifelong view of a patient's information, and 3) supporting population-based research and development."²³⁸ To accurately match veteran patient data that is exchanged between VA and non-VA providers, both organizations need to use the same unique patient

²³² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 44, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

²³³ "Electronic Health Records: VA and DOD Need to Establish Goals and Metrics for Their Interoperability Efforts," U.S. Government Accountability Office, accessed April 1, 2016, <http://www.gao.gov/products/GAO-16-184T>.

²³⁴ Sloan Gibson, Deputy Secretary of Veterans Affairs et al., briefing to Commission on Care, April 18, 2016.

²³⁵ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, A-35, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²³⁶ Sloan Gibson, Deputy Secretary of Veterans Affairs et al., briefing to Commission on Care, April 18, 2016.

²³⁷ LaVerne H. Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

²³⁸ "Analysis of Unique Patient Identifier Options," Solomon I. Appavu, The Department of Health and Human Services, accessed May 20, 2016, <http://www.ncvhs.hhs.gov/wp-content/uploads/2014/08/APPAVU-508.pdf>.

identifier. This practice is currently not used.²³⁹ Each health care system uses a unique patient identifier number, but it is specific to that system.²⁴⁰ VA uses patients' social security numbers as unique identifiers; whereas, due to stricter security standards required by HIPPA privacy laws that community providers must adhere to, many non-VA providers use other personally identifiable information (e.g., first name, last name, date of birth, and phone number) to match patient identities between record systems. Studies have shown that patient identification error rates range from 7-20 percent.²⁴¹ For VA to accurately identify patients and their records, a unique national patient identifier is essential.

The security of electronic records is an ongoing concern. One in three Americans had health care records breached in 2015.²⁴² Recent hacks of U.S. hospital health care systems through the use of ransomware, viruses that hold systems hostage until victims pay for a key to regain access, further highlight the need for enhanced VA cybersecurity.²⁴³ VA's OIG has repeatedly identified the same weaknesses and deficiencies in VA's information security program in its annual FISMA audit reports.²⁴⁴ Although VA has recently made some progress in developing policies and procedures to address current security gaps, OIG's FY 2015 audit concluded that information security is still a *material weakness* for VA and that VA must take comprehensive measures to mitigate security vulnerabilities affecting VA's mission-critical systems.²⁴⁵ For sharing of veteran data to be secure, only the designated correct parties can have access to patients' data.²⁴⁶ Interoperability increases the risk to veterans' health records.²⁴⁷ Cybersecurity guidelines and best practices are being developed by HHS in response to the requirements in the recently enacted Cybersecurity Information Sharing Act;²⁴⁸ however, security protocols also cannot impede health information exchange with VA community providers and health systems. VA OIT needs to be involved in the health information exchange planning discussions, which

²³⁹ "Interoperability 2015: Current State and Next Steps", Kent Gale, KLAS Research, accessed March 9, 2016, <http://www.klasresearch.com/docs/default-source/default-document-library/2pg-emr-interoperability-industry-specific.pdf?sfvrsn=0>.

²⁴⁰ "Analysis of Unique Patient Identifier Options," Solomon I. Appavu, The Department of Health and Human Services, accessed May 20, 2016, <http://www.ncvhs.hhs.gov/wp-content/uploads/2014/08/APPVU-508.pdf>.

²⁴¹ "The Right Fit: How We Solve the Puzzle of Interoperability," Russell Branzell, Media Planet: Future of Health Care, accessed May 25, 2016, <http://www.futureofhealthcarenews.com/telemedicine/the-right-fit-how-we-solve-the-puzzle-of-interoperability>.

²⁴² "Public Health Enemies: Protecting Your Medical Records," Russell Branzell, Media Planet: Future of Health Care, accessed May 25, 2016, <http://www.futureofhealthcarenews.com/digital-health/public-health-enemies-protecting-your-medical-records>.

²⁴³ "Virus Infects Medstar Health System's Computers, Forcing an Online Shutdown," John Woodrow Cox, Karen Turner and Matt Zapotosky, accessed March 28, 2016, https://www.washingtonpost.com/local/virus-infects-medstar-health-systems-computers-hospital-officials-say/2016/03/28/480f7d66-f515-11e5-a3ce-f06b5ba21f33_story.html?hpid=hp_local-news_medstar-health-virus-345pm_percent3Ahomepage_percent2Fstory.

²⁴⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, A-24, accessed May 25, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁴⁵ Department of Veterans Affairs, Office of the Inspector General, *Federal Information Security Modernization Act Audit for Fiscal Year 2015*, accessed May 25, 2016, <http://www.va.gov/oig/pubs/VAOIG-15-01957-100.pdf>.

²⁴⁶ "Interoperability 2015: Current State and Next Steps; Market Immaturity Highlights Opportunity," Kent Gale, KLAS Research, accessed March 9, 2016, <http://www.klasresearch.com/docs/default-source/default-document-library/2pg-emr-interoperability-industry-specific.pdf?sfvrsn=0>.

²⁴⁷ Jon White, M.D., The Office of the National Coordinator for Health Information Technology, briefing to Commission on Care, December 15, 2015.

²⁴⁸ "Public Health Enemies: Protecting Your Medical Records," Russell Branzell, Media Planet: Future of Health Care, accessed May 17, 2016, <http://www.futureofhealthcarenews.com/digital-health/public-health-enemies-protecting-your-medical-records>.

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are currently handled solely within VHA, so that VA OIT can assist in removing impediments to health information exchange.²⁴⁹

Veterans currently have to opt in (i.e., provide consent) to allow VA to share their health information with non-VHA/community care providers. Although the technology is in place for VA to exchange patient health information with more than 100 health information exchange partners, only a fraction of data can be exchanged in these networks because, due to lack of awareness, only 3 percent of veterans have opted in to allow VA to share their health information.²⁵⁰ The standard industry policy is to have patients opt out of having their health data shared with their other health care providers. VA is prohibited from taking this approach because statutory language in 38 U.S.C. § 7332 prohibits VA from disclosing information relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus, or sickle cell anemia, except when required in emergencies, without written authorized consent from the patient.²⁵¹

In response to this limitation, VA approved and submitted Legislative Proposal VHA-10 (10P-07), Authority for the Department of Veterans Affairs (VA) to Release Patient Information under 38 U.S.C. § 7332 to Health Care Providers for Treatment of Shared Patients in 2013. The proposal allows veterans to opt out of sharing their data with VA community providers instead of having to opt in. The proposal was approved by OMB and was included in the president's 2015 Budget. VHA provided a briefing to a Senate Veterans Affairs Committee staff in April 2015 on this legislative proposal. A House Bill was introduced, but it limited the opt-out option to the *Choice Program*. VA's Office of Congressional and Legislative Affairs responded back to Congress that the bill should be expanded to include all external purchased care options (i.e., community providers) thus directly supporting more veterans.²⁵²

Collaboration between VA OIT and VHA is paramount to transforming VHA's health IT infrastructure. Such collaboration would be most effectively achieved by establishing an IT leader for VHA who is focused on ensuring that the strategic and operational IT needs of VHA clinicians, staff, and veterans are met. Current OIT leadership is in the process of modernizing VA's IT management processes, to include putting in place IT account managers (ITAMs) for each of the agency's departments, including VHA.²⁵³ An account manager is neither senior enough, nor has the level of expertise and experience, to manage the complexity of the VHA IT system. VHA's extensive IT needs require a VHA CIO with authority over the health IT budget and the execution of the health IT strategy. VA needs a robust process for IT investment decisions, especially those relating to VHA's health strategy. The VHA CIO would work with the CVCS and the VA CIO to define the health IT strategy and key IT acquisitions/projects and ensure that health IT funding is aligned and committed to the execution of VHA's health IT

²⁴⁹ Jamie Bennett, VLER Health Program Manager, phone call with Commission on Care Staff, March 2, 2016.

²⁵⁰ Elaine Hunolt, email on February 1, 2016 in response to follow-up questions from her briefing to the Commission on Care, December 15, 2015

²⁵¹ 38 U.S.C. § 7332 Subchapter III - Protection of Patient Rights Sec. 7332 - Confidentiality of certain medical records.

²⁵² Elaine Hunolt, email on February 1, 2016 in response to follow-up questions from her briefing to the Commission on Care, December 15, 2015.

²⁵³ "OI&T Enterprise Strategy: Putting Veterans First," LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care, December 15, 2015.

strategy. Rolling out a new system takes multiple years, and VA must commit to funding system deployments to completion.

The modernization of VHA's IT infrastructure requires a substantial increase in and reallocation of VA's IT budget to implement it. The budget process for VA health care IT funding should be the same as the process for VHA medical care funding. That shift can be accomplished by establishing a separate line item for *health* IT within VA's IT appropriation, and providing for advanced appropriations for that account. In addition, there is also a potential supplementary role for government-wide IT legislation. For example, H.R. 4897, the Information Technology Modernization Act of April 2016, would create a \$3.1 billion revolving fund for upgrading outdated federal IT systems.²⁵⁴

The Commission strongly recommends that VA purchase a comprehensive COTS health IT platform, and implement all information systems with minimal customization. VHA leadership is in the process of assessing whether VistA is the best solution to support veterans' future health care needs or whether a new EHR, such as a COTS product or open-source EHR, should be used.²⁵⁵ The decision to choose a COTS product would be consistent the approach adopted by DoD and by other large health systems that have moved away from homegrown solutions to commercial and open-source products. It would allow VHA to focus energy on excellent patient care as a core competency and shift the IT development and maintenance risk of software products to external vendors with more expertise in this area.²⁵⁶ It is also likely to accelerate interoperability as vendors continue to offer IT solutions that meet meaningful use standards and the roadmap published by ONC.

A COTS product must be able to execute key functionalities required by VHA. These requirements include one standard version of an EHR across all VHA sites of care; interoperability within VA, such as with Veterans Benefit Administration (VBA), and between VHA and DoD, and community providers; robust security; and the ability to accommodate a national unique patient identifier. This system must also be a robust clinical management tool that supports VHA clinical workflow and has a customizable interface for clinical users, allows for evidence-based clinical order sets and patient safety features like automated medication reconciliation, has robust analytic capability for both clinical and administrative functions, and enables automated abstraction and reporting of performance measures.

The system must also seamlessly support administrative functions like scheduling, patient intake, eligibility determination, referrals, and patient out-of-pocket expense determination. The system must enable effective business operations in billing coding, automated claims processing, and all aspects of supply chain management. This COTS purchase should include a scheduling package. Improvements in scheduling should dramatically increase access and satisfaction, as well as data quality, productivity, and operational reporting capabilities.

²⁵⁴ "Two IT Modernization Bills Could See Movement in Congress," Aisha Chowdhry, accessed April 28, 2016, <https://washingtontechnology.com/articles/2016/04/22/it-bills-congress.aspx>.

⁷³ Sloan Gibson, Deputy Secretary of Veterans Affairs et al., briefing to Commission on Care, April 18, 2016.

²⁵⁶ "DoD awards Cerner, Leidos, Accenture EHR Contract," Tom Sullivan, accessed May 12, 2016, <http://www.healthcareitnews.com/news/dod-names-ehr-contract-winner>.

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Broadening and improving scheduling capabilities will provide more opportunities for veterans to become active partners in their own care.²⁵⁷

For VHA to transition to a COTS product, the new VHA CIO must develop and implement a strategy that will allow the current nonstandard data to effectively roll into a new system, engage clinical-end users and internal experts in the procurement and transition process, ensure effective cybersecurity, and limit spending on the current systems to fund only critical changes required for continued operations. Finally, this plan should be coordinated with ONC and DoD.

Implementation

Legislative Changes

- Provide a specific appropriation to fully fund the complete development and deployment of the comprehensive COTS electronic health platform, recognizing this will require significant resources above the current annual appropriation and funding to support VHA's IT transformation; including funds that ensure appropriate training of all staff, recognize loss of staff productivity during implementation, and provide proper maintenance and upgrades of VA IT infrastructure in preparation for new and successor technologies.
- Establish within the Department's IT appropriation a line item for health IT, and provide for advanced appropriations for that account, consistent with the overall VHA IT strategy.
- Amend section 38 U.S.C. §7332, to authorize VA to share protected health information under the same rules as all other HIPAA protected information.

VA Administrative Changes

- Hire a CIO for the VHA IT transformation. The CIO should report to the CVCS, with secondary reporting responsibility to VA CIO.
- Establish a transformation strategy that addresses all of the following needs (as directed by the VHA CIO):
 - standardizes data elements in the current IT systems through the use of standard nomenclatures, terminologies and code sets in order to promote the transition to a COTS EHR and to support interoperability²⁵⁸
 - develops a robust cybersecurity plan for VHA IT infrastructure, in coordination with VA CIO and Chief Information Security Office, which addresses both current systems and defines
 - the requirements for new systems

²⁵⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, 46, accessed May 3, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁵⁸ *Ibid.*, 55.

- collaborates with the Office of the National Coordinator for Health IT on national interoperability standards and implementation
- limits any continued VistA development and associated spending to only those upgrades required to keep VistA functioning until a new system is in place
- Plan and implement procurement of a comprehensive COTS electronic health platform that executes all of the following requirements:
 - establishes one logical version of an electronic health record platform in VHA²⁵⁹
 - standardizes evidenced-based, best practice clinical order sets across VHA
 - incorporates effective analytic capabilities to drive health and business outcomes and offers the ability to interface with other tools for data management and presentation²⁶⁰
 - modernizes appointment scheduling so that it accurately measures wait times, is not susceptible to data manipulation, and is focused on the individual needs of the veterans²⁶¹
 - accomplishes a coordinated IT infrastructure for appointment scheduling, coding, billing, claims payment, third party collections, and other core VHA business processes, including the following specific capabilities: integration across patient intake, medical records, coding, and billing systems; single sign-on capability; automated first-party claims matching; real-time estimate of out-of-pocket patient expenses; and automation to support algorithmic edits and claims correction²⁶²
 - supports the business processes required to implement integrated community care networks, including eligibility determinations, referrals and authorizations, care coordination, network management, claims and customer service
 - promotes full interoperability with IT systems across VA (including VBA and National Cemetery Administration) and between VA and DoD
 - supports the development of full interoperability with integrated community care network facilities and providers

²⁵⁹ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

²⁶⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, viii, accessed March 31, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

²⁶¹ The Independent Budget, *The Independent Budget—Veterans Agenda for the 114th Congress: Policy Recommendations for Congress and the Administration*, accessed May 17, 2016, http://www.independentbudget.org/2016/IB_FY16.pdf.

²⁶² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 49, accessed February 16, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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- enables automated abstraction and reporting of quality performance measures including process and outcome measures of clinical quality, access measures, and cost effectiveness that are the same as the private sector
- includes functionality to use a national unique patient identifier
- integrates supply chain and financial systems with the electronic health records to provide accurate operational data²⁶³
- Streamline its current IT procurement processes so that IT procurement is expeditious, including lengthier contract vehicles with more options, the use of indefinite delivery indefinite quantity vehicles, blanket purchase agreements, time and material contracts, and flexible contract structures to allow for the onboarding of emerging technologies in a competitive fashion.
- Increase health IT expertise within VHA.

Other Department and Agency Administrative Changes

- CMS and federal health care providers should collaborate to develop a national unique patient identifier standard. CMS should require health care providers to use these identifiers as a condition of participation in Medicare and HHS should require federally qualified health centers to use them as a condition of participation. The President should require all federal health care providers to adopt the standard.

²⁶³ LaVerne Council, Assistant Secretary for Information & Technology, Chief Information Officer, Department of Veterans Affairs, briefing to Commission on Care staff, April 27, 2016.

Supply Chain

Recommendation #8: Transform the management of the supply chain in VHA.

Problem

Effective management of all aspects of the supply chain has become a competitive differentiator for health care delivery systems. Modernization and automation of the supply chain in health care have the potential to save hundreds of millions of dollars, if done well. VHA cannot modernize its supply chain management and create cost efficiencies because it is encumbered with confusing organizational structures, no expert leadership, antiquated IT systems that inhibit automation, bureaucratic purchasing requirements and procedures, and an ineffective approach to talent management.

The problems are systemic. The organizational structure is chaotic, contracting operations are not aligned to business functions, and processes are poorly constructed, lacking standardization across the organization. Information technology infrastructure is inadequate, and it lacks appropriate interoperability among IT systems. VHA is unable to produce high-quality data on supply chain utilization and does not effectively manage the process using the insights such data could provide.²⁶⁴

Background

Health systems nationwide, under pressure from reforms driven by the Affordable Care Act, are looking at every aspect of their business to maximize cost savings, while maintaining quality services.²⁶⁵ This effort includes examining the supply chain for ways to save money.²⁶⁶

The Commission Recommends That . . .

- VHA establish an executive position for supply chain management, the VHA chief supply chain officer (CSCO), to drive supply chain transformation in VHA. This individual should be compensated relative to market factors.
- VA and VHA reorganize all procurement and logistics operations for VHA under the CSCO to achieve a vertically integrated business unit extending from the front line to central office. This business unit would be responsible for all functions in a fully integrated procure-to-pay cycle management that includes policy and procedures, contract development and solicitation, ordering, payment, logistics and inventory management, vendor relations and integration, data analytics and supply chain visibility, IT alignment, clinician engagement and value analysis, and talent management across all these supply chain functions.
- VA and VHA establish an integrated IT system to support business functions and supply chain management; appropriately train contracting and administrative staff in supply chain management; and update supply chain management policy and procedures to be consistent with best practice standards in health care.
- VHA support the Veterans Engineering Resource Center (VERC) Supply Chain Modernization Initiative including consistent support from leadership, continued funding and personnel, and the alignment of plans and funding within OIT to accomplish the modernization goals.

²⁶⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, vi, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁶⁵ Bob Kehoe, "Transforming Purchasing: Expect Sharp Focus on Comparative Effectiveness," *Health Facility Management Magazine*, 12, (2010): 34-37, accessed April 28, 2016, http://www.hfmmagazine.com/inc-hfm/pdfs/2010/10HFM12_Trends5.pdf.

²⁶⁶ "Supply Chain Efficiency Trends," Rodney Moore, accessed April 28, 2016, <http://www.healthcarefinancenews.com/news/supply-chain-efficiency-trends>. "5 Ways Supply Chain Can Reduce Rising Health Care Costs," Jasmine Pennie, accessed April 28, 2016, <http://hitconsultant.net/2013/05/13/5-ways-supply-chain-can-reduce-rising-health-care-costs/>.

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Price competition achieved through technology and aggressive management of supply chain efficiencies by retailers such as Walmart and Amazon are held up as just the kind of disruption that health care requires.²⁶⁷ Health care organizations as diverse as Kaiser Permanente, Cleveland Clinic, Stanford Medicine, and Johns Hopkins Health System have taken on the challenge of transforming their supply chains, realizing savings of as much as hundreds of millions of dollars.²⁶⁸ VHA, which in FY 2014 spent approximately \$3.4 billion on clinical supplies, medical devices, and prosthetic appliances, has an opportunity to realize similar savings.²⁶⁹

Opportunities for efficiency in the supply chain include reducing pricing for purchases and lowering operating costs of procurement processes. To achieve price savings, organizations must have detailed information on what products they use, understand and reduce variability in the products purchased, and aggressively negotiate pricing, usually by consolidating purchases to a small number of preferred vendors who are willing to offer volume discounts and improve service delivery. On the operations side, cost savings are achieved by managing inventory lifecycle and restocking processes; order management; and the logistics of shipping, receiving, and transportation to drive down costs and lower waste and breakage. In health care, it also pays to ensure that clinical staff, both nurses and doctors, are treating patients rather than conducting inventory checks or ordering and collecting supplies.²⁷⁰ To be successful in managing the supply chain in health care, a partnership with clinical staff is key. Variability in device and supply purchases can be driven by clinician preferences and thus, to reduce variability, clinicians must be engaged in analyzing product options and examining data on product effectiveness to determine what products to use with patients.²⁷¹

VHA has a successful internal model of aggressive supply chain management that can serve as a model for improving the management of medical, surgical and other supplies: the VHA Pharmacy Benefits Management Service (PBM). PBM has taken a systems approach to

²⁶⁷ John Agwunobi and Paul London, “Removing Costs from the Health Care Supply Chain: Lessons from Mass Retail,” *Health Affairs*, 28, no 5, (2009): 1336-1342, accessed April 26, 2016, <http://content.healthaffairs.org/content/28/5/1336>.

²⁶⁸ “In Age of Mergers, Hospitals Get Strategic with Medical Supply Purchasing,” Jeff Lagasse, accessed April 27, 2016, <http://www.healthcarefinancenews.com/news/age-mergers-hospitals-get-strategic-medical-supply-purchasing>. “Supply Chain Management,” Cleveland Clinic, accessed April 27, 2016, <http://my.clevelandclinic.org/services/supply-chain-management>. “Stanford Medicine Cuts Medical Supply Costs Through Value-Based Ordering,” Jeff Lagasse, accessed April 27, 2016, <http://www.healthcarefinancenews.com/news/stanford-medicine-cuts-medical-supply-costs-through-value-based-ordering>.

²⁶⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 47, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷⁰ “EY Provider Post: Choosing Your Innovation Pathway,” EY, accessed April 26, 2016, <http://www.ey.com/US/en/Industries/United-States-sectors/Health-Care/Provider-Post--Choosing-your-innovation-pathway>.

²⁷¹ “Supply Chain Efficiency Trends,” Rodney Moore, accessed April 28, 2016, <http://www.healthcarefinancenews.com/news/supply-chain-efficiency-trends>. “Strategic Supply Chain Management,” Lee Ann Jarrow, accessed April 28, 2016, <http://www.hhnmag.com/articles/4522-strategic-supply-chain-management>. “Stanford Medicine Cuts Medical Supply Costs Through Value-Based Ordering,” Jeff Lagasse, accessed April 27, 2016, <http://www.healthcarefinancenews.com/news/stanford-medicine-cuts-medical-supply-costs-through-value-based-ordering>.

managing pharmaceutical supplies, logistics, and prescribing.²⁷² PBM has largely solved the internal contracting deficiencies in VA by consolidating its activities under just two contracting organizations that oversee all national-level contracts for pharmaceuticals. PBM also applies effective mechanisms to drive standardization of supplies through a national formulary, clinical guidelines for prescribers and utilization review, and feedback to help clinicians identify outlier prescribing practices.²⁷³ Vital to the success of this program is the involvement of clinicians and pharmacists in a vertically integrated model of engagement and decision making through facility-level, Veterans Integrated Service Network (VISN)-level, and national-level PBM committees that contribute to formulary and clinical guideline decisions and manage utilization review with local clinicians.²⁷⁴ PBM also has a sophisticated web of communications, education, and engagement efforts to ensure clinical leaders across the system are helping drive PBM policy and practices.²⁷⁵ As a result, 90 percent of purchases are acquired through pharmaceutical prime vendor contracts.²⁷⁶

PBM, taking advantage of standardized industry nomenclature and bar codes for pharmaceuticals, has implemented automated dispensing, distribution, and ordering processes, including VA's Consolidated Mail Outpatient Pharmacy (CMOP).²⁷⁷ The use of CMOP, a system of seven highly automated pharmacies that process more than 460,000 prescriptions every work day, results in exceptional accuracy and lower processing costs than would result if filling prescriptions at each VAMC.²⁷⁸ Eighty percent of prescriptions in VHA are filled through CMOP,²⁷⁹ which has been recognized for the last 6 years as the best or one of the best mail order pharmacies in the country meeting or exceeding customer satisfaction scores of health care systems like Kaiser Permanente and on-line pharmacies like Express Scripts and Walgreens Online Pharmacy.²⁸⁰ Customer service, veteran satisfaction, and patient safety delivered through team-based care are a hallmark of the mission of PBM,²⁸¹ and are a useful reminder of the principles that must drive any successful transformation of supply chain management in VHA.

²⁷² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 19, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷³ *Ibid.*, 20.

²⁷⁴ VHA Formulary Management Process, VHA Handbook 1108.08 (2009).

²⁷⁵ Clinical Pharmacy Services, VHA Handbook 1108.11, 28-30 (2015). The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 32-34, accessed January 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 13, accessed January 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁷⁷ *Ibid.*

²⁷⁸ "VA Mail Order Pharmacy," U.S. Department of Veterans Affairs, accessed April 29, 2016, http://www.pbm.va.gov/PBM/CMOP/VA_Mail_Order_Pharmacy.asp.

²⁷⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 13, accessed January 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁸⁰ "U.S. Pharmacy Study – Mail Order (2015)," J.D. Power, accessed April 29, 2016, <http://www.jdpower.com/ratings/study/U.S.-Pharmacy-Study-Mail-Order/631ENG2>.

²⁸¹ "Pharmacy Benefits Management Services," U.S. Department of Veterans Affairs, accessed April 29, 2016, <http://www.pbm.va.gov/PBM/index.asp>.

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Analysis

VHA's supply chain for clinical supplies, medical devices, and related services is inadequate compared to the agency's pharmacy organization or to best practices in leading hospital systems.

*Its contracting processes are bureaucratic and slow, which can delay veterans access to care. Purchasing processes are cumbersome which has driven VHA staff to work arounds and exacerbates the variation in prices VA pays for products. Utilization is difficult to measure or manage given a lack of data which likely leads to significant avoidable expense for VA.*²⁸²

Leadership and Organizational Structure and Function

Best-in-class supply chain organizations typically have a single group responsible for the strategy, sourcing, procurement, and logistics of clinical supplies and medical devices. The organization is typically led by an executive-level leader, such as a chief supply chain officer (CSCO), and personnel are aligned along product categories to develop and use deep expertise in the products and suppliers they manage.²⁸³ In contrast, the organizational structure for contracting, logistics, and supply management in VA and VHA is complex and duplicative.²⁸⁴ Four contracting entities are located within VA central office but report to two different management offices within VA's office of acquisition, logistics, and construction (OALC).²⁸⁵ Procurement personnel within VHA's regional contracting and VISN offices report to VHA's national office of procurement. In contrast, facility-based and VISN logistics personnel report to their local VAMC or VISN director and not to the national VHA logistics office.²⁸⁶ To further complicate the management picture, clinical supplies are managed by the logistics organization, yet medical devices are managed by the Prosthetics and Sensory Aid Service (PSAS)²⁸⁷ (see Figure 5). In most health care organizations, the supply chain chief operating officer and their integrated supply chain group manages the procurement and distribution of all clinical supplies and medical devices.²⁸⁸ This is not the case in VA. Senior leaders in VA's and VHA's supply chain organizations and field-based supply chain personnel indicate current organizational structure is too complex and should be simplified.

*National supply chain leaders expressed lack of clarity regarding the scope of responsibilities of the entities for which they are responsible, which has led to some tension and what one leader described as a 'turf war.' Others described a vacuum of ownership and accountability, and lack of clarity on roles and responsibilities.*²⁸⁹

²⁸² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, v, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁸³ Ibid., 57-58.

²⁸⁴ Ibid., ix.

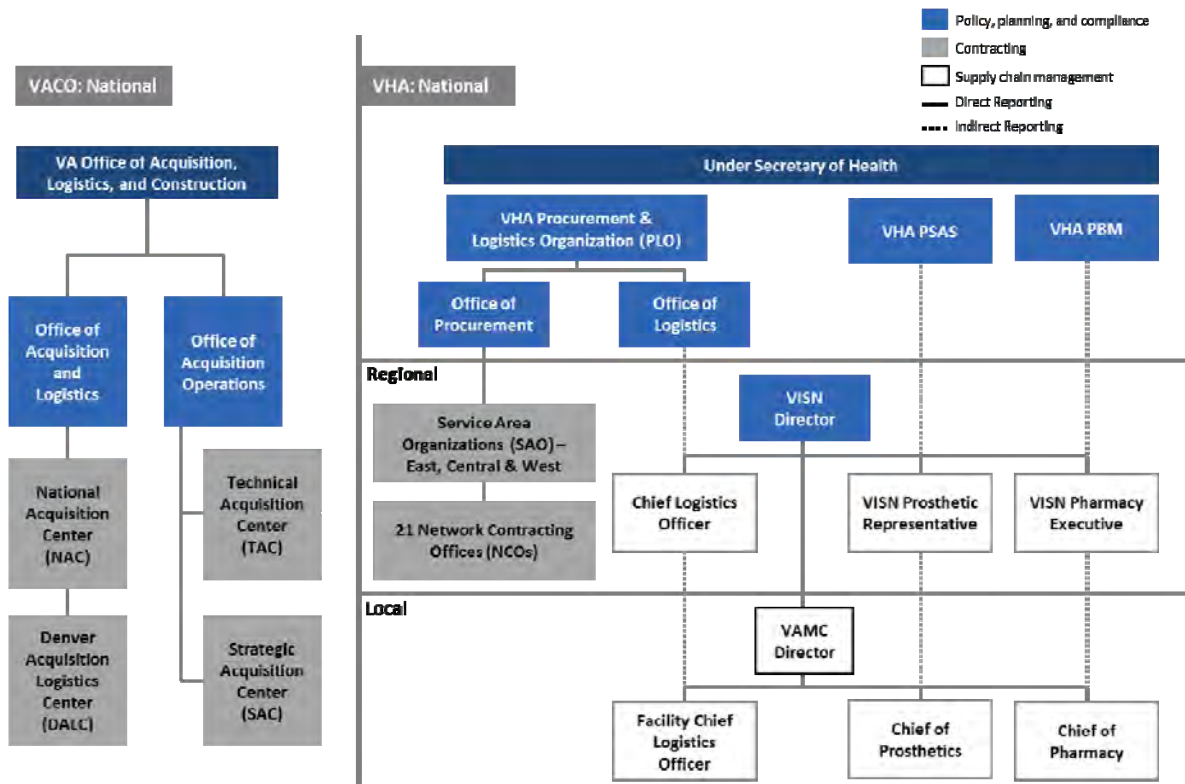
²⁸⁵ Ibid., 96-97.

²⁸⁶ Ibid., 47-50.

²⁸⁷ Ibid., 58.

²⁸⁸ Ibid.

²⁸⁹ Ibid., 55.

Figure 5. Organizations Comprising VA's Supply Chain²⁹⁰

Notes: Some VISNs may have different reporting relationships with facility prosthetics staff.

The separation of clinical supplies and prosthetics/medical devices causes issues in coordinating products needed for procedures. Frontline staff members indicate the time it takes to procure simple items through contracting (1 to 3 months) is problematic. For example, heart valve surgery may be delayed because some heart valves cost more than the micro-purchase threshold (\$3,000), thus the purchase must be made through the contracting process.²⁹¹ Medical center staff consistently expressed concern that VHA procurement offices are not responsive to the needs of a health care organization and do not communicate effectively with them,²⁹² findings borne out by low customer satisfaction scores given to these organizations.²⁹³

There is great overlap and redundancy in procurement and logistics functions in VA and VHA and the reporting structures are not aligned to ensure that the needs of veteran patients and their clinical providers are met. In an environment with limited sharing of best practices and a lack of transparent, open communications, the current complicated reporting structures impede customer-service quality and effectiveness. The original intent behind the current structure was to consolidate and strengthen purchasing power through the establishment of national contracts; however implementation of the vision has been poor and the result has been a

²⁹⁰ Ibid., 49.

²⁹¹ Ibid., 67.

²⁹² Ibid., 68.

²⁹³ Ibid., 69.

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complicated, bureaucratic system filled with redundancies.²⁹⁴ These broken processes serve as a precursor for catastrophic systems failures.²⁹⁵

There is an immediate need to consolidate and streamline procurement and logistics for medical and surgical supplies under one leader in VHA, the VHA chief supply chain officer (CSCO), who would be accountable for transforming VHA supply chain management. As identified under MyVA, medical and surgical supply chain management is the first priority but the rest of the supply chain needs to be addressed by the CSCO in a staged approach. The VERC or other experts in business process engineering must be engaged to create a vertically aligned organizational structure with clear delegated responsibilities at each level of the organization to create an efficient and responsive procurements and logistics process which the VHA CSCO would lead.

Clinical Engagement and Value Analysis

In contrast to pharmaceuticals, usage of clinical supplies and medical devices is not strictly monitored or managed in VA. In general, physicians and nurses can choose whichever products they believe are best for patients and the supply chain organization's role is to make those items available.²⁹⁶

VHA does not have a means to determine what supplies should be standardized or a feedback loop administrators and staff use to assess whether standards were being used when they did exist.²⁹⁷ As a result, limited product standardization has been achieved across VHA, despite VHA establishment of national standardization user groups in 2001 responsible for identifying items for standardization based on national procurement data.²⁹⁸ To date, national product standardization has been achieved in only a limited number of categories.²⁹⁹ Since 2011,

VHA required that medical centers establish Clinical Product Review Committees (CPRCs) to: (i) review and approve the use of new clinical items and reusable medical equipment (RME) at each medical center; (ii) maintain a list of approved expendable clinical supplies and RME by establishing and maintaining a Medical/Surgical Supply Formulary; and (iii) ensure compliance with nationally standardized contracts and blanket purchase agreements. In all sites visited, CPRCs exist and meet regularly but reviews were generally formalities.³⁰⁰

²⁹⁴ Ibid., 47-50.

²⁹⁵ Heather Woodward-Hagg, PhD, Acting Director, VERC, briefing to Commission on Care, February 8, 2016.

²⁹⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 54, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

²⁹⁷ Ibid., xii.

²⁹⁸ VHA Handbook 1761.1, Standardization of Supplies and Equipment Procedures, July 2003.

²⁹⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 81, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³⁰⁰ Ibid., 82.

Under this 2011 policy, the establishment of VISN oversight committees was also required to provide accountability and feedback to the local committees, but these committees were apparently never established.³⁰¹

VHA, with the engagement of the Veterans Engineering Resource Center (VERC), is making progress on clinician alignment to accomplish value-based purchasing decisions for medical and surgical supplies. VERC has recently rolled out a national clinical product review committee (CPRC-E) e-portal to better organize this function. This portal provides a central system and standard processes for all new product requests and approvals to inform the procurement processes.³⁰²

In the area of medical and surgical supplies, clinician preference can drive variability in procurement and utilization. As has been done in VHA for pharmaceutical prescribing, a similar system to engage and align clinicians must be undertaken for medical devices and surgical supplies. VERC has started this process, but requires further funding and leadership support to fully implement a clinician-driven sourcing process. Current and future leaders of VA and VHA must ensure that VERC continues to receive the funding support and leadership engagement it needs to fully accomplish this transformation with support and direction from a VHA CSCO.

Information Technology, Data Standards, and Analytics

Information technology systems, data systems, and analytical capability for finance, inventory management, and purchasing impede VHA's ability to effectively manage its supply chain.³⁰³ VHA needs greater "end-to-end visibility into the operational and financial performance of their supply chain" and more effective means to accomplish supply chain budgeting, forecasting, inventory management and automation of at least some key supply chain functions.³⁰⁴

*VA lacks visibility into supplies and devices spending at the level of granularity usually seen in the private sector. For example, in the private sector, it is typically possible to measure clinical supply spend and utilization at the service, patient, or physician level. However, this is not possible in VHA because it does not capture such data. Therefore, supplies spend per case can only be calculated in aggregate, which is relatively meaningless and does not allow for fair comparison across hospitals, services, or physicians. This inhibits VA's ability to manage utilization and to understand fully the impact of product standardization efforts.*³⁰⁵

VERC is working to reduce the more than 130 versions of VistA in place across the country so that the same data sets can be tracked and reported.³⁰⁶ Funding was approved by OIT for the Future Transformation Tool (FTT) graphical user interface that will standardize product names

³⁰¹ Ibid., 54.

³⁰² Heather Woodward-Hagg, PhD, email to Commission on Care, March 17, 2016.

³⁰³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, x, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³⁰⁴ Ibid.

³⁰⁵ Ibid., 60.

³⁰⁶ Ibid.

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and provide data integration across all of VHA. Point of Use Solution, a commercial off the shelf supply management software product, has been purchased to achieve better inventory and demand management control and has been deployed to 32 percent of facilities, as of April 2016.³⁰⁷

True sustainment of a clinician driven process cannot be achieved with fragmented information systems that do not communicate. Leaders at all levels of the organization are not able to effectively identify and manage procurement requirements or provide effective feedback to clinicians on utilization. Similarly, automated inventory control, ordering, billing, and payment cannot occur without a seamless information technology infrastructure. With a current IT system in which fiscal, supply chain, and clinical informatics systems do not interface, the hopes of moving to automated processes for supply ordering, equipment life cycle management, and vendor communications cannot be realized. A plan for the transformation of supply chain management, developed by a VHA CSCO with support from VERC, must be fully integrated with planning and procurement within OI&T and fully financed to accomplish these important goals.

Policy and Procedures

Ninety-eight percent of all clinical supplies are acquired using purchase cards³⁰⁸ and 75 percent of what VHA spends on clinical supplies is made through this purchase mechanism.³⁰⁹ This is not a surprise given that the standard contracting process can take anywhere from 150 to 180 days to complete,³¹⁰ yet use of purchase cards is inefficient as this mechanism does not take advantage of economies of scale and potential cost savings an organization the size of VHA can achieve through price negotiations and strategic sourcing.³¹¹ It can also be contrary to law, as use of purchase cards often necessitates orders be split to remain under the \$3,000 purchase card limit.³¹² An analysis of purchase records showed that 38 percent of supply orders were made through standing vendor contracts which is in stark contrast to the private sector benchmark of aiming to complete 80-90 percent of supply purchases from master contracts with negotiated price discounts.³¹³ Indeed, the private sector trend in health care has been for hospitals and health care systems to form alliances in “group purchasing organizations” to achieve the scale that VHA naturally enjoys.³¹⁴ Weaknesses in logistic management have been recognized in VHA for some time and still remain.³¹⁵ For instance, a review of logistics business

³⁰⁷ Sloan D. Gibson, Deputy Secretary of Veterans Affairs, briefing to Commission on Care, April 28, 2016.

³⁰⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, xi, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³⁰⁹ Ibid., xii.

³¹⁰ Ibid., x.

³¹¹ U.S. Government Accountability Office, *Strategic Sourcing: Improved and Expanded Use Could Save Billions in Annual Procurement Costs*, accessed April 28, 2016, <http://www.gao.gov/assets/650/648644.pdf>.

³¹² U.S. Department of Veterans Affairs, Office of Inspector General, *Review of Potential Inappropriate Split Purchasing at VA New Jersey Health Care System*, accessed April 28, 2016, <http://www.va.gov/oig/pubs/VAOIG-11-00826-261.pdf>.

³¹³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, xii, accessed April 29, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³¹⁴ Bob Kehoe, “Transforming Purchasing: Expect Sharp Focus on Comparative Effectiveness,” *Health Facility Management Magazine*, 12, (2010): 34-37, accessed April 28, 2016, http://www.hfmmagazine.com/inc-hfm/pdfs/2010/10HFM12_Trends5.pdf.

³¹⁵ U.S. Government Accountability Office, *Veteran’s Health Care: VHA Has Taken Steps to Address Deficiencies in Its Logistics Program, but Significant Concerns Remain*, accessed April 28, 2016, <http://www.gao.gov/assets/660/653886.pdf>.

practices at 17 VHA medical facilities in 2014 showed that none of the facilities achieved 100 percent compliance on the factors assessed, and the rate of noncompliance ranged from 53 to 88 percent, depending on the business metrics examined.³¹⁶

VA is inhibited by a failure to update its acquisition regulations to take advantage of modernization made in 2014 to the governmentwide regulations to promote simplified purchasing procedures.³¹⁷

VERC initiatives to improve VHA supply chain are intended to standardize business processes and address the great price variations for the purchasing of medical and surgical supplies. A national medical surgical prime vendor (MSPV) contract has been established. This development has several advantages to include (a) increased ability to leverage pricing negotiations; (b) standardized pricing; (c) elimination of redundant contract development, bidding, and selection; and (d) future ability to integrate with CPRC E-Portal.³¹⁸ VA has established a goal for 85 percent of all orders in FY 2016 be made under the prime vendor contract and has made 1,100 contracting officers available to meet demand against the contract.³¹⁹ As of April 2016, an estimated \$24.4 million in supply chain costs had already been avoided since January.³²⁰

The establishment of a new MSVP contract in April 2016, the assignment of 1,100 staff to support its use, and the expectation communicated to the field that 85 percent of all purchases be made from the contract are important steps in the right direction. For efficient ordering processes to take hold and be sustained across VHA, all of the policies and procedures from the bedside (or surgical suite) to the head contracting office must be reworked to align with the desired business outcomes. Reworking policies and procedures must occur together with appropriate training and communication at all levels of the organization. Each staff member involved in the procurement process must be held accountable for meeting the new requirements and expectations assigned to them. Updating the VA Acquisition Regulation (VAAR) is just one small piece of such a transformational change. The VERC or others with appropriate experience in aligning business processes within government should be assigned responsibility to finish developing and implementing plans for such a transformation under the direction of a VHA CSCO.

Contracting

Analysis of the *Independent Assessment Report* confirmed issues with the responsiveness of contracting. For example, at one facility, if a request was submitted to contracting that was incomplete or inaccurate, it took on average 21 to 39 days from the date of initial submission to

³¹⁶ U.S. Department of Veterans Affairs, *VA Supply Chain News*, Issue 13, Jan/Feb 2015.

³¹⁷ Jonathan Miller, Director of Logistics Operations, VHA Procurement & Logistics Office, phone call with Commission on Care, December 9, 2015.

³¹⁸ Heather Woodward-Hagg, PhD, Acting Director, Veterans Engineering Resource Center, phone call with Commission on Care, March 18, 2016.

³¹⁹ Sloan D. Gibson, Deputy Secretary of Veterans Affairs, briefing to Commission on Care, April 28, 2016.

³²⁰ Ibid.

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receive the first response from contracting requesting, for example, additional information or paperwork.³²¹ This problem appears to be a widespread.

In another instance, interviews conducted as part of the independent assessment showed that VA vendor contracting processes to order equipment valued at less than \$3,000, for example, scalars for dentistry, can be confusing and lengthy, leading to shortages in equipment and delays in clinic as equipment is located. Delays in sterile processing were also indicated by providers as an issue pertaining to equipment availability.³²²

Communication with contracting is another substantial challenge within VHA. In surveys that assessed the effectiveness of VA's contracting organization, VHA employees' customers rated the communications received from contracting officials the lowest of all contracting dimensions that were evaluated.³²³ Several interviewees recommended that VA provide more clarity on the status of contracting requests to help them plan and schedule care.³²⁴

Individuals in contracting believed that VAMC staff members were responsible for some of the delays in the contracting process. They reported that requests submitted to them from VAMCs were often incomplete or unclear and that facilities were poor at forecasting demand for items, leading to unpredictable peaks in demand for contracting services that exceeded their capacity. The VHA Procurement and Logistics Organization (PLO) and facilities are seeking to address these challenges by placing contract liaisons in facilities to better support contracting officer representatives throughout the process.³²⁵

Contracting compliance analysis showed substantial opportunity for improvement. Analysis of purchase order data showed that 38 percent of purchases were made on a government contract, 27 percent were made at open-market prices, and 34 percent did not have a source type specified.³²⁶ Private-sector organizations typically aim to buy 80 to 90 percent of their clinical supplies and medical devices on some type of negotiated contract.³²⁷

Interviews and observations undertaken as part of the independent assessment revealed that there are two primary reasons for VHA's relatively high share of open-market purchasing. First, in contrast to pharmaceutical purchasing, VHA's supply purchasing systems are not integrated

³²¹ The consulting team based this on an IFCAP/eCMS transmission log received during a VAMC site visit (2015). McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, x, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³²² Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 91, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

³²³ The consulting team derived this from a VHA procurement metrics book. McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, 69, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³²⁴ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, x, accessed June 1, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

³²⁵ Ibid.

³²⁶ Ibid., xii.

³²⁷ Ibid.

with contract or pricing catalogs. Therefore, the purchasing process relies on buyers (often clinical staff) to research whether an item is on contract and through which contract a purchase should be made. Because of that complexity, several buyers reported that they bypass this step and buy products through the channel that is most familiar and convenient, for example, by replicating previous orders to their usual supplier, despite changes that may have occurred (new contracts and pricing arrangements, for example). Second, VHA has limited ability to monitor and drive compliance with the contract hierarchy because the required data are not captured electronically. In fact, more than 60 percent of all clinical supply items do not have a contract number listed.³²⁸

VHA's fragmented inventory management systems and processes also create challenges. VHA's current inventory management does not have a feedback loop to link inventory to product use, contracting, ordering, and vice versa. This lacking information prevents optimal use of the MSPV contract program and creates missed opportunities to establish more effective volume-based national or regional contracts. It also leads to peaks and troughs in demand for contracting services, which can overwhelm contracting's capacity.³²⁹

There are pockets of good performance and innovation in VHA that could be replicated across its supply chain. The *Independent Assessment Report* notes that the Denver Acquisition and Logistics Center (DALC) is a bright spot within VHA's supply chain organization in its acquisition and distribution of select devices such as hearing aids to veterans. It has developed an integrated operating model that brings together clinicians, contracting, finance, logistics, and program management. That integrated team makes decisions around product and supplier selection based on a holistic view of what is best for veterans and for VHA.³³⁰

Talent Management

VHA is unable to hire good talent to manage its supply chain. In 2014, 20 to 30 percent of logistics positions were unfilled, and 20 percent of medical supply aide jobs were vacant.³³¹ The causes were identified as lengthy time-to-hire, nonexistent internal career progression ladders for these individuals, and inability to provide competitive pay due to position downgrades made by OPM under Title 5.³³² Examples of recent downgrades include supply technician, mail manager, administrative officer, and materials handler.³³³

*It is well known in the health care industry that there is a shortage of supply chain talent currently. The private sector organizations interviewed during this assessment stated that they are recruiting more highly trained individuals than they did in the past and, because of competition for talent, are paying them more than they used to. This may be contributing to VHA's recruitment and retention challenges.*³³⁴

In Recommendation #15, the application of the more than 60-year old standards and processes used in the Title 5 personnel system does not serve the needs of a modern health care delivery

³²⁸ Ibid.

³²⁹ Ibid.

³³⁰ Ibid., xiii.

³³¹ Ibid.

³³² Ibid.

³³³ Ibid., 87.

³³⁴ Ibid., 88.

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organization. Health care supply chain management is a recognized field of study and a valued component of leadership teams at the highest performing health care organizations. For VHA to compete for top leadership talent in this field and frontline staff, logistics and procurement personnel must be included in a new excepted personnel system for VHA under Title 38 (see Recommendation #15).

To address talent management issues, VERC has established a new VA Acquisition Academy (VAAA) Supply Chain Management School.

*The mission of the Supply Chain Management School is to provide best-in-class education, training, professional development, and certification of the VA supply chain workforce. VAAA's competency-based curriculum addresses general and technical skills, VA-specific functional areas, and core activities for VA logistics professionals. Emphasis is on translating theory, fundamentals, and concepts to practical application with realistic VA-based scenarios utilizing hands-on application of problem-solving skills.*³³⁵

The supply chain management school is organized under VAAA which has been recognized by external organizations to offer high quality training.³³⁶

Implementation

Legislative Changes

- Establish a new excepted personnel system under Title 38 to permit VHA to compete effectively with the private sector for personnel required to run a complex health care system, including staff to manage and operate a modern supply chain system.

VA Administrative Changes

- Establish an executive position for supply chain management, a VHA chief supply chain officer (CSCO), to drive supply chain transformation in VHA. This individual should be compensated relative to market factors.
- Transform policy and procedures for supply chain management in parallel with identification and procurement of new management software: new software should support the new processes and not the existing, poorly organized business processes and requirements.
- Establish a staged process for the transformation of all supply chain operations in VHA under the direction of a VHA CSCO, with support from VERC.
- Reconcile the VAAR with the Federal Acquisition Regulation (FAR) to ensure the VAAR aligns with recent updates to the FAR to permit streamlined acquisition processes.
- Provide consistent and standardized training to ensure those developing and administering contracts have updated information regarding FAR and VAAR

³³⁵ "Message from the Vice Chancellor," Veterans Affairs Acquisition Academy, accessed April 28, 2016, <http://www.acquisitionacademy.va.gov/schools/scm/message.asp>.

³³⁶ "VA Acquisition Academy Recognized as a 2016 Learning Elite Organization," U.S. Department of Veterans Affairs, accessed May 13, 2016, <http://www.acquisitionacademy.va.gov/rss/index.xml#20160413b>.

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regulations as well as a thorough understanding of their responsibilities under the new approach to supply chain management and how to carry out these duties.

Other Department and Agency Administrative Changes

- None required.

Governance, Leadership, and Workforce

Board of Directors

Recommendation #9: Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.

Problem

The existence—and concealment—of unacceptably long delays in care at the Phoenix VA Medical Center (VAMC), and similar problems at multiple other VAMCs, had both direct and indirect causes. Weak governance was found to be among those indirect causes.³³⁷ As the authors of a root-cause analysis of the Phoenix scandal highlighted, “a governance gap in leadership continuity and strategic oversight from one executive leadership team to another” contributed to the wait-time problems.³³⁸ The report authors observed, “Unlike other health care systems, VHA does not have a governance mechanism to fill the role of a board of directors.”³³⁹ The governance limitations made evident in the Phoenix

scandal have profound implications for the long term. As discussed in this report, the Commission believes VHA must institute a far-reaching transformation of both its care delivery system and the management processes supporting it. Changes of the magnitude facing VHA would be difficult for any health care system to achieve. A transformation will take years to accomplish and must be sustained over time. Yet the short tenure of senior political appointees, each administration’s expectations for short-term results,³⁴⁰ and VHA’s operating in a “dynamic environment [in which it is] answering to a large number of stakeholders, sometimes with

The Commission Recommends That . . .

- Congress provide for the establishment of an 11-member board of directors accountable to the President, responsible for overall VHA Care System governance, and with decision-making authority to direct the transformation process and set long-term strategy. The Commission also recommends the governing board not be subject to the Federal Advisory Committee Act and be structured based on the key elements included in Table 5.
- The Board recommend a chief of VHA Care System (CVCS) to be approved by the President for an initial 5-year appointment. Additionally, the Commission recommends the governing board be empowered to reappoint this individual for a second 5-year term to allow for continuity and to protect the CVCS from political transition. If necessary, the CVCS can be removed by mutual agreement of the President and the governing board.

³³⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xvi, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

³³⁸ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 3.

³³⁹ Ibid.

³⁴⁰ Ibid.

competing demands”³⁴¹ offer little reason for optimism that real transformation could take hold without fundamental changes in governance.

Background

VHA, as an agency within a cabinet department, is accountable to the secretary of Veterans Affairs (SECVA) and to the President. This framework, when it works well, can provide VHA access to, and support from, the President and White House staff. Like other executive branch agencies, VA and VHA undergo Office of Management and Budget (OMB) oversight; must win OMB approval of proposed rulemaking, budgets, IT development, and performance plans; and are also subject to governmentwide regulation of such areas as procurement, personnel, and property management. VHA health care and operations are subject to close congressional scrutiny.³⁴² VHA undergoes oversight from several independent bodies, including the internal Office of the Inspector General audits and external Government Accountability Office audits.

Within VA, VHA participates in the VA Executive Board (VAEB) and Senior Review Group, which are designated as the principal governance bodies of the department.³⁴³ VAEB serves as the department’s risk-governance board and determines VA’s strategic direction. VAEB oversees the department’s planning, programming, budgeting, and execution. Notwithstanding certain strengths inherent in this framework, VHA governance can be paralyzed by bureaucratic decision-making processes and competing stakeholder concerns.³⁴⁴

Among its principal recommendations, the *Independent Assessment Report* calls for “establishing a governance board to develop fundamental policy, define the strategic direction, insulate VHA leadership from direct political intervention, and ensure accountability for the achievement of established performance measures.”³⁴⁵

Analysis

In recent years, VHA leadership priorities and strategic direction have been unclear. Leaders have been consumed by crisis and by responding to congressional demands, creating a reactive, rather than proactive environment.³⁴⁶ Additionally, the leadership vision has lacked continuity.³⁴⁷ The SECVA and deputy secretary of Veterans Affairs may exercise oversight of

³⁴¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, xiv, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

³⁴² “Legislation,” U.S. House of Representatives, House Committee on Veterans’ Affairs, accessed June 15, 2016, http://veterans.house.gov/legislation?type=hearing&tid=All&tid_1=All&page=3. Over the course of calendar year 2015, the House Veterans Affairs Committee and its subcommittees alone held 18 oversight hearings relating to the Veterans Health Administration, with VHA and/or VA officials testifying as often as three times in a month.

³⁴³ Department of Veterans Affairs Governance Structure, VA Directive 0214 (2014).

³⁴⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 26, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

³⁴⁵ *Ibid.*, 23.

³⁴⁶ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 52-54.

³⁴⁷ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, vi-viii, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf. Linda Belton, former VHA VISN Director and Director of National Center for Organizational Development, written submission to the Commission on Care Staff, January 19, 2016.

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VHA and try to impose accountability, but incumbents do not necessarily have experience in federal health care administration or delivery.³⁴⁸ The SECVA has often lacked independent information and metrics on VHA performance, and the oversight, risk management, and compliance functions of VHA report to the undersecretary for health (USH) or to lower officials in VHA.³⁴⁹

Previous studies, dating back 20 years,³⁵⁰ have proposed fundamental change in VHA's governance and government structure, to include a proposal that it be restructured as a government corporation.³⁵¹ The earliest rationale for making VHA a government corporation was based on the view that the system needed a new service-delivery strategy,³⁵² and envisioned specific legislation to permit the corporation to operate more expansively under a wide range of reforms.³⁵³ Although the authors of the 1996 report presented a VHA government

³⁴⁸ Department of Veterans Affairs Governance Structure, VA Directive 0214 (2014). McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, viii, accessed June 15, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf. Under Secretary of Health, 38 U.S.C. § 305. While statute requires the USH of VHA to be appointed “solely on the basis of demonstrated ability in the medical profession, in health-care administration and policy formulation, or in health-care fiscal management; and on the basis of substantial experience in connection with the programs of the Veterans Health Administration or programs of similar content and scope” there is no such selection criteria for the VA Secretary or VA Deputy Secretary. Of the eight men to hold the position of Secretary of Veterans Affairs, only one, James Peake would qualify to be USH (“United States Secretary of Veterans Affairs,” Wikipedia, accessed June 15, 2016, https://en.wikipedia.org/wiki/United_States_Secretary_of_Veterans_Affairs#List_of_Secretaries_of_Veterans_Affairs) and of the six men to hold the position of DEPSECVA, none would qualify to be USH.

³⁴⁹ Department of Veterans Affairs, *2014 Functional Organizational Manual v2.0: Description of Organization Structure, Missions, Functions, Tasks, and Authorities*, 57-58, accessed June 15, 2016, http://www.va.gov/ofcadmin/docs/va_functional_organization_manual_version_2.0a.pdf.

³⁵⁰ Veterans Benefits Improvement Act of 1994, Pub. L. No. 103-446, 108 Stat. 4645 (1994). In 1994, Congress in sec. 1104 of Public Law 103-446 called for an independent examination of the justifiability of establishing an alternative government structure to provide health care services for veterans, culminating in the 1996 report.

³⁵¹ Klemm Analysis Group, Lewin Group, Arthur Anderson LLP, *Feasibility Study: Transforming the Veterans Health Administration into a Government Corporation* (Washington, DC: Department of Veterans Affairs, 1996), 23. A government corporation has been described as “a government agency that is established by Congress to provide a market-oriented public service and to produce revenues that meet or approximate its expenditures.” Kevin R. Kosar, Congressional Research Service, *Federal Government Corporations: An Overview*, 2, accessed June 15, 2016, <https://fas.org/sgp/crs/misc/RL30365.pdf>. Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report* September 22, 2015. Concerned Veterans for America, *Fixing Veterans Health Care: A Bipartisan Policy Taskforce*, accessed June 15, 2016, <http://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf>. Commission on the Future for America's Veterans, *Preparing for the Next Generation*, 3, accessed June 15, 2016, http://s3.amazonaws.com/siteninja/site-ninja1-com/1438121489/original/2014-05_Commission-Report-on-America-Veterans.pdf. That task force study, for example, called for an independent governance model and stated that “the operational structure of VHA does not lend itself to progress. Due to its size, governmental structure and geographic extension it does not readily foster innovation and faces challenges in addressing the politics of changing demographics and ancient facilities.” The study report states, “VHA provides excellence in care in spite of its operations/governance structure, not because of it.”

³⁵² Klemm Analysis Group, Lewin Group, Arthur Anderson LLP, *Feasibility Study: Transforming the Veterans Health Administration into a Government Corporation* (Washington, DC: Department of Veterans Affairs, 1996), 23. The strategy was premised in part on the view that VHA would be operating in a resource-constrained environment and lacked the resources it would need to invest in making significant changes.

³⁵³ Ibid. The 1996 report proposed such measures as providing VHA authority to seek additional revenue streams, to include billing and keeping funds from Medicare, Medicaid, and other government sources; authorizing it to invest nonappropriated funds; developing a trust fund for deposit of Medicare taxes by active-duty personnel; incorporating VHA as a Federal Employee Health Benefits Plan selection; allowing it to become part of health maintenance organization (HMO) networks and open HMO enrollment to veterans; changing appropriation law to create

corporation as a means of achieving specific objectives, those objectives were largely met (though ultimately not fully sustained) by reforms within existing government structures and processes set in place by former USH Kenneth W. Kizer.³⁵⁴

Nearly 20 years later, the report analyzing the root causes of delayed care at the Phoenix and other VA centers proposed creation of “governance mechanisms to bridge ‘Secretary suite’ leadership transitions and provide more stable strategy, oversight, and stewardship.”³⁵⁵ Explaining that “the study team feels that the complexity of this organization requires a more stable and professionalized governance model that more closely resembles the governance of large health care systems in the private sector,”³⁵⁶ the study authors proposed the creation of a board-of-directors-type oversight board to set the strategy for the organization, define priorities, provide operational oversight, and review budget requests. “The board would . . . create a body that would be the steward of the organizational vision, providing institutional memory and continuity as senior political appointees transition.”³⁵⁷

Frequent turnover of the USH is a critical problem. Recently, each USH has served for only a relatively short period, leaving office with a change in administration or sooner. This pattern has deprived VHA of vitally needed sustained leadership and has likely contributed to short-term decision making. VHA history shows a connection between longer tenure and transformative accomplishment.³⁵⁸ As testimony to the Commission from three former USHs would indicate, brevity of tenure tends to limit leaders’ strategic horizon and create a pattern of leadership discontinuity. Because transformative change can only be realized through many years of focused leadership, VHA and those who depend on it cannot afford the senior leadership turnover routinely associated with a change in administration.

The complex, sustainable transformation VHA needs will take years to implement. To succeed, VHA needs strong, consistent leadership and a governance framework that can assure effective development and execution of transformation plans over time. The current governance structure emphasizes operational, rather than strategic priorities; experience has shown it to be incapable of sustaining transformational change. Establishing a well-designed, overarching-governance model would provide an opportunity to achieve objectives shared by both the executive and legislative branches.

To be effective, a VHA Care System governance model should be empowered with a governing board that exercises fiduciary-like responsibilities (not subject to the Federal Advisory Committee Act) to carry out the following key functions:

multiyear/no-year appropriations; reforming human resources management practices for increased flexibility in hiring and firing, compensation, leave, and other functions; and reforming; and reforming procurement and contracting.

³⁵⁴ Ibid., 46, 48. The Klemm report saw a VHA corporation as having greater capacity to focus on strategic as well as short term goals; greater results orientation; greater flexibility; greater capacity to replicate and develop best practices; upgraded staff competence and expertise at senior levels; and greater political independence.

³⁵⁵ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 59.

³⁵⁶ Ibid.

³⁵⁷ Ibid.

³⁵⁸ See Dr. William S. Middleton, Chief Medical Director (1955-1963) and Dr. Kenneth W. Kizer, Under Secretary for Health (1994-1999).

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- select the chief of VHA Care System (CVCS) and recommend the appointment of the CVCS to the President
- provide long-term, strategic direction for VHA Care System and establish priorities, milestones, and timelines
- oversee, direct, and make critical decisions regarding the transformation process
- review and approve major operational, business, and organizational plans
- set VHA Care System performance objectives and provide annual reports to Congress and the President on VHA Care System performance
- review and make decisions regarding VHA's budget request, and independently assess and report to Congress on the adequacy of VHA budgets

New governance and changes to assure continuity of leadership are critical to meeting the needs of VHA and veterans who depend on it. At the core of this foundational recommendation, the Commission calls for establishing a VHA board of directors,³⁵⁹ referred to as the VHA Care System governing board, which is independent of department leadership to provide governance, strategic direction, decision making, and oversight of VHA Care System's operations and transformation. Table 5 provides details regarding the governing board.

Table 5. Overview of VHA Care System Governing Board

Detailed Outline for VHA Care System Governing Board	
Voting Members	The President, the majority leader of the Senate, speaker of the House, the minority leaders of the Senate and House would each appoint two members. In addition, the SECVA would serve on the Board as a voting member.
Qualifications	Members would be selected to achieve collectively broad experience, expertise, and leadership, such as experience in senior management of large, private, integrated health care systems; clinical expertise; extensive experience with federal government health care systems; extensive experience with (though not current employment in) VHA; expertise in federal medical facility construction and leasing, and commercial property transactions; expertise in government contracting; expertise in federal health care budgeting and finance; expertise in health equity and disparities; and veterans' representation. Because of the importance of veterans' representation, at least one of each congressional leader's two appointees would be a veteran; at least one of the appointees of the President would be a veteran who receives VHA care.

³⁵⁹ Michael A. Froomkin, "Reinventing the Government Corporation," *University of Illinois Law Review*, (1995): 543, accessed June 15, 2016, <http://osaka.law.miami.edu/~froomkin/articles/reinvent.htm>. Congress need not create a government corporation to meet VHA's governance needs. The Commission notes that Congress has created entities it has called government corporations that are not predominantly commercial enterprises, rely on appropriations, and do not have the potential to become self-sustaining. A principal intention behind assigning this status and title has been to provide insulation from central management oversight agencies and the application of general management laws. When the corporation relies in whole or in part on appropriations, Congress retains the power of the purse, and the means of exercising it on matters large and small, and through formal and informal means.

Detailed Outline for VHA Care System Governing Board	
Terms	Governing board members would serve staggered terms of up to 7 years, with the governing board members electing a chair and vice chair from among the membership (other than the SECVA, who would not be eligible to serve as the chair) for 3-year terms.
Personnel Matters	Compensation would be at a rate equal to the daily equivalent of annual pay prescribed for level IV of the executive level. ³⁶⁰
Funding	Congress would provide a specific budget for the operation of the governing board as a separate account within VA's appropriations.
Relationship to the CVCS	Relationship to the CVCS: The governing board would provide the President its recommendation for a chief of VHA Care System (CVCS); the President would appoint that executive to a 5-year term; the governing board would annually review the CVCS's performance and be empowered to reappoint that official to a second 5-year term, to allow for continuity and to protect the CVCS from political transitions. The CVCS can be removed by mutual agreement of the President and the governing board.
Staff	The chairperson would determine the size and compensation of the permanent staff of the board, including an executive director responsible for governing board operations and a chief of staff. The director of the proposed transformation office within VHA would report to the chairperson through the CVCS.
Powers	<p>The board would have the power to do the following:</p> <ul style="list-style-type: none"> ▪ Select the CVCS and recommend the candidate to the President. ▪ Review the performance of the CVCS on an annual basis. ▪ Reappoint the CVCS to a second 5-year term. ▪ Remove the CVCS with the mutual agreement of the President. ▪ Direct and exercise decision-making authority regarding the transformation process and operations related to the transformation process. ▪ Establish priorities, milestones, and timelines for the transition process. ▪ Review and approve major new initiatives; major operational and organizational plans (including plans regarding capital asset and facility management); strategic and business plans; and goals and metrics for operational performance and established priorities. ▪ Oversee and manage facility and capital asset strategies and operations. ▪ Review, approve, and/or amend VHA's budget requests, and independently assess and comment on pertinent elements of the President's budget, as deemed appropriate.
Reporting	The board would report annually to the President and Congress on VHA's progress toward transformation.

Navigating transformation of one of the largest agencies in the federal government requires not only extraordinary leadership, but steady, sustained, long-range-focused governance. A governing board structured to provide continuity of membership—as the Commission proposes through staggered terms among members—is vital. A second critical step toward assuring such continuity would be to address the tenure of the CVCS and the process for selecting candidates for that position.³⁶¹ VHA, Congress, and the President would be better served by a VHA leader who holds a 5-year term of office, with the governing board empowered to reappoint that leader to a second 5-year term.

³⁶⁰ The rate of compensation provided for members of the Commission on Care.

³⁶¹ Under Secretary of Health, 38 U.S.C. § 305. Current law provides that the Under Secretary is appointed by the President with the advice and consent of the Senate. When a vacancy in that position occurs or is anticipated, the Secretary is to convene a commission (the composition of which is set forth in the statute) which is to recommend at least three individuals to the Secretary, who is to forward those names, with any comments the Secretary considers appropriate, to the President.

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It is important that that the CVCS report to the board and function as a chief executive officer of VHA. Although the Commission envisions that the President would appoint this official, it is critical that the governing board be empowered to recommend to the President an individual for appointment when the office becomes vacant. This would replace the framework in current law that requires the establishment of a new commission convened solely to carry out the task of recommending candidates to the President.³⁶²

A governing board must be tailored to the unique needs of VHA.³⁶³ It should include members of appropriate expertise and experience to provide strategic guidance and continuity of leadership and it should possess authority to exercise the powers needed to realize and sustain a VHA transformation.³⁶⁴

Although some might consider Congress to be VA or VHA's board of directors and might question the appropriateness of establishing a VHA board of directors, this governance model does not diminish Congress's role. Instead, a board that would report periodically to congressional committees would provide a level of close oversight and health care expertise that would complement, and in many ways enhance, Congress's work.

A change in governance alone will not bring about successful transformation. This recommendation must be instituted in concert with many other Commission recommendations. For example, a board will require data, and data systems, to carry out its responsibilities, and establishing these and other appropriate systems, as addressed throughout this report, is key to empowering a board to drive and sustain transformation.

Implementation

Legislative Changes

- Amend 38 U.S.C., Chapter 3 to establish a VHA Care System governing board.
 - Amend 38 U.S.C. § 305 – which currently provides in subsection (a) for the President to appoint the USH by and with the advice and consent of the Senate, and subsection (c) for the establishment of a commission to provide recommendations for appointees for USH when a vacancy is expected or has occurred – as follows:
 - Amend subsection (a) to provide for the President to appoint the CVCS to a 5-year term of office.
 - Repeal subsection (c) of that section.
 - Provide instead for the governing board to recommend a CVSC candidate.
 - Authorize the governing board to reappoint the CVSC to a second 5-year term.

VA Administrative Changes

- None required.

³⁶² Under Secretary of Health, 38 U.S.C. § 305.

³⁶³ Booz Allen Hamilton, *Veterans Health Administration (VHA) National Center for Patient Safety (NCPS) Systems Review: Final Report*, September 22, 2015, 60.

³⁶⁴ The Board is not an advisory body, and as such would not be subject to the Federal Advisory Committee Act.

Other Departments and Agency Administrative Changes

- None required.

Leadership**Recommendation #10: Require leaders at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.****Problem**

High-performing organizations have healthy cultures in which diverse staff members feel respected and engaged at work. These workers, in turn, are better able to demonstrate compassion and caring toward customers in their delivery of high-quality services. Leaders at all levels of the organization are responsible for promoting a positive organizational environment and culture through how they treat staff and the systematic approach they take to decision making and management. VHA has among the lowest scores in organizational health in government.³⁶⁵ For the past decade, VHA's executives have not emphasized the importance of leadership attention to cultural health, and it has not been well integrated in training, assessments, and performance accountability systems.

The Commission Recommends That . . .

- VHA create an integrated and sustainable cultural transformation by aligning all programs and activities around a single, benchmarked concept.
- VHA align leaders at all levels of the organization in support of the cultural transformation strategy and hold them accountable for this change.
- VHA establish a transformation office to drive progress of this transformation and report to the chief of the VHA Care System and the new VHA Care System governing board (also included in Recommendation #12).

Background

Healthy organizations successfully align, execute, and renew themselves through learning and innovation.³⁶⁶ They are characterized by a high level of trust, accountability, and ownership among staff; high functioning, empowered teams; and an environment that provides psychological safety and open communication, focuses on the needs of customers, and instills pride in performance.³⁶⁷ An inclusive workplace where diversity is valued, staff feel empowered and supported, are treated with fairness, and cooperation and open communication helps engage employees and drive organizational performance.³⁶⁸ Engaged

³⁶⁵ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 56, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

³⁶⁶ "Organizational Health: The Ultimate Competitive Advantage," Scott Keller and Colin Price, McKinsey Quarterly, June 2011, accessed June 9, 2016, <http://www.mckinsey.com/business-functions/organization/our-insights/organizational-health-the-ultimate-competitive-advantage>.

³⁶⁷ [http://organizationalhealth.vssc.med.va.gov/Resource percent20Library/Forms/AllItems.aspx](http://organizationalhealth.vssc.med.va.gov/Resource%20Library/Forms/AllItems.aspx)

³⁶⁸ "Diversity & Inclusion; Federal Workforce At-A-Glance," U.S. Office of Personnel Management, accessed May 13, 2016, <https://www.opm.gov/policy-data-oversight/diversity-and-inclusion/federal-workforce-at-a-glance/>.

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employees who are dedicated to their work and attached to the organization and its mission support a healthy organization.³⁶⁹

Companies that have a healthy organizational culture or engaged staff outperform those that do not. Companies that score in the top 25 percent of organizational health metrics outperform comparable companies in the bottom 25 percent by more than two-fold.³⁷⁰ Similarly, high employee engagement is correlated with better staff and customer experiences that include higher patient satisfaction, higher staff retention, better safety and quality, higher productivity and lower absenteeism.³⁷¹ Companies with engaged employees outperform those without by more than 200 percent.³⁷² Leaders and supervisors play a key role in establishing and sustaining employee engagement and in establishing a positive environment and culture that supports a healthy organization.³⁷³

Analysis

VHA staff and leaders are highly dedicated to the mission of VA and to serving veterans.³⁷⁴ This dedication is arguably VHA's greatest strength, and it can be leveraged to create and sustain positive change.³⁷⁵ There are substantial impediments to moving VHA forward, however, as noted in the *Independent Assessment Report*. There is a pervasive lack of trust throughout the organization.³⁷⁶ Staff perceives VHA to be bureaucratic and political and to lack a systems orientation.³⁷⁷ Employees want to work for an organization that is accountable and efficient, but instead they operate in a bureaucratic, siloed, and political organization.³⁷⁸ The culture creates risk aversion in staff, and when cultural factors are measured in VHA, none of the metrics align with the definition of a healthy organization.³⁷⁹ Staff find the work environment at VA challenging, with no connection to leadership, and feel they receive little positive

³⁶⁹ U.S. Office of Personnel Management, *Strategic Plan FY2014-2018: Recruit, Retain, and Honor*, 22, accessed January 25, 2016, <https://www.opm.gov/about-us/budget-performance/strategic-plans/2014-2018-strategic-plan.pdf>. Office of Management and Budget, *Memorandum for Heads of Executive Departments and Agencies: Strengthening Employee Engagement and Organizational Performance*, M-15-04, December 23, 2014, accessed May 16, 2016, <https://www.whitehouse.gov/sites/default/files/omb/memoranda/2015/m-15-04.pdf>.

³⁷⁰ "Organizational Health: The Ultimate Competitive Advantage," Scott Keller and Colin Price, McKinsey Quarterly, June 2011, accessed June 9, 2016, <http://www.mckinsey.com/business-functions/organization/our-insights/organizational-health-the-ultimate-competitive-advantage>.

³⁷¹ U.S. Department of Veterans Affairs, MyVA: Putting Veterans First, *Employee Engagement Handbook: A Guide for Frontline Leaders to Measure and Drive Engagement*, September 2015, 4. Melissa Bottrell, *Ethics Quality Helps Build Healthy Organizations*, VHA Organizational Health, Volume 19, Summer 2013, 4-5, accessed January 25, 2016, http://www.ethics.va.gov/docs/integratedethics/art_bottrell_orghealth_v19_2013.pdf.

³⁷² U.S. Department of Veterans Affairs, MyVA: Putting Veterans First, *Employee Engagement Handbook: A Guide for Frontline Leaders to Measure and Drive Engagement*, September 2015, 4. Dee Ramsel, *Improving VHA's Culture: A Presentation Before the National Leadership Council*, Veterans Health Administration, December 2015, 7-9. U.S. Office of Personnel Management, *2015 Federal Employee Viewpoint Survey: Employees Influencing Change*, 6, accessed May 16, 2016, https://www.fedview.opm.gov/2015FILES/2015_FEVS_Gwide_Final_Report.PDF.

³⁷³ Dee Ramsel, "Improving VHA's Culture. A Presentation Before the National Leadership Council, Veterans Health Administration," December 2015, 7-9.

³⁷⁴ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 43, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

³⁷⁵ *Ibid.*, 44.

³⁷⁶ *Ibid.*, 47.

³⁷⁷ *Ibid.*, 46.

³⁷⁸ *Ibid.*, 46.

³⁷⁹ *Ibid.*, 49-51.

reinforcement or clear feedback on performance.³⁸⁰ As demonstrated in the Federal Employee Viewpoint Survey for 2015, VHA staff does not believe top leaders lead (only 47 percent positive³⁸¹) and only 65 percent have a positive view of their immediate supervisor compared to 70 percent in other large federal agencies.³⁸²

Through the review of available documents and briefings from key staff, the Commission found VA and VHA have a number of activities intended to support a positive environment and culture in VHA (see Table 6), but the efforts are not systematic, integrated, or broadly deployed.³⁸³ The efforts are under-resourced to achieve success. Specifically, the effort lacks mandatory positions at the facilities to lead these efforts and has no requirements on the VHA Central Office (VHACO) program offices to participate in the efforts.³⁸⁴ At the same time, the efforts are duplicative in that multiple offices communicate similar, but distinct messages to field staff and leaders. VHA appears to lack systematic mechanisms to ensure leaders at all levels of the organization have the knowledge, skills, and ability to create an effective culture; metrics are not comprehensive or aligned with a single-change model; and leaders in VHACO and the field are not consistently held accountable for their actions in support of a positive organizational culture.³⁸⁵

*Table 6. Cultural Transformation Efforts in VA and VHA*³⁸⁶

Program/Initiative	Responsible Office
Servant Leadership	VHA National Center for Organizational Development
Leaders Developing Leaders	MyVA
Just Culture	VHA National Center for Patient Safety
Civility, Respect, and Engagement in the Workplace (CREW)	VHA National Center for Organizational Development
Organizational Transformation Pilot	MyVA
Employee Engagement Playbooks	MyVA
VHA Voices	VHA Office of Patient Centered Care and Cultural Transformation

³⁸⁰ Ibid., 53 and 60.

³⁸¹ U.S. Office of Personnel Management, *2015 Federal Employee Viewpoint Survey: Employees Influencing Change*, 47, accessed May 16, 2016, https://www.fedview.opm.gov/2015FILES/2015_FEVS_Gwide_Final_Report.PDF.

³⁸² Ibid.

³⁸³ Dee Ramsel, “Improving VHA’s Culture. A Presentation Before the National Leadership Council, Veterans Health Administration,” December 2015, 29-31. Dee Ramsel, Virginia Ashby Sharpe, Veterans Health Administration, conference call with staff of the Commission on Care, November 9, 2015.

³⁸⁴ See “Ethical Leadership, Fostering an Ethical Environment and Culture,” National Center for Ethics in Health Care, U.S. Department of Veterans Affairs, accessed June 22, 2016, <http://www.ethics.va.gov/integratedethics/elc.asp>. “Stop the Line for Patient Safety Initiative,” U.S. Department of Veterans Affairs, accessed June 22, 2016, <http://www.qualityandsafety.va.gov/StoptheLine/StoptheLine.asp>. “VHA Center for Organizational Development,” U.S. Department of Veterans Affairs, accessed from VA Intranet, May 16, 2016, http://vaww.va.gov/NCOD/Organizational_Health.asp. U.S. Department of Veterans Affairs, MyVA: Putting Veterans First, *Employee Engagement Handbook: A Guide for Frontline Leaders to Measure and Drive Engagement*, September 2015.

³⁸⁵ Dee Ramsel, “Improving VHA’s Culture. A Presentation Before the National Leadership Council, Veterans Health Administration,” December 2015, 13-14. Veterans Health Administration, *Draft Fiscal Year 2016 Performance Plan, Network Director and Medical Center Director*, November 20, 2015.

³⁸⁶ Dee Ramsel, “Improving VHA’s Culture. A Presentation Before the National Leadership Council, Veterans Health Administration,” December 2015, 29-31.

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VHA must rebuild a high-performing, healthy culture by cultivating greater employee collaboration, ownership, and accountability to accomplish its mission.³⁸⁷ This cultural transformation needs to occur at all levels of the organization (VA, VHACO, veterans integrated service network [VISN], VA medical center, and community-based outpatient clinic). To achieve transformation in VHA, create a healthy environment and culture, and sustain staff engagement, the solution must start with leaders. Leaders must understand and believe in the powerful effect they have on the climate and culture in their organization. Change occurs one employee at a time. Leaders at all levels must commit to this change process. They must be inspired by top executives and embrace the values and mission of VHA and then, in turn, inspire their teams, engaging with individual employees to make change. Leaders must be given the roadmap and tools to make such change and then be supported with training, coaching, and feedback to achieve success. They must also be held accountable for their personal behavior and for the actions they take to positively influence the environment and culture of their unit or facility. Leaders should not be on their own in this transformation. Fellow leaders, outside experts, national program offices, and VA and VHA top executives must provide them with incentives, support, feedback, coaching, and, when needed, admonishment to support this cultural transformation.

To align leaders at all levels with expectations for the cultural transformation, all leaders must understand the role they play in the process. VHA must create standards for the behavior and actions leaders adopt to accomplish the transformation and widely publicize the standards among leaders and staff to establish uniform expectations across the organization and a single vision of cultural transformation. The CVCS and other senior leaders must model and reinforce these behaviors to further embed expectations. These behaviors and actions should be integrated into leadership assessment tools such as a 360 evaluation, performance management frameworks, and coaching guides to ensure expected behaviors and actions are reinforced across the leadership development and advancement system. The strategy must include the development of tools, training, guidelines, and operating procedures that create a living curriculum to support leaders in developing and deploying these new skills and behaviors. Finally, to ensure leaders at all levels implement the behaviors and actions, the strategy must establish both explicit rewards and sanctions. The rewards and recognition (nonmonetary) should liberally acknowledge and publicize leaders and staff who embody the very best standards of behaviors and actions that support a positive organizational culture. At the same time, leaders and staff at all levels must clearly understand what behavior and actions are not acceptable and be held accountable through disciplinary action if they cross these boundaries. Expectations and repercussions should be clearly articulated.

VA and VHA have a number of competing models of organizational health and staff engagement. The models are not integrated with one another or with an overall leadership competency model. Some models are robust, coupling abundant resources and training, while others are not. To create a clear focus for engagement and organizational health and guide

³⁸⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 55 accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

transformation effectively, one model must be selected for use in VHA. To do so, VHA must establish a cross functional executive team to make this decision. The team should include all of the stakeholder offices involved in current efforts, but none of them should lead the effort, to avoid parochial interests driving decisions. Once a single model is selected, the executive team must then outline a clear strategy, involving and engaging the offices in VHA with relevant expertise and resources to support the execution, and put forward a single strategic plan. Consequently, each of those offices must also be required to stand down its own efforts that are not part of this new model going forward and align its work and budget behind a single focused model and strategy. Tools, training, and communication to support broad deployment must be part of the strategy, and the CVCS and the executive team must present a compelling, transparent rationale for what the model is, why it was selected, and how it is to be deployed. All leaders and staff members in the organization must understand their roles in cultural transformation and what is expected of them.

The strategy must establish and articulate a clear set of behaviors and actions expected of staff to ensure their alignment around the transformation. The standards should be incorporated into the hiring process to ensure that VHA is hiring into the new culture and avoids a poor fit from the start. These behavioral expectations must be articulated clearly in the on-boarding process and reinforced on an ongoing basis in performance evaluations, reviews, and individual development plans. Leaders at all levels of the organization must also reinforce these behavioral expectations with staff and be provided with tools, messages, and communication support to accomplish this. Leaders must also recognize and reward the positive examples of the desired behaviors and sanction the worst examples, up to and including discipline and removal.

The change strategy should also recognize that cultural transformation and staff engagement go beyond individual leader and staff behaviors. Systems and processes at both the local and national level can impede the realization of the positive organizational culture desired. As such, the transformation strategy must also anticipate changing systems and processes as an explicit component of transformation. Leaders at all levels must establish mechanisms to elicit staff concerns and have quality improvement tools in place to address them, such as LEAN Six Sigma. Line staff must be engaged as part of the solution to these system issues. Leaders should be transparent about these issues and publicly track and report on progress.

To ensure the effective execution of this strategy, specific responsibilities must be assigned to program offices. The program offices must also support the VISN and facilities in their transformation effort by developing the standards and guidance for them to use and making program office expertise available to support coordination, coaching, and sharing of best practices across the institution. The program offices must be held accountable for supporting the application of these same standards and process within VHACO.

Standards for facility implementation must include a funded, full-time equivalent employee to support each major facility director³⁸⁸ and be the point person to coordinate efforts with VHACO and other facilities. Facilities may take the opportunity to consolidate related functions that currently exist in the facility. Each facility must have a local mechanism, such as an organizational health council, to integrate and drive transformation locally. But this does not

³⁸⁸ This equates to one person at each of the approximately 141 VHA health care systems led by a facility director.

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mean the facility should create yet another committee or oversight group to accomplish the transformation. Instead, facilities must look to existing leadership structures and activities, consolidating similar efforts to create an efficient process.

Finally, the executive team must oversee the development of a consolidated and meaningful set of metrics, using community standards where available, to track cultural transformation, organizational health and staff engagement. The metrics should not only measure the desired outcomes but also provide insights to leaders on how to fix problems by providing sufficient detail and specificity to offer this insight. Once deployed, the metrics should be used by the executive team and responsible program offices to identify under-performing facilities and to provide additional expertise, resources, and support to help those facilities improve. If, after much support, the continuing behavior and actions of the leaders at the under-performing facility are identified as the cause of the long-term culture problem, these individuals must be removed from leadership positions in VHA.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Develop and implement a strategy for cultural transformation.
- Establish a cross-functional senior executive team reporting directly to the CVCS with long-term responsibility for creating, executing, and tracking the cultural transformation.
- Align frontline staff in support of the cultural transformation strategy.
- Require standards and a strategy for execution of the cultural transformation from every program office and facility and these efforts must be fully funded.
- Develop consolidated, meaningful metrics for organizational health and staff engagements with input from experts and field users.

Other Department and Agency Administrative Changes

- None required.

Recommendation #11: Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.

Problem

VHA, like any large organization, requires excellent leaders to succeed. Succession planning and robust structured programs to recruit, retain, develop, and advance high potential staff are essential to maintaining a pipeline of new leaders. In health care, leadership programs must prepare candidates with the specialized knowledge and skills required of health care executives, while also helping to mature their leadership traits. VHA does not use a single leadership competency model, and what it does use is not specific to health care or benchmarked to the private sector. VHA also does not use competency models as a tool to establish standards for hiring, assessment, and promotion. As a result, executive leaders and promising staff members do not have the tools they need to guide career transitions and ensure VHA has the leaders it needs for the future.

The Commission Recommends That . . .

- VA establish, as an Office of Management and Budget management priority for VHA, the goal of implementing an effective leadership management system in the agency.
- VHA executives prioritize the leadership system for funding, strategic planning, and investment of their own time and attention.
- VHA adopt and implement a comprehensive system for leadership development and management that includes a strategic priority of diversity and inclusion.
- Congress create more opportunities to attract outside leaders and experts to serve in VHA through new and expanded authority for temporary rotations and direct hiring of health care management training graduates, senior military treatment facility leaders, and private not-for-profit and for-profit health care leaders and technical experts.

Background

*Our Corps does two things for America: We make Marines and we win our nation's battles. Our ability to successfully accomplish the latter depends upon how well we do the former.*³⁸⁹

Effective leaders are required for organizational success. Thus, attracting, growing, and advancing leaders is a key business imperative across all sectors.³⁹⁰ The most urgent human capital management need worldwide, according to one survey, is the development of leadership talent.³⁹¹ This need is driven by a changing workforce that is motivated more by passion than by monetary incentives, a rapid advance in knowledge that quickly creates obsolescence, and technology drivers that change business practices over months instead of years.³⁹² Investing in new supervisors and emerging leaders is critically important because

³⁸⁹ U.S. Marine Corps, *Sustaining the Transformation*, Foreword, accessed June 9, 2016, [http://www.marines.mil/Portals/59/Publications/MCRP percent206-11D percent20Sustaining percent20the percent20Transformation.pdf](http://www.marines.mil/Portals/59/Publications/MCRP%20206-11D%20Sustaining%20the%20Transformation.pdf).

³⁹⁰ Jim Collins, *Good to Great: Why Some Companies Make the Leap . . . And Others Don't* (New York, NY: HarperCollins Publishers, Inc., 2001), 17-40. Fred Kiel, *Return on Character: The Real Reason Leaders and Their Companies Win* (Boston, MA: Harvard Business Review Press, 2015).

³⁹¹ Deloitte Consulting LLP and Bersin by Deloitte, *Global Human Capital Trends 2014: Engaging the 21st Century Workforce*, 25, accessed June 10, 2016, http://dupress.com/wp-content/uploads/2014/04/GlobalHumanCapitalTrends_2014.pdf.

³⁹² *Ibid.*, 3.

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employees report that when they quit a job they leave their supervisors and not their organization.³⁹³ In an organization like VHA, with more than 300,000 employees but only a bit more than 200 executives, VHA's 28,000 supervisors are responsible for leading the staff.³⁹⁴

Going back to at least 1998, the federal civilian sector has had difficulty identifying and promoting individuals with leadership skills.³⁹⁵ Staff members who can produce results and meet organizational objectives are promoted into supervisory and leadership positions.³⁹⁶ Yet, the skills needed to be a successful leader are different than those needed to be a successful technical expert. Today, soft skills such as empathy, effective listening, and team coaching are valued in leaders.³⁹⁷ The most effective leaders are those who consistently display integrity, high moral character, and the ability to inspire others.³⁹⁸ An effective leadership system develops leaders at all levels, from frontline supervisor to executives, and does so in all dimensions of leadership: "knowing, doing, and being."³⁹⁹

Analysis

In a review of VHA's approach to leadership development, the *Independent Assessment Report* noted the current system was not sufficient to meet VHA's need for high-quality, prepared leaders.⁴⁰⁰ VHA lacks a comprehensive approach to leadership development that would include formal structured programs such as networking, reflection, goal setting, learning, mentoring, experiential learning, and a clear career ladder. As a result, leaders are unable to fully prepare

³⁹³ "People Leave Managers, Not Companies," Victor Lipman, accessed June 10, 2016, <http://www.forbes.com/sites/#/sites/victorlipman/2015/08/04/people-leave-managers-not-companies/#78b15df216f3>.

³⁹⁴ Department of Veterans Affairs, Veterans Health Administration, *VHA Workforce Planning Report 2015*, 21-23, accessed June 10, 2016, http://vaww.succession.va.gov/Workforce_Planning/WorkforcePlanningLibrary/2015%20VHA%20Workforce%20Report.pdf.

³⁹⁵ U.S. Merit Systems Protection Board, Office of Policy and Evaluation Perspectives, *Federal Supervisors and Strategic Human Resources Management*, accessed June 10, 2016, <http://www.mspb.gov/netsearch/viewdocs.aspx?docnumber=280538&version=280868&application=ACROBAT>.

³⁹⁶ Ibid. Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title.

³⁹⁷ Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title. "Creating and Retaining Great Leaders," Dominique Jones, accessed June 10, 2016, <http://www.hrreview.co.uk/analysis/analysis-hr-news/dominique-jones-creating-and-retaining-great-leaders/60419>. "The One Leadership Skill That Impacts Overall Success," Lydia Dishman, accessed June 10, 2016, <http://www.fastcompany.com/3056176/hit-the-ground-running/the-one-leadership-skill-that-impacts-overall-success>.

³⁹⁸ Fred Kiel, *Return on Character: The Real Reason Leaders and Their Companies Win* (Boston, MA: Harvard Business Review Press, 2015). "The One Leadership Skill That Impacts Overall Success," Lydia Dishman, accessed June 10, 2016, <http://www.fastcompany.com/3056176/hit-the-ground-running/the-one-leadership-skill-that-impacts-overall-success>. Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title.

³⁹⁹ Sherry Heffner et al., *Develop Your Leaders, Transform Your Organization*, accessed June 10, 2016, http://www.harvardbusiness.org/sites/default/files/16843_CL_Whitepaper_Transform_Organization_0.pdf?trk=profile_certification_title. U.S. Marine Corps, *Sustaining the Transformation*, accessed June 9, 2016, [http://www.marines.mil/Portals/59/Publications/MCRP percent206-11D percent20Sustaining percent20the percent20Transformation.pdf](http://www.marines.mil/Portals/59/Publications/MCRP%20percent206-11D%20Sustaining%20the%20Transformation.pdf).

⁴⁰⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 37, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

for future roles.⁴⁰¹ Although VHA does have some components of a development program, the activities are not connected to a career path and not well coordinated. Comprehensive development efforts are impeded by the use of multiple competing competency models in VA that make it impossible to align assessment and development with a cohesive standard. Emerging leaders are left to navigate career progression largely on their own and may be stymied because development opportunities are cancelled due to budget restrictions. Even when promising young leaders complete the current activities, gaps remain in their experience and training because the training programs are not coordinated.⁴⁰² As a result, VHA does not have a robust pipeline of young leaders ready to take on higher-level responsibilities.⁴⁰³

Included in the *Independent Assessment Report* is a recommendation that VA stabilize, grow, and empower leaders. This recommendation includes suggestions to fill current vacancies with high-quality leaders, improve the attractiveness of the roles, ensure leaders are prepared to assume their roles, and create a comprehensive strategy that connects top performers to leadership opportunities and development plans.

There is little concrete information in the assessment to suggest how VA and VHA should accomplish these objectives. The commission examined VA's and VHA's current work to assess whether they have created plans to operationalize the leadership development recommendations articulated in the *Independent Assessment Report*.

Neither VA nor VHA has rationalized the multiple competency models within the department. A competency model is the core driver informing recruitment, development, assessment, and advancement in any comprehensive approach to leadership development and management.⁴⁰⁴ Having a cogent competency model is a prerequisite to a coherent strategy.⁴⁰⁵ Leading a health care organization requires specialized knowledge and skills not required of leaders in other fields.⁴⁰⁶ Thus, any competency model applied in VHA must include health care specific components. Health care executive competencies embrace such topics as an understanding of ethics in health care, management of self-governing professionals (e.g., physicians, nurses), the technical knowledge of health care regulation and operational management, and leading change, in addition to other leadership skills and knowledge.⁴⁰⁷

The current models used in VHA do not reference external benchmarks, and they are not health care specific. VHA plans to continue to use the High Performance Development Model (HPDM) as its competency model.⁴⁰⁸ HPDM was developed by VHA and is not benchmarked to private-sector competency models for health care executives. VHA plans to use the model to drive

⁴⁰¹ Ibid.

⁴⁰² Ibid., 38.

⁴⁰³ Ibid., 37.

⁴⁰⁴ The American College of Healthcare Executives, *ACHE Healthcare Executive: 2016 Competencies Assessment Tool*, accessed May 16, 2016, https://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf.

⁴⁰⁵ Ibid.

⁴⁰⁶ Ibid.

⁴⁰⁷ Ibid. "Joint Medical Executive Skills," Joint Medical Executive Skills Program, U.S. Department of Defense, accessed May 16, 2016, http://www.au.af.mil/au/awc/awcgate/leadership/med_exec_skills.htm. "NCHL Health Leadership Competency Model," National Center for Healthcare Leadership, accessed May 16, 2016, <http://www.nchl.org/static.asp?path=2852,3238>.

⁴⁰⁸ "NCHL Health Leadership Competency Model," National Center for Healthcare Leadership, accessed May 16, 2016, <http://www.nchl.org/static.asp?path=2852,3238>.

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position requirements, performance management, and training content.⁴⁰⁹ The plan mentions coordination with VA Learning University but provides no detail.⁴¹⁰ The plan also does not provide specific information about how the use of HPDM will link to formal recruitment, performance assessment, and advancement of leaders.⁴¹¹

VHA is working to understand the current career progression of candidates who move into field-based executive positions. VHA field leaders are cultivated from within VHA with about 98 percent advancing from lower-level field positions such as associate director, service chief, or chief of staff.⁴¹² As a result, field senior executives often lack outside experience and first-hand knowledge of alternative management methods.⁴¹³ Most companies look for a mix of internal and external hires, and the circumstances of the organization often drive the mix.⁴¹⁴ For instance, Henry Ford Health System, a successful growing company with a robust internal leadership development program has set a target of 70 percent internal promotions and 30 percent external hires.⁴¹⁵

The VHA pool of internal candidates is also deficient in racial and ethnic diversity with striking under-representation of women of color in all of the positions that constitute the pipeline for medical center director positions (see Figures 6 and 7).⁴¹⁶ VHA leadership development programs have failed to effectively recruit and advance under-represented minorities with a striking over-representation of White men in the leadership class that feeds the senior executive service (see Table 7).⁴¹⁷ Minority women shoulder the biggest burden of formal mentoring within the organization.⁴¹⁸ VHA also has the lowest representation of veterans among its staff (31 percent) compared to Veterans Benefit Administration (52 percent) and National Cemetery Administration (74 percent). The number of veterans among doctors and dentists in VHA is only about 14 percent of the employees.⁴¹⁹ Among leaders, 22 percent of senior executives are veterans and a similar number (23.8 percent) populate the leadership pipeline.⁴²⁰

⁴⁰⁹ Ibid.

⁴¹⁰ Ibid.

⁴¹¹ Ibid.

⁴¹² Under Secretary for Health, Veterans Health Administration, *Federal Equal Opportunity Recruitment Program (FEORP) Report FY2015 Accomplishment Report and FEORP FY2016 Plan Certification, Attachment A*, November 23, 2015.

⁴¹³ Ibid.

⁴¹⁴ Eric Krell, "Staffing Management: Look Outside or Seek Within?" *HR Magazine*, January/February 2015.

⁴¹⁵ "NCHL Health Leadership Competency Model," National Center for Healthcare Leadership, accessed May 16, 2016, <http://www.nchl.org/static.asp?path=2852,3238>.

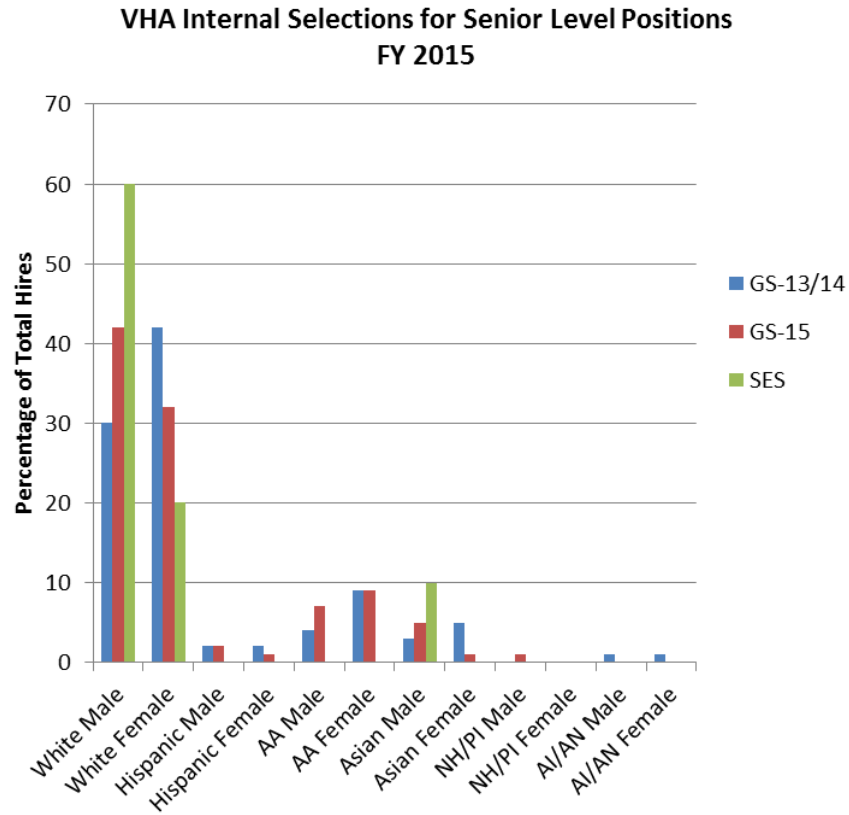
⁴¹⁶ Department of Veterans Affairs, Veterans Health Administration, *VHA Workforce Planning Report 2015*, 94, accessed June 10, 2016, http://vaww.succession.va.gov/Workforce_Planning/WorkforcePlanningLibrary/2015%20VHA%20Workforce%20Report.pdf.

⁴¹⁷ Under Secretary for Health, Veterans Health Administration, *Federal Equal Opportunity Recruitment Program (FEORP) Report FY2015 Accomplishment Report and FEORP FY2016 Plan Certification, Attachment A*, November 23, 2015.

⁴¹⁸ Ibid.

⁴¹⁹ Health Care Talent Management Office from PAID and NOA, September 17, 2015: Path to Medical Center Director, Healthcare Leadership Talent Institute.

⁴²⁰ VHA Health Care Talent Management Office, provided to Commission on Care for employees in VHA as of September 30, 2015 by request, March 8, 2016.

Figure 6. Diversity of Senior-Level Hires in VHA

AA = African American

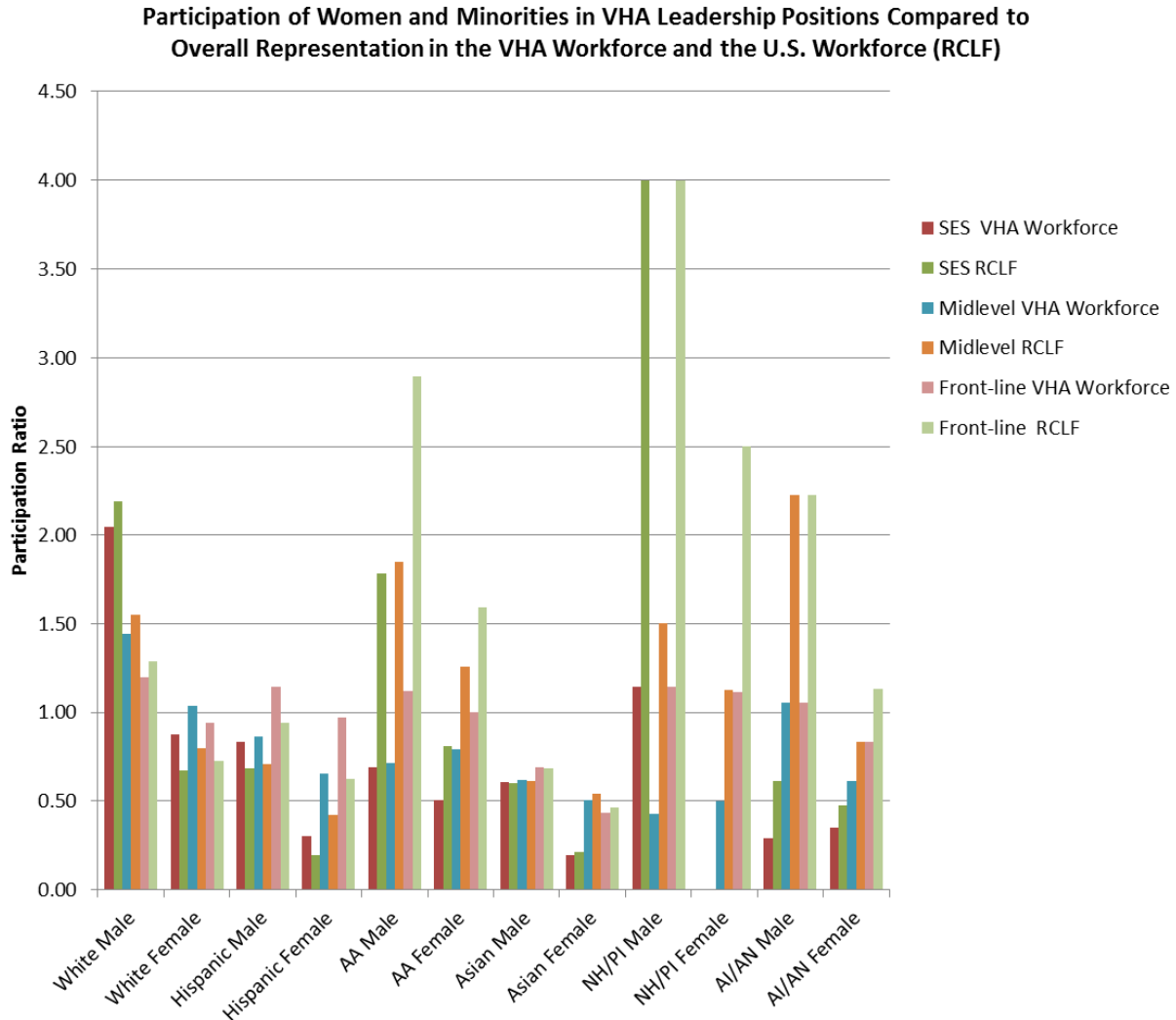
NH/PI = Native Hawaiian/Pacific Islander

AI/AN = American Indian/Alaska Native

Note: In FY 2015, VHA failed to select many candidates from diverse racial and ethnic backgrounds for senior executive positions. These data were drawn from the VHA annual equal employment opportunity (EEO) report.

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Figure 7. Minority Women are Under Represented in Higher-Level Positions in VHA



AA = African American

NH/PI = Native Hawaiian/Pacific Islander

AI/AN = American Indian/Alaska Native

Note: Women and particularly minority women are under-represented in comparison to their participation in the U.S. workforce (relevant civilian labor force [RCLF]) and their participation in the VHA workforce at higher levels in the organization. Some minority men are also under-represented in high-level positions. These data were derived from the VHA annual EEO report.

Table 7. White Males are Over Represented in VHA SES Development Program, HCLDP

	TCF 2015 (N)	GHATP 2014 (N)	Facility LEAD 2015 (N)	VISN/CO LEAD 2015 (N)	HCLDP 2015 (N)	VHA Workforce
White Male	35% (78)	30% (14)	19% (160)	22% (69)	41% (151)	23%
White Female	16% (35)	28% (13)	41% (342)	41% (127)	39% (144)	36%
African American Male	15% (33)	9% (4)	8% (66)	8% (24)	4% (14)	9%
African American Female	19% (42)	15% (7)	22% (180)	16% (50)	6% (23)	15%
Hispanic/Latino Male	4% (10)	4% (2)	3% (23)	4% (11)	1% (5)	3%
Hispanic/Latina Female	3% (7)	2% (1)	3% (29)	3% (10)	1% (4)	4%
Asian Male	4% (9)	2% (1)	1% (9)	>1% (2)	2% (7)	3%
Asian Female	2% (5)	9% (4)	2% (16)	4% (13)	3% (12)	5%
Native Hawaiian/Pacific Islander Male	0% (0)	0% (0)	>1% (3)	0% (0)	0% (0)	>1%
Native Hawaiian/Pacific Islander Female	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	>1%
American Indian/Alaska Native Male	2% (4)	0% (0)	>1% (1)	>1% (2)	1% (3)	1%
American Indian/Alaska Native Female	0% (0)	0% (0)	1% (7)	1% (4)	1% (3)	1%

Note: VHA offers career development opportunities from entry-level programs (TCF and GHATP) to an SES preparatory curriculum (HCLDP). Overall, White men make up about 23% of VHA employees but are over-represented in the HCLDP program at 41%. African American and Hispanic men and women are under-represented in the same program.

TCF= Technical Career Field; GHATP=Graduate Healthcare Administration Training Program; LEAD=Leadership, Effectiveness, Accountability, and Development; HCLDP=Health Care Leadership Development Program.

No evidence was presented to indicate that career progression mapping is occurring for positions within VHA central office, where high-quality leaders are also required.⁴²¹

⁴²¹ Department of Veterans Affairs, Veterans Health Administration, *VHA Workforce Planning Report 2015*, 94, accessed June 10, 2016, http://vaww.succession.va.gov/Workforce_Planning/WorkforcePlanningLibrary/2015%20VHA%20Workforce%20Report.pdf.

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VHA has much work to do to produce an effective leadership management system. Recruitment, retention, development and advancement are key processes that require immediate and sustained attention from VHA leaders. Without substantial changes, high-potential staff will continue to struggle to understand their career trajectory. Without a driving competency model and coordinated training to guide advancement, hiring decisions will continue to be made without uniform standards against which to measure applicants and new executive hires will continue to struggle to understand VHA and their role in leading it. Without the committed engagement and support of the chief of VHA Care System (CVCS) and the other top VHA executives for the leadership management system and their direct communications about and modeling of the leadership competencies, VHA will continue to flounder. As a result, veterans will be denied the high-performing health system they deserve.

Executive Commitment

The long-term success of any enterprise rests on having excellent leaders in key positions and sustaining them over time. To accomplish this goal, leadership management, development, and recruitment must be a core responsibility and a priority for VHA senior executives. To start, VA must include the goal of achieving an effective leadership management system in VHA as a component of the department's management agenda in the annual budget. The goal is a robust, high-quality, diverse leadership team in VHA. VA needs to establish a credible operational plan and accountability mechanisms for meeting this goal. Executive leaders are then held accountable for attaining the leadership management goals, including personally investing time in meeting diversity targets, recruitment plans, and succession planning objectives. These targets are to be reviewed in the individual performance of top leaders as well as in the Office of Management and Budget's ongoing review of the department's management objectives. Executive leaders need to also set and communicate clear expectations for the behavior of leaders and staff and to invest their own time in mentoring, coaching, and developing subordinate leaders and promising staff, including under-represented populations. They must be visible and role-model leadership competencies in meetings, training, and new-hire orientations. They must take an interest in developing leaders and help create opportunities for them to gain leadership experience and competencies. The CVCS and senior executives must keep in mind that their sole role is not to manage crises or to oversee a process or to manage up. Rather, their primary role is to lead their people. Their time and attention must reflect that priority.

Leadership Model

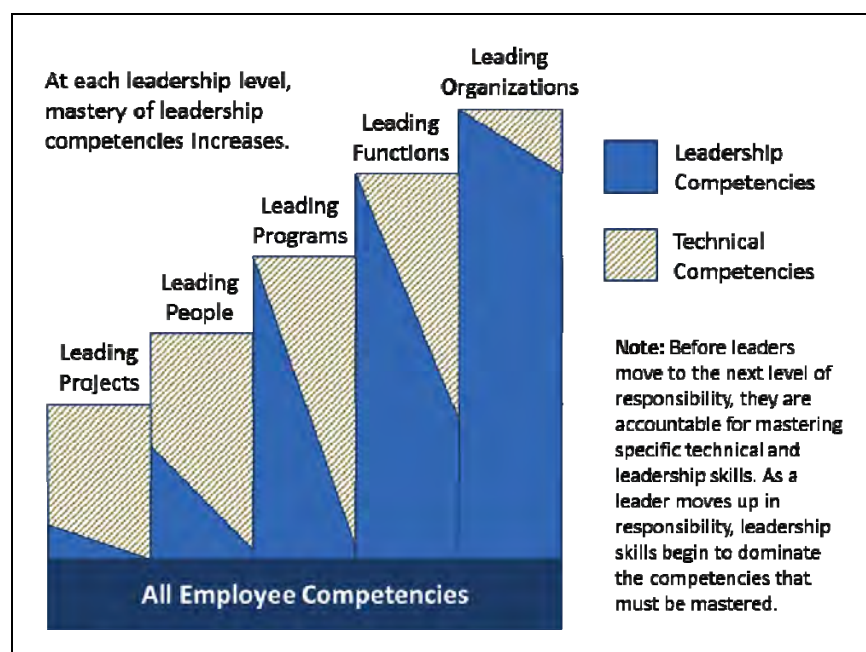
To establish clear leadership standards to guide hiring, development, and the advancement of leaders, VHA needs to adopt one benchmarked health care competency model. Currently, VHA is subject to the Office of Personnel Management executive core qualifications, HPDM, and standards for servant leadership. Although all of the models have value, none provide a clear trajectory for high-potential staff to follow, and they do not provide opportunities for VHA to intersect with leaders in the private sector. VHA must stop using these varied competency models and instead adopt a single model that is benchmarked to private-sector standards. The Commission is not making a recommendation about which model VHA should choose. Rather VHA should apply the criteria below to select a model around which to base its leadership development program:

- The standard must embrace leading through ethics and values, demonstrating character and concern for others, and creating a strong organizational culture.
- The standard must be health care based and describe the knowledge, skills, ability, and leadership bearing and behaviors that health care leaders must master to be effective.
- The standard must be a robust competency model including aligned training and tools to permit quick implementation.
- The model must describe different career tracks and the mastery requirements for key points in each career track. Key career tracks such as VISN director, facility director, and VHA Central Office (VHACO) program executive should fit into the competency model.
- A career path must specify the competencies that require mastery before moving to a higher position.
- VHA may need to enhance the model with competencies in care and services to Veterans and knowledge of military occupational health.

Training and Assessment

VHA needs to develop assessment tools based on the competency model, including 360, 180, self-assessment, and supervisory review processes. Leaders and developing leaders should be required to use at least one of the assessments each year and to apply the results to identifying their training and development needs. Findings from the assessments should be rolled into an individual development plan (IDP) for each leader or developing leader and enrollment in a leadership course should require a documented need from one of these assessments.

Figure 8. At Each Leadership Level, Mastery of Leadership Competencies Increases



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Training must be mapped against the competency model career track. All current leadership training should be mapped against the model. Gaps should be identified and filled with commercially available, or where needed, internally developed training. This training should include leadership competencies for the care of veterans, including an understanding of military occupational health, combat injuries and exposure, combat readjustments, and military sexual trauma. (See Appendix H for descriptions of such training material.) VHA should look for opportunities to partner with Department of Defense and the private sector to provide joint training and development opportunities to fill some of the identified gaps. VHA must develop one or more face-to-face training series that allow high-potential candidates to complete all the competencies required to move to the next career stage. As VHA strengthens its partnership with community providers and health systems, executive and high-potential training resources from VHA should be made available to community health care leaders and VHA should join training offered by these private-sector partners.

Based on the benchmarked competency model, VHA should collaborate with Academic Affiliates to establish two new programs. The first is to create opportunities for VHA physicians to gain masters-level training in health care management to prepare them to lead a medical facility. Second, VHA should work to create rotations in VHA for external physicians who are completing graduate health care management programs. Like academic affiliate residency training programs, VHA should collaborate with academic medicine to establish, fund, and run these programs with the goal that all participants rotate in management positions in VHA or VHA-partnered private-sector systems for six or more months during their training. Graduates of such programs would be candidates for recruitment into the VHA leadership pipeline and would encumber a pay-back commitment to VHA for any direct funding provided.

All training should include formal assessment to assure that learners have mastered the material and this mastery should be noted in their IDPs and training record.

As part of the leadership development model, experiential learning opportunities and formal coaching are critical to executive learning. Individual and group coaching standards and programs must be established for all developing and new leaders. A program for senior leaders to pair them with private-sector health care leaders must also be supported. VHA must establish rotation opportunities for developing leaders to rotate for substantial periods (e.g., 3 to 18 months) in not-for-profit hospital systems. This program could be structured as a certificate program that the employee and VHA jointly fund and include a payback commitment on the part of the trainee. Similar rotations from the private sector into VHA should be developed with health care system partners to help develop private-sector competencies in care for veterans and inject private-sector approaches into VHA.

Apply the Leadership Model

VHA is required to apply the competency model in all hiring decisions for executive career field positions. Thus all functional statements must be based on the model, all interview protocols must incorporate the competencies, and all candidates who are not internally certified to the standard of the job must undergo an assessment by a board to ensure they meet the position requirements. Conversely, internal candidates must be required to demonstrate mastery of the competencies before qualifying to apply for a position. VHA must adopt the strategies of executive recruiters to identify and recruit needed experts outside of government with the

competencies VHA seeks. Recruiters can look to the pipelines the Commission has recommended building to bring military treatment facility commanders and other senior leaders and private sector experts into VHA as a network for identifying additional recruits. Executive recruiters can particularly help ensure diverse candidates are identified for open positions.

VHA will require competency assessments and IDPs for all existing executives, potential executives, and new hires. Current leaders and new hires who have an identified gap in any competency must have it included in their IDP and be required to fill these deficiencies by a specific deadline or face demotion or dismissal. Completion of IDP development opportunities is required for advancement in grade or promotion to higher position within the leadership pipeline.

VHA will aggressively manage its leadership candidate pool by identifying and tracking all high-potential individuals. Diversity statistics should be tracked and diversity in this pool actively managed. This pool of candidates derives from annual ratings as well as leadership development program graduates. Supervisors and executive leaders must provide ongoing coaching for higher positions to this pool of developing leaders. VHA must identify anticipated succession needs and offer development opportunities that would help prepare candidates for these anticipated openings. Once the positions are open, individuals in the high-potential pool must receive notices of new job postings and detail opportunities that provide experience into higher positions. Candidates who agree to be in this pool should be required to enter into formal mentoring relationships with leaders outside their chain of command to further advance their career development. For highest-level positions (VISN director, facility director, VHACO chief officer) a formal pool of approved or precertified candidates should be established.

To expand the perspectives and management experience in its leadership pipeline, VHA must develop explicit strategies to on-ramp diverse candidates at critical midcareer transition points. This process includes creating pathways for retiring commanders and other senior officers of military treatment facilities to compete effectively for leadership positions in VHA. To increase VHA understanding of private-sector health care, VHA must develop midcareer entry points for private-sector candidates. This could be accomplished through the use of temporary hiring authority and the ability to convert these positions to permanent staff positions if leadership competencies standards have been met by the candidates. Such opportunities can be modeled on efforts recently announced by DoD and, wherever practicable, should be developed collaboratively with DoD to establish the legal and policy requirements for implementing these programs. Finally, the current graduate health administration training program (GHATP) program should be expanded to include more schools and programs with diverse trainees. This expansion must allow high-performing residents to continue to convert to full time positions.

On-boarding

A formal on-boarding process should be instituted for all new executive hires. In addition to the transactional knowledge the individual will need, on boarding should establish the expectations for what it means for that executive to be successful in VHA. The values of the organization and the expectations for ethical practice must be conveyed by the CVCS and the top leadership team. A formal assessment of knowledge and skills should be made during on-boarding and an IDP established to cover the probationary period of new hires if any deficiencies are identified.

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Completion of the IDP is required for continued employment. All new leadership hires should be assigned a coach based on their individual needs. Within their first 6 months of employment, the undersecretary for health and Secretary should meet with these new executives to build a relationship with them and hear their fresh perspectives on the performance of VHA.

Stabilize Leadership

VHA should immediately stabilize its leadership ranks by authorizing VA medical center and veterans integrated services network (VISN) director details to last up to a year with no restrictions on an acting leader competing for the permanent position. VHA should also create flexible capacity by creating more assistant-level positions (e.g., assistant director, assistant VISN chief medical officer, assistant nurse executive, deputy chief officer). These individuals would comprise the pool of potential leaders and also allow for cross filling positions that are empty due to development assignments, training, or other leadership development opportunities.

Implementation

Legislative Changes

- Establish direct-hire authority from the graduate health care administration training program, military treatment facility, and private-sector fellow pools, clarifying application of merit-system principles, including approaches to managing veterans' preference in these programs.
- Establish Intergovernmental Personnel Act authority for VHA to include the for-profit private sector; this could be done as a pilot program with a report to Congress before considering whether to make the authority permanent.

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Fund and implement leadership assessments, training, coaching, and developmental opportunities based on the new leadership competency model.
- Aggressively manage leadership recruitment, retention, development and advancement using the new leadership competency model: All hires and promotions are required to demonstrate these competencies.
- Require a formal on-boarding process for HPDM 3 and 4 leaders at all levels that reinforces the leadership competency model.
- Take immediate steps to stabilize the continuity of leadership by extending the length of authorized details to extend the continuity of leadership at medical centers and allow leaders detailed to a position to compete for a permanent appointment to the position by removing the non-compete requirements.

COMMISSION RECOMMENDATIONS

- Establish the competency model in regulation and include requirements for its use in hiring, promotion and dismissal and clarify the application of veterans' preference in executive development.

Other Department and Agency Administrative Changes

- None required.

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Recommendation #12: Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.

Problem

Leadership structures and processes should be organized to promote agile, clear decision making, the free flow of ideas, and identification of organizational priorities, as well as make clear reporting relationships and lines of accountability within the organization. VHA currently lacks effective national policies, a rational organizational structure, and clear role definitions that would support effective leadership of the organization. The responsibilities of VHA Central Office (VHACO) program offices are unclear, and their functions overlap or are duplicative. The role of the Veterans Integrated Service Network (VISN) is not clear, and the delegated responsibilities of the medical center director are not defined.

Background

A prerequisite of a successful, high-performing system is having strong leaders and a strong leadership system.⁴²² An organization's leadership system is "the way leadership is exercised, formally and informally, throughout the organization; the basis for key decisions and the way they are made, communicated, and carried out."⁴²³ It includes "structures and mechanisms for making decisions; ensuring two-way communication; selecting and developing leaders and managers; and reinforcing values, ethical behavior, directions, and performance expectations."⁴²⁴ In an organization the size of VHA, with a budget of \$69 billion,⁴²⁵ more than 300,000 employees, and more than 1,000 sites of care,⁴²⁶ strong leadership systems are essential.

The Commission Recommends That . . .

- VHA redesign VHA Central Office (VHACO) to create high-performing support functions that serve Veterans Integrated Service Networks (VISNs) and facilities in their delivery of veteran-centric care.
- VHA clarify and define the roles and responsibilities of the VISNs, facilities, and reorganized VHA program offices in relation to one another, and within national standards, push decision making down to the lowest executive level with policies, budget, and tools that support this change.
- VHA establish leadership communication mechanisms within VHACO and between VHACO and the field to promote transparency, dialogue, and collaboration.
- VHA establish a transformation office, reporting to the chief of VHA Care System with broad authority and a supporting budget to accomplish the transformation of VHA and manage the large-scale changes outlined throughout this report (also included in Recommendation #10).

⁴²² Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, (Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology, 2015), 50.

James Collins, *Good to Great: Why Some Companies Make the Leap and Others Don't*, (New York, NY: HarperCollins, 2001), 17-64.

⁴²³ Ibid.

⁴²⁴ Ibid.

⁴²⁵ Department of Veterans Affairs, *VA 2017 Budget Request: Fast Facts*, accessed March 10, 2016, <http://www.va.gov/budget/docs/summary/FY2017-FastFactsVAsBudgetHighlights.pdf>.

⁴²⁶ "About VHA," Department of Veterans Affairs, accessed February 5, 2016, <http://www.va.gov/health/aboutVHA.asp>.

In the last successful reorganization of VHA in 1995,⁴²⁷ the organizational design and functional roles of the leadership system were organized into clear structures with clear functions. The VISNs were responsible for operations⁴²⁸ and VHACO program offices were responsible for policy, guidelines, and outcomes.⁴²⁹ The National Leadership Board (made up of VISN directors and all program office leaders) was responsible for collective, fact-based decision making and the Friday Hotline call was used to communicate leadership priorities and decisions directly to VA medical center (VAMC) leadership. A negotiated performance measurement system based on consistent, benchmarked, outcome-focused metrics⁴³⁰ was also established that was supported by centralized functions that benefit from economies of scale.⁴³¹ As part of the reorganization, VHA experienced a reduction in staff and consolidation of VHACO offices to create a flat, agile leadership system.⁴³² Because this functional matrix was not sustained, VHA now faces the challenge of reinstituting an effective leadership system.

Analysis

Twenty years after the Kizer reorganization, VHA has a very different leadership system, under which it “is intensely, unnecessarily complex due to a lack of clear operating model, limited role clarity, fragmentation of authority, and overlapping responsibilities.”⁴³³ The *Independent Assessment Report* included the following findings about the VHA operating model:⁴³⁴

- VHACO has grown rapidly since 2009 from 753 in FY 2009 to 1,990 in FY 2014.
- The VISNs’ ability to manage and support their regions is heavily hampered by resourcing restrictions and direct VHACO control over VAMC operations.
- The VAMCs’ operating model suffers from powerful silos, which prevent an effective end-to-end mission focus.
- VA’s increasingly top-down management style, coupled with poor prioritization and the external political environment, result in a lack of clarity around strategic direction, reactivity to external headwinds, and flawed efforts to standardize.

VHACO has grown rapidly in the past few years.⁴³⁵ The growth in central office was driven in part by new ideas, new priorities, and new crises being addressed through the creation of new

⁴²⁷ Phillip Longman, *Best Care Anywhere: Why VA Health Care Would Work Better for Everyone* (San Francisco, CA: Berrett-Koehler Publishers, Inc., 2012), 54.

⁴²⁸ Kenneth Kizer, Veterans Health Administration, Department of Veterans Affairs, *Vision for Change: A Plan to Restructure the Veterans Health Administration*, 1995, 35. Kizer, Kenneth W and Ashish Jha, “Restoring Trust in VA Health Care,” *New England Journal of Medicine*, 371, (2014): 295-297.

⁴²⁹ Ibid.

⁴³⁰ Kenneth Kizer, Veterans Health Administration, Department of Veterans Affairs, *Vision for Change: A Plan to Restructure the Veterans Health Administration*, 1995, 61-72.

⁴³¹ Ibid., 33.

⁴³² Ibid., 60. Kenneth Kizer, Veterans Health Administration, Department of Veterans Affairs, *Prescription for Change: The Guiding Principles and Strategic Objectives Underlying the Transformation of the Veterans Healthcare System*, Objective 3 and 17, 1996.

⁴³³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 95, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁴³⁴ Ibid.

⁴³⁵ Ibid., 98.

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offices and new staff infrastructure to support it.⁴³⁶ A portion of the growth came from the centralization of functions that were previously managed in the field such as business office functions. The final component has come from the duplication in VHA of offices in which decision-making authority rests with VA, such as communications and regulatory management. VHA has also duplicated functions and responsibilities between two or more offices in VHA, such as primary care, surgery, mental health, and geriatrics and extended care. This increased growth in staff and offices has resulted in more complex and lengthy decision processes, often with little clarity as to whom ultimate responsibility for decisions or follow up falls.⁴³⁷

One symptom of the top-down management is VHACO control of budgeting and resource management. “Support funding is outside local control” and the “increasing share of Specific Purpose funding hinders” local leaders in their ability to use resources effectively.⁴³⁸ In FY 2015, specific-purpose funds were spread across more than 450 line items,⁴³⁹ taking money away from general purpose funding and restricting how this money can be used. Both VHACO and Congress have been complicit in taking control away from medical center directors through these budget controls.⁴⁴⁰ For instance, the congressional appropriation to fund VHA for 1998 included only five appropriation line items; medical care, medical administration, construction major, construction minor, and medical and prosthetic research.⁴⁴¹ In contrast, the budget request to Congress for FY 2016 included 12 budget categories relevant to VHA with some of those accounts having four or five subcategories.⁴⁴² In his testimony before the Commission and Congress, Secretary McDonald made the point that such fragmentation of the VHA budget and the prohibition to reallocate across budget categories without first receiving Congressional approval was an impediment to effective and agile management of the department.⁴⁴³ Greater Congressional control of VHA spending is understandable in light of VA’s lack of adequate management systems and data analytic capabilities to track expenditures in real time⁴⁴⁴ and report them to Congress and central office. The only means available to hold the medical centers

⁴³⁶ Ibid., 96-99.

⁴³⁷ Mike Mayo-Smith and Pat Vandenberg, *Task Force on Improving Effectiveness of VHA Governance: Report to the VHA Under Secretary for Health*, (Washington, DC, Veterans Health Administration, February 2015), 7-9.

⁴³⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Assessment L (Leadership)*, 102, accessed March 10, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁴³⁹ Ibid., 107.

⁴⁴⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Assessment L (Leadership)*, 102-108, accessed June 10, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁴⁴¹ PL 105-65, October 27, 1997.

⁴⁴² Department of Veterans Affairs Fiscal Year 2016 Budget Submission, Volume II Medical Programs and Information Technology, Accessed June 10, 2016, <http://www.va.gov/budget/products.asp>.

⁴⁴³ On January 21, 2016, Secretary of Veterans Affairs, Robert A. McDonald, provided the following testimony before the U.S. Senate Committee on Veteran’s Affairs “Flexible Budget Authority: We need flexible budget authority to avoid artificial restrictions that impede our delivery of care and benefits to Veterans. Currently, there are over 70 line items in VA’s budget that dedicate funds to a specific purpose without adequate flexibility to provide the best service to Veterans. These include limitations within the same general areas, such as health care funds that cannot be spent on health care needs and funding that can be used for only one type of Care in the Community program, but not others. These restrictions limit the ability of VA to deliver Veterans with care and benefits based on demand, rather than specific funding lines.” accessed June 10, 2016,

<http://www.veterans.senate.gov/imo/media/doc/VA%20Sec%20Testimony%2001.21.2016.pdf>

⁴⁴⁴ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 105, accessed March 10, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

accountable was to fund the priority initiatives as separate budget lines or indicate allocations to be made under the specific-purpose process.

To fix the overly complex and bureaucratic structure of VHA, the *Independent Assessment Report* suggests that VHA “redesign (its) operating model to create clarity for decision-making authority, prioritization, and long-term support.”⁴⁴⁵ VHA must take a systems approach to reorient its leadership operations, restructuring and re-orienting VHACO program offices to ensure all of the following:⁴⁴⁶

- fact based, innovative decision making that is responsive to the field, other offices, and external stakeholder requirements
- feedback mechanisms to incorporate system learning into policy development and operational guidance
- communication mechanisms to effectively share information across offices and reach VISN and facilities to explain expectations and tie decisions to organizational values and goals
- effective execution of policy decisions through expert coaching, deployment of resources, and guidance based on external benchmarks and sharing of internal best practices
- analytic capability and infrastructure to effectively monitor progress and outcomes of all organizational priorities

Such a reorientation will involve a different skill set and expertise than currently required in VHACO. Transformation will call for recruiting new expertise, making advancement decisions based on these new competencies, reinforcing them through recognition and performance assessment, and developing new skills in current staff through training and coaching. This skill set includes a high level of technical expertise relevant to the program office; the ability to build relationships with external stakeholders; demonstrated skills in coaching, staff development, and training; certification in quality improvement methodologies; analytic capabilities to develop and track metrics; and the ability to lead transformational change. VHA must fully fund the retraining and the hiring of skilled staff in VHACO to accomplish this transformation.

For the VHACO program offices to work effectively with one another and with the field, the specific authority of each office must also be defined. Where overlap and confusion exists between offices, programs must be combined and streamlined or eliminated with a corresponding reduction in force. In changing the structure and orientation of VHACO program offices, VHA leadership can take the opportunity to align functions to achieve its stated priority of patient-centered care. In a fully aligned operating structure, business processes from the VAMC front line to central office must be organized to deliver important

⁴⁴⁵ Ibid., ix.

⁴⁴⁶ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, (Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology, 2015), 7, 34, and 50.

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patient outcomes rather than aligned in professional silos. For instance, instead of having an office of nursing, one for social work, and a lead for physician assistants, business offices should be aligned around the work they do together, like patient aligned care teams, to deliver positive outcomes for veterans.

The administrative operations of VHACO should also be flattened. Senior staff should be speaking directly to other senior staff to discuss and make decisions rather than relying on bureaucratic, paper-based processes as a means of negotiation: It is neither a healthy culture nor an efficient process. At the same time, VHACO needs to take full advantage of being a large-scale enterprise by centralizing functions such as acquisition package development, recruitment package development, and account reconciliation so that staff is not required in each program office to take on these occasional but complex activities. The net savings resulting from this reorganization and delayering of the bureaucracy must be reinvested in the transformation process.

VISNs must also examine the skills needed to take on an expanded role as facilitators, coaches, and guides in improving services and sharing best practices across facilities. VISNs are critical players in the feedback loop between service delivery and VHACO to identify ineffective processes, problems, and emerging issues that need to be raised to VHACO for help in clearing away barriers to effective operations. Similar to VHACO, VISNs must define the new skill set required by their staffs and establish these requirements in hiring, promotion, and performance evaluation as well as training and coaching staff to develop these competencies. Finally, the chief of VHA Care System (CVCS) should establish a required staffing ratio for the VISN office and reduce the staffing in VISNs that exceed this standard.

A new operating model also means that medical center directors must control the budget, staff, supplies, and infrastructure required to deliver needed health care. This model includes consolidation of budget lines and new authority and expanded authority to reallocate funds across the remaining budget categories. To manage the new VHA Care System and ensure that facility and network directors have the local control needed to make decisions about how to deliver services, fewer restrictions should be placed on the VHA budget. To start, specific-purpose funds must no longer be used to direct obligations at facilities. Congress should also work with the administration to reduce the number of budget lines and specific spending authorities back to a simpler system like that used in 1998. To support these changes and create transparency, medical centers should be accountable for their expenditure of funds by ensuring accurate, complete, and timely cost accounting. This last requirement, however, can only be met if it is supported by effective financial management data systems and fully trained staff and leadership who understand how to use such systems.

To support the leaders, program offices, and the field in this transformation, the CVCS must establish a transformation office that has appropriate expertise in business process reengineering and is fully funded to conduct this work. Existing offices with the requisite expertise, including the Office of Strategic Integration and the Veterans Engineering Resource Center (VERC), should be rolled into the transformation office. This office would oversee transformation and incubate new initiatives with the goal of incorporating them into regular work of other program offices once the new initiative is established. This mechanism, if used consistently, would prevent VHA from growing new offices as new priorities arise.

Finally, as part of cultural change within the leadership system, the CVCS, VISN directors, and program office leaders must promote open and productive dialogue among themselves about problems and solutions. To accomplish this goal, leaders must address both the culture within the leadership ranks, as well as establish systems and processes that support identification and discussion of problems. The CVCS must model this behavior by inviting input on problems and rewarding leaders when they bring issues forward, including rewarding them with access to expertise, staff, and money; removing barriers; and aligning other leaders in support of solutions.

In its work to oversee change in VHA, the transformation office will create an implementation plan for transformation, identifying key strategies and milestones. This plan will drive data collection, development of strategic goals and supporting objectives to encourage effective planning, accountability, and the ability to unearth critical gaps that need to be addressed. The transformation office will require each new initiative to establish a project plan and provide periodic reports that include all of the following components: tactic/action, initiative owner, cost (i.e., operational, equipment, contracts), number of FTEs, start and completion dates, outcome measures, strategic drivers, and milestone.⁴⁴⁷ The President's Management Agenda Scorecard will serve as the evaluation model. The Office of Management and Budget created this tool to evaluate new initiatives and track progress on outcomes over time with regular spotlight reports (red, yellow, green) to leadership.⁴⁴⁸

Implementation

Legislative Changes

- Simplify the VHA budget to include fewer accounts while at the same time requiring more transparent and detailed accounting of VHA expenditures.

VA Administrative Changes

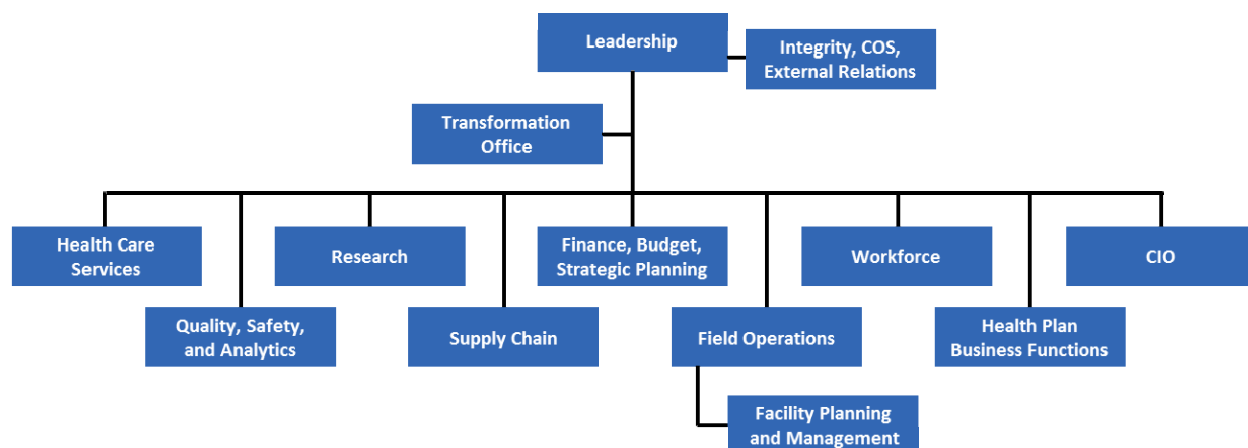
The following administrative changes are a priority during the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B. Responsibility for establishing a transformation plan with milestones, timelines, and evaluation of outcomes is assigned to the transformation office that the Commission recommends be established in VHA.

- Eliminate duplication within VHA and consolidate program offices to create a flat structure. Figure 9 is one model of an organizational chart for accomplishing this goal. This organizational chart shows how VHA can be streamlined to mirror the structure of large private-sector hospital systems. Figure 10 is the current VHA organizational chart, provided as a point of comparison and to emphasize the cumbersome nature of the current structure.

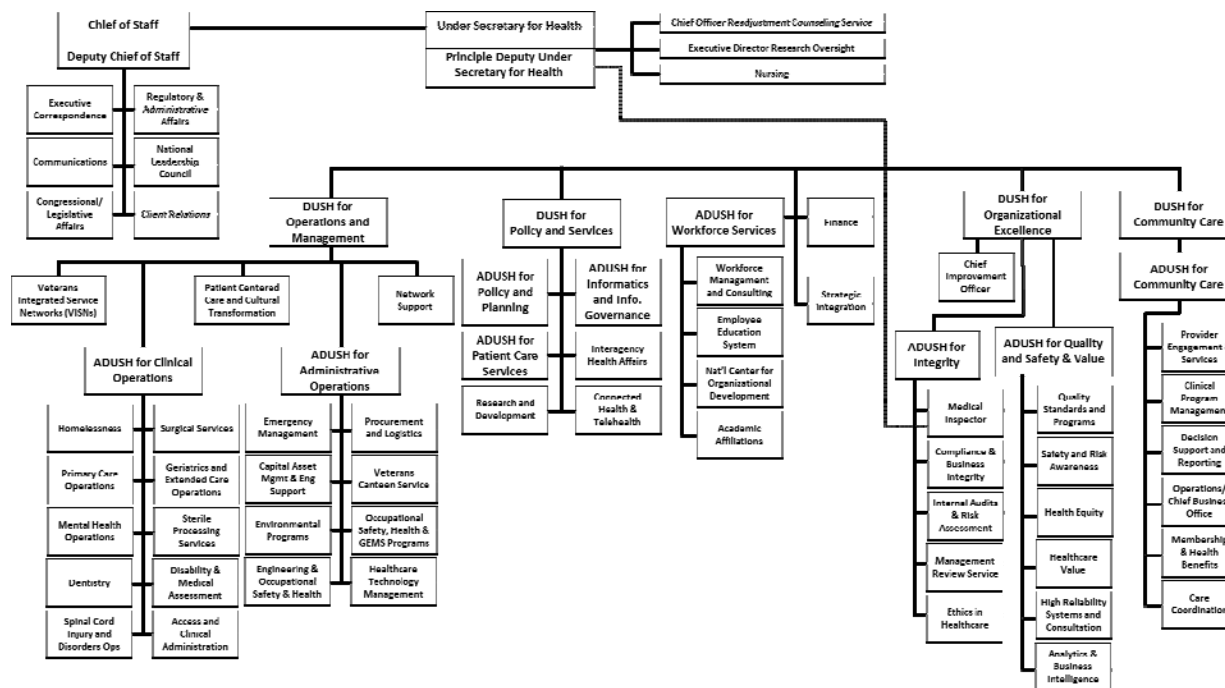
⁴⁴⁷ For example, see "VA Faith-based and Community Initiative President Management Agenda Scorecard," September 30, 2008,

⁴⁴⁸ "Office of Federal Financial Management President's Management Agenda," Office of Management and Budget, accessed June 15, 2016, https://www.whitehouse.gov/omb/financial_fia_pma/.

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Figure 9. Proposed VHA Organizational Chart⁴⁴⁹

Note: This organizational chart is an example of how to align VHA functions to create a flatter organization, remove duplication, and streamline decision making as discussed throughout this section of the report. Of note, the placement of the Transformation Office, CIO, and supply chain in this diagram is consistent with recommendations made by the Commission elsewhere in this report. In this chart, COS is chief of staff.

Figure 10. Current VHA Organizational Chart⁴⁵⁰

⁴⁴⁹ Modified from Appendix C, Mike Mayo-Smith and Pat Vandenberg, *Task Force on Improving Effectiveness of VHA Governance: Report to the VHA Under Secretary for Health*, (Washington, DC, Veterans Health Administration, February 2015), 41.

⁴⁵⁰ Ibid.

COMMISSION RECOMMENDATIONS

- Eliminate the duplication of functions between VHA and VA by closing VHA offices as needed.
- Create innovative organizational structures that are aligned to patient's needs rather than professional silos, to support clinical care.
- Undertake a reduction-in-force in VHACO that facilitates delayering and efficiency in communication and decision making.
- Establish a transformation office implementation plan to ensure effective and comprehensive implementation of the transformation across VHA. The transformation plan is to capture all of the transformation activities recommended in the Commission report, establish specific timelines and milestones for accomplishing each objective, and report on both progress and outcomes at least quarterly to VHA leadership and the governing board. Periodic evaluation of the effect of these change initiatives on internal and external stakeholders would also be appropriate.
- Clarify the roles and responsibilities of VISNs and facilities and implement a change strategy to orient staff and leaders to these new expectations. Establish effective leadership communication mechanisms to promote transparency, dialogue, and collaboration among VHACO offices and with the field.

Other Department and Agency Administrative Changes

- None required.

Recommendation #13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.

Problem

To achieve the Commission's vision of quality, access, and choice for veterans, VHA must effectively measure outcomes and hold leaders accountable for improvement. VHA can measure itself against internal best practices, but veterans deserve care that uniformly meets or exceeds private-sector quality standards. A clear, concise, balanced measure set, identical to private-sector standards, will give leadership, staff, and administrators focus and direction for their work. VHA leaders are responsible for delivering these quality outcomes for veterans. They do so by exercising leadership skills and traits in their management and direction to staff. Short-term gains can be realized at the expense of staff morale and well-being, but the long-term health of the organization cannot. Therefore, organizations must be sure to assess leaders' performance not just on *what* they achieve but *how* they achieve it.

Background

One of the criteria for performance excellence in health care is the measurement, analysis, and improvement of organizational performance.⁴⁵¹ Performance measurement is used to track daily operations, overall organizational performance, and progress in achieving organizational objectives and action plans. Performance measurement is also used to benchmark organizational performance against internal and external standards.

Organizational performance measurement is not the same as workforce performance management.⁴⁵² Workforce performance management is intended to reinforce intelligent risk taking, help focus the workforce on the needs of patients and other customers, and support

The Commission Recommends That . . .

Organizational Performance Measurement

- VHA streamline organizational performance measures, emphasize strategic alignment and meaningful effect, and use benchmarked measures that allow a direct comparison to the private sector.
- The new Office for Organizational Excellence work with experts to reorganize its internal structure to align business functions with field needs and consolidate and eliminate redundant or low-priority activities.

Workforce and Leadership Performance Management System

- VHA create a new performance management system appropriate for health care leaders, tied to health care leadership competencies, and benchmarked to the private sector.
- The CVCS and all secondary raters hold primary raters accountable for creating meaningful distinctions in performance among leaders.
- VHA recognize meaningful distinctions in performance with meaningful awards.

⁴⁵¹ Baldrige Performance Excellence Program, 2015-2016 *Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 16.

⁴⁵² Ibid., 20.

health care delivery and the achievement of action plans.⁴⁵³ Although there is a relationship between organizational performance measurement and workforce performance management, they are not synonymous processes.

Workforce performance management is made up of much more than just clinical outcome measures. As noted by the American College of Healthcare Executives (ACHE), performance evaluations of hospital CEOs must also evaluate leadership traits such as judgment, communication, and diplomacy.⁴⁵⁴ Furthermore, ACHE emphasizes the inclusion of individual professional objectives in performance plans, such as promoting ethical behavior, supporting diversity and inclusion within the organization, or fostering effective medical staff relationships.⁴⁵⁵ ACHE and other leading practitioners⁴⁵⁶ emphasize that performance management is not a plan or an event, but rather a continuous, ongoing process and conversation among the leaders and their reviewers. A workforce performance management system must also make meaningful distinctions among individuals⁴⁵⁷ and promote high performance through rewards, recognition, and incentive practices.⁴⁵⁸ Ideally, when coupled with a leadership competency model and development program, workforce performance management should also help to identify high-performing potential leaders and provide guidance to the workforce on how to move up in the leadership ranks.⁴⁵⁹ As deployed in FY 2015 and evaluated by the *Independent Assessment Report*, VHA's performance management system failed to effectively achieve any of these objectives.⁴⁶⁰

Analysis

One of the findings in the *Independent Assessment Report* was that “hundreds of operational performance measures overwhelm leaders and this, combined with limited transparency and inconsistent data availability, makes it difficult to focus on what is most important.” More than 300 measures spanned everything from critical clinical metrics to political priorities introduced to address the most recent crisis. VHA reports that it was tracking approximately 500 measures,

⁴⁵³ Ibid.

⁴⁵⁴ “Policy Statement: Evaluating the Performance of Hospital or Health System CEO,” November 2013 (revised), American College of Healthcare Executives, accessed February 18, 2016, <https://www.ache.org/policy/ceo-perf.cfm>.

⁴⁵⁵ Ibid.

⁴⁵⁶ Ibid. NeuroLeadership Institute’s “Reengineering Performance Management: How Companies are Evolving Beyond Ratings” webinar, scheduled on January 14, 12-1.

⁴⁵⁷ “Implementing FCAT-M Performance Management Competencies: Differentiating Performance,” Office of Personnel Management, Performance Management: Performance Management Cycle, accessed June 10, 2016, <https://www.opm.gov/policy-data-oversight/performance-management/performance-management-cycle/developing/differentiating-performance/>.

⁴⁵⁸ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization’s Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 20.

⁴⁵⁹ Office of Personnel Management. Proficiency Levels for Leadership Competencies. <https://www.opm.gov/policy-data-oversight/proficiencylevelsforleadershipcompetencies/>. “Joint Medical Executive Skills Institute,” Health.mil: The official website of the Military Health System and the Defense Health Agency, accessed June 13, 2016, <https://www.jmesi.army.mil/documents.asp>, National Center for Healthcare Leadership. NCHL Healthcare Leadership Competency Model. <http://www.nchl.org/static.asp?path=2852,3238>.

⁴⁶⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 78-79, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

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including 156 related to access, 29 measuring employee engagement, 18 on high-performing networks, 250 best practice measures, and seven related to trust.⁴⁶¹

Distinct from performance measurement, the performance management process⁴⁶² is a cycle that begins with clear input from top leadership on the priorities of the organization, followed by clear targets, performance tracking, reviews, and rewards. The *Independent Assessment Report* noted that, “Individual performance management processes are hindered by targets inconsistent with the VHA mission, delayed implementation, lack of meaningful performance dialogue, and limited rewards.”⁴⁶³ Many of the same system flaws that impede effective organizational performance also impede individual success. Performance plans are released late in the performance cycle,⁴⁶⁴ metrics are hard to track in real time and lack the detail required for individual performance assessment,⁴⁶⁵ and few plans are written to support shared accountability and team-based solutions. In addition, participants observed that the current senior executive performance agreements and rating process (a) do not result in meaningful distinctions in performance between individuals, (b) do not drive meaningful conversations about individual performance, (c) and do not consistently focus on key health care metrics of quality, safety, patient experience, operational efficiency, finance, and human resources.⁴⁶⁶ The *Independent Assessment Report* notes that the rewards currently offered to employees do not motivate them to work toward exceptional performance.⁴⁶⁷

Information provided to the Commission indicates that VHA has taken action to address some of these findings. First, the USH has reestablished a performance accountability workgroup (absent for a number of years) comprising leaders from the field and VHACO to provide oversight and direction to the performance measurement process.⁴⁶⁸ The workgroup has been charged with aligning metrics to each level of VHA, dramatically simplifying metrics, and increasing the capacity of the organization to focus on measures that truly matter.⁴⁶⁹ The group has created an aspirational vision of a performance measurement system that describes cascading accountability from the top of the organization with health system outcomes (reported annually) through strategic measures (reported quarterly), to tactical measures (reported monthly) to transactional measures (reported in real time).⁴⁷⁰ It is critical that these aspirations become policy.

⁴⁶¹ Carolyn Clancy and Joe Francis, Veterans Health Administration, meeting with Commission on Care staff, December 2015.

⁴⁶² McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 78, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁴⁶³ Ibid., 82.

⁴⁶⁴ Ibid., 82.

⁴⁶⁵ Ibid., 84.

⁴⁶⁶ Ibid., 84.

⁴⁶⁷ Ibid., 87.

⁴⁶⁸ David Shulkin, *Charter of the Performance Accountability Workgroup*, (Washington, DC, Veterans Health Administration, September 22, 2015).

⁴⁶⁹ Carolyn Clancy and Joe Francis, Veterans Health Administration, meeting with Commission on Care staff, December 2015.

⁴⁷⁰ Ibid.

Starting in the 1990s, VHA has used performance measurement, benchmarking, and reporting internally to motivate higher clinical quality performance by individuals and teams.⁴⁷¹ As a large, national health care system, internal benchmarking can be a valid method to drive change, yet both internal and external audiences may ask how well VHA performance compares to that of private-sector providers. VHA currently posts some patient quality, safety, and outcome measures on both its website and on the Department of Health and Human Services (HHS) Hospital Compare website.⁴⁷² These measures allow patients to evaluate the quality of care they receive from VA and make informed health care decisions. They include measures of timely and effective health care; measures of readmissions; complications of death, surgical complication measures and health-care related infection measures; survey data of patient experiences; and other measures required of hospitals participating in Medicare.⁴⁷³ Former USH Kizer believes this reporting is insufficient, noting

*the VA health care system has become increasingly insular and inward-looking. It now has little engagement with private-sector health care, and too often it has declined to make its performance data public. For example, it contributes only a small proportion of its data to Hospital Compare and has declined to participate in other public performance reporting forums such as the Leapfrog Group's efforts to assess patient safety.*⁴⁷⁴

The Commission has reviewed VHA's principal measurement approach, Strategic Analytics for Improvement and Learning Value Model (SAIL) and has determined that although it is modelled on private-sector approaches to measurement and rating, measures are not exactly the same as those reported in the private sector and consequently impede direct benchmark comparisons of VHA to the private sector. Updating these measures so they are consistent with the private sector will be especially important as integrated delivery networks are established and more care is received in the community, as they will allow for making objective comparisons.

Measurement, analysis, and improvement of organizational performance work together as a key system.⁴⁷⁵ The USH has signed a new organizational chart for VHA that acknowledges the interconnection of these elements by establishing an office for organizational excellence that encompasses all of these functions.⁴⁷⁶ To be effective, not only must all of the various units within this office work together but also they must work with personnel in the field to coach and develop their ability to effectively apply performance measurement and improve organizational performance.

⁴⁷¹ "What Can the Rest of the Health Care System Learn from the VA's Quality and Safety Transformation?" Ashish K. Jha, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, September 2006, accessed April 21, 2016, <https://psnet.ahrq.gov/perspectives/perspective/31/what-can-the-rest-of-the-health-care-system-learn-from-the-vas-quality-and-safety-transformation>.

⁴⁷² "Quality of Care: How Does Your Medical Center Perform?" Medical Center Performance Search (MCPS), U.S. Department of Veterans Affairs, accessed May 16, 2016, <http://www.va.gov/qualityofcare/apps/mcps-app.asp>.

⁴⁷³ Title XVIII of the Social Security Act 42 U.S.C. § 1395 et seq.

⁴⁷⁴ Kenneth Kizer and Ashish Jha, *Restoring Trust in VA Health Care*, N Engl J Med 2014; 371:295-297, July 24, 2014

⁴⁷⁵ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 16.

⁴⁷⁶ See the proposed organizational chart at end of Recommendation #12.

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These improvements in performance measurement do not appear to be mirrored on the performance management side of the equation. The draft FY 2016 performance plan template for network directors and medical center directors,⁴⁷⁷ although more streamlined than in previous years, continues to reflect confusion of performance measurement and performance management. It also continues to distribute all of the organization's key (and not so key) priorities under OPM executive core qualifications of leading change, leading people, business acumen, building coalitions, and results driven. The new, streamlined performance measures described above could be considered results-driven; however, the rest of the plan continues to be a confusing presentation of instructions to field leaders, restatements of policy, and performance objectives for action plans. Only the last category is appropriate for workforce performance management.⁴⁷⁸ The Corporate Senior Executive Management Office has implemented a new online performance management data tool that allows for tracking and assessment of the performance management process for senior executive service and equivalent leaders in VA.⁴⁷⁹

To improve performance measurement and organizational performance, the *Independent Assessment Report* recommends that VHA focus and simplify organizational performance measurement to clarify accountability, actively support the mission, and promote continuous improvement. Specifically, VHA must create a simplified, focused, balanced scorecard that reduces the total number of metrics to about 20; establish metrics that support cross-functional collaboration; cascade metrics down the organizational hierarchy; and make data tracking transparent, timely, broadly available, credible, reliable, and meaningful down to the lowest level of the organization. Furthermore, leaders should support continuous improvement, problem-solving, and the exchange of best practices across the organization rather than focusing on only correcting poor performance.⁴⁸⁰ The Commission broadly agrees with this approach to performance measurement. In addition, the Commission emphasizes that VHA customers and stakeholders require public reporting of clinical quality measures that are the same as, and therefore directly comparable to, measures used by the private sector. Although VHA may require an enhanced set of measures that reflects services not broadly deployed in the private sector, or for which measures do not yet exist, a minimum set that are the same as private-sector measures must be used by VHA. As VHA expands integration of care with the community, the use of the same measures as the private sector will be important so that direct comparisons can be made of care delivered inside VHA and that delivered under contract or partnership agreement by the VHA community care network.

VHA also requires a cohesive, integrated personnel performance management system that is specific to the knowledge, skills, and abilities required of health care leaders; includes

⁴⁷⁷ Veterans Health Administration, *Draft Fiscal Year 2016 Performance Plan Template*, Network Directors and Medical Center Director, November 20, 2015.

⁴⁷⁸ Baldrige Performance Excellence Program, *2015-2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance (Health Care)*, Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology (2015), 20.

⁴⁷⁹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁴⁸⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 81, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

accountability to key organizational outcomes; but also assesses organizational and professional objectives. A new personnel performance management system must be free of OPM requirements for executive core qualification and certification process and instead be benchmarked to the private sector⁴⁸¹ and consistent with the new leadership competency model. Congress required DoD to establish independent competency standards for the Commanders of Military Treatment Facilities (MTFs) and should consider doing the same for VHA.⁴⁸² This new performance management model must be based on both evaluation of leadership competencies and demonstrated success in delivering on strategic priorities. To break with current perceptions of the rating scales, it would be helpful to establish a new rating scale for the performance management system. Once the new system is developed, VHA must conduct training to describe the system, rating process, and expectations for both participants and raters.

A performance management system must also address the responsibilities of the rater. This includes clearly establishing written performance requirements for subordinates that are both timely (i.e., prior to the start of the rating period) and meaningful. Raters must be required to provide continuous feedback and assessment throughout the year to recognize and reward progress and outstanding achievements as well as to coach and trouble shoot when needed. The CVCS must establish this expectation by clearly communicating what is required of raters, and most importantly, by modeling the behavior. Finally, raters must provide meaningful ratings that distinguish achievement based on objective performance and demonstrated leadership skills. For instance, the Cleveland Clinic has moved to a system of forced rankings for which the top 10 percent of performers are celebrated and the bottom 10 percent are given intensive coaching or, if justified, sanctioned.⁴⁸³ To accomplish the last point, raters themselves must be given feedback and oversight to understand how their approach to rating compares to other leaders in the organization. If raters' assessments are not consistent with rating standards, their supervisor must bring this issue to their attention and include it in the performance assessment they receive.

The newly established performance management data tool can be used to support the performance management process. The submission of written performance plans (or failure to do so) can be tracked and reported; and the quality of those plans can be audited to provide feedback to raters. Final ratings and a comparison of raters can be conducted and provided to all of the executive raters in the organization. Finally, such a tool can also be used to identify and track high performers who deserve further investment and development as leaders from VHA.

⁴⁸¹ The American College of Healthcare Executives, *2016 Competencies Assessment Tool*, accessed May 16, 2016, https://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf. "NCHL Health Leadership Competency Model™," National Center for Healthcare Leadership, accessed May 16, 2016 <http://www.nchl.org/static.asp?path=2852,3238>.

⁴⁸² Department of Defense Appropriations Act of 1999, Pub. L. No 105-262, Section 8052 (1998): "None of the funds appropriated in this Act may be used to fill the commander's position at any military medical facility with a health care professional unless the prospective candidate can demonstrate professional administrative skills."

⁴⁸³ Delos M. (Toby) Cosgrove, MD, CEO, Cleveland Clinic, statement during Commission on Care public meeting, March 22, 2016.

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Implementation***Legislative Change***

- Obtain legislative relief from the requirement to use the OPM executive core qualifications system of competencies and ratings and tied to new Title 38 pay authority for health care leaders (see Recommendation #15).

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Establish a workgroup and engage outside experts to create a new performance management system for VHA leaders that is appropriate for health care executives.
- Establish standards and processes to hold raters accountable for creating meaningful distinctions in performance between subordinate leaders.
- The new Office for Organizational Excellence should work with experts to reorganize their internal structure to align business functions with field needs and consolidate and eliminate redundant or low-priority activities.

Other Department and Agency Administrative Changes

- None required.

Diversity and Cultural Competence

Recommendation #14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health outcomes.

Problem

The VHA Care System must implement a systemic approach to developing the cultural and military competence of its leadership, staff, and providers, as well as measure the effects of these efforts on improving health outcomes for vulnerable veterans. Although VHA has made some strides in specific program areas, cultural competency is an essential part of providing effective care to veterans, and must become a strategic priority throughout the organization, because of the unique needs military service, and especially participation in combat operations, may cause.

The Commission Recommends That . . .

- VHA implement a systemic approach to establishing cultural and military competence across VHA and its community providers, and provide the resources required to fully integrate the related strategy into veteran's care delivery.
- Cultural and military competency training be required on a regular basis for VHA Care System leadership, staff, and providers.
- Cultural and military competency be criteria for allowing community providers to participate in the VHA Care System.

Background

Cultural competence is the ability of health care organizations and their providers to understand and respond effectively to the cultural, language, and in VA's case, military service experience brought by the patient to the health care encounter. It has been endorsed as a viable skill set to reduce, if not eliminate, the rate at which health care disparities occur. VHA has recognized the problem of health disparities among its patient population and has taken steps to address it by tasking certain internal offices with building cultural and military competence throughout the organization. For example, VHA established the Office of Health Equity (OHE) and charged it with championing the efforts to identify, understand, and address health care disparities among veterans.

Analysis

There are seven essential strategies for promoting and sustaining organizational and systemic cultural competence. These strategies include the following:⁴⁸⁴

- Provide executive-level support and accountability.
- Foster patient, community, and stakeholder participation and partnerships.
- Conduct organizational cultural competence assessments.
- Develop incremental and realistic cultural competence action plans.

⁴⁸⁴ Miriam E. Delphin-Rittmon et al., "Seven Essential Strategies for Promoting and Sustaining Systemic Cultural Competence," *Psychiatric Quarterly*, 84, (2013), 53-64.

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- Ensure linguistic competence.
- Diversify, develop, and retain a culturally competent workforce.
- Develop an agency strategy for managing staff and patient grievances.

VA has taken some steps to address cultural and military competence strategies, but these programs are not sufficient to address the breadth and depth of the problem. These strategies will not take hold and become fully ingrained in VHA's culture unless VHA leadership makes them a key priority and commits the resources and on-going, comprehensive training required to build cultural competencies across the entire VHA workforce.

Military Competency

In addition to addressing the needs of minority veterans and vulnerable veterans populations, VA must address military-specific needs and ensure that all providers in the VHA Care System have sufficient military competency (i.e., knowledge of specific issues and health care needs of those who served in the military). VHA's Office of Academic Affiliations developed a *Clinician Pocket Card* for providers that includes questions for clinicians to ask veterans about their military health history.⁴⁸⁵ The *Pocket Card* and similar resources should be given to all VHA and community providers to leverage during veteran patient medical assessments and appointments. In addition, VA's Office of Public Health (OPH) provides information on VA health care programs for veterans who were exposed to environmental and occupational hazards during military service, such as Agent Orange, chemicals leading to Gulf War veterans' illnesses, and Camp Lejeune water contamination.⁴⁸⁶ This military exposure information should be leveraged in VA's cultural competency strategy.

Health care disparities often result from patients' lack of trust in their health care provider; therefore, enhancing the patient-provider relationship is paramount in overcoming these disparities. Stereotypical thinking on the part of providers about certain patient groups, including veterans, may unwittingly influence their prognosis.⁴⁸⁷ Specific reasons for the increase of health care disparities in the military population include the following:

- the cultural norms of the military are such that to admit or display any signs of perceived weakness, especially related to mental health issues, discourages military personnel and veterans from seeking medical care and treatment
- changes in the demographical makeup of the civilian population result in similar changes to the military population
- a small but gradual increase in the number of foreign born personnel who have joined the ranks of the military

⁴⁸⁵ Department of Veterans Affairs, Office of Academic Affiliations, *Military Health History: Pocket Card for Health Professions Trainees and Clinicians*, accessed June 12, 2016, <http://www.va.gov/oaa/archive/Military-Health-History-Card-for-print.pdf>.

⁴⁸⁶ "Public Health: Military Exposures," U.S. Department of Veterans Affairs Intranet, accessed June 12, 2016, <http://vaww.publichealth.va.gov/exposures/index.asp>

⁴⁸⁷ G.L.A. Harris, "Reducing Healthcare Disparities in the Military Through Cultural Competence," JHHSA (2011), 148.

- a disengaged provider culture that may have become more immersed in the medical culture than the military culture

VA must make cultural and military competence a strategic priority, provide the resources needed to execute the strategy, and hold leadership and providers, both within VHA and community partners, accountable for strategy implementation and integration into VA's culture.

Women

Women are the fastest growing group within the veteran population.⁴⁸⁸ As of 2011, approximately 1.8 million (8 percent) of the 22.2 million veterans were women. Data indicate that by 2020 women veterans will comprise nearly 11 percent of the total veteran population. As the number of women veterans increases, VHA continues to prepare for an increasing demand for women veterans' health care needs.⁴⁸⁹ To address the health disparities affecting women veterans, VHA must provide high-quality, equitable care on par with that of men, deliver that care in a safe and healing environment, provide seamless coordination of services, and actively recognize women as veterans.⁴⁹⁰

In the past, VHA found gaps in its ability to provide comprehensive primary care for women veterans because many primary care providers had little or no exposure to women patients and women were often referred outside of primary care for gender-specific care. To close these gaps, VHA has implemented women's health comprehensive primary care clinic models with the goal of providing complete primary care from one designated women's health provider (DWHP) at one site. An analysis of FY 2012 data revealed that women assigned to DWHPs had more positive overall experiences with care and were more satisfied on six composite scores including access, communication, shared decision making, self-management support, comprehensiveness, and office staff.⁴⁹¹ VA has substantially reduced gender gaps in care,⁴⁹² but women veterans still encounter challenges when accessing care. VHA leadership must support the future planning of women's services and programming so that women veterans receive the highest quality health.⁴⁹³

LGBT Equity

In its systemwide implementation of cultural competency, VHA should leverage best practices from an area in which the agency is already an equity leader: treatment of LGBT patients. Every year since 2007, the Human Rights Campaign has published a Health Equality Index (HEI) report that aims to measure the quality of health care for LGBT patients based on core criteria

⁴⁸⁸ "Women Veterans Health Care," Department of Veterans Affairs, accessed June 12, 2016, <http://www.womenshealth.va.gov/>.

⁴⁸⁹ U.S. Department of Veterans Affairs, *Study of Barriers for Women Veterans to VA Health Care*, April 2015, accessed June 12, 2016, http://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf.

⁴⁹⁰ Patricia M. Hayes, Chief Consultant Women's Health Services, VHA Office of Patient Services, briefing to the Commission on Care, October 19, 2015.

⁴⁹¹ Ibid.

⁴⁹² Ibid.

⁴⁹³ "Women Veterans Health Care," Department of Veterans Affairs, accessed June 12, 2016, <http://www.womenshealth.va.gov/>.

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that require health care systems to couple strong policies with appropriate training.⁴⁹⁴ In 2016, VAMCs made up 20 percent of all HEI participants. Among participating VAMCs, 84 percent were designated with *Leader* status.⁴⁹⁵ VHA hospitals publicize that discrimination against LGBT patients and employees is prohibited. Senior managers are registered for HEI training. And equal visitation rights are granted to families and friends of LGBT patients. VHA hospitals play a critical role in promoting patient care equality in states where VHA is the only Equality Leader.⁴⁹⁶ VHA should create strong policies and mandatory training, like that used to promote health equity for LGBT patients, to address equity issues for racial and ethnic minorities and women.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- VHA Care System providers should be required to ask patients about their military health history and incorporate veterans' responses into patients' treatment plans.
- VHA leadership should support the future planning of women's services and programming so that women veterans receive the highest quality health care.
- VHA should leverage the best practices developed in support of LGBT equity and implement them across VHA.
- VHA Care System providers should be required to attend comprehensive, on-going cultural and military competency training.

Other Department and Agency Administrative Changes

- None required.

⁴⁹⁴ "How the VA is leading the way on LGBT patient care," Andrew Park, *The Week*, February 25, 2014, accessed June 12, 2016, <http://theweek.com/articles/450361/how-va-leading-way-lgbt-patient-care>.

⁴⁹⁵ "Office of Health Equity: Healthcare Equality Index," U.S. Department of Veterans Affairs, accessed June 15, 2016, http://www.va.gov/HEALTHYEQUITY/Healthcare_Equality_Index.asp

⁴⁹⁶ "How the VA is leading the way on LGBT patient care," Andrew Park, *The Week*, February 25, 2014, accessed June 12, 2016, <http://theweek.com/articles/450361/how-va-leading-way-lgbt-patient-care>.

Workforce

Recommendation #15: Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

Problem

VHA has staffing shortages and vacancies at every level of the organization and across numerous critical positions, including facility leadership, clinical staff, supply chain personnel, and customer service staff. VHA lacks competitive pay, must use inflexible hiring processes, and continues to use a talent management approach from the last century. A confusing mix of personnel authorities and position standards make staffing and management a struggle for both supervisors and human resources personnel. Title 5 was not created with a modern health care delivery system in mind and falls short of offering what is needed to create a high-performing health care system.

Background

During the 1990s, Congress passed the Government Performance and Results Act⁴⁹⁷ to correct shortcomings in the way government was managed and assessed in an effort to bring modern business management practices into the federal government. The law was updated in 2011,⁴⁹⁸ yet one essential

The Commission Recommends That . . .

- Congress create a new alternative personnel system that applies to all VHA employees and falls under Title 38 authority. The system must simplify human capital management in VHA; increase fairness for employees; and improve flexibility to respond to market conditions relating to compensation, benefits, and recruitment.
- VHA write and implement regulations for the new alternative personnel system, in collaboration with union partners, employees, and managers, that does all of the following:
 - Meets benchmark standards for human capital management in the health care sector and is easy for HR professionals and managers to administer.
 - Promotes veteran preferences and hiring.
 - Embodies merit system principles (merit-based, nonpartisan, nondiscrimination, due process) through simplified, sensible processes that work for managers and employees.
 - Creates one human capital management process for all employees in VHA for time and leave, compensation, advancement, performance evaluation, and disciplinary standards/processes.
 - Provides due process and appeals standards to adverse personnel actions.
 - Allows for pay advancement based on professional expertise, training, and demonstrated performance (not time-in-grade).
 - Promotes flexibility in organizational structure to allow positions and staff to grow as the needs of the organization change and the success of each individual merits.
 - Establishes simplified job documentation that is consistent across job categories and describes a clear path for staff professional development and career trajectories for advancement.
 - Eliminates most distinctions (except for benefits) between part-time and full-time employees.
 - Grandfathers current employees with respect to pay and benefits.
- VHA ensure all positions, to include human resources management staff, are adequately trained to fulfill duties.

⁴⁹⁷ Government Performance and Results Act of 1993, Pub. L. No. 103-62, 107 Stat. 285 (1993).

⁴⁹⁸ GPRA Modernization Act of 2010, Pub. L. No. 111-352, 124 Stat. 3866 (2011).

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component of modernizing the management of federal programs is still missing: reform of human capital management.⁴⁹⁹

The Civil Service Act was initially passed in 1883 and revised in 1978.⁵⁰⁰ The *general schedule*, which governs the pay and job classification process, was codified by regulation in 1949. The U.S. workforce, including the federal workforce, has changed dramatically since these laws and regulations were implemented. As noted in a recent report from the Partnership for Public Service, “the personnel system, designed more than 60 years ago, now governs more than 2 million workers and is a relic of a bygone era, reflecting a time when most federal jobs were clerical and required few specialized skills.”⁵⁰¹ As of 2013, nearly two-thirds of federal employees work in professional or administrative positions focused on knowledge-based work, with the Department of Veterans Affairs accounting for the largest percentage of such workers.⁵⁰²

The Partnership for Public Service calls for broad reform of the civil service system, noting that the

*the federal workforce has become an island disconnected from the larger talent market for knowledge-based professional and administrative occupations that are mission critical. . . . Federal employee pay . . . is not tied to the broader labor market, making it harder to compete with the private sector for talent. That disconnect is exacerbated by a job classification system that describes a workplace from the last century.*⁵⁰³

This system lacks mechanisms for rewarding top performers, demoting or firing poor performers, and holding managers accountable.⁵⁰⁴ The unnecessarily complex hiring system is difficult for applicants to navigate and makes it challenging for hiring managers to identify the most qualified candidates, hindering the ability to bring in experienced candidates from the private sector.⁵⁰⁵

*The civil service system has become a maze of rules and procedures that are not perceived as rational by the people who serve in government or by the general public. . . . Rigid policies . . . are now a burden on a government that needs to encourage flexibility and innovation to meet rapidly changing and difficult challenges.*⁵⁰⁶

⁴⁹⁹ U.S. General Accountability Office, Office of the Comptroller General, *Human Capital – A Self-Assessment Checklist for Agency Leaders*, accessed April 11, 2016, <http://www.gao.gov/assets/80/76520.pdf>. U.S. General Accountability Office, *Transforming the Civil Service: Building the Workforce of the Future – Results of a GAO Sponsored Symposium*, accessed April 11, 2016, <http://www.gao.gov/assets/200/197256.pdf>.

⁵⁰⁰ The Pendleton Civil Service Reform Act of 1883, Pub. L. No. 16, 22 Stat. 403 (1883).

⁵⁰¹ Partnership for Public Service, *Building the Enterprise: A New Civil Service Framework*, accessed April 11, 2016, <https://ourpublicservice.org/publications/download.php?id=18>.

⁵⁰² Ibid. The Department of Defense in total has more knowledge workers but the numbers for each service are reported independently and are below the total for the VA workforce.

⁵⁰³ Partnership for Public Service, *Building the Enterprise: A New Civil Service Framework*, accessed April 11, 2016, <https://ourpublicservice.org/publications/download.php?id=18>.

⁵⁰⁴ Ibid.

⁵⁰⁵ Ibid.

⁵⁰⁶ Ibid.

The General Accounting Office (GAO) also continues to point to human capital management as a high-risk area across government.⁵⁰⁷ DoD has proposed walking away from the Title 5 civil service system to support modernization of human capital management,⁵⁰⁸ President Barack Obama has repeatedly called for a commission to overhaul and modernize the civil service,⁵⁰⁹ and Congress is considering whether the time is right for civil service reform.⁵¹⁰

VHA currently uses three different personnel systems: Title 5 (the civil service/general schedule system) for senior executive service (SES) and other, mostly nonclinical, employees; Title 38 for physicians, dentists, and other specified health care professionals;⁵⁰⁹ and Title 38 Hybrid for allied health professionals such as pharmacists and licensed physical therapists.⁵¹⁰ Each system has its own set of requirements, procedures, and rules for the employees under its respective authority.⁵¹³ Currently, about two-thirds of VHA employees serve in the Title 38 Hybrid occupations.⁵¹⁴

VHA is not alone in having an excepted service system. More than a dozen agencies have special legislative authority to create a personnel system to fit their particular needs, including the Federal Bureau of Investigation, National Institutes of Health, National Security Agency, U.S. Public Health Service, Defense Intelligence Agency, U.S. Nuclear Regulatory Commission, and National Aeronautics and Space Administration.⁵¹¹ In an acknowledgement of the failure of the general schedule process to meet the needs of certain professions, OPM has also instituted governmentwide direct hiring authority for difficult-to-recruit positions, including medical officer, nurse, pharmacist, radiologic technician, and information technologist – all positions critically important to VHA’s mission success.

Modernizing human capital management is a global imperative for the private sector as well, with 92 percent of participants in one assessment of 7,000 businesses noting that a new approach to human resources is a critical organizational priority in 2016.⁵¹² According to a report from Deloitte, which examined broad human resource (HR) trends, “HR is redesigning almost everything it does – from recruiting to performance management to onboarding to reward systems” to learning and development.⁵¹³ Younger workers are driving many of these

⁵⁰⁷ U.S. GAO, *Federal Workforce—Human Capital Management Challenges and the Path to Reform, Testimony Before the Subcommittee on Federal Workforce U.S. Postal Service and the Census, Committee on Oversight and Government Reform, House of Representatives, Statement of Robert Goldenkoff*, GAO-14-723T, July 15, 2014, Washington, DC, 2014, accessed June 12, 2016, <http://www.gao.gov/assets/670/664772.pdf>.

⁵⁰⁸ “Draft Proposal Calls for Major Revamp of DoD Civilian Personnel System,” Jared Serbu, Federal News Radio, accessed April 8, 2016, <http://federalnewsradio.com/defense/2015/09/draft-proposal-calls-major-revamp-dod-civilian-personnel-system/>.

⁵⁰⁹ “Obama’s Budget Touts Progress Within Federal Workforce, but Offers It Nothing New,” Eric Katz, Government Executive, accessed April 8, 2016, <http://www.govexec.com/management/2016/02/obamas-budget-touts-progress-within-federal-workforce-offers-it-nothing-new/125815/>. The Office of Management and Budget, *Fiscal Year 2016 Budget of the U.S. Government*, accessed May 13, 2016, <https://www.whitehouse.gov/sites/default/files/omb/budget/fy2016/assets/budget.pdf>.

⁵⁰⁹ “Brace Yourselves: Congress Preps Civil Service Reform,” Andy Medici, Federal Times, accessed April 8, 2016, <http://www.federaltimes.com/story/government/management/oversight/2015/01/19/congress-civil-service-reform/21458717/>.

⁵¹⁰ Ibid.

⁵¹¹ See, e.g., 38 U.S.C. § 7401(1).

⁵¹² See, e.g., 38 U.S.C. § 7401(3).

⁵¹³ Joleen Clark, Jack Hetrick, and Donna Schroeder, “Leading Access Scheduling Initiative – People: Assessment of Hiring Barriers,” Alternative Personnel System (2014).

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changes with expectations for meaningful work, learning opportunities, and career progression.⁵¹⁴ These workers have been choosing the federal government in diminishing numbers, with only 6 percent of federal employees currently younger than 30 years of age (compared to 23 percent of the civilian workforce).⁵¹⁵ In VHA, millennials (those 34 and younger) make up only 15 percent of the workforce, but are disproportionately over-represented among staff that quit VHA, at 20 percent.⁵¹⁶

As of January 2016, VHA had a vacancy rate of 16 percent for all positions, despite filling more than 40,000 positions in FY 2015.⁵¹⁷ VHA faces the additional challenge that 40 percent of its overall workforce is eligible for retirement in the next few years.⁵¹⁸ This problem occurs in the face of acknowledged national shortages of physicians⁵¹⁹ and geographic misalignment of the current health care workforce that leaves many localities short of needed providers.⁵²⁰ Taken together, this information makes clear that excellence in human capital management continues to be a business imperative for VHA.

Analysis

The human resource function within VHA needs a fundamental overhaul to increase responsiveness, efficiency, and customer service, as well as to align its orientation to the business needs of VHA.⁵²¹ Medical center directors do not receive the support they need from HR to accomplish hiring, disciplining, and planning for succession of employees.⁵²² During exit interviews, staff members who leave VHA cite barriers to career growth, insufficient professional development, a lack of promotions, and poor on-boarding and training as reasons for departing.⁵²³ In a recent national survey of VA employees, improving end-to-end hiring, recognizing stellar job performance, and providing professional development and career

⁵¹⁴ U.S. GAO, *The Excepted Service: A Research Profile*, GAO/GGD-97-92, accessed April 12, 2016, <http://www.gao.gov/assets/80/79968.pdf>.

⁵¹⁵ Partnership for Public Service, *Building the Enterprise: A New Civil Service Framework*, accessed April 12, 2016, <https://ourpublicservice.org/publications/download.php?id=18>.

⁵¹⁶ Veterans Health Administration Workforce Management & Consulting Office, Healthcare Talent Management, *VHA Workforce Planning Report 2015*, 9 and 13, accessed June 12, 2016, http://www.vacareers.va.gov/assets/common/print/2015_VHA_Workforce_Succession_Strategic_Plan.pdf.

⁵¹⁷ “VA Struggles to Fill Medical Center Positions in Arizona, Across Nation,” Danika Worthington, Arizona Daily Sun, accessed April 5, 2016, http://azdailysun.com/news/local/va-struggles-to-fill-medical-center-positions-in-arizona-across/article_a14e6937-ecc1-5415-9391-7a6d759e5025.html.

⁵¹⁸ Joleen Clark, Jack Hetrick, and Donna Schroeder, *Leading Access Scheduling Initiative – People: Assessment of Hiring Barriers*, *Alternative Personnel System* (2014).

⁵¹⁹ IHS Inc., *The Complexities of Physician Supply and Demand: Projections from 2013-2025*, accessed April 12, 2016, <https://www.aamc.org/download/426242/data/ihsreportdownload.pdf>.

⁵²⁰ “Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations,” U.S. Department of Health and Human Services, Health Resources and Services Administration, accessed April 12, 2016, <http://www.hrsa.gov/shortage/>.

⁵²¹ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, x, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵²² Ibid., vii.

⁵²³ Veterans Health Administration Workforce Management & Consulting Office, Healthcare Talent Management, *VHA Workforce Planning Report 2015*, 9 and 13, accessed June 12, 2016, http://www.vacareers.va.gov/assets/common/print/2015_VHA_Workforce_Succession_Strategic_Plan.pdf.

planning ranked, numbers one, six, and nine respectively as top priorities for improving the employee experience at VA.⁵²⁴

The Civil Service System Does Not Support a High-Performing Health System.

Recruitment in VHA operates in an incredibly complex environment. Federal rules and regulations make HR more challenging than it is in the private sector.⁵²⁵ For example, interviews in 2014 with more than 500 VHA hiring managers and HR staff members pointed to the top problems with Title 5 recruitments as OPM classification standards, grading of position descriptions, position characterization, and the ranking and rating process.⁵²⁶ The group specifically noted that there are many staff positions required in a health care delivery system that do not translate into a general schedule occupational series; therefore, when the positions are graded, the grade and salary is too low to compete with the private sector. Examples of such positions are custodial workers (hospital employees need to apply antiseptic cleaning techniques, but general custodians do not) and general facilities and equipment maintenance (hospital employees need to understand the maintenance of such items as specialized medical equipment, positive pressure rooms, and sterile plumbing systems that are not requirements for general plant maintenance at an office building).⁵²⁷ In another example, VHA managers noted that the OPM classification standard for supply chain positions rendered VHA unable to compete for local talent because the assigned grade was too low.⁵²⁸

The general schedule system also has been identified as a barrier to career advancement.⁵²⁹ Clerical staff members in particular often cannot advance in pay and responsibility without leaving their positions and moving into a different job series.⁵³⁰ Similarly, frontline customer service staff under the general schedule cannot receive advanced steps within the grade for better performance or completing job-related certifications or degrees, unlike nurses and allied health professionals who can receive advances in pay for these accomplishments.⁵³¹

The hiring process in VHA is acknowledged to take too long.⁵³² “HR is expected to fill a position within 60 calendar days . . . but process requirements, even if perfectly executed, take about 49

⁵²⁴ “MyVA, Putting Veterans First,” MyVA Advisory Committee (MVAC), Meeting #4, February 1-2, 2016, 103.

⁵²⁵ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵²⁶ Joleen Clark, Jack Hetrick, and Donna Schroeder, Veterans Health Administration Leading Access Scheduling Initiative – People. Powerpoint of findings, July 29, 2014.

⁵²⁷ Veterans Health Administration, “Leading Access Scheduling Initiative – People, Assessment of Hiring Barriers,” VHA Classification Workgroup, 2014.

⁵²⁸ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, xiii, accessed December 28, 2015, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

⁵²⁹ Ibid.

⁵³⁰ “Classification and Qualification: Classifying General Schedule Positions,” U.S. Office of Personnel Management, accessed November 24, 2015, <https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions/>.

⁵³¹ Pay Administration, VA Directive 5007 (2002). Staffing, VA Directive 5005 (2002).

⁵³² McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 109, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

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to 62 days.” Hiring timelines can span 4-8 months compared to private-sector hiring that takes between 0.5 and 2 months.⁵³³

This finding was echoed in a Northern Virginia Technology Council report on information technology challenges in VA that indicated across the board hiring of needed staff proceeds too slowly. “The causes are complex, but much of the delay can be traced to redundant, inconsistent, and inefficient hiring processes.”⁵³⁴ One driver of extended VHA hiring times is the government background checks and the licensing and credential review for clinical staff that is managed through VetPro, an internet-enabled data bank for credentialing VHA personnel.⁵³⁵

Although addressing recruiting and hiring problems will not be easy, doing so is essential to maintaining VHA’s workforce.⁵³⁶ An internal VHA workgroup that examined HR concluded that a complete break with Title 5 and a reworking of current Title 38 hiring authority is required, stating:

*The existing Personnel system does not meet today’s market or demand. With VHA’s tremendous volume of occupations to hire and significant turn-over rate in critical positions, it is necessary to promote an efficient organizational system to be able to hire qualified candidates as quickly as possible. The current classification system led to disparity across the systems and only looks at the duties of the position versus the qualifications of the person. The VHA hiring system must be agile and attractive to recruit those that just graduated or are entering the workforce... An agency specific excepted employment system would allow VHA to meet the unique staffing demands that are required of a complex health care organization.*⁵³⁷

VHA is Not Competitive in Pay for Many Positions

Many VHA staff have substantially lower earning potential than their private-sector counterparts. Despite a generous benefits package and the possible opportunities for greater work-life balance, and for research and teaching in a system that serves the important role of caring for the nation’s veterans, lower salaries reduce VHA’s competitive edge in the marketplace when trying to attract top talent.⁵³⁸ For example, although VHA is often able to provide physicians an entry salary that is comparable or better than industry standards, physicians’ long-term earning potential is dramatically less in VHA than that of their private-sector peers. “At the top of the salary ranges, VHA providers made less than their counter parts

⁵³³ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow-Clinical)*, 45-49, accessed May 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

⁵³⁴ Northern Virginia Technology Council, *Opportunities to Improve the Scheduling of Medical Exams for America’s Veterans*, 12, accessed April 25, 2016, <http://www.va.gov/opa/choiceact/documents/NVTCFinalReporttoVA-revised3.pdf>.

⁵³⁵ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 37, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁵³⁶ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵³⁷ Joleen Clark, Jack Hetrick, and Donna Schroeder, Veterans Health Administration Leading Access Scheduling Initiative – People, *Alternative Personnel System Workgroup Report*, August 2014.

⁵³⁸ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 39, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

by up to \$310,000 and on average, \$74,631. The only specialties for which VHA physicians made equal to or more than industry averages were anesthesiology, nephrology, ophthalmology, and psychiatry.”⁵³⁹ In another example of barriers to competitive pay, current provisions in law limit VA to a 60 percent level of market pay compensation for allied health professionals, even when recruitment failures demonstrate the need to offer higher salaries.⁵⁴⁰ As noted above in the discussion on classification, failure to appropriately classify positions also leads to a salary that is not competitive with private-sector health care organizations for positions such as customer service personnel.

In the area of educational debt repayment relief, VHA lags behind other federal and state agencies that use such programs to fill critical physician shortages in medically under-served areas.⁵⁴¹ VHA can offer up to a maximum of \$60,000 for 2 years (\$30,000 per year). HRSA National Health Service Corps (NHSC) runs three programs: the NHSC loan repayment program that provides up to \$50,000 in loan payments, the Student-to-Student Loan Repayment Program for up to \$120,000, and the State Loan Repayment Program with each state establishing loan amounts that are administered by HRSA.⁵⁴² These amounts range broadly from \$80,000 in Arizona and Arkansas, \$90,000 in Colorado, \$100,000 in Georgia and Alabama, and \$190,000 in California.⁵⁴³

Clinic Staffing Is Impaired by Current Law, Regulation, and Policy

Successfully reallocating staff to meet veterans’ needs in a rapidly evolving health care environment is difficult in VHA. The *Independent Assessment* recommended that VHA use extended clinic hours and weekend clinics to better optimize space and increase access to care for veterans.⁵⁴⁴ VA policy currently prohibits full-time VA physicians from receiving fee-basis compensation from the same VA facility in which they are salaried, although they can, under certain circumstances, receive fee-basis appointments at other VA facilities.⁵⁴⁵

These restrictions can make it hard to meet policy requirements for night and weekend schedules⁵⁴⁶ without reducing staffing on inpatient units or under-resourced primary care clinics. Use of alternative work schedules and overtime pay for physicians to meet local patient demands should be under control of local medical center directors.

⁵³⁹ Ibid., 40.

⁵⁴⁰ Increases in Rates of Basic Pay, 38 U.S.C. § 7455.

⁵⁴¹ Joleen Clark, Jack Hetrick, and Donna Schroeder, Veterans Health Administration Leading Access Scheduling Initiative – People, *Alternative Personnel System Workgroup Report*, August 2014.

⁵⁴² “Loan Repayment Program,” U.S. Department of Health and Human Services, National Health Service Corps, accessed June 9, 2016, <http://nhsc.hrsa.gov/loanrepayment/>.

⁵⁴³ “Physician Loan Repayment Guide,” Jimmy Karnezis, accessed April 13, 2016, <https://www.credible.com/blog/physician-loan-repayment-guide/>.

⁵⁴⁴ Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, 136, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

⁵⁴⁵ VA Handbook 5005, pt. II, ch. 3, § A, para. 3b.

⁵⁴⁶ Extended Hours Access for Veterans Requiring Primary Care Including Women’s Health and Mental Health Services at Department of Veterans Affairs Medical Centers and Selected Community Based Outpatient Clinics, VHA Directive 2013-001 (2013).

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VHA Staff Receive Inadequate Training Including at Initial Hire

Leading practices include providing mandatory onboarding training that introduces policies, procedures, and necessary skills. Onboarding programs include various activities that expose new hires to the culture of the organization and expectations based on roles and responsibilities. A report released by the Society for Human Resources Management suggests, “Formal orientation programs help new employees understand many important aspects of their jobs and organizations, including the company’s culture and values, its goals and history and its power structure.”⁵⁴⁷ To make up for inadequate on-boarding and to fill current staff’s understanding of VA, VHA is providing VA 101 training for current employees, with 60 facilities having completed the training in FY 2015.⁵⁴⁸ Employees in VA continue to desire a wide array of training, including customer service training, professional development, peer-to-peer training, hands-on training, and role-specific training.⁵⁴⁹

HR Professionals Must Focus on People and Business Priorities Not Compliance

VHA job candidates indicate they have unsatisfactory recruiting experiences, noting failures in timely follow-up and communication.⁵⁵⁰ VA human resources management and administration indicate that VA HR professionals do not exhibit a uniform level of competency, frequently do not understand the employee recruitment process end-to-end, and fail to provide high quality consultative support to managers with respect to all HR functions, but particularly in the area of progressive discipline and firing of employees.⁵⁵¹ Currently HR professionals in VA are largely focused on compliance with a complex set of rules,⁵⁵² rather than adding true value to the organization and being able to be full partners in accomplishing VHA business objectives. Resolving these staffing issues would render the overall HR function more effective.

VHA must become the employer of choice to attract and retain the very best health care workforce. To help it accomplish this goal, VHA requires competitive pay and flexible hiring and talent management processes. VHA cannot achieve that goal within its current personnel systems. A uniform alternative personnel system under Title 38 for all VHA human capital management would accomplish all of the following:

- Meet the unique staffing demands of a health care delivery organization.
- Allow market-based compensation and pay-setting latitude using broad pay bands to support staff growth and progression within their job. VHA must consider total compensation (with benefits), as compared to market rates because the government provides many more benefits than private-sector organizations. Consequently, VA may

⁵⁴⁷Talya Bauer, Society for Human Resource Management, *Onboarding New Employees: Maximizing Success*, 2010, 9-10, accessed May 13, 2016, <https://www.shrm.org/about/foundation/products/documents/onboarding-percent20epg-percent20final.pdf>.

⁵⁴⁸ Veterans Health Administration, *Blueprint for Excellence: Fiscal Year 2015 Results: Communicating Accomplishments*, presented to the National Leadership Committee, March 22, 2016.

⁵⁴⁹ “MyVA, Putting Veterans First,” MyVA Advisory Committee (MVAC), Meeting #4, February 1-2, 2016, 103.

⁵⁵⁰ McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed April 13, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁵¹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁵² Ibid.

pay less than private-sector employers for a position, but the total compensation (with benefits) may end up being equivalent to private-sector total compensation.

- Allow flexibility in the processes used to hire staff including direct hiring when needed.
- Support career planning and professional development through the application of competency models and training specific for health care as part of position management.
- Simplify the management tasks for supervisors and hiring managers who will only need to know one set of rules and processes instead of four.
- Simplify the job of HR professionals who will only need to know one set of rules and processes instead of four.
- Allow development and training of the HR workforce in VHA to focus on only one personnel system to create true end-to-end hiring expertise.
- Reduce competition within government where shortages of HR professionals create competition for Title 5 trained HR professionals.
- Create streamlined and uniform standards and approach to discipline and dismissal.
- Create fairness among staff in sick leave, vacation pay, salary, awards and bonuses, and compensatory time off.
- Support flow of staff between the field and VHA Central Office (VHACO) under a single personnel system.

Establishing a new human capital management system in VHA will neither be easy nor quick, nor will it be a panacea that alone will fix all that is wrong with recruitment, retention, development, and advancement. In designing and implementing a new system, VHA must take full advantage of private-sector resources and expertise in human resource management and ensure that the new system is built to be compatible with the private-sector. As VHA moves toward greater integration of care delivery, with networks of community providers, compatibility in personnel systems and a resulting greater flow of employees between VHA and community sites can help create closer linkages between the two parts of the care delivery system.

Implementation

Legislative Changes

- Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.
- Update student loan reimbursement limits to be competitive with other federally administered programs and market conditions.

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- Establish an appeals process that provides staff appropriate due process that is based on the regulatory standards for the new alternative personnel system.

VA Administrative Changes

- Eliminate barriers to creating hiring pools for positions with frequent turnover (e.g., extend the length of time over which candidates can continue to be hired from a completed certification until all of the qualified candidates are hired or have declined offers).
- Eliminate barriers to initiating a recruitment process when vacancies are anticipated; positions need not be empty before recruitment ensues. In some cases, hires should also be made before the departure of key personnel to allow for on-the-job training and mentoring of the replacement.
- Benchmark credentialing to private-sector processes and consider outsourcing the process as much as practicable through centralized mechanisms.
- Release market pay and total compensation information to the field for all job categories using commercially available data and information, at least every 2 years.

Other Department and Agency Administrative Changes

- OPM should continue to oversee and administer benefits for VHA but not impose any of the other existing conditions or requirements on the management of the new alternative personnel system. The new personnel system should be governed by the new legislative requirements and those established during the anticipated rulemaking process in VA. These requirements include market-based pay, performance awards, or performance and disciplinary processes other than those imposed under Title 38.

Recommendation #16: Require VA and VHA executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.

Problem

Effective planning for and management of human capital are core enabling requirements for any organization. If the system that supports the employees fails, then the organization fails. Executive leaders must ensure the success of human capital management; however, for too long in VA, human capital management has not been a top priority for leadership time, attention, and funding support. Human capital management personnel must be equal members of the leadership team, contributing fully to strategic decisions and planning for future initiatives.

Background

As recognized by GAO, “to attain the highest level of performance and accountability, federal agencies depend on three enablers: people, process, and technology. The most important of these is people, because an agency’s people define its character and its capacity to perform.”⁵⁵³ Human capital management, although often viewed as a cost, must be viewed as an investment in business success.⁵⁵⁴ For too long, VA human capital management has been undervalued and under resourced. A 1993 report from GAO outlined many of the same deficiencies found in 2016: a focus on compliance instead of outcomes, a lack of proactive human capital planning and management, and a weak system of rewards and incentives to attract and retain qualified personnel.⁵⁵⁵

Today, VA Human Resources and Administration (HRA) shares responsibility for human capital management with VHA. Neither organization has been able to establish a high-performing, effective, human capital management system. For VHA to transform to a high-performing organization, human capital management must do the same.

Analysis

VA “needs a fundamental overhaul of the core support functions (including human resources) . . . to increase responsiveness and efficiency and improve customer service. These functions should be aligned with the needs of the VHA organizations delivering care to

The Commission Recommends That . . .

- VHA hire a chief talent leader who holds responsibility for the operation’s entire HR enterprise, is invested with the authority and budget to accomplish the envisioned transformation, and reports directly to the CVCS.
- VA and VHA prioritize the transformation of human capital management with adequate attention, funding, and continuity of vision from executive leaders.
- VA align HR functions and processes to be consistent with best practice standards of high-performing health care systems.
- VA Human Resources and Administration and the Office of Information and Technology should create an HR information technology plan to support modernization of the HR processes and to provide meaningful data for tracking, quality improvement, and accountability.

⁵⁵³ U.S. General Accountability Office, *Human Capital: A Self-Assessment Checklist for Agency Leaders*, GAO/OCG-00-14G, version 1, September 2000, 3, accessed June 10, 2016, <http://www.gao.gov/assets/80/76520.pdf>.

⁵⁵⁴ Ibid.

⁵⁵⁵ U.S. General Accountability Office, *Management of VA: Improved Human Resource Planning Needed to Achieve Strategic Goals*, GAO/HRD-93-10, March 1993, accessed June 10, 2016, <http://www.gao.gov/assets/220/217512.pdf>.

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Veterans.”⁵⁵⁶ Governance and responsibility for human capital management is fragmented and complicated.⁵⁵⁷ Medical center directors appear to be largely on their own in addressing human capital management needs, without competent and timely assistance to support hiring employees, planning for succession, and taking disciplinary actions.⁵⁵⁸ Recruiting takes too long and is cumbersome because information is not shared freely among the various organizational components.⁵⁵⁹ Candidates are not treated with respect, experience lengthy intervals between contacts from VA, fail to receive timely follow-up once candidates are selected, and experience a lengthy on-boarding process.⁵⁶⁰ Human capital management also fails to effectively support the disciplinary process, which is perceived as too long and too difficult.⁵⁶¹ Insufficient resources are devoted to training,⁵⁶² leaving VHA vulnerable to failure.

VA requires a comprehensive redesign of the human resources function to be more responsive, more efficient, and more focused on customer service.⁵⁶³ Transforming HR will require “redesigning key processes, shifting the mindset of [human resources] staff from compliance to effectiveness, training [human resources] and its customers on key roles and responsibilities, and rationalizing its technology systems.”⁵⁶⁴

Some progress has been made in updating human capital management functions. VA is in the process of implementing new talent management software to provide better process management and analytics.⁵⁶⁵ HRA has also started a new HR Academy.⁵⁶⁶ The academy is intended to demonstrate alignment between training resources and competency requirements⁵⁶⁷ and to describe the experience needed to advance to the next position level in human resources.⁵⁶⁸ VA instituted a new online senior executive service performance management system that permits real-time tracking of the performance management process and analysis of

⁵⁵⁶ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 37, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁵⁵⁷ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 110, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁵⁸ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, L3, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁵⁵⁹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 109, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁶⁰ *Ibid.*, 110.

⁵⁶¹ *Ibid.*, 61.

⁵⁶² *Ibid.*, 67.

⁵⁶³ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, L5, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁵⁶⁴ *Ibid.*

⁵⁶⁵ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁶⁶ *Ibid.*

⁵⁶⁷ Department of Veterans Affairs, HR Academy, *TMS User eIDP Checklist*, accessed January 25, 2016, www.vahracademy.va.gov/docs/TMSUserIDPChecklist.pdf.

⁵⁶⁸ “VA HR Academy: Resources,” Department of Veterans Affairs, accessed January 25, 2016, www.vahracademy.va.gov/resources.asp. Department of Veterans Affairs, *VA HR Competency Model Reference Guide*, accessed January 25, 2016, www.vahracademy.va.gov/docs/VAHRCompetencyModelReferenceGuide.pdf.

performance outcomes;⁵⁶⁹ however, HR specialists must still use as many as 30 different IT systems that do not communicate with each other to do their work.⁵⁷⁰ Although some new systems have been purchased, life cycle funding for them is not guaranteed by the Office of Information and Technology and no concrete plan has been approved to replace and consolidate the many current systems that are not interoperable. In addition, funding support for HRA initiatives overall are not planned, allocated, and maintained at consistent levels year-to-year in the departmental budget, impeding long term transformation.⁵⁷¹

A VHA workgroup was formed with HR subject matter experts and leadership to identify hiring barriers and develop recommendations for improvements. The workgroup fielded a survey in July 2014 to gather broad input from VHA on the deficiencies in the management of human capital in VHA. These experts concluded that VHA should move to a new alternative personnel system under Title 38.⁵⁷² (See Recommendation #15.)

Substantial deficiencies in human capital management still remain in VA. The funding mechanism to support the departments' human capital management does not support long-range planning and effective program implementation. The lines of authority and management for human capital management professionals do not permit consistency in the quality and skill of the human capital management professionals hired and promoted, nor does the reporting structure allow HRA to hold human capital management staff accountable for effective service delivery. The investment in human capital management information technology systems has been inadequate for decades.⁵⁷³

Top leadership, including the SECVA, DEPSECVA, and CVCS, must make the transformation of human resources a top priority as demonstrated by investing their personal time in human capital management transformation; reviewing and endorsing a transformation plan including the funding required to accomplish it; receiving regular progress updates; and engaging in problem-solving sessions with human capital management leaders to refine and advance transformation efforts. Top leadership must demonstrate to other leaders that human capital management transformation is an organizational priority by disseminating clear goals for transformation in planning documents, communicating expectations for change that are clear to all key employees, and sharing successes with subordinate leaders and employees. The CVCS must ensure that the executive who leads the human capital management function has the demonstrated knowledge, skills, and experience in human capital management to competently lead the function and make this individual part of the executive leadership team on par with other key functions like finance and clinical operations. (See suggested organization chart in Recommendation #12.)

⁵⁶⁹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁷⁰ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, 24, 110, accessed January 26, 2016, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

⁵⁷¹ Sam Retherford, Principal Deputy Assistant Secretary for Human Resources and Administration, Department of Veterans Affairs, speaking to the leadership workgroup of the Commission on Care, December 15, 2015.

⁵⁷² Ibid.

⁵⁷³ Ibid.

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The SECVA, DEPSECVA, and CVCS must engage subordinate leaders in the transformation process by ensuring the needs of these leaders have informed the transformation solutions; that subordinate leaders are assigned specific responsibilities under the transformation plan; and they are held accountable by the CVCS for outcomes. They must also ensure that the HR transformation and ongoing HR function is adequately resourced to be successful.

The VA HRA and VHA Workforce Management Office must engage change management experts to undertake a review of human resource business processes, management structures, funding, and technology needs to create a transformation agenda and human capital management plan. As VHA is shifting to a new alternative personnel system under Title 38, the human capital management plan should consolidate in VHA the HR functions, responsibility, and authority required to hire, manage, develop, reward, and discipline staff and consider whether functions such as benefit management remain with HRA or move to VHA. Furthermore, the plan should address all of the following issues:

- need for a chief of talent management
- consistency with benchmark standards of private-sector health care systems
- key organizational structures and roles and responsibilities of VA and VHA in human capital management that are clearly defined and consistent with benchmark organizations
- the full life cycle of human capital management (i.e., planning, recruitment, hiring, retention, development, performance management, and discipline), which should be supported effectively by human capital management and fully meet the needs of managers and staff
- federal sharing authority and the ability to outsource human capital management functions to the private sector are addressed
- IT investments and analytical capability to provide meaningful, timely data to managing staffing, performance tracking, and accountability
- meaningful performance metrics and risk management indicators that are established for human capital management⁵⁷⁴
- funding and full-time equivalent employee staffing for human capital functions that meet private-sector benchmark standards for health care
- knowledge, skills, and ability required of human capital management professionals at each grade and within each series, which should be clearly defined, and a requirement to assess current staff, new hires, and promotions against this standard, which should include procedures for dismissal

⁵⁷⁴ U.S. General Accountability Office, *Human Capital: A Self-Assessment Checklist for Agency Leaders*, GAO/OCG-00-14G, version 1, September 2000, 34, accessed June 10, 2016, <http://www.gao.gov/assets/80/76520.pdf>.

Once completed, this analysis and draft plan must be shared widely within the department to gain feedback and input, and it must be shared with OPM, OMB, and Congress. After incorporating feedback and finalizing the plan, HRA should engage change management experts to fully implement the transformation agenda and new human capital management plan. Implementation will require funding contributions from VA and VHA that the SECVA must mandate.

HRA must develop and implement an effective progressive discipline process for all staffing authorities (i.e., Title 5, Title 38, Title 38 Hybrid, Title 38 7306, and SES). This process must include clear standards, guidelines, and training for supervisors and managers on how to implement the new progressive discipline process. All managers and supervisors and human capital management professionals must complete the training, and VA must establish a process for ensuring that new supervisors and managers complete the training on an ongoing basis. HRA must develop HR staff to be effective coaches so they can provide the coaching and support that managers need as they embark on disciplinary procedures to ensure timely and effective interventions.

VHA supervisors and managers must be held accountable for applying these procedures when poor performance or conduct occurs. To enable accountability, VHA must have a technology infrastructure to actively track and manage poor performance (annual ratings and disciplinary actions) that both human capital managers and supervisors can use to keep track of issues.

The Commission notes GAO is launching a comprehensive audit of human capital management functions in VA to be delivered to Congress in September 2016.⁵⁷⁵ The review and resulting recommendations will provide further insights to promote meaningful transformation of human capital management in VHA.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

The following administrative changes are a priority over the next 36 months. To assist VHA in implementing these actions and to promote accountability and oversight, the Commission has provided a detailed timeline and assigned responsibility for action in Appendix B.

- Employ HR and change management experts to undertake a review of its business processes, management structures, funding, technology, and the legal authority needed in HR to create a transformation agenda and human capital management plan.
- Require VHA to allocate budget to fully support the change plan and ongoing HR operations.

⁵⁷⁵ Ms. Frieda Stenzel, lead investigator, U.S. Government Accountability Office, during an initial meeting with VACO HR&A about a new study being undertaken by GAO, December 18, 2015. The study is intended to 1) assess VHAs capacity to perform its workforce planning and talent management, and 2) evaluate the effectiveness of VHAs human capital functions.

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- Develop and implement an effective progressive discipline process for all staffing authorities.

Other Department and Agency Administrative Changes

- None required.

Eligibility

Recommendation #17: Provide a streamlined path to eligibility for health care for those with an other-than-honorable discharge who have substantial honorable service.

Problem

Addressing access issues is at the core of the Commission's charge. Veterans face a range of barriers to care, from geographic barriers to facility-specific problems, such as long wait times for an appointment or lack of evening or weekend hours. These barriers, which affect even those with service-incurred health conditions, can be overcome. Some former service members, however, have encountered a more fundamental barrier when applying for care. Because of the character of their discharge, they are not considered veterans, and thus are not eligible for VA care.

The Commission Recommends That . . .

- VA revise its regulations to provide tentative eligibility to receive health care to former service members with an other-than-honorable discharge who are likely to be deemed eligible because of their substantial favorable service or extenuating circumstances that mitigate a finding of disqualifying conduct.

In some cases, individuals have been dismissed from military service with an other-than-honorable (OTH) discharge because of actions that resulted from health conditions (such as traumatic brain injury, posttraumatic stress disorder [PTSD], or substance use) caused by, or exacerbated by, their service. Under VA regulations, these individuals do not meet the definition of a veteran, and are therefore ineligible for VHA medical care. This situation leaves a group of former service members who have service-incurred health issues (namely mental health issues) unable to receive the specialized care VHA provides.

Background

Veteran status is the basis for eligibility for all VA benefits,⁵⁷⁶ and under law a veteran is a person who has met three criteria: active-duty military service (subject to specified exceptions), 2 years of continuous service, and discharge or separation from the military under conditions other than dishonorable.⁵⁷⁷ The military characterizes discharges into one of five categories: honorable, general (under honorable conditions), OTH, bad conduct (adjudicated by a general court or special court-martial), and dishonorable.⁵⁷⁸

Congress has established specific bars to VA benefits. Those barred by statute include deserters, individuals sentenced by a general court-martial, and conscientious objectors who refused to perform military duty.⁵⁷⁹ VA regulations interpret the phrase "discharged or released . . . under conditions other than dishonorable" to mean that a discharge or release because of one of the following offenses is considered to have been issued under dishonorable conditions:

(1) acceptance of an OTH discharge to escape trial by general court-martial, (2) mutiny or

⁵⁷⁶ Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, 3, accessed May 26, 2016, <https://www.fas.org/sgp/crs/misc/R43928.pdf>.

⁵⁷⁷ Veterans Benefits, 38 U.S.C. § 101(2).

⁵⁷⁸ Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, 3, accessed May 26, 2016, <https://www.fas.org/sgp/crs/misc/R43928.pdf>.

⁵⁷⁹ Certain Bars to Benefits, 38 U.S.C. § 5303(a).

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spying, (3) an offense involving moral turpitude, (4) willful and persistent misconduct, and (5) certain homosexual acts involving aggravating circumstances.⁵⁸⁰

Limited exceptions to those statutory and regulatory bars permit VA to award of benefits. A claimant may be granted benefits if VA determines that the claimant was insane at the time of the offense leading up to discharge.⁵⁸¹ Benefits may be granted based on a prior period of other-than-dishonorable service for individuals with two or more periods of service.⁵⁸²

Former service members with an OTH discharge as a result of a regulatory (rather than a statutory) bar are eligible for VA care for service-incurred conditions.⁵⁸³ Former service members with OTH discharges are not recognized as veterans, so they will be routinely denied treatment unless they initiate, and prevail in, an adjudication conducted by the Veterans Benefits Administration as to the character of their discharge. No routine mechanism exists to trigger adjudication to determine if such a discharge is not dishonorable. In many instances, the character of an individual's discharge is predicated on behaviors that resulted from, or are linked to, behavioral health conditions that had their origin in service, yet VA regulation bars the individual from receiving benefits.⁵⁸⁴

Analysis

Veterans' benefits are understood to be earned. The principle has been described as follows: In harsh environments in which lives may be on the line, serious breaches of conduct that interfere with the military mission should rightfully brand the offender for life and should likewise prohibit them from being eligible for the special military benefits and entitlements reserved for honorable and meritorious service.⁵⁸⁵

Some argue the offender's mental state at the time of the misconduct must be taken into account when considering veteran status.⁵⁸⁶ For example, many service members have experienced combat and sustained psychological wounds of war that manifest behaviors that lead to military discipline.⁵⁸⁷ VA regulations not only fail to account for the role of those psychic wounds, but are themselves overbroad, weak discriminators as to what is truly dishonorable service. To illustrate, commentators have identified two regulatory bars as particularly problematic: those based on moral turpitude,⁵⁸⁸ and willful and persistent misconduct.⁵⁸⁹ Neither of those two regulatory terms, which originated in 1944,⁵⁹⁰ are defined; neither provides

⁵⁸⁰ Characters of Discharge, 38 C.F.R. 3.12(d).

⁵⁸¹ Certain Bars to Benefits, 38 U.S.C. § 5303(b).

⁵⁸² Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, 3, accessed May 26, 2016, <https://www.fas.org/sgp/crs/misc/R43928.pdf>.

⁵⁸³ Sec. 2, Pub. L. No. 95-126, 91 Stat. 1106 (1977).

⁵⁸⁴ Certain Bars to Benefits, 38 U.S.C. § 5303(a). Characters of Discharge, 38 C.F.R. 3.12(d).

⁵⁸⁵ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the Armed Forces," *Military Law Review*, 214, Winter, (2012): 12-13, accessed June 25, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁵⁸⁶ *Ibid.*, 13.

⁵⁸⁷ *Ibid.*

⁵⁸⁸ Characters of Discharge, 38 C.F.R. 3.12(d).

⁵⁸⁹ *Ibid.*

⁵⁹⁰ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the

criteria or examples of what is or is not covered. Both are ambiguous and susceptible to subjective judgment,⁵⁹¹ with great potential for different VA regional offices reaching different outcomes on the same facts.⁵⁹² VA officials have acknowledged that these terms are broad and imprecise,⁵⁹³ and advocates have documented the resultant disparities in VA adjudicative decisions.⁵⁹⁴

The only specific mental-health exception to the bar-to-benefits rules — that the person was insane at the time of the commission of offense⁵⁹⁵ — is very limited. VA regulations define the term *insane*, as follows:

*An insane person is one who, while not mentally defective or constitutionally psychopathic, except when a psychosis has been engrafted upon such basis condition, exhibits, due to disease, a more or less prolonged deviation from his normal method of behavior; or who interferes with the peace of society; or who has so departed (become antisocial) from the accepted standards of the community to which by birth and education he belongs as to lack the adaptability to make further adjustments to the social customs of the community in which he resides.*⁵⁹⁶

VA's Office of General Counsel (OGC), in a now almost 20-year old precedential opinion, has construed that regulation narrowly. Responding to a request for an opinion regarding the parameters for behavior that would constitute insanity under the regulation, the General Counsel advised, as follows:

*The question of insanity arises in numerous legal proceedings, and its meaning may vary according to the jurisdiction and the object or purpose of the proceeding. However, in all contexts, the term indicates a condition involving conduct which deviates severely from the social norm. Black's Law Dictionary, at 794, states that '[t]he term is more or less synonymous with . . . psychosis, which itself has been defined as "a mental disorder characterized by gross impairment in reality testing' or, in a more general sense, as a mental disorder in which 'mental functioning is sufficiently impaired as to interfere grossly with the . . . capacity to meet the ordinary demands of life.'*⁵⁹⁷

Armed Forces," *Military Law Review*, 214, Winter, (2012): 160-192, accessed June 25, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁵⁹¹ Ibid., 164, 186.

⁵⁹² Ibid., 10, 172. Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable*, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

⁵⁹³ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the Armed Forces," *Military Law Review*, 214, Winter, (2012): 67, accessed June 25, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁵⁹⁴ Ibid., 68-70.

⁵⁹⁵ Characters of Discharge, 38 C.F.R. 3.12(b).

⁵⁹⁶ Determinations of Insanity, 38 C.F.R. 3.354(a).

⁵⁹⁷ "Office of General Counsel: Opinions Year 1997," U.S. Department of Veterans Affairs, accessed June 15, 2016, <http://www.va.gov/ogc/opinions/1997precedentopinions.asp>. Vet. Aff. Op. Gen Couns. Prec. 20-97, VAOPGCPREC 20-97, 1997, accessed June 15, 2016, <http://www.va.gov/ogc/docs/1997/Prc20-97.doc>.

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As understood by VA OGC at the time, *insanity*, with its emphasis on gross impairment, and as reflected in practice,⁵⁹⁸ is a highly restrictive standard. That narrow standard is also limiting with respect to the range of symptoms that could be considered under the *insanity* exception: gross cognitive impairment or gross impairment in capacity to function in daily life. That limited range effectively excludes behaviors associated with a widely prevalent service-related condition, PTSD. Those behaviors, which often lead to disciplinary actions, include aggressive behavior, substance-abuse,⁵⁹⁹ impulsivity, and risk-taking (including sensation seeking, aggressive driving, interpersonal violence, and self-injurious or suicide-related behavior).⁶⁰⁰ Research has shown that combat veterans with PTSD and other psychiatric diagnoses have a heightened risk of misconduct outcomes.⁶⁰¹ Other than its *insanity* rule, the regulations provide no specific opportunity to consider mental health as a likely cause of, or mitigating factor in, disciplinary issues leading to an individual's discharge.

The following are illustrative examples of how these regulations have worked in practice:

- John, a service member with multiple deployments to Iraq and Afghanistan and 7 years of service, received an OTH discharge after self-medicating with marijuana. He was denied VA treatment for PTSD.⁶⁰²
- Tim, a rifleman with two purple hearts and four campaign ribbons for service in Vietnam, was sent to combat while still 17 years old, and had a nervous breakdown and suicide attempt before his 18th birthday. He was sent back to Vietnam involuntarily for a second tour, and had a third nervous breakdown that led to an AWOL and OTH discharge. He was denied service connection for PTSD because the nature of his discharge.
- Tom, a combat infantryman in the first Gulf War, on his return, started experiencing symptoms of PTSD and attempted suicide. He was denied leave to be with his family,

⁵⁹⁸ Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable,"* accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

⁵⁹⁹ Deirdre MacManus et al., "Aggressive and Violent Behavior Among Military Personnel Deployed to Iraq and Afghanistan: Prevalence and Link with Deployment and Combat Exposure," *Epidemiologic Reviews*, 37, no. 1, (2015): 196-212, <http://doi.org/10.1093/epirev/mxu006>.

Robyn M. Highfill-McRoy et al., "Psychiatric Diagnoses and Punishment for Misconduct: The Effects of PTSD in Combat-Deployed Marines," *BMC Psychiatry*, 10, no. 1 (2010): 88, <http://dx.doi.org/10.1186%2F1471-244X-10-88>.

⁶⁰⁰ Lisa M. James, Thad Q. Strom, and Jennie Leskela, "Risk-Taking Behaviors and Impulsivity Among Veterans With and Without PTSD and Mild TBI," *Military Medicine*, 179, no. 4, (2014): 357 – 363, <http://publications.amsus.org/doi/pdf/10.7205/MILMED-D-13-00241>.

⁶⁰¹ Robyn M. Highfill-McRoy et al., "Psychiatric Diagnoses and Punishment for Misconduct: The Effects of PTSD in Combat-Deployed Marines," *BMC Psychiatry*, 10, no. 1 (2010): 88, <http://dx.doi.org/10.1186%2F1471-244X-10-88>.

⁶⁰² Swords to Plowshares, presentation to Commission on Care, January 21, 2016, accessed June 25, 2016, <https://commissiononcare.sites.usa.gov/files/2016/03/Presentation-on-OTH-Discharges.pdf>. Note, in the interest of privacy the paper has used fictitious names to identify the former service members.

but left anyway. After a 60-day absence, he returned and was given an OTH discharge. He was denied services for 20 years.⁶⁰³

In short, the VA regulation used to determine whether the character of a veteran's OTH discharge is disqualifying does not take into account behavioral health problems associated with military service. As a result, former service members who were discharged for disciplinary problems that cannot be disassociated from PTSD or other behavioral health disorders are routinely barred from VA treatment for those disorders.

Individuals with PTSD and traumatic exposure are at heightened risk of substance abuse,⁶⁰⁴ depression,⁶⁰⁵ homelessness,⁶⁰⁶ premature mortality,⁶⁰⁷ and suicide.⁶⁰⁸ Access to VA health care is vital to successful reintegration of combat-traumatized veterans into society because it provides "the only reservoir of combat PTSD expertise."⁶⁰⁹

The importance of early access to needed treatment for behavioral health conditions like PTSD cannot be overstated,⁶¹⁰ yet many former service members are reluctant to seek treatment for behavioral health problems.⁶¹¹ Those with unfavorable discharge records who finally come forward to seek medical care must not only initiate a request for a character of discharge adjudication, but be prepared to confront a lengthy process if they elect to do so.⁶¹²

⁶⁰³ Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable*, 42, 44, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

⁶⁰⁴ Kipling M. Bohnert et al., "The Association Between Substance Use Disorders and Mortality among a Cohort of Veterans with Posttraumatic Stress Disorder: Variation by Age, Cohort, and Mortality Type," *Drug and Alcohol Dependence*, 128, no. 1-2, (2013): 98-103, <http://www.sciencedirect.com/science/article/pii/S0376871612003328>.

⁶⁰⁵ Leo Sher, Maria Dolores Braquehais, and Miquel Casas, "Posttraumatic Stress Disorder, Depression, and Suicide in Veterans" *Cleveland Clinic Journal of Medicine*, 79, no. 2 (2012): 92-97, <http://doi.org/10.3949/ccjm.79a.11069>.

⁶⁰⁶ Eve B. Carlson et al., "Traumatic Stressor Exposure and Post-Traumatic Symptoms in Homeless Veterans," *Military Medicine*, 178, no. 9, (2013): 970-973, <http://doi.org/10.7205/MILMED-D-13-00080>.

⁶⁰⁷ Joseph A. Boscarino, "Posttraumatic Stress Disorder and Mortality Among U.S. Army Veterans 30 Years After Military Service," *Annals of Epidemiology*, 16, no. 4 (2005): 248-256, <http://www.sciencedirect.com/science/article/pii/S1047279705001109>.

⁶⁰⁸ Holly J. Ramsawh et al., "Risk for Suicidal Behaviors Associated with PTSD, Depression, and their Comorbidity in the U.S. Army," *Journal of Affective Disorders*, 161, no. 1, (2014): 116-122, <http://www.sciencedirect.com/science/article/pii/S0165032714001189>.

⁶⁰⁹ Major John Brooker, Major Evan R. Seamone, and Leslie C. Rogall, "Beyond 'T.B.D.': Understanding VA's Evaluation of a Former Servicemember's Benefit Eligibility Following Involuntary or Punitive Discharge from the Armed Forces," *Military Law Review*, 214, Winter, (2012): 14, accessed June 20, 2016, https://www.loc.gov/rr/frd/Military_Law/Military_Law_Review/pdf-files/214-winter-2012.pdf.

⁶¹⁰ Ronald C. Kessler, "Posttraumatic Stress Disorder: The Burden to the Individual and to Society," *Journal of Clinical Psychology*, 5, Suppl. 5, (2000): 4-12, accessed June 20, 2016, <http://www.ncbi.nlm.nih.gov/pubmed/10761674>.

⁶¹¹ American Public Health Association, "Removing Barriers to Mental Health Services for Veterans," accessed May 27, 2016, <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/51/removing-barriers-to-mental-health-services-for-veterans>.

⁶¹² Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable*, 74-78, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%2038%20USC%20101%282%292.pdf>.

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Several generations of former service members were exposed to combat trauma and continue to live with the psychological wounds of war. Lack of access to treatment for those who sustained psychological wounds that went untreated and were manifest in undesirable behavior in service is concerning. Although Congress could address this concern, VA has the means to remedy the problem without congressional action by amending its own regulations. VA could afford former service members needed treatment for their conditions when they are able to establish that their health problems were incurred in service.⁶¹³ In other circumstances, when it is likely an individual could establish eligibility for VA care, current regulation permits the individual to receive the care on the basis of a tentative eligibility determination.⁶¹⁴ This regulation permits VA to provide treatment without prior adjudication of the character of discharge.

VA should revise its regulations to lift the immediate bar to health care for former service members who have an OTH discharge. VA should award tentative eligibility for health care to at least some former service members who have an OTH discharge. The criteria for awarding tentative eligibility for care could include service in a combat theater, more than a single enlistment, duration of service, or some combination thereof. This approach would allow VA to provide meaningful access to treatment without delay for those likely to be granted eligibility. For health care purposes, VA should also revise its regulations by recognizing that the severe punishment of characterizing a person's service as OTH is not justified when extenuating circumstances (to include behavioral health issues at the time) explain or mitigate that misconduct that resulted in the OTH discharge.

Implementation

Legislative Changes

- None required.

VA Administrative Changes

- Amend 38 C.F.R. 17.34 to provide for tentative eligibility determinations applicable to individuals with OTH discharges who have had substantial honorable service, including service in a combat theater.
- Amend of 38 C.F.R. 3.12(d) to provide for recognition of extenuating circumstances that show, for purposes of health care eligibility, that service was not OTH.

Other Departments and Agency Administrative Changes

- None required.

⁶¹³ Sec. 2, Pub. L. No. 95-126, 91 Stat. 1106 (1977).

⁶¹⁴ Tentative Eligibility Determinations, 38 C.F.R. 17.34.

Recommendation #18: Establish an expert body to develop recommendations for VA care eligibility and benefit design.

Problem

Although VHA continues to offer the promise of health care to all veterans, its capacity to meet that promise is constrained by appropriated funding.⁶¹⁵ Congress and VA leadership must work to identify who VHA will serve, and what services it will provide, yet eligibility criteria have not been examined in 20 years.⁶¹⁶

Background

VHA's core mission is to care for veterans who has borne the battle. But its secondary mission of caring for veterans' non-service-connected health care needs is longstanding, dating back to Civil War origins. Congress has included veterans without service-connected needs among those eligible as highlighted below:

The Commission Recommends That . . .

- The President or Congress task another body to examine the need for changes in eligibility for VA care and/or benefits design, which would include simplifying eligibility criteria, and may include pilots for expanded eligibility for nonveterans to use underutilized VHA providers and facilities, providing payment through private insurance.
- The SECVA revise VA regulations to provide that service-connected-disabled veterans be afforded priority access to care, subject only to a higher priority dictated by clinical care needs.

- In March 1865, Congress incorporated the National Home for Disabled Volunteer Soldiers and Sailors, originally intended for Union veterans who suffered economic distress from disabilities incurred during the Civil War. The National Home constructed the first hospitals for Civil War veterans in 1866, and after a series of acts of Congress, those hospitals were opened in 1887 to veterans suffering economic distress from disabilities not incurred in military service.⁶¹⁷
- The World War Veterans Act of 1924, which established the Veterans Bureau⁶¹⁸ (the predecessor to the Department of Veterans Affairs), authorized its director to provide hospitalization and related travel expenses to veterans whose services dated back as far as 1897, regardless of the type or cause of their disabilities, as long as those veterans who were unable to pay received preferential admission.⁶¹⁹
- Public Law 85-56 (1957), which codified prior VA laws and regulations, effectively expanded eligibility to veterans of future wars, providing needed hospital care for veterans with service-connected disability incurred or aggravated during war, or for any other disability if the veteran is unable to pay for hospital care.⁶²⁰

⁶¹⁵ The MITRE Corporation, *Independent Assessment of the Health care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 24, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁶¹⁶ *Ibid.*, 25.

⁶¹⁷ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 62.

⁶¹⁸ The Veterans Bureau consolidated the National Home and other veterans-related functions housed in different government bureaucracies.

⁶¹⁹ World War Veterans Act, 1924, Pub. L. No. 68-242, (1924).

⁶²⁰ Veterans Benefits Act of 1957, Pub. L. No. 85-56, 71 Stat. 83 (1957). That law provided separate authority in section 512 for outpatient medical treatment, which was limited to treatment for a service-connected disability.

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- In 1966, Congress expanded eligibility for hospital care to *peacetime* veterans (of service after January 1955).⁶²¹
- In 1970, Congress extended eligibility for hospital care to veterans 65 and older for a non-service-connected disability,⁶²² exempting that group of veterans from taking the then-required oath affirming their inability to defray the expense of care for non-service-connect ailments.⁶²³
- With the Veterans Health Care Expansion Act of 1973, Congress eliminated the distinction between wartime and peacetime veterans for purposes of eligibility for outpatient care, and further expanded eligibility to outpatient care. It granted veterans who are 80 percent or more service-connected disabled eligibility for treatment of any condition, and authorized others eligible for hospital care to receive outpatient care to prepare for or preclude a need for hospitalization or to complete treatment initiated during hospitalization.⁶²⁴
- Congress expanded eligibility again in 1976, authorizing hospital care for treating a non-service-connected condition of any veteran 65 or older (without regard to ability to pay), authorizing outpatient care for any disability to any veteran 50 percent or more service-connected disabled, and directing VA to ensure, by regulation, special treatment priority to service-connected veterans and others receiving benefits because of a need for aid and attendance, or being permanently housebound.⁶²⁵

Eligibility laws for veterans' health care have changed substantially during the past century, yet the commitment to serving service-connected veterans and veterans in financial need has remained constant.

Prior to enactment of the Veterans' Health Care Eligibility Reform Act of 1996,⁶²⁶ VHA was a hospital-based model with entirely different eligibility rules for hospital care than for outpatient care. The eligibility reform law was aimed at transforming access to VA care from a 1950s hospital-based model to one that erased distinctions between eligibility for hospital and outpatient care.⁶²⁷ It essentially provided that all veterans are eligible for VA hospital care and *medical services*.⁶²⁸

⁶²¹ Veterans Readjustment Benefits Act of 1966, Pub. L. No. 89-358, 80 Stat. 12 (1966).

⁶²² Pub. L. No. 91-500.

⁶²³ S. Rep. No. 91-481.

⁶²⁴ Veterans Health Care Expansion Act of 1973, Pub. L. No. 93-82, 87 Stat. (1973).

⁶²⁵ Veterans Omnibus Health Care Act of 1976, Pub. L. No. 94-581, 90 Stat. 2842 (1976). The patchwork of eligibility provisions resulting from a succession of incremental changes set the stage for development and enactment of the Veterans' Health Care Eligibility Reform Act of 1996, Pub. Law 104-262.

⁶²⁶ Veterans' Health Care Eligibility Reform Act of 1996, Pub. L. No. 104-262, 110 Stat. 3177 (1996).

⁶²⁷ *Ibid.*

⁶²⁸ The term "medical services" was broadly defined to include in addition to medical examination and treatment, preventive health services; surgical services; wheelchairs, artificial limbs, and similar appliances; optometric and podiatric services; noninstitutional extended care services; and rehabilitative services (including services to restore physical, mental, and psychological functioning. Hospital, Nursing Home, Domiciliary, and Medical Care; General, 38 U.S.C. § 1701(6),(8). VA regulations more fully set out the "medical benefits package" that VA is to provide patients, as needed; VA regulations detail that the benefits package includes services ranging from emergency care and prescription drugs to

Recognizing there could be circumstances in which VHA might lack capacity to provide timely care, Congress noted in the reform act that the requirement to provide care would be in effect only to the degree to which there were appropriated funds to pay for such care.⁶²⁹ This qualified availability of care clearly indicated veterans' health care is not an entitlement. Congress went further, though, and established a statutory patient enrollment mechanism for VA to manage access.⁶³⁰ The law specifically requires VA to establish and operate a patient enrollment system managed in accordance with statutory priorities and within any additional priority classifications established by VA. The eligibility reform act gave VA tools both to limit demand consistent with available funding and to discourage veterans from seeking VA care simply to fill an occasional need not met by a private health plan.⁶³¹ The act also requires the SECVA to manage the enrollment system such that care is timely and of acceptable quality.⁶³²

The enrollment system the department established is not being used today to calibrate supply and demand as envisioned.⁶³³ Although law and VA regulation require a system of annual patient enrollment,⁶³⁴ VHA last curtailed enrollment in 2003, and then only for veterans who were deemed eligible based on the category 8 criteria (see Table 8) that include those with higher-level incomes who lack any higher priority. In 2009, the Obama administration eased access for higher income veterans. Under that policy, veterans whose gross household income exceeds VA's current geographic income limit by 10 percent or less may enroll for VA care, subject to cost-sharing requirements.⁶³⁵ In 2014, Congress established the *Choice Program* to expand availability of care through contracts with community providers. Veterans' choice was limited by reference to distance and wait-time issues, but was otherwise broadly open to any enrolled veterans.⁶³⁶

comprehensive rehabilitative services, home health services, noninstitutional extended care services, hospice care, and pregnancy and delivery services and newborn care. Medical Benefits Package, 38 C.F.R. 17.38.

⁶²⁹ Hospital, Nursing Home, Domiciliary, and Medical Care; General 38 U.S.C. § 1710(a)(4).

⁶³⁰ Management of Health Care: Patient Enrollment System, 38 U.S.C. § 1705. As explained in the report of the House Committee on Veterans Affairs which developed the legislation, "[T]he Act would...provide the VA with an important tool, the authority to design and manage access to care through a system of patient enrollment...Enrollment...would help the VA plan more effectively, so that facilities can better calculate and dedicate the resources needed to provide the care its enrollees require. The Act would direct the Secretary...to establish and operate a system of annual patient enrollment and require that veterans be enrolled in a manner giving relative degrees of preference in accordance with specified priorities. At the same time, it would vest discretion in the Secretary to determine the manner in which such enrollment (or registration) system would operate. For example, the VA would be able to establish a system which simply registers patients throughout all or part of a fiscal year, or could employ a time-limited registration period. Significantly, the Act would permit the Secretary to set priorities within the specified priority classifications established in the Act. The Secretary could, for example, establish a policy which, within any priority classification, gives veterans who have previously been "enrolled" as VA patients priority over new applicants. However, the Committee expects any enrollment system to be designed and administered to assure that any veteran with a service-connected condition would receive priority treatment for that condition whether or not that veteran had enrolled for VA care." H. Rep. No.104-690, 6-7.

⁶³¹ Veterans' Health Care Eligibility Reform Act of 1996, Pub. L. No. 104-262; 110 Stat. 3177 (1996).

⁶³² Management of Health Care: Patient Enrollment System, 38 U.S.C. § 1705(b).

⁶³³ H. Rep. No. 104-690, 16.

⁶³⁴ Enrollment, 38 C.F.R. sec. 17.36(c). VA regulations state that "[i]t is anticipated that that each year the Secretary will consider whether to change the categories and subcategories of veterans eligible to be enrolled."

⁶³⁵ Enrollment, 38 C.F.R. 17.36(b)(8)(ii),(iv).

⁶³⁶ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113-146 (2014). Surface Transportation and Veterans Health Care Choice Improvement Act of 2015, Pub. L. No. 114-41 (2015).

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Table 8. Priority Groups

Priority Group	Definition
1	<ul style="list-style-type: none"> Veterans with VA-rated service-connected disabilities 50% or more disabling Veterans determined by VA to be unemployable due to service-connected conditions
2	<ul style="list-style-type: none"> Veterans with VA-rated service-connected disabilities 30% or 40% disabling
3	<ul style="list-style-type: none"> Veterans who are former prisoners of war Veterans awarded a Purple Heart medal Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty Veterans with VA-rated service-connected disabilities 10% or 20% disabling Veterans awarded special eligibility classification under Title 38, U.S.C. § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation" Veterans awarded the Medal of Honor
4	<ul style="list-style-type: none"> Veterans who are receiving aid and attendance or housebound benefits from VA Veterans who have been determined by VA to be catastrophically disabled
5	<ul style="list-style-type: none"> Non-service-connected veterans and noncompensable service-connected veterans rated 0% disabled by VA with annual income below VA's and geographically (based on resident zip code) adjusted income limits Veterans receiving VA pension benefits Veterans eligible for Medicaid programs
6	<ul style="list-style-type: none"> Compensable 0% service-connected veterans Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki Project 112/SHAD (shipboard hazard and defense) participants Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975 Veterans of the Persian Gulf War who served between August 2, 1990 and November 11, 1998 *Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987 Veterans who served in a theater of combat operations after November 11, 1998 as follows: <ul style="list-style-type: none"> Currently enrolled veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge. **Combat veterans who were discharged between January 2009 and January 2011, and did not enroll in the VA health care during their five-year period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility period began February 12, 2015 with the signing of the Clay Hunt Suicide Prevention for America Veterans Act. <p>Note: At the end of this enhanced enrollment priority group placement time period veterans will be assigned to the highest Priority Group (PG) their unique eligibility status at that time qualifies for.</p> <p>*Note: While eligible for PG 6; until system changes are implemented you would be assigned to PG 7 or 8 depending on your income.</p> <p>*Note: While eligible for PG 6; due to system limitations, veterans will be manually assigned to PG 8c, yet eligible for the enhanced benefits</p>
7	<ul style="list-style-type: none"> Veterans with gross household income below the geographically-adjusted income limits for their resident location and who agree to pay copays

Priority Group	Definition
8	<ul style="list-style-type: none"> ▪ Veterans with gross household income above VA and the geographically-adjusted income limits for their resident location and who agrees to pay copays <p>Veterans eligible for enrollment:</p> <p>Noncompensable 0% service-connected:</p> <ul style="list-style-type: none"> – Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status – Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less <p>Non-service-connected and:</p> <ul style="list-style-type: none"> – Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status – Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA or geographic income limits by 10% or less <p>Veterans not eligible for enrollment:</p> <p>Veterans not meeting the criteria above:</p> <ul style="list-style-type: none"> – Subpriority e: Noncompensable 0% service-connected (eligible for care of their service-connected condition only) – Subpriority g: Non service-connected

Analysis

Two decades have passed since Congress last reexamined VHA eligibility and benefits, and many far-reaching changes that affect veterans' health care have occurred in that time. In more than a decade of war, 2.75 million troops have deployed to Iraq and Afghanistan⁶³⁷ where many have faced long and repeated deployments; constant risk of injury and death; and high levels of psychological disorders, substance abuse issues, and physical health problems.⁶³⁸ Post-9/11-era veterans are enrolling for VA care at historically high levels.⁶³⁹

Under current law and VA policy, enrollment is open to a relatively broad spectrum of veterans, though some veterans with higher incomes are not eligible to enroll.⁶⁴⁰ As discussed above, the law draws distinctions between those whose health problems have been adjudicated as service-connected and those whose problems are deemed non-service-connected. If Congress substantially reduced funding for VA medical care, the distinction would be important because those with service-connected issues have higher priority for enrollment. Under VA's current enrollment policy, which bars only veterans with higher incomes from receiving care, the

⁶³⁷ Defense Manpower Data Center, *Contingency Tracking System (CTS) Deployment File*, (Dec. 31, 2015).

⁶³⁸ Institute of Medicine of the National Academies, *Returning Home from Iraq and Afghanistan: Readjustment Needs of Veterans, Service Members, and Their Families*, (Washington, DC: The National Academies Press, 2013), accessed June 25, 2016, <http://www.nationalacademies.org/hmd/Reports/2013/Returning-Home-from-Iraq-and-Afghanistan.aspx>.

⁶³⁹ Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, *Profile of Post-9/11 Veterans: 2014*, accessed May 27, 2016, http://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2014.pdf.

⁶⁴⁰ Veterans Health Administration, *Enrollment Determinations*, VHA Handbook 1601A.03, 9-10 (2015). Veterans with gross household income that do not exceed VA's means test threshold and a geographic means test by more than 10 percent may enroll for care, while those with higher income and no other special eligibility may not.

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statutory service-connected enrollment priority has little practical significance.⁶⁴¹ Future budget constraints could result in more restrictive enrollment criteria⁶⁴² or recurrence of lengthy wait times that hinder service-connected, disabled veterans' ability to receive timely care.

Current eligibility law does afford special status to veterans who deployed to a combat theater. It grants a 5-year window of eligibility for care to those veterans who are not otherwise eligible.⁶⁴³ All combat veterans are also eligible for readjustment counseling services at VHA Vet Centers without needing to enroll in VHA care and without time limitation.⁶⁴⁴ It is questionable, however, if the 5-year time limit takes sufficient account of continued reluctance of some veterans to seek care for behavioral health problems⁶⁴⁵ or of the difficulties of establishing service-connection years later for conditions that may be linked to wartime exposures to toxic substances.⁶⁴⁶ It is challenging for veterans to establish service-connection for health conditions that may have been caused by or associated with a long-distant exposure for which there may be no documentation. Given emerging evidence that combat exposure should be considered a risk factor for coronary heart disease,⁶⁴⁷ it has been suggested that combat exposure may not only take a toll on psychological health, but may exert a physiologic toll as well.⁶⁴⁸

Congress has attempted to remedy the challenge of documenting toxic exposures and establishing that particular illnesses are linked to wartime or other service exposure. It has, for example, enacted statutes that provide certain veterans eligibility for health care on the presumption that they were exposed to particular toxic substances.⁶⁴⁹ Congress went a step further in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 which provided eligibility for care for several types of cancer and other specified conditions for family members of veterans who had been exposed to drinking water contaminated with industrial solvents and other toxic chemicals at the Marine Corp base.⁶⁵⁰

Congress has made only limited provision for VA to cover care for family members of certain veterans,⁶⁵¹ but with research suggesting that long combat deployments can take a

⁶⁴¹ Prior to 1996, provisions of law required VA to ensure special priority to service-connected veterans in furnishing outpatient care. 38 U.S.C. § 1712(i), repealed by § 101(c), Pub. L. No. 104-262.

⁶⁴² Enrollment, 38 C.F.R. 17.36(c)(1).

⁶⁴³ Hospital, Nursing Home, Domiciliary, and Medical Care; General, 38 U.S.C. § 1710(e)(3), as amended by Sec. 7, Pub. L. No. 114-2 (2015), accessed June 20, 2016, <https://www.govtrack.us/congress/bills/114/hr203/text>.

⁶⁴⁴ Readjustment Counseling Service, 38 U.S.C. § 7309.

⁶⁴⁵ American Public Health Association, "Removing Barriers to Mental Health Services for Veterans," accessed May 27, 2016, <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/51/removing-barriers-to-mental-health-services-for-veterans>.

⁶⁴⁶ Matthew S. King et al., "Constrictive Bronchiolitis in Soldiers Returning from Iraq and Afghanistan," *New England Journal of Medicine*, 365, no. 10 (2011): 222-230, accessed June 20, 2016, <http://doi.org/10.1056/NEJMoa1101388>.

⁶⁴⁷ Nancy F. Crum-Cianflone et. al., "Impact of Combat Deployment and Posttraumatic Stress Disorder on Newly Reported Coronary Heart Disease Among US Active Duty and Reserve Forces," *Circulation*, 129, (2014), accessed June 20, 2016, <http://doi.org/10.1161/CIRCULATIONAHA.113.005407>.

⁶⁴⁸ Rachel Lampert, "Veterans of Combat: Still at Risk When the Battle is Over," *Circulation*, 129, (2014): 1797-1798, accessed June 20, 2016, <http://doi.org/10.1161/CIRCULATIONAHA.114.009286>.

⁶⁴⁹ Hospital, Nursing Home, Domiciliary, and Medical Care; General, 38 U.S.C. § 1710(e)(10).

⁶⁵⁰ Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Pub. L. No. 112-154, 126 Stat. 1165 (2012).

⁶⁵¹ Health Care of Persons Other Than Veterans, 38 U.S.C. §§ 1781-1787.

psychological toll on family members,⁶⁵² there may be circumstances under which it might be argued that VA should afford such family members behavioral health services. Studies indicate that longer deployments, deployment extensions, and posttraumatic stress disorder in military personnel are associated with psychological problems for the spouse.⁶⁵³ Long-term effects are unknown, yet studies suggest children may have heightened risk for psychosocial issues during a parent's deployment.⁶⁵⁴

The experience of the nation's longest war and increased options available under the Affordable Care Act (ACA), particularly to previously uninsured non-service-connected veterans, may raise new questions for policymakers.⁶⁵⁵ VHA's most recent survey of enrollees showed that 20 percent of enrollees reported that they were uninsured, down from 22 percent in 2014.⁶⁵⁶ Enrollment in VHA-provided care meets the ACA requirement for health care coverage, creating pressure to continue to provide care to those enrolled.⁶⁵⁷ Given that VHA serves large numbers who are poor or near poor and have chronic medical conditions and behavioral health problems,⁶⁵⁸ it is important to note that receiving care under an ACA plan would not necessarily be a substitute for the rich benefits afforded through VHA. In addition, adults in this population are only eligible for coverage under ACA through state expansion of Medicaid that 19 states have elected not to accept, making this option unavailable to poor or near poor veterans in many parts of the country.⁶⁵⁹

Over time Congress has expanded VA health care eligibility to increasingly more cohorts of non-service-connected veterans. There is wide variability among different cohorts in the extent to which veterans rely on VA care. Those at the higher-income levels (priority categories 7 and 8) who were generally not eligible for ambulatory care prior to 1996, for example, rely on VA for

⁶⁵² Robyn M. Highfill-McRoy et al., "Psychiatric Diagnoses and Punishment for Misconduct: The Effects of PTSD in Combat-Deployed Marines," *BMC Psychiatry*, 10, no. 1 (2010): 88, accessed June 20, 2016, <http://dx.doi.org/10.1186%2F1471-244X-10-88>. Swords to Plowshares, presentation to Commission on Care, January 21, 2016, <https://commissiononcare.sites.usa.gov/files/2016/03/Presentation-on-OTH-Discharges.pdf>. Note, in the interest of privacy the paper has used fictitious names to identify the former servicemembers. Swords to Plowshares, *Petition for Rulemaking to Amend 38 C.F.R. 3.12(d), 17.34, 17.36(d), Regulations Interpreting 38 U.S.C. § 101(2), Requirement for Service "Under Conditions Other Than Dishonorable"*, 42, 44, accessed May 26, 2016, <https://www.swords-to-plowshares.org/sites/default/files/VA%20Rulemaking%20Petition%20to%20amend%20regulations%20interpreting%20038%20USC%20101%282%292.pdf>.

⁶⁵³ H. [REDACTED] De Burgh et al., "The Impact of Deployment to Iraq or Afghanistan on Partners and Wives of Military Personnel," *International Review of Psychiatry*, 23, no. 2 (2011): 192-200, <http://www.ncbi.nlm.nih.gov/pubmed/21521089>.

⁶⁵⁴ Gregory H. Gorman, Matilde Eide, and Elizabeth Hisle-Gorman, accessed June 20, 2016, "Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints," *Pediatrics*, 126, no. 6 (2010): 1058-1066, accessed June 20, 2016, <http://doi.org/10.1542/peds.2009-2856>. Anita Chandra et al., "Children on the Homefront: The Experience of Children from Military Families," *Pediatrics*, 125, no. 1 (2010): 16-25, accessed June 20, 2016, <http://doi.org/10.1542/peds.2009-1180>.

⁶⁵⁵ Kenneth W. Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8 (2012): 789-790, accessed June 20, 2016, <http://doi.org/doi:10.1001/jama.2012.196>.

⁶⁵⁶ Westat, *2015 Survey of Veteran Enrollees' Health and Use of Health Care*, accessed May 27, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

⁶⁵⁷ "Affordable Care Act & Veterans," Department of Veterans Affairs, accessed May 27, 2016, <http://explore.va.gov/health-care-affordable-care-act?show=all>.

⁶⁵⁸ Kenneth W. Kizer, "Veterans and the Affordable Care Act," *Journal of the American Medical Association*, 307, no. 8 (2012): 789-790, accessed June 20, 2016, <http://doi.org/doi:10.1001/jama.2012.196>.

⁶⁵⁹ "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – An Update," Rachel Garfield and Anthony Damico, Kaiser Family Foundation, accessed March 29, 2016, <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update/>.

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less than 22 percent of their outpatient care-needs, based on VA's most recent survey of veteran enrollees' health and use of care.⁶⁶⁰

One consideration, as suggested by a few Commissioners, is the feasibility of allowing veterans' family members and currently ineligible veterans to purchase VHA care through their health plans in areas where VHA hospitals and other facilities might otherwise need to close. In many parts of the country, VHA currently maintains hospitals and other health care facilities that are underutilized or in danger of becoming so. A related challenge is maintaining safe volume of care when patient loads decline. As an extensive literature attests, surgeons and other health care professionals tend to lose proficiency when they treat too few patients.⁶⁶¹ Similarly, VHA may be unable to continue offer specialty care in certain areas if it forced to close facilities. Patients in a polytrauma unit for example, require a full spectrum of routine and nonroutine health care.

Closing a low-volume hospital may be the answer in some instances. But closing VHA facilities reduces the choices available to veterans. Increasing the volume of patients treated by VHA in areas where it currently has excess capacity may ameliorate these challenges. See Appendix C for a further discussion of the challenge of future VHA hospital closures and an outline of suggested pilot programs.

Substantial changes have occurred since Congress last comprehensively examined eligibility for VHA care. These changes merit a reexamination of VA health care eligibility.⁶⁶² The Commission did not, however, view its charge of examining veterans' access and how best to organize VHA, locate health care resources, and deliver care in the years ahead⁶⁶³ as calling for it to make recommendations on this fundamental policy issue, and recommends that the President or Congress consider tasking another body to develop recommendations for VA care eligibility and benefit design. The Commission's work, however, has illuminated the fact that nothing in law or regulation assures a service-connected, disabled veteran of priority for care. VA can and should amend its regulations to provide for such priority, subject to a necessarily higher priority for urgent and emergent care.

Implementation

Legislative Changes

- Task another body to examine the need for changing eligibility for VA care and benefits design, which would include simplifying eligibility criteria, and may include exploring

⁶⁶⁰ Westat, *2015 Survey of Veteran Enrollees' Health and Use of Health Care*, 75, accessed May 27, 2016, http://www.va.gov/HEALTHPOLICYPLANNING/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

⁶⁶¹ Ninh T. Nguyen et al., "The Relationship Between Hospital Volume and Outcome in Bariatric Surgery at Academic Medical Centers," *Annals of Surgery*, 240, no. 4 (2004): 586-594. D. R. Urbach and N. N. Baxter, "Does It Matter What a Hospital Is 'High Volume' For? Specificity of Hospital Volume-Outcome Associations for Surgical Procedures: Analysis of Administrative Data," *Quality and Safety in Health Care*, 13, no. 5 (2004): 379-383, <http://doi.org/10.1136/bmj.38030.642963.AE>. Edward L. Hannan et al., "Coronary Angioplasty Volume-Outcome Relationships for Hospitals and Cardiologists," *Journal of the American Medical Association*, 277, no. 11 (1997): 892-898, <http://doi.org/10.1001/jama.1997.03540350042031>.

⁶⁶² The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, 25, accessed April 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

⁶⁶³ Veterans Access, Choice, and Accountability Act of 2014, Pub. L. No. 113-146 (2014).

pilots for expanding eligibility for nonveterans to use underutilized providers and facilities when paid for through private insurance.

VA Administrative Changes

- SECVA should amend 38 C.F.R., chapter 17 to establish that veterans with service-connected disabilities shall be afforded priority for access to care, subject to the priority dictated by clinical care needs.

Other Departments and Agency Administrative Changes

- None required.

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APPENDIX A: FINANCING THE VISION AND MODEL

Estimating the Cost of Alternative Policy Proposals

This chapter presents estimates of the costs of allowing veterans access to expanded community care through integrated networks, as well as a range of other options. In the *Recommended Option*, the one chosen by the Commission and described in Recommendation #1, veterans would be eligible to receive community care for primary and standard specialty care with a referral from any primary care doctor in the VHA Care System. Special emphasis care, care provided in a distinctive fashion by VHA, is not included in community networks.

In addition to the *Recommended Option*, we considered three alternatives that are based on a similar concept of integrated networks, but which have potential costs that could vary dramatically due to differences in the openness of access to community care and the breadth of services eligible. We also estimated the costs of three options that differ in focus from the integrated network options, including options that move selected services entirely to the community, set up a premium support model, and expand access to all Priority 8 veterans. Finally, we estimated costs for two additional policies: expanding nurse navigator/care coordinator staff to help guide and coordinate veterans' care in the integrated networks of expanded community care and granting temporary eligibility for VA health care to those with other-than-honorable discharges.

Baseline Projections

We used projections from the Enrollee Health Care Projection Model (EHCPM) produced by VHA and Milliman as the baseline upon which to build our estimates. However, with the exception of the options involving premium support and an expansion of Priority 8 enrollment, we use separate analyses and not the EHCPM to derive the estimates. Costs of VA care are modeled as the product of utilization and cost per unit of care (unit cost). Utilization is dependent on both enrollment in, and reliance on, the VA health care system, total demand for health care, and other factors. Enrollment measures how many people enroll to receive VA health care, and reliance is the percentage of their medical care that enrollees receive through VA or VA-financed community care. Unit costs measure the cost of each health care service. Unit costs can be calculated for care in VA facilities, for care outside of VA facilities, or for both, depending on the scenario being estimated.

Utilization

Utilization depends on enrollment, reliance, total demand for health care, and characteristics of the health care system, such as medical technology and practice patterns. We discuss enrollment and reliance in further detail below, but overall demand for health care is similarly important. Enrollment, reliance, and overall demand each have a multiplicative effect on

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utilization and total costs. For example, if enrollment increases by 10 percent, costs will increase by 10 percent (assuming new enrollees have the same characteristics as existing enrollees). Thus, it is important to consider carefully the effect of any policy change on enrollment, reliance, and overall demand for health care. Each of these factors is subject to effects by policies that make care more convenient, less expensive, or less restricted.

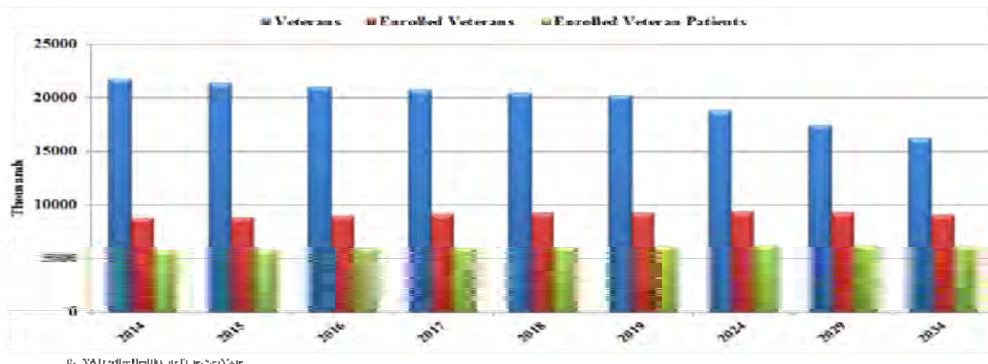
Enrollment

Currently there are 22 million veterans, 9 million of whom have enrolled and 7 million of whom are eligible to enroll but have not done so. Even though the number of veterans is decreasing, projected numbers of enrollees and patients should remain relatively stable during the next 20 years. Younger veterans enroll at particularly high rates, and once enrolled, they remain continuously enrolled until death.

This enrollment trend is subject to change based on various inputs. Enrollment rates are projected based on current policy, and if policy changes, the number of enrollees and patients will change. For example, an increase in cost sharing would likely decrease enrollment and the number of patients, yet easing access to care would likely increase enrollment and the number of patients. Changes to other health insurance policies outside of VA can also affect enrollment and the number of patients (for example, changes to the Affordable Care Act).

Figure A-1. Changes in Number of Veterans, Enrollees over a 20-year Period

Veterans, Enrollees, and Patients FY 2014-2034



Reliance

On average, enrolled veterans receive 34 percent of their health care through VHA, and approximately 80 percent of enrollees have other health insurance in addition to VA health care. Many factors affect reliance rates including, age, income, service-connected disabilities, distance from VA facilities, cost-sharing levels, and characteristics of other insurance options. Any policy that affects the cost of receiving VA care, the convenience of receiving VA care, the cost or convenience of other health insurance held by enrollees, or demographic or health characteristics of enrollees, is likely to change reliance. Any increase in reliance will increase

costs to VHA, and the effect can be very large. In the absence of a policy change, VHA predicts that reliance will decline slightly from 34 percent to 32 percent during the next 20 years.

Unit Cost

Unit cost measures how much a particular service, procedure, or drug costs to provide. Unit costs can measure the cost of the unit of care in the VHA system or in the community, depending on where veterans receive care. We used unit cost projections from the EHCPM for 78 Health Care Service Categories (HSCs). The unit of measurement depends on the service. Examples include office visits, pathology procedures, vision exams, and inpatient surgical days. Unit cost projections reflect anticipated changes in price inflation and health care practice patterns, as well as historical trends. EHCPM projects separate unit costs, depending on whether veterans receive a service in a VA facility, in the community at historic Care in the Community (CITC) rates, or in the community at Medicare allowable rates. Any policy that affects the quantity of care provided in VA facilities, as opposed to the community, will have an effect on the total cost of care. If veterans receive care in the community, the rate of provider reimbursement will also affect costs.

Baseline Cost Projections

The baseline cost projections, produced by the EHCPM, show how cost will change in the future. They incorporate projected changes in enrollment, reliance, unit costs, and other factors. The projections reflect current policy with regard to enrollment eligibility and VA health care benefits, with the exception of the *Choice Program*, which is assumed to continue for veterans living more than 40 miles away from a VA medical care facility.⁶⁶⁴

We based the projections on assumptions about inflation and anticipated effects of changes in health care practice on the cost of VA health care in the next 20 years. New military conflicts, policies, legislation, regulations, and external factors, such as economic recession, can occur and change projected demand for VA health care during this period. The projections do not include requirements for several activities/programs not projected by the VA EHCPM, including nonrecurring maintenance; readjustment counseling; state-based, long-term services and support programs; and some components of the CHAMPVA program.

In the absence of any policy changes, costs increase from \$53 billion in 2014 to \$125 billion in 2032. This growth is largely due to inflation and how health care practices are expected to change over time, which reflects factors that affect the cost of both VA and non-VA health care. These trends increase the cost of VA health care regardless of changes in enrollment growth and demographics. Within enrollment, the increasing number of enrollees adjudicated for service-connected disabilities by the Veterans Benefit Administration (VBA) is the most significant driver of cost increases. Enrollees will likely increase their reliance to reflect the substantially higher reliance of enrollees in the service-connected Priorities 1-3.

These baseline estimates, along with our scenario estimates presented below, carry some key limitations. First, the EHCPM does not track capacity at VA facilities. We assume health care

⁶⁶⁴ Veterans qualifying based on wait times or excessive travel burdens are not included.

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utilization will increase or decrease at the average unit cost, when in fact it is the marginal cost that would be relevant for cost estimates. This marginal cost could be smaller or larger than the average cost, depending on existing capacity. Although we did make some assumptions about fixed and variable unit costs when care leaves VA facilities in our policy estimates below, precise estimates are not possible given data availability. Second, the EHCPM does not consider health care capacity in local communities. For these and other reasons, the EHCPM is best for the near future and for policy scenarios that do not stray dramatically from current policy. A 2008 RAND review of the EHCPM highlighted these limitations, which are particularly important for analyzing policy changes such as expanded community care.⁶⁶⁵ In light of the types of policy choices VHA is likely to consider in the future, it would be particularly beneficial for VHA to collect and incorporate the data necessary to mitigate these limitations. Due both to these limitations and to the general uncertainty regarding any long-term changes in the health care system, we suggest focusing attention on the 2019 estimates of the scenarios below, as 2019 is the first year to incorporate the fully phased-in effects of the scenarios.

Policy Estimates

In this section, we present results for the *Recommended Option* and three alternative options for expanding access to providers outside of VA through integrated networks. These options expand community care for different categories of care and vary by whether referrals are required to receive specialty care. We present estimates for several other scenarios we examined, each with a design or focus that differs from the integrated network options. Finally, we estimate costs for two other policies discussed in this report: (1) expanding the use of nurse navigators to help patients coordinate their care in VA and in the community, and (2) expanding eligibility to all veterans with an other-than-honorable (OTH) discharge until the adjudication process is complete to determine whether they will remain eligible.

Community-Delivered Services Networks

This section describes the *Recommended Option* and the first three alternative options. At least initially, all care currently provided by VA would continue to be provided by VA. In addition, expanded community care, also called Community-Delivered Services (CDS), will be provided by an integrated network consisting of providers (medical practitioners including physicians, midlevel practitioners and therapists, and hospitals and clinics) vetted by VA. CDS will focus on tertiary and quaternary care, and may include primary care and all standard specialty care, depending on the scenario considered. CDS will not include special-emphasis care and some types of specialty care provided in a distinctive fashion by VHA. The network of CDS providers that VA will coordinate varies by community. To make the flow of service both appropriate and smooth in operation, there will be navigators who will help guide veterans to the best and most appropriate providers inside and outside VA.

The Commission's recommendation to create the VHA Care System (see p. X) considers the ways in which health plans can vary the size and scope of networks as a means of managing costs. It highlights that broad, open networks offer greater choice, but narrow, well-managed

⁶⁶⁵ Katherine M. Harris, James P. Galasso, and Christine Eibner, "Review and Evaluation of the Enrollee Health Care Projection Model," RAND Corporation, Santa Monica, CA, 2008.

networks potentially result in lower costs. It discusses ways in which, after networks are designed, VHA could exercise additional cost controls by steering patients to different providers within the networks. Finally, the recommendation regarding the VHA Care System emphasizes that access and local needs are important considerations in setting up the integrated networks, and that governance of the networks should be a process of ongoing management and evaluation.

In the estimates that follow, we assume that networks are designed and governed in a way that gives major consideration to cost, choice, and access. We assume that management of the integrated networks would be an iterative process that involves continual evaluation of resulting outcomes, including cost outcomes, and that networks would be adjusted in light of those outcomes. We also assume that local communities and services with poor access would require more community providers and/or expanded capacity within VHA than those that already have adequate access. Finally, we assume that the networks will be integrated, relatively narrow, and well-managed with the aim of controlling costs effectively. One exception is that for the *Recommended Option*, we added an estimate that assumes less-managed, broader networks to illustrate that costs are sensitive to network size and management.

Technical Assumptions for Community-Delivered Services Options

We based our estimates on utilization and unit cost data and projections for 78 HSCs that we obtained from the VHA Office of Policy and Planning. Starting from a base year of 2014, we projected utilization and unit costs through 2034. For HSCs that are eligible for CDS networks, we assume a certain fraction of care, depending on the option, shifts from VA facilities to the networks. We assume traditional CITC will be offered and used at baseline levels.⁶⁶⁶ We assume that the *Choice Program* ends and that those formerly in the *Choice Program* will take advantage of the community care offered in the CDS networks. All effects are phased in during the first 5 years.

Both CDS networks and CITC are priced at Medicare allowable rates by matching Medicare fee schedule data to VA HSCs.⁶⁶⁷ A few benefits that are not covered by Medicare, such as dental, are priced at historic CITC unit costs. Cost sharing for CDS networks is assumed to be the same as that for care in VA facilities.

For care shifting into the CDS networks, we use data on the components of HSC unit costs that we obtained from the VA Allocation Resource Center. We assume VA is able to adjust resources such that only the equipment and national overhead portions of unit costs remain in VA facilities. These portions, which together averaged approximately 10 percent of care in 2014, form our proxy for the portion of unit costs that VA will not be able to shed in scenarios for which, on net, care leaves VA facilities for CDS networks. Note that unit costs do not include costs associated with the physical building or nonrecurring maintenance. These costs are not part of the EHCPM, and costs and/or savings associated with changes to facilities and nonrecurring maintenance are not included in our estimates.

⁶⁶⁶ CITC accounted for approximately 11 percent of modeled expenditures in the base year 2014.

⁶⁶⁷ Medicare Allowable rates were provided by Milliman at the request of VA. They were produced using repricing performed at the area-specific level for inpatient, outpatient, and professional care. For services that were not repriced within an HSC, Medicare amounts were estimated.

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Improving access, choice, and/or quality of services is likely to induce greater reliance and enrollment in the VA system. Although reliance and enrollment increases result in greater budgetary costs for VA, it is important to note that these increases do not represent societal costs or costs to the government. The VA budgetary cost increases may be associated with reductions in out-of-pocket expenses and improved health care benefits for patients, as well as savings to Medicare, Medicaid, and other government programs. Our cost estimates are confined solely to the VA budget.

Approximately 52 percent of eligible veterans have enrolled in VA health care, and enrolled veterans receive 34 percent of health care through VA. There is little data from which to anticipate how reliance and enrollment might change under the scenarios, and our estimates use wide ranges of assumptions for these parameters. In forming our assumptions, we consider a variety of factors, such as insurance coverage and other characteristics of eligible veterans (both enrolled and unenrolled), survey responses of veterans (both enrolled and unenrolled) on use and reasons for lack of use of VA health care, and research on take-up of health insurance coverage.⁶⁶⁸ We are confident that enrollment and reliance would increase more with greater patient choice and access. For all options, we present low, middle, and high estimates.

In addition to increases in reliance and enrollment, reduced cost sharing, increased convenience of receiving community care, and the removal of a requirement to get a referral for specialty care can increase the total amount of medical care that a patient receives. Depending on the option considered, some health care is subject to reduced cost sharing from levels typical of private insurance coverage and Medicare to the very small levels of cost sharing found in the VA system. We assume utilization increases for health care subject to lower cost sharing and/or removal of a requirement to get a referral, with our estimates based in part on the literature examining how cost sharing affects health care demand.⁶⁶⁹

Caveats

There are a number of caveats associated with all of our estimates. These caveats are important, and to the extent that these assumptions do not hold, the estimates will be inaccurate. The estimates do not include savings and costs of reducing or repurposing infrastructure, or effects on VA's teaching, research, and emergency preparedness missions. Medicare allowable rates are assumed adequate to provide all veterans with robust CDS networks in their local areas. For care priced at historic CITC rates, national average rates are assumed to represent future rates. Shifting care into CDS networks does not affect the unit cost of care that remains in VA facilities. Reductions in the volume of care within VA facilities, and potentially adverse effects quality, are not addressed. Other than equipment and national overhead, the costs of care shifting out of VA facilities are phased out concurrently with other effects in the model. New enrollees are assumed to cost slightly less than existing enrollees for *CDS Alternative 3* and the

⁶⁶⁸ Examples of sources include: the 2014 American Community Survey; the 2010 National Survey of Veterans; the 2015 Survey of Veteran Enrollees' Health and Use of Health Care; Katherine Baicker, William J. Congdon and Sendhil Mullainathan, "Health Insurance Coverage and Take-Up: Lessons from Behavioral Economics," *The Milbank Quarterly*, 90(1) (2012), 107-134.

⁶⁶⁹ Congressional Budget Office, "Key Issues in Analyzing Major Health Insurance Proposals," Washington, DC, 2008. Willard G. Manning, Joseph P. Newhouse, Naihua Duan, Emmett B. Keeler, Arleen Leibowitz, and M. Susan Marquis, "Health Insurance and the Demand for Medical Care: Evidence from a Randomized Experiment," *American Economic Review* 77(3) (1987), 251-77.

same as existing enrollees in the *Recommended Option* and *CDS Alternatives 1 and 2*.⁶⁷⁰ Finally, we do not estimate any administrative costs associated with CDS networks other than the additional RN care managers hired to handle the increased clinical and administrative burden of expanded community care. These additional, nonmodeled administrative costs could be substantial.

Commission Recommended Option

The *Recommended Option* would expand community care. At least initially, all care currently provided by VA would continue to be available through VA. In addition, expanded community care, also called CDS, would be provided by an integrated network consisting of providers (medical practitioners including physicians, midlevel practitioners and therapists, and hospitals and clinics) vetted by VA or a third-party administrator. The CDS network would include all primary and standard specialty care; it would not include special-emphasis care (care that is provided in VA in a distinct fashion).⁶⁷¹ In 2014, 68 percent of care would have been eligible for CDS networks at current VA prices. A referral from a primary care provider would be required to receive specialty care. This referral could come from a provider either at VHA or from the community network. In this scenario, we assumed all other characteristics of the VHA Care System would remain the same as under current policy. We assume that the *Choice Program* ends and that those formerly in the *Choice Program* will take advantage of the community care offered in the CDS networks.

We expect that allowing enrollees to get primary and standard specialty care in the community will increase reliance for care provided in the community because many veterans would have a choice among a larger number of providers and would be more likely to have the option to receive care at a more convenient location. We also expect enrollment to increase because some eligible veterans would be induced to enroll by the prospect of having VA pay for them to see a doctor in the community. We assume that 60 percent of eligible care shifts from VA facilities to CDS networks. Currently reliance is 34 percent. Under this scenario, we model reliance levels of 40, 50, and 60 percent, which correspond to reliance rates increases of approximately 18, 47, and 76 percent, respectively. These reliance increases apply only to CDS care, not CDS-eligible care that is provided in VA facilities. Although the choice of providers is expanded and wait times are potentially reduced in VA, there continues to be a requirement for a referral to access specialty care, as there is in the current system. We modeled enrollment increases of 5, 15, and 20 percent for the low, middle and high estimates, which assume integrated, narrow, and well-managed networks that are designed and managed with cost as one of the major considerations. We also modeled an enrollment increase of 50 percent, more consistent with a less-managed, relatively broad network for which cost is a less important consideration. Finally, we assume that newly entering veterans who receive treatment in CDS networks because of this policy have a 20 percent utilization increase for new demand in CDS networks. Much of this care was

⁶⁷⁰ Assumptions based on previous analysis by VHA and Milliman.

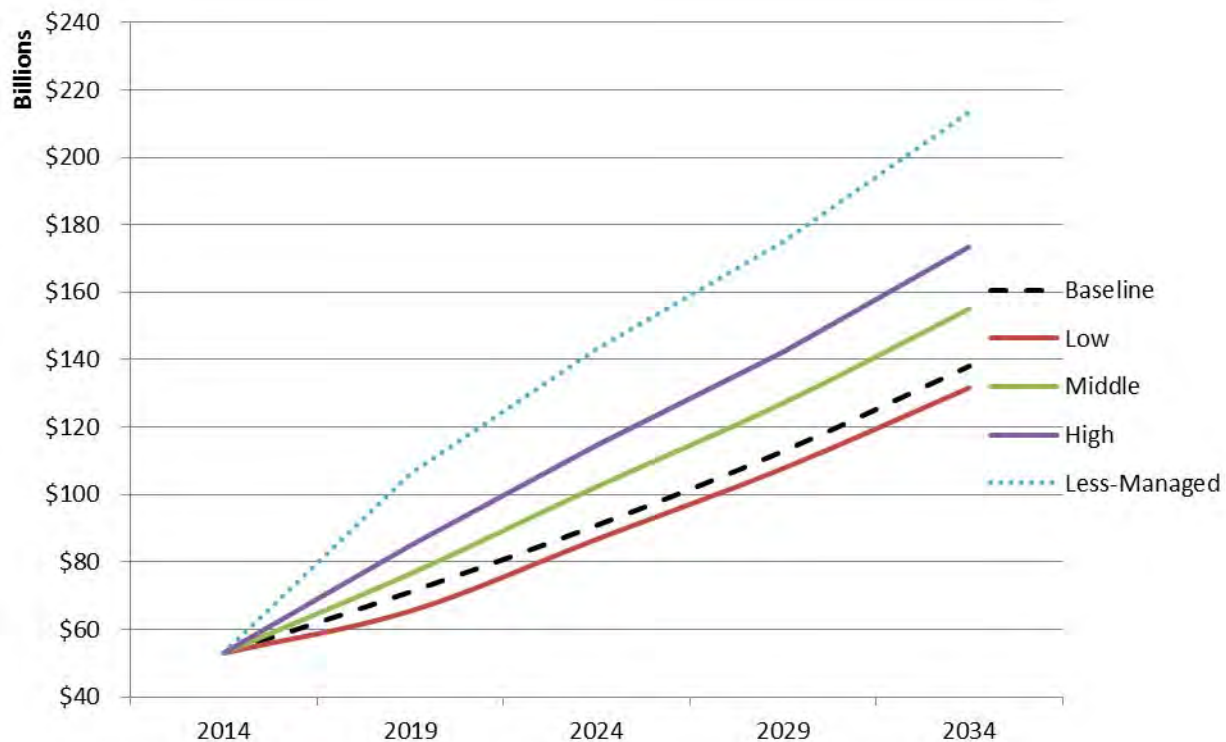
⁶⁷¹ Special-emphasis care includes: prosthetics and orthotics, recreational therapy, rehabilitative care, pharmacy, home-based primary care, spinal cord injury and disorders, some categories of long-term services and supports, mental health and homeless care. We count all mental health as special-emphasis because mental health categories cannot easily be differentiated by care that is VA special-emphasis and care that is not.

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formerly subject to sizable cost sharing with private insurance or Medicare, and now it would be subject to little if any cost sharing associated with VA-financed care.

Figure A-2 displays estimates for the *Recommended Option*. Estimates for well-managed, narrow networks range from \$65 billion to \$85 billion in 2019, with a middle estimate of \$76 billion. The middle estimate is moderately above the baseline projection of \$71 billion. Although reliance and enrollment increases push VA budgetary costs up, the switch from VA unit costs to the less costly Medicare allowable rates for CDS networks and CITC mitigate the increases. The estimate for the less-managed, broader network scenario is \$106 billion in 2019, illustrating that costs could increase markedly if governance of the network places less importance on cost or if VA were unsuccessful in tightly managing the network.

Figure A-2. Projected Costs of Recommended Option



APPENDIX A
FINANCING THE VISION AND MODEL

COST ESTIMATES Commission on Care Scenarios							
	Brief Description	Utilization Increase	Enrollment Increase (low, middle, high)	Reliance (low, middle, high)	Cost FY 2014 Actual (billions)	Cost FY 2019 Projected (billions)	Cost FY 2034 Projected (billions)
Baseline	2014 Actual		9,078,615	34%	\$53	\$ 71	\$ 138
Recommended (low)	Referral Based Care in VHCS (68% of current VHA care eligible as CDS)	+20% of new demand in CDS Care	5%	40%	\$	65	\$ 132
Recommended (middle)	same	same	15%	50%	\$	76	\$ 155
Recommended (high)	same	same	20%	60%	\$	85	\$ 173
Recommended (less-managed)	same	same	50%	60%	\$	106	\$ 213
Alternative 1 (low)	Similar to Recommended but primary care, inpatient med and surg and some standard specialty care not eligible for CDS remain in VHA (47% of care eligible for CDS)	+20% of new demand in CDS Care	0%	10%	\$	66	\$ 128
Alternative 1 (middle)	same	same	5%	35%	\$	73	\$ 140
Alternative 1 (high)	same	same	10%	50%	\$	78	\$ 151
Alternative 2 (low)	Similar to Alternative 1 but primary care coordinator must only be consulted; no referral required (47% of care eligible for CDS)	+20% CDS eligible Care	5%	60%	\$	97	\$ 191
Alternative 2 (middle)	same	same	10%	80%	\$	123	\$ 243
Alternative 2 (high)	same	same	20%	100%	\$	154	\$ 307
Alternative 3 (low)	Similar to Alternative 2 but primary care, inpatient med/surg and specialty care eligible for CDS and no consult required	+20% CDS eligible Care	75% (level)	80%	\$	167	\$ 320
Alternative 3 (middle)	same	same	85% (level)	90%	\$	206	\$ 395
Alternative 3 (high)	same	same	95% (level)	100%	\$	250	\$ 479
Keep Selected Services (low)	Move most standard ambulatory specialty care to community	+20% of new demand in CDS Care	0%	10%	\$	64	\$ 128
Keep Selected Services (middle)	same	same	4%	25%	\$	70	\$ 136
Keep Selected Services (high)	same	same	8%	40%	\$	75	\$ 145
Premium Support	Enrollees under age 65 can choose a subsidized insurance premium with cost sharing in lieu of VHA care	42% of enrollees <65 choose premium support	6%		\$	82	\$ 158
Eligibility Expansion	Allow all eligible veterans to enroll	increase to 30% market share among priority 8	5%		\$	72	\$ 140
Initiatives	Nurse navigators for CDS care				\$	71	\$ 138
	Make veterans with Other than Honorable Discharges Temporarily Eligible for VA Health Care While Claims are Adjudicated				\$	72	\$ 139

Additional Sample Cost Models

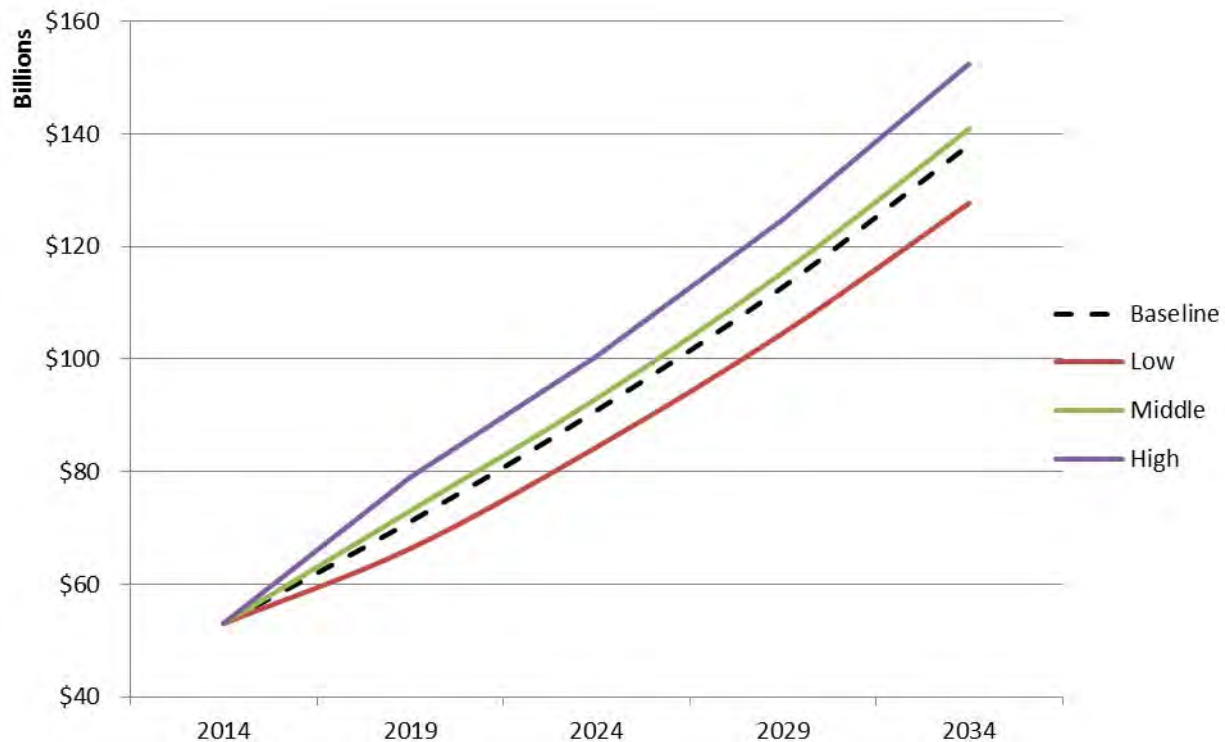
CDS Alternative 1

CDS Alternative 1 is similar to the Commission's *Recommended Option* above. The main difference is that a narrower subset of services is available in the CDS networks. Primary care, inpatient medical and surgical care, and some standard specialty care are not eligible for CDS networks and must be accessed within VA. The CDS network for *CDS Alternative 1* would focus on tertiary and quaternary care; it would not include primary care, some specialty care, inpatient medical and surgical care, and special-emphasis care (care that is provided in VA in a distinct fashion). In 2014, 47 percent of care would have been eligible for CDS networks.

Because less care is eligible for CDS networks than in the *Recommended Option*, less care will shift to CDS networks, reliance increases will be smaller, and enrollment increases will be smaller. We assumed that 50 percent of eligible care shifts from VA facilities to CDS networks. We modeled increases in reliance of 10, 35, and 50 percent, which correspond to reliance rates of approximately 37, 46, and 51 percent. These reliance increases pertain only to CDS care, not CDS-eligible care provided in VA facilities. We modeled enrollment increases of 0, 5, and 10 percent. As in the *Recommended Option*, we assume newly entering veterans who receive treatment in CDS networks because of this policy have a 20 percent utilization increase for new demand in CDS networks.

Figure A-3 displays estimates for CDS Alternative 1. Estimates range from \$66 billion to \$78 billion in 2019, with a middle estimate of \$73 billion. As in the *Recommended Option*, the middle estimate is close to the baseline projection of \$71 billion. Although reliance and enrollment increases push VA budgetary costs up, the switch from VA unit costs to Medicare allowable rates for CDS networks and CITC offsets these effects.

Figure A-3. Projected Costs of CDS Alternative 1



CDS Alternative 2

Like *CDS Alternative 1*, CDS care in *Alternative 2* would focus on tertiary and quaternary care. CDS networks would not include primary care, special-emphasis care, inpatient medical and surgical care, and some types of specialty care.

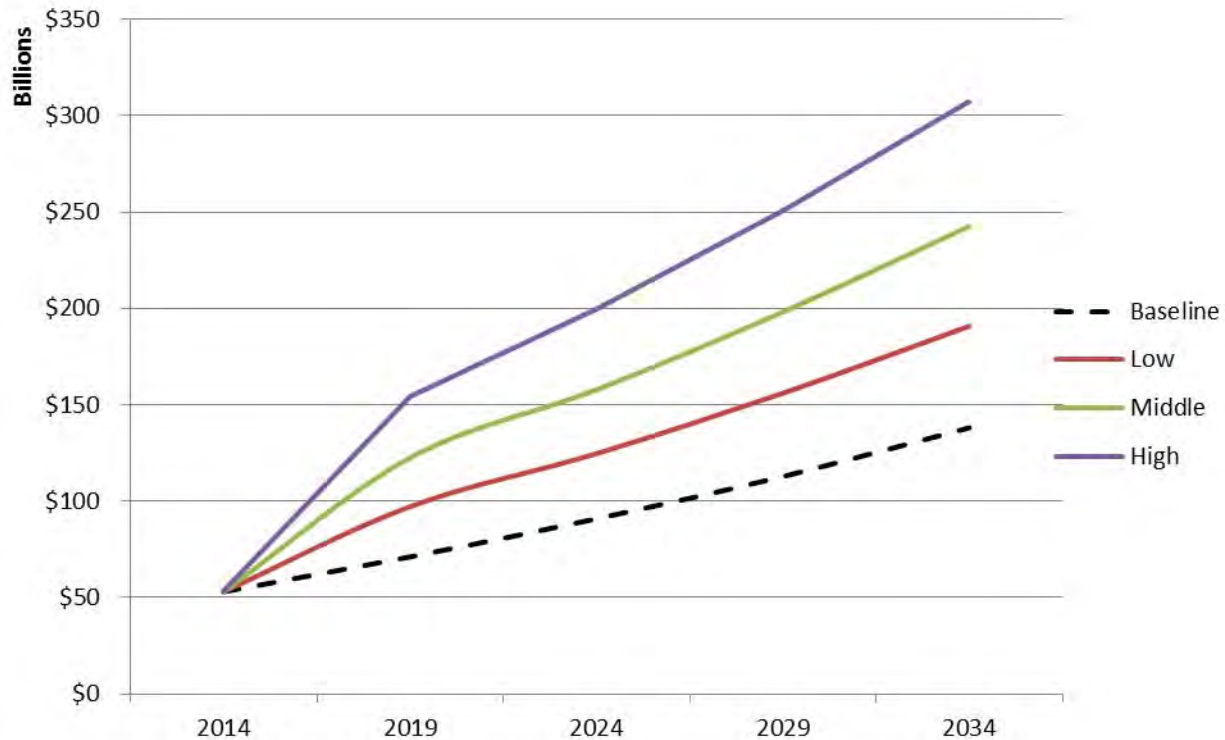
This option differs from the *Recommended Option* and *CDS Alternative 1* in that veterans must consult their VHA primary care provider in some way before seeking specialty care, but they *do not* need a referral to receive CDS eligible care whether they receive it in or out of VA. Some specialty care, all primary care, and all special-emphasis care are only provided in VA unless the veteran is eligible for traditional CITC. However, after the primary care consultation, the choice of whether to seek eligible care in CDS networks is entirely up to the veteran. As in *CDS Alternative 2*, the care eligible for CDS networks comprised 47 percent of total modeled expenditures in 2014.

We expect reliance increases to be relatively high, and we apply these reliance increases to CDS eligible care regardless of where veterans receive it because referrals are not required for any CDS eligible care. Further, we expect enrollment increases to be higher than the *Recommended Option* and *CDS Alternative 1* because the absence of a referral requirement makes this a more attractive policy for potential enrollees. We model reliance rates of 60, 80, and 100 percent for care eligible for CDS networks; enrollment increases of 5, 10, and 20 percent; 70 percent of VA facility care shifting into CDS networks; and a 20 percent utilization increase for CDS eligible care.

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Estimates are displayed in Figure A-4. In 2019, the baseline projection is \$71 billion. *CDS Alternative 2* estimates range from \$97 billion to \$154 billion, with a middle estimate of \$123 billion. The potential for considerable reliance and enrollment increases could push costs substantially higher than the baseline.

Figure A-4. Projected Costs of CDS Alternative 2



CDS Alternative 3

CDS Alternative 3 differs from *Alternative 2* in two main ways. First, a broader array of care is eligible for CDS networks. CDS would include primary and standard specialty care, including inpatient medical and surgical care. It would not include special-emphasis care (care that is provided in VA in a distinct fashion). This array of eligible care is the same as that for the *Recommended Option*, and comprised 68 percent of total modeled expenditures in 2014. Second, enrollees do not need to consult with a primary care doctor in order to access CDS eligible care.

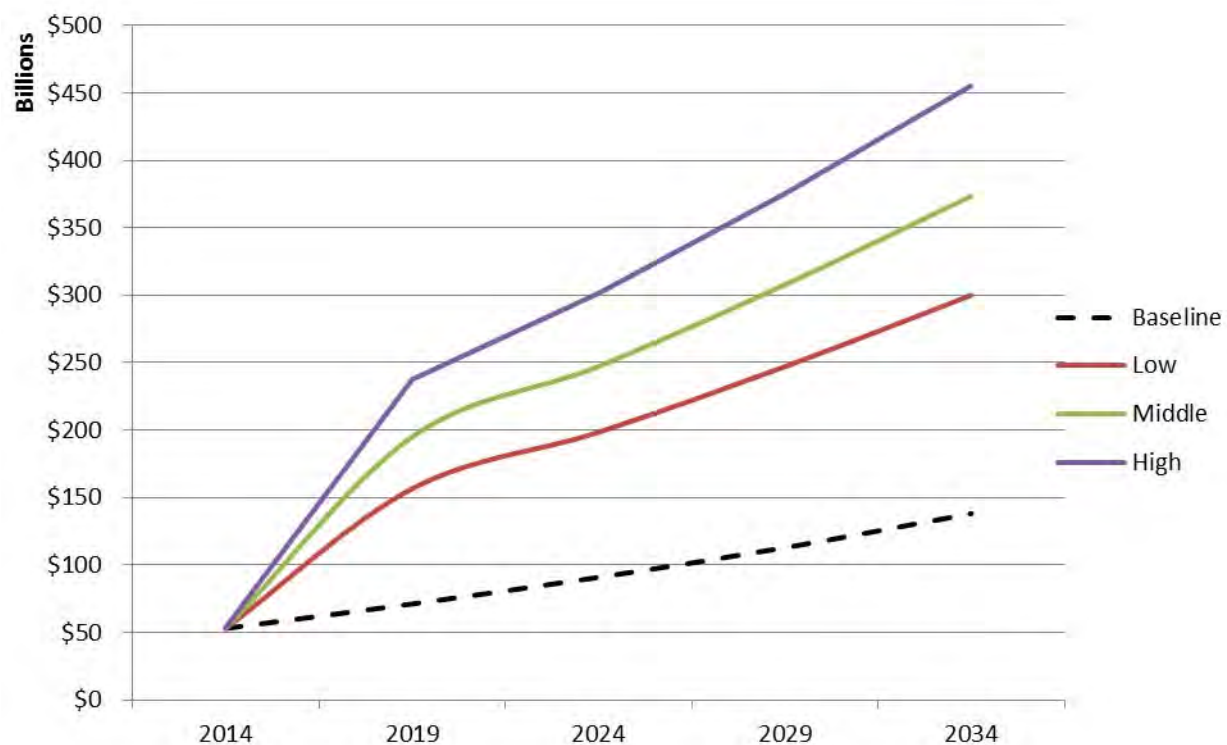
CDS Alternative 3 would offer an extremely generous benefits package for patients. With no referral or consultation, no premiums, and little if any copayments, patients would have access to a robust network of high-quality providers in their area. Although care within VA facilities would be available, no clinical contact would be necessary for those seeking care in CDS networks. Even within VA facilities, care is more attractive because patients would no longer need to consult their primary care doctors to receive specialty care. The benefits of this option contrast with the 10 to 30 percent cost sharing typical in Medicare and private coverage, the low

provider reimbursements, stigma and access barriers often associated with Medicaid,⁶⁷² and the requirements for referrals and/or prior authorizations that are widespread among health insurance plans. Few veterans would have reason to turn down such an attractive option.

Consequently, we model high ranges for reliance, enrollment, and care shifting into CDS networks. We model reliance rates of 80, 90, and 100 percent for all CDS eligible care; enrollment shares of 75, 85, and 95 percent; and a 70-percent rate of eligible care shifting from VA facilities to CDS networks. We apply the reliance increases to all care eligible for CDS networks, even if the care is provided in VA facilities or traditional CITC, because this option eliminates the need for consultations with primary care doctors for all CDS eligible care. Additionally, we assume that the total amount of CDS eligible care received by veterans from any provider and payer increases by 20 percent due to the lack of a referral requirement and/or reduced cost sharing.

Estimates are displayed in Figure A-5. In 2019, when effects are fully phased-in, estimated costs range from \$156 billion to \$237 billion, with a middle estimate of \$195 billion. This compares to a baseline projection of \$71 billion. Although estimates are highly uncertain, a key takeaway is that this option could result in very large cost increases relative to the baseline scenario, *Recommended Option*, and *CDS Alternatives 1 and 2*.

Figure A-5. Projected Costs of CDS Alternative 3



⁶⁷² Yu-Chu Shen and Stephen Zuckerman, “The Effect of Medicaid Payment Generosity on Access and Use among Beneficiaries,” *Health Services Research* 40, no. 3 (2005), 723-44. Jennifer Stuber and Karl Kronebusch, “Stigma and Other Determinants of Participation in TANF and Medicaid,” *Journal of Policy Analysis and Management* 23, no. 3 (2004), 509-530.

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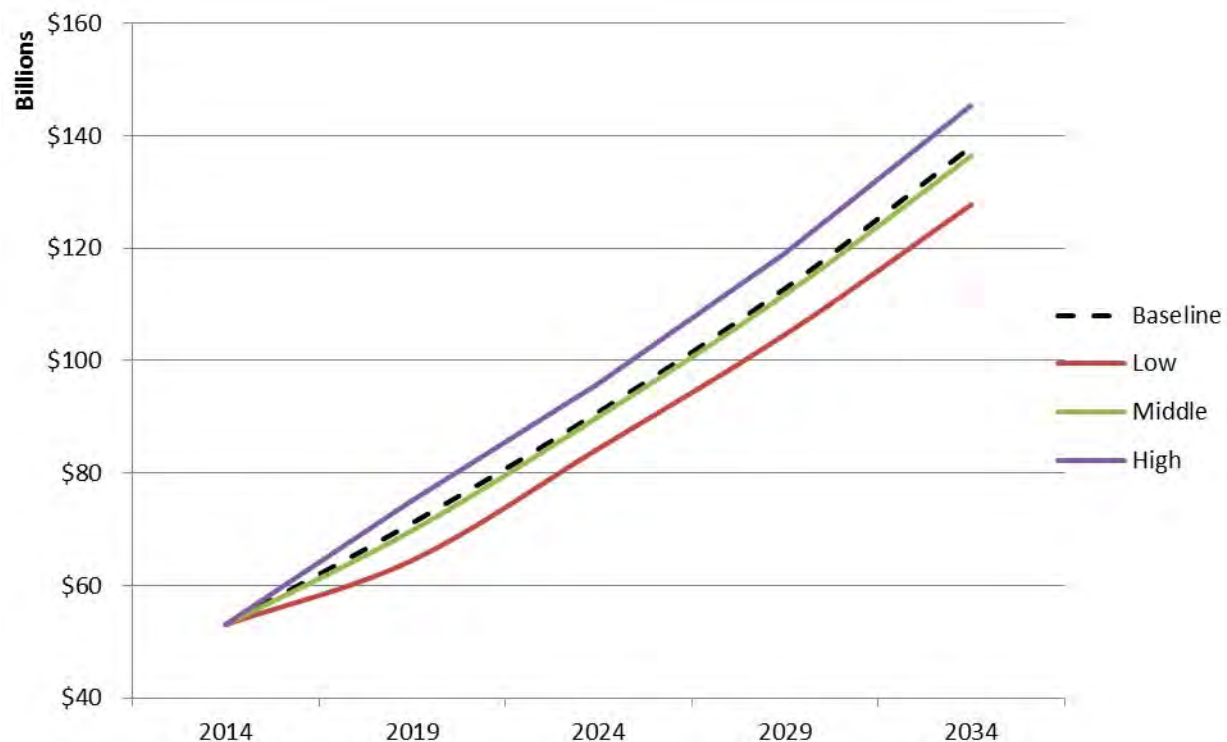
Keep Selected Services

The *Keep Selected Services (KSS)* scenario would move most standard ambulatory specialty care entirely into the community, yet keep the remainder of care entirely within VA facilities or traditional CITC. Although VA would no longer provide most standard ambulatory specialty care in VA facilities, it would continue to provide primary care, inpatient care, and special-emphasis care in VA facilities, including long term services and supports, prosthetics and orthotics services, inpatient and outpatient mental health and substance abuse, inpatient medical and surgical care, prescription drugs, medication management, recreational therapy, and immunizations. Under this scenario, approximately 35 percent of the cost of care currently provided in VA would be provided solely in the community. Providers in the community would receive Medicare rates.

We modeled increases in reliance of 10, 25, and 40 percent, which correspond to reliance rates of approximately 37, 43, and 48 percent. These reliance increases pertain only to care that moves into the community. We modeled enrollment increases of 0, 4, and 8 percent.

Estimates are displayed in Figure A-6. In 2019, when effects are fully phased-in, estimated costs range from \$64 billion to \$75 billion, with a middle estimate of \$70 billion. This estimate compares to a baseline projection of \$71 billion. Although estimates are highly uncertain, a key takeaway is that even with expanded community care, cost increases are constrained when veterans cannot choose whether they receive care in VA facilities or in the community.

Figure A-6. Projected Costs of Keep Selected Services Scenario



Premium Support⁶⁷³

Under the *Premium Support* (PS) scenario, all current and future enrollees younger than age 65 can choose a subsidized insurance premium with cost sharing (for some priorities) in lieu of their current VHA benefit. Enrollees electing the premium and cost sharing subsidy no longer have access to any VA services, including the special services VA offers. Under this scenario, there is an annual election period, and VA actively engages with enrollees to make a decision. Enrollees ages 65 and older receive no additional benefit options.

For those enrollees choosing the subsidized insurance program, the cost sharing varies by priority level: 10 percent for priorities 1 and 2; 20 percent for priorities 3 and 4; 30 percent for priorities 5 and 6; and 40 percent for priorities 7 and 8. Veterans would buy *Silver* policies on the state individual insurance exchanges, and VA would provide additional cost sharing assistance to meet the target subsidy. If enrollees purchased plans offered with lower cost sharing, such as *Gold* (20 percent cost sharing) or *Platinum* plans (10 percent cost sharing), the additional premium costs would likely exceed the cost of purchasing a Silver plan and subsidizing the cost sharing. The cost estimates did not consider the potential effect of adding a large number of veterans on exchange plans. Were VA to do this, considerations for veteran morbidity as well as the proposed cost sharing subsidies would need to be accounted for within the purchase of state exchange plans from commercial insurers.

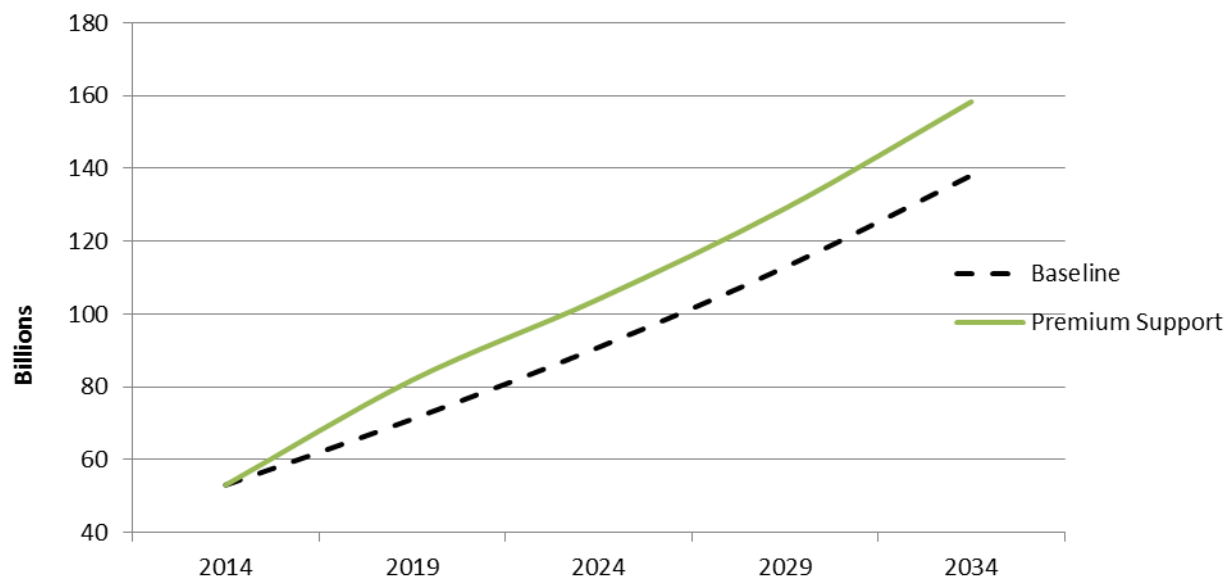
To determine participation rates in the subsidized premium program, we summarized enrollees' FY 2014 baseline data into cost brackets by attaching 2015 EHCPM unit costs to workload and then summarizing the total cost of workload provided to each enrollee. Overall, 42 percent of enrollees younger than age 65 were assumed to select the subsidized premium option, but the model assigned different rates of participation depending on enrollees' priority level and historical VA utilization. Enrollees with little to no costs were assumed to participate in the program at a higher rate as compared to those who had larger levels of VA costs. Participation rates for priority 5 veterans were assumed to be half the rates set for other priority levels. This assumption was made because many of these lower-income enrollees already have the option of participating in a highly subsidized state exchange plan with low cost sharing. It is also assumed that offering this option will motivate additional nonenrolled veterans to enroll to receive the subsidized premium plan. To estimate this effect, we analyzed the proportion of veterans by priority level with either no insurance or individual insurance plans, as reported in recent years of data captured by the American Community Survey (ACS). We estimated that this potential subsidy would lead to an additional 577,000 enrollees over the projection period.

Finally, it is assumed that the subsidized premium plan serves as a primary payer and does not supplement other coverage available to the enrollee, such as Medicare or employer sponsored insurance.

⁶⁷³ Analysis developed by Milliman for VHA Office of the Assistant Deputy Undersecretary for Health (ADUSH) for Policy and Planning.

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Figure A-7. Projected Costs of Premium Support Scenario



Eligibility Expansion⁶⁷⁴

Under the *Eligibility Expansion* (EE) scenario, the VA health care system expands to allow all veterans to enroll in VA health care. In 2014, half of veterans eligible under priorities 1-7, 8b,⁶⁷⁵ and 8d were enrolled, representing a 50 percent *market share*,⁶⁷⁶ with the highest market share among those with service-connected priorities. The market share among Priorities 8a and 8c was an estimated 21 percent, reflecting enrollment from before suspension began in January 2003 and from enrollees who initially enrolled in another priority and later transitioned to Priorities 8a and 8c. If the suspension of new priority 8 enrollment had never occurred, we estimate that the market share would be 28 percent in 2014 and 30 percent in 2021 under natural growth and priority transition rates.

Under a scenario of lifting priority 8 enrollment suspension beginning in FY 2017, we estimate that the market share would climb steadily during a 5-year phase-in period to reach 30 percent in 2021, which equates to 464,000 new priority 8 enrollees. The market share is not expected to reach the level observed among other priorities because Priority 8 veterans have higher incomes, are not service-connected disabled, are more likely to have employer-sponsored coverage and individually purchased health plans, and are less likely to be uninsured relative to other priorities. Further, regression analysis of market shares among veterans in census data demonstrated that higher income veterans, nondisabled veterans and veterans with employer-sponsored health insurance are all less likely to enroll. To develop the cost estimates, newly

⁶⁷⁴ Analysis developed by Milliman for VHA Office of the Assistant Deputy Undersecretary for Health (ADUSH) for Policy and Planning.

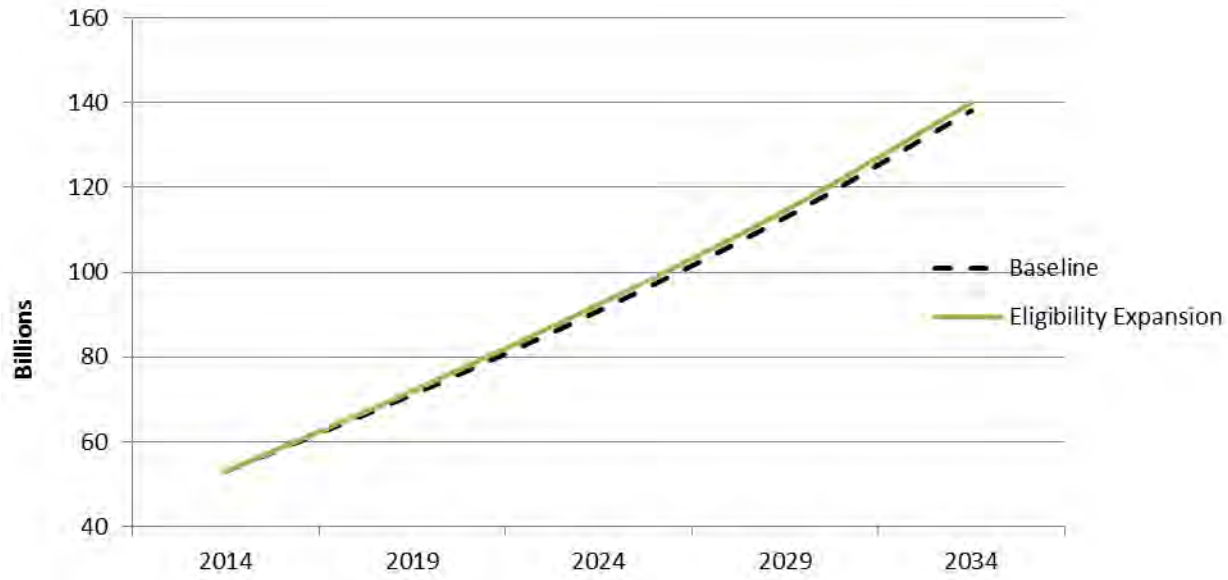
⁶⁷⁵ Priority 8b and 8d were enrolled on or after June 15, 2009 and have incomes that exceed the current VA or geographic income limits by 10 percent or less.

⁶⁷⁶ Market share is the percentage of veterans who are enrolled in VHA out of all veterans. This differs from the enrollment share, which is the percentage of eligible enrollees who are enrolled.

eligible priority 8 veterans are assumed to have the same morbidity and reliance as current priority 8 enrollees.

By 2032, based on the estimated market share, we project an additional 368,000 priority 8 enrollees with an additional \$1.8 billion in costs.

Figure A-8. Projected Costs of Eligibility Expansion Scenario



Additional Cost Factors

Nurse Navigators

VHA already has a robust care manager program that largely overlaps with the proposed nurse navigators in the CDS scenarios. VHA patient aligned care teams (PACTs) were created to coordinate care and maintain long-term relationships with patients. Most PACTs exist in a primary care setting, but there are also special-emphasis PACTs, such as those for spinal cord injury and disorders, geriatrics, and HIV care. All patients may choose to be assigned to a primary care PACT, and the vast majority do so: There are approximately 5.3 million unique patients in primary care PACTs out of a total of 5.8 million.

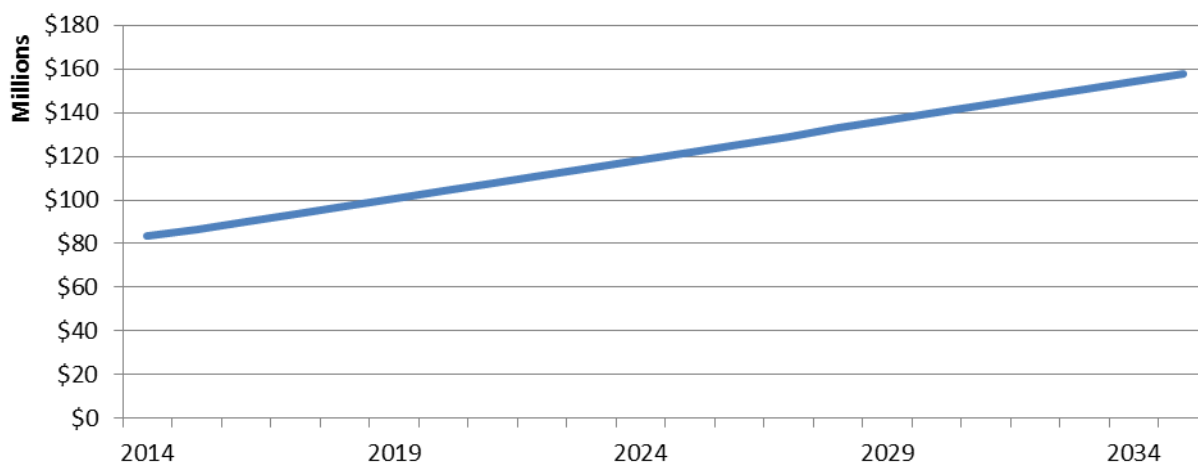
The primary care PACT typically consists of a provider, an RN care manager, a clinical associate, and a clerk. This team is assigned to a panel of approximately 1,200 patients. There are also expanded team members who are assigned to multiple panels, such as clinical pharmacy specialists, nutritionists, and behavioral health professionals. The RN care manager is the lynchpin of the primary care PACT.

One of the tasks of the care manager is to coordinate care received in VHA facilities with care received in the community. Because this coordination role would increase with the CDS scenarios, we provide a notional estimate for expanding the number of care managers to account for the additional administrative and clinical burden of an increase in community care.

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Based on discussions with VHA primary care operations and policy staff, we assume that one additional RN care manager per five panels would be necessary to handle a substantial increase in community care such as that associated with the CDS scenarios.⁶⁷⁷ Based on 2014 data on the number of patients in PACTs and the recommended panel size, we estimate that 882 RN care managers would need to be hired if the CDS scenarios were fully phased in. Incorporating the average total compensation of RN care managers (\$94.4 thousand in FY 2014) and inflating costs using the projected patient population and personnel inflation trend from the EHCPM, we generate the following cost estimates. These estimates are assumed to be fully phased in. The cost of this policy is \$100 million in 2019 and rises to \$158 million in 2034.

Figure A-9. Cost of Hiring Additional RN Care Managers



Other-than-Honorable Discharges

We also consider a policy for which those with an OTH discharge are made temporarily eligible for VA health care while their claims are adjudicated. The adjudication process would determine whether these individuals would remain eligible for care or would lose eligibility. Adjudication would be based on the reason for the discharge. For example, if the discharge were due to behavior associated with a mental health condition caused by serving in the military, that person would likely be positively adjudicated. However, the specific criteria for adjudicating cases still needs to be determined.

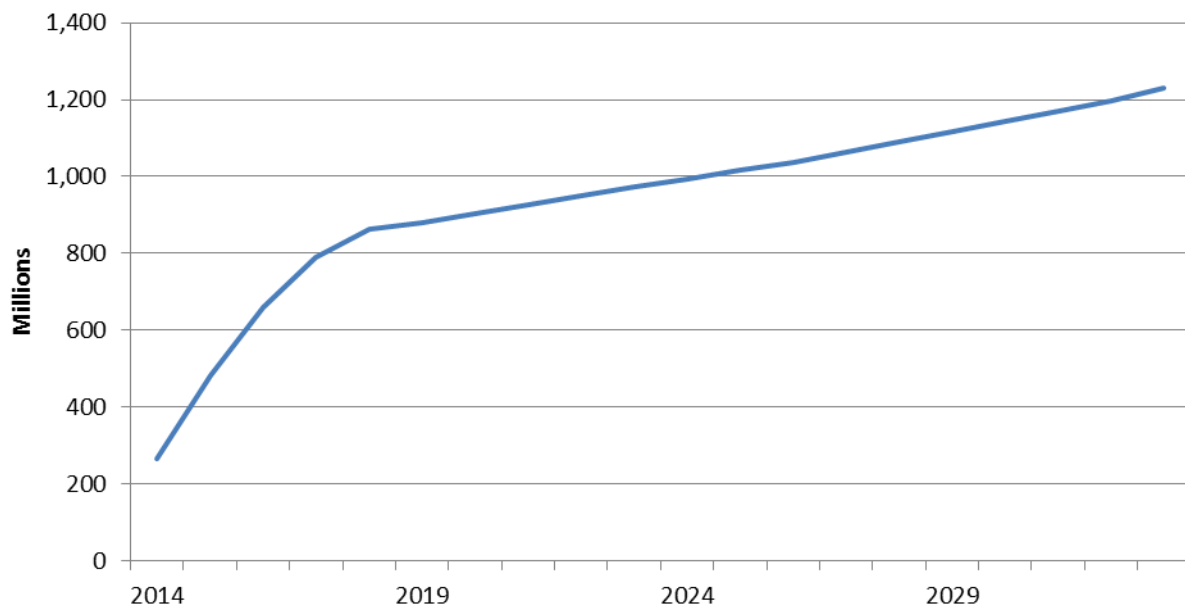
To model the cost of this proposal, we assume all people with an OTH discharge who would otherwise be eligible for VHA care are initially eligible. We assume that, consistent with the rest of the population, 73 percent of veterans with an OTH discharge are eligible for VA health care based on income and disability criteria. During a period of 5 years, their cases are examined, and 50 percent are positively adjudicated. Whether this number is actually higher or lower than 50 percent will depend on the exact details of the policy as well as the specific circumstances of veterans with an OTH discharge. In our model, the number of eligible veterans with an OTH discharge who enroll increases during the first 5 years as they become aware of the new rules. It

⁶⁷⁷ These estimates would differ depending on the CDS option pursued, but we provide a single notional estimate to give a sense of the magnitude of costs involved.

increases to 52 percent, which is the enrollment share of veterans who are currently eligible. In reality, this rate could be higher or lower for those with an OTH discharge if they are different from those who are already eligible. We assume costs per patient are similar to other veterans of the same age.

The cost of this policy increases from \$264 million in 2014 to \$1.23 billion in 2033. Fully phased-in, the cost is \$864 million in 2019. The shape of the cost curve reflects increasing enrollment during the first 5 years as veterans learn about the new rule and sign up. It also reflects adjudications as all enrolled veterans are initially eligible and then their eligibility is adjudicated during the 5 years. These calculations reflect estimates that the number of veterans with an OTH discharge for active duty military has fallen from a high of 8.8 percent in 2002 to 2.1 percent in 2015. We assume that the rate continues at 2.1 percent of discharges throughout the projection window.

Figure A-10. Projected Costs of Temporarily Covering Veterans with OTH Discharges



Conclusion

The estimated cost of allowing veterans to receive expanded community care through integrated networks varies dramatically depending on the specifics of the policy, including which categories of care are eligible for the community and whether referrals are required to access specialty care. We estimate that the *Recommended Option*, which provides increased community care that is reimbursed at Medicare allowable rates but maintains referrals for specialty care, increases costs modestly, assuming that networks are narrow and well-managed with cost as a major consideration. *CDS Alternative 1*, which offers a more restricted array of services eligible for CDS care, yet maintains a referral requirement, does not substantially increase costs. However, *CDS Alternative 3* and to a lesser degree *Alternative 2*, which eliminate the need for referrals for standard specialty care, potentially lead to very high costs. The estimated costs of the other scenarios range from small to substantial, though these costs would

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ultimately depend on the details of the proposals (e.g., the premium support schedule). Finally, we find that the costs of introducing expanded nurse navigators/care coordinators and making those with OTH discharge temporarily eligible are comparatively modest.

APPENDIX B: LEADERSHIP IMPLEMENTATION

Table B-1. Organizational Health and Cultural Transformation

Action	Responsible	Timeline
That VHA create a comprehensive, coordinated, sustainable cultural transformation effort by aligning programs and activities around a single, benchmarked concept.		
Establish the charter for the cross-functional SE team responsible for cultural transformation.	SECVA/DEPSECVA or CVCS depending on level	Now (0-6 mos)
Assess cultural transformation models and decide on a single model.	Chartered SE team	Now (0-6 mos)
Create an execution strategy for cultural transformation.	Chartered SE team	Now (0-6 mos)
Develop communication strategy and materials and release.	Chartered SE team	Near (18 mos)
That VHA aligns leaders at all levels in support of the cultural transformation strategy.		
Establish a subcommittee under the SE team to drive leadership transformation.	Chartered SE team	Near (6 mos)
Establish leadership standards for behaviors and actions.	Chartered SE team Subcommittee	Near (6-9 mos)
Publicize the standard.	Chartered SE team Subcommittee/CVCS/HTM	Near (12 mos)
Develop assessment tools.	SE Subcommittee/NCOD, NCEHC, HTM	Near (12-24 mos)
Establish expectations (in policy) for use of leadership standards in IDPs, performance review, hiring, promotions.	HTM/CVCS	Near (12-36 mos)
Provide coaching to the standard.	(Current HCM office responsible)	Near (24 mos)
Collect standards, training, support materials into a living curriculum for leaders.	EES/HTM	Near (24 mos)
Modify VA Directive 5021 (Employee/Management Relations) to include unacceptable behavior and unacceptable performance standards related to organizational transformation responsibilities of leaders and update table of penalties to correspond.	HRA/HTM	Future (36 mos)
That VHA align frontline staff in support of the cultural transformation strategy.		
Establish subcommittee to support staff transformation.	Chartered SE team	Near (9 mos)
Establish behavioral expectations/requirements for staff.	Subcommittee	Near (9-18 mos)
Develop hiring tools against the staff standard.	Subcommittee	Near (18-36 mos)
Establish requirements (in policy) for use of the standard for IDP, performance reviews, advancement in grade/promotions.	HTM/HRA/nursing and similar/unions	Near (18-36 mos)

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Action	Responsible	Timeline
Support leaders and supervisors at all levels of the organization to communicate and reinforce these standards with staff (see align leaders, above).	(Policy owner)	Near (18 mos)
Establish program office and VAMC standards and strategy for execution.		
Establish subcommittee to develop VAMC and PO execution standards.	Chartered SE team	Near (18 mos)
Establish execution strategy and policy requirements.	Chartered SE team Subcommittee/NCEHC/ NCOD	Near (18-36 mos)
Develop consolidated, meaningful metrics with input from experts and field users.		
Assign responsibility for metric development.	Chartered SE team/CVCS	Near (6 mos)
Develop and test metrics.	Organizational Excellence	Near (6-18 mos)
Deploy metrics.	Chartered SE team/CVCS/ (policy owner)	Near (18 mos)
Identify outliers and intervene.	SE team/CVCS/(policy owner)	Near (24 mos)

Table B-2. *Recruitment, Retention, Development, and Advancement*

Action	Responsible	Timeline
VHA executives are required to make the leadership system a top priority for funding, strategic planning, and investment of their own time and attention.		
Establish a VHA leadership management goal for inclusion in the 2018 budget with specific targets, including diversity targets.	VHA Human Capital Management/NLC leadership subcommittee of the HR committee	Now (3 mos)
Submit the leadership management goal to VA for inclusion in the budget submission for 2018.	VHA OPP and CVCS	Now (3 mos)
Adopt VHA leadership management goal and submit to OMB/White House.	VA OPP and SECVA	Now (3 mos)
Establish an operational plan and accountability mechanisms for meeting these goals.	VHA Human Capital Management/NLC leadership subcommittee of the HR committee	Now (4 mos)
Include yearly targets in the performance plan of the CVCS and SES members.	VHA NLC subcommittee on performance planning	Now (4 mos)
Schedule regular communication (at least quarterly) to the field that speaks to mission, vision, values, and expectations for ethical behavior.	CVCS	Now – ongoing
Schedule regular meetings with VHACO and field senior staff that allows for a discussion of mission, vision, values and expectations for ethical behavior.	CVCS	Now – ongoing
Develop opportunities for developing leaders to participate in the leadership and management decisions and processes of VHA.	CVCS /ask NLC executive committee to develop and implement a plan	Now (6 mos)
Adopt and implement a comprehensive system for leadership development and management.		
Convene a group to review ACHE and the National Center for Health Care Executives and devise a benchmarked model that meets the needs of health care executives in VHA as well as the private sector.	NCEHC with NCOD, & Human Capital Management; report to the NLC subcommittee for leadership development	Now (6 mos)
Create career tracks for key positions based on this new competency model.	HTM	Near (within 12 mos)
Fund and implement leadership assessments, training, coaching, and developmental opportunities based on the new leadership competency model.		
Develop assessment tools (360, 180, self-assessment, supervisory) to support the competency model.	HTM with support as required from other offices, e.g., NCOD, EES	Near (within 18 mos)
Assess existing training against the model and identify gaps.	EES	Near (18 mos)
Develop and implement a plan to fill these gaps.	EES/reporting to NLC to ensure funding	Near (plan 20 mos – fill gaps 36 mos depending on \$)

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Action	Responsible	Timeline
Assess opportunities to share additional leadership training with DoD and create a plan to implement it.	HEC/JEC	Near (9 mos)
Develop and fund a face-to-face training to fulfill competencies for critical career positions.	EES	Near (24 mos)
Develop a masters level training program for clinical leaders in partnership with academic medicine.	EES/Academic Affiliations	Near (36 mos)
Establish sharing agreements with non-profit institutions to permit the exchange of executives for extended rotations.	EES/Academic Affiliations	Near (18 mos)
Create an experiential learning program to parallel the competency model.	EES, HTM reporting to the leadership development subcommittee of the NLC	Near (24 mos)
Establish a coaching program.	HTM/EES	Near (18 mos)
Incorporate tracking of competency assessment, training, coaching, and IDP completion into an appropriate IT platform (e.g., TMS).	HRA/EES/Workforce Management and Consulting	Near (18 mos)
VHA is required to aggressively manage leadership recruitment, retention, development and advancement using the new leadership competency model: all hires and promotions are required to demonstrate these competencies.		
Create functional statements for all key positions based on the competency model.	HTM	Near (18 mos)
Create interview questions incorporating competencies for all key positions.	HTM	Near (12 mos)
Establish a process for certifying internal candidates for advancement to the next position.	Human Capital Management	Near (18 mos)
Incorporate the tracking of competency achievement with performance ratings and create a tracking mechanisms and pool of high potential candidates.	Human Capital Management	Near (18 mos)
Create regulatory requirements for the use of the competency model in hiring, promotion, development opportunities, and discipline; and incorporate procedures for veterans preferences.	Human Capital Management in VHA	Near (36 mos)
Establish an IDIQ, PBA or similar contract for executive recruitment.	Human Capital Management	Now (6 mos)
Establish requirement in policy for all ECF, SES / SES equivalent to complete IDP.	Human Capital Management	Future (following regulatory change)
Create on-ramp for retiring MTF.	Human Capital Management / DoD Coordination	Now (6 mos)
Expand (GHATP) program.	EES	Now (6 mos)
Establish a plan for developing and managing the candidate pool.	NLC subcommittee for leadership	Now (6 mos)
Require a formal on boarding process for leaders at all levels that re-enforces the leadership competency model.		
Establish an onboarding curriculum and process.	Human Capital Management, EES, HTM	Now and Near (18 mos)

APPENDIX B
LEADERSHIP IMPLEMENTATION

Action	Responsible	Timeline
VHA is required to take immediate steps to stabilize the continuity of leadership.		
Extend authority for length of details and ability to compete for the detail position.	Human Capital Management	Now (6 mos)
Establish and fund assistant level positions in all key career development tracks.	CVCS	Now (18 mos)

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Table B-3. Organizational Structure and Function

Action	Responsible	Timeline
Eliminate duplication within VHA and consolidate program offices to create a flat structure.		
Eliminate the duplication of functions between VHA and VA by closing VHA offices.		
Create innovative organizational structures to support clinical delivery that are aligned to patient's needs rather than professional silos.		
Undertake a reduction-in-force (RIF) in VHACO that promotes delayering and efficiency in communication and decision making.		
Publish a new organizational chart consistent with Figure 9.	CVCS	Now (1 mos)
Prepare an initial RIF for offices eliminated.	VHA Human Capital Management	Now (3 mos)
Engage VERC (or other resources with expertise in business process reengineering) to re-design the processes and structures with remaining offices to ensure end-to-end support for field function and to further reduce duplication; including clinical function re-organization.	Transformation Office/ VERC	Near (3-12 mos)
Each program office in collaboration with VERC or other transformation resources identifies areas of "stop work" with staffing and budget savings.	Transformation Office/ PO/ CVCS	Near (3-12 mos)
Publish clear roles, responsibilities and expectations that apply to all VHACO offices.	Transformation Office/ CVCS	Now (1 mos)
Develop in-service training to orient existing VHACO staff to the new expectations for the role of VHACO.	Transformation Office/ EES	Now (1 mos)
Develop training curriculum to support VHACO staff in developing the skills and competencies required.	Transformation Office/ EES	Near (18 mos)
Develop an engagement strategy to inspire VHACO staff to embrace their new role and tie to in-service training roll out.	Transformation Office/ CVCS	Now (1 mos)
Modify in-service training and implement in on-boarding process for new VHACO employees.	Transformation Office/ EES	Now (6 mos)
Adopt customer service training in VHACO and roll it out; include as part of new employee on-boarding in VHACO.	Transformation Office/ EES	Near (12 mos)
Draft basic competencies for VHACO program staff (e.g., customer service, quality improvement, coaching, effective communication, change leadership, data analytics).	Transformation Office/ HCM	Near (12 mos)
Require the basic competencies in functional statements as a basis for hiring and promotion.	Transformation Office/ Each PO	Near (18 mos)
Acquire, configure, and train PO staff on data analytics infrastructure to support program office and field tracking of key performance metrics.	Office of Organizational Excellence/OIT	Near (18 mos)

APPENDIX B
LEADERSHIP IMPLEMENTATION

Action	Responsible	Timeline
Clarify and specifically define the roles and responsibilities of the VISNs and facilities, pushing decision making down to the lowest level.		
Publish clear roles, responsibilities and expectations that apply to the VISNs.	Transformation Office/ CVCS	Now (1 mos)
Develop in-service training to orient existing VISN staff to the new expectations for the role of VISN.	Transformation Office/ EES	Now (1 mos)
Develop an engagement strategy to inspire VISN staff to embrace their new role and tie to in-service training roll out.	VISN directors	Now (1 mos)
Modify in-service training and implement in on-boarding process for new VISN employees.	Transformation Office/ EES	Now (6 mos)
Draft basic competencies for VISN staff (e.g., quality improvement, coaching, effective communication, change leadership, data analytics).	Transformation Office/ HCM	Near (12 mos)
Require the basic competencies in functional statements as a basis for hiring and promotion.	Transformation Office/ each PO	Near (18 mos)
Gain agreement from Congress to institute three appropriation lines only: medical, major construction, research.	CVCS/SECVA/OMB	Near (12 mos)
Eliminate segregation of specific-purpose funds to the VISNs and facilities.	CVCS/Office of Finance	Now (6 mos)
Modernize financial management system (FMS) to permit effective cost accounting and tracking of priority spending.	OIT/Office of Finance	Future (36 mos)
Develop training to support effective use of FMS to permit effective account tracking and reporting and roll it out.	Finance/EES	TBD post procurement
Establish quarterly spend reports covering all priority areas (e.g., NRM, IT, facility minor, purchased care, mental health, women's health, administration) by facility and release to Congress and the public.	Finance Office	TBD post procurement
Delegate decisions in recruitment, retention and advancement (e.g., hiring bonus, retention bonus, market pay) for staffing to the facility.	CVCS/HCM	Now (1 mos)
Delegate training and travel decisions.	CVCS/EES/OAA	Now (1 mos)
The USH establishes leadership communication mechanisms within VHACO and between VHACO and the field to promote transparency, dialogue and collaboration.		
Improve communication with field leadership and frontline employees through the liberal use of social media, town halls and other direct engagement channels with a dedicated champion to help the USH and senior staff in this endeavor.	CVCS	Now (3 mos)
Reestablish in-person leadership conferences, at least semi-annually, to foster communication and relationship building between VHACO, VISN and facility leadership.	CVCS/EES/NLC	Now (6 mos)
Add behavioral competencies to performance plans that promote effective communication amongst leaders.	CVCS	Near (12 mos)

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Action	Responsible	Timeline
Establish expectations and requirements for program office leaders to communicate the USH leadership messages, coordinate PO communications with the USH and with one another.	CVCS	Now (3 mos)
Establish a transformation office with broad authority and a supporting budget to accomplish the change.		
Establish the new transformation office in the organizational chart, populate with expertise in business process re-engineering, and fund initially using savings from closure and consolidation of offices in VHACO and a budget reduction to all other VHACO offices.	CVCS	Now (6 mos)
Create a Transformation Office strategic plan to educate and provide guidance to the new initiatives and support the goals of VA and VHA.	Transformation Office	Near (3-6 mos)
Create a new initiative implementation plan to include follow-on priorities, tasks and milestones. The Transformation Office will support the operation and the plan moving forward.	Transformation Office	Near (3-6mos)
The Transformation Office will be responsible for evaluating all new initiatives and programs using the President's Management Agenda Scorecard or a model that emulates its rating standards of Green represents success; yellow for mixed results; and red for unsatisfactory. These ratings are indicative of standards of success or failure.	Transformation Office	Near (3-6mos)

Table B-4. Performance Metrics and Management

Action	Responsible	Timeline
Create a new performance management system for VHA leaders appropriate for health care executives.		
Establish a workgroup and engage outside experts to create the new performance management system that is benchmarked to private-sector models, is consistent with the new leadership competency model, and recognizes both leadership competencies and success in delivering strategic priorities. The model should include a new rating scale.	Transformation Office/Human Capital Management	Now (6 mos)
Develop and conduct training on the new performance management system for all participants to describe the system, rating process, and expectations.	Human Capital Management	Near (6-12 mos)
Establish a mechanism to capture performance assessment outcomes and track and manage high-potential staff.	Human Capital Management/HRA	Now (3 mos)
Establish a project plan to deliver annual guidance on performance plans at least a month in advance of the new fiscal year (i.e., at the start of the new rating period).	Human Capital Management/CVCS/Sec/OMB	Now (3 mos)
Hold raters accountable for creating meaningful distinctions between leaders.		
Provide training to raters on the application of the new performance management system and expectations for ratings.	Human Capital Management	Future (12 mos)
Require raters to establish plans for subordinates that are timely and meaningful; track and provide feedback on meeting this goal.	Human Capital Management/HRA	Now (3 mos)
By modeling the behavior and communicating the requirement, establish expectations that raters, and secondary-level raters, engage in continuous dialogue and coaching with subordinates about performance throughout the year, not just at mid-year and at the end of the rating period.	CVCS	Now (3 mos)
Establish oversight and feedback process for raters and incorporate this into the raters performance evaluation.	Human Capital Management/CVCS	Now (12 mos)
Provide coaching to raters and focused reviews if their rating profile doesn't provide meaningful distinctions in performance.	Supervisors	Near (12 mos)

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Table B-5. Leadership Implementation: Human Capital Management

Action	Responsible	Timeline
VA re-align HR functions and processes to be consistent with best practice standards of high-performing health care systems.		
Charge HRA to undertake an HR transformation study and ensure budget and solicitation of customer requirements.	SECVA/DEPSECVA	Now (0-6 mos)
Engage HR and change management experts to develop a benchmark human capital management plan for VA.	HRA	Now (0-6 mos)
Circulate new human capital plan for feedback and finalize.	HRA with input from VHA, Congress, OPM, OMB, SECVA/DEPSECVA, CVCS	Now (6 mos)
That VA and VHA leaders make transformation of Human Capital management a priority, with adequate attention, funding and continuity of vision.		
Endorse human capital management plan and ensure alignment of budget, IT system funding, training resources, and accountability mechanisms to support it.	SECVA/DEPSECVA and CVCS, as applicable	Near (9 mos)
Employ HR and change management experts to fully implement the transformation agenda and the new human capital management plan.	HRA	Near (12-30 mos)
Create an HR IT technology plan.	HRA & OIT	Near (9 mos)
Establish meaningful measures and risk indicators for VA human capital management.	HRA	Future (24 mos)
Incorporate HR measures into systematic reporting to leadership; and as appropriate into performance plans for key subordinate leaders.	HRA, DEPSECVA, CVCS as appropriate	Near (18 mos)
VA develop and implement an effective progressive discipline process for all staffing authorities (i.e., Title 5, Title 38, Title 38 Hybrid, Title 38 7306, and SES).		
Develop clear standards, guidelines, and training on progressive discipline.	HRA (with support from OPM)	Now (6 mos)
Managers, supervisors and HR professionals complete training.	SECVA/ DEPSECVA and CVCS (HTM office)	Near (12 mos)
Train HR staff to be coaches in progressive discipline.	HRA	Now (6-12 mos)
Establish performance metrics for HR professionals and client feedback mechanisms to ensure effective coaching and support for progressive discipline process.	HRA	Near (12 mos)
Establish performance expectations for VA supervisors and managers to apply the progress discipline process.	SECVA/ DEPSECVA, CVCS	Near (12 mos)

APPENDIX C: PILOT PROJECTS FOR EVALUATING EXPANDED CARE

As discussed in Recommendation #18, some Commissioners support the idea of developing pilot programs to test the feasibility of avoiding VA hospital closures by allowing veterans' spouses and currently ineligible veterans to purchase VA care in selected areas.

Problem

In many parts of the country, VHA currently maintains hospitals and other health care facilities that are underutilized or in danger of becoming so. This trend is driven by four main factors: (a) the overall decline in the size of veterans population, (b) the migration of veterans away from some parts of the country, such as New England and the Upper-Midwest, (c) the general trend in health care toward less intensive use of acute-care hospital beds, and (d) increased use of purchased care, which now accounts for 27 percent of all appointments.

A related challenge is maintaining safe volume of care when patient loads decline. As extensive literature attests, surgeons and other health care professionals tend to lose proficiency when they treat too few patients.⁶⁷⁸

Simply closing a low-volume hospital is sometimes the answer. But closing a local VA hospital may mean that area veterans will have reduced access not only to routine, but also to specialty care related to their military service, such as for spinal cord or traumatic brain injuries. In many areas, such care is not available or is in short supply outside VHA.

At the same time, it may not be clinically feasible for VHA to engage in highly specialized care if it lacks the ability to offer other forms of care in the same setting. Patients in a polytrauma unit for example, require a full-spectrum of routine and nonroutine health care.

Increasing the volume of patients treated by VHA in areas where it currently has excess capacity may ameliorate these challenges. Toward that end, VHA could develop pilot programs to test the feasibility of enabling veterans' spouses and currently ineligible veterans in these areas to purchase VHA care through their health plans. These pilots could be tested in conjunction with the growth of the high-performance, integrated VHA networks recommended elsewhere in this report. These networks will allow VHA far more flexibility than in the past to expand or contract its local capacity in different markets as appropriate.

⁶⁷⁸ Ninh T. Nguyen et al., "The Relationship Between Hospital Volume and Outcome in Bariatric Surgery at Academic Medical Centers," *Annals of Surgery*, 240, no. 4 (2004): 586-594. D. R. Urbach and N. N. Baxter, "Does It Matter What a Hospital Is 'High Volume' For? Specificity of Hospital Volume-Outcome Associations for Surgical Procedures: Analysis of Administrative Data," *Quality and Safety in Health Care*, 13, no. 5 (2004): 379-383, <http://doi.org/10.1136/bmj.38030.642963.AE>. Edward L. Hannan et al., "Coronary Angioplasty Volume-Outcome Relationships for Hospitals and Cardiologists," *Journal of the American Medical Association*, 277, no. 11 (1997): 892-898, <http://doi.org/10.1001/jama.1997.03540350042031>.

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Background***Current Nonveteran Access to VHA Care***

VHA already treats many nonveterans. VHA estimates it treated 694,120 unique nonveteran patients at a total cost of \$1.9 billion in 2015,⁶⁷⁹ or 3.6 percent of total VHA obligations.⁶⁸⁰

By far the largest subgroup within the nonveteran patient population are participants in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). CHAMPVA beneficiaries are the dependents of permanently and totally disabled veterans, survivors of veterans who died from service-connected conditions or while on active duty, or spouses of veterans who at the time of death were rated permanently and totally disabled from a service-connected condition.

Congress authorized CHAMPVA in 1973. The authorization specifies that VHA is the secondary payer for those with Medicare Part A and B coverage. In cases for which VA medical facilities are equipped to provide the care, VA may use facilities not being used for the care of veterans to provide services to the dependent or survivor.

Congress has also directed VHA to offer specific health care services to many other classes of nonveterans. These include mental health and counseling services for family caregivers of seriously injured veterans of post-9/11 service. Several provisions of law also authorize VA care for certain family members of veterans who were exposed to toxic substances. In the case of veterans with 50 percent or more service-connected disability, VHA must provide by law “consultation, professional counseling, marriage and family counseling, training and mental health services as are necessary in connection with” the veteran’s treatment.⁶⁸¹

Analysis

Others who have developed strategic plans for the long-term future of VA health care have recommended expanding upon these precedents, specifically by allowing currently ineligible veterans and the spouses of veterans to purchase VHA care.⁶⁸² In effect, providing such care would allow VHA to operate as an accountable care organization, capable of receiving reimbursement from patients covered by Medicare, Medicaid, as well as by private insurance plans. Among the potential benefits envisioned are the following:

- optimizing patient safety, productivity, and cost-effectiveness by ensuring sufficient patient volumes in currently under-utilized facilities
- preserving mission critical veterans’ programs that would otherwise need to be terminated in many parts of the country
- optimizing the integration of VHA and non-VHA care within communities

⁶⁷⁹ Allocation Resource Center, information provided to Commission on Care, December 8, 2015.

⁶⁸⁰ Department of Veterans Affairs, “Volume II: Medical Programs and Information Technology Programs, Congressional Submission, FY 2016 Funding and FY 2017 Advance Appropriations,” accessed May 27, 2016, <http://www.va.gov/budget/products.asp>.

⁶⁸¹ Counseling, Training, and Mental Health Services for Immediate Family Members and Caregivers, 38 U.S.C. § 1782.

⁶⁸² Concerned Veterans for America, *Fixing Veterans Health Care: A Bipartisan Policy Taskforce*, accessed May 27, 2016, <http://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf>.

- providing a *public option* for health care to a wider range of veterans as well as nonveterans in communities where health care choices are currently limited
- bringing in new sources of revenue to contribute to the funding for veterans' healthcare

The pilot projects described below would specifically evaluate whether such a strategy will allow VHA to optimize the quality and cost-effectiveness of its health care system by avoiding low volumes of routine and specialty care in certain sections of the country. These pilot projects would also allow VHA to evaluate whether such a strategy could provide new revenues for sustaining the VA health system while providing other benefits to veterans and the public at large.

The chart below sketches six possible pilot projects designed to test different specific policy configurations. The configurations include projects in which VA care is marketed to health care plans on fee-for-service (FFS) basis, and plans in which VA facilities are markets to health care plans as Accountable Care Organizations that provide integrated health services to a fixed population of insured patients for a fixed cost.

*Demonstration Projects to Assess VHA's Capability to Treat
Nonveteran Spouses and Ineligible Priority 8 Veterans*

	Eligibility	Capitation/Fee For Service	Timing
Demonstration 1: FFS plan covering spouses	Non-veteran spouses of veterans (not CHAMPVA eligible) With Private Insurance	FFS	Years 2-7
Demonstration 2: FFS plan covering veterans currently ineligible for VA care	Priority 8 veterans now ineligible for enrollment with private insurance	FFS	Years 2-7
Demonstration 3: FFS plan covering spouses	Non-veteran spouses of veterans (not CHAMPVA eligible) with private insurance	FFS	Years 3-8
Demonstration 4: FSS plan covering veterans currently ineligible for VA care	Priority 8 veterans now ineligible for enrollment with private insurance and/or Medicare	FFS	Years 3-8
Demonstrations 5 and 6: Accountable health care organization plans for spouses and currently ineligible veterans	Ineligible Priority 8 and non-veteran spouses	Enrollment: May choose higher cost plan with more coverage and less copayment; lower cost option with less coverage and higher copayments.	Years 4-9

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	Eligibility	Capitation/Fee For Service	Timing
Demonstrations 7 and 8: Accountable health care organization plans for spouses and currently ineligible veterans	Ineligible Priority 8 and non-veteran spouses with private insurance and/or Medicare	Enrollment: May choose higher cost plan with more coverage and less copayment; or lower cost option with less coverage and higher copayments. Pilot sites would be deemed Accountable Health Care Organizations for Medicare Advantage plans.	Years 5-10

Certification of Access: Any participating VHA facility must certify that its waiting times for primary care, specialty care and behavioral health are less than 30 days.

Site selection: Sites should include facilities in different regions with various population densities (urban, suburban, rural) and levels of service complexity. VHA may also consider such factors as stability of medical center leadership, and whether local markets are underserved or subject to high degrees of market concentration among either providers or payers.

Assumptions

- Many provisions are subject to Congressional authorization.
- Participating VHA facilities will be able to retain any “profit” associated with treatment of new users without offset;
- Congress will (preferably) waive the current prohibition on Medicare funding federal health care programs,
- VHA will not be subject to proving “level of effort” in order to receive Medicare funds

Assessment

After the first year of operations, VHA will assess these projects according the following criteria:

- Was access to care or patient satisfaction among veterans already enrolled in the system affected by the demonstration?
- What was the level of patient satisfaction among new users purchasing VA care?
- Did VHA cover the costs of delivering care to its patients purchasing care? If so, what were its net revenues and how were they used?
- If VHA collected Medicare funds, did funding cover costs of delivering care?

APPENDIX C
PILOT PROJECTS FOR EVALUATING EXPANDED CARE

- Were there administrative challenges in opening the VHA to new users? If so, what lessons were learned?
- How did VHA promote the demonstration project to those eligible?
- What are the recommended strategies for further implementation?
- Were there non-financial benefits to treatment of new users, such as diversifying case mix, providing sufficient volume to allow certain VHA services to remain available, or keeping scarce health professionals employed in an area that is medically underserved?
- How did the demonstrations affect the overall quality of care, market structure, pricing, and range of health care options available to both veterans and nonveterans in the surrounding community?

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APPENDIX D:

HISTORY AS A CONTEXT FOR SYSTEMIC TRANSFORMATION

History provides opportunities to see the problems and challenges facing VHA today through the lens of recurring themes from the past. Veterans' health care has, over the course of its history, been marked by periods of both progress and problems. Understanding the challenges of the past and the solutions used to address them provides context for building a plan for reforming veterans' health care in a manner that is flexible and sustainable.

Challenges and Growth

The federal government's role as a care provider for veterans has evolved, paralleling, to some extent, medicine's evolution. Prior to World War I, the only benefits afforded then-eligible veterans were pensions and domiciliary care (which involved only incidental medical treatment), provided under the National Home for Disabled Volunteer Soldiers and Sailors established after the Civil War.⁶⁸³

World War I brought real change. At the time, no single agency was responsible for the anticipated deluge of sick and wounded soldiers. The more than 200,000 wounded who returned home from battle quickly exceeded capacity of the U.S. Public Health Service (PHS), the National Home, and other agencies. According to one account of the period, "[c]haos and confusion reigned for more than two years . . . [n]ew hospital construction languished," and "[b]y 1921, veterans' care had become a national embarrassment."⁶⁸⁴ At the recommendation of a presidential committee, Congress passed legislation in 1921 to consolidate the several veterans-related bureaucracies into a single Veterans Bureau, to which the President Warren Harding transferred 57 PHS hospitals. A new administrator, Frank T. Hines, proposed care and treatment of veterans' non-service-connected ailments when facilities and bed space were available. Congress adopted the proposal in the World War Veterans Act of 1924.⁶⁸⁵

Under Hines' tenure, VA grew from 64 to 91 hospitals, nearly doubling bed capacity. Civil Service Commission personnel rules and low pay led to generally poor quality VA physicians, yet Congress rebuffed VA proposals to set up a VA Medical Corps.⁶⁸⁶ With many physicians having left VA to serve in World War II or for more lucrative practice, the VA health care system was left critically understaffed.⁶⁸⁷

⁶⁸³ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 4.

⁶⁸⁴ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 13-14.

⁶⁸⁵ *Ibid.*, 19.

⁶⁸⁶ *Ibid.*, 21.

⁶⁸⁷ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 149.

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World War II and the need to care for millions of service members, including 671,000 wounded, highlighted the problems facing VA. Scathing reports of shoddy veterans' care, including an exposé characterizing veterans' hospitals as backwaters of medicine, magnified the problems.⁶⁸⁸

Congressional hearings led to a shakeup in leadership and General Omar Bradley was appointed to head the agency, with its network of 97 hospitals, and a need for more.⁶⁸⁹ Dr. Paul Magnuson, who served as VA's chief medical director (CMD) from 1948 to 1951, later described the conditions at the time:

The majority of Veterans Administration hospitals were stuck in far off places, some of them on Indian reservations, others as much as fifty miles from the nearest through-line railway stop. The doctors were all full-time Civil Service employees, hemmed in by regulations and practically forbidden to do any research, attend any medical meetings or otherwise keep in touch with scientific progress. Operating rooms closed at noon so everybody could spend the afternoon happily doing required paperwork, while patients waited days and weeks for surgery.⁶⁹⁰

With President Harry Truman's statement that "the Veterans Administration will be modernized," new VA leadership worked with Congress to pass far-reaching legislation, Public Law 293, which created a VA Department of Medicine and Surgery (DM&S), and freed VA physicians, dentists, and nurses from the Civil Service Commission and its rules.⁶⁹¹ Within weeks, the chief medical director of the new DM&S issued a policy memorandum that outlined a cooperative affiliation agreement between VA and medical schools under which deans' committees would recommend consultants and attending physicians for appointment to VA, and residency-training programs would be established at VA hospitals. The law, and Policy Memorandum #2, broke a recruitment logjam and enabled the short-staffed department to hire medical professionals needed for the dozens of new VA hospitals being built. Soon after, medical students and residents began working in 32 VA hospitals. The reforms instituted under Bradley and his team were palpable,⁶⁹² with the physician staff at VA hospitals increasing from 2,300 (1,700 of whom were detailed by the military) in June 1945 to 4,000 full-time staff a year later.⁶⁹³ By 1948, VA had 125 hospitals in operation with 60 medical school affiliations and 2,000 residents.⁶⁹⁴

After this turn-around, Bradley left to become Army Chief of Staff, and under his successor, "who did not enjoy the same level of prestige and support that Bradley did . . . VA quickly

⁶⁸⁸ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 22.

⁶⁸⁹ *Ibid.*, 23-25.

⁶⁹⁰ *Ibid.*, 22.

⁶⁹¹ "31: The President's News Conference," Harry S. Truman Library & Museum, accessed June 3, 2016, <http://trumanlibrary.org/publicpapers/viewpapers.php?pid=38>.

⁶⁹² James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 27.

⁶⁹³ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 214.

⁶⁹⁴ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 28.

reverted to its pre-Bradley ways and remained that way for the next forty years,”⁶⁹⁵ according to one account.

By the early 1950s, the veteran population had grown to more than 20 million.⁶⁹⁶ VA was operating 162 hospitals, with an average census of more than 104,000 patients.⁶⁹⁷ A VA historian observed that “waiting lists contained 22,613 applicants awaiting admission, none of whom were service-connected, although some of the latter were hospitalized in other than VA hospitals.”⁶⁹⁸ At the time, non-service-connected veterans seeking care had to state under oath that they could not afford to pay for hospitalization, and admission was granted only when beds were available in VA or other federal hospitals.⁶⁹⁹ Critics called for reducing free medical care of non-service-connected veterans, and questioned whether some were getting care that they could afford. This issue led VA to institute a policy of formal counseling under which hospitals would supply the veterans with an estimated cost of care to assist them in determining their ability to pay.⁷⁰⁰

In contrast to the generous Bradley-era funding, the 1950s funding cuts necessitated layoffs, bed-closures, and moth-balling of newly constructed hospital wards.⁷⁰¹ During this period, annual debates over the DM&S budget centered on the number of beds VA should operate. VA leaders contended that the number should be 125,000, yet the director of the Bureau of the Budget (the predecessor to the Office of Management and Budget [OMB]) asserted 87,000 was sufficient.⁷⁰²

The expiration of the incumbent CMD’s term led to the appointment in 1955 of medical educator Dr. William Middleton, dean of the Wisconsin Medical School, and a long-time member of a VA special medical advisory group. One of his first acts as CMD was to champion medical research in VA and broaden its scope to include geriatric research. Soon after, Congress began earmarking funds for VA research, and expanded DM&S’ statutory role to include medical research.⁷⁰³ During Middleton’s tenure, from 1955 to 1963, VA research funding grew from some \$6 million to more than \$30 million.⁷⁰⁴ Middleton’s work laid the foundation for a research program long recognized for pioneering important medical technologies, including medical use of radioisotopes, dialysis, cardiac pacemakers, liver transplantation, as well as seminal studies that documented the benefits of coronary artery bypass surgery and drug treatment of hypertension.⁷⁰⁵ The program also stood out for its capacity to design and rapidly implement large-scale cooperative trials, first mounted in the 1950s with successful evaluation

⁶⁹⁵ Ibid., 29.

⁶⁹⁶ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 254.

⁶⁹⁷ Ibid.

⁶⁹⁸ Ibid.

⁶⁹⁹ Ibid., 253.

⁷⁰⁰ Ibid., 253-254.

⁷⁰¹ Ibid., 256.

⁷⁰² Ibid., 258.

⁷⁰³ Ibid., 262-263.

⁷⁰⁴ Ibid., 263-264.

⁷⁰⁵ Stanley Zucker et al., “Veterans Administration Support for Medical Research: Opinions of the Endangered Species of Physician-Scientists,” *The FASEB Journal*, 18, no. 13, (2004): 1481-1486, <http://doi.org/10.1096/fj.04-1573lfe>.

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of chemotherapy for tuberculosis.⁷⁰⁶ Working on issues relevant to veterans, VA researchers developed functional electrical stimulation systems to allow patients to move paralyzed limbs, helped develop the first ankle-foot prosthesis, and launched the largest-ever trial of psychotherapy to treat posttraumatic stress disorder.⁷⁰⁷

Middleton expanded the VA educational program. In addition to growing the number of medical residents it helped train, VA provided training to a large share of clinical psychologists, graduate dentists, student nurses, occupational and physical therapists, social work students, and dietetic interns. Middleton instituted numerous advances in VA care such as introducing outpatient care for preadmission workups and post-hospital treatment that allowed earlier release from inpatient stays. He moved VA away from operating hospitals for specific diseases (as had been done for tuberculosis and mental illness).⁷⁰⁸

The enactment of Medicare in 1965 raised questions about the effect that program would have on the VA health care system. The House Veterans Affairs Committee sent a questionnaire to a group of 10,000 veterans explaining the new program and asking the veteran to if they preferred VA care or treatment in a community hospital under Medicare.⁷⁰⁹ Some 59 percent responded, and nearly two-thirds of respondents preferred VA.⁷¹⁰ At the time, the policy governing those eligible for VA care based on financial need was that Medicare benefits were to be considered in determining an individual's ability to pay for needed care.⁷¹¹

The enactment of Medicare and other changes in health care in 1977, led to a commission being established by the National Academy of Sciences (NAS) which issued a report pursuant to a congressional directive to evaluate the VA health care system. Among its findings, the commission reported that VA had a surplus of acute beds and recommended that new facilities be constructed only after examining bed availability in the community. It also recommended that underutilized VA hospitals be closed or converted to long-term care facilities, and resources redistributed to permit a shift from inpatient to outpatient care. The NAS commission also recommended that VA experiment with models for community-based integrated care.⁷¹² The commission's recommendation for integrating the VA system into the nation's civilian health care program⁷¹³ provoked objection, particularly in Congress.⁷¹⁴ Hearings produced sharp rejections of the NAS commission findings and its call to end VA's role in providing health care to veterans.

⁷⁰⁶ Ibid.

⁷⁰⁷ Veterans Health Administration, *History of VA Research Accomplishments*, accessed June 3, 2016, http://www.research.va.gov/researchweek/press_packet/Accomplishments.pdf.

⁷⁰⁸ Veterans Administration, *Medical Care of Veterans*, report prepared by Robinson Adkins, 90th Cong., 1st sess., 1967, House Committee Print 4, 265-267.

⁷⁰⁹ Ibid., 390.

⁷¹⁰ Ibid.

⁷¹¹ Ibid.

⁷¹² *Hearings before the Subcommittee on Medical Facilities and Benefits of the Committee on Veterans Affairs*, 95th Cong., 1st Sess. (July 21, 1977), Statement of Dr. Saul Farber.

⁷¹³ J. William Hollingsworth and Philip K. Bondy, "The Role of Veterans Affairs Hospitals in the Health Care System," *New England Journal of Medicine*, 322, no. 10, (1990): 1851-1857, <http://doi.org/10.1056/NEJM199006283222605>.

⁷¹⁴ *Hearings before the Subcommittee on Medical Facilities and Benefits of the Committee on Veterans Affairs*, 95th Cong., 1st Sess. (July 21, 1977), Statement of Dr. Saul Farber.

The VA of the 1970s and 1980s is remembered as bureaucratic, reliant on paper health care records, and driven by patient admissions (on which budgets were based).⁷¹⁵ The quality of VA care was also an issue. Complaints from Vietnam veterans and critical media accounts fueled outrage, and led to the view that the system was broken. The question, how to fix it, reopened an earlier dialogue around making VA a cabinet-level department, a view strongly supported by veterans service organizations (VSOs) and veterans' leaders in the House of Representatives. In 1988, after years of debate, and opposition from administration offices and advisors, President Reagan signed legislation creating a Department of Veterans Affairs.⁷¹⁶ The new department, with DM&S now renamed the Veterans Health Services and Research Administration (to emphasize its research legacy in such fields as infectious disease, pacemaker technology, and prosthetics), employed some 194,000 people with a \$12 billion budget.⁷¹⁷

Facing an aging veteran population⁷¹⁸ expected to overwhelm the system by 2010, the new secretary, Edward Derwinski, in 1989 requested Congress establish an independent commission to review the alignment and mission structure of VA's hospitals. Congress rebuffed the request after VSOs, suspecting a plan to close hospitals, lobbied against it.⁷¹⁹ Derwinski created his own "Commission on the Future Structure of Veterans Health Care" that was to review all VA hospitals and recommend needed mission changes. Instead, the so-called Mission Commission called for expanding eligibility law to enable veterans to obtain the full continuum of VA health care services. Although the commission identified the need for fundamental restructuring of the VA health care system, the subject was soon overtaken by national health reform proposals, and what role VA might have under a universal coverage system.⁷²⁰

Dr. James Holsinger, a new under secretary for health (USH), made care quality a top goal and issued a Blueprint for Quality tool in 1992, setting the stage for more far-reaching changes instituted by his successor, Dr. Kenneth Kizer. Care quality, a perennial topic, had led to the previous under secretary's resignation following reports of multiple veterans' deaths under questionable circumstances at VA's North Chicago medical center.⁷²¹ Two years later, Derwinski lost his job after creating ire among veterans' organizations in response to his proposed pilot program to open two VA hospitals to poor, rural nonveterans.⁷²²

⁷¹⁵ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 30-31.

⁷¹⁶ Ibid., 33-40.

⁷¹⁷ Ibid., 50.

⁷¹⁸ As the General Accounting Office reported in 1990, "The Department of Veterans Affairs (VA) faces a major challenge: planning how to meet the long-term care needs of a rapidly aging veteran population. The number of veterans 65 years old and over is projected to grow to 9 million by 2000—a 50percent increase over the 1988 level.

U.S. Government Accountability Office, *VA Health Care: Improvements Needed in Nursing Home Planning*, GAO/HRD-90-98 (Washington, DC, 1990), accessed June 20, 2016, <http://www.gao.gov/assets/150/149139.pdf>.

⁷¹⁹ U.S. Government Accountability Office, *VA Health Care: Improvements Needed in Nursing Home Planning*, GAO/HRD-90-98 (Washington, DC, 1990), 51, accessed June 20, 2016, <http://www.gao.gov/assets/150/149139.pdf>.

⁷²⁰ U.S. Government Accountability Office, *Veterans' Health Care: Veterans' Perceptions of VA Services and VA's Role in Health Care Reform*, GAO/HEHS-95-14 (Washington, DC, 1994), accessed June 20, 2016, <http://archive.gao.gov/f0902a/153054.pdf>.

⁷²¹ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 53.

⁷²² "Angry Veterans Groups Say They Made Bush Oust Agency's Head," Eric Schmitt, accessed June 3, 2016, <http://www.nytimes.com/1992/09/29/us/angry-veterans-groups-say-they-made-bush-oust-agency-s-head.html>.

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Transformational Leadership

VA's second secretary, Jesse Brown, brought his passion as a veterans advocate to the department's leadership.⁷²³ Among Brown's most important early acts was selecting Dr. Kenneth Kizer, a prominent California physician-administrator and educator, from among 90 candidates identified by a search committee for the USH post.⁷²⁴ With experience heading the California department of public health, Kizer saw health care as a system, and data as a tool to improve it.⁷²⁵

Kizer, in essence, launched a major reengineering of the VA health care system through better use of information technology, measurement and reporting of performance, integration of services, and realigned payment policies.⁷²⁶ His vision was large and bold, underscored by his belief that "we have to be able to demonstrate that we have an equal or better value than the private sector, or frankly we should not exist."⁷²⁷ At VA, Kizer found a workforce trapped in a micro-managerial, command-and-control system in which there was little accountability.⁷²⁸ He set the tone for what was to come at a meeting with senior managers at which he stated,

*The old culture must give way to a new culture . . . that is based on innovation and creativity; a culture based on personal initiative and individual and collective accountability; a culture that is based on outcomes and heightened productivity; and a culture that is committed to change.*⁷²⁹

Among his first steps was the development of what was to become a Vision for Change, a new organizational model to restructure both field operations and central office management. At its core was the creation of 22 veterans integrated service networks, or VISNs, (replacing four regions which had been responsible for overseeing 40 to 45 hospitals each), with decision making shifted away from VA Central Office (VACO) to the new VISN directors. VISNs were to be the basic budgetary and planning unit, and to have staffs of no more than 7 to 10 employees.⁷³⁰ Each VISN was in charge of all the care provided to veterans in that network, and each was funded on a capitated basis rather than based on historical costs.⁷³¹ The VACO structure would be marked by its *flatness*, foregoing a tiered hierarchy.⁷³²

⁷²³ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 89.

⁷²⁴ *Ibid.*, 92.

⁷²⁵ Phillip Longman, *Best Care Anywhere: Why VA Health Care Would Work Better for Everyone* (San Francisco: Berrett-Koehler Publishers, Inc., 2012), 50-51.

⁷²⁶ Ashish K. Jha et al., "Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care," *New England Journal of Medicine*, 348, no. 22, (2003): 2218-2227, accessed June 20, 2016, <http://doi.org/10.1056/NEJMsa021899>.

⁷²⁷ Phillip Longman, *Best Care Anywhere: Why VA Health Care Would Work Better for Everyone* (San Francisco: Berrett-Koehler Publishers, Inc., 2012), 51.

⁷²⁸ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 97-8.

⁷²⁹ *Ibid.*, 105.

⁷³⁰ *Ibid.*, 110.

⁷³¹ "What Can the Rest of the Health Care System Learn from the VA's Quality and Safety Transformation," Ashish K. Jha, accessed June 3, 2016, <https://psnet.ahrq.gov/perspectives/perspective/31>.

⁷³² James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 111.

The system Kizer and his team inherited was characterized by a multitude of problems.⁷³³ Kizer and his team literally reengineered the veterans' health care system based on a set of transformation strategies: to create management accountability, integrate and coordinate services, improve the quality of care, align system finances with desired outcomes, and modernize information management.⁷³⁴

Kizer also launched a technological revolution in VHA with deployment of a powerful electronic medical record,⁷³⁵ and development of systems such as medication bar-coding to tackle medical errors and ensure patient safety.⁷³⁶

Some of Kizer's successes involved winning support within the administration and from Congress for bold initiatives. He won a critical concession from OMB that VA savings could be reinvested into VA, permitting his transformation efforts to be funded through internal cost-savings rather than new funding,⁷³⁷ and garnered support from Congress for a dramatic reduction of acute care beds and for closing massive regional offices.⁷³⁸ These steps and congressional passage of legislation to reform health care eligibility laws paved the way for establishing universal primary care in VA and developing community-based clinics across the country.⁷³⁹

Sweeping Reform

During a 5-year period, Kizer dramatically changed almost every major VHA management system and improved operational performance through the use of performance measures and contracts. He closed nearly 29,000 acute care beds, merged 52 medical centers into 25 multi-campus facilities, reduced staffing by almost 26,000, opened more than 300 community-based outpatient clinics, and treated 24 percent more patients. In addition to bringing measurable quality into VA health care, Kizer achieved marked reductions in waiting times and medical errors.⁷⁴⁰

Kizer's tenure brought dramatically improved quality, service, and operational efficiency to VHA yet threatened powerful interests. As he noted, "...places like Florida, Arizona, and the

⁷³³ Kenneth Kizer and R. Adams Dudley, "Extreme Makeover: Transformation of the Veterans Health Care System," *Annual Review of Public Health*, 30, (2009): 316, accessed June 20, 2016, <http://doi.org/10.1146/annurev.publhealth.29.020907.090940>.

⁷³⁴ Ibid., 318-323.

⁷³⁵ VA in 2006 won the Harvard Innovations in Government Award for its VistA system. James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 211.

⁷³⁶ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 157-165.

⁷³⁷ Kenneth Kizer and R. Adams Dudley, "Extreme Makeover: Transformation of the Veterans Health Care System," *Annual Review of Public Health*, 30, (2009): 323, accessed June 20, 2016, <http://doi.org/10.1146/annurev.publhealth.29.020907.090940>.

⁷³⁸ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 128-129.

⁷³⁹ Kenneth Kizer and R. Adams Dudley, "Extreme Makeover: Transformation of the Veterans Health Care System," *Annual Review of Public Health*, 30, (2009): 319-320, accessed June 20, 2016, <http://doi.org/10.1146/annurev.publhealth.29.020907.090940>.

⁷⁴⁰ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 170.

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Sun Belt States were not getting their fair share [of funds] and their elected officials were unhappy about it. People from Pennsylvania and Illinois and New York were not about to give their money away, so there was this big disconnect.”⁷⁴¹ Kizer’s team developed a capitation system to more equitably allocate funds across the system. Aware of the political ramifications, he implemented incremental changes during a 2- to 3-year period to make them as painless as possible. But the congressional goodwill he had enjoyed unraveled when Kizer and his VISN directors began cutting and consolidating facilities to accommodate VISN funding cuts. The threat of hospital mergers and consolidations ultimately led several senators to block his confirmation to a second term.⁷⁴²

Under new eligibility reform law, all veterans became *eligible* for VA health care, though its authors did not envision that the system could or would serve all eligible individuals, or even all who might someday seek VA care. The law’s priority-based enrollment system was intended to give VA a tool to align demand for care with its funding level.⁷⁴³ The law instead unleashed political pressure to expand enrollment, opening the door to an influx of veterans who historically had not been VA health care users and many of whom were already covered under military retirement benefits, private insurance, or Medicare.⁷⁴⁴ That expansion led to a tremendous demand for prescription drug benefits by new enrollees and in 2003, Secretary Tony Principi ended enrollment for higher income (category 8) veterans “to keep the system solvent.”⁷⁴⁵ At about the same time, other related pressures led Principi to establish an advisory body, the Capital Asset Realignment for Enhanced Services (CARES) Commission, to develop a comprehensive capital asset plan. Principi cited the age of VA facilities and the changes in medical practice, but also reminded a congressional oversight committee of a 1999 Government Accountability Office finding that “maintaining obsolete or duplicative structures diverts \$1 million a day, every day, every year, away from the care of veterans.” Principi did not want to repeat Kizer’s experience and hoped to avoid political backlash.⁷⁴⁶

The CARES Commission released a final report in February 2004 that recommended relatively few actual facility closures, though it proposed substantial facility mission changes at a number of facilities.⁷⁴⁷ As the then USH later recounted, “CARES, like so many things in Washington, was well-intended, but it was derailed politically once it began moving toward actual targeted action within specific congressional districts.”⁷⁴⁸

Despite such defeats, Principi and VA under secretaries following Kizer met formidable challenges, left legacies, and saw the veterans’ health care system continue to be heralded for several years.⁷⁴⁹ A cascade of other events muddled, and even blackened, VHA’s reputation:

⁷⁴¹ Ibid., 133-134.

⁷⁴² Ibid., 168-169.

⁷⁴³ Veterans Affairs Comm., Veterans’ Health Care Eligibility Reform Act of 1996, H. R. Rep. No. 104-690 (1996), accessed June 3, 2016, <https://www.congress.gov/congressional-report/104th-congress/house-report/690/1>.

⁷⁴⁴ James Rife, *Not Your Father’s VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 193.

⁷⁴⁵ Ibid., 194.

⁷⁴⁶ Ibid., 195.

⁷⁴⁷ Ibid., 196.

⁷⁴⁸ Ibid.

⁷⁴⁹ “The Best Care Anywhere,” Phillip Longman, *Washington Monthly*, accessed June 3, 2016,

accounts of veterans' suicides (and an alleged cover-up); incompetent surgeries and patient deaths at a high-visibility VA medical center (VAMC); failed software acquisitions;⁷⁵⁰ hard-hitting inspector general audit reports on issues such as system flaws, quality of care issues, and lack of timely care that fueled congressional oversight and other constraints. The 2014 scandal that erupted at the Phoenix VAMC represented a decisive turning point and set the stage once again for transforming veterans' health care.

Among initial steps on that long road to transforming the system, the Senate in July 2014 unanimously confirmed Robert A. McDonald, former chief executive officer of Proctor & Gamble, as secretary of veterans affairs. With a business career of delivering better results, McDonald, along with DEPSECVA Sloan Gibson and USH Dr. David Shulkin, has been working to improve VA's health care system and service delivery, and to set a framework for long-term reform. Days after McDonald's confirmation, Congress passed the Veterans Access, Choice, and Accountability Act of 2014, omnibus legislation to improve veterans' access to care. This legislation established the *Choice Program*, mandated an independent assessment of VHA, and established the Commission on Care.

<http://www.washingtonmonthly.com/features/2005/0501.longman.html>. "Revamped Veterans Health Care Now a Model," Gilbert Gaul, accessed June 3, 2016, <http://www.washingtonpost.com/wp-dyn/content/article/2005/08/21/AR2005082101073.html>. "The Best Medical Care in the U.S.: How Veterans Affairs Transformed Itself—and What it Means for the Rest of Us," Catherine Arnst, accessed June 3, 2016, <http://www.bloomberg.com/bw/stories/2006-07-16/the-best-medical-care-in-the-u-dot-s-dot>.

⁷⁵⁰ James Rife, *Not Your Father's VA: The Transformation of VA Health Care in the Late 20th Century* (Washington, DC: Department of Veterans Affairs, 2014), 216-217.

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APPENDIX E: THE EVOLVING HEALTH CARE INDUSTRY

Health care has evolved in major ways since the federal government began providing care to veterans after the Civil War, and it will continue to evolve substantially in the future. There are a number of factors that drive evolution in health care, such as population and lifestyle changes, changes within the various health care professions, medical and information systems technology, and systems changes in management and operations.⁷⁵¹ IBM Center for Applied Insight reports that there are 18 trends to watch in health care.⁷⁵² These trends closely encompass those highlighted below. The categories in which the trends fall mirror key topics addressed in the Commission's report to include data system interoperability (10 trends), consumer technology (two trends), health care providers (two trends), government regulations (two trends), and human resources and leadership (two trends). With health care changing so rapidly, and in so many different ways, it is imperative that veterans' health care continually evolve to remain aligned with current and future trends. This section highlights key trends that, based on past experience and current practice, will likely shape health care in the future, were considerations in formulating the Commission's recommendations, and will likely affect transformation of veterans' health care.

Emergence of Large Health Care Systems

The health care industry is moving away from stand-alone community hospitals that serve the needs of a local constituency to large, multiple-campus health care systems.⁷⁵³ The industry will see more high profile mergers and acquisitions in the second half of 2016.⁷⁵⁴ The December 2015 Health Research Institute's report indicates that well-known health care systems may have a market advantage as Americans are willing to travel further for care from a well-known system. This may explain the development and affiliation for Mayo Clinic in Arizona and Florida, and Cleveland Clinic opening in Florida. The report also states that although people are willing to drive for care they are not willing to pay prices higher than the local market. Because of increasing use of outpatient services and same-day surgery, facilities within these health care systems require fewer inpatient beds.⁷⁵⁵ With the advancement of psychotropic drugs, the perceived need for large mental hospitals has declined.⁷⁵⁶ Because of shorter recovery stays, increased outpatient services, telemetry and other monitoring programs, and new medical inventions, hospitals are now built as smaller facilities with parts or sections that can be quickly

⁷⁵¹ Lynn Etheredge, Stanley B. Jones, and Lawrence Lewin, "What is Driving Health System Change?" *Health Affairs*, 15, 4, (1996): 93-104.

⁷⁵² "Healthcare Internet of Things 18 Trends to watch in 2016," Bill Chamberlain, IBM Center for Applied Insights, March 1, 2016, accessed June 20, 2016, <https://ibmcai.com/2016/03/01/healthcare-internet-of-things-18-trends-to-watch-in-2016>.

⁷⁵³ "Top Health Industry Issues of 2016: Thriving in a New Health Economy," PwC, accessed April 29, 2016, <https://www.pwc.com/us/en/health-industries/top-health-industry-issues/assets/2016-us-hri-top-issues.pdf>.

⁷⁵⁴ Ibid.

⁷⁵⁵ Ibid.

⁷⁵⁶ "How Release of Mental Patients Began," Richard Lyons, accessed May 1, 2016, <http://www.nytimes.com/1984/10/30/science/how-release-of-mental-patients-began.html?pagewanted=all>.

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modified for future changes and medical advances.⁷⁵⁷ VHA will need to consider this trend in evaluating its current physical plant and planning for future facility needs.

Management Changes

As health care systems become increasingly complex, there is a need to manage these institutions using current management theories and models.⁷⁵⁸ During the past few decades, hospital and health care management changed from being managed by a traditional top-down model to continuous quality improvement models that respond to issues such as staff satisfaction, medication errors, safety matters, and wasteful use of supplies. To address errors, hospitals have implemented Six Sigma principles. To address waste, hospitals have implemented LEAN principles. Embracing these changes in management approach and implementing Six Sigma and LEAN principles will support VHA's transformational process.

Health Care Payment

The health care industry is in the midst of transforming its payment model away from a fee-for-service model to value-based payments, a system that drives improved health outcomes.⁷⁵⁹ This transformation is tied to the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which health care experts expect to shape care delivery and payment reform across the U.S. health care system over the coming decades. Congress created MACRA as a transformative law to fast track the health care system's transition from a traditional fee-for-service payment model to new risk-bearing, coordinated care models.⁷⁶⁰ Because this legislation is still in rulemaking, it is premature for the Commission to weigh in on its potential effect on VA. The MACRA legislation expands the trend toward creation of accountable care organizations (ACOs) and bundled payments for care. ACO models have been reported to drive reduced hospitalization and generate cost savings.⁷⁶¹

Specialty Care Facilities

With changes in the federal payment for hospitals, some high-cost and longer-stay care treatments have been moving out of community hospitals to specialty hospitals. For example, long-term acute care hospitals primarily treat patients on ventilators; rehabilitation facilities treat short-term, post-acute patients who need primarily physical and occupational therapy services for orthopedic or stroke incidences; and cancer hospitals provide innovative treatments for Stage 4 cancer. As a result, community hospitals may no longer need beds to take care of these special patients. VHA will need to consider this trend in planning integrated care networks and evaluating its facility needs in conjunction with these networks.

⁷⁵⁷ "The Small Hospital of the Future," Shati Matambanadzo, accessed May 3, 2016, <http://www.healthcaredesignmagazine.com/article/small-hospital-future>.

⁷⁵⁸ "How to Solve the Cost Crisis in Health Care," Robert S. Kaplan and Michael E. Porter, accessed May 2, 2016, <https://hbr.org/2011/09/how-to-solve-the-cost-crisis-in-health-care>.

⁷⁵⁹ "The Medicare Access CHIP Reauthorization Act (MACRA)" National Partnership for Families and Women, accessed June 6, 2016, <http://www.nationalpartnership.org/issues/health/macra.html>.

⁷⁶⁰ "MACRA: Disrupting the health care system at every level," Deloitte, accessed June 23, 2016, <http://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/macra.html>.

⁷⁶¹ "Health Care Trends in 2016 Impact Patients While Seeking to More Efficiently Deliver Care," Jinger Jarrett, Inquisitr: Medicine, accessed May 2, 2016, <http://www.inquisitr.com/2710622/healthcare-trends-in-2016-impact-patients-while-seeking-to-more-efficiently-deliver-care/>.

Outpatient Care and Lifestyle-oriented Venues for Care

With improvements in surgical procedures, many surgeries that required post-surgery hospital stays are now routinely performed in outpatient settings.⁷⁶² Many nonsurgical procedures are being performed in outpatient clinics as well, such as medical imaging, cardiac catheterization, substance abuse treatment, gastrointestinal screening and cancer treatment.⁷⁶³ As care that was once provided only in hospitals is now provided in specialized medical clinics, care that was once provided only in physicians' offices is now being provided in alternative settings. As reported in Health Affairs, "another health care trend consumers are using to save both time and money is that rather than making appointments with their doctors, they are choosing to use walk-in clinics."⁷⁶⁴ Many of these clinics are located in pharmacies, retail chains, or supermarkets, allowing consumers quick, convenient, less-costly care.⁷⁶⁵ Do-it-yourself health care is also a trend, with increasingly more people taking responsibility for their health care. Consumers are using smart phone apps to monitor vital signs, medication adherence, and even urinalysis.⁷⁶⁶ As part of a commitment to continuous improvement, VHA will need to consider alternative venues as it creates integrated health care networks.

Medical Technology

Medical technology companies create life-changing innovation, and "advanced medical devices and diagnostics allow people to live longer, healthier and more productive lives."⁷⁶⁷ In fact, during the past 30 years, medical advancements helped add five years to U.S. life expectancy and reduce fatalities from heart disease, stroke, and breast cancer by more than half.⁷⁶⁸ These advancements also yield savings across the health care system by replacing more expensive procedures, reducing hospital stays, and allowing people to return to work more quickly.⁷⁶⁹ Ensuring veterans receive care that employs cutting-edge technology will be an important part of establishing integrated care networks.

Telemedicine

According to the American Telemedicine Association, "telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status."⁷⁷⁰ Telemedicine includes a growing variety of applications and

⁷⁶² Mehul V. Raval et al., "The Importance of Assessing Both Inpatient and Outpatient Surgical Quality," *Annals of Surgery*, 253, 3, (2011): 611-618, accessed June 20, 2016, <http://www.ncbi.nlm.nih.gov/pubmed/21183845>.

⁷⁶³ "The Strategy That Will Fix Health Care," Michael E. Porter and Thomas H. Lee, MD, accessed May 2, 2016, <https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>.

⁷⁶⁴ "Health Care Trends in 2016 Impact Patients While Seeking to More Efficiently Deliver Care," Jinger Jarrett, accessed May 2, 2016, <http://www.inquisitr.com/2710622/healthcare-trends-in-2016-impact-patients-while-seeking-to-more-efficiently-deliver-care/>.

⁷⁶⁵ Ibid.

⁷⁶⁶ "Top Health Industry Issues of 2016: Thriving in a New Health Economy," PwC, accessed May 2, 2016, <https://www.pwc.com/us/en/health-industries/top-health-industry-issues/assets/2016-us-hri-top-issues.pdf>.

⁷⁶⁷ "Value of Medical Technology," Advanced Medical Technology Association, accessed May 2, 2016, <http://advamed.org/page/74/value-in-medical-technology>.

⁷⁶⁸ "Value of Medical Innovation," HealthCare Institute of New Jersey, accessed May 2, 2016, <http://hinj.org/value-of-medical-innovation/>.

⁷⁶⁹ Ibid.

⁷⁷⁰ "What is Telemedicine," American Telemedicine Association, accessed May 2, 2016, <http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VwFrqfkrJaQ>.

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services using two-way video, email, smart phones, wireless tools, and other forms of telecommunications technology. The use of telemedicine has spread rapidly and is now becoming integrated into hospitals, specialty departments, home health agencies, private physician offices, as well as consumers' homes and workplaces. The following are examples of how telehealth is being used:

- A specialist assisting the primary care physician in rendering a diagnosis might use interactive video or store-and-forward transmission of diagnostic images or information.
- Home-use devices might be used to remotely collect information such as vital signs, blood glucose, or heart electrocardiogram data and transfer it in real time to a home health agency or a remote diagnostic testing facility for interpretation.
- Consumers' internet and wireless devices might be used to obtain specialized health information or participate in online peer-to-peer support groups.

VHA already excels in the use of telehealth and should expand upon its work in this area.

Midlevel Practitioners

During the past few decades, new categories of health care professionals have become increasingly commonplace in hospital settings. For example, hospitalists, physicians who specialize in the practice of hospital medicine, take over when the community-based physician admits his/her patient to the hospital.⁷⁷¹ The hospitalist does not perform the surgery but rather takes on the monitoring of the hospital services needed by the patient. Another example is medical technicians, who monitor the specialized medical equipment and devices that previously were under the purview of nurses in specialty units such as intensive care units. The growing physician shortage has led to reliance on mid-level health care providers. According to the Centers for Medicare and Medicaid Services' National Provider Identifier dataset, there were approximately 106,000 practicing nurse practitioners and 70,000 practicing physician assistants in 2010.⁷⁷² Provider trends may play into ways VHA can address its current staffing shortage.

Electronic Patient Health Information

Health records have undergone transformation from free-form physician notes of the 17th century to electronic health records (EHRs) of the 21st century. Today, providers are using clinical applications such as computerized physician order entry systems; EHRs; and radiology, pharmacy, and laboratory systems to track patient care and progress. Health plans are providing access to claims and care management, as well as member self-service applications.⁷⁷³ These advances allow the medical workforce to be more mobile and efficient (i.e., physicians can check patient records and test results from wherever they are). Though their use comes with

⁷⁷¹ "Definition of a Hospitalist and Hospital Medicine," Society of Hospital Medicine, accessed May 2, 2016, http://www.hospitalmedicine.org/Web/About_SHM/Hospitalist_Definition/Web/About_SHM/Industry/Hospital_Medicine_Hospital_Definition.aspx.

⁷⁷² "The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States," Agency for Healthcare Research and Quality, accessed May 2, 2016, <http://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html>.

⁷⁷³ "The Strategy That Will Fix Health Care," Michael E. Porter and Thomas H. Lee, MD, accessed May 2, 2016, <https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>.

inherent potential security and privacy risks, they will surely play a substantial role in shaping future health care.⁷⁷⁴ Interoperability of these sources of patient information will be a continuing key issue in private-sector, military, and veterans' healthcare organizations.

Population Health

Population health refers to considering incidence and prevalence of diseases in a given area to determine if the area or the environment is contributing to the illness. Physicians and other health care providers may look at a region's demographics to determine what types of care are needed within the population. For example, if 65 percent of the region is older than age 65, then a series of wellness programs that address the chronic care concerns of this population may be needed. From a population health perspective, communities and their respective populations are as important as the individual patients who comprise them when it comes to keeping residents healthy. For VHA, population health issues may revolve around populations of veterans who served in particular wars and operations and the respective injuries and illnesses associated with them.

Geriatric Care

In the United States and Western Europe the birth rate has slowed⁷⁷⁵ and people are living longer.⁷⁷⁶ Demographic researchers report that if an American makes it to age 65, he/she should have about 17 to 20 additional years of life.⁷⁷⁷ Nursing homes and assisted living facilities are now seeing increasingly more of residents' first-time admissions occurring at age 80 or older. Some congregate care retirement facilities report that even with admission in the 80s, the average life expectancy is another 12 or 13 years.⁷⁷⁸ The aging population accounts for increasingly more hospital admissions, and as a result, hospitals rely on more revenue from Medicare.⁷⁷⁹ The VHA beneficiary population mirrors the general U.S. population, and older veterans receiving care through VHA may be sicker than their private-sector counterparts.

Chronic Disease Care

Chronic conditions now account for more than 50 percent of the death rate. Acute problems had previously been the primary causes of death.⁷⁸⁰ Even HIV/AIDS has moved away from being considered an immediate death sentence, and now, with proper treatment, is considered by

⁷⁷⁴ "Summary of the HIPAA Privacy Rule," U.S. Department of Health and Human Services, accessed May 2, 2016, <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/>.

⁷⁷⁵ "Fact Sheet: The Decline in U.S. Fertility," Mark Mather, accessed May 2, 2016, <http://www.prb.org/publications/datasheets/2012/world-population-data-sheet/fact-sheet-us-population.aspx>.

⁷⁷⁶ National Center for Health Statistics, *Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities*, accessed May 2, 2016, <http://www.cdc.gov/nchs/data/abus/abus15.pdf>.

⁷⁷⁷ National Center for Health Statistics, *Life Expectancy at Birth, at Age 65, and at Age 75, by Sex, Race, and Hispanic Origin: United States, Selected Years 1900-2010*, accessed May 2, 2016, <http://www.cdc.gov/nchs/data/abus/2011/022.pdf>.

⁷⁷⁸ Kathleen Harris, *CCRC Resident Demographics and Health Care Utilization: An Analysis*, accessed May 3, 2016, <http://www.avpowell.com/docs/Fall1997.pdf>.

⁷⁷⁹ "The Strategy That Will Fix Health Care," Michael E. Porter and Thomas H. Lee, MD, accessed May 2, 2016, <https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>.

⁷⁸⁰ "Chronic Disease Overview," Centers for Disease Control and Prevention, accessed May 2, 2016, <http://www.cdc.gov/chronicdisease/overview/>.

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most to be a chronic disease.⁷⁸¹ The Centers for Disease Control reports that since 2014, more Americans are dying as a result of chronic conditions and diseases than from acute diseases. Most chronic diseases result from lifestyle choices. Lifestyle diseases result from choices that individuals make.⁷⁸² Health care systems invest resources in addressing lifestyle-related issues caused by behaviors such as smoking, using opiates, and overeating.⁷⁸³ Lifestyle diseases such as cancer caused by smoking, addiction caused by drug use, and diabetes caused by obesity, are costly to treat.⁷⁸⁴ Because lifestyle diseases change over time, they are important to consider in thinking about the future of veterans' healthcare. Treating chronic diseases can be costly because care is ongoing, and assuming this trend continues to become more prominent, it will affect the cost of care and how it is provided.⁷⁸⁵

Needs-based Health Care

The Affordable Care Act requires all not-for-profit hospitals to complete a survey of the community (community health needs assessment, or CHNA) to show what entities in the community will address identified needs (asset mapping) and then report on how the hospital will address these needs in a community health care implementation program (CHIP).⁷⁸⁶ Starting in 2016, hospitals must post these reports on their websites and conduct these evaluations every 3 years thereafter. Monitoring community health needs can lead to preventing or stopping the spread of disease. For example, scarcity of quality food has been documented to result in poor school attendance and increased illness.⁷⁸⁷ Some Americans simply have not been exposed to how to prepare vegetables and fruits because they live in areas that are called *food deserts*, where healthy foods are not readily available. Identifying such needs and how they will be addressed can help improve health for specific populations.⁷⁸⁸ In Washington, DC, such a health assessment led to new treatments and protocols for addressing the appearance of a rare strain of tuberculosis brought in by a group of legal immigrants.⁷⁸⁹ Using CHNA and CHIP could be part of VHA's ongoing planning process.

⁷⁸¹ Steven G. Deeks, Sharon R. Lewin, and Diane V. Havlir, "The End of AIDS: HIV Infection as a Chronic Disease," *Lancet*, 382, 9903, (2013): 1525-1533.

⁷⁸² "Lifestyle Choices: Root Causes of Chronic Diseases," Cleveland Clinic, accessed May 2, 2016, https://my.clevelandclinic.org/health/transcripts/1444_lifestyle-choices-root-causes-of-chronic-diseases.

⁷⁸³ D. B. Resnik, "Responsibility for Health: Personal, Social, and Environmental," *Journal of Medical Ethics*, 33, 8, (2007): 444-445.

⁷⁸⁴ "How to Save a Trillion Dollars," Mark Bittman, accessed May 2, 2016, <http://opinionator.blogs.nytimes.com/2011/04/12/how-to-save-a-trillion-dollars/>.

⁷⁸⁵ "Why We Need Public Health to Improve Healthcare," National Association of Chronic Disease Directors, accessed May 2, 2016, <http://www.chronicdisease.org/?page=WhyWeNeedPH2impHC>.

⁷⁸⁶ "New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act," Internal Revenue Service, accessed May 2, 2016, <https://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501%28c%29%283%29-Hospitals-Under-the-Affordable-Care-Act>.

⁷⁸⁷ "Hunger In Our Schools: Breakfast Is A Crucial 'School Supply' For Kids In Need," Tom Nelson, accessed May 2, 2016, <http://blogs.usda.gov/2015/03/03/hunger-in-our-schools-breakfast-is-a-crucial-school-supply-for-kids-in-need/>.

⁷⁸⁸ "The Capital's Food Deserts," Jeremy Moorhead, accessed May 3, 2016, <http://eatocracy.cnn.com/2012/03/14/the-capitals-food-deserts/>.

⁷⁸⁹ District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration, *District of Columbia HIV/AIDS, Hepatitis, STD, and TB (HAHSTA) Annual Report: 2010*, accessed May 3, 2016, http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2010_Annual_Report_FINAL_0_0.pdf.

Behavioral Health

Treatment for mental health, now more commonly referred to as behavioral health, has changed dramatically since a 1968 federal law required individuals be cared for in the least restrictive environment.⁷⁹⁰ This law led to an expectation that most patients would receive care in out-patient facilities. Recently legislation was passed that requires insurance companies to increase the amount of payment for behavioral health, which could add more patients to the health care system.⁷⁹¹ VHA is a leader in mental health treatment and should continue to be a trendsetter in this regard.

Preventive Medicine

Traditionally, physicians were trained to cure illness and to restore the sick to health. The trend, however, is changing, and physicians are now trained in prevention and are more active participants in the prevention of illness.⁷⁹² Additionally, insurance and Medicare now cover preventive care and annual physicals, further supporting prevention.⁷⁹³ Preventive medicine is a key component of integrated health care and will need to be considered as VHA works to transform veterans' healthcare.

Pharmacy Changes

Health Affairs reports that "in 2015 . . . an alarming trend of new high-cost specialty pharmaceuticals entered the market. . . . Overall drug spending increased 12.2 percent last year, the highest rate of increase in more than a decade."⁷⁹⁴ Escalating drug prices account for some of this increase, including more than 3,500 generic drugs that at least doubled in price from 2008–2015 and about 400 drugs that increased in cost 1000 percent.⁷⁹⁵ Newly emerging and very expensive developments in the area of genomic medication also contribute to the increase. "One way to combat skyrocketing prices will be biosimilar drugs. These drugs are near substitutes for original brand drugs and could bring significant price discounts."⁷⁹⁶ Because many of VHA's beneficiaries seek only prescription benefits, prescription drug trends will be important to consider in the transformation process.

⁷⁹⁰ "How Release of Mental Patients Began," Richard Lyons, accessed May 2, 2016,

<http://www.nytimes.com/1984/10/30/science/how-release-of-mental-patients-began.html?pagewanted=all>.

⁷⁹¹ "Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA)," Substance Abuse and Mental Health Services Administration, accessed May 2, 2016, <http://www.samhsa.gov/health-financing/implementation-mental-health-parity-addiction-equity-act>.

⁷⁹² "Opinion 8.075 – Health Promotion and Preventive Care," American Medical Association, accessed May 2, 2016, <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion8075.page>.

⁷⁹³ "Preventive Services Covered Under the Affordable Care Act," U.S. Department of Health and Human Services, accessed May 2, 2016, <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca/>.

⁷⁹⁴ Anne Martin et al., "National Health Spending In 2014: Faster Growth Driven By Coverage Expansion And Prescription Drug Spending," *Health Affairs*, 35, 1, (2016): 150-160.

⁷⁹⁵ "Generic Drug Prices Quickly on the Rise," Anthony L. Komaroff, accessed May 2, 2016, <http://www.spokesman.com/stories/2016/feb/18/generic-drug-prices-quickly-on-the-rise/>.

⁷⁹⁶ "Top Health Industry Issues of 2016: Thriving in a New Health Economy," PwC, accessed May 2, 2016, <https://www.pwc.com/us/en/health-industries/top-health-industry-issues/assets/2016-us-hri-top-issues.pdf>.

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APPENDIX F:

THE COMMISSION'S PROCESS

Commission Meetings

From September 2015 to June 2016, the Commission held convened 12 sessions of public meetings (26 days). The content addressed at each meeting is listed in the following table.

September 21-22, 2015

Assessment A: Demographics	RAND Corporation <ul style="list-style-type: none"> Christine Eibner
Assessment B: Health Care Capabilities	RAND Corporation <ul style="list-style-type: none"> Peter Hussey, PhD
VA Leadership	Department of Veterans Affairs <ul style="list-style-type: none"> Bob McDonald, Secretary Sloan Gibson, Deputy Secretary David Shulkin, MD, Under Secretary for Health
Assessment C: Care Authorities	RAND Corporation <ul style="list-style-type: none"> Michael D. Greenberg
Assessment I: Business Processes	Grant Thornton LLP <ul style="list-style-type: none"> Lane Jackson Aamir Syed Sharif Ambrose
Assessment E: Scheduling Workflow	McKinsey & Company <ul style="list-style-type: none"> Kurt Grote, MD Alex Harris Pooja Kumar
Assessment F: Clinical Workflow	McKinsey & Company <ul style="list-style-type: none"> Kurt Grote, MD Gretchen Berlin
Assessment G: Staffing/Productivity/Time Allocation	Grant Thornton LLP <ul style="list-style-type: none"> Peter Erwin, PhD Hillary Peabody Erik Shannon
Assessment J: Supplies	McKinsey & Company <ul style="list-style-type: none"> Kurt Grote, MD Robin Roark, MD
Assessment K: Facilities	McKinsey & Company <ul style="list-style-type: none"> Vivian Riefberg John Means

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September 21-22, 2015 (continued)

VHA Leadership	Department of Veterans Affairs <ul style="list-style-type: none"> Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning
Assessment Leadership	CMS Alliance to Modernize Health care <ul style="list-style-type: none"> Stephen Kirin Jay Schnitzer, PhD, MD McKinsey & Company <ul style="list-style-type: none"> Vivian Riefberg
Assessment H: Health IT	MITRE Corporation <ul style="list-style-type: none"> Aparna Durvasula Glenn Himes McKinsey & Company <ul style="list-style-type: none"> Celia Huber Vivian Riefberg

October 6, 2015

Eligibility	Veterans Health Administration <ul style="list-style-type: none"> Stephanie Mardon, Chief Business Officer Kristin Cunningham, Director, Business Policy Affairs
2014 Choice Act/2015 Enhancement to Choice/Care in the Community, Current State	Veterans Health Administration <ul style="list-style-type: none"> Stephanie Mardon, Chief Business Officer Kristin Cunningham, Director, Business Policy Affairs
Future State of VA Community Care/ Care in the Community	Veterans Health Administration <ul style="list-style-type: none"> Joe Dalpiaz, Director, VISN 17 Baligh Yehia, MD, Senior Health Advisor to the Secretary of Veterans Affairs Gene Migliaccio, Deputy Chief Business Officer, Managed Care
Academic Affiliations	Veterans Health Administration <ul style="list-style-type: none"> Robert Jesse, MD, Chief, Office of Academic Affiliations Karen Sanders, MD, Deputy Chief, Office of Academic Affiliation Long-Term Care Richard Allman, MD, Chief Consultant, Geriatrics and Extended Care Services

October 19–20, 2015

Independent Assessment, Perspective on VA Health Care, and Q&A/Panel Discussion	<ul style="list-style-type: none"> ▪ Brett Giroir, MD, Senior Fellow, Health Policy Institute, Texas Medical Center ▪ Gail Wilensky, PhD, Senior Fellow at Project HOPE ▪ Jonathan Perlin, MD, Chief Medical Officer and President, Clinical Services at Hospital Corporation of America
Women's Health	Veterans Health Administration <ul style="list-style-type: none"> ▪ Patricia Hayes, PhD, Chief Consultant, VA Women's Health Services
Mental Health	Veterans Health Administration <ul style="list-style-type: none"> ▪ David Carroll, Executive Director, Mental Health Operations ▪ Harold Kudler, MD, Chief Mental Health Consultant
Homelessness	Veterans Health Administration <ul style="list-style-type: none"> ▪ Anne Dunn, Deputy Director, VHA Homeless Program Office
Assessment D: Access	Institute of Medicine <ul style="list-style-type: none"> ▪ Michael McGinnis, MD ▪ Marianne Hamilton Lopez
VACAA Section 203	Northern Virginia Technology Council <ul style="list-style-type: none"> ▪ Ken Mullins
Scheduling	Veterans Health Administration <ul style="list-style-type: none"> ▪ Michael Davies, MD, Executive Director of Access and Clinic Administration Program
MyVA Support Services Excellence Overview	Department of Veterans Affairs <ul style="list-style-type: none"> ▪ Bob Snyder, Executive Director, MyVA Task Force ▪ Tom Muir, Director, Support Services

November 16–17, 2015

Health Care Economics/Finance	<ul style="list-style-type: none"> ▪ Mark Yow, Acting Chief Financial Officer, VHA ▪ Paul Mango, McKinsey & Company ▪ Gail Wilensky, PhD, Senior Fellow at Project HOPE
Academic Affiliations	Association of American Medical Colleges <ul style="list-style-type: none"> ▪ Atul Grover, PhD, MD, Chief Public Policy Officer ▪ John E. Prescott, MD, Chief Affiliations Officer ▪ Matthew Schick, JD, Director, Government Regulations & Regulatory Counsel
VHA Clinical Matters	Veterans Health Administration <ul style="list-style-type: none"> ▪ Lucille Beck, PhD, Deputy Chief Patient Care Services Officer, Rehab and Prosthetic Services ▪ Donna Gage, PhD, RN, Chief Nursing Officer

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December 14-16, 2015

Minority Affairs and Health Equity	<p>Department of Veterans Affairs</p> <ul style="list-style-type: none"> Barbara Ward, Director, Center for Minority Affairs <p>Veterans Health Administration</p> <ul style="list-style-type: none"> Uchenna S. Uchendu, MD, Executive Director, Office of Health Equity
Framework for the Future of Veterans Health	<ul style="list-style-type: none"> Garry Augustine, Disabled American Veterans Carl Blake, Paralyzed Veterans of America Carlos Fuentes, Veterans of Foreign Wars Ray Kelley, Veterans of Foreign Wars
Veteran Service Organizations	<ul style="list-style-type: none"> Louis Celli, The American Legion Renee Campos, Military Officers Association of America
National Health Information Operability	<ul style="list-style-type: none"> Dr. Jon White, Deputy National Coordinator, Department of Health and Human Services
DoD I Procurement: Lesson Learned/Interagency Program Office	<ul style="list-style-type: none"> Chris Miller, Program Executive Officer, Defense Health Care Management Systems, Department of Defense
Health Information Exchange	<ul style="list-style-type: none"> Elaine Hunolt, Do-Director Interoperability Office, Veterans Health Administration Dr. Harry Leider, Chief Medical Officer, Walgreens James Wood, VP-Federal, Walgreens Mariann Yeager, Chief Executive Officer, The Sequoia Project
Vision for OI&T/Collaboration with VHA	<ul style="list-style-type: none"> LaVerne Council, Chief Information Officer, Department of Veterans Affairs
Leadership and Transformation	<ul style="list-style-type: none"> Charles Rossotti, Former Commissioner, Internal Revenue Service

January 19 and 21, 2016

VHA Leadership	<ul style="list-style-type: none"> Dr. Michael Kussman, former Undersecretary for Health, Veterans Health Administration Dr. Kenneth Kizer, former Undersecretary for Health, Veterans Health Administration
Labor Perspectives	<p>American Federal of Government Employees</p> <ul style="list-style-type: none"> Marilyn Park <p>National Association of Veterans Affairs Physicians and Dentists</p> <ul style="list-style-type: none"> Samuel Spagnolo <p>Nurses Organization of Veterans Affairs</p> <ul style="list-style-type: none"> Joan Clifford Sharon Johnson

January 19 and 21, 2016 (continued)

Behavioral Health	<ul style="list-style-type: none"> Association of Veterans Affairs Psychologist Leaders <ul style="list-style-type: none"> Thomas Kirchberg Russell Lemle Edgardo Padin-Rivera Antonette Zeiss American Psychiatric Association <ul style="list-style-type: none"> Jenny L. Boyer Association of Veterans Affairs Social Workers <ul style="list-style-type: none"> LeAnn Bruce Jerry Satterwhite
Homeless Veterans	<ul style="list-style-type: none"> Keith Armstrong, San Francisco Veterans Affairs Health care System
Other-Than-Honorable Discharges	<ul style="list-style-type: none"> Branford Adams

February 8-9, 2016

Construction Management	<ul style="list-style-type: none"> Lisa Freeman, Medical Center Director, Palo Alto Health care System
VISN and Field Leadership Perspectives	<ul style="list-style-type: none"> Joleen Clark, Former Network Director, VISN 8 Jon Gardner, Former Medical Center Director, Tucson VA Medical Center Lisa Freeman, Medical Center Director, Palo Alto Health care System
Implementation of the <i>Choice Program</i>	<ul style="list-style-type: none"> Billy Maynard, President HealthNet Federal Service David J. McIntyre, Jr., President and Chief Executive Officer, TriWest Healthcare Alliance
Update on VHA	<ul style="list-style-type: none"> Dr. David Shulkin, Undersecretary for Health, Veterans Health Administration
Determining Feasibility	<ul style="list-style-type: none"> Patrick Ryan, Former Staff Director and Chief Counsel, House Veterans Affairs Committee

February 29 – March 1, 2016

Economist Briefing	<ul style="list-style-type: none"> Gideon Lukens, PhD, Staff Economist Jamie Taber, PhD, Staff Economist
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March 21-23, 2016

Conversation with HVAC Chairman	<ul style="list-style-type: none"> Rep. Jeff Miller (R-FL)
Conversation with HVAC Member	<ul style="list-style-type: none"> Rep. Beto O'Rourke (D-TX)
Veterans Health Administration	<ul style="list-style-type: none"> Dr. David Shulkin, Undersecretary for Health Barbara Manning, Office of Policy and Planning Lyn Stoesen, Office of Policy and Planning

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March 21-23, 2016 (continued)

Economist Briefing

- Gideon Lukens, PhD, Staff Economist
- Merideth Randles, FSA, MAAA, Milliman, Inc.
- Jamie Taber, PhD, Staff Economist

April 18-19, 2016

Veterans Service Organizations

- Garry Augustine, Disabled American Veterans
- Peter Dickinson, Disabled American Veterans
- Verna Jones, American Legion
- Rick Weidman, Vietnam Veterans of America
- Bill Rausch, Got Your 6
- Ray Kelley, Veterans of Foreign Wars
- Rene Campos, Military Officers Association of America

Economist Briefing

- Gideon Lukens, PhD, Staff Economist
- Jamie Taber, PhD, Staff Economist

VA Leadership

Department of Veterans Affairs

- Bob McDonald, Secretary
- Sloan Gibson, Deputy Secretary

Community Care

- Baligh Yehia, MD, Assistant Deputy Under Secretary for Community Care, VHA

May 9-11, 2016

VA Office of General Counsel

- Leigh Bradley, General Counsel
- Jessica Tanner, Staff Attorney

Economist Briefing

- Gideon Lukens, PhD, Staff Economist
- Jamie Taber, PhD, Staff Economist

June 7-8, 2016

No speakers

Commission Workgroups

The Commission on Care organized itself into workgroups in order to complete an analysis of relevant issues, consider options, and suggest recommendations to the full Commission for debate. The Commission formed five workgroups with each responsible for sections of the Independent Assessment or other topics taken on by the group. In establishing each workgroup an effort was made to balance perspectives and expertise, although Commissioners expressed interests were also taken into account in forming the membership of each group. The membership of each workgroup and the topics taken on by each is summarized in Table F-1.

Table F-1. Workgroup Structure and Topics

WORKGROUP NAME	TOPICS	MEMBERSHIP	
Health Care Alignment	<ul style="list-style-type: none"> ▪ Demographics ▪ Health care Capabilities ▪ Care Authorities ▪ Access Standards ▪ Governance 	<ul style="list-style-type: none"> ▪ Blecker ▪ Johnson ▪ Longman ▪ Selnick 	<ul style="list-style-type: none"> ▪ Gorman ▪ Khan ▪ McClenney
Health Care Operations	<ul style="list-style-type: none"> ▪ Access Standards ▪ Workflow Scheduling ▪ Workflow Clinical ▪ Staffing Productivity 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ Harvey ▪ Longman ▪ Webster 	<ul style="list-style-type: none"> ▪ Gorman ▪ Hickey ▪ Taylor
Health Care Data, Tools & Infrastructure	<ul style="list-style-type: none"> ▪ Health IT ▪ Business Processes ▪ Supplies ▪ Facilities 	<ul style="list-style-type: none"> ▪ Blom ▪ Harvey ▪ Steele 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ Johnson ▪ Taylor
Health Care Leadership	<ul style="list-style-type: none"> ▪ Organizational Health ▪ Leadership Systems 	<ul style="list-style-type: none"> ▪ Blecker ▪ Hickey ▪ Selnick ▪ Steele 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ McClenney ▪ Schlichting
Health Care Trends	<ul style="list-style-type: none"> ▪ Market Trends ▪ Technology ▪ Financing ▪ Vision 	<ul style="list-style-type: none"> ▪ Blom ▪ Johnson ▪ Schlichting 	<ul style="list-style-type: none"> ▪ Cosgrove ▪ Khan ▪ Webster

Each workgroup, together with any staff assigned to it, reviewed the findings and recommendations of the Independent Assessment and the Integrated Report; investigated external benchmarks and best practice models; heard testimony in public meetings (with the full Commission); met in workgroup session with VA employees, leaders, former staff and external experts to gather additional insights and explore relevant questions. Commissioners reviewed white papers and strawman proposals prepared by staff and by one another. Based on the assessments and group deliberations, each workgroup developed recommendations for consideration by the full Commission. Details of the process and outputs from each workgroup are described in the following sections.

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Health Care Alignment Workgroup

The alignment workgroup organized its work around six main topics: governance, realignment of facilities and services, medical sharing, eligibility, other than honorable discharges, and the organization of provider networks. The workgroup met in a face-to-face session on October 7, 2015 to review the charge of the workgroup, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each topic was introduced through a summary paper or summary points which then were used as the basis for a conference call or a face-to-face discussion. For most topics, subsequent calls were held to discuss more detailed papers or to re-visit outstanding issues not yet resolved.

Commissioners also reviewed draft papers and provided additional feedback, revisions, and comments through written comments. The papers were finalized for inclusion in the draft Commission report for discussion on April 19. A summary of the work completed on each topic is provided in the table below.

Table F-2. Alignment Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E=email review M=face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Governance	11/17/2015	M	Vivian Riefberg	9/22/2015	F
	1/7/2016	C	Stephen Kirin	9/22/2015	F
	1/28/2016	C	Jay Schnitzer	9/22/2015	F
	2/18/2016	C	Paul Light	10/30/2015	S
	3/3/2016	C	Charles Rossotti	12/16/2015	F
	3/10/2016	C	Michael Kussman	1/19/2016	F
	3/17/2016	C	Ken Kizer	1/19/2016	F
	4/7/2016	C	Jeff Miller	3/21/2016	F
Realignment of Facilities and Services	1/7/2016	C	Vivian Riefberg	9/22/2015	F
	1/28/2016	C	John Means	9/22/2015	F
	3/10/2016	C			
	3/17/2016	C			
	4/7/2016	C			
Medical Sharing	1/28/2016	C	Atul Gover	11/16/2015	F
	3/3/2016	C	John Prescott	11/16/2015	F
	3/10/2016	C	Mathew Schick	11/16/2015	F
	3/17/2016	C			
	4/7/2016	C			
Eligibility	11/17/2015	M	Christine Eibner	9/21/2015	F
	12/10/2015	C	Michael Greenberg	9/21/2015	F
	1/28/2016	C	Pat Vandenberg	9/21/2015	F
	2/25/2016	C	Stephenie Mardon	10/6/2015	F
	3/10/2016	C	Kristin Cunningham	10/6/2015	F
	3/17/2016	C	Gail Wilensky	10/19/2015	F
	4/7/2016	C	Michael McGinnis	10/20/2015	F
			Marianne Hamilton Lopez	10/20/2015	F
			Michael Kussman	1/19/2016	F
			Jeff Miller	3/21/2106	F

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E=email review M=face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Other-Than-Honorable Discharge	1/28/2016	C	Bradford Adams	1/20/2016	F
	2/18/2016	C			
	3/10/2016	C			
	3/17/2016	C			
	4/7/2016	C			
Organization of Provider Networks	1/28/2016	C	Peter Hussey	9/21/2015	F
	2/25/2016	C	Joe Dalpiaz	10/6/2015	F
	3/10/2016	C	Baligh Yehia	10/6/2015	F
	3/17/2016	C	Gene Migliaccio	10/6/2015	F
	4/7/2016	C	Michael Kussman	1/19/2016	F
			Jon Gardner	2/8/2016	F
			Billy Maynard	2/8/2016	F
			David McIntrye	2/8/2016	F
			Jeff Miller	3/21/2016	F
			Beto O'Rourke	3/22/2016	F

Health Care Operations Workgroup

The health care operations workgroup was organized around five main topics: access standards, scheduling, clinical workflow, staffing (HR), and productivity. The workgroup (select Commissioners and support staff) first met face-to-face on October 7, 2015 to: introduce the staff, review guiding principles and business rules, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each of the main topics was discussed. During the larger public sessions the Commissioners and staff heard directly from Veterans Affairs staff or outside experts to inform future deliberations. In follow-on meetings the workgroup continued to present research on the four main topics; and cover other issues that may have come up during sessions (i.e., Best Practices) or from questions posed by Commissioners. To supplement the Commission conferences, the workgroup held teleconferences to cover additional research or present information from subject matter experts or emailed informational briefs and write-ups for review before a workgroup teleconference. Feedback from the Commissioners was addressed and the potential recommendations were refined. These papers were finalized and readied for presentation to the full Commission for deliberation and feedback. A summary of the work completed on each topic is provided in the table below.

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Table F-3. Health Care Operations Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Access Standards	10/20/2015	M	Stephanie Mardon	10/6/2015	F
	12/3/2015	C	Kristin Cunningham	10/6/2015	F
	2/25/2016	C	Institute of Medicine	10/13/2015	S
	4/27/2016	C	Institute of Medicine	10/20/2015	F
Scheduling	10/7/2015	M	McKinsey Co	9/22/2015	F
			Stephanie Mardon	10/6/2015	F
			Kristin Cunningham	10/6/2015	F
			Dr. Michael Davies	10/14/2015	S
			Gary Monder	10/14/2015	S
			Steve Green	10/14/2015	S
			Michael McGinnis	10/14/2015	S
			Ken Mullins	10/14/2015	S
			Marianne Hamilton Lopez	10/14/2015	S
			Institute of Medicine	10/20/2015	F
			Dr. Michael Davies	10/20/2015	F
			Dr. Michael Davies	11/18/2015	W
Clinical Workflow	10/27/2015	C	McKinsey & Co.	9/22/2015	F
	2/18/2016	C	Nora Socci	12/29/2015	S
	4/6/2016	C	Diane Pulphus	2/3/2016	S
			Hugh Scott	2/26/2016	S
Staffing	11/4/2015	C	McKinsey Co	9/22/2015	F
	12/3/2015	C	Dr. Jonathan Perlin	10/19/2015	F
	1/20/2016	M	Barbara Ward	12/7/2015	S
	2/18/2016	C			
	2/25/2016	C			
	4/6/2016	C			
Productivity	12/15/2015	M	McKinsey Co	9/22/2015	F
			Gene Migliaccio	10/6/2015	F
			Boston VAMC	12/7/2015:	S
			Dr. Michael Charness		
			Melanie Gilhern		
			Meredith Walker		
Best Practices			Dr. Melanie Vielhauer		
			Rosemary Conlon		
	1/6/2016	C	McKinsey Co	9/22/2015	F
	1/20/2016	M	Dr. Theresa Cullen	12/2/2015	W
	2/25/2016	C	Dr. Daniel Bochicchio	12/3/2015	S
	3/14/2016	E	David Atkins	1/5/2016	S
			Linda Lipson	1/5/2016	S
			Amy Kilbourne	1/5/2016	S
			Bob Monte	1/5/2016	S
			Rachel Goffman	1/5/2016	S
			Dr. Daniel Bochicchio	1/20/2016	S
			Barbara Meadows	2/25/2016	W
			Barbara Meadows	3/17/2016	W

Health Care Data, Tools & Infrastructure Workgroup

The Health Care Data, Tools & Infrastructure (DTI) workgroup organized its work around four main topics: Health Information Technology, Business Processes, Supplies and Facilities. DTI first met face to face on October 7, 2015 to: introduce the staff, review the charge of DTI, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each of the main topics were discussed. During the larger public sessions the Commissioners and staff heard directly from Veterans Affairs staff or outside experts to inform future deliberations. In follow-on meetings the workgroup continued to present research via white papers on the four main topics; and cover other issues that may have come up during sessions or from questions posed by Commissioners. To supplement the Commission face-to-face meetings, the workgroup held teleconferences to cover additional research or present information from subject matter experts. Feedback from the Commissioners was incorporated into the white papers and the potential recommendations were refined. Commissioners then reviewed the draft papers derived from this process and provided additional feedback, revisions, and comments through meetings and written comments. These papers were finalized and readied for presentation to the full Commission for deliberation and feedback. A summary of the work completed on each topic is provided in the table below.

Table F-4. Data, Tools & Infrastructure Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call		S=met with staff		
	E= email review		W=met with workgroup		
	M= face-to-face meeting		F=full Commission testimony		
	Date	Type	Expert	Date	Type
Health IT	10/7/2015	M	MITRE Co	9/22/2015	F
	11/18/2015	C	Dr. Brett Giroir	10/19/2015	S
	12/2/2015	C	LaVerne Council,	10/27/15	HVAC
	3/7/2016	C	Chris Miller, Brian Burns		Hearing
	3/14/2016	C	Brookings Institution	11/6/2015	S
	3/21/2016	M	LaVerne Council	11/25/2015	S
	4/4/2016	C & E	Dr. Theresa Cullen	12/2/2015	W
			Chris Miller	12/15/2015	F
			Chuck Hume	12/15/2015	F
			Elaine Hunolt	12/15/2015	F
			Jim Wood	12/15/2015	F
			Mariam Yeager	12/15/2015	F
			LaVerne Council	12/15/2015	F
			Jamie Bennett	3/2/2016	S
			Margaret Donahue	3/11/2016	S
			Kai Miller	4/12/2016	S
Business Processes	10/20/2015	M	SecVA Bob McDonald	9/21/2015	F
	10/26/2015	M			
	3/14/2016	C			
	3/21/2016	M			
	4/4/2016	C			

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WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Supplies (Pharmaceutical & Medical Devices)	10/7/2015	M	McKinsey Co	9/21/2015	F
	10/26/2015	M	Jonathan Miller	12/4/2015	S
	2/23/2016	E	Tucker Taylor	12/4/2015	S
	2/24/2016	C			
	3/7/2016	C			
	3/14/2016	C			
	3/21/2016	M			
Facilities	10/7/2015	M	Bob McDonald	9/21/2015	F
	11/18/2015	M	Jim Sullivan	11/11/2015	S
	12/2/2015	C	Mark W. Johnson	12/21/2015	S
	12/22/2015	M	Kyle Reinhardt	12/22/2015	S
	2/16/2016	E	Thom Kurmel	12/22/2015	S
	2/17/2016	C	Rick Bond	12/22/2015	S
	2/24/2016	C & E	John Bulick	12/22/2015	S
	3/7/2016	C	John Kay	12/22/2015	S
	3/14/2016	C	Jim Sullivan	2/16/2016	S
	3/21/2016	M	Ed Bradley	2/16/2016	S
	4/4/2016	C	Jim Sullivan	2/17/2016	W
	4/11/2016	C	Jim Sullivan	3/15/2016	S
	4/27/2016	C			
Other	11/5/2015	E			
	11/6/2015	E			
	3/11/2016	E			

Health Care Leadership Workgroup

The leadership workgroup organized its work around five main topics: organizational health and cultural transformation and four leadership system issues: recruitment, retention, development and advancement; organizational structure and function; performance management and performance measurement; and human capital management. The workgroup met in a face-to-face session on October 7, 2015 to review the charge of the workgroup, orient one another to the task envisioned for the group, and decide how the workgroup would function to complete its work. In general, each topic received an evidence review and summary which was the basis for a conference call or a face-to-face discussion. On a few topics, Commissioners or staff heard directly from VA staff or outside experts to inform the deliberation. Then, in a second meeting on the topic, the Commissioners debated a strawman proposal and alternative recommendations based on the evidence review and the prior Commission discussion. Feedback from the Commissioners was incorporated into the strawman and the potential recommendations were refined. Commissioners then reviewed the draft papers derived from this process and provided additional feedback, revisions, and comments through meetings and written comments. The papers were finalized and presented to the full Commission for deliberation and feedback on March 22, 2016. A summary of the work completed on each topic is provided in the table below.

APPENDIX F
THE COMMISSION'S PROCESS

Table F-5. Leadership Workgroup Activities

WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Organizational Health and Cultural Transformation	12/2/2015	C	Stephen Kirin	9/23/2015	F
	12/9/2015	C	Jay Schnitzer	9/23/2015	F
	2/9/2016	M	Vivian Riefberg	9/23/2015	F
	2/17/2016	C	Dee Ramsel	11/9/2015	S
	3/11/2016	E	Ashby Sharpe	11/9/2015	S
			Ken Berkowitz	11/9/2015	S
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
Recruitment, Retention, Development, and Advancement	11/17/2015	M	Stephen Kirin	9/23/2015	F
	11/25/2015	C	Jay Schnitzer	9/23/2015	F
	2/17/2016	C	Vivian Riefberg	9/23/2015	F
	2/24/2016	C	Volney Warner	11/9/2015	S
	3/9/2016	C	Lisa Red	11/17/2015	W
	3/11/2016	E	Payton Rica-Lewis	11/17/2015	W
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
			Georgia Coffey	2/22/2016	S
			David Perry	2/24/2016	S
			Audrey Oatis-Newsome	2/24/2016	S
Organizational Structure and Function	10/27/2015	C	Stephen Kirin	9/23/2015	F
	2/9/2016	M	Jay Schnitzer	9/23/2015	F
	2/19/2016	E	Vivian Riefberg	9/23/2015	F
	3/9/2016	C	Jon Perlin	10/20/2015	F
	3/11/2016	E	Charles Rossotti	12/16/2015	F
			Michael Kussman	1/19/2016	F
			Ken Kizer	1/19/2016	F
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
			Robin Hemphill	3/4/2016	S
Performance Management and Performance Measurement	11/4/2015	C	Stephen Kirin	9/23/2015	F
	11/12/2015	C	Jay Schnitzer	9/23/2015	F
	2/19/2016	E	Vivian Riefberg	9/23/2015	F
	3/9/2016	C	Jon Perlin	10/20/2015	F
	3/11/2016	E	Peter Almenoff	10/30/2015	S
			Joe Francis	1/8/2016	S
			Carolyn Clancy	1/8/2016	S
			Ken Kizer	1/19/2016	F
			Lisa Freeman	2/8/2016	F
			Joleen Clark	2/8/2016	F
			Jon Gardner	2/8/2016	F
			Noel Baril	3/9/2016	S

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WORKGROUP TOPIC	WORKGROUP ACTIVITY		EXPERT INPUT		
	C=call E= email review M= face-to-face meeting		S=met with staff W=met with workgroup F=full Commission testimony		
	Date	Type	Expert	Date	Type
Human Capital Management	12/15/2015	M	Stephen Kirin	9/23/2015	F
	12/23/2015	C	Jay Schnitzer	9/23/2015	F
	3/11/2016	E	Vivian Riefberg	9/23/2015	F
			Sam Retherford	12/15/2015	W
			Joleen Clark	2/8/2016	F
Leadership Vision	1/6/2016	C			
	1/21/2016	M			
	2/3/2016	C			
	2/4/2016	E			
Leadership Pre-amble	3/14/2016	E			

Site Visits

Background

In the coming decades there will be increased demand for accountability in health care and increased emphasis on health care outcomes and measurements, and VHA will need to rise to meet these expectations to survive and remain competitive in the demanding and turbulent health care environment.⁷⁹⁷ The changing nature of health care organizations, including pressure to reduce costs, improve the quality of care, and meet stringent guidelines, has forced health care professionals to reexamine how they evaluate performance.⁷⁹⁸ Although many health care organizations have long recognized the need to look beyond financial measures when evaluating performance, many still struggle with what measures to select and how to use the results of those measures.⁷⁹⁹

As the nation's largest health care system in 2016, VHA employs more than 305,000 health care professionals and support staff at more than 1,000 sites of care, including hospitals, community-based outpatient clinics (CBOCs), nursing homes, domiciliaries, and 300 Vet Centers.⁸⁰⁰ Given the scope of this health care system, the Commission recognized the importance of direct lines of communication and interaction with VHA leaders, staff, and patients, to include conducting facility site visits. Commissioners conducted facility site visits to their local VA facilities to assist in the evaluation of the findings identified by the *Independent Assessment Report*, to contribute to an environmental scan of the VHA, and to inform the development of recommendations.⁸⁰¹

Scope of Site Visits

In January and February 2016, most of the 15 Commissioners conducted site visits to the VA medical centers (VAMCs) and CBOCs proximal to their respective residences. The Commissioners approached these site visits with a collaborative and information-seeking tone with the purpose of having open discussions with VAMC leadership, staff, and patients.

Individual Commissioners visited 12 VAMC facilities or CBOCs in 7 out of 19 Veteran Integrated Service Networks (VISNs). Additionally, all the Commissioners who attended the February 29, 2016, meeting in Dallas, TX, toured the Dallas VAMC.

⁷⁹⁷ Kenneth W. Kizer, M.D., M.P.H./Department of Veterans Affairs, *Prescription for Change: The Guiding Principles and Strategic Objectives Underlying the Transformation for the Veterans Healthcare System*, accessed March 1, 2016, <http://www.va.gov/healthpolicyplanning/rxweb.pdf>.

⁷⁹⁸ Kicab Castaneda-Mendez/Quality Digest, *Performance Measurement in Health Care*, accessed, March 1, 2016, <http://www.qualitydigest.com/magazine/1999/may/article/performance-measurement-health-care.html#>.

⁷⁹⁹ Ibid.

⁸⁰⁰ Department of Veterans Affairs, Undersecretary for Health, accessed March 1, 2016, <http://vawww.usv.va.gov/>.

⁸⁰¹ The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, v, accessed March 11, 2016, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

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Table F-6. VA Facility Site Visit Locations

VISN	VISN Name	VA Facility
2	VISN 2	VA Hudson Valley Health Care System (Montrose, NY)
6	VA Mid-Atlantic Health Care Network	Fredericksburg Community-based Outpatient Center, (Fredericksburg, VA)- part of Hunter Holmes McGuire VA Medical Center, Richmond, VA
7	VA Southeast Network	Ralph H. Johnson VA Medical Center (Charleston, NC) Wm. Jennings Bryan Dorn VA Medical Center (Columbia, SC)
10	VA Health Care System	VA Ann Arbor Health care System (Ann Arbor, MI) John D. Dingell VA Medical Center (Detroit, MI)
17	VA Heart of Texas Health Care System	Dallas VA Medical Center (Dallas, TX)
21	Sierra Pacific Network	Southern Nevada Health care System (Las Vegas, NV) VA Northern California Health Care System (Mather, CA) VA Palo Alto Health Care System (Palo Alto, CA)
22	Desert Pacific Health Care Network	Greater Los Angeles Health care System (Los Angeles, CA) VA San Diego Health care System (San Diego, CA)

The Commissioners were provided with a generic basic agenda as guidance, though they had the latitude to determine their own agendas as appropriate for the locations they visited. The model agenda included the following activities: a welcome and overview of the VA health care facility; tour of the facility; veteran discussion session (informal or formal); VHA employee session (e.g., informal or small group discussion); a discussion with the facility leadership, and were provided the recommended questions listed below:

- What does the medical center do well?
- What unique resources can the medical center draw on?
- What do others see as the strengths of the medical center?
- What could the medical center improve?
- Where does the medical center have fewer resources than others?
- What are others likely to see as weaknesses of medical center?
- What opportunities are open to the medical center?
- What trends could the medical center take advantage of?
- How can the medical center turn its strengths into opportunities?
- What threats could harm the medical center?
- What obstacles does the medical center face?
- What threats do the medical center's weaknesses expose it to?

- What is the impact of MyVA?
- How do employees view working at VA compared to two or three years ago? If there is a change, what is driving it?
- In your view, what is the most important factor affecting patient satisfaction with the care you provide?
- In your view, has there been a change in the perception of the quality of care provided by the medical center? If so, what might be driving this different perception?

Once the Commissioners completed their visits, they provided the data they gathered to Commission staff to be organized in a strengths-weaknesses-opportunities-threats (SWOT) analysis framework. A SWOT analysis is a simple but useful framework for analyzing the four factors as they are faced by an organization. It helps organizations develop strengths, minimize threats, and take the greatest advantage of available opportunities.⁸⁰²

Findings

VHA leadership and staff enthusiastically shared their time, insights, perspective, and data on organizational and operational processes with the Commissioners. The site visits provided insight and reinforced the findings of the *Independent Assessment Report*.

Confirming what the *Independent Assessment Report* stated, the Commissioners found VHA facilities' staff members exhibit a deep commitment to serving veterans, but that VHA's health care facilities deliver strikingly different patient experiences, apply inconsistent business processes, and differ widely on key measures of performance and efficiency.⁸⁰³ Based on Commissioners' observations of weaknesses, challenges, and threats related to daily operations, VAMC staff members appear to be searching for suitable solutions. Anecdotal responses provided to the Commissioners illuminated the following systemic problem areas at the VAMCs:

- Care authorities: health care capabilities (i.e., purchased care)
- Staffing: productivity (i.e., human resources), health care capabilities, access standards, clinical workflow
- Leadership: staffing, productivity (i.e., human resources)
- Facilities: health care authorities (i.e., patient-centered community care)

Data from Commissioners' observation notes were organized into a SWOT analysis chart based on the common themes of the Commissioners' facility site visits. The purpose of this exercise was to gather information to inform the Commission's recommendations and to confirm or

⁸⁰² "SWOT Analysis," Mind Tools, accessed March 15, 2016, https://www.mindtools.com/pages/article/newTMC_05.htm.

⁸⁰³ "Veterans Integrated Service Networks (VISN)," Department of Veterans Affairs, VHA, accessed March 14, 2016 <http://www.va.gov/directory/guide/division.asp?dnum=1>.

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dispute the findings of the *Independent Assessment Report*. The Commissioner site visit inputs are summarized in the table below.

Table F-7. SWOT Analysis of Commissioner Site Visit Observations

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> ▪ VA medical center workforce customer service and dedication ▪ Research and national databases ▪ Veterans service – connected services and programs ▪ Partnerships with medical schools and training programs 	<ul style="list-style-type: none"> ▪ Inefficient/ineffective HR policies ▪ High levels of staffing vacancies ▪ Lack of clinical space; inefficient configurations of clinical space ▪ Poor access to VA care for rural veterans ▪ Lack of an effective financial system to provide real-time payment process to veterans Choice and Purchased Care Programs ▪ Lack of effective VHA leadership workforce ▪ Lack of capacity/access to appointments in VHA ▪ Insufficient federal government health care appropriation rules 	<ul style="list-style-type: none"> ▪ Modernization of VA IT ▪ Customer service training/standards ▪ Strategic focus on VHA core mission ▪ Local funding flexibility from Congress ▪ New vision and mission for VHA health care ▪ Process/systems reengineering ▪ Recruitment of outside leader candidates and retention of high-performing VHA leaders 	<ul style="list-style-type: none"> ▪ Misalignment between Congress’s health care operational plans for veterans and VHA strategic health care plans ▪ Competing stakeholders health care interests ▪ Office of Personnel Management outdated standards/policies ▪ Insufficient VHA leadership development ▪ Insufficient IT funding ▪ The physician shortages around the nation has severely impacted the care of patients

Conclusions

Fundamental transformation of VHA is needed to ensure optimal delivery of veteran-centered, high-quality care. Essential to laying the path to excellence and strategic planning is a comprehensive understanding of the current state as well as the opportunities and threats facing the system. A robust connection between leaders in VHA Central Office and leaders in the field is critical to meet the needs of the veteran population served.

As part of the strategic planning process, VA/VHA leadership should make recurring site visits to VHA facilities, including VAMCs, VISN headquarters, and CBOCs to obtain current insight of the following critical areas: health care trends, health care operations, facility management and renovation/replacement, business processes and contracting, and other trends or issues affecting VAMCs. VA/VHA leaders should use performance management tools and activities to ensure the strategic goals are being met in an effective and efficient manner. It is a constant challenge to continuously and reliably measure the pulse of the organization. Site visits promote a healthy culture of sharing and building an understanding of organizational mission.

APPENDIX G: VETERAN FEEDBACK

In addition to the more than 4,000-page *Independent Assessment Report*, the Commission examined dozens of other reports, studies, and presentations as cited in the hundreds of footnotes dispersed throughout this Final Report. Collectively, these many sources provide a wealth of information on the challenges VHA confronts in realizing a vision for veterans' healthcare that leverages the strengths of VA and capitalizes on the potential non-VA providers offer.

A key source the Commission considered was the views of veterans themselves. Given the Commission's brief tenure, it was not possible to conduct a survey representative of the views of millions of veterans receiving health care from VHA. Instead, the Commission encouraged veterans to offer feedback on their health care experiences and the work of the Commission through its website. Many veterans service organizations (VSOs) also provided views representing their members in open sessions with the Commission and in formal letters and position statements directly to the Commission.

The feedback offered by veterans through the Commission's web site covered a range of health care topics, such as whether and to what extent care should be privatized, how much choice veterans should have in deciding on their care, and their assessment of the quality of care received. Not surprisingly, veterans (including a few who were also VA employees) are quite passionate about their views on health care. For the most part, veterans' feedback from the web site expressed opposition to efforts to *privatize* VHA, although a few did want more access to non-VA providers. The *Choice Program* was frequently criticized for long delays in appointments, convoluted or misapplied eligibility criteria, and issues with how providers should be reimbursed for treatment and how much the veteran should pay. When the quality of care was noted, on balance veterans praised the care received from VHA, with a few disappointed, especially when care was outsourced to non-VA providers. Because the feedback was unstructured, veterans could offer any observations they found pertinent.

The Disabled American Veterans (DAV) shared with the Commission a compendium of more than 4,000 verbatim comments on veterans' health care experiences gathered from their members during April 2016. The DAV reviewed the comments and categorized 82 percent of the comments as "overall positive experiences."⁸⁰⁴ The Commission staff reviewed the comments from DAV, with findings consistent to DAV's.

⁸⁰⁴ Comments from veterans about their experiences as users of the VA health care system, printout provided to Commission on Care by Disabled American Veterans, April 2016.

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VA Efforts to Gather Input on Veterans Views on Health Care

Like most institutions that provide products and services to customers, VA/VHA solicits input from veterans on their health care needs and their views on specific services VA/VHA provides. Surveys, focus groups, and in-depth interviews are the more typical means for gathering input from veterans. On occasion, VA, like most agencies, encourages veterans and others to submit comments on a particular aspect of VA services and benefits.⁸⁰⁵

The following sections describe the more typical methods employed by VA/VHA to gather input from veterans.

VHA Survey of Veterans' Health and Use of VHA

Conducted by the assistant deputy undersecretary for policy and planning, the survey of veteran enrollees' health and use of health care (Survey of Enrollees) is an annual survey of more than 40,000 veterans who are enrolled in VA's health care system. The Survey of Enrollees was initially designed to give VHA the information it needed to predict the demand for services in the future. The data are used to develop health care budgets and to assist VA with its annual enrollment decisions. Over the years, the data have also been used to analyze policy decisions, provide insights into specific populations and their perspectives, and inform management decisions affecting delivery of care. In addition to collecting basic demographic information, the survey explores insurance coverage, use of health care inside and outside of VA, pharmaceutical use, attitudes and perceptions about VHA services, perceived health status, and trends in smoking among veterans enrolled in the VHA system.⁸⁰⁶

Survey of Healthcare Experiences of Patients⁸⁰⁷

The Survey of Healthcare Experiences of Patients (SHEP) program was initiated in 2002 in an effort to create standardized survey instruments administered monthly to assess ambulatory and inpatient care. In an effort to standardize its survey instruments with other health care providers, SHEP now employs the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey methodology for VHA's primary care and inpatient medical and surgical services. These surveys are supported in the public domain by the CAHPS Consortium, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, and National Committee for Quality Assurance. Although SHEP deployed the standardized CAHPS surveys,

⁸⁰⁵ "Quality of Care Feedback Form," Department of Veterans Affairs, accessed June 20, 2016, <http://www.va.gov/QUALITYOFCARE/apps/contact.asp>. As an example, the VA web site provides a Quality of Care feedback page for veterans and others to enter comments on the care a veteran received.

⁸⁰⁶ Westat, 2015 Survey of Veteran Enrollees' Health and Use of Health Care, accessed June 6, 2016, http://www.va.gov/healthpolicyplanning/SoE2015/2015_VHA_SoE_Full_Findings_Report.pdf.

⁸⁰⁷ For more details on SHEP and VHA's recent initiatives to expand the scope of the program, see "Health Services Research & Development, Commentary: Listening to Veterans about Access to Care," Steven M. Wright, VHA Office of Analytics and Business Intelligence, U.S. Department of Veterans Affairs, accessed June 20, 2016, <http://www.hsrd.research.va.gov/publications/forum/nov15/default.cfm?ForumMenu=nov15-1>.

the access questions were limited and did not evaluate the full scope of services used by veterans.

VHA intends to expand the SHEP program with additional surveys in 2016 and beyond. These surveys will focus on satisfaction with various specialty care services and experience with community care available through the Veterans Access, Choice, and Accountability Act of 2014. VHA has also launched a survey that focuses on new veteran enrollments and their experience with first clinic appointments.

Veteran Insights Panel

VHA also established a Veteran Insights Panel, comprising more than 3,200 veterans that are representative of users of VA health care.⁸⁰⁸ VHA interacts with the panel through email notification and a special access website (mobile device enabled). This approach provides VHA an opportunity to engage panel members in direct discussions, including real time feedback via live chat, about important themes and issues, and survey development and testing. The panel can be engaged collaboratively with operational program offices and researchers to prompt direct discussions with our veterans.

Voices of Veterans: On-going Research

Initiated in the spring of 2014, the VA Center for Innovation (VACI) sponsors an on-going effort to employ human-centered design (HCD)⁸⁰⁹ concepts in a pilot to explore veterans' experience with VA through the eyes of 40 veterans across a range of demographics and locations.⁸¹⁰ The pilot had two goals:

- To test the usefulness and application of an HCD methodology within the context of VA.
- To better understand veterans' experiences interacting with VA, identify pain points in the present day service delivery model, and explore opportunities to transform these interactions into a more veteran-centered experience.

Developing Veteran Personas

As a part of this pilot, VACI set out to identify high-level trends in ways veterans seek out assistance, use technology, take advantage of services, and react to challenging interactions. Based on these patterns, VACI created a set of four profiles, or personas, that represent the

⁸⁰⁸ Ibid.

⁸⁰⁹ Human-centered design (HCD) is a discipline in which the needs, behaviors and experiences of an organization's customers (or users) drive product, service, or technology design processes. It is a practice used heavily across the private sector to build a strong understanding of users, generate ideas for new products and services, test concepts with real people, and ultimately deliver easy-to-use products and positive customer experiences. HCD is a multi-disciplinary methodology which draws from the practices of ethnography, cognitive psychology, interaction and user experience design, service design, and design thinking. It is closely tied to "user-centered design," which applies parallel processes to technology projects, and "service design" which address the service specific experiences.

⁸¹⁰ U.S. Department of Veterans Affairs, Center for Innovation, *Toward a Veteran-Centered VA: Piloting Tools of Human-Centered Design for America's Vets, Findings Report, July 2014*, accessed June 20, 2016, http://www.innovation.va.gov/docs/Toward_A_Veteran_Centered_VA_JULY2014.pdf.

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kinds of users within the set of 40 veterans engaged in the pilot (see Table G-1). Each persona is an archetype based on commonalities observed among veterans who exhibited similar behaviors and approaches to accessing VA services. They are not categorized by positive or negative experiences, but by shared expectations and needs. These personas were designed to help VHA begin to understand that it is serving users who are seeking not just different services, but also varied degrees of contact, support, information, and so forth. For this exercise, VACI assessed veterans' modes of communication, channels, frequency, stated and observed needs, reactions to service experiences, military service, and analyzed observed behavior and service experiences.

Table G-1. Veteran Profiles Developed by the VA Center for Innovation⁸¹¹

THE LIFER	THE TRANSACTIONAL
<p>Frequently use VA services and plans to continue doing so. Look to VA to play a supporting, community-building role in life. Grateful for VA benefits, but get frustrated when problems arise which break up the continuity of care—like when doctors change too frequently and when they cannot get transportation to VA facilities. Generally, try to speak highly of VA and wants to contribute to making it work better for fellow veterans.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That VA cares and takes the time to understand veteran's needs and story ▪ That cost of VA services won't rise ▪ That veteran can reach someone at VA anytime <p>Needs</p> <ul style="list-style-type: none"> ▪ Does not want to tell story over and over, especially after using VA for so long ▪ Wants to know what is going on with services and especially benefits ▪ Likes patient, nurturing health care 	<p>Joined the military largely based on the promise of the opportunities it would provide in life. Plan to use VA services to "get life on track" post-service. Tend to be in the younger generation of veterans (OEF, OIF, OND). Often engaged in the veteran community, see other veterans as allies, and advocates in helping folks understand and use their benefits. Will share frustrations if feels like VA is not helping as promised.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That VA will deliver on its promises and help veteran access the benefits earned ▪ That VA has benefits available to veterans families ▪ That it will be a headache, and veterans will have to figure it out on their own with the help of network <p>Needs</p> <ul style="list-style-type: none"> ▪ Accurate expectations ▪ Financial support at times, especially for family ▪ To feel a part of a community

⁸¹¹ Ibid.

THE JUST-IN-CASE	THE INFREQUENT
<p>Proud of service, but does not need VA and plans on using it only as a backup. Mature and organized by nature, has all papers in order with VA and have a good idea of services for which they are eligible. Grateful for the benefits available, but see working with VA as a tradeoff for time and will likely only lean on VA as a backup plan.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That will likely never need VA benefits ▪ That VA will be there if needed ▪ That there are benefits available to family ▪ That private benefits are of higher quality and greater ease <p>Needs</p> <ul style="list-style-type: none"> ▪ Peace of mind ▪ To be assured that all documents are in order ▪ To easily get in touch with one person about one question 	<p>Does not think very much about VA. Have used VA benefits in lifetime, yet often years will go by between those interactions. This might be because these veterans live in places where it is difficult to access VA services, because veterans are financially comfortable, or because it seems like too much hassle. Tend to prefer quick interaction—a short phone call or a few clicks on a website.</p> <p>Expectations</p> <ul style="list-style-type: none"> ▪ That VA is slow—like any bureaucracy ▪ That VA is for “other, injured veterans who need it more” ▪ That someone will tell veterans when and if they are eligible for something <p>Needs</p> <ul style="list-style-type: none"> ▪ To be able to quickly navigate processes ▪ To be reminded every few years of how VA might be able to help

Vantage Point: VA’s Official Blog

In addition to surveys, focus groups, and town-hall sessions, VA instituted a blog on its website and invites veterans and others interested in veterans matters to submit guest posts of potential interest to others in the community. Like most blogs, the content offered is vetted by the VA. Since 2010, Vantage Point includes hundreds of contributors with articles on various health care topics.⁸¹²

Veterans’ Views Gathered by VSOs

Like VHA, the VSOs solicit input from their membership and other stakeholders on a variety of topics and issues relevant to veterans. Occasionally surveys and polls are undertaken, but most VSO efforts to gather input take place at the grassroots level during town halls, chapter meetings and other gatherings. While these venues often suffer from self-selection bias and non- or under-represented participant samples, these are nevertheless an important source of timely information on topics of interest and concern to veterans. What follows is a selection of VSO efforts to gather input on issues important to veterans.

⁸¹² “Vantage Point: Official Blog of the U.S. Department of Veterans Affairs,” Department of Veterans Affairs, accessed June 20, 2016, <http://www.blogs.va.gov/Vantage/>.

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The DAV Veterans Pulse Survey (2015)

In mid-2015 the DAV surveyed a nationally representative sample of veterans to solicit their views on issues important to veterans.⁸¹³ The survey includes questions on various aspects of veterans' healthcare. The survey consists of a national probability sample of 1,701 veterans intended to represent the veteran population in the United States. Oversampling occurred in certain subgroups, such as female veterans and veterans age 18-40 to allow for more precision in the response estimates for these subgroups.

Veterans of Foreign Wars Our Care Veterans Survey (2015)

In the fall of 2015, the Veterans of Foreign Wars of the U.S. (VFW) published a report on its veterans 2015 Health Care Options, Preferences and Expectations Survey.⁸¹⁴ In response to the intensified debate over reform of veterans' healthcare, the VFW launched a survey in the summer of 2015 designed to evaluate veterans' options, expectations, and preferences when seeking health care. The survey did not just focus on VA services, but sought to paint a picture of how the veterans' community at large interacts within the American health care infrastructure, and the choices they make in today's health care marketplace. According to the VFW report, 1,847 veterans responded to the survey, with 92 percent eligible for care and 83 percent of those eligible reporting that they utilize VA health care.⁸¹⁵ Respondents' average age was 65, with about two-thirds Vietnam War veterans.

VFW Survey of Women Veterans (2016)

In an effort to identify barriers women veterans face when accessing their earned veterans' benefits and services, the VFW has commissioned a survey of women veterans that will guide the VFW's policy priority goals for women veterans.⁸¹⁶ Though the survey data collection phase is completed, results have not been published prior to release of the Commission's Final Report.

⁸¹³ Disabled American Veterans (DAV), *The DAV Veterans Pulse Survey: A landmark study of the attitudes and perceptions of America's veterans*, accessed June 20, 2016, <https://www.dav.org/wp-content/uploads/DAV-Pulse-Report-Final.pdf>. The survey was conducted on behalf of DAV by GfK Knowledge Networks, Inc. using their KnowledgePanel® survey participants in November 2015.

⁸¹⁴ Veterans of Foreign Wars, *Our Care: A Report on Veterans' Options, Preferences and Expectations in Health Care*, September 22, 2015, accessed June 20, 2016, http://www.vfw.org/uploadedFiles/VFW.org/VFW_in_DC/VFWOurCareReport2015.pdf.

⁸¹⁵ Ibid., 4.

⁸¹⁶ "VFW Survey of Women Veterans: Help Hold the VA Accountable," Veterans of Foreign Wars, December 22, 2015, accessed June 20, 2016, <http://www.vfw.org/News-and-Events/Articles/2015-Articles/VFW-Survey-of-Women-Veterans/>.

The American Legion Survey of Patient Health Care Experiences (2014)

This survey of 3,116 opt-in, self-reported veterans focuses on satisfaction and levels of perceived benefits with VA's posttraumatic stress disorder/traumatic brain injury (PTSD/TBI) programs, including alternative and complementary treatments.⁸¹⁷

Survey questions include veteran status; gender; era of service; number of times deployed; diagnosis of TBI and/or PTSD; availability of appointments; time and distance to care facilities; treatment type (therapy, medication and complementary and alternative medicine); reported symptoms; efficacy of treatment; and side effects.

The American Legion Women Veterans Survey Report (2011)

This survey of 3,012 women veterans, and the resulting report, was prepared by ProSidian Consulting, LLC on behalf of The American Legion. The survey assessed the perceptions of and satisfaction with women veterans' health care and other benefits delivered to women veterans through the VA system. Additionally, the survey sought to determine the factors driving women veterans' decision to use the VA system as opposed to other private or public health care systems.⁸¹⁸

Iraq and Afghanistan Veterans of America Member Survey (2015)

During the first half of 2015, 1,501 Iraq and Afghanistan Veterans of America members completed a wide-ranging on-line survey covering such issues as employment, education, GI Bill usage, health (including mental health), VA utilization, VA benefits, reintegration and more. The survey was composed of approximately 300 questions, with respondents answering only questions relevant to their experiences. Health care topics included percent enrollment in and reliance on VA care; health insurance coverage by type; and experience rating for VA care. Usage percent and experiencing rating for the VA *Choice Program* was also covered separately.⁸¹⁹

The 2015 Wounded Warrior Project® Alumni Survey

This web-enabled, opt-in survey of 23,200 Wounded Warrior Project (WWP) members measures a series of outcome domains within the following general topics about WWP Alumni: background information (military experiences and demographic data), physical and mental well-being, and economic empowerment.⁸²⁰ This WWP membership survey has been conducted annually since 2010. As it has done in prior years, Westat conducts the survey and population-

⁸¹⁷ "Legion survey to measure effectiveness of PTSD/TBI treatment," The American Legion, July 29, 2015, accessed June 20, 2016, <http://www.legion.org/pressrelease/229354/legion-survey-measure-effectiveness-ptsdtbi-treatment>.

⁸¹⁸ ProSidian Consulting, LLC, *The American Legion Women Veterans Survey Report*, March 9, 2011, accessed June 20, 2016, http://www.legion.org/documents/legion/pdf/womens_veterans_survey_report.pdf.

⁸¹⁹ "Media Advisory: IAVA to Release Groundbreaking Veterans Survey," Iraq and Afghanistan Veterans of America (IAVA), May 23, 2016, accessed June 20, 2016, <http://iava.org/press-release/media-advisory-iava-to-release-groundbreaking-veterans-survey-2/>.

⁸²⁰ Westat, *2015 Wounded Warrior Project Survey, Report of Findings*, August 14, 2015, accessed June 20, 2016, https://www.woundedwarriorproject.org/media/2118/2015_wwp_alumni_survey_full_report.pdf.

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weights the reported results, to include adjustments for potential non-response bias, to be representative of the WWP membership base (approximately 59,000).

Right to Care: Voices of Swords to Plowshares' Veteran Community (2015)

The Swords to Plowshares, Institute for Veteran Policy interviewed in-person or by phone 22 veterans.⁸²¹ Although the topics were established in advance, Swords to Plowshares characterized these interviews as individual “conversations” with a preselected group of veterans. The veterans were chosen to represent a cross-section of combat eras and VHA usage levels. The topics covered included: navigating VA care, reliance on VA and non-VA care, comprehensiveness of care, and rating quality of care. The study includes extensive verbatim comments from veterans on these topics.

Comments from Veterans About Their Experiences as Users of VHA (DAV, 2016)

During April 2016, DAV reached out to veterans around the United States and asked them to share their experiences with the VA health care system. As a result, DAV received (as of April 2016) more than 4,000 responses from veterans sharing their own stories about the care they received from VHA.⁸²² The Commission’s review of the material showed that a majority of the veterans’ comments were positive in nature. DAV’s own analysis concluded that 82 percent of the comments could be categorized as “overall positive experiences.”

Other Surveys on Veterans Issues

In addition to efforts by VA and VSOs to gather feedback from veterans on their health care, other organizations have also addressed veterans’ health care issues.

Concerned Veterans for America Survey of Veterans' Healthcare (November, 2014)

The Concerned Veterans for America commissioned The Tarrance Group to conduct a national survey of 1,000 veterans during November 2014.⁸²³ This survey used a random, demographically representative sample of veterans. Four survey items addressed health care, including: knowledge of any problems at VA; need for reform of veterans’ healthcare; importance of more choice (or options) in health care for veterans; and importance of best possible veterans care, even if outside VA.

⁸²¹ Megan Zottarelli, *RIGHT to CARE: Voices of Swords to Plowshares' Veteran Community*, Swords to Plowshares, Institute for Veterans Policy, April 2016.

⁸²² Comments from veterans about their experiences as users of the VA health care system, printout provided to Commission on Care by Disabled American Veterans, April 2016.

⁸²³ Concerned Veterans for America, *Fixing Veterans Health Care*, A Bipartisan Policy Taskforce, accessed June 20, 2016, <http://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf>.

Vet Voice Foundation Survey of Veterans (October, 2015)

Chesapeake Beach Consulting and Lake Research Partners conducted 800 phone (landline and cell) interviews of veterans during October 2015. The results were population weighted by demographics. Topics included rating the job VA hospitals are doing in their area and the extent they favor/oppose privatizing some of VA's health care.

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APPENDIX H: ADDITIONAL RESOURCES

The VHA health care system is immense and complex. This report provides background for the areas for which the Commission has made recommendations, yet this information is but a glimpse at the intricacies of veterans' health care. The resources below may serve as a starting point for those who would like to develop a deeper understanding of the topic than the Commission could address in this report.

Independent Assessment Report

The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Volume 1: Integrated Report*, http://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf.

RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment A (Demographics)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_A_Demographics.pdf.

RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment B (Health Care Capabilities)*, http://www.va.gov/opa/choiceact/documents/assessments/assessment_b_health_care_capabilities.pdf.

RAND Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment C (Care Authorities)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_C_Care_Authorities.pdf.

Institute of Medicine of the National Academies, *Transforming Health Care Scheduling and Access: Getting to Now*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_D_Access_Standards.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment E (Workflow – Scheduling)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_E_Workflow_Scheduling.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment F (Workflow – Clinical)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_F_Workflow_Clinical.pdf.

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Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment G (Staffing/Productivity/Time Allocation)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_G_Staffing_Productivity.pdf.

The MITRE Corporation, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment H (Health Information Technology)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_H_Health_Information_Technology.pdf.

Grant Thornton, *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment I (Business Processes)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_I_Business_Processes.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment J (Supplies)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_J_Supplies.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment K (Facilities)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_K_Facilities.pdf.

McKinsey & Company, Inc., *Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs, Assessment L (Leadership)*, http://www.va.gov/opa/choiceact/documents/assessments/Assessment_L_Leadership.pdf.

Veteran Health Competency Resources

American Nurses Foundation

The American Nurses Foundation, the philanthropic arm of the American Nurses Association, is launching an innovative web-based PTSD Toolkit for registered nurses. The toolkit provides easy to access information and simulation based on gaming techniques on how to identify, assess and refer veterans suffering from PTSD. www.nurseptsdtoolkit.org

American Osteopathic Association

The American Osteopathic Association (AOA) represents osteopathic physicians, many of whom are in primary care practice, and essentially all of whom treat America's veterans and their families. The AOA is raising awareness in the osteopathic community about the importance of having a comprehensive understanding of the unique physical and mental health care needs of our service members, veterans, and their families. The AOA is committed to ensuring that medical students, physicians, and other health care providers understand that an individual's physical and/or mental health condition may be linked to his or her military experience.

www.osteopathic.org/inside-aoa/public-policy/Pages/federal-initiatives.aspx

Center for Deployment Psychology

The Center for Deployment Psychology of the Uniformed Services University of the Health Sciences, Department of Medical and Clinical Psychology offer a wide variety of on-line courses and other resources to help uniformed clinical providers, VHA providers, and community clinicians provide care consistent with the needs and experience of military service members, veterans and their families.

<http://deploymentpsych.org/online-courses>

<http://deploymentpsych.org/military-culture-course-modules>

Rural Clergy Training Program

The Rural Clergy Training Program, an initiative of the VHA National Chaplain Center and the Office of Rural Health, offers training and information to clergy providing pastoral services to veterans and their families.

http://www.ruralhealth.va.gov/docs/ruralclergytraining/The_Clergy_Connection_December_2015.pdf

Swords to Plowshares Combat to Community Training

Swords to Plowshares is nationally recognized for its expertise in providing comprehensive services and promoting and protecting the rights of veterans. Swords to Plowshares' *Combat to Community*® training is a series of accredited cultural competency curricula developed by its Institute for Veteran Policy team with the purpose of educating the community to address the reintegration challenges veterans face and the unique skill sets they acquire in service. The training was developed for law enforcement, first responder, mental health, and service professionals to teach:

- Commonly shared attitudes, values, goals, and practice that often characterize service in the military
- Recruitment and retention strategies for veteran employment
- How deployment, combat experience, service related injuries, and disability can impact veterans
- How veteran or military family status can inform interactions and services
- Potential resources to refer veterans and families to for supportive services

The training incorporates knowledge developed by experts in the fields of veteran culture and direct services with practical tools and resources to increase understanding and improve interactions with veterans.

<https://www.swords-to-plowshares.org/combat-to-community>

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VA Military Culture Training Courses on TMS

The resources below are available to VA employees and contractors. Versions of these courses should be made available to community providers through an alternative to TMS that allows outside providers to access the training.

- **Military Culture Training for Health Care Professionals – Organization and Roles (VA 19332)**

The first module of this online course provides an overview of the differences between the explicit and implicit features of military culture and describes the characteristics of implicit military culture. The next module identifies four sources of information about implicit military culture and describes six defining characteristics of warrior ethos. The learner is provided information about the influence of military guiding ideals and values on the lives of service members and veterans. The final module offers an overview regarding the connotations of implicit military culture on the health care professional.

- **Military Culture Training for Health Care Professionals: Self-Awareness and Military Ethos (VA 19333)**

This online course, sponsored by the Department of Veterans Affairs and Department of Defense, helps health care professionals understand the role that military culture plays in the lives of those they serve. The course is comprised of four modules: 1) Self-Assessment and Introduction to Military Ethos, 2) Military Organization and Roles, 3) Stressors and Their Impact, and 4) Treatment Resources and Tools.

- **Military Culture Training for Health Care Professionals: Stressors & Resources (VA 19334)**

This online course offers the learner an explanation of how stress can be either helpful or harmful depending on the nature of the provoking stressor and the availability of resources. The four phases of modern operational deployment cycles is presented in great detail in module 3. The next two modules describe the characteristic operational stressors and the spectrum of operational stress states and outcomes experienced by service members and their families during each deployment cycle phase.

- **Military Culture Training for Health Care Professionals: Treatment Resources, Prevention & Treatment (VA 19335)**

This online course in the military culture curriculum outlines the military culture impact on patient care and the health care professional's role and explains the range of DoD and VA psychological health services. The course also provides information on interpreting military culture knowledge into patient assessment and treatment. Finally, the learner is exposed to the military culture implications of VA/DoD clinical practice guidelines relevant to the care of service members and veterans and the strategies for identifying current military culture relevant patient and health care professional resources.

- **Military Cultural Awareness (NFED 1341520)**

This military cultural awareness online course provides a common foundation for all VA employees. This course offers an overview of common military culture and courtesies, roles and ranks within the military, differences between the branches of the armed services, some of the conflicts in which veterans have served, and why this information

is important in helping VA employees better serve the needs of veterans and their families. After taking this course, participants will understand the perspective of the veterans they serve by having a greater awareness of the military experience, and the customs and courtesies that are common in the military environment.

- **PTSD 101: Understanding Military Culture When Treating PTSD (VA 9494)**
This online web-based course is part of the PTSD 101 education series which is presented by subject-matter experts to increase provider knowledge related to the assessment and treatment issues of PTSD. Each course specifically addresses trauma events, treatments, or special population issues, not normally addressed in general therapy protocols. This course is specifically designed to familiarize clinicians with military culture, terminology, demographics, and stressors. It also provides an overview of programs offered by DoD for managing combat or operational stress, as well as implications for assessment and treatment.
- **Why Military Culture Matters (Mobile Accessible) (VA 16353)**
This independent online study activity is designed to help the learner better connect with veterans and understand how veterans' military experiences influence their health. This course is formatted to be accessible using a VA networked mobile device.

Additional Sources

Asch, Steven M., Elizabeth A. McGlynn, Mary M. Hogan, Rodney A. Hayward, Paul Shekelle, Lisa Rubenstein, Joan Keese, John Adams, and Eve A. Kerr. "Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample." *Annals of Internal Medicine*, 141, no. 12 (2004): 938-945. <http://doi.org/10.7326/0003-4819-141-12-200412210-00010>.

Berlowitz, Dan R., Amy K. Rosen, Fei Wang, Dionyssios Tsilimingras, Pierre N. Tariot, Joe Engelhardt, Boris Kader, and Dana B. Mukamel. "Purchasing or Providing Nursing Home Care: Can Quality of Care Data Provide Guidance." *Journal of the American Geriatrics Society*, 53, no. 4 (2005): 603-608. <http://doi.org/10.1111/j.1532-5415.2005.53207.x>.

Bohnert, Kipling M., Paul N. Pfeiffer, Benjamin R. Szymanski, and John F. McCarthy. "Continuation of Care Following an Initial Primary Care Visit with a Mental Health Diagnosis: Differences by Receipt of VHA Primary Care-Mental Health Integration Services." *General Hospital Psychiatry*, 35, no. 1 (2013): 66-70. <http://doi.org/10.1016/j.genhosppsych.2012.09.002>.

Borzecki, Ann M., Cindy L. Christiansen, Susan Loveland, Priscilla Chew, and Amy K. Rosen. "Trends in the Inpatient Quality Indicators: the Veterans Health Administration Experience." *Medical Care*, 48, no. 8 (2010): 694-702. <http://doi.org/10.1097/MLR.0b013e3181e419e3>.

Chi, Ru-Chien, Gayle E. Reiber, and Kathleen M. Neuzil. "Influenza and Pneumococcal Vaccination in Older Veterans: Results from the Behavioral Risk Factor Surveillance

COMMISSION ON CARE FINAL REPORT

System." *Journal of the American Geriatrics Society*, 54, no. 2 (2006): 217–223.
<http://doi.org/10.1111/j.1532-5415.2005.00577.x>.

De Luca, Susan M., John R. Blosnich, Elizabeth A. W. Hentschel, Erika King, and Sally Amen. "Mental Health Care Utilization: How Race, Ethnicity and Veteran Status are Associated with Seeking Help." *Community Mental Health Journal*, 52, no. 2 (2016): 174–179.
<http://doi.org/10.1007/s10597-015-9964-3>.

Hoffmire, Claire A., Janet E. Kemp, and Robert M. Bossarte. "Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010." *Psychiatric Services*, 66, no. 9 (2015): 959–965. <http://doi.org/10.1176/appi.ps.201400031>.

Jha, Ashish K., Jonathan B. Perlin, Kenneth W. Kizer, and R. Adams Dudley. "Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care." *New England Journal of Medicine*, 348 (2003): 2218–2227. <http://doi.org/10.1056/NEJMsa021899>.

Jha, Ashish K., Steven M. Wright, and Jonathan B. Perlin. "Performance Measures, Vaccinations, and Pneumonia Rates Among High-Risk Patients in Veterans Administration Health Care." *American Journal of Public Health*, 97, no. 12, 2167–2172.
<http://doi.org/10.2105/AJPH.2006.099440>.

Karlin, Bradley E., Gregory K. Brown, Mickey Trockel, Darby Cunning, Antonette M. Zeiss, and C. Barr Taylor. "National Dissemination of Cognitive Behavioral Therapy for Depression in the Department of Veterans Affairs Health Care System: Therapist and Patient-Level Outcomes." *Journal of Consulting and Clinical Psychology*, 80, no. 5 (2012): 707–718. <http://doi.org/10.1037/a0029328>

Karlin, Bradley E., Josef I. Ruzek, Kathleen M. Chard, Afsoon Eftekhari, Candice M. Monson, Elizabeth A. Hembree, Patricia A. Resick, and Edna B. Foa. "Dissemination of Evidence-Based Psychological Treatments for Posttraumatic Stress Disorder in the Veterans Health Administration." *Journal of Traumatic Stress*, 23, no. 6 (2010): 663–673.
<http://doi.org/10.1002/jts.20588>.

Keating, Nancy L., Mary Beth Landrum, Elizabeth B. Lamont, Samuel R. Bozeman, Steven H. Krasnow, Lawrence N. Shulman, Jennifer R. Brown, Craig C. Earle, William K. Oh, Michael Rabin, and Barbara J. McNeil. "Quality of Care for Older Patients with Cancer in the Veterans Health Administration Versus the Private Sector: A Cohort Study." *Annals of Internal Medicine*, 154, no. 11 (2011): 727–736. <http://doi.org/10.7326/0003-4819-154-11-201106070-00004>.

Kerr, Eve A., Robert B. Gerzoff, Sarah L. Krein, Joseph V. Selby, John D. Piette, J. David Curb, William H. Herman, David G. Marrero, K.M. Venkat Narayan, Monika M. Safford, Theodore Thompson, and Carol M. Mangione. "Diabetes Care Quality in the Veterans Affairs Health Care System and Commercial Managed Care: The TRIAD Study." *Annals of Internal Medicine*, 141, no. 4 (2004): 272–281. <http://doi.org/10.7326/0003-4819-141-4-200408170-00007>.

- Kilbourne, Amy M., Rosalinda V. Ignacio, Hyungjin Myra Kim, and Frederic C. Blow. "Datapoints: Are VA Patients with Serious Mental Illness Dying Younger?" *Psychiatric Services*, 60, no. 5 (2015): 589. <http://doi.org/10.1176/appi.ps.60.5.589>.
- Krein, Sarah L., Timothy P. Hofer, Christine P. Kowalski, Russell N. Olmsted, Carol A. Kauffman, Jane H. Forman, Jane Banaszak-Holl, and Sanjay Saint. "Use of Central Venous Catheter-Related Bloodstream Infection Prevention Practices by US Hospitals." *Mayo Clinic Proceedings*, 82, no. 6 (2011): 672–678. <http://doi.org/10.4065/82.6.672>.
- Parikh-Patel, Arti, Cyllene R. Morris, Robert Martinsen, and Kenneth W. Kizer, "Disparities in Stage at Diagnosis, Survival, and Quality of Cancer Care in California by Source of Health Insurance." *California Cancer Reporting and Epidemiologic Surveillance Program, Institute for Population Health Improvement, University of California Davis*, October, 2015. <http://escholarship.org/uc/item/8xc078vj>.
- Petersen, Laura A., Sharon-Lise T. Normand, Jennifer Daley, and Barbara J. McNeil. "Outcome of Myocardial Infarction in Veterans Health Administration Patients as Compared with Medicare Patients." *New England Journal of Medicine*, 343, no. 26 (2000): 1934–1941. <http://doi.org/10.1056/NEJM200012283432606>.
- Petersen, Laura A., Sharon-Lise T. Normand, Lucian L. Leape, Barbara J. McNeil. "Comparison of Use of Medications After Acute Myocardial Infarction in the Veterans Health Administration and Medicare." *Circulation*, 104, no. 24 (2001): 2898–2904. <http://doi.org/10.1161/hc4901.100524>.
- Rehman, Shakaib U., Florence N. Hutchison, Katharine Hendrix, Eni C. Okonofua, Brent M. Egan. "Ethnic Differences in Blood Pressure Control Among Men at Veterans Affairs Clinics and Other Health Care Sites." *Archives of Internal Medicine*, 165, no. 9 (2005): 1041–1047. <http://doi.org/10.1001/archinte.165.9.1041>.
- Reiber, Gayle E., Thomas D. Koepsell, Charles Maynard, Linda B. Haas, and Edward J. Boyko. "Diabetes in Nonveterans, Veterans, and Veterans Receiving Department of Veterans Affairs Health Care." *Diabetes Care*, 27, Suppl. 2 (2004): B3–B9. http://dx.doi.org/10.2337/diacare.27.suppl_2.B3.
- Ross, Joseph S., Salomeh Keyhani, Patricia S. Keenan, Susannah M. Bernheim, Joan D. Penrod, Kenneth S. Boockvar, Alex D. Federman, Harlan M. Krumholz, and Albert L. Siu. "Use of Recommended Ambulatory Care Services: Is the Veterans Affairs Quality Gap Narrowing?" *Archives of Internal Medicine*, 168, no. 9 (2008): 950–958. <http://doi.org/10.1001/archinte.168.9.950>.
- Selim, Alfredo J., Dan Berlowitz, Lewis E. Kazis, William Rogers, Steven M. Wright, Shirley X. Qian, James A. Rothendler, Avron Spiro III, Donald Miller, Bernardo J. Selim, and Benjamin G. Fincke. "Comparison of Health Outcomes for Male Seniors in the Veterans Health Administration and Medicare Advantage Plans." *Health Services Research*, 45, no. 2 (2009): 376–396. <http://doi.org/10.1111/j.1475-6773.2009.01068.x>.
- Selim, Alfredo J., Lewis E. Kazis, William Rogers, Shirley Qian, James A. Rothendler, Austin Lee, Xinya S. Ren, Samuel C. Haffer, Russ Mardon, Donald Miller, Avron Spiro III, Bernardo

COMMISSION ON CARE FINAL REPORT

- J. Selim, and Benjamin G. Fincke. "Risk-Adjusted Mortality as an Indicator of Outcomes: Comparison of the Medicare Advantage Program with the Veterans' Health Administration." *Medical Care*, 44, no. 4 (2006): 359-365. <http://doi.org/10.1097/01.mlr.0000204119.27597.f1>.
- Trivedi, Amal N., and Regina C. Grebla. "Quality and Equity of Care in the Veterans Affairs Health-Care System and in Medicare Advantage Health Plans." *Medical Care*, 49, no. 6 (2011): 560-568. <http://doi.org/10.1097/MLR.0b013e31820fb0f6>.
- Trivedi, Amal N., Sierra Matula, Isomi Miake-Lye, Peter A. Glassman, Paul Shekelle, and Steven Asch. "Systematic Review: Comparison of the Quality of Medical Care in Veterans Affairs and Non-Veterans Affairs Settings." *Medical Care*, 49, no. 1 (2011): 76-88. <http://doi.org/10.1097/MLR.0b013e3181f53575>.
- Trockel, Mickey, Bradley E. Karlin, C. Barr Taylor, Gregory K. Brown, and Rachel Manber. "Effects of Cognitive Behavioral Therapy for Insomnia on Suicidal Ideation in Veterans." *SLEEP*, 38, no. 2 (2015): 259-265. <http://doi.org/10.5665/sleep.4410>.
- Watkins, Katherine E., Brad Smith, Ayse Akincigil, Melony E. Sorbero, Susan Paddock, Abigail Woodroffe, Cecilia Huang, Stephen Crystal, and Harold Alan Pincus. "The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans." *Psychiatric Services*, 67, no. 4 (2016): <http://doi.org/10.1176/appi.ps.201400537>.
- Weeks, W. B., A. N. West, A. K. Rosen, and J. P. Bagian. "Comparing Measures of Patient Safety for Inpatient Care Provided to Veterans Within and Outside the VA System in New York." *Quality & Safety in Health Care*, 17, no. 1 (2007): 58-64. <http://doi.org/10.1136/qshc.2006.020735>.
- Wright, Steven M., Laura A. Petersen, Rebecca P. Lamkin, and Jennifer Daley. "Increasing Use of Medicare Services by Veterans with Acute Myocardial Infarction." *Medical Care*, 37, no. 6 (1999): 529-537.

APPENDIX I: ENABLING DOCUMENTS

Veterans Access, Choice, and Accountability Act of 2014

TITLE II—HEALTH CARE ADMINISTRATIVE MATTERS

SEC. 201. INDEPENDENT ASSESSMENT OF THE HEALTH CARE DELIVERY SYSTEMS AND MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) INDEPENDENT ASSESSMENT. —

(1) ASSESSMENT. — Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity or entities described in subsection (b) to conduct an independent assessment of the hospital care, medical services, and other health care furnished in medical facilities of the Department. Such assessment shall address each of the following:

(A) Current and projected demographics and unique health care needs of the patient population served by the Department.

(B) Current and projected health care capabilities and resources of the Department, including hospital care, medical services, and other health care furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to veterans.

(C) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at non-Department facilities, including whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

(D) The appropriate system-wide access standard applicable to hospital care, medical services, and other health care furnished by and through the Department, including an identification of appropriate access standards for each individual specialty and post-care rehabilitation.

(E) The workflow process at each medical facility of the Department for scheduling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

(F) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services.

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(G) The staffing level at each medical facility of the Department and the productivity of each health care provider at such medical facility, compared with health care industry performance metrics, which may include an assessment of any of the following:

(i) The case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

(ii) The time spent by such health care provider on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

(I) At a medical facility that is affiliated with the Department.

(II) Conducting research.

(III) Training or supervising other health care professionals of the Department.

(H) The information technology strategies of the Department with respect to furnishing and managing health care, including an identification of any weaknesses and opportunities with respect to the technology used by Department, especially those strategies with respect to clinical documentation of episodes of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in Department or non-Department facilities.

(I) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third- party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

(iii) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, and other health care and to ensure that such amounts collected are accurate.

(iv) To increase the accuracy and timeliness of Department payments to vendors and providers.

(J) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care related services by the Department, including the following:

(i) The prices paid for, standardization of, and use by the Department of the following:

(I) Pharmaceuticals.

(II) Medical and surgical supplies.

(III) Medical devices.

(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

(iii) The strategy and systems used by the Department to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care related services to Veterans Integrated Service Networks and medical facilities of the Department.

(K) The process of the Department for carrying out construction and maintenance projects at medical facilities of the Department and the medical facility leasing program of the Department.

(L) The competency of leadership with respect to culture, accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management.

(2) PARTICULAR ELEMENTS OF CERTAIN ASSESSMENTS. —

(A) SCHEDULING ASSESSMENT. — In carrying out the assessment required by paragraph (1)I, the private sector entity or entities shall do the following:

(i) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

(ii) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

(iii) Assess whether changes in the technology or system used in scheduling appointments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

(iv) Assess whether health care providers of the Department are making changes to their schedules that hinder the ability of employees conducting such tasks to perform such tasks.

(v) Assess whether the establishment of a centralized call center throughout the Department for scheduling appointments at medical facilities of the Department would improve the process of scheduling such appointments.

(vi) Assess whether booking templates for each medical facility or clinic of the Department would improve the process of scheduling such appointments.

(vii) Assess any interim technology changes or attempts by Department to internally develop a long-term scheduling solutions with respect to the feasibility and cost effectiveness of such internally developed solutions compared to commercially available solutions.

(viii) Recommend actions, if any, to be taken by the Department to improve the process for scheduling such appointments, including the following:

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(1) Changes in training materials provided to employees of the Department with respect to conducting tasks related to scheduling such appointments.

(II) Changes in monitoring and assessment conducted by the Department of wait times of veterans for such appointments.

(III) Changes in the system used to schedule such appointments, including changes to improve how the Department –

(aa) measures wait times of veterans for such appointments;

(bb) monitors the availability of health care providers of the Department; and

(cc) provides veterans the ability to schedule such appointments.

(IV) Such other actions as the private sector entity or entities considers appropriate.

(B) MEDICAL CONSTRUCTION AND MAINTENANCE PROJECT AND LEASING PROGRAM ASSESSMENT. – In carrying out the assessment required by paragraph (1)(K), the private sector entity or entities shall do the following:

(i) Review the process of the Department for identifying and designing proposals for construction and maintenance projects at medical facilities of the Department and leases for medical facilities of the Department.

(ii) Assess the process through which the Department determines the following:

(1) That a construction or maintenance project or lease is necessary with respect to a medical facility or proposed medical facility of the Department.

(II) The proper size of such medical facility or proposed medical facility with respect to treating veterans in the catchment area of such medical facility or proposed medical facility.

(iii) Assess the management processes of the Department with respect to the capital management programs of the department, including processes relating to the methodology for construction and design of medical facilities of the Department, the management of projects relating to the construction and design of such facilities, and the activation of such facilities.

(iv) Assess the medical facility leasing program of the Department.

(3) TIMING. – The private sector entity or entities carrying out the assessment required by paragraph (1) shall complete such assessment not later than 240 days after entering into the contract described in such paragraph.

(b) PRIVATE SECTOR ENTITIES DESCRIBED. – A private entity described in this subsection is a private entity that –

(1) has experience and proven outcomes in optimizing the performance of the health care delivery systems of the Veterans Health Administration and the private sector and in health care management; and

(2) specializes in implementing large-scale organizational and cultural transformations, especially with respect to health care delivery systems.

(c) PROGRAM INTEGRATOR. —

(1) IN GENERAL. — If the Secretary enters into contracts with more than one private sector entity under subsection (a), the Secretary shall designate one such entity that is predominately a health care organization as the program integrator.

(2) RESPONSIBILITIES. — The program integrator designated pursuant to paragraph (1) shall be responsible for coordinating the outcomes of the assessments conducted by the private entities pursuant to such contracts.

(d) REPORT ON ASSESSMENT. —

(1) IN GENERAL. — Not later than 60 days after completing the assessment required by subsection (a), the private sector entity or entities carrying out such assessment shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Commission on Care established under section 202 a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

(2) PUBLICATION. — Not later than 30 days after receiving the report under paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department of Veterans Affairs that is accessible to the public.

(e) NON-DEPARTMENT FACILITIES DEFINED. — In this section, the term “non-Department facilities” has the meaning given that term in section 1701 of title 38, United States Code.

SEC. 202. COMMISSION ON CARE.

(a) ESTABLISHMENT OF COMMISSION. —

(1) IN GENERAL. — There is established a commission, to be known as the “Commission on Care” (in this section referred to as the “Commission”), to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 20-year period beginning on the date of the enactment of this Act.

(2) MEMBERSHIP. —

(A) VOTING MEMBERS. — The Commission shall be composed of 15 voting members who are appointed as follows:

(i) Three members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

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(ii) Three members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a veteran.

(iii) Three members appointed by the Majority Leader of the Senate, at least one of whom shall be a veteran.

(iv) Three members appointed by the Minority Leader of the Senate, at least one of whom shall be a veteran.

(v) Three members appointed by the President, at least two of whom shall be veterans.

(B) QUALIFICATIONS. — Of the members appointed under subparagraph (A) —

(i) at least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code;

(ii) at least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000;

(iii) at least one member shall be familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)));

(iv) at least one member shall be familiar with the Veterans Health Administration but shall not be currently employed by the Veterans Health Administration; and

(v) at least one member shall be familiar with medical facility construction and leasing projects carried out by government entities and have experience in the building trades, including construction, engineering, and architecture.

I DATE. — The appointments of members of the Commission shall be made not later than 1 year after the date of the enactment of this Act.

(3) PERIOD OF APPOINTMENT. —

(A) IN GENERAL. — Members shall be appointed for the life of the Commission.

(B) VACANCIES. — Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

(4) INITIAL MEETING. — Not later than 15 days after the date on which eight voting members of the Commission have been appointed, the Commission shall hold its first meeting.

(5) MEETINGS. — The Commission shall meet at the call of the Chairperson.

(6) QUORUM. — A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(7) CHAIRPERSON AND VICE CHAIRPERSON. — The President shall designate a member of the commission to serve as Chairperson of the Commission. The Commission shall select a Vice Chairperson from among its members.

(b) DUTIES OF COMMISSION. —

(1) EVALUATION AND ASSESSMENT. — The Commission shall undertake a comprehensive evaluation and assessment of access to health care at the Department of Veterans Affairs.

(2) MATTERS EVALUATED AND ASSESSED. — In undertaking the comprehensive evaluation and assessment required by paragraph (1), the Commission shall evaluate and assess the results of the assessment conducted by the private sector entity or entities under section 201, including any findings, data, or recommendations included in such assessment.

(3) REPORTS. — The Commission shall submit to the President, through the Secretary of Veterans Affairs, reports as follows:

(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(B) Not later than 180 days after the date of the initial meeting of the Commission, a final report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(c) POWERS OF THE COMMISSION. —

(1) HEARINGS. — The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

(2) INFORMATION FROM FEDERAL AGENCIES. — The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

(d) COMMISSION PERSONNEL MATTERS. —

(1) COMPENSATION OF MEMBERS. —

(A) IN GENERAL. — Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily

COMMISSION ON CARE FINAL REPORT

equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission.

(B) OFFICERS OR EMPLOYEES OF THE UNITED STATES. — All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) TRAVEL EXPENSES. — The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) STAFF. —

(A) IN GENERAL. — The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION. — The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES. — Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES. — The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) TERMINATION OF THE COMMISSION. — The Commission shall terminate 30 days after the date on which the Commission submits the report under subsection (b)(3)(B).

(f) FUNDING. — The Secretary of Veterans Affairs shall make available to the Commission from amounts appropriated or otherwise made available to the Secretary such amounts as the Secretary and the Chairperson of the Commission jointly consider appropriate for the Commission to perform its duties under this section.

(g) EXECUTIVE ACTION. —

(1) ACTION ON RECOMMENDATIONS. — The President shall require the Secretary of Veterans Affairs and such other heads of relevant Federal departments and agencies to

implement each recommendation set forth in a report submitted under subsection (b)(3) that the President —

(A) considers feasible and advisable; and

(B) determines can be implemented without further legislative action.

(2) REPORTS. — Not later than 60 days after the date on which the President receives a report under subsection (b)(3), the President shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives and such other committees of Congress as the President considers appropriate a report setting forth the following:

(A) an assessment of the feasibility and advisability of each recommendation contained in the report received by the President.

(B) For each recommendation assessed as feasible and advisable under subparagraph (A) the following:

(i) Whether such recommendation requires legislative action.

(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

(iii) A description of any administrative action already taken to carry out such recommendation.

(iv) A description of any administrative action the President intends to be taken to carry out such recommendation and by whom.

H.R. 4437: Extension of Deadline for Submittal of Final Report by Commission on Care

[114th Congress Public Law 131]

[[Page 130 STAT. 292]]

Public Law 114-131

114th Congress

An Act

To extend the deadline for the submittal of the final report required by the Commission on Care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. 38 USC 1701; EXTENSION OF DEADLINE FOR SUBMITTAL OF FINAL REPORT BY COMMISSION ON CARE.

COMMISSION ON CARE FINAL REPORT

Section 202(b)(3)(B) of the Veterans Access, Choice, and Accountability Act of 2014, 128 Stat. 1775 (Public Law 113-146; 128 Stat. 1773) is amended by striking “Not later than 180 days after the date of the initial meeting of the Commission” and inserting “Not later than June 30, 2016”.

Approved February 29, 2016.

DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
COMMISSION ON CARE

1. OFFICIAL DESIGNATION: Commission on Care
2. AUTHORITY: The Commission on Care established as required by section 202 of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), Public Law 113-146, and operates under the provisions of the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. App. 2.
3. OBJECTIVES AND SCOPE OF ACTIVITIES: The Commission on Care (the "Commission") is established to examine the access of Veterans to health care from the Department of Veterans Affairs (VA) and strategically examine how best to organize the Veterans Health Administration (VHA), locate health care resources, and deliver health care to Veterans during the 20-year period beginning on the date of the enactment of VACAA, August 7, 2014.
4. DUTIES OF THE COMMISSION:
 - A. Evaluation and Assessment: In accordance with section 202(b)(1), the Commission shall undertake a comprehensive evaluation and assessment of access to health care at VA.
 - B. Matters Evaluated and Assessed: In undertaking the comprehensive evaluation and assessment required by section 202(b)(1) of VACAA and paragraph (4)(A) above, the Commission shall evaluate and assess the results of the assessment conducted by the private sector entity or entities under section 201 of VACAA, including any findings, data, or recommendations included in such assessment.
 - C. Reports: In accordance with section 202(b)(3) of VACAA, submit an interim report not later than 90 days after the initial meeting of the Commission to the President, through the Secretary of Veterans Affairs, and a final report not later than 180 days after the initial meeting of the Commission. The reports shall include (i) the findings of the Commission with respect to the evaluation and assessment required by section 202(b)(1); and (ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through VHA.
5. OFFICIAL TO WHOM THE COMMISSION REPORTS: The Commission reports to the President, through the Secretary of Veterans Affairs.

VA is responsible for ensuring the reporting requirements of Section 6(b) of the FACA are fulfilled.

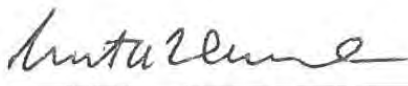
COMMISSION ON CARE FINAL REPORT

6. OFFICE RESPONSIBLE FOR PROVIDING THE NECESSARY SUPPORT FOR THE COMMISSION: VHA is responsible for providing support to the Commission.
7. ESTIMATED ANNUAL OPERATING COSTS AND STAFF-YEARS: Annual operating cost for the Commission is estimated at \$3,600,000 per year, including compensation of members and staff, in accordance with section 202(d) of VACAA. All members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulations for any travel made in connection with their duties as members of the Commission. Approximately 15 FTE are anticipated.
8. DESIGNATED FEDERAL OFFICER: The Designated Federal Officer (DFO) or an Alternate DFO, full-time or permanent part-time VA employees, will be present at all meetings, including subcommittee meetings. The DFO will work with the Commission Chair to schedule the meetings and develop meeting agendas. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.
9. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Commission will meet at the call of the Chair for the duration of the Commission. The Commission may hold such hearings, sit and act at such times and places, and take such testimony, and receive such evidence as the Commission considers advisable to carry out its duties under section 202 of VACAA. A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.
10. DURATION: The Commission is subject to the termination date as specified below in section 11.
11. TERMINATION: The Commission shall terminate 30 days after the date on which the Commission submits the final report required by section 202(b)(3)(B) of VACAA.
12. MEMBERSHIP: The Commission shall be composed of 15 voting members who are appointed as Special Government Employees and described in paragraph (A) below for the life of the Commission and have the qualifications described in paragraph (B) below:
 - A. APPOINTMENT AUTHORITY:
 - i. Three members appointed by the Speaker of the House of Representatives, at least one of whom shall be a Veteran.
 - ii. Three members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a Veteran.

- iii. Three members appointed by the Majority Leader of the Senate, at least one of whom shall be a Veteran.
 - iv. Three members appointed by the Minority Leader of the Senate, at least one of whom shall be a Veteran.
 - v. Three members appointed by the President, at least two of whom shall be Veterans.
- B. QUALIFICATIONS: Of the members appointed under 12(A) –
- i. At least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of Veterans under 38 U.S.C. 5902;
 - ii. At least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000;
 - iii. At least one member shall be familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined by in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C. 1396d(1)(2)(B));
 - iv. At least one member shall be familiar with VHA but shall not be currently employed by VHA; and
 - v. At least one member shall be familiar with medical facility construction and leasing projects carried out by government entities and have experience in the building trades, including construction, engineering, and architecture.
- C. CHAIRPERSON AND VICE CHAIRPERSON: The President shall designate a member of the Commission to serve as Chairperson of the Commission. The Commission shall select a Vice Chairperson from among its members.
- D. VACANCIES: If a vacancy occurs, it shall be filled in the same manner as the original appointment.
13. SUBCOMMITTEES: The Commission is authorized to establish subcommittees, with DFO approval, to perform specific projects or assignments as necessary and consistent with its mission. The Commission Chair shall notify the Secretary, through the DFO, of the establishment of any subcommittee, including its function, membership, and estimated duration. Subcommittees will report back to the Commission.
14. RECORDKEEPING: Records of the Committee shall be handled in accordance with General Records Schedule 26 or other approved agency records disposition schedules. Those records shall be available for public inspection and copying, subject to the Freedom of Information Act 5, U.S.C. 552.

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15. DATE CHARTER IS FILED:

Approved:  Date 7/14/15
Robert A. McDonald
Secretary of Veterans Affairs



APPENDIX J: COMPOSITION OF THE COMMISSION

Nancy M. Schlichting, Chairperson

Appointed by President Barack Obama

Nancy M. Schlichting is Chief Executive Officer of Henry Ford Health System (HFHS), a nationally recognized \$5 billion health care organization with 27,000 employees and recipient of the 2011 Malcolm Baldrige National Quality Award, 2011 John M. Eisenberg Patient Safety Quality Award, and 2004 Foster G. McGaw Award. She is credited with leading the health system through a dramatic financial turnaround and for award-winning patient safety, customer service and diversity initiatives.

Schlichting joined HFHS in 1998 as its Senior Vice President and Chief Administrative Officer, served as Executive Vice President and Chief Operating Officer, President and CEO of Henry Ford Hospital and was named President and CEO of the System in 2003. Her career in health care administration spans over 35 years of experience in senior level executive positions.

Schlichting serves on several national and community boards including The Kresge Foundation, Walgreens Boots Alliance, the Federal Reserve Bank of Chicago – Detroit Branch, the Detroit Regional Chamber, the Detroit Economic Club, and the Downtown Detroit Partnership. Nancy is also a Fellow of the American College of Healthcare Executives.

In 2015, Schlichting was honored as one of the 100 Most Influential People in Healthcare by Modern Healthcare magazine, the eighth time she received this recognition. She was also named to the Top 25 Women in Healthcare by Modern Healthcare, the fourth time she received this recognition and the only Michigander named to the list. Her other awards include: NCHL Gail L. Warden Leadership Excellence award, ACHE Senior-Level Healthcare Executive Regent's Award, AHA/HRET 2014 TRUST Award, Becker's Hospital Review "40 of the Smartest People in Healthcare-2014," Crain's Detroit Business "2012 Newsmaker of the Year," HealthLeaders Media "20 People Who Make Healthcare Better-2012," and most recently was named one of "Crain's 100 Most Influential Women in Michigan."

Author of the acclaimed book, *Unconventional Leadership*, Schlichting is a highly regarded expert and accomplished speaker on strategic leadership, quality, patient/family-centered care, and diversity.

Schlichting received her A.B. in Public Policy Studies, Magna Cum Laude from Duke University and her M.B.A. from Cornell University. She has also been the recipient of honorary doctoral degrees from Walsh College, Eastern Michigan University and Central Michigan University.

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Delos M. (Toby) Cosgrove, MD, Vice Chairperson*Appointed by Speaker of the House John Boehner*

Toby Cosgrove, CEO of Cleveland Clinic, presides over a \$6.2 billion health care system comprising Cleveland Clinic, eight community hospitals, 16 family health and ambulatory surgery centers, Cleveland Clinic Florida, the Lou Ruvo Center for Brain Health in Las Vegas, Cleveland Clinic Toronto, and Cleveland Clinic Abu Dhabi. His leadership has emphasized patient care and patient experience, including the reorganization of clinical services into patient-centered, organ- and disease-based institutes. He launched major wellness initiatives for patients, employees, and communities. Under his leadership, Cleveland Clinic has consistently been named among America's top four hospitals by U.S. News & World Report and is one of only two hospitals named among America's 99 Most Ethical Companies by the Ethisphere Institute.

Cosgrove was a surgeon in the U.S. Air Force and served in Da Nang, Republic of Vietnam, as the chief of U.S. Air Force casualty staging flight. He received the Bronze Star and the Republic of Vietnam Commendation Medal.

He has published nearly 450 journal articles, book chapters, one book, and 17 training and continuing medical education films. He performed more than 22,000 operations and earned an international reputation for expertise in all areas of cardiac surgery, especially valve repair. As an innovator, Cosgrove has 30 patents filed for developing medical and clinical products used in surgical environments.

Cosgrove received his medical degree from the University of Virginia School of Medicine in Charlottesville, VA, and completed his clinical training at Massachusetts General Hospital, Boston Children's Hospital, and Brook General Hospital in London. He received a BA in biology from Williams College in Williamstown, MA.

Michael A. Blecker*Appointed by House Minority Leader Nancy Pelosi*

Michael Blecker has been associated with Swords to Plowshares since 1976 and has served as Executive Director since 1982. The agency was started in 1974 by returning Vietnam veterans and VISTA volunteers assigned to the VA regional office in San Francisco.

In the 1980s, when homelessness exploded, Swords to Plowshares started a transitional housing program with funding support from VA and the city and county of San Francisco. Swords to Plowshares continues to provide housing, employment, case management, and benefits advocacy for veterans from offices in San Francisco and Oakland. In 2005, the Iraq Vet Project (IVP) was established to help veterans of those wars and to shape policies affecting them. Recognizing Swords to Plowshares' long and effective history of challenging and shaping public policy with regard to veterans, in 2011, the IVP became known as the Institute for Veterans Policy.

Under Blecker's leadership, Swords to Plowshares' annual budget has grown from \$75,000 to nearly \$16 million. He has a nationwide reputation for dedicated service and as an authority on

veterans' services and veterans' rights. He served on the Advisory Committee on Homeless Veterans (2002-2007), which advises the Secretary of Veterans Affairs. He is cofounder of both the National Coalition for Homeless Veterans and the California Association of Veterans' Service Agencies. He has served on the Congressional Commission on Service Members and Veterans Transition Assistance, the California Senate Commission on Homeless Veterans, the San Francisco Mayor's Homeless Planning Committee, the National Agent Orange Settlement Advisory Board, The Agent Orange Information Center, and the Veterans Speakers Alliance.

Blecker served in the U.S. Army as a combat infantryman in Vietnam in 1968-69 with the 101st Airborne Division, achieving the rank of E-5. He received an AB degree in criminology from University of California, Berkeley and a JD degree from New College of California Law School.

David P. Blom

Appointed by Speaker of the House John Boehner

David Blom has been instrumental in the development and growth of the OhioHealth system. He has served as president of OhioHealth's central Ohio hospitals – Grant Medical Center, Riverside Methodist Hospital, and Doctors Hospital – while also serving as executive vice president and chief operating officer of OhioHealth. He was named president and CEO of OhioHealth in March 2002. He has a track record of achievement with a solid understanding of complex issues facing health care delivery. He has expertise in leading strategic initiatives, managing and developing human capital, improving profitability, and improving quality of care and customer experience.

Blom maintains many professional and community affiliations, currently serving as a board member of the Voluntary Hospitals of America (VHA), a member and treasurer of Columbus' Downtown Development Corporation (CDDC), member of the Columbus Partnership, and member of the local World President's Organization (WPO). In 2001, he was named a Top 100 Business Leader by Smart Business and in 2012 CEO of the Year by Columbus CEO Magazine.

He received a BA from Ohio State University and an MA in health care administration from The George Washington University.

David W. Gorman

Appointed by President Barack Obama

David Gorman is a retired, combat-disabled veteran of the Vietnam War, who was appointed executive director of the Disabled American Veterans (DAV) National Service and Legislative Headquarters in Washington, DC in 1995. His responsibilities include oversight of the DAV National Service, Legislative, and Voluntary Service Programs. He is the organization's principal spokesperson before Congress, the White House, and the U.S. Department of Veterans Affairs.

Gorman entered the U.S. Army in 1969 and served with the 173rd Airborne Brigade, the famed "Sky Soldiers" of the Vietnam War. During a campaign to secure an area in Central Vietnam

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where U.S. forces suffered extremely high casualties, Mr. Gorman was severely wounded. His wounds required amputation of both legs.

Discharged from the Army in 1970, he immediately joined the DAV and is currently a life member of the DAV's National Amputation Chapter and DAV Chapter 39 in Greer, SC.

Gorman retired from his post executive director at the Washington Headquarters for Disabled American Veterans and now resides in Simpsonville, SC. Gorman attended Cape Cod Community College.

The Honorable Thomas E. Harvey, Esq.

Appointed by Senate Majority Leader Mitch McConnell

Thomas Harvey is a Vietnam combat veteran whose decorations include the Silver Star, the Purple Heart and 12 others for valor and service. In Vietnam, he spent a year as a company commander with the 173rd Airborne brigade and a year and a half as an advisor with the Vietnamese Airborne Division.

A lawyer by training, Harvey has spent much of his professional career working with veterans and issues of concern to them. He has served as Chief Counsel and Staff Director of the Senate Veterans Affairs Committee, Deputy Administrator of the Veterans Administration, and Assistant Secretary for Congressional Affairs of the Department of Veterans Affairs. Following 5 years with a major Wall Street law firm, Harvey came to Washington, DC, in 1977 as a White House fellow, serving as an assistant to ADM Stansfield Turner, then director of the Central Intelligence Agency. He has also served in the Department of Defense and as General Counsel and Congressional Liaison of the United States Information Agency. For 5 years, he was Senior Counselor of the Institute of International Education, which administers the Fulbright Program on behalf of the U.S. Department of State, as well as a number of other international educational exchange programs.

He currently serves on the boards of the Milbank Memorial Fund, the focus of which is public health policy, and of the Art Students League of New York, where he studies watercolor painting. He holds both BA and JD degrees from the University of Notre Dame and a LLM degree from the New York University School of Law.

Maj. Stewart M. Hickey, USMC (ret.)

Appointed by Senate Majority Leader Mitch McConnell

Since 2011, Stewart Hickey has served as American Veterans (AMVETS) National Executive Director, operating the nation's fourth largest congressionally chartered veterans service organization and its subordinate organizations, and the daily advocacy of issues affecting veterans, national security, foreign affairs, and the economy.

Previously, Hickey was chief executive officer for the Hyndman (Pennsylvania) Area Health Center, a multisite community health center providing medical and dental services to several counties of Pennsylvania, West Virginia, and Maryland. His health care administration experience includes serving as chief human resources officer and chief operating officer of

Western Maryland Hospital Center in Hagerstown, Maryland, a 123-bed Joint Commission on Accreditation of Healthcare Organizations accredited, long-term care and sub-acute hospital with rehabilitation, occupational therapy, physical therapy, and respiratory care.

Hickey enlisted in the U.S. Marine Corps Reserve in February 1977, in Cumberland, MD, as an infantryman, and transferred to platoon leaders class in the summer of 1978. He served in Operation Desert Storm and Desert Shield and was awarded a Bronze Star Medal with Combat "V" for his achievements as commanding officer, Company D, Third Tank Battalion, Task Force RIPPER, 1st Marine Division, I Marine Expeditionary Force, Saudi Arabia from September 1990 to February 1991. His military education includes the Basic School, Armor Officer Basic, Amphibious Warfare School, Armor Officer Advanced Course, and Marine Corps Command and Staff College.

Hickey resides on his family farm in Cumberland Valley Township in McConnellsburg, PA. He and his wife, Ellen, have five children: Monroe, Ali, Charles, Andrew, and Bryce. Three of his sons, Andrew, Monroe, and Charles, followed their father's path and currently serve in the U.S. military.

Hickey received a BA in history from Penn State University and an MA in management from Webster University.

Rear Adm. Joyce M. Johnson, DO, US PHS (ret.)

Appointed by President Barack Obama

Joyce Johnson is a physician with senior public health leadership experience in civilian and military sectors.

Johnson served in the U.S. Public Health Service (Rear Admiral, Upper Half). Her last active-duty assignment was with the U.S. Coast Guard as Director, Health and Safety ("surgeon general"). She managed the Coast Guard's health care system, including 150 sickbays and clinics, and coordinated both medical and behavioral health care for the beneficiary population. She also had responsibility for the Coast Guard's safety and work-life programs. She held a Top Secret security clearance.

Other government assignments included senior scientific and management positions with the Food and Drug Administration (pharmaceutical safety and post-market surveillance) and the Substance Abuse and Mental Health Services Administration. She has held clinical positions at the National Institute of Mental Health and the Department of Veterans Affairs. At the Centers for Disease Control and Prevention, she was an Epidemiologic Intelligence Service (EIS) Officer and staff epidemiologist in the Center for Infectious Disease.

In the private sector, Johnson served as vice president, health sciences and chief medical officer for a large research organization, where she managed a portfolio of government contracts, including laboratory and social sciences research, and held a top secret security clearance.

Johnson is an osteopathic physician board certified in psychiatry and public health/preventive medicine. She is also a certified clinical pharmacologist and certified addiction specialist. In

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addition to her medical degree, she earned a master's degree in hospital and health administration. She has been conferred six honorary doctoral degrees. She is a Distinguished Life Fellow of the American Psychiatric Association.

Johnson has extensive international health experience on all seven continents. She has particular interests in global mental health, health systems development, infectious disease, and disaster relief. She has led five Flag Expeditions with the Explorers Club. For more than a decade she has been a consultant to the National Science Foundation on the health care system in Antarctica.

Johnson recently coauthored the book, *Lizard Bites and Street Riots, Travel Emergencies and Your Health, Safety and Security*, and writes a monthly medical column. She is a Clinical Professor and Adjunct Professor at Georgetown University. She has served on expert committees including the Committee on Substance Abuse in the Military, National Academy of Medicine. She is active in numerous professional associations including the American Psychiatric Association, serving on the Committee on Psychiatric Dimensions of Disasters; the American Osteopathic Association, serving on the Bureau of International Osteopathic Medicine; and the Explorers Club, serving on the Medical Committee.

The Honorable Ikram U. Khan, MD

Appointed by Senate Minority Leader Harry Reid

Ikram Khan currently, he is president and 50-percent partner of Quality Care Consultants, LLC, founded in March 1992. The company provides consultant services in health care strategy and policy development for employers and other health care organizations. The company assists clients in development and implementation of wellness and disease-management programs. The company also develops quality improvement initiatives and techniques and assists in development and implementation of programs for cost-effective utilization of medical resources. Major emphasis is on clinical outcomes and data monitoring analysis.

Khan is a member the United States Institute of Peace (USIP) Board of Directors; he was nominated by President George Bush, and confirmed by the U.S. Senate on June 5, 2008. He is also currently a member of the Nevada Homeland Security Commission, having been appointed by the Governor of Nevada.

He was nominated by President Clinton and confirmed by the U.S. Senate to serve as member of The Board of Regents Uniformed Services University of Health Sciences, an advisory board to U.S. Secretary of Defense (1999-2006).

Khan also served as Special Advisor on Healthcare to Former Nevada Governor Gibbons, was a member of the Nevada Academy of Health (appointed by Nevada Governor Gibbons), and is a past member of the Nevada Academy of Health Sciences (appointed by Nevada Governor Kenny Guinn). He is past member of Nevada Governor's Commission for Medical Education, Research and Training and was a member of the Nevada State Board of Medical Examiners for eight years. Dr. Khan received "Special Congressional Recognition" for invaluable community service in 1994 and a Congressional citation—"U.S. Senate - Honoring Dr. Ikram Khan"—on April 25, 1994.

Khan currently serves as member on the board of trustees at Sunrise Hospital Las Vegas-a 600 bed hospital. He has received recognition as “Most Influential Man in Southern Nevada” in 2000. He is also a recipient of a Las Vegas Chamber of Commerce community achievement award (October 1999), and a “Distinguished Community Service Award” from Anti-defamation League of B’nai B’rith (1994).

November 30, 1999 was declared “Dr. Ikram U. Khan Day” by the Governor of the State of Nevada, Mayor of Las Vegas, and the Board of Commissioners of Clark County.

During the course of his practice as General Surgeon, Khan has served in multiple leadership positions at various hospitals in Las Vegas.

Ikram Khan is president of quality Care Consultants LLC in Las Vegas Nevada. He received a doctor of medicine and surgery (MBBS) degree from University of Karachi, Pakistan.

Khan received a Doctor of Medicine and Surgery (MB, BS) in August 1972 from the University of Karachi, Pakistan. He completed post-graduate surgical residency in General Surgery in New York from 1974 through 1978, and practiced as a General Surgeon in Las Vegas through 2005.

Phillip J. Longman

Appointed by Senate Minority Leader Harry Reid

Phil Longman is a director at New America, a public policy institute. He is also a senior editor at the Washington Monthly and a lecturer at Johns Hopkins University, where he teaches a course in health care policy.

Longman has written extensively on issues related to health care delivery system reform, including in his book *Best Care Anywhere* (currently in its third edition). The book chronicles the quality transformation of the Veterans Health Administration during the 1990s and applies its lessons to the broader U.S. health care system.

Longman received a BA in philosophy from Oberlin College.

Col. Lucretia M. McClenney, USA (ret.)

Appointed by House Minority Leader Nancy Pelosi

Lucretia McClenney is a consultant with the Department of Defense Vietnam War Commemoration Office and Executive Coach with the Brookings Institute Executive Education Program. Previously she served as director of the Department of Veterans Affairs Center for Minority Veterans. As director, she served as the principal advisor to the Secretary of Veterans Affairs on policies and programs affecting minority veterans. Prior to her appointment, she served as special assistant to the assistant secretary for policy, planning, and preparedness, Department of Veterans Affairs (VA). She led the department’s emergency exercise planning, training, and evaluation program, and served as liaison to other government agencies. She has served on numerous working groups to include the congressionally mandated National Commission on VA Nursing, Task Force on Employment of Women at VA, and as the Secretary

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of Veterans Affairs' representative on the American Red Cross Board of Governors and Disaster and Chapter Services Committee.

Serving 30 years in the Army, McClenney retired as a colonel in November 2001. She served in various medical treatment facilities and on staffs worldwide serving as director, population health integration team, TRICARE management activity; chief nurse, European regional medical command and deputy commander for nursing, Landstuhl Regional Medical Command; deputy commander for nursing, Moncrief Army Community Hospital, Fort Jackson, South Carolina; assistant deputy for human resources, Office Of The Assistant Secretary Of The Army for Manpower and Reserve Affairs, the Pentagon; chief ambulatory nursing, Walter Reed Army Medical Center; senior policy analyst, Office of the Secretary of Defense (Health Affairs), The Pentagon; and member of the President's National Health Care Reform Task Force.

McClenney's military and civilian awards/decorations include the Legion of Merit (two oak leaf clusters), Defense Meritorious Service Medal, Meritorious Service Medal (seven oak leaf clusters), Army Commendation Medal (two oak leaf clusters), Navy Commendation Medal, Army Achievement Medal, Army Good Conduct Medal, the Army Staff Identification Badge, Office of the Secretary of Defense Staff Identification Badge, the coveted "9A" designator, in recognition of numerous achievements at the pinnacle of nursing excellence, and The Outstanding Civilian Service Medal for her significant contribution to the mission of the United States Army and Department of Defense in assisting with the production of the book, *For Children of Valor – Arlington National Cemetery*. Her professional affiliations include the Association of Military Surgeons of the United States, Sigma Theta Tau, National Nursing Honor Society, Alpha Kappa Alpha Sorority, Inc., Top Ladies of Distinction, Inc., The ROCKS, Inc., the Order of Military Medical Merit, Past President, Federal Health Care Executives Interagency Institute Alumni Association, and former Board Member of the Bon Secours Health Care System and Chair, Quality Committee.

She is a graduate of the Command and General Staff College and the United States Army War College Fellowship Program at George Washington University, Washington, DC. She is also a graduate of the Johnson & Johnson-Wharton's Fellows Program in Management for Nurse Executives, Wharton School of Business, University of Pennsylvania; Federal Health Care Executives Interagency Institute at George Washington University, Washington, DC; Leadership VA 2004; and Brookings Institute Executive Fellowship Program. She received a BSN from Murray State University and an MS in psychiatric/mental health nursing from Catholic University.

Capt. Darin S. Selnick, USAF (ret.)

Appointed by Speaker of the House John Boehner

Darin Selnick is an independent consultant who provides a variety of services to organizations in the areas of government and community relations, business development, and veterans' issues. He is currently the senior veterans affairs advisor for Concerned Veterans for America and served as executive director of the Fixing Veterans Health Care Bipartisan Taskforce. He also volunteers his time as Chairman of the West Los Angeles Veterans Home Support Foundation and as the Vice President of Development for the GI Film Festival.

From 2001–2009, Selnick was an appointee at the Department of Veteran Affairs. From 2004–2009 he served as the director of the center for faith-based and community initiatives. In this role he was responsible for the management and operations of the Center and was the VA liaison to the White House Office of faith-based and community initiatives. From 2001–2004 he served as Special Assistant to the Secretary and Associate Dean, VA Learning University. In this role he was responsible for providing program and operational oversight of VA Learning University.

Selnick is a retired Air Force officer who attained the rank of Captain. He has been very active in veterans' issues and joined the Jewish War Veterans in 1994. Since that time he has taken various leadership positions and is the past department commander of the Department of California. Mr. Selnick is also a member of the American Legion, AMVETS, Air Force Association, and National Association of Uniformed Services.

Darin Selnick currently serves as senior veterans' affairs advisor for Concerned Veterans for America and served as executive director of the Fixing Veterans Health Care Bipartisan Taskforce. He lives in Oceanside, CA. Selnick is retired from the U.S. Air Force. He received a BS in health science from California State University, Northridge and an MA in political science/public management from Midwestern State University.

Lt. Gen. Martin Steele, USMC (ret.)

Appointed by Senate Majority Leader Mitch McConnell

Martin Steele enlisted in the Marine Corps in January 1965 and rose from private to three-star general, culminating his military career in August 1999 as the deputy chief of staff for plans, policies, and operations at Headquarters, U.S. Marine Corps, in Washington, DC. A decorated combat veteran with 34½ years of service, he is a recognized expert in the integration of all elements of national power (diplomatic, economic, informational, and military) with strategic military war plans and has served as an executive strategic planner/policy director in multiple theaters across Asia. His extraordinary career was chronicled as one of three principals in the award winning military biography, *Boys of '67*, by Charles Jones.

Upon his retirement from active duty in 1999, he served as president and CEO of the Intrepid Sea-Air-Space Museum in New York City. Currently, Steele serves as The Associate Vice President for Veterans Partnerships, the Executive Director, Military Partnerships, and Co-chair of the Veterans Reintegration Steering Committee at the University of South Florida in Tampa, Florida. Additionally, Steele is the chairman and CEO of Steele Partners, Inc., a strategic advisory and leadership consulting company. He has led a philanthropic transition program assisting exiting Marines into private-sector jobs throughout the country, at no cost to the Marine participants, the Marine Corps, or the companies that provide employment opportunities.

Steele serves proudly on several boards across the country. He is currently the Chairman of the Board, Marine Corps Scholarship Foundation. He was appointed to the Board of Directors of Florida is for Veterans, Inc., a not for profit, state legislated organization designed to assist both Veterans and businesses throughout Florida in not only hiring Veterans but also developing entrepreneurship programs designed for veterans. He is a member of Fisher House Foundation;

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chairman of the advisory committee, Stability Institute; advisory committee member, Call of Duty Endowment; advisory board member, Stay in Step Foundation; advisory council member, Operation Helping Hand; member, Veterans Advantage; board member, University of Arkansas Veterans Resource and Information Center; and advisory committee member, Jesse Lewis Choose Love Movement.

Steele is a graduate of the University of Arkansas where he obtained a bachelor's degree in history and was recognized as a distinguished graduate of the Fulbright College of Arts and Sciences. He is a recipient of the 2013 Arkansas Alumni Award Citation of Distinguished Alumni, which recognizes exceptional professional and personal achievement and extraordinary distinction in a chosen field. He also holds master's degrees from Central Michigan University, Salve Regina College, and Naval War College.

Charlene M. Taylor

Appointed by House Minority Leader Nancy Pelosi

Charlene Taylor joined Kaiser Permanente in 1997 as the director of specialty services for the Permanente Medical Group at South Sacramento. In 2002 she became the service director for Kaiser Foundation Hospitals, responsible for perioperative and perinatal services at South Sacramento. In 2008, she was promoted to chief nursing officer at the Sacramento Medical Center where she was responsible for a 287-bed tertiary acute care hospital that conducted more than 11,000 operations per year. There, she oversaw 800 full-time employees and a budget of \$150 million. Taylor was promoted to chief operating officer in 2010 and retired from Kaiser Permanente in 2013.

Before working for Kaiser Permanente, Taylor served as assistant hospital administrator for Sutter Health at the Sutter Amador Hospital from 1988 to 1997. She is a member of the Veterans of Foreign Wars, Reserve Officers Association, and the Society of Air Force Nurses.

Taylor's patriotic and adventurous nature led her to join the Air Force as a reserve officer at the age of 40, rising to the rank of Lieutenant Colonel. She was commissioned as a Captain in the United States Air Force (Reserve Command) in October 1993, earning her flight nurse wings in 1994. She subsequently was selected to be a flight nurse instructor followed by a promotion to evaluator status. Her last squadron assignment was that of chief nurse at the 349 AMDS, Travis Air Force Base.

In addition to years of experience conducting aeromedical evacuation missions throughout the world, Taylor was activated in support of Operation Enduring Freedom from March 2003 to March 2004. In January 2005 she was selected to be the chief nurse of the 379th Expeditionary Aeromedical Squadron in support of Operation Iraqi Freedom. While transporting the injured out of Mosul, Iraq in a C-130, the aircraft took enemy fire, landing without casualties. Due to the demands of her civilian position, Taylor transferred to inactive status in the Air Force Reserve Command. Taylor is the recipient of two Meritorious Service medals, Expert Marksmanship (2), and multiple other medals.

Taylor currently serves on the Veterans Board. In 2012 she was appointed to the Board by Gov. Jerry Brown and approved by the Senate. She became chair in 2014 and continues to serve

in that role. The California Veterans Board serves as an advocate for veterans affairs, identifying needs and working to ensure and enhance the rights and benefits of California veterans and their dependents.

Taylor is a diploma nurse graduate from the Kaiser Foundation School of Nursing. She continued her education receiving a BSN from the State University of New York in Albany, New York. She earned a master's degree in nursing administration from the University of California, San Francisco.

Taylor lives in Elk Grove, CA.

Marshall W. Webster, MD

Appointed by Senate Minority Leader Harry Reid

Marshall Webster is a senior vice president of the University of Pittsburgh Medical Center (UPMC), and a distinguished service professor of surgery at the University of Pittsburgh. A graduate of Penn State University and the Johns Hopkins Medical School, he trained in surgery at the University of Pittsburgh, and subsequently served 2 years as a surgeon on active duty in the U.S. Navy.

Webster returned to the University of Pittsburgh as a faculty vascular surgeon, including initially, a part-time attending staff position at the Pittsburgh VA Medical Center for 3 years. He has held the Mark M. Ravitch Chair in Surgery, and has had a long academic career of clinical practice, research, and service in varied administrative leadership roles. From 2002–2012, he was an executive vice president of UPMC, president of UPMC's physician services division, and president of the University of Pittsburgh Physicians, the clinical practice plan of the university faculty.

His current focus is primarily strategic development: building clinical relationships and care models throughout the region with a large number of community hospitals and providers. Webster has oversight of UPMC's graduate medical education program, which sponsors a substantial number of resident rotations at the Pittsburgh VA Medical Center. He recently served for 2 years as the interim chair of the Department of Anesthesiology at UPMC. He has had a long-standing interest in patient safety and quality initiatives, and recently completed a 6-year term on the board of the Pennsylvania Patient Safety Authority.

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APPENDIX K: COMMISSION STAFF

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Stephen Dillard.....	Program Analyst, ADFO
Susan Edgerton.....	Program Analyst
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Linda (Yvonne) Williams	Staff Assistant

DFO – Designated Federal Officer

ADFO – Assistant Designated Federal Officer

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APPENDIX L: ACRONYM LIST

ACRONYM	DEFINITION
ACA	Affordable Care Act
ACHE	American College of Healthcare Executives
APRN	Advanced Practice Registered Nurse
BRAC	Base Realignment and Closure
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CARES	Capital Asset Realignment for Enhanced Services
CDS	Community Delivered Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CITC	Care in the Community
CMD	Chief Medical Director
CMIO	Chief Medical Information Officer
CMOP	Consolidated Mail Outpatient Pharmacy
COTS	Commercial Off-The-Shelf
CPRC	Clinical Product Review Committee
CPRS	Computerized Patient Record System
CVA	Concerned Veterans for America
CVCS	Chief of VHA Care System
DAV	Disabled American Veterans
DEPSECVA	Deputy Secretary, Department of Veterans Affairs
DHP	Digital Health Platform
DM&S	Department of Medicine and Surgery
DoD	Department of Defense
DUSH	Deputy Under Secretary for Health
ECF	Executive Career Fields
EES	Employee Education System
EEO	Equal Employment Opportunity

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ACRONYM	DEFINITION
EHCPM	Enrollee Health Care Projection Model
eHMP	Enterprise Health Management Platform
EHR	Electronic Health Record
FFS	Fee-for-Service
FY	Fiscal Year
GAO	Government Accountability Office
GHATP	Graduate Health Administration Training Program
GUI	Graphic User Interface
HCD	Human-Centered Design
HEC	Healthcare Executive Council
HPDM	High Performance Development Model
HR	Human Resources
HRA	Human Resources and Administration
HSC	Health Service Category
HTM	Healthcare Talent Management
IAVA	Iraq and Afghanistan Veterans of America
IDIQ	Indefinite Delivery/Indefinite Quantity
IDN	Integrated Delivery Network
IDP	Individual Development Plan
IT	Information Technology
JC	Joint Commission
JEC	Joint Executive Committee
JLV	Joint Legacy Viewer
MSA	Medical Support Assistant
MTF	Military Treatment Facility
NAS	National Academy of Sciences
NCEHC	National Center for Ethics in Health Care
NCOD	National Center for Organization Development
NLC	National Leadership Council
NVTC	Northern Virginia Technology Council
OAA	Office of Academic Affiliations

APPENDIX L
ACRONYM LIST

ACRONYM	DEFINITION
OEF	Operation Enduring Freedom
OGC	Office of General Counsel
OI&T	Office of Information and Technology
OIF	Operation Iraqi Freedom
OMB	Office of Management and Budget
ONC	Office of the National Coordinator
OND	Operation New Dawn
OPM	Office of Personnel Management
OTH	Other Than Honorable (Discharge)
PACT	Patient Aligned Care Team
PC3	Patient-Centered Community Care
PG	Priority Group
PHS	U.S. Public Health Service
PO	Program Office
PTSD	Posttraumatic Stress Disorder
QUERI	Quality Enhancement Research Initiative
RCLF	Relevant Civilian Labor Force
RIF	Reduction in Force
SCI	Spinal Cord Injury
SECVA	Secretary, Department of Veterans Affairs
SE	Senior Executive
SES	Senior Executive Service
SHEP	Survey of Healthcare Experiences of Patients
TBI	Traumatic Brain Injury
TMS	Talent Management System
USH	Under Secretary for Health
VA	U.S. Department of Veterans Affairs
VACAA	Veterans Access, Choice, and Accountability Act of 2014
VACI	VA Center for Innovation
VACO	VA Central Office
VAEB	VA Executive Board

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ACRONYM	DEFINITION
VAMC	VA Medical Center
VERC	Veterans Engineering Resource Center
VFW	Veterans of Foreign Wars of the U.S.
VHA	Veterans Health Administration
VHACO	VHA Central Office
VISN	Veterans Integrated Service Network
VSO	Veterans Service Organization
WWP	Wounded Warrior Project



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**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

August 2, 2016

**The Honorable Barack Obama
President
The White House
Washington, DC 20500**

Dear Mr. President:

Two years ago, you tasked me to transform the Department of Veterans Affairs (VA) for the 21st Century. Since then, VA has established a comprehensive, enterprise-wide transformational process named MyVA, which has already increased Veterans' access to health care and begun improving Veterans' experience of VA's benefits and services.

The direction we have taken and the progress we have made has been largely validated by the Commission on Care (Commission) in its Final Report, which VA received on July 7, 2016. After thoroughly reviewing the report, and receiving input from our Veterans Service Organizations (VSOs), I am pleased to say that 12 of the Commission's 18 recommendations are objectives VA has already accomplished or has been working toward for the past two years as part of the MyVA transformation. Although we differ with the Commission on some details and are pursuing alternative approaches where warranted, we agree with the Commission that many changes planned by MyVA, recommended by the Commission, and strongly supported by VSOs, will likely require resources and remedies that only Congress can provide. These issues and our many transformation efforts are summarized in the enclosure to this letter.

VA strongly disagrees with the Commission on its proposed "board of directors" to run the Veterans Health Administration (VHA). Such a board is neither feasible nor advisable for both constitutional and practical reasons. The U.S. Department of Justice has concluded that the Constitution prevents Congress from appointing persons to exercise authority over Executive branch agencies and as such, would prevent the proposed board from exercising the authorities assigned to it by the Commission. The Commission's proposal would also seem to establish VHA as an independent agency, undoing the work of the VSOs in creating VA as a Cabinet-level department. The powers exercised by the proposed board would undermine the authority of the Secretary and the Under Secretary for Health, as well as weaken ownership of the MyVA transformation and VHA performance. This could potentially disrupt and degrade VA's implementation of critical care decisions that affect Veterans. The proposed independent VHA agency would also run counter to our ongoing efforts to improve the Veteran's experience by integrating Veterans health care with the many other services provided to Veterans by the Veterans Benefits Administration and the National Cemetery Administration.

At present, VA is served by 25 advisory committees, including a newly reconstituted Special Medical Advisory Group, which consists of leading medical practitioners and

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The Honorable Barack Obama

administrators, and a newly established MyVA Advisory Committee, which brings together business leaders, medical professionals, government executives, and Veteran advocates. These advisory committees advise VA on strategic direction, facilitate decision making, and introduce innovative business approaches from the public and private sectors. With their help, the Department has begun the process of transforming VHA from a loose federation of regional health care systems to a highly integrated national enterprise, based on a new model of care with VA as both the payer and provider. This model will provide Veterans with the full spectrum of health care services and additional choice, but without sacrificing VA's foundational health services upon which many Veterans depend. Additionally, many VSOs fear that the Commission's vision would compromise VA's ability to provide specialized care for spinal cord injury, prosthetics, traumatic brain injury, post-traumatic stress disorder, and other mental health needs, which the private sector is not as equipped to provide.

In October 2015, VA submitted to Congress our *Plan to Consolidate Community Care*, which lays out our vision of a consolidated community care program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff. This plan incorporates feedback from key stakeholders, including VHA field leadership and clinicians, representing diverse groups and backgrounds. VA has already begun what work we can without legislation to make the plan a reality. Over the course of the last 12 months, our Choice Provider Network has grown by 85 percent. The network now has over 350,000 providers and facilities across the Nation. Over 930,000 unique Veterans have used the Veterans Choice Program (VCP). Over 100,000 Veterans with 40-mile eligibility used VCP through May 2016. Authorizations for care under the Veterans Access, Choice, and Accountability Act (VACAA) have increased by 82 percent over 9 months (October 2015 to June 2016), and VCP authorizations have quadrupled from approximately 380,000 in fiscal year (FY) 2015 to almost 2 million in FY 2016.

However, VA cannot accomplish the ongoing transformation through MyVA or recommended by the Commission without critical legislative changes and funding. VA has aggressively pursued these needed changes and funding. As you know, more than 100 legislative proposals for Veterans were included in your 2017 Budget. Many of these proposals are vital to maintaining our ability to purchase community care. We continue to work to move these critical initiatives forward and are encouraged by the fact that most have been considered in legislative hearings or included in omnibus bills moving towards floor consideration, like the bipartisan *Veterans First Act*, which passed the Senate Veterans Affairs' Committee unanimously. These bills include some of the provisions of the *Purchased Health Care Streamlining and Modernization Act* we submitted to Congress in May 2015, such as enhanced-use lease authority, compensation reform for medical professionals, and a measure of budgetary flexibility to respond to Veterans' emerging

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needs and overcome artificial funding restrictions on providing Veterans care and benefits. These provisions would go a long way toward ensuring the success of MyVA, but other important legislative issues still need to be addressed, especially the consolidation of VA's many purchased care authorities and modernization of VA's archaic claims appeals process.

Your strong support for Veterans has been critical to the progress made so far, but VA needs Congress' assistance to make the transformation intended by the Commission and already underway in MyVA to accomplish the changes needed to serve Veterans as they need and deserve to be served now and for generations to come.

Thank you for your continued support of our Nation's Veterans

Sincerely,



Robert A. McDonald

Enclosure

**Enclosure
August 2016**

Department of Veterans Affairs Review of the Commission on Care

Over the past two years, the Department of Veterans Affairs (VA) has been working energetically, through its MyVA initiative, to transform the Veterans Health Administration (VHA) from a loose federation of regional health care systems to a highly integrated national enterprise, based on a new model of care with VA as both the payer and provider. This model will provide Veterans with the full spectrum of health care services, plus more choice, but without sacrificing VA's foundational health services that many Veterans depend on.

In October 2015, VA delivered to Congress a plan for evolving our current system into a high-performance network based on timely access to foundational services and integration of private-sector providers. Building on more than a decade of working with community partners through multiple mechanisms, this plan would consolidate the various mechanisms, expand our network of providers, and enhance the network's capability to deliver services essential to Veterans' health.

Many of the Commission on Care's (Commission) recommendations are aimed in the same direction and are already being implemented as part of VHA's MyVA transformation. VA finds 15 of 18 Commission recommendations feasible and advisable (#1-3, 5-8, 10-16, and 18) and 3 not feasible or advisable (#4, 9, and 17). VA is already implementing changes with the same intent as 12 recommendations (#1-3, 5, 7-8, 10-11, and 13-16); recommends alternative approaches to 2 recommendations to bring them in line with other MyVA reforms (#6 and 12); and will work with the President, Congress, Veterans Service Organizations, and other stakeholders on recommendation #18.

Many of the Commission's recommendations also require action by Congress. VA has aggressively pursued legislative changes and funding that would enable VA to achieve its MyVA vision. More than 100 proposals for legislative changes were included in the President's 2017 Budget. VA also submitted to Congress in May 2015 the *Purchased Health Care Streamlining and Modernization Act*, parts of which have been incorporated into the *Veterans First Act* in the Senate. Many of VA's proposals, which are vital to maintaining our ability to purchase non-VA care, are pending Congressional action.

Recommendation #1: VHA Care System

"Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community-based health care networks, to be known as the VHA Care System, from which Veterans will access high-quality health care services."

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach to achieve the vision described above.

In October 2015, VA submitted to Congress its *Plan to Consolidate Community Care*, which lays out our vision of a consolidated community care program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff. This plan incorporates feedback from key stakeholders, including VHA field leadership as well as clinicians, representing diverse groups and backgrounds.

Immediate steps to improve the stakeholder experience were identified and included in the plan, including reducing unnecessary steps in the processes to enroll and connect Veterans with community care; improving communications between VHA, provider, and Veterans; improving care coordination in the long term for Veterans through improved exchange of certain medical records; and aligning the Veteran's community care journey along five major touch points: eligibility, community care network, referral and authorization, care coordination, and provider claims payment.

Eligibility: The Plan recommends the creation of eligibility criteria to streamline the many different requirements for community care into standard criteria without opening community care to all enrolled Veterans. This is VA's principal point of difference with the Commission on its proposed VHA Care System. VA believes the Commission's recommendation to extend community-care eligibility to all Veterans by eliminating the Veteran Choice Program's (VCP) current time and distance criteria (30 days and 40 miles) is not advisable without Congressional funding due to the expected cost increase and desire to not sacrifice VA's four statutory missions: delivering hospital care and medical services to Veterans, educating and training health professionals, conducting medical and prosthetic research, and providing contingency support to other Federal agencies during emergencies. Many VSOs fear that the Commission's vision would jeopardize VA's ability to provide specialized care for spinal cord injury, prosthetics, traumatic brain injury, posttraumatic stress disorder (PTSD), and other mental health needs, which the private sector is not as equipped to provide. For this reason, VA opposes elimination of the current time and distance criteria.

Community Care Network: VA has since begun developing the requirements for the new community-care network contract, with standards and criteria developed from input by industry, facility staff, and program office staff representing a broad spectrum of needs. These standards and criteria will be included in the draft Request for Proposal (RFP) for the community care network that will open for bid later in calendar year 2016. **Legislation is needed** to improve Veterans experience by consolidating existing programs and standardizing eligibility criteria.

Referral and Authorization: To ensure that Veterans have access to the full spectrum of health care services, VA will focus on areas in which it can excel (VA-delivered foundational health services) and develop locally defined community partnerships for specialty care as needed. Standards and criteria for specialty care referrals are currently being developed for inclusion in the draft RFP. While the primary care provider will coordinate referrals for specialty care within the integrated VHA Care System, VA should be seen as the prime provider for special emphasis services. For example, VA is the leader in integrating primary care and mental health care and should be seen as the primary care provider for these services. When VA cannot provide a primary care provider, Veterans will be able to select from credentialed providers in the high-performing network.

Care Coordination: The Plan stresses care coordination with a focus on customer service, emphasizing the need for care coordination for Veterans who receive community care as well as in VA. This coordination would include both the primary care provider staff as well as other VA staff. In cases where VA cannot provide the care coordination for Veterans, the services may be provided through the community care network. In other cases, VA coordinators make more sense. This is true in the Alaska VA Healthcare System, where VA staff will fill an intermediary role currently performed by VCP contractor TriWest to make scheduling an inherently VA activity, in response to local concern that calling out-of-state VCP contractors resulted in delays in care coordination, mostly attributed to time-zone differences and a lack of understanding of Alaska's unique geography.

Provider Claims Payment: VHA is also already working to streamline reimbursement methodologies among its various community care programs and to develop a standardized, transparent process for reimbursing providers in an integrated delivery network. VHA and the Centers for Medical and Medicaid Services (CMS) are identifying CMS innovations in value-based payment methods on a limited basis. **Legislation is needed** to revise reimbursement rates under the Veterans Access, Choice, and Accountability Act to allow for flexibility from Medicare fee-for-service reimbursement methodologies to value-based methodologies of the future.

Legislation is needed to effectively consolidate existing community care programs, which would reduce confusion among Veterans, community providers, and VA staff. The Commission states that in order to achieve the recommendations, VA must have "flexible and smart procurement policies and contracting authorities." VA strongly agrees and has aggressively pursued legislative changes that would ensure that the appropriate level of flexibility is available to best serve Veterans. In May 2015, VA submitted the *Purchased Health Care Streamlining and Modernization Act* to Congress. This legislation supports key points of VA's *Plan to Consolidate Community Care* and would allow VA to enter into agreements with individual community providers outside of Federal Acquisition Regulations, without forcing providers to meet excessive compliance burdens.

VA is also concerned that the Commission's cost estimates do not accurately reflect the likely cost of its proposed system. From a baseline estimate of \$71 billion, the Commission estimates that the cost of its recommended option for Veterans' health care for fiscal year (FY) 2019 ranges from \$65 billion to \$85 billion, with a middle estimate of \$76 billion. However, the Commission estimates the cost could increase to \$106 billion in FY 2019 if VA is unsuccessful in tightly managing the network and focusing on costs. We appreciate the analysis underpinning the Commission's estimates, but caution that the cost of implementing the Commission's recommendation is likely to be significantly higher, for the following reasons:

- The estimates do not include the substantial investment in information technology (IT) resources that would be required to fully integrate VA care with community care or the administrative/contractual costs of operating the community-delivered services component of the integrated network.
- The estimates assume that VA can realign and consolidate personnel in five years to best provide health care to Veterans, which is an aggressive timeline.

- The estimates do not address the cost of realigning or divesting capital assets as additional care is delivered in the community. While VA agrees in principle with the Commission's recommendation to develop and implement a robust strategy for meeting and managing VHA's facility and capital-asset needs (see Recommendation #6), we note that the realignment, consolidation, and divestiture of capital assets will require substantial resources and time.
- The estimates are highly dependent on Veteran enrollment in, reliance on, and utilization of VA health care, all of which are difficult to predict, as most Veterans enrolled in the VA health care system have other sources of health care coverage. Extending community care to more Veterans could cause Veterans who now rely on Medicare, Medicaid, or private insurance to use VA care for more of their health care needs because of lower copays or greater convenience, increasing VA's costs.
- Finally, we must caution that the estimates do not reflect the entire VA Medical Care budget as they do not include the cost of programs that are not modeled by the VA Enrollee Health Care Projection Model. These programs include readjustment counseling, non-medical homeless programs, Caregivers, Health Professions Educational Assistance Program, Income Verification Match, CHAMPVA, Spina Bifida, Children of Women Vietnam Veterans, etc. In total, they are estimated to cost \$8.2 billion in FY 2017.

Recommendation #2: Enhancing Clinical Operations

“Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach.

VHA is already engaged in processes to make full use of the skills held by VHA providers and other health professionals. VHA is a leader in the use of clinical pharmacists to increase capacity by renewing prescriptions or ordering medication refills independently, after the initial prescription by a licensed physician or nurse practitioner. In addition, many VA clinical pharmacists have a scope of practice that provides prescribing authority and enables them to run pharmacist-managed clinics focused on medication therapy management for chronic diseases. For example, about one third of all prescriptions for the treatment of the Hepatitis C virus are written by clinical pharmacists

VHA has also developed a draft regulation that would standardize full practice authority for advanced practice nurses, to assure a consistent continuum of health care services by the practitioners across VHA and decrease the variability in advanced nurse practice that currently exists as a result of disparate State practice regulations. The proposed draft regulation was published in the *Federal Register*; we are now reviewing comments

received. Implementation of full practice authority will increase Veteran access by alleviating the effects of national health care provider shortages on VA staffing levels and enabling VA to provide additional health care services in medically under-served areas. Implementing this policy, as recommended by the Commission, will allow VA to parallel the policies of other Federal agencies, including the Department of Defense (DoD) and the Indian Health Service, as well as many institutions in the private sector.

VHA's Diffusion of Excellence initiative is an operational infrastructure that allows for sharing of promising practices across the enterprise. This model incentivizes and institutionalizes the identification and diffusion of practices nationwide so that every facility has the opportunity to implement the solutions that are most relevant to them. In the first round of submissions, 13 Gold Status Best Practices were selected from more than 250 ideas through a series of reviews and a final "Shark Tank" competition. The next step assigned each Gold Status Best Practice and their originating Gold Status Fellows to Action Teams managed by the Diffusion Council for implementation VHA-wide.

VA seconds the Commission's call for Congress to relieve VHA of bed-closure reporting requirements under the Millennium Act. The Act's arbitrary requirements have not kept up with changes in the Veteran population or the health care environment. **Legislation is needed** to remove the Act's bed change reporting codified at 38 U.S.C. 8110(d) and the staffing level and service requirements specific to such bed changes under section 38 U.S.C. 1710B(b), while retaining staffing and service requirements for all other Extended Care Services. VA would replace the mandated congressional reporting of bed closures with a stronger, clearer, and more stringent internal process to review and if appropriate, approve bed closure proposals.

VA is already moving forward to hire and train more clinical managers and medical support assistants (MSAs). In response to Section 303 of the Veterans Access, Choice, and Accountability Act of 2014 (PL 113-146), each VA Medical Center now has a Group Practice Manager (clinical manager). Additional hiring and training of these group practice managers will continue through February 2017. VHA is also developing new training and hiring procedures for MSAs throughout the organization as part of MyVA. VA has developed and launched an MSA hiring project called "Hire Right, Hire Fast" and is currently piloting a new hiring procedure that allows for industry-standard bulk hiring of MSAs to hire MSAs within 30 days of a vacancy. Two-week, standardized onboarding training for all new MSAs is also being developed and piloted. Both new processes will begin being deployed nationally this fall.

Recommendation #3: Appealing Clinical Decisions

"Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally-supported programs."

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach, taking into account important differences between the mission and authority of the VA health care system and other Federally-supported programs.

VHA is already in the early stages of developing a regulation in response to the Commission's recommendation. This regulation will establish a cohesive baseline national policy for clinical appeals. A clinical appeals regulation will be published for notice and comment in accordance with the Administrative Procedure Act. Recently enacted legislation in section 924 of the Comprehensive Addiction and Recovery Act of 2016 establishes an Office of Patient Advocacy in the Office of the Under Secretary for Health. In addition, in 2015 VHA established the Office of Client Relations to assist Veterans clinical care access concerns.

An interdisciplinary panel will be tasked with evaluating feedback from these offices and other Veteran support resources to improve the overall clinical appeals process, consistent with external benchmarks and factors described by the Commission, Federal regulations and statutes, and sound clinical practice. The resulting recommendations may differ in certain aspects from those envisioned by the Commission, but will undoubtedly be a uniform, fair, world-class clinical appeals process that protects Veterans and is fully compliant with law and regulation. VA's revised process will complement the Veterans Experience Office's efforts to better serve Veterans, make improvements based on customer feedback, and engage the community.

Recommendation #4: Consolidation of Improvement Efforts

“Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.”

VA finds this recommendation neither feasible nor advisable, but is already implementing an alternative approach that institutionalizes continuous improvement as part of VA's MyVA transformation.

Health care improvement takes place within a complex socio-technical system with multiple aspects of technology and technical expertise. Placing improvement under an engineering system, such as the Veterans Engineering Resource Center (VERC), may harness the technical aspects of improvement, but it will not provide the balance of critical cultural and people aspects. VA believes doing so would unbalance safety and efficiency and not be successfully transformational.

Ongoing VA transformation efforts have been achieved by specifically aligning VERC assets with enterprise priorities so that appropriate engineering perspectives and skills are interwoven with current organizational priorities. To institutionalize VHA's commitment to continuous improvement, VHA will realign the VERC and the operational improvement arm of Strategic Analytics for Improvement and Learning (SAIL) under the Principal Deputy Under Secretary for Health. This will elevate the health-system subject matter experts who drive transformation in VHA's organizational structure, while continuing to use the VERC to ensure that supporting engineering resources are available across all VA transformational efforts.

Additionally, VA's enterprise approach to improving performance—through Lean Six Sigma (Lean) tools and training, Leaders Developing Leaders training, MyVA Performance Improvement Teams, MyVA Communities, the MyVA Ideas House, and many other initiatives across the VA system—has taught us the value of a central repository for local programs and ideas, both successful and unsuccessful. To that end, VA and VHA have embraced the Integrated Operations Platform (IOP) hub, a knowledge-management technology platform developed by the VERC in partnership with subject matter experts. The IOP consolidates information on continuous improvement activities across VA in key programs, and as a result, best practices and innovation activities are currently visible in one common platform.

VA has invested significantly in developing Lean capacity at local levels so that problem solving is done at the lowest level and with a team of safety, quality, and improvement professionals. This prepares the local facilities to improve their current environment while scanning constantly for emergent new problems.

Recommendation #5: Eliminating Healthcare Disparities

“Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.”

VA finds this recommendation feasible and advisable and is already working to address each of the Commission's concerns as part of VA's MyVA transformation.

VA's Office of Health Equity (OHE) was established in 2012 with the mission of championing health equity among vulnerable Veterans. The office developed the Health Equity Action Plan (HEAP) in 2014 in conjunction with the Health Equity Coalition and with concurrence from the Under Secretary for Health. The HEAP is VHA's strategic roadmap to reducing Veteran health disparities. It aligns with the goals of MyVA and the VHA Strategic Plan. VHA will make health equity a priority by directing implementation of the HEAP nationwide.

The appropriate placement of OHE within the VHA organizational structure, along with adequate resources, will be considered as a priority component of the broader VHA restructuring addressed in Recommendation 12. This will take into account funding and staffing levels commensurate with the scope and size of Federal offices of health equity established in the Department of Health and Human Services, based on direction in the Affordable Care Act. VA will also identify health equity leaders and clinical champions in each VA District, Veteran Integrated Service Network (VISN), and Medical facility who can catalyze and monitor actions to implement the HEAP and further advance the elimination of health disparities.

VA has undertaken systematic actions to identify and address healthcare disparities and inequality. Examples include the development of Hepatitis C Virus Disparities dashboard projected, scheduled for launch by the end of FY 2016; data support and research collaborations with the Quality Enhancement Research Initiative designed to identify health care disparities; establishment of a Population Health office that has developed clinical case

registries focusing on the needs of special populations; and establishment of the Women's Health and Lesbian, Gay, Bisexual, Transgender (LGBT) program offices. VA Medical Facilities constitute 20 percent of Human Rights Campaign's Health Care Equality Index participants in 2016, and they were the only facilities to achieve leader status in some States.

Recommendation #6: Facilities and Capital Assets

“Develop and implement a robust strategy for meeting and managing VHA’s facility and capital asset needs.”

VA finds this recommendation feasible and advisable but recommends alternative approaches as part of VA’s MyVA transformation.

VA believes that the Commission's recommendation is critical to enabling the successful transformation of the large-scale health care system to a higher-performing integrated network to serve Veterans. Without a strong suite of capital planning programs, tools, and resources, VA will not be able to fully realize the benefits and Veteran outcomes expected from implementing an integrated health care network. VA also strongly agrees with the Commission that greater budgetary flexibility and greater statutory authority are essential to meeting VA’s facility needs, realigning VA’s capital assets, and streamlining processes to divest itself of unneeded buildings.

VA recommends alternative approaches to two issues:

- Once VA determines its mix of health care services and how they are provided at the market level based on the integrated health care approach, realignment of VA’s capital infrastructure framework will be needed. Instead of a realignment process encompassing both assets and services based on DoD’s Base Realignment and Closure Commission, VA proposes an independent facilities realignment commission (IFRC) to focus solely on VA’s infrastructure needs once the mission services are determined. The IFRC would develop a systematic capital-asset-focused realignment plan for infrastructure needs to be presented to the Secretary of Veterans Affairs and the President for decision, with Congress approving or disapproving the plan on an up-or-down vote.
- With regard to focusing new capital on ambulatory care development, VA proposes a balanced approach to maintain needed infrastructure and other key services (e.g., rehabilitation, community living centers, and treatment for spinal cord injury, traumatic brain injury, polytrauma, and PTSD), while at the same time appropriately investing in ambulatory care in needed markets. The balanced approach would be based on a market-by-market determination of the appropriate mix of services to ensure Veterans have access to needed care.

VA agrees with the recommendation to move forward immediately with repurposing or disposing facilities that have already been identified as being in need of closing. Continued focus in this area is needed and VA is already working towards this goal, subject to the availability of staff and resources.

VA also acknowledges that there will be anticipated challenges in implementing such large-scale realignments and restructuring of VA's footprint. **Legislation will likely be required** facilitating changes to VA's capital infrastructure to implement a transformation of this nature, including:

- Establishing an IFRC to develop a systematic capital-asset-focused realignment plan.
- Streamlining processes to meet the intent of laws and regulations, such as the National Historic Preservation Act and the National Environmental Policy Act that would make repurposing and divestiture more timely and effective.
- Potentially restructuring appropriations to allow for more flexible transfer and reprogramming authority, including potential threshold adjustments.
- Exploring methods (both legislative and administrative) to take advantage of private-sector financing.
- Revising the major medical lease authorization process to align the requirements in concert with practices at other Federal agencies.
- Granting VA authority to retain and utilize proceeds generated from real property divestitures.
- Expanding enhanced-use leasing authority.

Further analysis will be required to determine the specific level of resource investments required to implement the Commission's recommendations. It is clear that significant additional resources will be required. In addition, divestiture of unneeded VA assets is unlikely to generate significant savings because of the upfront resources required to execute the divestiture and minimal market value of the majority of VA's assets. Without the proper resources, tools, and authorities, attempts to divest of assets or streamline capital project execution will not be effective.

Recommendation #7: Modernizing IT Systems

“Modernize VA’s IT systems and infrastructure to improve veterans’ health and well-being and provide the foundation needed to transform VHA’s clinical and business processes.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach, understanding that investments in IT will force difficult decisions concerning the allocation of limited financial resources among all VA programs and services, as well as across the Federal government.

As part of the MyVA Breakthrough Initiative to transform VA IT, VA will soon appoint a Senior Executive System (SES)-equivalent position for a Chief Health Informatics Officer (CHIO), reporting to the Assistant Deputy Undersecretary for Health for Informatics and Information, to collaborate with the VA Chief Information Officer (CIO) and the IT Account Manager toward developing a comprehensive health IT strategy and supporting budget proposal. The CHIO and ADUSH will be responsible for prioritizing all health technology

programs and initiatives, with strategic technological guidance from the VA CIO and IT Account Manager for health. To comply with the Federal Information Technology Acquisition Reform Act (FITARA), the CHIO does not take the place of the VA CIO, but instead works in concert with IT management to ensure that health initiatives are appropriately prioritized within the portfolio, while the CIO works with VA senior leadership so that all technology initiatives are prioritized holistically, thus ensuring complete Veteran care. VHA and VA's Office of Information and Technology (OI&T) are already collaborating on the vision and strategy for a single integrated Digital Health Platform (DHP).

VA has also established five district senior-executive Customer Relationship Manager positions to work with the local VHA, Veterans Benefits Administration, National Cemetery Administration, and staff office leaders, aggregate feedback for analysis by VHA and OI&T senior leadership, and enhance a continuous feedback loop. The VA CIO recently established the Veteran-focused Integration Process program within the Enterprise Program Management Office (EPMO) to facilitate continuous improvement and constant collaboration.

The Commission recommended that the VA CIO develop and implement a strategy to allow the current nonstandard data to effectively roll into a new system, and engage clinical end-users and internal experts in the procurement and transition process. VHA is currently working with OI&T to ensure that the Veterans Information Systems and Technology Architecture (VISTA) data is mapped to national standards. The new CHIO will be responsible for engaging clinical end-users in the transition to the new DHP. The Under Secretary for Health and the CIO will establish a joint program office responsible for the implementation of the DHP. This process will be focused on delivering and coordinating high-quality care for Veterans.

The EPMO is responsible for portfolio management and has adopted a policy of "best-fit, buy-first" in its Strategic Sourcing function. This ensures that existing best-in-class technology solutions are purchased whenever possible, rather than being developed and maintained by VA. These functions, in combination with the role and focus of the IT Account Manager, will provide the required focus for VHA to implement a comprehensive commercial off-the-shelf IT solution to include clinical, operational, and financial systems.

Recommendation #8: Modernizing Supply Chain

"Transform the management of the supply chain in VHA."

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach.

VA believes the components of this recommendation that suggest establishment of a Chief Supply Chain Officer (CSCO) and realignment of all procurement and logistics operations under the CSCO executive position are feasible and advisable, but it recommends an alternative approach to fulfill the Commission's intent. The structural solution recommended by the Commission would not adequately address underlying management challenges associated with organizational complexity and the need to improve integration processes

impacting the supply chain. Realignment of VHA's supply-chain structure, including roles and responsibilities of the various VA Central Office staff offices, health networks, and medical facilities, should derive from and be integrated with the transformation of the overall VHA health care organization structure. The intent of the Commission will be met by addressing alignment issues as the supply-chain breakthrough initiative evolves and is synchronized with VHA's overarching strategies to transform VHA's organizational structure.

As an alternative, the intent of the Commission is already being addressed in an effective manner under the current MyVA Breakthrough Initiative to transform VHA's supply chain. This initiative is a more comprehensive approach to fulfilling the Commission's intent and is already driving much needed improvements in data visibility and quality, synchronization of technology deployments, standardization, contract compliance, and training. Already in FY 2016, VHA supply-chain transformation efforts have yielded approximately \$45 million in cost avoidance. VHA has also developed a two-year supply-chain transformation stabilization guidance that will put VHA in a far better position to make effective decisions and investments beyond FY 2018 for vertically aligning VHA's management structure and for more efficient sourcing and distribution of all clinical supplies and medical devices. This will increase the availability of supplies for the care of Veterans and result in cost avoidance for American taxpayers.

With regard to the component of the recommendation asking VA and VHA to establish an integrated IT system to support business functions and supply-chain management, although feasible it is more advisable that technology investments beyond those currently in the pipeline should be avoided until such time that a mature supply-chain baseline is established, upon which prudent future IT investment decisions can be based. This is especially important given VA's Financial Modernization System initiative and emerging plans for a new DHP, both of which will impact legacy and contemporary supply-chain systems and interfaces, as well as influence system-improvement alternatives and investment decisions over the next two to five years. Supply-chain system improvements must be integrated and synchronized with enterprise financial and health care system enhancements to achieve efficiencies in service delivery and support analysis of integrated data to meet VHA's current and future needs.

Finally, as suggested, VHA will continue to use VERC capabilities to support the transformation of supply-chain management in accordance with the MyVA Breakthrough Priority Initiative #12: VHA Supply Chain Transformation. As a point of clarification, the Commission report is technically incorrect in that the VERC is not leading the MyVA supply-chain modernization initiative; rather, the VERC is a highly valued enabling organization engaged by the VHA Procurement and Logistics Office to support the MyVA initiative.

Recommendation #9: Governance Board

"Establish a board of directors to provide overall Veterans Health Administration (VHA) Care System governance, set long-term strategy, and direct and oversee the transformation process."

VA finds the Commission's recommendation neither feasible nor advisable due to its unconstitutionality. However, VA believes the intent of the Commission can be achieved regarding the term appointment of the Under Secretary for Health.

The U.S. Department of Justice has concluded that the proposed board of directors, as appointed and with the powers proposed by the Commission, would be unconstitutional for several reasons. Permitting Congress to appoint the board members would violate the Constitution's Appointments Clause (U.S. Const. art. II § 2, cl. 2), as well as the separation of powers, insofar as congressionally appointed board members would be exercising significant operational authorities within the Executive Branch. In addition, giving this board authority to reappoint the Under Secretary for Health would violate the Appointments Clause and the separation of powers. Finally, requiring the board to concur with the President in removing the Under Secretary for Health would give the board a veto authority over the President, impairing the President's ability to "take Care that the Laws be faithfully executed," (U.S. Const. art. II, § 3), and violating the separation of powers.

The proposed board would also seem to separate VHA from VA without necessarily insulating VHA from political pressure or improving VHA oversight or operations. The powers exercised by the proposed board would undermine the authority of the Secretary and the Under Secretary for Health and weaken ownership of the MyVA transformation and VHA performance, potentially disrupting and degrading VA's implementation of critical care decisions affecting Veterans. The independence granted VHA would run counter to our ongoing efforts to improve the Veteran's experience by integrating Veterans health care with the many other services VA provides through the Veterans Benefits Administration and the National Cemetery Administration. Furthermore, VA is already advised by the Special Medical Advisory Group, which consists of leading medical practitioners and administrators, and by the MyVA Advisory Committee, which brings together business leaders, medical professionals, government executives, and Veteran advocates with diverse expertise in customer service, strategy development and implementation, business operations, capital asset planning, health care management, and Veterans' issues. These committees already provide VA with outside expert advice on strategic direction, facilitating decision making and introducing innovative business approaches from the public and private sectors.

The Commission correctly notes that frequent turnover of the Under Secretary for Health has had a negative impact on VHA and greater stability in this important leadership position is needed. VA supports a term appointment of the Under Secretary for Health spanning Presidential transitions to ensure continuity of leadership and continued transformation of VHA. Previously, 38 U.S.C. § 305 provided for a four-year term for the Under Secretary for Health with reappointment possible, but this provision was removed in 2006. A term appointment could be reinstated, beginning with the current Under Secretary for Health. This is critically important at this juncture given the need to see the ongoing transformation of VHA through to completion. Under Secretary for Health candidates are currently recommended by a commission established solely for that purpose. More analysis is needed to determine length of tenure and timing of reappointment.

Recommendation #10: Leadership Focus

“Require leaders at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA’s MyVA transformation, with some modifications in approach.

Recent or ongoing actions serving the Commission’s intent include:

- VA has established the MyVA Task Force to guide VA through the transformation and established a Department-wide MyVA transformation office, which has formulated an integrated plan for transformation and is organizing the work on 12 breakthrough priorities.
- Metrics and key performance indicators are in place for each breakthrough priority. Each breakthrough priority has a designated, accountable official who is a member of the senior leadership team and a near-full-time responsible official in charge of driving progress.
- One of the 12 breakthrough priorities in the MyVA Transformation is employee engagement, for which we have a comprehensive action plan.
- VA has also established a MyVA Advisory Committee (MVAC) consisting of business leaders, medical professionals, government executives, and Veteran advocates. VA leadership meets quarterly with the MVAC, leveraging them as a corporate board from which to seek counsel on the overall transformation.
- MyVA has engaged leaders and employees throughout the organization via Leaders Developing Leaders (LDL) (over 54,000 participants to date), VA101 (over 79,000 participants to date), various skills trainings, LDL projects, breakthrough pilots, broad communications to include the MyVA Story of the Week that goes out every Friday to all employees, and local initiatives.
- VA established MyVA district offices to facilitate transformation efforts throughout VA and also now conducts quarterly surveys of the VA workforce and incorporates this feedback into VA’s transformation actions.
- Secretary, Deputy Secretary, and Under Secretary for Health have provided role models for transparency, Veteran focus, and principles-based leadership.
- VHA programs and program offices and the Office Human Resources & Administration (HR&A) representatives have held regular meetings in the past year to discuss a single, benchmarked concept for organizational health and coordinate messaging.
- VHA’s National Leadership Council has endorsed personalized, proactive, patient-driven healthcare as one of VHA’s strategic goals and strongly supported the formation of organizational health councils.
- Many VHA facilities and networks have some version of an organizational health council already existing.
- All program offices and facilities receive employee survey data annually down to the workgroup level to facilitate action planning and improve employee engagement. Brief pulse surveys have recently been implemented to measure employee engagement at the facility level quarterly.
- VHA’s National Center for Organizational Development has use of Prosci change management materials and is pursuing a system-wide license.

Recommendation #11: Leadership Succession

“Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA’s MyVA transformation, with some modifications in approach.

VA is consolidating leadership training behind a model we created as part of our MyVA transformation called ILEAD. Previously, VA had multiple leadership models across VA, which led to no common language or culture of leadership, and the models were not customized for VA. The enterprise-wide ILEAD model will incorporate the principles of “servant leadership” and VA’s ICARE core values, aligned with the Federal Executive Core Qualifications. VHA and the VA Corporate Senior Executive Management Office are in the first stages of developing a competency model for VHA’s senior leadership positions that will incorporate VA’s ILEAD model with the technical competencies essential to successfully leading VHA’s complex clinical operations. The VHA senior leader competency models will ultimately cascade down through the organization and be incorporated in its hiring, development, performance assessment, and advancement programs.

VHA has outlined a leadership talent management strategy, benchmarked against the best practices in private industry, and begun initial development of processes and tools to give VHA greater insight and control over its health care leadership succession pipeline. Initial efforts are focused on creating a cadre of leaders to fill future medical center director positions. At the individual level, VHA senior executives serve as mentors to staff members, coaches for VHA leadership development programs, and models through their own leadership behavior.

Current VHA initiatives serving the Commission’s intent include:

- VHA made leadership development a priority of its MyVA effort, specifically to *develop and retain passionate leaders* to lead transformational efforts across the Administration.
- Filling key leadership position through a strong succession pipeline is identified as a priority for VHA in the 2016 *VHA Workforce and Succession Strategic Plan*.
- VHA has fully embraced the LDL philosophy—nearly 30,000 VHA employees have participated in the leader-led cascaded training since it began in September 2015.
- VHA’s National Leadership Council has adopted the VA leadership model, which now includes the concept of “servant leader.”
- VHA leaders are integrally involved in the development and conduct of its formal leadership development programs. Leaders serve as coaches and mentors to program participants, in addition to personally facilitating sessions on a wide variety of leadership topics.
- VHA established the Healthcare Leadership Talent Institute (HLTI) to provide coordinated focus to VHA’s talent management efforts. HLTI links VHA’s workforce-planning and talent-development programs through the design and

deployment of a set of talent management products and processes, which are in the pilot-testing phase.

- VHA is collaborating with the VA Corporate Senior Executive Management Office in implementing the December 2015 Executive Order on *Strengthening the SES*. These efforts include building a foundational leadership competency model for VA, instituting an executive rotation program to provide career-broadening experiences outside of each executive's current position, enhancing the SES performance management system, and outlining an SES-level talent-management process for VA-wide implementation.

Recommendation #12: Organizational Structures and Management Processes

“Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.”

VA finds this recommendation feasible and advisable but recommends an alternative approach to reorganizing the VHA Central Office (VHACO), consistent with VA's MyVA transformation.

VHACO has undergone a stepwise ascent to improving the organizational structure to be more responsive to field requirements through the development of large programs responsible for organizational excellence and developing the future state health care plan. Immediate reorganization would divert attention from key organizational priorities such as improving access to healthcare. Known challenges associated with reorganization (which occurs with the regularity of each presidential election cycle), are impaired employee engagement, loss of institutional knowledge, and diversion of attention from critical challenges such as insuring Veterans have same-day access to primary care and mental healthcare services. **Legislation would be required** to streamline appropriations, and review by oversight bodies would be impacted by the changes described. Finally, the reorganization for VHACO should derive from and be integrated with the transformation of the overall VHA health care organization structure. VHA will initiate a VHACO and VISN organization analysis at the beginning of calendar year 2017.

Recommendation #13: Performance Measurement

“Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.”

VA finds this recommendation feasible and advisable and is already implementing changes as part of VA's MyVA transformation, with some modifications in approach.

VHA is consolidating its healthcare operations metrics to provide a consistent, system-wide view of key performance indicators. In October 2015, VHA launched a Performance Accountability Work Group (PAWG) as a governance mechanism for performance measurement at all levels of the organization. The PAWG's first task was to conduct a systematic review of all existing performance measures (numbering over 500), which resulted in a core set of approximately 20 key indicators, aligned to industry-wide approaches. SAIL scoring system is a critical component of these indicators, as well as predictive trigger systems that are the main inputs into a health operations center, which will facilitate centralized quality management.

The leadership of the Office of Organizational Excellence (hereafter, 10E) has undertaken a strategic review across all current business processes to identify realignment opportunities—for instance, focusing ISO 9000 on its original target, which was the reprocessing of reusable medical equipment, and reinvesting the resources that will be freed up to enhance the ability of VERC to support the adoption of LEAN management approaches in support of the Under Secretary for Health's five priorities for strategic action.

We have also engaged a senior industry consultant to assist us with the process of executive recruitment and development; created a system-level VHA Performance Scorecard aligned along transformational priorities; simplified the template used for senior healthcare executive performance management plans; and started work to align business functions within the Office of Organizational Excellence to promote a unified approach to performance reporting, performance improvement, and the identification and spread of strong clinical and business practices.

Finally, the Diffusion of Excellence initiative (see Recommendation #2) sources best practices from frontline employees in the field, and brings the combined resources of 10E to support their implementation where appropriate in under-performing VA sites.

Recommendation #14: Cultural and Military Competence

“Foster cultural and military competence among all Veterans Health Administration (VHA) Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health care outcomes.”

VA finds this recommendation feasible and advisable and is already working to address the Commission's concern as part of VA's MyVA transformation.

VA has implemented training related to cultural and military competence, in some cases by partnering with external stakeholders (i.e., Equal Employment Opportunity Commission, the Joint Commission, Commission on Accredited Rehabilitation Facilities, DoD) and numerous national diversity-focused affinity and advocacy organizations. Examples of this coordinated training include Military Culture Training for Community Providers, Cultural Competency, Generational Diversity, Introduction to Military Ethos, Military Organization and Roles, Professional Stressors & Resources and Treatment Resources & Tools. From April 1, 2015, to July 22, 2016, the last four courses were accessed 2,533, 1,527, 1,172, and 1,070 times respectively. VA will continually assess its cultural and military

competence training portfolio for content, target audience, and training modalities to identify additional training needs.

VA Office of Diversity and Inclusion has mandatory training in the area of cultural competence as part of its Equal Employment Opportunity (EEO), Diversity and Inclusion, and Conflict Management training for all VA managers and supervisors and mandatory annual EEO, Workplace Harassment, and No FEAR training for all VA employees. VA also maintains programs focusing on targeted populations, including a LGBT Awareness Program (issues referenced in the Report), Office of Women's Health Services; Office of Health Equity; and a Center for Minority Veterans.

VHA also has a large portfolio of clinical training programs, including several in the area of cultural and military competence in healthcare delivery. The Office of Health Equity developed virtual patient cultural competency training under the Employee Education Service contract for the Virtual Medical Center project. Presently, military competence training is available to any provider, and they are encouraged to take the training. Providers currently under contract are not required to complete the course, but future contracts will require completion.

Recommendation #15: Alternative Personnel System

“Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.”

VA finds this recommendation feasible and advisable and is already working as part of VA's MyVA transformation, with some modifications in approach

VA supports the Commission's legislative proposal recommendation to establish a new alternative personnel system that applies to all VHA employees and falls under Title 38 authority, provided outside stakeholders support the legislative and policy changes required to create this new system.

VA currently is preparing for consideration a legislative proposal for the FY 2018 budget process to modify 38 United States Code to give the Secretary the authority to establish a human-resources management system unique to VA.

In the absence of a simple-to-administer alternative personnel system, VA has also proposed modifications to existing statutes to provide some relief to the currently complex personnel system and also help with recruitment and retention. These proposals include establishing an appointment and compensation system under Title 38 for VHA occupations of Medical Center Director, VISN Director, and other positions determined by the Secretary that have significant impact on the overall management of VA's health care system. VA is considering proposals to do the following:

- Eliminate Compensation Panels for physicians and dentists, which have been found to be administratively burdensome.
- Eliminate performance pay for physicians and dentists, which has been found to be extremely difficult to administer.
- Establish premium pay for physicians and dentists to allow flexibility in scheduling and eliminate the daily rate paid to these occupations based on 24/7 availability.
- Modify special rate limitation to increase the maximum allowable special rate supplement providing enhanced flexibility to pay competitively within local labor markets.
- Exempt VHA health care providers appointed to positions under 38 U.S.C. 7401 from the dual compensation restrictions for reemployed retired annuitants.

The VHA Strategic Human Resource (HR) Advisory Committee and Workforce Management and Consulting's Human Resource Development group are proposing a comprehensive VHA HR Readiness Program designed to improve the overall operational capabilities of the VHA HR community. The program will identify and integrate all existing and available internal and external training resources into a clear, consistent, and logical roadmap to readiness.

Under the MyVA program, the Staff Critical Positions Initiative was launched to improve hiring of key leadership and other critical positions throughout VHA. VHA is moving ahead with the "Hire Right, Hire Fast" initiative for MSAs. The initiative is being piloted at a number of facilities and will provide products and guidance in 2016, including additional screening for customer service tools, an interview scoring rubric, job posting templates, HR milestone scripts, and much more. These products are designed to increase the supply of MSAs, as well as emphasize the customer service principles and skills needed for success.

VHA has embarked on a Rapid Process Improvement Workshop effort within the HR community to examine the hiring process and identify improvement opportunities, to include operational processes and policies. Plans are also under development to establish a centralized architecture to designate lines of authority in setting training requirements, career paths, etc.

Recommendation #16: Effective Human Capital Management

"Require VA and VHA executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system."

VA finds the Commission's recommendation both feasible and advisable and is already pursuing the following initiatives as part of VA's MyVA transformation.

Hire Chief Talent Leader and Grant Authorities: VHA currently has a national search underway for its senior most HR executive position. Presently that role does not possess the authority recommended by the commission. It is anticipated that the HR&A transformation program, and the efforts associated with Recommendation 12 in conjunction with the Under Secretary for Health, would work together toward the optimal organization

structure for HR across VA and within the administrations including appropriate authorities. This process will help clarify the ideal roles and responsibilities of the VHA Chief Talent Leader.

Transform Human Capital Management: As part of MyVA, VA HR&A has launched the Critical Staffing Initiative to improve the hiring of key leadership and other critical positions throughout the VA. This effort has been working on near-term improvements to hiring medical center directors and other key medical center leaders. So far, this project has identified and is beginning to implement significant improvements to the hiring process and to proliferate hiring best practices across the organization. VA HR&A is currently planning a process to engage stakeholders across VA to identify next steps for implementing the recommendations outlined in recent study commissioned by VA. A concept paper entitled "VISN HR Shared Service Excellence" is also being evaluated. This concept paper incorporates a number of recommendations contained within the white paper noted above, but with specific emphasis on HR roles within the VISNs and VA Medical Centers. The Commission's recommendations will be taken into consideration in the process.

Implement Best Practices: The VISN HR Shared Service Excellence paper is heavily weighted toward the sharing of best practices that have been developed in a few highly performing field HR organizations. Best practice sharing is also a significant component of the MyVA Critical Staffing initiative. Also, the HR&A transformation effort is intended to rely heavily on health care and other industry best practice models.

Develop HR Information Technology Plan: The Commission's recommendation addresses an issue which VA's early HR transformation efforts are just beginning to address. While there are currently efforts planned and underway to implement HR Smart for personnel and payroll records, and USA Staffing to enable the recruiting process (acknowledged by the Commission), VA would benefit from casting these and other anticipated efforts in a more strategic IT plan. Such a plan would better enable implementation and integration prioritization and capital planning.

Recommendation #17: Eligibility for Other-than-Honorable Service

"Provide a streamlined path to eligibility for health care for those with an other-than-honorable discharge who have substantial honorable service."

VA finds this recommendation neither feasible nor advisable.

The Commission's own estimates indicate this change would cost \$864 million in FY 2019, increasing to \$1.2 billion in FY 2033. This recommendation therefore appears to contemplate health care for anyone with an other-than-honorable discharge. While VA agrees with the principle of serving this population of Veterans, the cost of doing so makes the recommendation not feasible at this time.

Many Servicemembers with other-than-honorable discharges qualify for health care for service-connected conditions and other benefits under existing authorities. VA will continue to serve this population. VA is also drafting proposed regulations which will update and clarify 38 C.F.R. §§ 3.12 and 17.34 to improve processes and procedures relating to

character of discharge determinations and expand tentative health care eligibility for certain former Servicemembers.

These changes will address many of the concerns raised by the Commission. For example, the rules will provide improved guidance about the consideration of mitigating factors such as extended overseas deployments, mental health conditions, and other extenuating circumstances. Also, VBA has, within the past year, updated its manual to streamline its other-than-honorable adjudicative procedures to expedite health care eligibility determinations and improve the Veteran experience by shortening the wait time.

Recommendation #18: Expert Advisory Body for Defining Eligibility and Benefits

“Establish an expert body to develop recommendations for VA care eligibility and benefits design.”

VA finds this recommendation feasible and advisable.

Substantial changes in the delivery of health care have occurred since Congress last comprehensively examined eligibility for VHA care through passage of Public Law 104-262, *Veterans’ Health Care Eligibility Reform Act of 1996*, and taking a close look at eligibility criteria in light of current (and projected future) resources and demand makes sense in the context of VA’s ongoing efforts to reshape the future of VA health care. VA will work with the President, Congress, Veterans Service Organizations, and other stakeholders to determine the path forward in the tasking of an expert body to examine and, as appropriate, develop recommendations for changes in eligibility for VA health care benefits.

Recommendation 18 also includes a separate and distinct recommendation for VA to “revise VA regulations to provide that service-connected-disabled Veterans be afforded priority access to care, subject only to a higher priority dictated by clinical care needs.” While VA supports the objective, VA already has regulations (38 C.F.R. 17.49) and policy in place giving priority in scheduling to service-connected Veterans and believes these meet and fulfill the Commission’s intent.

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Deadlines and Milestone Dates from Mission based on 6/6/18 Signing			
Date	Page	Section	Description
6/5/2018	8	Sec. 101 (a) "1703(d)" Community Care Program	Last day that a veteran may grandfathered into the new program based on prior CHOICE 40-mile eligibility
6/6/2020	9	Sec. 101(a) "1703(d)" Community Care Program	Date to which a veteran who was prior CHOICE 40-mile eligible, but does not reside in one of the five low population states, may be grandfathered into the new program
6/5/2018	18	Sec. 101(a) "1703(h)" Community Care Program	Any new contract shall recognize and accept, on an interim basis, the credentials and qualifications of health care providers who are authorized to furnish hospital care and medical services to veterans under the CHOICE program as of this date
12/6/2019	22	Sec. 101(a) "1703(m)" Community Care Program	540 days after enactment and yearly thereafter, VA shall submit to Congress a review of the types and frequency of care sought under conditions in which care is required to be furnished through community providers
12/6/2019	25	Sec. 101(a) "1703(m)" Community Care Program	540 days after enactment and yearly thereafter, VA shall submit a report to Congress on the information gathered via the monitoring of hospital care, medical services, and extended care services furnished through community providers
6/6/2019	26	Sec. 101(b) Community Care Program	Effective date for the amended §1703 is the latter of the date that is 30 days after the final report required by PL 113-146 or the date on which SecVA promulgates regulations
6/6/2019	27	Sec. 101(c) Community Care Program	VA shall promulgate regulations to carry out §1703
10/6/2018	27	Sec. 101(c) Community Care program	First update on progress of establishing §1703 regulations
10/6/2018	43	Sec. 104(a) "1703B(d)" Access Standards	First update on progress towards developing access standards
3/6/2019	43	Sec. 104(a) "1703B(d)" Access Standards	Report detailing access standards submitted to Congress
12/6/2020	43	Sec. 104(a) "1703B(d)" Access Standards	Report to Congress on implementation of and compliance with access standards
6/6/2022	44	Sec. 104(a) "1703B(d)" Access Standards	Not later than 3 years after establishing access standards, requires a review and report to Congress on any findings regarding or needed modifications of the standards. Subsequent reports required no less than once every 3 years thereafter
10/6/2018	47	Sec. 104(a) "1703C(a)" Standards for Quality	First update on progress towards developing standards for quality
3/6/2019	47	Sec. 104(a) "1703C(a)" Standards for Quality	Report detailing standards for quality submitted to Congress
3/6/2020	48	Sec. 104(a) "1703C(b)" Standards for Quality	Publish the quality rating of facilities on CMS Hospital Compare website
3/6/2021	48	Sec. 104(a) "1703C(a)" Standards for Quality	Consider and solicit public comment on potential changes to measures used in standards
6/6/2019	51	Sec. 105(a) "1725A(g)" Walk-In Care	VA shall promulgate regulations to carry out this §1725A
6/5/2018	54	Sec. 106(a) "7330C(a)" Quadrennial VHA Review	VA shall submit to Congress the market area assessments completed by or being performed on the day before the date of enactment
6/6/2019	55	Sec. 106(a) "7330C(b)" Strategic Plan	VA shall submit to Congress a strategic plan to meet health care demand one year after enactment, and every four years thereafter
6/6/2019	60	Sec. 108(a) Prevention of certain health care providers from providing services	VA shall deny or revoke the eligibility of health care providers to provide non-VA care if the provider violated VA policy for safe care or the requirements of a medical license
6/6/2020	61	Sec. 108(d) Prevention of certain health care providers from providing services	Comptroller General shall submit a report on the implementation
As needed	63	Sec. 109(a) "1706A(a)" Remediation of Medical Service Lines	Not later than 30 days after determining that a medical service line of VA does not comply with the standards for quality established by VA, VA shall submit to Congress a report assessing what happened and a plan for remediation
As needed	64	Sec. 109(a) "1706A(c)" Remediation of Medical Service Lines	Following any submission of an assessment required by a medical service line not complying with the standards for quality, VA shall submit to Congress an interim progress report within 180 days
As needed	65	Sec. 109(a) "1706A(d)" Remediation of Medical Service Lines	Once each year a report will be submitted to Congress on all assessments required by a medical service line not complying with the standards for quality from the preceeding year
6/6/2019	68	Sec. 111(a) "1703(d)(3)" Prompt Payment	VA shall report annually to Congress on payment of overdue claims aggregated by paper and electronic
9/6/2018	71	Sec. 111(a) "1703(h)" Prompt Payment	VA shall submit to Congress a report on the feasibility and advisability of adopting funding mechanism similar to other Federal agencies to allow a contracted entity to distribute federal government funds
Annually	80	Sec. 121(d) Education Program	Once each year VA shall submit a report to Congress on the findings of the evaluation on the effectiveness of the education program for veterans on health care options

Annually	81	Sec. 122(b) Training Program	Once each year VA shall submit a report to Congress on the findings of the evaluation on the effectiveness of the training program for the administration of non-department health care programs
Annually	86	Sec. 131(c)(3)Safe Opioid Practices	Once each year VA shall submit a report to Congress evaluating the compliance of covered health care providers with safe opioid prescribing practices
6/6/2019	90	Sec. 133(c) Competency Standards	VA shall develop and implement competency standards for non-VA health care providers in clinical areas where VA has special expertise
45 days prior to budgetary impact	93	Sec. 141. Supplemental Approps	Shall submit to Congress justification for any supplemental appropriations requirement outside of the budget process no later than 45 days prior to budgetary impact on program or service
3/1/2019	94	Sec. 142 Choice Fund Flexibility	Amounts remaining in the Choice fund may be used for other non-Department provider programs
6/6/2019	95	Sec. 143 Sunset of CHOICE	VA may not use the authority under CHOICE to furnish care after this date
one year after provision of services or regulations	99	Sec. 151 (c) Telemedicine	Va shall submit a report to congress on the effectiveness of the use of telemedicine
	104	Sec. 152(a)"1703E(d)" Center for Innovation	Pilot Programs under this section shall terminate no later than 5 years after commencement of the program
12/6/2019	109	Sec. 152(a)"1703E(g)(3)" Center for Innovation	Subsection (f) waiver provision does not apply unless VA submits the first proposal for a pilot program not later than 18 months after enactment
Upon VA certification of implementation of the IT System	114	Sec. 161(a) Expansion of Caregiver Program	Upon VA certification of IT system to Congress , eligibility will expand to those who served on or before May 7, 1975 and on or after September 11, 2001 30 days after the date on which VA submits the certification to Congress, VA must publish the date specified in the Federal Register
2 years after VA certification of implementation of the IT System	115	Sec. 161(a) Expansion of Caregiver Program	2 years after certification submission, eligibility will be open to those who served after May 7, 1975 and before September 11, 2001.
9/4/2018	122	Sec. 162(d) Implementation of Caregiver IT system	Not later than 90 days after enactment, VA shall submit a report assessing the needs of the Caregiver program, the implementation of the IT system, and any changes needed
10/1/2018	120	Sec. 162(a) Implementation of Caregiver IT System	Not later than this date, VA shall implement an information technology system that fully supports the program and allows for data assessment and comprehensive monitoring
10/1/2019	124	Sec. 162(d) Implementation of Caregiver IT System	VA shall submit to Congress a report on the implementation, assessment, and monitoring of the Caregiver IT system
3/29/2019	121	Sec. 162(b) Implementation of Caregiver IT system	Not later than 180 days after implementing the IT system, VA shall use data to conduct an assessment of key program aspects
5/31/2021	127	Sec. 202(c) The Commission	The President shall transmit to Senate the nominations for appointment to the Commission not later than this date
2/1/2021	134	Sec. 203(a) Procedure for Making Recommendations	Not later than this date, VA shall publish in the Federal Register and transmit to Congress its criteria proposed to be used in making recommendations regarding the modernization or realignment of facilities of VHA The public will have at least 90 days to comment
5/31/2021	135	Sec. 203(a) Procedure for Making Recommendations	VA shall publish the final criteria and transmit them to Congress
1/31/2022	135	Sec. 203(b) Procedure for Making Recommendations	VA shall publish in the Federal Register and transmit to Congress and the Commission a report detailing the recommendations for realignment and modernization.
1/31/2023	143	Sec. 203(c) Procedure for Making Recommendations	The Commission shall transmit to the President a report containing the findings and conclusions based on review and analysis of the recommendations made by VA
2/15/2023	145	Sec. 203(d) Procedure for Making Recommendations	Not later than this date, the President shall transmit to the Commission and Congress a report containing the President's approval or disapproval of the Commission's recommendations
3/1/2023	145	Sec. 203(d) Procedure for Making Recommendations	If the President disapproves the recommendations of the Commission, in whole or in part, the President shall transmit to the Commission and Congress the reasons for that disapproval
3/15/2023	146	Sec. 203(d) Procedure for Making Recommendations	After consideration of the disapproval, the Commission shall transmit a report to the President with review and analysis of the disapproval and recommendations for modernization and realignment
3/30/2023	146	Sec. 203(b) Procedure for Making Recommendations	If the President fails to transmit to Congress an approval and certification described above by this date, the process for facility modernization and realignment shall be terminated
	147	Sec. 204(a) Actions Regarding Infrastructure	No later than 3 years after after the President transmits the recommendation report to Congress, Va shall begin to implement recommendations
	147	Sec. 204(b) Actions Regarding Infrastructure	Secretary may not implement any recommendations if a joint resolution of disapproval is enacted within 45 days of report transmittal

	163	Sec. 207(e) AIR Account	No later than 60 days after the closure of the account VA shall submit to Congress a report of the funds credited to/expended from the account and any remaning funds in the account
9/30/2024	175	Sec. 211 Training of Construction Personnel	VA shall implement a covered training curriculum and covered certification program for members of occupational series related to construction or facilities management and contracting personnel in those specialties
12/6/2018	178	Sec. 213(a) Assessment of VA Health Care in the Pacific Territories	VA shall submit a report to Congress regarding health care furnished to veterans in the Pacific territories
6/6/2019	182	Sec. 302(a) Increase in Maximum Amount allowed under Education Debt Reduction Program	VA shall conduct a study on the demand for EDRP and report to Congress on that study's findings
	194	Sec. 304(b) Veterans Healing Veterans Medical Access and Scholarship Program	To be eligible, a veteran has to have been discharged from the Armed Forces not more than 10 years before the date of application for the Cals of 2019 to a covered medical school
12/6/2019	200	Sec. 401(a) Development of Criteria	VA shall develop criteria for the designation of certain medical facilities of the VA as underserved
6/6/2019	202	Sec. 401(a) Development of Criteria	Not later than one year after enactment and yearly thereafter, VA shall submit to Congress a plan to address the problem of underserved facilities
6/6/2019	203	Sec. 402(d) Pilot Program to Furnish Mobile Deployment Teams to Underserved Facilities	VA shall submit to Congress a report on the implementation of the pilot program
6/6/2021	203	Sec. 402(d) Pilot Program to Furnish Mobile Deployment Teams to Underserved Facilities	Upon the termination of the pilot program, VA shall submit a final report to Congress with recommendations on the feasibility and advisability of extending/expanding the program and making it permanent
6/6/2019	208	Sec. 403(c) Pilot Program on GME	One year after enactment, and yearly thereafter until termination of the pilot program, VA shall submit a report on implementation to Congress
8/7/2024	211	Sec. 403(d) Pilot Program on GME	Termination of the pilot program
1/8/2019	211	Sec. 501(a)"726(a)" Annual Report on Performance Awards and Bonuses	Not later than 100 days after the end of each fiscal year, VA shall submit to Congress a report that contains a description of all performance awards or bonuses awarded to high-level employees
7/6/2018	215	Sec. 502(b) Podiatrists in VA	The amendmentswith respect to pay grade shall apply to a pay period on or after 30 days after enactment
9/6/2018	216	Sec. 504(c) Authorization of Certain Major Medical Facility Projects of VA	VA shall submit to Congress information regarding expenditures, budgeting, justification of expenditures, and any agreements between VA and non-VA Federal entities as part of the Livermore CA realignment
9/6/2018	217	Sec. 505(a) VA Personnel Transparency	VA shall make publicly available on va.gov a number of metrics pertaining to VA employment. The information shall be updated quarterly
Annually	219	Sec. 505(b) VA Personnel Transparency	VA shall submit annually a report on steps taken to achieve full staffing
5/31/2019	220	Sec. 506(b) Program Peer Specialists in Patient Aligned Care Team Settings	VA shall establish the program at not fewer than 15 medical centers
5/31/2020	220	Sec. 506(b) Program Peer Specialists in Patient Aligned Care Team Settings	VA shall establish the program at not fewer than 30 medical centers
12/6/2018	221	Sec. 506(f) Program Peer Specialists in Patient Aligned Care Team Settings	Not later than 180 days after enactment, and every 180 days until VA determines the program is being carried out at the last location, VA shall submit to Congress a report on the program
	222	Sec. 506(f) Program Peer Specialists in Patient Aligned Care Team Settings	Not later than 180 days after the program is carried out in the last location VA, shall report to Congress on the feasibility and advisability of expanding the program
	224	Sec. 507(d) Medical Scribe Pilot	No later than 180 days after commencement of the pilot and every 180 days thereafter, Va shall report to Congress the status and effects of the pilot
	225	Sec. 507(d) Medical Scribe Pilot	Not later than 90 days after termination of the pilot GAO shall submit to Congress a report on the pilot program

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VA Directives Ideas Draft

(Goal – Improve VA Operations and the Culture)

VHA Tiger Teams – establishment and charter

- MISSION Act Implementation
- Commission on Care Recommendations Implementation
- Reengineer and Modernization of health care delivery at the facilities

VBA Tiger Teams – establishment and charter

- Disability and Compensation Claims and Appeals – process and implementation of legislation

Academic Affiliations – reorganization in VHA to report directly to PDUSH. This is a congressionally mandated mission. Possibly advisory committee

Office of Research - reorganization in VHA to report directly to PDUSH. This is a congressionally mandated mission. Development of private/public partnerships. Possibly advisory committee.

VHA VA Voluntary Service Office – direct to recruit more clinicians, IT expertise and private sector partnerships

Set up a Fraud Waste and Abuse Commission in accordance with POTUS campaign promise.

HR Reforms and OAWP – see commission on care recommendations

- Whistleblowers not fired if legitimate. Supervisor held accountable if target legitimate whistleblower
- New Bonus system based on performance outcomes and teams
- Hiring outside talent – speed and direct hire authority

New Employee Recognition policy -local and national quarterly awards program.

Winners get lunch with SECVA

New Veterans Customer Service Survey. What do veterans want and need from the VA.

Study/FACA – World Class Best Practices that can be applied to VA. This would cover all major areas – VHA, VBA, NCA, OIT. Recommendation on implementation.

Public/Private Partnership Competition. Get ideas and proposals for future public/private partnerships to improve VA operations and service to Veterans.

Transparency – have all administrations and staff offices identify what should be released to the public and posted on-line

Audit of VA fiscal spending, contracts and funds put off the books. Potential to stop significant FWA and recapture funds that can be repurposed. Can model like DoD audit.

Governance

- Reconstitute VA senior management and OIT governance process
- VHA – develop governance based on Commission on Care recommendation. Look at redoing the existing SMAG.

Clinical care staffing shortages- Do clinical contract support like is currently done with the CBOC to quickly fill clinical staffing gaps at the VAMCs or CBOCs.

Reestablish VA Learning University, its Board of Directors, steering committee and funding mechanism for department wide training. All existing training functions in the administrations and staff offices would have a dotted line to VALU.

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**Department of Veterans Affairs
Washington, DC 20420**

**VA DIRECTIVE 0214
August 11, 2014**

DEPARTMENT OF VETERANS AFFAIRS GOVERNANCE STRUCTURE

1. **REASON FOR ISSUE.** To prescribe policy for the Department of Veterans Affairs (VA) governance structure.
2. **SUMMARY OF CONTENTS.** This directive establishes the VA governance structure, and sets forth related policies, roles and responsibilities.
3. **RESPONSIBLE OFFICE.** The Office of Policy and Planning (008) is responsible for the contents in this Directive.
4. **RELATED HANDBOOK.** None.
5. **RESCISSIONS.** None

CERTIFIED BY:

/s/
Stephen W. Warren
Executive in Charge and
Chief Information Officer
Office of Information and Technology

**BY DIRECTION OF THE SECRETARY
OF VETERANS AFFAIRS:**

/s/
Robert D. Snyder
Acting Assistant Secretary
Office of Policy and Planning

Distribution: Electronic Only

August 11, 2014

VA DIRECTIVE 0214

DEPARTMENT OF VETERANS AFFAIRS GOVERNANCE STRUCTURE

1. PURPOSE. This Directive establishes VA's governance structure, and related policies, roles, and responsibilities.

2. POLICY.

a. General. Governance is the process by which VA Senior Leadership makes decisions, provides strategic direction, and maintains accountability in a transparent and collaborative manner. This process enables informed decision-making based on current strategic objectives, VA's risk appetite, and responsible resource allocation.

(1) VA's principal governance bodies are the VA Executive Board (VAEB) and Senior Review Group (SRG). These bodies may formally charter other standing and ad-hoc cross-Department governance bodies, as needed. All VA governance bodies are intended to enable efficient decision-making and to promote the timely sharing of information on matters of mutual interest between and among VA's Administrations and Staff Offices.

(2) Through its role as the principal advisor to the Secretary on policy and strategy, the Office of Policy and Planning (OPP) will serve as the secretariat for the VAEB and SRG. The secretariat will establish standard operating procedures, request agenda items for consideration (see Appendix A for the agenda setting process), and prepare and transmit meeting materials.

b. VA Executive Board (VAEB).

(1) *Role of the VAEB.* The VAEB is the final decision making body for VA. The VAEB reviews and evaluates data and information to determine VA's strategic direction, oversee the Department's Planning, Programming, Budgeting and Execution (PPBE) process, and other activities by which it serves as the senior decision-making body for Department-wide decisions. The VAEB approves the Department's Strategic Plan, Agency Priority Goals, Multi-Year Program, Budget, Annual Performance Plan, and Annual Performance Accountability Report. The VAEB serves as the Department's Risk Governance Board. The VAEB also addresses any issues that are elevated from the Monthly Performance Review (MPR), Operational Management Review (OMR), Joint Executive Council (JEC) or Senior Review Group (SRG). As needed, the VAEB may direct the creation of additional Department governance bodies.

(2) *VAEB Membership.* The VAEB is chaired by the Secretary of VA (SECVA). The VAEB consists of: the Deputy Secretary of VA (DEPSEC); the Chief of Staff of VA (COSVA); the Under Secretaries for Health, Benefits and Memorial Affairs; all Assistant Secretaries and equivalents; the General Counsel; and the Chairman of the Board of Veterans Appeals. Members of the VAEB serve as senior advisors to the SECVA. At the request of the SECVA, other representatives (e.g. OSVA's Special Program Directors) may attend the meetings.

VA DIRECTIVE 0214**August 11, 2014****c. Senior Review Group (SRG).**

(1) *Role of the SRG.* The SRG ensures VAEB decisions and direction are implemented across the Department; serves as the senior decision-making body for operational and administrative matters that do not require a decision by the VAEB; and acts as the de-facto steering committee for standing and ad-hoc cross-Department governance bodies created by the VAEB. The SRG also serves as a forum for reviewing proposed agenda items for VAEB and SRG meetings.

(2) *Membership.* The SRG is chaired by the COSVA. The SRG consists of: the VA Deputy Chief of Staff ; the Principal Deputy Under Secretaries for Health, Benefits, and Memorial Affairs; all Principal Deputy Assistant Secretaries and equivalents; the Principal Deputy General Counsel; the Vice Chairman for the Board of Veterans' Appeals, OSVA's Special Program Directors (Center for Women Veterans (CWV), Center for Minority Veterans (CMV), Center for Faith Based and Neighborhood Partnerships (CFBNP), Office of Survivors Assistance (OSA), and Office of Small and Disadvantaged Business Utilization (OSDBU)). SRG members serve as advisors to the Chair. At the request of the COSVA, other representatives may attend the meetings.

d. Other cross-Department governance bodies. Standing and ad hoc cross-Department governance bodies are established at the direction of the SECVA, DEPSEC or COSVA. Reporting procedures are assigned by the VAEB and/or SRG.

(1) *Standing cross-Department governance bodies.* Standing cross-Department governance bodies include those bodies that are statutorily required and/or created at the direction of the VAEB, chaired by a Deputy Assistant Secretary or higher, and will be comprised of Senior Executive Service (SES) representatives from across the Department. These bodies meet on a recurring basis to provide input to strategic direction, ensure strategic objectives are achieved, manage risk, manage resources, or manage organizational design and reporting structures. See Appendix B for a list of current standing cross-department governance bodies.

Standing cross-Department governance bodies are required to develop a charter, which includes purpose and function, membership, roles and responsibilities of members, and a process for reporting status updates to VA Senior Leadership. The chair of each body is responsible for ensuring a charter is developed and approved, and the governance body is included in the VA Functional Organization Manual (FOM).

(2) *Ad hoc cross-Department governance bodies.* Ad hoc cross-Department governance bodies are created at the direction of the SECVA, DEPSEC, and COSVA, and consist of representatives from across the Department selected to address a short-term issue, challenge, or opportunity. These bodies accomplish a specific set of activities within a specified timeframe.

August 11, 2014**VA DIRECTIVE 0214**

Ad hoc cross-Department governance bodies are required to develop a work plan, which includes purpose, scope and objectives, projected timeframe of activities, milestones and deliverables, resources required, and a process for reporting status updates to the SRG.

3. RESPONSIBILITIES.

a. Under Secretaries, Assistant Secretaries and Equivalents. Under Secretaries, Assistant Secretaries, and Equivalents will:

- (1) Ensure attendance and participation in VA governance bodies in which their organization is a member.
- (2) Establish internal processes to elevate status, issues, or decisions to the SRG and/or VAEB, and to respond to requests for agenda items.
- (3) If applicable, ensure standing cross-Department governance bodies, which they chair (or co-chair), are formally chartered, have processes in place to efficiently and effectively report status, include members that have decision making authority for their organizations, and have a mechanism to note the chairmanship of the governance bodies in the VA FOM.
- (4) If applicable, ensure ad hoc cross-Department governance bodies, for which they are responsible to chair (or co-chair), have a work plan, and processes are in place to efficiently and effectively report status.
- (5) Elevate issues for decision to the VAEB and SRG as needed.

b. Office of Policy and Planning (OPP). OPP will:

- (1) Serve as the secretariat for the VAEB and SRG.
- (2) Establish standard operating procedures for VAEB and SRG.
- (3) Prepare and transmit meeting materials for the VAEB and SRG.

4. REFERENCES

- a.** 38 U.S.C. Chapter 5
- b.** VA Directive 0211, Functional Organization Manual Management

VA DIRECTIVE 0214**August 11, 2014****5. DEFINITIONS.**

a. Ad hoc cross-Department governance body. A body created at the direction of the SECVA, DEPSEC, COSVA, consisting of representatives from across the Administrations and Staff Offices, and whose purpose is to accomplish a specific set of activities within a specified timeframe.

b. Administration. A generic term used to identify one of the three major VA operational elements:

- (1) Veterans Health Administration (VHA)
- (2) Veterans Benefits Administration (VBA)
- (3) National Cemetery Administration (NCA)

When VHA, VBA and NCA are referred to as a group, the term “Administrations” may be used.

c. Department. A generic reference to the entire Department of Veterans Affairs which includes VA Central Office and all field facilities.

d. Staff Office. A generic term used to identify one of the offices included under VA Central Office. This does not refer to VHA, VBA, and NCA, nor does it refer to medical facilities, regional offices or cemeteries.

e. Standing cross-Department governance body. A body created at the direction of the VAEB, chaired by a Deputy Assistant Secretary or higher, comprised of SES representatives from across the Administrations and Staff Offices that meets on a recurring basis, and whose purpose is to provide strategic direction, ensure strategic objectives are achieved, manage risk, manage resources, or manage organizational design and reporting structures.

August 11, 2014

**VA DIRECTIVE 0214
Appendix A**

AGENDA SETTING PROCEDURES

Each quarter, OPP will:

1. Issue a formal agenda item call letter to VAEB and SRG members and the chairs of standing and ad-hoc cross-Department governance bodies.
2. Consolidate agenda items into a proposed three-month schedule and present the document to the SRG for review.
3. Present the proposed three-month schedule to the Chairs of the VAEB and SRG, or their designees, for approval.
4. Disseminate the approved three-month schedule to the VAEB, SRG, and chairs of standing and ad-hoc cross-Department governance bodies.

*Given changing priorities and emergent issues that may arise during the year, the Chairs of the VAEB and SRG, or their designees, will consider adding items to the agenda outside of the formal process on a case-by-case basis. VAEB and SRG members who want to add an agenda item outside of the formal process should contact OPP for further guidance.

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VA Reform Agenda – Five Ways to Move Forward

The 2015 Independent assessment of VHA performed in advance of the Commission on Care, identified four integrated cornerstones to fixing VHA, these cornerstones can also be used to reform and modernize all of VA. The cornerstone includes: Governance, Operations, Data and Tools, and Leadership. See page xviii of the Independent Assessment, https://www.va.gov/opa/choiceact/documents/assessments/integrated_report.pdf

Although there are many initiatives and tasks that need to get done, below are five key initiatives and tasks that can provide significant forward momentum and are important to moving ahead with the needed VA reforms and modernization. It is crucial going forward to create a unified leadership team, with a roadmap for both short term tactical and long term strategic success.

1. **POTUS VA healthcare campaign promise** “Mr. Trump will ensure every veteran has the choice to seek care at the VA or at a private service provider of their own choice. Under a Trump Administration, no veteran will die waiting for service.”

Description: The MISSION Act was an intermediate step to achieving POTUS promise for full Choice. Commission on Care recommendation #1 provides a roadmap to fulfill that promise both operationally and fiscally (attached). However, it must be developed and tested out before it can be implemented. The Center for Innovation was created as the vehicle to test out full choice using pilots. Full choice also means fixed up and modern VA healthcare delivery and facilities. A vision and comprehensive plan needs to be developed to achieve this as a companion to the community care plan.

Action Items:

MISSION Act Implementation: Create a cross functional Tiger Team lead by Dr. Stone and Larry Connell with representation from VHA, OCLA, OPIA, OIT, Contracting. Develop full project plans with Gantt charts. Weekly status briefing to SECVA at senior management meeting.

Develop VHA Modernization and Healthcare Delivery Vision (VA Healthcare System)/Strategic and Project Plan: Incorporate/modify Commission on Care report/recommendations. Set up VHA tiger team with staff and contractor expertise. TRICARE Integration plan WH/JEC. Restart with WH the TRICARE Integration PCC to identify synergies, efficiencies and expertise that can be leveraged to improve both VA and DoD healthcare operations and be cost efficient.

Bring in needed expertise to VHA through DoD/HHS details, industry expertise (MITRE can assist).

Expand the use of contract providers such as VALOR for healthcare delivery shortages and quick relief for CBOCs/Hospitals. Currently 15% of CBOCs are contracted out and are under the VA name.

Center for Innovation: Set up the Center and develop the pilot(s) required to test out and fulfill POTUS Choice promise – using Commission on Care Recommendation 1 as an initial roadmap.

2. **Commission on Care Report Recommendations Implementation**

Description: In 2016 the Commission finished its report and made 18 recommendations. President Obama signed off on 15 of the 18 recommendations as feasible and advisable, <https://obamawhitehouse.archives.gov/the-press-office/2016/09/01/letter-president-report-va-commission-care>. Just like an EO, VA is still required to go forward with those recommendations. To date VA has taken very little action. Last year the Commissioners met with SECVA and staff to review progress, very little had taken place. VHA does have a tracking spreadsheet. Implementation of these recommendations are key to modernizing and improving VHA healthcare delivery and overall operations.

Action Items:

- Bring back key Commission members for one day to meet with SECVA and staff to review progress and have a working session on implementation
- VHA staff update tracking spreadsheet on progress
- Review the three recommendations not signed off by President Obama to see if they are feasible and advisable.
- Have VHA create implementation and project plans with Gantt chart.
- Set up VHA tiger team for implementation
- Report on status and results to WH and Congress

3. **Modernize and Restore VA Department-wide business operations and governance**

Description: Over the last eight years VA governance and business operations have fallen into disrepair and are extremely outdated and inefficient. This is most pronounced in the areas of OIT, HR and Training, Acquisition and Contracting, Governance. In addition, the accountability legislation has not been implemented fully or correctly due to lack of support and interference from the previous SECVA and his COS. Restoring, modernizing and properly operating these functions are critical for VA reform and success.

Action Items:

Set up tiger teams to restore and modernize the areas below. Bring in outside expertise from government and the private sector to develop the plans and oversee implementation with the responsible office.

HR operations needs total restructure: recruitment, hiring, retention, performance management, education and training

Restore and Rebuild VA Learning University and its governance and funding mechanisms. This was the Department-wide education and training and was very success until it was mismanaged, and then disbanded during the previous administration. New strategic plan will need to be developed. Attached is the old strategic plan.

Accountability Legislation Implementation – finish complying with legislation, fully staff OAWP and develop all the processes and procedure required.

Governance – SECVA McDonald stopped using the established Governance process and organization. SECVA Shulkin did not use it as well. This resulted in chaotic and poorly vetted decisions by SECVA and senior staff. This needs to be restored and updated to fit

the needs of VA today. Attached is the current governance structure that is not being used.

Contracting: Processes, procedures are inefficient, outdated and slow. This area needs a total overhaul and is negatively impacting MISSION Act implementation.

Business Transformation office residing in OEI – reporting to DEPSEC/COS: This new office would manage the tiger teams, process and project manage the overall VA reform and modernization efforts. Led by political, it would be a team of career and contract experts. It would work hand in hand with the business owners who would be accountable for results. A scorecard would grade the efforts and reported out quarterly to SECVA. Progress would be briefed to SECVA and the leadership team monthly.

4. **VA Modernization and Reform Commission** – see attached one pager

Description: The VA has numerous reform and modernization initiatives that have stagnated due to lack of focus and expertise. The private sector has expertise the VA needs, but VA has lacked a structure to utilize the expertise. Organizations such as Apple, Mayo Clinic, Cleveland Clinic, Kaiser Permanente among other have offered their expertise free of charge. Having a new and broad Commission that follows FACA, can be the vehicle to properly bring in and utilize private sector talent. WH DPC has been briefed and supports this concept.

Purpose: Provide VA with the best talent and expertise in the country to advise and assist in reforming and modernizing VA to ensure Veterans are provided world class service with all benefits among the three administrations.

Authorizing Directive: WH would create a directive from POTUS requiring VA to setup and manage the Commission and report back to POTUS through WH DPC on the results.

Structure: The commission would be in accordance with FACA, department-wide and divided into four subcommittees. Full commission meetings would be public, subcommittees would be private.

VHA

VBA

NCA

OIT/EHR

Action Items

VA meet with WH DPC and work together to develop the draft directive that would then go through WH Staff Sec for routing and approval.

5. **Senior Management 1 Day Retreat**– Political and Career (Sharing the vision, building the team, prioritizing operations and identifying quick wins)

Description: Each year there is normally around April there is a Senior Management retreat that bring together all the SES from around the country. Due to this year's unique circumstances, the retreat has not happened, and senior staff are unclear on the vision and direction of the new SECVA and his leadership team, his priorities and vision. This confusion

and lack of clarity is hampering operational effectiveness and morale. Before a department-wide senior management retreat can happen, it is important for the VACO senior leadership team to first meet. Recommend SECVA and his leadership VACO team have a 1-day retreat as soon as possible to set expectations, vision, priorities, process and operation procedures and tempo. After that meeting, then have the larger department-wide SES meeting so that all VA senior management are on the same page.

Action Items:

Develop a one-day senior management off-site retreat. Some of the topic areas include but are not limited to the following:

- Senior management team expectations: communication, performance, implementation, meetings, accountability, culture, work processes between SECVA office, three administrations and staff offices
- New VA Directives: Identification and Implementation – use to improve operations, governance, culture and morale, see attached list
- POTUS 10 Veterans Campaign Promises Implementation: These need to be completed as soon as possible. Review using tracking spreadsheet, which can be obtained from VA staff or WH DPC. Press and detractors will bring this up at Veterans Day and POTUS two-year anniversary.
- Review of business operations: governance, processes, procedures, Hill, press, decision making, WH, senior management meetings, stakeholders, interaction between SECVA office, staff offices and three administrations
- Develop an outline of what the follow up department-wide SES meeting should focus on, topic and outcomes.

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Proposed VA Reform and Modernization Commission

Purpose: Provide VA with the best talent and expertise in the country to advise and assist in reforming and modernizing VA to ensure Veterans are provided world class service and benefits.

Authorizing Directive: This would be a directive from POTUS requiring VA to setup and manage the Commission

Structure: The commission would be in accordance with FACA, department-wide and divided into four subcommittees. Full commission meetings would be public, subcommittees would be private.

VHA

VBA

NCA

OIT/EHR

Example Subcommittee Work

VHA: Choice legislation implementation, Eligibility and Benefit reform, Commission on Care recommendations, Facility modernization

VBA: Disability and Compensation reform

OIT/EHR: EHR implementation

Membership: All members appointed to the Commission would be required to fill specific qualifications and expertise needs

Experts in a variety of fields and industries, both private and government

Experts from the five medical centers

Stakeholders: VSOs and Congress

Benefits/Advantages:

Focus and direction that will accelerate reforming and modernizing VA

Provides faster movement and progress on POTUS commitment to veterans and campaign promises

Good public relations – focuses VSOs, Congress, Veterans and public on positive direction that VA is moving in

Provides avenue and mechanism to bring in experts and stakeholders

Ability to formally engage the five medical centers that have informally advising VA

Quarter Reporting: Full Commission and subcommittees will report out their progress and recommendation to POTUS, through SECVA and DPC.

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Department of Veteran Affairs

Education and Training Strategic Plan

July 2003



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Executive Summary

While the Department of Veterans Affairs (VA) provides substantial Administration-specific technical training in support of the Nations veterans, there has been limited coordination throughout the Department to ensure that all education and training efforts are aligned, consistent, and effective. With the advent of the Chief Human Capital Officers Act of 2002, new emphasis has been placed across the Federal government on workforce development. To address the legislation and continue to meet its mission, the VA has created this Department-wide Education and Training Strategic Plan (ETP) to communicate the overall vision and strategy while maintaining a clear alignment with the Department's mission and strategic plan.¹ The ETP is intended to institutionalize learning formally across the Department and encourage a culture of continuous learning for its employees.

To accomplish the goals of this effort as quickly as possible, a qualitative rather than a quantitative approach to data collection and analysis was used. Analyses and conclusions were drawn from data recently acquired from interviews, focus groups, and surveys, as well as information previously collected through prior initiatives. Based on strategic issues identified during data collection, corresponding strategic goals were then developed to help address the issues (summarized in the table below):

Strategic Issues	Strategic Goals
1. The Departmental focus on education and training requires more consistent support and funding.	1. Identify and assign a Departmental organization to ensure education and training is incorporated into budget, resourcing, planning, and performance measurement.
2. Effective planning for education and training programs needs to be strengthened and standardized throughout the Department.	2. Ensure education and training plans are developed and aligned with human capital plans at all organizational levels as a part of the VA strategic planning cycle.
3. VA does not have a clear line of responsibility and accountability for the implementation of a comprehensive Department-wide education and training plan.	3. Define and assign roles, responsibilities, and an accountability structure clearly for VA education and training.
4. Critical education and training gaps in leadership development and corporate career fields need to be addressed.	4. Enhance existing leadership development and cross-cutting career fields training programs to meet VA workforce needs.
5. Department-wide communications regarding VA education and training programs need to be more effective.	5. Develop and implement a communication and marketing plan to create a heightened awareness by employees at all levels on the full scope of learning opportunities and responsibilities.

¹ An Enabling Goal from the VA Strategic Plan (2001-2006) notes the importance of creating "an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources."



A “Strengths, Weaknesses, Opportunities, and Threats” or “SWOT” analysis was then conducted to help determine appropriate implementation tactics for achieving the goals identified by the Department-wide Education and Training Plan Working Group (Working Group) appointed by the Deputy Secretary to lead this initiative (summarized in the table below):

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Infrastructure for Distance Learning 2. Administration-specific Training 3. The High Performance Development Model (HPDM) 	<ol style="list-style-type: none"> 1. Lack of Departmental Focus on Education and Training 2. Lack of Department-wide Initiatives 3. Lack of Funding 4. Lack of Department-wide Learning Management System (LMS)
Opportunities	Threats
<ol style="list-style-type: none"> 1. Technology-Enabled Learning 2. Components of Leadership Development Training 3. Employee Orientation and Career Paths 4. Communications and Marketing Learning Opportunities 5. Leverage Department-wide Purchasing 6. Provide Clear Linkages to Human Capital Management 	<ol style="list-style-type: none"> 1. Placement of Education and Training Oversight 2. Insufficient or Poorly-Leveraged Resources 3. Lack of Performance-based Measures 4. Failure to Institutionalize and Champion Education and Training

To provide a path forward, the Working Group developed the following recommendations and suggested “next steps” for achieving ETP Goals:

1. Establish an Office of Employee Education and Training headed by a senior executive to serve as the focal point for education and training in support of VA strategic management of human capital. Among its responsibilities, this office will:
 - a. Be responsible and accountable for departmental education and training policy, planning, evaluation, and oversight;
 - b. Be responsible for managing the programs currently managed under the umbrella of VALU;
 - c. Be responsible for leading a governance structure for education and training issues of departmental significance (e.g., funding for VA-wide program needs, vetting proposals for department-level training programs, etc.);
 - d. Be responsible for filling identified, department-level operational gaps:
 1. Leadership and supervisory development training
 2. Training programs for VACO Staff Offices and cross-cutting career fields
 3. Other training with VA-wide applicability (e.g., customer service training, new employee orientation, etc.)



2. Institutionalize education and training planning as a component of VA's strategic planning and budgeting cycle to ensure adequacy of funding and alignment with Departmental strategic goals.
3. Complete the implementation of initiatives critical to the overall success of education and training within VA (recommended Office of Employee Education and Training should take a lead role) such as HPDM and implementing a Department-wide LMS.
4. Decide appropriate VA organizational alignment for the Office of Employee Education and Training.

Regardless of the direction chosen, several initiatives can be pursued immediately for positive change:

- Add the Chief Human Capital Officer (CHCO) to the VALU Board of Directors Executive Committee (helping ensure alignment with Human Capital Planning).
- Assign responsibility to an interim executive for implementing the strategies and supporting objectives outlined in the ETP.
- Prioritize initiatives and develop an implementation plan addressing high priority items.
- Expedite the acquisition of a Department-wide Learning Management System (LMS).
- Ensure the alignment between the ETP and ongoing education initiatives within the Department (e.g., e-Learning Strategy and Training Policy Revision).



1.0 Introduction

1.1 Purpose

The Department of Veterans Affairs (VA) is seeking to institutionalize learning across the entire organization. To achieve this goal, the VA has created this Department-wide Education and Training Strategic Plan (ETP) to communicate the overall vision and strategy within the Department. More specifically, the ETP:

- Sets near-term strategic direction and priorities for education and training, including career and leadership development and enhanced customer service;
- Aligns education and training initiatives with VA strategic goals;
- Helps to define the role and focus of the VA Learning University (VALU) in supporting the organization (specifically for FY2004-2007) while helping the organization to leverage existing assets more effectively;
- Establishes clear accountability for learning within the Department.

Currently, the way Federal Government manages its workforce is under significant transformation. With the advent of the Chief Human Capital Officers Act of 2002, new emphasis is being placed on workforce development, and the implementation of a culture of continuous learning. The ETP has been designed to respond to this charge while maintaining a clear alignment with the Department's mission and strategic plan.

In support of the Department's Enabling Goal and Objective E-1, the ETP will drive the needed change throughout VA to ensure that employee education and training programs will provide accessibility to the requisite knowledge and skills to ensure the delivery of world class service to the veterans and their families.²

To create this plan, VERTEX Solutions, Inc. (VERTEX) worked cooperatively with a Department-wide Education and Training Plan Working Group (Working Group), appointed by the Deputy Secretary to conduct a high-level assessment of the organization, validate previous efforts, and to identify emerging issues. This input was used to facilitate strategic planning sessions with Working Group participants to define the VA Education and Training Plan, the outcome of which is presented in this document.

1.2 Scope

The scope of this project was to facilitate a VA-wide Working Group to create an education and training strategic plan. Expected outcomes from this effort included:

- A definition of VA strategic education and training goals;

² The Enabling Goal is stated in the VA Strategic Plan (2001-2006) as "Create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources." Objective E-1 is defined as "Improve communications with veterans, employees, and stakeholders to share the Department's mission, goals, and results to increase awareness of benefits and services for veterans and their families."



- A high-level education and training strategy to support these goals including integration of Department-wide learning initiatives and resources;
- Desired outcomes and initial requirements for future training programs;
- Initial implementation tactics to include follow-on priorities, tasks, and milestones;
- The role of the VA Learning University (VALU) and its position within the organization;
- The defined relationship to Department human capital policies and plan.

1.3 Methodology

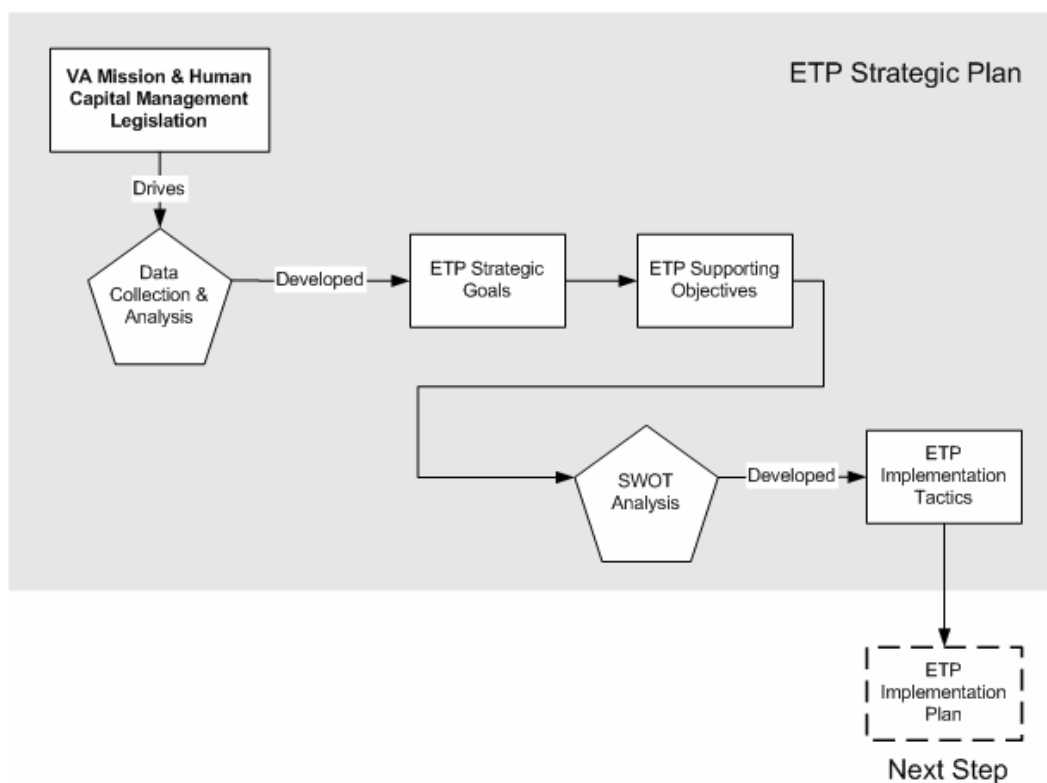


Figure 1 – ETP Methodology

To accomplish the goals of this effort as quickly as possible, VA and VERTEX agreed to use a qualitative rather than a quantitative approach to data collection and analysis. Rather than performing an exhaustive, quantitative data collection initiative Department-wide, analyses and conclusions were drawn from interviews, focus groups, surveys, and information previously collected through prior initiatives. More specifically, the data collection process included the following activities:

- Conducting a series of senior stakeholder interviews;
- Facilitating Department-wide focus groups with mid-level management;



- Developing a Department-wide, Web-based survey directed at a broader VA employee base; and
- Reviewing Government Furnished Information (GFI) for a more thorough understanding of existing processes and procedures.

The Web-based survey enabled the Working Group to gain a greater understanding of the perceived issues and attitudes toward education and training within the VA. The results of this phase were recorded in a Data Collection Report, and submitted to the VA for review and acceptance. Following submission of the report, VERTEX facilitated two, all day working sessions to develop the strategic vision, mission, core values, goals, high-level objectives, and concepts for a VA-wide education and training organization.

As illustrated in Figure 1 (page 5), and based on the strategic issues identified during data collection, corresponding strategic goals and supporting objectives (more detailed components of the goals) were developed to address the strategic issues. The goals and supporting objectives were then subjected to a “Strengths, Weaknesses, Opportunities, and Threats” or “SWOT” analysis to help determine appropriate implementation tactics for achieving the goals identified by the Working Group. These implementation tactics are provided in Section 5.0 – Recommendations and Next Steps (page20), and are intended to serve as the foundation for a formal implementation plan once the ETP is reviewed and approved by VA.



2.0 Strategic Issues

Based on an analysis of the data collected, five education and training strategic issues were identified. Based in part on the perceptions collected through the interviews, focus groups, and survey, these issues represent the basis for developing the ETP's strategic goals and objectives. These issues target the implementation of education and training as a Department-wide strategy.³

2.1 Departmental Focus

Strategic Issue 1: The Departmental focus on education and training requires more consistent support and funding.

Those participating in the assessment phase generally believe that education and training is important to accomplishing the Department mission. However, with the exception of mandated training (e.g., medical continuing education, equal employment opportunity, prevention of sexual harassment, etc.), the participants indicated that the requisite priority or emphasis on education and training is not demonstrated consistently at the Department-level. Participants emphasized this point by indicating the following:

- Department-level responsibility for education and training is often unclear or unknown.
- The Department reduces funding for education and training programs before similar reductions are taken in other program areas.
- Increased EEO complaints and labor grievances are perceived to be linked to a lack of Departmental supervisory training programs.
- Education and training interests are not represented adequately at the "planning table" for the Department.
- General supervisory support for education and training is currently in place, but most Administrations and Staff Offices have not allocated sufficient time for personnel to attend training programs.

2.2 Effective Planning

Strategic Issue 2: Effective planning for education and training programs needs to be strengthened and standardized throughout the Department.

While planning occurs in many forms throughout the Administrations, there appears to be no consistently applied and monitored planning process for education and training at the Department level. Participants emphasized this point by indicating the following:

- Effective learning strategies that address corporate career field education and training programs are incomplete.⁴

³ It is important to note that these strategies are not targeted toward the existing technical training efforts in place within each Administration. Instead, they are intended to improve and strengthen the coordination and Department-wide education and training efforts.

⁴ The terms Department-wide and corporate career fields refer to those administrative functions that exist across all Administrations and Staff Offices. Specifically, it refers to the following career fields: Information Technology, Human Resources, Public Affairs, Budget and Finance, and Acquisition.



- Department-level programs that provide Department-wide training (e.g., supervisor training, mission orientation) need to be established.
- The Department has not mapped the competencies or skills for many of its occupations.⁵
- Currently the creation, monitoring, and management of individual development plans (IDPs) are employed inconsistently throughout the Department.⁶
- Department-wide standards for education and training have yet to be established.
- The Departmental linkage between local, regional, and national education and training plans is often unknown or unclear.

2.3 Accountability

Strategic Issue 3: VA does not have a clear line of responsibility and accountability for the implementation of a comprehensive Department-wide education and training plan.

Participants in the assessment process repeatedly identified uncertainty regarding accountability throughout the Department-level management superstructure (first line supervisor to senior executive) for implementation of a comprehensive Department-wide education and training plan. The following statements collected during the assessment help to illustrate this uncertainty:

- There is no clear tie between education and training and the VA Strategic Plan.
- Departmental performance measures for education and training need to be established.
- The Department as a whole has yet to define measures relating to employee development in senior executive and upper management performance plans.
- The Department needs a more clearly defined central authority to implement training policy, and provide leadership and oversight.
- There is a lack of policy-mandated training plans for the Department.
- There is no system or tools in place for tracking, analyzing, and reporting training data to facilitate Departmental decision-making.

⁵ Competency and skill maps are tools used to organize the competencies and skills required to accomplish a job task successfully. The maps are usually created by collecting information on the relevance and importance of the task; the knowledge, skills and abilities required to perform the task; the rules, concepts and policies that apply to the task; and the steps involved in accomplishing the task.

⁶ It is important to note, however, that the use of IDPs has yet to be mandated by the Department.



2.4 Critical Gaps

Strategic Issue 4: Critical education and training gaps in leadership development and cross-cutting career fields need to be addressed.

Two areas were consistently singled out in the assessment as gaps in education and training programs at the Department level:

- Leadership Development (line supervisor to senior executive)
- Headquarters and field education training in cross-cutting career fields

Among the participants, it was regularly noted that while there were some excellent programs in the Administrations that support supervisory, management and leadership development, these programs have not been leveraged universally across the Department, nor meet any recognized Department standards. The result is a critical gap in the Departmental curriculum that supports the career advancement of current and future VA leaders (i.e., no clear “line of sight” for career advancement.)

Also noted was the need for effective programs to provide standardized education and training for personnel located at the Staff Offices and in cross-cutting career fields. There is no “basic” training for some specialties or a common baseline of knowledge coordinated at the Department level. The following findings help to illustrate this issue:

- The Department is facing a serious lack of qualified leaders, ranging from mid-level managers to senior executives, who are becoming eligible to retire.
- Few personnel in cross-cutting career fields across the Department attended education and training programs. The offerings provided were also fairly limited.⁷
- The Department’s annual budget does not strategically fund education and training programs for crosscutting career fields.

2.5 Communications

Strategic Issue 5: Department-wide communications regarding VA education and training programs need to be more effective.

The data indicates a considerable amount of confusion regarding current education and training programs as illustrated by the following:

- Senior leadership is unaware of some programs currently in place.
- Some participants in the assessment were unaware or unclear regarding some programs currently in place.
- The organizational location of VALU is unclear, and has created confusion among staff throughout the Department.

⁷ Acquisition Training is a notable exception.



3.0 Strategic Goals and Supporting Objectives

Based on the strategic issues identified in the previous section, the Working Group developed the following strategic goals and objectives. These goals and objectives represent the key elements of the ETP that will guide the Department forward in a coordinated manner to bring focus, accountability, and structure to education and training through effective planning and communications.

3.1 Strategic Transformation

Data collection efforts have shown that a solid foundation exists throughout the programs each Administration has developed to further the technical and professional competencies and skills required to accomplish their part of the Department's mission. The successful implementation of the VA Learning University (VALU) and growth of institutional programs such as Leadership VA has also created a basis for programs that span Department-wide in a strategic fashion.

The ETP takes these efforts and organizational strengths (See Section 4.1, page 14) and moves them forward to expand their strategies, elevate their importance, and institutionalize a new paradigm for education and training in VA. Through the strategic goals detailed in the following pages, the ETP will enable VA to respond better to the Department's Strategic Plan, and its enabling goal and objective to provide "world class service to veterans and their families" while "recruiting, developing, and retaining, a competent, committed, and diverse workforce."⁸

Furthermore, the ETP will help the VA's human capital planning efforts align with the goals of the Chief Human Capital Officers Act of 2002 by creating a structure, system of accountability, financial and human resources, policies, procedures and processes that will support effective workforce development strategies. This approach is targeted at reinforcing a culture of continuous learning that will attract and retain employees with superior abilities.⁹

Upon implementation of the ETP, the Department can expect:

- Clear Department-wide focus on education and training with consistent funding and support;
- Planning that will effectively address the education and training needs from a Department-wide perspective;
- A structure and system of accountability and responsibility to implement and sustain robust and successful Department-wide education and training programs;
- Closure in critical gaps affecting the development of VA employees in crosscutting career fields, and the subsequent generations of leaders to carry forward the mission of the Department without interruption; and
- A better-informed workforce and leadership, attuned to the educational offerings and the organizational framework supporting them.

⁸ VA Strategic Plan 2003-2007.

⁹ Homeland Security Act of 2003, Section 1402.



3.2 Strategic Goals

As mentioned earlier, each of the following goals have been developed in coordination with the VA Strategic Plan for 2003-2008, to ensure that they support the overall vision and mission of the Department:

- **Strategic Goal 1**
Identify and assign a Departmental organization to ensure education and training is incorporated into budget, resourcing, planning, and performance measurement.
- **Strategic Goal 2**
Ensure education and training plans are developed and aligned with human capital plans at all organizational levels as a part of the VA strategic planning cycle.
- **Strategic Goal 3**
Define and assign roles, responsibilities, and accountability structure clearly for VA education and training.
- **Strategic Goal 4**
Enhance existing leadership development and cross-cutting career field training programs to meet VA workforce needs.
- **Strategic Goal 5**
Develop and implement a communications and marketing plan to create a heightened awareness for employees at all levels on the full scope of learning opportunities.

3.3 Supporting Objectives

Derived from the strategic goals are the supporting objectives presented in Table 1 (page 12). Each objective describes how a goal can be attained through tactical action. These objectives will act as the initial step for the implementation phase of the strategic planning process. Further definition of the tactics that will be required for implementation can be found in Section 5.0 – Recommendations and Next Steps (page 20). Upon plan approval, these tactics will be expanded upon and incorporated into a comprehensive project plan.

**Table 1 – Strategic Goals and Supporting Objectives**

Strategic Goal #1	Identify and assign a Departmental organization to ensure education and training is incorporated into budget, resourcing, planning, and performance measurement.
High-level Objectives	<ol style="list-style-type: none"> 1. To oversee and coordinate the institutionalizing of education and training, the Department will establish an enduring office headed by a senior executive to champion and reinforce the initiatives identified in the Strategic Goals. 2. Design and implement a single governance structure for leadership of education and training for the Department. 3. Ensure adequate resources are allocated for education and training.
Strategic Goal #2	Ensure education and training plans are developed and aligned with human capital plans at all organizational levels as a part of the VA strategic planning cycle.
High-level Objectives	<ol style="list-style-type: none"> 1. Refine and implement a systematic planning cycle for the development of education and training plans linked to key annual planning cycles (e.g., budget, human capital, strategic). 2. Evaluate and measure effectiveness of education and training planning. 3. To implement HPDM more fully across the Department.
Strategic Goal #3	Define and assign roles, responsibilities, and accountability structure clearly for VA education and training.
High-level Objectives	<ol style="list-style-type: none"> 1. Develop and publish a revised VA training and education policy linked to strategic and human capital plans. 2. Define education and training performance measures for executives, managers, and supervisors relative to their levels of responsibility. 3. As a major component of the upcoming VA e-Learning Strategy, implement a Learning Management System (LMS) to capture and track education and training enterprise data for analysis and reporting (e.g., financial, production, learning history). 4. Anticipate and respond to emerging requirements (i.e., legislative, mandated, and mission-driven).



Strategic Goal #4	Enhance existing leadership development and cross-cutting career fields training programs to meet VA workforce needs.
<i>High-level Objectives</i>	<ol style="list-style-type: none"> 1. Identify VA-wide education and training standards for these programs (e.g., competencies, Instructional Systems Design models, and curriculum requirements). 2. Assess current program performance against the standards. 3. Develop and implement a curriculum for the cross-cutting career fields. 4. Implement short and long-term evaluation components to monitor ongoing performance in relation to the accepted standards.
Strategic Goal #5	Develop, implement, and maintain a communication and marketing plan to create a heightened awareness for employees at all levels on the full scope of learning opportunities.
<i>High-level Objectives</i>	<ol style="list-style-type: none"> 1. Develop a communication and marketing plan linked to the VA Education and Training Plan to disseminate information regarding employee education and development opportunities. 2. Implement, evaluate, and measure the effectiveness of the communication and marketing plan.



4.0 SWOT Analysis

The qualitative data collection efforts and facilitated sessions provided insight into the strengths, weaknesses, opportunities, and threats (“SWOT”) to a Department-wide education and training program. These four categories of influence will need to be considered throughout the implementation of the VA Education and Training Strategic Plan. Strengths and opportunities will provide the potential for “quick wins,” while weaknesses and threats will need to be addressed through a risk mitigation strategy.

4.1 Strengths

Strengths identified during the data collection process ranged from best practices to major Administration initiatives, indicating the success of individual education and training programs within the Department. Those strengths identified below will have a significant impact on the implementation of this strategic plan.

4.1.1 Infrastructure for Distance Learning

Within the Federal sector today, the VA is clearly a leader in the accessibility of technology-enabled learning. Through the VAKN satellite network, One Touch interactive Tele-training system, V-TEL videoconferencing capabilities, and VALO online offerings, employees can take advantage of educational offerings free of charge when and where they need them. Recently introduced, the Content Distribution Network (CDN) also provides access to video training content delivered directly to the employee’s desktop.

4.1.2 Administration-Specific Training

Another identified strength was the high quality of professional and technical training offered at the Administration, regional, and local levels. The analysis revealed that the unique nature of these environments necessitated training design, development, and delivery as administration-specific. The elements of the design and development efforts should be identified as models for future training programs, including those at the Department level and in corporate career fields.

4.1.3 The High Performance Development Model

The High Performance Development Model (HPDM), adopted Department-wide, defines core competencies for interpersonal and organizational excellence. This framework also includes 360-degree and 180-degree assessment tools that provide employees with feedback on individual strengths and opportunities for growth. On par with many corporate models, the coaching and mentoring element includes encouragement and development by an employee’s supervisor, rotations, team assignments, and learning events within the context of ongoing work. Recently adopted Department-wide, the HPDM provides a model for competency development and individual assessment for future training development. It will be important, furthermore, to incorporate HPDM tactically within the VA culture to maximize the Department’s investment in the model.



4.2 Weaknesses

The weaknesses identified below were further examined in the facilitated sessions. Some were elevated to strategic issues to ensure that they were addressed appropriately during implementation.

4.2.1 Lack of a Departmental Focus on Education and Training

Assessment participants consistently noted that the requisite priority or emphasis on education and training is not demonstrated consistently at the Department level. The participants in this effort often cited the lack of a Department Education and Training plan. While the administrations and Staff Offices may have plans, until now, there have been limited efforts to define Department-wide training needs.¹⁰

Another sign that the Departmental focus on education and training lacked solid backing was the absence of a process owner for education and training at the Department level, someone with a “seat at the table.” Opportunity and accessibility of training and education, furthermore, has also been noted as inconsistent throughout the Department because of “time away from work” and other resource-related concerns. Some assessment participants believe that a VA cultural shift towards solidifying and institutionalizing education and training across the Department is required, and that such a cultural change will result in improved services to the Nation’s veterans.

4.2.2 Lack of Department-wide Initiatives

There is a lack of training programs for cross-cutting career fields.¹¹ While the data collection revealed that most participants interviewed or surveyed believed that training should remain decentralized, a majority also felt that improved collaboration between administrations and Staff Offices would improve training programs for cross-cutting career fields. This was especially noted in leadership development programs. The Working Group has recognized the development of cross-cutting training as a strategic goal, identified the standardization of this training as a supporting objective, and emphasized the importance of better leveraging resources in the future.

¹⁰ A notable exception is the recent development of the VALU strategic learning priorities. These priorities include Career/Professional Development, Customer Service, Cross-Cutting Career Fields, Educating Employees Regarding Veterans, Emergency Preparedness, Employee Orientation/Reorientation, Information Management, Leadership and Management Development, Performance and Quality Improvement Tools and Methods, Personal Development, Quality of Work Life, Required Training, and University Degrees/Certificate Programs.

¹¹ As mentioned earlier, this excludes Acquisition Training, though opportunity and accessibility issues still apply (See Section 4.2.1 above).



4.2.3 Lack of Funding

Over time the budget for training and education in the Staff Offices has been cut with the expectation that the administrations would fund needed training. As recently as 10 years ago, Staff Offices had in place training programs in areas such as Human Resources and Finance, but over the past decade, these programs ceased to be funded due to budget cuts. As budget cuts become necessary from time to time within the Department, most surveyed believed that training resources were the first to be eliminated.

4.2.4 Lack of Department-Wide LMS

One final weakness noted was that the Department still does not have an enterprise Learning Management System (LMS) available to all employees and managers. Broadly defined, an LMS manages and facilitates the delivery of traditional and technology-enabled training, tracks student progress through the various types of training, and links training with required skills and competencies. As a centralized, Web-based application, the VA LMS is therefore envisioned as the nexus for all Departmental education and training opportunities.

Clearly, increasing the usage and effectiveness of training programs is critical to the development of a strong VA. An LMS would enable managers to provide employees with a single access point to all their training needs and allow blended delivery of the most effective learning methods. It would also allow collection of real-time data to support decision-making at both the Administration and Department levels. For these reasons, its criticality to Departmental education and training cannot be underestimated.

VA has been working on its LMS initiative for several years, and has been pursuing a highly configurable, commercial-off-the-shelf (COTS) application that would be available via the Intranet and Intranet. However, the recent e-Training initiative managed by OPM (known as “GoLearn”) has been pursuing similar goals with the intent to provide centralized LMS services to the federal government. Since it has been unclear whether the services offered via GoLearn could meet the comprehensive and complex requirements of VA, the resulting protracted negotiations have led to the current acquisition and implementation delay.¹²

4.3 Opportunities

Assessment participants noted several opportunities for the advancement of training and education within the Department:

4.3.1 Technology-Enabled Learning

As identified in Section 4.1 (page 14), VA has in place a learning infrastructure that surpasses many government and private organizations. The ability to offer training in a variety of modalities will enable VA training managers to leverage technology-enabled learning across Department-wide training initiatives.

¹² The most recent negotiations between VA and GoLearn were on June 12, 2003. While there was agreement regarding the project’s management structure and performance metrics, elements of the draft Inter Agency Agreement (IAA) relating to assumption of fiscal liability for cost overruns of the hosted solution were yet to be finalized. Signature authority for the IAA rests with the Deputy Secretary for VA.



With the variety of technologies now available for “blended” delivery, new and existing training is being converted to technology-enabled formats. For example, a significant amount of training in HPDM and leadership development uses a variety of learning technologies. VALU has also been asked to evaluate commercial distance learning products to extend the learning technology infrastructure even further.

VALO course modules can also be examined for blended opportunities, perhaps as pre-requisite or supplemental material to classroom or VAKN study.¹³ By examining job competencies, identifying knowledge and skills needed, then mapping critical tasks to training content, training managers can build a curriculum that addresses training needs and offers a variety of solutions to meet the needs of a population often limited in the amount of time that can be spent away from the job in the classroom.

4.3.2 Components of Leadership Development Training

Current leadership development programs continue to be improved and enhanced within the Department and Administrations. The Leadership VA (LVA) program was the most often mentioned success in the area of leadership development and inter-department collaboration. Other programs, listed below, are striving to prepare leaders for their future responsibilities within the Department:

- Leadership Advancement or “LEAD Program” (VBA and VHA);
- VHA Health Care Leadership Institute (HCLI);
- VBA Assistant Directors Development Program;
- Cemetery Director Training Program (NCA);
- Senior Executive Service (SES) Candidate Development Program.

These efforts can then become the foundation for the development of a VA leadership curriculum. Furthermore, by applying learning technology and linking the content with core leadership competencies, the content could then address a variety of learning styles through a more convenient blended solution.

4.3.3 Employee Orientation and Career Paths

The lack of a career path for most employees was often described as a weakness in the study. For example, it is unclear how an employee could determine their promotion potential, or which assignments to request to pursue career advancement. To address these issues, all VA employees need an understanding of learning expectations, opportunities, and career paths in their chosen field. This should include defined competencies as well as advancement or certification options. This career path should be determined as early as possible, beginning with a new employee orientation program that introduces new personnel to the organization and helps them to understand the mission of the organization and the constituents they serve. The program should also clearly define the goal of the VA to be the employer of choice, with a solid commitment to employee training and education.

¹³ VALO/VAKN is an example of a basic blended learning approach.



Leveraging the existing VA “Communities of Practice” – groups of people that have worked together for a period of time in a related area – could also help to define career paths by incorporating the issues and “lessons learned” encountered by the established career and skills-related communities within the Department. The implementation of an LMS, furthermore, will enable managers to build an individual development plan for each employee, mapping training opportunities and expectations to competencies, thereby enhancing career advancement. Each Administration and Staff Office can prepare for this implementation by designing and developing competencies for each grade level of that position and when appropriate, establishing certification procedures for employees in those occupations.

4.3.4 Communications and Marketing Learning Opportunities

The study noted that most employees are not aware of learning opportunities that are available to them. As VA implements the education and training plan for the Department, a marketing component must be included that will educate employees and managers of all the learning opportunities across the Department. This marketing/communication plan will inform employees and managers of the learning infrastructure in VA and the many opportunities for learning at their desktops. Again, a central goal of the marketing/communication should be to influence cultural changes in the VA towards institutionalizing education and training.

4.3.5 Leverage Department-wide Purchasing

As the largest civilian Department, VA has the ability to realize economies of scale and achieve greater management efficiencies by fully leveraging its purchasing power for training programs. For this reason, it is essential to eliminate practices that fragment the purchasing power for training programs and detract from the Department’s ability to achieve product consistency and obtain the most favorable terms and pricing.

4.3.6 Provide Clear Linkages to Human Capital Management

As mentioned earlier, the Chief Human Capital Officers Act focuses on ensuring the effective oversight of human resources, and directly supports the Department’s goal of recruiting, developing, and retaining a competent, committed, and diverse workforce. With such an alignment of legislative requirements and Departmental focus, there is an opportunity to highlight and reinforce this relationship through the Strategic Goals, recommendations, and “next steps” presented in the ETP.



4.4 Threats

Several threats were identified in the assessment phase of this project. These threats should be minimized as part of a risk mitigation strategy.

4.4.1 Placement of Education and Training Oversight

While the Office of Human Resources Management (OHRM) is responsible for education and training policy, it has played a limited role in the oversight of policy implementation and ongoing program evaluation. Current policy delegates substantial responsibility and accountability to the individual administrations and Staff Office heads. While the Administrations have managed their professional and technical training programs well, the lack of Departmental oversight has not ensured against redundancy of programs among the administrations, and a lack of training programs and resources for Staff Offices. The majority of survey, interview, and Working Group participants were very clear about the importance of proper placement of this oversight authority within the Department.

4.4.2 Insufficient or Poorly-Leveraged Resources

To demonstrate its commitment to education and training, the Department must protect funds and staffing levels allocated for education training and ensure that they are invested wisely in the development of an effective workforce. The Department must also work to make efficient use of available funds, leveraging its technological resources already in place with the implementation of a training development process that will meet and manage the needs of each employee. As the Department begins to map resources to training needs as identified in the strategic goals, more training and education can be delivered via alternative and blended modalities, providing more employees with access to training, when and where they need it. This effort, however, will require continued financial support and protected budgets for education and training.

4.4.3 Lack of Performance-based Measures

It is difficult to assess the effectiveness of training provided to both VA managers and employees because measures of effectiveness have to be better defined and applied across the Department. This was a repeated concern of executives interviewed, indicating that there are few formal measures in place linking training to an improvement in either individual or organizational performance. As the Department begins to address the objectives identified in the strategic goals, they will begin a process of establishing competencies and performance criteria by which to measure training efforts. By implementing a thorough evaluation plan (which will collect data that is in turn tracked and managed by the LMS), managers will have the information to link performance to organizational objectives.

4.4.4 Failure to Institutionalize and Champion Education and Training

The stability of any Departmental education and training program may be jeopardized if education and training is not institutionalized throughout the Department. To oversee and coordinate the institutionalizing of education and training, the Department will therefore need to establish an enduring office to champion and reinforce the initiatives identified in the Strategic Goals.



5.0 Recommendations and Next Steps

In consideration of the related ETP strengths, weaknesses, opportunities, and threats identified in Section 3.0 (page 10), the Working Group developed the following recommendations and suggested “next steps” for achieving the Strategic Goals and Supporting Objectives developed in Section 4.0 (page 14):

1. Establish an Office of Employee Education and Training headed by a senior executive to serve as the focal point for education and training in support of VA strategic management of human capital. Among its responsibilities, this office will:
 - a. Be responsible and accountable for departmental education and training policy, planning, evaluation, and oversight;
 - b. Be responsible for managing the programs currently managed under the umbrella of VALU;
 - c. Be responsible for leading a governance structure for education and training issues of departmental significance (e.g., funding for VA-wide program needs, vetting proposals for department-level training programs, etc.);
 - d. Be responsible for filling identified, department-level operational gaps:
 1. Leadership and supervisory development training
 2. Training programs for VACO Staff Offices and cross-cutting career fields
 3. Other training with VA-wide applicability (e.g., customer service training, new employee orientation, etc.)
2. Institutionalize education and training planning as a component of VA’s strategic planning and budgeting cycle to ensure adequacy of funding and alignment with Departmental strategic goals.
3. Complete implementation of initiatives critical to overall success of education and training within VA (recommended Office of Employee Education and Training should take a lead role):
 - a. High Performance Development Model (HPDM)
 - b. Learning Management System (LMS)
4. Decide on appropriate VA organizational alignment for Office of Education and Training – ideal is to associate this with the Chief Human Capital Officer because of the linkage between education and training and other programs central to strategic management of human capital.¹⁴

¹⁴ However, the office can function under any number of organizational configurations as long as its mission, role, responsibility, and authority are clear.



5. Take the following action as quickly as possible:
 - a. Approve, or modify and approve, the ETP.
 - b. Add the Chief Human Capital Officer (CHCO) to the VALU Board of Directors Executive Committee (helping ensure alignment with Human Capital Planning).
 - c. Assign responsibility to an interim executive for implementing the strategies and supporting objectives outlined in the ETP.
 - d. Develop an implementation plan that focuses on leadership and supervisory development training, training for cross-cutting career fields, and other training with VA-wide applicability (e.g., customer service and new employee orientation).
 - e. Expedite the acquisition of a Department-wide Learning Management System (LMS).
 - f. Ensure alignment between the ETP and ongoing education initiatives within the Department (e.g., e-Learning Strategy and Training Policy Revision).



Appendix A: Working Group, Interview, Focus Group, & Web Survey Participants

Working Group Participants

Working Group Member	Position/Organization
(b) (6)	Program Analyst, OI&T
(b) (6)	Deputy Chief of Staff
(b) (6)	Human Resource Manager, OI&T
(b) (6)	Executive/Workforce Planning & Development Officer
(b) (6)	Executive Assistant to VHA Chief Learning Officer
(b) (6)	Special Assistant to the Business Oversight Board
(b) (6)	Chief of Human Resources Division, NCA
(b) (6)	Special Assistant to the Director of Employee Development & Training
(b) (6)	Acting Dean of VALU and Chief Learning Officer of VHA
(b) (6)	Director of Employee Development and Training
(b) (6)	Director, HR Development
(b) (6)	Program Analyst, PP&P
(b) (6)	Director of Strategic Planning, PP&P
Selnick, Darin	Special Assistant and Associate Dean of VALU
(b) (6)	Management Analyst, OGC
(b) (6)	Education Program Manager, VALU
(b) (6)	Support, OGC

Interview Participants

Organization	Name	Position
VA	Dr. Leo Mackay	Deputy Secretary
	Nora Egan	Chief of Staff
VHA	Dr. Robert Roswell	Under Secretary for Health
	Dr. Jonathon Perlin	Deputy Under Secretary for Health
	Laura Miller	Deputy Under Secretary for Operation and Management
	Dr. Fran Murphy	Deputy Under Secretary for Health Policy Coordination
	Nevin Weaver	Chief of Staff
	Ken Clark	VISN 22 Network Director
	Jim Farsetta	VISN 3 Network Director
	(b) (6)	Acting Dean and Chief Learning Officer
NCA	Eric Benson	Acting Deputy Under Secretary for National Cemetery Administration
	(b) (6)	Acting Director of Field Operations in Memorial Affairs
VBA	Admiral Dan Cooper	Under Secretary for Benefits
	Bill Stinger	Acting Deputy Under Secretary for Benefits
	Bob Eply	Acting Deputy Under Secretary for Policy
	(b) (6)	Deputy Director of the Compensation and Pension Service
	(b) (6)	Director of Employee Development and Training
	(b) (6)	ADUS Office of Management
	(b) (6)	Area Director



Interview Participants (Continued)

Organization	Name	Position
Staff Offices & Cross-cutting Organizations	William H. Campbell	Assistant Secretary for Management
	David S. Derr	Acting DAS for Acquisition and Materiel Management
	Dennis Duffy	PDAS Policy Planning
	Dr. John Gauss	Assistant Secretary for Information Technology
	Gordon Mansfield	Assistant Secretary for Congressional Legislative Affairs
	Mark Catlett	PDAS for Management
	General Mick Kicklighter	Assistant Secretary for Policy and Planning
	Tim McClain	General Counsel
	Ventris Gibson	Deputy Assistant Secretary for Human Resources

Focus Group Participants

Organization	Name	Position
IG	Jon Wooditch	Assistant Inspector General
	(b) (6)	Director, Human Resources Mgmt Division
	(b) (6)	Deputy Assistant IG for Mgmt. & Administration
NCA	(b) (6)	Director, Mgmt. Support Services
	(b) (6)	Chief, Human Resources Div
OHRA	Bob Schultz	Principal DAS for HR&A
	Armando Rodriguez	DAS Diversity Management
	James Jones	DAS Resolution Management
OIT	(b) (6)	Dir., Office of Mgt.
	(b) (6)	Supervisory Computer Spec
	(b) (6)	Director, AAC
	(b) (6)	Human Resource Manager
OM	Jim Sullivan	Dep. Dir., OAEM
	Edward Murray	ADAS for Financial Systems
	(b) (6)	Core FLS Project Director
	(b) (6)	Executive Assistant
OPP	David Balland	Chief, Acquisition Training
	Gary Steinberg	Dep. Asst. Sec for Policy
	Gary Steinberg	Dep. Asst. Sec for Planning and Evaluation
VBA	(b) (6)	Director Loan Guaranty Service
	(b) (6)	Director Education Service
	(b) (6)	Director
	Stu Liff	Director, LA RO
	Monty Watson	Director, Montgomery RO
VHA	Dr. George Wolohojian	Director, Baltimore RO
	(b) (6)	Dir. Mgmt. Support Office
	Linda Belton	Dir. VISN 11
	(b) (6)	EES Integration Council
	Jonathan Gardner	Dir., VAMC Tucson



Focus Group Participants (Continued)

Organization	Name	Position
VHA	(b) (6)	Exec. Asst. Patient Care Services
	Max Lewis	Asst. Dep. Under Sec. Health Operations & Management
	(b) (6)	Chief of A&MM
	Larry Flesh	Network Medical Director
	Kimberly Jones	VA Western New York LPN
VHA / VALU	(b) (6)	Exec. Dir., Leadership VA
EES/VHA	(b) (6)	Managing Director
AFGE	(b) (6)	AFGE Local 1539 President
Union	5 Respondents	Union Representatives

Web Survey Recipients ¹

Organization	Name	Position
OHRA	(b) (6)	Training Mgr. Ofc. Resolution Management
OIT	Bruce Brody	ADAS for Computer Security
	(b) (6)	Director, IT Oversight
		Staff Assistant
		Program Analyst
OM		Materiel Management Specialist
	Rita Reed	DAS for Budget
	(b) (6)	Dep. Dir.
		Director of the Enterprise
		Lead Program Analyst
		Program Analyst
		Director
		Executive Director
		Executive Assistant
	Rom Mascetti	ADAS Financial Policy
	(b) (6)	Cost and Debt Mgt
		Cost Accounting and Medical
		Director, Accounting/Payroll
		Director, Acquisition Resources Service
		Director, Business Office
VBA	(b) (6)	Special Assistant to the Director of Employee Development & Training
VHA		Personnel Mgt Spec
		HR Consultant
		Chief, EEO/Civil Rights Policy Team
		Dir., Iron Mountain VAMC
		Acting Dir., Field Operations Div, EES
		Acting Dir., Admin Operations, EES
		Exec. Asst. to VHA CLO
		National Initiatives Div. Consultant

¹ Softcopy of the textual responses to the Web Survey are available upon request.



Appendix B: Government Furnished Information (GFI) Inventory

Index	GFI Title	File Name	Date Received	GFI Type
1	Charter for VA E-Learning Strategy Committee	Charter for VA Elearning Strategy.doc	3/13/03	Word Document
2	VA-wide Education and Training	education and training task order October 5.ppt	3/13/03	PowerPoint Slides
3	EES' Content Distribution Network Team Wins Network World's 2002 User Excellence Award	EES.doc	3/13/03	Word Document
4	EES FY03 National Training Priority Setting Process	EES FY03 National Training Priority Setting Process.doc	3/13/03	Word Document
5	VA e-Learning Strategy (draft)	e-learning strategy draft 15f3.doc	3/13/03	Word Document
6	Succession Planning for Engineers and Safety Professionals	Engineering Succession Planning.pdf	3/13/03	Adobe Acrobat File
7	EES FY03 National Training Priority Areas	FY03 Priority Areas description.doc	3/13/03	Word Document
8	Department of Veterans Affairs Strategic Plan: FY2001 – 2006	GAO_ VA Strategic Plan.htm	3/13/03	HTML File
9	VHA NATIONAL STRATEGIC PLANNING GUIDANCE: FY 2003–FY 2007	GAO_VHA NATIONAL STRATEGIC PLANNING GUIDANCE.doc	3/13/03	Word Document
10	SUMMARY OF HC ASSESSMENT STRATEGIES	HC Strats1+ Team Assignments.doc	3/13/03	Word Document
11	Model Human Resources Specialist Career Path	HR Career Training Tables.doc	3/13/03	Word Document
12	NATIONAL LEADERSHIP DEVELOPMENT PROGRAMS	Leadershipgrid 11-02.xls	3/13/03	Excel Spreadsheet
13	VA LEARNING UNIVERSITY OPERATIONAL PLAN	Operational Plan2.doc	3/13/03	Word Document
14	Employer of Choice	performance measure.doc	3/13/03	Word Document
15	Professional Development – Task Group Report	Professional Development Task Group Report-Final.doc	3/13/03	Word Document
16	President's Management Agenda – Scorecard Update	Scorecard update11 -- post performance review 9.30.doc	3/13/03	Word Document

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Index	GFI Title	File Name	Date Received	GFI Type
17	Sect1 – HCAAT	Sect1-HCAAT.doc	3/13/03	Word Document
18	Department-Wide Professional Development	Slides revised 1-3-01version 2.ppt	3/13/03	PowerPoint Slides
19	VA LEARNING UNIVERSITY STRATEGIC PLAN	VA Learning University.doc	3/13/03	Word Document
20	EXECUTIVE DECISION MEMO – VA Strategic Learning Priorities	VA Strategic Learning Priorities 2	3/13/03	Word Document
21	VALU BOD Organizational Charter	VALU BOD Charter (revised)	3/13/03	Word Document
22	Background Information in support of the Professional Development Task Group Recommendations (January 2002)	N/A – Hardcopy Only	3/14/03	Hardcopy
23	The Next Generation Work Group – Findings, Recommendations, and Summary	N/A – Hardcopy Only	3/14/03	Hardcopy
24	VA Learning University – VALU Implementation Plan (7/7/95, the “Moravec” Report)	N/A – Hardcopy Only	3/14/03	Hardcopy
25	Department of Veterans Affairs Workforce and Succession Planning (1/10/02)	N/A – Hardcopy Only	3/14/03	Hardcopy Slide Presentation
26	Decision Paper – “One-VA Training System” (1995)	N/A – Hardcopy Only	3/14/03	Hardcopy
27	DOIU – Department of the Interior University	N/A – Hardcopy Only	3/14/03	Hardcopy Brochure
28	Orientation to TVA University (2003)	N/A – Hardcopy Only	3/14/03	Hardcopy
29	VA Learning University – Implementation Action Plan (March 22, 1999)	N/A – Hardcopy Only	3/19/03	Hardcopy
30	Guide for Using the VSSC Data Site	VSSC Data Guide.doc	3/20/03	Word Document
31	Projection Instructions	Projection Instructions.xls	3/20/03	Excel Spreadsheet
32	Workforce and Succession Planning: Preparation of Organizational Plans	wfpguidance – final.doc	3/20/03	Word Document

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Index	GFI Title	File Name	Date Received	GFI Type
33	VA Directive 5002 -- DEPARTMENT OF VETERANS AFFAIRS (VA) WORKFORCE AND SUCCESSION PLANNING	wfpdirective – final.doc	3/20/03	Word Document
34	The High Performance Development Model (various printouts from VA Intranet)	N/A – Hardcopy Only	3/24/03	HTML Printouts
35	Milestone 1 Review Program Decision Briefing – VA Learning Management System (dated: 2/5/2003)	N/A – Hardcopy Only	3/24/03	PowerPoint Presentation
36	VA Directive 5015 – Employee Development	5015_Employee_Development.doc	3/25/03	Word Document
37	e-Learning 200 and Beyond – The State of the Industry (Corporate University Xchange, Inc., 2000)	elearning.pdf	3/25/03	Adobe Acrobat File
38	HPDM Brochure 1 from VA Intranet	hpdm.pdf	3/25/03	Adobe Acrobat File
39	HPDM Brochure 2 from VA Intranet	hpdm2.pdf	3/25/03	Adobe Acrobat File
40	HPDM – Core Competency Definitions & Behavioral Examples at Each Level	corecompetencydefinitions.pdf	3/25/03	Adobe Acrobat File
41	National Cemetery Administration – FY2001 – FY 2006 NCA Strategic Plan	NCAPlan20012006.doc	3/25/03	Word Document
42	National Cemetery Administration – Employee Training Delegation of Authority Memorandum	Training ApprovalDelegation.doc	3/25/03	Word Document
43	National Cemetery Administration – Training and Education Guidance (Draft SOP)	Training SOP(draft).doc	3/25/03	Word Document
44	HPDM Systems Thinking	Self-Study8-Systems_Thinking.doc	5/02/03	Word Document
45	HPDM Organizational Stewardship	Self-Study9-Organizational_Stewardship.doc	5/02/03	Word Document
46	HPDM Interpersonal Effectiveness	Self-Study4-Interpersonal_Effectiveness.doc	5/02/03	Word Document
47	VA Factor Analysis	VAFactor_Items_9_02.doc	5/02/03	Word Document
48	VHA Executive Resources Board Overview	2003aECF_Program_Overview.doc	5/02/03	Word Document

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Index	GFI Title	File Name	Date Received	GFI Type
49	VHA Executive Resources Board App Process	2003b_ECF_Application_Process.doc	5/02/03	Word Document
50	VHA Executive Resources Board Program Description	2003b_ECF_Development_Program_Description.doc	5/02/03	Word Document
51	VHA Workforce Succession Plan 2003-2007	VHA WF Succ Plan Draft 4_2_03am.doc	5/02/03	Word Document
52	Technical Career Fields Program Overview and Proposed Elements	NLB_Proposal_11_13_02.doc	5/02/03	Word Document
53	Mentoring Toolbox	mentoring_toolbox.doc	5/02/03	Word Document
54	VHA VISN/Facility Leadership Development Program	LEAD_DRAFT_REPORT_FINAL.doc	5/02/03	Word Document
55	EES IDP Policy Draft	EESIDPPolicydraft.doc	6/10/03	Word Document

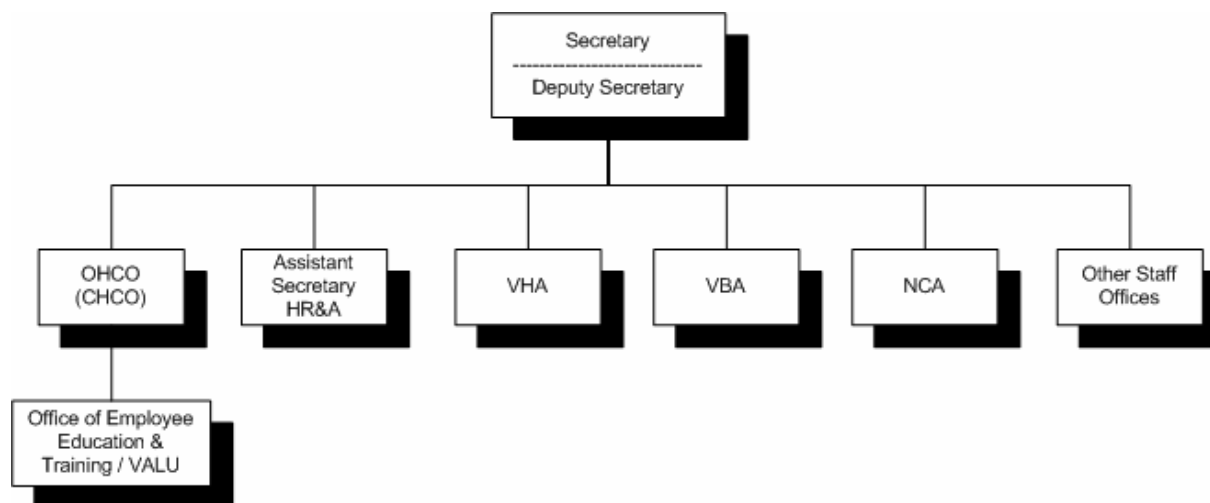


Appendix C: Proposed VALU Alternatives

Proposed Alternative Scenario #1

Establish an Office of Human Capital (OHC), reporting to the Secretary

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> Office of Human Capital, headed by an executive level CHCO, is not part of HR&A. It is a separate organization reporting to the Secretary Office of Employee Education and Training (OET)/VALU, OHRM training and policy function, and OHRM workforce planning reports to the CHCO CHCO is Department Chief Learning Officer (CLO) Will require revisiting the department decision not to make the Human Capital Officer separate from the Assistant Secretary for HR&A (AS/HR&A) CHCO does not have line authority over administration CLOs A cross-organizational governance structure will continue to exist 	<ul style="list-style-type: none"> Meets strategic issues and Department needs Ensures a corporate identity separate from VHA. Integrates key Human Capital components Demonstrates department commitment to learning Possesses sufficient authority to implement change Avoids perceived institutional bias surrounding HR Meets the legislative intent of the Human Capital legislation Creates a VA-wide learning system Has a seat at the table Is a fresh start Places corporate education in a more strategic position Facilitates coordination of education and educational policy 	<ul style="list-style-type: none"> Requires another direct report to the Secretary Requires start up funds Invites congressional scrutiny Subjects the Office to the constraints of the GOE budget Requires reporting to the Office of the Secretary which makes the Office vulnerable to administration changes Raises confusion regarding roles of Human Capital and HR Weakens HC Officer by fragmenting the HR functional responsibilities Raises issues of SES cap



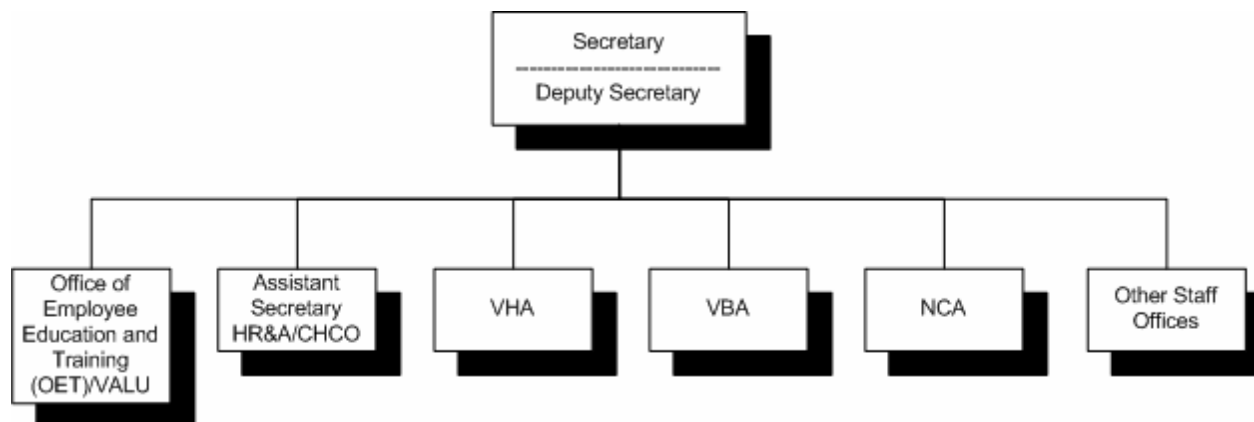
Appendix C: Proposed VALU Alternatives



Proposed Alternative Scenario #2

Establish Office of Employee Education and Training (OET), reporting to the Secretary

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> Office of Employee Education and Training (OET) head becomes the department CLO, reports to the Office of the Secretary OET head is a separate SES position from VHACLO SES OHRM training and policy function moves under OET VALU becomes a component of OET AS/HR&A/CHCO stays separate office Department CLO does not have line authority over administration CLOs A cross-organizational governance structure will continue to exist 	<ul style="list-style-type: none"> Meets strategic issues and Department needs Ensures a corporate identity separate from VHA. Demonstrates department commitment to learning Possesses sufficient authority to implement change Avoids perceived institutional bias surrounding HR Creates a VA-wide learning system Has a seat at the table Is a fresh new start Places corporate education in a more strategic position Is singly focused on education and training 	<ul style="list-style-type: none"> Requires another direct report to the Secretary Separates learning from Human Capital Officer functions Lacks line authority which makes it difficult to coordinate administration and Staff Office efforts Requires start up funds Invites congressional scrutiny Subjects the Office to the constraints GOE budget Requires reporting to the Office of the Secretary makes the Office vulnerable to administration changes Raises issues of SES cap



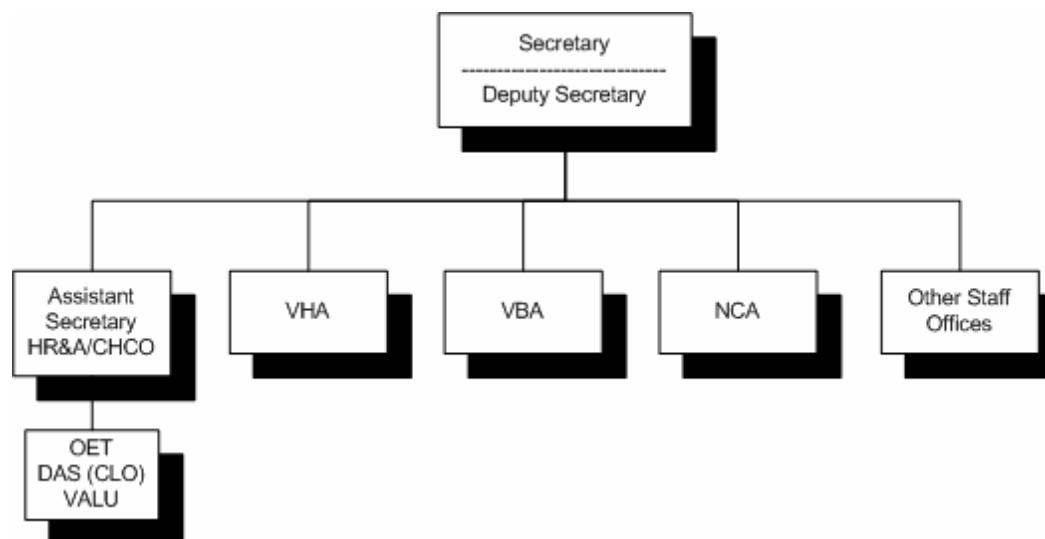


Appendix C: Proposed VALU Alternatives

Proposed Alternative Scenario #3

Establish Office of Employee Education and Training (OET), reporting to Asst. Secretary HR&A/CHCO

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> DAS for E&T Office reports to the AS/HR&A/CHCO, and is the CLO VALU and OHRM training and policy function report to the CHCO A cross-organizational governance structure will continue to exist Department CLO does not have line authority over administration CLOs 	<ul style="list-style-type: none"> Meets strategic issues and Department needs Ensures a corporate identity separate from VHA Integrates all key Human Capital components under CHCO Demonstrates department commitment to learning Possesses sufficient authority to implement change Meets the legislative intent of the Human Capital legislation Creates a VA-wide learning system Is a fresh new start Places corporate education policy in a more strategic position Minimizes start up costs and organizational disruption 	<ul style="list-style-type: none"> Requires new DAS position and issues of SES and DAS cap Subjects the Office to the constraints GOE budget Lacks line authority which makes it difficult to coordinate administration and Staff Office efforts Does not address the institutional bias surrounding HR&A Makes education and training compete with other HR&A functions No seat at the table





Appendix C: Proposed VALU Alternatives

Proposed Alternative Scenario #4
Preserve Current Organizational Structure

Organizational Specifics	Strengths	Weaknesses
<ul style="list-style-type: none"> Dean of VALU also CLO VHA/EES Dean of VALU does not have line authority over other administration CLOs A cross-organizational governance structure will continue to exist CHCO is the AS/HR&A reporting to the Secretary OHRM retains Department training policy responsibility 	<ul style="list-style-type: none"> Existing organization with a track record of developing, and implementing educational infrastructure (VAKN, VALO, Online Catalog, etc.) Leverages existing VHA and EES resources to the benefit of the Department No start up costs or organizational disruption Saves an SES slot by keeping the dual position 	<ul style="list-style-type: none"> Does not address strategic issues and Department needs Does not ensure a corporate identity separate from VALU Does not demonstrate department commitment to learning Has insufficient authority to implement change No seat at the table Is subject to VHA influence Training policy and oversight functions are separate from CLO position.

